

Ascension Seton Edgar B. Davis

2024 Community Health Needs Assessment Ascension Seton

**Travis, Williamson, Hays, Bastrop, Burnet, Caldwell, Fayette, Lee,
Llano, Gonzales and Blanco 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 Seton 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 Seton Edgar B. Davis

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The 2024 Community Health Needs Assessment report was approved by the Board of Directors of Ascension Seton 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 Seton 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 Seton service area. Ascension Seton 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 Seton 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 black ink, appearing to read 'JY', followed by a horizontal line.

Jamie Youssef
CEO, Ascension Texas

Executive Summary

The goal of the 2024 Community Health Needs Assessment (CHNA) report is to offer a meaningful understanding of the most significant health needs across Ascension Seton. 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 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 Seton has defined its 11-county service area as its community served for the 2024 CHNA, which includes the following counties: Bastrop, Blanco, Burnet, Caldwell, Fayette, Gonzales, Hays, Lee, Llano, Travis and Williamson. Dell Children's Medical Center serves a 46-county area for pediatric care, but for the purposes of this CHNA, the region is limited to the geographic area that serves both adults and children. The community served for Ascension Seton was selected because most of the population served by the hospitals in the Ascension Seton region resides in Austin and the surrounding areas, including the counties identified. Ascension Seton hospitals included in this region coordinate to offer services across it.

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 Seton conducted 19 focus groups and eight one-on-one interviews to gather feedback from the community on the health needs and assets of the Ascension Seton region. Additional community focus groups and conversations, interviews and surveys were held by St. David's Foundation, Baylor Scott and White and Williamson County. 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 Seton, 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 Seton used a phased prioritization approach to determine the most crucial needs for community stakeholders to address.

Ascension Seton 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 Board of Directors of Ascension Seton for approval and adoption on May 22, 2025. Ascension Seton hopes this report offers a meaningful and comprehensive understanding of the most significant needs of the Ascension Seton 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 over three years from January 2026 - 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 and www.dellchildrens.net.

Ascension Seton Edgar B. Davis

As a Ministry of the Catholic Church, Ascension Seton is a non-profit hospital system governed by a local board of trustees represented by community members, medical staff, and sister sponsorships. Ascension Seton Edgar B. Davis is one of 11 hospital campuses in the 11-county Ascension Seton service area.



Ascension Seton Edgar B. Davis is located in Luling, Texas, roughly 50 miles southeast of Austin that provides convenient and comprehensive 24-hour emergency care for the community. Ascension Seton Edgar B. Davis is a Critical Access Hospital providing inpatient and outpatient services.

Ascension Seton Edgar B. Davis is proud to maintain the highest standards and is a designated Level IV Trauma Center.

Ascension Seton is continuing the long and valued tradition of responding to the health needs of the people in our community, following in the footsteps of legacy Seton Hospitals. Ascension Seton 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 Seton has consistently strived to expand access to high-quality, low-cost, person-centered medical care and services.

For more information about Ascension Seton Edgar B. Davis, visit <https://healthcare.ascension.org/locations/texas/txaus/luling-ascension-seton-edgar-b-davis>.

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.”¹ The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension Seton’s commitment to offer programs designed to 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.² 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.³

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.

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

² 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>

³ 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

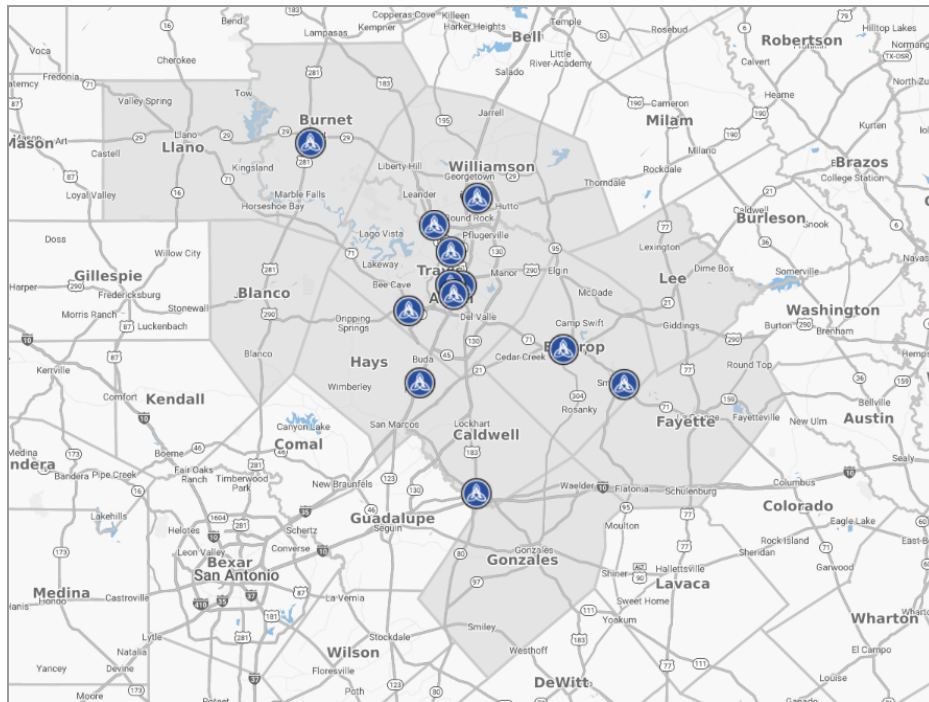
The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation 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 administrative offices of any Ascension Seton hospital including: Ascension Seton Medical Center Austin, Dell Seton Medical Center at The University of Texas, Dell Children's Medical Center, Ascension Seton Northwest, Ascension Seton Southwest, Ascension Seton Hays, Ascension Seton Williamson, Ascension Seton Shoal Creek, Ascension Seton Highland Lakes, Ascension Seton Smithville and Ascension Seton Edgar B. Davis.

Community Served and Demographics

Community Served

For the purpose of the 2024 CHNA, Ascension Seton has defined its community as Travis, Williamson, Hays, Bastrop, Burnet, Caldwell, Fayette, Gonzales, Llano, Lee and Blanco Counties. Ascension Seton hospitals coordinate to offer services across the region. The community served for Ascension Seton was selected because most of the population served by the hospitals in the Ascension Seton region resides in Austin and the surrounding areas, including the counties identified. Dell Children's Medical Center serves a 46-county area for pediatric care, but for the purposes of this CHNA, the region is limited to the geographic area that serves both adults and children.

Figure 1: Map of Ascension Seton Hospitals and CHNA Region



Source: Created by Ascension Texas

Located in Central Texas, Ascension Seton serves a population of 2,441,149 and includes the Austin-Round Rock-San Marcos Metropolitan Statistical Area (MSA). Over 52% of the region's population resides in Travis County, which contains the city of Austin, while over 88% live in the three largest counties, Travis, Williamson, and Hays. The full Ascension Seton service area comprises urban, suburban and rural communities. Overall the region has experienced immense growth for the past decade, with a 27% population increase from 2013 to 2022 compared to 14% population increase in Texas during the same time period.

The city of Austin has consistently been one of the fastest growing cities in the United States for over a decade⁴. The surrounding cities and suburbs along the Interstate-35 corridor located in Travis, Williamson and Hays counties have seen striking growth as have counties directly to the east, Bastrop and Caldwell.

Table 1: Population Change in the Ascension Seton Region by County

County	2013 Population	2022 Population	% Increase or Decrease
Seton Region	1,916,232	2,441,149	27.4%
Texas	25,639,373	29,243,342	14.1%
Travis	1,063,248	1,289,054	21.2%
Williamson	441,445	617,396	39.9%
Hays	164,144	245,351	49.5%
Bastrop	74,730	98,435	31.7%
Burnet	43,230	49,684	14.9%
Caldwell	38,465	46,141	20.0%
Fayette	24,662	24,564	-0.4%
Llano	19,223	21,637	12.6%
Gonzales	19,920	19,736	-0.9%
Lee	16,603	17,543	5.7%
Blanco	10,562	11,608	9.9%

Source: 2022 American Community Survey 5-year population estimates, Table B01003

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

Many large technology companies are located in Central Texas including Dell Technologies, who have called the Austin area home for decades. Others like Samsung, Amazon, Apple, Google, Facebook, Tesla and Oracle have a large and growing presence in Central Texas.

The region hosts many large events that bring tourism from around the country and even the world. The Circuit of the Americas (COTA), located in southeast Travis County near Bastrop County, draws international crowds as one of two Formula 1 and MotoGP race tracks in the United States and the

⁴ "New Census Data: Austin Metro Slips from Top Spot, Remains One of the Nation's Fastest Growing Regions." *AustinTexas.Gov*. Retrieved November 14, 2024 from www.austintexas.gov/news/new-census-data-austin-metro-slips-top-spot-remains-one-nations-fastest-growing-regions#:~:text=Even%20though%20international%20migration%20was,resulting%20in%20negative%20net%20migration.

largest permanent outdoor amphitheater in Central Texas. Additionally, Central Texas has several sports teams including the Austin FC Major League Soccer team, Round Rock Express minor league baseball team, and Texas Stars minor league hockey team, among others. Other large events hosted in Austin include South by Southwest, an annual conference hosted in March for music, comedy, film, and technology and Austin City Limits, a large music festival hosted over two weekends in October. While these are a few of the largest events in the region, there are many more attractions that bring millions of people to the area each year.

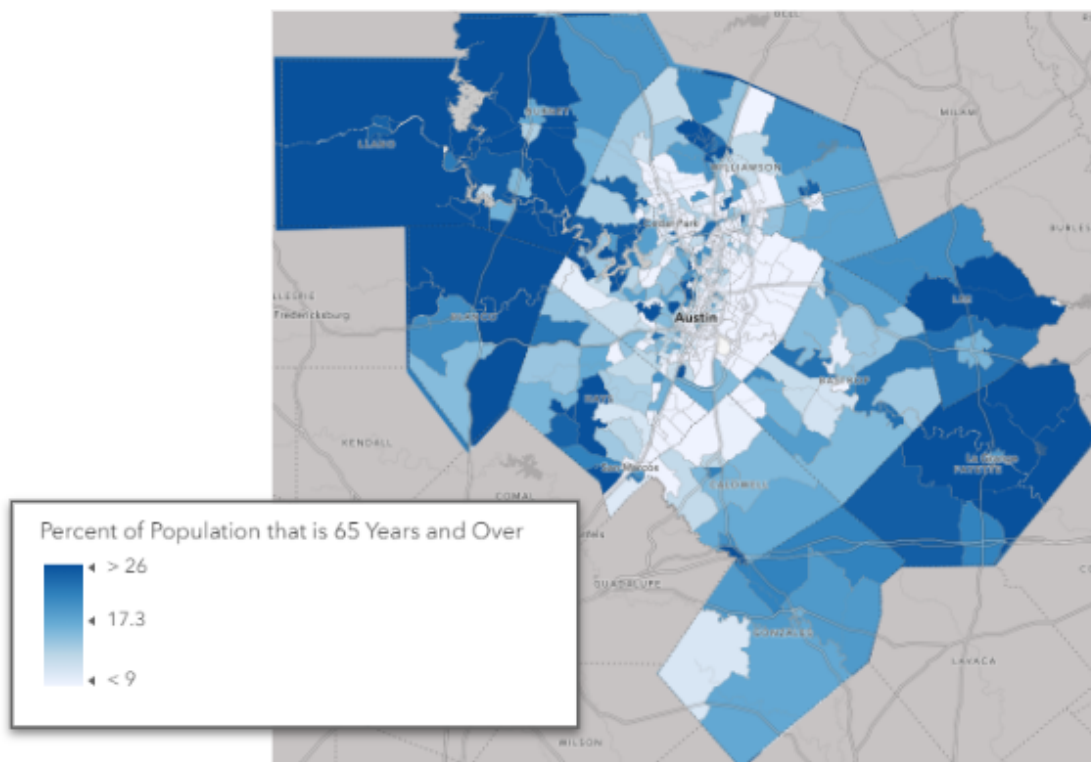
Camp Mabry is located in Austin and houses the headquarters of Texas Military Forces which includes the Texas State Guard, Texas Army National Guard, and Texas Air National Guard. While there are no permanent residents at Camp Mabry, the location of Texas Military Force offices in the area brings a presence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

Demographic Data

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

- Twelve percent of the community members of the Ascension Seton region are 65 or older, compared to 13% in Texas. The population who are 65 years and older is concentrated in the west of Travis County and in rural communities to the west and east of the I-35 corridor.

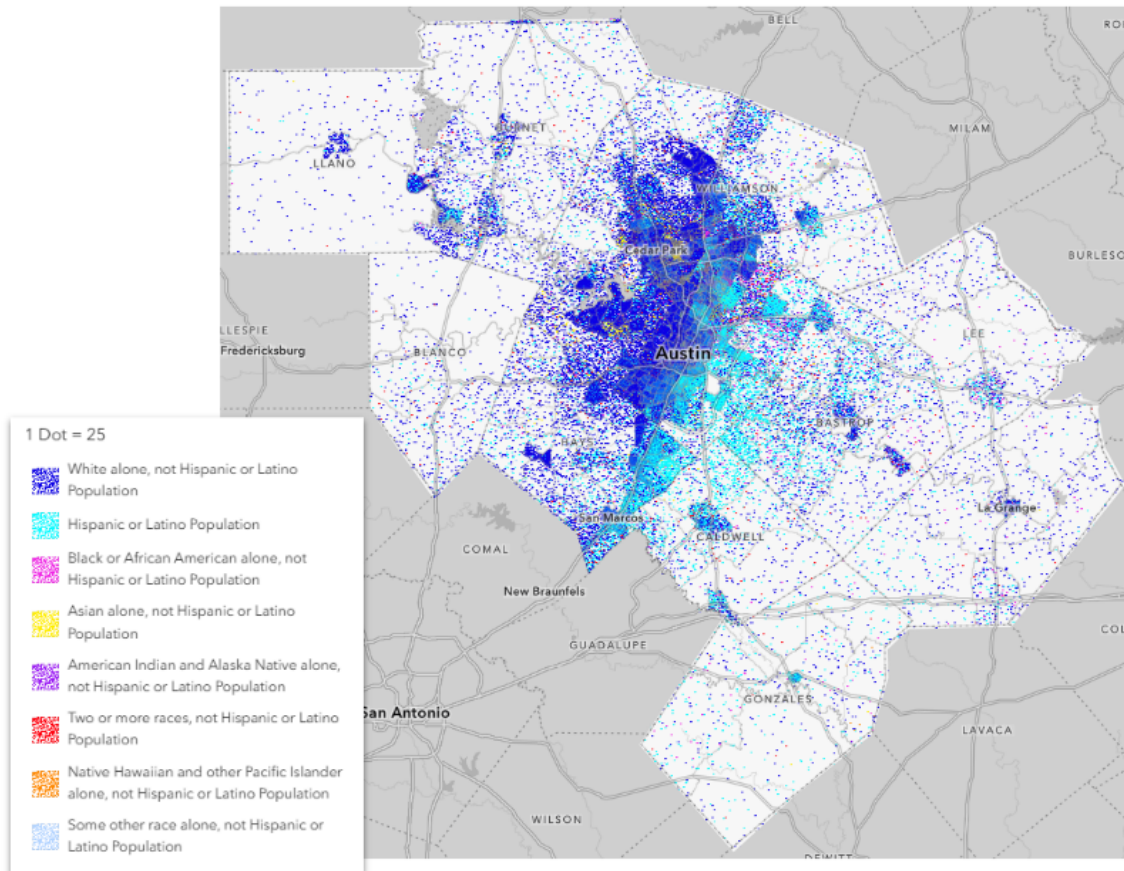
Figure 2: Percent of Population that is 65 Years and Older



Source: American Community Survey (ACS) Population Variables
 Link to interactive online map: <https://tinyurl.com/65OrOlder>

- Thirty-two percent are Hispanic or Latino (any race); 51% of community members are Non-Hispanic White; nearly seven percent are Non-Hispanic Black or African American; four percent are Asian, and less than one percent are American Indian or Alaska Native, Native Hawaiian and Pacific Islander, or Some Other Race. Figure 3 shows the distribution of Race and Ethnicity throughout the Ascension Seton region.

