CreateHealthy

# 2025 Community Health Assessment

**CREATE HEALTHY SERVICE AREA**

Blanco County, Gillespie County, Llano County,
Mason County, and the Town of Comfort

## Dear Community Members,

We are honored to share the results from the **2025 Community Health Needs Assessment (CHNA) for the Hill Country, including Mason, Blanco, Gillespie, and Llano Counties, as well as the town of Comfort**. This report reflects the collective insight, collaboration, and commitment of local partners, healthcare providers, and residents who participated in surveys, focus groups, and interviews to identify the health priorities that matter most.

**Create Healthy** contracted with Community Information Now (CINow) to conduct the data collection and analysis throughout the summer of 2025.

Since its founding in 2023, Create Healthy works to strengthen health and well-being across the Hill Country through data-informed action, regional partnerships, and community investment. Rooted in and responsive to community needs, Create Healthy prioritizes harvesting community voices in establishing funding priorities and investments. This CHNA continues that commitment by providing an accurate, locally grounded picture of our region's health today — one shaped by the voices and experiences of those who call it home.

The findings presented here are meant to inform shared solutions across our region, guiding future planning, funding, and collaboration among organizations working toward a common goal: healthier people and stronger communities. Going forward, this assessment will help inform Create Healthy's philanthropy. All area public agencies, nonprofits, businesses, and residents alike are invited to use it as a tool for planning.

**Together, we can build a future where every Hill Country resident has the opportunity to live well**.

With gratitude,



**Jayne Pope**
President & CEO
Create Healthy



**Jenny Wieser**
Chair, Board of Directors
Create Healthy

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# Introduction and Summary

The 2025 Hill Country Community Health Needs Assessment is a joint effort of The Health Collaborative, a nonprofit serving Bexar and surrounding counties, and Create Healthy, a health foundation serving Gillespie County, Blanco County, Llano County, Mason County, and the Comfort area in Kendall County. The early portion of the work was led by The Health Collaborative with Community Information Now (CINow), a nonprofit local data intermediary serving Bexar County and Texas. Create Healthy and The Health Collaborative established a new partnership in spring 2025. More information about the three organizations can be found at the end of the main report narrative.

## About the Assessment

What follows is a brief overview of the assessment approach and how it was developed. Much more detailed information can be found in **Appendix B, Technical Notes**.

In October 2024, The Health Collaborative contracted with CINow for quantitative and qualitative data collection, data analysis, and report development. The Health Collaborative's board, staff leadership, and CINow drafted a CHNA approach, structure and flow, data collection methods and instruments, a list of extant data indicators, and a timeline for review by a Steering Committee in January 2025. CINow set up a shared drive in **UTH-Share**, UTHealth Houston's implementation of Google's G Suite for Education, to facilitate collaboration, review, and editing of CHNA plans and draft materials.

The CHNA approach was developed based on about 50 collective years of conducting community health needs assessments in Bexar and a number of other Texas counties, as well as teaching community health assessment to graduate public health students. It did not adhere strictly to any prescribed national model, but closely resembles the Catholic Health Association of the United States' approach, as outlined in its *Assessing and Addressing Community Health Needs* guide. Each component of the approach is intended to serve a specific purpose.

| Component | Purpose |
|---|---|
| **Extant quantitative data** | Use the best available extant administrative and survey data to identify trends, patterns, and disparities in area demographics, social determinants, or non-medical drivers of health, health-related behaviors, and other risk and protective factors, including preventive care utilization, and health outcomes, including overall health status, morbidity, and mortality. |
| **Community resident survey** | Learn how residents rate their health and social connections, what challenges they are living with, what assets they feel are most important to their health, how easily they can access those assets, and how well they are able to access several specific types of health care. |
| **Focus groups** | Learn how people from several vulnerable groups view "healthy", what they need to be healthy, what challenges and barriers they experience, how the COVID-19 pandemic changed their lives, and any other issues they choose to raise. |
| **Key informant interviews** | Learn from leaders or organizations serving populations with the highest needs what they view as root causes, barriers, and service gaps; learn about any specific challenges or windows of opportunity for the community. |

The overall CHNA approach, timeline, workplan of extant data indicators and charts/maps, focus group guide, key informant interview guide, and proposed report flow were presented to The Health Collaborative's CHNA Steering Committee in January 2025. Members were invited to provide feedback on any component; no concerns were voiced in or outside of the meeting to drive changes in the plans or materials.

In April 2025, The Health Collaborative began discussions with Create Healthy to explore the potential inclusion of four additional communities in the assessment: Blanco County, Llano County, Mason County, and the Comfort area in western Kendall County. Create Healthy reviewed and approved the existing extant data plan, community survey, focus group guide, and key informant interview guide, and worked with CINow to scope out and budget for Create Healthy to fund both extant and primary data collection in the four additional communities. The agreement between Create Healthy and CINow was fully executed by early July 2025, and most primary data collection was complete by the end of August, though the community survey remained open until mid-September.

To meet the needs of both The Health Collaborative's members (e.g., Methodist Healthcare) and Create Healthy, CINow will provide two separate reports nearly identical in analytic content, but differing somewhat in branding and front and back matter, such as the welcome letter and acknowledgements. The version name is included below the Table of Contents.

## Partner Roles and Timeline

The chart on the following page summarizes the timeline for the initial assessment work in Gillespie and the subsequent addition of Blanco County, Llano County, Mason, and western Kendall Counties, with annotations of each partner's role.




[1] The Health Collaborative
[2] Create Healthy
[3] Community Information Now

## Making Sense of the Data

The product of this collaboration is a five-county community health needs assessment that attempts to learn and describe the health, well-being, strengths, and challenges of about 72,000 people living in a roughly 4,000-square mile portion of the Texas Hill Country. To provide a sense of the content, the 241-page assessment covers more than 3,200 numerical data points presented in about 200 charts, maps, and tables. Information shared by 49 community residents over nearly 11 hours of interviews and 10 hours of focus groups, along with 289 community survey responses, was analyzed and described in a 60-page narrative summary of themes. (For a quick summary of all topics and themes across all qualitative data, please review Tables A1, A2, and A4 in **Appendix A**.)

Distilling the full assessment into a short summary is a difficult task for two reasons, one being the sheer quantity of information – though that quantity makes it all the more important to develop a digestible summary. The other and perhaps more critical reason not to attempt to determine priorities is that priorities for a community should flow not just from factual information about numbers, trends, and patterns, but from the values of the people who live in that community. The CINow assessment team lives and works a figurative world away in Bexar County and acknowledges the limits of their perspective in determining what matters in the assessment counties. Area residents might not find the job easy, either, as the geographic area and population covered by this assessment are made up of dozens of communities, both visible and invisible, defined variously by geography, culture, identity, common challenges, shared goals, values, and heritage. If we asked 100 area residents to winnow this assessment down into a list of 10 issues to take action on, we would likely end up with 100 different lists – some with 37 items instead of 10.

**Having made it clear that the assessment team believes that we cannot and should not determine community priorities from the information we gathered, what we *can* do is share what issues cropped up or stood out across the quantitative and qualitative data.** In most cases, we cannot know the full context for that issue, its root causes, how much it matters, or what local avenues exist to address a problem or seize an opportunity. But we can pin the issue on the wall for further community discussion, prioritization relative to other issues, and – if so decided – collaborative action.

## In Summary

This section attempts to summarize two different kinds of highlights: issues that cropped up in most or all counties, and issues that appear to be particular to one or two counties, or to a community or population within a county. The table on the following page lays those issues or themes out by county, organized into two categories.

- **"Downstream" health outcomes** like illness, injury, and death. Data about health outcomes can be found in the **How We're Faring** section of the assessment.
- **"Upstream" drivers of health** like income, education, housing, access to care and resources like healthy food and supportive social networks, policies and systemic barriers, and behaviors that affect health positively or negatively, like physical movement or heavy alcohol use. Data about these upstream factors can be found in the **What We Need for Health** and **How We're Taking Care of Ourselves** sections of the assessment.

The magenta row at the bottom represents the **cross-cutting concern of vulnerable populations and communities**. Every focus group and interview mentioned vulnerable residents in some way, although the specifics varied by community; see Appendix A for more information. Isolated older adults, youth, Hispanic residents, and unhoused people were the groups mentioned most often as being at greater risk of poor health outcomes and needing particular attention and supports.

# What stands out?

## Summary by county

| | Blanco | Gillespie | Llano | Mason | Comfort | Area-wide |
|---|---|---|---|---|---|---|
| Health Drivers | Access to healthy fresh food | Access to healthy fresh food | Food security | Access to healthy fresh food | Access to healthy fresh food | **Access to healthy fresh food** |
| | | Green spaces and safe spaces to be physically active | Green spaces and safe spaces to be physically active | | Green spaces and safe spaces to be physically active | **Green spaces and safe spaces to be physically active** |
| | | Clean air and water | | | | |
| | | | Social isolation among males | Connections with others; social isolation among males | | |
| | | | | | Fun things for teenagers and young adults to do | |
| | Safety while driving | | | | | |
| | | | Good communication with local leaders | | | |
| | Access to quality medical care | | Access to quality medical care | Access to quality medical care | | **Access to quality medical care** |
| | Childhood immunizations | | | | | |

| | Blanco | Gillespie | Llano | Mason | Comfort | Area-wide |
|---|---|---|---|---|---|---|
| Health Outcomes | Mental health | Mental health | Mental health | Mental health | Mental health | **Mental health** |
| | Alcohol abuse | | Substance abuse | | | |
| | Chronic pain | Chronic pain | Chronic pain | Chronic pain | Chronic pain | **Chronic pain** |
| | Injury | | Injury | | | |
| | | Teen births | Teen births | | | |
| | Heart disease, stroke, hypertension | | Heart disease, stroke, hypertension | | | |
| | | | | Diabetes | Diabetes | |

Vulnerable populations and communities were mentioned in every location, especially isolated older adults, youth, Hispanic residents, and unhoused people

# Common Threads

## Health Drivers

**The degree varies by county, community, and neighborhood, but in general, residents need better access to resources and services that support health. This is true of all four counties and the Comfort area.**

The most basic of these needs is **access to food that is fresh, healthy, affordable, and enough** – sufficient in quantity that no one goes hungry. Healthy fresh food was at the top of the list of needed resources for health in every county survey; food security came up in every focus group and was mentioned in at least one key informant interview from every county.

Other basic needs were mentioned often in focus groups and interviews, but not in survey responses. Whether we call them social determinants of health or non-medical drivers of health, issues like food security, **decent and affordable housing**, **jobs with a livable wage**, and **literacy and education** are all non-negotiable foundations of health and well-being – not sufficient on their own, but certainly necessary. Against the background of the chronic slow burn of this scarcity in basic resources, gasoline is periodically dumped on the fire by economic disasters like inflation, and natural disasters like drought, wildfires, unrelenting heat or extreme cold as in 2021, and deadly flooding as in recent months that cause an influx of "climate refugees" to areas already lacking in infrastructure to serve existing residents. All of these factors intersect, and as a rule, whether a pandemic or flood or freeze or fire, it is already-vulnerable people who are hit hardest by disasters and who face the most significant barriers to recovery.

It might seem counterintuitive to someone from outside the community given that visitors flock to the Hill Country for its vast and beautiful natural resources, but residents lack **safe public green spaces** for recreation, physical activity, family activities, and just to be outdoors. That issue was the second-highest priority health resource cited by survey respondents and was mentioned in both focus groups and key informant interviews. In a related vein, residents in every community called for both **clean air** and **sufficient clean water resources** to support a growing population, particularly given recurring and worsening drought.

Although many do not consider health care either a basic need or a right, residents overwhelmingly cited poor **geographic and financial access to quality health care**, particularly **medical care** and **mental health care**. Many residents have to travel to Bexar or another more urban county, particularly for specialty and specialized hospital care. Many other residents go without needed care entirely, particularly mental health care and preventive medical and dental care. For some, the issue is a lack of robust health insurance with affordable premiums and minimal out-of-pocket costs; for others, the primary barriers are a lack of transportation or appointments outside of working hours. Provider shortages are a problem for everyone.

## Health Outcomes

Residents are living with **chronic physical pain**. Very little useful data exists about pain levels in the general population, but chronic pain was at the top of the list of health issues reported by survey respondents in every county. That percentage was higher in counties with a large older population – 65% in Llano County as compared to 31% in the Comfort area. Survey respondents area-wide were also predominantly (75%) female, and female respondents were about 50% more likely than male respondents to cite chronic pain as an issue.

A large proportion of the community is **suffering mentally and emotionally.** Concern about **mental health** was a steady drumbeat in survey responses, focus group discussions, and key informant interviews. Mental health challenges are widespread across demographic groups and neighborhoods, and appropriate care is not easy to access even for those with insurance and the means to afford out-of-pocket expenses. And of course, as with chronic physical illness, chronic depression, anxiety, and other mental illnesses make the things we most need to do for ourselves – physical movement, for example, and healthy eating and preventive care – the very hardest things to do.

## Different Flavors

No issue covered in this assessment is unique to any of the counties, but in every county one or more issues stood out more than in the area overall. Whether quantitative or qualitative, most of the data in this assessment is broken out by county as well as by demographic characteristics like age, sex, and race/ethnicity; the reader is encouraged to consider similarities and differences and how issues cluster together in a community. The bars and trend lines in quantitative charts are color-coded consistently by county throughout the assessment to help make it easier to spot county-specific patterns, and Tables A1, A2, and A4 in **Appendix A** provide concise cross-county summary of issues raised in focus groups and interviews. The short overviews below highlight some of the issues that appear somewhat individual to each county.

### Blanco County

At nearly six in 10 residents, Blanco County is second only to Comfort in the highest share of population that is working-age, 18 to 64. It has by far the highest median household income at about $88,000, about a third higher than the median household income in Llano, Gillespie, and Mason Counties. Along with Mason County, it has the highest rate of population growth among assessment counties in recent years. Excluding the Comfort area, which as a ZIP code cannot fairly be compared with a much larger county, Blanco County has the lowest percentage of people both living and working in the county. Blanco County jobs are more likely to be filled with residents of other counties, and Blanco County residents are more likely to work outside the county than in it.

Although the rate has since fallen, Blanco County suffered a terribly high rate of alcohol-involved motor vehicle crashes in 2021 – 2.5 times the area-wide rate – and Blanco was the only county in which survey respondents ranked “being and feeling safe while driving” in the top three priority resources needed for health and well-being. Blanco County survey respondents were also unusual among counties in noting alcohol abuse as a major health issue impacting them or their loved ones. Although not mentioned in the survey or focus groups, Blanco County has had the greatest decline in percent of kindergarteners immunized – a decrease from 94% in the 2019-20 school year to 86% in 2024-25. Decreases were even steeper for polio and for diphtheria/tetanus (lockjaw)/ pertussis (whooping cough), dropping to 83% and 81%, respectively, in 2024-25. In four of the five most recent years Blanco County has had the highest rate of violent crime, which has dropped by more than half since its 2021 peak; the same is true for sexual assault. Family violence, conversely, has nearly tripled since 2019 and is now the second-highest among the assessment counties. Blanco County is second only to Llano County in both the family violence rate and the rate of injury hospitalizations among older people. The rate of hospitalizations for mental illness among youth under 18 is the second-highest among the assessment counties, but that rate among Blanco County Hispanic residents is the second-lowest among the counties.

