

CALDWELL COUNTY, TEXAS

2021-2022

**Community Health
Needs Assessment**



About Texas Health Institute

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Acknowledgements

Becky Pastner	St. David’s Foundation
Jesse Simmons	St. David’s Foundation
Abena Asante	St. David’s Foundation
Amy Einhorn	St. David’s Foundation
Christina Thompson	St. David’s Foundation
Tamra Dunham	St. David’s Foundation
Xavier Pena	St. David’s Foundation
Bill Rice	St. David’s HealthCare
Ingrid Taylor	Ascension Seton
Suzy Pukys	Georgetown Health Foundation
Christina Courson	Lockhart Independent School District
Rhonda Hunnicutt	Wesley Nurse, First United Methodist Church of Luling
Rachelle Johnsson Chiang	Texas Health Institute
Norma Garza	Texas Health Institute
Emily Peterson Johnson	Texas Health Institute
Kimberly J. Wilson	Texas Health Institute

The 2021-22 Caldwell County Community Health Needs Assessment (CHNA) represents the commitment of many partners who have contributed their expertise, resources, and time in support of a shared mission—to make Central Texas the healthiest community for all its residents.

The data collection methodology was co-created through a partnership of health system partners to provide a comprehensive assessment of conditions and opportunities that exist to improve health in Caldwell County, Texas. We recognize all of our CHNA partners including St. David’s Foundation, Georgetown Health Foundation, and Ascension Seton.

Most importantly, we recognize the many community organizations, agencies, churches, leaders, and community members who assisted with outreach and engagement and shared their time and experience. Texas Health Institute acknowledges the following organizations' contributions to this report:

Community Input Partners

4:12 Kids
District One Pride Association
Golden Age Home – Lockhart
Luling City Council
Lockhart Independent School District
St. John's Lutheran Church in Uhland
Texas Department of State Health Services - Luling
Wesley Nurse program at First United Methodist Church of Luling
Where We Thrive

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Executive Summary

PURPOSE AND METHODS

As part of a collaboration of local hospital systems, St. David’s Foundation (SDF) contracted with Texas Health Institute (THI) to conduct the qualitative research for the 2021-22 Community Health Needs Assessments (CHNAs) in Bastrop, Caldwell, Hays, and Williamson counties. The current CHNA is the third one St. David’s HealthCare has conducted for Caldwell County. The qualitative research and report are designed to meet the community input requirements of a CHNA for 501(c)(3) hospitals under the Affordable Care Act.

CHNAs provide deeper understanding of community health needs—particularly those faced by historically-underserved community members—and are used to inform health care system triennial planning efforts. This report provides an overview of the process and methods used to identify social determinants of health and health needs in Caldwell County, community assets, and a summary of community member recommendations to address the identified needs.

THI carried out this CHNA between August and December 2021 during an unprecedented time due to COVID-19 and the movement for racial justice. To explore critical health issues, structural factors and underlying causes, THI used a mix of quantitative and qualitative methods including the analysis of publicly available data sets, key informant interviews and focus groups with underserved community members

FINDINGS

Key themes emerged both from community input and a review of quantitative data. In addition, several sub-themes emerged in the review of data that were not raised by participants.

GROWTH

In recent years, Caldwell County has experienced population growth and changes in demographic characteristics. The growth in Caldwell and surrounding areas has affected the affordability of the county, including housing costs, which affects health care access and outcomes.

The demographic characteristics of Caldwell County have changed over the last decade.

- Caldwell County grew 12.6% between 2010 and 2019.
- The Lockhart area is the most populous area of Caldwell County.

- The Hispanic/Latinx population is the largest racial or ethnic group of Caldwell County. This group population experienced the most growth of all racial and ethnic groups between 2010 and 2020, going from 47.1% to 55.5% of the population.
- In Caldwell County, 11.1% of people were born in a country other than the U.S. and approximately 8% of people in Caldwell County are not U.S. citizens.
- About 35% of households primarily speak Spanish at home and 12% of people over 5-years old have limited English proficiency.

POVERTY

Caldwell County has areas of concentrated poverty and households who live above the federal poverty line but earn less than the basic costs of living for the county.

- At \$66,128, Caldwell County has a lower household income than both Texas (\$66,048) and the U.S. (\$67,340).
- In 2019, Black/African American and Hispanic/Latinx households in Caldwell County had the lowest median income.
- 15% of people in Caldwell County lived below the federal poverty level (2015-2019). Black/African Americans and Hispanic/Latinx populations are most likely to live below the poverty level (40.1% of Black/African and 22.0% of Hispanic/Latinx individuals).
- An additional 39% of households are ALICE, meaning asset limited and income constrained, even though residents are employed.¹
- The Luling and Maxwell ZIP code tabulation areas (ZCTAs) have the highest proportion of people living in poverty.

HOUSING

Affordable housing is a key concern in Caldwell County, which affects people's ability to be healthy and engage in health care.

Focus group participants and key informants noted that housing has become increasingly unaffordable in the county, largely due to the surge in the nearby Austin housing market. With more people moving into Caldwell County, costs of living and property prices have become unaffordable to long-time residents, especially Black/African American and Hispanic/Latinx community members.

- 14% of households spend more than 50% of their household income on housing expenses.

¹ ALICE: an acronym for Asset Limited, Income Constrained, Employed. ALICE typically describes those who live above the poverty line but earn less than the basic cost of living for their area. For more information on the ALICE methodology and data, visit unitedforalice.org.

- The average home price in Caldwell County increased 7.1% in 2020 and 29.3% in 2021.
- More households are experiencing housing instability and may be at risk for eviction or foreclosure, compared to January 2020.

COMMUNITY ASSETS

Caldwell County has many community assets and strengths, including a history of resiliency and individuals who see the needs of the area and genuinely desire to help.

HEALTH CARE ORGANIZATIONS

Caldwell County is home to three Ascension Seton health care sites, including two in Lockhart and one in Luling. In Lockhart, the Ascension Seton Health Center on Church Street provides primary care and diagnostic services and the Ascension Seton Lockhart Health Center on Colorado Street provides routine care. The Edgar B. Davis Hospital in Luling is a general acute facility with a 24/7 emergency room. In addition, the county is also home to one FQHC and three National Health Service Corps (NHSC) sites.

CHURCHES AND FAITH-BASED ORGANIZATIONS

Another notable strength of Caldwell County is the network of churches from many denominations that often work together to meet community needs, including by distributing food and clothing and conducting home visits to struggling or isolated community members. The following churches and faith-based organizations were mentioned as valuable resources for the community: Caldwell County Christian Ministries and Caldwell County Foodbank, Lamb and Sheep Ministries, First United Methodist Church of Luling (Wesley Nurse program), St. Vincent DePaul ministry at St. Mary's Catholic Church, and St. John the Evangelist Catholic Church of Luling.

NONPROFITS AND COMMUNITY ORGANIZATIONS

Caldwell County is home to multiple nonprofit and community organizations that play a vital role in building healthy communities by providing educational, health, and social services to community members. Focus group participants identified various local organizations and agencies that have been instrumental in providing resources to address general needs as well as needs that have arisen during the pandemic. Lockhart Independent School District, Lockhart Learning Center, Meals on Wheels, and the Texas Workforce Commission are some of the nonprofits and community organizations mentioned by participants.

PARKS

Caldwell County has a lot of natural space, which can provide opportunities for physical activity, time in nature, and places for community events. In Luling, 62% of people live within a ten-minute walk of a park and in Lockhart, 27% of people live within this radius. Although, this data suggests there is broad access to natural spaces, it is important to note that focus group participants described a desired for more air-conditioned indoor spaces, like gyms or a recreational center that could provide exercise classes, sport events, or cooking classes.

PRIORITY HEALTH ISSUES

Several priority health issues were identified by focus group participants and key informants, including diabetes, hypertension, obesity, mental illness and substance use, and oral health. Additionally, low birth weight and premature death emerged within quantitative data as priority health concerns.

DIABETES, HYPERTENSION, AND OBESITY

Diabetes was the most commonly mentioned health condition in focus groups and interviews. Caldwell County has a higher prevalence of adults aged 20 and above who report having diagnosed diabetes (13%), compared to Texas (10%). Diabetes disproportionately affects the Luling area of Caldwell County. According to qualitative findings, diabetes drives a lot of emergency department visits and hospitalizations in Caldwell County. Additionally, participants noted seeing diabetes and prediabetes across generations, with younger age groups showing early risk factors.

Approximately 34.6% of adults in Caldwell County have ever been told they have high blood pressure. This percentage is higher in the Luling ZCTA (37.7%) compared to the Lockhart ZCTA (33.8%). As with diabetes, focus group participants and key informants noted a high prevalence of hypertension is often due to barriers such as a lack of affordable preventative health care and food insecurity.

Caldwell County has a higher prevalence of obesity (38.1%), compared to both Texas (31.4%) and the U.S. (29.7%). The Martindale, Maxwell, and Dale ZCTAs have the highest prevalence of obesity within Caldwell County. Key informants and focus group participants noted seeing obesity across age groups.

MENTAL HEALTH AND SUBSTANCE USE

Data from 2018 indicates that people in Caldwell County experience more poor mental health days (4.4.) compared to both Texas (3.8 days) and the U.S. (4.1 days). In 2018 nearly 15% of adults in Caldwell County reported experiencing frequent mental distress.

Focus group participants and key informants suggested that the prevalence of mental illnesses seems to be “worse than ever,” largely due to increased loneliness, desperation, trauma, and lack of support throughout the pandemic. Participants also described that there is a lack of affordable, culturally appropriate mental health care providers, especially for Black/African American and Hispanic/Latinx populations. Regarding substance use, focus group participants mentioned seeing issues with prescription drugs and alcoholism most commonly.

ORAL HEALTH CARE

Focus group participants and key informants described the lack of sufficient dental providers in their community, particularly dentists with low-cost services. Costs for even routine dental cleanings are considered inaccessible for people without dental insurance or using self-pay. Additionally, participants noted that the free mobile dental clinic in Luling (no specific name given) is helpful, although its services have been reduced and canceled during the pandemic. These barriers to oral health care in Caldwell County result in frequent emergency room visits related to dental issues and other chronic health conditions.

LOW BIRTH WEIGHT AND PREMATURE DEATH

In Caldwell County, 8.6% of babies are born with low birth weight, which is similar to Texas (8.4%) and the U.S. (8.2%). Black/African American community members, however, have a low birth weight rate of 17.8%, which is more than twice as high as Hispanic/Latinx (8.1%) or white (8.4%) populations in the county.

Caldwell County has a higher number of premature deaths (8,256 years of life lost), compared to both Texas and the U.S. Black/African American populations in Caldwell County are most likely to experience premature death (11,400 years of life lost before age 75).

The COVID-19 pandemic has made many of these health conditions worse and has also intensified other challenges faced by community members in Caldwell County.

FOOD INSECURITY

Nearly 15% of people in Caldwell County experience food insecurity, and 13.7% of the eligible population uses Supplemental Nutritional Assistance Program (SNAP) for financial assistance in purchasing food. Projections indicate an increase in food security to nearly 17% by the end of 2021.

Focus group participants and key informants noted that the pandemic has limited free food services, such as Meals on Wheels or school-based lunch programs, increasing the prevalence of food insecurity. Additionally, participants reported that the cost of food has become especially burdensome and organic food options are the most cost-prohibitive. Many community members find that gas stations or dollar stores are more accessible financially, or transportation-wise, compared to grocery stores like Wal-Mart or H-E-B.

UNEMPLOYMENT

As with most of the state and nation, the rate of unemployment in Caldwell County peaked in April 2020 due to the COVID-19 pandemic. At this highest point, the unemployment rate in the county was 10.4%. As of October 2021, the unemployment rate was 4.0%.

Focus group participants and key informants described that many community members have lost their jobs or had reduced hours during the pandemic. This has created financial vulnerabilities and impacted mental health for many community members.

BARRIERS TO ACCESS

Several barriers—including cost of care, insurance coverage, provider availability, cultural barriers, and lack of transportation—inhibit people’s ability to access health care to treat or prevent these health conditions. Multiple indicators demonstrate that a significant portion of county residents experience barriers to care, supported by input from focus group participants and key informants.

Health care is unaffordable to many due to insurance coverage and costs of care. Almost 19% of adults in Caldwell County have not sought care due to costs. Additionally, 28.2% of adults reported having no usual source of health care. Nearly 22% of the population under 65 years old is uninsured. Over one-quarter (25.6%) of adults (ages 19-64) in the county are uninsured and 11.8% of children (ages 0-19). Focus group participants and key informants mentioned that many community members will forgo health care, including preventative screenings or tests, due to costs.

Provider availability is a key barrier to care, especially for historically underserved communities. Additionally, participants mentioned that there are too few providers who accept Medicaid or have other reduced-cost programs for people who use self-pay or are uninsured. Participants indicated that health care costs are most unaffordable for Hispanic/Latinx and Black/African American community members.

- Caldwell County is designated as both a Primary Care Health Professional Shortage Area (HPSA) and a Mental Health HPSA. This indicates that there are an insufficient number of primary care providers and mental health providers in the county.

- Qualitative findings suggested that Caldwell County lacks specialists, such as OB-GYNs, in addition to primary care providers. Focus group participants and key informants also noted that there is an insufficient number of Spanish-speaking providers or providers who will provide translation services.

Additionally, qualitative findings indicate a need for providers and services that are more accommodating and informed in serving racial and ethnic minorities, especially Black/African American and Hispanic/Latinx populations.

Lack of public transportation significantly limits people’s access to health care and other services that affect their ability to be healthy.

- Caldwell County has no public transit infrastructure. This greatly inhibits people’s ability to get to grocery stores, jobs, social engagements, and health care appointments. Focus group participants mentioned that costs are the main inhibitor for personal transportation.
- On average, of 24% of household income in Caldwell County is spent on transportation costs. The Luling and Lockhart ZCTAs have the highest rate of households without access to personal transportation (5.9% and 5.6%, respectively).

RECOMMENDATIONS

Community members interviewed provided a number of recommendations about actions the health care system could take to address health-related needs:

IMPROVE ACCESS TO CARE

To address barriers within the health care system that inhibit the ability to receive affordable, culturally appropriate care that includes urgent and specialty care:

Mobile clinics in rural areas: Offer mobile clinics to better reach rural communities and eliminate transportation barriers.

Urgent care: Establish an urgent care to offer after-hours and weekend emergent care.

Mental health: Improve and expand access to mental health services.

ADDRESS BARRIERS TO OVERALL HEALTH

Environmental, social, and structural barriers to health in Caldwell County include insufficient public transportation, food insecurity, lack of safe green spaces, and unaffordable housing.

These barriers inhibit the ability to participate in health care services and to live healthy lifestyles. To address barriers to overall health:

Recreation space: Establish a recreation center that offers free or low-cost classes, work out equipment, and meeting spaces for community activities and physical fitness.

Food: Expand access to affordable and healthy food.

Public spaces: Clean up community parks to make them safer and more accessible across the county.

Public transportation: Improve public transportation services, including through hospital-sponsored buses or vans to connect communities and clinics.

STRENGTHEN COMMUNITY TRUST

Racism and discrimination against immigrant communities pervades both health care and the community in general. This impacts health care access and outcomes, especially among Black/African American and Hispanic/Latinx community members. To strengthen community trust between the health care system and historically marginalized populations:

Partnerships: Engage grassroot organizations who are trusted by the community.

Engagement: Involve local council members to engage historically excluded communities.

Culturally competent workforce: Expand cultural sensitivity training for all providers and hospital staff.

Introduction

St. David's Foundation, on behalf of St. David's HealthCare, is pleased to present the 2021-22 Community Health Needs Assessment (CHNA) for Caldwell County, TX.

The Patient Protection and Affordable Care Act of 2010 requires all nonprofit health care systems to complete a CHNA every three years. CHNAs provide deeper understanding of community health needs, in particular those faced by historically-underserved community members, and are used to inform health care system triennial planning efforts. The purpose of this CHNA is to offer a comprehensive understanding of the health and social determinant of health needs in the St. David's HealthCare facilities serving Caldwell County residents, and guide the hospitals' planning efforts to address those needs. St. David's HealthCare has multiple facilities that serve Caldwell County residents, including St. David's Medical Center and St. David's South Austin Medical Center.

This CHNA report provides an overview of the process and methods used to identify priority health and social determinants of health needs of residents in Caldwell County, along with community assets and recommendations from community members to address the identified needs. The report focuses special attention on the needs of underserved populations, unmet health or social determinants of health needs and gaps in services, and input from community members and leaders. This assessment recognizes that the social and economic determinants that are the primary drivers of health, as the relative contribution of medical care to health and well-being is only 10-20%, and emphasizes the living conditions are upstream of and surround personal behaviors, disease, and death.

Texas Health Institute (THI) carried out this CHNA between August and December 2021. THI used a mix of quantitative and qualitative methods to identify community health needs, including the analysis of publicly available data sets (Appendix A), key informant interviews, and focus groups (Appendix B) with underserved community members. Content gathered through community focus groups and interview participants is integrated into each report section to which it relates. The quotes reflect the opinion of one or more community members. Findings from this report will be used to identify and develop efforts to improve the health and wellbeing of residents in the community.

METHODS

The 2021-2022 CHNA uses both primary and secondary data to identify the community's priority health needs and strengths through a social determinants of health framework. Health is not only affected by people's genes and lifestyles but by upstream factors such as employment status, housing quality, and policies. In addition, the influences of race, ethnicity, income, and

geography on health patterns are often intertwined. As a result, data was analyzed using an equity lens when possible.

Primary data include qualitative data collected for the purposes of the CHNA. These data were collected directly from the community through focus groups, key informant interviews, and Photovoice interviews. Secondary data include quantitative data collected through publicly available federal and state agencies databases. Federal and state agencies collected these data through surveys or electronic health records.

PRIMARY DATA COLLECTION AND ANALYSIS

Between August and October 2021, THI virtually conducted five key informant interviews and three community focus groups with Caldwell County residents. In addition, THI virtually conducted one Photovoice project and associated focus group. The goal of this work was to learn about local priority health needs and assets and how they think community health and well-being can be improved.

Focus group participants self-identified as people who are medically underserved, low income, members of minority populations, or living with chronic disease needs. Adult focus group participants were between 30-65 years old, while Photovoice participants were between ages 14-18 years old.

