CHRISTUS SPOHN

Community Health Needs Assessment

2023-2025

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Executive Summary

CHRISTUS Spohn Health System, which includes CHRISTUS Spohn Hospital-Alice, CHRISTUS Spohn Hospital-Beeville, CHRISTUS Spohn Hospital-Kleberg, CHRISTUS Spohn Hospital-Memorial, and CHRISTUS Spohn Hospital-Shoreline, 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 Spohn Health System 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 on 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 analyzing 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 CHNA also serves to satisfy specific requirements of tax reporting under provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' 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 Spohn Health System for 2023-2025 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
     - Heart Disease
     - Diabetes
     - Obesity
   - Behavioral Health
     - Mental Health
     - Substance Abuse
   - Access to Care

2. Build Resilient Communities and Improve Social Determinants by
   - Improving employment by building education and training opportunities
   - Increasing access to housing and wrap-around services

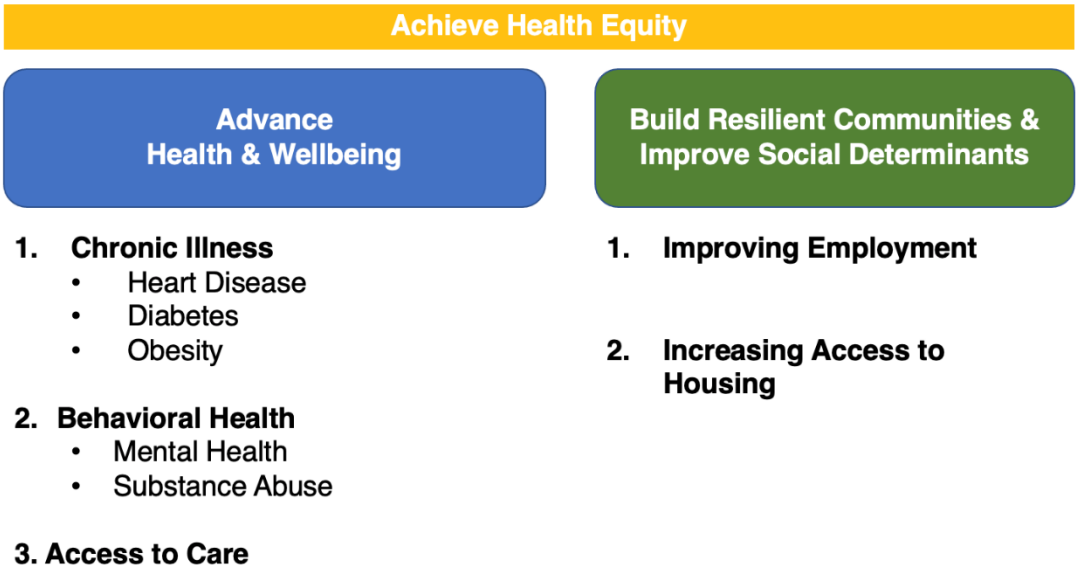


Figure 1. CHRISTUS Spohn Health System Priority Areas

This report provides an overview of the CHRISTUS Spohn Health System CHNA process, including data collection methods, sources, and CHRISTUS Spohn Health System's primary 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: What is a Community Health Needs Assessment?

The Community Health Needs Assessment (CHNA) is a systematic, data-driven approach to determining the health needs of CHRISTUS Spohn Health System's service area. In this process, CHRISTUS Spohn Health System directly engages community members and stakeholders to identify issues of greatest need and the most significant impediments to health. With this information, CHRISTUS Spohn Health System 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 Spohn Health System's work as a nonprofit hospital. The vital work of CHNAs 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 Spohn Health System, to conduct a CHNA every three years. CHRISTUS Spohn Health System completed similar needs assessments in 2012, 2015, and 2018.

The process CHRISTUS Spohn Health System 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 people 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 Spohn Health System's 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 developed and subsequentially employed to address the health needs identified in this CHNA.

When assessing the health needs for the entire CHRISTUS Spohn Health System's 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 Spohn Health System service area.

Appendix 1 is an evaluation of CHRISTUS Spohn Health System's efforts to address the community needs identified in the 2020-2022 CHNA.

CHRISTUS Spohn Health System Overview

CHRISTUS Spohn Health System (CSHS) is a non-profit hospital system serving the Corpus Christi metropolitan area and Coastal Bend region of Texas. CHRISTUS Spohn responds to the region's health care needs by providing services at three hospital campuses in Corpus Christi: The 787-bed Shoreline campus, the 100-bed Memorial campus, and the 153-bed South campus. CHRISTUS Spohn serves rural communities of the Coastal Bend by providing services at the 96-bed CHRISTUS Spohn Hospital Kleberg in Kingsville, the 131-bed CHRISTUS Spohn Hospital in Alice, and the 69-bed CHRISTUS Spohn Hospital in Beeville. All CHRISTUS Spohn facilities share one objective - to lead the way to a healthier community. The CHRISTUS Spohn region offers comprehensive health care from primary care family health clinics, six acute care hospitals, the only Level II Trauma Center in the region, and the only inpatient behavioral medicine program that accepts the uninsured. In addition, Spohn offers a comprehensive Cancer Center, Palliative Care program, CHRISTUS Home Health, and CHRISTUS Hospice. While CHRISTUS Spohn serves a wide swath of the Coastal Bend region, CSHS defines the report area for this CHNA to include the following six Texas counties: Aransas, Bee, Brooks, Jim Wells, Kleberg, Nueces, and San Patricio. These counties' demographic and socioeconomic conditions broadly represent the CHRISTUS Spohn primary service area (PSA). As such, they offer insight into the health needs of the patients and communities surrounding the six hospitals for which this CHNA is conducted. This CHNA covers the service areas for all hospitals in the CHRISTUS Spohn Health System family. The following six facilities are included in the CHNA for CHRISTUS Spohn:

CHRISTUS Spohn Hospital - Alice

CHRISTUS Spohn Hospital - Alice was built in 1999 to serve the health care needs of Alice and surrounding community residents. The hospital is licensed for 131 beds and provides a comprehensive array of quality services, including medical, surgical, telemetry, emergency, intensive coronary care, diagnostic, birthing, and pediatric services.

CHRISTUS Spohn Hospital - Beeville

CHRISTUS Spohn Hospital - Beeville is a community hospital licensed for 69-beds conveniently serving the health care needs of residents in Bee, Goliad, Live Oak, and Karnes counties. CHRISTUS Spohn Hospital Beeville offers medical and surgical services including emergency services, pediatric, obstetrics, cardiac care, intensive care, and comprehensive diagnostic services.

The hospital has three modern operating rooms, eight same-day surgery rooms, two endoscopy rooms, an expanded recovery area, and an expanded outpatient services wing.

CHRISTUS Spohn Hospital - Kleberg

CHRISTUS Spohn Hospital - Kleberg is a premier medical facility in a town known for its ranching history and rich Texas culture – Kingsville, Texas. Licensed for 96 beds, the hospital is a general acute-care facility offering complete medical and surgical services, including obstetrics, pediatrics, diagnostic and rehabilitation services. CHRISTUS Spohn Hospital Kleberg is a recipient of the 2019 Patient Safety Excellence Award™ for safeguarding patients from serious, potentially preventable complications during their hospital stay. CHRISTUS Spohn Hospital - Kleberg serves the residents of Kleberg, Brooks, Kenedy, and southern Nueces counties.

CHRISTUS Spohn Hospital - Shoreline

Established in 1905, CHRISTUS Spohn Hospital – Shoreline is the Coastal Bend's premier medical facility, providing patients the most advanced services available – highly skilled trauma care, complex surgeries for cardiac, spine, cancer, neurological conditions, palliative care, as well as many other complex medical and surgical interventions.

CHRISTUS Spohn Hospital - South

CHRISTUS Spohn Hospital – South is a 153-bed, full-service general medicine, emergency services, and surgery facility. CHRISTUS Spohn Hospital – South provides the rapidly growing south side of Corpus Christi with comprehensive medical care close to home.

CHRISTUS Health

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 the Incarnate Word of Houston and San Antonio that began in 1866. In 2016, the Sisters of the Holy Family of Nazareth became the third sponsoring congregation of 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 Spohn 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 Spohn Health System implements strategies to promote health in the community and provide equitable care in the hospital. CHRISTUS Spohn Health System 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 Spohn Health System Service Area

Following IRS guidelines, 501(r) rules as required by the Affordable Care Act, CHRISTUS Spohn's CHNA primary service area includes 20 zip codes covering over 471,000 individuals (Table 1). The primary service area (PSA) is the geographic region with 80% of hospital utilization. The primary service area zip codes are in the following counties: Aransas, Bee, Brooks, Jim Wells, Kleberg, Nueces, and San Patricio (Figure 2).

While the hospital is dedicated to providing exceptional care to all residents in the region, CHRISTUS Spohn will use the information in this assessment to strategically establish priorities and commit resources to address the critical health issues for the zip codes, counties, and municipalities that comprise the region.

CHRISTUS Spohn Health System PSA			
Aransas County, TX	**Bee County, TX**	**Brooks County, TX**	**Jim Wells County, TX**
78382	78102	78355	78332
Kleberg County, TX	**Nueces County, TX**	**San Patricio County, TX**	
78363	78380, 78401, 78404	78368	
	78405, 78408, 78410	78374	
	78411, 78412, 78413		
	78414, 78415, 78416		
	78418		

Table 1. Primary Service Area (PSA) of CHRISTUS Spohn

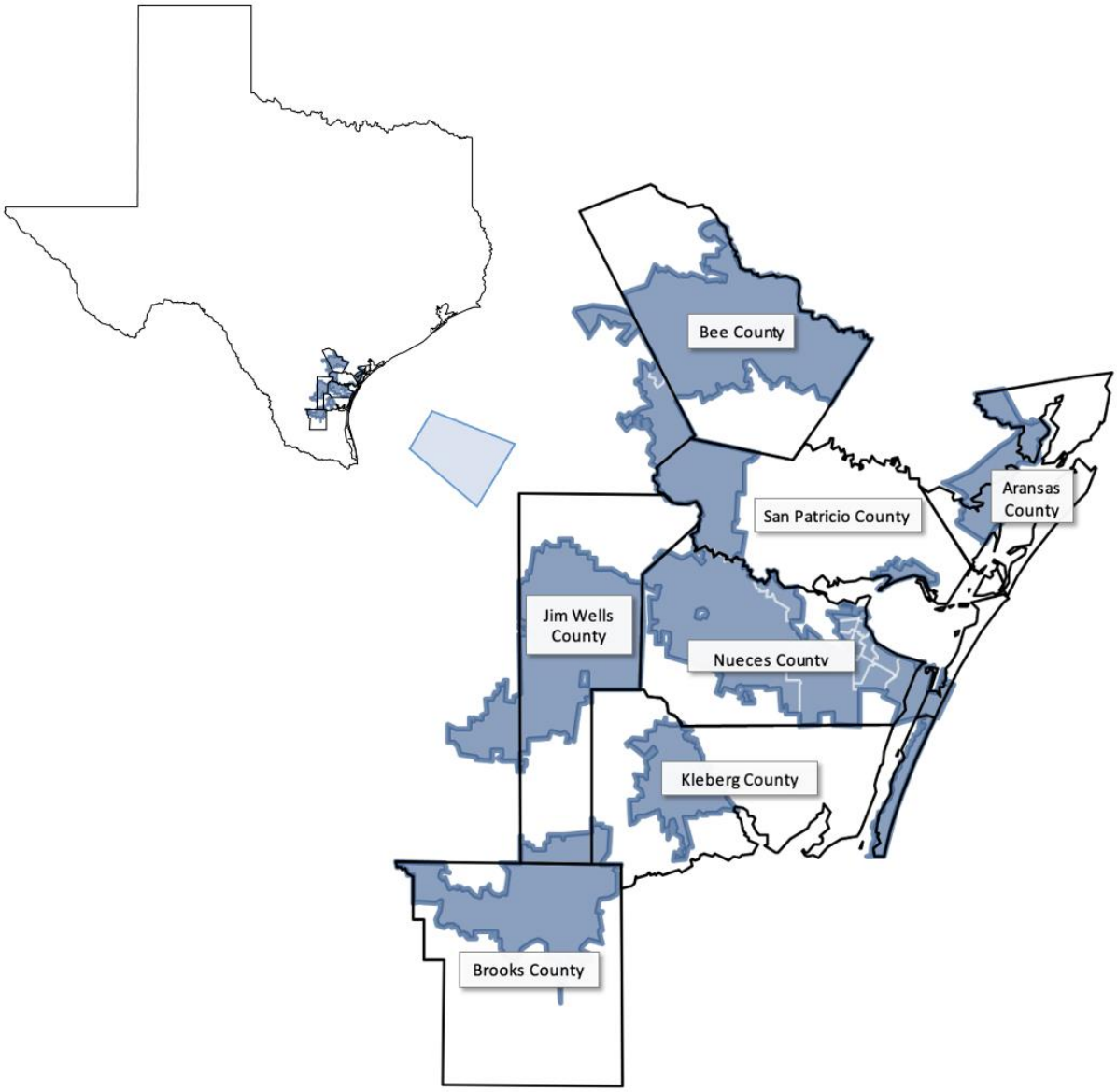


Figure 2. Primary Service Area (PSA) Map of CHRISTUS Spohn

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 Spohn worked with Metopio, a software and services company 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 various locations.

Leaders from the CHRISTUS Spohn guided the strategic direction of Metopio through roles on various committees and workgroups.

CHRISTUS Spohn 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 comprises key staff with expertise in areas necessary to capture and report CHRISTUS Spohn 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, and provides feedback on community engagement activities.

Input from community stakeholders was also gathered from CHRISTUS Spohn's 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 Spohn 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;
- the CHNA will provide greater insight into community health needs and strategies for ongoing community health priorities;
- the CHNA leverages the expertise of community residents and includes a broad range of sectors and voices that are disproportionately affected by health inequities;
- the CHNA provides an overview of community health status and highlights data related to health inequities;
- the CHNA informs strategies related to connections between community and clinical sectors, anchor institution efforts, policy change, and community partnerships; and

- health inequities and their underlying root causes are highlighted and discussed throughout the assessment.

Data Collection

CHRISTUS Spohn Health System 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 CHNAs. It focuses on community engagement, partnership development, and seeking channels to engage people who have often not been part of decision-making processes. 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 include, but are 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, 498 residents in the CHRISTUS Spohn 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 occurred through multiple channels led by CHRISTUS Spohn Health System and its community partners. The survey sought input from priority populations in the CHRISTUS Spohn PSA 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 entire community resident survey is included in Appendix 2. Table 2 summarizes the demographics of survey respondents in the CHRISTUS Spohn PSA.

Demographic	**%**
Age (N=478)	
18-24	0.7
25-44	16.9
45-64	58.1
65 and older	24.3
Gender (N=478)	
Male	23.8
Female	73.7
Non-binary	0.3
Transgender	0.3
Choose not to answer	1.6
Orientation (N=470)	
Straight or heterosexual	88.2
Bisexual	2.2
Lesbian or gay or homosexual	1.9
Choose not to disclose	7.0
Other	0.6
Race (N=512 (multiple answers allowed))	
American Indian or Alaska Native	4.7
Asian	3.1
Black or African American	4.7
White	79.1
Hispanic/Latino(a)	44.5
Native Hawaiian or Pacific Islander	0.7
Choose to not disclose	14.2
Education (N=479)	
Less than high school	1.9
Some high school	1.9
High school graduate or GED	11.0
Vocational or technical school	19.6
Some college, no degree	12.4
College graduate	34.1
Advanced degree	18.9
Current Living Arrangements (N=469)	
Own my home	70.3
Rent my home	19.3
Living in emergency or transitional shelter	0.3

Living with a friend or family	7.3
Other	0.9
Disability in Household (N=465)	43.4
Income (N=466)	
Less than $10,000	8.1
$10,000 to $19,999	8.4
$20,000 to $39,999	14.1
$40,000 to $59,999	19.8
$60,000 to $79,999	10.4
$80,000 to $99,999	14.1
Over $100,000	25.2
Average Number of Children in Home (#) (N=471)	0.6

Table 2. Demographics of Community Resident Survey Respondents in CHRISTUS Spohn Communities

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 Spohn PSA. This was done through focus groups and key informant interviews.

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

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

CHRISTUS Spohn conducted its focus groups virtually. Focus groups lasted ninety (90) minutes and had up to fifteen (15) community members participate in each group. The following community members participated in the focus groups:

Organization	Role
Coastal Bend Wellness Foundation	Director of Community Health Outreach
Coastal Bend Center for Independent Living	MOP and Navigator Program Manager
Coastal Bend Center for Independent Living	Marketplace Health Insurance Navigator
Coastal Bend Health Education Center	Director
Coastal Bend Health Education Center	Program Coordinator for Medication Assistance
Cenikor	Foundation President and CEO
Methodist Healthcare Ministries	Wesley Nurse
Methodist Healthcare Ministries	Community Health Worker

Family Counseling Services of the Coastal Bend	Executive Director
CHRISTUS Spohn Care Van	Nurse Practitioner
YWCA of Corpus Christi	Director of Operations
South Texas Family Planning & Health Corporation	Assistant Executive & Educational Director
South Texas Family Planning & Health Corporation	Health Information and Legal & Billing Director
Head Start	Teacher

Table 3. Focus Group Participants

In addition to the focus groups, ten (10) key informants were identified by CHRISTUS Spohn for one-on-one interviews. Key informants were chosen based on areas of expertise to further validate themes that emerged from the surveys and focus groups. Each interview was conducted virtually and lasted thirty (30) minutes.

Secondary Data

CHRISTUS Spohn used a standard set of health indicators to understand the prevalence of morbidity and mortality in the CHRISTUS Spohn PSA and compare them to benchmark regions in the state and the entire 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 Spohn used stratified data so that health inequities could be explored and better articulated. Given the community input on economic conditions and community safety, CHRISTUS Spohn sought more granular datasets to illustrate hardship. A complete list of data sources can be found in Appendix 3.

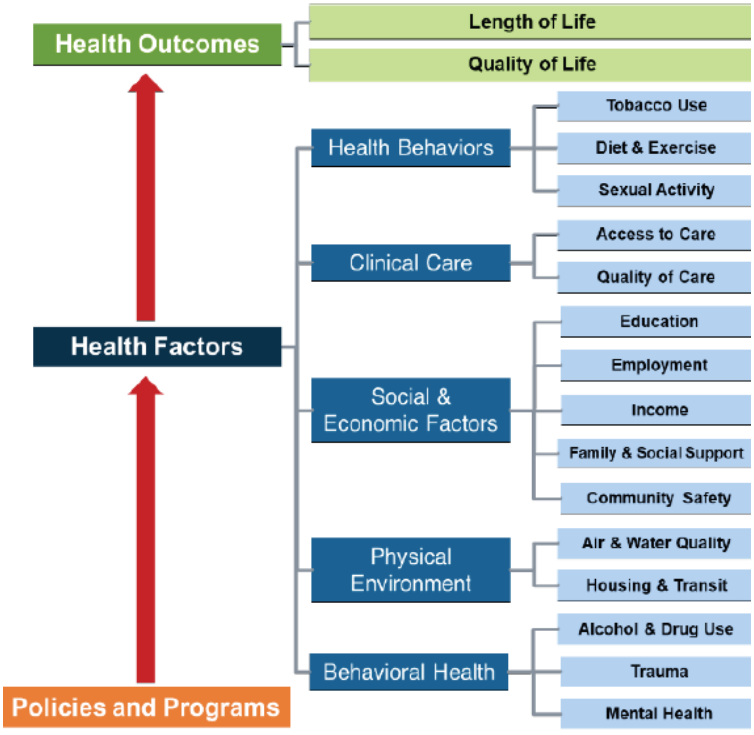


Figure 3. Illustration of the County Health Rankings MAPP Framework

Data Needs and Limitations

CHRISTUS Spohn 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 are 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 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 of a community's potential.

With this in mind, CHRISTUS Spohn, 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 Spohn Health System 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 Spohn 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 4, most respondents saw the pandemic as the most significant issue their community faced over the last two years.

"COVID-19 has had a major impact on people's employment and finances. And it has impacted school-age children. They were isolated and I imagine it has affected their mental health."

-Survey Respondent

And while many community members did not delay care, over half did experience challenges with feelings of hopelessness and depression. The community's primary emphasis in focus groups and key informant interviews was addressing the barriers to health equity, not necessarily the pandemic itself. Because of this, the CHNA will focus more on COVID-19's impact on existing health disparities.

During the pandemic (March 2020-present) have you had any of the following (please check all that apply):	**% of respondents**
Visited a doctor for a routine checkup or physical	85.6
Dental exam	56.7
Mammogram	42.3
Pap test/Pap smear	31.1
Sigmoidoscopy or colonoscopy to test for colorectal cancer	10.2
Flu shot	70.5
Prostate screening	7.9
COVID-19 vaccine	85.2
Because of the pandemic, did you delay or avoid medical care?	
Yes	46.3
No	53.7
During this time period, how often have you been bothered by feeling down, depressed, or hopeless?	
Not at all	43.8
Several days every month	35.7
More than half the days every month	10.7
Nearly every day	9.7
What is the most difficult issue your community has faced during this time period?	
COVID-19	70.8
Natural disasters (for example, hurricanes, flooding, tornadoes, fires)	3.3
Extreme temperatures (for example, snowstorm of 2021)	15.4
Other:	10.5
	N=473

Table 4. Community Resident Survey Responses to COVID-19 Questions

CHNA Results

Demographic Characteristics

Over the past decade, the CHRISTUS Spohn PSA has experienced a 4.8% rise in population between the 2010 and 2020 Census counts (Figure 4). This rate is slightly slower than that of the entire CHRISTUS Health service area (12.1%) and the state (15.9%). 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. Overall, 478,082 people live in the CHRISTUS Spohn PSA.

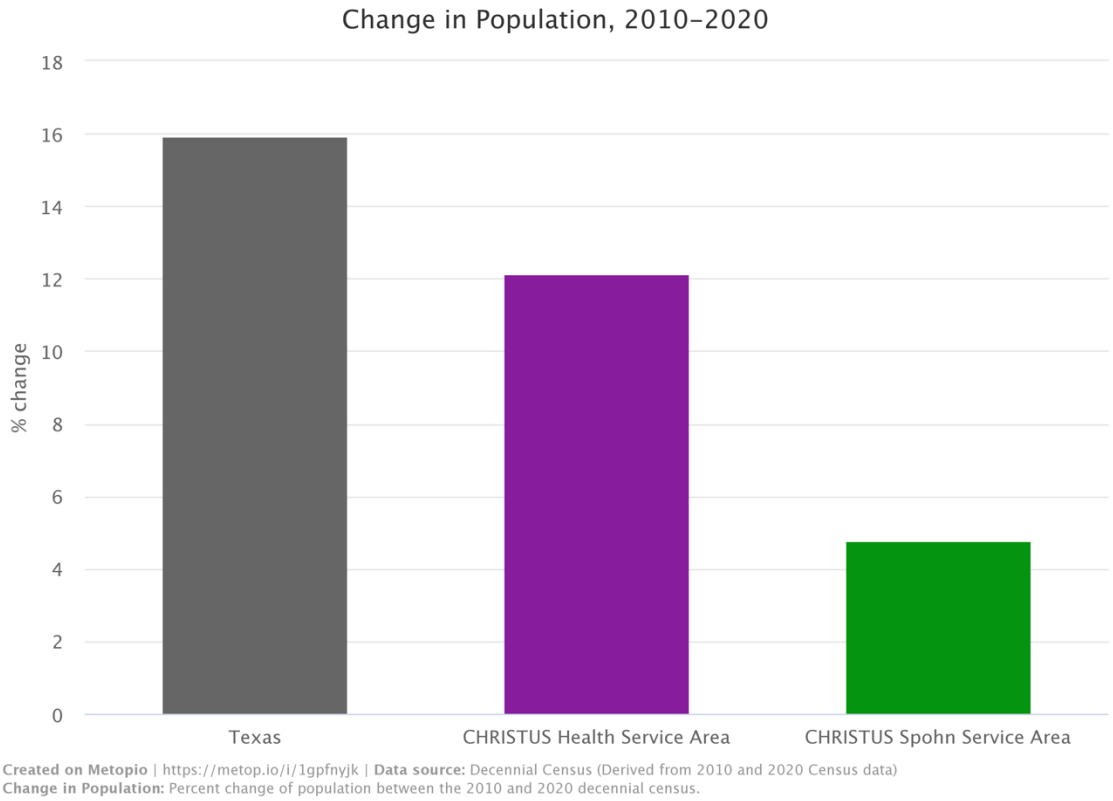


Figure 4. Change in Population in the CHRISTUS Spohn PSA

Hispanic or Latino individuals make up the majority of the CHRISTUS Spohn PSA population at 63.4% (Figure 5). The PSA has a higher proportion of Hispanic or Latino people than the full CHRISTUS Health service area (38.4%) and Texas (39.4%). Non-Hispanic White people represent the second most populous racial/ethnic group in the PSA, comprising 30.2% of the population, which is lower than other benchmark regions. Non-Hispanic Black people make up 3.2% of the CHRISTUS Spohn PSA population. Asian or Pacific Islander individuals account for 2.0% of the population. 1.0% of the population identifies as two or more races. Native Americans make up 0.2% of the population in the CHRISTUS Spohn PSA. (Table 5 shows the PSA demographics by county.)

