

# Ascension Providence

## 2024 Community Health Needs Assessment

**Bosque, Coryell, Falls, Freestone, Hill, Hamilton, Limestone,  
McLennan Counties, Texas**

Conducted July 1, 2024 to May 30, 2025



**Ascension**

The goal of this report is to offer a meaningful understanding of the most significant health needs across the Ascension Providence service area, with emphasis on identifying the barriers to health equity for all people, as well as to inform planning efforts to respond to those needs. Special attention has been given to the needs of individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk. 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.

Ascension Providence

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The 2024 Community Health Needs Assessment report was approved by the Ascension Providence Board of Directors on May 22, 2025, and applies to the following three-year cycle: July 1, 2025 to June 30, 2028. This report, as well as the previous report, can be found at our public website.

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

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## Executive Statement



I am happy to share with you the 2024 Ascension Providence Community Health Needs Assessment (CHNA). This CHNA represents a collaborative 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. Our CHNA process had oversight and guidance from a Steering Committee composed of both internal and community leaders.

Over the next three years, Ascension Providence will focus on four priority areas for community health:

Healthcare Access and Quality, Mental and Behavioral Health, Social Determinants of Health and Maternal and Child Health.

We look forward to our continued collaborative work to promote a healthier, more equitable place to live, work and play.

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

Sincerely,

A handwritten signature in dark ink, appearing to read 'JY', with a long, sweeping horizontal line extending to the right.

Jamie Youssef  
CEO, Ascension Texas

## **Executive Summary**

The goal of the 2024 Community Health Needs Assessment report is to offer a meaningful understanding of the most significant health needs across Ascension Providence. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

### **Purpose of the CHNA**

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

### **Community Served**

Ascension Providence has defined its eight-county service area as its community served for the 2024 CHNA, which includes the following counties: Bosque, Coryell, Falls, Freestone, Hill, Hamilton, Limestone and McLennan. The community served for Ascension Providence was selected because most of the population served by the hospital resides in Waco and the surrounding areas, including the counties identified.

### **Data Analysis Methodology**

The 2024 CHNA was conducted from July 2024 to May 2025, and utilized processes which incorporated data from both primary and secondary sources. Community input sources included information provided by groups/individuals, e.g., community members, health care consumers, health care professionals, community stakeholders, and multi-sector representatives. Special attention was given to the needs of individuals and populations who are more marginalized and to unmet health needs or gaps in services. Ascension Providence conducted six focus groups and three one-on-one interviews to gather feedback from the community on the health needs and assets of the Ascension Providence region. Additional community focus groups and a community survey was conducted by Baylor Scott and White. Secondary data was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and healthcare access and utilization trends in the community and were gathered from reputable and reliable sources.

### **Community Needs**

Ascension Providence, with contracted assistance from Alpinista Consulting, analyzed secondary data of over 58 indicators and gathered community input through focus groups, interviews and surveys to

identify the needs of the region. In collaboration with community partners, Ascension Providence used a phased prioritization approach to determine the most crucial needs for community stakeholders to address.

Ascension Providence selected the prioritized needs outlined below for its 2024 CHNA Implementation Strategy.

- Healthcare Access and Quality
- Mental and Behavioral Health
- Social Determinants of Health
- Maternal and Child Health

## **Conclusion**

The 2024 CHNA was presented to the Ascension Providence Board of Directors for approval and adoption on May 22, 2025. Ascension Providence hopes this report offers a meaningful and comprehensive understanding of the most significant needs of the region. The hospital values the community's voice and welcomes feedback on this report; comments or questions can be submitted via Ascension's public website (<https://healthcare.ascension.org/chna>).

## **Next Steps**

Following the publication of this report, implementation strategies will be identified that describe how the hospital intends to respond to these prioritized needs throughout the same three-year CHNA cycle: January 2026 to December 2028.

## 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 individuals and communities who are at increased risk for poor health outcomes or experiencing social factors that place them at risk.

### Ascension

Ascension is one of the nation's leading non-profit and Catholic health systems, with a Mission of delivering compassionate, personalized care to all with special attention to persons living in poverty and those most vulnerable. In FY 2024, Ascension provided \$2.1 billion in care of persons living in poverty and other community benefit programs. Ascension includes approximately 131,000 associates, 37,000 affiliated providers and 136 hospitals, serving communities in 18 states and the District of Columbia.

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 health care 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 Texas

Serving Texas for more than 120 years, Ascension operates 13 hospitals and 222 sites of care, employing 16,000 associates across Central Texas. Ascension operates Ascension Providence in Waco and Ascension Seton, which includes Dell Children's Medical Center, the region's only comprehensive children's hospital and pediatric Level I trauma center, and Dell Seton Medical Center at The University of Texas, the region's only Level I trauma center for adults. Ascension Seton partners with Dell Medical School at The University of Texas at Austin and shares a common vision of transforming healthcare through a focus on quality and value. On average, Ascension provides \$562 million annually in charity care and community benefit across Central Texas. Visit [www.ascension.org](http://www.ascension.org) and [www.dellchildrens.net](http://www.dellchildrens.net).

## **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. Ascension Providence operates one hospital campus in Waco, Texas, providing medical care to McClennan and surrounding Central Texas counties.



Ascension Providence is a full-service hospital with 24/7 emergency care and a destination for specialty care including heart and vascular health, orthopedics, women's health and maternity services. Ascension Providence offers a wide range of minimally invasive procedures, imaging, lab tests and rehabilitation services, all on one campus.

The OB-GYN maternity care teams at the Women's and Newborn Center deliver a personalized birthing experience and advanced neonatal care for sick babies.

Ascension Providence is proud to maintain the highest standards through accreditation by the Commission on Cancer (CoC) and recognition as a Primary Stroke Center by the Joint Commission and a Level II Stroke Center by the State of Texas – the highest level of recognition available.

Ascension Providence is continuing the long and valued tradition of responding to the health needs of the people in our community. Ascension Providence is a faith-based nonprofit healthcare system founded by the Daughters of Charity. Called to be a sign of God's unconditional love for all, Ascension Providence has consistently strived to expand access to high-quality, low-cost, person-centered medical care and services.

For more information about Ascension Providence, visit <https://healthcare.ascension.org/locations/texas/txwac/waco-ascension-providence>.

## About the Community Health Needs Assessment

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

### Purpose of the CHNA

A CHNA is defined as “a systematic process involving the community that identifies and analyzes community health needs and assets to plan and act upon priority community health needs.”<sup>1</sup> 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 respond to the health needs of a community, with special attention to persons who are medically underserved and at risk for poorer health outcomes because of social factors that put them at increased risk.

### Advancing Health Equity

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.<sup>2</sup> Progress toward achieving health equity can be measured by reducing health disparities. Health disparities are particular health differences closely linked with economic, social, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced such obstacles to health based on their race or ethnicity; religion; socioeconomic status; gender identity; sexual orientation; age; cognitive, sensory, or physical disability; geographic location; or other characteristics historically linked to discrimination or exclusion.<sup>3</sup>

Focusing on the root causes that have perpetuated these differences contributes to the advancement of health equity. By identifying the conditions, practices, and policies that perpetuate differences in health outcomes, we can better respond to root causes when pursuing health equity.

Ascension acknowledges that health disparities in our communities go beyond individual health behaviors. Ascension’s Mission calls us to be “advocates for a compassionate and just society through our actions and words”; therefore, health equity is a matter of great importance to Ascension.

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<sup>1</sup> Catholic Health Association of the United States. (2022). *A guide for planning and reporting community benefit, 2022* (p.146).

<sup>2</sup> National Center for Chronic Disease Prevention and Health Promotion. (2023, January 4). *Advancing health equity in chronic disease prevention and management*. Center for Disease Control and Prevention (CDC). Retrieved October 11, 2023, from <https://www.cdc.gov/chronicdisease/healthequity/index.htm>

<sup>3</sup> Braveman, P. (2014). What are health disparities and health equity? We need to be clear. *Public Health Reports*, 129(Suppl 2), 5-8. <https://doi.org/10.1177/00333549141291S203>.

## **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 ACA are described in Code Section 501(r)(3), and include making both current and previous CHNA and implementation strategy reports widely available to the public. In accordance with this requirement, electronic versions of these reports can be accessed at <https://healthcare.ascension.org/CHNA>, and paper versions can be requested at the Ascension Providence administrative office.

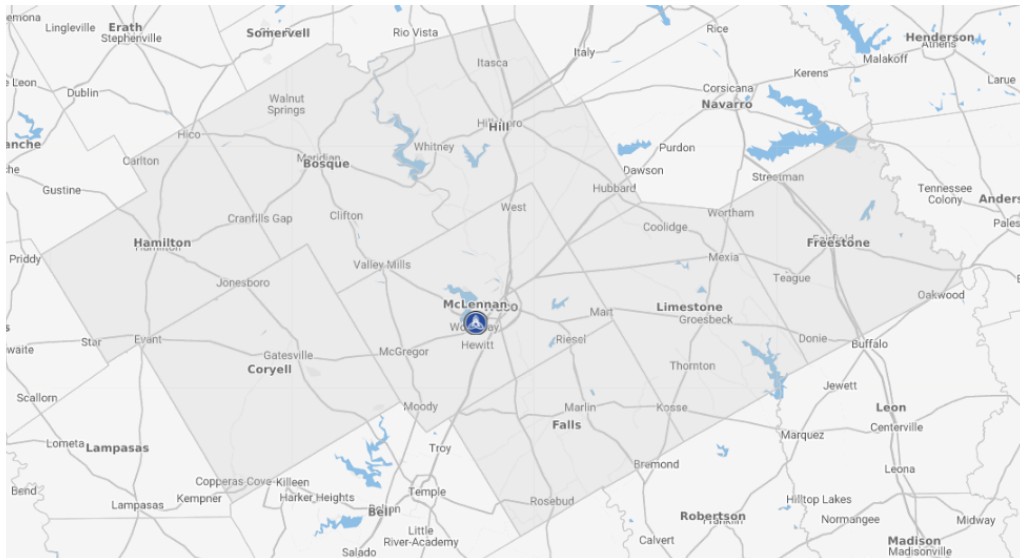


## Community Served and Demographics

### Community Served

For the purpose of the 2024 CHNA, Ascension Providence has defined its community as McLennan, Coryell, Hill, Limestone, Freestone, Bosque, Falls and Hamilton Counties. There is one hospital in the Ascension Providence region, located in the city of Waco as shown on Figure 1. The community served by Ascension Providence was defined as such because the majority of people served by the hospital reside in the aforementioned counties.

**Figure 1: Map of Ascension Providence and CHNA Region**



*Source: Created by Ascension Texas*

Located in Central Texas, the Ascension Providence eight-county region serves a population of 465,637. The Ascension Providence service area contains mostly suburban and rural areas. The population of the Ascension Providence region grew by 6.9% between 2013 and 2022, a rate that is slower than the state of Texas overall. The counties in the Providence region that had the largest population growth during that time were McLennan (10%) and Coryell (9.2%).

Waco is the largest city in the region located in McLennan County, which is the most populated 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 15,000 undergraduates, Magnolia Market, a major attraction for visitors to Waco, and many small businesses. Major industries in the Waco area include manufacturing and food and beverage production.



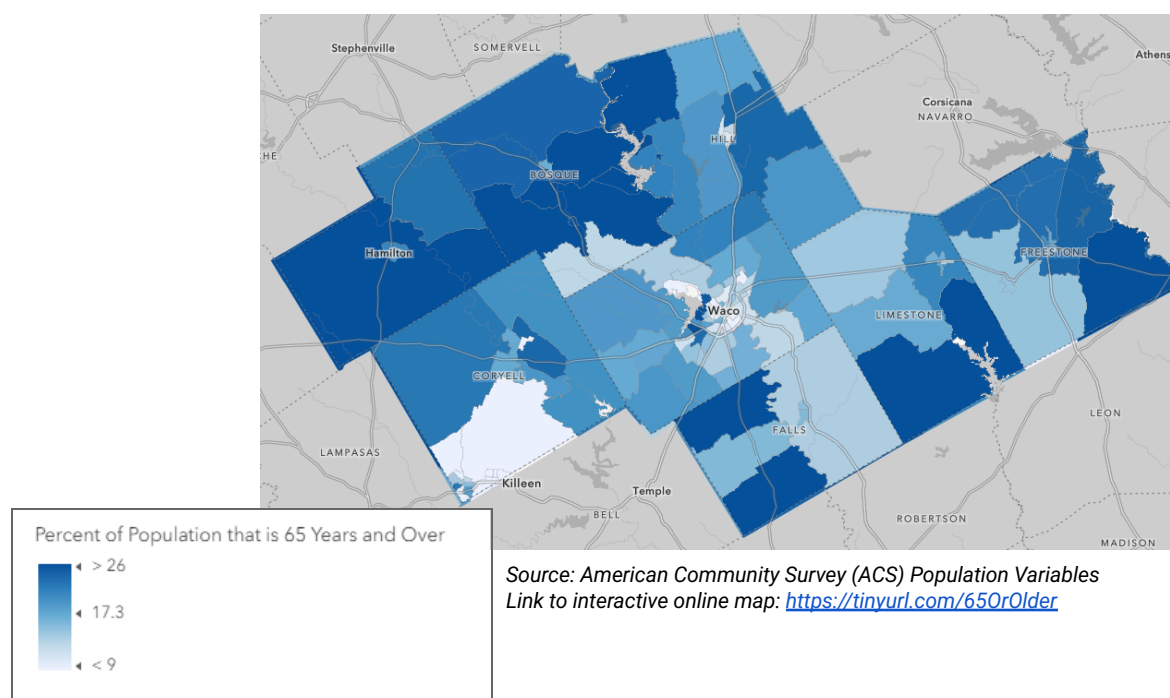
The United States Army post Fort Cavazos is partially located in Coryell County, contributing to a higher concentration of active service members and veterans in the area and a unique healthcare environment in which many military personnel and families have access to military medical facilities, social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

## Demographic Data

Below are demographic data highlights for the Ascension Providence Region. Sources for data highlights are available in Table 2 or directly linked under maps:

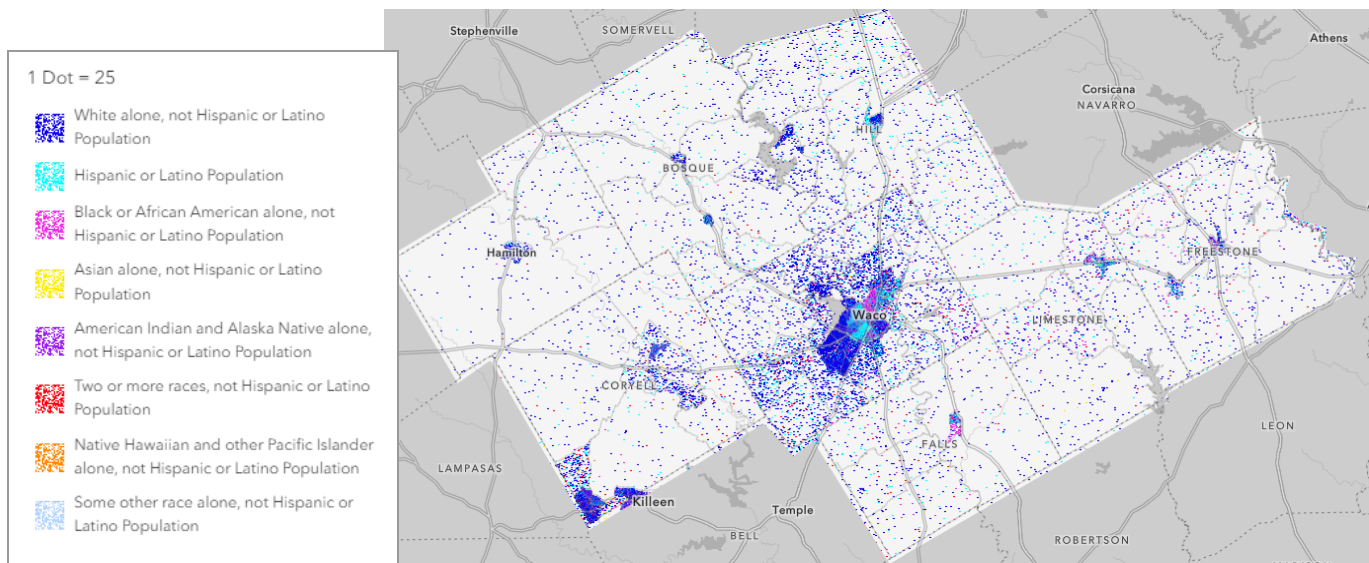
- Sixteen percent of the community members of the Ascension Providence region are 65 or older, compared to 13 percent in Texas. The population that is 65 or older is concentrated on the west side of the city of Waco and in surrounding rural counties.

**Figure 2: Percent of Population that is 65 Years and Older**



- Twenty-four percent are Hispanic or Latino (any race); 58% of community members are Non-Hispanic White; 13% are Non-Hispanic Black or African American; and 1% are Asian. Figure 3 shows the distribution of Race and Ethnicity throughout the Ascension Providence region.

