Community Health Needs Assessment

2026 – 2028

CHRISTUS® SPOHN
Health System

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Letter to the Community

A Message of Gratitude

Dear Friends and Neighbors,

Health doesn't begin in a hospital. It begins in our homes, schools, churches and neighborhoods. It lives in the stories we share, the challenges we face and the hopes we hold for a better tomorrow.

Every three years, through our Community Health Needs Assessment (CHNA), we ask you to share those stories. And every time, you respond — with honesty, courage and care. On behalf of **CHRISTUS Spohn Health System**, thank you. Your voices help us see beyond the numbers to what truly matters to the people of the Coastal Bend.

In our most recent CHNA cycle (2023–2025), you spoke clearly. You told us about the burden of chronic illness, including heart disease, diabetes and obesity. You shared concerns about mental health, substance use and the daily struggles so many face with housing, food, transportation and access to affordable care. We heard you, and we acted.

We expanded free lab services for uninsured patients through partnerships with Mission of Mercy and Compassionate Care Clinic.

We continued to grow the Dr. Hector P. Garcia Memorial Family Health Center into a comprehensive hub for primary care, specialty clinics, imaging, pharmacy and social support.

With Oceans Healthcare, we opened a new inpatient behavioral health unit at CHRISTUS Spohn Shoreline, offering care for adults and seniors.

As a regional clinical education site, we are training the next generation of health professionals in partnership with Texas A&M School of Medicine, TAMUCC, Del Mar College, Coastal Bend College and local school districts.

Through the CHRISTUS Community Impact Fund, we also supported local nonprofits creating lasting change — organizations like Catholic Charities, Metro Ministries, The Purple Door and Coastal Bend Wellness Foundation. Together, we are addressing systemic barriers and building a stronger, healthier region.

Now, as we begin the 2026–2028 CHNA cycle, we are listening again.

Dominic Dominguez
Chief Executive Officer
**CHRISTUS Spohn
Health System**

You've told us there is a growing need for more OBGYNs, healthier birth outcomes for mothers and babies, and better care for infants exposed to substances. You've shared concerns about teen pregnancy, youth suicide and developmental conditions such as autism and ADHD. Many adults are managing chronic conditions while also navigating mental health challenges, caregiving responsibilities and rising costs. Our older adults have voiced their concerns about isolation, access to care and the ability to age with dignity.

These stories are not just statistics. They are deeply personal. They reflect the lives of our families, coworkers and neighbors.

Your voices continue to guide us. They influence where we focus our efforts, how we serve and who we partner with. We are committed to building solutions that are shaped by the people they are meant to serve.

Whether you are a parent advocating for your child, a teen searching for support, an adult managing a health condition or a senior striving to stay independent — you matter. Your health matters. Your story matters.

Thank you for your trust, your partnership and your willingness to speak up. We are honored to walk alongside you as we work toward a healthier and more hopeful future for every person in every neighborhood, every day.

With gratitude,

Dominic Dominguez

Chief Executive Officer

CHRISTUS Spohn Health System

Statement of Health Access and Serving as an Anchor Institution

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

Peter McCourt
Vice President of
Mission Integration
**CHRISTUS Spohn
Health System**

Valerie Gutierrez
Director of
Mission Integration
**CHRISTUS Spohn
Health System**

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

Board Approval

CHRISTUS Spohn Health System's board of directors reviewed, provided input and approved the CHNA on August 1, 2025, and throughout the process, ensured that the community's needs were accurately reflected and addressed.

Chapter 2: Executive Summary

Executive Summary

For more than 120 years, CHRISTUS Spohn Health System has stood at the heart of the Coastal Bend as the region's oldest and largest faith-based health care provider. Founded in 1905 by the Sisters of Charity of the Incarnate Word of San Antonio and Dr. Arthur Edward Spohn, the ministry was established with a clear mission: to bring healing and dignity to all people, particularly the most vulnerable. That mission continues today across our hospitals, clinics, outreach programs and partnerships serving communities from Corpus Christi to Alice, Beeville, Kingsville and beyond.

Each day, our caregivers walk alongside individuals and families navigating the realities of chronic illness, poverty, limited access, and systemic inequities. We understand that health begins long before someone arrives at a hospital. It starts in homes, schools, colonias and neighborhoods.

That's why every three years, CHRISTUS Spohn Health System conducts a Community Health Needs Assessment (CHNA). It reflects our commitment not just to provide care, but to listen.

This 2026–2028 CHNA captures the voices, needs and strengths of those who live and serve in the Coastal Bend. Framed by a lifespan approach, it explores health priorities across four life stages: maternal and early childhood, school-age children and adolescents, adults and older adults. It also examines the social and environmental factors that shape health, including access to transportation, education, healthy food, housing and health insurance.

Importance of Life Stages

Maternal and Early Childhood Health

The journey to lifelong health begins before birth. In the Coastal Bend, many mothers and young children (0-4 years old) face challenges such as high rates of maternal chronic illness, limited access to OBGYN care and increasing concerns related to neonatal abstinence syndrome. These challenges are compounded by poverty, housing instability and a lack of affordable child care.

At the same time, there are bright spots. Early literacy programs, nutrition education and maternal outreach efforts are strengthening the community support network. When mothers are well-supported and children receive a strong start, the long-term benefits are felt by the entire community.

School-Age Children and Adolescent Health

Our youth (5-17 years old) are growing up in a region filled with resilience, cultural richness and strong community ties. But too many are facing serious health challenges early in life. Mental health concerns, obesity and diabetes are becoming more common. Many children are also navigating poverty, trauma or housing instability, all of which can hinder their ability to grow and thrive.

There is also meaningful momentum. Schools are incorporating mental and emotional health into their curricula. Faith communities are stepping in to offer mentorship and a sense of belonging. Nonprofit partners are expanding food assistance and family support. With the right care and opportunities, today's children can grow into tomorrow's leaders. Every young person deserves the chance to thrive.

Adult Health

For adults in the Coastal Bend, health often intersects with responsibility — caring for children, supporting aging parents, holding down jobs and staying active in community life. Many are doing all of this while managing chronic conditions, high stress and financial pressures.

Our region continues to face high rates of diabetes, obesity and cardiovascular disease. For uninsured or underinsured adults, primary care and behavioral health services can be challenging to access.

Yet, new models of care are expanding reach. Mobile health units, community health workers and clinic partnerships are meeting people where they are. Investing in adult health supports entire families, strengthens the workforce and helps neighborhoods remain vibrant and stable.

Older Adult Health

Older adults are the foundation of our Coastal Bend communities. Yet many in the Coastal Bend are aging without the support they need. Limited access to long-term care, transportation and dementia resources, along with rising caregiver burnout and financial strain, present serious challenges.

In response, many local programs are making a difference. Senior wellness initiatives, home-delivered meals and community-based services are helping older adults stay connected and cared for. Supporting this stage of life is about more than health care. It's about honoring the contributions of those who built this region and ensuring they age with dignity, safety and a sense of belonging.

Across all life stages, the message is clear: the people of the Coastal Bend are proud, resilient and deeply committed to their families, faith and communities. But they are also stretched thin and looking for systems that reflect their needs and values.

CHRISTUS Spohn Health System is committed to meeting that challenge. As the region's safety-net provider, we are not only delivering medical care, but also building trust, restoring dignity and standing alongside those who need us most. Guided by this CHNA, we are expanding behavioral health access, deepening community partnerships, enhancing outreach and education and tailoring our services to the distinct needs of each community.

This report is not the end of the process. It is the beginning.

Over the next three years, this CHNA will shape how we show up — in clinics, schools, parishes and neighborhoods. Because in the Coastal Bend, health is more than a service. It is a shared responsibility.

Together, we are working toward a future where every person has the opportunity to live with health, strength and hope, no matter where they begin.

Key Findings

The chart below summarizes the leading indicators of the communities we serve.

LEADING INDICATORS			
Maternal Health and Early Childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with the care and support to grow up physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*

• Access to care
   • OBGYNs
• Healthy births
• Neonatal abstinence syndrome
• Chronic diseases
   • Heart disease
   • Diabetes
   • Obesity
• Poverty
	• Chronic diseases
	   • Obesity
	   • Diabetes
	   • Fatty liver
	• Behavioral health
	   • Suicide
	• Neurodevelopmental disorders (Autism and ADHD)
	• Teen pregnancy
	• Food insecurity
	• Poverty
		• Access to care
		   • Provider shortage
		   • Insurance
		• Chronic diseases
		   • Heart disease
		   • Diabetes
		   • Obesity
		• Behavioral health
		   • Mental health
		   • Substance abuse
			• Chronic diseases
			   • Heart disease
			   • Diabetes
			   • Obesity
			• Behavioral health
			   • Mental health
			   • Substance abuse
			• Poverty
			• Housing insecurity

Chapter 3:
Introduction

Introduction

The Coastal Bend of South Texas is a region of contrasts — coastal cities and rural ranchlands, bustling ports and quiet neighborhoods, centuries-old communities and growing towns. Stretching along the Gulf Coast, it is home to people who are connected by shared values: resilience, faith, family and pride in place.

This Community Health Needs Assessment (CHNA) focuses specifically on the seven counties that make up the CHRISTUS Spohn Health System service area: Aransas, Bee, Brooks, Jim Wells, Kleberg, Nueces and San Patricio. These counties form the heart of our ministry. From the fishing communities of Aransas Pass to the ranchlands of Kingsville and the urban core of Corpus Christi, the region reflects a rich blend of cultures, histories and needs.

CHRISTUS Spohn Health System has served these communities for more than 120 years. With acute care hospitals in Corpus Christi, Alice, Beeville and Kingsville, along with a growing network of outpatient clinics, mobile health programs and community outreach, we are committed to meeting people in every corner of the region.

Despite the area's many strengths, persistent health challenges persist. Chronic conditions such as diabetes, obesity and heart disease are prevalent. Behavioral health needs continue to grow, particularly in rural and underserved communities. Structural barriers — such as limited access to providers, housing instability, food insecurity and a lack of transportation — continue to impact health outcomes across the region.

This 2026–2028 CHNA takes a closer look at these realities. Informed by both data and the lived experiences of Coastal Bend residents, the report identifies the most pressing health needs across our seven-county service area. While many findings may resonate across the broader 12-county Coastal Bend region, this assessment and the actions it informs are focused on the specific communities we are called to serve.

The COVID-19 pandemic intensified many of these challenges, but it also led to deeper collaboration between health systems, public agencies and community partners. It reminded us of the importance of proximity, trust and sustained community presence in improving health outcomes.

From city neighborhoods to rural towns, the people of the Coastal Bend bring strength, generosity and determination to everything they do. By acknowledging the historical, environmental and social factors that shape health across the CHRISTUS Spohn service area, this CHNA lays the foundation for meaningful action. Our mission remains unchanged: to extend the healing ministry of Jesus Christ and ensure that every person, in every community, can live well and thrive.

Purpose of the Community Health Needs Assessment

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

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

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

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

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

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

Overview of the Health System

CHRISTUS Health

CHRISTUS Health is a Catholic, not-for-profit health system founded in 1999 to carry forward the healing ministries initiated by the Sisters of Charity of the Incarnate Word of Houston and San Antonio (since 1866). In 2016, the Sisters of the Holy Family of Nazareth joined as a sponsoring congregation, reinforcing the system's spiritual foundation.

Today, CHRISTUS Health operates over 60 hospitals and 175 clinics across Texas, Louisiana, New Mexico and Arkansas, with additional facilities in Mexico, Colombia and Chile. Its unified mission remains to extend the healing ministry of Jesus Christ by delivering high-quality, compassionate care, especially to those most in need.
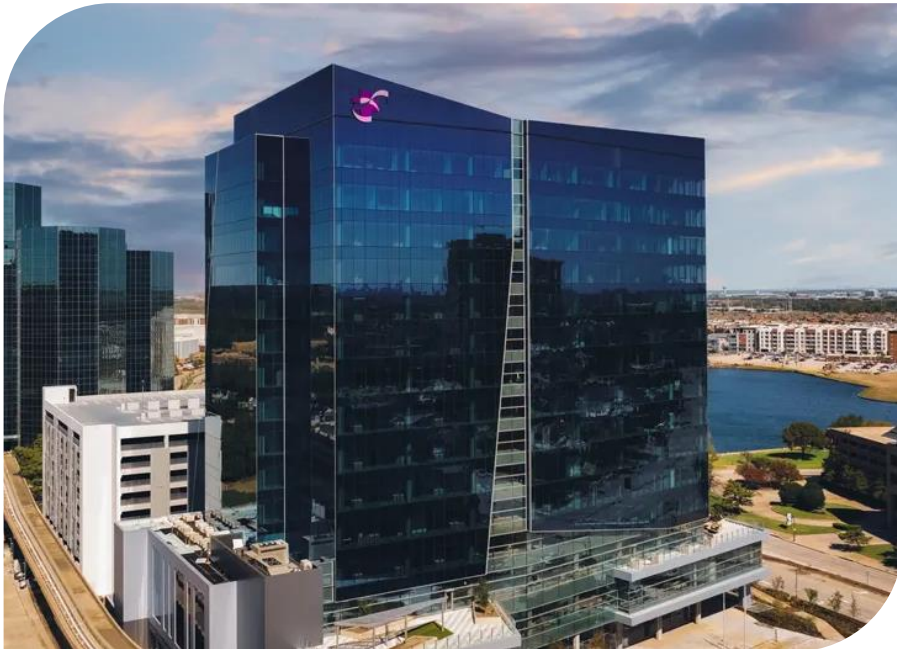
CHRISTUS Spohn Health System

A member of the global CHRISTUS Health network, CHRISTUS Spohn Health System serves the Coastal Bend with five acute care hospitals, a surgical hospital, 23 clinics, the Dr. Hector P. Garcia Memorial Family Health Center and over 3,000 associates. We specialize in trauma, cardiology, stroke care, oncology, women's health and more. Sponsored by the three founding congregations, our ministry extends into mobile clinics, nonprofit partnerships and social determinants initiatives, ensuring compassion and dignity are at the core of every encounter.

CHRISTUS Spohn Hospital - Alice

Opened in 1999 in Jim Wells County, Alice is a 131-bed full-service acute care hospital offering 24/7 emergency care, medical and surgical services, a coronary care unit, advanced imaging, pediatrics, labor and delivery (including high-risk care), cardiac rehabilitation, wound care and outpatient therapy. Accredited by The Joint Commission with a Gold Seal of Approval® for clinical excellence, Alice provides trusted, community-centered care rooted in compassion.

CHRISTUS Spohn Hospital - Beeville

This 69-bed community hospital serves Bee, Goliad, Live Oak, and Karnes counties. It provides emergency, pediatric, obstetric, cardiac and intensive care, as well as advanced diagnostics and surgical services, via three operating rooms and eight same-day surgery suites. Beeville earned recognition as a Top Performer in the 2024 Bernard A. Birnbaum Quality Leadership Study by Vizient Inc., distinguishing it as the only community hospital in Texas to achieve this distinction.
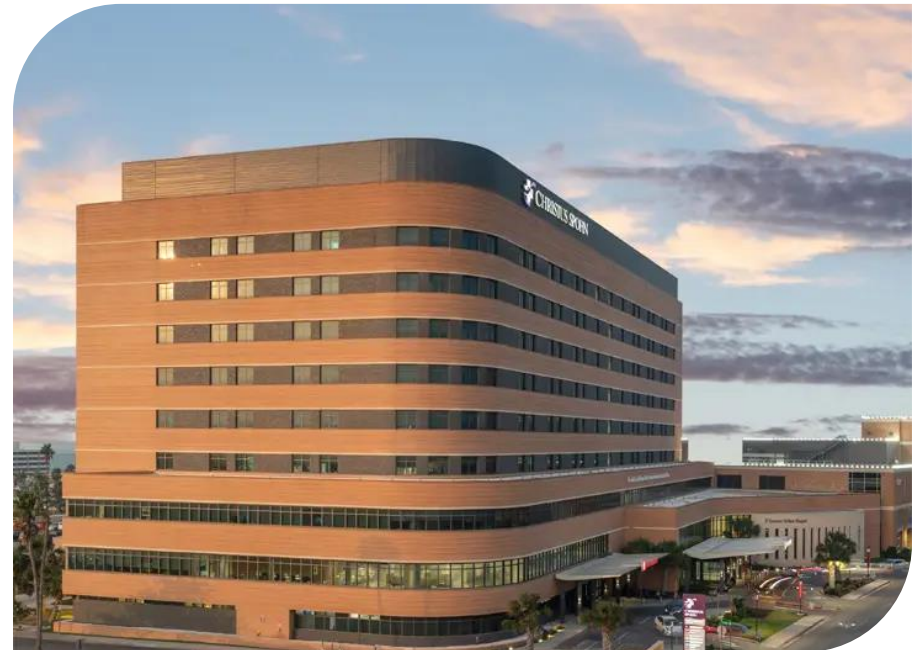
CHRISTUS Spohn Hospital - Kleberg

Located in Kingsville and serving Kleberg, Brooks, Kenedy, and southern Nueces counties, this 96-bed hospital offers 24/7 emergency care, obstetrics, pediatrics, general and specialty surgery, rehabilitation, cardiac and stroke care and advanced imaging. In 2025, the Mary Lewis Scott unit was renovated, and in 2024, a new 3D mammography suite was added. Kleberg recently earned the Get With The Guidelines® Rural Stroke Silver Award for excellence in stroke care.

CHRISTUS Spohn Hospital - Shoreline

Originally founded in 1905, Shoreline is the region's flagship acute care facility, licensed for over 790 beds. It is home to a Level II trauma center and the only Level I stroke center in the Coastal Bend. Services include cardiac and vascular surgery, neurosurgery, oncology, palliative care and advanced diagnostics, supported by state-of-the-art surgical technology and graduate medical education in partnership with Texas A&M. A recent $325 million expansion added a critical care center, new emergency department and surgical suites and enhanced inpatient units. Shoreline earned accreditation as a Chest Pain Center with Primary PCI from the American College of Cardiology and holds national accolades for its stroke and cardiac care programs.

CHRISTUS Spohn Hospital - South

Serving Corpus Christi's rapidly growing South Side, this 153-bed full-service hospital is equipped with emergency care, labor and delivery (including Level III NICU), pediatrics, cardiac and stroke services, diagnostics, rehabilitation, orthopedics, spine care and robotic-assisted surgery. In 2023, South was recognized by Healthgrades as one of America's 100 Best Hospitals for Orthopedic Surgery.

Community Health

At CHRISTUS Health, community health and community benefit initiatives are central to the mission of extending the healing ministry of Jesus Christ. Guided by a commitment to equity, dignity, and social responsibility, Rooted in a deep commitment to equity, dignity, and social responsibility, CHRISTUS Health seeks to improve the health and well-being of individuals and communities, especially those who are underserved, uninsured, or facing systemic barriers to care.

Community health at CHRISTUS Health is a proactive, population-focused approach to improving health outcomes by addressing the social, economic, and environmental conditions that shape health. Through strategic partnerships, innovative programs, and targeted interventions, CHRISTUS Health works alongside public health agencies, local organizations, and community leaders to drive sustainable, community-specific solutions. Key areas of focus include chronic disease prevention, maternal and child health, behavioral health, food security, housing stability, and access to care.

Community benefit reflects our ongoing investment in these priorities and is a direct expression of our mission to serve with compassion, dignity, and justice. It ensures that resources are directed toward the most pressing health needs and that support reaches those most affected by health disparities. Core components of CHRISTUS Health's community benefit work include:

- **Financial assistance:** providing support for uninsured and underinsured patients to ensure access to necessary medical care
- **Subsidized health programs:** offering health services at reduced or no cost to vulnerable populations, ensuring they receive the care they deserve

- **Health education initiatives:** promoting wellness, prevention and healthy behaviors through community outreach, educational workshops and public health campaigns
- **Support for nonprofit organizations:** partnering with local nonprofit organizations working to address critical health disparities and social determinants of health

These efforts are not just part of our obligation as a nonprofit health system. They are a direct expression of our mission. By uniting clinical excellence with community action, CHRISTUS Health works to reduce disparities, strengthen community infrastructure, and bring healing and hope to all we serve.

The Communities We Serve

As part of its mission to extend the healing ministry of Jesus Christ, CHRISTUS Spohn Health System serves a diverse and growing population across seven counties in the Coastal Bend: Aransas, Bee, Brooks, Jim Wells, Kleberg, Nueces and San Patricio.

CHRISTUS SPOHN'S PSA			
Aransas County	**Bee County**	**Brooks County**	**Jim Wells County**
78382	78102	78355	78332
Kleberg County	**Nueces County**		**San Patricio County**
78363	78380, 78404 78405, 78408 78410, 78411 78412, 78413 78414, 78415 78416, 78418		78366 78374

In alignment with IRS guidelines and 501(r) regulations under the Affordable Care Act, CHRISTUS Spohn defines its primary service area (PSA) as the collection of ZIP codes that account for approximately 80% of hospital utilization (see Table 1 and Figure 2). This approach ensures that the Community Health Needs Assessment (CHNA) is grounded in the areas most directly impacted by CHRISTUS Spohn facilities and services.

The region encompasses a wide range of settings — from the urban core of Corpus Christi to the cities of Alice, Kingsville and Beeville, to smaller rural towns and unincorporated communities across the Coastal Bend. Each area presents its own health needs, cultural identities and community assets.

This geographic and demographic diversity calls for a responsive, equity-focused approach to health care — one that recognizes the distinct realities of rural isolation, border proximity, economic hardship, environmental exposure and systemic barriers. By tailoring strategies to the lived experiences of individuals and families throughout the service area, CHRISTUS Spohn remains committed to building healthier communities — neighborhood by neighborhood, county by county.
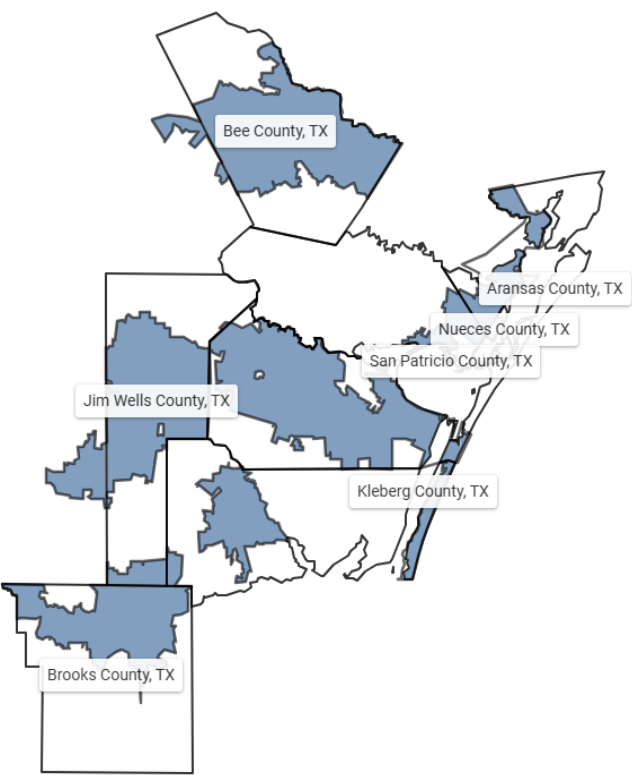

Figure 2. Primary Service Area (PSA) Map of CHRISTUS Spohn

The Strength of Our Communities

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

These partnerships enable us to reach more people, remove barriers and provide the kind of support that truly meets individuals where they are. Working side by side, we bring health care and community services together to build stronger, healthier communities.
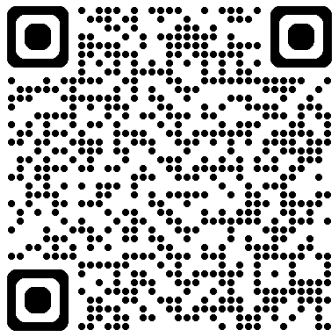
To the right is a list of some of the incredible organizations helping to improve lives across our region. Although it's not a comprehensive list, it highlights the broad range of support available across our region.

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

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

NAME	DESCRIPTION
Amistad Community Health Center (FQHC)	A faith-based community clinic providing high-quality medical, dental and behavioral health care to underserved populations in Corpus Christi
Catholic Charities of Corpus Christi	Supports individuals and families through case management, job placement, financial education, emergency assistance and counseling, helping people become more self-sufficient
Coastal Bend Wellness Foundation	A nonprofit offering medical care, mental health services, HIV prevention and treatment and youth education for underserved populations
Compassionate Care Clinic	Delivers compassionate, no-cost medical care specifically to uninsured and underserved populations, ensuring equitable access to essential health services
Corpus Christi - Nueces County Public Health District	Provides immunizations, health screenings, disease prevention, wellness programs and environmental health services
Driscoll Health Plan	A nonprofit health insurance provider offering Medicaid and CHIP coverage for children, pregnant women and families in South Texas
Family Counseling Service	Provides accessible, professional therapy and life-skills education to individuals, couples and families, with services offered on a sliding fee scale and coverage through Medicaid, Medicare, CHIP and most major insurance plans
Metro Ministries - Gabbard Health Clinic	A free clinic providing basic medical care and medications to uninsured individuals, staffed by volunteer professionals
Mission of Mercy Clinic	Delivers free medical and dental care to uninsured patients with no income restrictions; services include compassionate, holistic care.

Impact

Since the Last Community Health Needs Assessment …

The Community Health Needs Assessment (CHNA) is part of a continuous, three-year cycle of listening, action and accountability. As part of this process, it is critical to evaluate the impact of efforts undertaken to address the significant health needs identified in the previous CHNA. This evaluation ensures that CHRISTUS Spohn Health System and its partners remain responsive, transparent and grounded in the priorities voiced by the communities we serve.

During the 2023–2025 CHNA cycle, CHRISTUS Spohn identified two overarching areas of focus based on robust community input and data analysis:

ADVANCE HEALTH AND WELL-BEING	BUILD RESILIENT COMMUNITIES AND IMPROVE SOCIAL DETERMINANTS
• Chronic illness (heart disease, diabetes, obesity) • Behavioral health (including mental health and substance abuse) • Access to care	• Improving employment • Increasing access to housing

Over the past three years, CHRISTUS Spohn Health System has collaborated with community partners, local organizations, health providers and faith leaders to implement programs and strategies aimed at reducing disparities and improving health outcomes in these priority areas. Particular attention was given to reaching populations most impacted by systemic barriers, such as the uninsured, low-income families and rural residents.

The following pages highlight a selection of initiatives, partnerships and outcomes that emerged during the 2023–2025 implementation cycle. These examples reflect our ongoing commitment to building healthier, more equitable communities rooted in dignity, compassion and justice.

Prioritized Needs

<div style="background-color:purple; color:white;">**ADVANCE HEALTH AND WELL-BEING**</div>

During the 2023–2025 CHNA cycle, CHRISTUS Spohn Health System advanced multiple strategies aimed at reducing disparities in chronic illness, behavioral health and health care access. Many initiatives prioritized vulnerable populations, including uninsured residents, individuals with limited access to specialty care and communities facing persistent poverty.

Chronic Illness

Strategy: Deliver targeted chronic disease prevention and management through education, screenings, case management and community engagement.

Implementation Highlights:

- Community Health Workers (CHWs) and nurse navigators provided hundreds of individuals with access to free resources, blood pressure monitors, diabetes education and case management.
- Ongoing Diabetes Self-Management Education classes were offered at the Dr. Hector P. Garcia Memorial Family Health Center in partnership with Texas A&M and the Coastal Bend Health Education Center.
- Preventive screenings and outreach were held in partnership with the American Heart Association and regional clinics.

Progress:

- Patients receiving case management services through CHWs showed improvement in A1c levels.
- Over 100 participants accessed diabetes and heart health resources through the community health development team.
- Free blood pressure monitors were distributed, and participants reported improved understanding of self-monitoring practices.

Behavioral Health

Strategy: Expand behavioral health services and integrate mental health and substance use interventions into existing clinical pathways.

Implementation Highlights:

- Free depression screenings were administered at all Family Health Center and Quick Care Clinic visits.
- Licensed professional counselors and a licensed chemical dependency counselor provided ongoing mental health services to uninsured and underinsured patients.
- Inpatient behavioral health capacity expanded through a partnership with Oceans Healthcare, increasing treatment availability in the region.

Progress:

- Thousands of PHQ-2 and PHQ-9 screenings were completed, leading to improved diagnosis and treatment planning.
- Behavioral health referrals and utilization of in-house counseling services significantly increased.
- Expansion efforts resulted in a measurable increase in the number of individuals receiving inpatient mental health treatment across the Coastal Bend.

Access to Care

Strategy: Improve access through expanded clinic hours, mobile outreach and navigation support.

Implementation Highlights:

- The Quick Care Clinic at Dr. Hector P. Garcia Memorial Family Health Center extended its hours to offer evening walk-in access.
- The Care Van, supported by a dedicated staff with an advanced care practitioner, expanded its presence in rural and underserved communities.
- There was improved collaboration with local organizations, non-profits and community partners to streamline referrals and access to preventive care.

Progress:

- There were increased patient volumes and higher satisfaction at Quick Care due to flexible evening hours.
- The Care Van reached hard-to-access populations, helping close care gaps in primary and chronic care services.

While not traditionally viewed as clinical concerns, employment and housing were identified as core social determinants impacting the health of individuals and families across the Coastal Bend. CHRISTUS Spohn Health System sought to elevate its role as a convener, connector and advocate to address these foundational community needs.

Improving Employment

Strategy: Strengthen the local health workforce pipeline and expand clinical training opportunities.

Implementation Highlights:

- Hosted preceptorships for nursing, allied health, and public health students through partnerships with Del Mar College, Coastal Bend College, and Texas A&M University–Corpus Christi.
- Expanded AmeriCorps placements and internships in community outreach and health navigation.

Progress:

- More than 300 clinical students completed rotations within CHRISTUS Spohn facilities during the CHIP cycle.
- Clinical training participation helped build awareness of local job opportunities in health care and increased the likelihood that students stay in the region post-graduation.
- Strengthened engagement with regional workforce boards and training partners; built internal capacity through community-based internships and placements.

Increasing Access to Housing

Strategy: Invest in wraparound housing solutions through grantmaking, coalition-building and advocacy.

Implementation Highlights:

- Supported the City of Corpus Christi and local shelters through CHRISTUS Fund grants focused on emergency housing, eviction prevention and case management.
- Actively participated in the Homeless Leaders Collaborative, coordinating cross-agency efforts to address root causes of homelessness and strengthen the local housing safety net.

Progress:

- CHRISTUS Fund investments expanded the capacity of housing and social service agencies, including Catholic Charities, Metro Ministries and The Salvation Army.
- The Homeless Leaders Collaborative adopted a results-based accountability model and saw an increase in data sharing, service coordination and cross-sector participation.
- Ongoing work contributed to improved discharge planning from hospitals for individuals experiencing housing instability.

CHNA Process

Data Collection Process

The 2026–2028 Community Health Needs Assessment (CHNA) process began with a thorough review of data from previous assessment cycles to evaluate progress on the health priorities identified in earlier years. This retrospective analysis helped shape the foundation for a comprehensive, forward-looking approach. Aligned with the Results-Based Accountability (RBA) framework, the CHNA process focused on outcomes across the lifespan and integrated input from community members and stakeholders at every step.

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

Metopio, a data platform designed for community engagement, supported the CHNA by enabling real-time data visualization and exploration. Through Metopio, participants could better understand indicators and provide meaningful input on which issues were most relevant to their communities.

The data collection steps included the following:

- **Community Survey**
  Distributed to Associates, patients and residents to gather insights on social needs and health challenges
- **Community Indicator Workgroups**
  Engaged stakeholders in identifying meaningful indicators aligned with community priorities
- **Data Dictionary Work Sessions**
  Refined each leading indicator with both lay and technical definitions, ensuring clarity and alignment
- **Community Focus Groups**
  Brought together diverse voices to contextualize the data and validate findings through lived experience
- **Windshield Surveys**
  Offered direct observations of community environments to identify physical and social determinants of health

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

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

Quantitative Data Collection

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

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

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

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

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

Qualitative Data Collection

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

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

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

Community Survey

1,056
Survey Respondents

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

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

Community Indicator Workgroup

41
Participants

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

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

Data Dictionary Work Session

10
Participants

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

Community Focus Groups

23
Participants

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

Windshield Survey

In addition to other data methods, CHRISTUS Health used windshield surveys to better understand the physical and social conditions of our communities. This involved driving through neighborhoods to observe things like housing, green spaces, transportation and overall community upkeep, factors that aren't always visible in the data. These surveys gave a clearer picture of how the environment helps or hinders health and well-being and allowed us to connect what we see with how people live. These insights help ensure our assessment reflects both the numbers and the everyday realities in the places we serve.

Participants

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

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

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

COMMUNITY INDICATOR WORKGROUP PARTICIPANTS

- Liann Alfaro, Corpus Christi Regional Transportation Authority
- Victoria Blanco, Coastal Bend Food Bank
- Sherry Bowers, Mission of Mercy
- Audrey Cantu, Coastal Bend Food Bank
- Megan Durning, CHRISTUS Spohn
- Belinda Flores, South Coastal Area Health Education Center
- Starr Flores, Coastal Bend Health Education Center
- Kathrine Galvan, Corpus Christi-Nueces County Public Health District - WIC Program
- Laura Garcia, CHRISTUS Spohn
- Heather Garza, CHRISTUS Spohn

- Jessica Guerra Martinez, CHRISTUS Health
- Valerie Gutierrez, CHRISTUS Spohn
- Tanya Herrera, The Purple Door
- Roxanne Jenkins, CHRISTUS Spohn
- Michele Johnston, Catholic Charities of Corpus Christi
- Blaze Kinch, Corpus Christi-Nueces County Public Health District
- Andrea Kovarik, Nueces Center for Mental Health and Intellectual Disabilities
- Amy Kramer, Nueces Center for Mental Health and Intellectual Disabilities
- Laci Lasater Charles, CHRISTUS Spohn
- Melisa Lerma, CHRISTUS Spohn

- Peter McCourt, CHRISTUS Spohn
- Jelena McDonnell, Corpus Christi Independent School District
- Tom McGlynn, CHRISTUS Spohn
- Sheryl McMillan, Texas A&M University Corpus Christi
- Polly Mock, CHRISTUS Spohn
- Clarissa Mora, Children's Advocacy Center of the Coastal Bend
- Nadine Nadal Monforte, CHRISTUS Health
- Fr. Christopher Okoli, CHRISTUS Spohn
- Nesrin Omar, Nueces Center for Mental Health and Intellectual Disabilities
- Jessica Pena, CHRISTUS Spohn

- Sally Perales, South Texas Family Planning and Health Corporation
- Mary Dale Peterson, Driscoll Children's Hospital
- Christine Reyes, Corpus Christi-Nueces County Public Health District
- Margot Rios, CHRISTUS Spohn
- Wendy Romo, CHRISTUS Spohn
- Janna Shoe, Texas 211
- Judy Telge, Coastal Bend Center for Independent Living
- Marisa Telge Masar, Coastal Bend Center for Independent Living
- C. Michelle Unda, Corpus Christi Regional Economic Development Corporation
- Jonathan Williams, The Boys & Girls Club of the Coastal Bend
- Martha Zuniga, South Texas Family Planning and Health Corporation

DATA DICTIONARY WORK SESSION PARTICIPANTS

- Patty Clark
- Belinda Flores
- Jessica Guerra Martinez

- Valerie Gutierrez
- Michele Johnston
- Peter McCourt

- Sandra Moreno
- Nadine Nadal Monforte
- Christine Reyes

- John Valdez

COMMUNITY FOCUS GROUPS			
• Caroline Cullen • Simon del Alto • Anahi Delgado • Belinda Flores • Galiana Garza • Cynthia Gonzales	• Michelle Goodman • Valerie Gutierrez • Roxanne Jenkins • Rebecca Lawhon • Melisa Lerma	• Emily Luna-Linares • Anndelee Maldonado • Peter McCourt • Lisa McKenna • Tiffany Mendietta Scott Nickerson	• Julie Pina • Mya Smith • Mary Spicak • Gracie Sun • Shannon Treasure • Colin Wanek

WINDSHIELD SURVEY	
• Everett, Orel, Chief Medical Officer, CHRISTUS Spohn	• Peter McCourt, VP of Mission Integration, CHRISTUS Spohn

Lifespan Areas and Leading Indicators

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

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

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

The table below lists all the indicators discussed during the CHNA community indicator workgroup process, covering a wide range of health concerns and community priorities identified across various life stages.

ALL INDICATORS			
Maternal Health and Early Childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with the care and support to grow up physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*
• (Lack of) Access to care: shortage of providers (OBGYN, etc.) before conception • Substance use/neonatal abstinence syndrome (NAS) • Chronic conditions: diabetes, heart disease, high blood pressure, obesity • Poverty: lack of financial resources for our health care • Healthy births • Affordable child care • Lack of education/health literacy • Postpartum care • STI's: HPV, chlamydia and syphilis • Mental health of mothers: postpartum depression • Financial instability/socioeconomic • Lack of proper nutrition/food insecurity • Family stability	• Mental health/suicide • Chronic health conditions: obesity, diabetes, fatty liver • Mental health: ADHD, Autism • Teen pregnancy • Poverty/socioeconomic • Food insecurity • Substance use • Lack of education/graduation rates • STI's • Developmental delays • Access to healthy nutrition • Foster children • Family stability • Work class change • Screen time • Parent engagement • Isolation from COVID	• Obesity • Provider shortages • Diabetes • Lack of resources in rural areas • Heart disease • Mental health • Uninsured/underinsured (access for the homeless, income gap/cliff effect) • Substance abuse • Housing • Access to specialty care • Poverty/"working poor" (choices between health care and work) • No preventative care • Co-occurring behavioral health (substance use and mental health) • Food insecurity • Limited resources for individuals with disabilities (disparities) • Safe discharges/lack of support	• Obesity • Diabetes • Heart disease • Lack of resources in rural areas • Substance abuse (opioid addiction) • Fixed income • Housing • Limitation of Medicare Advantage benefits • Food insecurity • Limited resources for individuals with disabilities (disparities) • Dementia/Alzheimer's • Health literacy • Safe discharges/lack of support • Dental • Lack of education, transportation and communication • Insurance literacy

• Education/graduation rates		• Dental • Lack of mobility (physical and transportation) • Health care literacy/navigation • Financial literacy • Fragmented service coordination • Fear of service loss due to immigration status	• Lack of mobility (physical and transportation) • Medication management • Language barriers • Aging process/disease progression/abilities to perform activities of daily living • Isolation • Service delivery fragmentation • Multi-generational financial burdens • Fear of service loss due to immigration status • End of life care • Lack of trust/continuity of care • False information from family members • Family interference in decision-making • Unwilling to use assets

The table below highlights the leading indicators across the Coastal Bend.

LEADING INDICATORS			
Maternal Health and Early Childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with the care and support to grow up physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*

• Access to care
  • OBGYNs
• Healthy births
• Neonatal abstinence syndrome
• Chronic diseases
  • Heart disease
  • Diabetes
  • Obesity
• Poverty
	• Chronic diseases
	  • Obesity
	  • Diabetes
	  • Fatty liver
	• Behavioral health
	  • Suicide
	• Neurodevelopmental disorders (autism and ADHD)
	• Teen pregnancy
	• Food insecurity
	• Poverty
		• Access to care
		  • Provider shortage
		  • Insurance
		• Chronic diseases
		  • Heart disease
		  • Diabetes
		  • Obesity
		• Behavioral health
		  • Mental health
		  • Substance abuse
			• Chronic diseases
			  • Heart disease
			  • Diabetes
			  • Obesity
			• Behavioral health
			  • Mental health
			  • Substance abuse
			• Poverty
			• Housing insecurity

Data Needs and Limitations

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

Data Needs:

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

Limitations:

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

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

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

Chapter 6: CHNA Data

CHNA Data

This chapter presents the findings of the Community Health Needs Assessment (CHNA) for the CHRISTUS Spohn Health System service area, offering a detailed picture of the region's health status, strengths and challenges. Drawing on both local and national data sources — including the U.S. Census, American Community Survey and Metopio — this section examines a wide range of demographic, socioeconomic, environmental and health indicators.

The chapter begins with a demographic overview, exploring how factors such as age, race, gender, income and language influence access to care and overall well-being across the region. It then turns to the broader social determinants of health — the conditions in which people are born, grow, live, work and age — and highlights how housing, education, transportation and economic opportunity shape health outcomes.

Subsequent sections focus on key health concerns in the community, including access to care, chronic disease, behavioral health, maternal and child health, infectious disease, substance use and health risk behaviors. Special attention is given to disparities affecting vulnerable populations, as well as the barriers to care that are unique to the CHRISTUS Spohn service area, such as provider shortages, insurance gaps, and the challenges faced by rural communities.

Together, these interconnected findings provide the foundation for identifying strategic priorities and guiding collaborative efforts to advance health equity across the region.

Community Demographics

The communities served by CHRISTUS Spohn Health System display distinct demographic and socioeconomic patterns compared to those of the state of Texas overall. Population trends across the seven-county service area vary widely. While Nueces and San Patricio counties have experienced modest growth in recent years, counties such as Brooks, Jim Wells and Kleberg have seen notable population declines.

Birth rates also vary significantly across the region. Aransas County reports one of the highest rates — well above the state average — while Brooks and Kleberg counties report substantially lower rates, which may reflect broader demographic shifts and access to prenatal care.

Poverty levels across the service area remain above the statewide average in nearly every county. Brooks County, in particular, has one of the highest poverty rates in the region, with Kleberg and Jim Wells counties not far behind. These economic challenges are likely to contribute to persistent disparities in health outcomes, access to services and social determinants of health.

Mortality rates in all seven counties exceed the state average, with Aransas and Brooks counties showing particularly high rates of all-cause mortality. These data point to ongoing health burdens in the region and underscore the importance of community-based strategies that address prevention, early intervention and equitable access to care.