### Gillespie County

Gillespie County falls between the other assessment counties in many ways: neither the oldest nor the youngest, neither the most nor the least racially and ethnically diverse, with neither the greatest increase nor the greatest decrease in population in recent years. It does have the largest population – seven times that of Mason County – and has the largest share of population having moved house within the county within the past year. Consistent with that residential stability indicator, it has the largest percentage of population who rent rather than own their home. Gillespie is tied with Mason County for the second-highest share of population 65 and older, but unlike Mason, that population share has been stable in recent years rather than growing rapidly. Like Mason County, Gillespie County is fairly evenly split by job flow; the largest number of workers both live and work in Gillespie County, with similar but somewhat smaller numbers entering the county to work and leaving the county to work.

Gillespie County has one of the highest rates of food insecurity among assessment counties, and among the higher rates of poverty and percentage of households above the poverty line but not earning enough to get by. The county has among the lower rates of reported family violence incidents, violent crime, sexual assault, and

reports of older abuse or neglect, but the second-highest rate of reports of child abuse or neglect and among the highest percentages of child abuse or neglect investigations undetermined or incomplete, where the abuse or neglect was neither confirmed nor ruled out. Along with Blanco, Gillespie County has one of the lowest rates of COVID-19 hospitalization of older people, but one of the highest rates of asthma hospitalization among children and adolescents. Hispanic residents of Gillespie County fare better than Hispanics in other counties on a number of measures, including COVID-19 and injury hospitalizations.

Gillespie County girls aged 15 to 19 have among the highest birth rates among area teens. Several communicable disease incidence rates have increased over recent years: 2023 chlamydia incidence is 2.4 times the 2019 rate, and hepatitis A was diagnosed for the first time since 2019. Early latent syphilis incidence, on the other hand, reached a five-year low, and the county has the second-lowest rate of COVID-19 hospitalization in the 65-and-over age group.

## Comfort Area In Western Kendall County

Kendall County is the only one of the assessment counties where people under age 18 outnumber people 65 or older,[1] though older people still make up 21% of Comfort area residents. At 61%, it has the highest share of working-age population, or 18 to 64. The Comfort area is the most racially and ethnically diverse of the assessment counties, with 30% of the population identifying as either Hispanic (28%), multiracial (2%), or a race other than white. Comfort is also the area with the greatest residential stability, with only six percent of the population not living in the same house as last year.

Comfort has the highest rate of COVID-19 hospitalization among both youth and older people, and the rate among its Hispanic population is nearly twice that of Hispanic residents of Gillespie and Blanco Counties. Area residents also appear to have higher hospitalization rates for asthma; oddly – as asthma hospitalization is generally more common among children and adolescents – it is driven by a high rate in the older population. Comfort has by far the lowest rate of hospitalizations for mental illness and drug poisoning in all age groups, but the highest rate among assessment counties of injury hospitalizations among youth. The reason for that high rate is unclear, as Comfort has low rates of child abuse and neglect reports, older adult abuse and neglect reports, and alcohol-involved crashes. Findings that may or may not be related include focus group discussions of a shortage of emergency services and grandparents raising grandchildren, and a large percentage of survey respondents pointed to a shortage of fun things for teenagers and young adults to do.

## Llano County

At 37% as compared to Texas' 14%, Llano County has the highest percentage of population that is 65 or older. It appears to have reached something of a tipping point, however, with the COVID-19 pandemic likely playing a role. The proportion of the population that is 65 or older grew slightly between 2019 and 2023, from 36% to 37%, but the proportion 75 or older declined. In effect, the older population is getting younger. Llano County is tied with Blanco County in terms of having a high share of its workers employed in jobs outside rather than within the county.

Although it has improved in recent years on many measures, Llano County shoulders the unfortunate distinction of having the highest rate among the assessment counties on the overwhelming majority of indicators. Among those are child abuse and neglect, older person abuse and neglect, family violence, food insecurity, and births to adolescent girls. Llano County has the highest hospitalization rate for a number of diagnoses, many but not all of which are associated with older age: asthma, drug poisoning, mental illness, injury, hypertension, stroke, diabetes, and COVID-19. Community survey responses also point to many of these issues, highlighting social isolation among males, substance abuse, injury among youth and older people, and heart disease, stroke, and hypertension.

## Mason County

Mason has the second-largest share of the population that is 65 or older, and in contrast to Llano County where the older population is sizable but growing slowly, the Mason County population is aging rapidly. The shares of the population that are 65 or older and 75 or older grew from 24% to 31% and from 9% to 12%, respectively, between 2019 and 2023. At the other end of the age continuum, Mason has the greatest share of the population that is under 18 years old. Of the five assessment counties, Mason also appears to have the highest percentage of population that moved in from outside the county in the past year. That migration dynamic may be reflected in its unusual pattern of educational attainment: of all the assessment counties, Mason County has the highest percentage of population with less than a high school diploma or GED, and one of the highest percentages with a graduate or professional degree.

Mason County has one of the highest rates of older adult abuse or neglect reports, but the lowest rate of child abuse and neglect reports. Mason residents have among the highest rates of hospitalization in the 18-to-64 age group, and among the lowest in percentage of survey respondents reporting always or often getting the mental health care they need. Focus group participants raised substance abuse as an issue. Survey respondents living in Mason County were the least likely to report good or very good physical health, and that percentage was markedly low among male respondents; diabetes was also cited as a major issue by more Mason County respondents than in other counties. Male Mason County respondents were also the least likely of any gender group in any assessment county to report good or very good mental health or connections with others.

♦ ♦ ♦

Although it is not quite clear how it fits, one final four-county commonality stands out that will almost certainly affect local initiatives to understand community conditions and improve community health: **many folks prefer not to answer**. A total of 289 area residents graciously gave of their time, energy, and knowledge to complete the community survey, including 162 people outside Gillespie County.

A pattern emerged by accident because of how the survey was constructed: in trying to give survey respondents maximum control over what they (anonymously) shared with us, the assessment team added both an “other” option and a “prefer not to answer” option to every question, but also elected not to make any question required. As a result, there were two ways of participating in the survey while not answering a given question – by skipping the question entirely, or selecting the “prefer not to answer” response.

The assessment team was surprised by the large number of “prefer not to answer” responses that survey respondents took the time to choose. Whether motivated by a general tendency toward personal privacy, outright guardedness, mistrust, or fear of their response being tied to them, or some other reason, the response politely but clearly communicated, “I want to take this survey, but I don’t care to share this particular bit of information about me.”

The proportion of respondents who answered the gender and race/ethnicity questions this way varied substantially by county: **7% in Gillespie County, 18% in both Llano County and the Comfort area, 19% in Blanco County, and 20% in Mason County**. For comparison, as the same survey was fielded in several other nearby counties, “prefer not to answer” was chosen on the race/ethnicity question by 3% of respondents from Bexar County, 7% from Atascosa and Guadalupe Counties, and none from Comal County.

# Area Residents

## Who Lives Here

The Hill Country area covered in this assessment is home to central Texas gems, including historic small towns, breathtaking views, warm Texas hospitality, and timeless rural charm. It is a uniquely scenic region, rich in natural beauty and heritage. The area is deeply rooted in cultural influences, particularly the enduring impact of German immigrants, which is reflected in the region's food, architecture, and celebrations. Often referred to as the "Texas Wine Country", it is known for its rolling vineyards and growing culinary and craft beverage scene that draws tourists year-round.

As the region continues to develop, residents have voiced concerns about the increasing pressures of tourism and population growth, including strained infrastructure, housing affordability, and limited water resources. There is also the ongoing challenge of balancing resident life with growing tourism while preserving the Hill Country's unique small-town character and natural, scenic landscapes. As the region evolves, many recognize the need to expand health and wellness resources to support a changing and growing population.

The Texas Hill Country is not just a place on a map; it is a community with deep roots and identity. For those who call it home, it remains a truly special place where neighbors are friendly, small-town values run deep, and the peaceful pace of life continues to ground and inspire.

### Geographic Scope

The Texas Hill Country comprises several distinct locations, five of which are specifically examined in this assessment: Blanco, Gillespie, Llano, and Mason Counties, as well as the town of Comfort, Texas. Because of data limitations, Comfort is most often represented either by the entire County it is located in (Kendall) or as "the western portion of Kendall County" (particularly ZIP code 78013). In the qualitative review (**Appendix B**), it is most often referred to as just "Comfort" because it is an unincorporated area, which means that it is not officially recognized as a separate, self-governing municipality, like a city or town.

Of note, in local usage, residents sometimes say, "Mason proper" to distinguish the town of Mason from other areas in the same-named County. This distinction also applies to Llano and Blanco counties, where both the County and a town within it share the same name (e.g., "Llano proper"). Notably, in Blanco County, located between Austin and San Antonio (closer to Austin), the County seat is Johnson City (and not the same-name town). While Gillespie County does not have a town with the same name, the two largest communities are Fredericksburg and Harper. Geographically, Gillespie roughly forms a triangle with Austin and San Antonio, with the other locations in this assessment surrounding it.

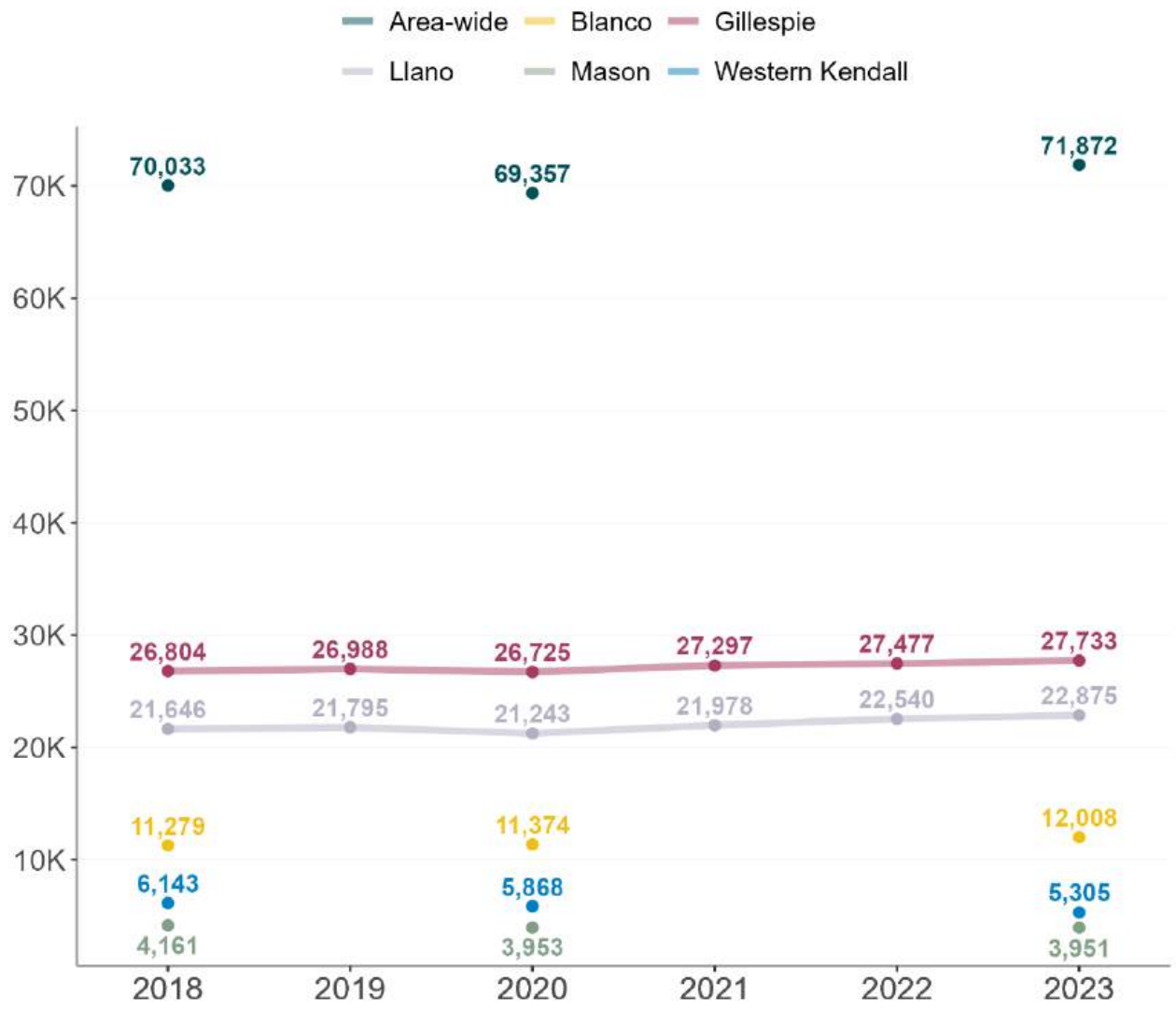
Although interconnected by geography, shared resources, and regional history, each of these areas has its own identity, needs, and local context. Where available, data in this assessment are shown by location for the most recent year available, along with the "area-wide" figure that reflects the broader region. However, because of data limitations, like small sample sizes, some indicators were only available at the area-wide level, and, in some cases, averaged over multiple years.

## Population Size, Age, and Sex

The total population for these locations ranges from about 4,000 people to nearly 28,000 residents (**Fig. 1A.1**). The more populous counties have seen steady growth over time, reaching five-year highs in the most recent year for which data is available.

