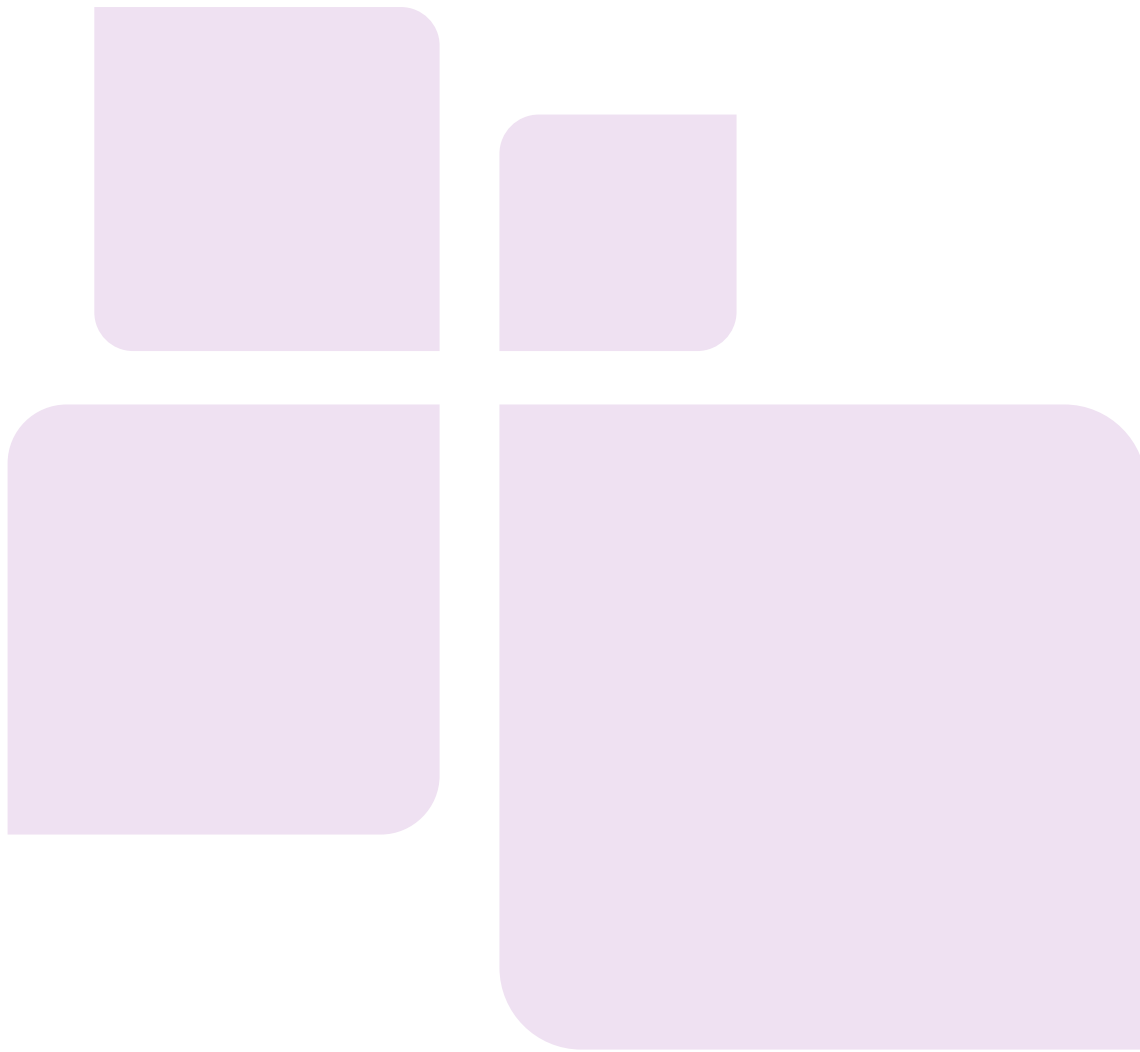




# Community Health Needs Assessment

2026 – 2028



# Table of Contents

<b>Chapter 1: Letter to the Community</b>	<b>3</b>
A message of gratitude	5
Statement of health access and serving as an anchor institution	6
Board approval	7
<b>Chapter 2: Executive Summary</b>	<b>9</b>
Executive summary	11
Importance of life stages	12
Key findings	13
<b>Chapter 3: Introduction</b>	<b>15</b>
Introduction	17
Purpose of the CHNA	19
Overview of the health system	20
Community health	22
The communities we serve	23
The strength of our communities	24
<b>Chapter 4: Impact</b>	<b>27</b>
Review and impact of our progress	29
<b>Chapter 5: CHNA process</b>	<b>35</b>
Data collection and sources	38
Lifespan areas & lead indicators	42
Data needs and limitations	45
<b>Chapter 6: CHNA Data</b>	<b>47</b>
Community demographics	50
Health access and barriers to care	60
Hospital utilization data	100
Community survey	105
<b>Chapter 7: The Lifespan</b>	<b>119</b>
Maternal health and early childhood	122
School-age children and adolescent health	128
Adult health	132
Older adult health	138

<b>Chapter 8: Conclusion</b>	<b>145</b>
Looking ahead	148
Acknowledgments	148
Contact information	150





# Chapter 1: Letter to the Community







# Letter to the Community

## A Message of Gratitude

At **CHRISTUS Good Shepherd Health System**, our commitment to healing extends beyond clinical care — it is rooted in a shared responsibility to support the health and well-being of every person, family and neighborhood we serve. Guided by our mission and values, we recognize that health is shaped not only by what happens in hospitals or exam rooms but also by the conditions in which people live, work and grow.

Each Community Health Needs Assessment (CHNA) we conduct is a promise to listen closely, engage meaningfully and act responsibly. Through the 2023–2025 CHNA, our neighbors entrusted us with their stories, concerns and hopes for a healthier future. They highlighted urgent needs, including access to specialty care, chronic disease management (such as diabetes, obesity and heart disease), behavioral health (encompassing mental health and substance use), primary care, education, food security and tobacco and vaping prevention. In response, we partnered with community organizations to implement solutions that reflect the voices and values of the people we serve. One example is our partnership with the Greater Longview Optimal Wellness (GLOW) Accountable Community for Health — a collaborative effort that unites hospital systems, primary care providers, behavioral health specialists, first responders and community-based organizations to redirect vulnerable members of our community to the most appropriate resources. This initiative reflects the power of collective action to advance health equity and access, and to faithfully steward the resources entrusted to our communities.

The 2026–2028 CHNA builds on this foundation with renewed focus and clarity. In this new cycle, we've deepened our understanding of the complex factors that influence health, including provider shortages, suicide, housing instability and more. This report shares what we've learned — but more importantly, it reflects how we learned, in partnership with you. Your input shaped every page. Your lived experiences gave meaning to every data point. And your leadership will continue to guide the work ahead.

We are deeply grateful to all who contributed their time, expertise and care to this process — community members, patients, CHRISTUS Associates, local organizations and dedicated partners. You have helped us imagine what's possible when we come together for health, equity and justice. As we look to the future, CHRISTUS Good Shepherd Health System remains steadfast in our commitment to walk alongside our communities, expand access to care and advocate for systems that uplift everyone.

With heartfelt thanks, we celebrate your role in this journey, and we look forward to building a healthier, more just future together.



**Todd Hancock**  
President and Chief  
Executive Officer  
**CHRISTUS Good  
Shepherd Health  
System**

# Statement of Health Access and Serving as an Anchor Institution

At **CHRISTUS Health**, our core values — dignity, integrity, excellence, compassion and stewardship — guide everything we do. We believe these values are not just words, but principles that inspire us to serve you with the utmost care and dedication. Through this assessment, we seek to understand your unique needs and challenges. By listening to your stories and experiences, we aim to identify areas where health disparities exist and work alongside you to find meaningful solutions. Together, we can create an inclusive and equitable health care environment for everyone, regardless of background or circumstance. We recognize that health goes beyond medical care. It encompasses the social determinants that shape our lives, such as housing, education, employment and access to nutritious food. Addressing these factors can build a stronger, healthier community where everyone thrives. Your participation in this assessment is invaluable. Your voice matters deeply to us as we strive to tailor our services to meet your needs and aspirations. We invite you to share your insights, concerns and hopes with us so that we can pave the way for a brighter, healthier future together. Thank you for being an integral part of our CHRISTUS Health family. Let's continue to care for and uplift one another, embodying our values in every interaction and endeavor.



Vice President of  
Mission Integration  
**CHRISTUS Good  
Shepherd Health  
System**



**Marcos Pesquera**  
Chief Diversity Officer  
and Vice President of  
Community Health  
**CHRISTUS Health**



## Board Approval

CHRISTUS Good Shepherd Health System's board of directors reviewed, provided input, and formally approved the Community Health Needs Assessment (CHNA) on July 31, 2025. The CHNA process was completed prior to June 30, 2025. As of that date, the report was in its final stages of preparation, with the team actively finalizing the document for presentation. Throughout its development, the board ensured that the community's needs were accurately reflected and addressed, and that the final report aligned with organizational priorities and was ready for implementation planning.



## Chapter 2: Executive Summary





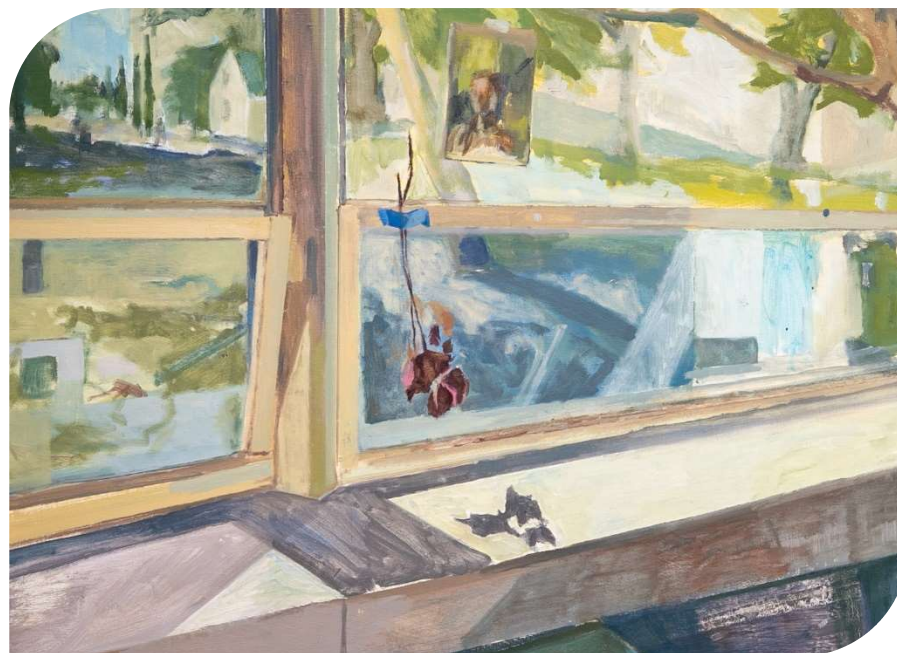


# Executive Summary

In Northeast Texas, health is more than clinical care; it's a shared commitment to the people and places we call home. At CHRISTUS Good Shepherd Health System, we've been honored to walk alongside this community for generations, offering care with compassion, integrity and purpose. As part of CHRISTUS Health, we are grounded in a mission to extend the healing ministry of Jesus Christ, ensuring every person has access to the care and support they need, regardless of their background or ability to pay.

Our doctors, nurses, Associates and volunteers are not only health care professionals — they are community members, neighbors and advocates. Every three years, we conduct a Community Health Needs Assessment (CHNA) to deepen our understanding of the issues that impact the health of our region. This report is shaped by voices from across east Texas — residents, patients, organizations and partners — and rooted in the lived experiences of the people we serve.

To truly support health across a lifetime, this CHNA follows a lifespan approach, focusing on four key life stages: maternal and early childhood, school-aged children and adolescents, adults and older adults. Each stage represents a critical opportunity to improve well-being and prevent long-term challenges. We also examine the broader forces that shape health — economic opportunity, access to education, housing, transportation and health care — recognizing that good health begins in our communities long before a person enters a hospital or clinic.



## Maternal and Early Childhood Health

The earliest stage of life — maternal and early childhood health — lays the foundation for everything that follows. When families have access to quality prenatal care, mental health services, stable housing and early education, children are more likely to thrive in school and life. In Northeast Texas, more parents are connected to prenatal care earlier, and there is growing awareness of maternal mental health. Yet, we continue to see families face barriers related to the rising cost of living, provider shortages and babies exposed to substance abuse. Supporting families at this stage is not only an investment in health, but it's an investment in the region's future.

## School-Age Children and Adolescent Health

As children grow into adolescence, their environments, relationships and experiences have a lasting impact on their development. In Northeast Texas, an increasing number of schools and community programs are focusing on emotional well-being, nutrition and early intervention. Youth are receiving help earlier, and mental health is becoming a more open and discussed topic. Still, challenges like suicide, substance abuse, childhood obesity and lack of insurance coverage remain top concerns. Adolescence is a time of opportunity — when a positive support system can shape lifelong habits, confidence and resilience.

## Adult Health

For adults, health is influenced by a combination of responsibilities and pressures, including balancing work, caregiving and personal wellness. Across the region, an increasing number of residents are accessing health screenings, chronic disease education and mobile outreach services. Conversations about mental health and addiction are more prevalent. At the same time, we continue to see the effects of limited behavioral health resources, the rising cost of medication and the long-

term impact of chronic diseases like diabetes and hypertension. Adult health is a crucial component of community health, as it impacts families, the workforce and the stability of neighborhoods.

## Older Adult Health

As individuals enter older adulthood, their needs may grow more complex, but their contributions to the community remain vital. In Northeast Texas, new programs are supporting aging in place, improving mobility and creating more opportunities for older adults to stay connected. Awareness around dementia and caregiver burnout is also increasing. Yet, many seniors still face barriers caused by isolation, memory loss, chronic illness and access to long-term care. Healthy aging is about more than physical health — it's about dignity, connection and ensuring people feel seen and valued.

Throughout this CHNA process, one thing became clear: Northeast Texas is a region full of resilience, pride and potential. The people here care deeply about one another and are stepping up to be part of the solution. We have seen communities come together to support families, advocate for youth and uplift their neighbors — this is something worth celebrating.

The 2026–2028 Community Health Needs Assessment reflects both the strengths and the needs of our region. It tells the story of where we are — and where we hope to go. At CHRISTUS Good Shepherd Health System, we take pride in being part of this journey. Together, we will continue to build a healthier Northeast Texas — one stage of life at a time.

# Key Findings

The chart below summarizes the leading indicators our communities are facing. These indicators were identified by health leaders in our community to provide a comprehensive picture of the community's needs. The Community Health Implementation Plan (CHIP) documents analyze these indicators in view of the resources of our health system and our community partners to determine strategies to improve health equity and extend Christ's healing ministry to the most vulnerable.

LEADING INDICATORS			
Maternal Health and Early Childhood Health	School-Age Children and Adolescent Health	Adult Health	Older Adult Health
<i>Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.</i>	<i>Children will be well-equipped with the care and support to grow up physically and mentally healthy.</i>	<i>Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.</i>	<i>Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.</i>
<ul style="list-style-type: none"> <li>• Cost of living</li> <li>• Prescription cost</li> <li>• Babies born with addiction</li> <li>• Health care shortage</li> <li>• Obesity</li> </ul>	<ul style="list-style-type: none"> <li>• Suicide</li> <li>• Substance abuse</li> <li>• Over-utilization of ED</li> <li>• Lack of insurance</li> <li>• Obesity</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Substance abuse</li> <li>• Chronic diseases (diabetes, heart disease, obesity, cancer)</li> <li>• Affordable insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health (dementia)</li> <li>• Chronic diseases (diabetes, heart disease, obesity, cancer)</li> <li>• Access to health care</li> <li>• Affordable insurance</li> <li>• Housing and long-term care</li> </ul>





## Chapter 3: Introduction





# Introduction

Surrounded by the lush greenery of Northeast Texas's Piney Woods, Longview is a place where scenic landscapes, small-town charm and big-hearted community spirit come together. With its rolling hills, forested trails and sparkling lakes, outdoor adventure is never far from home. Families and nature lovers alike take to Lake O' the Pines for fishing and boating or explore the enchanting waterways of Caddo Lake — Texas's only natural lake — aboard pontoon boats drifting through the Big Cypress Forest, the world's largest.

But Northeast Texas isn't just about its natural beauty. Our region includes communities with distinct histories and flavors. Longview is a city that celebrates community pride and connection. Known as the Balloon Capital of Texas, Longview hosts the world-famous Great Texas Balloon Race, filling the skies with color and gathering neighbors and visitors in joyful awe. Local traditions, such as the Chautauqua Festival, Fireworks and Freedom Celebration and Rev. Dr. Martin Luther King, Jr., celebration, reflect a culture of creativity, storytelling and togetherness. Families enjoy everyday fun at places like Longview World of Wonders, the Jack Mann Splash Pad and the many parks and ballfields, where laughter and learning go hand in hand.

Originally the Gateway to Texas, Marshall is the birthplace of Boogie Woogie and home to four institutions of higher learning, including 150-year-old Wiley University, home of the Great Debaters. CHRISTUS Good Shepherd Health System's oldest hospital was founded here in 1909 to meet the health care needs of the growing population and to provide health care to the indigent poor. Marshall hosts the annual FireAnt Festival, Wonderland of Lights, Boogie Woogie Marshall, as well as celebrations for Juneteenth.

Whether you're new to the area or a lifelong resident, connection, generosity and shared responsibility are part of daily life. It's in this close-knit environment that CHRISTUS Good Shepherd Health System has grown alongside the community for generations.

Our region's population growth began with the discovery of oil and the Northeast Texas oil boom in the 1930s and has continued ever since. As Longview and the surrounding areas continue to grow and evolve, so too do the region's health care needs. While the community thrives in many ways, persistent challenges, particularly in rural and underserved neighborhoods, impact access to care and overall health outcomes. Transportation barriers, limited access to primary and specialty care and gaps in behavioral health services are among the most pressing concerns facing residents in both urban centers and the more remote corners of Gregg, Harrison, Marion, Upshur, Rusk and surrounding counties. Social determinants of health — including housing, access to food, income, education and employment — play a significant role in shaping health across the region. Chronic illnesses such as diabetes, hypertension, heart disease and obesity are common, while mental health and substance use disorders continue to grow in urgency.

This Community Health Needs Assessment (CHNA) offers a data-informed, community-driven picture of these health dynamics. Grounded in both statistics and local voices, the CHNA helps identify priorities, strengthen partnerships and guide collaborative action across sectors. It is not just a requirement, it is a commitment to listening, learning and investing in truly local solutions.

The COVID-19 pandemic brought these issues into sharper focus, disproportionately affecting the region's most vulnerable populations—but it also ignited unprecedented levels of collaboration among health care providers, nonprofits, public health agencies and faith communities, many of whom partnered with CHRISTUS Good Shepherd Health System to operate a COVID vaccine mega hub providing nearly 70,000 vaccinations. These strengthened networks remain essential as the community continues to recover and build forward.

From bustling main streets to quiet country roads, the Piney Woods of Northeast Texas is home to a population rich in diversity, heritage and determination. By acknowledging the historical, economic and social forces that shape health in this community, this CHNA seeks to illuminate a shared path forward. Through continued collaboration, targeted investments and a steadfast commitment to service, CHRISTUS Good Shepherd Health System remains dedicated to extending the healing ministry of Jesus Christ, ensuring that all individuals can thrive, belong and live well in Northeast Texas.

# Purpose of the Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) serves as a foundational tool for understanding the health priorities of the region and guiding efforts to improve the well-being of its residents. As a nonprofit hospital, CHRISTUS Good Shepherd Health System is dedicated to addressing the health needs of the communities within its service area. The CHNA process, required under the Patient Protection & Affordable Care Act (ACA) of 2010, ensures that nonprofit hospitals conduct a comprehensive assessment of local health challenges and available resources at least once every three years. This structured approach enables us to identify key health priorities, collaborate with community stakeholders and develop strategic plans to address the most urgent health concerns.



In accordance with the ACA, the CHNA not only informs the hospital's community health initiatives but also satisfies certain IRS tax reporting requirements under Form 990, Schedule H. The findings and data presented in this report directly support the development of an implementation strategy, which aligns hospital resources with the needs of underserved and vulnerable populations, ensuring meaningful and measurable interventions.

This document represents the 2026-2028 CHNA for CHRISTUS Good Shepherd Health System and serves as a comprehensive resource for understanding the current health landscape in Northeast Texas. It provides an in-depth analysis of:

- Community demographics and population trends
- Existing health care resources and access to care
- Significant health needs and disparities
- Data collection and prioritization methodologies
- Community engagement efforts and stakeholder input

The findings from this CHNA not only fulfill IRS reporting requirements but also play a critical role in shaping ongoing health planning and decision-making within our hospital system and among our local partners.

Additionally, this assessment reflects the impact of past CHNAs, highlighting areas of progress, as well as areas requiring continued focus to meet the evolving health needs of the community. The insights gained will inform the development of targeted programs, funding decisions and strategic partnerships designed to drive sustainable improvements in health equity across the community.



# Overview of the Health System

## CHRISTUS Health

CHRISTUS Health is a Catholic, not-for-profit health system established in 1999 to preserve and strengthen the healing ministries founded by the Sisters of Charity of the Incarnate Word of Houston and San Antonio — religious congregations whose commitment to compassionate care began in 1866. In 2016, the Sisters of the Holy Family of Nazareth joined as the third sponsoring congregation, deepening the system’s spiritual foundation and ongoing mission of service.

Today, CHRISTUS Health operates more than 60 hospitals and 175 clinics across Texas, Louisiana, New Mexico and Arkansas. The system also extends its healing ministry internationally, with facilities in Mexico, Colombia and Chile. Across every location, CHRISTUS Health remains united by a singular purpose: to extend the healing ministry of Jesus Christ — delivering high-quality, compassionate care to individuals and communities, especially those most in need.





## CHRISTUS Good Shepherd Health System

As part of CHRISTUS Health, CHRISTUS Good Shepherd Health System is a faith-based, not-for-profit health system serving the Northeast Texas community through regional medical centers, primary and urgent care facilities and health and wellness centers. We specialize in cardiovascular, orthopedics, sports medicine, trauma, bariatrics, gastroenterology, women's and children's services, neurological care, primary care, stroke care and surgical services, including general and urological surgery. Sponsored by the Sisters of Charity of the Incarnate Word of Houston, the Sisters of Charity of the Incarnate Word of San Antonio and the Sisters of the Holy Family of Nazareth, our mission is to extend the healing ministry of Jesus Christ to every individual we serve.



# Community Health

At CHRISTUS Health, community health and community benefit initiatives are central to the mission of extending the healing ministry of Jesus Christ. Guided by a commitment to dignity, justice and service to the common good, CHRISTUS Health works to improve the health and well-being of individuals and communities, particularly those who are underserved and marginalized.

Community Health at CHRISTUS Health is a proactive approach to addressing the social, economic and environmental factors that impact health outcomes. Through strategic partnerships, innovative programs and targeted interventions, CHRISTUS Health collaborates with local organizations, public health agencies and community leaders to create sustainable solutions that promote health and wellness beyond the walls of its hospitals and clinics. Key focus areas include chronic disease prevention, maternal and child health, behavioral health, food security and access to care.



Community benefit represents our Health System's ongoing investment in community-driven health initiatives, ensuring that resources are allocated where they are most needed. These efforts are an expression of our mission to serve the health needs of the broader community, especially those who are uninsured, underinsured or facing significant health disparities. These include:

- Financial assistance: providing support for uninsured and underinsured patients to ensure access to necessary medical care
- Subsidized health programs: offering health services at reduced or no cost to vulnerable populations, ensuring they receive the care they deserve
- Health education initiatives: promoting wellness, prevention and healthy behaviors through community outreach, educational workshops and public health campaigns
- Support for nonprofit organizations: partnering with local nonprofit organizations working to address critical health disparities and social determinants of health

These programs are part of how we meet our obligations as a nonprofit health system, but more importantly, they're how we put our mission into action — serving with compassion, dignity and justice. By combining clinical care with community action, CHRISTUS Health aims to reduce health disparities, build stronger communities and extend the healing ministry of Jesus Christ to all we serve.

# The Communities We Serve

As part of its mission to extend the healing ministry of Jesus Christ, CHRISTUS Good Shepherd Health System serves a diverse and growing population across Gregg, Harrison, Marion, Rusk and Upshur counties in Northeast Texas. In accordance with IRS guidelines and 501(r) regulations under the Affordable Care Act, CHRISTUS Good Shepherd defines its primary service area (PSA) as the set of ZIP codes that account for approximately 80% of hospital utilization (see Table 1 and Figure 1), ensuring the Community Health Needs Assessment reflects the most directly served communities.

The region comprises a diverse mix of urban, suburban and rural communities, each with distinct health needs and unique strengths. From Longview and Marshall to nearby rural towns, this geographic and demographic diversity highlights the importance of a community-centered, equity-driven approach that addresses the social and structural factors influencing health across the region.

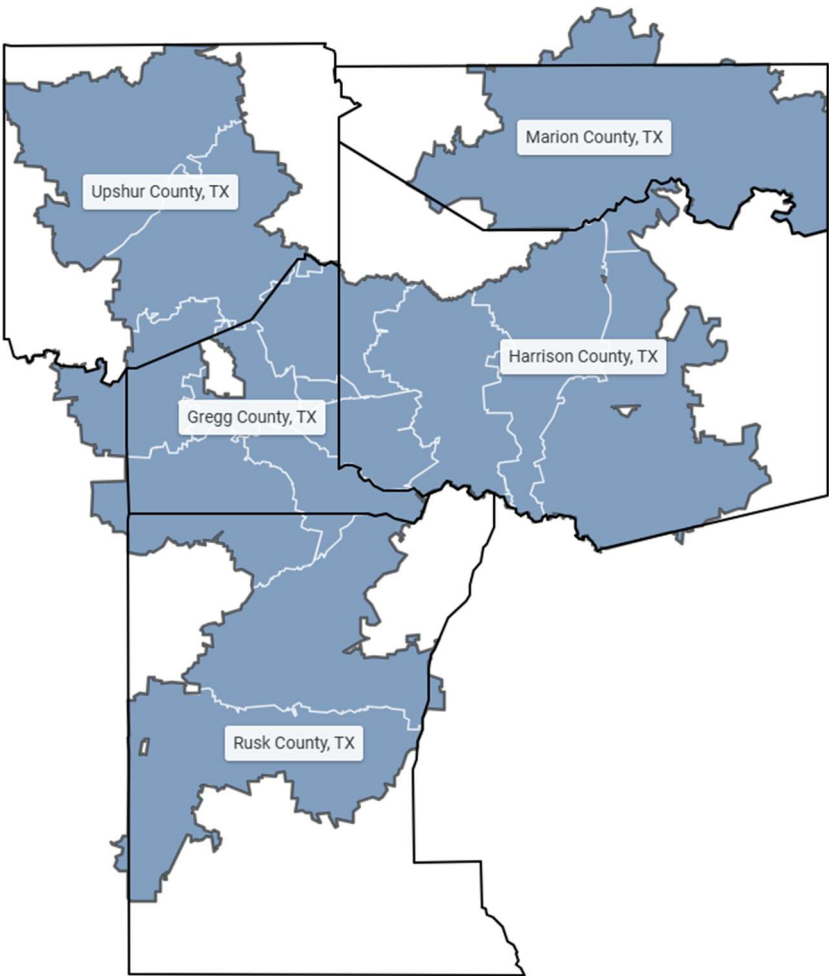


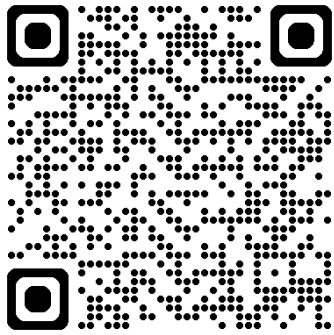
Figure 1. Primary Service Area (PSA) of CHRISTUS Good Shepherd Health System

CHRISTUS GOOD SHEPHERD’S PSA				
Gregg County	Harrison County	Marion County	Rusk County	Upshur County
75601	75650	75657	75652	75644
75602	75670		75654	75645
75603	75672			
75604				
75605				
75647				
75662				

Table 1. Primary Service Area (PSA) of CHRISTUS Good Shepherd Health System

# The Strength of Our Communities

At CHRISTUS Health, we believe the heart of a healthy community is found in the relationships we build with individuals, neighborhoods and the many local organizations working every day to make a positive impact. These community partners are not just part of our work — they are essential to it. Together, we support the health and well-being of our neighbors by addressing the challenges that affect everyday life, from access to care and chronic diseases to mental health, food insecurity and maternal and child health.



These partnerships enable us to reach more people, remove barriers and provide the kind of support that truly meets individuals where they are. Working side by side, we bring health care and community services together to build stronger, healthier communities.

To the right is a list of some of the incredible organizations helping to improve lives across our region. Although it's not a comprehensive list, it highlights the broad range of support available across our region.

To find even more free or low-cost services near you — including help with food, housing, transportation and mental health — visit [FindHelp.org](https://findhelp.org). This easy-to-use tool lets you search by ZIP code to connect with programs and resources in your area.

Whether listed here or others who are listed and searchable on FindHelp, these organizations are a vital part of our shared mission. Their work strengthens our communities and ensures that help is always within reach.

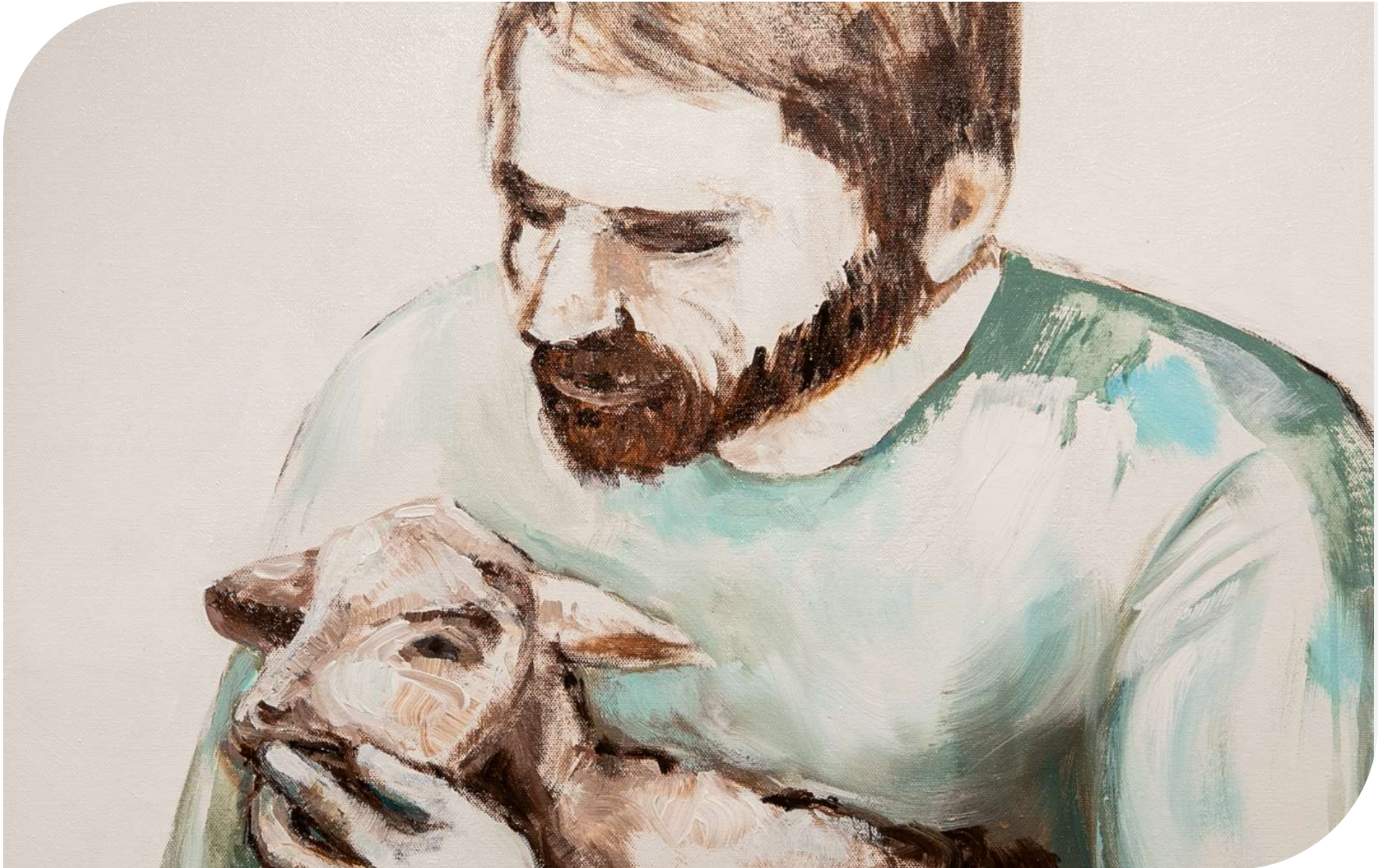
NAME	DESCRIPTION
<b>Genesis PrimeCare</b>	A comprehensive Federally Qualified Health Center (FQHC) providing family medicine, pediatrics, OB/GYN, dentistry, behavioral health, dermatology and patient education to individuals of all ages in Marshall and surrounding communities
<b>Wellness Pointe</b>	An FQHC offering primary care, pediatrics, women's health, behavioral health and social services with extended hours across Longview, Kilgore and Gilmer
<b>Community Healthcore</b>	Regional mental health authority serving adults and children with behavioral health needs, developmental disabilities and substance use disorders across Northeast Texas counties
<b>Women's Center of East Texas</b>	Provides crisis intervention, shelter and advocacy for survivors of domestic violence and sexual assault, along with prevention and education programs
<b>The Martin House Children's Advocacy Center</b>	Coordinates multi-disciplinary services for child victims of abuse and witnesses of violent crime in Gregg, Harrison and Marion Counties
<b>House of Disciples</b>	A residential life recovery center for men struggling with substance use, offering spiritual and therapeutic support for reintegration into the community
<b>Longview Community Ministries</b>	Offers food, financial aid, clothing and community support services to low-income residents in Longview through a faith-based collaboration
<b>Hiway 80 Rescue Mission</b>	Provides shelter, meals and recovery services to individuals and families facing homelessness alongside spiritual support and case management
<b>East Texas Council on Alcoholism and Drug Abuse (ETCADA)</b>	Offers prevention, intervention and outpatient treatment programs for youth and adults affected by substance use across east Texas

NAME	DESCRIPTION
<b>Buckner Children &amp; Family Services</b>	Offers support for children, families and single parents through services like affordable housing, counseling, parenting classes, financial coaching and spiritual development
<b>Newgate Mission</b>	Offers meals, housing referrals, job readiness programs, health services and spiritual care to people experiencing homelessness and poverty
<b>Mission Marshall</b>	Provides emergency housing, meals, addiction recovery programs and spiritual support for men, women and families
<b>East Texas Food Bank</b>	Offers a walk-in food pantry, benefits assistance and wraparound services like nutrition education and utility support
<b>Twelve Way Foundation</b>	Provide housing, meals, Bible study, job support and life skills training to help men build a sober, purposeful future





## Chapter 4: Impact





# Impact

## Since the Last Community Health Needs Assessment ...

The Community Health Needs Assessment (CHNA) is designed to be part of a dynamic, three-year cycle of listening, action and evaluation. A key element of this process is reviewing progress made in addressing the health needs identified in the previous Community Health Needs Assessment (CHNA). By examining these efforts, CHRISTUS Good Shepherd Health System and the communities it serves can better focus their strategies and ensure future investments are responsive, effective and community-driven.

In the 2023–2025 CHNA cycle, CHRISTUS Good Shepherd Health System prioritized the following areas based on community input and data analysis:

ADVANCE HEALTH AND WELL-BEING	BUILD RESILIENT COMMUNITIES AND IMPROVE SOCIAL DETERMINANTS
<ul style="list-style-type: none"><li>• Specialty care access and chronic disease management (including diabetes, obesity, heart disease)</li><li>• Behavioral health (including mental health and substance abuse)</li><li>• Primary care access</li><li>• Education</li></ul>	<ul style="list-style-type: none"><li>• Improving food access</li><li>• Reducing smoking and vaping</li></ul>

Over the past three years, CHRISTUS Good Shepherd Health System, community partners, clinical teams and trusted local organizations have worked together to design and implement interventions aimed at reducing disparities and improving outcomes in these areas. Many of these efforts intentionally focused on reaching populations most impacted by health inequities.

The following pages highlight key initiatives, partnerships and outcomes that emerged from this work, demonstrating our continued commitment to building healthier, more resilient communities rooted in dignity, compassion and justice.





# Prioritized Needs

## ADVANCE HEALTH AND WELL-BEING

### Specialty Care Access and Chronic Disease Management

**Strategy:** Provide screening and education opportunities about heart disease, diabetes, and obesity. Empower community members to manage their heart disease, diabetes, and obesity focused on internal and external opportunities.

#### Implementation Highlights:

- Expanded access to cardiology care by growing the number of providers and offering community education and screening information at all health fairs. This includes a Women with Heart program for one-month at multiple locations across the ministry.
- Expanded free screenings and education for stroke, diabetes, and obesity to vulnerable rural and urban populations such as homeless and other families, through community partnerships and events. Some of these events included Martin Luther King Celebration, Black History Month, Juneteenth, Marion County resource and health fairs, Homeless Resource Day, and Buckner Community Health Fair. Additionally, we advocated for breast health and expanded breast cancer screenings through Your Best Care Day and mobile mammography bus and added a support group for breast cancer survivors.
- Expanded access to fitness for patients with financial need who benefit from structured physical exercise.

#### Progress:

- Women With Heart increased their reach to provide more information in the last three years to individuals about warning signs for women who maybe suffering from a stroke or heart attack. One woman who attend in 2024 was the featured speaker in 2025. She related how she came in 2024 and heard the information and within 2 days she woke up feeling bad and knew she was having a heart attack because of what she learned on Saturday. An ambulance took her to the hospital, and she was seen and treated within the “Golden Hour.”
- In collaboration with community partners, CGSHS expanded access by more than doubling the number of community health events offered and expanded the number of individuals served the in the communities of Longview, Marshall, Marion County, Kilgore, Carthage. CGSHS piloted offering free mammograms to patients with financial need.
- Scholarship memberships to the Institute for Healthy Living are awarded to underserved in the community that suffer from chronic medical conditions/co-morbidities and have a financial need. Amount awarded is based on need, and the recipient is required to utilize facility a minimum of 12 visits per month to maintain benefit. The scholarships are good for 12 months, and eligibility is monitored monthly. To qualify, a recipient must be referred by a physician, conform to the membership guidelines of the Institute for Healthy Living, and remain in good standing with CGSMC and the IHL.

## Behavioral Health

**Strategy:** Increase access to mental health resources and develop community connections for mental health services. Additionally, increase access to substance abuse treatment.

### Implementation Highlights:

- Provided free transportation for individuals with financial need requiring in-patient Behavioral Health treatment.
- Strengthened partnership in Greater Longview Optimal Wellness (GLOW) which redirects vulnerable patients from unnecessary emergency services to appropriate health and social resources.
- Expanded access to original artwork to improve mental health of patients.

### Progress:

- CGSHS facilitates transports a large number of patients annually who require intensive behavioral health care provided by in-patient facilities which all lie outside our region.
- CGSHS is a founding partner of the GLOW partnership which through the calendar year 2024 has served over 150 patients, providing nearly 2,000 patient encounters.
- Since FY23, CGSHS has funded the Longview Museum of Fine Arts to create a rotating exhibit of local painters and photographers enhancing mental health of patients. A sampling of the exhibit celebrating the 90<sup>th</sup> anniversary of CHRSTUS Good Shepherd Health System are illustrations found in the 2026 – 2029 CHNA and CHIP.

## Primary Care

**Strategy:** Focus on increasing access to primary care and reducing inequities caused by cultural barriers to care or Social Determinants of Health.

### Implementation Highlights:

- Provided free/subsidized care for student athletes, band members, drill teams, and cheerleaders, in more than 20 school districts.
- Partnered with Segue Health to improve transitional care to hospital patients and reduce preventable readmissions.

### Progress:

- The sports medicine and athletic training department has increased the number of continuing education programs we offered from 249 CEUs/year to 850 CEUs/year. This ensures our area athletic trainers can offer the latest research and best practices in treating our area athletes and promoting healthy habits to decrease our community rates of smoking, T2 Diabetes, Cardiovascular disease.
- Our staff athletic trainers' impact 9,956 student athletes in our community; this is most significantly seen within the community sports setting which increased by 1885 lives touched and access to care.



## Education

**Strategy:** Provide educational opportunities for current and potential healthcare students.

### Implementation Highlights:

- In partnership with Texas A & M University, CGSHS hosts an Internal Medicine residency which includes health equity focus, cultural awareness training, and immersion in the community.
- Ensure future access to healthcare by expanding educational partnerships to provide clinical hours, externships, and shadowing for secondary and college students pursuing education as nurses or allied health care professionals.

### Progress:

- CGSHS' Graduate Medical Education department has provided programs and volunteer opportunities to expand the learning of cultural awareness. Multiple opportunities every semester are offered to the Internal Medicine residency students.
- The program offered both internally for those job shadowing and externally in the community through volunteer opportunities always includes an element of learning by observation and emulating best practice skills and behaviors.

## BUILD RESILIENT COMMUNITIES AND IMPROVE SOCIAL DETERMINANTS

## Improving Food Access

**Strategy:** Cultivate and maintain partnerships to improve access to healthy food and provide nutritional education for individuals and families.

### Implementation Highlights:

- Leverage CHRISTUS Health community benefit grant funds to support partners improving food access.
- Install Remote Food Locker on Marshall campus to expand food pantry hours and reduce stigma.

### Progress:

- CGSHS supported several community partners application for system fund grants to expand food access: Longview Community Ministries' food backpack program provided health food to college students experiencing food insecurity, East Texas Food Bank's creation of the Longview Resource Center providing food access and wrap-around community services in South Longview, NewGate Mission's food distribution serving vulnerable populations on the southside of Longview, Mission Marshall remote food access program.
- Mission Marshall installed a Remote Food Locker, providing refrigerated food lockers, on our Marshall Life Center campus.

## Reducing Smoking and Vaping

**Strategy:** Contribute to community-based smoking cessation efforts and partner with schools to reduce vaping among students.

### Implementation Highlights:

- Researched area school's initiatives to educate students on the dangers of smoking and vaping. Explored viability of delivering smoking/vaping education through athletic trainer partnerships with schools.
- Offered health education on smoking/vaping health effects as part of health fairs.

### Progress:

- The schools were very appreciative of having health care professionals come to the classrooms and interact with the students. The problem was finding enough providers who could leave their practice during the day to go to the classrooms. We looked at this like the Starfish story. Those students we reached we hope heard the message and will make a better decision when offered tobacco products.
- Our collaborative team included teachers, nurses, providers, school district leaders, athletic trainers, and community members. Everyone agreed it was an issue but better guidance for implementation is needed.

In addition to direct care and access, CHRISTUS Health has invested in programs that address upstream drivers of health, such as food insecurity, housing instability, and behavioral health access, through outreach, education, and partnerships with local organizations. These investments reflect our commitment to equity, stewardship, and sustained community impact.

A special investment that our health system provides, in collaboration with the local ministry, is our CHRISTUS Community Impact Fund. Each year the ministries are allocated system funding to share across their service area for major projects addressing community needs. Funding is provided by our health system to local non-profits through competitive grant application processes. These organizations serve as the hands and feet of our shared vision to address community needs and by extending Christ's healing ministry beyond the walls of our hospitals and clinics – delivering culturally responsive programs, fostering community trust, and driving measurable health improvements where they are needed most. Each region includes multiple hospitals and clinics. Funding for the past 5 years has ranged between \$200,000 - \$315,000 per ministry. The total for the last 5 years for the NETX Region is over \$5.1 million.





## Chapter 5: CHNA Process







# CHNA Process

The 2026–2028 Community Health Needs Assessment (CHNA) process began with a thorough review of data from previous assessment cycles to evaluate progress on the health priorities identified in earlier years. This retrospective analysis helped shape the foundation for a comprehensive, forward-looking approach. Aligned with the Results-Based Accountability (RBA) framework, the CHNA process focused on outcomes across the lifespan and integrated input from community members and stakeholders at every step. Results-Based Accountability (RBA) is a structured methodology that enables organizations to translate data into meaningful action by first articulating the desired community outcomes and then selecting clear, measurable indicators to monitor progress. It integrates a focus on population-level accountability, which considers broad community results, with performance accountability for specific programs and services, prompting stakeholders to systematically ask, “How are we doing?” and “What works?” This disciplined approach ensures that strategies are continuously evaluated and refined, and that resources are directed toward interventions with the greatest impact.

To ensure a full picture of community health needs, CHRISTUS Health collected both quantitative and qualitative data from a variety of sources, engaging key stakeholders including residents, health care providers, local leaders and nonprofit organizations. This process emphasized the importance of listening to those who live and work in the community—individuals with deep insight into the social, economic and environmental conditions that impact health.

Metopio, a data platform designed for community engagement, supported the CHNA by enabling real-time data visualization and

exploration. Through Metopio, participants could better understand indicators and provide meaningful input on which issues were most relevant to their communities.

The data collection steps included the following:

- **Community survey**  
Distributed to CHRISTUS Associates, patients and residents to gather insights on social needs and health challenges
- **Community indicator workgroups**  
Engaged stakeholders in identifying meaningful indicators aligned with community priorities
- **Data dictionary work session**  
Refined each leading indicator with both lay and technical definitions, ensuring clarity and alignment
- **Community focus groups**  
Brought together diverse voices to contextualize the data and validate findings through lived experience

This multi-step, mixed-methods approach was designed to ensure the CHNA was community-informed, data-driven and aligned with local health priorities. Together, the findings serve as a powerful foundation for the development of targeted implementation strategies that reflect the voices and experiences of the people CHRISTUS Health is called to serve.

Below includes more information on the data collection methods and a summary of the participants involved in the process:

## Quantitative Data Collection

Quantitative data for this Community Health Needs Assessment was collected in collaboration with Metopio, an advanced analytics platform that aggregates and visualizes data from reputable state, regional and national sources. Metopio partners closely with CHRISTUS Good Shepherd Health System to deliver comprehensive and accurate health-related data.

Key data sources integrated by Metopio include:

- Bureau of Vital Records and Health Statistics (BVRHS)
- Youth Risk and Resiliency Surveys (YRRS)
- Centers for Disease Control and Prevention (CDC)
- National Center for Health Statistics
- CDC WONDER
- Behavioral Risk Factor Surveillance System (BRFSS)

To further enrich our understanding of community health indicators, supplementary data sources were utilized, providing deeper context and additional insights. These additional sources include, but are not limited to:

- Department of Housing and Urban Development (HUD)
- Central repositories from statewide law enforcement agencies
- National Health and Nutrition Examination Survey (NHANES)

This comprehensive data approach provides a robust foundation for effectively identifying and addressing community health priorities.

## Qualitative Data Collection

Qualitative data were gathered to provide context and deeper insight into the quantitative findings. These qualitative insights illuminate the root causes behind the statistics by drawing upon the lived experiences, knowledge and expertise of community members. Participants shared firsthand stories of how these issues impact their own lives or those they serve within our community.

The qualitative data collection process focused intentionally on those who know the community best — residents, direct service providers and influential community leaders. Their perspectives deepen our understanding of the social, economic and environmental conditions that shape health outcomes, enriching the narrative behind the quantitative data.

Below is a description of each qualitative data collection method, along with the sources used to capture these valuable community perspectives.

## Community Survey

**15**  
Participants

As part of the 2026–2028 CHNA, CHRISTUS Health and Metopio created a community survey to hear directly from Associates, patients and residents about the social and health-related challenges they face.

The survey was offered online and on paper, in English, Spanish, Vietnamese and Marshallese, to reach as many people as possible. It included questions aligned with clinical social needs screening tools — covering issues like food, housing, transportation and the ability to pay for care. While not designed to be statistically representative, the survey gave a valuable look into real-life concerns across diverse communities. These insights help shape a more inclusive implementation plan that reflects both the data and the voices of the people we serve.

## Community Indicator Workgroups

**41**  
Participants

The community indicator workgroups brought together residents, local leaders and partners to define what good health looks like at every life stage — from early childhood to older adulthood. Participants discussed

the signs, or indicators, that show whether communities are meeting those health goals. Together, they selected the most important indicators by asking: Can we trust the data? Is it easy to understand and talk about? And does it represent something bigger? The indicators that stood out will guide our focus for the next three years to improve health where it matters most.

## Data Dictionary Work Session

**15**  
Participants

The data dictionary work session was a key part of the CHNA process, where community members and stakeholders came together to make sure each health measure was clear, meaningful and easy to understand. For every leading indicator identified, participants reviewed both simple and technical definitions, along with graphs and charts, to ensure the data made sense and reflected community priorities. These sessions helped confirm that the data we use is not only accurate but also truly represents the issues that matter most to the people we serve— laying the groundwork for deeper conversations in the focus groups that followed.

## Community Focus Groups

**8**  
Focus Groups

To better understand local health needs, CHRISTUS Health held community focus groups with people from all walks of life — housekeepers and food services Associates, pastors, church members, community leaders, front-line staff and residents. These sessions took place at familiar community gatherings to make participation easier and more inclusive. Using data from earlier work sessions as a starting point, participants shared how health issues show up in their lives and communities. Their stories added depth and context to the numbers, helping us see the full picture and ensuring community voices directly shaped the health priorities moving forward.