Topic	Texas	Aransas County, TX	Bee County, TX	Brooks County, TX	Jim Wells County, TX	Kleberg County, TX	Nueces County, TX	San Patricio County, TX
Population *residents* 2023	30,503,301	24,449 Data is showing for 2019-2023.	31,000 Data is showing for 2019-2023.	6,987 Data is showing for 2019-2023.	38,863 Data is showing for 2019-2023.	30,629 Data is showing for 2019-2023.	352,289	70,660
Population density *residents/mi^2* 2019-2023	113.45	96.99	35.22	7.41	44.92	34.75	420.50	100.25
Change in population *% change* 2010-2020	15.91	2.90	-2.55	-2.04	-4.77	-3.18	3.81	6.10
Land area *square miles* 2020	261,267.836	252.069	880.239	943,355	865.176	881.306	839.065	693.436
Birth rate *births per 1,000 women ages 15-50* Female, 2023	55.44	80.22 Data is showing for 2019-2023.	59.25 Data is showing for 2019-2023.	18.27 Data is showing for 2019-2023.	55.37 Data is showing for 2019-2023.	37.45 Data is showing for 2019-2023.	55.23	56.99 Data is showing for 2019-2023.
Mortality rate, all causes *deaths per 100,000* 2023	761.8	1,544.9	966.0	1,343.5	1,187.2	944.5	952.3	1,044.4
Occupied *% of housing units* 2023	90.85	74.31 Data is showing for 2019-2023.	80.90 Data is showing for 2019-2023.	74.79 Data is showing for 2019-2023.	82.05 Data is showing for 2019-2023.	84.34 Data is showing for 2019-2023.	85.17	83.43

Topic	Texas	Aransas County, TX	Bee County, TX	Brooks County, TX	Jim Wells County, TX	Kleberg County, TX	Nueces County, TX	San Patricio County, TX
Poverty rate *% of residents* 2023	13.67	18.69 Data is showing for 2019-2023.	16.97 Data is showing for 2019-2023.	30.65 Data is showing for 2019-2023.	23.22 Data is showing for 2019-2023.	28.84 Data is showing for 2019-2023.	17.08	18.31
Poverty rate *% of residents* 0-4 years, 2023	19.64						37.20	41.67
Poverty rate *% of residents* 5-17 years, 2023	17.96						21.07	27.36

Age

The population within the CHRISTUS Spohn Health System service area spans all life stages, with a slightly younger tilt compared to state and national trends. Adults aged 18 to 39 make up the largest portion of the population at 30.6%, followed closely by those aged 40 to 64 at 29.6%. School-age children and adolescents (ages 5–17) represent 17.8%, while older adults aged 65 and over make up 15.9%. The youngest cohort, children under age five, represents 6.1% of the total population. This distribution reflects a working-age majority, alongside a significant older adult population that is expected to grow in coming years.
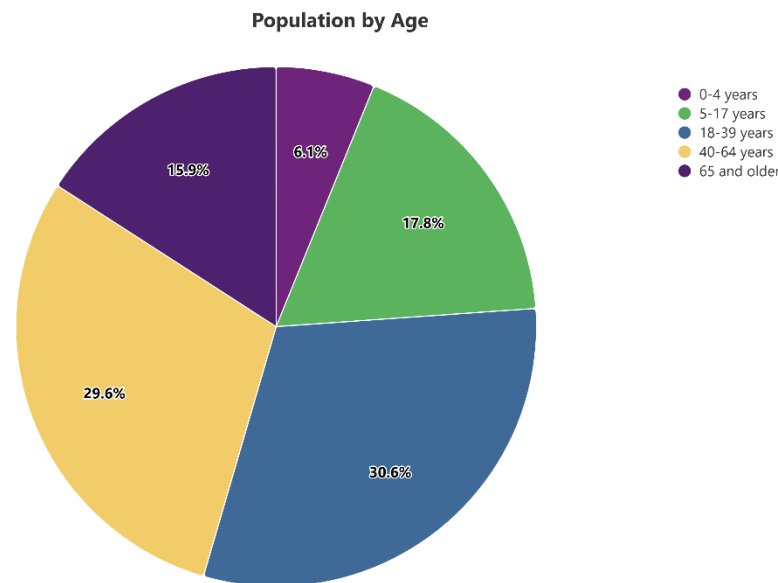
Population by Age

- 0-4 years
- 5-17 years
- 18-39 years
- 40-64 years
- 65 and older

Sex

The CHRISTUS Spohn service area has a nearly even split by sex, with 50.7% of the population identifying as male and 49.3% as female. This balanced distribution helps inform service planning across all life stages and health needs. The slight male majority contrasts with broader national trends, where females typically outnumber males, particularly among older adults.
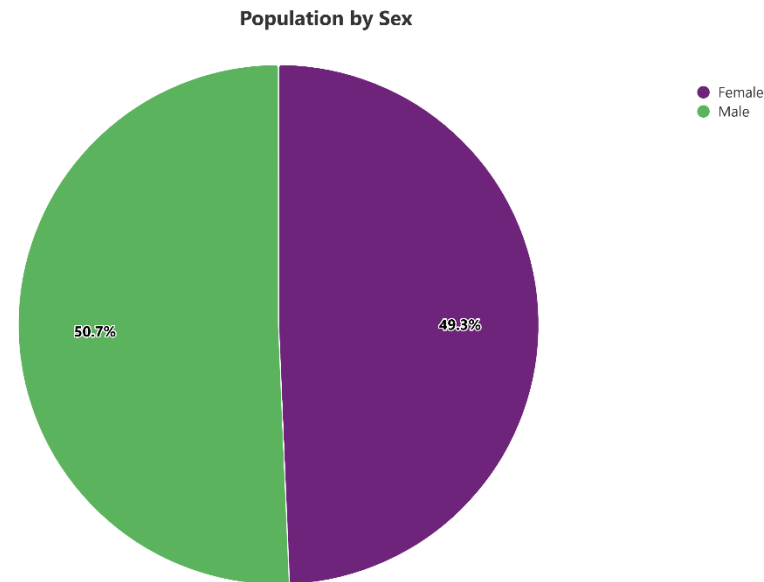
Population by Sex

- Female
- Male

Race and Ethnicity

The region is predominantly Hispanic or Latino, who make up 61.6% of the population. Non-Hispanic Whites account for 31.5%, followed by Non-Hispanic Blacks (3.0%) and Asians (1.9%). Native Americans, Pacific Islanders and individuals identifying with two or more races represent a small but present portion of the population. This rich racial and ethnic diversity reflects the unique cultural fabric of the Coastal Bend, underscoring the importance of culturally responsive care and inclusive outreach.
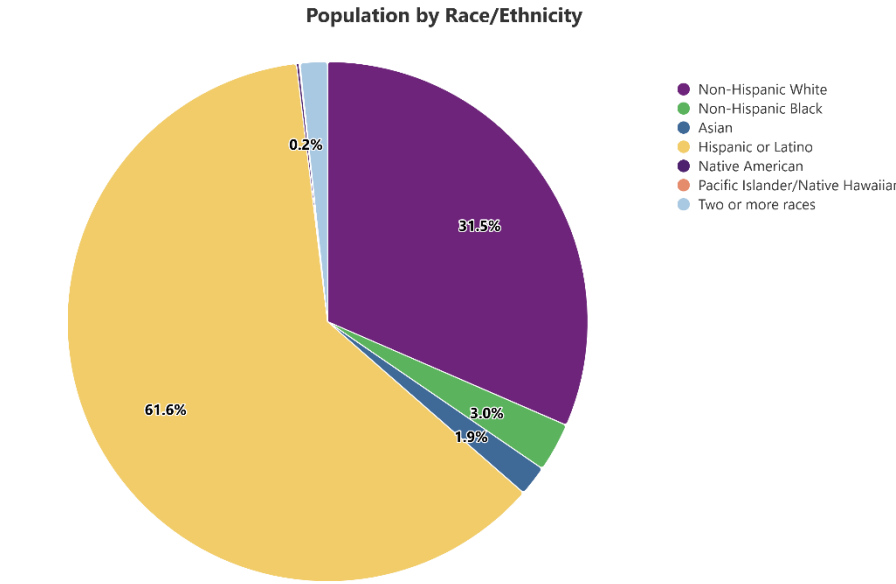
Population by Race/Ethnicity

- Non-Hispanic White
- Non-Hispanic Black
- Asian
- Hispanic or Latino
- Native American
- Pacific Islander/Native Hawaiian
- Two or more races

0.2%
31.5%
3.0%
1.9%
61.6%

Limited English Proficiency

Language access remains an important factor in health equity. Approximately 6.85% of residents in the CHRISTUS Spohn service area speak English less than "very well," which is lower than the statewide rate of 12.84% and below the national average of 8.39%. While the regional rate is comparatively low, local variation may still create significant barriers in specific communities or service settings, especially where culturally and linguistically appropriate care is limited.
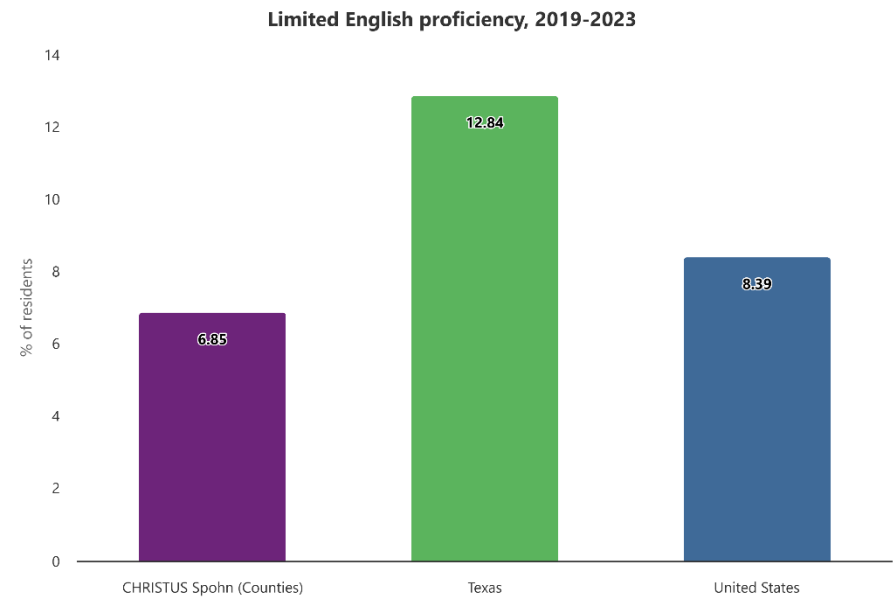
Limited English proficiency, 2019-2023

% of residents

CHRISTUS Spohn (Counties)	Texas	United States
6.85	12.84	8.39

Foreign Born Population

Roughly 7.24% of the population in the CHRISTUS Spohn service area is foreign-born. This is significantly lower than the Texas average of 17.19% and the national rate of 13.87%. While the proportion of foreign-born residents is smaller in this region, ongoing support for immigrant communities — including language services, access to coverage and culturally competent care — remains vital for equitable health outcomes.

Foreign born, 2019-2023
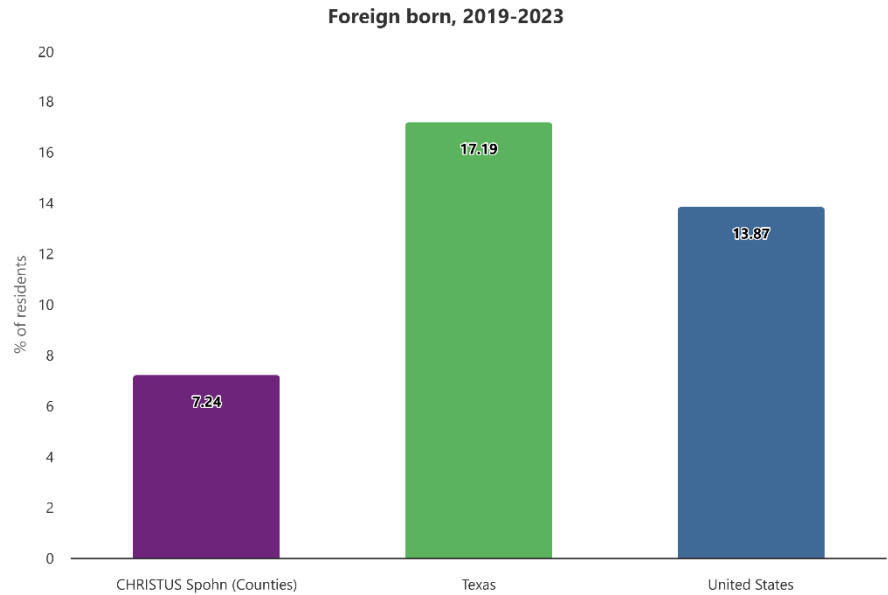
Created on Metopio | metop.io/i/eu1vw9wo | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B05002)

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

Household and Family Structure

Single-Parent Households

Single-parent households are a notable demographic in the CHRISTUS Spohn service area. The rate stands at 8.41%, which is higher than both the Texas average of 7.23% and the national average of 6.18%. This elevated prevalence may reflect underlying economic and social stressors in the region and has implications for child health, access to support services and intergenerational outcomes.

Single-parent households, 2019-2023
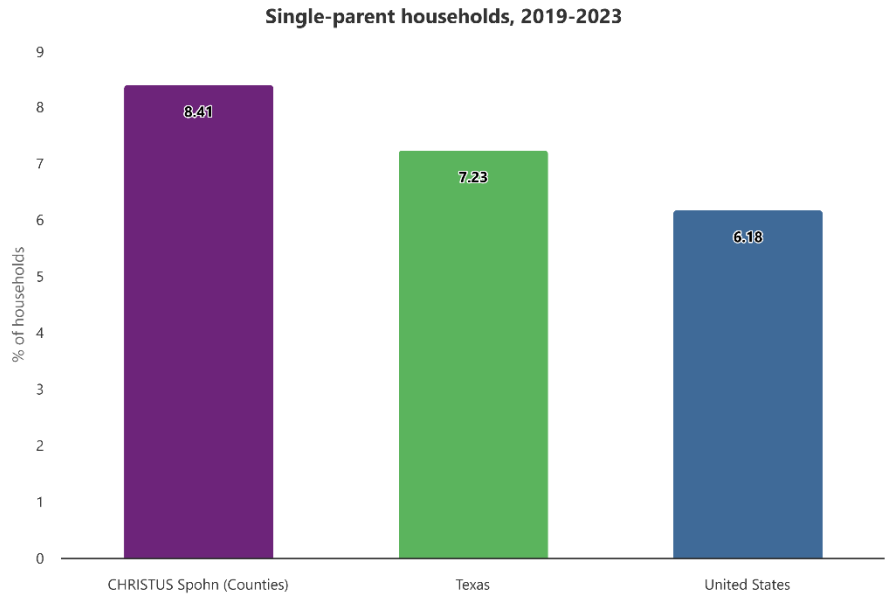
Created on Metopio | metop.io/i/yz6fk4o6 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B11012)

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

Seniors Living Alone

From 2015 to 2023, the percentage of seniors living alone in the CHRISTUS Spohn service area remained below the national averages, although it increased gradually over time. By 2019–2023, 23.89% of seniors in the region lived alone, compared to 24.01% in Texas and 26.46% nationally. While this suggests relatively strong family or community ties, the upward trend indicates a growing need for senior support services and social connection initiatives.

Seniors living alone (65 and older)
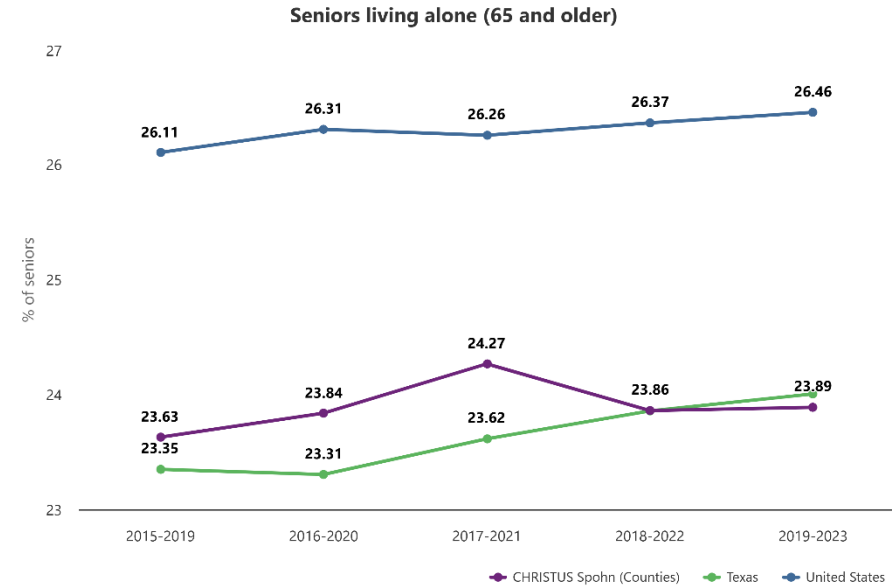
Created on Metopio | metop.io/i/tfgfru6c | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B09020)

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

Economics

Median Household Income

Median household income in the CHRISTUS Spohn service area has consistently lagged behind state and national averages. Between 2015 and 2023, income in the region peaked at $63,875.52 but showed signs of decline in more recent years. While both Texas and the United States experienced more robust growth in household income, the local figures reflect persistent economic challenges that can influence access to care, housing stability and overall well-being.

Median household income

CHRISTUS Spohn (Counties) ● Texas ● United States
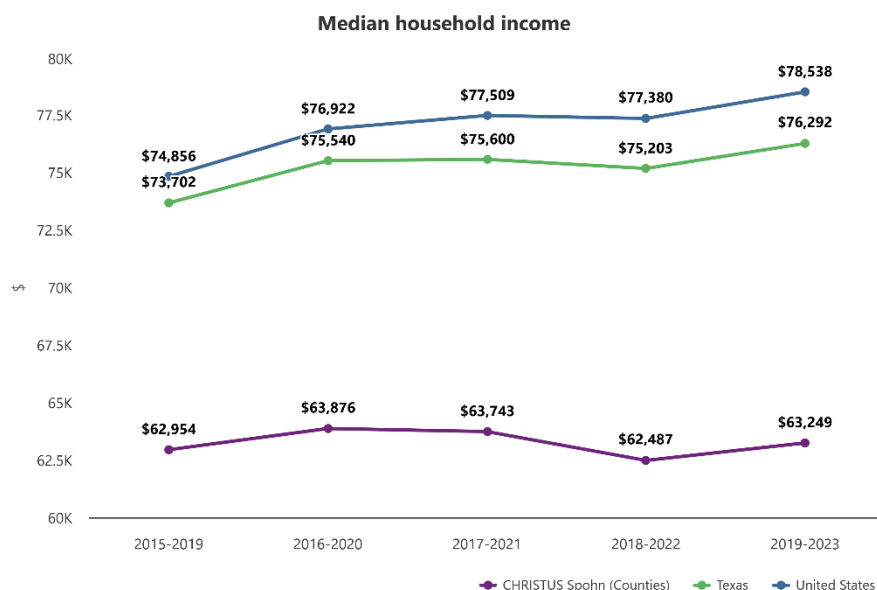
Created on Metopio | metop.io/i/vacph9h3 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

Median Household Income by Race and Ethnicity

Income disparities by race and ethnicity are evident across all geographies. Nationally, the median household income is $78,538, compared to $76,292 in Texas and $63,248 in the CHRISTUS Spohn service area. Asian households report the highest median incomes — reaching $113,106 in the U.S. — while Non-Hispanic Black households report the lowest. In the CHRISTUS Spohn region, Non-Hispanic Black households earn a median income of $40,533, underscoring a significant equity gap that mirrors broader statewide and national trends.

Median household income by Race/Ethnicity, 2019-2023

CHRISTUS Spohn (Counties) ● Texas ● United States
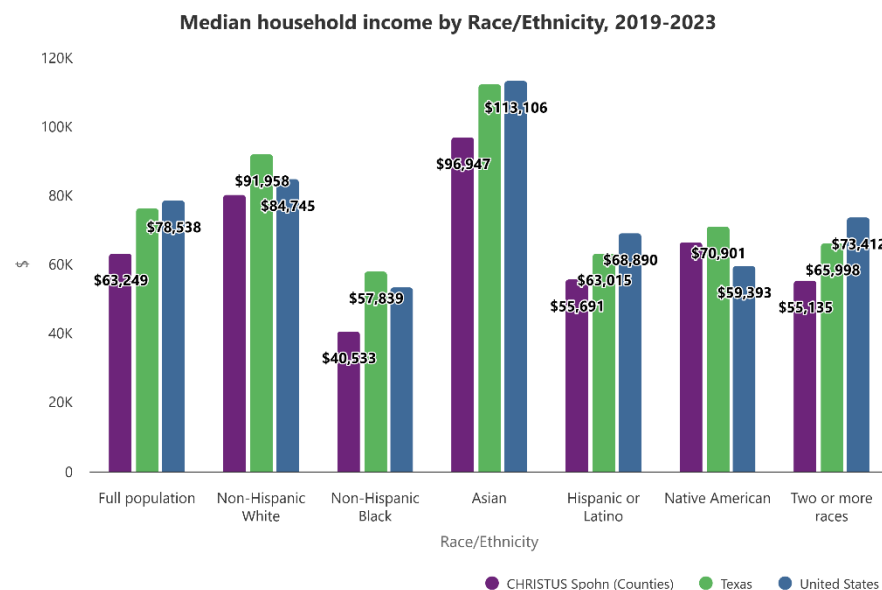
Created on Metopio | metop.io/i/5hbk73go | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

Poverty Rate by Race and Ethnicity

The poverty rate in the CHRISTUS Spohn service area exceeds both the state and national averages, with particularly high rates among Non-Hispanic Black, Asian, Pacific Islander/Native Hawaiian, Native American and Hispanic/Latino populations. These disparities suggest that structural inequities continue to disproportionately affect communities of color in the region, impacting long-term health outcomes, educational attainment and economic opportunity.

Poverty rate by Race/Ethnicity, 2019-2023
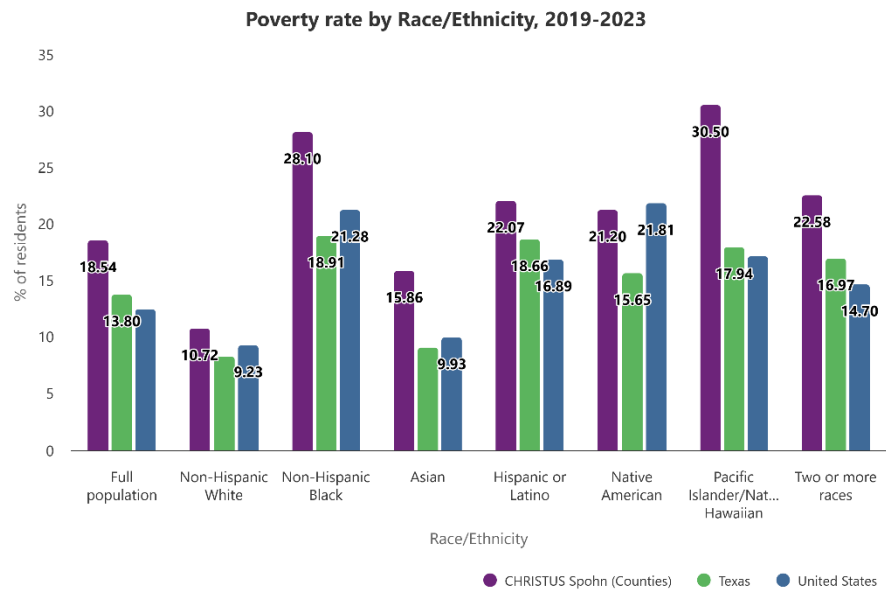
Created on Metopio | metop.io/i/gs6zpqgt | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

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

Education

High School Graduation Rate by Race and Ethnicity

High school graduation rates in the CHRISTUS Spohn service area average 84.42%, which is slightly lower than the Texas rate of 85.7% and the national average of 89.39%. While Non-Hispanic White (94.28%) and Asian (90.28%) students show high rates of completion, Hispanic or Latino students graduate at a significantly lower rate (78.25%), pointing to a persistent educational gap that may influence future workforce and health outcomes.
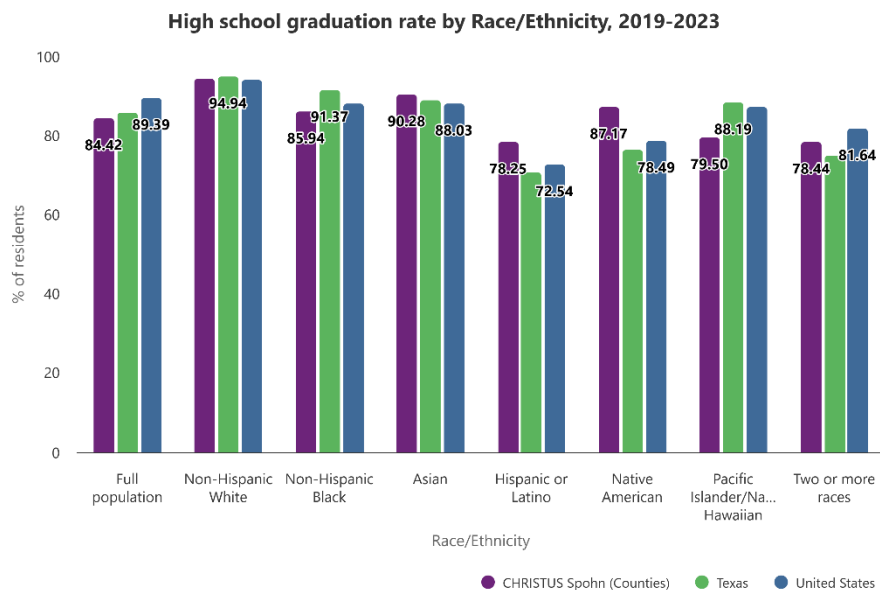
High school graduation rate by Race/Ethnicity, 2019-2023

● CHRISTUS Spohn (Counties)   ● Texas   ● United States

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

Higher Degree Graduation Rate

Educational attainment beyond high school is lower in the CHRISTUS Spohn region compared to broader benchmarks. Only 32.62% of residents in the area have completed a higher degree, versus 42.29% in Texas and 44.99% nationwide. This gap highlights the need for increased access to post-secondary education and workforce development opportunities that can support long-term community resilience.
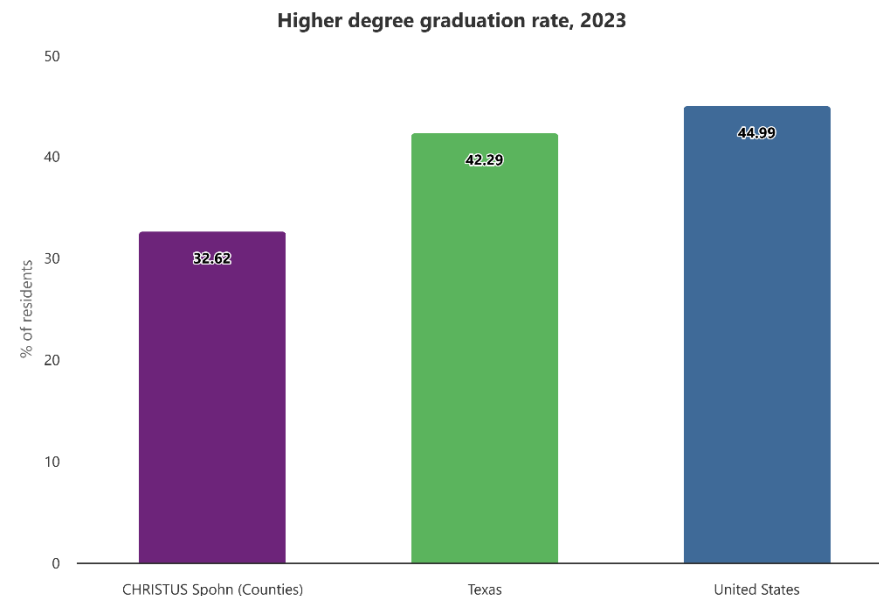
Higher degree graduation rate, 2023

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

Employment

Unemployment Rate by Race and Ethnicity

The overall unemployment rate in the CHRISTUS Spohn service area is relatively low at 4.31%, comparable to the rates in Texas (4.39%) and similar to the U.S. (4.31%). However, significant disparities exist across racial and ethnic groups. Non-Hispanic White residents experience the lowest unemployment in the region at 2.51%, while Non-Hispanic Black residents face the highest at 10.01%. Hispanic or Latino individuals report an unemployment rate of 4.88%, slightly higher than the state average. These patterns reflect systemic barriers to employment and economic mobility among marginalized groups.

Unemployment rate by Race/Ethnicity, 2023

● CHRISTUS Spohn (Counties) ● Texas ● United States
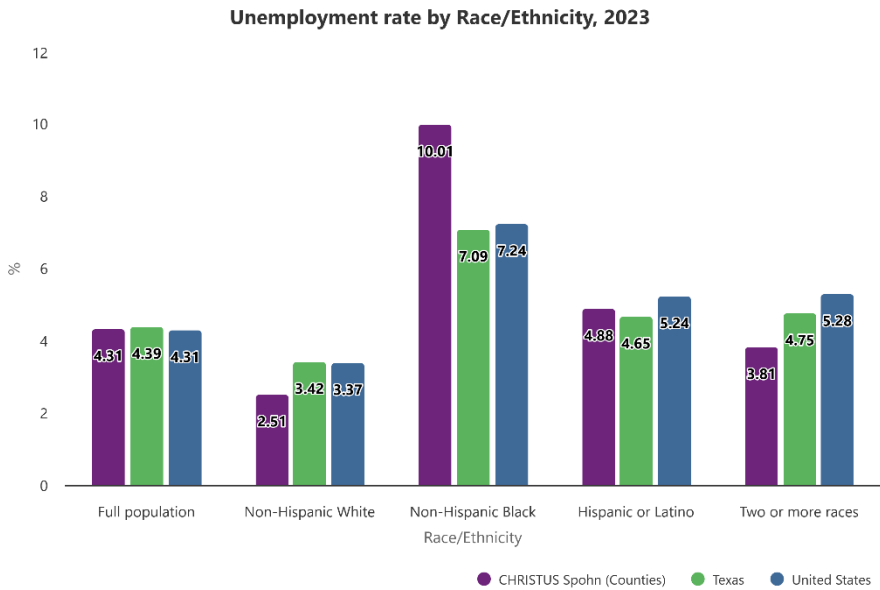
Created on Metopio | metop.io/i/rdy1yad3 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B23025, B23001, and C23002)
Unemployment rate: Percent of residents 16 and older in the civilian labor force who are actively seeking employment.

Life Expectancy

Life expectancy in the CHRISTUS Spohn service area is 73.89 years, considerably lower than the Texas average of 76.66 years. This gap points to broader health disparities and underscores the need for targeted public health interventions, chronic disease management and social support systems that can extend healthy lifespans, particularly in underserved communities.

Life expectancy, 2020-2022

Created on Metopio | metop.io/i/idxs19r1 | **Data sources:** Centers for Disease Control and Prevention (CDC): National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project (USALEEP) (available until 2015) (Everywhere except WI), University of Wisconsin Population Health Institute: County
Life expectancy: Life expectancy at birth, or at the start of the specified age bracket. This is equal to the average age at death of all people born in this place, or all people who have lived to the start of the specified age bracket.

Health Access and Barriers to Care

Communities served by CHRISTUS Spohn Health System across the Coastal Bend face persistent and interconnected barriers to accessing timely, affordable and equitable care. These challenges are shaped by the region's geography, economy, infrastructure and social conditions.

High Uninsured Rates and Economic Vulnerability

The Coastal Bend's economy relies heavily on seasonal and fluctuating industries such as oil and gas extraction, agriculture, fishing and tourism. As a result, many residents experience inconsistent employment and insurance coverage. The uninsured rate across the CHRISTUS Spohn service area remains higher than state and national averages, contributing to delayed preventive care, missed screenings and unmanaged chronic conditions. This economic instability increases health risks associated with diabetes, cardiovascular disease and respiratory illness conditions already prevalent in the region.

Geographic Isolation and Limited Transportation

Patients in rural counties, including Kleberg, Bee, Jim Wells, San Patricio, Brooks and Duval, often must travel long distances to reach specialty care, much of which is concentrated in Corpus Christi. Limited or nonexistent public transportation further compounds these challenges. In communities like Falfurrias, Freer and Refugio, residents without reliable vehicles may forgo appointments altogether, disrupting chronic disease management and reducing opportunities for early intervention.

Environmental Health Risks and Chronic Disease

The Coastal Bend's proximity to industrial facilities, refineries and agricultural zones contributes to elevated environmental health risks. Communities face higher exposure to air pollutants and other environmental hazards, increasing rates of asthma and other respiratory conditions. Additionally, the region experiences disproportionately high rates of obesity, hypertension and diabetes, especially among Hispanic and low-income populations. These chronic conditions require sustained access to coordinated care, health education and nutrition support — resources that remain unevenly distributed across the service area.

Significant Behavioral Health Shortages

Behavioral health needs are escalating across the Coastal Bend, yet access to care remains critically limited. The region faces significant shortages of licensed mental health professionals, including psychiatrists, therapists and substance use counselors. Inpatient psychiatric beds are scarce, especially for youth and individuals in crisis. As a result, many patients rely on emergency departments for urgent behavioral health needs, placing strain on hospital resources and highlighting the need for community-based outpatient and crisis stabilization services.

Human Trafficking and Immigration-related Health Needs

Located near the U.S.–Mexico border and intersected by major trafficking routes (I-37, U.S. Hwy 77), the Coastal Bend is a high-risk region for human trafficking and immigration-related vulnerabilities. Individuals affected by trafficking or individuals facing systemic barriers to care often avoid medical care due to fear of deportation, language barriers or mistrust of institutions. When they do seek care, they may present with complex, untreated physical and mental health conditions, including trauma-related disorders, infectious diseases and reproductive health concerns.

Community Violence and Gun-related Trauma

Corpus Christi and several surrounding communities experience higher-than-average rates of violent crime, including gun-related injuries, domestic violence and youth trauma. These incidents place ongoing demand on local emergency departments, trauma services and behavioral health systems. Community violence also contributes to residents' perceptions of safety, which can limit participation in evening health programs, support groups or walking-based wellness initiatives.

Cultural, Linguistic and Health-Literacy Barriers

With a majority-Hispanic population, the region must address ongoing language access and health literacy challenges. Many residents encounter difficulties understanding health information, navigating health care systems or adhering to treatment plans. A lack of bilingual staff, culturally appropriate materials and trusted health navigators may result in missed care opportunities and suboptimal outcomes. Enhancing culturally competent care and offering health education in multiple languages is a priority.

Health Care Coverage

Uninsured Rate by Race and Ethnicity

Uninsured rates in the CHRISTUS Spohn service area remain notably higher than state and national averages across all racial and ethnic groups. Hispanic or Latino residents have the highest uninsured rates, both locally and statewide, highlighting persistent disparities. Native American populations also experience elevated uninsured rates in Texas and nationally. These patterns point to significant gaps in health care access and affordability, particularly among historically marginalized communities.

Uninsured rate by Race/Ethnicity, 2019-2023

% of residents — Race/Ethnicity

Race/Ethnicity	CHRISTUS Spohn (Counties)	Texas	United States
Full population	17.78	17.78	8.55
Non-Hispanic White	11.60	9.85	5.71
Non-Hispanic Black	16.40	—	9.46
Asian	14.84	10.06	5.89
Hispanic or Latino	20.94	27.04	17.47
Native American	17.81	24.64	19.22
Pacific Islander/Nat... Hawaiian	24.54	21.95	11.59
Two or more races	21.77	24.24	12.98

Legend: CHRISTUS Spohn (Counties) · Texas · United States

Created on Metopio | metop.io/i/qiwwr1h2 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

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

Private Health Insurance

Private health insurance coverage in the CHRISTUS Spohn service area is 56.04%, lower than both the Texas average of 62.61% and the national rate of 67.33%. This suggests that residents in the region are less likely to have employer-sponsored or individual private insurance, which may be linked to income levels, employment types or other access barriers.
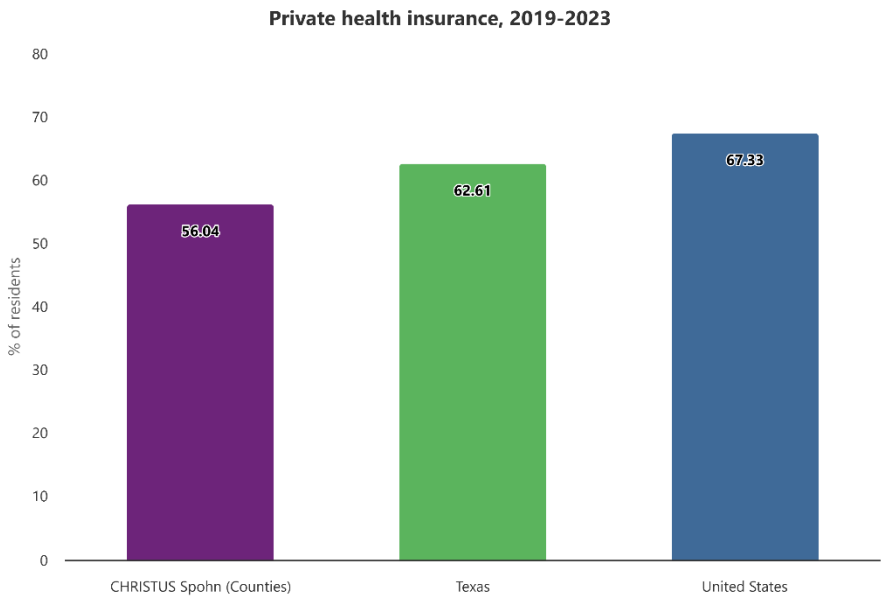
Private health insurance, 2019-2023

- CHRISTUS Spohn (Counties): 56.04
- Texas: 62.61
- United States: 67.33

Y-axis: % of residents

Public Health Insurance

Approximately 35.9% of residents in the CHRISTUS Spohn service area are covered by public health insurance programs, slightly below the national average of 36.31%. Texas reports the lowest rate at 28.9%. These figures highlight the importance of public programs such as Medicaid and Medicare in supporting health access in the region, particularly for vulnerable populations.
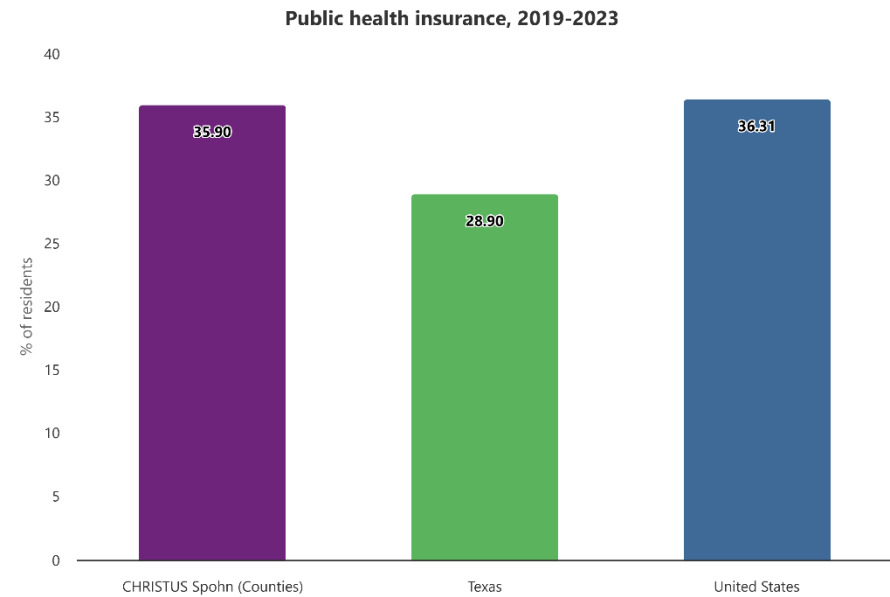
Public health insurance, 2019-2023

- CHRISTUS Spohn (Counties): 35.90
- Texas: 28.90
- United States: 36.31

Y-axis: % of residents

Medicaid Coverage

Medicaid covers 20.51% of residents in the CHRISTUS Spohn service area, closely mirroring the national average of 20.68% and notably exceeding Texas's lower rate of 16.28%. This underscores the region's heavier reliance on Medicaid compared to the rest of the state, likely driven by higher rates of poverty and limited employer-sponsored coverage.

Medicaid coverage, 2019-2023

% of residents

	CHRISTUS Spohn (Counties)	Texas	United States
	20.51	16.28	20.68
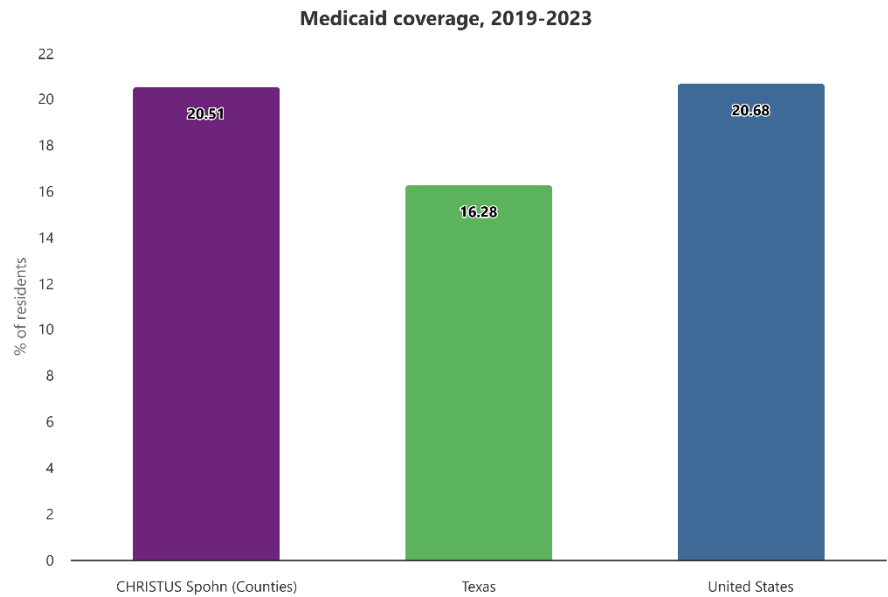
Created on Metopio | metop.io/i/jyj6gkz6 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)

Medicaid coverage: Percent of residents covered by Medicaid, a state-administered health insurance program for residents meeting certain income limits and other eligibility standards that vary by state.

Medicare Coverage

Medicare coverage is reported at 17.63% in the CHRISTUS Spohn service area, slightly below the national rate of 18.13% but significantly higher than Texas's rate of 14.04%. This indicates a relatively strong presence of Medicare-eligible populations locally, suggesting an aging demographic that will benefit from continued investment in geriatric and chronic disease services.

Medicare coverage, 2019-2023

% of residents

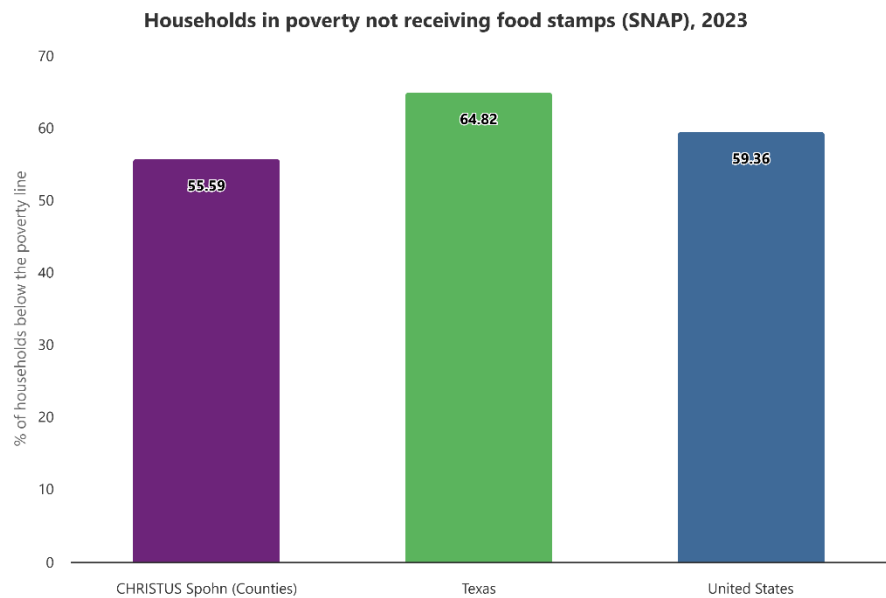|	CHRISTUS Spohn (Counties)	Texas	United States
	17.63	14.04	18.13
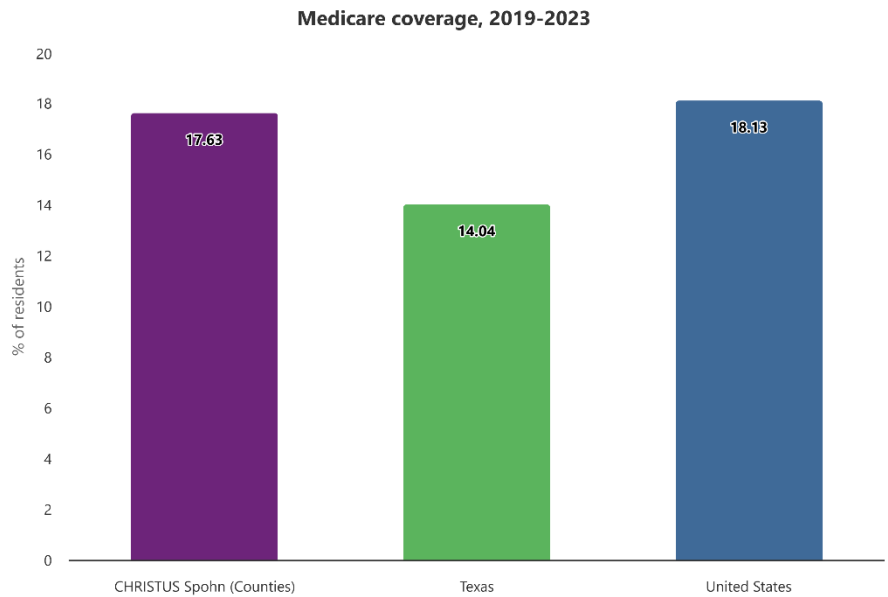
Created on Metopio | metop.io/i/p8141vuc | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)

Medicare coverage: Percent of residents covered by Medicare, the federal health insurance system for seniors and some people with disabilities.

Access to Care

Primary Care Providers per Capita

In 2022, the CHRISTUS Spohn service area had 72.95 primary care providers (PCPs) per 100,000 residents — below the Texas rate of 74.22 and well below the national average of 90.83. While the local rate increased significantly from the previous year, the region still faces a shortage compared to national benchmarks. Strengthening the primary care workforce remains a critical need to ensure timely, equitable access to preventive and routine care.
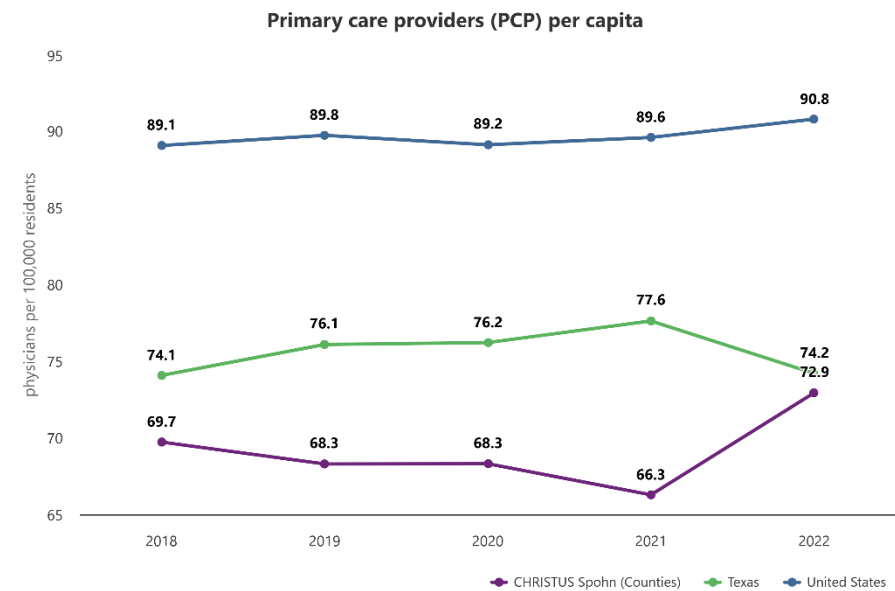
Primary care providers (PCP) per capita

physicians per 100,000 residents

	2018	2019	2020	2021	2022
United States	89.1	89.8	89.2	89.6	90.8
Texas	74.1	76.1	76.2	77.6	74.2
CHRISTUS Spohn	69.7	68.3	68.3	66.3	72.9

● CHRISTUS Spohn (Counties) ● Texas ● United States

Mental Health Providers per Capita

Access to mental health services has expanded in recent years but remains limited compared to the state and national levels. From 2021 to 2025, the CHRISTUS Spohn service area saw a substantial increase in mental health providers per capita — from 131.99 to 245.36. Despite this progress, the region continues to trail the national average of 689.6 providers per 100,000 people. The disparity highlights the urgency of continuing to invest in behavioral health infrastructure and workforce development across the service area.
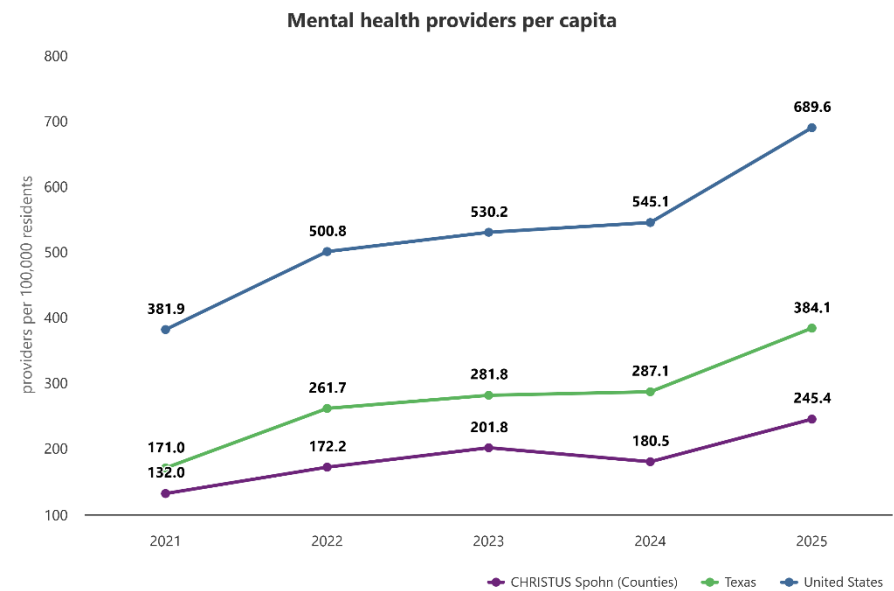
Mental health providers per capita

providers per 100,000 residents

	2021	2022	2023	2024	2025
United States	381.9	500.8	530.2	545.1	689.6
Texas	171.0	261.7	281.8	287.1	384.1
CHRISTUS Spohn	132.0	172.2	201.8	180.5	245.4

● CHRISTUS Spohn (Counties) ● Texas ● United States

Nutrition

Food Insecurity by Race/Ethnicity

Food insecurity in the CHRISTUS Spohn service area stands at 20.47%, significantly higher than both the Texas (17.6%) and U.S. (14.46%) averages. Racial and ethnic disparities are stark: Non-Hispanic Black residents experience the highest rate at 34.19%, followed by Hispanic or Latino residents at 26.9%. These disparities underscore the urgent need for targeted food access interventions across vulnerable communities.

