

BASTROP COUNTY

2021-2022 Community Health Needs Assessment

About Texas Health Institute

Texas Health Institute is a nonprofit, nonpartisan public health institute with the mission of advancing the health of all. Since 1964, we have served as a trusted, leading voice on public health and health care issues in Texas and the nation. Our expertise, strategies, and nimble approach makes us an integral and essential partner in driving systems change. We work across and within sectors to lead collaborative efforts and facilitate connections to foster systems that provide the opportunity for everyone to lead a healthy life. For more information, visit texashealthinstitute.org and follow us on Twitter, Facebook, and LinkedIn.

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The 2021-22 Bastrop County Community Health Needs Assessment (CHNA) represents the commitment of many partners who have contributed their expertise, resources, and time in support of a shared mission—to make Central Texas the healthiest community for all its residents.

The data collection methodology was co-created through a partnership of health system partners to provide a comprehensive assessment of conditions and opportunities that exist to improve health in Bastrop County, Texas. We recognize all of our CHNA partners including St. David's Foundation, Georgetown Health Foundation and Ascension Seton.

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Community Input Partners

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Executive Summary

PURPOSE AND METHODS

St. David's Foundation, on behalf of St. David's HealthCare is pleased to present the 2021-2022 Community Health Needs Assessment (CHNA) for Bastrop County, TX. The Patient Protection and Affordable Care Act of 2010 requires all nonprofit health care systems to complete a CHNA every three years. The current CHNA is the fourth one St. David's HealthCare has conducted for Bastrop County.

CHNAs provide deeper understanding of community health needs particularly those faced by historically-underserved community members and are used to inform health care system triennial planning efforts. This report provides an overview of the process and methods used to identify health and social determinants of health needs in Bastrop County, community assets, as well as a summary of community member recommendations to address the identified needs.

Texas Health Institute (THI) carried out this CHNA for St. David's HealthCare between August and December 2021, during an unprecedented time due to COVID-19 pandemic and the movement for racial justice. THI used a mix of quantitative and qualitative methods, including the analysis of publicly available data sets, key informant interviews, and focus groups with underserved community members.

FINDINGS

Key themes emerged both from community input and a review of quantitative data. In addition, several sub-themes emerged in the review of data that were not raised by participants.

GROWTH

Bastrop County is growing rapidly, becoming more diverse and less affordable. All these changes have an effect on health care and access and outcomes for underserved community members. Bastrop County has experienced rapid population growth over the past decade, with an increased population of Hispanic/Latinx residents.

- The county's population grew 31.3% between 2010 and 2020 from 74,171 to 97,216 residents. One forth (25.4%) of residents are children ages 0-18.
- Hispanic/Latinx residents are the largest minority (32.6%) and also accounted for 75% of the total population growth in the county between 2010 and 2020.
- An estimated 14% of Bastrop County residents were born in a country other than the U.S. Of these, 71% are non-citizens.

- Among residents ages 5 and older, 9.4% have limited English proficiency; the vast majority of these speak Spanish as their primary language.

POVERTY

More than half of Bastrop County households have insufficient assets and income to meet basic cost of living needs.

- Around 11.2% of Bastrop County residents lived below the federal poverty level (2015-2019) and additional 43% of households are ALICE, meaning asset limited and income constrained, even though residents are employed.¹
- Black/African American and Hispanic/Latinx residents are more likely to live in poverty than their white counterparts (24.5%, 11.9%, and 9.2% respectively).
- Between 38% to 50% of households in each Bastrop County ZIP code tabulation area (ZCTA) have insufficient assets and income to meet basic cost of living needs in Bastrop County.

HOUSING

Affordable housing and poor housing conditions are a major concern, leading to physical and mental health issues. Key informants and focus group participants identified a heightened housing affordability crisis that has unfolded during the last two years. Participants noted residents experience long waiting lists for public housing vouchers and poor housing conditions, leading to physical and mental health issues.

- Housing costs have skyrocketed over the last decade and then continued a rapid increase during the COVID-19 pandemic. The median price of homes sold in Bastrop County increased 32.2% to \$345,000 in a single year (November 2020 to November 2021).
- Median gross rent grew 23% between 2010-14 and 2015-19, while the median value of owner-occupied homes increased 41.6% over the same period.
- On average, county residents spend 23% of their monthly income on housing costs. However, 11.1% of households spend more than 50% of their monthly income, limiting their ability to afford necessities such as food, transportation, and health care.

¹ ALICE: an acronym for Asset Limited, Income Constrained, Employed. ALICE typically describes those who live above the poverty line but earn less than the basic cost of living for their area. For more information on the ALICE methodology and data, visit unitedforalice.org.

COVID-19 and Housing

The COVID-19 pandemic coupled with the rapidly rising cost of housing coupled with job losses has exacerbated financial insecurity for lower-income residents.

Focus group participants and key informants noted that many lower-income residents struggled to pay rent or housing fees, experienced increased financial and food insecurity, and saw negative effects on mental health. Unemployment, while lower than in some other parts of the U.S., quadrupled during the early stages of the pandemic from 3.1% in January 2020 to a high of 10.4% in April 2020 and remained above 5% through March 2021.

Housing instability (having missed or deferred housing payments or being in serious delinquency) increased during the pandemic from 0.84% of occupied housing units being at risk in January 2020 to 3.5% being at risk in September and October 2021. In total, around 895 households in Bastrop County being at-risk of losing their homes due to failure to make housing payments. Food insecurity also increased during the COVID-19 pandemic from 12.1% of Bastrop County residents in 2019 to 14.2% in 2021.

TRANSPORTATION

Lack of public transportation options limits access to health care and food. Participants in the focus groups and key informant interviews identified transportation as a leading barrier to health care and food for many residents of Bastrop County. In addition to the lack of public transportation options, participants noted that many residents of Bastrop County do not have access to personal transportation. In fact, 4.5% of households in Bastrop County do not own a personal vehicle.

Participants also noted that residents of Elgin or Stony Point have to travel 20 miles to access the nearest grocery store, pharmacy, or doctor's office, limiting access to services due to the lack of public transportation options.

COMMUNITY ASSETS AND STRENGTHS

Bastrop County has several community assets and strengths, including a close-knit and resilient community. Community members noted that churches, nonprofits, and school base district are key players, often providing health care services and resources to community members.

HEALTH CARE ORGANIZATIONS

Bastrop County is home to the Ascension Seton Bastrop Hospital and the St. David's Emergency Center-Bastrop, as well as five federally qualified health centers (FQHCs) that

provide comprehensive primary and specialty care. In addition, the county is also home to various clinics that provide primary and specialty care.

NONPROFITS AND COMMUNITY ORGANIZATIONS

Bastrop County is home to multiple nonprofits and community organizations that play a vital role in building healthy communities by providing educational, health, and social services to community members. Focus group participants shared that nonprofits in the area have been instrumental in promoting community reconciliation and providing pandemic resources. The Bastrop Emergency Food Pantry, Meals on Wheels, and Bastrop County Care are some of the nonprofits and community organizations mentioned by participants.

CHURCHES AND FAITH-BASED ORGANIZATIONS

Key informants also expressed gratitude for the tremendous impact of churches and faith-based organizations that participate in community outreach, advocacy, and support of homeless population. Churches mentioned by participants include Cedar Creek United Methodist Church, Iglesia San Juan Diego, and Sacred Heart Catholic Church in Elgin among others.

PARKS

Bastrop County has a lot of natural space, which can provide opportunities for physical activity, time in nature, and places for community events. In the Bastrop and Elgin ZCTA's, over half of all residents live within a 10-minute walk of a park (57% and 71%, respectively); meanwhile only 36% of Smithville residents do so. In addition to several local and county parks, Bastrop is home to Bastrop State Park, providing residents multiple areas of recreation.

PRIORITY HEALTH ISSUES

Community members and leaders identified several priority health issues including treatment for chronic conditions, behavioral health needs, and dental care. Additionally, cancer emerged as a priority health concern in the quantitative analyses.

DIABETES

The prevalence of diagnosed diabetes among adults in Bastrop County is 13.3% among adults, higher than the state and national prevalence rate (12.2% and 10.7% respectively). Actual prevalence is likely higher as many adults are likely living with early-stage undiagnosed diabetes due to not having regular access to care. Socioeconomic differences in diagnosed diabetes prevalence exist with those having less than a high school education being over two

and three times more likely to have diabetes than their more educated counterparts. Similarly, those earning less than \$50,000 per year are more than twice as likely to have diabetes than those who earn \$50,000 or more annually.

HYPERTENSION

Hypertension was mentioned by key informants and focus group participants as a priority health issue for the county. Data from 2019 shows that the prevalence of hypertension among adults in Bastrop County is slightly higher than the statewide rate (31.8% vs. 30.8%). This means that almost 1 in every 3 adults in Bastrop County have high blood pressure putting them at risk of suffering a stroke. Participants noted that the cost of medication to treat chronic diseases are very expensive and therefore a barrier to ongoing care.

OBESITY

Obesity is a priority health concern that is linked to both diabetes and hypertension. The prevalence of obesity among adults in Bastrop County is higher than the national rate (39.7% vs. 31.9%). Participants noted a lack of access to healthy food options and exercise facilities due to transportation barriers, poor nutrition habits, and lack of nutrition education as contributing factors.

MENTAL HEALTH

In 2019 almost 1 in 5 (19.9%) Bastrop County adults reported having a depressive disorder diagnosis at some point in their lives, and 14.1% reported their mental health was “not good” during 14 days or more in the past 30 days. Data from the Household Pulse Survey supports this, estimating that 29.5% of Texas adults experienced symptoms of anxiety disorder or depressive disorder in December 2021. This number has been as high as 43.4% of Texas adults in January 2021.

DENTAL CARE

Access to affordable dental care is a concern in Bastrop County, particularly for underserved community members. Participants reported that high out-of-pocket expenses make dental care unaffordable for many low-income residents and low-cost dental services are often limited for people that are either uninsured or underinsured. A key informant also mentioned the increase in dental patients seeking services for tooth decay attributed to the use of crystal methamphetamines. According to modeling using 2018 BRFSS data, 51.2% of Bastrop County adults reported a dental visit in the last 12 months, which is lower than most other counties in the Austin-Round Rock MSA.

CANCER

While not a major topic amongst focus group participants and key interviews, 2018 data reports that a high incidence rate of cancer among Bastrop County residents, 432.9 per 100,000 residents. A number higher than the Texas and U.S. incidence rate. The incidence rate varies per racial and ethnicity group and cancer type. The cancer incidence rate is higher among Black/African American, 503.8 per 100,000 residents, and lower among Hispanic/Latinx residents, 363.6 per 100,000 residents. Colon cancer incidence rate is higher among Bastrop County residents, 45.7 per 100,000, compared to 38.0 per 100,000 statewide. Bastrop County has a high incidence of breast cancer with a 131.4 per 100,000 compared to 115.2 per 100,000 statewide.

Participants highlighted several barriers that impede the ability of historically underserved residents to effectively manage and treat these health conditions.

Multiple indicators demonstrate that a significant portion of county residents experience barriers to care. Approximately 16.5% of adult residents reported delaying needed health care due to cost in the past year in 2017 (the most recent year this data is available at the county and sub-county level). In addition, the rate of hospital visits for conditions that could be treated in an ambulatory (e.g., non-hospital) environment rose by 25.4 % since 2012 for Medicare beneficiaries to 4,211 per 100,000 beneficiaries in 2018.

BARRIERS TO ACCESS

Community members and leaders identified lack of insurance coverage and the cost of care as two key barriers to managing and treating health conditions. Participants described the challenges that many underserved, low-income, and minority community members face regarding health care, including lack of access to primary and specialty care and cultural barriers.

In Bastrop County, 22.7% of residents under the age of 65 (and 26.2% of adults ages 19 to 64) are uninsured, and lower income residents are most likely to be uninsured. Many community members travel distances of 20 or more miles to access affordable health care. Participants also noted that some Bastrop County residents falsify address information to receive Medical Access Program benefits from Travis County, as Bastrop County residents do not qualify for the program.

Access to primary and specialty care is an important barrier to care, particularly for underserved communities, with many residents in need of specialty care experiencing inadequate transportation to larger cities. Bastrop County is designated as a health professional shortage area for both primary care and mental health. The number of residents per primary care physician grew by 12.1% between 2010 and 2018 from 3,232 to 3,624. The supplies of non-primary care providers, mental health providers, and dentists is also lower than those of the

state as a whole and the U.S. Participants reported traveling to Smithville, Round Rock, Austin, College Station, Bryan, or Kyle to receive primary care services, care for more complex health conditions, or specialty care services, including for cardiology, obstetrics and gynecology, endocrinology, or pediatric care.

Health care services often feel inaccessible because they are not culturally or linguistically appropriate. Language barriers, poor health literacy, lack of awareness of available resources, and fear of deportation due to immigration laws often result in barriers to health care. Further, a lack of minority health care providers that look like their patients and can relate to their cultural needs leaves community members feeling uncomfortable with their health care providers.

RECOMMENDATIONS

Community members interviewed provided a number of recommendations about actions the health care system could take to address health-related needs:

IMPROVE HEALTH CARE ACCESS

Affordable health care: Offer free or low-cost health care services such as preventative health screenings and dental screenings and cleanings.

Transportation: Increase the availability of transportation to health care appointments by collaborating with public transportation services and volunteers. Some key informants recommended providing shuttle buses to services or establishing mobile clinics with primary care and specialty services, mental health services, and oral health care.

Knowledge and awareness: Provide additional community education by hosting fitness and nutrition classes, cooking demonstrations, and classes to demonstrate healthy grocery shopping on a budget. Disseminate information through pamphlets, booklets, or program flyers at community events.

Health care services at community events: Offer health care services on-site during community events (e.g., community celebrations, health fairs, church events, school events, etc.).

INCREASE CULTURALLY COMPETENT HEALTH CARE

Language and translation services: Increase the availability of Spanish translators during appointments and ensure materials are translated.

Culturally competent workforce: To increase compassionate and non-judgmental care, community members recommended expanding cultural sensitivity training for all providers and

hospital staff to better equip them to serve underrepresented and minority populations. Participants also highlighted the need to diversify the workforce by hiring additional providers from underrepresented populations.

Proof of identification: To the extent that is feasible, do not require patients to show proof of identification or documentation of legal status.

STRENGTHEN ENGAGEMENT AND OUTREACH

Trust: Reach out to traditionally disadvantaged communities that are distrustful of institutions using trusted community members to regain and build trust. Some key stakeholders and organizations mentioned by community participants included: local clergy or faith-based leaders and school district leaders.

Visibility: Increase community visibility and regularly engage with community members to understand their perspectives.

Introduction

St. David's Foundation, on behalf of St. David's HealthCare, is pleased to present the 2021-22 Community Health Needs Assessment (CHNA) for Bastrop County, TX.

The Patient Protection and Affordable Care Act of 2010 requires all nonprofit health care systems to complete a CHNA every three years. CHNAs provide deeper understanding of community health needs, in particular those faced by historically-underserved community members, and are used to inform health care system triennial planning efforts. The purpose of this CHNA is to offer a comprehensive understanding of the health and social determinant of health needs in the St. David's HealthCare facilities serving Bastrop County residents, and guide the hospitals' planning efforts to address those needs. St. David's HealthCare has multiple facilities that serve Bastrop County residents, including St. David's Medical Center, St. David's South Austin Medical Center, St. David's North Austin Medical Center, and Round Rock Medical Center. The current CHNA is the fourth one St. David's HealthCare has conducted for Bastrop County.

This report provides an overview of the process and methods used to identify priority health and social determinants of health needs of residents in Bastrop County, along with community assets and recommendations from community members to address the identified needs. The report focuses special attention on the needs of underserved populations, unmet health or social determinants of health needs and gaps in services, and input from community members and leaders. This assessment recognizes that the social and economic determinants that are the primary drivers of health—as the relative contribution of medical care to health and well-being is only 10-20%—and emphasizes the living conditions are upstream of and surround personal behaviors, disease, and death.

Texas Health Institute (THI) carried out this CHNA for St. David's HealthCare between August and December 2021. THI used a mix of quantitative and qualitative methods to identify community health needs, including the analysis of publicly available data sets (Appendix A), key informant interviews, and focus groups (Appendix B) with underserved community members. Content gathered through community focus groups and interview participants is integrated into each report section to which it relates. The quotes reflect the opinion of one or more community members. Findings from this report will be used to identify and develop efforts to improve the health and wellbeing of residents in the community.

METHODS

The 2021-2022 CHNA uses both primary and secondary data to identify the community's priority health needs and strengths through a social determinants of health framework. Health is not only affected by people's genes and lifestyles but by upstream factors such as employment

status, housing quality, and policies. In addition, the influences of race, ethnicity, income, and geography on health patterns are often intertwined. As a result, data was analyzed using an equity lens when possible.

Primary data include qualitative data collected for the purposes of the CHNA. These data were collected directly from the community through focus groups, key informant interviews, and Photovoice interviews. Secondary data include quantitative data collected through publicly available federal and state agencies databases. Federal and state agencies collected these data through surveys or electronic health records.

