

Ascension Providence

2021 Community Health Needs Assessment

**Bosque, Coryell, Falls, Freeston, Hill, Hamilton, Limestone,
McLennan Counties in Texas**



Ascension



The goal of this report is to offer a meaningful understanding of the most significant health needs across the eight-county service area for Ascension Providence, as well as to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are more vulnerable, unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

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The 2021 Community Health Needs Assessment report was approved by the Ascension Providence Board of Directors on May 24, 2022, and applies to the following three-year cycle: July 2022 to May 2025. This report, as well as the previous reports, can be found at our public website.

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

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Acknowledgements / Executive Statement

The 2021 community health needs assessment (CHNA) represents an effort to gain a meaningful understanding of the most pressing health needs across the Ascension Providence service area. Ascension Providence is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. A complete description of community partner contributions is included in this report. We look forward to our continued collaborative work to make this a better, healthier place for all people.

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

Executive Summary

The goal of the 2021 Community Health Needs Assessment (CHNA) report is to offer a meaningful understanding of the most significant health needs across Ascension Providence and the eight-county region it serves, including Bosque, Coryell, Falls, Freestone, Hamilton, Lee, Limestone and McLennan counties. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Data was gathered for this CHNA during the unprecedented time of the COVID pandemic. Qualitative data for this CHNA, in the form of focus groups, surveys and interviews, and solicited from public health leaders as well as leaders in the nonprofit and community health domains, revealed a depth of personal, organizational and societal struggles that are reshaping community health, public health policies and procedures, as well as the healthcare workforce.

Since the last CHNA in 2019, the Ascension Providence community, along with the world, has experienced a global pandemic, an economic recession, and a racial reckoning. The events of 2020 through 2022 will have a lasting impact on the health and well-being of the entire community, while qualitative and quantitative findings also reveal that these events have disproportionately impacted people with low income and people of color.

Purpose of the CHNA

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

Community Served

Ascension Providence has defined its region as the eight-county service area for the 2021 CHNA, which includes Bosque, Coryell, Falls, Freestone, Hill, Hamilton, Limestone and McLennan counties. The community served for Ascension Providence was defined as such because most of our service from the Hospitals in the Providence region is from Waco and the surrounding areas including the counties identified and a number of partnerships exist that serve the same geographic region. Additionally, community health data is readily available at the county level.

Data Analysis Methodology

The 2021 CHNA was conducted from July 2021 to January 2022, and utilized the multi-stage process including data gathering, validation, sensemaking and prioritization, which incorporated data from both primary and secondary sources. Primary data sources, sometimes called qualitative data, included information provided by groups/individuals, e.g., community residents, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and communities who are more vulnerable, and to unmet health needs or gaps in services. Together with the efforts of our contractors, an estimated total of 39 individuals participated in focus groups and interviews, held between July 2021 and November 2021. Populations represented by participants included medically underserved, low-income, minority groups, and rural, urban and suburban groups.

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

Community Needs

Ascension Providence, with contracted assistance from Alpinista Consulting, analyzed secondary data of over 56 indicators and gathered community input through a series of community focus groups, interviews and a survey to identify the needs in the eight-county Ascension Providence service area. Ascension Providence used a phased prioritization approach to determine the most crucial needs for community stakeholders to address. Ascension has defined “prioritized needs” as the needs which have been prioritized by the hospital to address through the three-year CHNA implementation strategy:

- **Mental and Behavioral Health** - This need was selected because a number of key indicators reveal the significant and growing concerns over mental and behavioral health needs in our region. Many of these concerns are long standing, including reported numbers of poor mental health days and upward trending suicide rates and substance use and abuse. Coupled with the effects of the pandemic, concerns around isolation, anxiety and depression heightened needs around mental and behavioral health.
- **Access to Care** - This need was selected because both qualitative and quantitative data revealed significant and increasing needs around issues of accessing care, particularly regarding affordability and insurance coverage for care, transportation- especially in the rural parts of Ascension’s service area, telemedicine and access to sufficient broadband infrastructures, and navigation of the complex medical system and services.
- **Social Determinants of Health** - This need was selected because many of the counties in the Ascension Seton service area have multiple indicators related to social needs that are significantly worse than averages for Texas and the United States, including lower access to exercise opportunities, lower rates of home ownership, very high rates of childhood poverty and



low median household incomes, among others. Focus groups also mentioned food security and housing as significant barriers to healthy living.

- **Health Equity** - This need was selected because significant gaps in health indicators and outcomes exist in the Ascension Seton service region according to County Health Rankings data and focus groups revealed narratives of cultural and language barriers to receiving care.

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



About Ascension

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

Ascension

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

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

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

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

Ascension Providence

As a Ministry of the Catholic Church, Ascension Providence is a non-profit hospital governed by a local board of trustees represented by residents, medical staff, and sister sponsorships, and provides medical care to McClennan and surrounding Central Texas Counties. Ascension Providence operates one hospital campus, including the Ascension Providence DePaul Center (a mental and behavioral health care center), 37 related healthcare facilities, and employs more than 535 primary and specialty care clinicians.



Serving Texas since 1905, Ascension Providence continues the long and valued tradition of addressing the health of the people in the community. Following the legacy founded in the 17th century by St. Vincent de Paul and St. Louise de Marillac, the Daughters of Charity dedicated themselves to expressing God's love through serving the sick, poor, and vulnerable. A local physician and several local businessmen asked the Daughters to help build a hospital. Ascension Providence Sanitarium opened in 1905 as Waco's first hospital and now serves as one of Waco's largest employers offering a continuum of care to the greater Waco community.

For more information about Ascension Providence, visit

https://healthcare.ascension.org/locations/texas/txwac/waco-ascension-providence?utm_campaign=gmb&utm_medium=organic&utm_source=local.



About the Community Health Needs Assessment

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

Purpose of the CHNA

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

This report outlines the process and methods for the collection and analysis of data about community health, identifies the priority community health needs of Ascension Providence for 2022 - 2025 and reflects the progress made on the prioritized health needs of the last CHNA, conducted in 2019.

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

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

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



Community Served and Demographics

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

Community Served

For the purpose of the 2021 CHNA, Ascension Providence has defined its community as McLennan, Coryell, Hill, Limestone, Freestone, Bosque, Falls, and Hamilton Counties. Ascension Texas includes Ascension Seton and Ascension Providence and serves a larger area of Central Texas. The community served by Ascension Providence was defined as such because most of our service from the Hospitals in the Providence region is from Waco and the surrounding areas including the counties identified.

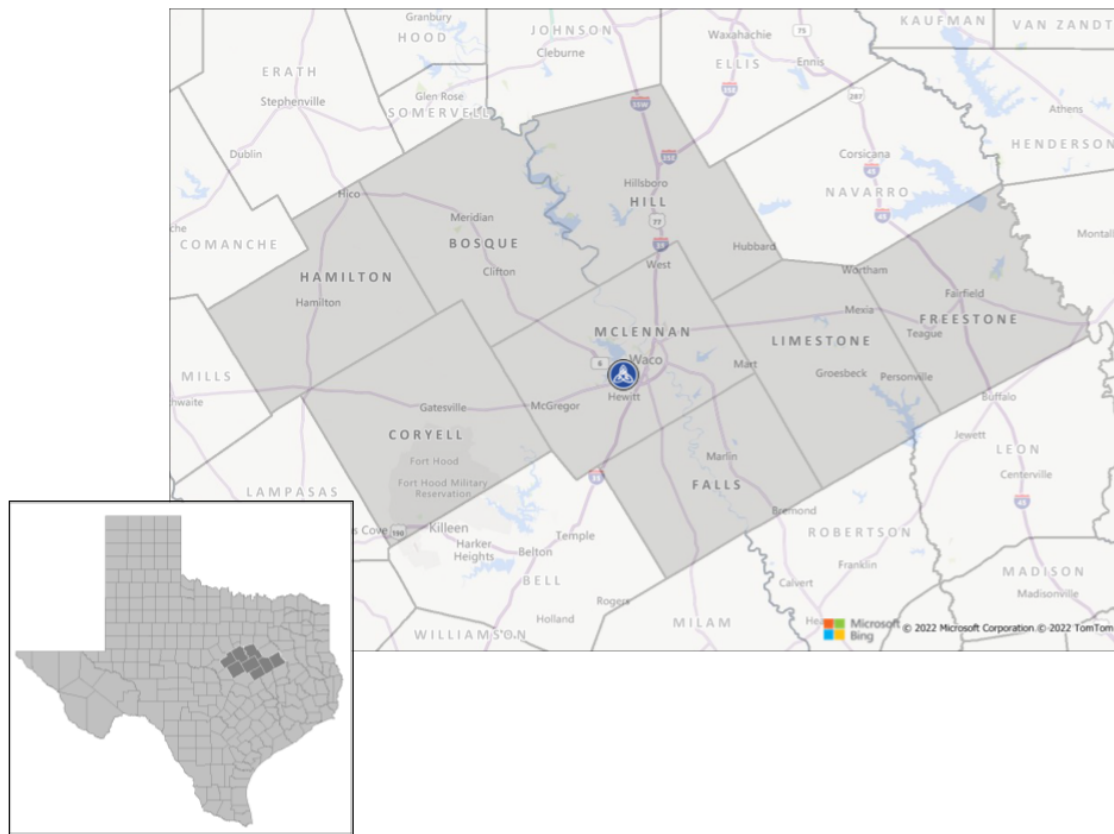
Located in Central Texas, the Ascension Providence eight-county region serves a population of 449,089. The most populated city in the region is Waco (138,486), which is the 24th largest city in the state and part of the 13th largest Metropolitan Statistical Area (MSA) in Texas.

Waco is the county seat of McLennan County, Texas, which is the biggest county in the Ascension Providence service area. Waco is situated along the Brazos River and I-35, halfway between Dallas and Austin. Waco is home to Baylor University, a private university with a one thousand acre campus and a student population of about 14,000, as well as Magnolia Market, which attracts 30,000 visitors per week as well as small businesses, which has contributed to population growth in the area.

The Waco metropolitan area's strong economy is supported by companies across a range of business sectors, from manufacturing to food and beverage production. Major business clusters in the Waco area include manufacturing and food and beverage production.

The United States Army post Fort Hood is partially located in Coryell County, contributing to a higher concentration of active service members and veterans in the area and a unique healthcare environment in which many military personnel and families have access to military medical facilities, social programs and insurance that the general population does not have access to.

Figure 1: Map of Community Served



Demographic Data

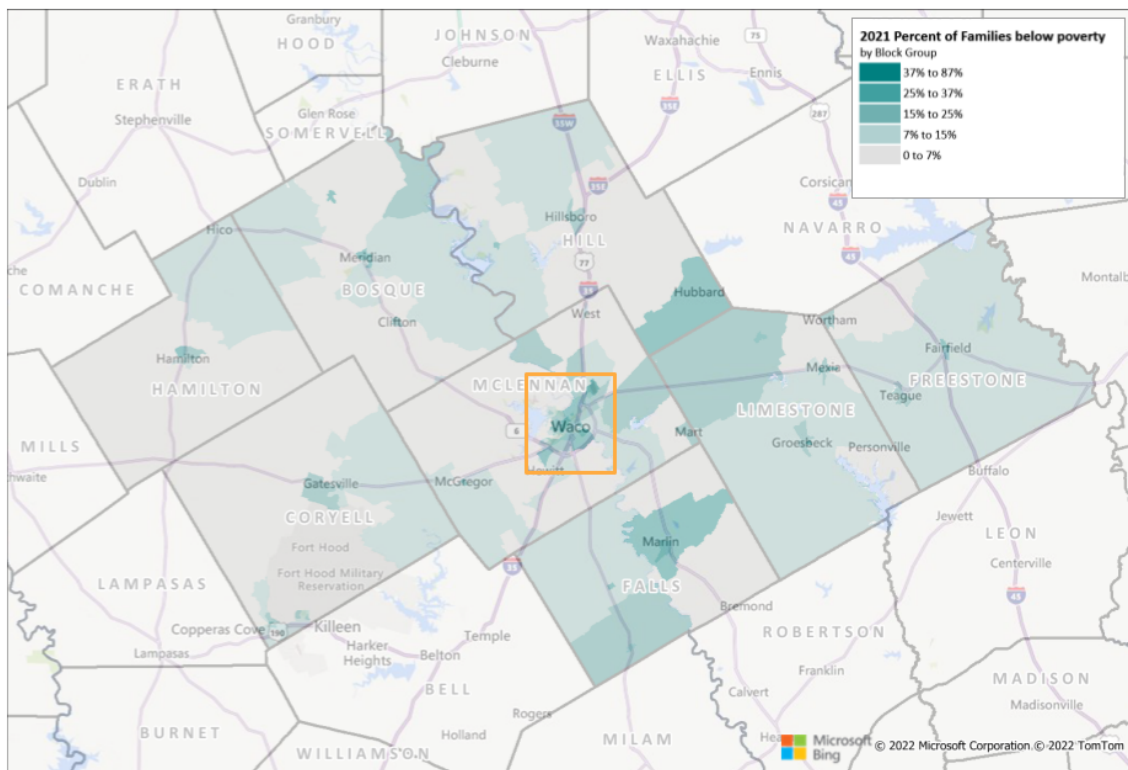
Below are demographic data highlights for Ascension Providence, see more in Table 1 at the end of this chapter:

- Fifteen percent of the residents of Ascension Providence are 65 or older, compared to 13 percent in Texas
- Twenty-three percent of residents are Hispanic or Latino (any race), compared to 40 percent in Texas and 12 percent in the United States
- Seventy-nine percent of residents are White; 14 percent are Black or African American; one percent are Asian
- The total population increase from 2010 to 2019 was + six percent
- The median household income is below the state of Texas median income (\$64,044) in all eight counties in the Ascension Providence region. The highest median household income in the region is in Bosque County (\$55,179) and the lowest is in Falls County (\$41,484).

