



# HAYS COUNTY

## Community Health Assessment & Improvement Plan







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## ACKNOWLEDGMENTS

This Community Health Assessment (CHA) was made possible through the collaborative efforts of the Hays County Local Health Department and its many community partners, who donated their time, effort, and expertise to developing a comprehensive assessment. This assessment reflects the priority of the Hays County Local Health Department to serve as a backbone organization to foster the collective action necessary for change.

Central Texas Interfaith / Corridor  
Interfaith Alliance for Families

The City of San Marcos

The San Marcos Youth Council

Community Action

San Marcos CISD

The Chamber of Commerce City of Buda,  
Baylor, Scott & White Health

The Barnabas Connection

CommuniCare Health Centers

Dripping Springs ISD

Dunbar Heritage Association

Hays CISD

Hays Latinos United

La Vista Retirement Community -  
Deaf Seniors of San Marcos

Mano Amiga

Southside Community Center

The Texas State Sociology Department

The Texas State University -  
Public Health Program

The National Center for  
Farmworker Health

The Texas Homeless Coalition

Wimberley ISD

Hays County Local Health  
Department Indigent Healthcare

Community Member /  
Sententia Vera, LLC

Texas State University -  
School of Health Administration

Branches San Marcos

Black & African American / Incarcerated  
- Community Representative

Hispanic / Latino / Immigrant -  
Community Representative

Area Agency on Aging  
of the Capital Area

The Hill Country Mental Health &  
Developmental Centers

The Kyle Area Senior Zone

St. David Foundation

The San Marcos Housing Authority

Hays County Local Health Department thanks the many individuals who contributed to the process (listed in Appendix A: Community Health Assessment Team) as well as the Hays County community members who provided their perspectives through community discussions and survey responses.



## EXECUTIVE SUMMARY

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Situated in central Texas, Hays County is a diverse community characterized by a blend of rural and suburban regions. In recent years, the county has witnessed substantial population growth. The multicultural population encompasses various ethnicities, prominently including Hispanic, White, and African American residents. People of diverse age groups, ranging from young families to retirees, reside in the county, with a rising number of college students attending institutions like Texas State University. Notably, this population expansion has also brought about disparities in access to healthcare, human services, and other essential resources.

There are several incorporated areas in Hays County, including the cities of San Marcos, Kyle, Buda, and Dripping Springs. Hays County also has several unincorporated areas and smaller communities, including Wimberley, Driftwood, and Henly. These areas have rural landscapes with ranches and residential developments.

Achieving improved health outcomes in Hays County requires a collective endeavor. Recognizing this, the Hays County Local Health Department launched a Community Health Assessment (CHA) using the Mobilizing for Action through Planning and Partnership (MAPP) process. Hays County contracted an external consulting firm, Initium Health, to facilitate the CHA. Together with a broad range of stakeholders, these entities embarked on a journey to drive positive change and enhance the overall well-being of the county's residents.

The Community Health Assessment outlines the process and outcomes of the MAPP process, ensuring a thorough understanding of its execution, results, issue identification, and the subsequent formulation of strategies, goals, and activities.

Four overarching themes emerged across the results of the MAPP assessments. These themes reflect high-level strategy areas that, if addressed, will impact many of the health needs and concerns identified through the MAPP process.





The goals, objectives, and activities from the Community Health Improvement Plan (CHIP) are designed to respond to the strategic issues identified from the assessment process.

The plan emphasizes actionable steps the community can undertake to make real progress toward health equity. In doing so, the CHIP serves as a guiding framework toward realizing the visionary goals of the MAPP process, fostering a healthier and thriving community with this vision statement:



Hays County Local Health Department recognizes the importance of addressing health disparities and promoting equitable access to resources for all its residents. Through continued collaboration, commitment, and implementation of the CHIP, Hays County will work to create a healthier and resilient community. The CHA and MAPP Process served as guiding frameworks for realizing this vision and fostering positive change in Hays County.

For further information and how to be involved, contact the Healthy Hays Coalition at [healthyhays.org](https://healthyhays.org).





## INTRODUCTION

The goal of this Community Health Assessment (CHA) is to improve health outcomes, enhance the well-being of residents, and create a healthier and more equitable Hays County for all residents. The assessment provides valuable insights into the current health status, strengths, and challenges residents face. By gathering and analyzing data related to health outcomes, demographics, social determinants, and health behaviors, we gain a deeper understanding of the community's unique needs. This knowledge empowers us to develop strategies and interventions to improve health outcomes and a higher quality of life for all residents.

The benefits of a community health assessment extend to various stakeholders. First and foremost, the residents of Hays County are the primary beneficiaries. By understanding their health challenges, we can tailor programs and services to meet their specific needs, ensuring equitable access to healthcare, prevention services, and resources. Additionally, local organizations, healthcare providers, and community leaders gain valuable insights that enable them to align their efforts and collaborate effectively towards shared goals.





Furthermore, policymakers and government agencies at the local, state, and federal levels can utilize the findings of the CHA to make informed decisions and allocate resources strategically. By addressing the identified health disparities and prioritizing the most pressing health concerns, they can implement policies and interventions that positively impact the entire community.

This (CHA) used the Mobilizing for Action through Planning and Partnerships (MAPP) framework. The National Association of City and County Health Officials developed and supports the MAPP process. This framework helps communities prioritize public health issues, identify resources for addressing them, and take action to improve conditions that support healthy living and health equity.

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## Description of the Process

From January 2023 to June 2023, the Hays County Local Health Department undertook a series of three assessments as part of the overall CHA. Initium Health, an outside consulting company, was contracted to facilitate the CHA. The work was led by a core team of county staff and guided by a steering committee composed of representatives from nonprofits, healthcare organizations, community members, schools, city governments, faith communities, and others within Hays County (see Appendix A for a complete list of steering committee members).

The assessments built upon the results of other assessments, reports, and plans recently completed in Hays County. These include the Hays County Mental Health Needs Assessment, completed by the Meadows Mental Health Policy Institute, in collaboration with architectural partner HOK, in 2022. Additionally, Hays County contributed valuable data through the McKinney-Vento Enrollment Counts, the 2023 Hays County Point-In-Time Survey, the Greater San Marcos Youth Council CSNA Survey, the City of Buda Sustainability Commission, the City of San Marcos Environmental Health Mission, the City of Kyle Water Quality Report 2021, and the City of Dripping Springs Environmental Health Report.





## Overview of MAPP 2.0 Assessments

This Community Health Assessment used the three MAPP Assessments from MAPP 2.0 (December 2022): Community Context Assessment, Community Status Assessment, and Community Partner Assessment.

Hays County is located in the central part of Texas and spans around 678 square miles, with a population of 255,400 people. The largest city in the county is San Marcos, with a population of around 68,580 people. The county has a mix of rural and urban areas with historic sites, downtown areas, and the presence of Texas State University. Hays County also has major highways, including I-35 which connects to Austin and San Antonio.

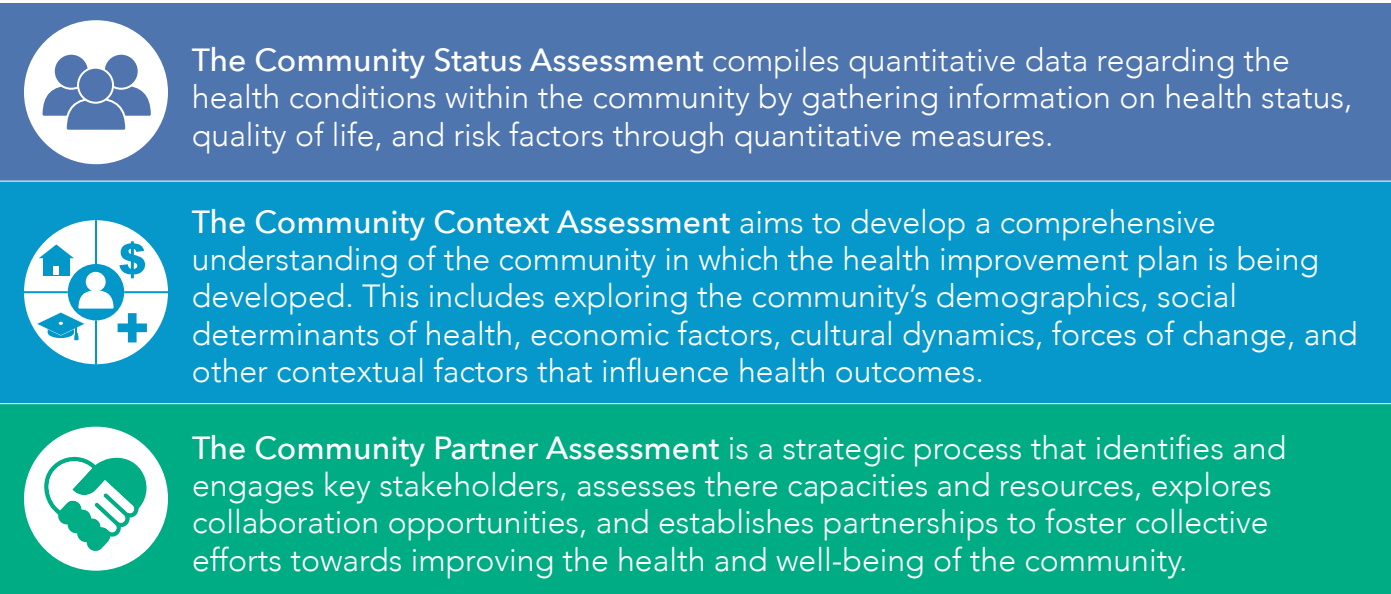


Figure 1. MAPP 2.0 Assessments



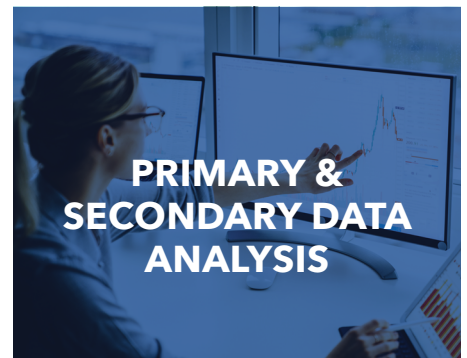
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Figure 2. Map of Hays County.  
Source: <https://www.texasalmanac.com/places/hays-county>



## DATA COLLECTION METHODS



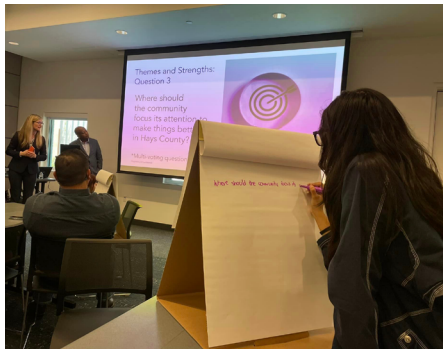
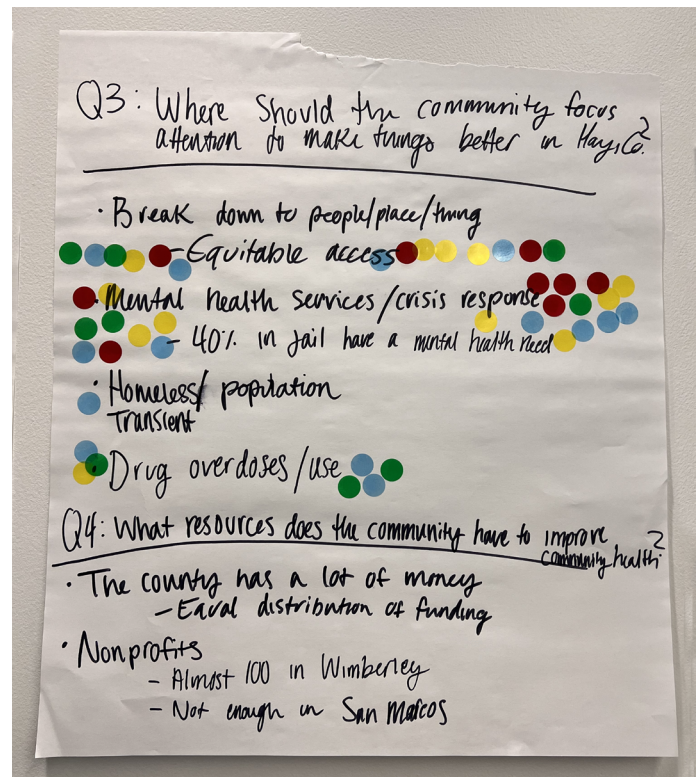
### Community Visioning Session

A community visioning session was held at the San Marcos Public Library in March 2023. The visioning session was attended by 40+ community members, organizational representatives, county staff, and county officials, including the county judge and one of the county commissioners. This two-hour participatory session covered:

- Strengths & assets in Hays County
- Priority areas for improvement
- Vision for a healthier Hays County

Participants were recruited through the steering committee invitation, county internal communications, social media posts, a website created for this assessment, and flyers at the library. Participants provided input through small discussion groups of 4-6 people and a multi-voting exercise.





## Steering Committee Meetings

The CHA Steering Committee met twice monthly via Zoom for 60-90 minutes each, from February - May 2023. The Steering Committee provided input and guidance at every step of the assessment process through large and small group discussions, brainstorming sessions, and prioritization exercises.



## Key Informant Interviews

The Hays County Local Health Department designated key informant interviews to include:

- County Commissioners
- Manager, County Indigent Care Program
- County Epidemiologist

Semi-structured interviews were conducted virtually by Initium Health. Participants were asked to share their thoughts on the top health concerns in Hays County, the underlying factors related to those concerns, where the community should focus its attention for improvement, desired long-term changes, and assets that can be used to improve community health.

## Community Survey

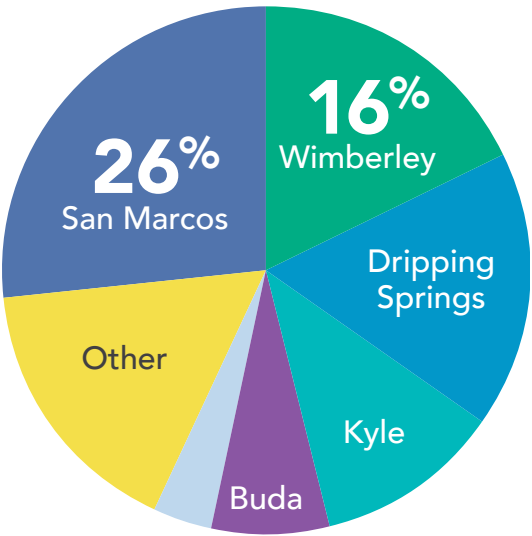
Following the community visioning session, a survey was developed to increase the number of community members participating in the assessment process. This survey was developed and distributed in electronic and print formats. The survey asked respondents to assess the quality of life in Hays County in several ways, including the ability to receive medical care or mental health services when needed, access to spaces for physical activity, accessibility for those living with disabilities, availability of public transportation and affordable housing, cost of living, and health equity. The survey also asked respondents where the community should focus its attention to make life better in Hays County. This survey concluded by asking respondents if they knew of any assets that could contribute to constructing a healthier Hays County.

The survey was distributed via a microsite created for this CHA, [healthyhays.org](https://healthyhays.org). This site was used to promote the survey and included a link. Social media channels included the Hays County and Hays County Local Health Department Facebook pages placed on local community group pages. The steering committee was also asked to distribute social media posts via their channels. The survey was available in English and Spanish.





The Hays County Local Health Department also distributed the survey via additional community listening sessions in Dripping Springs, Kyle, Buda, and Wimberly. These sessions were supported by the Office of Hays County Judge and Barnabas Connection, a nonprofit with a vision to make Wimberley a place for all community members to thrive and for generations to learn and grow.



Five hundred ninety-five individuals responded. The most represented geographical areas were the following: San Marcos (25.7%), Wimberley (15.6%), Dripping Springs (15.5%), Kyle (10.9%), and Buda (6.6%). Of the total respondents, 31.6% (188/595) indicated they are a parent of a school-aged child.

Limitations of the survey included that just 10.3% (61/595) of respondents identified as Hispanic. According to the most recent census data, this was lower than the proportion of Hays County residents who are Hispanic (40.6%). Also, although the survey was provided in Spanish, it was completed almost entirely in English, with one Spanish response. Other limitations include survey promotion relying upon electronic methods, which may have excluded those who do not have easy access to online information.



Community Partner Assessment

A community partner survey was conducted in which 45 organizations from Hays County were invited to participate. These organizations included all those invited to participate on the Steering Committee for the Community Health Assessment.

Of those invited, 12 of the 45 organizations responded, giving a response rate of 27%. Given the low response rate, the limitations of this survey include data that is not representative of all partners involved. It is recommended that the Community Partner Assessment information continues to be collected through other forums and methods.





## Primary & Secondary Data Analysis

Community health status indicators were compiled from available data measures, including infectious and chronic disease and mortality rates, healthcare access, and environmental health risks. Data sources include County Health Rankings, the National Center for Health Statistics-Mortality Files, USDA Food Environment Atlas, the Behavioral Risk Factor Surveillance System, and Census Population Estimates. We report data from the most recent years possible, most often from 2021-2022.



Where possible, we provide our measure values margins of error (95% confidence intervals) or standard deviations. Error margins represent a range within which the true population experience may differ from our measure. However, we are 95% certain that the true population experience falls within that range. When the error margin ranges for a given measure overlap between two places, we can be less confident that the true population experiences differ. Additionally, some individual measures for specific populations need a larger sample size to report data for that measure.

We developed a list of possible indicators based on the MAPP Community Status Assessment (CSA) Indicator Matrix to determine the indicators included in this report. The CSA Indicator Matrix outlines a range of indicators to help understand the status of the community focused on social determinants of health, health status, behaviors, and outcomes, as well as systems of power, privilege, and oppression. We asked the Steering Committee members to rank the health indicators from highest to lowest priority based on their experience in Hays County.



To determine how Hays County outcomes correspond with comparable jurisdictions, a total of three comparison counties were selected through an analysis of population demographics, racial diversity, and economic variables, emphasizing comparable counties located within Texas and along the Southern region of the United States. The comparison counties for the current study include Galveston County, TX, St. Johns County, FL, and Rutherford County, TN. For additional context, Hays County outcomes were also compared with the state of Texas and the Nation.

**Not all measures reported with a confidence interval, limiting our ability to determine significant differences.**



## Selection of Health Priorities

The selection of health priorities was guided by identifying cross-cutting themes from the results of the three MAPPs assessments. Additionally, community members and other stakeholders actively participated through the Community Health Survey, focus groups, and key informant interviews, which helped prioritize the identified themes.

## Primary & Secondary Data & Survey Limitations

Both primary and secondary data analyses had inherent limitations. First, community surveys are subject to limitations of self-reporting, low response rates, and inadequate representation of hard-to-reach populations. The goal of our survey efforts was to provide a general sense of Hays County residents' health and public health views. Second, for the secondary data analysis, we relied on data from County Health Rankings, the National Center for Health Statistics -Mortality Files, USDA Food Environment Atlas, the Behavioral Risk Factor Surveillance System, and Census Population Estimates. For most measures, the county-level data could not be disaggregated to specific populations within Hays such as race, age or census tract. Lastly, not all measures were reported with a confidence interval, limiting our ability to determine significant differences.

**The goal of our survey efforts was to provide a general sense of Hays County residents' health and public health views.**





## VISION FOR A HEALTHY HAYS COUNTY

The table below highlights the questions posed to participants at the community visioning session. Below is a summary of the major themes of responses. Further detail is available in [Appendix C](#).

**Five years from now, what would we want the local news to say about the health of our community? Describe it using a single word.**

The community's key phrases for Hays County's future are thriving, resilient, fully accessible, and improved.

**What would be different in our community if all people had circumstances in which they could live healthy and flourishing lives?**

There would be more happiness and better quality of life in Hays County if all people had the circumstances to live healthy and flourishing lives. There would be more tolerance, collaboration, and accessibility.

Rates of violence and depression in the community would be a lot lower.

**What needs to be in place for us to work together effectively to achieve our vision?**

The community wants to trust local government, have more community togetherness, mass communication, a cohesive plan that leads to action, and support to work together to achieve the vision.

|                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>What are some ground rules we want to set to ensure we are all working effectively to achieve our vision?</b> | Active Listening, Respect, Accountability, Collaboration, Communication, & Inclusivity                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>How is quality of life perceived in Hays County?</b>                                                          | <p>Overall, perceived quality of life seems to vary depending on socioeconomic status, geographic location, and other factors. There is a low quality of life if these factors are low.</p> <p>There is a divide amongst Hays County and disparities that exist because of these factors. Some critical statements made include "underserved," does NOT have equitable access," and "huge underbelly."</p>                                                                                      |
| <b>What are the important characteristics of a healthy community for all who work, live, and play here?</b>      | <p>Access to education, healthcare, food, jobs, transportation, and parks is important. It is important that Hays County is an affordable place to live.</p> <p>There needs to be equity, a sense of community, and action from key leaders in the community.</p>                                                                                                                                                                                                                               |
| <b>What resources does the community have that can be used to improve community health?</b>                      | The people within the community, the hospitals, and local departments, administrations, and organizations                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Where should the community focus its attention to make things better in Hays County?</b>                      | <ul style="list-style-type: none"> <li>▪ The need for more doctors, and medical care services and facilities</li> <li>▪ A bilingual care facility</li> <li>▪ Mental health services, especially for those in jail</li> <li>▪ Drug overdose/use issues</li> <li>▪ Reaching people where they are at</li> <li>▪ Equitable access</li> <li>▪ Better transportation services</li> <li>▪ Pulling down funding locally, through the state, and federally, to meet the needs of Hays County</li> </ul> |

Table 1. Visioning Session Questions and Responses.



A word cloud was generated from responses to the following question:

**"Five years from now, what would we want the local news to say about the health of our community? Describe it using a single word."**



From the input of the community members from the visioning session, a vision statement was drafted and shared with the Core Team and Steering Committee for input. The final version is below.





## Community Status Assessment

Hays County is located in central Texas and has a growing population of approximately 262,225 people.

Hays County ranks as the fifth healthiest county in Texas, as reported by the 2022 County Health Rankings.

