

HAYS COUNTY, TEXAS

2021-2022

Community Health
Needs Assessment



About Texas Health Institute

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The 2021-22 Hays 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 Hays County, Texas.

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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 fourth one St. David's HealthCare has conducted for Hays 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 Hays 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

Hays County is growing rapidly, becoming more diverse but also less affordable. All of these changes have an effect on health care access and outcomes for underserved community members. The number of people living in Hays County has grown more rapidly over the past decade than all other counties in the U.S. with populations over 100,000.

- The county's population grew 53% between 2010 and 2020 from 157,377 to 241,067 residents. Almost two-thirds (65.8%) of residents are adults ages 19-64.
- Hispanic/Latinx residents are the largest minority (38.5%) and also accounted for 45% of the total population growth in the county between 2010 and 2020.

- All racial and ethnic groups saw their share of the population grow between 2010 and 2020 except American Indian/Alaska Native and non-Hispanic whites.
- Approximately 1 in 10 Hays County residents were born in a country other than the U.S. Of these, 64% are non-citizens.
- Among residents ages 5 and older, 6.7% have limited English proficiency; the vast majority of these speak Spanish as their primary language.

POVERTY

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

- In 2015 to 2019, 13.7% of residents lived below the federal poverty level, and an additional 30% of households are ALICE, meaning asset limited and income constrained, even though residents are employed.¹
- Hispanic residents are more likely to live in poverty than their white counterparts (17.1% vs. 11.4%).
- The highest concentration of lower income households is in the San Marcos ZIP code tabulation area (ZCTA) with 28% below the poverty line, and an additional 39% of households are ALICE. Seventy percent of Hays County residents living in poverty reside in the San Marcos ZCTA.

HOUSING

Affordable housing affects people's abilities to be healthy and engage with health care. Qualitative participants identified the lack of affordable housing as an important barrier to health in Hays County, especially over the last few years. Participants noted the cost of housing reduced people's ability to be healthy, engage with health care, or pay for other basic costs of living.

- Housing costs have skyrocketed over the last decade and then continued a rapid increase during the COVID-19 pandemic. The median price of homes sold in Hays County increased 27.9% to \$390,000 in a single year (November 2020 to November 2021).
- Median gross rent grew 21% between 2010-14 and 2015-19, while the median value of owner-occupied homes increased 35.9% over the same period.

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.

- On average, county residents spend 27% of their monthly income on housing costs. However, 15.7% of households spend more than 50% of their monthly income, limiting their ability to afford necessities such as food, transportation, and health care.

COVID-19 and Housing

The COVID-19 pandemic coupled with the rapidly rising cost of housing coupled with job losses has exacerbated financial insecurity for lower-income residents. Focus group participants and key informants noted that many lower-income residents are experiencing increasing rents and home prices, increased financial and food insecurity, and negative effects on mental health. Unemployment, while lower than in some other parts of the U.S., quadrupled during the early stages of the pandemic from 2.7% in February 2020 to a high of 12.3% in April 2020 and remained above 5% through March 2021.

Housing instability (having missed or deferred housing payments or being in serious delinquency) increased during the pandemic from 1.5% of occupied housing units being at risk in January 2020 to 5% being at risk in September and October 2021. In total, around 4,625 households in Hays County are at-risk of losing their homes due to failure to make housing payments. Food insecurity also increased during the COVID-19 pandemic from 12.0% of Hays County residents in 2019 to a projected 14.1% in 2021.

TRANSPORTATION

Lack of public transportation limits access to jobs, health care, and food. While Hays County is one of the fastest growing counties in the nation, participants noted that public transportation options are limited, creating a barrier for accessing health care and food for low-income residents who do not have regular access to a personal vehicle.

Three percent of households do not own a vehicle; for households with only one vehicle family members are limited in their ability to work or access affordable health care services. For several neighborhoods in the San Marcos ZCTA, accessing healthy food is particularly challenging due to a high portion of households not having a vehicle and being located more than ½ mile from the nearest supermarket.

COMMUNITY ASSETS AND STRENGTHS

Hays County has several community assets and strengths, including a strong sense of community. Individuals, local nonprofit organizations, and churches from various denominations are well-networked and coordinate with each other to distribute food and provide social services.

HEALTH CARE ORGANIZATIONS

Hays County's health care resources are located primarily along the I-35 corridor on the southeastern side of the county. Hays County is home to six hospitals in addition to several clinics that serve low-income residents.

NONPROFITS AND COMMUNITY ORGANIZATIONS

Hays County is home to multiple nonprofits 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. Any Baby Can, Hays County Food Bank, Meals on Wheels, and Hays County Independent School District are some of the nonprofits and community organizations mentioned by participants.

CHURCHES AND FAITH-BASED ORGANIZATIONS

Focus group participants noted three churches that provide valuable services historically-underserved community members including: Connection Church, Santa Cruz Catholic Church and the Vincent de Paul ministry of St. Anthony's Catholic Church.

PARKS

Hays County has a lot of natural space, which can provide opportunities for physical activity, time in nature, and places for community events. Focus group participants mentioned this as an asset for many residents of Hays County. In the Buda and Kyle ZCTA's, over half of all residents live within a 10-minute walk of a park (61% and 73%, respectively); in San Marcos, 45% live walking distance from a park; meanwhile, only 17% of Wimberley residents do so.

PRIORITY HEALTH ISSUES

Community members and leaders identified several priority health issues including depression and anxiety (exacerbated by the pandemic), diabetes, hypertension, obesity, and cancer. Additionally, binge drinking among young adults emerged as a priority health concern in the quantitative analyses.

MENTAL HEALTH

In 2019, almost 1 in 5 (18.7%) Hays County adults reported having a depressive disorder diagnosis at some point in their lives, and 13.4% reported their mental health was “not good” during 14 days or more of the past 30 days. Participants noted the COVID-19 pandemic has exacerbated mental health issues in the community. Data from the Household Pulse Survey supports this, estimating that 29.5% of Texas adults experienced symptoms of anxiety disorder or depressive disorder in December 2021. This number has been as high as 43.4% of Texas adults in January 2021.

DIABETES, HYPERTENSION, AND OBESITY

Eight percent of adults in Hays County have been diagnosed with diabetes. Actual prevalence is likely higher as many adults may be living with early-stage diabetes, undiagnosed due to not having regular access to care. Socioeconomic differences persist with those having less than a high school education being up to three times more likely to have diabetes than their more educated counterparts. Similarly, those earning less than \$50,000 per year are more than twice as likely to have diabetes than those who earn \$50,000 or more annually.

Almost 30% of adult community members in Hays County have diagnosed high blood pressure. Similar to diabetes, the actual prevalence is likely higher due to many living with undiagnosed hypertension. Untreated hypertension can lead to heart attacks, strokes, and other complications.

Obesity is a priority health concern linked to both diabetes and hypertension. Almost one-third (31.7%) of Hays County adult residents are obese, a rate similar to the statewide rate. While county-level data is not available on child obesity, key informants note it is a common issue that would likely lead to diabetes and high blood pressure.

CANCER

Cancer was noted by a few participants as a health issue of concern. While the rate of new cancers as a whole in Hays County (401.3 per 100,000 persons) is slightly lower than the state rate and notably below the national average (449.0), non-Hispanic white residents have a higher rate of prostate cancer than their counterparts statewide (114.2 vs. 98.4).

Additionally, while incidence data for common cancers is not available for Black/African American residents in Hays County, only 3.7% of the population, their rate of cancer deaths is notably higher than that of white and Hispanic/Latinx residents (207.1 vs. 141.3 and 122.6, respectively).

BINGE DRINKING

Almost one-third (32.3%) of Hays County adults ages 18-29 report recent binge drinking, a rate that is more than two times that of 45-64 year-olds and 10 times higher than those over the age of 64.

BARRIERS TO ACCESS

Several barriers impede the ability of historically underserved residents to effectively manage and treat these health conditions. Community members and leaders identified the cost of care and a lack of insurance coverage as two key barriers, along with provider availability. Multiple indicators demonstrate that a significant portion of county residents experience barriers to care.

In 2017, almost 17% of adult residents reported delaying needed health care due to cost in the past year. In addition, the rate of hospital visits for conditions that could be treated in an ambulatory (e.g., non-hospital) environment rose by 20.2% since 2012 for Medicare beneficiaries to 4,243 per 100,000 beneficiaries in 2018.

In Hays County, 16.7% of residents under the age of 65 (and 18.8% of adults ages 19 to 64) are uninsured, and lower income residents are most likely to be uninsured. Underinsurance and irregular insurance are other barriers noted by key informants. Limited options exist for low- or no-cost care and, for adults, are all located along the I-35 corridor, making them difficult to access for low-income residents who do not live in San Marcos or Kyle.

Participants also noted dental care is cost-prohibitive for many with the CommuniCare Health Center – Kyle being the sole option for low-cost basic oral health care in the county.

Provider availability is an important barrier to care, particularly for underserved communities. Hays County is designated as a health professional shortage area for both primary care and mental health. The number of residents per primary care physician grew by 3.7% between 2010 and 2018 from 2,261 to 2,343. The supplies of non-primary care providers, mental health providers, and dentists is also lower than those of the state as a whole and the U.S

RECOMMENDATIONS

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

BUILD TRUST

Culturally competent workforce: Equip providers and hospital staff to better serve community members, especially people who are immigrants, Hispanic/Latinx, Black/African American or LGBTQ+ and those with disabilities.

Partnerships: Establish coalitions and partnerships with community-based organizations, churches, and schools to build trust and expand impact.

Community engagement and outreach: Work with community-based organizations to distribute information about health fairs or other hospital events and services, such as vaccine clinics.

Language and translation services: Ensure that materials are linguistically accessible and consider using non-print communication such as radio broadcasts. Increase the number of providers who speak Spanish or have accessible translation services. Include language on office doors and hospital marketing materials that explicitly welcomes historically excluded populations such as people who are LGBTQ+, immigrants, and Black/African American.

Proof of identification: Remove requirements for photo IDs, proof of citizenship, or other paperwork that may be a barrier for some populations to provide.

INCREASE AFFORDABILITY AND ACCESS

Affordable health care: Expand options such as free or low-cost clinics, sliding scale payment options, co-pay assistance for preventive health care (such as screenings or lab tests), and processes for nonprofits to easily pay for services on someone's behalf. Affordable services are especially needed for adults, as some available options only serve children.

Awareness: Ensure that free or low-cost services are explicitly advertised as such to increase likelihood that community members will use them.

Mobile clinics in rural areas: Offering mobile clinics would be most helpful if they are available frequently, such as once a week, and offer free or reduced-cost services.

Primary care and specialists: Expand access to providers, including pediatricians, OB/GYN, endocrinologists, ophthalmologists, and cardiologists. Specialists who offer free or low-cost services are especially needed.

Mental health services: Improve and expand access to services that are affordable, culturally sensitive, and accessible to older adults and minority community members.

REDUCE BARRIERS IN THE COMMUNITY

Community education: Prevention-focused classes or lifestyle change programs should be affordable or free and culturally appropriate. Programs that address the prevention of diabetes and hypertension are especially needed. Consider collaborating with community-based organizations, including churches, to host classes.

Transportation services: Work with local officials to improve options, such as expanding CARTS or establishing privately funded buses or vans that link clinics and communities. Transportation services should be accessible to community members with disabilities.

Affordable and healthy food: Expand access by increasing capacity of the Hays County Food Bank, working with churches to distribute food, and establishing affordable grocery stores in rural areas.

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 Hays 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 Hays County residents and guide the hospitals' planning efforts to address those needs.

St. David's HealthCare has multiple facilities that serve Hays County residents, including St. David's Medical Center, St. David's South Austin Medical Center, and St. David's North Austin Medical Center.

This report provides an overview of the process and methods used to identify priority health and social determinants of health needs of residents in Hays 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 eight key informant interviews and two community focus groups with Hays 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 residents 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 engaged 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:

- American Community Survey

² Data that have already been collected for another purpose.

- Argonne National Laboratory: Housing Stability Index
- Austin Board of REALTORS®
- Behavioral Risk Factor Surveillance System (BRFSS)
- 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 (HRSA)
- 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 ZIP Code Tract Areas (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 Hays 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

Hays County is part of the Austin-Round Rock Metropolitan Statistical Area (MSA). It borders the southern edge of Travis County in Central Texas and also shares borders with Blanco, Caldwell, Comal and Guadalupe Counties. San Marcos, the county seat, is located in the southeastern corner of the county and is approximately equidistant from both San Antonio and Austin.

Six ZCTAs are primarily located within its boundaries: Buda (78610), Driftwood (78619), Dripping Springs (78620), Kyle (78640), San Marcos (78666), and Wimberley (78676). Figure 1 shows the boundaries of these six ZCTAs. These ZCTAs are the basis of sub-county analyses throughout this report.

Figure 1
Hays County ZIP Code Tabulation Area



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

Demographics

The following section explores the demographic profiles of residents of Hays County. 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.