**Figure 3: Dot Density Map of Race and Ethnicity Distribution**

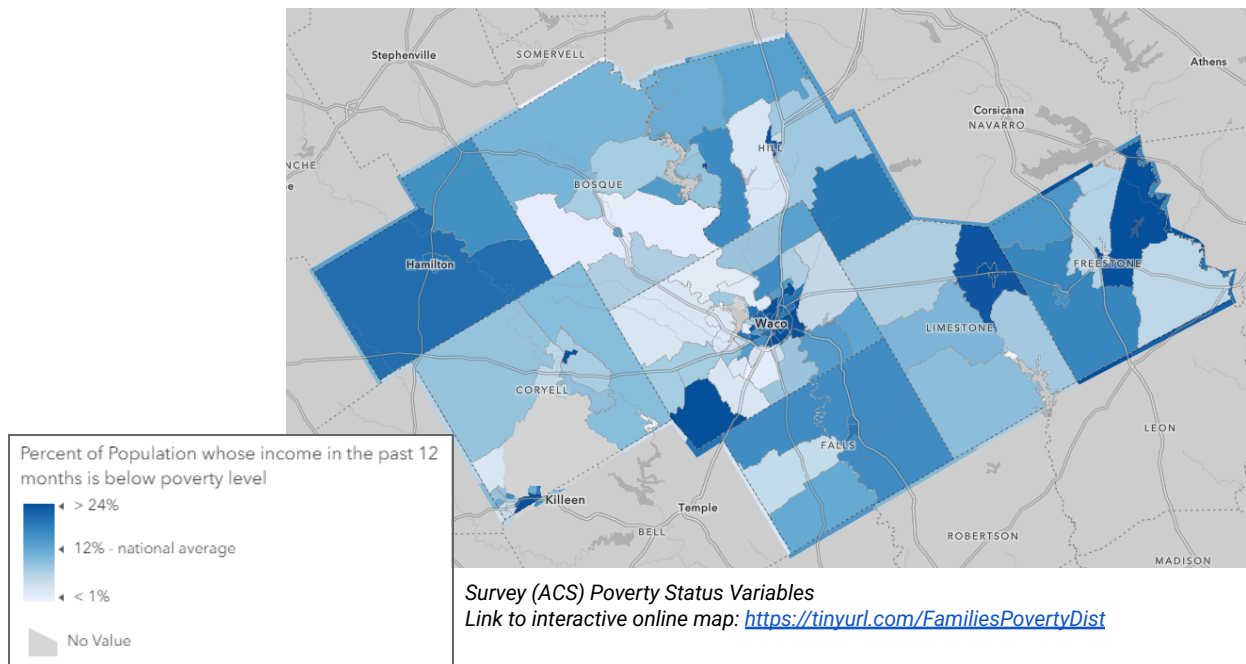


Source: American Community Survey (ACS) Race and Hispanic Origin Variables  
 Link to Interactive online map: <https://tinyurl.com/RaceEthnicityDist>

- The total population increase from 2013 to 2022 was 7%, with the largest growth in McLennan County (10%) and Coryell County (9%).
- The median household income is below the state median income (\$61,210 for the Ascension Providence region; \$72,279 for Texas).
- The uninsured rate for the Ascension Providence region is about the same as the state (19% in the Ascension Providence region; 20% in Texas). Both the Ascension Providence region and the State of Texas have much higher uninsured rates than the United States (10%).

- The percent of all ages of people in poverty was slightly higher than the state (16% for the Ascension Providence region; 14% for Texas). Figure 4 illustrates the distribution of poverty in the Ascension Providence service area.

**Figure 4: Percent of Families Living Below Poverty by Census Tract**



**Table 2: Description of the Community**

<b>Demographic Highlights</b>			
<b>Indicator</b>	<b>Ascension Providence</b>	<b>Texas</b>	<b>Description</b>
<b>Population</b>			
% Living in rural communities	38.7%	16.3%	Percentage of population living in a census-defined rural area, 2020
% below 18 years of age	23.3%	25.3%	Percent population below 18 years of age, 2022
% 65 and older	15.7%	12.9%	Percent population ages 65 and over, 2022
% Hispanic	24.1%	39.9%	Percentage of population that is Hispanic, 2022
% Asian	1.4%	5.1%	Percentage of population that is Asian, 2022
% Non-Hispanic Black	12.5%	11.8%	Percentage of population that is Non-Hispanic Black or African American, 2022
% Non-Hispanic White	57.6%	40.1%	Percentage of population that is Non-Hispanic White, 2022
% American Indian or Alaska Native	0.2%	0.2%	Percentage of population that is American Indian or Alaska Native, 2022
% Native Hawaiian or Other Pacific Islander	0.2%	0.1%	Percentage of population that is Native Hawaiian or Other Pacific Islander, 2022
% Some Other Race	0.3%	0.3%	Percentage of population that is Non-Hispanic and Some Other Race than those listed, 2022
Two or More Races	3.6%	2.6%	Percentage of population that is Non-Hispanic and Two or More Races, 2022
<b>Social and Community Context</b>			
Limited English Proficiency	2.3%	6.7%	Proportion of community members that speak English "less than well," 2022
Median Household Income	\$61,210	\$72,279	Income where half of households in a county earn more and half of households earn less, 2022
Percent of Children in Poverty	19.4%	19.2%	Percentage of people under age 18 in poverty, 2022
Percent of Uninsured	19.3%	20.3%	Percentage of population under age 65 without health insurance, 2022
Percent of Educational Attainment	87.1%	86.5%	Percentage of adults ages 25 and over with a high school diploma or equivalent, 2022
Percent of Unemployment	3.9%	3.9%	Percentage of population ages 16 and older unemployed but seeking work, 2022
Data sources: All metrics in this table were obtained from County Health Rankings & Roadmaps in 2024 unless otherwise noted. <a href="https://www.countyhealthrankings.org/health-data">https://www.countyhealthrankings.org/health-data</a> Race and Ethnicity: American Community Survey 5-year Estimate 2022, Table DP05 English Proficiency, Educational Attainment: American Community Survey 5-year Estimate 2022, Table DP02			

To view community demographic data in their entirety, see Appendix B.

## 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 were determined using a mixed-methods approach which included a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs for adults and children.

### Collaborators and Consultants

With the contracted assistance of Alpinista Consulting, Ascension Providence completed its 2024 CHNA in collaboration with Baylor Scott and White Health. Collaboration centered around collecting community input with the purpose to hear from a wide range of community stakeholders and reduce duplication of efforts.

### Data Collection Methodology

Ascension Providence collected and analyzed primary and secondary data for the Ascension Providence eight-county 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). Over 58 indicators were reviewed to determine trends of persistent and poor indicators of health county by county. Data was reviewed at a census tract level when possible, using data available in ArcGIS mapping software through the LivingAtlas public data function. Census tract level data can help to narrow in on health disparities and areas of higher need within a county.

Once 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 compared to the State of Texas. However, for cases where the standard deviation was not available, the absolute value of the indicator and the historical context 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 community input.

Multiple methods were used to gather community input by Ascension Providence and CHNA partners. Data collection methods included key stakeholder interviews, focus groups, community surveys and stakeholder sensemaking. These methods provided additional perspectives on how to select and address top health issues facing communities within the Ascension Providence service area. See

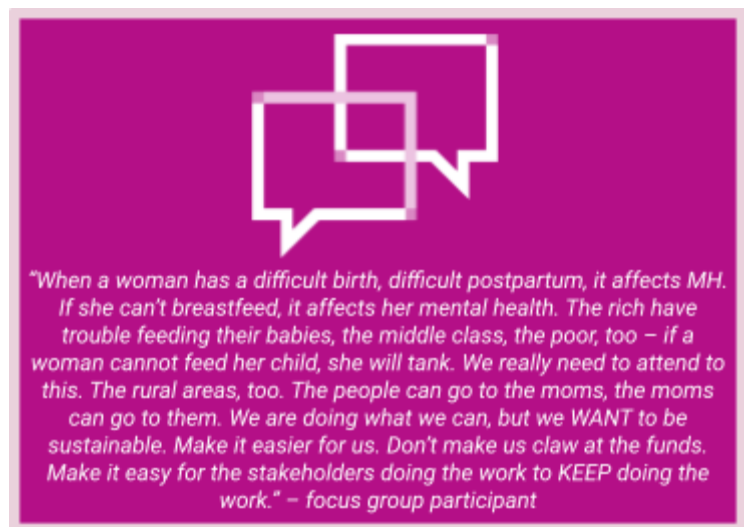
Appendix C, and the “Community Focus Groups” section below for detailed information about the collaboratives that contributed to data collection in McLennan County.

The findings and themes identified in both qualitative and quantitative analyses were brought forward to the 2024 Ascension CHNA Steering Committee for discussion and prioritization. The 2024 Ascension CHNA Steering Committee consisted of internal leaders and external advisors. Prioritization was a two step process: rank-choice voting of identified needs using criteria including alignment with Ascension’s mission and capacity to impact, followed by final discernment with the 2024 Ascension Steering Committee.

### Summary of Community Input

Community input, which is one type of “primary data,” is an integral part of a community health needs assessment and is meant to reflect the voice of the community. This input is invaluable for efforts to accurately assess a community’s health needs. 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, low-income, or considered among the minority populations served by the hospital; and 3) the community at large and those who represent the broad interests and needs of the community served.

Ascension Providence, in collaboration with Baylor Scott and White solicited input from a range of public health and social service providers and community residents that represent the broad interests of the Ascension Providence service area. Ascension Providence and Baylor Scott and White Health engaged with the community to understand health needs through their own methods, and shared themes. Overall, many methods were utilized including key stakeholder interviews, key stakeholder focus groups and community surveys.



### Focus Groups

A series of six focus groups were conducted by Alpinista Consulting to gather feedback from the community on the health needs and assets of Ascension Providence. One focus group was held specific to the Ascension Providence region, and five focus groups that covered a larger region of Central Texas were conducted to understand needs of specific populations: maternal health (2) and

child health (3). Thirty-five individuals participated in the focus groups, held during July and August of 2024. Additional community focus groups and conversations were led by Baylor Scott and White.

**Table 3: Focus Group Themes**

Community Focus Groups	
Key Summary Points	
<ul style="list-style-type: none"> <li>Community partners in the Providence region consistently remark on the strong spirit of collaboration in Waco among service providers.</li> <li>Affordability is a concern for many community members across the region. Cost burdens put a strain on all other things that impact health. There are many inter-related needs that have to do with affordability and the ability to meet basic needs including: food insecurity, ability to pay for utilities, affordability of childcare, access to health insurance, transportation means and housing.</li> <li>Navigating the healthcare and insurance systems is a significant challenge, especially for people who are uninsured, on Medicaid or in rural areas. Care coordination between providers is also a challenge and impacts people across the lifespan.</li> <li>Dynamic population with diverse and changing needs The region is diverse in many ways including age, language, race and ethnicity, culture and geography. Ensuring all communities have appropriate access to high quality care is important</li> <li>Mental health needs for youth and adults are persistently difficult to meet with current resources. Postpartum mental health services is an area of need.</li> <li>Much of the region is rural, transportation to and from appointments can be a barrier to care</li> <li>High need for affordable housing</li> </ul>	
Sectors Represented	Common Themes
<ul style="list-style-type: none"> <li>Parks and Recreation</li> <li>Maternal Health</li> <li>Housing</li> <li>Maternal Health</li> <li>FQHC</li> <li>County health services</li> <li>Nonprofit</li> <li>Children's health</li> </ul>	<ul style="list-style-type: none"> <li>Affordability concerns: food insecurity, childcare</li> <li>Navigation of available services</li> <li>Coordination of care (between providers)</li> <li>Insurance and Medicaid gaps (what is covered and what is not)</li> <li>Transportation</li> <li>Language access needs are not met and growing</li> <li>Funding availability (or lack thereof)</li> </ul>
Meaningful Quotes	
<p><i>"One thing I'm excited about is the Waco Birth Center. The nurse midwife who owns is credentialed with Medicaid and can see Medicaid patients. They have a choice now, it's not just for wealthy families. Low income families can access midwifery care."</i></p> <p><i>"So once mama has the baby, where are they gonna take it and find a place affording that childcare. That is something that is a huge, huge need."</i></p> <p><i>"Demand for food pantry has skyrocketed. Food insecurity isn't discriminating around finances. Affecting people in the middle class now, too."</i></p>	



## Key Stakeholder Interviews

Ascension Providence conducted 3 one-on-one interviews to gather feedback from key stakeholders on the health needs and assets of the region.

**Table 4: Interview Themes**

Key Stakeholder Interviews	
Key Summary Points	
<ul style="list-style-type: none"> <li>• The region has a high poverty rate and high housing costs that affect both low and middle income earners. Wages have not increased to meet the cost of living.</li> <li>• The city of Waco is fairly segregated by race and ethnicity.</li> <li>• There is a healthy culture of partnership in the community among service providers.</li> <li>• Transportation is a major barrier for the region, as is the physical location of clinics that are inaccessible to people using public transportation. There are only two hospitals in the region, which are really close to one another in a relatively well resourced part of town, leaving many people far from hospital services.</li> <li>• People need help navigating the healthcare system; it is a difficult system to navigate even for people with some knowledge of it.</li> <li>• There is no mental health hospital for people in active crisis nor inpatient facility in the region; people must go far from Waco to get inpatient care. For outpatient services it is difficult to find a provider that accepts insurance and getting children tested for autism is very expensive.</li> <li>• There is community fatigue around infectious disease and vaccines in general in the aftermath of COVID, making public health communication a challenge.</li> <li>• There has been a big increase in nicotine use with vaping.</li> <li>• Fulfilling workforce demands for nurses is challenging and the local nursing education pipeline is incomplete (someone can attain an associates level degree but not higher).</li> <li>• Health inequities exist, there is room for growth around how health inequities are discussed and understood.</li> </ul>	
Sectors Represented	Common Themes
<ul style="list-style-type: none"> <li>• Mother and baby</li> <li>• County Public Health</li> <li>• City Public Health</li> </ul>	<ul style="list-style-type: none"> <li>• Affordability concerns: housing</li> <li>• Transportation</li> <li>• Navigation of services that exist</li> <li>• Mental health and mental health services</li> <li>• Healthcare workforce</li> <li>• Public health messaging</li> </ul>

## Community Survey

A survey was conducted by Baylor Scott and White Health to gather the self-reported health status and concerns of the Ascension Providence region. Thirty-six individuals participated in the survey, held between January and June of 2024. The survey was distributed to community residents with an emphasis on underserved populations through email and QR code access, printed copies and in person distribution via community organizations. The survey data was used in combination with Ascension Providence community input to further illustrate and add emphasis to community health needs.



## 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 population's health status at the state and county levels through surveys and surveillance systems. Secondary data for this report was compiled from various reputable and reliable sources.

Health indicators in the following categories were reviewed:

- Health outcomes
- Social and economic factors
- Physical environment
- Clinical care
- Health behaviors
- Disparities

For this report, secondary data was reviewed in all eight counties that comprise Ascension Providence. Benchmarks of the United States average and Texas average were used to determine general performance of counties in the Ascension Providence region on each indicator.

Standard deviations to the Texas benchmark were calculated to indicate when the Ascension Providence counties had a statistically significant difference in either a negative or positive direction from the Texas average. This process revealed the indicators that the region as a whole either performs poorly or well on compared to the state. Indicators were reviewed by race and ethnicity where data was available to reveal disparities in health outcomes. In densely populated counties, data was further reviewed on census-level maps where possible using available data through the LivingAtlas on ArcGIS.

The indicators available through the ArcGIS Living Atlas platform are sourced from publicly available datasets of trusted organizations such as the Centers for Disease Control. Maps do not always represent the same data as what is in the county tables due to differences in measurement by the sources available through ArcGIS and the sources used by County Health Rankings. Mapped data is used in conjunction with county level data from County Health Rankings to show more geographic detail when possible.

Below is a short summary for each of the data categories. If disparities, or differences in outcomes or circumstance were identified by race and ethnicity or by census tract, they are noted within the category of data where the indicator belongs. To view the secondary data and sources in their entirety, see Appendix D.

### Health Outcomes

*Why this is important: Health outcomes reflect how healthy a county is right now and are influenced by many factors such as health behaviors, social & economic factors, and the physical environment. Broadly,*

*health outcomes are the length and quality of life, including the physical and mental well-being of members within a community.<sup>4</sup>*

In the Ascension Providence region, all counties reported significantly more poor physical health and poor mental health days than in Texas. The premature death rate is also higher in all Ascension Providence counties than in Texas, disproportionately so in Hill, Limestone, Freestone, Falls and Hamilton counties. In McLennan county disparities in health outcomes affect Black residents who experience a significantly higher rate of premature death, infant mortality and low birthweight than their peers. High rates of low-birthweight among the Black population occurs in all counties in the region with data by race and ethnicity (McLennan, Coryell, Hill, Limestone, Freestone, Falls).

Injury deaths and motor vehicle crash deaths are significantly higher than the Texas benchmark in Hill, Freestone, Bosque and Hamilton counties, the most rural in the region. Hill, Limestone, Freestone and Hamilton counties have statistically higher rates of suicide than Texas. Calculations for statistical significance were not available for the firearm fatality rate, however many counties in the region including McLennan, Hill, Limestone and Freestone have higher reported firearm fatalities than in Texas.

### **Social and Economic Factors**

*Why this is important: These factors have a significant effect on our health and include education, employment, income, family and social support, and community safety.<sup>5</sup> They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress, and more.*

Generally, the Ascension Providence region has a low median household income compared to both Texas and the United States, with rural counties in the north and east of the region (Hill, Limestone, Freestone, Falls) having significantly lower median household income than Texas. Black and Hispanic residents consistently experience lower median household incomes in the region.

Coryell county, which partially contains the Fort Cavazos military base, has lower income inequality compared to the other counties and to Texas. However, Coryell county also has a statistically high proportion of the population who has limited access to healthy foods compared to Texas.

Access to food, and particularly healthy foods, is an important component for maintaining health. The Central Texas Food Bank Food Access Dashboard ([centraltxfoodsystem.org/food-access](https://centraltxfoodsystem.org/food-access)) presents data at the census level for various food access indicators in many of the Ascension Providence Counties (McLennan, Coryell, Falls, Limestone, Freestone). The dashboard shows generally high household food insecurity, defined as access by all people at all times to enough food for active, healthy life, in all of the included Ascension Providence counties. The map of food insecurity on the Food Access Dashboard shows areas of particularly high food insecurity, including within the city of

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<sup>4</sup> *Health Outcomes.* County Health Rankings & Roadmaps. (2024). <https://www.countyhealthrankings.org/health-data/health-outcomes>

<sup>5</sup> *Social & Economic Factors.* County Health Rankings & Roadmaps. (2024). <https://www.countyhealthrankings.org/health-data/health-factors/social-economic-factors>

Waco. Disparities are present by race and ethnicity with Black and Hispanic households experiencing food insecurity more often than their peers.

Refer back to Figure 4 in the Demographic Data section of this report to review the geographic disparities of poverty in the region.

