

# COMMUNITY HEALTH NEEDS ASSESSMENT

2023-2025



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# EXECUTIVE SUMMARY



# Executive Summary

CHRISTUS Santa Rosa Hospital - *New Braunfels* conducted a Community Health Needs Assessment (CHNA) to assess areas of greatest need, which guides the hospital on selecting priority health areas and where to commit resources that can most effectively improve community members' health and wellness. To complete the 2023-2025 CHNA, CHRISTUS Santa Rosa Hospital - *New Braunfels* partnered with Metopio, health departments, and regional and community-based organizations. The CHNA process involved engagement with multiple stakeholders to prioritize health needs. Stakeholders also worked to collect, curate, and interpret the data. Stakeholder groups provided insight and expertise around the indicators to be assessed, types of focus group questions to be asked to the community, interpretation of results, and prioritization of areas of highest need. Primary data for the CHNA was collected via community input surveys, resident focus groups, and key informant interviews. The process also included an analysis of secondary data from federal sources, local and state health departments, and community-based organizations.

## IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report, relate to those requested as part of hospital's reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

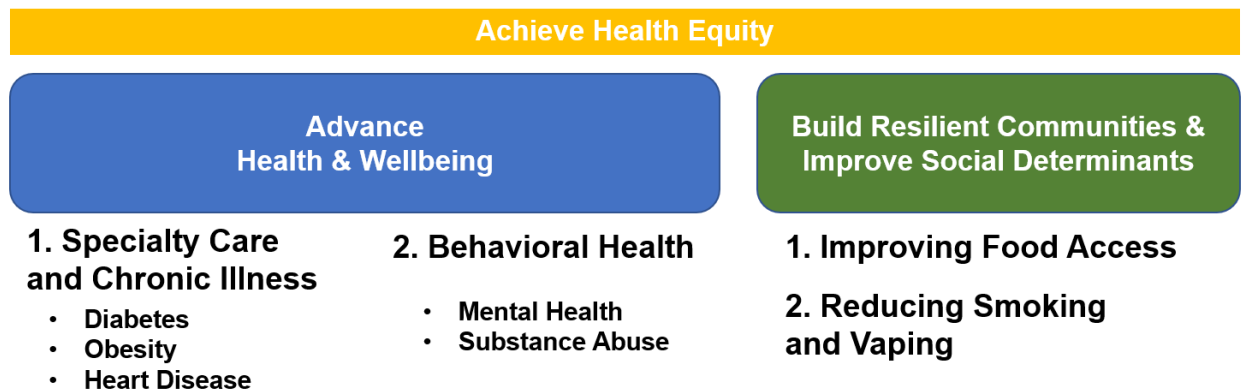
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## Health Need Priorities

Based on community input and analysis of a myriad of data, the priorities for the communities served by CHRISTUS Santa Rosa Hospital - *New Braunfels* for 2023-2025 will fall into two domains underneath an overarching goal of achieving health equity (Figure 1). The two domains and corresponding health needs are:

1. Advance health and wellbeing by addressing
  - Chronic illness
    - » Diabetes
    - » Heart disease
    - » Obesity
  - Behavioral health
    - » Mental health
    - » Substance abuse
2. Build resilient communities and improve social determinants by
  - Improving food access
  - Reducing smoking and vaping



*Figure 1. CHRISTUS Santa Rosa Hospital - New Braunfels Priority Areas*

This report provides an overview of the CHRISTUS Santa Rosa Hospital - *New Braunfels* CHNA process, including data collection methods, sources, and CHRISTUS Santa Rosa Hospital - *New Braunfels* service area. The body of the report contains results by service area zip codes, or counties when zip code granularity is not possible, where health needs for the entire service area are assessed.

# INTRODUCTION





# Introduction: What is a Community Health Needs Assessment?

The Community Health Needs Assessment (CHNA) is a systematic, data-driven approach to determine the health needs in the service area of the CHRISTUS Santa Rosa Hospital - *New Braunfels*. In this process, CHRISTUS Santa Rosa Hospital - *New Braunfels* directly engages community members and stakeholders to identify the issues of greatest need as well as the largest impediments to health. With this information, CHRISTUS Santa Rosa Hospital - *New Braunfels* can better allocate resources towards efforts to improve community health and wellness.

Directing resources toward the greatest needs in the community is critical to CHRISTUS Santa Rosa Hospital - *New Braunfels* work as a nonprofit hospital. The important work of a CHNA was codified in the Patient Protection and Affordable Care Act added Section 501(r) to the Internal Revenue Service Code, which requires nonprofit hospitals, including CHRISTUS Santa Rosa Hospital - *New Braunfels*, to conduct a CHNA every three years. CHRISTUS Santa Rosa Hospital - *New Braunfels* completed similar needs assessments in 2015, 2017 and 2020.

The process CHRISTUS Santa Rosa Hospital - *New Braunfels* used was designed to meet federal requirements and guidelines in Section 501(r), including:

- clearly defining the community served by the hospital, and ensuring that defined community does not exclude low-income, medically underserved, or minority populations in proximity to the hospital;
- providing a clear description of the CHNA process and methods; community health needs; collaboration, including with public health experts; and a description of existing facilities and resources in the community;
- receiving input from persons representing the broad needs of the community;
- documenting community comments on the CHNA and health needs in the community; and
- documenting the CHNA in a written report and making it widely available to the public.

The following report provides an overview of the process used for this CHNA, including data collection methods and sources, results for CHRISTUS Santa Rosa Hospital - *New Braunfels* service area, historical inequities faced by the residents in the service area, and considerations of how COVID-19 has impacted community needs. A subsequent strategic implementation plan will detail the strategies that will be employed to address the health needs identified in this CHNA.

When assessing the health needs for the entire CHRISTUS Santa Rosa Hospital - *New Braunfels* service area, the CHNA data is presented by zip code and county depending on the available data. Providing localized data brings to light the differences and similarities within the communities in the CHRISTUS Santa Rosa Hospital - *New Braunfels* service area.

Included in Appendix 1 is an evaluation of CHRISTUS Santa Rosa Hospital - *New Braunfels*' efforts to address the community needs from the 2020-2022 CHIP.

## CHRISTUS Santa Rosa Hospital – New Braunfels Overview

CHRISTUS Santa Rosa Hospital – *New Braunfels* is a non-profit hospital system serving New Braunfels, Texas, and the surrounding county in southern Texas. CHRISTUS Santa Rosa Hospital – *New Braunfels*, is a 132-licensed bed facility employing approximately 565 Associates and a medical staff of over 307 physicians. It offers comprehensive inpatient and outpatient services and is accredited by the Joint Commission. This CHNA covers the service areas for CHRISTUS Santa Rosa Hospital – *New Braunfels*.

CHRISTUS Health is a Catholic health system formed in 1999 to strengthen the faith-based health care ministries of the Congregations of the Sisters of Charity of the Incarnate Word – Houston and Sisters of Charity of the Incarnate Word – San Antonio that began in 1866. In 2016, the Congregation of the Sisters of the Holy Family of Nazareth became the third sponsoring congregation to CHRISTUS Health. Today, CHRISTUS Health operates 25 acute care hospitals and 92 clinics in Texas. CHRISTUS Health facilities are also located in Louisiana, Arkansas, and New Mexico. It also has 12 international hospitals in Colombia, Mexico and Chile. As part of CHRISTUS Health's mission "to extend the healing ministry of Jesus Christ," CHRISTUS Santa Rosa Hospital – *New Braunfels* strives to be, "a leader, a partner, and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God's healing presence and love."

### Community Benefit

CHRISTUS Santa Rosa Hospital – *New Braunfels* implements strategies to promote health in the community and provide equitable care in the hospital. CHRISTUS Santa Rosa Hospital – *New Braunfels* builds on the assets that are already found in the community and mobilizes individuals and organizations to come together to work toward health equity.

### CHRISTUS Santa Rosa Hospital – New Braunfels Service Area

Following IRS guidelines, 501(r) rules as required by the Affordable Care Act, CHRISTUS Santa Rosa Hospital – *New Braunfels*' CHNA primary service area (PSA) includes three zip codes covering over 146,000 individuals (Table 1). The PSA is the geographic region with 80% of hospital utilization. The primary service area zip codes are in the following county: Comal County (Figure 2).

While the hospital is dedicated to providing exceptional care to all of the residents in the region, CHRISTUS Santa Rosa Hospital – *New Braunfels* will use the information in this assessment to strategically establish priorities and commit resources to address the key health issues for the zip codes, counties and municipalities that comprise the region.

CHRISTUS SANTA ROSA HOSPITAL – NEW BRAUNFELS PSA		
78130 Comal & Guadalupe Counties New Braunfels, Texas	78132 Comal County New Braunfels, Texas	78133 Comal County Canyon Lake, Texas

Table 1. Primary Service Area (PSA) of CHRISTUS Santa Rosa Hospital – New Braunfels



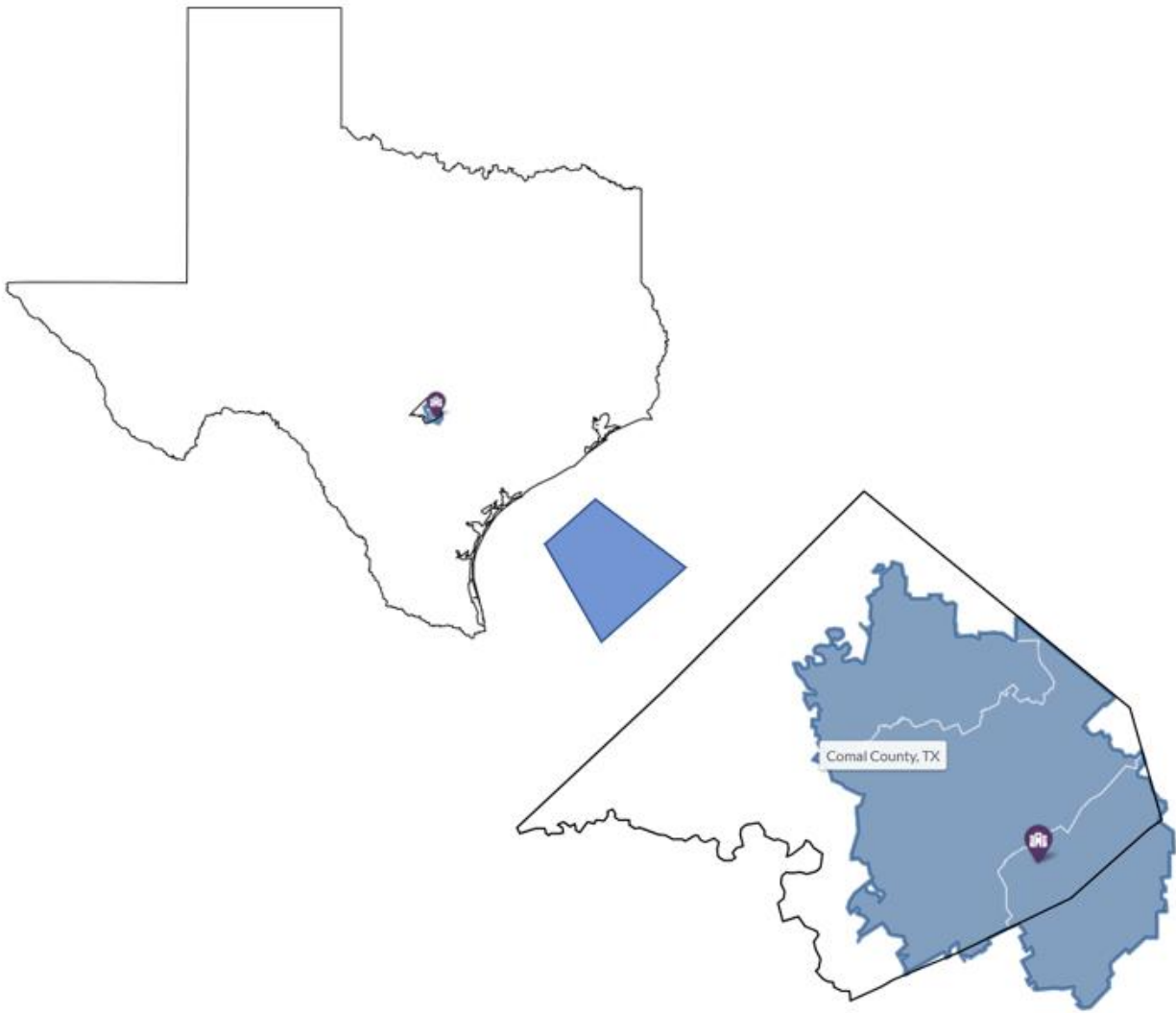


Figure 2. Map of Primary Service Area of CHRISTUS Santa Rosa Hospital – New Braunfels

# CHNA PROCESS





# CHNA Process

## Stakeholder Engagement

The CHNA process involved engagement with several internal and external stakeholders to collect, curate and interpret primary and secondary data. That data was then used to prioritize the health needs of the community. For this component, CHRISTUS Santa Rosa Hospital - *New Braunfels* worked with Metopio, a software and services company that is grounded in the philosophy that communities are connected through places and people. Metopio's tools and visualizations use data to reveal valuable, interconnected factors that influence outcomes in different locations.

Leaders from the CHRISTUS Santa Rosa Hospital - *New Braunfels* guided the strategic direction of Metopio through roles on various committees and workgroups.

CHRISTUS Santa Rosa Hospital - *New Braunfels* and Metopio relied on the expertise of community stakeholders throughout the CHNA process. The health system's partners and stakeholder groups provided insight and expertise around the indicators to be assessed, types of focus group questions to be asked, interpretation of results and prioritization of areas of highest need.

The Community Benefit Team is composed of key staff with expertise in areas necessary to capture and report CHRISTUS Santa Rosa Hospital - *New Braunfels* community benefit activities. This group discusses and validates identified community benefit programs and activities. Additionally, the team monitors key CHNA policies, provides input on the CHNA implementation strategies and strategic implementation plan, reviews and approves grant funding requests, provides feedback on community engagement activities.

Input from community stakeholders was also gathered from CHRISTUS Santa Rosa Hospital - *New Braunfels*' community partners. These partners played a key role in providing input to the survey questions, identifying community organizations for focus groups, survey dissemination and ensuring diverse community voices were heard throughout the process.

The CHRISTUS Santa Rosa Hospital - *New Braunfels* leadership team developed parameters for the 2023-2025 CHNA process that help drive the work. These parameters ensure that the CHNA:

- builds on the prior CHNA from 2020-2022 as well as other local assessments and plans.
- provides greater insight into community health needs and strategies for ongoing community health priorities.
- leverages expertise of community residents and includes a broad range of sectors and voices that are disproportionately affected by health inequities.
- provides an overview of community health status and highlights data related to health inequities.
- informs strategies related to connections between community and clinical sectors, anchor institution efforts, policy change, and community partnerships.
- highlights and discuss health inequities and their underlying root causes throughout the assessment

## Data Collection

CHRISTUS Santa Rosa Hospital - *New Braunfels* conducted its CHNA process between September 2021 and March 2022 using an adapted process from the Mobilizing for Action through Planning and Partnerships (MAPP) framework. This planning framework is one of the most widely used for a CHNA. It focuses on community engagement, partnership development and seeking channels to engage people who have often not been part of the decision-making process. The MAPP framework was developed in 2001 by the National Association for County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC).

Primary data for the CHNA was collected through four channels:

- Community resident surveys
- Community resident focus groups
- Health care and social service provider focus groups
- Key informant interviews

Secondary data for the CHNA were aggregated on Metopio's data platform and included:

- Hospital utilization data
- Secondary sources including, but not limited to, the American Community Survey, the Decennial Census, the Centers for Disease Control, the Environmental Protection Agency, Housing and Urban Development, and the Texas Department of State Health Services

## Community Resident Surveys

Between October and December of 2021, 249 residents in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA provided input to the CHNA process by completing a community resident survey. The survey was available online and in paper form in English and Spanish. Survey dissemination happened through multiple channels led by CHRISTUS Santa Rosa Hospital - *New Braunfels* and its community partners. The survey sought input from priority populations in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA that are typically underrepresented in assessment processes, including communities of color, immigrants, persons with disabilities, and low-income residents. The survey was designed to collect information regarding:

- Demographics of respondents
- Health needs of the community for different age groups
- Perception of community strengths
- Utilization and perception of local health services

The survey was based on a design used extensively for CHNAs and by public health agencies across the country. The final survey included 26 questions. The full community resident survey is included in Appendix 2. Table 2 summarizes the demographics of survey respondents in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA.



DEMOGRAPHIC	%
<b>Age (N=251)</b>	
25-44	13.1
45-64	50.3
65 and older	36.6
<b>Gender (N=251)</b>	
Male	30.6
Female	67.5
Choose not to answer	1.9
<b>Orientation (N=249)</b>	
Straight or heterosexual	95.6
Bisexual	0.6
Lesbian or gay or homosexual	0.6
Choose not to disclose	3.1
<b>Race (N=260 (multiple answers allowed))</b>	
American Indian or Alaska Native	2.0
Asian	0.7
Black or African American	1.3
White	85.6
Hispanic/Latino(a)	12.1
Choose to not disclose	11.8
<b>Education (N=249)</b>	
Some high school	0.6
High school graduate or GED	9.5
Vocational or technical school	19.6
Some college, no degree	2.5
College graduate	43.0
Advanced degree	24.7
<b>Current Living Arrangements (N=247)</b>	
Own my home	85.3
Rent my home	11.3
Living with a friend or family	2.7
Other	0.7
<b>Disability in Household (N=244)</b>	25.3
<b>Income (N=245)</b>	
\$10,000 to \$19,999	0.7

\$20,000 to \$39,999	9.4
\$40,000 to \$59,999	10.8
\$60,000 to \$79,999	18.0
\$80,000 to \$99,999	18.0
Over \$100,000	43.2
<b>Average Number of Children in Home (#) (N=247)</b>	<b>0.5</b>
<b>Age (N=251)</b>	
25-44	13.1
45-64	50.3
65 and older	36.6
<b>Gender (N=251)</b>	
Male	30.6
Female	67.5
Choose not to answer	1.9

*Table 2. Demographics of Community Resident Survey Respondents in CHRISTUS Santa Rosa Hospital – New Braunfels*

## Community Focus Groups and Key Informant Interviews

A critical part of robust, primary data collection for the CHNA involved speaking directly to community members, partners and leaders that live in and/or work in the CHRISTUS Santa Rosa Hospital - New Braunfels PSA. This was done through focus groups and key informant interviews.

During this CHNA, CHRISTUS Santa Rosa Hospital - New Braunfels held two local focus groups in CHRISTUS Santa Rosa Hospital - New Braunfels, one covering Adult Health and the other Maternal and Child Health and joined two systemwide focus groups. All focus groups were coordinated by CHRISTUS Santa Rosa Hospital - New Braunfels and the CHRISTUS Health system office and facilitated by Metopio. CHRISTUS Santa Rosa Hospital - New Braunfels sought to ensure groups included a broad range of individuals from underrepresented, priority populations in the CHRISTUS Santa Rosa Hospital - New Braunfels. Focus group health topic areas are listed below:

- Adult health
- Behavioral health
- Health care and social service providers
- Maternal and child health

CHRISTUS Santa Rosa Hospital - *New Braunfels* conducted its focus groups virtually. Focus groups lasted 90 minutes and had up to 10 community members participate in each group. The following community members listed within Table 3, participated in the focus groups:

ORGANIZATION	ROLE
Hill Country Community Mental Health Center (MHDD Center)	Mental Health Disorders
Recovery Werk!	Substance Abuse
McKenna Foundation	Food, Housing, Mental Health, Early and Childhood
New Braunfels Christian Ministry	Medical Clinic
New Braunfels Food Bank	Food
New Braunfels Housing Partners	Housing
Volunteer in Medicine	Medical Clinic
Community Member (10 participants)	Community Voices

*Table 3. Focus Group Participants*

In addition to the focus groups, ten key informants were identified by CHRISTUS Santa Rosa Hospital - New Braunfels Management team for one-on-one interviews and six participated in the interviews. Key informants were chosen based on areas of expertise to further validate themes that emerged in the surveys and focus groups. Each interview was conducted virtually and lasted 30 minutes. The following community members listed within Table 4, participated in the key informant interviews:

ORGANIZATION	ROLE
Hill County Community Mental Health Center	Clinical Director
Recovery Werk!	Executive Director
McKenna Foundation	Executive Director
New Braunfels Christian Ministries	Executive Director
New Braunfels Food Bank	Executive Director
New Braunfels Housing Partners	Executive Director

*Table 4. Key Informant Interview Participants*



## Secondary Data

CHRISTUS Santa Rosa Hospital - *New Braunfels* used a common set of health indicators to understand the prevalence of morbidity and mortality in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA and compare them to benchmark regions at the state and the full CHRISTUS Health service area. Building on previous CHNA work, these measures have been adapted from the County Health Rankings MAPP Framework (Figure 3). Where possible, CHRISTUS Santa Rosa Hospital - *New Braunfels* used data with stratifications so that health inequities could be explored and better articulated. Given the community input on economic conditions and community safety, CHRISTUS Santa Rosa Hospital - *New Braunfels* sought more granular datasets to illustrate hardship. A full list of data sources can be found in Appendix 3.

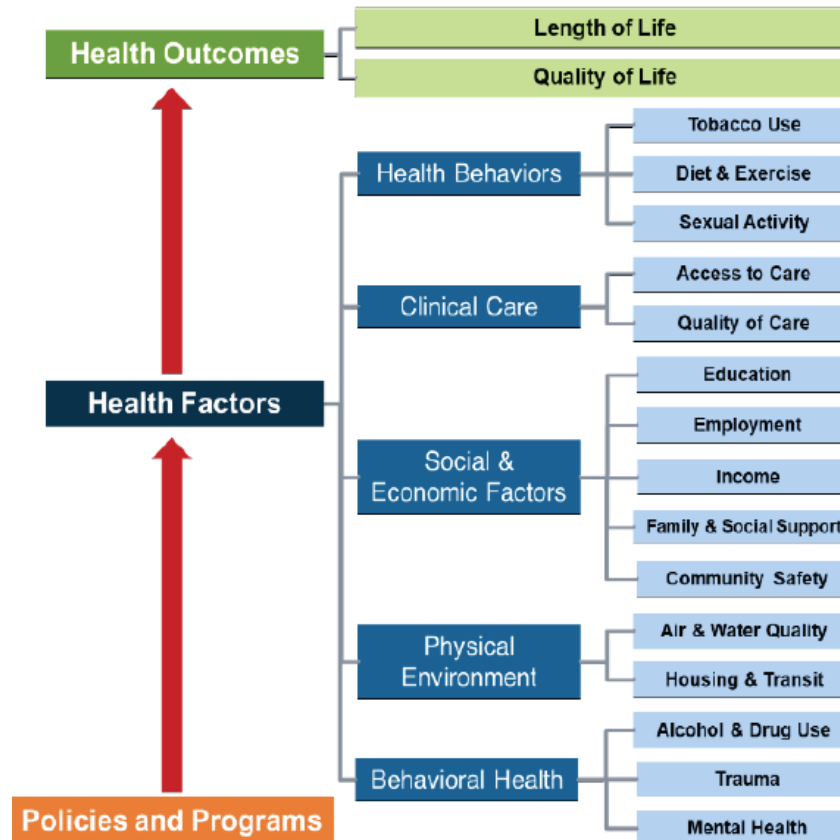


Figure 3. Illustration of County Health Rankings MAPP Framework

## Data Needs and Limitations

CHRISTUS Santa Rosa Hospital - *New Braunfels* and Metopio made substantial efforts to comprehensively collect, review, and analyze primary and secondary data. However, there are limitations to consider when reviewing CHNA findings.

- Population health and demographic data are often delayed in their release, so data is presented for the most recent years available for any given data source.
- Variability in the geographic level at which data sets are available (ranging from census tract to statewide or national geographies) presents an issue, particularly when comparing similar indicators and collected at disparate geographic levels. Whenever possible, the most relevant localized data are reported.
- Due to variations in geographic boundaries, population sizes, and data collection techniques for suburban and city communities, some datasets are not available for the same time spans or at the same level of localization throughout the county.
- Gaps and limitations persist in data systems for certain community health issues such as mental health and substance use disorders (youth and adults), crime reporting, environmental health, and education outcomes. Additionally, these data are often collected and reported from a deficit-based framework that focuses on needs and problems in a community, rather than assets and strengths. A deficit-based framework contributes to systemic bias that presents a limited view on a community's potential.

With this in mind, CHRISTUS Santa Rosa Hospital - *New Braunfels*, Metopio, and all stakeholders were deliberate in discussing these limitations throughout the development of the CHNA and selection of the 2023-2025 health priority areas.

## Consideration of COVID-19

The COVID-19 pandemic touched all aspects of life for two of the last three years, which begs the question—should COVID-19 be considered its own health issue, or did it merely expose existing health inequities in the community?

The CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA has experienced fluctuations in case rates and case fatality rates but was especially hard hit during the Delta surge in 2021. While causal factors are hard to pinpoint, several important determinants of health are more pronounced in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA including a lack of access to care, higher rates of chronic disease and a lack of transportation options. These vulnerabilities certainly exacerbated the spread and impact of COVID-19.

As demonstrated in the survey results in Table 5, a majority of respondents saw the pandemic as the biggest issue their community faced over the last two years. And while many community members did not delay care, over half did experience challenges with feelings of hopelessness and depression. The community's major emphasis in focus groups and key informant interviews was on addressing the barriers to health equity, not necessarily the pandemic itself. Because of this, the CHNA will focus more on the COVID-19 impact on existing health disparities.

"Covid-19 has impacted me in a big way. I am the primary caregiver of my 86-year-old mother, but during much of the early months of the lockdown, I was not able to see her at all. Her health deteriorated greatly during that time"

- Focus Group Participant

<b>DURING THE PANDEMIC (MARCH 2020-PRESENT) HAVE YOU HAD ANY OF THE FOLLOWING (PLEASE CHECK ALL THAT APPLY):</b>	<b>% OF RESPONDENTS</b>
Visited a physician for a routine checkup or physical	92.0
Dental exam	82.0
Mammogram	44.7
Pap test/Pap smear	27.3
Sigmoidoscopy or colonoscopy to test for colorectal cancer	18.0
Flu shot	71.3
Prostate screening	4.7
COVID-19 vaccine	78.7
<b>BECAUSE OF THE PANDEMIC, DID YOU DELAY OR AVOID MEDICAL CARE?</b>	
Yes	34.9
No	65.1
<b>DURING THIS TIME PERIOD, HOW OFTEN HAVE YOU BEEN BOTHERED BY FEELING DOWN, DEPRESSED, OR HOPELESS?</b>	
Not at all	56.6
Several days every month	32.9
More than half the days every month	5.9
Nearly every day	4.6
<b>WHAT IS THE MOST DIFFICULT ISSUE YOUR COMMUNITY HAS FACED DURING THIS TIME PERIOD?</b>	
COVID-19	69.2
Extreme temperatures (for example, snowstorm of 2021)	15.1
Other:	15.8
	N=246

*Table 5. Community Resident Survey Responses to COVID-19 Questions*



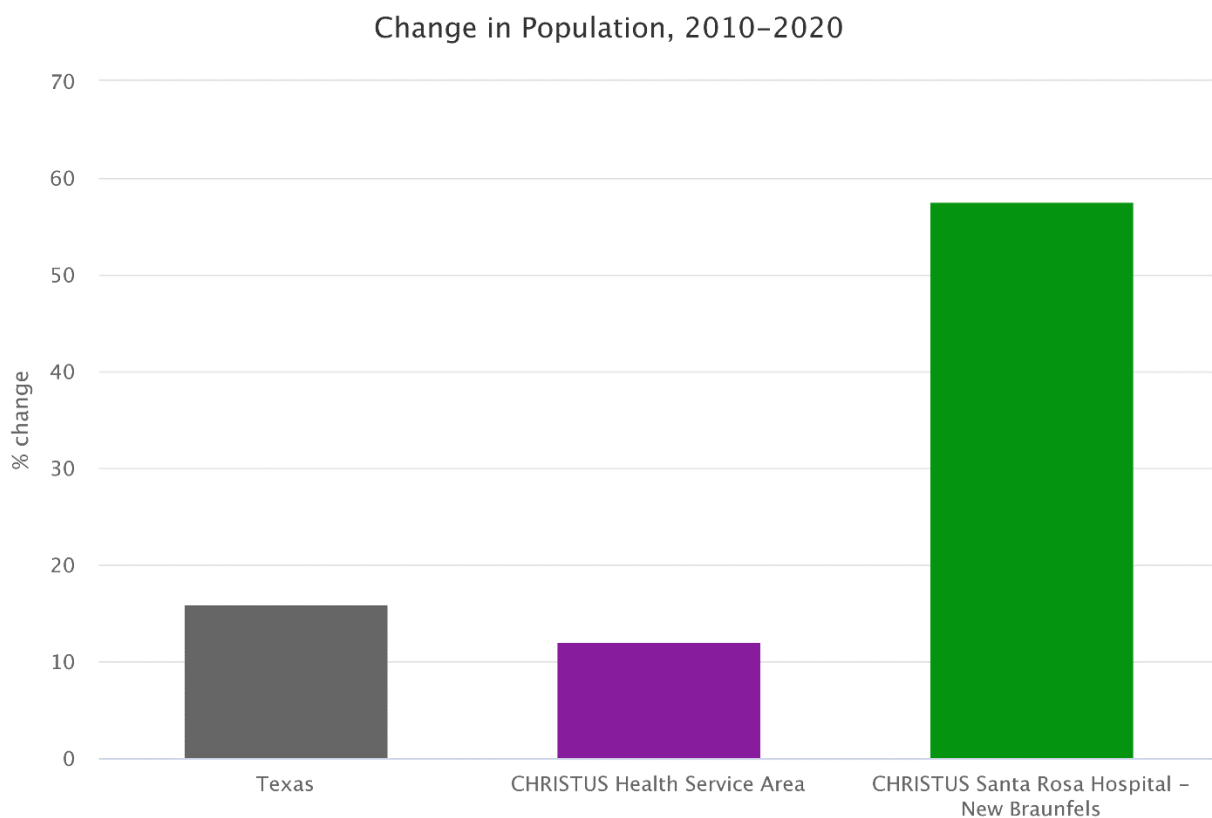
# CHNA RESULTS



# CHNA Results

## Demographic Characteristics

Over the past decade, the communities served by CHRISTUS Santa Rosa Hospital - *New Braunfels* have experienced a large increase in population (Figure 4). Changes between the 2010 and 2020 Census show that the population in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA increased by 57.6%. Both Texas and the CHRISTUS Health service area experienced growth during this period, with a growth rate of 15.9% and 12.1%, respectively. In this report, the CHRISTUS Health service area refers to the geographic area that encompasses all primary service areas of CHRISTUS Health hospital systems in New Mexico, Texas, Louisiana, and Arkansas. Based on the 2020 decennial Census, 132,559 people live in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA.