**Fig. 1A.1 Total population**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



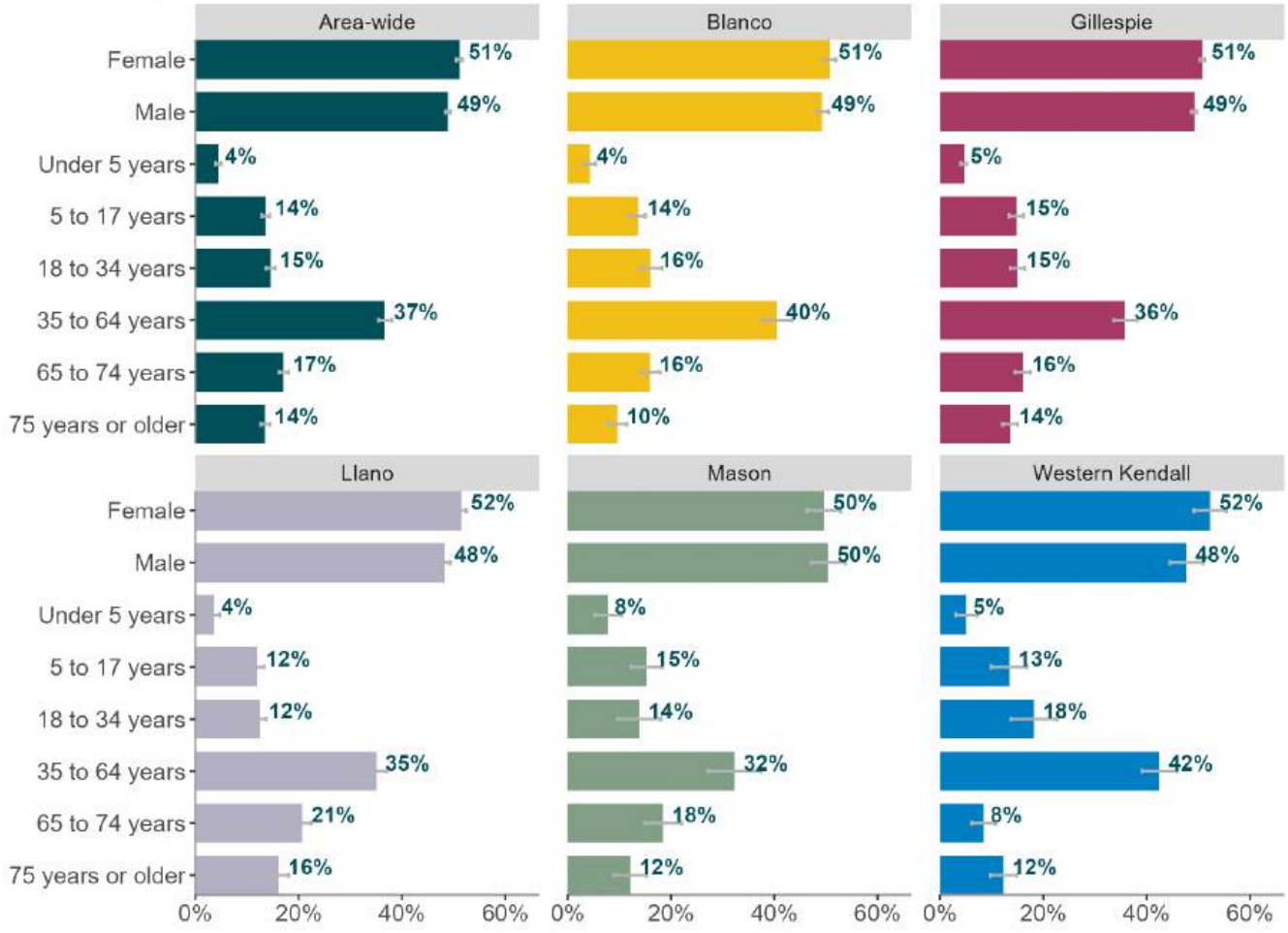

Source: ACS 1-Year Supplemental Estimates, Table: K200101;
ACS 5-Year Estimates, Table: B01001; 2020 Decennial Census Estimate, Table: DP1
Prepared by CINow

Female residents made up a slight majority in most locations (**Fig. 1A.2**). Unfortunately, the Census Bureau's American Community Survey does not currently collect data on gender identification as a separate concept from sex, nor does it ask respondents about sexual orientation.[2]

Age distributions in 2023 were generally similar across locations in the region, with the smallest estimated proportions among children under the age of 5 and the largest among residents aged 35 to 64. Notably, the percentage of residents aged 65 and older ranged from 21% (western Kendall) to 37% (Llano). Because of overlapping margins of error, most differences between age groups should be interpreted with caution.

**Fig. 1A.2 Percent of total population, by location, sex, and age, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: ACS 5-Year Estimates. Table: B01001
Prepared by CINow

Community voice participants shared many reasons why they appreciated their communities, including values around family and community connection.

***"And my favorite thing about Gillespie County, it's a great place to raise a family. My kids are adults now, and hopefully, in a few years, it'll be a great place to also raise grandkids. So, I just love everything about the small community."***

– Gillespie County Focus Group Participant

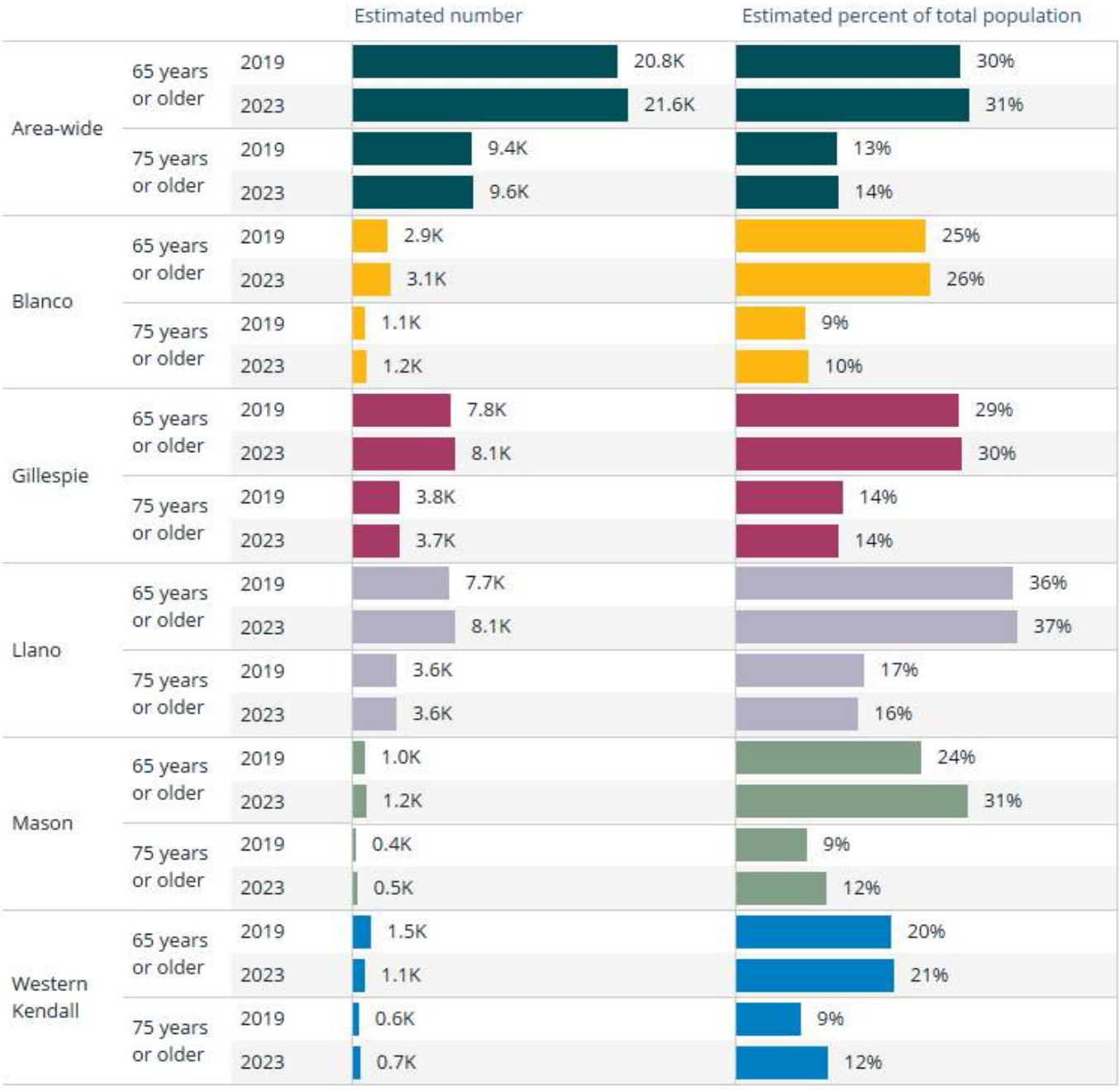
An important demographic trend that informs this entire report is the age distribution of the population, which differs by County, and County-level changes in that age distribution. The area-wide population as a whole is aging slightly: the share of the population aged 65 and older rose 4% from 2019 to 2023, and the share of the population aged 75 and older rose 2%. This aggregate measure, however, masks differences and changes at the County level, particularly in the 75 and older age group.

**Figure 1A.3** summarizes these differences and changes, but the trends over time should be interpreted with an understanding that the best available data is American Community Survey 5-year estimates, which "bake in" both a lag – for example, the 2019 figure is actually for the 2015 to 2019 period – and a sizable margin of error that widens for smaller populations. For example, the 2019 estimated population 75 or older is 9,402 ±593 area-wide, a margin of error of just 6% of the estimate. For western Kendall County (ZIP code 78013), however, the 2019 estimated population 75 or older is 627 ±226, a margin of error of 36% of the estimate. Taking those caveats into consideration, the following is a brief summary of the older population trend by County, with population estimates rounded to the thousands.

- In **Blanco**, the share of the population aged 65 and older rose slightly between 2019 and 2023, from 25% of the total population to 26%, with growth in the estimated number of people. The share of the population aged 75 and older rose 3% between 2019 and 2023, from 9% of the population to about 10%.
- In **Gillespie**, the share of the population aged 65 and older rose slightly between 2019 and 2023, from 29% of the total population to about 30%, with growth in the estimated number of people. The share of the population aged 75 and older dropped slightly between 2019 and 2023, as did the estimated number of people in this age group.
- In **Llano**, the share of the population aged 65 and older rose slightly between 2019 and 2023, from 25% of the total population to 26%, with growth in the estimated number of people. The share of the population aged 75 and older dropped slightly between 2019 and 2023, with no appreciable change in the estimated number of people. A CINow analysis of Census population estimates[3] for July 2020 ranks Llano at 12th in the U.S. in terms of percent of County population aged 65 and older, and 15th in terms of percent of population aged 75 and older, though as of July 2024, it has fallen to the 22nd and 23rd spots, respectively.
- In **Mason**, the share of the population aged 65 and older rose 25% between 2019 and 2023, from 24% of the total population to 31%, with growth in the estimated number of people. The share of the population aged 75 and older rose 29%, with growth in the estimated number of people. This aging of the population, in terms of both absolute number and share of the total population, should be considered in the context of the decline in total population as seen in **Figure 1A.1**.
- In **western Kendall** (ZIP code 78013), the share of the population aged 65 and older rose slightly between 2019 and 2013, from 20% of the total population to about 21%, with a decrease in the estimated number of people. The share of the population aged 75 and older rose 43%, from about 9% in 2019 to 12% in 2023, with very little change in the estimated number of people. An increase in the older population as a percent of the overall population, but no change or a decrease in the absolute number, is reflective of overall population decline as seen in **Figure 1A.1**.

## Fig. 1A.3 Change in older population number and percent of total population, by age group, 2019 and 2023

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



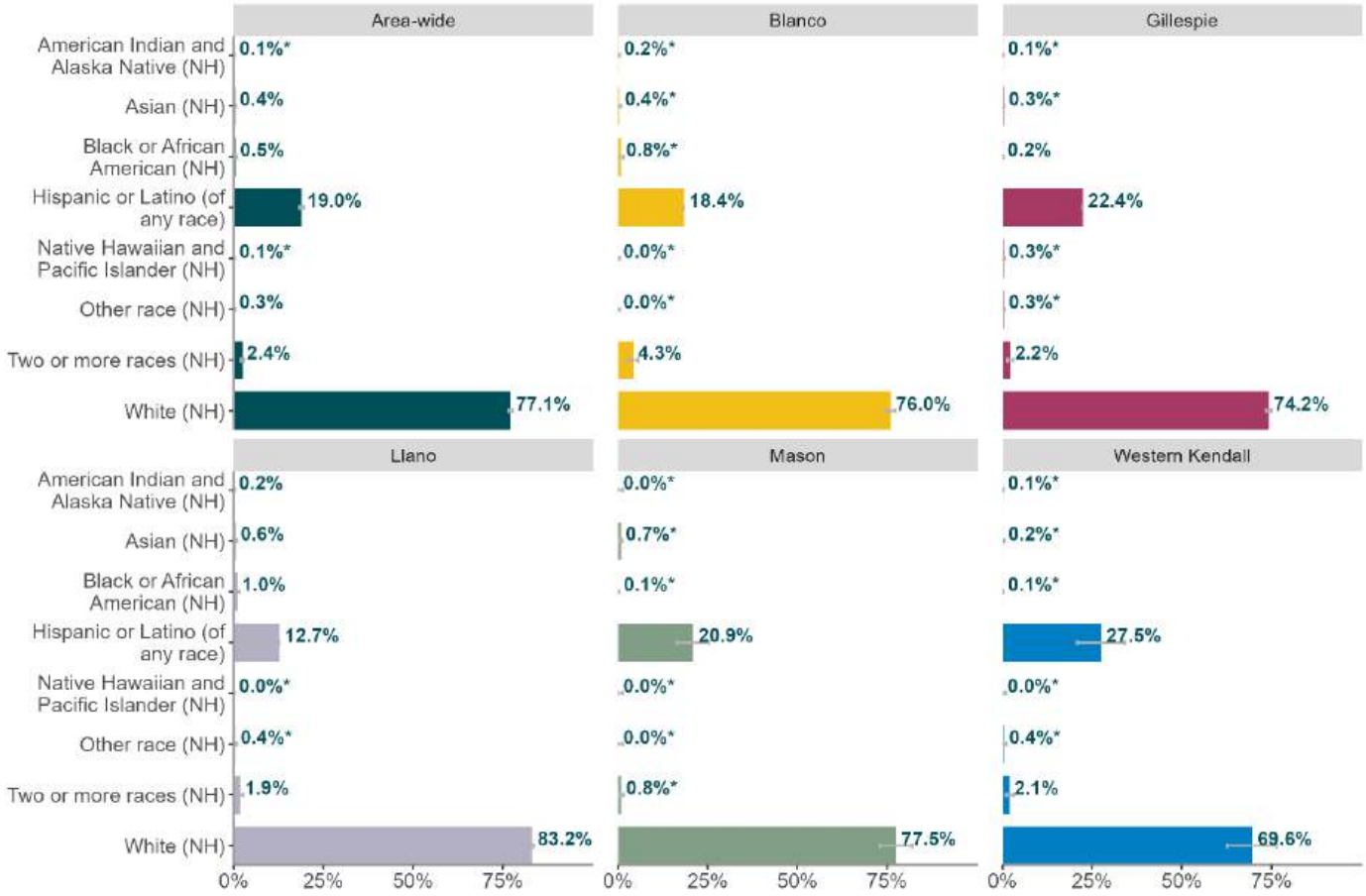

Source: ACS 5-Year Estimates. Table: B01001
Prepared by CINow

## Race/Ethnicity and Population Distribution

In 2023, the majority (77%) of the region's residents identified as white (non-Hispanic), followed by about 19% who identified as Hispanic or Latino (of any race) (**Fig. 1A.4**). Across locations, these were the largest race/ethnicity groups, with some differences between locations. Notably, Llano had the lowest Hispanic population (12.7%), whereas Western Kendall seemed to have the highest (27.5% ± 6.6). While there is some representation of other groups, their shares are very small, and margins of error are wide. For this reason, any data shown for these groups in the assessment should be interpreted with caution.