## Participants

The participants who helped bring this CHNA to life represent the rich diversity of perspectives and expertise within the communities we serve. You'll see individuals drawn from every step of our process — those who completed the survey, convened in indicator workgroups, shaped definitions in the data dictionary sessions and lent their lived experience in focus groups. Together, this cohort comprises frontline clinical staff and administrators from our hospitals and clinics, leaders of local nonprofits and faith-based organizations, elected officials and community advocates and, most importantly, residents — patients, family members and neighbors — whose everyday experiences informed every decision we made.

By intentionally inviting voices from across geographic regions, racial and ethnic backgrounds, age groups and professional sectors, we ensured that no single viewpoint dominated our findings. Providers shared front-line insights into barriers and opportunities in care delivery; local leaders highlighted the broader social and economic forces at play; and residents grounded our work in real-world challenges and aspirations. This breadth of participation not only enriches our understanding of community health needs but also lays a foundation of trust and partnership that will carry us into the next phase: crafting targeted, community-informed strategies for impact.

Below is the full list of individuals and organizations who contributed their time, expertise and stories to the 2026–2028 CHNA process. Their collective wisdom is woven throughout every analysis, chart and recommendation that follows.



COMMUNITY INDICATOR WORKGROUP PARTICIPANTS			
<ul style="list-style-type: none"> <li>Asbury House</li> <li>Buckner Children and Family Services</li> <li>City of Longview - Community Health</li> <li>City of Longview - Human Services</li> <li>City of Longview - Fire Department</li> <li>City of Longview - Police Department</li> <li>City of Marshall - City Council</li> <li>City of Marshall - Fire Department</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>CHRISTUS Good Shepherd Health System (CGSHS) - Administration</li> <li>CGSHS - Allied Health</li> <li>CGSHS - AmeriCorps Community Health Worker</li> <li>CGSHS - Behavioral Health</li> <li>CGSHS - Cardiology</li> <li>CGSHS - Case Management</li> <li>CGSHS - Community Benefit / Mission Integration</li> <li>CGSHS - Community Events</li> <li>CGSHS - Critical Care</li> <li>CGSHS - Imaging Operations</li> </ul>	<ul style="list-style-type: none"> <li>CGSHS - Institute for Healthy Living</li> <li>CGSHS - Sports Medicine</li> <li>CGSHS - Women's and Children's Services</li> <li>CGS Medical Center</li> <li>Marshall - Nursing Administration</li> <li>CHRISTUS Health Plan</li> <li>CHRISTUS Trinity Clinic - Physician Quality</li> <li>CHRISTUS Trinity Clinic - Internal Medicine</li> <li>Genesis PrimeCare FQHC</li> <li>Gregg County Health Department</li> </ul>	<ul style="list-style-type: none"> <li>Longview Community Ministries</li> <li>Longview Area Interdenominational Ministerial Alliance (LAIMA)</li> <li>Marshall - Harrison County Health District</li> <li>The Martin House Children's Advocacy Center</li> <li>Mission Marshall</li> <li>Newgate Mission</li> <li>Orchids of Hope</li> <li>Wellness Pointe FQHC</li> <li>Women's Center of East Texas</li> </ul>

DATA DICTIONARY WORK SESSION PARTICIPANTS			
<ul style="list-style-type: none"> <li>CHRISTUS Good Shepherd Health System (CGSHS) - Behavioral Health</li> </ul>	<ul style="list-style-type: none"> <li>CGSHS - Community Benefit / Mission Integration</li> </ul>	<ul style="list-style-type: none"> <li>CGSHS - Quality</li> <li>CHRISTUS Trinity Clinic - Physician Quality</li> </ul>	<ul style="list-style-type: none"> <li>CGSHS - Women's and Children's Services</li> </ul>

COMMUNITY FOCUS GROUPS			
<ul style="list-style-type: none"> <li>CHRISTUS Good Shepherd Health System (CGSHS) Community Benefit Advisory Council (CBAC)</li> <li>CGSHS Associates</li> </ul>	<ul style="list-style-type: none"> <li>Diocese of Tyler - East Central Deanery</li> <li>Diocese of Tyler - Northeast Deanery</li> </ul>	<ul style="list-style-type: none"> <li>Longview Area Interdenominational Ministerial Alliance (LAIMA)</li> <li>Marion County Health and Resource Alliance</li> </ul>	<ul style="list-style-type: none"> <li>Marshall Harrison County Juneteenth Committee</li> <li>Marshall Ministerial Alliance</li> </ul>



# Lifespan Areas and Leading Indicators

To better understand and address community health needs, CHRISTUS Good Shepherd Health System organized the assessment around four key life stages: maternal and early childhood, school-age children and adolescents, adults and older adults. Community indicator workgroups — made up of residents, community leaders and partners — helped identify what good health looks like at each stage of life and what signs (or “indicators”) can help track our progress.

Using a Results-Based Accountability (RBA) approach, each potential indicator was carefully reviewed to ensure it was meaningful, measurable and reflective of the community’s priorities. The most important, or “leading,” indicators were selected based on their ability to clearly communicate needs, represent broader health concerns and be backed by reliable data. These indicators will guide our efforts to improve health outcomes over the next three years.

This life-stage approach ensures that the needs of people at every age are considered. By focusing on the most urgent and meaningful indicators, we can better align our resources, programs and partnerships with the goals of the community.

The following pages list all the indicators discussed during the CHNA process, representing a broad range of health concerns and community priorities identified across each life stage.



ALL INDICATORS			
Maternal Health and Early Childhood Health	School-Age Children and Adolescent Health	Adult Health	Older Adult Health
<ul style="list-style-type: none"> <li>• Cost of living</li> <li>• Prescription cost</li> <li>• Babies born with addiction</li> <li>• Health care shortage</li> <li>• Inpatient mental health access</li> <li>• Obesity</li> <li>• Affordable housing</li> <li>• Tobacco use</li> <li>• Affordable child care</li> <li>• Unaddressed mental illness</li> <li>• Substance abuse in pregnant women</li> <li>• Lack of infant care and child care</li> <li>• Domestic violence</li> <li>• Lack of OBGYN</li> <li>• Lack of education on resources</li> <li>• Healthy eating (affordability)</li> <li>• Homebirths (lack of understanding complications)</li> </ul>	<ul style="list-style-type: none"> <li>• Suicide</li> <li>• Substance abuse</li> <li>• Over utilization of emergency department</li> <li>• Lack of insurance</li> <li>• Obesity</li> <li>• Vaping</li> <li>• Behavioral health access/ providers who accept Medicaid</li> <li>• Abuse and neglect</li> <li>• Lack of education and knowledge of resources</li> <li>• Language barriers/parental understanding/lack of interpreters</li> <li>• Mental health treatment continuity</li> <li>• Literacy</li> <li>• Food insecurity (school lunches feeding family)</li> <li>• Degradation of family/parenting (behavior, substance use)</li> <li>• Access to healthy eating</li> <li>• Lack of parenting education</li> <li>• Primary care access vs. hours of school</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Substance use</li> <li>• Chronic diseases</li> <li>• Affordable insurance</li> <li>• Housing</li> <li>• Suicide</li> <li>• Tobacco use</li> <li>• Obesity</li> <li>• Access to specialty care</li> <li>• Language barrier</li> <li>• Access to primary care</li> <li>• Transportation</li> <li>• Trafficking</li> <li>• Shelter shortage</li> <li>• Family violence</li> <li>• Lack of knowledge of community resources</li> <li>• Medication management</li> <li>• Unhealthy living</li> <li>• Insufficient support for re-integration post-incarceration</li> <li>• Access to screening</li> <li>• Low continuity of care</li> <li>• Lack of motivation</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health (dementia)</li> <li>• Chronic diseases</li> <li>• Access to health care</li> <li>• Affordable Insurance</li> <li>• Housing and long-term care</li> <li>• Transportation</li> <li>• Suicide</li> <li>• Neglect/elder abuse</li> <li>• Substance use</li> <li>• Health care navigation</li> <li>• Tobacco use</li> <li>• Isolation</li> </ul>

These are followed by a second table that highlights the leading indicators our communities are facing.

LEADING INDICATORS			
Maternal Health and Early Childhood Health	School-Age Children and Adolescent Health	Adult Health	Older Adult Health
<i>Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth, and development.</i>	<i>Children will be well-equipped with the care and support to grow up physically and mentally healthy.</i>	<i>Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.</i>	<i>Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.</i>
<ul style="list-style-type: none"> <li>• Cost of living</li> <li>• Prescription cost</li> <li>• Babies born with addiction</li> <li>• Health care shortage</li> <li>• Obesity</li> </ul>	<ul style="list-style-type: none"> <li>• Suicide</li> <li>• Substance abuse</li> <li>• Over-utilization of ED</li> <li>• Lack of insurance</li> <li>• Obesity</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Substance abuse</li> <li>• Chronic diseases (diabetes, heart disease, obesity, cancer)</li> <li>• Affordable insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health (dementia)</li> <li>• Chronic diseases (diabetes, heart disease, obesity, cancer)</li> <li>• Access to health care</li> <li>• Affordable insurance</li> <li>• Housing and long-term care</li> </ul>

# Data Needs and Limitations

For the 2026–2028 Community Health Needs Assessment (CHNA), CHRISTUS Health and our partners worked extensively to collect, review and analyze both primary and secondary data. While this effort provided valuable insights, there are key data needs and limitations to consider:

## Data needs:

- A major need was obtaining up-to-date and localized data on health indicators, particularly social determinants of health (SDOH).
- Despite including community surveys, key informant interviews and focus groups, there remain gaps in data collection, especially regarding mental health, substance use and complex health issues.
- Granular data on underrepresented populations, such as specific age groups, immigrant communities and low-income residents, is needed to address health disparities.

## Limitations:

- Timeliness of data: Population health data is often delayed, meaning the most recent trends may not be fully captured.
- Geographic variability: Data is reported at varying geographic levels (e.g., census tract, county, state), complicating comparisons across regions with differing socio-economic conditions.
- Data gaps in specific health issues: Issues like mental health, substance use and education outcomes remain underrepresented, with existing data often framed from a deficit-based perspective.

- Variations in data reporting: Inconsistent data availability across different regions and communities affects the comparability of datasets.

Despite these challenges, the data collected, along with insights from community focus groups and key informant interviews, offers a comprehensive understanding of health needs. Moving forward, CHRISTUS Health will continue to address these gaps and collaborate with local partners to enhance data accuracy and inclusion in future assessments.





## Chapter 6: CHNA Data





# CHNA Data

This chapter presents the results of the Community Health Needs Assessment (CHNA) for the CHRISTUS Good Shepherd Health System service area, offering a detailed portrait of the community's health status, assets and challenges. Drawing from both local and national data sources — including the U.S. Census, American Community Survey and Metopio — the findings explore a wide range of demographic, socioeconomic, environmental and health indicators. The chapter begins by examining who lives in the region and how factors such as age, race, gender, income and language influence access to care and overall well-being. It then delves into the broader social determinants of health — conditions in which people are born, grow, live, work and age — highlighting how housing, education, transportation and economic opportunity shape community outcomes.

Subsequent sections focus on health access, chronic disease, behavioral health, maternal and child health, infectious disease, substance use and health risk behaviors. Special attention is given to disparities that affect vulnerable populations, as well as barriers to care unique to the region, including provider shortages, insurance gaps and challenges to rural infrastructure. By examining these interconnected indicators, this chapter provides the foundation for identifying strategic priorities and guiding collective action to improve health equity across the CHRISTUS Good Shepherd Health System service area.



# Community Demographics

The CHRISTUS Good Shepherd Health System service area — including Gregg, Harrison, Rusk, Upshur and Marion counties — faces a range of demographic and health challenges that differ notably from state trends. Population growth lags behind the Texas average, with Rusk and Marion counties experiencing declines. Housing occupancy is lower, especially in Marion County, which also reports the region’s highest mortality rate and an aging population with a median age of 50.6. Birth rates exceed the

state average in several counties, yet these are paired with high poverty levels — particularly among children — and elevated all-cause mortality rates. The region also shows greater age dependency ratios, especially in Marion and Upshur, suggesting added pressure on working-age adults. These patterns point to urgent needs in chronic disease prevention, maternal and child health support and expanded services for aging and economically vulnerable populations.

Topic	Texas	Gregg County, TX	Harrison County, TX	Rusk County, TX	Upshur County, TX	Marion County, TX
Population <i>residents</i> 2023	30,503,301	126,243	70,895	52,613*	41,864*	9,631*
Population density <i>residents/mi^2</i> 2019-2023	113.45	456.73	77.31	56.93	71.81	25.28
Change in Population <i>% change</i> 2010-2020	15.91	2.06	4.89	-2.09	4.03	-7.78
Land area <i>square miles</i> 2020	261,267.836	273.380	900.059	924.199	582.980	380.901
Birth rate <i>births per 1,000 women</i> <i>ages 15-50</i> Female, 2023	55.44	83.77	31.99*	39.32*	62.09*	55.69*
Mortality rate, all causes <i>deaths per 100,000</i> 2023	761.8	1,189.8	1,057.9	1,202.0	1,240.7	1,546.3

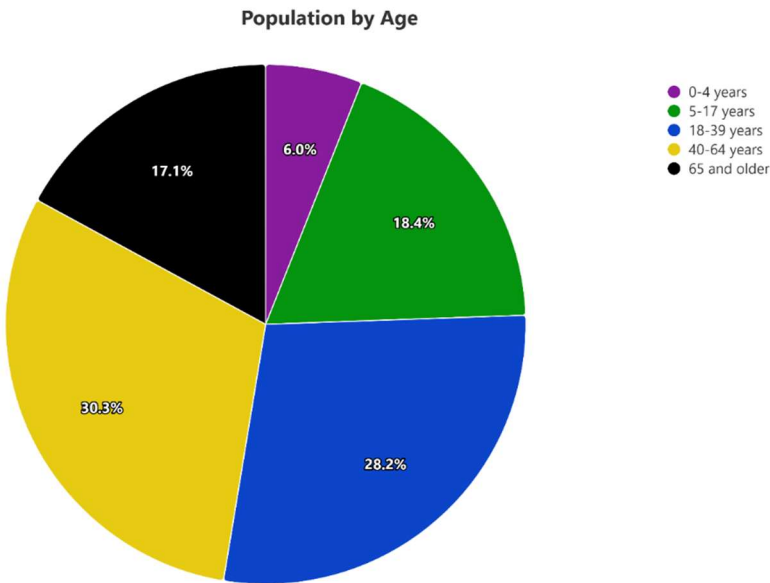
Topic	Texas	Gregg County, TX	Harrison County, TX	Rusk County, TX	Upshur County, TX	Marion County, TX
Occupied <i>% of housing units</i> 2023	90.85	87.61	89.09	84.50*	88.12*	74.90*
Poverty rate <i>% of residents</i> 2023	13.67	16.31	18.10	14.29*	13.26*	18.38*
Median age 2023	35.9	35.8	38.8	38.8*	40.3*	50.6*.

\*Data is showing for 2019 -2023



## Age

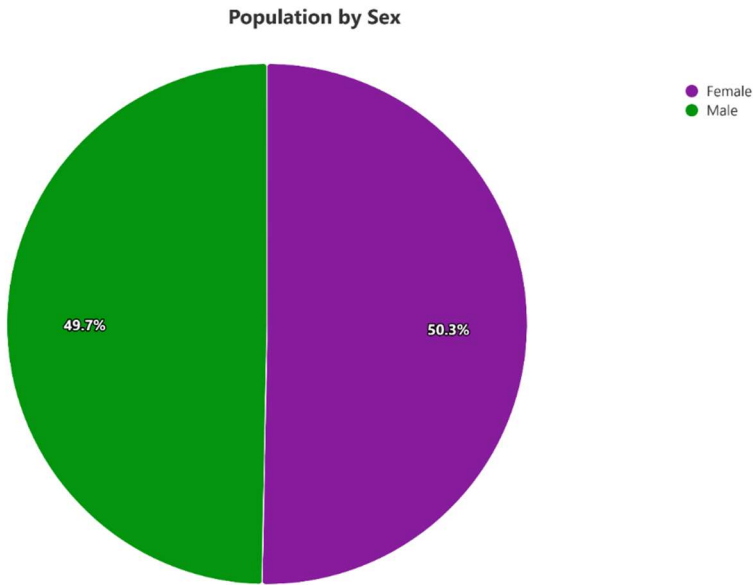
In the CHRISTUS Good Shepherd service area, the population distribution across age groups reveals a large number of 40–64-year-olds, with 90,569 individuals, closely followed by the 18–39-year-olds at 84,082, which highlights the need for health care services that cater extensively to these age ranges. Given the significant number of seniors, 50,933, and the least representation from the 0-4 year age group at 17,973, it is crucial to prioritize health care initiatives that address the varied needs of these demographics, from pediatric care to geriatric services, to enhance community health effectively.



Created on Metopio | metopio.io/f/wet577cz | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)  
Population: Average population over the time period.

## Sex and Gender

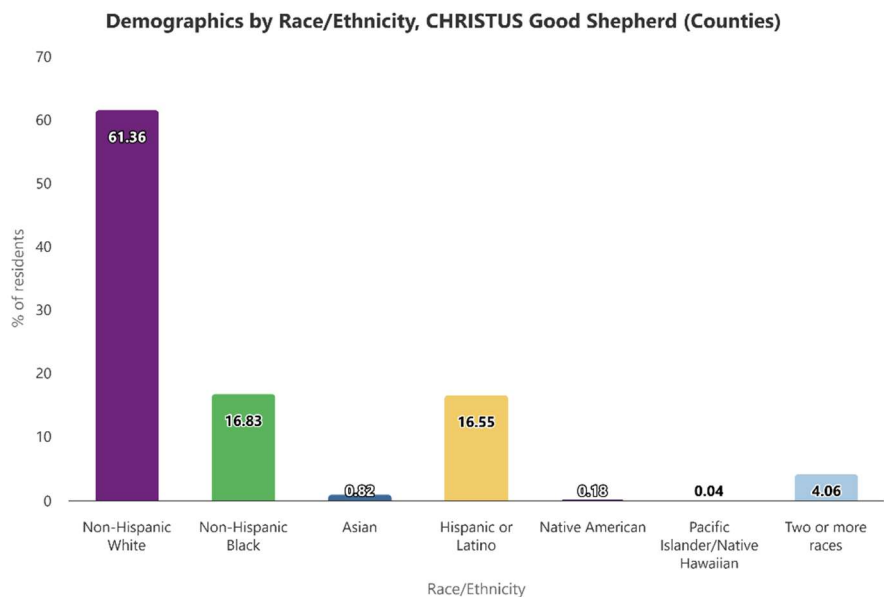
The population distribution in CHRISTUS Good Shepherd service area shows a near even split between genders, with approximately 150,188 females and 148,364 males. This balanced demographic landscape highlights the necessity for gender-inclusive community planning and services, ensuring that both males and females equally benefit from local initiatives and resources aimed at improving community well-being and development.



Created on Metopio | metopio.io/f/tcgn2dqd | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)  
Population: Average population over the time period.

## Race and Ethnicity

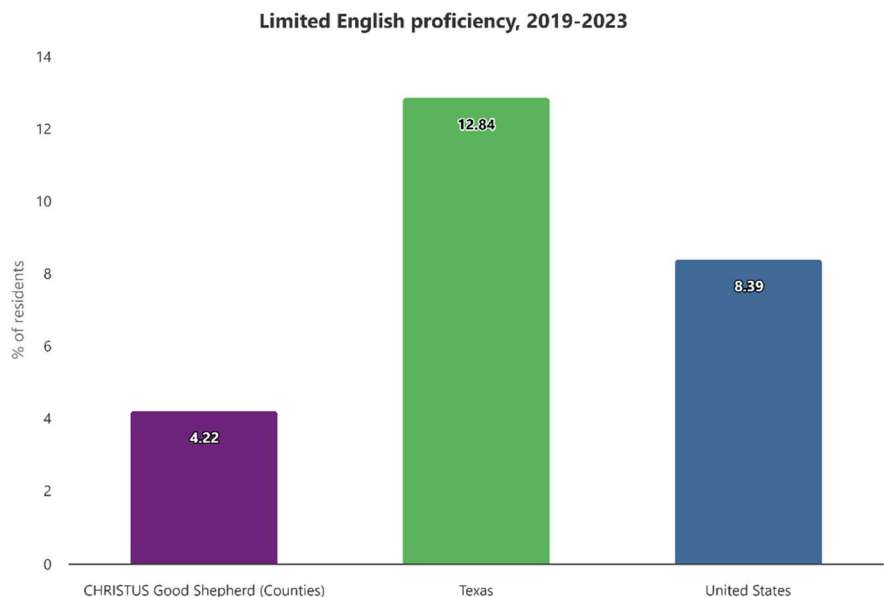
The demographics of the CHRISTUS Good Shepherd service area, reveal a predominantly Non-Hispanic White population at 61.36%. Non-Hispanic Black individuals make up 16.83%, while Asian representation is minimal at 0.82%. Hispanic or Latino individuals account for 16.55% of the population. Native American and Pacific Islander/Native Hawaiian populations are very small, at 0.18% and 0.04% respectively, with 4.06% identifying as two or more races.



Created on Metopio | metopio.io/v/5e4th7yh | Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B01001), U.S. Census Bureau: Decennial Census (2020 data only)  
Demographics: Percent of residents within each major demographic group. Use this to explore age, gender, and racial/ethnic breakdowns. This data is expressed as a percent; to see a breakdown of all residents by count, use Population.

## Limited English Proficiency

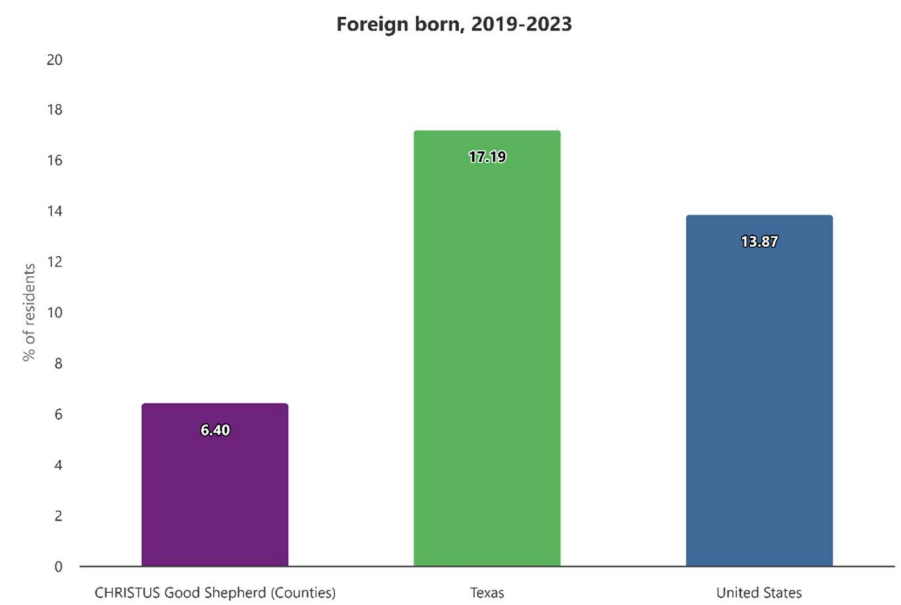
The data highlights the prevalence of limited English proficiency across various regions. The CHRISTUS Good Shepherd service area reports a rate of 4.22%. Texas, as a whole, has a significantly higher rate of 12.84%, indicating a more pronounced issue within the state. Nationwide, the average stands at 8.39%, suggesting that Texas faces a more substantial challenge compared to the rest of the country. This data underscores the need for targeted language support services.



Created on Metopio | metopio.io/o8zawf3r | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B16004)  
Limited English proficiency: Percentage of residents 5 years and older who do not speak English "very well".

# Foreign-Born Population

The data shows the percentage of foreign-born individuals in various locations. The CHRISTUS Good Shepherd service area has a foreign-born population of 6.4%. In contrast, Texas has a significantly higher percentage at 17.19%, while the United States average is 13.87%. The data highlights the regional variation in foreign-born populations across different levels of geography.



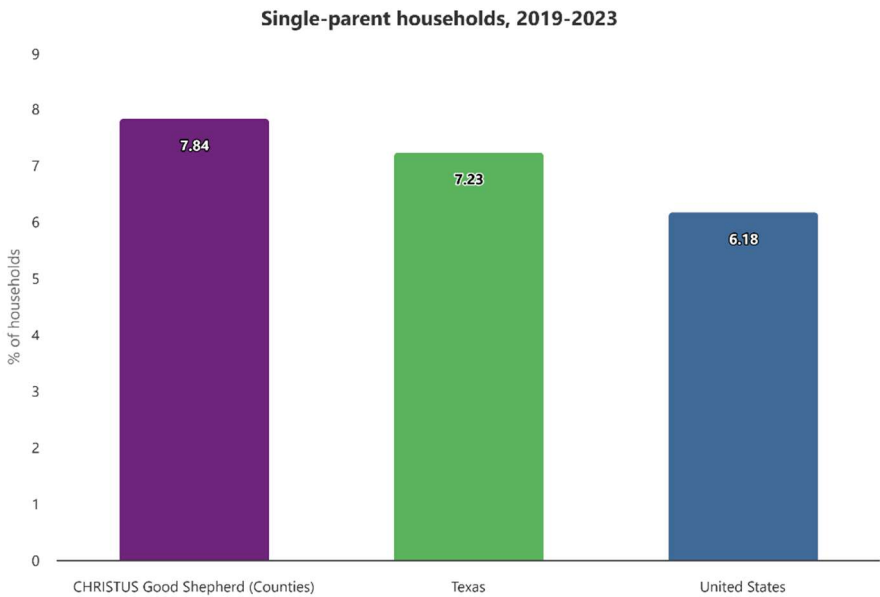
Created on Metopio | metopio.io/4e5okjfm | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B05002)

Foreign born: Percent of residents who were not U.S. citizens at the time of birth (includes both naturalized citizens and those who are not currently citizens).

# Household/Family

## Single-Parent Households

Single-parent households are a significant concern across various regions in the United States. The data highlights that the CHRISTUS Good Shepherd service area has a higher rate of single-parent households at 7.84%. This rate is slightly above the state average of Texas, which stands at 7.23%. Nationally, the United States has a lower average of 6.18%. These figures indicate a notable prevalence of single-parent households in Texas compared to the national average.

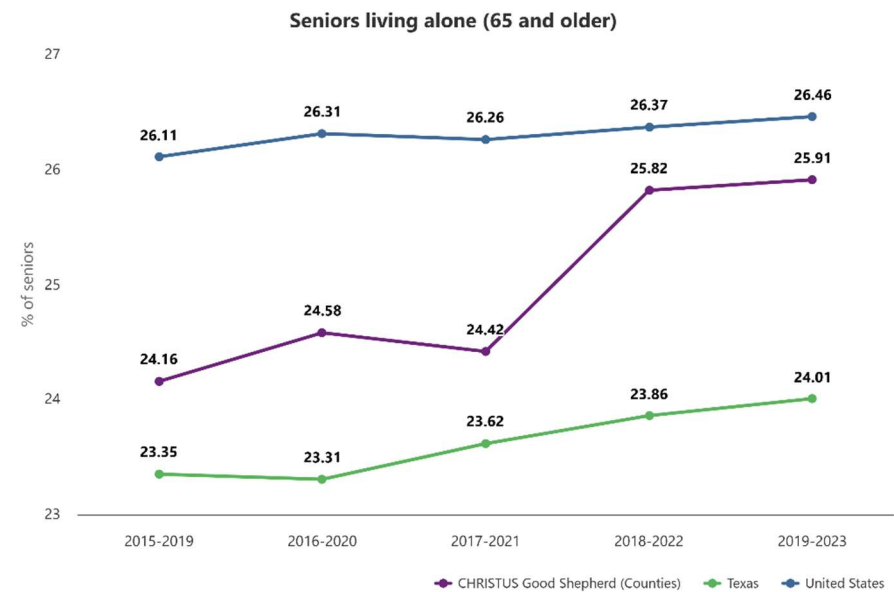


Created on Metopio | metopio.io/uxbo38nm | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B11012)

Single-parent households: Percentage of households that have children present and are headed by a single parent (mother or father), with no partner present.

## Seniors Living Alone

Seniors living alone in the United States have steadily increased from 26.11% in 2015-2019 to 26.46% in 2019-2023. In Texas, the rate has remained relatively stable around 23.31% to 23.86%, while the CHRISTUS Good Shepherd service area has seen a slight rise from 24.16% to 25.91%. This trend indicates a growing concern for senior isolation across the service area.



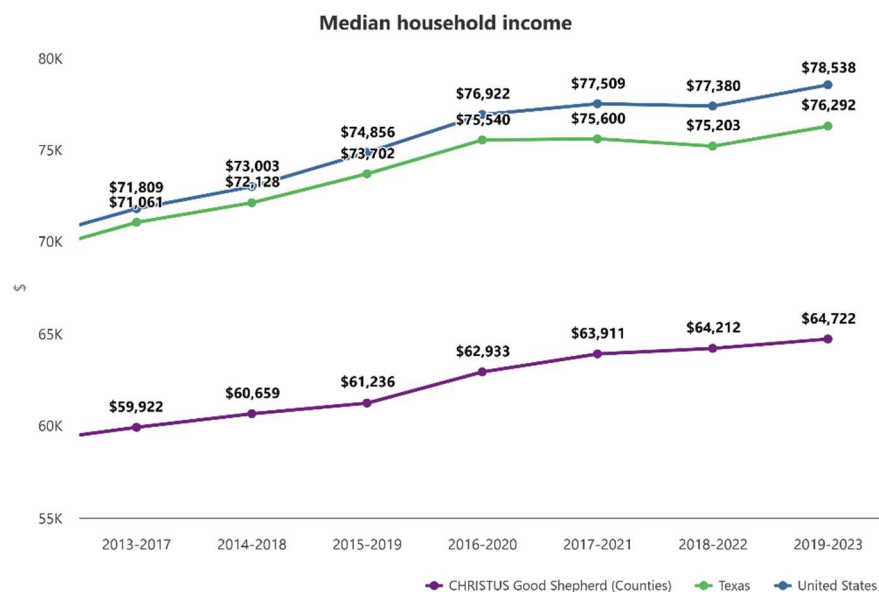
Created on Metopio | metopio.io/5m9cs9uv | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B09020)

Seniors living alone: Percent of residents age 65 and older who live alone. Does not include those living in group homes such as nursing homes.

# Economics

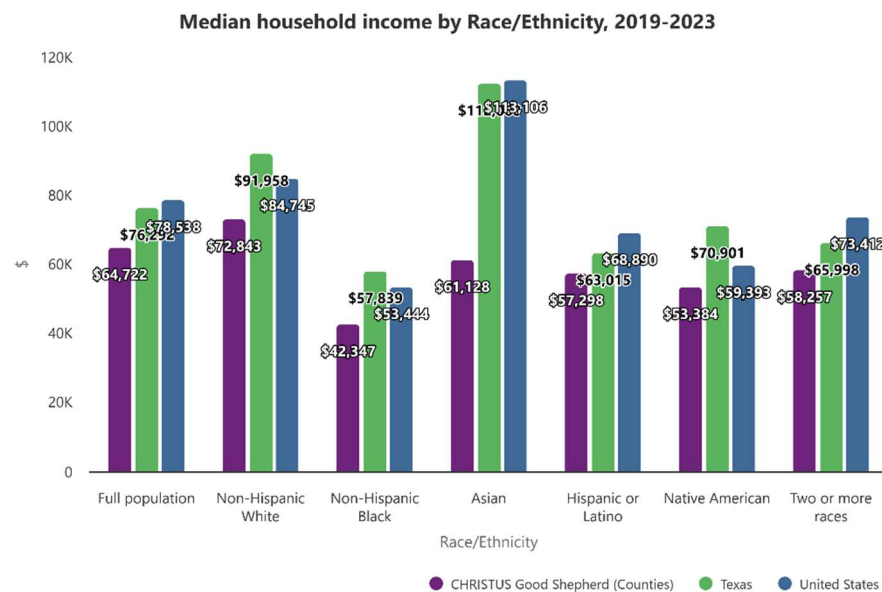
## Median Household Income

The median household income in the United States has shown a consistent upward trend from 2013-2017 to 2019-2023, rising from \$71,809.00 to \$78,538.00. Texas has also seen an increase, though it started and remained below the national average, growing from \$71,061.00 to \$76,292.00. The CHRISTUS Good Shepherd service area experienced a similar upward trend, starting at \$59,922.00 and reaching \$64,722.00 by 2019-2023. Despite these increases, they have consistently had the lowest median household income compared to Texas and the United States. This indicates a persistent income disparity between this region and the broader state and national averages.



## Median Household Income by Race and Ethnicity

The median household income varies significantly across different racial and ethnic groups in the United States. At the CHRISTUS Good Shepherd service area, the median household income for the full population is \$64,722.21, which is lower than the Texas median of \$76,292 and the national median of \$78,538.00. Non-Hispanic White households have the highest median income at \$72,842.79, while Non-Hispanic Black households have the lowest at \$42,347.43. Hispanic or Latino households also have a median income below the national median, at \$57,297.76.



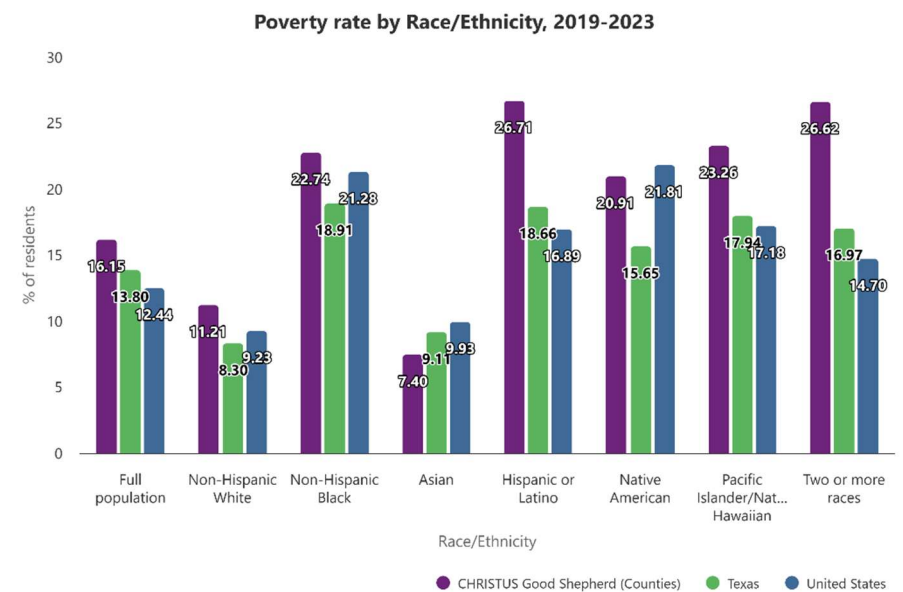
Created on Metopio | metopio.io/1ejs9hwf | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.



# Poverty Rate by Race and Ethnicity

The poverty rate among different racial and ethnic groups varies significantly across the CHRISTUS Good Shepherd service area, Texas, and the United States. Asian individuals have the lowest poverty rates in all CHRISTUS Good Shepherd, with Hispanics or Latinos having the highest rate at 26.71%, compared to 18.66% in Texas and 16.89% in the United States. Native American and Pacific Islander/Native Hawaiian groups also experience higher poverty rates in these regions. Overall, the data highlights disparities in poverty rates among different racial and ethnic groups across the specified locations.



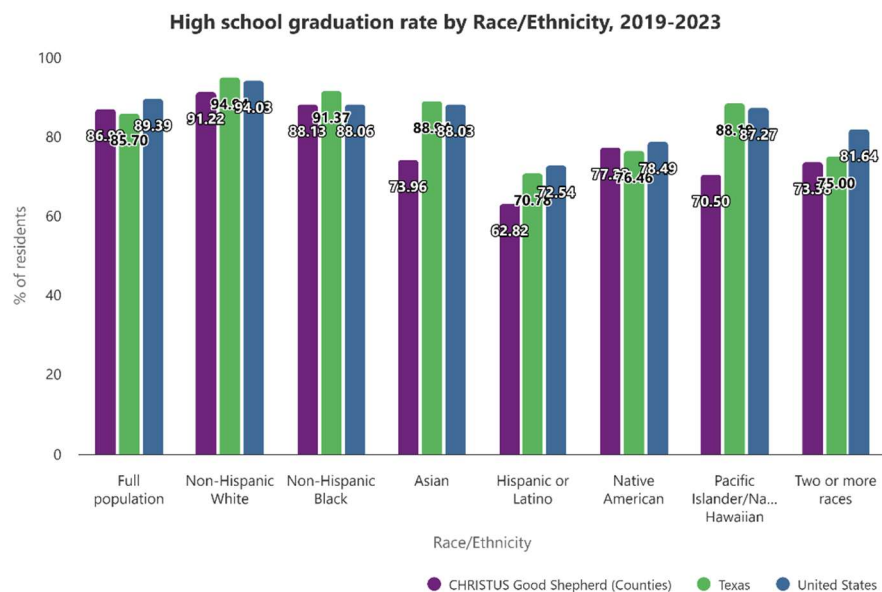
Created on Metopio | metopio.io/f/oh74uxab | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).

# Education

## High School Graduation Rate by Race and Ethnicity

The high school graduation rate in the United States is 89.39%, with Texas slightly lower at 85.7%, and the CHRISTUS Good Shepherd service area is at 86.99%. In CHRISTUS Good Shepherd counties, Hispanic or Latino students have the lowest graduation rate at 62.82%.

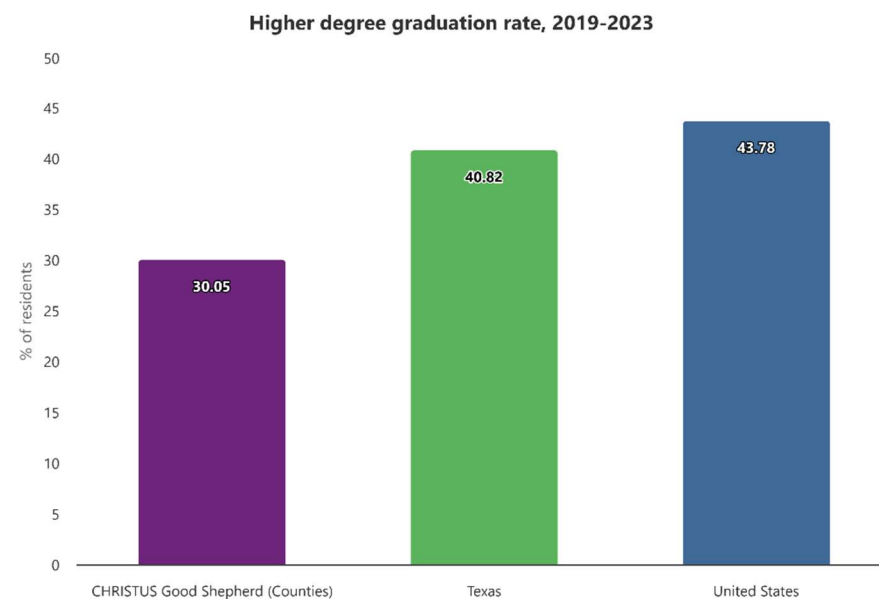


Created on Metopio | metopio.io/f/721fhs5o | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

High school graduation rate: Residents 25 or older with at least a high school degree, including GED and any higher education

## Higher Degree Graduation Rate

The higher degree graduation rate for the CHRISTUS Good Shepherd service area is 30.05%. This rate is lower than the overall rate for Texas, which stands at 40.82%, and significantly below the national average of 43.78%. This indicates that the CHRISTUS Good Shepherd service area lags behind both state and national benchmarks in higher degree attainment. While the data may be due to the large number of jobs not requiring a higher degree, it may also suggest a need for targeted educational improvements in these areas to bridge the gap.



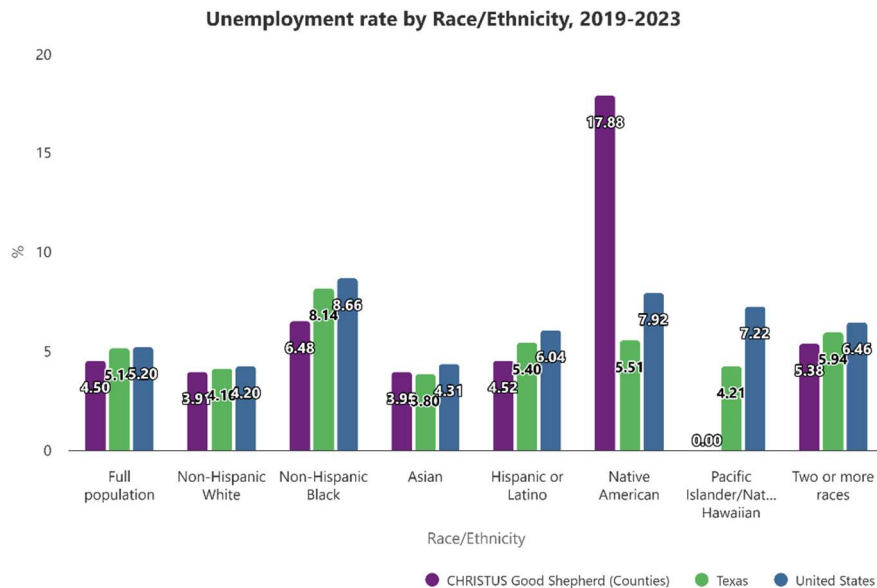
Created on Metopio | metopio.io/gf54tw1n | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

Higher degree graduation rate: Residents 25 or older with any post-secondary degree, such as an Associates or bachelor's degree or higher

# Employment

## Unemployment Rate by Race and Ethnicity

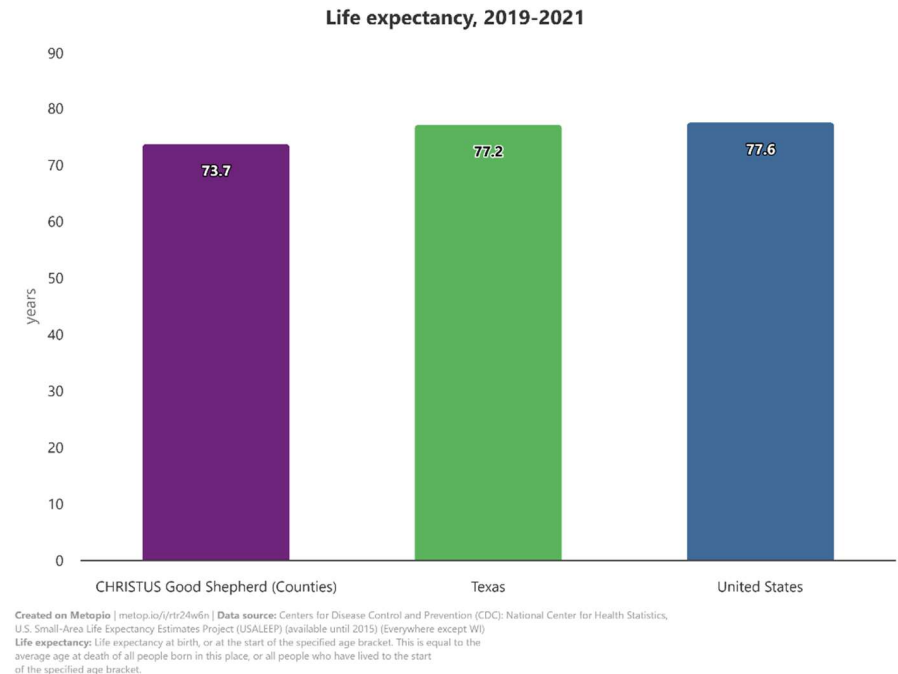
The unemployment rate for the full population in the CHRISTUS Good Shepherd service area is 4.5%, slightly lower than the Texas and United States averages. The rate for Non-Hispanic Whites is 3.91%, also lower than the state and national rates. However, the unemployment rate for Native Americans in these counties is significantly higher at 17.88%, contrasting sharply with the Texas and United States averages. This indicates a notable disparity in employment opportunities for Native Americans in this region.



Created on Metopio | metopio.io/4hd5qnh | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B23025, B23001, and C23002)  
 Unemployment rate: Percent of residents 16 and older in the civilian labor force who are actively seeking employment.

# Life Expectancy

In the United States, the average life expectancy is 77.59 years. Texas has a slightly lower life expectancy at 77.18 years. The lowest life expectancy is in the counties served by CHRISTUS Good Shepherd, at 73.75 years. These disparities highlight the impact of regional factors on life expectancy.



# Health Access and Barriers to Care

Communities served by CHRISTUS Good Shepherd Health System in Longview, Marshall and surrounding Gregg and Harrison counties face multifaceted barriers to care rooted in socioeconomic conditions, geography and social determinants:

## **Economic Instability and Insurance Gaps**

Although Northeast Texas benefits from a diverse mix of manufacturing, retail and health care employment, many residents — especially seasonal workers, small-business employees and those in the informal economy — remain under-insured or uninsured. Income volatility leads to lapses in health insurance coverage, delaying preventive screenings and driving up acute care usage when unmanaged conditions such as diabetes or heart disease worsen.

## **Rural Geography and Transportation Constraints**

Outside the urban centers of Longview and Marshall, patients in towns like Hallsville, Gilmer and Harleton often face 30- to 45-minute drives to reach primary or specialty clinics. Limited public transit and nonprofit shuttle services mean missed appointments, interrupted medication regimens and delayed post-hospital follow-up — particularly for seniors and low-income families without reliable vehicles.

## **Behavioral Health and Substance-Use Shortages**

Gregg and Harrison counties struggle with elevated rates of depression, anxiety and substance use disorders, yet psychiatric and counseling resources are scarce. Outpatient behavioral-health wait times frequently exceed six weeks, pushing many into crisis-driven emergency care rather than early-intervention supports.

## **Cultural, Linguistic and Health-Literacy Considerations**

A growing Hispanic population and Marshallese community encounter language and literacy barriers that can hinder understanding of treatment plans, consent forms and insurance benefits. Even English-speaking residents often find health-care navigation and digital patient portals confusing, which can discourage engagement with telehealth or online scheduling.

## **Community Violence and Safety Concerns**

While violent crime rates here are lower than some urban centers, isolated incidents of gun violence and property crime can still erode residents' sense of safety. This can discourage attendance at after-hours clinics or community health events — particularly in neighborhoods that lack adequate street lighting or face economic decline.

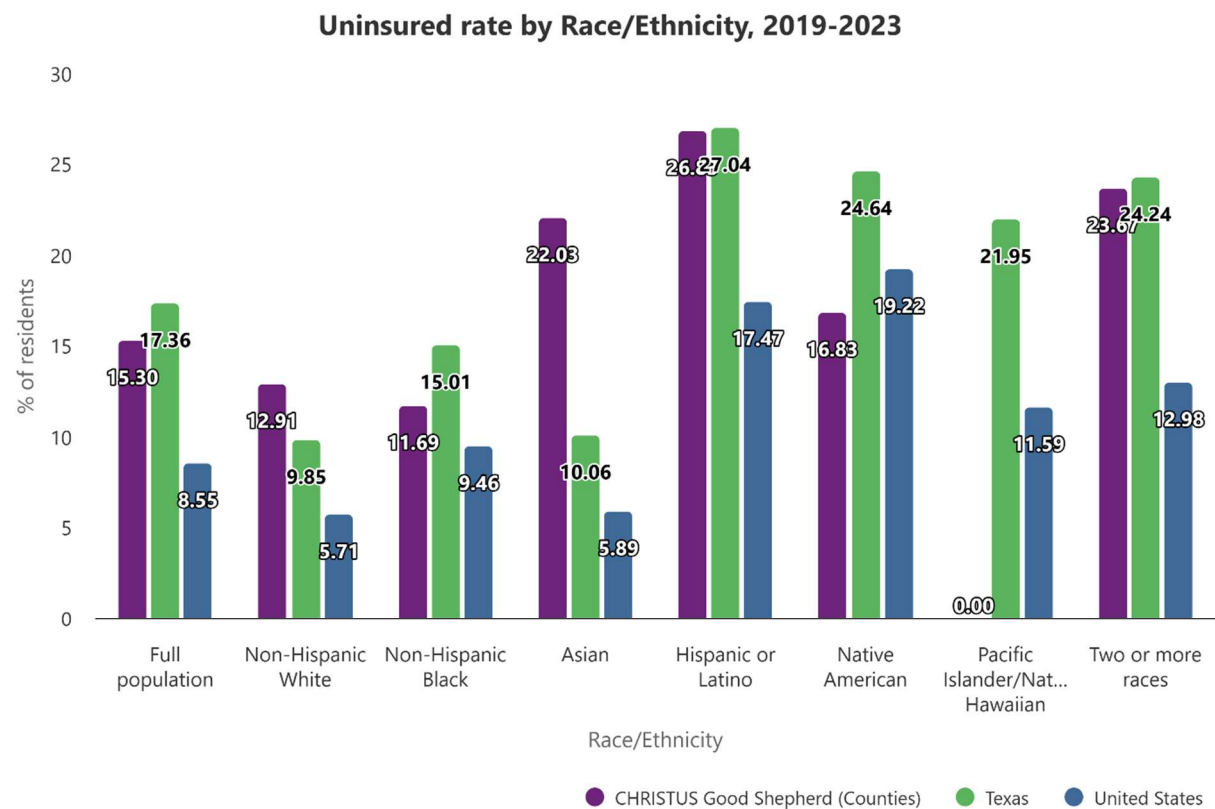
## **Human Trafficking Along I-20**

As part of the I-20 corridor, the area remains vulnerable to sex and labor trafficking. Survivors often present with complex physical trauma, untreated mental health needs and infectious diseases, yet may fear seeking help due to stigma or legal uncertainty. Trauma-informed screening, confidential referral pathways and partnerships with law enforcement and advocacy groups are critical to identification and care.