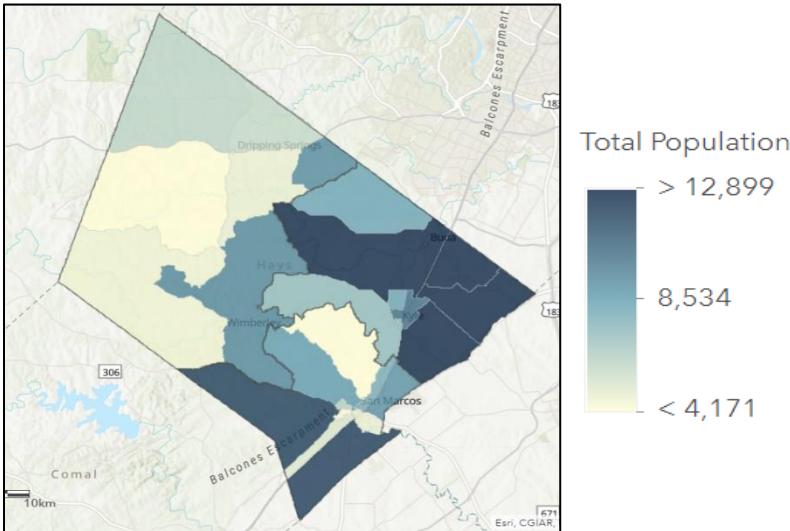
POPULATION

In 2020, 241,067 people called Hays County home, an increase of 83,960 from 2010.

POPULATION GROWTH

Hays County has experienced rapid growth over the past decade. In fact, out of all counties in the U.S. with populations over 100,000, Hays County experienced greatest growth (53%) between 2010 and 2020. Over the same period, Texas grew 8.3% and the United States as a whole grew 7.4%. Travis County, the most populous county in the MSA grew by 26% over the same period. In 2020, 241,067 people called Hays County home, an increase of 83,960 from 2010.

Figure 2
Population Concentration by Census Tract – Hays County

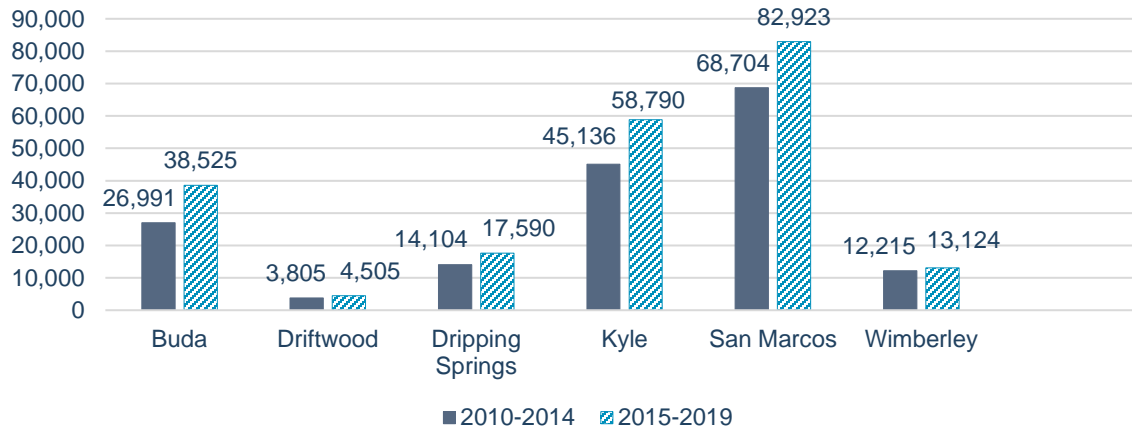


Source. American Community Survey, 2019. Map built with ArcGIS.com.

The San Marcos ZCTA is by far the most populous with 82,923 residents, followed by the two most rapidly growing ZCTAs, Kyle (58,790) and Buda (38,525), both located along the I-35 corridor. Between 2010-14 and 2015-19, San Marcos has grown by 20.7%; Kyle, by 30.3%; Buda by 42.7%; Dripping Springs by 24.7%; Driftwood by 18.4%; and Wimberley by 7.4%, far slower than the others.

Figure 3

Population by ZCTA, 2010-2014 and 2015-2019

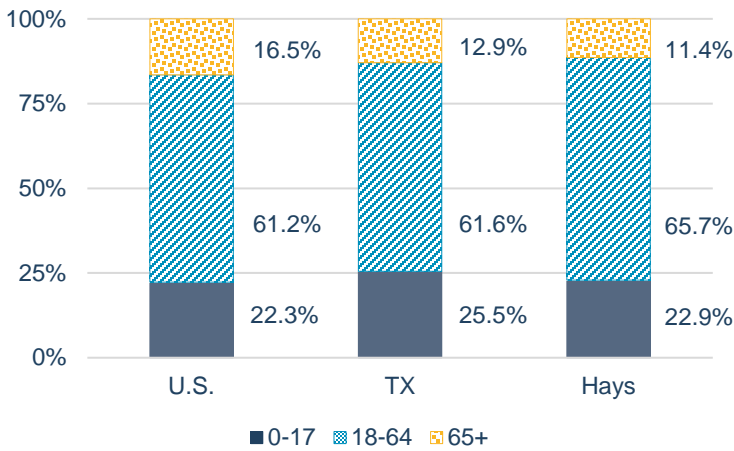


Source. U.S. Census Bureau, American Community Survey, 2010-2014 and 2015-2019.

AGE

Hays County's population consists of a larger portion of adults of working age (19-64) than both Texas and the United States as a whole (65.8% vs. 61.6% and 61.3%, respectively). It also has a slightly smaller elderly population (11.4%) than Texas (12.9%) and the United States (16.5%).

Figure 4
Age Distribution of Population for Hays, Texas and the U.S.



Source. U.S. Census Bureau Population Estimates, 2019.

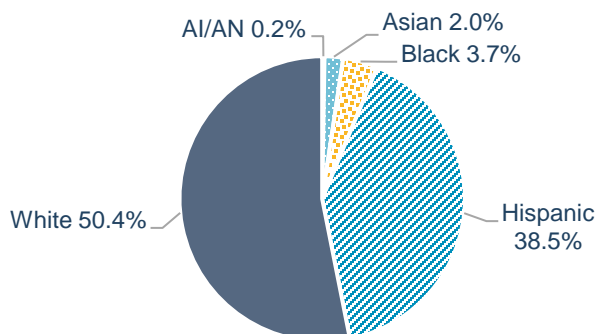
RACE AND ETHNICITY

Hays County has also become more diverse as the population has grown, visually represented in Figure 5 and Table 1 below. While all racial and ethnic groups increased in absolute size between 2010 and 2020, non-Hispanic whites, the majority population, saw their share of the population decline from 58.6% to 50.4%. Hispanic/Latinx populations accounted for almost 45% of the total population growth adding 37,470 persons, while non-Hispanic whites accounted for 35% adding 29,506.

As the population of Hays County grows more diverse, it does not appear to be getting more segregated as measured by the white/non-white Dissimilarity Index.³ The index value for Hays County is 21 compared to 40 for the state and 47 for the nation.

³ The dissimilarity index is a measure of residential segregation whereby higher values indicate greater segregation between residents of two population groups, ranging from zero (complete integration) to 100 (complete segregation). If an area's white / non-white dissimilarity index is 65, this means that 65% of white people would need to move to another area to make whites and Blacks evenly distributed across all areas. A lower number means a more even distribution.

Figure 5
Race and Ethnicity of Hays County Residents, 2020



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

Table 1
Hays County Grew More Diverse During 2010-2020

Race or Ethnicity	2010	2020	
American Indian / Alaska Native	0.3%	0.2%	↓
Asian	1.1%	2.0%	↑
Black	3.2%	3.7%	↑
Hispanic	35.3%	38.5%	↑
White	58.6%	50.4%	↓

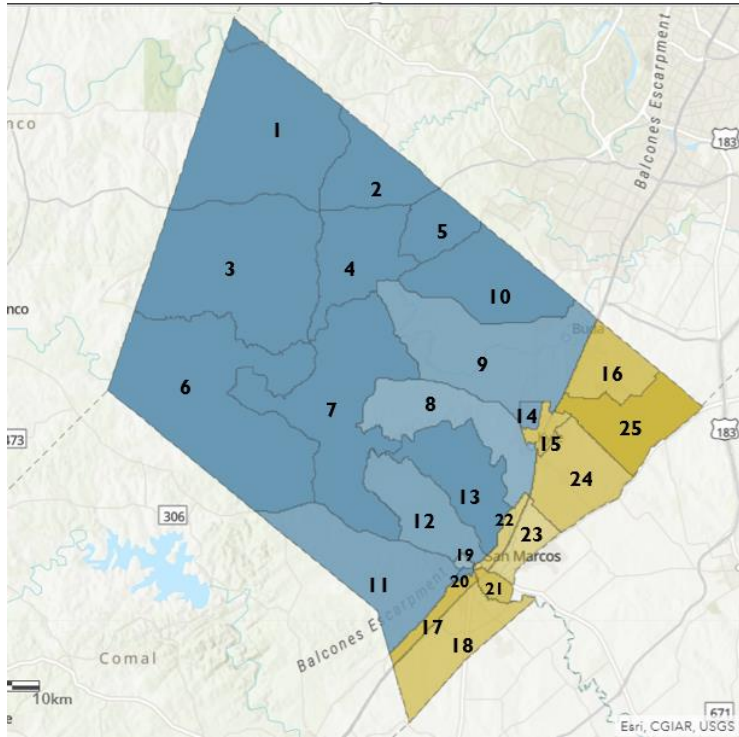
Source. U.S. Census Bureau 2010 and 2020 Decennial Census Population Estimates.

IMMIGRATION, PRIMARY LANGUAGE, AND LIMITED ENGLISH PROFICIENT

An estimated 9% of Hays County residents were born in a country other than the U.S. Of these, 64% are non-citizens. English is the dominant language spoken in Hays County. However, 3.7% of households (and 6.7% of residents ages 5 and older) have limited English proficiency (LEP). Most (85%) of those who have limited English proficiency speak Spanish as their primary language and live in the San Marcos, Kyle, and Buda ZCTAs. The second most common primary language spoken by LEP residents is Arabic (4.7% of LEP residents).

Figure 6

Hispanic/Latinx is the Predominant Racial/Ethnic Population in Hays County Census Tracts Along the 1-35 Corridor



Source. American Community Survey, 2015-2019. Map built with ArcGIS.com View online: <https://arcg.is/0S0zzr>.

Census Tract	% Hispanic / Latinx	% White
1	18.3%	79.3%
2	13.0%	82.2%
3	16.6%	82.2%
4	17.1%	81.4%
5	11.6%	78.4%
6	6.8%	90.8%
7	12.3%	86.1%
8	38.8%	55.0%
9	32.6%	59.4%
10	15.2%	80.7%
11	32.7%	61.3%
12	30.4%	62.2%
13	19.7%	76.1%
14	33.6%	61.0%
15	55.8%	37.4%
16	58.7%	31.5%
17	63.1%	31.8%
18	53.0%	37.1%
19	33.8%	47.2%
20	24.5%	69.0%
21	60.6%	32.0%
22	49.3%	41.8%
23	42.7%	40.2%
24	53.8%	37.3%
25	71.9%	24.7%

Social Determinants of Health

The communities in Hays County are impacted by many social determinants of health, which St. David's HealthCare could affect. Social determinants of health are the conditions in which people are born, grow, work, live, and age, in addition to the wider set of forces and systems shaping the conditions of daily life.

SOCIAL VULNERABILITY AND COMMUNITY NEEDS INDEX

The Centers 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.

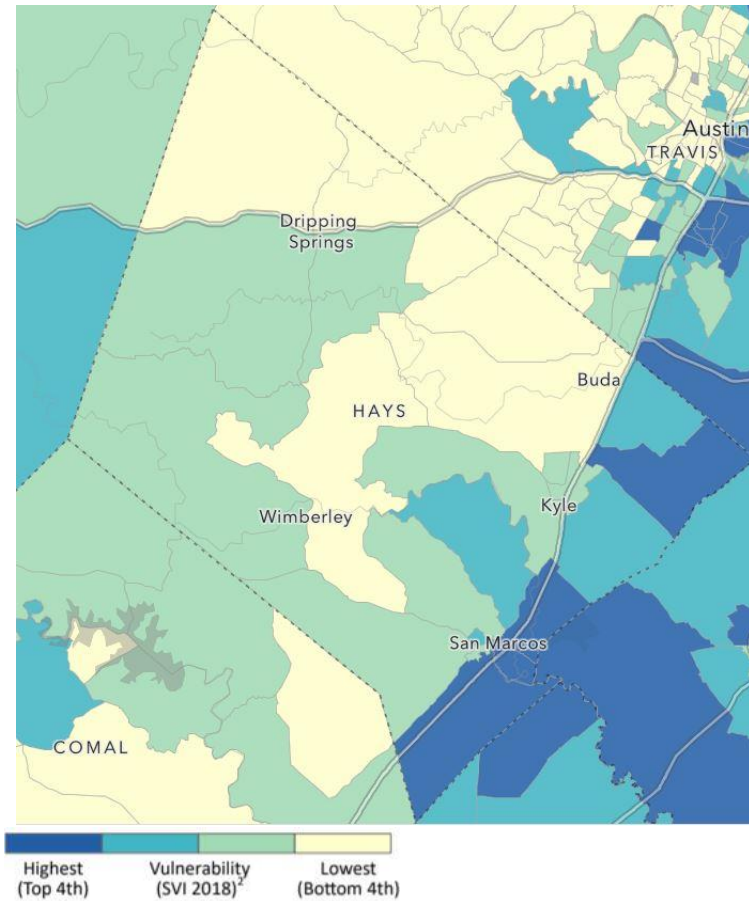
Hays County's SVI of 0.4924 indicates a low- to moderate- level of vulnerability. However, there is significant variability within the county, ranging from a very high vulnerability of 0.8794 in the most southern part of the county, to a very low vulnerability of 0.0106 in the northeastern part of the county.