**Fig. 1A.4 Percent of total population, by location and race/ethnicity, 2023**

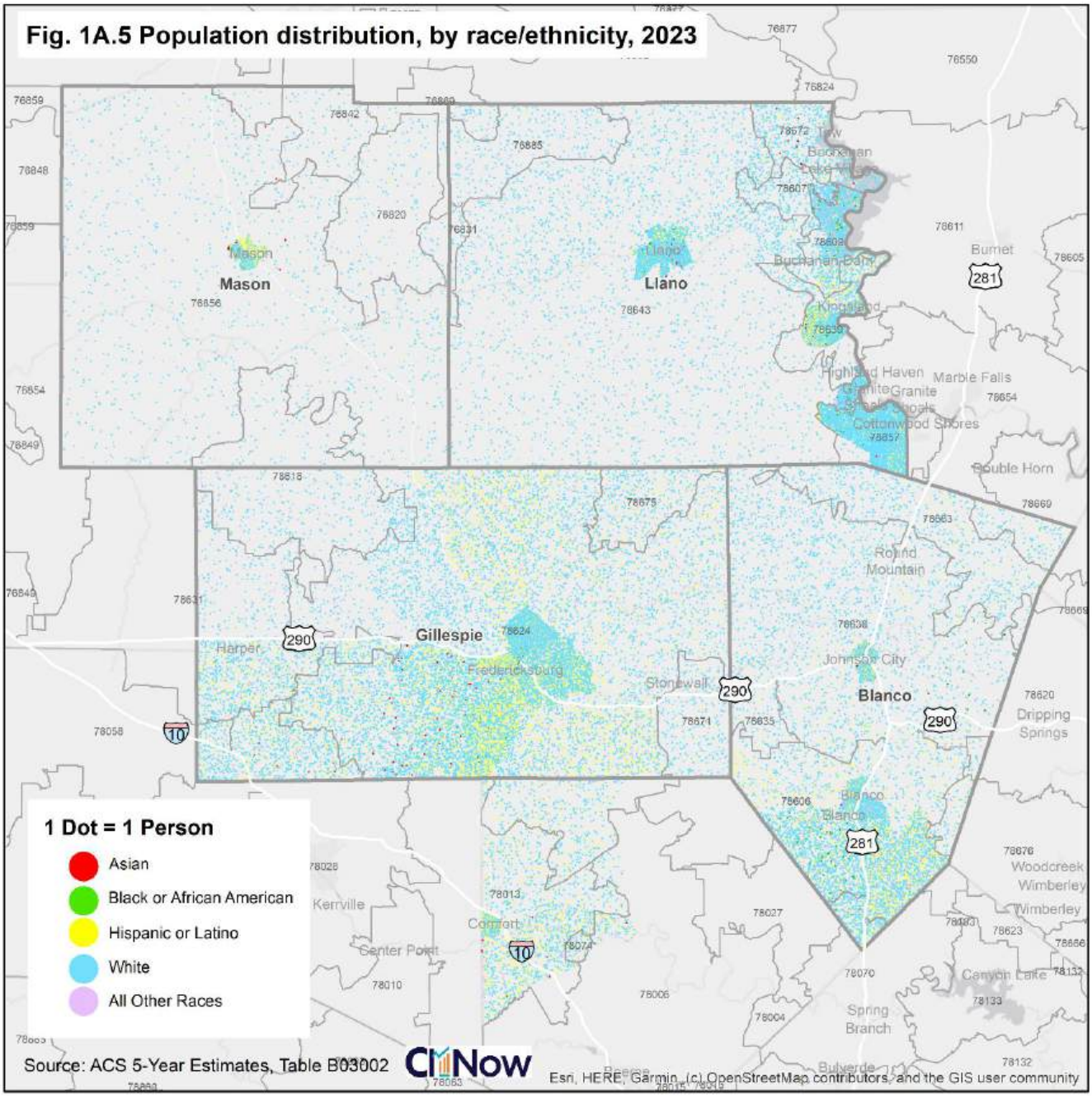
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



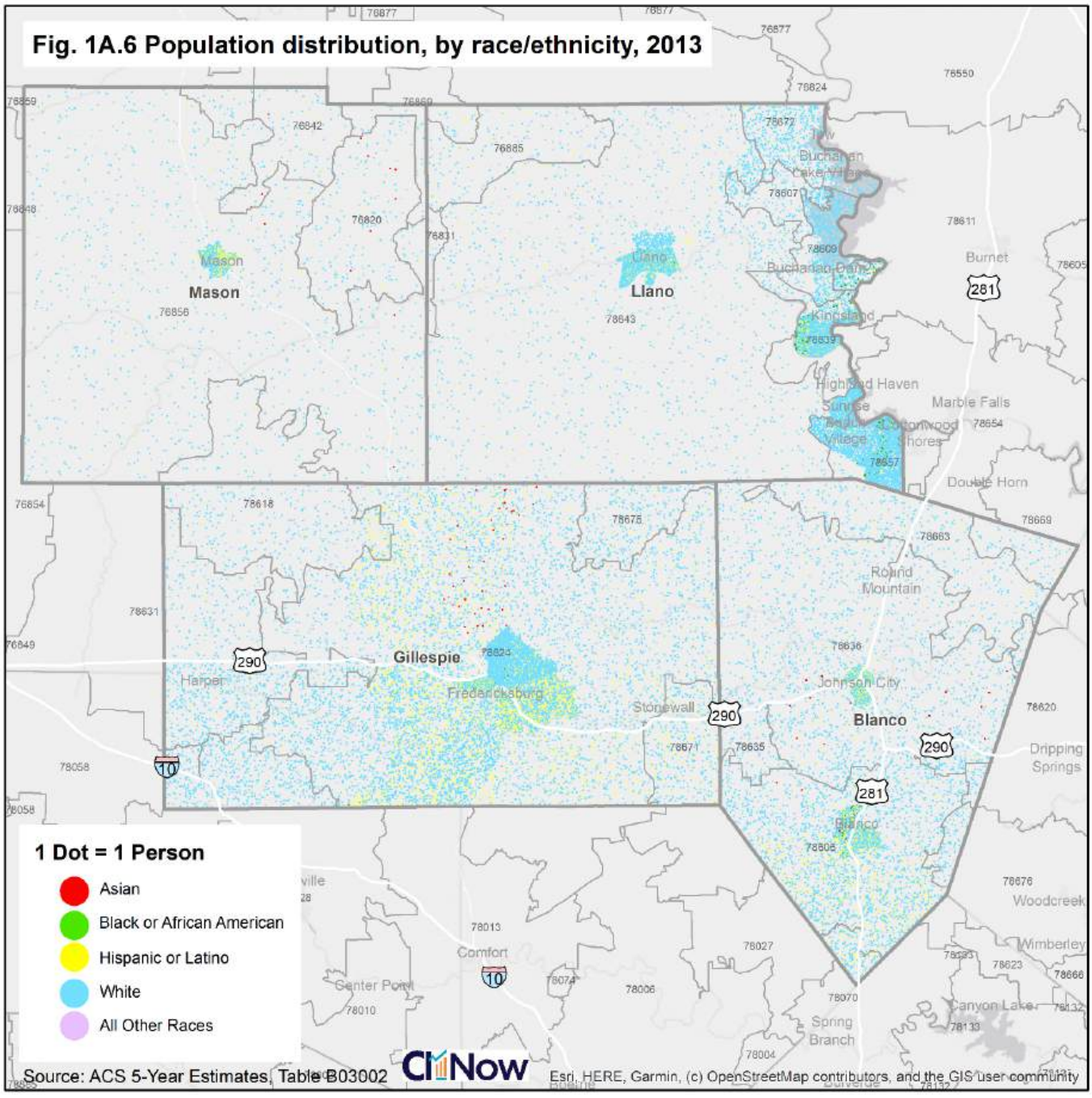

NH= Not Hispanic or Latino
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates, Table: DP05
Prepared by CINow

The following two dot-density maps (**Fig. 1A.5** to **1A.6**), based on the American Community Survey five-year estimates, show the population distribution by race/ethnicity across the area. Dots are not exact addresses, but instead are spread randomly within the correct Census Tract. As of 2023 (**Fig. 1A.5**), noticeable pockets of white and Hispanic or Latino residents are typically around highly populated areas across the region. More specifically,

- **Blanco** County's highest population concentrations were around the cities of Blanco and Johnson City, with an especially dense area near Canyon Lake.
- **Gillespie** County's residents are mostly concentrated under the highway that cuts across the County (US 290), but especially around the city of Fredericksburg.
- In **Llano** County, there were several pockets of dense population, including Llano proper and down the right border of the County, with Kingsland at the center.
- **Mason** County's population seems to be more dispersed, with its highest concentrations around Mason proper, located near the County's center.



The second dot-density map (**Fig. 1A.6**) shows the population distribution for the county a decade earlier, in 2013. A comparison of the two maps reveals only minor changes, with the most densely populated areas (mostly around larger communities) remaining consistent over time. The most notable shift is in Blanco County, where the area around Blanco proper, particularly the area of the County near Canyon Lake, appears significantly more populated in 2023. Unfortunately, the Comfort area is not shown on the 2013 map because the block groups at that time were larger than the area shown in 2023, making them not geographically comparable.



## About race/ethnicity groups

**The availability of breakdowns by race (e.g., Asian, American Indian or Alaska Native, Black or African American) and ethnicity (Hispanic or non-Hispanic) depends on how the data source collects and categorizes that information. CINow's general practice is to present the data the same way the data source does, using the same race and/or ethnicity categories and category labels, such as "Latina/o/x" rather than "Hispanic". When the number of people in one or more categories is very small, multiple race/ethnicity categories may be collapsed into one to protect privacy.**

**The U.S. Census American Community Survey (ACS) typically provides estimates for many detailed race groups, while measuring Hispanic origin separately from race. Where the data allows, CINow's practice is to combine all Hispanic race groups into a single "Hispanic" category that is presented alongside the various non-Hispanic race groups, such as Asian, Black or African American, or Two or More Races. In some charts, the U.S. Census American Community Survey (ACS) provides estimates for Hispanics, for "white alone, not Hispanic or Latino", and for several other single-race groups, for example, "Black or African American alone." In those cases, all race groups except "white alone, not Hispanic or Latino" include both Hispanics and non-Hispanics, which is often noted in the narrative.**

**Throughout most of this report, Hispanic ethnicity is handled as a parallel category to race categories, and together, all the categories are referred to as "race/ethnicity" groups. New federal guidelines adopted in 2024 will mandate a similar approach nationwide, as well as add Middle Eastern or North African, previously categorized as white, as a new required "minimum reporting" category.[4]**

# Exploring Social Characteristics

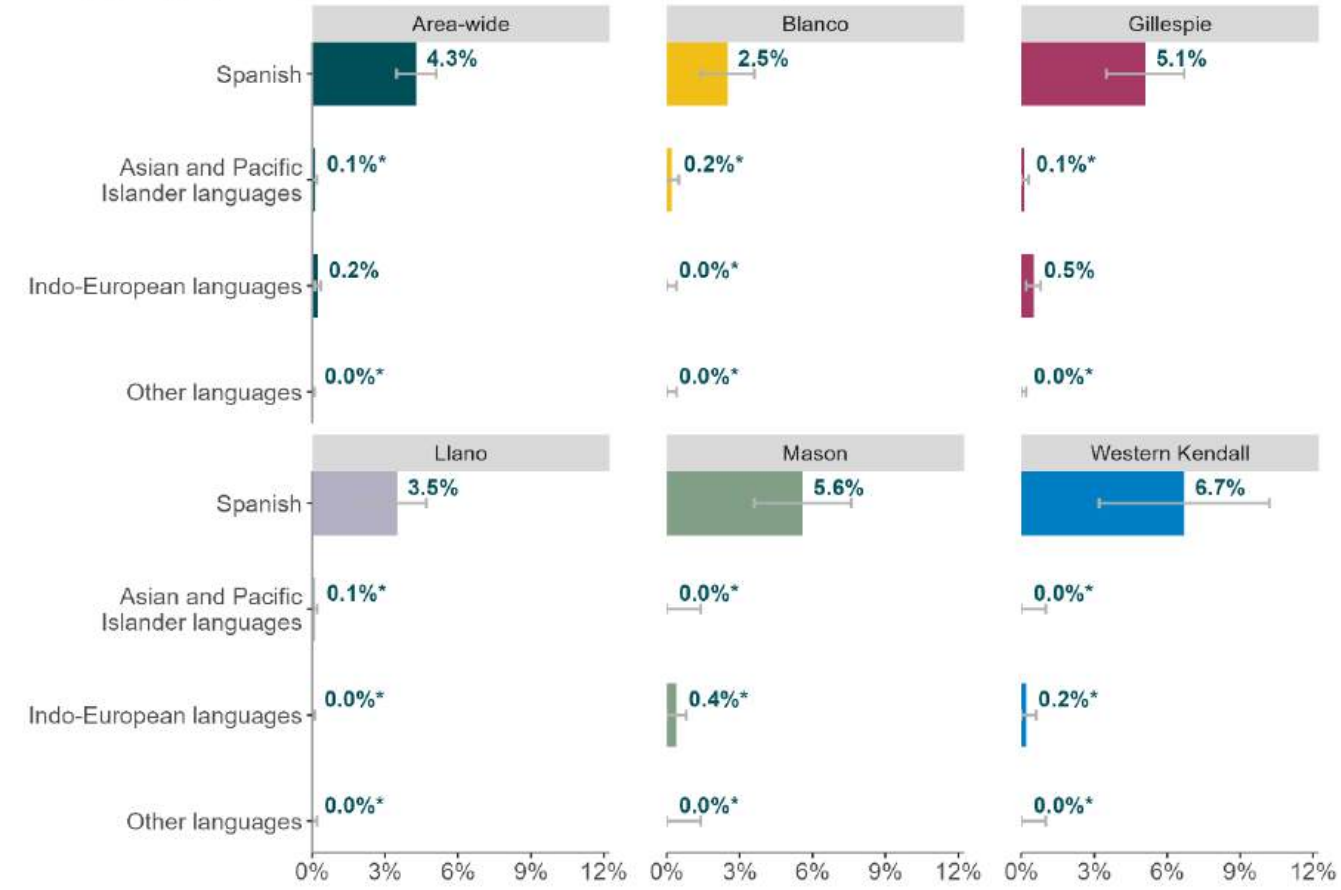
Beyond the County population's size and makeup, exploring the social characteristics that shape daily life and influence community needs is also essential. Indicators such as language use, veteran status, educational attainment, and other key factors provide valuable insight into the diverse experiences, opportunities, and challenges residents across the County face.

## Language

**Figure 1B.1** shows the percentage of the population aged five and older who self-reported speaking English less than "very well" in the Census Bureau's American Community Survey (ACS), along with the language group (other than English) spoken at home. In 2023, fewer than 5% of residents over five years old (area-wide) reported speaking English less than "very well." By far, Spanish was the most commonly spoken non-English language (again, for those with self-reported limited English proficiency). Notably, this proportion varied by location, ranging from 2.5% (Blanco) to 6.7% (Western Kendall).