Key informants (Appendix B) included representatives from health care organizations, community-based organizations, and the local government. THI key informants based on their leadership roles and experience working with medically underserved, low-income, or minority communities served by the hospital system.

A THI staff member served as the facilitator for all virtual interviews and focus groups. Audio recordings of the sessions were automatically transcribed using Otter.ai, and staff cleaned and verified transcripts for accuracy. Spanish-language focus groups were first transcribed in Spanish and then translated into English. Transcripts were coded and analyzed using Atlas.ti qualitative software.

SECONDARY DATA SOURCES AND ANALYSIS

All quantitative data used for this report is secondary data² and includes data on approximately 35 indicators, many broken down by geography or demographic characteristics when available. Indicator sources are cited for figures, tables, and graphs in this CHNA. Publicly available data sources used:

² Data that have already been collected for another purpose.

- American Community Survey
- Argonne National Laboratory: Housing Stability Index
- Austin Board of REALTORS®
- Behavioral Risk Factor Surveillance System
- Centers for Medicare and Medicaid: National Provider Identifier Standard
- Center for Neighborhood Technology: Housing, + Transportation Affordability Index
- Dignity Health and IBM Watson Health: Community Needs Index
- Feeding America: Map the Meal Gap Study
- Health Resources and Services Administration
- Centers for Disease Control and Prevention (CDC)
- Household Pulse Survey – COVID-19
- National Center for Health Statistics
- Social Vulnerability Index
- U.S. Diabetes Surveillance System
- Substance Abuse and Mental Health Services Administration: National Survey on Drug Use and Health
- United for ALICE
- U.S. Bureau of Labor Statistics
- U.S. Department of Agriculture: Food Access Research Atlas
- U.S. Census Bureau
 - Small Area Income and Poverty Estimates (SAIPE) Program
 - Small Area Health Insurance Estimates (SAHIE) Program

The original sources collected data through surveys or electronic health record systems, and results are often a snapshot in time. The data are self-reported unless otherwise indicated. Each indicator used the most recent data point available for each data source. Multiple years of data were used to calculate the estimates with a larger sample size and more precision. The estimates were calculated by the original data source for all secondary data.

THI selected quantitative data for inclusion in this report based on the availability of confidence intervals at the state and national levels, which allowed THI staff to determine statistical significance (e.g., whether the county-level value was better or worse than the state or national value). For some variables, such as “Adult Obesity,” the confidence intervals were not available at the state or national levels. Consequently, statistical significance could not be calculated. If, however, the county-level value was notably higher than the state and national average, the value was included in this report.

Confidence intervals are included in graphs when data for an indicator has a small population sample. The smaller the population sample, the less certainty about the actual number for the total population, resulting in overlapping confidence intervals. It can be hard to determine any significant change when confidence intervals overlap between categories, such as race and ethnic groups. Some indicators are broken down by geography based on ZCTAs, as ZIP code is a common variable across many local and state datasets. A reference map is included in the demographics section. The data analysis typically consisted of calculating proportions and rates, with a 95% confidence interval where appropriate.

SENSEMAKING SESSIONS

THI facilitated a series of three sensemaking sessions with SDF in January and February 2022. These sessions were iterative and included SDF staff and board members and at least one community leader from Bastrop, Caldwell, and Hays Counties. The sensemaking process provided a structured opportunity for SDF staff, board, and community leaders to begin to sort and make sense of a large amount of information included in the CHNA and to develop a shared understanding of possible needs and actions. It also provided an opportunity for feedback prior to finalization of the 2021-22 final report.

DATA CONSIDERATIONS AND LIMITATIONS

As with all data collection, there are several limitations that should be acknowledged. Different data sources use different ways of measuring similar variables. There may be a time lag for many data sources from the time of data collection to data availability. Some data are not available by specific groups or at the granular geographic level due to the small sample size.

Crucially, most quantitative data used were collected prior to 2020 and the COVID-19 pandemic, whereas qualitative data were collected in fall 2021. This asynchronicity should be considered when applying the findings of this report, as some quantitative values may have changed between the most recently available year and fall 2021.

Additionally, qualitative data collection occurred through virtual key informant interviews and focus groups for the safety of staff and participants. This presented a challenge with both recruitment and facilitation of the interviews. Many of the community leaders who helped recruit participants, or who served as key informants, were overwhelmed by responsibilities related to the pandemic. THI staff did extensive outreach to various leaders of community-based organizations in Caldwell County and potential participants; organizational leaders and residents alike frequently declined participation for a variety of reasons, including research fatigue and fear of exploitation.

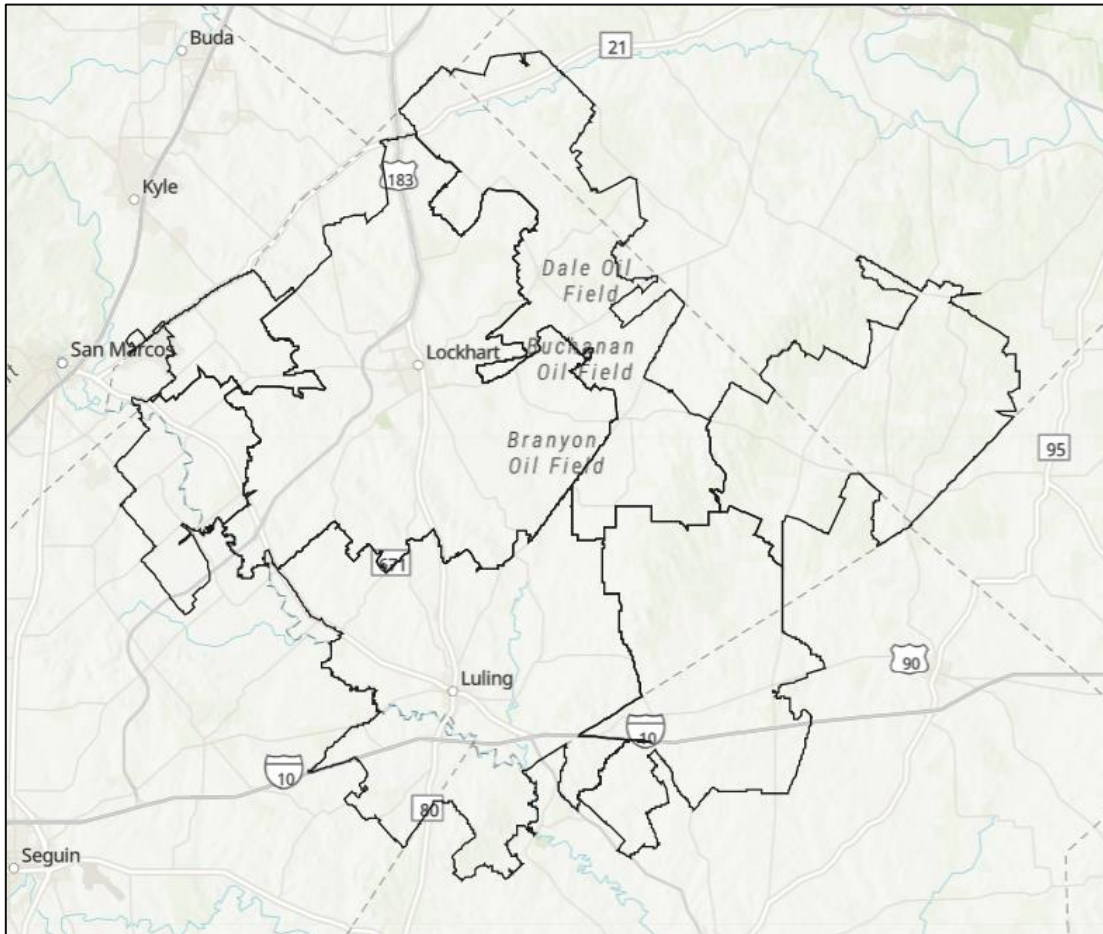
In addition, internet access or access to a device that would allow for zoom inhibited some potential focus group participants. Furthermore, in some instances interviews were cancelled due to COVID-19 exposure or infection.

LANDSCAPE AND CONTEXT

Caldwell County is located at the southern tip of Travis County and shares borders with Hays, Bastrop, Gonzales, and Guadalupe counties. There are three county subdivisions: Lockhart (north), Martindale (west), and Luling (southeast). Lockhart is the county seat. Seven ZCTAs are primarily located within Caldwell County's boundaries: 78616 (Dale), 78632 (Harwood), 78644 (Lockhart), 78648 (Luling), 78653 (Rosanky), and 78756 (Maxwell).

Figure 1 shows the boundaries of these seven ZCTAs. These ZCTAs are the basis of sub-county analysis throughout this report.

Figure 1
Caldwell County ZIP Code Tabulation Areas



Source. U.S. Census Bureau, 2021. Map built with ArcGIS.com.

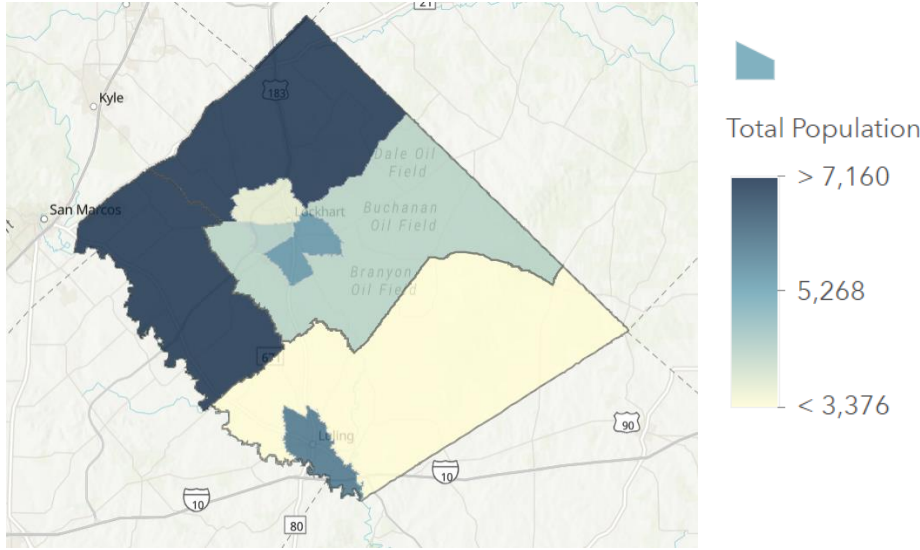
Demographics

Demographics of the community significantly affect its health profile as different race/ethnicity, age, and socioeconomic groups have unique needs and require different approaches to health improvement efforts. All demographic estimates are sourced from U.S. Census Bureau American Community Surveys unless otherwise indicated.

POPULATION

In 2020, 45,883 people called Caldwell County home, an increase of 7,817 people from 2010. Figure 2 displays the total population density by Census tract of households in Caldwell County. The larger dots indicate a greater number of people in that tract area. The Lockhart county subdivision has the greatest number of people in the county.

Figure 2
Population Concentration by Census Tract



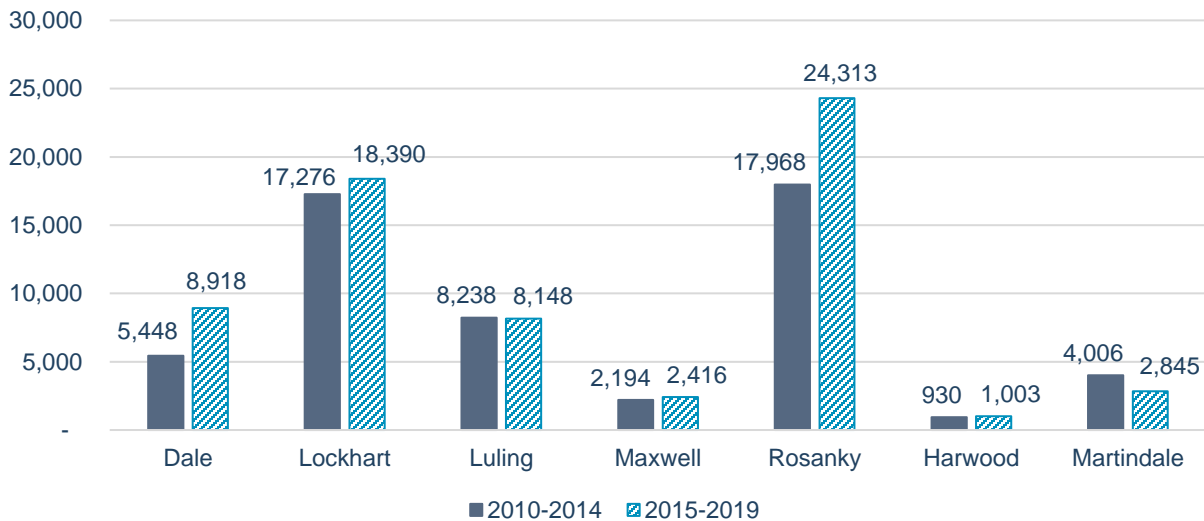
Source. American Community Survey, 2019. Map built with ArcGIS.com.

Between 2010 and 2019, Caldwell County experienced a 12.6% rate of growth in population size. This growth rate is nearly twice as high as the national average (6.8%) for the same time period, although lower than Texas (16.2%).

The Rosanky ZCTA has a population of 24,313, although the majority of this ZCTA is located in Bastrop County. The Lockhart ZCTA is the most populous ZCTA that is fully within Caldwell County, with 18,390 people as of 2019. The next two largest ZCTAs are Dale (8,918 people)

and Luling (8,148 people). The Dale ZCTA has experienced the highest rate of growth (63.7%) between 2010-2014 and 2015-2019. The Rosanky ZCTA grew by 35.3% and the Maxwell ZCTA by 10.1%. Between 2010-2014 and 201-2019, two ZCTAs experienced a decline in population size: including Martindale (-29.0%) and Luling (-1.1%).

Figure 3
Population by ZCTA, 2010-2014 and 2015-2019



Source. U.S. Census Bureau, American Community Survey, 2010-2014 and 2015-2019.

This data is consistent with qualitative findings from focus groups and key informant interviews. Participants noted the population growth in Caldwell County due to the surge in the nearby Austin housing market. As that housing market grows, there have been more people moving into the county and purchasing properties at rates that make the property values and general costs of living unaffordable to long-time residents, especially Black/African American and Hispanic/Latinx community members.

“What I’m seeing going on in my community, where my mom’s house still resides, is that they’re building big two story houses next to your shack... to push you out, you know, because your taxes are going to rise.”

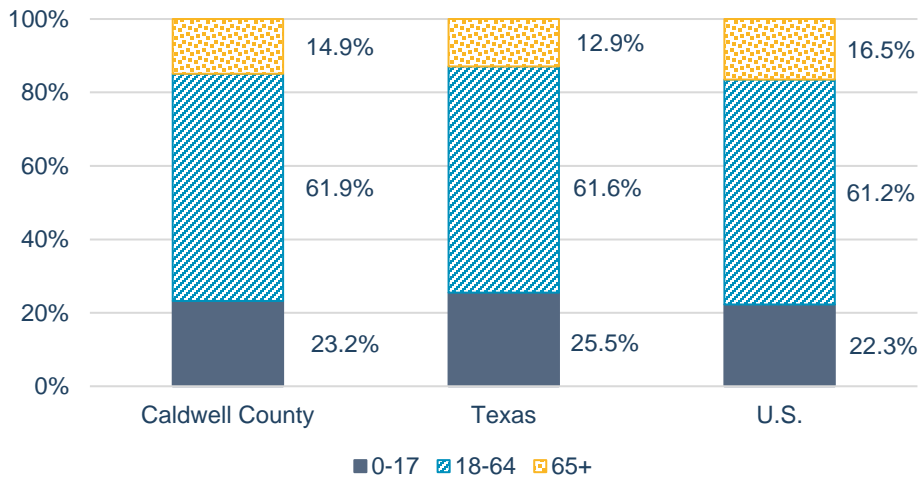
-Key Informant

AGE

As shown in Figure 4, 23.2% of Caldwell County is under 18-years old, which is slightly higher than the United States (U.S.) (22.3%) and lower than Texas (25.5%). Additionally, 14.9% of Caldwell County is over 65-years old, which is smaller than the U.S. (16.5%) and slightly greater than Texas (12.9%).

Figure 4

Age Distributions: Caldwell County, Texas, and U.S.



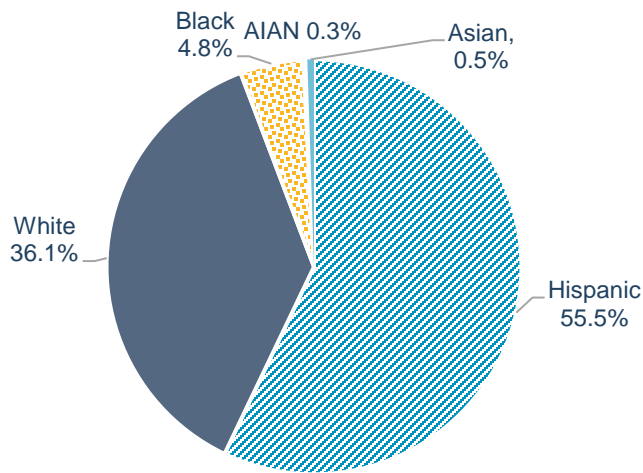
Source. U.S. Census Bureau Population Estimates Program, 2020.

RACE AND ETHNICITY

Figure 5 displays the racial and ethnic composition of Caldwell County, with 55.5% of people identifying as Hispanic/Latinx; 36.1% of people identifying as White/Non-Hispanic; 4.8% of people identifying as Black/African American; % of people identifying as Asian; and 0.3 % of people identifying as American Indian/Alaska Native (AIAN).

In 2010, people who identified as Hispanic/Latinx represented 47.2% of the total population in Caldwell County, while in 2020 this group represented 55.5% of the county's population. Conversely, the White/Non-Hispanic population of Caldwell County was 44.2% in 2010 and 36.1% in 2020. The American Indian and Alaska Native (AI/AN) population experienced the largest percentage of growth (43.3%; 90 to 129 people), followed by the Hispanic/Latinx population (42.1%; 17,922 to 25,468 people).

Figure 5
Race and Ethnicity of Caldwell County Residents



Source. U.S. Census Bureau 2020 Decennial Census Population Estimates.