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

Figure 7

Social Vulnerability Index in Hays County



Source. Centers for Disease Control and Prevention.

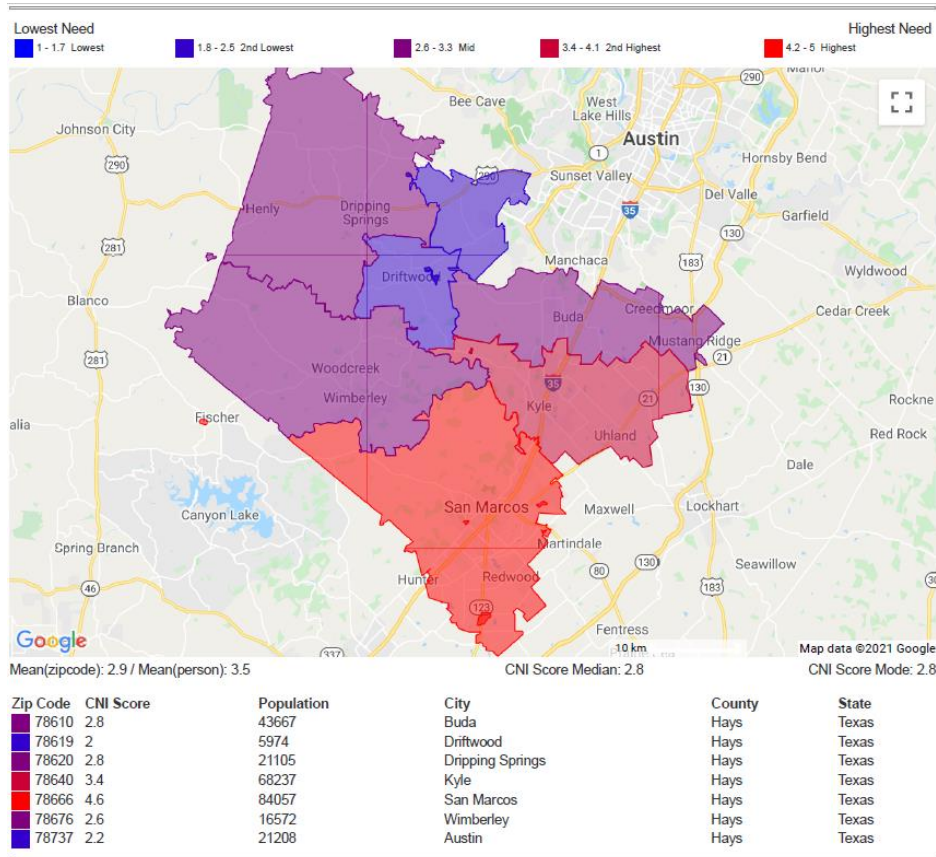
The [Community Needs Index](#) (CNI) was jointly developed by Dignity Health and IBM Watson Health™ to assist in the process of gathering vital socio-economic factors in a community. Based on demographic and economic statistics, the CNI provides a score for every populated ZIP code in the United States 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 US 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 barriers than the national average, while ZIP codes with a score of 4 or 5 have a higher percentage, and ZIP codes with a score of 3 have a similar percentage.

Figure 8
Community Needs Index for ZCTAs in Hays County



Source. Dignity Health and IBM Watson.

INCOME

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

- The median household income in Hays County was \$77,511 in 2020, which was notably higher than the Texas median (\$66,048) and the U.S. as a whole (\$67,340).

- The median household income for Hays County is lower than other counties in the Austin-Round Rock MSA, including Travis (\$82,605) and Williamson (\$91,507), but higher than Bastrop (\$74,612) and Caldwell (\$66,128).
- Differences exist across groups defined by race and ethnicity in particular for Hispanic/Latinx households who have a median household income that is approximately \$12,000 per year lower than that of non-Hispanic whites in 2019 (\$59,625 vs. \$75,082).
- Large differences exist within the county, with median household incomes ranging from \$44,159 in the San Marcos ZCTA to \$132,568 in the Driftwood ZCTA. The large population of college students in San Marcos attending Texas State University could partially explain these differences in household income (37,800 students in 2020).

POVERTY AND ALICE

The Census Bureau sets federal poverty thresholds every year and varies 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 also 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.

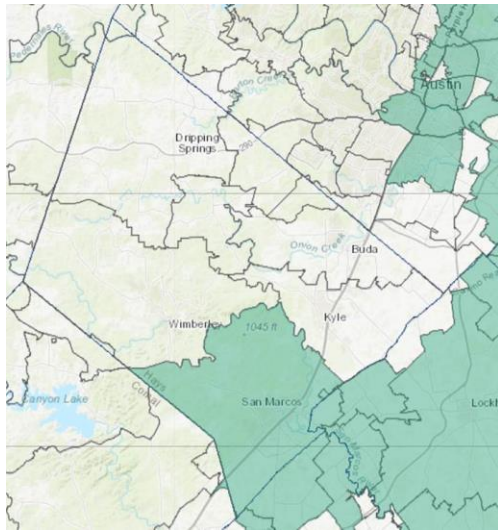
At the individual level, 13.7% of Hays County residents live below the federal poverty level. From 2015 to 2019, Hispanic/Latinx residents were more likely to live in poverty than their white counterparts (17.1% vs. 11.4%). Although similar to state and national poverty rates, the Hays County average masks important differences at the sub-county ZCTA level.

Within Hays County, the San Marcos ZCTA has the highest proportion of people living in poverty. As displayed in Figure 9, this ZCTA has 14% or more of the population living below the FPL (shown in green). This is a higher percentage than the county-level prevalence of 13.7%.

- The poverty rate in San Marcos is 28% compared to between 4.2% and 9.2% for all other ZCTAs.
- As San Marcos is also the most populous ZCTA, 70% of Hays County residents living in poverty reside in the San Marcos ZCTA.

Figure 9

ZCTAs in Hays County with Greater than or Equal to 14% of Households Living Below FPL



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

In addition to poverty, it is also important to understand the portion of residents who live above the federal poverty level but earn less than the cost of living in their area, measured as ALICE.⁴

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, child care, food, transportation, health care, and a smartphone plan.

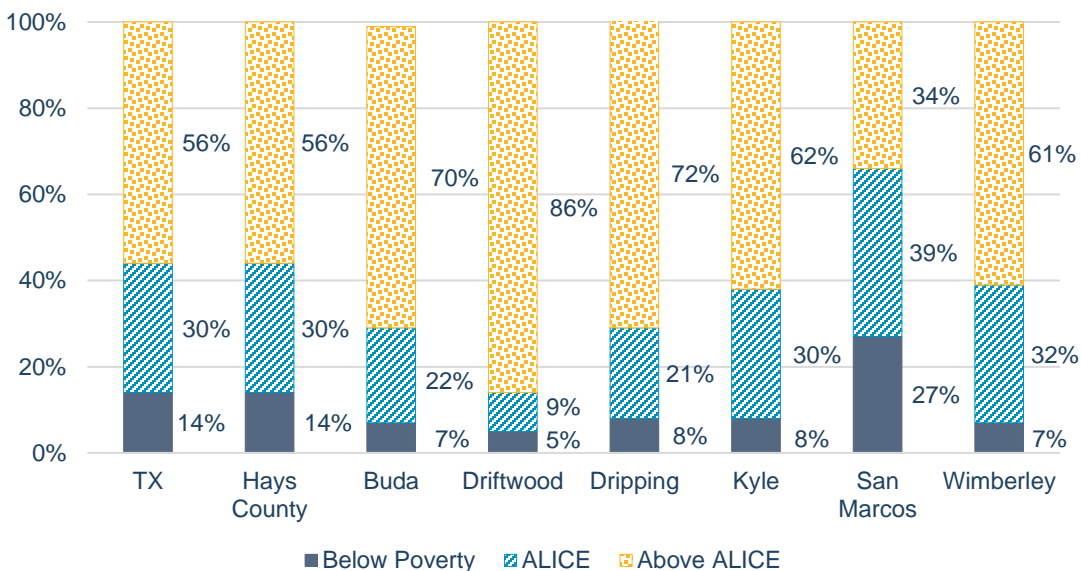
- In 2018, 14% of Hays County households fell below the poverty level and 30% were ALICE.
- Single person and cohabitating households with no children are most likely to fall below the ALICE threshold in Hays County due to either living in poverty or being ALICE (50%).
- Households headed by individuals 65 years and older are most likely to fall into the ALICE category (38%).

County-level ALICE data masks important intra-county differences as shown in Figure 10. In the San Marcos ZCTA, 27% of households live in poverty while an additional 39% are ALICE; thus, two-thirds of San Marcos households have insufficient assets and income to meet basic cost of

⁴ 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.

living needs in Hays County. This far exceeds other ZCTAs where between 14% and 38% of households fall below the ALICE threshold.

Figure 10
The Percentage of Hays County Households Living Below the Poverty Level and ALICE Threshold is Highest in San Marcos



Source. United for ALICE.

UNEMPLOYMENT

As with many areas of Texas, unemployment in Hays County was low through March 2020, increased early in the COVID-19 pandemic, and then began to fall (Figure 11). However, as of October 2021, Hays County was still experiencing higher levels of unemployment than prior to the pandemic. In February 2020, the Hays County unemployment rate was 2.7%. It jumped to a high of 12.3% in April 2020 and remained above 5% through March 2021. It was still hovering around 3.5% in October 2021.

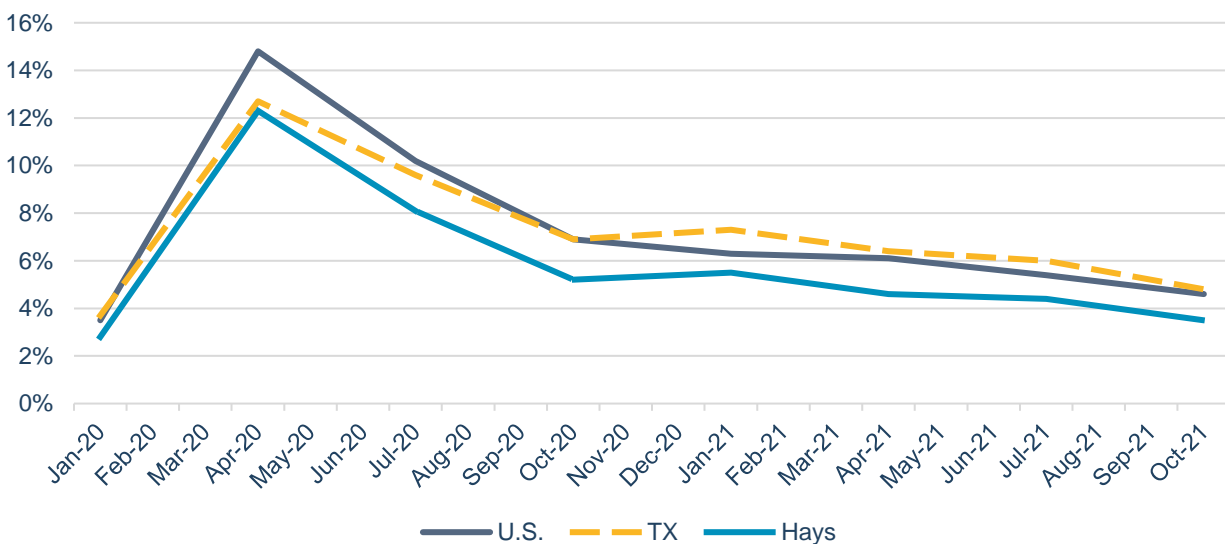
Workers in service industries were the most affected by loss of employment due to the pandemic. While local unemployment data is not available for race and ethnicity, at the national level, Hispanic women (21%), immigrants of all races and ethnicities (19%), young adults ages 16-24 years old (25%), and those without any college education (21%) experienced the greatest job loss during the initial surge in unemployment early in the pandemic.⁵

⁵ 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/>.