**Fig. 1B.1 Percent of population aged 5 and older who speak English less than "very well", by location and other primary language, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



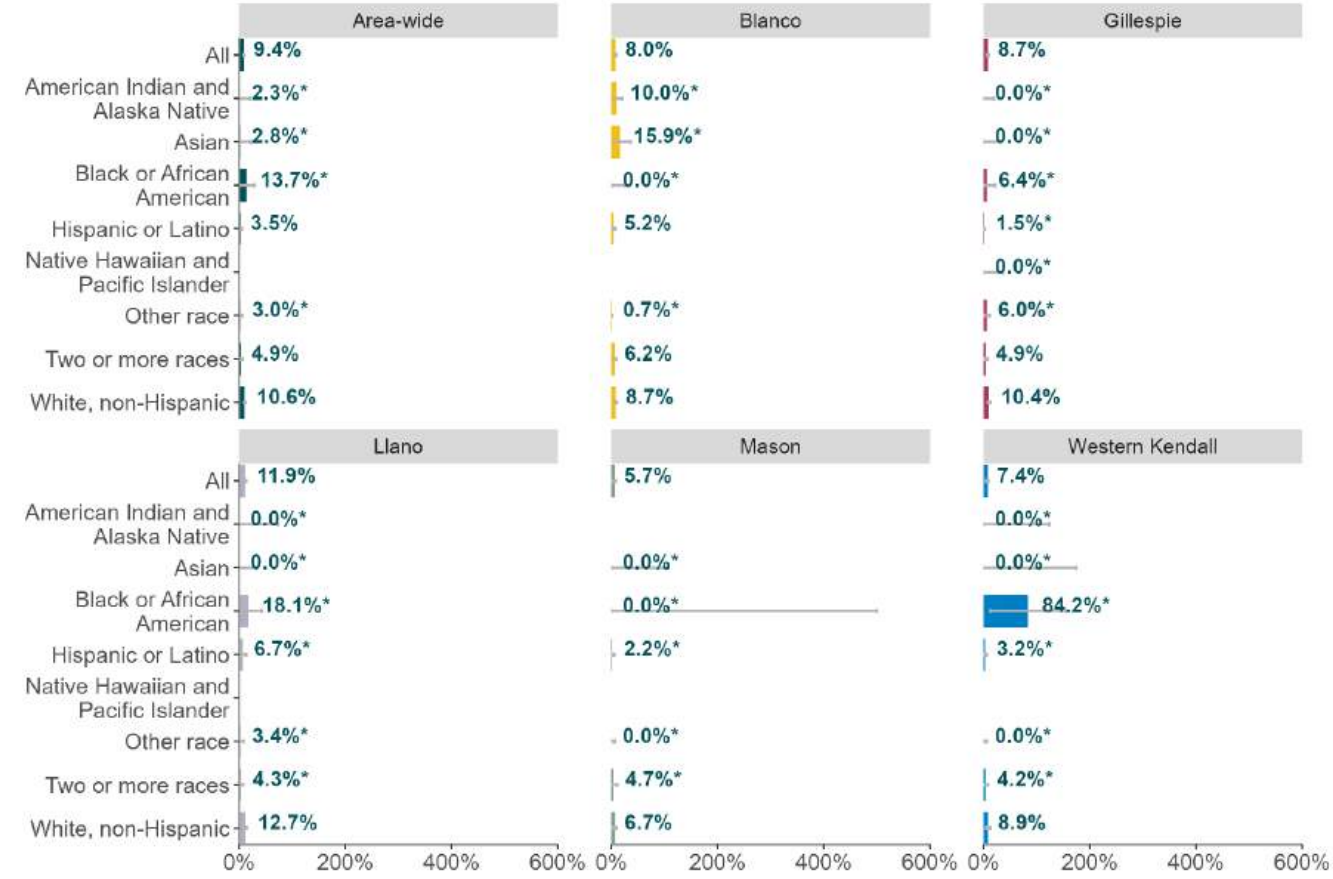

*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: DP02
Prepared by CINow

## Veterans

In 2023, about 9% of the region's civilian adult population was military veterans, which, by location, ranged between 6% (Mason) to 12% (Llano) (**Fig. 1B.2**). Although differences by race/ethnicity are available, small numbers and wide margins of error mean that interpretation of differences should be made with caution.

**Fig. 1B.2 Percent of civilian population aged 18 and older who are veterans, by location and race/ethnicity, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Missing estimates indicate population counts of 0.
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: S2101
Prepared by CINow

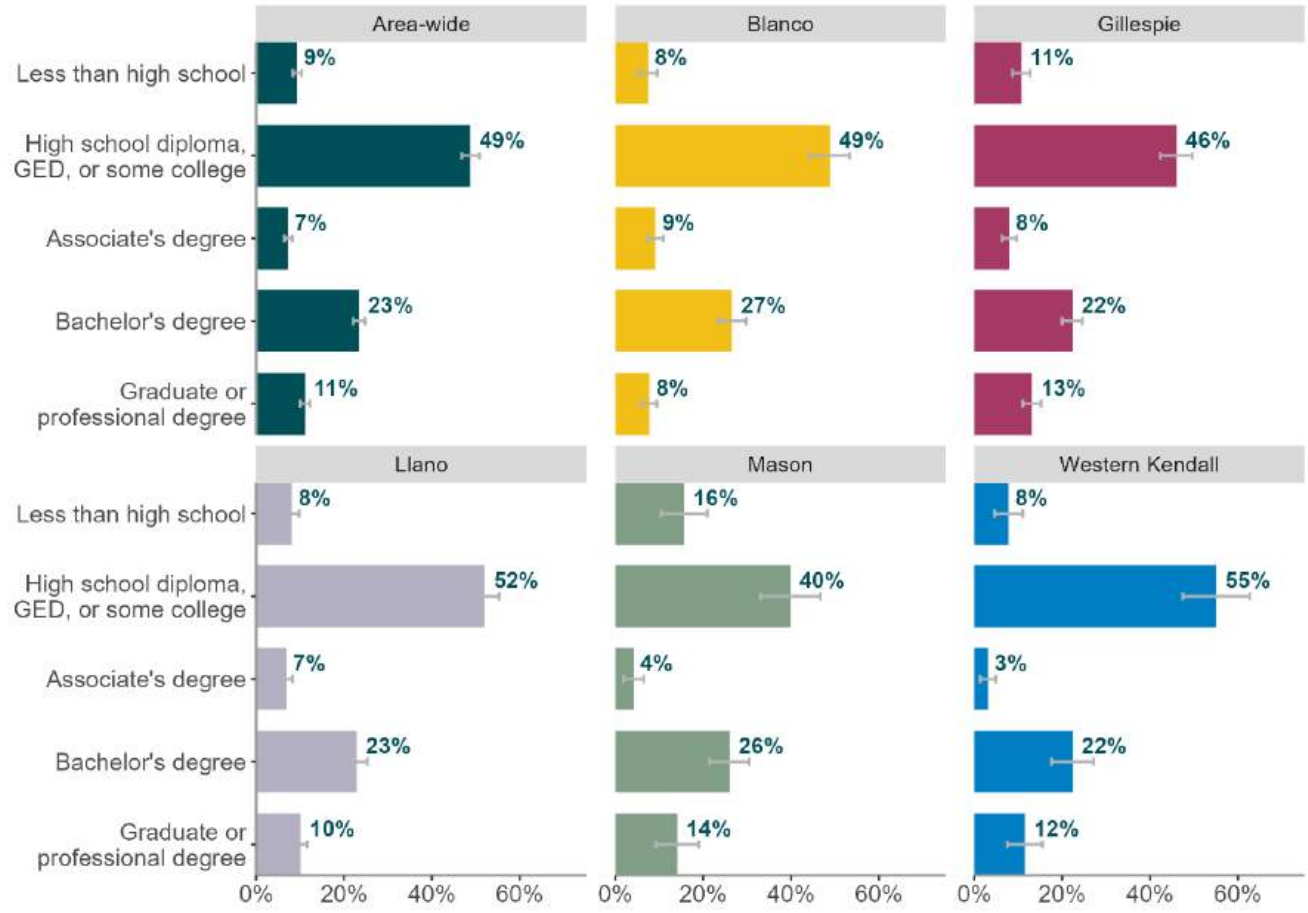
## Education

Because the American Community Survey (ACS) data does not capture non-degree certificates or certification credentials, it likely underestimates the proportion of the population with some kind of postsecondary education and training outside of traditional degree pathways. Even so, with the well-documented link between health and education, educational attainment has significant implications for the health status of the Texas Hill Country.[5] Because education shapes access to jobs, income, and health knowledge, higher educational attainment can significantly improve a population's overall health and well-being.

Area-wide, almost half (49%) of residents aged 25 and older reported a high school diploma, GED, or some college as their highest level of education (**Fig. 1B.3**). This was followed by about 23% with a Bachelor's degree. Notably, around 9% reported having less than a high school education. While there were slight percentage variations, the proportions were consistent across locations.

**Fig. 1B.3 Percent of population aged 25 and older, by location and highest level of education completed, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



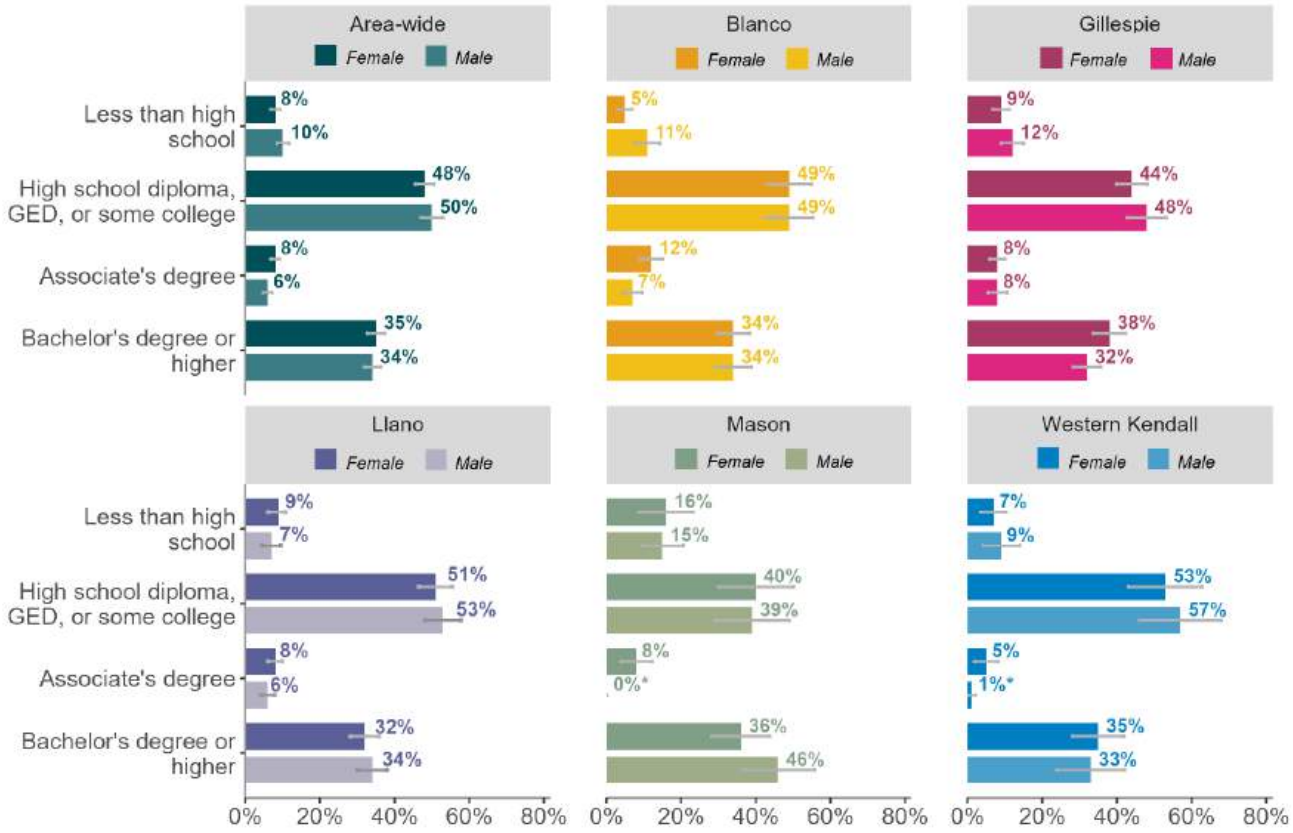

Source: ACS 5-Year Estimates. Table: DP02
Prepared by CINow

**Figure 1B.4** breaks down educational attainment by sex for each location. Overall, education levels among both men and women reflect broader regional trends: the majority either hold a high school diploma, GED, or some college as their highest level of education (area-wide, women 48% and men 50%), followed by a bachelor's degree (area-wide, women 35% and men 34%). These patterns are typically consistent across locations.

Because of overlapping margins of error, differences between men and women are difficult to determine and should be interpreted with caution. Women seemed more likely to hold an Associate's degree or a Bachelor's degree in most locations (with the exception of Llano and Mason). Notably, the only statistical difference between sexes is in Mason, where women (8%) are far more likely than men (0%) to have completed an Associate's degree level of education.

**Fig. 1B.4 Percent of population aged 25 and older, by location, sex, and highest level of education completed, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: S1501
Prepared by CINow

Residents in the region expressed interest in uniting as a community to better support children's education.