Food insecurity by Race/Ethnicity, 2023
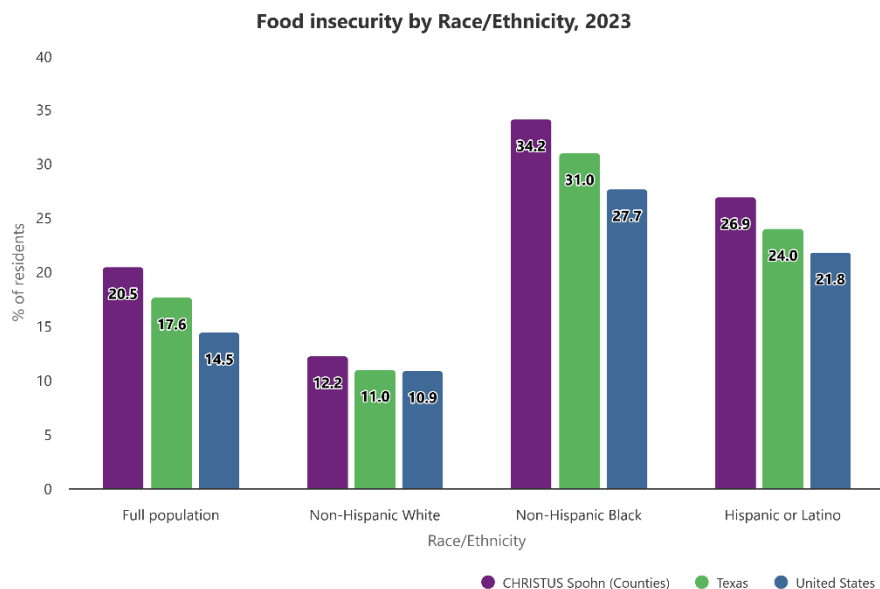
Created on Metopio | metop.io/i/p8s3co1t | **Data source:** Feeding America: Map the Meal Gap

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

Food Stamps (SNAP) by Race/Ethnicity

SNAP participation varies widely by race and geography. In the CHRISTUS Spohn service area, Native American residents show the highest participation rate at 54.03%, far above the national average of 23.4%. Hispanic or Latino residents in the region also report a slightly elevated rate (19.99%) compared to the national rate (19.01%). These findings suggest that while SNAP is a vital support for many, disparities in access and need persist.

Food stamps (SNAP) by Race/Ethnicity, 2023
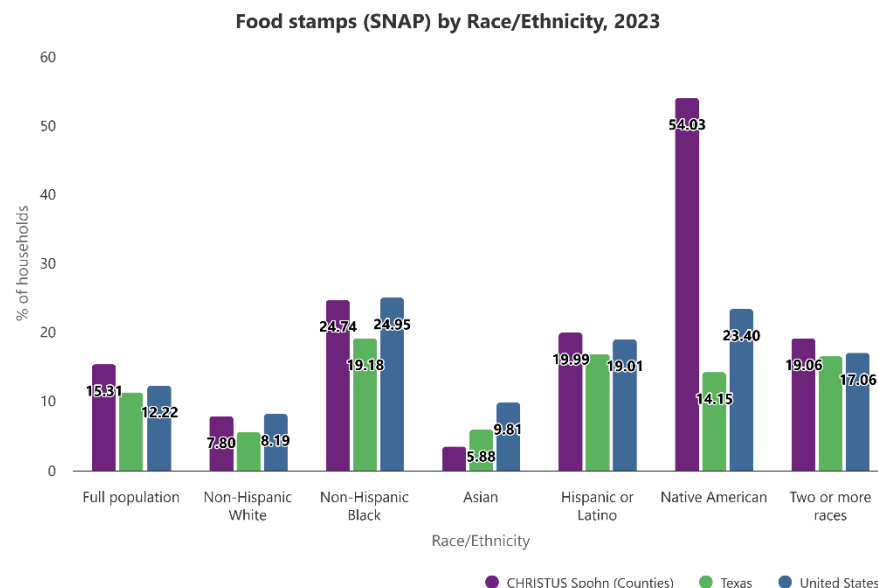
Created on Metopio | metop.io/i/51e1bvue | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B22003, B22005, and S2201)

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

Households in Poverty Not Receiving Food Stamps

Among households in poverty, a large proportion are not receiving SNAP benefits. In the CHRISTUS Spohn service area, 55.59% of impoverished households do not participate in SNAP, which is slightly better than the Texas rate of 64.82% but still indicates a significant gap in coverage. This finding suggests a need for improved outreach and enrollment assistance to close the access gap for eligible households.

Households in poverty not receiving food stamps (SNAP), 2023

Created on Metopio | metop.io/i/jk2c7g2p | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B22003)

Households in poverty not receiving food stamps (SNAP): Percent of households with income in the past 12 months below the poverty level who did not receive food stamps/SNAP in the past 12 months.

Physical Activity

No Exercise

Physical inactivity is a notable health challenge in the CHRISTUS Spohn service area. As of the most recent data, 34.04% of adults reported no leisure-time physical activity, the highest rate across all CHRISTUS Health service areas. This significantly exceeds the Texas average (27.64%) and the national average (23.68%). The elevated local rate underscores the need for targeted initiatives to promote physical activity and healthy lifestyle behaviors in the region.
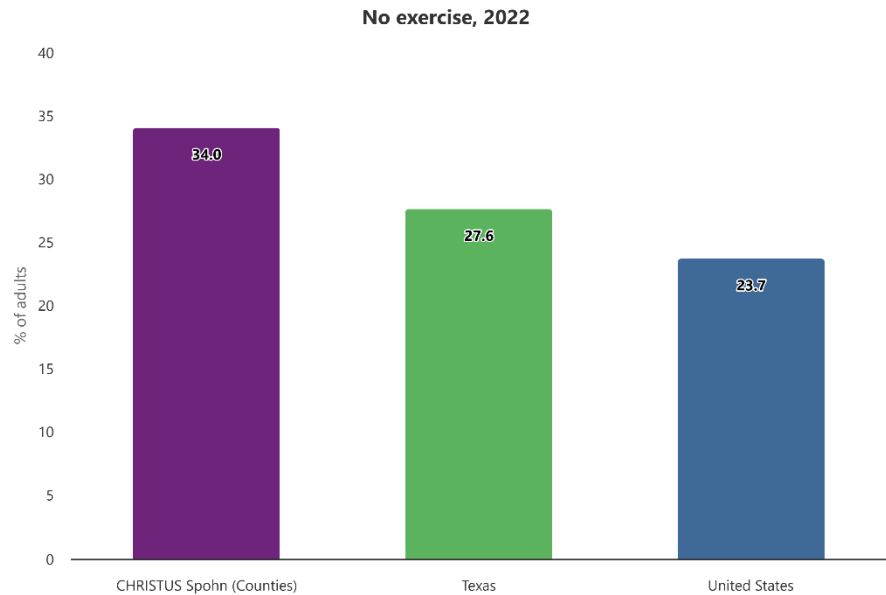
No exercise, 2022

Access to Exercise Opportunities

Access to safe, convenient places for physical activity plays a key role in encouraging movement and reducing chronic disease risk. In the CHRISTUS Spohn service area, 81.45% of residents have access to exercise opportunities. This is slightly below the Texas average (81.95%) and the national average (84.17%). While relatively high, these numbers suggest continued room for investment in walkable environments, parks and recreation infrastructure to promote greater access across all communities.

Access to exercise opportunities, 2022

Substance Use

Cigarette Smoking

Smoking remains a persistent health concern in the CHRISTUS Spohn service area. Between 2018 and 2022, smoking rates fluctuated, starting at 16.44%, peaking at 17.89% in 2020 and slightly decreasing to 16.71% by 2022. These rates have consistently been higher than those in Texas (14.8% in 2022) and the United States (14.61% in 2022). The data indicates a continued need for tobacco cessation programs and community-level interventions to reduce smoking-related health risks in the region.

Cigarette smoking rate
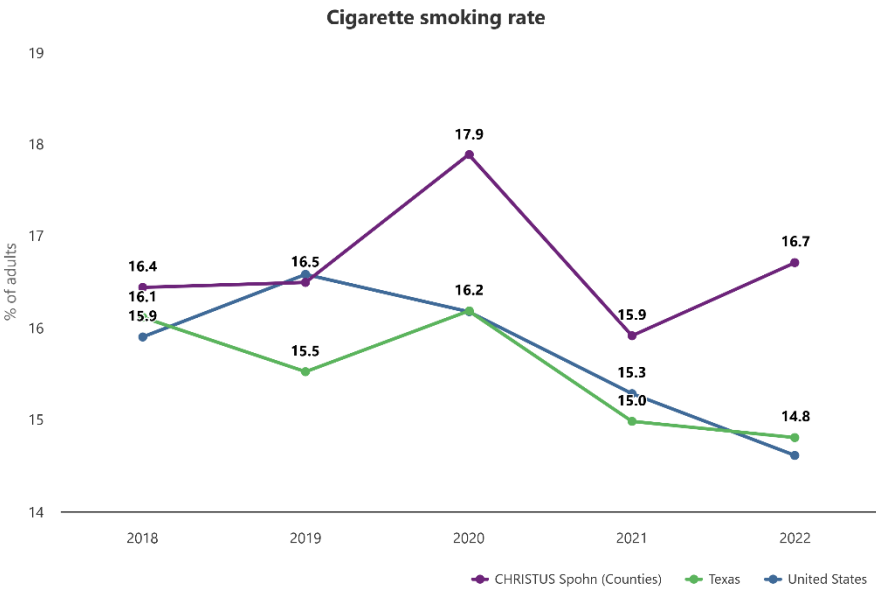
Binge Drinking

Binge drinking is more prevalent in the CHRISTUS Spohn service area (19.73%) than in Texas (17.86%) and the United States (18.58%). This pattern highlights the need for local prevention strategies, public awareness campaigns and access to behavioral health services to address excessive alcohol use and its associated harms.

Binge drinking, 2022

Alcohol-Impaired Driving Deaths

From 2014 to 2022, alcohol-impaired driving deaths in the CHRISTUS Spohn service area remained lower than the national average and the Texas average. Locally, the rate peaked at 23.9 deaths per 100,000 people, compared to a more modest decline observed statewide and nationally. These trends call for renewed focus on transportation safety initiatives and substance use prevention in high-risk communities.

Alcohol-impaired driving deaths
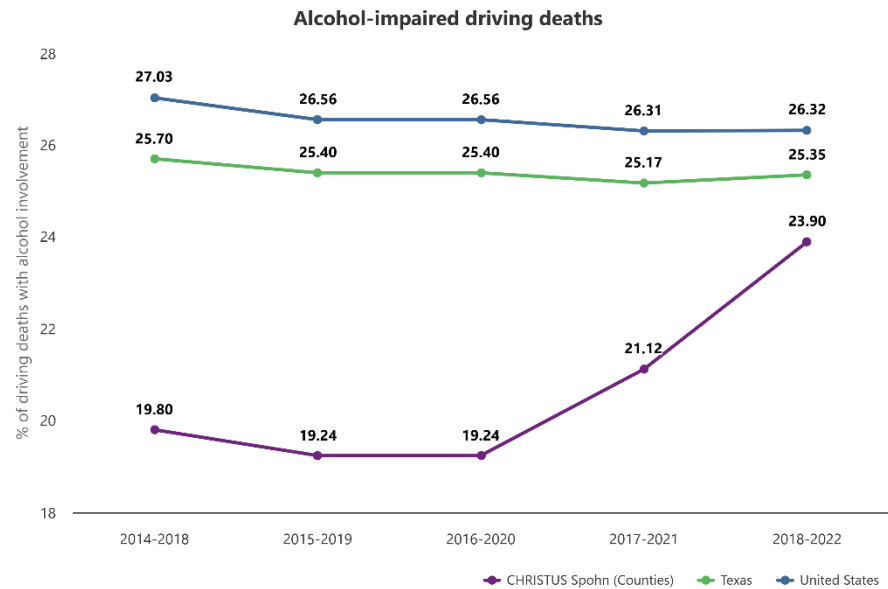
Created on Metopio | metop.io/i/536hbps2 | **Data source:** University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from the Fatality Analysis Reporting System)
Alcohol-impaired driving deaths: Alcohol-impaired driving deaths are reported in the county of occurrence.

Drug Overdose Mortality

The CHRISTUS Spohn service area reports some of the highest drug overdose mortality rates across CHRISTUS Health regions, with a total rate of 19.28 per 100,000 residents. Males are disproportionately affected (26.02) compared to females (14.77). This exceeds the Texas average (15.74 overall; 21.8 male; 9.64 female) but remains lower than the U.S. average (29.24 overall). These findings underscore the urgency of expanding harm reduction strategies, behavioral health care and substance use treatment options.

Drug overdose mortality by Sex, 2019-2023
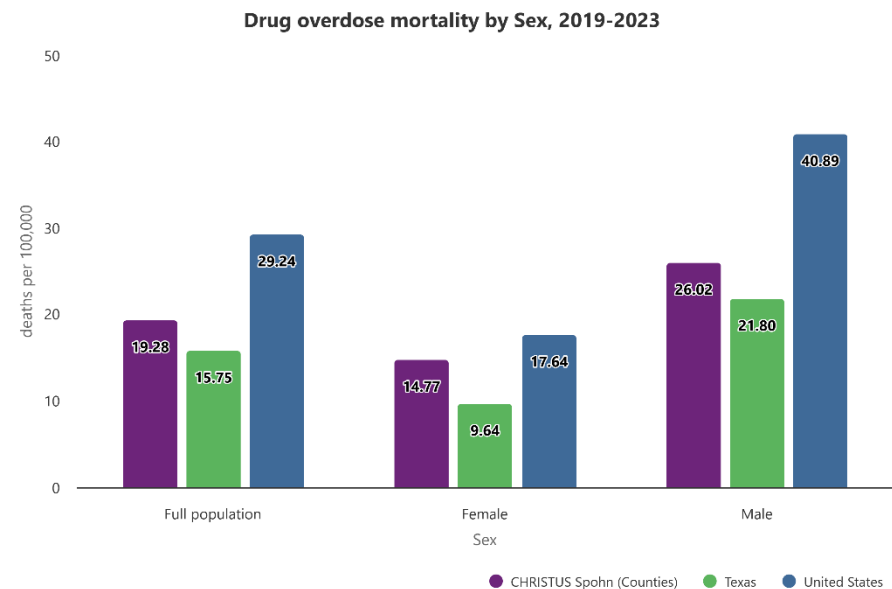
Created on Metopio | metop.io/i/3aa4yy6s | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Drug overdose mortality: Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

Opioid Dispensing Rate

While opioid dispensing has declined in the CHRISTUS Spohn service area, rates remain elevated compared to state and national benchmarks. In 2019, the dispensing rate was 60.0 per 100,000 people— higher than Texas (42.1) and the U.S. (46.65). By 2023, the local rate fell to 45.48 but continued to exceed Texas (32.2) and U.S. (37.4) levels. These trends point to progress, but also to the continued need for prescriber education, monitoring programs and support for safe pain management practices.

Opioid Dispensing Rate

prescriptions per 100 people

	2019	2020	2021	2022	2023
CHRISTUS Spohn (Counties)	60.0	54.2	52.3	49.0	45.5
United States	46.6	43.3	42.0	39.5	37.4
Texas	42.1	37.9	36.0	33.9	32.2

● CHRISTUS Spohn (Counties) ● Texas ● United States
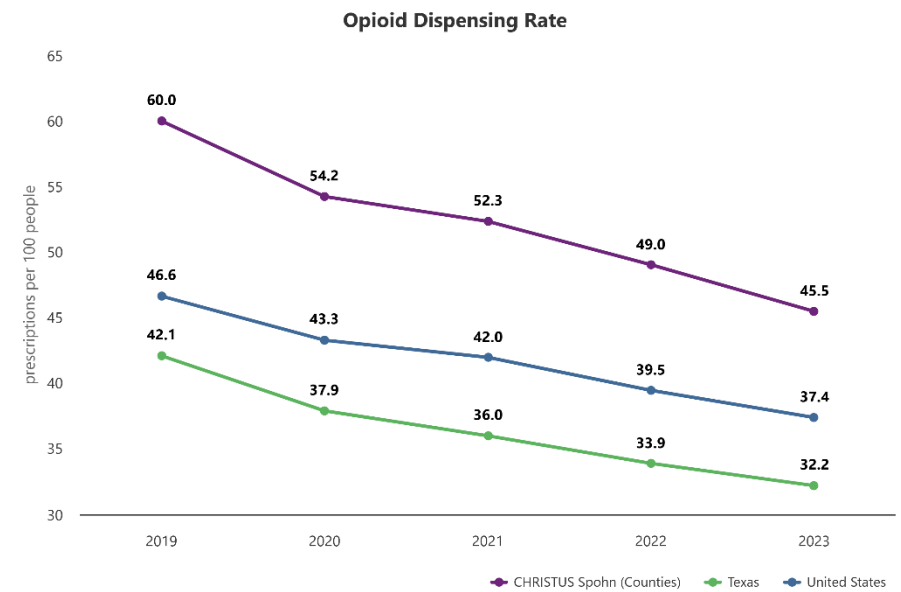
Created on Metopio | metop.io/i/esvwo8g8 | Data source: Centers for Disease Control and Prevention (CDC): U.S. Opioid Dispensing Rate Maps
Opioid Dispensing Rate: Retail opioid prescriptions dispensed per 100 people per year

Socioeconomic Needs

Social Vulnerability Index

The Social Vulnerability Index (SVI) in the CHRISTUS Spohn service area has remained significantly higher than both the Texas and U.S. averages since tracking began in 2016. Locally, the index rose from 83.23 in 2016 to a peak of 93.9 in 2020, before a slight decline to 92.93 in 2022. In contrast, Texas and national SVI scores also increased over the same period but stayed substantially lower. Elevated SVI scores indicate that the CHRISTUS Spohn counties face greater challenges in areas such as poverty, housing, transportation and access to health care — factors that increase vulnerability during disasters and public health emergencies.

Social Vulnerability Index

(y-axis: percentile)

- CHRISTUS Spohn (Counties): 83.23 (2016), 85.80 (2018), 93.90 (2020), 92.93 (2022)
- Texas: 64.21 (2016), 65.91 (2018), 78.69 (2020), 76.77 (2022)
- United States: 50.00 (2016), 50.00 (2018), 50.00 (2020), 58.40 (2022)

Legend: CHRISTUS Spohn (Counties) — Texas — United States

Hardship Index

The Hardship Index measures combined economic and social challenges, such as unemployment, overcrowded housing and low educational attainment. CHRISTUS Spohn's service area has a significantly elevated Hardship Index score of 64.04, compared to 54.75 for Texas and 48.44 for the United States. This data reflects more severe socioeconomic distress locally, reinforcing the need for targeted investment in education, employment and basic needs assistance.

Hardship Index, 2019-2023

(y-axis: score)

- CHRISTUS Spohn (Counties): 64.0
- Texas: 54.8
- United States: 48.4

Childhood Opportunity Index

The Childhood Opportunity Index (COI) score for the CHRISTUS Spohn service area is 41.05 — substantially lower than both Texas (52.62) and the U.S. (52.16). Lower COI scores indicate limited access to quality schools, safe neighborhoods and health-supporting environments. The disparity suggests that children in the Coastal Bend region face systemic barriers to long-term success and well-being, highlighting a critical need for upstream investments in early childhood infrastructure and support.
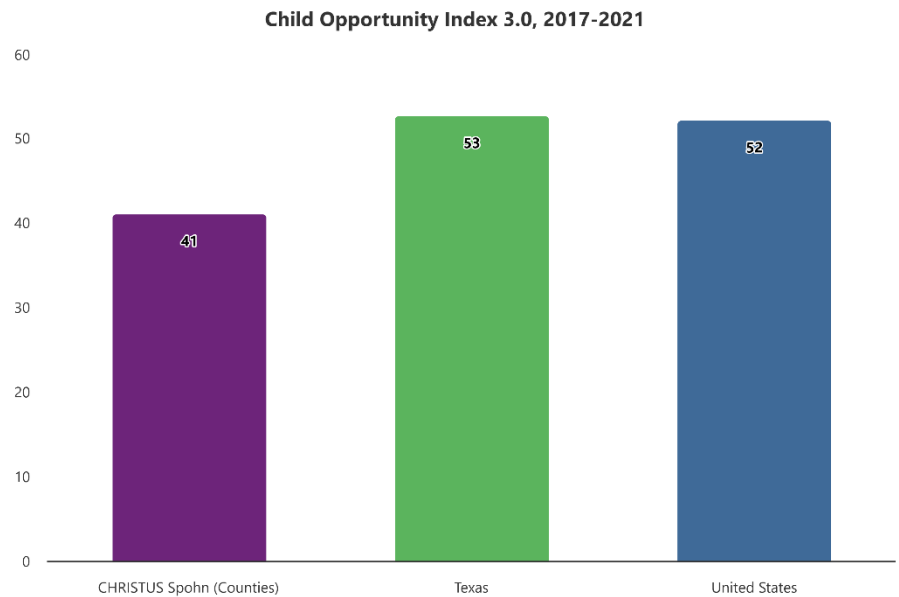
Child Opportunity Index 3.0, 2017-2021

CHRISTUS Spohn (Counties): 41
Texas: 53
United States: 52

Social Engagement Index

Social engagement in the CHRISTUS Spohn service area ranks slightly lower than the state and national levels, with an index score of 71.9 compared to 74.04 for Texas and 75.5 for the United States. This indicator reflects the degree to which individuals are socially connected through civic participation, volunteering or community involvement. Strengthening social infrastructure could help increase resilience and improve population health outcomes.
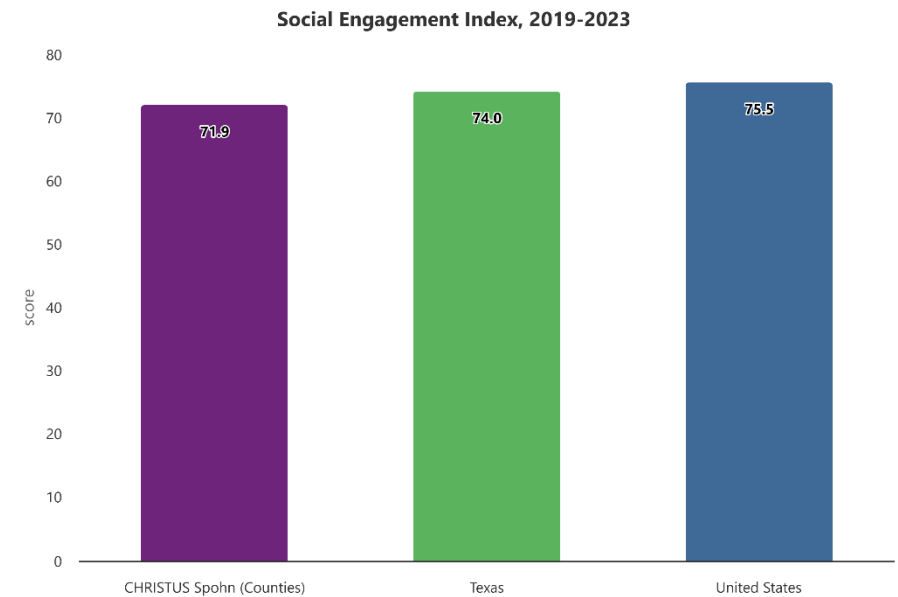
Social Engagement Index, 2019-2023

CHRISTUS Spohn (Counties): 71.9
Texas: 74.0
United States: 75.5

Households Below ALICE Threshold

The percentage of households below the ALICE (Asset Limited, Income Constrained, Employed) threshold is high across all regions, but especially so in the CHRISTUS Spohn service area. In 2018, 46.23% of local households fell below the threshold, increasing to 48.4% by 2021. By comparison, Texas and U.S. rates remained relatively flat or declined slightly. These figures indicate that nearly half of all households in the region struggle to afford basic necessities, despite being employed, and may fall outside traditional poverty assistance programs.

Households below ALICE threshold
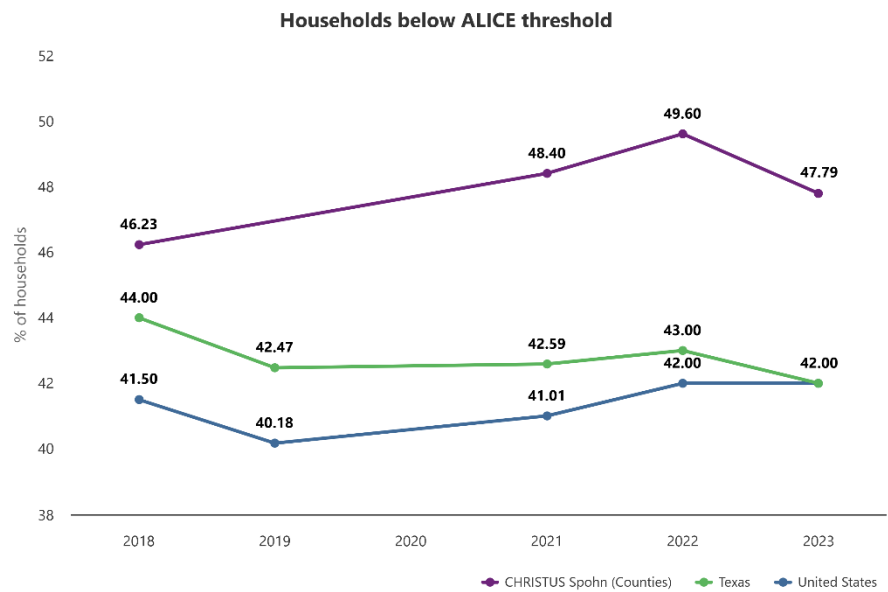
Created on Metopio | metop.io/i/no7bymy3 | **Data source:** United for Alice: United Way ALICE Data

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

Environmental Health

Particulate Matter Concentration

Particulate matter (PM2.5) concentration is highest in the CHRISTUS Spohn service area, registering at 9.07 micrograms per cubic meter — well above the Texas average of 7.34 and the national average of 6.93. Elevated PM2.5 levels are associated with a range of adverse health outcomes, including respiratory and cardiovascular conditions. This data points to environmental disparities in the Coastal Bend and underscores the importance of policies that reduce air pollution and protect vulnerable populations.
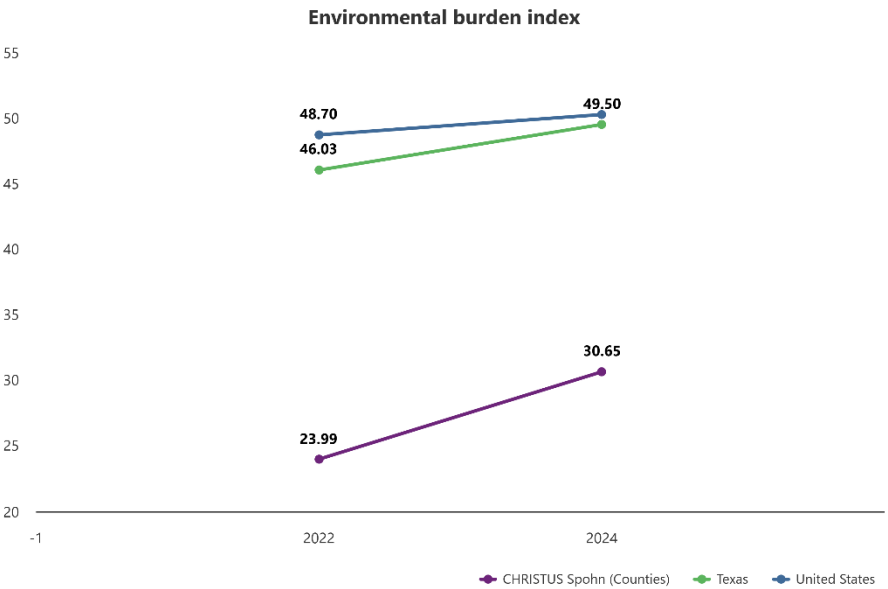
Particulate matter (PM 2.5) concentration, 2020

CHRISTUS Spohn (Counties): 9.069
Texas: 7.339
United States: 6.927

μg/m3
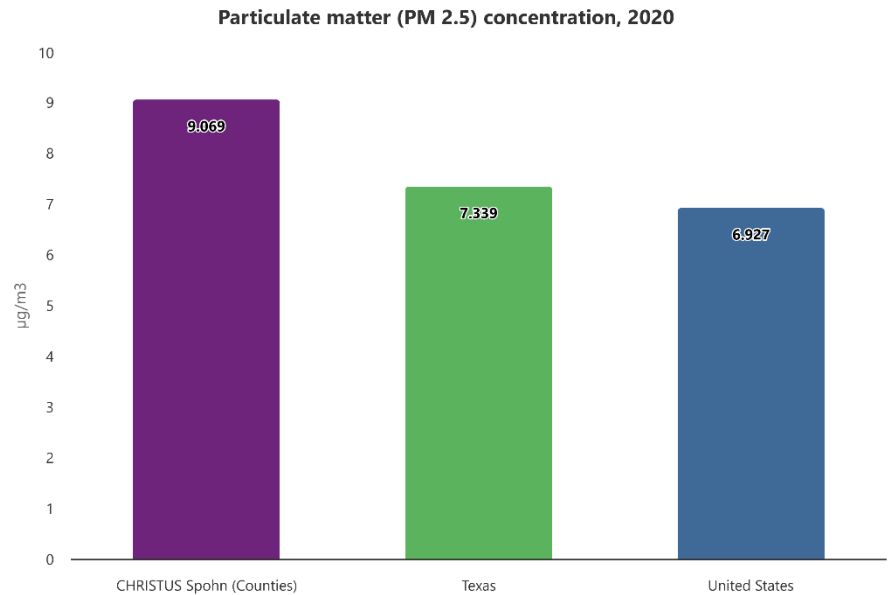
Created on Metopio | metop.io/i/snfcpraw | **Data source:** Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening (EJSCREEN)

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

Environmental Burden Index

The Environmental Burden Index (EBI) in the CHRISTUS Spohn service area increased significantly from 23.99 in 2022 to 30.65 in 2024. In comparison, Texas rose from 46.03 to 49.5, and the U.S. saw a smaller increase from 48.7 to 50.25. Although the absolute score remains lower in the CHRISTUS Spohn area, the sharper rate of increase suggests a growing environmental burden relative to state and national trends. Continued monitoring and targeted mitigation efforts are essential to addressing localized environmental risks.
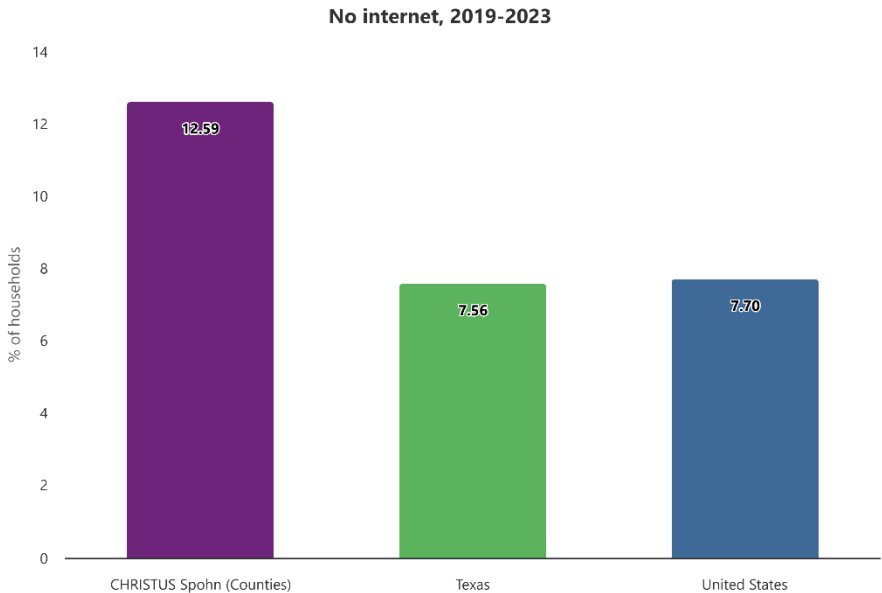
Environmental burden index

United States: 48.70 → 49.50
Texas: 46.03 → 49.50
CHRISTUS Spohn (Counties): 23.99 → 30.65

2022 — 2024

CHRISTUS Spohn (Counties) — Texas — United States

Created on Metopio | metop.io/i/c715qm9s | **Data source:** Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index

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

Internet

No Internet Access

In the CHRISTUS Spohn service area, 12.59% of households lack internet access — substantially higher than the Texas average of 7.56% and the national average of 7.7%. This digital divide may limit access to telehealth, education, employment and other essential services. Addressing this disparity is critical to promoting digital equity and ensuring that all residents can participate fully in modern society.

No internet, 2019-2023

Access to Internet

Overall internet access in the CHRISTUS Spohn service area is 87.41%, which trails both the Texas average (92.44%) and the national average (92.3%). These figures highlight ongoing infrastructure and affordability challenges in the region. Expanding broadband access remains a key strategy to improve health outcomes and social well-being.
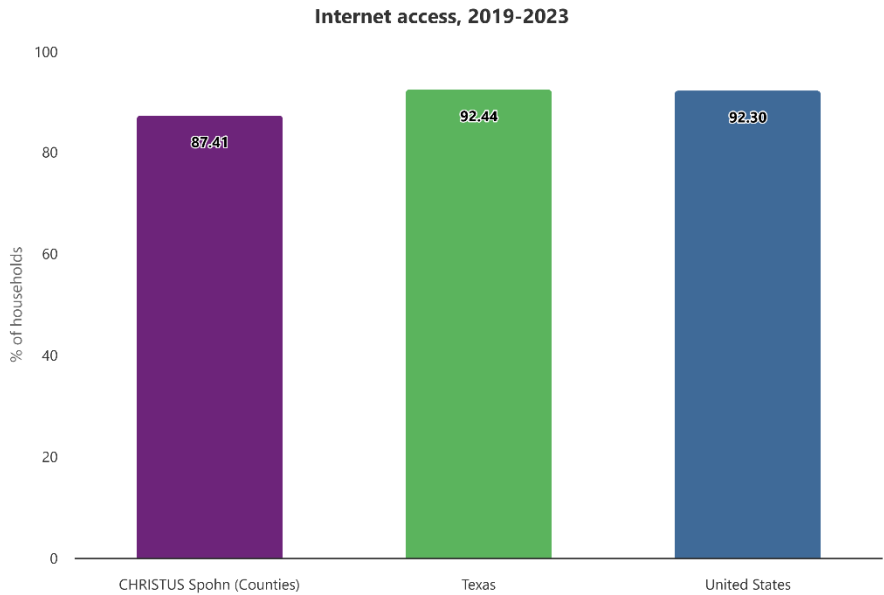
Internet access, 2019-2023

Access to the Internet Only Through Cellular Data

In the CHRISTUS Spohn service area, 12.09% of residents rely solely on cellular data for internet access. This rate is slightly lower than Texas (12.81%) but higher than the national average (11.3%). Exclusive dependence on cellular data can limit connectivity, data reliability and access to online services. Investments in broadband infrastructure and affordable home internet options may help bridge these access gaps.

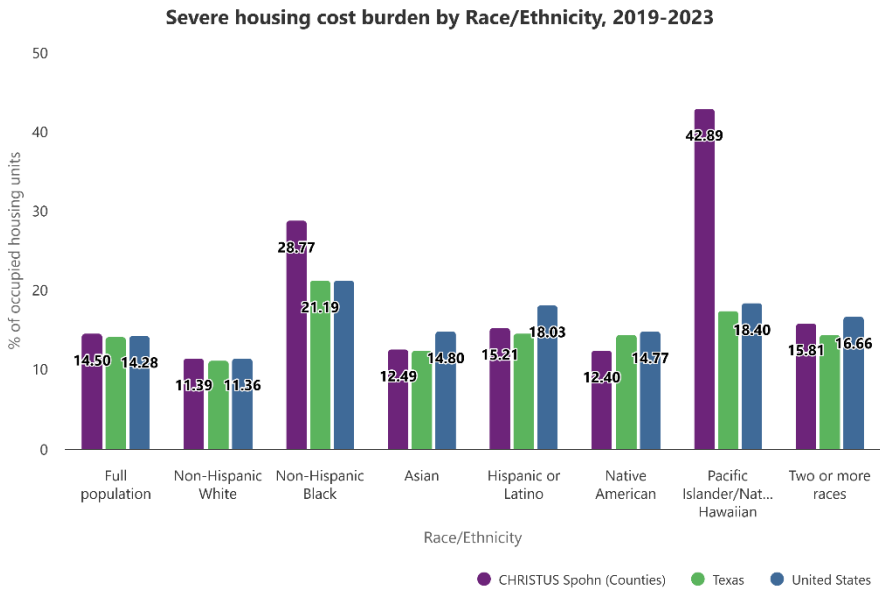**Access to the internet only through cellular data, 2019-2023**
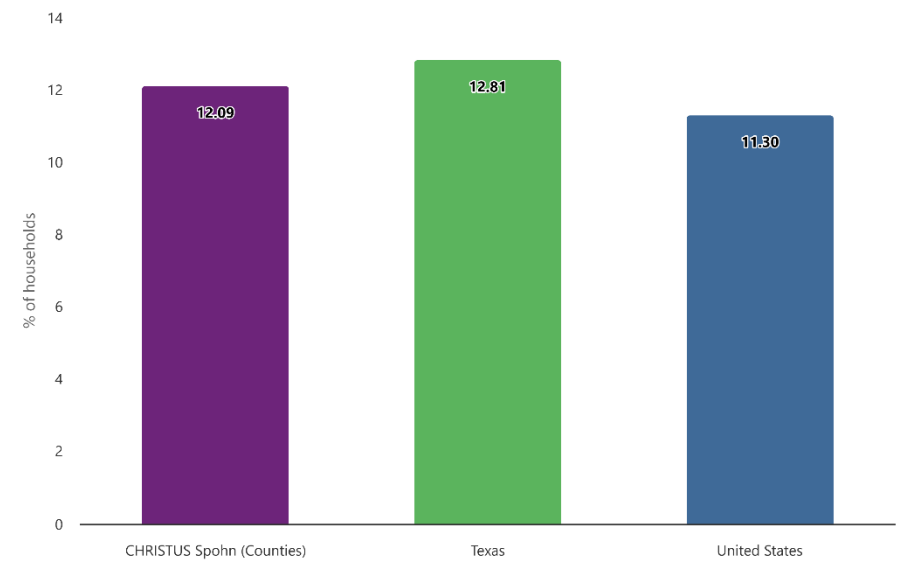
Created on Metopio | metop.io/i/qc8dvb4s | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B28002)

Access to the internet only through cellular data: Percentage of households who only have access to the internet through cellular data, and have no other internet subscription.

Housing

Severe Housing Cost Burden by Race and Ethnicity

Severe housing cost burden affects various racial and ethnic groups differently across the CHRISTUS Spohn service area, Texas, and the United States. Pacific Islander/Native Hawaiian individuals face the highest burden across all regions. Non-Hispanic Black residents also experience significantly elevated rates, while Non-Hispanic White and Asian individuals tend to have lower burdens. These disparities point to the disproportionate impact of housing affordability on communities of color and emphasize the need for targeted housing assistance programs.

Severe housing cost burden by Race/Ethnicity, 2019-2023

Full population: 14.50
Non-Hispanic White: 11.39, 11.36
Non-Hispanic Black: 28.77, 21.19
Asian: 12.49, 14.80
Hispanic or Latino: 15.21, 18.03
Native American: 12.40, 14.77
Pacific Islander/Nat... Hawaiian: 42.89, 18.40
Two or more races: 15.81, 16.66

● CHRISTUS Spohn (Counties)   ● Texas   ● United States

Housing Insecurity

Housing insecurity in the CHRISTUS Spohn service area stands at 20.39%, notably higher than the Texas average of 16.92%. This suggests that residents in the Coastal Bend face greater barriers to stable housing, which may include cost burden, overcrowding or frequent moves. The data underscores the importance of increasing affordable housing options and support services for vulnerable populations.
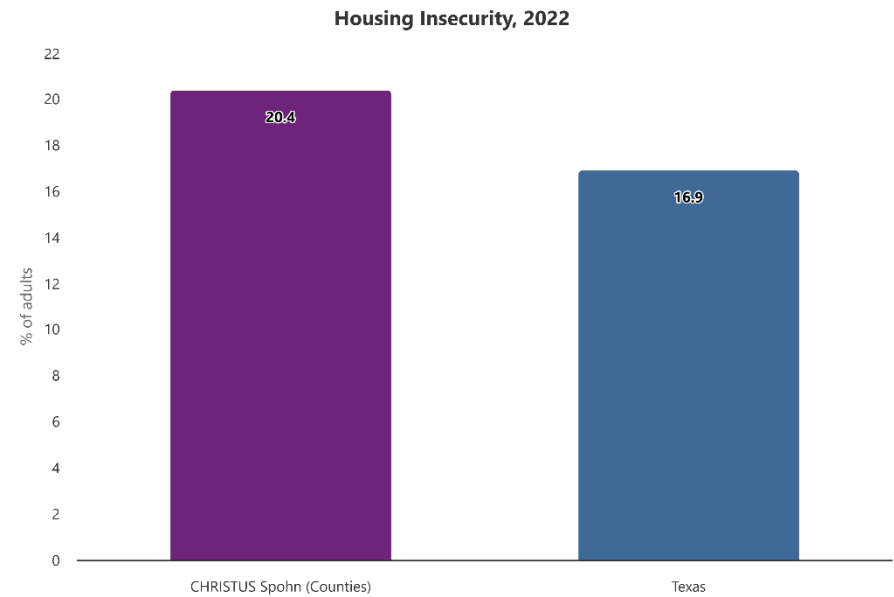
Housing Insecurity, 2022

CHRISTUS Spohn (Counties): 20.4
Texas: 16.9

Moved Within the County in the Past Year

The CHRISTUS Spohn service area reports that 9.49% of residents moved within the same county in the past year, higher than Texas (7.31%) and the national average (6.2%). Elevated intra-county mobility may reflect housing instability, job transitions or shifting household dynamics. Understanding the causes of local mobility trends can inform strategies to improve long-term housing stability.