Figure 2 below shows the percentage of families living below poverty by Census block group in the region to illustrate the distribution of poverty, Figure 3 shows further detail in the most populated area of the map. Block groups are statistical divisions of census tracts defined to contain between 600 and 3,000 people used to present data²

- The percent of all ages of people in poverty was higher than the state (18 percent for Ascension Providence; 15 percent for Texas)
- The uninsured rate for Ascension Providence is slightly lower than the state (19 percent for Ascension Providence; 20 percent for Texas)

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



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

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

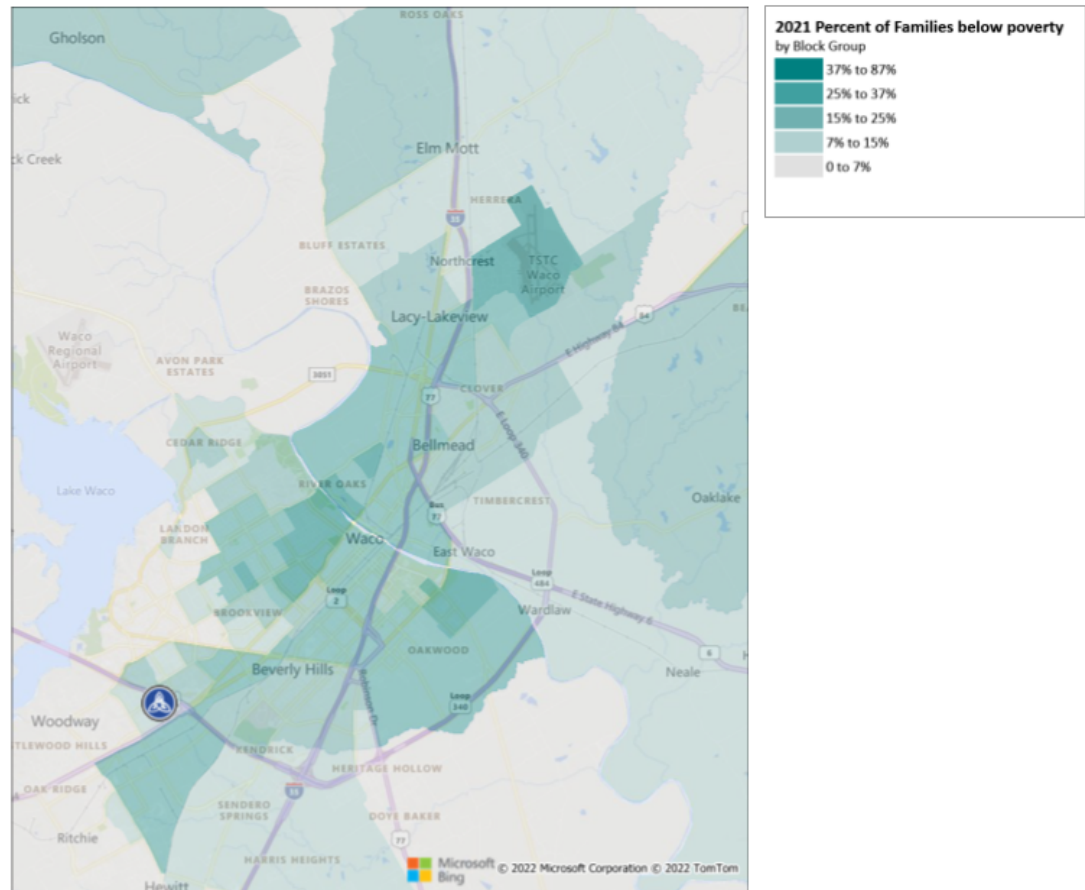


Table 1: Description of the Community

Demographic Highlights		
Indicator	Ascension Providence	Description
Population		
% Living in rural communities	34.4%	Percentage of population living in a rural area, 2010
% below 18 years of age	23.8%	Percent population below 18 years of age, 2019
% 65 and older	15.2%	Percent population ages 65 and over, 2019
% Hispanic	23.1%	Percentage of population that is Hispanic, 2019
% Asian	1.4%	Percentage of population that is non-Hispanic Asian, 2019
% Non-Hispanic Black	13.6%	Percentage of population that is non-Hispanic Black, 2019
% Non-Hispanic White	78.8%	Percentage of population that is non-Hispanic White, 2019
Social and Community Context		
English Proficiency	3.2%	Proportion of community members that speak English "less than well"
Median Household Income	\$49,821	Income where half of households in a county earn more and half of households earn less.
Percent of Children in Poverty	20.9%	Percentage of people under age 18 in poverty.
Percent of Uninsured	18.9%	Percentage of population under age 65 without health insurance.
Percent of Educational Attainment	84.7%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Percent of Unemployment	3.5%	Percentage of population ages 16 and older unemployed but seeking work

To view Community Demographic Data in its entirety, see Appendix B (page 45).

Process and Methods Used

Ascension Providence is committed to using national best practices in conducting the CHNA. Health needs and assets for the eight-county service region, including Bosque, Coryell, Falls, Freestone, Hill, Hamilton, Limestone and McClennan counties were determined using a mixed-methods approach which included a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs for adults and children.

Collaborators and/or Consultants

Ascension Providence contracted with Alpinista Consulting to complete some of the qualitative data requirements, specifically with regard to focus groups.

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

Data Collection Methodology

Ascension Providence collected and analyzed primary and secondary data for the Ascension Providence eight-county service area.

Multiple methods were used to gather community input, including key stakeholder interviews, community focus groups and a community survey. These methods provided additional perspectives on how to select and address top health issues facing communities within the Ascension Providence service area.

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

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

Results of the gaps, trends and themes that emerged from the quantitative data analysis were validated against the themes and feedback received from focus groups, interviews and a survey. Together with the efforts of our collaborators, an estimated total of 39 individuals participated in the focus groups and interviews, held between July 2021 and November 2021. Populations represented by participants included medically underserved, low-income, minority groups, and rural, urban and suburban groups.

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

Summary of Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, Ascension Providence solicited input from a range of public health and social service providers that represent the broad interests of the Ascension Providence service area. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice and research; 2) individuals who are medically underserved, are low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

A summary of the process and results is outlined below.



Community focus groups

Ascension Providence conducted focus groups and interviews to complete the qualitative analysis for this CHNA. A series of four focus groups with approximately 15 participants were conducted by Alpinista Consulting to gather input from community members in the following counties: Bosque, Coryell, Falls, Freestone, Hill, Hamilton, Limestone, and McLennan. Populations represented by participants included medically underserved, low-income, minority groups, and rural, urban and suburban groups.

Community Focus Groups

Key Summary Points

- The lack of a health district designation means that raising funding through taxes for public health services and initiatives is particularly difficult.
- Coordination across care providers is a challenge. Some social and health services are under-utilized due to lack of coordination across agencies and providers. Prosper Waco seems to be helping to make some of that happen.
- There is an acute shortage of childcare options and arrangements across McLennan County. After-hours, drop-in, or sickcare options are almost entirely absent - and were proposed as potential needs or ideas.
- Many of the healthcare services for McLennan are located in-and-around Waco, which means that people from surrounding communities need to travel into the city for care
- Focus group participants from across regions spoke about the lack of availability of mental and behavioral health services as a long standing, chronic challenge that has been exacerbated by increased demand during the COVID-19 pandemic.
- Transportation challenges are especially acute in these more rural areas. There are almost no public or private transportation options and most services are a significant distance away. For older adults and for people with frequent needs (like wound care), travel can prevent them from receiving care.
- Some effort has been made to bring speciality services to the counties, yet these still require people to get to appointments and certain providers remain hard to secure (mental health, nephrology).
- Where there might have been opportunities to develop home-based care or telehealth in areas with few options for transportation, those initiatives still remain mostly undeveloped.

Populations/Sectors Represented

- Hospital/health system
- Immigration services
- Collective Impact org
- Housing
- School District family services programming
- Mental Health Center
- Researcher for social service organization

Common Themes

- Opportunities to optimize organizational partnerships
- Rural nature of many communities in this region leads to challenges particularly in transportation and broadband access.
- Access to care, including lack of insurance or being underinsured, as well as being physically distant were noted as challenges.

Meaningful Quotes

- "I am proud of the work of Prosper Waco. They have realigned their work over the past few years, and their work is focused on bringing different entities together focusing on solution-based efforts within the community."
- "We need a hospital district or health district with formal taxing authority for indigent health care, and we need our elected leaders to accept expanded Medicaid."
- "With the focus on Waco, the [outlying] communities have felt overlooked or unconsidered in planning processes and so they are now reluctant to trust systems in place."
- "People are just exhausted. Everyone switches to survival or crisis mode. We can GO there and then need to come back down. If you don't, your resources get worn down and things fall apart."

Surveys

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

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

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

Surveys
Key Summary Points
<ul style="list-style-type: none"> • The most common reason selected for why individuals did not receive healthcare when needed was because they could not afford it • Participants ranked access to healthcare, safety from violence and affordable housing as the top three factors that are important to a healthy community • Participants ranked mental health and suicide, diabetes and high blood sugar, and employment and job skills as the most important factors to address to improve community health

Key stakeholder interviews

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

Key Stakeholder Interviews
Key Summary Points
<ul style="list-style-type: none"> • There are many social needs that inhibit health, including poor public transportation (which would enable access to social and health services) and insufficient housing conditions. • Many residents of these communities are uninsured or underinsured, which contributes to barriers to receiving healthcare. • Needs around mental and behavioral health have grown quickly and significantly, affecting young and old persons and manifesting through bouts of anxiety, fear, isolation and depression. • Disparities in health are recognized, at least in part, as systemic problems. For example, gaps between

health outcomes of Black women giving birth compared to White women were noted by several respondents.

Populations/Sectors Represented	Common Themes
<ul style="list-style-type: none"> • Higher Education • Public Health Department • Prosper Waco • DePaul Center (Mental and Behavioral Health) 	<ul style="list-style-type: none"> • Health equity came up as significant in interviews, focus groups and quantitative data. • Cost of healthcare and lack of insurance • Effects of the pandemic on health and wellness • Opportunity to optimize organizational partnerships
Meaningful Quotes	
<ul style="list-style-type: none"> • “One unique characteristic is how much we all partner together” • “I think the opportunity to better yourself however you want to do it....with all the education institutions is a big big asset.” • “...I’m a pretty big fan of what we’re doing, but I do think it’s lifting the tide for our most challenged disadvantaged people. I really think that is because there are a lot of people that might have a job, but it’s not a living wage.” • “Living, work and play in Waco is really hard to beat for the size of the community” 	

Summary of Secondary Data

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

Health indicators in the following categories were reviewed:

- Health Outcomes
- Social and Economic Factors that impact health
- Health Behaviors
- Access to Healthcare
- Disparities

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

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



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

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

Largest population: McLennan and Coryell counties
Smaller population: Bosque, Falls, Freestone, Hamilton, Hill and Limestone counties

To view secondary data and sources in its entirety, see Appendix D (*page 61*).

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

A summary of the secondary data collected and analyzed through this assessment is outlined below.

Health Outcomes

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

Generally, indicators that showed particular areas of need related to mental and behavioral health as measured by the number of poor mental health days, as well as poor physical health. These needs are especially evident in counties with smaller populations

All eight counties in this service region have statistically significantly higher experiences with poor mental health days than the Texas and U.S. average. All also have either statistically significant or much higher experiences with poor physical health days than Texas and the U.S.

Rates for suicide are especially high in Coryell, Hill, Hamilton and Freestone counties. In all of the counties with smaller populations (Bosque, Falls, Freestone, Hamilton, Hill, Limestone), higher experiences with premature deaths are noted, compared to Texas and U.S.

Social and Economic Factors that Impact Health

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

These indicators reveal the deep and diverse experiences of lives in the Ascension Providence service area. The median household annual income in each of the eight counties is lower than the Texas average of \$64,044, with the highest average income in Bosque county at \$55,179 and the lowest being in Falls county at \$41,484 .

Childhood poverty rates are high across the region, with 23% of children noted as being below the Federal Poverty Line in McLennan county, 26% in Limestone county and 28% in Falls county. There are



also shared experiences of limited access to healthy foods in the region, with McLennan, Limestone, Freestone and Falls having higher rates than Texas on this indicator.

Counties with smaller-sized populations generally show lower violent crime rates along with lower educational attainment.

Physical Environment

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

The eight counties in the Ascension Providence region do not experience significantly worse or better experiences than those across Texas. Residents in counties with lower populations have lower severe housing burdens than those experienced across Texas, and most of the eight counties had higher rates of home ownership.

Air pollution in many of the counties was above the average experience in Texas, but trends indicate a positive trajectory in reducing pollution.