Table 1
The Hispanic/Latinx Population Experienced the Most Growth in Caldwell County During 2010-2020

Race or Ethnicity	2010	2020	
American Indian / Alaska Native	0.2%	0.3%	↑
Asian	0.9%	0.5%	↑
Black	6.5%	4.8%	↓
Hispanic	47.1%	55.5%	↑
White	44.2%	36.1%	↓

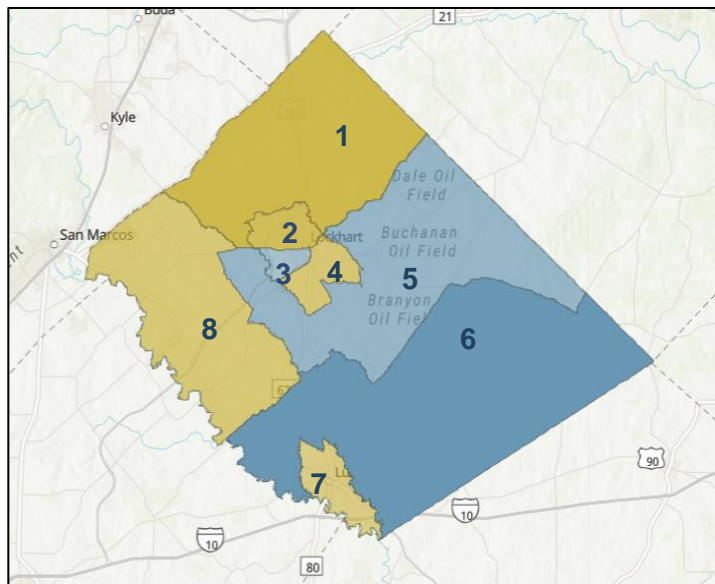
Source. U.S. Census Bureau 2010 and 2020 Decennial Census Population Estimates.

IMMIGRATION, PRIMARY LANGUAGE, AND LIMITED ENGLISH PROFICIENCY

In Caldwell County, 11.2% of people were born in a country other than the U.S. Of these, 70.4% are not a U.S. citizen. This indicates that 7.9% of people in Caldwell County are not U.S. citizens. This map displays Caldwell County by Census tract. The colors indicate the racial or ethnic group of people with the highest proportion of the population within the given tract.

For example, in the northern area of the county, Hispanic/Latinx people make up the largest proportion of the population. Only the two racial and ethnic groups with the highest proportion of the population are displayed.

Figure 6
Hispanic/Latinx Population is the Predominant Racial/Ethnic Population in Half of Caldwell County Census Tracts



Census Tract	% Hispanic/Latinx	% White
1	68.7%	28.0%
2	63.4%	27.9%
3	43.8%	45.6%
4	54.3%	34.0%
5	40.0%	52.1%
6	18.0%	79.4%
7	48.7%	41.4%
8	53.7%	36.8%

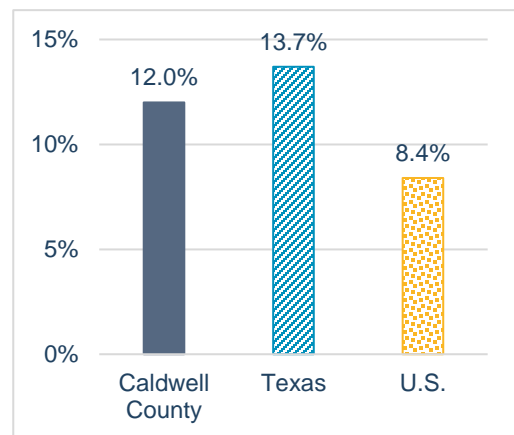
Source. American Community Survey, 2015-2019. Map built with ArcGIS.com View online: <https://arcg.is/1uSXDuo>.

English is the most common language spoken at home (64% of households), followed by Spanish (35.2%). Additionally, 12.0% of people in the county over 5-years old reported having limited English proficiency. This is slightly less than Texas (13.7%), but higher than the U.S. (8.4%) (see Figure 7).

These findings augment the qualitative findings, which indicated that many Spanish-speaking community members in Caldwell County face language barriers. Focus group participants reported needing more

Spanish-speaking providers, or providers with accommodating translation services. Additionally, participants mentioned that health care language, including language used on pamphlets or educational materials, is confusing and difficult to understand or apply.

Figure 7
Residents 5-Years and Older who are Limited English Speaking: Caldwell County, Texas and U.S.



Source. American Community Survey, 2015-2019.

Social Determinants of Health

The communities in Caldwell County are impacted by many social determinants of health. Social determinants of health are the conditions in which people are born, grow, work, live, and age, as well as the wider set of systems and structures that shape daily life

SOCIAL VULNERABILITY AND COMMUNITY NEEDS INDICES

The Center for Disease Control developed the **Social Vulnerability Index (SVI)** to measure the potential negative effect on communities caused by external stresses, such as disease outbreaks or human-caused disasters. A number of factors, such as poverty, lack of access to transportation, and crowded housing may weaken a community's ability to prevent human suffering and financial loss during a disaster. These factors are known as measures of social vulnerability.

CDC uses 15 U.S. census variables to help local leaders identify communities that may need support before, during, and after a natural or human-caused disaster or disease outbreak. These 15 variables are grouped into four separate vulnerability indices across: (a) housing and transportation measures, (b) minority status and language measures, (c) household composition measures, and (d) socioeconomic measures. The four indices are also combined to create an overall index. The index ranges from 0 to 1, with 0 indicating the lowest vulnerability and 1 the highest vulnerability.

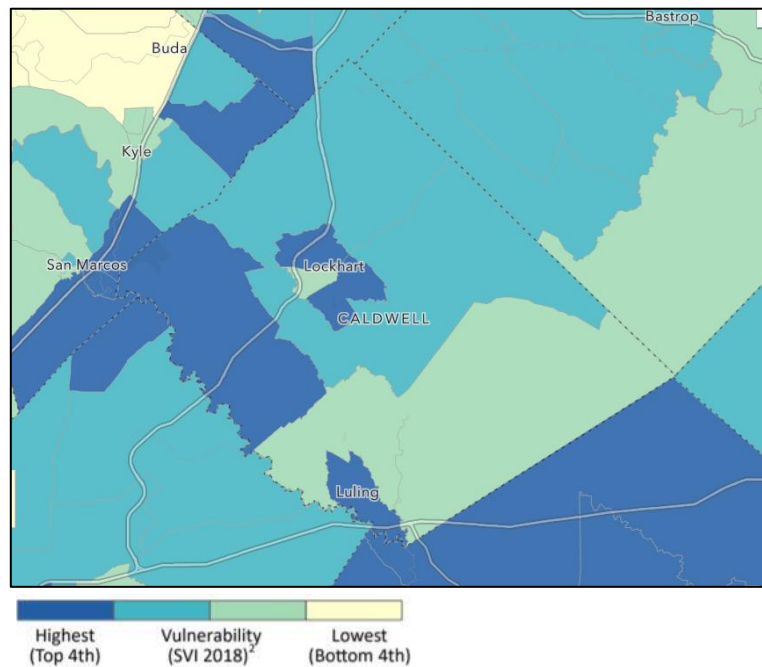
Caldwell County's **SVI score of 0.8732** indicates a high level of vulnerability. The indices with the highest level of vulnerability in the county are the socioeconomic measures (0.9631) and household composition measures (0.9583). There is variability within the county, with scores ranging from high vulnerability in the Luling, Maxwell, and northern Lockhart areas, to low-to-moderate vulnerability in southwest Lockhart and the eastern edge of the county (Figure 8).



Social Determinants of Health
Source. Centers for Disease Control and Prevention.

Figure 8

Social Vulnerability Index in Caldwell County

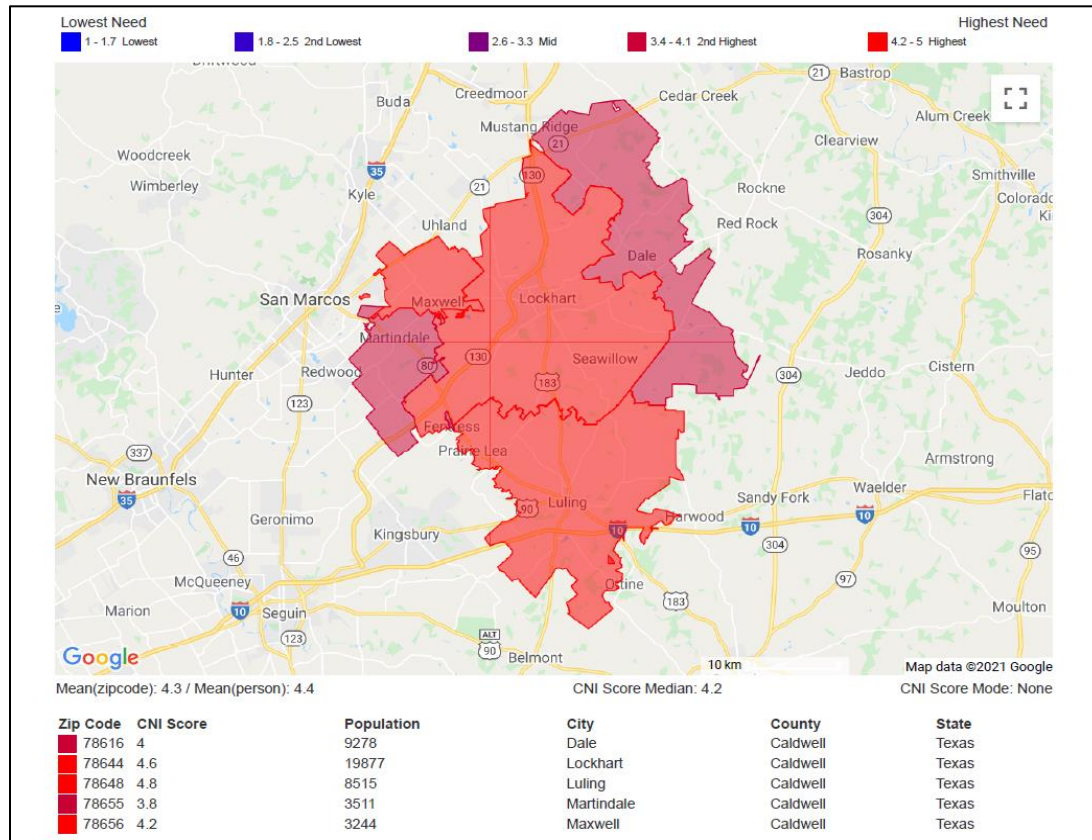


Source. Centers for Disease Control and Prevention.

The [Community Needs Index](#) (CNI) was jointly developed by Dignity Health and IBM Watson Health™ to assist in gathering vital socio-economic factors in a community. Based on demographic and economic statistics, the CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need compared to the U.S. national average (score of 3.0). The CNI is strongly linked to variations in community health care needs and is a good indicator of a community’s demand for a range of health care services. The CNI score is an average of five different barrier scores (income, cultural, education, insurance, and housing) that measure various socio-economic indicators of each community using the 2021 source data.

- Every populated ZIP code in the United States is assigned a barrier score of 1-5 depending upon the ZIP code national rank (quintile).
- A score of 1 represents the lowest rank nationally for the statistics listed, while a score of 5 indicates the highest rank nationally.
- For all barriers, ZIP codes with scores of 1 or 2 have a smaller percentage of the population facing the barrier than the national average, while ZIP codes with a score of 4 or 5 have a higher percentage. ZIP codes with a score of 3 have a similar percentage of the population as the national average.

Figure 9
Caldwell County Community Needs Index



Source. Dignity Health Community Needs Index, 2021. Retrieved from CNI.DignityHealth.org.

INCOME

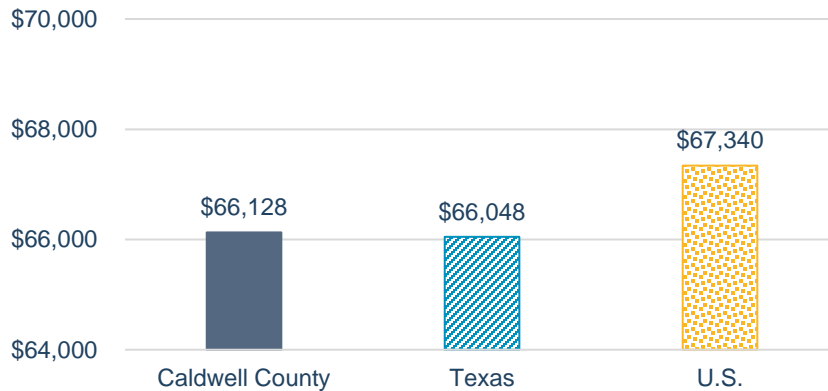
Median household income reflects the relative affluence and economic prosperity of an area. Areas with higher median household incomes are more likely to have a greater share of educated residents and lower unemployment rates, compared to areas with lower median household income.

Figure 10 displays the median household income of Caldwell County compared to Texas and the U.S. The median household income in Caldwell County was \$66,128 in 2020, which was higher than the Texas median (\$66,048) but lower than the U.S. as a whole (\$67,340). The median income in Caldwell County rose \$10,827 in a single year, from \$55,301 in 2019, and was previously lower than both the Texas and U.S. median.

The median household income in Caldwell County is lowest among all the other counties in the Austin-Round Rock Metropolitan Service Area, including Hays (\$77,511), Travis (\$82,605), Williamson (\$91,507), and Bastrop (\$74,612).

Figure 10

Median Household Income in Caldwell County was Lower than Both Texas and U.S. in 2020

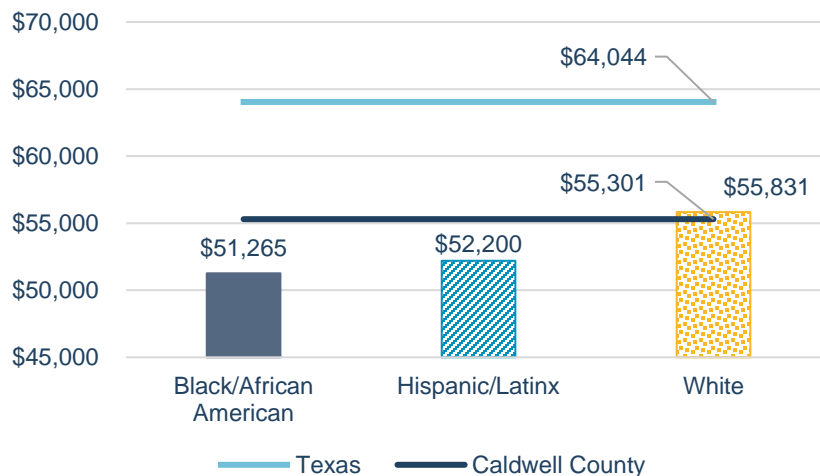


Source. U.S. Census Small Area Income and Poverty Estimates Program, 2020.

There are income disparities between racial and ethnic populations in Caldwell County. In 2019, the most recent year where household income by race and ethnicity is available at the county level, median household income for Hispanic/Latinx households was \$52,200, which was lower than both Texas and the U.S. Similarly, white households in Caldwell County had a median income of \$55,831, which was lower than both Texas and the U.S. Black/African American households in Caldwell County had a median income of \$51,265 in 2019, which was similar to Black/African American households in Texas and the U.S., but was the lowest of the racial and ethnic groups in Caldwell County.

Figure 11

In 2019, Black/African American and Hispanic/Latinx Households in Caldwell County Had the Lowest Median Income



Source. U.S. Census Small Area Income and Poverty Estimates Program, 2020.

POVERTY AND ALICE

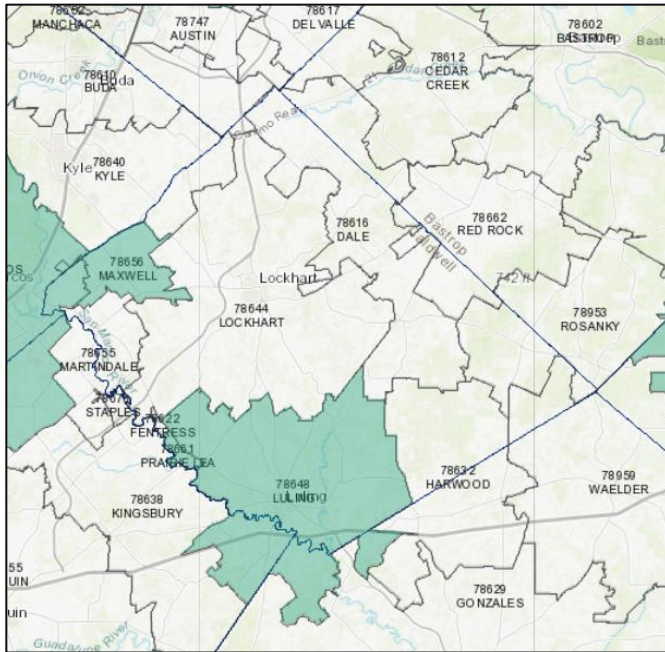
The U.S. Census Bureau sets federal poverty thresholds every year, which vary by size of family and ages of family members. A high poverty rate is both a cause and consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased tax revenue to the county, poverty correlates with lower quality schools and decreased business survival.

Caldwell County has a higher percentage of households living below the Federal Poverty Level (FPL) (15%) than both Texas (14%) and the U.S. (13%). At the individual level, a higher percentage of Black/African American (40.1%) and Hispanic/Latinx individuals (22.0%) live below the poverty level in Caldwell County compared to Texas or the U.S. which affects health outcomes and access to health care for Black/African American and Hispanic/Latinx residents. Although similar to state and national poverty rates, the Caldwell County Average masks important differences at the sub-county ZCTA level.

Within Caldwell County, the Luling and Maxwell ZCTAs have the highest proportion of people living in poverty. As displayed in Figure 12, these ZCTAs have more than 15% of households living below FPL. This map displays Caldwell County and the surrounding areas, with ZCTAs outlined in black. The ZCTAs in green indicate an area where more than 15% of the population lives below the FPL. This threshold indicates a higher rate of people living in poverty, compared to the county average (15%). In Caldwell County, the Luling and Maxwell ZCTAs have the highest rate of people living in poverty.