Focus group participants noted that the prevalence of unemployment during the pandemic intensified financial insecurity, especially among Hispanic/Latinx community members.

Figure 11

Unemployment in Hays County, Texas and U.S.: January 2020 - Oct 2021



Source. U.S. Bureau of Labor Statistics.

HOUSING

Participants in the focus groups and key informant interviews identified the lack of affordable housing as an important barrier to health in Hays County, especially over the last few years. Participants noted that because housing is increasingly unaffordable, people’s ability to be healthy, engage with health care, or pay for other basic costs of living is inhibited. The cumulative effect of these stressors is increased mental stress.

Participants described the large influx of people moving into the area due to housing crises elsewhere. One key informant said people are coming from Austin and California, “buying up a lot of real estate” and causing property values to become unaffordable for long-time community members. Not only does this create barriers for home ownership, rent prices have increased exponentially as well.

“When 50% or 60% of your income is going towards rent or towards your mortgage, then you’re not able to put gas in the car or go to the doctor.”

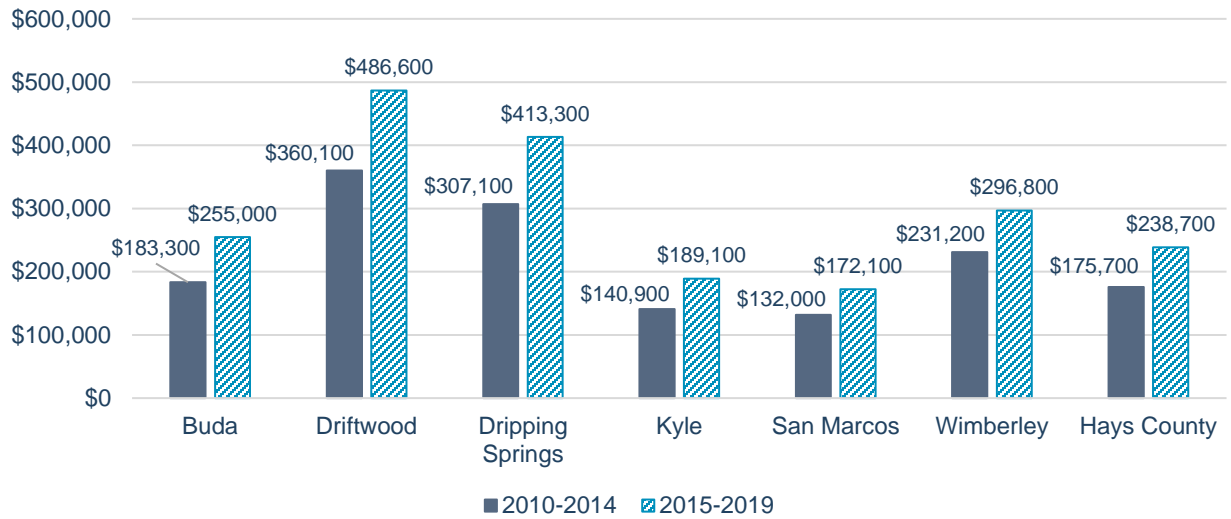
– Key Informant

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).

- Both median rents and the values of owner-occupied homes in Hays County have skyrocketed in the past five years (2010-2014 to 2015-2019).
 - While median rent in the county was \$954/month on average between 2010-2014, it has increased 21% to \$1,154/ month over the latter five-year period.
 - The median value of owner-occupied homes increased 35.9% over the same period from \$175,700 to \$238,000.
- Important differences in median home values exist at the ZCTA level:
 - The Buda ZCTA experienced the greatest 5-year growth in median home value at 39.1% (current median home value \$255,000).
 - The highest median home values are in the Dripping Springs and Driftwood ZCTAs (\$413,300 and \$486,600, respectively).
- Median gross rent for all types of units saw the greatest growth in Wimberley (33.8%) and Buda (27.2%); Buda (\$1,316) and Kyle (\$1,406) had the highest median rents in 2015-2019. Figures 12 and 13 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 Hays County increased 27.9% year-to-year to \$390,000. In November 2019, the median price of homes sold was \$260,000 (i.e., a 50% growth in median price of homes sold over two years).

Figure 12

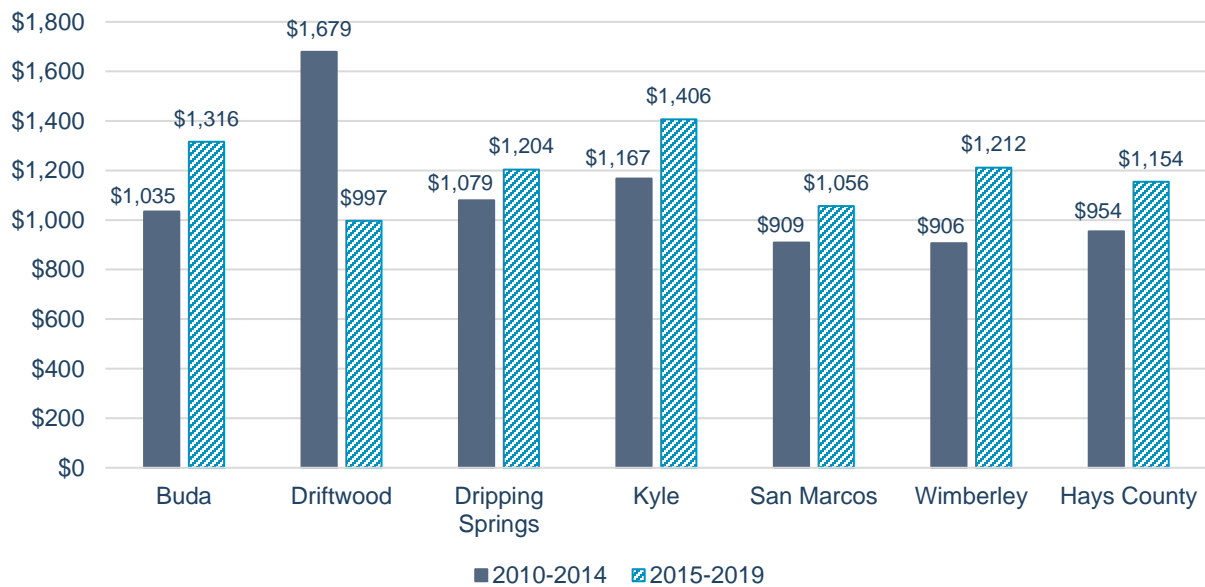
Median Value of Owner-Occupied Homes, 2010-2014 vs. 2015-2019



Source. U.S. Census Bureau American Community Survey.

Figure 13

Median Gross Rent, 2010-2014 vs. 2015-2019



Source. U.S. Census Bureau, American Community Survey.

Increased housing costs become problematic when residents do not experience a similar increase in income, such as in Hays County. The increased home prices and rents are driven largely by area residents moving out of Travis County in search of more affordable housing. However, it is quickly making areas of Hays County that were once considered affordable no longer feasible for lower-income populations.

SEVERE HOUSING BURDEN

On average, Hays County residents spend 27% of their monthly income on housing costs. However, 15.7% experience a severe housing cost burden, defined as spending more than 50% of their monthly income on housing costs. This limits residents' ability to afford necessities such as food, transportation and health care. While this rate has decreased from 19.63% five years ago, the absolute number of households experiencing a severe housing cost burden has stayed approximately the same.

- In 2010-2014 an estimated 12,846 households in Hays County spent more than 50% of their monthly income on housing, while in 2015-2019, 12,358 did so.
- Around 20% of households in Hays 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.

Immigrant community members specifically face poor housing conditions, according to participants in the key informant interviews and focus groups. In addition, the growing costs of housing have increased homelessness.

HOUSING INSTABILITY

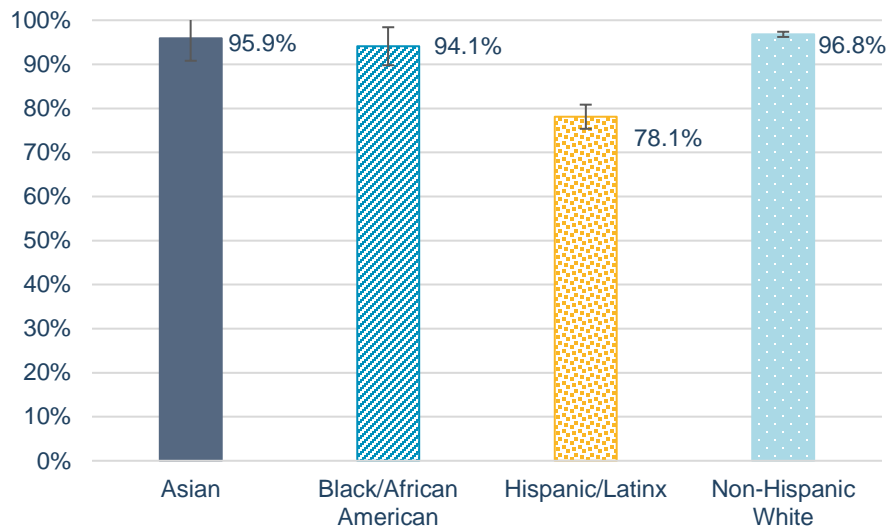
More recently, there is evidence that the COVID-19 pandemic increased housing instability, defined as either having missed or deferred housing payments or being in serious delinquency. Prior to the pandemic (January 2020), 1.5% of occupied housing units were at risk of disruption (3.4% of renter-occupied units and 0.3% of owner-occupied units). In September and October of 2021, 5% were so. This equates to approximately 4,625 households in Hays County being at risk of losing their homes due to failure to make payments.

EDUCATION

Educational attainment is relatively high in Hays County with 90.1% of adults 25 years and older having completed at least high school and 37.2% having a college degree or higher compared to 83.7% and 29.9%, respectively, statewide and 88% and 32.2% at the national level. However, less than 80% of Hispanic adults completed high school (78.1%) county-wide, and in Dripping Springs, less than two-thirds have done so (65.2%). Education attainment varies by race and ethnicity at the county-level as shown in Figure 14 below.

Figure 14

Hispanic/Latinx Residents of Hays County are the Least Likely to Have Graduated from High School

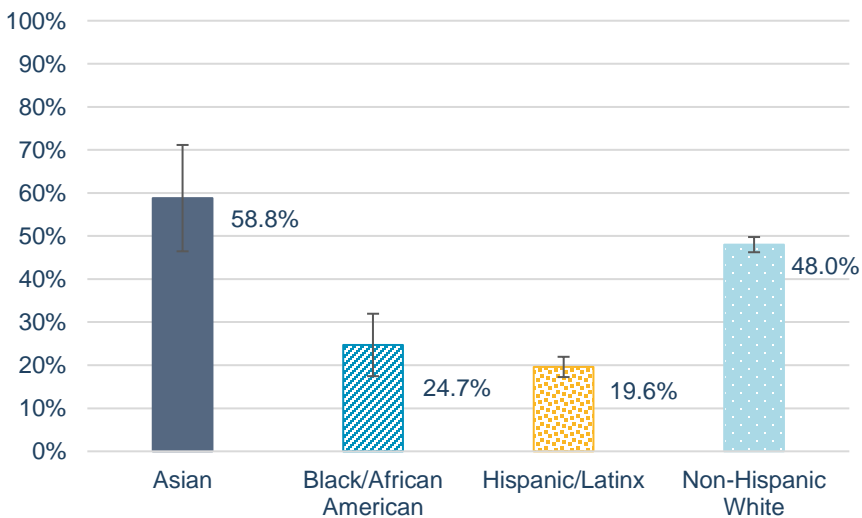


Source. American Community Survey, 2015-2019.

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

Figure 15

Black/African American and Hispanic/Latinx Residents of Hays County are Less Likely to be College Graduates



Source. American Community Survey, 2015-2019.

TRANSPORTATION

Participants identified transportation as a common barrier to health care for many residents of Hays County. Residents spend, on average, 23% of monthly income on transportation. One key informant noted that, although Hays County is one of the fastest growing counties in the nation, there is extremely limited public transportation infrastructure. The Capital Area Service Transportation System (CARTS) service is limited in both hours and available routes (e.g., available during limited windows one to two days per week for routes within the county), and there are no other public options. In addition, the CARTS Interurban Coach, which runs between cities in the 10-county region, runs solely out of San Marcos, on the southeast side of the county.

Furthermore, one key informant noted, “There is no transportation available for someone with a wheelchair in Hays County to go the doctor.” Consequently, disabled community members experience disproportionate barriers to health care access and are more affected by transportation barriers and access to services.

“There is no transportation so you miss your follow-up. You have to reschedule it for the next month, and then they can’t prescribe you your medicine. That’s where it becomes hard to stay healthy because you’re missing your medications. That makes it impossible to stay healthy.”