Access to Healthcare

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

As noted throughout this report, access to care is a challenge for most of the counties in the Ascension Providence region for reasons including large numbers of un- and underinsured people - especially children - and especially in smaller counties, high ratios of providers to residents.

All of the counties with smaller populations have poor ratios of mental health providers to population, with Falls County at an extraordinary ratio of 8,649:1 (that is, residents per provider). The Texas average is 827:1. Dental services are also scarce in the smaller counties, as is the availability of primary care physicians.

Health Behaviors

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

In many of the counties in the region, big and small, adult obesity is rising and in many counties, is already at a higher rate than Texas and the United States. Limestone County has a rate of 42% adult obesity, with Hill (37%) and Freestone (39%) counties just behind, and McLennan (34%) also much higher than statewide and national rates. Parallel to those rates are higher rates of physical inactivity, with Hill County's rate statistically significantly higher than Texas.

Coryell has a high rate of alcohol-impaired driving deaths (34 per 100,000) compared to the Texas experience of 26 per 100,000 and the national experience of 28 per 100,000.

Corresponding to those alcohol-related deaths are higher rates of motor vehicle crash deaths in Hill, Limestone, Freestone, Bosque, and Hamilton counties.

All of the counties with smaller populations (Bosque, Falls, Freestone, Hamilton, Hill, Limestone) have statistically significantly higher rates of smoking.

Disparities

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

Disparities in health indicators are also noted throughout this report. Of note in this section are the significantly worse experiences of Black populations related to infant mortality (especially in counties with lower populations), premature deaths, and childhood poverty. Rates of childhood poverty are statistically significantly higher for Black populations in McLennan, Limestone, and Falls counties, and for Hispanic populations in Freestone, Bosque, Falls, and Hamilton counties.

Statistically significant worse indicators are also present related to teen births for Black populations in Falls county, and for Hispanic populations in Limestone county.

Summary of COVID-19 Impact on Ascension Providence

The COVID-19 pandemic has had an impact on communities world-wide. In the United States, urban communities took the hardest hit for both COVID cases and death. Profound disparities emerged as the pandemic grew. Older Americans have the highest risk of death from COVID than any other age group with 81% of deaths from COVID to people over 65 years of age. There are significant disparities by race and ethnicity as well. Americans of color have higher risk of exposure, infection, and death compared to non-Hispanic White Americans.³

Significant COVID-19 disparities include:

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

Some reasons for these differences include:

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

³Centers for Disease Control and Prevention (<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities>)

- Higher rates of underlying conditions⁴

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

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

Table 2a: Impact of COVID-19 on Ascension Providence: Counties with Large Populations

COVID-19 Impact on Larger Population Counties (as of 3/25/22)			
Indicator	McLennan	Coryell	Description
Total Cases	57,409	17,206	
Confirmed Cases per 100,000	21,819	-	Not calculated for counties with a population less than 100,000.
Total Deaths	897	210	
Deaths per 100,000	341	-	
Case Fatality Percentage	0.34%	1.22%	Percent of total confirmed cases of individuals who died of COVID-19

Table 2b: Impact of COVID-19 on Ascension Providence: Counties with Small Populations

COVID-19 Impact on Smaller Population Counties (as of 3/25/22)							
Indicator	Hill	Limestone	Freestone	Bosque	Falls	Hamilton	Description
Total Cases	8,869	5,074	3,854	4,056	3,759	1,959	
Confirmed Cases per 100,000	-	-	-	-	-	-	Not calculated for counties with a population less than 100,000.
Total Deaths	191	124	82	70	63	32	
Deaths per 100,000	-	-	-	-	-	-	Not calculated for counties with a population less than 100,000.
Case Fatality Percentage	2.15%	2.44%	2.12%	1.72%	1.67%	1.63%	Percent of total confirmed cases of individuals who died of COVID-19

Source: New York Times, US Census Bureau (July 1, 2021)

<https://www.census.gov/quickfacts/fact/table/hamiltoncountytexas,fallscountytexas,bosquecountytexas/PST045221>
<https://www.nytimes.com/interactive/2021/us/hamilton-texas-covid-cases.html>

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

In the tables above, COVID-19 cases per 100,000 were calculated for the counties that have a population above 100,000. Smaller and some medium population counties such as Hill (36,471), Limestone (22,119), Freestone (19,774), Bosque (18,503), Falls (17,313) and Hamilton (8,229) do not have a population of more than 100,000 therefore no data is available for COVID-19 cases per 100,000 people. Also of note are the variations in COVID-19 data for the counties with large, medium and small populations. Although it looks like the smaller population counties such as Hill, Limestone, Freestone have fewer deaths in comparison to larger population counties such as McLennan and Coryell, comparing case fatality data reveals that Limestone has the highest fatality rate (2.44%) and McLennan has the lowest (0.34%).

Spotlight: Children in the Ascension Providence region

Ascension Texas's commitment to serving children and families in Central Texas inspired specific research and engagement with stakeholders related to children's health. Children in the Ascension Providence region, as across Texas, face profound barriers to wellness, all of which were exacerbated throughout the pandemic and economic recession. Across Texas, the unmet needs of children are well documented, including rising experiences (on top of already high experiences) with suicide and mental and behavioral health needs, shortages of homes for foster children, lack of access to care due to loss of health insurance, and moreover, greater disparities in the experiences of health of children who are White compared to those who are Black and/or Hispanic.

Since opening in 2007, Dell Children's, located in Austin, Texas has been the only dedicated freestanding pediatric facility in the region, serving 46 counties including McLennan, Coryell, Limestone and Falls Counties in the Ascension Providence region. To keep up with the population growth in Central Texas, the new Dell Children's Medical Center North hospital, along with expansions at Dell Children's Medical Center's central campus, and Dell Children's Specialty Pavilion, are part of a comprehensive plan by Ascension Texas to continue expanding pediatric care in the region over the next five years. In response to the growing health demands in our community, Ascension Texas is building programs to address children's needs.

Children

Key Summary Points

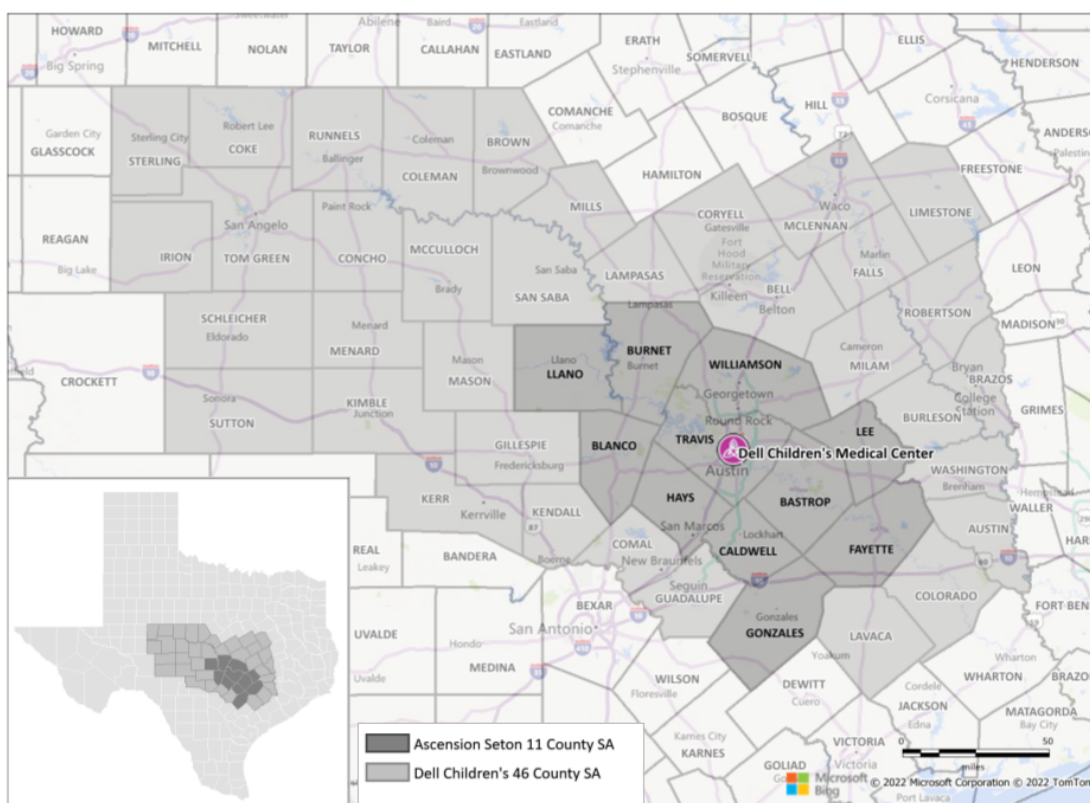
- Navigating services for children, especially those who are economically disadvantaged and/or are Black or Hispanic, is a significant barrier to health, given the multiple points of entry into an often uncoordinated system of care for children and their families
- Mental and behavioral health needs of children and adolescents are more visible and more critical as a result of the pandemic, racial reckoning and unrest, and already existing challenges in accessing professionals trained in this specialty.
- Disparities in the health, social and safety conditions for children and families vary significantly by geography, race, ethnicity and income level.

- As noted in Prosper Waco's Snapshot report, 80-90% of students in three Waco-area school districts (Waco, Connally and LaVega) are classified as economically disadvantaged.

Meaningful Quotes

- "There is a fear of accessing resources. A primary example is parents who are afraid of enrolling citizen children in certain benefits because it might compromise their immigration case."
- "[When]... babies are born in Seton hospitals, that's where we could start with mental health resources. Between kindergarten and pre-K there's not much institutional involvement."
- "...[While determining solutions], organizations/hospitals should be...."Differentiating between the numbers of people impacted in each region."

Figure 4: Ascension Seton 11-County Service Area and Dell Children's 46 County Service Area



Mirroring experiences across the United States, children in the Ascension Providence service region are more likely to live in poverty than adults, and there are large differences in childhood poverty by race and ethnicity, as noted in the "Disparities" section above.

The number of uninsured children in the Ascension Providence service area is staggering. All of the counties in the Ascension Providence service area have a higher rate of uninsured children than the rate for the United States. Half of the counties served by Ascension Texas have higher rates of child food insecurity than Texas, and almost all of the counties in the region have higher child food insecurity rates than the United States.



It is well documented that living in poverty is linked to poor health, both physical and mental, and there are a number of indicators documenting the correlation between higher rates of uninsured and low-income children and families with poorer health experiences.

According to the Annie E. Casey Foundation's 2021 Kids County Profile, the state of Texas ranks 49th in the United States, in Health, based on indicators including the number of low-birth weight babies, the number of children with no health insurance, the number of children and teens aged 10-17 who are overweight or obese, and the number of children and teen deaths per 100,000.

For children and family health more generally, the themes that stood out were related to mental health (increased need with little skill, training, or specialized experience), obesity and access to healthy foods, housing insecurity and affordability, limitations on the availability of quality child-care options, and then specific needs around things like immunizations and cross cultural communication.

Some significant Texas-wide findings related to children include:

- Two-thirds of Texas children with major depression receive no treatment⁵
- One in three Texas children experience a mental health disorder in a given year⁶
- The second leading cause of death among youth ages 10 - 24 is suicide⁷
- About a quarter (24%) of parents of Texas children indicated that their child had no preventive care visits in the past 12 months in the 2019-2020 National Survey of Children's Health⁸
- Over half (59%) of parents surveyed said that their child did not have a medical home in the 2019-2020 National Survey of Children's Health⁹

⁵ Meadows Mental Health Policy Institute. Mental Health Statistics, children in Texas. Retrieved 1/12/22 from <https://mmhpi.org/>

⁶ Meadows Mental Health Policy Institute. Children, youth & families, did you know? Retrieved 1/12/22 from <https://mmhpi.org/work/children-youth/>

⁷ Meadows Mental Health Policy Institute. Children, youth & families, did you know? Retrieved 1/12/22 from <https://mmhpi.org/work/children-youth/>

⁸ 2019-2020 National Survey of Children's Health. Child and family measures nationwide vs. Texas. Retrieved 1/14/2022 from <https://www.childhealthdata.org/browse/survey/results?q=8604&r=1&r2=45> (survey asked among children who had a medical care visit within the past 12 months)

⁹ 2019-2020 National Survey of Children's Health. Child and family measures nationwide vs. Texas. Retrieved 1/14/2022 from <https://www.childhealthdata.org/browse/survey/results?q=8632&r=1&r2=45>

Spotlight: Health Disparities in the Ascension Providence Region

Health disparities are noted and documented throughout this Community Health Needs Assessment. While obviously an issue that is embedded in other health and social needs discussed in this report, noting it as a standalone need appropriately calls attention to the pervasive and persistent challenges associated with achieving health equity.

Health Disparities
Key Summary Points
<ul style="list-style-type: none"> • Factors like race, income level, ethnicity, environment and geography should not determine how healthy a person is, but there is a plentiful and growing body of data - both qualitative and quantitative – that provides consistent and evidence of strong correlations between social conditions and health and wellness. • Disparities in health care occur in the context of broader inequality. • There are many conditions within health systems, providers, patients, administrators and programs that contribute to disparities. • The pandemic, national reckoning with race and discriminatory practices, and the economic recession have heightened awareness of racial inequalities and health disparities. • The income of Hispanics in Waco is about 30% less than the income of Whites, while Black residents of Waco make about 45% less than Whites. • School districts in Waco that are made up of more than 60% students of color have twice the rate of economic disadvantage as districts that are at least 60% white. • White residents are about 3-4 times more likely than Black and Hispanic residents to have a bachelor's degree, and Asians are more than 6 times as likely as Blacks and Hispanics.
Meaningful Quotes
<ul style="list-style-type: none"> • “One of the things I see as really lacking in our community is in-reach into the community. ‘If you get through our gates or lay down on our marble floors, then we may help you.’” • “Even when you have someone advocating for you, it’s TIME consuming for the advocate. What is it like for someone to navigate the system who isn’t connected. There must be lots of problems for people who might just quit trying to find their way or navigate it.”