***"The point we have to find, I think, as a community, is how do we reach those parents? The moms and dads. As teachers, educators, counselors, how do we make those parents trust or take an interest?... How do we make or educate that Latino community so that parents attend or participate in these types of events, for example?... So I think the point here is how to educate those parents, so they understand the benefit that we as a community can give to those children."***

– Gillespie County Spanish Focus Group Participant

Focus group participants and key informants mentioned Hispanic residents as a vulnerable population in the area because of specific challenges, like language barriers. As one Kendall County survey respondent wrote, they wished for more, "***ways to help reach our Spanish-speaking population.***"

In Gillespie, participants discussed the need for more resources, function, and action plans for people with disabilities and their caregivers

***"I'm also thinking of a parent taking care of an adult child that has a developmental disability, or grandparents. People and persons with special needs. We also need to include, because there's some kids that are on the spectrum, adults that are on the spectrum. Where do we go from here so that we can be able to provide all that we're discussing here? How do we get on the path so that we can continue to walk in this right direction for everything that we need for our community?"***

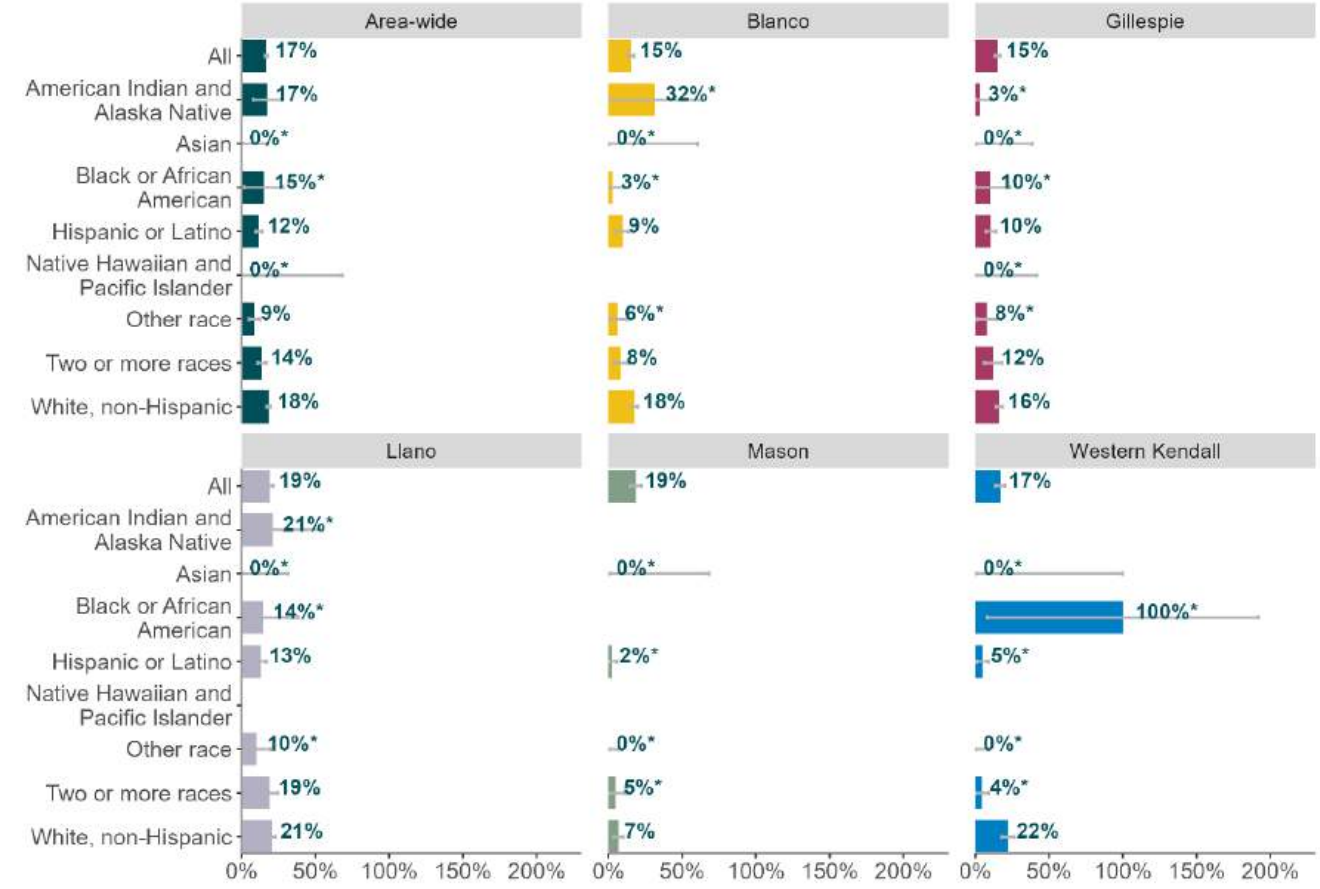
– Gillespie County Spanish Focus Group Participant

## Disability

Among Texas Hill Country's civilian non-institutionalized population (that is, not living in institutions like nursing homes, mental health facilities, or prisons), about 17% of residents live with one or more disabilities (**Fig. 1B.5**). Area-wide, and in Blanco and Kendall (and possibly Llano), there was a statistically significant difference between White (non-Hispanic) residents (18%) and Hispanic residents (12%). Other differences should be interpreted with caution due to small sample sizes and wide margins of error.

**Fig. 1B.5 Percent of civilian non-institutionalized population with a disability, by location and race/ethnicity, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



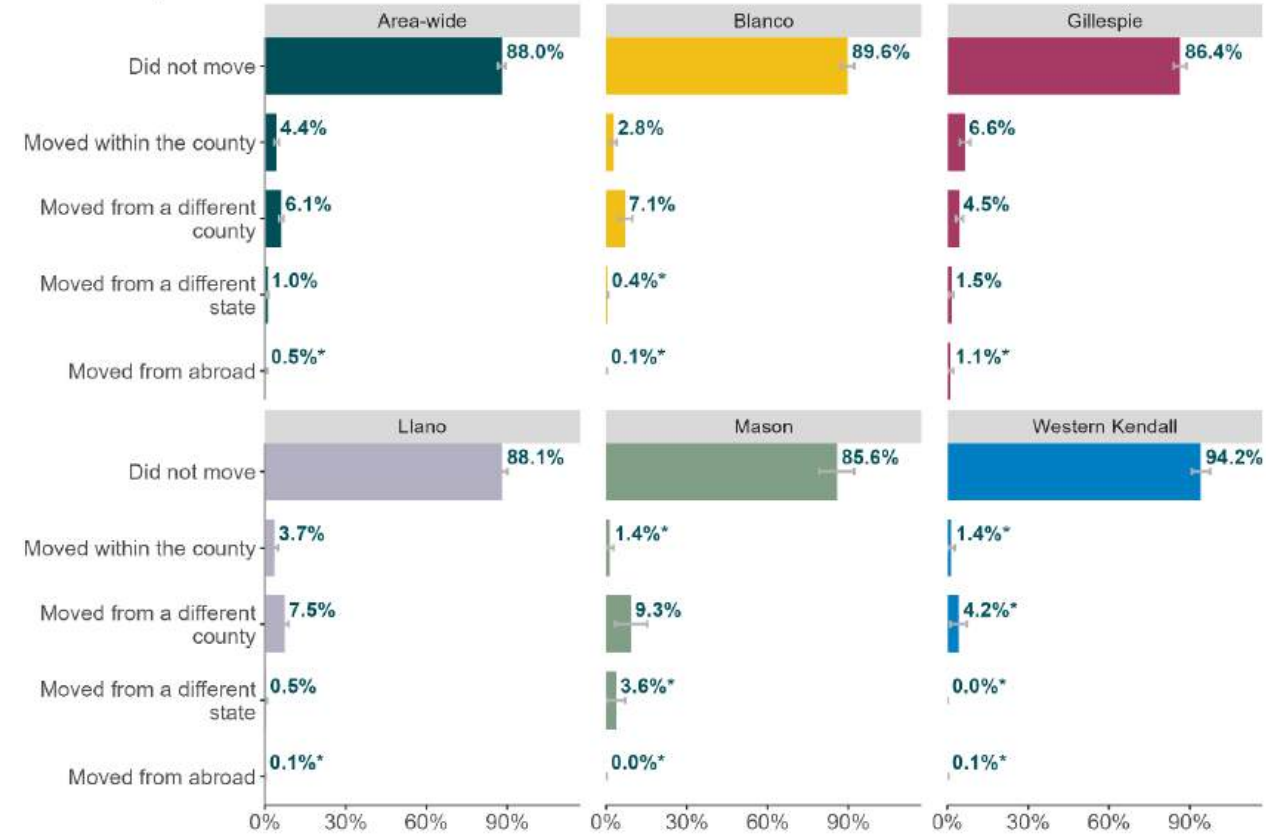

Missing values are suppressed by data source.
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: S1810
Prepared by CINow

## Households

As of 2023, the majority of residents lived in the same place they were in the prior year (88% area-wide) (**Fig. 1B.6**). Area-wide, more residents moved in from a different County (6%) than moved within the County (4%). Only an estimated 1.5% (area-wide) of residents moved from a different state or from abroad. Differences by location should be interpreted with caution due to wide margins of error.

**Fig. 1B.6 Percent of total population, by location and residence one year prior, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas

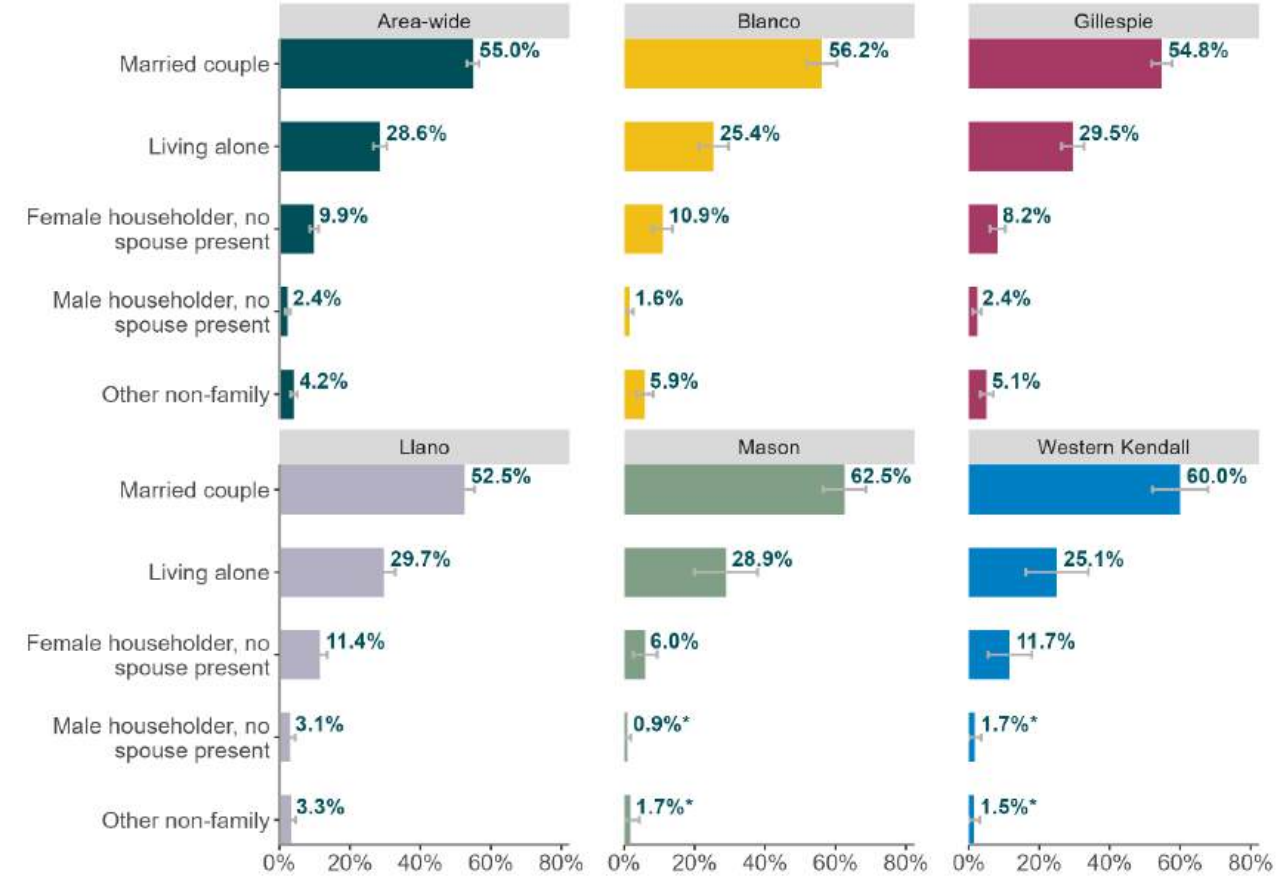



*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: DP02
Prepared by CINow

**Figure 1B.7** shows the distribution of household types in the region. Married couple households were the most common type, making up 55% of households area-wide and ranging between 53% (Llano) and 63% (Mason). Individuals living alone made up about 29% of households area-wide, with location estimates ranging between 25% (Western Kendall) and 30% (Gillespie). Among single householders with no spouse present, female householders were more common than their male counterparts in most locations (10% versus 2%, area-wide). Note that the "Other non-family" household type refers to householders living with non-relatives. As with the rest of the data in this section and the sections that follow, interpretations should be made with caution due to overlapping margins of error.

**Fig. 1B.7 Percent of total households, by location and household type, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: B11001
Prepared by CINow

# What We Need for Health

## What We Heard from the Community

As part of the assessment, CINow conducted a community survey to gather qualitative insights and a broader perspective on health and well-being in the Texas Hill Country County. The Community Health Needs Assessment (CHNA) Community Survey included a range of questions about what matters most to residents and their loved ones when it comes to health. Because it was a convenience sample, meaning that participants were not randomly selected, the results offer meaningful insights but should not be seen as representing the county population as a whole. A total of 289 residents area-wide participated by answering at least one question. A profile of respondents' demographic characteristics and geographic distribution can be found in **Appendix B: Technical Notes**.

### Resource Priorities and Access

CHNA Community Survey respondents identified the resources (including issues or services) they felt made the biggest positive difference to their own and their loved ones' health and well-being if they had access to them with no geographic, financial, or other barriers.

**Figure 2A.1** shows the top 10 resources selected by respondents across the region, all of which were selected by 25% or more. The bars on the left indicate the frequency with which each resource was selected, while the bars on the right show the percentage of those respondents who rated their access to that resource as "pretty good" or "very good", which varied widely, ranging from 3% to 61%.

*Healthy, fresh foods* was rated as the top priority area-wide, selected by 56% of respondents, and only about half (53%) of them reported having "pretty good" or "very good" access to it. Notably, the top resource with the highest reported access was *clean air and water* (61%), which ranked fourth in priority. In contrast, the resources with the lowest access ratings were *quality mental health care* (9%), which ranked fifth in priority, and then *interesting and fun things for teenagers and young adults to do* (3%), which ranked seventh in priority.

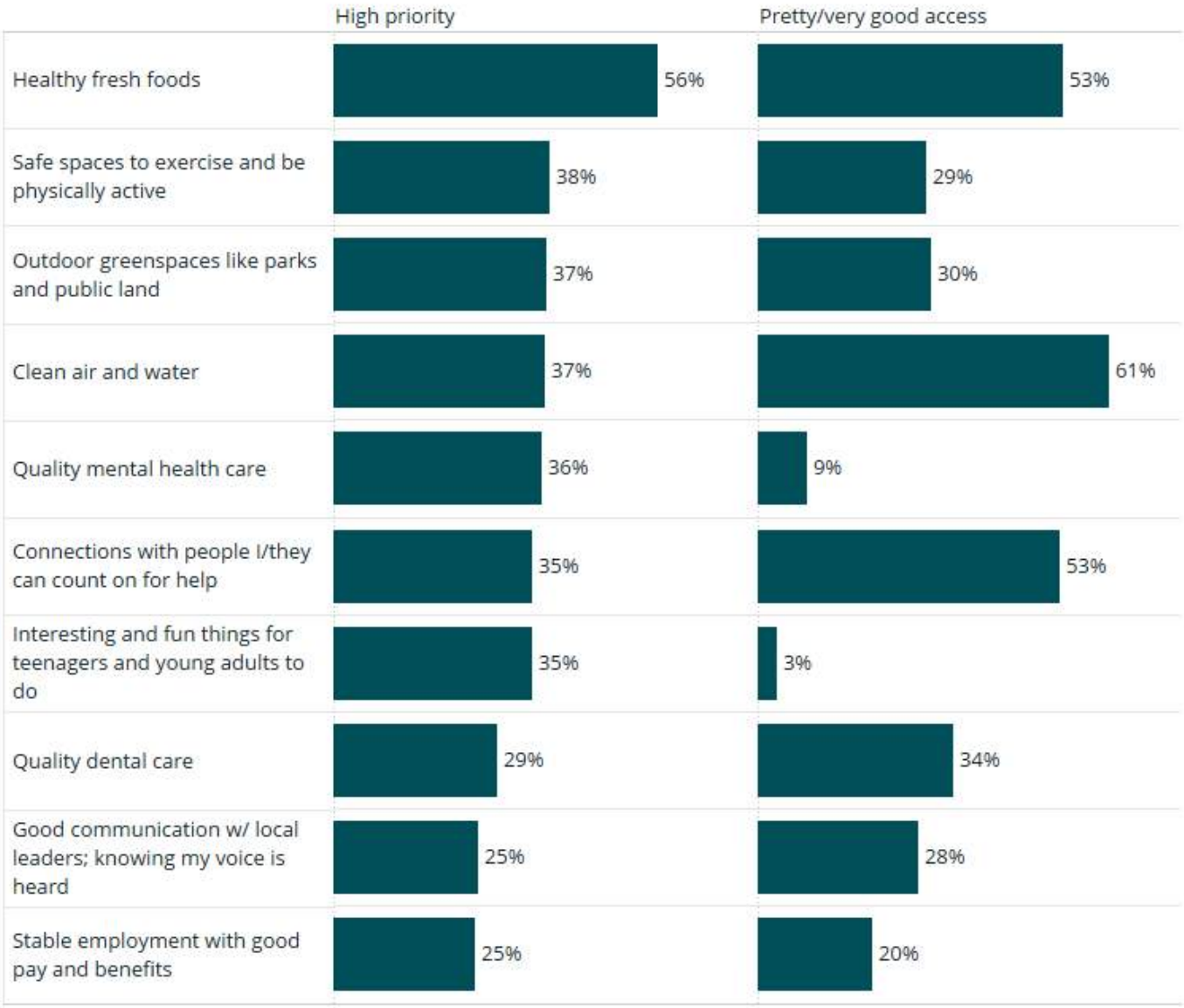
**Figure 2A.2** shows the same information, but broken down by location, showing the top three priorities in each area ranked by access rating. *Healthy, fresh foods* was the top priority in all locations except for Llano, where it did not appear in the top three. The second and third priorities varied by county, underscoring the importance of looking at the data at the local level.