Moved within county in past year, 2022
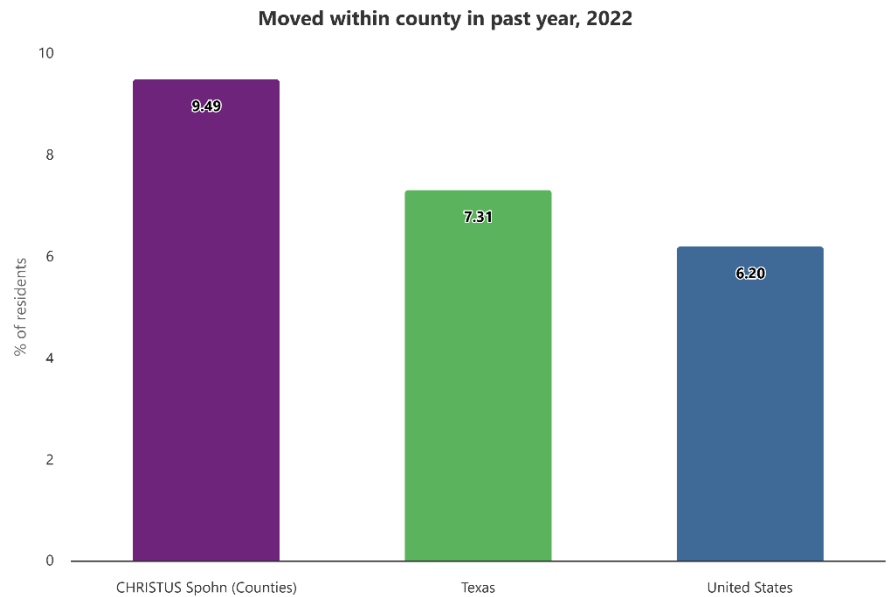
Created on Metopio | metop.io/i/n8tvii97 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B07001)

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

Owner-Occupied Housing

Owner-occupied housing rates are slightly lower in the CHRISTUS Spohn service area (61.94%) compared to Texas (62.47%) and the United States (65.18%). Lower homeownership may indicate economic instability, lack of access to credit or limited affordable housing stock. Supporting pathways to stable homeownership can promote long-term community investment and financial security.
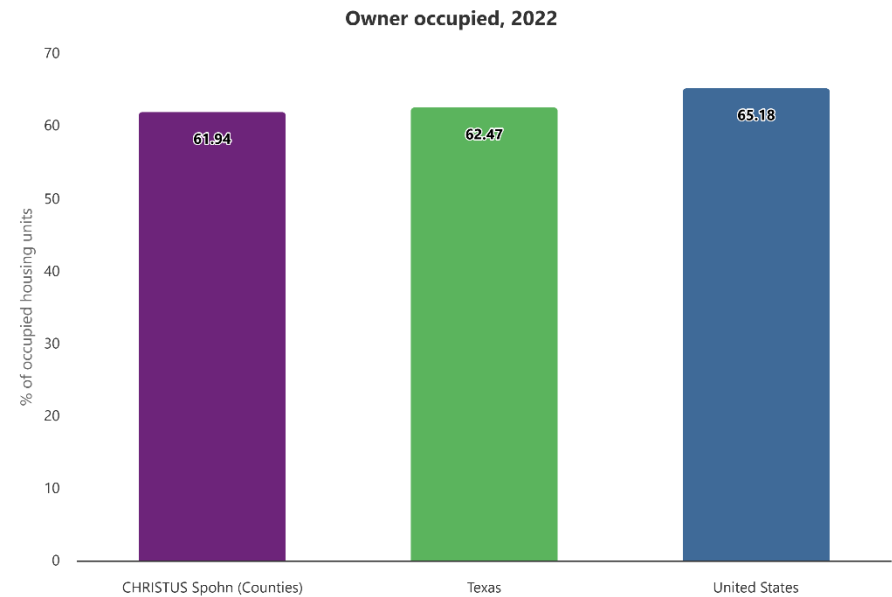
Owner occupied, 2022

Created on Metopio | metop.io/i/9xgtwwvr | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B25003)

Owner occupied:

Injury

Injury Mortality

Injury mortality in the CHRISTUS Spohn service area is 95.43 deaths per 100,000 people, higher than both the Texas average (74.28) and the national average (87.92). This suggests a greater burden of fatal injuries in the region and highlights the need for local prevention strategies and trauma care access.
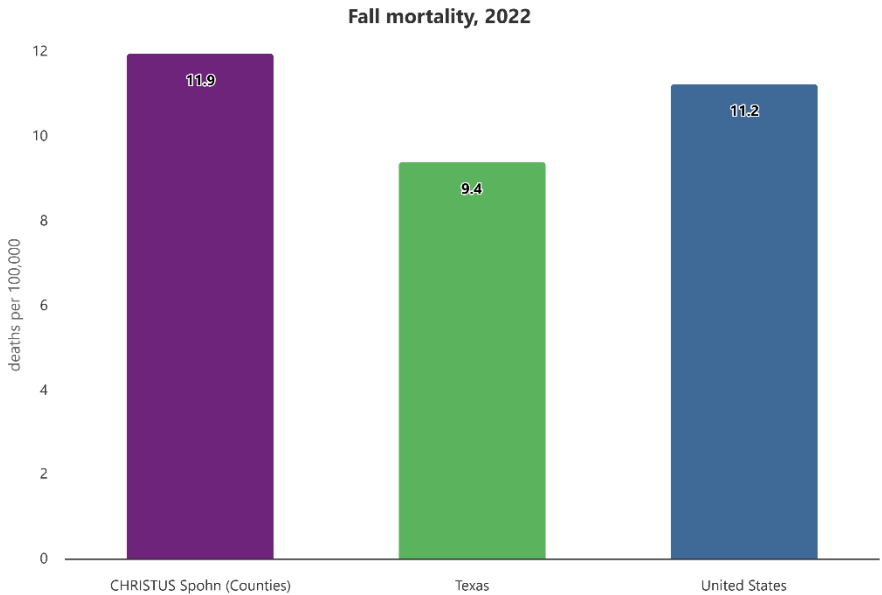
Injury mortality, 2022
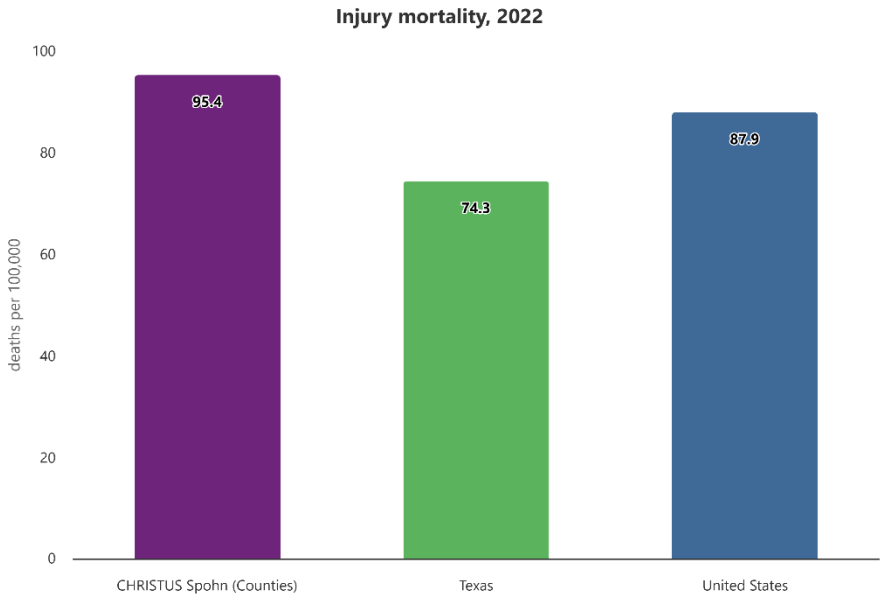
Created on Metopio | metop.io/i/a3tcey3q | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Injury mortality: Deaths per 100,000 residents with an underlying cause of injury (ICD-10 codes *U01-*U03, V01-Y36, Y85-Y87, Y89).

Fall Mortality

Fall-related deaths in the CHRISTUS Spohn service area are slightly higher (11.94 per 100,000) than the national average (11.23) and noticeably higher than Texas (9.39). This trend may reflect an aging population or environmental safety risks. Fall prevention efforts — especially for older adults — are essential to improving outcomes.
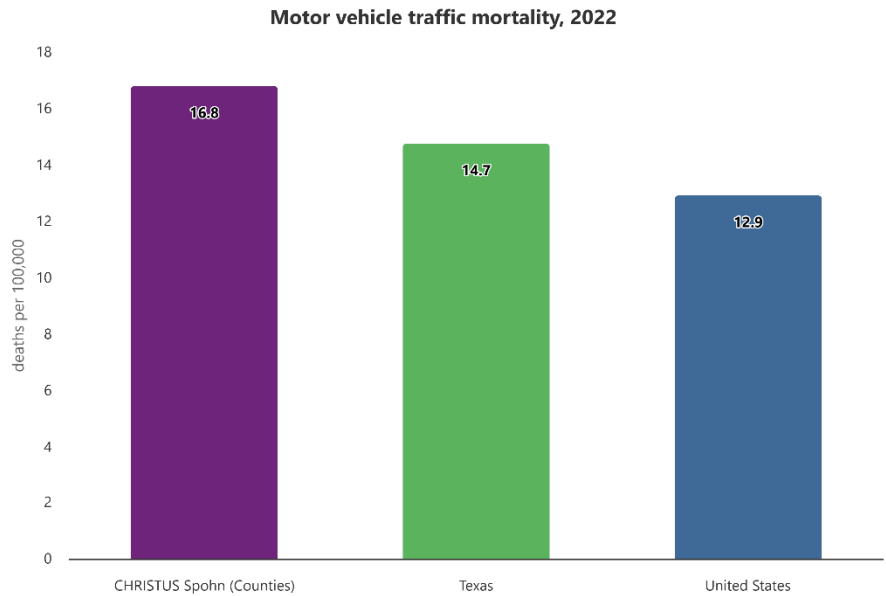
Fall mortality, 2022

Created on Metopio | metop.io/i/87cpzknb | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Fall mortality: Deaths per 100,000 residents due to unintentional falls (ICD-10 codes W00-W19).
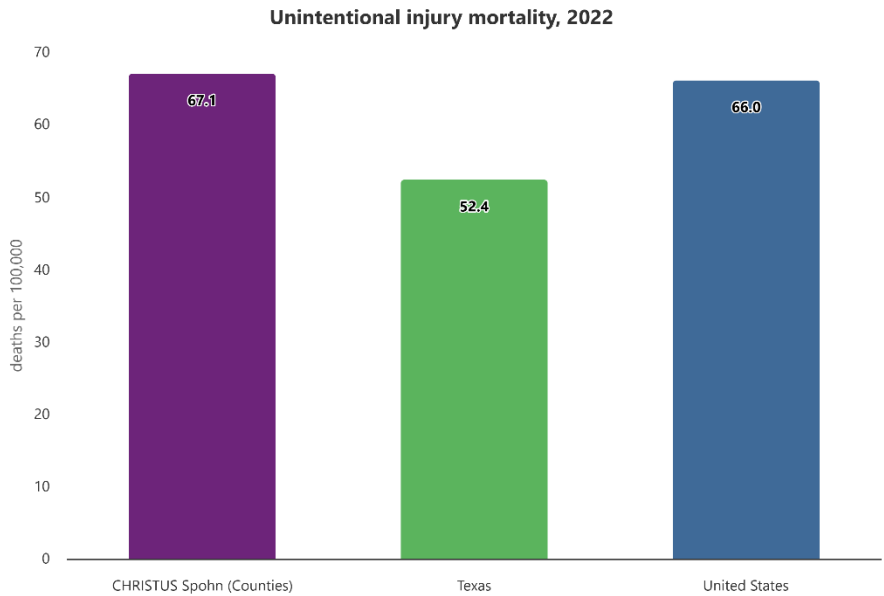
Motor Vehicle Traffic Mortality

The CHRISTUS Spohn service area reports 16.79 motor vehicle traffic deaths per 100,000 people, compared to 14.75 in Texas and 12.9 nationally. The higher local rate points to the need for improved road safety measures, public awareness campaigns and access to trauma care in high-risk areas.

Motor vehicle traffic mortality, 2022

Bar chart titled "Motor vehicle traffic mortality, 2022" with y-axis "deaths per 100,000" ranging from 0 to 18.
- CHRISTUS Spohn (Counties): 16.8
- Texas: 14.7
- United States: 12.9

Unintentional Injury Mortality

Unintentional injury deaths are higher in the CHRISTUS Spohn region (67.07 per 100,000) than in both Texas (52.38) and the United States overall (66.04). These injuries may result from accidents such as falls, overdoses or motor vehicle crashes. Focused interventions are needed to reduce preventable injuries and related mortality.
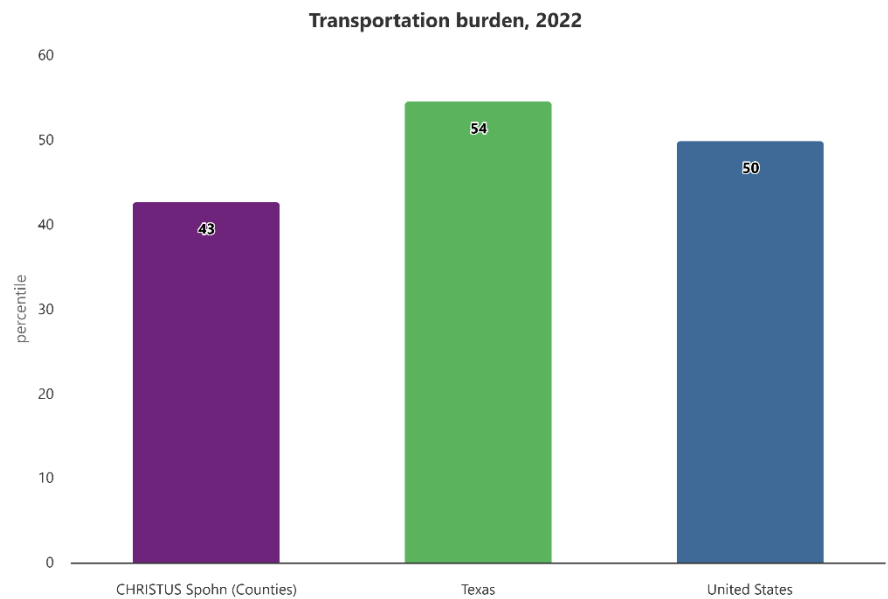
Unintentional injury mortality, 2022

Bar chart titled "Unintentional injury mortality, 2022" with y-axis "deaths per 100,000" ranging from 0 to 70.
- CHRISTUS Spohn (Counties): 67.1
- Texas: 52.4
- United States: 66.0

Transportation

Transportation Burden

The transportation burden in the CHRISTUS Spohn service area is 42.58%, meaning that a significant share of household income is spent on transportation-related costs. This is lower than the Texas average (54.46%) and the national average (49.85%) but still represents a notable economic strain for many households. Expanding affordable and accessible transportation options could reduce this burden, particularly for low-income families.

Transportation burden, 2022

No Vehicle Available

In the CHRISTUS Spohn service area, 7.14% of households do not have access to a vehicle. This is higher than the Texas average (5.39%) but lower than the national rate (8.27%). Lack of vehicle access can limit employment, health care and education opportunities — particularly in rural areas where public transportation is limited.
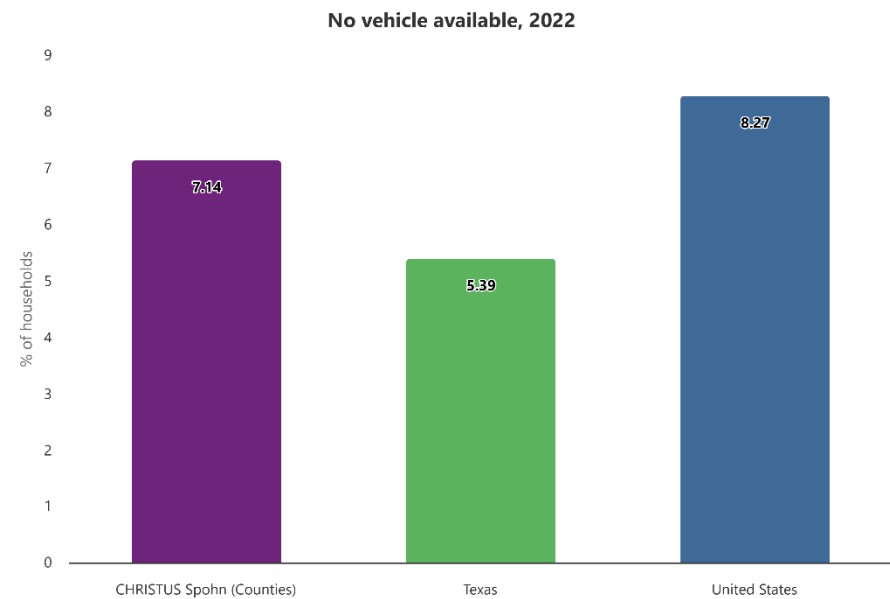
No vehicle available, 2022

Public Transportation to Work

Only 0.95% of workers in the CHRISTUS Spohn service area commute using public transportation, a rate comparable to Texas (0.84%) but well below the national average of 3.12%. This low utilization likely reflects limited access to reliable transit options, particularly in rural areas. Expanding transit infrastructure or developing alternative transportation programs may help address mobility challenges across the region.

Public transportation to work, 2022

% of workers 16 years and older

CHRISTUS Spohn (Counties)	Texas	United States
0.95	0.84	3.12
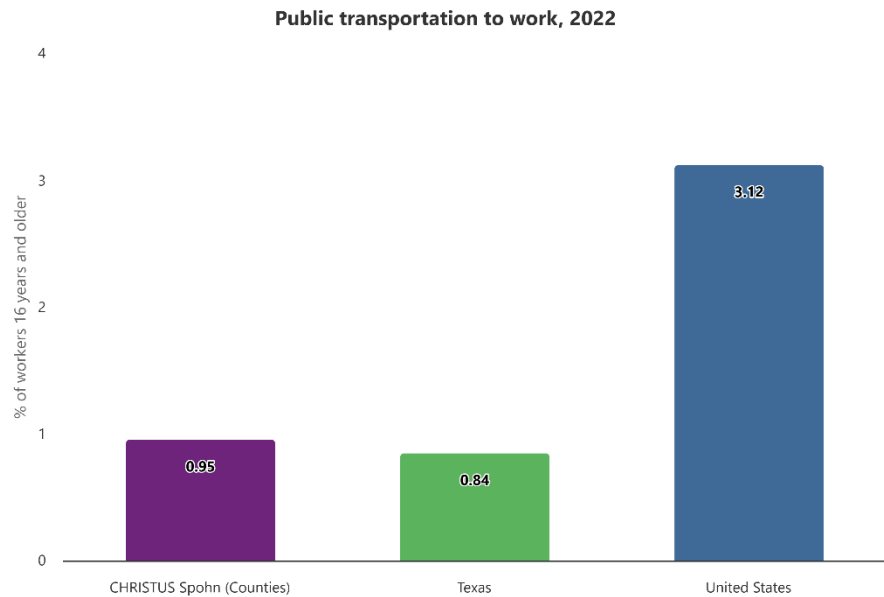
Created on Metopio | metop.io/i/2fkbzgmp | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B08301)

Public transportation to work: Percent of workers 16 and older who commute to work using public transportation

Disability

Hearing Difficulty

Hearing difficulty affects 5.59% of residents in the CHRISTUS Spohn service area — substantially higher than both the Texas average (3.44%) and the national average (3.67%). This elevated prevalence may be influenced by factors such as occupational exposure, age distribution or barriers to audiology care. The findings suggest a need for expanded hearing screenings, early intervention services and improved access to hearing health resources across the region.
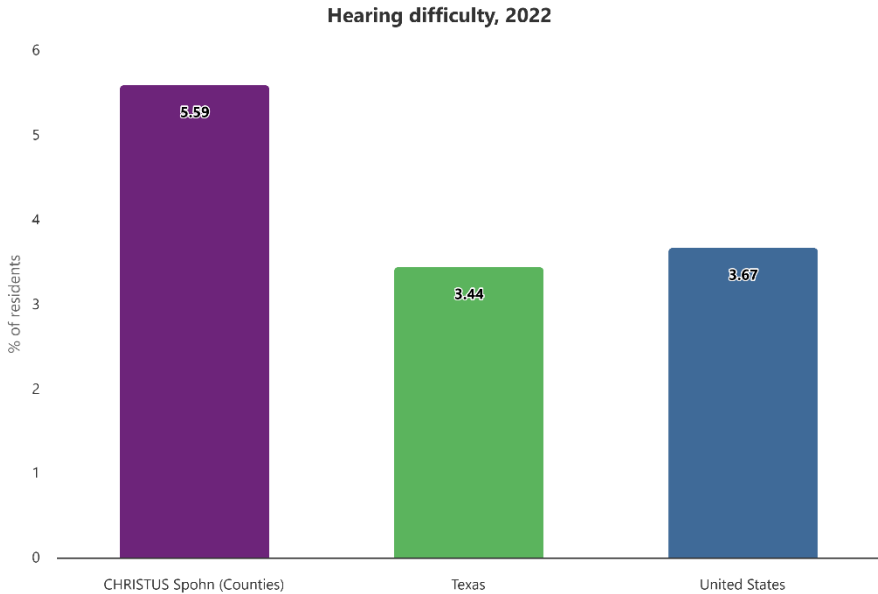
Hearing difficulty, 2022

Hearing difficulty: Percent of residents reporting a hearing difficulty.

Vision Difficulty

Residents in the CHRISTUS Spohn service area report vision difficulty at a rate of 5.02%, nearly double the prevalence observed in Texas (2.71%) and the United States (2.65%). This disparity may stem from higher rates of chronic conditions like diabetes, limited access to vision care or broader socioeconomic challenges. Addressing this issue may require targeted efforts to improve screening, access to corrective services and community outreach focused on eye health.
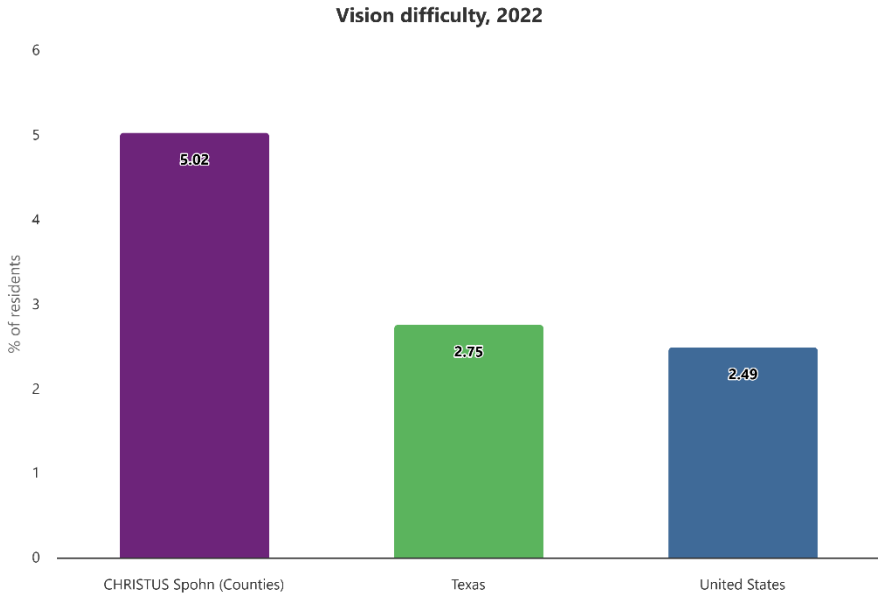
Vision difficulty, 2022

Vision difficulty: Percent of residents reporting a vision difficulty.

Cancer

Cancer Diagnosis Rate

The prevalence of individuals ever diagnosed with cancer in the CHRISTUS Spohn service area is 5.76%, slightly lower than the Texas average (6.12%) and the national average (6.88%). While the regional rate is comparatively lower, cancer remains a leading health concern and a major contributor to morbidity and mortality. Continued investment in prevention, early detection and access to oncology services is essential to improving outcomes.
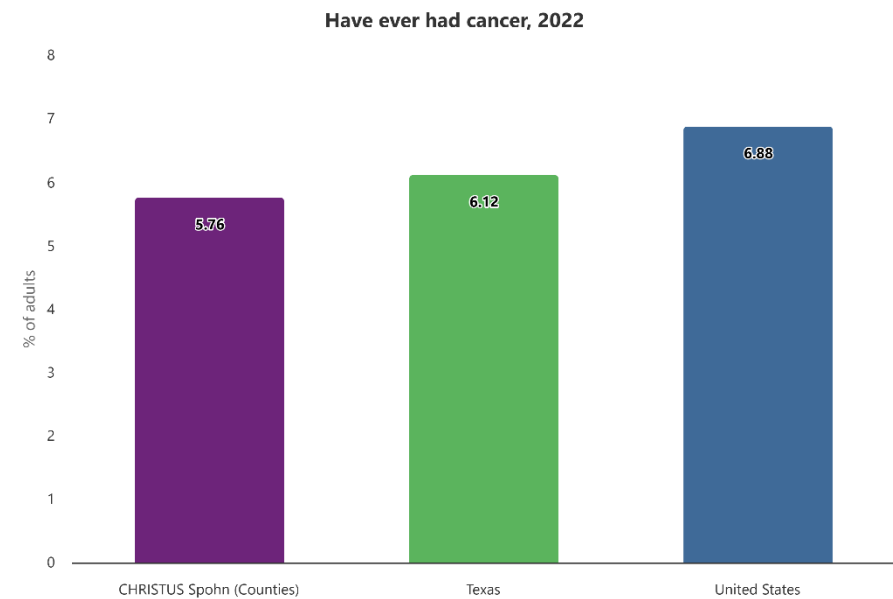
Have ever had cancer, 2022

Bar chart titled "Have ever had cancer, 2022". Y-axis: % of adults. CHRISTUS Spohn (Counties): 5.76; Texas: 6.12; United States: 6.88.

Cancer Diagnosis Rate by Race/Ethnicity

Cancer diagnosis rates differ across racial and ethnic groups. In all geographic areas, Non-Hispanic White residents report the highest prevalence, followed by Non-Hispanic Black and Hispanic or Latino populations. Asian or Pacific Islander residents consistently report the lowest rates. These disparities likely reflect inequities in access to screening and care, along with broader social determinants of health. Culturally responsive outreach and services are needed to close these gaps.
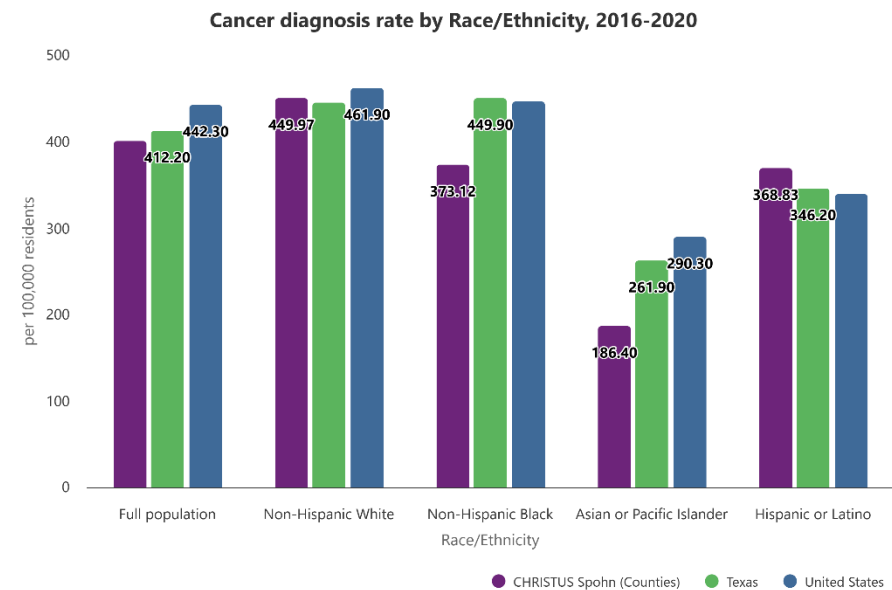
Cancer diagnosis rate by Race/Ethnicity, 2016-2020

Grouped bar chart titled "Cancer diagnosis rate by Race/Ethnicity, 2016-2020". Y-axis: per 100,000 residents. Legend: CHRISTUS Spohn (Counties), Texas, United States.
- Full population: 412.20 (Texas), 442.30 (United States)
- Non-Hispanic White: 449.97, 461.90
- Non-Hispanic Black: 373.12, 449.90
- Asian or Pacific Islander: 186.40, 261.90, 290.30
- Hispanic or Latino: 368.83, 346.20

Cancer Mortality Rate by Race/Ethnicity

Cancer mortality in the CHRISTUS Spohn service area is 149.8 deaths per 100,000 people, slightly higher than both Texas and national averages. Locally, Non-Hispanic White residents experience the highest mortality rate (172.4), exceeding state and national benchmarks. While Non-Hispanic Black residents have the highest mortality rates in Texas and the U.S., Hispanic or Latino residents in the CHRISTUS Spohn area experience a mortality rate of 136.7, notably higher than the state and national averages for this group. These patterns emphasize the need for targeted cancer prevention, screening and treatment strategies.

Cancer mortality by Race/Ethnicity, 2016-2020

● CHRISTUS Spohn (Counties) ● Texas ● United States

Created on Metopio | metop.io/i/d39ncvj4 | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (county, state, and US data)
Cancer mortality: Deaths per 100,000 residents due to cancer (ICD-10 codes C00-C97). This indicator is not a good measure of the burden of cancer in a community, because it is complicated by other causes of death (especially in the elderly); instead, use CCR (cancer diagnoses).

Mammography Use

Mammography use in the CHRISTUS Spohn service area is 71.8%, lower than the Texas average (73.8%) and the national average (75.7%). These differences may reflect gaps in preventive care access, health literacy or insurance coverage. Increasing mammography rates through outreach, education and expanded access to screening services could support earlier breast cancer detection and better outcomes.
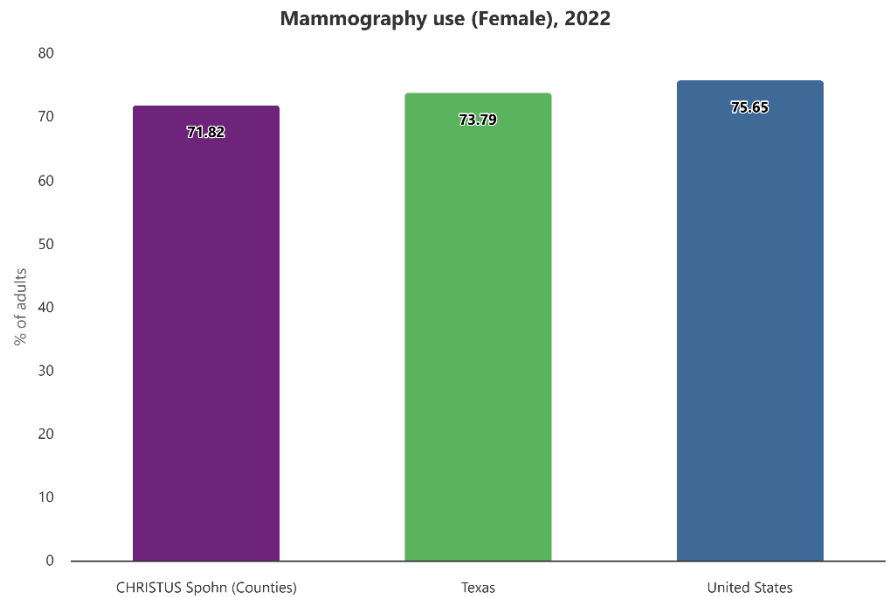
Mammography use (Female), 2022

CHRISTUS Spohn (Counties): 71.82
Texas: 73.79
United States: 75.65

y-axis: % of adults

Invasive Breast Cancer Diagnosis Rate

Invasive breast cancer diagnosis rates have increased across all regions. In the CHRISTUS Spohn service area, the rate rose from 108.2 to 114.1 per 100,000 women. Texas followed a similar trend, increasing from 114.2 to 121.4, while the national rate remained higher, reaching 129.0. Although local and state rates remain below the national average, the rising trend highlights the need for sustained investment in screening, early detection and timely treatment.
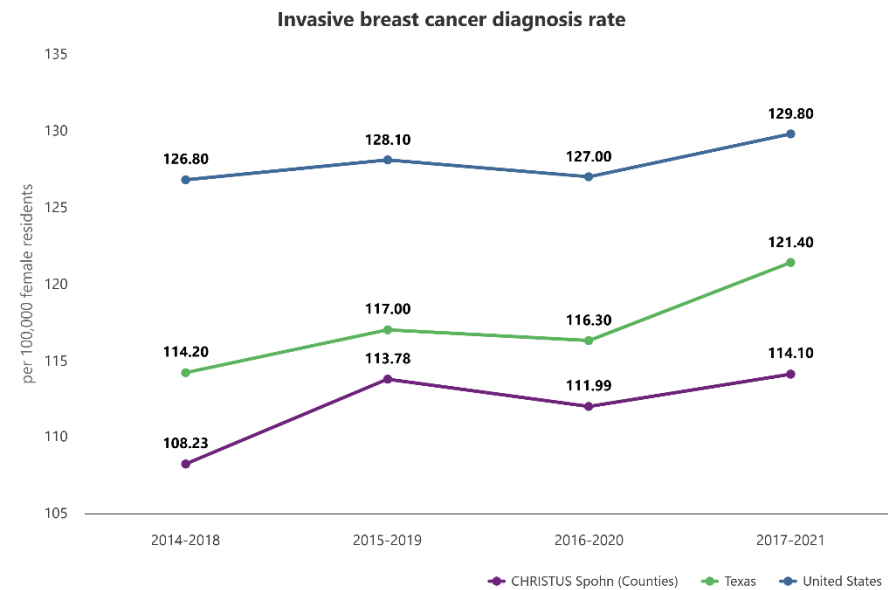
Invasive breast cancer diagnosis rate

	2014-2018	2015-2019	2016-2020	2017-2021
United States	126.80	128.10	127.00	129.80
Texas	114.20	117.00	116.30	121.40
CHRISTUS Spohn (Counties)	108.23	113.78	111.99	114.10

y-axis: per 100,000 female residents

CHRISTUS Spohn (Counties) — Texas — United States

Breast Cancer Mortality

The breast cancer mortality rate in the CHRISTUS Spohn service area is 11.55 deaths per 100,000 people — higher than both Texas (10.62) and the United States (10.46). This elevated rate may reflect delays in diagnosis or treatment, or limited access to specialized care. Strengthening local screening programs, care navigation and timely treatment access is essential for improving survival outcomes.
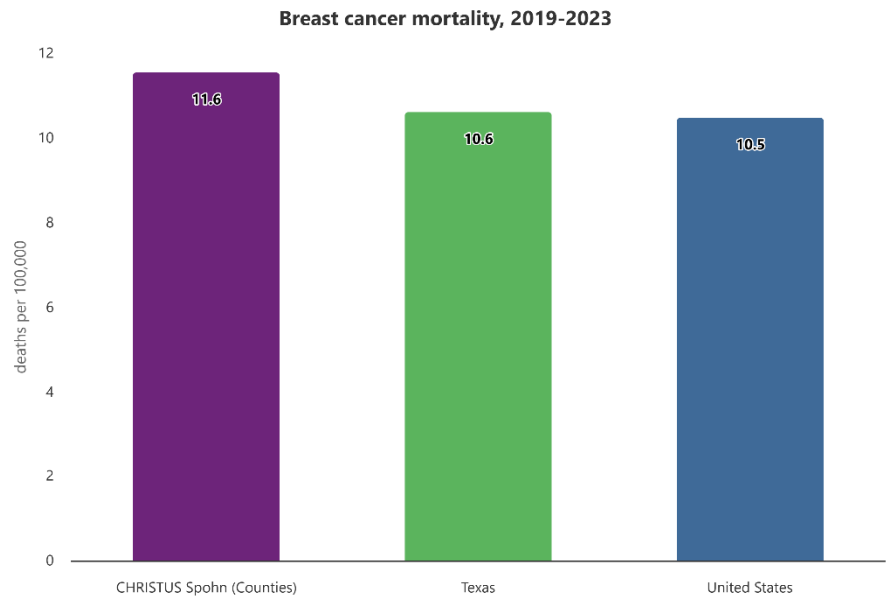
Breast cancer mortality, 2019-2023

Created on Metopio | metop.io/i/ip8ufqpo | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Breast cancer mortality: Deaths per 100,000 residents due to breast cancer (ICD-10 code C50). Includes males; stratify by females to see the female-specific rate.

Pap Smear Use

Pap smear use declined from 2018 to 2020 across all areas. In the CHRISTUS Spohn service area, rates fell from 82.0% to 77.4%, mirroring declines in Texas (82.0% to 78.8%) and the United States (84.6% to 82.3%). These declines may be attributed to reduced access during the COVID-19 pandemic and other preventive care disruptions. Re-engaging women in routine cervical cancer screening is a critical priority.
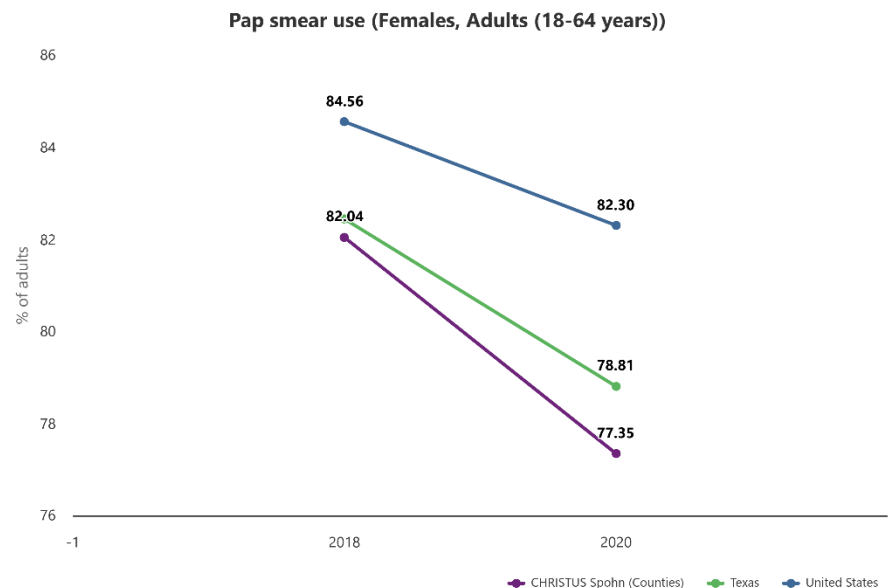
Pap smear use (Females, Adults (18-64 years))

84.56

82.04

82.30

78.81

77.35

% of adults

2018   2020

-1

CHRISTUS Spohn (Counties)   Texas   United States

Cervical Cancer Diagnosis Rate

The cervical cancer diagnosis rate in the CHRISTUS Spohn service area is 10.44 per 100,000 women — higher than Texas (9.60) and the national average (7.50). These elevated rates highlight the need for expanded access to screenings, HPV vaccination and community education to support early detection and prevention.

Cervical cancer diagnosis rate, 2017-2021

10.44

9.60

7.50

per 100,000 female residents

CHRISTUS Spohn (Counties)   Texas   United States
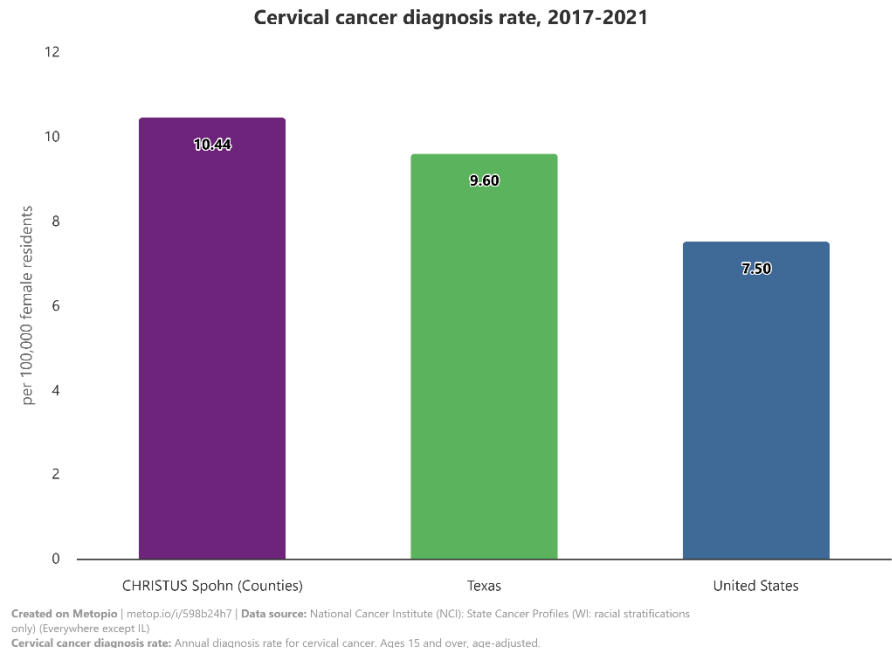
Colorectal Cancer Screening

Colorectal cancer screening rates in the CHRISTUS Spohn service area are 51.5%, below the Texas average (54.6%) and the national average (58.9%). This gap suggests barriers to screening such as limited access, awareness or affordability. Improving screening participation through culturally tailored education and service expansion could support earlier detection and reduced mortality.

Colorectal cancer screening, 2022

CHRISTUS Spohn (Counties): 51.51
Texas: 54.64
United States: 58.85
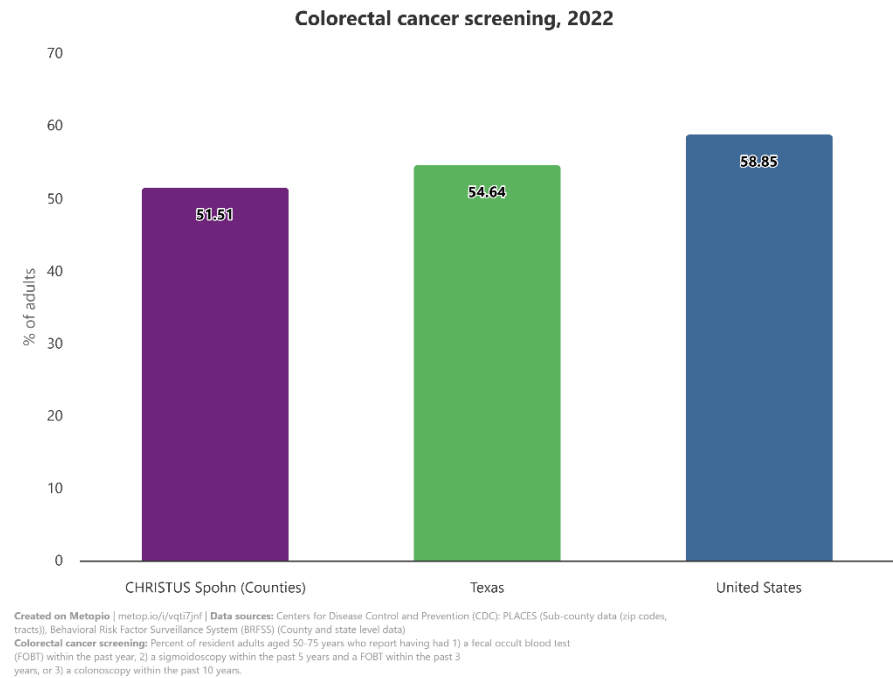
Colorectal Cancer Diagnosis Rate by Race and Ethnicity

Colorectal cancer diagnosis rates vary across racial and ethnic groups. The overall rate in the CHRISTUS Spohn service area is 41.5 per 100,000 — higher than both Texas and U.S. averages. Locally, Hispanic or Latino residents report the highest rate (45.3), surpassing state and national figures for this group. While Non-Hispanic Black residents have the highest rates in Texas and nationally, their rate is lower in the CHRISTUS Spohn area (35.5). These findings underscore the need for targeted, culturally competent strategies to address screening and care gaps.

Colorectal cancer diagnosis rate by Race/Ethnicity, 2016-2020

Race/Ethnicity	CHRISTUS Spohn (Counties)	Texas	United States
Full population	41.48	37.10	36.50
Non-Hispanic White	37.55	37.30	36.70
Non-Hispanic Black	35.50	45.00	41.40
Hispanic or Latino	45.34	35.80	32.00
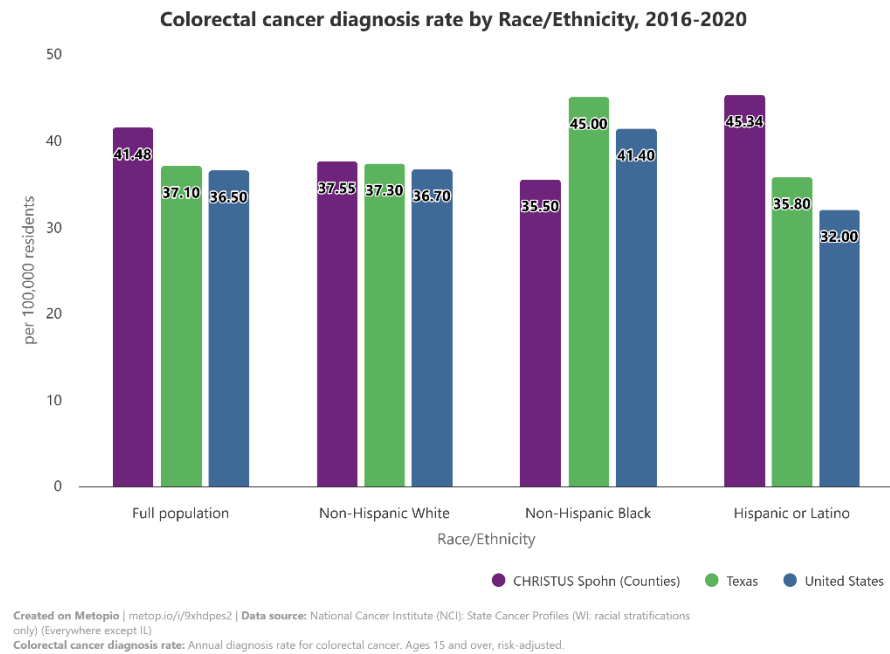
Colorectal Cancer Mortality

The colorectal cancer mortality rate in the CHRISTUS Spohn service area is 14.99 deaths per 100,000 people, exceeding both the Texas average (13.86) and the national average (13.38). This elevated rate suggests a critical need for enhanced prevention, early detection and treatment strategies, particularly in underserved areas of the Coastal Bend.

Colorectal cancer mortality, 2016-2020
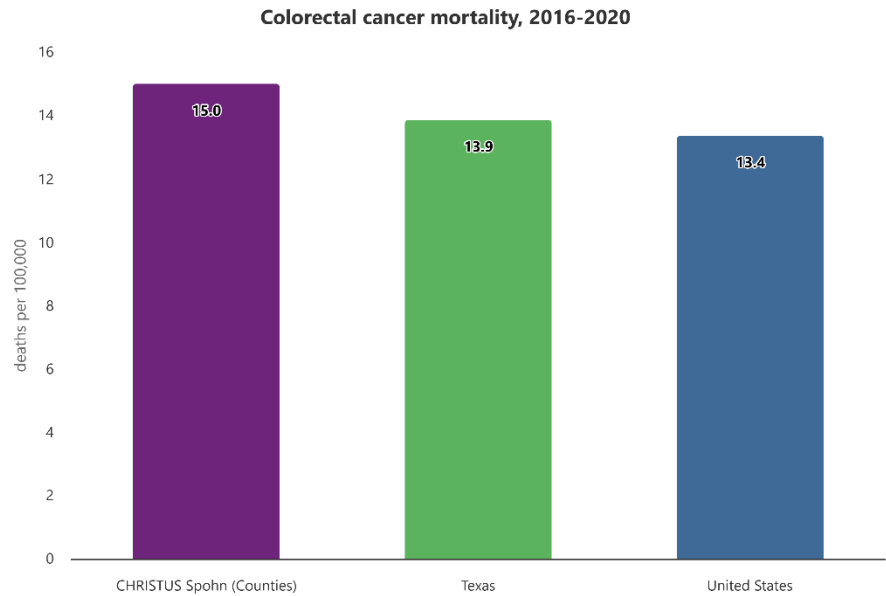
Created on **Metopio** | metop.io/i/9pxq1ypp | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Colorectal cancer mortality: Deaths per 100,000 residents due to colorectal cancer (ICD-10 codes C18-C21).