Focus group participants described feeling intimidated by medical providers and hesitant to seek out medical care due to negative experiences. These community members fear deportation or other consequences associated with their or their family member’s immigration status. In addition to costs, participants described that health care services often feel inaccessible because they are not culturally or linguistically appropriate. Focus group participants shared that they faced barriers related to language, noting an insufficient number of Spanish-speaking providers.

Specific county-by-county data related to disparities is included in Appendix D. Some significant Ascension Providence findings related to health disparities include:

- Counties to the east of the population center in McLennan including Falls, Limestone and Freestone have statistically significantly worse experiences on many health indicators compared to Texas averages.
- Conversely, counties to the west including Hamilton and Coryell have more instances of statistically significant better health experiences than Texas averages.

Spotlight: Differences Between Rural, Urban and Suburban Communities within the Region

The community as defined for this Community Health Needs Assessment is large, encompassing urban, suburban and rural communities and diverse populations within the larger Ascension Providence service area. Many participants in the focus groups remarked on the significant variations in health and social conditions and quantitative data affirm that significant gaps in health and social circumstances exist depending on where a person lives.

Rural, Urban and Suburban Communities
Key Summary Points
<ul style="list-style-type: none"> • Rural areas often lack or have less physical access to services of all kinds including health clinics, mental and behavioral health services, hospitals, grocery stores, and social service offices • Personal vehicles are often the only transportation option in rural areas • Digital infrastructure for the internet is lacking in many rural areas. This has been a persistent issue over the years as the world digitizes, and COVID-19 highlighted the disparities in many ways with the sudden need to access to high speed internet at home for work or to access telehealth appointments • Rural communities operate differently than urban and suburban counties in many ways including community organizing, funding, and resident beliefs. Collaborations with rural communities should take into consideration community norms and engage local leadership. • The Waco Snapshot Report 2021, produced by Prosper Waco, noted the “persistent significance of place and neighborhood” as it relates to health. Among the indicators were those showing that low-income areas of Waco have a higher share of residents reporting physical and mental distress than the suburban and rural parts of the county.
Meaningful Quotes
<ul style="list-style-type: none"> • “With the focus on Waco, the [outlying] communities have felt overlooked or unconsidered in planning processes and so they are now reluctant to trust systems in place.” • “One of the things I see as really lacking in our community is in-reach into the community. ‘If you get through our gates or lay down on our marble floors, then we may help you.’”

As noted in the sections above, quantitative indicators associated with health outcomes, social and economic factors, physical environment, health factors, health behaviors, and disparities all offer evidence of the gaps in experiences between populations living in rural areas compared to urban areas,



with generally higher or better experiences associated with denser populations and greater access to healthier activities, food and care.

Written Comments on Previous CHNA and Implementation Strategy

Ascension Providence's previous CHNA and implementation strategy were made available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna>.

Ascension Providence had no questions or comments on the 2019 CHNA.

Data Limitations and Information Gaps

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

For this assessment, three types of limitations were identified:

- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary data is limited in a number of ways, including timeliness, reach, and descriptive ability with groups as identified above.
- All focus groups and interviews were held virtually due to concerns about COVID-19. The virtual nature of these meetings, held via zoom, may have shaped the interactions and feedback received in a way that differs from in-person meetings.

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

Prioritization of Community Needs

Based on the data collected and presented in previous sections, Ascension Providence, with contracted assistance from Alpinista Consulting, applied a phased prioritization process described below to identify the priority needs in the Ascension Seton service area. In collaboration with community partners, Ascension Seton used a phased prioritization approach to identify the priority needs in the Ascension Providence eight-county service area.

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

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

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

- Alignment of problem with Ascension Providence’s strengths, capacities and priorities
- Impact on vulnerable populations
- Importance of problem to the community
- Organizational resources available to address problem



Based on the results of the sensemaking sessions, the CHNA Steering Committee¹⁰ prioritized which of the identified needs were most significant

Ascension Providence has selected those needs determined by the CHNA Steering Committee as the prioritized needs to develop a three-year implementation strategy. Although the hospital may address many more needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting.

Through the prioritization process for the 2021 CHNA, the significant needs are as follows:

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

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

To view health care facilities and community resources available to address the significant needs, please see Appendix E (page 80).

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

¹⁰ The CHNA Steering Committee is comprised of internal leaders Ray Anderson (Chief Strategy Officer), Lauren Baker (VP of Academic Integration & Chief of Staff), Derek Covert (Chief Mission Integration Officer and VP Canonical Affairs), and Kate Henderson (President - Regional Hospitals and Strategic Community Partnerships), and community partners Dr. Jewel Mullen (Associate Dean for Health Equity and Associate Professor, Department of Population Health at The University of Texas), and Dr. Andrew Springer (Associate Professor, Health Promotion and Behavioral Sciences at The University of Texas School of Public Health).

Mental and Behavioral Health	
Why is it Important?	Data Highlights
<p>The individual and societal benefits of achieving mental wellness are significant. The need for mental health services is high. The economic value of providing appropriate mental health services can be measured in the avoided costs of hospital admissions, emergency department visits, criminal and juvenile justice involvement, homelessness, and more. Providing appropriate mental health services has been shown to reduce lost workdays and improve workplace productivity... access to the right services at the right time offers hope to individuals that they can achieve recovery and live meaningful lives.*</p>	<p>All of the counties in Ascension Providence's service area report a statistically significant average number of "Mentally Unhealthy Days" higher than averages across Texas.</p> <p>The mortality rate from drug overdoses is significantly higher in half of the counties in Ascension Providence's service region than in Texas.</p> <p>Depression in Medicare populations as measured in the Behavioral Risk Factor Surveillance System (BRFSS) is higher in all of the counties in Ascension Providence's service area than average experiences in the United States.</p>
Local Assets & Resources	<p>Significant societal events layered on top of the pandemic also impacted mental and behavioral health, resulting in increasing reports of anxiety and depression and suicide especially for young people (e.g., per CDC, emergency room visits for suspected suicide attempts increase by 31% among 12-17 year olds in 2020 compared to 2019), rising reports of challenges associated with isolation, and increasing reports of substance use and abuse (as of June 2020, CDC reported that 13% of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19, and overdoses have also spiked since the onset of the pandemic). among others.</p>
<ul style="list-style-type: none"> • Providence DePaul Center & DePaul Clinic • Heart of Texas Region Mental Health Mental Retardation (HOT MHMR) (multiple locations) • Prosper Waco • Klaras Center for Families • Abounding Aspirations • The Center for Children and Families • Lake Shore Center for Psychological Services • Pathway Counseling Center • Waco Psychological Associates • Freedom Reins Counseling 	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Big service gaps for those who don't qualify for Local Mental Health Authorities (LMHAs) services and can't access private pay therapy • There is no crisis hub in Waco with mental and behavioral health services. The demand on Depaul behavioral health services is "astronomical." • Few providers with the same linguistic, cultural, and racial identities as those served • Lack of mental health services for an already long standing, chronic challenge exacerbated by increased demand during the pandemic. 	<ul style="list-style-type: none"> • Medicaid-eligible families, since very few therapists or psychiatrists that work outside the LMHA system accept Medicaid payment. • Children and adolescents living in low-resource areas. • Older adults with limited incomes and fewer social networks. • Rural communities with limited access to health facilities

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

**Source: County Health Rankings Data

Access to Care	
Why is it Important?	Data Highlights
Together, health insurance, local care options and a trusted and ongoing source of care help to ensure access to health care. Access to care allows individuals to enter the health care system, find care easily and locally, pay for care and get their health needs met.*	Four of the eight counties in the Ascension Providence service area are designated a Health Professional Shortage Service Area by the U.S. Health Resources & Services Administration (HRSA) for either primary, mental or dental care. Freestone County alone is a shortage area for all three services.
Local Assets & Resources	<p>Every county in the Ascension Providence service area has higher levels of uninsured adults and children than the average value for the United States.</p> <p>A quarter of the counties in the Ascension Providence service area have statistically significantly higher rates of uninsured children than Texas.</p> <p>Most of the counties in Ascension Providence's service area have statistically significant worse ratios of providers:patients for primary and mental health care than Texas averages</p>
<ul style="list-style-type: none"> • Ascension Providence • Baylor Scott & White Hospital Systems • Ascension Medical Group • Baylor Scott & White Clinics • West Waco Community Clinic • McLennan County Indigent Healthcare • Waco Primary Care • Heart of Texas Community Health Center • Waco Family Medicine • Cook Children's Specialty Care of Waco 	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Several members spoke about the problematic politicization of health, and how when health outcomes get entangled in political efforts it hurts people. • The need for a hospital district with formal taxing authority for indigent health care was articulated by participants, along with the desire for elected leaders to accept expanded Medicaid." • Some acknowledged there was a lot of effort being made to better coordinate services, and the need to meet people with needs where they are. 	<p>Individuals and families with lower incomes.</p> <p>People with lower digital literacy skills and/or no access to devices</p> <p>Persons who live in rural areas.</p> <p>People with limited English proficiency.</p> <p>Focus group participants noted several sub-populations who experience greater health disparities and barriers to accessing health care. These populations include people who are immigrants, disabled, children and older adults.</p>

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

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

Social Determinants of Health/Social Needs	
Why is it Important?	Data Highlights
<p>Social Determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship and age. These are important because these conditions have a major impact on a person's health, functioning and quality-of-life SDOH also contribute to wide health disparities and inequities.*</p>	<p>Many of the counties in the Ascension Providence service area have indicators related to social needs with statistically significantly worse outcomes than averages for Texas, including lower access to exercise opportunities, very high rates of childhood poverty and low median household incomes, among others.</p> <p>According to Prosper Waco's 2021 Snapshot Report, Waco fares worse than its peer cities in several indicators related to social conditions, including home ownership rates and proportions of the population that spend more than 30% of their income on housing.</p> <p>Also noted on Prosper Waco's Snapshot report is that 80-90% of students in three Waco-area school districts (Waco, Connally and LaVega) are classified as economically disadvantaged.</p> <p>The Central Texas Food Bank notes that more than one in four children in Central Texas is food insecure. The national average is slightly higher than one in five.</p>
Local Assets & Resources	
<ul style="list-style-type: none"> • Helpings • Waco Family Abuse Center • MCH Family Solutions Program • Compassion Ministries • CareNet • Caritas Waco • Mission Waco • Salvation Army • Shepherd's Heart • Meals on Wheels 	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Multiple social and structural determinants of health contribute to poor health outcomes in all of the Ascension Providence service area counties. • Related to issues of accessing care, many community members specifically noted transportation and broadband, along with the rising costs of housing and food security as critical needs. 	<p>Focus group participants noted several sub-populations who experience greater health disparities and barriers to accessing health care. These populations include people who are immigrants, disabled, children and older adults.</p> <p>Individuals who are uninsured.</p> <p>People living in geographic areas that have fewer physical resources including health facilities, grocery stores, and public transportation (occurs in both rural and urban settings).</p> <p>Individuals and families with lower incomes.</p>

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

Health Equity	
Why is it Important?	Data Highlights
<p>Gaps in health are large, persistent and increasing. Health equity means increasing opportunities for everyone to live the healthiest life possible, no matter who we are, where we live or how much money we make.*</p>	<p>Significant gaps in social and health indicators exist in the Ascension Providence service region, including:</p> <ul style="list-style-type: none"> • The income of Hispanics in Waco is about 30% less than the income of Whites, while Black residents of Waco make about 45% less than Whites. • School districts in Waco that are made up of more than 60% students of color have twice the rate of economic disadvantage as districts that are at least 60% white. • White residents are about 3-4 times more likely than Black and Hispanic residents to have a bachelor's degree, and Asians are more than 6 times as likely as Blacks and Hispanics. <p>County Health Rankings data also reveal significant gaps within the counties in the service area for Ascension Providence:</p> <ul style="list-style-type: none"> • Black populations have significantly higher rates of infant mortality and premature death than the Texas average. White populations also have significantly higher rates of premature death in more than half of the counties in the region. • Black populations have statistically significantly higher rates of "Infant Mortality" than Texas averages. • Hispanic populations in the Ascension Providence service area have statistically significantly higher rates of "Teen Births" than Texas averages.
Local Assets & Resources	
<ul style="list-style-type: none"> • La Puerta Waco • Hispanic Health Coalition • Waco's Black Community • Alliance for African American Health In Central Texas • Prosper Waco • Texas AHEC East Waco Region • Live Well Waco 	
Community Challenges & Perceptions	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Especially for children and people of color, there's a long wait list to see providers who may have relevant experience for a situation. • There are disparities across Waco and surrounding communities, especially when it comes to race and early childhood education, including kindergarten preparedness. • Focus groups also brought up issues of trust, safety and familiarity with providers. • Focus groups identified institutional racism as a driver of health inequities. 	<p>Populations who speak languages other than English, immigrants and persons unfamiliar with systems of care available in the Ascension Providence service area.</p> <p>Racial and ethnic groups who have experience racism and discrimination.</p> <p>Individuals who are uninsured.</p> <p>People living in geographic areas that have fewer physical resources including health facilities, grocery stores, and public transportation (occurs in both rural and urban settings).</p>

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

Summary of Impact from the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address the significant needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Highlights from the Ascension Providence's previous implementation strategy include:

- Access to healthcare
- Women's health
- Mental and Behavioral Health
- Lifestyle and healthy behavior

Ascension Providence and Ascension Providence facilities have worked to address these needs. The information below includes a summary of the impact Ascension Providence has made on these community needs over the past three years.