## **Physical Environment**

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

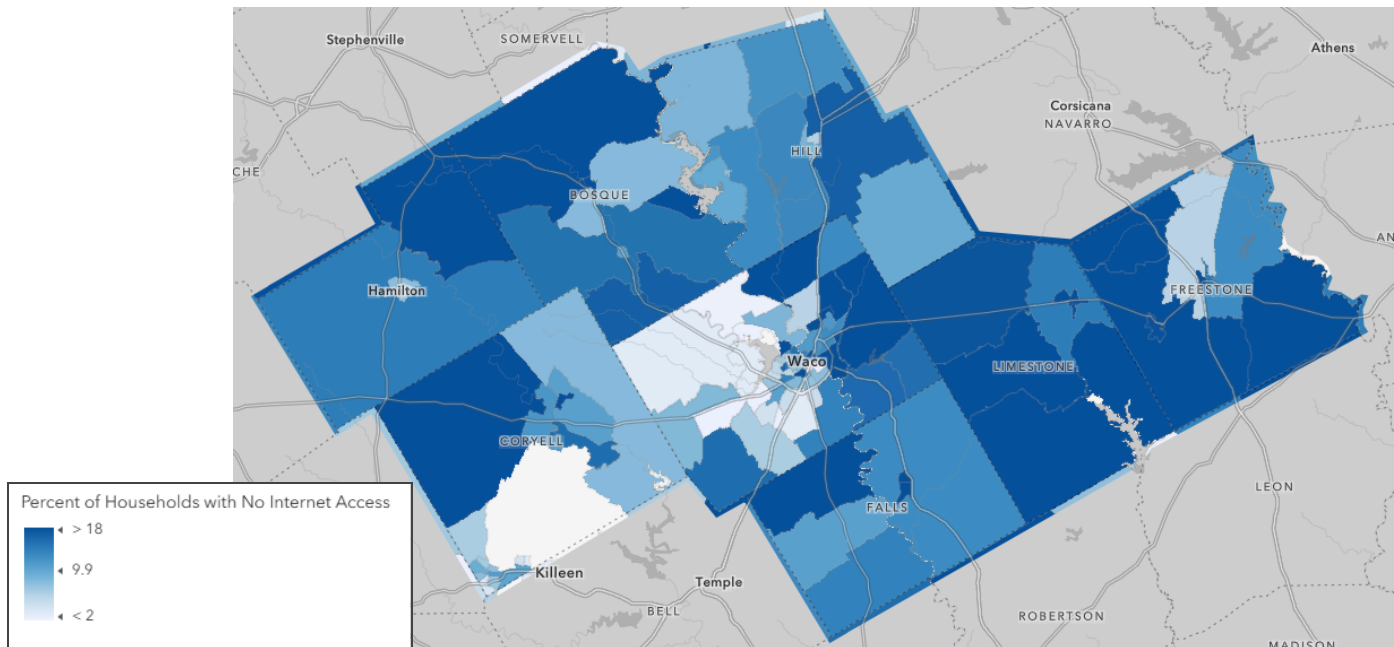
Many counties in the Ascension Providence region have lower proportions of the community who experience a severe housing cost burden, defined as the percent of households who spend 50% or more of their household income on housing. McLennan county has the highest proportion of severe housing cost burden in the region (16%).

The ability to use the internet is a critical and growing part of the physical environment that affects health<sup>6</sup>. Internet access is influenced by multiple factors including access to available infrastructure, broadband connections, and compatible devices. While internet and broadband are often used interchangeably, the internet refers to interconnected computer networks creating the online world while broadband is a high-speed connection that allows users to access the internet. A basic internet connection (dial-up) allows individuals to get online and go to websites. However, broadband access is increasingly critical to allow for utilization of online healthcare services. Figure 5 shows the geographic distribution of internet access in the Ascension Providence region, to zoom in further click the link in the footnote of the figure. Additionally, in several Ascension Providence counties (Limestone, Freestone, Bosque, Falls) the proportion of people with broadband access is significantly lower than in Texas.

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<sup>6</sup> Yu, J., & Meng, S. (2022). Impacts of the Internet on Health Inequality and Healthcare Access: A Cross-Country Study. *Frontiers in public health*, 10, 935608. <https://doi.org/10.3389/fpubh.2022.935608>.

**Figure 5: Percent of Households with No Internet Access**



Source: PLACES: Local Data for Better Health, Centers for Disease Control and Prevention

Link to interactive online map: <https://tinyurl.com/NoInternetAccess>

## Clinical Care

*Why this is important: Access to affordable, quality care can help detect issues sooner and prevent disease, which can help individuals live longer and have healthier lives.<sup>7</sup>*

Texas has the highest uninsured rate of all 50 states for both adults under 65 years old and for children up to 18 years old<sup>8</sup>. Most counties in the Ascension Providence region have about the same uninsured rate as Texas (20%). Coryell County, which partially contains Fort Cavazos, has a lower uninsured rate than Texas, however it is still higher than the uninsured rate of the United States.

In Coryell, Hill and Falls counties there are significantly less primary care providers per resident than the Texas benchmark. Texas in general has less mental health care providers to each resident than the United States benchmark. McLennan County is the only county in the region that performs better than the Texas benchmark, although not significantly so. Most counties in the Ascension Providence region have significantly less mental health providers per resident than the Texas benchmark (Coryell, Hill, Limestone, Freestone, Bosque, Falls). Limestone County has only one psychiatrist for the whole population, while many of the rural counties in the region have no psychiatrists (Hill, Freestone, Bosque,

<sup>7</sup> Clinical Care. County Health Rankings & Roadmaps. (2024). <https://www.countyhealthrankings.org/health-data/health-factors/clinical-care>

<sup>8</sup> New Census Data: Texas has worst uninsured rate in US. Cover Texas Now. Retrieved September 12, 2024 from: <https://covertexasnow.org/posts/2024/9/12/new-census-data-texas-has-worst-uninsured-rate-in-us#:~:text=Austin%20%2D%20New%20data%20released%20today,the%20national%20rate%20of%205.4%25>

Falls, Hamilton). Many of the counties in the region also have significantly less dentists per resident than the Texas benchmark (Coryell, Hill, Limestone, Freestone, Bosque, Falls).

Screenings are critical for early identification of disease. For mammography screenings, McLennan County as a whole has a high rate of residents obtaining a mammography compared to the Texas benchmark, which remains relatively consistent by race and ethnicity with Hispanic residents obtaining mammograms slightly less frequently than their peers. In the region, it is most consistent that Hispanic residents receive mammography screenings at lower rates than their peers (Coryell, Hill, Limestone, Bosque) however in Coryell Asian residents also receive mammograms at a disproportionately lower rate than the Texas benchmark, and in Hill and Falls county Black residents receive mammograms at disproportionately lower rates than the Texas benchmark.

### **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.<sup>9</sup>*

Most counties in the region including Coryell, Hill, Limestone, Freestone Bosque, Falls and Hamilton have significantly lower access to exercise opportunities than the Texas benchmark. Limestone and Falls counties report significantly less leisure time physical activity than the Texas benchmark and, alongside McLennan and Coryell counties, have higher rates of obesity than Texas.

Adult smoking rates are significantly higher than the Texas benchmark in every Ascension Providence county. Excessive drinking is significantly higher than the Texas benchmark in Coryell county. Drug overdose mortality rates are significantly higher than the Texas benchmark in Hill and Bosque counties.

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<sup>9</sup> *Health Behaviors*. County Health Rankings & Roadmaps. (2024).  
<https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors>

### **Written Comments on Previous CHNA and Implementation Strategy**

Ascension Providence's previous CHNA and implementation strategy was made available to the public and open for public comment via the website: <https://healthcare.ascension.org/chna>. One comment was received requesting access to the CHNA documents. Ascension Providence responded to the commenter to ensure they received a copy of the report.

### **Data Limitations and Information Gaps**

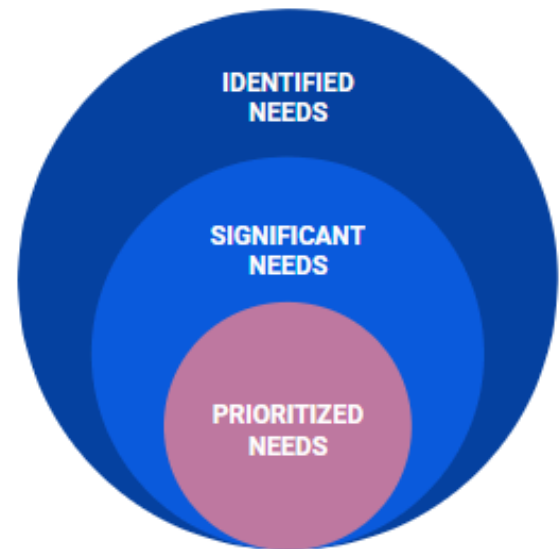
Although this report aims to be comprehensive, the community input and secondary data collection for this assessment cannot measure all possible aspects of health and cannot represent every possible population within Ascension Providence. This constraint limits the ability to assess all the community's needs fully.

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 qualitative and quantitative methods, and engaged the hospital and participants from the community.

## Community Needs

Ascension Providence, with contracted assistance from Alpinista Consulting, analyzed secondary data of 58 indicators and gathered community input through focus groups, interviews and surveys to identify the needs in Ascension Providence. In collaboration with community partners, Ascension Providence used a phased prioritization approach to identify the needs.

- First phase: Determine the broader set of **identified needs**.
- Second phase: Narrow identified needs to a set of **significant needs**.
- Third phase: Narrow the significant needs to a set of **prioritized needs** to be addressed in the implementation strategy plan.



Following the completion of the CHNA assessment, Ascension Providence will select all, or a subset, of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may respond to many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. The image above portrays the relationship between the needs categories.

### Identified Needs

The first phase was to determine the broader set of **identified needs**. Ascension has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of the Ascension Providence region. The identified needs were categorized into health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues to develop better measures and evidence-based interventions that respond to the determined condition.

### Significant Needs

In the second phase, identified needs were narrowed to a set of “significant needs.” Ascension has defined **significant needs** as the identified needs deemed most significant to respond to based on established criteria and/or prioritization methods.

To determine which of the identified needs are most significant Ascension Providence employed a process which included data analysis and internal leader engagement. Health indicators and needs in the secondary data that showed significant variation from the Texas or United States benchmark and

were also brought forward in conversations with the community were compiled in an initial list for consideration. The initial list was sent to internal leaders who were asked to rank their top five significant needs for community health. Ranked results were further discussed through conversations with leaders to arrive at the final significant needs.

The significant needs identified through this process are broad and include overlapping themes.

Based on the synthesis and analysis of the data, the significant needs for the 2024 CHNA are as follows:

- Healthcare Access and Quality
- Mental and Behavioral Health
- Social Determinants of Health
- Maternal and Child Health
- Health Promotion and Disease Prevention

To view healthcare facilities and community resources available to respond to the significant needs, please see Appendix E.

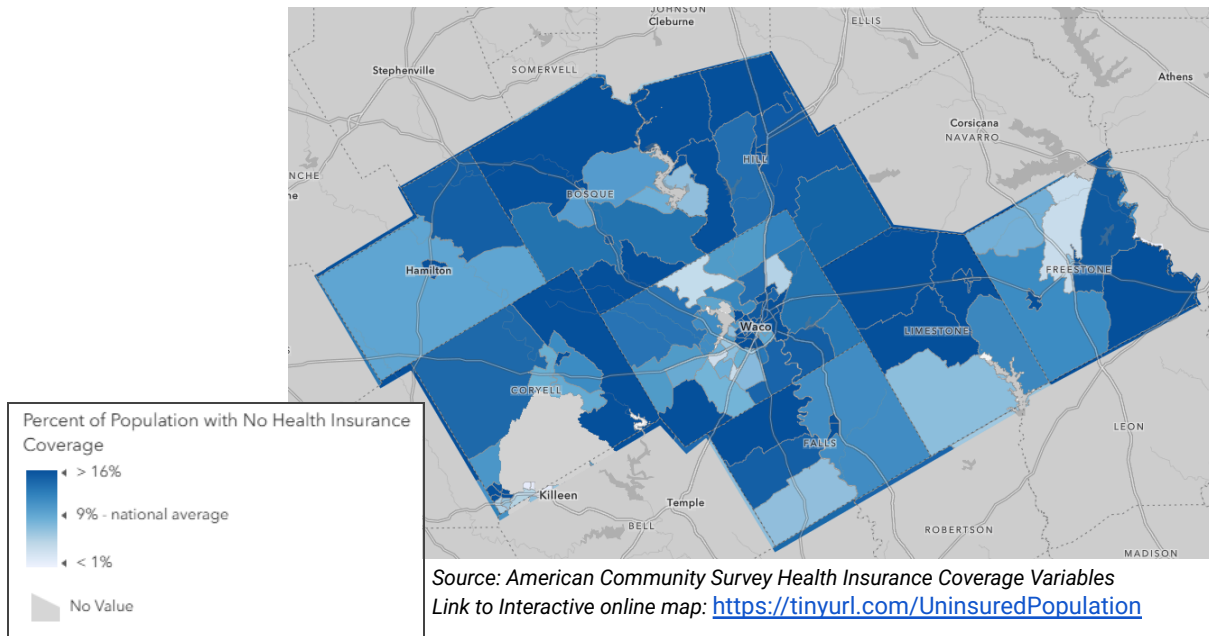
The following pages contain a description (including data highlights, community challenges and perceptions, and local assets and resources) of each significant need.



**Table 5: Significant Need - Healthcare Access and Quality**

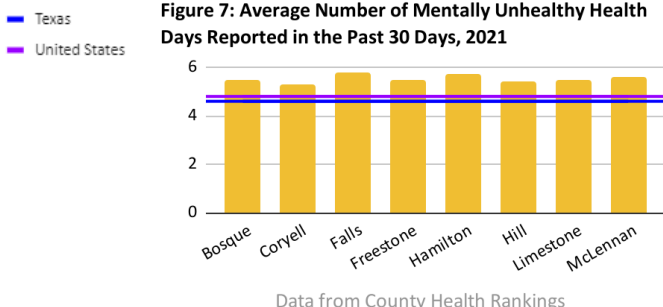
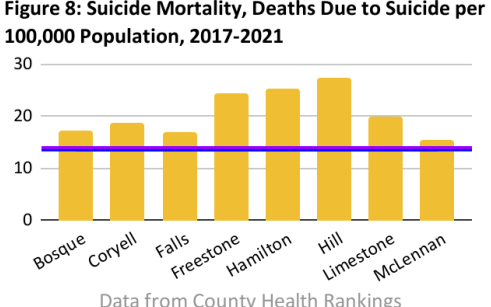
<b>Healthcare Access and Quality</b>	
<b>Significance</b>	<b>Populations Most Impacted</b>
<p>Access to quality healthcare is critical for addressing health needs that are acute, chronic or preventive. Access to quality healthcare can mean many things including location and open hours of clinics and other facilities, insurance status or ability to pay, wait times for specialty services compounded by limited providers who accept Medicaid or uninsured patients, access to a vehicle or availability of public transportation, health literacy, language access, ability to use digital scheduling and follow-up platforms, and more. A barrier in one or more of these areas can lead to individuals not obtaining needed healthcare services which impacts their ability to maintain health.</p>	<ul style="list-style-type: none"> <li>• Rural and/or not served by public transportation</li> <li>• Low-income</li> <li>• Hourly workers with regular business hours</li> <li>• People who speak a language other than English</li> </ul>
<b>Community Input Highlights</b>	
<p>In focus groups and interviews participants discussed various issues related to access to quality healthcare. The Ascension Providence region is geographically large and includes suburban and rural areas. Participants noted that the two hospitals in the region are in the same part of town in Waco, leaving many people far from a hospital.</p> <p>Transportation is a barrier in the region for many people. There is a bus system that serves the city of Waco, however focus group participants noted that people do not feel it is easy to use. For those people who live outside of the city of Waco in surrounding areas and counties a personal vehicle is a necessity.</p> <p>For people who work regular business hours it can be a challenge to find an appointment outside of that time.</p> <p>Having insurance and navigating what providers accept it, what it covers and how to use it was often brought forward as an access to care concern. For people who do not have insurance through an employer, it can be very expensive. For people who may qualify for Medicaid or an Affordable Care Act subsidy, the process for applying can be overwhelming and confusing. People sometimes fear using insurance because they have experienced unexpected charges.</p> <p>One issue around quality of care is related to continuity and coordination. Participants discussed a lack of coordination between providers which requires patients to translate information between different specialists. This challenge is amplified in individuals with lower education levels or people who do not speak English.</p> <p>Access and awareness of childhood vaccines was consistently discussed in focus groups. Children need certain vaccines to begin school on time, and it is critical that correct information is shared with families in a timely manner and that appointments are available and accessible so that children can be vaccinated and not delayed.</p>	
<b>Secondary Data Highlights</b>	
<p>Texas has the highest uninsured rate in the United States. All of the counties in the Ascension Providence region have higher uninsured rates than the United States for both adults and children, and many counties have higher uninsured rates than Texas for both adults and children.</p> <p>Figure 6 shows the geographic distribution of the population with no health insurance. Darker blue areas on the map show areas with higher uninsured rates.</p>	

**Figure 6: Geographic Distribution of Population with no Health Insurance**



Many of the Ascension Providence counties experience shortages of providers compared to state and national benchmarks. The ratio of primary care physicians and mental health providers to people in each county is shown in Table D4. In Coryell, Hill and Falls counties there are significantly fewer primary care providers per resident than the Texas benchmark and most counties in the Ascension Providence region have significantly fewer mental health providers per resident than the Texas benchmark (Coryell, Hill, Limestone, Freestone, Bosque and Falls). McLennan County has the highest ratio of primary and mental health providers. However, the providers in McLennan County serve people from surrounding communities where providers are less available. Transportation is a barrier for people, particularly in rural communities, who need to travel to Waco for services.