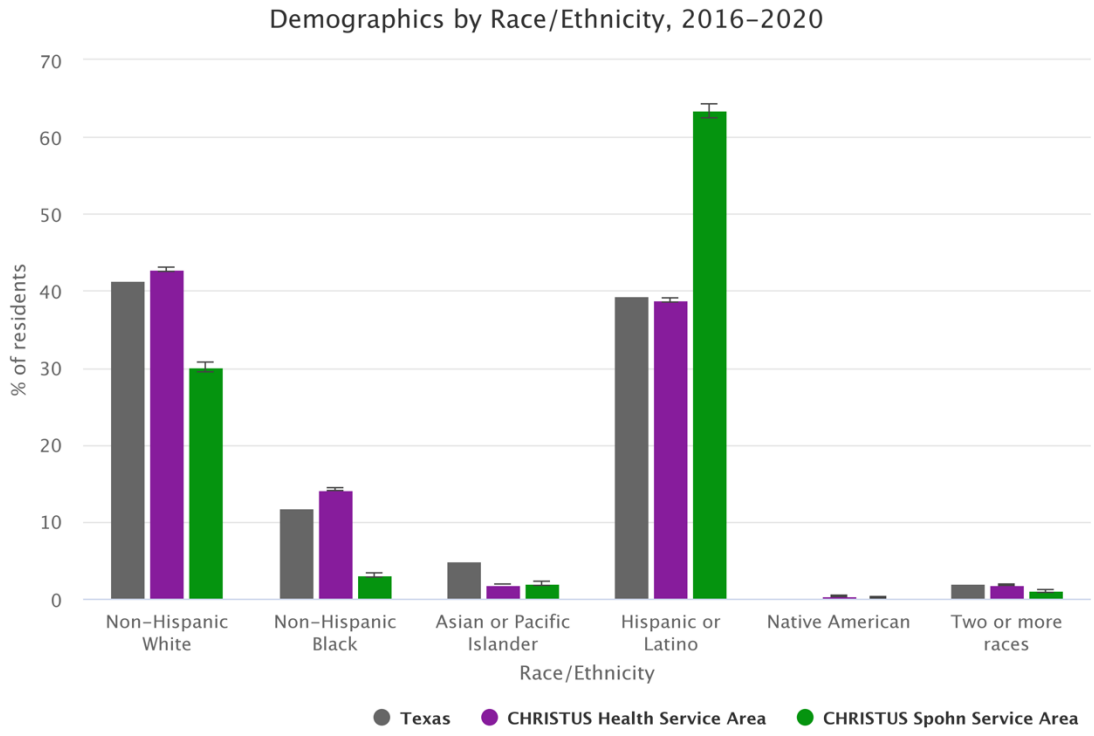


Figure 5. Demographics by Race/Ethnicity in the CHRISTUS Spohn PSA

Topic	Aransas County, TX	Bee County, TX	Brooks County, TX	Jim Wells County, TX	Kleberg County, TX	Nueces County, TX	San Patricio County, TX
Change in Population % change, 2010-2020	2.90	-2.55	-2.04	-4.77	-3.18	3.81	6.10
Population residents, 2020	23,830	31,047	7,076	38,891	31,040	353,178	68,755
Demographics Non-Hispanic White % of residents, 2020	66.37	27.70	10.23	17.90	21.68	30.06	38.71
Demographics Non-Hispanic Black % of residents, 2020	1.01	7.46	0.11	0.46	3.21	3.58	1.45
Demographics Asian or Pacific Islander % of residents, 2020	2.08	0.69	0.41	0.40	2.53	2.26	1.32
Demographics Hispanic or Latino % of residents, 2020	25.84	62.46	88.21	79.29	70.62	61.46	55.59
Demographics Native American % of residents, 2020	0.60	0.17	0.13	0.15	0.27	0.26	0.29
Demographics Two or more races % of residents, 2020	3.78	1.31	0.73	1.56	1.39	2.02	2.32

Table 5. Demographics by County in the CHRISTUS Spohn PSA

Females represent 49.6% of the CHRISTUS Spohn PSA population, and males represent 50.4% (Figure 6). This ratio is similar to the other benchmarks in the chart above. The median age in the CHRISTUS Spohn PSA is 35.9 years old (Figure 7). This is similar to the full CHRISTUS Health service area (36.4 years old) and Texas overall (34.8 years old).

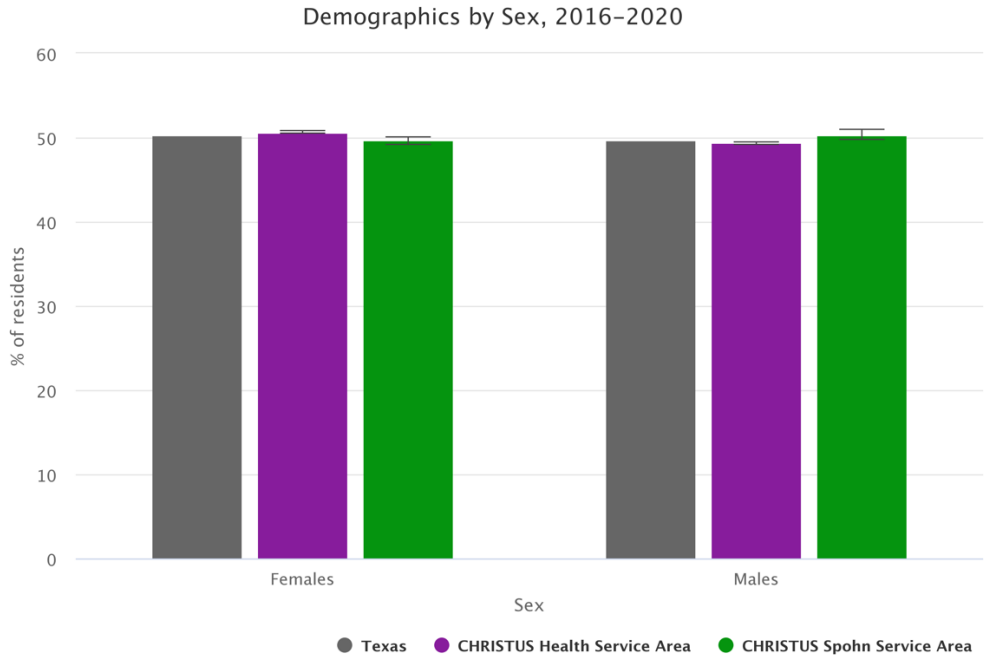


Figure 6. Demographics by Sex in the CHRISTUS Spohn PSA

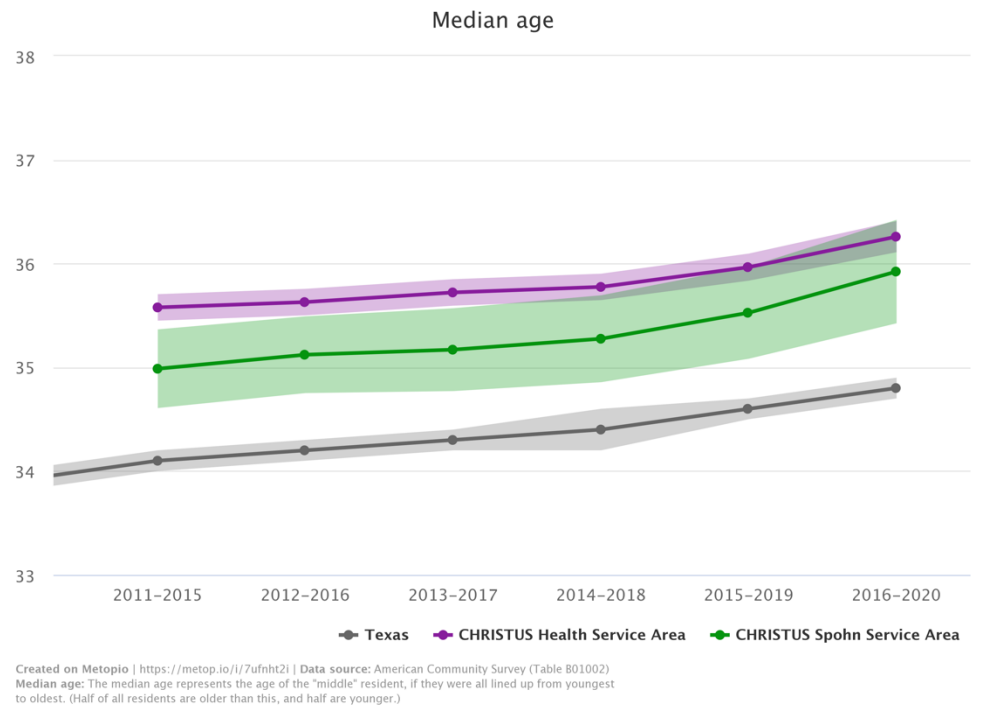


Figure 7. Median Age in the CHRISTUS Spohn PSA

In the CHRISTUS Spohn PSA, 2.4% of residents have limited English proficiency (Figure 8). This rate is similar to the full CHRISTUS Health service area (4.0%) but lower than Texas (7.3%). As illustrated in Figure 9, the residents with limited English proficiency are primarily in zip codes 78355 (6.57%), 78416 (5.9%), and 78405 (5.4%),

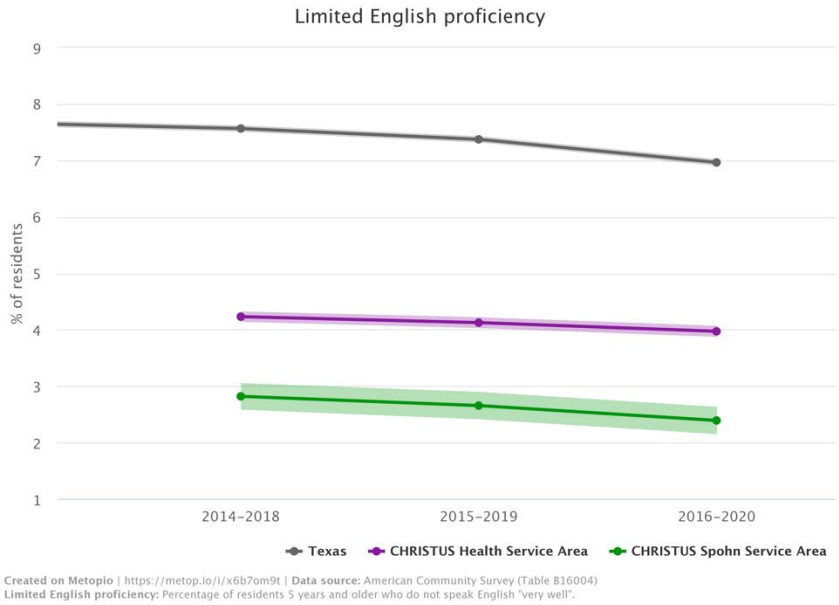


Figure 8. Limited English Proficiency in the CHRISTUS Spohn PSA

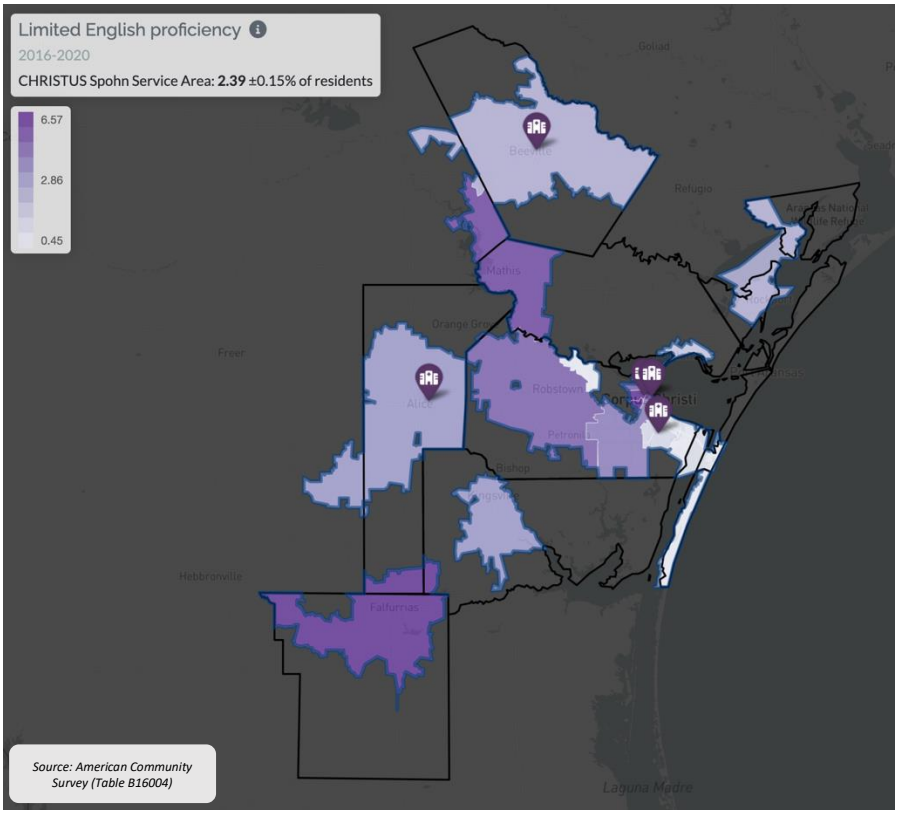


Figure 9. Map of Limited English Proficiency in the CHRISTUS Spohn PSA

As shown in Figure 10, the percentage of residents with a disability in the CHRISTUS Spohn PSA (13.5%) is slightly lower than the whole CHRISTUS service area (14.8%) and higher than the percentage in Texas (11.5%). Disability here is defined as one or more sensory disabilities or difficulties with everyday tasks.

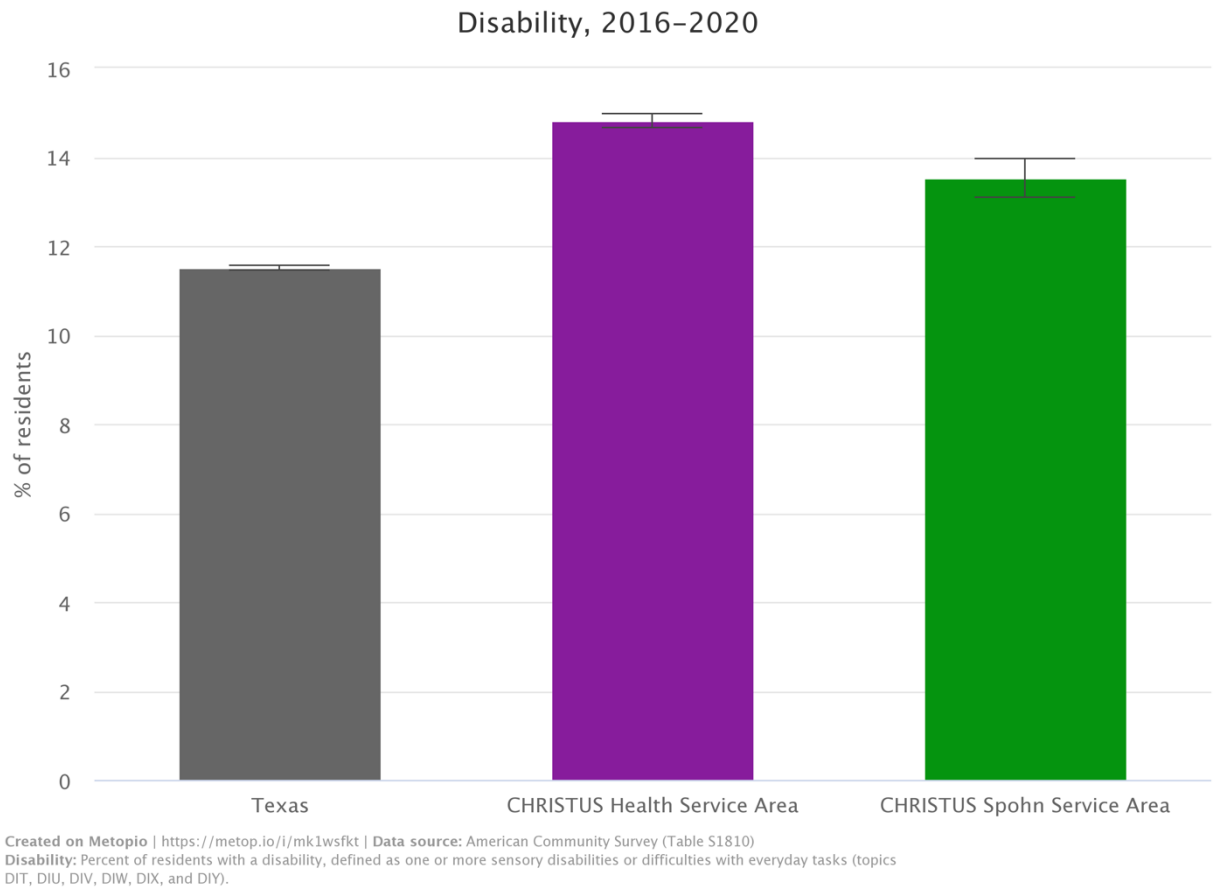


Figure 10. Disability in the CHRISTUS Spohn PSA

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 across the focus groups. Participants shared that primary care services in the area have long wait times, especially for those on Medicaid and Medicare. Elderly residents, in particular, need more options for in-house services or transportation to medical appointments.

- Community members shared that there is a need for mental health care in the PSA. They expressed various mental health needs ranging from services for youth, more inpatient options, and mental health education for caregivers. Focus group participants notice that when preventative mental health care is unavailable, residents often turn to emergency departments in times of crisis, overwhelming the capacity of emergency services.

- Economic opportunity and poverty came up as an area of need. Participants shared that they have difficulty finding jobs that pay enough to meet the rising cost of living. They expressed a need for more technical skills training.

- Elements of the built environment make it challenging to be healthy. Participants expressed concerns about rising crime and unaffordable housing, leading to more homelessness in the area. Limited options for transportation make healthy choices more difficult for those without cars. Lastly, some survey participants expressed concern over the health impacts of refinery pollution.

Survey respondents were asked to rank several health issues on a scale of 1 to 5, with 1 being "not significant" and 5 being "very significant." Table 6 shows the top 10 issues from the survey in descending order.

Health Issue	% of respondents who ranked either 4 or 5
Obesity	61.5%
Diabetes	59.4%
Mental health	51.6%
Heart disease	50.9%
Chronic pain	50.7%
Arthritis	43.4%
Drug, alcohol, and substance use	42.9%
Cancer	41.9%
Exercise and physical activity	39.9%
Dental problems	39.1%

Table 6. Ranking of Health Issues by 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 they thought contributed to health and were available in the community. The top responses can be found in Figure 11. These are assets that community members take advantage of to maintain their health during challenging times.

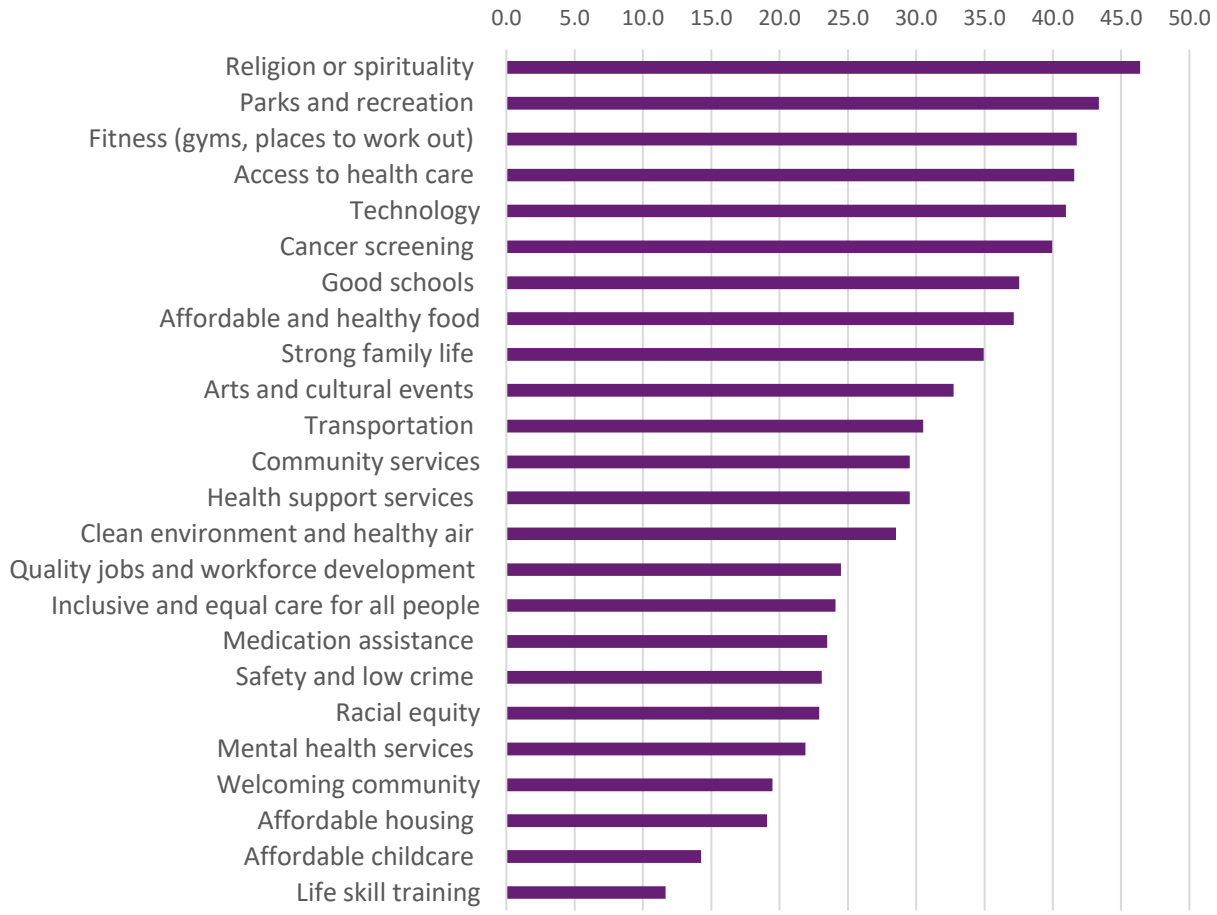


Figure 11. Survey Responses of Community Strengths that Support Health

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.

Hardship

One way to measure overall economic distress in a place is with the Hardship Index. The hardship index 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 Spohn PSA is 63.2, which is slightly higher than the measure of the entire CHRISTUS Health service area (60.6) and Texas (55.8) (Figure 12). There are several zip codes throughout the PSA with a high hardship index score. The highest zip codes are found in Falfurrias (zip code 78355 – 92.6) and around Corpus Christi (78416 – 91.6, 78405 – 89.9, and 78408 – 86.0).