- In **Blanco County** (26 respondents to this question), *healthy, fresh food* (ranked first in priority) had the highest reported access (53%, just like the area-wide percentage). In contrast, *feeling and being safe while driving* (ranked second in priority) had the lowest reported access (15%). Interestingly, this priority was not in the top three for any other locations and was not among the top ten priorities area-wide.
- In **Gillespie County** (123 respondents to this question), *clean air and water* (ranked third in priority) had the highest reported access (70%, which was slightly more than the area-wide percentage). In contrast, *outdoor green spaces like parks and public land* (ranked second in priority) had the lowest reported access (29%).
- In **Llano County** (17 respondents to this question), *quality medical care* (ranked first in priority) had the highest reported access, though at only 25%, it was notably low, especially among first priorities. Interestingly, this priority was not among the top ten priorities area-wide. In contrast, *safe spaces to exercise and be physically active* ranked second in priority in the county, which was consistent with the area-wide rating. However, access ratings differed significantly; only 11% Llano respondents reported good access compared to 29% area-wide.

- In **Mason County** (39 respondents to this question), *connections with people they can count on for help* (ranked third in priority) had the highest reported access (63%, which was slightly more than the area-wide percentage). In contrast, quality medical care (ranked second in priority) had the lowest reported access (25%).
- In **western Kendall County** (79 respondents to this question), *healthy, fresh food* (ranked first in priority) had the highest reported access (50%). In contrast, *interesting and fun things for teenagers and young adults to do* (tied for second in priority) had the lowest reported access (only 8%).

## Fig. 2A.1 Top 10 resources survey respondents reported as a priority for health, and percent reporting "pretty good" or "very good" access to those resources, 2025

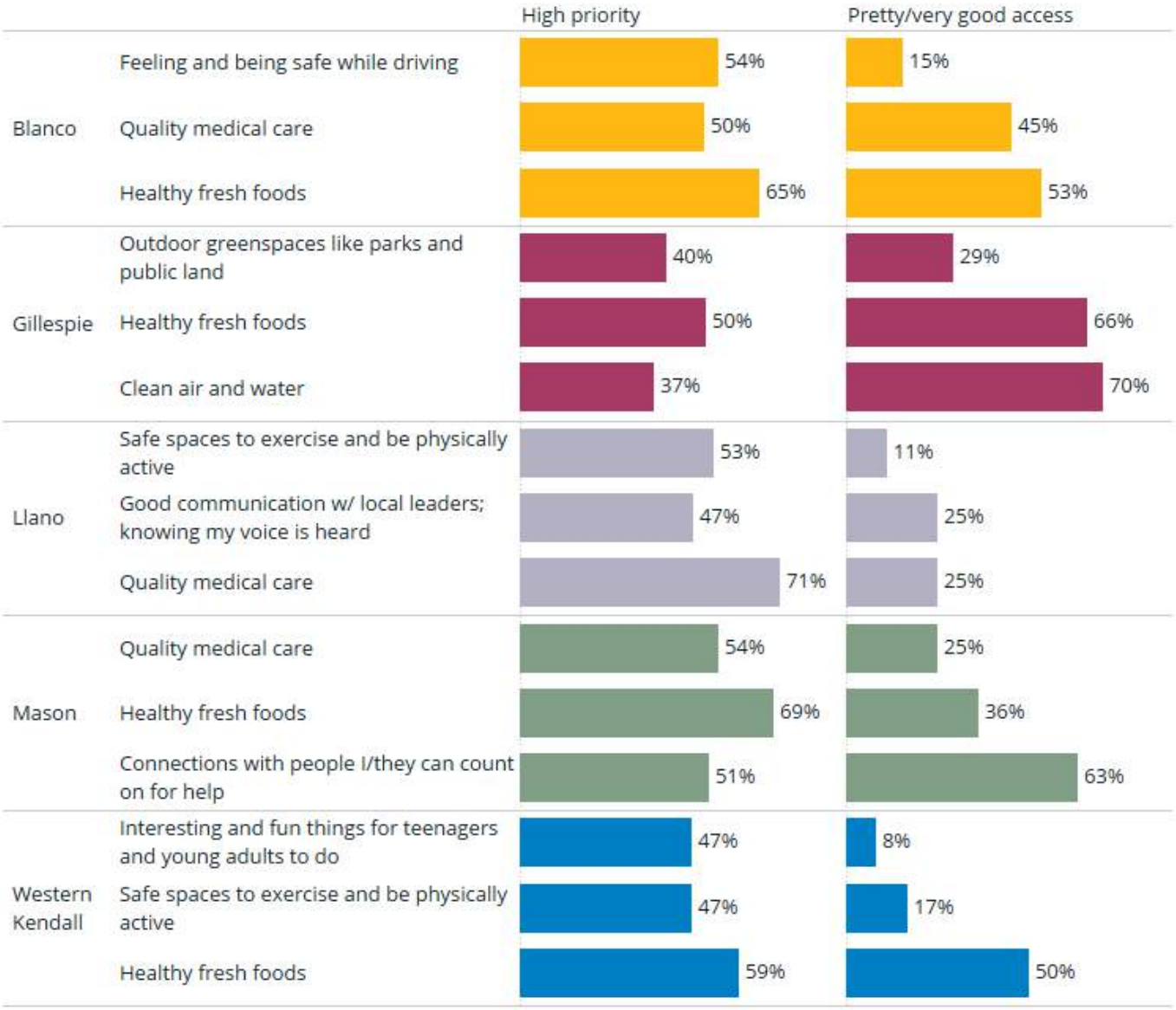
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Respondent count: 286 (Blanco 26, Gillespie 125, Llano 17, Mason 40, western Kendall 78)
Western Kendall Co. excludes ZIP code 78006 and 78015 (Boerne, Fair Oaks Ranch)
Source: Convenience-sample survey conducted for 2025 CHNA
Prepared by CINow

## Fig. 2A.2 Top three resources survey respondents reported as a priority for health, and percent reporting "pretty good" or "very good" access to those resources, 2025

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Respondent count: Blanco 26, Gillespie 125, Llano 17, Mason 40, western Kendall 78
Western Kendall Co. excludes ZIP code 78006 and 78015 (Boerne, Fair Oaks Ranch)
Source: Convenience-sample survey conducted for 2025 CHNA
Prepared by CINow

## Help with Accessing Care

Texas Hill Country CHNA survey respondents were asked, "In the past 12 months, how often were you able to get the care you needed?"; the response options were "always," "often," "rarely", "never," "prefer not to say," and "not applicable". Area-wide, most respondents reported "often" or "always" having been able to get *prescription medicine* (93%), followed by *physical health or medical care* (82%), *dental care* (80%), *in-home healthcare/assistance* (52%), and at the bottom, *mental health care* (46%) (**Fig. 2A.3**).

This pattern was generally consistent across locations (**Fig. 2A.3**), genders (**Fig. 2A.4**), and race/ethnicities (**Fig. 2A.5**), with a few notable exceptions:

- Blanco is the only location where the top care type respondents reported access to was *physical health or medical care* (81%), although only slightly higher than *prescription medicine* (80%).
- The bottom two were reversed (access to *in-home healthcare/assistance* was lower than *mental health care*) for Western Kendall (44%, 55%), men (40%, 55%), and Hispanic respondents (18% and 42%).

The only group with high variation from the general pattern was those who identified their gender as other or preferred not to answer. This could be for a number of reasons, including a smaller sample size and different care needs. Accordingly, differences between groups should be interpreted with caution, especially for the smaller groups, including "other" and "prefer not to answer" categories. That said, key patterns include:

- By location (**Fig. 2A.3**), Gillespie respondents reported higher percentages for *prescription medicine* (97%), *physical health or medical care* (87%), and *dental care* (86%). In contrast, Llano respondents reported the lowest access to *physical health or medical care* (64%), *dental care* (50%). Notably, Llano also had the biggest difference between the top two types of care, going from 93% for *prescription medicine* to 64% for *physical health or medical care*.
- By genders (**Fig. 2A.4**), women reported higher access than men for dental (82% vs 71%), home health (54% vs 40%), and mental health care (47% vs 44%). Men, although only slightly, reported higher access to prescription medications (97% vs 94%) and physical health or medical care (84% vs 83%). Notably, the biggest gender gap was in home health care.
- By race/ethnicity (**Fig. 2A.5**), white respondents reported higher access than Hispanic or Latino/a/x respondents across all types of care. The biggest difference between the two was in home health care (59% vs 18%).

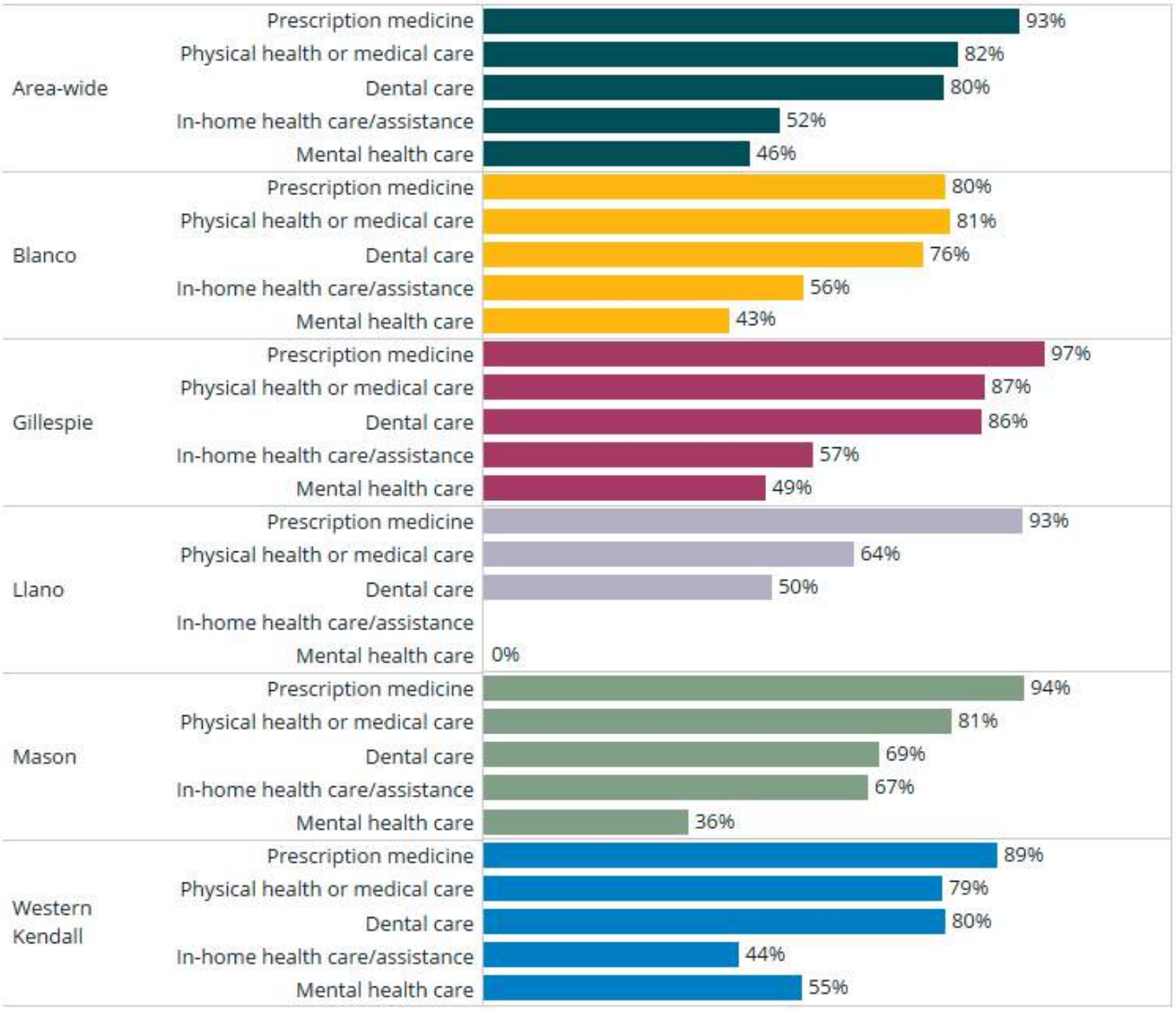
The remainder of this section of the report summarizes trends and differences among groups on indicators of known drivers of health and well-being in the Texas Hill Country. All the resources prioritized highly by survey respondents are addressed here to the extent that data is available.

Community voices often emphasized the need for more accessible, high-quality, and diverse healthcare services in the community.