PRIMARY DATA COLLECTION AND ANALYSIS

Between August and October 2021, THI virtually conducted eight key informant interviews and three community focus groups in Bastrop County. In addition, THI virtually conducted one targeted Photovoice project and associated discussion session. The goal of this work was to learn about local priority health needs and assets and how they think community health and well-being can be improved.

Focus group participants self-identified as people who are medically underserved, low-income, and members of minority populations, or living with chronic disease needs. Adult focus group participants were between 18-65 years old, while Photovoice participants were between ages 15-16 years old.

Key informants (Appendix B) included representatives from health care organizations, community-based organizations, and the local government. THI engaged key informants based on their leadership roles and experience working with medically underserved, low-income, or minority communities served by the hospital system.

A THI staff member served as the facilitator for all virtual interviews and focus groups. Audio recordings of the sessions were automatically transcribed using Otter.ai, and staff cleaned and verified transcripts for accuracy. Spanish-language focus groups were first transcribed in Spanish and then translated into English. Transcripts were coded and analyzed using Atlas.ti qualitative software.

SECONDARY DATA SOURCES AND ANALYSIS

All quantitative data used for this report is secondary data² and includes data on approximately 35 indicators, many broken down by geography or demographic characteristics when available. Indicator sources are cited for figures, tables, and graphs in this CHNA. Publicly available data sources used:

² Data that have already been collected for another purpose.

- American Community Survey
- Argonne National Laboratory: Housing Stability Index
- Austin Board of REALTORS®
- Behavioral Risk Factor Surveillance System
- Centers for Medicare and Medicaid: National Provider Identifier Standard
- Center for Neighborhood Technology: Housing, + Transportation Affordability Index
- Dignity Health and IBM Watson Health: Community Needs Index
- Feeding America: Map the Meal Gap Study
- Health Resources and Services Administration
- Centers for Disease Control and Prevention (CDC)
- Household Pulse Survey – COVID-19
- National Center for Health Statistics
- Social Vulnerability Index
- U.S. Diabetes Surveillance System
- Substance Abuse and Mental Health Services Administration: National Survey on Drug Use and Health
- United for ALICE
- U.S. Bureau of Labor Statistics
- U.S. Department of Agriculture: Food Access Research Atlas
- U.S. Census Bureau
 - Small Area Income and Poverty Estimates (SAIPE) Program
 - Small Area Health Insurance Estimates (SAHIE) Program

The original sources collected data through surveys or electronic health record systems, and results are often a snapshot in time. The data are self-reported unless otherwise indicated. Each indicator used the most recent data point available for each data source. Multiple years of data were used to calculate the estimates with a larger sample size and more precision. The estimates were calculated by the original data source for all secondary data.

THI selected quantitative data for inclusion in this report based on the availability of confidence intervals at the state and national levels, which allowed THI staff to determine statistical significance (i.e., whether the county-level value was better or worse than the state or national value). For some variables, such as “Adult Obesity,” the confidence intervals were not available at the state or national levels. Consequently, statistical significance could not be calculated. If, however, the county-level value was notably higher than the state and national average, the value was included in this report.

Confidence intervals are included in graphs when data for an indicator has a small population sample. The smaller the population sample, the less certainty about the actual number for the total population, resulting in overlapping confidence intervals. It can be hard to determine any significant change when confidence intervals overlap between categories, such as race and ethnic groups. Some indicators are broken down by geography based ZCTAs, as ZIP code is a common variable across many local and state datasets. A reference map is included in the demographics section. The data analysis typically consisted of calculating proportions and rates, with a 95% confidence interval where appropriate.

SENSEMAKING SESSIONS

THI facilitated a series of three sensemaking sessions with SDF in January and February 2022. These sessions were iterative and included SDF staff and board members, and at least one community leader from Bastrop, Caldwell, and Hays Counties. The sensemaking process provided a structured opportunity for SDF staff, board, and community leaders to begin to sort and make sense of a large amount of information included in the CHNA, and to develop a shared understanding of possible needs and actions. It also provided an opportunity for feedback prior to finalization of the 2021-22 final report.

DATA CONSIDERATIONS AND LIMITATIONS

As with all data collection, there are several limitations that should be acknowledged. Different data sources use different ways of measuring similar variables. There may be a time lag for many data sources from the time of data collection to data availability. Some data are not available by specific groups or at the granular geographic level due to the small sample size.

Crucially, most quantitative data used were collected prior to 2020 and the COVID-19 pandemic, whereas qualitative data were collected in fall 2021. This asynchronicity should be considered when applying the findings of this report, as some quantitative values may have changed between the most recently available year and fall 2021.

Additionally, qualitative data collection occurred through virtual key informant interviews and focus groups for the safety of staff and participants. This presented a challenge with both recruitment and facilitation of the interviews. Many of the community leaders who helped recruit participants, or who served as key informants, were overwhelmed by responsibilities related to the pandemic. THI staff did extensive outreach to various leaders of community-based organizations in Bastrop County and potential participants; organizational leaders and residents alike frequently declined participation for a variety of reasons, including research fatigue and fear of exploitation.

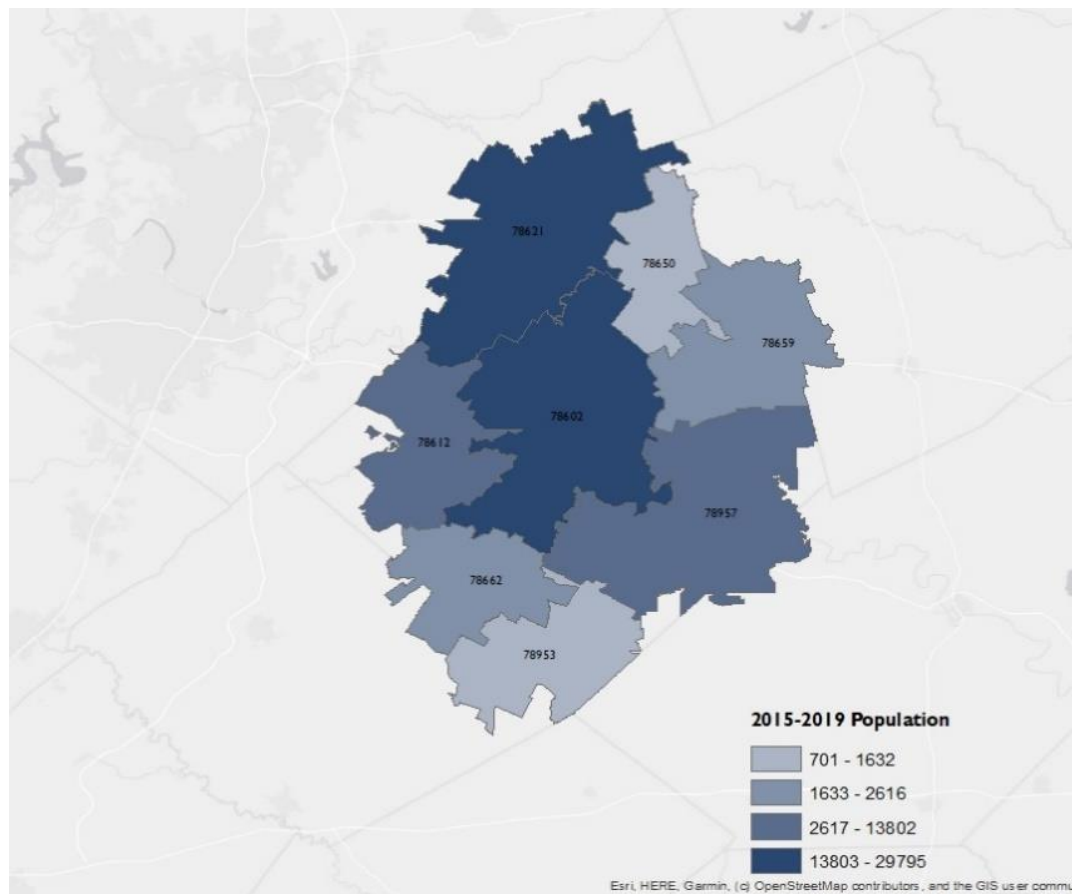
In addition, internet access or access to a device that would allow for zoom inhibited some potential focus group participants. Furthermore, in some instances interviews were cancelled due to COVID-19 exposure or infection.

LANDSCAPE AND CONTEXT

Bastrop County, located 30 miles southeast of Austin, is a fast growing rural county part of the Austin-Round Rock Metropolitan Statistical Area (MSA). Bastrop County borders the northwest edge of Travis County in Central Texas and shares borders with Williamson, Lee, Fayette, and Caldwell Counties. Bastrop, the county seat, is located about 30 miles southeast of Austin.

Eight ZCTAs are primarily located within its boundaries: Bastrop (78602), Cedar Creek (78612), Elgin (78621), Mc Dade (78650), Paige (78659), Red Rock (78662), Rosanky (78953), and Smithville (78957). Figure 1 shows the boundaries of these eight ZCTAs. These ZCTAs are the basis of sub-county analyses throughout this report.

Figure 1
Bastrop County ZIP Code Tabulation Area



Source. U.S. Census Bureau.

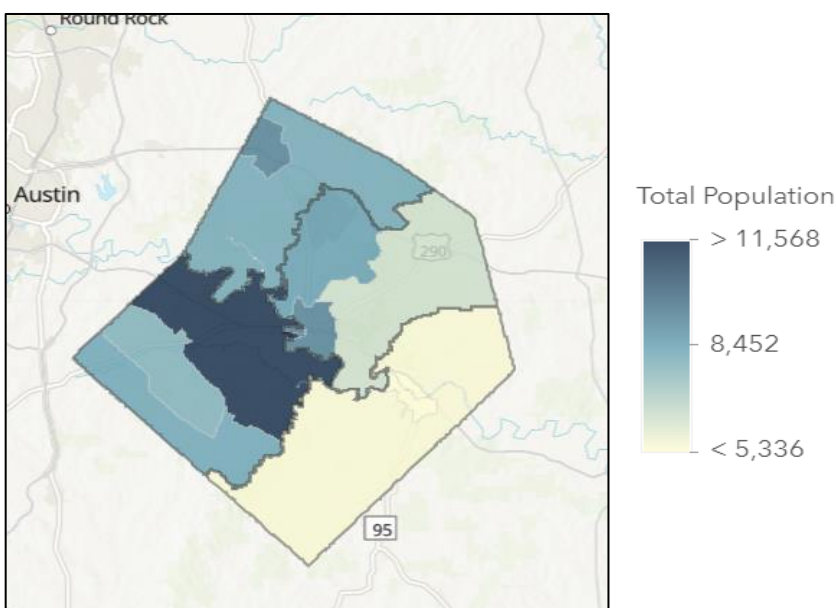
Demographics

Demographics of the community significantly affect its health profile as different race/ethnicity, age, and socioeconomic groups have unique needs and require different approaches to health improvement efforts. All demographic estimates are sourced from U.S. Census Bureau American Community Surveys unless otherwise indicated.

POPULATION

In 2020, 97,216 people called Bastrop County home, an increase from 74,171 in 2010. Bastrop County has experienced rapid growth (31.1%) over the past decade. Over the same period, Texas grew 8.3%, and the United States as a whole grew 7.4%. Travis County, the most populous county in the MSA, grew by 26% over the same period.

Figure 2
Population Concentration by Census Tract – Bastrop County

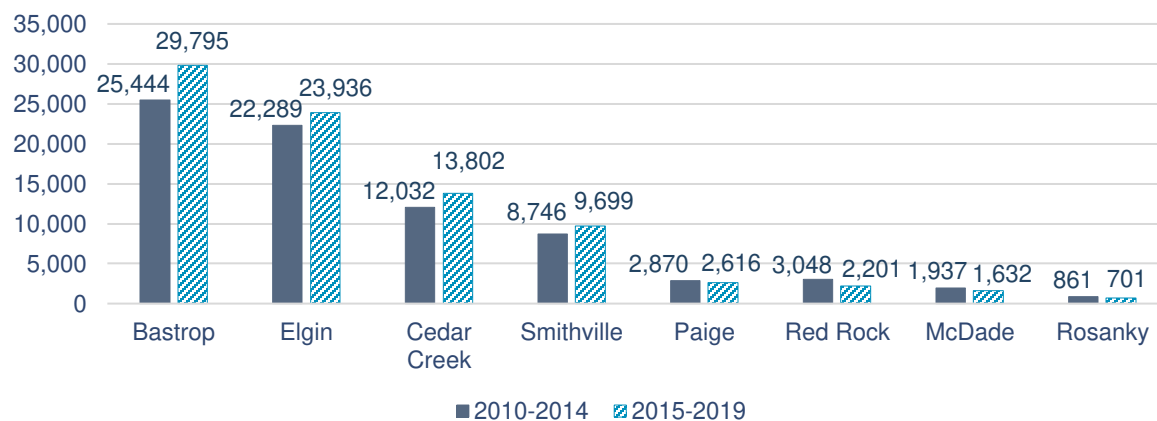


Source. American Community Survey, 2019. Map built with ArcGIS.com.

In the county, the Bastrop ZCTA is by far the most populous with 29,795 residents, followed by Elgin (23,936) and Cedar Creek (13,802). The population of Bastrop has increased by 17.1% in the last five years between 2010-2014 and 2015-2019 followed by Cedar Creek with a population increase of 14.7%. Elgin and Smithville have seen a slower increase with 7.4 % and 10.9% respectively. However, not all ZCTAs have experienced growth, McDade, Paige, Red Rock, and Rosanky have seen a decrease in population between 2010-2014 and 2015-2019.

Figure 3

Population by ZCTA, 2010-2014 and 2015-2019



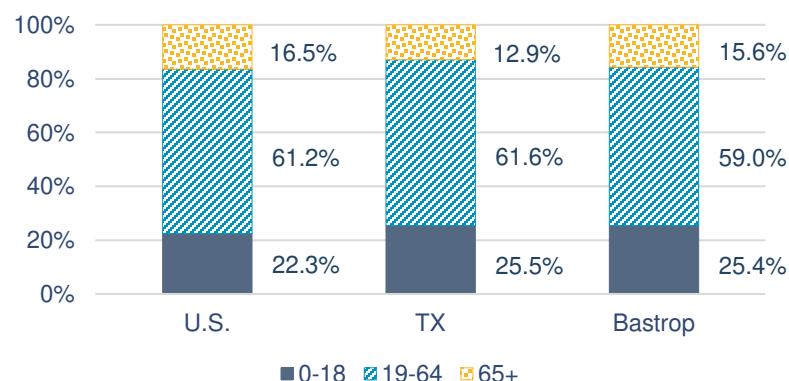
Source. U.S. Census Bureau, American Community Survey, 2010-2014 and 2015-2019.

AGE

Bastrop County's age distribution is similar to that of the United States. Bastrop County's population consists of a larger portion of children (0-18) than the United States (25.4% and 22.3% respectively) and a slightly smaller portion of adults of working age (19-64) than both Texas and the United States as a whole (59.0% vs. 61.6% and 61.2%, respectively). It also has a slightly larger elderly population (15.6%) than Texas (12.9%) but smaller the United States (16.5%).

Figure 4

Age Distribution of Population for Bastrop County, Texas and the U.S.



Source: U.S. Census Bureau Population Estimates, 2019.

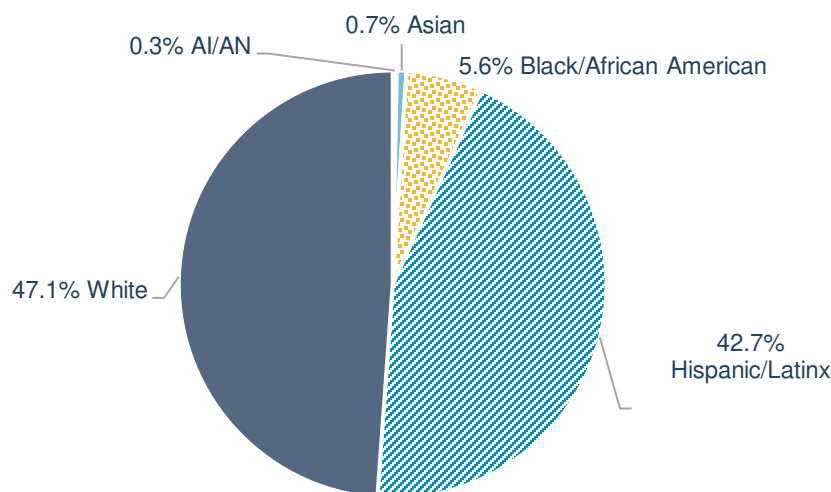
RACE AND ETHNICITY

Bastrop County has also become more diverse as the population has grown, visually represented in Table 1. While all racial and ethnic groups increased in absolute size between 2010 and 2020, non-Hispanic whites, the majority population, saw their share of the population decline from 57.2% to 47.1%. Hispanic/Latinx populations accounted for almost 75% of the total population growth adding 17,294 persons, while non-Hispanic whites accounted for 14% adding 3,305.