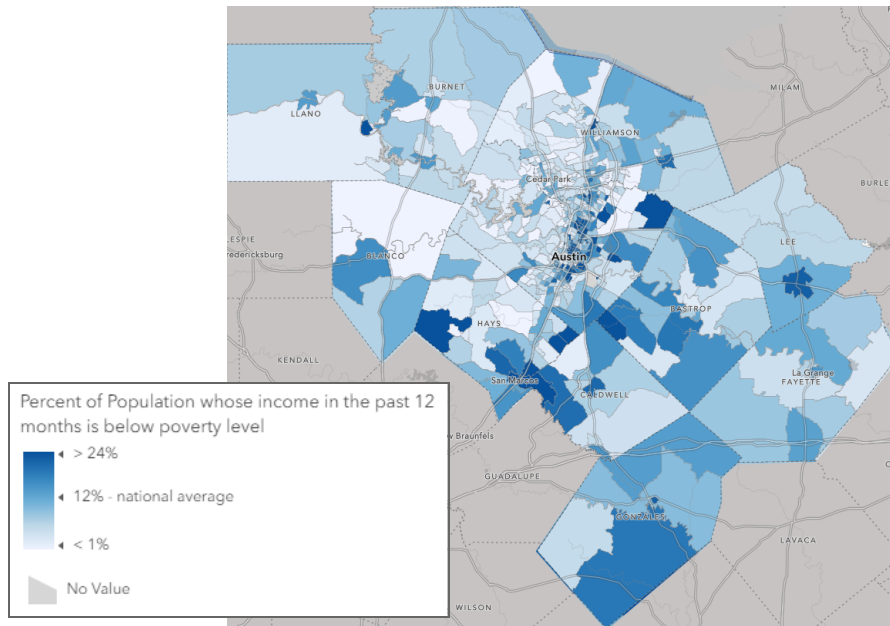
Figure 3: Dot Density Map of Race and Ethnicity Distribution



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

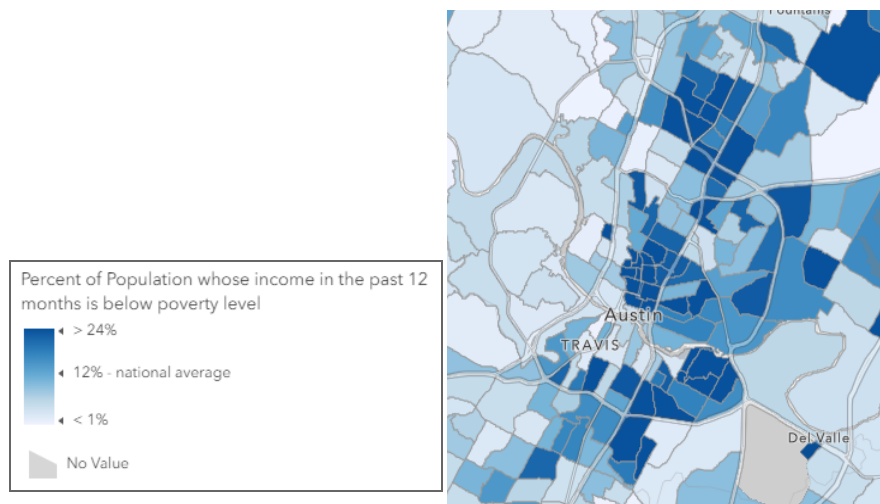
- The median household income is higher than the state median income (\$93,167 for the Ascension Seton region; \$72,279 for Texas). The percent of all ages of people in poverty was slightly lower than the state (10% for the Ascension Seton region; 14% for Texas). Figure 4 illustrates the distribution of poverty in the Ascension Seton service area. Figure 5 shows a closer view of central Austin. While there are areas of poverty in each county, generally the eastern part of the region experiences more concentrated poverty. In densely populated areas it is important to look at census tract level differences as the county level data does not always reflect the full reality and diversity of experience. While Travis County, which contains the city of Austin, has overall lower poverty than many of the other counties in the service area it remains true that some of the highest concentrations of poverty are within the city.

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



Source: American Community Survey (ACS) Poverty Status Variables
 Link to interactive online map: <https://tinyurl.com/FamiliesPovertyDist>

Figure 5: Percent of Families Living Below Poverty by Block Group in the City of Austin



Source: American Community Survey (ACS) Poverty Status Variables
[Link to interactive online map](#)

- The uninsured rate for the Ascension Seton region is about the same as the state (20 percent for both). Both the Ascension Seton region and the State of Texas have much higher uninsured rates than the United States (10%).

Table 2: Description of the Community

Demographic Highlights			
Indicator	Ascension Seton	Texas	Description
Population			
% Living in rural communities	16.1%	16.3%	Percentage of population living in a census-defined rural area, 2020
% below 18 years of age	22.2%	25.3%	Percent population below 18 years of age, 2022
% 65 and older	12.2%	12.9%	Percent population ages 65 and over, 2022
% Hispanic	32.1%	39.9%	Percentage of population that is Hispanic, 2022
% Asian	6.0%	5.1%	Percentage of population that is Asian, 2022
% Non-Hispanic Black	6.7%	11.8%	Percentage of population that is Non-Hispanic Black or African American, 2022
% Non-Hispanic White	51.1%	40.1%	Percentage of population that is Non-Hispanic White, 2022
% American Indian or Alaska Native	0.1%	0.2%	Percentage of population that is American Indian or Alaska Native, 2022
% Native Hawaiian or Other Pacific Islander	0.0%	0.1%	Percentage of population that is Native Hawaiian or Other Pacific Islander, 2022
Some Other Race	0.4%	0.3%	Percentage of population that is Non-Hispanic and Some Other Race than those listed, 2022
Two or More Races	3.4%	2.6%	Percentage of population that is Non-Hispanic and Two or More Races, 2022
Social and Community Context			
Limited English Proficiency	8.9%	13.0%	Proportion of community members that speak English “less than well,” 2022
Median Household Income	\$93,167	\$72,279	Income where half of households in a county earn more and half of households earn less, 2022
Percent of Children in Poverty	10.7%	19.2%	Percentage of people under age 18 in poverty, 2022
Percent of Uninsured	15.7%	20.3%	Percentage of population under age 65 without health insurance, 2021
Percent of Educational Attainment	90.9%	85.2%	Percentage of adults ages 25 and over with a high school diploma or equivalent, 2022
Percent of Unemployment	2.9%	3.9%	Percentage of population ages 16 and older unemployed but seeking work, 2022
<i>Data sources: All metrics in this table were obtained from County Health Rankings & Roadmaps in 2024 unless otherwise noted.</i> https://www.countyhealthrankings.org/health-data 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 Seton is committed to using national best practices in conducting the CHNA. Health needs and assets for the 11-county service region were determined using a mixed-methods approach which included a combination of data collection and analysis for both secondary and primary data, as well as community input on the identified and significant needs for adults and children.

Collaborators and Consultants

With the contracted assistance of Alpinista Consulting, Ascension Seton completed its 2024 CHNA in collaboration with the following organizations:

- St. David's Foundation
- Baylor Scott and White Health

Collaboration with St. David's Foundation and Baylor Scott and White Health centered around collecting community input with the purpose to hear from a wide range of community stakeholders and reduce duplication of efforts. Ascension Seton also collaborates in an ongoing manner with both Travis County and Williamson County with regards to assessing and addressing community health needs.

Data Collection Methodology

Ascension Seton collected and analyzed primary and secondary data for the Ascension Seton 11-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. It is important to review census level data in densely populated counties in particular for the Ascension Seton region because the average reported at the county level can mask disparities within the community. For example Travis County, which contains the city of Austin, has a lower poverty rate than many of the other counties in the service area; however, it remains true that some of the highest concentrations of poverty in the region are within the city.

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 Seton 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 Seton service area. See Appendix C, and the “Community Focus Groups” section below for detailed information about the collaboration that contributed to data collection in Travis, Williamson, Bastrop, Caldwell and Hays counties.

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 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 to arrive at prioritized needs.

The CHNA Steering Committee is comprised of internal and external leaders including Lauren Baker (VP of Strategic Partnerships & Ambulatory Strategy), Jessica Cardwell (VP Clinical Service Lines, Dell Seton Medical Center), Derek Covert (Chief Mission Integration Officer and VP Canonical Affairs, Ascension Texas), Jennifer Hayhurst (Foundation Director, Ascension Seton Williamson), Kelly Hyten (Manager, Advocacy and Community Investments, Ascension Texas), Adam Messer (President, Dell Children’s Medical Center), Dr. Jewel Mullen (Associate Dean for Health Equity and Associate Professor, Department of Population Health, Dell Medical School), Philip Patterson (President, Ascension Providence), Geronimo Rodriguez (Chief Advocacy Officer, Ascension Texas), and Dr. Andrew Springer (Associate Professor, Department of Health Promotion and Behavioral Sciences, UTHealth School of Public Health).

Summary of Community Input

Community input, which is one type of “primary data,” is an integral part of a CHNA 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 Seton, in collaboration with hospital partners at St. David’s Foundation and Baylor Scott and White Health, and public health leaders for Williamson County solicited input from a range of public

health and social service providers and community residents that represent the broad interest of the Ascension Seton service area. Each entity engaged with the community to understand health needs through their own methods, and shared themes with the collaborative. Overall, many methods were utilized including key stakeholder interviews, key stakeholder and community focus groups and community surveys.

Focus Groups and Conversations

Ascension Seton conducted a series of 19 focus groups facilitated by Alpinista Consulting to gather feedback from the community on the health needs and assets of Ascension Seton. Fourteen focus groups were organized by county, and five focus groups focused on specific populations: maternal health (2) and child health (3). Eighty individuals participated in focus groups, held between July and August of 2024. Additional community focus groups and conversations were held by St. David's Foundation, Baylor Scott and White and Williamson County.

Table 3: Focus Group Themes

Stakeholder and Community Focus Groups and Conversations	
Key Summary Points	
- 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. - 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. - Dynamic population with diverse and changing needs - Rapid population growth causes a strain on resources and challenges meeting the needs of growing populations, particularly in rural communities surrounding the Austin metro area. - 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 - There was a rapid transition to digital access due to COVID which is seen as an improvement in many ways, however there are unintended consequences. Everything is online now from scheduling to health records and check-in forms, leaving some people behind who do not have access to a device or the internet or are not familiar with online services - Maintaining a healthcare and social service workforce is a challenge. Workforce shortages are particularly acute in mental health and childcare as well as in rural communities. - Mental health needs for youth and adults are persistently difficult to meet with current resources. - Preventive services and education could be more widespread. Particularly focus groups discussed access to childhood vaccines, car seat safety, safe sleeping and drowning prevention.	
Sectors Represented	Common Themes
- Public Health - FQHC(s) - Mental health - Social work - Home visit nurses - Emergency Medical Services - School district(s) - Low-income housing - Food bank(s) - County officials	- Affordability concerns: food insecurity, childcare, housing, transportation - Navigation of available services - Coordination of care (between providers) - Physical location of services (mental health inpatient, pediatricians, OB, emergency housing) - Funding availability (or lack thereof) and administrative burden for grant funding - Equitable access to information and services

- Universities and Community College(s)
- Pediatrics
- Women's health (including during pregnancy)
- Men's Health
- Individuals with low-income
- Unhoused
- Individuals with disabilities

Meaningful Quotes

Virtual Care:

"COVID made it possible to do more virtual engagement with patients, but rural communities don't necessarily have really strong internet infrastructure that is affordable. Make sure everyone has the ability to communicate, participate, and access online opportunities."

"Digital equity: So much healthcare right now involves accessing the portal online, getting a passcode, etc. - there's lack of acknowledgement that people often don't have what they need to engage with you electronically. It doesn't cost a lot of money."

Availability of services that meet community where they're at

"The clinics are open during the day, so after hours appointments are difficult to schedule."

"Having more providers who speak Spanish is a huge issue. If you use translation, how quality is that translation?"

Navigation of services and insurance

"We see a lot of people come into the ER who need help. We only have MCOT for unfunded people - they don't have unlimited amount of funds. We have no facilities in Hays. Everyone has to go to Travis or SA. It's a real burden when family members want to be close to check-in on their loved ones."

"The doctor that they see at the clinic isn't always necessarily aware of what happened in the hospital, and so especially for people with lower health literacy...some of that information seems a little bit lost, or they're kind of left playing the telephone game in between the hospital, and there. Postpartum, we need a more systematic way to share that information with clinics."

Children's Health

"Immunizations for children - it's a huge deal. Certain grade levels have to have certain immunizations. And the other is physicals. We talk about children, but a lot of schools and community colleges, colleges, won't let people register."

"Suicide outcries in our elementary schools are like four times higher than before. I visit the churches who are also getting outcries. Social work services. Our school counselors don't have the time or training. We need school social workers."

Mental Health

"We are especially in dire straits in respect to mental health workforces. We don't adequately reimburse for care, Medicaid, Medicare, private insurance are still not abiding by the parity requirements. It's part of why we don't have anyone going into MH. It's even more desperate in MH - finding a child psychiatrist is just impossible. Psychiatrists can just avoid insurance altogether. If people can't be reimbursed for the care, why do it?"

Social determinants of health/Non-medical drivers of health

"When you look at the data, food is a high need and request, but as we look closer, we realize that's about money, it's a poverty issue."

"Cost of housing and lack of affordable child care. Everyone has to put all their money into their housing, but then can't put those resources into other needs."

Note: Some quotes were edited for clarity and length

Key Stakeholder Interviews

Ascension Seton conducted eight one-on-one interviews to gather feedback from key stakeholders on the health needs and assets of the region. Additional interviews were conducted by St. David's Foundation, Baylor Scott and White and Williamson County.

Table 4: Interview Themes

Key Stakeholder Interviews
Key Summary Points
It is a challenge getting timely follow-up appointments for patients with new diagnoses of chronic disease identified in a hospital stay, particularly for uninsured or patients with Medicaid. FQHC's are important for this population but often operating at capacity. There are digital solutions in some cases, but some people don't have access to smartphones with a camera and cannot do virtual appointments. Physical access to services is a challenge, particularly in rural communities. Examples include • Lack of OB providers or pulmonologists in Bastrop • Elgin is a healthcare desert • Western Hays County (Dripping Springs, Wimberly) have no hospitals, have to travel pretty far distance in an emergency • In the city of Austin, many neighborhood centers were built in the eastern urban core where there were populations with high need. Those populations have been pushed further out due to increasing costs to remain in place and there are no resource centers where they now reside. Transportation is an issue: lack of public transportation, access to vehicles, and traffic driving into the city are all concerns. There is a need for prevention for chronic conditions. Specific examples include: • Many newly diagnosed children with diabetes, there is a need for prevention education that is culturally relevant and accessible. • There is a big need for accessible mammogram screenings in Bastrop for people without funding. Mental health care providers who serve low income patients do not have the capacity to meet the demand. Many providers do not take Medicaid (let alone insurance at all) and do not have any form of financial assistance, so even when there are providers it is difficult to find providers for people with low income. There have been improvements in public service employees (in Austin) being trained in mental health first aid and equipped with knowledge of resources in town for Mental Health, but there is still often a gap in resources to refer or hand-off to. There is a need for improved person-centered care that reflects individual culture and preferences (eg: considering patient birthing plan as part of care planning). Community members may have a lack of trust due to previous experience with healthcare can lead to late engagement with prenatal care for subsequent pregnancies. The healthcare system is difficult to navigate for almost everyone, and particularly among the immigrant population who is unfamiliar with U.S. systems dealing with immigration status barriers and often language barriers. Organizations who support this population are over capacity and cannot meet demand. Collaboration between partners is seen as a strength, and there is also a lot of room for improvement. With regards to social determinants of health (SDoH) or non-medical drivers of health there is acknowledgement that community partners do a lot of this navigation. This was stated in multiple ways: both that community partners would like to see hospitals and clinics more engaged in relationship building to make connections to social supports, and that hospitals and clinics cannot be the catch-all for supporting all needs. Technology can provide access, but it is not accessible to all. Technology can also be a contributing factor to mental health concerns. There are limited shelters for the unhoused. Shelters no longer take walk-ins and it can be difficult to find a place for someone to go (Travis Co.). There are very limited shelters for homeless mothers and babies that support recovery/rehab for

both mother and baby.	
Sectors Represented	Common Themes
• Maternal Health • Immigration navigation • Hospital social work, nursing, admin • Public Health • Parks and Recreation	• Navigation and coordination of care challenges for various populations • Limited resources that do not meet full demand for community • Need for person-centered care that takes into account a person's individual circumstances and culture
Meaningful Quotes	
<i>"There is accessibility but the barrier of trust is weighing in on why moms are late to care" (Travis County)</i> <i>"We have practitioners and capability to respond, but we don't have programs that help with financial resources and free appointments" (Hays County, Mental Health)</i>	

Community Survey

A survey was conducted by Baylor Scott and White Health to gather the self-reported health status and concerns of the Ascension Seton region. One hundred ninety-nine 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 Seton 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 11 counties that comprise Ascension Seton. Benchmarks of the United States average and Texas average were used to determine general performance of counties in the Ascension Seton region on each indicator.