**Table 6: Significant Need - Mental and Behavioral Health**

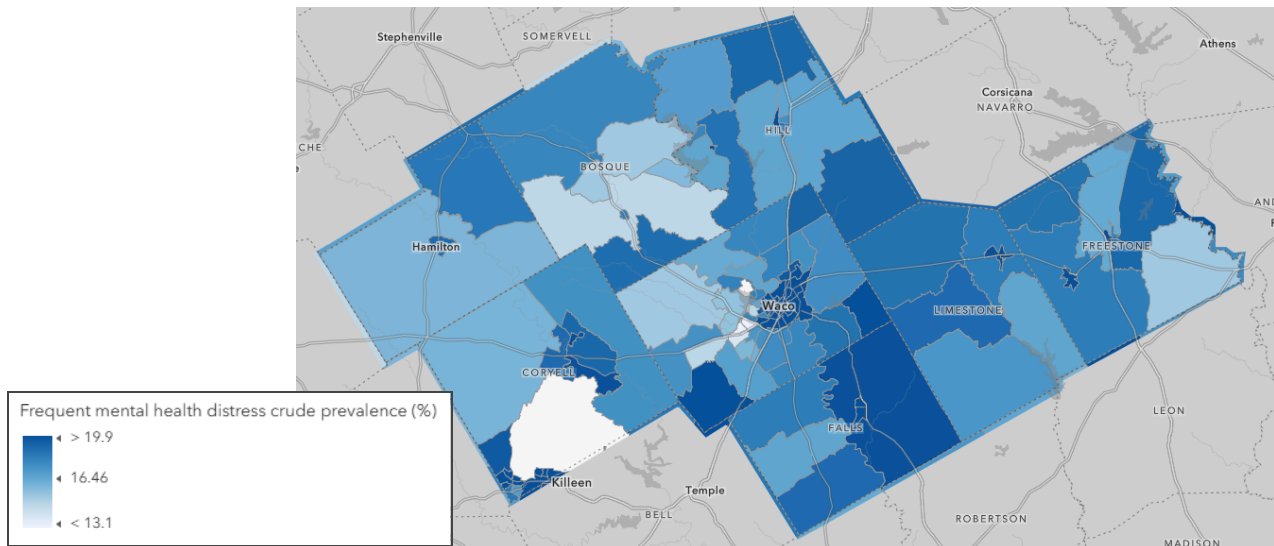
Mental and Behavioral Health	
Significance	Populations Most Impacted
<p>Mental health is a key component of overall health and is closely linked to physical health. Mental health conditions are among the most common health conditions in the United States.<sup>10</sup> Behavioral health is sometimes used interchangeably with mental health and refers to a state of mental, emotional and social well-being or behaviors and actions that affect wellness.<sup>11</sup></p> <p>Access to mental healthcare includes similar components as access to physical healthcare, however there are also unique aspects. Some of the unique concerns of mental healthcare access include: appropriate reimbursement for services, growing and maintaining a qualified and specialized workforce and the ability to meet the demand for appropriate levels of care including long-term care.</p>	<ul style="list-style-type: none"> <li>• All ages</li> <li>• Post-partum</li> <li>• Trauma survivors</li> </ul>
Community Input Highlights	
<p>Mental health affects all ages and is consistently elevated as a significant concern among community health leaders.</p> <p>Many participants discussed the lack of residential or inpatient options for people who need higher levels of mental healthcare. Emergency departments are serving as the frontline for people in crisis who may need inpatient care. Many emergency departments end up holding patients for a long time until they find placement and it is acknowledged that the emergency department is not the right place for the level of care needed. Additionally, those emergency beds are needed for other emergencies.</p> <p>A challenge often discussed is maintaining a trained mental health workforce who accepts patients with Medicaid or who are unfunded. There is constant attrition and it is common for psychiatrists to not accept any form of insurance.</p>	
Secondary Data Highlights	
<p>On average people in every Ascension Providence county experience more poor mental health days in the past 30 days than people in Texas. Additionally, Hill, Limestone, Freestone and Hamilton counties have significantly higher suicide mortality rates per 100,000 population than the Texas and US rates.</p>	
<div> <div> <p>Figure 7: Average Number of Mentally Unhealthy Health Days Reported in the Past 30 Days, 2021</p>  <p>Data from County Health Rankings</p> </div> <div> <p>Figure 8: Suicide Mortality, Deaths Due to Suicide per 100,000 Population, 2017-2021</p>  <p>Data from County Health Rankings</p> </div> </div>	

<sup>10</sup> Centers for Disease Control and Prevention. (August 8, 2024). About Mental Health. <https://www.cdc.gov/mental-health/about/index.html#:~:text=Mental%20health%20is%20a%20key,before%20they%20develop%20or%20worsen.>

<sup>11</sup> Centers for Disease Control and Prevention. (August 8, 2024). Mental Health: About Behavioral Health. <https://www.cdc.gov/mental-health/about/about-behavioral-health.html>

Figure 9 shows the geographic distribution of the population experiencing frequent mental health distress, defined as 14 or more mentally unhealthy days during the past 30 days. Darker blue areas on the map show areas with higher rates of frequent mental health distress.

**Figure 9: Frequent Mental Health Distress Crude Prevalence**



Source: PLACES: Local Data for Better Health, Centers for Disease Control and Prevention

Link to Interactive online map: <https://tinyurl.com/MHDistressMap>

As seen in the Access to Care section, most Ascension Providence counties have a very low ratio of mental health care providers to residents. Mental health services can be provided by people who hold various licenses, mental health providers in this measure are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse and advanced practice nurses specializing in mental health care.

**Table 7: Significant Need - Social Determinants of Health**

<b>Social Determinants of Health</b>	
<b>Significance</b>	<b>Populations Most Impacted</b>
<p>Social determinants of health (SDOH), sometimes referred to as nonmedical drivers of health, are the conditions in the environment where people are born, live, learn, work, play, worship and age that affect a wide range of health outcomes. They are grouped into five categories: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.<sup>12</sup></p> <p>SDOH can affect health outcomes in varied ways. Some SDOH include the ability to meet immediate needs and engage in health maintenance behaviors such as access to job opportunities that pay a living wage, access to healthy food and safe spaces to exercise. Other SDOH can affect longer-term and even generational health outcomes such as educational attainment, racism and discrimination, and localized environmental pollution.</p>	<ul style="list-style-type: none"> <li>• Low-income</li> <li>• Rural or otherwise underserved geographic areas</li> <li>• People who speak languages other than English</li> </ul>
<b>Community Input Highlights</b>	
<p>A non-medical driver that consistently rose to the forefront of focus groups and interviews was affordability and economic strain. Affordability was discussed as a primary barrier to the community maintaining health. Many things circle back to the ability to afford maintaining health whether that is affording safe and stable housing, healthy food, insurance or healthcare, childcare and more.</p> <p style="text-align: center;"><i>"Housing needs are consistently high, in particular, family housing"</i></p> <p style="text-align: center;"><i>"The need for housing, and specifically affordable housing and affordable quality housing"</i></p> <p>Focus group participants discussed displacement of long-term and low-income residents and acknowledged the complicated economics of revitalization and growth that simultaneously support small businesses and improve the quality of housing but also displace families who have lived in Waco for generations.</p> <p>Other non-medical social determinants of health discussed in focus groups include neighborhood characteristics such as limited access to healthy food retailers, limited access to exercise opportunities and ability to access online services or accurate information, among others.</p> <p style="text-align: center;"><i>"The demand for food pantries has skyrocketed. Food insecurity isn't discriminating around finances, it's affecting people in the middle class now too"</i></p> <p>Fear of engaging with healthcare services can be a social determinant of health. Undocumented individuals often feel fear of engaging with any service due to their status, leading to not obtaining needed care.</p> <p>Language access and cultural awareness were commonly discussed in focus groups with regards to all community members receiving high quality healthcare. Language access is critical for ensuring that people who do not speak English can receive high quality care. Part of quality is ensuring that all patients can understand their diagnoses, prescriptions and doctors' recommendations. While Spanish is the most in demand language in Central Texas, it is also critical that service providers are able to meet the needs of people who speak languages other than English and Spanish.</p> <p>The Ascension Providence region is growing, and with growth comes new diversity. Meeting the cultural needs of growing diverse populations is recognized as an area of opportunity. There are also population groups who have been historically underserved by health and social systems; part of addressing health equity is learning the ways that discrimination has persisted and building trust with underserved communities.</p>	

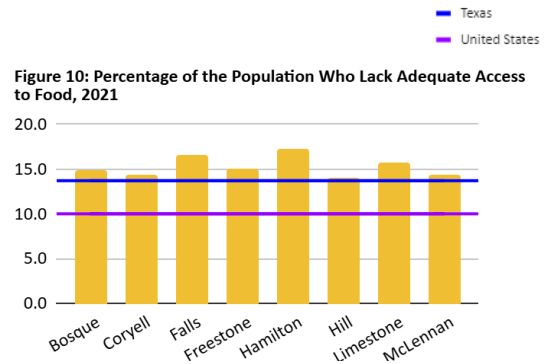
<sup>12</sup> Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Priority Areas: Social Determinants of Health*. Retrieved February 12, 2025 from: <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>

## Secondary Data Highlights

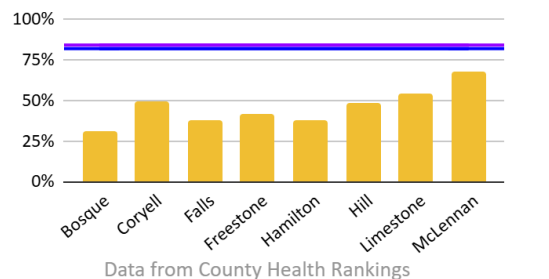
County Health Rankings data show rates of food insecurity are higher in all Ascension Providence counties than in Texas. Additionally, data on the Central Texas Food Bank Food Access dashboard shows disparities in food insecurity by race and ethnicity with Black and Hispanic residents of all counties experiencing food insecurity at higher rates than their peers.<sup>13</sup> The map of central Texas food insecurity on the CTFB Food Access dashboard shows higher concentration of food insecurity in the cities of the region including Waco, Temple and Killeen as well as in some rural areas of the region.

Neighborhood access to exercise opportunities is a factor in engaging in physical activity. County Health Rankings data show all counties in the Ascension Providence region have lower access to exercise opportunities than both Texas and the United States. A recent Travis County Physical Activity Landscape Assessment shows that in Travis County, and other populated counties in Texas, there are disparities in leisure time physical activity engagement by income with higher earners engaging in more leisure time physical activity.<sup>14</sup> While Travis County is not in the Ascension Providence region, the findings from Travis County are likely similar throughout Central Texas.

Higher education levels are linked to healthier and longer lives.<sup>15</sup> There are many factors that may contribute to this relationship including access to higher paying jobs. Obtaining higher education can have long-term impacts on multiple generations of a family by improving income and access to health insurance through an employer. In the Ascension Providence region people in McLennan and Coryell counties attend some college at a similar rate as people in Texas, while people in the rural areas of the region attend some college at much lower rates.

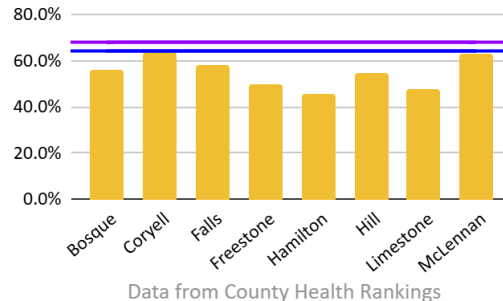


**Figure 10: Percentage of the Population Who Lack Adequate Access to Food, 2021**



Data from County Health Rankings

**Figure 11: Percent of Population With Adequate Access to Locations for Physical Activity**



Data from County Health Rankings

<sup>13</sup> Central Texas Food Bank. Food Access. Retrieved from: <https://www.centraltxfoodsystem.org/food-access>

<sup>14</sup> Springer, A. Travis County Physical Activity Landscape Assessment: Exploring Needs, Assets & Opportunities for Active Living in Travis County. October 15, 2024. Pg. 19.

<sup>15</sup> U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. Healthy People 2030: Education Access and Quality. Retrieved from: <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality>

**Table 8: Significant Need - Maternal and Child Health**

<b>Maternal and Child Health</b>	
<b>Significance</b>	<b>Populations Most Impacted</b>
Improving the well-being of mothers, infants and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can impact future public health challenges for families, communities, and the healthcare system. <sup>16</sup>	<ul style="list-style-type: none"> <li>• Perinatal women</li> <li>• Infants &amp; children</li> </ul>
<b>Community Input Highlights</b>	
<p>In rural communities to both the east and west of Austin focus group participants noted that there were limited obstetricians and pediatricians, particularly those that accept Medicaid. Pregnancy and childhood are periods of time when increased frequency of doctors visits is recommended, exacerbating the access issue for individuals living far from services, particularly those with limited access to personal or public transportation.</p> <p>There are well known and persistent disparities in birth outcomes for Black mothers and babies.</p> <p>Another concern related to regular child-checkups is vaccine access. Children who are not connected to a pediatrician for regular child visits may not receive the recommended schedule of vaccines, putting their start date at school at risk. There are opportunities related to both education and awareness of what vaccines are required and access to appointments for vaccines.</p> <p>Affordability of childcare is a major concern for families with young children. It can also be a compounding issue if parents have to choose between income and childcare.</p> <p>Mental health is something that needs to be addressed in both mothers and children. Pregnancy and postpartum is a critical time period for addressing maternal mental health, which can affect both mother and her baby. Additionally, child mental health often presents in schools who have limited resources and training to respond in conjunction with overall community capacity to respond not meeting the demand.</p> <p>Evidence-based methods for preventing childhood injury and death exist, but the availability of education, services and resources around key causes of injury and death is limited throughout the community, particularly around car seats, safe sleep for infants and drowning prevention.</p>	
<b>Secondary Data Highlights</b>	
<p>The maternal mortality rate in the U.S. is more than three times the rate in most other wealthy countries, causing many to label the situation a maternal mortality crisis.<sup>17</sup> This trend may be worsening over time as the maternal mortality rate in the U.S. has been reported by some sources to be on the rise since 2000. The Centers for Disease Control and Prevention found that 4 in 5 pregnancy-related deaths in the U.S. are potentially preventable.<sup>18</sup> Within the U.S., disparities in maternal health outcomes based on race and ethnicity reflect profound care inequalities. Black women are reported to be more than 3 times more likely than White women to die from a pregnancy-related cause.<sup>19</sup></p> <p>The leading causes of maternal death in Texas between 2016-2019 were cardiac events (17% of maternal deaths), drug poisoning (16%), homicide (15%) and suicide (10%) and the majority of maternal deaths occur 61+ days postpartum (61% of</p>	

<sup>16</sup> Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Maternal, Infant and Child Health Workgroup. <https://odphp.health.gov/healthypeople/about/workgroups/maternal-infant-and-child-health-workgroup>

<sup>17</sup> Gunja, M. Z., Gumas, E. D., & Williams, R. D. (2022). The U.S. maternal mortality crisis continues to worsen: An international comparison. <https://www.commonwealthfund.org/blog/2022/us-maternal-mortality-crisis-continues-worsen-international-comparison>

<sup>18</sup> CDC Newsroom. (2022). Four in 5 pregnancy-related deaths in the U.S. are preventable. <https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html>

<sup>19</sup> Njoku, A., Evans, M., Nimo-Sefah, L., & Bailey, J. (2023). Listen to the whispers before they become screams: Addressing black maternal morbidity and mortality in the United States. <https://pubmed.ncbi.nlm.nih.gov/36767014/>



maternal deaths) followed by 0-7 days postpartum (15%) and 8-42 days postpartum (13%).<sup>20</sup> Some risk factors for maternal mortality include birth spacing, mental health, pre-pregnancy weight status, hypertension and diabetes and smoking.

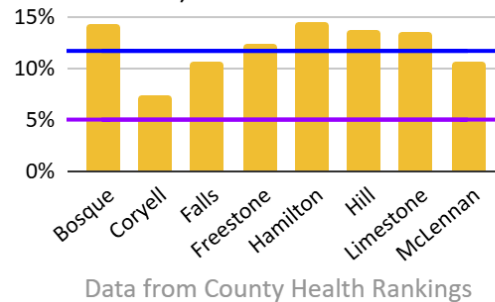
Severe maternal morbidity (SMM) is the unintended outcome of labor and delivery that results in significant consequences to a mother's health. In 2021, the most recent year reviewed, the Texas SMM rate was 85.5 cases per 10,000 hospital deliveries. Black women experience the greatest burden of SMM in Texas at 134.4 cases per 10,000 hospital deliveries compared to Hispanic (82.6 cases per 10,000) and White women (72.6 cases per 10,000).<sup>21</sup>

Injury is a leading cause of death for children over one year of age with top mechanisms of injury including motor vehicle crashes, drowning, and sleep-related deaths. Nationally, about half of car seats are not installed correctly in vehicles, leading to many children traveling unsafely.<sup>22</sup> Drowning is the leading cause of death for children age 1-4 and the second leading cause for children 5-14 years of age behind motor vehicle crashes.<sup>23</sup>

As seen in Table D1 in McLennan and Coryell counties, the only Ascension Providence counties with available data, infant mortality is higher than Texas and the United States. Black families experience infant mortality at much higher rates than their peers. This pattern is consistent with data at the State and National level. As shown on the Texas Infant Mortality dashboard the infant mortality rate for Black infants has slightly declined since 2012, but is still notably higher than any other race or ethnicity group. In 2021 the Black infant mortality rate was 9.4, compared to 4.5 for White infants, 4.9 for Hispanic infants, and 5.2 overall for Texas.<sup>24</sup> Black infants are also more likely to be born with low birthweight, as shown in the data in Appendix D.

The rate of uninsured children is higher in Texas than in any other state. Insurance status of children in Texas is a barrier to accessing regular child development visits as well as vaccinations against preventable diseases. Coryell, McLennan and Falls counties have rates of uninsured children that are lower than the rate of uninsured children in Texas, but still notably higher than the United States. All other counties in the Ascension Providence region have higher rates of uninsured children than Texas.

**Figure 13: Percentage of children under age 19 without health insurance, 2021**



<sup>20</sup> Texas Department of State Health Services. 2023. Texas Health Data, Maternal Health, Maternal Death Causes and Timing.

<https://healthdata.dshs.texas.gov/dashboard/maternal-and-child-health/maternal-health/maternal-health>

<sup>21</sup> Texas Department of State Health Services. 2024. Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report 2024.

<https://www.dshs.texas.gov/sites/default/files/legislative/2024-Reports/MMMRC-DSHS-Joint-Biennial-Report-2024.pdf>

<sup>22</sup> National Highway Traffic Safety Administration. 2020. NHTSA Highlights Importance of Car Seats and Child Passenger Safety.

<https://www.nhtsa.gov/press-releases/nhtsa-highlights-importance-car-seats-and-child-passenger-safety>

<sup>23</sup> Centers for Disease Control. 2024. Drowning Prevention Drowning Data.

<https://www.cdc.gov/drowning/data-research/index.html#:~:text=More%20children%20ages%201%2D4%2C000A%20unintentional%20drowning%20deaths>

<sup>24</sup> Texas Department of State Health Services. 2023. Texas Health Data, Infant Mortality and Morbidity, Mortality Rate.