– Focus Group Participant

In addition to the lack of public transportation options, participants noted that many residents of Hays County do not have access to personal transportation. In fact, 2.9% of households in Hays County do not own a personal vehicle, ranging from 0.4% (78676) to 5.6% (78666). Even in households that own one vehicle, if someone needs it to get to work, other household members have no transportation to travel to grocery stores or doctor’s appointments. This leads to relying on neighbors or friends for transportation. It is common for multiple households to ride together to pick up food from the food pantry, for example.

“We’ve stuffed four families’ worth of stuff into one car because only one person had access to a car that day.”

– Focus Group Participant

For vehicle-limited households, lack of access to public transportation can also limit people’s ability to work, especially if multiple family members from household need to travel to work. For those who do have access to vehicles, gas and repairs are an additional financial burden. Therefore, needing to drive to San Marcos for affordable health care services at CommuniCare Health Center can be a barrier for many.

FOOD INSECURITY

Data from 2018 indicate that 12.1% of Hays County residents lack adequate access to food. This is slightly lower than the statewide rate (15.0%) but higher than the rate for the U.S. as a whole (11.5%). Food insecurity affects health in two ways:

1. By making it difficult for individuals to maintain healthy diets that are instrumental to managing chronic conditions such as diabetes; and
2. By leading individuals to forgo costly medication in order to feed their families.

Food insecurity increased during the COVID-19 pandemic, and the current rate is likely higher than it was three years ago. Projections from Feeding America’s Map the Meal Gap study indicates an increase in food insecurity in Hays County in 2021 to 14.1%, affecting an additional 4,540 people.

Focus group participants identified general financial insecurity and geographic division of food access as two root causes of food insecurity. They also identified food insecurity as a common barrier to health. Participants noted that many residents could not afford healthy food or enough food for their family. One key informant said, “People are making hard choices between medications and eating, or whether or not their kids eat.” As a result, families often resort to buying cheaper food even though it is less healthy.

“A lot of times, eating less expensive food is the way to fill your stomach.”

– Key Informant

While many community members use the Hays County Food bank, which makes an effort to include fresh produce and healthy options with each distribution, the quantity of food provided does not meet the needs of larger families. Similarly, school districts distributed breakfast and lunches for families during remote learning for the 2020-21 school year, but many families struggled to take advantage of this because “there’s only one vehicle in the household, and whoever takes that to work has the vehicle,” according to one key informant.

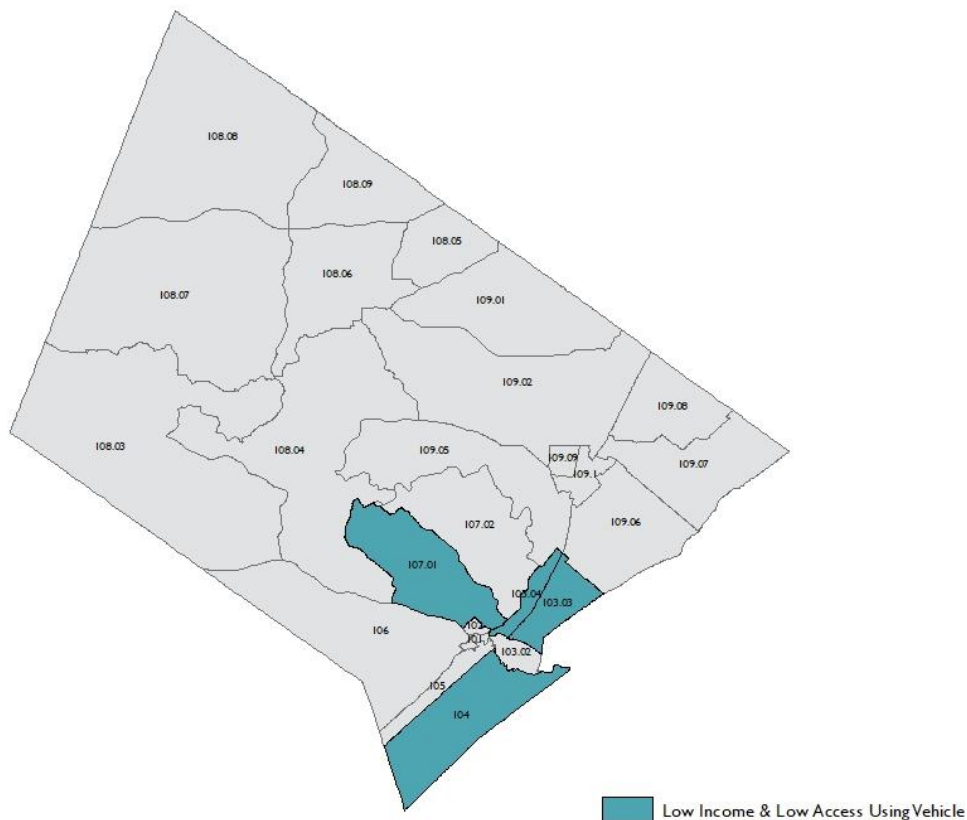
In addition to the food pantries, some community members are able to get assistance with food through public benefits such as SNAP—Supplemental Nutrition Assistance Program. Yet, while some families qualify for benefits based on income, many families are not able to access SNAP due to their immigration status. For example, in November 2021 6,155 Hays County residents received SNAP benefits while 14,364 were eligible to do so, according to the Texas Health and Human Services Commission web site.

With respect to geographic access, participants noted that communities on the eastern side of I-35 have fewer groceries stores compared to those on the western side. Three neighborhoods in particular are officially designated by the U.S. Department of Agriculture as low income with

limited food access, and at least 100 households located more than a ½ mile from the nearest supermarket with no vehicle available.

Figure 16

Hays County Census Tracts that are Low Income with Low Food Access



Source. U.S. Department of Agriculture, 2019.

INTERNET ACCESS

Increasingly, activities of daily life require a stable, fast broadband connection. This became even more important during the COVID-19 pandemic when schools transitioned to remote learning, the use of telehealth increased, and many employees began to work from home.

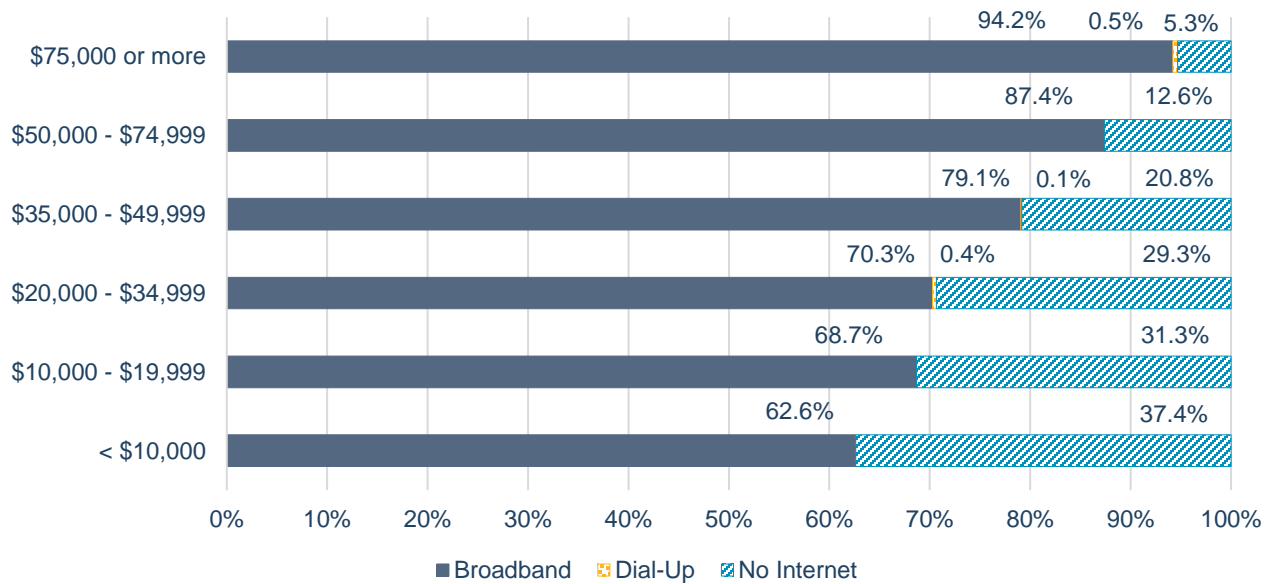
- In Hays County, 72.3% of households had broadband access, defined as having a DSL, fiber optic or cable internet subscription, in 2015-2019.
- About 1 in 10 households in Hays County (9.8%) have no internet connection at all and another 8.3% access the internet solely via a cellular data plan.
- There are differences in internet access by income and race/ethnicity:
 - While 94.2% of households with income \$75,000 or greater have broadband access, those earning less than \$10,000 are far less likely to have access (62.6%).

- Over 30% of households earning less than \$20,000 have no internet connection at all, while only 5.3% of those earning \$75,000 and greater lack a connection.
- Hispanic/Latinx and Black/African American residents are more likely to live in households lacking internet access: 20.5% and 35.4% respectively.

Figures 17 and 18 below highlight variation in internet access by income and race and ethnicity.

Figure 17

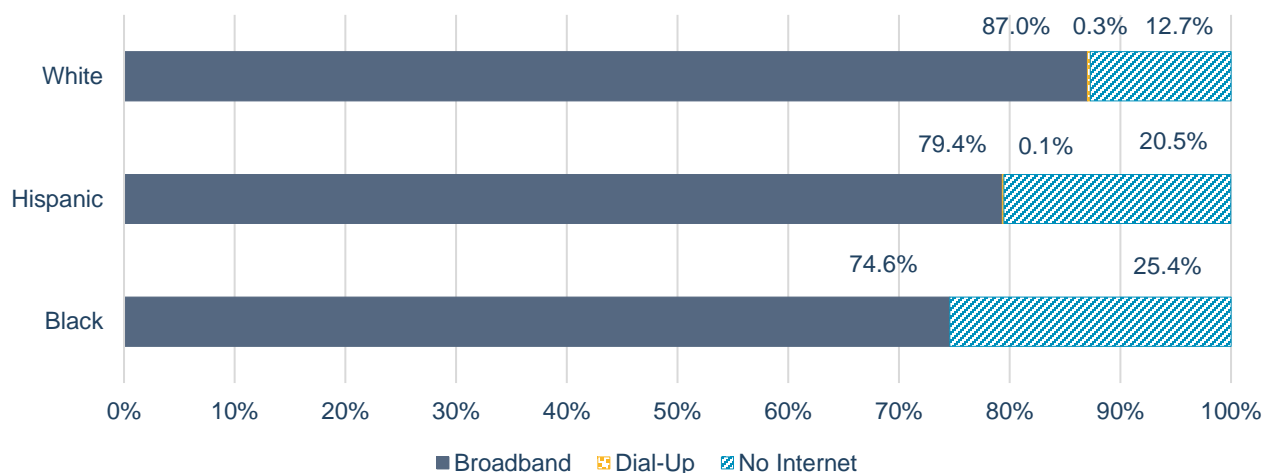
Low-Income Households in Hays County are the Least Likely to Have Internet Access



Source. U.S. Census Bureau, American Community Survey.

Figure 18

Black/African American and Hispanic/Latinx Households are Less Likely to have Internet Access



Source. U.S. Census Bureau, American Community Survey.

RACISM AND DISCRIMINATION

Based on input from focus group participants and key informant interviews, lack of cultural knowledge and sensitivity of health care providers is an issue faced by many minority community residents. Participants highlighted situations where they have encountered discriminatory speech and treatment from health care providers due to their immigration status. Other participants mentioned immigrants may be reluctant to give out personal information for health care or social services because of fears of deportation and consequently, will not visit doctors or social service agencies. Such interactions with providers can reduce the likelihood that individuals seek needed care in the future.

“We need to have an agency or medical service that doesn’t care if you are a citizen or not.”

– Focus Group Participant

Additionally, LGBTQ+ people in Hays County experience discrimination in health care settings, and transgender residents in particular face significant challenges because “they will receive poor treatment, or no treatment, or inappropriate treatment.” This may include being misgendered, having hormone therapy disrupted “without any good reason,” or being ridiculed by providers.

There is a need for more health care providers who are responsive to LGBTQ+ culture (e.g., knowledgeable about pronoun preference) and equipped to treat health issues specific to the LGBTQ+ community and transgender residents (e.g., hormone replacement therapy).

Community Assets and Strengths

Hays County has several community assets that should be considered as part of any community health needs assessment. Focus group and interview participants noted that Hays County has a strong sense of community and residents demonstrate a priority to take care of each other. Individuals, local nonprofit organizations and churches from various denominations are well-networked and coordinate with each other to distribute food and provide social services. Focus group participants noted that the county's population growth has brought in more financial resources. The influx of people with higher incomes presents an opportunity to tap into private wealth for the greater good. Finally, participants noted that Hays County is home to a wide age range of people. With large populations of both college students and retirees, the generational diversity can be leveraged to strengthen the networking and mutual aid happening in the area.