Ascension Providence initiated emergency department navigators to assist patients upon discharge from their emergency care. These navigators established processes to connect patients to primary and specialty care follow-up, monitored the attendance of these meetings, and connected them to community resources. Since the launch of this program navigators have connected with over 600 patients, made over 300 follow-up appointments, and connected 78 patients to community resources.

Ascension Providence DePaul Center has been an active member of the Continuity of Care Community Project (COC) coordinated by Prosper Waco. Seven entities are involved and it is part of a 2 year project. As part of this initiative, DePaul has launched mental and behavioral health navigators in Ascension Providence's emergency department. Navigators have connected with over 200 patients and reduced the numbers of high utilizer numbers by 124. Focus has also been shifted to improve clinical training for mental and behavioral health and substance abuse conditions allowing for improved diagnosis, treatment, and referrals.

Despite challenges during the onset of the COVID-19 pandemic, the CareNet perinatal program has continued to expand, opening additional days of service to the community and averaging 1800 patients annually, while continuing to provide ongoing perinatal education. Additionally, breast care services were provided to over 400 patients with over 500 exams offered.

Covid-19 had significant impacts on the ability of Ascension Providence to provide diabetes support as intended and therefore have not been able to engage the community members. All in-person screenings, education, and support groups were put on hold until proper safety measures have been established.



Written input received from the community and a full evaluation of our efforts to address the significant health needs identified in the 2019 CHNA can be found in Appendix F (*page 86*).



Approval by Ascension Providence Board of Directors

To ensure Ascension Providence's efforts meet the needs of the community and have a lasting and meaningful impact, the 2021 Community Health Needs Assessment was presented to the Ascension Providence Board of Directors for approval and adoption on May 24, 2022. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the community health needs assessment, endorses the priorities identified, and supports the strategy that has been developed to address prioritized needs.



Conclusion

The purpose of the CHNA process is to develop and document key information on the health and wellbeing of the communities Ascension Providence's serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension Providence to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2021 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension Providence hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of McLennan county and the seven other counties in its service area. As a Catholic health ministry, Ascension Providence is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the communities it serves. With special attention to those who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Ascension Providence is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit this public website (<https://healthcare.ascension.org/chna>) to submit your comments.

Appendices

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Appendix A: Definitions and Terms

Acute Community Concern

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

Collaborators

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

Community Focus Groups

Group discussions with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services and members of minority or disadvantaged populations. Source: CHA Assessing and Addressing Community Need, 2015 Edition II

Community Forums

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

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

Community Served

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

Consultants

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

Demographics

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

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

Identified Need

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

Key Stakeholder Interviews

A method of obtaining input from community leaders and public health experts one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are asked to elicit a full range of responses. Key informants may include leaders of community organizations, service providers, and elected officials. Individuals with a special knowledge or expertise in public health may include representatives from your state or local health department, faculty from



schools of public health, and providers with a background in public health. See Section V for a list of potential interviewees. Could also be referred to as Stakeholder Interviews.

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

Medically Underserved Populations

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

Source:

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

Prioritized Need

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

Significant Need

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

Surveys

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

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

Underinsured

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

Appendix B: Community Demographic Data and Sources

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

Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Ascension Providence	Texas	United States	Description
Total Population	449,089	28,995,881	328,239,523	Resident population, 2019
Population Change 2010 - 2019	+5.5%	+16%	+7%	Calculated using ACS 5-year Estimates for total population in 2010 and 2019
Rural	34.4%	15.3%	19.3%	Percentage of population living in a rural area, 2010
Male	49.3%	50.3%	50.8%	Percentage of population that is female according to the Census, 2019
Female	50.7%	49.7%	49.2%	Percentage of population that is male according to the Census, 2019
<i>Data sources:</i> Total Population, M/F: American Community Survey 5-year estimate 2019, Table DP05 Population Change 2010 - 2019: Calculated from American Community Survey 5-year estimates 2010 and 2019, Table DP05 Rural: County Health Rankings pulled 2020, Census Estimates from 2010				

Population by Race or Ethnicity

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

Race or Ethnicity	Ascension Providence	Texas	United States	Description
White	78.8%	41.2%	60%	Percentage of population that is non-Hispanic White, 2019
Hispanic / Latino	23.1%	39.7%	18.4%	Percentage of population that is Hispanic, 2019
Black / African American	13.6%	12.1%	12.4%	Percentage of population that is non-Hispanic Black, 2019
Asian	1.4%	5.2%	5.6%	Percentage of population that is non-Hispanic Asian, 2019
American Indian & Alaska Native	0.6%	1.0%	0.7%	Percentage of population that is non-Hispanic American Indian & Alaska Native, 2019

Native Hawaiian & Pacific Islander	0.2%	0.1%	0.2%	Percentage of population that is non-Hispanic Native Hawaiian & Pacific Islander, 2019
Two or More Races	3.2%	1.7%	2.4%	Percentage of population that is non-Hispanic and Two or More Races, 2019
Some Other Race	2.2%	0.1%	0.1%	Percentage of population that is non-Hispanic and Some Other Race than those listed, 2019

Data source: American Community Survey 5-year Estimate 2019, Table DP05

Language

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

Language	Ascension Providence	Texas	United States.	Description
English Proficiency	7.8%	13.7%	8.4%	Percent not proficient in English, 2015-2019
Spanish	7.1%	11.6%	12.3%	Percent of the population over 5 years old who speak Spanish at home and speak English "less than very well". Census, 5 year estimate 2019

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

Population by Age

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

Age	Ascension Providence	Texas	United States	Description
Median Age	33.9	34.6	38.1	The age which half the people are younger than this and half are older, 2019
Under 18	23.8%	25.5%	22.2%	Percent population below 18 years of age, 2019
65+	15.2%	12.9%	16.5%	Percent population ages 65 and over, 2019

Data source: American Community Survey 5-year Estimate 2019, Table DP05

Income

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

Income	Ascension Providence	Texas	United States	Description
Median Household Income	\$49,821	\$64,044	\$61,900	The income where half of households in a county earn more and half of households earn less.
Per Capita Income	\$25,023	\$31,277	\$34,103	Per capita income and benefits in inflation-adjusted dollars, 2019
Poverty	17.8%	15%	13%	Percentage of population living below the Federal Poverty Line, 2019 (ACS 5-year est)
ALICE Households	29.4%	30%	29%	Asset Limited, Income Constrained, Employed households, 2018 (https://www.unitedforalice.org/)
Data sources: Median Household Income: County Health Rankings, 2021 - obtained from Small Area Population Estimates, 2019 Per Capita Income: American Community Survey 5-year Estimate 2019, Table DP03 FPL: American Community Survey Table S1701, 2019 ALICE Households: Asset Limited, Income Constrained, Employed. United for ALICE. 2018. Obtained from UnitedforALICE.org				

Education

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

Income	Ascension Providence	Texas	United States	Description
High School grad or higher	84.7%	84%	85%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Bachelor Degree or Higher	20.6%	30%	32%	Percentage of adults ages 25 and over with a Bachelor's degree or higher.
Data source: American Community Survey Table DP02. 5-year Estimate, 2019				

Insured/Uninsured

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

Income	Ascension Providence	Texas	United States	Description
Uninsured	18.9%	20%	10%	Percentage of population under age 65 without health insurance.
Data source: County Health Rankings, 2021. Obtained from Small Area Health Insurance Estimates, 2018.				

Appendix C: Community Input Data and Sources

Focus Groups

Focus Groups	Description of Participants	Organizations & Sectors Represented	Number of Participants	Number of Focus Groups
Bosque, Coryell, Hamilton, Hill, Falls, Freestone, Limestone Counties	Hospital/health system employee who focuses on community engagement and Legal representative for an immigration services firm	Hospital/healthcare system & Social/legal services provider for immigrants in 23 rural counties of Texas	2	2
McLennan County	CEO of a collective impact organization; Executive director at a housing organization; Director of a family services program at a school district; Service provider at Women, Infants, and Children; Administrator for a blood donation bank (x2); Executive director for a local mental health center; Researcher for a collective impact organization; CEO of a large social services agency; community coordinator for a collective impact organization and local mental health center; Administrator for a health & human services agency	Collective impact organization (x3); housing organization; school district; WIC; blood bank (x2); local mental health center (x2); social service organization; health & human services agency	11	3
Children's Health	Executive director for a children's data sharing and analysis organization; Administrator and case manager for foster youth-serving organization; Outreach manager for organization focused on missing children; Administrator for Child Protective Services; COO for a children's healthcare respite organization; School	Data sharing and coordination organization; School district; Foster youth serving organization; CPS; Healthcare respite & families with medically fragile children; youth services & advocacy agency	7	2

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

Summary of Ascension Providence Focus Groups

McLennan County had the highest number of participants of any region's focus groups. Prosper Waco is a collective impact organization that had a staff member participate in each of the three focus groups for the county, so much of the perspective offered about the region comes from this organization (which seems well-respected by other participants in the area).

There is a limited public transportation network that does not adequately serve the wider geographic area of the county, or region and services within Waco are limited.

The role of care coordinators/ navigators, community health workers, case managers, social workers, and others who help people find their way through the various systems are critical and in high demand.

There are enduring behavioral health challenges across Texas including access to care providers, and heightened mental and physical health needs resulting from isolation, anxiety and stresses associated with the pandemic.

There are few providers who share the same linguistic, cultural, and racial identities with the people they serve.

Specialty care is especially hard to secure for many who live in the rural areas in the Ascension Providence region.

Community Assets

- **World Hunger Relief (WHR) at The Farm:** WHR seems to be trying many things to get people fed who might otherwise go without food. They are also cooperating with Waco Family Medicine on a veggie prescription program.
- **Texans Recovering Together:** this state-funded, LMHA-run crisis counseling program was very helpful in the short term. (In the long term, it does not necessarily address ongoing needs related to mental health in the community.)
- Philanthropic entities invested heavily in **equity-related learning** for people in the community, especially leaders, and have continued to support people along the way with additional opportunities to further their efforts.
- High **Emergency Room utilization** is being addressed through partnership between police and social service agencies.
- **Prosper Waco** is a collective impact organization that seems to be at the center of many data integration and service coordination efforts in the city
- **Magnolia** is bringing in additional business/ resources to the region (and adding certain pressures)

Unique Challenges

- **No Public Health District:** The lack of a health district designation means that raising funding through taxes for public health services and initiatives is particularly difficult.
- **Over-reliance on Waco Family Medicine (WFM)** There is an impression that WFM (the local Federally Qualified Health Center) is successfully caring for the patients they are meant to serve which may compromise the ability of the system to respond in a coordinated and effective way to people with complex health needs, and/ or people whose need may fall into a service gap.
- **Siloing of Services:** Coordination across care providers is a challenge.
- **Childcare Access:** There is an acute shortage of childcare options & arrangements across McLennan County. After-hours, drop-in, or sickcare options are almost entirely absent - and were proposed as potential needs or ideas.
- **Geographic Centralization of Services:** Many of the healthcare services for McClennan are located in-and-around Waco, which means that people from surrounding communities need to travel into the city for care... or at least that's what we heard.

Interviews

Key Informant Interviews

Key Informant	Sector
Dr. Johnette McKown President, McLennan Community College	Education, Workforce
Vaidehi Shah Senior Epidemiologist, Waco-McLennan Public Health District	Public Health; Representative or member of medically underserved, low income and minority populations and populations with chronic disease needs in the community served
LaShonda Marley-Horne Director, Waco-McLennan Public Health District	Public Health; Representative or member of medically underserved, low income and minority populations and populations with chronic disease needs in the community served
Vicki Campbell Director, Ascension Providence DePaul Center	Mental and Behavioral Health; Representative for mental and behavioral health populations.
Telawan Kirbie Executive Director, Prosper Waco	Mental and Behavioral and Public Health; Representative or member of medically underserved, low income and minority populations and mental and behavioral health populations

Interview Questions

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

Summary of Ascension Providence Interview Themes

Income and other social determinants of health

Interviewees from the Ascension Providence region noted that the area income is relatively low, which can lead to a number of health access concerns including the ability to pay for health care, as well as social determinants of health such as food and childcare costs that are essential to daily living. Another commonly discussed social determinant of health was transportation, with interviewees noting that with the low median income many families have access to one vehicle per household, making it difficult to access healthcare and other basic services when one member of the household must use the vehicle to get to work. It was also noted that transportation can be especially difficult in the more rural communities where there is also less physical access to services.