<https://healthdata.dshs.texas.gov/dashboard/births-and-deaths/infant-mortality-and-morbidity>



**Table 9: Significant Need - Health Promotion and Disease Prevention**

Health Promotion and Disease Prevention	
Significance	Populations Most Impacted
Health promotion and disease prevention focuses on keeping people healthy and reducing risk of illness and injury. There are various aspects of health promotion and disease prevention including vaccinations that prevent specific infectious diseases, lifestyle choices that prevent or slow chronic disease and safety measures that prevent injury.	<ul style="list-style-type: none"> <li>All people</li> </ul>
Community Input Highlights	
<p>Getting kids vaccinated on time before starting school remains a persistent challenge. It's understood that there are various reasons for this including access to vaccines, awareness of vaccine requirements and vaccine hesitancy. Uninsured children are less likely to have access to regular well-child visits with a pediatrician where vaccinations are introduced and administered. Along with vaccine access, challenges exist around effectively communicating vaccine education to vaccine hesitant patients.</p> <p>Community members noted that one long-term effect of the COVID-19 pandemic is vaccine fatigue that extends beyond the COVID-19 vaccine. As an example, annual flu vaccinations received have decreased in the most recent years.</p> <p>Evidence-based methods for preventing adult injury and death exist, but the availability of education, services and resources around key causes of injury and death is limited throughout the community.</p> <p>Accessible and culturally relevant information can help people know how to prevent and or manage chronic disease.</p> <p>Pregnancy is a time during which access to information can play a critical role in improving birth outcomes, for instance teaching women to monitor their blood pressure during pregnancy to know their baseline and how to recognize when to seek care and use the data to advocate for themselves.</p>	
Secondary Data Highlights	
<p>Injuries are a leading cause of death for adults age 1-44 and are primarily due to motor vehicle crashes for individuals age 5-24 years, drug poisonings for 25-74 years of age, and older adult falls age 75 and older.<sup>25</sup></p> <p>Vaccines prevent serious illness, hospitalizations and deaths from vaccine-preventable disease.<sup>26</sup> Vaccine schedules are available from the Centers for Disease Control and Prevention and Texas Health and Human Services for recommended timing of vaccines. For children who go to school, vaccines are required by certain grade levels in accordance with vaccine schedules. While there are some qualified reasons for vaccine exemption as regulated by the State of Texas, the goal of the childhood vaccines program is to reach a level of vaccine coverage high enough within school-aged children to prevent an outbreak of a vaccine-preventable disease from spreading through a school and into the community.</p> <p>Figure 14 shows vaccination coverage levels for Kindergarten students by Ascension Providence County for the 2023-24 school year against a trendline representing 95% coverage, the CDC recommended coverage levels for measles vaccines.<sup>27</sup> Within the Ascension Providence region, Bosque, Falls, Freestone, Hill and Limestone Counties fall below the recommended 95% coverage rate for most recommended vaccines.</p>	

<sup>25</sup> National Safety Council. 2023. *Top 10 Preventable Injuries*.

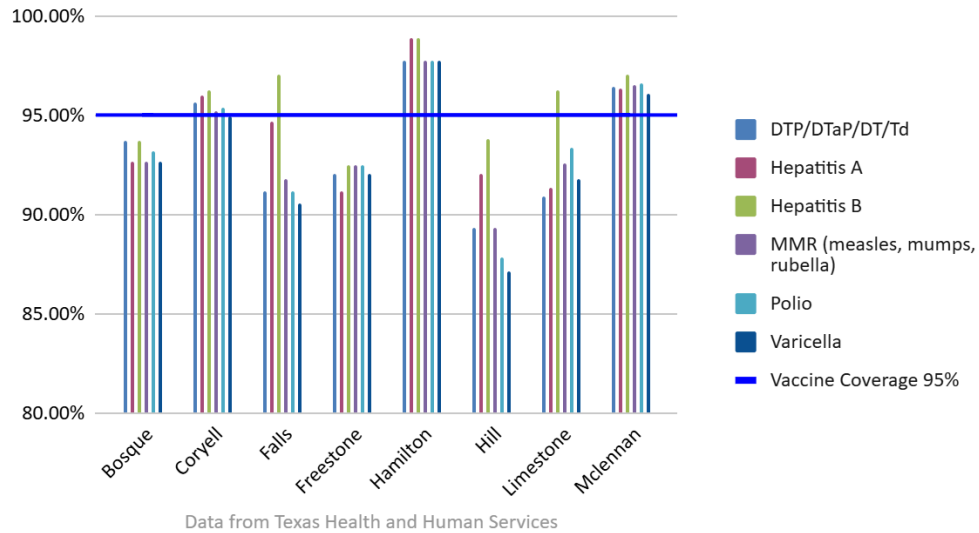
<https://injuryfacts.nsc.org/all-injuries/deaths-by-demographics/top-10-preventable-injuries/>.

<sup>26</sup> Texas Health and Human Services. (2025). *Vaccines*. <https://www.dshs.texas.gov/immunizations/public/vaccines>

<sup>27</sup> Centers for Disease Control and Prevention. 2024. *Morbidity and Mortality Weekly Report: Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten - United States, 2023-2024 School Year*.

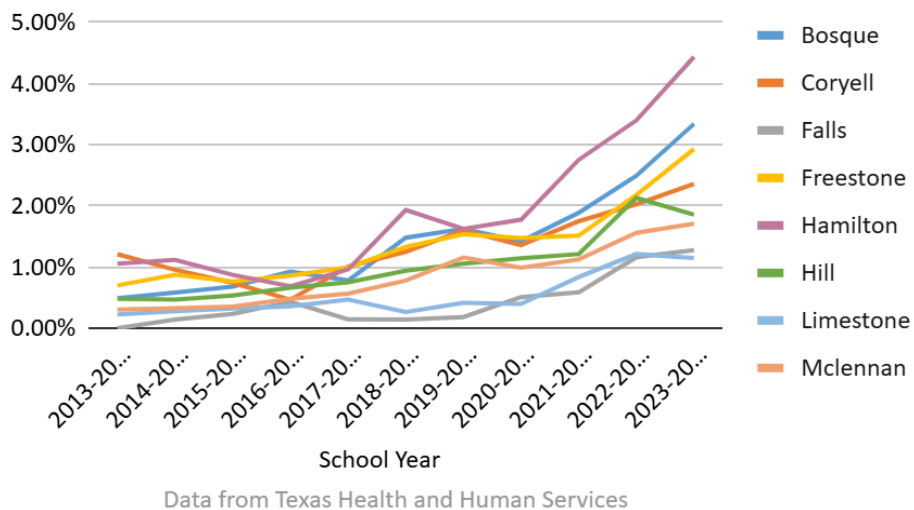
<https://www.cdc.gov/mmwr/volumes/73/wr/mm7341a3.htm#:~:text=Nationwide%2C%20vaccination%20coverage%20among%20children,to%2014%20in%202023%E2%80%9324>.

**Figure 14: School Vaccination Coverage Levels at Kindergarten 2023-2024 School Year**



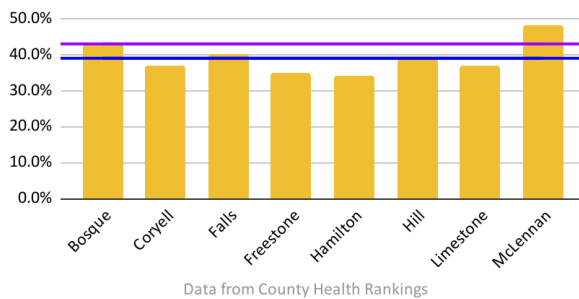
Rates of vaccine exemptions have increased in every county within Ascension Providence's service area over the past 10 school years, as shown in Figure 15, which over time would be expected to lead to vaccination coverage rates to drop further.

**Figure 15: Percent of Students with Conscientious Exemptions by County**



Preventive screening, such as cancer screenings and blood cholesterol checks can identify diseases before there are active symptoms, leading to earlier intervention and better treatment outcomes. Mammography rates for many Ascension Providence Counties (Figure 16) are lower than the U.S. and Texas benchmarks. McLennan County has relatively high mammography screening rates. Figure 17 shows differences in mammography screening rates in Ascension Providence counties with lower screening rates for Hispanic women in Bosque, Coryell, Hill Limestone and McLennan and lower screening rates for Black women in Falls and Hill counties.

**Figure 16: Percentage of Female Medicare Enrollees Ages 65-74 Who Received an Annual Mammography Screening, 2021**



**Figure 17: Percentage of Female Medicare Enrollees Ages 65-74 Who Received Annual Mammography, by Race and Ethnicity**

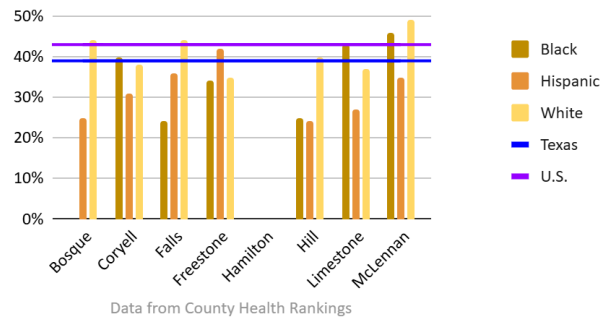
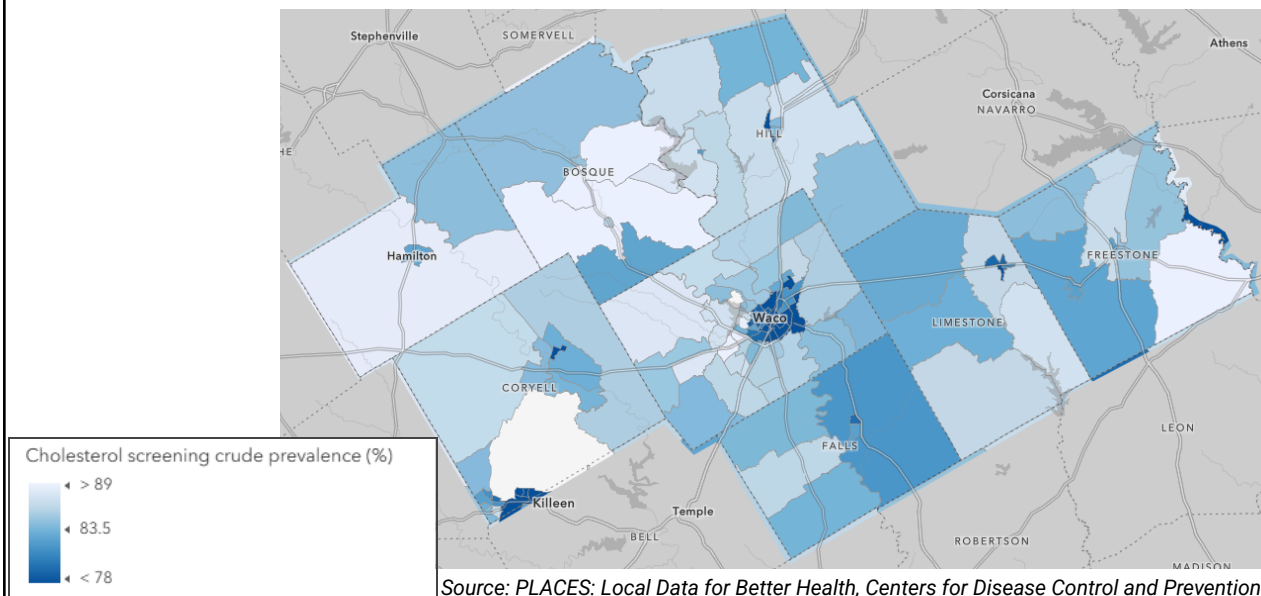


Figure 18 shows the geographic distribution of adults over 18 years of age in the Ascension Providence service area who have received a blood-cholesterol screening in the previous five years. The dark blue represents where the need is highest, and in this case lower prevalence of screening.

**Figure 18: Cholesterol Screening Prevalence**



Source: PLACES: Local Data for Better Health, Centers for Disease Control and Prevention  
Link to Interactive online map: <https://tinyurl.com/cholesterol screenings>

## Prioritized Needs

In the third phase, significant needs were further narrowed to a set of “prioritized needs.” Ascension defines **prioritized needs** as the significant needs that the hospital has prioritized to respond to through the three-year CHNA implementation strategy. To arrive at prioritized needs, the significant needs were presented to the Ascension Texas CHNA Steering Committee for consideration. Steering committee members voted on their top four priorities utilizing the following prioritization criteria, selected from the longer list provided by the American Hospital Association Community Health Improvement Community Health Assessment Toolkit<sup>28</sup>:

- The magnitude or severity of the problem
- The priority the community places on the problem
- Potential challenges or barriers to addressing the need
- Alignment with our organizations existing priorities and resources, including equity of care
- The opportunity to intervene upstream, at the prevention level

To arrive at the final prioritized needs for Ascension Providence, careful consideration was given to available quantitative data, as well as all input provided by focus groups, key informant interviews, discussions with hospital leadership, and steering committee feedback.

The prioritized needs selected by Ascension Providence are outlined below for its 2024 CHNA implementation strategy:

- Healthcare Access and Quality
- Mental and Behavioral Health
- Social Determinants of Health
- Maternal and Child Health

## Needs That Will Not Be Addressed

From the significant needs outlined, “Health Promotion and Disease Prevention” was not prioritized because it was identified as a cross-cutting theme. Instead, it will be applied as a lens to approach each of the prioritized needs, similar to Health Equity.

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<sup>28</sup> American Hospital Association. (2023). Community Health Assessment Toolkit.  
<https://www.healthychcommunities.org/resources/community-health-assessment-toolkit>

## Summary of Impact of 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 respond to the prioritized 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.

Ascension Providence published Implementation Strategies in 2022 to respond to the following priority health needs identified in the 2021 CHNA: Access to Care, Mental and Behavioral Health, Social Determinants of Health, Health Equity. Highlights from Ascension Providence addressing community health needs include:

Ascension Providence is dedicated to improving access to care in the community through partnerships and investments. Ascension Providence has a deep relationship with the local FQHC, Waco Family Medicine (WFM) which improves access to care in the community. In service of developing the best providers to serve the growing population, Ascension Providence trains family physicians through the Family Medicine Residency WFM. Additionally, this Fiscal Year Ascension Providence donated two clinic locations to WFM to improve access to wraparound services provided by the FQHC model for low-income residents of Waco.

In the most recent Fiscal Year, Ascension Providence supported access to care and mental health in the community through \$50,000 in community benefit donations supporting a Prosper Waco initiative to provide access to and navigation for mental health services.

Ascension Providence introduced social determinants of health screenings to identify social needs that affect patient health outcomes and Neighborhood Resource, an online tool to assist with finding and referring to low-cost or sliding scale social services. Since 2024 Ascension Providence has conducted 26,324 social determinants of health surveys of which 11.5% identified a need. In the last Fiscal Year, Ascension Providence supported nonprofit partners to address social determinants of health including food access and housing for children awaiting foster care placements with over \$33,000 of community benefit donations.

Training on cultural humility was developed and is a new requirement for all new associates.

A report of the actions taken to address Access to Care can be found in Appendix F.

## **Approval by The Board of Directors of Ascension Providence**

To ensure Ascension Providence's efforts meet the needs of the community and have a lasting and meaningful impact, the 2024 CHNA was presented to the Board of Directors of Ascension Providence for approval and adoption on May 22, 2025. 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 reports also demonstrates that the board is aware of the findings from the CHNA, endorses the health needs identified, and supports the strategies developed to respond to those needs.

## **Conclusion**

Ascension Providence hopes this report offers a meaningful and comprehensive understanding of the most significant needs of the region. This report will be used by internal stakeholders, nonprofit organizations, government agencies, and other Ascension Providence community partners to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2024 CHNA will also be available to the broader community as a useful resource for further health improvement efforts.

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 underserved and marginalized, 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 Ascension's public website (<https://healthcare.ascension.org/chna>) to submit any comments or questions.

## Appendices

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Appendix C: Community Input Data and Sources

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Appendix E: Health Care Facilities and Community Resources

Appendix F: Evaluation of Impact From Previous CHNA Implementation Strategy

## **Appendix A: Definitions and Terms**

Catholic Health Association of United States (CHA) “is recognized nationally as a leader in community benefit planning and reporting.”<sup>3</sup> The definitions in Appendix A are adapted from the CHA guide *Assessing and Addressing Community Needs, 2015 Edition II*, which can be found at [chausa.org](https://chausa.org).

### **Demographics**

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

### **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, members of the community, or other key stakeholders.

### **Interviews**

A method of obtaining input one-on-one. Interviews can be conducted in person or over the telephone (including computer/video calls). 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 Stakeholder**

Individuals with 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. Key informants may include leaders of community organizations, service providers, and elected officials.

### **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.

### **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.

<sup>3</sup> Catholic Health Association of the United States. (2015). *Assessing & Addressing Community Health Needs, 2015 Edition II*.



## Appendix B: Community Demographic Data and Sources

The tables below provide further information on the community's demographics. The descriptions of the data's importance are largely drawn from the County Health Rankings & Roadmaps website. Values for the Ascension Providence region were calculated as a weighted average, accounting for the population of each county to accurately represent the regional percentage for each indicator.

**Table B1: 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	465,637	29,243,342	331,097,593	Resident population, 2022
Population Change 2013 - 2022	+6.9%	+14.1%	+6.3%	Calculated using ACS 5-year Estimates for total population in 2013 and 2022
Rural	38.7%	16.3%	25%	Percentage of population living in a census-defined rural area, 2020
Female	50.3%	50.0%	50.4%	Percentage of population that is female according to the Census, 2022
Male	49.7%	50.0%	49.6%	Percentage of population that is male according to the Census, 2022
Veteran	9.7%	6.5%	6.6%	Percentage of population that are civilian veterans over age 18 according to the Census, 2022
<i>Data sources:</i> Total Population, M/F: American Community Survey 5-year estimate 2022, Table DP05 Population Change 2013 - 2022: Calculated from American Community Survey 5-year estimates 2013 and 2022, Table DP05 Rural: County Health Rankings pulled 2024				

**Table B2: Population by Race and Ethnicity**

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

Race/Ethnicity	Ascension Providence	Texas	United States	Description
White	57.6%	40.1%	58.9%	Percentage of population that is Non-Hispanic White, 2022
Hispanic	24.1%	39.9%	18.7%	Percentage of population that is Hispanic, 2022
Black	12.5%	11.8%	12.1%	Percentage of population that is Non-Hispanic Black, 2022
Some Other Race	0.3%	0.3%	0.4%	Percentage of population that is Non-Hispanic and Some Other Race than those listed, 2022

Asian	1.4%	5.1%	5.7%	Percentage of population that is Non-Hispanic Asian, 2022
Two or More Races	3.7%	2.6%	3.5%	Percentage of population that is Non-Hispanic and Two or More Races, 2022
American Indian & Alaska Native	0.2%	0.2%	0.6%	Percentage of population that is non- Hispanic American Indian & Alaska Native, 2022
Native Hawaiian & Pacific Islander	0.2%	0.1%	0.2%	Percentage of population that is Non-Hispanic Native Hawaiian & Pacific Islander, 2022
<i>Data source: American Community Survey 5-year Estimate 2022 Table DP05</i>				

### Table B3: 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 Only	82.5%	13.0%	8.2%	Percent of the population over 5 years old who speak only English at home, 2022
Spanish	6.9%	10.8%	5.2%	Percent of the population over 5 years old who speak Spanish at home and speak English "less than very well", 2022
Asian and Pacific Islander Languages	0.4%	1.3%	1.1%	Percent of the population over 5 years old who speak Asian and Pacific Islander languages at home and speak English "less than very well", 2022
Other Indo-European Languages	0.2%	0.6%	3.7%	Percent of the population over 5 years old who speak other Indo-European languages at home and speak English "less than very well", 2022
<i>Data source: American Community Survey 5-year Estimate 2022, Table DP02</i>				

**Table B4: 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 and childcare needs, while an older population may have greater healthcare needs.