# Health Care Coverage

## Uninsured Rate by Race and Ethnicity

The uninsured rate varies significantly across different racial and ethnic groups in the United States. In the CHRISTUS Good Shepherd service area, the overall uninsured rate is 15.3%, which is lower than the state average but higher than the national average. The highest uninsured rates are observed among Hispanic or Latino individuals (26.83%) and individuals with two or more races (26.67%). In contrast, the lowest uninsured rates are seen among Non-Hispanic Black individuals (11.91%) and Non-Hispanic White individuals (12.91%) in Texas. These disparities highlight the need for focused health care interventions to address the varying levels of insurance coverage among different demographic groups.



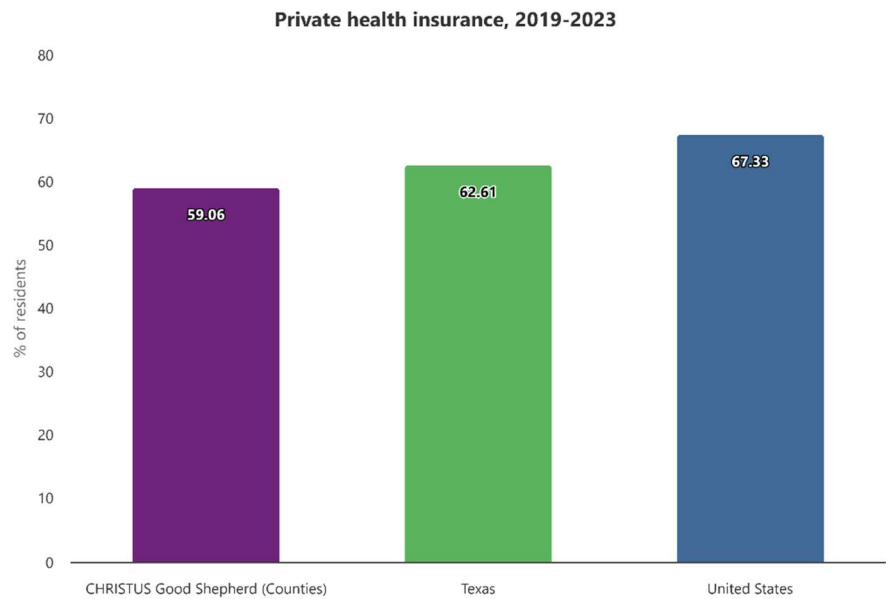
Created on Metopio | metop.io/i/rhzzme3 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

Uninsured rate: Percent of residents without health insurance (at the time of the survey).



## Private Health Insurance

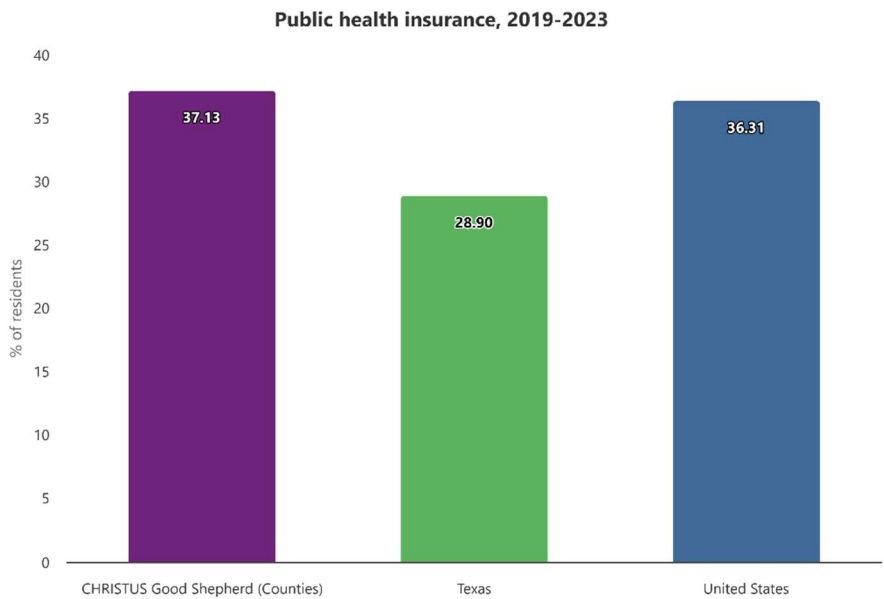
In the United States, 67.33% of the population has private health insurance. Texas has a slightly lower rate at 62.61%, while CHRISTUS Good Shepherd reports 59.06%. This data highlights regional disparities in private health insurance coverage.



Created on Metopio | [metopio.io/lee6qy5g1](https://metopio.io/lee6qy5g1) | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables S2703, S2701, and B27010)  
Private health insurance: Percent of residents covered by private health insurance, such as employer-provided health insurance, direct-purchase (ACA exchanges), or TriCare.

## Public Health Insurance

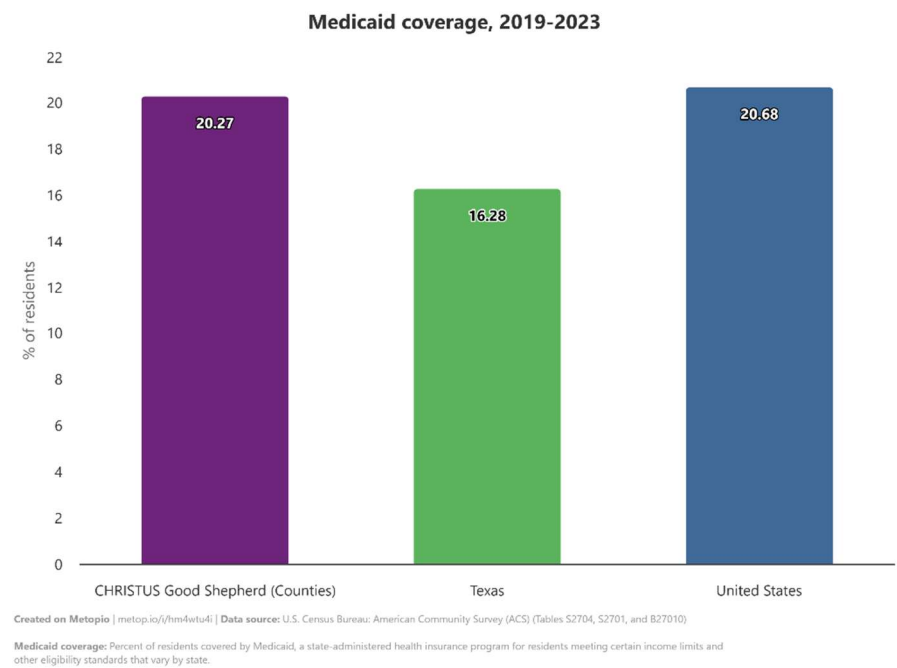
Public health insurance refers to the percentage of residents covered by insurances such as Medicare, Medicaid, VA Health Care or means-tested public health insurance. The CHRISTUS Good Shepherd service area has a notably higher rate of 37.13%.



Created on Metopio | [metopio.io/zmw8y5](https://metopio.io/zmw8y5) | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)  
Public health insurance: Percent of residents covered by public insurance such as Medicare, Medicaid, VA Health Care, or means-tested public health insurance.

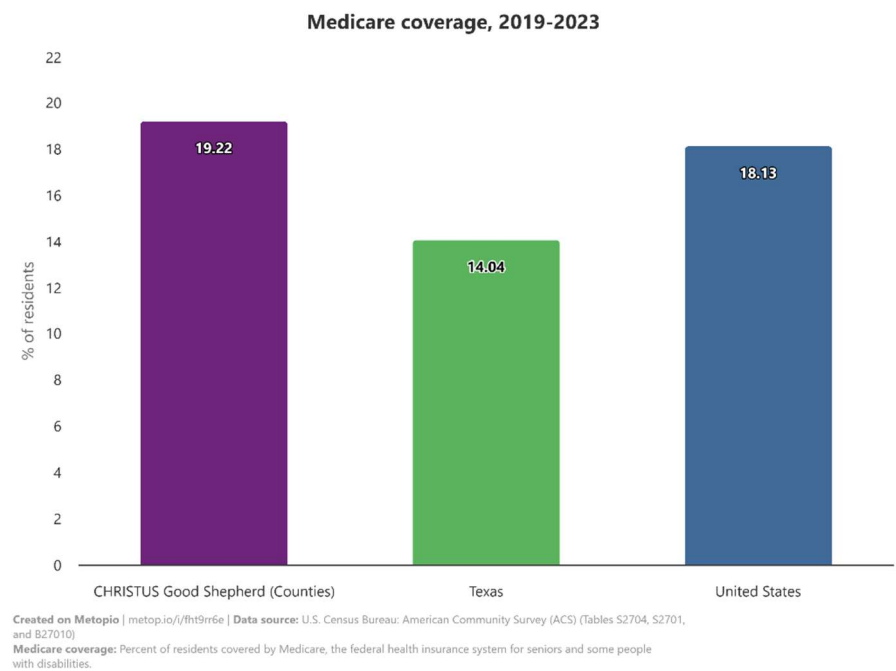
## Medicaid Coverage

Medicaid coverage varies across different regions, with the United States having the highest coverage at 20.68%. CHRISTUS Good Shepherd service area has a slightly lower coverage rate of 20.27%, while the Texas stands at 16.28%. Understanding these variations can help in identifying areas needing improved health care access and policy adjustments.



## Medicare Coverage

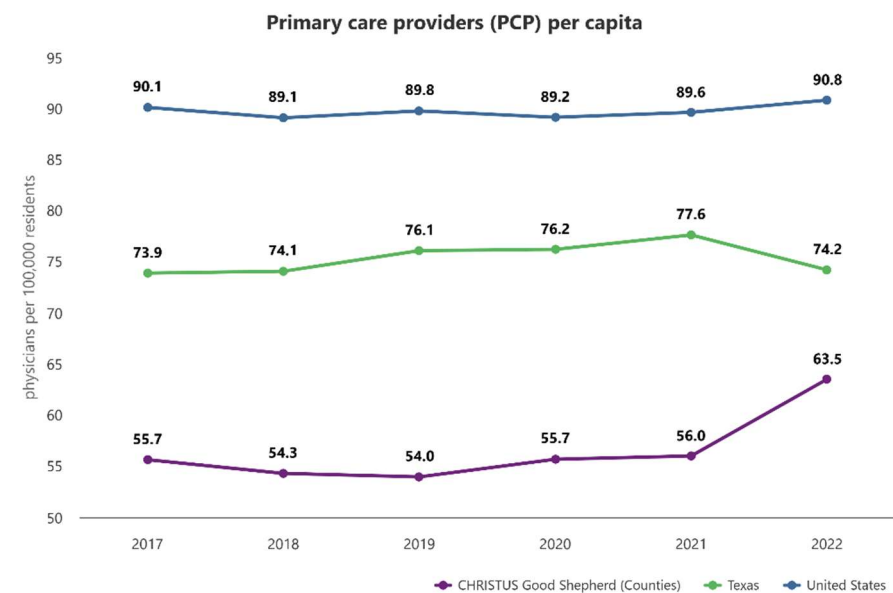
Medicare coverage varies significantly across different regions, with CHRISTUS Good Shepherd counties having the highest coverage at 19.22%. This indicates that CHRISTUS Good Shepherd counties have a higher rate of Medicare coverage compared to both the state and national averages. The data suggests a potential disparity in health care access within Texas, highlighting the need for targeted interventions to improve coverage in underserved areas.



# Access to Care

## Primary Care Providers per Capita

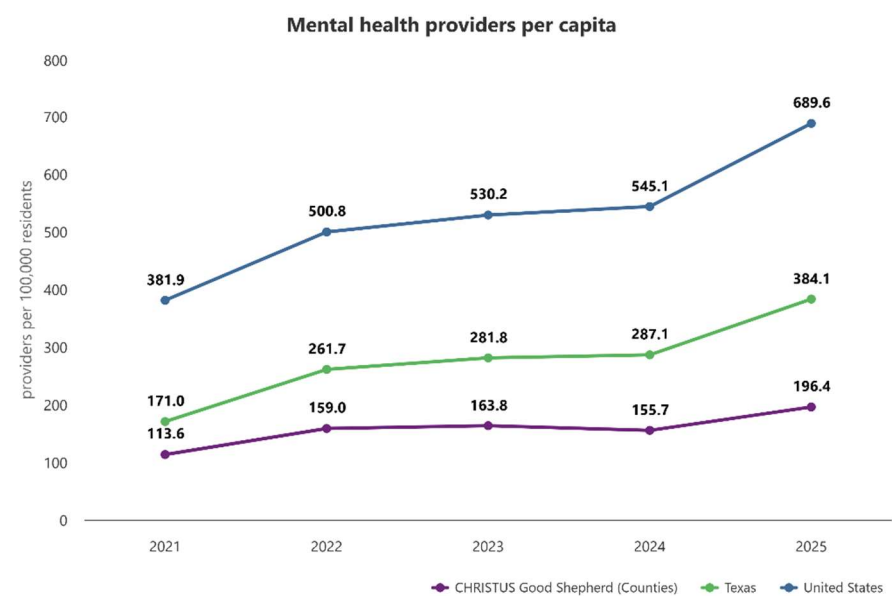
The data shows the number of primary care providers (PCP) per capita in the CHRISTUS Good Shepherd service area, Texas, and the United States from 2017 to 2022. The CHRISTUS Good Shepherd service area started with a lower PCP rate of 55.65 in 2017. Over the years, the PCP rate has increased, reaching 63.53 in 2022, while Texas and the United States saw fluctuations. Despite the increase, the CHRISTUS Good Shepherd service area still lags behind Texas and the United States in PCP availability.



Created on Metapio | metopio.io/4emrc2irc | Data source: Health Resources & Services Administration: Area Health Resources Files (AHRF) (County and State level data)  
Primary care providers (PCP) per capita: Number of physicians in primary care (general practice, internal medicine, obstetrics and gynecology, or pediatrics) per 100,000 residents. Includes hospital residents. Excludes federal physicians and physicians age 75 or older.

## Mental Health Providers per Capita

The data illustrates the number of mental health providers per capita in the CHRISTUS Good Shepherd service area, Texas, and the United States from 2021 to 2025. In 2021, the CHRISTUS Good Shepherd service area had 113.65 providers per capita, significantly lower than Texas and the United States. By 2025, this number increased to 196.41, reflecting a substantial improvement. However, it still lags behind Texas and the United States. This indicates a growing but still insufficient mental health provider presence in the CHRISTUS Good Shepherd service area compared to broader regions.

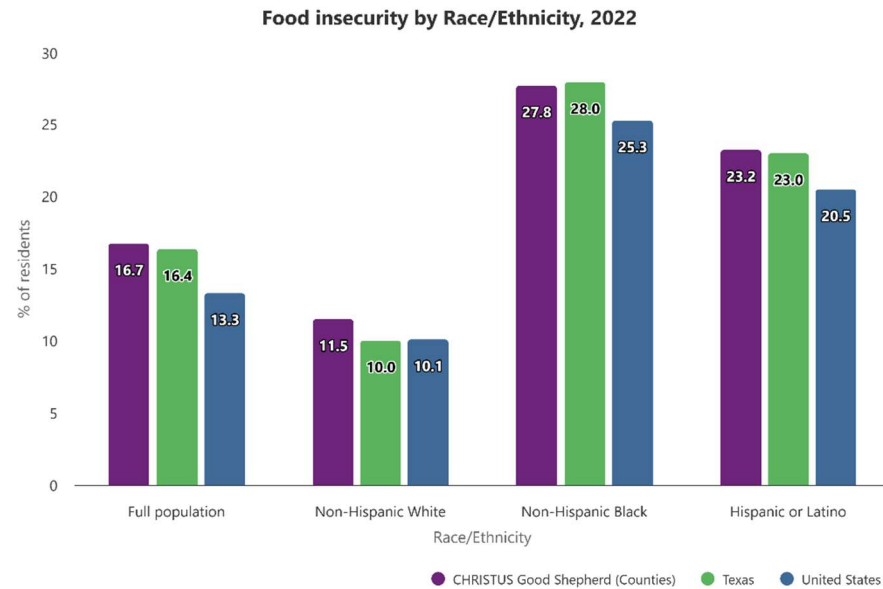


Created on Metapio | metopio.io/jphb2e3es | Data source: Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)  
Mental health providers per capita: Number of mental health providers per 100,000 residents, such as psychiatrists, psychologists, and specialists in addiction medicine, counseling, therapy, and behavioral health. Includes advanced practice nurses and nurse practitioners.

# Nutrition

## Food Insecurity by Race/Ethnicity

Food insecurity rates vary significantly across different racial and ethnic groups in the United States. In the CHRISTUS Good Shepherd service area, the overall food insecurity rate is 16.75%, which is slightly higher than the Texas average of 16.4% and notably higher than the national average of 13.3%. Non-Hispanic Black individuals experience the highest rates of food insecurity at 27.8%, followed by Hispanic or Latino individuals at 23.2%. These disparities highlight the need for focused interventions to address food insecurity in vulnerable communities.

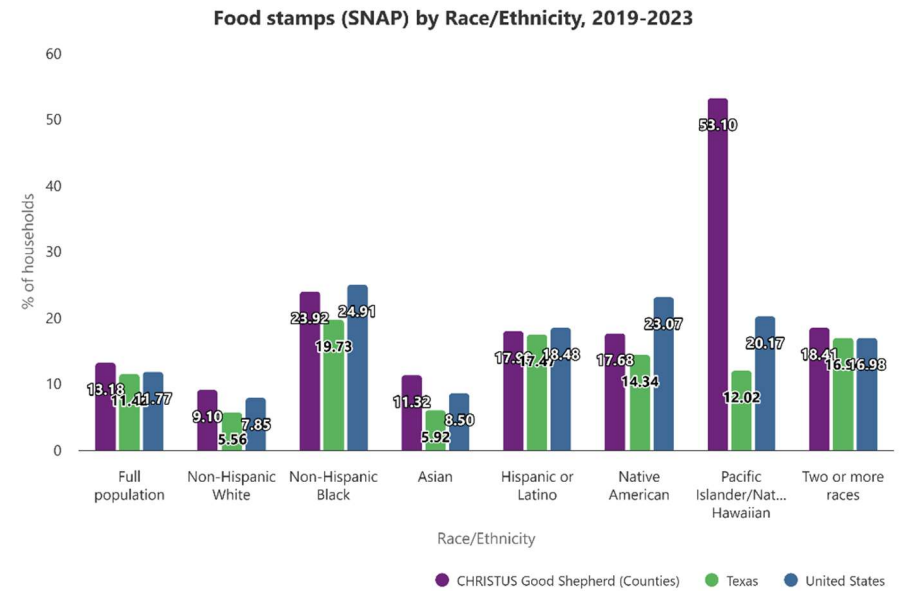


Created on Metopio | metopio.io/v/builpn5s | Data source: Feeding America: Map the Meal Gap

**Food insecurity:** Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.

## Food Stamps (SNAP) by Race/Ethnicity

The data shows the percentage of the population receiving food stamps (SNAP) across different racial and ethnic groups. In the CHRISTUS Good Shepherd service area, Pacific Islander/Native Hawaiian individuals have the highest SNAP participation rate at 53.1%, followed by Non-Hispanic Black at 23.92%. The data highlights significant disparities in SNAP usage across different racial and ethnic groups in these regions.

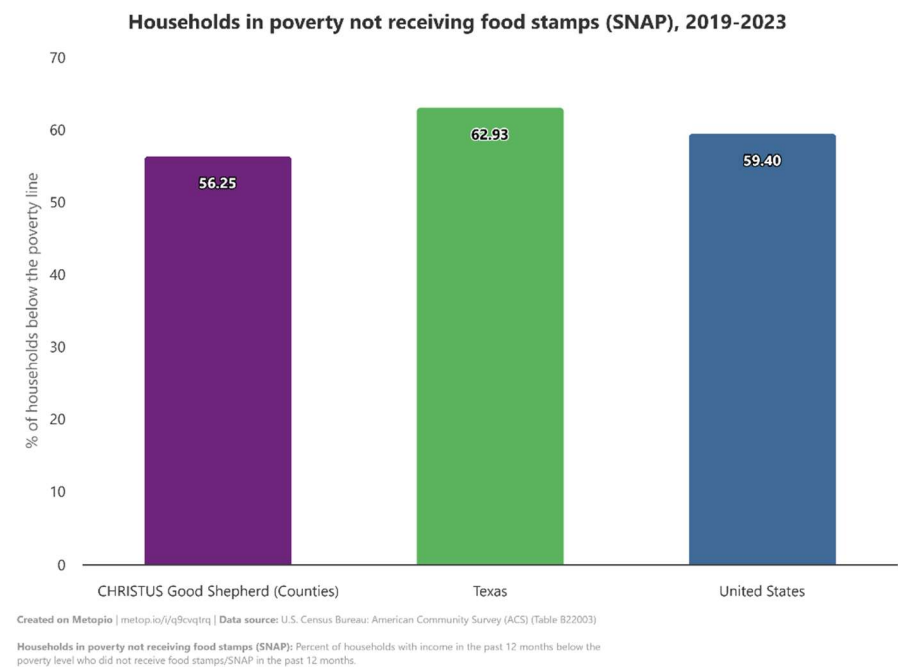


Created on Metopio | metopio.io/v8mykmj | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B22003, B22005, and S2201)

**Food stamps (SNAP):** Percent of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps, over the past 12 months.

## Households in Poverty Not Receiving Food Stamps

The data highlights the percentage of households in poverty not receiving food stamps (SNAP) across various regions. In the United States, 59.4% of such households are not receiving this assistance. Texas has a higher rate at 62.93%, indicating a more significant issue within the state. Specifically, in areas served by CHRISTUS Good Shepherd, the rate is 56.25%, showing a slightly lower but still substantial percentage. This data underscores the need for targeted interventions to support these vulnerable populations.

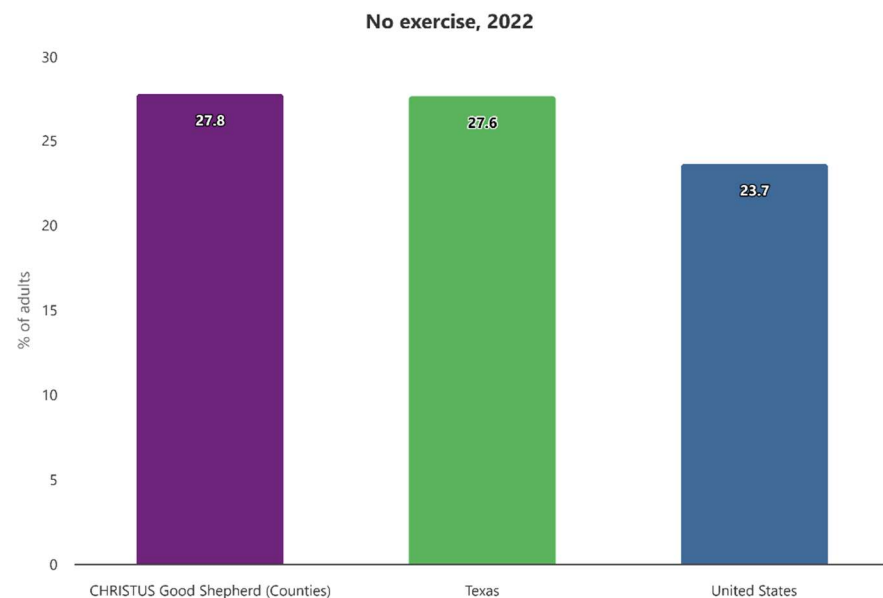




# Physical Activity

## No Exercise

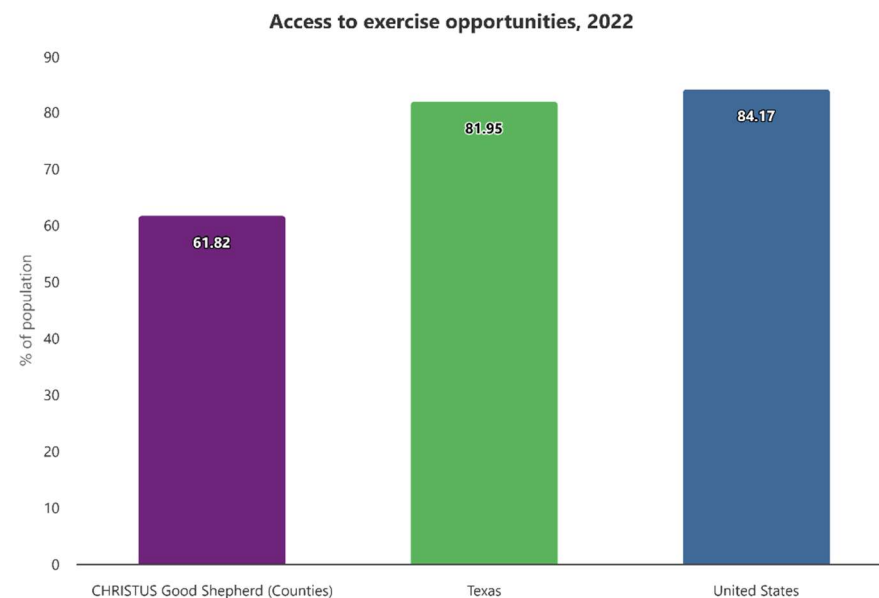
The data indicates that a significant portion of the population in the CHRISTUS Good Shepherd service area, Texas, and the United States does not engage in regular exercise. The CHRISTUS Good Shepherd service area has a higher percentage of individuals who do not exercise at 27.8%. This lack of exercise could have broader implications for public health and wellness initiatives across these regions.



Created on Metopio | metopio.io/4k1mby161 | Data sources: Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts)), Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data prior to 2019)  
**No exercise:** Percent of resident adults aged 18 and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

## Access to Exercise Opportunities

Access to exercise opportunities is a crucial aspect of public health, impacting overall well-being. In the United States, the national average for access to exercise opportunities is 84.17%. Texas, as a state, has a slightly lower average at 81.95%. However, the CHRISTUS Good Shepherd service area has the lowest access at 61.82%, indicating a significant disparity compared to the national average.

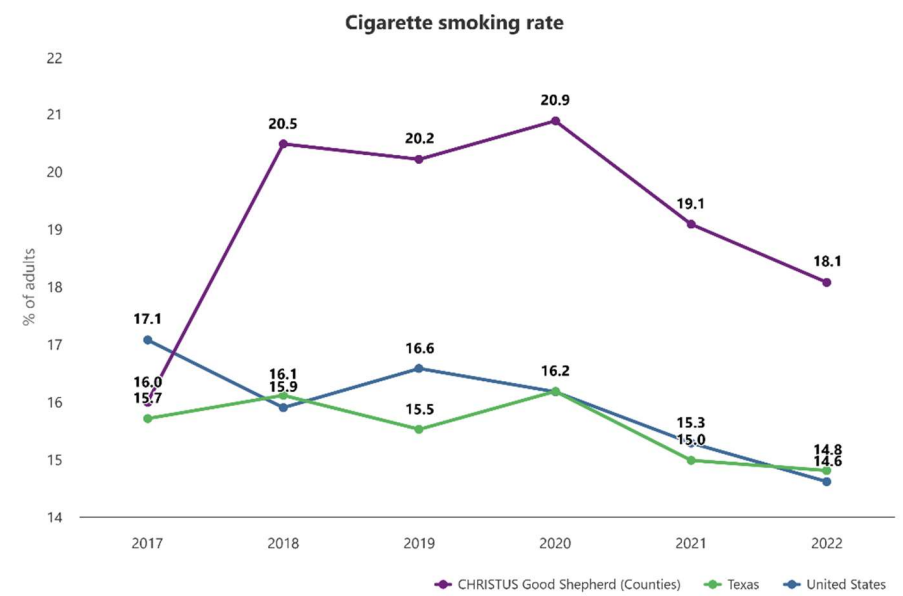


Created on Metopio | metopio.io/4uq6ir1g | Data sources: University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from ArcGIS Business Analyst and ArcGIS Online, YMCA, and US Census TIGER/Line Shapefiles)  
**Access to exercise opportunities:** Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity.

# Substance Use

## Cigarette Smoking

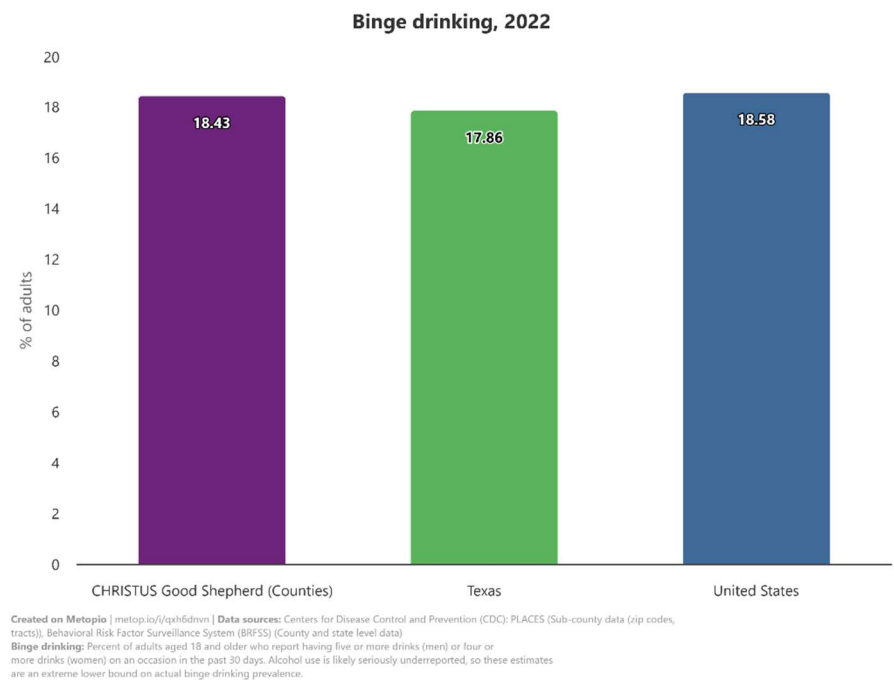
The cigarette smoking rate in the CHRISTUS Good Shepherd service area was higher than the Texas state average and the national average. The rate in the CHRISTUS Good Shepherd service area decreased significantly in 2021 and 2022. The smoking rate in Texas and the United States also decreased over the same period, but not as sharply. Overall, the CHRISTUS Good Shepherd service area saw a notable decline in smoking rates from 2018 to 2022.



Created on Metopio | metop.io/q6w22qy | Data sources: Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts) for 2014 - present); Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014) (Data modeled from BRFSS for years 1996-2012).  
Cigarette smoking rate: Percent of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Age-standardized.

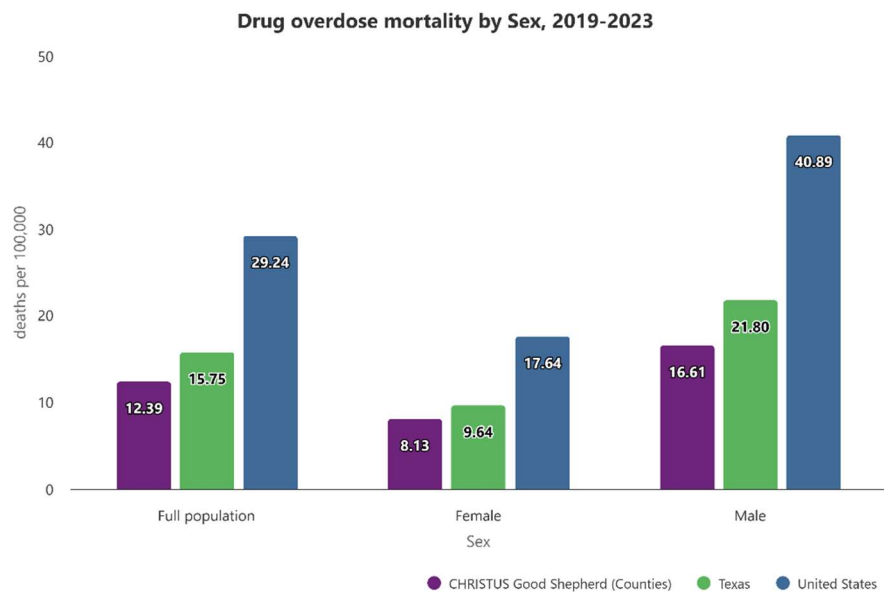
## Binge Drinking

The CHRISTUS Good Shepherd service area reports a rate of 18.43%, slightly below the national average of 18.58%. Texas, as a whole, has a lower rate of 17.86%. These variations highlight the need for targeted interventions to address binge drinking in specific areas.



## Drug Overdose Mortality

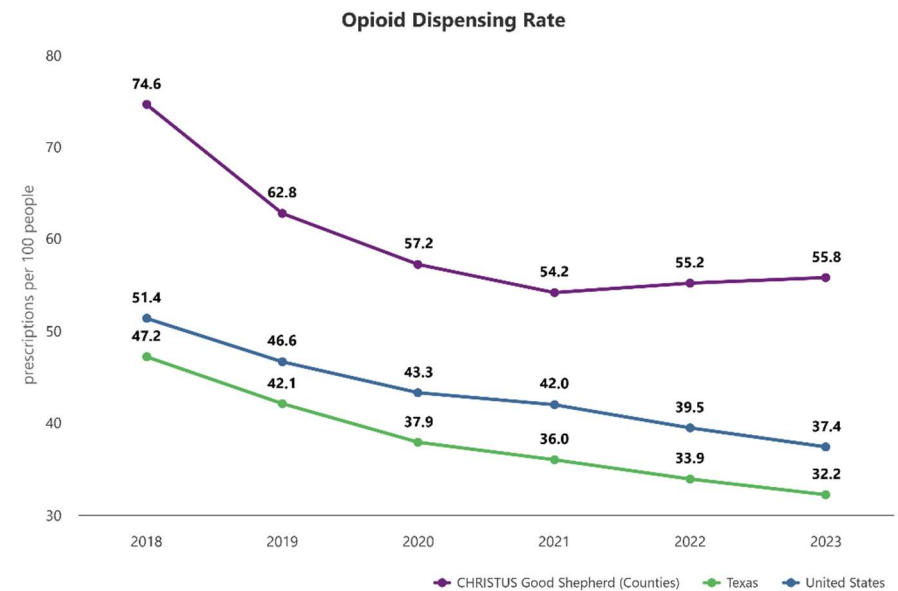
Drug overdose mortality rates vary significantly across different demographics and locations. In the United States, the overall mortality rate is 29.24 per 100,000 people, with males having a higher rate of 40.89 compared to females at 17.64. In Texas, the overall rate is 15.74, with males at 21.8 and females at 9.64. The CHRISTUS Good Shepherd service area reports an overall rate of 12.39, with males at 16.61 and females at 8.13.



Created on Metopio | metopio.io/v/eqfkw2ci | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)  
Drug overdose mortality: Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

## Opioid Dispensing Rate

The opioid dispensing rate in the United States has shown a consistent decline from 2018 to 2023. The CHRISTUS Good Shepherd service area has consistently reported higher rates compared to the state of Texas and the entire nation. In 2023, the dispensing rate for CHRISTUS Good Shepherd was 55.8, while Texas and the United States reported rates of 32.2 and 37.4, respectively. This indicates a significant reduction in opioid dispensing across all regions, with CHRISTUS Good Shepherd still having the highest rate.



Created on Metopio | metopio.io/v/81spv12b | Data source: Centers for Disease Control and Prevention (CDC); U.S. Opioid Dispensing Rate Maps  
Opioid Dispensing Rate: Retail opioid prescriptions dispensed per 100 people per year

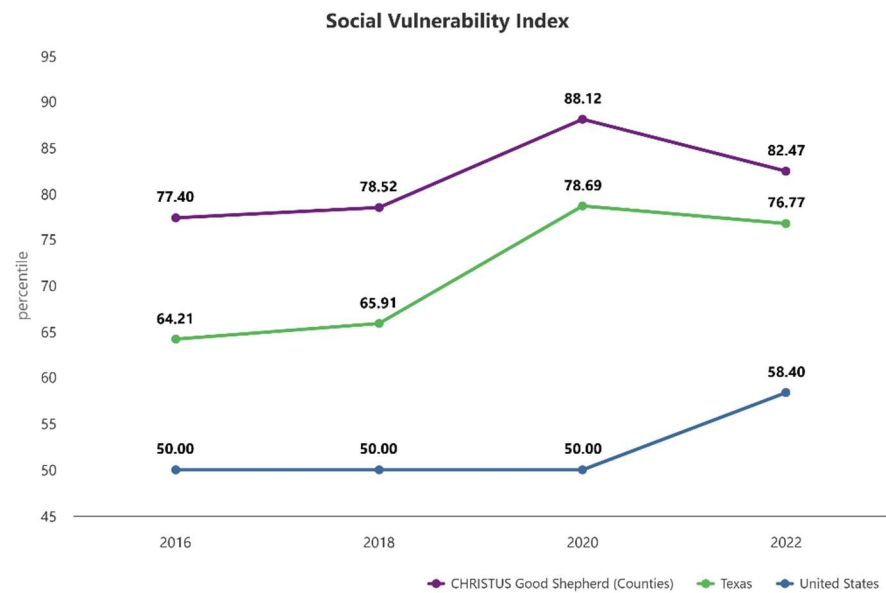
# Socioeconomic Needs

## Social Vulnerability Index

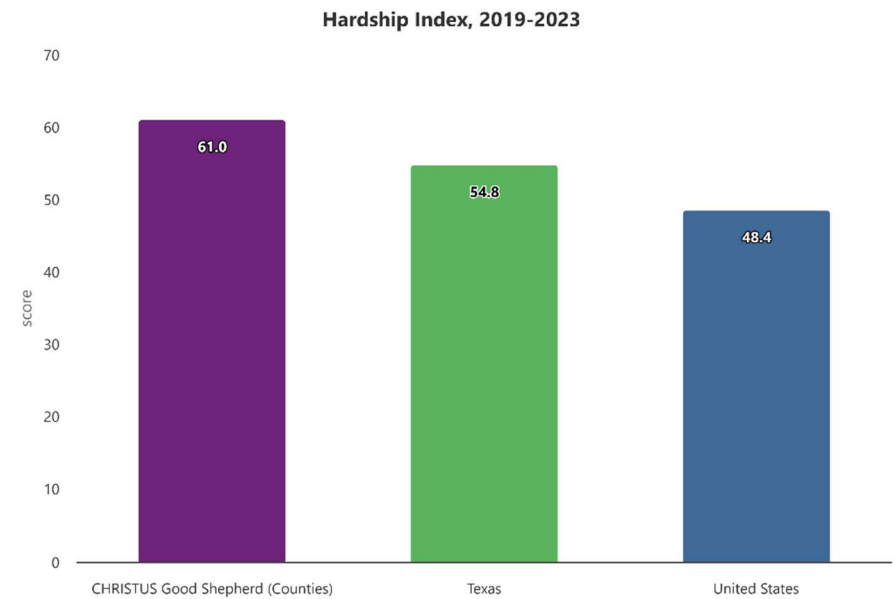
The Social Vulnerability Index (SVI) assesses the social factors that make communities vulnerable to natural disasters and public health crises events, focusing on factors like socioeconomic status, household composition, minority status and housing/transportation. A higher SVI indicates a greater level of social vulnerability in the areas. The SVI in the CHRISTUS Good Shepherd service area has shown a notable increase over time, rising from 77.4 in 2016 to 88.12 in 2020, before slightly decreasing to 82.47 in 2022. This contrasts with the overall trend in Texas and the United States, where the SVI has also increased but at a slower rate.

## Hardship Index

The Hardship Index measures the level of economic distress in various regions. The CHRISTUS Good Shepherd service area has the highest Hardship Index at 61.01. Texas, as a state, has a Hardship Index of 54.75, indicating a slightly lower level of economic distress. The United States, on average, has a Hardship Index of 48.44, suggesting a lower level of economic hardship compared to Texas and CHRISTUS Good Shepherd. This data highlights the varying levels of economic distress across different regions in the United States.



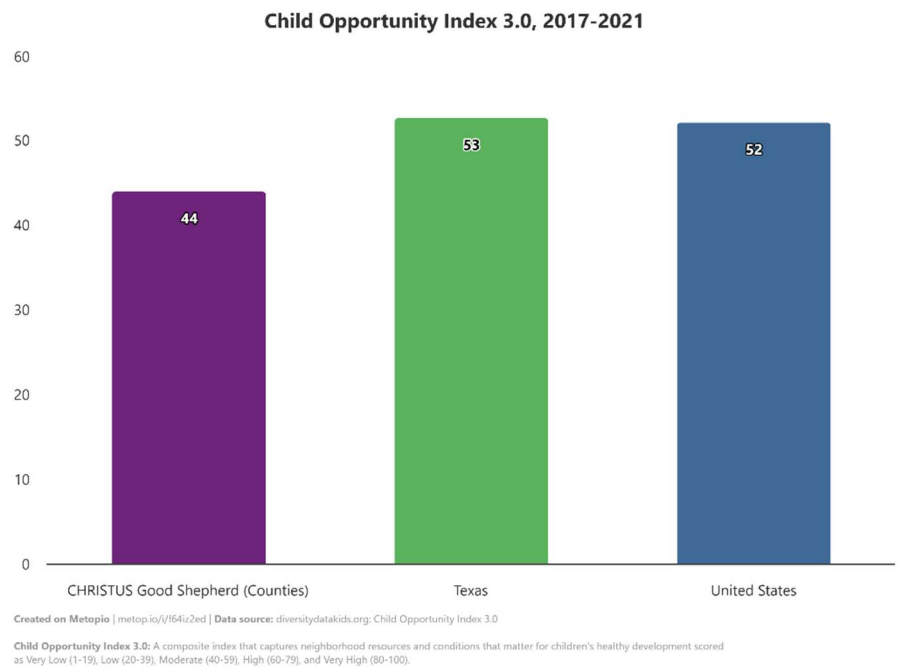
Created on Metopio | metopio.io/ind2choist | Data source: Centers for Disease Control and Prevention (CDC) Agency for Toxic Substances and Disease Registry  
- SVI Data  
Social Vulnerability Index: The Social Vulnerability Index was created to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event, such as a natural disaster, disease outbreak, or chemical spill. SVI indicates relative vulnerability by ranking places on 15 social factors, including unemployment, minority status, and disability, and combining the rankings.



Created on Metopio | metopio.io/528loox3 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Calculated by Metopio)  
Hardship Index: The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes. See technical notes for details.

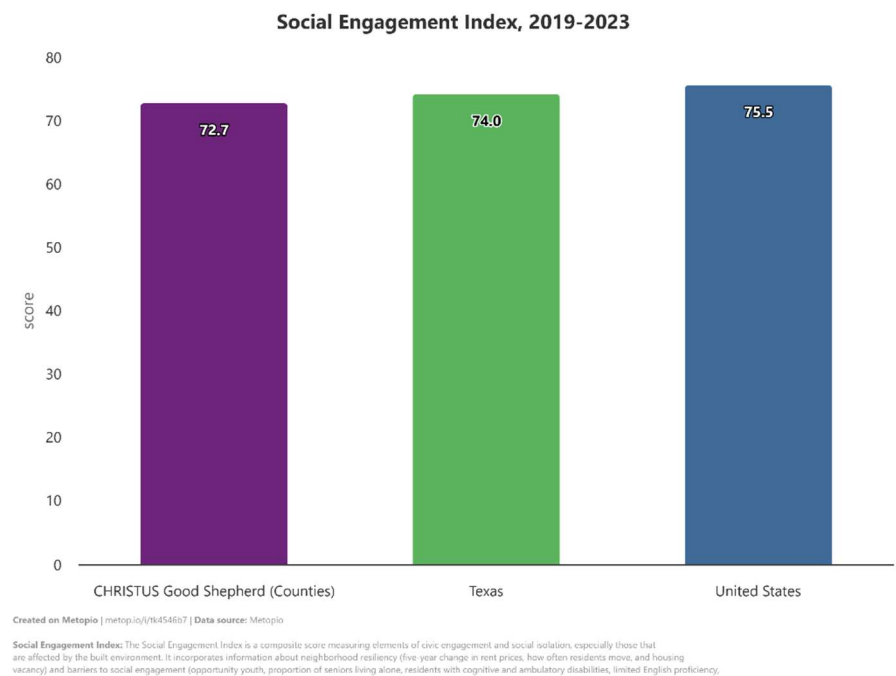
## Childhood Opportunity Index

The Child Opportunity Index 3.0 measures the quality of resources and conditions that matter for children's healthy development in neighborhoods across the United States. CHRISTUS Good Shepherd, covering multiple counties, has a Child Opportunity Index of 43.94, indicating a moderate level of opportunity. In comparison, Texas, as a whole, has a higher index of 52.62, while the national average stands at 52.16.



## Social Engagement Index

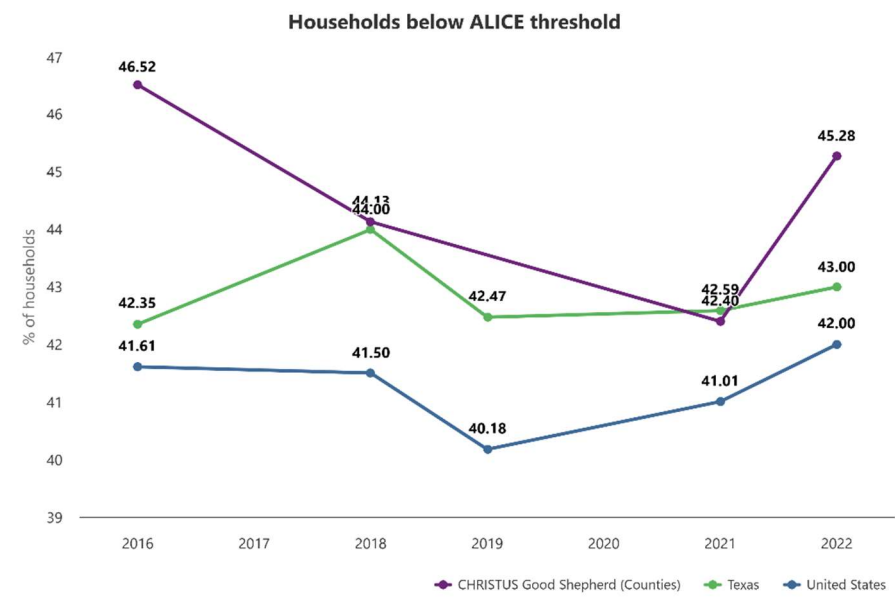
The Social Engagement Index measures the level of community involvement and social interaction within a given area. In this dataset, the CHRISTUS Good Shepherd service area has a Social Engagement Index of 72.69. This is slightly lower than the state average for Texas, and the national average for the United States. The data suggests that while the CHRISTUS Good Shepherd service area is actively engaged in social activities, there is room for improvement to reach or exceed state and national levels.





# Households Below ALICE Threshold

ALICE stands for: Asset Limited, Income Constrained, Employed. ALICE represents households who may be above the poverty-line but are still unable to afford the basic necessities of housing, food, child care, health care and transportation due to the lack of jobs that can support basic necessities and increases in the basic cost of living. Overall, the data shows a general decline in the percentage of households below the ALICE threshold across all three regions from 2016 to 2021, but a steep increase in 2022 in the CHRISTUS Good Shepherd service area.

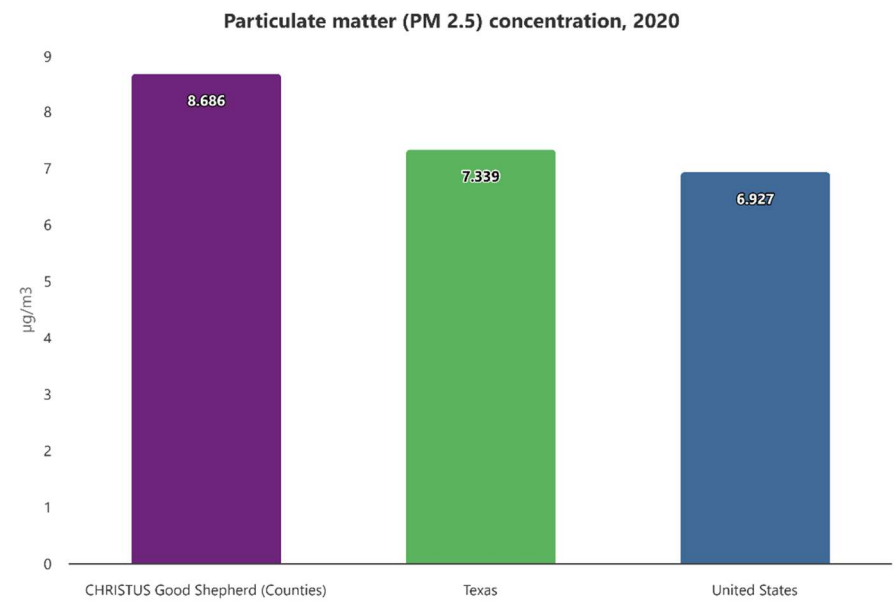


Households below ALICE threshold: ALICE stands for: Asset Limited, Income Constrained, Employed. ALICE represents households who may be above the poverty line but are still unable to afford the basic necessities of housing, food, child-care, health care, and transportation due to the lack of jobs that can support basic necessities and increases in the basic cost of living.

# Environmental Health

## Particulate Matter Concentration

Particulate matter (PM 2.5) concentration levels are shown for the CHRISTUS Good Shepherd service area, Texas, and the United States. CHRISTUS Good Shepherd has the highest concentration at 8.69, followed by Texas at 7.34, and the United States at 6.93. This indicates that the CHRISTUS Good Shepherd service area has a higher level of PM 2.5 pollution compared to the state and national averages. Addressing this issue could improve air quality and public health in the region.