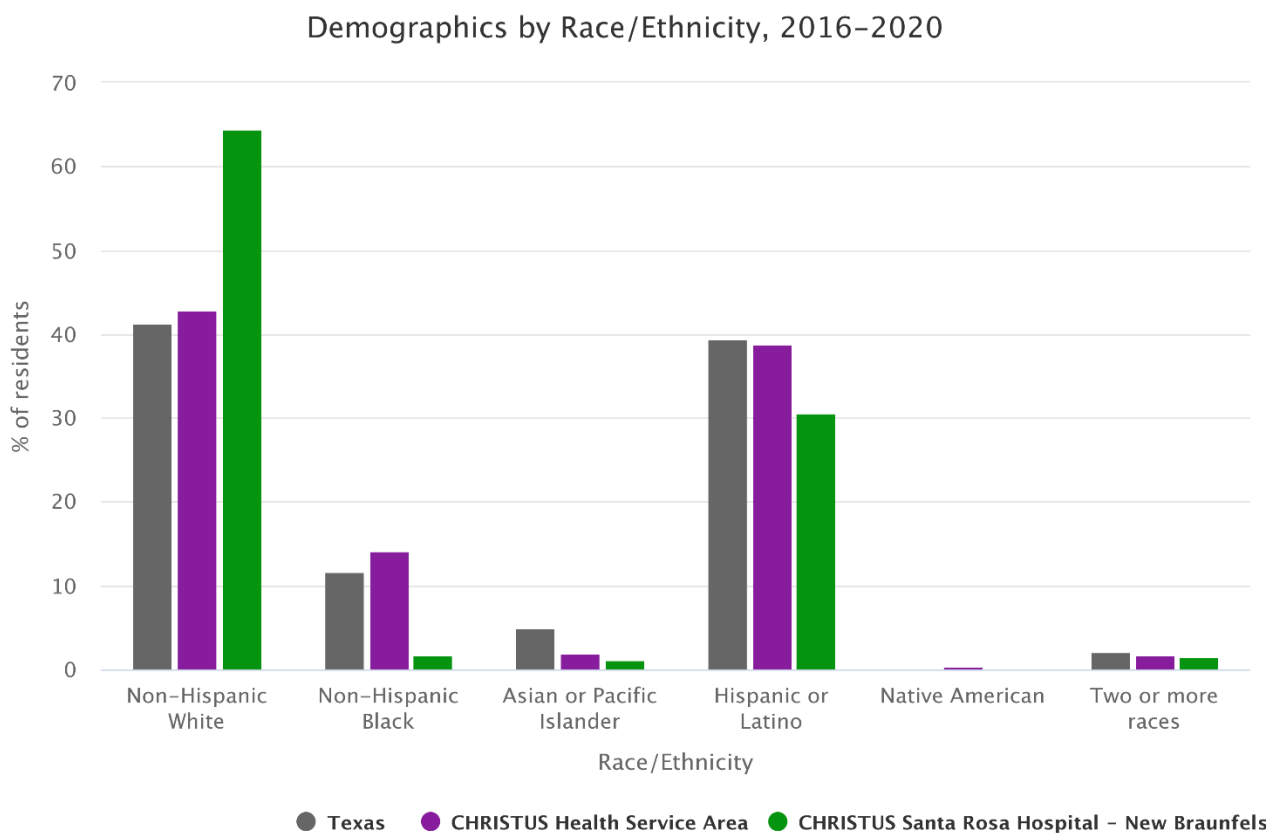


Created on Metopio | <https://metop.io/i/ze7sxb4v> | Data source: Decennial Census (Derived from 2010 and 2020 Census data)  
Change in Population: Percent change of population between the 2010 and 2020 decennial census.

**Figure 4. Change in Population in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**



Figure 5 shows the demographics by race/ethnicity for the service areas. Non-Hispanic White people make up most of the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA population at 64.5%, which is higher than the rest of the CHRISTUS Health service area (42.8%) and Texas (41.4%). Hispanic or Latino people are the second most populous group, making up 30.6% of the population, compared to 39.4% of Texas and 38.8% of the CHRISTUS Health service area. The non-Hispanic Black population in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA (1.8%) is much lower than the population in the CHRISTUS Health service area (14.2%) and Texas (11.8%). The remaining racial/ethnic demographics in the PSA are similar to those in the region. In the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA, Asian or Pacific Islander individuals make up 1.1%, compared to 1.9% of the CHRISTUS Health service area and 5.0% of the population of Texas. Native Americans account for 0.2% of the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA, 0.4% of the CHRISTUS Health service area, and 0.1% of the population in Texas. People who report belonging to two or more races make up 1.6% of the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA, 1.8% of the CHRISTUS Health service area, and 2.0% of the Texas population. Table 6 demonstrates the demographics by county for the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA.



Created on Metopio | <https://metop.io/1/97vt8hzt> | Data sources: Decennial Census (2020 data only), American Community Survey (Table B01001)  
 Demographics: Percent of residents within each major demographic group. Use this topic to explore age, gender, and racial/ethnic breakdowns. This topic is expressed as a percent; to see a breakdown of all residents (pie or area chart), use Population (POP).

**Figure 5. Demographics by Race/Ethnicity in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**

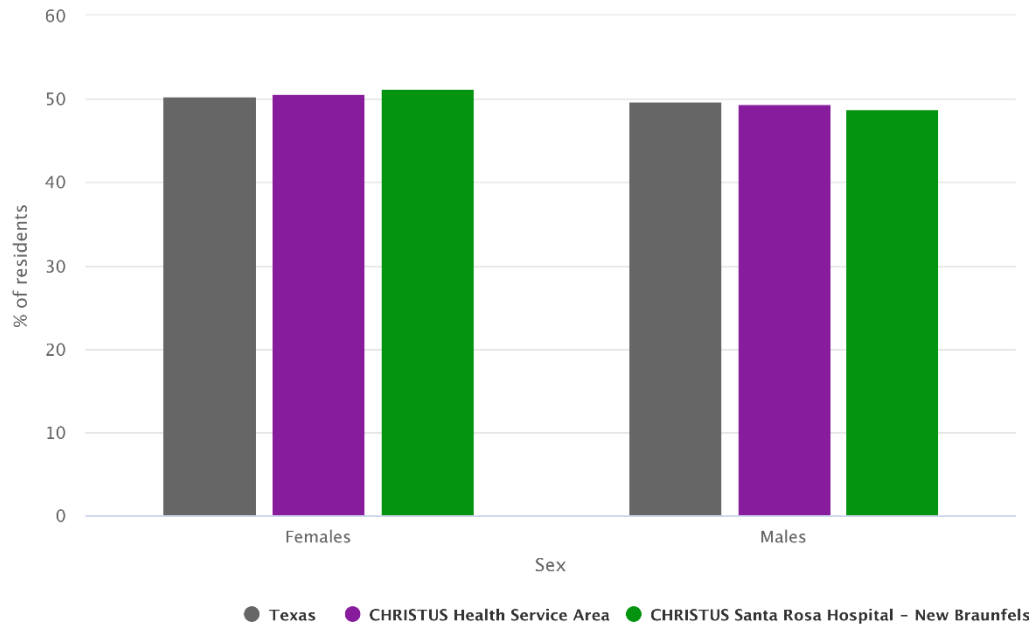


Topic	Comal County, TX
Change in Population % change, 2010 -2020	48.89
Demographics Non-Hispanic White % of residents 2020	65.17
Demographics Non-Hispanic Black % of residents 2020	2.22
Demographics Asian or Pacific Islander % of residents 2020	1.22
Demographics Hispanic or Latino % of residents 2020	26.99
Demographics Native American % of residents 2020	0.32
Demographics Two or more races % of residents 2020	3.65

*Table 6. Demographics by County in the CHRISTUS Santa Rosa Hospital - New Braunfels PSA*

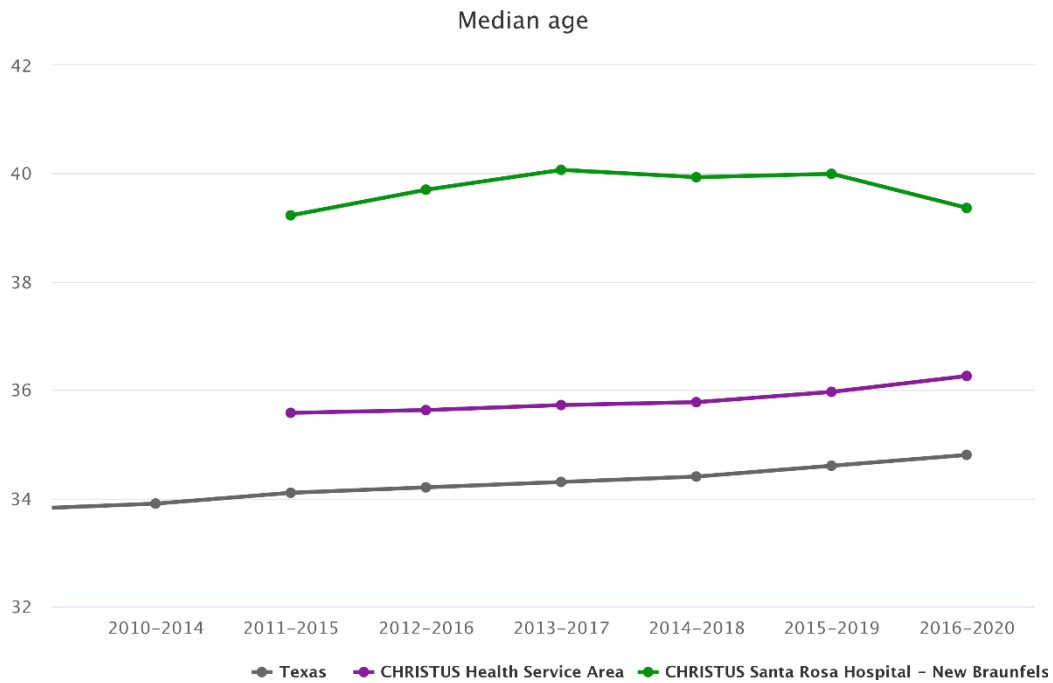
Females represent 51.3% of the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA population and males represent 48.7% (Figure 6). The CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA has a slightly higher proportion of females than the whole CHRISTUS Health service area (50.6% female and 49.4% male residents) and Texas overall (50.3% female and 49.7% male residents). The median age in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA is 39.4 years old, which is slightly higher than the rest of the CHRISTUS Health service area (36.3 years old) and Texas overall (34.8 years old) (Figure 7).

### Demographics by Sex, 2016–2020



Created on Metopio | <https://metop.io/1/yg2i3wrc> | Data sources: Decennial Census (2020 data only), American Community Survey (Table B01001)  
 Demographics: Percent of residents within each major demographic group. Use this topic to explore age, gender, and racial/ethnic breakdowns. This topic is expressed as a percent; to see a breakdown of all residents (pie or area chart), use Population (POP).

**Figure 6. Demographics by Sex in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**



Created on Metopio | <https://metop.io/1/5alnjqbe> | Data source: American Community Survey (Table B01002)  
 Median age: The median age represents the age of the "middle" resident, if they were all lined up from youngest to oldest. (Half of all residents are older than this, and half are younger.)

**Figure 7. Median Age in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**

In the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA, 2.3% of residents have limited English proficiency (Figure 8). This percentage is lower than the CHRISTUS Health service area (4.0%) and much lower than Texas overall (7.0%). The highest concentration of residents with limited English proficiency in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA is in zip code 78130 where 3.1% of residents have limited English proficiency. The highlighted area in Figure 8 and subsequent figures represent the 90% confidence interval, which is the range where the true value would reside 90% of the time.

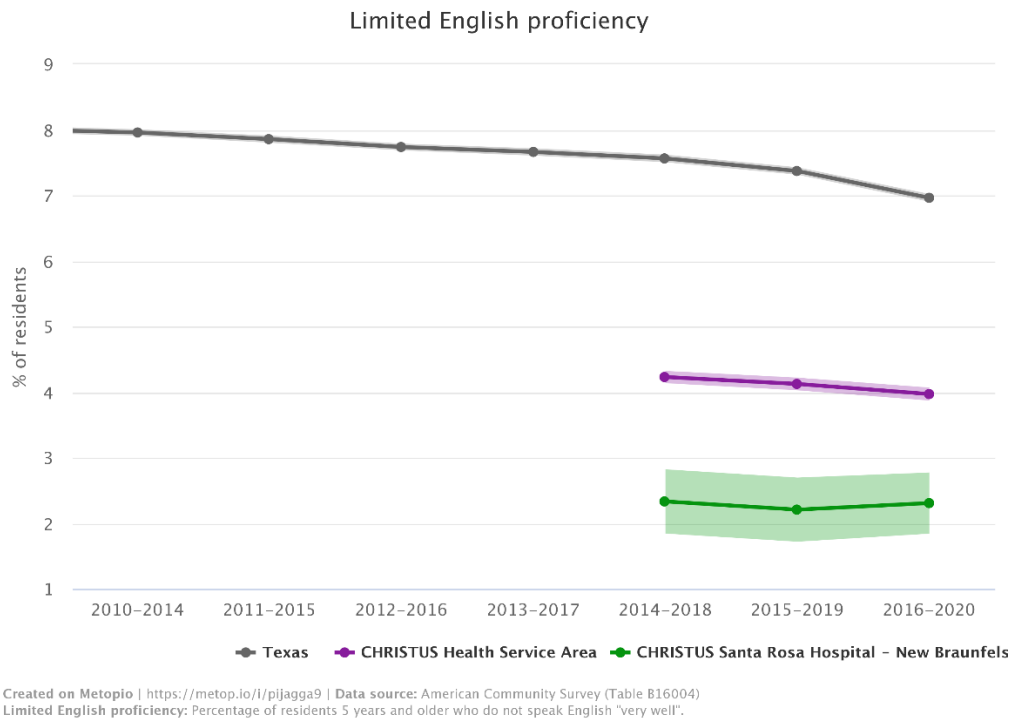


Figure 8. Limited English Proficiency in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA

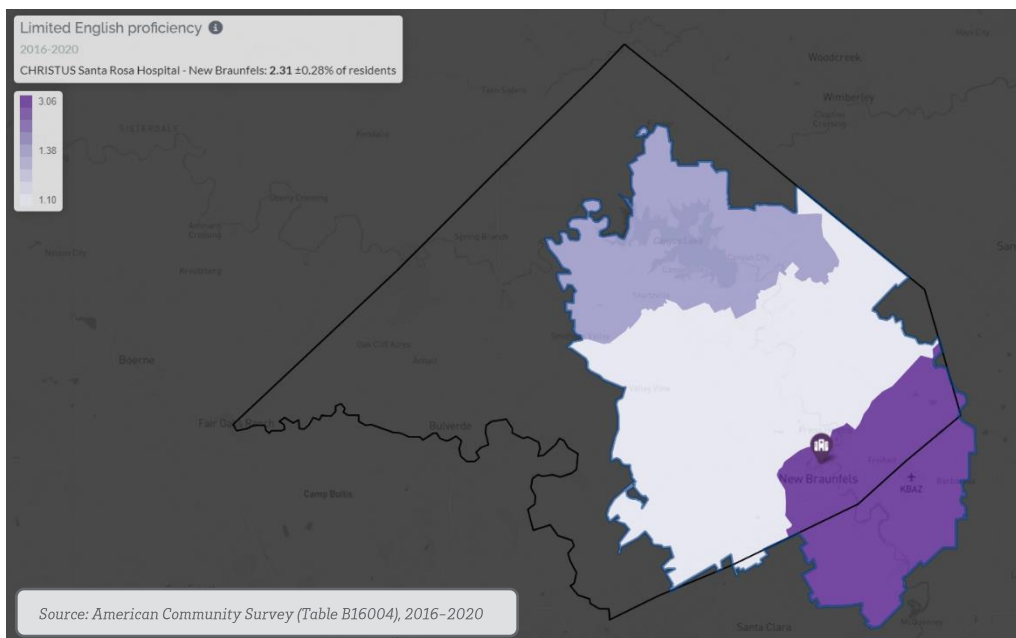
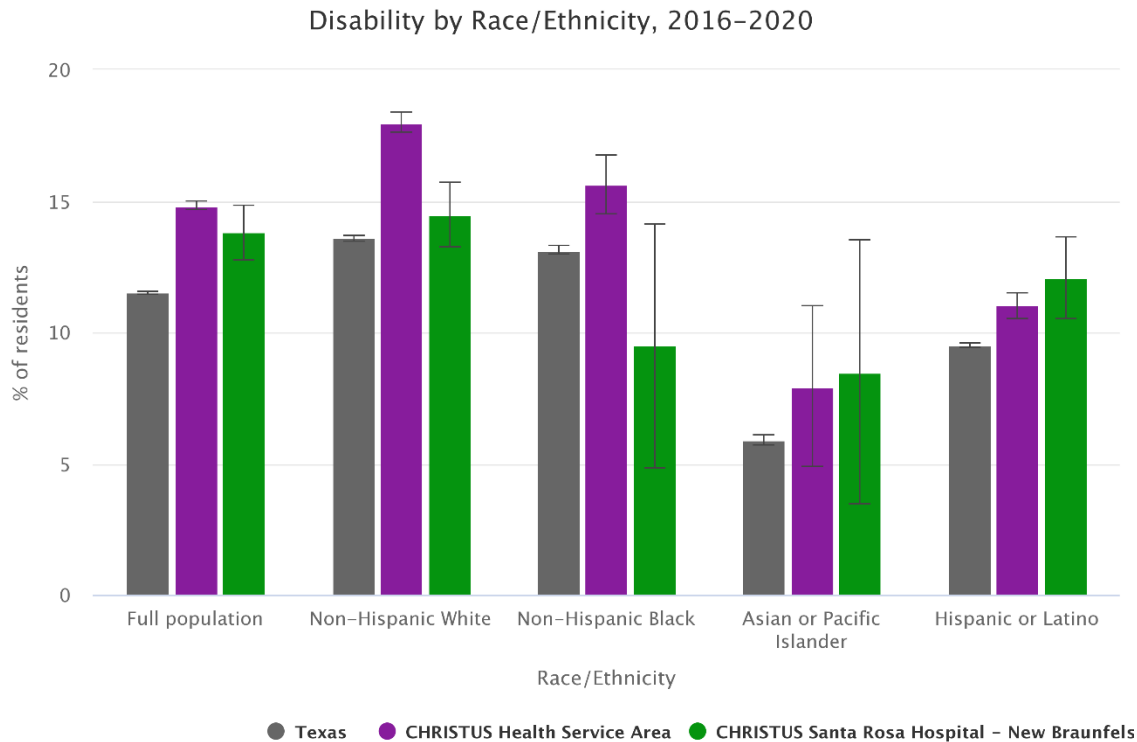


Figure 9. Map of Limited English Proficiency in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA



The percentage of residents with a disability in the CHRISTUS Santa Rosa Hospital – *New Braunfels* PSA (13.8%) is slightly lower than the whole CHRISTUS Health service area (14.8%) and slightly higher than Texas (11.5%) (Figure 10). In the CHRISTUS Santa Rosa Hospital – *New Braunfels* PSA, non-Hispanic White people experience the highest rate of disability (14.5%), followed by Hispanic or Latino people (12.1%) and non-Hispanic Black people (9.5%). Asian or Pacific Islanders experience lower rates of disability (8.5%). Disability here is defined as one or more sensory disabilities or difficulties with everyday tasks.



Created on Metopio | <https://metop.io/i/4n9ddbcg> | Data source: American Community Survey (Table S1810)  
 Disability: Percent of residents with a disability, defined as one or more sensory disabilities or difficulties with everyday tasks.

Figure 10. Disability with Stratifications in the CHRISTUS Santa Rosa Hospital – *New Braunfels* PSA

## Overall Community Input

Community residents who participated in focus groups, key informant interviews, and the survey provided in-depth input about how specific health conditions impact community and individual health. Cross-cutting themes that emerged included:

- Access to care was a major issue that came up among survey and focus group participants, specifically access to comprehensive women’s health care that provides screening for mammograms, pap smears, STD testing and bloodwork. Participants were also concerned about the lack of specialists in the region, particularly to treat hypertension, high blood pressure, cancer, and dental problems. Access to health services is additionally challenging for residents with limited or no health insurance.
- Participants shared that there is a need for mental health care in the PSA, with few resources available. Parents have difficulty finding care to help with depression and ADHD in their children. When residents are not able to get mental health needs met, they turn to substance use. Survey participants noted a need for addiction services, particularly for women.

- Economic opportunity and poverty came up as an area of need. Participants noted that the community is growing fast (Figure 4), but there are still significant wealth gaps in the community. To address this, community members shared the need for upstream needs for improved public-school education and technical skills training. Additionally, those living in poverty now need assistance paying for medical care and affordable healthy food options.
- Survey respondents shared that elements of the built environment make it difficult to be healthy. Residents noted they feel unsafe in their communities because of increasing crime rates. Cost of childcare and housing make it difficult to meet needs related to health, such as healthy eating. Finally, limited transportation creates a barrier to getting to medical visits.

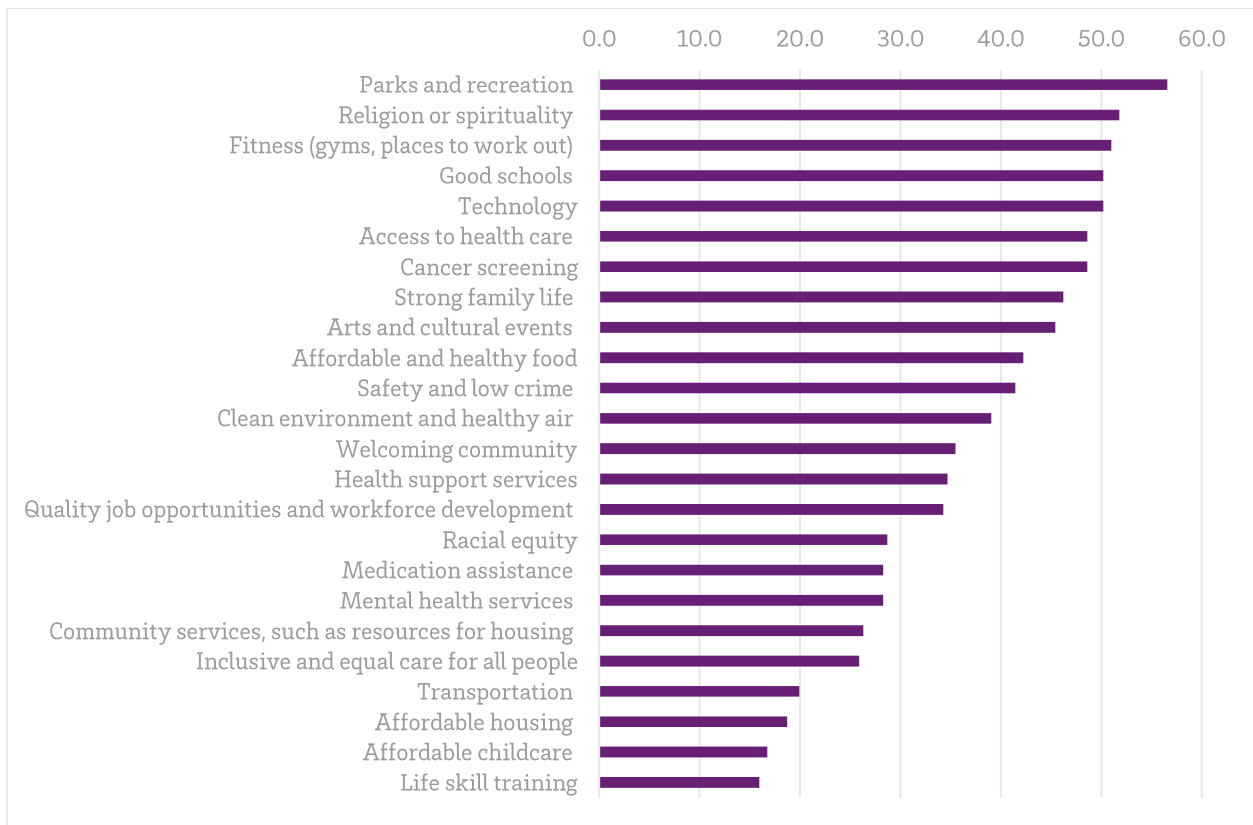
Survey respondents were asked to rank a number of health issues on a scale of 1 to 5, with 1 being “not significant” and 5 being “very significant.” Table 7 shows the top 10 issues from the survey in descending order.

HEALTH ISSUE	% OF RESPONDENTS WHO RANKED EITHER 4 OR 5
Obesity	50.0%
Heart disease	43.0%
Diabetes	42.2%
Cancer(s)	39.8%
Chronic pain	39.1%
Mental health	37.7%
Arthritis	37.4%
Alzheimer’s and dementia	35.3%
Drug, alcohol, and substance abuse	29.2%
Smoking and vaping	29.0%

*Table 7. Ranking of Health Issues by Community Resident Survey Respondents*

The primary data covered many health issues that community members see in the PSA, but data collection also included strengths that residents see in the community. Survey participants emphasized that community members look out for each other. They also highlighted the strength of local government services that listen to the needs of residents.

Additionally, survey respondents were asked to select all things which they thought contributed to health and were available in the community (Figure 11). These represent the assets that community members can take advantage of to maintain their health.



*Figure 11. Survey Responses of Community Strengths that Support Health*

## Social and Structural Determinants of Health

Community residents who participated in focus groups and the community resident surveys also provided in-depth input about how social and structural determinants of health – such as education, economic inequities, housing, food access, access to community services and resources, and community safety and violence – impact community and individual health. The following sections review secondary data insights that measure the social and structural determinants of health.

“We need a lot of help. We need increased law enforcement for safety and property damage. We need shelters for those who are homeless or disabled. We need resources for crisis situations to help pay rent, utilities and we definitely need public transportation.”

– Survey respondent

### Hardship

One way to measure overall economic distress in a place is with the Hardship Index (Figure 12). This is a composite score reflecting hardship in the community, where the higher values indicate greater hardship. It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score. The Hardship Index score for the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA is 35.9, which is much lower than the full CHRISTUS Health service area (60.6) and the state (55.8). According to the American Community Survey, within the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA, hardship indicators are concentrated in zip code 78130 (40.5), but this is still lower than other benchmark regions.