Prostate Cancer Diagnosis Rate by Race and Ethnicity

Prostate cancer diagnosis rates vary significantly by race and ethnicity. Nationally, Non-Hispanic Black men experience the highest rate at 175.6 per 100,000, followed by Non-Hispanic White men at 105.0 and Hispanic or Latino men at 83.7. In the CHRISTUS Spohn service area, the overall rate is notably lower at 69.99. These disparities may reflect differences in screening access, awareness or health care engagement. Culturally responsive education and targeted screening efforts are essential to improving early detection.

Prostate cancer diagnosis rate by Race/Ethnicity, 2016-2020
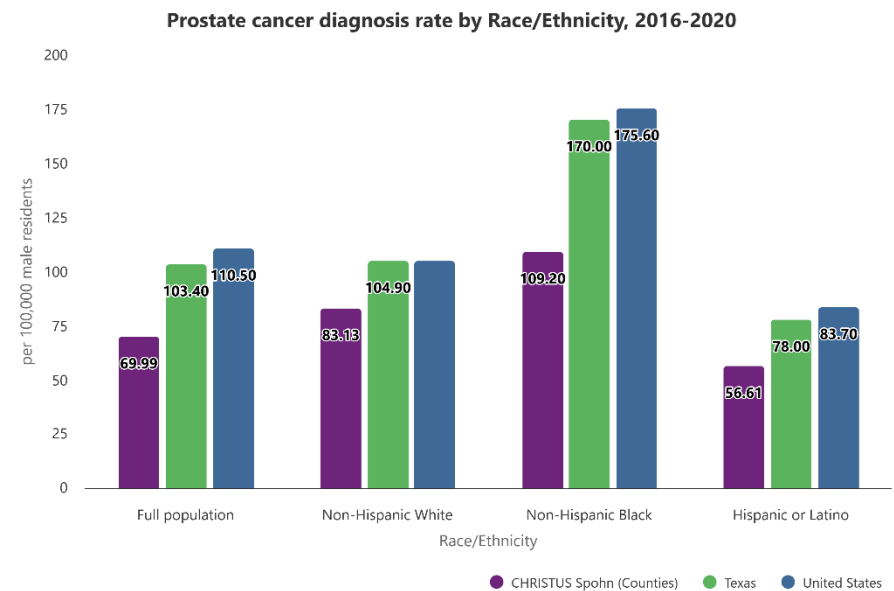
Created on **Metopio** | metop.io/i/61kf4dak | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (Everywhere except IL and WI)
Prostate cancer diagnosis rate: Annual diagnosis rate for prostate cancer. Ages 15 and over, age-adjusted.

Prostate Cancer Mortality Rate

The prostate cancer mortality rate in the CHRISTUS Spohn service area is 8.3 deaths per 100,000 people, which is higher than both the Texas average (7.48) and the national average (7.81). This suggests a potential gap in early detection or treatment access and highlights the need for regionally tailored cancer care services for men in the Coastal Bend.

Prostate cancer mortality, 2019-2023

deaths per 100,000

|	
CHRISTUS Spohn (Counties)	8.30
Texas	7.48
United States	7.81
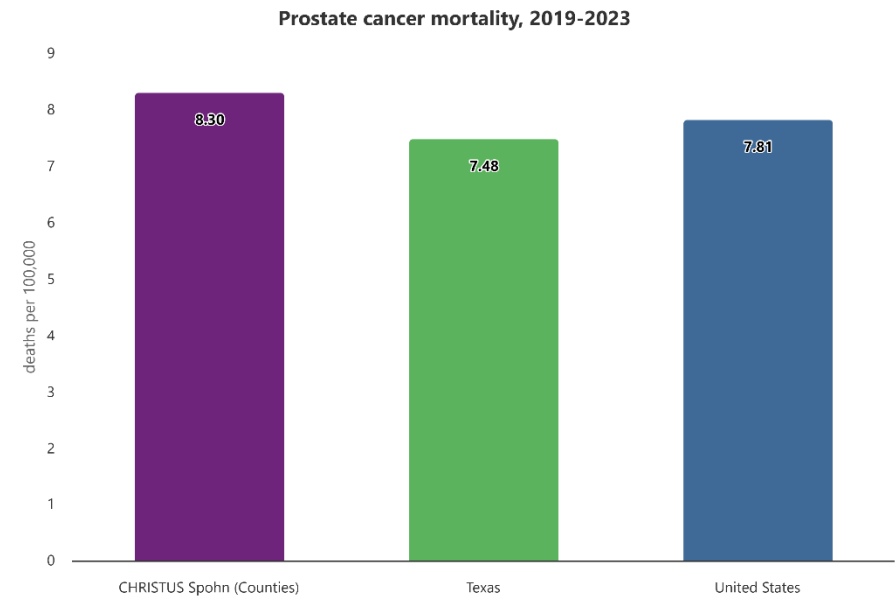
Created on Metopio | metop.io/i/xxmmiv1h | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)
Prostate cancer mortality: Deaths per 100,000 residents with an underlying cause of injury (ICD-10 code C61).

Lung Cancer Diagnosis Rate

The lung cancer diagnosis rate in the CHRISTUS Spohn service area is 44.7 per 100,000 people, slightly lower than the Texas average (46.5) and the national average (54.0). While this may suggest some relative strengths in local prevention efforts, the overall burden of lung cancer remains significant. Continued efforts to reduce tobacco use and improve access to early screening remain critical.

Lung cancer diagnosis rate, 2016-2020
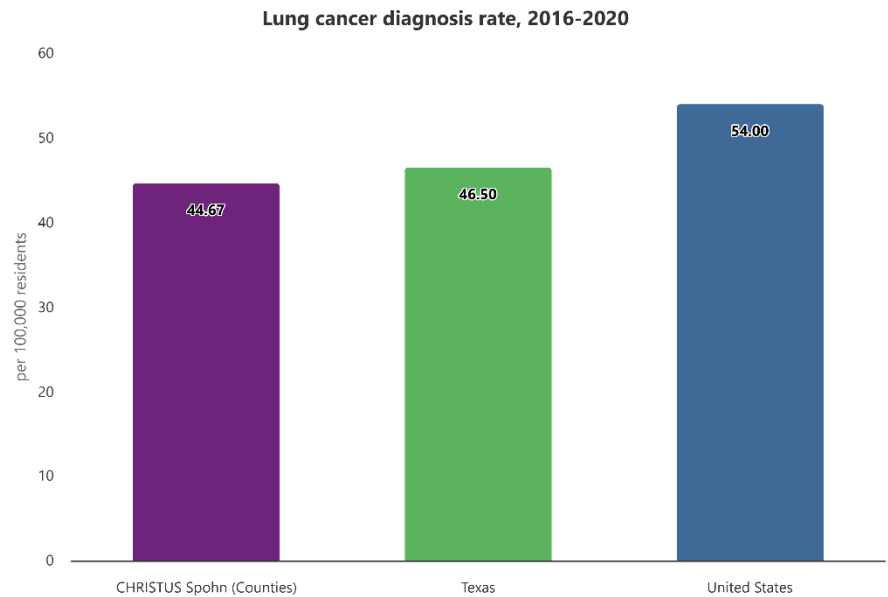
Created on Metopio | metop.io/i/uknhfq7b | Data source: National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Lung cancer diagnosis rate: Annual diagnosis rate for lung and bronchus cancer. Ages 15 and over, risk-adjusted.

Lung, Trachea and Bronchus Cancer Mortality by Race and Ethnicity

Mortality from lung, trachea and bronchus cancers is 32.4 per 100,000 in the CHRISTUS Spohn service area, which is higher than both Texas (27.84) and the national average (31.29). This elevated mortality burden may be influenced by factors such as smoking rates, environmental exposure or barriers to timely diagnosis and treatment. Expanding lung health initiatives could help reduce these preventable deaths across the Coastal Bend.

**Lung, trachea, and bronchus cancer mortality, 2019-2023**
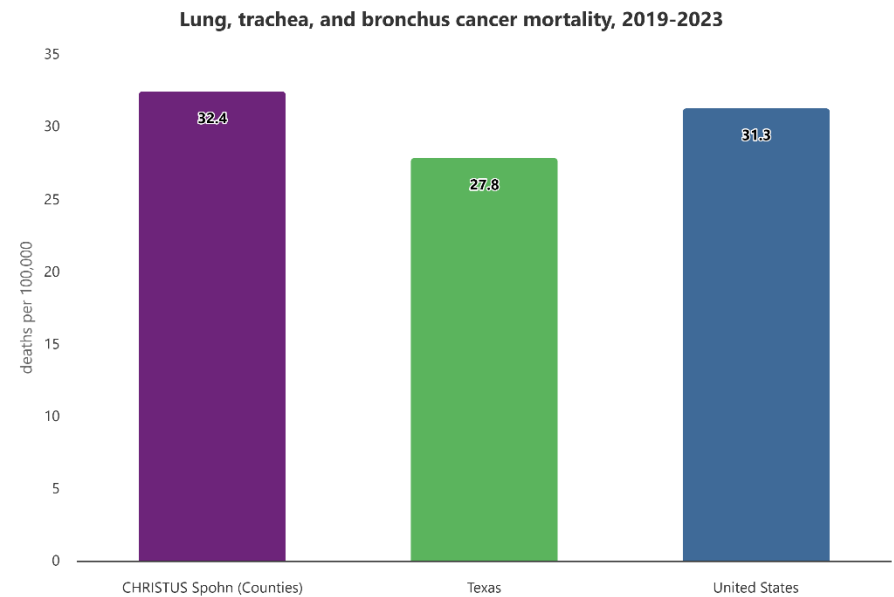
Created on Metopio | metop.io/i/yx6t4qnw | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Lung, trachea, and bronchus cancer mortality: Deaths per 100,000 residents due to cancer of the lung, trachea, and bronchus (ICD-10 codes C33–C34).

Cardiovascular Disease

Heart Disease Mortality

The heart disease mortality rate in the CHRISTUS Spohn service area is 216.5 deaths per 100,000 residents, significantly higher than both the Texas average (171.5) and the national average (166.5). This elevated rate underscores a critical need for prevention, screening and chronic disease management efforts focused on cardiovascular health, particularly in high-risk communities across the Coastal Bend.
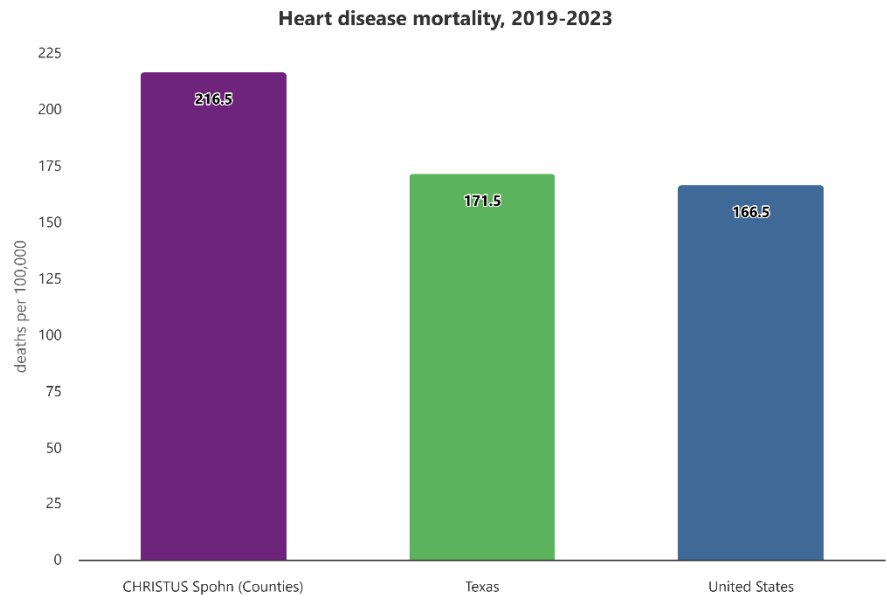
Heart disease mortality, 2019-2023

Bar chart titled "Heart disease mortality, 2019-2023" showing deaths per 100,000. CHRISTUS Spohn (Counties): 216.5; Texas: 171.5; United States: 166.5.

Stroke Mortality

Stroke mortality in the CHRISTUS Spohn service area stands at 53.5 deaths per 100,000 residents, compared to 41.4 in Texas and 39.1 nationally. These elevated rates point to potential challenges in managing hypertension, timely stroke response and preventive care. Regional investment in stroke education, rapid response infrastructure and equitable access to care could improve outcomes.
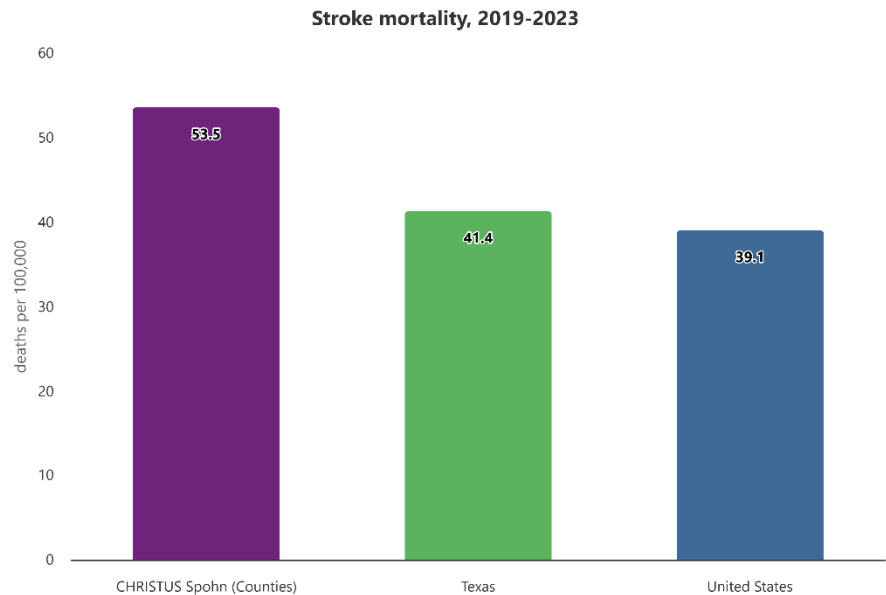
Stroke mortality, 2019-2023

Bar chart titled "Stroke mortality, 2019-2023" showing deaths per 100,000. CHRISTUS Spohn (Counties): 53.5; Texas: 41.4; United States: 39.1.

High Cholesterol

Cholesterol levels in the CHRISTUS Spohn service area have exceeded national benchmarks and surpassed the state level in 2021, with notable increases in recent years. This trend suggests a need for community-wide efforts to promote heart-healthy lifestyles, improve nutritional access, provide health literacy education and support chronic disease management, particularly in areas with limited health care resources.
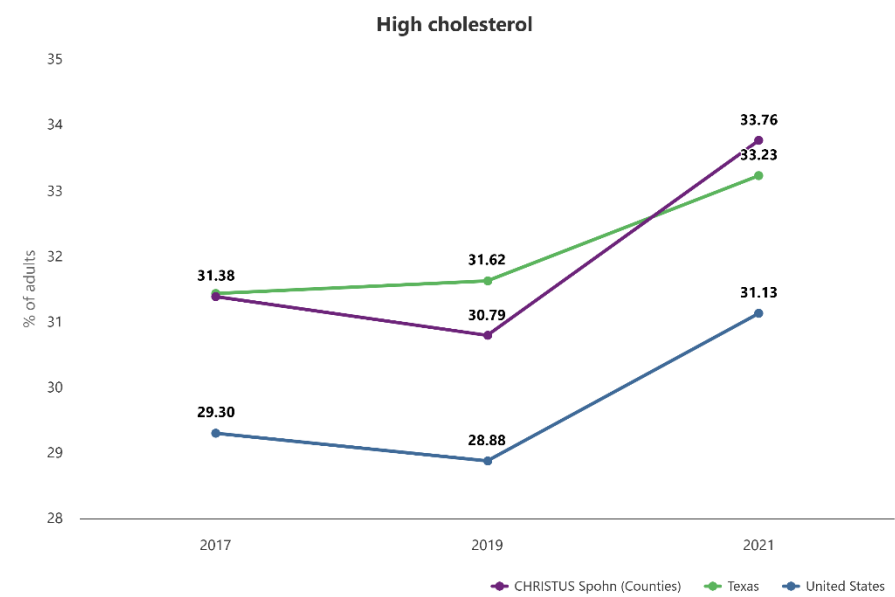
High cholesterol

High Blood Pressure

High blood pressure affects 33.3% of adults in the CHRISTUS Spohn service area, compared to 32.2% statewide and 30.3% nationally. As a key risk factor for heart disease and stroke, this widespread prevalence signals an urgent need for early screening, medication access and culturally tailored health education across the Coastal Bend.
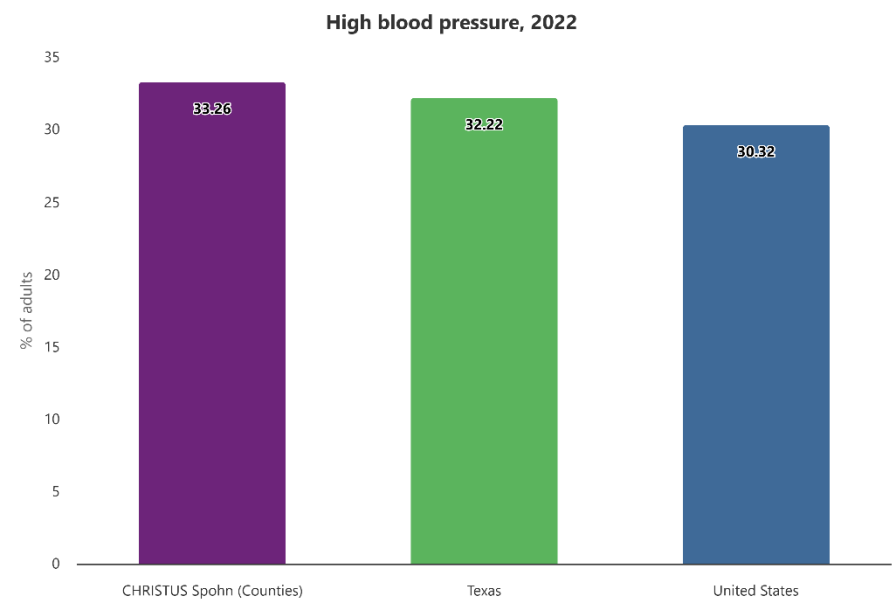
High blood pressure, 2022

Diabetes

Diagnosed Diabetes

Diabetes has a profound impact on the CHRISTUS Spohn service area, where 15.5% of adults report a diagnosis. This is significantly higher than the Texas average (13.4%) and national average (10.8%). These findings highlight the importance of diabetes prevention, access to primary care and culturally appropriate nutrition and exercise programs.

Diagnosed diabetes, 2022

CHRISTUS Spohn (Counties): 15.5
Texas: 13.4
United States: 10.8
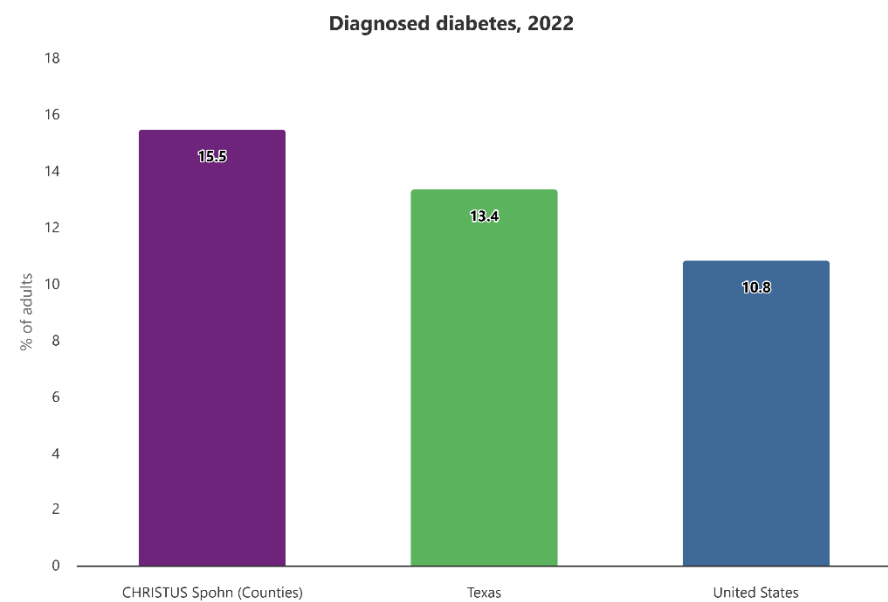
% of adults

Created on Metopio | metop.io/i/bg9hypmx | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES, Diabetes Atlas (County and state level data before 2017)
Diagnosed diabetes: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have diabetes, other than diabetes during pregnancy. Data for counties and states are age-adjusted.
Data for zips, tracts and smaller layers are raw.

Diabetes Mortality

Diabetes mortality in the CHRISTUS Spohn service area is nearly double the national rate and almost 20 points higher than the Texas average, indicating a severe local burden. This disparity calls for urgent investment in diabetes care access, early diagnosis and community-based disease management strategies.

Diabetes mortality, 2022

CHRISTUS Spohn (Counties): 44.4
Texas: 25.6
United States: 24.1
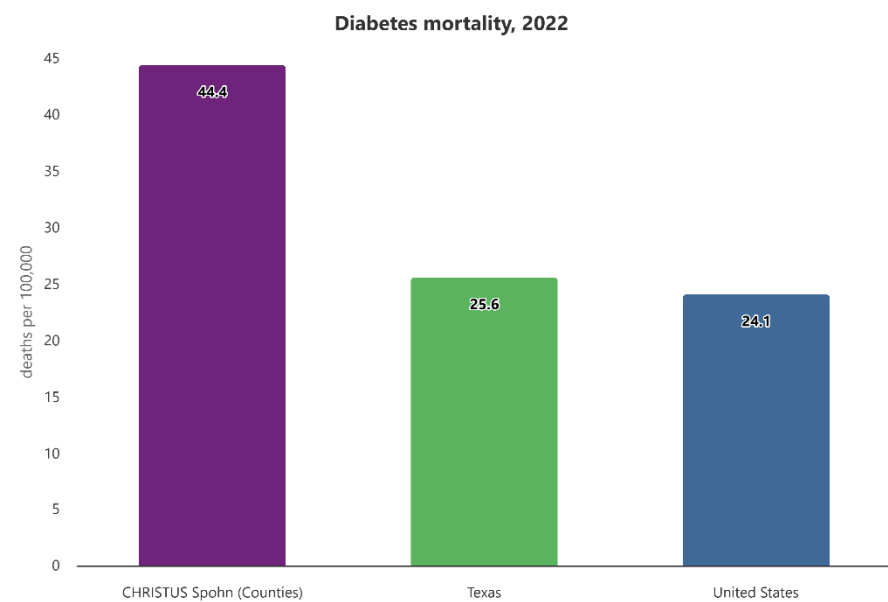
deaths per 100,000

Created on Metopio | metop.io/i/m5jt54co | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Diabetes mortality: Deaths per 100,000 residents with an underlying cause of diabetes (ICD-10 codes E10-E14).

Mental Health

Depression

Reported depression rates have increased steadily in the CHRISTUS Spohn service area, rising from 19.2% in 2019 to 24.1% in 2022. These rates consistently outpace both Texas and national averages. This trend reflects growing mental health needs and underscores the importance of early screening, community-based mental health services, and efforts to reduce stigma in local communities.
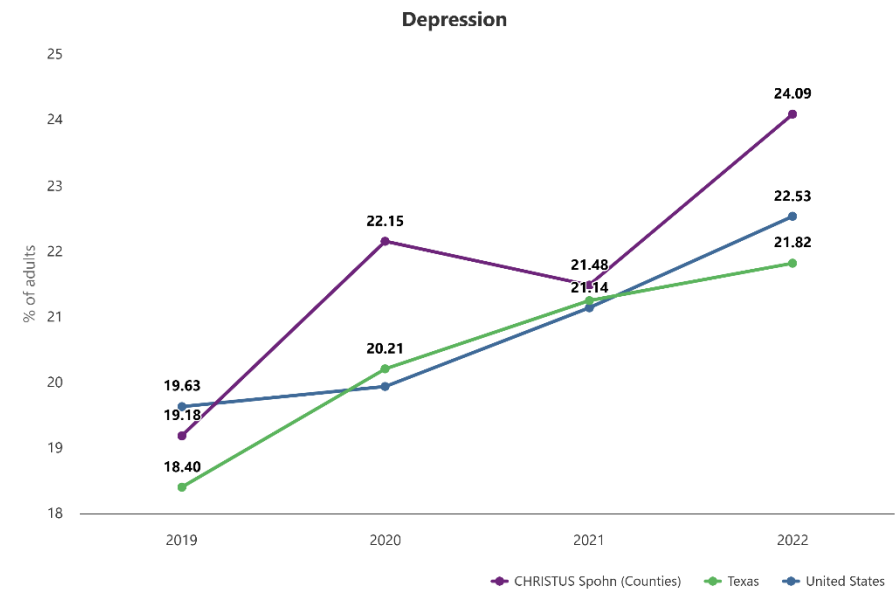
Depression

Created on Metopio | metop.io/i/2x986cs1 | **Data source:** Centers for Disease Control and Prevention (CDC): PLACES

Depression: Prevalence of depression among adults 18 years and older

Self-Reported Poor Mental Health

Self-reported poor mental health is more common in the CHRISTUS Spohn service area than in Texas or the U.S. overall. With nearly one in five adults indicating frequent mental distress, this points to a sustained need for accessible and culturally relevant mental health care, particularly in underserved parts of the Coastal Bend.

Self-reported poor mental health, 2022
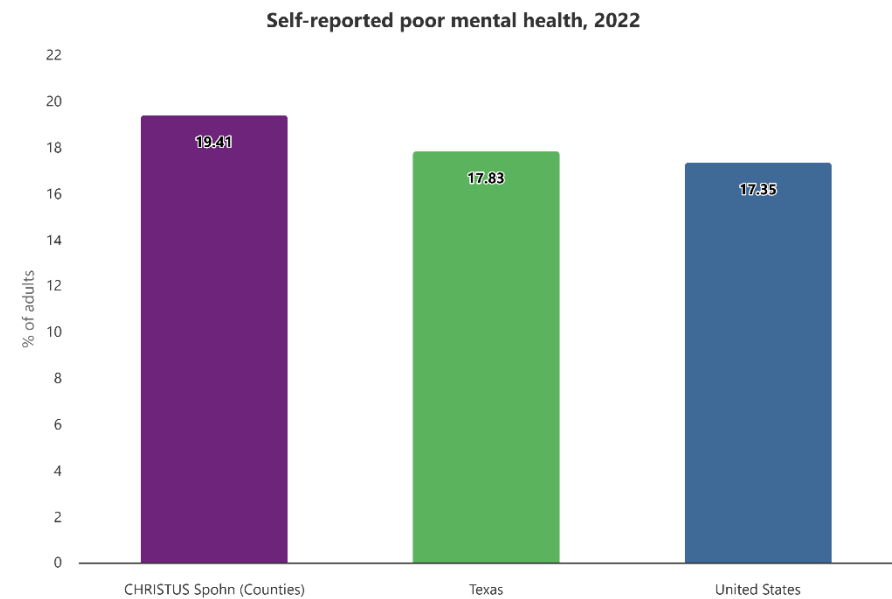
Created on Metopio | metop.io/i/95fjxk7n | **Data source:** Centers for Disease Control and Prevention (CDC): PLACES

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

Poor Mental Health Days

The average number of poor mental health days per month has risen notably in the CHRISTUS Spohn service area from 4.29 in 2018 to 5.84 in 2022. This increase outpaces trends in Texas and the nation and reflects heightened levels of chronic stress, anxiety and depression. Addressing this requires long-term investment in behavioral health systems, especially in communities facing economic or social strain.
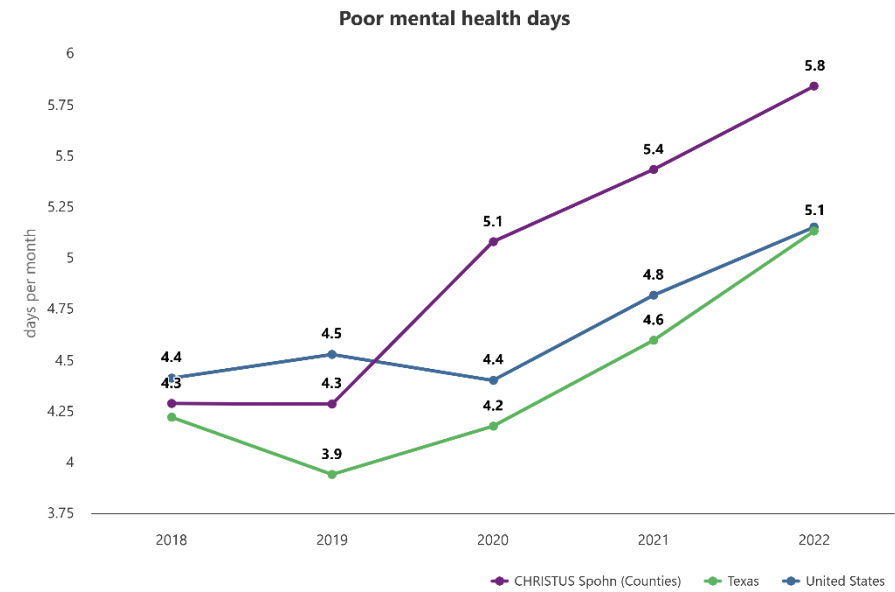
Poor mental health days

Suicide Mortality

Suicide mortality in the CHRISTUS Spohn service area is 18.3 deaths per 100,000. This is substantially higher than state and national rates. This disparity signals an urgent need for expanded suicide prevention efforts, including crisis intervention, early behavioral health screening and improved mental health service access for at-risk groups.

Suicide mortality, 2019-2023

Respiratory Illness

Asthma Prevalence

The asthma prevalence rate in the CHRISTUS Spohn service area is 9.6%, which is slightly higher than the Texas average of 9.4% but below the national average of 10.4%. These findings highlight the importance of maintaining access to preventive asthma care, particularly in pediatric and medically underserved populations.

Current asthma, 2022

Bar chart showing "% of adults": CHRISTUS Spohn (Counties) 9.59, Texas 9.43, United States 10.35

Influenza and Pneumonia Mortality

Influenza and pneumonia mortality in the CHRISTUS Spohn service area is 13.4 deaths per 100,000, which is higher than both the Texas (10.3) and U.S. (11.3) rates. These conditions are largely preventable through vaccination and early treatment, signaling a need for expanded outreach, especially in rural and aging populations.
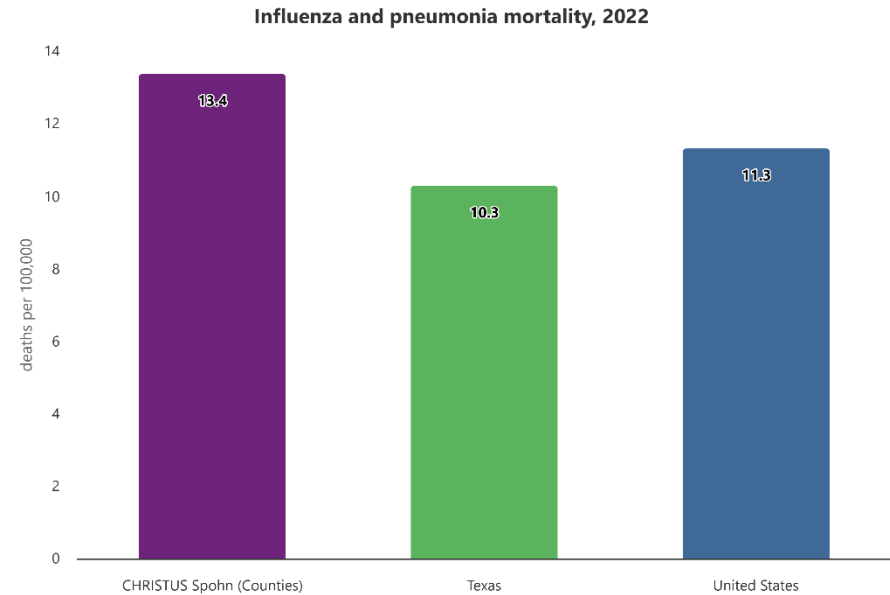
Influenza and pneumonia mortality, 2022

Bar chart showing "deaths per 100,000": CHRISTUS Spohn (Counties) 13.4, Texas 10.3, United States 11.3

Chronic Obstructive Pulmonary Disease

The prevalence of chronic obstructive pulmonary disease (COPD) in the CHRISTUS Spohn service area is 6.5%, slightly higher than the state and national averages. This underscores the need for continued investment in smoking cessation programs, pulmonary care and early diagnosis, particularly among older adults.

Chronic obstructive pulmonary disease (COPD), 2022
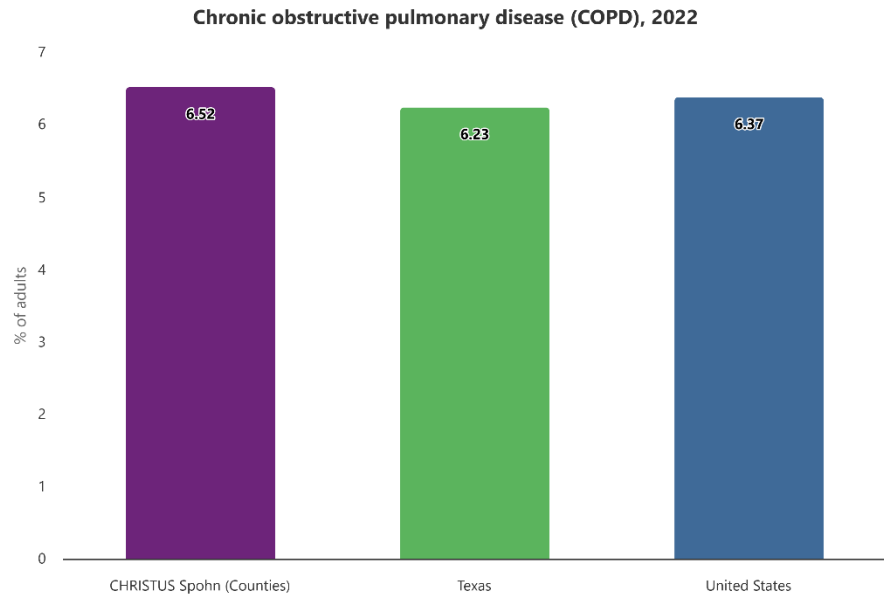
Created on Metopio | metop.io/i/xyqvv9dk | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (zip codes, tracts))
Chronic obstructive pulmonary disease (COPD): Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis. Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

COVID-19

COVID-19 Case Rate

COVID-19 case rates in the CHRISTUS Spohn service area were slightly lower than state and national averages, suggesting possible differences in testing access, transmission patterns or reporting practices. Continued public health vigilance remains important for managing post-pandemic impacts in high-risk communities.

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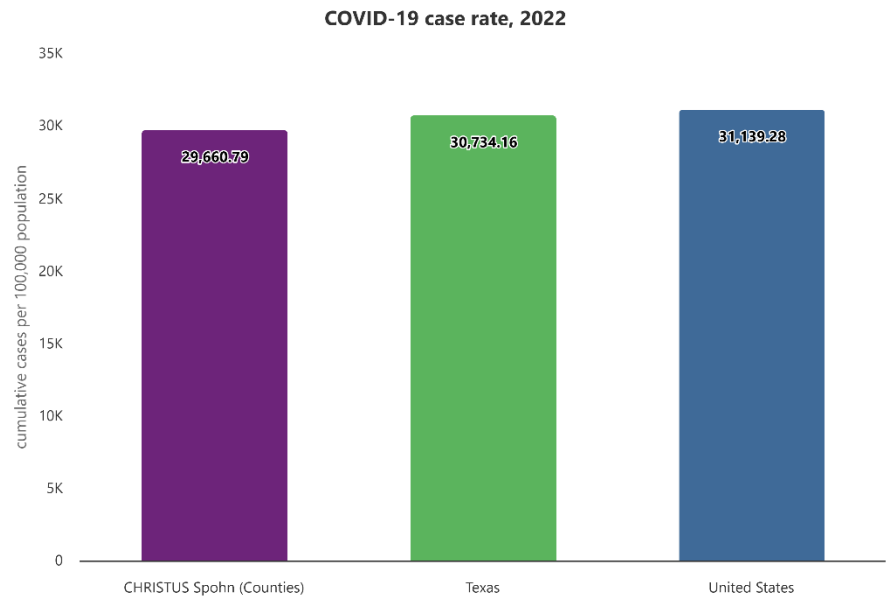
Created on Metopio | metop.io/i/cytgxiof | **Data sources:** The New York Times (based on reports from state and local health agencies), Various state health departments (COVID dashboards)
COVID-19 case rate: Confirmed COVID-19 cases from the SARS-CoV-2 virus per 100,000 residents, as of 10/10/2022.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

COVID-19 Mortality

COVID-19 mortality in the CHRISTUS Spohn service area reached 64.9 deaths per 100,000. This rate is significantly higher than both the Texas rate (49.1) and the national rate (44.5). This disproportionate impact suggests gaps in access to timely care, vaccination or early detection, especially in vulnerable populations.
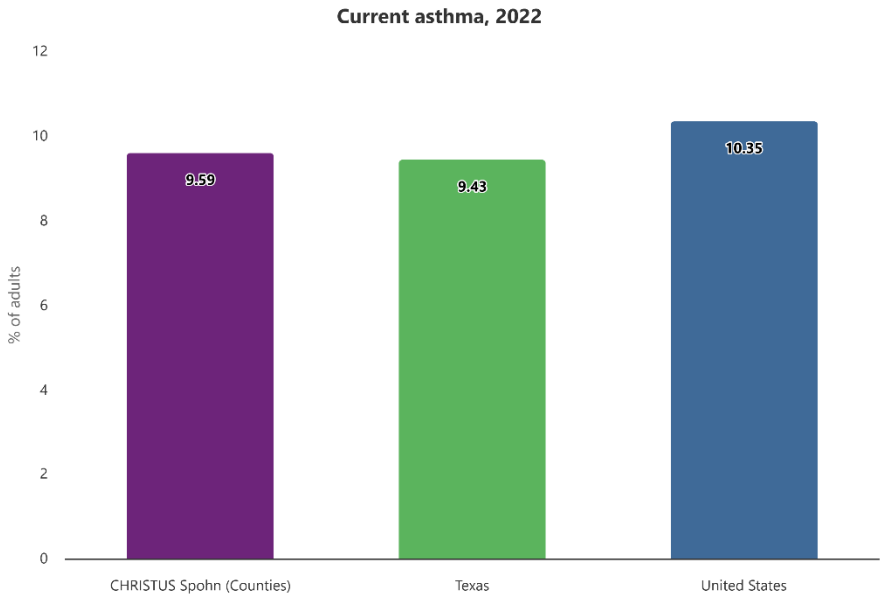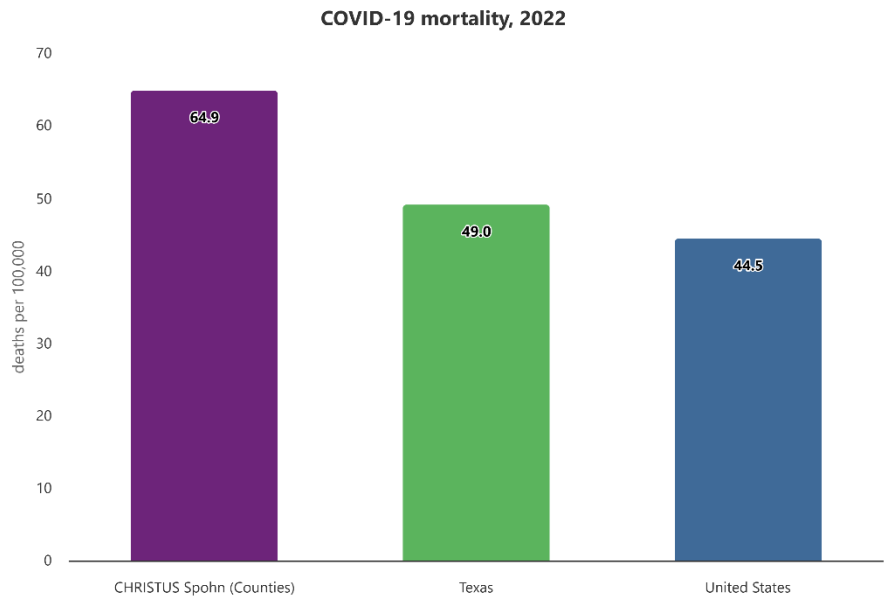
COVID-19 mortality, 2022

Created on Metopio | metop.io/i/3qfs671j | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (via CDC Wonder)
COVID-19 mortality: Deaths per 100,000 residents with an underlying cause of COVID-19 (SARS-COV-2).

STI

Sexually Transmitted Infection Incidence

The overall STI incidence rate in the CHRISTUS Spohn area is 1,160.8 per 100,000 people, closely mirroring the state average and exceeding the national rate. This reflects ongoing community needs for comprehensive sexual health education, screening and treatment services.
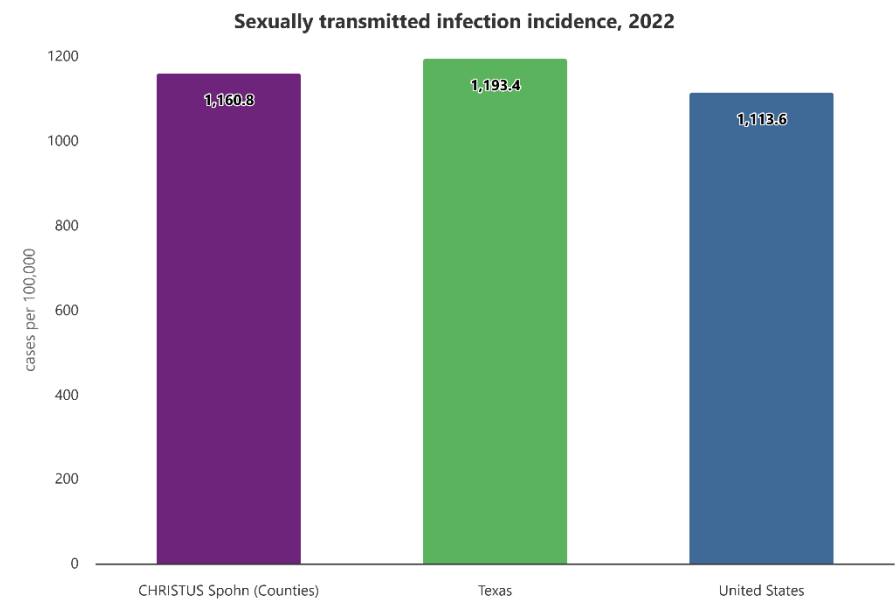
Sexually transmitted infection incidence, 2022

CHRISTUS Spohn (Counties): 1,160.8
Texas: 1,193.4
United States: 1,113.6

y-axis: cases per 100,000

Created on Metopio | metop.io/i/o2ekkzk8 | **Data source:** Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus (Via http://healthindicators.gov)
Sexually transmitted infection incidence: The number of sexually transmitted infections per 100,000 residents. Includes chlamydia, gonorrhea, syphilis, and HIV/AIDS cases. More than half of these cases are from chlamydia alone.

Chlamydia Incidence

The chlamydia incidence rate in the CHRISTUS Spohn area is 646.8 per 100,000, higher than both the Texas (517.8) and national (495.0) averages. These elevated rates signal a need for increased screening, education and preventive care efforts, particularly among adolescents and young adults.

Chlamydia incidence, 2022

CHRISTUS Spohn (Counties): 646.8
Texas: 517.8
United States: 495.0

y-axis: cases per 100,000
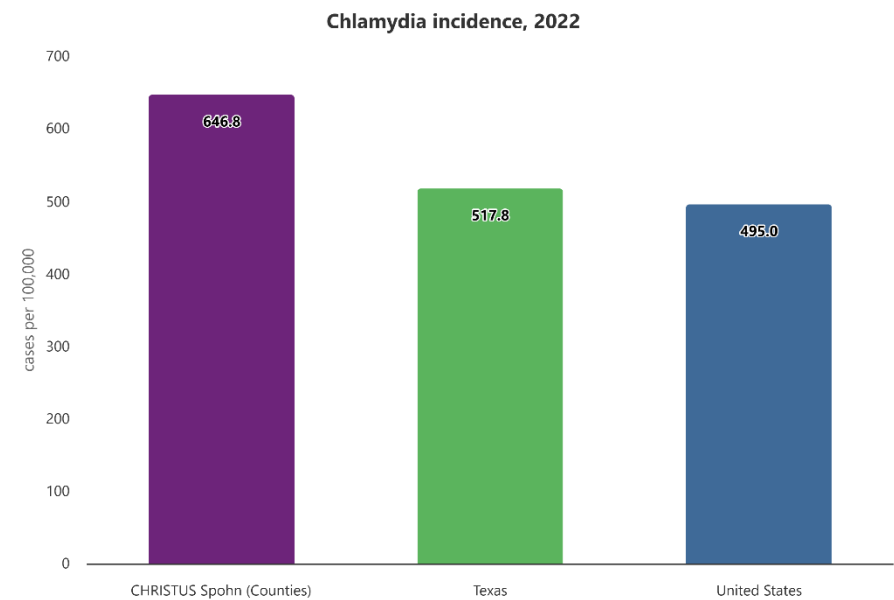
Created on Metopio | metop.io/i/vndffvyd | **Data source:** Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus (Via http://healthindicators.gov)
Chlamydia incidence: Reported chlamydia cases per 100,000 residents. Chlamydia is a common sexually-transmitted disease, especially among young women aged 15-24.