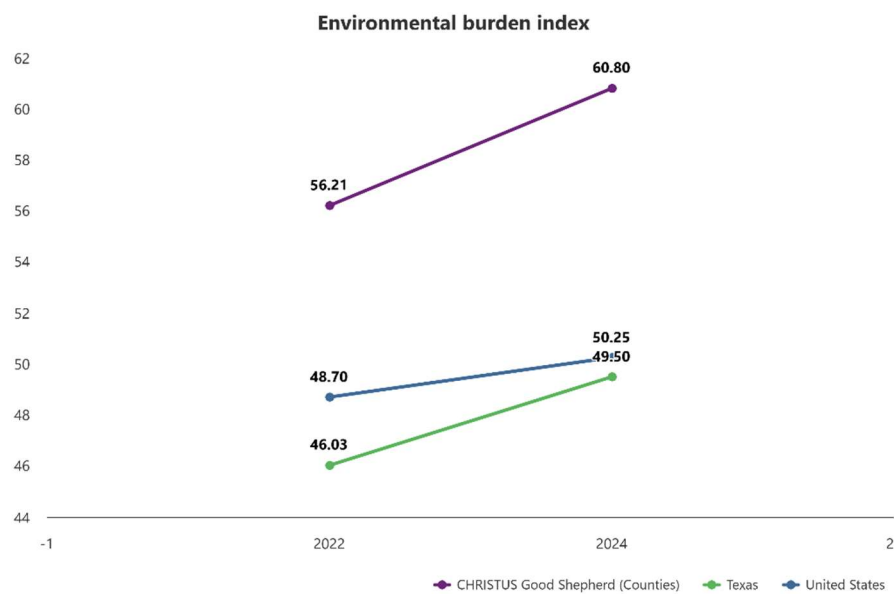


Created on Metopio | metopio.io/043yuhhj | Data source: Environmental Protection Agency (EPA); EJScreen: Environmental Justice Screening (EJSCREEN)

**Particulate matter (PM 2.5) concentration:** Annual average concentration in micrograms per cubic meter. PM 2.5, or particulate matter smaller than 2.5 microns in diameter, is one of the most dangerous pollutants because the particles can penetrate deep into the alveoli of the lungs.

## Environmental Burden Index

The Environmental Burden Index in the United States has shown a notable increase from 56.21 in 2022 to 60.8 in 2024. This trend is mirrored at the state level in Texas, where the index rose from 46.03 to 49.5 over the same period. Nationally, the index also saw an increase, though at a slower rate, moving from 48.7 to 50.25. This data indicates a growing environmental burden across the board, with a more significant rise observed at the local level compared to the national average.



Created on Metopio | metopio.io/043yuhhj | Data source: Centers for Disease Control and Prevention (CDC); Agency for Toxic Substances and Disease Registry - Environmental Justice Index

**Environmental burden index:** Composite index consisting of a place's exposure to harmful environmental factors relating to air quality, pollution, and built environment. Higher values indicate a larger burden

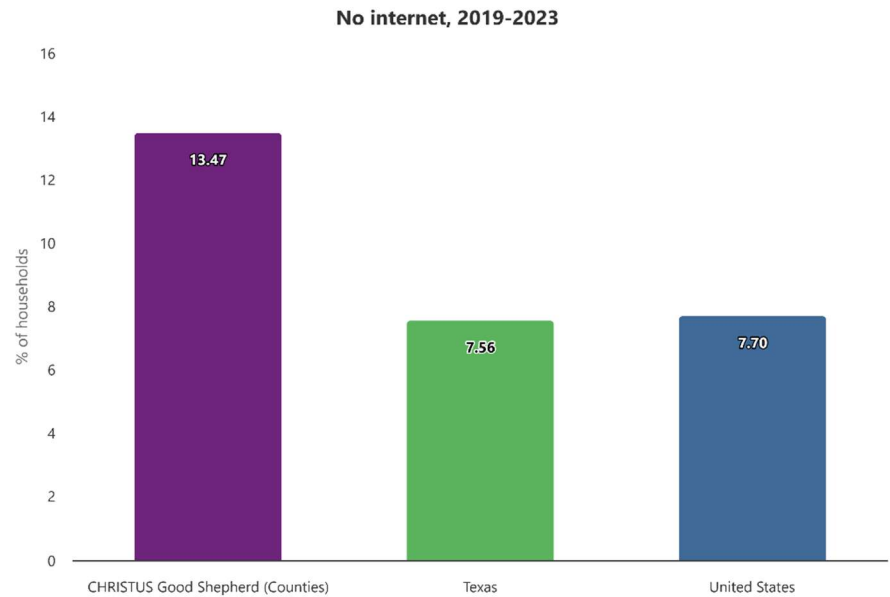
# Internet

## No Internet

The data indicates that 13.47% of the population in the CHRISTUS Good Shepherd service area lacks internet access. In Texas, the percentage is lower at 7.56%, while the national average is 7.7%. This suggests that the CHRISTUS Good Shepherd service area has a higher rate of internet non-adoption compared to both the state and national averages. The reasons for this disparity could be due to various factors such as infrastructure, socioeconomic conditions or demographic differences. Addressing this digital divide is crucial for ensuring equal access to information and opportunities.

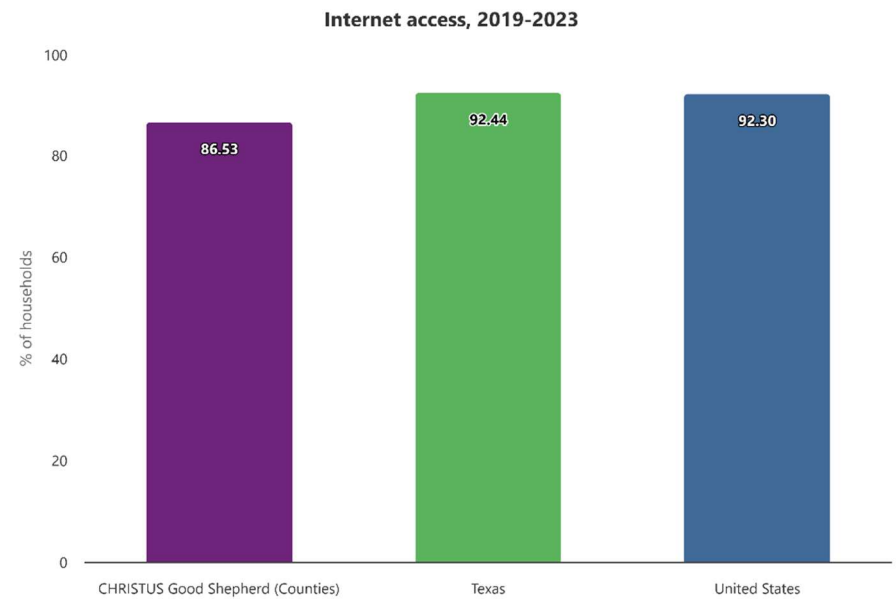
## Internet Access

The data highlights internet access rates across various regions. The CHRISTUS Good Shepherd service area reports an access rate of 86.53%. In comparison, Texas and the United States have higher rates, at 92.44% and 92.3% respectively. This indicates that while CHRISTUS Good Shepherd's service area has substantial access, it lags slightly behind statewide and national averages. The data suggests a need for targeted improvements in internet infrastructure within the counties served by CHRISTUS Good Shepherd.



Created on Metopio | metopio.io/dipkns71 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B28002)

No internet: Percentage of households with no access to the internet through subscription broadband, dial-up, satellite, cellular data, or any other service.

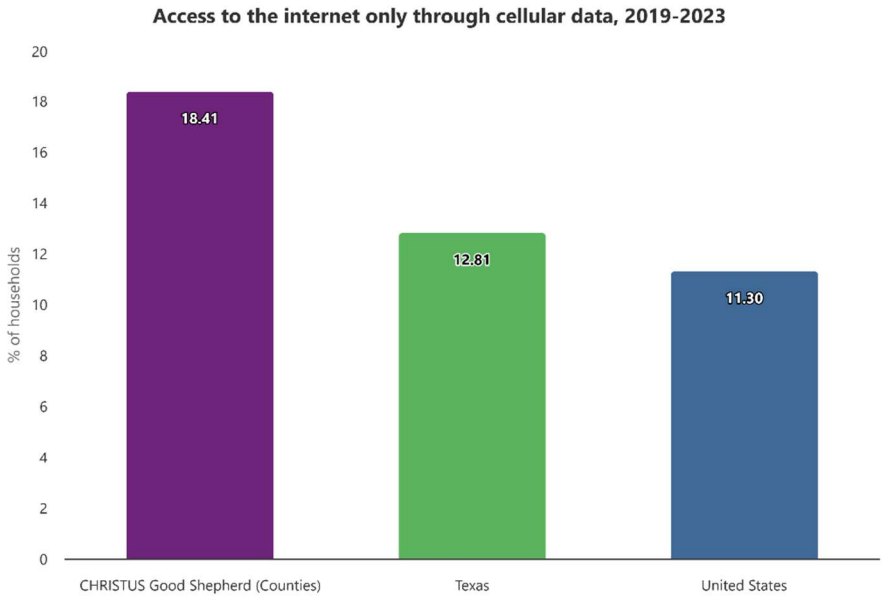


Created on Metopio | metopio.io/4399j4fb | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B28002)

Internet access: Percent of households with any connection to the internet, such as broadband, dial-up, satellite, or a cellular data plan.

## Access to the Internet Only Through Cellular Data

Access to the internet only through cellular data varies significantly across different regions. CHRISTUS Good Shepherd’s service area has the highest rate at 18.41%. Texas follows with 12.81%, while the national average in the United States is 11.3%. This indicates that residents in these areas may face challenges in accessing the internet through other means, potentially impacting their ability to engage in online activities effectively.

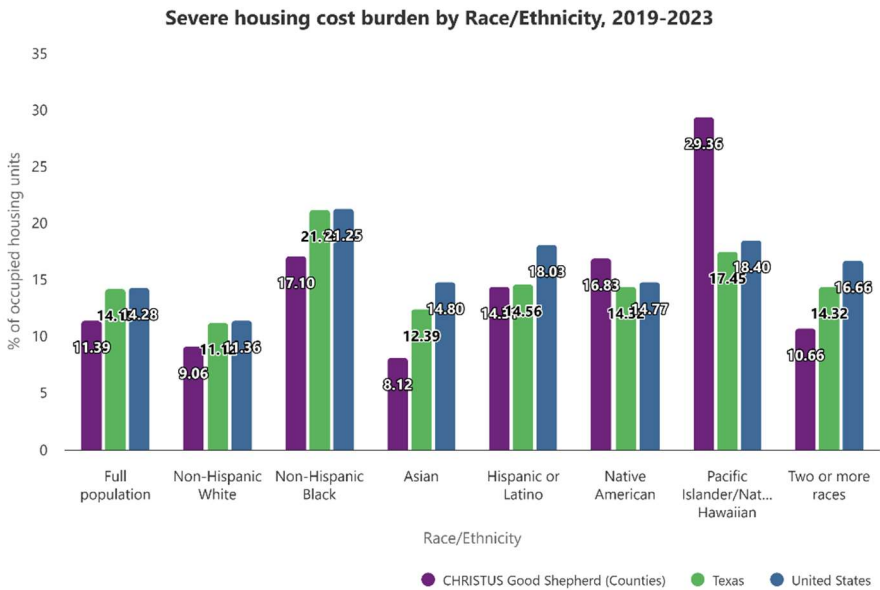


Created on Metaplo | metaplo.io/v/re3pyt893 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B28002)  
Access to the internet only through cellular data: Percentage of households who only have access to the internet through cellular data, and have no other internet subscription.

# Housing

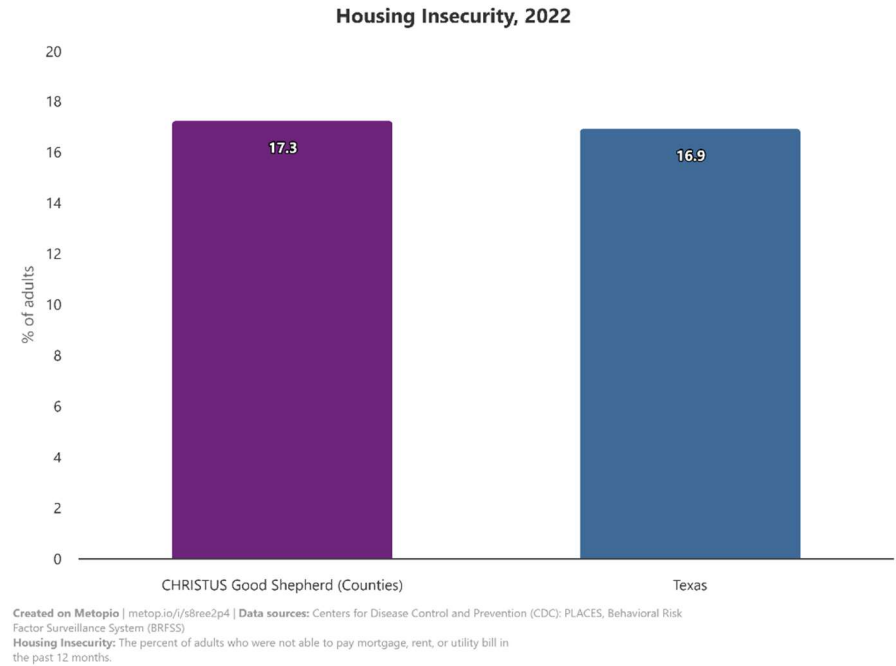
## Severe Housing Cost Burden by Race and Ethnicity

Households spending more than 50% of their income on housing are considered severely housing cost burdened. In the CHRISTUS Good Shepherd service area, the overall percentage of individuals who are severely housing cost burdened is 11.39%, slightly lower than the Texas and national averages. Pacific Islander/Native Hawaiian residents face the highest burden at 29.36%, while Non-Hispanic White residents have the lowest at 9.06%. Nationally, Hispanic or Latino residents experience an 18.03% burden, higher than both state and local rates. This data highlights significant disparities in housing cost burdens among different racial and ethnic groups.



## Housing Insecurity

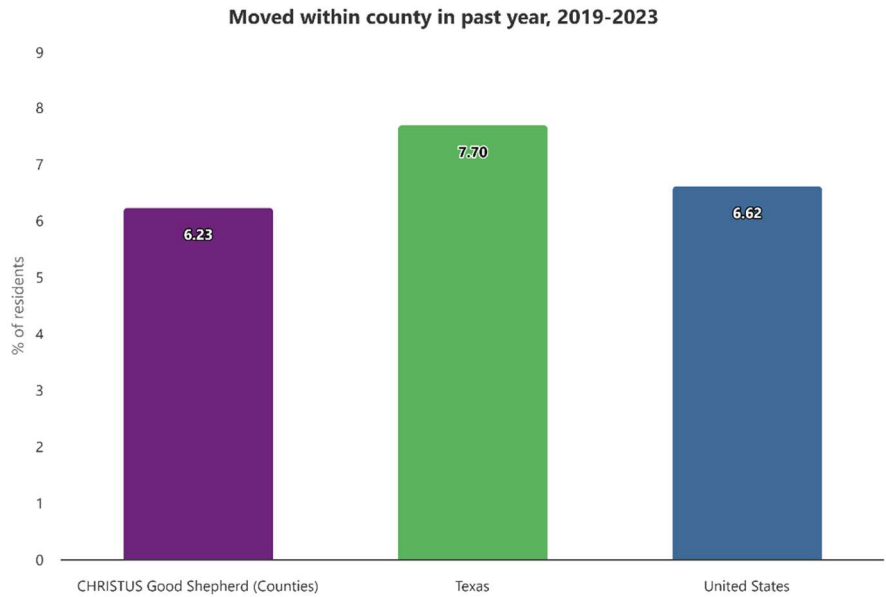
Housing insecurity in Texas is a significant issue, with a statewide rate of 16.92%. The CHRISTUS Good Shepherd service area experiences a slightly higher rate of housing insecurity at 17.26%. This indicates that the region faces greater challenges compared to the state average. The data highlights the need for targeted interventions to address housing instability in these areas. Addressing these issues can improve overall community well-being and stability.





## Moved within County in Past Year

The data indicates the percentage of people who moved within the same county in the past year. The CHRISTUS Good Shepherd service area has a rate of 6.23%, which is lower than both the state and national averages. Texas has a higher rate of 7.7%, while the United States overall has a rate of 6.62%. This suggests that there is less intra-county movement in CHRISTUS Good Shepherd compared to the broader region and country. The data highlights the varying levels of local mobility across different areas.

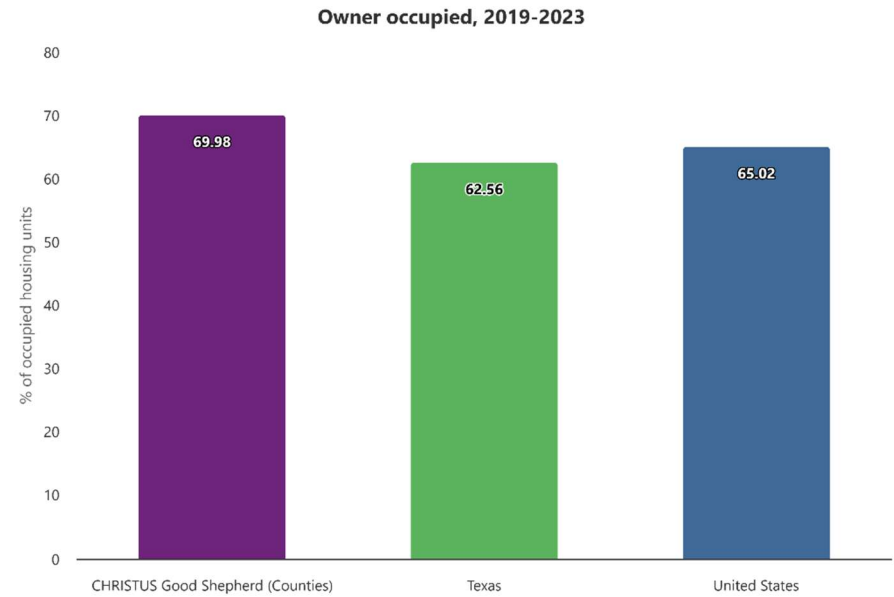


Created on Metopio | metopio.io/v/52wflht4 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B07001)

**Moved within county in past year:** Percent of residents 1 year and older who moved into current residence from within the same county in the past year. This can be used to proxy for evictions, especially when looking at vulnerable populations (infants, seniors) for whom frequent moving can be disruptive.

## Owner Occupied

The data highlights the owner-occupied housing rates in various regions. CHRISTUS Good Shepherd, covering multiple counties, has the highest rate at 69.98%. This is followed by the United States average of 65.02%, and Texas at 62.56%. CHRISTUS Good Shepherd's rate is notably higher than both the national and state averages. This suggests a strong preference for homeownership in this region.



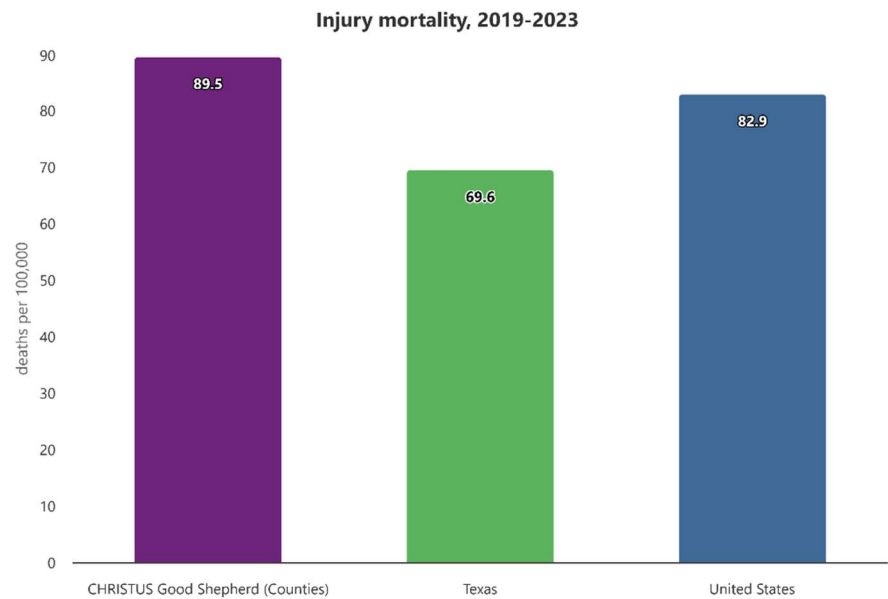
Created on Metopio | metopio.io/v/bsxymu47 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B25003)

Owner occupied:

# Injury

## Injury Mortality

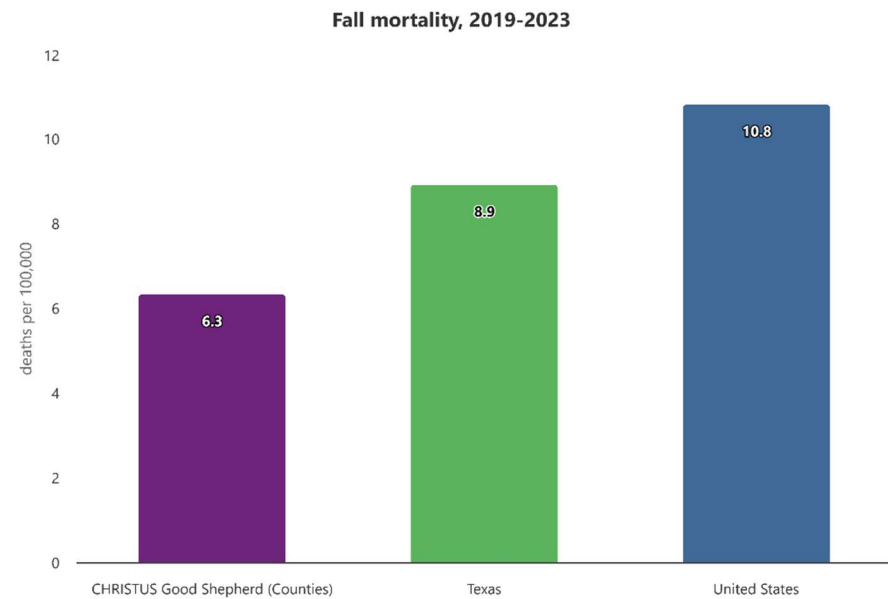
Injury mortality rates are presented for various regions. The highest rate is observed in CHRISTUS Good Shepherd Counties, at 89.53. Texas has a lower rate of 69.61, while the United States overall stands at 82.94. This indicates that CHRISTUS Good Shepherd Counties have a significantly higher injury mortality rate compared to both Texas and the national average. The data highlights the need for targeted interventions in areas with higher injury mortality rates.



Created on Metopio | metopio.io/i/74v1d7uw | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)  
Injury mortality: Deaths per 100,000 residents with an underlying cause of injury (ICD-10 codes \*U01-\*U03, Y01-Y36, Y85-Y87, Y89).

## Fall Mortality

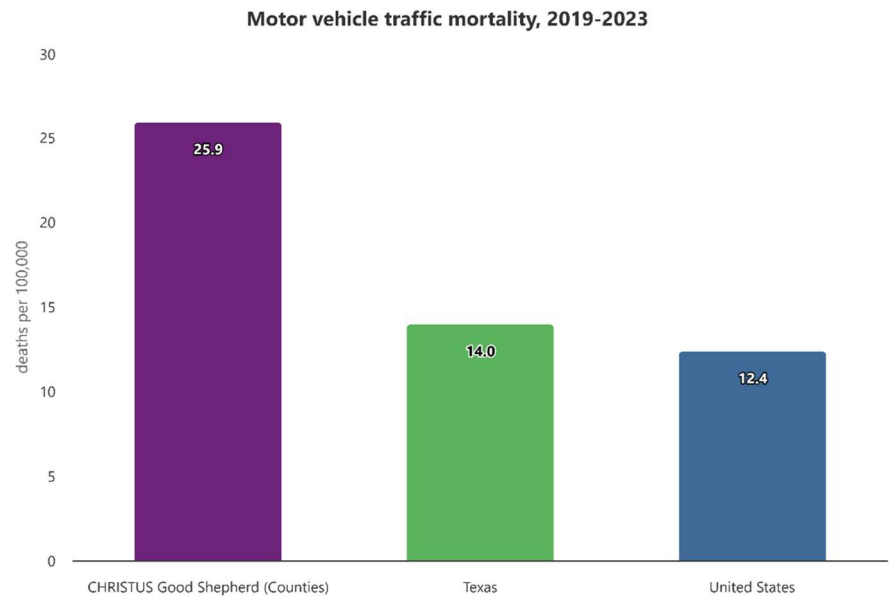
Fall mortality in the United States is a significant concern, with a national rate of 10.81 deaths per 100,000 population. Texas has a slightly higher rate at 8.94, indicating a need for targeted interventions. CHRISTUS Good Shepherd, serving multiple counties, reports the lowest rate at 6.34, suggesting effective fall prevention strategies in those areas. These disparities highlight the importance of localized health initiatives to reduce fall-related fatalities.



Created on Metopio | metopio.io/i/sjpadyyn | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)  
Fall mortality: Deaths per 100,000 residents due to unintentional falls (ICD-10 codes W00-W19).

## Motor Vehicle Traffic Mortality

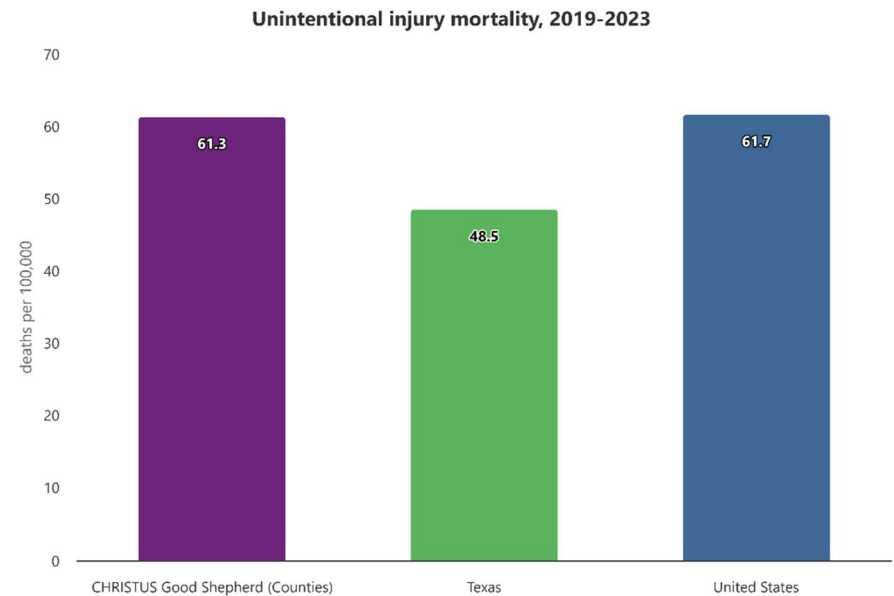
Motor vehicle traffic mortality rates vary significantly across different regions. CHRISTUS Good Shepherd, encompassing several counties, reports a mortality rate of 25.93, which is notably higher than the state and national averages. Texas has a mortality rate of 13.97, while the United States averages 12.36. These disparities highlight the need for targeted interventions in high-risk areas to reduce traffic-related fatalities. Addressing these regional differences can lead to more effective public health strategies and safer road conditions.



Created on Metopio | metopio.io/4k44wvpa | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)  
Motor vehicle traffic mortality: Deaths per 100,000 residents related to motor vehicle traffic (ICD-10 codes V02-V04 (1, 9), V09.2, V12-V14 (3-9), V19 (4-6), V20-V28 (3-9), V29-V79 (4-9), V80 (3-5), V81.1, V82.1, V83-V86 (0-3), V87 (0-8), V89.2).

## Unintentional Injury Mortality

Unintentional injury mortality rates vary across different regions. CHRISTUS Good Shepherd, encompassing several counties, reports a rate of 61.34 per 100,000 people. Texas has a lower rate at 48.52, while the United States overall has a higher rate of 61.65. This indicates that CHRISTUS Good Shepherd's rate is comparable to the national average, but Texas has a significantly lower rate. These differences highlight the need for targeted interventions to reduce unintentional injury mortality in specific regions.

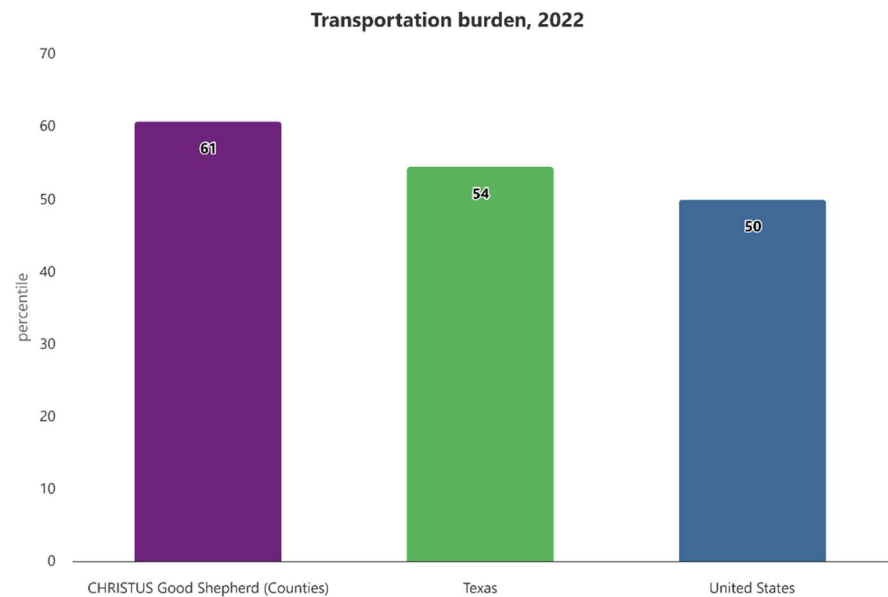


Created on Metopio | metopio.io/nfa2a4sv | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)  
Unintentional injury mortality: Deaths per 100,000 residents with an underlying cause of unintentional injury, excluding motor vehicle injuries (ICD-10 codes V01-X59, Y10-36, Y85-86, Y89).

# Transportation

## Transportation Burden

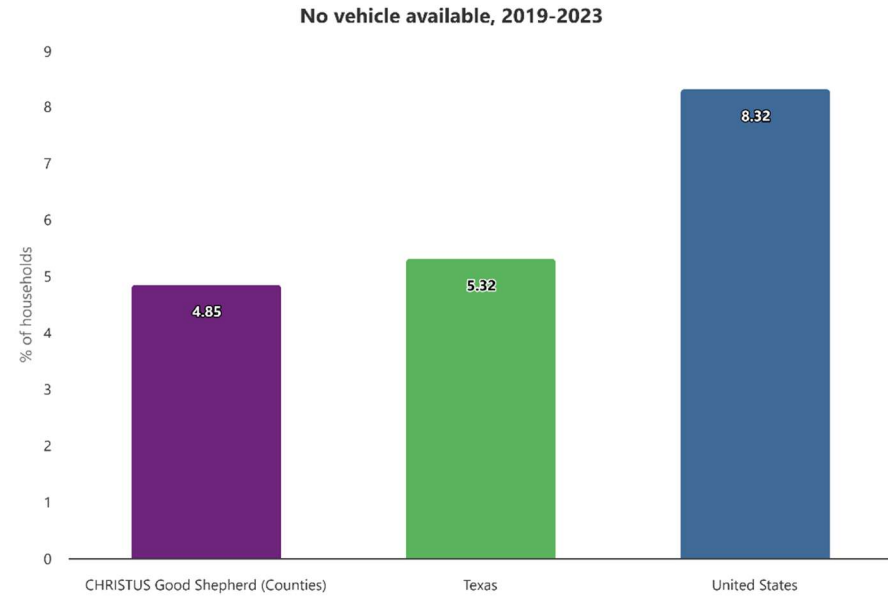
The transportation burden is significantly higher for the CHRISTUS Good Shepherd service area compared to the state of Texas and the United States as a whole. In Texas, the burden is slightly lower but still exceeds the national average. Nationally, the transportation burden is nearly 50%, indicating a substantial issue across the country. The data highlights the need for targeted interventions to address transportation challenges, particularly in areas served by CHRISTUS Good Shepherd.



Created on Metopio | metopio.io/f/cyo9s9e5 | Data source: Department of Transportation (via Council of Environmental Quality's Climate and Environmental Justice Screening Tool)  
Transportation burden: A measure of transportation insecurity that takes into account average relative cost and time spent on transportation relative to all other tracts.

## No Vehicle Available

The data highlights the percentage of households with no vehicle available across different regions. CHRISTUS Good Shepherd has a rate of 4.85%, which is lower than the state average of 5.32%. The United States overall has a significantly higher rate of 8.32%. This indicates that CHRISTUS Good Shepherd has a relatively lower rate of households without vehicle access compared to both Texas and the national average. The data suggests that access to vehicles is more prevalent in CHRISTUS Good Shepherd compared to broader regions.

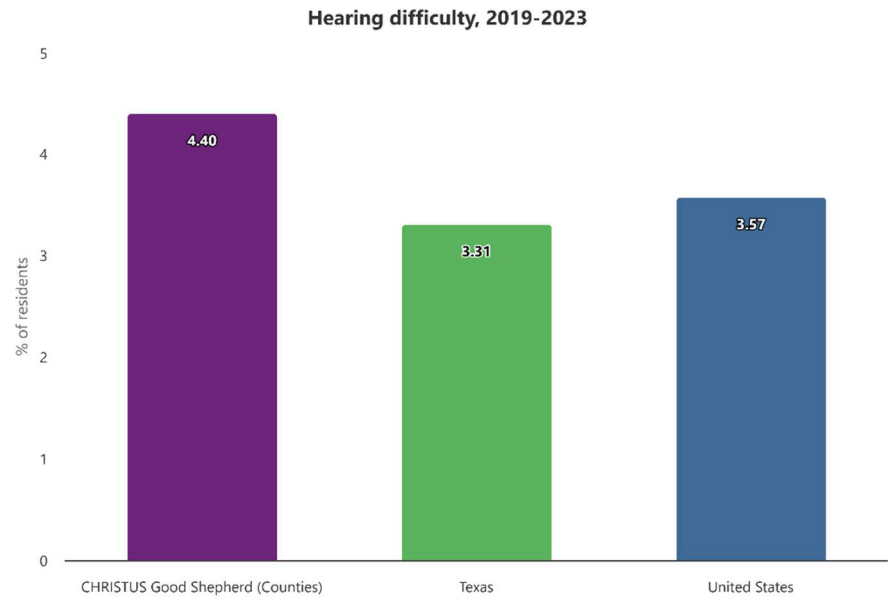


Created on Metopio | metopio.io/j/ye5k4e5 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B25044)  
No vehicle available: Percent of occupied households with no vehicles available.

# Disability

## Hearing Difficulty

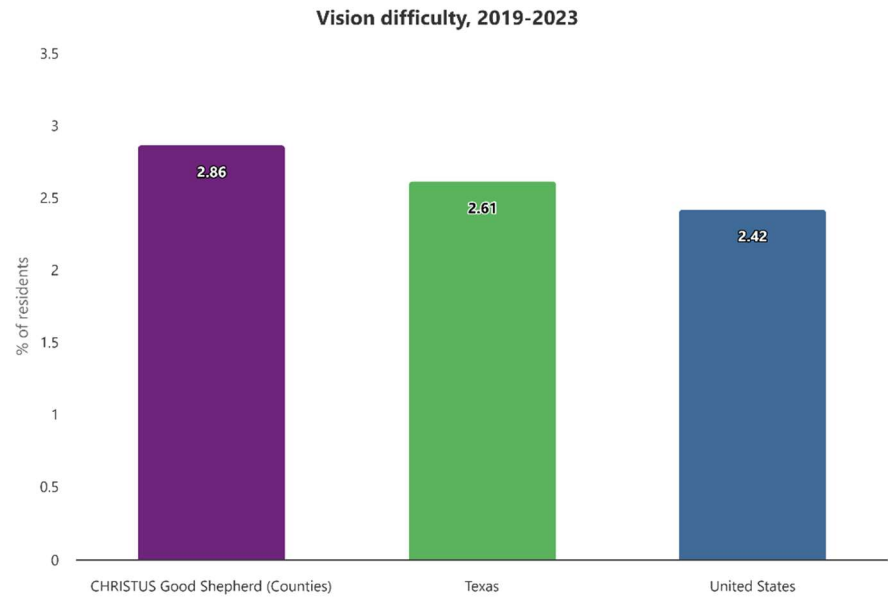
Hearing difficulty is a significant concern across various regions, with CHRISTUS Good Shepherd counties reporting the highest prevalence at 4.4%. Texas follows with a slightly lower rate of 3.31%, while the national average in the United States stands at 3.57%. The data highlights a higher incidence of hearing issues in specific local areas compared to broader regional and national figures. This disparity suggests potential environmental or demographic factors influencing hearing health in CHRISTUS Good Shepherd counties. Addressing these regional variations could be crucial for targeted public health interventions.



Created on Metopio | [metopio.io/ij88wgma5](https://metopio.io/ij88wgma5) | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table S1810)  
Hearing difficulty: Percent of residents reporting a hearing difficulty.

## Vision Difficulty

Vision difficulty is a prevalent issue across various regions, with CHRISTUS Good Shepherd counties experiencing the highest rate at 2.86%. Texas follows closely with a rate of 2.61%, while the national average in the United States is slightly lower at 2.42%. This data highlights the regional disparities in vision health, indicating a need for targeted interventions in areas with higher prevalence. Addressing these disparities could improve overall eye health and quality of life for residents in these regions.

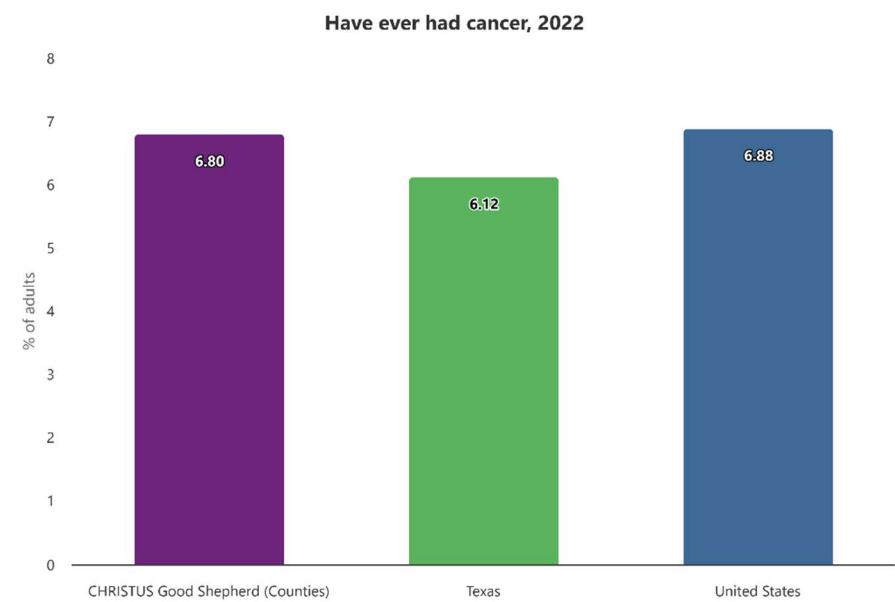


Created on Metopio | [metopio.io/ztrp5ynn](https://metopio.io/ztrp5ynn) | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table S1810)  
Vision difficulty: Percent of residents reporting a vision difficulty.

# Cancer

## Have Ever Had Cancer

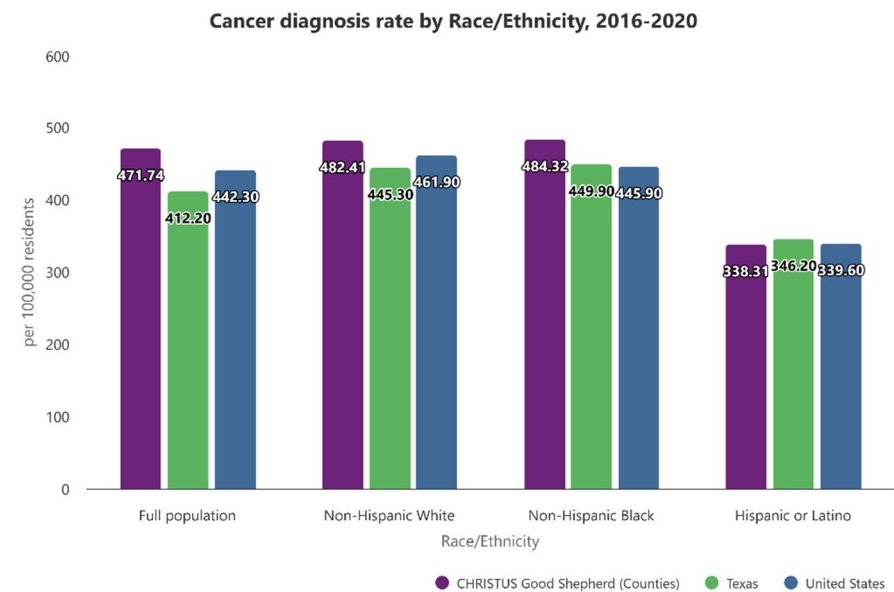
The data indicates that 6.8% of individuals in CHRISTUS Good Shepherd (Counties) have ever had cancer. This is slightly higher than the Texas state average of 6.12% but lower than the national average of 6.88%. The data suggests that cancer prevalence in this region is relatively consistent with national trends, and worse than the state average, which may indicate regional health disparities or differences in reporting. Overall, the data provides insight into cancer prevalence within this specific area compared to broader geographic averages.



Created on Metapio | metopio.io/9tr5na37 | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts))  
Have ever had cancer: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have cancer (other than skin cancer). Data for counties and states are age-adjusted. Data for zip, tracts and smaller layers are raw.

## Cancer Diagnosis Rate by Race/Ethnicity

The cancer diagnosis rate varies significantly across different racial and ethnic groups. In CHRISTUS Good Shepherd, the overall rate is 471.74 per 100,000 people, higher than the Texas state average of 412.2 and the national average of 442.3. Non-Hispanic Whites in this area have the highest rate at 482.41, followed closely by Non-Hispanic Blacks at 484.32. Hispanic or Latino individuals have a notably lower rate of 338.31, which is also below the state and national averages.

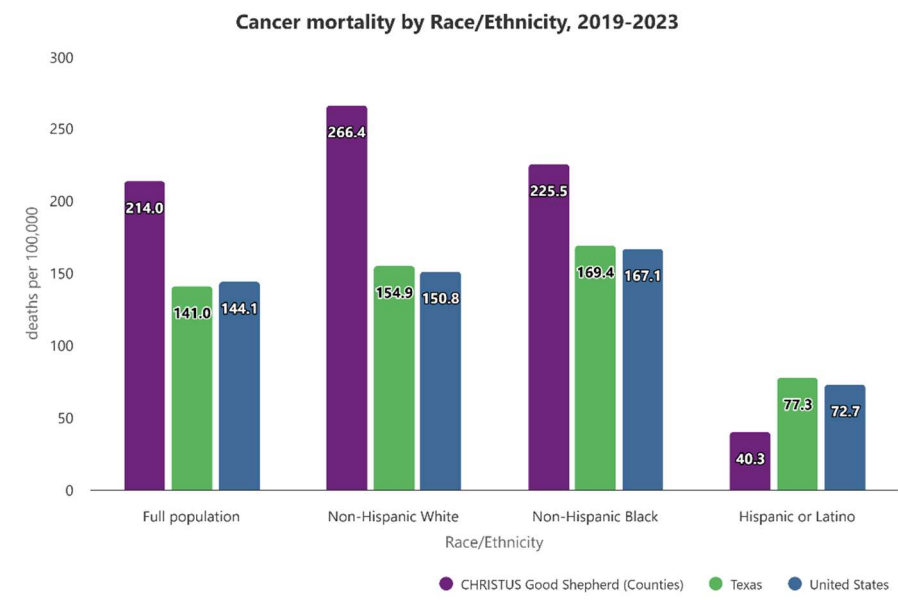


Created on Metapio | metopio.io/9tr5na37 | Data source: National Cancer Institute (NCI): State Cancer Profiles (WR: racial stratifications only) (Everywhere except IL)  
Cancer diagnosis rate: Annual diagnosis rate for all invasive cancers. Does not include pre-cancerous diagnoses such as breast cancer in situ or urinary cancer in situ. All ages, risk-adjusted.



## Cancer Mortality Rate by Race/Ethnicity

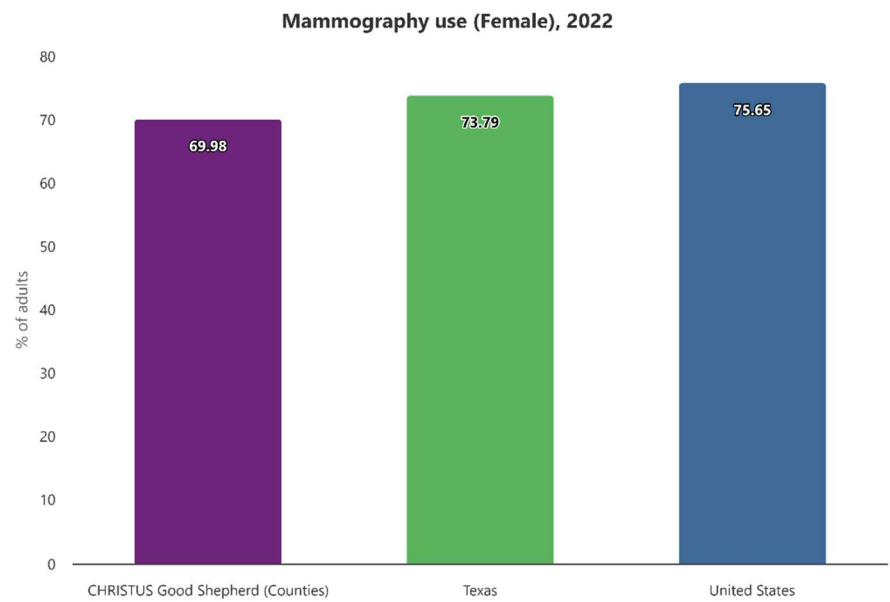
Cancer mortality rates vary significantly across different racial and ethnic groups in the United States. At CHRISTUS Good Shepherd, the overall cancer mortality rate is 213.98 per 100,000 people, which is higher than the Texas and national averages. Non-Hispanic White individuals have the highest mortality rate at this location, with 266.38 per 100,000. In contrast, Hispanic or Latino individuals have a much lower mortality rate of 40.3 per 100,000. These disparities highlight the need for targeted interventions to address the varying cancer mortality rates among different populations.



Created on Metopio | metop.io/esur24yu | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (county, state, and US data)  
Cancer mortality: Deaths per 100,000 residents due to cancer (ICD-10 codes C00-C97). This indicator is not a good measure of the burden of cancer in a community, because it is complicated by other causes of death (especially in the elderly); instead, use CCR (cancer diagnoses).

## Mammography Use

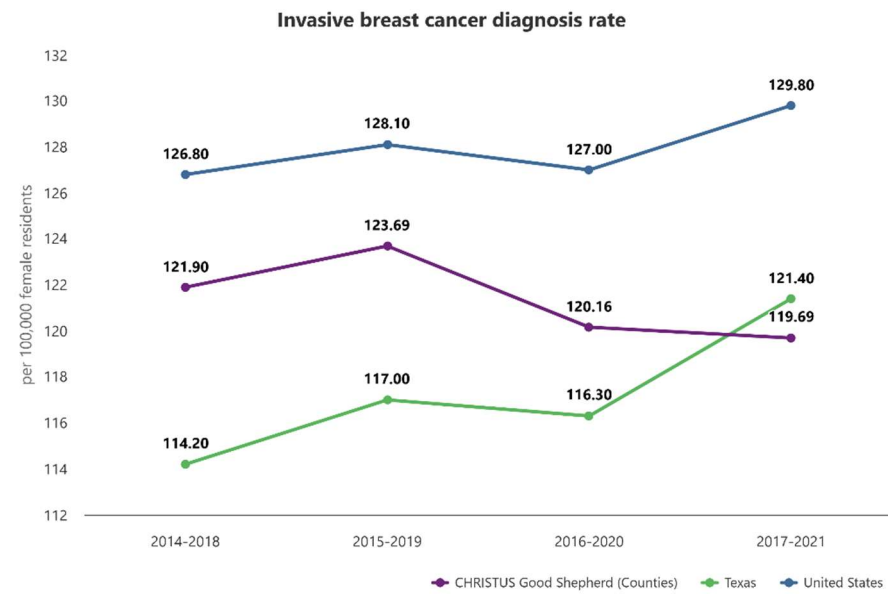
Mammography use rates vary across different regions. CHRISTUS Good Shepherd, covering specific counties, reports a usage rate of 69.98%. Texas has a slightly higher rate at 73.79%, while the United States overall has the highest rate at 75.65%. These variations highlight differences in health care access and utilization across different levels of geography. Understanding these disparities is crucial for targeted interventions to improve mammography screening rates.



Created on Metopio | metop.io/i/252dw26g | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts))  
**Mammography use:** Percent of resident female adults aged 50-74 years who report having had a mammogram within the previous 2 years.