Insurance Status

In addition to income and social determinants, insurance status was called out as an access to care barrier. Interviewees noted that the area has many uninsured or underinsured individuals who lack access to health care services. They noted that the Federally Qualified Health Center in the region does great work and is a community strength, but that there is a need for additional capacity in the region for serving uninsured and underinsured individuals.

Health Equity

When discussing income, interviewees noted the disparity of income between groups of people and the need to lift the tide for disadvantaged populations. Interviewees also discussed disparities in health outcomes that are a result of systemic inequities such as increased maternal and infant mortality among Black women and higher obesity rates in Black and brown populations.

Mental and Behavioral Health

Interviewees noted that they have seen an increase in anxiety and fears affecting both youth and adults in recent years. Events such as COVID-19 (ongoing) and Winter Storm Uri in 2021 (acute event) were both cited as factors that increased mental health concerns.

COVID Impact

As previously noted, interviewees discussed an increase in mental and behavioral health needs related to COVID-19. In addition, they also discussed other issues related to the pandemic such as resources shifting toward the pandemic and away from ongoing chronic disease management, the behavioral and communication differences between rural and more urbanized areas, and the huge loss of life due to COVID-19.



Community Survey

Survey Distribution

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

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

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



Survey Questions

CHNA Community Survey 2021

Page 1

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

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

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

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

Demographic Questions

Please type in the 5 digit zip code where you live

Which category includes your age?

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

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

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

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

Which of the following best describes your race?

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

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

Which of the following best describes your ethnicity?

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

Access to Care

How do you pay for most of your healthcare?

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

If you selected Other, please explain:

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

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

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

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

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

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

If you selected Other, please explain:

Community Health

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

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

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

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

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

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

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

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

What are three strengths in your neighborhood or community?

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

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

How would you rate the overall health of your community?

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

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

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

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

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

If you selected Other, please explain:

Have you experienced stress related to the pandemic?

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

Have you been vaccinated for COVID-19?

- ☐ Yes fully vaccinated
- ☐ Yes partially vaccinated
- ☐ No

Appendix D: Secondary Data and Sources

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

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

How To Read These Charts

Why they are important: Explains why we monitor and track these measures in a community and how it relates to health. The descriptions of 'why they are important' are largely drawn from the CHRR website as well.

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

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

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

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

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

Shading & Graphics Key:

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

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

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

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



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

Trends data obtained from County Health Rankings

Health Outcomes

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







Larger Population Counties

Indicators	McLennan	Coryell	Texas	United States	Top US Counties	Description
Length of Life						
Premature Death	7,731 	7,110 	6,620	6,900	5,500	Years of potential life lost before age 75 per 100,000 population (age-adjusted). Data from 2017-2019. Smaller is better.
Life Expectancy*	77.8	77.3	79.2	79.1	-	How long the average person can expect to live. Data from 2017-2019.
Infant Mortality	7	7	6	6	-	Number of all infant deaths (within 1 year) per 1,000 live births. Data from 2013-2019.
Physical Health						
Poor or Fair Health	22%	21%	19%	17%	12%	Percent of adults reporting fair or poor health. Data from 2018.
Poor Physical Health Days	4.5	4.4	3.8	3.8	3.1	Average number of physically unhealthy days reported in past 30 days (age-adjusted). Data from 2018.
Frequent Physical Distress*	14%	14%	12%	12%	-	Percent of adults 14 or more days of poor physical health per month. Data from 2018.
Low Birth Weight	8%	9%	8%	8%	6%	The percent of babies born too small (less than 2,500 grams). Data from 2013-2019.
Mental Health						
Poor Mental Health Days	4.8	4.6	3.8	4.0	3.4	Average number of mentally unhealthy days self-reported in the past 30 days. Data from 2018.
Frequent Mental Distress*	15%	15%	12%	12%	-	Percent of adults reporting 14 or more days of poor mental health per month. Data from 2018.
Suicide	15	21	13	14	-	Number of deaths due to suicide per 100,000. Data from 2015-2019.
Morbidity						
Diabetes prevalence	10%	6%	10%	10%	-	Percent of adults aged 20 and above with diagnosed diabetes. Data from 2017.

Cancer Incidence*	414.7	478.6	409.5	449	-	New cases of cancer for every 100,000 people. Data from 2018.
Communicable Disease						
HIV Prevalence	223	430	393	366	-	Number of people aged 13 years and over with a diagnosis of HIV per 100,000. Data from 2018.
Sexually Transmitted Infections	754.2	485.9	517.6	524.6	161.4	Number of newly diagnosed chlamydia cases per 100,000. Data from 2018.
Data Sources: - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2021 unless otherwise noted. https://www.countyhealthrankings.org/explore-health-rankings - Cancer Incidence Data: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz , released in June 2021.						

Smaller Population Counties





Indicators	Hill	Limestone	Freestone	Bosque	Falls	Hamilton	Texas	United States	Top US Counties	Description
Length of Life										
Premature Death	9,112	10,407	10,141	8,840	7,536	11,747	6,620	6,900	5,500	Years of potential life lost before age 75 per 100,000 population (age-adjusted). Data from 2017-2019. Smaller is better.
Life Expectancy*	76.4	75.5	76.4	77.0	77.7	75.0	79.2	79.1	NA	How long the average person can expect to live. Data from 2017-2019.
Infant Mortality	-	-	-	-	-	-	6	6	NA	Number of all infant deaths (within 1 year) per 1,000 live births. Data from 2013-2019.
Physical Health										
Poor or Fair Health	22%	25%	23%	20%	27%	22%	19%	17%	12%	Percent of adults reporting fair or poor health. Data from 2018.
Poor Physical Health Days	4.4	4.8	4.6	4.4	5.0	4.6	3.8	3.8	3.1	Average number of physically unhealthy days reported in past 30 days (age-adjusted). Data from 2018.
Frequent Physical Distress*	14%	15%	15%	13%	16%	14%	12%	12%	NA	Percent of adults 14 or more days of poor physical health per month. Data from 2018.
Low Birth Weight	7%	10%	8%	6%	10%	7%	8%	8%	6%	The percent of babies born too small (less than 2,500 grams). Data from 2013-2019.



Mental Health										
Poor Mental Health Days	4.6	4.8	4.9	4.7	5.0	4.8	3.8	4.0	3.4	Average number of mentally unhealthy days self-reported in the past 30 days. Data from 2018.
Frequent Mental Distress*	15%	16%	16%	15%	17%	16%	12%	12%	NA	Percent of adults reporting 14 or more days of poor mental health per month. Data from 2018.
Suicide	26	13	23	18	-	26	13	14	NA	Number of deaths due to suicide per 100,000. Data from 2015-2019.
Morbidity										
Diabetes prevalence	13%	13%	15%	11%	6%	11%	10%	10%	NA	Percent of adults aged 20 and above with diagnosed diabetes. Data from 2017.
Cancer Incidence*	414.7	425.2	419.5	415.6	460.9	415.7	409.5	449	-	New cases of cancer for every 100,000 people. Data from 2018.
Communicable Disease										
HIV Prevalence	112	192	504	126	300	112	393	366	NA	Number of people aged 13 years and over with a diagnosis of HIV per 100,000. Data from 2018.
Sexually Transmitted Infections	265.0 	267.8 	229.3 	283.7 	435.9 	190.0 	517.6	524.6	161.4	Number of newly diagnosed chlamydia cases per 100,000. Data from 2018.
Data Sources:										
<ul style="list-style-type: none"> - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2021 unless otherwise noted. https://www.countyhealthrankings.org/explore-health-rankings - Cancer Incidence Data: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; www.cdc.gov/cancer/dataviz, released in June 2021. 										

Social and Economic Factors













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

Larger Population Counties

Indicator	McLennan	Coryell	TX	US	Top US Counties	Description
Economic Stability						
Median Household Income	\$51,078	\$53,083	\$64,044	\$57,600	-	The income where half of households in a county earn more and half of households earn less. Data from 2019.
Unemployment*	3.3% 	3.9% 	3.5%	3.7%	2.6%	Percentage of population ages 16 and older unemployed but seeking work. Data from 2019.
Poverty*	19.2%	12.9%	14.7%	13.4%	-	Percentage of population living below the Federal Poverty Line. Data from 2015-2019.
Childhood Poverty	23% 	16% 	19%	18%	11%	Percentage of population living below the Federal Poverty Line. Data from 2015-2019.
Income Inequality	5.1	3.6	4.8	4.9	3.7	Ratio of household income at the 80th percentile to income at the 20th percentile. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum. Data from 2015-2019.
Educational Attainment						
High School Completion	85%	88%	84%	85%	96%	Percentage of adults ages 25 and over with a high school diploma or equivalent. Data from 2015-2019.
Some College	60%	61%	62%	66%	73%	Percentage of adults ages 25-44 with some post-secondary education. Data from 2015-2019.
Social/Community						
Children in single-parent homes	32%	22%	26%	33%	20%	Percentage of children that live in a household headed by a single parent. Data from 2015-2019.
Social Associations	11.4	6.7	7.5	9.3	18.4	Number of membership associations per 10,000 population. Data from 2018.
Disconnected Youth*	5%	8%	8%	7%	-	Percentage of teens and young adults ages 16-19 who are neither working nor in school. Data from 2015-2019.
Juvenile Arrests*	25%	17%	17%	-	-	Rate of delinquency cases per 1,000 juveniles. Data from 2018.

Violent Crime	423 	229 	420	386	63	Number of reported violent crime offenses per 100,000 population. Data from 2014 & 2016.
Firearm Fatalities*	13	13	12	12	-	Number of deaths due to firearms per 100,000 population. Data from 2015-2019.
Access to Healthy Foods						
Food Environment Index	5.9	6	5.9	7.6	8.6	Index of factors that contribute to a healthy food environment, 0-worst 10-best. Data from 2015 & 2018.
Food Insecurity	16%	17%	15%	13%	-	Percent of the population who lack adequate access to food. Data from 2018.
Limited Access to Healthy Foods	20%	17%	9%	6%	-	Percent of population who are low-income and do not live close to a grocery store. Data from 2015.
Data Sources for Social and Economic Factors Tables: - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2021. https://www.countyhealthrankings.org/explore-health-rankings - Poverty: American Community Survey Table DP03 5-year Estimates, 2019						

Smaller Population Counties



Indicator	Hill	Limestone	Freestone	Bosque	Falls	Hamilton	TX	US	Top US Counties	Description
Economic Stability										
Median Household Income	\$53,210	\$43,644	\$52,511	\$55,179	\$41,484	\$52,505	\$64,044	\$57,600	-	The income where half of households in a county earn more and half of households earn less. Data from 2019.
Unemployment*	3.3% 	3.9% 	4.8% 	3.4% 	3.3% 	3.0% 	3.5%	-	2.6%	Percentage of population ages 16 and older unemployed but seeking work. Data from 2019.
Poverty*	12.7%	19.4%	18.1%	15.8%	26.5%	17.3%	14.7%	13.4%	-	Percentage of population living below the Federal Poverty Line. Data from 2015-2019.
Childhood Poverty	18% 	26% 	20% 	20% 	28% 	22% 	19%	18%	11%	Percentage of people under age 18 in poverty. Data from 2019.
Income Inequality	4.3	4.5	5.9	4.1	6.3	4.8	4.8	4.9	3.7	Ratio of household income at the 80th percentile to income at the 20th percentile. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum. Data from 2015-2019.

Educational Attainment										
High School Completion	84%	81%	83%	87%	77%	84%	84%	85%	96%	Percentage of adults ages 25 and over with a high school diploma or equivalent. Data from 2015-2019.
Some College	53%	50%	56%	53%	41%	53%	62%	66%	73%	Percentage of adults ages 25-44 with some post-secondary education. Data from 2015-2019.
Social/Community										
Children in single-parent homes	25%	26%	18%	19%	28%	24%	26%	33%	20%	Percentage of children that live in a household headed by a single parent. Data 2015-2019.
Social Associations	11.8	9.8	11.1	13.4	12.1	16.5	7.5	9.3	18.4	Number of membership associations per 10,000 population. Data from 2018.
Disconnected Youth*	9%	13%	13%	-	-	-	8%	7%	-	Percentage of teens and young adults ages 16-19 who are neither working nor in school. Data from 2015-2019.
Juvenile Arrests*	15	19	11	12	19	26	17%	-	-	Rate of delinquency cases per 1,000 juveniles. Data from 2018.
Violent Crime	171 ●	373 ●	155 ●	82 ●	162 ●	129 ●	420	386	63	Number of reported violent crime offenses per 100,000 population. Data from 2014 & 2016.
Firearm Fatalities*	23	13	24	11	-	-	12	12	-	Number of deaths due to firearms per 100,000 population. Data from 2015-2019.
Access to Healthy Foods										
Food Environment Index	7.4	6.6	6.7	7.4	6.4	6.8	5.9	7.6	8.6	Index of factors that contribute to a healthy food environment, 0-worst 10-best. Data from 2015 & 2018.
Food Insecurity	16%	18%	18%	16%	20%	17%	15%	13%	-	Percent of the population who lack adequate access to food. Data from 2018.
Limited Access to Healthy Foods	2%	8%	6%	4%	7%	7%	9%	6%	-	Percent of population who are low-income and do not live close to a grocery store. Data from 2015.