Hays County has a low rate of premature deaths (4,900 years of life lost before age 75 per 100,000, age-adjusted) compared to the state (7,000 years of life lost) and the nation (7,300 years of life lost). The population of Hays County has continued to grow and expand since 2011 at a steady rate of 4.5% per year.

The discussions in this section examine different topic areas. Demographic distribution describes the gender, age, race, and ethnicity of Hays County residents. The continuous tracking of demographic trends will assist strategic planning and program development in addressing the health status of all Hays County residents.



## Demographic Distribution

The gender distribution in Hays County, shows slightly more females (50.4%) than males (49.6%), which aligns with the gender distribution of the state of Texas.

The median age of residents in Hays County is 33.6 years. 65.45% of the population falls between the ages of 18 to 65. Those under 18 make up 22.8% of the population of Hays County. Around 11.7% of the Hays population are 65 years and over. This closely aligns with the state of Texas’s demographics in which the median age is 32.3 years.

As of 2022, the largest racial/ethnic group in Hays County was White-Non-Hispanic (52.2%) followed by White-Hispanic (30.2%), Multicultural-Hispanic (6.07%), Black/African American (3.74%), and Asian (1.39%). The remaining 5.7 percent of the population is in the Other category (Figure 3).

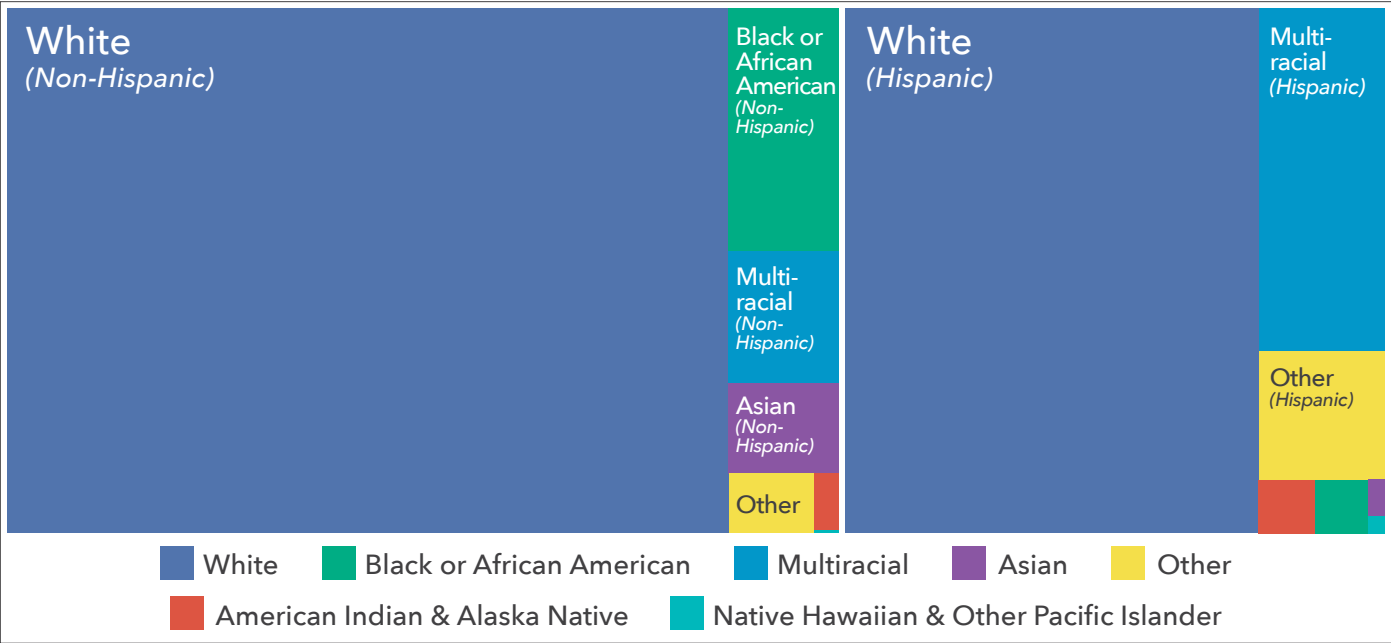


Figure 3. Race and Ethnicity, Hays County.



## Health Behaviors

This discussion aims to explore and analyze the health status and behavior indicators in Hays County, providing valuable information to identify areas of improvement, prioritize interventions, and develop targeted strategies that can positively impact the health outcomes and overall quality of life for the community.

2022 County Health Ranking data indicates that approximately 20% of the residents drink excessively, while 15% are smokers.

The prevalence of these behaviors is similar across comparison counties, Texas, and the county. Additionally, around 22% of the population is physically inactive, which can affect overall health and well-being. However, a significantly lower percentage of the Hays County population has an “obese” body mass index (BMI) than Galveston, TX, and Rutherford, TN.



Hays County had lower cancer screening rates than the comparison counties. In Hays County, 54.60% of the Medicare population has undergone colorectal endoscopy, a screening for colon cancer, whereas Galveston, TX, and St. Johns, FL, had higher screening rates (62.30%, and 61%, respectively). The data also highlights that only approximately 33% of female Medicare enrollees ages 65-74 received an annual mammography screening compared to 51% in St. Johns County and 40% in Rutherford County. The screening

rates indicate room for improvement in cancer screening rates through insurance coverage availability, health education and promotion, and addressing barriers to screening.

## MAMMOGRAPHY SCREENING IN HAYS COUNTY, TX, STATE & NATIONAL TRENDS

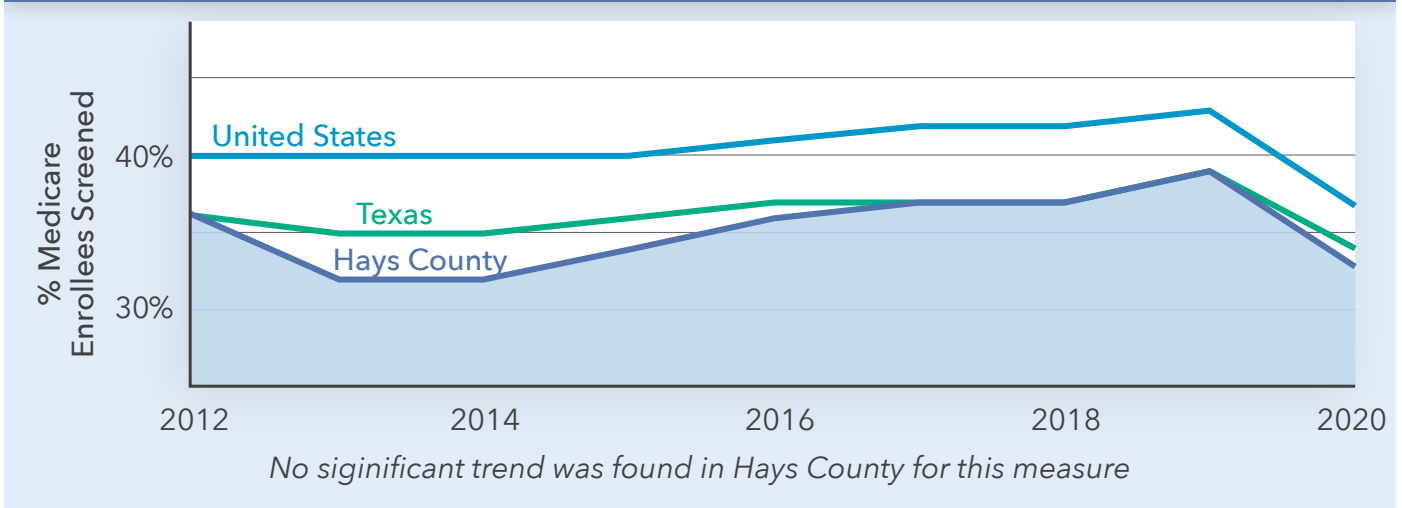


Figure 4. Mammography Screening in Hays County, state and national trends. Source: <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/clinical-care/quality-of-care/mammography-screening?year=2023&county=48209>

Sexually transmitted infections (STIs) data from the regional Department of Health and Human Services shows that in 2021, there were 164.8 cases of gonorrhea, 46.6 cases of syphilis, and 6.3 cases of HIV per 100,000 individuals in the county. The trend shows that this is a decrease in new cases of Chlamydia, but an increase in Gonorrhea and Syphilis. These figures indicate the prevalence of these infections and emphasize the need for targeted interventions including testing and treatment along with education to address and reduce STI transmission.



## NEW STD DIAGNOSIS RATE IN HAYS COUNTY, 2016-2021

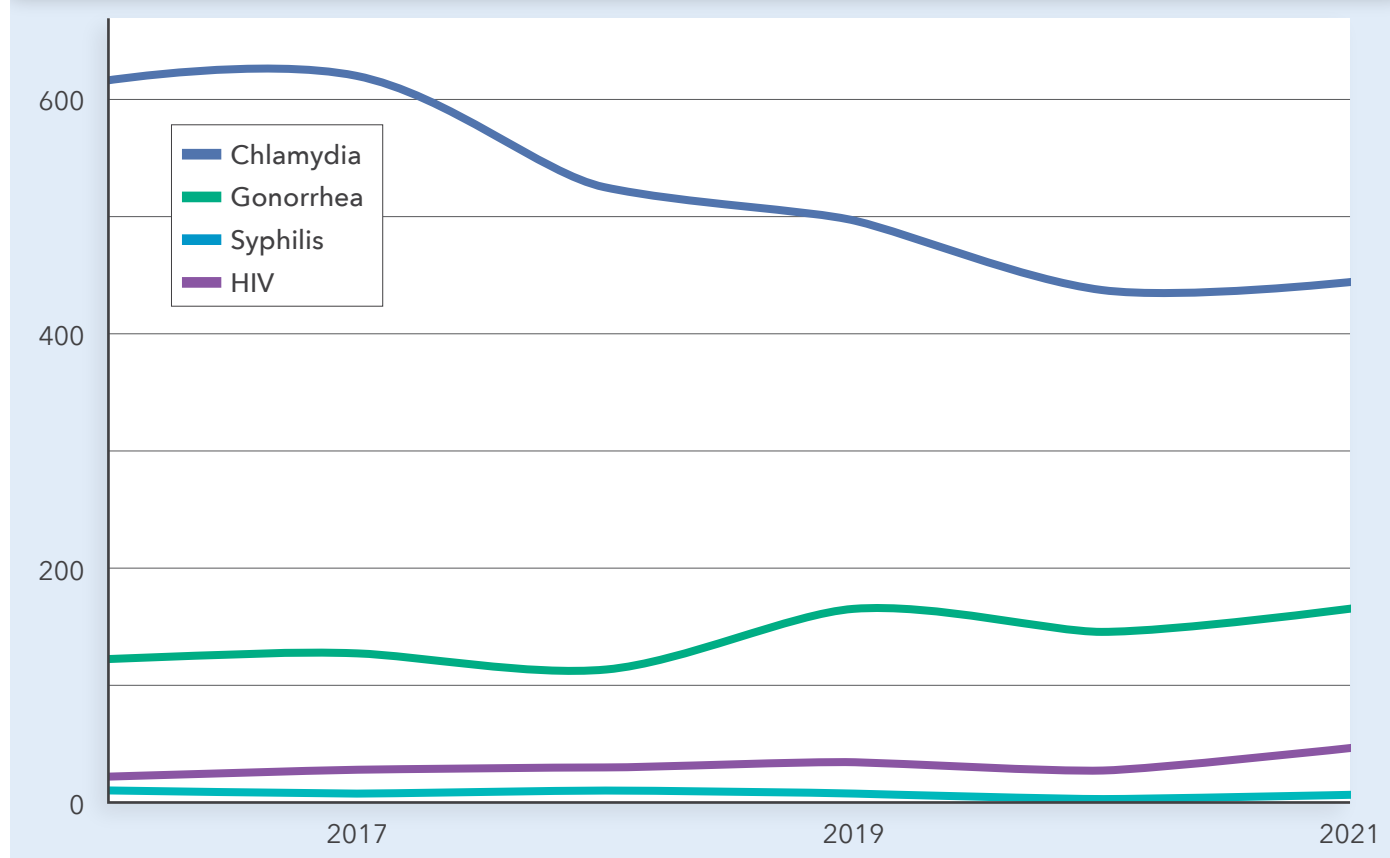


Figure 5. New STD Rate in Hays County, 2016-2021. Source: Hays County Local Health Department, Texas Department of State Health Services Data.

Additionally, the rate of teen births stands at 16 per 1,000 females aged 15-19. This rate is lower than those in Galveston, TX, Rutherford, TN, and Texas. When disaggregated by race, the data reveals that the Hispanic population has a significantly higher rate of 28 births per 1,000 female teens aged 15-19 than the White (6) and Black (10) populations. This data underscores the importance of equitable, comprehensive sexual health education and access to reproductive health services to prevent unintended pregnancies among teenagers.

| Disaggregated by Race                             | Value | Error Margin |
|---------------------------------------------------|-------|--------------|
| Teen Birth Rate<br>(per 1,000 females aged 15-19) | 16    | 15-17        |
| Black                                             | 10    | 7-14         |
| Hispanic                                          | 28    | 26-30        |
| White                                             | 6     | 5-6          |

Table 2. Teen Birth Rate

| Indicator                                                                                            | Hays, TX        | Galveston, TX   | St Johns, FL    | Rutherford, TN  | Texas  | USA    |
|------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------------|-----------------|--------|--------|
| Drug Use:<br>Excessive Drinking                                                                      | 20%<br>(19-20%) | 20%<br>(19-20%) | 23%<br>(22-24%) | 16%<br>(15-17%) | 19%    | 19%    |
| Drug Use: Smoking                                                                                    | 15%<br>(13-17%) | 16%<br>(14-19%) | 15%<br>(12-18%) | 18%<br>(15-20%) | 13%    | 16%    |
| Physical Inactivity                                                                                  | 22%<br>(20-25%) | 23%<br>(21-25%) | 18%<br>(16-20%) | 22%<br>(20-24%) | 25%    | 22%    |
| Adult Obesity                                                                                        | 32%<br>(31-33%) | 36%<br>(34-37%) | 25%<br>(23-25%) | 39%<br>(38-41%) | 36%    | 32%    |
| Nutrition:<br>Limited Access<br>to Healthy Foods                                                     | 2%              | 9%              | 5%              | 6%              | 8%     | 6%     |
| Teen Births (per 1,000<br>females aged 15-19)                                                        | 16<br>(15-17)   | 22<br>(21-23)   | 8<br>(7-9)      | 18<br>(17-19)   | 29     | 19     |
| Sexually Transmitted<br>Infections<br>(newly diagnosed<br>chlamydia cases per<br>100,000 population) | 469.6           | 424.1           | 233.1           | 580.1           | 446    | 481    |
| Cancer Screening:<br>Ever had Colorectal<br>Endoscopy                                                | 54.60%          | 62.30%          | 61%             | 58.40%          | 66.80% | 72.40% |
| Cancer Screening:<br>Received Annual<br>Mammography                                                  | 33%             | 34%             | 51%             | 40.0%           | 34.0%  | 37.0%  |

Table 3. Health Behavior Indicators



## Socioeconomic Characteristics

Socioeconomic characteristics include indicators that affect health status, such as median household income, poverty, unemployment, and education. When examined together, these indicators describe an individual's socioeconomic status.

The county has a relatively high median household income of \$71,061 compared to Texas's median household income of \$67,321. The median salary for male workers is \$43,220, while the median for females is \$31,280. The difference in salaries for males and females of Hays County may have to do with industry. See Figure 6 below.



## SALARIES BY GENDER & INDUSTRY



Figure 6. Salaries by Gender and Industry. Source: <https://datausa.io/profile/geo/hays-county-tx>,

The average poverty rate in Hays County is 12.4% as of 2020, a 7% decrease from 2019. The most extensive demographic living in poverty in Hays County is females between the ages of 18-24, followed by males in that age group. The ethnic group that makes up most of the poverty level is White, followed by Hispanic.

## POVERTY RATE BY ETHNICITY & GENDER

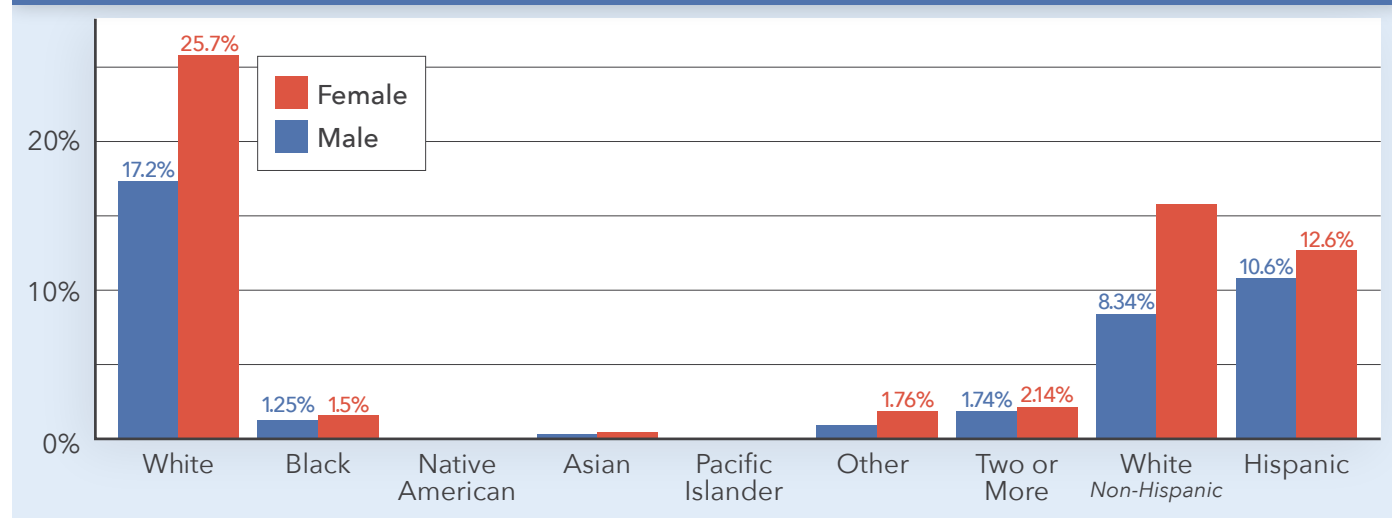


Figure 7. Poverty Rate by Ethnicity and Gender. Source: <https://datausa.io/profile/geo/hays-county-tx>

The unemployment rate is also relatively low, indicating that residents have employment opportunities. The employment rate in Hays County shows that 67.5% of people are employed. Additionally, the county has a high percentage of adults with a high school diploma (90.5%) and a substantial percentage of adults with college degrees or higher (38.7%), often associated with higher levels of income and better job prospects.



## Health Resource Availability

One way to measure people's ability to obtain primary care is to look at the ratio of people living in a given geographic area to the number of primary care providers practicing there. In Hays County, the average resident to primary care provider ratio is 2,343 to 1, which is higher than the state of Texas and the US as a whole. Higher ratios mean that there are more people to be cared for by each primary care provider, and can be an indication of people facing challenges in getting appointments and needing to travel longer distances for care. The patient-to-mental health care provider ratio is 973 to 1, which is higher than the state (690 to 1) and the US as a whole (371 to 1).

According to the U.S. Census Bureau, 83.1% of Hays County adults under the age of 65 are insured. Along with this, Texas is one of the ten states in the US that has not expanded Medicaid eligibility criteria to include adults with incomes up to 138% of the federal poverty level. Some implications of this include a coverage gap for those who do not qualify for traditional Medicaid but also cannot afford to purchase private health insurance, limited access to care for low-income individuals, and the financial burden dealing with out-of-pocket costs. Through a health equity lens, the lack of Medicaid expansion exacerbates health disparities, especially for low-income and marginalized communities, by creating greater barriers to accessing and affording medical care. States where Medicaid expansion has been implemented have more individuals that get comprehensive healthcare coverage.

It is important to note while health insurance coverage is undoubtedly beneficial, this does not guarantee easy access to the right healthcare providers or ensure medical affordability.