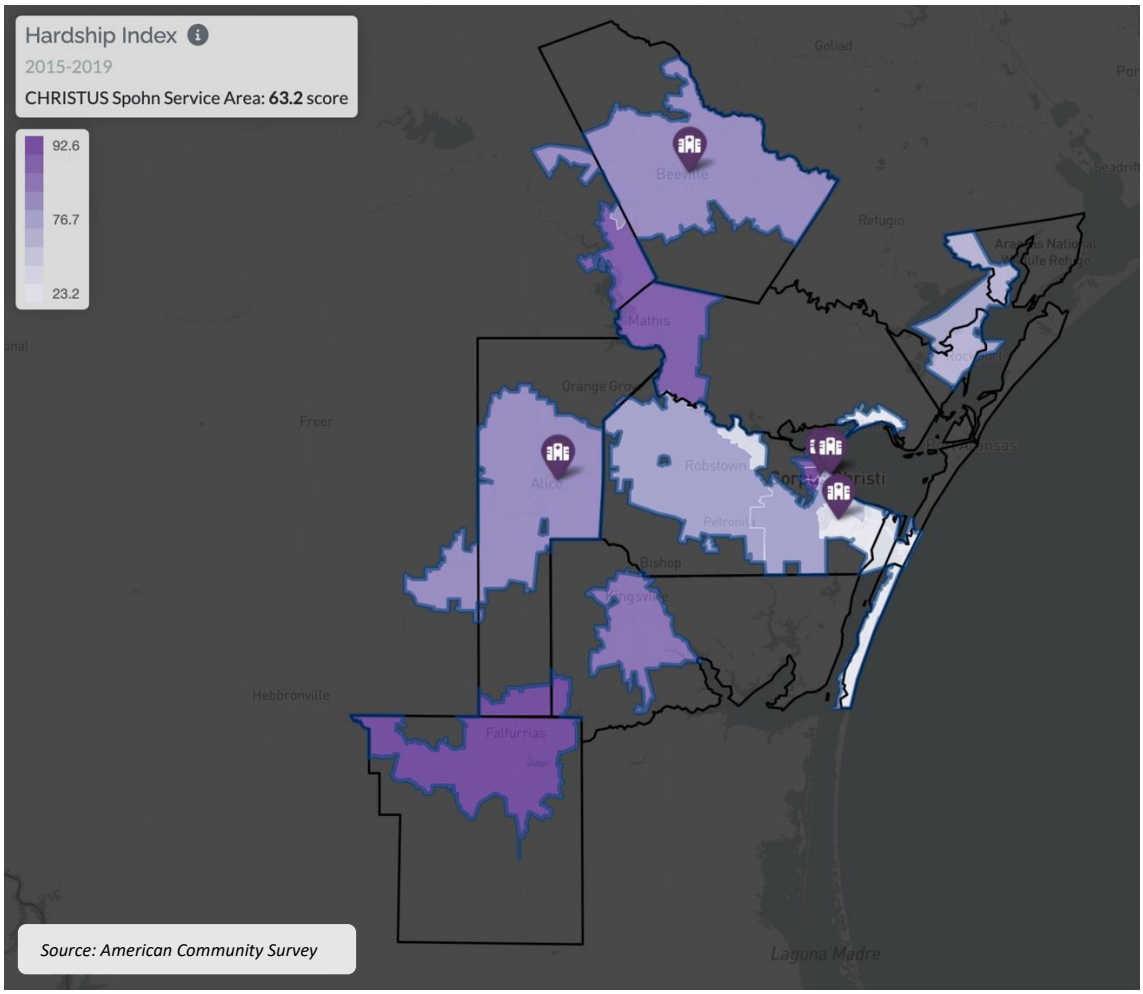


Figure 12. Map of Hardship Index in the CHRISTUS Spohn PSA

Poverty

Poverty and its corollary effects are present throughout the CHRISTUS Spohn PSA. The median household income is $60,425 (Figure 13), and the poverty rate is 17.8% (Figure 14). In comparison, the entire CHRISTUS Health service area has a median household income of $59,184, and 18.5% of residents live in poverty; Texas has $67,267 and 16.7%, respectively. Within the CHRISTUS Spohn PSA, people of color disproportionately face the burden of poverty. Non-Hispanic Black residents have a poverty rate of 33.2%, Asian or Pacific Islanders are at 17.3%, and Hispanic or Latino people experience a rate of 19.9% compared to 13.9% of Non-Hispanic White residents. The effects of poverty can be felt by high housing costs, represented below as the percentage of households spending more than 50% of their income on rent. The highest rent burden is seen in zip codes 78401 (32.9%) and 78410 (30.6%) around Corpus Christi and 78102 (5.6%) in Beeville, compared to 20.7% in the overall PSA (Figure 15).

> **"I am a caregiver and medical care, insurance issues, medication issues with expense, transportation, and limited funds are real here in our community."**
>
> - **Survey participant**

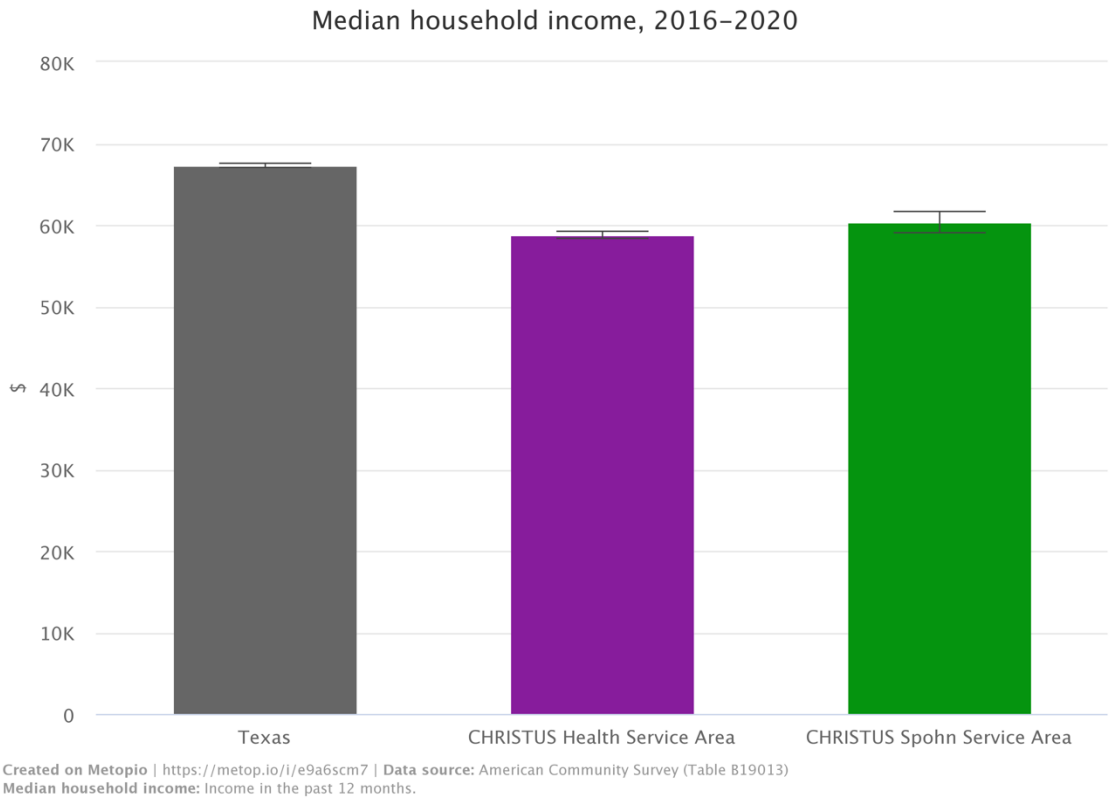


Figure 13. Median Household Income in the CHRISTUS Spohn PSA

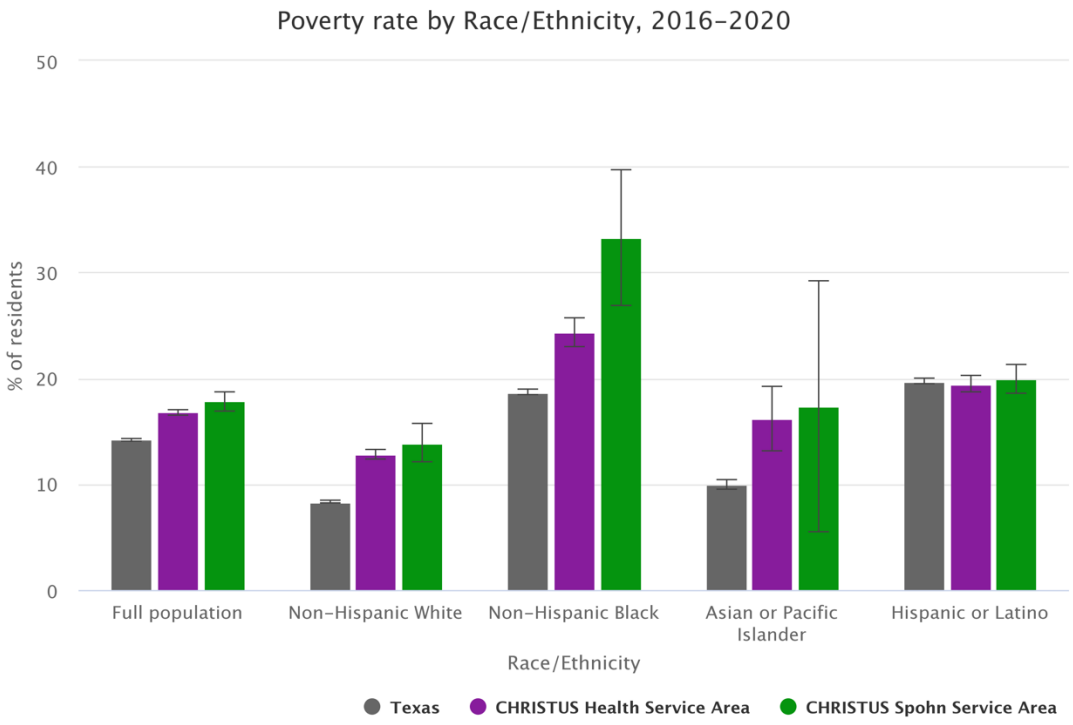


Figure 14. Poverty Rate with Stratifications in the CHRISTUS Spohn PSA

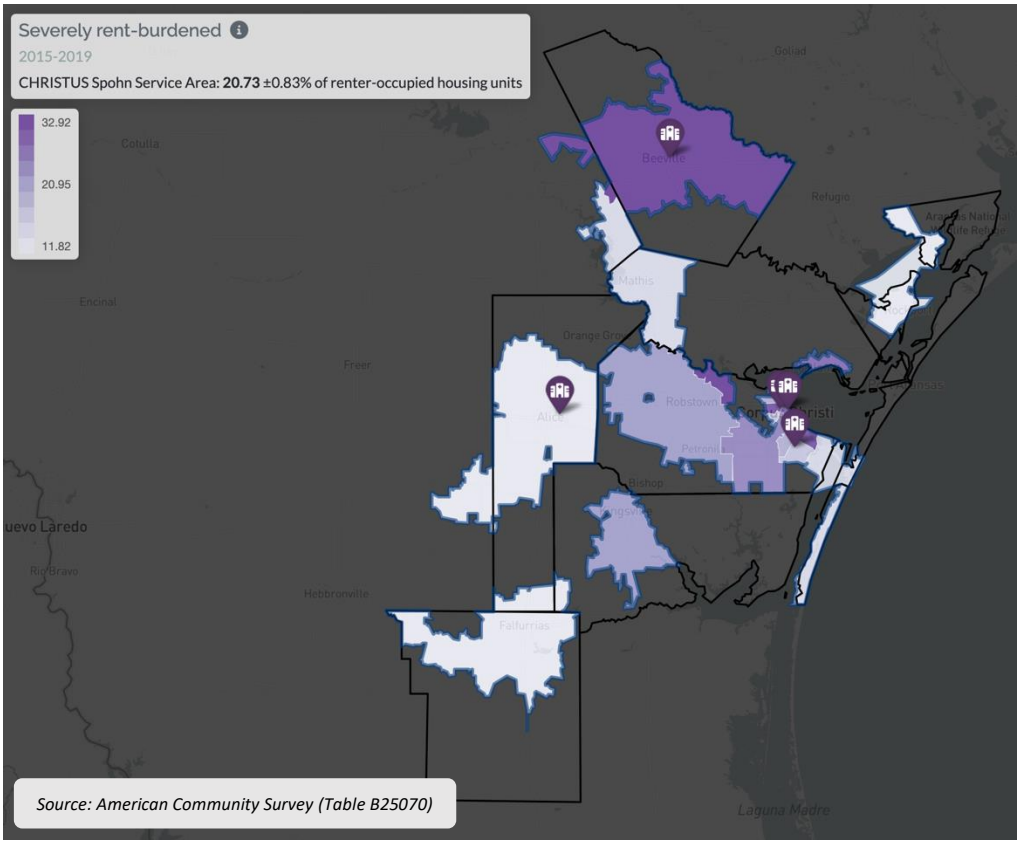


Figure 15. Housing Cost Burden in the CHRISTUS Spohn PSA

Unemployment

As shown in Figure 16, the overall unemployment rate in the CHRISTUS Spohn PSA (5.6%) is similar to the entire CHRISTUS Health service area (5.9%) and Texas (5.3%). When this data is stratified by race/ethnicity, there are some disparities in unemployment rates (Figure 17). Hispanic/Latino people experience the highest unemployment rate (6.5%), Non-Hispanic Blacks (5.6%) and Whites (5.4%) are close to the regional average, and Asian or Pacific Islanders have the lowest unemployment rate in the PSA (0.9%). Over the past decade, the region has generally seen a decline in the unemployment rate, even into 2020, when the COVID-19 pandemic began.

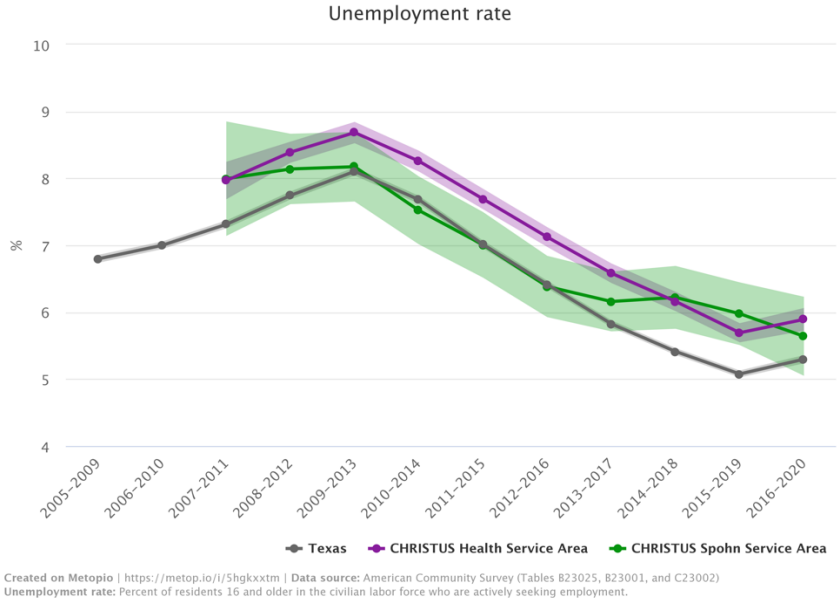


Figure 16. Unemployment Rate in the CHRISTUS Spohn PSA

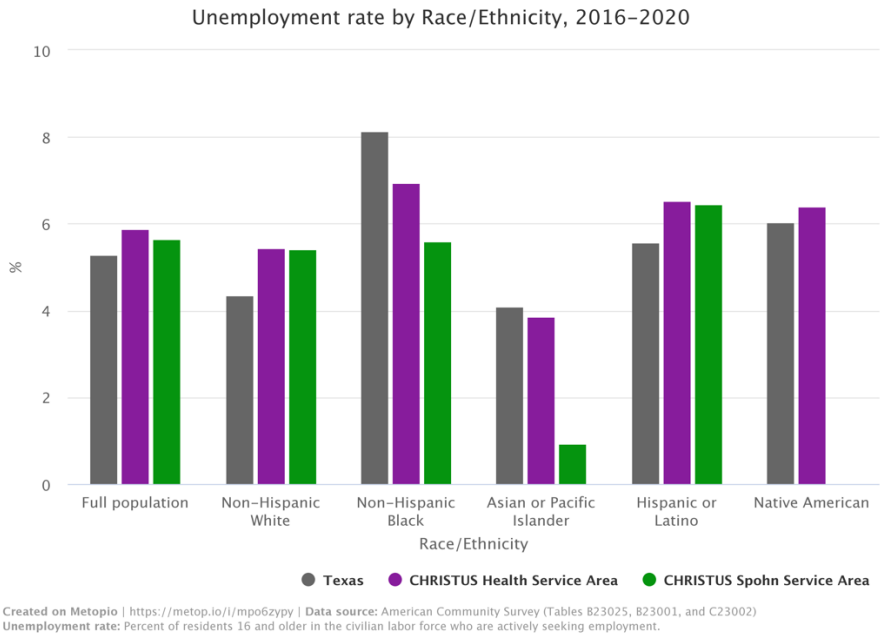


Figure 17. Unemployment with Stratifications in the CHRISTUS Spohn PSA

Another measure of potential economic stress is disconnected youth, defined as residents aged 16-19 who are neither in school nor employed (Figure 19). The percentage of disconnected youth in the CHRISTUS Spohn PSA (14.6%) is higher than the entire CHRISTUS Health service area (10.3%) and almost double the percentage of Texas (7.9%). This and other economic indicators are explored for each county comprising the CHRISTUS Spohn PSA in Table 7.

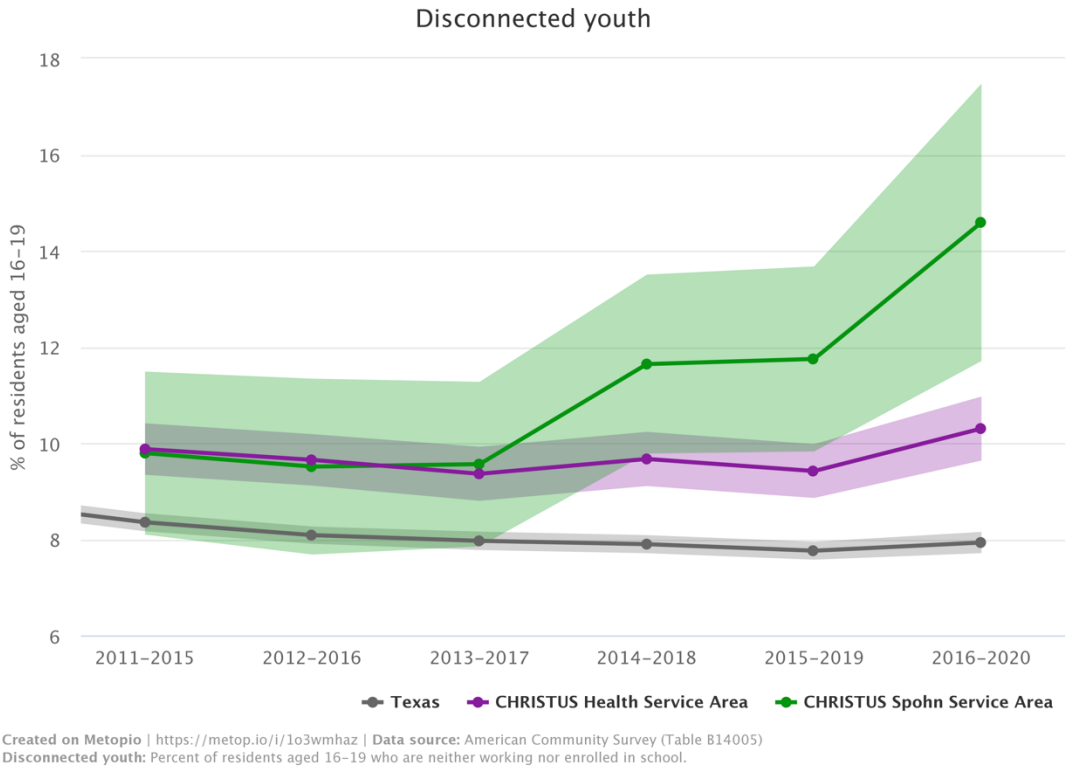


Figure 18. Disconnected Youth in the CHRISTUS Spohn PSA

Topic	Aransas County, TX	Bee County, TX	Brooks County, TX	Jim Wells County, TX	Kleberg County, TX	Nueces County, TX	San Patricio County, TX
Hardship Index score, 2015-2019	75.4	77.5	92.9	81.8	81.4	59.7	67.7
Poverty rate % of residents, 2016-2020	22.84	19.37	40.22	21.59	27.17	16.19	15.17
Median household income 2016-2020	$50,508	$47,729	$26,409	$48,329	$49,851	$59,846	$59,136
Severely rent-burdened % of renter-occupied housing units, 2016-2020	12.44	22.40	10.73	15.62	22.38	22.00	17.15
Unemployment rate %, 2016-2020	9.32	8.34	1.14	3.68	6.03	5.81	5.00
Disconnected youth % of residents aged 16-19, 2016-2020	0.53	12.92	17.39	21.68	6.40	13.03	13.08

Table 7. Socioeconomic Indicators by County in the CHRISTUS Spohn PSA

Education

Education is an important social determinant of health—even enrollment in preschool influences future health and social outcomes. As shown in Figure 19, preschool enrollment in the CHRISTUS Spohn PSA (42.9% of toddlers) is in line with the entire CHRISTUS Health service area (42.9%) and Texas (42.7%). The high school graduation in the CHRISTUS Spohn PSA is 83.4%, which is just below the averages in the entire CHRISTUS Health service area (84.8%) and Texas (84.4%) (Figure 20). Post-secondary education in the CHRISTUS Spohn PSA is somewhat lower than the other benchmark regions (Figure 21). For residents 25 or older with any post-secondary education, the higher degree graduation rate in the CHRISTUS Spohn PSA is 29.5%, compared to 31.8% in the CHRISTUS Health service area and 38.1% in Texas. (Table 8 explores these and other education indicators at the county level in the PSA.)