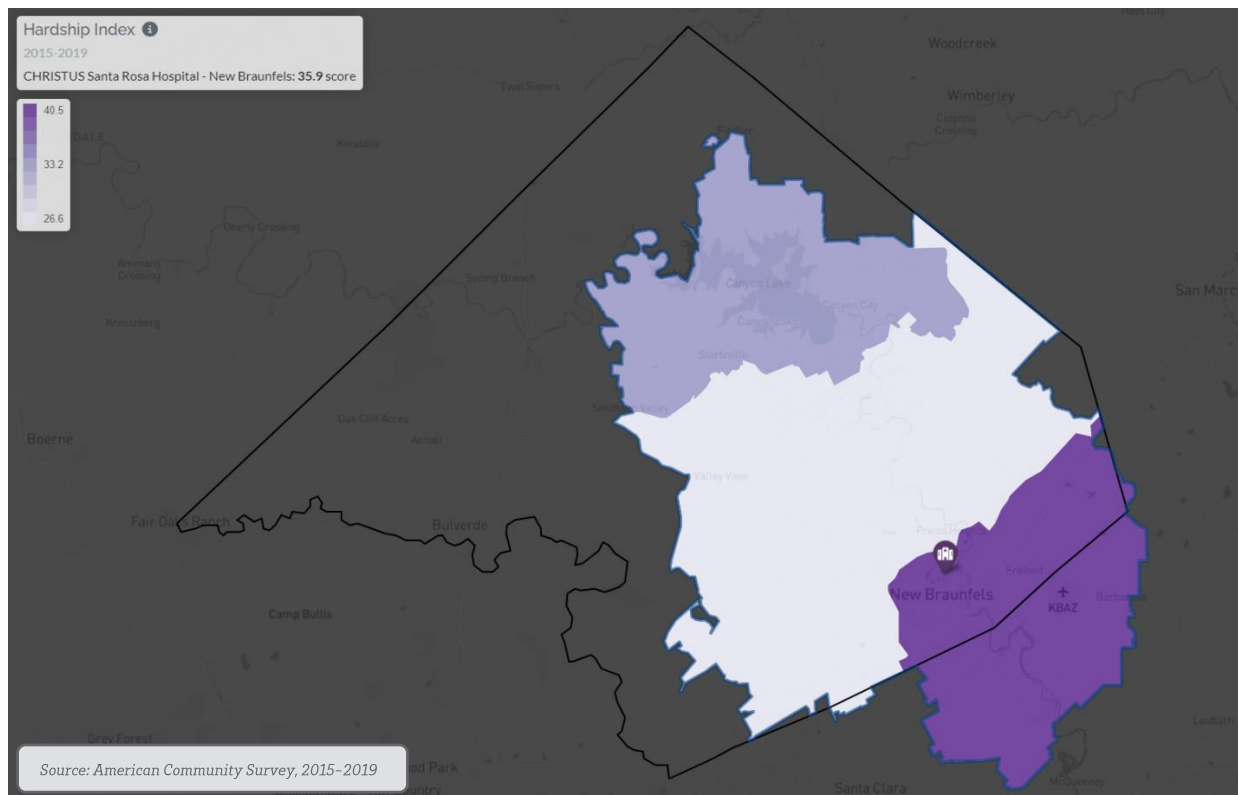
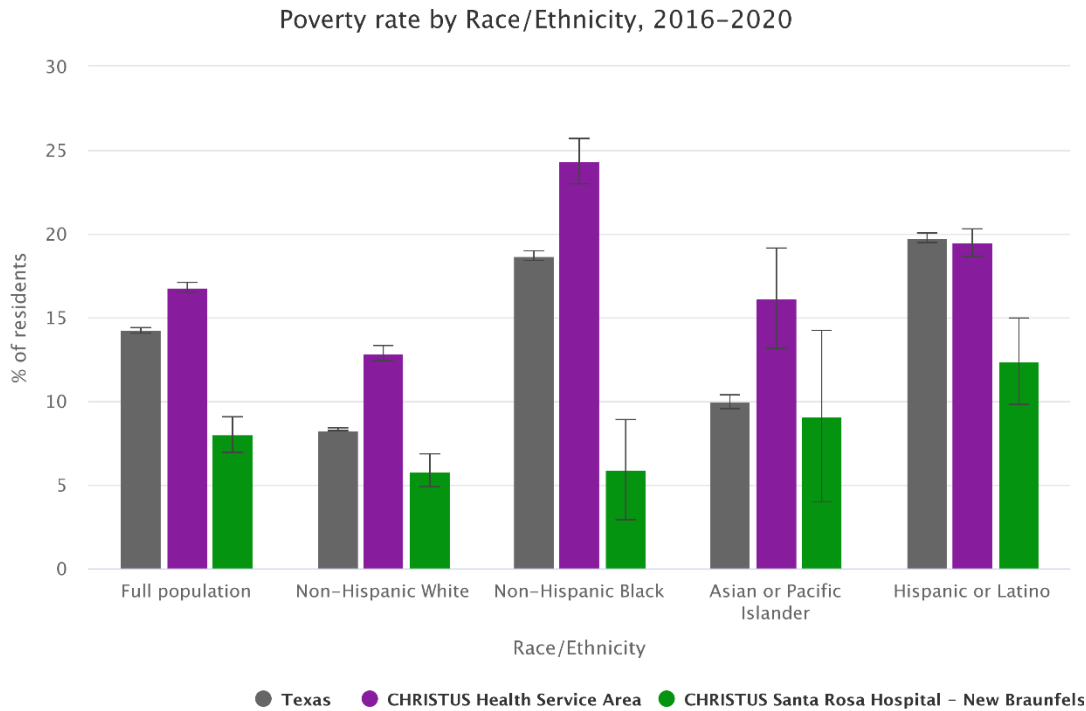


Figure 12. Map of Hardship Index in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA



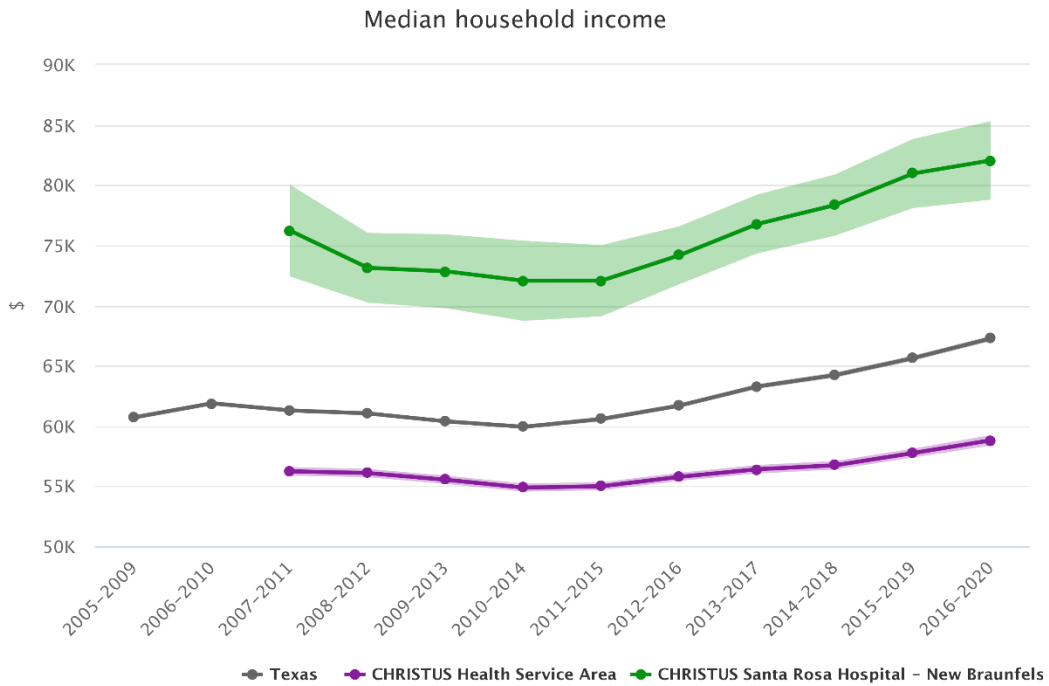
## Poverty

In the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA the poverty rate (Figure 13) is 8.0% and the median household income (Figure 14) is \$82,050. In comparison, the CHRISTUS Health service area overall has a median household income of \$58,813 and 16.8% of residents living in poverty, and Texas, \$67,267 and 14.2%, respectively. The poverty rate in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA is highest for Hispanic or Latino residents (12.4%), but all groups in the PSA experience poverty at a lower rate than other benchmark regions.



Created on Metopio | <https://metop.io/i/5j7m3npq> | Data source: American Community Survey (Table B17001)  
 Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).

**Figure 13. Poverty Rate with Stratifications in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**



Created on Metopio | <https://metop.io/i/danhe57h> | Data source: American Community Survey (Table B19013)  
 Median household income: Income in the past 12 months.

Figure 14. Median Household Income in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA

### Housing

In the focus groups, community members shared disparities in resources limit the ability of all people to be healthy. Participants also shared that the expensive cost of housing and childcare also puts a burden on working families, making them feel like they can't get ahead. Figure 15 shows that 19.3% of residents in rental housing units in the PSA are severely rent-burdened, meaning they spend more than 50% of their income on housing. According to the American Community Survey, zip code 78133 experiences the highest percentage of severely rent-burdened households (29.1%).

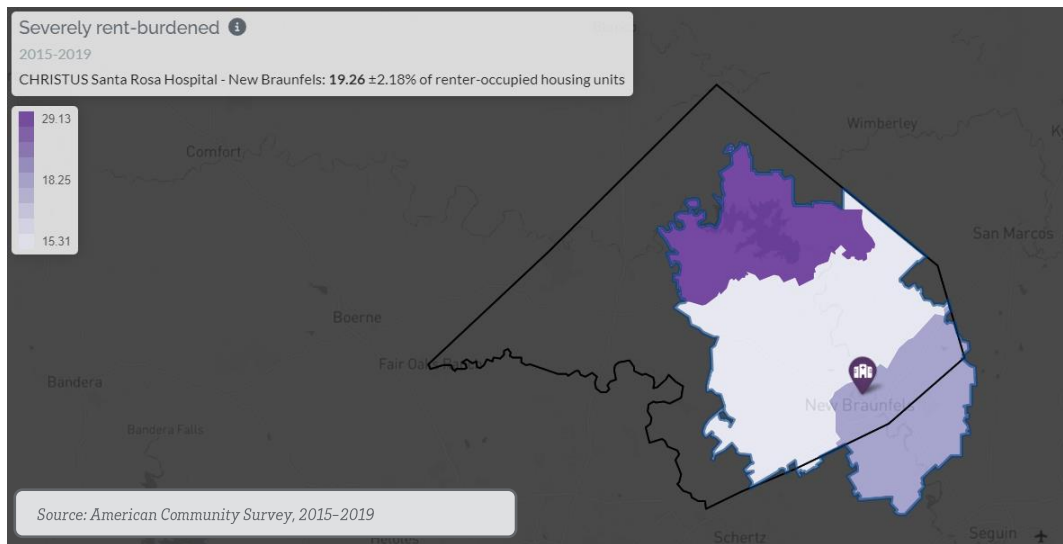
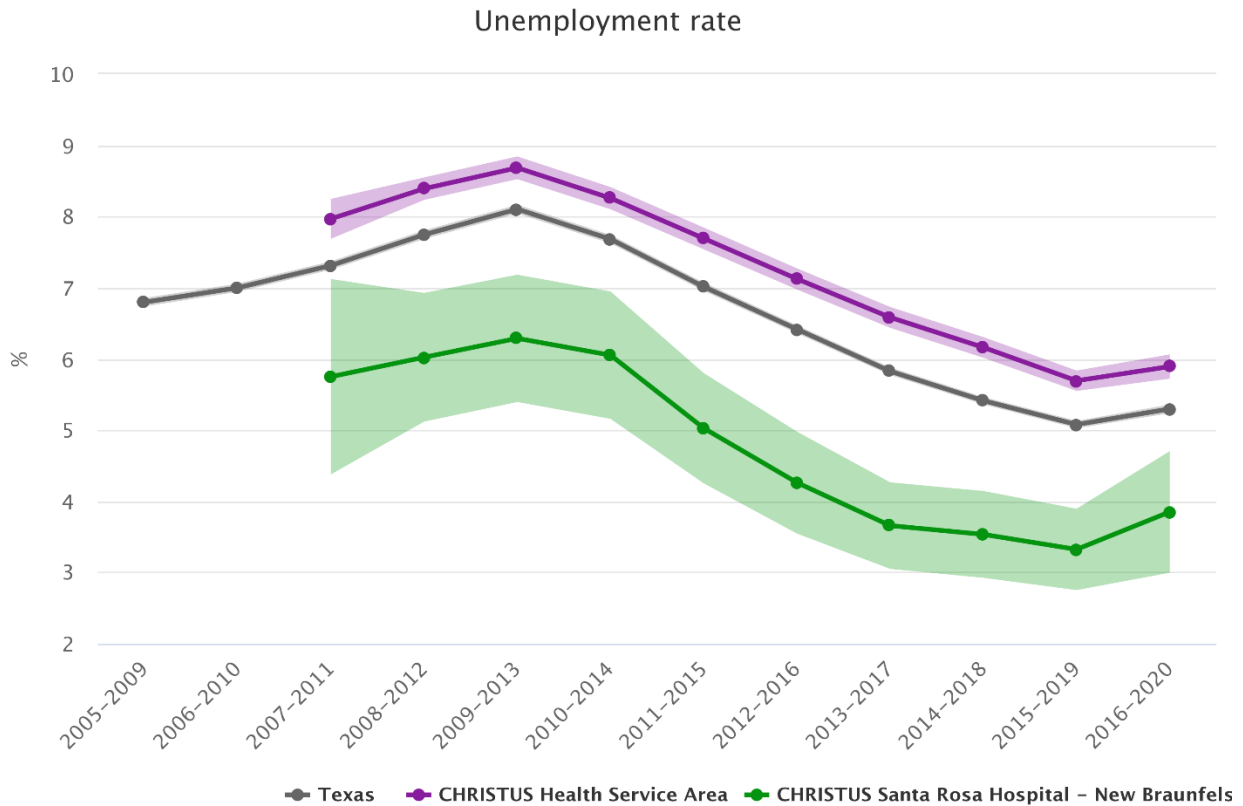


Figure 15. Housing Cost Burden in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA

## Unemployment

The overall unemployment rate in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA (3.9%) is lower than the rate of the CHRISTUS Health service area (5.9%) and the same as Texas (5.3%) (Figure 16). Over the past decade, the region has generally seen a decline in the unemployment rate, up until the most recent reporting period. The recent increase is likely related to the COVID-19 pandemic.

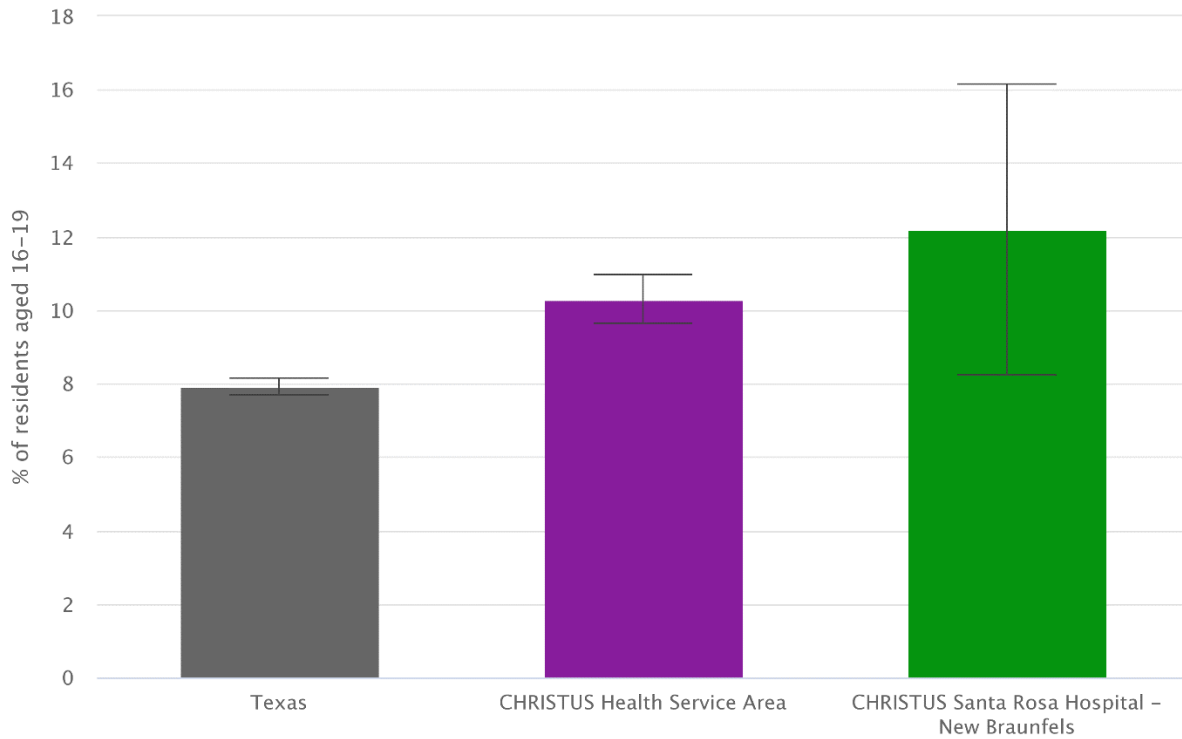


Created on Metopio | <https://metop.io/i/t3t4e9ob> | Data source: American Community Survey (Tables B23025, B23001, and C23002)  
 Unemployment rate: Percent of residents 16 and older in the civilian labor force who are actively seeking employment.

**Figure 16. Unemployment Rate in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**

Another measure of potential economic stress is disconnected youth, defined as residents aged 16-19 who are neither in school nor employed. For the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA, the percentage is 12.2% compared to 10.3% in the whole CHRISTUS Health service area, and 7.9% in Texas (Figure 17).

### Disconnected youth, 2016–2020



Created on Metopio | <https://metop.io/i/emmntprj> | Data source: American Community Survey (Table B14005)  
 Disconnected youth: Percent of residents aged 16–19 who are neither working nor enrolled in school.

Figure 17. Disconnected Youth in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA

Table 8 explores each of these socio-economic indicators by county for the service area.

Topic	Comal County, TX
Hardship Index score, 2015 -2019	32.2 ± 0.0
Poverty rate % of residents, 2016 -2020	7.66 ± 0.91
Median household income 2016 -2020	\$85,136 ± \$2,794
Severely rent-burdened % of renter-occupied housing units, 2016 -2020	17.77 ± 2.97
Unemployment rate %, 2016 -2020	4.03 ± 0.83
Disconnected youth % of residents aged 16-19, 2016 -2020	10.76 ± 3.36

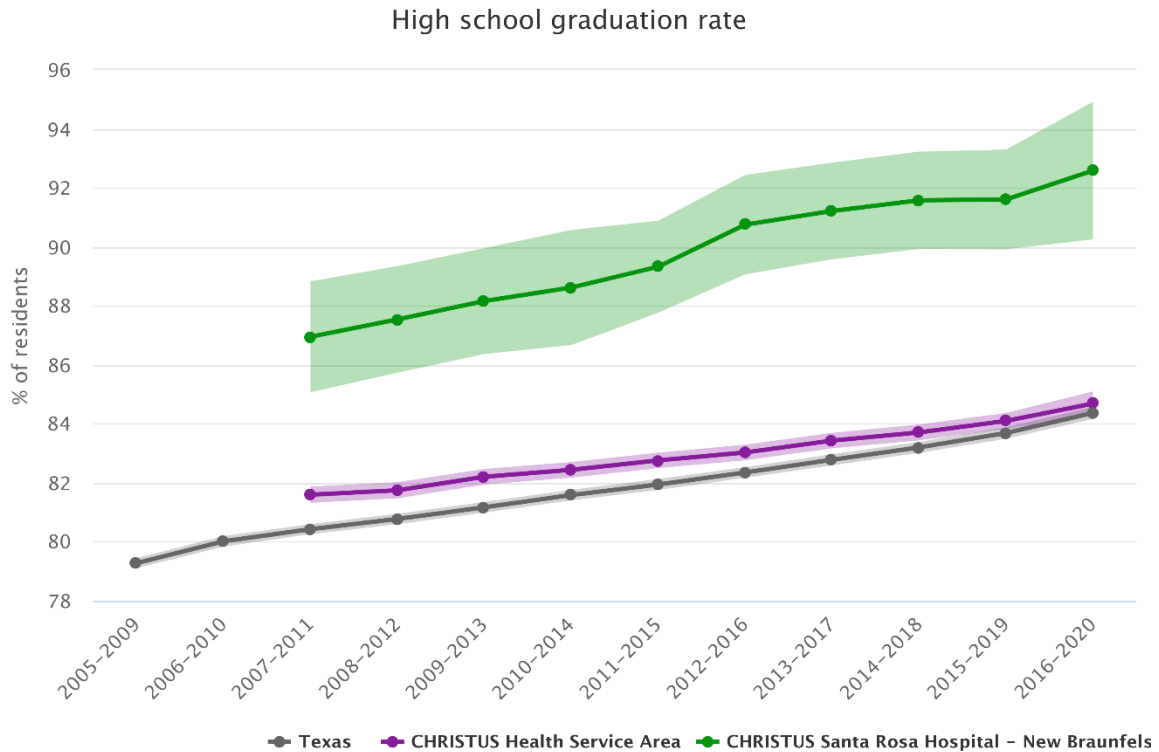
Table 8. Socioeconomic Indicators by County in CHRISTUS Santa Rosa Hospital – New Braunfels PSA



## Education

The high school graduation in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA is 92.6%, which is much higher than the wider CHRISTUS Health service area and state averages (84.7% and 85.9%, respectively) (Figure 18). High school graduate rates have been on the rise in all benchmark regions since at least 2007.

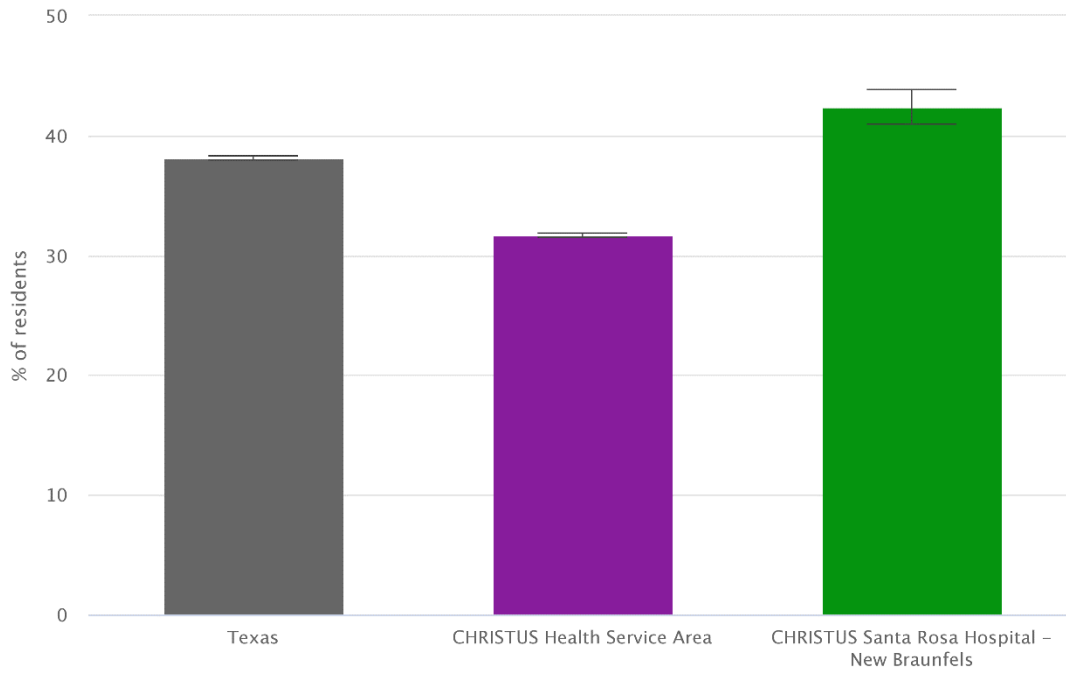
Post-secondary education in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA is also high (Figure 19). For residents 25 or older with any post-secondary education, the higher degree graduation rate in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA is 42.4% compared to 31.7% in the CHRISTUS Health service area and 31.4% in Texas. Table 9 provides additional education-related data for the service area counties.



Created on Metopio | <https://metop.io/i/odsv52uq> | Data source: American Community Survey (Table B15002)  
High school graduation rate: Residents 25 or older with at least a high school degree: including GED and any higher education

Figure 18. High School Graduation Rate in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA

### Higher degree graduation rate, 2016–2020



Created on Metopio | <https://metop.io/i/wxsd696y> | Data source: American Community Survey (Table B15002)  
**Higher degree graduation rate:** Residents 25 or older with any post-secondary degree, such as an Associates or bachelor's degree or higher

Figure 19. Higher Degree Graduation Rate in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA

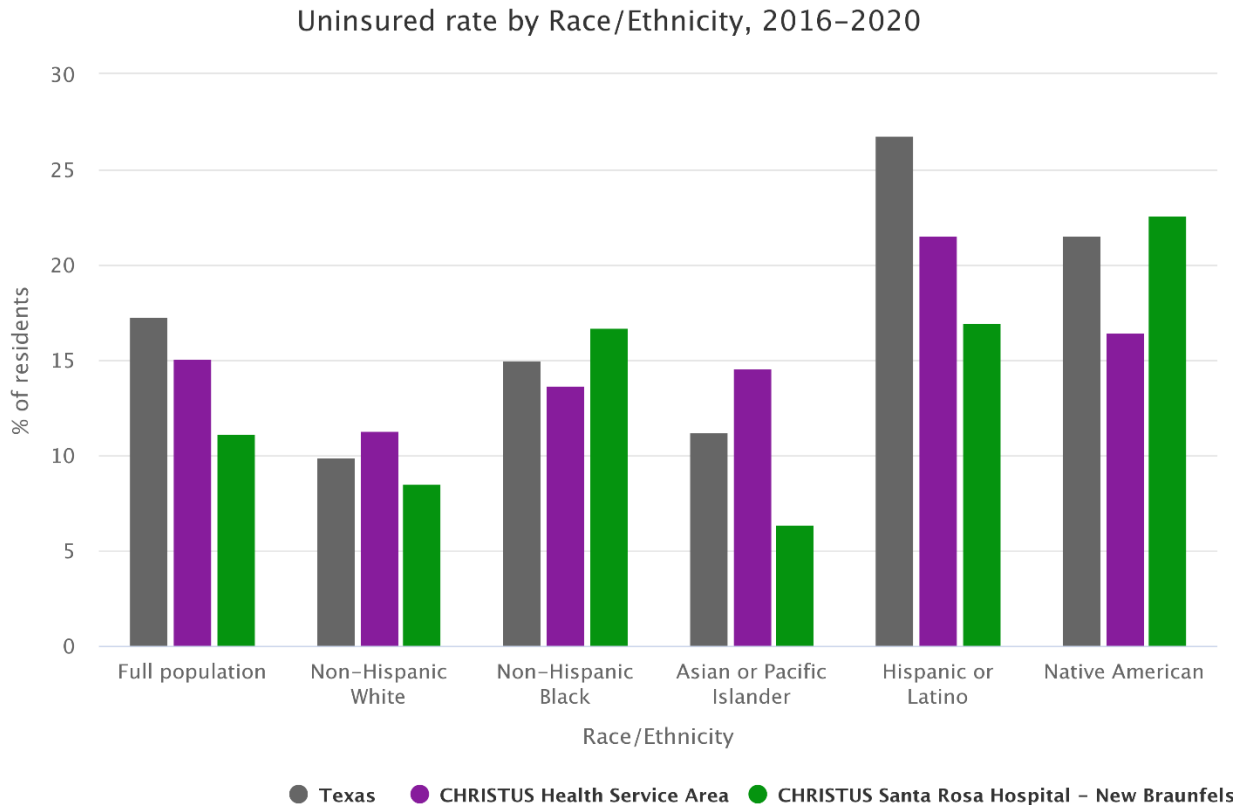
Topic	Comal County, TX
<b>Preschool enrollment</b> Infants (0-4 years) % of toddlers, 2016-2020	32.21 ± 6.75
<b>Private school</b> Juveniles (5-17 years) % of grade school students, 2016-2020	12.39 ± 2.06
<b>9th grade education rate</b> % of residents, 2016-2020	97.42 ± 2.48
<b>High school graduation rate</b> % of residents, 2016-2020	93.67 ± 2.41
<b>Any higher education rate</b> % of residents, 2016-2020	68.24 ± 2.05
<b>Higher degree graduation rate</b> % of residents, 2016-2020	44.84 ± 1.67
<b>Graduate education rate</b> % of residents, 2016-2020	13.26 ± 0.85

Table 9. Education Indicators by County in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA

## Access to Care

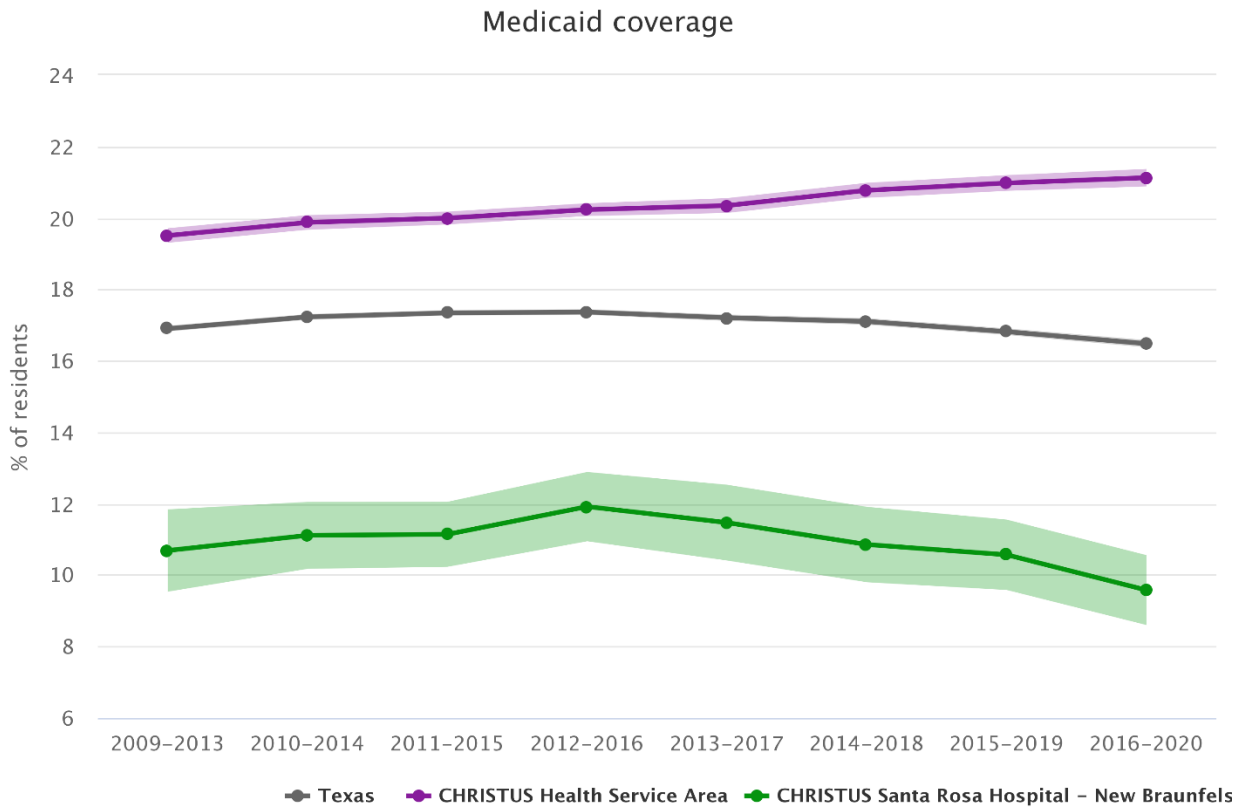
Being able to reliably access the health system, whether for primary care, mental health, or specialists, is often dependent on one's insurance (Figure 20). The uninsured rate in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA (11.2%) is slightly lower than the rate in the CHRISTUS Health service area (15.1%) and Texas (17.3%). Though the overall uninsured rate is low, the PSA has high uninsured rates for several racial/ethnic groups. Native American, Hispanic or Latino, and non-Hispanic Black residents experience uninsured rates of 22.6%, 17.0%, and 16.7%, respectively.