Standard deviations to the Texas benchmark were calculated to indicate when the Ascension Seton 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. In the Ascension Seton region this step is particularly important because the counties with the largest populations often perform better than the state overall at the county level, however further analysis shows that there are wide disparities within the counties with people living in some census tracts experiencing much worse circumstances for healthy living and health outcomes.

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.

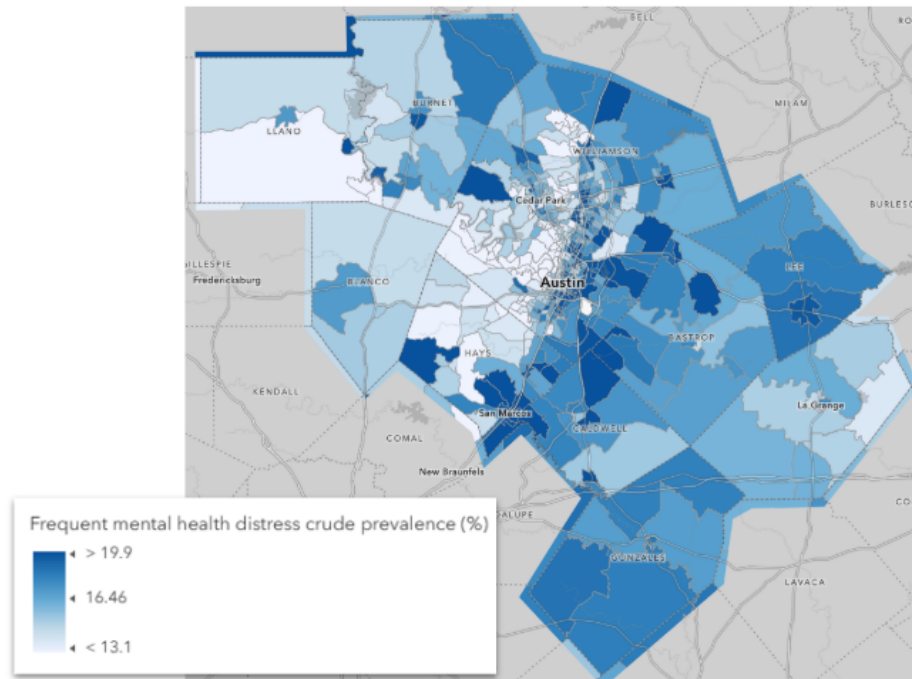
Health Outcomes:

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.⁵

In the Ascension Seton region, nine out of 11 counties reported significantly more poor mental health days than in Texas. Figure 6 shows the prevalence of frequent mental distress in the region by census tract. To zoom in for more detail, click the link in the map footnote to open an online version map.

⁵ *Health Outcomes*. County Health Rankings & Roadmaps. (2024). <https://www.countyhealthrankings.org/health-data/health-outcomes>

Figure 6: Frequent Mental Health Distress Crude Prevalence

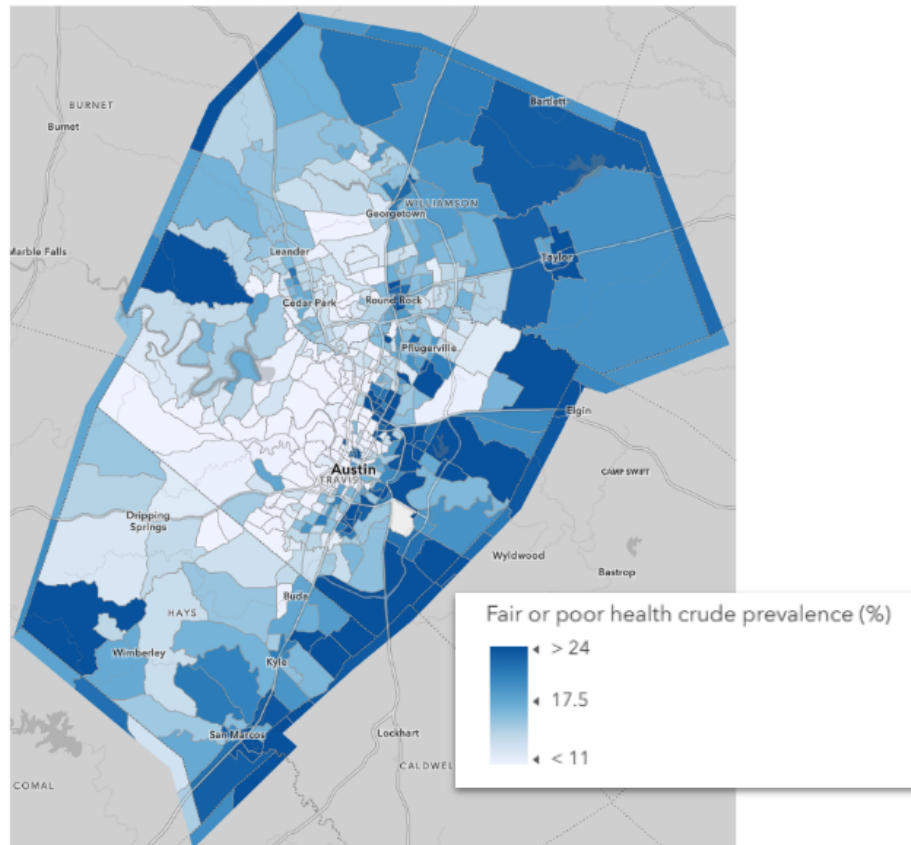


Source: PLACES: Local Data for Better Health, Centers for Disease Control and Prevention
 Link to Interactive online map: <https://tinyurl.com/MHDistressMap>

Seven out of 11 counties in the Ascension Seton region have a significantly higher proportion of deaths due to motor vehicle crashes than Texas, particularly in counties that are more rural. While none of the Ascension Seton counties have significantly high sexually transmitted infection (STI) rates, it is notable that in six out of eleven counties rates of sexually transmitted infections (STIs) are trending upward.

The data show disparities in outcomes by race for low birthweight, infant mortality, and premature death. Black residents in the region experience all three of these poor health outcomes at significantly higher rates than the Texas average. Geographic disparities also exist with regard to poor physical health days. Data for the three largest counties in the region, Travis, Williamson and Hays counties, show that overall these counties perform very well with regards to physical health. A closer look reveals significant disparities in physical health between census tracts within these communities with the census tracts east of I-35 generally experiencing worse physical health outcomes. To view an interactive map and zoom in further follow the link in the footnote of Figure 7.

Figure 7: Fair or Poor Health



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

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.⁶ They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress, and more.

Generally, the Ascension Seton region has a high median income compared to both Texas and the United States, with the three largest counties all having significantly higher median incomes than Texas. However, Gonzales County in the southeast part of the region has a significantly lower median income (\$57,523) than Texas (\$72,279). Gonzales County also has a significantly higher childcare cost burden than the Texas average. Families with two children in Gonzales County spend nearly 34% of the median family income on childcare.

Income disparities exist by racial and ethnic groups in the Ascension Seton region with Black residents experiencing poverty at disproportionately higher rates than the Texas average and their peers in

⁶ Social & Economic Factors. County Health Rankings & Roadmaps. (2024).
<https://www.countyhealthrankings.org/health-data/health-factors/social-economic-factors>

Fayette, Gonzales, Lee and Caldwell Counties, and Hispanic residents experiencing poverty at disproportionately higher rates in Lee and Llano counties. Rates for children in poverty throughout the region also show disparities between racial and ethnic groups with White children experiencing poverty significantly less often than the Texas average and their peers in Bastrop, Fayette, Lee, Hays, Burnet, Travis and Williamson counties. Hispanic children face significantly higher rates of poverty compared to their peers in Fayette, Gonzales, Lee and Caldwell Counties and Black children face poverty significantly more than their peers in Llano County.

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) presents data at the census level for various food access indicators in all of the Ascension Seton counties. The dashboard shows disparities in household food security, defined as access by all household members at all times to enough food for an active, healthy life, in many Ascension Seton counties. While food security rates for the county as a whole are not significantly worse than Texas, areas of Travis, Williamson, Hays and Caldwell counties experience higher levels of food insecurity. Disparities are also present by race and ethnicity with Black and Hispanic households experiencing food insecurity more often than their peers.

Figure 4 in the Demographic Data section of this report demonstrates 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.

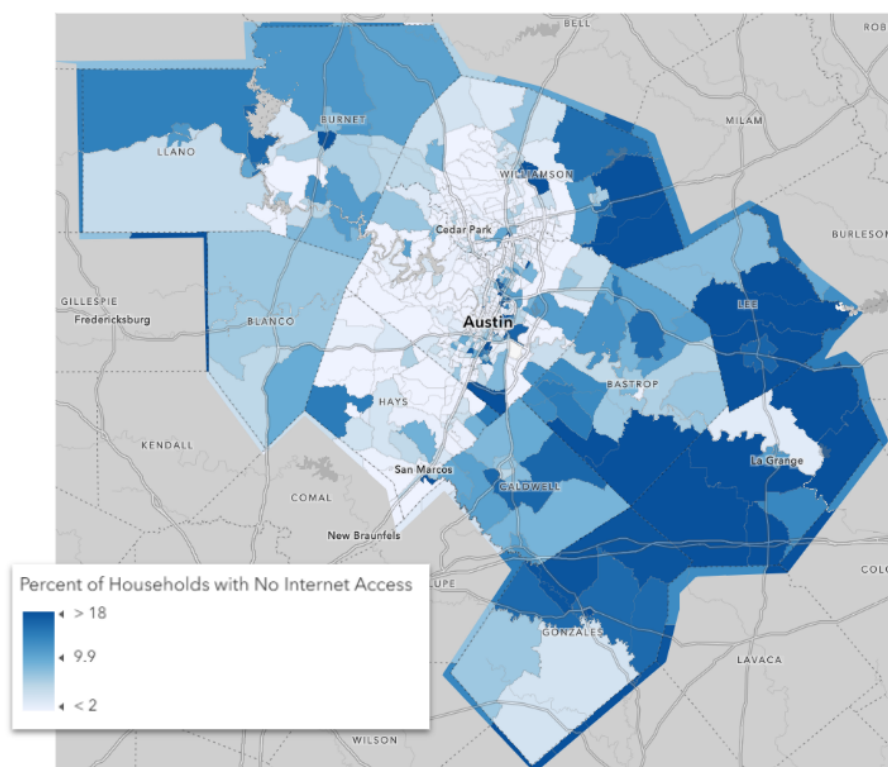
The two counties with the highest severe housing cost burden, defined as spending over 50% of household income on housing, are Hays (18%) and Travis (16%). While neither of these county indicators are significantly higher than Texas (14%), it is a substantial percent of the population spending over 50% of their income on housing. Hays and Travis along with Caldwell County also have the highest proportion of severe housing problems defined as overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

The ability to use the internet is a critical and growing part of the physical environment that affects health⁷. 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 8 shows the geographic

⁷ 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>

distribution of internet access in the Ascension Seton region, to zoom in further click the link in the footnote of the figure. Additionally, the proportion of people with broadband access in Fayette County (72%) and Lee County (81%) is significantly lower than the Texas average (88%).

Figure 8: 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.⁸

Texas has the highest uninsured rate of all 50 states for both adults and children⁹. While Travis, Williamson and Hays county all have lower uninsured rates than the state of Texas, they are each still substantially higher than the United States uninsured rate for both adults and children. The rate of uninsured adults under 65 years old is significantly higher in Caldwell and Gonzales Counties than in

⁸ Clinical Care. County Health Rankings & Roadmaps. (2024). <https://www.countyhealthrankings.org/health-data/health-factors/clinical-care>

⁹ Selected Characteristics of Health Insurance Coverage in the United States. American Community Survey. (2023). "Under 19", "19 to 64 years" and "65 years and older". [https://data.census.gov/chart/ACSST1Y2023.S2701?q=health%20UNINSURED%20TEXAS&q=010XX00US\\$0400000&type=column&measure=LINE12&consts=dimension~BOXHEAD5&sort=desc](https://data.census.gov/chart/ACSST1Y2023.S2701?q=health%20UNINSURED%20TEXAS&q=010XX00US$0400000&type=column&measure=LINE12&consts=dimension~BOXHEAD5&sort=desc)

Texas as a whole. The rate of uninsured children up to 18 years of age is significantly higher in Fayette, Gonzales, Llano and Blanco counties than Texas.

In Bastrop, Caldwell and Lee counties there are significantly less primary care providers per resident than the Texas benchmark. Additional counties within the Ascension Seton region where the ratio is trending toward fewer primary care providers compared to residents include Fayette, Gonzales and Llano. Texas in general has less mental health care providers to each resident than the United States benchmark. Travis County is the only county in the region that performs better than the United States benchmark and significantly better than the Texas Benchmark. Most counties in the Ascension Seton region have significantly less mental health providers per resident than the Texas benchmark (Bastrop, Burnet, Caldwell, Fayette, Gonzales, Llano, Lee and Blanco).

Screenings are critical for early identification of disease. For mammography screenings, Caldwell and Gonzales County residents are screened significantly less than the Texas benchmark. Additionally, in most counties in the region Hispanic residents receive mammography screenings significantly less than their peers.

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.¹⁰

Many rural counties in the Ascension Seton region including Bastrop, Burnet, Caldwell, Fayette, Gonzales, Lee and Blanco report significantly lower access to exercise opportunities than the Texas benchmark. Caldwell and Gonzales counties also report significantly less leisure time physical activity and higher obesity rates than Texas. 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.¹¹

Adult smoking rates are significantly higher than the Texas benchmark in Burnet, Caldwell, Fayette, Gonzales, Llano and Lee counties. Excessive drinking is significantly higher than the Texas benchmark in Travis and Hays counties, which both have a large state college. The alcohol impaired driving mortality rates in Bastrop and Llano are significantly higher than Texas as a whole.

¹⁰ *Health Behaviors. County Health Rankings & Roadmaps. (2024).*

<https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors>

¹¹ Springer, A. *Travis County Physical Activity Landscape Assessment: Exploring Needs, Assets & Opportunities for Active Living in Travis County.* October 15, 2024. Pg. 19.

Written Comments on Previous CHNA and Implementation Strategy

Ascension Seton'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>. No comments on the CHNA were received for Ascension Seton.

