

Northwest Hills Surgical Hospital

2021 Community Health Needs Assessment

**Travis, Williamson, Hays, Bastrop, Burnet, Caldwell, Fayette,
Lee, Llano, Gonzales, and Blanco Counties, Texas**



Ascension



The goal of this report is to offer a meaningful understanding of the most significant health needs across the Ascension Seton service area, which includes the service area for Northwest Hills Surgical Hospital. This report also informs planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are more vulnerable, unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

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The 2022 Community Health Needs Assessment report was approved by the Northwest Hills Surgical Hospital Board of Managers on May 26, 2022, and applies to the following three-year cycle: May 2022 to May 2025. This report, as well as the previous report, can be found at our public website.

We value the community's voice and welcome feedback on this report. Please visit our public website (<https://healthcare.ascension.org/chna>) to submit your comments.

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Executive Statement

The 2022 Community Health Needs Assessment (CHNA) represents a collaborative effort in order to gain a meaningful understanding of the most pressing health needs across Northwest Surgical Center and Ascension Seton's service area. Ascension Texas, an affiliate of Ascension Seton, is a majority limited partner of Northwest Hills JV Partners, LLC which is an owner of Austin Center for Outpatient Surgery (DBA Northwest Hills Surgical Hospital), and so these organizations collaborated to prepare this CHNA. Both partners are exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to make this a better, healthier place for all people.

We would also like to thank you for reading this report, and your interest and commitment to improving the health of our community.

Executive Summary

The 2022 Community Health Needs Assessment (CHNA) represents a collaborative effort to gain a meaningful understanding of the most pressing health needs across Northwest Hills Surgical Hospital and Ascension Seton's service area. Ascension Texas, an affiliate of Ascension Seton, is a majority limited partner of Northwest Hills JV Partners, LLC which is an owner of Austin Center for Outpatient Surgery (DBA Northwest Hills Surgical Hospital), and so these organizations collaborated to prepare this CHNA.

For the purpose of this CHNA, "Ascension Seton" refers to both Ascension Texas and Ascension Seton, and Northwest Hills Surgical Hospital, as a joint venture partner. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan.

Community Served

Ascension Seton and Northwest Hills Surgical Hospital defined its 11-county service area as its service area for the 2022 CHNA, which includes the following counties: Bastrop, Blanco, Burnet, Caldwell, Fayette, Gonzales, Hays, Lee, Llano Travis, and Williamson. Dell Children's Medical Center serves a 46-county area for pediatric care which is noted later in this report, but for purposes of this CHNA the region is limited to the geographic area that serves both adults and children. The community was defined as such because most of the population served by Northwest Surgical Center are from Austin and the surrounding areas including the counties identified. Ascension Seton hospitals and affiliates, including Northwest Surgical Center coordinate to offer services across it. Community health data is readily available at the county level.

Data Analysis Methodology

The 2022 CHNA was conducted from July 2021 to January 2022, and utilized processes which incorporated data from both primary and secondary sources. Primary data sources, sometimes called qualitative data, included information provided by groups/individuals, e.g., community residents, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and communities who are more vulnerable, and to unmet health needs or gaps in services. Together with the efforts of our hospital partners and

consultants, an estimated total of 230 individuals participated in focus groups or interviews, held between July 2021 and December 2021. Populations represented by participants included medically underserved, low-income, minority groups, and rural, urban and suburban groups.

Secondary data, sometimes called quantitative data, was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

Community Needs

Ascension Seton analyzed secondary data of over 56 indicators and gathered community input through focus groups, key informant interviews, and a survey to identify the needs in the Ascension Seton service area. In collaboration with community partners, Ascension Seton used a phased prioritization approach to determine the most crucial needs for community stakeholders to address. The significant needs are as follows:

- **Mental and Behavioral Health** - This need was selected because a number of key indicators reveal the significant and growing concerns over mental and behavioral health needs in our region. Many of these concerns are long standing, including reported numbers of poor mental health days and upward trending suicide rates and substance use and abuse. Coupled with the effects of the pandemic, concerns around isolation, anxiety and depression heightened needs around mental and behavioral health.
- **Access to Care** - This need was selected because both qualitative and quantitative data revealed significant and increasing needs around issues of accessing care, particularly regarding affordability and insurance coverage for care, transportation- especially in the rural parts of Ascension's service area, telemedicine and access to sufficient broadband infrastructures, and navigation of the complex medical system and services..
- **Social Determinants of Health** - This need was selected because many of the counties in the Ascension Seton service area have multiple indicators related to social needs that are significantly worse than averages for Texas and the United States, including lower access to exercise opportunities, lower rates of home ownership, very high rates of childhood poverty and low median household incomes, among others. Focus groups also mentioned food security and housing as significant barriers to healthy living.
- **Health Equity** - This need was selected because significant gaps in health indicators and outcomes exist in the Ascension Seton service region according to County Health Rankings data and focus groups revealed narratives of cultural and language barriers to receiving care.

About Northwest Hills Surgical Hospital

Northwest Hills Surgical Hospital opened its doors to the Austin community in May 1995 and became a part of Surgical Care Affiliates in July 2007. Northwest Hills Surgical Hospital was developed by hospital and clinical personnel to offer safe, high-quality surgical care. Experienced physicians, nurses, and technicians use the latest technology and equipment to provide the high-quality care in a warm, personalized setting.

Our mission is to care for our patients, serve our physicians, and improve healthcare in America.

Our Values

- Clinical Quality – We are committed to outstanding patient care and clinical outcomes.
- Integrity – We do what is right, no matter how difficult, without exception. We say what we mean, and we do what we say.
- Service Excellence – We seek to exceed the expectations of patients, physicians, and each other in everything we do.
- Teamwork – We work together, helping and supporting one another to make our Centers, Departments, and all of SCA successful.
- Accountability – We take complete, personal responsibility for our actions and commitments.
- Continuous Improvement – We seek to improve our performance in every area – clinical, operational, and financial – constantly pushing ourselves to new heights.

Northwest Hills Surgical Hospital is located in Austin, Texas, which is in Travis County.

For more information about Northwest Hills Surgical Hospital, visit <https://northwesthillssurgical.com>

About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Ascension

Ascension is a faith-based healthcare organization dedicated to transformation through innovation across the continuum of care. The national health system operates more than 186 sites of care – including 146 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management, and contracting through Ascension’s own group purchasing organization.



Ascension's Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform healthcare and express priorities when providing care and services, particularly to those most in need.

Mission: Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually-centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

For more information about Ascension, visit <https://www.ascension.org/>.

Ascension Seton

As a Ministry of the Catholic Church, Ascension Seton is a non-profit hospital governed by a local board of trustees represented by residents, medical staff, and sister sponsorships, and provides medical care to patients from Central Texas and beyond. Ascension Seton operates 12 hospital campuses, five joint ventures that are certified as hospitals, including Northwest Hill Surgical Hospital, 120 related healthcare facilities, and employs more than 3,000 primary and specialty care clinicians.

Serving Texas since 1902, Ascension Seton is continuing the long and valued tradition of addressing the health of the people in our community, following in the footsteps of legacy Seton Hospitals. Seton was and continues to be, a faith-based nonprofit healthcare system founded by the Daughters of Charity. Called to be a sign of God's unconditional love for all, Seton has consistently strived to expand access to high-quality, low-cost, person-centered medical care and services.

About the Community Health Needs Assessment

A Community Health Needs Assessment, or CHNA, is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

Purpose of the CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan, and act upon unmet community health needs.”¹ The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension Seton’s commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

This report outlines the process and methods for the collection and analysis of data about community health, identifies the priority community health needs of Northwest Hill Surgical Hospital for 2022 - 2025. **For the purpose of this CHNA, “Ascension Seton” refers to both Ascension Texas and Ascension Seton, and Northwest Hills Surgical Hospital, as a joint venture partner.**

IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3), and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the implementation strategy can be found at <https://healthcare.ascension.org/CHNA> as well as on the Northwest Hills Surgical Hospital site (<https://www.northwestsc.com/>) and paper versions can be requested in the Administrative Offices at Northwest Hill Surgical Hospital.

¹ Catholic Health Association of the United States (<https://www.chausa.org>)

Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

Community Served

For the purpose of the 2022 CHNA, Northwest Hill Surgical Hospital has defined its community as Travis, Williamson, Hays, Bastrop, Burnet, Caldwell, Fayette, Gonzales, Llano, Lee and Blanco Counties. Ascension Texas includes Ascension Seton and Ascension Providence and serves a larger area of Central Texas. The community served for Ascension Seton was defined as such because most of the population served from the hospitals in the Seton region are from Austin and the surrounding areas including the counties identified. Ascension Seton hospitals and Northwest Hill Surgical Hospital are included in this region and coordinate to offer services across it.

Located in Central Texas, Ascension Seton has a population of 2,256,426 and includes the Austin-Round Rock Metropolitan Statistical Area (MSA). The most populated counties in the Ascension Seton area are along the Interstate-35 (I-35) corridor and include Travis County, Williamson County and Hays County. These three counties include seven cities each with populations over 65,000, listed in Table 1 below.

Table 1: Cities in Ascension Seton Region

County	City	City Population
Travis	Austin	979,263
	Pflugerville	65,124
Williamson	Round Rock	133,435
	Cedar Park	77,419
	Georgetown	79,609
Hays	San Marcos	64,053
<i>Source: American Community Survey Demographic and Housing Estimates 2019 1-year estimates, Table DP05 Hays County: 2020 5-year estimates (not available in 1-year estimates)</i>		

Austin, Texas has been one of the fastest growing cities in the United States for a decade. The surrounding cities on the I-35 corridor have also seen immense population growth, as have the surrounding rural areas.

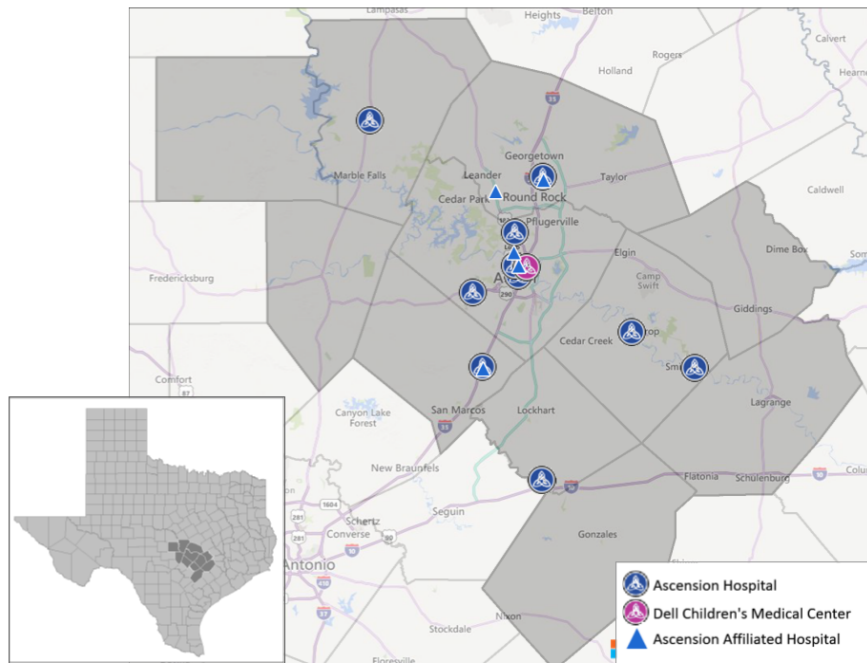
The Ascension Seton service region has two large State Universities, The University of Texas at Austin with over 50,000 students and Texas State University in San Marcos with over 38,000. The region also has several smaller universities including St. Edward's University, and Huston-Tillotson (an historically Black college, HBCU) in Austin and Southwestern University in Georgetown.

Many large technology companies are located in Central Texas. Some, like Dell Technologies, have called Austin home for decades while others, like Tesla and Oracle, have recently moved their headquarters to Austin. Additionally, many technology companies like Samsung, Amazon, Google and Facebook have a large and growing presence in Central Texas.

The region hosts many large events that bring tourism from around the country and even the world. Circuit of the Americas (COTA), located in Austin, is the only Formula 1 and MotoGP race track in the United States and the largest permanent outdoor amphitheater in Central Texas bringing many large sporting events and concerts to the area. Other large events hosted in Austin include South by Southwest, an annual conference hosted in March for music, comedy, film, and technology and Austin City Limits, a large music festival hosted over two weekends in October. While these are three of the largest events in the region, there are many more attractions that bring millions of people to the area each year.

Camp Mabry is located in Austin and houses the headquarters of Texas Military Forces which includes the Texas State Guard, Texas Army National Guard, and Texas Air National Guard. While there are no permanent residents at Camp Mabry, the location of Texas Military Force offices in the area brings a presence of military members and veterans to the area.

Figure 1: Map of Community Served



Demographic Data

Below are demographic data highlights for Ascension Seton, see more in Table 2 at the end of this chapter:

- Eleven percent of the residents of Ascension Seton are 65 or older, compared to 13 percent in Texas. In general, the most rural counties of the 11- county region have a larger proportion of residents who are 65 or older with the highest percentage in Llano County where 37 percent of the population are 65 or older
- Thirty two percent of residents are Hispanic or Latino (any race)
- Seventy seven percent of residents are White; seven percent are Black or African American; six percent are Asian
- The total population increase from 2010 to 2019 was +28 percent. Every county in the 11 county region experienced positive population growth in the last decade
- The three most urban counties have the highest median household income of the eleven county region (\$80,690 for Travis; \$92,661 for Williamson, and \$72,890 for Hays), all of which are above the state of Texas median income (\$64,044). The lowest median household income in the region is in Gonzales County (\$48,425). Overall seven of the eleven counties in the region have a lower median household income than the Texas median household income.
- The percent of all ages of people in poverty was lower than the state (11 percent for Ascension Seton; 15 percent for Texas). Figure 2 below shows the percentage of families living below poverty by Census block group in the region to illustrate the distribution of poverty, Figure 3 shows further detail in the most populated area of the map.

Block groups are statistical divisions of census tracts defined to contain between 600 and 3,000 people used to present data²

- The uninsured rate for the Ascension Seton is lower than the state (15 percent for Ascension Seton; 20 percent for Texas)

² United States Census Bureau, Glossary. Obtained March 2022 from:
https://www.census.gov/programs-surveys/geography/about/glossary.html#par_textimage_4

Figure 2: Percent of Families Living Below Poverty by Block Group

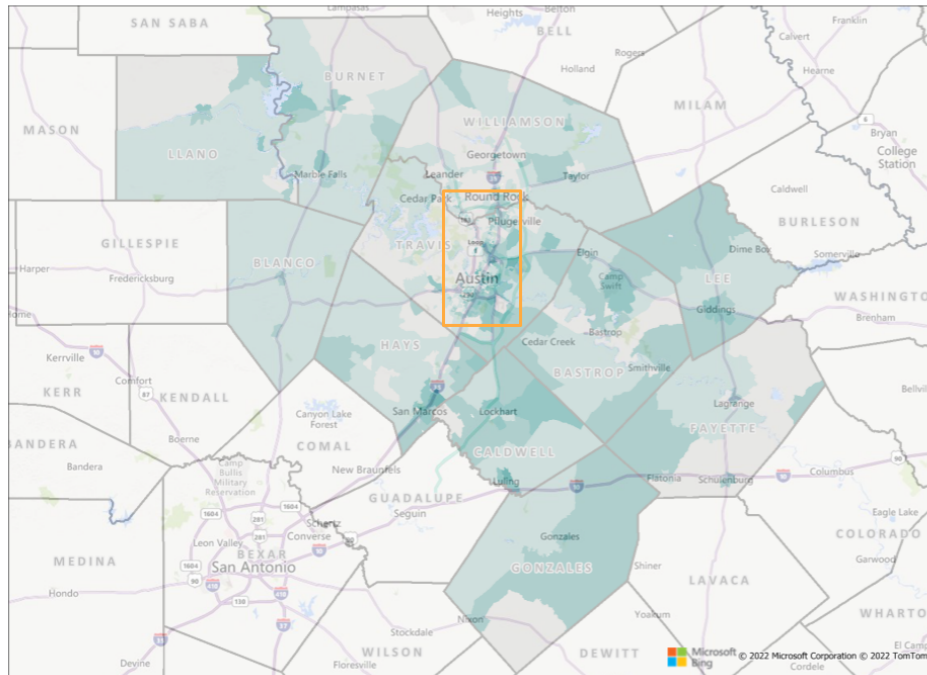


Figure 3: Percent of Families Living Below Poverty by Block Group

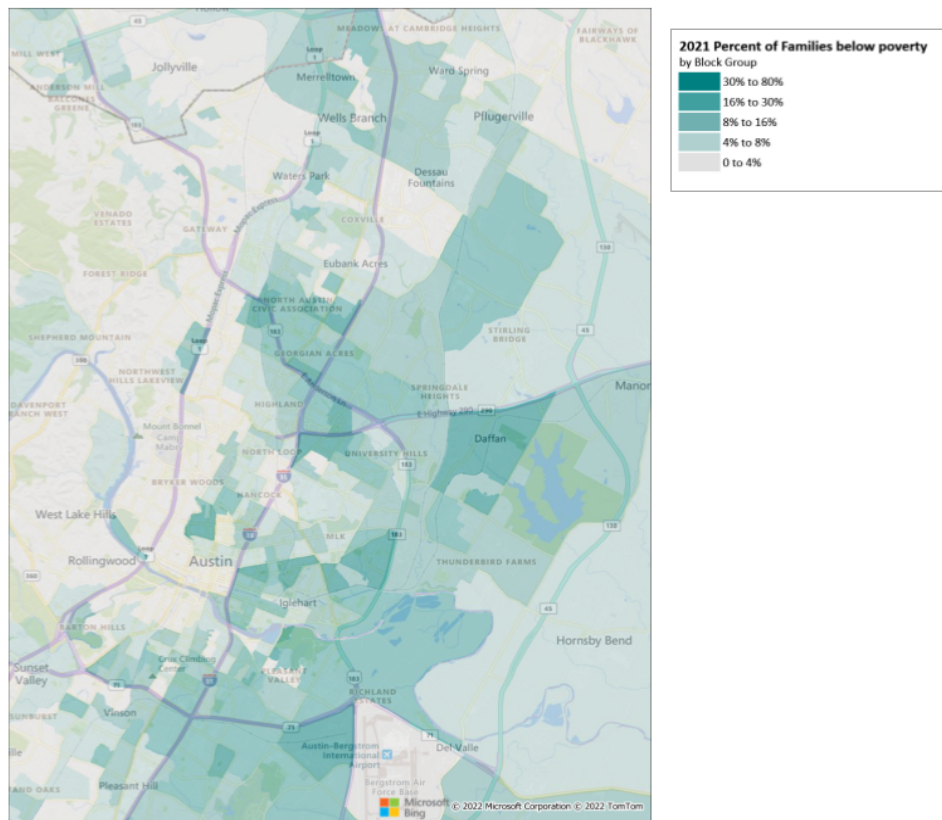


Table 2: Description of the Community

Demographic Highlights		
Indicator	Ascension Seton	Description
Population		
% Living in rural communities	13.5%	Percentage of population living in a rural area, 2010
% below 18 years of age	23.2%	Percent population below 18 years of age, 2019
% 65 and older	11.3%	Percent population ages 65 and over, 2019
% Hispanic	31.9%	Percentage of population that is Hispanic, 2019
% Asian	5.6%	Percentage of population that is non-Hispanic Asian, 2019
% Non-Hispanic Black	7.1%	Percentage of population that is non-Hispanic Black, 2019
% Non-Hispanic White	76.6%	Percentage of population that is non-Hispanic White, 2019
% Some Other Race	6.7%	Percentage of population that is non-Hispanic and Some Other Race than those listed, 2019
Social and Community Context		
English Proficiency	4.7%	Proportion of community members that speak English "less than well"
Median Household Income	\$75,624	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	12.3%	Percentage of people under age 18 in poverty.
Percent of Uninsured	15.2%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	89.6%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	2.7%	Percentage of population ages 16 and older unemployed but seeking work

To view Community Demographic Data in its entirety, see Appendix B (page 48)

Process and Methods Used

Ascension Seton is committed to using national best practices in conducting the CHNA. Health needs and assets for the 11-county service region were determined using a mixed-methods approach, which included a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs for adults and children.