## Invasive Breast Cancer Diagnosis Rate

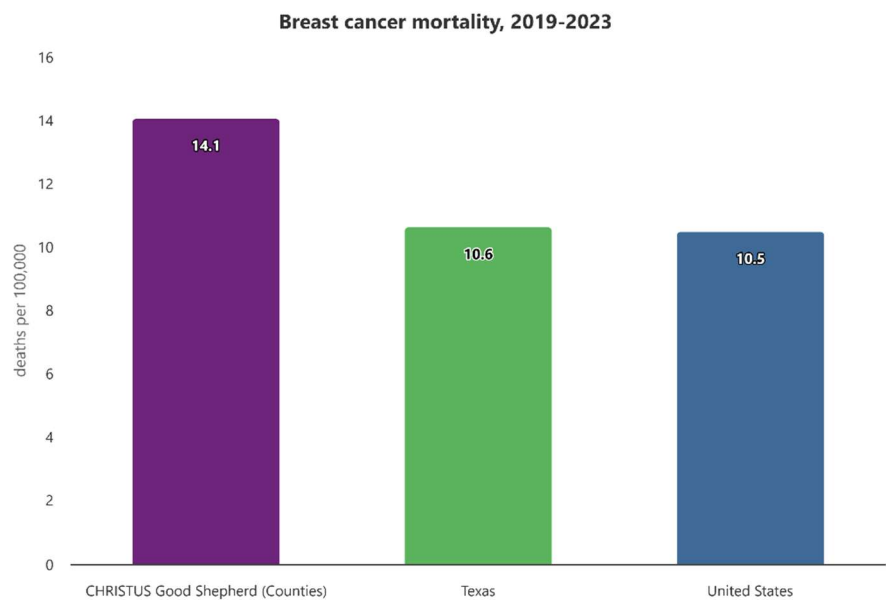
Invasive breast cancer diagnosis rates in the United States have shown a general upward trend from 2014 to 2021. CHRISTUS Good Shepherd, covering multiple counties, reported rates slightly above the Texas state average through 2016-2020, but below the Texas average in 2017-2021. Texas's rates have been consistently lower than the national average, indicating increased awareness or improved screening practices. Nationally, the rates have fluctuated but show an overall increase, peaking in 2021. This trend highlights the importance of continued monitoring and public health interventions to address the rising rates of invasive breast cancer diagnoses.



Created on Metopio | metop.io/i/eojv1hz | Data source: National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)  
**Invasive breast cancer diagnosis rate:** Annual diagnosis rate for invasive (non-DCIS) breast cancer in women. Ages 15 and over, age-adjusted.

# Breast Cancer Mortality

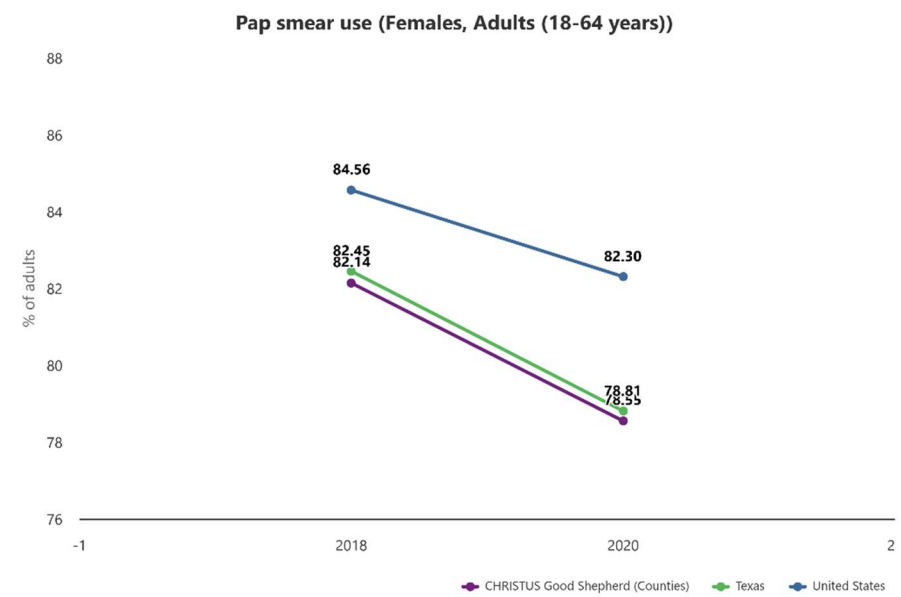
Breast cancer mortality rates vary significantly across different regions. In the counties served by CHRISTUS Good Shepherd, the mortality rate is notably higher at 14.06, compared to the Texas state average of 10.62 and the national average of 10.46. This indicates a localized issue within these counties that requires attention. Addressing this disparity could involve targeted health care interventions and improved access to breast cancer screening and treatment services in these specific areas.



Created on Metopio | [metopio.io/f/gtnvxcrc](http://metopio.io/f/gtnvxcrc) | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)  
Breast cancer mortality: Deaths per 100,000 residents due to breast cancer (ICD-10 code C50). Includes males; stratify by females to see the female-specific rate.

Pap Smear Use

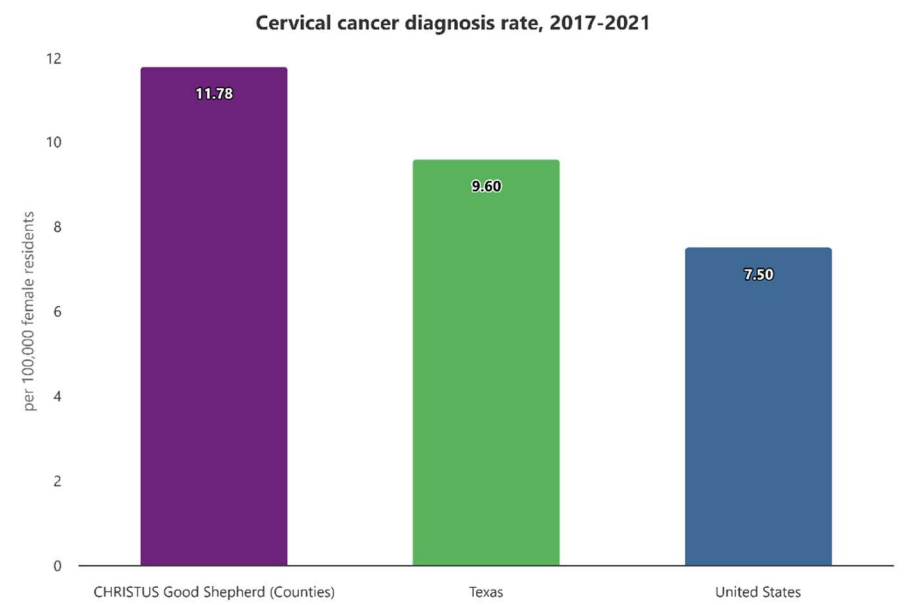
The data illustrates pap smear use rates across different regions from 2018 to 2020. CHRISTUS Good Shepherd, covering specific counties, reported a decrease in pap smear use from 82.14% in 2018 to 78.55% in 2020. Texas saw a similar decline, with rates dropping from 82.45% to 78.81% over the same period. Nationwide, Pap smear use also decreased, falling from 84.56% in 2018 to 82.30% in 2020. These trends indicate a general decline in pap smear utilization across all levels, highlighting potential issues in women's health screening practices.



Created on Metopio | metopio.io/h/memr7i7v | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts))  
Pap smear use: Percent of resident female adults aged 21-65 years who report having had a Papanicolaou (Pap) smear within the previous 3 years for detection and prevention of cervical cancer.

Cervical Cancer Diagnosis Rate

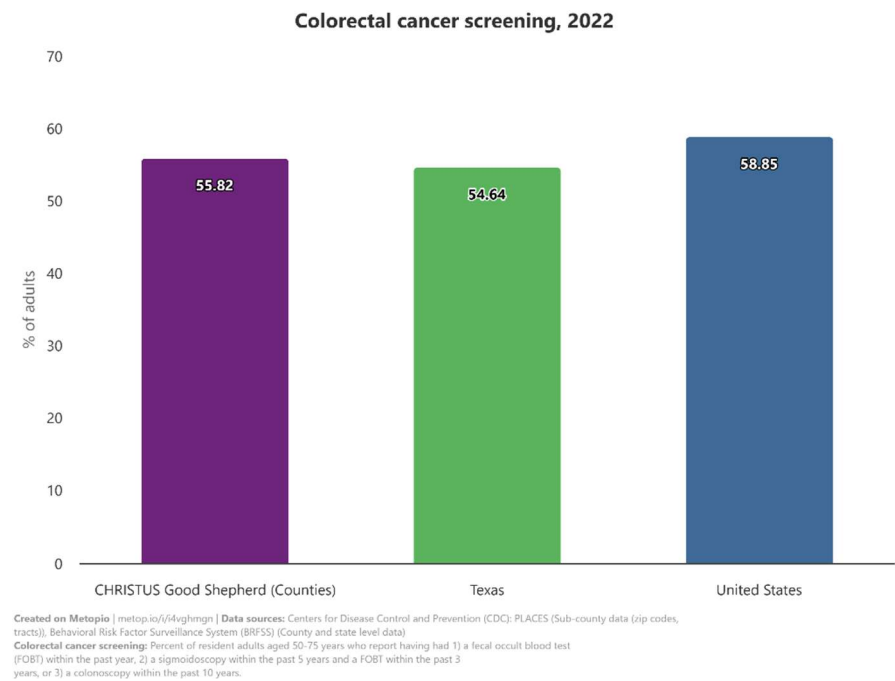
The data presents the cervical cancer diagnosis rate across various regions, with a focus on CHRISTUS Good Shepherd, Texas, and the United States. CHRISTUS Good Shepherd, encompassing multiple counties, reports the highest rate at 11.78. Texas follows with a rate of 9.6, while the United States overall has a lower rate of 7.5. This indicates a significant disparity in diagnosis rates, with CHRISTUS Good Shepherd having a notably higher incidence compared to the national average.



Created on Metopio | metopio.io/h/yq3fw6i | Data source: National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL).  
Cervical cancer diagnosis rate: Annual diagnosis rate for cervical cancer. Ages 15 and over, age-adjusted.

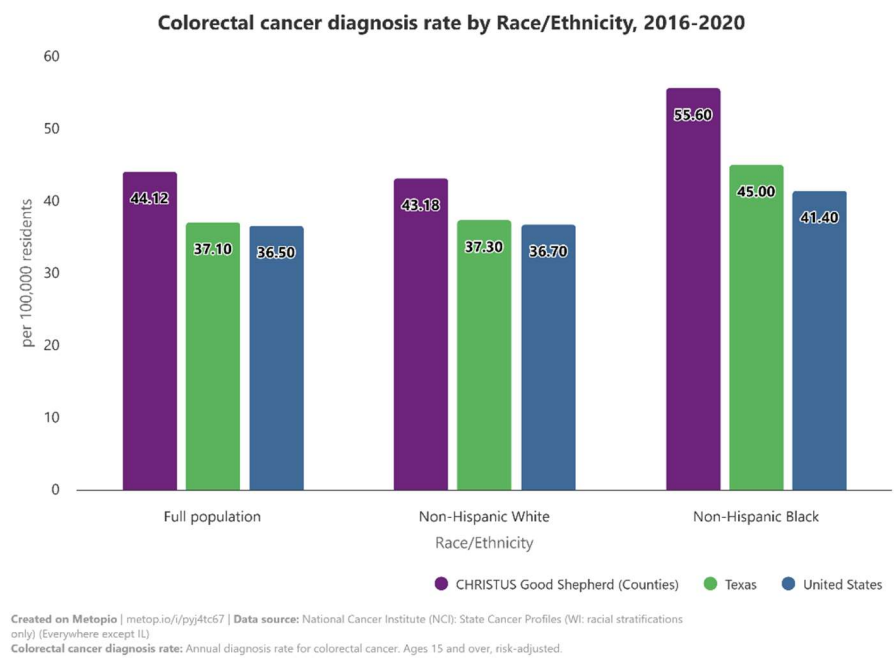
## Colorectal Cancer Screening

Colorectal cancer screening rates vary across different regions in the United States. The CHRISTUS Good Shepherd counties report a screening rate of 55.82%. Texas, as a whole, has a slightly lower rate of 54.64%. The United States overall has a higher screening rate of 58.85%. These variations highlight the need for targeted interventions to improve screening rates in specific areas.



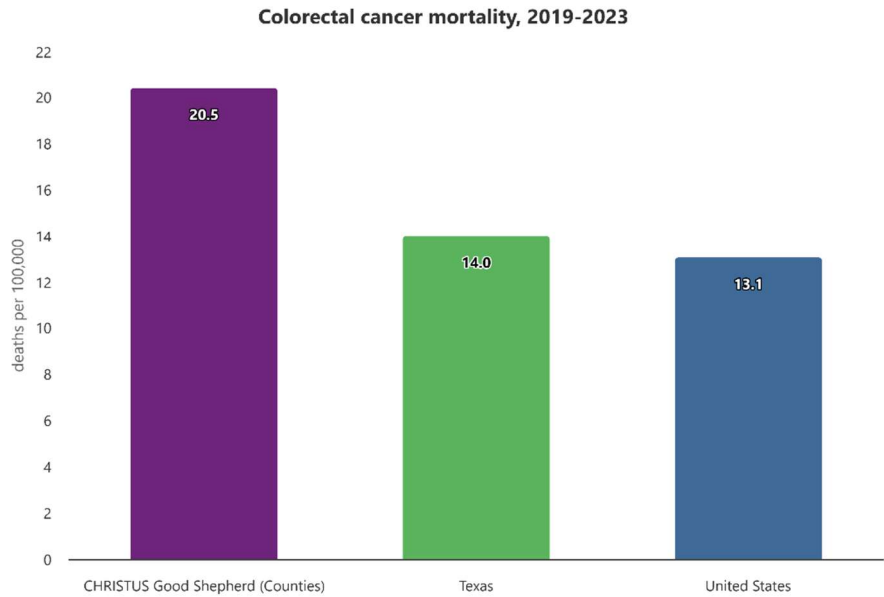
## Colorectal Cancer Diagnosis Rate by Race and Ethnicity

Colorectal cancer diagnosis rates vary significantly across different racial and ethnic groups in the United States. At the CHRISTUS Good Shepherd service area, the overall diagnosis rate is 44.12, which is higher than the Texas average of 37.1 and the national average of 36.5. Non-Hispanic White individuals have a diagnosis rate of 43.18 at this location, slightly higher than the state and national averages. Notably, Non-Hispanic Black individuals have the highest diagnosis rate at 53.6, well above both the state and national figures. This disparity highlights the need for targeted health care interventions to address these differences.



## Colorectal Cancer Mortality

Colorectal cancer mortality rates vary significantly across different regions. CHRISTUS Good Shepherd, encompassing several counties, reports a notably high rate of 20.45 deaths per 100,000 people. In contrast, Texas has a lower rate of 14.02, while the United States reports 13.08. This data highlights the disparities in colorectal cancer mortality across different areas, indicating a need for targeted health care interventions in high-risk regions.

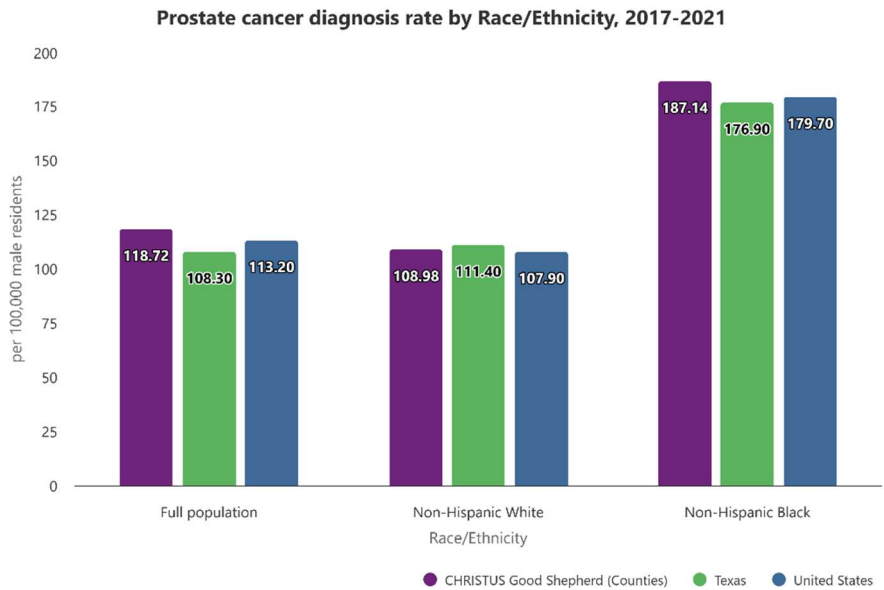


Created on Metopio | metopio.io/pr59cmnq | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)

Colorectal cancer mortality: Deaths per 100,000 residents due to colorectal cancer (ICD-10 codes C18-C21).

## Prostate Cancer Diagnosis Rate by Race and Ethnicity

The prostate cancer diagnosis rate in the United States is 113.2 per 100,000 people, with Texas slightly below the national average at 108.3. At CHRISTUS Good Shepherd, the rate is higher at 118.72. Non-Hispanic White men have a diagnosis rate of 107.9 nationally, which is lower than the Texas average of 111.4 and the CHRISTUS Good Shepherd rate of 108.98. Non-Hispanic Black men have the highest diagnosis rate, with 179.7 nationally, 176.9 in Texas, and 187.14 at CHRISTUS Good Shepherd.



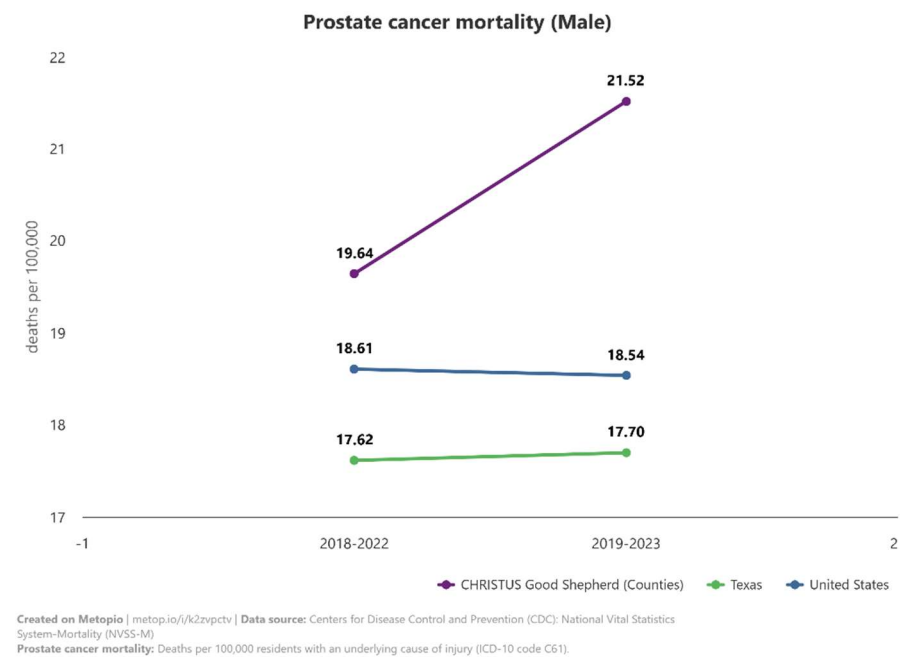
Created on Metopio | metopio.io/xuq23y3q | Data source: National Cancer Institute (NCI): State Cancer Profiles (Everywhere except IL and WI)

Prostate cancer diagnosis rate: Annual diagnosis rate for prostate cancer. Ages 15 and over, age-adjusted.



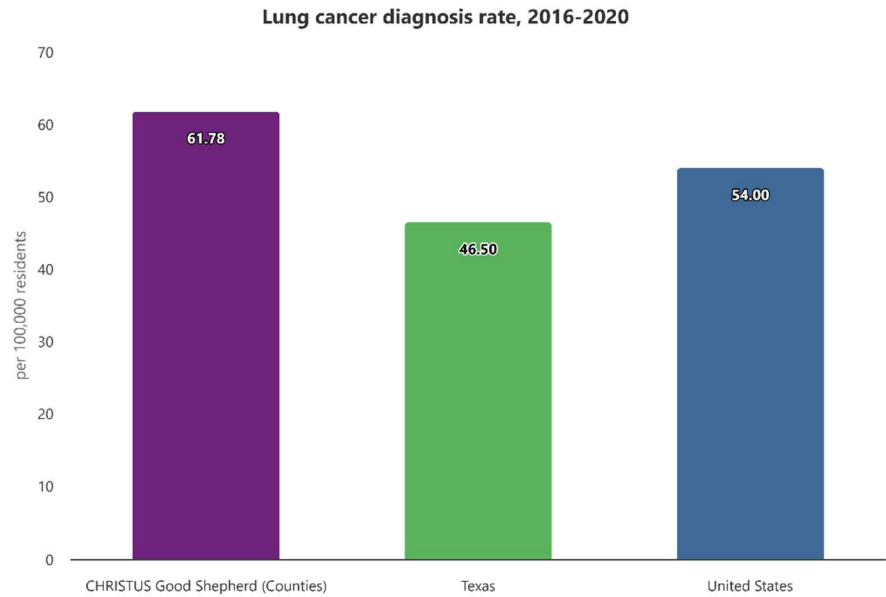
# Prostate Cancer Mortality Rate

Prostate cancer mortality rates have been analyzed for CHRISTUS Good Shepherd, Texas, and the United States from 2018 to 2023. In CHRISTUS Good Shepherd, the mortality rate was 19.64 per 100,000 people from 2018 to 2022, increasing to 21.52 from 2019 to 2023. Texas and the United States had lower rates, with Texas at 17.61 and 17.7, and the United States at 18.61 and 18.54 for the respective periods. The data indicates a rising trend in prostate cancer mortality in CHRISTUS Good Shepherd, contrasting with stable or slightly declining rates in Texas and the United States. This suggests a need for targeted health interventions in CHRISTUS Good Shepherd.



## Lung Cancer Diagnosis Rate

Lung cancer diagnosis rates vary significantly across different regions. CHRISTUS Good Shepherd, encompassing multiple counties, reports the highest rate at 61.78 per 100,000 residents. The United States follows with 54.0 while Texas has a rate of 46.5. This data highlights the regional disparities in lung cancer diagnosis rates, with CHRISTUS Good Shepherd having a notably higher rate compared to the state and national averages.

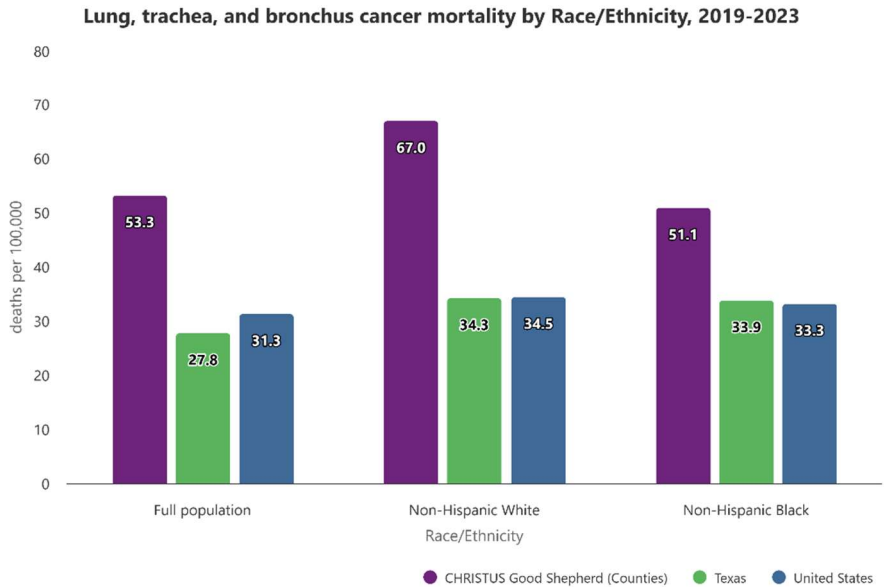


Created on Metopio | metopio.io/8mv1qib8 | Data source: National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)

Lung cancer diagnosis rate: Annual diagnosis rate for lung and bronchus cancer. Ages 15 and over, risk-adjusted.

## Lung, Trachea and Bronchus Cancer Mortality by Race and Ethnicity

Lung, trachea, and bronchus cancer mortality rates vary significantly across different populations. In the United States, the overall mortality rate is 31.29 per 100,000 people. However, Non-Hispanic Whites have a higher rate of 34.51, while Non-Hispanic Blacks have a slightly lower rate of 33.28. In Texas, the mortality rate is 27.84, and in the counties served by CHRISTUS Good Shepherd, it is 53.25, indicating a higher prevalence in these areas.



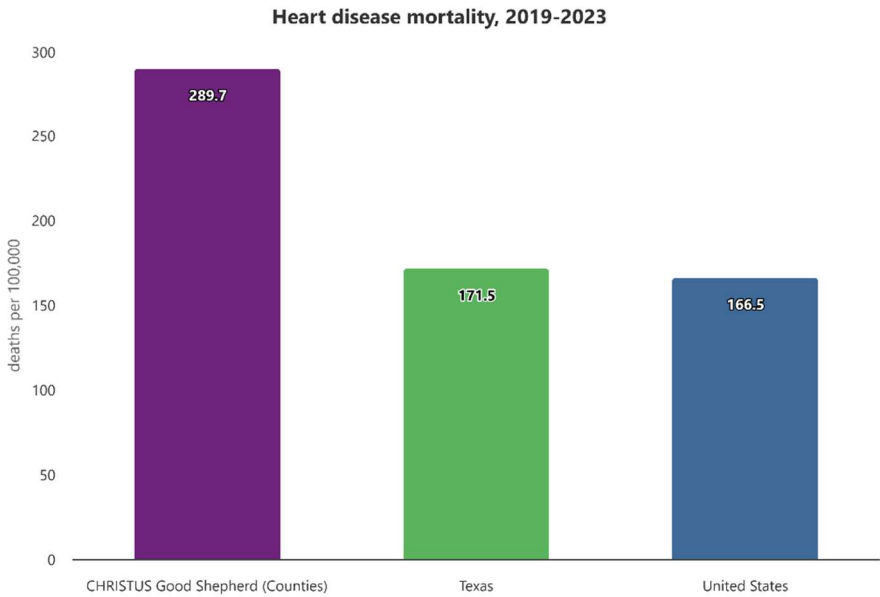
Created on Metopio | metopio.io/8pugfo74 | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)

Lung, trachea, and bronchus cancer mortality: Deaths per 100,000 residents due to cancer of the lung, trachea, and bronchus (ICD-10 codes C33-C34).

# Cardiovascular Disease

## Heart Disease Mortality

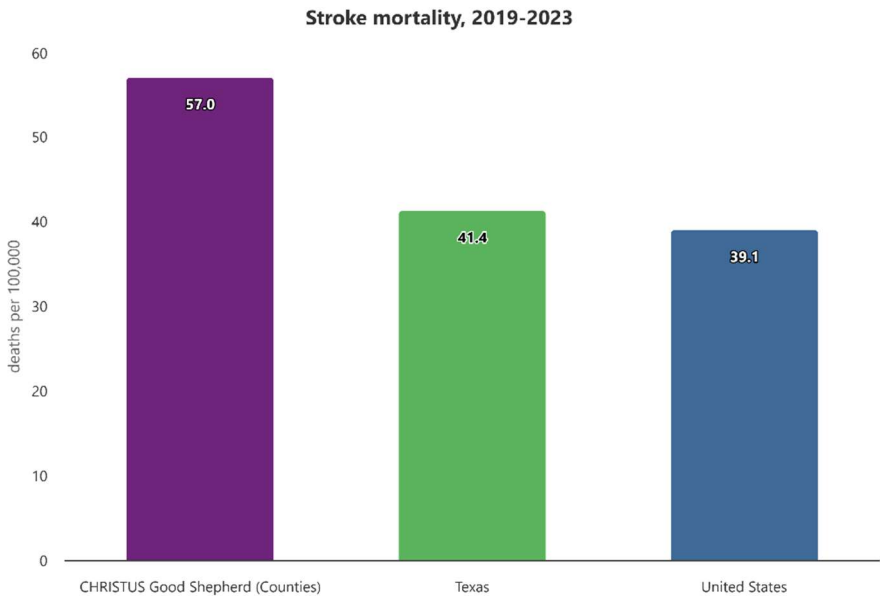
Heart disease mortality rates are presented for various locations in the United States. CHRISTUS Good Shepherd, covering multiple counties, has the highest rate at 289.69 per 100,000 people. Texas has a lower rate of 171.5, while the United States overall has the lowest rate at 166.48. These disparities highlight the varying impact of heart disease across different regions.



Created on Metopio | metopio.io/qp16gyso | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)  
Heart disease mortality: Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00-I09, I11, I13, I20-I51).

## Stroke Mortality

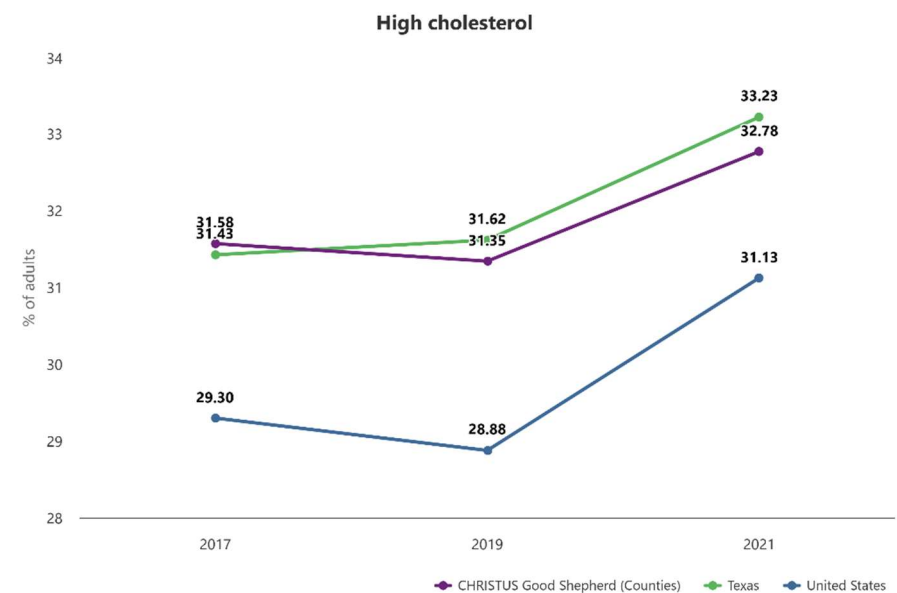
Stroke mortality in CHRISTUS Good Shepherd counties is significantly higher at 57.0, compared to the Texas state average of 41.35 and the national average of 39.05. This indicates a concerning health disparity in these counties. The elevated mortality rate suggests potential issues with health care access, quality or lifestyle factors in the region. Addressing these disparities could lead to improved health outcomes and reduced mortality rates.



Created on Metopio | metopio.io/jdvdbhaj | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)  
Stroke mortality: Deaths per 100,000 residents due to stroke (ICD-10 codes I60-I69).

## High Cholesterol

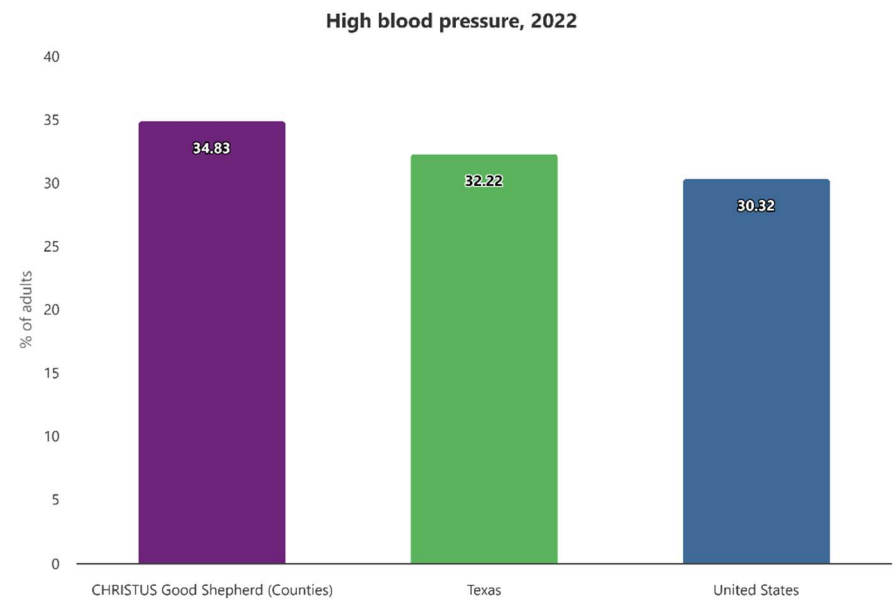
The data pertains to the prevalence of high cholesterol across the CHRISTUS Good Shepherd service area, Texas, and the United States. In 2017, the prevalence was 31.58% in CHRISTUS Good Shepherd, 31.43% in Texas, and 29.30% in the United States. The data from 2019 shows a similar trend, with CHRISTUS Good Shepherd (Counties) at 31.35%, Texas at 31.62%, and the United States at 28.88%. In 2021, the prevalence in CHRISTUS Good Shepherd was 32.78%, slightly lower than Texas's 33.23% and higher than the United States' 31.13%.



Created on Metopio | metopio.io/7hcdzsf | Data sources: Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)  
High cholesterol: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high cholesterol. Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

## High Blood Pressure

High blood pressure is a significant health concern in various regions. In the United States, the national average for high blood pressure is 30.32%. Texas has a higher average at 32.22%, with CHRISTUS Good Shepherd counties reporting the highest rate at 34.83%. This indicates a need for targeted health interventions in these areas to address this issue.

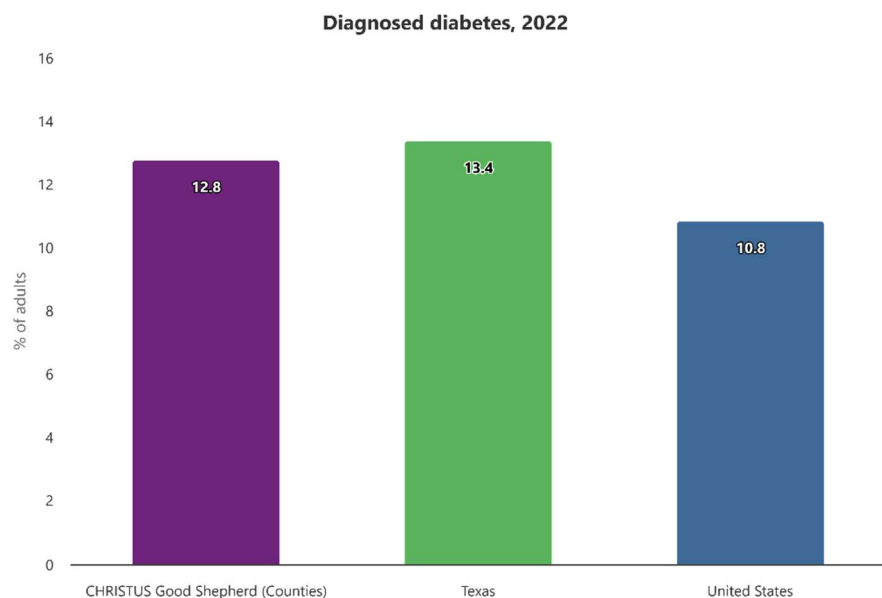


Created on Metopio | metopio.io/8cquid77 | Data sources: Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)  
High blood pressure: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (hypertension). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

# Diabetes

## Diagnosed Diabetes

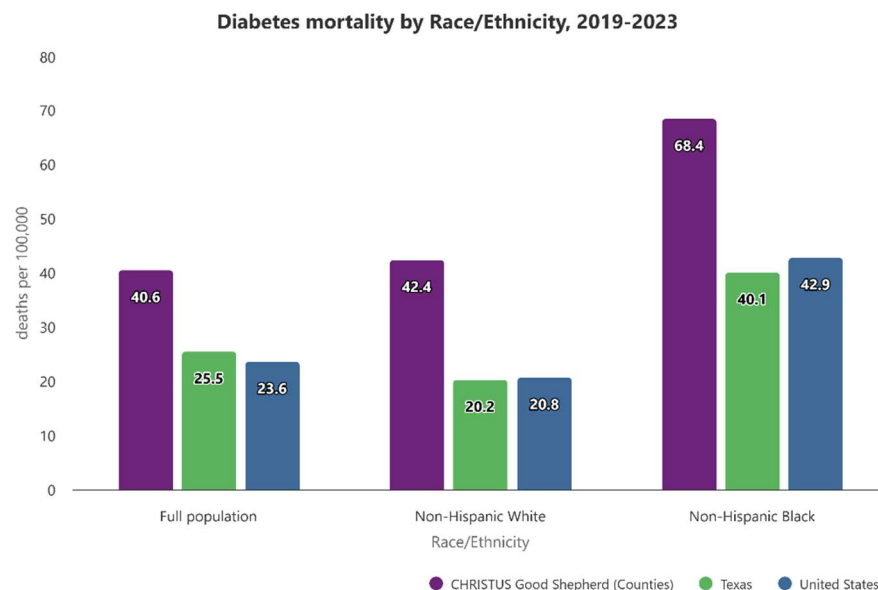
Diagnosed diabetes rates vary across different regions. CHRISTUS Good Shepherd counties report a rate of 12.76%. This is higher than the national average of 10.84% but lower than the overall rate in Texas, which stands at 13.37%. The data indicates that Texas has a higher prevalence of diagnosed diabetes compared to the national average.



Created on Metopio | [metopio.io/v/abn9n1e](https://metopio.io/v/abn9n1e) | Data sources: Centers for Disease Control and Prevention (CDC); PLACES, Diabetes Atlas (County and state level data before 2017)  
**Diagnosed diabetes:** Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have diabetes, other than diabetes during pregnancy. Data for counties and states are age-adjusted. Data for zip, tracts and smaller layers are raw.

## Diabetes Mortality by Race and Ethnicity

Diabetes mortality rates vary significantly across different racial and ethnic groups. In the United States, the overall diabetes mortality rate is 23.65 per 100,000 people. However, this rate is higher among Non-Hispanic Blacks at 42.86, and even higher in CHRISTUS Good Shepherd counties at 68.42. The data highlights the disparities in diabetes mortality, particularly in specific regions and among certain populations.

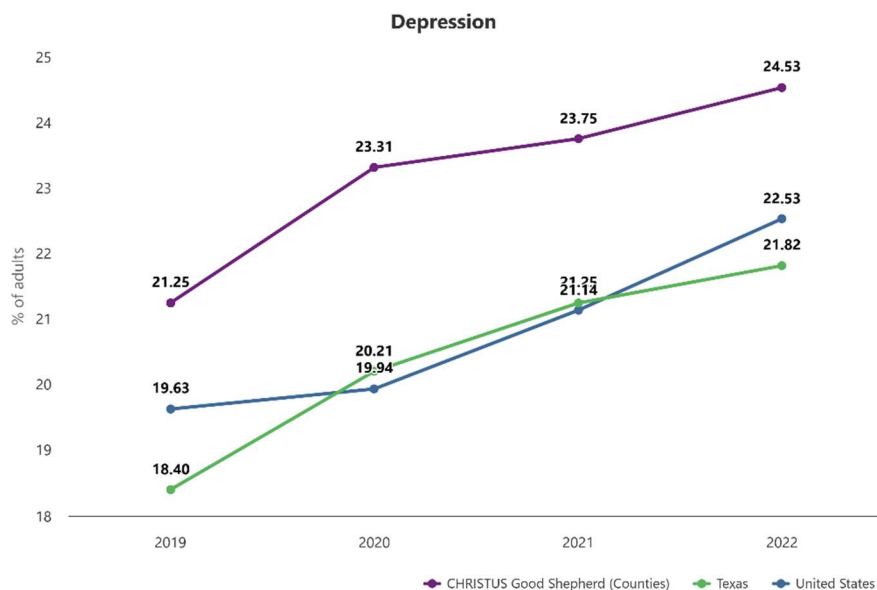


Created on Metopio | [metopio.io/pu3kjqgw](https://metopio.io/pu3kjqgw) | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)  
**Diabetes mortality:** Deaths per 100,000 residents with an underlying cause of diabetes (ICD-10 codes E10-E14).

# Mental Health

## Depression

The data reflects the prevalence of depression across different regions from 2019 to 2022. CHRISTUS Good Shepherd counties consistently report higher rates of depression compared to Texas and the United States as a whole. In 2022, the rate in these counties reached 24.53%, significantly above the national average of 22.53%. This trend indicates a growing mental health concern in the region served by CHRISTUS Good Shepherd. The data highlights the need for targeted mental health interventions in these counties.

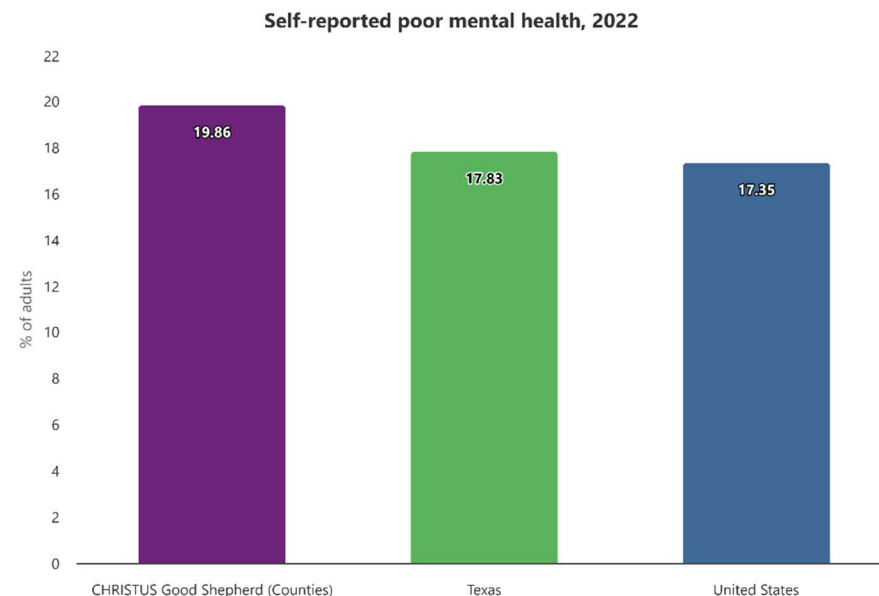


Created on Metopio | metopio.io/f/u3iazmfq | Data source: Centers for Disease Control and Prevention (CDC); PLACES

Depression: Prevalence of depression among adults 18 years and older

## Self-Reported Poor Mental Health

Self-reported poor mental health is a significant issue in various regions. In CHRISTUS Good Shepherd counties, the rate is notably high at 19.86%. This is higher than both the state average of Texas, which stands at 17.83%, and the national average of 17.35%. The data suggests a need for targeted mental health interventions in these areas. Addressing these disparities could improve overall well-being and reduce health care costs.



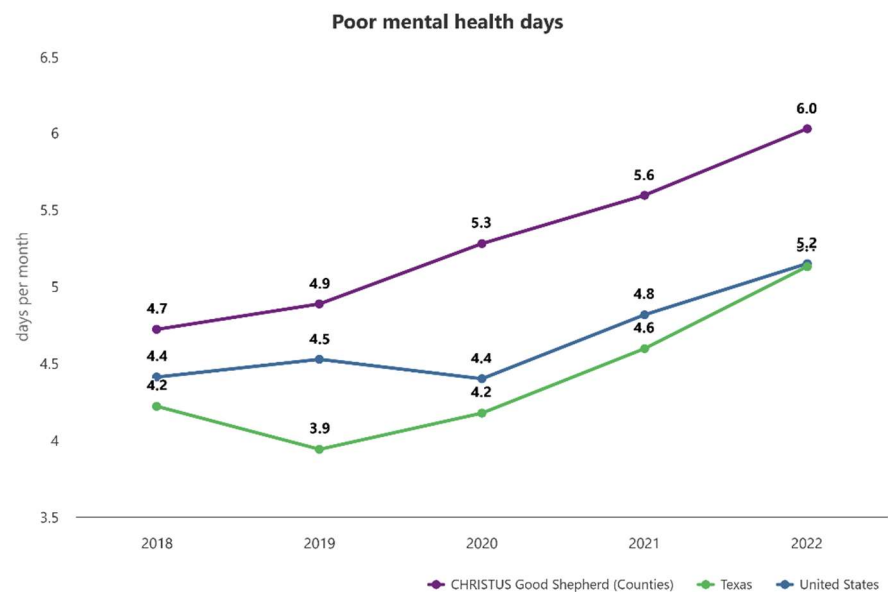
Created on Metopio | metopio.io/f/4qvec9xa | Data source: Centers for Disease Control and Prevention (CDC); PLACES

Self-reported poor mental health: Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.



Poor Mental Health Days

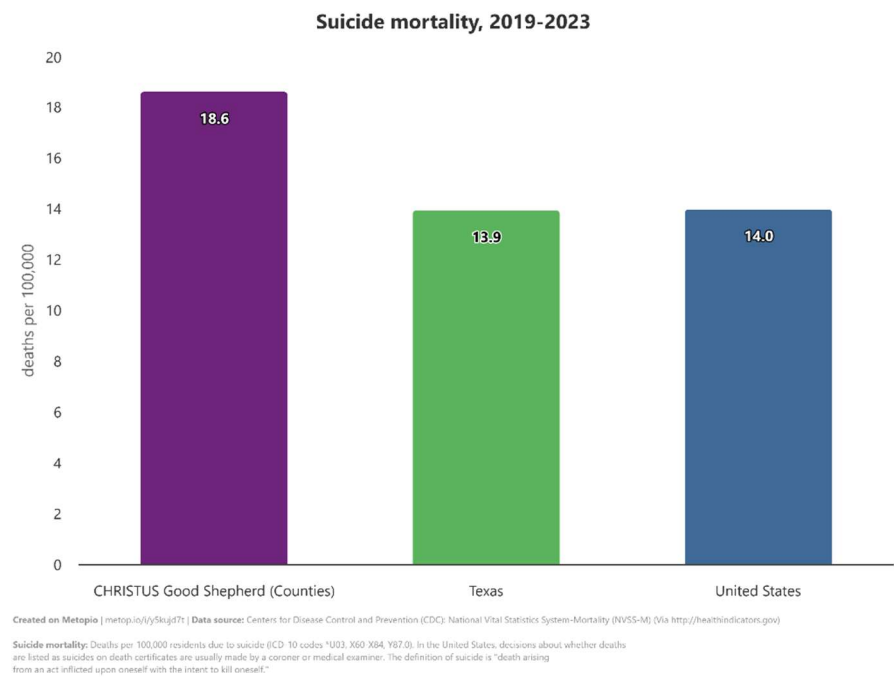
Poor mental health days have been on the rise in CHRISTUS Good Shepherd counties, Texas, and the United States. In 2022, CHRISTUS Good Shepherd counties experienced the highest average of 6.03 poor mental health days, with Texas at 5.13, and the United States at 5.15. The trend shows a significant increase from 2018 to 2022, with the largest jump occurring in CHRISTUS Good Shepherd counties. This rise in poor mental health days highlights a growing concern for mental health across all regions.



Created on Metopio | metopio.io/f/p8r57qfv | Data source: University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from BRFSS)  
Poor mental health days: Number of mentally unhealthy days, during the past thirty days, among adults aged 18 and older.

Suicide Mortality

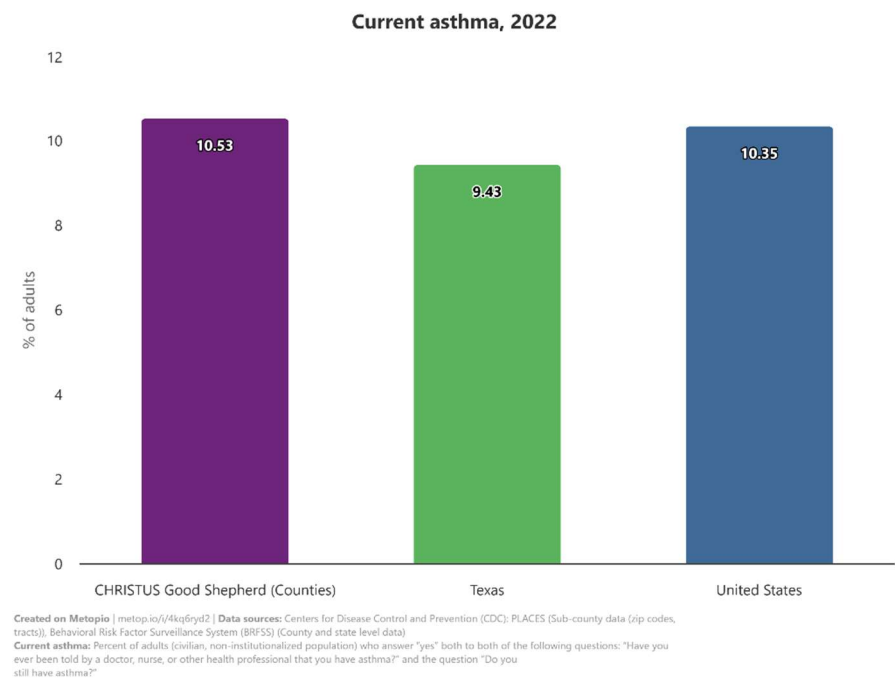
Suicide mortality rates are presented for CHRISTUS Good Shepherd counties, Texas, and the United States. The rate in CHRISTUS Good Shepherd counties is 18.6, significantly higher than both the Texas state average of 13.94 and the national average of 13.98. This indicates a concerning trend in this specific region. The elevated rate in CHRISTUS Good Shepherd counties suggests a need for targeted intervention and support to address this public health issue.