Data Limitations and Information Gaps

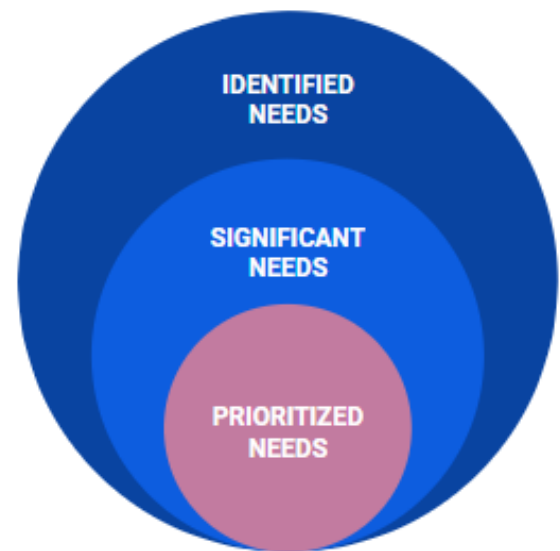
Although this report aims to be comprehensive, the community input and secondary data collection for this assessment cannot measure all possible aspects of health and cannot represent every possible population within Ascension Seton. This limits the ability to assess all the community's needs fully.

Despite the data limitations, Ascension Seton 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 Seton, 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 Seton. In collaboration with community partners, Ascension Seton 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 Seton 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 Seton 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 Seton 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

Workforce shortages, population growth and the ability for resources to meet the demand, general affordability and economic strain and navigation of systems were cross-cutting themes that are applicable to all of the significant needs identified.

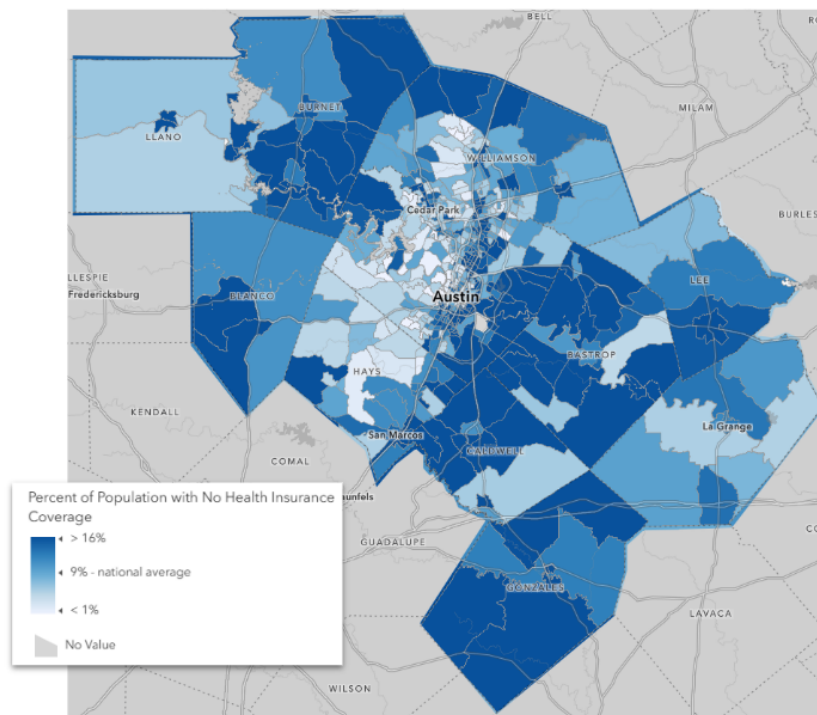
To view healthcare facilities and community resources available to respond to the significant needs, please see Appendix E.

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

Healthcare Access and Quality	
Significance	Populations Most Impacted
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.	● Rural and/or not served by public transportation ● Low-income ● Hourly workers with regular business hours ● People who speak a language other than English
Community Input Highlights	
In focus groups and interviews participants discussed various issues related to access to quality healthcare. The Ascension Seton region is geographically large and includes urban, suburban and rural areas. People in rural and suburban areas in particular noted that there are some specialties such as obstetrics, pediatricians, and longer-term overnight mental health care that are unavailable where they live, particularly for people who have Medicaid or are uninsured. Even in densely populated urban areas, for people who have Medicaid or are uninsured participants discussed challenges finding specialty providers in a timely manner. <i>"Not many OB providers in Bastrop - it means lots of travel. If delivering in a hospital, means automatically going to Austin. No birthing hospital in the county."</i> Time and transportation are common barriers to care. For people who work regular business hours it can be a challenge to find an appointment outside of that time. Transportation is also commonly discussed as a major barrier to accessing care whether that is not having a vehicle, having a vehicle that has to be shared by multiple family members, or living in an area that is not served by public transportation. <i>"The clinics are open during the day, so after hours appointments are difficult to schedule."</i> Having insurance and navigating 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. 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. <i>"Someone comes in the door and they have particular needs, for me, it's been like you have to have some folklore passed down to you to know. The only way that you could know unless you know all those people. So NAVIGATION is critical."</i> 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.	
Secondary Data Highlights	
Texas has the highest uninsured rate in the United States. All of the counties in the Ascension Seton 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. Figure 9 shows the geographic distribution of the population with no health insurance. Darker blue areas on the map show areas with higher uninsured rates.	

Figure 9: Geographic Distribution of Population with no Health Insurance



Source: American Community Survey Health Insurance Coverage Variables

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

Many of the Ascension Seton 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 Bastrop, Caldwell and Lee counties there are significantly fewer primary care providers per resident than the Texas benchmark and most counties in the Ascension Seton region have significantly fewer mental health providers per resident than the Texas benchmark (Bastrop, Burnet, Caldwell, Fayette, Gonzales, Llano, Lee and Blanco). Travis County has the highest ratio of primary and mental health providers. However, the providers in Travis 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 Austin for services.

Table 6: Significant Need - Mental and Behavioral Health

Mental and Behavioral Health	
Significance	Populations Most Impacted
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.¹² 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.¹³ 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.	• All ages • Post-partum • Trauma survivors
Community Input Highlights	
Mental health affects all ages and is consistently elevated as a significant concern among community health leaders. 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. <i>"We see a lot of people come into the ER who need help. We only have MCOT for unfunded people - they don't have unlimited amount of funds. We have no facilities in Hays. Everyone has to go to Travis or SA. It's a real burden when family members want to be close to check-in on their loved ones."</i> 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. <i>"The attrition in clinical or direct service care is HUGE. We have had to refer people outside of the psychiatric hospitals to Waco or Houston. The turnover in EVERY possible role (security to leadership) was constant. The MH field is the worst at providing MH support to their employees"</i>	
Secondary Data Highlights	
On average people in every Ascension Seton county experience more poor mental health days in the past 30 days than people in Texas. Additionally, Blanco and Llano counties have significantly higher suicide mortality rates per 100,000 population than the Texas and US rates.	

¹² 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.>

¹³ 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>

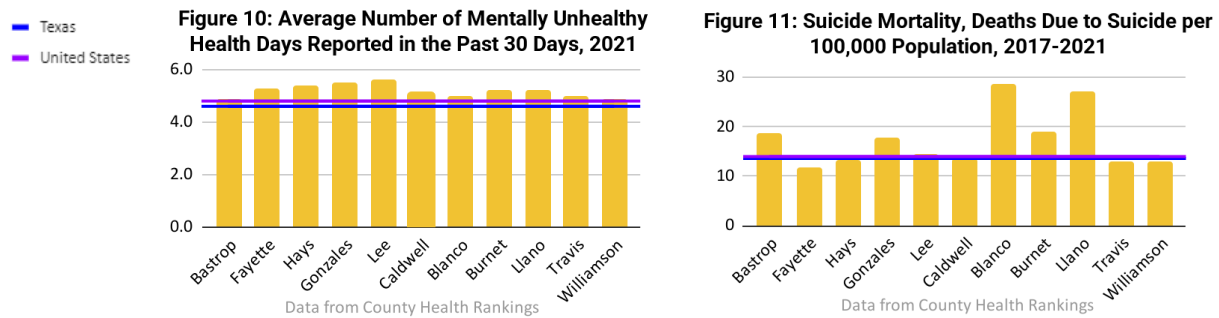
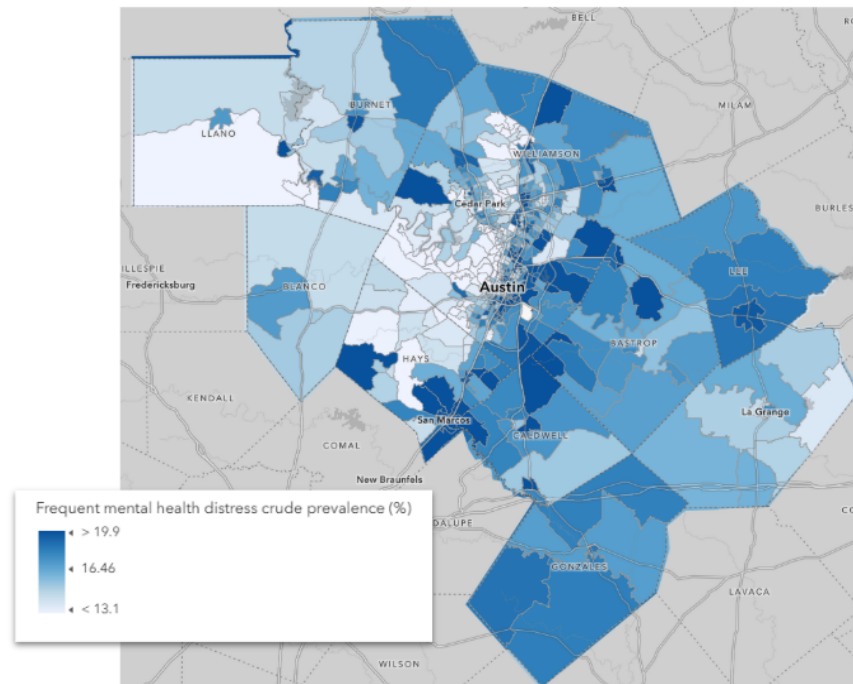


Figure 12 shows the geographic distribution of the population experiencing frequent mental health distress, defined as 14 or more mentally unhealthy days during the past 30 days. Darker blue areas on the map show areas with higher rates of frequent mental health distress.

Figure 12: 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 Seton 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

Social Determinants of Health	
Significance	Populations Most Impacted
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.¹⁴ 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.	• Low-income • Rural or otherwise underserved geographic areas • People who speak languages other than English
Community Input Highlights	
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. <i>"Cost of housing and lack of affordable child care. Everyone has to put all their money into their housing, but then can't put those resources into other needs."</i> 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. 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. <i>"I tell them that they can bring them to us, but one of the concerns from the principals was that most of her students' parents are undocumented— fear. I shared that we don't worry about that, people are really challenged by that. It's a barrier. It's very scary."</i> 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. <i>"Having more providers who speak Spanish is a huge issue. If you use translation, how good is that translation?"</i> The Ascension Seton region is rapidly 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. <i>"You have to live in a community to know how long we wait and how severe it might be before we bring it up and that when we do it means that we really need attention"</i>	

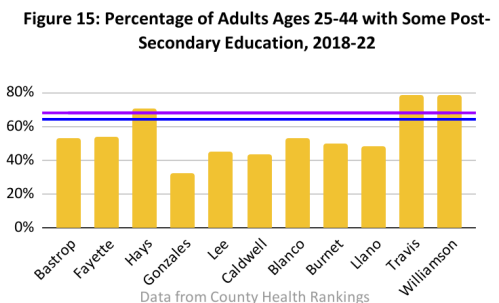
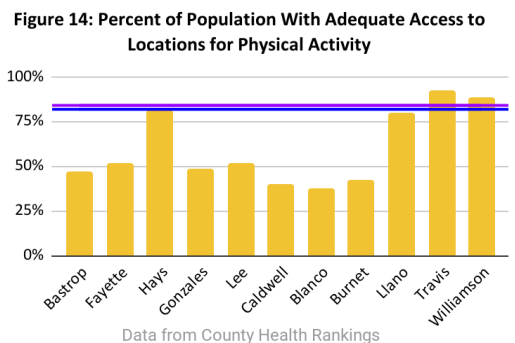
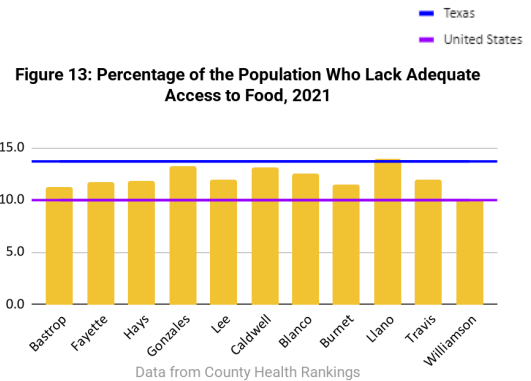
¹⁴ Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Priority Areas: Social Determinants of Health*. Retrieved February 12, 2025 from: <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>

Secondary Data Highlights

County Health Rankings data show rates of food insecurity are higher in all Ascension Seton 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.¹⁵ The map of central Texas food insecurity on the CTFB Food Access dashboard shows higher concentration of food insecurity along the Interstate-35 corridor and east of Interstate-35 throughout Hays, Travis and Williamson counties.

Neighborhood access to exercise opportunities is a factor in engaging in physical activity. County Health Rankings data show most counties in the Ascension Seton region have lower access to exercise opportunities than both Texas and the United States. Even though Travis County has the highest access to exercise opportunities in the region, 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.¹⁶

Higher education levels are linked to healthier and longer lives.¹⁷ 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 Seton region people in Travis, Williamson and Hays counties attend some college more often than in Texas and the United States, while people in the rural areas of the region attend some college at much lower rates.



¹⁵ Central Texas Food Bank. Food Access. <https://www.centraltxfoodsystem.org/food-access>

¹⁶ Springer, A. *Travis County Physical Activity Landscape Assessment: Exploring Needs, Assets & Opportunities for Active Living in Travis County*. October 15, 2024. Pg. 19.

¹⁷ U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. *Healthy People 2030: Education Access and Quality*. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality>

Table 8: Significant Need - Maternal and Child Health

Maternal and Child Health	
Significance	Populations Most Impacted
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. ¹⁸	• Perinatal women • Infants & children
Community Input Highlights	
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. There are well known and persistent disparities in birth outcomes for Black mothers and babies. 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. 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. <i>"An issue for parents and business & industry. Workers in the childcare industry make hardly anything. It is a true crisis. Children get left at home at very young ages. Functionally not being addressed at all"</i> 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. 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.	
Secondary Data Highlights	
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.¹⁹ 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.²⁰ 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.²¹ 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	

¹⁸ 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>

¹⁹ 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>

²⁰ 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>

²¹ 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%).²² Some risk factors for maternal mortality include birth spacing, mental health, pre-pregnancy weight status, hypertension and diabetes and smoking.

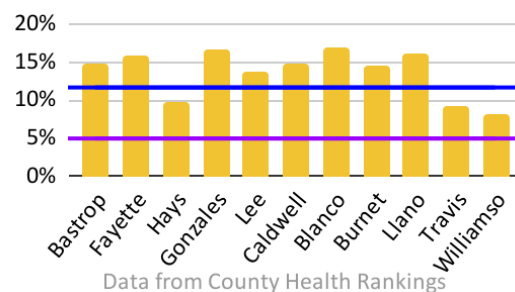
Severe maternal morbidity (SMM) is the unintended outcome of labor and delivery that results in significant consequences to a mother's health. In 2021, the most recent year reviewed, the Texas SMM rate was 85.5 cases per 10,000 hospital deliveries. Black women experience the greatest burden of SMM in 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).²³

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.²⁴ 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.²⁵

As seen in Table D1 in Ascension Seton counties with available data, infant mortality is lower than Texas and the United States. However, 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.²⁶ 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. Travis, Williamson and Hays 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 Seton region have higher rates of uninsured children than Texas.

Figure 16: Percentage of children under age 19 without health insurance, 2021



²² 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>

²³ 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>

²⁴ 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>

²⁵ Centers for Disease Control. 2024. Drowning Prevention Drowning Data.