Syphilis Case Rate

Syphilis case rates in the CHRISTUS Spohn area are the highest among the comparison groups, at 46.3 per 100,000 people. This surpasses both the Texas rate (43.9) and the national rate (34.8) and calls for targeted intervention and contact tracing strategies to control transmission.

Syphilis case rate, 2022
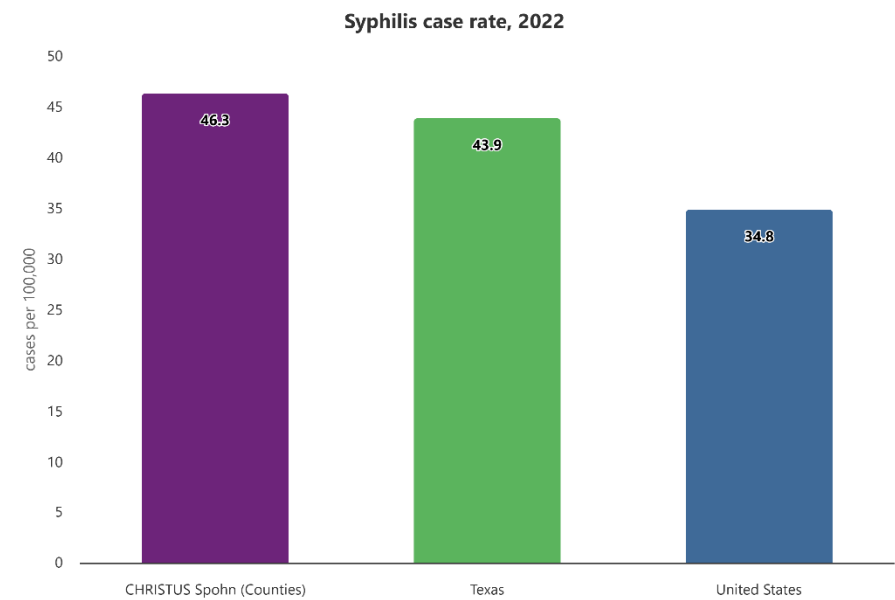
Created on Metopio | metop.io/i/d9sn5w9u | **Data source:** Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus
Syphilis case rate: Reported syphilis cases per 100,000 residents, including primary and secondary syphilis (the initial stages of the disease) and early latent syphilis (the stage with no symptoms). Syphilis is a sexually-transmitted disease that progresses through a series of clinical stages and can cause long-term complications if not treated correctly.

Gonorrhea Incidence

The gonorrhea incidence rate in the CHRISTUS Spohn region is 243.3 per 100,000, well above state and national averages. This highlights a community need for accessible STI testing and treatment services, as well as public health messaging that focuses on prevention and safe practices.

Gonorrhea incidence, 2022
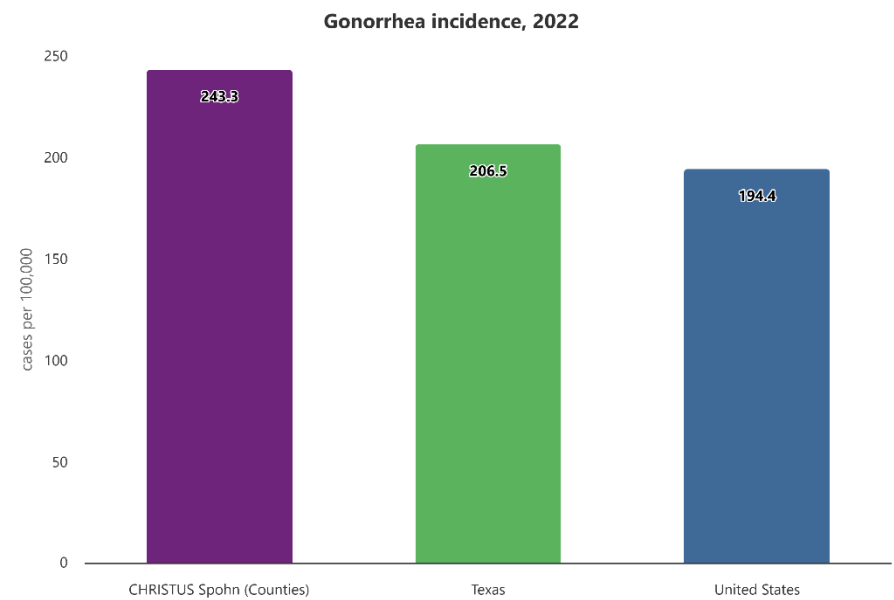
Created on Metopio | metop.io/i/1yaq8k96 | **Data source:** Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus
Gonorrhea incidence: Reported gonorrhea cases per 100,000 residents. Gonorrhea is a sexually transmitted infection that is especially common among teenagers and young adults.

HIV Prevalence

HIV prevalence in the CHRISTUS Spohn area is 224.5 per 100,000 people, which is lower than both the Texas rate (425.2) and the national rate (386.6). While comparatively lower, this still represents a significant public health concern requiring ongoing prevention, testing and care services.
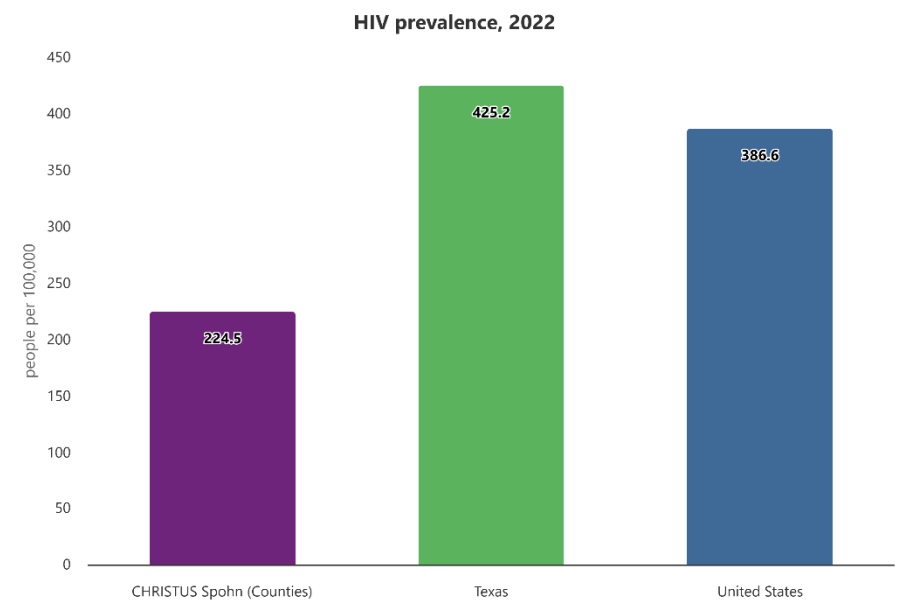
HIV prevalence, 2022

Created on **Metopio** | metop.io/i/7y38tqbk | **Data source:** Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus
HIV prevalence: Reported cases of adolescents and adults aged 13 years and older, per 100,000, living with HIV (human immunodeficiency virus), an incurable viral infection which leads to AIDS. This indicator is the prevalence (people living with HIV), not the incidence (new diagnoses of HIV). It increases with newly diagnosed cases and decreases with deaths (whether caused by AIDS or not).

Obesity

Obesity

Obesity affects 43.5% of adults in the CHRISTUS Spohn service area, compared to 36.8% in Texas and 33.8% nationwide. This marks a serious regional health challenge, linked to increased risk for diabetes, heart disease and other chronic conditions. Comprehensive, community-driven strategies to support healthier lifestyles are urgently needed.

Obesity, 2022
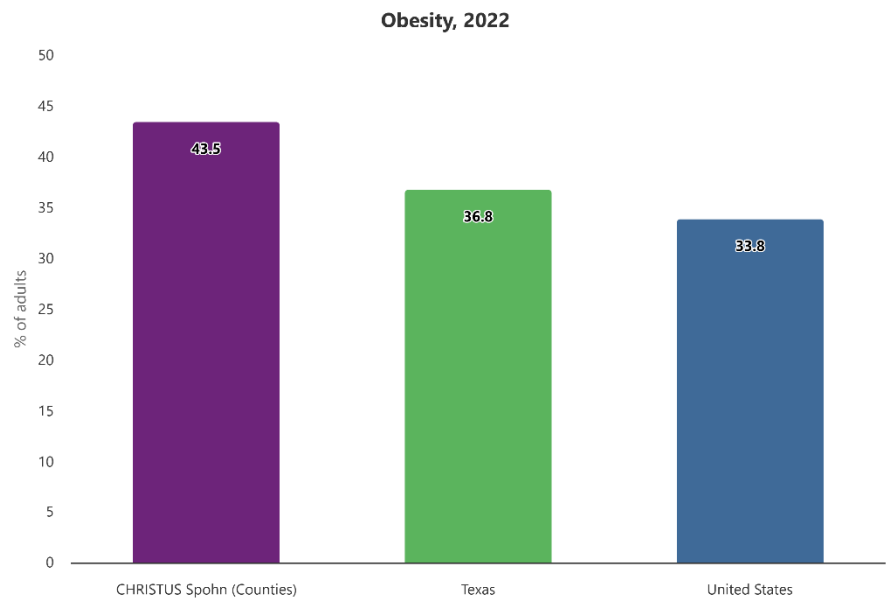
Created on Metopio | metop.io/i/7rppmwgj | **Data sources:** Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Obesity: Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

Hospital Utilization Data

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

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

How Our Hospitals Are Being Used

Top 10 Reasons People Are Admitted to the Hospital

Alice	Beeville	Kleberg	Shoreline	South	Surgical
Sepsis unspecified organism	Sepsis unspecified organism	Single liveborn infant delivered vaginally	Sepsis unspecified organism	Single liveborn infant delivered vaginally	Spinal stenosis lumbar region with neurogenic claudication
Non-ST-segment elevation myocardial infarction (NSTEMI)	Pneumonia unspecified organism	Sepsis unspecified organism	Non-ST-segment elevation myocardial infarction (NSTEMI)	Single liveborn infant delivered by cesarean	Spinal stenosis cervical region
Single liveborn infant delivered vaginally	Hypertensive heart disease with heart failure	Single liveborn infant delivered by cesarean	Acute kidney failure unspecified	Sepsis unspecified organism	Infection and inflammatory reaction due to internal left knee prosthesis initial encounter
Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease or unspecified chronic kidney disease	Acute kidney failure unspecified	Pneumonia unspecified organism	Hypertensive heart disease with heart failure	Maternal care for low transverse scar from previous cesarean delivery	Malignant neoplasm of thyroid gland
Hypertensive heart disease with heart failure	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease or unspecified chronic kidney disease	Hypertensive heart disease with heart failure	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease or unspecified chronic kidney disease	Post-term pregnancy	Pain due to internal orthopedic prosthetic devices implants and grafts initial encounter

Pneumonia unspecified organism	Single liveborn infant delivered vaginally	Urinary tract infection site not specified	Pneumonia unspecified organism	Acute kidney failure unspecified	Infection and inflammatory reaction due to other internal joint prosthesis initial encounter
Acute kidney failure unspecified	Chronic obstructive pulmonary disease with (acute) exacerbation	Maternal care for low transverse scar from previous cesarean delivery	Cerebral infarction unspecified	Streptococcus B carrier state complicating childbirth	Infection following a procedure superficial incisional surgical site initial encounter
Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	COVID-19	Acute kidney failure unspecified	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	Pneumonia unspecified organism	Unilateral primary osteoarthritis right knee
COVID-19	Urinary tract infection site not specified	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease or unspecified chronic kidney disease	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease or end stage renal disease	Encounter for full-term uncomplicated delivery	Mechanical loosening of internal right knee prosthetic joint initial encounter
Calculus of gallbladder with acute cholecystitis without obstruction	Hypertensive emergency	Non-ST-segment elevation myocardial infarction (NSTEMI)	Sepsis due to Escherichia coli [E. coli]	Labor and delivery complicated by cord around neck without compression not applicable or unspecified	Wear of articular bearing surface of internal prosthetic right knee joint initial encounter

What This Data Tells Us

Understanding the top reasons people are admitted to CHRISTUS Spohn hospitals helps shine a light on the most serious and prevalent health challenges facing the communities we serve. This data reflects not only the clinical needs of patients, but also broader gaps in preventive care, early detection, and chronic disease management. Across our hospitals, several patterns emerge:

- **Chronic and Acute Health Conditions:** Sepsis, heart disease, kidney failure, diabetes, pneumonia, and COVID-19 remain among the most common reasons for hospitalization. Many of these conditions are preventable or more manageable with strong primary care, timely treatment, and ongoing disease management.
- **Maternal and Newborn Care:** Deliveries and maternal care, including vaginal and cesarean births, account for a large portion of admissions at multiple facilities, especially Kleberg and South. This reflects high birth volumes and the hospitals' roles as key providers of obstetric services, highlighting the need for safe, equitable maternal care and postpartum support.
- **Orthopedic and Surgical Care:** South Texas Surgical Hospital admissions are largely tied to orthopedic conditions, joint replacements, and complications related to prosthetic devices, consistent with its specialized surgical focus.
- **Infectious Disease and Post-Procedure Complications:** Infections, including those following surgical procedures or involving joint prostheses, appear across multiple facilities, underscoring the importance of infection prevention, post-discharge follow-up, and patient education.

Taken together, these trends reinforce many of the key concerns identified throughout this Community Health Needs Assessment. They point to continued opportunities for collaboration across hospitals, outpatient providers, and community partners to improve care access, reduce avoidable hospitalizations, and support healthier outcomes for all who call the Coastal Bend home.

How Our Emergency Rooms Are Being Used

Top 10 Reasons for Emergency Room Visits

Alice	Beeville	Kleberg	Shoreline	South	Surgical
Chest pain unspecified	Acute upper respiratory infection unspecified	COVID-19	Chest pain unspecified	Chest pain unspecified	Infection following a procedure superficial incisional surgical site initial encounter
Acute upper respiratory infection unspecified	Viral infection unspecified	Viral infection unspecified	Sepsis unspecified organism	COVID-19	Infection and inflammatory reaction due to internal left knee prosthesis initial encounter
Viral infection unspecified	COVID-19	Acute upper respiratory infection unspecified	Suicidal ideations	Urinary tract infection site not specified	Infection and inflammatory reaction due to internal right knee prosthesis initial encounter
COVID-19	Influenza due to other identified influenza virus with other respiratory manifestations	Influenza due to other identified influenza virus with other respiratory manifestations	Other chest pain	Viral infection unspecified	Dislocation of internal left hip prosthesis initial encounter
Urinary tract infection site not specified	Other chest pain	Chest pain unspecified	Headache unspecified	Acute upper respiratory infection unspecified	Disruption of external operation (surgical) wound not elsewhere classified initial encounter

Other chest pain	Noninfective gastroenteritis and colitis unspecified	Other chest pain	Acute upper respiratory infection unspecified	Noninfective gastroenteritis and colitis unspecified	Spinal stenosis cervical region
Noninfective gastroenteritis and colitis unspecified	Streptococcal pharyngitis	Urinary tract infection site not specified	COVID-19	Headache unspecified	Postprocedural hematoma of a nervous system organ or structure following a nervous system procedure
Nausea with vomiting unspecified	Chest pain unspecified	Streptococcal pharyngitis	Low back pain unspecified	Sepsis unspecified organism	Spinal stenosis lumbar region with neurogenic claudication
Sepsis unspecified organism	Urinary tract infection site not specified	Noninfective gastroenteritis and colitis unspecified	Nausea with vomiting unspecified	Other specified pregnancy related conditions third trimester	Unspecified intracapsular fracture of right femur initial encounter for closed fracture
Pneumonia unspecified organism	Pneumonia unspecified organism	Acute cystitis with hematuria	Urinary tract infection site not specified	Other chest pain	Dislocation of internal right hip prosthesis initial encounter

What This Data Tells Us

Across CHRISTUS Spohn hospitals, emergency room visits reflect a diverse range of urgent physical health concerns. The most common reasons patients seek emergency care include:

- **Chest pain and respiratory illnesses:** Chest pain, acute upper respiratory infections, viral infections, influenza, and COVID-19 are consistently among the top reasons for emergency room visits across most hospitals. This pattern highlights the community's reliance on emergency services for potential cardiac events and infectious respiratory conditions, especially during peak viral seasons.
- **Infections and post-surgical complications:** Infections, including wound infections and reactions to prosthetic devices, are more frequently seen at South Texas Surgical, where orthopedic procedures and complex post-operative care are common.
- **Gastrointestinal, urinary, and musculoskeletal issues:** Urinary tract infections, gastrointestinal illnesses, back pain, and spinal stenosis are prevalent across facilities, underscoring the wide array of conditions that prompt emergency visits when outpatient care may not be accessible or timely.
- **Injury and pregnancy-related conditions:** Some facilities report emergency visits related to fractures, pregnancy complications, and other acute issues requiring immediate intervention.

This data illustrates how emergency departments serve as a crucial safety net, especially for patients facing barriers to timely primary or specialty care. High volumes of chronic condition-related visits and acute infections point to opportunities for community health investments in outpatient access, urgent care, and coordinated follow-up to reduce avoidable ER utilization.

How Our Outpatient Clinics Are Being Used

Top 10 Reasons for Primary Care and Pediatric Visits

Alice	Beeville	Kleberg	Shoreline	South	Surgical
Acute upper respiratory infection unspecified	Acute upper respiratory infection unspecified	Encounter for screening mammogram for malignant neoplasm of breast	Not specified	Not specified	Encounter for screening for malignant neoplasm of colon
Chest pain unspecified	Viral infection unspecified	Low back pain unspecified	Chest pain unspecified	Chest pain unspecified	Type 2 diabetes mellitus with diabetic cataract
Essential (primary) hypertension	COVID-19	Not specified	Suicidal ideations	Encounter for screening for malignant neoplasm of colon	Unilateral primary osteoarthritis right knee
Urinary tract infection site not specified	Essential (primary) hypertension	Acute upper respiratory infection unspecified	Encounter for antineoplastic chemotherapy	Urinary tract infection site not specified	Combined forms of age-related cataract right eye
Viral infection unspecified	Urinary tract infection site not specified	Viral infection unspecified	Anemia unspecified	COVID-19	Unilateral primary osteoarthritis left knee
COVID-19	Other chest pain	COVID-19	Iron deficiency anemia unspecified	Viral infection unspecified	Combined forms of age-related cataract left eye
Other chest pain	Influenza due to other identified influenza virus with other respiratory manifestations	Chest pain unspecified	Encounter for screening for malignant neoplasm of colon	J06.9 - Acute upper respiratory infection unspecified	Unspecified osteoarthritis unspecified site

Not specified	Encounter for screening mammogram for malignant neoplasm of breast	Influenza due to other identified influenza virus with other respiratory manifestations	Other chest pain	Noninfective gastroenteritis and colitis unspecified	Hypertrophy of tonsils with hypertrophy of adenoids
Noninfective gastroenteritis and colitis unspecified	Chest pain unspecified	Other chest pain	Headache unspecified	Low back pain unspecified	Acute serous otitis media recurrent bilateral
Encounter for general adult medical examination without abnormal findings	Encounter for screening for malignant neoplasm of colon	Urinary tract infection site not specified	Low back pain unspecified	Headache unspecified	Age-related nuclear cataract left eye

What This Data Tells Us

The data highlights the most common reasons patients visit CHRISTUS Spohn outpatient clinics across the region, including both primary care and pediatric services. While trends vary by location, several consistent themes emerge:

- **Common infections:** Acute upper respiratory infections, viral infections, urinary tract infections, and influenza are among the most frequent diagnoses across nearly all sites. These findings underscore the ongoing need for accessible primary care to address common, acute illnesses.
- **Chronic disease management:** Chronic conditions such as essential (primary) hypertension, type 2 diabetes (with complications like cataracts), and anemia appear frequently in outpatient encounters. This reflects the critical role of outpatient clinics in supporting disease monitoring, medication management, and health education.
- **Preventive care and screenings:** Several clinics list high rates of preventive services, including mammograms, colon cancer screenings, and general adult medical exams. While encouraging, the variability between sites may signal gaps in access, health literacy, or follow-up.
- **Musculoskeletal and vision concerns:** Diagnoses such as low back pain, osteoarthritis, and age-related cataracts appear more commonly in specialty and surgical clinics. These findings reflect aging-related needs and the importance of outpatient services in supporting mobility, comfort, and functional independence.

Overall, the data suggests that outpatient clinics are essential for both urgent care and long-term health maintenance, including chronic disease support, prevention, and early intervention.

How Our Behavioral Health Units Are Being Used

Top Primary Diagnoses in Behavioral Health Units

Alice	Beeville	Kleberg	Shoreline	South
Alcohol dependence with withdrawal delirium	Alcohol dependence with intoxication unspecified	Alcohol dependence with withdrawal delirium	Major depressive disorder recurrent severe without psychotic features	Alcohol dependence with withdrawal delirium
Alcohol dependence with withdrawal uncomplicated	Other stimulant abuse with intoxication unspecified	Unspecified dementia unspecified severity without behavioral disturbance psychotic disturbance mood disturbance and anxiety	Schizoaffective disorder depressive type	Alcohol dependence with withdrawal unspecified
Unspecified dementia severe without behavioral disturbance psychotic disturbance mood disturbance and anxiety	Schizophrenia unspecified	Alcohol dependence with withdrawal unspecified	Schizoaffective disorder bipolar type	Alcohol abuse with withdrawal unspecified

What This Data Tells Us

Behavioral health units across CHRISTUS Spohn facilities provide critical inpatient mental health services. The following primary diagnoses represent the most common reasons for admission and reflect the region's growing mental and behavioral health needs:

- **Alcohol Dependence and Substance Use Disorders:** The most frequently reported diagnoses across multiple facilities involve alcohol dependence, often with withdrawal symptoms or delirium. These cases require both medical and psychiatric stabilization, underscoring the intertwined nature of substance use and mental health needs in the community.

- **Major Depressive Disorder:** Major depressive disorder, particularly recurrent and severe episodes, remains a leading diagnosis. These cases often require inpatient care for crisis stabilization and treatment planning, reflecting the significant burden of depression in the region.

- **Schizoaffective and Schizophrenic Disorders:** Several CHRISTUS Spohn behavioral health units report high volumes of admissions for schizoaffective disorders—both depressive and bipolar types—as well as unspecified schizophrenia. These conditions require intensive psychiatric care and longer inpatient stays, placing continued demand on behavioral health infrastructure.

- **Dementia and Cognitive Disorders:** Some facilities report admissions for dementia without behavioral disturbance, indicating the need for specialized inpatient care for older adults experiencing acute psychiatric or cognitive decline.
- **Other Psychiatric Conditions:** While less frequent, diagnoses also include stimulant abuse, unspecified psychotic symptoms, and mood disturbances, reinforcing the diversity and acuity of behavioral health needs among patients.

This data highlights a region-wide shortage of behavioral health resources and the need for expanded crisis care, integrated substance use treatment, and outpatient counseling across all levels of care. Continued investment in behavioral health units is essential to meet the needs of both adult and older adult patients.

Community Survey

As part of the 2026–2028 Community Health Needs Assessment (CHNA), CHRISTUS Health ministries partnered with Metopio, a data analytics firm, to design and distribute a comprehensive community survey. The survey was made available in both online and paper formats to ensure accessibility for individuals without reliable internet access. It was offered in four languages — English, Spanish, Vietnamese and Marshallese — to reflect the linguistic diversity of the region.

In alignment with CHRISTUS clinical social needs screening tools, this year's survey included questions that addressed key social determinants of health (SDoH), such as food insecurity, housing instability, transportation barriers and challenges affording medical care. This approach ensures consistency between community and clinical data sources and strengthens the connection between community feedback and care delivery.

A total of 1,056 surveys were completed by CHRISTUS Spohn Associates, community residents and patients across the service area. While the survey was not designed to be statistically representative, it provides valuable insights into the lived experiences, concerns and needs of people throughout the Coastal Bend. These findings will help shape responsive and community-informed strategies within the Community Health Improvement Plan (CHIP).

Responses By Race and Ethnicity

Of the 1,056 total responses collected across the CHRISTUS Spohn region, most survey participants identified as Non-Hispanic White (71.6%), followed by Hispanic or Latino (12.3%) and Non-Hispanic Black (7.5%). Smaller portions of respondents identified as two or more races (1.9%) or chose not to share their race or ethnicity (6.7%). This distribution aligns with known regional demographics, where a large proportion of the population identifies as Non-Hispanic White or Hispanic/Latino. However, the relatively lower proportion of responses from communities of color may suggest barriers to participation or areas for future improvement in outreach and accessibility.

CHRISTUS survey responses by Race/Ethnicity

Legend:
- Asian
- Non-Hispanic Black
- Hispanic or Latino
- Native American
- Two or more races
- Non-Hispanic White
- Unknown

6.7%, 7.5%, 12.3%, 1.9%, 71.6%
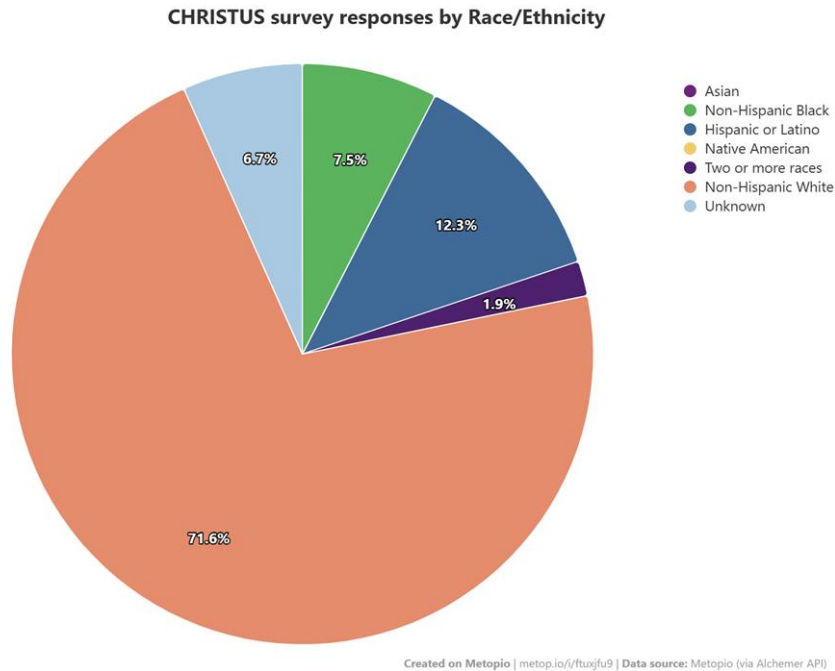
Responses by Sex

Among the survey participants, 61.3% identified as female, 36.8% identified as male, and 1.8% preferred not to disclose their gender. This aligns with broader trends in community surveys, where women are often more likely to participate in health-related assessments. Still, this gender distribution is important to keep in mind when interpreting survey results, particularly in areas such as health-seeking behavior, caregiver responsibilities and reported health needs.

CHRISTUS survey responses by Sex

Legend:
- Female
- Male
- Prefer not to respond

1.8%, 36.8%, 61.3%
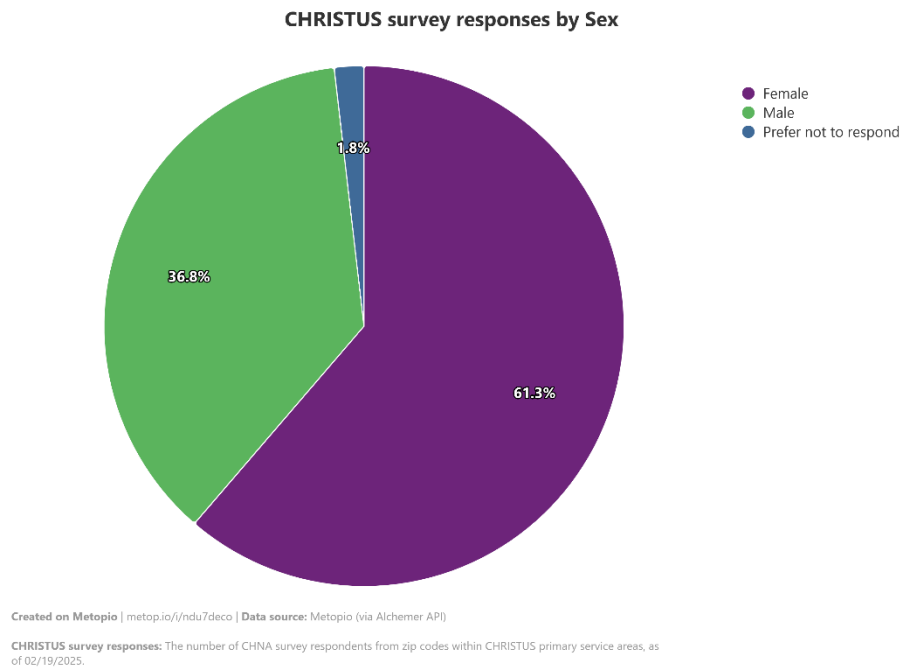
Responses by Type of Survey

Survey participants were asked to identify their relationship to CHRISTUS Spohn. A majority of responses (68.1%) came from CHRISTUS Spohn patients, followed by residents of the broader community (25.8%). A smaller portion of respondents (6.1%) were CHRISTUS Associates. This distribution reflects the intentional effort to gather perspectives from across the continuum of individuals served by the health system.

CHRISTUS survey responses by CHRISTUS survey type

- CHRISTUS Employee
- CHRISTUS Patient
- Resident of the Community

6.1% (61)
25.8% (259)
68.1% (683)

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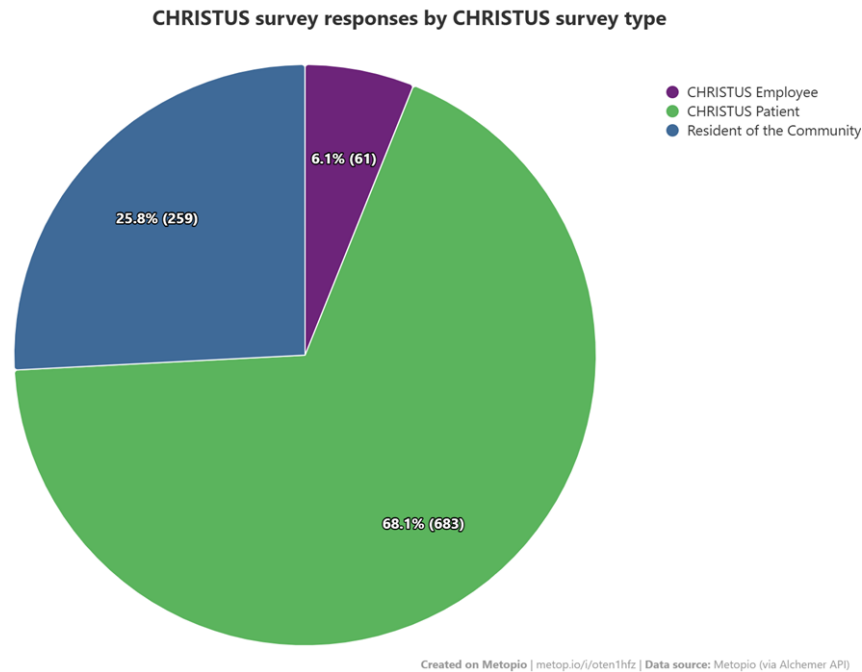
Responses by Age

Older adults were the most represented group in the survey, with nearly half (49.5%) of all respondents aged 65 or older. Individuals ages 40 to 64 made up 38.9% of responses, while adults ages 18 to 39 represented just 5.7%. About 6% of respondents chose not to disclose their age. These findings suggest that older adults may be more engaged or accessible through the survey process and point to potential opportunities to enhance outreach among younger adults in future assessments.

CHRISTUS survey responses by Age

- 18-39 years
- 40-64 years
- 65 and older
- Prefer not to respond

5.7%
6.0%
38.9%
49.5%

Created on Metopio | metop.io/i/ycgrntuv | Data source: Metopio (via Alchemer API)

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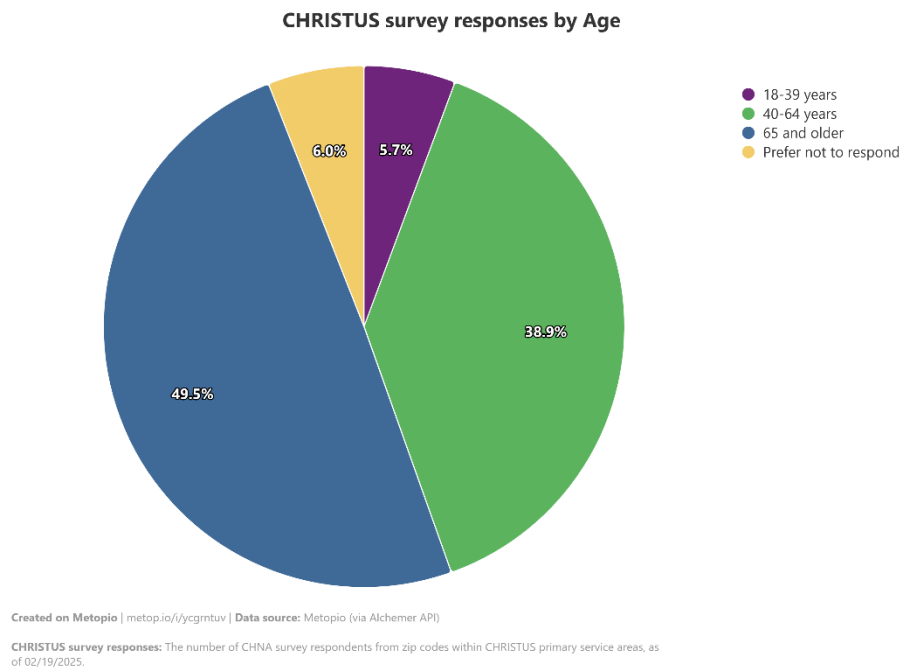
Social Concerns

Survey participants across the CHRISTUS Spohn region identified several social and environmental factors as major barriers to health and well-being.

The most pressing concerns included access to health care, housing instability, extreme temperatures and social isolation. Over 26% of respondents described health care access as a serious problem, with an additional 22% rating it as a moderate problem. Similarly, housing and homelessness were cited as serious or moderate concerns by over 40% of participants, reflecting ongoing struggles with affordability and availability in the region.

Extreme temperatures — often tied to energy burdens, aging infrastructure or rural housing conditions — were noted by more than half of respondents as a moderate or serious issue. Social isolation and loneliness also emerged as a significant theme, with over 42% of individuals highlighting this concern, pointing to broader mental and emotional health challenges within the community.

Respondents also expressed concerns about environmental impact, employment opportunities, food access and property crime. While concerns like natural disasters and prenatal care were less frequently labeled as "serious," they were still identified as challenges by many. Taken together, the survey results emphasize the deep connections between environment, economy and health — and the need for strategies that address these concerns collectively, rather than in isolation.

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

How much of a problem are each of the following social concerns?

Social concern	Not at all a problem	Minor problem	Moderate problem	Serious problem
Access to overall health care	34.21%	17.17%	21.91%	26.71%
Smoking and vaping	39.11%	15.56%	18.95%	26.39%
Housing and homelessness	43.46%	16.24%	14.48%	25.81%
Extreme temperatures	26.27%	22.47%	26.62%	24.64%
Social isolation/loneliness	35.21%	22.04%	21.11%	21.64%
Employment opportunities	37.80%	20.93%	20.52%	20.76%
Environmental impact	37.53%	22.61%	20.16%	19.70%
Access to healthy food items	41.48%	25.57%	14.43%	18.52%
Property crime	37.63%	24.55%	20.58%	17.24%
Motor vehicle crash injuries	51.59%	19.14%	17.57%	11.70%
Natural disasters	34.42%	36.02%	18.96%	10.60%
Teen pregnancy	54.34%	18.97%	14.71%	11.98%
Access to prenatal care	56.92%	19.37%	13.18%	10.53%

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

Health Concerns

Survey respondents across the CHRISTUS Spohn region identified several health concerns as pressing issues in their communities. Chronic conditions su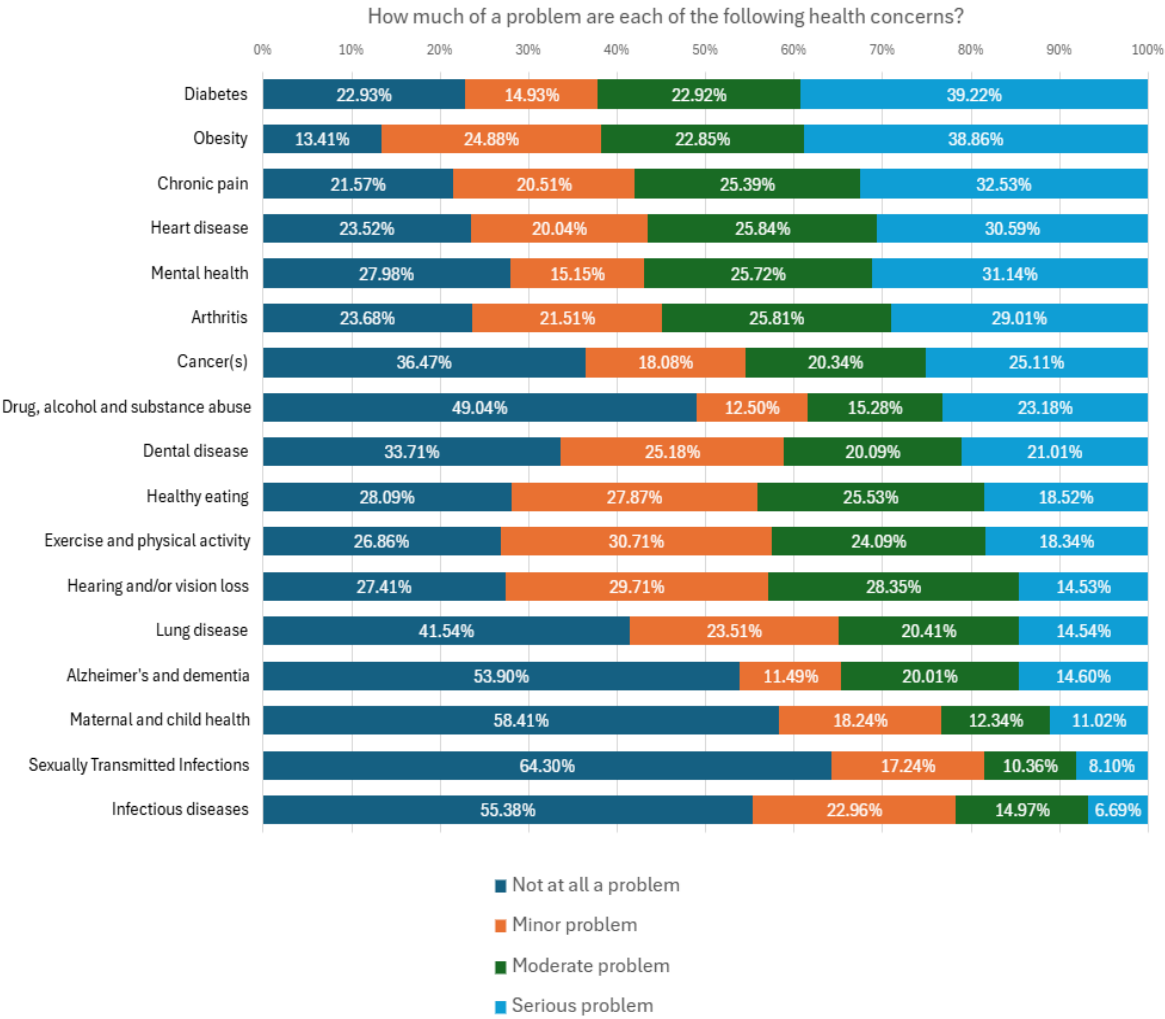ch as diabetes, obesity and chronic pain were among the most frequently cited as either moderate or serious problems. These concerns reflect broader trends in the region related to nutrition, lifestyle and access to preventive care.

Mental health and heart disease were also prominent in the responses, indicating community awareness of the dual burden of behavioral and physical health challenges. While substance use disorders, cancer and dental disease were not at the very top of the list, they were still flagged by a substantial portion of respondents as moderate or serious concerns.

Interestingly, concerns such as sexually transmitted infections (STIs), maternal and child health and infectious diseases received lower concern ratings overall. This may suggest that these issues are either less visible to the public or less personally experienced among survey respondents. However, lower perception does not necessarily equate to lower prevalence and should still be considered in community health planning.

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

How much of a problem are each of the following health concerns?

Health concern	Not at all a problem	Minor problem	Moderate problem	Serious problem
Diabetes	22.93%	14.93%	22.92%	39.22%
Obesity	13.41%	24.88%	22.85%	38.86%
Chronic pain	21.57%	20.51%	25.39%	32.53%
Heart disease	23.52%	20.04%	25.84%	30.59%
Mental health	27.98%	15.15%	25.72%	31.14%
Arthritis	23.68%	21.51%	25.81%	29.01%
Cancer(s)	36.47%	18.08%	20.34%	25.11%
Drug, alcohol and substance abuse	49.04%	12.50%	15.28%	23.18%
Dental disease	33.71%	25.18%	20.09%	21.01%
Healthy eating	28.09%	27.87%	25.53%	18.52%
Exercise and physical activity	26.86%	30.71%	24.09%	18.34%
Hearing and/or vision loss	27.41%	29.71%	28.35%	14.53%
Lung disease	41.54%	23.51%	20.41%	14.54%
Alzheimer's and dementia	53.90%	11.49%	20.01%	14.60%
Maternal and child health	58.41%	18.24%	12.34%	11.02%
Sexually Transmitted Infections	64.30%	17.24%	10.36%	8.10%
Infectious diseases	55.38%	22.96%	14.97%	6.69%

Legend:
- ■ Not at all a problem
- ■ Minor problem
- ■ Moderate problem
- ■ Serious problem

The Story Behind the Health and Social Concerns

The open-ended responses from the community health survey provided valuable insight into the lived realities of residents across the CHRISTUS Spohn service area. Many described persistent challenges in obtaining timely health care, particularly in specialty services. Long waits for healthcare appointments, difficulty finding providers, and an overall shortage of physicians were cited as major barriers. Emergency and hospital settings were also mentioned frequently, with some respondents expressing frustration about extended wait times and a sense of not being fully heard during encounters.

Mental health emerged as one of the most urgent concerns, with residents pointing to the lack of affordable, quality care for conditions such as depression, anxiety, and PTSD. These challenges were described as even more severe for those living in rural areas or lacking insurance and reliable transportation; this leaves many without adequate support.

Social and economic pressures were also recurring themes. Respondents noted the visible rise in homelessness, substance use, domestic violence, and community violence, often connecting these issues to broader financial strain. Inflation, high housing costs, and limited employment opportunities left many describing life as "paycheck to paycheck," without a safety net when unexpected expenses arise.
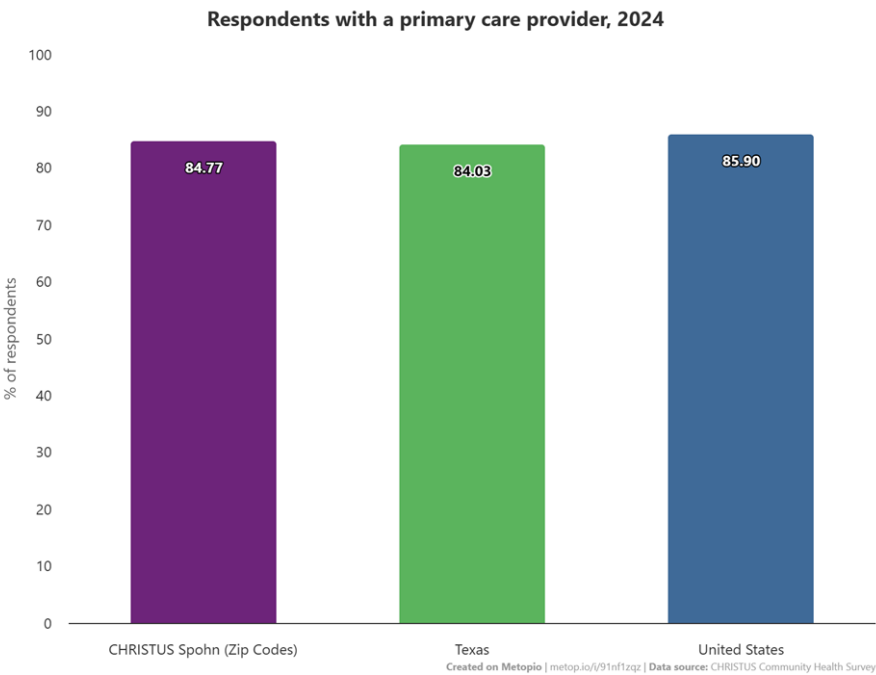
Residents also underscored the need for stronger community infrastructure and support systems, particularly for older adults, individuals with disabilities, and families with young children. Requests for expanded public transportation, safe recreational spaces, and programs that foster social connection were common. Environmental concerns were also raised, with participants citing water quality, industrial pollution, and the effects of extreme temperatures as growing threats to health and well-being.