Collaborators and Consultants

Ascension Seton/Northwest Hill Surgical Hospital collaborated with St. David's Foundation to conduct focus groups and interviews in Williamson, Bastrop, Caldwell and Hays counties. St. David's Foundation engaged Texas Health Institute (THI) to conduct 11 focus groups in these counties with a total of 58 participants. These participants represented populations who are or work with those who are medically underserved, low-income or minority populations. THI also sought participation from community leaders, other healthcare organizations and healthcare providers.

Ascension Seton also participated in the Austin/Travis County collaboration that produced the 2022 Austin Travis Community Health Assessment (CHA). Ascension Seton was an official partner for the development of the CHA, along with the Austin Transportation Department, the Capital Metropolitan Transit Authority, Central Health, Integral Care, St. David's Foundation, Travis County Health and Human Services, The University of Texas at Austin Dell Medical School and The University of Texas Health Science Center at Houston School of Public Health in Austin. Ascension Seton associates participated in multiple meetings and discussions related to the creation of the CHA.

Similarly, Ascension Seton was an official partner in the collaboration that produced the 2022 Williamson County Community Health Assessment, along with Baylor Scott & White Health, Bluebonnet Trails Community Services, Georgetown Health Foundation, Healthy Williamson County Coalition, Lone Star Circle of Care Opportunities for Williamson and Burnet Counties, St. David's Foundation, United Way of Williamson County, along with Williamson County.

For both the Travis and Williamson county reports, two Ascension Seton associates were active participants: Ingrid Taylor and Kelli Lovelace attended meetings and assisted in planning and reviewing the reports.

Ascension Seton contracted with Alpinista Consulting to complete some of the qualitative data requirements, specifically with regard to focus groups. Ascension Seton also collaborated with the following organizations and individuals.

- Austin Public Health coalition supporting the Community Health Assessment
- Williamson County Task Force
- St. David's Foundation
- Baylor Scott and White Health

Alpinista Consulting, founded in 2014, is based in Austin, Texas, specializing in facilitative work, collaborative learning, strategy development and implementation, capacity building, and program design. Consultants Anna Jackson and Fisher Qua work with a wide range of organizations in different geographies as they implement participatory approaches called Liberating Structures, which are aimed to draw forward ideas and insights from people across a wide range of roles. Jackson and Qua share backgrounds in social services, healthcare, government, and community-based organizational settings. Alpinista has worked with Ascension Seton on a variety of projects since 2014, including several DSRIP (Medicaid 1115 Waiver)-related initiatives, the Children's Comprehensive Care Clinic, and the Leadership Development Institute (LDFR).

Data Collection Methodology

In collaboration with various community partners, Ascension Seton/Northwest Hill Surgical Hospital collected and analyzed primary and secondary data for the Ascension Seton 11-county service area.

Multiple methods were used to gather community input, including key stakeholder interviews, community focus groups and a community survey. These methods provided additional perspectives on how to select and address top health issues facing communities within the Ascension Seton and Northwest Hills Surgical Hospital service area. See Appendix C, and the "Community focus group" section below for detailed information about the collaboratives that contributed to data analysis in Travis, Williamson, Bastrop, Caldwell and Hays counties.

As noted in other parts of this report, quantitative data was organized by categories included in the County Health Rankings Report (Health Outcomes, Social and Economic Factors that Impact Health, Physical Environment, Access to Healthcare, and Health Behaviors, and Disparities), and then reviewed to determine trends of persistent and poor indicators of health county by county. Over 56 indicators were reviewed and analyzed. Once those trends and pockets of communities with poor health were identified, filters were established to highlight the greatest needs (e.g., long-term trends, significant statistical variances from experiences at the state and national level, and notable disparities due to geography, socio-economic status, race, and ethnicity).

Where possible, gaps and the resulting needs of communities were identified by reviewing which county indicators had gaps greater than one standard deviation, however, for cases where

the standard deviation was not available, the absolute value of the indicator and the historical experience of that indicator was used to determine significance.

Results of the gaps, trends and themes that emerged from the quantitative data analysis were validated against the themes and feedback received from focus groups, interviews and surveys.

The validated themes and findings (that is, themes that were documented in both qualitative and quantitative analyses) were brought forward to a series of sensemaking sessions (six for Ascension Seton, including three groups of external stakeholders and three groups of internal stakeholders), to identify the needs through targeted criteria (including which needs most align with the mission of Ascension Seton and which it has capacity to impact), and then those needs were brought forward to the CHNA Steering Committee of Ascension Texas for final decisions about which needs would be prioritized.

Summary of Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, Ascension Seton and Northwest Hill Surgical Hospital, in collaboration with hospital partners at St. David's Foundation, Baylor Scott and White, and public health leaders for Travis and Williamson counties solicited input from a range of public health and social service providers that represent the broad interest of Ascension Seton service area. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

A summary of the process and results is outlined below.

Community focus groups

Ascension Seton/Northwest Hills Surgical Hospital drew from a number of sources to complete the qualitative analysis for this CHNA. A series of 19 focus groups with approximately 100 participants were conducted by Alpinista Consulting to gather input from community members in the following counties: Burnet, Llano, Blanco, Fayette, Lee and Gonzales, along with Travis and Williamson for focus groups that focused on children's needs.

Ascension Seton also received feedback from community members in Bastrop, Caldwell, Hays and Williamson counties from the Texas Health Institute (THI) through a partnership agreement with hospital partner St. David's Foundation. THI conducted a total of 11 focus groups in these



four counties, with three each (two in English and one in Spanish) in Bastrop, Caldwell and Hays counties, and two (both in English) in Williamson county. A total of 58 community residents participated in those across the counties. Findings from those focus groups are included in Appendix C, along with the full reports from the Texas Health Institute made available through Ascension Seton’s partnership with hospital partner St. David’s Foundation.

Finally, as part of collaborations led by public health departments in Travis and Williamson counties, Ascension Seton received reports from the community focus groups conducted in each of those counties. As part of the CHA Task Force, hospital partner Baylor Scott and White contracted with IBM Watson to conduct a focus group which included representatives from county government, church organizations, providers, local non-profits, and other community-based organizations. Most of the participants work with at-risk populations; the group at-large serve low-income populations, minorities, the medically under-served and homeless populations. These reports are included in Appendix C.

Together with the efforts of our hospital partners and contractors, an estimated total of 210 individuals participated in the focus groups, held between July 2021 and December 2021. Populations represented by participants included medically underserved, low-income, minority groups, and rural, urban and suburban groups.

Community Focus Groups	
Key Summary Points	
<ul style="list-style-type: none"> ● Focus group participants from across regions spoke about the lack of availability of mental and behavioral health services as a long standing, chronic challenge that has been exacerbated by increased demand during the COVID-19 pandemic. ● Key informants and focus group participants identified several factors that limit access to health care including affordability of healthcare, provider shortages for residents who are either publicly insured or uninsured, and lack of culturally and linguistically-appropriate care. ● Multiple and layered social and structural determinants of health contribute to poor health outcomes. Focus group participants and interviewees noted several factors that affect health outcomes including housing and homelessness, lack of transportation, food insecurity, limited broadband or internet access, and racism and discrimination. ● Navigating the healthcare and social services systems is complex both for people with resources and even more for those without. ● Among the most commonly identified barriers to health was the cost of healthcare and the lack of insurance to cover costs, especially for children. ● The result of population and economic growth has been a cascade of affordability and infrastructure pressures. Housing in particular across the entire region is in a crisis state. People who make a living wage can not afford to live in many of the communities where they work. 	
Sectors Represented	Common Themes
<ul style="list-style-type: none"> ● Public health 	<ul style="list-style-type: none"> ● Opportunities to optimize organizational partnerships

<ul style="list-style-type: none"> • Health clinics • Education and School Health • Social Services • Research • Emergency Response • Community Collaborations • Chambers of Commerce • Hospital Leadership 	<ul style="list-style-type: none"> • Lack of behavioral and primary health services and resources • Population growth, infrastructure and affordability
Meaningful Quotes	
<ul style="list-style-type: none"> • “A lot of people among our population have either poor access to health care, or no access to health care, because of financial reasons.” • “Financial restrictions are a real challenge. Do people have paid time off? Can they afford to go to the doctor, especially if it means taking a full day off to travel to see someone an hour or more away?” • “I think anybody can see on a map that the area east of I-35 has less access to grocery stores and fresh foods.” • “There’s a huge Hispanic population that’s underrepresented, and they don’t have the means to get the information translated into Spanish to help them better understand how they can get services that are available to them.” • “Sometimes we [immigrants] do feel very abandoned. Like we don’t exist. Like we are always in the shadows for everything.” • “To assume that you don’t have people in the community that would comprehend or understand, that’s a misconception. When information is broken down and explained to people, they can really add a lot to what’s going on.” 	

Key stakeholder interviews

A series of 14 one-on-one interviews were conducted by the Ascension Texas Community Benefit team to gather feedback from key stakeholders on the health needs and assets of Ascension Texas. These interviews represented 14 different organizations and agencies. Some agencies also participated in the focus groups, held between September 2021 and October 2021. Sectors represented by participants included community non-profits, foundations, social service providers and health organizations.

Key Stakeholder Interviews
Key Summary Points
<ul style="list-style-type: none"> • Social determinants of health, including transportation, housing and employment, have a significant impact on peoples’ abilities to be and stay healthy. • Accessing care is a challenge for many. Challenges include the cost of care and lack of insurance, ability to understand and navigate systems of care, and the logistics of access, whether related to limited options for transportation or restricted access due to broadband. • Interviewees noted chronic conditions and quality of life issues including mental and behavioral health, potential lasting effects of COVID-19, and the impact of undiagnosed conditions or delayed treatment for

existing conditions as particular areas of concern. <ul style="list-style-type: none"> • Many participants noted health equities as a particular and significant concern, related to trust of healthcare workers and systems, cultural competence and humility of providers, language barriers, and ability to access health services especially for families in vulnerable conditions with multiple health and social needs. 	
Sectors Represented	Common Themes
<ul style="list-style-type: none"> • Mental Health Providers, Researchers and Policy Advocates • Federally Qualified Health Centers (FQHCs) • Health Foundation • Youth and Senior Activity Centers • Hospital Leadership 	<ul style="list-style-type: none"> • Population growth, infrastructure and affordability • Cost of healthcare and lack of insurance • Effects of the pandemic on health and wellness • Opportunity to optimize organizational partnerships • Lack of behavioral health services and resources
Meaningful Quotes	
<ul style="list-style-type: none"> • “Biggest obstacle to health is poverty.. Poverty is the “evil empire.” [Poverty] defines people when they aren’t able to afford care. We need health care when we aren’t well but also when we are not sick.” • “ We’re all individuals of our community conditions, and so all those things that we live breathe and grow up and can impact both our health and mental health, and our well-being overall access to quality care.” • “This whole idea of access to, whether it’s programs, organizations, as a whole in the community. I think there’s a deficit and people even knowing what is available to them.” • “....we have often been seeking to bring in the leadership and the voice of communities that we work with instead of trying to helicopter in solutions” 	

Surveys

A survey was conducted by Ascension Seton to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes, health care access, and social determinants of health for Ascension Seton. Fifty- one individuals participated in the survey, held between August 2021 and October 2021.

The two largest counties in the Ascension Seton service region (Travis and Williamson) conducted their own surveys, so to reduce duplication and confusion the Ascension Seton community survey was promoted only in the suburban and rural counties in the service area which include: Hays, Bastrop, Burnet, Caldwell, Fayette, Lee, Llano, Gonzales and Blanco counties.

The data gathered and analyzed provides insight into the issues of importance to the community; however due to a small sample size these survey results cannot be generalized to represent community indicators or perceptions. The results of this survey should be used with caution and as a supplement to other reliable data sources including quantitative data and community stakeholder input.

The survey contained 15 multiple-choice questions and was conducted online only. The survey was available in both English and Spanish and distributed by asking community stakeholders and leaders to share the survey with the individuals they served.

Survey

Key Summary Points

- The most common reason selected for why individuals did not receive healthcare when needed was because they could not afford it
- Participants ranked access to healthcare, safety from violence and affordable housing as the top three factors that are important to a healthy community
- Participants ranked mental health and suicide, diabetes and high blood sugar, and employment and job skills as the most important factors to address to improve community health

Summary of Secondary Data

Secondary data is data that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county level through surveys and surveillance systems. Secondary data was compiled from various sources that are reputable and reliable.

Health indicators in the following categories were reviewed:

- Health Outcomes
- Social and Economic Factors that Impact Health
- Physical Environment
- Access to Healthcare
- Health Behaviors
- Disparities

A summary of the secondary data collected and analyzed through this assessment is outlined below. As noted in other parts of this report, quantitative data was organized in the categories noted above, and then reviewed to determine trends of persistent and poor indicators of health. Once those trends and pockets of communities with poor health were identified, filters were established to highlight the greatest needs (e.g., long-term trends, statistically significant variances from experiences at the state and national level, and notable disparities due to geography, socio-economic status, race, and ethnicity).

Where possible, gaps and the resulting needs of communities were identified by reviewing which county indicators had gaps greater than one standard deviation, however, for cases where the standard deviation was not available, the absolute value of the indicator and the historical experience of that indicator was used to determine significance.

For each of the categories, since there were 11 counties and multiple indicators of health and social well-being in each category, the counties were sub-categorized by population into one of three charts:

Largest population:	Hays, Travis and Williamson counties
Medium population:	Bastrop, Burnet and Caldwell counties
Small population:	Blanco, Fayette, Gonzales, Lee, Llano counties

To view secondary data and sources in its entirety, see Appendix D (page 182).

As noted in Appendix D, data for over 56 indicators were analyzed for each of the 11 counties that comprise the Ascension Seton service area using data from County Health Rankings and Roadmaps in 2021. The summaries below represent a small portion of the analyses undertaken to produce this report.

Health Outcomes

Why this is important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

Generally, indicators that showed particular areas of need related to mental and behavioral health as measured by the number of poor mental health days, as well as poor physical health and relatively high incidences of sexually transmitted diseases. These needs are especially evident in counties with smaller populations. In addition to the needs above, premature deaths in Llano county were significantly higher than surrounding counties, as well as rates in Texas and the United States.

This data shows evidence of the gaps in health indicators between urban and more rural counties. The largest counties in the service area - Travis, Williamson and Hays - generally show better outcomes on infant mortality, premature death and poor physical days than counties with smaller populations. Although overall the urban counties show better health outcomes, health disparities are still apparent among different geographies within the county as shown in the Travis County Community Health Assessment on various mapped outcomes including overall life expectancy.³

Social and Economic Factors that Impact Health

Why this is important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

³ Travis County Community Health Assessment. To be published in June 2022. Page to be retrieved: www.austintexas.gov/communityhealthplan

These indicators reveal the deep and diverse experiences of lives in the Ascension Seton service area. The median household annual income ranges from a high of \$92,660 (Williamson County) to a low of \$48,400 (Gonzales County), about half of that high income mark. Counties with larger populations tend to have lower childhood poverty rates, higher levels of educational attainment, and general greater access to healthy foods.

Counties with medium-sized populations generally show lower violent crime rates along with lower educational attainment. Counties with lower populations also have lower rates of educational attainment. Many counties in the region - highly populated or not - have better than typical means to access healthy foods.

Gonzales county, one of the lesser-populated counties in the region, has the most indicators with worse-than-average results on these indicators.

Physical Environment

Why this is important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing and transportation to work or school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Many counties in the region experience burdens associated with housing problems and/or carry high financial costs associated with housing. Twenty percent of families in Hays and Gonzales counties have high housing problems (which may be the result of one or more conditions including overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities). The same is true for 19 percent of adults in Travis county, and 17 percent in Bastrop, Caldwell and Lee counties.

In Travis and Williamson counties data show higher rates of air pollution than the average experience across Texas, with trends showing a positive trajectory in reducing the pollution.

Access to Healthcare

Why this is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

As noted throughout this report, access to care is a challenge for most of the counties in the Ascension Seton region for reasons including large numbers of un- and underinsured people - especially children - and especially in smaller counties, high ratios of providers to residents. Counties with lower and medium populations have much lower rates of availability of providers for mental and behavioral health and dentists than the bigger counties. Smaller counties show uniformly higher ratios of population to providers, with trends worsening and rates already worse than in Texas and the United States. Blanco County has an exceptionally poor ratio of

mental health providers to population at 11,931:1 (one for the entire population of Blanco County), where the ratio for Texas is 827:1 and for the United States, 400:1.

Health Behaviors

Why this is important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

In almost all of the counties in the region, big and small, adult obesity is rising and in many counties, is already at a higher rate than Texas and the United States. In the counties with large populations, an indicator regarding physical inactivity is improving, but that experience is not reflected in counties with medium and smaller populations. Excessive drinking is noted as a significant indicator in the larger counties.

Motor vehicle crash deaths and smoking were notably higher (worse) in medium and small population counties.