<https://www.cdc.gov/drowning/data-research/index.html#:~:text=More%20children%20ages%201%2D4.4%2C000A%20unintentional%20drowning%20deaths>

²⁶ 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.	All people
Community Input Highlights	
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. <i>"Immunizations for children – it's a huge deal. Certain grade levels have to have certain immunizations. And the other is physicals. We talk about children, but a lot of schools and community colleges, colleges, won't let people register."</i> 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. Accessible and culturally relevant information can help people know how to prevent and or manage chronic disease. 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.	
Secondary Data Highlights	
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.²⁷ Vaccines prevent serious illness, hospitalizations and deaths from vaccine-preventable disease.²⁸ 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. Figure 17 shows vaccination coverage levels for Kindergarten students by Ascension Seton County for the 2023-24 school year against a trendline representing 95% coverage, the CDC recommended coverage levels for measles vaccines.²⁹ Within Ascension Seton, Blanco, Burnet and Travis Counties fall well below the recommended 95% coverage rate.	

²⁷ National Safety Council. 2023. *Top 10 Preventable Injuries*.

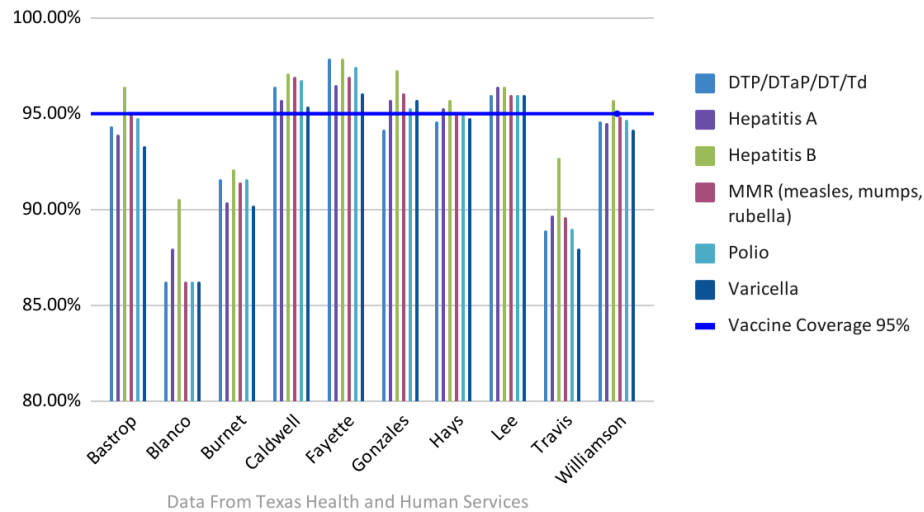
<https://injuryfacts.nsc.org/all-injuries/deaths-by-demographics/top-10-preventable-injuries/>.

²⁸ Texas Health and Human Services. (2025). Vaccines. <https://www.dshs.texas.gov/immunizations/public/vaccines>

²⁹ 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*.

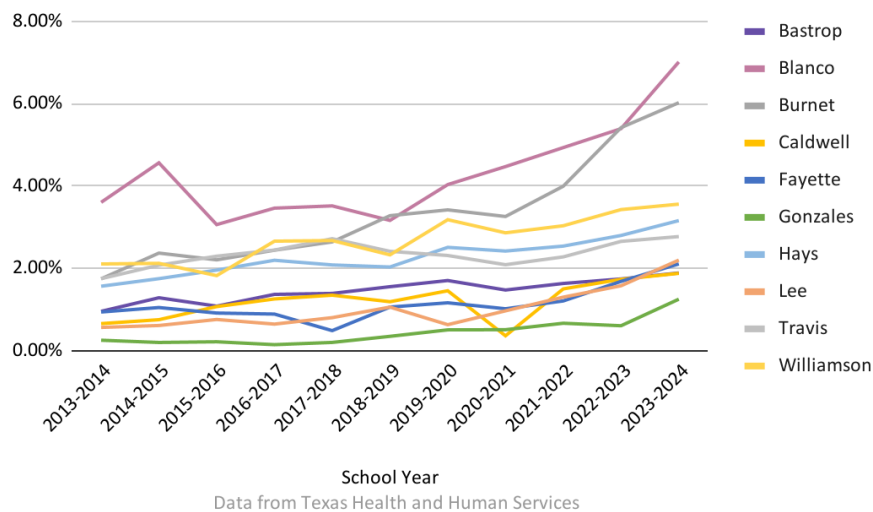
<https://www.cdc.gov/mmwr/volumes/73/wr/mm7341a3.htm#:~:text=Nationwide%2C%20vaccination%20coverage%20among%20children,to%2014%20in%202023%E2%80%9324>.

Figure 17: School Vaccination Coverage Levels at Kindergarten 2023-2024 School Year



Rates of vaccine exemptions have increased in every county within Ascension Seton's service area over the past 10 school years, as shown in Figure 18, which over time would be expected to lead to vaccination coverage rates to drop further.

Figure 18: 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 all Ascension Seton Counties (Figure 19) are lower than the U.S. benchmark and the majority of counties are also lower than the Texas benchmark. There are differences in mammography screening rates by race and ethnicity shown in Figure 20 showing lower screening rates for Hispanic women in many of the Ascension Seton counties.

Figure 19: Percentage of Female Medicare Enrollees Ages 65-74 Who Received an Annual Mammography Screening, 2021

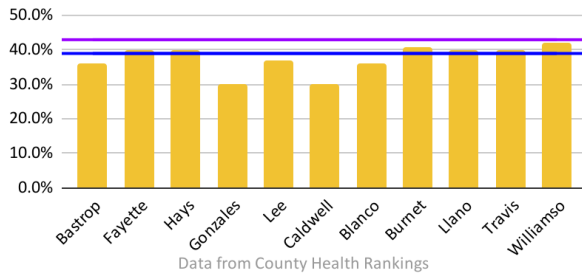


Figure 20: Percentage of Female Medicare Enrollees Ages 65-74 Who Received Annual Mammography, by Race and Ethnicity

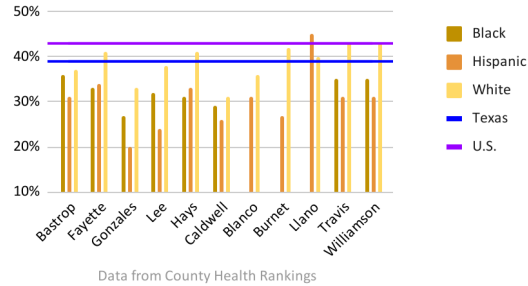
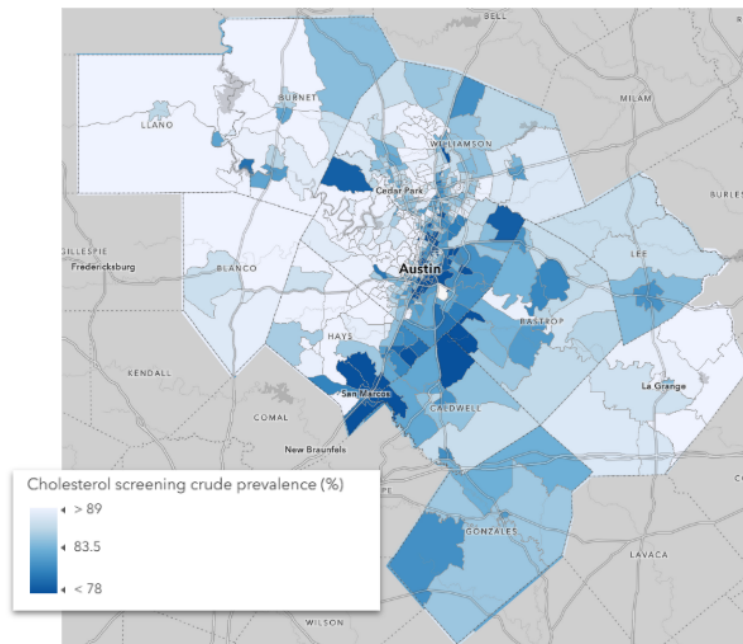


Figure 21 shows the geographic distribution of adults over 18 years of age in the Ascension Seton service area who have received a blood-cholesterol screening in the previous five years. The dark blue represents where the need is highest, and in this case lower prevalence of screening.

Figure 21: 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 Toolkit³⁰:

- 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 Seton, 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 Seton 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.

³⁰ 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 Seton Edgar B. Davis 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, and Health Equity. Highlights from Ascension Seton Edgar B. Davis's previous implementation strategy include:

This year at Ascension Seton Edgar B. Davis, associates helped 410 patients apply for prescription assistance through pharmaceutical company programs.. Additionally, Ascension Seton Edgar B. Davis operates 6 rural health clinics, increasing access points to primary care in communities designated as shortage areas.

The Ascension Seton system of hospitals is dedicated to improving access to care in the community we serve through partnerships and investments. Ascension Seton operates the primary teaching hospitals at Dell Medical School at The University of Texas at Austin in service of developing the best providers to serve the growing central Texas population. Additional donations to The University of Texas At Austin School of Nursing helped to create a nursing endowment which will attract the best teachers and students to continue meeting our community's demand for high quality healthcare into the future.

Through an in-kind donation of space to an FQHC Ascension Seton supports a Care Connections Clinic serving individuals with complex needs, particularly serving homeless individuals as a walk-in clinic. In the most recent Fiscal Year, Ascension Seton supported Access to Care in the community through \$1.2 million in community benefit donations to nonprofit partners including, but not limited to, the Health Alliance for Austin Musicians, Lone Star Circle of Care and The John Paul II Life Center.

Ascension Edgar B. Davis has accomplished new workflows which ensure that psychiatric evaluations are available to patients in medical units to enable appropriate mental health referrals. In the most recent Fiscal Year, Ascension Seton supported mental health services in the community through \$25,000 in community benefit donations to non-profit mental health providers.

Ascension Edgar B. Davis 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 Seton Edgar B. Davis has conducted 1,623 social determinants of health surveys of which 8.9% identified a need. In the last Fiscal Year, Ascension Seton supported nonprofit partners to address social determinants of health

including housing and other basic needs in the community through over \$1 million of community benefit donations.

Training on cultural humility was developed and is a new requirement for all new associates. In the most recent Fiscal Year Ascension Seton supported Health Equity through \$40,000 in community benefit donations to organizations who work toward improving healthcare services for populations experiencing health disparities.

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 Seton

To ensure Ascension Seton'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 Seton 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 Seton 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 Seton 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 Seton 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 Seton 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 A: Definitions and Terms

Catholic Health Association of United States (CHA) “is recognized nationally as a leader in community benefit planning and reporting.”³¹ 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://www.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.

³¹ 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 Seton 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 Seton	Texas	United States	Description
Total Population	2,441,149	29,243,342	331,097,593	Resident population, 2022
Population Change 2013 - 2022	+27.4%	+14.1%	+6.3%	Calculated using ACS 5-year Estimates for total population in 2013 and 2022
Rural	16.1%	16.3%	25%	Percentage of population living in a census-defined rural area, 2020
Female	49.5%	50.0%	50.4%	Percentage of population that is female according to the Census, 2022
Male	50.5%	50.0%	49.6%	Percentage of population that is male according to the Census, 2022
Veteran	4.9%	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 Veteran Population: American Community Survey 5-year estimate 2022, Table DP02				

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 Seton	Texas	United States	Description
White	51.1%	40.1%	58.9%	Percentage of population that is Non-Hispanic White, 2022
Hispanic	32.1%	39.9%	18.7%	Percentage of population that is Hispanic, 2022
Black	6.7%	11.8%	12.1%	Percentage of population that is Non-Hispanic Black, 2022
Some Other Race	0.4%	0.3%	0.4%	Percentage of population that is Non-Hispanic and Some Other Race than those listed, 2022
Asian	6.0%	5.1%	5.7%	Percentage of population that is Non-Hispanic Asian, 2022
Two or More Races	3.4%	2.6%	3.5%	Percentage of population that is Non-Hispanic and Two or More Races, 2022

American Indian & Alaska Native	0.1%	0.2%	0.6%	Percentage of population that is Non-Hispanic American Indian & Alaska Native, 2022
Native Hawaiian & Pacific Islander	0.04%	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 Spoken at Home	Ascension Seton	Texas	United States	Description
English Only	72.8%	64.9%	78.3%	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	1.2%	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	0.6%	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 Seton	Texas	United States	Description
Median Age (Years)	36.2	35.2	38.5	The age which half the people are younger than this and half are older, 2022
Under 18	22.2%	25.3%	22.1%	Percent population below 18 years of age, 2022
65+	12.2%	12.9%	16.5%	Percent population ages 65 and over, 2022
<i>Data source: American Community Survey 5-year Estimate 2022, Table DP05</i>				

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 Seton	Texas	United States	Description
Median Household Income	\$93,167	\$72,279	\$74,800	The income where half of households in a county earn more and half of households earn less, 2022.
Per Capita Income	\$49,177	\$37,514	\$41,261	Per capita income and benefits in inflation-adjusted dollars, 2022.
Poverty	10.2%	13.9%	12.5%	Percentage of population living below the Federal Poverty Line, 2022 (ACS 5-year est)
ALICE Households	24.9%	29.0%	29.0%	Asset Limited, Income Constrained, Employed households, 2021 (https://www.unitedforalice.org/)
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 UnitedforALICE.org				

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 Seton	Texas	United States	Description
High School Completion	90.9%	85.2%	89.1%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
Bachelor's Degree or Higher	30.0%	20.7%	20.9%	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 Seton	Texas	United States	Description
Uninsured	15.7%	20.3%	10%	Percentage of population under age 65 without health insurance.
<i>Data source: County Health Rankings, 2024. Obtained from Small Area Health Insurance Estimates, 2021.</i>				

Appendix C: Community Input Data and Sources

Focus Groups

Focus Group Participants

The table below represents focus groups conducted on behalf of Ascension Seton by Alpinsta Consulting. Additional community input was collected by partners St. David's Foundation and Baylor Scott and White Health and shared with Ascension Seton for analysis. St. David's Foundation shared themes from five community-based dialogue sessions in Bastrop (1 Spanish), Caldwell (1 Spanish, 1 English) and Hays (1 Spanish, 1 English) and three community-based storytelling sessions in Williamson and Travis counties. Baylor Scott and White Health shared themes from three regional focus groups.

Table C1: Focus Group Participants

Focus Groups	Organizations & Sectors Represented	Number of Participants	Number of Focus Groups
Travis County	Integral Care, Austin Child Guidance Center, Austin Public Health, Mission Accomplished, The United Way, Catholic Charities, Black Men's Health Clinic, Lone Star Circle of Care, Lirios Pediatrics, Dell Children's hospital staff, Austin Asian Community Health Initiative, Central Texas Food Bank, Any Baby Can, NAMI Central Texas, El Buen Samaritano, The Rosedale Foundation, Avance Austin, ECHO	26	4
Williamson County	Pathways Community Hub, Lone Star Circle of Care, Opportunities for Williamson & Burnet Counties, The United Way, Williamson County and Cities Health District, Catholic Charities, Dell Children's hospital staff and physician	7	1
Hays County	Hays County Food Bank, El Buen Samaritano, Community Action, Inc., Dell Medical School at The University of Texas, Ascension Seton Hays case management	5	1
Burnet, Blanco and Llano Counties	Burnet County staff and commissioner, Blanco County EMS, Blanco school district, Foundation Communities Prosper Health program	4	1
Caldwell and Gonzales Counties	Medicaid recipients	4	1
Bastrop, Fayette and Lee Counties	Lone Star Circle of Care Bastrop, Bluebonnet Trails Community Services, Bastrop Public Health	5	1

	Department		
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 Seton 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

Table C2: Interview Participants

Key Informant	Sector
Donna Nichols	Bastrop County Public Health
Davin Bjornaas	City of Austin Parks Department
Matthew Gonzales	Hays County Public Health
James Smith	Smithville Hospital Administration
Fanny Rojas-Castle	Hospital Social Work
Cosmo Lin	Children's Hospital Nurse
Rebecca Lightsey	Immigration Support
Ebony Williams	Women's Health Equity

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 Seton 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 Seton'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

A 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 Seton as part of a collaborative effort to share community input between local hospital partners to reduce duplication and survey fatigue. 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:** This section explains why we monitor and track these measures in a community and how it relates to health.
- **County vs. State:** Describes how the county's most recent data for the health issue compares to state.
- **Top US Counties:** The best 10 percent of counties in the country. 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	Travis	Williamson	Hays	TX	US	Top US Counties	Description
Length of Life							
Premature Death	5,448.1 	4,840.6 	5,529.2 	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*	80.6	81.0	79.8	77.2	77.6	-	Average number of years people are expected to live. Data from 2019-2021.
Infant Mortality	3.7	4.1	3.9	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	14.1%	13.1%	16.6%	17.9%	14%	13%	Percent of adults reporting fair or poor health (age-adjusted). Data from 2021.
Poor Physical Health Days	3.1	2.9	3.4	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*	9.3%	8.9%	10.5%	10.4%	10%	-	Percentage of adults reporting 14 or more days of poor physical health per month. Data from 2021.
Low Birthweight	7.5%	7.5%	7.2%	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	5.0	4.9	5.4	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*	14.5%	14.6%	15.8%	14.1%	15%	-	Percent of adults reporting 14 or more days of poor mental health per month (age-adjusted). Data from 2021.
Suicide	13.0	13.0	13.3	13.6	14	-	Number of deaths due to suicide per 100,000 population (age-adjusted).. Data from 2017-2021.
Safety							
Injury Death Rate	61.4	43.0	51.1	63.0	80	64	Number of deaths due to injury per 100,000 population.