Ages	Ascension Providence	Texas	United States	Description
Median Age	35.6	35.2	38.5	The age which half the people are younger than this and half are older, 2022
Under 18	23.3%	25.3%	22.1%	Percent population below 18 years of age, 2022
65+	15.7%	12.9%	16.5%	Percent population ages 65 and over, 2022
Data source: American Community Survey 5-year Estimate 2022, Table DP05				

**Table B5: 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 as well. 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	\$61,210	\$72,279	\$74,755	The income where half of households in a county earn more and half of households earn less.
Per Capita Income	\$30,009	\$37,514	\$41,261	Per capita income and benefits in inflation-adjusted dollars, 2022.
Poverty	15.9%	13.9%	12.5%	Percentage of population living below the Federal Poverty Line, 2022 (ACS 5-year est)
ALICE Households	28.1%	29%	29%	Asset Limited, Income Constrained, Employed households, 2021 ( <a href="https://www.unitedforalice.org/">https://www.unitedforalice.org/</a> )
Data sources: Median Household Income: County Health Rankings, 2024 - obtained from Small Area Population Estimates, 2022 Per Capita Income: American Community Survey 5-year Estimate 2022, Table DP03 Poverty: American Community Survey Table S1701, 2022 ALICE Households: Asset Limited, Income Constrained, Employed. United for ALICE. 2021. Obtained from <a href="https://www.unitedforalice.org/">UnitedforALICE.org</a>				

**Table B6: 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 helps create opportunities for healthier choices.

Education	Ascension Providence	Texas	United States	Description
High School Completion	87.1%	85.2%	89.1%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Bachelor's Degree or Higher	22.8%	32.3%	34.3%	Percentage of adults ages 25 and over with a Bachelor's degree or higher.
Data source: American Community Survey 5-year Estimate 2022, Table DP02				

**Table B7: Insured/Uninsured**

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

Education	Ascension Providence	Texas	United States	Description
Uninsured	19.3%	20.3%	10%	Percentage of population under age 65 without health insurance.
Data source: County Health Rankings, 2024. Obtained from Small Area Health Insurance Estimates, 2021.				

## Appendix C: Community Input Data and Sources

### Focus Groups

#### Focus Group Participants

The table below represents focus groups conducted on behalf of Ascension Providence by Alpinsta Consulting. Additional community input was collected through two regional focus groups held by Baylor Scott and White Health and shared with Ascension Providence for analysis.

Focus	Organizations & Sectors Represented	Number of Participants	Number of Focus Groups
Ascension Providence Region - General	Waco Family Medicine, Waco Parks and Recreation, Community Doulas of Waco, McLennan County Indigent Health Program, Mission Waco	6	1
Maternal Health	WIC staff, Austin Public Health, Any Baby Can, Belton ISD, Community Doulas of Waco, El Buen Samaritano, The United Way, Community Health Worker, Greater Killeen Free Clinic, Dell Medical School, Catholic Charities, Waco Family Medicine, Blanco ISD	8	2
Children's Health	Austin Child Guidance Center, Austin Public Health, Dell Medical School at The University of Texas, Lirios Pediatrics, Catholic Charities, Jarrell ISD, Blanco ISD, Revolution Youth & Family Recovery, Burnet County Official, Community Health Workers, VELA, WIC Hays County, Colin's Hope, Todos Juntos Learning Center, Any Baby Can, Greater Killeen Free CLinic, Foundation Communities, Georgetown Health Foundation, Blanco County EMS, Dell Children's Injury Prevention, Dell Children's hospital staff	21	3

#### Focus Group Outline

The purpose of each focus group was to add valuable information to the CHNA data for the Ascension Providence region and to understand the ways community members and leaders experience and talk about health. Focus groups always started with introductions and an opportunity to reflect on the strengths and assets in the community and what makes their community unique or similar to other communities. Focus group participants were asked questions to elicit conversation around emerging health needs in the community that are both longer-range and more immediate. Questions focused on aspects of community health where participants were most involved, community strengths and assets

that support health, persistent community health challenges, complex health issues that exist in the community, and where there are opportunities for investment that would have a positive impact on community health and well-being.

Participants were encouraged to engage in open conversation while listening and responding thoughtfully. Diverse opinions and experiences were invited to be shared without judgment. After all focus groups concluded, participants were invited to subsequent sensemaking sessions where themes were discussed and reflected back to participants to ensure what was shared was accurately captured.

### Key Stakeholder Interviews

Key Informant	Sector
Heather Travers	McLennan County Indigent Health Care
Lauren Montgomery	Ascension Providence Mother/Baby Unit
Lashonda Marley-Horne	Waco Public Health Department

### Interview Outline

The purpose of interviews was to gather more specific information about particular geographic or topic areas. Participants who could provide insight in areas that were underrepresented in focus groups were prioritized. After introductions, interviewees were asked about the part of the community they could best speak to and what Ascension Providence should know about their community including strengths and challenges. The core questions each interviewee was asked included:

- What, in your opinion, are some of the obstacles, challenges, barriers and complexities that prevent or interfere with your community's health and vitality?
- What are some of the assets and strengths in your community that support vitality & health?
- Do you have any specific topic areas around health or health care that you'd like to tell us more about based on your expertise?
- Have you seen any improvement in the following prioritized needs in Ascension Providence's 2021 CHNA, or do you have any thoughts on strengths or needs in these areas? Each of these areas was explored in depth.
  - Access to Care
  - Mental and Behavioral Health
  - Social Determinants of Health
  - Health Equity

### **Community Survey**

The community survey was distributed by Baylor Scott and White Health to community residents with an emphasis on underserved populations through email and QR code access, printed copies and in person distribution via community organizations. Data was shared with Ascension Providence as part of the collaboration to share community input between local hospital partners. The survey asked participants to report their experience with a range of chronic diseases and health behaviors as well as what they perceived are the top community health issues for children and adults in the community. Demographic information was collected in order to stratify responses by demographic groups.

## 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/>). 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 annually and shares it with the public. The data below is from the 2024 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis.

The data in the following tables were rounded to the nearest tenth where possible. Numbers rounded by the original data source remain whole numbers.

### 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.
- **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. This metric allows for additional comparison between Central Texas counties and the best performing US counties.
- **Description:** What the indicator measures, how it is measured and who is included in the measure.
- " - ": Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.
- " \* " : Indicators marked with a \* indicate that standard deviation was not available for the given metric

### Shading & Graphics Key:

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

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

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

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



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



**Table D1: 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 members within a community.

**Largest Population Counties**

Indicators	McLennan	Coryell	TX	US	Top US Counties	Description
<b>Length of Life</b>						
Premature Death	9,084.1 	8,126.6 	7,874.7	8,000	6,000	Years of potential life lost before age 75 per 100,000 population (age-adjusted). Data from 2019-2021. Smaller is better.
Life Expectancy*	75.8	75.7	77.2	77.6	-	Average number of years people are expected to live. Data from 2019-2021.
Infant Mortality	6.3	6.8	5.6	6	-	Number of all infant deaths (within 1 year) per 1,000 live births. Data from 2015-2021.
<b>Physical Health</b>						
Poor or Fair Health	20.4%	18.9%	17.9%	14%	13%	Percent of adults reporting fair or poor health (age-adjusted). Data from 2021.
Poor Physical Health Days	4.1	4.2	3.3	3.3	3.1	Average number of physically unhealthy days reported in past 30 days (age-adjusted). Data from 2021.
Frequent Physical Distress*	12.6%	12.3%	10.4%	10%	-	Percentage of adults reporting 14 or more days of poor physical health per month. Data from 2021.
Low Birthweight	8.8%	8.6%	8.5%	8%	6%	Percent of babies born with low birthweight (less than 2,500 grams). Data from 2016-2022.
<b>Mental Health</b>						
Poor Mental Health Days	5.6	5.3	4.6	4.8	4.4	Average number of mentally unhealthy days self-reported in the past 30 days. Data from 2021.
Frequent Mental Distress*	18.0%	17.4%	14.1%	15%	-	Percent of adults reporting 14 or more days of poor mental health per month (age-adjusted). Data from 2021.
Suicide	15.4	18.7	13.6	14	-	Number of deaths due to suicide per 100,000 population (age-adjusted). Data from 2017-2021.

Safety						
Injury Death Rate	67.1	57.4	63.0	80	64	Number of deaths due to injury per 100,000 population.
Homicides	5.8	4.1	6.3	6	-	Number of deaths due to homicide per 100,000 population.
Firearm Fatalities*	14.9	13.2	13.4	13	-	Number of deaths due to firearms per 100,000 population.
Motor Vehicle Crash Deaths	13.5	15.1	13.5	12	-	Number of motor vehicle crash deaths per 100,000 population. Data from 2015-2021.
Morbidity						
Diabetes prevalence	12.0%	11.5%	11.0%	10%	-	Percent of adults aged 20 and above with diagnosed diabetes (age-adjusted). Data from 2021.
Cancer Incidence*	454.4	449.2	424.5	444	-	New cases of cancer for every 100,000 people. Data from 2017-2021.
Communicable Disease						
HIV Prevalence	237.7	350.4	415.3	382	-	Number of people aged 13 years and over with a diagnosis of HIV per 100,000 population. Data from 2021.
Sexually Transmitted Infections	633.2 ●	419.1 ●	506.8	495.5	151.7	Number of newly diagnosed chlamydia cases per 100,000 population. Data from 2021.
<b>Data Sources for Health Outcomes Tables:</b> - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2024 unless otherwise noted. <a href="https://www.countyhealthrankings.org/health-data">https://www.countyhealthrankings.org/health-data</a> - Cancer Incidence Data: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 20232 submission data (2017-2021): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <a href="https://gis.cdc.gov/Cancer/USCS/#/StateCountyTerritory/">https://gis.cdc.gov/Cancer/USCS/#/StateCountyTerritory/</a> , released in June 2024. *CDC note: use caution when interpreting 2020 data. COVID-19 disrupted health services, leading to delays and reduction in cancer screening, diagnosis and reporting on some central cancer registries						

### Smaller Population Counties

Indicators	Hill	Limestone	Freestone	Bosque	Falls	Hamilton	TX	US	Top US Counties	Description
Length of Life										
Premature Death	11,923.4 ●	11,432.7 ●	11,114.9 ●	10,003.2 ●	10,932.7 ●	12,777.3 ●	7,874.7	8,000	6,000	Years of potential life lost before age 75 per 100,000 population (age-adjusted). Data from 2019-2021. Smaller is better.
Life Expectancy*	73.2	73.1	74.7	75.0	74.9	74.0	77.2	77.6	-	Average number of years people are expected to live. Data from 2019-2021.
Infant Mortality	-	-	-	-	-	-	5.6	6	-	Number of all infant deaths (within 1 year) per 1,000 live births. Data from 2015-2021.

Physical Health										
Poor or Fair Health	18.8%	22.2%	19.9%	18.2%	24.6%	19.9%	17.9%	14%	13%	Percent of adults reporting fair or poor health (age-adjusted). Data from 2021.
Poor Physical Health Days	3.9	4.3	4.1	3.9	4.6	4.2	3.3	3.3	3.1	Average number of physically unhealthy days reported in past 30 days (age-adjusted). Data from 2021.
Frequent Physical Distress*	12.2%	13.5%	12.6%	12.1%	14.6%	13.0%	10.4%	10%	-	Percentage of adults reporting 14 or more days of poor physical health per month. Data from 2021.
Low Birth Weight	8.3%	10.4%	7.2%	6.0%	9.0%	8.7%	8.5%	8%	6%	Percent of babies born with low birthweight (less than 2,500 grams). Data from 2016-2022.
Mental Health										
Poor Mental Health Days	5.4	5.5	5.5	5.5	5.8	5.7	4.6	4.8	4.4	Average number of mentally unhealthy days self-reported in the past 30 days. Data from 2021.
Frequent Mental Distress*	17.8%	18.5%	18.1%	17.9%	19.7%	18.9%	14.1%	15%	-	Percent of adults reporting 14 or more days of poor mental health per month (age-adjusted). Data from 2021.
Suicide	27.3	20.1	24.4	17.2	17.1	25.4	13.6	14	-	Number of deaths due to suicide per 100,000 population (age-adjusted).. Data from 2017-2021.
Safety										
Injury Death Rate	101.5	79.4	92.1	98.1	75.0	113.9	63.0	80	64	Number of deaths due to injury per 100,000 population.
Homicides	-	-	-	-	-	-	6.3	6	-	Number of deaths due to homicide per 100,000 population.
Firearm Fatalities*	19.2	18.1	21.3	-	12.7	-	13.4	13	-	Number of deaths due to firearms per 100,000 population.
Motor Vehicle Crash Deaths	25.4	20.9	29.0	28.7	19.0	35.8	13.5	12	-	Number of motor vehicle crash deaths per 100,000 population. Data from 2015-2021.
Morbidity										
Diabetes prevalence	10.8%	12.7%	11.5%	10.5%	13.9%	11.1%	11.0%	10%	-	Percent of adults aged 20 and above with diagnosed diabetes (age-adjusted). Data from 2021.
Cancer Incidence*	498.3	459.1	449.7	468.6	436.6	448.4	424.5	444	-	New cases of cancer for every 100,000 people. Data from 2017-2021.





Communicable Disease										
HIV Prevalence	160.3	240.8	462.1	126.0	280.0	99.9	415.3	382	-	Number of people aged 13 years and over with a diagnosis of HIV per 100,000 population. Data from 2021.
Sexually Transmitted Infections	216.6	470.2	247.8	313.5	398.5	158.0	506.8	495.5	151.7	Number of newly diagnosed chlamydia cases per 100,000 population. Data from 2021.

## Table D2: Social and Economic Factors

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

### Largest Population Counties

Indicator	McLennan	Coryell	TX	US	Top US Counties	Description
Economic Stability						
Median Household Income	\$63,160	\$63,428	\$72,279	\$74,800	-	The income where half of households in a county earn more and half of households earn less. Data from 2022.
Unemployment	3.6%	4.5%	3.9%	3.7%	2.3%	Percentage of population ages 16 and older unemployed but seeking work. Data from 2022.
Poverty	17.9%	10.6%	13.9%	12.5%	-	Percentage of population living below the Federal Poverty Line. Data from 2018-2022.
Childhood Poverty	19.3%	15.8%	19.2%	16%	10%	Percentage of people under age 18 in poverty. Data from 2022.
Income Inequality	5.3	3.6	4.8	4.9	3.7	Ratio of household income at the 80th percentile to income at the 20th percentile. Data from 2018-2022
Educational Attainment						
High School Completion	86.9%	90.0%	85.2%	89%	94%	Percentage of adults ages 25 and over with a high school diploma or equivalent. Data from 2018-2022.
Some College	63.1%	63.5%	64.2%	68%	74%	Percentage of adults ages 25-44 with some post-secondary education. Data from 2018-2022.

Indicator	McLennan	Coryell	TX	US	Top US Counties	Description
<b>Economic Stability</b>						
Median Household Income	\$63,160	\$63,428	\$72,279	\$74,800	-	The income where half of households in a county earn more and half of households earn less. Data from 2022.
Unemployment	3.6% 	4.5% 	3.9%	3.7%	2.3%	Percentage of population ages 16 and older unemployed but seeking work. Data from 2022.
Poverty	17.9%	10.6%	13.9%	12.5%	-	Percentage of population living below the Federal Poverty Line. Data from 2018-2022.
Childhood Poverty	19.3% 	15.8% 	19.2%	16%	10%	Percentage of people under age 18 in poverty. Data from 2022.
<b>Social/Community</b>						
Social Associations	11.0	6.3	7.4	9.1	18	Number of membership associations per 10,000 population. Data from 2021.
Disconnected Youth*	7.5%	10.5%	8.3%	7%	-	Percentage of teens and young adults ages 16-19 who are neither working nor in school. Data from 2018-2022.
Juvenile Arrests*	15.5	13.1	10.1	-	-	Rate of delinquency cases per 1,000 juveniles. Data from 2024.
<b>Family and Social Support</b>						
Child Care Cost Burden	21.6%	23.2%	26.4%	27%	-	Child care costs for a household with two children as a percent of median household income. Data from 2022-2023.
<b>Access to Healthy Foods</b>						
Food Environment Index	6.0	5.2	5.9	7.7	8.9	Index of factors that contribute to a healthy food environment, 0-worst 10-best. Data from 2015 & 2018.
Food Insecurity	14.4%	14.3%	13.7%	10%	-	Percentage of population who lack adequate access to food. Data from 2021.
Limited Access to Healthy Foods	16.8%	25.6%	8.3%	6%	-	Percentage of population who are low-income and do not live close to a grocery store. Data from 2019.
Data Sources for Social and Economic Factors Tables: - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2024 unless otherwise noted. <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a> - Poverty: American Community Survey Table DP03 5-year Estimates, 2022						

**Smaller Population Counties**

Indicator	Hill	Limestone	Freestone	Bosque	Falls	Hamilton	TX	US	Top US Counties	Description
<b>Economic Stability</b>										
Median Household Income	\$57,566	\$51,357	\$56,372	\$61,048	\$47,534	\$59,735	\$72,279	\$74,800	-	The income where half of households in a county earn more and half of households earn less. Data from 2022.
Unemployment	3.9% ●	4.6% ●	5.3% ●	3.7% ●	4.1% ●	3.4% ●	3.9%	3.7%	2.3%	Percentage of population ages 16 and older seeking work. Data from 2022.
Poverty	13.3%	21.5%	12.7%	11.5%	15.8%	17.1%	13.9%	12.5%	-	Percentage of population living below the Federal Poverty Line. Data from 2018-2022.
Childhood Poverty	20.6% ●	25.8% ●	19.1% ●	18.9% ●	27.6% ●	20.7% ●	19.2%	16%	10%	Percentage of people under age 18 in poverty. Data from 2022.
Income Inequality	4.2	4.6	5.4	4.0	5.9	5.2	4.8	4.9	3.7	Ratio of household income at the 80th percentile to income at the 20th percentile. Data from 2018-2022
<b>Educational Attainment</b>										
High School Completion	85.6%	84.6%	85.0%	87.7%	82.5%	89.3%	85.2%	89%	94%	Percentage of adults ages 25 and over with a high school diploma or equivalent. Data from 2018-2022.
Some College	54.7%	47.5%	49.8%	56.0%	58.1%	45.3%	64.2%	68%	74%	Percentage of adults ages 25-44 with some post-secondary education. Data from 2018-2022.
<b>Social/Community</b>										
Social Associations	10.7	10.4	11.1	11.9	11.6	17.0	7.4	9.1	18	Number of membership associations per 10,000 population. Data from 2021.
Disconnected Youth*	9.2%	-	-	18.3%	-	-	8.3%	7%	-	Percentage of teens and young adults ages 16-19 who are neither working nor in school. Data from 2018-2022.