Some residents in the service area receive insurance through Medicaid programs. The percentage of residents covered by Medicaid in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA (9.6%) is lower than both the full CHRISTUS Health service area (21.1%) and Texas (16.5%) (Figure 21.)



Created on Metopio | <https://metop.io/i/64m2x67x> | Data source: American Community Survey (Tables B27001/C27001)  
 Uninsured rate: Percent of residents without health insurance (at the time of the survey).

*Figure 20. Uninsured Rate with Stratifications in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA*



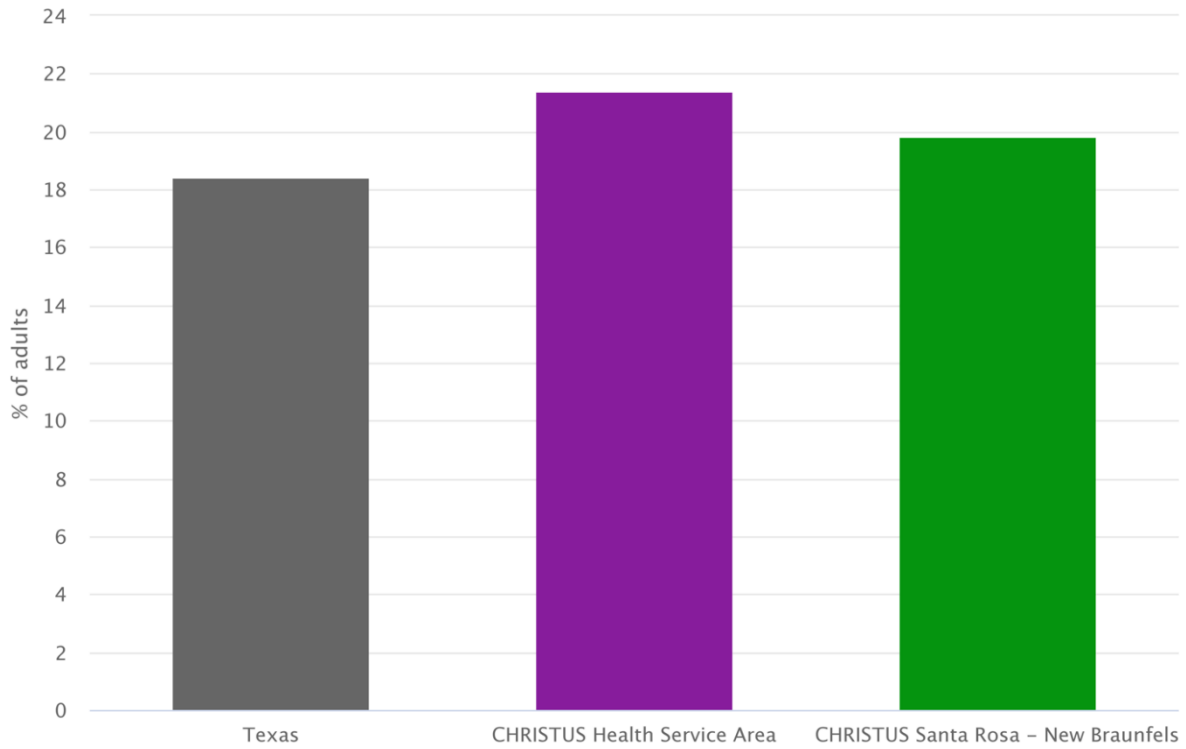
Created on Metopio | <https://metop.io/i/fmtr44e5> | Data source: American Community Survey (Tables S2704, S2701, and B27010)  
**Medicaid coverage:** Percent of residents covered by Medicaid, a state-administered health insurance program for residents meeting certain income limits and other eligibility standards that vary by state.

*Figure 21. Medicaid Coverage in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA*

Mental health was raised as an issue through all channels of primary data collection. Figure 22 shows the percentage of adults in the PSA experiencing depression, which is about one-in-five people for all benchmark regions. 19.8% of residents in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA experience depression. Many survey participants noted a lack of access to providers, regardless of a person's insurance. The table below (Table 10) shows the per capita rate for types of mental health providers in the service area, as well as other behavioral health indicators for comparison.



### Depression, 2019



Created on Metopio | <https://metop.io/i/gtxkmymb> | Data source: PLACES  
 Depression: Prevalence of depression among adults 18 years and older

Figure 22. Percent of Adults with Depression in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA

Topic	Comal County, TX
Depression % of adults, 2019	18.30
Poor mental health days days per month, 2018	4.1
Mental health providers per capita providers per 100,000 residents, 2021	163.3
Drug overdose mortality deaths per 100,000, 2016 -2020	11.01
Poor self-reported mental health % of adults, 2019	12.40
Psychiatry physicians per capita physicians per 100,000 residents, 2021	5

Table 10. Behavioral Health Indicators by County in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA

Many low-income residents in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA rely on Federally Qualified Health Centers (FQHCs) for their care in addition to hospitals, outpatient centers and primary care offices. There are 3 FQHCs to service residents of the CHRISTUS Santa Rosa Hospital – New Braunfels PSA, and they are all located in zip code 78130 (Figure 23). In this report, FQHCs refers to the number of federally qualified health centers and community-based organizations recognized by the Centers for Medicare and Medicaid Services that provide comprehensive primary and preventive care to medically underserved areas and populations, regardless of ability to pay. Table 11 includes other indicators that measure access to primary care including the per capita number of primary care physicians and nurse practitioners by county.

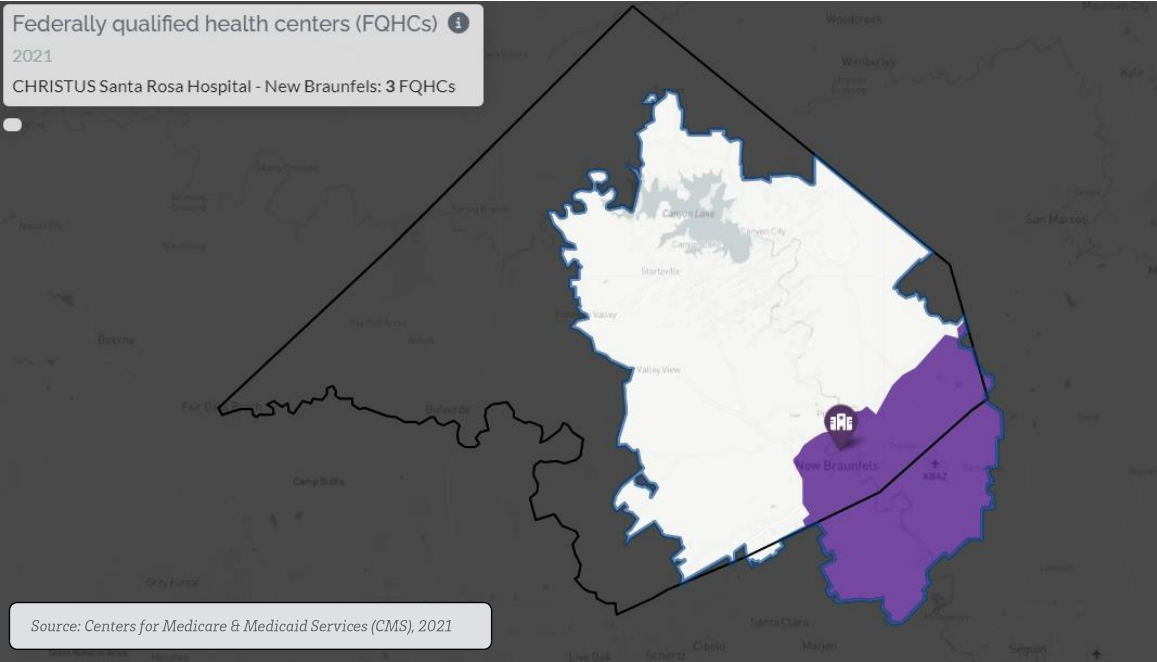


Figure 23. Map of FQHC locations in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA

Topic	Comal County, TX
Visited doctor for routine checkup % of adults, 2019	72.90
Nurse practitioners per capita nurses per 100,000 residents, 2019	56.84
Primary care providers (PCP) per capita physicians per 100,000 residents, 2018	81.9

Table 11. Primary Care Access Indicators by County in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA

## Food Access

Both obesity and healthy eating were raised as top health issues by survey respondents. Often obesity is correlated with poor food access and about 8.2% of residents in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA live in a food desert, meaning there isn't a grocery store within one mile for urban residents and five miles for rural residents. Without easy access to fresh, healthy food, people sometimes rely on fast food and other unhealthy options. Figure 24 shows that the highest concentration of food deserts in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA are found in 78130 zip code (12.4% of residents). In addition to food deserts, 15.0% of residents are considered food insecure (Figure 25) which is an indicator that incorporates both economic and social barriers to food access. Table 12 breaks out additional indicators of food access in the service area county.

"My adult sons' lives are so hectic in order to make a decent living that they have no time to cook and have a diet of almost all processed or fast foods. At young ages they are already having health problems. We need to do more to educate the community about the effects of processed food vs whole, fresh foods."

- Focus Group Participant

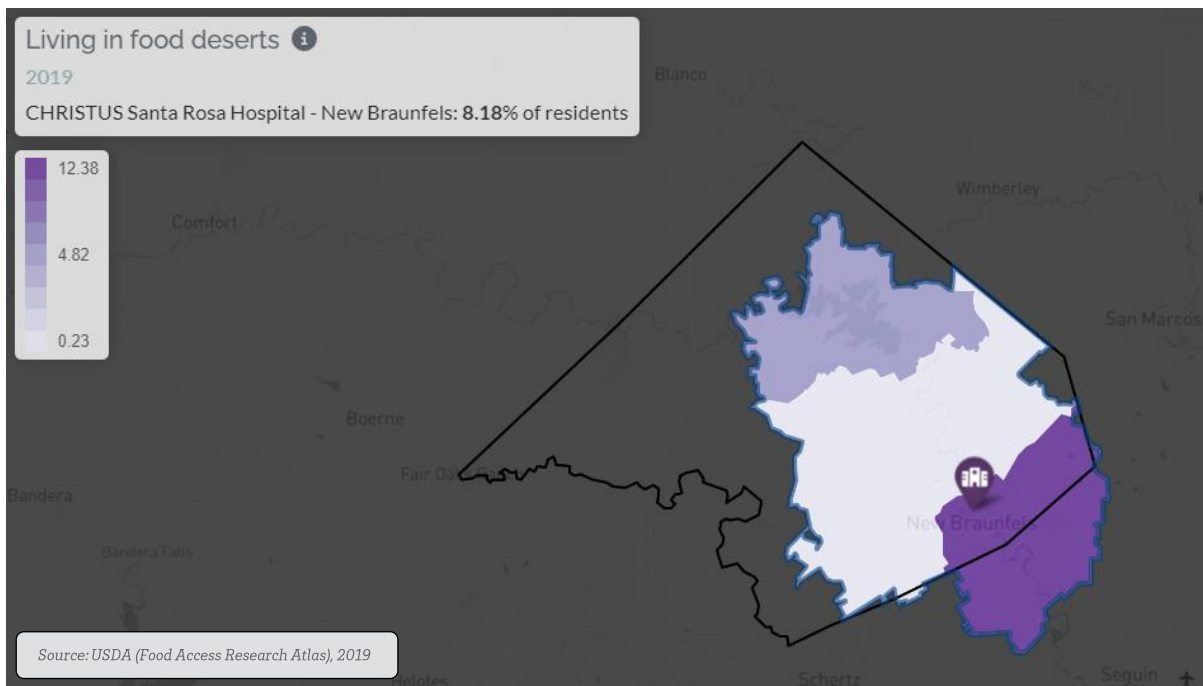
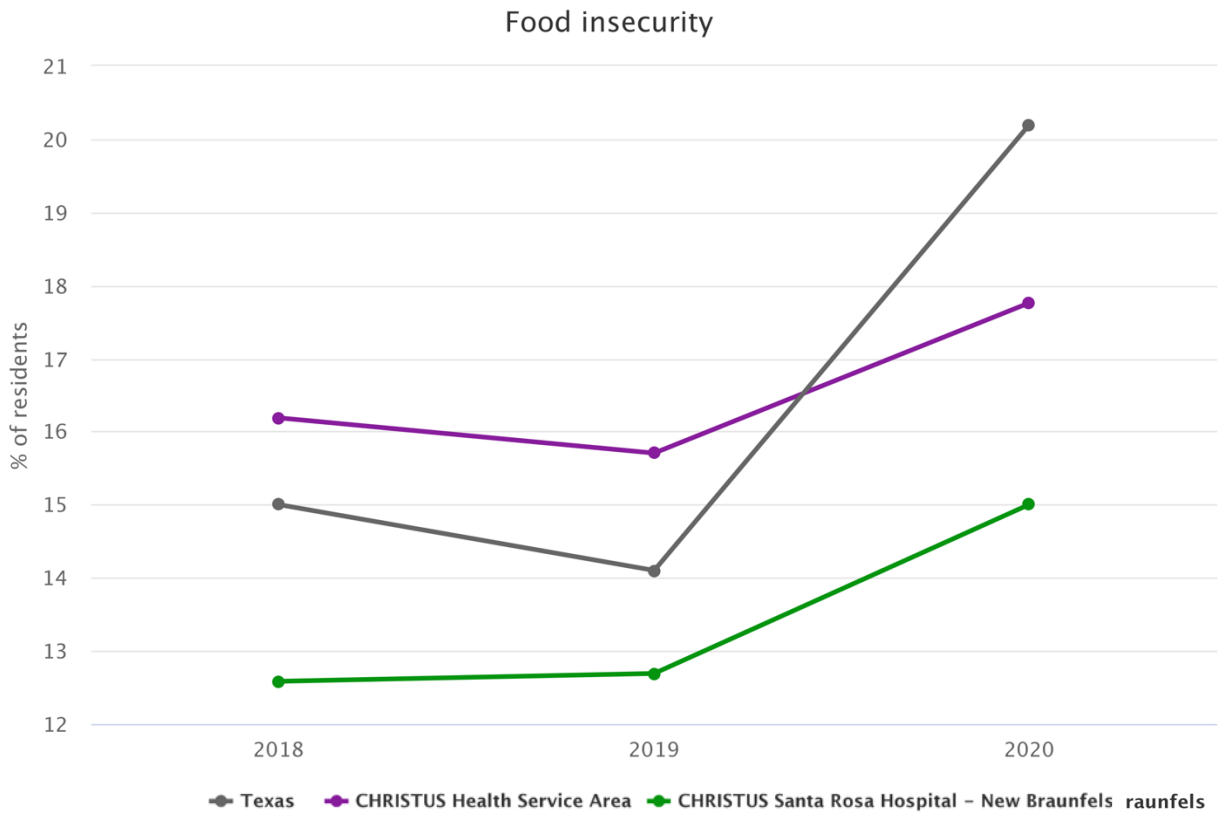


Figure 24. Map of Residents Living in Food Deserts in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA



Created on Metopio | <https://metop.io/i/htvty2ys> | Data source: Feeding America (Map the Meal Gap 2020)  
**Food insecurity:** Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.

**Figure 25. Percent of Residents who are Food Insecure in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**

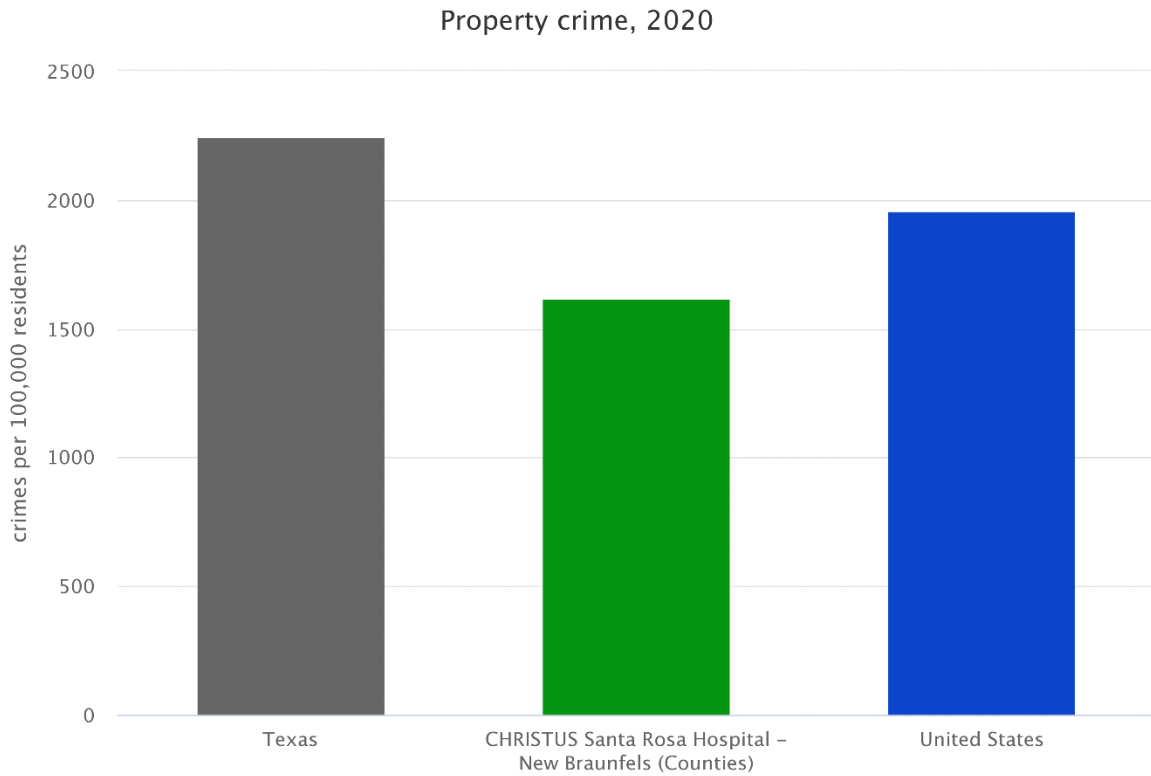
Topic	Comal County, TX
Food insecurity % of residents, 2020	17.7
Low food access % of residents, 2019	30.44
Very low food access % of residents, 2019	14.37
Living in food deserts % of residents, 2019	4.39
Average cost per meal 2019	\$3.34

**Table 12. Food Access Indicators by County in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**



## Violence and Community Safety

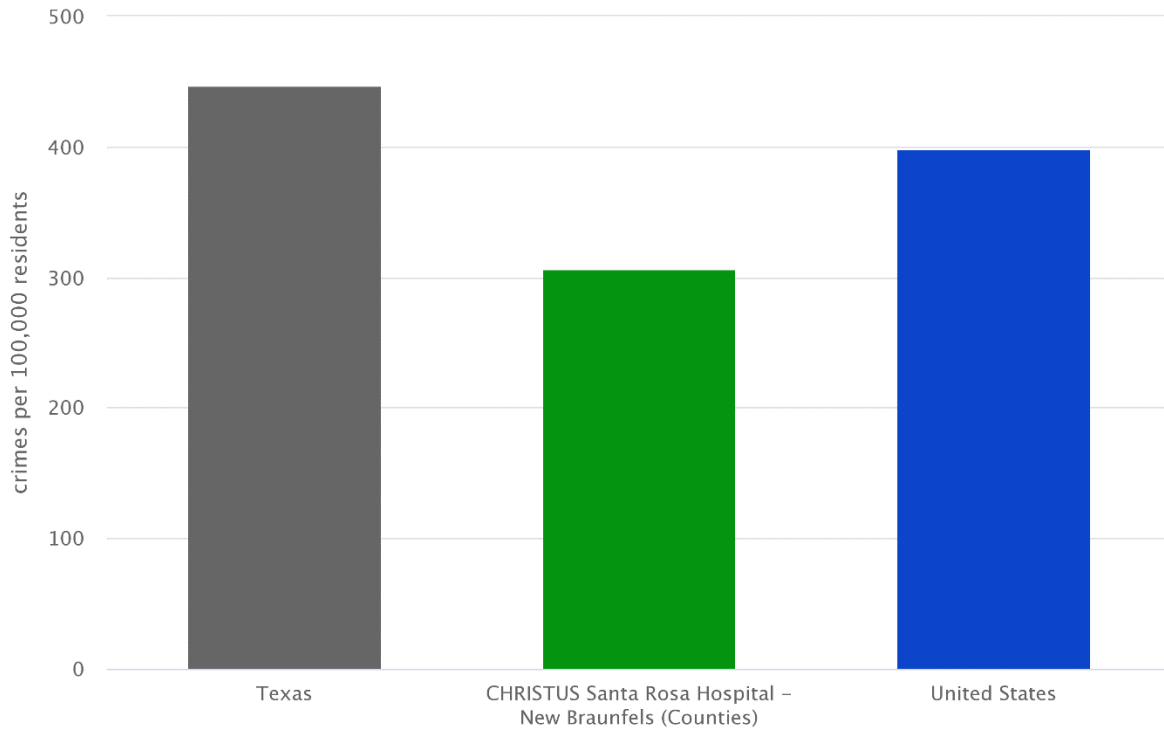
The rate of property crimes, which includes burglary, larceny, motor vehicle theft, and arson crimes is lower in CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA than the rate in Texas and the United States overall (Figure 26). The same can be said for crimes related to violence, including homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery (Figure 27). Table 13 shows specific crimes for the county in the service areas.



Created on Metopio | <https://metop.io/i/uk7quxd8> | Data sources: FBI Crime Data Explorer (County, state, and city level data), Chicago crime data portal (Data Property crime: Property crimes (yearly rate). Includes burglary, larceny, motor vehicle theft, and arson crimes.

**Figure 26. Property Crime Rate in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**

## Violent crime, 2020



Created on Metopio | <https://metop.io/l/9f8xvp45> | Data sources: Chicago crime data portal (Data within Chicago), New York City Police Department (NYPD) (D  
Violent crime: Crimes related to violence (yearly rate). Includes homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery.

Figure 27. Violent Crime Rate in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA

Topic	Comal County, TX
<b>Burglary</b> crimes per 100,000 residents 2020	322.7
<b>Homicide</b> crimes per 100,000 residents 2020	6.7
<b>Arson</b> crimes per 100,000 residents 2020	2.5
<b>Property crime</b> crimes per 100,000 residents 2020	1,620.8
<b>Violent crime</b> crimes per 100,000 residents 2020	305.9

Table 13. Types of Crime by County in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA

# HEALTH DATA ANALYSIS



# Health Data Analysis

## Health Outcomes: Morbidity and Mortality

### Chronic Disease

Community members noted that chronic conditions, especially heart disease and diabetes, had an outsized impact on the community. The rate of high blood pressure is lower in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA than in the full CHRISTUS Health service area and about the same as the rate in Texas as illustrated in Figure 28.

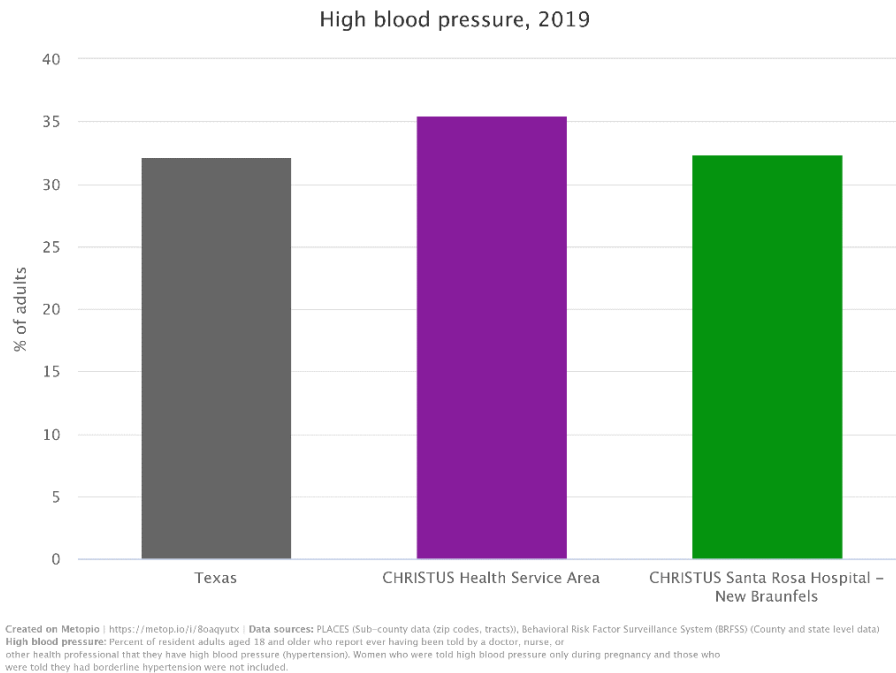


Figure 28. High Blood Pressure in the CHRISTUS Santa Rosa Hospital - New Braunfels PSA

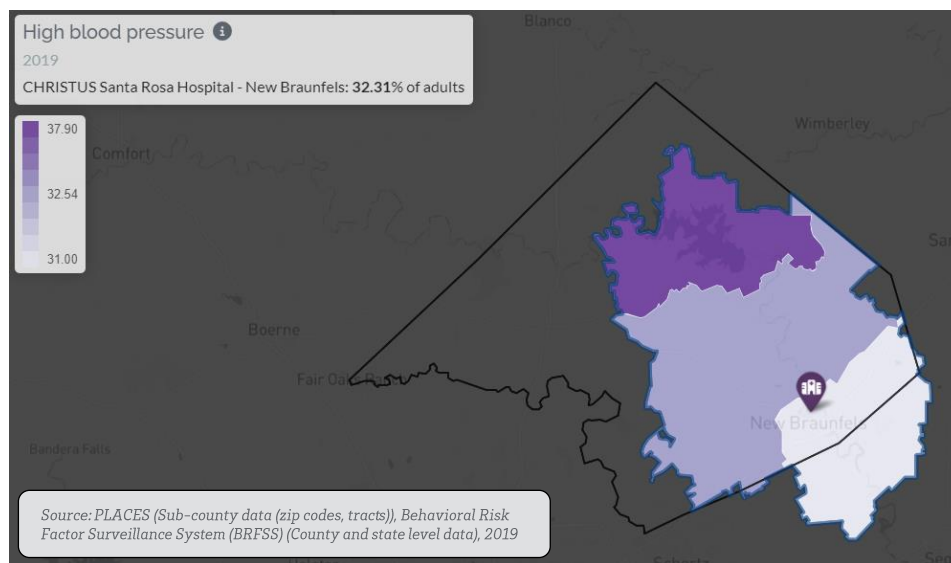


Figure 29. Map of High Blood Pressure in CHRISTUS Santa Rosa Hospital - New Braunfels PSA

About 1 in 10 adults has diabetes in the Santa Rosa - *New Braunfels* PSA (Figure 30). The rate of diabetes is lower in the PSA than the rate in Texas and the entire CHRISTUS Health service area. However, the 78133 zip code has the highest rate of diagnosed diabetes in the PSA (12.6%) (Figure 31).