# Respiratory Illness

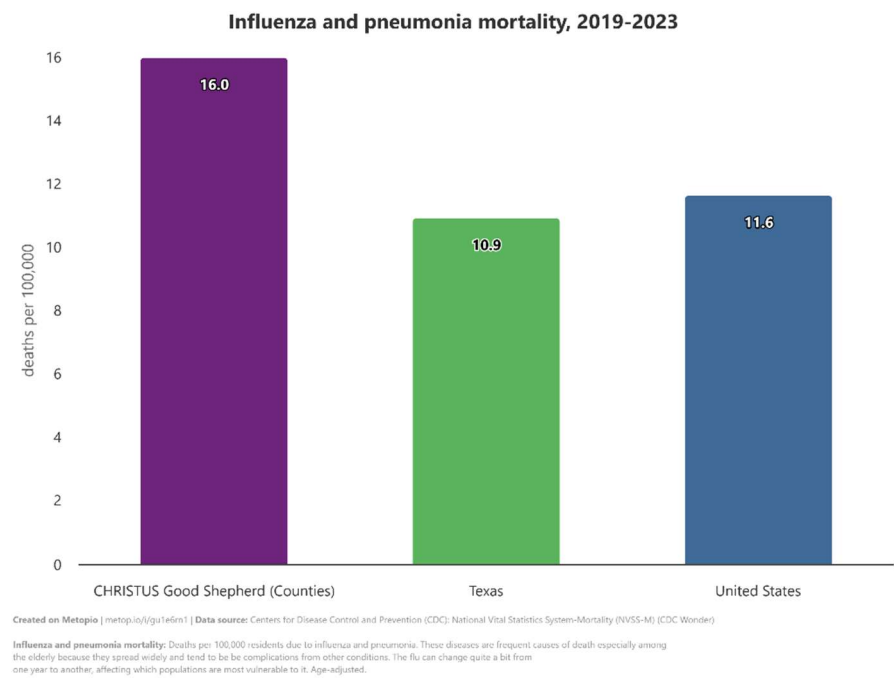
## Current Asthma

The data indicates that the current asthma rate in the United States is 10.35%. In Texas, the rate is slightly lower at 9.43%. CHRISTUS Good Shepherd, which encompasses several counties, has the highest rate at 10.53%. This suggests that asthma rates can vary significantly even within a single state.



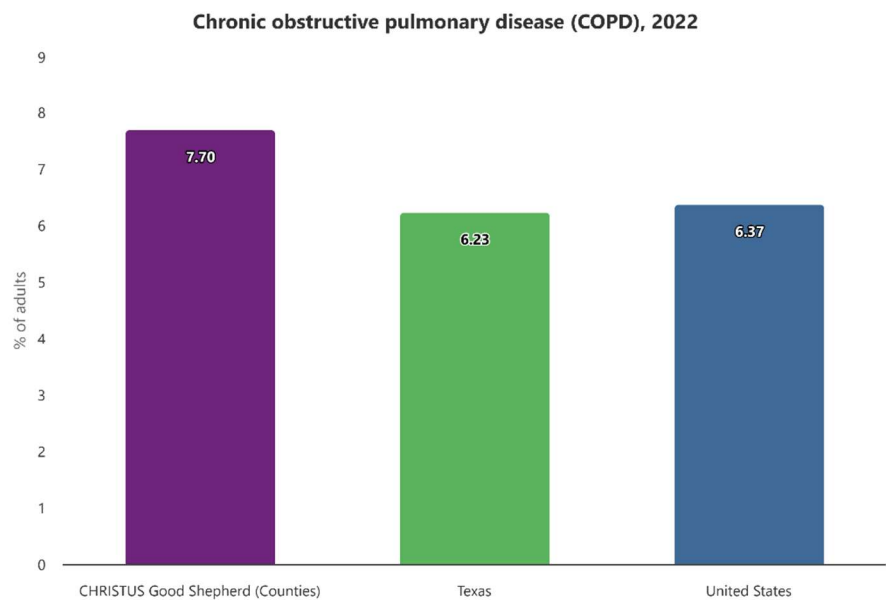
## Influenza and Pneumonia Mortality

Influenza and pneumonia mortality rates are depicted for various regions. The mortality rate for CHRISTUS Good Shepherd counties is 15.96, significantly higher than the Texas state average of 10.91 and the national average of 11.61. This indicates a higher prevalence of influenza and pneumonia-related deaths in this specific area. The data highlights the need for targeted health care interventions in CHRISTUS Good Shepherd to reduce these mortality rates.



# Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) is a significant health concern in the United States. The data indicates that the rate of COPD in the CHRISTUS Good Shepherd service area is 7.7%, which is higher than the national average. Texas, as a whole, has a COPD rate of 6.23%, slightly below the national average of 6.37%. These figures highlight the need for targeted health care interventions in areas with higher prevalence rates.

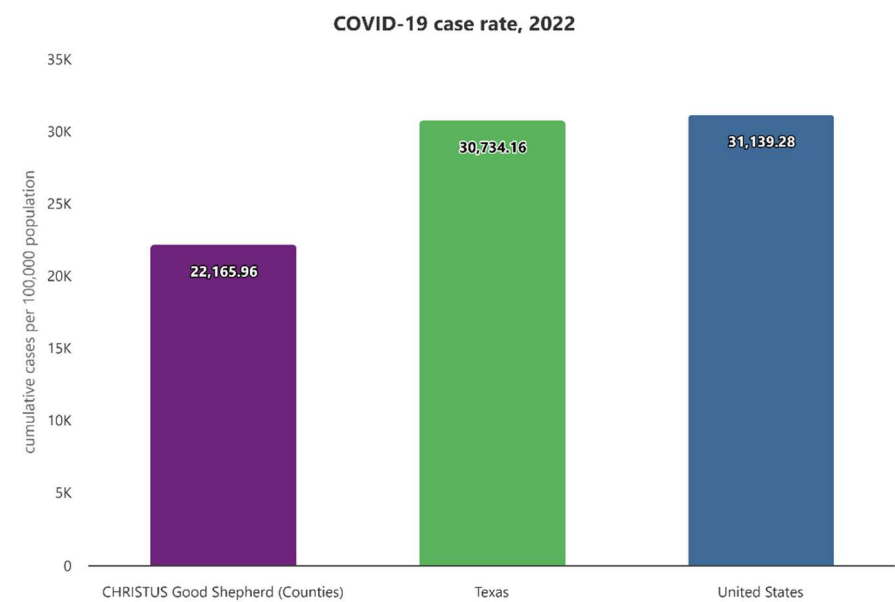


Created on Metopio | metopio.io/v6/tnk3log | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC), PLACES (Sub-county data (zip codes, tracts))  
Chronic obstructive pulmonary disease (COPD): Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis. Data for counties and states are age-adjusted. Data for zip, tracts and smaller layers are raw.

# COVID-19

## COVID-19 Case Rate

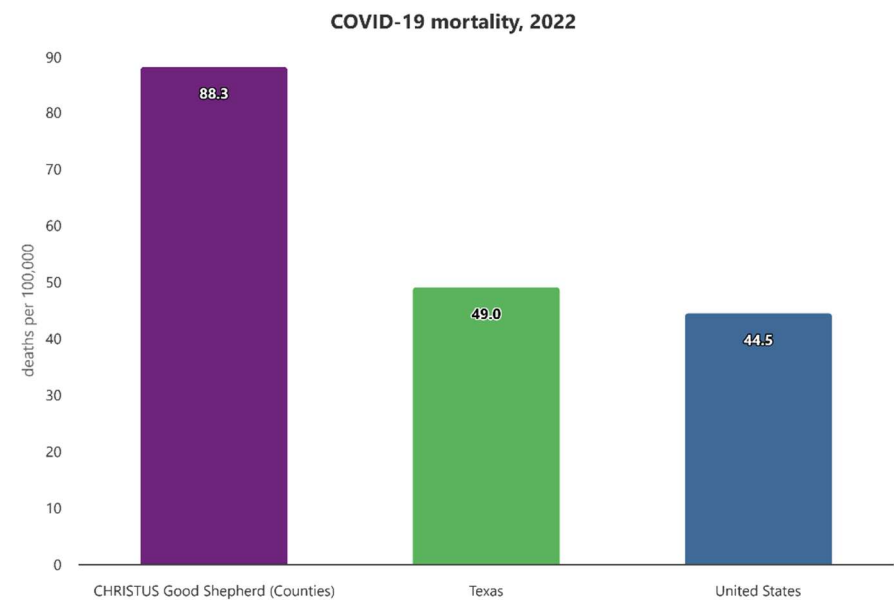
The COVID-19 case rate for CHRISTUS Good Shepherd counties is 22,165.96 per 100,000 people. In comparison, Texas has a higher rate of 30,734.16, and the United States has an even higher rate of 31,139.28. This indicates that the case rate in the areas served by CHRISTUS Good Shepherd is significantly lower than the state and national averages. The data suggests that CHRISTUS Good Shepherd's service area is managing the pandemic more effectively than the broader areas.



Created on Metopio | metopio.io/remix | Data sources: The New York Times (based on reports from state and local health agencies), Various state health departments (COVID dashboards).  
COVID-19 case rate: Confirmed COVID-19 cases from the SARS-CoV-2 virus per 100,000 residents, as of 10/10/2022. Cumulative cases, includes those who have recovered or died. These case counts are extremely biased by where testing and resources are available. Rates are not age-adjusted because of a lack of detailed age data. Data may be updated at any time; for the most recent available data, please see the cited

## COVID-19 Mortality

COVID-19 mortality rates vary significantly across different regions. CHRISTUS Good Shepherd, encompassing multiple counties, reports the highest rate at 88.27 per 100,000 residents. Texas follows with a mortality rate of 49.05, while the United States has a rate of 44.45. These disparities highlight the varying impact of COVID-19 across different areas. Understanding these differences can help in targeting resources and interventions more effectively.

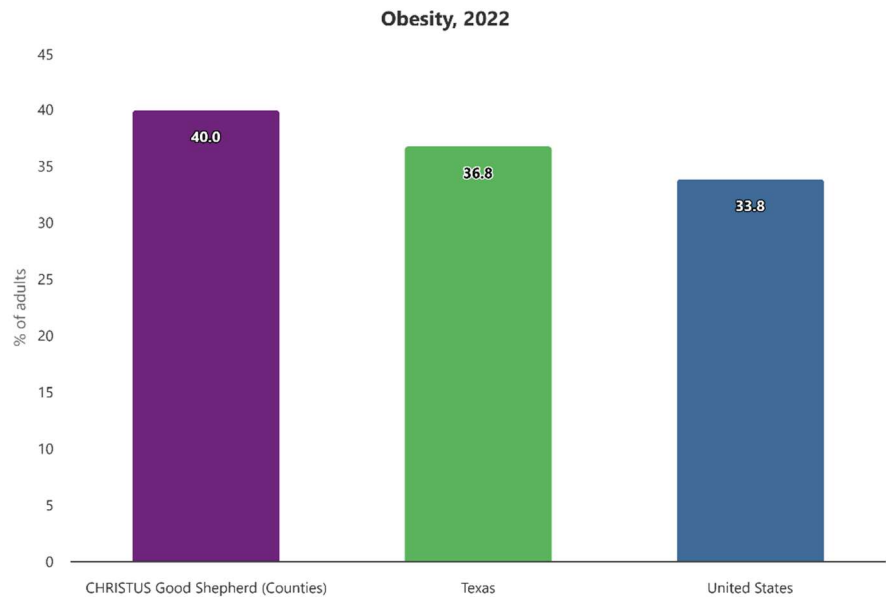


Created on Metopio | metopio.io/3of8q4nf | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (via CDC Wonder)  
COVID-19 mortality: Deaths per 100,000 residents with an underlying cause of COVID-19 (SARS-CoV-2).

# Obesity

## Obesity

Obesity rates in the United States are significantly high, with a national average of 33.83%. Texas has an even higher rate at 36.76%, indicating a more pronounced issue within the state. The CHRISTUS Good Shepherd counties report the highest obesity rate at 39.97%, suggesting a critical health concern in those areas. The elevated rates in Texas and CHRISTUS Good Shepherd counties highlight the need for targeted health interventions and policies to address obesity.



Created on Metopio | metopio.io/napw2b73 | Data sources: Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts))  
**Obesity:** Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI)  $\geq 30.0$  kg/m<sup>2</sup> calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

# Hospital Utilization Data

Clinical utilization data offers a valuable window into the health issues most affecting our communities. By examining hospital and clinic diagnoses across outpatient, emergency, inpatient and behavioral health settings, we gain insight into the conditions driving care needs; highlighting where prevention, chronic disease management or improved access may be needed.

This section summarizes the most common diagnoses across CHRISTUS Good Shepherd Health System from 2022 to 2025, including outpatient and pediatric visits, emergency department use, hospital admissions and behavioral health encounters. These data reflect the realities of care delivery on the ground and help identify where community resources and system efforts can be better aligned to improve health outcomes. With these insights, we can better respond to the community and meet people where they are, building a healthier future together.

# How Our Hospital Are Being Used

## Top 10 Reasons People Are Admitted to the Hospital

CHRISTUS GOOD SHEPHERD MEDICAL CENTER - LONGVIEW	CHRISTUS GOOD SHEPHERD MEDICAL CENTER - MARSHALL
Pregnancy and delivery	Sepsis
Sepsis	Pneumonia
Heart/circulatory	Kidney failure/disease
Pneumonia	Respiratory system
Kidney failure/disease	Urinary system infection
Cardiorenal disease	Heart/circulatory
Respiratory system	Cardiorenal disease
Infections	Infections
Maternal care	Pancreatitis
Obesity	Cerebral infraction

### What This Data Tells Us

Hospital admission data from Longview and Marshall reveals a complex mix of maternal care needs, chronic disease burdens and acute medical conditions across CHRISTUS Good Shepherd Health System communities. These patterns reflect ongoing challenges in managing preventable conditions, supporting maternal health and addressing the growing impact of chronic and infectious diseases.

- **Maternal health and obstetric care** — Admissions related to pregnancy, delivery and maternal care remain a significant portion of hospitalizations.
- **Chronic disease burden** — Conditions such as heart and circulatory disorders, cardiorenal disease and kidney failure are among the most common reasons for hospitalization. These

chronic illnesses often overlap and are influenced by risk factors like obesity, hypertension and limited access to preventive care. The presence of cerebral infarction (stroke) further underscores the need for cardiovascular health education and early intervention.

- **Infectious and respiratory illnesses** — Frequent admissions for pneumonia, respiratory system disorders, urinary system infections and sepsis point to the continued impact of infectious diseases. These conditions are particularly dangerous for older adults and those with underlying health issues, emphasizing the need for timely diagnosis, vaccination and follow-up care.
- **Acute conditions** — Cases of pancreatitis and complications related to obesity are increasingly common, reflecting broader lifestyle and dietary trends.

These health trends underscore the need for continued investment in chronic disease prevention, maternal health services and infection control across CHRISTUS Good Shepherd Health System communities. Strengthening partnerships between hospitals, outpatient providers and community organizations will be essential to improving outcomes and reducing preventable hospitalizations in Longview, Marshall and surrounding areas.



# Top 10 Reasons for Emergency Room Visits

CHRISTUS GOOD SHEPHERD MEDICAL CENTER - LONGVIEW	CHRISTUS GOOD SHEPHERD MEDICAL CENTER - MARSHALL
Respiratory infection	Respiratory infection
COVID-19	COVID-19
Other viral infection	Chest pain
Streptococcal pharyngitis	Influenza
Influenza	Other viral infection
Sepsis unspecified organism	Nausea
Chest pain	Streptococcal pharyngitis
Pneumonia	Headache
Urinary tract infections	Pneumonia
Nausea	Urinary tract infection

## What This Data Tells Us

Emergency department rooms from CHRISTUS Good Shepherd Medical Center – Longview and Marshall reveals consistent patterns in acute illness and urgent care visits. These diagnoses reflect the immediate health concerns of residents and highlight opportunities for preventive care, public health education and improved access to outpatient services.

- Respiratory and viral illnesses** — Respiratory infections, COVID-19, influenza and other viral infections are among the most frequent reasons for emergency care. These conditions often

surge seasonally and can lead to complications such as pneumonia or sepsis if not treated promptly.

- Pain and symptoms** — Chest pain, headache and nausea are frequently reported symptoms in emergency visits. These complaints may signal a range of underlying conditions — from viral illness to cardiac or neurological concerns — and often require diagnostic evaluation. Their prevalence highlights the need for accessible urgent care and follow-up services to manage non-life-threatening but distressing symptoms.
- Infections and complications** — Streptococcal pharyngitis, urinary tract infections (UTIs) and sepsis (unspecified organism) are notable contributors to ED admissions. These infections can escalate quickly, especially in vulnerable populations and emphasize the importance of early detection, antibiotic stewardship and patient education on symptom recognition.

The top emergency department diagnoses in Longview and Marshall reflect a community grappling with seasonal illness, infectious disease and symptom-driven care needs. Strengthening outpatient care access, enhancing public health messaging and expanding preventive services will be key to reducing ED reliance and improving overall health outcomes.

## Top 10 Reasons for Primary Care and Pediatric Visits

CHRISTUS GOOD SHEPHERD MEDICAL CENTER - LONGVIEW	CHRISTUS GOOD SHEPHERD MEDICAL CENTER - MARSHALL
General adult medical examination	Mammogram
Hypertension	Hypertension
Mammogram	General adult medical examination
Other preprocedural examination	Colon cancer screening
Respiratory infection	Respiratory infection
Colon cancer screening	Low back pain
Type 2 diabetes	Knee pain
Urinary tract infection	Chest pain
Radiculopathy lumbar region	Urinary tract infection
Chest pain	Other viral infection

### What This Data Tells Us

Outpatient clinic data from Longview and Marshall highlights the essential role of primary care and pediatric services in supporting community health. The most common diagnoses reflect a strong emphasis on preventive care, chronic disease management and early intervention for both adults and children.

- **Preventive screenings and routine exams** — General adult medical examinations, mammograms, colon cancer screenings and preprocedural evaluations are among the top reasons for outpatient visits. These services are critical for early detection of

disease, reducing long-term health risks and promoting wellness across the lifespan.

- **Chronic conditions** — Hypertension and type 2 diabetes are consistently among the most common chronic conditions managed in outpatient settings. These diseases require regular monitoring, lifestyle support and medication management
- **Musculoskeletal and pain-related** — Low back pain, knee pain and lumbar radiculopathy are frequent reasons for clinic visits, reflecting the need for musculoskeletal care, physical therapy referrals and pain management strategies. These conditions often impact quality of life and work productivity, especially in aging populations.
- **Infections and acute illnesses** — Despite the focus on chronic and preventive care, respiratory infections, urinary tract infections, chest pain and other viral infections remain common.

The top outpatient diagnoses in Longview and Marshall reflect a well-utilized primary care system focused on prevention, chronic disease management and early treatment of acute conditions. Continued investment in primary care infrastructure, patient education and care coordination will be essential to improving long-term health outcomes and reducing the burden on emergency and inpatient services.

## Top Primary Behavioral Health Diagnosis

CHRISTUS GOOD SHEPHERD MEDICAL CENTER - LONGVIEW	CHRISTUS GOOD SHEPHERD MEDICAL CENTER - MARSHALL
Organic disturbances and intellectual disability (dementia)	Organic disturbances and intellectual disability (dementia)
Alcohol drug abuse or dependence without rehabilitation therapy with major complications and comorbidities (MCC)	Alcohol drug abuse or dependence without rehabilitation therapy with major complications and comorbidities (MCC)
Alcohol drug abuse or dependence left against medical advice (AMA)	Alcohol drug abuse or dependence without rehabilitation therapy without major complications and comorbidities (MCC)
Alcohol drug abuse or dependence without rehabilitation therapy without major complications and comorbidities (MCC)	Alcohol drug abuse or dependence left against medical advice (AMA)
Psychoses	Psychoses
Acute adjustment reaction and psychosocial dysfunction	Other mental disorder diagnoses
	Acute adjustment reaction and psychosocial dysfunction

### What This Data Tells Us

Behavioral health data from Longview and Marshall highlights the most common psychiatric diagnoses requiring inpatient care. These trends reflect the complex mental health needs of the community and underscore the importance of expanding access to behavioral health services, substance use treatment and long-term support systems.

- **Cognitive disorders and dementia** — Organic disturbances and intellectual disabilities, including dementia, are among the top reasons for behavioral health admissions. These conditions often affect older adults and require coordinated care that includes psychiatric support, memory care services and caregiver education.
- **Substance use disorders** — Admissions for alcohol and drug abuse or dependence — both with and without major complications or comorbidities (MCC) — are highly prevalent. A concerning number of these cases involve patients leaving against medical advice (AMA), which may indicate gaps in trust, engagement or access to follow-up care.
- **Severe mental illness and psychosocial crises** — Psychoses and acute adjustment reactions with psychosocial dysfunction are also leading causes of behavioral health admissions.

The top behavioral health diagnoses in Longview and Marshall reflect a community in need of expanded mental health infrastructure, particularly for older adults, individuals with substance use disorders and those experiencing acute psychiatric crises. Strengthening behavioral health services — both inpatient and outpatient — alongside community-based prevention and recovery programs will be essential to improving outcomes and reducing readmissions.

# Community Survey

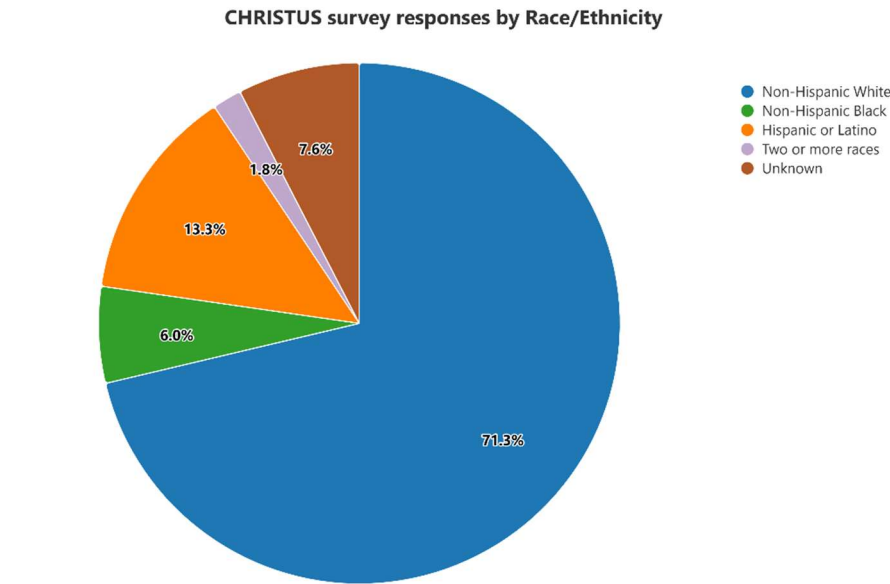
As part of the 2026–2028 Community Health Needs Assessment, CHRISTUS Health ministries, together with Metopio, a data analytics partner, developed and distributed a community survey to reach Associates (employees), patients and residents across the region. The survey was available both in online and paper formats to ensure accessibility for those without reliable internet access. The survey was available in four languages: English, Spanish, Vietnamese and Marshallese. The survey contained open and closed- ended questions. Additionally, this year, the survey included questions aligned with our clinical social needs screening tools to ensure consistency across community and clinical data. These questions focused on key social determinants of health (SDOH) such as food insecurity, housing instability, transportation access and ability to pay for medical care.

A total of 813 surveys were completed by Associates, community residents and patients within the communities that CHRISTUS Good Shepherd Health System serves. These responses were analyzed for inclusion in this report. Although the survey is not intended to be statistically representative, it offers a valuable glimpse into the challenges and health concerns faced by the community. These survey results are instrumental in ensuring that diverse voices are represented, and they provide useful information that will guide the development of implementation plans, ensuring they are responsive to both lived realities and data trends.



### Responses by Race and Ethnicity

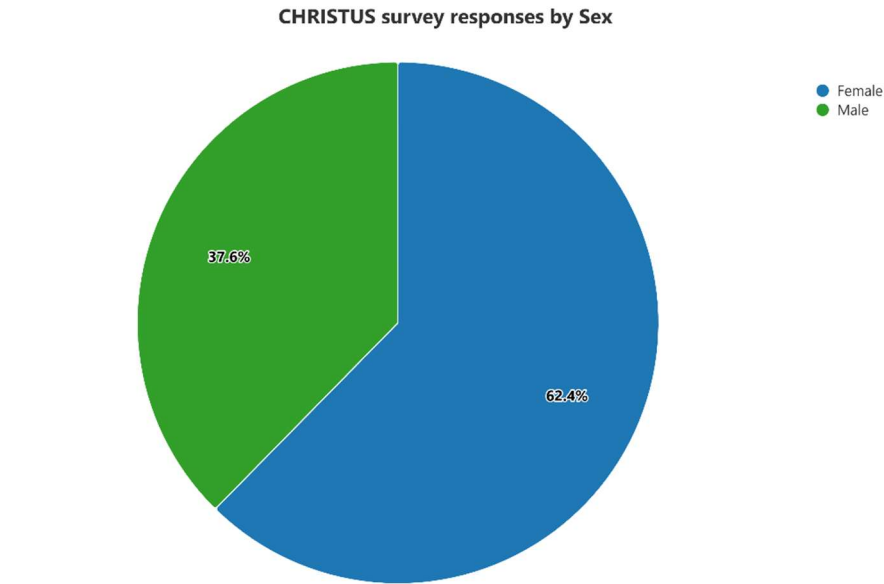
The data represents survey responses categorized by race/ethnicity for CHRISTUS Good Shepherd, located in specific zip codes. The majority of respondents are Non-Hispanic White, accounting for 630 responses, followed by Hispanic or Latino with 118 responses. Notably, 65 respondents chose not to disclose their race/ethnicity.



Created on Metopio | metopio.io/tz82p9qc | Data source: Metopio (via Alchemer API)  
CHRISTUS survey responses: The number of CHNA survey respondents from zip codes within CHRISTUS primary service areas, as of 02/19/2025.

### Responses by Sex

The data represents survey responses from CHRISTUS Good Shepherd, focusing on the sex of the respondents. The majority of respondents are female, with 547 responses, compared to 334 male responses. This indicates a significant gender disparity in the survey participants.

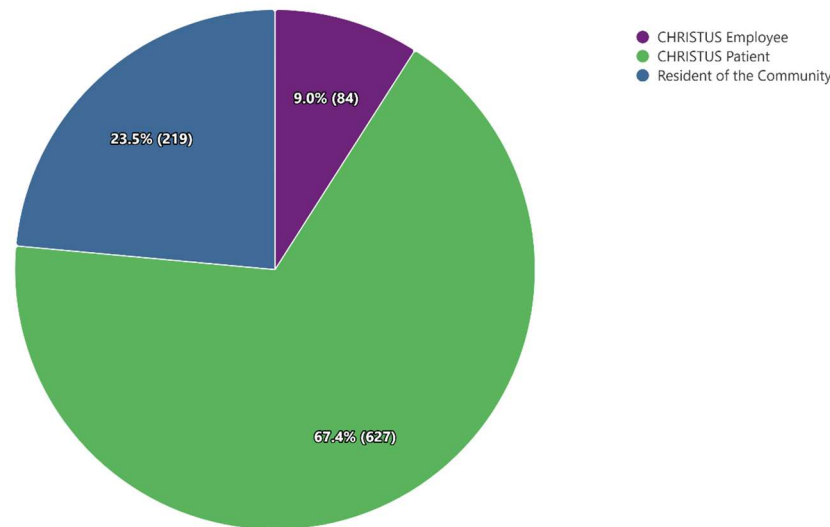


Created on Metopio | metopio.io/vumeqgga | Data source: Metopio (via Alchemer API)  
CHRISTUS survey responses: The number of CHNA survey respondents from zip codes within CHRISTUS primary service areas, as of 02/19/2025.

## Responses by Type of Survey

The majority of survey responses came from patients (627), indicating a significant patient engagement. Additionally, community residents (219) and employees (84) also contributed to the survey, highlighting a broad range of perspectives.

CHRISTUS survey responses by CHRISTUS survey type



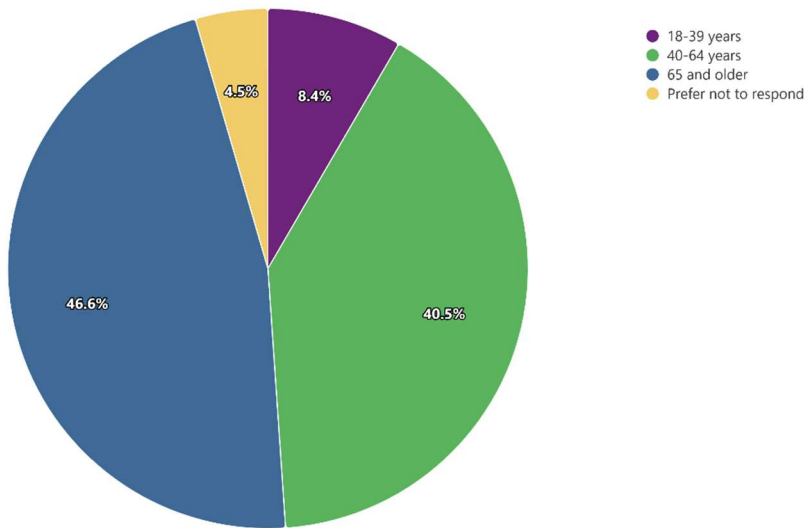
Created on Metopio | metopio.io/f/q1fn1ovk | Data source: Metopio (via Alchemer API)

CHRISTUS survey responses: The number of CHNA survey respondents from zip codes within CHRISTUS primary service areas, as of 02/19/2025.

## Responses by Age

The data represents survey responses categorized by age groups. Most respondents are aged 65 and older, accounting for 433 responses. This is followed by 377 responses from individuals aged 40-64 years.

CHRISTUS survey responses by Age



Created on Metopio | metopio.io/j/ywv7fmur | Data source: Metopio (via Alchemer API)

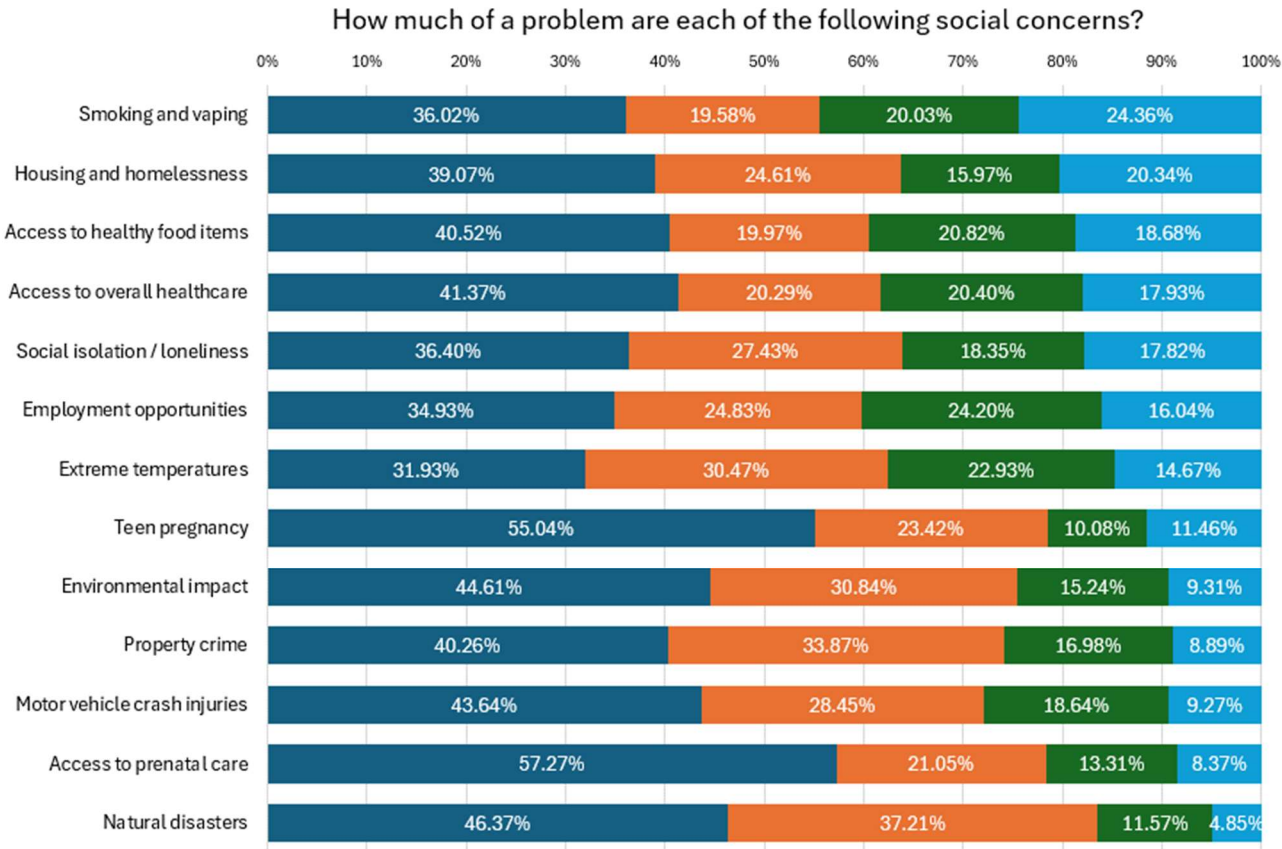
CHRISTUS survey responses: The number of CHNA survey respondents from zip codes within CHRISTUS primary service areas, as of 02/19/2025.

Social Concerns

Survey data from the CHRISTUS Good Shepherd community highlights perceptions of various social concerns. Smoking and vaping, housing and homelessness and access to healthy foods emerge as top concerns, with over 18% of respondents classifying each as a “serious problem.” In contrast, concerns like teen pregnancy and prenatal care access were more often marked as “not a problem.” These findings illustrate the social challenges most affecting community health perceptions.

The chart’s legend uses four distinct colors to indicate problem severity:

- Not at all a problem
- Minor problem
- Moderate problem
- Serious problem



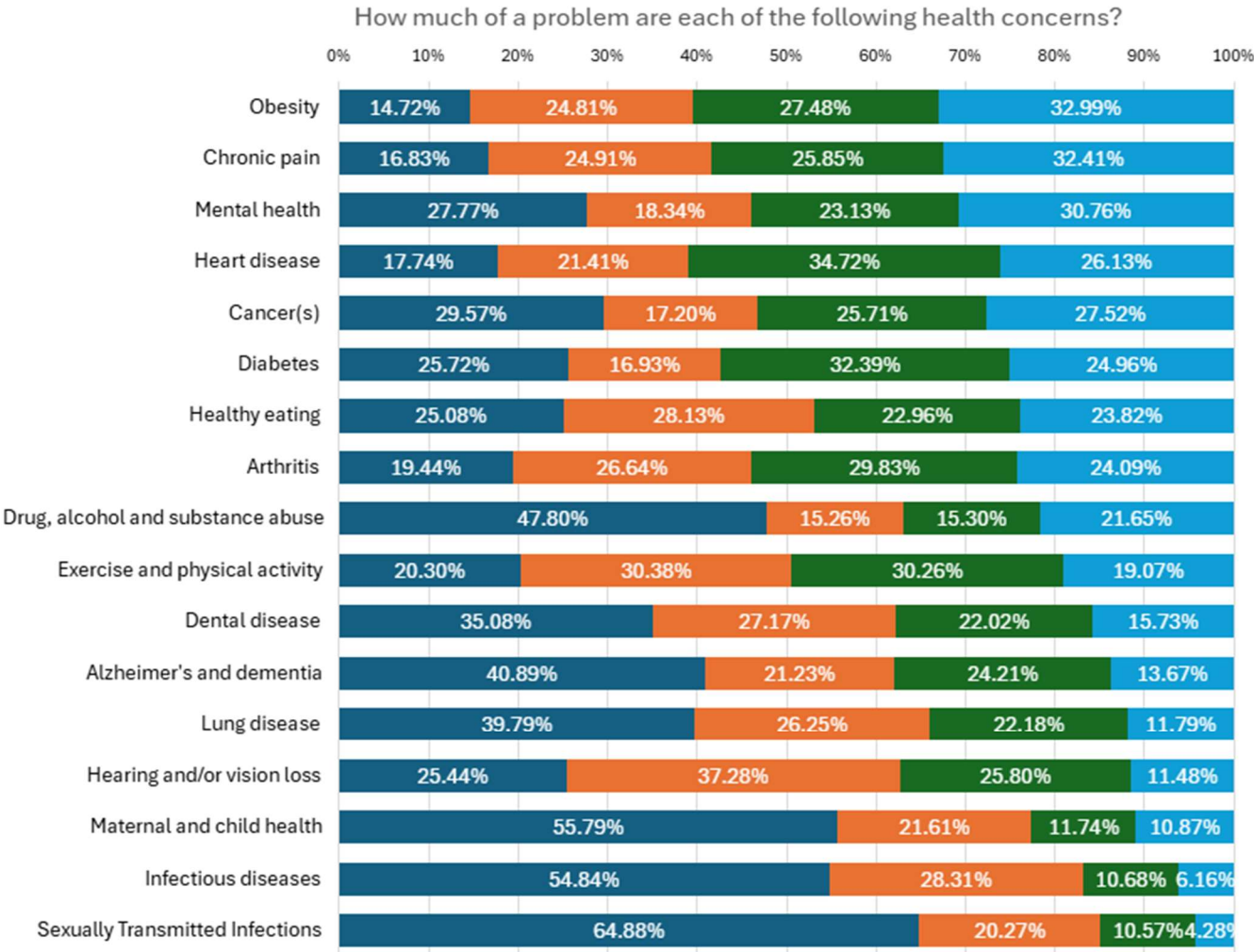


# Health Concerns

This chart presents responses from the CHRISTUS Good Shepherd Community Health Survey regarding perceived health concerns. Obesity, chronic pain and mental health were among the most frequently rated as “serious problems,” while concerns like STIs, maternal and child health and infectious diseases were less commonly viewed as pressing. These results provide insight into local health priorities and can inform service delivery strategies.

The chart’s legend uses four distinct colors to indicate problem severity:

- Not at all a problem
- Minor problem
- Moderate problem
- Serious problem



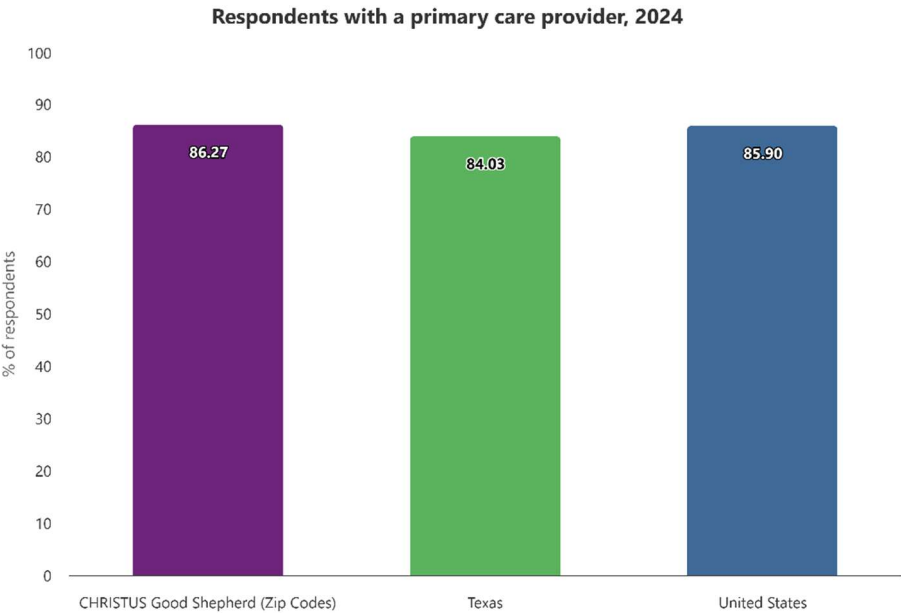
## The Story Behind the Health and Social Concerns

The community health survey responses reveal several recurring themes regarding health and social issues in the neighborhood. A significant concern is the lack of access to affordable and quality health care, including specialized services such as neurology and mental health care. Many respondents highlighted the difficulty in obtaining timely medical appointments and the high cost of insurance and medical treatments, which often leads to delayed care. Transportation to health care facilities is another major issue, particularly for seniors and those with mobility challenges, and for those in rural areas. There is also a noted deficiency in public health education and awareness of available resources, contributing to underutilization. Social issues such as poverty, crime and lack of community engagement are also prevalent, with calls for more recreational and social programs to foster community interaction. Additionally, environmental concerns, such as poor housing conditions and pollution, are seen as health threats. Overall, the responses indicate a need for improved health care infrastructure, better public transportation and enhanced community support systems.



## Primary Care Provider

The data indicates that respondents with a primary care provider are well-represented across various regions. The CHRISTUS Good Shepherd service area, identified by its zip codes, has the highest percentage at 86.27%. Texas and the United States follow closely, with 84.03% and 85.9% respectively. This suggests a strong presence of primary care providers in these areas, reflecting a generally high level of health care access.

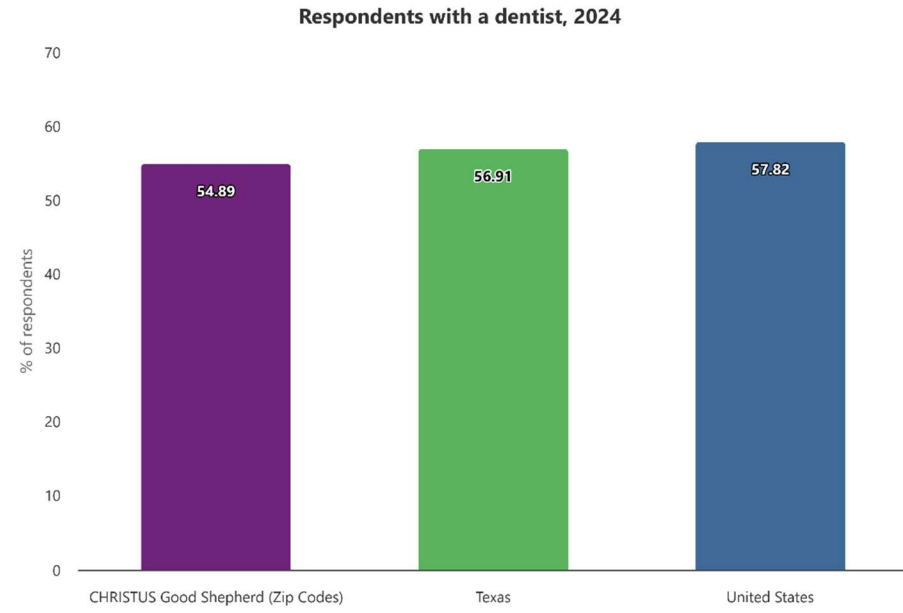


Created on Metopio | metopio.io/qyqoq2ar | Data source: CHRISTUS Community Health Survey

**Respondents with a primary care provider:** Percent of respondents answering 'Yes' to the question: Do you have a medical or healthcare professional that you see regularly (primary care provider/ doctor/ pediatrician/ cardiologist, etc.)?

## Dentist

The percentage of respondents with a dentist is 54.89% for CHRISTUS Good Shepherd, which is slightly below the Texas average of 56.91% and the national average of 57.82%. This indicates that CHRISTUS Good Shepherd has a slightly lower rate of respondents with a dentist compared to the broader region and the nation. The data suggests a need for targeted efforts to improve dental care access and awareness in this area.

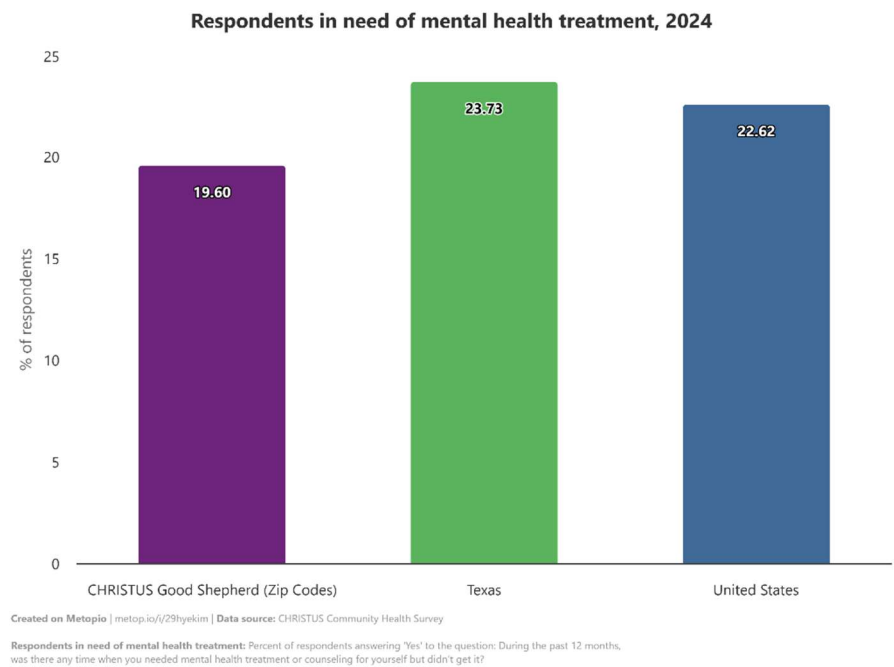


Created on Metopio | metopio.io/i/4kwouqg7 | Data source: CHRISTUS Community Health Survey

**Respondents with a dentist:** Percent of respondents checking 'Dental exam' in response to the question: Within the last 12 months have you had any of the following (please check all that apply).

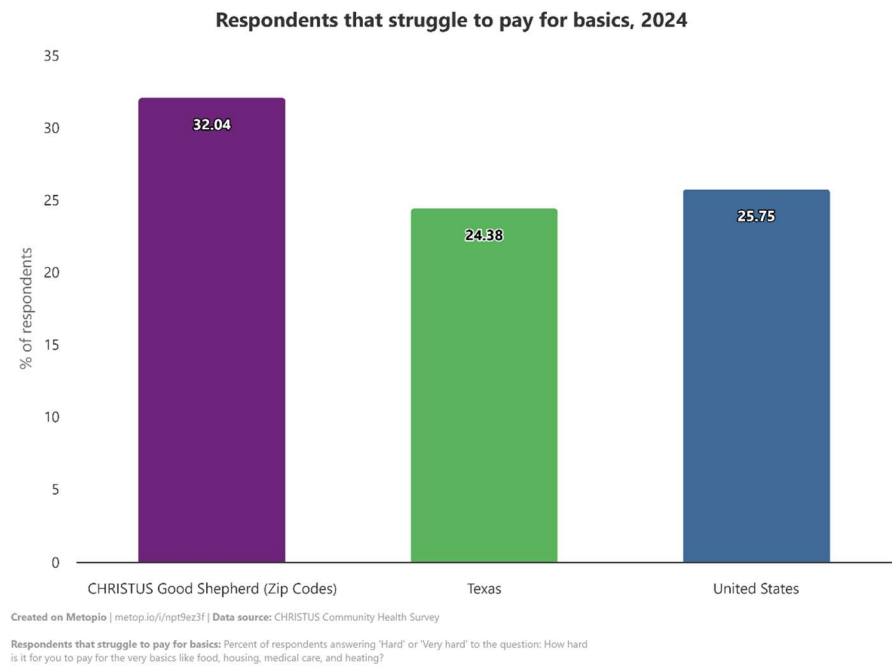
## Mental Health

The data highlights the percentage of respondents in need of mental health treatment across different regions. CHRISTUS Good Shepherd, identified by its zip codes, reports a rate of 19.6%. This is slightly lower than the overall rates for Texas (23.73%) and the United States (22.62%). The data suggests that mental health needs in the specified zip codes are somewhat less prevalent compared to the broader state and national levels.



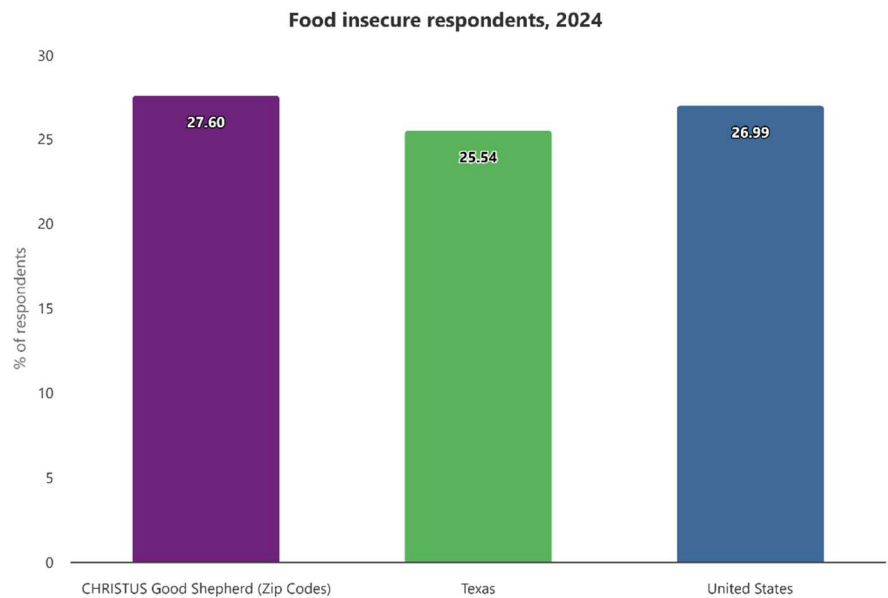
## Basic Needs

Respondents that struggle to pay for basics are represented in the data, with CHRISTUS Good Shepherd having the highest percentage at 32.04%. This is followed by Texas at 24.38% and the United States at 25.75%. The data indicates that respondents in CHRISTUS Good Shepherd face more financial difficulties compared to the state and national averages.