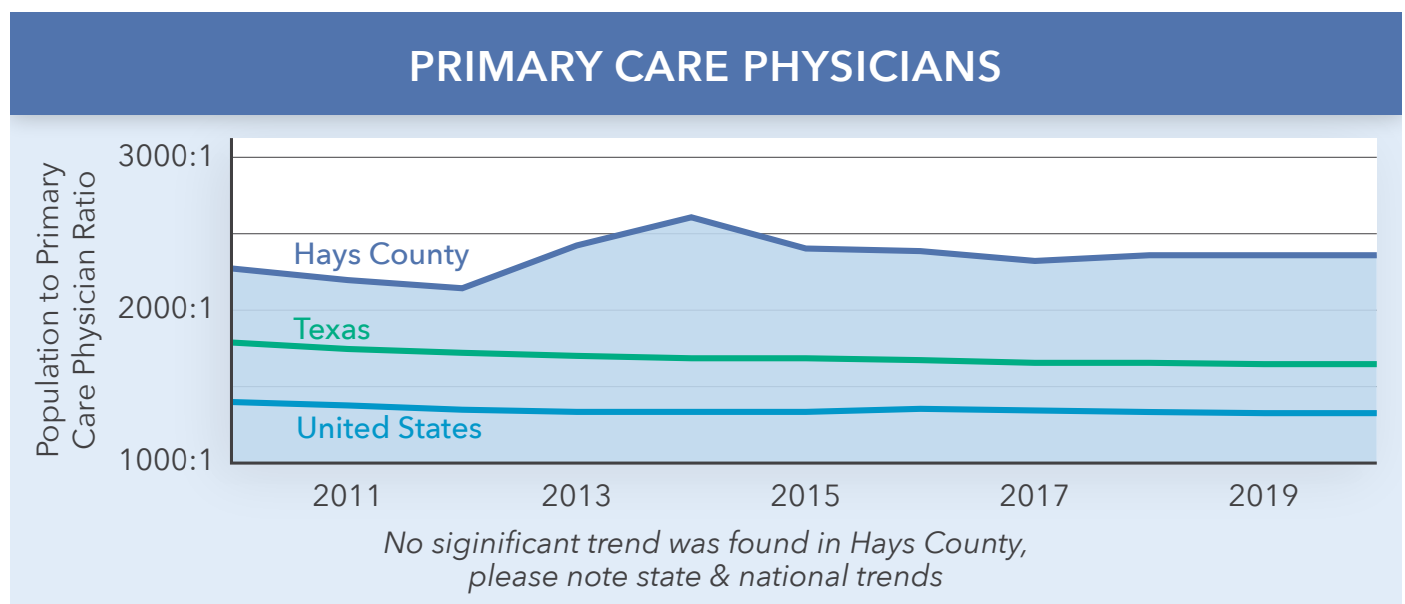


Figure 8. Primary Care Physicians in Hays County. Source: <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/clinical-care/access-to-care/primary-care-physicians?year=2023&county=48209>



|                                                     | Hays County, TX | Galveston County, TX | Travis County, TX |
|-----------------------------------------------------|-----------------|----------------------|-------------------|
| Persons without Health Insurance under age 65 years | 16.1%           | 15.7%                | 13.8%             |

Table 4. Uninsured Percentages in Hays County and Comparison Counties. Source: <https://www.census.gov/quickfacts/fact/table/traviscountytexas,hayscountytexas,galvestoncountytexas/PST045222>

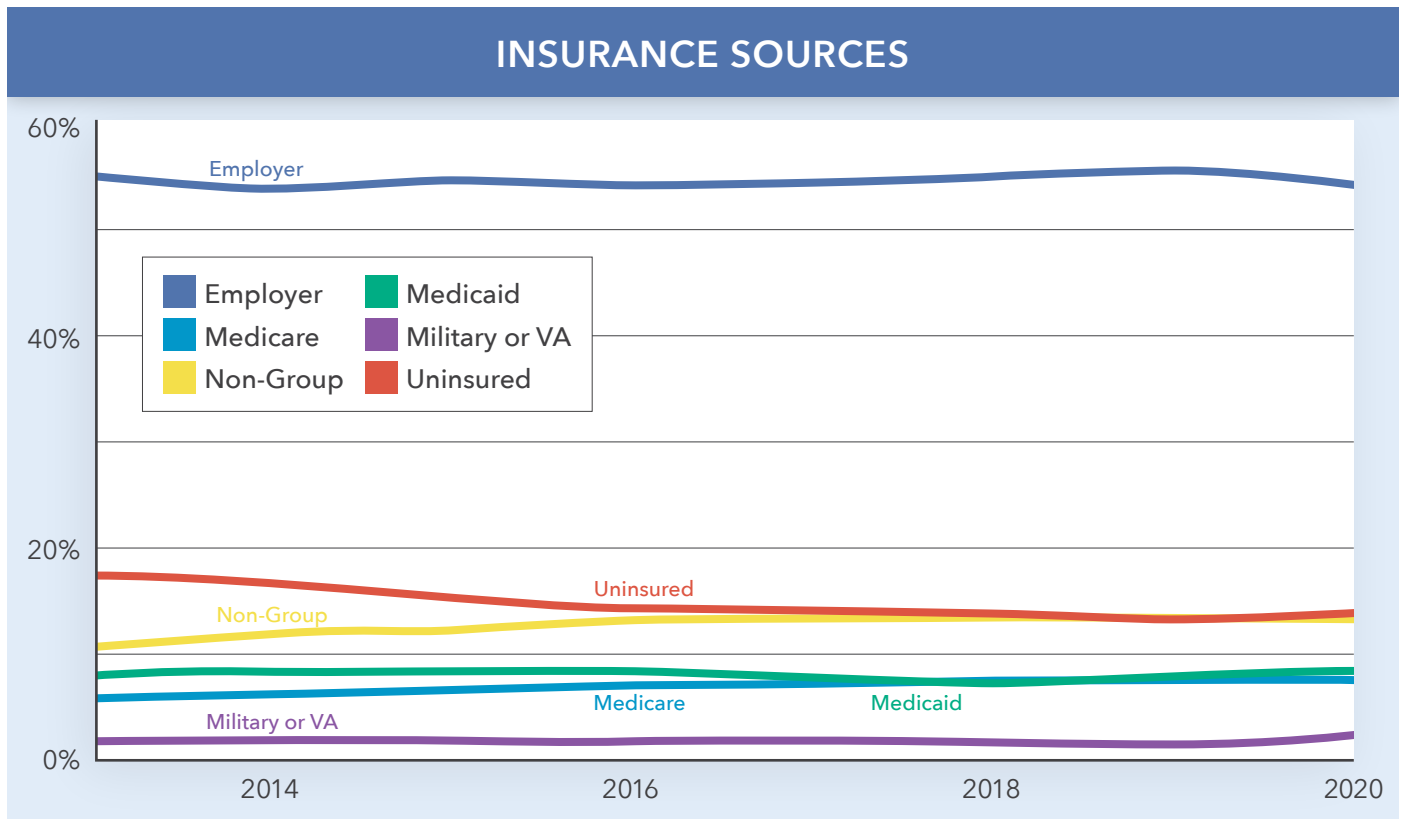


Figure 9. Insurance Sources

2022 County Health Rankings Data indicators show there are approximately 2,580 residents per dentist in the county, suggesting a potential limitation in access to dental care services. Steering committee members spoke about older adults who no longer have access to health insurance, and concerns about rates of tooth decay and periodontal disease among this population. All comparison counties, Texas and the United States, perform significantly better than Hays County. However, Hays County has been trending significantly better over the past six years showing improvement in the availability of dentists.

## DENTISTS IN HAYS COUNTY, TX

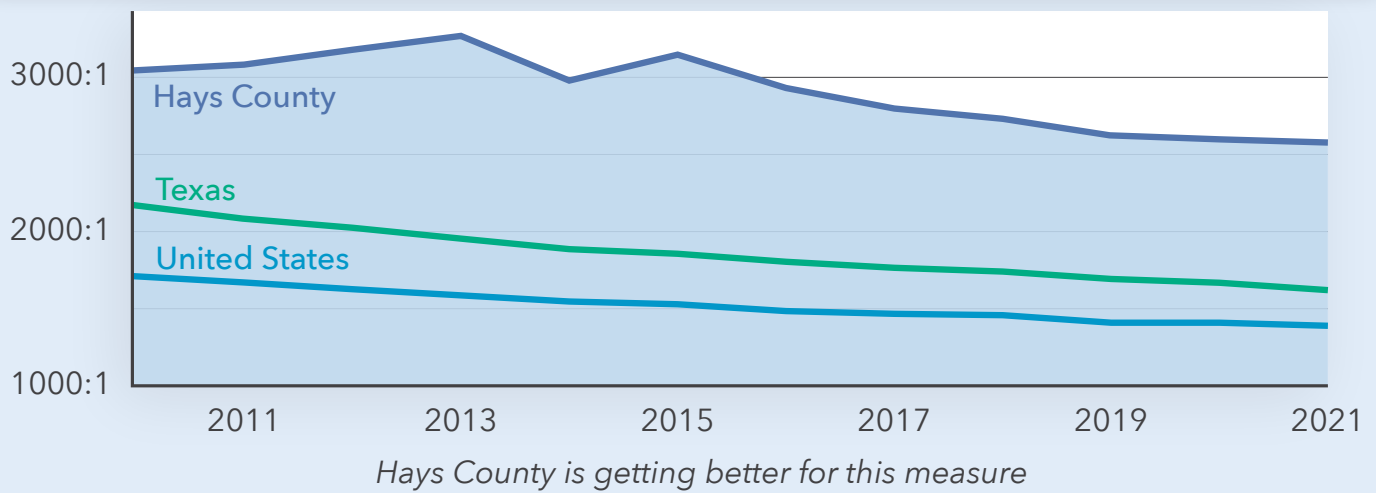


Figure 10. Dentists in Hays County. Source: <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/clinical-care/access-to-care/dentists?year=2023&county=48209>

## Quality of Life

The data in this section describe the individual- and community-level quality-of-life indicators. In Hays County, 15% of adults reported that they consider themselves fair or poor health, compared to 16% in Texas. Of those under the age of 65, 7.6% have a disability. The leading causes of death under age 75 are cancer, heart disease, accidents, COVID-19, and intentional self-harm. In contrast, Texas's leading causes of death are cancer, heart disease, COVID-19, accidents, and diabetes.

## LEADING CAUSES OF DEATH, AGE <75, 2018-2021

*Age-Adjusted Mortality Rate per 100,000*

|                                              | Hays, TX | Texas | USA   |
|----------------------------------------------|----------|-------|-------|
| <b>Cancer (Malignant Neoplasms)</b>          | 69.5     | 91.5  | 144.1 |
| <b>Heart Disease</b>                         | 40.6     | 78.8  | 161.5 |
| <b>Accidents</b>                             | 22.9     | 35.8  | 67.8  |
| <b>COVID-19</b>                              | [n=211]  | 40.9  | 61.3  |
| <b>Intentional Self-Harm</b>                 | 13.6     | 13.7  | 14.5  |
| <b>Chronic Liver Disease &amp; Cirrhosis</b> | 11.5     | 14.4  | 17.0  |
| <b>Diabetes</b>                              | [n=72]   | 15.9  | 31.1  |

Table 5. Leading Causes of Death. Source: <https://datausa.io/profile/geo/hays-county-tx>



In the entire state of Texas, approximately 17% of residents are currently grappling with a severe housing problem, and 14% are burdened with the high costs of housing. However, 19% of households in Hays County experience severe housing problems, including overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. 18% of households spent half or more of their income on housing.

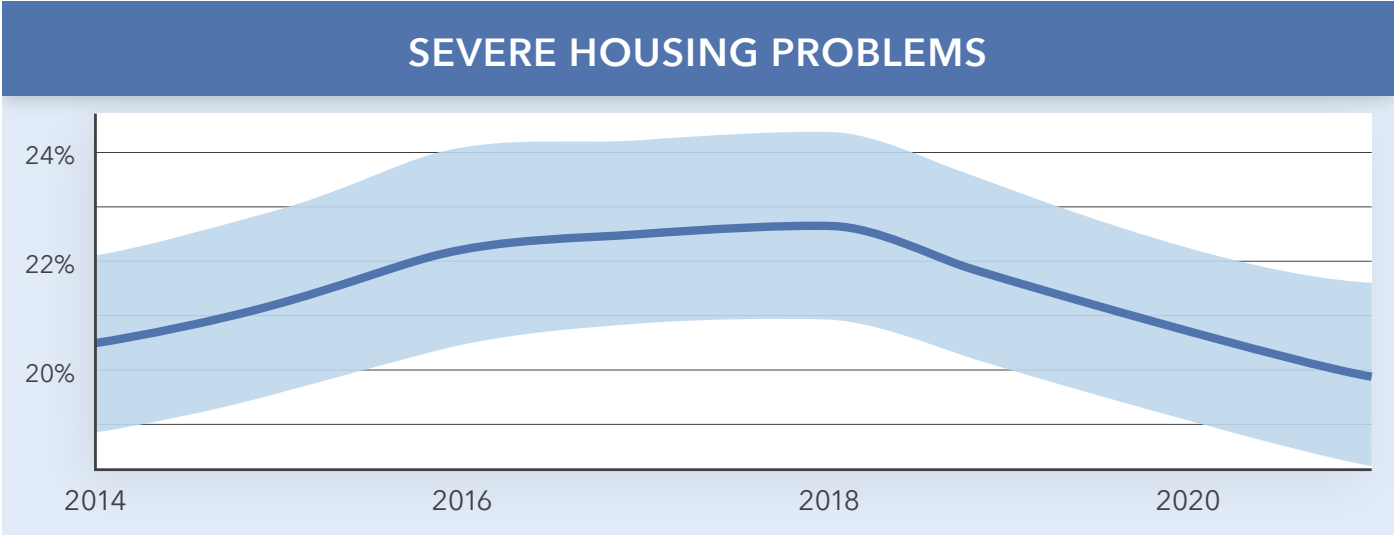


Figure 11. Percentage of Population with Severe Housing Problems. Source: <https://datausa.io/profile/geo/hays-county-tx>

In terms of environmental outcomes, Hays County has experienced rapid growth and development in recent years, which has led to concerns about air and water quality, as well as loss of natural habitats. In 2019, an annual average of 9.8 micrograms per cubic meter of fine particulate matter was measured in the air in Hays, County, an increase from 8.0 in 2016. This average is higher than the State (8.6) and National average (7.4).

One concern among the people of Hays County is the rate of incarceration. Currently, there are 21 juvenile arrests per every 100,000 in the population. The current jail population is 550. The jail population is currently made up of 47.3% Hispanic White men, but only 18.8% of the residential population is made up of Hispanic White men. This suggests racial and ethnic disparities.



## HISTORICAL JAIL POPULATION TREND BY CUSTODY TYPE

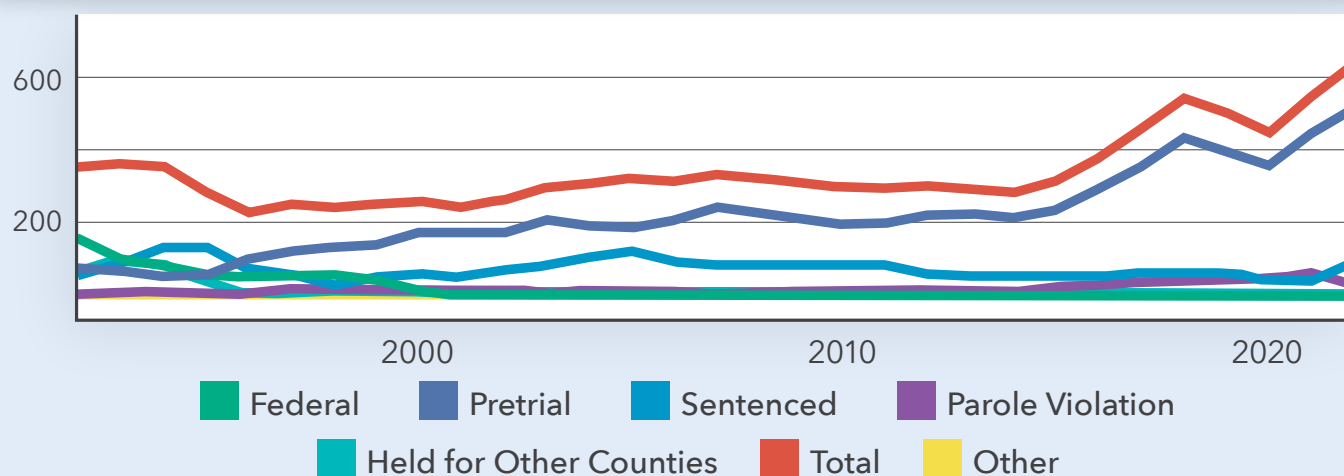
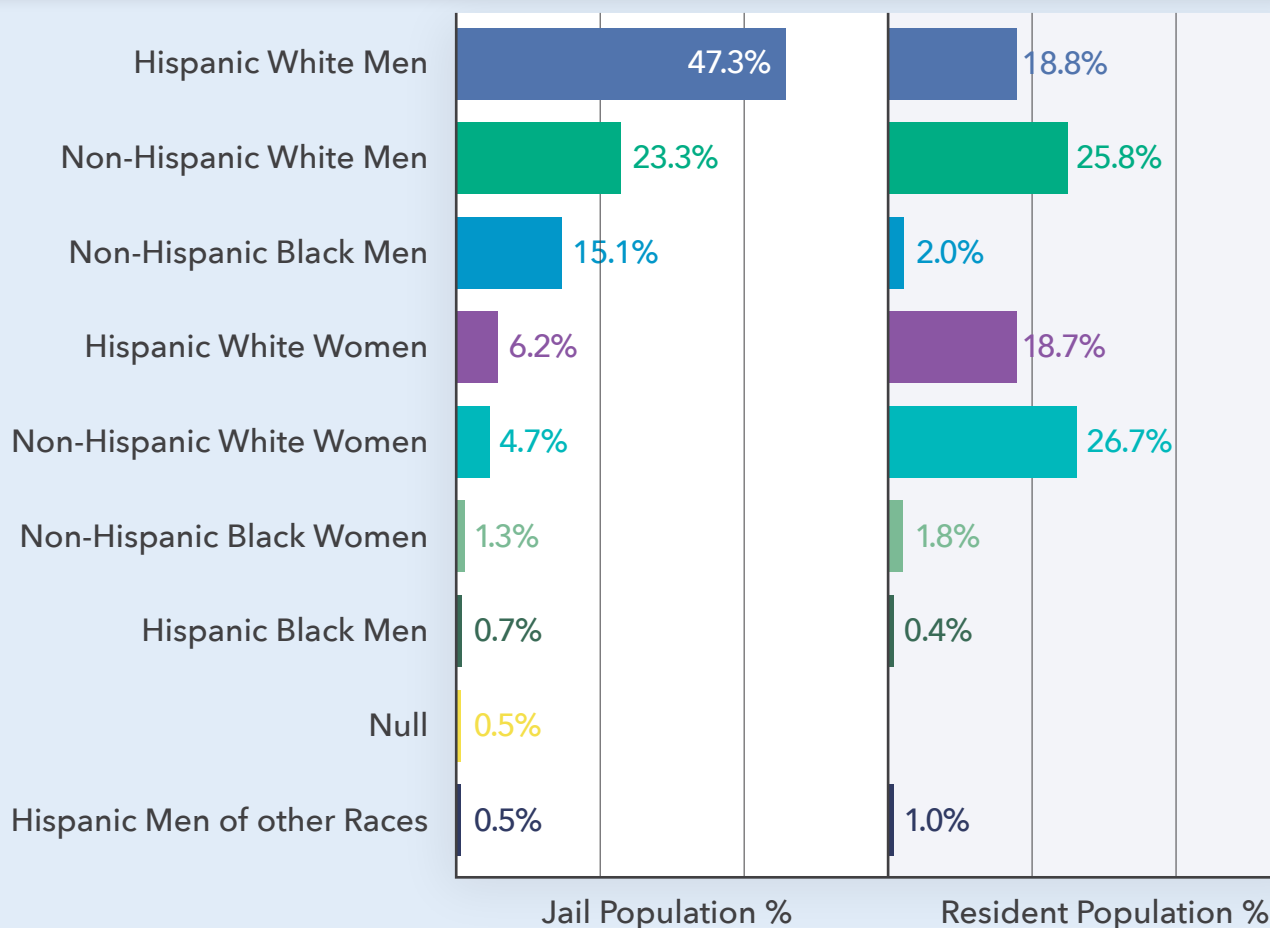


Figure 12. Incarceration Rates and Trends. Source: <https://hayscountytexas.com/jaildashboard/>

## RACE, ETHNICITY, & GENDER



On May 9, 2023, Black Hispanic & Non-Hispanic people made up 17.5% of the Jail Population but only 4.6% of Residents.

Figure 13. Incarceration by Race, Ethnicity and Gender. Source: <https://hayscountytexas.com/jaildashboard/>





Health inequities are also seen across races in Hays County. The Years of Potential Life Lost (YPLL) Rate, the difference between an estimated endpoint age and the actual age at death, among the black population is significantly higher (8,000 YPLL) than other races in Hays County (Table 6). Health inequity stems from disparities in social, economic, environmental, and structural factors, leading to variations in health outcomes within and between societies. Different aspects of our social identity, such as race, gender, employment status, socioeconomic background, disability, immigration status, and where we live, can significantly affect our access to opportunities for good health.

The social, environmental, economic, and cultural factors that influence our health, also known as determinants of health, are greatly influenced by these structural inequities. These determinants include our living conditions, such as access to nutritious food, clean water, and suitable housing, the quality of our schools, workplaces, and neighborhoods, and the nature of our social relationships and networks.

For example, an effect of interpersonal, institutional, and systemic biases in policies and practices is “sorting” people into resource-rich or resource-poor neighborhoods and K–12 schools primarily based on race and socioeconomic status.

**“ Because the quality of neighborhoods and schools significantly shapes the life trajectory and the health of adults & children, race and class-differentiated access to clean, safe, resource-rich neighborhoods & schools are an essential factor in producing health inequity. ”**

These structural inequities give rise to large and preventable differences in health metrics such as life expectancy, with research indicating that one's zip code can be more important to health than one's genetic code.<sup>1</sup> The root causes of health inequity are diverse, complex, ever-evolving, and interconnected. Understanding these underlying causes and conditions is pivotal in devising equally intricate and effective interventions to foster health equity.

<sup>1</sup> National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States; Baciu A, Negussie Y, Geller A, et al., editors. Communities in Action: Pathways to Health Equity. Washington (DC): National Academies Press (US); 2017 Jan 11. 3, The Root Causes of Health Inequity. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK425845/>

| Disaggregated by Race             | Value | Error Margin |
|-----------------------------------|-------|--------------|
| Years of Potential Life Lost Rate | 4,900 | 4,600-5,200  |
| Black                             | 8,000 | 6,100-10,400 |
| Hispanic                          | 4,600 | 4,200-5,100  |
| White                             | 5,100 | 4,700-5,600  |

Table 6. Health Equity by Race

## Social Vulnerability

Social vulnerability refers to how communities may be negatively affected by external factors that impact human health. These factors can include natural disasters, human-caused disasters, or disease outbreaks. When we reduce social vulnerability, we can decrease individuals' suffering and the economic loss experienced by communities. To help local officials identify communities that may need support before, during, or after disasters, the CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI) uses 16 different variables from the U.S. Census to produce a percentile, ranking the social vulnerability of each county or census tract. These variables include factors like socioeconomic status (such as poverty levels, unemployment rates, and housing costs), household characteristics (like age, disabilities, and single-parent households), racial and ethnic minority status, and housing type and transportation availability (such as crowded living conditions or lack of access to vehicles).

By considering these factors, we can better understand which communities may require assistance in times of crisis.

Overall, Hays County has an SVI score of 0.6585, indicating a medium to high level of vulnerability – 65.85% of counties in the United States are less vulnerable than Hays County. The areas in Hays County that are the most vulnerable are listed in Table 7 below.

| Geographic Area             | Census Tract | SVI    |
|-----------------------------|--------------|--------|
| Southeast of San Marcos     | 103.02       | 0.8819 |
| South of San Marcos         | 104.01       | 0.8693 |
| Northeast of San Marcos     | 103.09       | 0.8437 |
| North of Umland             | 109.21       | 0.7056 |
| North of San Marcos Airport | 103.06       | 0.6988 |

Table 7. SVI Scores



Based on the SVI data, the areas surrounding San Marcos and Kyle are the vulnerable areas within the County. In Figures 14 and 15, the SVI throughout the county is broken down into themes, indicating that the primary contributors to the high SVI scores are Socioeconomic status and Housing/Transportation. This data bolsters the findings from the community survey that the cost of living, affordable housing, and transportation are top concerns for Hays County.