HEALTH CARE ORGANIZATIONS

Hays County's health care resources are located primarily along the I-35 corridor on the southeastern side of the county. They include several hospitals:

- Ascension Seton Hays
- Baylor Scott and White Medical Center – Buda
- CHRISTUS Santa Rosa Health System – San Marcos
- Kyle ER and Hospital
- Warm Springs Rehabilitation Hospital of Kyle
- Wellbridge Hospital of San Marcos

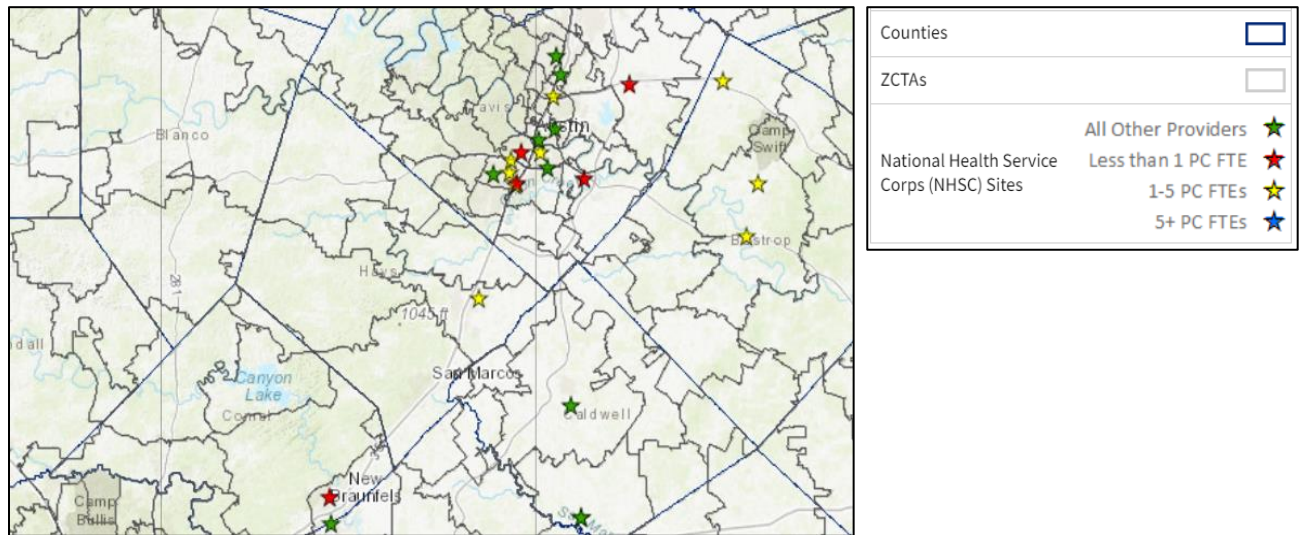
The county is also home to a number of clinics that serve low-income residents. The following were mentioned specifically by focus group participants:

- CHRISTUS Trinity Clinic (San Marcos)
- CommuniCare Clinics (San Marcos and Kyle)
- CommuniCare Clinic (Wimberley – provides pediatric care only)
- Live Oak Clinic (San Marcos)

In addition, Hays County has one National Health Service Corps (NHSC) site, CommuniCare Health Center in Kyle. The NHSC designation is given by HRSA for a clinical site, typically a federally qualified health center, which is located within a Health Professional Shortage Area (HPSA) and can provide services to people without regard for their ability to pay.

Figure 19

National Health Service Center Sites in Hays County and Surrounding Areas



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

NONPROFITS AND COMMUNITY ORGANIZATIONS

Nonprofits and community-based organizations in Hays 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:

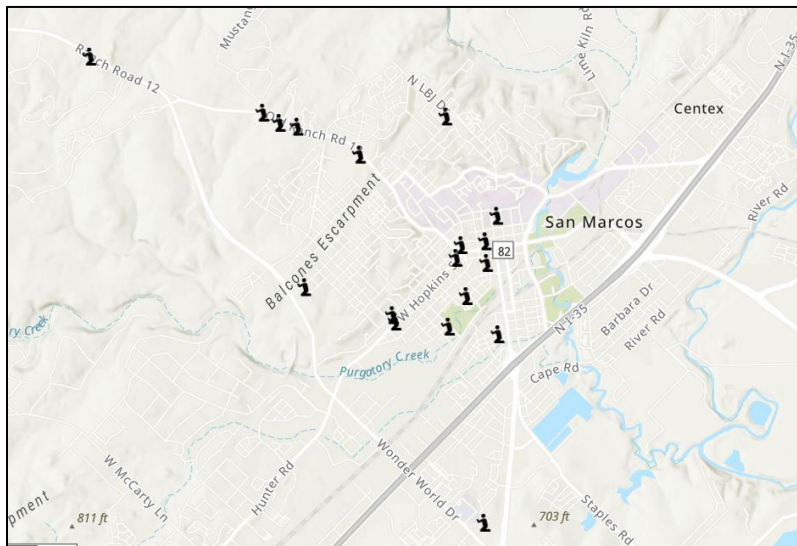
- Amigos de Jesus Mercado
- Any Baby Can
- Barnabas Connection
- City of San Marcos
- Community Action
- Greater San Marcos Youth Council
- Hays-Caldwell Women's Center
- Hays County Independent School District
- Hays County Food Bank
- Hill Country Mental Health and Developmental Disabilities Center
- Meals on Wheels
- Out Youth in Austin, TX
- Southside Community Center
- Women, Infants, and Children (WIC)

Planned Parenthood was also noted as a valuable resource. However, the closest location is in South Austin (Travis County).

CHURCHES AND FAITH-BASED ORGANIZATIONS

Focus group participants noted three churches that provide valuable services historically-underserved community members including: Connection Church, Santa Cruz Catholic Church and the Vincent de Paul ministry of St. Anthony's Catholic Church. In addition, the map below displays the geographic distributions of places of worship within the City of San Marcos, which has the highest concentration of poverty in Hays County.

Figure 20
Places of Worship in San Marcos



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

PARKS

Hays County has a lot of natural space, which can provide opportunities for physical activity, time in nature, and places for community events. Focus group participants mentioned this as an asset for many residents of Hays County. In the Buda and Kyle ZCTA's, over half of all residents live within a 10-minute walk of a park (61% and 73%, respectively); in San Marcos, 45% live walking distance from a park; meanwhile, only 17% of Wimberley residents do so. Data is not available on park access for Driftwood and Dripping Springs.

Priority Health Needs and Barriers to Care

The health issues and barriers to health care access and healthy lifestyles experienced by Hays County residents could be influenced by St. David's HealthCare through policy or system-level changes and collaboration with community partners.

KEY HEALTH ISSUES

Hays County residents are doing well relative to the state of Texas and the nation on a number of health outcomes. They have lower rates of premature mortality, child mortality, drug overdoses, infant mortality, child mortality, and low birthweight (Appendix A). There are, however, several health issues which merit attention.

DIABETES

Participants in focus groups and key informant interviews identified diabetes as a priority health condition in their community, noting a perceived higher prevalence of diabetes in both Hispanic/Latinx and Black/African American communities of the county. The prevalence of diagnosed diabetes among adults in Hays County is 8.3% among adults 20 years and older, which is 2 percentage points lower than the state prevalence. However, quantitative data for Public Health Region 7 (the region in which Hays County is located) indicate the underpinnings of these differences are likely socioeconomic in nature, rather than due to race and ethnicity.

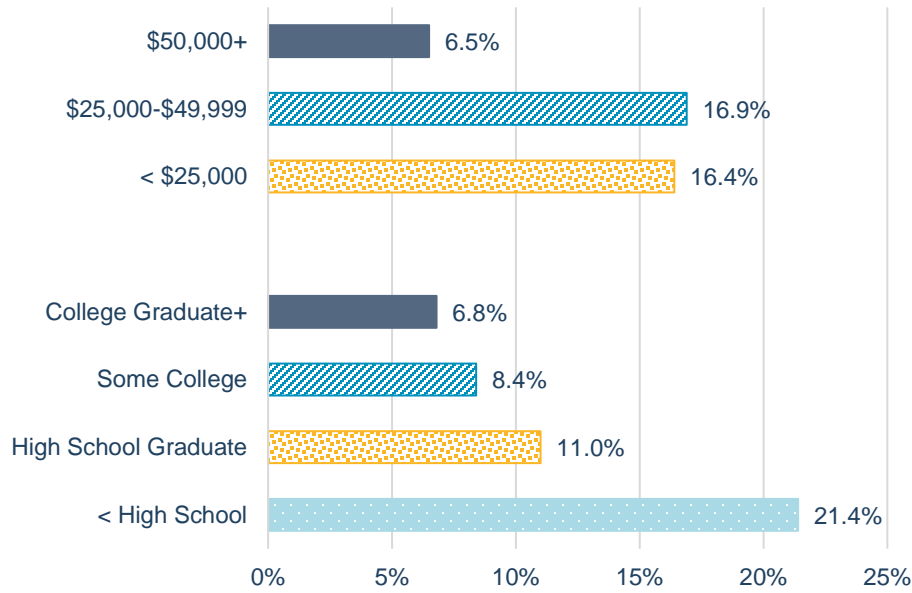
- Texas adults in Public Health Region 7 with less than a high school education (21.4%) are over two and three times more likely to have diabetes than those with at least some college education (8.4%) and those who have graduated college (6.8%), respectively.
- Adults earning less than \$50,000 per year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

Figure 21
Areas of Hays County with the Highest Prevalence of Diabetes



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

Figure 22
Diabetes Prevalence by Income and Education Attainment, Adults: TX Public Health Region 7



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

The connection to race and ethnicity is that Hispanic/Latinx and Black/African American community members are more likely to fall into lower income and education strata than white community members. Participants noted that the primary driver behind the higher rates of diabetes in their community was challenges with nutrition and food insecurity and difficulty affording diabetes medications.

Note: The rates in Figure 21 are for diagnosed diabetes. Where communities experience barriers to accessing health care, rates of undiagnosed diabetes and prediabetes can be significant. This is important, as it is possible to reverse prediabetes through medication and lifestyle changes. In addition, diabetes identified at earlier stages is easier to treat and results in delaying or preventing the onset of complications that lower quality of life and are expensive to treat.

HYPERTENSION

The second most commonly identified health priority was hypertension. Participants noted hypertension is common among the entire population, including younger community members, an observation corroborated by the quantitative data. According to BRFSS data, slightly less than one third (29.0%) of community members report having been told they have high blood pressure by a health care professional. This is equivalent to the rate in Texas, but slightly lower than the rate nationally (32.3%).

However, because hypertension is generally asymptomatic, knowing that one has it is dependent upon having regular access to health care, which, as will be discussed in the next section, is not the norm for many community members in Hays County. Thus, many residents likely have high blood pressure and are not aware of it. Diagnosing and treating hypertension is not difficult or expensive. Untreated hypertension, on the other hand, can lead to heart attacks, strokes, and other complications.

OBESITY

Obesity is another priority health condition linked to both diabetes and hypertension. The prevalence in Hays County among adults is similar to the state rate (31.7% vs. 31.4%). Both are higher than the rate nationally (29.7%). Participants noted it being an issue in younger community members, as well. One key informant said, "I'm seeing obesity a lot in the younger population. So they don't have other conditions [like diabetes or hypertension] yet, but they will soon."

Other participants described increased incidences of weight gain among school-aged children specifically as a result of the COVID-19 pandemic, which has increased food insecurity, intensified chronic stress, and led to fewer activities being done outside the home.

MENTAL HEALTH

Participants in the focus groups and key informant interviews identified mental health as another health priority for Hays County, specifically challenges with anxiety and depression. They noted that the rising needs of mental health directly relate to the COVID-19 pandemic.

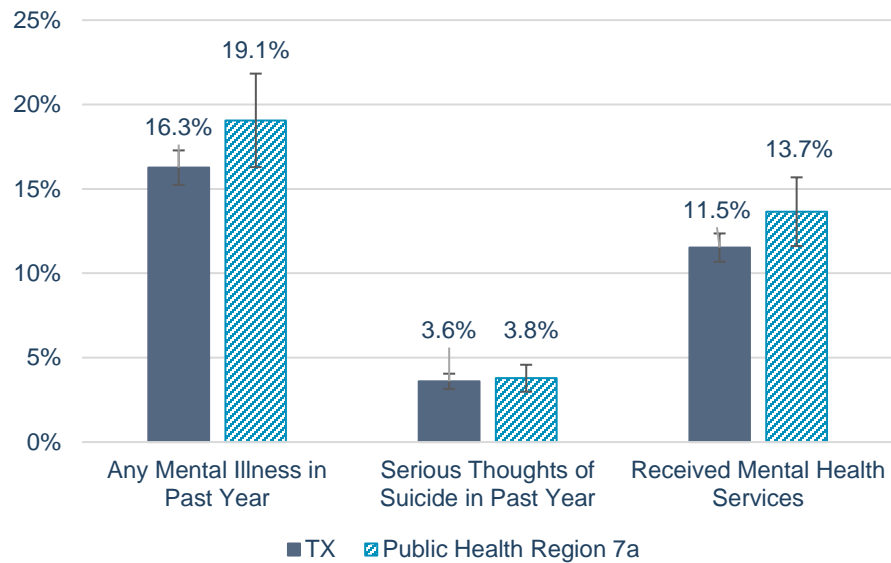
- According to modeling using 2019 BRFSS data, almost 1 in 5 (18.7%) adult community members in Hays County have been diagnosed with a depressive disorder at some point in their lives. Hispanic adults are less likely to report a depression diagnosis than white adults.
- In 2019, 13.4% of Hays County adults reported their mental health as being “not good” 14 days or more in the past 30 days.
- Rates of mental illness, thoughts of suicide, and receipt of mental health services are similar in Public Health Region 7a (including Hays County) compared to the rest of Texas. Data for these indicators are not available at a county level.