Figure 12

ZCTAs in Caldwell County with Greater than 15% of Households Living Below FPL



Source. American Community Survey, 2015-2019. Retrieved from UDS Mapper.

While poverty is an important measure, it is also important to understand the portion of residents who live below the federal poverty level but who earn less than the basic cost of living for Caldwell County, measured as ALICE.

ALICE is an important indicator of economic insecurity because it identifies the prevalence of households who struggle to afford essentials like food, housing, or health care, and yet do not meet income qualifications for public assistance programs, such as Supplemental Nutrition Assistance Plan (SNAP). Basic costs of living are defined as the bare-minimum costs for housing, childcare, food, transportation, health care, and a smartphone plan.

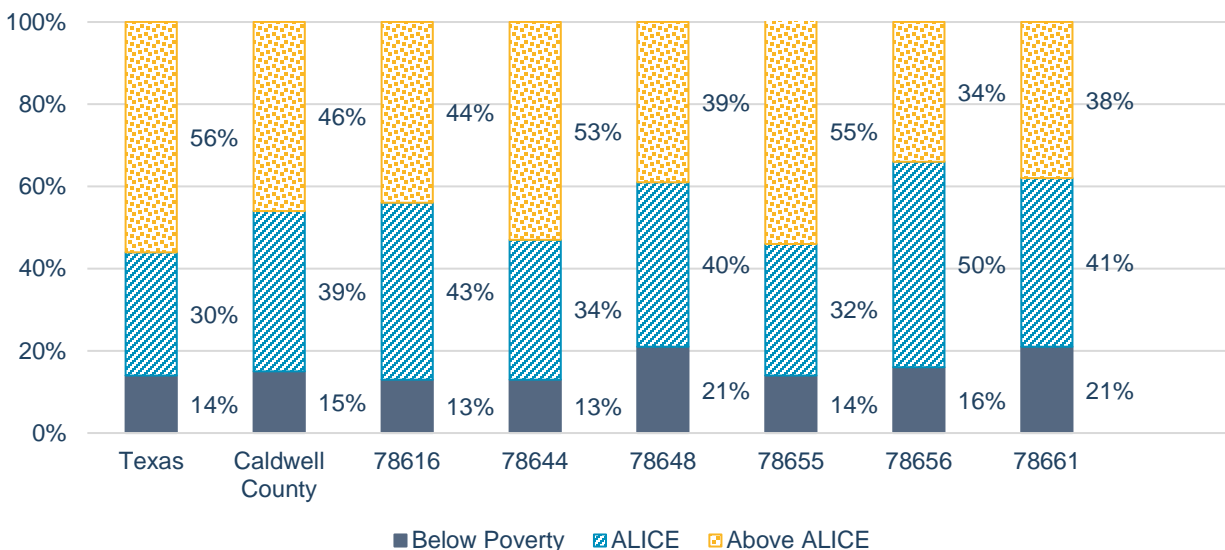
- In 2018, 15% of Caldwell County households fell below the poverty line while another 39% of were in the ALICE category. In total, over half of the households in Caldwell County (54%) live below the ALICE threshold.
- Families with children are most likely to fall below the ALICE threshold in Caldwell County due to either living in poverty or being ALICE (56%).

County-level ALICE data masks important intra-county differences. The Luling area in the south of Caldwell County has the greatest percentage of households living below the ALICE threshold (58%), followed by Martindale (56%) and Lockhart (52%). This information may be used to target priority areas for initiatives directed at addressing economic disparities that affect health care access and outcomes.

This data is also consistent with qualitative findings, which indicated that the Luling area has a greater need for free and reduced-cost health care services.

Figure 13

The Percentage of Caldwell County Households Living Below the Poverty Level and ALICE Threshold is Highest in ZCTA 78656



Source. United for ALICE.

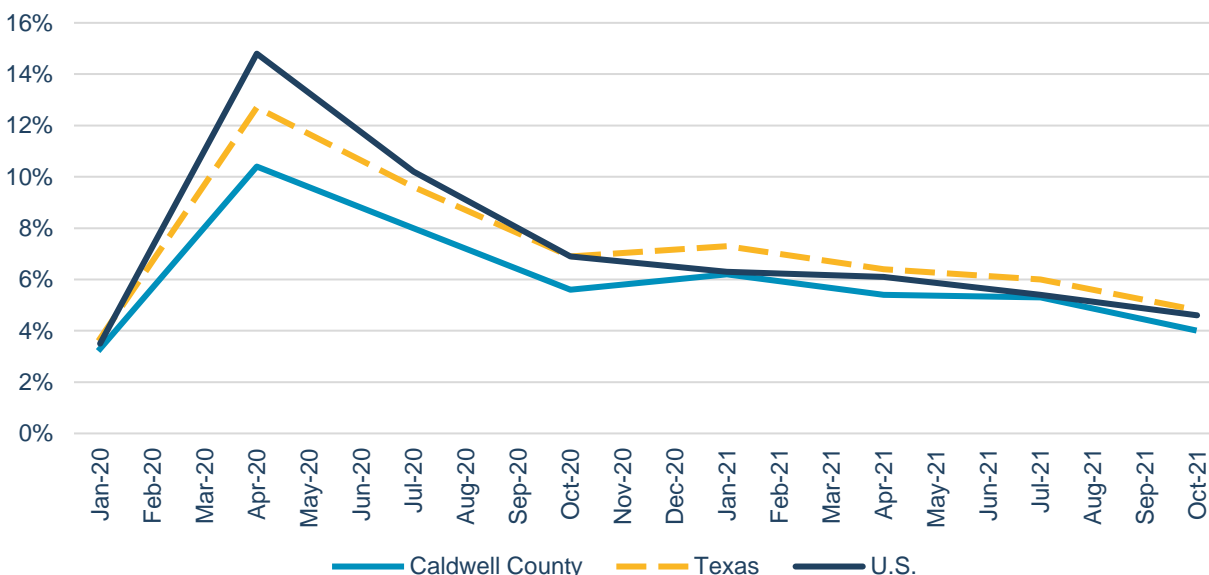
UNEMPLOYMENT

The rate of unemployment is an indicator of economic insecurity experienced by a community. Unemployment can affect an individual’s physical and mental health, as well as their ability to access and engage with health care services.

As with most of the state and nation, the rate of unemployment in Caldwell County peaked in April 2020 due to the COVID-19 pandemic. At this highest point, the unemployment rate was 10.4% in Caldwell County, compared to 12.9% in Texas and 14.8% in the U.S. Since April 2020, the rate of unemployment in Caldwell County closely followed both the state and national trends, with rates of unemployment steadily declining through October 2021. As of October 2021, the unemployment rate in Caldwell County was 4.0%, compared to 5.4% in Texas and 4.6% in the U.S.

Figure 14

Unemployment in Caldwell County, Texas and U.S.: January 2020-October 2021



Source. U.S. Bureau of Labor Statistics.

Those most impacted by the pandemic have been workers in service industries. While local data is not available, at the national level, Hispanic/Latinx women (21%), immigrants of all races and ethnicities (19%), young adults ages 16-24 years old (25%), and those without any college education (21%) have experienced the greatest job loss during the initial surge in unemployment early in the pandemic.³

Workers in service industries were the most affected by loss of employment due to the pandemic. While local unemployment data is not available for race and ethnicity, at the national level, Hispanic women (21%), immigrants of all races and ethnicities (19%), young adults ages 16-24 years old (25%) and those without any college education (21%) experienced the greatest job loss during the initial surge in unemployment early in the pandemic.³ These data are supported by qualitative findings in Caldwell County. Focus group participants and key informants described that many community members have lost their jobs or had reduced hours during the pandemic. This has created financial vulnerabilities and impacted mental health for many community members.

³ Kochhar, R. (2020). *Hispanic women, immigrants, young adults, those with less education hit hardest by COVID-19 job losses*. Pew Research Center. <https://www.pewresearch.org/fact-tank/2020/06/09/hispanic-women-immigrants-young-adults-those-with-less-education-hit-hardest-by-covid-19-job-losses/>.

HOUSING

Focus group participants and key informants frequently mentioned the lack of affordable housing in Caldwell County as a key concern. Participants noted that housing has become increasingly unaffordable in the county, largely due to the surge in the nearby Austin housing market. As that market grows, there have been more people moving into Caldwell County and purchasing properties at rates that make the property values and general costs of living unaffordable to long-time residents. This has especially affected Black/African American and Hispanic/Latinx community members.

“What I’m seeing going on in my community, where my mom’s house still resides, is that they’re building big two story houses next to your shack... to push you out, you know, because your taxes are going to rise.”

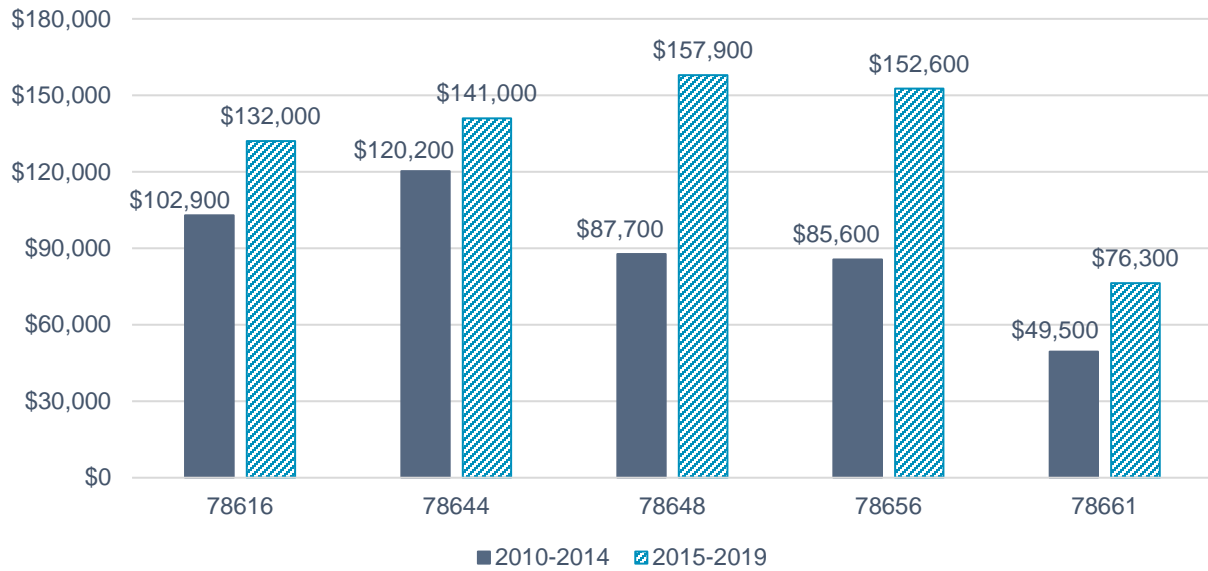
– Key Informant

Note: Due to the lag of 1-2 years in the availability of housing data, we can only provide a partial picture of the rising cost of housing up until 2019. The focus groups and key informant interviews highlighted a more heightened housing affordability crisis that has unfolded during the last two years (2020-21) because of the influx of residents from nearby counties in search of lower housing costs.

- Both median rents and the value of owner-occupied homes in Caldwell County have risen significant in the past five years (2010-2014 to 2015-2019).
- While median rent in the county was \$776/month on average between 2010-2014, it has increased 18.6% to \$920/month over the latter five-year period.
- The median value of owner-occupied homes increased 36.5% over the same period from \$106,100 to \$144,800.
- Important differences exist at the ZCTA level.
 - The 78648 ZCTA (Luling) experienced the greatest 5-year growth doubling its in median home value (2015-2019 median home value was \$157,900).
 - Median gross rent for all types of units saw the greatest growth in 78656 (70.9%), although 78616 had the highest median gross rent in (\$1,032) in 2015-2019. Figures 15 and 16 depict these changes over time.
- Recent data from the Austin Board of Realtors is more indicative of the housing affordability crisis over the last two years:
 - Between November 2020 and 2021, the median price of homes sold in Caldwell County increased 29.0% to \$265,109. In November 2019, the median price of homes sold in the county was \$185,000.

Figure 15

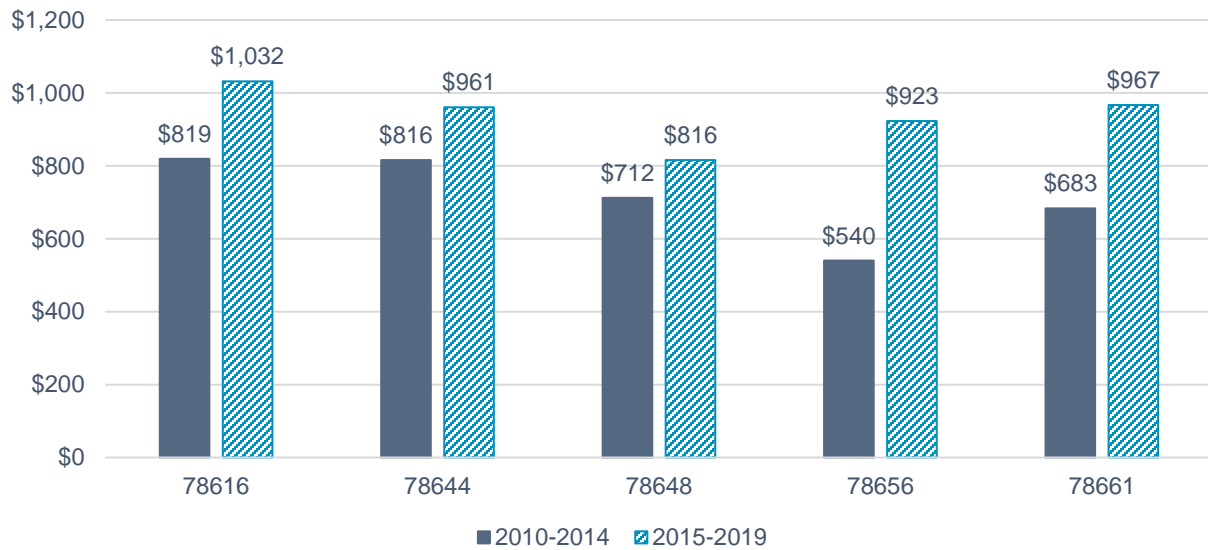
Median Value of Owner-Occupied Homes in Caldwell County, 2010-2014 vs. 2015-2019



Source. U.S. Bureau of Labor Statistics.

Figure 16

Median Gross Rent in Caldwell County, 2010-2014 vs. 2015-2019



Source. U.S. Bureau of Labor Statistics.

SEVERE HOUSING BURDEN

On average, Caldwell County Residents spend 20% of their monthly income on housing costs. However, 14% spend more than 50% of their monthly income on housing costs, limiting their ability to afford necessities such as food, transportation and health care. This rate has increased 17.3% in the past five years, with 509 more households experiencing “severe housing cost burden” in 2015-2019 compared to 2010-2014.

- In 2015-2019, an estimated 1,884 households in Caldwell County spent more than 50% of their monthly income on housing. This is an increase of 511 households, from 1,373 households in 2010-2014.
- 17% of households in Caldwell County experience one or more of the following: overcrowding, housing costs that are greater than 50% of monthly income, lack of kitchen facilities or lack of plumbing facilities (2013-2017).

HOUSING INSTABILITY

The Housing Stability Index (HSI) quantifies the extent of housing stability in either renter- or owner-occupied units due to missed or deferred housing payments, such as rent or mortgage. If an area is considered “at risk,” this indicates that a high percentage of residents are unable to make regular housing payments and may face eviction and homelessness. The HSI compares stability to a baseline period of January 2020, which was prior to the COVID-19 pandemic in the U.S.

In Caldwell County, the HSI value is 0.96 as of September and October 2021. This indicates that 4% fewer households are considered stable, compared to January 2020, and may therefore be at risk of eviction or foreclosure. The majority (3.1%) of these households are renters, versus owners.

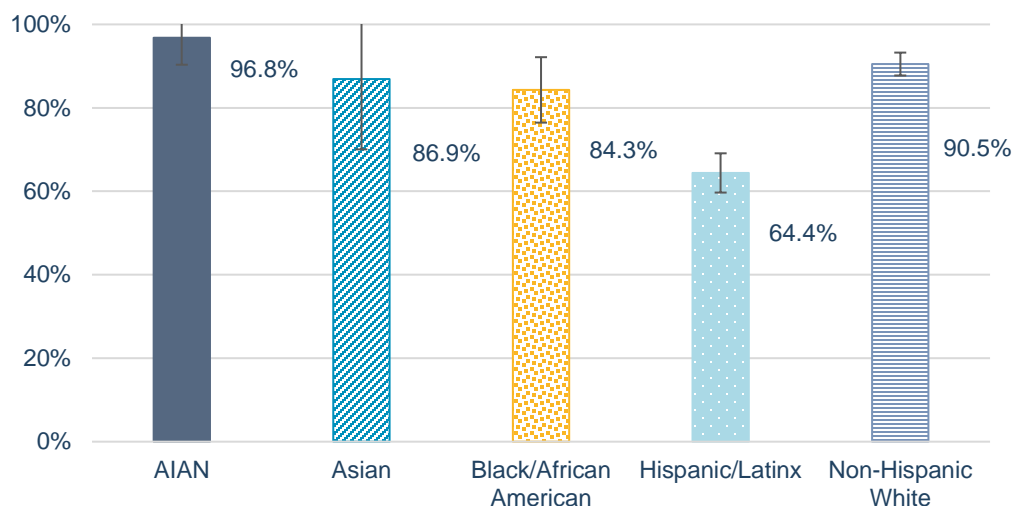
The implication of this data is that more households in Caldwell County are experiencing housing instability due to costs, compared to recent years. This is consistent with qualitative findings. Focus group participants and key informants reported that the lack of affordable housing in the county has increased financial stress for many families, which impacts physical and mental health.

EDUCATION

In Caldwell County, fewer adults 25 years and older have a high school degree or higher (78.2%) compared to Texas (83.7%) or the U.S. (88.0%). Furthermore, there are racial and ethnic disparities in educational attainment. Only 64.4% of Hispanic/Latinx adults 25 or older have completed at least high school, compared to 84.3% of Black/African American and 90.5% of white community members in Caldwell County.