Disparities

Why this is important: Differences in access to opportunities that affect health can create differences between groups of people in the community. A focus on equity is important to improving health for everyone in the community.

Disparities in health indicators are also noted throughout this report. Of note in this section are the significantly worse experiences of Black populations related to infant mortality (especially in counties with lower populations), premature deaths, and childhood poverty (most notably in Caldwell county with an unusually high rate of 56.5 percent, which is twice or more the rate of childhood poverty in nearby counties, the state, and the United States).

Black populations also have lower median household incomes in most of the counties in the region. White populations tend to have indicators of better health in the more urban counties.

Summary of COVID-19 Impact on Ascension Seton

The COVID-19 pandemic has had an impact on communities world-wide. In the United States, urban communities took the hardest hit for both COVID-19 cases and death. Profound disparities emerged as the pandemic grew. Older Americans have the highest risk of death from COVID-19 than any other age group with 81% of deaths from COVID-19 to people over 65 years

of age. There are significant disparities by race and ethnicity as well. Americans of color have higher risk of exposure, infection, and death compared to non-Hispanic White Americans.⁴

Significant COVID-19 disparities include:

- Hispanic Persons at 2.3 times the risk of death
- Non-Hispanic Black persons at 1.9 times the risk of death
- American Indian or Alaska Native at 2.4 times the risk of death

Some reasons for these differences include:

- Multigenerational families
- Living in crowded housing with close physical contact
- Working in environments in which social distancing is not possible
- Inadequate access to health care
- Higher rates of underlying conditions⁵

The pandemic has drastically changed many elements of daily life. Stakeholders noted the ways in which work and the workforce have changed and have continued to change over the past two years and the dynamic and ongoing stress that these changes have caused. In March of 2020, many people were sent home from work and have still not returned, while others were asked to continue to work in-person in an environment of uncertainty and personal risk. Many workplaces were tasked with keeping employees safe in an environment of changing and emerging health safety recommendations and increasing displays of violence toward frontline workers.

Many of the stakeholders engaged in this CHNA represented healthcare and social service organizations, and the toll on clinical care and social workers was evident in their experience and observations. The ongoing stresses of caring for critically ill patients throughout multiple surges in infections has led to stress, anxiety, fear, and fatigue in the workforce.

COVID-19 Impact on Largest Population Counties (as of 3/25/22)				
Indicator	Travis	Williamson	Hays	Description
Total Cases	220,748	132,240	59,901	
Confirmed Cases per 100,000	16,913	20,565	23,454	
Total Deaths	1,700	873	496	
Deaths per 100,000	130	136	194	
Case Fatality Percentage	0.77%	0.66%	0.82%	Percent of total confirmed cases of individuals who died of COVID-19

⁴Centers for Disease Control and Prevention
<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities>

⁵Centers for Disease Control and Prevention
<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities>

Source: New York Times, US Census Bureau (July 2021)
<https://www.census.gov/quickfacts/fact/table/williamsoncountytexas.traviscountytxas/PST045221>
<https://www.nytimes.com/interactive/2021/us/travis-texas-COVID-19-cases.html>

COVID-19 Impact on Medium Population Counties (as of 3/25/22)				
Indicator	Bastrop	Burnet	Caldwell	Description
Total Cases	21,673	10,807	14,142	
Confirmed Cases per 100,000	21,236	-	-	Population of these counties is less than 100,000.
Total Deaths	233	168	175	
Deaths per 100,000	228	-	-	Population of these counties is less than 100,000.
Case Fatality Percentage	1.07%	1.55%	1.23%	Percent of total confirmed cases of individuals who died of COVID-19

Source: New York Times, US Census Bureau (July 2021)
<https://www.census.gov/quickfacts/fact/table/caldwellcountytexas.burnetcountytexas.bastropcountytexas/PST045221>
<https://www.nytimes.com/interactive/2021/us/bastrop-texas-COVID-19-cases.html>

COVID-19 Impact on Smallest Population Counties (as of 3/25/22)						
Indicator	Blanco	Fayette	Gonzales	Lee	Llano	Description
Total Cases	2,525	4,756	4,719	4,237	3,876	
Confirmed Cases per 100,000	-	-	-	-	-	Population of these counties is less than 100,000.
Total Deaths	34	104	97	60	97	
Deaths per 100,000	-	-	-	-	-	Population of these counties is less than 100,000.
Case Fatality Percentage	1.34%	2.18%	2.05%	1.42%	2.5%	Percent of total confirmed cases of individuals who died of COVID-19

Source: New York Times
<https://www.nytimes.com/interactive/2021/us/blanco-texas-COVID-19-cases.html>

In the tables above, the COVID-19 cases per 100,000 were calculated for the counties that have a population above 100,000. Smaller and some medium population counties such as Burnet (50,954), Caldwell (46,791), Blanco (11,886), Fayette (24,687), Gonzales (19,641), Lee (17,706) and Llano (21,978) do not have a population of more than 100,000 therefore no data is available for COVID-19 cases per 100,000 people. Also of note are the variations in COVID-19 data for the largest population, medium population and smallest population counties. Although it looks like the smaller population counties such as Blanco, Fayette, Lee, Llano have fewer deaths in comparison to larger counties such as Travis and Williamson, comparing case fatality data reveals that Llano has the highest fatality rate (2.5%), while Williamson has the lowest (0.66%).

Written Comments on Previous CHNA and Implementation Strategy

The joint venture between Ascension Seton and Northwest Hills Surgical Hospital began after adoption of the last round of CHNAs in 2019, consequently, this is the first year that Northwest Hills Surgical Hospital will adopt a CHNA and there are no comments regarding previous CHNAs.

Ascension Setons' previous CHNAs and implementation strategies were made available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna> and at <https://www.northwestsc.com/> .

Ascension Seton has received a total of five responses from the public from the entire region (which was comprised at the time of seven subregions including:

Central Region: Travis County

North Region: Williamson County

East Region: Bastrop, Gonzales, Lee and Fayette Counties

West Region: Burnet, Blanco and Llano Counties

South 1 Region: Hays County

South 2 Region: Caldwell County

Of those five responses, one was from a reporter with questions regarding the availability of mental health services in Hays County, Two appeared to be communication errors as the comment section was left blank, and one shared information about a misspelling in the 2019 CHNA report that included Gonzales county. All questions were answered and corrections made in response to these comments.

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Ascension Seton. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in a number of ways, including timeliness, reach, and descriptive ability with groups as identified above.

- All focus groups and interviews were held virtually due to concerns about COVID-19. The virtual nature of these meetings, held via zoom, may have shaped the interactions and feedback received in a way that differs from in-person meetings.

Despite the data limitations, Ascension Seton/Northwest Hills Surgical Hospital are confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital as well as participants from the community.

Prioritization of Community Needs

Based on the data collected and presented in the previous sections, Northwest Hills Surgical Hospital and Ascension Seton, with contracted assistance from Alpinista Consulting, applied a phased prioritization process to identify the priority needs in the region.

The first step was to gather data from a variety of quantitative and qualitative sources to understand the raw data in terms of trends, gaps, perceptions and opinions. Quantitative needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues in order to better develop measures and evidence-based interventions that respond to the determined condition.

From there, with guidance from Alpinista consulting, quantitative and qualitative data were reviewed and analyzed through a “validation” process, whereby themes that emerged from the qualitative data gathering process were matched against analysis of trends and stark gaps in key indicators of the County Health Rankings Data (the primary source of the quantitative data). Specifically, Ascension Seton compared themes that emerged from the qualitative data gathering activities to various data “filters” of quantitative data, including: 1) Quantitative indicators of health and social needs that were worse by greater than one standard deviation compared to Texas and/or national indicators, 2) Analysis of trends over time that revealed worsening conditions related to health and social needs, 3) Analysis of significant gaps in health and social indicators among geographies within the service region as well as socio-economic and demographic (including racial and ethnic) indicators.

Next, “sensemaking” teams were convened with internal and external stakeholders to review the validated data and identify, through the lens of impact and alignment with Ascension Seton capacities and strategic priorities, which of the data points, or themes might be appropriate for prioritization. The sensemaking process, completed through a series of six sessions with three internal groups and three external groups, asked participants to consider the identified needs through various criteria, including the following:

- Alignment of problem with Ascension Seton and Northwest Hills Surgical Hospitals strengths, capacities and priorities
- Impact on vulnerable populations
- Importance of problem to the community
- Organizational resources available to address problem

Based on the results of the sensemaking sessions, the CHNA Steering Committee⁶ prioritized which of the identified needs were most significant

Ascension Seton has selected those needs determined by the CHNA Steering Committee as the prioritized needs to develop a three-year implementation strategy for each of the 12 hospitals in the Ascension Seton network, as well as the six joint ventures in its service area. Although each hospital may address many more needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting.

Through the prioritization process for the 2022 CHNA, the prioritized needs are as follows:

- Mental and Behavioral Health
- Access to Care
- Social Determinants of Health/Social Needs
- Health Equity

Northwest Hills Surgical Hospital understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. For the purposes of this CHNA, Northwest Hills Surgical Hospital has chosen to focus its efforts on the priorities listed above.

To view health care facilities and community resources available to address the significant needs, please see Appendix E (page 210).

A description (including data highlights, community challenges and perceptions, and local assets and resources) of each prioritized need is on the following pages.

⁶ The CHNA Steering Committee is comprised of internal leaders Ray Anderson (Chief Strategy Officer), Lauren Baker (VP of Academic Integration & Chief of Staff), Derek Covert (Chief Mission Integration Officer and VP Canonical Affairs), and Kate Henderson (President - Regional Hospitals and Strategic Community Partnerships), and community partners Dr. Jewel Mullen (Associate Dean for Health Equity and Associate Professor, Department of Population Health at The University of Texas), and Dr. Andrew Springer (Associate Professor, Health Promotion and Behavioral Sciences at The University of Texas School of Public Health).

Mental and Behavioral Health	
Why is it Important?	Data Highlights
<p>The individual and societal benefits of achieving mental wellness are significant. The need for mental health services is high. The economic value of providing appropriate mental health services can be measured in the avoided costs of hospital admissions, emergency department visits, criminal and juvenile justice involvement, homelessness, and more. Providing appropriate mental health services has been shown to reduce lost workdays and improve workplace productivity... access to the right services at the right time offers hope to individuals that they can achieve recovery and live meaningful lives.*</p>	<p>A number of key indicators reveal the significant and growing concerns over mental and behavioral health needs in our region. Over half of the counties in the Ascension Seton service area report a statistically significant average number of “mentally unhealthy days,” higher than the average in Texas, along with higher incidences of suicide and excessive drinking.</p> <p>According to the Behavioral Risk Factor Surveillance System survey (BRFSS), more adults in the Ascension Seton service region report that they have “ever been told you have a form of depression” by a health professional than the average in Texas and in the United States.</p>
Local Assets & Resources	<p>Significant societal events layered on top of the pandemic also impacted mental and behavioral health, resulting in increasing reports of anxiety and depression and suicide especially for young people (e.g., per CDC, emergency room visits for suspected suicide attempts increase by 31% among 12-17 year olds in 2020 compared to 2019), rising reports of challenges associated with isolation, and increasing reports of substance use and abuse (as of June 2020, CDC reported that 13% of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19, and overdoses have also spiked since the onset of the pandemic).</p>
<ul style="list-style-type: none"> • Austin County Integral Care • Bluebonnet Trails • Ascension Seton Shoal Creek • Austin State Hospital • Ascension Seton Psychiatric Emergency Department • Ascension Seton Mind Institute • Grace Grego Maxwell Mental Health Unit at Dell Children’s Medical Center • Texas Children’s Study Center/University of Texas at Austin • Ascension Seton Health Services at Austin ISD • Central Texas Mental Health 	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Big service gaps for those who don’t qualify for Local Mental Health Authorities (LMHAs) services and can’t access private pay therapy • Enduring behavioral health workforce shortages across Texas • Few providers with the same linguistic, cultural, and racial identities as those served • Lack of mental health services for an already long standing, chronic challenge exacerbated by increased demand during the COVID-19 pandemic. 	<ul style="list-style-type: none"> • Medicaid-eligible families, since very few therapists or psychiatrists that work outside the LMHA system accept Medicaid payment. • Children and adolescents living in low-resource areas. • Older adults with limited incomes and fewer social networks. • Rural communities with limited access to health facilities coupled with limited broadband access that limits ability to use telehealth services.

*Source: Hogg Foundation 2016 Report *The Texas Mental Health Workforce: Continuing Challenges and Sensible Strategies*

Access to Care	
Why is it Important?	Data Highlights
<p>Together, health insurance, local care options and a trusted and ongoing source of care help to ensure access to health care. Access to care allows individuals to enter the health care system, find care easily and locally, pay for care and get their health needs met.*</p>	<p>Seven of the eleven counties in the Ascension Seton service area are designated a Health Professional Shortage Service Area by the U.S. Health Resources & Services Administration (HRSA) for either primary, mental or dental care.</p> <p>Five of the 11 counties in the Ascension Seton service area have statistically significantly worse ratios of providers to patients for primary care and seven of the 11 counties have worse ratios for mental health care than averages for Texas, which is already worse than average ratios for the United States.</p> <p>A February 2021 report from the Texas Comptroller found that almost 90% of non-Hispanic Whites in Texas have broadband access, compared to 80% of Black Texans and 78% of Hispanic Texans.**</p>
Local Assets & Resources	
<ul style="list-style-type: none"> • Ascension Seton Adult Hospitals • Dell Children's Medical Center • Ascension Medical Group • St. Davids, HCA, Hospital System • Baylor Scott & White Hospital System • McCarthy Community Health Clinic • People's Community Clinic • Lone Star Circle of Care • Communicare • RediClinics 	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<p>Community members discussed four concerns related to accessing care:</p> <ul style="list-style-type: none"> • <i>Transportation</i>: especially in rural counties, health facilities can be far away (50+ miles or more); in other counties, the lack of public transportation was noted as a barrier • <i>Telemedicine</i>: Telemedicine became more commonplace during the pandemic, but some areas still lack broadband • <i>Affordability and Insurance</i>: Understanding the systems around and ability to access insurance limits care • <i>Healthcare System Navigation</i>: Many community members highlighted the complexity of health systems and their need to get assistance from navigators, social workers, case managers and others to get the care they need. 	<p>Individuals and families with lower incomes.</p> <p>People with lower digital literacy skills and/or no access to devices.</p> <p>Persons who live in rural areas.</p> <p>People with limited English proficiency.</p> <p>Focus group participants noted several sub-populations who experience greater health disparities and barriers to accessing health care. These populations include people who are immigrants, disabled, LGBTQ+, children and older adults.</p>

*Source: County Health Rankings definition of "Access to Care"

**Source: [Comptroller FiscalNotes](#): Broadband Expansion in Texas, published February 2021

Social Determinants of Health/Social Needs	
Why is it Important?	Data Highlights
<p>Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship and age. These are important because these conditions have a major impact on a person’s health, functioning and quality-of-life. SDOH also contributes to wide health disparities and inequities.*</p>	<p>Many of the counties in the Ascension Seton service area have indicators related to social needs with statistically significantly worse outcomes than averages for Texas, including lower access to exercise opportunities, lower rates of home ownership, very high rates of childhood poverty and low median household incomes, among others.</p> <p>The Central Texas Food Bank notes that more than one in four children in Central Texas is food insecure. The national average is slightly higher than one in five.</p>
Local Assets & Resources	<p>Data from the United Way of Greater Austin, who manages the 2-1-1 help hotline, reported that the number one call for help in 2021 was related to food stamps. Help from food pantries was the fifth most requested call.</p> <p>According to its Community Health Assessment, one of its “Key Findings” is that one out of three households in Williamson county, ranked overall as one of the healthiest counties in the state overall, works but cannot afford basic needs. “These households struggle to manage even their most basic needs - housing, food, transportation, childcare, health care, and necessary technology.”</p>
<ul style="list-style-type: none"> ● Capital Area Food Bank ● ECHO ● Meals on Wheels Central Texas ● Caritas ● Refugee Services of Texas ● Life Works Street Outreach ● Front Steps ● Any Baby Can ● Foundation for the Homeless ● Safe Alliance 	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> ● Multiple social and structural determinants of health contribute to poor health outcomes in all of the Ascension Seton service area counties. ● Related to issues of accessing care, many community members specifically noted transportation and broadband, along with the rising costs of housing and food security as critical needs. 	<p>Focus group participants noted several sub-populations who experience greater health disparities and barriers to accessing health care. These populations include people who are immigrants, disabled, LGBTQ+, children and older adults.</p> <p>Individuals who are uninsured.</p> <p>People living in geographic areas that have fewer physical resources including health facilities, grocery stores, and public transportation (occurs in both rural and urban settings).</p> <p>Individuals and families with lower incomes.</p>

*Source: [Healthy People 2030, Social Determinants of Health](#)

Health Equity	
Why is it Important?	Data Highlights
<p>Gaps in health are large, persistent and increasing. Health equity means increasing opportunities for everyone to live the healthiest life possible, no matter who we are, where we live or how much money we make.*</p>	<p>Significant gaps in health indicators and health outcomes exist in the Ascension Seton service region according to County Health Rankings data, including:</p> <ul style="list-style-type: none"> • Every county in the service region shows a higher infant mortality rate for Black populations that is worse than the average across Texas • A majority of counties in the service region show substantially worse experiences for Hispanic and Black populations related to indicators of household incomes, childhood poverty and premature deaths • Significant gaps exist in health indicators between populations who live in rural areas versus suburban or urban areas. <p>The 2022 Travis County Community Health Assessment shows Black individuals are overrepresented in the population of people experiencing homelessness. While the overall population has approximately eight percent Black individuals, 37 percent of the people experiencing homelessness in Travis County are Black. The report shows that, “In Travis County, census tracts with higher proportions of the population who are Black/African American have heightened levels of all community-level homelessness risk factors analyzed, lower median income, greater proportion experiencing rent burden and overcrowded rental units, higher eviction rates, higher likelihood of gentrification, and lower percent with health insurance.”⁷</p>
Local Assets & Resources	
<ul style="list-style-type: none"> • Travis County Health Equity Alliance • Central Health Equity Policy Council • Division of Community Engagement & Health Equity at Dell Medical School • Maternal Health Equity Collaborative • Community Health Champions at Central Health • The Alliance of African American Health in Central Texas • Austin Black Physicians Associations • Latino Healthcare Forum • Austin Community Foundation • Hispanic Health Coalition 	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • There is a lack of providers who share the same linguistic, cultural and racial identities with the people they serve. • Focus groups also brought up issues of trust, safety and familiarity with providers. • Focus groups identified institutional racism as a driver of health inequities. 	<p>Populations with limited English proficiency, immigrants and persons unfamiliar with systems of care available in the Ascension Seton service area.</p> <p>Racial and ethnic groups who experience racism and discrimination.</p>

* Source: [Robert Wood Johnson Foundation](#)

⁷ Travis County Community Health Assessment. To be published June 2022. To be retrieved at: www.austintexas.gov/communityhealthplan

Summary of Impact from the Previous CHNA Implementation Strategy

The joint venture between Ascension Seton and Northwest Hills Surgical Hospital began after adoption of the last round of CHNAs in 2019, consequently, this is the first year that Northwest Hills Surgical Hospital will adopt a CHNA and there are no comments nor updates regarding previous CHNAs.