As the population of Bastrop County grows more diverse, it does not appear to be getting more segregated as measured by the white / non-white Dissimilarity Index.³ The index value for Bastrop County is 34 compared to 40 for the state and 47 for the nation.

³ The dissimilarity index is a measure of residential segregation whereby higher values indicate greater segregation between residents of two population groups, ranging from zero (complete integration) to 100 (complete segregation). If an area's white / non-white dissimilarity index is 65, this means that 65% of white people would need to move to another area to make whites and Blacks evenly distributed across all areas.

Figure 5
Race and Ethnicity of Bastrop County Residents, 2020



Source. U.S. Census Bureau 2020 Decennial Census Population Estimates.

Table 1
Bastrop County Grew More Diverse During 2010-2020

Race or Ethnicity	2010	2020	
American Indian/Alaska Native (Non-Hispanic)	0.4%	0.30%	↓
Asian (Non-Hispanic)	0.6%	0.70%	↑
Black (Non-Hispanic)	7.5%	5.60%	↓
Hispanic	32.6%	42.70%	↑
White (Non-Hispanic)	57.2%	47.10%	↑

Source. U.S. Census Bureau 2010 and 2020 Decennial Census Population Estimates.

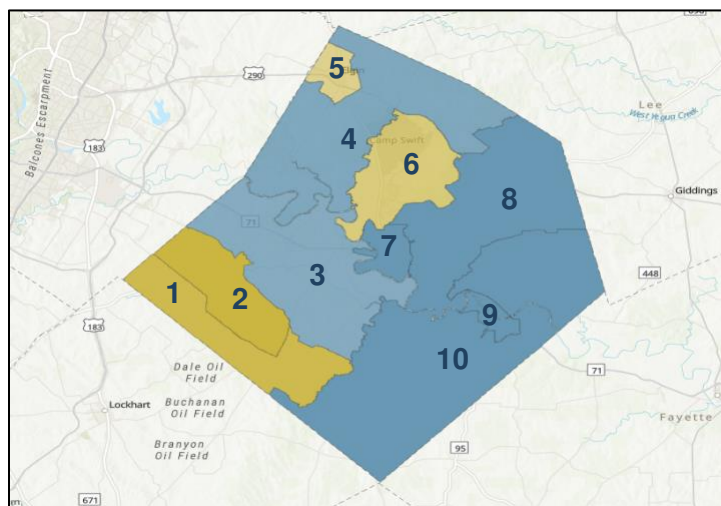
IMMIGRATION, PRIMARY LANGUAGE AND LIMITED ENGLISH PROFICIENT

An estimated 14% of Bastrop County residents were born in a country other than the U.S. Of these, 71% are non-citizens. Figure 6 displays the location of non-Hispanic white and Hispanic/Latinx population by census tracts in Bastrop County. The colors indicate the racial or ethnic group of people with the highest proportion of the population within the given tract.

For example, the southwest area of the county is predominately composed of Hispanic/Latinx population. Only the two racial and ethnic groups with the highest proportion of the population are displayed.

Figure 6

White Population is the Predominant Racial/Ethnic Population in the Majority of Bastrop County Census Tracts



Source. American Community Survey, 2015-2019. Map built with ArcGIS.com View online: <https://arcg.is/1XjaGH>.

Census Tract	% Hispanic/Latinx	% White
1	68.2%	29.6%
2	76.3%	19.2%
3	30.9%	58.6%
4	32.1%	61.3%
5*	45.4%	26.6%
6	51.0%	41.1%
7	15.3%	75.5%
8	14.9%	80.3%
9	13.3%	71.0%
10	14.1%	76.9%

* ZCTA 5 has a higher proportion of Black population compared to white, at 27.8%

English is the dominant language spoken in Bastrop County. However, 5.4% of households (and 9.4% of residents ages 5 and older) have limited English proficiency. Most (95%) of those who have limited English proficiency speak Spanish as their primary language and live in the Bastrop, Cedar Creek, and Elgin ZCTAs.

Social Determinants of Health

The communities in Bastrop County are impacted by many social determinants of health, which the St. David's HealthCare system could affect. Social determinants of health are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

SOCIAL VULNERABILITY AND COMMUNITY NEEDS INDEX

CDC developed the **Social Vulnerability Index (SVI)** to measure the potential negative effect on communities caused by external stresses, such as disease outbreaks or human-caused disasters. A number of factors, such as poverty, lack of access to transportation, and crowded housing may weaken a community's ability to prevent human suffering and financial loss during a disaster. These factors are known as measures of social vulnerability.

CDC uses 15 U.S. census variables to help local leaders identify communities that may need support before, during, and after a natural or human-caused disaster or disease outbreak. These 15 variables are grouped into four separate vulnerability indices across: (a) housing and transportation measures, (b) minority status and language measures, (c) household composition measures, and (d) socioeconomic measures. The four indices are also combined to create an overall index. The index ranges from 0 to 1, with 0 indicating the lowest vulnerability and 1 the highest vulnerability.

Bastrop County's **SVI of 0.7459 indicates a moderate- to high- level of vulnerability**. However, there is some variability within the county, ranging from a very high vulnerability of 0.9360 in the northeast part of the county, to a very lower vulnerability of 0.3756 in the eastern part of the county.

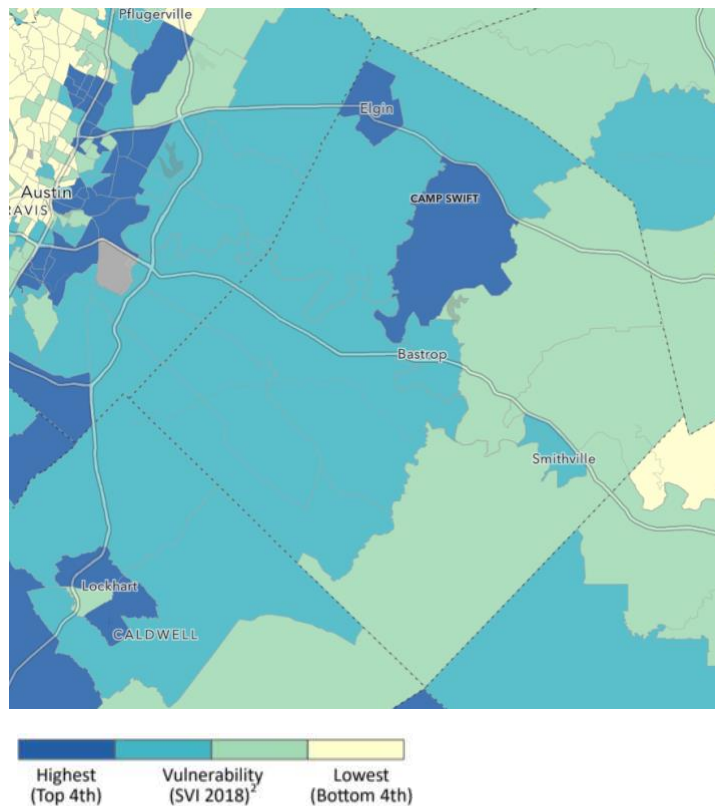


Social Determinants of Health

Source. Centers for Disease Control and Prevention.

Figure 7

Social Vulnerability Index in Bastrop County



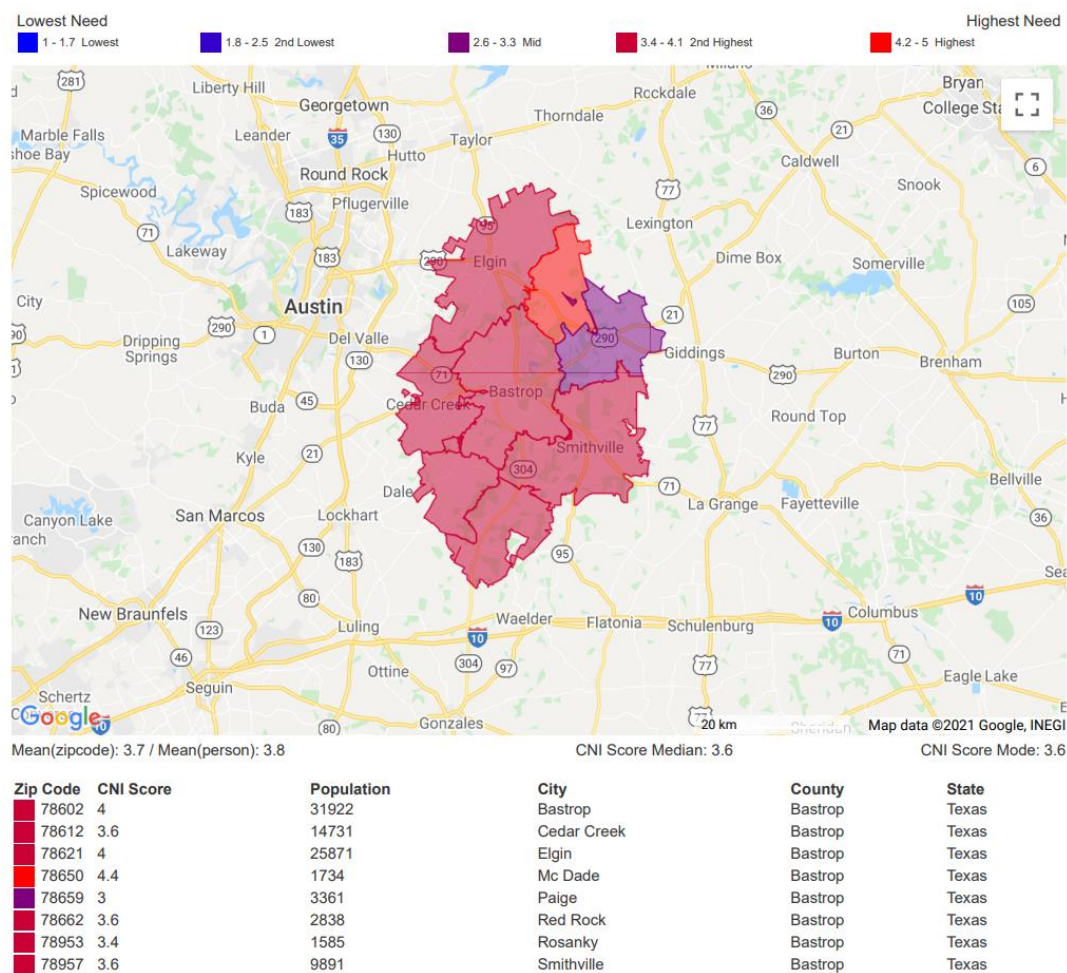
Source. Centers for Disease Control and Prevention.

The [Community Needs Index](#) (CNI) was jointly developed by Dignity Health and IBM Watson Health™ to assist in the process of gathering vital socio-economic factors in a community. Based on demographic and economic statistics, the CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need compared to the US national average (score of 3.0). The CNI is strongly linked to variations in community health care needs and is a good indicator of a community's demand for a range of health care services. The CNI score is an average of five different barrier scores (income, cultural, education, insurance, and housing) that measure various socio-economic indicators of each community using the 2021 source data.

- Every populated ZIP code in the United States is assigned a barrier score of 1-5 depending upon the ZIP code national rank (quintile).
- A score of 1 represents the lowest rank nationally for the statistics listed, while a score of 5 indicates the highest rank nationally.

For all barriers, ZIP codes with scores of 1 or 2 have a smaller percentage of the population facing the barrier than the national average, while ZIP codes with a score of 4 or 5 have a higher percentage. ZIP codes with a score of 3 have a similar percentage.

Figure 8
Community Needs Index, Bastrop County



Source: Dignity Health and IBM Watson.

INCOME

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median incomes are likely to have a greater share of educated residents and lower unemployment rates.

- The median household income in Bastrop County was \$74,612 in 2020, which was higher than the Texas median (\$66,048) and the U.S. as a whole (\$67,340). The median income in Bastrop County rose \$11,985 in a single year—from \$62,627 in 2019—and was previously lower than both the Texas and U.S. median. Bastrop County also had the largest increase in median income in the Austin-Round Rock MSA between 2019-20.
- The median household income for Bastrop County is lower than other counties in the Austin-Round Rock MSA, including Hays (\$77,511), Travis (\$82,605), and Williamson (\$91,507), but higher than Caldwell (\$66,128).
- Although there are differences in median income between population groups defined by race and ethnicity, the differences are not considered significant.

POVERTY AND ALICE

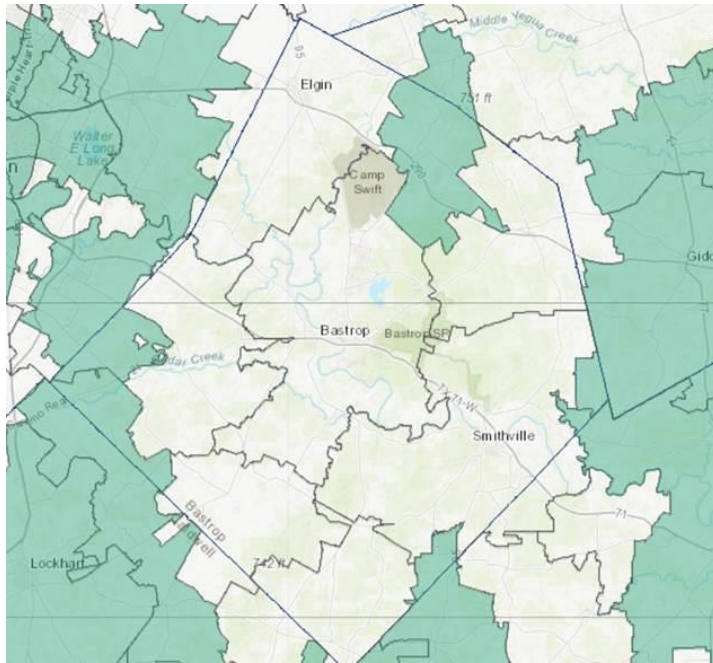
The Census Bureau sets federal poverty thresholds every year and varies by size of family and ages of family members. A high poverty rate is both a cause and consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased tax revenue to the county, poverty correlates with lower quality schools and decreased business survival.

At the individual level, 11.2% of Bastrop County residents live below the federal poverty level. This percentage is lower than the Texas (14.7%) and the U.S. (13.4%). Furthermore, Asian American Pacific Islander (AAPI) residents are less likely to live in poverty when compared to their Black/African American, white, and Hispanic/Latinx counterparts (24.5%, 9.2%, 11.9% respectively).

Within Bastrop County, the Elgin, McDade, and Smithville ZCTAs have the highest proportion of people living in poverty. As displayed in Figure 9, these ZCTAs have 12% or more of the population living below the FPL. This threshold indicates a higher rate of people living in poverty, compared to the county average (11.2%).

Figure 9

ZCTAs in Bastrop County with Greater Than or Equal to 12% of Households Living Below FPL



Source. American Community Survey, 2015-2019. Retrieved from UDS Mapper.

In addition to poverty, it is also important to understand the portion of residents who live above the poverty line but who earn less than the basic cost of living for Bastrop County, measured as ALICE.⁴

ALICE is an important indicator of economic insecurity because it identifies the prevalence of households who struggle to afford essentials like food, housing, or health care, and yet do not meet income qualifications for public assistance programs, such as Supplemental Nutrition Assistance Plan (SNAP). Basic costs of living are defined as the bare-minimum costs for housing, child care, food, transportation, health care, and a smartphone plan.

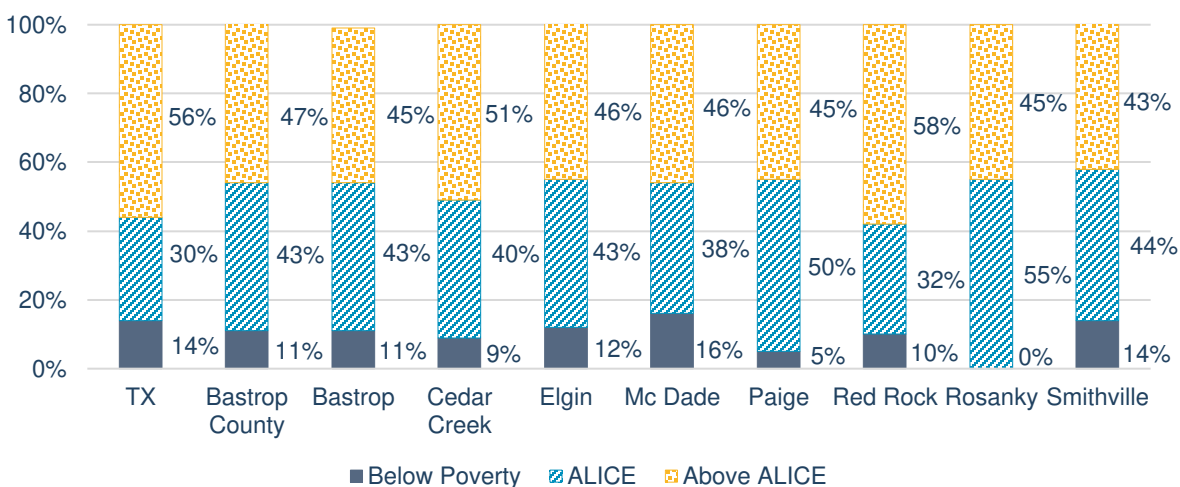
- In 2018, 11% of Bastrop County households fell below the poverty line while another 43% were ALICE.
- Single person and cohabitating households with no children are most likely to fall below the ALICE threshold in Bastrop County due to either living in poverty or being ALICE (80%).
- Households headed by individuals 65 years and older are most likely to fall into the ALICE category (38%).