Figure 17

Hispanic/Latinx residents of Caldwell County are the Least Likely to Graduate from High School



Source. American Community Survey, 2015-2019.

Note: With the exception of Non-Hispanic whites, all other racial groups include individuals who identify as both Hispanic and Non-Hispanic.

TRANSPORTATION

Transportation barriers, specifically the lack of transportation services available, was the most frequently mentioned structural barrier by focus group participants. In fact, Caldwell County has a Transit Connectivity Index score of zero, which indicates the county has the lowest possible public transit infrastructure.

The lack of public transit options inhibits people’s ability to get to grocery stores, jobs, social engagements, and health care appointments. When asked how community members typically get to doctor’s appointments, one focus group participant said, “We have to find an Uber or whatever we can each time, because we always need someone to take us. In reality, there is no transportation.” A key informant said, “The lack of transportation impacts [people’s] ability to get specialized care that maybe they need, and the ability to [do] follow-up care.”

*“We don’t have public transportation here at all.
I don’t even know if we have a taxi service.”*

– Key Informant

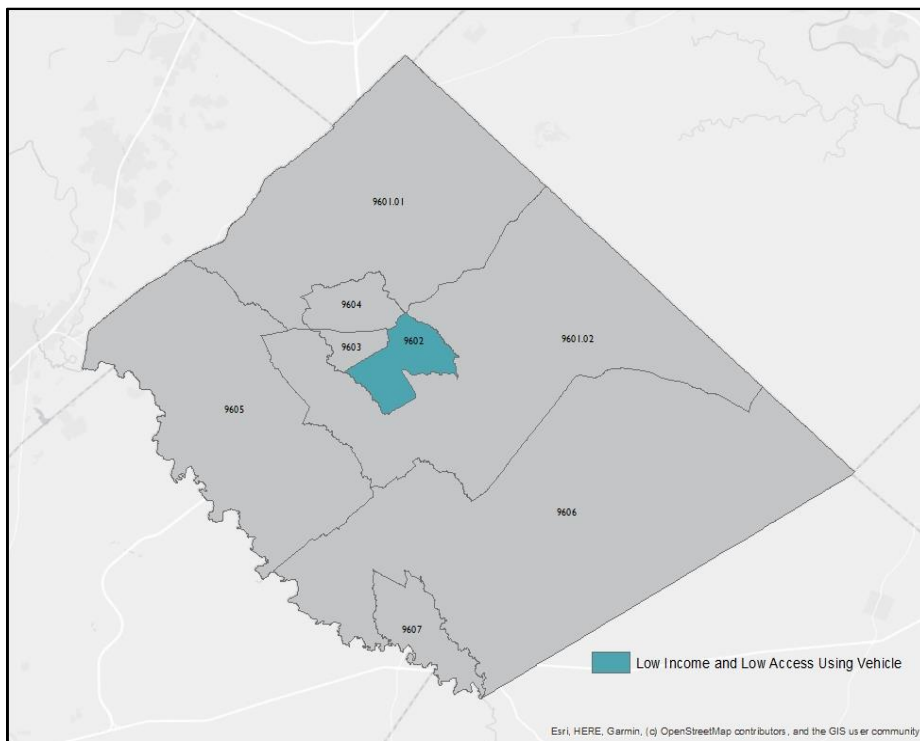
Despite a lack of public transit options, an estimated 4.3% of households in Caldwell County do not have access to personal transportation. This rate is higher in the Luling area (78648), at 5.9%, followed by the Lockhart area (78644) at 5.6%. Focus group participants mentioned that

costs are the main inhibitor for personal transportation. On average, of 24% of household income in Caldwell County is spent on transportation costs.⁴ As a result of expensive personal transportation costs, in combination with a lack of public transportation options, it is common for community members to use ambulances to get to the hospital for non-emergent illnesses.

Figure 18 highlights the Lockhart area ZCTA that is officially designated by the U.S. Department of Agriculture as a neighborhood that is low income, has limited food access, and at least 100 households are located more than ½-mile from the nearest supermarket and have no vehicle availability.

Figure 18

Lockhart Area Designated as Low Income, No Vehicle Availability, and Low Access to Supermarkets



Source. U.S. Department of Agriculture, Food Access Research Atlas, 2019.

⁴ Household transportation costs are calculated as the sum of auto ownership costs, auto use costs, and public transit costs. This calculation illustrates the transportation cost burden placed on a typical household. Source. <https://htaindex.cnt.org/>

FOOD INSECURITY

Food insecurity is defined by the ACS as the percentage of the population who lack adequate access to food. Food insecurity impacts health in two primary ways:

1. By making it difficult for individuals to maintain healthy diets that are instrumental to managing and preventing chronic conditions, such as diabetes; and
2. By leading individuals to forgo costly medications in order to feed their families. A further indication of food insecurity is the percentage of the population who uses SNAP, which provides financial support for purchasing food.

In 2019, 14.8 % of Caldwell County residents lacked adequate access to food, amounting to approximately 6,230 food insecure people. This is slightly more than the statewide rate (14.1%) but higher than the rate for the U.S. as a whole (10.9%).

The pandemic has had a notable impact on food insecurity. The number of people experiencing food insecurity has fluctuated greatly since January 2020 due to the impact of the loss of life or increased unemployment, followed by an increase in federal protections like the American Rescue Plan Act of 2021 (ARPA) or eviction moratoriums.

- At the national level, the number of adults going without enough food has changed from 9.5% in April 2020, to 13.4% in December 2020, then to 8% in April 2021.
- As of March 2021, Texas had the highest projected number of people living in food-insecure households for 2021 (4.7 million people), compared to all other states. This represents a 16.5% rate of projected food insecurity for Texans in 2021.
- Specific to Caldwell County, projections from Feeding America’s Map the Meal Gap study indicate an increase in food insecurity from 14.8% in 2019 to 16.9% in 2021.

Qualitative findings in Caldwell County also suggest that the pandemic has limited free food services, such as Meals on Wheels or school-based lunch programs, increasing the prevalence of food insecurity. Furthermore, focus group participants and key informants said that food pantries often have too many barriers, including limited hours or requirements for identification and paperwork. Participants also reported that the cost of food is a barrier to many community members and organic food options are especially cost-prohibitive. Many community members find that gas stations or dollar stores are more accessible financially, or transportation-wise, compared to grocery stores like Wal-Mart or H-E-B.

“You can throw all the education and all the things at [people], but if they can't afford to buy the fruits and vegetables that you're telling them they need to eat for their diabetes, then you just wasted a piece of paper, because they cannot do that.”

– Key Informant

INTERNET ACCESS

Broadband internet connection allows an individual to connect to the Internet without relying on cell phone data, which is more expensive. Additionally, the technological infrastructure for wi-fi does not yet exist in many rural communities. Measuring access to the internet is an important indicator for equity because a person's ability to connect to the internet will directly affect their access to employment, education, social engagement, public benefits, health care, and more.

Focus groups and key informant interviews indicated that some areas of Caldwell County do not have reliable broadband access or mobile services that allow Internet connection. Participants described that this inhibits people's ability to access telehealth visits, virtual school, or social gatherings.

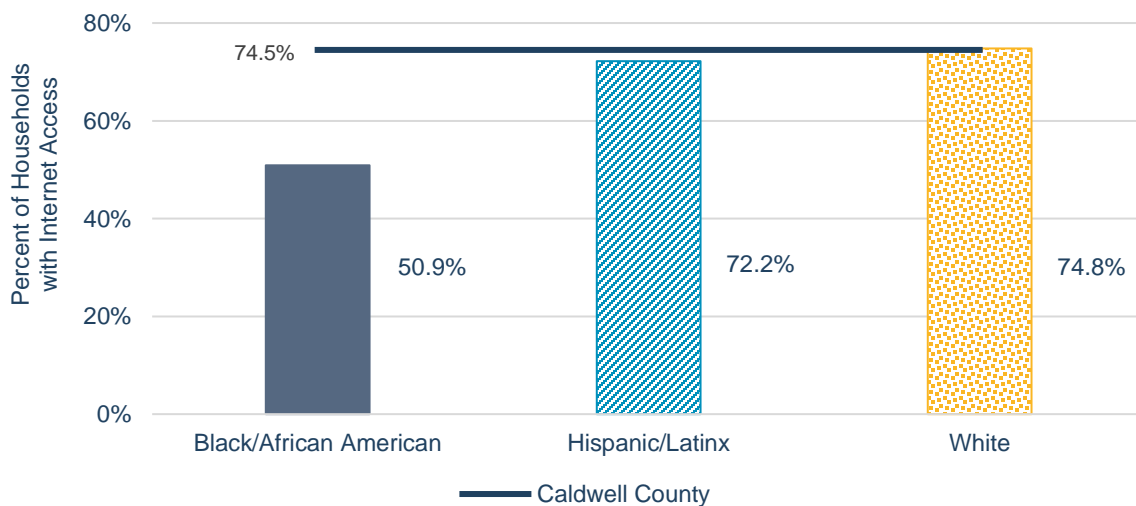
DISPARITIES IN INTERNET ACCESS

Quantitative data illustrates that there is a significant disparity in broadband internet access in Caldwell County.

- While 40.3% of the population has Internet access via broadband, access is highest among white community members (74.4%), compared to 50.1% of Black/African American and 71.7% of Hispanic/Latinx community members.
- One-quarter (25.5%) of households in Caldwell County do not have any internet access, meaning no one in the house can connect to the internet using a paid or free service (such as Broadband or a public library, respectively).

Figure 19

Black/African American Households in Caldwell County Have the Lowest Rates of Internet Access



Source. American Community Survey, 2015-2019.

Half of the households without Internet access are Black/African American, while only 27.2% of the households are Hispanic/Latinx and 25.2% of the households are white. This indicates that Black/African American households in Caldwell County experience the greatest disparities regarding Internet access. This may lead to disparate access to resources, socialization, and other opportunities for Black/African American community members in Caldwell County.

RACISM AND DISCRIMINATION

While there is not quantitative data regarding the prevalence of racism and discrimination in Caldwell County, findings from the key informant interviews and focus groups suggest many community members face significant issues in this area. Participants described the history of race-based discrimination throughout the community, which has included segregation, police brutality, and inadequate access to services like parks and hospitals in areas with more people of color.

One participant described the negative impact of local leaders or organizations who are uneducated about cultural priorities and histories of Black/African American communities in Caldwell County. As an example, the participant observed that organizational leaders or health care providers who are white have acted “intimidated” by Black/African American communities or insisted on police presence at clinics in historically Black neighborhoods, which further erodes trust in health care providers among Black community members.

“This is also a community that has a confederate monument on the courthouse lawn ... you're literally confronting a very large, and intentionally present, romantic nod to the antebellum South.”

– Key Informant

Participants also described the frequency with which immigrant communities experience discrimination. Multiple key informants mentioned that people within immigrant communities often do not feel comfortable attending community events or resource fairs where they will be asked to provide identifying information. Focus group participants described feeling intimidated by medical providers for similar reasons. These community members fear deportation or other consequences associated with their or family member’s immigration status. Furthermore, one key informant mentioned that, as a consequence of these experiences with discrimination and fear, many immigrant communities “settle into the most rural parts of Caldwell County,” making them further isolated.

“Sometimes we [immigrants] do feel very abandoned. Like we don’t exist. Like we are always in the shadows for everything.”

– Focus Group Participant

Community Assets and Strengths

Caldwell County has many community assets that should be considered as part of the community health needs assessment. In interviews and focus groups, participants mentioned that the community has a history of resiliency after experiencing various natural disasters over recent years. One key informant said that Caldwell County is full of individuals who see the needs of the area and genuinely desire to help.

HEALTH CARE ORGANIZATIONS

Caldwell County is home to three Ascension Seton health care sites, including two in Lockhart and one in Luling. In Lockhart, the Ascension Seton Health Center on Church Street provides primary care and diagnostic services and the Ascension Seton Lockhart Health Center on Colorado Street provides routine care. The Edgar B. Davis Hospital in Luling is a general acute facility with a 24/7 emergency room. Also, although not in Caldwell County, focus group participants also noted driving long distances to CommuniCare Clinics in Kyle, San Marcos and Austin to access affordable health care.

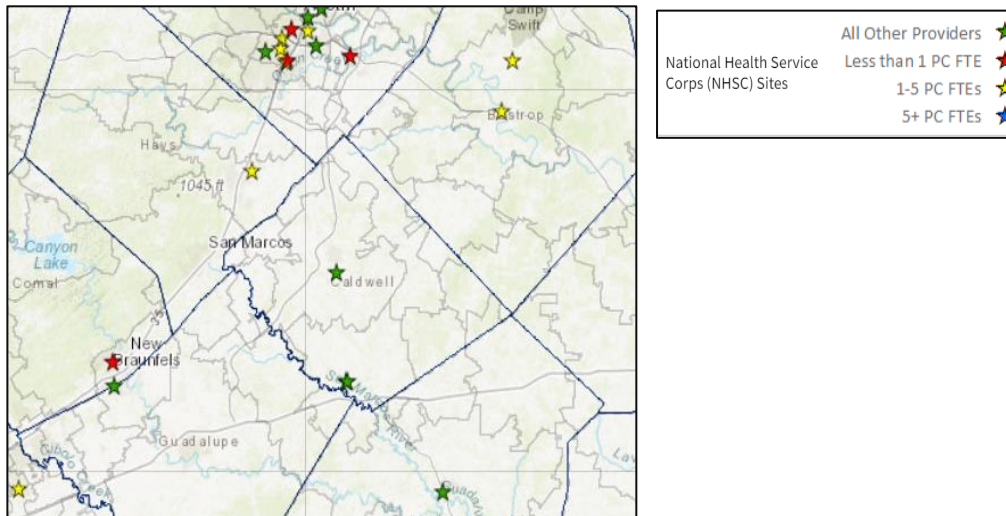
Additionally, Caldwell County has three National Health Service Corps (NHSC) sites. This designation is given by HRSA for a clinical site, typically an FQHC, which is located within a Health Professional Shortage Area (HPSA) and can provide services to people without regard for their ability to pay. The NHSC sites in Caldwell County are:

- Lockhart Family Practice Center
- Luling Community Health Center
- Luling Community Dental Center

Lockhart Family Practice Center, operated By Community Health Centers of South Central Texas, Inc., is the only FQHC in Caldwell County.

Figure 20

National Health Service Corps sites in Lockhart and Luling



Source. Health Resources and Services Administration, 2021. Map built with UDSMapper.org.

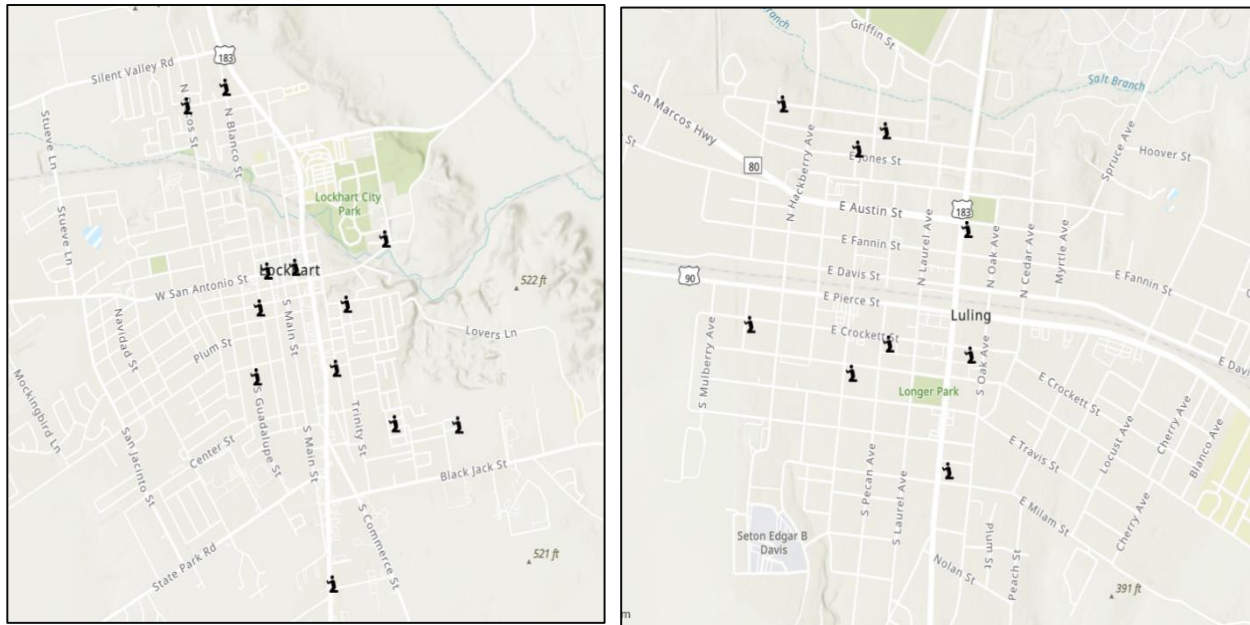
CHURCHES AND FAITH-BASED ORGANIZATIONS

Focus group participants said one strength of the county is the network of churches from many denominations that often work together to meet community needs, including by distributing food and clothing and conducting home visits to struggling or isolated community members. The following churches and faith-based organizations were mentioned as valuable resources for the community:

- Caldwell County Christian Ministries and Caldwell County Foodbank
- Lamb and Sheep Ministries
- First United Methodist Church of Luling (Wesley Nurse program)
- St. Vincent DePaul ministry at St. Mary's Catholic Church
- St. John the Evangelist Catholic Church of Luling

The maps below display the geographic distributions of places of worship within Lockhart and Luling.

Figure 21
Places of Worship in Lockhart (left) and Luling (right)



Source. OpenStreetMap Amenities for North America. Retrieved December 17, 2021.

NONPROFITS AND COMMUNITY ORGANIZATIONS

Nonprofits and community-based organizations in Caldwell County play a vital role in building healthy communities by providing educational, health, and social services to community members. Focus group participants identified various local organizations and agencies that have been instrumental in providing resources to address general needs as well as needs that have arisen during the pandemic. Below is a list of organizations identified by participants:

- Lockhart Independent School District
- Lockhart Learning Center
- Meals on Wheels
- Texas Workforce Commission

PARKS

Caldwell County has a lot of natural space, which can provide opportunities for physical activity, time in nature, and places for community events. In Luling, 62% of people live within a ten-minute walk of a park and in Lockhart, 27% of people live within this radius. Although, this data suggests there is broad access to natural spaces, it is important to note that qualitative findings provide more context.