Approval by the Board of Managers of Northwest Hills Surgical Hospital

To ensure Northwest Hills Surgical Hospital and Ascension Seton's efforts meet the needs of the community and have a lasting and meaningful impact, the 2022 CHNA was presented to the Board of Managers of Northwest Hills Surgical Hospital for approval and adoption on May 26, 2022. While an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified, and supports the strategy that has been developed to address prioritized needs.

Conclusion

The purpose of the CHNA process is to develop and document key information on the health and wellbeing of the communities Northwest Hills Surgical Hospital and Ascension Seton serve. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension Seton's and Northwest Hills Surgical Hospital to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2022 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Northwest Hills Surgical Hospital and Ascension Seton hope this report offers a meaningful and comprehensive understanding of the most significant needs for residents in this 11-county region. The hospitals value the community's voice and welcome feedback on this report. Please visit this public website (<https://healthcare.ascension.org/chna>) or <https://northwesthillssurgical.com/> to submit comments.

Appendices

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Appendix F: Evaluation of Impact From Previous CHNA Implementation Strategy

Appendix A: Definitions and Terms

Acute Community Concern

An event or situation which may be severe and sudden in onset, or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) or environmental events (e.g. hurricane, flood) or other event that suddenly impacts a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential) of an acute community concern.
Source: Ascension Acute Community Concern Assessment Framework

Collaborators

Third-party, external community partners who are working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

Community Focus Groups

Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Forums

Meetings that provide opportunities for community members to provide their thoughts on community problems and service needs. Community forums can be targeted towards priority populations. Community forums require a skilled facilitator.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Served

A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes: The geographic area served by the hospital facility; Target populations served, such as children, women, or the aged; and Principal functions, such as a focus on a particular specialty area or targeted disease.

Consultants

Third-party, external entities paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); alternatively referred to as vendors.

Demographics

Population characteristics of your community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Identified Need

Health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the community served

Key Stakeholder Interviews

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants

may include leaders of community organizations, service providers, and elected officials. Individuals with a special knowledge or expertise in public health may include representatives from your state or local health department, faculty from schools of public health, and providers with a background in public health. See Section V for a list of potential interviewees. Could also be referred to as Stakeholder Interviews.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Medically Underserved Populations

Medically Underserved Populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Source:

<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

Prioritized Need

Significant needs which have been selected by the hospital to address through the CHNA implementation strategy

Significant Need

Identified needs which have been deemed most significant to address based on established criteria and/or prioritization methods

Surveys

Used to collect information from community members, stakeholders, providers, and public health experts for the purpose of understanding community perception of needs. Surveys can be administered in person, over the telephone, or using a web-based program. Surveys can consist of both forced-choice and open-ended questions.

Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Underinsured

A person whose health coverage is inadequate for various reasons including experiencing a gap in coverage in the prior year or high out-of-pocket costs and deductibles

Appendix B: Community Demographic Data and Sources

The tables below provide a description of the community’s demographics. The description of the importance of the data is largely drawn from the County Health Rankings and Roadmaps website.

Population

Why it is important: Knowing who lives in the community can inform decisions about the challenges and opportunities to ensure all community members have the opportunity to be healthy.

Population	Ascension Seton	Texas	United States	Description
Total Population	2,256,426	28,995,881	328,239,523	Resident population, 2019
Population Change 2010 - 2019	+28%	+16%	+7%	Calculated using ACS 5-year Estimates for total population in 2010 and 2019
Rural	13.5%	15.3%	19.3%	Percentage of population living in a rural area, 2010
Female	49.9%	50.3%	50.8%	Percentage of population that is female according to the Census, 2019
Male	50.1%	49.7%	49.2%	Percentage of population that is male according to the Census, 2019
<i>Data sources:</i> Total Population, M/F: American Community Survey 5-year estimate 2019, Table DP05 Population Change 2010 - 2019: Calculated from American Community Survey 5-year estimates 2010 and 2019, Table DP05 Rural: County Health Rankings pulled 2020, Census Estimates from 2010				

Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race/Ethnicity	Ascension Seton	Texas	United States	Description
White	76.6%	74.0%	72.5%	Percentage of population that is non-Hispanic White, 2019
Hispanic	31.9%	39.3%	18.4%	Percentage of population that is Hispanic, 2019
Black	7.1%	12.1%	12.7%	Percentage of population that is non-Hispanic Black, 2019
Some Other Race	6.7%	5.8%	4.9%	Percentage of population that is non-Hispanic and Some Other Race than those listed, 2019
Asian	5.6%	4.8%	5.5%	Percentage of population that is non-Hispanic Asian, 2019
Two or More Races	3.4%	2.7%	3.3%	Percentage of population that is non-Hispanic and Two or More Races, 2019
American Indian & Alaska Native	0.5%	0.5%	0.8%	Percentage of population that is non-Hispanic American Indian & Alaska Native, 2019

Native Hawaiian & Pacific Islander	0.1%	0.1%	0.2%	Percentage of population that is non-Hispanic Native Hawaiian & Pacific Islander, 2019
<i>Data source: American Community Survey 5-year Estimate 2019, Table DP05</i>				

Language

Why it is important: The languages spoken in the community are important in understanding the cultural context of a community. The information can also be used to better identify and understand health access needs.

Language	Ascension Seton	Texas	United States	Description
English Proficiency	9.4%	13.7%	8.4%	Population 5 years and over who speak a language other than English at home who speak English "less than very well". Census, 5 year estimate 2019
Spanish	7.3%	11.6%	12.3%	Percent of the population over 5 years old who speak Spanish at home and speak English "less than very well". Census, 5 year estimate 2019
Asian and Pacific Islander Languages	1.2%	1.3%	1.6%	Percent of the population over 5 years old who speak Asian and Pacific Islander languages at home and speak English "less than very well". Census, 5 year estimate 2019
Other Indo-European Languages	0.6%	0.6%	1.1%	Percent of the population over 5 years old who speak other Indo-European languages at home and speak English "less than very well". Census, 5 year estimate 2019
<i>Data source: American Community Survey 5-year Estimate 2019, Table DP02</i>				

Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, healthcare and child care. A population with more youths will have greater education needs and child care needs, while an older population may have greater healthcare needs.

Ages	Ascension Seton	Texas	United States	Description
Median Age	35.2	34.6	38.1	The age which half the people are younger than this and half are older, 2019
Under 18	23.2%	25.5%	22.2%	Percent population below 18 years of age, 2019
65+	11.3%	12.9%	16.5%	Percent population ages 65 and over, 2019
<i>Data source: American Community Survey 5-year Estimate 2019, Table DP05</i>				

Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Ascension Seton	Texas	United States	Description
Median Household Income	\$75,624	\$64,044	\$61,900	The income where half of households in a county earn more and half of households earn less.
Per Capita Income	\$39,292	\$31,277	\$34,103	Per capita income and benefits in inflation-adjusted dollars, 2019. Calculated as a weighted average using total population of counties in Ascension Seton region.
Poverty	11%	15%	13%	Percentage of population living below the Federal Poverty Line, 2019 (ACS 5-year est)
ALICE Households	29%	30%	29%	Asset Limited, Income Constrained, Employed households, 2018 (https://www.unitedforalice.org/)

Data sources:

Median Household Income: County Health Rankings, 2021 - obtained from Small Area Population Estimates, 2019

Per Capita Income: American Community Survey 5-year Estimate 2019, Table DP03

Poverty: American Community Survey Table S1701, 2019

ALICE Households: Asset Limited, Income Constrained, Employed. United for ALICE. 2018. Obtained from UnitedforALICE.org

Education

Why is it important: There is a strong relationship between health, lifespan and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support, help create opportunities for healthier choices.

Education	Ascension Seton	Texas	United States	Description
High School Completion	90%	84%	88%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Bachelor's Degree or Higher	43%	30%	32%	Percentage of adults ages 25 and over with a Bachelor's degree or higher.

Data source: American Community Survey 5-year Estimate 2019, Table DP02

Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Education	Ascension Seton	Texas	United States	Description
Uninsured	15.2%	19.9%	10.4%	Percentage of population under age 65 without health insurance.
<i>Data source: County Health Rankings, 2021. Obtained from Small Area Health Insurance Estimates, 2018.</i>				

Appendix C: Community Input Data and Sources

Focus Groups

Focus Groups	Description of Participants	Organizations & Sectors Represented	Number of Participants	Number of Focus Groups
Blanco, Burnet, Llano Counties	Public health nurse; Executive director of a chamber of commerce; EMS responder	Health Department; Chamber of commerce; County EMS	3	2
Fayette, Gonzalez, Lee Counties	School district nurse; Executive director of a large multi-county mental & behavioral health agency; Advanced practice community nurse; Community outreach & navigator for Medicaid plans	School District; Mental & behavioral health system; Community health provider & university education; Medicaid enroller	4	2
Children's Health	Executive director for a children's data sharing & analysis organization; Administrator & case manager for foster youth-serving organization; Outreach manager for organization focused on missing children; Administrator for Child Protective Services; COO for a children's healthcare respite organization; School nurse; CEO at children's wraparound service &	Data sharing and coordination organization; School district; Foster youth serving organization; CPS; Healthcare respite & families with medically fragile children; youth services & advocacy agency	7	2

	advocacy agency			
All Counties	School health director at a school district; Community health worker; Executive Director for a foster youth serving organization; Director for a county indigent healthcare system; Community relations & outreach coordinator at a large health system	School district; Health system (x2); Foster youth service organization; County indigent care program	5	2
Internal	MPH student in healthcare system community benefit; Injury prevention coordinator at children's hospital; Child abuse resource educator and coordinator at children's hospital; Injury prevention coordinator at hospital; Healthcare system external affairs officer; Healthcare system community development coordinator; Communications coordinator for a rural hospital; Language services provider for healthcare system & hospitals; Healthcare system community benefit & investments coordinator;	Children's hospital (x2); Major hospital; Health system administration (x4); Rural hospital; Central healthcare navigation services	9	2

Summary of Focus Groups

A series of 19 focus groups with approximately 100 participants were conducted by Alpinista Consulting to gather input from community members in the following counties: Burnet, Llano, Blanco, Fayette, Lee and Gonzales, along with Travis and Williamson for focus groups that focused on children's needs. Summaries of focus groups conducted by Alpinista Consulting are below.

Fayette, Lee and Gonzales Counties

The high level themes presented below are especially representative of the focus group discussions from this county cluster. The focus group participants for this group were particularly knowledgeable about the behavioral health dynamics across the region, so many

sub-themes described under the Mental and Behavioral Health theme were articulated during these focus groups.

Assets

- Lee County has a program designed to reduce the crisis/acute response burden on Emergency Medical Services by having Advanced Practice Nurses trained in acute/crisis response that respond to calls (on-site/in-home)
- There is also a nurse training program in Lee that's coordinated with Texas A&M University College of Nursing with the focus on recruiting and retaining more nurses in rural counties.
- In rural counties, the school nurses often become hubs of information, service provision, health knowledge, and relationship/network building.
- Local networks tend to be strong, reliable, and functional ways to get things done - for instance, informal collaborations between the local pharmacies and school districts to get immunizations distributed
- In Gonzales County, the Hispanic Professionals Association is an organization that reaches across racial and cultural lines to coordinate resources in the region

Unique Challenges & Potential Solutions

- Older Adult Health: There are many retirees moving to Fayette county in particular. This is affecting both housing costs, as demand is increasing in a limited market, and healthcare services as there are not many providers or agencies dedicated to older adult health. Some concern was expressed about the long term implications of this as people who might be healthy in the short term continue to age and put pressure on the health services in the county.
- Provider Isolation: With such a rural and geographically dispersed region, providers are isolated from each other and therefore have to mostly be self-sufficient in their practice. This was expressed as a desire for more inter-professional learning rather than a critical challenge.

Burnet, Llano and Blanco Counties

The emphasis on population growth and the pressure that places on communities and public services infrastructure was acutely discussed by the participants from this cluster of counties. These counties may be a few years ahead of the surrounding region when it comes to facing these challenges - it is easy to imagine the east-side counties like Fayette, Lee, and Gonzales may also start noticing the challenges that come with unplanned growth.

Access to care, especially acute care, is tricky in these counties since they are geographically far from services. This means that provider choice is quite limited as well.

Reliable internet can be hard to get in these areas, so telehealth has been less than optimal.

The significant population of older adults means that there is high demand for in-home care, but not enough providers in the communities to serve the need.

Assets

- **Sense of Community:** There is a strong set of connections that exist in these communities that promotes belonging, health, and active involvement. It also means people show up for each other. This is accentuated by the presence of many spaces in the community that people convene at - from Gem of the Hills and the community resource centers to the music & event venues and the state parks.
- **Use of Alternative Modes of Care to Increase Access:** Whether this is an asset or a creative response to the need, people rely on unconventional forms of care. This was most creatively expressed in the wide ranging prevention & wellness work done by the EMS.

Unique Challenges and Solutions

- **Prevention:** The EMS participant in particular spoke about the need for prevention programs - for instance around strokes, falls, etc. They end up doing a lot of education and support (like picking up tripping hazards) when onsite with people who may call 911 in response to a fall. They also are developing a community paramedic program that should help meet less acute needs and preserve the availability of the ambulance for more severe emergencies. The geographic area that EMS needs to cover means that they can get stuck far from both the hospital and other calls.
- **Internet:** Coverage is spotty and unreliable in the region. Investment in better internet services is expensive and seems necessary not just from a telehealth perspective, but also simply due to the number of people moving to these counties who are likely to have jobs that enable some amount of remote work possibility.

Children's Health

The participants of the children's health focus groups represented two (or three) distinct points of view: People who work more closely with children in vulnerable situations and know about the social service ecosystem for young people and then people like school nurses or WIC staff whose experience and perspective is more about the general health of children and families.

When it comes to children in vulnerable situations, the themes that stand out most involve access to quality care that is trauma-informed and culturally responsive as well as coordination among and between service providers. There aren't many providers or practitioners who have the skill or experience necessary to work restoratively with young people who have experienced significant trauma. Housing for young people in these situations (with particularly complex needs) is also nearly unavailable, with many of the service providers describing young people staying at offices with no other place to go and be safe. Age-related eligibility criteria often means young people lose contact with secure, stable conditions or resources at a particularly vulnerable time in their lives (early adulthood). This is exacerbated by the difficulty in getting current organizations to coordinate successfully.

For children and family health more generally, the themes that stood out were related to mental health (increased need with little skill, training, or specialized experience to feel confident helping - this is especially true among the school nurses), obesity & access to quality food, housing insecurity and affordability puts pressures on families that may result in overall stress for children, an absence of quality child care options, and then specific needs around things like immunizations and cross cultural communication. Provider isolation is also a real challenge,

especially for school nurses who might be the only healthcare professional in their setting or in the entire community.

Assets

Vulnerable Children:

- **Spirit of Cooperation:** Even though coordination is difficult, there seems to be a commitment to cooperating and figuring things out. This seems to be more difficult in the urban areas around Austin where the sheer number of service providers can be overwhelming. In the other counties, the networks seem to be closer and practitioners and service providers know where to go for support or help.
- **Technology Investment:** There are some growing efforts to invest in technology to help with the coordination challenges. Things like Aunt Bertha and other referral systems are meant to help young people stay connected to services across the different qualification thresholds they pass through.
- **Trauma-informed Care:** The providers and practitioners are all aware of the need for trauma-informed care and are doing what they can to provide it.

General Children & Family Health:

- **Schools:** The schools themselves are an important contributor to many of the counties and communities. They are a site of interaction, belonging, and connection.
- **Practitioners:** Many of the direct practitioners we talked with are deeply committed to their work. Whether that is someone in WIC who knows about the diverse needs of different families and speak in multiple forms of Spanish to communicate with them successfully or the school nurses who are trying to bring in professional development for other educators and teachers at their schools around mental health, preventing online abuse, and other complex health needs or who coordinate with the local pharmacies to set-up expanded vaccination programs.

Unique Challenges and Solutions

Vulnerable Children:

- **Age-related Transitions:** Young people who age out of services are often left without the critical stability and security they were able to develop through certain services and systems.
- **Policies:** Some policies at the state level mean that Texas simply does not have enough beds for foster youth with complex needs who need shelter and they are no longer placed in homes, so they sleep in provider offices or elsewhere.

General Children & Family Health:

- **Immunizations:** One of the more specific things that was mentioned by all the school nurses was the difficulty ensuring all incoming 7th graders have their state mandated immunizations. They are not allowed to even start school without them, and so every year there's a big effort for the first 1-2 weeks to get the kids vaccinated. This can be especially hard on families who may need to work and for whom English is not their

primary language - so understanding what's required can be difficult to communicate successfully.

- **Obesity & Diabetes:** Many of the school nurses mentioned obesity as a particularly acute challenge in their districts. The reasons for this are complex, but many lamented the inability of the schools to provide at least one healthy meal a day.
- **Goodside Health:** This is a telehealth provider specifically for schools and seems to be a very good option to provide more comprehensive care to children on-call and in the context of their day. They also have mental health counselors available.
- **Early Childhood Health:** There isn't much data available on early childhood health, though there's an understanding of how important things like maternal and prenatal care, pre-K and head start programs, and things like childcare are to the long term health and wellbeing of the region.

Ascension Seton also received feedback from community members in Bastrop, Caldwell, Hays and Williamson counties from the Texas Health Institute (THI) through a partnership agreement with hospital partner St. David's Foundation. Reports from focus groups from each county are attached in the next pages.

Finally, as part of collaborations led by public health departments in Travis and Williamson counties, Ascension Seton received reports from the community focus groups conducted in each of those counties.