Juvenile Arrests*	10.0	15.5	-	-	10.0	0.0	10.1	-	-	Rate of delinquency cases per 1,000 juveniles. Data from 2018.
<b>Family and Social Support</b>										
Child Care Cost Burden	23.7%	26.6%	24.2%	22.4%	28.7%	24.6%	26.4%	27%	-	Child care costs for a household with two children as a percent of median household income. Data from 2022-2023.
<b>Access to Healthy Foods</b>										
Food Environment Index	7.7	6.6	6.8	6.7	6.8	5.9	5.9	7.7	8.9	Index of factors that contribute to a healthy food environment, 0-worst 10-best. Data from 2015 & 2018.
Food Insecurity	14.0%	15.7%	15.0%	14.8%	16.5%	17.3%	13.7%	10%	-	Percentage of population who lack adequate access to food. Data from 2021.
Limited Access to Healthy Foods	1.9%	8.7%	8.7%	9.7%	5.1%	12.2%	8.3%	6%	-	Percentage of population who are low-income and do not live close to a grocery store. Data from 2019.

### Table D3: Physical Environment

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

#### Largest Population Counties







Indicator	McLennan	Coryell	TX	US	Top US Counties	Description
<b>Physical Environment</b>						
Severe housing cost burden	16.4%	9.7%	14.1%	14%	-	Percentage of households that spend 50% or more of their household income on housing. Data from 2018-2022.
Severe Housing Problems	18.3%	12.2%	17.2%	17%	8%	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 2016-2020.
Homelessness*	242	10	27,337	653,104	-	The number of people experiencing homelessness on one particular night in 2023 as counted by a Point in Time count.

Air Pollution - Particulate Matter	9.3 	8.9 	8.6	7.4	5	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). Data from 2019.
Homeownership*	59.6%	57.8%	62.4%	65%	-	Percentage of occupied housing units that are owned. Data from 2018-2022.
Broadband Access	85.4%	87.9%	88.4%	88%	-	Percentage of households with broadband internet connection. Data from 2018-2022.

**Data Sources for Physical Environment Tables:**

- All metrics in this table were obtained from County Health Rankings & Roadmaps in 2024 unless otherwise noted. <https://www.countyhealthrankings.org/explore-health-rankings>
- Homelessness data: 2024 Point-in-Time Count Reports from Texas Homeless Network, PIT Count Reports by County. <https://www.thn.org/texas-balance-state-continuum-care/data/pit-count-and-hic/>
- McLennan county: 2023 CoC Dashboard Report. Obtained from: <https://www.heartoftexashomeless.org/data/> (includes surrounding counties: Bosque, Hill, Limestone, Freestone, Falls)
- Texas and United States PIT Count: The U.S. Department of Housing and Urban Development, Office of Community Planning and Development, The 2023 Annual Homelessness Assessment Report (AHAR) to Congress. <https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf>

**Smaller Population Counties**

Indicator	Hill	Limestone	Freestone	Bosque	Falls	Hamilton	TX	US	Top US Counties	Description
<b>Physical Environment</b>										
Severe housing cost burden	8.4%	11.2%	11.5%	6.6%	11.2%	10.0%	14.1%	14%	-	Percentage of households that spend 50% or more of their household income on housing. Data from 2018-2022.
Severe Housing Problems	14.3%	16.0%	12.8%	11.8%	17.2%	13.3%	17.2%	17%	8%	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 2016-2020.
Homelessness*	-	-	-	-	-	-	27,337	653,104	-	The number of people experiencing homelessness on one particular night in 2023 as counted by a Point in Time count.
Air Pollution - Particulate Matter	9.1 	9.0 	9.0 	8.7 	9.0 	8.1 	8.6	7.4	5	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). Data from 2019.
Homeownership*	75.3%	74.8%	76.1%	75.7%	78.4%	83.3%	62.4%	65%	-	Percentage of occupied housing units that are owned. Data from 2018-2022.
Broadband Access	85.0%	69.8%	69.9%	79.9%	73.5%	81.7%	88%	88%	-	Percentage of households with broadband internet connection. Data from 2018-2022.

**Data Notes:**











<sup>A</sup> Bastrop County and Lee County Homeless data represents both counties together



**Table D4: 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.

**Largest Population Counties**

Indicator	McLennan	Coryell	TX	US	Top US Counties	Description
<b>Healthcare Access</b>						
Uninsured	19.5% 	15.2% 	20.3%	10%	6%	Percentage of population under age 65 without health insurance. Data from 2021.
Uninsured Adults	23.4%	18.7%	24.1%	12%	-	Percentage of adults under age 65 without health insurance. Data from 2021.
Uninsured children	10.6%	7.3%	11.7%	5%	-	Percentage of children under age 19 without health insurance. Data from 2021.
Primary Care Physicians	1,303:1 	5,615:1 	1,657:1	1,330:1	1,030:1	Ratio of population to primary care physicians. Data from 2021.
Mental Health Providers	500:1	1,546:1	638:1	320:1	230:1	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 2023.
Psychiatrists*	13,683:1	79,893:1	11,349:1	-	-	Ratio of the population to psychiatrists in 2024. Source: Texas Primary Care Physicians & Psychiatrists
Dentists	1,803:1 	3,038:1 	1,590:1	1,360:1	1,180:1	Ratio of population to dentists. Data from 2022.
<b>Hospital Utilization</b>						
Preventable Hospital Stays	2,842 	2,167 	2,933	2,681	1,558	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Data from 2021.
<b>Preventative Healthcare</b>						
Flu Vaccinations*	46% 	26% 	43%	46%	53%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. Data from 2021.

Mammography Screenings	48% ●	37% ●	39%	43%	52%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. Data from 2021.
<b>Data Sources for Clinical Care Tables</b> <ul style="list-style-type: none"> <li>- All metrics in this table were obtained from County Health Rankings &amp; Roadmaps in 2024 unless otherwise noted. <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a></li> <li>- Psychiatrists Data: Texas Department of State Health Services, Health Professions Resource Center, Psychiatrists, 2024. <a href="https://healthdata.dshs.texas.gov/dashboard/health-care-workforce/hprc/health-profession-supply">https://healthdata.dshs.texas.gov/dashboard/health-care-workforce/hprc/health-profession-supply</a></li> </ul>						

### Smaller Population Counties

Indicator	Hill	Limestone	Freestone	Bosque	Falls	Hamilton	TX	US	Top US Counties	Description
<b>Healthcare Access</b>										
Uninsured	21.6% ●	22.3% ●	20.9% ●	21.6% ●	20.3% ●	22.8% ●	20.3%	10%	6%	Percentage of population under age 65 without health insurance. Data from 2021.
Uninsured Adults	24.9%	25.9%	24.8%	24.5%	24.3%	26.2%	24.1%	12%	-	Percentage of adults under age 65 without health insurance. Data from 2021.
Uninsured children	13.8%	13.5%	12.4%	14.3%	10.7%	14.5%	11.7%	5%	-	Percentage of children under age 19 without health insurance. Data from 2021.
Primary Care Physicians	4,052:1 ●	2,458:1 ●	3,296:1 ●	1,850:1 ●	17,313:1 ●	1,029:1 ●	1,657:1	1,330:1	1,030:1	Ratio of population to primary care physicians. Data from 2021.
Mental Health Providers	2,074:1	1,854:1	3,990:1	1,870:1	5,683:1	830:1	638:1	320:1	230:1	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 2023.
Psychiatrists*	-	11,776:1	-	-	-	-	11,349:1	-	-	Ratio of the population to psychiatrists in 2024. Source: Texas Primary Care Physicians & Psychiatrists
Dentists	2,871:1 ●	2,782:1 ●	3,325:1 ●	2,671:1 ●	3,410:1 ●	1,660:1 ●	1,590:1	1,360:1	1,180:1	Ratio of population to dentists. Data from 2022.
<b>Hospital Utilization</b>										
Preventable Hospital Stays	3,728 ●	3,829 ●	3,907 ●	3,572 ●	2,683 ●	3,053 ●	2,933	2,681	1,558	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Data from 2021.

Preventative Healthcare										
Flu Vaccinations*	35%	35%	30%	26%	33%	20%	43%	46%	53%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. Data from 2021.
Mammography Screenings	39%	37%	35%	43%	40%	34%	39%	43%	52%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. Data from 2021.

**Table D5: Health Behaviors**

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

**Largest Population Counties**

Indicator	McLennan	Coryell	TX	US	Top US Counties	Description
<b>Healthy Life</b>						
Adult Obesity	39.2%	42.2%	36.2%	34%	32%	Percentage of adults that report BMI $\geq 30$
Physical Inactivity	28.0%	26.4%	24.9%	23%	20%	Percentage of adults that report no leisure-time physical activity.
Access to Exercise Opportunities	67.7%	48.9%	81.8%	84%	90%	Percentage of the population with access to places for physical activity
Insufficient Sleep*	37.5%	38.4%	33.4%	33%	-	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted). Data from 2020.
<b>Substance Use and Misuse</b>						
Adult Smoking	17.2%	18.5%	13.3%	15%	14%	Percentage of adults who are current smokers (age-adjusted). Data from 2021.
Excessive Drinking	17.4%	20.1%	18.3%	18%	13%	Percentage of adults that report excessive drinking.
Alcohol-Impaired Driving Deaths	18.8%	14.9%	25.2%	26%	10%	Percentage of driving deaths with alcohol involvement
Drug Overdose Mortality Rate	12.1	8.0	14.0	27	-	Number of drug poisoning deaths per 100,000 population. Data from 2019-2021.
Opioid Hospital Visits*	49.8	100.4	71.9	-	-	Rate of Opioid-related Hospital Visits per 100,000 Visits in 2021 (DSHS)

Sexual Health						
Teen Births	23.9	26.7	24.3	17	9	Births per 1,000 females ages 15-19
Data Sources for Health Behaviors Tables: - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2024 unless otherwise noted. <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a> - Opioid Hospital Visits data: Texas Department of State Health Services (DSHS), 2021. <a href="https://healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/opioids/opioid-related-emergency-department-visits">https://healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/opioids/opioid-related-emergency-department-visits</a>						

### Smaller Population Counties

Indicator	Hill	Limestone	Freestone	Bosque	Falls	Hamilton	TX	US	Top US Counties	Description
<b>Healthy Life</b>										
Adult Obesity	38.1%	39.5%	38.4%	35.8%	42.9%	37.0%	36.2%	34%	32%	Percentage of adults that report BMI >= 30
Physical Inactivity	26.4%	30.0%	27.7%	25.7%	33.1%	27.6%	24.9%	23%	20%	Percentage of adults that report no leisure-time physical activity.
Access to Exercise Opportunities	48.4%	54.2%	41.7%	30.9%	37.3%	37.4%	81.8%	84%	90%	Percentage of the population with access to places for physical activity
Insufficient Sleep*	35.3%	37.3%	37.2%	34.9%	39.7%	35.2%	33.4%	33%	-	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted). Data from 2020.
<b>Substance Use and Misuse</b>										
Adult Smoking	18.0%	20.4%	19.5%	17.8%	21.6%	20.0%	13.3%	15%	14%	Percentage of adults who are current smokers (age-adjusted). Data from 2021.
Excessive Drinking	17.6%	16.9%	17.8%	17.2%	15.8%	16.3%	18.3%	18%	13%	Percentage of adults that report excessive drinking.
Alcohol-Impaired Driving Deaths	17.6% ●	24.1% ●	8.0% ●	8.0% ●	37.0% ●	14.3% ●	25.2%	26%	10%	Percentage of driving deaths with alcohol involvement
Drug Overdose Mortality Rate	30.9	-	-	21.5	-	-	14.0	27	-	Number of drug poisoning deaths per 100,000 population. Data from 2019-2021.
Opioid Hospital Visits*	-	-	-	-	-	-	71.9	-	-	Rate of Opioid-related Hospital Visits per 100,000 Visits in 2021 (DSHS)
<b>Sexual Health</b>										
Teen Births	29.7	39.2	27.4	24.5	43.7	21.2	24.3	17	9	Births per 1,000 females ages 15-19

## 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 improve health for everyone in the community. For each Indicator, if data are unavailable for a particular race or ethnicity in all listed counties, that race or ethnicity is removed from that section of the table.

### D6: Health Outcomes

Indicator	McLennan	Coryell		Hill	Limestone	Freestone	Bosque	Falls	Hamilton	Texas
<b>Premature Death:</b> Years of potential life lost before age 75 per 100,000 population (age-adjusted). Smaller is better.										
Overall	9,084.1	8,126.6		11,923.4	11,432.7	11,114.9	10,003.2	10,932.7	12,777.3	7,874.7
Black	14,923.1	7,691.8		15,590.0	17,726.1	14,294.0	-	14,728.0	-	-
Hispanic	8,231.3	6,169.7		7,805.2	-	-	-	9,161.9	-	-
White	8,186.4	9,155.0		13,450.8	11,487.3	11,340.0	-	11,102.3	-	-
<b>Low birthweight:</b> Percentage of live births with low birthweight (<2,500 grams)										
Overall	8.8%	8.6%		8.3%	10.4%	7.2%	6.0%	9.0%	8.7%	8.5%
Asian	6.6%	4.4%		-	-	-	-	-	-	-
Black	15.8%	14.7%		15.0%	17.8%	13.0%	-	13.4%	-	-
Hispanic	7.8%	7.5%		6.8%	8.5%	6.7%	6.2%	7.6%	9.8%	-
White	6.9%	7.7%		8.3%	9.8%	5.8%	5.9%	7.3%	8.4%	-
<b>Infant Mortality Rate:</b> Number of all infant deaths (within 1 year) per 1,000 live births.										
Overall	6.3	6.8		-	-	-	-	-	-	6
Black	10.3	-		-	-	-	-	-	-	-

Hispanic	5.9	-		-	-	-	-	-	-	-
White	5.3	-		-	-	-	-	-	-	-
Injury Deaths: Injury Mortality Rate per 100,000 population										
Overall	67.1	57.4		101.5	79.4	92.1	98.1	75.0	113.9	63.0
Black	81.3	39.2		124.1	67.1	113.5	-	70.5	-	-
Hispanic	46.4	41.9		38.2	-	-	-	60.0	-	-
White	76.0	71.3		121.9	107.4	100.75	-	89.28	-	-
Motor Vehicle Crash Deaths: Number of motor vehicle crash deaths per 100,000 population.										
Overall	13.5	15.1		25.4	20.9	29.0	28.7	19.0	35.8	13.5
Black	16.4	-		-	-	-	-	-	-	-
Hispanic	9.9	-		-	-	-	-	-	-	-
White	14.8	-		-	-	-	-	-	-	-

## D7: Social and Economic Factors

Indicator	McLennan	Coryell		Hill	Limestone	Freestone	Bosque	Falls	Hamilton	Texas
<b>Poverty:</b> Percentage of population living below the Federal Poverty Line. Data from 2018-2022.										
Overall	17.9%	10.6%		13.3%	21.5%	12.7%	11.5%	15.8%	17.1%	13.9%
Black	35.7%	10.5%		30.0%	26.7%	14.6%	8.4%	26.5%	17.2%	-
Hispanic	20.5%	13.5%		17.6%	29.8%	18.7%	18.1%	17.2%	29.8%	-
White	14.1%	10.8%		11.2%	18.7%	11.3%	11.6%	11.6%	16.6%	-

<b>Childhood Poverty:</b> Percentage of people under age 18 in poverty.										
Overall	19.3%	15.8%		20.6%	25.8%	19.1%	18.9%	27.6%	20.7%	19.2%
American Indian and Alaskan Native	12%	-		2%	-	-	-	-	-	-
Asian	23%	7%		-	-	-	-	-	-	-
Black	26.2%	16.6%		25.2%	41.3%	12.5%	22.4%	16.8%	28.5%	-
Hispanic	50.5%	12.9%		29.1%	23.4%	26.0%	5.6%	26.8%	-	-
White	8.9%	11.9%		14.9%	29.7%	10.5%	15.4%	16.4%	11.0%	-
<b>Median Household Income:</b> The income where half of households in a county earn more and half of households earn less.										
Overall	\$63,160	\$63,428		\$57,566	\$51,357	\$56,372	\$61,048	\$47,534	59,753	\$72,279
American Indian and Alaskan Native	\$115,032	\$78,649		\$68,800	\$63,934	-	-	-	-	-
Asian	\$63,373	\$51,635		-	\$21,875	-	-	-	-	-
Black	\$34,336	\$60,000		\$39,297	\$32,159	\$52,656	-	\$27,014	-	-
Hispanic	\$48,863	\$49,500		\$58,140	\$60,188	\$60,337	\$54,800	\$34,330	\$63,000	-
White	\$74,683	\$65,637		\$63,472	\$56,476	\$67,679	\$65,683	\$56,141	\$54,286	-

**D8: Clinical Care**

Indicator	McLennan	Coryell		Hill	Limestone	Freestone	Bosque	Falls	Hamilton	Texas
<b>Preventable Hospital Stays:</b> Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.										
Overall	2,842	2,167		3,728	3,829	3,907	3,572	2,683	3,053	2,933
Asian	1,479	943		-	-	-	-	-	-	-
Black	3,825	409		3,042	2,961	4,185	-	1,322	-	-
Hispanic	3,201	1,074		-	-	-	-	1,406	-	-
White	2,726	2,338		3,789	3,835	3,776	-	3,464	-	-
<b>Mammography screening:</b> Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening										
Overall	48%	37%		39%	37%	35%	43%	40%	34%	39%
Asian	45%	31%		-	-	-	-	-	-	-
Black	46%	40%		25%	43%	34%	-	24%	-	-
Hispanic	35%	31%		24%	27%	42%	25%	36%	-	-
White	49%	38%		40%	37%	35%	44%	44%	-	-
<b>Flu Vaccinations*:</b> Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination										
Overall	46%	26%		35%	35%	30%	26%	33%	20%	43%
Asian	42%	25%		-	-	-	-	-	-	-
Black	35%	19%		15%	22%	22%	-	17%	-	-
Hispanic	38%	22%		22%	35%	37%	25%	37%	22%	-
White	48%	27%		37%	36%	31%	27%	36%	20%	-



**D9: Health Behaviors**

Indicator	McLennan	Coryell		Hill	Limestone	Freestone	Bosque	Falls	Hamilton	Texas
<b>Teen Births:</b> Number of births per 1,000 female population ages 15-19.										
Overall	23.9	26.7		29.7	39.2	27.4	24.5	43.7	21.2	24.3
Black	42.4	14.6		32.1	37.1	-	-	59.5	-	-
Hispanic	32.9	25.7		39.7	51.8	34.9	33.0	55.4	-	-
White	13.6	30.1		23.1	30.7	26.2	20.3	25.0	-	-

## **Appendix E: Health Care Facilities and Community Resources**

As part of the CHNA process, Ascension Providence has cataloged resources available in the region that respond to the significant needs identified in this CHNA. This list aims to provide contact information for resources that may be in high demand, however it is non-exhaustive. This resource guide may be printed as a reference for healthcare providers, community organizations, or for individual use.