- Focus group participants described that Caldwell County has few outdoor spaces such as parks or walking trails that feel safe and accessible.
- Existing parks were described as outdated, poorly lit, or full of trash.
- Participants described a desire for more air-conditioned indoor spaces, like gyms or a recreational center that could provide exercise classes, sports events, or cooking classes.
- Participants noted that such a center would need to be affordable for people with lower incomes.

Priority Health Needs and Barriers to Care

The following section highlights health issues and barriers to health care access and healthy lifestyles experienced people in Caldwell County that St. David’s HealthCare could potentially influence through policy or system-level changes and collaboration with community partners.

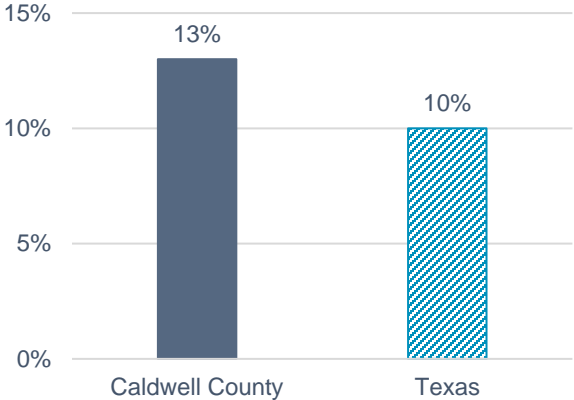
KEY HEALTH ISSUES

Both qualitative and quantitative data highlight similar priorities related to prominent health issues and chronic diseases in Caldwell County.

DIABETES

Diabetes was the most commonly mentioned health condition in focus groups and interviews. According to the United States Diabetes Surveillance System (USDSS), Caldwell County has a higher prevalence of adults aged 20 and above who report having diagnosed diabetes (13%), compared to Texas (10%).

Figure 22
More Adults Living with Diabetes in Caldwell County Compared to Texas



Source. United States Diabetes Surveillance System, 2017.

Focus group participants and key informants alike frequently mentioned diabetes in relation to other issues within the county, such as lack of affordable preventative health care or lack of affordable, healthy food. One key informant described that diabetes, as well as hypertension, “drive a lot of our ED [emergency department] visits, as well as hospitalizations.”

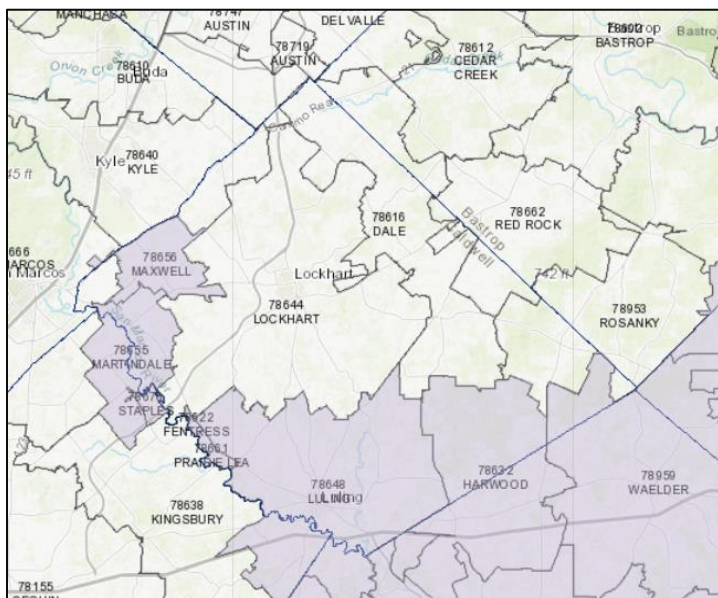
Another informant mentioned that diabetes is perceived as most prevalent among the “African American populations, the Hispanic [populations], and minorities in the southern part of the county,” as well across generations, with younger age groups showing early risk factors. The geographic burden of diabetes is displayed in Figure 23, which confirms qualitative findings that suggest the southern region of the county has the highest prevalence.

In addition, quantitative data for Public Health Region 7 (the region in which Caldwell County is located) indicate the underpinnings of these differences are likely socioeconomic in nature, rather than due to race and ethnicity.

- Texan adults in Public Health Region 7 with less than a high school education (21.4%) are over two and three times more likely to have diabetes than those with at least some college education (8.4%) and those who have graduated college (6.8%), respectively.
- Adults earning less than \$50,000 per year are more than twice as likely to have diabetes as those who earn more than \$50,000 or more annually (16.5-16.8% vs. 6.5%).

Figure 23

Areas of Caldwell County with the Highest Prevalence of Diabetes

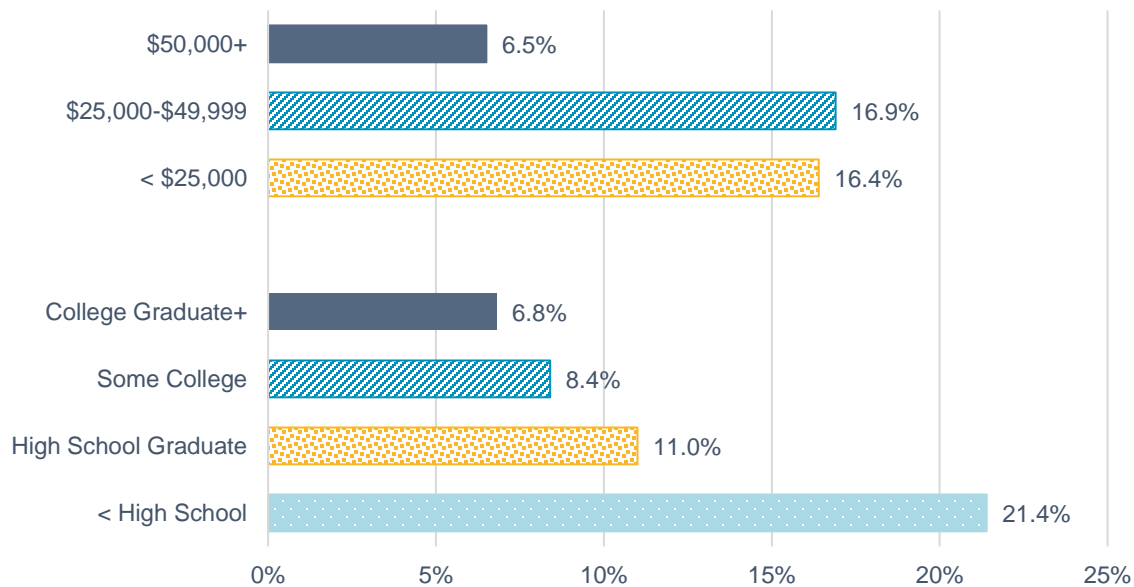


Source. Behavioral Risk Factor Surveillance System, 2018; American Community Survey, 2015-2019. Map built with UDSMapper.org.

This map displays Caldwell County and the surrounding areas, with ZCTAs outlined. ZCTAs that are colored indicate that more than 13% of the population over 18 years has ever been told they have diabetes, which is higher than the county-level prevalence. These areas could be prioritized for interventions related to diabetes.

Figure 24

Diabetes Prevalence by Income and Education Attainment, Adults: TX Public Health Region 7



Source. U.S. Centers for Disease Control & Prevention, Behavioral Risk Factor Surveillance System, 2018.

HYPERTENSION

Hypertension was mentioned second most frequently by key informants and focus group participants as a priority health issue for the county. As with diabetes, participants noted that a high prevalence of hypertension is often due to barriers such as lack of affordable preventative health care and food insecurity. Additionally, hypertension was noted as common across generations but seemed to be the most prevalent among Black/African American and Hispanic/Latinx community members.

Approximately 34.6% of adults in Caldwell County have ever been told they have high blood pressure, according to data from BRFSS (2019). This percentage is higher in the Luling ZCTA (37.7%) compared to the Lockhart ZCTA (33.8%), which confirms qualitative findings that suggested a greater burden of hypertension in the southern part of the county.

OBESITY

Focus group participants and key informants also mentioned obesity as a priority health concern in the county, although it was mentioned less frequently than diabetes or hypertension.

- In 2019, the prevalence of obesity among adults ages 18+ in Caldwell County was 38.1%, which is higher than Texas (31.4%) and the U.S. (29.7%); however, with almost 1 in every 3 adults in the U.S. being obese, it is a common issue everywhere.
- Caldwell County's rate of adults with obesity has risen more quickly than Texas or the U.S. over the last decade – in 2013 the county rate was 26%.
- The Dale, Maxwell, and Martindale ZCTAs have a higher prevalence of obesity compared to the county overall.

MENTAL HEALTH AND SUBSTANCE USE

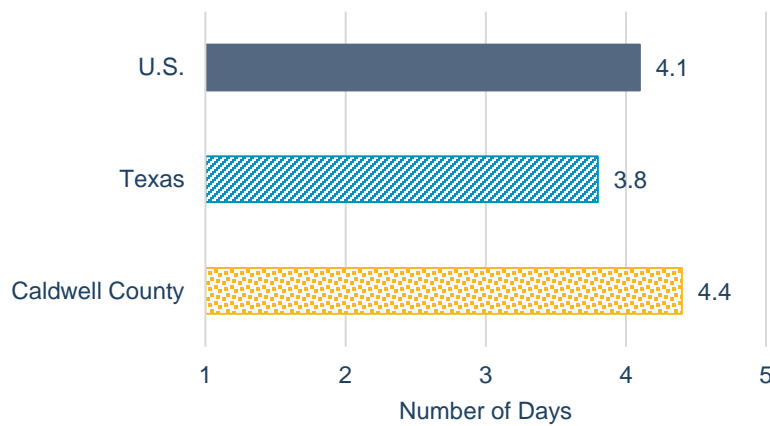
Participants frequently mentioned concerns about mental illness, including depression, anxiety, or substance use disorders. Notably, participants reported that the prevalence of mental illnesses seems to be “worse than ever,” largely due to increased loneliness, desperation, trauma, and lack of support throughout the COVID-19 pandemic. According to participants, younger community members like children and teens are experiencing depression and anxiety at very high rates. Furthermore, participants described that there is a general stigma around mental health care, particularly among Black/African American and Hispanic/Latinx populations.

- According to modeling using 2019 BRFSS data, almost 1 in 5 (19.8%) adults in Caldwell County have been diagnosed with a depressive disorder at some point in their lives. Hispanic adults are less likely to report a depression diagnosis than white adults.
- In 2019, 15.0% of Caldwell County adults reported their mental health as being “not good” 14 days or more in the past 30 days, a rate slightly higher than the state and national average (12.2% and 13.8% respectively).
- Rates of mental illness, thoughts of suicide and receipt of mental health services are similar in Public Health Region 7a (of which Caldwell County is a part) as Texas. Data for these indicators are not available at a county level.

Another measurement from BRFSS is the average number of days people report having poor mental health within the last 30 days. A higher number of mentally unhealthy days may indicate that an individual has a mental disorder, whether diagnosed or undiagnosed, which could interfere with their quality of life. The average number of poor mental health days reported in Caldwell County in 2018 was 4.4 days, which is higher than the average of 3.8 days for Texas and 4.1 days for the U.S.

Figure 20

People in Caldwell County Experience More Poor Mental Health Days Compared to Texas and U.S



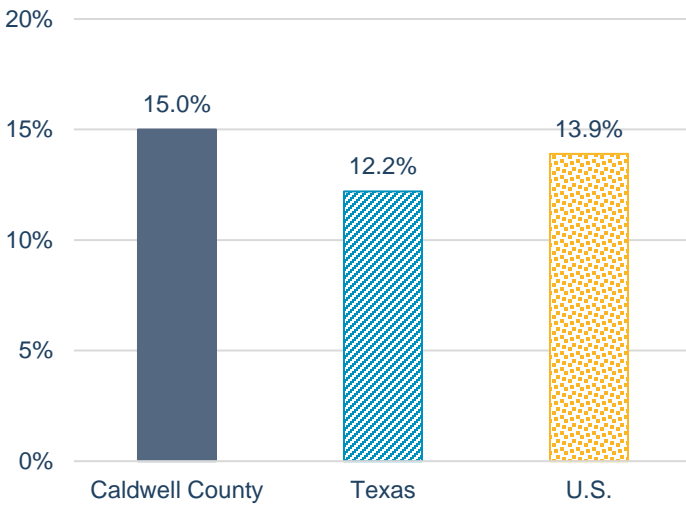
Source. Behavioral Risk Factor Surveillance System, 2018.

The prevalence of poor mental health is likely higher than the most recently available BRFSS data, given the impact of the COVID-19 pandemic. Estimates from the Household Pulse Survey, which CDC has administered on a rolling basis throughout the COVID-19 pandemic, indicate that 29.5% of Texas adults experienced symptoms of anxiety disorder or depressive disorder as recently as December 2021. This percentage was previously as high as 43.4% of Texas adults in January 2021.⁵ At the national level, women reported higher rates of symptoms than men (33.8% vs. 27.5%), and adults ages 18-29 had rates substantially higher than all other age categories (44.5%).

⁵ Household Pulse Survey. *Anxiety and Depression*. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>.

Figure 26

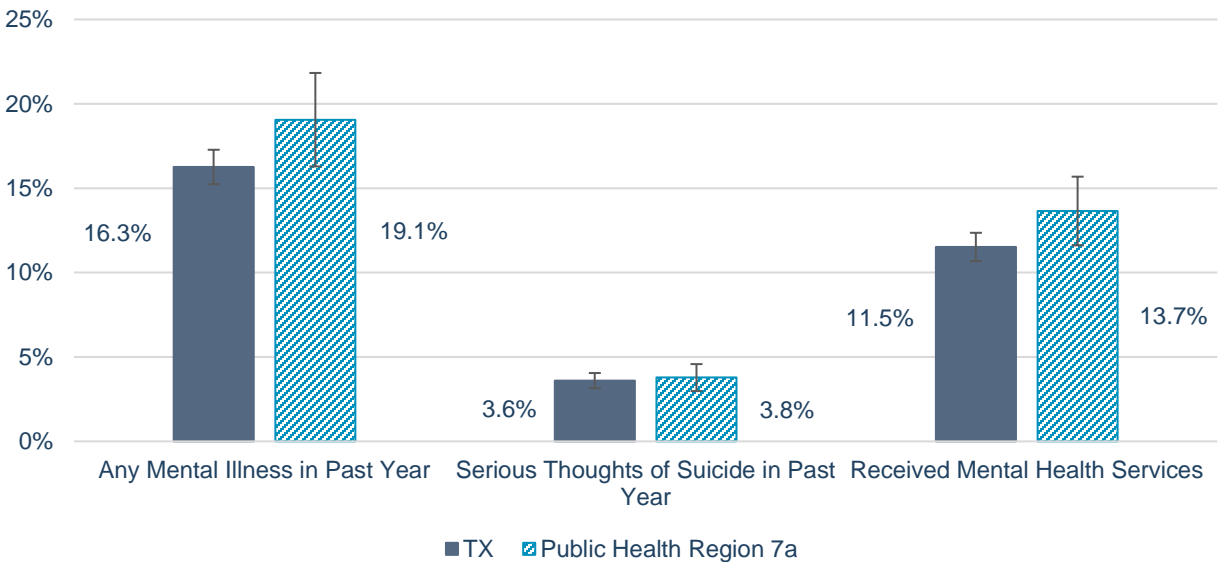
Adults in Caldwell County Report More Frequent Mental Distress Compared to Texas and U.S.



Source. Behavioral Risk Factor Surveillance System, 2019.

Figure 27

Rates of Mental Illness, Thoughts of Suicide and Mental Health Services in Public Health Region 7a are Similar to Texas



Source. Substance Abuse and Mental Health Services Administration, National Survey of Drug Use and Health, 2016-2018.

Regarding substance use, focus group participants mentioned seeing issues with prescription drugs and alcoholism most commonly. Participants also noted that there is a lack of mental health providers who offer affordable, culturally-informed care. For example, some participants noted the lack of mental health providers who accept Medicaid, and others described not having access to therapists who are Black/African American or Hispanic/Latinx.

“When I say accessible [mental health care], I’m talking about low cost or no cost. Because when you’re talking about how I can access it if I have insurance, or if I have to get a referral from my physician, or I have a \$35 co-payment—that’s not accessible.”

– Key Informant

ORAL HEALTH CARE

The prevalence of oral health issues in Caldwell County was another common theme in the focus groups. Participants described the lack of sufficient dental providers in their community, particularly dentists with low-cost services. Costs for even routine dental cleanings are considered inaccessible for people without dental insurance or using self-pay. Some participants mentioned having to drive to Kyle or Austin to receive affordable oral health care. Other participants noted that the free mobile dental clinic in Luling (no specific name given) is helpful, although its services have been reduced and canceled during the pandemic. One participant also described how these barriers to oral health care in Caldwell County result in frequent emergency room visits related to dental issues and other chronic health conditions.

“Dental disease leads to cardiovascular disease... and other kinds of health-related issues. Patients with diabetes, who maybe have poor oral care, can really suffer tremendously with infections.”

– Focus Group Participant

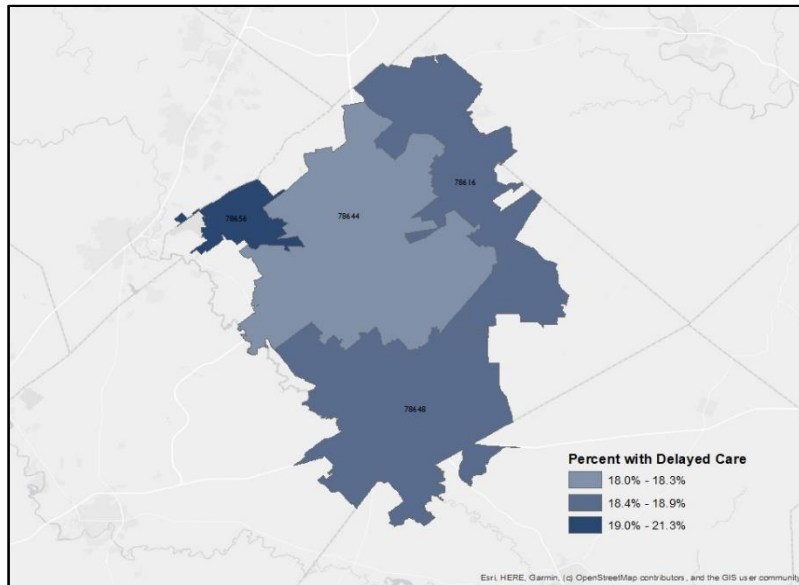
BARRIERS TO HEALTH CARE

According to BRFSS data from 2017, the most recently available year of data for Caldwell County, 18.5% of adults in the county did not seek care due to costs. Additionally, 28.2% of adults reported having no usual source of health care.