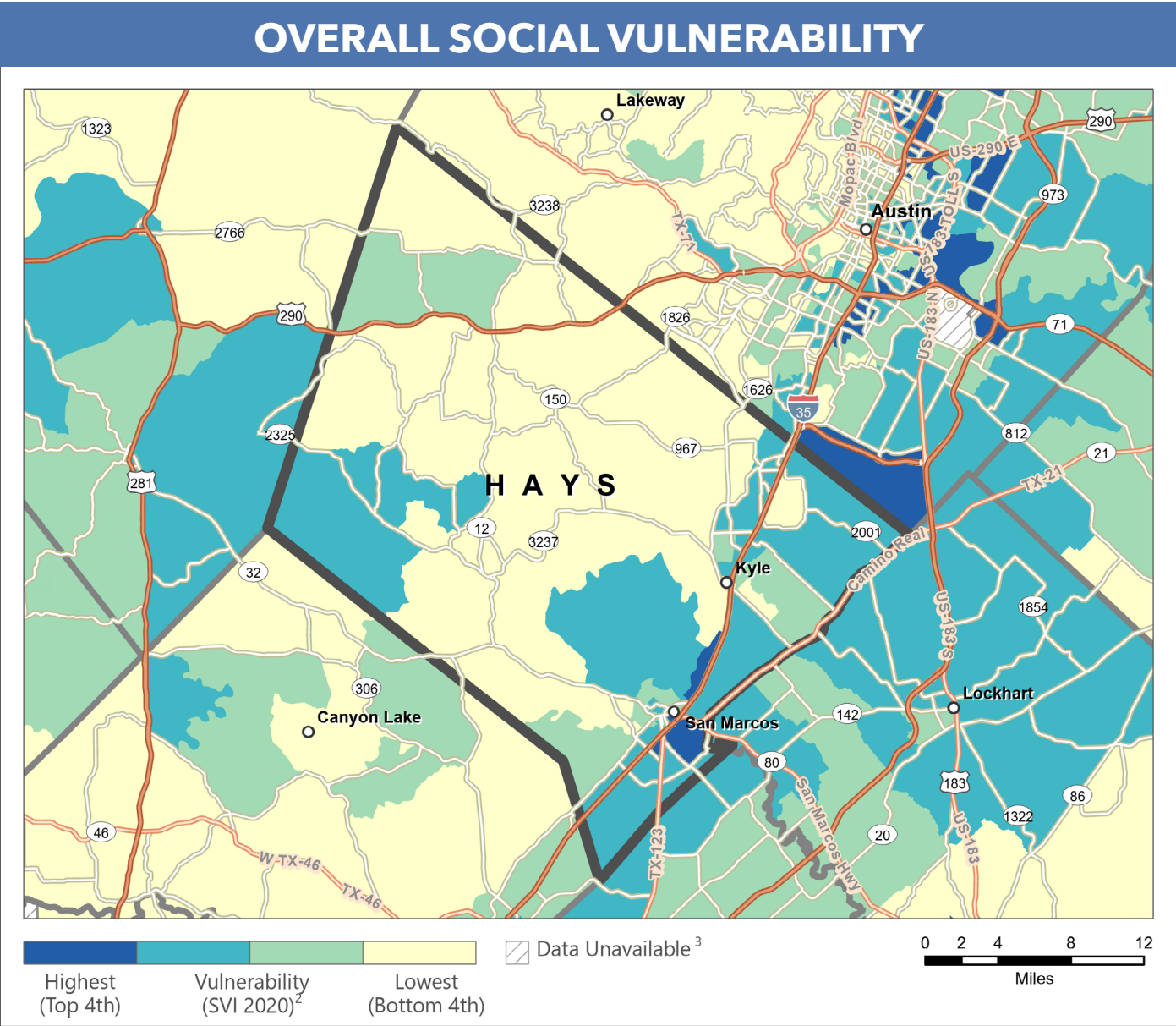
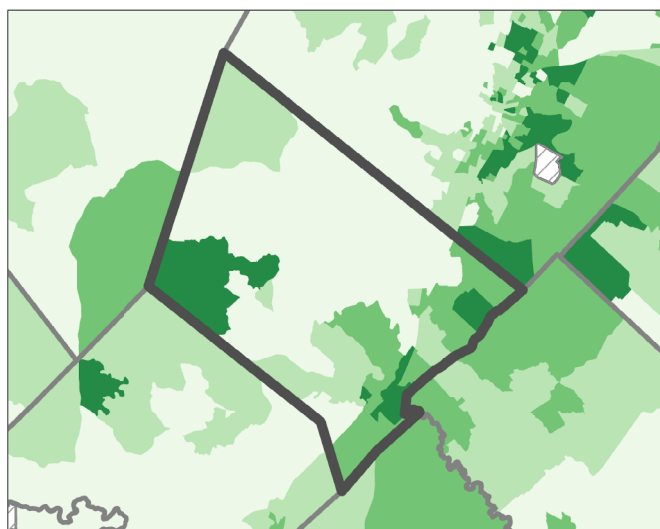


Figure 14. Social Vulnerability, Hays County. Source: [https://www.atsdr.cdc.gov/placeandhealth/svi/interactive\\_map.html](https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html)

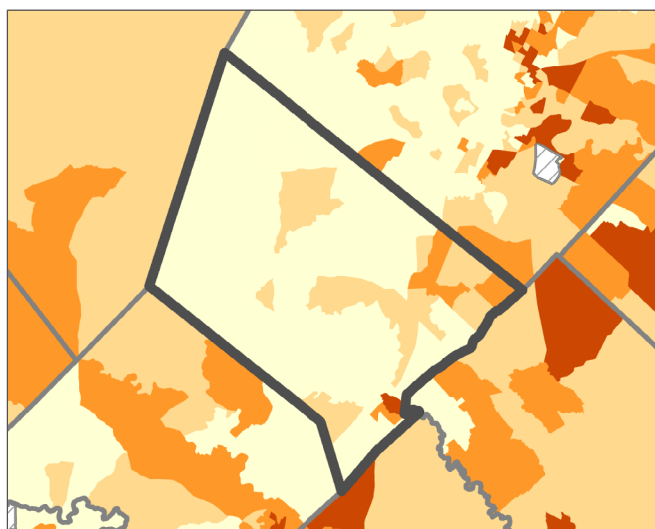
## CDC/ATSDR SVI THEMES

Socioeconomic Status<sup>5</sup>



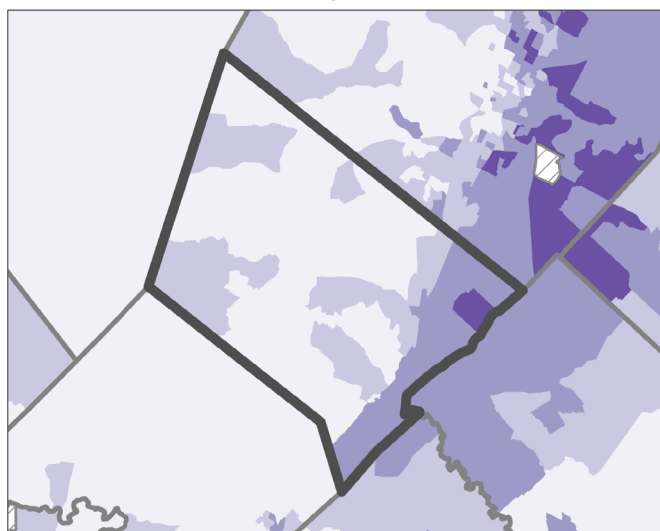
Highest (Top 4th)      Vulnerability (SVI 2020)<sup>2</sup>      Lowest (Bottom 4th)

Household Characteristics<sup>6</sup>



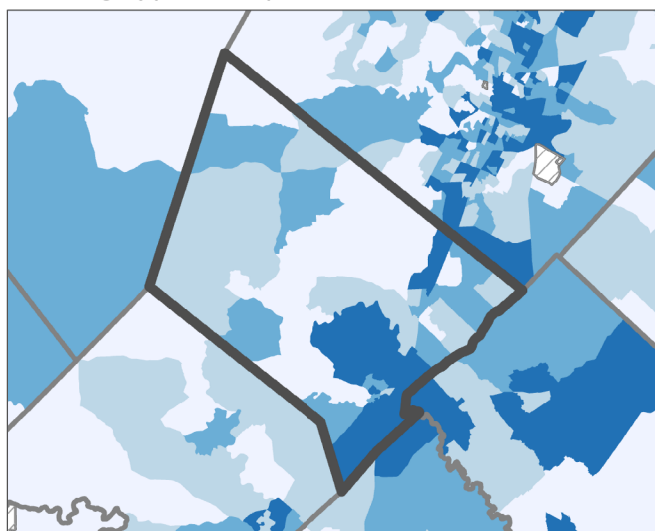
Highest (Top 4th)      Vulnerability (SVI 2020)<sup>2</sup>      Lowest (Bottom 4th)

Racial and Ethnic Minority Status<sup>7</sup>



Highest (Top 4th)      Vulnerability (SVI 2020)<sup>2</sup>      Lowest (Bottom 4th)

Housing Type/Transportation<sup>8</sup>



Highest (Top 4th)      Vulnerability (SVI 2020)<sup>2</sup>      Lowest (Bottom 4th)

Figure 15. SVI Themes Hays County. Source: [https://www.atsdr.cdc.gov/placeandhealth/svi/interactive\\_map.html](https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html)



## Community Status Survey Results

Initium Health surveyed Hays County residents across various neighborhoods and communities. These questions were asked from a rating of 1 (Very Poor) to a rating of 5 (Very Good).



Overall, residents rated the quality of life in Hays County as 3.9/5 (standard deviation 1.1).

The highest-rated features of Hays County were: The availability of spaces for physical activity such as walking, running, biking, etc. (3.6, 1.2) and the ability to get medical care when it is needed (3.5, 0.8).

Participants ranked the availability of public transit (1.9, 1.1) and affordable housing (2.0, 1.0) the lowest.

When disaggregated by location, the responses differed from the overall results, showing a disparity in quality of life between areas of Hays County. Buda's residents rated the ability to get medical care (4.1) and mental health services (3.1), accessibility for community members with disabilities (2.8), and the health equity of the county higher than other locations, skewing the overall average results. Wimberly residents rated the quality of life (4.2) and the availability of spaces for physical activity the highest (4.0) but rated the availability of affordable housing lower (1.9).



Residents of Dripping Springs, Kyle, and San Marcos rated each question lower. Dripping Springs rated the availability of affordable housing (1.7), the ability to get medical care (3.3), the cost of living (2.4), and the availability of public transit (1.6) the lowest of any other geographic area. San Marcos residents responded similarly and rated the quality of life and availability of spaces for physical activity average (3.6), but rated the availability of mental health services (2.5), the accessibility of places and resources for community members with disabilities (2.7), the ability to get medical care (3.4) and health equity lower (2.6).

| Survey Question                                                                                                             | Average<br>(Std Dev) | Buda | Dripping<br>Springs | Kyle | San<br>Marcos | Wimberley |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------|------|---------------------|------|---------------|-----------|
| How would you describe the quality of life in Hays County?                                                                  | 3.9 (1.1)            | 4    | 3.8                 | 3.8  | 3.6           | 4.2       |
| How would you rate the availability of spaces for physical activity such as walking, running, biking, etc.?                 | 3.6 (1.2)            | 3.4  | 3.5                 | 3.3  | 3.6           | 4         |
| How would you describe the ability to get medical care when needed?                                                         | 3.5 (0.8)            | 4.1  | 3.3                 | 3.6  | 3.4           | 3.5       |
| How would you describe health equity in Hays County?                                                                        | 2.9 (1.1)            | 3.5  | 2.9                 | 3    | 2.6           | 3         |
| How would you rate the accessibility of places and resources in Hays County for community members living with disabilities? | 2.8 (1.0)            | 3.1  | 2.7                 | 2.6  | 2.7           | 3         |
| How would you describe the ability to get mental health services when they are needed?                                      | 2.7 (1.0)            | 3.1  | 2.7                 | 2.5  | 2.5           | 2.6       |
| How would you describe the cost of living in Hays County?                                                                   | 2.6 (1.0)            | 3.3  | 2.4                 | 2.5  | 2.5           | 2.6       |
| How would you rate the availability of affordable housing?                                                                  | 2.0 (1.0)            | 2.7  | 1.7                 | 2.1  | 2             | 1.9       |
| How would you rate the availability of public transportation?                                                               | 1.9 (1.1)            | 2    | 1.6                 | 1.9  | 2.4           | 1.9       |

Table 8: Overall Results of Community Health Status Survey



In addition to rating Hays County on the various metrics, residents were asked to describe the top ten needs that could be addressed to advance to a healthier Hays County:



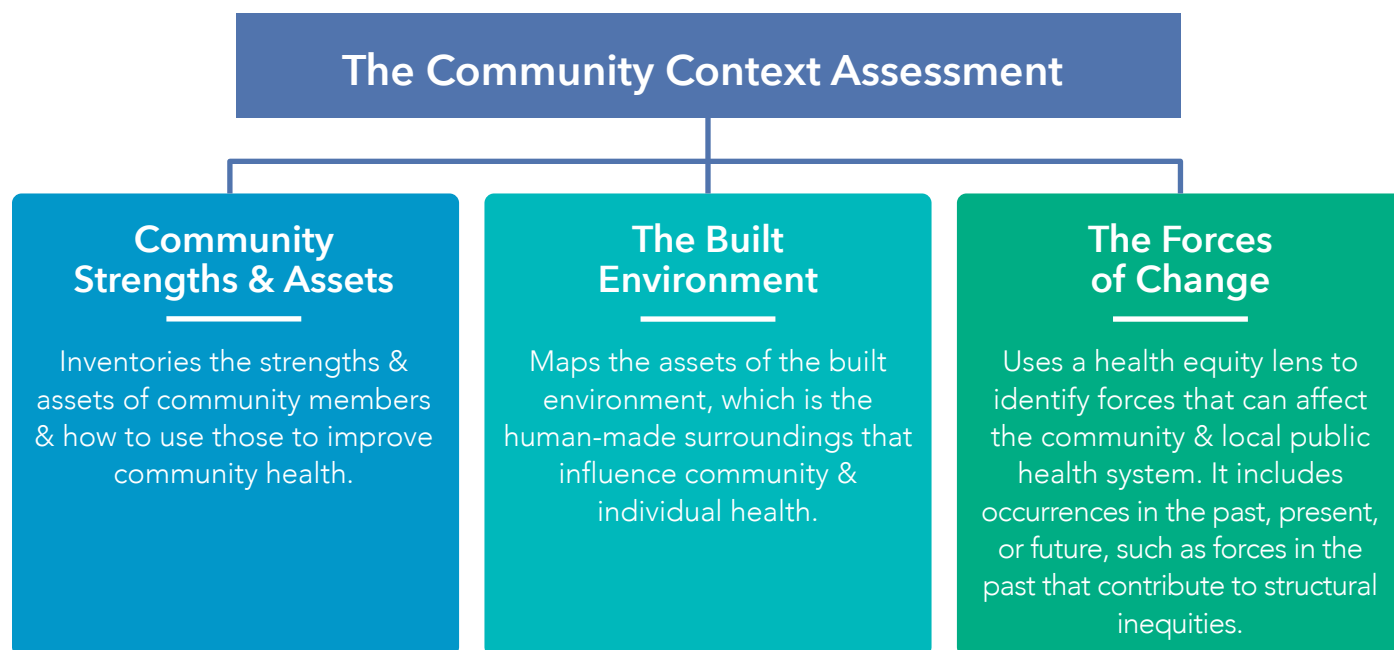
Despite the differences between responses from different parts of the county, the lowest rated features of Hays County are the availability of public transportation, availability of affordable housing, cost of living, and the ability to get mental health services. These results show that public transportation, affordable housing, and mental health services need improvement.



## COMMUNITY CONTEXT ASSESSMENT

The CCA is a qualitative assessment tool to collect data. It collects the insights, expertise, and views of people and communities affected by social systems to improve the functioning and impact of those systems. The CCA moves beyond interventions that rely on perceived community needs to understand a community's strengths, assets, and culture.<sup>2</sup>

The Community Context Assessment has three domains:



<sup>2</sup> Community Context Assessment. Qualitative Assessment Tool for Mobilizing for Action through Planning and Partnerships (MAPP) 2.0. National Association of County and City Health Officials. December 2022





## COMMUNITY STRENGTHS & ASSETS

Communities often have resources that can be combined or coordinated in new ways to improve overall health. Identifying community strengths and assets and bringing people together to discover new ways of working together can lead to low-cost and no-cost solutions.

**Assets that have historically not been considered due to the marginalization of certain racial and ethnic groups need to be brought into the forefront for a community to increase health equity.**

The assets below were gathered through the Community Visioning Session and Steering Committee Meetings:

“

### LOCAL GOVERNMENT & INVESTED STATE REPRESENTATIVES

One of the biggest strengths is that each local government is very in tune with the community, they make a lot of efforts to be connected with their community members.

”



**DUNBAR HERITAGE ASSOCIATION &  
CALABOOSE AFRICAN AMERICAN HISTORY MUSEUM**

We have festivals, an MLK celebration every year, a Juneteenth celebration, & we bring knowledge & history of different communities... When you connect with people who are different from you & you learn more about them & their histories, it makes a more cohesive community & provides understanding.

**SMALL BUSINESSES**

**CIVIC ORGANIZATIONS**

**HAYS COUNTY INTERAGENCY  
GROUP OF NONPROFITS**

**HAYS COUNTY LOCAL PUBLIC  
HEALTH DEPARTMENT**

**NEIGHBORHOOD COMMISSIONS,  
COUNCIL OF NEIGHBORHOOD  
ASSOCIATIONS, & COMMUNITY EVENTS**

Bringing people together to get to know your neighbor, avoid the us versus them mentality & feel like you're all in it together!

**HAYS-CALDWELL  
WOMEN'S CENTER**

**COMMUNITY ACTION,  
WIC, HEAD START**

**SCHOOL DISTRICTS**

**HAYS NETWORKING  
GROUPS**

**DOWNTOWN ASSOCIATIONS**

**AUSTIN COMMUNITY COLLEGE**

### **FAITH-BASED ORGANIZATIONS**

There's a strong correlation between people who have high levels of religiosity & perceived levels of well-being - so that connection to overall wellbeing & wholeness, connected to the needs of people within their congregation, they have prayer lists & outreach to the sick & the shut in, they visit people in the hospital, at home, & provide events & activities & services, it's a micro community of people who are looking to help those who worship there & participate at their congregations.

**LOCAL &  
COMMUNITY  
CLINICS**

**HOMELESS COALITION  
OF HAYS COUNTY**

### **TEXAS STATE UNIVERSITY**

Having a tier one academic group willing to support the community.

**DISABILITY  
AWARENESS EXPO**

**CHAMBERS OF  
COMMERCE**

**HOSPITALS**

**LIBRARIES**

**PET RESOURCE  
CENTERS**



The power of recognizing and using existing assets is evident when addressing health inequities. One example that was identified is the Senior Citizens Expo in San Marcos, which could be made more accessible to people with disabilities and people who are deaf.

Other assets that can be used and strengthened to address health inequities include:



### Hays Latinos United

This nonprofit organization is continuously evaluating changing community needs. It is very connected to the communities it serves and can partner with others to bring in resources.



### Hays County Local Public Health Department Move

The upcoming move to a new facility will bring all public health services under one roof, with better coordination & one-stop access for community members.



### Mobile Van

The Hays County Local Public Health Department recently secured a van to do mobile outreach for vaccinations across the county. This will address access to vaccinations for those who live far from San Marcos, where county services are located.



### School Districts

Partnering with the school districts for a pro-health approach.

“

**In districts where the student population is 60% Hispanic, and Hispanics are leading in every Covid category, and you want students to go to school, you need to provide resources to keep them safe.**

”



From the Community Survey, community members provided input on assets that could contribute to a healthier Hays County. Certain assets exist today (e.g., indigent care program), but some areas need more investment or improvement, e.g., increased childcare opportunities for working families.

- Community organizing and communication channels
- Job skills training and job readiness programs
- Mental health counseling and assistance for uninsured individuals
- Affordable healthcare, Medicare, and indigent healthcare
- Community celebrations and recreational areas
- Housing solutions for low-income individuals and marginalized citizens
- Improved access to information about available resources
- Veteran inclusion into emergency management events
- Increased childcare opportunities for working families
- Environmental sustainability and conservation efforts

Survey demographics are included in [Appendix D: Community Survey Results](#).

## BUILT ENVIRONMENT

The built environment impacts health and well-being in many ways. For example, the ability to walk safely in a neighborhood impacts personal levels of physical activity. It also changes how neighbors interact and the likelihood of meaningful connections among neighbors. Similarly, buying nutritious food can be easier or more difficult based on the distance to a grocery store and what transportation resources are available.

Hays County has many resources supporting health, well-being, and quality of life. These resources include libraries, schools, fire and police departments, clinics, hospitals, urgent care centers, parks, playgrounds, recreation centers, churches, faith-based centers, postal services, and nonprofit organizations. Most resources are concentrated in the larger cities and along the Interstate-35 corridor. With the recent population growth expanding outside of the cities, these resources may not be readily available to a growing number of residents living outside the cities.