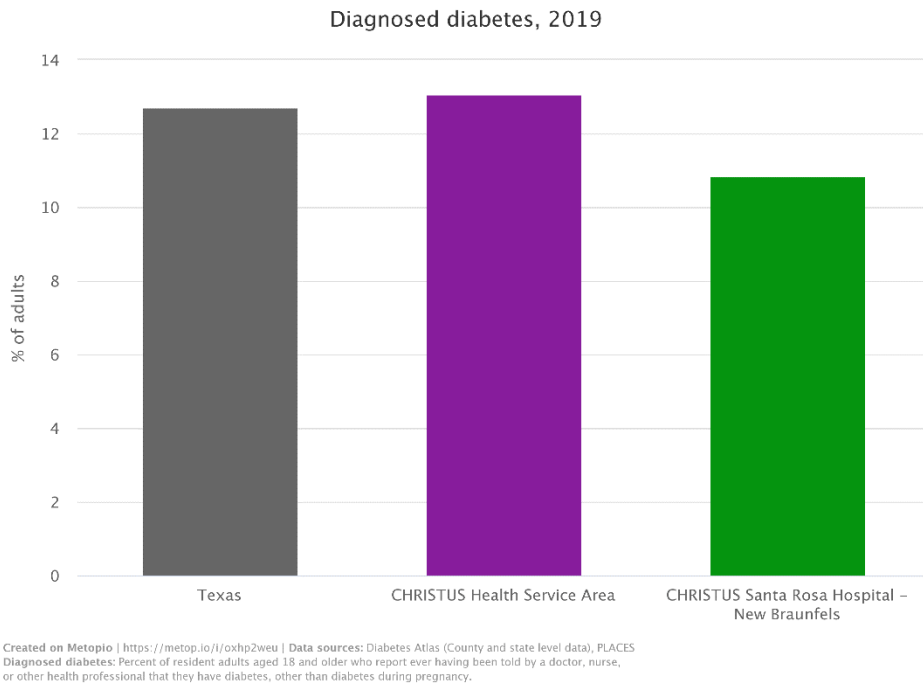


Figure 30. Diagnosed Diabetes in the CHRISTUS Santa Rosa Hospital - New Braunfels PSA

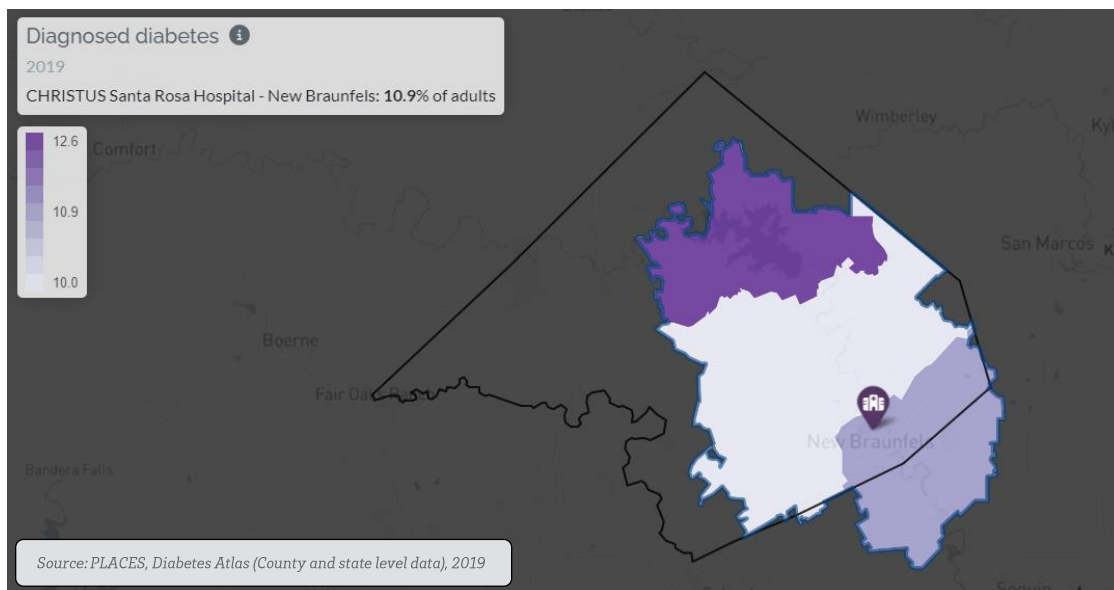


Figure 31. Map of Diagnosed diabetes in CHRISTUS Santa Rosa Hospital - New Braunfels



Chronic kidney disease affects 2.8% of adults in the Santa Rosa - *New Braunfels* PSA, which is slightly below Texas and the CHRISTUS Health service area (Figure 32). The 78133 zip code has the highest rate of chronic kidney disease in the PSA (3.3%) (Figure 33).

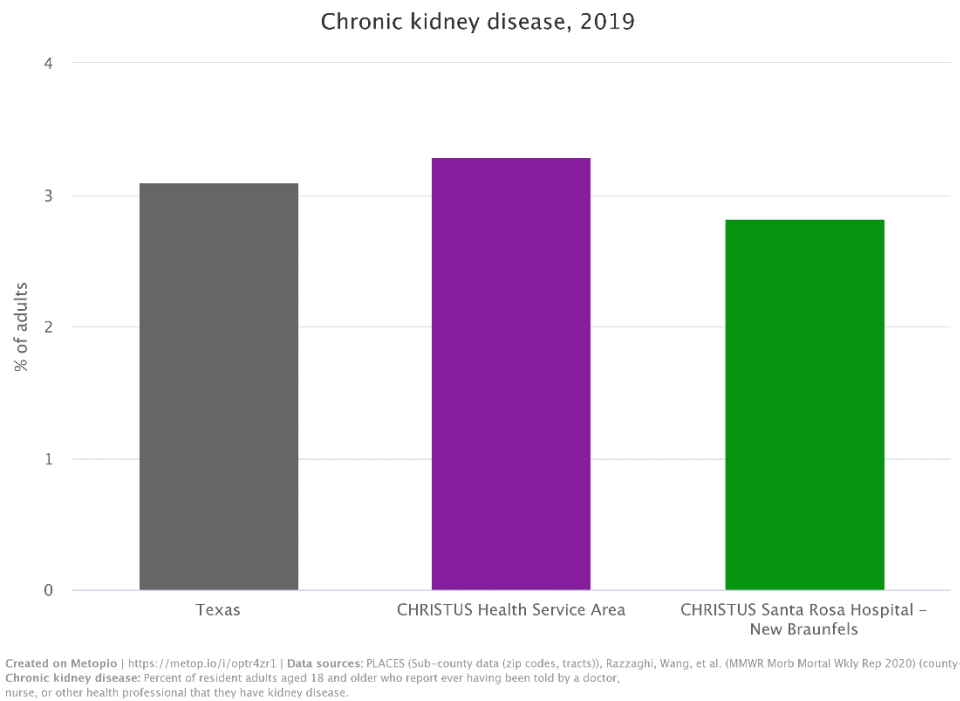


Figure 32. Chronic Kidney Disease in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA

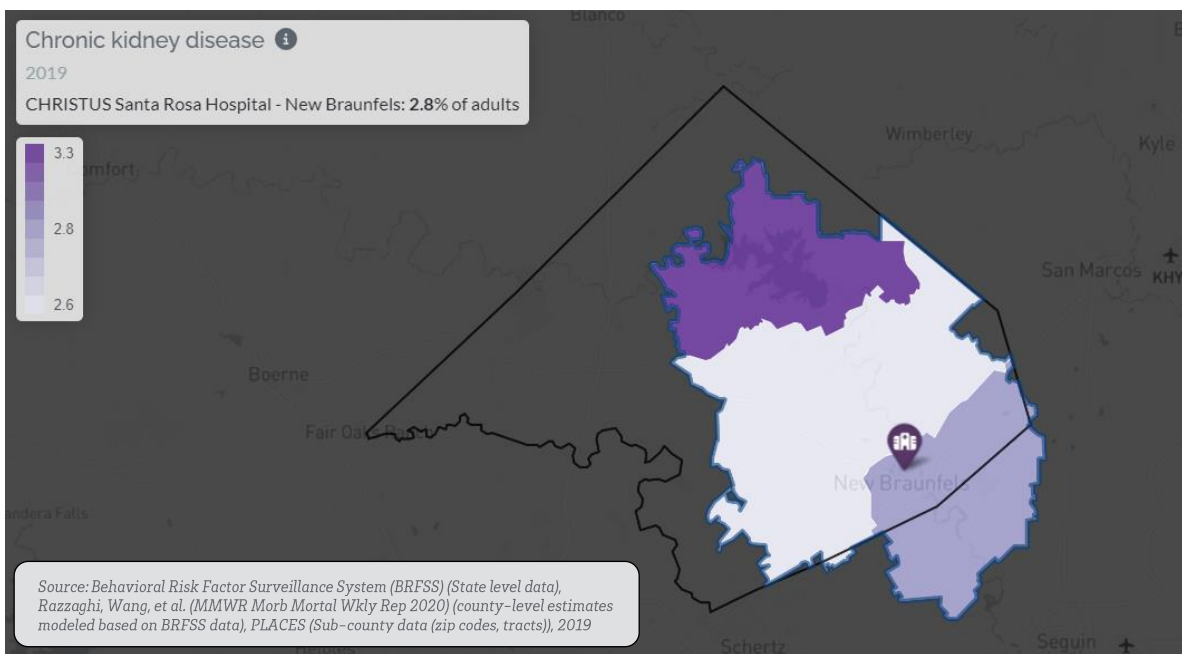
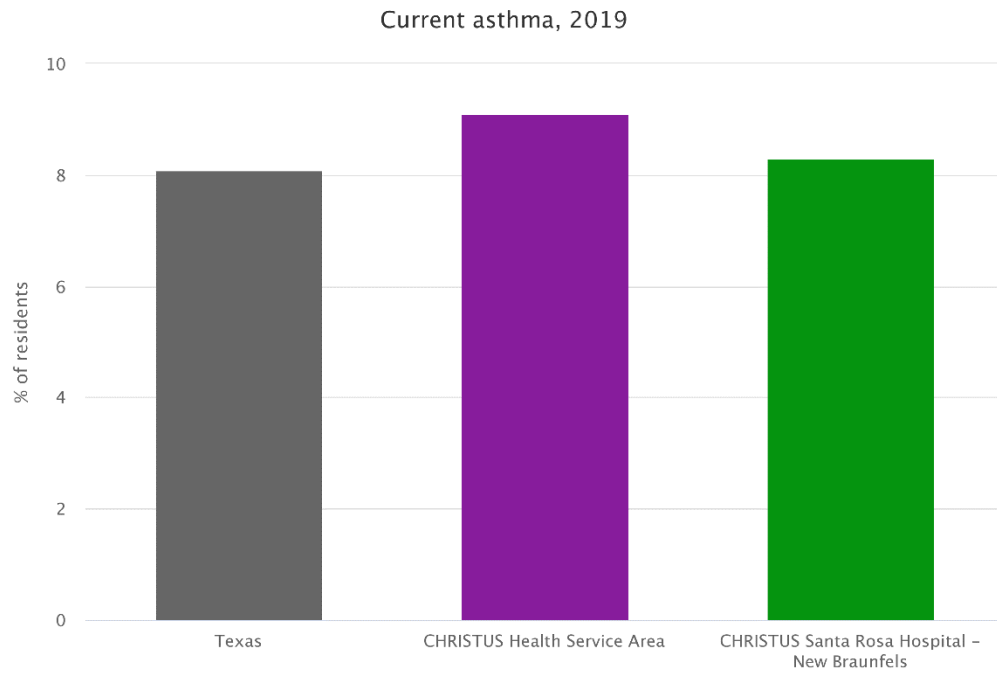


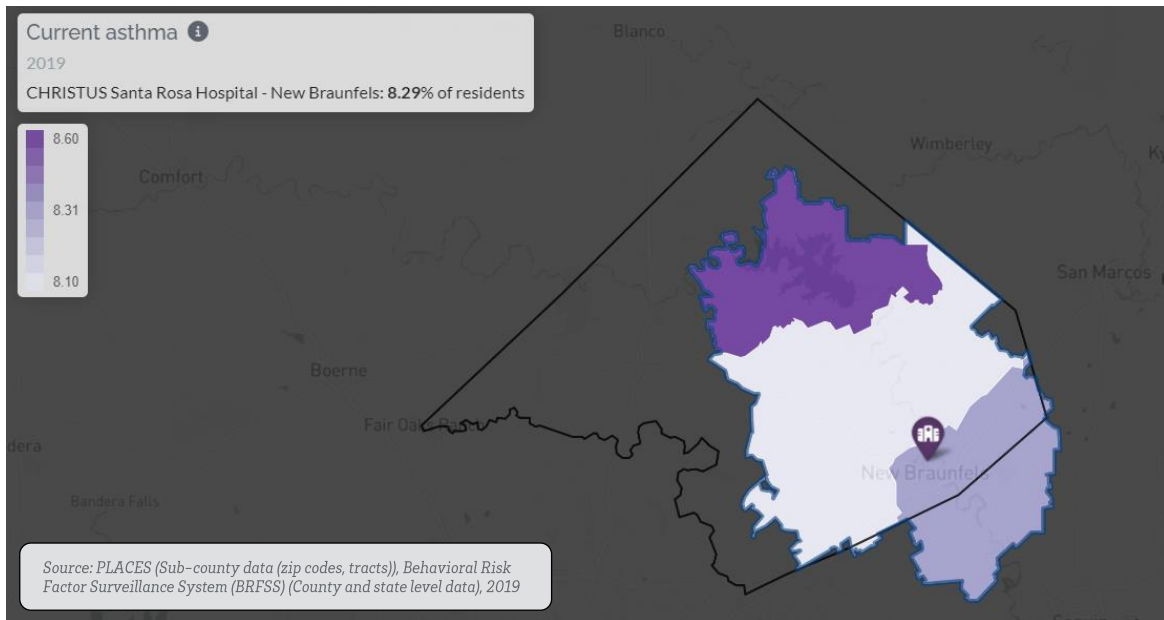
Figure 33. Map of Chronic kidney disease in CHRISTUS Santa Rosa Hospital- New Braunfels PSA

Lastly, about 8.3% of the population lives with asthma in Santa Rosa - *New Braunfels* service area, which is just below the average in the CHRISTUS Health service area and just above the average in the state (Figure 34).









Created on Metopio | <https://metopio.io/i/escxa5au> | Data sources: PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), 2019  
**Current asthma:** Percent of residents (civilian, non-institutionalized population) who answer "yes" to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"

**Figure 34. Residents with Asthma in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**



**Figure 35. Map of Current asthma in CHRISTUS Santa Rosa Hospital- New Braunfels**

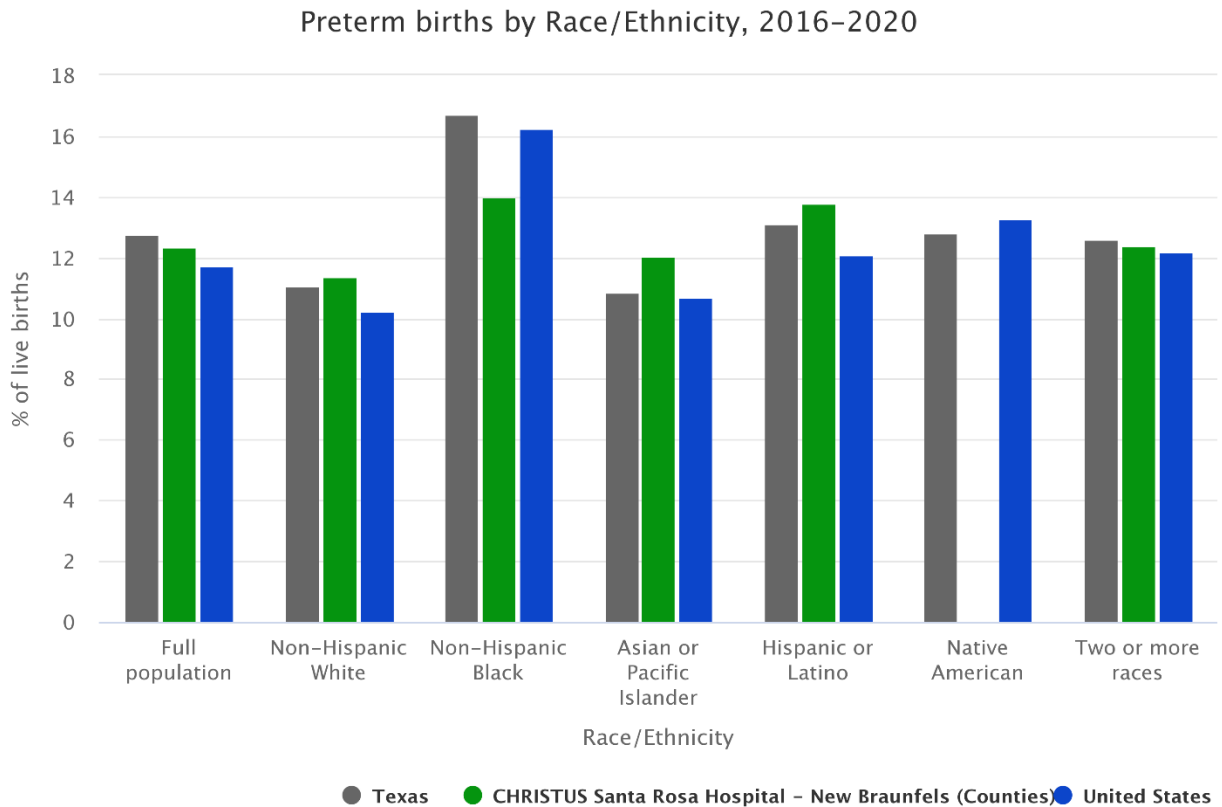
Table 14 provides additional insight into the burden of chronic diseases by each county in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA.

Topic		Comal County, TX
High blood pressure <i>% of adults, 2019</i>		28.50
Diagnosed diabetes <i>% of adults, 2019</i>		9.9
Coronary heart disease <i>% of adults, 2019</i>		5.00
Chronic kidney disease <i>% of adults, 2019</i>		2.6
Current asthma <i>% of residents, 2019</i>		7.80
Obesity <i>% of adults, 2019</i>		33.1

*Table 14. Chronic Disease Indicators by County in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA*

## Maternal Health

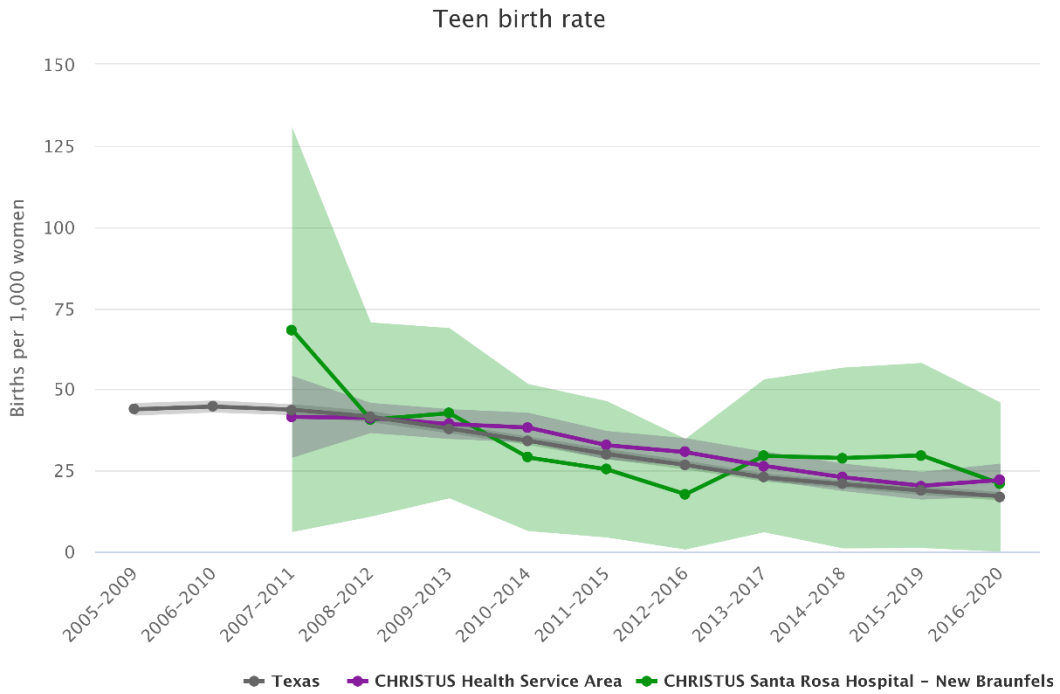
The rate of preterm births in the service area (12.4% of live births) is lower than that in the state (12.8%) and slightly higher than rate in the United States (11.7%) (Figure 36). Within the CHRISTUS Santa Rosa Hospital – *New Braunfels* PSA, there is some disparity among racial and ethnic groups. Non-Hispanic Black and Hispanic or Latino people experience slightly higher preterm birth rates than PSA average (14.0% and 13.8%, respectively).



Created on Metopio | <https://metop.io/i/4mydtxws> | Data sources: National Vital Statistics System–Nativity (NVSS–N) (via CDC wonder (2016–2020 data average))  
**Preterm births:** Percent of live births that are preterm (<37 completed weeks of gestation). Different states are available for different time periods.

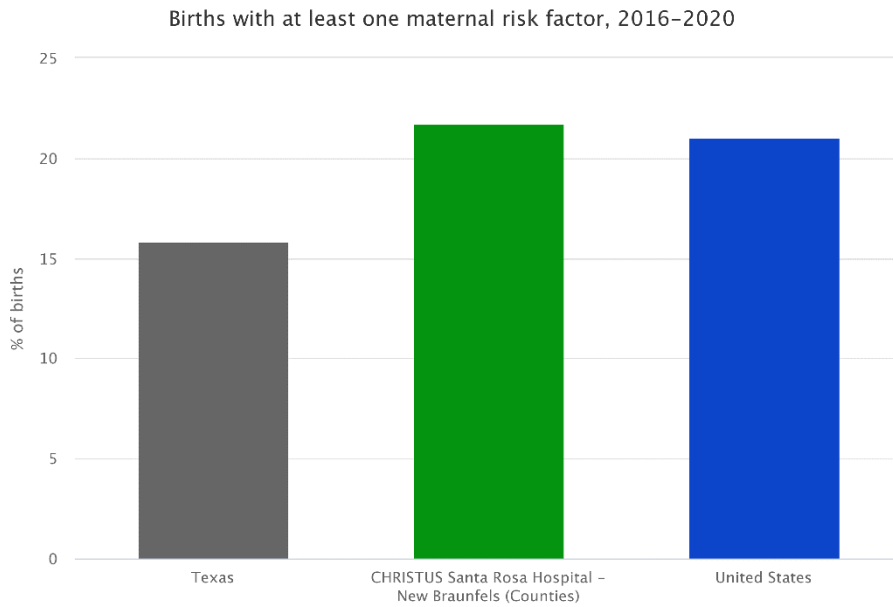
**Figure 36. Percent of Births that are Preterm in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**

The teen birth rate has been declining over the last decade in all benchmark regions. The most recent reported data shows that the current teen birth rate in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA (21.0 births per 1,000 women) is about the same as the whole CHRISTUS Health service area (22.1 births) and Texas (17.1 births) (Figure 37). Within the PSA, the rate of births with at least one maternal risk factor (21.7% of births) is higher than the rate in Texas (15.8%) but about the same as that of United States (21.0%) (Figure 38).



Created on Metopio | <https://metop.io/i/vyebwc8j> | Data source: American Community Survey (Table B13002)  
 Teen birth rate: Women age 15-19 with a birth in the past year, per 1,000 women age 15-19. Does not include births to women below age 15.

**Figure 37. Teen Birth Rate in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**



Created on Metopio | <https://metop.io/i/g3459on3> | Data source: National Vital Statistics System-Nativity (NVSS-N) (via CDC Wonder, 5 year data)  
 Births with at least one maternal risk factor: Births where the mother has at least one of the following conditions: Chronic Hypertension, Eclampsia, Diabetes, Tobacco use, or Pregnancy-associated hypertension

**Figure 38. Percentage of Births with at least one maternal risk factor in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**



## Leading Causes of Death

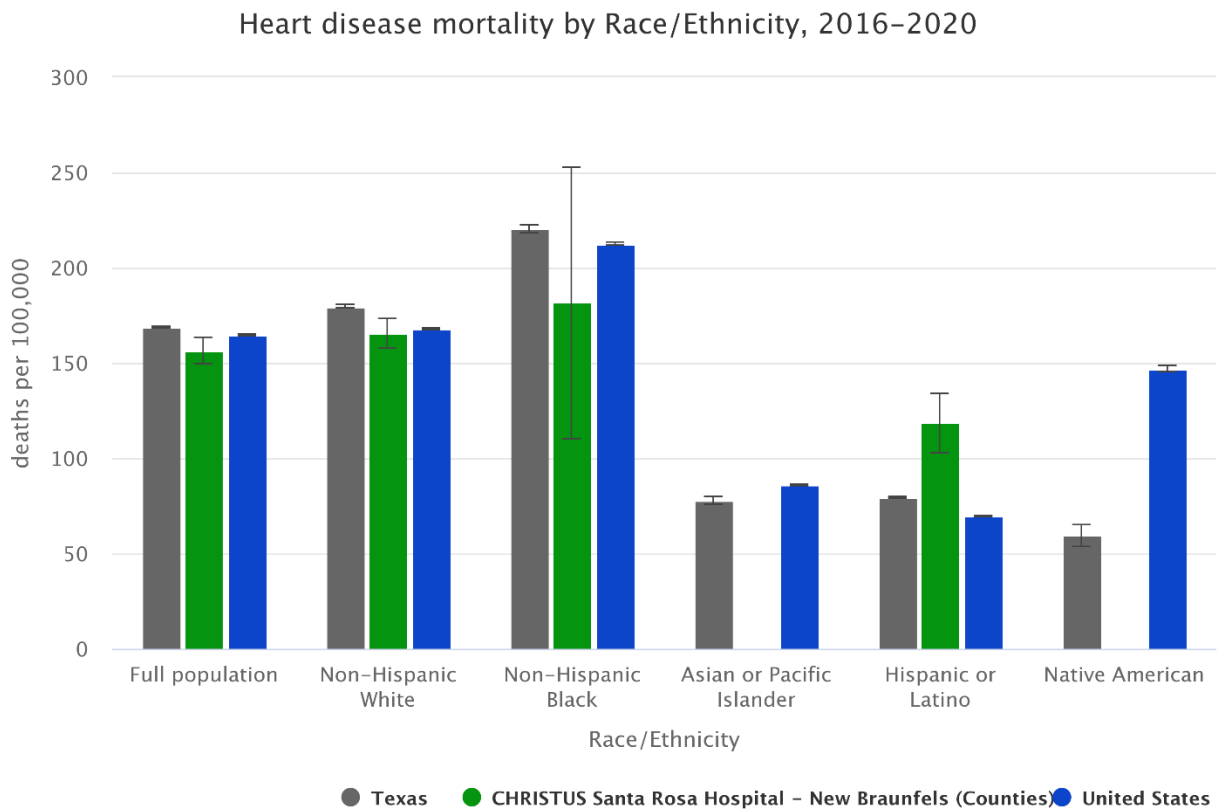
The top causes of death for service area as a whole can be found in Table 15. The leading causes of death will be explored further for the service area in the following section. County level mortality rates will be explored at the end of this section (Table 17).

Topic	CHRISTUS Santa Rosa - New Braunfels (Counties)	Texas	United States
Heart disease mortality <i>deaths per 100,000, 2016-2020</i>	156.3	168.9	164.8
Cancer mortality <i>deaths per 100,000, 2016-2020</i>	138.6	143.7	149.4
Injury mortality <i>deaths per 100,000, 2016-2020</i>	62.6	60.4	72.6
Alzheimer's disease mortality <i>deaths per 100,000, 2016-2020</i>	42.4	39.7	30.8
Chronic lower respiratory disease mortality <i>deaths per 100,000, 2016-2020</i>	42.2	38.9	39.1
Stroke mortality <i>deaths per 100,000, 2016-2020</i>	35.7	40.7	37.6
Kidney disease mortality <i>deaths per 100,000, 2016-2020</i>	16.1	15.6	12.9
Septicemia (sepsis) mortality <i>deaths per 100,000, 2016-2020</i>	11.3	13.9	10.1
Influenza and pneumonia mortality <i>deaths per 100,000, 2016-2020</i>	11.2	11.8	13.6
Drug overdose mortality <i>deaths per 100,000, 2016-2020</i>	11.01	11.22	22.43

Table 15. Leading Causes of Death in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA

## Heart Disease

Coronary heart disease makes up the largest contributor to the heart disease mortality rate, accounting for 80.0 deaths per 100,000 out of the total 156.3 per 100,000 deaths for heart disease overall in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA. Heart disease does not impact each racial/ethnic group equally. Non-Hispanic Black people experience the highest rates of heart disease mortality (181.8 deaths per 100,000 deaths). Non-Hispanic White people experience the second highest heart disease mortality rate in the PSA (165.8 deaths). Hispanic or Latino people have the lowest heart disease mortality rate (118.4 deaths), but the rate for this group is higher in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA than it is in the state (79.7 deaths) or the country (69.7 deaths). There is insufficient data for the Asian or Pacific Islander and Native American populations in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA to present here (Figure 39).