The affordability and availability of needed health care affects when and whether or not individuals seek care. Focus group participants and key informants indicated that barriers exist in both of these areas. Specifically, participants described issues that make services inaccessible or insufficient, including unaffordable costs, insurance-status, or general financial insecurity. Participants also described that health care services are often culturally inappropriate or insensitive, particularly to Hispanic/Latinx and Black/African American populations.

Furthermore, participants noted the lack of specialist providers in Caldwell County, including the lack of urgent care centers.

Figure 28
Caldwell County Adults Delaying Care Due to Cost



Source. Behavioral Risk Factor Surveillance System, 2015-2017.

AFFORDABILITY OF HEALTH CARE

Among interviews and focus groups, the most commonly described barrier to health care was the lack of affordable options. Participants mentioned that there are too few providers who accept Medicaid or have other reduced-cost programs for people who use self-pay or are uninsured. In identifying specific programs that do offer reduced costs, such as dental services, one focus group participant said, “Those clinics do help, they do... but it depends on how much you earn and things are expensive when one barely earns above the minimum.” Participants specifically indicated that health care costs are most unaffordable for Hispanic/Latinx and Black/African American community members.

“It would be a good option to have a nearby clinic with accessible prices for the Hispanic community.”

– Focus Group Participant

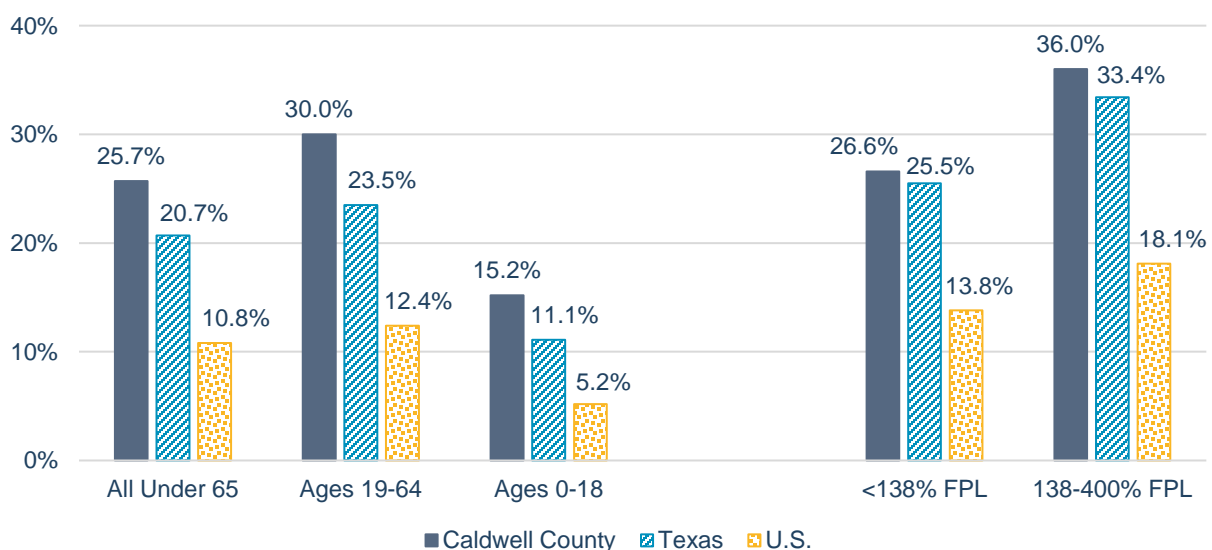
UNINSURED

Insurance status is closely related to the lack of affordable health care options in Caldwell County. Focus group findings suggest that many providers in the county do not accept Medicaid. Furthermore, participants described a need for payment plans or discounted services, due to their lack of insurance and overall financial inability to pay full price out-of-pocket. Many people who are uninsured or underinsured avoid preventative care entirely due to costs. Additionally, qualitative participants reported that many low-income community members will travel to Austin, San Antonio, or Kyle to receive free or affordable health care, including dental care.

Insurance coverage improves access to care and care seeking by lowering the out-of-pocket costs. It also improves rates of preventive care (e.g., screenings and vaccinations).

- As a state, Texas had a higher percentage of residents under the age of 65 who are uninsured (20.7%) than any other state in 2019. This is also twice the portion of residents nationally who are uninsured (10.8%).
- In Caldwell County, 25.7% of the population under 65 years old is uninsured (2019). This is higher than Texas, and twice as high as the national average.
- Relative to other counties in the Austin-Round Rock MSA, Caldwell County has the highest percentage of residents under 65 are uninsured compared to Travis County (16.5%), Bastrop (22.7%), Hays (16.7%), and Williamson (12.4%).
- Caldwell County has a higher percentage of uninsured children (ages 0-18) (15.2%) compared to the Texas (11.1%) and the U.S. (5.2%).

Figure 29
Nearly One-Quarter of Caldwell County Adults are Uninsured



Source. Small Area Health Insurance Estimates Program, 2019.

These rates do not take into account the disruptions that low-income families have in their health care due to irregular insurance access. Rates of uninsured mask a larger problem of underinsurance. Although no data is available at the county level, national data indicates that two out of five working age adults (ages 19-64) are inadequately insured (43.4%).⁶

PROVIDER AVAILABILITY AND ABILITY TO PROVIDE APPROPRIATE CARE

Focus group participants and key informants also described provider-level barriers to health care. Most commonly described was that health care services often feel inaccessible because they are not culturally or linguistically appropriate. Participants noted there are an insufficient number of Spanish-speaking providers in Caldwell County. They also shared experiences where providers refused to find accommodations for patients who needed translation. Furthermore, participants described that health care language, including language used on pamphlets or educational materials, is confusing and difficult to understand or apply.

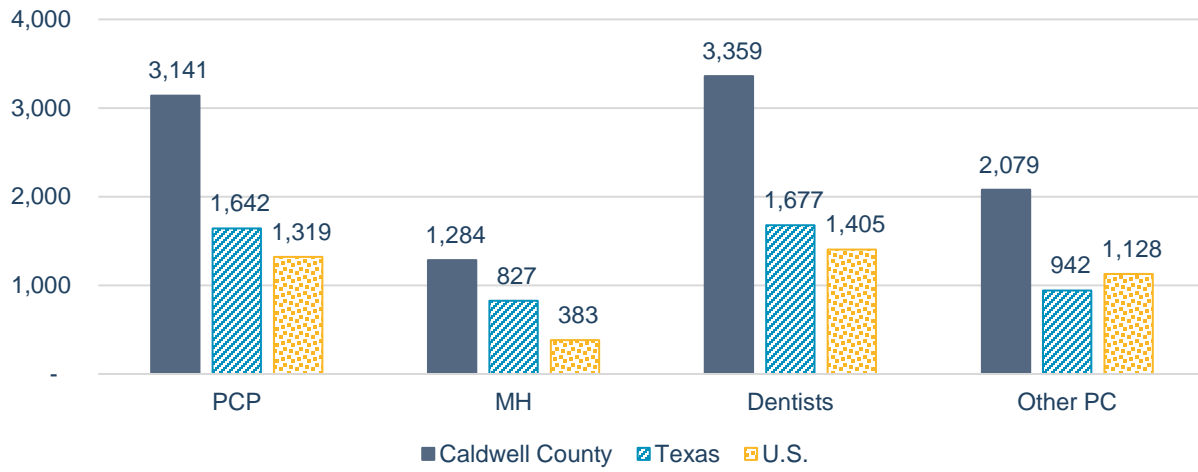
In addition to linguistic accessibility of providers, participants described how community members have encountered health care providers who use “a very colonial...white supremacist approach to pathologizing Black bodies and bodies of color.” Overall, qualitative findings indicate a need for providers and services that are more accommodating and informed in serving racial and ethnic minority populations, as well as people who do not speak English.

Caldwell County is designated as both a Primary Care HPSA and a Mental Health HPSA. This indicates that there are an insufficient number of primary care providers and mental health providers in the county. This data is consistent with the qualitative findings. Focus group participants and key informants reported that there are not enough primary and mental health providers in Caldwell County. Participants also mentioned that more specialists, such as OB-GYNs, are needed in the county.

⁶ The Commonwealth Fund determines people to be underinsured if they are insured all year and they meet one of the following criteria: (a) their out-of-pocket costs, excluding premiums, over the prior 12 months are equal to 10% or more of household income, (b) their out-of-pocket costs, excluding premiums, over the prior 12 months are equal to 5% or more of household income for individuals living under 200% of the federal poverty level (\$25,520 for an individual or \$52,400 for a family of four in 2020), or (c) their deductible constitutes 5% or more of household income.

Figure 30

Caldwell County has Fewer Health Professionals per Resident than Texas or U.S.



Source. U.S. Health Resources and Services Administration Area Health Resources File and Centers for Medicare and Medicaid National Provider Identification System, 2019. Note. PCP= Primary Care Provider, MH=Mental Health Provider, Other PC= Other Primary Care Providers.

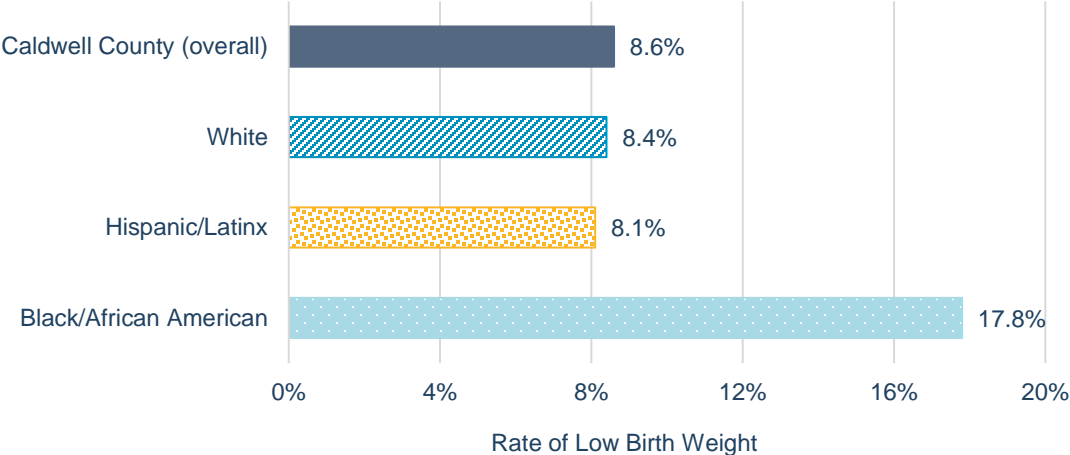
Other Health Needs

The following significant health needs emerged from a review of the publicly available quantitative data for Caldwell County. While these topics did not specifically emerge as priority areas in the focus groups and key informant interviews, they are worth noting.

BIRTH WEIGHT

Although focus group participants and key informants did not discuss low birth weight, data suggests that low birth weight is a priority issue for Caldwell County due to the disparities present among racial and ethnic groups. Low birth weight is defined as less than 5 lbs., 5 oz. A baby born with a low birth weight can be at risk for complications including respiratory problems and infections in infancy and even chronic illnesses later in life, such as high blood pressure, diabetes, and obesity.

Figure 31
Black/African American Populations in Caldwell County Have Higher Rates of Low Birth Weight



Source. National Center for Health Statistics, 2013-2019.

In Caldwell County, 8.6% of babies are born with low birth weight, which is similar to Texas (8.4%) and the U.S. (8.2%). Black/African American community members, however, have a low birth weight rate of 17.8%, which is more than twice as high as Hispanic/Latinx (8.1%) or white (8.4%) populations in Caldwell County. This data suggests that Black/African American mothers in Caldwell County may face disproportionate barriers to appropriate prenatal care and OB/GYN services, as well as other disparities that impact maternal and fetal health, such as food insecurity.

DISABILITY STATUS

People with disabilities are more likely to lack access to health care providers, go without routine care, and have unmet health care needs due to cost, compared to people who are not disabled.⁷ Consequently, a high rate of people who are disabled may result in greater health disparities in the county. In Caldwell County, there is a higher portion (14.2%) of disabled people compared to both Texas (11.5%) and the United States (12.6%).

FREQUENT PHYSICAL DISTRESS

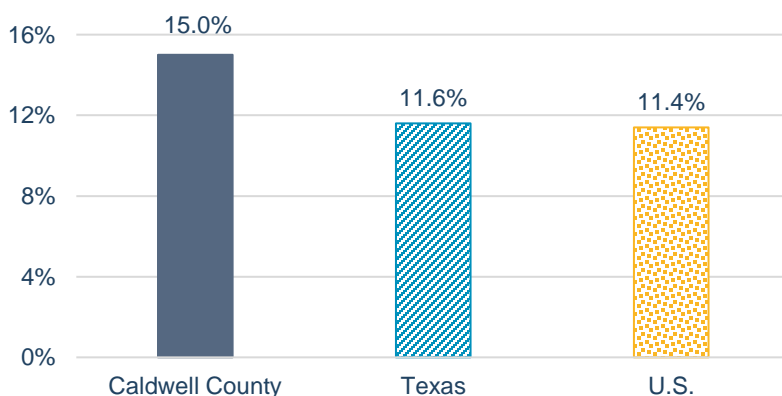
Frequent physical distress is defined as having more than 14 days, in the last 30 days, during which an individual's physical health was considered "not good." A higher proportion of people who report having frequent physical distress may indicate that many people in the community have poor health to the extent that it may inhibit their ability to engage with community life, employment, education, and more.

Although qualitative findings did not explicitly address this indicator, participants described many indicators that may lead to experiences of overall physical distress, including chronic illness or inadequate resources.

In Caldwell County, 15% of adults reported experiencing frequent physical distress, which is higher than Texas (11.6%) and the U.S. (11.4%).

Figure 32

Caldwell County Adults Experience More Frequent Physical Distress Compared to Texas and U.S.



Source. Behavioral Risk Factor Surveillance System, 2018 (Texas and U.S.) and 2019 (Caldwell County).

⁷ Centers for Disease Control and Prevention. (2020) *Disability Impacts All of Us*. Center for Disease Control and Prevention. <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>

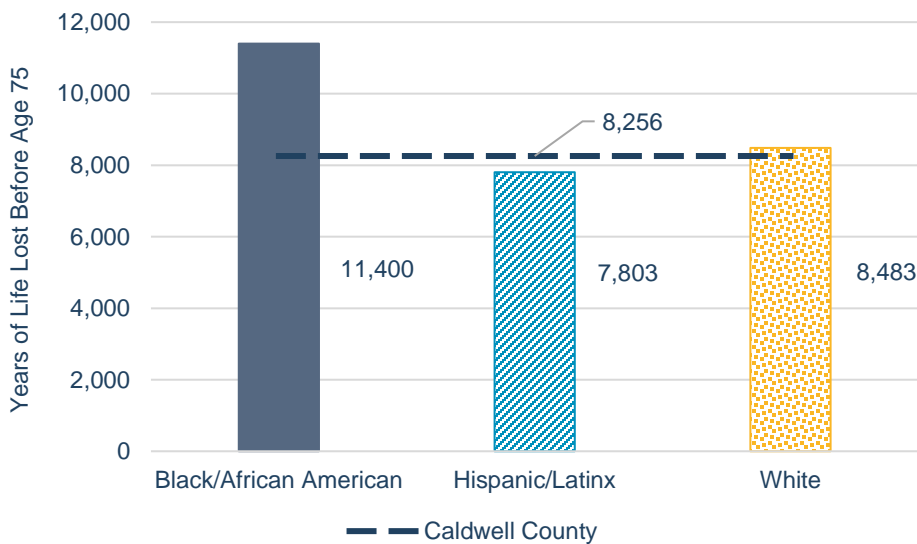
PREMATURE DEATH

The rate of premature deaths is another indicator that was not explicitly discussed in qualitative interviews, but which is notable in quantitative data. Premature death is defined as the years of potential life lost before age 75, per 100,000 people, adjusted for age. A high rate of premature death may indicate additional disparities, such as access to health care, which result in potentially preventable deaths.

Caldwell County has a higher number of premature deaths (8,256 years of life lost), compared to both Texas (6,620 years) and the U.S. (6,907 years). Furthermore, there are racial and ethnic disparities of premature deaths in the county. Black/African American community members in Caldwell County have a rate of 11,400 years of life lost and white community members have a rate of 8,483 years lost. These findings suggest that Black/African American community members may face the greatest barriers to health and wellness, compared to all other racial and ethnic groups in the county.

Figure 213

Black/African American Populations in Caldwell County Have Higher Rates of Premature Death Compared to Other Races and Ethnicities or County Overall



Source. National Center for Health Statistics, 2017-2019.

Conclusion

As part of a collaboration with local hospital systems, SDF contracted with THI to compile and analyze quantitative data for Caldwell County for the 2021-2022 CHNA process. Additionally, THI conducted five virtual key informant interviews, three virtual community focus groups, and one virtual Photovoice project to qualitatively understand the health priorities for Caldwell County.

Both quantitative and qualitative data indicate that Caldwell County has many significant assets and strengths, including an embedded sense of collaboration to meet the needs of others, as well as a history of resiliency. The county also has a strong network of churches and nonprofits that frequently collaborate.

Many community members, however, experience barriers to health care and healthy lifestyles. Caldwell County faces high housing costs, food insecurity, transportation barriers, and racism and discrimination. These factors, plus additional health care-specific barriers, negatively affect health care access for many in Caldwell County. Health care-specific barriers include high costs of care, insufficient provider availability, and a lack of culturally and linguistically appropriate services or providers. Furthermore, Black/African American and Hispanic/Latinx populations in Caldwell County face disproportionate outcomes, such as rates of poverty, Internet access, low birth weight, and premature death. The Luling region (southern Caldwell County) faces disproportionate access to green spaces, transportation, and has worse rates of diabetes and hypertension.