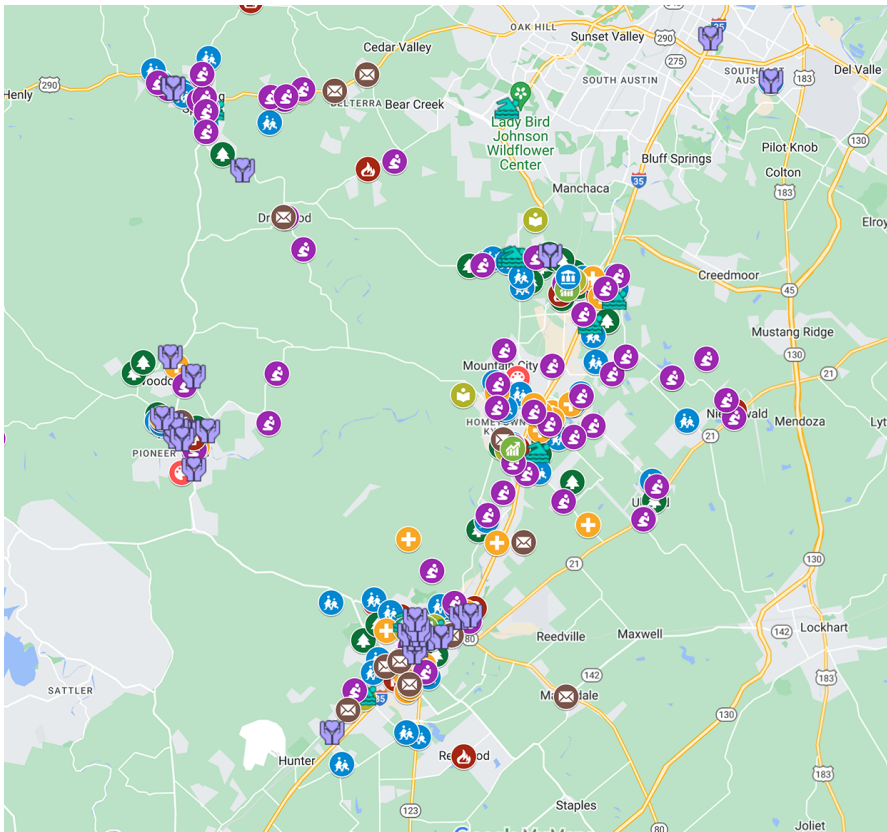


Figure 16. Hays County Resource Map.

distribute supplies. This area, which sits between the centers of the cities of Kyle and Buda and the smaller towns on the county border, Niederwald, and Uhland, is also home to a growing and diverse population.

### Built Environment Map

A detailed map of resources in the Built Environment was created with the input of the Steering Committee and through web-based research (Figure 16). Resources include arts and culture, parks, emergency services, schools, healthcare, libraries, recreation and sports facilities, houses of worship, nonprofits, and other services. The link to this map is [here](#).

The county area east of I-35 was identified as a specific area with few community centers, libraries, or other community-supporting facilities (Figure 17). This finding was made evident during the recent vaccination campaigns and response to the extreme freezing weather when there was a lack of places to host vaccine clinics or



## Healthcare Access

Healthcare access is a major challenge. As shown in Figure 18, most healthcare providers are located in the most populous cities of Buda, Kyle, and San Marcos. One federally qualified health center (FQHC) in Hays County, CommuniCare, has locations in San Marcos, Kyle, and Wimberley (the Wimberley location focuses on pediatric treatment, not adult medicine) are an essential part of the health ecosystem because they offer sliding-scale fee schedules and are funded to care for people who are underinsured and uninsured. A limited presence of this type of care in the county means community members who are uninsured or underinsured living further away from these locations and lacking access to transportation face difficulties getting the care they need. No public transit infrastructure in Hays County connects any of the cities and towns.

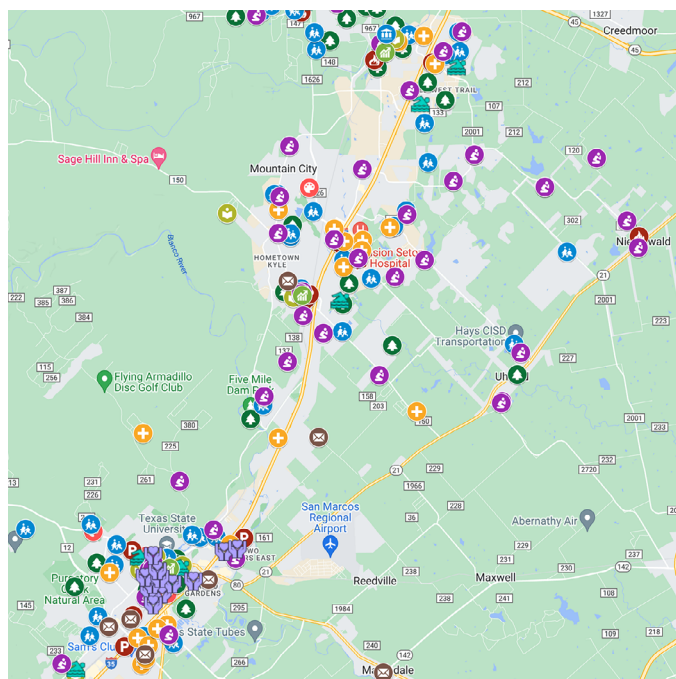


Figure 17. Hays County Resources east of I-35.

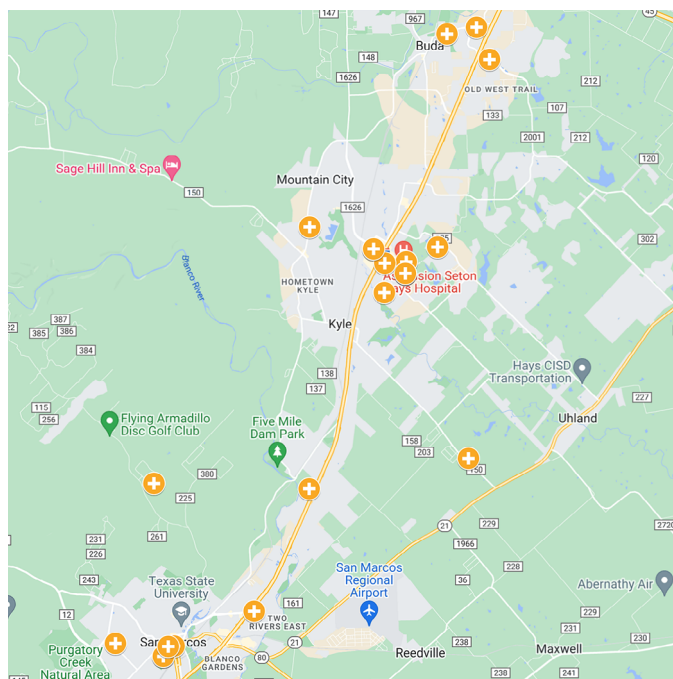


Figure 18. Healthcare Provider Locations in Hays County.

While the average household income in Dripping Springs is higher than in the cities near I-35, there are still families and individuals who need affordable healthcare but cannot obtain it. Recently, a Wesleyan nurse was serving over 400 families in that area with essential health services before the program closed when she moved out of the area. While CommuniCare and the Hays County Local Health Department indigent care program in San Marcos would be appropriate resources for these families and individuals, they are located too far from those in need in Dripping Springs to be feasible. Also, even for those who do have a personal vehicle, there is a perception that those who live outside of the cities may not be made aware of what resources are available.

## Gentrification

Gentrification is a growing issue arising from the migration of residents from Austin to the cities of Hays County. This has given rise to a growing perception that gentrification is also taking hold in the cities of Hays County, thus pushing people to move outside the city limits. Separately, smaller cities like Dripping Springs and Wimberley have substantial populations living outside the city limits but within the area around the city. This presents a challenge in resource allocation because these residents are not accounted for in census counts. This makes the area seem less populated than it actually is and, as a result, fewer resources are allocated.

## Healthy Food Access

There are a number of factors that contribute to having a healthy food environment. One of these is the ability for people to purchase nutritious food at grocery stores. Places where there are no grocery stores make it very challenging for people who do not have a car to get nutritious food. Often, they must rely upon higher-priced convenience stores with fewer healthy options.

Below, Figure 19 shows areas of Hays County with census tracts that are low income and have low access to grocery stores. Low access is defined as where more than 100 housing units do not have a vehicle and are more than ½ mile from the nearest supermarket, or a significant number or share of residents are more than 20 miles from the nearest supermarket. Low-income tracts are those with a poverty rate of 20% or higher, or tracts with a median family income less than 80% of median family income for the state or metropolitan area.

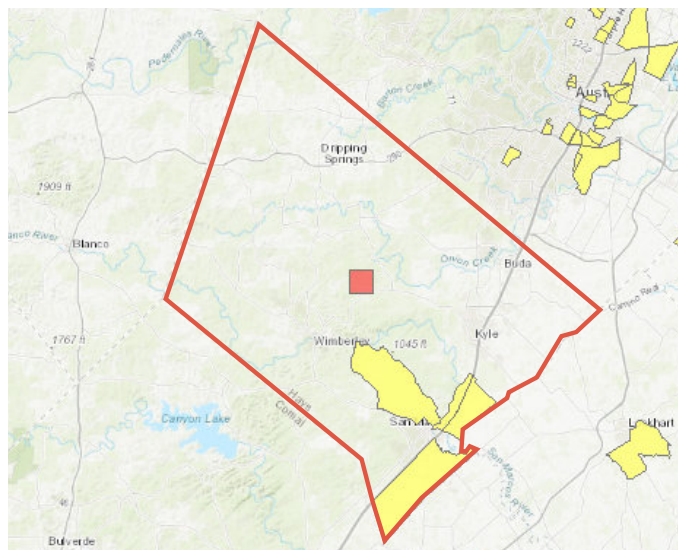


Figure 19. Hays County Low Access to Food Areas.  
Source: USDA ERS - Go to the Atlas

Grocery stores in Hays County are concentrated in the areas of highest population density (Figure 20). While this is appropriate for business, those living further from these stores and especially those with transportation challenges face difficulty acquiring nutritious food. According to the USDA Research Atlas, Hays County has 0.43 grocery stores and markets per 1,000 residents compared to Texas State average of 1.11 per 1,000 residents. The link to the map can be found [here](#) and the list of grocery stores included in this map is provided in [Appendix E: Built Environment Data](#).



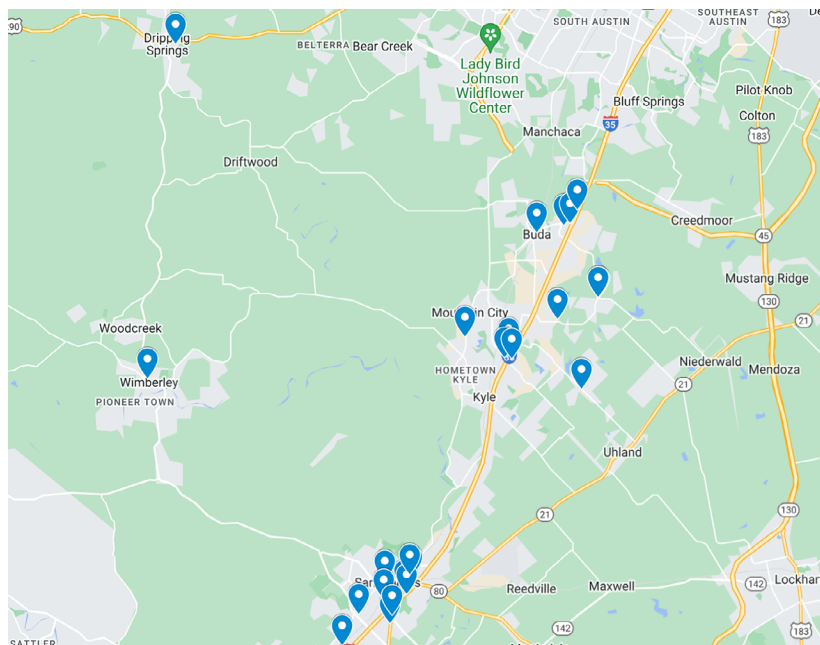


Figure 20. Identified Grocery Stores in Hays County.

An estimated 12% of Hays County community members experienced food insecurity in 2020 (Table 8). The Food Security Rate is defined as the number of individuals in a population who lack access to enough food for an active, healthy life or with uncertain availability of nutritionally adequate foods. This rate equates to an estimated 30,648 Hays County residents, including 8,619 children under 18. Note: The current estimates should not be compared to previous years due to changes in methodology.

|                          | Hays County, TX | Galveston County, TX | St. Johns County, FL | Rutherford County, TN |
|--------------------------|-----------------|----------------------|----------------------|-----------------------|
| Food Insecurity Rate     | 12%             | 14%                  | 9%                   | 10%                   |
| Food Insecure Population | 30,648          | 47,709               | 26,322               | 35,218                |

Table 8. Food Insecurity in Hays County and Comparison Counties. Source: Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2021). Map the Meal Gap 2021: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2019. Feeding America.

<sup>3</sup> USDA ERS - Go to the Atlas



## Walkability

According to the US Department of Agriculture,<sup>4</sup> most people living in poverty are food secure, while the majority of people facing hunger live above the federal poverty line. The federal poverty line equates to \$30,000 annually for a family of four (2023). This means families living on income above the federal poverty line still face challenges in getting enough healthy food. Resources to address food insecurity include federal nutrition assistance such as SNAP and WIC, local food banks, and food pantries. Outreach, information, and enrollment assistance are crucial to ensuring these resources reach the people they are intended to serve.

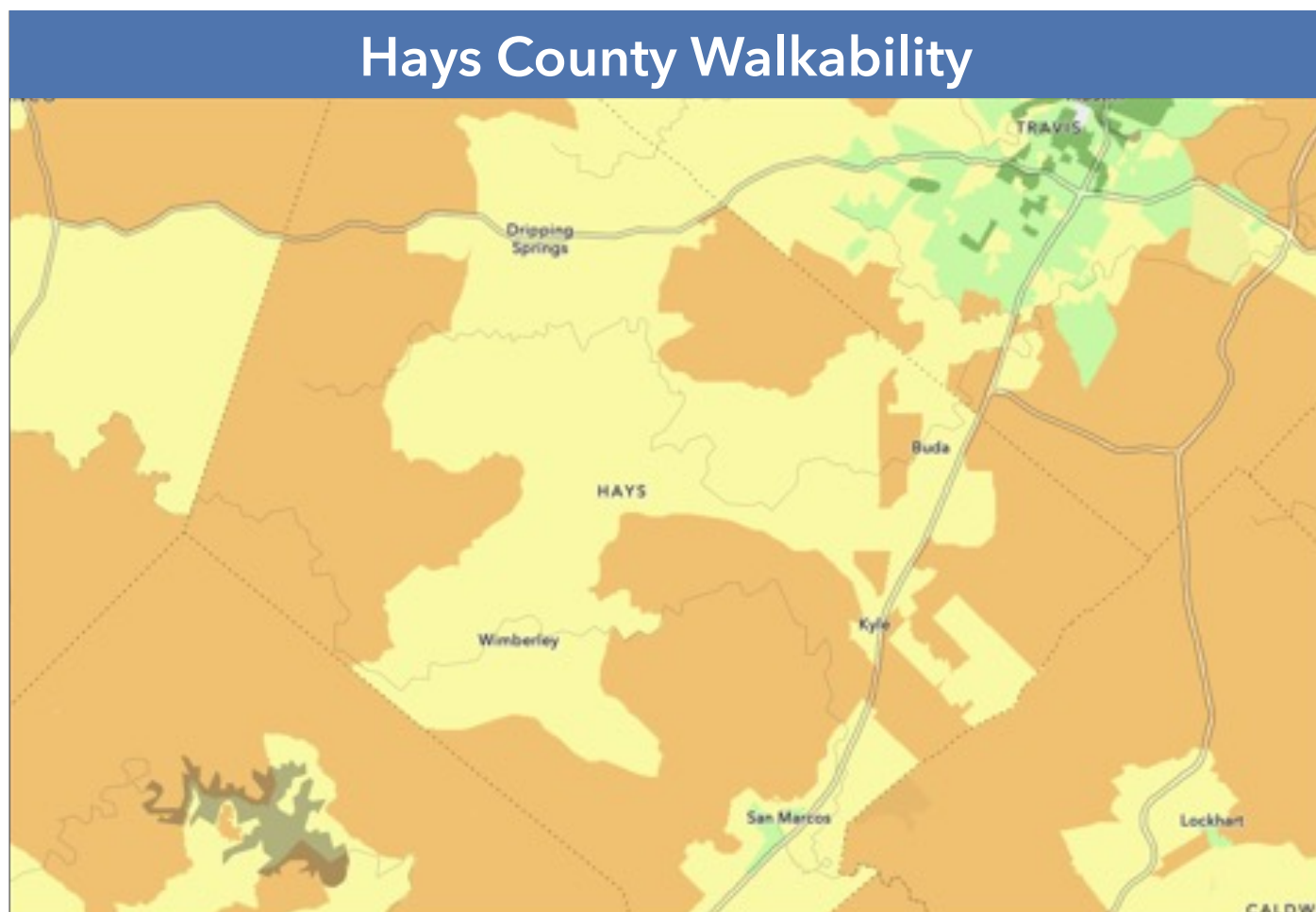


Figure 21. Hays County Walkability. Source: <https://epa.maps.arcgis.com/home/index.html>

Having a walkable community is an additional factor that contributes to a healthy built environment. In recent years, there has been a growing emphasis on walking and walkability in urban planning. This shift is driven by public demand and the pursuit of sustainable urban development. People are increasingly seeking non-motorized transportation options as a means to reduce air pollution, carbon emissions, and the congestion that plagues urban areas. There is also a growing awareness among city dwellers about the environment, which has further fueled support for walking and biking as active modes of transportation.

<sup>4</sup> Coleman-Jensen, Alisha, Matthew P. Rabbitt, Christian A. Gregory, Anita Singh, Sept. 2022. Statistical Supplement to Household Food Security in the United States in 2021, AP-105, U.S. Department of Agriculture, Economic Research Service.

Numerous health studies have highlighted the benefits of walking and biking in promoting physical activity, aiding in physical rehabilitation, and addressing prevalent chronic conditions like obesity, diabetes, hypertension, and mental health issues. These studies have emphasized the positive impact that walking and biking can have on individuals' overall well-being.<sup>5, 6, 7</sup>



The National Walkability Index is a nationwide geographic data resource that ranks census tract groups according to their relative walkability. According to the National Walkability Index, only a few census tracts surrounding San Marcos have a “Above Average Walkable” score (Figure 21, in green). The majority of Hays County census tracts are either rated “Least Walkable” (Figure 21, in orange) or “Below Average Walkable” (Figure 21, in yellow).

<sup>5</sup> Mackenbach JD, Rutter H, Compernelle S, Glonti K, Oppert JM, Charreire H, De Bourdeaudhuij I, Brug J, Nijpels G, Lakerveld J. Obesogenic environments: a systematic review of the association between the physical environment and adult weight status, the SPOTLIGHT project. BMC Public Health. 2014 Mar 6;14:233. doi: 10.1186/1471-2458-14-233. PMID: 24602291; PMCID: PMC4015813.

<sup>6</sup> : J. Barton , R. Hine & J. Pretty (2009) The health benefits of walking in greenspaces of high natural and heritage value, Journal of Integrative Environmental Sciences, 6:4, 261-278, DOI: 10.1080/19438150903378425

<sup>7</sup> Roe J, Aspinall P. The restorative benefits of walking in urban and rural settings in adults with good and poor mental health. Health Place. 2011 Jan;17(1):103-13. doi: 10.1016/j.healthplace.2010.09.003. Epub 2010 Nov 10. PMID: 21094074.





## FORCES OF CHANGE

The Forces of Change assessment uses a health equity lens to identify forces that can affect the community and local public health system. Forces are grouped as trends, factors, or events.

**Trends** are patterns over time, such as population growth, the decline in affordable housing in a community, climate change, or movements for racial equity and justice.

**Factors** are discrete elements, such as a community's rural setting, a town's nearness to a major waterway, or an immigration detention center.

**Events** are one-time occurrences, such as a factory closure, a hospital opening, a natural disaster, or new legislation or policy.

The steering committee held brainstorming sessions to identify factors affecting the community and local public health system. The committee considered the following questions.

1. **What has occurred recently that may affect our community?**
2. **What may occur in the future?**
3. **Are any trends occurring that will have an impact?**
4. **Which communities are disproportionately impacted by forces of change?  
How and why are they disproportionately impacted?**
5. **What strengths and resources do our community have to adapt to changing conditions and meet community needs?**



The forces of change identified by the steering committee and through key informant interviews were collated into six themes:



**Population  
Growth**



**Economy &  
Housing**



**Healthcare**



**Equity**



**Infrastructure**



**Local  
Government**



## **POPULATION GROWTH**

The population growth in the area is driven by factors such as the expansion of tech firms, and its proximity to the city of Austin, which is also experiencing rapid growth. As the cost of living in Austin has increased, people are moving outward, including into Hays County. This population growth also brings challenges such as decreasing affordability, an increasingly aging population, and inadequate health services for mental health. There is a perception that public schools are at or near capacity. While these aspects are challenging, they also present new strengths, including a larger community and more resources being built within the county.



## **ECONOMY & HOUSING**

Multiple factors inducing population and job growth drive the Hays County economy. However, the cost of living in Hays County has led to a lack of adequate, affordable housing. The county has also faced mild recessions that impacted Hays County. Steering committee members described an increase in competition in the job market. There is also homelessness due to job loss. These factors together have caused a housing crisis. At the same time, there is a lack of resources for community members experiencing homelessness. These factors affect individuals and families, including children (Table 10). Students Considered Homeless in Hays County, 2023.

| Grade Band   | Doubled Up | Motel/Hotel | Shelter/Transitional Housing | Unsheltered | Total      |
|--------------|------------|-------------|------------------------------|-------------|------------|
| PK-5         | 193        | 27          | 25                           | 13          | 258        |
| 6-8          | 65         | 12          | 15                           | 1           | 93         |
| 9-12         | 100        | 1           | 4                            | 1           | 106        |
| <b>TOTAL</b> | <b>358</b> | <b>40</b>   | <b>44</b>                    | <b>15</b>   | <b>457</b> |

Table 10. Homeless Students in Hays County. Source: 2023 Point-in-Time McKinney-Vento Enrollment Counts, Hays County School Districts, Texas Homeless Network, and Homeless Coalition of Hays County.

The number of people in Hays County experiencing homelessness has increased over the past years. There has been an increase in the number of people living in emergency shelters or transitional housing and a decrease in the number of people living unsheltered (Figure 22). The increase in the number of people living in shelters or transitional housing may indicate a lack of affordable options for moving into more stable housing. This puts people at risk of losing their emergency or transitional housing, which are designed to be short term solutions and not long term residences.