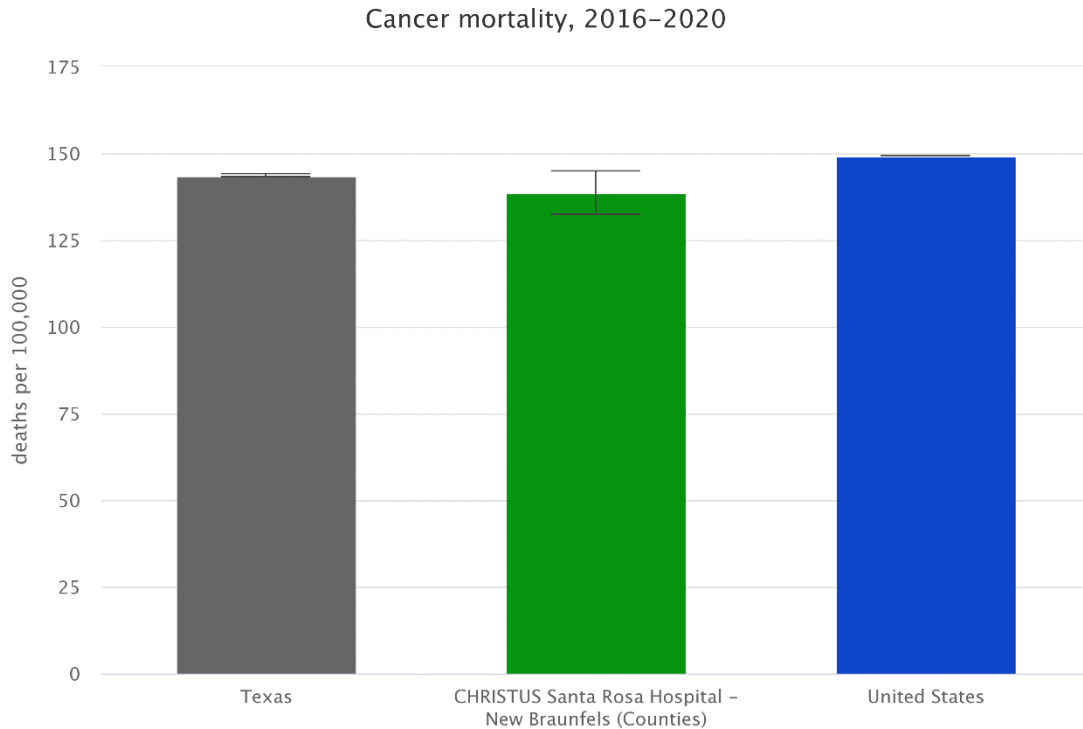


Created on Metopio | <https://metop.io/i/59xyvq9n> | Data sources: National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>), Chicago Heart disease mortality: Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00-I09, I11, I13, I20-I51).

**Figure 39. Heart Disease Mortality with Stratifications in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA**

## Cancer

Cancer represents the second leading cause of death in the CHRISTUS Santa Rosa Hospital PSA and CHRISTUS Health service area. Lung, trachea, and bronchus cancer, in particular, make up a large portion of cancer deaths, causing 30.3 deaths per 100,000 deaths in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA (Figure 40). Table 16 breaks out the mortality rate for some cancers.



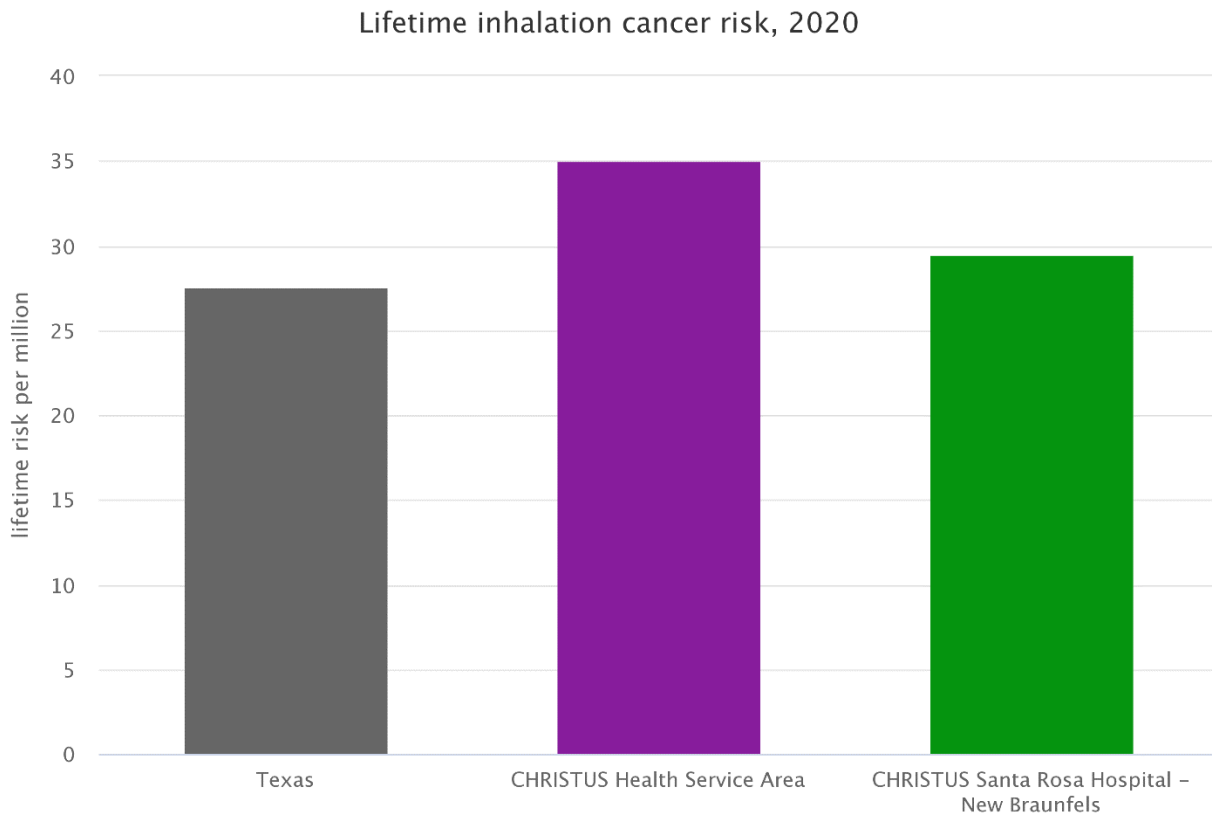
Created on Metopio | <https://metop.io//pofsrydn> | Data sources: National Vital Statistics System–Mortality (NVSS–M) (county, state, and US data), Chicago Department of Public Health (Epidemiology C  
**Cancer mortality:** Deaths per 100,000 residents due to cancer (ICD–10 codes C00–C97). Cancer generally gets you if nothing else does, so higher values may merely indicate better overall health. This indicator is not a good measure of the burden of cancer in a community, because it is complicated by other causes of death (especially in the elderly); instead, use CCR (cancer diagnoses).

**Figure 40. Cancer mortality in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**

Topic	CHRISTUS Santa Rosa - New Braunfels (Counties)	Texas	United States
Lung, trachea, and bronchus cancer mortality deaths per 100,000 , 2016 -2020	30.3	31.1	36.7 (2015 -2019 data)
Colorectal cancer mortality deaths per 100,000 , 2016 -2020	9.4	13.9	13.4
Breast cancer mortality deaths per 100,000 , 2016 -2020	9.6	10.7	10.8

**Table 16. Cancer Indicators in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**

Environmental factors may contribute to the lung cancer burden in the service area. The Lifetime Inhalation Cancer Risk of the Environmental Protection Agency's Environmental Justice Index is a weighted index of vulnerability to lifetime inhalation cancer risk. It measures estimated lifetime risk of developing cancer because of inhaling carcinogenic compounds in the environment, per million people. The Lifetime Inhalation Cancer Risk in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA (29.5 lifetime risk per million) is lower than the CHRISTUS Health service area (35.0) and slightly higher than the overall risk in Texas (27.6) (Figure 41).

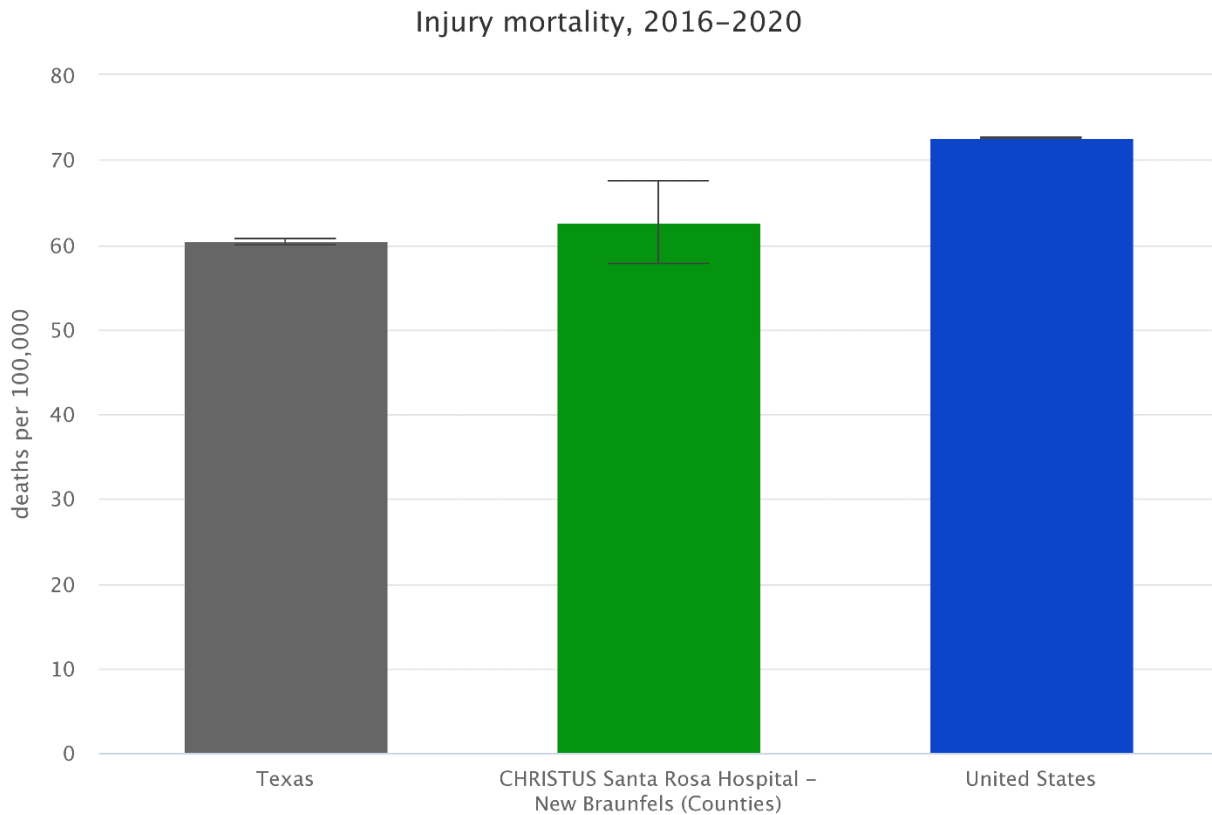


Created on Metopio | <https://metop.io/i/hugnwyh8> | Data source: EJScreen: Environmental Justice Screening (EJSCREEN, via National-Scale Air Toxics Assessment) | Lifetime inhalation cancer risk: Estimated lifetime risk of developing cancer as a result of inhaling carcinogenic compounds in the environment, per million people.

**Figure 41. Lifetime Inhalation Cancer Risk in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**

## Injury

Injuries account for the third highest cause of death in the CHRISTUS Santa Rosa Hospital – *New Braunfels* PSA. This is, in part, because this category includes many kinds of injury including unintentional injury mortality, motor vehicle traffic mortality and workplace mortality. This topic does not include homicide or suicide mortality. The rate for the CHRISTUS Santa Rosa Hospital – *New Braunfels* service area (62.5 deaths per 100,000) is slightly higher than the rate in Texas overall (60.4) and lower than the rate in the United States (72.6) (Figure 42).



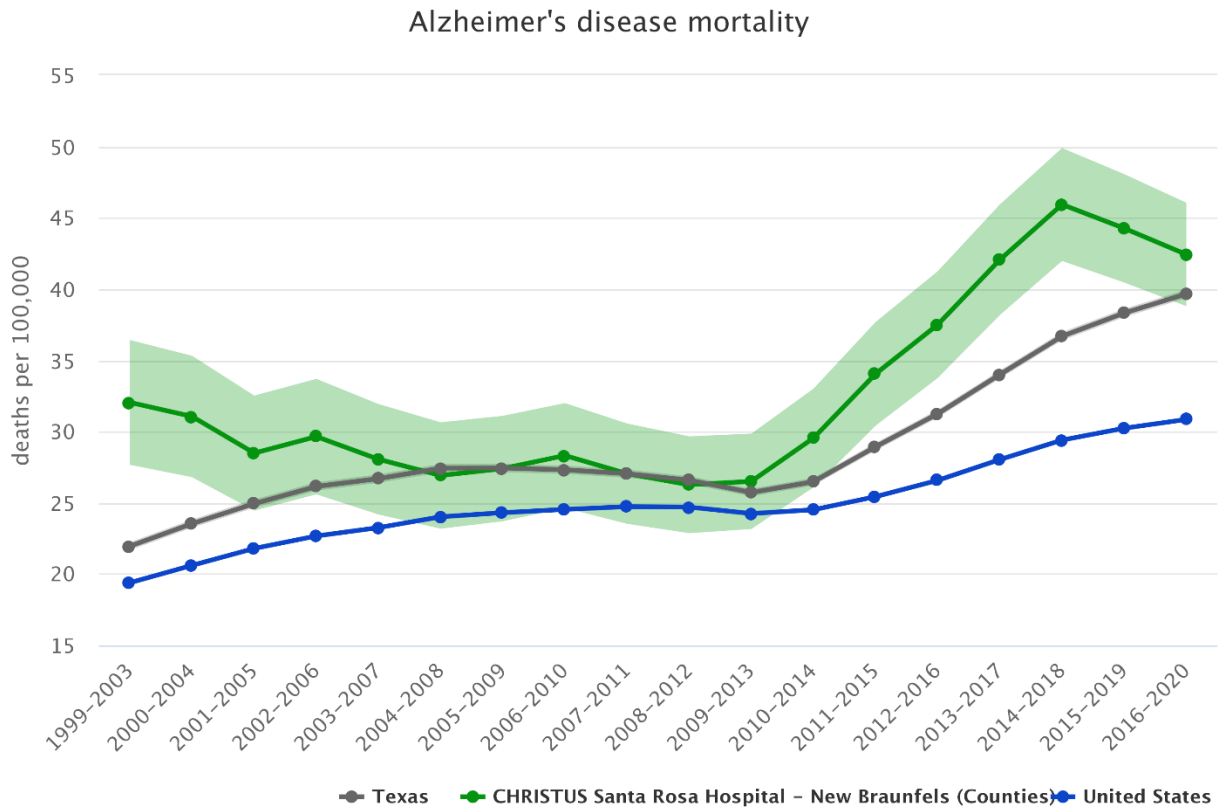
Created on Metopio | <https://metop.io/i/d5hqmdip> | Data sources: National Vital Statistics System–Mortality (NVSS–M) (Via <http://healthindicators.gov>), Chicago Injury mortality: Deaths per 100,000 residents with an underlying cause of injury (ICD–10 codes \*U01–\*U03, V01–Y36, Y85–Y87, Y89).

**Figure 42. Injury Mortality Rate in the CHRISTUS Santa Rosa Hospital – *New Braunfels* PSA**



## Alzheimer's Disease

The mortality rate for Alzheimer's disease has been increasing throughout all regions over the reporting period (Figure 43). In the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA, Alzheimer's disease accounts for 42.5 deaths per 100,000. The rates in the state (39.7) and country (30.8) are lower, but still increasing over time.

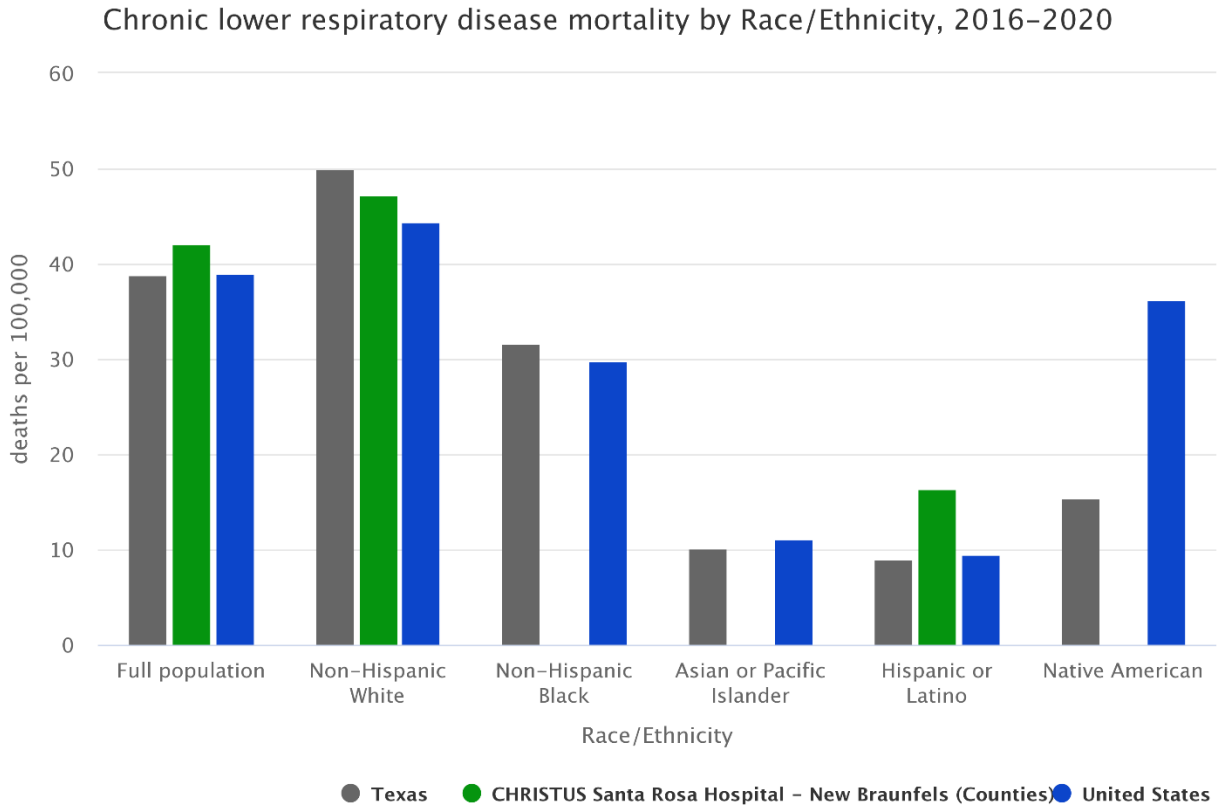


Created on Metopio | <https://metop.io/i/5afpu7sc> | Data sources: Chicago Department of Public Health (Epidemiology Department (Chicago community areas c Alzheimer's disease mortality: Deaths per 100,000 residents due to Alzheimer's disease (ICD-10 code G30).

**Figure 43. Alzheimer's Disease Mortality Rate in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**

## Chronic Lower Respiratory Disease

This is a roll up of four major respiratory diseases—chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, and asthma. The chronic lower respiratory disease mortality rate in the CHRISTUS Santa Rosa Hospital - New Braunfels PSA (42.2 deaths per 100,000) is higher than the state (38.9 deaths) and the country (39.1 deaths) (Figure 44).

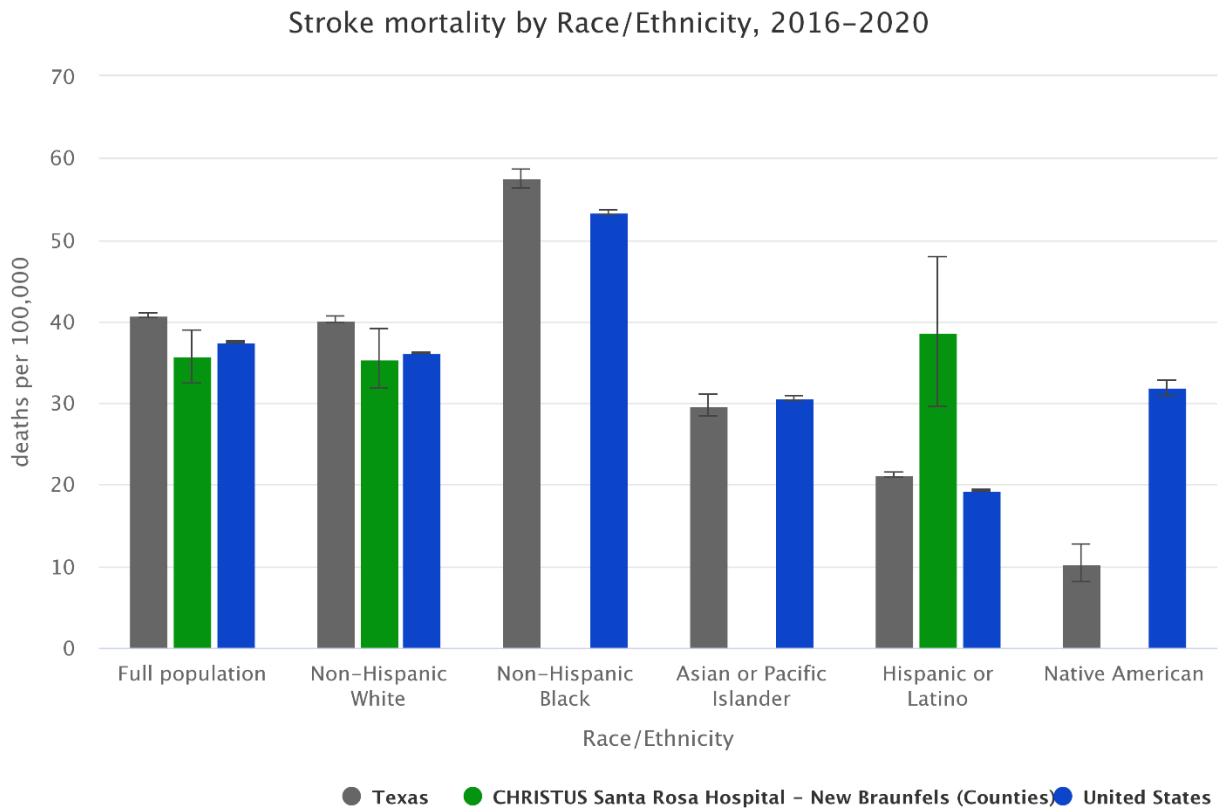


Created on Metopio | <https://metop.io/i/1ytsstpn> | Data sources: National Vital Statistics System–Mortality (NVSS–M) (Via <http://healthindicators.gov>), Chicago Department of Public Health  
**Chronic lower respiratory disease mortality:** Deaths per 100,000 residents due to chronic lower respiratory disease (ICD–10 codes J40–J47). The primary disease in this category is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Also includes asthma and bronchiectasis.

Figure 44. Chronic Lower Respiratory Disease Mortality Rate in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA

## Stroke

The mortality rate for stroke is higher than both benchmarks for the full population of the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA (37.6 deaths per 100,000) (Figure 45). When this data is stratified by race, Hispanic and Latino residents experience a greater stroke mortality rate (38.7 deaths) than the average in the PSA, and much higher than the rates for this group in the state (21.2 deaths) and the country (19.3 deaths). There is insufficient data for the non-Hispanic Black, Asian or Pacific Islander, or Native American populations.

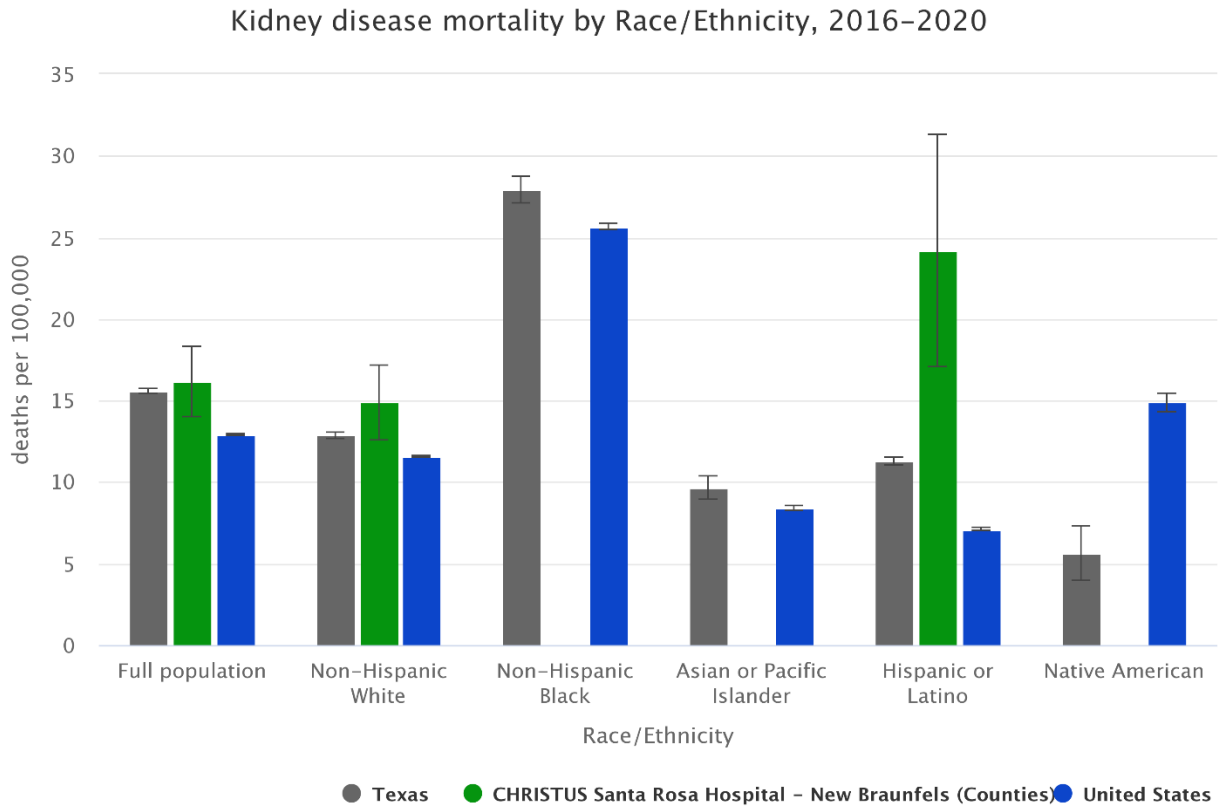


Created on Metopio | <https://metop.io/i/7fd9t8n4> | Data sources: National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>), Chicago Stroke mortality: Deaths per 100,000 residents due to stroke (ICD-10 codes I60-I69).

**Figure 45. Stroke Mortality Rate with Stratifications in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**

## Kidney Disease

Death from kidney disease in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA (16.1 deaths per 100,000) is higher than both Texas (15.6 deaths) and the United States (12.9 deaths) (Figure 46). The mortality rate is particularly high for Hispanic and Latino people in the PSA (24.2 deaths). As is highlighted in the next section on hospital utilization data, kidney disease and corresponding conditions are a major reason for inpatient admissions.