Altogether, the feedback paints a picture of a region navigating layered health, social, and environmental challenges. The voices of community members underscore the importance of integrated, community-centered solutions that improve access to care, strengthen social support, and address the broader conditions shaping health outcomes.
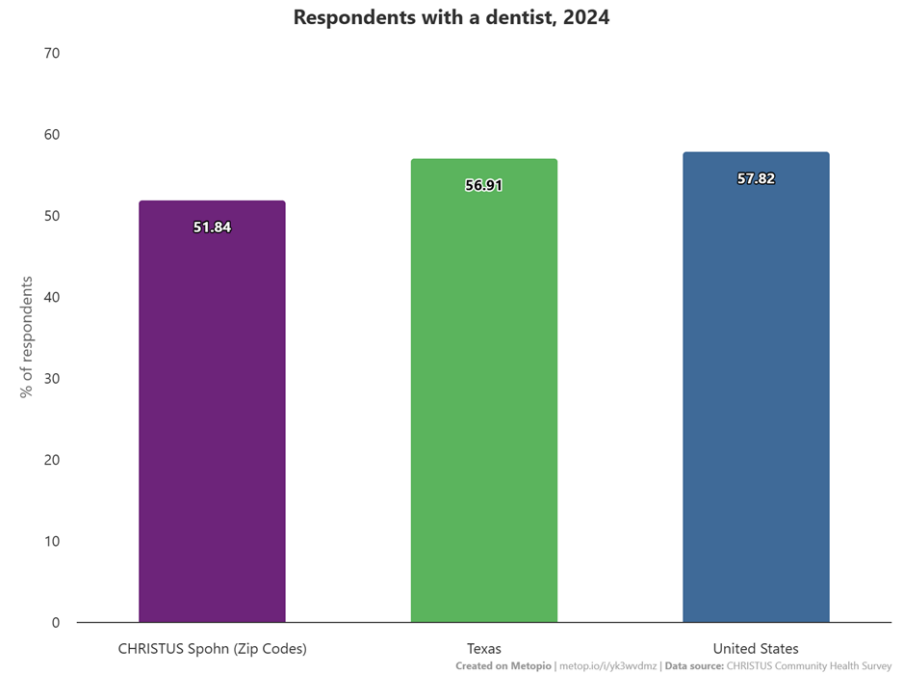
Primary Care Provider

Most survey respondents across the CHRISTUS Spohn region (84.77%) reported having a primary care provider. This is slightly below the national average of 85.9%, but above the Texas average of 84.03%. This suggests relatively strong access to primary care in the region, though gaps remain when compared to national benchmarks.

Respondents with a primary care provider, 2024

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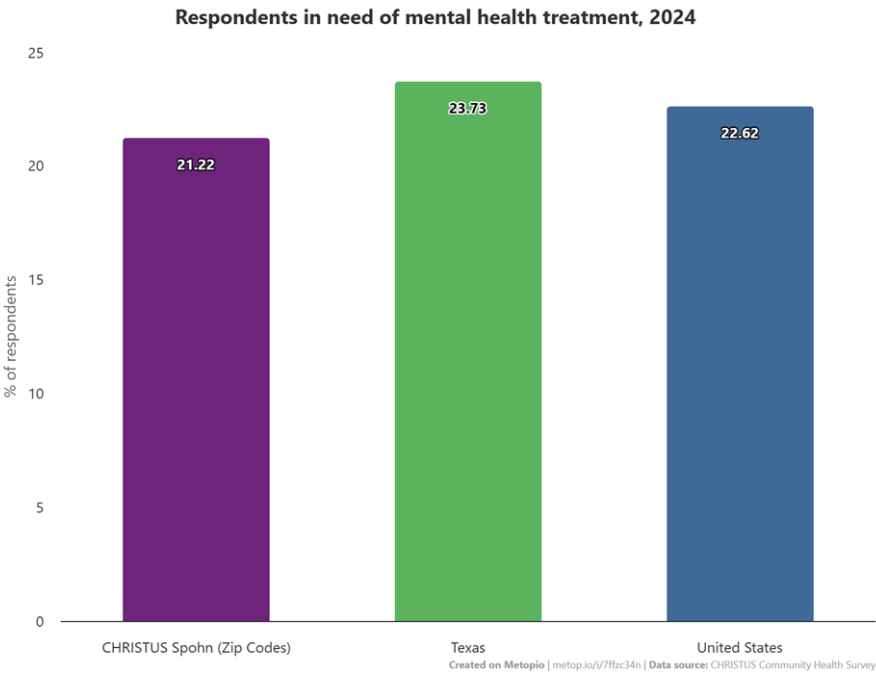
Dentist

Only 51.84% of respondents in the CHRISTUS Spohn region reported having a dentist, compared to 56.91% statewide and 57.82% nationally. This indicates a local shortfall in access to dental care, highlighting an area for potential intervention and outreach.

Respondents with a dentist, 2024

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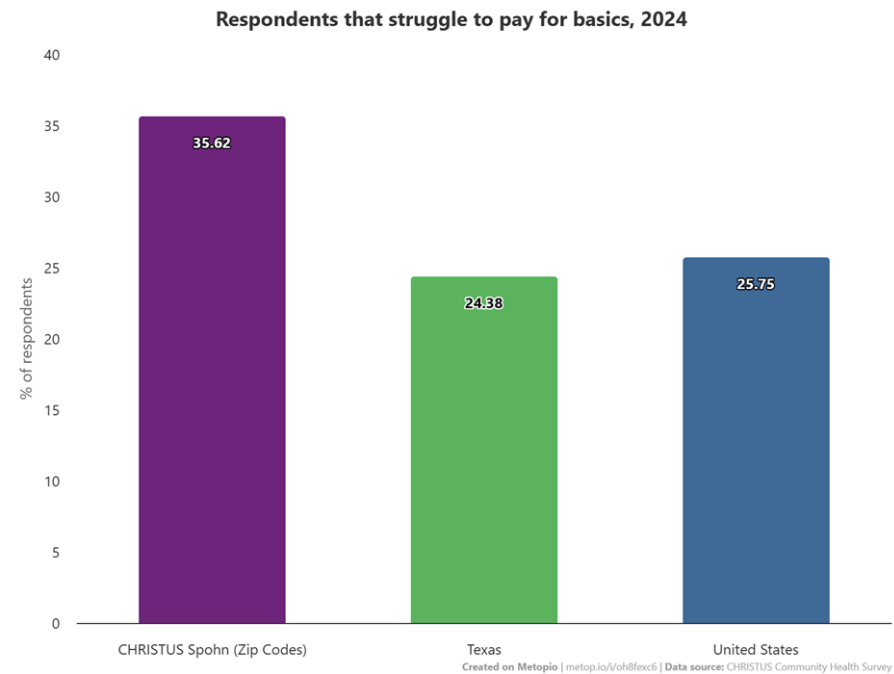
Mental Health

About 21.22% of CHRISTUS Spohn respondents reported needing mental health treatment, which is slightly below state (23.73%) and national (22.62%) averages. While this may suggest modestly better access or lower self-reported need, qualitative feedback points to serious gaps in affordable and timely mental health care.

Respondents in need of mental health treatment, 2024

% of respondents

- CHRISTUS Spohn (Zip Codes): 21.22
- Texas: 23.73
- United States: 22.62

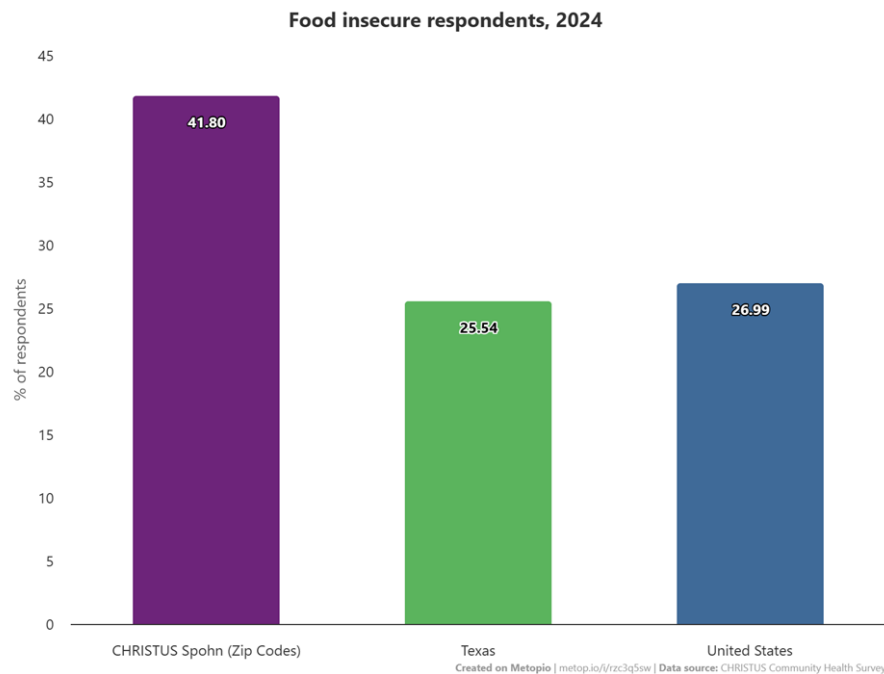Created on Metopio | metop.io/i/7ffzc34n | Data source: CHRISTUS Community Health Survey

Financial Strain

Over one-third (35.62%) of respondents in the CHRISTUS Spohn region reported difficulty paying for basic needs — such as housing, utilities or food. This is notably higher than the Texas (24.38%) and U.S. (25.75%) averages, reflecting acute financial stress in the community.

Respondents that struggle to pay for basics, 2024

% of respondents

- CHRISTUS Spohn (Zip Codes): 35.62
- Texas: 24.38
- United States: 25.75

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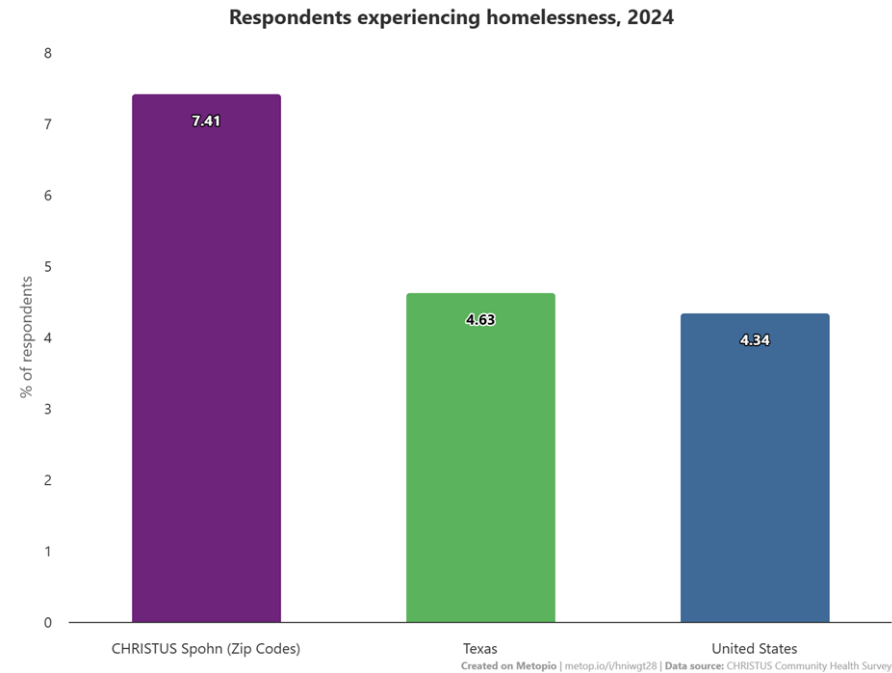
Food Insecurity

Food insecurity emerged as a prominent concern, with 41.8% of CHRISTUS Spohn respondents reporting challenges affording or accessing food. This rate is significantly higher than Texas (25.54%) and the national average (26.99%), pointing to a critical area of need.

Food insecure respondents, 2024

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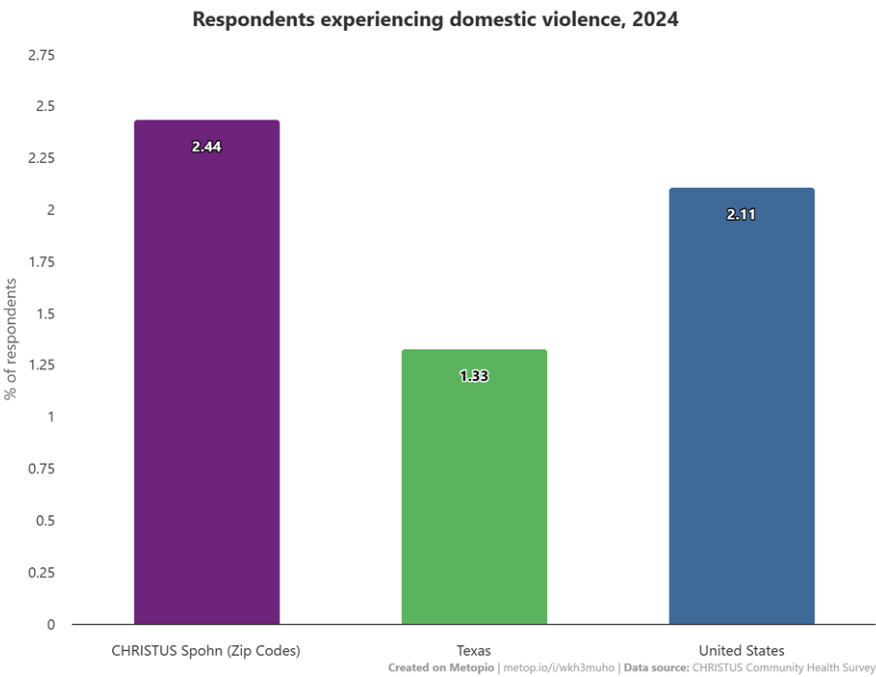
Homelessness

A total of 7.41% of survey participants in the CHRISTUS Spohn service area reported experiencing homelessness — well above the Texas (4.63%) and national (4.34%) rates. This elevated rate underscores the need for expanded housing and wraparound services.

Respondents experiencing homelessness, 2024

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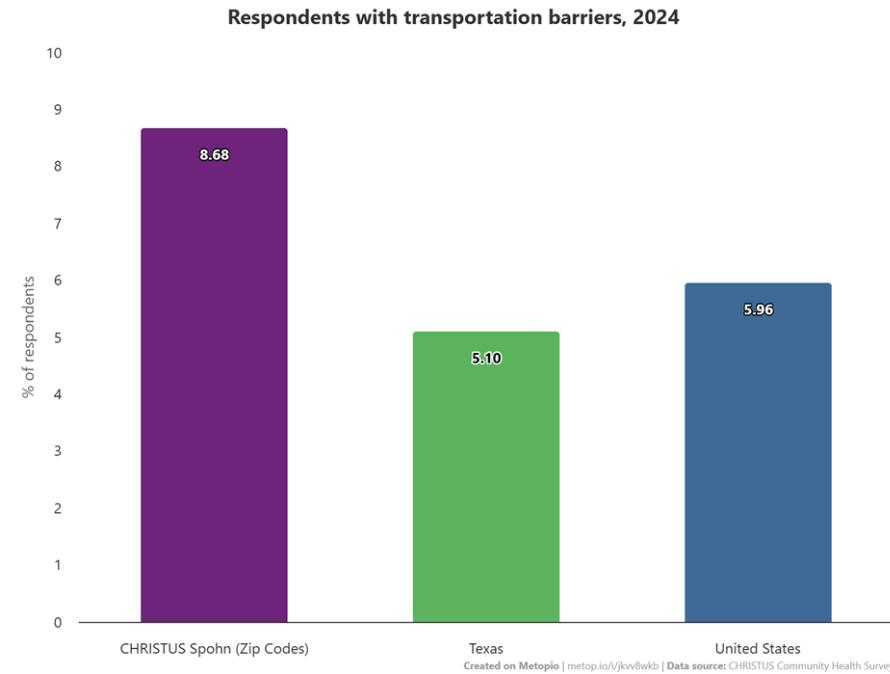
Domestic Violence

Domestic violence was reported by 2.44% of CHRISTUS Spohn respondents, higher than both the Texas (1.33%) and national (2.11%) averages. While the overall percentages are low, the relative increase in the local rate warrants continued attention and support services.

Respondents experiencing domestic violence, 2024

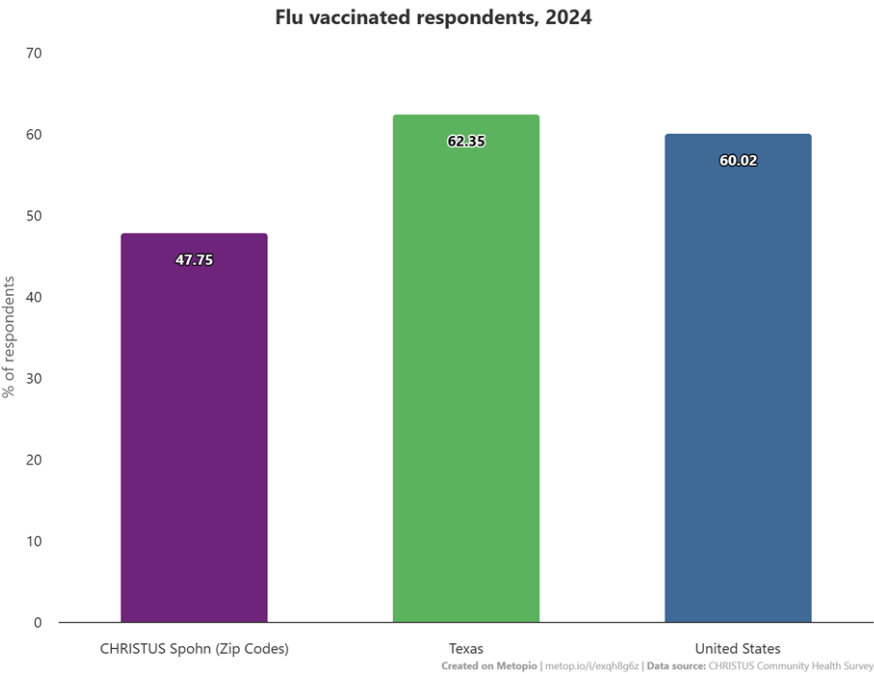Created on Metopio | metop.io/i/wkh3muho | Data source: CHRISTUS Community Health Survey

Transportation Barriers

Transportation was reported as a barrier to care by 8.68% of CHRISTUS Spohn respondents, compared to 5.1% in Texas and 5.96% nationally. These findings point to mobility challenges, especially in rural or underserved parts of the region.

Respondents with transportation barriers, 2024

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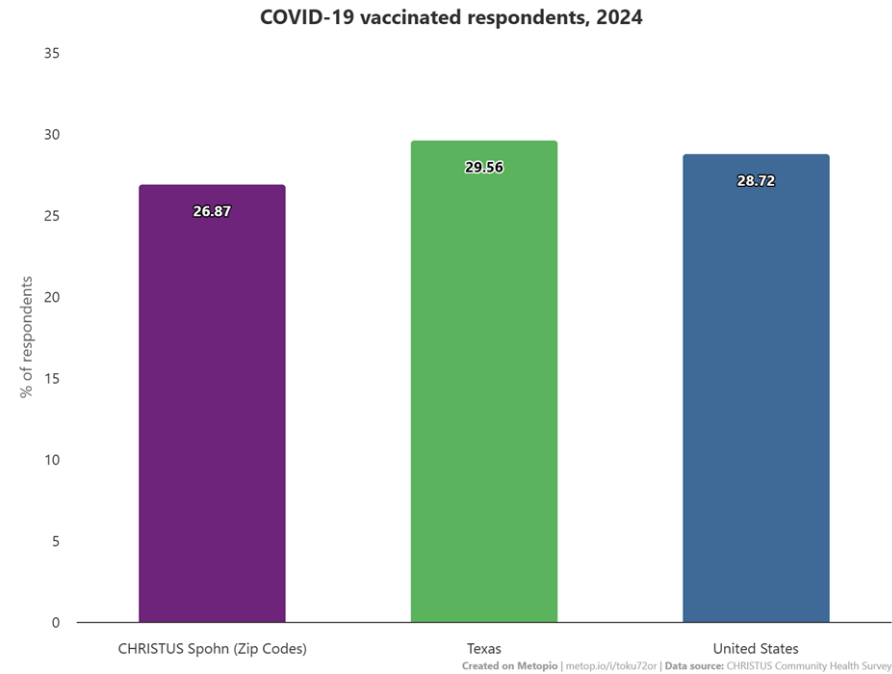
Flu Vaccination

Only 47.75% of CHRISTUS Spohn respondents reported receiving a flu shot, falling well below the national (60.02%) and Texas (62.35%) averages. This gap suggests an opportunity for improved vaccine outreach and education.

Flu vaccinated respondents, 2024

Created on Metopio | metop.io/i/exqh8g6z | Data source: CHRISTUS Community Health Survey

COVID-19 Vaccination

Roughly 26.87% of CHRISTUS Spohn respondents reported receiving a COVID-19 vaccine. This is slightly lower than Texas (29.56%) and the national average (28.72%), but reflects overall regional trends of vaccine hesitancy or access challenges.

COVID-19 vaccinated respondents, 2024

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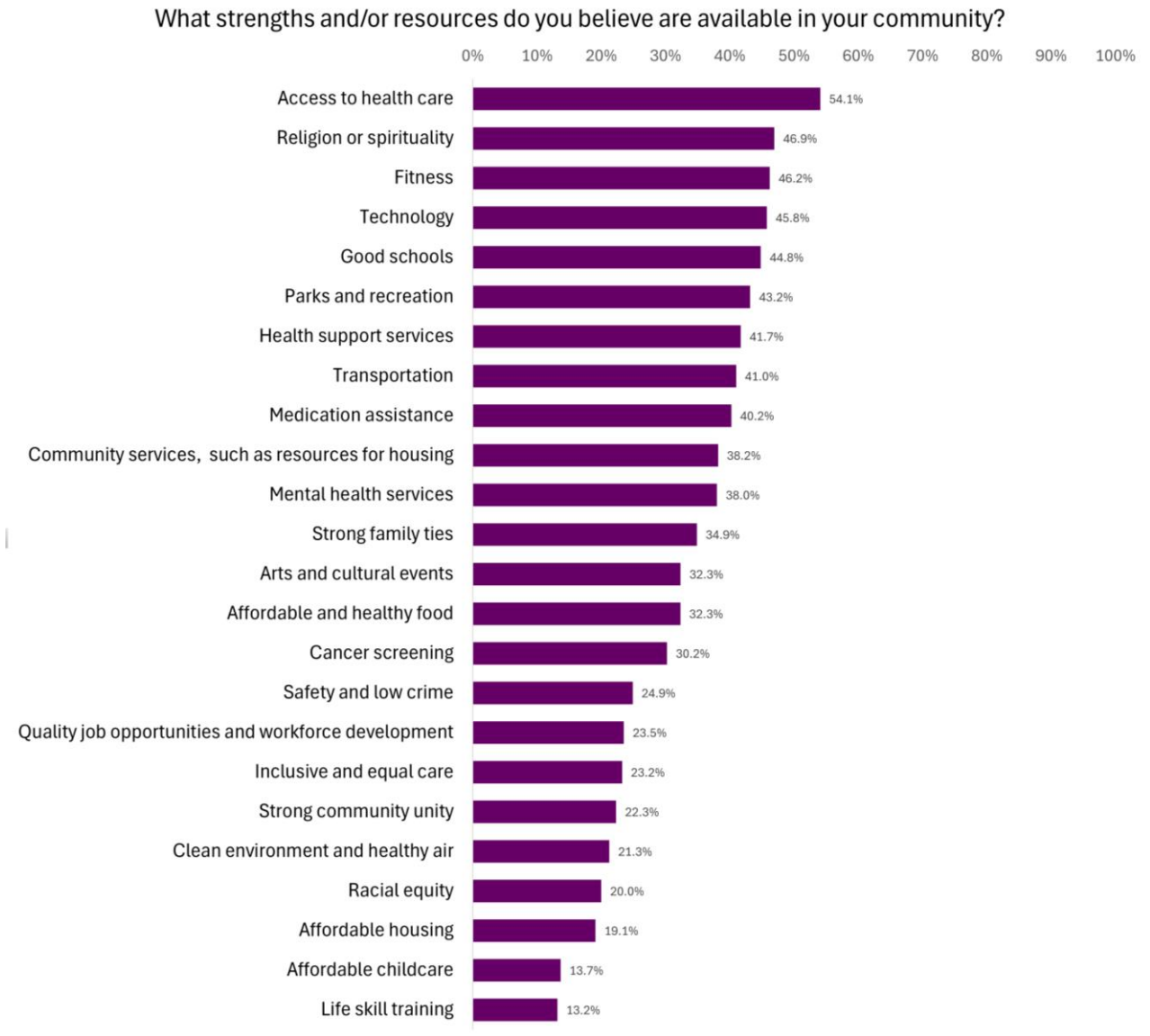
Strengths and Resources Available

Survey respondents shared a variety of strengths and resources available in their neighborhoods. Positive mentions included strong city services — such as responsive police and fire departments — and active local churches providing outreach and support. Many respondents described a tight-knit sense of community with helpful neighbors and shared values.

At the same time, several participants noted gaps in healthcare, mental health services and resources for marginalized groups. Suggestions included the need for indoor recreational spaces for seniors, expanded transportation options and better access to affordable care. These mixed reflections highlight both resilience and ongoing opportunity for investment in community health infrastructure.

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

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

Category	Percentage
Access to health care	54.1%
Religion or spirituality	46.9%
Fitness	46.2%
Technology	45.8%
Good schools	44.8%
Parks and recreation	43.2%
Health support services	41.7%
Transportation	41.0%
Medication assistance	40.2%
Community services, such as resources for housing	38.2%
Mental health services	38.0%
Strong family ties	34.9%
Arts and cultural events	32.3%
Affordable and healthy food	32.3%
Cancer screening	30.2%
Safety and low crime	24.9%
Quality job opportunities and workforce development	23.5%
Inclusive and equal care	23.2%
Strong community unity	22.3%
Clean environment and healthy air	21.3%
Racial equity	20.0%
Affordable housing	19.1%
Affordable childcare	13.7%
Life skill training	13.2%

Opportunities for Services or Resources

Survey participants highlighted several areas where additional services or resources are needed. Strengthening these supports could meaningfully improve quality of life across the Coastal Bend.

Access to health care remained a top concern, with many respondents calling for more physicians, specialists and affordable care options. Mental health services, transportation support and resources for older adults, such as home care and meal delivery, were also frequently mentioned.

Economic stability was another common theme. Participants emphasized the need for more affordable housing, utility assistance, and targeted support for low-income families. Respondents also expressed a desire for safer, better-maintained parks, expanded educational opportunities and more inclusive community events that promote connection and engagement.

While earlier findings point to several community strengths, these responses suggest clear opportunities to enhance foundational supports, particularly for vulnerable populations. Addressing these needs can help build a more equitable, connected and thriving region.

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

Windshield Survey

As part of the Community Health Needs Assessment (CHNA), CHRISTUS Spohn conducted a series of windshield surveys to observe conditions across neighborhoods and communities within the primary service area. These surveys offer a qualitative snapshot of local environments, providing on-the-ground insight into the physical, social and economic factors that influence health.

Surveys were conducted by driving through residential, commercial and rural areas in each county. Observations included housing conditions, access to public transportation, availability of grocery stores and health services, presence of recreational spaces, environmental hazards and signs of economic stability or distress. These visual cues help identify community strengths, disparities and opportunities for targeted investment.

While not a substitute for quantitative data, windshield surveys complement other findings by capturing lived realities that may not be reflected in charts or statistics. They help illustrate the broader context in which people live, work and seek care — offering a fuller picture of the barriers and assets that shape community health.

Zip-Code Level Windshield Survey

Methodology

The windshield survey was conducted by two executives from CHRISTUS Spohn Health System the chief medical officer and the vice president of mission integration who visited multiple communities across the primary service area. Observations focused on key social determinants of health, including housing, transportation, economic activity, access to care and community resources. The survey route included ZIP codes 78401, 78404, 78405, 78415 and 78416 in Corpus Christi, offering a cross-section of urban conditions across diverse socioeconomic areas.

Observations

Housing and Neighborhood Conditions

Housing conditions varied across the ZIP codes, reflecting a mix of historic neighborhoods, aging infrastructure and pockets of development. Older homes and multifamily complexes in 78401 and 78404 showed signs of age, with scattered renovations and evidence of ongoing downtown revitalization. More modest single-family housing was common in 78405 and 78415, where many homes exhibited exterior wear, limited upkeep and in some areas, signs of overcrowding. Vacant lots, boarded structures and mobile housing units were especially visible in 78416 and 78405. While some streets reflected neighborhood pride, others showed signs of disinvestment and infrastructure deterioration.

Access to Health and Social Services

Access to visible health and social services was inconsistent across the surveyed ZIP codes. Major facilities, such as CHRISTUS Spohn Shoreline and the Dr. Hector P. Garcia Memorial Family Health Center, are located near 78401 and 78404; however, smaller clinics and behavioral health providers were not always located within these residential areas. In 78405 and 78415, signage for health-related resources was sparse, and few food pantries or outreach centers were visible. Organizations like the Coastal Bend Food Bank and numerous faith-based institutions remain critical support points, though they may not be clearly marked or easily accessible to all residents.

Transportation and Infrastructure

Transportation infrastructure was uneven. Public transit signage and bus stops were found in parts of 78404 and 78415, but other areas lacked consistent transit options, sidewalks or crosswalks. Pedestrian infrastructure was notably incomplete in 78405 and 78416, making it difficult and unsafe for those without vehicles to navigate. Major roads were generally maintained, but residential streets in disadvantaged areas showed potholes, poor drainage and inadequate lighting.

Commercial Activity and Food Access

Economic activity across ZIP codes reflected a mix of redevelopment and distress. Downtown 78401 exhibited active business renewal, while surrounding corridors had shuttered storefronts and limited retail density. Convenience stores and fast-food outlets were prevalent in 78405 and 78415, while full-service grocery stores were scarce. Payday lenders, pawn shops and liquor stores were disproportionately concentrated in 78416 and 78405. The 78404 area had a more balanced mix of retail, including small restaurants, pharmacies and basic goods.

Community and Recreational Spaces

Recreational and community spaces vary in quality and visibility. Churches and faith-based organizations were prominent in all surveyed ZIPs and served as vital community anchors. Parks were visible in 78415 and 78416, with splash pads and sports fields, while 78405 and parts of 78404 had fewer or less-maintained recreational areas. Schools were present throughout the area, but few after-school programs or youth-serving facilities were visible during the survey.

Environmental and Safety Conditions

Environmental concerns were most pronounced in industrial-adjacent neighborhoods like 78405 and 78416. Illegal dumping, litter and poor drainage were common, particularly in areas lacking investment. Graffiti and vandalism appeared sporadically, especially near abandoned buildings. Law enforcement visibility was low in many areas, and inadequate lighting and pedestrian infrastructure raised safety concerns.

Observation Summary

The ZIP code-level windshield survey findings reveal distinct differences across Corpus Christi neighborhoods. Key patterns include:

- **Housing instability,** with aging and overcrowded units in some areas and signs of redevelopment in others
- **Limited access to health and social services,** especially in lower-income neighborhoods where clinics and outreach providers are scarce
- **Gaps in transportation and infrastructure,** including missing sidewalks, poor street lighting and uneven road quality
- **Food deserts and commercial disparities,** where fast-food outlets and corner stores outnumber grocery stores and health-supporting retail
- **Unequal recreational and community space access,** with many under-resourced areas lacking safe parks or youth programming
- **Environmental and safety concerns,** such as illegal dumping, poor drainage and minimal law enforcement visibility in high-need areas

These conditions are not evenly distributed across the city, and they contribute directly to deep and persistent health inequities. They help explain why health outcomes can vary so widely between ZIP codes. Corpus Christi's most underserved communities.

County-Level Windshield Survey

Methodology

Following the ZIP code analysis, observations were extended across all seven counties in the primary service area: Nueces, Kleberg, Jim Wells, Bee, San Patricio, Aransas and Brooks. These assessments were based on direct visual observations, local knowledge and publicly available data, organized by the same six core themes.

Observations

Nueces County

Housing and Neighborhood Conditions
Nueces County reflects a broad range of housing types, from revitalized downtown developments to aging homes and mobile units in suburban and rural areas. In Corpus Christi, some neighborhoods feature well-kept historic homes and new builds on larger lots, while others face overcrowding, visible disrepair and affordability challenges.

Access to Health and Social Services
Major medical resources like CHRISTUS Spohn Shoreline and CHRISTUS Spohn South serve urban areas, but smaller clinics and behavioral health services are less prominent in underserved neighborhoods and outlying communities. Gaps in service availability are especially notable in rural zones of the county.

Transportation and Infrastructure
Public transportation through CCRTA is available in Corpus Christi and select areas, but many neighborhoods lack complete sidewalk coverage, crosswalks and consistent lighting. Infrastructure conditions vary significantly, especially in unincorporated areas where maintenance is limited.

Commercial Activity and Food Access
Retail and grocery development is concentrated along major corridors and in more affluent areas. Food deserts persist in parts of the west and south sides of Corpus Christi, where fast-food outlets and convenience stores dominate, limiting access to affordable, nutritious food.

Community and Recreational Spaces
Parks, trails, and school-based facilities are available in urban areas but not evenly distributed across the county. Rural communities often lack accessible public spaces, with churches serving as primary hubs for social interaction and outreach.

Environmental and Safety Conditions
Flood-prone neighborhoods, illegal dumping and proximity to industrial zones contribute to environmental and safety concerns in lower-income areas. Infrastructure neglect further exacerbates these risks, particularly in areas with limited public investment.

Kleberg County

Housing and Neighborhoods
Kleberg County includes modest residential neighborhoods in Kingsville and more remote farm, ranch and mobile home properties across unincorporated areas. While parts of Kingsville are stable and maintained, some rural housing shows signs of long-term wear and limited structural upkeep.

Access to Health and Social Services
CHRISTUS Spohn Kleberg provides inpatient and outpatient care in Kingsville, but services beyond city limits are sparse. Residents in rural communities often rely on infrequent outreach or must travel for specialty and behavioral health services.

Transportation and Infrastructure
There is no public transit in the county, and pedestrian infrastructure is mostly absent outside of Kingsville. Many rural roads lack shoulders, lighting or drainage, limiting safe access for residents, especially during storms or floods.

Commercial Activity and Food Access
Grocery stores and pharmacies are available in Kingsville, but residents in smaller towns depend on gas stations and convenience stores. Limited food variety and distance to full-service grocery retailers contribute to food access concerns.

Community and Recreational Spaces
Most public recreation is concentrated in Kingsville through parks and school campuses. In rural areas, there are few formal spaces for recreation or public gathering beyond churches and community halls.

Environmental and Safety Conditions
Seasonal flooding and low law enforcement visibility in remote areas present safety and mobility challenges. Agricultural zones occasionally experience drainage issues, especially following heavy rains.

Jim Wells County

Housing and Neighborhoods
Jim Wells County features a mix of older homes, mobile units and agricultural properties across its small towns and rural areas. Housing conditions in Alice vary from block to block, with some areas showing consistent upkeep and others displaying neglect.

Access to Health and Social Services
CHRISTUS Spohn Alice serves as the county's main health provider, but additional services — especially behavioral health and social support — are lacking outside the city. Smaller towns may have no nearby medical access.

Transportation and Infrastructure
Sidewalks are rare, and public transit is not available. Many rural roads are narrow, deteriorated or lack adequate drainage, making transportation difficult for those without reliable vehicles.

Commercial Activity and Food Access
Grocery access is concentrated in Alice, while residents in surrounding communities often rely on convenience stores. The limited availability of fresh and affordable food increases reliance on processed or low-nutrient options.

Community and Recreational Spaces

Alice provides some recreational infrastructure, but other towns offer little beyond school fields or church-based activities. Investment in youth-oriented or family-friendly spaces appears limited.

Environmental and Safety Conditions

Dumping and debris along rural roadways are common. Lighting is limited in many areas, and long distances from law enforcement or emergency services increase feelings of isolation and risk.

Bee County

Housing and Neighborhoods

Housing in Bee County spans small-lot homes in Beeville to rural mobile units and aging farm properties. Some neighborhoods near Beeville's center appear stable, while others — particularly outside the city — struggle with deterioration and infrastructure gaps.

Access to Health and Social Services

CHRISTUS Spohn Beeville is the county's primary hospital. Access to behavioral health and support services is limited outside Beeville, and many rural communities rely on personal vehicles to reach even basic care.

Transportation and Infrastructure

There is no countywide public transportation. Rural roads are generally passable but often lack street lighting, safe crossings or consistent maintenance.

Commercial Activity and Food Access

Beeville has grocery and pharmacy options, but rural towns rely heavily on gas stations and corner stores. Limited availability of healthy food is a persistent issue for residents outside of Beeville.

Community and Recreational Spaces

Recreational opportunities are limited outside of Beeville. Churches and schools provide the primary venues for community activities, though formal public spaces are sparse.

Environmental and Safety Conditions

Light industrial activity, illegal dumping and poor lighting were observed in multiple areas. Residents in rural zones face elevated risks from drainage issues and lack of infrastructure investment.

Observation Summary

County-level windshield surveys revealed several cross-cutting challenges that consistently affect rural and smaller communities across the CHRISTUS Spohn service area:

- **Persistent access gaps,** with health and social services concentrated in towns and largely absent in remote or unincorporated areas
- **Infrastructure disparities,** including unpaved roads, limited pedestrian pathways, poor lighting and utility issues in rural zones
- **Food insecurity risks,** particularly in lower-income and agricultural communities where grocery access is limited or non-existent
- **Environmental hazards,** ranging from coastal flood risk and storm damage to illegal dumping, poor drainage and industrial proximity

When combined with ZIP-level insights, these observations paint a clear picture of how geography, infrastructure and service availability shape health. Together, they will inform targeted, place-based investments that prioritize the communities with the most critical needs and the greatest barriers to care.

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

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

This chapter presents the priority indicators selected for each life stage, drawing on the most relevant data available at the regional, state and national levels. Whenever possible, data are disaggregated by the ministry's primary service area (PSA) counties — Aransas, Bee, Brooks, Jim Wells, Kleberg, Nueces and San Patricio — allowing for meaningful comparisons to broader benchmarks. While not all indicators are available at every geographic level, this comparative approach helps illuminate regional disparities and localized health needs. Community voices and stories are also woven throughout the chapter, adding context and grounding the data in lived experience.

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

Maternal and Early Childhood Health

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

A child's health journey begins well before birth. The maternal and early childhood life stage includes three pivotal phases: pregnancy, newborns and early childhood (including infants and toddlers). Each stage represents a critical window to support lifelong well-being and family stability.

Across the CHRISTUS Spohn service area, five priority indicators were selected to assess this life stage:

1. Access to care
2. Healthy births
3. Neonatal abstinence syndrome
4. Chronic conditions
5. Poverty

These indicators reflect more than clinical outcomes; they reveal broader systemic challenges and opportunities for upstream investment. The earliest years are marked by rapid brain development and the formation of key emotional and social bonds. Supporting families during this time can influence long-term outcomes in education, chronic disease, mental health and economic stability.

Improving maternal and early childhood health is more than a medical priority — it is a moral and social commitment to ensuring every child has a strong, healthy start and every parent has the resources they need to thrive.

How Are We Doing?

Prenatal Care in the First Trimester

Receiving prenatal care during the first trimester is a key measure of maternal and fetal health. In the CHRISTUS Spohn service area, the percentage of births with first-trimester care declined from 63.2% (2017–2019) to 60.1% (2020–2022). In contrast, both Texas and the United States saw modest increases during the same period. Nationally, the rate rose from 77.8% to 78.1%, while Texas improved from 69.3% to 69.9%. This downward trend in the local region underscores ongoing barriers to timely prenatal access.
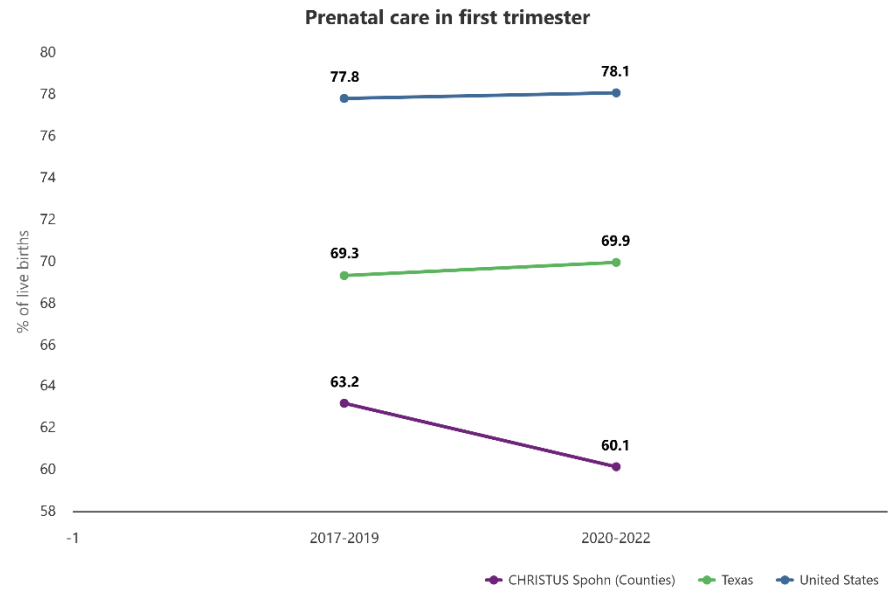
Prenatal care in first trimester

Low Birth Weight

The rate of low birth weight increased more sharply in the CHRISTUS Spohn service area compared to state and national trends. From 2017–2019 to 2020–2022, the local rate rose from 8.6% to 9.4%, while Texas increased slightly from 8.4% to 8.6%, and the national average from 8.3% to 8.5%. These figures suggest growing disparities in birth outcomes and point to potential gaps in maternal health, nutrition or prenatal care access within the service area.

Low birth weight

Births with at Least One Maternal Risk Factor

Maternal risk factors such as hypertension, diabetes, tobacco use, or pregnancy-associated conditions have steadily increased in all regions. In CHRISTUS Spohn's service area, the percentage of births with at least one risk factor grew from 21.4% (2016–2020) to 23.5% (2019–2023). While both Texas and the United States also showed increases, the rate in CHRISTUS Spohn's service area remained notably higher than the state average (16.4% in 2019–2023). This highlights a need for enhanced prevention and care management during pregnancy.

Births with at least one maternal risk factor

	2016-2020	2017-2021	2018-2022	2019-2023
CHRISTUS Spohn (Counties)	21.44	22.39	23.22	23.46
United States	21.00	21.60	22.10	21.66
Texas	15.84	16.32	16.65	16.42
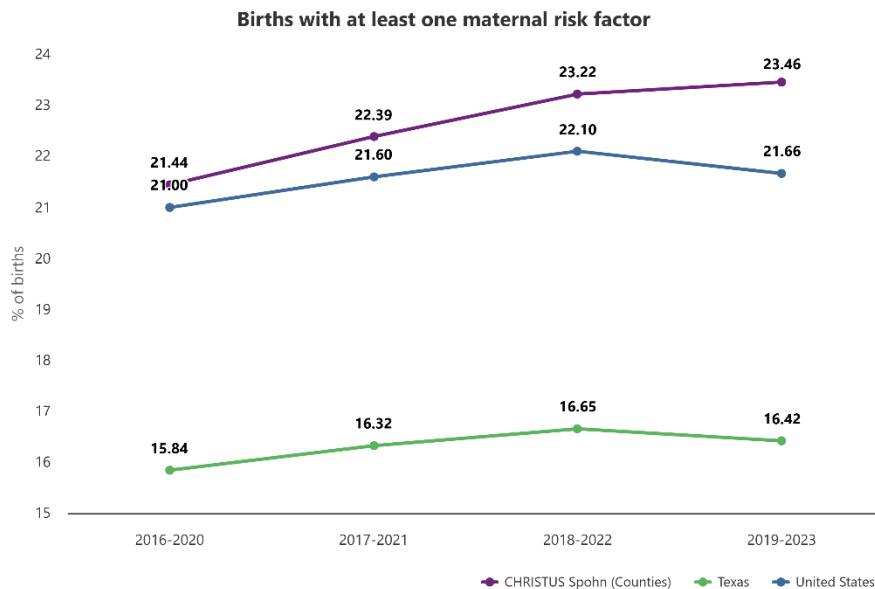
Neonatal Abstinence Syndrome Trends

Between 2016 and 2021, NAS rates in Texas remained stable at 2.1–2.5 hospitalizations per 1,000 births, well below the national range of 5.9–7.1. While Texas appears to fare better than the U.S. average, persistent NAS cases in the Coastal Bend raise concern. Prenatal drug exposure can cause serious short- and long-term complications for infants and families. Expanding access to maternal substance use treatment, integrated behavioral health and nonjudgmental prenatal care remains essential to protecting infant health and supporting maternal recovery.

Neonatal Abstinence Syndrome Trends

	2016	2017	2018	2019	2020	2021
United States	6.8	7.1	6.7	6.1	6.2	5.9
Texas	2.4	2.5	2.2	2.2	2.1	2.3
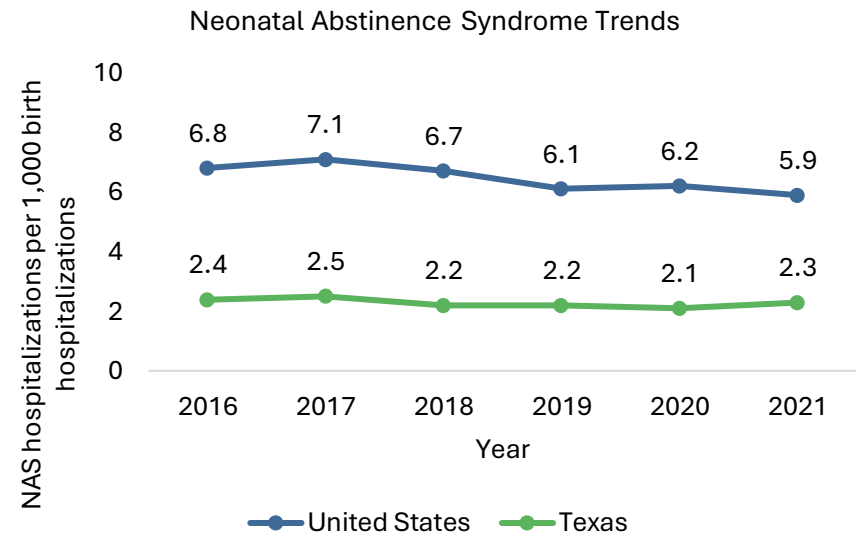
Source: Health Resources and Services Administration: Maternal and Child Health Bureau | Neonatal Abstinence Syndrome Trends: Number of birth hospitalizations with a diagnosis code of neonatal abstinence syndrome (withdrawal symptoms due to prenatal exposure to illicit drugs) per 1,000 birth hospitalizations.