Physical Environment

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

Larger Population Counties

Indicators	McLennan	Coryell	Texas	United States	Top US Counties	Description
Physical Environment						
Severe housing cost burden*	15%	10%	13%	15%	-	Percentage of households that spend 50% or more of their household income on housing. Data from 2015-2019.
Severe Housing Problems*	18%	12%	17%	18%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. Data from 2013-2017.
Homelessness*	193	331 ^A	27,229	580,466	-	The number of people experiencing homelessness on one particular night in 2020 as counted by a Point in Time count.
Air Pollution - Particulate Matter	8.6 	7.8 	7.3	8.6	6.1	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). Data from 2016.
Homeownership*	59%	58%	62%	64%	-	Percentage of occupied housing units that are owned. Data from 2015-2019.
Data Sources and Notes <ul style="list-style-type: none"> - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2021 unless otherwise noted. https://www.countyhealthrankings.org/explore-health-rankings - McLennan County Homelessness data: Heart of Texas Homeless Coalition 2019 Point in Time Count. Obtained from: https://www.heartoftexashomeless.org/data/ - Coryell County Homelessness data: Other Counties Homelessness data: 2020 Point-in-Time Count Reports from Texas Homeless Network, PIT Count Reports by County. Obtained in 2021 from: https://www.thn.org/texas-balance-state-continuum-care/data/pit-count-and-hic/ - ^AThe Homeless Count for Coryell County includes both Bell and Coryell Counties 						

Smaller Population Counties

Indicators	Hill	Limestone	Freestone	Bosque	Falls	Hamilton	Texas	United States	Top US Counties	Description
Physical Environment										
Severe housing cost burden*	8%	11%	10%	9%	13%	7%	13%	15%	-	Percentage of households that spend 50% or more of their household income on housing. Data from 2015-2019.
Severe Housing Problems*	16%	15%	13%	13%	16%	13%	17%	18%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen

										facilities, or lack of plumbing facilities. Data from 2013-2017.
Homelessness*	-	-	-	-	-	-	27,229	580,466	-	The number of people experiencing homelessness on one particular night in 2020 as counted by a Point in Time count.
Air Pollution - Particulate Matter	8.5 ●	8.3 ●	8.4 ●	7.9 ●	8.2 ●	7.1 ●	7.3	8.6	6.1	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). Data from 2016.
Homeownership*	73%	74%	77%	77%	72%	82%	62%	64%	-	Percentage of occupied housing units that are owned. Data from 2015-2019.
Data Sources <ul style="list-style-type: none"> - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2021 unless otherwise noted. https://www.countyhealthrankings.org/explore-health-rankings - Homelessness data: Not available for counties in this table 										

Clinical Care

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







Larger Population Counties

Indicators	McLennan	Coryell	Texas	United States	Top US Counties	Description
Healthcare Access						
Uninsured	18% ●	15% ●	20%	10%	6%	Percentage of population under age 65 without health insurance. Data from 2018.
Uninsured Adults	22%	19%	24%	12%	-	Percentage of adults under age 65 without health insurance. Data from 2018.
Uninsured children	11%	8%	11%	5%	-	Percentage of children under age 19 without health insurance. Data from 2018.
Primary Care Physicians	1360:1 ●	4676:1 ●	1642:1	1330:1	1030:1	Ratio of population to primary care physicians. Data from 2018.
Mental Health Providers	620:1	1947:1	827:1	400:1	290:1	Ratio of the population to mental health providers. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. Data from 2020.
Psychiatrists*	11,003:1	78,317:1	12,804:1	No Data	-	Ratio of the population to psychiatrists in 2020. Source: Texas Primary Care Physicians & Psychiatrists
Dentists	1810:1 ●	3300:1 ●	1677:1	1450:1	1240:1	Ratio of population to dentists. Data from 2019.
Hospital Utilization						
Preventable Hospital Stays*	5,194 ●	4,361 ●	4,793	4,535	2,761	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Data from 2018.
Preventative Healthcare						
Flu Vaccinations*	50% ●	31% ●	46%	46%	53%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. Data from 2018.
Mammography Screenings	45% ●	38% ●	37%	42%	50%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. Data from 2018.
Data Sources for Clinical Care Tables - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2021 unless otherwise noted. https://www.countyhealthrankings.org/explore-health-rankings						

- Psychiatrists Data: Texas Department of State Health Services, Health Professions Resource Center, Psychiatrists, 2020. Obtained in 2021 from:
<https://www.dshs.texas.gov/chs/hprc/tables/2020/psych20.aspx>

Smaller Population Counties







Indicators	Hill	Limestone	Freestone	Bosque	Falls	Hamilton	Texas	United States	Top US Counties	Description
Healthcare Access										
Uninsured	22.8% ●	21.8% ●	20.7% ●	23.4% ●	20.7% ●	22.8% ●	20%	10%	6%	Percentage of population under age 65 without health insurance. Data from 2018.
Uninsured Adults	27.2%	25.8%	24.3%	26.7%	24.3%	26.2%	24%	12%	-	Percentage of adults under age 65 without health insurance. Data from 2018.
Uninsured children	12.9%	12.6%	13.0%	15.5%	12.0%	14.7%	11%	5%	-	Percentage of children under age 19 without health insurance. Data from 2018.
Primary Care Physicians	4,039:1 ●	2,940:1 ●	3,301:1 ●	1,699:1 ●	8,668:1 ●	1,061:1 ●	1642:1	1330:1	1030:1	Ratio of population to primary care physicians. Data from 2018.
Mental Health Providers	2,156:1	2,131:1	6,572:1	4,671:1	8,649:1	1,209:1	827:1	400:1	290:1	Ratio of the population to mental health providers. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. Data from 2020.
Psychiatrists*	-	11,772:1	-	-	-	8,220:1	12,804:1	No Data	-	Ratio of the population to psychiatrists in 2020. Source: Texas Primary Care Physicians & Psychiatrists
Dentists	2,819:1 ●	2,930:1 ●	3,286:1 ●	2,336:1 ●	3,459:1 ●	1,692:1 ●	1,677:1	1,450:1	1,240:1	Ratio of population to dentists. Data from 2019.
Hospital Utilization										
Preventable Hospital Stays*	5,402 ●	5,694 ●	5,941 ●	5,749 ●	7,676 ●	6,502 ●	4,793	4,535	2,761	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Data from 2018.
Preventative Healthcare										
Flu Vaccinations*	38% ●	41% ●	37% ●	31% ●	34% ●	21% ●	46%	46%	53%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. Data from 2018.

Mammography Screenings	38% 	38% 	30% 	39% 	36% 	44% 	37%	42%	50%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. Data from 2018.
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Health Behaviors

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







Larger Population Counties

Indicators	McLennan	Coryell	Texas	United States	Top US Counties	Description
Healthy Life						
Adult Obesity	34% 	31% 	31%	29%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2. Data from 2017.
Physical Inactivity	23% 	24% 	23%	23%	20%	Percentage of adults age 20 and over reporting no leisure-time physical activity. Data from 2017.
Access to Exercise Opportunities	66%	64%	81%	84%	91%	Percentage of population with adequate access to locations for physical activity. Data from 2010 & 2019.
Insufficient Sleep*	36%	40%	34%	34%	-	Percentage of adults who report fewer than 7 hours of sleep on average. Data from 2018.
Motor Vehicle Crash Deaths	13	14	13	11	-	Number of motor vehicle crash deaths per 100,000 population. Data from 2013 - 2019.
Substance Use and Misuse						
Adult Smoking	19%	20%	14%	17%	14%	Percentage of adults who are current smokers. Data from 2018.
Excessive Drinking	19%	20%	19%	19%	13%	Percentage of adults reporting binge or heavy drinking. Data from 2018.
Alcohol-Impaired Driving Deaths	21% 	34% 	26%	28%	11%	Alcohol-impaired driving deaths. Data from 2015-2019.
Drug Overdose Mortality Rate	11	8	11	21	-	Number of drug poisoning deaths per 100,000 population. Data from 2017-2019
Opioid Hospital Visits*	62	78	78	-	- -	Rate of Opioid-related Hospital Visits per 100,000 Visits in 2020 (DSHS)

Sexual Health						
Teen Births	31	31	31	23	13	Number of births per 1,000 female population ages 15-19. Data from 2013-2019.
Data Sources for Physical Environment Tables: - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2021 unless otherwise noted. https://www.countyhealthrankings.org/explore-health-rankings - Opioid Hospital Visits data: Texas Department of State Health Services (DSHS), 2020. Obtained in 2021 from https://healthdata.dshs.texas.gov/dashboard/drugs-alcohol/opioids/opioid-rel-ed-visits						

Smaller Population Counties

Indicators	Hill	Limestone	Freestone	Bosque	Falls	Hamilton	Texas	United States	Top US Counties	Description
Healthy Life										
Adult Obesity	37% ●	42% ●	39% ●	26% ●	29% ●	25% ●	31%	29%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2. Data from 2017.
Physical Inactivity	37% ●	28% ●	26% ●	28% ●	20% ●	24% ●	23%	23%	20%	Percentage of adults age 20 and over reporting no leisure-time physical activity. Data from 2017.
Access to Exercise Opportunities	52%	61%	35%	31%	45%	46%	81%	84%	91%	Percentage of population with adequate access to locations for physical activity. Data from 2010 & 2019.
Insufficient Sleep*	36%	39%	38%	36%	39%	37%	34%	34%	-	Percentage of adults who report fewer than 7 hours of sleep on average. Data from 2018.
Motor Vehicle Crash Deaths	25	23	25	27	18	46	13	11	-	Number of motor vehicle crash deaths per 100,000 population. Data from 2013 - 2019.
Substance Use and Misuse										
Adult Smoking	20%	22%	21%	20%	22%	21%	14%	17%	14%	Percentage of adults who are current smokers. Data from 2018.
Excessive Drinking	19%	19%	19%	20%	17%	20%	19%	19%	13%	Percentage of adults reporting binge or heavy drinking. Data from 2018.

Alcohol-Impaired Driving Deaths	13% 	32% 	18% 	0% 	29% 	17% 	26%	28%	11%	Alcohol-impaired driving deaths. Data from 2015-2019.
Drug Overdose Mortality Rate	16	-	-	22	-	-	11	21	-	Number of drug poisoning deaths per 100,000 population. Data from 2017-2019
Opioid Hospital Visits*	0	0	0	0	0	0	78	-	-	Rate of Opioid-related Hospital Visits per 100,000 Visits in 2020 (DSHS)
Sexual Health										
Teen Births	33	46	32	29	56	26	31	23	13	Number of births per 1,000 female population ages 15-19. Data from 2013-2019.

Disparities

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

Health Outcomes

Indicator	McLennan	Coryell	Hill	Limestone	Freestone	Bosque	Falls	Hamilton	Texas
Premature Death: Years of potential life lost before age 75 per 100,000 population (age-adjusted). Smaller is better.									
Overall	7,731	7,110	9,112	10,407	10,141	8,840	7,536	11,747	6,620
Black	12,753	6,111	14,780	12,020	-	-	9,520	-	9,892
Hispanic	6,052	4,823	5,035	-	-	-	-	-	5,471
White	7,260	8,308	10,045	12,551	-	-	8,867	-	7,097
Infant Mortality Rate: Number of all infant deaths (within 1 year) per 1,000 live births.									
Overall	7	7	-	-	-	-	-	-	6
Black	14	-	-	-	-	-	-	-	11

Hispanic	5	-	-	-	-	-	-	-	5
White	6	-	-	-	-	-	-	-	5

Social and Economic Factors

Indicator	McLennan	Coryell	Hill	Limestone	Freestone	Bosque	Falls	Hamilton	Texas	United States
Childhood Poverty: Percentage of people under age 18 in poverty.										
Overall	23%	16%	18%	26%	20%	20%	28%	22%	19%	17%
Asian*	17%	-	-	-	-	-	-	-	9.9%	-
Black	46%	24%	23%	43%	17%	11%	58%	-	27.1%	-
Hispanic	27%	22%	27%	31%	48%	41%	57%	83%	28.5%	-
White	14%	11%	14%	31%	15%	23%	15%	14%	9.1%	-
Median Household Income: The income where half of households in a county earn more and half of households earn less.										
Overall	\$51,078	\$53,083	\$53,210	\$43,644	\$52,511	\$55,179	\$41,484	\$52,505	\$64,044	\$65,712
American Indian and Alaskan Native*	\$43,162	\$63,125	\$41,080	\$57,348	-	\$46,000	-	-	\$56,394	\$43,825
Asian*	\$55,194	\$38,315	\$49,583	\$53,024	-	-	-	-	\$88,486	\$88,204
Black	\$29,285	\$54,071	\$30,625	\$24,577	\$28,894	-	\$20,396	-	\$46,572	\$41,935
Hispanic	\$39,552	\$42,777	\$46,898	\$43,688	\$45,750	\$40,238	\$30,750	\$31,984	\$49,260	\$51,811
White	\$61,212	\$54,602	\$56,643	\$49,561	\$58,114	\$53,743	\$45,828	\$55,466	\$75,879	\$66,536