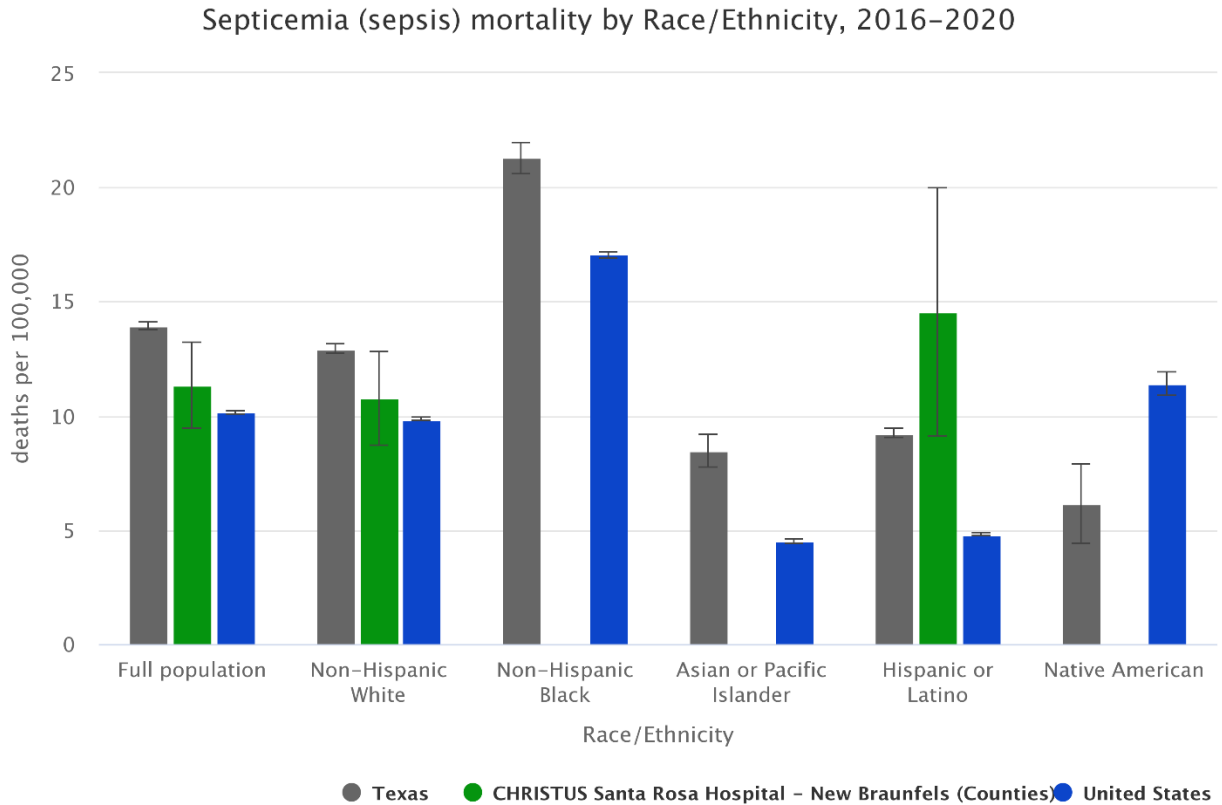


Created on Metopio | <https://metop.io/i/yow7s2w9> | Data sources: National Vital Statistics System–Mortality (NVSS–M) (CDC Wonder), Chicago Department of Public Health (Epidemiology and Prevention) | **Kidney disease mortality:** Deaths per 100,000 residents with an underlying cause of death of kidney diseases (ICD–10 codes N00–N07, N17–N19, N25–N27). Includes nephritis, nephrotic syndrome, and nephrosis.

**Figure 46. Kidney Disease Mortality rate by Stratifications in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**

## Sepsis

Sepsis mortality is the 7<sup>th</sup> leading cause of death in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA. This disease is caused by untreated bacterial, fungal, parasitic, or viral infections and is preventable through prompt access to health services. The sepsis mortality rate in the PSA (11.3 deaths per 100,000) is lower than that of the state (13.9 deaths) and higher than the rate in the country overall (10.1 deaths). As shown in Figure 47, Hispanic and Latino people experience the highest sepsis mortality rate (14.6 deaths). There is insufficient data for the non-Hispanic Black, Asian or Pacific Islander, or Native American populations to report mortality rates in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA.



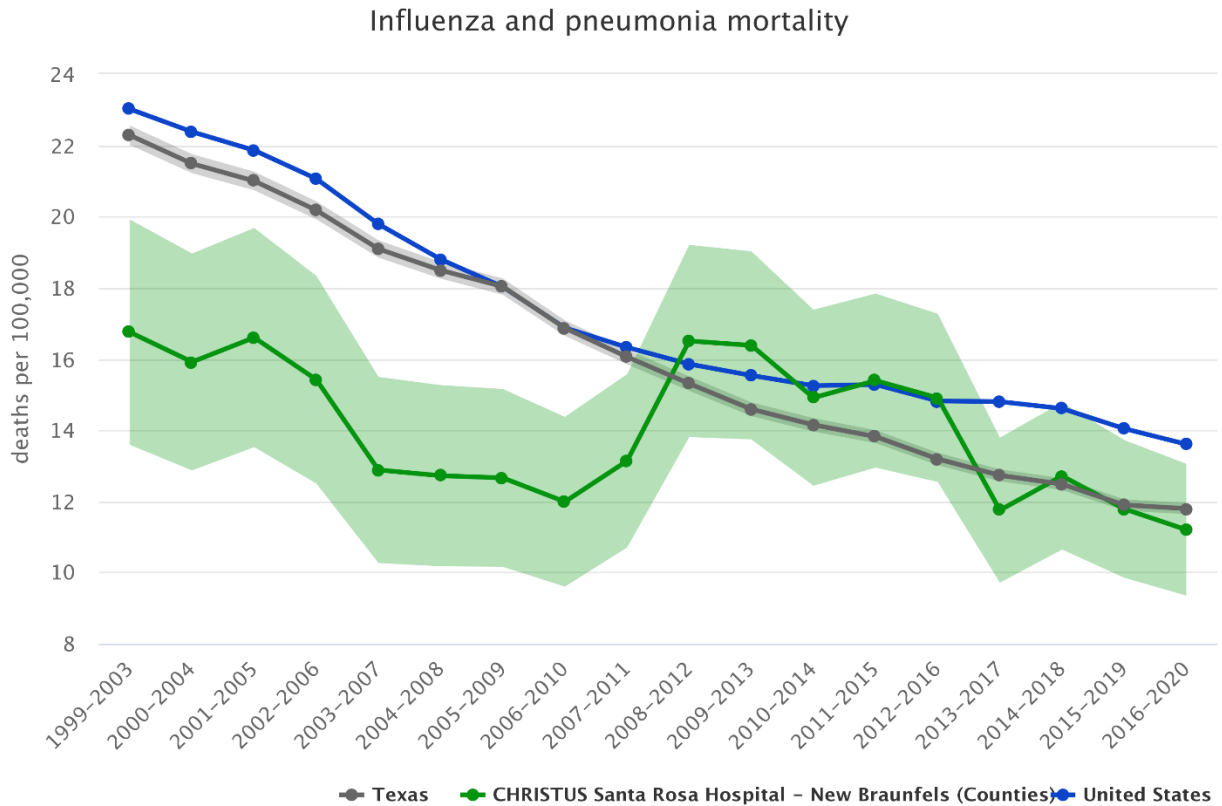
Created on Metopio | <https://metop.io/i/2s8wd749> | Data source: National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)  
 Septicemia (sepsis) mortality: Deaths per 100,000 residents due to septicemia or sepsis (blood poisoning) (ICD-10 codes A40-A41).

**Figure 47. Septicemia mortality with Stratifications in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA**



## Influenza and Pneumonia

Death from influenza and pneumonia had been on a steady decline across all benchmark regions over time, but it remains one of the top ten causes of mortality in the CHRISTUS Santa Rosa Hospital - *New Braunfels* PSA, accounting for 11.2 deaths per 100,000 (Figure 48). This is lower than the influenza and pneumonia mortality rates in Texas overall (11.8) and the country (13.6).

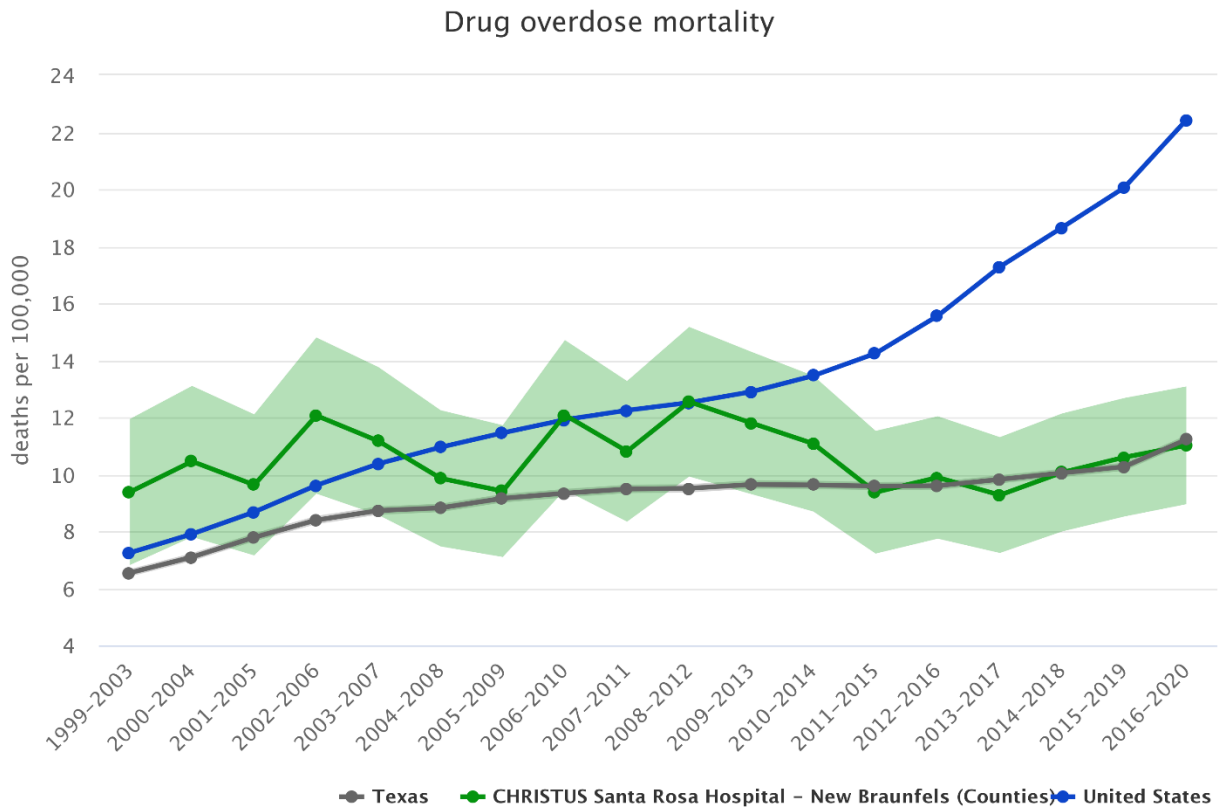


Created on Metopio | <https://metop.io/i/sny6h2mx> | Data source: National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)  
**Influenza and pneumonia mortality:** Deaths per 100,000 residents due to influenza and pneumonia. These diseases are frequent causes of death especially among the elderly because they spread widely and tend to be complications from other conditions. The flu can change quite a bit from one year to another, affecting which populations are most vulnerable to it. Age-adjusted.

**Figure 48. Influenza and Pneumonia Mortality Rate in the CHRISTUS Santa Rosa Hospital - New Braunfels PSA**

## Drug Overdose

Death from drug overdoses has been a national story for several years. The rate has been increasing in the PSA since about 2015. While the national rate is much higher than that in the CHRISTUS Santa Rosa Hospital– *New Braunfels* PSA, it is still an ongoing challenge for the PSA, making up 10<sup>th</sup> highest cause of mortality (Figure 49).



Created on Metopio | <https://metop.io/i/gfb1nqg> | Data sources: National Vital Statistics System–Mortality (NVSS–M) (CDC Wonder), Chicago Department of Public Health (Epidemiology and Prevention) | **Drug overdose mortality:** Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

**Figure 49. Drug overdose mortality in the CHRISTUS Santa Rosa Hospital – New Braunfels PSA**

Topic	Comal County, TX
Heart disease mortality deaths per 100,000 , 2016 -2020	156.3
Cancer mortality deaths per 100,000 , 2016 -2020	138.6
Injury mortality deaths per 100,000 , 2016 -2020	62.6
Alzheimer's disease mortality deaths per 100,000 , 2016 -2020	42.4
Chronic lower respiratory disease mortality deaths per 100,000 , 2016 -2020	42.2
Stroke mortality deaths per 100,000 , 2016 -2020	35.7
Kidney disease mortality deaths per 100,000 , 2016 -2020	16.1
Septicemia (sepsis) mortality deaths per 100,000 , 2016 -2020	11.3
Influenza and pneumonia mortality deaths per 100,000 , 2016 -2020	11.2
Drug overdose mortality deaths per 100,000 , 2016 -2020	11.01

Table 17. Mortality Rates by Counties in CHRISTUS Santa Rosa Hospital – New Braunfels PSA

## Hospital Utilization

For this CHNA, CHRISTUS Santa Rosa Hospital - *New Braunfels* looked at three years of utilization data (2019-2021). During the course of the COVID-19 pandemic, the health system saw Emergency Department utilization decline year over year (Figure 50), including a 5% drop from 2019 to 2020 and 3% between 2020 and 2021. This follows national trends where people avoided or delayed care due to restrictions caused by the COVID-19 pandemic.

Inpatient cases (Figure 51) also saw a 5% reduction between 2019 and 2020 but a small increase of 2% between 2020 and 2021. Regarding inpatient utilization (Table 18), the top cause for inpatient admission was labor and delivery followed by sepsis. Similar to most other CHRISTUS ministries, COVID-19 was a top five cause for inpatient admission. For CHRISTUS Santa Rosa Hospital - *New Braunfels* it was the third most common cause in 2021.

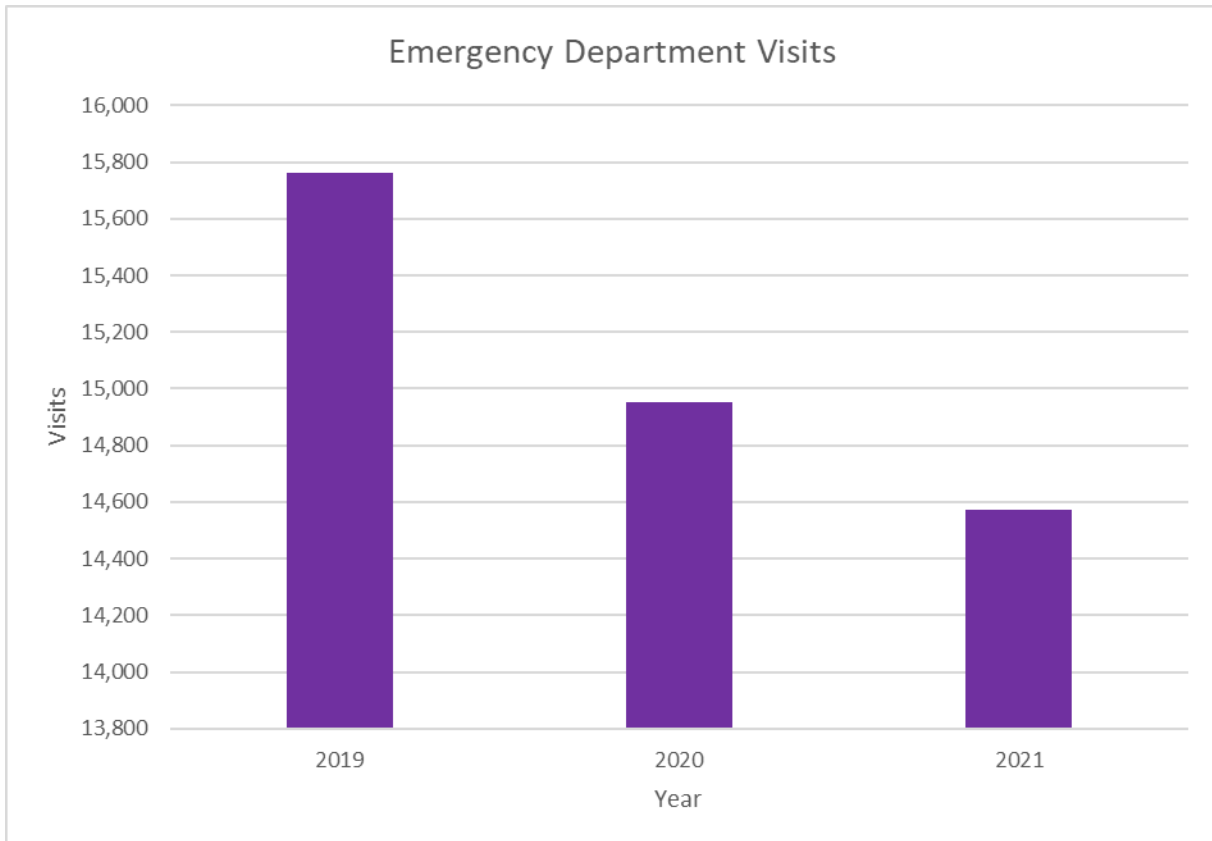


Figure 50. Emergency Department Utilization at CHRISTUS Santa Rosa Hospital – New Braunfels PSA

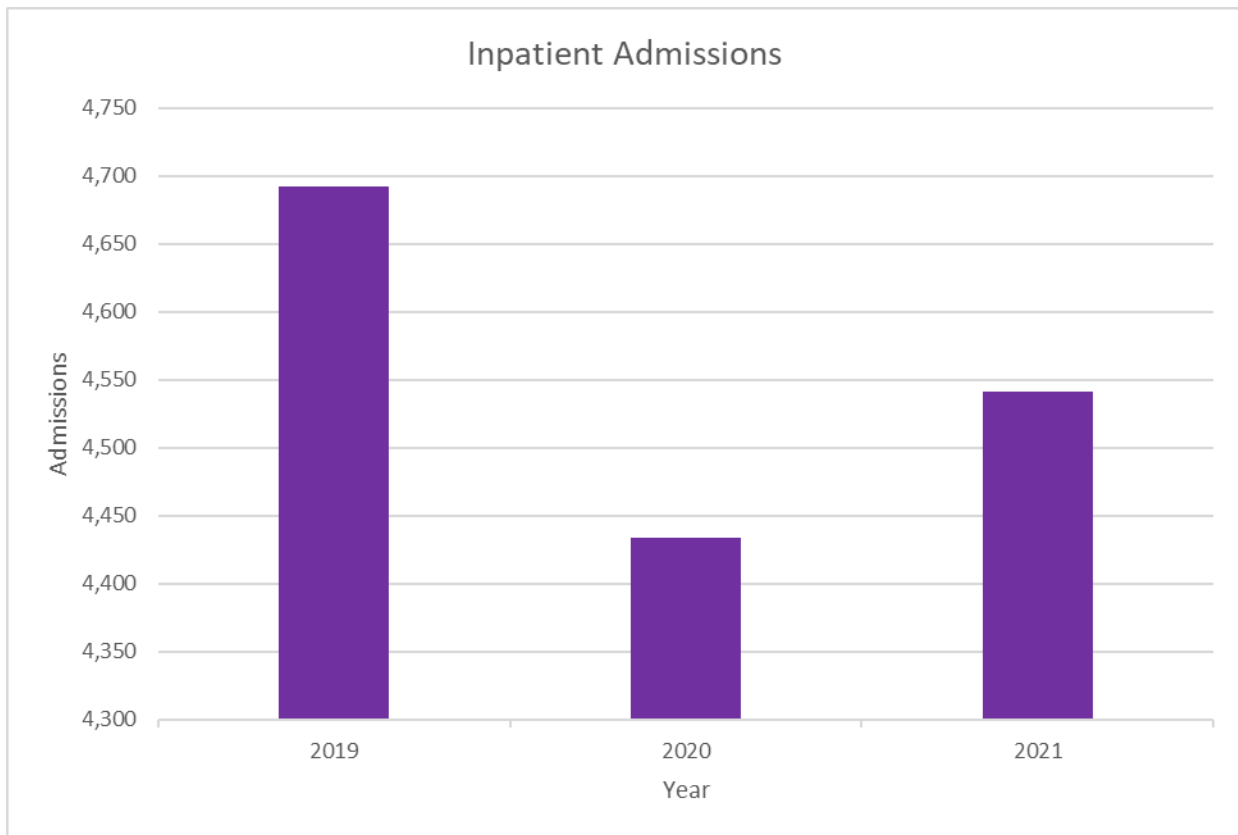


Figure 51. Inpatient Admissions at CHRISTUS Santa Rosa Hospital – New Braunfels PSA

## TOP INPATIENT PRIMARY DIAGNOSES

1. Single liveborn infant delivered
2. Sepsis
3. COVID-19
4. Non-ST elevation (NSTEMI) myocardial infarction
5. Hypertensive heart disease with heart failure
6. Acute kidney failure
7. Pneumonia
8. Hypertensive heart and chronic kidney disease with heart failure
9. Urinary tract infection
10. Chronic obstructive pulmonary disease

Table 18. Top Inpatient Primary Diagnoses at CHRISTUS

# CONCLUSION





# Conclusion

The Community Benefit team worked with the hospital leadership and community partners to prioritize the health issues of community benefit programming for fiscal years 2023 - 2025. These groups of internal and external stakeholders were selected for their knowledge and expertise of community needs. Using a prioritization framework guided by the MAPP framework, the process included a multi-pronged approach to determine health issue prioritization.

1. The team reviewed health issue data selected by the community survey respondents.
2. The team scored the most severe indicators by considering existing programs and resources.
3. The team assigned scores to the health issue based on the Prioritization Framework (Table 19). The highest-scoring health issues were reconciled with previous cycles selected priorities for a final determination of priority health issues.
4. The team discussed the rankings and community conditions that led to the health issues.

<b>SIZE</b>	How many people are affected?	Secondary Data
<b>SERIOUSNESS</b>	Deaths, hospitalizations, disability	Secondary Data
<b>EQUITY</b>	Are some groups affected more?	Secondary Data
<b>TRENDS</b>	Is it getting better or worse?	Secondary Data
<b>INTERVENTION</b>	Is there a proven strategy?	Community Benefit team
<b>INFLUENCE</b>	How much can CHRISTUS Santa Rosa Hospital - <i>New Braunfels</i> affect change?	Community Benefit team
<b>VALUES</b>	Does the community care about it?	Survey, Focus Groups, Key Informant Interviews
<b>ROOT CAUSES</b>	What are the community conditions?	Community Benefit team

Table 19. Prioritization Framework

# CHRISTUS Santa Rosa Hospital - *New Braunfels* Selected FY 2023 - 2025 Health Priority Areas

For this cycle, CHRISTUS Santa Rosa Hospital - *New Braunfels* is using a new structure for its identified needs, categorizing them under two domains with the overarching goal of achieving health equity. While the prioritization structure is new, CHRISTUS Santa Rosa Hospital - *New Braunfels* retained mental health as a priority issue from the previous CHNA. In the previous CHNA, CHRISTUS Santa Rosa Hospital - *New Braunfels* identified chronic illness as a priority. In this cycle, CHRISTUS Santa Rosa Hospital - *New Braunfels* unpacked "chronic illness" and specifically calls out diabetes, heart disease and obesity. Newly identified issues include substance abuse, housing access and job training.

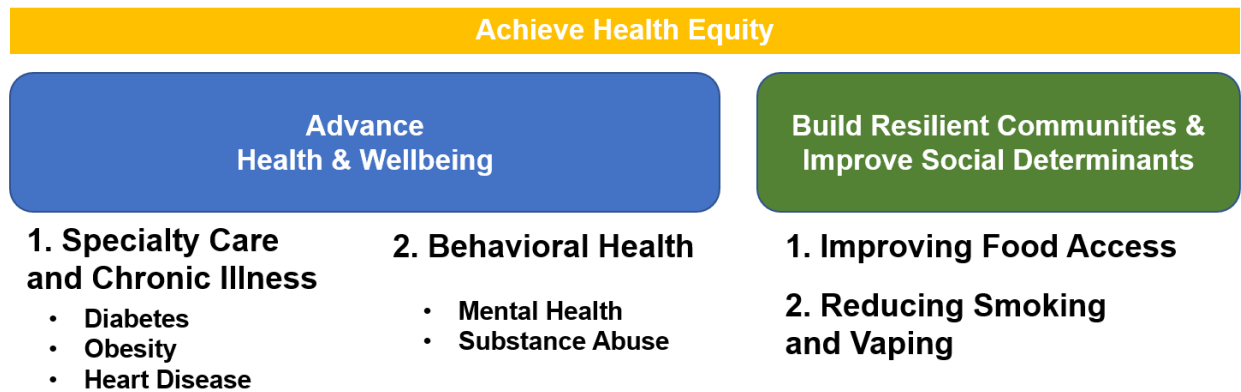


Figure 52. CHRISTUS Santa Rosa Hospital - *New Braunfels* Priority Areas

These domains and corresponding issues will serve as the designated issue areas for official reporting and are the principal health concerns that CHRISTUS Santa Rosa Hospital - *New Braunfels* community efforts will target.

## Adoption by the Board

The Board of Directors received the 2023-2025 CHNA report for review and formally approved the documents on October 13<sup>th</sup>, 2022.



# APPENDIX



# Appendix 1: Evaluation of Community Health Improvement Plan (CHIP) Activities

This evaluation is meant to capture the programmatic efforts undertaken by CHRISTUS Santa Rosa Hospital – *New Braunfels* to meet priority area goals and intended outcomes as outlined in the 2020-2022 Community Health Improvement Plan (CHIP).

Identified programs and services will share specific process and outcome metrics that demonstrate impact on the priority health areas and goals outlined in the table below.

## CHRISTUS Santa Rosa Hospital – *New Braunfels* community benefit priority area health area goals (2020-2022)

<b>PRIORITY</b>	Healthy Child and Family Development
<b>PRIORITY</b>	Healthy Eating and Active Living
<b>PRIORITY</b>	Behavioral and Mental Well-Being

Because of the varied program structures and approaches, it is recommended that the community benefits team to use three overarching areas to organize data sources and reporting mechanisms. These include:

### Community Based Program Data

- Data includes process and outcome level measures, often captured through activity logs, standard or customized designed reporting templates, surveys, and qualitative reports.

### CHRISTUS Captured Data

- CHRISTUS staff utilize databases and internal tracking templates to document and report programs and services. These include CBISA, EMRs and other a program dashboards.

### Engagement Data

- Engagement data are largely qualitative including Board presentations, community reports, participant interviews and program manager feedback sessions.



## Healthy Child and Family Development

<b>GOAL</b>	<p>Programs</p> <ul style="list-style-type: none"><li>• Children's Mobile Unit</li><li>• Women, Infant, and Children (WIC) Program</li><li>• Center for Miracles</li><li>• Ronald McDonald House</li><li>• Physician Recruitment</li><li>• CMS Innovation Center Accountable Health Communities (AHC) Grant</li></ul>
<b>OBJECTIVES</b>	<p><b>Children's Mobile Unit</b> Provide well-child, sick child, and immunizations primarily in the Harlandale, Edgewood, and South San Antonio Independent School Districts. The Mobile Unit also attends targeted and strategic community-based wellness events to address lack of access among vulnerable populations.</p> <p><b>Women, Infant, and Children (WIC) Program</b> Supplemental nutrition and breastfeeding education and support program that provides supplemental nutritious food products to participants through use of an Electronic Balance Transfer Card. Services are available for pregnant and breastfeeding women, infants up to one year old, and children five years of age and younger.</p> <p><b>Center for Miracles</b> Provide the timely and accurate medical assessments of children who are suspected victims of abuse or neglect.</p> <p><b>Ronald McDonald House</b> In-kind Space dedicated to Ronald McDonald house residential and other services</p> <p><b>Physician recruitment</b> Recruitment of physicians to fill need in Medically Underserved Area (MUA) and Health Professions Shortage Area (HPSA)</p> <p><b>CMS Innovation Center Accountable Health Communities (AHC) Grant</b> The purpose of the AHC model is to incorporate screening for social determinants of health into health-related, onsite screening activities, refer Medicare or Medicaid beneficiaries to an online inventory of community-based services and to navigate high-risk patients to community-based programs and services.</p>

### Children’s Mobile Unit

Document the number of persons who receive appropriate care in the appropriate setting as a percentage that contributes toward the goal of a 10% reduction in the inappropriate use of the ED by the economically disadvantaged.

- 2,248 clients were seen during the FY22
- 2,237 Vaccine visits
- 11 Wellness visits (decrease due to COVID)
- 0 Sick visits (still setting up proper equipment in mobile)

### Women, Infant, and Children (WIC) Program

Document number of family participants. Document number of families Achieve 99% breastfeeding rate Achieve 90% rate of mothers who receive services.

- 46,066 Women, Infants and Children enrolled in program
  - » 13669 Women enrolled in program
  - » 4152 Pregnant Women
  - » 8271 Breastfeeding Women
  - » 1363 Fully Breastfeeding Women
  - » 1170 Partially Breastfeeding Women
  - » 5738 Some Breastfeeding Infants
- 11,592 Infants enrolled in program
  - » 1331 Fully Breastfeeding infants
  - » 1204 Partially Breastfeeding infants
  - » 6138 Some Breastfeeding infants
  - » 2919 Fully formula Fed infants
- 20,805 Children enrolled in program

### Center for Miracles

Document number of children assessed for abuse or neglect.

- 2,883 Total Cases Reviewed
- 93 Inpatient Consults
- 807 Medical Evaluations (Physical & Sexual Abuse)
- 338 Counseling

### Ronald McDonald House

Document total in-kind expenses to CSRHS

- FY22 - \$149,799
- FY21 - 138,622

### Physician recruitment

Based on the methodology and analysis, 3DHealth calculates that there is a demonstrated community need for 14 of 26 specialties analyzed within the geographic area served by **The Children’s Hospital of SA**.