Poverty Rate (Ages 0 – 4)

Young children in the CHRISTUS Spohn service area experience poverty at significantly higher rates than their peers across Texas and the nation. Although the local poverty rate declined slightly from 31.3% (2015– 2019) to 29.9% (2019–2023), it remains well above the state average (20.7%) and the national average (17.6%). Early childhood poverty is closely linked to food insecurity, limited access to care and increased risk of developmental delays. Reducing these disparities will require broad investment in housing, education, income support and early care systems.

Poverty rate (0-4 years)

% of residents

	2015-2019	2016-2020	2017-2021	2018-2022	2019-2023
CHRISTUS Spohn (Counties)	31.27	31.35	30.12	29.44	29.91
Texas	22.69	21.84	21.37	21.09	20.68
United States	20.32	19.07	18.55	18.06	17.58

●— CHRISTUS Spohn (Counties) ●— Texas ●— United States
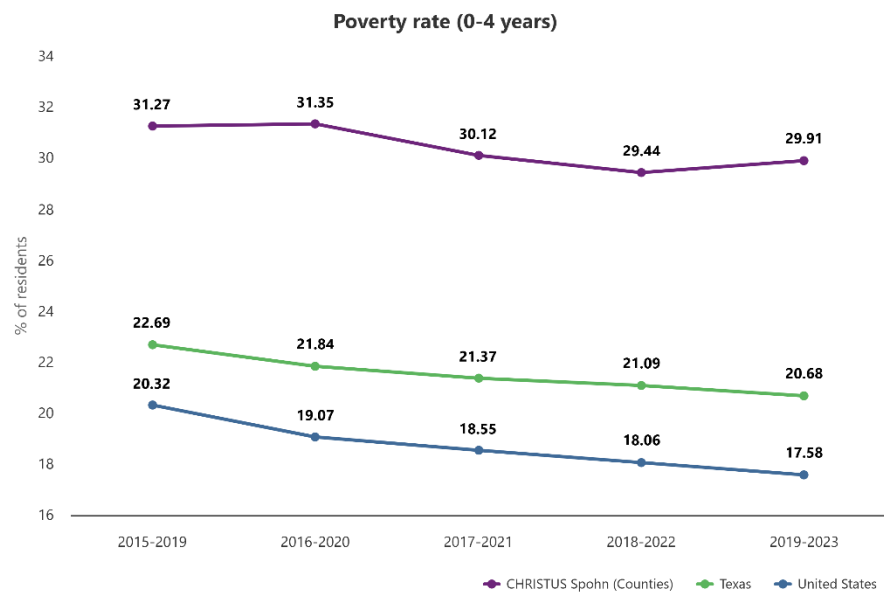
Created on Metopio | metop.io/i/43u1e7vq | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

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

What's the Story Behind the Data?

Community members described significant challenges facing families in the region, particularly related to access to care, chronic disease and the compounding effects of poverty. Focus group participants consistently highlighted that a lack of insurance, financial constraints and transportation issues were key barriers to both prenatal and pediatric care. Women often struggle to find available OBGYNs, with some participants reporting waits of up to three months for appointments. One focus group participant shared, "The first appointment that was offered…I would have been at 16 weeks," underscoring how systemic delays impact early pregnancy monitoring.

While pediatric care was described as more accessible due to Medicaid and CHIP, maternal care remains siloed and overly specialized, limiting continuity. The need for more flexible clinic hours, including evenings and weekends, was echoed throughout the session. Participants also advocated for on-site sitter services to allow mothers to attend appointments without distraction. Privacy concerns in small towns — where patients may know clinic staff — further discouraged care-seeking. "They often won't seek care in that community because their boyfriend's aunt works for the clinic," one participant explained.

Health literacy emerged as a profound barrier. Many women do not fully understand the importance of prenatal care or screenings and instead rely on "Dr. Google" or social media, which often spreads misinformation. One participant stressed, "They are getting education, but I don't think it's the right education," emphasizing the need for more community-based education and trust-building with providers. Participants also noted that care environments often lack a trauma-informed approach, which is crucial for building trust with patients who may be vulnerable or have complex backgrounds.

The discussion on healthy births emphasized that outcomes are closely tied to a woman's health before pregnancy. WIC, well-woman exams and reproductive life planning were named as vital supports. However, untreated chronic diseases like diabetes and hypertension are common, especially among women who only seek care during pregnancy. "Healthy women before pregnancy have healthy pregnancies and healthy babies," one participant emphasized. The lack of postnatal follow-up often results in preventable complications in subsequent pregnancies.

A particularly urgent concern was neonatal abstinence syndrome (NAS). Participants reported a rise in babies born exposed to substances, often due to mothers avoiding prenatal care for fear of being reported to CPS. There are virtually no local services for pregnant women using substances, and participants stressed the need for stigma reduction and prevention services. Suggestions included offering contraception and substance use education to prevent pregnancies among women actively using drugs.

Finally, poverty was acknowledged as a root cause affecting nearly every health domain. Families struggle with food insecurity, housing instability and low health prioritization when basic needs are unmet. Participants advocated for upstream solutions like school-based clinics, affordable housing and job training. One participant stated, "You don't break the cycle unless you become educated and get into some kind of career." Others called for low-barrier, co-located care hubs offering everything from fresh food to mental health support, aiming to remove barriers and meet families where they are.

School-Age Children and Adolescent Health

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

The school-age and adolescent years are pivotal in shaping a young person's physical, emotional and social development. During this stage, children form lifelong habits, navigate increasing independence and face growing academic and social pressures. These years also bring new health risks and developmental milestones that require tailored support and early intervention.

To better understand the health of youth across the CHRISTUS Spohn service area, six key indicators were selected to reflect this life stage:

1. Chronic diseases
2. Behavioral health: Suicide
3. Neurodevelopmental disorders
4. Teen pregnancy
5. Food insecurity
6. Poverty

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

How Are We Doing?

BMI of High School Students

BMI trends show growing concerns around adolescent weight in Texas. Between 2013 and 2021, the average BMI for high school students in Texas increased from 23.8 to 24.7. In contrast, the national average remained relatively stable, moving from 23.6 to 23.7 during the same period. These figures suggest rising obesity-related risks in Texas youth that may require more focused prevention efforts around nutrition, physical activity and healthy school environments.
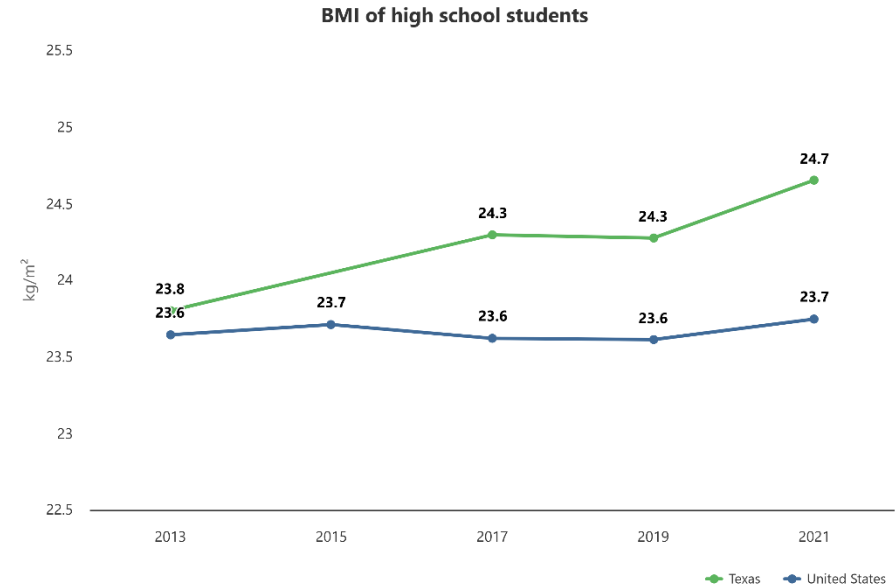
BMI of high school students

Suicide Mortality (Ages 5 – 17)

Youth suicide rates in CHRISTUS Spohn counties have risen significantly, from 14.9 per 100,000 in 2016–2020 to 18.4 in 2019–2023. This is more than double the Texas average of 7.2 and far above the U.S. rate of 4.4. The upward trend in local suicide mortality underscores a growing behavioral health crisis among children and teens, calling for urgent attention to youth mental health services, crisis intervention and trauma-informed care.

Suicide mortality (5-17 years)

Neurodevelopmental Disorders

1 in 36 children
were diagnosed with autism spectrum disorder (ASD) in
2020

1 in 31 children
were diagnosed with autism spectrum disorder (ASD) in
2022

Source: Shaw KA et al. Prevalence and Early Identification of Autism Spectrum Disorder Among Children Aged 4 and 8 Years — ADDM Network, 16 U.S. Sites, 2022. MMWR Surveillance Summaries 2025;74(SS-2):1–22

Nationally, the Centers for Disease Control and Prevention (CDC) reported that autism spectrum disorder (ASD) prevalence among 8-year-old children increased from 1 in 36 in 2020 to 1 in 31 in 2022 (equivalent to 27.6 per 1,000 rising to 32.2 per 1,000).

While specific regional data isn't available for the CHRISTUS Spohn service area, rural and underserved communities nationwide — including those served by CHRISTUS Spohn — face notable challenges such as delayed diagnosis, limited local providers, low awareness and ongoing stigma. These barriers exacerbate disparities in accessing early screenings and developmental services.

Given the upward trend in ASD diagnoses, prioritizing early identification— with enhanced screening protocols, community education, telehealth expansions and targeted outreach — remains essential. This is especially true in areas with limited specialist availability where proactive measures can significantly improve developmental outcomes.

Teen Birth Rate (Ages 15-19)

Teen birth rates in CHRISTUS Spohn counties remain significantly higher than state and national averages. While the rate dropped from a high of 42.3 per 1,000 (2017–2021) to 23.6 in the most recent period (2019–2023), it still surpasses Texas (13.5) and the U.S. (8.8). Although the downward trend is promising, sustained progress will require targeted sexual health education, access to reproductive care and family support services for teens.

Teen birth rate (Females, Teens (15-19 years))

	2015-2019	2016-2020	2017-2021	2018-2022	2019-2023
CHRISTUS Spohn (Counties)	22.74	39.24	42.34	29.94	23.62
Texas	18.84	17.05	15.87	15.82	13.54
United States	12.69	11.33	10.20	9.63	8.79

Y-axis: Births per 1,000 women

Legend: ● CHRISTUS Spohn (Counties) ● Texas ● United States

Created on Metopio | metop.io/i/vfygw99i | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B13002)

Teen birth rate: Women age 15-19 with a birth in the past year, per 1,000 women age 15-19. Does not include births to women below age 15.

Food Insecurity (Ages 0 – 17)

Food insecurity among children remains a concern in the CHRISTUS Spohn region. In 2023, 24.7% of youth were living in food-insecure households, compared to 22.2% in Texas and 18.4% nationally. While the local rate has declined from a peak of 25.5% in 2022, it remains elevated. Stable access to healthy meals is a critical factor in child development and academic performance, particularly in communities experiencing high poverty.

Food insecurity (0-17 years)
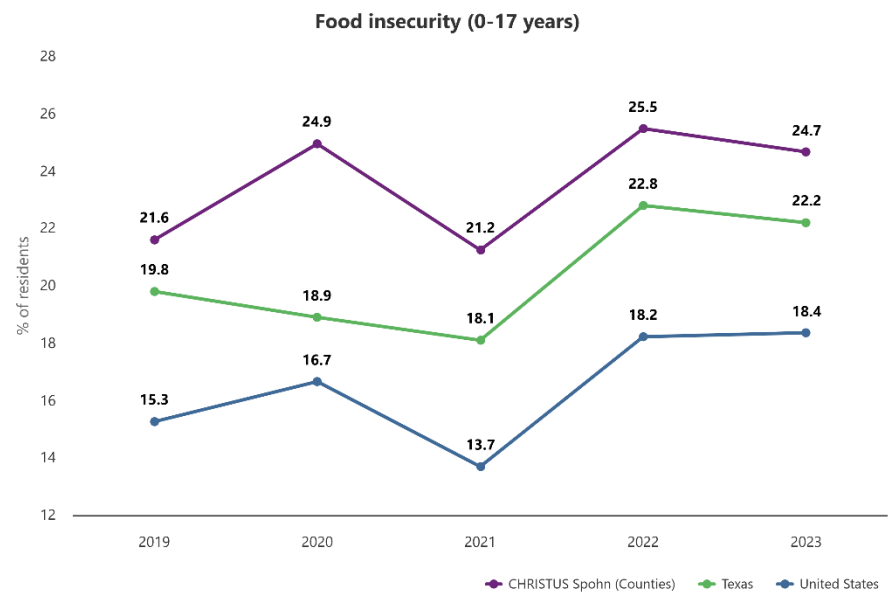
Created on Metopio | metop.io/i/9h6z21ij | **Data source:** Feeding America: Map the Meal Gap

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

Poverty Rate (Ages 5 – 17)

Poverty among children in CHRISTUS Spohn counties has improved slightly but remains elevated. The local rate peaked at 26.5% in 2021 and declined to 22.1% in 2023. In contrast, Texas reported 18.0% and the U.S. 15.7%. The persistent economic burden in these counties impacts access to health care, food, housing and educational opportunities, reinforcing the need for integrated social support systems for youth and families.

Poverty rate (5-17 years)
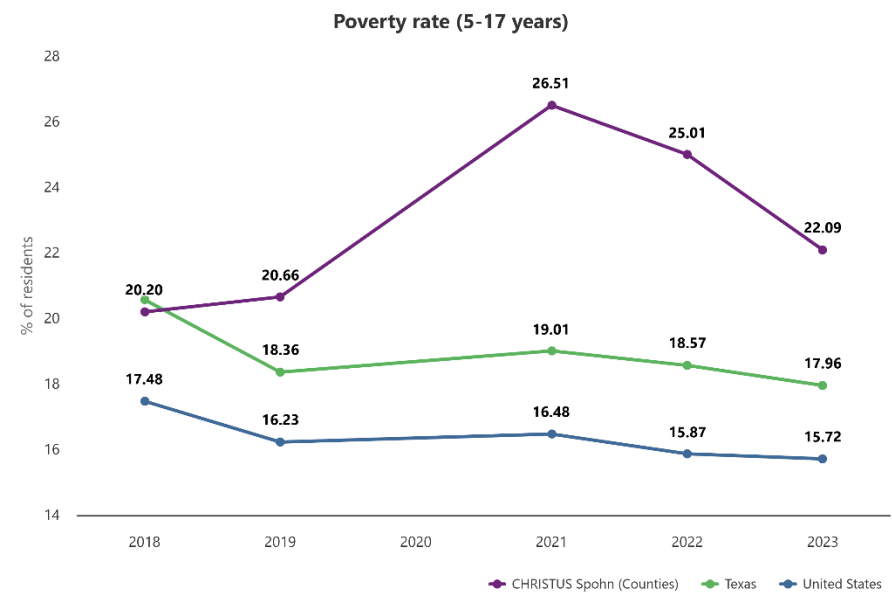
Created on Metopio | metop.io/i/abz6tvh3 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

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

What's the Story Behind the Data?

Community members noted the need for improved mental health support, accessible resources and social-emotional safety. One of the most pressing concerns voiced by focus group participants was the prevalence of mental health issues such as depression, anxiety and suicidal thoughts. Focus group participants described feeling pressure from adults, difficulty finding motivation and a reluctance to seek help due to stigma or fear of being judged. "It's hard to want to open up to people," one participant shared, highlighting how vulnerability remains a barrier. Community members also expressed that while mental health resources exist in schools, they are often dismissed as ineffective or stigmatized, making youth hesitant to access them. This challenge is compounded by a severe lack of local providers and long wait times for services.

Participants also pointed to social media as a significant influence on mental health — both positively and negatively. Platforms were described as breeding grounds for unrealistic beauty standards, cyberbullying and the normalization of harmful behaviors like disordered eating or "bed rotting." "Eating disorders are promoted and we don't even know it," one student said, reflecting the subtle, insidious impact of online trends. Although social media can connect peers and provide support, students overwhelmingly felt that it fosters judgment and social comparison, which worsens mental health and contributes to low self-esteem.

There was broad concern about the accessibility and affordability of therapy. Participants cited cultural stigmas — especially in Hispanic households — as a barrier to seeking professional mental health help. Some shared experiences of parents refusing therapy, believing mental health struggles were "just in your head," or reacting with offense when their children sought help elsewhere. One student stated that her parents viewed therapy as selfish: "It insulted them for me to talk to a therapist instead of them." Cost was also a significant issue, with many students unable to afford therapy or lacking transportation to access it.

Other health-related challenges included food insecurity, lack of physical activity and sleep deprivation. Students noted that free meal programs do exist, but stigma often prevents students from taking advantage of them. In some schools, lunch is expensive or limited, making nutritious meals inaccessible. While some students engage in sports or regular exercise, many others reported that gym access is limited to athletes or too expensive, especially for younger students without transportation. As one student put it, "I want to go to the gym, but I'm 15 and can't drive — and my parents won't take me." Sleep deprivation was attributed to academic pressure, extracurricular demands and social media use late into the night.

Focus group participants expressed a strong desire for empathetic adult support, more accessible and de-stigmatized mental health services and inclusive environments that foster belonging without shame.

Adult Health

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

Adults form the backbone of our communities, raising families, sustaining local economies and often caring for both children and aging relatives. This life stage spans a wide range of experiences, from early adulthood through retirement, shaped by evolving responsibilities, stressors and health risks.

To better understand the health needs of this population, the following priority indicators were identified:

1. Access to care: Provider shortage
2. Access to care: Insurance
3. Chronic diseases
4. Behavioral health: Mental health
5. Behavioral health: Substance abuse

The cumulative impact of earlier life experiences, social conditions and structural barriers often shapes adult health. While many adults report good health, persistent disparities are closely linked to income, employment, education, housing and access to care. Chronic diseases emerge or worsen during this stage. Mental health concerns, including substance use, are also common, particularly when combined with caregiving demands, economic stress and limited support systems.

Improving adult health outcomes requires a dual focus on prevention and early intervention, along with equitable access to physical and behavioral health services. By supporting the well-being of adults today, we help ensure healthier families, workplaces and communities for generations to come.

How Are We Doing?

Uninsured Rate by Age

Uninsured rates are highest among young adults aged 18–39, especially in CHRISTUS Spohn counties. By contrast, individuals aged 65 and older have relatively low uninsured rates across all regions, largely due to Medicare eligibility. While Texas consistently has higher uninsured rates than the national average, CHRISTUS Spohn counties report even greater disparities, highlighting significant access challenges for working-age adults.
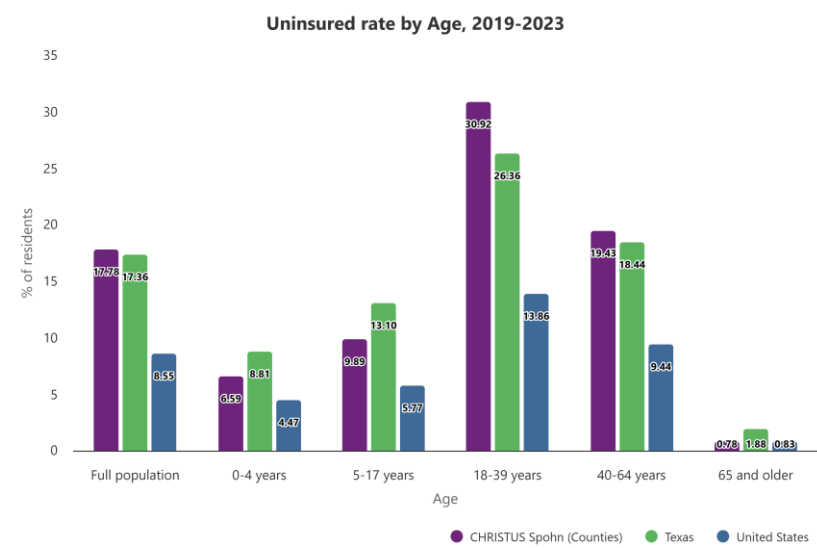
Uninsured rate by Age, 2019-2023

Diabetes Mortality by Age

Diabetes mortality is notably higher in CHRISTUS Spohn counties, at 47.68 deaths per 100,000 residents. This rate is nearly double the national average of 23.45 and significantly higher than Texas's rate of 24.94. Mortality increases sharply with age, with the highest rates among those 65 and older. This suggests a need for more intensive prevention, early detection and disease management in the region.
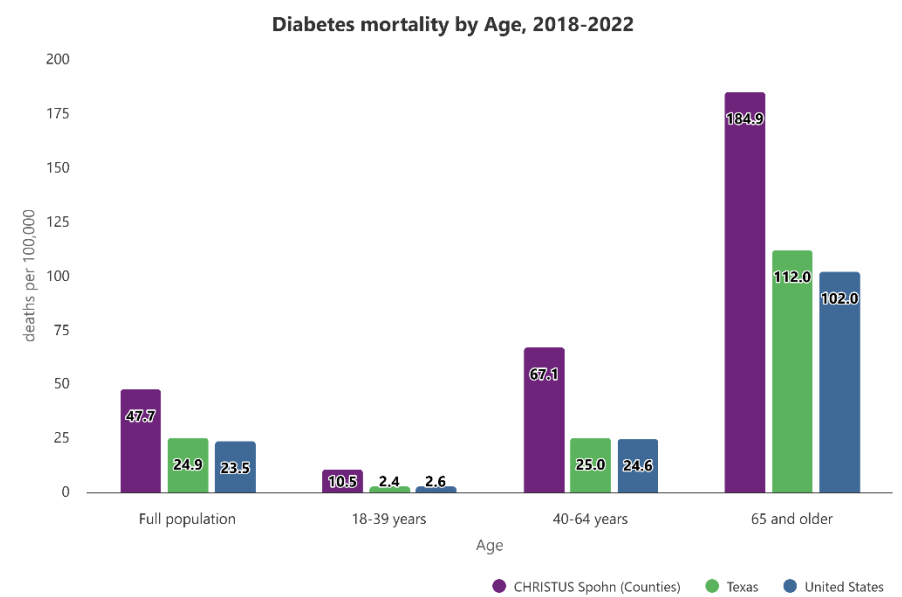
Diabetes mortality by Age, 2018-2022

Heart Disease Mortality by Age

Heart disease remains the leading cause of death among adults, particularly those aged 65 and older. In CHRISTUS Spohn's service area, the overall heart disease mortality rate is 216.53 per 100,000 people, higher than national and state averages. For Texans aged 65 and older, the rate is 725.44, compared to 607.16 nationally. These elevated rates underscore the importance of cardiovascular health interventions across the lifespan.
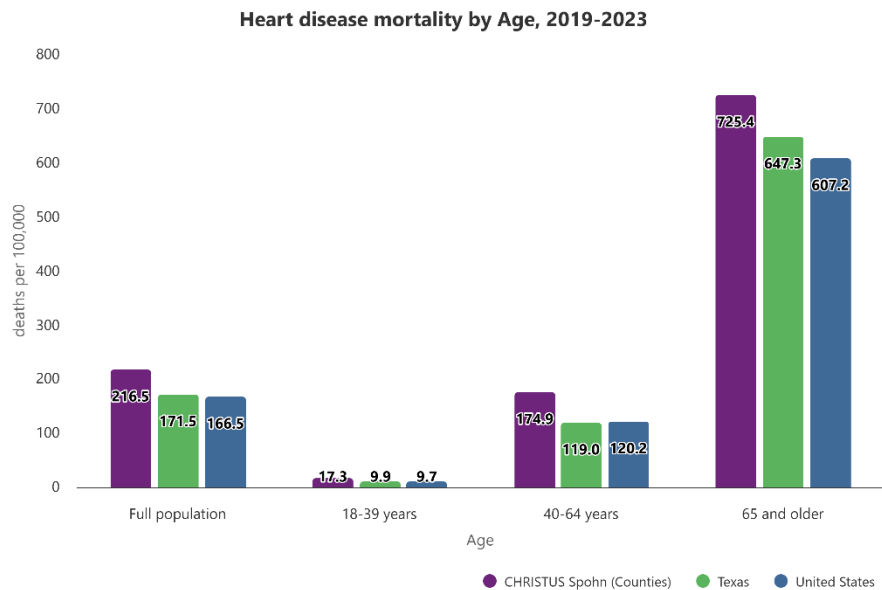
Heart disease mortality by Age, 2019-2023

Drug Overdose Mortality by Age

While national drug overdose mortality is highest among adults aged 18–39 (43.23 per 100,000), CHRISTUS Spohn's service area shows a different pattern: the highest rates are among adults aged 65 and older (25.05 per 100,000). The overall regional rate (19.28) is lower than the national (29.24), but still reflects a concerning trend, especially for older adults who may experience chronic pain, isolation or limited access to behavioral health care.

Drug overdose mortality by Age, 2019-2023

Suicide Mortality by Age

Suicide mortality is a pressing concern across all age groups, but especially among young adults in the CHRISTUS Spohn region. The overall rate in CHRISTUS Spohn counties is 18.3 per 100,000 — significantly higher than the state and national averages. The 18–39 age group is most affected, with a regional rate of 23.3, highlighting the urgent need for mental health resources, destigmatization and targeted suicide prevention efforts.

Suicide mortality by Age, 2019-2023
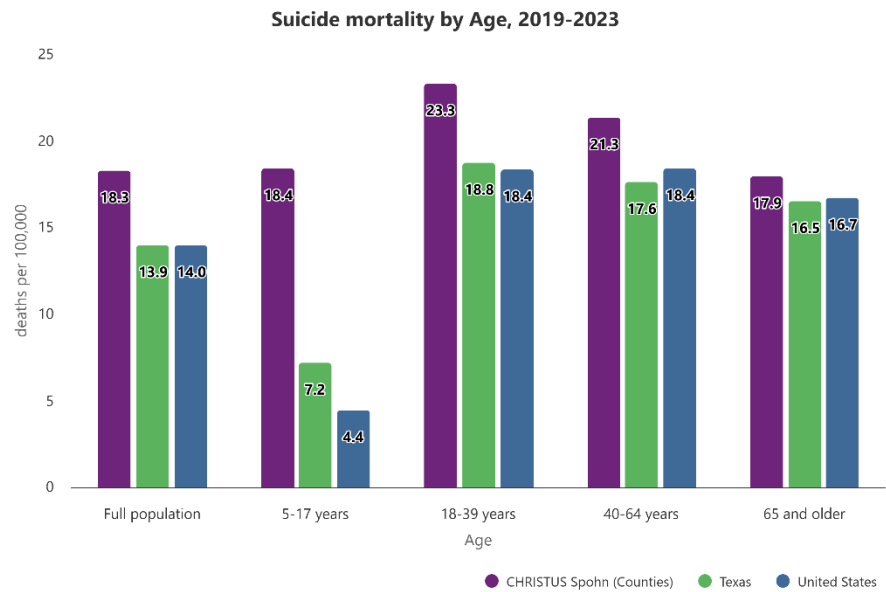
Created on Metopio | metop.io/i/jmy68b14 | **Data source:** Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)

Suicide mortality: Deaths per 100,000 residents due to suicide (ICD-10 codes *U03, X60-X84, Y87.0). In the United States, decisions about whether deaths are listed as suicides on death certificates are usually made by a coroner or medical examiner. The definition of suicide is "death arising from an act inflicted upon oneself with the intent to kill oneself."

What's the Story Behind the Data?

Community members described several key challenges and unmet adult health needs, with focus group participants offering insights based on both professional experience and personal perspectives. A central issue raised throughout focus groups was significant difficulty accessing health care due to a severe provider shortage, especially in rural areas. Participants described long appointment wait times — sometimes over three months — and an overreliance on emergency departments for routine or preventable issues. Barriers such as lack of insurance, transportation, inflexible work schedules and negative experiences with health care personnel further exacerbated these access issues. One participant emphasized, "People end up going to the ER instead," while another noted the challenge of taking time off work: "Especially if they're hourly, they can't afford to take the day."

Insurance-related challenges were another dominant theme. While some community members technically have access to coverage, the high deductibles and hidden costs often make them unusable. Even with insurance, steep copays deter many from seeking care. The high cost of care leads individuals to avoid preventive services, increasing the risk of chronic conditions and emergency care needs.

Chronic diseases such as hypertension, diabetes and heart disease are prevalent and deeply rooted in cultural, environmental and socioeconomic conditions. Participants identified food deserts, unhealthy eating habits, environmental pollution and lack of education as major contributing factors. "Hypertension is a silent killer," one participant stressed, noting that many people only seek care when complications —like kidney failure — arise. They also emphasized maladaptive coping mechanisms tied to stress, such as substance use and sedentary behaviors, which further compound chronic health risks.

Behavioral health emerged as a critical area of concern, particularly regarding access to timely, quality mental health services. Participants described a system stretched thin, with only a handful of psychiatrists in the area and long wait times for appointments — unless the individual is in immediate crisis. The stigma around mental health has decreased, especially among younger populations, but many still encounter barriers like unaffordable copays, limited provider availability and discouraging emergency room experiences.

Substance abuse was described as widespread, often intertwined with untreated mental health issues. Alcohol and marijuana use were the most commonly cited concerns among community members. Participants called for more support resources such as child care for individuals in treatment, inpatient facilities, peer-supported housing and enhanced use of therapeutic tools like mobile apps.

Community members raised several recommendations to address these challenges. These included expanding Medicaid, providing universal health care, offering more community-based health education, establishing mobile or school-based clinics and increasing support for rural medical tracks to retain providers in underserved areas.

Older Adult Health

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

Older adults are the caregivers, volunteers and cultural anchors of our communities, many of whom have spent decades shaping the place we call home. As people live longer and remain active later in life, the population of older adults continues to grow, bringing both tremendous opportunity and unique challenges for health systems and communities.

To better understand and respond to the needs of this population, the following indicators were selected to represent older adult health across the CHRISTUS Spohn service area:

1. Chronic diseases
2. Behavioral health: Mental health
3. Behavioral health: Substance abuse
4. Poverty
5. Housing insecurity

Health in older adulthood is deeply influenced by the cumulative effects of a lifetime of social, economic and environmental factors. Many older adults live with one or more chronic conditions, experience changes in mobility or cognition and face barriers such as social isolation, limited transportation and fixed incomes. Access to coordinated care, affordable medications, safe housing and supportive services becomes increasingly essential in this stage of life.

By focusing on the well-being of older adults, we not only honor their contributions but also ensure that our communities remain inclusive, age-friendly and equipped to meet the needs of every generation.

How Are We Doing?

Heart Disease Mortality (65 and older)

Heart disease mortality remains a significant health concern for older adults in CHRISTUS Spohn counties. In 2023, the death rate for residents 65 and older was 791.6 per 100,000 — consistently higher than the rates in both Texas (627.0) and the United States (586.5). Although there was a dip in 2022, the broader trend reflects a persistent local disparity in cardiovascular outcomes.
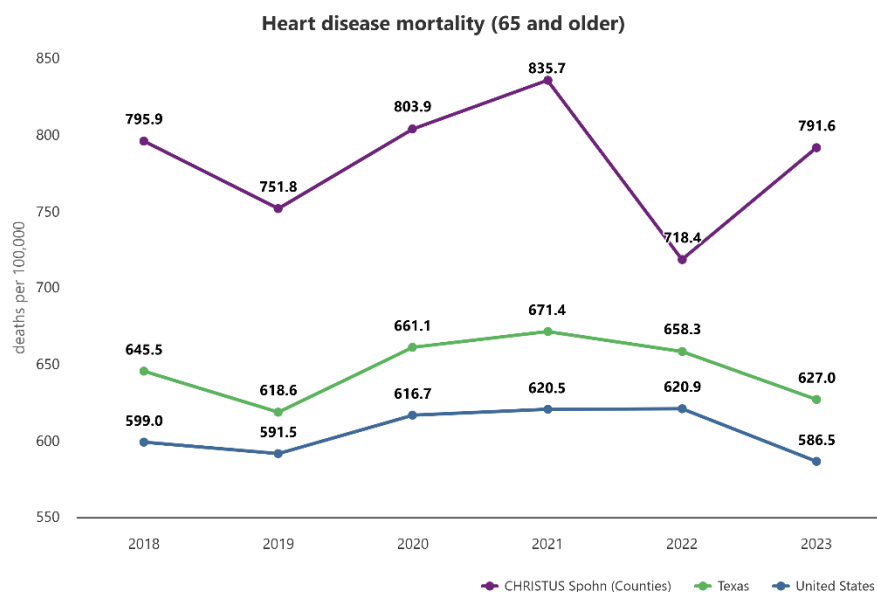
Heart disease mortality (65 and older)

Diabetes Mortality (65 and older)

Diabetes mortality in older adults peaked in CHRISTUS Spohn counties at 197.7 deaths per 100,000 in 2020 before declining to 132.8 in 2023. Despite this improvement, rates remain significantly higher than in Texas (107.9) and the United States (96.3). This ongoing disparity underscores the need for proactive management and support for those living with diabetes in later life.
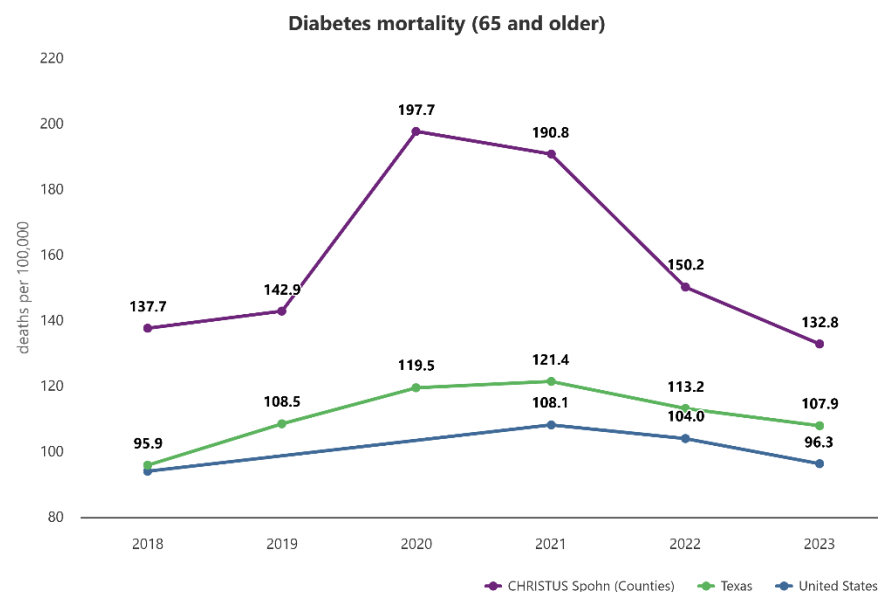
Diabetes mortality (65 and older)

Alzheimer's Disease Mortality (65 and older)

From 2015–2019 to 2019–2023, Alzheimer's disease mortality in CHRISTUS Spohn's service area increased from 236.3 to 268.3 deaths per 100,000. These rates far exceed state (116.0) and national (88.3) averages and continue to climb. As the older adult population grows, so too will the need for memory care services, caregiver support and community education around cognitive decline.
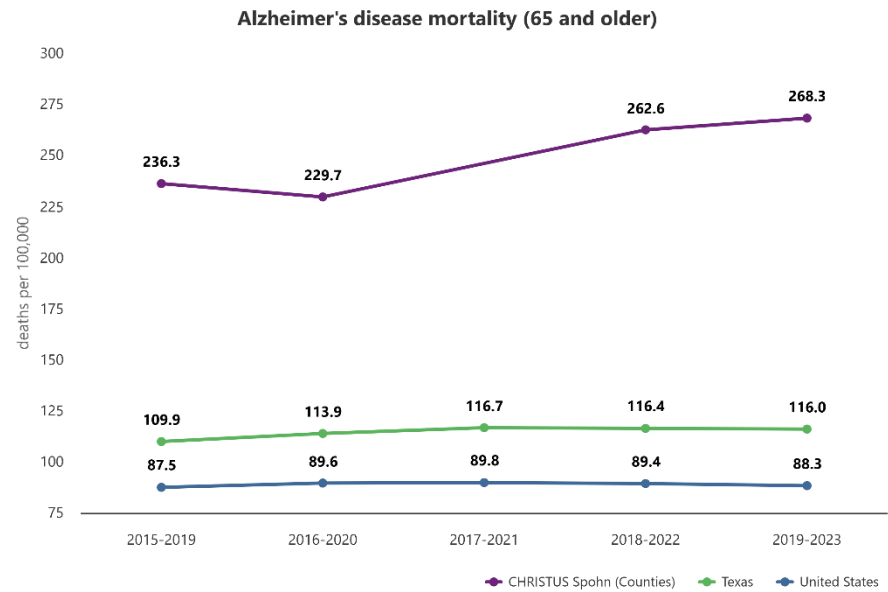
Alzheimer's disease mortality (65 and older)

Legend: CHRISTUS Spohn (Counties) — Texas — United States

Substance Abuse in Older Adults

Between 4% and 9% of older adults use prescription opioids to manage pain. Alarmingly, opioid-involved deaths in this age group rose by 10% from 2021 to 2022, primarily due to synthetic opioids such as fentanyl. In communities served by CHRISTUS Spohn, this trend highlights the importance of safe prescribing practices, alternative pain management options and improved access to substance use treatment tailored to seniors.

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Preventing Opioid Misuse and Treating Opioid Use Disorders in Older Adults.

Poverty Rate (65 and older)

Economic vulnerability among older adults in the CHRISTUS Spohn service area is consistently higher than state and national averages. In 2023, 14.43% of residents aged 65 and older lived in poverty, compared to 12.26% in Texas and 11.27% in the United States. While this reflects a decline from a 2021 peak of 15.55%, the data suggests that fixed incomes, rising costs and lack of affordable services remain persistent challenges for local seniors.
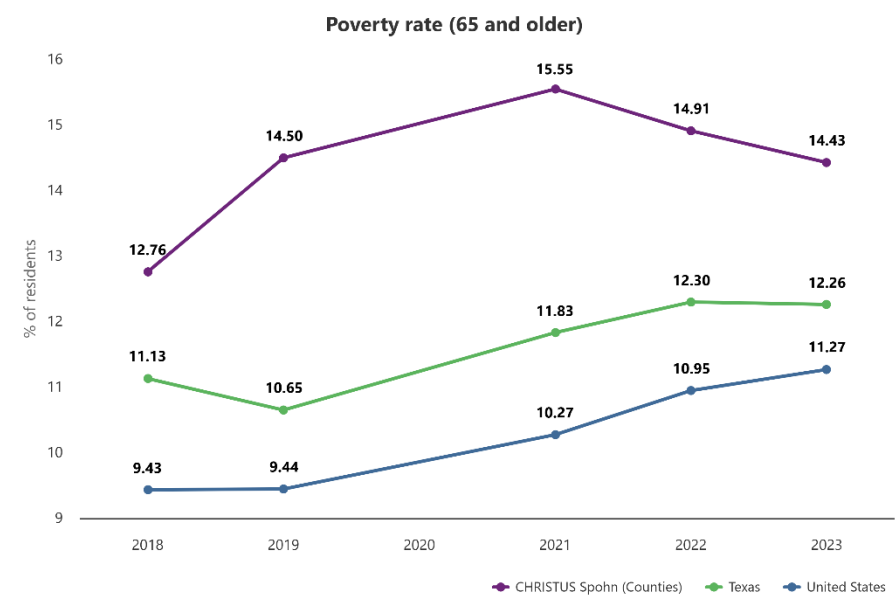
Poverty rate (65 and older)

% of residents

Year	CHRISTUS Spohn (Counties)	Texas	United States
2018	12.76	11.13	9.43
2019	14.50	10.65	9.44
2020			
2021	15.55	11.83	10.27
2022	14.91	12.30	10.95
2023	14.43	12.26	11.27

◆ CHRISTUS Spohn (Counties)   ● Texas   ● United States

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

What's the Story Behind the Data?

Community members identified key challenges for older adult health such as health care system navigation, chronic disease management, behavioral health concerns, financial insecurity and housing instability.

A recurring theme was the significant difficulty older adults face in navigating the healthcare system, often due to limited digital literacy, knowledge deficits or lack of family support. Many struggle to understand insurance options, are susceptible to misleading marketing during open enrollment or accidentally switch to plans that increase out-of-pocket costs. Compliance with medical care is often low, not from unwillingness, but because of barriers such as transportation, financial constraints and limited understanding of their conditions.

Chronic diseases such as hypertension, heart disease, COPD, diabetes and cancer were commonly cited as major health issues, exacerbated by poor access to specialists and insufficient preventive care earlier in life. Cultural beliefs and mistrust in the system — especially in Hispanic communities — sometimes prevent individuals from seeking care until conditions become severe. A lack of preventive screenings and early interventions was seen as a missed opportunity to manage these conditions more effectively.

Mental and behavioral health also emerged as critical concerns, particularly depression, isolation and cognitive decline like Alzheimer's. Focus group participants noted that older adults often don't recognize mental health as an illness and are reluctant to seek care due to stigma, pride or lack of awareness. One person emphasized, "They don't see mental health as an illness." Substance abuse, particularly opioid misuse, is also a growing issue in this age group, with some participants citing cases where older adults sell or misuse medications, yet don't perceive it as a problem.

Poverty and fixed incomes limit older adults' ability to prioritize health, leading to difficult choices between food, medications or rent. One example shared involved a patient whose hypertension improved significantly after receiving a donated stove, enabling her to prepare healthier meals instead of microwave dinners. Housing insecurity also surfaced as a concern, with many living in multigenerational households under strained or even exploitative circumstances. Participants described cases where older adults' income or housing were exploited by family members.

In response to these challenges, participants stressed the need for coordinated care, better education, more navigators and advocates, increased provider access (especially in rural areas) and stronger collaboration among community organizations. Participants advocated for a model where all services — primary, specialty, mental health — are co-located and accessible. Ultimately, community members highlighted both the systemic barriers and potential solutions to improving older adult health, grounded in empathy and a shared commitment to community well-being.

Conclusion

The 2026–2028 Community Health Needs Assessment (CHNA) concludes with deep gratitude to the many individuals and organizations who shared their time, expertise and lived experiences throughout this community-driven process. This assessment reflects a shared commitment — among CHRISTUS Health, internal teams and local partners — to understand and address the root causes of health disparities in the communities we serve.

While fulfilling an essential regulatory requirement, this CHNA is foremost a reflection of our mission: to extend the healing ministry of Jesus Christ by listening deeply to those we serve and responding with compassion, clarity and action. From surveys and focus groups to data analysis and community-led workgroups, this effort was guided by diverse voices and grounded in local experience. These voices helped identify key needs and informed us of the health priorities that will guide us over the next three years.

The process was structured using the Results-Based Accountability (RBA) framework to ensure our strategies and metrics remain meaningful, measurable and mission-aligned. It is our hope that the insights shared in this report not only shape future action but also deepen relationships, strengthen collaboration and build more equitable systems of care across the region.
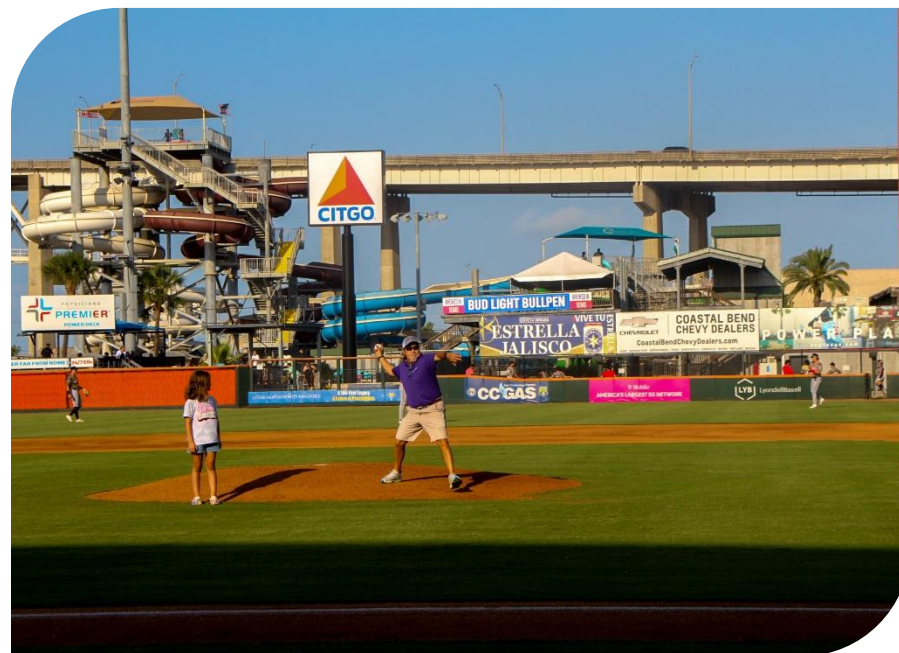
Looking Ahead

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

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

Through continued partnership, we remain deeply committed to building healthier, more equitable communities at every stage of life. We are profoundly grateful to all who walk alongside us in this work, and we look ahead with hope and determination for all we can achieve together in the years to come.

Acknowledgements

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

CHRISTUS Spohn Health System Leadership

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

Special recognition is given to:

- Dominic Dominguez, Chief Executive Officer of CHRISTUS Spohn Health System
- Rick Morin, President of CHRISTUS Spohn Alice, CHRISTUS Spohn Beeville, and CHRISTUS Spohn Kleberg Hospitals
- Lanell Scott, President of CHRISTUS Spohn South Hospital
- Dr. Orell Everett, Chief Medical Officer
- Laura Garcia, Chief Nursing Executive
- Laci Lasater, Chief Nursing Officer
- Margot Rios, Chief Nursing Officer
- Megan Durning, Vice President of Strategy
- Jessica Pena, Associate Vice President of Alice, Beeville, and Kleberg Hospitals
- Roxanne Jenkins, Ministry Director of Care Management

Their commitment to collaboration, accountability, and equity guided this process and reinforced our shared dedication to improving the health and well-being of the communities we serve.

CHNA Report Preparation Team

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

- Dcn. Peter McCourt, CHRISTUS Spohn Vice President of Mission Integration

Board of Directors

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

Subject Matter Experts and Consultants

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

Contact Information

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

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

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

CHRISTUS Health's website: CHRISTUShealth.org/connect/community/community-needs

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