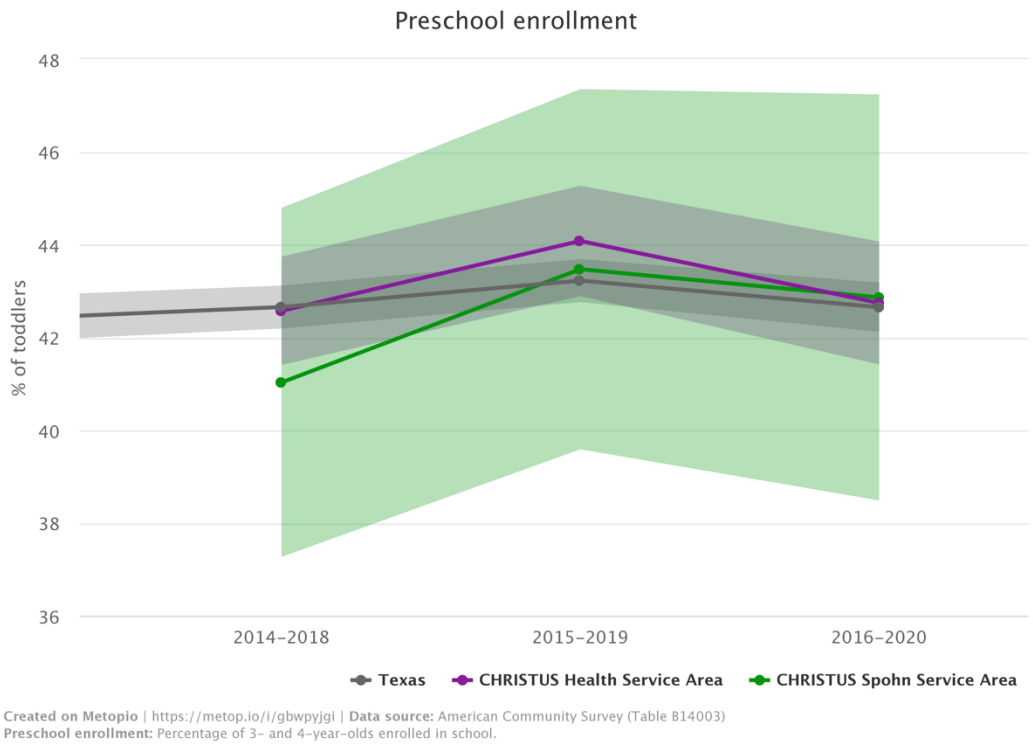


Figure 19. Preschool Enrollment in the CHRISTUS Spohn PSA

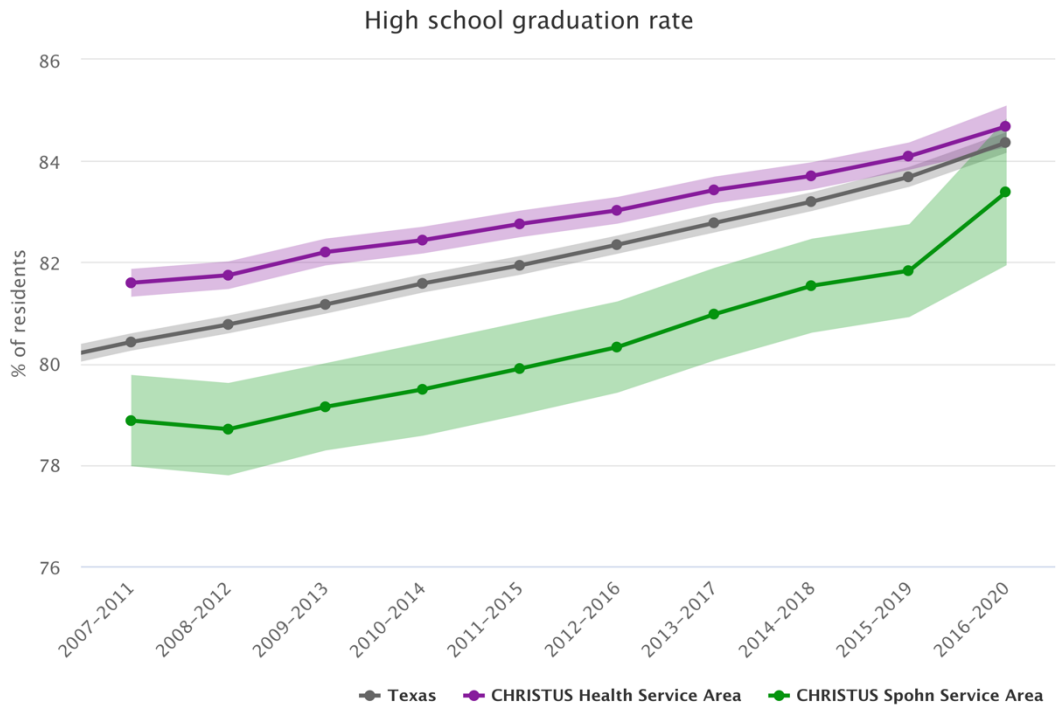


Figure 20. High School Graduation Rate in the CHRISTUS Spohn PSA

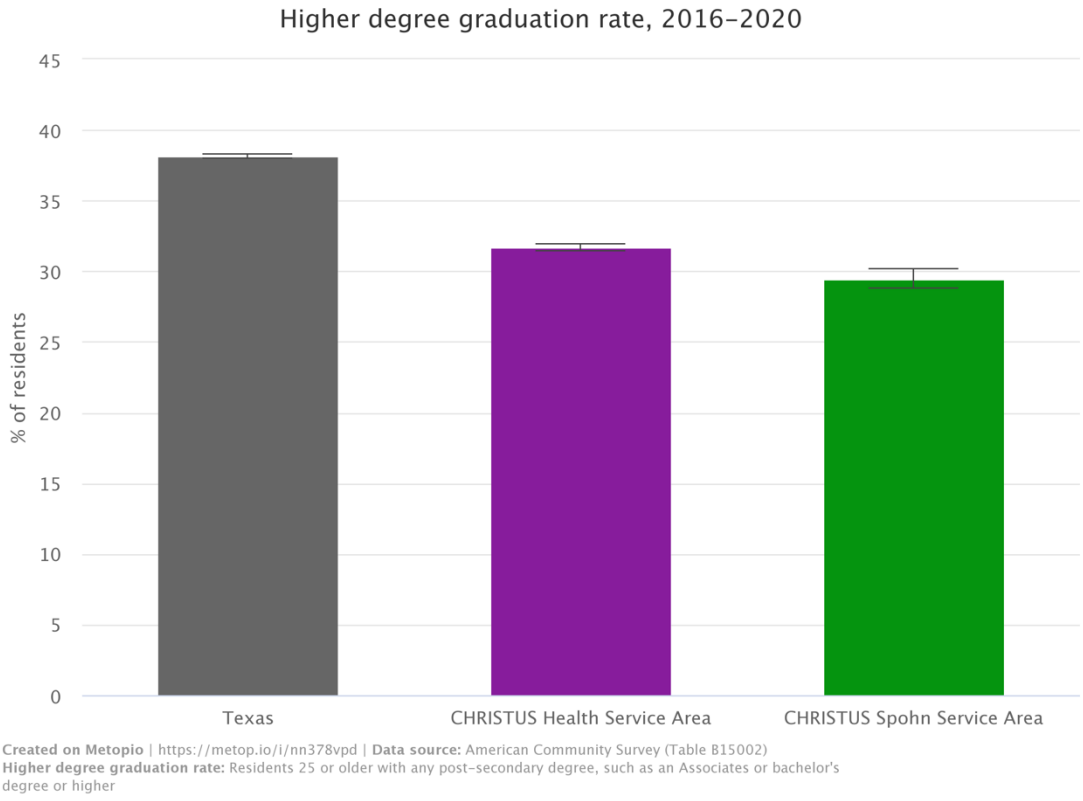


Figure 21. Higher Degree Graduation Rate in the CHRISTUS Spohn PSA

Topic	Aransas County, TX	Bee County, TX	Brooks County, TX	Jim Wells County, TX	Kleberg County, TX	Nueces County, TX	San Patricio County, TX
Preschool enrollment Infants (0-4 years) % of toddlers, 2016-2020	69.14	50.96	90.67	27.19	41.27	39.02	46.80
Private school Juveniles (5-17 years) % of grade school students, 2016-2020	7.02	7.55	6.24	12.49	5.58	4.92	2.49
9th grade education rate % of residents, 2016-2020	95.23	91.58	85.18	91.70	88.48	93.09	91.56
High school graduation rate % of residents, 2016-2020	87.11	79.19	67.06	78.17	79.06	83.81	81.39
Any higher education rate % of residents, 2016-2020	58.00	45.60	40.90	42.95	51.28	54.56	48.64
Graduate education rate % of residents, 2016-2020	7.43	5.17	3.74	3.60	7.15	7.73	5.10

Table 8. Education Indicators by County in the CHRISTUS Spohn PSA

Access to Care

Accessing the health system reliably, whether for primary care, mental health, or specialists, often depends on one's insurance. As illustrated in Figure 22, the uninsured rate in the CHRISTUS Spohn PSA (17.3%) is higher than the entire CHRISTUS Health service area (15.1%) but the same as the state overall (17.3%). Across racial and ethnic groups, the uninsured rate is highest in the Hispanic or Latino population (20.3%).

"I am primary care giver for my aging parent with dementia, arthritis, dental concerns, and sight deficiency. Lack of insurance coverage and finances are causes for concern. We have no family in the state. Getting care for my parent so I can work and run errands is at times almost over whelming."

- Survey participant

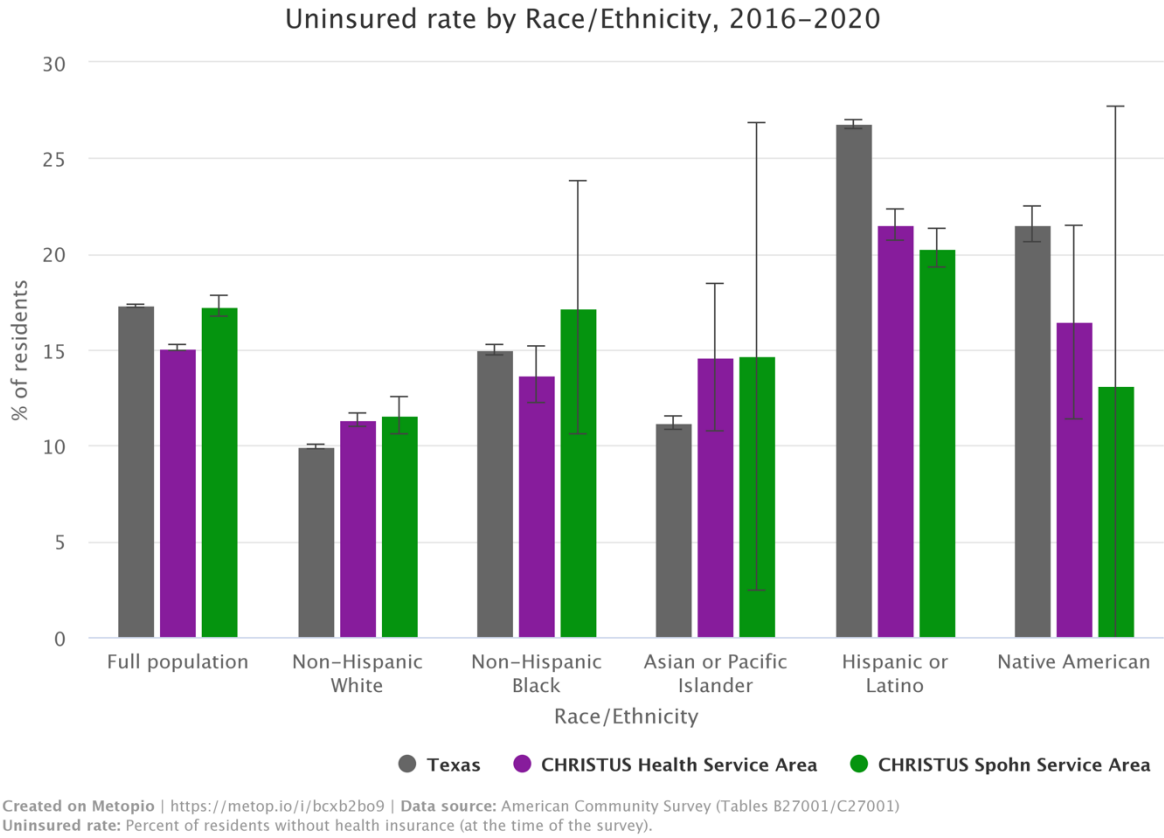


Figure 22. Uninsured Rate with Stratifications in CHRISTUS Spohn PSA

As shown in Figure 23, the percentage of residents covered by Medicaid in the CHRISTUS Spohn PSA (19.8%) is higher than that of Texas (16.5%) but somewhat lower than the full CHRISTUS Health service area (21.1%). When combined with the uninsured rate, nearly 40% of residents in the service area either have no coverage or limited coverage through Medicaid.

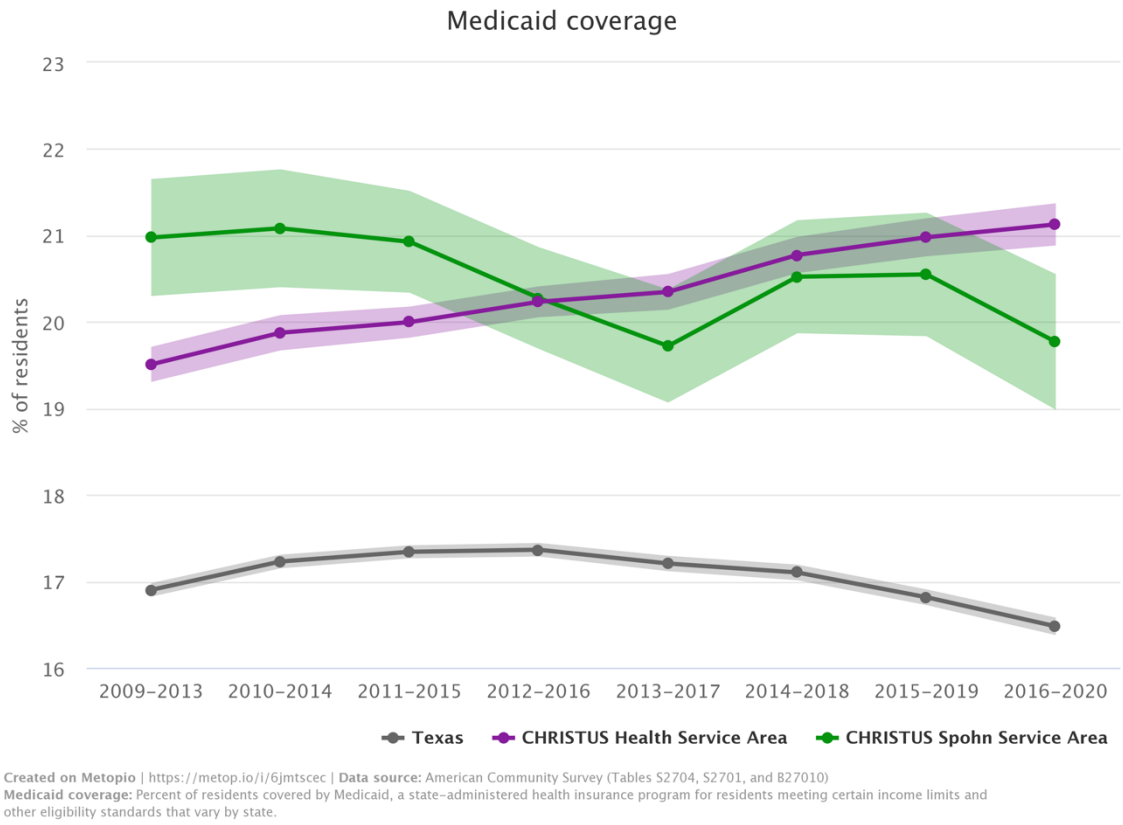


Figure 23. Medicaid Coverage in the CHRISTUS Spohn PSA

> **"[We need an] increase in mental health inpatient services and available beds, crisis response for suicide and outpatient mental health and medication compliance services."**
>
> **- Survey participant**

Mental health was raised as an issue through all channels of primary data collection. Figure 24 below shows that more than 1 in 5 adults in the CHRISTUS Spohn PSA report being depressed. Many residents noted a lack of access to providers, regardless of a person's insurance. Table 9 below shows the per capita rate for types of mental health providers in each of the service area counties, as well as other behavioral health indicators for comparison.

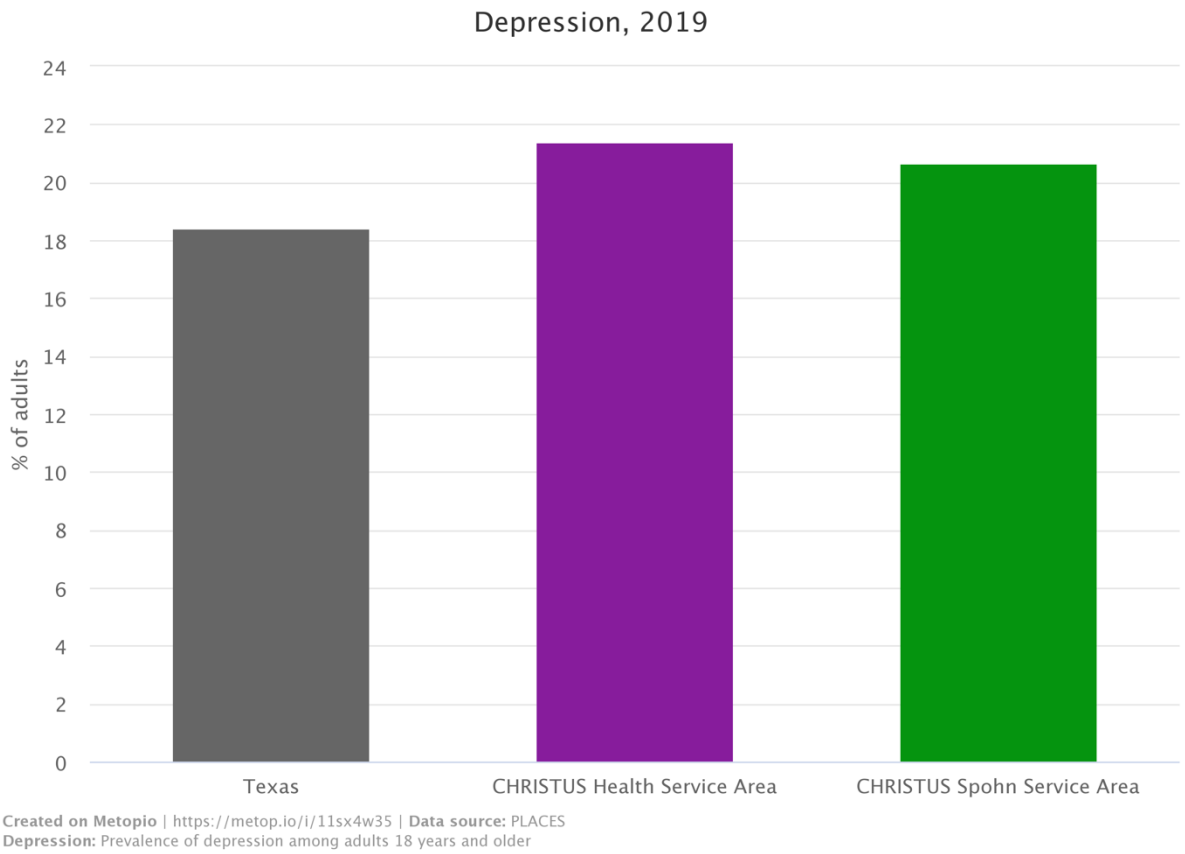


Figure 24. Depression in the CHRISTUS Spohn PSA

Topic	Aransas County, TX	Bee County, TX	Brooks County, TX	Jim Wells County, TX	Kleberg County, TX	Nueces County, TX	San Patricio County, TX
Poor self-reported mental health % of adults, 2019	16.00	14.40	16.20	14.50	14.10	14.10	14.20
Poor mental health days days per month, 2018	4.7	4.4	4.6	4.4	4.2	4.2	4.4
Psychiatry physicians per capita physicians per 100,000 residents, 2021	9	0	0	2	0	14	3
Mental health providers per capita providers per 100,000 residents, 2021	95.5	43.2	26.2	94.7	57.9	172.8	40.5
Depression % of adults, 2019	20.70	18.00	18.60	18.20	18.10	19.30	19.70
Drug overdose mortality deaths per 100,000 , 2016-2020	18.16	9.82	–	11.34	8.80 (2007-2011 data)	18.10	13.13

Table 9. Mental Health Access Indicators by County in the CHRISTUS Spohn PSA

Many low-income residents in the CHRISTUS Spohn PSA rely on Federally Qualified Health Centers (FQHCs) for their care in addition to hospitals, outpatient centers, and primary care offices. There are 16 FQHCs spread across the PSA (Figure 25). They are most concentrated in zip codes 78332 (4 FQHCs), 78355 (3 FQHCs) and 78102 (3 FQHCs).

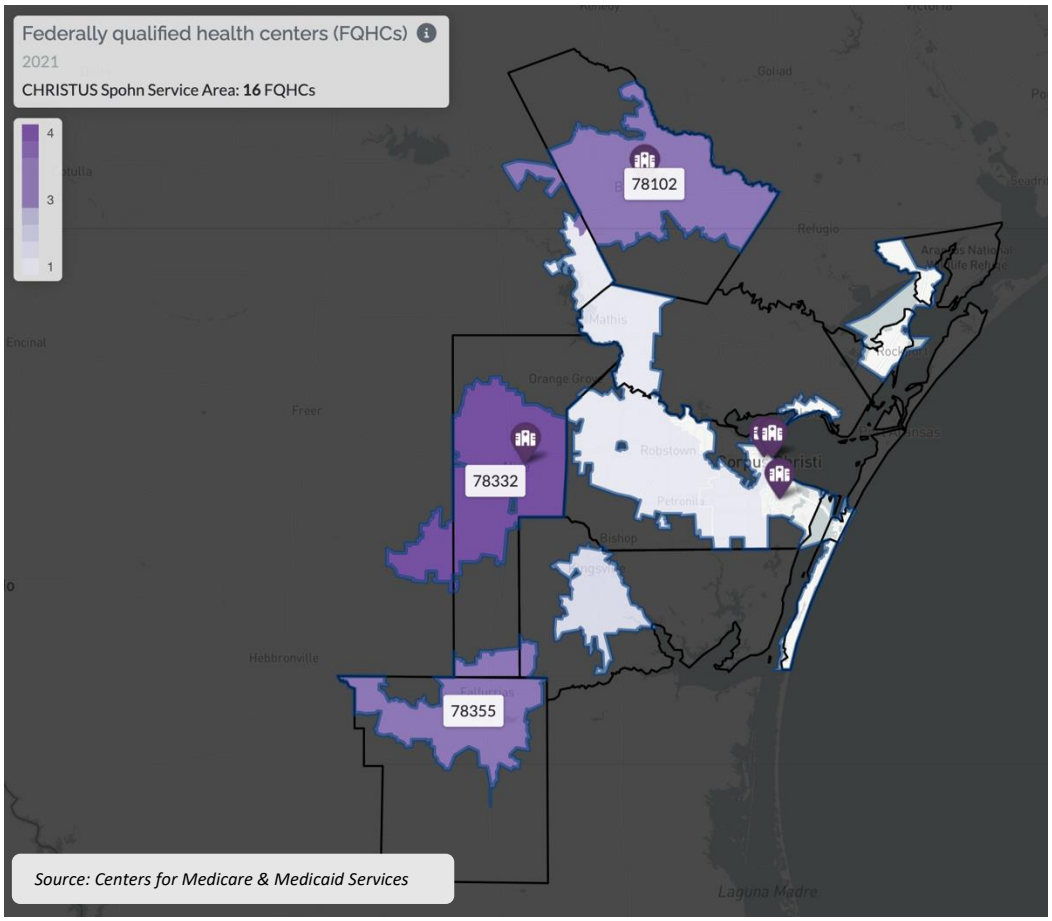


Figure 25. Heat Map of FQHC locations in the CHRISTUS Spohn PSA

Despite the specific access issues listed above, residents in the CHRISTUS Spohn PSA can still receive regular primary care. Table 10 features several indicators of access to primary care for each county in the service area. In 2019, 72.1% of adults in the CHRISTUS Spohn PSA, aged 18 and older, reported having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year (Figure 26). This is in line with the rates for the rest of the CHRISTUS service area (74.3%) and Texas (72.6%).

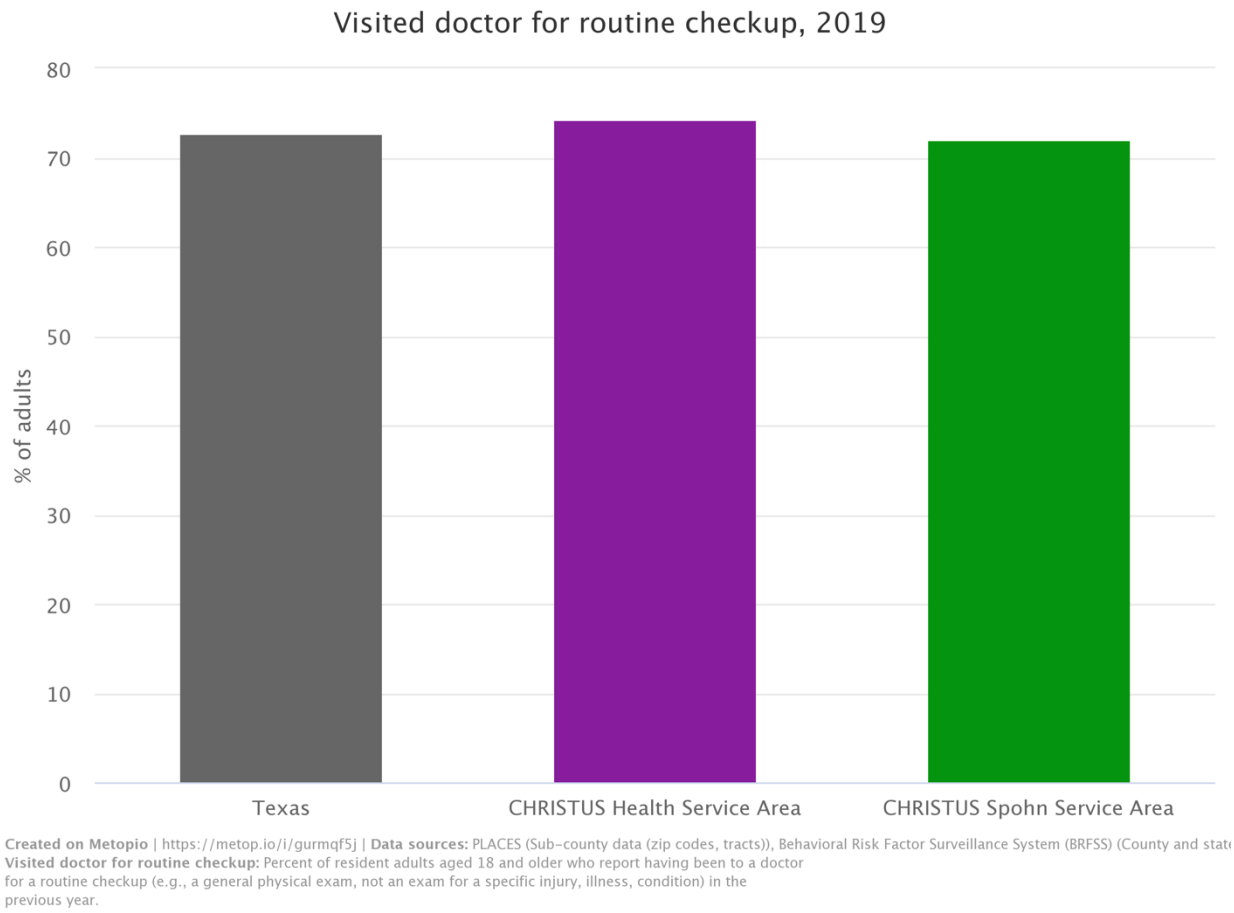


Figure 26. Regular Doctors' Visits in the CHRISTUS Spohn PSA

Topic	Aransas County, TX	Bee County, TX	Brooks County, TX	Jim Wells County, TX	Kleberg County, TX	Nueces County, TX	San Patricio County, TX
Visited doctor for routine checkup % of adults, 2019	70.90	70.50	70.00	71.00	71.30	71.60	72.10
Primary care providers (PCP) per capita physicians per 100,000 residents, 2018	37.0	21.4	0.0	24.1	40.6	93.7	25.7
Nurse practitioners per capita nurses per 100,000 residents, 2019	41.17	39.81	13.85	60.30	40.59	98.28	39.35
Federally qualified health centers (FQHCs) FQHCs, 2021	–	3	3	5	2	3	4

Table 10. Primary Care Access Indicators by County in the CHRISTUS Spohn 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. About 10.3% of residents in the CHRISTUS Spohn PSA live in a food desert, meaning there is no grocery store with one mile for urban residents and five miles for rural residents. Without easy access to fresh, healthy foods, people sometimes rely on fast food and other unhealthy options. The map in Figure 27 shows that food desert areas are spread across the PSA, but the highest concentrations are found in Corpus Christi in zip codes 78401 (44.3%) and 78408 (20.2%), as well as near Rockport in zip code 78482 (22.0%). In addition to food deserts, nearly 1-in-5 residents are considered food insecure, which is an indicator that incorporates both economic and social barriers to food access (Figure 28). Several indicators of food access needs by county can be found in Table 11, below.