Homicides	3.9	1.8	3.8	6.3	6	-	Number of deaths due to homicide per 100,000 population.
Firearm Fatalities*	9.7	9.0	10.8	13.4	13	-	Number of deaths due to firearms per 100,000 population.
Motor Vehicle Crash Deaths	10.1	8.5	12.0	13.5	12	-	Number of motor vehicle crash deaths per 100,000 population. Data from 2015-2021.
Morbidity							
Diabetes prevalence	9.3%	8.8%	10.6%	11.0%	10%	-	Percent of adults aged 20 and above with diagnosed diabetes (age-adjusted). Data from 2021.
Cancer Incidence*	419.0	445.1	437.0	424.5	444	-	New cases of cancer for every 100,000 people. Data from 2017-2021.
Communicable Disease							
HIV Prevalence	473.2	181.6	198.2	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	662.5	265.5	434.2	506.8	495.5	151.7	Number of newly diagnosed chlamydia cases per 100,000 population. Data from 2021.

Data Sources for Health Outcomes Tables:

- All metrics in this table were obtained from County Health Rankings & Roadmaps in 2024 unless otherwise noted. <https://www.countyhealthrankings.org/health-data>
 - Cancer Incidence Data: U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2023 submission data (2017-2021); U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://gis.cdc.gov/Cancer/USCS/#/StateCountyTerritory/>, 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

Medium Population Counties

Indicators	Bastrop	Burnet	Caldwell	TX	US	Top US Counties	Description
Length of Life							
Premature Death	8,377.4	8,027.4	8,907.3	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*	77.4	77.4	75.8	77.2	77.6	-	Average number of years people are expected to live. Data from 2019-2021.
Infant Mortality	4.2	-	-	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	18.3%	16.8%	22.4%	17.9%	14%	13%	Percent of adults reporting fair or poor health (age-adjusted). Data from 2021.

Poor Physical Health Days	3.6	3.7	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*	11.4%	11.2%	13.1%	10.4%	10%	-	Percentage of adults reporting 14 or more days of poor physical health per month. Data from 2021.
Low Birth Weight	7.4%	7.9%	8.9%	8.5%	8%	6%	The percent of babies born with low birthweight (less than 2,500 grams). Data from 2016-2022.
Mental Health							
Poor Mental Health Days	4.9	5.2	5.1	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*	16.1%	16.9%	17.2%	14.1%	15%	-	Percent of adults reporting 14 or more days of poor mental health per month (age-adjusted). Data from 2021.
Suicide	18.8	19.0	13.5	13.6	14	-	Number of deaths due to suicide per 100,000 population (age-adjusted). Data from 2017-2021.
Safety							
Injury Death Rate	85.2	83.5	69.5	63.0	80	64	Number of deaths due to injury per 100,000 population.
Homicides	6.0	3.9	6.0	6.3	6	-	Number of deaths due to homicide per 100,000 population.
Firearm Fatalities*	15.0	15.6	13.6	13.4	13	-	Number of deaths due to firearms per 100,000 population.
Motor Vehicle Crash Deaths	29.2	22.7	22.9	13.5	12	-	Number of motor vehicle crash deaths per 100,000 population. Data from 2015-2021.
Morbidity							
Diabetes prevalence	11.0%	9.9%	12.8%	11.0%	10%	-	Percent of adults aged 20 and above with diagnosed diabetes (age-adjusted). Data from 2021.
Cancer Incidence*	433.9	445.8	404.9	424.5	444	-	New cases of cancer for every 100,000 people. Data from 2017-2021.
Communicable Disease							
HIV Prevalence	258.8	148.8	230.3	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	425.2	237.5	438.1	506.8	495.5	151.7	Number of newly diagnosed chlamydia cases per 100,000 population. Data from 2021.

Smallest Population Counties

Indicators	Fayette	Gonzales	Llano	Lee	Blanco	TX	US	Top US Counties	Description
Length of Life									
Premature Death	8,898.3 ●	9,430.1 ●	10,128.2 ●	9,294.4 ●	7,848.0 ●	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*	77.4	75.1	77.1	76.4	78.7	77.2	77.6	-	Average number of years people are expected to live. Data from 2019-2021.
Infant Mortality	-	-	-	-	-	6.0	6	-	Number of all infant deaths (within 1 year) per 1,000 live births. Data from 2015-2021.
Physical Health									
Poor or Fair Health	17.3%	23.9%	15.9%	20.2%	15.8%	17.9%	14%	13%	Percent of adults reporting fair or poor health (age-adjusted). Data from 2021.
Poor Physical Health Days	3.7	4.3	3.7	4.1	3.5	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*	11.3%	13.8%	11.0%	12.7%	10.7%	10.4%	10%	-	Percentage of adults reporting 14 or more days of poor physical health per month. Data from 2021.
Low Birth Weight	7.6%	8.2%	8.8%	8.0%	6.0%	8.5%	8%	6%	The percent of babies born with low birthweight (less than 2,500 grams). Data from 2016-2022.
Mental Health									
Poor Mental Health Days	5.3	5.5	5.2	5.6	5.0	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*	16.9%	18.0%	16.9%	18.0%	16.4%	14.1%	15%	-	Percent of adults reporting 14 or more days of poor mental health per month (age-adjusted). Data from 2021.
Suicide	11.9	17.8	27.1	14.4	28.9	13.6	14	-	Number of deaths due to suicide per 100,000 population (age-adjusted). Data from 2017-2021.
Community Safety									
Injury Death Rate	85.6	76.6	116.0	97.0	82.5	63.0	80	64	Number of deaths due to injury per 100,000 population.
Homicides	-	-	-	-	-	6.0	6	-	Number of deaths due to homicide per 100,000 population.
Firearm Fatalities*	13.5	14.5	23.0	-	20.2	13.4	13	-	Number of deaths due to firearms per 100,000 population.
Motor Vehicle Crash Deaths	24.9	27.0	23.5	34.0	15.9	13.5	12	-	Number of motor vehicle crash deaths per 100,000 population. Data from 2015-2021.

Morbidity									
Diabetes prevalence	10.0%	13.2%	9.3%	11.6%	9.4%	11.0%	10%	-	Percent of adults aged 20 and above with diagnosed diabetes (age-adjusted). Data from 2021.
Cancer Incidence*	412.6	455.3	416.9	432.2	438.2	424.5	444	-	New cases of cancer for every 100,000 people. Data from 2017-2021.
Communicable Disease									
HIV Prevalence	150.2	168.8	167.9	145.4	104.6	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	198.5	539.7	195.7	389.7	143.0	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	Travis	Williamson	Hays	TX	US	Top US Counties	Description
Economic Stability							
Median Household Income	\$95,151	\$101,891	\$89,074	\$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	2.8%	2.9%	3.0%	3.9%	3.7%	2.3%	Percentage of population ages 16 and older unemployed but seeking work. Data from 2022.
Poverty	11.3%	6.3%	12.9%	13.9%	12.5%	-	Percentage of population living below the Federal Poverty Line. Data from 2018-2022.
Childhood Poverty	11.7%	6.5%	7.9%	19.2%	16%	10%	Percentage of people under age 18 in poverty. Data from 2022.
Income Inequality	4.5	3.6	4.7	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	90.8%	94.1%	90.9%	85.2%	89%	94%	Percentage of adults ages 25 and over with a high school diploma or equivalent. Data from 2018-2022.

Some College	78.4%	78.6%	70.2%	64.2%	68%	74%	Percentage of adults ages 25-44 with some post-secondary education. Data from 2018-2022.
Social/Community							
Social Associations	8.8	6.0	5.8	7.4	9.1	18	Number of membership associations per 10,000 population. Data from 2021.
Disconnected Youth*	4.5%	5.9%	5.7%	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*	6.7	6.5	13.3	10.1	-	-	Rate of delinquency cases per 1,000 juveniles. Data from 2024.
Family and Social Support							
Child Care Cost Burden	22.0%	19.6%	22.4%	26.4%	27%	-	Child care costs for a household with two children as a percent of median household income. Data from 2022-2023.
Access to Healthy Foods							
Food Environment Index	7.8	7.8	8.1	5.9	7.7	8.9	Index of factors that contribute to a healthy food environment, 0-worst 10-best. Data from 2019 & 2021.
Food Insecurity	11.9%	10.1%	11.8%	13.7%	10%	-	Percentage of population who lack adequate access to food. Data from 2021.
Limited Access to Healthy Foods	5.3%	8.7%	2.4%	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. https://www.countyhealthrankings.org/health-data - Poverty: American Community Survey Table DP03 5-year Estimates, 2022							

Medium Population Counties

Indicator	Bastrop	Burnet	Caldwell	TX	US	Top US Counties	Description
Economic Stability							
Median Household Income	\$73,403	\$74,897	\$60,833	\$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	3.3% 	3.0% 	3.5% 	3.9%	3.7%	2.3%	Percentage of population ages 16 and older unemployed but seeking work. Data from 2022.
Poverty	11.9%	7.8%	14.0%	13.9%	12.5%	-	Percentage of population living below the Federal Poverty Line. Data from 2018-2022.
Childhood Poverty	17.5% 	13.9% 	20.7% 	19.2%	16%	10%	Percentage of people under age 18 in poverty. Data from 2022.

Income Inequality	4.3	3.9	3.9	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	83.1%	88.4%	80.3%	85.2%	89%	94%	Percentage of adults ages 25 and over with a high school diploma or equivalent. Data from 2018-2022.
Some College	53.0%	50.0%	43.2%	64.2%	68%	74%	Percentage of adults ages 25-44 with some post-secondary education. Data from 2018-2022.
Social/Community							
Social Associations	6.4	12.4	8.5	7.4	9.1	18	Number of membership associations per 10,000 population. Data from 2021.
Disconnected Youth*	7.8%	-	19.5%	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*	8.6	15.6	27.5	10.1	-	-	Rate of delinquency cases per 1,000 juveniles. Data from 2021.
Family and Social Support							
Child Care Cost Burden	27.2%	26.7%	32.8%	26.4%	27%	-	Child care costs for a household with two children as a percent of median household income. Data from 2022-2023.
Access to Healthy Foods							
Food Environment Index	7.9	7.7	7.4	5.9	7.7	8.9	Index of factors that contribute to a healthy food environment, 0-worst 10-best. Data from 2019 & 2021.
Food Insecurity	11.3%	12.6%	13.1%	13.7%	10%	-	Percentage of population who lack adequate access to food. Data from 2021.
Limited Access to Healthy Foods	5.6%	6.8%	6.9%	8.3%	6%	-	Percentage of population who are low-income and do not live close to a grocery store. Data from 2019.

Smallest Population Counties

Indicator	Fayette	Gonzales	Llano	Lee	Blanco	TX	US	Top US Counties	Description
Economic Stability									
Median Household Income	\$70,476	\$57,523	\$59,528	\$65,911	\$82,236	\$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	3.5% ●	3.2% ●	3.8% ●	3.5% ●	2.8% ●	3.9%	3.7%	2.3%	Percentage of population ages 16 and older unemployed but seeking work. Data from 2022.

Poverty	10.2%	13.1%	11.3%	13.2%	9.8%	13.9%	12.5%	-	Percentage of population living below the Federal Poverty Line. Data from 2018-2022.
Childhood Poverty	15.4% ●	22.9% ●	22.7% ●	18.0% ●	13.3% ●	19.2%	16%	10%	Percentage of people under age 18 in poverty. Data from 2022.
Income Inequality	4.5	4.8	4.5	4.5	4.5	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	89.9%	77.4%	91.5%	86.5%	90.3%	85.2%	89%	94%	Percentage of adults ages 25 and over with a high school diploma or equivalent. Data from 2018-2022.
Some College	53.5%	32.7%	48.4%	45.0%	53.0%	64.2%	68%	74%	Percentage of adults ages 25-44 with some post-secondary education. Data from 2018-2022.
Social/Community									
Social Associations	20.7	11.2	10.5	10.2	11.8	7.4	9.1	18	Number of membership associations per 10,000 population. Data from 2021.
Disconnected Youth*	-	-	-	-	-	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*	15.0	21.4	-	11.3	-	10.1	-	-	Rate of delinquency cases per 1,000 juveniles. Data from 2021.
Family and Social Support									
Child Care Cost Burden	28.3%	25.9%	33.6%	30.3%	24.3%	26.4%	27%	-	Child care costs for a household with two children as a percent of median household income. Data from 2022-2023.
Access to Healthy Foods									
Food Environment Index	7.8	6.2	6.5	7.6	8.1	5.9	7.7	8.9	Index of factors that contribute to a healthy food environment, 0-worst 10-best. Data from 2019 & 2021.
Food Insecurity	11.7%	13.3%	14.0%	12.0%	12.6%	13.7%	10%	-	Percentage of population who lack adequate access to food. Data from 2021.
Limited Access to Healthy Foods	5.6%	17.5%	13.3%	6.4%	1.0%	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	Travis	Williamson	Hays	TX	US	Top US Counties	Description
Physical Environment							
Severe Housing Cost Burden	15.6%	11.3%	17.5%	14.1%	14%	-	Percentage of households that spend 50% or more of their household income on housing. Data from 2018-2022.
Severe Housing Problems	18.0%	12.6%	19.0%	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*	2,374	89	210	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*	9.5 	9.9 	9.8 	8.6	7.4	5	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). Data from 2019.
Homeownership*	52.9%	67.7%	62.8%	62.4%	65%	-	Percentage of occupied housing units that are owned. Data from 2018-2022.
Broadband Access	92.6%	95.1%	91.1%	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/health-data>
- Travis County Homelessness data: 2023 Point-in-Time Count Results, Ending Community Homelessness (ECHO). https://www.austinecho.org/wp-content/uploads/2021/12/Point-in-Time-Presentation_Report-2023_FINAL.pdf
- Other Counties 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/>
- 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. Obtained in 2024 from: <https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf>

Medium Population Counties

Indicator	Bastrop	Burnet	Caldwell	TX	US	Top US Counties	Description
Physical Environment							
Severe housing cost burden	11.2%	11.3%	11.1%	14.1%	14%	-	Percentage of households that spend 50% or more of their household income on housing. Data from 2018-2022.
Severe Housing Problems	16.4%	12.6%	19.5%	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*	96	-	-	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*	9.5 	8.9 	9.5 	8.6	7.4	5	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). Data from 2019.
Homeownership*	77.8%	79.4%	71.5%	62.4%	65%	-	Percentage of occupied housing units that are owned. Data from 2018-2022.
Broadband Access	84.2%	89.0%	85.4%	88.4%	88%	-	Percentage of households with broadband internet connection. Data from 2018-2022.
Data Notes: ^ Bastrop County and Lee County Homeless data represents both counties together							

Smallest Population Counties

Indicator	Fayette	Gonzales	Llano	Lee	Blanco	TX	US	Top US Counties	Description
Physical Environment									
Severe housing cost burden	9.5%	9.8%	10.7%	13.7%	10.6%	14.1%	14%	-	Percentage of households that spend 50% or more of their household income on housing. Data from 2018-2022.
Severe Housing Problems	10.5%	16.3%	15.5%	17.0%	12.6%	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*	-	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 	9.3 	8.5 	9.2 	8.7 	8.6	7.4	5	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5). Data from 2019.
Homeownership*	81.3%	67.0%	78.8%	78.1%	78.0%	62.4%	65%	-	Percentage of occupied housing units that are owned. Data from 2018-2022.
Broadband Access	72.2% 	81.2%	86.7%	80.7% 	87.2%	88.4%	88%	-	Percentage of households with broadband internet connection. Data from 2018-2022.
Data Notes: ^ 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	Travis	Williamson	Hays	TX	US	Top US Counties	Description
Healthcare Access							
Uninsured	15.0% 	13.3% 	16.4% 	20.3%	10%	6%	Percentage of population under age 65 without health insurance. Data from 2021.
Uninsured Adults	17.0%	15.6%	19.0%	24.1%	12%	-	Percentage of adults under age 65 without health insurance. Data from 2021.
Uninsured children	9.2%	8.1%	9.7%	11.7%	5%	-	Percentage of children under age 19 without health insurance. Data from 2021.
Primary Care Physicians	1,194:1 	1,465:1 	2,260:1 	1,657:1	1,330:1	1,030:1	Ratio of population to primary care physicians. Data from 2021.
Mental Health Providers	271:1	610:1	811:1	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*	4,660:1	11,435:1	17,152:1	11,349:1	-	-	Ratio of the population to psychiatrists in 2024.
Dentists	1,313:1 	1,638:1 	2,564:1 	1,590:1	1,360:1	1,180:1	Ratio of population to dentists. Data from 2022.