⁴ ALICE: an acronym for Asset Limited, Income Constrained, Employed. ALICE typically describes those who live above the poverty line but earn less than the basic cost of living for their area. For more information on the ALICE methodology and data, visit unitedforalice.org.

Overall, ZCTA level distribution of ALICE households mirrors the County-level ALICE data as shown in Figure 10 below. Although most ZCTAs have an ALICE score below 43%, it is important to note that in the Paige ZCTA, 5% of households live in poverty while an additional 50% are ALICE, a pattern that is also visible in the Rosanky ZCTA where 0% of households live in poverty while 55% are ALICE. Consequently, 38% to 50% of households in each Bastrop County ZCTA have insufficient assets and income to meet basic cost of living needs in Bastrop County.

Figure 10

The Percentage of Bastrop County Households Living Below the Poverty Level and ALICE Threshold



Source. United for ALICE.

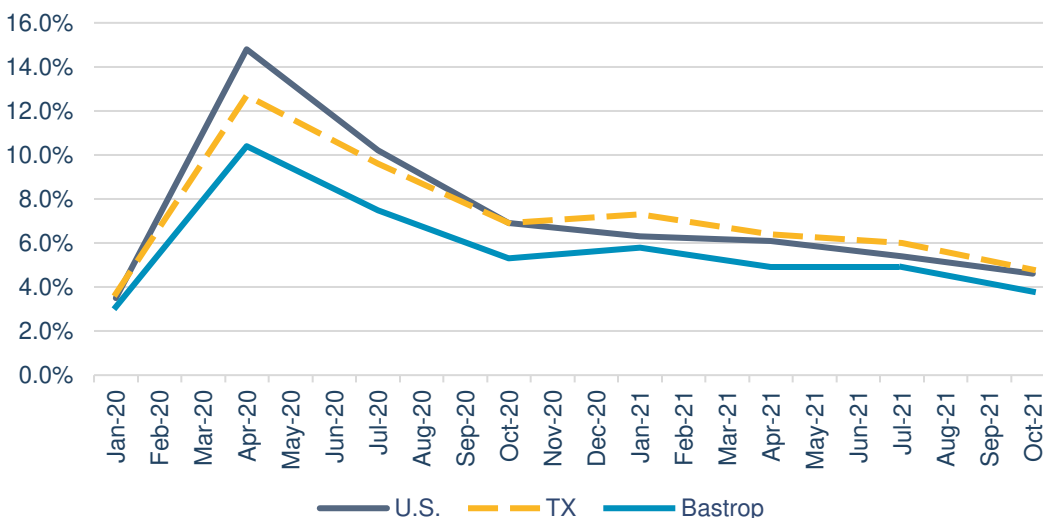
UNEMPLOYMENT

The rate of unemployment is an indicator of economic insecurity experienced by a community. Unemployment can affect an individual's physical and mental health, as well as their ability to access and engage with health care services.

As with most of the state, unemployment was low through March 2020, increased early in the COVID-19 pandemic and then began to fall (Figure 11). However, as of October 2021, the county is still experiencing higher levels of unemployment than prior to the pandemic. In January 2020, the county unemployment rate was 3.1%. It jumped to a high of 10.4% in April 2020 and remained above 5% through March 2021. It was still hovering around 3.8% in October 2021.

Figure 11

Unemployment, January 2020-September 2021: Bastrop County, Texas and U.S.



Source. U.S. Bureau of Labor Statistics.

Those most impacted by the pandemic were workers in service industries. While local data is not available, at the national level, Hispanic women (21%), immigrants of all races and ethnicities (19%), young adults ages 16-24 years old (25%) and those without any college education (21%) experienced the greatest job loss during the initial surge in unemployment early in the pandemic.⁵ Focus group participants noted that the prevalence of unemployment during the pandemic intensified financial insecurity, especially among Hispanic/Latinx community members.

HOUSING

Key informants and focus group participants identified the lack of affordable housing available within Bastrop County as one of the most complicated issues for the community. Participants noted residents experience long waiting lists for public housing vouchers and poor housing conditions, leading to physical and mental health issues. Participants also highlighted the growing homeless population with untreated mental health issues and their inability to obtain documentation that would allow them to receive free or reduced price health care.

⁵ Kochhar, R. (2020). *Hispanic women, immigrants, young adults, those with less education hit hardest by COVID-19 job losses*. Pew Research Center. <https://www.pewresearch.org/fact-tank/2020/06/09/hispanic-women-immigrants-young-adults-those-with-less-education-hit-hardest-by-covid-19-job-losses/>.

“It's just not affordable. I mean, you know, \$1,500, \$2000, \$2,500 a month is just not affordable for a low-income family. Then, the lack of Section 8 housing or housing authorities.... There's always waiting lists.... There's never enough to help people. I think when people don't have stable housing, maybe it's hard for them to have stable employment. Those kind of things all tie together.”

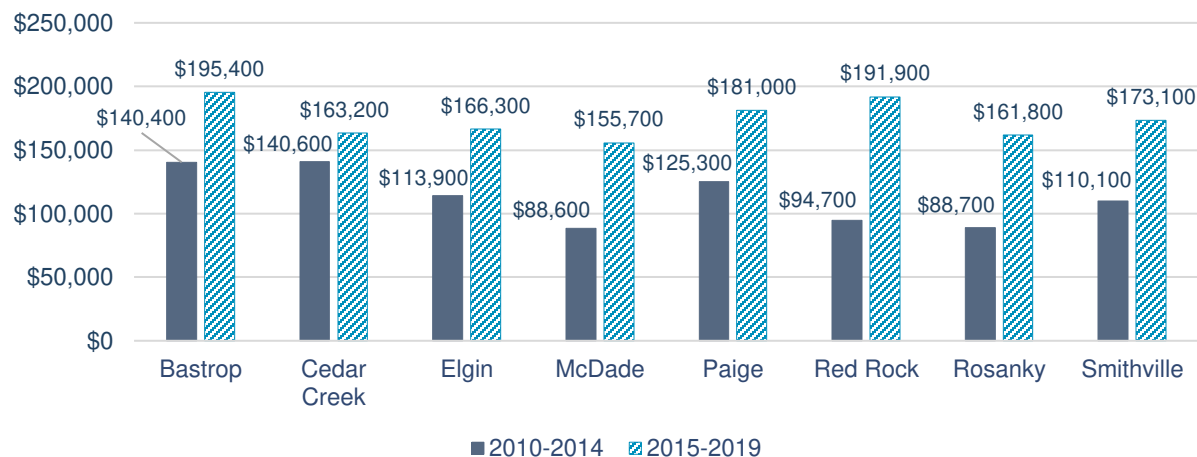
– Key Informant

Note: Due to the lag of 1-2 years in the availability of housing data, we can only provide a partial picture of the rising cost of housing up until 2019. The focus groups and key informant interviews highlighted a more heightened housing affordability crisis that has unfolded during the last two years (2020-21) because of the influx of Travis County residents in search for lower housing costs.

- Both median rents and the value of owner-occupied homes in Bastrop County have skyrocketed in the past five years (2010-2014 to 2015-2019).
 - While median rent in the county was \$856/month on average between 2010-2014, it has increased 23% to \$1,056/ month over the latter five-year period.
 - The median value of owner-occupied homes increased 41.6% over the same period from \$121,500 to \$172,000.
- Important differences exist at the ZCTA level.
 - The Red Rock ZCTA experienced the greatest 5-year growth doubling its in median home value (2015-2019 median home value is \$191,900).
 - Median gross rent for all types of units saw the greatest growth in Rosanky (154.7%) who also has the highest median gross rent (\$1,401) in 2015-2019. Figures 12 and 13 depict these changes over time.
- Recent data from the Austin Board of Realtors is more indicative of the housing affordability crisis over the last two years:
 - Between November 2020 and 2021, the median price of homes sold in Bastrop County increased 32.2% to \$345,000. In November 2019, the median price of homes sold in the county was \$245,015.

Figure 12

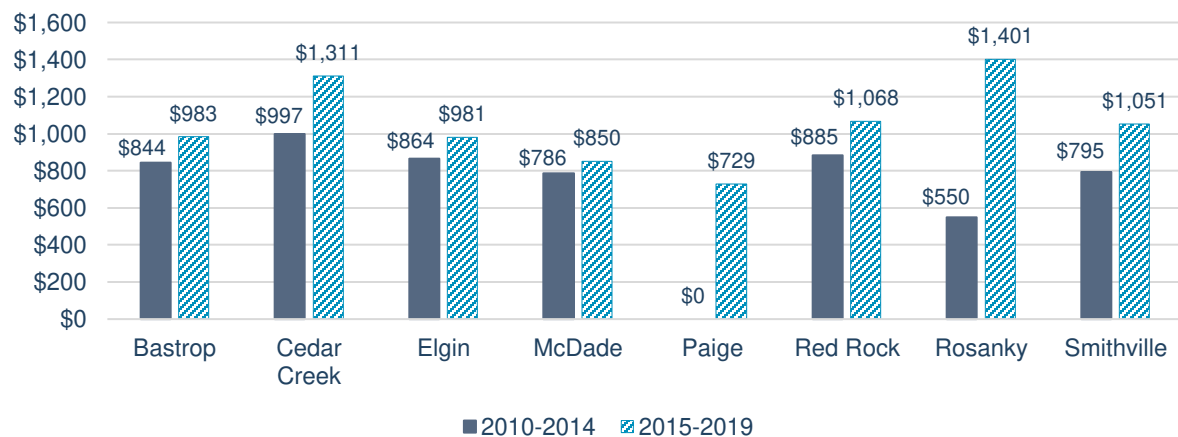
Median Value of Owner-Occupied Homes in Bastrop County, 2010-2014 vs. 2015-2019



Source. U.S. Census Bureau American Community Survey.

Figure 13

Median Gross Rent in Bastrop County, 2010-2014 vs. 2015-2019



Source. U.S. Census Bureau, American Community Survey.

Increased housing costs are not harmful, in and of themselves, so long as residents experience similar increases in income. The increased home prices and rents are driven largely by residents moving out of Travis County in search of more affordable housing. However, it is quickly making areas that were once considered affordable options no longer feasible for lower-income populations.

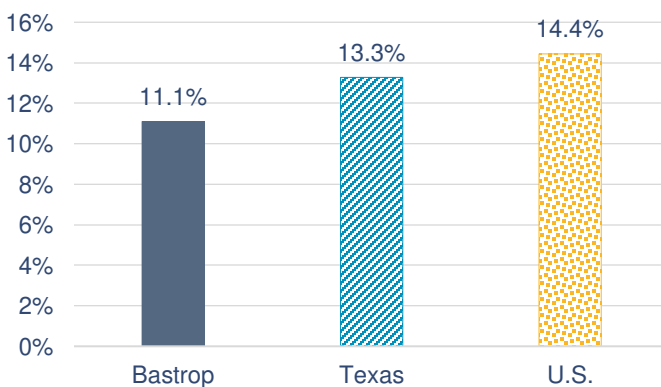
SEVERE HOUSING BURDEN

Severe Housing Burden is the percentage of households that spend 50% or more of their household income on housing. On average, Bastrop County residents spend 23% of their monthly income on housing costs. However, 11.1% spend more than 50% of their monthly income on housing costs limiting their ability to afford necessities such as food, transportation, and health care. This rate is lower than the Texas and U.S. average (13.3% and 14.4% respectively). While this rate has hold steady during the last five years, the number of households experiencing “severe housing cost burden” has increased.

- In 2015-2019, 2,838 households in Bastrop County spent more than 50% of their monthly income on housing, compared to 2,633 in 2010-2016, an increase of 205 households.
- 17% of households in Bastrop County experience one or more of the following: overcrowding, housing costs that are greater than 50% of monthly income, lack of kitchen facilities or lack of plumbing facilities.

Furthermore, participants in key interviews and focus groups shared that some populations experience poor housing conditions. Hispanic/Latinx immigrants often live in overcrowded conditions, in homes or apartments with limited plumbing or no access to sewer system.

Figure 14
Severe Housing Cost Burden



Source. U.S. Census Bureau, American Community Survey, 2015-2019.

HOUSING INSTABILITY

The Housing Stability Index (HSI) quantifies the extent of housing stability in either renter- or owner-occupied units due to missed or deferred housing payments, such as rent or mortgage. If an area is considered “at risk,” this indicates that a high percentage of residents are unable to make regular housing payments and may face eviction and homelessness. The HSI compares stability to a baseline period of January 2020, which was prior to the COVID-19 pandemic in the U.S.

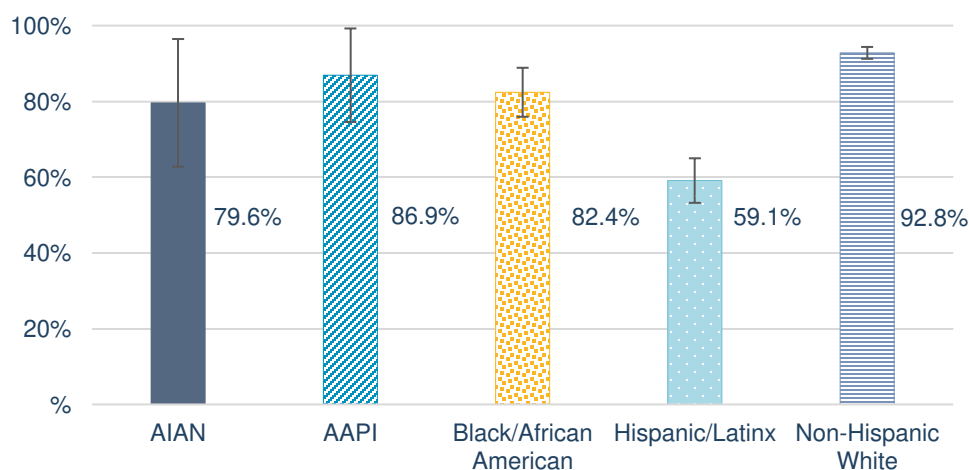
Although affordable housing has been an issue across the county for a while, the pandemic increased housing instability. Prior to the pandemic, 0.84% of occupied housing units were at risk of disruption (2.9% of renter occupied units and 0.24% of owner-occupied units). This rate increased to 3.5% in September and October 2021. This equates approximately 895 households in Bastrop County at risk-of losing their homes due to failure to make housing payments.

EDUCATION

Educational attainment is relatively high in Bastrop County with 81.9% of adults 25 years and older having completed at least high school and 20.7% having a college degree or higher compared to 83.7% and 29.9%, respectively, statewide and 88% and 32.2% at the national level. However, less than 60% of Hispanic/Latinx adults completed high school (59.1%) county-wide, and in Elgin, about half have done so (53.7%).

Figure 15

Hispanic/Latinx Residents of Bastrop County are the Least Likely to Graduate from High School



Source. U.S. Census Bureau, American Community Survey, 2015-2019.

TRANSPORTATION

Participants in the focus groups and key informant interviews identified transportation as a leading barrier to health care for many residents of Bastrop County. Residents spend, on average, 25% of monthly income on transportation. Participants noted that despite having the Capital Area Service Transportation System (CARTS), Bastrop County residents have difficulty navigating the system. In addition, even when residents have personal vehicles, the lack of money for gas prevent some from accessing primary care, specialty health care, or pharmacy visits.

“If you don't have a vehicle, you're either trying to go on CARTS [Capitol Area Rural Transportation System]—which means you're going to spend a whole day for maybe a 30- or 40-minute appointment, because then you're on their transportation schedule—or you're having to pay somebody gas money to take you. You're never really on your own schedule. You're on someone else's schedule. There is usually some financial cost, even with CARTS. That means you're going to have to spend money eating or meeting your needs in the city for your one little doctor's appointment. It just has a ripple effect. It's other things people don't really think about if they don't have to experience them themselves.”

– Focus Group Participant

In addition to the lack of public transportation options, participants noted that many residents of Bastrop County do not have access to personal transportation. In fact, 4.5% of households in Bastrop County do not own a personal vehicle, ranging from 0.0% (78662) to 5.8% (78602). Participants also noted that residents of Elgin or Stony Point have to travel 20 miles to access the nearest grocery store, pharmacy, or doctor's office, limiting access to services due to the lack of public transportation options.