- Pediatric Dermatology • Pediatric Developmental–Behavioral • Pediatric Genetics • Pediatric Infectious Disease • Pediatric Nephrology • Pediatric Neurology • Pediatric Orthopedic Surgery • Pediatric Otolaryngology • Pediatric Pain Management • Pediatric Psychiatry • Pediatric Pulmonary • Pediatric Rheumatology • Pediatric Sports Medicine • Pediatrics



Based on the methodology and analysis, 3DHealth calculates that there is a demonstrated community need for 23 of the 29 specialties analyzed within the geographic area served by **CHRISTUS Santa Rosa Hospital – Alamo Heights.**

- Allergy & Immunology • Cardio/Thoracic Surgery • Cardiology • Dermatology • Gastroenterology • General Primary Care • Hematology/Oncology • Infectious Disease • Neurology • Neurosurgery • Obstetrics & Gynecology • Ophthalmology • Orthopedic Surgery • Otolaryngology • Physical Medicine & Rehab • Pediatrics • Plastic Surgery • Psychiatry • Pulmonary • Rheumatology • Sleep Medicine • Sports Medicine • Urology

Based on the methodology and analysis, 3DHealth calculates that there is a demonstrated community need for 20 of the 29 specialties analyzed within the geographic area served by **CHRISTUS Santa Rosa Hospital – Medical Center.**

- Allergy & Immunology • Cardio/Thoracic Surgery • Cardiology • Dermatology • General Primary Care • Hematology/Oncology • Infectious Disease • Neurology • Neurosurgery • Obstetrics & Gynecology • Ophthalmology • Orthopedic Surgery • Otolaryngology • Physical Medicine & Rehab • Pediatrics • Psychiatry • Pulmonary • Rheumatology • Sleep Medicine • Sports Medicine

Based on the methodology and analysis, 3DHealth calculates that there is a demonstrated community need for 22 of the 29 specialties analyzed within the geographic area served by **CHRISTUS Santa Rosa Hospital – New Braunfels.**

- Allergy & Immunology • Cardio/Thoracic Surgery • Dermatology • Endocrinology • Gastroenterology • General Primary Care • Hematology/Oncology • Infectious Disease • Neurology • Neurosurgery • Obstetrics & Gynecology • Ophthalmology • Orthopedic Surgery • Otolaryngology • Pediatrics • Physical Medicine & Rehab • Plastic Surgery • Psychiatry • Pulmonary • Rheumatology • Sports Medicine • Urology

Based on the methodology and analysis, 3DHealth calculates that there is a demonstrated community need for 21 of the 29 specialties analyzed within the geographic area served by **CHRISTUS Santa Rosa Hospital – San Marcos.**

- Allergy & Immunology • Cardio/Thoracic Surgery • Dermatology • Endocrinology • General Primary Care • General Surgery • Hematology/Oncology • Infectious Disease • Neurology • Neurosurgery • Obstetrics & Gynecology • Ophthalmology • Orthopedic Surgery • Otolaryngology • Pediatrics • Physical Medicine & Rehab • Plastic Surgery • Psychiatry • Pulmonary • Rheumatology • Sports Medicine

Based on the methodology and analysis, 3DHealth calculates that there is a demonstrated community need for 29 of the 29 specialties analyzed within the geographic area served by **CHRISTUS Santa Rosa Hospital – Westover Hills.**

- Allergy & Immunology • Cardio/Thoracic Surgery • Cardiology • Dermatology • Endocrinology • Gastroenterology • General Primary Care • General Surgery • Hematology/Oncology • Infectious Disease • Nephrology • Neurology • Neurosurgery • Obstetrics & Gynecology • Ophthalmology • Orthopedic Surgery • Otolaryngology • Pain Management • Physical Medicine & Rehab • Pediatrics • Plastic Surgery • Podiatry • Psychiatry • Pulmonary • Reproductive Endo. • Rheumatology • Sleep Medicine • Sports Medicine • Urology

CMS Innovation Center Accountable Health Communities (AHC) Grant

This model is based on research that estimates that 40% of health care utilization is driven by unmet social needs. Screening for social determinants of health will, at minimum, include the following five domains: transportation, housing, food insecurity, interpersonal violence and utilities assistance. CSRHS is expected to offer screening to 75,000 Medicare or Medicaid beneficiaries each year (all sites combined).

#### Edited due to COVID-19 pandemic

- Screen Medicaid and Medicare patients for health-related social needs within identified clinical delivery sites; refer patients with an identified need to appropriate community resources; and navigate high risk patients to community-based programs and services.
  - » 14,190 Medicare and Medicaid unique pts. have been screened. Patients can be screened more than one time.
- Screen and document identified social needs for Medicaid and Medicare patients with the goal of reducing disparities, unnecessary inpatient and ED utilization, and costs associated with patient care, as well as increasing patient awareness of community resources and patient self-efficacy to address social needs. Overall, the premise behind this work is that if social needs are addressed, patient health will improve.
  - » 882 Medicare and Medicaid pts. have been navigated to social services that include SNAP, Utility Assistance, Mortgage/Rental Assistance, Safety, etc.  
Note: some screened did not want community services.

## Healthy Eating and Active Living

<b>GOAL</b>	<p>Programs</p> <ul style="list-style-type: none"><li>• Culinary Health Education for Families (CHEF) Program</li><li>• Community Health Worker Program – Pending</li><li>• Mobile Mammography Unit</li><li>• Enroll SA Coalition</li></ul>
<b>OBJECTIVES</b>	<p><b>Culinary Health Education for Families (CHEF) Program</b> Due to COVID-19, the objective was updated to: Teaches children, families and providers common sense nutrition and practical cooking skills. Through engaging learning experiences CHEF educates and inspires individuals to adopt and sustain healthy eating habits and assists providers in promoting culinary medicine to positively impact the health and wellbeing of our patients and community.</p> <p><b>Community Health Worker Program</b> Provide coordinated care management and navigation programs for the uninsured to increase access to health care services for those with chronic conditions and those without access to regular primary health care services.</p> <p><b>Mobile Mammography Unit</b> Provide free mammograms to women without insurance or the ability to pay and serves as a link to the greater health care community by partnering with other organizations to provide education, outreach, and access to treatment.</p> <p><b>Enroll SA Coalition</b> Provide free mammograms to women without insurance or the ability to pay and serves as a link to the greater health care community by partnering with other organizations to provide education, outreach, and access to treatment.</p>
<b>IMPACT</b>	<p><b>Culinary Health Education for Families (CHEF) Program</b></p> <ul style="list-style-type: none"><li>• 58 participants in the CHEF Program</li><li>• Associate lunch and learns resumed in May of 2022 and will continue to be offered once a month</li><li>• In April of 2020, the program was put on hold due to COVID-19</li><li>• Program evaluation occurred to assess a path forward that would enhance upon current CHEF offerings</li><li>• A decision was made to pivot more towards provider (both physician and nursing) education as this is a gap in what the CHEF organization as a whole currently offers</li><li>• The CHofSA Culinary Medicine Certificate Program was launched in January of 2022 with a pilot cohort of 10 individuals. This program will be offered twice a year to providers both within CHRISTUS and in the community-at-large.</li><li>• Patient programming</li><li>• In development with classes scheduled to begin in 2023. These classes will be offered in a different format than previous CHEF programming – taking advantage of virtual options as</li></ul>

well as working to target patients when they are already at the hospital rather than expecting them to return for classes.

- Partnering with the Child Life Zone to provide monthly cooking demo/classes for the inpatient population

### Community Health Worker Program

- 24,680 Emergency Department uninsured/underinsured pts. were surveyed, followed-up and navigated to community services for the following CHRISTUS Santa Rosa Hospitals – WOH, MC, AH, Alon, NB, SM, CS and CHOSA.
- 258 Emergency Department and discharge pts with COPD/COVID participated in the Remote Pt. Monitoring and navigated to community services from Medical Center and Westover Hills Hospitals. Services included: addressing lack of Insurance, housing and economic circumstances, chronic illness education, unemployment, and psychosocial circumstances
- 1,558 pts. were provided with Chronic disease education via mailings and 979 pts were navigated to community services.
- 968 pts with Hypertension with were provided referrals to community agencies addressing lack of Insurance, housing and economic circumstances, chronic illness education, unemployment, and psychosocial circumstances.
- Diabetes Education Program – Due to COVID, there was a decrease in physician referrals. Diabetes educational material and follow-up calls were provided to 227 pts. Emails, texts, phone calls, and mailings were conducted to those patients unable to connect with.

### Mobile Mammography Unit

- 1895 individuals were screened and provided results
- 877 unfunded individuals were screened and provided results
- 76 individuals were navigated to community partner organizations

### Enroll SA Coalition

Increase enrollment in the health insurance marketplace.

Provide in-person assistance with application to the Health Insurance Marketplace (Oct. 1 – Present)

- Texas: 1,840,947 a 42% increase (largest in the US)
- Bexar County: 103,772 (41% increase)
- Consumers Assisted: 14,705
- Enrolled: 23,940 ACA, 1,346 CHIP/Medicaid
- Outreach: 7,365,296 views via marketing
  - » 160 organizations reached
  - » 475 events

## Behavioral and Mental Well-Being

<b>GOAL</b>	The Southwest Texas Regional Advisory Council (STRAC) – Southwest Texas Crises Collaborative (STCC)
<b>OBJECTIVES</b>	Participate in an innovative new public/private partnership aimed at transforming health care delivery, improving care, and reducing the cost of care for the Safety Net population (unfunded or underfunded patients), with particular focus on the subset of Homeless, Mental Illness and Super Utilizers.
<b>IMPACT</b>	<p><b>Law Enforcement Navigation</b> Directs law enforcement to the most appropriate Behavioral Health services when they encounter a patient in the field who needs treatment but is medically stable. This bypasses the ER and helps patients get the care and treatment they need sooner.</p> <ul style="list-style-type: none"><li>• Increased volume</li><li>• 400+ hrs. of Division Override in adult categories</li><li>• 60 – 100+ hrs. of Division Override in child categories</li></ul> <p><b>Haven for Hope Acute Care Station</b> Staffed by paramedics, with the goal of reducing the after-hours EMS transports from Haven for Hope.</p> <p><b>Psychiatric Emergency Services (PES) Beds</b> For ER patients who have been medically cleared but need Behavioral Health treatment. The hospital calls to request a PES bed (currently located at Southwest General and San Antonio Behavioral Health, and soon to be adding beds at Methodist Specialty &amp; Transplant Hospital). Added funding for child/adolescent PES beds through our STCC collaboration. (NEW)</p> <p><b>Adult Psychiatric Emergency Services</b></p> <ul style="list-style-type: none"><li>• Increased volume and hold times</li><li>• Capital Healthcare Planning Review Completed</li></ul> <p><b>Child/Adolescent Psychiatric Emergency Services</b></p> <ul style="list-style-type: none"><li>• Decrease volume and hold times</li><li>• Capital Healthcare Planning Review Completed</li></ul> <p><b>Program for Intensive Care Coordination (PICC)</b> Working to help navigate the top 100 super users (as defined by number of ER visits). Goal is to reduce ER visits and inpatient admissions by ensuring these patients get connected to the appropriate outpatient services.</p> <p><b>Chronic Crisis Stabilization Initiative (CCSI)</b> Works to connect patients in mental health crisis to ongoing supportive services. (NEW)</p>

Specialized Multidisciplinary Alternate Response Team (SMART): Works to provide mental health services in conjunction with non-violent 911 calls in select areas of Bexar County. (TRIAL PHASE)

- SMART Expansion contract negotiations in progress
- Tentative expansion beginning late summer

### **Crosspoint Transitional Housing**

Provides transitional housing (both male and female locations available) whereby the residents get assistance with applying for local and federal services. (NEW)

- Operational Meetings occurring based on evaluation recommendations
- New criteria implemented
- Education sessions held



# Appendix 2: Primary Data Tools

Primary data was collected through the main channels—community surveys, focus groups and key informant interviews. The instruments used for each are included in this appendix.

## Community Survey

Community Health Needs Assessment Survey	
<p><b>Welcome to the CHRISTUS Health Community Health Needs Assessment Survey.</b></p> <p>This survey will only take about 10 minutes. We will ask you questions about the health needs of your community. The information we get from the survey will help us:</p> <ul style="list-style-type: none"><li>• Identify health problems that affect the people in your community.</li><li>• Understand the needs of your community.</li><li>• Work together to find a solution.</li></ul> <p>The survey is voluntary and you do not have to participate. You can also skip any questions you do not want to answer or end the survey at any time.</p> <p>The answers you give are very important to us. Your answers will be private (we will not know who gave the answers) and we will protect the information you are giving. We will not share your personal information or survey answers to anyone outside of CHRISTUS Health.</p> <p><b>We thank you for your help.</b></p>	
Your Information	
Your home zip code: _____	How many years have you lived here? _____

## Community Health Needs Assessment Survey

### Community Health Questions

Thinking about where you live (zip code, neighborhood, town), on a scale of 1 - 5 (with 1 - being not at all and 5- being serious), how much of a problem are each of the following health concerns?

Please consider how any of these issues affect you or a family member personally, impact others you know, or deal with in your profession. If you don't know, please leave blank/skip.

HEALTH CONCERN	RATING (1-5)
Abuse (child, emotional or physical abuse; neglect, sexual assault, domestic violence)	
Access to healthy food items	
Access to prenatal care (including insurance, medical provider, transportation)	
Alzheimer's and Dementia	
Arthritis	
Cancer (s)	
Chronic pain	
Dental disease (Dental Problems)	
Diabetes (high blood sugar)	
Drug, Alcohol and Substance Abuse (Prescription, Illegal Drugs)	
Healthy Eating (including preparing meals and cooking)	
Exercise and physical activity	
Hearing and vision loss	
Heart disease (hypertension, high blood pressure, heart attack, stroke)	
Infectious diseases (hepatitis, tuberculosis or TB, flu, COVID-19)	
Lung disease (asthma, chronic obstructive pulmonary disease or COPD)	
Maternal and child health (preterm birth, gestational diabetes, maternal hypertension, preeclampsia, maternal death, infant mortality)	
Mental health (ADHD, depression, anxiety, post-traumatic stress disorder or	
Motor vehicle crash injuries	
Obesity (Overweight)	
Property crime (theft, burglary and robbery, motor vehicle theft)	
Sexually Transmitted Infections (STIs and STDs), including Human Immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS)	
Smoking and vaping	
Teen Pregnancy	

**Other than those included in the previous question, are there any additional concerns that you feel affect the health of our community?**

**If you, family members or others who you are in frequent contact with are impacted by any of these health concerns, please share the age group and the impact. (e.g., I am the primary caregiver for my aging parent who has Alzheimer's)**

## Community Health Needs Assessment Survey

### Community Resources Questions

**What strengths and/or resources do you believe are available in your community? Check all that apply.**

- |   |  |
|---|--|
| <input type="checkbox"/> Community services, such as resources for housing  | <input type="checkbox"/> Inclusive and equal care for all people whatever race, gender identity or sexual orientation (LGBTQ)                                  |
| <input type="checkbox"/> Access to health care  | <input type="checkbox"/> Life skill training (cooking, how to budget)  |
| <input type="checkbox"/> Medication Assistance  | <input type="checkbox"/> Parks and recreation  |
| <input type="checkbox"/> Health support services (diabetes, cancer, diet, nutrition, weight management, quit smoking, end of life care) | <input type="checkbox"/> Cancer Screening (mammograms, colon cancer, HPV vaccine/Pap smear, prostate cancer)   |
| <input type="checkbox"/> Affordable and healthy food (fresh fruits and vegetables)  | <input type="checkbox"/> Quality Job Opportunities and Workforce Development   |
| <input type="checkbox"/> Mental health services   | <input type="checkbox"/> Racial Equity (The elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race) |
| <input type="checkbox"/> Technology (internet, email, social media)   | <input type="checkbox"/> Religion or spirituality  |
| <input type="checkbox"/> Transportation   | <input type="checkbox"/> Safety and low crime  |
| <input type="checkbox"/> Affordable childcare   | <input type="checkbox"/> Strong community cohesion and social network opportunities (reword – Welcoming community and opportunities to join support groups)    |
| <input type="checkbox"/> Affordable housing   | <input type="checkbox"/> Strong family life  |
| <input type="checkbox"/> Arts and cultural events   | <input type="checkbox"/> Other, please specify: _____  |
| <input type="checkbox"/> Clean environment and healthy air  |  |
| <input type="checkbox"/> Fitness (gyms place to work out)   |  |
| <input type="checkbox"/> Good schools   |  |

**Are there any additional services or resources that you would like to see in our community that would help residents maintain or improve their health?**

## Community Health Needs Assessment Survey

### Questions About You

#### What is your age?

- |                                |                                |                                |                                       |
|--------------------------------|--------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> 75-84        |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 65-74 | <input type="checkbox"/> 85 and older |

#### What is your current gender identity?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Female  | <input type="checkbox"/> Transgender Female<br>(Male to Female) | <input type="checkbox"/> Choose not to disclose          |
| <input type="checkbox"/> Male  | <input type="checkbox"/> Transgender Male<br>(Female to Male)   | <input type="checkbox"/> Other, please specify:<br>_____ |
| <input type="checkbox"/> Non-Binary (Do Not<br>Strictly Identify as Female<br>or Male) |   |  |

#### Do you think of yourself as?

- |  |  |
|--|--|
| <input type="checkbox"/> Straight or heterosexual        | <input type="checkbox"/> Choose not to disclose          |
| <input type="checkbox"/> Bisexual                        | <input type="checkbox"/> Other, please specify:<br>_____ |
| <input type="checkbox"/> Lesbian or gay or<br>homosexual |  |

**Do you consider yourself Hispanic or Latino?**

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino: A person is not of Hispanic or Latino ethnicity.
- Decline to answer: A person who is unwilling to choose/provide from the categories available

**Which category best describes your race? (check all that apply)**

- American Indian or Alaska Native: *A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*
- Asian: *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*
- Black or African American: *A person having origins in any of the black racial groups of Africa.*
- Native Hawaiian or Other Pacific Islander: *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
- White: *A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*
- Decline to answer

**Is a language other than English spoken in your home?**

- Yes    No

**If Yes:** What language(s) other than English are spoken in your home?

- Spanish    Vietnamese    Mandarin    Other, please specify: \_\_\_\_\_

**What is the highest level of education you have completed?**

- |  |   |
|--|---|
| <input type="checkbox"/> Less than high school                                     | <input type="checkbox"/> Vocational or technical school                           |
| <input type="checkbox"/> Some high school  | <input type="checkbox"/> College graduate (such as AA, AS, BA, BS, etc.)          |
| <input type="checkbox"/> High school graduate or graduate equivalency degree (GED) | <input type="checkbox"/> Advanced degree (such as MS, MA, MBA, MD, PhD, JD, etc.) |
| <input type="checkbox"/> Some college, no degree                                   |   |



## Community Health Needs Assessment Survey

### Household Questions

#### What are your current living arrangements?

- |  |  |
|--|--|
| <input type="checkbox"/> Own my home                                 | <input type="checkbox"/> Living with a friend or family                                    |
| <input type="checkbox"/> Rent my home                                | <input type="checkbox"/> Living outside (e.g., unsheltered, car, tent, abandoned building) |
| <input type="checkbox"/> Living in emergency or transitional shelter | <input type="checkbox"/> Other: _____  |

How many people live in your household? \_\_\_\_\_

How many children (less than 18 years old) live with you in your home? \_\_\_\_\_

#### How often do you have access to a computer or other digital device with the internet?

- Always     Often     Sometimes     Very Rare     Never

#### Do you or anyone in your household have a disability?

- Yes     No

#### What is the yearly household income? (The total income before taxes are deducted, of every person in the home who financially helps)

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$10,000   | <input type="checkbox"/> \$60,000 to \$79,999 |
| <input type="checkbox"/> \$10,000 - \$19,999  | <input type="checkbox"/> \$80,000 to \$99,999 |
| <input type="checkbox"/> \$20,000 to \$39,999 | <input type="checkbox"/> Over \$100,000       |
| <input type="checkbox"/> \$40,000 to \$59,999 |   |

## Community Health Needs Assessment Survey

### Questions about Your Health

**Are you currently covered by health insurance?**

- Yes  No

**Do you have a medical or healthcare professional that you see regularly** (primary care provider/doctor/pediatrician/cardiologist, etc.)?

- Yes  No

**The following questions concern the time since the start of the pandemic (March 2020):**

**During this time period have you had any of the following (please check all that apply):**

- Visited a doctor for a routine checkup or physical? (not an exam for a specific injury, illness or condition)?
- Dental exam
- Mammogram
- Pap test/pap smear
- Sigmoidoscopy or colonoscopy to test for colorectal cancer
- Flu shot
- Prostate screening
- COVID-19 vaccine

**Because of the pandemic did you delay or avoid medical care?**

- Yes  No

**During this time period, how often have you been bothered by feeling down, depressed, or hopeless? (Check only one answer).**

- Not at all
- Several days every month
- More than half the days every month
- Nearly every day

**What is the most difficult issue your community has faced during this time period?**

- COVID-19
- Natural disasters (for example, hurricanes, flooding, tornadoes, fires)
- Extreme temperatures (for example, snowstorm of 2021)
- Other: \_\_\_\_\_

**Other than those concerns included in the previous question, are there additional concerns that affected your community during this time period?**

## CHNA Focus Group Guide

Population:

Date and Time:

Location:

RSVPs:

### FACILITATION PROTOCOLS

#### 1. Establishing ground rules

- Establish purpose of the focus group.
  - We are meeting today to learn about your community. Specifically, we want to understand what you like about where you live and what you would like to see changed. We also want to understand the biggest health challenges your friends and families face.
  - You were selected to participate in this focus group because of the valuable insight you can provide.
  - We would like to understand how the hospital can partner to make improvements in your neighborhood.
- Establish confidentiality of participants' responses.
  - Our team will be taking notes about what is discussed, but individual names or identifying information will not be used.
- Establish guidelines for the conversation.
  - Keep personal stories "in the room".
  - Everyone's ideas will be respected.
  - One person talks at a time.
  - It's okay to take a break if needed or help yourself to food or drink (if provided).
  - Everyone has the right to talk.
  - Everyone has the right to pass a question.
  - There are no right or wrong answers.
- Explain to participants how their input will be used.
  - Your input will be part of the Community Health Needs Assessment process.
- Give participants estimated timeline of when results will be shared.
  - We expect to make the report available in 2022.
- Establish realistic expectations for what the hospitals and partners can do to address community needs.

## 2. Introductions

- When we speak about community, it can have different meanings. For example, it can mean your family, the people you live or go to school with, the neighborhood you live in, a group of people you belong to. We are interested in hearing about your community, no matter how you define it.
- The facilitator will go around the room and ask each participant:
  - Name?
  - How long have you lived in the community?
  - What one word would you use to describe your community?

## 3. Community Descriptions

- Can you describe your community?
  - What are things like?
  - What are things you would like to see changed?
    - Probe: Do you have ideas for how those things can be changed?

## 4. Health Questions

- What do you think are the biggest health challenges in your community?
  - Follow up on specifics – diabetes, heart disease, asthma/COPD, cancer, sickle cell, substance abuse
  - With chronic diseases answers probe on what are the specific challenges (i.e., managing diabetes, accessing medicine, getting screened, etc.)
  - If substance abuse comes up, follow up on types – alcohol, marijuana, opioids, other?
- What do you think could prevent these issues from being so challenging?
  - Follow up on specific ideas – access to preventative care? Education?
- How has COVID-19 impacted you and your community?
  - Follow up on specifics – job loss, homeschooling, severe illness, mental health, ability to access the internet and health information at home

## 5. Access and Education Questions

- How easy is it in your community to access health services?
  - Do they have a primary care provider?
  - Can they access Behavioral Health services?
  - Are they able to get cancer screenings and vaccinations?
  - Is telehealth an option? Why or why not?
  - Is transportation a barrier?
- How easy is it for adults in your community to maintain a healthy lifestyle?
  - Is there access to healthy foods?
  - Are there places to exercise?
  - Do you feel a sense of cohesion in your community?

## 6. Solutions and Strategies Questions

- What do you think a community needs to be healthy?
  - Depending on responses, follow up on specifics – jobs, housing, access to care, schools, parks, food access, etc.
- Who do you think can contribute to make a community healthy?
  - Probe: neighbors, doctors, hospitals, social service agencies, politicians, etc.

## 7. Final Questions

- What do you think CHRISTUS Health can do to help your community?
- Where do you get your health information now?
- What is the best way to communicate with you about health information?

## 8. Closing and Next Steps

- Explain how the notes will be synthesized and shared.
- Ask whether participants would like to be involved in future stages of the CHNA and set the process for continued engagement.
- Thank everyone for their participation

## CHNA Key Informant Interview Guide

### FACILITATION PROTOCOLS

#### 1. Establishing ground rules

- Establish purpose of the interview
  - CHRISTUS Health is conducting a Community Health Needs Assessment and your input is an important part of the work.
  - We have collected thousands of surveys and held over two dozen focus groups. Now we are interviewing key informants like yourself.
  - You were selected to participate in this interview because of the valuable insight you can provide.
  - We would like to understand how the hospital can partner to improve the health of the community.
- Establish confidentiality of the conversation
  - I will be taking notes about what is discussed, but your name and identifying information will not be used.
- Give participants an estimated timeline of when results will be shared.
  - We expect to make the report available later this year.

#### 2. Introductions

- During our time together, I'm interested in learning about your work and the needs of the people you serve.
- What is your:
  - Name?
  - Organization?
  - Work you do for that organization and/or the community?

#### 3. Survey-alignment questions

- What are strengths you see with your patients/community members right now?
- What are the challenges they face?
  - How do you think those challenges can be addressed?
- What programs or partnerships have worked well? Why?

#### 4. Health questions

- What do you think are the biggest health challenges your patients/constituents/community members face?
  - Follow up on specifics—diabetes, heart disease, asthma/COPD, cancer, sickle cell, substance abuse, mental health
  - With chronic disease answers probe on what are the specific challenges (i.e., managing diabetes, accessing medicine, getting screened, etc.)
  - For cancer ask about specifics
  - For substance abuse follow up on types—alcohol, marijuana, opioids, other?
- How has COVID-19 impacted you and your work?

#### 5. Social Determinant questions

- What elements in the community make it hard for people to be healthy?
  - Follow up on food access, affordable housing, childcare, crime, access to care, etc.
- How can Christus help address these issues?

#### 6. Next Steps

- Explain how the notes will be synthesized and shared.
- Thank them for their participation.



# Appendix 3: Data Sources

Secondary data that was used throughout this report was compiled from Metopio's data platform. Underneath each graphic in this report, there is a label that cites the data source for that visual. Primary sources of this data come from:

- American Community Survey
- Behavioral Risk Factor Surveillance System
- Centers for Disease Control PLACES data
- Centers for Disease Control WONDER database
- Centers for Medicare and Medicaid Services: Provider of Services Files, National Provider Identifier
- Decennial Census (2010 and 2020 census data)
- Diabetes Atlas
- Environmental Protection Agency
- FBI Crime Data Explorer
- National Vital Statistics System
- The New York Times
- State health department COVID dashboards
- Texas Department of Public Health
- United States Department of Agriculture: Food Access Research Atlas

# Appendix 4: Community Resources

An inventory of community resources was compiled based on key informant interviews, focus group discussions, and an internet-based review of health services in the CHRISTUS Santa Rosa Hospital – *New Braunfels* service area. The list below is not meant to be exhaustive but represents a broad sampling of feedback received from the stakeholder engagement process. The list of community resources is restricted to only those that are physically located within the report area. Several additional organizations located outside the report area may provide services to report area residents but fall outside the scope of inclusion in this needs assessment. Similarly, many of the organizations identified in this resource compilation serve a population broader than the report area but are included here in the context of the services they offer to report area residents.

NAME	DESCRIPTION
Hill Country Community Mental Health Center (MHDD Center)	At Hill Country MHDD Centers their purpose is to help people have positive control over the life they desire and find satisfying, and are recognized and valued for their contributions to their communities. Through adult and child behavioral health, intellectual and developmental disabilities, substance abuse, crisis care, and justice involved services programs, they promote hope, independence, community integration and recovery.
McKenna Foundation	Provides services related to food, housing, mental health, early childhood, and community-based philanthropy.
New Braunfels Christian Ministry	New Braunfels Christian Ministries works together with families, volunteers and community partners to affirm God-given value and multiply possibilities in our community. NBCM is all about showing God's love.
New Braunfels Food Bank	Founded in 2010, the New Braunfels Food Bank is a branch facility of the San Antonio Food Bank. They believe that no child should go to bed hungry, adults should not have to choose between a hot meal and utilities, nor a senior sacrifice medical care for the sake of a meal. Established to accommodate the growing need of hunger in the region, The Kitchen Table has offered nutrition education, benefits assistance, children's programs, senior programs, financial literacy for years.
New Braunfels Housing Partners	NB Housing Partners is an organization made up of people from New Braunfels who want the city to be a place where every family and individual is able to count on something most take for granted – a bed.

Volunteer in Medicine

Volunteers in Medicine works together with patients, volunteers and community partners to affirm God-given value and multiply possibilities. Staff & volunteers provide quality medical and dental care at no cost to local uninsured patients. Together we are greater than disease, diagnosis and circumstance.