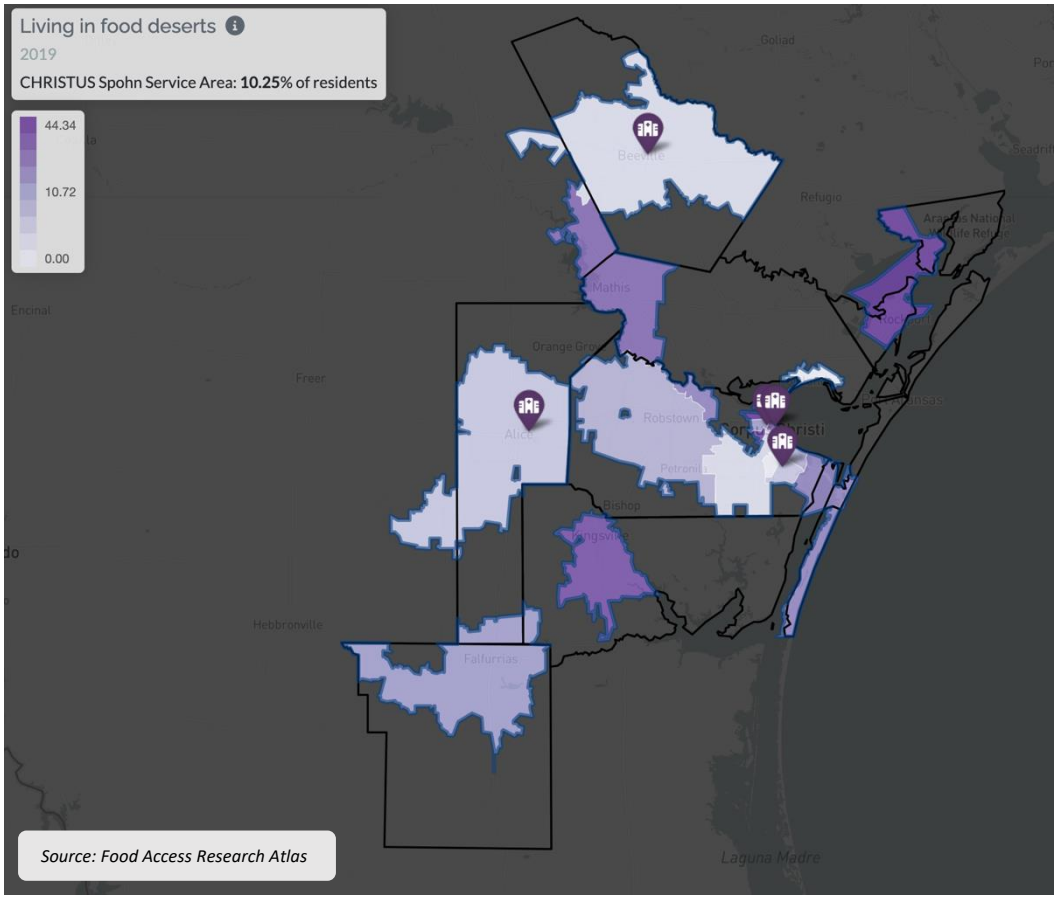


Figure 27. Map of Residents Living in Food Deserts in the CHRISTUS Spohn PSA

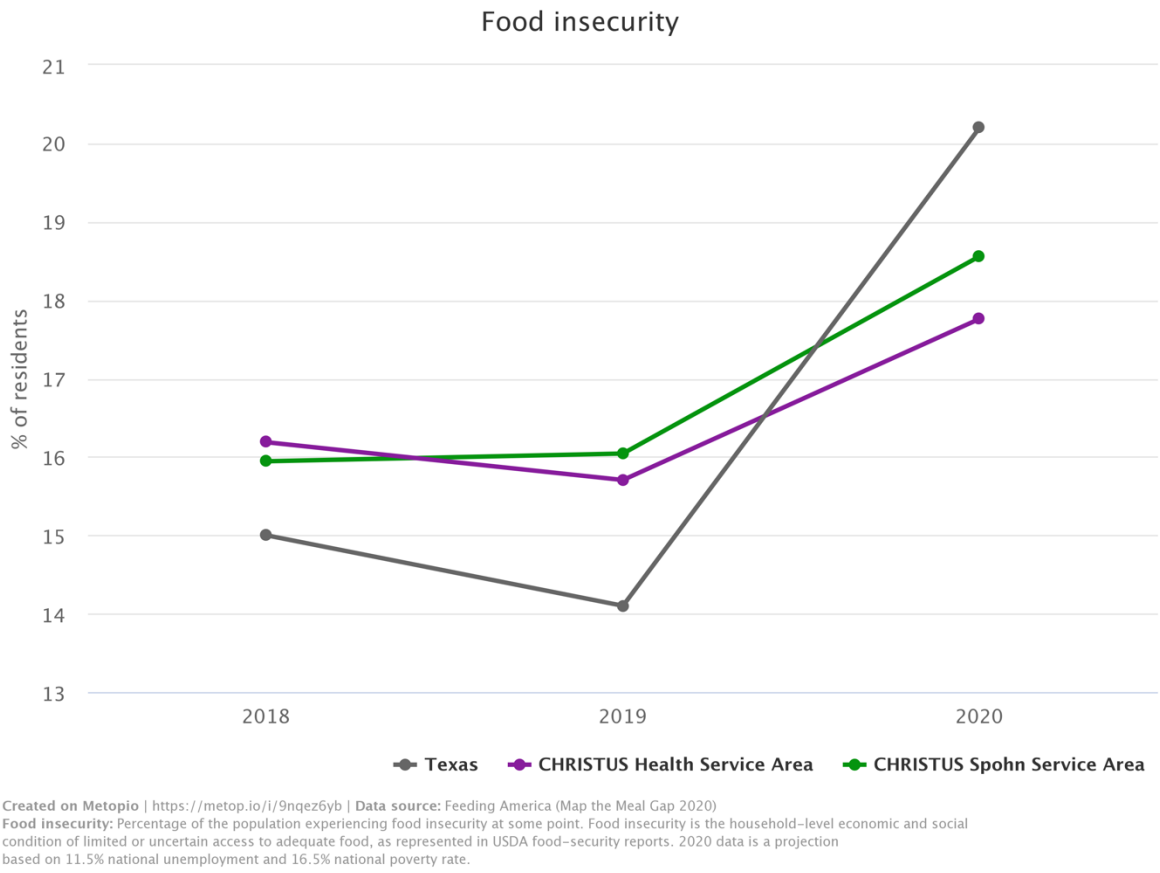


Figure 28. Percent of Residents who are Food Insecure in the CHRISTUS Spohn PSA

Topic	Aransas County, TX	Bee County, TX	Brooks County, TX	Jim Wells County, TX	Kleberg County, TX	Nueces County, TX	San Patricio County, TX
Food insecurity % of residents, 2020	24.8	23.5	27.3	21.6	22.6	20.3	20.9
Low food access % of residents, 2019	47.64	73.79	52.08	45.59	74.36	70.76	64.41
Very low food access % of residents, 2019	36.31	37.27	15.32	18.81	29.28	35.06	31.11
Living in food deserts % of residents, 2019	18.77	5.91	9.06	8.64	15.83	9.91	11.12
Average cost per meal 2019	$3.19	$2.91	$2.67	$2.96	$3.03	$2.96	$3.00

Table 11. Food Access Indicators by County in the CHRISTUS Spohn PSA

Violence and Community Safety

As shown in Figure 29, the rate of property crimes in the CHRISTUS Spohn PSA (2832.8 crimes per 100,000 residents), which includes burglary, larceny, motor vehicle theft, and arson crimes, is higher than that of Texas (2245.0), and the United States (1958.2). In all regions, property crime has been on the decline since the early 2000s. Violent crime in the CHRISTUS Spohn PSA (669.2 crimes per 1,000 residents) is much higher compared to Texas (446.5) and the United States (398.5). Within the CHRISTUS Spohn PSA, violent crime has seen a sharp increase since 2013 (Figure 30). Violent crime includes homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery. A complete list of crime rates among counties in the service area can be found in Table 12.

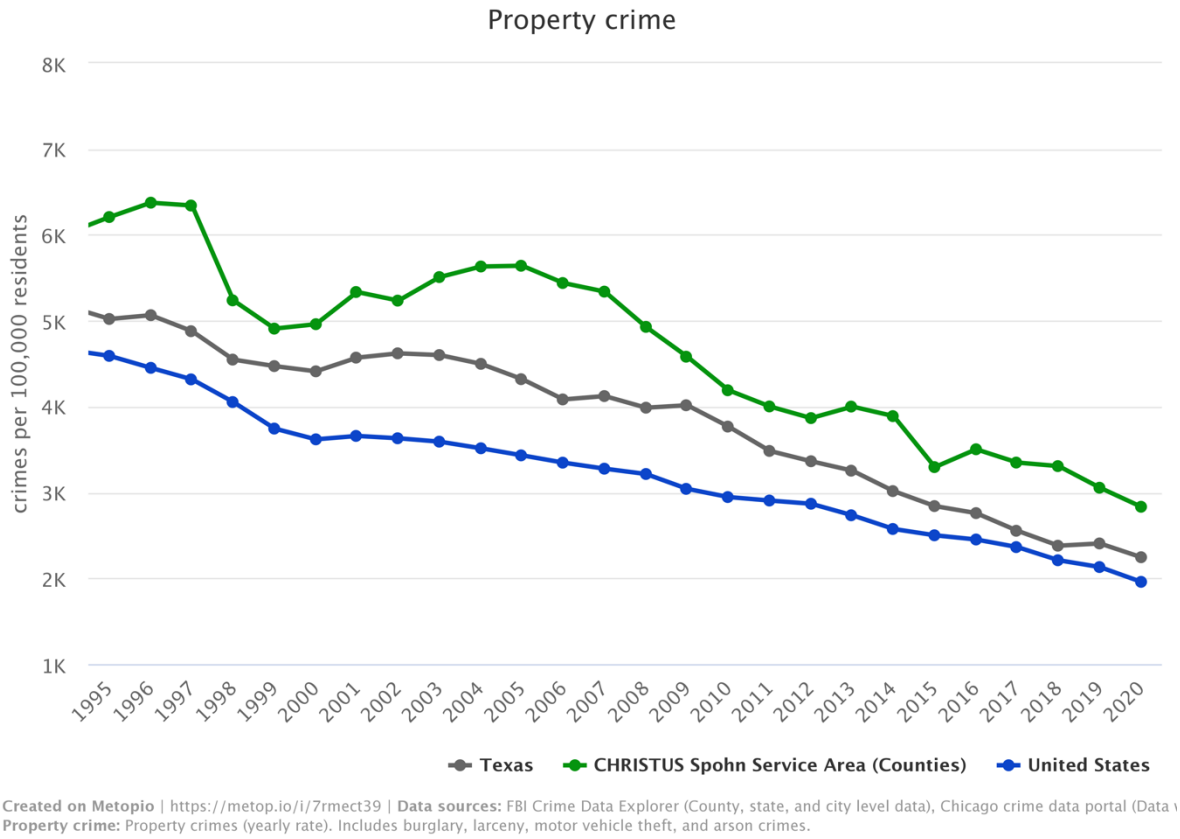


Figure 29. Property Crime Rate in the CHRISTUS Spohn PSA

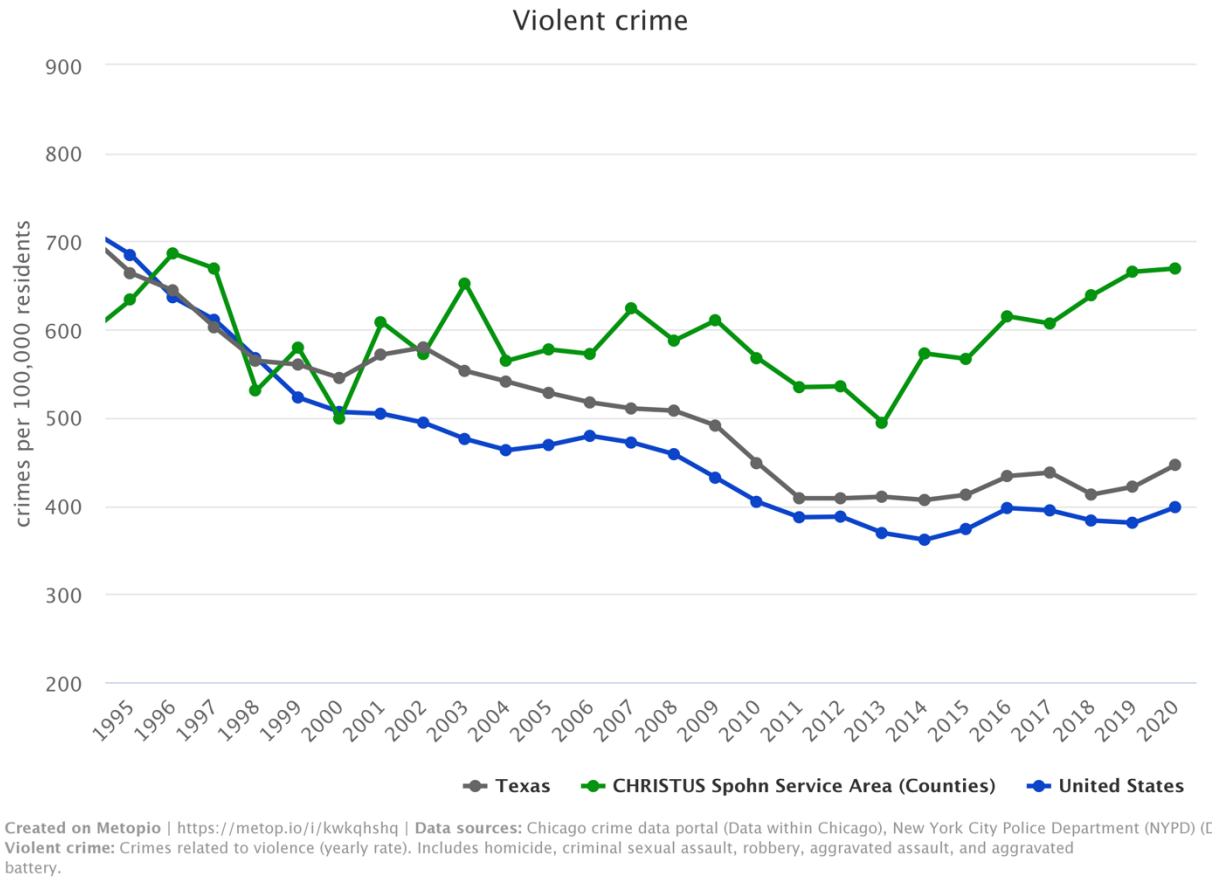


Figure 30. Violent Crime Rate in the CHRISTUS Spohn PSA

Topic	Aransas County, TX	Bee County, TX	Brooks County, TX	Jim Wells County, TX	Kleberg County, TX	Nueces County, TX	San Patricio County, TX
Property crime crimes per 100,000 residents, 2020	2,758.1	1,745.3	1,495.6	2,636.2	1,945.1	3,255.4	1,828.4
Violent crime crimes per 100,000 residents, 2020	317.0	220.5	443.2	516.1	430.9	838.8	340.5
Arson crimes per 100,000 residents, 2020	8.2	36.7	13.8	33.8	3.1	26.4	13.6
Burglary crimes per 100,000 residents, 2020	852.1	462.4	650.9	846.6	446.5	618.9	373.8
Homicide crimes per 100,000 residents, 2020	4.1	0.0	0.0	4.8	3.1	10.8	7.6

Table 12. Types of Crime by County in the CHRISTUS Spohn PSA

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 in the CHRISTUS Spohn PSA (34.5%) is similar to the full CHRISTUS Health service area (35.5%) and Texas (32.2%), as illustrated in Figure 31. Additionally, more than 1 in 10 adults has diabetes in the CHRISTUS Spohn PSA. The rate of diabetes in the PSA (14.1%) is higher than the rate in Texas (12.7%) and the roll-up of all CHRISTUS service areas (13.1%) (Figure 32). Chronic kidney disease affects 3.4% of the population in the CHRISTUS Spohn PSA, which is just slightly above the other benchmarks (Figure 33). Lastly, about 8.7% of the population lives with asthma (Figure 34). This is slightly lower than the rate of the full CHRISTUS Health service area (9.1%) and higher than Texas (8.1%). The following charts and line graphs illustrate these disease conditions. A summary of these chronic disease indicators is found in Table 13.