Focus group participants and key informants provided recommendations for health care systems to address the concerns they identified. The recommendations focused on three primary outcomes: (a) improve access to care, (b) address barriers to overall health, and (c) strengthen community trust.

IMPROVE ACCESS TO CARE

To address barriers within the health care system that inhibit the ability to receive affordable, culturally appropriate care that includes urgent and specialty care:

Mobile clinics in rural areas: Offer mobile clinics to better reach rural communities and eliminate transportation barriers.

Urgent care: Establish an urgent care to offer after-hours and weekend emergent care.

Mental health: Improve and expand access to mental health services.

ADDRESS BARRIERS TO OVERALL HEALTH

Environmental, social, and structural barriers to health in Caldwell County include insufficient public transportation, food insecurity, lack of safe green spaces, and unaffordable housing. These barriers inhibit the ability to participate in health care services and to live healthy lifestyles. To address barriers to overall health:

Recreation space: Establish a recreation center that offers free or low-cost classes, work out equipment, and meeting spaces for community activities and physical fitness.

Food: Expand access to affordable and healthy food.

Public spaces: Clean up community parks to make them safer and more accessible across the county.

Public transportation: Improve public transportation services, including through hospital-sponsored buses or vans to connect communities and clinics.

STRENGTHEN COMMUNITY TRUST

Racism and discrimination against immigrant communities pervades both health care and the community in general. This impacts health care access and outcomes, especially among Black/African American and Hispanic/Latinx community members. To strengthen community trust between the health care system and historically marginalized populations:

Partnerships: Engage grassroots organizations who are trusted by the community.

Engagement: Involve local council members to engage historically excluded communities.

Culturally competent workforce: Expand cultural sensitivity training for all providers and hospital staff.

Evaluation of 2019 CHNA

St. David's Foundation last completed Community Health Needs Assessment and Implementation Plans in 2019. Below are the highlights of accomplishments since 2019 that support St. David's Foundation Community Improvement Plans (CHIP).

Priority Area: Improve the health and well-being of children

Goal from 2019 Implementation Plan	Description of Objectives	Vision of Success	Progress, Impact, and Outcomes
<p>Foster the conditions that create positive early experiences for young children, knowing these early experiences are the foundation for later health, social, and economic outcomes.</p>	<p>Inform the public by promoting the science of brain development to guide clinical practice, public policy, and resource decisions.</p> <p>Screen at key intercept points such as pediatric clinics for childhood adversity, relational health, and other related factors.</p> <p>Treat children through a strong therapeutic web that includes specialized treatments that incorporate research on the effects of trauma and adversity, as well as tools to build resiliency, such as parenting supports.</p> <p>Prevent adversity and build resiliency, using avenues such as parent engagement and education campaigns, and engaging children and their communities in their own healing.</p>	<p>Families are supported and have the key services they need to remove sources of stress, strengthen core life skills, and foster positive relationships between children and caregivers.</p> <p>Communities are connected, with built environments and norms that promote social interaction among community members.</p> <p>Stakeholders are informed about the science behind brain development. These stakeholders include practitioners, policy makers, and the general public.</p>	<p>In 2020, access to treatment to address trauma and adversity services more than doubled (123%). This translates to a total of 12,292 children under 18 who received services.</p> <p>In 2020, the number of practitioners trained in trauma-informed care best practices more than doubled (143%). This is equivalent to 460 clinicians utilizing trauma-informed best practices.</p> <p>By 2020, St. David's Foundation increased Brain Story Certifications statewide by 30%.</p> <p>By 2020, St. David's Foundation increased the proportion of local school districts that have incorporated social-emotional learning (SEL).</p> <p>St. David's Foundation is on track to increase home visiting slots in Central Texas by 10%.</p>

Priority Area: Improve the health and well-being of women

Goal from 2019 Implementation Plan	Description of Objectives	Vision of Success	Progress, Impact, and Outcomes
<p>Ensure women and girls are supported with the resources, respect, and conditions vital for equitable health and wellbeing.</p>	<p>Establish Central Texas as a women’s health and perinatal safe zone. Lead and join a shared community commitment to protecting women’s resources, respect, and conditions regardless of what happens in the broader environment.</p> <p>Center women of color (e.g., listen to them, step back while they drive the agenda, include them at key tables, enable them to tell their own stories, invest in their leadership).</p> <p>Fills gaps in the fragmented safety net women’s health system and fund select innovations.</p>	<p>Women and girls of color experience birth equity (including but not limited to equitable outcomes in perinatal care, maternal morbidity and mortality, and newborn outcomes).</p> <p>Women’s health safety net policies and programs are less fragmented, resulting in continuity of access between primary care, sexual and reproductive health care, and perinatal care.</p> <p>Women and girls can obtain low-barrier family planning and contraceptive care, including the most effective methods, in clinical and community settings.</p> <p>Communities are empowered to share their own narratives and stories.</p> <p>St David’s Foundation women’s health work aligns with other issues and movements relevant to the health of women and girls (e.g., improving conditions for caregivers, gender-based violence), expanding intersectional partners and community impact.</p>	<p>By 2020, access to family planning and contraceptive care increased more than doubled (115% and 5,311 people).</p> <p>In 2020, access to comprehensive sex education and pregnancy prevention programming for young adults increased by 29%.</p> <p>By 2020, St. David’s Foundation increased the number of leaders attending SDF Women’s Health convenings.</p> <p>As of 2020, St. David’s Foundation is on track to increase the number of women of color included in key stakeholder convenings and the proportion of grant partner organizations led by women of color.</p> <p>As of 2020, St. David’s Foundation is on track to complete the Perinatal Safe Zone engagement plan.</p>

Priority Area: Improve the health and well-being of older adults

Goal from 2019 Implementation Plan	Description of Objectives	Vision of Success	Progress, Impact, and Outcomes
<p>Increase support for older adults to live safely and independently in their own community.</p>	<p>Directly fund services and support the health of organizations providing services to older adults.</p> <p>Build evidence for new models by piloting and evaluating innovative services in Central Texas and demonstrating the “double impact” of intergenerational approaches.</p> <p>Lead new payment models and public system improvement by advocating to MCOs and legislators on the cost-effectiveness of adopting evidence-based services, advocating for increased appropriations for Medicaid services for older adults, and engaging local organizations to advocate for supportive aging policies.</p> <p>Engage and activate community around aging issues.</p>	<p>Older adults remain safe and independent in their homes as they age.</p> <p>Older adults have a better end of life experience.</p> <p>Central Texas supports older adults and engages them as a vital part of the community.</p> <p>Central Texas has an adequate supply of accessible, high quality services for older adults.</p>	<p>By 2020, there was a 74% increase in access to services for older adults to assist them in aging in place. This is equivalent to 22,067 older adults receiving core services such as meals, transportation, and home repair.</p> <p>As of 2020, St. David’s foundation has made progress on the adoption of the CAPABLE model by Central Texas urban and rural counties.</p> <p>As of 2020, St. David’s Foundation added a new metric to increase awareness of the importance of end-of-life discussions and documenting plans.</p> <p>Additional work needs to be done to increase the number of caregivers receiving training and resources and increase access to programs that reduce social isolation.</p>

Priority Area: Improve the health and well-being of rural communities			
Goal from 2019 Implementation Plan	Description of Objectives	Vision of Success	Progress, Impact, and Outcomes
Build community capacity while co-creating and investing in long term place-based solutions.	<p>Engage and empower rural communities to strengthen networks and transform policies, practices, and alignment of resources to address prioritized social determinants of health.</p> <p>Build the capacity of people and places including formal and informal leaders within communities and organizations.</p> <p>Strategically invest in solutions that harness community assets to support innovation, ecosystem building, and other promising rural-relevant approaches that can be scaled.</p>	<p>Rural communities have a culture of health that transcends beyond health care access.</p> <p>Rural residents experience strong social connections and are engaged in thriving cross-sector, community-based networks that promote health and well-being.</p> <p>Rural systems undergo change that includes policy, practices, behaviors, and resources to promote health and well-being.</p> <p>Rural organizations have a strong infrastructure in place with adequate capacity.</p> <p>Rural residents are engaged and empowered by diverse civic leadership to activate and improve community well-being.</p>	<p>By 2020, St. David's Foundation established the Bastrop County resident advisory groups for two key issues and develop work plans.</p> <p>As of 2020, the development of a leadership training program co-designed with national and local capacity building organizations is on track.</p> <p>As of 2020, the number of proposals from rural communities across all portfolios has increased.</p> <p>As of 2020, progress has been made to increase philanthropic resources to Central Texas rural communities through the dissemination of network weaving assessments to local and national rural funders.</p> <p>As of 2020, progress has been made to increase capacity of a local nonprofit to serve as a backbone organization for community-led efforts.</p>

Priority Area: Health clinics to become community hubs for health

Goal from 2019 Implementation Plan	Description of Objectives	Vision of Success	Progress, Impact, and Outcomes
<p>Facilitate growth of infrastructure and capacity as clinics transition to serve as community hubs for health.</p>	<p>Provide access to primary care and behavioral health services for the uninsured.</p> <p>Expand capacity of clinics to provide activities, processes, and strategies to improve the care delivery model.</p> <p>Encourage clinics to look outside of their four walls to develop and strengthen community linkages to improve community health and well-being.</p>	<p>The uninsured and underinsured have access to high quality care.</p> <p>Clinics are prepared to incorporate necessary changes to their care models to be able to succeed in new payment approaches that reward value over volume.</p> <p>Patients are satisfied with their experiences as they interact with the primary care health system.</p> <p>Clinics deliver comprehensive primary care and interact effectively outside the clinic to strengthen community linkages and ultimately improve the health and well-being of patients and the population overall.</p>	<p>By 2020, there was an 18% increase in uninsured patients receiving medical care.</p> <p>By 2020, there was a 76% increase in adults receiving dental care.</p> <p>By 2020, the number of patients receiving care coordination services more than tripled (375%).</p> <p>As of 2020, St. David's Foundation is on track to develop and implement a care coordination approach at partner clinics.</p> <p>As of 2020, progress has been made on the proportion of patients receiving care coordination, engagement activities, and medication management at partner sites.</p> <p>Additional work needs to be done to increase the number of partner clinics implementing social determinants of health screening of patients.</p>

Appendix A

	Measurement Period	Caldwell	Texas	U.S.
Demographics				
Total population	2020	45,883	29,145,505	331,449,281
Population by age				
Population 18 and under	2015-2019	23.2%	25.5%	22.3%
Population 19-64	2015-2019	61.9%	61.6%	61.2%
Population 65+	2015-2019	14.9%	12.9%	16.5%
Population by race and ethnicity				
AI/AN, NH	2020	0.3%	0.3%	0.7%
Asian, NH	2020	0.5%	5.4%	5.9%
Black, NH	2020	4.8%	11.8%	12.1%
Hispanic	2020	55.5%	39.3%	18.7%
White, NH	2020	36.1%	39.7%	57.8%
Population in poverty	2015-2019	18.9%	14.7%	13.4%
Households below poverty	2018	15.0%	14.0%	13.0%
ALICE households	2018	39.0%	30.0%	29.0%
Not proficient in English, population	2015-2019	12.0%	13.7%	8.4%
Disabled population	2015-2019	14.2%	11.5%	12.6%
Medicaid coverage	2015-2019	17.5%	16.8%	20.2%
Access to Care				
Uninsured	2019	25.7%	20.7%	9.2%
Uninsured adults	2019	30.0%	24.3%	12.9%
Uninsured children	2019	15.2%	12.7%	5.7%
Lack of prenatal care	2017	32.8%	40.0%	
Dental visit in past 12 months	2018	51.3%	60.7%	67.6%
Preventable hospital stays	2018	6,002	4,793	4,236
Primary care physicians	2018	3,604	1,642	1,319
Dentists	2019	3,359	1,677	1,405
Mental health provider access	2020	1,284	827	383
Other primary care providers	2020	2,079	1,128	942
Health Behaviors				
Physical inactivity	2016-2018	23.3%	23.2%	22.7%
Excessive drinking	2019	18.6%	19.0%	19.2%

	Measurement Period	Caldwell	Texas	U.S.
Binge drinking	2019	17.0%	17.9%	16.8%
Health Outcomes				
Low birthweight	2013-2019	8.6%	8.4%	8.2%
Infant mortality per 1,000 live births	2013-2019	-	5.7	5.8
Child mortality per 100,000 under 18 years	2016-2019	45	50	49
Poor or fair health	2019	28.5%	24.3%	24.6%
Frequent physical distress	2019	15.0%	10.7%	12.6%
Adult obesity	2019	38.1%	35.8%	31.9%
Diabetes prevalence	2019	14.8%	12.2%	10.7%
High blood pressure awareness	2019	34.6%	31.7%	32.3%
New cancer cases	2019	375.9	409.5	449
Poor mental health days	2018	4.4	3.8	4.1
Frequent mental distress	2019	15.0%	12.3%	13.8%
Drug overdose deaths	2017-2019	-	11	21
Suicides	2015-2019	14.3	13.1	13.8
Depression	2019	19.7%	17.7%	19.2%
Suicidal thoughts ⁸	2016-2018	3.8%	3.6%	4.2%
Premature mortality per 100,000 under 75 yr	2017-2019	426	339	339
Premature death (yypl under 75 years)	2017-2019	8,256	6,620	6,907
Life expectancy	2017-2019	77.3	79.2	79.2
Housing				
Homeownership	2015-2019	67.4%	62.0%	64.0%
Severe housing cost burden	2015-2019	14.0%	13.3%	14.4%
Severe housing problems	2013-2017	17.0%	17.0%	17.5%
Housing stability index	2015-2019	0.96	-	-
Housing and transportation affordability ⁹		44.0%	-	53.0%
Broadband access	2015-2019	40.3%	64.4%	68.9%
Black, NH	2015-2019	50.1%	80.0%	78.7%
Hispanic	2015-2019	71.7%	78.0%	82.6%
White, NH	2015-2019	74.4%	84.4%	87.2%
Infrastructure for Healthy Living				
Food environment index	2015 & 2018	7	6	8

⁸ County value is for Texas Public Health Region 7.

⁹ Measurement period not provided.

	Measurement Period	Caldwell	Texas	U.S.
Food insecurity	2019	14.8%	14.1%	10.9%
Limited access to healthy foods	2015	7.7%	8.7%	5.9%
Access to exercise opportunities	2010 & 2019	58.7%	80.5%	84.2%
Social vulnerability index	2018	0.8732	-	-
Community needs index	2021	3.6	-	-
Racism				
Dissimilarity index - Black / White	2015-2019	41	53	61
Dissimilarity index - Non-White / White	2015-2019	21	40	47
Socioeconomic				
High school completion	2015-2019	78.2%	83.7%	88.0%
American Indians and Alaska Natives	2015-2019	96.8%	80.3%	80.3%
Asians	2015-2019	86.9%	88.2%	87.1%
Blacks / African Americans	2015-2019	84.3%	89.8%	86.0%
Hispanics	2015-2019	64.4%	66.4%	68.7%
Non-Hispanic Whites	2015-2019	90.5%	93.9%	92.9%
College graduation	2015-2019	14.6%	29.9%	32.2%
American Indians and Alaska Natives	2015-2019	18.4%	21.2%	15.0%
Asians	2015-2019	13.1%	59.1%	54.3%
Blacks / African Americans	2015-2019	6.9%	24.6%	21.6%
Hispanics	2015-2019	5.6%	15.0%	16.4%
Non-Hispanic Whites	2015-2019	24.4%	38.7%	35.8%
Unemployment	Oct 2021	4.0%	4.8%	4.6%
Income inequality	2015-2019	4.4	4.8	4.9
Median HH income	2020	\$66,128	\$66,048	\$67,340
Transportation				
No car access	2015-2019	4.3%	5.30%	8.6%
Transportation affordability ¹⁰		24.0%	-	27.0%

¹⁰ Measurement period not provided.

Appendix B

The following table describes each key informant and how their role in the community satisfied one of the IRS requirements for participation:

Table 1: Description of Key Informants	
Key Informant	Community Input Sector
<p>Amy Adams <i>Nurse</i> Texas Department of State Health Services</p>	<ul style="list-style-type: none"> Federal, tribal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility
<p>Margaret Carter <i>Community Member</i></p>	<ul style="list-style-type: none"> Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility
<p>Apryl Haynes (Germany) <i>Chief Administrative and Nursing Officer</i> Ascension Seton Edgar B. Davis Hospital</p>	<ul style="list-style-type: none"> Persons with special knowledge or expertise in public health
<p>Charity Kittrell <i>Executive Director</i> 4:12 Kids</p>	<ul style="list-style-type: none"> Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility
<p>Lee Rust <i>Ward 2 Council Member</i> Luling City Council</p>	<ul style="list-style-type: none"> Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility
<p>Dr. Skyller Walkes <i>Chief of Staff</i> Where We Thrive</p>	<ul style="list-style-type: none"> Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility

The following table describes the focus group participants in aggregate:

Focus Group	Community Input Sector	Description	Number	Language
Lockhart, Texas	Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility	Participants included male and female residents of ZIP codes 78640 and 78644, ages 30-65+, with the majority of participants over 65. Participants self-identified as Mexican/Mexican American/Chicano, Hispanic/Latinx/Spanish origin, and White, Not Hispanic/Latinx.	12	English
Dale and Luling, Texas	Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility	Participants included male and female residents of ZIP codes 78648 and 78616, with ages ranging from 30-65. Participants self-identified as Mexican/Mexican American/Chicano, Hispanic/Latinx/Spanish origin, White, Not Hispanic/Latinx and Black/African American.	6	English
Spanish-speakers	Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility	Participants included female residents in ZIP codes 78616 and 78108, with ages ranging from 30-65. Four participants identified as Mexican, Mexican American, or Chicano and one as Hispanic/Latinx and Spanish origin.	5	Spanish
Photovoice (Youth)	Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility	Participants included female residents in ZIP codes 78644 and 78616. Participants were between 15 and 18 years old. One identified as Mexican, Mexican American or Chicano, one as Hispanic/Latinx and Spanish origin, and one as Black/African American.	3	English