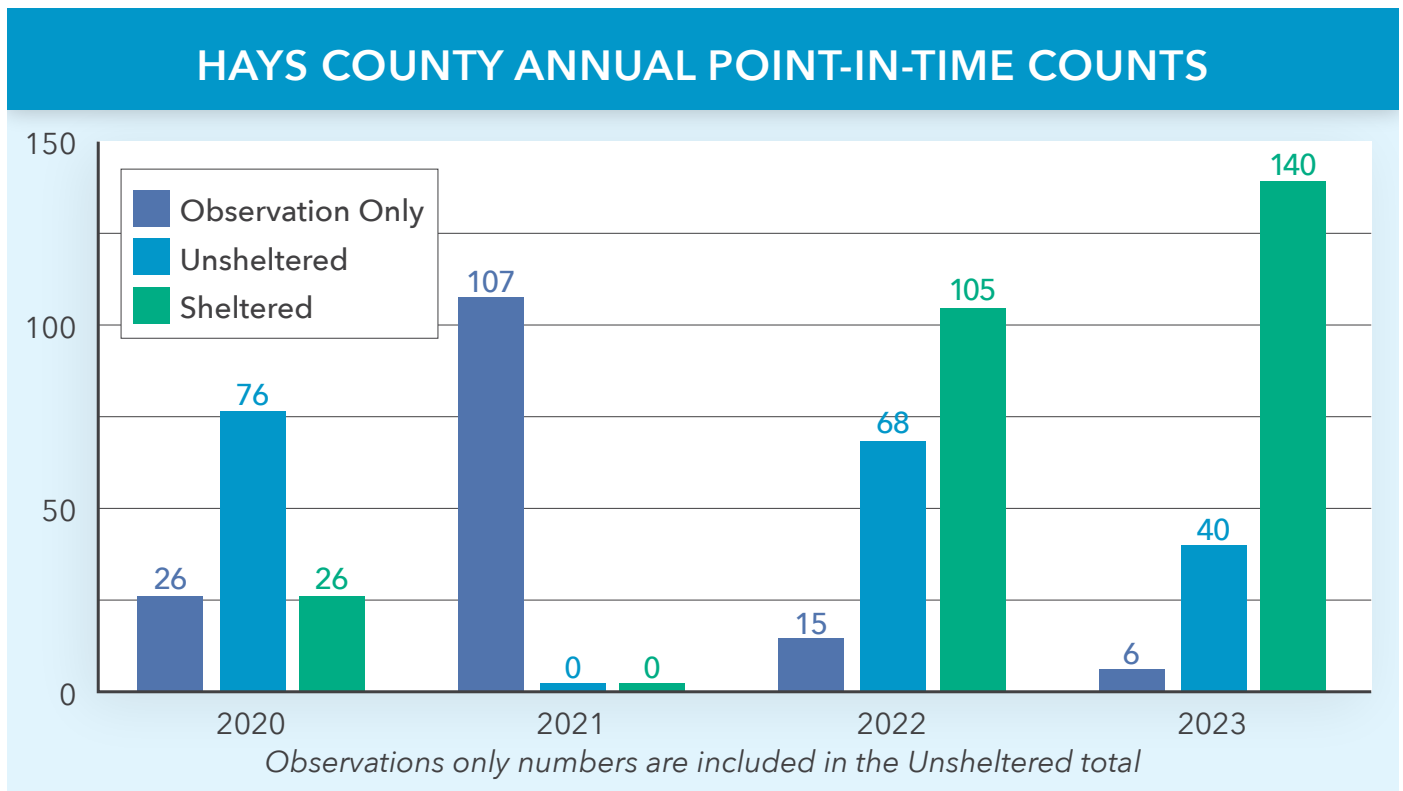


Figure 22. Hays County Annual Point in Time Counts, 2023. Source: 2023 Hays County Point-In-Time Survey Count and Analysis. Homeless Coalition of Hays County and Texas Homeless Network.





Housing is one of the best-researched social determinants of health. Individuals and families can be affected by many factors, including housing instability, housing quality, housing affordability, and neighborhood surroundings. Housing instability is associated with increased risk of teen pregnancy, early drug use, and depression among youth. Housing foreclosures are associated with depression, anxiety, increased alcohol use, psychological distress, and suicide. Researchers have found that the availability of resources such as public transportation to one's job, grocery stores with nutritious foods, and safe spaces to exercise are all correlated with improved health outcomes. Spending a high percentage of household income on housing may result in less income available for basic needs, such as food, clothing, transportation, medicine, and healthcare.

**Spending a high percentage of household income on housing may result in less income available for basic needs, such as food, clothing, transportation, medicine, and healthcare.**

Housing prices have increased from April 2021 to April 2022. Since April 2022, housing prices have decreased slightly but remain higher than 2021 levels. According to the Austin Board of Realtors in April of 2021, the median sales price of houses in Hays County was \$380,000, which was a 33% increase from 2020 (Figure 23). In 2022, the median sales price of houses increased another 29% to \$477,000 (Figure 24). The median sales price of houses in Hays county has decreased 16% to \$416,500 as of April 2023. The number of closed sales has increased 1%, the average number of days on the market has decreased by 57 days, and the total sales dollar volume has decreased by 19% to \$182 million (Figure 25). These data demonstrate the rising housing costs and factors that contribute to residents becoming unable to afford housing, therefore contributing to the housing crisis.<sup>8</sup>

<sup>8</sup> ABoR Market Statistics

## HAYS COUNTY HOUSING STATISTICS

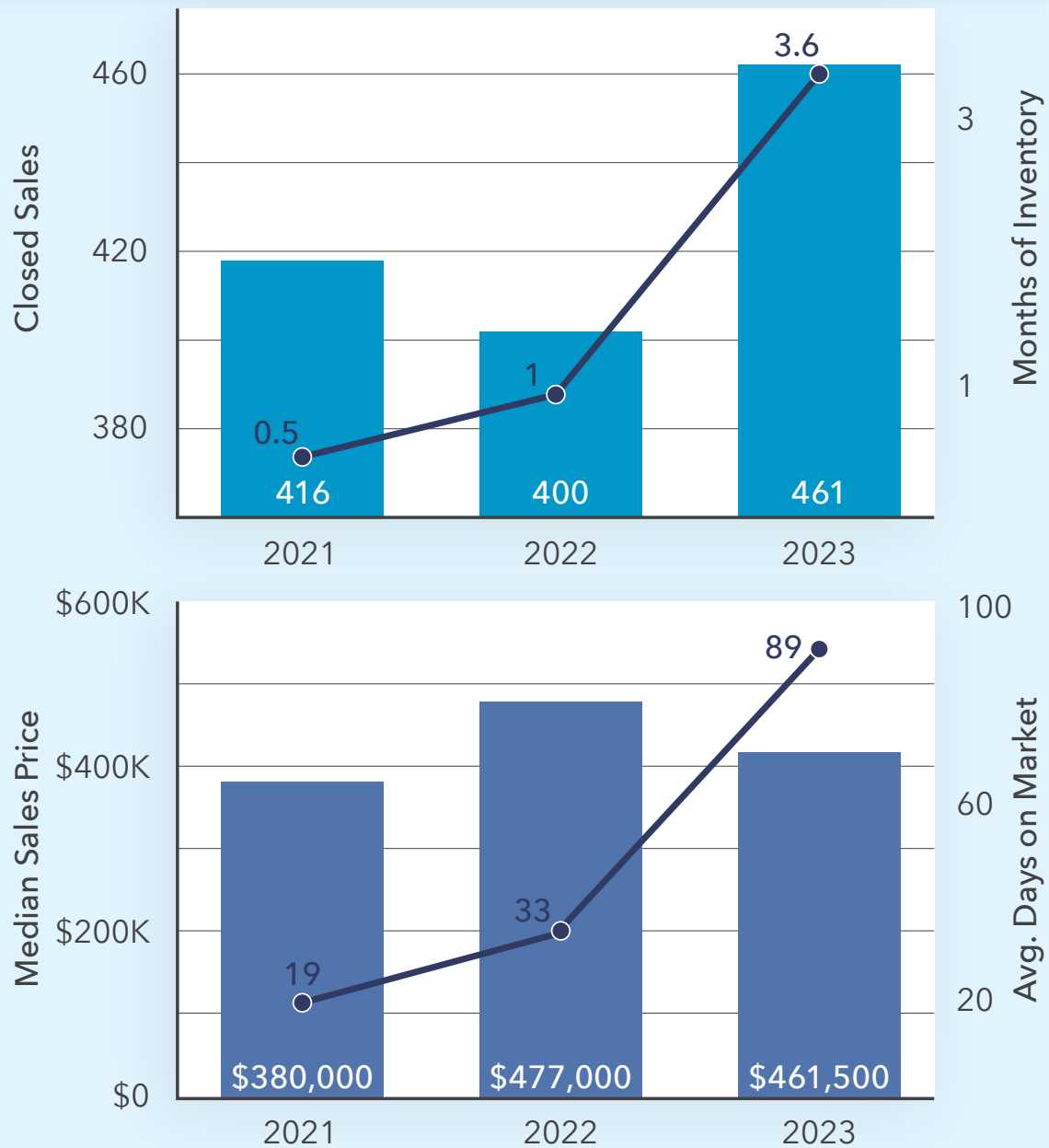


Figure 23. Hays County Austin Board of Realtors Housing Statistics, April 2021



## HEALTHCARE

As the population grows and people are affected by changing economic conditions, there is an urgent need to address the availability of healthcare services for people without insurance, including those who are losing Medicaid coverage at the end of the public health emergency related to Covid-19. Hays County has a relatively high number of people without health insurance. The rate of uninsured residents presents a challenge to receiving ongoing, high-quality care. Often, this means that people will only receive care when their condition has worsened to the point of an emergency.

**The rate of uninsured residents presents a challenge to receiving ongoing, high-quality care. Often, this means that people will only receive care when their condition has worsened to the point of an emergency.**

Developing the Mobile Crisis Outreach Team (MCOT) for urgent mental health needs in the community is a positive step toward ensuring Hays County residents can receive care when needed. However, there is a perceived increase in the demand for mental health services, and the current services available may not meet the demand. There is also a need to address youth behavioral health. The Hays County Independent School District reported six student deaths in the 2022-2023 school year due to fentanyl poisoning and another 22 student overdoses that were not fatal.<sup>9</sup>

<sup>9</sup> Hays CISD students are overdosing on fentanyl. It's unclear how widespread the problem is. | KUT Radio, Austin's NPR Station





These findings were reflected in the results of the Hays County Mental Health Needs Assessment conducted by Meadows Mental Health Policy Institute in 2022. This assessment found no available out-of-home, short-term crisis stabilization environments that can serve as an alternative to hospitalization for adults in crisis. Emergency departments report long wait times for mental health inpatient admissions due to capacity limitations within the system. The Hill Country MHDD centers serve all regardless of ability to pay and offer a sliding fee scale to those who qualify. However, the 2022 needs assessment found that the Hill Country MHDD has strained capacity and cannot meet the needs of the growing population in Hays County.

In response to this growing need, Hays County plans to open a Mental Wellness Education & Research Center to expand service capacity in the county. Additionally, Austin Oaks Hospital recently opened Branches San Marcos, an outpatient behavioral health facility with services for adults, adolescents, and children.

Healthcare disparities include geographic distance to healthcare facilities for people living in the county's far east or far west areas. Additionally, people without insurance experience disparities in access to care, including an inability to access PCR tests during the Covid-19 pandemic. People who participate in the county indigent care program or have Medicaid coverage also have limitations in which providers they can see. Other areas where healthcare access was cited as particularly challenging is the ability of people in the indigent care program or those with insurance through the healthcare marketplace to obtain specialty care, either because of lack of provider participation or fluctuating income that causes people to lose the ability to pay their premiums consistently.

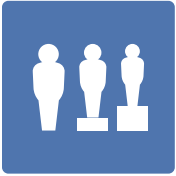
“

**We say we have indigent care, but helping people apply for a card, then getting to a provider that provides indigent health care, seems hard to connect the dots on. There has to be a little more thought given to how we serve the populations that are out further from the cities.**

”

Strengths and resources that should be considered in addressing these needs include Austin Community College, with its Hays Campus in the City of Kyle. The community college includes a strong nursing program that can partner in workforce development to meet the needs of the

growing population. Texas State University's campus in San Marcos is another key partner in this work. The hospitals and health systems in Hays County, including Baylor, Scott & White Health, Ascension Seton Hays, and CHRISTUS Santa Rosa Hospital, should be included in discussions on how to coordinate with each other, with CommuniCare, and with the Hays County Local Public Health Department, to meet the pressing healthcare needs of the county.



### EQUITY

Many steering committee members represent organizations that address specific issues faced by low-income residents and people of color. Hays County has large communities of immigrants and Hispanic and African American community members. There are areas where equity is a concern, including a lack of mental health resources that continue to drive disparities in healthcare, a lack of support for low-income residents, and a need to help undocumented individuals and improve their access to essential services. Other groups disproportionately affected by forces of change include people living in rural areas, older adults, and people living with disabilities.



### INFRASTRUCTURE

Infrastructure concerns exist within Hays County, such as road construction that hinders transportation routes and connectivity to essential services. Other challenges include water and wastewater struggles in rural areas and insufficient public transportation.



### LOCAL GOVERNMENT

Organizations have voiced a need for increased support from the local government for working with low-income residents. Many small nonprofit organizations and churches are dedicated to helping with these issues. These organizations can serve as key partners to local governments in addressing equity issues.



The Hays Corridor Interfaith Alliance for Families is an example of community organizing to bring needs to the attention of local governments. This assessment found there is a perception that funds are available to the county, and the county government needs to be aware of the needs and make a case for bringing those funds to Hays County. Many active Chambers of Commerce can also be considered key collaborators in these efforts.

There is concern that residents lack understanding of what county or city officials can do on their behalf and how to best get in contact with them. There is a desire for more voter engagement and connection to the policies that affect them, especially for non-national level elections and key ballot issues.



## Summary

The Forces of Change assessment provided invaluable insight into trends, factors, and events that significantly influence the community's health. These multifaceted dynamics became apparent through this assessment and showed that historically marginalized communities, including communities of color, bear a disproportionate burden of impact with regard to these topics. Historical and structural contexts continue to shape these topics today, perpetuating disparities and inequities.

These forces will be essential to include in the planning and implementing county-wide actions to improve community health. Doing so will support Hays County's efforts to strive for change toward a more equitable future.



## COMMUNITY PARTNER ASSESSMENT

The Community Partner Assessment allows community partners involved in the MAPP process to examine their individual systems, processes, and capacities and the collective capacity as a network to address health inequities. It seeks to name the specific roles of each community partner to support the local public health system and engage communities experiencing inequities. The results help develop a shared knowledge of the community partners' capacities, skills, and strengths and identify who else should be involved.

### Community Partner Strengths

Community partners who engaged in the MAPP process through the Steering Committee demonstrated a high commitment to improving community well-being and addressing inequities. This commitment was shown through 70% of organizations who responded, indicating they wanted to create long-term permanent social change. Further, 60% of organizations wanted to improve lines of communication from communities to government decision-making.

Strengths of community partners included:



**Leaders speak the language of target populations**



**Successful engagement and support for target communities**



**Collaboration with other community organizations to reach target populations**



**Leadership development within target populations**

Community partners work on/with a variety of topics relevant to community health:



Respondents indicated their most valuable resources and most vital assets include community engagement, willingness to be a part of the community they serve, a tight-knit community, and information, expertise, and networks.

Most organizations are held accountable by a Board of Directors/Trustees. Most organizations regularly work on/with community engagement, policies, plans, laws, communication and education, and access to care.

Organizations use a variety of strategies to generate change, such as research and policy analysis, organizing, communication, leadership development, and alliance and coalition building.

Specific community partner assets and strengths detailed in the survey:



**Sententia Vera, LLC:** Cultivates communication and engagement between languages and cultures, initiating genuine community relationships and development.



**Area Agency on Aging of the Capital Area:** our programs and services support older adults aging in place, providing programs to support social determinants of health-supporting healthy aging.



**Greater San Marcos Youth Council:** The services we provide, the resources we provide, our want and willingness to be a part of the community we serve.



**CommuniCare:** We offer several services under one roof (medical, dental, pediatrics, and women's health) while treating members like family.



**Mano Amiga:** Our ability to get the community engaged and involved in impactful changes.



**Wimberley ISD:** We provide services specifically for people with disabilities.



**Texas State University:** Information, Expertise, and Networks.





## Gaps in Community Partner Focus Areas

None of the organizations who responded indicated they work on/with the following areas. More information should be collected from community partners to account for these areas and identify gaps.

- Environmental Justice/ Climate Change
- Financial institutions
- Food service/restaurants
- Land use planning/development
- Injury & violence prevention
- Utilities
- Cancer

Additional partners to include are Hays County Food Bank, and the area churches who are involved in meeting basic needs.

Additional areas for skills and capacity building identified through this assessment include organizations who have a team dedicated to advancing equity or addressing inequities, organizations who support workforce development and helping build a diverse, skilled workforce, and analysis of data with a health equity lens.

## CROSS-CUTTING THEMES & ISSUE PROFILES

Four overarching themes emerged across the results of the MAPP assessments. These key issues were highlighted throughout the visioning session, stakeholder interviews, community surveys, and steering committee assessments, brainstorming sessions, and discussions. These themes reflect high-level strategy areas that, if addressed, will impact many of the health needs and concerns identified through the MAPP process.



Additional themes were identified throughout the assessments. These themes represent issues more limited in scope but also essential to improving community health.

- Environmental sustainability & pollution
- STI testing and treatment
- Mental health care availability and coordination
- Justice system involvement and impact on the county and post-release resources

Issue profiles of the major cross-cutting themes were shared with the steering committee as the basis for action planning. These profiles outline the issue's importance, critical indicators related to the issue, and what assets already exist in Hays County that could be mobilized or invested in to address the issue. Recognizing existing assets is critical to developing low-barrier, low-cost, or no-cost solutions that can be implemented in the near term with effective leadership and collaboration.





## HEALTHCARE ACCESS & WORKFORCE CAPACITY



### Why is this important?

- **Healthcare is essential to people's physical and mental health**
  - Receiving preventative care, screenings, diagnosis, and treatment
    - Prevents illnesses and improves health outcomes
- **Promotes Health Equity**
  - Health disparities exist largely in marginalized communities with less access to healthcare
- Poverty, geographic location in Hays County, discrimination, redlining, institutionalized racism, etc. Create barriers to obtaining quality healthcare
- Many people who are deaf do not have access to interpreters

### What are the key indicators?

- **Uninsured population:** 17.8% of the population in Hays County didn't have health Insurance (2019 Census Bureau)
  - High cost of health care discourages people from seeking medical care
  - Indigent care program has limited specialty care; paying out-of-pocket for specialty care is prohibitive
  - Not all marketplace plans are accepted by local providers
  - High rates among young adults; college students are not required to carry health insurance
- **Limited Healthcare Facilities**
  - Connects to Built Environment
    - County indigent care clinic has one location in county seat
    - Leads to longer wait times, overcrowding, and reduced access to specialized care
    - Accessibility of facilities/availability of interpreters are barriers
    - San Marcos and Dripping Springs respondents rate ability to get medical care when needed lower (3.3 and 3.4 respectively) compared to Buda (4.1).
  - Connects to limited public transportation (accessibility)
    - Difficult to travel to healthcare facilities and appointments
    - Highlighted for residents of Dripping Springs and Wimberly who are unable to access county indigent care clinic



- **Perception of Healthcare Provider Shortage**

- Serving underinsured/uninsured residents
- Culturally specific providers
- Mental health and primary care

- **Cancer Screening Rates**

- Only 54.6% of adults 50+ have ever had a colorectal endoscopy
- Only 70.1% of women 40+ have had a mammogram in the past two years



### **What assets exist that can help address this issue?**

- Healthcare facilities
- Healthcare providers - especially CommuniCare (FQHC)
- County indigent care program
- Education and training facilities (Texas State, Austin Community College, Career Technical Education (CTE) programs)
- County mobile services van for immunizations
- Community-based and faith-based facilities for pop-up clinics
- School districts / school-based clinics
- Hays County Interagency Coordinating Council



## COMMUNICATION & ENGAGEMENT WITH COMMUNITIES



### Why is this important?

- **Health literacy**
  - Low health literacy is linked to low rates of health insurance coverage, poor health outcomes, increased likelihood of delaying or forgoing needed care, or reporting difficulty finding a provider (for adults 50+)<sup>10</sup>
- **Civic engagement**
  - Lack of engagement of those affected by the needs can perpetuate their needs not being voiced, heard, or met
  - This is particularly true for communities of color, those living in rural areas, and older adults
  - Can result in missing out on resources available at federal and state levels to address these needs
- **Community connectedness & loneliness**

### What are the key indicators?

- **Voter Turnout**
  - Hays County voter turnout (68.2%), was higher than the overall voter turnout in Texas (60.9%) in the 2020 national election. However, more local government engagement is needed, according to residents, steering committee members, and county commissioners. Future data collection on local voter turnout would provide further insight into this area.
- **Limited civic engagement**
  - There is a common perception that the Hays County population was underreported in the 2020 US Census. Texas as a whole was one of five states with a significant undercount in this census.<sup>11</sup>
  - Factors cited as contributing to an undercount include concerns about immigration status. According to the US Census, nationally, the Hispanic or Latino population had a statistically significant undercount rate of 4.99%. This is statistically different from a 1.54% undercount in 2010.<sup>12</sup>

<sup>10</sup> (Levy H, Janke A. Health Literacy and Access to Care. J Health Commun. 2016;21 Suppl 1(Suppl):43-50. doi: 10.1080/10810730.2015.1131776. PMID: 27043757; PMCID: PMC4924568.)