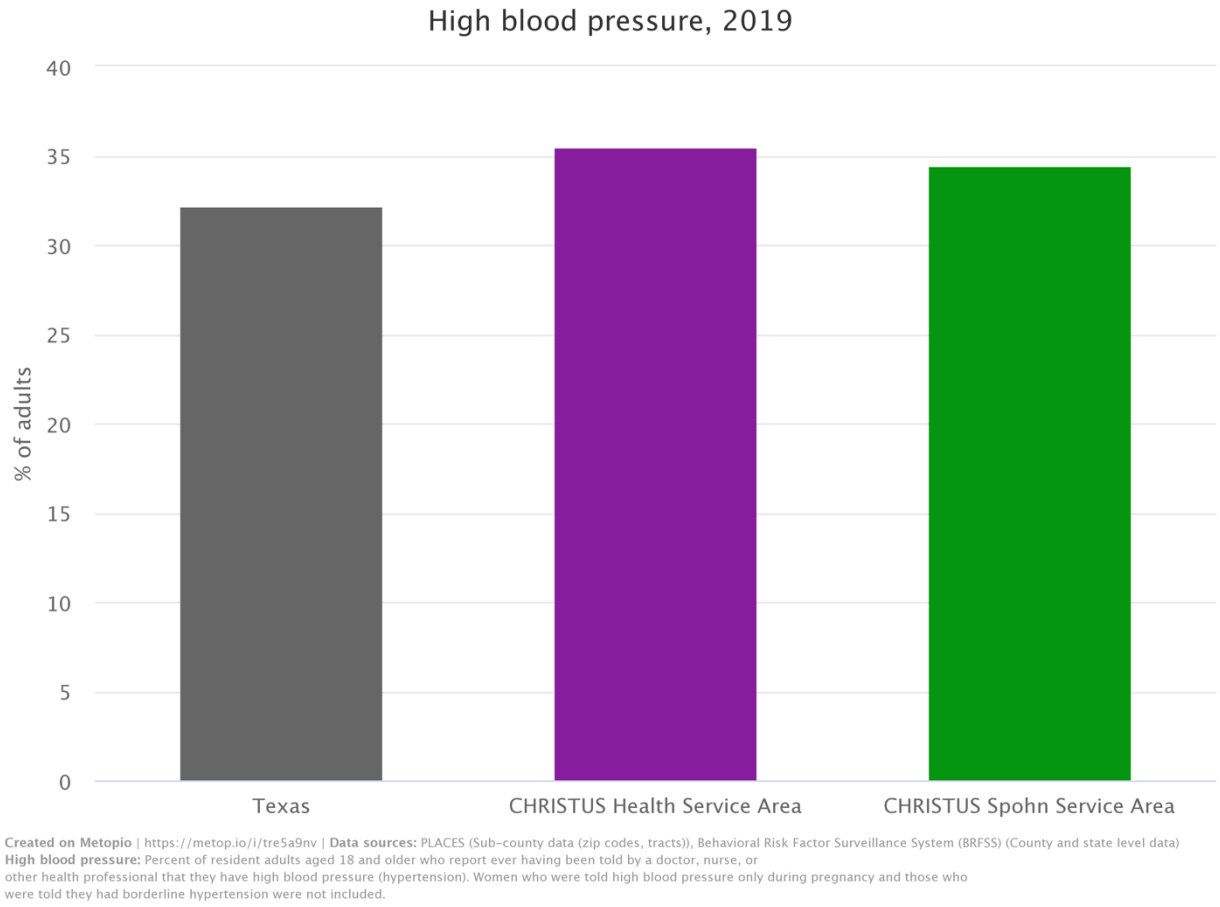


Figure 31. High Blood Pressure in the CHRISTUS Spohn PSA

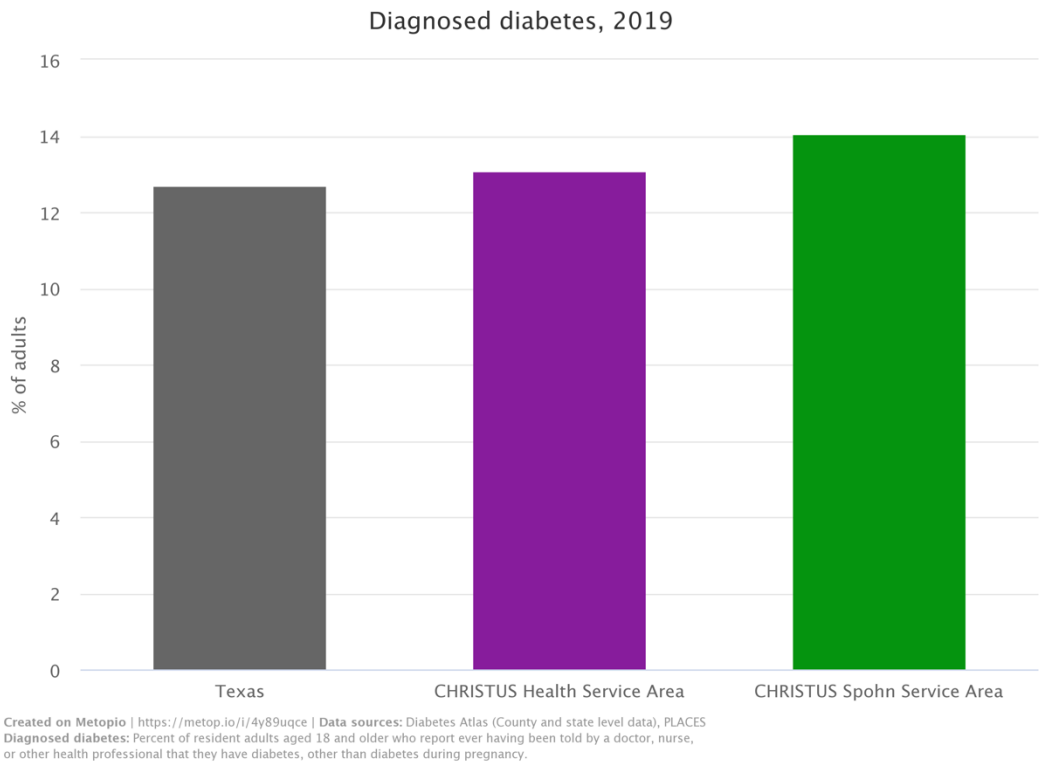


Figure 32. Diagnosed Diabetes in the CHRISTUS Spohn PSA

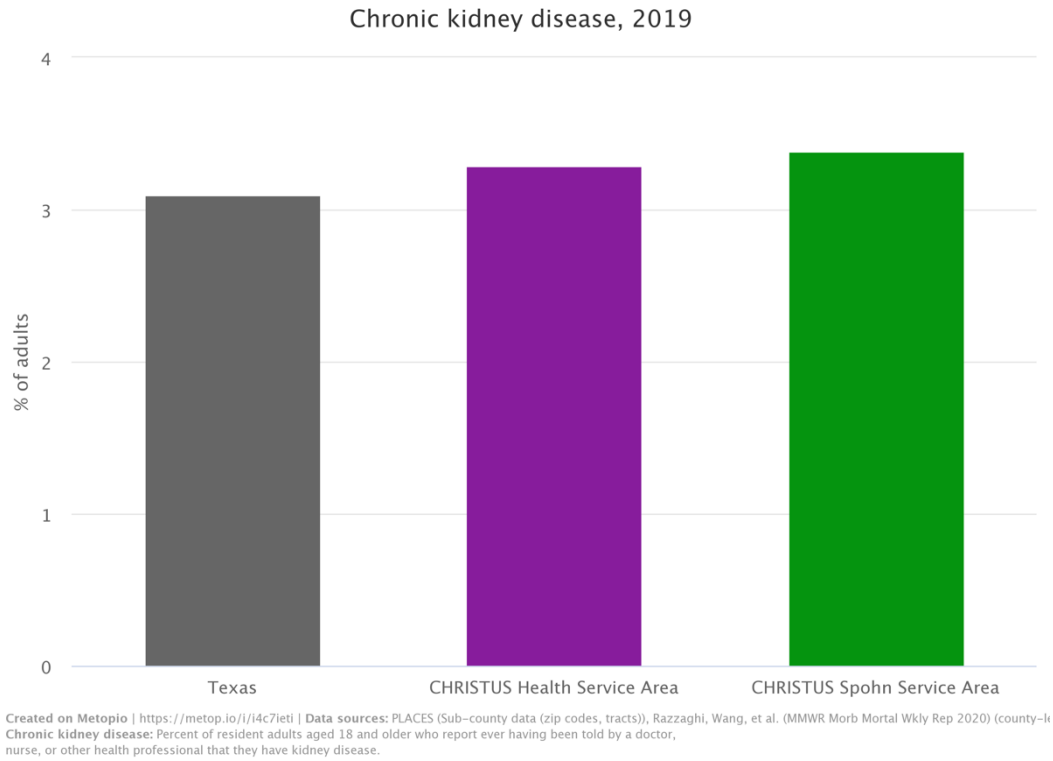


Figure 33. Chronic Kidney Disease in the CHRISTUS Spohn PSA

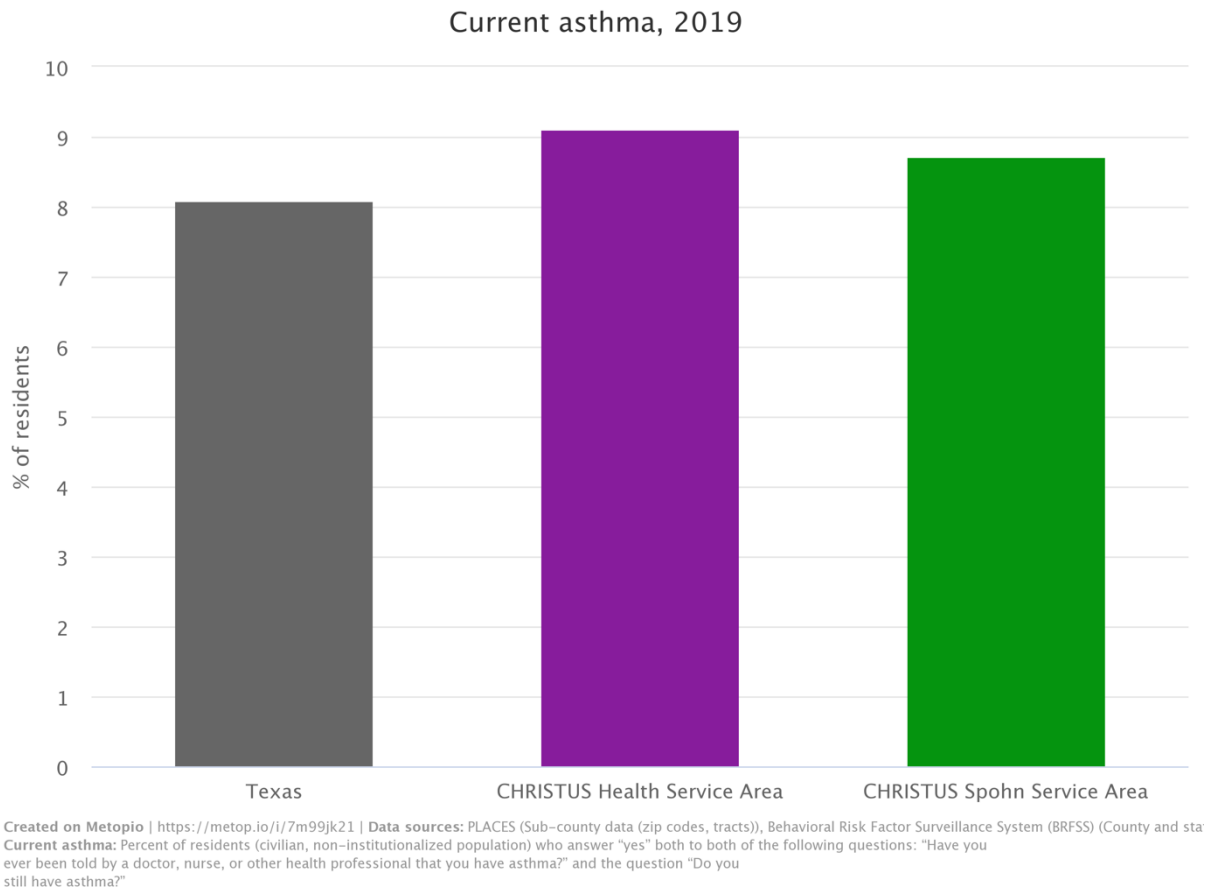


Figure 34. Residents with Asthma in the CHRISTUS Spohn PSA

Topic	Aransas County, TX	Bee County, TX	Brooks County, TX	Jim Wells County, TX	Kleberg County, TX	Nueces County, TX	San Patricio County, TX
High blood pressure % of adults, 2019	34.00	35.10	36.70	33.50	33.40	33.30	33.50
Diagnosed diabetes % of adults, 2019	13.4	15.7	19.8	16.2	15.9	14.3	14.7
Coronary heart disease % of adults, 2019	6.60	6.60	7.70	6.30	6.20	5.60	5.90
Chronic kidney disease % of adults, 2019	3.3	3.6	4.6	3.7	3.7	3.3	3.3
Current asthma % of residents, 2019	8.70	7.90	8.50	8.10	8.10	8.30	8.00
Obesity % of adults, 2019	36.3	42.2	44.0	41.0	40.9	40.9	41.0

Table 13. Chronic Disease Indicators by County in the CHRISTUS Spohn PSA

Maternal Health

As shown in Figure 35, the CHRISTUS Spohn PSA experiences a slightly higher number of preterm births (13.2% of live births) than either Texas (12.3%) or the country (11.7%). This is particularly an issue for Non-Hispanic Black and multiracial people in the service area, who experience preterm births in 16.6% and 15.9% of live births, respectively (Figure 36). This is higher than any other racial/ethnic group. As shown in Figure 37, the teen birth rate in the CHRISTUS Spohn (31.1 births per 1,000 women) is much higher than that of the entire CHRISTUS Health service area (22.9) and Texas (17.1). This measure has generally decreased in all regions over the past two decades, but in the most recent reporting period, the teen birth rate increased nearly eight (8) percentage points.

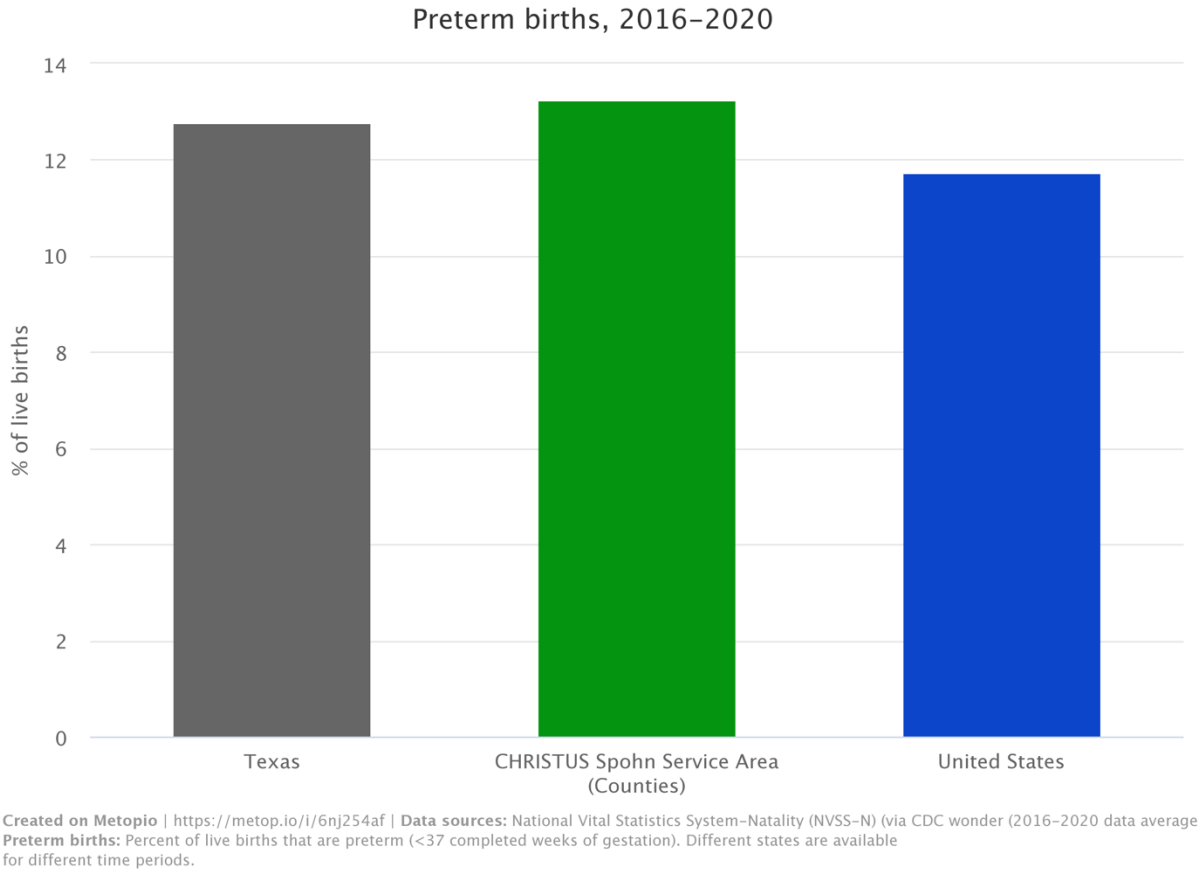


Figure 35. Percent of Preterm Births in the CHRISTUS Spohn PSA

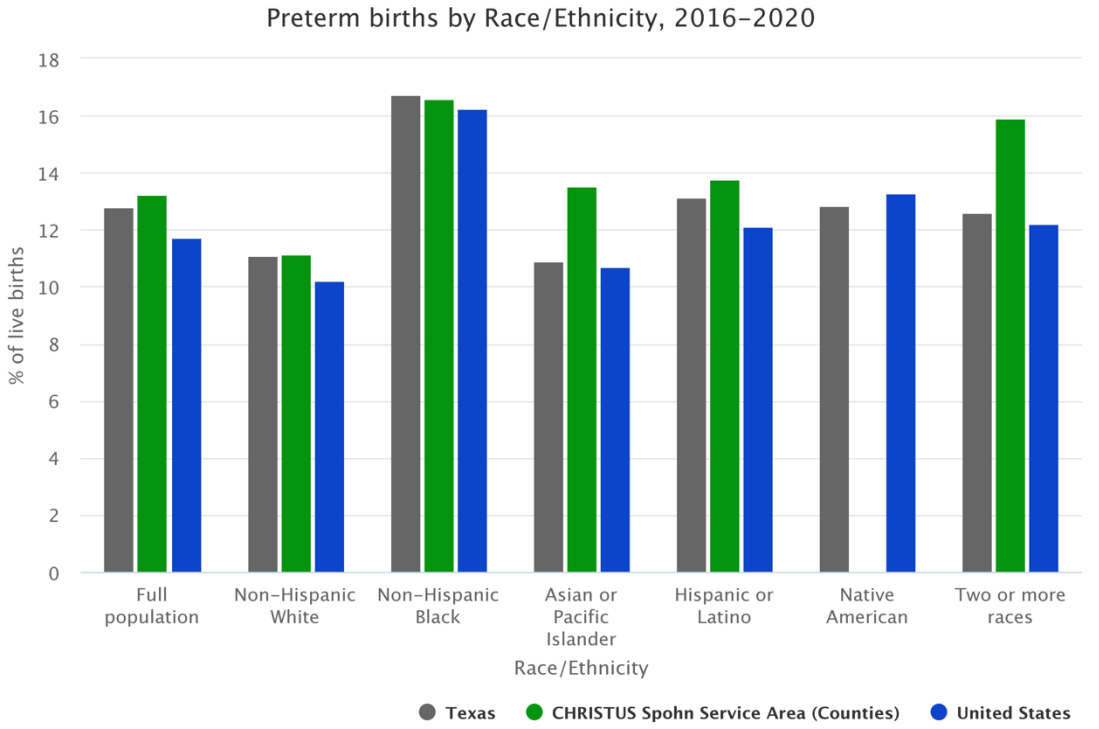


Figure 36. Percent of Preterm Births with Stratifications in the CHRISTUS Spohn PSA

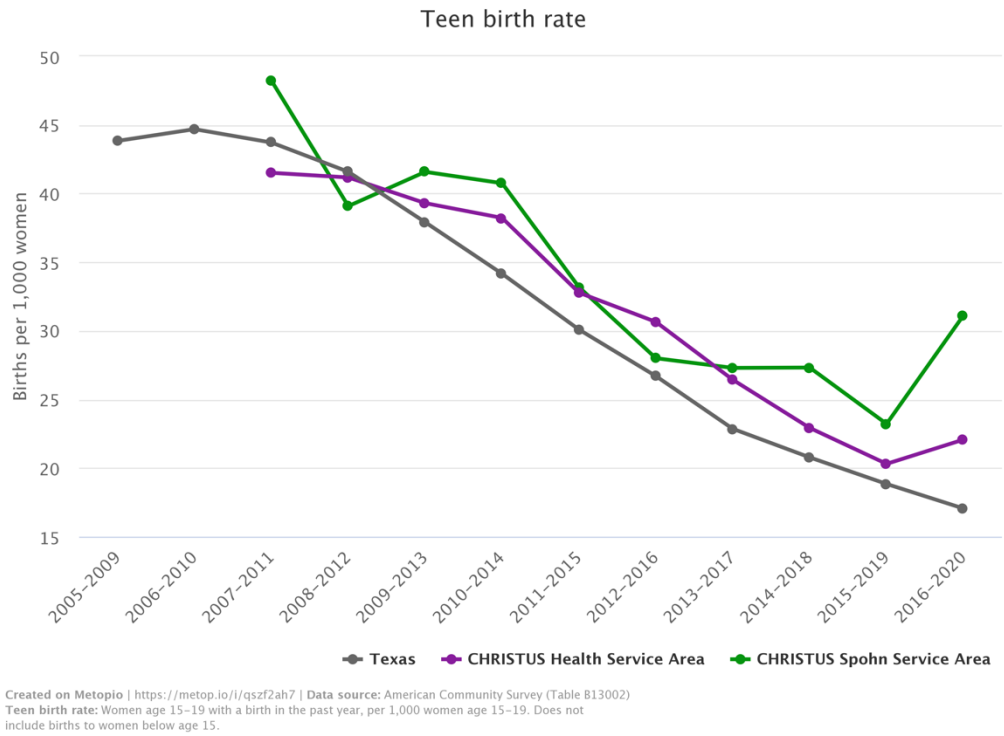


Figure 37. Teen Birth Rate in the CHRISTUS Spohn PSA

Leading Causes of Death

The top ten causes of death in the Spohn PSA can be found in Table 13. The leading causes of death will be further explored in the sections below.

Topic	CHRISTUS Spohn Service Area (Counties)	Texas	United States
Heart disease mortality deaths per 100,000 , 2016-2020	181.7	168.9	164.8
Cancer mortality deaths per 100,000 , 2016-2020	149.8	143.7	149.4
Injury mortality deaths per 100,000 , 2016-2020	69.7	60.4	72.6
Alzheimer's disease mortality deaths per 100,000 , 2016-2020	53.5	39.7	30.8
Stroke mortality deaths per 100,000 , 2016-2020	42.7	40.7	37.6
Chronic lower respiratory disease mortality deaths per 100,000 , 2016-2020	42.7	38.9	39.1
Diabetes mortality deaths per 100,000 , 2016-2020	38.7	22.7	22.1
Kidney disease mortality deaths per 100,000 , 2016-2020	18.7	15.6	12.9
Drug overdose mortality deaths per 100,000 , 2016-2020	16.43	11.22	22.43
Septicemia (sepsis) mortality deaths per 100,000 , 2016-2020	14.3	13.9	10.1

Table 14. Leading Causes of Death in CHRISTUS Spohn PSA

Heart Disease

Coronary heart disease is the most significant contributor to the heart disease mortality rate, accounting for 103.5 deaths per 100,000 out of 181.7 per 100,000 deaths for heart disease overall (Figure 38). Heart disease mortality has a disparate impact on the Black community in the CHRISTUS Spohn PSA. The mortality rate for non-Hispanic Black people is 230.2 deaths per 100,000 deaths compared to 198.1 deaths for non-Hispanic White people and 171.1 deaths for Hispanic or Latino people. Asian or Pacific Islanders experience the lowest heart disease mortality rates in the PSA at 46.6 deaths per 100,000 deaths. These disparities contribute to the disproportionate heart disease mortality rates in the region.

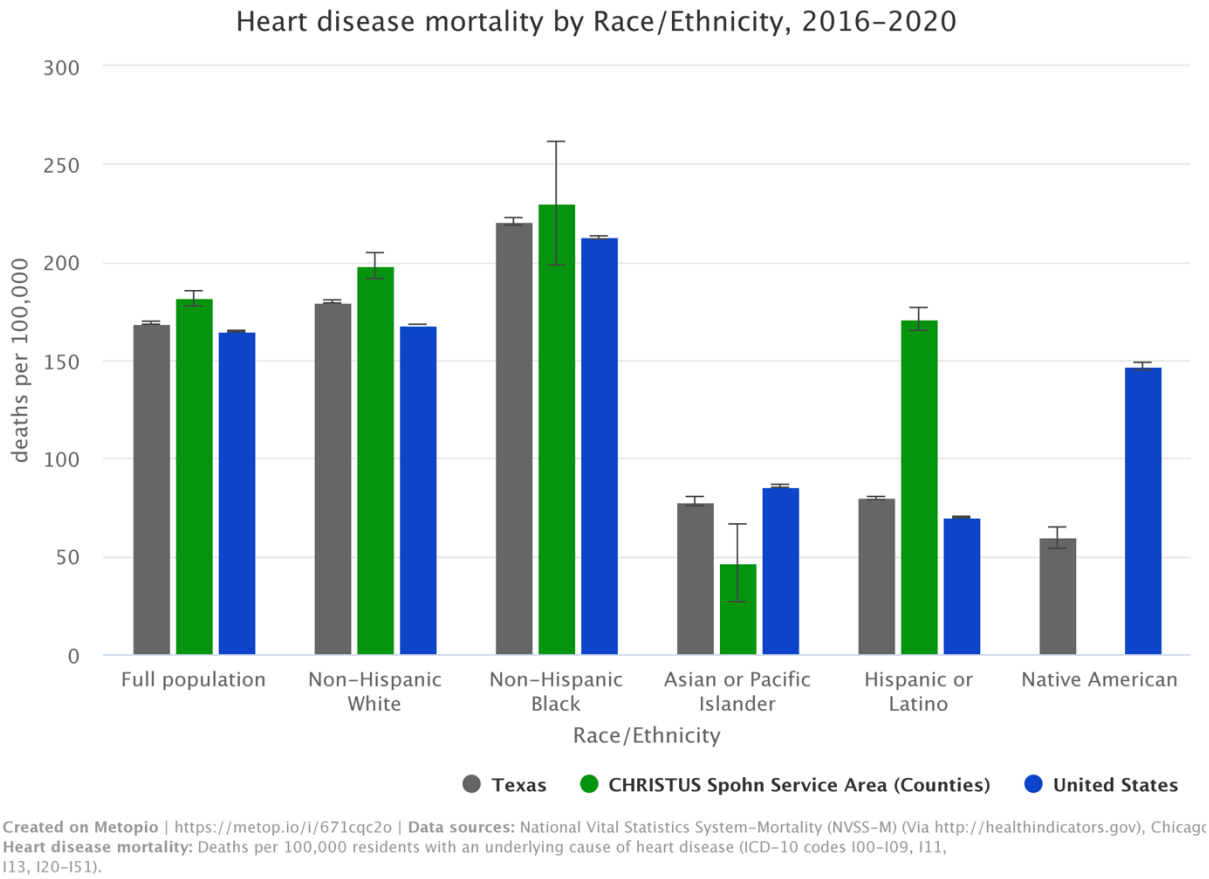


Figure 38. Heart Disease Mortality with Stratifications in the CHRISTUS Spohn PSA

Cancer

Cancer represents the second leading cause of death in the CHRISTUS Spohn PSA. Lung, trachea, and bronchus cancer make up a substantial portion of cancer deaths, causing 30.1 deaths per 100,000 deaths. The second most significant cause of cancer mortality in the CHRISTUS Spohn PSA is colorectal cancer, causing 15.0 out of 100,000 deaths. Table 15 breaks out the mortality rate by county for some cancers.

Topic	Aransas County, TX	Bee County, TX	Brooks County, TX	Jim Wells County, TX	Kleberg County, TX	Nueces County, TX	San Patricio County, TX
Cancer diagnosis rate *per 100,000 residents, 2014-2018*	439.70	405.70	340.40	395.40	473.90	382.20	425.70
Cancer mortality *deaths per 100,000, 2016-2020*	180.2	163.9	148.9	160.4	186.2	138.3	169.7
Breast cancer mortality *deaths per 100,000, 2016-2020*	15.5	13.5	–	7.9	19.9	9.7	9.7
Colorectal cancer mortality *deaths per 100,000, 2016-2020*	19.3	13.3	27.9	18.6	24.0	13.5	15.8
Lung, trachea, and bronchus cancer mortality *deaths per 100,000, 2016-2020*	45.0	33.1	28.1	28.4	30.2	28.1	35.4

Table 15. Cancer Indicators by County in the CHRISTUS Spohn PSA

Environmental factors may contribute to the lung cancer burden in the CHRISTUS Spohn PSA. 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 the estimated lifetime risk of developing cancer from inhaling carcinogenic compounds in the environment per million people. The Lifetime Inhalation Cancer Risk in the CHRISTUS Spohn PSA, measuring 22.7 lifetime risk per million, is lower than the full CHRISTUS Health service area (35.0 lifetime risk) and Texas overall (27.6 lifetime risk) (Figure 39).

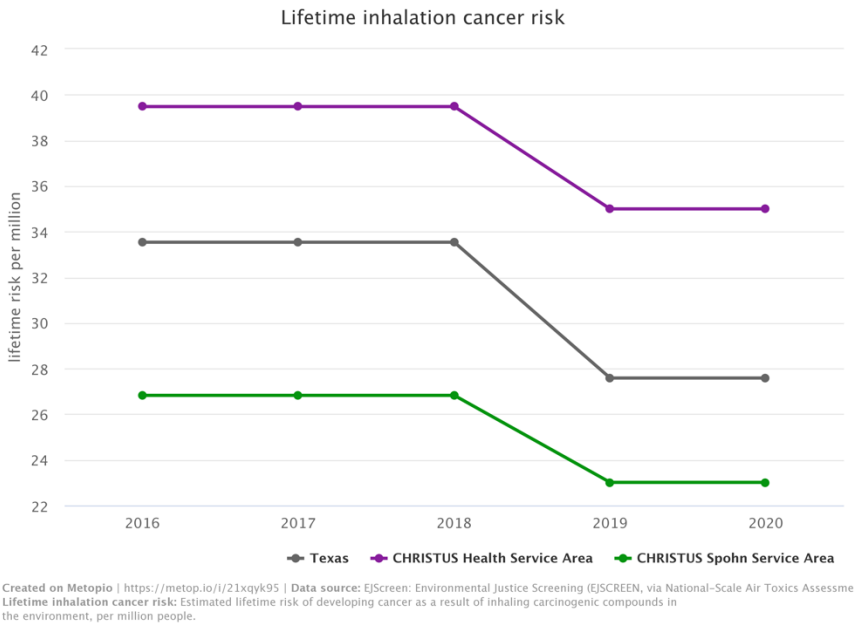


Figure 39. Lifetime Inhalation Cancer Risk in the CHRISTUS Spohn PSA

Injury

Injuries account for the third highest cause of death in the CHRISTUS Spohn PSA. This is partly because this category includes many kinds of injury. Table 16 below details the mortality rates for different causes of injury. Deaths by suicide, fire-arm-related incidents, homicide, and drownings occur at higher rates in the CHRISTUS Spohn PSA than in Texas or the United States.

Topic	CHRISTUS Spohn Service Area (Counties)	Texas	United States
Unintentional injury mortality deaths per 100,000 , 2016-2020	45.6 ± 2.1	41.1 ± 0.3	52.4 ± 0.1
Suicide mortality deaths per 100,000 , 2016-2020	16.6 ± 1.3	13.3 ± 0.2	13.8 ± 0.0
Firearm-related mortality deaths per 100,000 , 2016-2020	16.0 ± 1.3	12.7 ± 0.2	12.2 ± 0.0
Motor vehicle traffic mortality deaths per 100,000 , 2016-2020	14.3 ± 1.2	13.2 ± 0.2	11.5 ± 0.0
Homicide crimes per 100,000 residents, 2020	8.5 ± 0.0	6.6 ± 0.0	6.5 ± 0.0
Fall mortality deaths per 100,000 , 2016-2020	6.4 ± 0.8	8.0 ± 0.1	9.6 ± 0.0
Drownings deaths per 100,000 , 2016-2020	1.7 ± 0.5	1.4 ± 0.1	1.3 ± 0.0

Table 16. Injury Mortality Rates in the CHRISTUS Spohn PSA

Alzheimer's Disease

The mortality rate for Alzheimer's has been steadily increasing over the last 20 years in the CHRISTUS Spohn PSA (Figure 40). In the CHRISTUS Spohn PSA, the Alzheimer's mortality rate is much higher than the other benchmarks (54.3 deaths per 100,000 in the CHRISTUS Spohn PSA versus 39.7 deaths in Texas and 30.5 deaths in the United States).