In addition to the THI focus groups and interviews conducted for Williamson County, IBM Watson Health conducted an additional focus group of 13 individuals. To see Williamson Counties complete analysis of community input, refer to the 2022 Williamson County Community Health Assessment at the link provided:

https://www.healthywilliamsoncounty.org/content/sites/wcchd/2022cha/2022WilliamsonTXCHA_FINAL.pdf

Travis County engaged 112 participants including residents and professionals through key informant interviews, in-depth interviews, focus groups, community forums, radio talk-shows, and a photo outreach campaign. To see more detailed information about the qualitative input received by Travis County, refer to the 2022 Travis County Community Health Assessment at the link provided: www.austintexas.gov/communityhealthplan

Interviews

Key Informant	Sector
Andrea Richardson Executive Director, Bluebonnet Trails	Mental Health; Representative or member of medically underserved, low income and minority populations and populations with chronic disease needs in the community served
Vicki Coffee Director of Programs, Hogg Foundation for Mental Health	Mental Health; Representative or member of medically underserved, low income and minority populations and populations with chronic disease needs in the community served
Jon Calvin CEO, Lonestar Circle of Care	Primary Care; FQHC; Representative or member of medically underserved, low income and minority populations and populations with chronic disease needs in the community served
Karen Ranus Executive Director, National Alliance on Mental Illness (NAMI) Central Texas	Mental Health
Marisol Cortez Chief Marketing and Advancement Officer, Communicare	Primary Care; FQHC; Representative or member of medically underserved, low income and minority populations and populations with chronic disease needs in the community served
Dr. Aliya Hussaini, MD Health Portfolio Director, Michael and Susan Dell Foundation	Foundation; Chronic Disease; Representative or member of medically underserved, low income and minority populations and populations with chronic disease needs in the community served
Jeff Andresen CEO, Williamson County YMCA	Williamson County; Families and Children
Kathy Kuras CEO, Greater Austin YMCA	Travis County; Families and Children
Neal McMaster COO, Catholic Charities of Central Texas	Service area that mirrors Ascension Texas; Non-profit social services organization; Representative or member of medically underserved, low income and minority populations and populations with chronic disease needs in the community served
Dr. Leah Harris	Pediatrics; Families and Children

Chair of Pediatrics, Dell Children's Medical Center (Internal)	
Bess Searles and Population Health Team Community Care	Federally Qualified Health Center (FQHC)

Interview Questions

1. Tell us about yourself and your role, your background. For example, how long have you lived and worked in this region? How would you describe your professional-and-personal point of view -- the lenses you bring to this conversation?
2. Which part of the community, or the people in the community you feel you may be able to speak to best (in addition to your own)? (Sub-regions, particular cultural communities, people with particular kinds of needs, etc.)
3. What should we know about your community, in particular? For anyone who doesn't live there, what would be important to understand?
 - a. What are the particular assets, strengths, unique characteristics of the community, broadly (help us get a feel for the place)?
 - b. What are some of the particular challenges, globally, as you think about living there?
4. What are some of the obstacles, challenges, barriers, and complexities that interfere with your community's health & vitality?
5. What are some of the assets and strengths in your community that support vitality & health?
6. Topics we need more information on:
 - a. Cancer
 - b. Air & Water Quality
 - c. Tobacco Use
 - d. Community Safety
 - e. Family & Social Support
 - f. Infant & Child Mortality

Summary of Ascension Seton Interview Themes

Access to Care

Interviewees discussed access to care as it relates to physical, financial, language and literacy access. They noted limited access points despite the layered needs of individuals and families and the need for navigation assistance.

Quality of Life and Chronic Disease

Interviewees discussed both COVID-19 and Mental and Behavioral Health as diseases that are of critical importance at the time of this assessment in addition to other chronic disease management. Many mentioned the potential for lasting chronic effects of COVID-19 that are still unknown as well as challenges related to managing or diagnosing existing chronic conditions during the pandemic when people were reluctant to seek care. Interviewees noted an increased need for mental and behavioral health services as well as the need for prevention and early intervention in this space. Finally, conversation focused around the need for level-setting on data availability and the ability to track useful mental and behavioral health metrics.

Social Determinants of Health

Insurance rates were often discussed as a social determinant of health, with many people in the region uninsured or underinsured. Interviewees also noted transportation, housing, and income as social determinants that can affect health engagement and outcomes.

Health Equity

Issues of health equity discussed by interviewees are related to disproportionate poor health outcomes among groups of people. They discussed the issue of mistrust of the healthcare system, healthcare providers and fear due to previous experiences. Individuals noted systemic weaknesses in both healthcare and outside of healthcare (e.g. justice, immigration) as a major concern. Language access, cultural competency and humility were also topics often mentioned related to health equity.

Community Survey

Survey Distribution

A survey was conducted by Ascension Seton to gather the perceptions, thoughts, opinions, and concerns of the community regarding health outcomes, health care access, and social determinants of health for Ascension Seton. Fifty- one individuals participated in the survey, held between August 2021 and October 2021.

The two largest counties in the Ascension Seton service region (Travis and Williamson) conducted their own surveys, so to reduce duplication and confusion the Ascension Seton community survey was promoted only in the suburban and rural counties in the service area which include: Hays, Bastrop, Burnet, Caldwell, Fayette, Lee, Llano, Gonzales and Blanco counties.

The data gathered and analyzed provides insight into the issues of importance to the community; however due to a small sample size these survey results cannot be generalized to represent community indicators or perceptions. The results of this survey should be used with caution and as a supplement to other reliable data sources including quantitative data and community stakeholder input.

The survey contained 15 multiple-choice questions and was conducted online only. The survey was available in both English and Spanish and distributed by asking community stakeholders and leaders to share the survey with the individuals they served.

Survey Questions

CHNA Community Survey 2021

Page 1

Dear Residents of Hays, McLennan, Bastrop, Burnet, Caldwell, Coryell, Fayette, Lee, Llano, Gonzales, Hill, Limestone, Freestone, Blanco, Bosque, Falls and Hamilton Counties,

Ascension Texas is currently conducting a Community Health Needs Assessment. We would like to invite you to answer some questions about your community. Your perception and opinion about the strengths and areas of opportunity of your community is important to us and we would highly appreciate your input. The information you provide will be used to develop a plan that will help address the community health needs.

It will take about 10 minutes to complete the survey. The first part of the survey will focus on collecting some demographic information that will help identify characteristics of your community. The second part will collect your opinion about health issues.

By taking this survey you certify that you are 18 years of age and have read this form, and are freely and voluntarily willing to participate in this survey.

Demographic Questions

Please type in the 5 digit zip code where you live

Which category includes your age?

- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 and over

What gender do you identify with? Select all that apply.

- Female
- Male
- Non-binary
- Transgender
- Intersex
- Gender non-conforming
- Prefer not to answer
- Other

If Other, we welcome you to enter what best describes your gender identity here (not required)

Which of the following best describes your race?

- Black / African American
- American Indian / Alaska Native
- Asian
- Hawaiian / Pacific Islander
- White
- Multi-racial
- Prefer not to answer
- Other

If Other, we welcome you to enter what best describes your race and ethnicity here (not required)

Which of the following best describes your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown
- Prefer not to answer

Access to Care

How do you pay for most of your healthcare?

- Pay cash (no insurance)
- An insurance plan that you or someone else buys on your own
- Health insurance through my employer
- Health insurance through someone else's employer
- Medicaid
- Medicare
- Veterans' Administration
- Indian Health Services
- Cobra
- Other

If you selected Other, please explain:

In the past 12 months, have you seen a medical doctor, dentist, nurse or other health professional?

- Yes
- No
- Don't know / not sure
- Prefer not to answer

Was there a time in the past 12 months when you needed medical care but did NOT get it?

- Yes
- No
- Don't know / not sure
- Prefer not to answer

If you struggled to access necessary medical care in the past 12 months, what is the main reason?

- Can't afford it / costs too much
- I don't have a doctor
- I had trouble getting an appointment
- I had transportation problems
- I don't know where to go
- I don't have health insurance
- Other

If you selected Other, please explain:

Community Health

In case of an emergency, my household has enough money saved up for how many months of expenses (rent, utilities, groceries, basic supplies)?

- Do not have enough saved for one month
- One month
- Two months
- Three months
- More than three months
- Not sure

In the following list, what do you think are the three most important factors for a healthy community?

- Good place to raise children
- Safety from violence
- Low level of child abuse
- Good schools
- Access to health care
- Parks and recreation
- Walkability and bikeability
- Clean environment
- Affordable housing
- Access to grocery stores that sell fresh foods
- Transportation options
- Arts and cultural events
- Excellent race / ethnic relations
- Good jobs and healthy economy
- Strong family life
- Healthy behaviors and lifestyles
- Low adult death and disease rates
- Low infant deaths
- Religious or spiritual values
- Emergency preparedness
- Other

If you selected Other, please describe the other factor you think is important for a healthy community: _____

What are the top 3 things you think should be addressed to improve the health of your community?

- Aging problems (for example: difficulty getting around, dementia, arthritis)
- Cancers
- Child abuse / neglect
- Dental problems
- Diabetes / High blood sugar
- Domestic violence / rape / Sexual assault
- Gun-related injuries
- Mental health problems including suicide
- Substance use
- Heart disease / stroke / high blood pressure
- Access to healthy foods
- Housing
- HIV / AIDS / Sexually transmitted diseases (STDs)
- Homicide
- Infectious diseases
- Motor vehicle crash injuries
- Infant death
- Respiratory / lung disease
- Teenage pregnancy
- Tobacco use / E-cigarettes / Vaping
- Education
- Employment and job skills
- Parks / Green space
- Other

If you selected Other, please describe what else you think is important to address to improve the health of your community: _____

What are three strengths in your neighborhood or community?

- Access to health care (e.g. family doctor)
- Access to public transportation
- Affordable housing
- Access to healthy foods
- Arts and cultural events
- Clean environment
- Community resources (e.g. non-profits, libraries, food pantries)
- Good jobs and healthy economy
- Good place to raise children
- Good relationships between different race/ethnic groups
- Good schools
- Health behaviors and lifestyles
- Overall good mental health
- Low crime / safe neighborhoods
- Parks and recreation
- Community emergency preparedness
- Religious or spiritual values
- Other

If you selected Other, please tell us what you think are other strengths in your community: _____

How would you rate the overall health of your community?

- Very unhealthy
- Unhealthy
- Somewhat healthy
- Healthy
- Very healthy
- Not sure

Has the COVID-19 (coronavirus) pandemic made any of these more difficult for you? Please select all that apply for each of the given time frames.

	March 2020 - February 2021	March 2021 - Present
Access to Food	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>
Job security	<input type="checkbox"/>	<input type="checkbox"/>
Paying bills	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Caregiving duties	<input type="checkbox"/>	<input type="checkbox"/>
Other basic needs	<input type="checkbox"/>	<input type="checkbox"/>
None of these	<input type="checkbox"/>	<input type="checkbox"/>

How has your employment status changed since the COVID-19 pandemic (after March 1, 2020)?

- I am still going to my workplace for the same number of hours as before the pandemic
- I am still going to my workplace but am working reduced hours
- I am working from home
- I lost my job
- I had to quit my job to take care of people who depend on me
- Other

If you selected Other, please explain: _____

Have you experienced stress related to the pandemic?

- No, no stress at all
- Yes mild stress such as occasional worries or minor stress-related symptoms such as feeling a little anxious, sad, angry, or mild trouble sleeping
- Yes moderate stress with frequent worries, often feeling anxious, sad, or angry, or some trouble sleeping
- Yes severe stress with constant worries or feeling extremely anxious, sad, or angry, or frequent trouble sleeping

Have you been vaccinated for COVID-19?

- Yes fully vaccinated
- Yes partially vaccinated
- No

Appendix D: Secondary Data and Sources

The tables below are based on data vetted, compiled, and made available on the County Health Rankings and Roadmaps (CHRR) website (<https://www.countyhealthrankings.org/>), unless otherwise cited. The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data every year and shares with the public in March. The data below is from the 2021 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis. NOTE: Data in the charts does not reflect the effects that the COVID-19 pandemic has had on communities.

How To Read These Charts

Why they are important: This section explains why we monitor and track these measures in a community and how it relates to health.

County vs. State: Describes how the county's most recent data for the health issue compares to state.

Top US Counties: The best 10 percent of counties in the country. It is important to compare not just with Texas but important to know how the best counties are doing and how our county compares.

Description: What the indicator measures, how it is measured and who is included in the measure.

" - ": Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

" * " : Indicators marked with a * indicate that standard deviation was not available for the given metric




Shading & Graphics Key:

Equal or greater than **one standard deviation worse than Texas**

Equal or greater than **two standard deviations worse than Texas**

Equal or greater than **one standard deviations better than Texas**

Equal or greater than **two standard deviations better than Texas**

-  = trending better for this measure
-  = staying the same for this measure
-  = trending worse for this measure

Trends data obtained from County Health Rankings

Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

Largest Population Counties

Indicators	Travis	Williamson	Hays	TX	US	Top US Counties	Description
Length of Life							
Premature Death	4,665 ●	4,248 ●	4,886 ●	6,620	6,900	5,500	Years of potential life lost before age 75 per 100,000 population (age-adjusted). Data from 2017-2019. Smaller is better.
Life Expectancy*	81.9	82.1	80.7	79.2	79.1	-	How long the average person can expect to live. Data from 2017-2019.
Infant Mortality	4.1	4.1	3.8	6	6	-	Number of all infant deaths (within 1 year) per 1,000 live births. Data from 2013-2019.
Physical Health							
Poor or Fair Health	16%	15%	18%	19%	17%	12%	Percent of adults reporting fair or poor health. Data from 2018.
Poor Physical Health Days	3.5	3.3	3.7	3.8	3.8	3.1	Average number of physically unhealthy days reported in past 30 days (age-adjusted). Data from 2018.
Frequent Physical Distress*	10%	10%	11%	12%	12%	-	Percent of adults 14 or more days of poor physical health per month. Data from 2018.
Low Birth Weight	8%	7%	7%	8%	8%	6%	The percent of babies born too small (less than 2,500 grams). Data from 2013-2019.
Mental Health							
Poor Mental Health Days	4.1	3.7	4.3	3.8	4.0	3.4	Average number of mentally unhealthy days self-reported in the past 30 days. Data from 2018.
Frequent Mental Distress*	12%	11%	13%	12%	12%	-	Percent of adults reporting 14 or more days of poor mental health per month. Data from 2018.

Suicide	13	14	13	13	14	-	Number of deaths due to suicide per 100,000. Data from 2015-2019.
Morbidity							
Diabetes prevalence	7%	9%	8%	10%	10%	-	Percent of adults aged 20 and above with diagnosed diabetes. Data from 2017.
Cancer Incidence*	391.9	426	401.3	409.5	449	-	New cases of cancer for every 100,000 people. Data from 2018.
Communicable Disease							
HIV Prevalence	470	164	180	393	366	-	Number of people aged 13 years and over with a diagnosis of HIV per 100,000. Data from 2018.
Sexually Transmitted Infections	733.0	247.7	555.3	517.6	524.6	161.4	Number of newly diagnosed chlamydia cases per 100,000. Data from 2018.
<i>Data Sources for Health Outcomes Tables:</i> <ul style="list-style-type: none"> - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2021 unless otherwise noted. https://www.countyhealthrankings.org/explore-health-rankings - Cancer Incidence Data: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2021. 							

Medium Population Counties

Indicators	Bastrop	Burnet	Caldwell	TX	US	Top US Counties	Description
Length of Life							
Premature Death	7,492 ●	7,137 ●	8,256 ●	6,620	6,900	5,500	Years of potential life lost before age 75 per 100,000 population (age-adjusted). Data from 2017-2019. Smaller is better.
Life Expectancy*	78.3	78.8	77.3	79.2	79.1	-	How long the average person can expect to live. Data from 2017-2019.
Infant Mortality	5	-	-	6	6	-	Number of all infant deaths (within 1 year) per 1,000 live births. Data from 2013-2019.
Physical Health							
Poor or Fair Health	22%	19%	26%	19%	17%	12%	Percent of adults reporting fair or poor health. Data from 2018.
Poor Physical Health Days	4.2	4.0	4.5	3.8	3.8	3.1	Average number of physically unhealthy days reported in past 30 days (age-adjusted). Data from 2018.

Frequent Physical Distress*	13%	12%	15%	12%	12%	-	Percent of adults 14 or more days of poor physical health per month. Data from 2018.
Low Birth Weight	8%	7%	9%	8%	8%	6%	The percent of babies born too small (less than 2,500 grams). Data from 2013-2019.
Mental Health							
Poor Mental Health Days	4.4	4.4	4.4	3.8	4.0	3.4	Average number of mentally unhealthy days self-reported in the past 30 days. Data from 2018.
Frequent Mental Distress*	14%	14%	15%	12%	12%	-	Percent of adults reporting 14 or more days of poor mental health per month. Data from 2018.
Suicide	15	16	14	13	14	-	Number of deaths due to suicide per 100,000. Data from 2015-2019.
Morbidity							
Diabetes prevalence	13%	16%	13%	10%	10%	-	Percent of adults aged 20 and above with diagnosed diabetes. Data from 2017.
Cancer Incidence*	432.9	425.7	375.9	409.5	449	-	New cases of cancer for every 100,000 people. Data from 2018.
Communicable Disease							
HIV Prevalence	236	116	239	393	366	-	Number of people aged 13 years and over with a diagnosis of HIV per 100,000. Data from 2018.
Sexually Transmitted Infections	973.3	282.0	1136.1	517.6	524.6	161.4	Number of newly diagnosed chlamydia cases per 100,000. Data from 2018.

Smallest Population Counties







Indicators	Fayette	Gonzales	Llano	Lee	Blanco	TX	US	Top US Counties	Description
Length of Life									
Premature Death	7,217 ●	7,599 ●	8,551 ●	8,060 ●	6,357 ●	6,620	6,900	5,500	Years of potential life lost before age 75 per 100,000 population (age-adjusted). Data from 2017-2019. Smaller is better.
Life Expectancy*	79.4	77.5	79.0	77.8	79.5	79.2	79.1	-	How long the average person can expect to live. Data from 2017-2019.
Infant Mortality	-	-	-	-	-	6	6	-	Number of all infant deaths (within 1 year) per 1,000 live births. Data from 2013-2019.
Physical Health									




Poor or Fair Health	21%	27%	19%	22%	17%	19%	17%	12%	Percent of adults reporting fair or poor health. Data from 2018.
Poor Physical Health Days	4.3	4.7	4.1	4.3	3.8	3.8	3.8	3.1	Average number of physically unhealthy days reported in past 30 days (age-adjusted). Data from 2018.
Frequent Physical Distress*	13%	15%	13%	14%	12%	12%	12%	-	Percent of adults 14 or more days of poor physical health per month. Data from 2018.
Low Birth Weight	7%	9%	8%	8%	6%	8%	8%	6%	The percent of babies born too small (less than 2,500 grams). Data from 2013-2019.
Mental Health									
Poor Mental Health Days	4.5	4.6	4.5	4.9	4.2	3.8	4.0	3.4	Average number of mentally unhealthy days self-reported in the past 30 days. Data from 2018.
Frequent Mental Distress*	15%	15%	15%	15%	13%	12%	12%	-	Percent of adults reporting 14 or more days of poor mental health per month. Data from 2018.
Suicide	11	12	24	19	32	13	14	-	Number of deaths due to suicide per 100,000. Data from 2015-2019.
Morbidity									
Diabetes prevalence	13%	17%	12%	15%	12%	10%	10%	-	Percent of adults aged 20 and above with diagnosed diabetes. Data from 2017.
Cancer Incidence*	389	360.4	372.2	498	389.3	409.5	449	-	New cases of cancer for every 100,000 people. Data from 2018.
Communicable Disease									
HIV Prevalence	110	125	135	138	78	393	366	-	Number of people aged 13 years and over with a diagnosis of HIV per 100,000. Data from 2018.
Sexually Transmitted Infections	368.0	382.9	80.2	133.9	903.1	517.6	524.6	161.4	Number of newly diagnosed chlamydia cases per 100,000. Data from 2018.