Physical Environment

Indicator	McLennan	Coryell		Hill	Limestone	Freestone	Bosque	Falls	Hamilton	Texas	United States
Homelessness*:											
Overall Count	193	331 ^A		-	-	-	-	-	-	27,229	-
Black	40%	42%		-	-	-	-	-	-	36.7%	-
Hispanic	20%	21%		-	-	-	-	-	-	27.7%	-
White	53%	42%		-	-	-	-	-	-	57.9%	-
Two or more Races	7%	3%		-	-	-	-	-	-	3%	-
Homeownership*: Percentage of occupied housing units that are owned.											
Overall	59%	58%		73%	74%	77%	77%	72%	82%	62%	64%
American Indian or Alaskan Native	40%	35%		95%	64%	60%	-	-	-	59%	54%
Asian	49%	54%		52%	73%	73%	62%	-	-	63%	60%
Black	35%	43%		37%	51%	60%	86%	48%	-	41%	42%
Hawaiian or Pacific Islander	-	30%		-	-	-	-	-	-	43.46%	41.01%
Hispanic	56%	49%		67%	67%	70%	68%	79%	47%	57%	47%
White	65%	61%		75%	80%	81%	77%	80%	82%	66%	70%

Clinical Care

Indicator	McLennan	Coryell		Hill	Limestone	Freestone	Bosque	Falls	Hamilton	Texas
Preventable Hospital Stays* : Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.										
Overall	5,194	4,361		5402	5694	5941	5749	7676	6502	4,793
Asian	3,191	3,167		-	-	-	-	-	-	7,270
Black	6,454	4,991		5,552	6,237	9,795	-	4,540	-	7,202
Hispanic	5,053	3,500		2,754	1,248	-	3,568	6,763	-	5,237
White	5,004	4,400		5,366	5,772	5,658	5,729	8,346	-	4,422

Health Behaviors

Indicator	McLennan	Coryell		Hill	Limestone	Freestone	Bosque	Falls	Hamilton	Texas
Teen Births : Number of births per 1,000 female population ages 15-19.										
Overall	31	31		33	46	32	29	56	26	31
Asian*	-	24		-	-	-	-	-	-	5
Black	49	16		41	34	32	-	77	-	32
Hispanic	45	30		43	67	45	39	65	33	43
White	19	37		26	36	27	24	36	25	19

Appendix E: Health Care Facilities and Community Resources

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

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

Access to Care

Organization Name	Phone	Website
Ascension Providence Hospital	(254) 751-4000	https://healthcare.ascension.org/locations/texas/txwac/waco-ascension-providence
Baylor Scott & White Hillcrest	(254) 202-2000	https://www.bswhealth.com/locations/hillcrest?utm_source=google-mybusiness&utm_medium=organic&utm_campaign=9489&y_source=1_MTM0MTE20TYtNzE1LWxvY2F0aW9uLmdvb2dsZV93ZWJzaXRlX292ZXJyaWRl
Ascension Medical Group Providence at Hillsboro	(254) 582-7481	https://healthcare.ascension.org/locations/texas/txwac/hillsboro-ascension-medical-group-providence-at-hillsboro
Ascension Medical Group Providence at Londonderry	(254) 772-7300	https://healthcare.ascension.org/locations/texas/txwac/waco-ascension-medical-group-providence-at-londonderry
Ascension Medical Group Providence Family Medicine at Woodway	(254) 537-6300	https://healthcare.ascension.org/locations/texas/txwac/waco-ascension-medical-group-providence-family-medicine-at-woodway
Ascension Medical Group Providence at Lake Shore	(254) 537-6160	https://healthcare.ascension.org/locations/texas/txwac/waco-ascension-medical-group-providence-at-lake-shore
Ascension Medical Group Providence at Sanger	(254) 537-6100	https://healthcare.ascension.org/locations/texas/txwac/waco-ascension-medical-group-providence-at-sanger
Ascension Medical Group Providence	(254) 826-3073	https://healthcare.ascension.org/loc

at West		ations/texas/txwac/west-ascension-medical-group-providence-at-west
Baylor Scott & White Clinic Waco	(254) 761-4444	https://www.bswhealth.com/locations/waco-clinic/?utm_source=google-mybusiness&utm_medium=organic&utm_campaign=9545&y_source=1_MTM0MTE1NjMtNzE1LWxvY2F0aW9uLmdvb2dsZV93ZWJzaXRlX292ZXJyaWRI
Family Health Center (multiple locations)	(254) 313-4200	http://www.wacofhc.org
Baylor Scott & White Clinic Hillcrest Market Place	(254) 202-7300	https://www.bswhealth.com/locations/waco-hillcrest-marketplace-clinic/
Baylor Scott & White Clinic Hillcrest Bosque	(254) 202-2600	https://www.bswhealth.com/locations/bosque-hillcrest-clinic
West Waco Community Clinic	(254) 313-6700	https://wacofamilymedicine.org/west-waco/
McLennan County Indigent Healthcare	(254) 757-5174	https://co.mclennan.tx.us/291/Indigent-Health-Care
Waco Primary Care	(254) 399-6558	https://www.wacoprimarycare.com/
Heart of Texas Community Health Center	(254) 313-4201	http://www.connect.wacofhc.org/
Waco Family Medicine	(254) 313-4610	https://wacofamilymedicine.org/
Cook Children's Specialty Care of Waco	(254) 420-4131	https://www.cookchildrens.org/locations/tx/waco/300-richland-west-circle

Mental and Behavioral Health

Organization Name	Phone	Website
Providence DePaul Center & DePaul Clinic	(254) 776-5970	https://healthcare.ascension.org/locations/texas/txwac/waco-ascension-providence-depaul-center
Heart of Texas Region Mental Health Mental Retardation (HOT MHMR) (multiple locations)	(254) 752-3451	https://www.hotrmhmr.org/services/adult-mental-health
Klaras Center for Families	(254) 752-7889	https://www.hotrmhmr.org/services/child-and-adolescent-mental-health/klaras-center-for-families

Abounding Aspirations	(254) 300-4116	https://www.facebook.com/Abounding-Aspirations-Counseling-1182183425132566/about/?ref=page_internal
The Center for Children and Families	(254) 772-8055	https://www.children-families.com/
Lake Shore Center for Psychological Services	(254) 776-0400	https://mentalhealthtx.org/facilities/lake-shore-center-for-behavioral-health-waco-office/
Pathway Counseling Center	(254) 776-3235	https://www.pathwaycounselingwaco.com/
Waco Psychological Associates	(254) 751-1550	https://wacopsychological.com/
Freedom Reins Counseling	(254) 236-4158	https://freedomreinscounseling.com/
Journey Counseling	(254) 235-2708	https://journeycounselingwaco.com/
Jamie's Place	(254) 202-HEAL	https://www.bswhealth.com/locations/waco-mcclinton-cancer-center/jamies-place
Meridell Achievement Center	(512) 528-2100	https://meridell.com/
STARRY Counseling	(254) 399-6552	https://www.starry.org/
Cenikor	(254) 224-8881	https://www.cenikor.org/
Prosper Waco		https://www.prosperwaco.org/

Chronic Conditions

Organization Name	Phone	Website
Baylor Scott & White McClinton Cancer Center	(254) 202-4000	https://www.bswhealth.com/locations/waco-mcclinton-cancer-center
Texas Oncology Waco	(254) 399-0741	https://www.texasoncology.com/cancer-centers/waco/waco/medical-oncology
Texas Oncology-Horizon Circle	(254) 755-4460	https://www.texasoncology.com/cancer-centers/waco/horizon-circle/medical-oncology
Diabetes and Endocrine Center	(254) 751-9777	www.dectx.com
VA Central Texas Healthcare System	(254) 778-4811	https://www.va.gov/central-texas-health-care/

Children with Special Health Care Needs	(1-800) 252-8023	www.dshs.state.tx.us/cshcn
Health Outcomes Through Prevention and Early Support (HOPES)	(254) 732-0482	https://hopeswaco.org/
Physicians Weight Control and Wellness	(254) 754-1438	https://drweightcontrol.com/
My Bariatric Solutions	(254) 400-2943	https://mybariatricsolutions.com/
Waco Heart and Vascular	(254) 235-WELL	https://wacohv.com/
Waco Cardiology Associates	(254) 399-5400	http://www.wacocardiology.com/
Ascension Medical Group Cardiovascular Clinic	(254) 741-6333	https://healthcare.ascension.org/locations/texas/txac/waco-ascension-medical-group-providence-cardiovascular-clinic?utm_campaign=gmb&utm_medium=organic&utm_source=local
Lonestar Heart & Wellness	(254) 235-WELL	https://lonestarheartandwellness.com/

Social Determinants of Health

Organization Name	Phone	Website
Helpings	(254) 753-3545	foodoutreach@grandecom.net
Waco Family Abuse Center	(1-800) 283-8401	https://www.familyabusecenter.org/
MCH Family Solutions Program	(1-800) 964-9226	https://www.mch.org/services/family-solutions/
Compassion Ministries	(254) 755-7640	http://compassionwaco.com/
CareNet	(254) 772-8270	https://pregnancycare.org/
Caritas Waco	(254) 753-4593	https://www.caritas-waco.org/
Mission Waco	(254) 753.4900	https://missionwaco.org/
Salvation Army	(254) 756-7271	https://www.salvationarmytexas.org/waco/
Shepherd's Heart	(254) 213-7833	https://shepherdsheartpantry.org/
Meals on Wheels	(254) 752-0316	https://mowwaco.org/
Faith Community Health Waco	(1-844) 279-3627	https://www.bswhealth.com/about/s

		piritual-care/faith-community-health
McLennan County Community Health Worker Program	(512) 776-7555	https://www.dshs.texas.gov/chw/chw.aspx
Providence Dispensary of Hope	(615) 736-5075	https://www.dispensaryofhope.org/
Area Agency on Aging	(254) 292-1800	https://www.hotcog.org/health-and-human-services/area-agency-on-aging/
Workforce Solutions	(1-866) 982-9226	https://www.hotworkforce.com/
Economic Opportunities Advancement Corporation (EOAC)	(254) 753-0331	https://www.eoacwaco.org/
Waco Housing Authority	(254) 752-0324	https://www.wacopha.org/
Good Health Card through Family Health Center	(254) 313-4200	https://wacofamilymedicine.org/wp-content/uploads/2016/08/Eligibility_Requirements.pdf
My Brothers Keeper	(254) 753.4900	https://missionwaco.org/programs/my-brothers-keeper-homeless-shelter/
McLennan County Health Department	(254) 750-5450	https://www.waco-texas.com/cms-healthdepartment/#gsc.tab=0
Casa of McLennan County	(254) 304-7982	https://casaforeverychild.org/

Health Equity

Organization Name	Phone	Website
La Puerta Waco	(254) 754-3503	https://www.lapuertawaco.com/
Hispanic Health Coalition	(713) 666-5644	https://hispanic-health.org/
Waco's Black Community		https://actlocallywaco.org/category/wacos-black-community/
Alliance for African American Health In Central Texas	(512) 619-4280	https://aaahct.org/
Prosper Waco	(254) 741-0081	https://www.prosperwaco.org/
Texas AHEC East Waco Region	(254) 313-5108	https://www.utmb.edu/ahec/ahec-centers/waco-region
Live Well Waco	(254) 750-5450	https://livewellwaco.com/

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

Ascension Providence's previous CHNA implementation strategy was completed in May 2019, and addressed the following priority health needs: access to healthcare, lifestyle and healthy behavior, mental and behavioral health, and women's health.

The table below describes the actions taken during the 2020-2022 CHNA to address each priority need and indicators of improvement.

Note: At the time of the report publication (e.g., Spring), the third year of the cycle will not be complete.

PRIORITY NEED	Access to healthcare	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Host medical mission at home for Waco Communities	Delayed due to Covid	<ul style="list-style-type: none"> Event hosted September 2019 – 700 attendees
Emergency Department Navigator Connect with Patients	Ongoing	<ul style="list-style-type: none"> 626 patients assisted
Emergency Department Navigator schedule Primary Care and Specialty Appointments	Ongoing	<ul style="list-style-type: none"> 308 appointments scheduled
Emergency Department Navigator – patients attend scheduled appointments	Ongoing	<ul style="list-style-type: none"> 235 appointments attended
Emergency Department Navigator connect patients to community resources	Ongoing	<ul style="list-style-type: none"> 78 patients connected to resources

PRIORITY NEED	Lifestyle and Healthy Behavior	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Diabetes education and management	Delayed due to Covid	<ul style="list-style-type: none"> None

PRIORITY NEED	Mental and Behavioral Health	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Emergency room navigator for mental and behavioral health – provide mental health resources	Ongoing	<ul style="list-style-type: none"> 287 patients
Emergency Department Navigator mental and behavioral health – reduce number of high utilization visits per-month	Ongoing	<ul style="list-style-type: none"> 124 of those patients are high utilizers/difficult to place numbers indicated reduction

Create mental and behavioral health consortium in McLennan Community	Ongoing	<ul style="list-style-type: none"> In May 2020 DePaul became involved in the Continuity of Care Community Project (COC) coordinated by Prosper Waco. Seven entities are involved and it is part of a 2 year project. To date, DePaul has contributed 407 assessments and Providence ER has contributed 23 assessments.
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PRIORITY NEED	Women's Health	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Connect women to CareNet for prenatal care	Ongoing	<ul style="list-style-type: none"> Averaging 1800 patients, increased clinic days by one additional day per week
Provide prenatal education	Ongoing	<ul style="list-style-type: none"> 1800 patients
Provide breast health exams	Ongoing	<ul style="list-style-type: none"> Total of 966 mammograms and procedures performed on 656 unique patients 24 cancers detected