FOOD INSECURITY

Many residents of Bastrop County do not have adequate access to healthy food, which may be a function of low income or high geographic distance to quality grocery store. Data from 2019, the most recent year available at the county level, indicate that 12.1% of Bastrop County residents lack adequate access to food. This is slightly lower than the statewide rate (14.1%) but higher than the rate for the U.S. as a whole (10.9%). Food insecurity impacts health in two ways:

1. By making it difficult for individuals to maintain healthy diets that are instrumental to managing chronic conditions such as diabetes; and
2. By leading individuals to forgo costly medication in order to feed their families.

Food insecurity increased during the COVID-19 pandemic, and the current rate is likely higher than it was two years ago. Projections from Feeding America's Map the Meal Gap study projects an increase in overall food insecurity in Bastrop County in 2021 to 14.2% and child food insecurity of 20.3%

Focus groups participants mentioned the inaccessibility of healthy food as a significant barrier to health, citing the high costs of healthy food and the long distance traveled to access it as main root causes. Another key informant expressed that working families often have challenges finding the time and resources to prepare healthy meals.

“Some of the rural areas in Bastrop County, they probably have to drive 20 or 30 miles to even get to a grocery store. Then, when they get there, they don't have the money to buy the healthy things.”

– Key Informant

There is also a general cycle of food insecurity, where multigenerational families seek emergency food from food pantries. However, food pantries cannot keep up with the demand as one key informant mentioned, “We have a great food bank in Bastrop County, but they can't get to everybody all the time.”

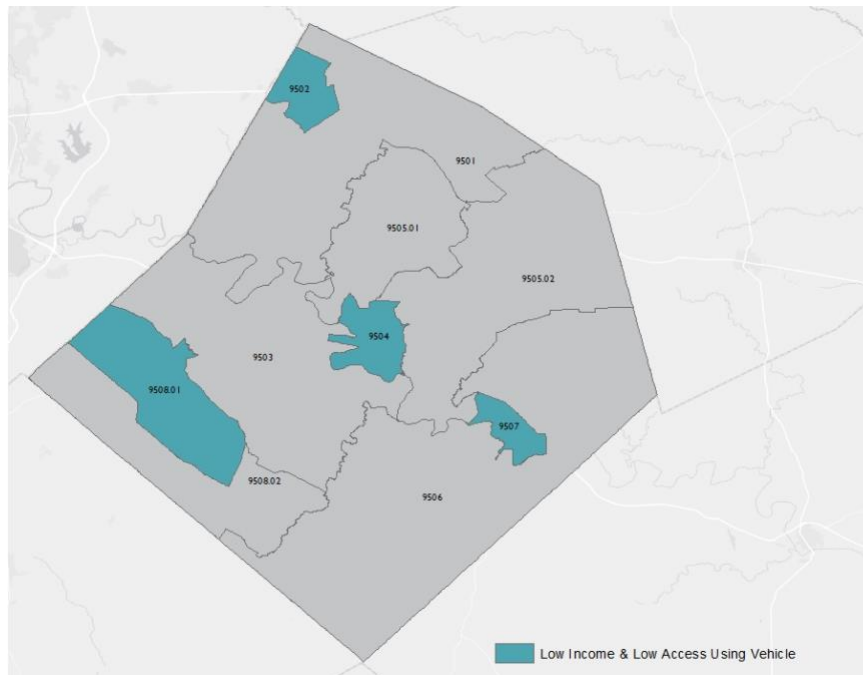
“People are kind of also in panic because there's been word of a food shortage going on. The price of groceries is going up.”

– Key Informant

Figure 16 highlights the four Bastrop County neighborhoods are officially designated by the U.S. Department of Agriculture as neighborhoods that are low income, have limited food access and at least 100 households are located more than ½-mile from the nearest supermarket and have no vehicle availability. This includes Red Rock and Cedar Creek, rural areas of Bastrop County that are considered food deserts, disproportionately affecting Hispanic/Latinx and senior populations.

Figure 16

Low Income and Low Access Neighborhoods Using Vehicle



Source. U.S. Department of Agriculture, Food Access Research Atlas, 2019.

INTERNET ACCESS

Increasingly, activities of daily life require a stable, fast broadband connection. This became ever more important during the recent COVID-19 pandemic when schools transitioned to remote learning and many employees began to work from home. Families residing in rural areas of Bastrop County frequently do not have access to the internet or social media, which limits their awareness about available health care services or community events and creates a barrier to participation in telehealth appointments. Furthermore, participants in the focus groups and key informant interviews noted that lack of internet access and computer literacy, particularly not having an email address, was a barrier to COVID-19 vaccine access in the county.

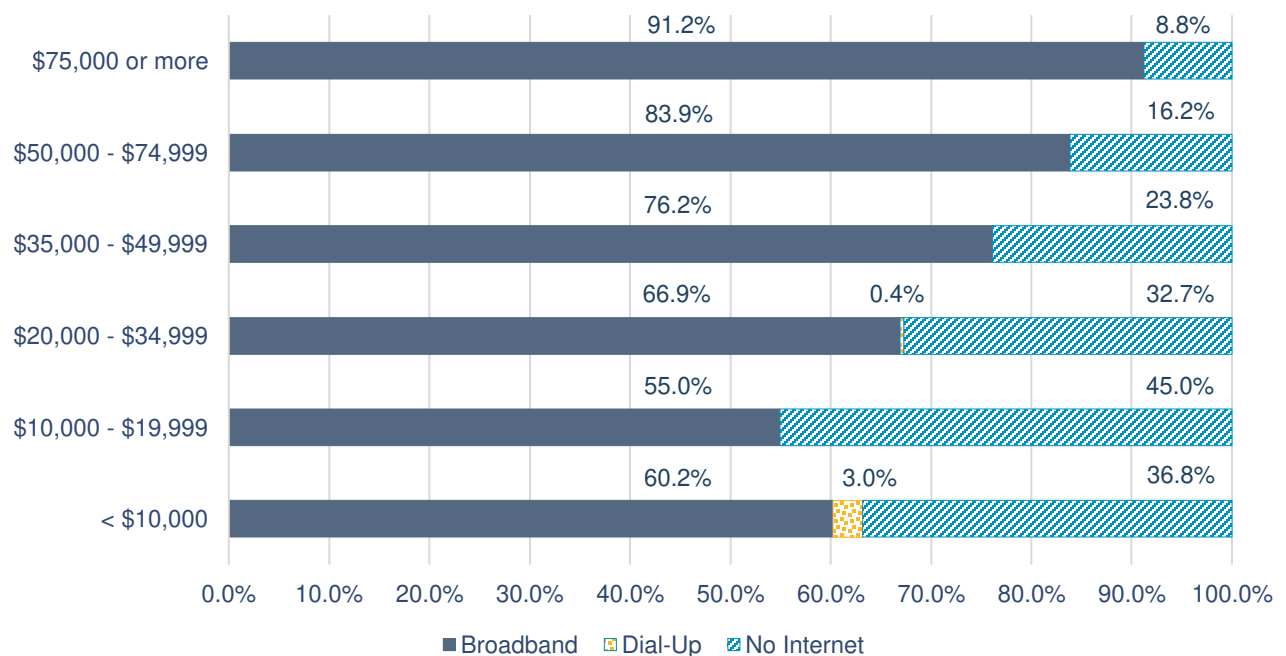
“We tried to do a whole lot more telehealth for our folks. That was limited, mostly by the lack of internet accessibility. We were limited in a lot of areas just to phone conversations rather than actual tele-video. In Bastrop County, there's a lot of dead spots. Even with the phone, there's a lot of dead spots.”

– Key Informant

- In Bastrop County, data from 2015-2019 indicate that 49.2% of households have broadband access (defined as having a DSL, fiber optic or cable internet subscription).
- About 16.9% of households have no internet connection at all and another 18.2% access the internet solely via a cellular data plan.
- Economic gradients exist in both the likelihood of having no internet connection at all as well as having a broadband connection.
 - While 91.2% of households with income \$75,000 or greater have broadband access, far fewer of those earning less than \$10,000 have access (60.2%).
 - Over 35% of households earning less than \$20,000 have no internet connection at all, while only 8.8% of those earning \$75,000 and greater do so.
 - Black/African American households are more likely to live in households lacking internet access (33.5%) compared to white (14.0%) and Hispanic/Latinx (15.9%).

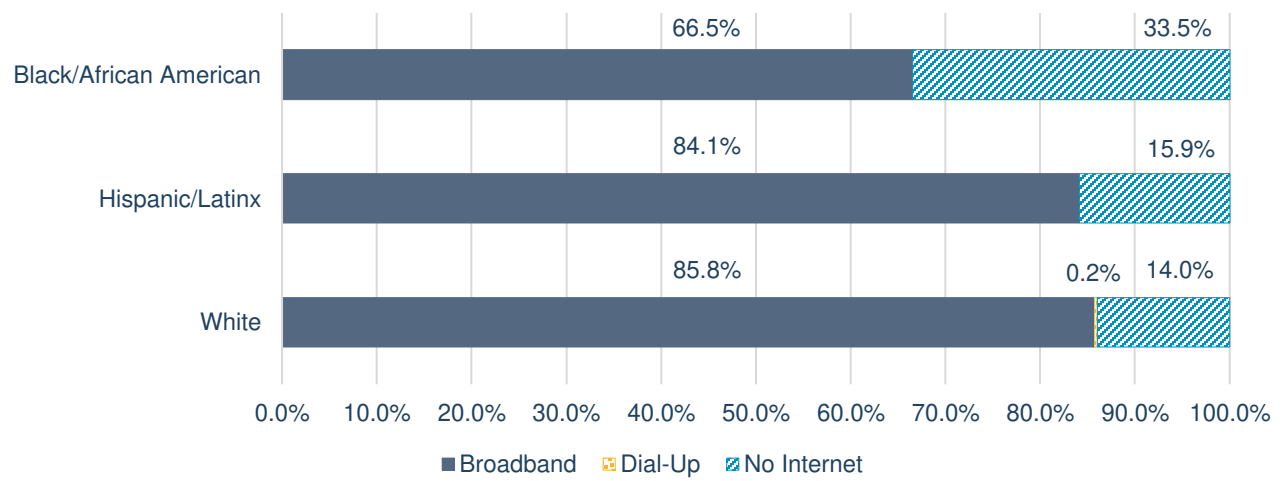
Figures 17 and 18 below highlight the variation in internet access that exists by income and race and ethnicity).

Figure 17
Internet Access by Household Income



Source. U.S. Census Bureau, American Community Survey, 2015-2019.

Figure 18
Internet Access by Race and Ethnicity



Source. U.S. Census Bureau, American Community Survey, 2015-2019.

RACISM AND DISCRIMINATION

The recent racial unrest in the country has highlighted how racism is embedded in systems across the U.S. Participants in the focus groups shared their experiences with racism and discrimination in the county. Participants mentioned witnessing racism in county hearings related to the symbolism and removal of Confederate monuments and the hesitation of some residents to drive into Bastrop County due to experiences of being racially profiled and targeted by the county sheriff.

“We’ve been going through what people would call the second civil rights movement where some people are just uncomfortable when they don’t see other people that look like them in the room. You often question: ‘Am I going to be treated differently? Am I going to be treated the same as everyone else?’ That is in the back of some individuals’ minds. We’ve even had people make comments about how the Black community unfortunately is really working in silos.”

– Key Informant

Participants noted that during the previous political administration, immigrant populations in Bastrop County became so fearful of U.S. Immigration and Customs Enforcement (ICE) seizures and possible deportations that many essentially went into hiding, and it was difficult for community organizations to reach them with information on available resources. Spanish-speaking focus group participants described feeling intimidated by medical providers and hesitant to seek out medical care due to negative experiences. These community members fear deportation or other consequences associated with their or their family member's immigration status.

“It’s things other people don’t understand. It’s another thing for the same government or hospitals to try to intimidate you. Just a little while ago, someone made a terrible comment to me. They asked when my mom was going back to her country, and I told them that she had no plan to go back to her country. I asked why they were asking about her legal status. I just had an argument talking to that person.”

– Focus Group Participant

Community Assets and Strengths

Bastrop County has several community assets and strengths that should be considered as they can be used to meet the needs of the community and improve quality of life. Participants noted the close-knit and resilient community. Churches, nonprofits, and school base district are key players, often providing health care services and resources to community members.

Key informants expressed excitement about the numerous nonprofit organizations and community-based organizations that have been instrumental in promoting community reconciliation and providing pandemic resources. Services provided by the nonprofits and community-based organizations range from child abuse support, to recreation, workforce development, transportation, and food pantry services, among others.

Participants named the following organizations as valuable resources for the community:

HEALTH CARE ORGANIZATIONS

Bastrop County is home to the Ascension Seton Bastrop Hospital and the St. David's Emergency Center-Bastrop, as well as five federally qualified health centers (FQHCs) that provide comprehensive primary and specialty care. The following are the FQHCs available in the area:

- Bastrop Community Health Center
- Bastrop ISD Health Center
- Bastrop Women's Health Center
- Lone Star Circle of Care at Bastrop
- Family Health Center at Elgin

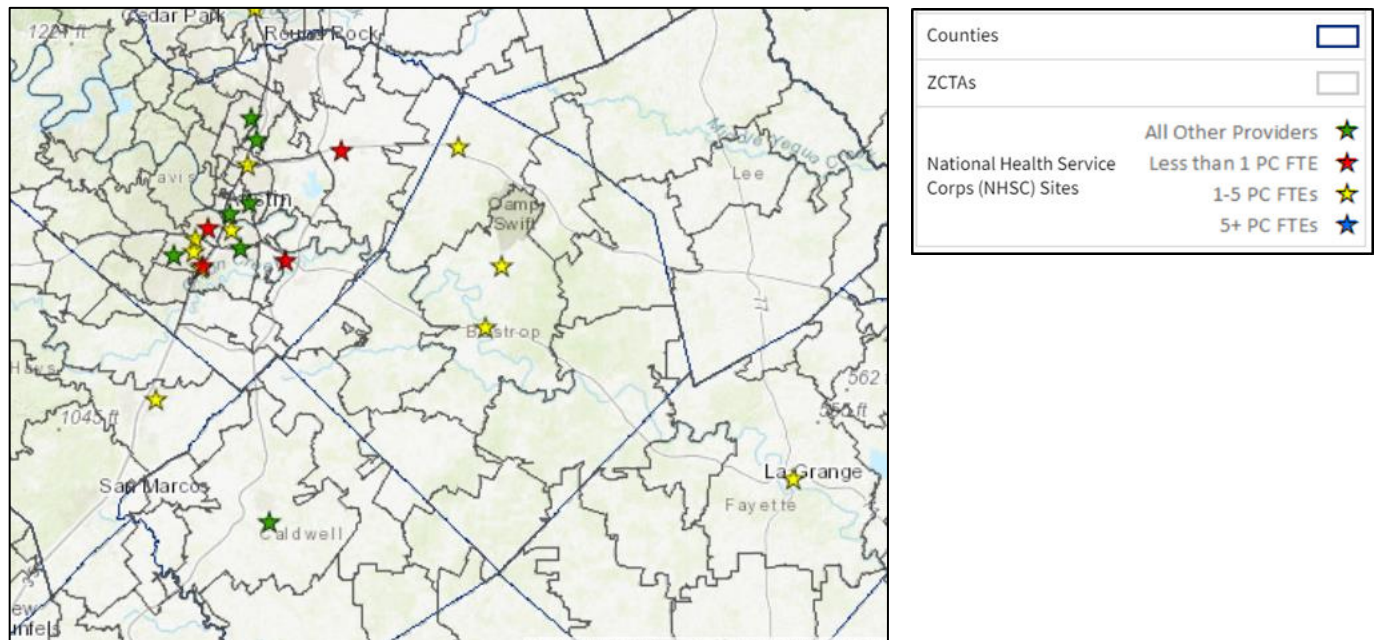
In addition, the county is also home to various clinics that provide primary and specialty care. The following were mentioned by focus group participants:

- A+ Lifestyle Medical Group
- Bastrop County Indigent Health Care Program
- Bluebonnet Trails Community Services
- Community Health Center of Bastrop County
- Smithville Community Clinic
- Smithville Whole Health Partnership
- Texas Oncology – Bastrop
- WellMed at Elgin
- Bastrop First United Methodist Church (Wesley Nurse program)

Bastrop County has three National Health Service Corps (NHSC) sites. This designation is given by HRSA for a clinical site, typically a federally qualified health center, which is located within a Health Professional Shortage Area (HPSA) and can provide services to people without regard for their ability to pay. Of the three NHSC sites in Bastrop County, two are open to the public: Lonestar Circle of Care Family Care Center at Bastrop and Family Health Center at Elgin. Additionally, the Federal Correctional Institution Bastrop is considered a NHSC site.

Figure 19

National Health Service Corps Sites in Bastrop and Surrounding Areas



Source. Health Resources and Services Administration, 2021. Map built with UDSMapper.org.