Social and Economic Factors







Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

Largest Population Counties

Indicator	Travis	Williamson	Hays	TX	US	Top US Counties	Description
Economic Stability							
Median Household Income	\$80,690	\$92,661	\$72,890	\$64,044	\$57,600	-	The income where half of households in a county earn more and half of households earn less. Data from 2019.
Unemployment*	2.6% 	2.8% 	2.8% 	3.5%	3.7%	2.6%	Percentage of population ages 16 and older unemployed but seeking work. Data from 2019.
Poverty	12%	6.4%	13.7%	14.7%	13.4%	-	Percentage of population living below the Federal Poverty Line. Data from 2015-2019.
Childhood Poverty	14% 	7% 	11% 	19%	18%	11%	Percentage of people under age 18 in poverty. Data from 2019.
Income Inequality	4.7	3.6	4.4	4.8	4.9	3.7	Ratio of household income at the 80th percentile to income at the 20th percentile. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum. Data from 2015-2019.
Educational Attainment							
High School Completion	89%	93%	90%	84%	85%	96%	Percentage of adults ages 25 and over with a high school diploma or equivalent. Data from 2015-2019.
Some College	74%	75%	68%	62%	66%	73%	Percentage of adults ages 25-44 with some post-secondary education. Data from 2015-2019.
Social/Community							
Children in single-parent homes	23%	18%	17%	26%	33%	20%	Percentage of children that live in a household headed by a single parent. Data from 2015-2019.
Social Associations	9.2	6.4	5.9	7.5	9.3	18.4	Number of membership associations per 10,000 population. Data from 2018.
Disconnected Youth*	6%	7%	5%	8%	7%	-	Percentage of teens and young adults ages 16-19 who are neither working nor in school. Data from 2015-2019.
Juvenile Arrests*	21%	12%	20%	17%	-	-	Rate of delinquency cases per 1,000 juveniles. Data from 2018.

Violent Crime	370 	165 	244 	420	386	63	Number of reported violent crime offenses per 100,000 population. Data from 2014 & 2016.
Firearm Fatalities*	8	10	10	12	12	-	Number of deaths due to firearms per 100,000 population. Data from 2015-2019.
Access to Healthy Foods							
Food Environment Index	7.6	7.9	7.9	5.9	7.6	8.6	Index of factors that contribute to a healthy food environment, 0-worst 10-best. Data from 2015 & 2018.
Food Insecurity	13%	11%	12%	15%	13%	-	Percent of the population who lack adequate access to food. Data from 2018.
Limited Access to Healthy Foods	7%	8%	6%	9%	6%	-	Percent of population who are low-income and do not live close to a grocery store. Data from 2015.
<i>Data Sources for Social and Economic Factors Tables:</i> - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2021. https://www.countyhealthrankings.org/explore-health-rankings - Poverty: American Community Survey Table DP03 5-year Estimates, 2019							

Medium Population Counties

Indicator	Bastrop	Burnet	Caldwell	TX	US	Top US Counties	Description
Economic Stability							
Median Household Income	\$62,627	\$62,827	\$55,301	\$64,044	\$57,600	-	The income where half of households in a county earn more and half of households earn less. Data from 2019.
Unemployment*	3.0% 	2.7% 	3.3% 	3.5%	3.7%	2.6%	Percentage of population ages 16 and older unemployed but seeking work. Data from 2019.
Poverty	11.2%	10.2%	18.9%	14.7%	13.4%	-	Percentage of population living below the Federal Poverty Line. Data from 2015-2019.
Childhood Poverty	24% 	16% 	21% 	19%	18%	11%	Percentage of people under age 18 in poverty. Data from 2019.
Income Inequality	4.5	4.0	4.4	4.8	4.9	3.7	Ratio of household income at the 80th percentile to income at the 20th percentile. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum. Data from 2015-2019.
Educational Attainment							
High School Completion	82%	88%	78%	84%	85%	96%	Percentage of adults ages 25 and over with a

							high school diploma or equivalent. Data from 2015-2019.
Some College	50%	52%	38%	62%	66%	73%	Percentage of adults ages 25-44 with some post-secondary education. Data from 2015-2019.
Social/Community							
Children in single-parent homes	24%	21%	25%	26%	33%	20%	Percentage of children that live in a household headed by a single parent. Data from 2015-2019.
Social Associations	6.7	12.8	8.8	7.5	9.3	18.4	Number of membership associations per 10,000 population. Data from 2018.
Disconnected Youth*	6%	-	15%	8%	7%	-	Percentage of teens and young adults ages 16-19 who are neither working nor in school. Data from 2015-2019.
Juvenile Arrests*	21	17	37	17	-	-	Rate of delinquency cases per 1,000 juveniles. Data from 2018.
Violent Crime	407 ●	248 ●	219 ●	420	386	63	Number of reported violent crime offenses per 100,000 population. Data from 2014 & 2016.
Firearm Fatalities*	17	12	15	12	12	-	Number of deaths due to firearms per 100,000 population. Data from 2015-2019.
Access to Healthy Foods							
Food Environment Index	7.4	6.9	7.2	5.9	7.6	8.6	Index of factors that contribute to a healthy food environment, 0-worst 10-best. Data from 2015 & 2018.
Food Insecurity	12%	14%	15%	15%	13%	-	Percent of the population who lack adequate access to food. Data from 2018.
Limited Access to Healthy Foods	11%	13%	8%	9%	6%	-	Percent of population who are low-income and do not live close to a grocery store. Data from 2015.

Smallest Population Counties

Indicator	Fayette	Gonzales	Llano	Lee	Blanco	TX	US	Top US Counties	Description
Economic Stability									
Median Household Income	\$62,195	\$48,425	\$55,617	\$59,250	\$68,404	\$64,044	\$57,600	-	The income where half of households in a county earn more and half of households earn less. Data from 2019.




Unemployment*	2.6% ●	2.7% ●	3.4% ●	2.6% ●	2.4% ●	3.5%	3.9%	2.6%	Percentage of population ages 16 and older unemployed but seeking work. Data from 2019.
Poverty	11.9%	14.1%	11%	12.3%	9%	14.7%	13.4%	-	Percentage of population living below the Federal Poverty Line. Data from 2015-2019.
Childhood Poverty	15% ●	24% ●	21% ●	16% ●	15% ●	19%	18%	11%	Percentage of people under age 18 in poverty. Data from 2019.
Income Inequality	4.3	4.4	4.3	4.6	4.2	4.8	4.9	3.7	Ratio of household income at the 80th percentile to income at the 20th percentile. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum. Data from 2015-2019.
Educational Attainment									
High School Completion	86%	77%	86%	85%	90%	84%	85%	96%	Percentage of adults ages 25 and over with a high school diploma or equivalent. Data from 2015-2019.
Some College	46%	30%	48%	51%	53%	62%	66%	73%	Percentage of adults ages 25-44 with some post-secondary education. Data from 2015-2019.
Social/Community									
Children in single-parent homes	21%	26%	20%	28%	23%	26%	33%	20%	Percentage of children that live in a household headed by a single parent. Data from 2015-2019.
Social Associations	17	12.0	11.5	11.1	12.8	7.5	9.3	18.4	Number of membership associations per 10,000 population. Data from 2018.
Disconnected Youth*	-	-	-	-	-	8%	7%	-	Percentage of teens and young adults ages 16-19 who are neither working nor in school. Data from 2015-2019.
Juvenile Arrests*	-	11	18	-	-	17	-	-	Rate of delinquency cases per 1,000 juveniles. Data from 2018.
Violent Crime	261 ●	652 ●	141 ●	253 ●	137 ●	420	386	63	Number of reported violent crime offenses per 100,000 population. Data from 2014 & 2016.
Firearm Fatalities*	10	12	20	-	23	12	12	-	Number of deaths due to firearms per 100,000 population. Data from 2015-2019.
Access to Healthy Foods									

Food Environment Index	7.5	7.0	6.3	7.8	8.1	5.9	7.6	8.6	Index of factors that contribute to a healthy food environment, 0-worst 10-best. Data from 2015 & 2018.
Food Insecurity	13%	15%	17%	14%	13%	15%	13%	-	Percent of the population who lack adequate access to food. Data from 2018.
Limited Access to Healthy Foods	8%	11%	14%	2%	1%	9%	6%	-	Percent of population who are low-income and do not live close to a grocery store. Data from 2015.

Physical Environment

Why they are important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing and transportation to work or school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Largest Population Counties




Indicator	Travis	Williamson	Hays	TX	US	Top US Counties	Description
Physical Environment							
Severe housing cost burden*	15%	10%	16%	13%	15%	-	Percentage of households that spend 50% or more of their household income on housing. Data from 2015-2019.
Severe Housing Problems*	19%	12%	20%	17%	18%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Data from 2013-2017.
Homelessness*	2,506	12	102	27,229	580,466	-	The number of people experiencing homelessness on one particular night in 2020 as counted by a Point in Time count.
Air Pollution - Particulate Matter	9.2 	8.5 	8.2 	7.3	8.6	6.1	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). Data from 2016.
Homeownership*	52%	68%	62%	62%	64%	-	Percentage of occupied housing units that are owned. Data from 2015-2019.

Data Sources for Physical Environment Tables:

- All metrics in this table were obtained from County Health Rankings & Roadmaps in 2021 unless otherwise noted. <https://www.countyhealthrankings.org/explore-health-rankings>

- Travis County Homelessness data: 2020 Point-in-Time Count Results, Ending Community Homelessness (ECHO). Obtained in 2021 from: https://www.austinecho.org/wp-content/uploads/2020/07/PIT-2020-Three-One-Pagers_Revised-7.9.2020.pdf
- Other Counties Homelessness data: 2020 Point-in-Time Count Reports from Texas Homeless Network, PIT Count Reports by County. Obtained in 2021 from: <https://www.thn.org/texas-balance-state-continuum-care/data/pit-count-and-hic/>

Medium Population Counties






Indicator	Bastrop	Burnet	Caldwell	TX	US	Top US Counties	Description
Physical Environment							
Severe housing cost burden*	11%	9%	14%	13%	15%	-	Percentage of households that spend 50% or more of their household income on housing. Data from 2015-2019.
Severe Housing Problems*	17%	13%	17%	17%	18%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Data from 2013-2017.
Homelessness*	123 ^A	-	-	27,229	580,466	-	The number of people experiencing homelessness on one particular night in 2020 as counted by a Point in Time count.
Air Pollution - Particulate Matter	8.1 	7.4 	8.0 	7.3	8.6	6.1	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). Data from 2016.
Homeownership*	78%	77%	67%	62%	64%	-	Percentage of occupied housing units that are owned. Data from 2015-2019.

Data Notes:

^A Bastrop County and Lee County Homeless data represents both counties together










Smallest Population Counties










Indicator	Fayette	Gonzales	Llano	Lee	Blanco	TX	US	Top US Counties	Description
Physical Environment									
Severe housing cost burden*	8%	7%	12%	13%	8%	13%	15%	-	Percentage of households that spend 50% or more of their household income on housing. Data from 2015-2019.
Severe Housing Problems*	10%	20%	15%	17%	15%	17%	18%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Data from 2013-2017.

Homelessness*	-	-	-	123 ^A	-	27,229	580,466	-	The number of people experiencing homelessness on one particular night in 2020 as counted by a Point in Time count.
Air Pollution - Particulate Matter	7.8 	7.7 	7.1 	7.9 	7.3 	7.3	8.6	6.1	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). Data from 2016.
Homeownership*	82%	67%	78%	81%	79%	62%	64%	-	Percentage of occupied housing units that are owned. Data from 2015-2019.
<i>Data Notes:</i>									
^A Bastrop County and Lee County Homeless data represents both counties together									







Clinical Care

Largest Population Counties

Indicator	Travis	Williamson	Hays	TX	US	Top US Counties	Description
Healthcare Access							
Uninsured	15% 	12% 	18% 	20%	10%	6%	Percentage of population under age 65 without health insurance. Data from 2018.
Uninsured Adults	17%	14%	20%	24%	12%	-	Percentage of adults under age 65 without health insurance. Data from 2018.
Uninsured children	8%	8%	11%	11%	5%	-	Percentage of children under age 19 without health insurance. Data from 2018.
Primary Care Physicians	1,158:1 	1,431:1 	2,343:1 	1,642:1	1,330:1	1,030:1	Ratio of population to primary care physicians. Data from 2018.
Mental Health Providers	343:1	828:1	971:1	827:1	400:1	290:1	Ratio of the population to mental health providers. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. Data from 2020.
Psychiatrists*	5,359:1	10,726:1	15,660:1	12,804:1	No Data	-	Ratio of the population to psychiatrists in 2020. Source: Texas Primary Care Physicians & Psychiatrists
Dentists	1,385:1 	1,773:1 	2,616:1 	1,677:1	1,450:1	1,240:1	Ratio of population to dentists. Data from 2019.

Hospital Utilization							
Preventable Hospital Stays*	3,803 	3,776 	3,531 	4,793	4,535	2,761	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Data from 2018.
Preventative Healthcare							
Flu Vaccinations*	50% 	52% 	48% 	46%	46%	53%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. Data from 2018.
Mammography Screenings	40% 	46% 	37% 	37%	42%	50%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. Data from 2018.
<i>Data Sources for Clinical Care Tables</i> <ul style="list-style-type: none"> - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2021 unless otherwise noted. https://www.countyhealthrankings.org/explore-health-rankings - Psychiatrists Data: Texas Department of State Health Services, Health Professions Resource Center, Psychiatrists, 2020. Obtained in 2021 from: https://www.dshs.texas.gov/chs/hprc/tables/2020/psych20.aspx 							
















Medium Population Counties

Indicator	Bastrop	Burnet	Caldwell	TX	US	Top US Counties	Description
Healthcare Access							
Uninsured	22% 	23% 	22% 	20%	10%	6%	Percentage of population under age 65 without health insurance. Data from 2018.
Uninsured Adults	26%	27%	26%	24%	12%	-	Percentage of adults under age 65 without health insurance. Data from 2018.
Uninsured children	13%	13%	12%	11%	5%	-	Percentage of children under age 19 without health insurance. Data from 2018.
Primary Care Physicians	3,624:1 	2,264:1 	3,604:1 	1,642:1	1,330:1	1,030:1	Ratio of population to primary care physicians. Data from 2018.
Mental Health Providers	1,740:1	1,553:1	1,284:1	827:1	400:1	290:1	Ratio of the population to mental health providers. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. Data from 2020.
Psychiatrists*	86,105:1	16,065:1	-	12,804:1	-	-	Ratio of the population to psychiatrists in 2020. Source: Texas Primary Care Physicians & Psychiatrists

Dentists	2,957:1 	2,293:1 	3,359:1 	1,677:1	1,450:1	1,240:1	Ratio of population to dentists. Data from 2019.
Hospital Utilization							
Preventable Hospital Stays*	4,211 	3,484 	6,002 	4,793	4,535	2,761	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Data from 2018.
Preventative Healthcare							
Flu Vaccinations*	43% 	47% 	42% 	46%	46%	53%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. Data from 2018.
Mammography Screenings	35% 	43% 	30% 	37%	42%	50%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. Data from 2018.

Smallest Population Counties







Indicator	Fayette	Gonzales	Llano	Lee	Blanco	TX	US	Top US Counties	Description
Healthcare Access									
Uninsured	20% 	25% 	21% 	21% 	22% 	20%	10%	6%	Percentage of population under age 65 without health insurance. Data from 2018.
Uninsured Adults	22%	31% 	23%	24%	23%	24%	12%	-	Percentage of adults under age 65 without health insurance. Data from 2018.
Uninsured children	14%	15% 	13%	12%	18% 	11%	5%	-	Percentage of children under age 19 without health insurance. Data from 2018.
Primary Care Physicians	3,169:1 	2,603:1 	1,273:1 	3,429:1 	3,901:1 	1,642:1	1,330:1	1,030:1	Ratio of population to primary care physicians. Data from 2018.
Mental Health Providers	3,621:1	2,977:1	1,816:1	1,567:1	11,931:1 	827:1	400:1	290:1	Ratio of the population to mental health providers. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. Data from 2020.
Psychiatrists*	26,086:1	-	-	-	-	12,804:1	-	-	Ratio of the population to psychiatrists in 2020. Source: Texas Primary Care Physicians & Psychiatrists
Dentists	1,950:1 	2,605:1 	1,981:1 	3,448:1 	2,983:1 	1,677:1	1,450:1	1,240:1	Ratio of population to dentists. Data from 2019.

Hospital Utilization									
Preventable Hospital Stays*	2,900 	4,650 	4,227 	4,432 	3,014 	4,793	4,535	2,761	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Data from 2018.
Preventative Healthcare									
Flu Vaccinations*	46% 	39% 	43% 	47% 	44% 	46%	46%	53%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. Data from 2018.
Mammography Screenings	37% 	31% 	42% 	36% 	35% 	37%	42%	50%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. Data from 2018.

Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Largest Population Counties

Indicator	Travis	Williamson	Hays	TX	US	Top US Counties	Description
Healthy Life							
Adult Obesity	23% 	31% 	32% 	31%	29%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m ² . Data from 2017.
Physical Inactivity	15% 	19% 	17% 	23%	23%	20%	Percentage of adults age 20 and over reporting no leisure-time physical activity. Data from 2017.
Access to Exercise Opportunities	93%	87%	72%	81%	84%	91%	Percentage of population with adequate access to locations for physical activity. Data from 2010 & 2019.
Insufficient Sleep*	32%	34%	36%	34%	34%	-	Percentage of adults who report fewer than 7 hours of sleep on average. Data from 2018.
Motor Vehicle Crash Deaths	10	8	12	13	11	-	Number of motor vehicle crash deaths per 100,000 population. Data from 2013 - 2019.