The prevalence of poor mental health is likely higher than the most recent 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, estimates 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 2021.⁶ 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%).

⁶ Household Pulse Survey. *Anxiety and Depression*. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>.

Figure 23

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.

“Even if people do have insurance, it’s hard to get in to see [a mental health provider]. But for the people without insurance, it’s pretty much not even an option.”

– Key Informant

When asked to identify the root causes of mental health-related challenges, participants noted three factors:

Residents face general financial insecurity; one Spanish-speaking focus group participant said, “I think many people have depression because of the pressure they face in paying rent, bills, car insurance, and their phone bills.”

Isolation increased due to COVID-19; one key informant noted that isolation brought on by the pandemic “has been very difficult even for people who were previously pretty healthy.”

There is a lack of mental health providers in Hays County, especially providers who accept Medicaid or offer affordable self-pay options.

- There is one dedicated mental health treatment facility in the county, located in San Marcos. Access to mental health providers is a statewide problem.
- The county’s population-to-mental health provider ratio is 971:1 whereas it is 827:1 across the state. Both are much higher than the national ratio of 383:1.

- Given these supply issues, waitlists for available providers are often multiple months long, making their services inaccessible for many community members.

CANCER

Some participants mentioned cancer as a health issue of concern in Hays County, but it did not rise to the level of being a priority in the qualitative analyses. Similarly, the rate of new cancers in Hays County is slightly lower than that of the state as a whole (401.3 per 100,000 persons vs. 408) and notably below the national rate (449 per 100,000).

- Hispanic/Latinx community members have lower rates of overall cancer incidence than white and Black/African American members, as well as lower rates of breast (94.9), lung (22.7), prostate (76.4) and colorectal (43.5) cancer than do non-Hispanic white residents (134.3, 48.0, 114.2 and 33.1, respectively) in 2014-2018.
- Non-Hispanic white residents of Hays County have a higher prostate cancer incidence than their counterparts statewide (114.2 vs. 98.4 per 100,000) while lung cancer incidence is lower than that found across the state (48.0 vs. 58.6).

Incidence data for these common cancers is not available for Black/African American residents for Hays County. However, the rate of cancer deaths (all cancers) is notably higher for Black/African American residents than it is for the other two groups (207.1 vs. 141.3 and 122.6 for white and Hispanic/Latinx residents, respectively). While Black/African American residents make up only 3.7% of the population in Hays County, this higher rate of death is indicative likely of either later stage diagnosis or lower quality care and merits a mention.

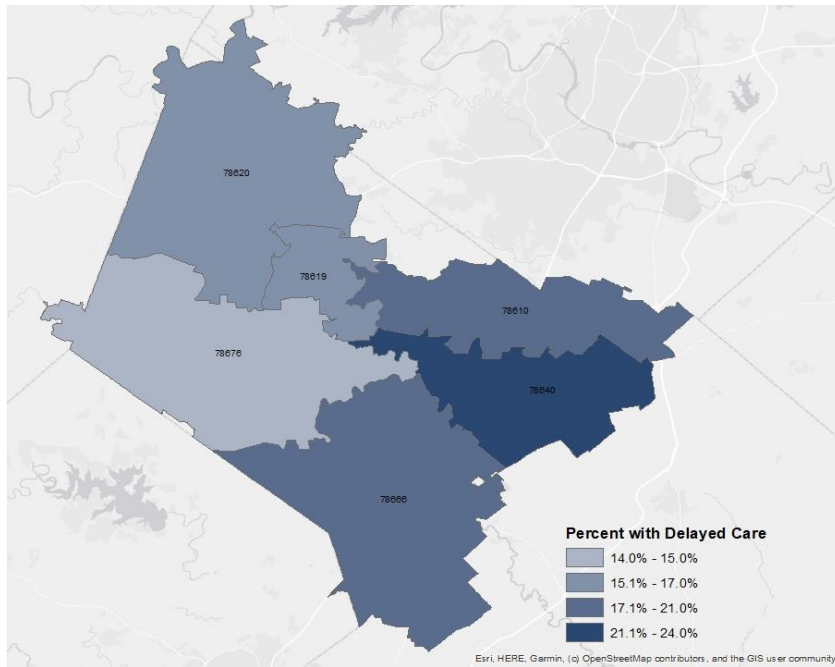
BARRIERS TO HEALTH CARE

The affordability and availability of needed health care affect when and whether or not people seek care. Focus group participants and interviewees indicated that barriers exist in both of these areas, in particular for more underserved populations. In 2017, the most recent year this data is available at the county or sub-county level, approximately 17% of Hays County adult residents reported there being a time in the prior year when they needed care but could not afford it. The rates vary across ZCTAs, as shown in Figure 24 below. The portion reporting delaying care was highest in the Kyle ZCTA (23.6%) and lowest in Wimberley (14.2%).

Another indicator of challenges with health care access is the rate of hospital visits for conditions that are treatable in the ambulatory (e.g., non-hospital) environment. Such visits are typically more expensive when treated in the hospital environment. Treatment, especially for the management of chronic conditions, can be sub-optimal if received through emergency departments due to the short-term, triage focus of that venue.

Figure 24

A Higher Percentage of Adults in Eastern Hays County Delay Care Due to Cost



Source. Behavioral Risk Surveillance System, 2017.

- In Hays County, the rate of preventable hospital stays among Medicare enrollees in 2018 was 4,243 per 100,000 Medicare beneficiaries. This is comparable to the state and national rates.
- The rate of preventable hospital stays has increased county wide by 20.2% since 2012.
- Hispanic/Latinx Medicare enrollees are 1.8 times more likely to use the hospital for ambulatory-sensitive conditions than are white and Black/African American residents.

UNINSURED

Participants described the challenges that many underserved, low-income, and minority community members face regarding health care; while many receive lesser quality care due to financial insecurity or being un- or underinsured, many more forgo care entirely because of the costs. Participants noted:

- People often avoid preventive care because the cost of regular lab tests is prohibitive.
- The opportunity costs associated with missing work to see a provider are too high for underserved and low-income community members.
- Many people rely on the emergency room for their health care needs, which ultimately results in large medical bills that could have been mitigated with more frequent health care access.

Families end up “running around, trying to get [their] files from this [provider] to that one] when insurance coverage changes]...Then, things fall through the cracks.”

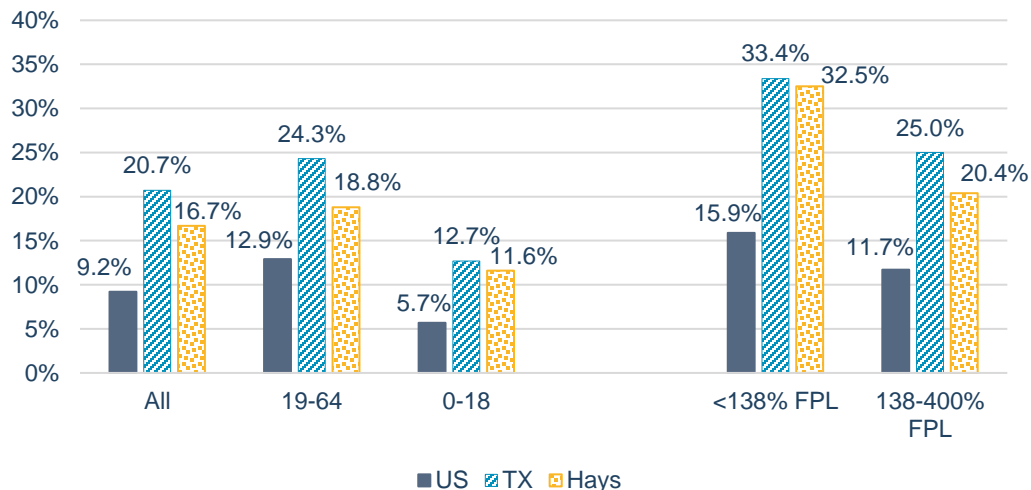
– Key informant

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 (9.2%).
- In Hays County, 16.7% of residents under the age of 65 are uninsured; this is lower than the portion of residents statewide who are uninsured, but higher than the national average.
- Relative to other counties in the Austin–Round Rock MSA, Hays County has a comparable portion of residents under the age of 65 who are uninsured as Travis County (16.5%), and fewer than those in Bastrop (22.7%) and Caldwell (25.7%) Counties. However, the rate of uninsured is higher in Hays County than in Williamson County (12.4%).
- Around 18.8% of Hays County adults ages 19 to 64 are uninsured, while 11.6% of children under the age of 19 do not have health insurance coverage.
- Differences in insurance coverage exist by income as shown in Figure 25 below.

Figure 25

Rates of Uninsured by Age and Income: Hays County, Texas and U.S.



Source. U.S. Census Bureau, Small Area Health Insurance Estimates Program and American Community Survey, 2019.

These rates do not take into account the disruptions that low-income families have in their health care due to irregular insurance access. Although no data is available at the county level, national data indicates that two out of five working age adults (ages 19-64) are underinsured (43.4%).^{7,8}

ACCESS TO LOW-COST CARE

Providers offering low- or no-cost care are few and located on the southeast side of the county. The only two federally qualified health centers, or FQHCs, serving adults in Hays County are located in San Marcos and Kyle. The CommuniCare clinic in Wimberley offers pediatric care only. Other affordable care options (e.g., the local health department, Live Oak Clinic and Corridor Primary Care) are all located along the I-35 corridor as well. Given the lack of public transportation in the county and personal transportation challenges experienced by many low-income community residents, this limits access to low-cost care options for residents who do not live in San Marcos or Kyle.

Participants also reported traveling to Austin or San Antonio to visit specialists with affordable, sliding-scale options. However, traveling even to San Marcos or Kyle is inaccessible for many due to not having a personal vehicle, expenses of travel (e.g., gas), or opportunity and financial costs associated with missing work.

“With just one consultation or one operation, one has to go multiple times. And let’s not even talk about the price. It is way too high.”

– Spanish-speaking Focus Group Participant

Key informants also noted that additional issues including few providers accepting Medicaid, which directly affects care affordability for low-income residents and that dental care is cost-prohibitive for many in the county, with the CommuniCare clinic in Kyle being the sole option for low-cost basic oral care in the county.

⁷ 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.

⁸ Collins, S., Gunja, M. Z., Aboulafia, G. N. (2020) *U.S. Health Insurance Coverage in 2020: A Looming Crisis in Affordability*. The Commonwealth Fund. <https://www.commonwealthfund.org/publications/issue-briefs/2020/aug/looming-crisis-health-coverage-2020-biennial>.

PROVIDER AVAILABILITY

A short supply of providers can be another barrier to care as it increases the time it takes to get an appointment. In particular, focus group participants noted that waitlists for mental health care providers are often multiple months long, making their services inaccessible for many community members.

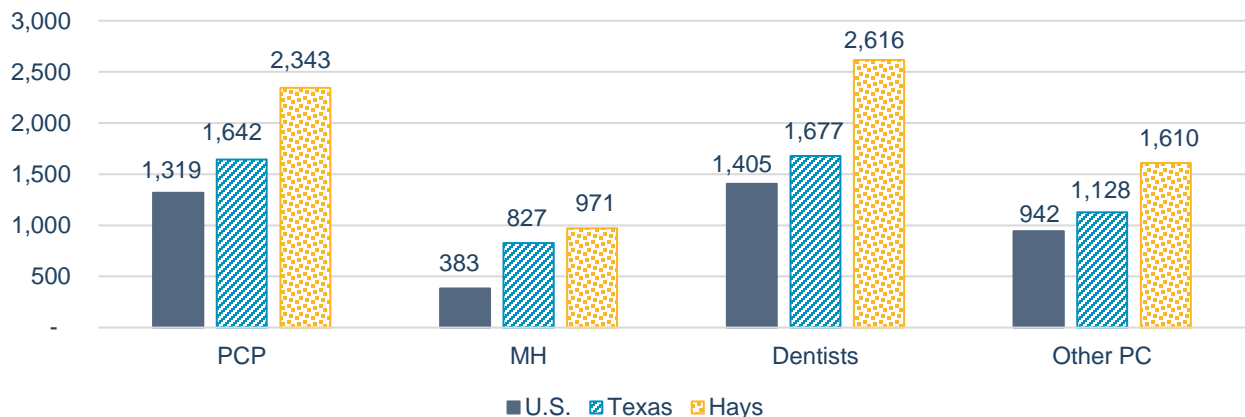
“Even if people do have insurance, it’s hard to get in to see [a mental health provider]. But for the people without insurance, it’s pretty much not even an option.”