## Food Insecurity

Food insecurity among respondents is highest in the CHRISTUS Good Shepherd zip codes, with 27.6% reporting food insecurity. This is higher than both the state of Texas, where 25.54% of respondents are food insecure, and the national average of 26.99%. The data highlights a localized issue within the CHRISTUS Good Shepherd area, indicating a need for targeted interventions to address food insecurity in this region.

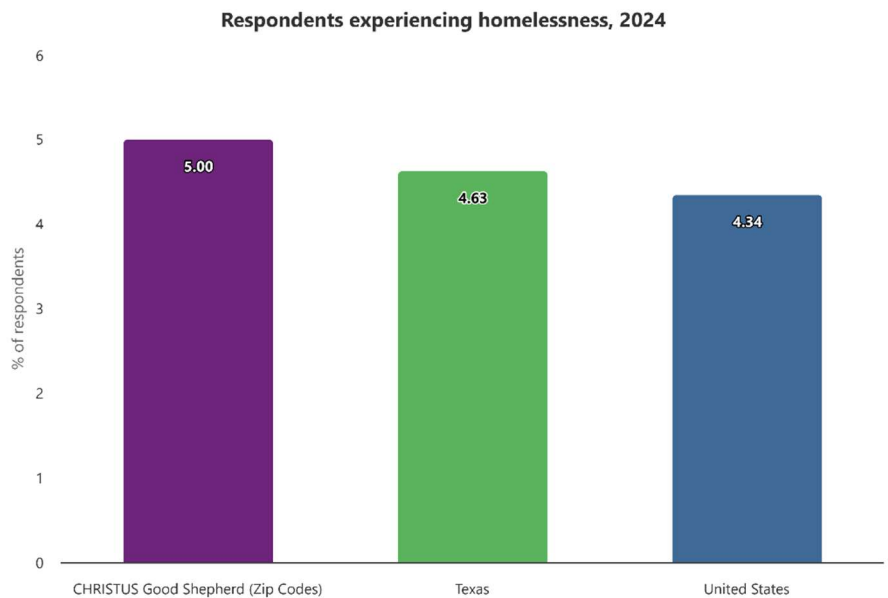


Created on Metopio | metop.io/f/6086pumi | Data source: CHRISTUS Community Health Survey

**Food insecure respondents:** Percent of respondents answering 'Often true', or 'Sometimes true' to the statement: Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

## Homelessness

The data indicates that respondents experiencing homelessness in the United States, Texas, and specifically in the area served by CHRISTUS Good Shepherd. The highest rate of homelessness among respondents is found in the CHRISTUS Good Shepherd service area, with 5.0% of respondents. This is followed by Texas with 4.63% of respondents and the United States overall with 4.34% of respondents.

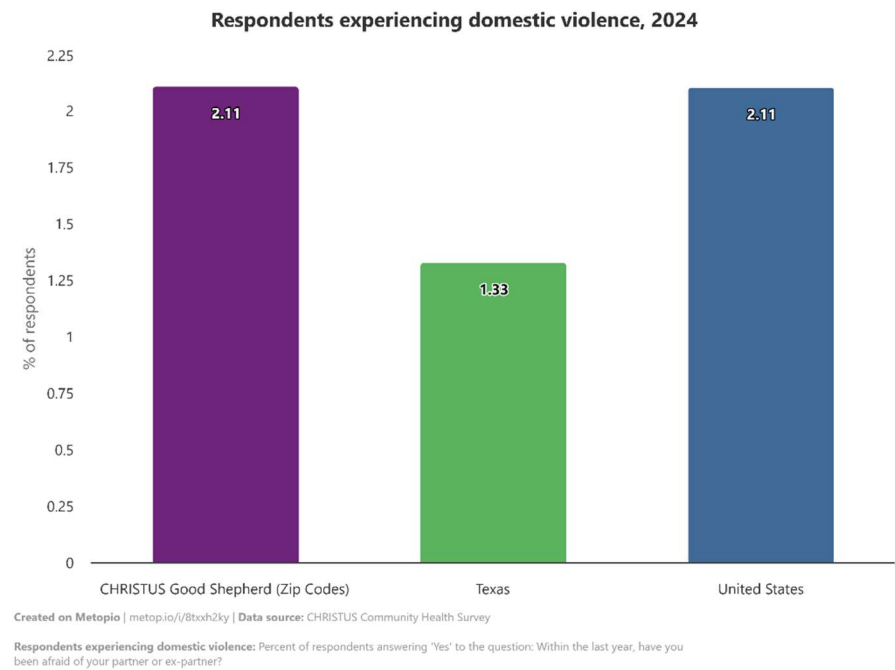


Created on Metopio | metop.io/f/4117mt | Data source: CHRISTUS Community Health Survey

**Respondents experiencing homelessness:** Percent of respondents answering 'Yes' to the question: In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?

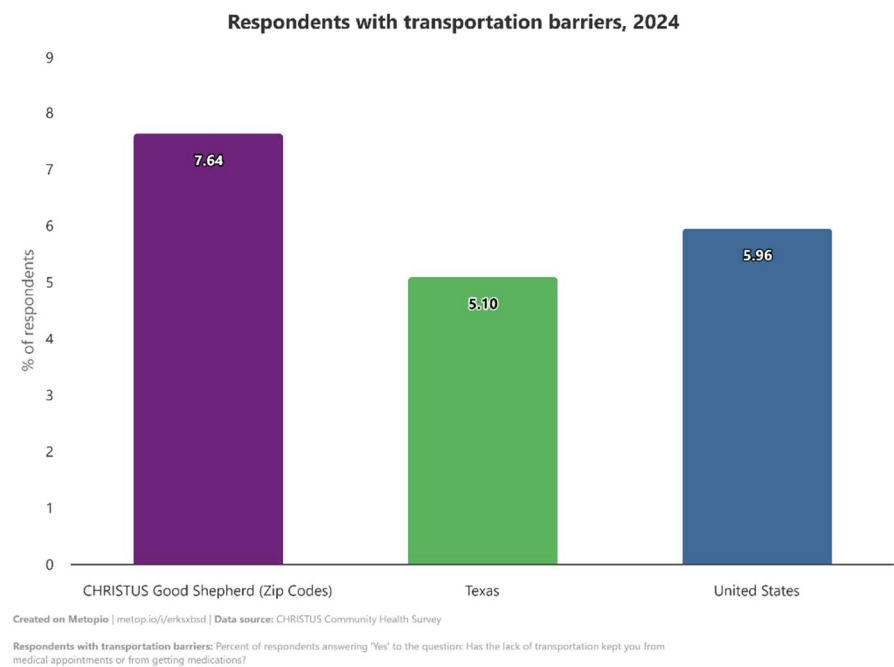
## Domestic Violence

The data indicates that respondents experiencing domestic violence in the United States and in the CHRISTUS Good Shepherd service area, identified by zip codes, have the same rate of 2.11%. In Texas, the rate is slightly lower at 1.33%. This suggests that the issue of domestic violence is slightly more prevalent in the specified areas compared to the national average.



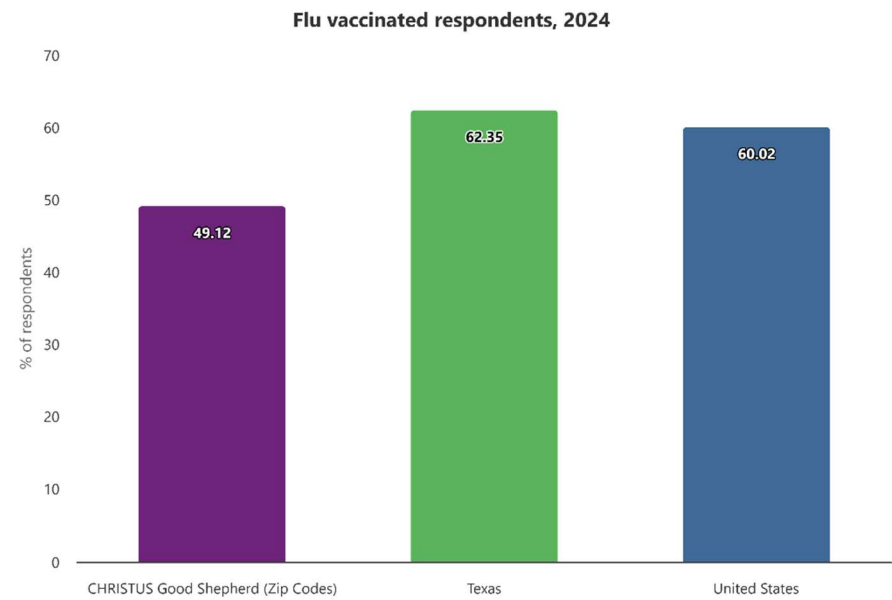
## Transportation Barriers

Respondents with transportation barriers are a significant concern in the health care sector. The data indicates that the CHRISTUS Good Shepherd service area has a notably higher percentage of respondents facing transportation barriers compared to the national average. In Texas, the percentage is lower than the national average but still represents a substantial portion of respondents. These barriers can impact access to health care services, potentially leading to poorer health outcomes.



## Flu Vaccination

Flu vaccination rates among respondents vary across different regions, with CHRISTUS Good Shepherd having the lowest rate at 49.12%. Texas and the United States have higher rates, at 62.35% and 60.02%, respectively. This indicates a significant disparity in vaccination coverage within the specified locations. Understanding these variations can help in targeting public health interventions more effectively.

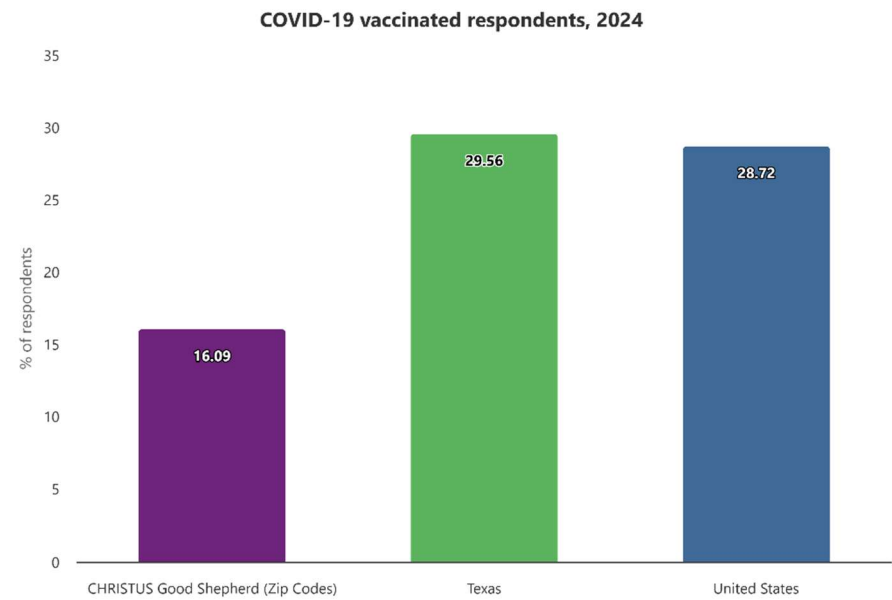


Created on Metopio | metop.io/v/wfgu9rq7 | Data source: CHRISTUS Community Health Survey

**Flu vaccinated respondents:** Percent of respondents checking 'Flu shot' in response to the question: Within the last 12 months have you had any of the following (please check all that apply).

## COVID-19 Vaccination

The data shows COVID-19 vaccination rates among respondents in various regions. CHRISTUS Good Shepherd, identified by zip codes, has a vaccination rate of 16.09%. In contrast, Texas and the United States have higher vaccination rates of 29.56% and 28.72%, respectively. This indicates a lower vaccination rate in the specific area served by CHRISTUS Good Shepherd compared to the broader regions.



Created on Metopio | metop.io/v/5ew5dk36 | Data source: CHRISTUS Community Health Survey

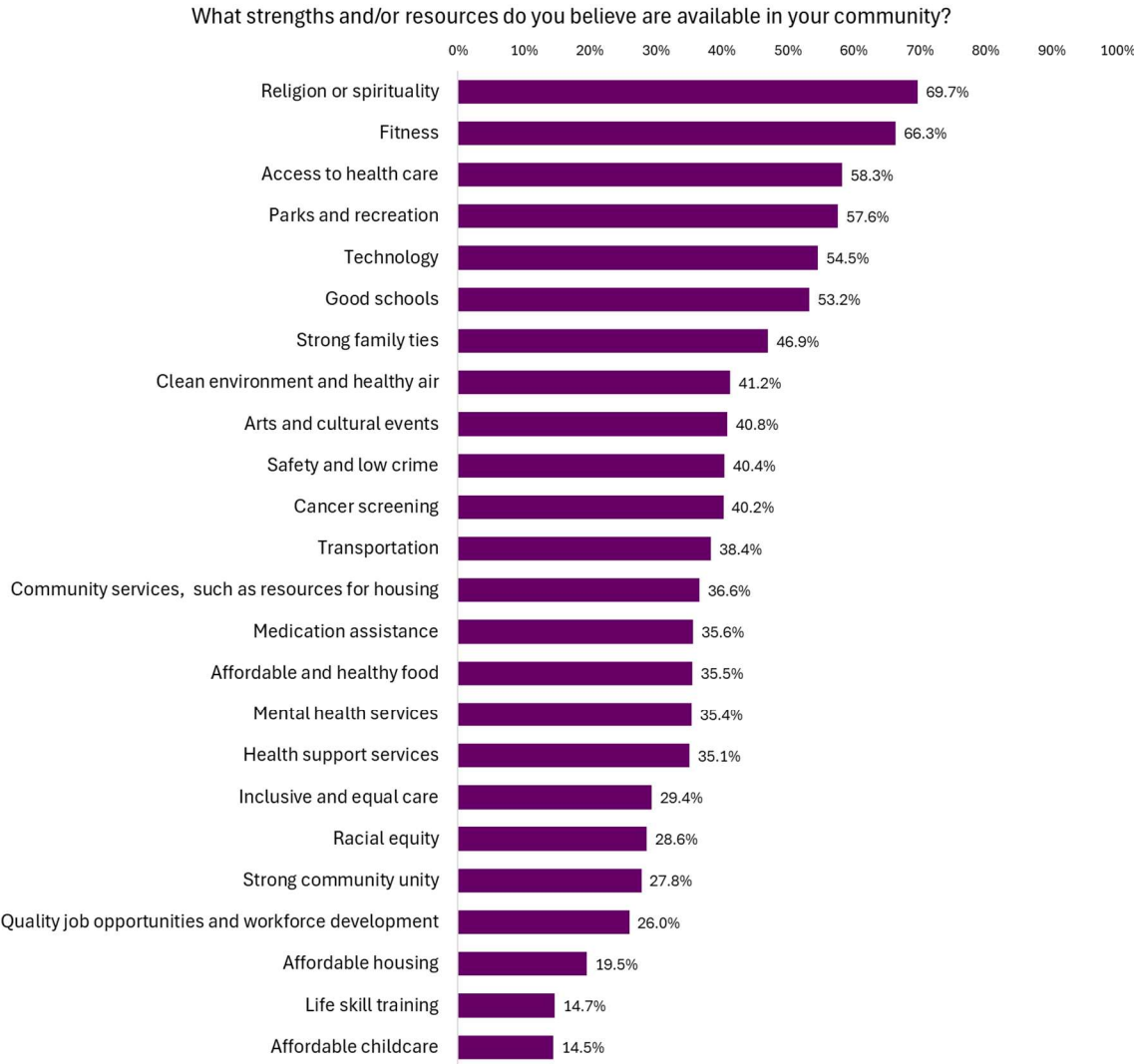
**COVID-19 vaccinated respondents:** Percent of respondents checking 'COVID-19 vaccine or booster' in response to the question: Within the last 12 months have you had any of the following (please check all that apply).



# Strengths and Resources Available

What strengths and/or resources do you believe are available in your community?

The responses highlight a few strengths and areas for improvement within the community. Common themes include a strong religious/spiritual base, fitness, access to health care and parks and recreation. However, there are also concerns about the lack of essential services such as affordable child care, life-skills training and affordable housing. Some respondents are unfamiliar with the community offerings, indicating a potential need for better communication or integration for new residents.



## Opportunities for Services or Resources

The community health survey responses highlight several recurring themes regarding additional services needed in the community. Many participants expressed a need for more affordable health care, including mental health services, dental care and medication assistance. There is also a strong demand for improved transportation options, particularly for accessing medical appointments and services. Affordable housing and support for the elderly, such as in-home care and social activities, were frequently mentioned. Respondents also emphasized the importance of community resources like safe parks, walking trails and healthy food options. Additionally, there is a call for more support and services for marginalized groups, including the homeless, individuals with disabilities and minority communities. Overall, the responses indicate a need for comprehensive, accessible and inclusive community services.

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



## Chapter 7: The Life Span





Understanding the health of a community requires more than just examining illness; it also requires looking at people across every stage of life. This chapter explores the key health and social factors that impact individuals at four critical life stages: maternal and early childhood, school-age children and adolescents, adults and older adults. By focusing on each stage, we gain deeper insight into how early conditions shape long-term health, how prevention and support opportunities vary across age groups and how health systems and communities must evolve to meet changing needs.

Each stage of life brings distinct challenges and opportunities. The foundation for lifelong health is established before birth and in the earliest years, making maternal and early childhood support a powerful investment. As children transition into adolescence, they encounter new social and emotional pressures that shape their behaviors and future health. In adulthood, chronic disease, mental health needs and systemic barriers like cost and access become more prominent. For older adults, priorities shift toward managing complex conditions, maintaining independence and aging with dignity.

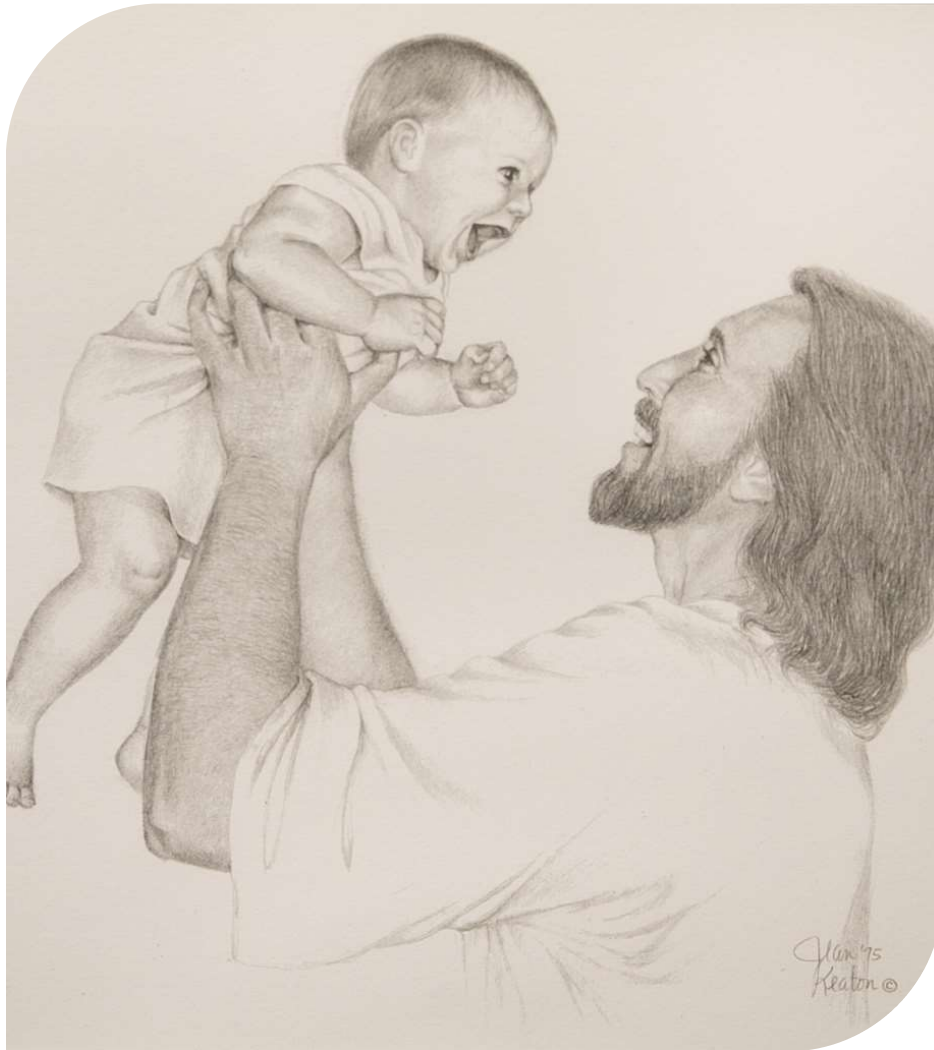
In this chapter, we examine the priority indicators selected to represent each life stage and analyze trends using available regional, state and national data. Each graph, where possible, includes data from the ministry's primary service area (PSA) counties, allowing comparisons to broader state and national benchmarks. While not all indicators contain data for all three geographic levels, this comparative approach helps illustrate the unique realities and disparities facing each community. Community voices and narratives are also included throughout to bring lived experience and local context to the numbers.

This life-stage framework not only supports the development of targeted strategies and equitable interventions but also reinforces a central truth: healthier communities begin when we recognize and respond to the unique needs of people across the full span of their lives.





# Maternal and Early Childhood Health



*Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.*

A child's life-long health journey begins long before their first steps. The maternal and early childhood life stage encompasses three critical phases — pregnancy, newborns, infants and toddlers — each representing foundational opportunities to influence a child's well-being and a family's future stability.

Across the communities we serve, multifaceted priority indicators were identified to represent this life stage:

- Cost of living
- Prescription cost
- Babies born with addiction
- Health care shortage

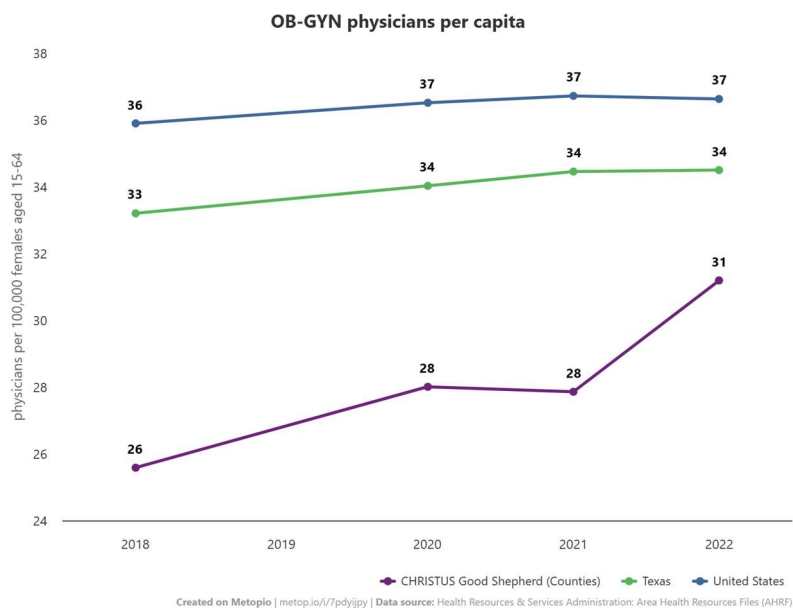
These indicators not only reflect current health outcomes but also illuminate systemic challenges and opportunities for upstream intervention. Investing in the earliest stages of life — when brain development is most rapid, and families are forming critical bonds — can profoundly shape educational achievement, chronic disease risk and emotional resilience later in life. Addressing maternal and early childhood health is not just a health care imperative; it's a commitment to ensuring every child has a strong, healthy start and every parent has the support they need to thrive.



# How Are We Doing?

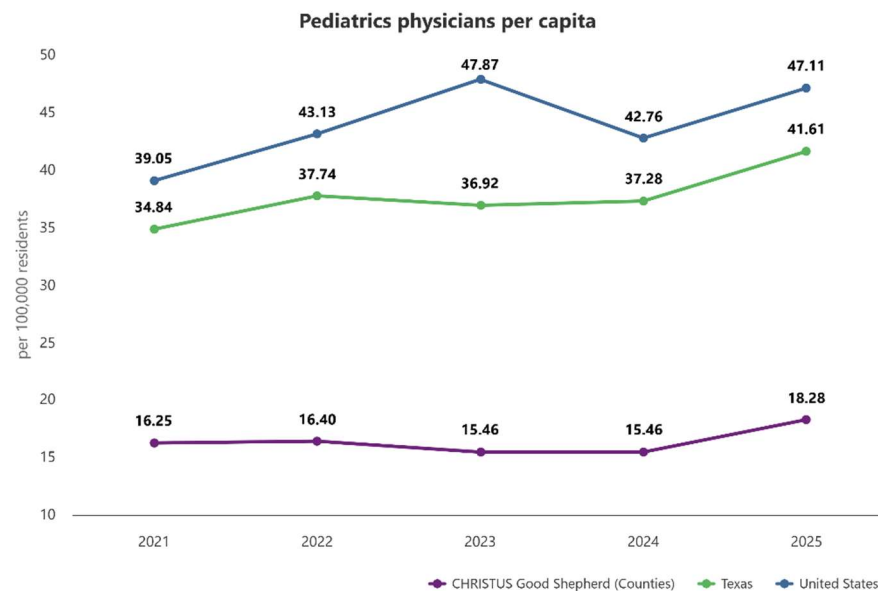
## OB-GYN Physicians per Capita

The chart illustrates the number of OB-GYN physicians per capita in the counties served by CHRISTUS Good Shepherd, Texas, and the United States from 2018 to 2022. In 2018, CHRISTUS Good Shepherd counties had 25.58 OB-GYN physicians per capita, significantly lower than Texas and the United States, which had 33.2 and 35.89, respectively. By 2022, the number of OB-GYN physicians per capita in CHRISTUS Good Shepherd counties increased to 31.19, approaching the state and national averages of 34.49 and 36.62, respectively. This indicates a positive trend in the availability of OB-GYN physicians in our primary service area. The data suggests that efforts to improve health care access in this region are yielding results, although there is still room for further improvement.



## Pediatric Physicians per Capita

Pediatrics physicians per capita in the United States have shown an overall increase from 2021 to 2025. In 2021, the national average was 39.05, which rose to 47.11 by 2025. CHRISTUS Good Shepherd, representing several counties, started with 16.25 in 2021 and peaked at 18.28 in 2025. Texas also saw an increase, starting at 34.84 in 2021 and reaching 41.61 by 2025. However, CHRISTUS Good Shepherd consistently had the lowest rate among the three regions analyzed.



**Pediatrics physicians per capita:** A pediatrician is concerned with the physical, emotional and social health of children from birth to young adulthood. Care encompasses a broad spectrum of health services ranging from preventive healthcare to the diagnosis and treatment of acute and chronic diseases.

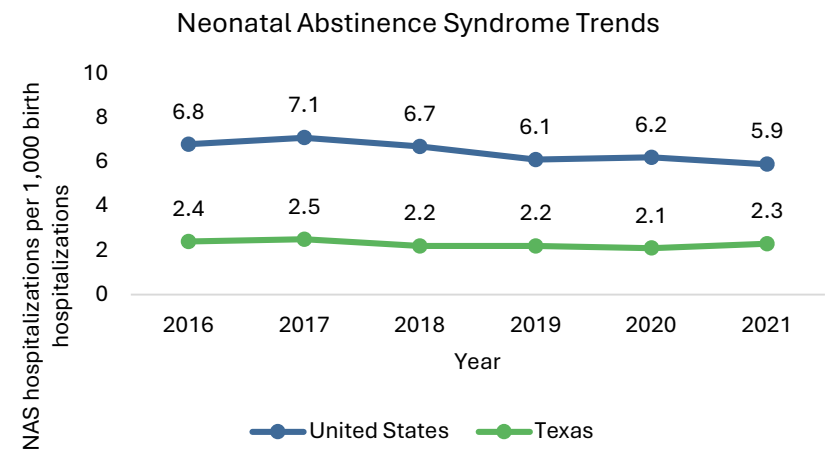
## Medication Affordability

According to data from the Kaiser Family Foundation, almost **1 in 4 adults who take prescription medications—about 28%—say it’s “somewhat” or “very difficult” to afford their prescriptions**, with the burden particularly heavy among households earning less than \$40,000 annually, where 40% report difficulty affording their meds. This means that a significant portion of medication-dependent adults are struggling financially to maintain their health.

Despite advances in medicine and increased insurance coverage, the cost of everyday medications is still a barrier, especially for those with lower incomes. This financial strain is more than an inconvenience — it can lead to skipping doses, rationing pills or not filling prescriptions at all, which in turn worsens chronic conditions, drives up overall health care costs and diminishes quality of life. The data make it clear that we need bold policy solutions — like capping out-of-pocket costs, negotiating drug prices and strengthening assistance programs — to ensure no one must choose between health and basic financial security.

## Neonatal Abstinence Syndrome (NAS) Trends

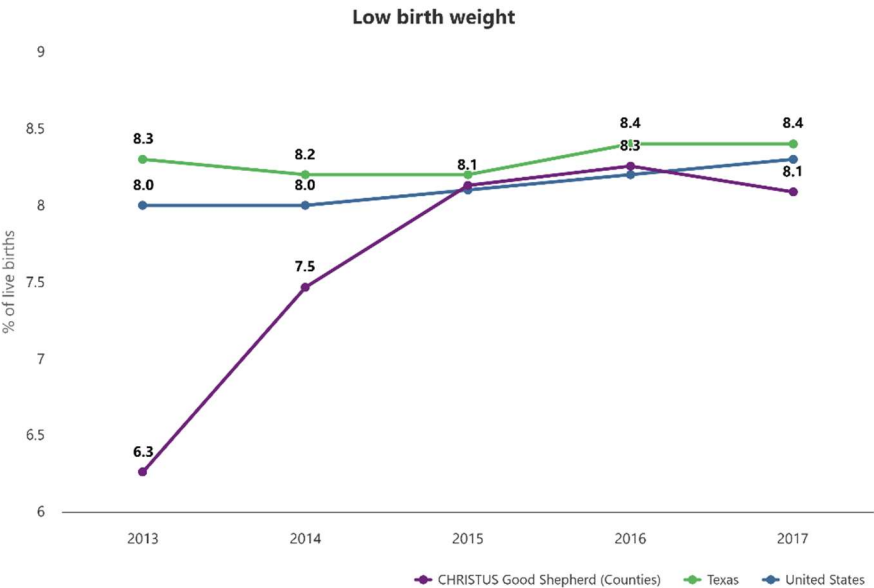
This chart shows trends in neonatal abstinence syndrome (NAS) — a condition affecting newborns exposed to illicit drugs in utero — across Texas and the United States as a whole. While the United States has seen a slight but steady decline in NAS cases per 1,000 birth hospitalizations from 2016 to 2021, Texas has maintained consistently lower rates overall. However, both figures continue to report a concerning number of cases, indicating that substance use during pregnancy remains a persistent public health challenge. The data, sourced from the Health Resources and Services Administration (Maternal and Child Health Bureau), suggest that while progress is visible, we still have critical work ahead to support maternal health, expand substance use treatment access and prevent exposure during pregnancy, especially in rural and high-risk communities.



**Source:** Health Resources and Services Administration: Maternal and Child Health Bureau | Neonatal Abstinence Syndrome Trends: Number of birth hospitalizations with a diagnosis code of neonatal abstinence syndrome (withdrawal symptoms due to prenatal exposure to illicit drugs) per 1,000 birth hospitalizations.

## Low Birth Weight

The data shows the percentage of low birth weight in CHRISTUS Good Shepherd, Texas, and the United States from 2013 to 2017. In 2017, the percentage of low birth weight in CHRISTUS Good Shepherd was 8.09%, slightly lower than the Texas average of 8.4% and the national average of 8.3%. The percentage of low birth weight in CHRISTUS Good Shepherd decreased from 8.26% in 2016 to 8.09% in 2017. Overall, the data suggests that CHRISTUS Good Shepherd has a lower percentage of low birth weight compared to the state and national averages.

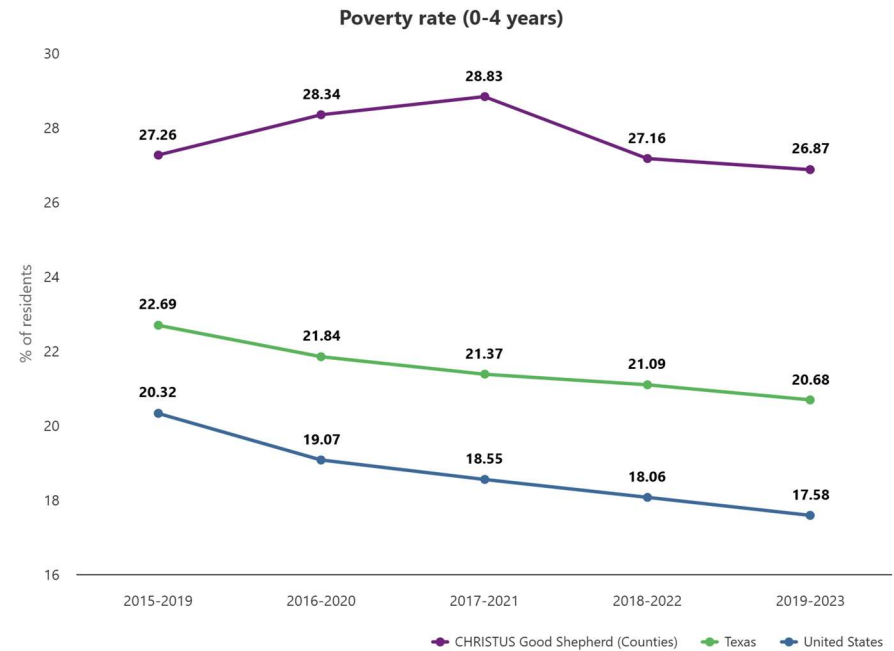


Created on Metapio | metapio.io/f/yys11h6 | Data sources: State public health departments (via KIDS COUNT, <https://datacenter.kidscount.org>), Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) (5-year data), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (via CDC Wonder Health)

**Low birth weight:** Percent of live births with a birth weight of less than 2,500 grams (5 lbs, 8 oz). Infants may be low birth weight because of inadequate intrauterine growth or premature birth. Risk factors include sociodemographic and behavioral characteristics, such as low income and tobacco use during pregnancy. Data for this topic can be very sparse; different states are available for different time periods.

## Poverty Rate (0 – 4 Years)

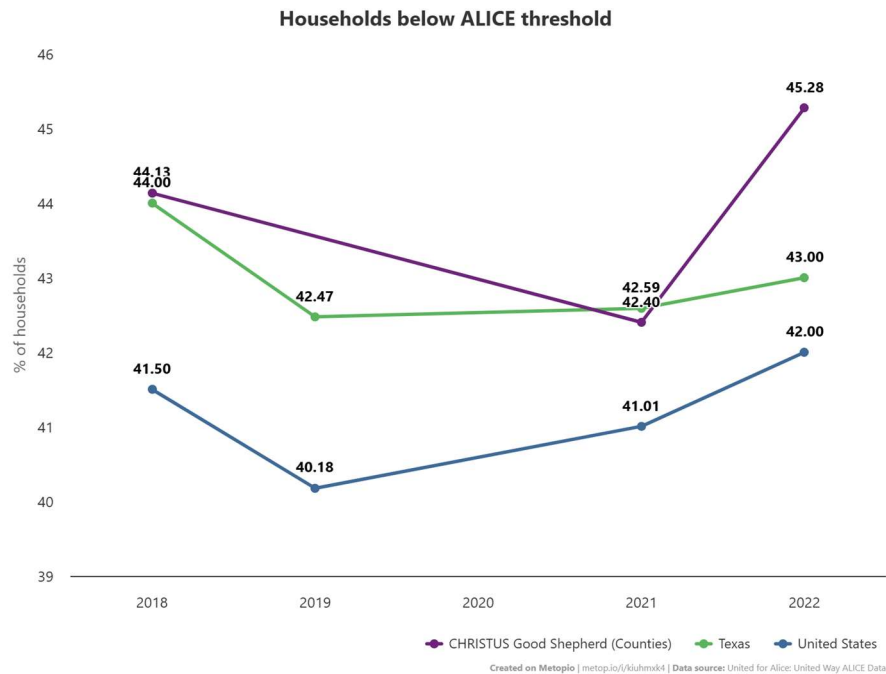
The poverty rate in the areas served by CHRISTUS Good Shepherd is consistently higher than both the state of Texas and the United States as a whole. Over the period from 2015-2019 to 2019-2023, the poverty rate in these areas decreased from 27.26% to 26.87%. However, this rate remains significantly above the Texas average, which dropped from 22.69% to 20.68%, and the national average, which fell from 20.32% to 17.58%. This indicates a persistent disparity in economic conditions within the service area of CHRISTUS Good Shepherd compared to broader regional and national trends.



Created on Metapio | metapio.io/f/yysj516r | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

# Households Below ALICE Threshold

ALICE stands for: Asset Limited, Income Constrained, Employed. ALICE represents households who may be above the poverty-line but are still unable to afford the basic necessities of housing, food, child care, health care and transportation due to the lack of jobs that can support basic necessities and increases in the basic cost of living. In the counties served by CHRISTUS Good Shepherd, the percentage of households that below the ALICE threshold fluctuated between 42.4% and 45.28%, peaking in 2022. Overall, the CHRISTUS Good Shepherd service area consistently had higher rates compared to Texas and the United States, indicating a greater prevalence of households struggling to afford basic necessities in these areas.



# What Is the Story Behind the Data?

Across the focus groups, participants consistently identified the high cost of living, health care shortages and substance use during pregnancy as critical challenges facing maternal and early childhood health. A particularly stark concern was infants born with addiction and low birth weight. Parents and caregivers described the emotional and financial stress of affording necessary medications for children, with one participant stating, “You panic when whatever medication you’re getting for your child is \$100, and that’s two weeks’ worth of groceries.” These burdens are further compounded in rural areas where transportation and provider access are limited.

Participants also spoke about the emotional toll poverty takes on parents of young children. Many children in the area live in poverty, with limited access to healthy food or affordable health care. The impact of this poverty includes unmet nutritional needs, skipped doctor visits and limited parental leave or support. As one speaker reflected, “The cost of everything, rent, food, medicine, is rising. It’s a struggle every day, and kids feel that stress even if we try to hide it from them.” Addressing maternal and early childhood needs will require a holistic approach combining accessible care, prescription affordability, food security and wraparound social services.

Another widespread issue is the lack of education and support around prenatal health, nutrition and early child development. Many young mothers lack guidance on topics such as breastfeeding, infant sleep safety and postpartum mental health. Culturally appropriate education delivered by trusted community figures was recommended as a key intervention to build confidence and engagement among new mothers.

Mental health care, especially postpartum support, is severely lacking. Participants emphasized that while postpartum depression is common, many women go untreated due to stigma, lack of awareness or fear of repercussions, such as child welfare involvement. Behavioral health integration within maternal care services was frequently recommended to normalize and streamline access.

Finally, the absence of local birthing centers, midwives and doulas was noted as a barrier to culturally responsive care. Women in some areas must travel significant distances to deliver their babies, which can be risky and costly. Participants advocated for expanding community-based perinatal services that are flexible, affordable and tailored to the needs of diverse populations.



# School-Age Children and Adolescent Health



*Children will be well-equipped with the care and support to grow up physically and mentally healthy.*

School-age children and adolescents represent the future of every community. This life-stage marks a period of critical development — physically, mentally, emotionally and socially. As children transition through school and adolescence, they begin forming lifelong habits, establishing their identities and encountering new pressures and environments that shape their health and well-being.

Recognizing the importance of this stage, priority indicators were identified to reflect the health status and needs of youth in our communities:

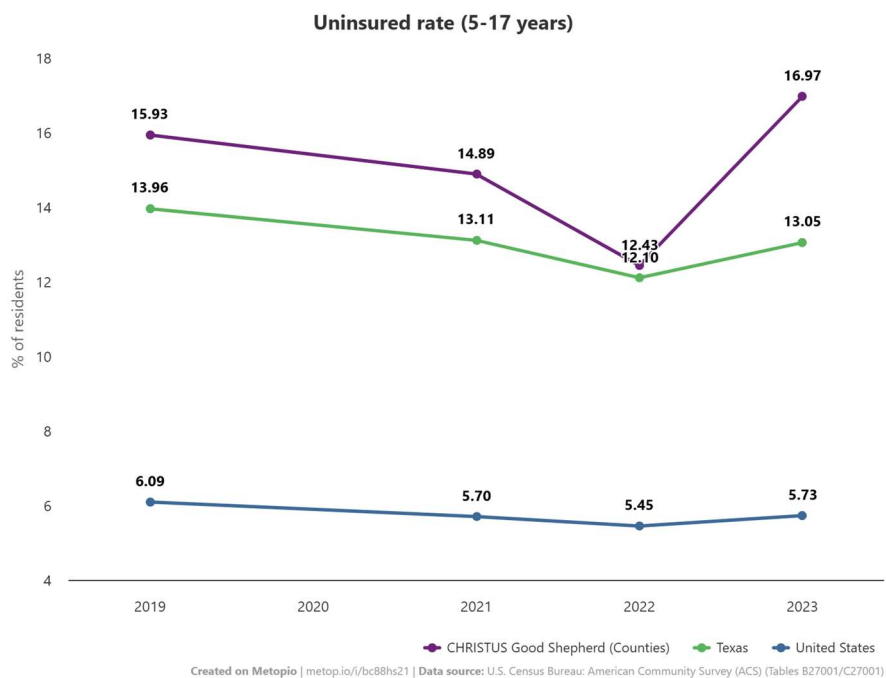
- Suicide
- Substance abuse
- Over-utilization of ED
- Lack of insurance
- Obesity

Adolescents have distinct health needs that differ from both younger children and adults. Unfortunately, not all youth have equal access to the protective factors that foster resilience, such as supportive relationships, safe environments and accessible behavioral health care. Concerning trends persist in areas such as mental health, obesity and substance use, underscoring the urgent need for targeted, upstream solutions. By focusing on this life-stage, we have an opportunity to intervene early — supporting not just better health outcomes for young people, but long-term benefits for families, schools and the broader community.

# How Are We Doing

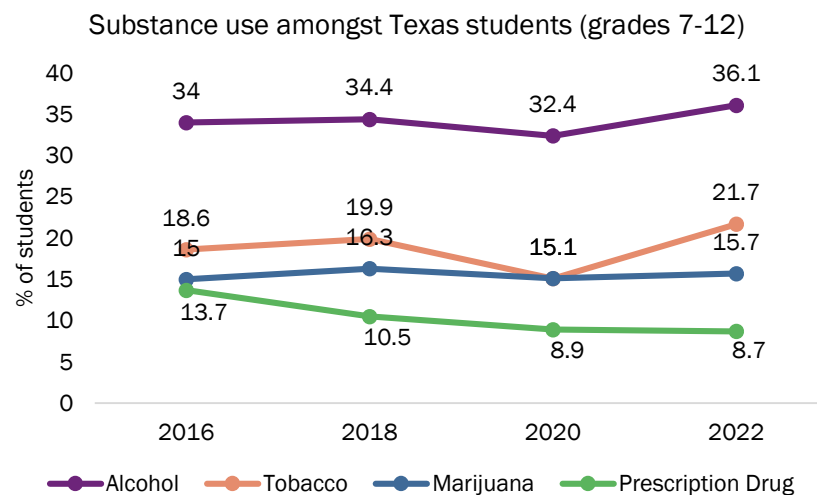
## Uninsured Rate (5 -17 Years)

The uninsured rate in the United States has generally decreased from 2019 to 2022, with a slight increase in 2023. The CHRISTUS Good Shepherd service area had a higher uninsured rate compared to the state of Texas and the United States as a whole. In 2022, the uninsured rate in CHRISTUS Good Shepherd was 12.43%, lower than previous years but still higher than Texas and the U.S, but the uninsured rate then spiked in 2023. The data indicates an historical positive trend in reducing the uninsured rate has unfortunately reversed, and the CHRISTUS Good Shepherd service area lags behind the state and national averages.



## Substance Use Among Texas Students (Grades 7 – 12)

Substance use among Texas students in grades 7–12 shows mixed trends from 2016 to 2022. While prescription drug misuse has steadily declined from 13.7% in 2016 to 8.7% in 2022, alcohol and tobacco use have both increased, with alcohol reaching its highest level in this period at 36.1% and tobacco use spiking sharply to 21.7% in 2022. Marijuana use has remained relatively stable, hovering between 15–16%. These trends raise concern, particularly with the resurgence of alcohol and tobacco use, signaling a need for renewed prevention efforts, culturally relevant education and stronger support systems in schools. While progress is evident in some areas, overall, we are not trending in the right direction – and our students need more comprehensive, early and sustained interventions.

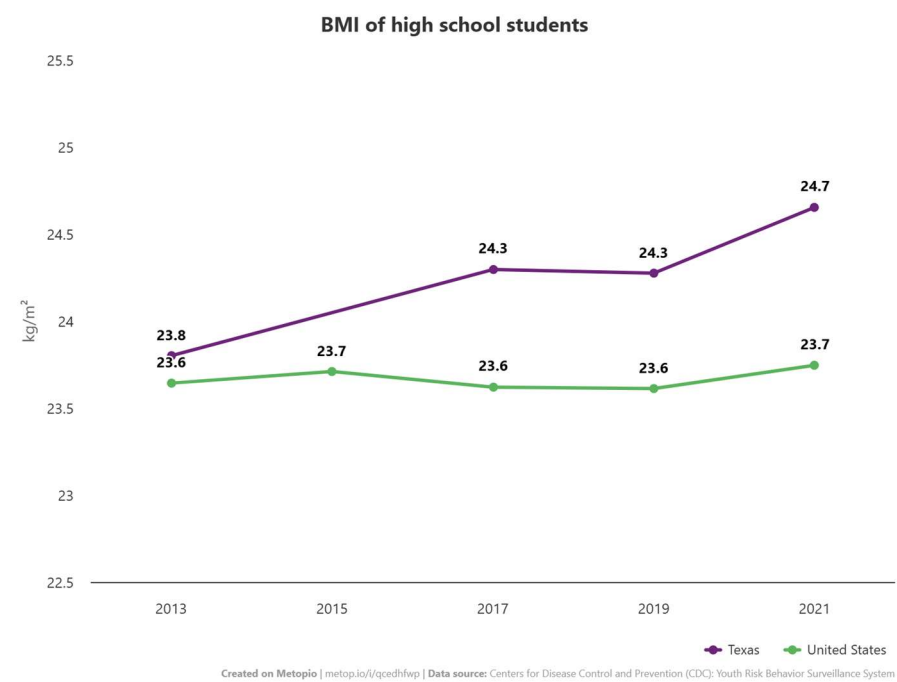


**Source:** Texas School Survey of Drug and Alcohol Use | Substance use amongst Texas students (grades 7-12): Percentage of students (grades 7-12) in Texas schools who had used selected substances at least once in the past school year: 2016-2022



# BMI of High School Students

The data presents body mass index (BMI) measurements for high school students in Texas and the United States from 2013 to 2021. In Texas, the BMI has steadily increased from 23.8 in 2013 to 24.65 in 2021. Nationally, the BMI has remained relatively stable, fluctuating slightly between 23.61 and 23.75 over the same period. Notably, Texas has consistently had a higher BMI compared to the national average since 2017. This trend indicates a growing disparity in BMI levels between Texas and the rest of the United States.



# What is the Story Behind the Data?

For school-aged children, key concerns included food insecurity, obesity, behavioral health issues and the impact of trauma. Participants spoke at length about how rising food costs and limited healthy school meal options force families to rely on inexpensive, processed foods. “Schools are not providing the kids with anything healthy because it’s so expensive,” one participant noted. These nutritional deficiencies contribute directly to obesity and chronic illness, while also impacting students’ focus and emotional regulation at school.

Lack of access to pediatric behavioral health care was repeatedly cited, especially in rural and minority communities. In communities where primary care and transportation are scarce, school staff and clergy are often the first to notice symptoms. One participant explained, “We try to get help for students, but the closest place is Longview—and they can’t get there because of transportation.”

Community focus group participants highlighted a rise in adolescent suicide. While mental health access remains a barrier, channels such as school counselors and primary care providers (PCPs) can facilitate needed interventions. Participants emphasized the critical role of screening and rapid response to mental health concerns in settings such as community events that provide school and sports physicals. Participants recognized that the team engaging with adolescents — likely through schools and athletic events — has the most direct contact and is crucial to future behavioral health strategies. Participants noted more mental health crisis response training for community members and health care providers would be beneficial in expanding awareness and preparedness.