The resources in this guide were generated from Neighborhood Resource, an online tool where people can search for local programs, resources and support. [Click here](#) or scan the QR code below to search for more resources by zip code.



The final pages of the resource guide include printable flyers for Neighborhood Resource in both English and Spanish.

# Quick Resource Guide/Guía Rápida de Recursos

## Ascension Providence Region

Categories/Categorías:



[Behavioral Health/Recursos de Salud Mental](#)



[Intimate Partner Violence/Violencia de Pareja](#)



[Transportation/Transporte](#)



[Utilities/Servicios Públicos](#)



[Food / Meals/Servicios de Comidas](#)



[Housing / Eviction/Servicios del Alojamiento/Desalojos](#)



[Maternal / Child Health/Salud Maternoinfantil](#)



[Pest Control/Control de Plagas](#)



[Primary & Specialty Care: Federally Qualified Health Centers \(FQHCs\)](#)



[Stress/Estrés](#)



[Financial Resources/Recursos Financieros](#)



[Employment Resources/Recursos de Empleo](#)



[Education \(GED\)/ Recursos de Educación \(GED\)](#)



[Homeless Services/Servicios Para Personas Sin Hogar](#)



[Health & Human Services/Salud y Servicios Humanos](#)

Behavioral health		Recursos de Salud Mental	
<i>English</i>		<i>Spanish</i>	
Suicide Hotline	Text 988 800-273-TALK (8255)	Línea de Prevención del Suicidio	Text 988 800-273-TALK (8255)
Crisis Text Line	Text TX to 741741	Línea de Texto de Prevención de Crisis	Texto TX a 741741
LGBTQ Crisis Intervention	866-488-7386 Text START to 678-678	Línea de Prevención de Crisis LGBTQ	866-488-7386 o Texto START a 678-678
Heart of Texas Behavioral Health Network (Bosque, Falls, Freestone, Hill, Limestone, McLennan counties)	(254) 752-3451 Crisis Hotline: 1-866-752-3451	Heart of Texas Behavioral Health Network (Bosque, Falls, Freestone, Hill, Limestone, McLennan counties)	(254) 752-3451 Línea de ayuda en crisis 1-866-752-3451
Central Counties Services (Bell, Coryell, Hamilton, Lampasas, Milam counties)	254-298-7000 Crisis Hotline: 800-888-4036	Central Counties Services (Bell, Coryell, Hamilton, Lampasas, Milam counties)	254-298-7000 Crisis Hotline: 800-888-4036
Bluebonnet Trails (Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee & Williamson counties)	800-841-1255	Bluebonnet Trails (Bastrop, Burnet, Caldwell, Fayette, Gonzales, Guadalupe, Lee & Williamson)	800-841-1255
National Alliance on Mental Illness (NAMI)	800-950-6264	National Alliance on Mental Illness (NAMI)	800-950-6264
SAMHSA's National Helpline (Substance Use)	800-662-HELP	Línea Nacional de SAMHSA (Consumo de Sustancias)	800-662-HELP
Texas Quit Line (Smoking)	877-YES-QUIT (877-937-7848)	Texas Quit Line (Fumar)	877-YES-QUIT (1-877-937-7848)

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## Primary & Specialty Care: Federally Qualified Health Centers (FQHCs)

### English

Waco Family Medicine (Waco, McGregor, Hillsboro, Temple)	New Patients: 254-313-4610 Extended Hours: 254-313-4123 Pediatrics hotline: 254-313-5437
Lone Star Circle of Care (Killeen, Harker Heights, Temple)	1-877-800-5722
LGBTQ Crisis Intervention	866-488-7386 Text START to 678-678

## Primary & Specialty Care: Federally Qualified Health Centers (FQHCs)

### Spanish

Medicina Familiar de Waco (Waco, McGregor, Hillsboro, Temple)	Pacientes nuevos: 254-313-4610 Horario extendido: 254-313-4123 Linea directa pediátrica: 254-313-5437
Lone Star Circle of Care (Killeen, Harker Heights, Temple)	1-877-800-5722
Línea de Prevención de Crisis LGBTQ	866-488-7386 o Texto START a 678-678

## Intimate Partner Violence

### English

24 Hour Hotline/Family Abuse Center	800-283-8401
National Domestic Violence Hotline	800-799-SAFE (7233) Text START to 88788
Rape, Abuse, Incest, Sexual Assault Hotline (RAINN)	800-656-HOPE (4673)
Human Trafficking	888-373-7888 Text 233733

## Violencia de Pareja

### Spanish

Línea directa las 24 Hras./Centro de Abuso Familiar	800-283-8401
Línea Directa Nacional contra la Violencia Doméstica	800-799-SAFE (7233) Texto START a 88788
Linea de Ayuda de Abuso Sexual (RAINN)	800-656-HOPE (4673)
Línea Directa de Tráfico Humano	888-373-7888 Texto 233733

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Stress		Estrés	
<i>English</i>		<i>Spanish</i>	
Managing Stress Tips	<a href="#">LINK</a>	Consejos para manejar el estrés	<a href="#">ENLACE</a>
Caregiver Support Groups	<a href="#">LINK</a>	Grupo de apoyo para cuidadores	<a href="#">ENLACE</a>

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Transportation		Transporte	
<i>English</i>		<i>Spanish</i>	
Medicaid Blue Cross Blue Shield (ModivCare)	866-824-1565	Medicaid Blue Cross Blue Shield (ModivCare)	866-824-1565
Medicaid Dell Children's Health Plan (Access2Care)	844-867-2742	Medicaid Dell Children's Health Plan (Access2Care)	844-867-2742
Medicaid Superior (SafeRide)	855-932-2318	Medicaid Superior (SafeRide)	855-932-2318
Waco Transit System	254-750-1620	Sistema de tránsito de Waco	254-750-1620

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Financial Resources		Recursos Financieros	
<i>English</i>		<i>Spanish</i>	
Non Profit Credit Counseling	800-388-2227	Fundación Nacional de Consejería de Crédito	800-388-2227
Prosper Center	737-717-4000	Prosper Center	737-717-4000
Catholic Charities	512-651-6100	Catholic Charities	512-651-6100

Food / Meals		Servicios de Comidas	
<i>English</i>		<i>Spanish</i>	
<p>For the latest information on food help in Central Texas, go to the Central Texas Food Bank website at <a href="https://www.centraltexasfoodbank.org/get-help">https://www.centraltexasfoodbank.org/get-help</a>.</p> <p>If you need more information about food or other community services, call 2-1-1 Texas by dialing 211 or 877-541-7905.</p>		<p>Para obtener la información más reciente sobre la ayuda para adquirir alimentos en el centro de Texas, visite el sitio web del <i>Central Texas Food Bank</i> en <a href="https://www.centraltexasfoodbank.org/get-help">https://www.centraltexasfoodbank.org/get-help</a>.</p> <p>Si necesita más información sobre los alimentos u otros servicios comunitarios, llame al 2-1-1 Texas marcando el 211 o el 877-541-7905.</p>	

Education (GED)		Recursos de Educación (GED)	
<i>English</i>		<i>Spanish</i>	
McLennan Community College Continuing Education	254-299-8888	McLennan Community College Educación Continua	254-299-8888
Temple College Adult Education and Literacy	254-298-8282	Educación alfabetización de adultos de Temple College	512-735-2400

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Housing / Eviction		Servicios del Alojamiento/Desalojos	
<i>English</i>		<i>Spanish</i>	
Caritas of Waco (McLennan County)	254-753-4593	Cáritas de Waco	254-753-4593
Compassion Waco (McLennan County)	254-755-7640	Compassion Waco	254-755-7640
Helping Hands Ministry of Belton Inc (Bell County)	254-939-7355	El Ministerio Manos Amigas de Belton	254-939-7355
211 Texas	211 or <a href="http://www.211texas.org">www.211texas.org</a>	211 Texas	211 or <a href="http://www.211texas.org">www.211texas.org</a>

Homeless Services		Servicios Para Personas Sin Hogar	
<i>English</i>		<i>Spanish</i>	
Compassion Waco (McLennan County)	254-755-7640	Compassion Waco (McLennan County)	254-755-7640
Families in Crisis, Inc. (Bell County)	888-799-7233	Familias en Crisis, Inc. (Bell County)	888-799-7233
If you need immediate help finding shelter	Call 211	Si necesita ayuda immediate para encontrar refugio	Llame al 211

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Utilities		Servicios Públicos	
<i>English</i>		<i>Spanish</i>	
Family Support Services	512-854-2130	Family Support Services	512-854-2130
Caritas of Waco (McLennan County)	254-753-4593	Cáritas de Waco	254-753-4593
Comprehensive Energy Assistance Program (McLennan, Limestone, Hill, Freestone, Falls, Ellis, Bosque counties)	254-756-0954	El Programa Integral de Asistencia Energética (McLennan, Limestone, Hill, Freestone, Falls, Ellis, Bosque counties)	254-756-0954
Helping Hands Ministry of Belton Inc (Bell County)	254-939-7355	El Ministerio Manos Amigas de Belton	254-939-7355

Employment Resources		Recursos de Empleo	
<i>English</i>		<i>Spanish</i>	
Workforce Solutions for the Heart of Texas (McLennan, Limestone, Hill, Freestone, Falls, Bosque counties)	1-866-982-9226	Soluciones Laborales para el Corazón de Texas (McLennan, Limestone, Hill, Freestone, Falls, Bosque counties)	1-866-982-9226
Workforce Solutions of Central Texas (Bell, Coryell, Hamilton, Lampasas, Milam, San Saba and Mills counties)	254-200-2000	Workforce Solutions of Central Texas (Bell, Coryell, Hamilton, Lampasas, Milam, San Saba and Mills counties)	254-200-2000

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Maternal / Child Health		Salud Maternoinfantil	
<i>English</i>		<i>Spanish</i>	
Care Net Pregnancy Center of Central Texas (McLennan county)	254-772-6175	Centro de Embarazo Care Net del Centro de Texas	254-772-6175
St. Gabriel's Pregnancy & Parenting Program (Bell, Coryell, Falls, Hamilton, Limestone, McLennan and more counties)	512-651-6100	Programa de Embarazo y Crianza de St. Gabriel (Bell, Coryell, Falls, Hamilton, Limestone, McLennan and more counties)	512-651-6100
State Lactation Support Hotline	855-550-6667	Línea Directa del Apoyo de Lactancia	855-550-6667
Healthy Texas Women Program (Family Planning)	866-993-9972	Healthy Texas Women Program (planificación familiar)	866-993-9972
Women, Infants & Children (WIC)	800-942-3678 Text 855-960-4551	Women, Infants & Children (WIC)	800-942-3678 Text 855-960-4551
Safe Riders (Car Seats)	800-252-8255	Safe Riders (asientos infantiles)	800-252-8255
Postpartum Support International	800-944-4773	Postpartum Support International	800-944-4773
National Maternal Mental Health Hotline	833-852-6262	Línea Directa Nacional de Salud Mental Materna	833-852-6262
Texas Child Care Services (CCS)	800-628-5115	Servicios de Cuidado Infantil (CCS)	800-628-5115
Texas Parent to Parent	512-458-8600	Texas Parent to Parent	512-458-8600
Texas Parent Helpline	833-680-0611	Línea de Ayuda para Padres de Texas	833-680-0611

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## Health and Human Services

### English

Waco-McLennan Public Health	254-750-5452
Bell County PUblic Health District	254-232-9800

## Salud y Servicios Humanos

### Spanish

Waco-McLennan Public Health	254-750-5452
Bell County PUblic Health District	254-232-9800

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## Pest Control

### English

ABC Home & Commercial Services	512-837-9500
A-Tex Pest Control	512-714-3383

## Control de Plagas

### Spanish

ABC Home & Commercial Services	512-837-9500
A-Tex Pest Control	512-714-3383

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# Find free or reduced-cost services, close to home.

## Neighborhood Resource lets you:

- Search anonymously and for free.
- Find local programs, resources and support.
- Connect with social programs based on your unique needs and preferences.

## Get started today:

- 1 Visit our website.
- 2 Enter your ZIP code.
- 3 Get connected.

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Healthcare



Transit



Food



Work



Financial assistance



Housing

# Encuentre todos los recursos del vecindario en un solo lugar

## Con Neighborhood Resource, usted puede:

- Realizar búsquedas anónimas y gratuitas
- Encontrar programas, recursos y asistencia locales
- Ponerse en contacto con programas sociales basados en sus necesidades y preferencias únicas

## Comience con estos pasos:

- 1 Visite nuestro sitio web
- 2 Ingrese su código postal
- 3 Conéctese a los servicios locales

Haga la prueba hoy mismo en [NeighborhoodResource.FindHelp.com](https://NeighborhoodResource.FindHelp.com) o escanee el código QR para buscar programas locales gratuitos y cree una cuenta para acceder a herramientas y funciones gratuitas.



Atención  
médica



Transporte



Alimentos



Trabajo



Asistencia  
financiera



Vivienda

## Appendix F: Impact from the Previous CHNA Implementation Strategy

Ascension Providence's previous CHNA implementation strategy was completed in May 2022 and responded to the following priority health needs: Mental and Behavioral Health, Access to Care, Social Determinants of Health/Social Needs, and Health Equity.

The tables below describe the actions taken during the 2022-2025 CHNA implementation strategy cycle to respond to each priority need.

Note: At the time of the report publication (June 2025), the third year of the cycle will not be complete. The hospital will accommodate for that variable; results from the last year of this cycle will be reported and attached to the 2025 IRS Form 990/Schedule H.

PRIORITY NEED	Access to Care		
STRATEGY	ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Increase access points and capacity for primary, acute and specialty care services, including mental and behavioral health through the longstanding partnership with the Federally Qualified Health Center (FQHC) Waco Family Medicine	1) Through the Waco Family Medicine Residency Program, train family physicians with an emphasis on compassion and culturally-sensitive care  2) Through collaboration, serve patients referred and served by Ascension Providence clinicians and program leaders  3) Where possible, expand partnership to include expanded areas of service	Ongoing	Ascension Providence trains family physicians through the family medicine residency program with Waco Family Medicine (WFM), with an emphasis on compassionate and culturally sensitive care. The hospital also works with WFM to collaborate on patient referrals to ensure patients receive appropriate care regardless of their ability to pay. This Fiscal Year Ascension Providence donated two clinic locations to WFM to improve access to wraparound services provided by the FQHC model for low-income residents of Waco.
Expand health and social services for women and new mothers through participation in the national Department of Health and Human Services (HHS) Perinatal Improvement Collaborative	Submit data on more than 150 measures on patient and clinical care data for both mother and infant to the HHS	Ongoing	Providence regularly reports data to the HHS Perinatal Improvement Collaborative.

PRIORITY NEED		Mental Health	
STRATEGY	ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Improve network of care for Mental and Behavioral Health for the Ascension Providence service area	<p>Participate in Prosper Waco Leadership team for Mental and Behavioral Health</p> <p>Support the Local Mental Health Authority's expansion of crisis treatment services related to mental and behavioral health services</p>	Ongoing	Ascension Providence leaders are active members on the Prosper Waco leadership team for mental and behavioral health with the goal to build a strong continuum of care for mental health needs across the service area. Ascension Providence donated in-kind space to the LMHA until their new facility was open and ready to use. This fiscal year, Ascension Providence supported access to care and mental health in the community through \$50,000 in community benefit donations supporting a Prosper Waco initiative to provide access to and navigation for mental health services.

PRIORITY NEED		Social Determinants of Health/Social Needs	
STRATEGY	ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Connect patients with social needs to community resources	<p>Connect patients screened for social needs, including women currently screened for food security, with services through Neighborhood Resources</p> <p>Work with community partners to support vulnerable community members through ongoing engagement and investments</p>	Ongoing	The Neighborhood Resource platform is available to be used by all Ascension associates. Social workers are primary users of the tool. Opportunities for increasing use and closed loop referrals are continually being identified in addition to opportunities for improved data analysis.

			<p>Ascension Providence introduced social determinants of health screenings to identify social needs that affect patient health. Since 2024 Ascension Providence has conducted 26,324 social determinants of health surveys of which 11.5% identified a need. In the last Fiscal Year, Ascension Providence supported nonprofit partners to address social determinants of health including food access and housing for children awaiting foster care placements with over \$33,000 of community benefit donations.</p>
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PRIORITY NEED			
Health Equity			
STRATEGY	ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Deepen Community Partnerships with organizations that advance health in underserved populations	Work with community partners to support vulnerable community members through ongoing engagement and investments	Ongoing	Ascension Providence is engaged in partnerships with various community organizations with special attention to underserved populations including: carenet, a free clinic for pregnant women, March of Dimes for outreach to the black community who statistically experience higher adverse outcomes related to pregnancy and childbirth in the service area, Caritas and Mission Waco, serving individuals experiencing homelessness, and more.
Identify and address barriers to care within the community, with special attention to persons who are	1) Learning opportunities related to understanding poverty and advancing health equity	Ongoing	The Ascension Human Trafficking Hub regularly provides training both in-person and virtually for Ascension Providence associates and providers. The training includes information to help identify victims



underserved and/or marginalized	2) Training related to awareness of social determinants of health and identifying resources to assist patients in need		<p>of trafficking and protocol to follow if a victim is identified.</p> <p>Training is available through the Ascension ABIDE framework related to unconscious bias, psychological safety and health equity in clinical environments as well as education on how to accurately document race, ethnicity and language and sexual orientation and gender identity so that data is available to assess equitable outcomes through quality metrics.</p> <p>This fiscal year training on cultural humility was developed and is a new requirement for all new associates.</p>
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