<sup>11</sup> Census Bureau Today Releases 2020 Census Undercount, Overcount Rates by State

<sup>12</sup> Census Bureau Releases Estimates of Undercount and Overcount in the 2020 Census

### ■ Limited access to information

- Participants at the community visioning session highlighted the need for:
  - Sharing stories among the community
  - Mass communication
  - Easier access to healthcare education for underprivileged groups, easily understandable terms and teachings
- Steering committee members indicated limited access to computers for seniors, people with low-income, and migrant farm workers impede access to information
- Community survey results indicated one of the top 10 assets that could contribute to a healthier Hays County:
  - Improved access to information about available resources
- Limited community survey engagement among Hispanic residents
  - 12% of respondents were Hispanic whereas 40.6% of Hays County residents are Hispanic



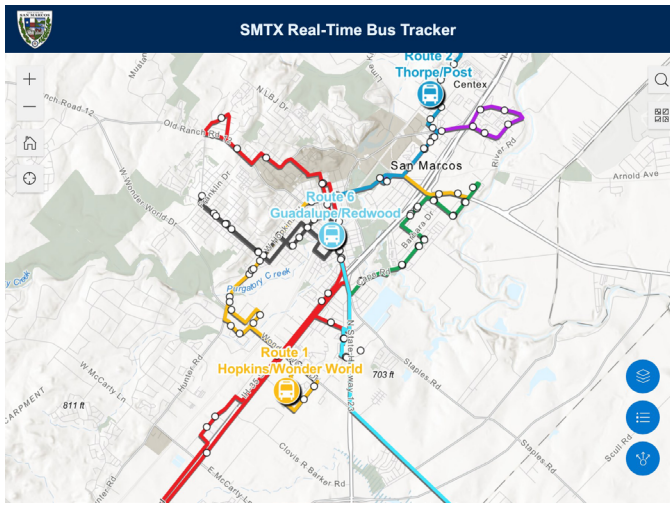
### What assets exist that can help address this issue?

- Nonprofits are already serving the people who may not be reached by current communication channels (including those working with the migrant population, seasonal workers, and undocumented people)
  - Mano Amiga
  - Centro Cultural Hispano de San Marcos
  - Hays-Caldwell Women's Center
  - American Gateways
  - Southside Community Center
  - Hays Latinos United
  - Dunbar Heritage Association
  - Calaboose African American History Museum
  - Corridor Interfaith Alliance for Families
  - Sententia Vera, LLC
  - County commissioner satellite precinct offices (in planning stages)
  - Neighborhood associations and Council of Neighborhood Associations
  - School Districts
  - Chambers of Commerce
  - Hays County Networking Group
  - Downtown Associations
  - League of Women Voters
  - **Events:** Disability Awareness Expo, Stronger Together Resource fairs, etc.





## ACCESSIBILITY, BUILT ENVIRONMENT, & TRANSPORTATION



### Why is this important?

- **Health Equity** - making resources accessible for residents is key to achieving our vision
- Basic resources to support a healthy life include nutritious food, healthcare, spaces for physical activity and connections with others, employment/income opportunities, and more
- Attributes of the built environment and distribution of resources affects people's ability to interact with them

### What are the key indicators?

#### ■ Limited Public Transportation

- No county-wide public transportation system
- Services mostly focus on transportation for seniors and people with disabilities
  - Must be arranged 2 weeks in advance
- USDA Food Access Research Atlas: 7% of households don't have access to a vehicle
- 47.1% of community survey participants rated availability of public transportation 1 on a scale of 1 to 5

#### ■ Built Environment Map shows disparities in resources available to communities

- Gap in resources for far west and far east of the county
- Concentration of healthcare and other resources in larger cities, and even in the rural areas, as gentrification occurs, people are pushed out from the smaller cities

#### ■ Fewer grocery stores and existence of low-access areas

- USDA Research Atlas: 0.43 grocery stores and markets per 1,000 residents compared to Texas State average of 1.11 per 1,000 residents
- Low-income and low-access areas in the county where people do not have a car and live more than 0.5 miles from a grocery store

### What assets exist that can help address this issue?

#### ■ Assets related to issue

- Limited public transportation
- Capital Area Rural Transportation System (CARTS)
- Nonprofit organizations



## AFFORDABLE HOUSING



### Why is this important?

- Housing impacts on health can be understood in four ways:<sup>13</sup>
  - Residential instability
  - Affordability and financial burden
  - Housing safety and quality
  - Environmental and social characteristics of where people live

### What are the key indicators?

- **US Census Bureau:**
  - Hays County Median home value: \$302,000 vs. Texas median: \$200,400
  - 40.6% of households are renters vs. 59.4% of households are homeowners
- **Severe Housing Cost Burden** is higher in Hays County than comparison counties (18% of households experience severe housing cost burden, compared to 11-14%)
- There is a current focus on development but less or no activity in creating new affordable housing
- **Quality of affordable housing living**
  - **Community Visioning Session** participants indicated the environment surrounding affordable housing is not good compared to higher income areas
- Increase in the number of people in emergency and transitional housing in Hays County from 2020 to 2023

### What assets exist that can help address this issue?

- **Community land trusts**
  - Hays Community Land Trust
  - Austin Community Land Trust
  - Guadalupe Neighborhood Development Corporation
- **Plum Creek Affordable Housing Development in Kyle**
  - Affordable rental homes for low-income families
- Housing Authorities
- Housing Assistance
- Homeless Coalition

<sup>13</sup> D'Alessandro D, Appolloni L. Housing and health: an overview. Ann Ig. 2020 Sep-Oct;32(5 Supple 1):17-26. doi: 10.7416/ai.2020.3391. PMID: 33146364.

## **+** ADDITIONAL THEMES

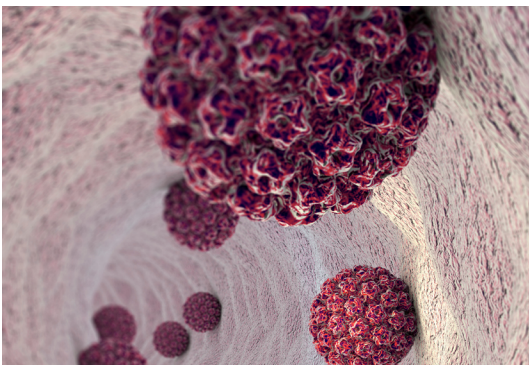


### **Environmental Sustainability & Pollution**

Many aspects of the environment affect our health, including water and air quality. Concerns about environmental factors arose at the community visioning session and through the Forces of Change Assessment with the Steering Committee. Pollution was ranked the top indicator of importance in the Neighborhood and Built Environment domain in the Community Assessment.

The Community Status Assessment found a higher level of particulate matter in the air in Hays County compared to Texas overall. Difficulties with water and wastewater infrastructure in the hill country of Hays County was cited as a factor and force of change. These two aspects of environmental health - air and water quality - should be prioritized as Hays County continues to see population growth. Further monitoring is warranted. Potential action items include policy changes, abatement measures, and investment in infrastructure to accommodate population

growth. The county is positioned to impact this area through its Department of Development, which serves most of the municipalities in Hays.



### **STI Testing & Treatment**

Sexually transmitted infections (STIs) are a significant concern for the Hays County Local Health Department. STI testing and treatment availability was identified as an important characteristic of a healthy community in the community visioning session. Rates of new diagnosis of STIs have increased particularly for Syphilis recently. Additionally, most cases are among 19-25 year olds, 20% of whom are uninsured.

There are limited resources for testing and treatment of STIs particularly for those who are uninsured. Treatment is available at the Hays County Local Health Department but currently STI testing is not available. The county plans to open STI testing in 2023. MLK Community Health Services offers sliding scale services and Texas State Student Health Center offers services, but for students only. Also, all of these resources are located only in San Marcos. In addition to the need for more testing and treatment availability, steering committee members indicated it would be helpful to get the school districts involved in STI prevention.





## Mental Health Care Availability & Coordination

Community survey participants rated the ability to get mental health services when needed at 2.7 out of 5 on average, with a standard deviation of 1. "Mental health counseling and assistance for uninsured individuals" was identified in the top ten assets that could contribute to a healthier Hays County. "Mental health services, especially for those in jail" was identified in the community visioning session as an area where the community should focus its attention to make things better in Hays County.

Steering committee members indicated Hays County is experiencing a concerning trend of insufficient mental health resources, exacerbated by the growing population, particularly impacting low-income individuals of color who face an increasing demand for mental health services.

“

We need more practitioners who understand the community & needs of under-resourced, immigrant, diverse, even elders community that exist in Hays County.

”



### Justice System Involvement, its Impact on the County, & Post-Release Resources

According to the Hays County Mental Health Needs Assessment (2022), Hays County contracts with Wellpath, Inc. to provide health care in the county jail. Health care services included initial screening and assessments upon intake, responding to acute medical needs including sick calls, and managing chronic medical needs. Wellpath does not provide any discharge support, including medications for persons released to the community, and reports not having advance notice of discharges. The Texas Center for Justice and Equity has an information hub for different resources for housing and employment and health care, but there are no specific reentry resources like the reentry organizations.

Hays County does not capture any information on a person's mental health status within the jail data system. However, the county has started to work on this through a task force focused on this issue. The US Substance Abuse and Mental Health Services Administration (SAMHSA) provides a model for re-entry services which includes transition planning, medication/prescription hand-off, benefits and healthcare coverage, and peer support services.<sup>14</sup>

<sup>14</sup> Criminal Justice System Intercept 4 - Transitioning back into the Community | SAMHSA





## **COMMUNITY HEALTH IMPROVEMENT PLAN: STRATEGIES, GOALS AND OBJECTIVES**

The MAPP Steering Committee considered the issue profiles for each cross cutting theme along with potential strategies gathered during the three assessments. The Steering Committee also provided its own recommendations. Following are the short-term and long-term actions suggested by the Steering Committee to address each area. Action planning focused on solutions considered to be the most feasible. Future efforts may incorporate other short and long-term strategies listed here.

**The major strategy to emerge from the Community Health Assessment process is the formation of a coalition to lead the work of the Community Health Improvement Plan: Healthy Hays Coalition.**

The MAPP Steering Committee will transition into this coalition with the county as the backbone organization. This transition promotes the readiness of the county and its partners to put the following strategies into action.





### Short-Term Strategies

- Teacher or support specialist training to increase awareness of available resources to parents and community members.
- Review and promote the indigent care application process.
  - Utilize volunteers and advocates to reach underserved areas and support applicants.
  - Advocacy that reaches undocumented individuals on indigent healthcare.
- Provide navigation assistance for individuals seeking healthcare services.

### Long-Term Strategies

- School district and school-based clinics, as well as pop-up clinics.
- Improve the indigent care application process and extend the validity of issued cards.
- Increase the number and locations of participating healthcare providers.
- Foster partnerships with schools, community organizations, and healthcare providers.
- Expand the presence of community health workers (CHWs) to engage and support the community, particularly the bilingual population.
- Enhanced ID Cards with a person's name, picture, and other personal information which can be used for health care access and the indigent care program.

## GOAL 1: Improve the Indigent Care Program Application Process

**Objective 1:** Local Health Department will conduct an audit of the program performance by August 2023.

**Objective 2:** Local Health Department will analyze evidence-based programs and identify improvements to implement by December 2023.

**Objective 3:** Improvements and changes will be shared with the Healthy Hays Coalition by April 2024.



Future planning will include training of resource specialists and other point people throughout the county at schools and nonprofit organizations on the indigent care application process, so they are equipped to help those in their sphere of influence.

**Key Performance Indicators:** Suggested indicators include number of training sessions for community partners; number of residents assisted by trained community partners; number of residents screened for eligibility; number of qualified residents enrolled.

## GOAL 2: Assess, Develop, & Sustain a County Medical Reserve Corps (MRC) to Respond to Public Health Urgent Needs & Emergencies.

**Objective 1:** Local Health Department will conduct a readiness assessment to establish an MRC to serve the county by March 2024.

**Objective 2:** The Local Health Department will create a strategic plan to implement an MRC to serve the county by June 2024.

**Objective 3:** Establish strong partnerships and collaboration with local healthcare facilities and relevant organizations to enhance the coordination of the MRC by September 2024.

**Key Performance Indicators:** Suggested indicators include completion of a readiness assessment to establish an MRC; adoption of a strategic plan; number of partnerships established.

### **GOAL 3: Support the Expansion of the Enhanced ID Card Program in San Marcos to Other Parts of the County.**

**Objective 1:** Healthy Hays Coalition will facilitate information sharing about the San Marcos Enhanced ID card program with other cities including cost, resources, promotional strategies, and expected outcomes by November 2023.

**Key Performance Indicators:** Suggested indicators include number of cities participating in discussion; number of cities participating in Enhanced ID Card Program.

#### **SUMMARY**

Hays County will address the urgent need to ensure healthcare services are available for people without insurance by conducting an audit of the indigent care program performance. By improving access to this program, Hays County can improve its response to urgent healthcare needs and address health disparities experienced by low-income residents. Establishing a Medical Reserve Corps directly addresses the county's capacity to respond to public health emergencies, including mental health crises. By establishing this, Hays County can lower the social vulnerability index, and better meet the increasing need for public health preparedness.

By supporting the expansion of Enhanced ID card programs to additional cities, Hays County will address the need to improve healthcare access, especially for vulnerable populations, by removing one barrier to obtaining healthcare.





## COMMUNICATION ENGAGEMENT



### Short-Term Strategies

- Voter registration initiatives such as voter registration drives, campaigns, absentee and early voting promotion to increase voter turnout.
- Targeted healthcare and health literacy education sessions that effectively reach and engage underserved communities.
- Leveraging alternative social media platforms, aside from Facebook, to inform residents about available resources.
- Informational flyers distributed to students for them to bring home and share with their parents.
- Facilitate effective communication channels between elected officials and constituents, fostering meaningful dialogue, understanding, and responsiveness.

### Long-Term Strategies

- Enhance the allocation of funds to nonprofit organizations dedicated to serving marginalized and underserved communities.
- Utilize volunteers and hold census education events (next Census is 2030).
- Appoint an individual from an underrepresented group to a position of influence, empowering them to champion the upliftment, organization, and amplification of underrepresented voices.
- Promote civic engagement through comprehensive public awareness campaigns, with a particular focus on engaging students to increase voter turnout and foster active participation.
- Broaden the scope of organizations and individuals actively engaged in community participation and collaboration.

## **GOAL 1: Establish an Information Sharing Process Centered on the New Healthy Hays Coalition.**

**Objective 1:** Local Health Department will establish the new Healthy Hays Coalition with the current steering committee by September 2023.

**Objective 2:** Healthy Hays Coalition will establish processes for information sharing across its membership by November 2023.

**Objective 3:** Coalition uses social media and print channels to distribute info about new and available resources by January 2024.

**Key Performance Indicators:** Impressions and engagements with social media; qualitative feedback from community partners and clients regarding the benefits of the new approaches; attendance at promoted events, use of resources following promotion of those resources.

## **GOAL 2: Broaden the Scope of Organizations & Individuals Actively Engaged in Community Participation & Collaboration.**

**Objective 1:** Local Health Department will invite new organizations to be part of the Healthy Hays Coalition by August 2023.

**Objective 2:** Objective 2: Deliver messaging and education to community partners on how to contact County Commissioners by January 2024.

**Key Performance Indicators:** Suggested indicators include number of community partners belonging to the Healthy Hays Coalition; areas of expertise and geographic area representation in the Healthy Hays Coalition; numbers of contacts to County Commissioners, by precinct.

## **SUMMARY**

Establishing the Healthy Hays Coalition responds to the broader need of community participation and collaboration. By inviting new organizations, such as the Hays County Food Bank or area churches, the coalition can attract a diverse range of stakeholders that might have been missing, per the finding of the Community Partner Assessment.

Expanding the use of Unite Us aligns with the need to enhance the allocation of funds to nonprofit organizations dedicated to serving marginalized communities. Hays County can better coordinate and connect resources to those in need.

By sharing information among members within the Healthy Hays Coalition, it can further reach the rest of the community by impacting their programs, and ensuring that undeserved populations receive vital resources related to the cross-cutting themes identified.



## ACCESSIBILITY, BUILT ENVIRONMENT, & TRANSPORTATION



### Short-Term Strategies

- Explore the potential to expand the Medical Uber program in all cities of Hays County.
- Develop and advocate for an educational and awareness initiative on the advantages of thoughtfully planned built environment.
- Establish a volunteer transportation assistance program.

### Long-Term Strategies

- Enhance walkability in Hays County by expanding sidewalks and bike lanes.
- Enhance the quality of public spaces like parks by incorporating seating, greenery, lighting, and pedestrian-friendly elements.
- Improve equitable access to essential resources by increasing the presence of clinics, grocery stores, nonprofits, shelters, etc. in each city.
- Include multimodal transit in future transportation planning with a goal of establishing a public transit system that connects all areas of Hays County.
- Promote policy reforms that foster the development of a well-designed built environment.



## **GOAL 1: Gather New Partners to Collaborate on Transportation Solutions.**

**Objective 1:** Objective 1: Communicate with the regional transportation organizations to learn what transportation resources are available and how they are operated by December 2023.

**Objective 2:** Identify opportunities to expand upon current transportation programs or bring existing programs to new areas by March 2024.



**Key Performance Indicators:** Suggested indicators include description of transportation resources and effective programs; plan to expand transportation access; number of individuals served by these efforts.

### **SUMMARY**

Communicating with the Regional Transportation Coordination Committee aligns with the need to address insufficient public transportation. By identifying existing resources and expanding transportation programs, particularly in areas with limited options, the coalition can ensure a more equitable access to healthcare services, grocery stores, and other critical facilities. The Healthy Hays Coalition can continue to highlight the connection between the built environment and health, advocating for further consideration especially of impacted areas. Furthermore, these transportation solutions can directly allow residents to have access to more affordable healthcare services, enhance walkability, access to nutritious foods, and reduce the impact of gentrification on resource allocation.



## **AFFORDABLE HOUSING**

### **Short-Term Strategies**

- Advocacy for incorporation of affordable housing into developer investments in Hays County
- Determine effective opportunities for partnership with housing stakeholders and influencers such as housing authorities, with the Healthy Hays Coalition

Goals and objectives for this focus area will be developed in the future meetings of the Healthy Hays Coalition.



## CONCLUSION

Within Hays County, there are health disparities based on racial, socioeconomic level, geography and other factors. These disparities are a result of historical discriminatory policies and systems that, as a result, have permeated many aspects of the county.

The CHIP is a blueprint to address inequities through four major cross-cutting themes and issues within Hays County: Healthcare Accessibility, Communication and Engagement, Built Environment and Transportation, and Affordable Housing. The identification of these strategic areas resulted from the Community Status Assessment, Community Context Assessment, Community Partner Assessment, as well as the active participation of community members and other stakeholders. A major strategy that has emerged from the CHIP process is the development of the Healthy Hays Coalition, which, with the county as the backbone, is well-positioned to implement these recommended strategies.

The implications of these strategies include Hays County community members having the opportunity to receive necessary medical care and support, increased voter turnout, better dissemination of information, stronger connections, increased mobility, equitable access to essential resources, a more sustainable built environment, and affordable housing.

The successful completion of the CHIP was made possible through the unwavering effort and dedication of all participating organizations. These organizations include non-profits, colleges, schools, community organizations, faith-based organizations, elected officials, healthcare organizations, and community members, all of whom employed the MAPP process to conduct the three thorough assessments. These assessments provided a deep understanding of the community's needs and laid the foundation for CHIP's development. The CHIP represents a holistic approach, with a centered lens on health equity, that encompasses a range of strategic key goals and objectives to address cross-cutting themes to improve the well-being of the community.

Through the strategic implementation of the CHIP, Hays County will make significant strides towards a thriving and resilient Healthy Hays.

APPENDICES

Appendix A: Community Health Assessment Team

HAYS COUNTY LOCAL HEALTH DEPARTMENT



**MATTHEW GONZALES**  
Local Health Department  
Manager



**AUSTIN BAIER**  
Community Outreach  
Specialist



**EMILY MCCABE**  
Community Outreach  
Specialist



**TAMMY CRUMLEY**  
Director of Countywide  
Operations



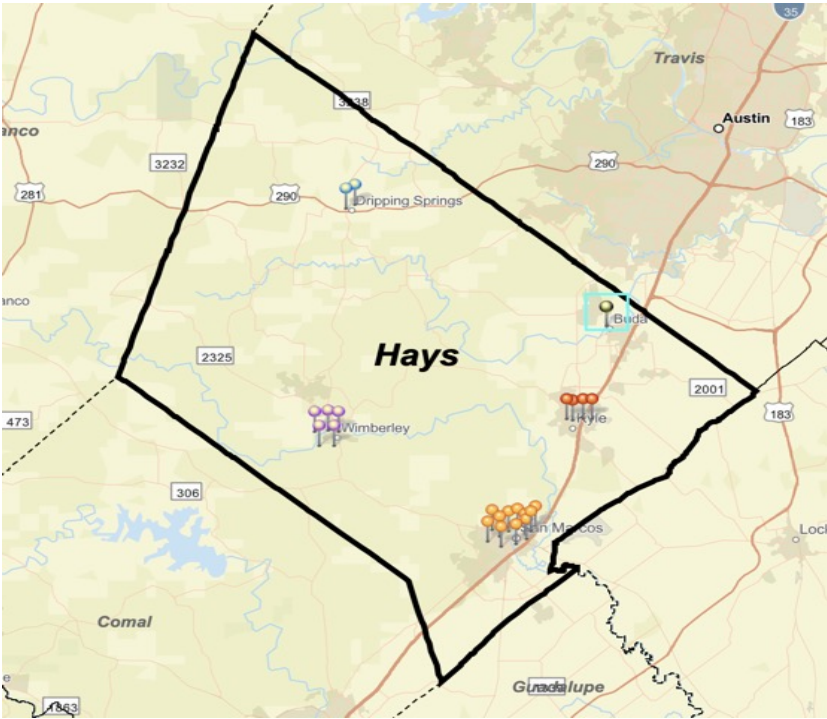
**LISA GRIFFIN**  
Budget & Operations  
Manager

| MAPP PROCESS STEERING COMMITTEE                                      |             |                      |
|----------------------------------------------------------------------|-------------|----------------------|
| Organization                                                         | Location    | Representative       |
| Central Texas Interfaith / Corridor Interfaith Alliance for Families | Austin      | Jeff Thompson        |
| The City of San Marcos                                               | San Marcos  | Tiffany Harris       |
| The San Marcos Youth Council                                         | San Marcos  | Victoria Berry       |
| Community Action                                                     | San Marcos  | April Deleon-Huggard |
| San Marcos CISD                                                      | San Marcos  | Jaime Perez          |
| The Chamber of Commerce City of Buda, Baylor, Scott & White Health   | Buda        | Cortland Hudson      |
| Barnabas                                                             | Wimberley   | Kate Sowell          |
| CommuniCare Health Centers                                           | San Antonio | Cynthia Wytaske      |



|                                                                               |                  |                             |
|-------------------------------------------------------------------------------|------------------|-----------------------------|
| Dripping Springs ISD                                                          | Dripping Springs | Robin Reed                  |
| Dunbar Heritage Association                                                   | San Marcos       | Jonafa Banburry             |
| Hays CISD                                                                     | Kyle             | Megan Benthall              |
| Hays Latinos United                                                           | Kyle             | Dr. Michelle Cohen          |
| Community Member / La Vista Retirement Community - Deaf Seniors of San Marcos | San Marcos       | Mary Lacy                   |
| Mano Amiga                                                                    | Central Texas    | Alyssa Garza                |
| Southside Community Center                                                    | San Marcos       | Debbie Villapando           |
| The Texas State Sociology Department                                          | San Marcos       | Dr. Gloria Martinez         |
| The Texas State University - Public Health Program                            | San Marcos       | Lindsey McClune             |
| The National Center for Farmworker Health                                     | Buda             | Dr. Bethany Alcauter        |
| The Texas Homeless Coalition                                                  | Waco             | Nancy Heinz                 |
| Wimberley ISD                                                                 | Wimberley        | Ann Wood                    |
| Hays County Local Health Department Indigent Healthcare                       | San Marcos       | Margie Rodriguez            |
| Community Member / Sententia Vera, LLC                                        | Dripping Springs | Teresa Carbajal Ravet, M.A. |
| Texas State University - School of Health Administration                      | San Marcos       | Dr. Geraldo Pacheco         |
| Texas State University - School of Health Administration                      | San Marcos       | Dr. Jose Betancourt         |
| Branches-San Marcos                                                           | San Marcos       | Sarah Kramer                |
| Black and African American / Incarcerated - Community Representative          | San Marcos       | Cyrus Gray III              |
| Hispanic / Latino / Immigrant - Community Representative                      | San Marcos       | Nataly Avendano             |
| Area Agency on Aging of the Capital Area                                      | Austin           | Patti Bordie                |
| The Hill Country Mental Health and Developmental Centers                      | Kerrville        | Kelsi Bigott                |
| The Kyle Area Senior Zone                                                     | Kyle             | Betty Conley                |
| St. David Foundation                                                          | Austin           | Abena Asante                |
| The San Marcos Housing Authority                                              | San Marcos       | Lana Wagner                 |

# Appendix B: Visioning Session



## Participants' Location

This map depicts participants' residential zip codes. If participants did not provide a residential zip code, their work zip code was used. If both were given, their residential zip was used. Some people did not give their zip code. Only one participant was from the City of Buda.