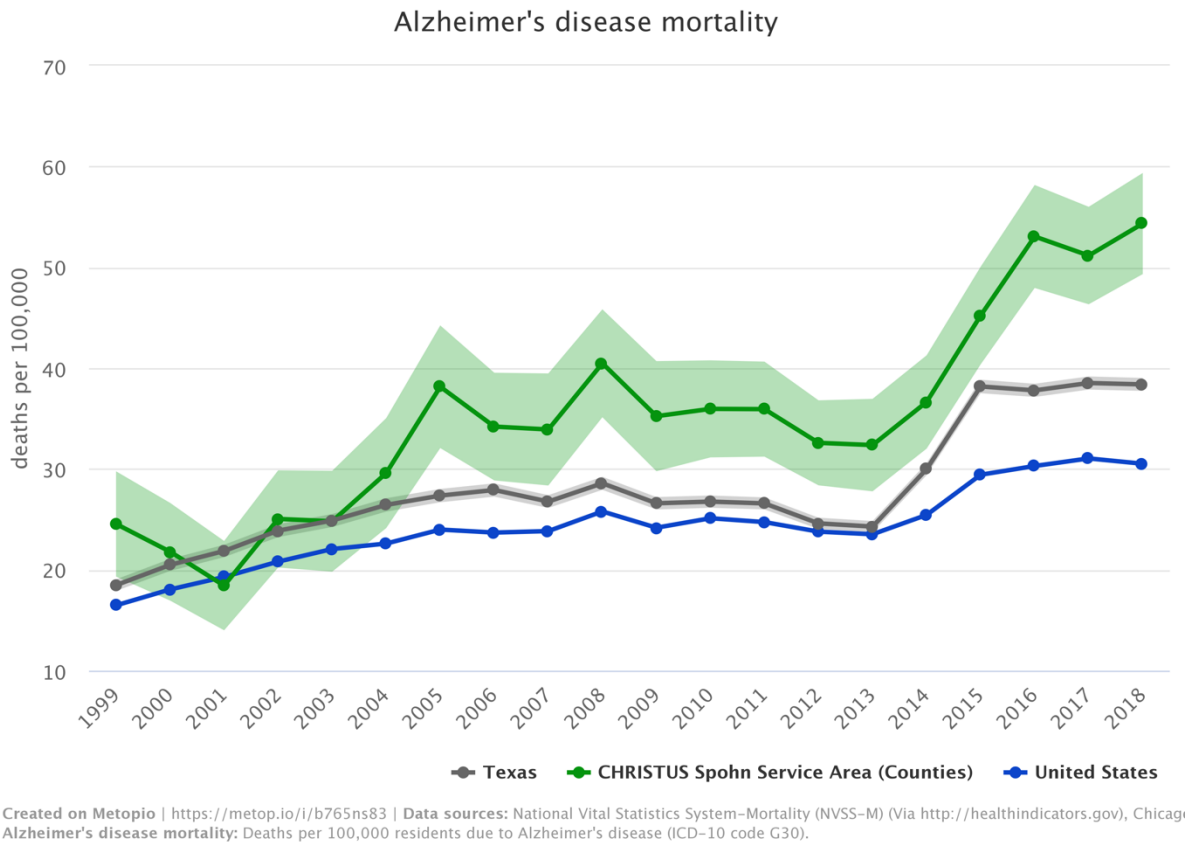


Figure 40. Alzheimer's Disease Mortality in the CHRISTUS Spohn PSA

Stroke

The mortality rate for stroke is higher in the CHRISTUS Spohn PSA (42.7 deaths per 100,000) than in either benchmark (Figure 41). When looking at race/ethnicity stratifications, death by strokes is more common in the Non-Hispanic Black population (56.2 deaths) compared to the Non-Hispanic White (41.5 deaths) and Hispanic or Latino (45.6 deaths) populations.

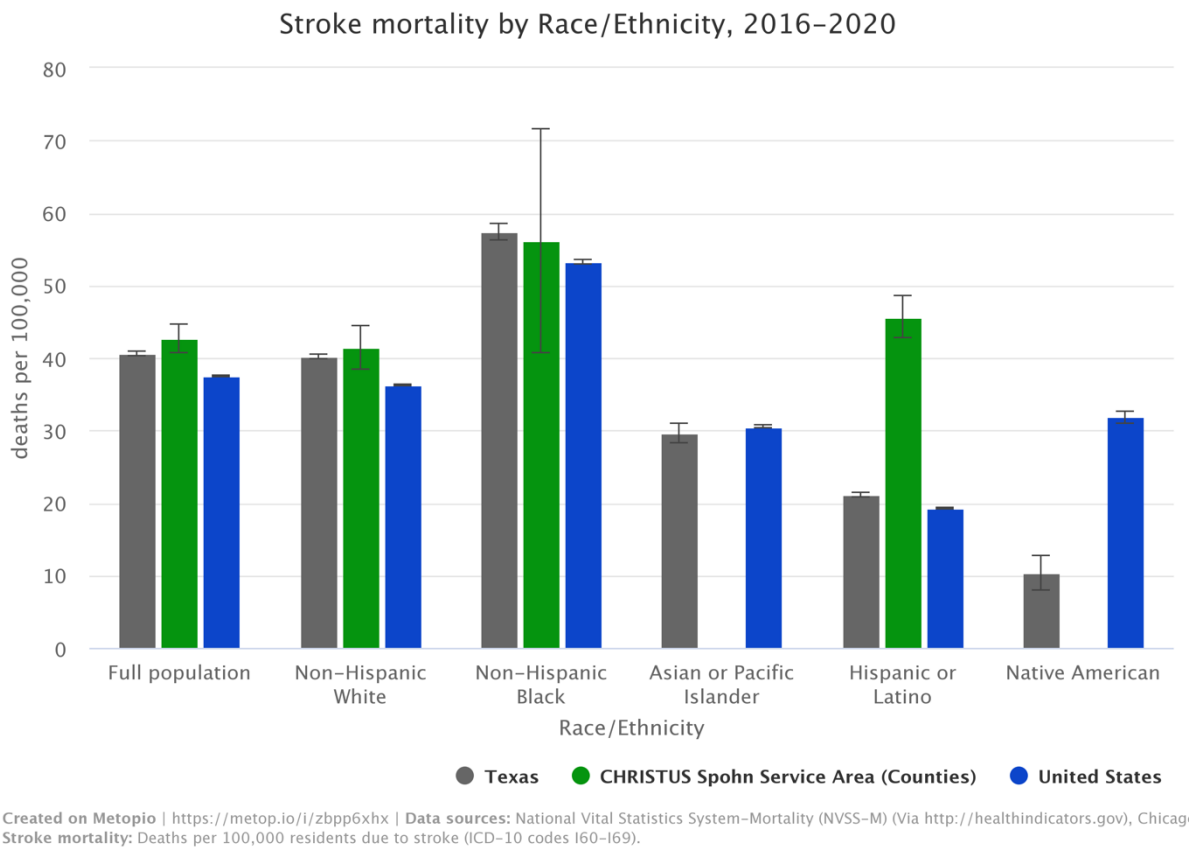


Figure 41. Stroke Mortality Rate with Stratifications in the CHRISTUS Spohn PSA

Chronic Lower Respiratory Disease

This is a roll-up of four major respiratory diseases—chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, and asthma. As shown in Figure 42, chronic lower respiratory disease mortality in the CHRISTUS Spohn PSA (42.3 deaths per 100,000) is nearly the same as the rate in Texas (42.7 deaths) and the United States (41.5 deaths). However, there are notable differences when the data is stratified by race/ethnicity. The mortality rates among non-Hispanic White, non-Hispanic Black, and Hispanic/Latino populations in the CHRISTUS Spohn PSA are significantly higher than those in Texas and the United States.

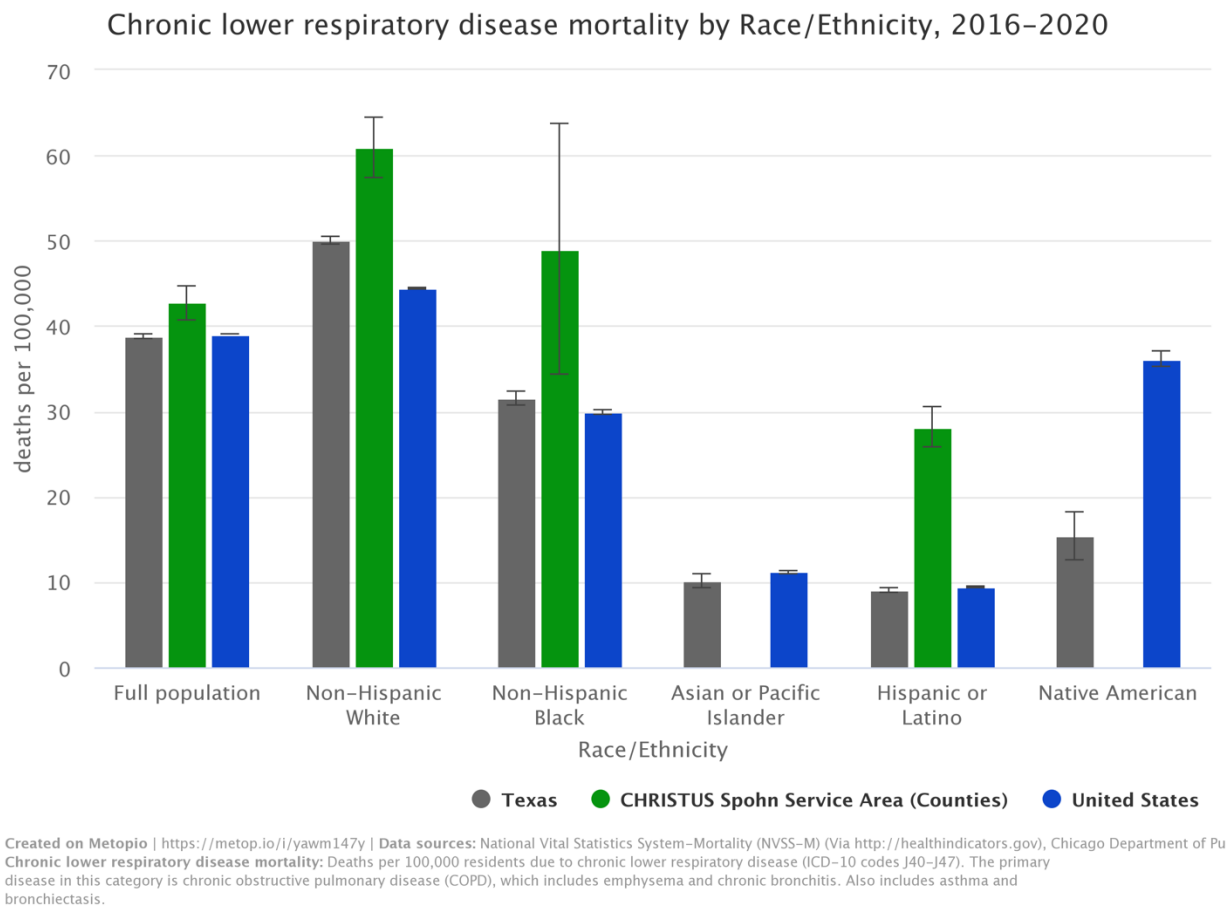


Figure 42. Chronic Lower Respiratory Disease Mortality with Stratifications in the CHRISTUS Spohn PSA

Diabetes

The rate of mortality for diabetes in the CHRISTUS Spohn PSA (38.7 deaths per 100,000) is almost twice that of Texas (22.7 deaths) and the United States (22.1 deaths). Figure 43 stratifies this data by race, illustrating that Non-Hispanic Black people (66.2 deaths) and Hispanic or Latino people (48.8 deaths) experience higher diabetes mortality rates than Non-Hispanic White people (29.6 deaths).

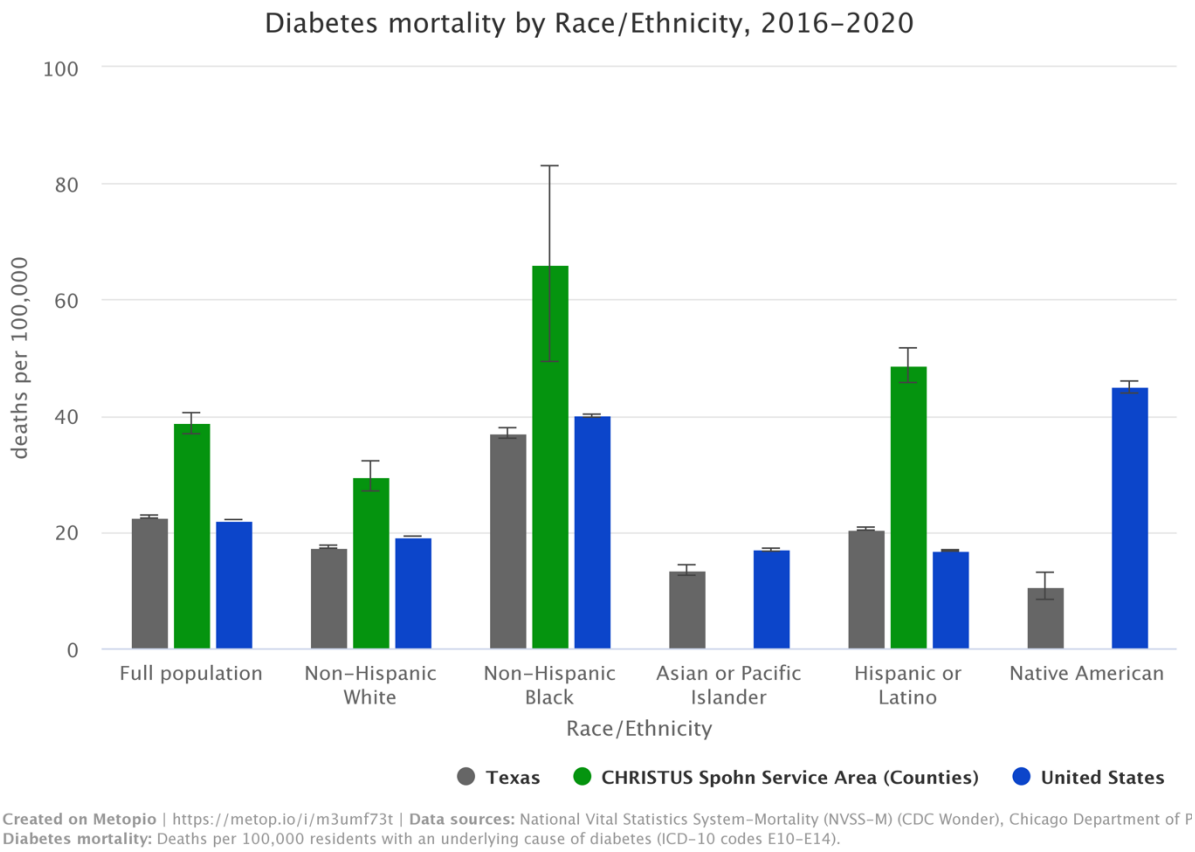


Figure 43. Diabetes Mortality Rate with Stratifications in the CHRISTUS Spohn PSA

Kidney Disease

Death from kidney disease in the CHRISTUS Spohn PSA (18.7 deaths per 100,000) is higher than the rate in Texas (16.2 deaths) and the United States (12.9 deaths). The current rate of kidney disease mortality is much lower than in the mid-2000s, but it appears to be on the rise within the most recent reporting period. As is highlighted in the next section on hospital utilization data, kidney disease and corresponding conditions are significant causes of inpatient admissions.

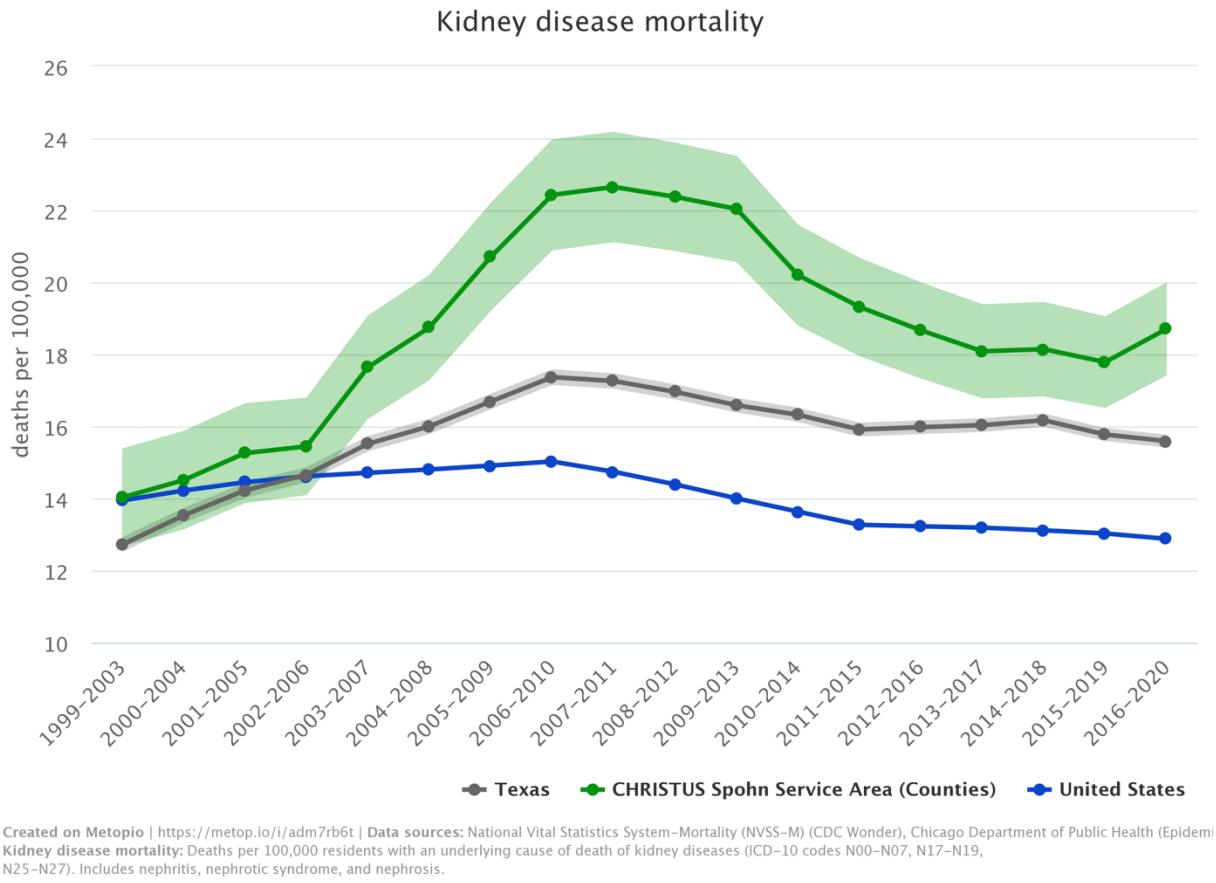


Figure 44. Kidney Disease Mortality Rate in CHRISTUS Spohn

Drug Overdose

Death from drug overdoses, particularly opioids, has been a national story for several years. The overall rate has been on a slow increase since the early aughts. As shown in Figure 45, the most recent reporting lists drug overdose deaths in the CHRISTUS Spohn PSA (14.07 deaths per 100,000) as higher than the deaths in Texas (10.4 deaths) but lower than the deaths in the country overall (20.7 deaths). However, the drug overdose mortality rate in the CHRISTUS Spohn PSA does not follow a consistent pattern in the recorded data, so this trend may differ in the future.

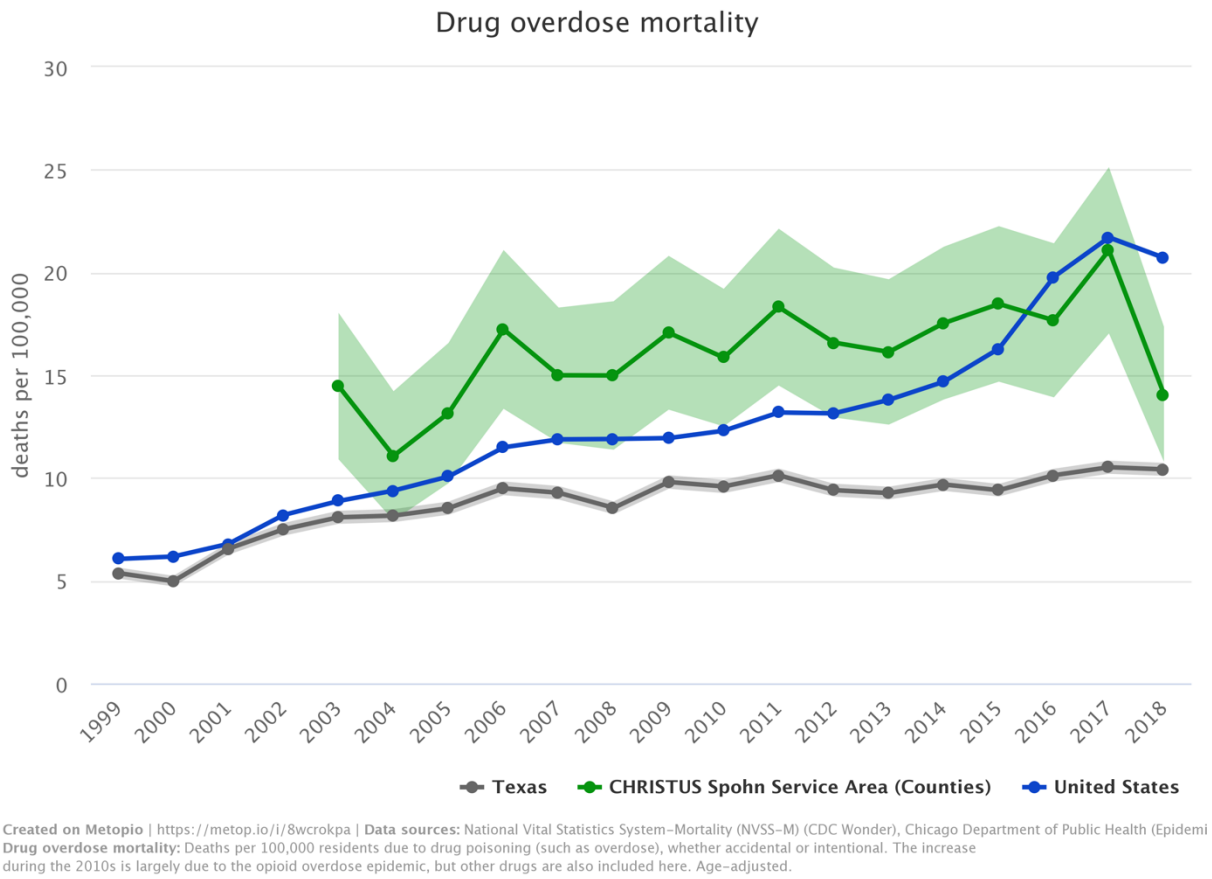


Figure 45. Drug Overdose Mortality Rate in CHRISTUS Spohn

Sepsis

Sepsis mortality is the 10th leading cause of death in the CHRISTUS Spohn PSA. This disease is caused by untreated bacterial, fungal, parasitic, or viral infections and is preventable through prompt access to health services. As shown in Figure 46, the sepsis mortality rate in the CHRISTUS Spohn PSA (14.3 deaths per 100,000) is higher than in Texas (13.9 deaths) or the United States (10.1). Within the CHRISTUS Spohn PSA, Non-Hispanic Black people experience the highest sepsis mortality rate (21.0 deaths).