Substance Use and Misuse							
Adult Smoking	13%	12%	15%	14%	17%	14%	Percentage of adults who are current smokers. Data from 2018.
Excessive Drinking	22%	19%	22%	19%	19%	13%	Percentage of adults reporting binge or heavy drinking. Data from 2018.
Alcohol-Impaired Driving Deaths	23%	27%	38%	26%	28%	11%	Alcohol-impaired driving deaths. Data from 2015-2019.
Drug Overdose Mortality Rate	13	6	8	11	21	-	Number of drug poisoning deaths per 100,000 population. Data from 2017-2019
Opioid Hospital Visits*	112	83	68	78	-	-	Rate of Opioid-related Hospital Visits per 100,000 Visits in 2020 (DSHS)
Sexual Health							
Teen Births	24	13	17	31	23	13	Number of births per 1,000 female population ages 15-19. Data from 2013-2019.
Data Sources for Health Behaviors Tables: <ul style="list-style-type: none"> - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2021 unless otherwise noted. https://www.countyhealthrankings.org/explore-health-rankings - Opioid Hospital Visits data: Texas Department of State Health Services (DSHS), 2020. Obtained in 2021 from https://healthdata.dshs.texas.gov/dashboard/drugs-alcohol/opioids/opioid-rel-ed-visits 							






Medium Population Counties

Indicator	Bastrop	Burnet	Caldwell	TX	US	Top US Counties	Description
Healthy Life							
Adult Obesity	42%	34%	39%	31%	29%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m ² . Data from 2017.
Physical Inactivity	27%	25%	23%	23%	23%	20%	Percentage of adults age 20 and over reporting no leisure-time physical activity. Data from 2017.
Access to Exercise Opportunities	48%	63%	59%	81%	84%	91%	Percentage of population with adequate access to locations for physical activity. Data from 2010 & 2019.
Insufficient Sleep*	37%	35%	37%	34%	34%	-	Percentage of adults who report fewer than 7 hours of sleep on average. Data from 2018.
Motor Vehicle Crash Deaths	30	24	23	13	11	-	Number of motor vehicle crash deaths per 100,000 population. Data from 2013 - 2019.

Substance Use and Misuse							
Adult Smoking	18%	18%	19%	14%	17%	14%	Percentage of adults who are current smokers. Data from 2018.
Excessive Drinking	21%	20%	19%	19%	19%	13%	Percentage of adults reporting binge or heavy drinking. Data from 2018.
Alcohol-Impaired Driving Deaths	30%	33%	20%	26%	28%	11%	Alcohol-impaired driving deaths. Data from 2015-2019.
Drug Overdose Mortality Rate	9	13	-	11	21	-	Number of drug poisoning deaths per 100,000 population. Data from 2017-2019
Opioid Hospital Visits*	57	63	65	78	-	-	Rate of Opioid-related Hospital Visits per 100,000 Visits in 2020 (DSHS)
Sexual Health							
Teen Births	33	31	36	31	23	13	Number of births per 1,000 female population ages 15-19. Data from 2013-2019.

Smallest Populations

Indicator	Fayette	Gonzales	Llano	Lee	Blanco	TX	US	Top US Counties	Description
Healthy Life									
Adult Obesity	24%	33%	26%	38%	22%	31%	29%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2. Data from 2017.
Physical Inactivity	23%	26%	26%	27%	24%	23%	23%	20%	Percentage of adults age 20 and over reporting no leisure-time physical activity. Data from 2017.
Access to Exercise Opportunities	58%	40%	80%	47%	50%	81%	84%	91%	Percentage of population with adequate access to locations for physical activity. Data from 2010 & 2019.
Insufficient Sleep*	36%	38%	35%	38%	35%	34%	34%	-	Percentage of adults who report fewer than 7 hours of sleep on average. Data from 2018.
Motor Vehicle Crash Deaths	26	26	20	34	18	13	11	-	Number of motor vehicle crash deaths per 100,000 population. Data from 2013 - 2019.
Substance Use and Misuse									
Adult Smoking	19.4%	19.5%	18.6%	19.4%	17%	14%	17%	14%	Percentage of adults who are current smokers. Data from 2018.

Excessive Drinking	20%	18%	20%	19%	21%	19%	19%	13%	Percentage of adults reporting binge or heavy drinking. Data from 2018.
Alcohol-Impaired Driving Deaths	20% 	20% 	35% 	23% 	23% 	26%	28%	11%	Alcohol-impaired driving deaths. Data from 2015-2019.
Drug Overdose Mortality Rate	-	-	-	-	-	11	21	-	Number of drug poisoning deaths per 100,000 population. Data from 2017-2019
Opioid Hospital Visits*	0	0	0	0	0	78	-	-	Rate of Opioid-related Hospital Visits per 100,000 Visits in 2020 (DSHS)
Sexual Health									
Teen Births	22	47	43	36	16	31	23	13	Number of births per 1,000 female population ages 15-19. Data from 2013-2019.

Disparities

Why they are important: Differences in access to opportunities that affect health can create differences between groups of people in the community. A focus on equity is important to improving health for everyone in the community. Any indicators compared using standard deviation are compared to the overall Texas metric.

Health Outcomes

Large and Medium Population Counties

Indicator	Travis	Williamson	Hays	Bastrop	Burnet	Caldwell	Texas
Premature Death: Years of potential life lost before age 75 per 100,000 population (age-adjusted). Smaller is better.							
Overall	4,665	4,248	4,886	7,492	7,137	8,256	6,620
Asian*	2,355	1,872	-	-	-	-	3,002
Black	7,972	5,470	8,427	7,730	-	-	9,892
Hispanic	4,148	3,155	4,523	5,760	4,680	7,803	5,471
White	4,735	4,866	5,030	8,787	8,153	8,483	7,097
Infant Mortality Rate: Number of all infant deaths (within 1 year) per 1,000 live births.							

Overall	4	4	4	5	-	-	6
Black	9	7	-	-	-	-	11
Hispanic	4	3	3	-	-	-	5
White	3	4	4	-	-	-	5

Small Population Counties

Indicator	Fayette	Gonzales	Llano	Lee	Blanco	Texas
Premature Death: Years of potential life lost before age 75 per 100,000 population (age-adjusted). Smaller is better.						
Overall	7,217	7,599	8,551	8,060	6,357	6,620
Asian	-	-	-	-	-	3,002
Black	-	-	-	-	-	9,892
Hispanic	-	6,120	-	-	-	5,471
White	-	9,291	-	-	-	7,097
Infant Mortality Rate: Not available for these counties by Race						

Social and Economic Factors

Large and Medium Population Counties

Indicator	Travis	Williamson	Hays	Bastrop	Burnet	Caldwell	Texas	United States
Childhood Poverty: Percentage of people under age 18 in poverty.								
Overall	13.6%	6.5%	11.3%	23.8%	16.3%	20.5%	19.2%	17%
Asian*	5.5%	4.2%	5.9%	-	-	-	9.9%	-

Black	28.8%	15.4%	5.7%		23.4%	-	56.5%	27.1%	-
Hispanic	23.9%	14.1%	22.4%		18.1%	9.5%	28.1%	28.5%	-
White	4.6%	3.2%	5.6%		9.1%	16.3%	16.7%	9.1%	-
Median Household Income: The income where half of households in a county earn more and half of households earn less.									
Overall	\$80,690	\$92,661	\$72,890		\$62,627	\$62,827	\$55,301	\$64,044	\$65,712
American Indian and Alaskan Native*	\$58,354	\$69,063	\$74,313		-	\$39,815	-	\$56,394	\$43,825
Asian*	\$94,034	\$117,418	\$61,283		\$68,333	\$69,412	-	\$88,486	\$88,204
Black	\$50,582	\$68,900	\$58,417		\$49,836	\$68,152	\$51,265	\$46,572	\$41,935
Hispanic	\$54,833	\$73,082	\$59,625		\$62,212	\$49,097	\$52,200	\$49,260	\$51,811
White	\$92,366	\$90,759	\$75,082		\$69,055	\$60,726	\$55,831	\$75,879	\$66,536

Small Population Counties

Indicator	Fayette	Gonzales	Llano	Lee	Blanco	Texas	United States
Childhood Poverty: Percentage of people under age 18 in poverty.							
Overall	15.3%	23.7%	20.7%	16.1%	14.7%	19.2%	17%
Asian	-	-	-	-	-	9.9%	10%
Black	61.1%	47.5%	-	62.2%	-	27.1%	30%
Hispanic	13.1%	20.9%	23.5%	22.2%	27.6%	28.5%	23%
White	10.6%	8.3%	11.2%	2.9%	9.6%	9.1%	10%
Median Household Income: The income where half of households in a county earn more and half of households earn less.							

Overall	\$62,195	\$48,425	\$55,617	\$59,250	\$68,404	\$64,044	\$62,843
American Indian and Alaskan Native	-	\$118,438	-	-	\$110,354	\$56,394	\$43,825
Asian	\$220,724	-	-	-	-	\$88,486	\$88,204
Black	\$21,526	\$26,204	-	\$27,804	-	\$46,572	\$41,935
Hispanic	\$63,422	\$50,799	\$32,344	\$45,313	\$51,300	\$49,260	\$51,811
White	\$62,939	\$61,918	\$53,957	\$62,594	\$68,662	\$75,879	\$66,536

Physical Environment

Large and Medium Population Counties

Indicator	Travis	Williamson	Hays	Bastrop	Burnet	Caldwell	Texas	United States
Homelessness* : The 2020 Point in Time Count provides a snapshot of the number of people experiencing homelessness on one particular night . Travis County is conducted by ECHO, all other Seton counties are in Balance of State Continuum of Care and do not have county level data. The Overall indicator is the total count, the breakdown by race shows the percentage of the whole population experiencing homelessness of each race/ethnicity.								
Overall Count	2506	12	102	-	-	-	27,229	-
Black	35.1%	25%	5%	-	-	-	36.7%	-
Hispanic	24.8%	42%	29%	-	-	-	27.7%	-
White	52.5%	75%	72%	-	-	-	57.9%	-
Asian	0.4%	0%	0%	-	-	-	0.7%	-
Pacific Islander	0.2%	0%	0%	-	-	-	0.3%	-
Native American	1.4%	0%	6%	-	-	-	1.3%	-
Two or more Races	10.5%	0%	1%	-	-	-	3%	-

Homeownership*: Percentage of occupied housing units that are owned.									
Overall	52%	68%	62%		77.67%	77.19%	67%	62%	64%
American Indian or Alaskan Native	47.31%	76.54%	72%		90.28%	55.74%	-	59%	54%
Asian	50%	69%	61%		73.33%	77.00%	73%	63%	60%
Black	38%	51%	46%		58.86%	63.48%	64%	41%	42%
Hawaiian or Pacific Islander	24.77%	54.95%	-		-	-	-	43.46%	41.01%
Hispanic	42%	58%	56%		74.37%	69.58%	64%	57%	47%
White	55%	70%	63%		81.02%	77.28%	69%	66%	70%

Small Population Counties

Indicator	Fayette	Gonzales	Llano	Lee	Blanco	Texas	United States
Homeownership*: Percentage of occupied housing units that are owned.							
Overall	81.66%	67.30%	78%	80.55%	78.59%	62%	64%
American Indian or Alaskan Native	-	-	-	-	-	59%	54%
Asian	22.22%	54.55%	18%		94.03%	63%	60%
Black	46.94%	38.31%	-	69.52%	-	41%	42%
Hawaiian or Pacific Islander	-	-	-	-	-	43.46%	41.01%
Hispanic	79.34%	63.20%	49%	73.79%	75.89%	57%	47%

White	84.47%	73.21%	79%	82.94%	77.09%	66%	70%
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Clinical Care

Large and Medium Population Counties

Indicator	Travis	Williamson	Hays	Bastrop	Burnet	Caldwell	Texas
Preventable Hospital Stays*: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.							
Overall	3,803	3,776	3,531	4,211	3,484	6,002	4,793
Asian	1,916	3,704	2,409	-	-	-	7,270
Black	7,650	5,309	2,737	7,492	-	5,963	7,202
Hispanic	4,662	3,839	5,279	4,558	5,136	5,899	5,237
White	3,309	3,768	2,968	3,835	3,454	5,926	4,422

Small Population Counties

Indicator	Fayette	Gonzales	Llano	Lee	Blanco	Texas
Preventable Hospital Stays*: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.						
Overall	2,900	4,650	4,227	4,432	3,014	4,793
Asian	-	-	-	-	-	7,270
Black	2,467	2,649	-	5,783	-	7,202
Hispanic	860	5,969	1,716	2,698	1,381	5,237
White	2,824	4,107	4,246	4,604	2,849	4,422

Health Behaviors

Large and Medium Population Counties

Indicator	Travis	Williamson	Hays	Bastrop	Burnet	Caldwell	Texas
Teen Births: Number of births per 1,000 female population ages 15-19.							
Overall	24	13	17	33	31	36	31
Asian	2	2	-			-	5
Black	29	15	10	26	-	-	32
Hispanic	43	22	30	42	48	49	43
White	5	9	7	24	22	21	19

Small Population Counties

Indicator	Fayette	Gonzales	Llano	Lee	Blanco	Texas
Teen Births: Number of births per 1,000 female population ages 15-19.						
Overall	22	47	43	36	16	31
Asian	-	-	-	-	-	-
Black	44	-	-	52	-	32
Hispanic	31	58	37	36	24	43
White	14	30	46	33	14	19

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Seton has cataloged resources available in Central Texas that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each significant need heading is not intended to be exhaustive.

Access to Care

Organization Name	Phone	Website
Northwest Hills Surgical Hospital	512-346-1994	https://northwesthillssurgical.com/
Cedar Park Regional Medical Center	(512) 528-7000	https://www.cedarparkregional.com/?utm_campaign=gmb&utm_medium=organic&utm_source=local
Post Acute Medical Rehabilitation Hospital Round Rock	(737) 708-9800	https://pamhealth.com/facilities/find-facility/rehabilitation-hospitals/pam-rehabilitation-hospital-round-rock
Dell Seton Medical Center at the University of Texas	(512) 324-7000	https://healthcare.ascension.org/locations/texas/txaus/austin-dell-seton-medical-center-at-the-university-of-texas
Ascension Seton Medical Center at Austin	(512) 324-1000	https://healthcare.ascension.org/locations/texas/txaus/austin-ascension-seton-medical-center-austin
Ascension Seton Southwest	(512) 324-9000	https://healthcare.ascension.org/locations/texas/txaus/austin-ascension-seton-southwest
Ascension Seton Northwest	(512) 324-6000	https://healthcare.ascension.org/locations/texas/txaus/austin-ascension-seton-northwest
Ascension Seton Williamson	(512) 324-4000	https://healthcare.ascension.org/locations/texas/txaus/round-rock-ascension-seton-williamson

Ascension Seton Hays	(512) 504-5000	https://healthcare.ascension.org/locations/texas/txaus/kyle-ascension-seton-hays
Ascension Seton Bastrop	(737) 881-7400	https://healthcare.ascension.org/locations/texas/txaus/bastrop-ascension-seton-bastrop
Ascension Seton Highland Lakes	(512) 715-3000	https://healthcare.ascension.org/locations/texas/txaus/burnet-ascension-seton-highland-lakes
Ascension Seton Smithville Regional Hospital	(512) 237-3214	https://healthcare.ascension.org/locations/texas/txaus/smithville-ascension-seton-smithville
Ascension Seton Edgar B. Davis	(830) 875-7000	https://healthcare.ascension.org/locations/texas/txaus/luling-ascension-seton-edgar-b-davis
Dell Children’s Medical Center	(512) 324-0000	https://www.dellchildrens.net/
St. David’s Hospital South Austin	(512) 447-2211	https://stdavids.com/locations/st-davids-south-austin-medical-center/about/
St. David’s Medical Center	(512) 544-7111	https://stdavids.com/locations/st-davids-medical-center/
St. David’s North Austin Medical Center	(512) 901-1000	https://stdavids.com/locations/st-davids-north-austin-medical-center/about/
St. David’s Heart Hospital	(512) 407-7000	https://stdavids.com/locations/heart-hospital-of-austin/about/?utm_campaign=corp_listings_mgmt&utm_source=google&utm_medium=business_listing&com.dotmarketing.htmlpage.language=1
Baylor Scott & White Medical Clinic	(512) 654 - 4100	https://www.bswhealth.com/locations/austin-downtown-clinic?utm_source=google-mybusiness&utm_medium=organic&utm_campaign=yextlisting&y_source=1_MTM0MTE2NDUtNzE1LWxvY2F0aW9uLmdvb2dsZV93ZWJzaXRlX292ZXJyaWRI
Central Texas Rehabilitation Hospital	(512) 407.2111	https://www.centraltexasrehabhospital.com/

Lakeway Regional Medical Center	(512) 654-5000	https://www.bswhealth.com/locations/lakeway/
Cornerstone Hospital of Austin	(512) 706-1900	https://www.chghospitals.com/location/cornerstone-specialty-hospitals-austin/
McCarthy Community Health Center	(512) 324-4930	https://www.healthgrades.com/group-directory/tx-texas/austin/seton-mc-carthy-community-health-center-oo7kdlk
University Physicians Group	(512) 324-9650	https://healthcare.ascension.org/locations/texas/txaus/austin-university-of-texas-physicians-downtown-austin?utm_campaign=gmb&utm_medium=organic&utm_source=local
Ascension Medical Group Family of Doctors at Balcones	(512) 324-6980	https://healthcare.ascension.org/locations/texas/txaus/austin-ascension-medical-group-seton-primary-care-balcones-woods
Ascension Medical Group at Jollyville	(512) 324-6975	https://healthcare.ascension.org/locations/texas/txaus/austin-seton-family-of-doctors-at-jollyville/our-specialties
Ascension Medical Group and Express Care at Davis Lane	(512) 324-9290	https://healthcare.ascension.org/?keyword=%2Bseton%20%2Bhealth%20%2Bcare&gclid=EAlalQobChMI2LDnwLXr9AIVIRvUAR2wUgueEAAYASAAEgl7wfD_BwE
Ascension Medical Group at Stonehill	(512) 324-4875	https://healthcare.ascension.org/locations/texas/txaus/pflugerville-ascension-medical-group-sehttps://www.austinpcc.org/ton-primary-care-stone-hill
People's Community Clinic (Federally Qualified Health Center)	(512) 478-4939	https://www.austinpcc.org/
Lone Star Circle of Care (Federally Qualified Health Center)	(877) 800-5722	https://lonestarcare.org/
Communicare (Federally Qualified Health Center)	(210) 233-7000	https://communicaresa.org/
El Buen Samaritano Episcopal Mission	(512) 439-8900	https://elbuen.org/