– Key Informant

Hays County is designated as a health professional shortage area for both primary care and mental health by HRSA. (It is not for dental care, however). For both primary and mental health care, the supply of providers has not kept pace with population growth. The number of residents per primary care physicians grew by 3.7% between 2010 and 2018 from 2,261 to 2,343. This is a far larger number of residents per primary care physician than the state as a whole and nationally. The supply of non-physician primary care providers is also lower than that of the state as a whole and the U.S., as is the supply of dentists and mental health providers, as shown in the Figure 26.

Figure 26

Number of Residents per Provider: Hays County, Texas and U.S.



Sources: U.S. Health Resources and Services Administration Area Health Resources File and Centers for Medicare and Medicaid National Provider Identification system. Note: PCP – Primary Care Physician; MH – Mental Health Provider; Other PC – Other Primary Care Providers.

While the availability of dentists relative to the population is lower than that for the state and nationally, availability has improved in Hays County from 3,043 residents per dentist in 2010 to 2,616 in 2018. However, as focus group participants pointed out, availability does not mean care is affordable; thus, dental care still remains inaccessible for low-income populations.

Other Health Needs

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

BINGE DRINKING AMONG YOUNGER COMMUNITY MEMBERS

While not mentioned by focus group participants, data indicate that heavy and binge drinking is more common in Hays County than it is statewide and for the nation as a whole.

- Slightly less than 1 out of 4 residents 18 years and older report either heavy or binge drinking compared to 1 in 5 across the state and nationally.
- Binge drinking is more prevalent than heavy drinking. This may be due to the county being home to a large state university as there are large age and marital status differences in likelihood of binge drinking, specifically, with younger, unmarried community members being more likely to report recent binge drinking than their older or married counterparts.
- Almost one-third of community members ages 18-29 reported recent binge drinking (32.3%), a rate that is more than two times that of those 45-64 years old and 10 times higher than community members over the age of 64.
- Around 25.3% of unmarried adults binge drink compared to 14.4% of married adults. Similarly, unmarried community members are more likely to report heavy alcohol consumption than are married community members (8.8% vs. 5.5%).

Conclusion

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

Both quantitative and qualitative data indicate that Hays County many assets and strengths, including a strong sense of community and residents demonstrate a priority to take care of each other. Individuals, local nonprofit organizations and churches from various denominations are well-networked and coordinate with each other to distribute food and provide social services. At the same time, Hays County has experienced tremendous population growth over the past decade, which has created issues both with affordability, in general, and housing-related, in particular. The growth has also affected provider availability, and lower-income and underserved populations continue to experience high rates of health issues such as diabetes, obesity, hypertension and mental illness, as well as significant barriers to access to health care and living healthy lifestyles. Regionally, the eastern and southern parts of Hays County have higher rates of poverty, diabetes, delayed care, and generally higher vulnerability. Finally, lack of cultural knowledge and sensitivity of health care providers is an issue faced by many minority and LGBTQ+ residents.

Focus group participants and key informants provided a number of recommendations about actions a health care system could take to address the concerns they identified. The recommendations focused on three primary outcomes: (a) building trust to improve outcomes among underserved communities, (b) increasing affordability and access, and (c) reducing community barriers.

BUILD TRUST

Culturally competent workforce: Equip providers and hospital staff to better serve community members, especially people who are immigrants, Hispanic/Latinx, Black/African American or LGBTQ+ and those with disabilities.

Partnerships: Establish coalitions and partnerships with community-based organizations, churches, and schools to build trust and expand impact.

Community engagement and outreach: Work with community-based organizations to distribute information about health fairs or other hospital events and services, such as vaccine clinics.

Language and translation services: Ensure that materials are linguistically accessible and consider using non-print communication such as radio broadcasts. Increase the number of

providers who speak Spanish or have accessible translation services. Include language on office doors and hospital marketing materials that explicitly welcomes historically excluded populations such as people who are LGBTQ+, immigrants, and Black/African American.

Proof of identification: Remove requirements for photo IDs, proof of citizenship, or other paperwork that may be a barrier for some populations to provide.

INCREASE AFFORDABILITY AND ACCESS

Affordable health care: Expand options such as free or low-cost clinics, sliding scale payment options, co-pay assistance for preventive health care (such as screenings or lab tests), and processes for nonprofits to easily pay for services on someone's behalf. Affordable services are especially needed for adults, as some available options only serve children.

Awareness: Ensure that free or low-cost services are explicitly advertised as such to increase likelihood that community members will use them.

Mobile clinics in rural areas: Offering mobile clinics would be most helpful if they are available frequently, such as once a week, and offer free or reduced-cost services.

Primary care and specialists: Expand access to providers, including pediatricians, OB/GYN, endocrinologists, ophthalmologists, and cardiologists. Specialists who offer free or low-cost services are especially needed.

Mental health services: Improve and expand access to services that are affordable, culturally sensitive, and accessible to older adults and minority community members.

REDUCE BARRIERS IN THE COMMUNITY

Community education: Prevention-focused classes or lifestyle change programs should be affordable or free and culturally appropriate. Programs that address the prevention of diabetes and hypertension are especially needed. Consider collaborating with community-based organizations, including churches, to host classes.

"I know the hospital here offers classes and stuff, but they're not affordable to most people. So just having affordable options for education I think would be really huge."

– Key Informant

Transportation services: Work with local officials to improve options, such as expanding CARTS or establishing privately funded buses or vans that link clinics and communities. Transportation services should be accessible to community members with disabilities.

Affordable and healthy food: Expand access by increasing capacity of the Hays County Food Bank, working with churches to distribute food, and establishing affordable grocery stores in rural areas.

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	Hays	Texas	U.S.
Demographics				
Total population	2020	241,067	29,145,505	331,449,281
Population by age				
Population 18 and under	2015-2019	22.9%	25.5%	22.3%
Population 19-64	2015-2019	65.8%	61.6%	61.2%
Population 65+	2015-2019	11.4%	12.9%	16.5%
Population by race and ethnicity				
AI/AN, NH	2020	0.2%	0.3%	0.7%
Asian, NH	2020	2.0%	5.4%	5.9%
Black, NH	2020	3.7%	11.8%	12.1%
Hispanic	2020	38.5%	39.3%	18.7%
White, NH	2020	50.4%	39.7%	57.8%
Population in poverty	2015-2019	13.7%	14.7%	13.4%
Households below poverty	2018	14.0%	14.0%	13.0%
ALICE households	2018	30.0%	30.0%	29.0%
Not proficient in English, population	2015-2019	9.4%	13.7%	8.4%
Disabled population	2015-2019	9.3%	11.5%	12.6%
Medicaid coverage	2015-2019	9.4%	16.8%	20.2%
Access to Care				
Uninsured	2019	16.7%	20.7%	9.2%
Uninsured adults	2019	18.8%	24.3%	12.9%
Uninsured children	2019	11.6%	12.7%	5.7%
Lack of prenatal care	2017	27.8%	40.0%	17.0%
Dental visit in past 12 months	2018	61.7%	60.7%	67.6%
Preventable hospital stays	2018	4,243	4,793	4,236
Primary care physicians	2018	2,343	1,642	1,319
Dentists	2019	2,616	1,677	1,405
Mental health provider access	2020	971	827	383
Other primary care providers	2020	1,610	1,128	942
Health Behaviors				
Physical inactivity	2019	25.9%	27.2%	26.0%
Excessive drinking	2019	22.2%	19.0%	19.2%

	Measurement Period	Hays	Texas	U.S.
Binge drinking	2019	22.0%	17.9%	16.8%
Health Outcomes				
Low birthweight	2013-2019	7.2%	8.4%	8.2%
Infant mortality per 1,000 live births	2013-2019	3.8	5.7	5.8
Child mortality per 100,000 under 18 years	2016-2019	38	50	49
Poor or fair health	2019	20.1%	24.3%	24.6%
Frequent physical distress	2019	10.8%	10.7%	12.6%
Adult obesity	2019	33.4%	35.8%	31.9%
Diabetes prevalence	2019	11.3%	12.2%	10.7%
High blood pressure awareness	2019	29.0%	31.7%	32.3%
New cancer cases	2019	401.3	409.5	449
Poor mental health days	2018	4.3	3.8	4.1
Frequent mental distress	2019	12.7%	12.3%	13.8%
Drug overdose deaths	2017-2019	8	11	21
Suicides	2015-2019	12.8	13.1	13.8
Depression	2019	18.7%	17.7%	19.2%
Suicidal thoughts ⁹	2016-2018	3.8%	3.6%	4.2%
Premature mortality per 100,000 under 75 yr	2017-2019	257	339	339
Premature death (YYPL under 75 years)	2017-2019	4,886	6,620	6,907
Life expectancy	2017-2019	80.7	79.2	79.2
Housing				
Homeownership	2015-2019	62.3%	62.0%	64.0%
Severe housing cost burden	2015-2019	15.7%	13.3%	14.4%
Severe housing problems	2013-2017	20.0%	17.0%	17.5%
Housing stability index	Sept/Oct 2021	96.0%	-	-
Housing and transportation affordability ¹⁰		50.0%	-	57.0%
Broadband access	2015-2019	72.3%	64.4%	68.9%
Black, NH	2015-2019	91.1%	80.0%	78.7%
Hispanic	2015-2019	79.4%	78.0%	82.6%
White, NH	2015-2019	87.0%	84.4%	87.2%
Infrastructure for Healthy Living				
Food environment index	2015 and 2018	8	6	8

⁹ County value is for Texas Public Health Region 7.

¹⁰ Measurement period not provided.

	Measurement Period	Hays	Texas	U.S.
Food insecurity	2019	12.0%	14.1%	10.9%
Limited access to healthy foods	2015	6.2%	8.7%	5.9%
Access to exercise opportunities	2010 and 2019	72.4%	80.5%	84.2%
Social vulnerability index	2018	0.4924	-	-
Community needs index	2021	2.8	-	-
Racism				
Dissimilarity index - Black / White	2015-2019	35	53	61
Dissimilarity index - Non-White / White	2015-2019	21	40	47
Socioeconomic				
High school completion	2015-2019	90.1%	83.7%	88.0%
American Indians and Alaska Natives	2015-2019	96.4%	80.3%	80.3%
Asians	2015-2019	95.9%	88.2%	87.1%
Blacks / African Americans	2015-2019	94.1%	89.8%	86.0%
Hispanics	2015-2019	78.1%	66.4%	68.7%
Non-Hispanic Whites	2015-2019	96.8%	93.9%	92.9%
College graduation	2015-2019	37.2%	29.9%	32.2%
American Indians and Alaska Natives	2015-2019	20.7%	21.2%	15.0%
Asians	2015-2019	58.8%	59.1%	54.3%
Blacks / African Americans	2015-2019	24.7%	24.6%	21.6%
Hispanics	2015-2019	19.6%	15.0%	16.4%
Non-Hispanic Whites	2015-2019	48.0%	38.7%	35.8%
Unemployment	Oct 2021	3.5%	4.8%	4.6%
Income inequality	2015-2019	4.4%	4.8	4.9
Median HH income	2020	\$ 77,511	\$ 66,048	\$ 67,340
Transportation				
No car access	2015-2019	2.9%	5.30%	8.6%
Transportation affordability ¹¹		23.0%	-	27.0%

¹¹ 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
Claire Bow <i>Attorney and Transgender Advocate</i>	<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
Debbie Gonzales Ingalsbe <i>County Commissioner Precinct 1</i>	<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
Eleanor Owen <i>Executive Director</i> Hays County Food Bank	<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
Margie Rodriguez <i>Clinic Manager</i> Hays County Indigent Health Care Program	<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
Albert Sander <i>Director</i> Amigos de Jesús	<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
Carrie Stolfa <i>Wesley Nurse</i> First United Methodist Church San Marcos	<ul style="list-style-type: none"> Person with special knowledge or expertise in public health
Diana Woods <i>Social Services Coordinator</i> Buda Food Pantry	<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
Name withheld per request <i>School District in Hays County</i>	<ul style="list-style-type: none"> Persons with special knowledge or expertise in public health

The following table describes the focus group participants in aggregate:

Table 2: Description of Focus Group Participants				
Focus Group	Community Input Sector	Description	Number	Language
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 and male residents in ZIP codes 78676, 78619, and 78737, with ages ranging from 30-65. All participants identified as Mexican, Mexican American, or Chicano.	9	Spanish
English-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	Female resident of ZIP code 78610. Additional demographic data withheld to protect anonymity.	1	English
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 78640, 78619 and 78640. Participants were between 16 and 18 years old. Two identified as Mexican, Mexican American, or Chicano, one as Hispanic/Latinx and Spanish origin.	3	English