Hospital Utilization							
Preventable Hospital Stays	2,272 ●	2,102 ●	1,976 ●	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*	51% ●	49% ●	47% ●	43%	46%	53%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. Data from 2021.
Mammography Screenings	40% ●	42% ●	40% ●	39%	43%	52%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. Data from 2021.
Data Sources for Clinical Care 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 - Psychiatrists Data: Texas Department of State Health Services, Health Professions Resource Center, Psychiatrists, 2024. Obtained in 2024 from: https://healthdata.dshs.texas.gov/dashboard/health-care-workforce/hprc/health-profession-supply							

Medium Population Counties

Indicator	Bastrop	Burnet	Caldwell	TX	US	Top US Counties	Description
Healthcare Access							
Uninsured	22.8% ●	21.7% ●	25.4% ●	20.3%	10%	6%	Percentage of population under age 65 without health insurance. Data from 2021.
Uninsured Adults	26.5%	24.5%	29.5%	24.1%	12%	-	Percentage of adults under age 65 without health insurance. Data from 2021.
Uninsured children	14.9%	14.6%	14.8%	11.7%	5%	-	Percentage of children under age 19 without health insurance. Data from 2021.
Primary Care Physicians	4,252:1 ●	2,426:1 ●	3,899:1 ●	1,657:1	1,330:1	1,030:1	Ratio of population to primary care physicians. Data from 2021.
Mental Health Providers	1,455:1	1,313:1	1,139:1	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*	45,601:1	16,816:1	-	11,349:1	-	-	Ratio of the population to psychiatrists in 2024.
Dentists	2,794:1 ●	2,019:1 ●	3,190:1 ●	1,590:1	1,360:1	1,180:1	Ratio of population to dentists. Data from 2022.

Hospital Utilization							
Preventable Hospital Stays	2,524 ●	2,133 ●	3,187 ●	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*	39% ●	41% ●	41% ●	43%	46%	53%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. Data from 2021.
Mammography Screenings	36% ●	41% ●	30% ●	39%	43%	52%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. Data from 2021.

Smallest Population Counties

Indicator	Fayette	Gonzales	Llano	Lee	Blanco	TX	US	Top US Counties	Description
Healthcare Access									
Uninsured	20.5% ●	26.8% ●	22.9% ●	22.9% ●	20.0% ●	20.3%	10%	6%	Percentage of population under age 65 without health insurance. Data from 2021.
Uninsured Adults	22.4%	31.7%	25.1%	26.2%	21.1%	24.1%	12%	-	Percentage of adults under age 65 without health insurance. Data from 2021.
Uninsured children	16.0%	16.8%	16.2%	13.8%	17.0%	11.7%	5%	-	Percentage of children under age 19 without health insurance. Data from 2021.
Primary Care Physicians	3,086:1 ●	2,455:1 ●	1,465:1 ●	4,427:1 ●	2,377:1 ●	1,657:1	1,330:1	1,030:1	Ratio of population to primary care physicians. Data from 2021.
Mental Health Providers	2,265:1	3,305:1	1,503:1	2,244:1	2,484:1	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*	13,417:1	21,936:1	-	-	-	11,349:1	-	-	Ratio of the population to psychiatrists in 2024.
Dentists	1,916:1 ●	2,204:1 ●	1,878:1 ●	4,489:1 ●	3,105:1 ●	1,590:1	1,360:1	1,180:1	Ratio of population to dentists. Data from 2022.
Hospital Utilization									
Preventable Hospital Stays	2,681 ●	2,518 ●	1,984 ●	3,073 ●	1,888 ●	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*	44% ●	37% ●	36% ●	47% ●	36% ●	43%	46%	53%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. Data from 2021.
Mammography Screenings	40% ●	30% ●	40% ●	37% ●	36% ●	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	Travis	Williamson	Hays	TX	US	Top US Counties	Description
Healthy Life							
Adult Obesity	28.0%	32.0%	30.2%	36.2%	34%	32%	Percentage of adults that report BMI >= 30. Data from 2021.
Physical Inactivity	18.5%	19.4%	23.8%	24.9%	23%	20%	Percentage of adults that report no leisure-time physical activity. Data from 2021.
Access to Exercise Opportunities	92.3%	88.7%	81.2%	81.8%	84%	90%	Percentage of the population with access to places for physical activity. Data from 2020, 2022 & 2023.
Insufficient Sleep*	30.4%	32.3%	30.2%	33.4%	33%	-	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted). Data from 2020.
Substance Use and Misuse							
Adult Smoking	10.7%	11.0%	13.7%	13.3%	15%	14%	Percentage of adults who are current smokers (age-adjusted). Data from 2021.
Excessive Drinking	23.0%	18.0%	20.6%	18.3%	18%	13%	Percentage of adults that report excessive drinking. Data from 2021.
Alcohol-Impaired Driving Deaths	25.4% ●	23.1% ●	27.3% ●	25.2%	26%	10%	Percentage of driving deaths with alcohol involvement. Data from 2017-2021.
Drug Overdose Mortality Rate	16.8	9.0	8.7	14.0	27	-	Number of drug poisoning deaths per 100,000 population. Data from 2019-2021.

Opioid Hospital Visits*	120.6	72.6	78.4	71.9	-	-	Rate of Opioid-related Hospital Visits per 100,000 Visits in 2021 (DSHS)
Sexual Health							
Teen Births	18.9	10.0	13.2	24.3	17	9	Births per 1,000 females ages 15-19. Data from 2016-2022.
Data Sources for Health Behaviors Tables: - All metrics in this table were obtained from County Health Rankings & Roadmaps in 2024 unless otherwise noted. https://www.countyhealthrankings.org/health-data - Opioid Hospital Visits data: Texas Department of State Health Services (DSHS), 2021. Obtained in 2024 from https://healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/opioids/opioid-related-emergency-department-visits							

Medium Population Counties

Indicator	Bastrop	Burnet	Caldwell	TX	US	Top US Counties	Description
Healthy Life							
Adult Obesity	36.7%	35.9%	40.8%	36.2%	34%	32%	Percentage of adults that report BMI >= 30. Data from 2021.
Physical Inactivity	25.6%	24.3%	31.7%	24.9%	23%	20%	Percentage of adults that report no leisure-time physical activity. Data from 2021.
Access to Exercise Opportunities	47.4%	42.1%	40.0%	81.8%	84%	90%	Percentage of the population with access to places for physical activity. Data from 2020, 2022 & 2023.
Insufficient Sleep*	34.8%	35.7%	34.0%	33.4%	33%	-	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted). Data from 2020.
Substance Use and Misuse							
Adult Smoking	15.8%	16.0%	17.3%	13.3%	15%	14%	Percentage of adults who are current smokers (age-adjusted). Data from 2021.
Excessive Drinking	19.9%	18.3%	17.5%	18.3%	18%	13%	Percentage of adults that report excessive drinking. Data from 2021.
Alcohol-Impaired Driving Deaths	38.4% 	27.5% 	18.2% 	25.2%	26%	10%	Percentage of driving deaths with alcohol involvement. Data from 2017-2021.
Drug Overdose Mortality Rate	13.1	13.4	-	14.0	27	-	Number of drug poisoning deaths per 100,000 population. Data from 2019-2021.
Opioid Hospital Visits*	60.3	-	-	71.9	-	-	Rate of Opioid-related Hospital Visits per 100,000 Visits in 2021 (DSHS)
Sexual Health							
Teen Births	27.4	24.7	34.0	24.3	17	9	Births per 1,000 females ages 15-19. Data from 2016-2022.

Smallest Population Counties

Indicator	Fayette	Gonzales	Llano	Lee	Blanco	TX	US	Top US Counties	Description
Healthy Life									
Adult Obesity	36.3%	39.8%	35.0%	37.9%	35.5%	36.2%	34%	32%	Percentage of adults that report BMI >= 30. Data from 2021.
Physical Inactivity	24.8%	32.9%	22.9%	28.1%	23.0%	24.9%	23%	20%	Percentage of adults that report no leisure-time physical activity. Data from 2021.
Access to Exercise Opportunities	51.9%	48.6%	79.5%	52.0%	37.7%	81.8%	84%	90%	Percentage of the population with access to places for physical activity. Data from 2020, 2022 & 2023.
Insufficient Sleep*	35.3%	35.4%	33.5%	35.9%	33.0%	33.4%	33%	-	Percentage of adults who report fewer than 7 hours of sleep on average (age-adjusted). Data from 2020.
Substance Use and Misuse									
Adult Smoking	16.4%	18.5%	15.9%	18.8%	15.1%	13.3%	15%	14%	Percentage of adults who are current smokers (age-adjusted). Data from 2021.
Excessive Drinking	16.8%	16.6%	15.1%	17.4%	17.6%	18.3%	18%	13%	Percentage of adults that report excessive drinking.
Alcohol-Impaired Driving Deaths	12.0% 	22.7% 	42.3% 	27.6% 	19.2% 	25.2%	26%	10%	Percentage of driving deaths with alcohol involvement
Drug Overdose Mortality Rate	-	-	-	-	-	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)
Sexual Health									
Teen Births	19.1	37.5	33.7	25.5	12.4	24.3	17	9	Births per 1,000 females ages 15-19. Data from 2016-2022.

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.

Table D6: Health Outcomes

Large and Medium Population Counties

Indicator	Travis	Williamson	Hays		Bastrop	Burnet	Caldwell	Texas
Premature Death: Years of potential life lost before age 75 per 100,000 population (age-adjusted). Smaller is better.								
Overall	276.5	252.7	285.8		405.5	391.5	469.2	403.3
Asian	120	96	-		-	-	-	-
Black	478.6	332.9	419.6		525.4	-	680.0	-
Hispanic	283.6	224.5	315.1		359.6	291.1	457.7	-
White	266.0	275.1	279.9		421.9	422.6	474.3	-
Low birthweight: Percentage of live births with low birthweight (<2,500 grams)								
Overall	7.5%	7.5%	7.2%		7.4%	7.9%	8.9%	8.5%
Asian	9.2%	8.8%	10.0%		-	-	-	-
Black	13.7%	13.4%	12.1%		10.1%	25.6%	15.3%	-
Hispanic	7.4%	7.2%	7.8%		7.4%	6.4%	9.1%	-
White	6.1%	6.5%	5.9%		7.0%	8.2%	7.8%	-

Infant Mortality Rate: Number of all infant deaths (within 1 year) per 1,000 live births.								
Overall	4.1	3.7	3.9		4.2	-	-	5.6
Asian	2.5	-	-		-	-	-	-
Black	8.9	6.4	-		-	-	-	-
Hispanic	4.2	3.1	3.6		-	-	-	-
White	3.1	3.8	3.8		-	-	-	-
Injury Deaths: Injury Mortality Rate per 100,000 population.								
Overall	61.4	43.0	51.1		85.2	83.5	69.5	63.0
Asian	22.8	11.9	-		-	-	-	-
Black	81.5	47.4	70.7		53.7	-	-	-
Hispanic	42.1	24.8	32.5		69.4	40.0	50.6	-
White	79.1	55.9	66.2		104.1	101.9	102.2	-
Motor Vehicle Crash Deaths: Number of motor vehicle crash deaths per 100,000 population.								
Overall	10.1	8.5	12.0		29.2	22.7	22.9	13.5
Asian	3.1	-	-		-	-	-	-
Black	16.5	14.5	20.4		29.0	-	-	-
Hispanic	11.8	8.2	10.1		34.1	13.3	24.4	-
White	9.1	9.0	13.3		26.7	26.5	22.1	-

Small Population Counties

Indicator	Fayette	Gonzales	Llano	Lee	Blanco	Texas
Premature Death: Years of potential life lost before age 75 per 100,000 population (age-adjusted). Smaller is better.						
Overall	398.6	532.6	456.1	415.7	343.6	403.3
Black	1,044.7	780.9	-	761.4	-	-
Hispanic	379.0	495.3	379.1	427.2	265.8	-
White	369.5	541.8	457.3	352.2	373.3	-
Low birthweight: Percentage of live births with low birthweight (<2,500 grams)						
Overall	7.6%	8.2%	8.8%	8.0%	6.0%	8.5%
Black	17.2%	14.5%	-	15%	-	-
Hispanic	6.5%	7.0%	7.9%	7.4%	-	-
White	7.1%	10.0%	9.1%	7.8%	-	-
Infant Mortality Rate: Not available for these counties by Race						
Injury Deaths: Injury Mortality Rate per 100,000 population						
Overall	85.6	76.6	116.0	96.9	82.5	63.0
Black	134.2	-	-	179.1	-	-
Hispanic	54.7	47.0	-	85.5	-	-
White	93.1	121.1	-	89.6	-	-

Motor Vehicle Crash Deaths: Number of motor vehicle crash deaths per 100,000 population.						
Overall	24.9	27.0	23.5	34.0	15.9	13.5
Hispanic	26.5	27.0	-	41.3	-	-
White	20.8	26.9	-	26.2	-	-

Table D7: Social and Economic Factors
Large and Medium Population Counties

Indicator	Travis	Williamson	Hays		Bastrop	Burnet	Caldwell	Texas
Poverty: Percentage of population living below the Federal Poverty Line. Data from 2018-2022.								
Overall	11.3%	6.3%	12.9%		11.9%	7.8%	14.0%	13.9%
Black	16.9%	12.2%	20.2%		16.6%	8.5%	39.2%	-
Hispanic	16.5%	8.6%	14.5%		16.5%	9.5%	15.9%	-
White	10.0%	5.7%	12.4%		8.3%	7.8%	12.4%	-
Childhood Poverty: Percentage of people under age 18 in poverty.								
Overall	11.7%	6.5%	7.9%		17.5%	13.9%	20.7%	19.2%
American Indian and Alaskan Native	26.9%	15.8%	-		25.7%	-	-	-
Asian	5.7%	3.3%	18.4%		-	-	-	-
Black	22.7%	9.5%	16.3%		24.4%	8.4%	20.2%	-
Hispanic	21.8%	19.5%	12.6%		21.2%	18.6%	49.1%	-
White	4.8%	3.7%	4.5%		7.0%	10.2%	12.5%	-