NONPROFITS AND COMMUNITY ORGANIZATIONS

Nonprofits and community-based organizations in Bastrop County play a vital role in building healthy communities by providing educational, health, and social services to community members. Focus group participants shared that nonprofits in the area have been instrumental in promoting community reconciliation and providing pandemic resources.

Below is a list of nonprofits and community-based organizations mentioned by participants:

- Area Agency on Aging (Austin)
- Bastrop County Cares (Early Childhood Coalition and Network Weaving)
- Bastrop County Emergency Food Pantry
- Capital Area Council of Governments

- Capitol Area Rural Transportation System
- Drive a Senior Program
- Combined Community Action
- Community Cupboard (Elgin)
- Elgin and Bastrop Parks and Recreation Services (Fisherman's Park in Bastrop and Bryant Park)
- Hunger Free Communities – Bastrop
- IT'S TIME TEXAS
- Master Gardeners
- Meals on Wheels Rural Capital Area
- Sand Hollow Farm
- Smithville Community Gardens
- Smithville Food Pantry
- Smithville Workforce Training Center

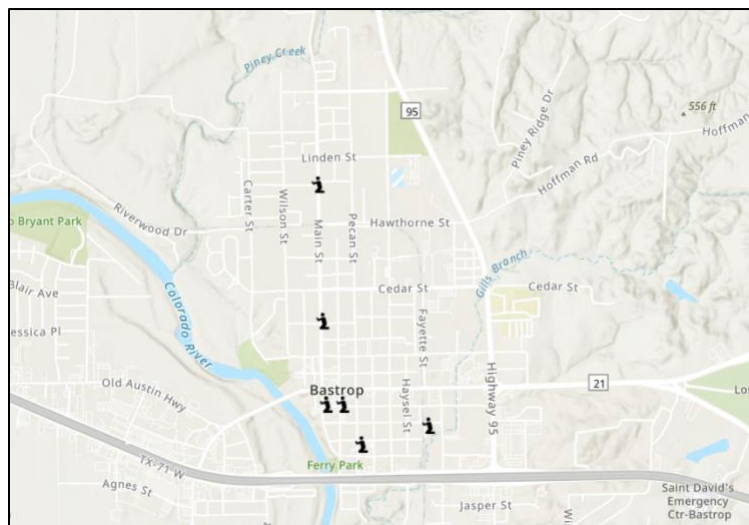
CHURCHES AND FAITH-BASED ORGANIZATIONS

Key informants also expressed gratitude for the tremendous impact of churches and faith-based organizations that participate in community outreach, advocacy, and support of homeless population. The following churches and faith-based organizations were mentioned as valuable resources for the community:

- Bastrop Christian Ministerial Alliance
- Cedar Creek United Methodist Church
- Central Texas Interfaith (Bastrop Interfaith)
- Cowboy Church (multiple locations)
- House of Ruth (Smithville Community Clinic)
- Iglesia San Juan Diego (Catholic church)
- Kingdom Harvest Ministries
- Sacred Heart Catholic Church in Elgin

In addition, the map below displays the geographic distributions of places of worship within the City of Bastrop.

Figure 20
Places of Worship in the City of Bastrop



Source. OpenStreetMap Amenities for North America. Retrieved December 17, 2021.

PARKS

Bastrop County has a lot of natural space, which can provide opportunities for physical activity, time in nature, and places for community events. In the Bastrop and Elgin ZCTA's, over half of all residents live within a 10-minute walk of a park (57% and 71%, respectively); meanwhile only 36% of Smithville residents do so. Data is not available on park access for Cedar Creek, McDade, Paige, Rosanky, and Red Rock. The following parks are available in Bastrop County:

- Cedar Creek Park
- Stony Point Neighborhood Park
- Bastrop County Nature Park
- Bastrop State Park

Priority Health Needs and Barriers to Care

The health issues and barriers to health care access and healthy lifestyles experienced by Bastrop County residents could be influenced by St. David's HealthCare through policy or system-level changes and collaboration with community partners.

KEY HEALTH ISSUES

Bastrop County residents are doing well relative to the state as a whole and the nation on several health outcomes. They have lower rates of lack of access to prenatal care, low birthweight, infant mortality, child mortality, and drug overdose deaths (Appendix A). There are, however, several health issues which deserve attention.

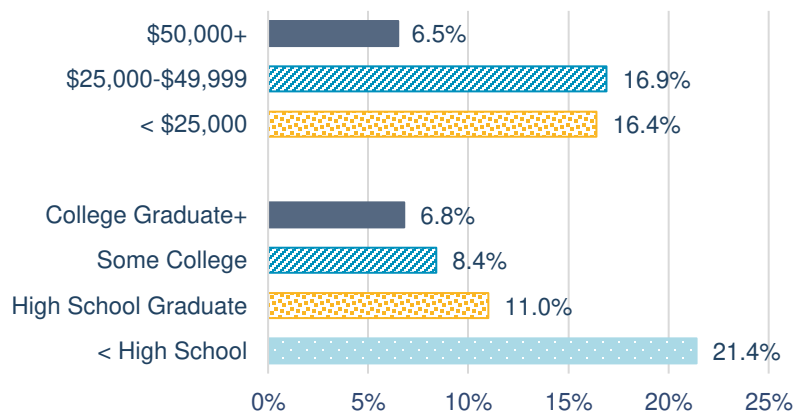
DIABETES

Participants in focus groups and key informant interviews identified diabetes as a priority health condition in their community, noting a perceived higher prevalence of diabetes in Black/African American communities of the county. The prevalence of diagnosed diabetes among adults in Bastrop County is 12.7% among adults 20 years and older, worse than the state and national prevalence rate (10.2% and 10.5% respectively). However, quantitative data for Public Health Region 7 (the region in which Bastrop County is located) indicate the underpinnings of these differences are likely socioeconomic in nature, rather than due to race and ethnicity as seen in Figure 21:

- Texan adults with less than a high school education (21.4%) are over two and three times more likely to have diabetes than those with at least some college education (8.4%) and those who have graduated college (6.8%), respectively.
- Texans earn less than \$50,000 per year are more than twice as likely to have diabetes as those who earn more \$50,000 or more annually (16.5-16.8% vs. 6.5%).

Figure 21

TX Public Health Region 7: Diabetes Prevalence by Income and Education Attainment, Adults

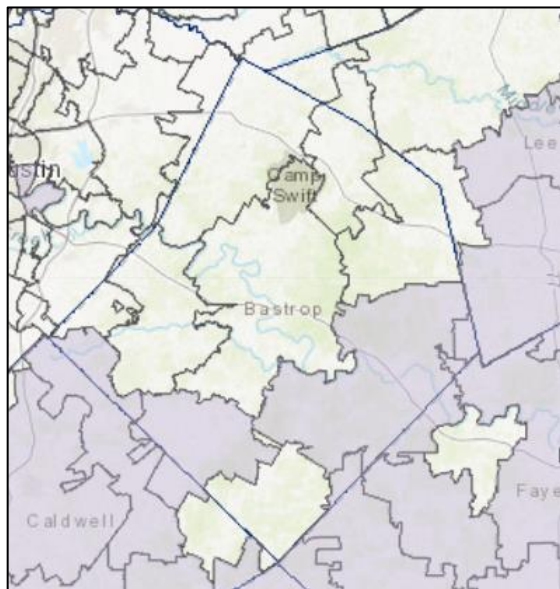


Source. U.S. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2018.

This map displays Bastrop County and the surrounding areas, with ZCTAs outlined. ZCTAs that are colored indicate that 13% or more of the population over 18 years has ever been told they have diabetes, which is higher than the county-level prevalence (12.7%). These areas, located mostly in eastern Bastrop County, could be prioritized for interventions related to diabetes.

Figure 22

Areas of Bastrop County with the Highest Prevalence of Diabetes



Source. Behavioral Risk Factor Surveillance System, 2018; American Community Survey, 2015-2019. Map built with UDSMapper.org.

Participants noted the inability to afford healthy food options or medications due to poor socioeconomic status, and forgoing doctor visits due to lack of insurance as contributing factors to diabetes.

“A lot of people think, well, [chronic disease] it's hereditary. If you change your habits, you eat right, you exercise right, and you take care of your body, you can be the change agent.”

– Focus Group Participant

HYPERTENSION

Hypertension was mentioned by key informants and focus group participants as a priority health issue for the county. Data from 2019 shows that the prevalence of hypertension among adults in Bastrop County is slightly higher than the statewide rate (31.8% vs. 30.8%). This means that almost 1 in every 3 adults in Bastrop County have high blood pressure putting them at risk of suffering a stroke. Participants noted that the cost of medication to treat chronic diseases are very expensive and therefore a barrier to ongoing care.

OBESITY

The second identified health priority was obesity, a condition linked to diabetes and hypertension. Data from 2019 shows that the prevalence of obesity among adults in Bastrop County is higher than the statewide rate (39.7% vs. 35.8%). Both local and state prevalence rates are higher than the U.S. (31.9%); however, with almost 1 in every 3 adults in the U.S. being obese, it's a common issue everywhere. Participants noted a lack of access to healthy food options and exercise facilities due to transportation barriers, poor nutrition habits, and lack of nutrition education as contributing factors. In addition, it was noted that the high costs of healthy food discourage residents from purchasing them, as quantity of food is preferred over quality of food to survive.

“We don't have guidance on how to cook and prepare meals. We need guidance on some of that, because due to our customs or traditions, we tend to cook with a lot of oils. We fry a lot of food in our culture. So when one has reached a certain age, and they tell you that you have to change those traditions, you need to find recipes, foods, or someone to help guide you on how to cook the foods you like in a healthier way.”

– Focus Group Participant

MENTAL HEALTH

Participants identified mental health as a health priority for Bastrop County, particularly in Elgin. Overall anxiety, depression, bipolar disorder, schizophrenia, and the overall negative impact of stress were identified as the most common mental health concerns of the community.

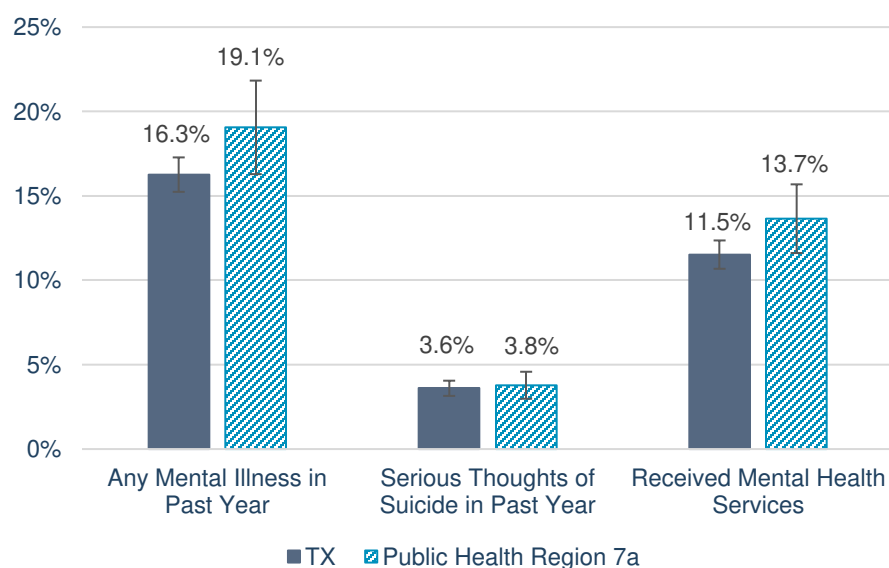
- According to modeling using 2019 BRFSS data, 19.9% adult Bastrop County residents have been diagnosed with a depressive disorder at some point in their lives.
- In 2019, 14.1% of Bastrop County adults reported their mental health as being “not good” 14 days or more in the past 30 days, a rate slightly higher than the state and national average (12.2% and 13.8% respectively).
- Rates of mental illness, thoughts of suicide and receipt of mental health services are similar in Public Health Region 7a (including Bastrop County) as Texas. Data for these measures are not available at a county level.

The prevalence of poor mental health is likely higher than the most recent available BRFSS data, given the impact of the COVID-19 pandemic. Estimates from the Household Pulse Survey, which CDC has administered on a rolling basis throughout the COVID-19 pandemic, estimates that 29.5% of Texas adults experienced symptoms of anxiety disorder or depressive disorder as recently as December 2021. This percentage was previously as high as 43.4% of Texas adults in January 2021.⁶ At the national level, women reported higher rates of symptoms than men (33.8% vs. 27.5%), and adults ages 18-29 had rates substantially higher than all other age categories (44.5%).

⁶ Household Pulse Survey. *Anxiety and Depression*. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>.

Figure 23

Rates of Mental Illness, Thoughts of Suicide and Mental Health Services in Public Health Region 7a Are Similar to Texas



Source. Substance Abuse and Mental Health Services Administration, National Survey of Drug Use and Health, 2016-2018.

Participants in the focus groups and key informant interviews identified lack of access to mental health services as a major unmet need of Bastrop County. Key concerns include:

- Affordability and accessibility: many health providers do not accept insurance, which makes mental health care difficult to afford. One community member mentioned that there is a “lack of a sustainable mental health service structure and a need to provide services on a consistent basis rather than on one visit.”
- Culturally appropriate services: there is significant negative stigma about mental illnesses that inhibits individuals and families from seeking treatment and support, especially among Black/African American and Hispanic/Latinx communities.
- Homeless people struggle the most with mental illness and substance use disorders.
- There is a need to increase mental health crisis training among medical providers, police officers, first responders, school personnel, and families.
- The county’s population-to-mental health provider ratio is 1,740:1 whereas it is 827:1 across the state. Both are much higher than the national ratio of 383:1.

“Bluebonnet Trails have psychologists, psychiatrists, and people on staff. I think they do work on a sliding scale fee.... There's probably just not enough of those people on their staff to handle all the workload.”

– Key Informant

ORAL HEALTH CARE

Access to affordable oral health care is a concern in Bastrop County, particularly for underserved community members. Participants reported that high out-of-pocket expenses make oral health care unaffordable for many low-income residents and low-cost dental services are often limited for people that are either uninsured or underinsured. As a result, it is common for Hispanic/Latinx families to travel to Mexico for emergency dental appointments. A key informant also mentioned the increase in dental patients seeking services for tooth decay attributed to the use of crystal methamphetamines

According to modeling using 2018 BRFSS data, 51.2% of Bastrop County adults reported a dental visit in the last 12 months, which is lower than most other counties in the Austin-Round Rock MSA. In addition, it is estimated that as of 2018, 16.3% adults 65 and older Bastrop County residents have lost all their teeth compared to 13.7% for the state.

“Dental health affects your physical health. A lot of times people can get their teeth pulled because of health-wise, but they can't get the replacement. That is a big setback. I don't want to go anywhere with my parents if I don't have my teeth.”

– Focus Group Participant

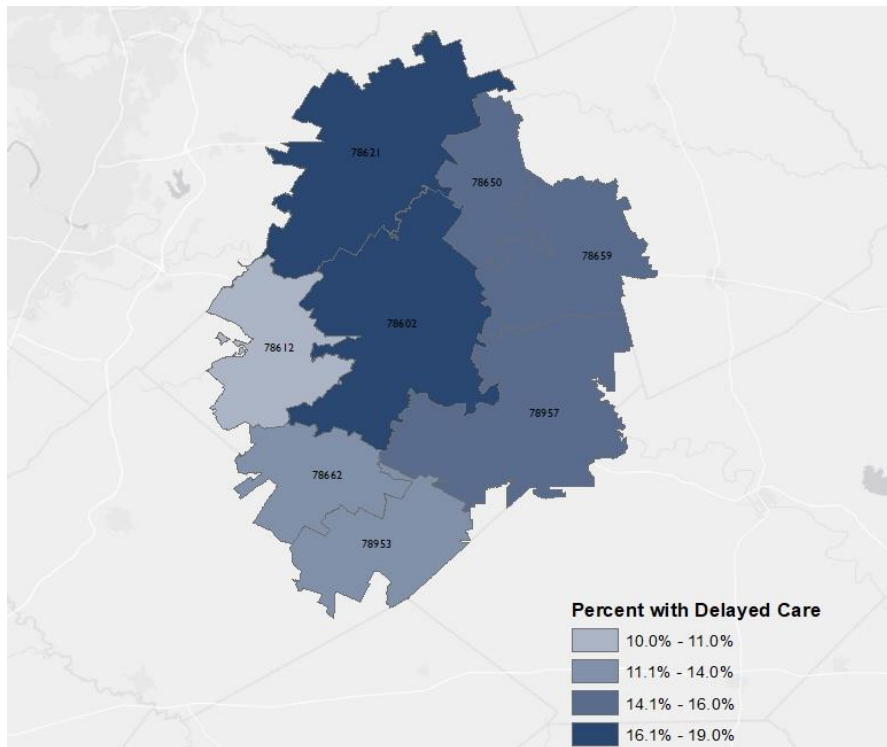
BARRIERS TO HEALTH CARE

The affordability and availability of needed health care services and providers have a direct impact on access to health care. The following section discusses the use of health care and other services, barriers to accessing these services, and the health professional landscape in the county.