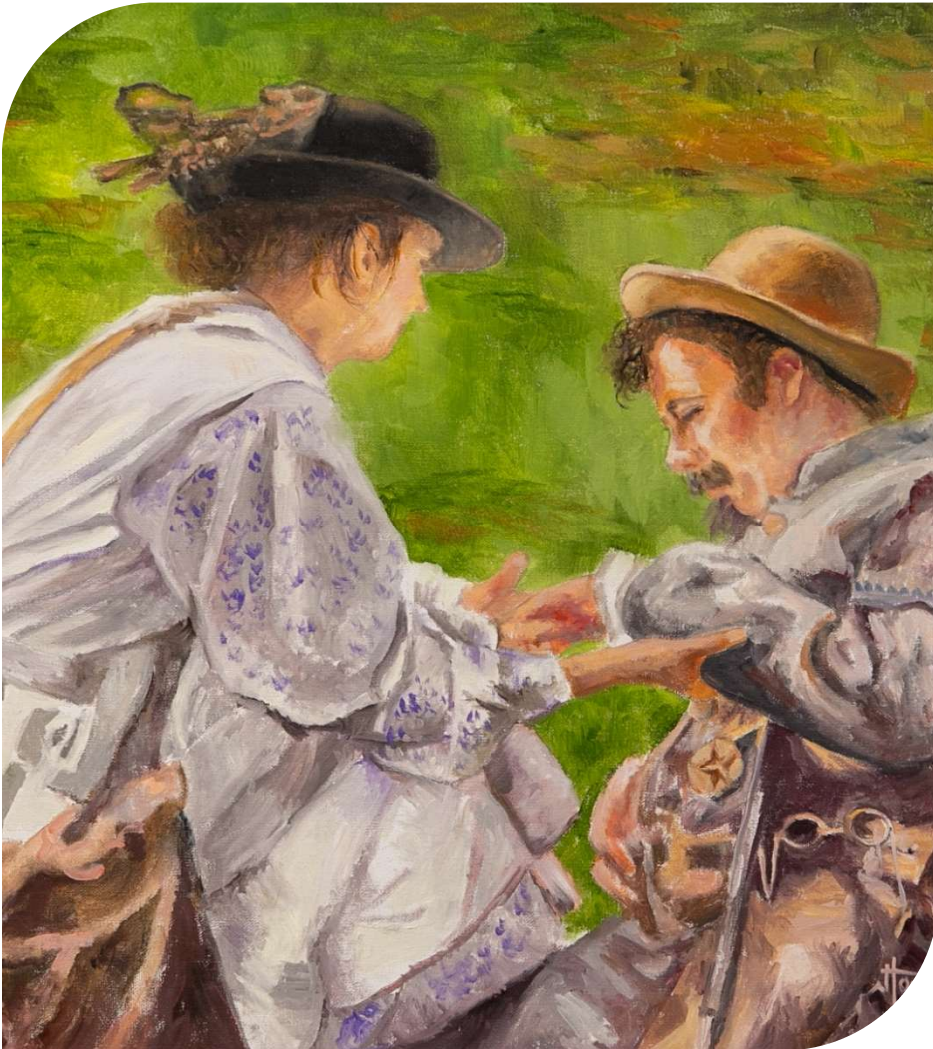
Academic support, particularly for children with learning differences or those behind grade level, is insufficient in many districts. Participants

expressed concern that early intervention is often delayed, especially for low-income families who may not advocate for services or understand their rights. Additionally, schools in under-resourced communities often lack funding for special education or after-school enrichment.

Technology and social media were also noted as contributing to anxiety, bullying and social isolation. Parents and schools struggle to monitor or guide online behavior, and children lack emotional regulation tools. Increased mental health programming focused on resilience, peer conflict and digital well-being was recommended.

Participants suggested a need for more holistic, wraparound services for families and children, including school-based clinics, mentorship programs and partnerships with local organizations to offer tutoring, counseling and nutrition services in schools or community hubs.

# Adult Health



*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*

Adults form the core of our communities — raising families, supporting local economies and often caring for both children and aging relatives. This life stage spans a wide range of experiences, from early career to retirement and is shaped by evolving responsibilities, stressors and health risks.

To better understand the needs of this population, priority indicators were identified to represent Adult Health across our communities:

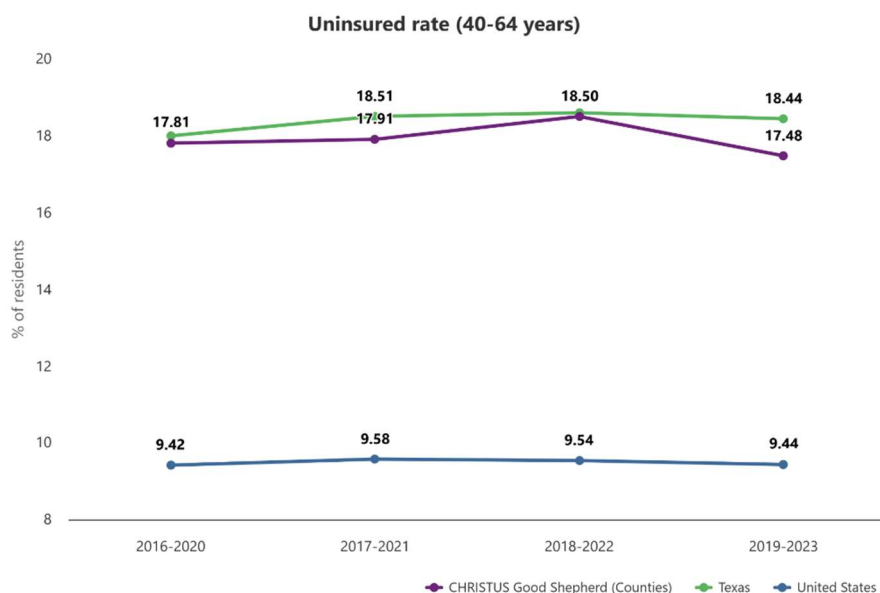
- Mental health
- Substance use
- Chronic diseases
- Affordable insurance

The cumulative impact of earlier life experiences and social conditions often influences an individual's health in adulthood. While many adults report good health, disparities persist due to differences in income, employment, education, housing and access to care. Chronic diseases such as diabetes, heart disease and hypertension often emerge or progress during this stage, and mental health challenges, including anxiety, depression and substance use, are commonly reported. Addressing adult health requires a focus on prevention, early detection and equitable access to services that support physical, emotional and social well-being. By investing in the health of adults today, we strengthen families, workplaces and the fabric of our communities for generations to come.

# How Are We Doing?

## Uninsured Rate

Overall, the uninsured rate in the CHRISTUS Good Shepherd service area and Texas is significantly higher than the national average. In Texas, the rate has fluctuated between 18.0% and 18.51%, with a slight decline in the most recent period to 18.44%. The CHRISTUS Good Shepherd service area has seen a similar trend, with rates ranging from 17.81% to 18.5%, and the latest rate at 17.48%.

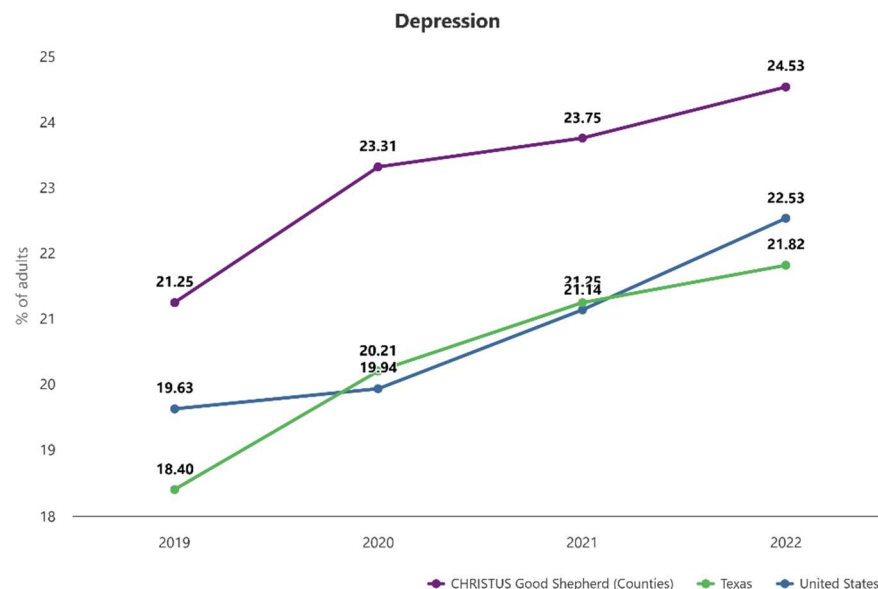


Created on Metopio | metopio.io/i/wz5kziyd | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

Uninsured rate: Percent of residents without health insurance (at the time of the survey).

## Depression

Depression rates have been steadily increasing across all levels of analysis from 2019 to 2022. In the counties served by CHRISTUS Good Shepherd, the rate rose from 21.25% in 2019 to 24.53% in 2022. Texas and the United States also saw increases, with Texas's rate climbing from 18.4% to 21.82% and the United States's from 19.63% to 22.53%. The data indicates a growing prevalence of depression, highlighting the need for enhanced mental health support and resources.

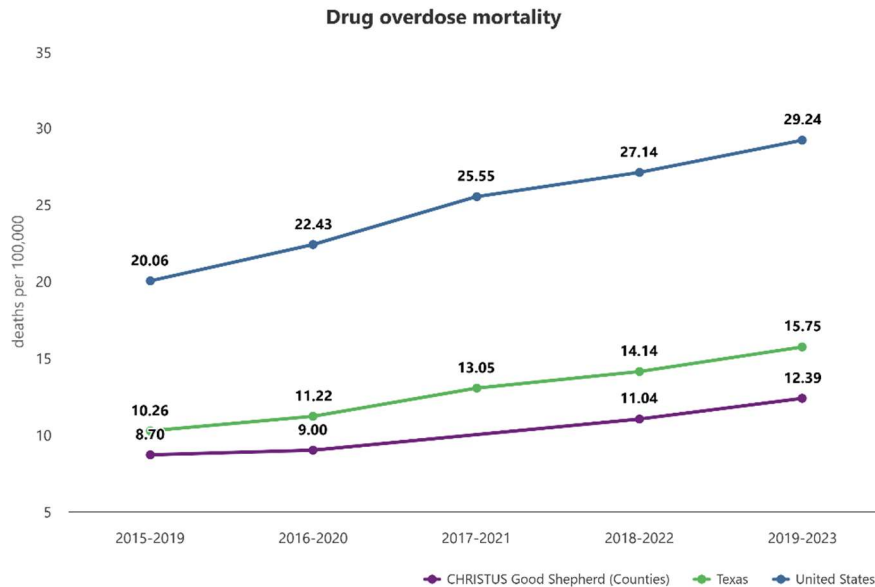


Created on Metopio | metopio.io/i/2ynsw1a2 | Data source: Centers for Disease Control and Prevention (CDC): PLACES

Depression: Prevalence of depression among adults 18 years and older

## Drug Overdose Mortality

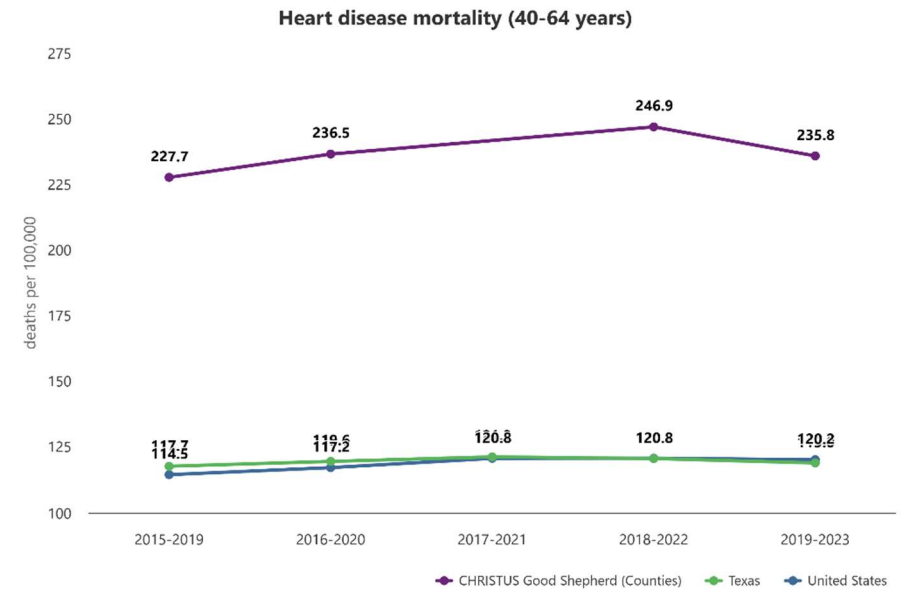
Drug overdose mortality has been rising steadily across all regions from 2015 to 2023. In counties served by CHRISTUS Good Shepherd, the rate increased from 8.7 in 2015-2019 to 12.39 in 2019-2023. Texas saw a rise from 10.26 to 15.75 over the same period. Nationally, the drug overdose mortality rate surged from 20.06 in 2015-2019 to 29.24 in 2019-2023, indicating a significant and growing public health crisis.



Created on Metopio | metopio.io/1r79x39m | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)  
**Drug overdose mortality:** Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

## Heart Disease Mortality

Heart disease mortality rates in counties served by CHRISTUS Good Shepherd have consistently exceeded both Texas and United States averages from 2015 to 2023. The rates in these counties increased from 227.66 in 2015-2019 to 246.87 in 2018-2022, showing a significant rise. However, there was a decrease in 2019-2023 to 235.8 deaths per 100,000 residents. In contrast, the rates for Texas and United States have remained relatively stable, with slight fluctuations over the same period. This trend highlights a concerning disparity in heart disease mortality within CHRISTUS Good Shepherd counties compared to broader regions.

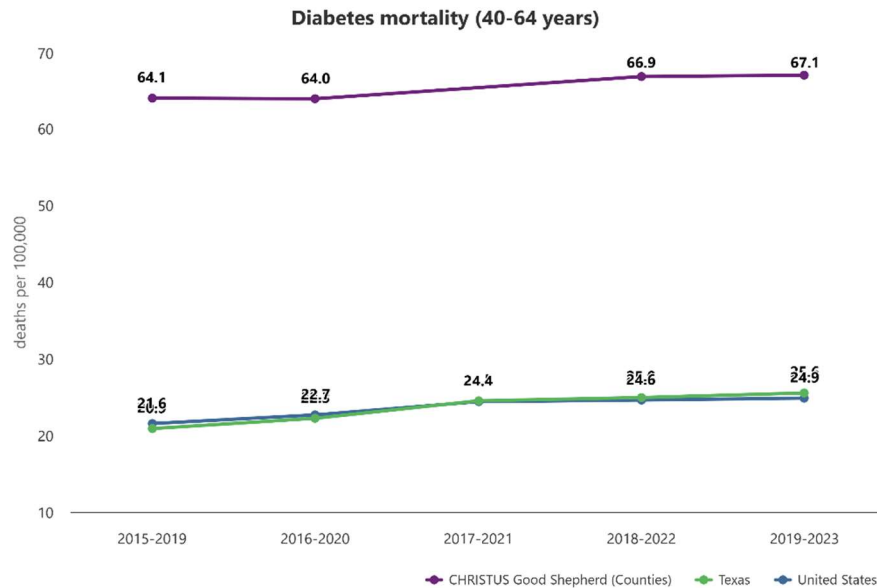


Created on Metopio | metopio.io/tmwunuyh | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)  
**Heart disease mortality:** Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00-I09, I11, I13, I20-I51).



## Diabetes Mortality

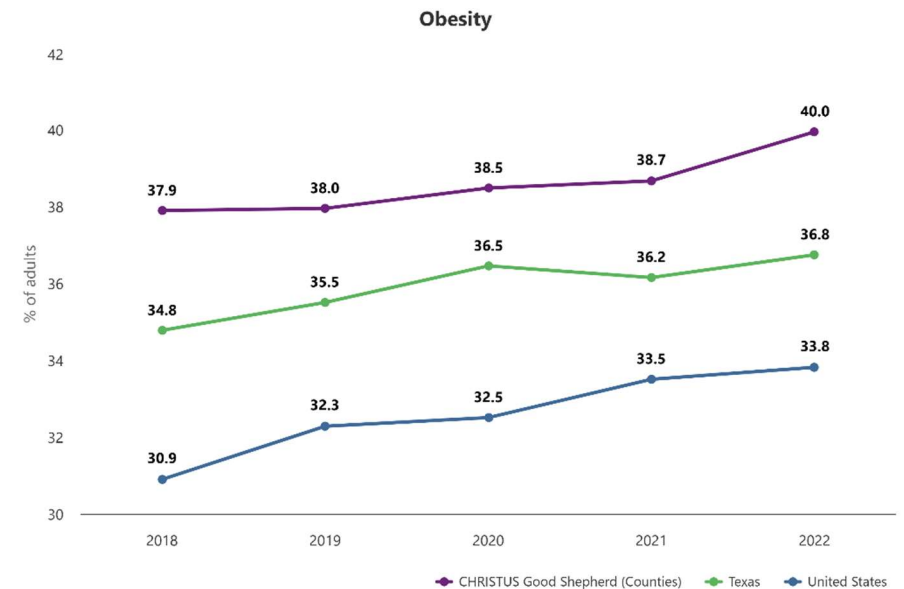
Diabetes mortality rates in the CHRISTUS Good Shepherd service area have consistently been higher than the state and national averages from 2015 to 2023. In 2015-2019, the rate was 64.09 per 100,000 people, compared to 20.92 in Texas and 21.57 in the United States. By 2019-2023, the rate had increased to 67.09, while Texas and the United States saw rates of 25.57 and 24.9, respectively. This trend indicates a significant health challenge in CHRISTUS Good Shepherd counties, highlighting the need for targeted interventions to address diabetes-related health issues.



Created on Metopio | metopio.io/f/zvgrfz9 | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)  
Diabetes mortality: Deaths per 100,000 residents with an underlying cause of diabetes (ICD-10 codes E10-E14).

## Obesity

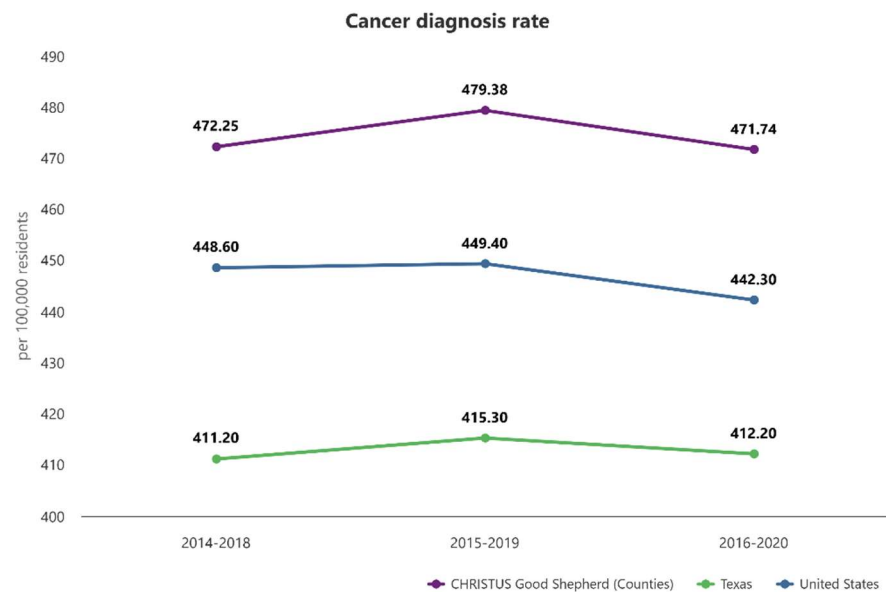
Counties served by CHRISTUS Good Shepherd reported an obesity rate of 39.97% in 2022, the highest among the regions analyzed. Obesity rates in the United States have been on a steady rise from 2018 to 2022. In 2022, the obesity rate in the United States reached 33.83%, reflecting a significant increase over the five-year period. Texas, as a whole, also saw an increase, with obesity rates rising from 34.79% in 2018 to 36.76% in 2022. These trends highlight a growing public health concern that requires immediate attention.



Created on Metopio | metopio.io/f/9kwa9y5 | Data sources: Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts))  
Obesity: Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI)  $\geq 30.0$  kg/m<sup>2</sup> calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

## Cancer Diagnosis Rate

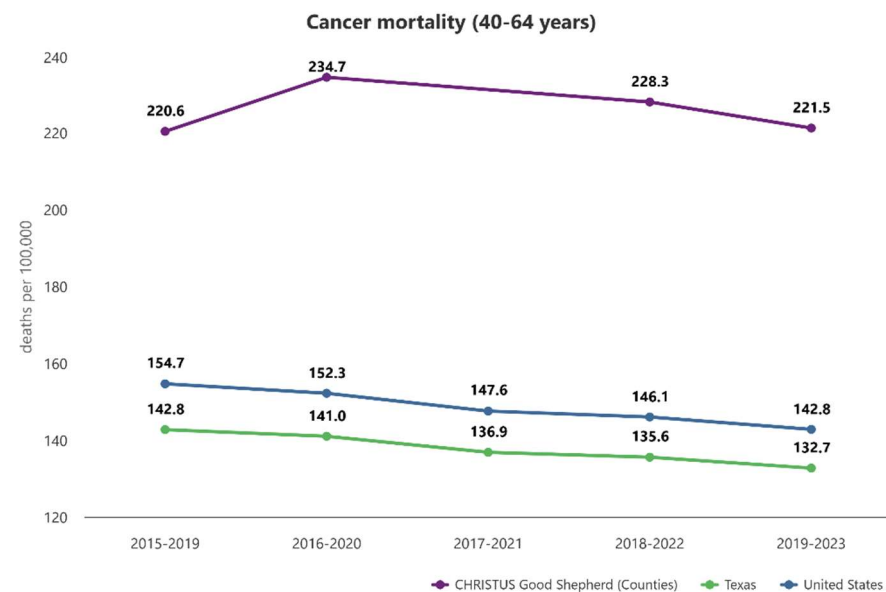
The data presents the cancer diagnosis rates for the CHRISTUS Good Shepherd service area, Texas, and the United States from 2014-2018 to 2016-2020. During this period, the CHRISTUS Good Shepherd service area consistently had the highest cancer diagnosis rate, peaking at 479.38 in 2015-2019. Texas and the United States had lower rates, with Texas's rate slightly increasing over time and the United States' rate decreasing slightly from 2014-2018 to 2016-2020.



Created on Metopio | metop.io/ijy3gu12 | Data source: National Cancer Institute (NCI): State Cancer Profiles (Wt: racial stratifications only) (Everywhere except IL)  
Cancer diagnosis rate: Annual diagnosis rate for all invasive cancers. Does not include pre-cancerous diagnoses such as breast cancer in situ or urinary cancer in situ. All ages, risk-adjusted.

## Cancer Mortality

Cancer mortality rates are presented for three different areas: CHRISTUS Good Shepherd service area, Texas and the United States. The mortality rate in the CHRISTUS Good Shepherd service area is significantly higher at 221.46, compared to the Texas state average of 132.74 and the national average of 142.85. This indicates a concerning health disparity in the CHRISTUS Good Shepherd service area. Addressing this issue requires targeted interventions and health care improvements in these areas.



Created on Metopio | metop.io/gemk925r | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (county, state, and US data)  
Cancer mortality: Deaths per 100,000 residents due to cancer (ICD-10 codes C00-C97). This indicator is not a good measure of the burden of cancer in a community, because it is complicated by other causes of death (especially in the elderly); instead, use CCR (cancer diagnoses).



# What is the Story Behind the Data?

Mental health, substance use disorders and chronic conditions such as diabetes and hypertension were reported as the most pressing issues facing adults. Participants repeatedly cited obesity and diabetes as deeply rooted in lifestyle, cultural habits and convenience-based eating. “Everything that’s convenient is unhealthy and cheaper. A healthier lifestyle is more expensive and less available.” Even when medical advice is given, people often struggle to adhere to it due to cost, time constraints or habit and lifestyle preference.

The effects of depression and anxiety were widely acknowledged. Cultural stigma, particularly in Latino communities, discourages people from seeking help. One participant shared, “He said his parents think he’s just making it up. They don’t believe in PTSD.” Community members raised concerns about insufficient access to primary care, particularly in rural counties where provider shortages leave residents with few options. As one participant put it, “We used to have four doctors. Now we have zero.” These overlapping access and stigma issues complicate the delivery of consistent, quality adult health care.

Preventive care was described as nearly inaccessible for some populations, especially those who work long hours, lack paid time off or cannot afford out-of-pocket costs. Mobile clinics and flexible appointment hours were suggested as ways to reach more working-age adults who are otherwise left out of the system.

There was also concern about poor health literacy and lack of culturally appropriate health education. Adults often struggle to understand medical advice, manage multiple medications or know when to seek help. Participants emphasized the need for community health workers, navigators and peer-led health education to bridge these gaps.

Transportation continues to be a cross-cutting barrier, especially for adults in rural areas or without reliable vehicles. Delays in accessing care lead to emergency room use for non-emergency conditions, further straining the health care system and deepening health disparities.

Finally, adults often bear the brunt of caregiving responsibilities for both children and aging family members. This strain contributes to burnout, mental health decline and neglect of their own health. Supports such as caregiver education, respite programs and family health navigation were recommended.

# Older Adult Health



*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*

Older adults are the wisdom-keepers, caregivers and community anchors who have helped shape the places we call home. As people live longer, healthier lives, the older adult population continues to grow, bringing both opportunities and unique challenges for communities and health systems.

To better understand and address these needs, key indicators were identified to represent older adult health across the communities we serve:

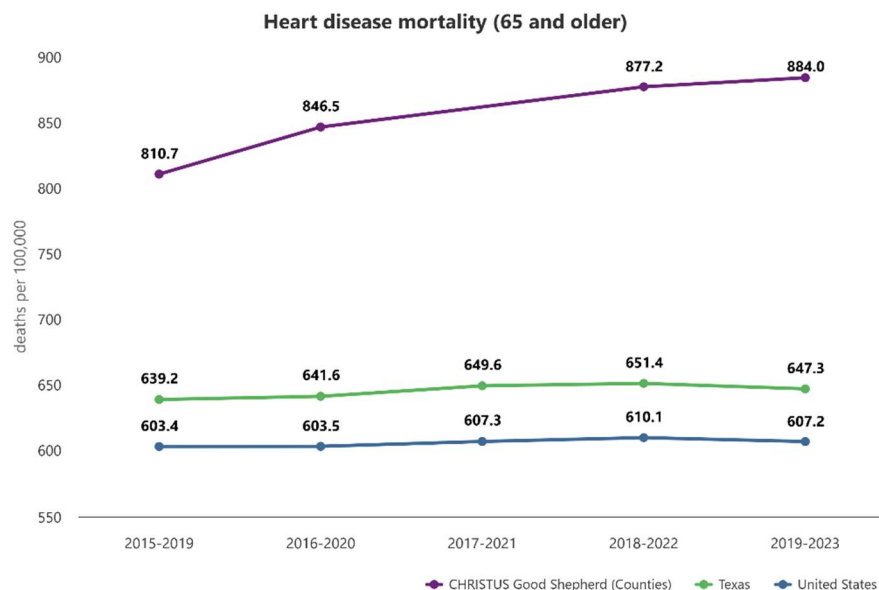
- Mental health (dementia)
- Chronic diseases
- Access to health care
- Affordable insurance
- Housing and long-term care

Health in older adulthood is deeply influenced by a lifetime of experiences, shaped by social, economic and environmental factors. Many older adults live with multiple chronic conditions, mobility limitations or cognitive changes, and they often face barriers such as social isolation, transportation challenges and fixed incomes. Access to coordinated care, affordable medications, safe housing and supportive services becomes increasingly essential in this stage of life. By focusing on the well-being of older adults, we honor their contributions and ensure that our communities remain inclusive, age-friendly and responsive to the needs of every generation.

# How Are We Doing?

## Heart Disease Mortality (65 and Older)

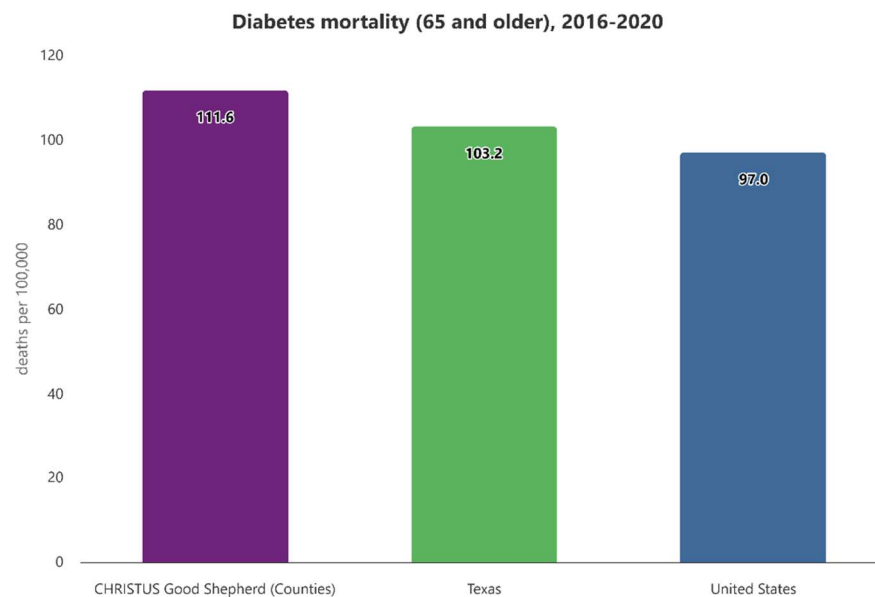
Heart disease mortality rates in CHRISTUS Good Shepherd counties have consistently been higher than the Texas and United States averages from 2015 to 2023. The rates in these counties increased from 810.68 per 100,000 people in 2015-2019 to 884.03 in 2019-2023. In contrast, Texas and the United States saw more stable rates, with slight fluctuations around 640 and 607, respectively. This trend indicates a significant health disparity in heart disease mortality within CHRISTUS Good Shepherd counties compared to the broader regions.



Created on Metopio | metopio.io/51uivtd4 | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)  
Heart disease mortality: Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00-I09, I11, I13, I20-I51).

## Diabetes Mortality (65 and Older)

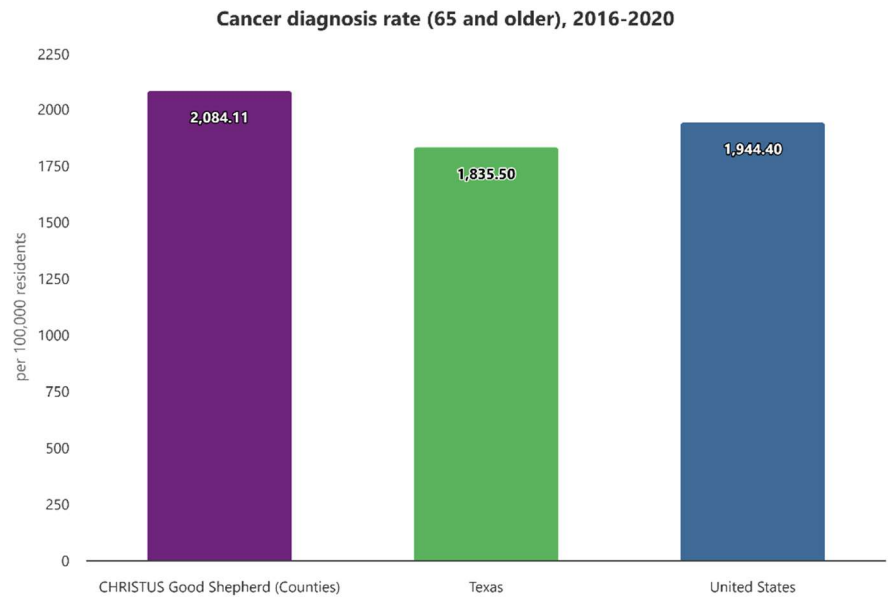
Diabetes mortality rates vary across different regions, with the CHRISTUS Good Shepherd service area having the highest rate at 111.63 per 100,000 people. Texas follows with a rate of 103.17, while the United States has a lower rate of 97.01. These disparities highlight the need for targeted interventions in areas with higher mortality rates.



Created on Metopio | metopio.io/ugop8d41 | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)  
Diabetes mortality: Deaths per 100,000 residents with an underlying cause of diabetes (ICD-10 codes E10-E14).

## Cancer Diagnosis Rate (65 and Older)

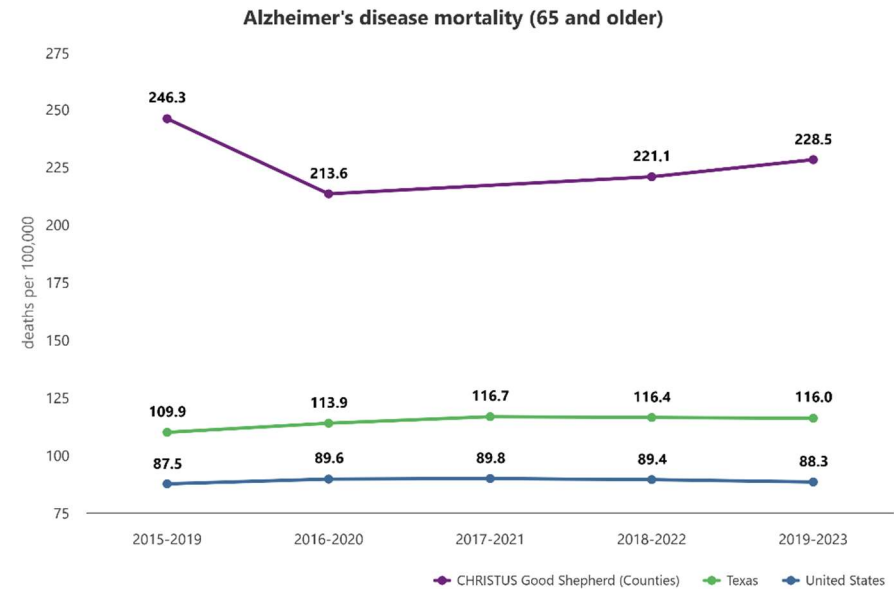
The data reveals cancer diagnosis rates across different regions in the United States. The CHRISTUS Good Shepherd service area has the highest rate at 2084.11 per 100,000 people. Texas, as a state, has a lower rate of 1835.5, while the national average is 1944.4. This indicates that CHRISTUS Good Shepherd's service area has a significantly higher cancer diagnosis rate compared to both the state and national averages. The reasons for this disparity could be multifaceted, including factors such as demographics, health care access and environmental influences.



Created on Metopio | metopio.io/ij/b77kxar | Data source: National Cancer Institute (NCI): State Cancer Profiles (With racial stratifications only) (Everywhere except IL)  
Cancer diagnosis rate: Annual diagnosis rate for all invasive cancers. Does not include pre-cancerous diagnoses such as breast cancer in situ or urinary cancer in situ. All ages, risk-adjusted.

## Alzheimer's Disease Mortality (65 and Older)

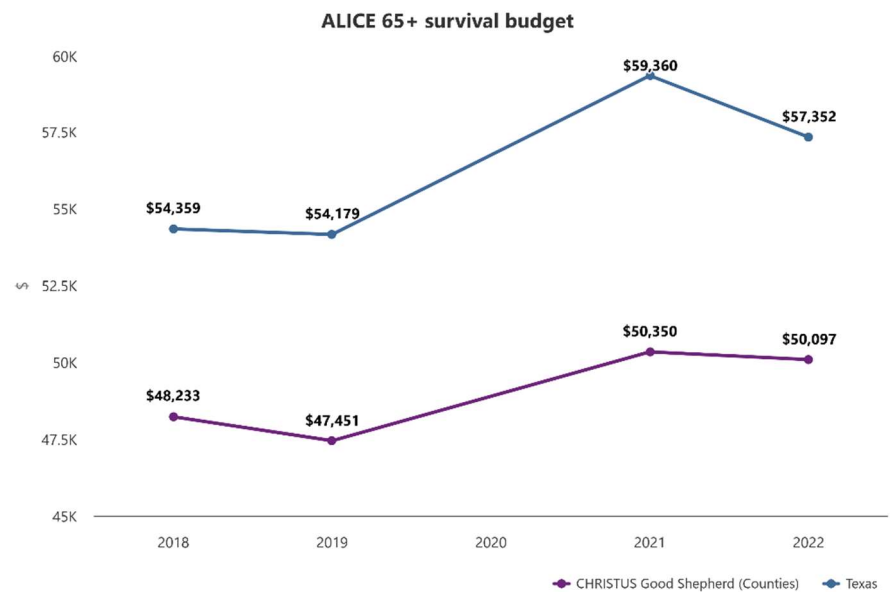
Alzheimer's disease mortality rates have been tracked across various regions, including the counties served by CHRISTUS Good Shepherd, Texas, and the United States. The data show that the CHRISTUS Good Shepherd service area consistently has higher mortality rates compared to Texas and the United States as a whole. Over the years, there has been a general increase in mortality rates across all regions, with some fluctuations. The mortality rate in the United States decreased slightly in the most recent period, while CHRISTUS Good Shepherd counties continued to rise. This data highlights the growing impact of Alzheimer's disease mortality in these regions.



Created on Metopio | metopio.io/o8tyq6b3 | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)  
Alzheimer's disease mortality: Deaths per 100,000 residents due to Alzheimer's disease (ICD-10 code G30).

## ALICE 65+ Survival Budget

The data represents the ALICE 65+ survival budget for CHRISTUS Good Shepherd counties and Texas from 2018 to 2022. In 2018, the budget was \$48,233.21 for CHRISTUS Good Shepherd counties and \$54,359.2 for Texas. The budget for CHRISTUS Good Shepherd primary service area decreased slightly in 2019 to \$47,450.73, while Texas's budget remained relatively stable at \$54,179.29. There is no data for 2020. In 2021, the budget for CHRISTUS Good Shepherd counties increased to \$50,349.54, and Texas's budget rose to \$59,359.53. By 2022, the budget for CHRISTUS Good Shepherd counties decreased slightly to \$50,097.41, while Texas's budget decreased to \$57,352.33.

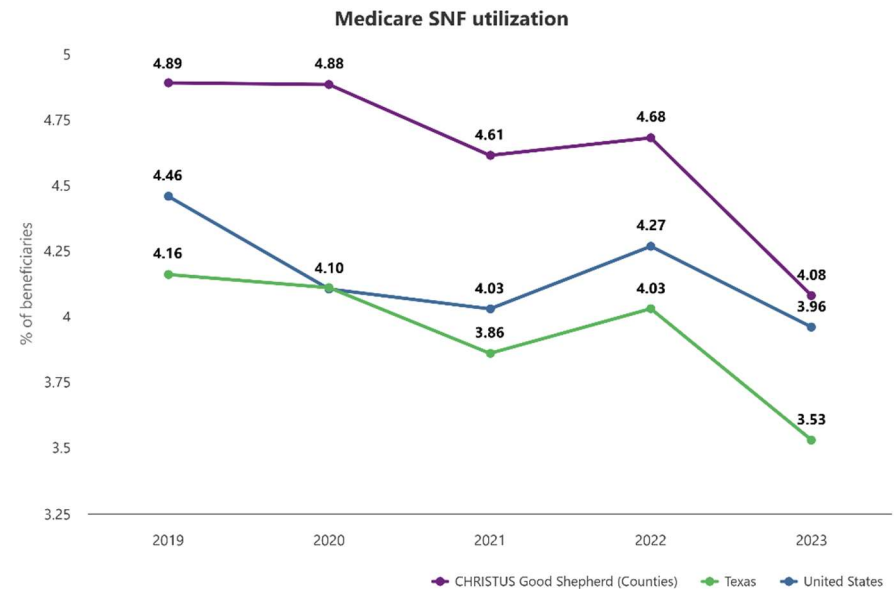


Created on Metopio | metopio.io/v/mimta9r | Data source: United Way ALICE Data

ALICE 65+ survival budget: The ALICE threshold for 65 and over represents the minimum income level necessary for survival for a household headed by someone who is 65 years old or older.

## Utilization of Skilled Nursing Facilities (SNF) by Medicare Users

Medicare skilled nursing facility utilization rates by the CHRISTUS Good Shepherd service area, Texas and the United States show a general decline from 2019 to 2023. In 2019, the CHRISTUS Good Shepherd service area had a utilization rate of 4.89, higher than Texas' 4.16 and the national average of 4.46. By 2023, the rate at the CHRISTUS Good Shepherd service area dropped to 4.08, while Texas and the United States had rates of 3.53 and 3.96, respectively. This trend indicates a significant reduction in SNF utilization across all levels. The data suggests a broader shift in health care needs or service delivery methods.

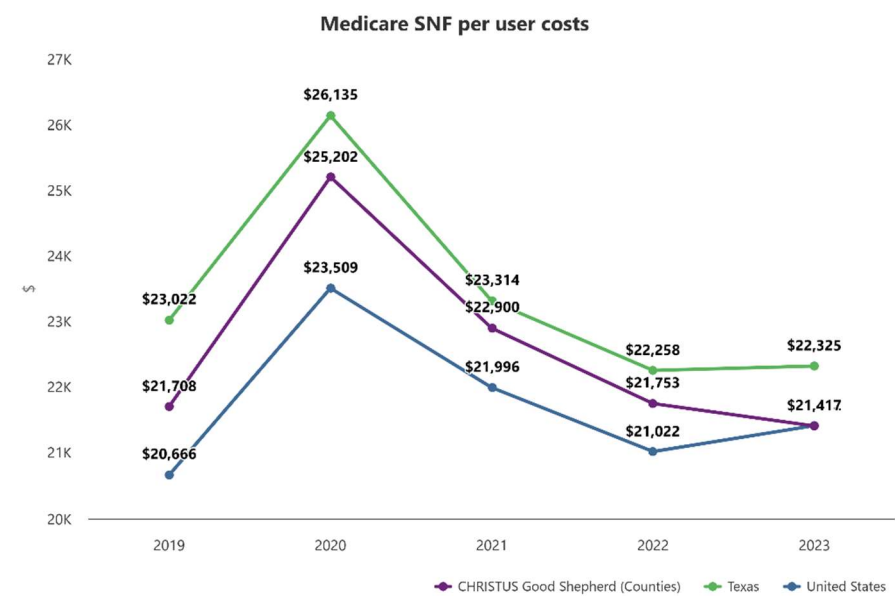


Created on Metopio | metopio.io/dtpwecce | Data source: Centers for Medicare & Medicaid Services (CMS): Medicare Geographic Variation (Medicare Geographic Variation file from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-Variation/index.html>) Medicare SNF utilization: Percent of Medicare beneficiaries using skilled nursing facility (SNF) services.



# Cost per User of Skilled Nursing Facilities (SNF) by Medicare Users

Medicare skilled nursing facility per user costs for CHRISTUS Good Shepherd, Texas and the United States have shown fluctuations over the years. In 2019, Texas had the highest cost at \$23,022.00, while the United States had the lowest at \$20,666.00. By 2023, the costs had converged, with CHRISTUS Good Shepherd at \$21,411.00, Texas at \$22,324.5, and the United States at \$21,417.00. The data indicates a general trend of increasing costs from 2019 to 2020, which could be attributed to the COVID-19 pandemic.



Created on Metopio | metopio.io/insyddd95 | Data source: Centers for Medicare & Medicaid Services (CMS): Medicare Geographic Variation (Medicare Geographic Variation file from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-Variation/index.html>) Medicare SNF per user costs: Standardized costs for skilled nursing facility (SNF) services per Medicare user of these services.

# What is the Story Behind the Data?

Older adults in the region face a dual burden: chronic disease management and isolation, both of which are exacerbated by caregiver burnout and lack of long-term care support. Alzheimer's and dementia were particularly concerning. Caregivers, often family members, experience a significant emotional and physical toll, and local health systems have limited capacity to support them, particularly in mental health.

Transportation barriers significantly limit older adults' ability to attend medical appointments, fill prescriptions or participate in social activities. Public transit is often unavailable or unreliable in rural areas, and paratransit services are insufficient. As a result, many seniors miss out on both routine care and community support opportunities.

Managing chronic conditions such as arthritis, diabetes and dementia requires coordination and consistent follow-up — services many seniors do not receive. There are limited geriatric providers, home health aides and specialty services in the region. When services are available, cost and waitlists often deter access.

Loneliness was highlighted as a major concern, both for patients and caregivers. Some participants emphasized that elders can feel deeply isolated. "You can be the loneliest person in the world with a whole family beside you," a speaker reflected. The lack of local mental health professionals, particularly in rural areas, worsens this problem. There were also logistical barriers: "Even if we did telemedicine, who's going to fill the prescription if we have no pharmacy?" The community called for both emotional and logistical support, through caregiver respite, home health outreach and faith-based or community engagement programs aimed at reducing social isolation and unmet medical needs.

Participants also emphasized the importance of helping seniors remain active and engaged in their communities. Opportunities for volunteering, recreation and intergenerational programs were seen as critical for maintaining mental and physical well-being but are currently limited by funding and accessibility challenges.





## Chapter 8: Conclusion







# Conclusion

The 2026–2028 Community Health Needs Assessment (CHNA) concludes with deep gratitude for the many individuals and organizations who contributed their time, expertise and lived experience to this community-driven process. This CHNA reflects the shared commitment of CHRISTUS Health, internal teams and local partners to understand and address the root causes of health disparities across our communities.

This assessment is not only a regulatory requirement, but also a reflection of our mission to extend the healing ministry of Jesus Christ by engaging with those we serve, listening deeply to their experiences and responding with compassion, clarity and action. Across multiple phases — from surveys and focus groups to data analysis and community-led workgroups — diverse voices guided our understanding of health needs and helped shape the priorities for the next three years. The process was grounded in the Results-Based Accountability (RBA) framework to ensure that our strategies and metrics are meaningful, measurable and mission-driven. It is our hope that the insights shared in this report not only inform action plans but also deepen relationships and build stronger, more equitable systems of care.



# Looking Ahead

As we move from assessment to action, the findings in this CHNA will directly inform the development of the 2026–2028 Community Health Implementation Plan. Our next steps include:

- Sharing findings with internal teams, community members and key stakeholders
- Collaborating across sectors to design evidence-based, community-centered strategies
- Aligning programs and investments with the identified health priorities
- Tracking impact using the RBA framework to ensure accountability and transparency

With continued partnership, we remain committed to creating healthier, more equitable communities across every stage of life. We are grateful for all those who walk with us and look forward to what we can achieve together in the years ahead.

# Acknowledgements

This CHNA was made possible by the collective effort of countless individuals and organizations who committed their time and voices to this work. We offer our heartfelt thanks to each of you.

## CHRISTUS Good Shepherd Health System Leadership

We extend our sincere gratitude to the CHRISTUS Good Shepherd Health System leadership team for their unwavering support throughout the development of this Community Health Needs Assessment. Their leadership ensured that this report reflects both the pressing health needs of our region and the mission and values of CHRISTUS Health.

## CHNA Report Preparation Team

This report was developed under the direction and guidance of CHRISTUS Good Shepherd's mission integration department and CHRISTUS Health's community health and health equity team. The following individuals played key roles in data collection, analysis, writing and editing:

- Todd Hancock, Ministry President
- Michael Cheek, Chief Financial Officer
- Jamey Brogan, Vice President of Mission
- Jamie Jack Dowell, Director of Operations
- Ashlyn Regester, Project Manager
- Edna Woolridge, Administrative Assistant
- Kathy Armijo-Etre, AE Consulting
- Chara Abrams, System Director, Community Health & Health Equity
- Nadine Nadal Monforte, Director, Community Health
- Jessica Guerra Martinez, Program Manager, Community Development
- Kala Guidry, Program Director, Health Equity Analytics
- Stephen Thomas, Ada Abaragu, Micah Dennis, AmeriCorps VISTA Members
- Kristi Paiva, Director, Community Services
- Sarah Vanausdall and Annie Elliott, Metopio
- Amanda White, Graphic Designer
- Shakira Del Toro, Copywriter

## Community Indicator Workgroup

We extend our sincere appreciation to the individuals who participated in the community indicator workgroup. Their expertise in identifying and prioritizing key health indicators has been instrumental in shaping this assessment.

## **Data Dictionary Work Sessions**

The data dictionary work sessions provided essential guidance in defining and refining the key indicators for the assessment. Your feedback ensured that our data is both accessible and meaningful. We extend our appreciation to the individuals who contributed to this effort.

## **Community Survey Workgroup and Distributors**

We are grateful to the members of the survey workgroup who reviewed, disseminated and analyzed community surveys. Your efforts helped us accurately capture the voices of our communities. Special thanks to our distribution partners who expanded the survey's reach.

## **Community Focus Groups**

We are especially thankful for the residents, faith leaders, front-line workers, community leaders and others who shared their experiences during focus groups. Your stories brought depth and humanity to our findings.

## **Key Informants**

Thank you to the key informants who offered critical insight into populations and topics that needed deeper exploration beyond the focus groups. Your expertise strengthened the community context of this assessment.

## **CHRISTUS Community Impact Fund Grantees**

To our grant partners, thank you for your tireless work to address health disparities. Your impact is an extension of our shared mission and a vital force for change in our communities.

## **Community Partners**

To our community partners, thank you for walking with us throughout this process. Your commitment to collaboration and equity made this work possible.

## **Board of Directors**

We are grateful to the board of directors for your ongoing support, leadership and alignment with our mission. Your guidance helps ensure we remain responsive to evolving community needs.

## **Subject Matter Experts and Consultants**

We appreciate the contributions of consultants and technical experts who provided research support, data analysis and facilitation of the CHNA process. Their expertise has been instrumental in ensuring a comprehensive and data-driven assessment.

# Contact Information

We are grateful to the scholars, hospital staff, advocacy leaders, partners and stakeholders who have expressed appreciation for easy access to previous CHNAs to reference comprehensive data on local community health status, needs and issues. We hope the collaborative nature of the 2026 CHNA is valued as an enhanced asset.

We invite all members of the community to submit questions and feedback regarding this collective assessment. You can do this by contacting [communityhealth@christushealth.org](mailto:communityhealth@christushealth.org).

**To request a print copy of this report, or to submit your comment, please contact:**

Jamey Brogan, VP of Mission Integration

[jamey.brogan@christushealth.org](mailto:jamey.brogan@christushealth.org)

Edna Woolridge, Administrative Assistant for Mission Integration

[edna.woolridge@christushealth.org](mailto:edna.woolridge@christushealth.org)

CHRISTUS Health's Community Health Team

[communityhealth@christushealth.org](mailto:communityhealth@christushealth.org)

**An electronic version of this Community Health Needs Assessment is publicly available at:**

CHRISTUS Health's website [CHRISTUShealth.org/connect/community/community-needs](https://CHRISTUShealth.org/connect/community/community-needs)