Median Household Income: The income where half of households in a county earn more and half of households earn less.								
Overall	\$95,151	\$101,891	\$89,074		\$73,403	\$74,897	\$60,833	\$72,279
American Indian and Alaskan Native*	\$70,522	\$74,156	\$98,582		-	-	-	-
Asian	\$114,322	\$146,756	\$77,243		\$123,849	-	\$96,683	-
Black	\$65,307	\$77,435	\$68,578		\$71,250	\$59,833	\$27,266	-
Hispanic	\$71,741	\$88,084	\$68,651		\$74,618	\$54,489	\$67,601	-
White	\$109,559	\$106,308	\$88,976		\$83,440	\$76,624	\$69,988	-

Small Population Counties

Indicator	Fayette	Gonzales	Llano	Lee	Blanco	Texas
Poverty: Percentage of population living below the Federal Poverty Line. Data from 2018-2022.						
Overall	10.2%	13.1%	11.3%	13.2%	9.8%	13.9%
Black	37.1%	26.9%	5.0%	24.4%	14.3%	-
Hispanic	13.1%	13.9%	29.6%	26.9%	12.5%	-
White	8.2%	12.0%	8.9%	8.4%	9.4%	-
Childhood Poverty: Percentage of people under age 18 in poverty.						
Overall	15.4%	22.9%	22.7%	18.0%	13.3%	19.2%
Black	16.4%	14.5%	34.2%	22.0%	25.2%	-
Hispanic	44.2%	54.8%	-	46.1%	-	-
White	6.2%	11.4%	13.6%	3.1%	12.8%	-

Median Household Income: The income where half of households in a county earn more and half of households earn less.						
Overall	\$70,476	\$57,523	\$59,528	\$65,911	\$82,236	\$72,279
American Indian and Alaskan Native	-	-	-	-	\$128,333	-
Black	\$18,310	\$75,234	-	\$43,214	-	-
Hispanic	\$73,186	\$65,505	\$43,222	\$43,254	\$62,197	-
White	\$76,452	\$61,360	\$67,506	\$72,488	\$82,560	-

Table D8: Clinical Care
Large and Medium Population Counties

Indicator	Travis	Williamson	Hays		Bastrop	Burnet	Caldwell	Texas
Preventable Hospital Stays: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.								
Overall	2,272	2,102	1,976		2,524	2,133	3,187	2,933
Asian	1,154	899	6,467		-	-	-	-
Black	4,818	2,845	1,671		3,275	-	3,376	-
Hispanic	2,633	2,000	1,974		1,829	2,935	3,830	-
White	1,969	2,057	1,926		2,453	2,008	2,645	-
Mammography screening: Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening								
Overall	40%	42%	40%		36%	41%	30%	39%
Asian	34%	36%	35%		33%	-	-	-
Black	35%	35%	31%		36%	-	29%	-

Hispanic	31%	31%	33%		31%	27%	26%	-
White	43%	43%	41%		37%	42%	31%	-
Flu Vaccinations*: Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination								
Overall	51%	49%	47%		39%	41%	41%	43%
Asian	53%	50%	47%		30%	25%	-	-
Black	34%	37%	37%		35%	29%	39%	-
Hispanic	39%	39%	39%		36%	34%	38%	-
White	54%	50%	48%		39%	42%	42%	-

Small Population Counties

Indicator	Fayette	Gonzales	Llano	Lee	Blanco	Texas
Preventable Hospital Stays: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.						
Overall	2,681	2,518	1,984	3,073	1,888	2,933
Black	9,573	1,502	-	3,111	-	-
Hispanic	-	2,384	-	-	-	-
White	2,289	2,020	-	3,181	-	-
Mammography screening: Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening						
Overall	40%	30%	40%	37%	36%	39%
Black	33%	27%	-	32%	-	-
Hispanic	34%	20%	45%	24%	31%	-
White	41%	33%	40%	38%	36%	-

Flu Vaccinations*: Percentage of fee-for-service Medicare enrollees who had an annual flu vaccination						
Overall	44%	37%	36%	47%	36%	43%
Black	32%	24%	-	48%	-	-
Hispanic	32%	31%	16%	30%	17%	-
White	45%	39%	36%	48%	37%	-

Table D9: Health Behaviors
Large and Medium Population Counties

Indicator	Travis	Williamson	Hays		Bastrop	Burnet	Caldwell	Texas
Teen Births: Number of births per 1,000 female population ages 15-19.								
Overall	18.9	10.0	13.2		27.4	24.7	34.0	24.3
Asian	0.8	-	-		-	-	-	-
Black	24.3	13.1	9.1		20.1	-	-	-
Hispanic	34.3	16.9	23.5		34.2	34.9	42.5	-
White	3.8	6.2	4.1		16.8	19.3	20.5	-

Small Population Counties

Indicator	Fayette	Gonzales	Llano	Lee	Blanco	Texas
Teen Births: Number of births per 1,000 female population ages 15-19.						
Overall	19.1	37.5	33.7	25.5	12.4	24.3
Black	27.3	-	-	36.6	-	-
Hispanic	24.3	46.2	29.1	30.4	18.2	-
White	12.3	22.2	35.7	20.0	9.5	-

Appendix E: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension Seton 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 Seton Region

Categories/Categorías:



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



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



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



[Stress/Estrés](#)



[Transportation/Transporte](#)



[Financial Resources/Recursos Financieros](#)



[Utilities/Servicios Públicos](#)



[Employment Resources/Recursos de Empleo](#)



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



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



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



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



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



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



[Pest Control/Control de Plagas](#)

Behavioral health		Recursos de Salud Mental	
<i>English</i>		<i>Spanish</i>	
UT Health Reproductive Psych Clinic	833-882-2737	Clínica Psiquiatría Reproductiva de UT	833-882-2737
Suicide Hotline	Text 988 800-273-TALK (8255)	Línea de Prevención del Suicidio	Texto 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
Integral Care /Psychiatric Emergency Services	512-472-HELP (4357)	Integral Care /Servicios de Emergencia Psiquiátrica	512-472-HELP (4357)
Lifeworks	512-735-2100	Lifeworks	512-735-2100
Hill Country MHDD (Comal, Hays counties)	877-466-0660	Hill Country (Comal, Hays counties)	877-466-0660
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)		Primary & Specialty Care: Federally Qualified Health Centers (FQHCs)	
English		Spanish	
CommUnity Care (Travis, Bastrop counties)	Appointments: 512-978-9015 Pediatrics: 512-744-6000 OB/GYN: 512-978-8700	CommUnity Care (Travis, Bastrop counties)	Equipo: 512-978-9015 Pediátrica: 512-744-6000 OB/GYN: 512-978-8700
Lone Star Circle of Care (Travis, Williamson, Burnet, Bastrop counties)	1-877-800-5722	Lone Star Circle of Care (Travis, Williamson, Burnet, Bastrop counties)	1-877-800-5722
People's Community Clinic (Travis county)	512-478-4939	People's Community Clinic (Travis county)	512-478-4939
Central Health (Travis county)	512-978-8000	Central Health (Travis county)	512-978-8000
Communicare Health Centers (Hays county)	210-233-7000	Communicare Health Centers (Hays county)	210-233-7000
Community Health Centers of South Central Texas (Bastrop, Caldwell counties)	800-343-1577	Community Health Centers of South Central Texas (Bastrop, Caldwell counties)	800-343-1577
Tejas Health Care (Fayette, Lee counties)	979-968-2000	Tejas Health Care (Fayette, Lee counties)	979-968-2000

Intimate Partner Violence

English

24 Hour Hotline/SAFE Alliance	512-267-SAFE (7233) Text 737-888-7233
Hays-Caldwell Women's Center	512-396-HELP (4357)
Hope Alliance (Williamson County)	800-460-7233
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

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Violencia de Pareja

Spanish

Línea directa las 24 Hras./SAFE Alliance	512-267-SAFE (7233) Texto 737-888-7233
Hays-Caldwell Women's Center	512-396-HELP (4357)
Hope Alliance (Williamson County)	800-460-7233
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

Stress

English

Managing Stress Tips	LINK
Caregiver Support Groups	LINK

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Estrés

Spanish

Consejos para manejar el estrés	ENLACE
Grupo de apoyo para cuidadores	ENLACE

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
Capital Metro	512-389-7454	Capital Metro	512-389-7454
CARTS	512-456-RIDE (7433)	CARTS	512-456-RIDE (7433)

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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

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Food / Meals

English

For the latest information on food help in Central Texas, go to the Central Texas Food Bank website at <https://www.centraltexasfoodbank.org/get-help>.

If you need more information about food or other community services, call 2-1-1 Texas by dialing 211 or 877-541-7905.

Servicios de Comidas

Spanish

Para obtener la información más reciente sobre la ayuda para adquirir alimentos en el centro de Texas, visite el sitio web del *Central Texas Food Bank* en <https://www.centraltexasfoodbank.org/get-help>.

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.

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Education (GED)

English

Austin Community College Adult Education	512-223-5123
Lifeworks	512-735-2400
Community Action, Inc	512-392-1161
The Learning Center	512-326-8655 ext 136 Text 512-953-3099
Goodwill Excel Center	512-637-7580
Youth Build (Ages 16-24)	512-744-1900

Recursos de Educación (GED)

Spanish

Austin Community College Adult Education	512-223-5123
Lifeworks	512-735-2400
Community Action, Inc	512-392-1161
The Learning Center	512-326-8655 ext 136 Texto 512-953-3099
Goodwill Excel Center	512-637-7580
Youth Build (Edades 16-24)	512-744-1900

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Housing / Eviction

English

Sunrise Navigation Center (Mon - Fri 9am - 1pm)	512-522-1097
Downtown Austin Community Court (Weds 12pm - 4pm)	512-974-4879
Casa Marianella	512-385-5571
Annunciation Maternity Home	512-864-7755
Austin Women's and Children's Shelter	512-933-0600
Foundation Communities	512-610-7392
Find Help	www.findhelp.org
211 Texas	211 or www.211texas.org

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Servicios del Alojamiento/Desalojos

Spanish

Sunrise Navigation Center (Lun-Vier 9am-1pm)	512-522-1097
Downtown Austin Community Court (Mier 12pm - 4pm)	512-974-4879
Casa Marianella	512-385-5571
Casa Maternidad Annunciation	512-864-7755
Refugio Para Mujeres y Niños (Salvation Army)	512-933-0600
Foundation Communities	512-610-7392
Find Help	www.findhelp.org
211 Texas	211 or www.211texas.org

Homeless Services

English

If you need immediate help finding shelter	Call 211
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Servicios Para Personas Sin Hogar

Spanish

Si necesita ayuda immediate para encontrar refugio	Llame al 211
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Utilities

English

Family Support Services	512-854-2130
City of Austin Plus 1	LINK

Servicios Públicos

Spanish

Family Support Services	512-854-2130
City of Austin Plus 1	ENLACE

Employment Resources

English

Workforce Solutions (North Career Center)	512-381-5100
Workforce Solutions (East Career Center)	512-381-4200
City of Austin Employment Assistance Centers	512-978-JOBS (5627)
Caritas of Austin	ENLACE
Austin Area Urban League	ENLACE
Goodwill	512-637-7580

Recursos de Empleo

Spanish

Workforce Solutions (North Career Center)	512-381-5100
Workforce Solutions (East Career Center)	512-381-4200
City of Austin Employment Assistance Centers	512-978-JOBS (5627)
Caritas of Austin	ENLACE
Austin Area Urban League	ENLACE
Goodwill	512-637-7580

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Maternal / Child Health		Salud Maternoinfantil	
<i>English</i>		<i>Spanish</i>	
Any Baby Can	512-454-3743	Any Baby Can	512-454-3743
Mama Sana	833-658-2558	Mama Sana	833-658-2558
GALS	512-934-2171	GALS	512-934-2171
Mom's Place (Lactation Support)	512-972-6700	Mom's Place (apoyo de lactancia)	512-972-6700
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 Texto 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
Strong Start	512-264-4100	Strong Start	512-264-4100
Healthy Families Travis County	512-854-4862	Healthy Families Travis County	512-854-4862
Loving Parents	LINK	Loving Parents	ENLACE

Health and Human Services & FQHCs

English

Austin Public Health	512-972-5000
Travis County Health & Human Services	512-854-4120
Hays County Health Department	512-393-5520
Williamson County and Cities Health District	512-943-3600

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Salud y Servicios Humanos & FQHCs

Spanish

Austin Public Health	512-972-5000
Travis County Health & Human Services	512-854-4120
Hays County Health Department	512-393-5520
Williamson County and Cities Health District	512-943-3600

Pest Control

English

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

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Control de Plagas

Spanish

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

The resources in this guide were generated from Neighborhood Resource.
Los recursos de esta guía se generaron usando *Neighborhood Resource*.

[Click here](#) or scan the QR code below to search for more resources by zip code:

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.

Scan the QR code or search
NeighborhoodResource.FindHelp.com
from your internet browser.



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 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 Seton Edgar B. Davis'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
Offer hospital and community-based education and assistance with health resources to improve access to services for community members	1) Assist patients in applying for pharmaceutical assistance programs to obtain reduced cost medication 2) Provide community outreach including vaccinations and health education	Ongoing	Ascension Seton Edgar B. Davis associates assist patients with applications for pharmaceutical assistance through pharmaceutical companies. With the help of Seton Edgar B. Davis associates in fiscal year 2024, 410 patients obtained \$1,818,783 worth of pharmaceuticals provided by manufacturers' prescription assistance programs. Ascension Seton Edgar B. Davis provides public and professional trauma and injury prevention education to the community and other educational opportunities specific to the patient population served. Additionally, Ascension Seton provides emergency preparedness education in community settings for community members and first responders.
Increase access points and capacity for primary care	1) For program areas including: 1) Remote monitoring of chronic conditions, 2)	Inactive/Complete	The scope for the integrated care structure project was reduced and the

services utilizing an integrated care structure for triage and scheduling for both in person and telehealth visits	Post-ER Discharge Monitoring, 3) Post hospitalization monitoring, 4) CHA Remote Monitoring, 5) COPD Remote Monitoring, 6) Diabetic Care Remote Monitoring, create dashboard to measure program impact and establish metrics and goal targets by partnering with hospital emergency departments and Ascension clinics 2) Optimize remote patient monitoring for a broad array of health conditions, for a broader array of eligible populations.	Scope of program reduced, no longer taking referrals	program is not taking hospital referrals at this time. The model is still being utilized for Ascension Medical Group patients with specific conditions including congestive heart failure, hypertension, and hypertension in high risk pregnant people.
Increase access points and capacity for primary care services at four Rural Health Clinics	Provide access to primary care services in rural communities through four Rural Health Clinics (RHC)	Ongoing	Rural health clinics associated with Ascension Seton Edgar B. Davis continue to provide needed access to primary care. In Ascension's fiscal year 2024, these rural health clinics provided over 50,000 visits for members of the community.

PRIORITY NEED		Mental Health	
STRATEGY	ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Improve network of care for Mental and Behavioral Health through access to psychiatric consultations	Provide psychiatric consults in ED when requested	Ongoing	Psychiatric consultations continue to be available virtually in all Ascension Seton Emergency Departments including Ascension Seton Edgar B. Davis. A third party platform is being utilized in order to meet capacity demands.

PRIORITY NEED	Social Determinants of Health/Social Needs		
STRATEGY	ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Connect patients with social needs to community resources	Connect patients screened for social needs, including women currently screened for food security, with services through Neighborhood Resources	Ongoing	All Ascension Seton Edgar B. Davis inpatients receive a social determinants of health screening (SDoH) to identify non-medical needs that may affect health outcomes. 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.

PRIORITY NEED	Health Equity		
STRATEGY	ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Identify and address barriers to care within the community, with special attention to persons who are underserved and/or marginalized	1) Learning opportunities related to understanding poverty and advancing health equity 2) Training related to awareness of social determinants of health and identifying resources to assist patients in need	Ongoing	This fiscal year training on cultural humility was developed and is a new requirement for all new associates. 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.