RediClinics		https://www.rediclinic.com
UT Health Austin (clinical practice at Dell Medical School)	(833) 882-2737	https://uthealthaustin.org/
St. David's Foundation Dental Program	(512) 879-6240	https://stdaidsfoundation.org/our-programs/dental-program/
Hope Medical & Dental Clinics	(512) 766-9979	https://www.hopeclinicaustin.org/
Medical Assistance Program (MAP)	(512) 978-8000	https://www.centralhealth.net/map/
University of Texas at Austin Dell Medical School	(512) 495-5555	https://dellmed.utexas.edu/
Community Care Collaborative	(512) 978-8000	https://www.ccc-ids.org/about-us/visionmissionvalues/
Catholic Charities of Central Texas	(512) 651-6100	https://ccctx.org/
Foundation Communities	(512) 447-2026	https://foundcom.org/
Capital Metropolitan Transportation Authority (CAP Metro)	(512) 474-1200	https://www.capmetro.org/
Capital Area Rural Transportation System (CARTS)	(512) 478-7433	https://www.ridecarts.com/
United Way of Greater Austin	(512) 472-6267	https://www.unitedwayaustin.org/
Greater Austin Hispanic Chamber of Commerce Health and Wellness Committee	(512) 476-7502	https://www.gahccfoundation.org/home/
Austin Public Health Neighborhood Centers	(512) 972-5000	https://www.austintexas.gov/department/neighborhood-centers
Central Texas Medical Center	(512) 353-8979	https://www.christushealth.org/santa-rosa/san-marcos
Warm Springs Rehabilitation Hospital Kyle	(512) 262-0821	http://postacutemedical.com/facilities/find-facility/rehabilitation-hospitals/pam-rehabilitation-hospital-kyle
Hays Surgical Center	(512) 504-0202	https://hayssurgerycenter.com/
Ascension Seton Medical Group of Hays	(512) 504-0855	https://healthcare.ascension.org/locations/texas/txaus/kyle-ascension-medical-group-seton-at-hays

Live Oak Health Partner Clinics	(512) 396.3911	https://www.christushealth.org/trinity/clinic/locations-directions/san-marcos?utm_source=organic&utm_medium=GMB&utm_campaign=website&utm_source=1_MTU5NjM4MjltNzE1LWxvY2F0aW9uLmdvb2dsZV93ZWJzaXRlX292ZXJyaWRI
Community Action Incorporated Of Hays County	(512) 392-1161	https://www.communityaction.com/
Warm Springs Specialty Hospital of Luling	(830) 875-8400	https://pamhealth.com/
Ascension Seton Luling Health Center	(830) 875-3445	https://healthcare.ascension.org/locations/texas/txaus/luling-seton-luling-health-center?utm_campaign=gmb&utm_medium=organic&utm_source=local
Seton Lockhart Internal Medicine	(512) 376-2999	https://healthcare.ascension.org/locations/texas/txaus/lockhart-seton-family-of-doctors-at-lockhart-209-south-church-st?utm_campaign=gmb&utm_medium=organic&utm_source=local
Ascension Seton Lockhart Medical Clinic	(512) 376-9690	https://healthcare.ascension.org/locations/texas/txaus/lockhart-ascension-seton-lockhart-family-healthcare-center?utm_campaign=gmb&utm_medium=organic&utm_source=local
Lockhart Family Medicine	(512) 376-5247	https://www.lockhartfamilymedicine.com/
Luling Community Dental	(830) 875-6603	https://www.dentalclinics.org/lis/tx-luling_community_dental_center
St. Mark's Medical Center	(979) 242-2200	https://www.smmctx.org/getpage.php?name=index
St. David's Emergency Center Bastrop	(512) 308-5900	https://stdavids.com/locations/st-davids-emergency-center-bastrop/?utm_campaign=corp_listings_mgmt&utm_source=google&utm_medium=business_listing&com.dotmarketing.htmlpage.language=1
Ascension Seton Bastrop Health Center	(512) 304-0313	https://healthcare.ascension.org/locations/texas/txaus/bastrop-seton-fa

		mily-of-doctors-at-bastrop-seton-health-plaza?utm_campaign=gmb&utm_medium=organic&utm_source=local
Ascension Seton Smithville Health Center	(512) 360-5272	https://healthcare.ascension.org/locations/texas/txaus/smithville-seton-family-of-doctors-at-smithville?utm_campaign=gmb&utm_medium=organic&utm_source=local
CommUnity Care	(512) 978-9015	https://communitycaretx.org/
Bastrop Community Health Center	(512) 321-7137	https://business.bastropchamber.com/list/member/bastrop-community-health-center-6627
Smithville Community Clinic	(512) 237-2772	https://www.smithvillecommunityclinic.org/
Tejas Health Care	(979) 968-2000	https://tejashealthcare.org/
Baylor Scott & White Medical Center Marble Falls	(830) 201-8000	https://www.bswhealth.com/locations/marble-falls?utm_source=google-mybusiness&utm_medium=organic&utm_campaign=yextlistings&y_source=1_MTM0MTE3MjAtNzE1LWxvY2F0aW9uLmdvb2dsZV93ZWJzaXRlX292ZXJyaWRI
Ascension Seton Burnet Healthcare Center	(512) 715-3118	https://www.seton.net/locations/seton-burnet-healthcare-center/?utm_campaign=gmb-website&utm_medium=organic&utm_source=google
Ascension Seton Bertram Healthcare Center	(512) 355-9233	https://healthcare.ascension.org/locations/texas/txaus/bertram-ascension-seton-bertram-healthcare-center?utm_campaign=gmb&utm_medium=organic&utm_source=local
Ascension Seton Kingsland Healthcare Center	(512) 715-3118	https://healthcare.ascension.org/locations/texas/txaus/kingsland-ascension-seton-kingsland-health-center?utm_campaign=gmb&utm_medium=organic&utm_source=local
Ascension Seton Lampasas Health Center	(512) 556-5362	https://healthcare.ascension.org/locations/texas/txaus/lampasas-ascension-seton-lampasas-health-center?ut

		m_campaign=gmb&utm_medium=organic&utm_source=local
Ascension Seton Marble Falls Health Center	(830) 693-2600	https://healthcare.ascension.org/locations/texas/txaus/marble-falls-ascension-seton-highland-lakes-marble-falls-healthcare-center?utm_campaign=gmb&utm_medium=organic&utm_source=local
Baylor Scott & White Round Rock	(512) 509-0100	https://www.bswhealth.com/locations/round-rock?utm_source=google-my-business&utm_medium=organic&utm_campaign=yextlistings&y_source=1_MTM0MTE3MTAtNzE1LWxvY2F0aW9uLmdvb2dsZV93ZWJzaXRlX292ZXJyaWRI
Baylor Scott & White Taylor	(737) 888-3100	https://www.bswhealth.com/locations/taylor?utm_source=google-my-business&utm_medium=organic&utm_campaign=yextlistings&y_source=1_MTM0MTE3MTEtNzE1LWxvY2F0aW9uLmdvb2dsZV93ZWJzaXRlX292ZXJyaWRI
Cornerstone Specialty Hospital of Round Rock	(512) 671-1100	https://www.chghospitals.com/location/cornerstone-specialty-hospitals-round-rock/
St. David's Round Rock Medical Center	(512) 341-1000	https://stdavids.com/locations/st-davids-round-rock-medical-center/?utm_campaign=corp_listings_mgmt&utm_source=google&utm_medium=business_listing&com.dotmarketing.htmlpage.language=1
St. David's Georgetown Hospital	(512) 943-3000	https://stdavids.com/locations/st-davids-georgetown-hospital/?utm_campaign=corp_listings_mgmt&utm_source=google&utm_medium=business_listing&com.dotmarketing.htmlpage.language=1
Ascension Seton Family of Doctors Chisholm Trail	(512) 324-4825	https://healthcare.ascension.org/locations/texas/txaus/round-rock-seton-family-of-doctors-at-chisolm-trail?utm_campaign=gmb&utm_medium=organic&utm_source=local

Ascension Medical Group Seton Express Care Round Rock	(512) 324-4780	https://healthcare.ascension.org/locations/texas/txaus/ascension-medical-group-seton-express-care-round-rock?utm_campaign=gmb&utm_medium=organic&utm_source=local
Ascension Medical Group Seton Primary Care Round Rock	(512) 324-4813	https://healthcare.ascension.org/locations/texas/txaus/round-rock-ascension-medical-group-seton-primary-care-round-rock?utm_campaign=gmb&utm_medium=organic&utm_source=local
Sacred Heart Community Clinic of Round Rock	(512) 716-3929	https://sacredheartclinic.org/
Austin Regional Clinic	(512) 272-4636	https://www.austinregionalclinic.com/

Mental and Behavioral Health

Organization Name	Phone	Website
Austin County Integral Care	(512) 472-4357	https://integralcare.org/en/home/
Ascension Seton Shoal Creek	(512) 324-2000	https://healthcare.ascension.org/?keyword=%2Bascension%20%2Bseton%20%2Bshoal%20%2Bcreek&gclid=EAlaIqObChMlvMitmpz19AIVrxXUAR1blQ6FEAYASAAEgLKQvD_BwE
Ascension Seton Psychiatric Emergency Department	(512) 324-2039	https://healthcare.ascension.org/?keyword=%2Bascension%20%2Ber&gclid=EAlaIqObChMlp8ilvZz19AIVThXUAR0pRAMeEAYASAAEgLBf_D_BwE
Ascension Seton Mind Institute	(512) 324-2000	https://healthcare.ascension.org/locations/texas/txaus/austin-ascension-seton-shoal-creek?utm_campaign=gmb&utm_medium=organic&utm_source=local
Grace Grego Maxwell Mental Health Unit at Dell Children's Medical Center	(512) 324-0029	https://www.dellchildrens.net/behavioral-health/about-us/?utm_campaign=gmb&utm_medium=organic&utm_source=local
Texas Children's Study Center/University of Texas at Austin	(512) 324-3315	https://healthcare.ascension.org/locations/texas/txaus/austin-texas-child

		-study-center-at-dell-childrens-medical-center?utm_campaign=gmb&utm_medium=organic&utm_source=local
Austin State Hospital	(512) 452-0381	https://www.hhs.texas.gov/services/mental-health-substance-use/state-hospitals/austin-state-hospital
Ascension Seton Health Services at Austin ISD	(512) 324-0195	https://www.austinisd.org/student-health
Bipolar Disorder Clinic at UT Health Austin (Dell Medical School)	(833) 882-2737	https://uthealthaustin.org/clinics/multi-clinic-for-the-neurosciences/bipolar-disorder-center
Bluebonnet Trails	(844) 309-6385	https://bbtrails.org/
NAMI Central Texas	(512) 420-9810	https://namicentraltx.org/
Central Texas Mental Health	(512) 964-6992	https://www.centexmh.com/?gclid=EAlaQobChMlXlbEkaD19AIVvhvUAR1udgRAEAAAYAiAAEgJZRvD_BwE
Mental Health and Developmental Disabilities Center Hill Country	(830) 792-3300	https://www.hillcountry.org/
Communities for Recovery	(512) 758-7686	https://communitiesforrecovery.org/
Hill Country MHDD of Kyle	(512) 392-8953	https://www.hillcountry.org/
Oceans Behavioral Hospital	(254) 870-4874	https://oceanshealthcare.com/
Llano County Mental Health Center	(325) 247-5895	https://www.hillcountry.org/
Rock Springs Behavioral Health	(512) 883-1416	https://rockspringshealth.com/
Georgetown Behavioral Health Institute	(877) 500-9151	https://www.georgetownbehavioral.com/
STARRY Counseling	(512) 388-8290	https://www.starry.org/contact-us/
Cenikor	(737) 300-2968	https://www.cenikor.org/locations/austin-texas/

Chronic Conditions

Organization Name	Phone	Website
People's Community Clinic	(512) 478-4939	https://www.austinpcc.org/our-progr

		ams/adult/chronic-disease-management-program/
Live Tobacco - Free Austin	(512) 972-6464	https://www.livetobaccofreeaustin.org/
Ascension Seton Heart Specialty Care	(512) 681-0500	https://healthcare.ascension.org/locations/texas/txaus/austin-ascension-seton-heart-specialty-care-and-transplant-center?utm_campaign=gmb&utm_medium=organic&utm_source=local
Texas Heart and Vascular	(512) 623-5300	https://thandv.com/
Austin Heart	(512) 450-7241	https://austinheart.com/
Cardiovascular Specialists of Texas	(512) 807-3180	https://cstheart.com/
Texas Center for the Prevention and Treatment of Childhood Obesity	(512) 324-9999	https://www.healthgrades.com/group-directory/tx-texas/austin/texas-center-for-the-prevention-and-treatment-of-childhood-obesity-oyxj7nd
Texas Pediatric Society	(512) 370-1506	https://txpeds.org/texas-pediatric-society-obesity-toolkit
Texas Diabetes	(512) 458-8400	https://texasdiabetes.com/
Diabetes Wellness	(210) 701-8890	https://www.centraltxdm.org/
Central Texas Diabetes Coalition	(512) 972-5222	https://www.austintexas.gov/department/central-texas-diabetes-coalition
American Heart Association of Austin	(512) 338-2400	https://www.heart.org/en/affiliates/texas/austin
Integral Health	(512) 472-4357	https://integralcare.org/program/tobacco-cessation/
Travis County Community Center	(512) 444-0071	https://austinaa.org/locations/travis-county-community-center/
Alcoholics Resource Center	(1-800) 839-1686	https://alcoholicsanonymous.com/aa-meetings/texas/austin-texas/page/5/

Austin AA Online		https://www.austinaaonline.org/
Sober Austin	(512) 444-0071	https://soberaustin.com/recovery/12-step-meetings-austin-tx/
Texas Oncology	(1-888) 864-4226	https://www.texasoncology.com/
Wonders and Worries	(512) 329-5757	www.wondersandworries.org
Breast Cancer Resources Center	(512) 524-2560	www.bcrc.org
American Cancer Society	(512) 919-1800	www.cancer.org
Regarding Cancer	(512) 213-4993	www.regardingcancer.org
Livestrong Foundation	(512) 279-8434	https://www.livestrong.org/
AIDS Services Of Austin	(512) 458-2437	https://viventhealth.org/

Social Determinants of Health

Organization Name	Phone	Website
Capital Area Food Bank	(512) 282-2111	https://www.centraltexasfoodbank.org/
ECHO	(512) 354-8012	https://liveatecho.com/
Mobile Loaves and Fishes	(512) 328-7299	https://mlf.org/
Meals on Wheels Central Texas	(512) 476-6325	https://www.mealsonwheelscentraltexas.org/
Caritas of Austin	(512) 479-4610	https://caritasofaustin.org/
Refugee Service of Texas	(512) 472-9472	https://www.rstx.org/
Any Baby Can	(512) 454-3743	https://anybabycan.org/
Casa De Dios	(512) 740-2983	https://casadedios.org/

Life Works Street Outreach	(512) 735-2400	https://www.lifeworksaustin.org/
Front Steps	(512) 305-4100	https://frontsteps.org/
Foundation for the Homeless	(512) 453-6570	https://www.foundationhomeless.org/
Casa Marianella	(512) 385-5571	https://www.casamarianella.org/
Hope Alliance	(512) 255-1212	https://www.hopealliancetxt.org/
Family Crisis Center	(512) 303-7755	https://family-crisis-center.org/
Safe Alliance	(512) 267-7233	https://www.safeaustin.org/
HCWC	(512) 396-4357	https://www.hcwc.org/
County Indigent Health Care Program	(361) 645-8221	https://www.hhs.texas.gov/services/health/county-indigent-health-care-program
Hays County Food Bank	(512) 392-8300	https://haysfoodbank.org/home.aspx
Bastrop County Cares	(512) 581-4055	https://www.bastropcares.org/
Children's Care-a-Vans	(512) 738-0625	https://www.seton.net/locations/edgar-davis/services/careavan/?utm_campaign=gmb&utm_medium=organic&utm_source=local
Highland Lakes Health Partnership		https://www.facebook.com/HighlandLakesHealthPartnership/
Highland Lakes Family Crisis Center	(830) 201-4756	https://www.hlfcc.org/
The Helping Center	(830) 693-5689	https://www.helpingcenter.org/
Area Agency on Aging of the Capital Area	(512) 916-6062	https://www.capcog.org/divisions/area-agency-on-aging/
Healthy Williamson County		https://www.healthywilliamsoncounty.org/
Williamson County Healthcare Hotline	(512) 943-3600	https://www.wcchd.org/
The Caring Place	(512) 987-2998	https://www.caringplacetxt.org/
Round Rock Serving Center	(512) 244-2431	https://www.rrasc.org/
Travis County Housing Authority	(512) 480-8245	https://www.hatctx.com/

Health Equity

Organization Name	Phone	Website
Travis County Health Equity Alliance	(512) 972-5183	https://www.austintexas.gov/department/health-equity-unit-0
Central Health Equity Policy Council	(512) 978-8000	https://www.centralhealth.net/get-involved/central-health-equity-policy-council/#:~:text=About%20the%20Council&text=The%20CHEP%20Council%20provides%20recommendations,of%20the%20Federal%20Poverty%20Level
Division of Community Engagement & Health Equity at Dell Medical School		https://dellmed.utexas.edu/units/department-of-population-health/division-of-community-engagement-and-health-equity
Maternal Health Equity Collaborative		https://www.mhecatx.org/
Community Health Champions at Central Health	(512) 978-8000	https://www.centralhealth.net/get-involved/community-health-champions/#:~:text=Community%20Health%20Champions%20is%20an,the%20health%20of%20Central%20Texas
The Alliance of African American Health in Central Texas	(512) 619-4280	https://aaahct.org/
Austin Black Physicians Associations	(512) 759-8110	https://www.austinbpa.com/
Latino Healthcare Forum	(512) 386-7777	https://www.lhcf.org/
Austin Community Foundation	(512) 472-4483	https://www.austincf.org/
Hispanic Health Coalition	(713) 666-5644	https://hispanic-health.org/

Appendix F: Evaluation of Impact from the Previous CHNA Implementation Strategy

The joint venture between Ascension Seton and Northwest Hills Surgical Hospital began after adoption of the last round of CHNAs in 2019, consequently, this is the first year that Northwest Hills Surgical Hospital will adopt a CHNA and there are no comments nor updates regarding previous CHNAs.