DELAYED CARE AND PREVENTABLE HOSPITAL STAYS

Key informant and focus group participants indicated that barriers to health care affect low-income families and minority residents the most. In 2017, the most recent year this data is available at the county or sub-county level, approximately 16.5% of Bastrop County adult residents reported there being a time in the prior year when they needed care but could not afford it. The rates vary across ZCTAs as shown in Figure 24 below. The portion reporting delaying care was highest in the Elgin ZCTA (19.0%) and lowest in Cedar Creek (10.7%).

Figure 24
Delayed Care Rates by ZCTA



Source. Behavioral Risk Surveillance System, 2017.

Another indicator of challenges with health care access is the rate of hospital visits for conditions that could be treated in the ambulatory (e.g., non-hospital) setting. Such visits are typically costlier when treated in the hospital environment. Treatment, especially for the management of chronic conditions, can be sub-optimal if received through emergency departments due to the short-term, triage focus of that venue.

- In Bastrop County, the rate of preventable hospital stays among Medicare enrollees in 2018 was 4,211 per 100,000 Medicare beneficiaries. This is slightly lower than the state and national rates (4,793 per 100,000 and 4,236 per 100,000 respectively).
- The rate of preventable hospital stays has decreased county wide by 25.4% since 2012.
- Black/African American Medicare enrollees are 1.8 times more likely to use the hospital for ambulatory-sensitive conditions than are white and Hispanic/Latinx residents.

UNINSURED AND UNDERINSURED

Insurance coverage improves access to care and care seeking by lowering the out-of-pocket costs. It also improves rates of preventive care (e.g., screenings and vaccinations).

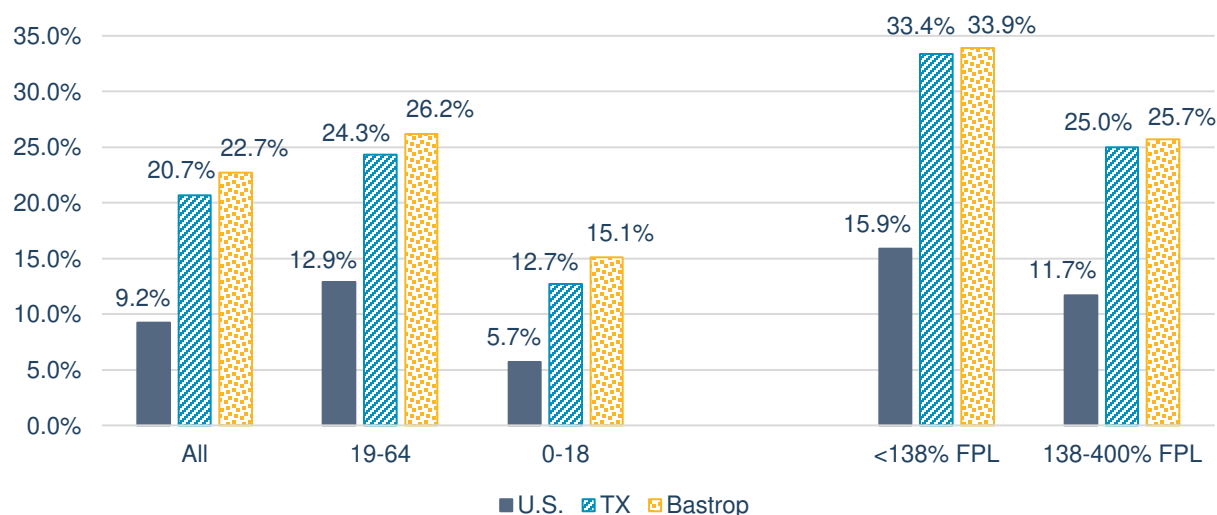
- As a state, in 2019 Texas had a higher percentage of residents under the age of 65 who are uninsured (20.7%) than any other state. This is also twice the portion of residents nationally who are uninsured (9.2%).
- In Bastrop County, 22.7% of residents under the age of 65 are uninsured; this is higher than the state and national average, and higher than most counties in the Austin-Round Rock MSA. In comparison, Caldwell County (25.7%) has a higher uninsured rate, and Hays County (16.7%), Travis (16.5%), and Williamson (12.4%) had the lower rates of uninsured than Bastrop County.
- As of 2019, 26.2% of Bastrop County adults ages 19 to 64 are uninsured while 15.1% of children under the age of 19 do not have health insurance coverage.
- In Texas, Hispanic/Latinx adults ages 19-64 are more likely to be uninsured (30.5%) than Black/African American (16.2%) or white, non-Hispanic/Latinx (12.9%) (disaggregated data not available at the county level)
- Rates of uninsured mask a larger problem of underinsurance. Although no data is available at the county level, national data indicates that two out of five working age adults (ages 19-64) are inadequately insured (43.4%).^{7,8}
- Differences in insurance coverage exist by income as shown in Figure 25 below.

⁷ The Commonwealth Fund determines people to be underinsured if they are insured all year and they meet one of the following criteria: (a) their out-of-pocket costs, excluding premiums, over the prior 12 months are equal to 10% or more of household income, (b) their out-of-pocket costs, excluding premiums, over the prior 12 months are equal to 5% or more of household income for individuals living under 200% of the federal poverty level (\$25,520 for an individual or \$52,400 for a family of four in 2020), or (c) their deductible constitutes 5% or more of household income.

⁸ Collins, S., Gunja, M. Z., Aboulafia, G. N. (2020) *U.S. Health Insurance Coverage in 2020: A Looming Crisis in Affordability*. The Commonwealth Fund. <https://www.commonwealthfund.org/publications/issue-briefs/2020/aug/looming-crisis-health-coverage-2020-biennial>.

Figure 25

Rates of Uninsured by Age and Income for the Bastrop County, Texas and U.S.



Source. U.S. Census Bureau, Small Area Health Insurance Estimates Program and American Community Survey, 2019.

ACCESS TO AFFORDABLE CARE

Participants described the challenges that many underserved, low-income, and minority community members face regarding health care; while many receive lesser quality care due to financial insecurity or being uninsured or underinsured, many more will forgo care entirely because of the costs. Participants noted the following:

- Many community members travel distances of 20 or more miles to access affordable health care.
- Low-income families are not able to afford medications, especially diabetes medication.
- Uninsured or underinsured community members often avoid preventive care due to cost.
- Oral health care is expensive, and many community members have significant oral health needs but do not have dental insurance.

“There's only a few groups that take Medicare. That is a huge barrier for folks, especially if you don't want to go to your federally qualified clinic, and you'd like to have a private physician.”

– Key Informant

Although data is not available at the county-level avoided care due to cost, 13.3% of adults in the Austin-Round-Rock MSA reported delaying care due to cost in 2020, which was lower than Texas (15.2%). At the state level, Hispanic adults (20.3%) and women (17.2%) were more likely to report avoiding care due to cost.

Participants noted the lack of options for primary care that accept public insurance and the lack of availability of the Medical Access Program as key barriers to access to care. As a result, many community members will use the emergency room for minor health issues and travel to Smithville, Round Rock, Austin, College Station, Bryan, or Kyle to receive primary or specialty care services. Furthermore, because the Medical Access Program is available to low-income Travis County residents, some Bastrop County residents falsify address information to receive benefits from Travis County.

“Medical Access Program is paid for by Travis County, so the people from Bastrop County don’t qualify. There are people who sometimes say they use the address of someone who lives in Austin to use that resource, because Bastrop doesn’t have anything like it.”

– Key Informant

ACCESS TO PRIMARY AND SPECIALTY CARE

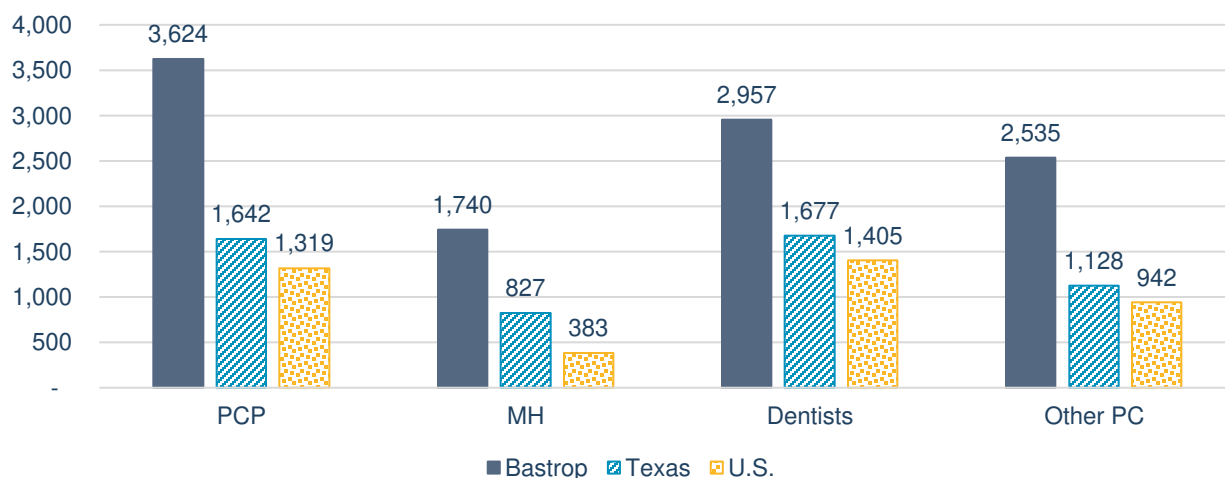
A short supply of providers can be another barrier to care as it increases the time it takes to get an appointment or received appropriate care. Participants reported traveling to Smithville, Round Rock, Austin, College Station, Bryan, or Kyle to receive primary care services, care for more complex health conditions, or specialty care services, including for cardiology, obstetrics and gynecology, endocrinology, or pediatric care.

Bastrop County is designated as a health professional shortage area for both primary care and mental health by the U.S. Health Resources and Services Administration. (It is not for dental care, however). For both primary and mental health care, the supply of providers has not kept pace with population growth. The number of residents per primary care physicians grew by 12.1% between 2010 and 2018 from 3,232 to 3,624. This is a far larger number of residents per primary care physician than the state as a whole and nationally.

The supply of non-physician primary care providers is also lower than that of the state as a whole and the U.S., as is the supply of dentists and mental health providers, respectively as shown in the Figure 26 below.

Figure 26

Number of Residents per Provider for Bastrop County, Texas, and U.S.



Source. U.S. Health Resources and Services Administration Area Health Resources File, 2019 and Centers for Medicare and Medicaid National Provider Identification System, 2020. *Note:* PCP – Primary Care Physician; MH – Mental Health Provider; Other PC – Other Primary Care Providers.

While the availability of dentists relative to the population is lower than that for the state and nationally, this is one area where supply has improved since 2010. In 2010, there were 4,955 residents per dentist; in 2018, there were 2,957. However, as focus group participants pointed out, availability does not mean care is affordable; thus, oral health care still remains inaccessible for low-income populations.

CULTURALLY AND LINGUISTICALLY APPROPRIATE CARE

Focus group participants and key informants noted that health care services often feel inaccessible, because they are not culturally or linguistically appropriate. In addition, language barriers, poor health literacy, lack of awareness of available resources, and fear of deportation due to immigration laws often result in barriers to health care. Further, a lack of minority health care providers that look like their patients and can relate to their cultural needs leaves community members feeling uncomfortable with their health care providers.

“People don't feel comfortable with their medical providers, and they don't trust them, because they don't have enough medical providers that look like them, nor speak their native language.”

– Focus Group Participant

Key informants and focus group participants shared barriers regarding the lack of health care workforce diversity and language, noting an insufficient number of Black/African American or Spanish-speaking providers. Participants noted that there are limited services for those who speak Spanish. For example, Hispanic/Latinx populations in Bastrop County often encounter language barriers due to the lack of interpreters and translated material.

*“Some people may speak Spanish, but they may not be able to read it.
[Or] Spanish is their second language. Maybe they speak an
indigenous language, and then they speak Spanish and so on. Don't
assume that just because the materials are translated into Spanish,
that somebody can read them or fill them out.”*

– Key Informant

Other Health Needs

The following additional significant health needs emerged from a review of the publicly available quantitative data for Bastrop County. While these topics did not specifically emerge as priority areas in the focus groups and key informant interviews, they are worth noting.

CANCER

While not a major topic amongst focus group participants and key interviews, 2018 data reports that a high incidence rate of cancer among Bastrop County residents, 432.9 per 100,000 residents. A number higher than the Texas and U.S. incidence rate. The incidence rate varies per racial and ethnic group and cancer type.

- The cancer incidence rate is higher among Black/African American, 503.8 per 100,000 residents, and lower among Hispanic/Latinx residents, 363.6 per 100,000 residents.
- Colon cancer incidence rate is higher among Bastrop County residents, 45.7 per 100,000, compared to 38.0 per 100,000 statewide.
- Bastrop County has a high incidence of breast cancer with a 131.4 per 100,000 compared to 115.2 per 100,000 statewide.

DISABILITY

Individuals with disabilities are at greater risk for poor general health and wellbeing and may face greater barriers to access to health care services. Between 2015-2019 estimates that 13.6% of Bastrop County residents are disabled. This rate is higher than the Texas and U.S. average (11.4% and 12.6%). Disability inclusion is critical to achieving better health and wellbeing outcomes. Having an understanding on how people interact with the environment is key to making sure that everybody has the same opportunities to participate in every aspect of life to the best of their abilities and desires.

PHYSICAL INACTIVITY AND ACCESS TO EXERCISE OPPORTUNITIES

Data from 2019 shows that a much lower percentage of Bastrop County community members have access to adequate locations for physical activity (47.5%) than in Texas (80.5%) or the U.S. (84.2%). Furthermore, according to modeling using 2019 BRFSS data, 32.1% of Bastrop County adults 18 and older reported no leisure-time physical activity. This rate is higher than the Texas and U.S. average (27.2% and 26.0% respectively). Such numbers are concerning, considering the high rate of adult obesity in the county.

Conclusion

As part of a collaboration with local hospital systems, St. David's Foundation contracted with THI to compile and analyze quantitative data for Bastrop County for the 2021-2022 CHNA process. Additionally, THI conducted seven virtual key informant interviews, three virtual community focus groups, and once virtual Photovoice project to qualitatively understand the health priorities for Bastrop County.

Both quantitative and qualitative data indicate that Bastrop County has many significant assets and strengths, including an embedded sense of collaboration to meet the needs of others, as well as a history of resiliency. The county also has a strong network of churches and faith-based organization, as well as nonprofits and community-based organizations that collaborate and provide support services to residents.

Many community members, however, experience barriers to health care and healthy lifestyles. Bastrop County has experienced rapid population growth over the past decade, resulting in high housing costs and a lack of affordable housing. The population growth has also resulted in an increased demand for health care providers resulting an increased barrier to care among lower-income populations. In addition, culturally and linguistically appropriate care, lack of transportation, and access to healthy foods are key drivers of health for Bastrop County residents.

Many of these barriers can be reduced or eliminated, either directly through policy and system change, or via collaboration with community partners. Focus group participants and key informants provided a number of recommendations about actions a health care system could take to address the concerns they identified in Bastrop County. The recommendations focused on three primary outcomes: (a) improve health care access, (b) increase culturally competent health care, and (c) strengthen engagement and outreach.

IMPROVE HEALTH CARE ACCESS

Affordable health care: Offer free or low-cost health care services such as preventative health screenings and dental screenings and cleanings.

Transportation: Increase the availability of transportation to health care appointments by collaborating with public transportation services and volunteers. Some key informants recommended providing shuttle buses to services or establishing mobile clinics with primary care and specialty services, mental health services, and oral health care.

Knowledge and awareness: Provide additional community education by hosting fitness and nutrition classes, cooking demonstrations, and classes to demonstrate healthy grocery shopping

on a budget. Disseminate information through pamphlets, booklets, or program flyers at community events.

Health care services at community events: Offer health care services on-site during community events (e.g., community celebrations, health fairs, church events, school events, etc.).

INCREASE CULTURALLY COMPETENT HEALTH CARE

Language and translation services: Increase the availability of Spanish translators during appointments and ensure materials are translated.

Culturally competent workforce: To increase compassionate and non-judgmental care, community members recommended expanding cultural sensitivity training for all providers and hospital staff to better equip them to serve underrepresented and minority populations. Participants also highlighted the need to diversify the workforce by hiring additional providers from underrepresented populations.

Proof of identification: To the extent that is feasible, do not require patients to show proof of identification or documentation of legal status.

“Increase recruitment for a diverse workforce, so that individuals and patients seeking services will be able to see people that look like them treat them.”

– Focus Group Participant

STRENGTHEN ENGAGEMENT AND OUTREACH

Trust: Reach out to traditionally disadvantaged communities that are distrustful of institutions using trusted community members to regain and build trust. Some key stakeholders and organizations mentioned by community participants included: local clergy or faith-based leaders and school district leaders.

Visibility: Increase community visibility and regularly engage with community members to understand their perspectives.