## Visioning Questions & Participant Responses

Five years from now, what would we want the local news to say about the health of our community? Describe this using a single word.

| Response (Occurrences) |                      |                 |
|------------------------|----------------------|-----------------|
| Thriving (3)           | Amazing              | Exemplary       |
| Wonderful              | Fully-accessible (2) | Encouraging     |
| Resilient (2)          | Unbelievable         | Inclusive       |
| Robust                 | Prepared             | Wow             |
| Striving               | Texcellent           | Improved (2)    |
| Better                 | Spectacular          | Self-sufficient |
| Vital                  | Equitable            | Vibrant         |
| Free                   | Remarkable           | Outstanding     |
| Connected              | Sustainable          |                 |

What are some of the ground rules we want to set to ensure we are all working effectively to achieve our vision?

| Response (Occurrences)                                                                                            |                                                             |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Open dialogue                                                                                                     | Inclusiveness                                               |
| Active listening (4)                                                                                              | Trust                                                       |
| Respect (5)                                                                                                       | Commitment (sense of community)                             |
| Equal distribution of resources                                                                                   | Commonality                                                 |
| Let the community control the vision, not only leaders                                                            | No matter what position you are in, you should have a voice |
| Actionable and measurable goals                                                                                   | Structure                                                   |
| Civility                                                                                                          | Be open minded                                              |
| Prepare the youth (future of the children)                                                                        | Be collaborative (2)                                        |
| Open communication                                                                                                | Be cooperative                                              |
| Willing to share relationships                                                                                    | Measurable goals                                            |
| Scheduling: what is the next step                                                                                 | Achievable                                                  |
| Accountability (2)                                                                                                | Think outside the box for solutions                         |
| Get the political minds all on the same page (just b/c people are not present, does not mean they do not support) | Patience for it not being a quick solution                  |
| Giving ongoing feedback                                                                                           | Not making assumptions                                      |
| Short-term goals in foreseeable future                                                                            | Giving a voice to the people                                |
| Check-in                                                                                                          | Data-driven decisions                                       |
| Experience                                                                                                        | Set aside prejudice/presumption/bias                        |

What needs to be in place for us to work together effectively to achieve our vision?

| Response (Occurrences)                                                                                                  |                                              |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Trust- in the government, public trust for entities (3)                                                                 | Fully engaged government; that is empathetic |
| Community outreach programs                                                                                             | Accessible healthcare                        |
| Reduce pre-trial detainee population                                                                                    | Community empowerment                        |
| Easier access to healthcare education- for underprivileged groups, convenience, easily understandable terms + teachings | Sharing stories among community              |



|                                                             |                                                 |
|-------------------------------------------------------------|-------------------------------------------------|
| Mass communication (2)                                      | Letting them be included in creating structures |
| Community togetherness (2)                                  | Cohesive plan                                   |
| Public spaces/shared spaces (parks, sidewalks, playgrounds) | Equal representation                            |
| More than initiative: ACTION                                | Better metrics                                  |
| Understanding of your community (2)                         | Meet people where they are                      |
| Everyone's voice needs to be heard                          | Robust support for the marginalized             |
| Commitment                                                  | Open mind- willingness to listen                |
| Empathy                                                     | Critical to put people with shared values       |
| Communication structures                                    |                                                 |

What would be different in our community if all people had circumstances in which they could live healthy and flourishing lives?

| Response (Occurrences)             |                                                      |
|------------------------------------|------------------------------------------------------|
| Accessible                         | Less violence                                        |
| An informed community              | Longer lifespan                                      |
| Equality                           | More empathy                                         |
| No prejudice                       | Do things you enjoy instead of only those to survive |
| No biases                          | Living a sense of fulfillment, security              |
| People/community well-being        | True selves                                          |
| Jails would not be overpopulated   | Planting seeds                                       |
| Better quality of life (2)         | Not in constant crisis response                      |
| Equitable                          | Not reactive, but proactive                          |
| More tolerance + collaborative (2) | Enrichment                                           |
| Happiness (3)                      | Depression down                                      |
| People would get along better      | Violence down                                        |
| Less crime                         | Accessibility would be different                     |
| More productive                    | More information                                     |
| Content                            | More effective communication                         |

## What are important characteristics of a healthy community for all who work, live, and play here?

| Response (Occurrences)                                                                |                                                                             |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Access to public transportation (safe, well-lit, walkable, open, well maintained) (2) | School safety                                                               |
| Access to parks + outdoor spaces                                                      | Accessibility to health care, public transportation (esp. for aged seniors) |
| Internet/web access                                                                   | Accessibility to parks + rec                                                |
| An accepting + inviting community where people feel safe and welcomed                 | STI testing + treatment availability (STD clinic)                           |
| Supportive, diverse community                                                         | More people to contribute; volunteers                                       |
| Access to education                                                                   | Sense of community                                                          |
| Access to get to the care                                                             | Leaders that do something                                                   |
| Wages need to be increased (2007 last min wage increase)                              | Access to health care, transportation, communication                        |
| Catch up                                                                              | Personal health                                                             |
| Wwages/gaps continue to widen                                                         | Infrastructure (places to exercise)                                         |
| Young children families low on funds, child care expenses                             | Prevention, given spaces in community                                       |
| Health insurance                                                                      | Trails                                                                      |
| Indoor entertainment like indoor bounce areas are gone                                | Promotora program- breast +cervical screening                               |
| Affordability + availability                                                          | Sidewalks + traffic safety (infrastructure)                                 |
| Rural areas under threshold                                                           | Lower income areas more susceptible to flooding                             |
| Forced to choose between things                                                       | Clean water                                                                 |
| Safety                                                                                | Equitable access                                                            |
| Activities                                                                            | Low jail population                                                         |
| Healthy channeling of energy for young adults                                         | Access to jobs                                                              |
| Sexual health education                                                               | Education                                                                   |
| Accessible/affordable childcare                                                       | Early mental health support                                                 |
| Access to food                                                                        |                                                                             |

## Appendix C: Indicator Selection Results

To determine the indicators included in this report, we developed a list of possible indicators based on the Community Status Assessment (CSA) Indicator Matrix. The CSA Indicator Matrix outlines a range of indicators to help understand the status of the community focused on social determinants of health, health status, behaviors, and outcomes, as well as systems of power, privilege, and oppression. We then asked the Steering Committee members to rank the health indicators from highest to lowest priority based on their experience in Hays County.

Steering Committee members were asked "Please rank these health indicators from highest to lowest in priority based on your perspective and experience in Hays County. "Health indicators are measures designed to summarize information about priority topics related to population health or health system performance" (CIHI). This will help to tell the full story about the community's conditions, and how we can go upstream to address concerns. Steering committee members ranked the indicators within each category.

Results are shown below, with higher scores corresponding to higher priority.

| NEIGHBORHOOD & BUILT ENVIRONMENT     |      |
|--------------------------------------|------|
| Pollution                            | 4.42 |
| Commuting Patterns                   | 4.38 |
| Walkability Index                    | 4.25 |
| Broadband Access                     | 3.79 |
| Housing Affordability and Insecurity | 1.21 |

| ECONOMIC STABILITY                     |      |
|----------------------------------------|------|
| Homelessness                           | 4.48 |
| Median Value of Owner-Occupied Homes   | 4.32 |
| Income Inequality                      | 3.76 |
| Food Insecurity                        | 3.64 |
| Food Environment Index                 | 2.96 |
| Job Opportunities, Salaries, and Wages | 2.80 |
| Poverty                                | 2.00 |



## SOCIAL & COMMUNITY CONTEXT

|                              |      |
|------------------------------|------|
| Social Associations          | 3.57 |
| Multigenerational Households | 3.13 |
| Voter Participation          | 3.09 |
| Violent Crime                | 3.04 |
| Social Vulnerability         | 2.17 |

## DISEASE / INJURY

|                    |      |
|--------------------|------|
| Nonfatal Injury    | 4.91 |
| STD Infection Rate | 4.30 |
| COVID-19           | 4.09 |
| Cancer Incidence   | 2.91 |
| Obesity Prevalence | 2.52 |
| Disease Prevalence | 2.26 |

## HEALTH BEHAVIORS

|                                          |      |
|------------------------------------------|------|
| Teen Births                              | 4.96 |
| Oral Health: Dental Visits               | 4.17 |
| Cancer Screening                         | 3.74 |
| Nutrition- Fruit / Vegetable Consumption | 3.26 |
| Physical Inactivity                      | 2.83 |
| Drug Use                                 | 2.04 |

## SYSTEMS OF POWER, PRIVILEGE, & OPPRESSION

|                                |      |
|--------------------------------|------|
| Corrections Facility           | 5.43 |
| Police Officers                | 4.78 |
| Voter Turnout and Registration | 4.57 |

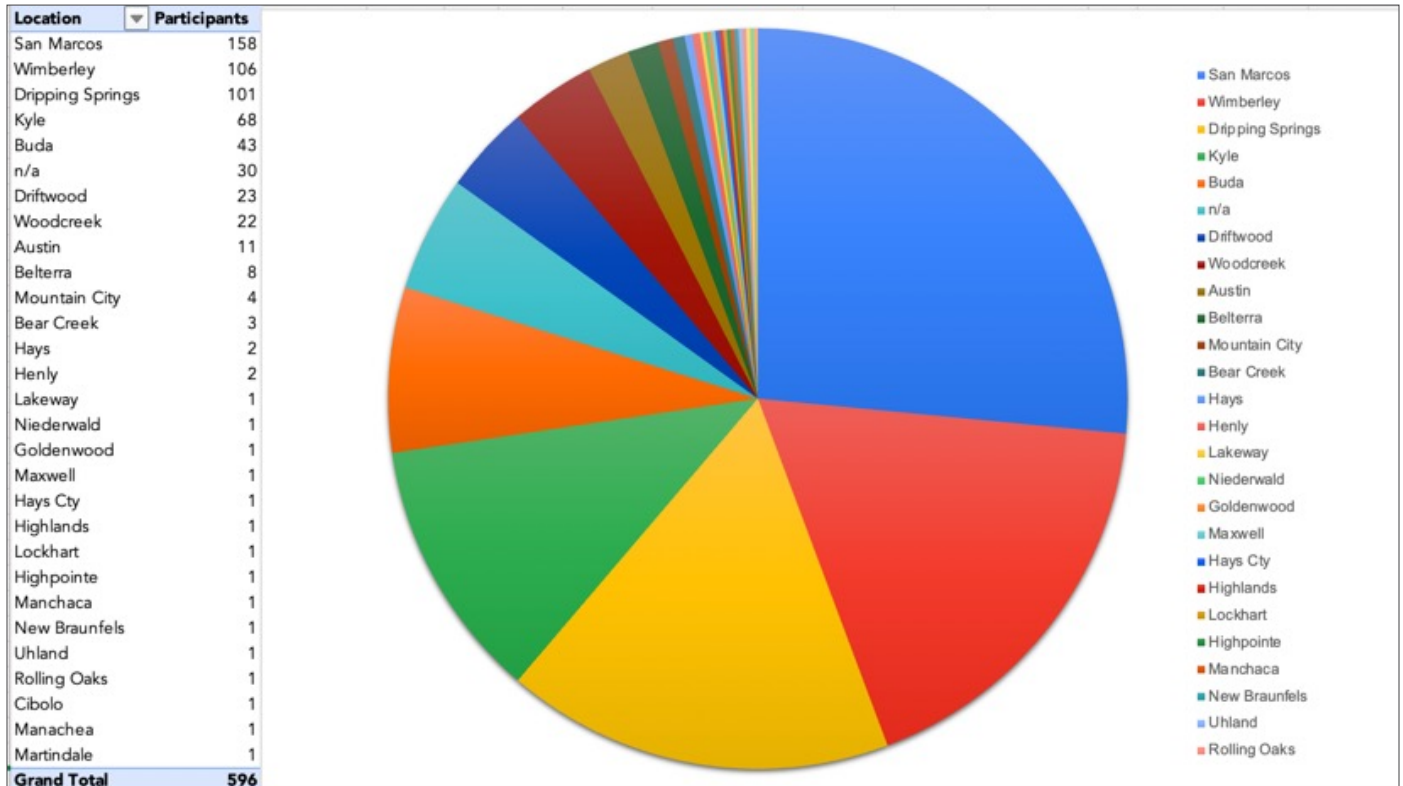
|                         |      |
|-------------------------|------|
| Eviction Rate           | 4.35 |
| Residential Segregation | 3.91 |
| Economic Segregation    | 2.65 |
| Income Inequality       | 2.30 |

## Appendix D: Community Survey Demographics

| HISPANIC/LATINO PARTICIPANTS BY AGE GROUP |                     |       |                      |       |
|-------------------------------------------|---------------------|-------|----------------------|-------|
| Age Group                                 | Hispanic/<br>Latino | Other | Prefer Not<br>to Say | Total |
| 17 or younger                             | 0                   | 1     | 0                    | 1     |
| 18-24                                     | 4                   | 6     | 0                    | 10    |
| 25-34                                     | 11                  | 23    | 1                    | 35    |
| 35-55                                     | 26                  | 170   | 14                   | 210   |
| 55-64                                     | 12                  | 100   | 18                   | 130   |
| 65-74                                     | 6                   | 138   | 19                   | 163   |
| 75 or older                               | 2                   | 42    | 3                    | 47    |
| GRAND TOTAL                               | 61                  | 480   | 55                   | 596   |

| PARENTS OF SCHOOL-AGED CHILDREN BY AGE GROUP |     |     |                      |       |
|----------------------------------------------|-----|-----|----------------------|-------|
| Age Group                                    | Yes | No  | Prefer Not<br>to Say | Total |
| 17 or younger                                | 0   | 1   | 0                    | 1     |
| 18-24                                        | 0   | 10  | 0                    | 10    |
| 25-34                                        | 10  | 24  | 1                    | 35    |
| 35-55                                        | 161 | 46  | 3                    | 210   |
| 55-64                                        | 15  | 101 | 14                   | 130   |
| 65-74                                        | 1   | 154 | 8                    | 163   |
| 75 or older                                  | 1   | 45  | 1                    | 47    |
| GRAND TOTAL                                  | 188 | 381 | 27                   | 596   |

## Locations of Survey Participants



## Appendix E: Built Environment Data

### OBSERVED GROCERY STORES IN HAYS COUNTY

#### San Marcos (17)

- H-E-B
- Herbert's Grocery Store
- Target Grocery
- QC Meat Market
- Lone Star Family Market #6
- Pac N Sac Drive in Grocery
- La Victoria Grocery
- PNP Asian Market
- Cornucopia
- Cuevas Produce
- Walmart Supercenter
- Three Six General
- BB Market

#### Dripping Springs (2)

- River City Market
- H-E-B

#### Uhland (1)

- Poco Logo Supermer Cado

#### Buda (6)

- Downtown Buda Farmers' Market
- Gornitas Locast
- H-E-B
- H-E-B Plus!
- Walmart Supercenter
- Zoi Market

#### Kyle (7)

- Mi Rancho Meat Market
- Poco Loco Supermur Cado
- Target Grocery
- Texas Market Guide (2)
- Walmart Supercenter

#### Wimberley (2)

- Brookshire Brother
- H-E-B

#### Niederland (0)



## Appendix F: Health Indicator Data

| DEMOGRAPHICS                       |          |               |              |                |
|------------------------------------|----------|---------------|--------------|----------------|
|                                    | Hays, TX | Galveston, TX | St Johns, FL | Rutherford, TN |
| <b>POPULATION</b>                  | 255,397  | 355,062       | 292,466      | 352,182        |
| % Below 18 Years of Age            | 22.80%   | 23.90%        | 21.70%       | 24.50%         |
| % 65 and Older                     | 11.70%   | 15.20%        | 20.50%       | 11.10%         |
| % Non-Hispanic Black               | 4.00%    | 12.50%        | 5.20%        | 16.60%         |
| % American Indian or Alaska Native | 1.30%    | 0.80%         | 0.30%        | 0.60%          |
| % Asian                            | 2.00%    | 3.60%         | 3.70%        | 3.80%          |
| % Hispanic                         | 40.60%   | 26.40%        | 8.30%        | 9.50%          |
| % Non-Hispanic White               | 51.50%   | 55.60%        | 80.60%       | 67.20%         |
| % Not Proficient in English        | 4%       | 3%            | 1%           | 2%             |
| % Female                           | 50.20%   | 50.70%        | 50.90%       | 50.70%         |
| % Rural                            | 31.70%   | 6.10%         | 23.80%       | 17.00%         |

| HEALTH BEHAVIORS                                              |         |         |         |         |
|---------------------------------------------------------------|---------|---------|---------|---------|
| <b>Drug Use:</b> Excessive Drinking                           | 20%     | 20%     | 23%     | 16%     |
| <b>Drug Use:</b> Smoking                                      | 15%     | 16%     | 15%     | 18%     |
| <b>Physical Inactivity</b>                                    | 22%     | 23%     | 18%     | 22%     |
| <b>Nutrition:</b> Limited Access to Healthy Foods             | 2%      | 9%      | 5%      | 6%      |
| <b>Cancer Screening:</b> Ever had Colorectal Endoscopy        | 54.60%  | 62.30%  | 61%     | 58.40%  |
| <b>Cancer Screening:</b> Received Annual Mammography          | 33%     | 34%     | 51%     | 40.00%  |
| <b>Oral Health</b> ( <i>Ratio of Population to Dentists</i> ) | 2,580:1 | 2,040:1 | 1,960:1 | 1,860:1 |

## ECONOMIC & COMMUNITY CONTEXT

|                                         |        |        |       |       |
|-----------------------------------------|--------|--------|-------|-------|
| Poverty                                 | 12.40% | 11.40% | 6.40% | 8.70% |
| Unemployment Rate ( <i>April 2023</i> ) | 3.40%  | 4.00%  | 2.00% | 2.10% |
| Food Insecurity                         | 12%    | 14%    | 9%    | 10%   |
| Income Inequality ( <i>Ratio</i> )      | 13.85  | 15.71  | 13.59 | 9.94  |

## SOCIAL & COMMUNITY CONTEXT

|                                                                  |        |        |        |        |
|------------------------------------------------------------------|--------|--------|--------|--------|
| Social Vulnerability ( <i>1 =High</i> )                          | 0.3478 | 0.2925 | 0.163  | 0.3975 |
| Violent Crime Data Reported                                      | 196    | 145    | 293    | 241    |
| Voter Participation                                              | 68.20% | 64.80% | 91.10% | 61.90% |
| Multigenerational Households<br>( <i>Persons per Household</i> ) | 2.68   | 2.12   | 2.75   | 2.78   |

## SYSTEMS OF POWER, PRIVILEGE, & OPPRESSION

|                                                          |       |       |       |       |
|----------------------------------------------------------|-------|-------|-------|-------|
| Residential Segregation                                  | 51    | 50    | 47    | 32    |
| Eviction Filing Rate                                     | 3.80% | 6.70% | 2%    | 2.50% |
| Average Annual Jail<br>Population ( <i>per 100,000</i> ) | 131.6 | 261.6 | 144.3 | 310.6 |

## NEIGHBORHOOD & BUILT ENVIRONMENT

|                                                    |     |     |     |     |
|----------------------------------------------------|-----|-----|-----|-----|
| Severe Housing Cost Burden                         | 18% | 14% | 11% | 11% |
| Food Environment Index                             | 8.1 | 7.1 | 8.5 | 8.1 |
| Broadband Access                                   | 89% | 91% | 91% | 91% |
| Pollution                                          | 9.8 | 7.9 | 8.4 | 8.4 |
| Work Commuting Patterns<br>( <i>Long Commute</i> ) | 50% | 41% | 42% | 43% |

Source: County Health Rankings, 2022.