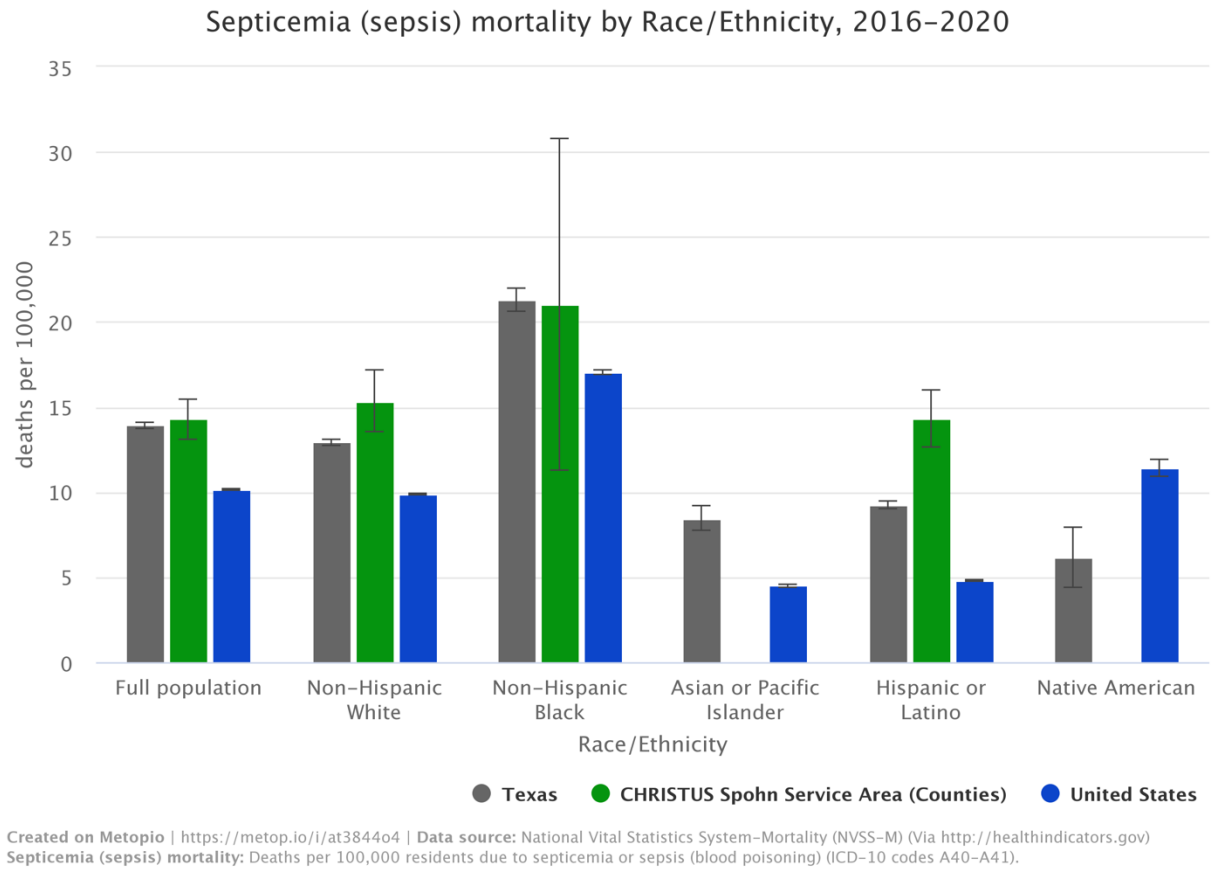


Figure 46. Sepsis Mortality Rate with Stratifications in the CHRISTUS Spohn PSA

Hospital Utilization

For this CHNA, CHRISTUS Spohn looked at three years of utilization data (2019-2021). During the COVID-19 pandemic, the health system saw Emergency Department utilization decline by an average of 19% between 2020 and 2021 (Figure 47). All hospitals, except for Shoreline, also saw a decrease in utilization between 2019 and 2020, albeit by a much smaller percentage on average.

Inpatient cases across the Spohn hospitals also saw a decline, but at a smaller percentage, on average. Utilization decreased by an average of 8% between 2019 and 2020 and 4% from 2020 to 2021. Inpatient utilization increased slightly at Shoreline between 2020 and 2021.

This drop-in utilization follows national patterns. Many residents delayed care or sought services via telehealth during the height of COVID-19. What remains to be seen, and is not apparent yet in the data, is if issues will be more severe due to delayed care as more people return to the system for care.

Figure 47. Number of Emergency Department Cases

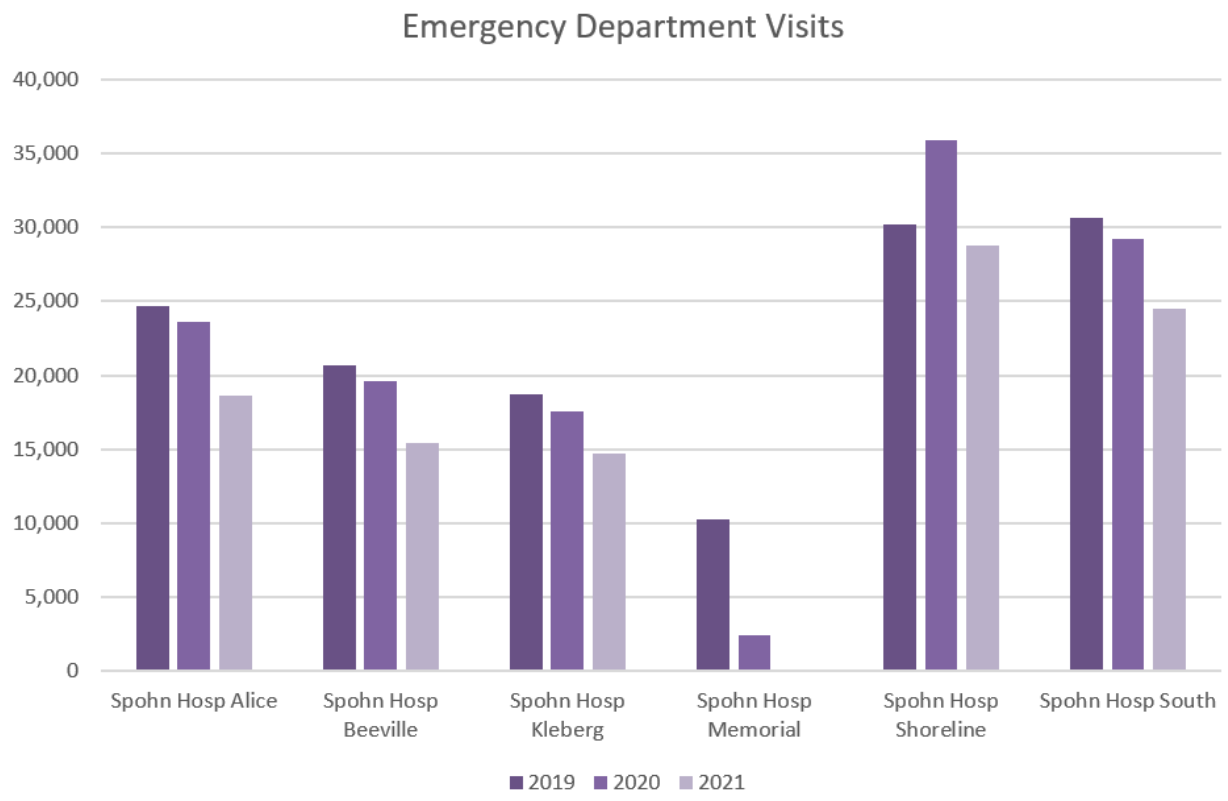
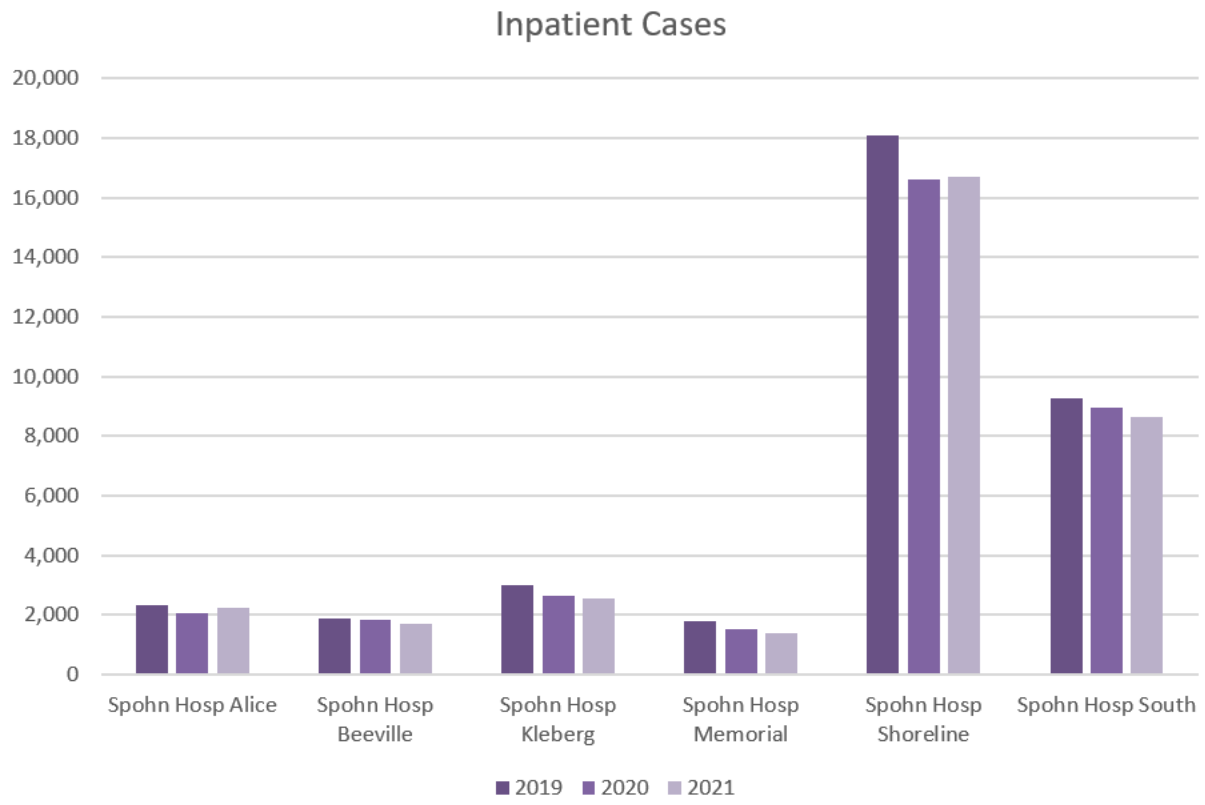


Figure 48. Number of Inpatient Cases



Regarding inpatient utilization, COVID-19 became the number two cause for admission in 2020 and 2021 at Alice, Beeville, and Kleberg, as well as the number three at Shoreline and number for at South. (Memorial is a Behavioral Health hospital and would not have had COVID-19 as a primary cause for inpatient admission.) The most common causes of inpatient admissions were labor and delivery and sepsis. In addition to COVID-19, most of the remaining [top ten] causes of inpatient admissions at the non-specialty acute care hospitals are related to heart conditions, kidney disease, or respiratory issues.

Top Inpatient Primary Diagnoses—Alice

1. Sepsis unspecified organism
2. COVID-19
3. Single liveborn infant
4. Calculus of gallbladder with acute cholecystitis
5. Acute kidney failure
6. Hypertensive heart disease with heart failure
7. Hypertensive heart and chronic kidney disease with heart failure
8. Non-ST elevation (NSTEMI) myocardial infarction
9. Pneumonia
10. Chronic obstructive pulmonary disease

Top Inpatient Primary Diagnoses—Beeville

1. Single liveborn infant
2. COVID-19
3. Sepsis
4. Pneumonia
5. Urinary tract infection
6. Chronic obstructive pulmonary disease
7. Acute kidney failure
8. Hypertensive heart and chronic kidney disease with heart failure
9. Maternal care for low transverse scar from previous cesarean delivery
10. Hypertensive heart disease with heart failure

Top Inpatient Primary Diagnoses—Kleberg

1. Single liveborn infant
2. COVID-19
3. Sepsis
4. Non-ST elevation (NSTEMI) myocardial infarction
5. Pneumonia
6. Hypertensive heart disease with heart failure
7. Maternal care for low transverse scar from previous cesarean delivery
8. Acute kidney failure
9. Urinary tract infection
10. Hypertensive heart and chronic kidney disease with heart failure

Top Inpatient Primary Diagnoses—Memorial

1. Major depressive disorder without psychotic features
2. Major depressive disorder recurrent severe with psychotic symptoms
3. Schizoaffective disorder bipolar type
4. Major depressive disorder single episode
5. Bipolar disorder
6. Schizoaffective disorder
7. Paranoid schizophrenia
8. Schizoaffective disorder depressive type
9. Bipolar disorder episode depressed severe without psychotic features
10. Major depressive disorder recurrent

Top Inpatient Primary Diagnoses—Shoreline

1. Sepsis
2. Non-ST elevation (NSTEMI) myocardial infarction
3. COVID-19
4. Hypertensive heart disease with heart failure
5. Acute kidney failure

6. Hypertensive heart and chronic kidney disease with heart failure
7. Cerebral infarction
8. Pneumonia
9. Chronic obstructive pulmonary disease
10. Type 2 diabetes

Top Inpatient Primary Diagnoses—South

1. Single liveborn infant
2. Maternal care for low transverse scar from previous cesarean delivery
3. Sepsis
4. COVID-19
5. First degree perineal laceration during delivery
6. Acute kidney failure
7. Full-term premature rupture of membranes
8. Streptococcus B carrier state complicating childbirth
9. Labor and delivery complicated by cord around neck
10. Post-term pregnancy

Table 17. Primary Diagnoses by Hospital

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 in 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 18). 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.

Size	How many people are affected?	Secondary Data
Seriousness	Deaths, hospitalizations, disability	Secondary Data
Equity	Are some groups affected more?	Secondary Data
Trends	Is it getting better or worse?	Secondary Data
Intervention	Is there a proven strategy?	Community Benefit team
Influence	How much can CHRISTUS Spohn Health System affect change?	Community Benefit team
Values	Does the community care about it?	Survey, Focus Groups, Key Informant Interviews
Root Causes	What are the community conditions?	Community Benefit team

Table 18. Prioritization Framework

CHRISTUS Spohn Health System Selected FY 2023 - 2025 Health Priority Areas

For this cycle, CHRISTUS Spohn Health System 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 Spohn retained mental health as a priority issue from the previous CHNA. In the previous CHNA, CHRISTUS Spohn identified chronic illness as a priority. In this cycle, CHRISTUS Spohn unpacked "chronic illness" and specifically called out diabetes, heart disease, and obesity. Newly identified issues include substance abuse, housing access, and job training.

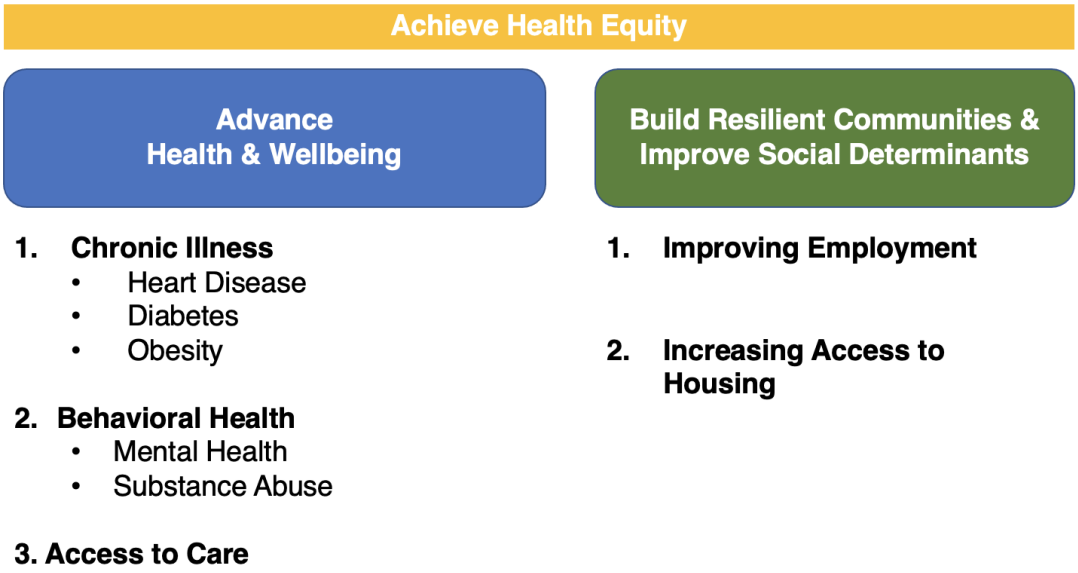


Figure 47. CHRISTUS Spohn Health System Priority Areas

These domains and corresponding issues will serve as the designated issue areas for official reporting and are the principal health concerns that CHRISTUS Spohn Health System 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 August 26th, 2022.

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

This evaluation is meant to capture the programmatic efforts undertaken by CHRISTUS Spohn Health System to meet priority health 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 Spohn Health System Community Benefit Priority Health Area Goals (2020-2022)

BEHAVIORAL HEALTH	1. Support the Opioid Task Force Initiative 2. Sustain internal mental and behavioral health services
AFFORDABLE HOUSING	1. Support local organizations that are working towards affordable housing solutions 2. Support efforts and organizations that are working to provide affordable housing or shelter or resources to homeless in our area
COMMUNITY AND FAMILY VIOLENCE	1. Sustain and enhance relationships with local organizations
LACK OF TRUST IN COMMUNITY RESOURCES AND SYSTEMS	1. Continue to offer and expand outreach services throughout our community 2. Continue to assist members of the community in increasing their understanding of health, awareness of resources, and how to navigate
HIGH EMERGENCY ROOM USE	1. Improve access to appropriate care alternatives 2. Continue offering expanded services at CHRISTUS Spohn Family Health Centers

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.

Behavioral Health

GOAL	Support the Opioid Task Force Initiative
OBJECTIVES	• Participate in the diverse and collaborative county-wide task force initiated in October of 2019 to combat opioid addiction in our area • Contribute to the task force by providing personnel to the team, lending meeting space, and adjusting internal strategy to meet task force goals
IMPACT	CHRISTUS Spohn's CEO actively participated in the task force by attending meetings, presenting strategies to combat opioid addiction, and networking with local government leaders and organizations. Additionally, CHRISTUS Spohn lent meeting space to the opioid task force at its Hector P. Garcia Memorial Family Health Center for six months. Unfortunately, this initiative was paused in January of 2021 due to COVID-19.

GOAL	Sustain internal mental and behavioral health services
OBJECTIVES	• Continue to screen for mental health concerns, including depression and unhealthy alcohol use, in our family health clinics and create follow-up plans and counseling plans • Continue to conduct behavioral risk assessments for pregnant women in our family health clinics
IMPACT	CHRISTUS Spohn hired two licensed behavioral health counselors and one licensed chemical dependency counselor to serve patients in our family health center clinics. The counselors screen patients for depression and alcohol abuse and give behavioral health risk assessments to pregnant patients. Those who qualify for the following screening are then offered free counseling services. These efforts have resulted in 8,721 depression screenings, 5,362 alcohol abuse screenings, and 221 risk assessments. CHRISTUS Spohn will continue offering screenings, risk assessments, and counseling services to all its clinic patients.

Affordable Housing

GOAL	Support local organizations that are working towards affordable housing solutions
OBJECTIVES	• Support local organizations and efforts that advocate for affordable housing in our area • Support local organizations that advocate for the revitalization of disadvantaged neighborhoods
IMPACT	CHRISTUS Spohn partnered with the Roman Catholic Diocese of Corpus Christi to combat homelessness and affordable housing in the greater Corpus Christi area. On March 3, 2021, CHRISTUS Spohn donated $500,000 to the Diocese of Corpus Christi to build a low-barrier shelter for homeless individuals in our area.

GOAL	Support efforts and organizations that are working to provide affordable housing/shelter/resources to the homeless in our area
OBJECTIVES	• Continue to participate in monthly meetings of the City Advisory Council on Homelessness and Substance Abuse
IMPACT	Area homeless populations are now accessing assistance from the organizations and programs within the City Advisory Council on Homelessness and Substance Abuse. CHRISTUS Spohn's VP of Mission Integration supported the City Advisory Council on Homelessness and Substance Abuse by becoming a member and serving on the council.

Community and Family Violence

GOAL	Sustain and enhance relationships with local organizations
OBJECTIVES	• Continue to build upon referral relationships to community-based organizations that offer services to victims of violence and abuse • Consider collaborating with local organizations to provide education and awareness
IMPACT	A relationship with The Purple Door, a local non-profit organization focused on providing wrap-around resources to survivors of abuse, was established by utilizing the CHRISTUS Fund. CHRISTUS Spohn intends to continue this working relationship by inviting the Purple Door to provide educational seminars to our Community Health Workers, Nurse Navigators, and Nursing leaders soon (these plans were delayed due to COVID). Continued education on addressing family and community violence will enhance the care patients receive by providing patients with appropriate aid and resources.

Lack of Trust in Community Resources and Systems

GOAL	Continue to offer and expand outreach services throughout our community.
OBJECTIVES	• Continue hosting a regional collaborative meeting that focuses on the expansion of resources through collaboration and shared goals • Continue offering women's services throughout our service area through the Care Van and explore expanding Care Van services to include emergent care and outreach to rural areas • Expanded provision of vaccines to the homeless, poor, and underserved, utilizing collaborative efforts to administer vaccines
IMPACT	CHRISTUS Spohn improved presence and trust within the community by: 1) Partnering with other community-based organizations on shared community health initiatives by inviting organizations to apply to the CHRISTUS Fund. Throughout this CHIP cycle, CHRISTUS Spohn partnered with The Texas State Aquarium, Coastal Bend Wellness Foundation, The Purple Door, Family Counseling Services of Corpus Christi, and Coastal and Center for Independent Living. 2) Offering women's healthcare services in rural areas of Alice, Taft, Rockport, Flour Bluff, Bishop, and Aransas Pass through the Care Van

GOAL	Continue to assist members of the community in increasing their understanding of health, awareness of resources, and how to navigate.
OBJECTIVES	• Continue offering services of Community Health Workers, ED navigators, and Nurse Navigators throughout our hospitals and clinics • Continue to open our educational auditorium at Hector P Garcia building to community partners to provide education to the public on important health topics

IMPACT	Services offered through CHRISTUS Spohn Community Health Workers, ED Navigator, and Nurse navigator resulted in 142,048 encounters with patients throughout the CHIP cycle. Coastal Bend Health Education Center utilized the educational classrooms in the Hector P Garcia building to provide diabetes self-management education classes until April of 2020. Due to the pandemic, their in-person education classes have been paused.

High Emergency Room Use

GOAL	Improve access to appropriate care alternatives
OBJECTIVES	• Use of Care Coordination • Continue to collaborate with community providers to promote and educate on alternate access points • Explore creation of a centralized information resource with community-based organizations
IMPACT	Care coordination efforts of CHRISTUS Spohn's dedicated Community Health Workers and Nurse Navigators resulted in 3,286 care coordination patient encounters per year. Through our Community Health Workers and Nurse Navigators, relationships have been established and maintained with the local FQHC and other primary care alternatives to create a direct referral process. This has resulted in patients who do not meet the requirements for NCHD having another option to acquire care. A centralized information resource was explored and presented to our local FQHC with plans to expand to other service organizations; however, it was abandoned due to budget and personnel restraints of both CHRISTUS Spohn and the FQHC.

GOAL	Continue offering expanded services at CHRISTUS Spohn Family Health Centers.
OBJECTIVES	• Continue providing walk-in clinics with extended hours staffed by health care providers, community health workers, and nurse navigators • Continue assisting patients with enrollment and renewal of the Nueces County Health District plan • Continue the triage and empanelment process for new Nueces County Health District plan members
IMPACT	Throughout this CHIP cycle (aside from COVID-related pauses), the Hector P Garcia clinic maintained extended walk-in hours Monday through Saturday, closing at 9 pm. The Hector P Garcia clinic continued to offer Nueces Aid Program enrollment services on-site Monday through Friday. Triage and empanelment continued through our Nurse Navigators and Community Health Workers. Throughout each year of the CHIP cycle, they provided care coordination to 3,286 patients and assisted, on average, 1,163 quick care patients.

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	
Welcome to the CHRISTUS Health Community Health Needs Assessment Survey. 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: • Identify health problems that affect the people in your community. • Understand the needs of your community. • Work together to find a solution. 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. 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. **We thank you for your help.**	
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.

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

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?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85 and older

What is your current gender identity?

- ☐ Female
- ☐ Male
- ☐ Non-Binary (Do Not Strictly Identify as Female or Male)
- ☐ Transgender Female (Male to Female)
- ☐ Transgender Male (Female to Male)
- ☐ Choose not to disclose
- ☐ Other, please specify: _____

Do you think of yourself as?

- ☐ Straight or heterosexual
- ☐ Bisexual
- ☐ Lesbian or gay or homosexual
- ☐ Choose not to disclose
- ☐ Other, please specify: _____

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?

- ☐ Less than high school
- ☐ Some high school
- ☐ High school graduate or graduate equivalency degree (GED)
- ☐ Some college, no degree
- ☐ Vocational or technical school
- ☐ College graduate (such as AA, AS, BA, BS, etc.)
- ☐ Advanced degree (such as MS, MA, MBA, MD, PhD, JD, etc.)

Community Health Needs Assessment Survey

Household Questions

What are your current living arrangements?

- ☐ Own my home
- ☐ Rent my home
- ☐ Living in emergency or transitional shelter
- ☐ Living with a friend or family
- ☐ Living outside (e.g., unsheltered, car, tent, abandoned building)
- ☐ 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)

- ☐ Less than $10,000
- ☐ $10,000 - $19,999
- ☐ $20,000 to $39,999
- ☐ $40,000 to $59,999
- ☐ $60,000 to $79,999
- ☐ $80,000 to $99,999
- ☐ Over $100,000

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?

Focus Group Protocols

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 prove 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

Key Informant Interview Protocols

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
- Housing and Urban Development
- National Vital Statistics System
- The New York Times
- State health department COVID dashboards
- Texas Department of State Health Services
- University of Texas at Tyler, The Health Status of Northeast Texas, 2021 report
- United States Department of Agriculture: Food Access Research Atlas