“To assume that you don’t have people in the community that would comprehend or understand, that’s a misconception. When information is broken down and explained to people, they can really add a lot to what’s going on.”

– Key Informant

Evaluation of 2019 CHNA

St. David's Foundation last completed Community Health Needs Assessment and Implementation Plans in 2019. Below are the highlights of accomplishments since 2019 that support St. David's Foundation Community Improvement Plans (CHIP).

Priority Area: Improve the health and well-being of children			
Goal from 2019 Implementation Plan	Description of Objectives	Vision of Success	Progress, Impact, and Outcomes
Foster the conditions that create positive early experiences for young children, knowing these early experiences are the foundation for later health, social, and economic outcomes.	<p>Inform the public by promoting the science of brain development to guide clinical practice, public policy, and resource decisions.</p> <p>Screen at key intercept points such as pediatric clinics for childhood adversity, relational health, and other related factors.</p> <p>Treat children through a strong therapeutic web that includes specialized treatments that incorporate research on the effects of trauma and adversity, as well as tools to build resiliency, such as parenting supports.</p> <p>Prevent adversity and build resiliency, using avenues such as parent engagement and education campaigns, and engaging children and their communities in their own healing.</p>	<p>Families are supported and have the key services they need to remove sources of stress, strengthen core life skills, and foster positive relationships between children and caregivers.</p> <p>Communities are connected, with built environments and norms that promote social interaction among community members.</p> <p>Stakeholders are informed about the science behind brain development. These stakeholders include practitioners, policy makers, and the general public.</p>	<p>In 2020, access to treatment to address trauma and adversity services more than doubled (123%). This translates to a total of 12,292 children under 18 who received services.</p> <p>In 2020, the number of practitioners trained in trauma-informed care best practices more than doubled (143%). This is equivalent to 460 clinicians utilizing trauma-informed best practices.</p> <p>By 2020, St. David's Foundation increased Brain Story Certifications statewide by 30%.</p> <p>By 2020, St. David's Foundation increased the proportion of local school districts that have incorporated social-emotional learning (SEL).</p> <p>St. David's Foundation is on track to increase home visiting slots in Central Texas by 10%.</p>

Priority Area: Improve the health and well-being of women			
Goal from 2019 Implementation Plan	Description of Objectives	Vision of Success	Progress, Impact, and Outcomes
Ensure women and girls are supported with the resources, respect, and conditions vital for equitable health and wellbeing.	<p>Establish Central Texas as a women's health and perinatal safe zone. Lead and join a shared community commitment to protecting women's resources, respect, and conditions regardless of what happens in the broader environment.</p> <p>Center women of color (e.g., listen to them, step back while they drive the agenda, include them at key tables, enable them to tell their own stories, invest in their leadership).</p> <p>Fills gaps in the fragmented safety net women's health system and fund select innovations.</p>	<p>Women and girls of color experience birth equity (including but not limited to equitable outcomes in perinatal care, maternal morbidity and mortality, and newborn outcomes).</p> <p>Women's health safety net policies and programs are less fragmented, resulting in continuity of access between primary care, sexual and reproductive health care, and perinatal care.</p> <p>Women and girls can obtain low-barrier family planning and contraceptive care, including the most effective methods, in clinical and community settings.</p> <p>Communities are empowered to share their own narratives and stories.</p> <p>St David's Foundation women's health work aligns with other issues and movements relevant to the health of women and girls (e.g. improving conditions for caregivers, gender-based violence), expanding intersectional partners and community impact.</p>	<p>By 2020, access to family planning and contraceptive care increased more than doubled (115% and 5,311 people).</p> <p>In 2020, access to comprehensive sexually education and pregnancy prevention programming for young adults increased by 29%.</p> <p>By 2020, St. Davis's Foundation increased the number of leaders attending SDF Women's Health convenings.</p> <p>As of 2020, St. David's Foundation is on track to increase the number of women of color included in key stakeholder convenings and the proportion of grant partner organizations led by women of color.</p> <p>As of 2020, St. David's Foundation is no track to complete the Perinatal Safe Zone engagement plan.</p>

Priority Area: Improve the health and well-being of older adults			
Goal from 2019 Implementation Plan	Description of Objectives	Vision of Success	Progress, Impact, and Outcomes
Increase support for older adults to live safely and independently in their own community.	<p>Directly fund services and support the health of organizations providing services to older adults.</p> <p>Build evidence for new models by piloting and evaluating innovative services in Central Texas and demonstrating the “double impact” of intergenerational approaches.</p> <p>Lead new payment models and public system improvement by advocating to MCOs and legislators on the cost-effectiveness of adopting evidence-based services, advocating for increased appropriations for Medicaid services for older adults, and engaging local organizations to advocate for supportive aging policies.</p> <p>Engage and activate community around aging issues.</p>	<p>Older adults remain safe and independent in their homes as they age.</p> <p>Older adults have a better end of life experience.</p> <p>Central Texas supports older adults and engages them as a vital part of the community.</p> <p>Central Texas has an adequate supply of accessible, high quality services for older adults.</p>	<p>By 2020, there was a 74% increase in access to services for older adults to assist them in aging in place. This is equivalent to 22,067 older adults receiving core services such as meals, transportation, and home repair.</p> <p>As of 2020, St. David’s foundation has made progress on the adoption of the CAPABLE model by Central Texas urban and rural counties.</p> <p>As of 2020, St. David’s Foundation added a new metric to increase awareness of the importance of end-of-life discussions and documenting plans.</p> <p>Additional work needs to be done to increase the number of caregivers receiving training and resources and increase access to programs that reduce social isolation.</p>

Priority Area: Improve the health and well-being of rural communities			
Goal from 2019 Implementation Plan	Description of Objectives	Vision of Success	Progress, Impact, and Outcomes
Build community capacity while co-creating and investing in long term place-based solutions.	<p>Engage and empower rural communities to strengthen networks and transform policies, practices, and alignment of resources to address prioritized social determinants of health.</p> <p>Build the capacity of people and places including formal and informal leaders within communities and organizations.</p> <p>Strategically invest in solutions that harness community assets to support innovation, ecosystem building, and other promising rural-relevant approaches that can be scaled.</p>	<p>Rural communities have a culture of health that transcends beyond health care access.</p> <p>Rural residents experience strong social connections and are engaged in thriving cross-sector, community-based networks that promote health and well-being.</p> <p>Rural systems undergo change that includes policy, practices, behaviors, and resources to promote health and well-being.</p> <p>Rural organizations have a strong infrastructure in place with adequate capacity.</p> <p>Rural residents are engaged and empowered by diverse civic leadership to activate and improve community well-being.</p>	<p>By 2020, St. David's Foundation established the Bastrop County resident advisory groups for two key issues and develop work plans.</p> <p>As of 2020, the development of a leadership training program co-designed with national and local capacity building organizations is on track.</p> <p>As of 2020, the number of proposals from rural communities across all portfolios has increased.</p> <p>As of 2020, progress has been made to increase philanthropic resources to Central Texas rural communities through the dissemination of network weaving assessments to local and national rural funders.</p> <p>As of 2020, progress has been made to increase capacity of a local nonprofit to serve as a backbone organization for community-led efforts.</p>

Priority Area: Health clinics to become community hubs for health			
Goal from 2019 Implementation Plan	Description of Objectives	Vision of Success	Progress, Impact, and Outcomes
Facilitate growth of infrastructure and capacity as clinics transition to serve as community hubs for health.	<p>Provide access to primary care and behavioral health services for the uninsured.</p> <p>Expand capacity of clinics to provide activities, processes, and strategies to improve the care delivery model.</p> <p>Encourage clinics to look outside of their four walls to develop and strengthen community linkages to improve community health and well-being.</p>	<p>The uninsured and underinsured have access to high quality care.</p> <p>Clinics are prepared to incorporate necessary changes to their care models to be able to succeed in new payment approaches that reward value over volume.</p> <p>Patients are satisfied with their experiences as they interact with the primary care health system.</p> <p>Clinics deliver comprehensive primary care and interact effectively outside the clinic to strengthen community linkages and ultimately improve the health and well-being of patients and the population overall.</p>	<p>By 2020, there was an 18% increase in uninsured patients receiving medical care.</p> <p>By 2020, there was a 76% increase in adults receiving dental care.</p> <p>By 2020, the number of patients receiving care coordination services more than tripled (375%).</p> <p>As of 2020, St. David's Foundation is on track to develop and implement a care coordination approach at partner clinics.</p> <p>As of 2020, progress has been made on the proportion of patients receiving care coordination, engagement activities, and medication management at partner sites.</p> <p>Additional work needs to be done to increase the number of partner clinics implementing social determinants of health screening of patients.</p>

Appendix A

	Measurement Period	Bastrop	Texas	U.S.
Demographics				
Total population	2020	97,216	29,145,505	331,449,281
Population by age				
Population 18 and under	2015-2019	25.4%	25.5%	22.3%
Population 19-64	2015-2019	59.0%	61.6%	61.2%
Population 65+	2015-2019	15.6%	12.9%	16.5%
Population by race and ethnicity				
AI/AN, NH	2020	0.3%	0.3%	0.7%
Asian, NH	2020	0.7%	5.4%	5.9%
Black, NH	2020	5.6%	11.8%	12.1%
Hispanic	2020	42.7%	39.3%	18.7%
White, NH	2020	47.1%	39.7%	57.8%
Population in poverty	2015-2019	11.2%	14.7%	13.4%
Households below poverty	2018	11.0%	14.0%	13.0%
ALICE households	2018	43.0%	30.0%	29.0%
Not proficient in English, population	2015-2019	12.0%	13.7%	8.4%
Disabled population	2015-2019	13.6%	11.5%	12.6%
Medicaid coverage	2015-2019	17.1%	16.8%	20.2%
Access to Care				
Uninsured	2019	22.7%	20.7%	9.2%
Uninsured adults	2019	26.2%	24.3%	12.9%
Uninsured children	2019	15.1%	12.7%	5.7%
Lack of prenatal care	2017	25.0%	40.0%	-
Dental visit in past 12 months	2018	51.2%	60.7%	67.6%
Preventable hospital stays	2018	4,211	4,793	4,236
Primary care physicians	2018	3,624	1,642	1,319
Dentists	2019	2,957	1,677	1,405
Mental health provider access	2020	1,740	827	383
Other primary care providers	2020	2,535	1,128	942
Health Behaviors				
Physical inactivity	2016-2018	27.3%	23.2%	22.7%

	Measurement Period	Bastrop	Texas	U.S.
Excessive drinking	2019	20.5%	19.0%	19.2%
Binge drinking	2019	18.4%	17.9%	16.8%
Health Outcomes				
Low birthweight	2013-2019	7.6%	8.4%	8.2%
Infant mortality per 1,000 live births	2013-2019	4.6	5.7	5.8
Child mortality per 100,000 under 18 years	2016-2019	46	50	49
Poor or fair health	2019	23.4%	24.3%	24.6%
Frequent physical distress	2019	13.7%	10.7%	12.6%
Adult obesity	2019	39.7%	35.8%	31.9%
Diabetes prevalence	2019	13.3%	12.2%	10.7%
High blood pressure awareness	2019	31.8%	31.7%	32.3%
New cancer cases	2019	432.9	409.5	449
Poor mental health days	2018	4.4	3.8	4.1
Frequent mental distress	2019	14.1%	12.2%	13.8%
Drug overdose deaths	2017-2019	9	11	21
Suicides	2015-2019	15.4	13.1	13.8
Depression	2019	19.8%	17.7%	19.2%
Suicidal thoughts ⁹	2016-2018	3.8%	3.6%	4.2%
Premature mortality per 100,000 under 75 yr	2017-2019	363	339	339
Premature death (YYPL under 75 years)	2017-2019	7,492	6,620	6,907
Life expectancy	2017-2019	78.3	79.2	79.2
Housing				
Homeownership	2015-2019	77.7%	62.0%	64.0%
Severe housing cost burden	2015-2019	11.1%	13.3%	14.4%
Severe housing problems	2013-2017	17.0%	17.0%	17.5%
Housing stability index	Sept/Oct 2021	97.0%	-	-
Housing and transportation affordability ¹⁰		47.0%	-	53.0%
Broadband access	2015-2019	49.2%	64.4%	68.9%
Black, NH	2015-2019	66.5%	80.0%	78.7%
Hispanic	2015-2019	84.1%	78.0%	82.6%
White, NH	2015-2019	85.8%	84.4%	87.2%
Infrastructure for Healthy Living				

⁹ County value is for Texas Public Health Region 7.

¹⁰ Measurement period not provided.

	Measurement Period	Bastrop	Texas	U.S.
Food environment index	2015 & 2018	7	6	8
Food insecurity	2019	12.1%	14.1%	10.9%
Limited access to healthy foods	2015	11.4%	8.7%	5.9%
Access to exercise opportunities	2010 & 2019	47.5%	80.5%	84.2%
Social vulnerability index	2018	0.7459	-	-
Community needs index	2021	3.6	-	-
Racism				
Dissimilarity index - Black / White	2015-2019	35	53	61
Dissimilarity index - Non-White / White	2015-2019	34	40	47
Socioeconomic				
High school completion	2015-2019	81.9%	83.7%	88.0%
American Indians and Alaska Natives	2015-2019	79.6%	80.3%	80.3%
Asians	2015-2019	86.9%	88.2%	87.1%
Blacks / African Americans	2015-2019	82.4%	89.8%	86.0%
Hispanics	2015-2019	59.1%	66.4%	68.7%
Non-Hispanic Whites	2015-2019	92.8%	93.9%	92.9%
College graduation	2015-2019	20.6%	29.9%	32.2%
American Indians and Alaska Natives	2015-2019	16.9% ¹¹	21.2%	15.0%
Asians	2015-2019	62.3%	59.1%	54.3%
Blacks / African Americans	2015-2019	13.9% ¹²	24.6%	21.6%
Hispanics	2015-2019	9.7%	15.0%	16.4%
Non-Hispanic Whites	2015-2019	26.4%	38.7%	35.8%
Unemployment	Oct 2021	3.8%	4.8%	4.6%
Income inequality	2015-2019	4.5	4.8	4.9
Median HH income	2020	\$ 74,612	\$ 66,048	\$ 67,340
Transportation				
No car access	2015-2019	4.5%	5.30%	8.6%
Transportation affordability ¹³		25.0%	-	27.0%

¹¹ Value has large standard error and confidence interval. Interpret with caution.

¹² Value has large standard error and confidence interval. Interpret with caution.

¹³ Measurement period not provided.

Appendix B

The following table describes each key informant and how their role in the community satisfied one of the IRS requirements for participation:

Table 1: Description of Key Informants	
Key Informant	Community Input Sector
Patricia Alford <i>Project Coordinator for Accountable Communities Health Initiative</i> Bastrop County Cares	<ul style="list-style-type: none"> • Leader, representative, or member of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility
Edie Clark <i>Leader</i> Central Texas Interfaith	<ul style="list-style-type: none"> • Leader, representative, or member of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility
Rafael De La Paz <i>Chief Executive Officer</i> Community Health Centers of South Central Texas	<ul style="list-style-type: none"> • Person with special knowledge or expertise in public health • Leader, representative, or member of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility • Federal, tribal, regional, state, or local health or other department or agency, with current data or other information relevant to the health needs of the community served by the hospital facility
Kelly Franke <i>Executive Director</i> Combined Community Action, Inc.	<ul style="list-style-type: none"> • Leader, representative, or member of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility • Federal, tribal, regional, state, or local health or other department or agency, with current data or other information relevant to the health needs of the community served by the hospital facility
Beth Rolingson <i>Executive Director</i> Advocacy Outreach	<ul style="list-style-type: none"> • Leader, representative, or member of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility

Key Informant	Community Input Sector
Jill Strube <i>Director of Economic Development and Grants Administration</i> City of Smithville	<ul style="list-style-type: none"> • Leader, representative, or member of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility
Monique Vasquez <i>Organizer</i> Central Texas Interfaith	<ul style="list-style-type: none"> • Leader, representative, or member of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility

The following table describes the focus group participants in aggregate:

Table 2: Description of Focus Group Participants				
Focus Group	Community Input Sector	Description	Number	Language
1	Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility	Participants included female and male residents of ZIP codes 78602, 78621, and 78612 with ages ranging from 50-65+. Participants self-identified as Black/African American, White, and Not Hispanic/Latinx or Hispanic/Latinx.	5	English
2	Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility	Participants included female residents of ZIP codes 78602 and 78621 with ages ranging from 18-65+. All participants self-identified as Black/African American.	5	English
3	Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility	Participants included female and male residents of ZIP codes 78602 and 78957 with ages ranging from 30-65. Participants self-identified as Hispanic/Latinx and Mexican, Mexican American or Chicano.	6	Spanish
Photovoice (Youth)	Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility	Participants included three female residents and one male, all of whom live in ZIP code 78602. Participants were between 15 and 16 years old. All participants self-identified as Mexican, Mexican American, or Chicano.	4	English