***"We need access to health care! Quality providers are not accessible to our community. Also, there are too few home health options and mental health options. We have to drive for everything."***
– Blanco County Survey Respondent

## Fig. 2A.3 Percent of survey respondents reporting "always" or "often" getting the care they need, by type of care, 2025

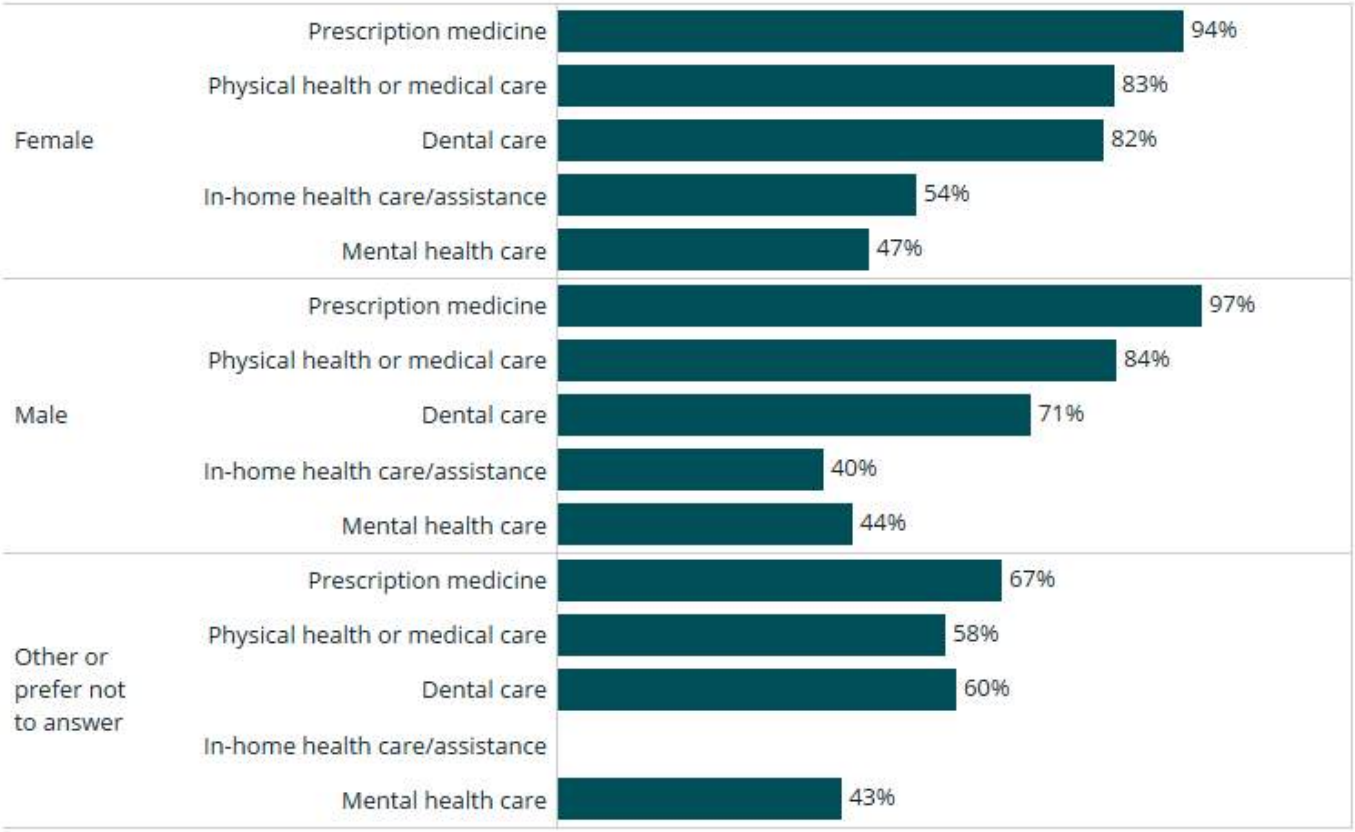
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




County rates not shown are suppressed for privacy.
Respondent counts area-wide: prescription medicine 241, physical health or medical care 249, dental care 246, in-home health care/assistance 64, mental health care 121; Blanco 21, Gillespie 114, Llano 14, Mason 32, western Kendall 68.
Respondents who reported not needing a specific type of care are excluded from that percentage calculation.
Western Kendall Co. excludes ZIP code 78006 and 78015 (Boerne, Fair Oaks Ranch)
Source: Convenience-sample survey conducted for 2025 CHNA
Prepared by CINow

## Fig. 2A.4 Percent of survey respondents reporting "always" or "often" getting the care they need, by type of care and gender, 2025

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



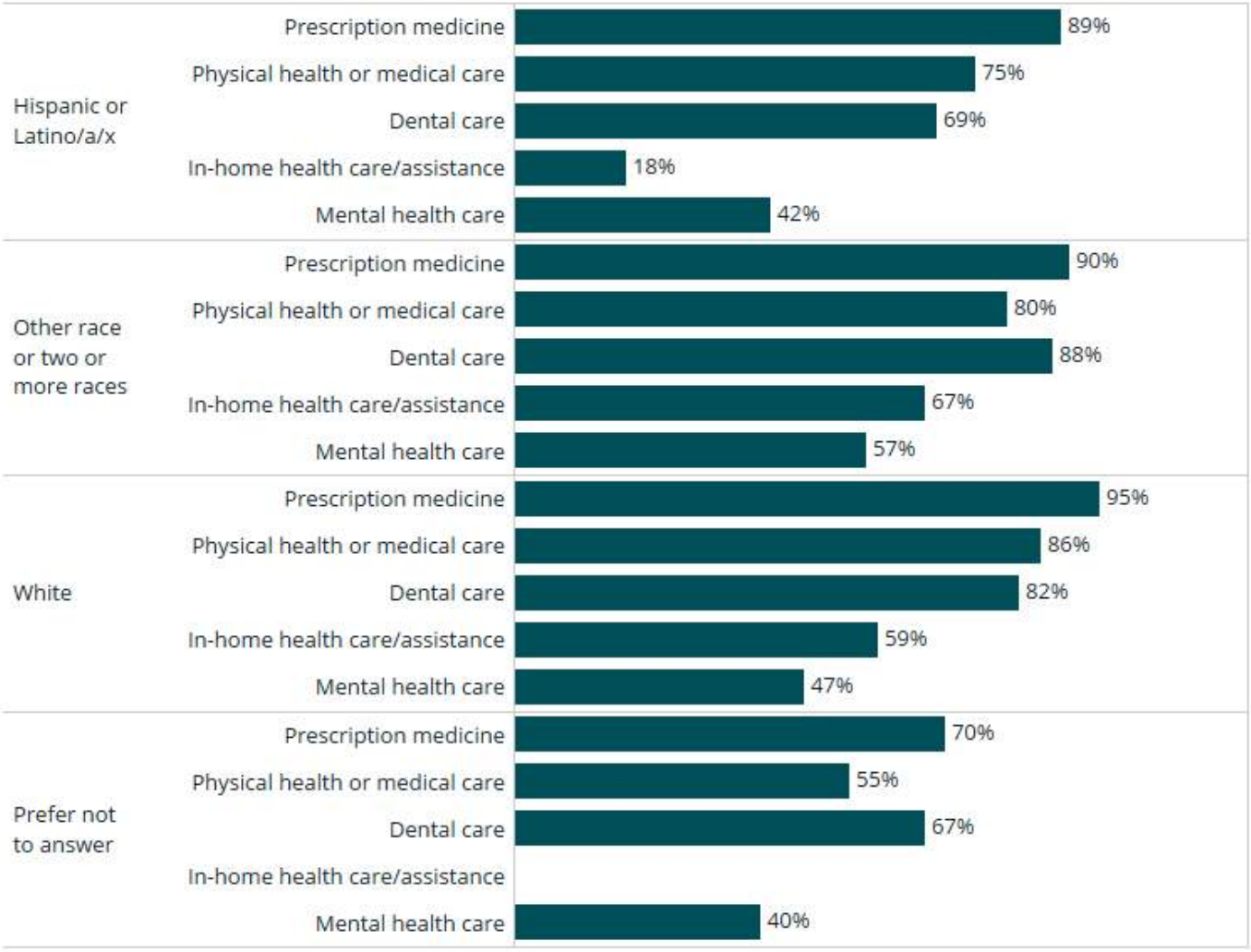

Gender rates not shown are suppressed for privacy.
Respondent counts: female 205, male 31, other or prefer not to answer 10; prescription medicine 241, physical health or medical care 249, dental care 246, in-home health care/ assistance 64, mental health care 121. Respondents who reported not needing a specific type of care are excluded from that percentage calculation.
Western Kendall Co. excludes ZIP code 78006 and 78015 (Boerne, Fair Oaks Ranch)
Source: Convenience-sample survey conducted for 2025 CHNA
Prepared by CINow

Mental health is a common theme in every community. Participants identified a lack of mental health services, the need for ongoing support beyond initial services, and the need for more mental health professionals as the primary barriers to mental health. When asked what they wished local health care providers, organizations, and/or local governments knew and understood, one respondent commented,

***"Hardly any mental health resources, no support for mental health, make funding easier to utilize for LPCs [Licensed Professional Counselors] in the area to access. Would love to expand my private practice on a sliding scale, but can't survive and take care of my family on that income."***
– Llano County Survey Respondent

## Fig. 2A.5 Percent of survey respondents reporting "always" or "often" getting the care they need, by type of care and race/ethnicity, 2025

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Race/ethnicity rates not shown are suppressed for privacy.
Respondent counts: prescription medicine 241, physical health or medical care 249, dental care 246, in-home health care/ assistance 64, mental health care 121.
Respondents who reported not needing a specific type of care are excluded from that percentage calculation.
Western Kendall Co. excludes ZIP code 78006 and 78015 (Boerne, Fair Oaks Ranch)
Source: Convenience-sample survey conducted for 2025 CHNA
Prepared by CINow

# Earning and Building Wealth

Income and asset measures are key insights into both the financial hardship and economic opportunities within a community. They help identify where support is most needed and where there is potential to build financial stability and long-term wealth.

Community participants discussed how the local tourism and hospitality industry limits job availability which in turn affects household income and access to health insurance.

***"So, this whole area just being known as wine country, and visiting the wineries, and get all the bridal party things. I mean, it's crazy, but in a way, it's good and it's bad. Because it also provides jobs. Yeah, all the jobs. It's the one industry in Blanco County, because we don't have a lot of industry. But then some of those jobs are not high paying jobs and health insurance, with the changes that happened at the Federal Government this past month, people are gonna lose their subsidies for the Affordable Care Act affordable care act… and a lot of those people are going to be kicked off because they won't have subsidies to help pay, and a lot of those people in Blanco County."***

– Blanco County Focus Group Participant

Many key informants emphasized the importance of housing as a basic human need, and a common concern was that the high cost of housing makes it difficult for residents to live and work in the same community.

***"It's a tourist area, and a good few of those tourists with the means move here. That brings more high-end restaurants, entertainment, and wineries. There's a huge need for service workers, but not enough housing that's affordable, or even attainable, for those workers. We have clients who have two or even three families living in a trailer that was designed for one small family. It's pretty shocking…In a country as wealthy as ours, there shouldn't be people living in cars and living in rat-infested places, but they are. I wish I could just wave a magic wand and fix that for people. Housing is huge."***

– Cindy Heifner (Executive Director, Hill Country Community Needs Council)

## Household Income and Jobs

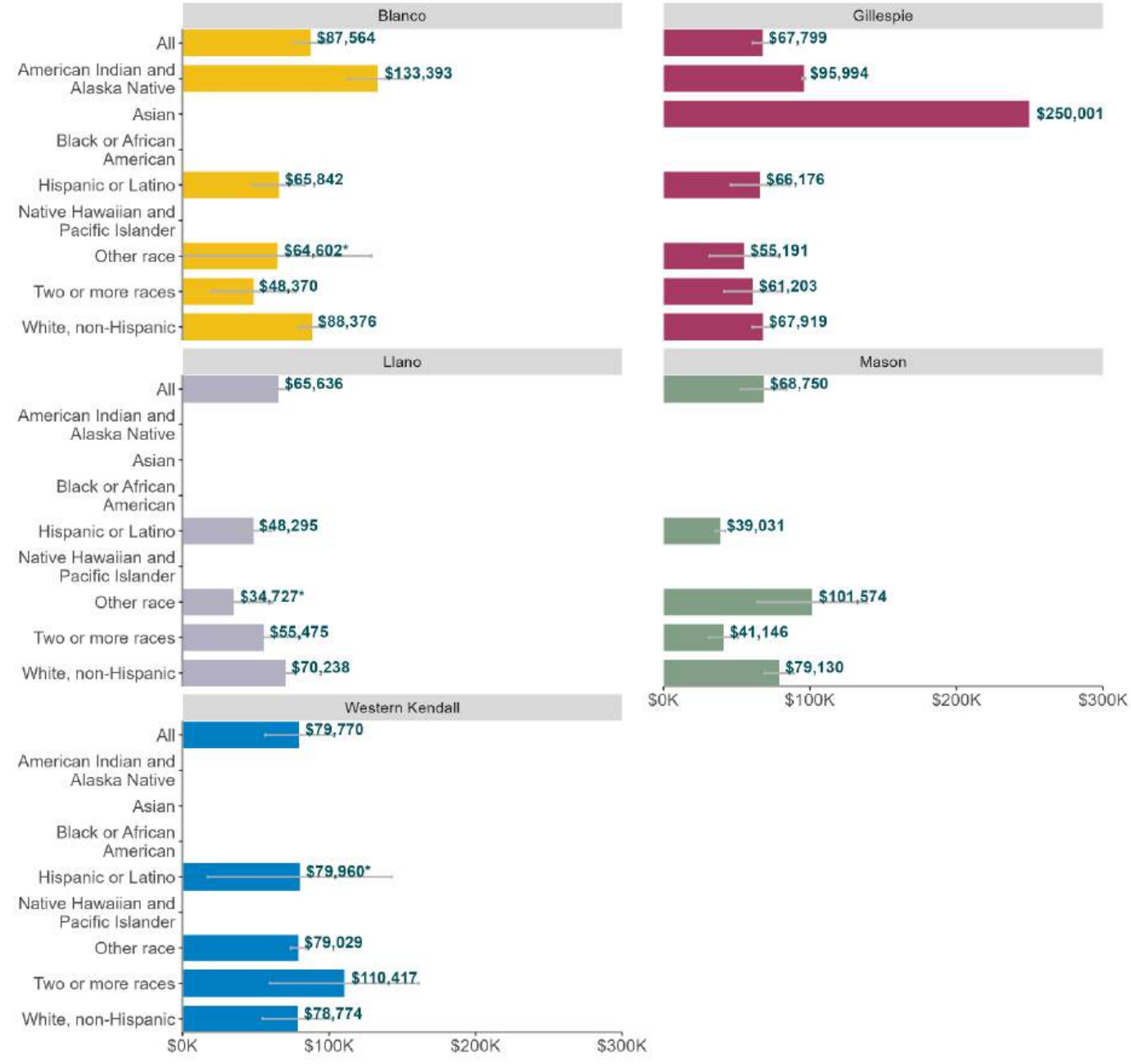
In 2023, Blanco County's median household income ($87,564) was significantly higher than Llano's ($65,636, by 33%) and Gillespie's ($67,799, by 29%) (**Fig. 2B.1**). The other median incomes fell between Llano's and Blanco's. While estimates by race/ethnicity groups are available in each location, some values are suppressed or have wide margins of error, making them unreliable and differences not statistically significant.

Among the significant differences, the American Indian/Alaska Native median household income was significantly higher than most or all other race/ethnicity groups in Blanco ($133,393) and Gillespie ($95,994), respectively. The

only other significant difference was in Mason, where the median for white non-Hispanic households ($79,130) was significantly higher than Hispanic or Latino households ($39,031).

**Fig. 2B.1 Median household income, by location and race/ethnicity, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas

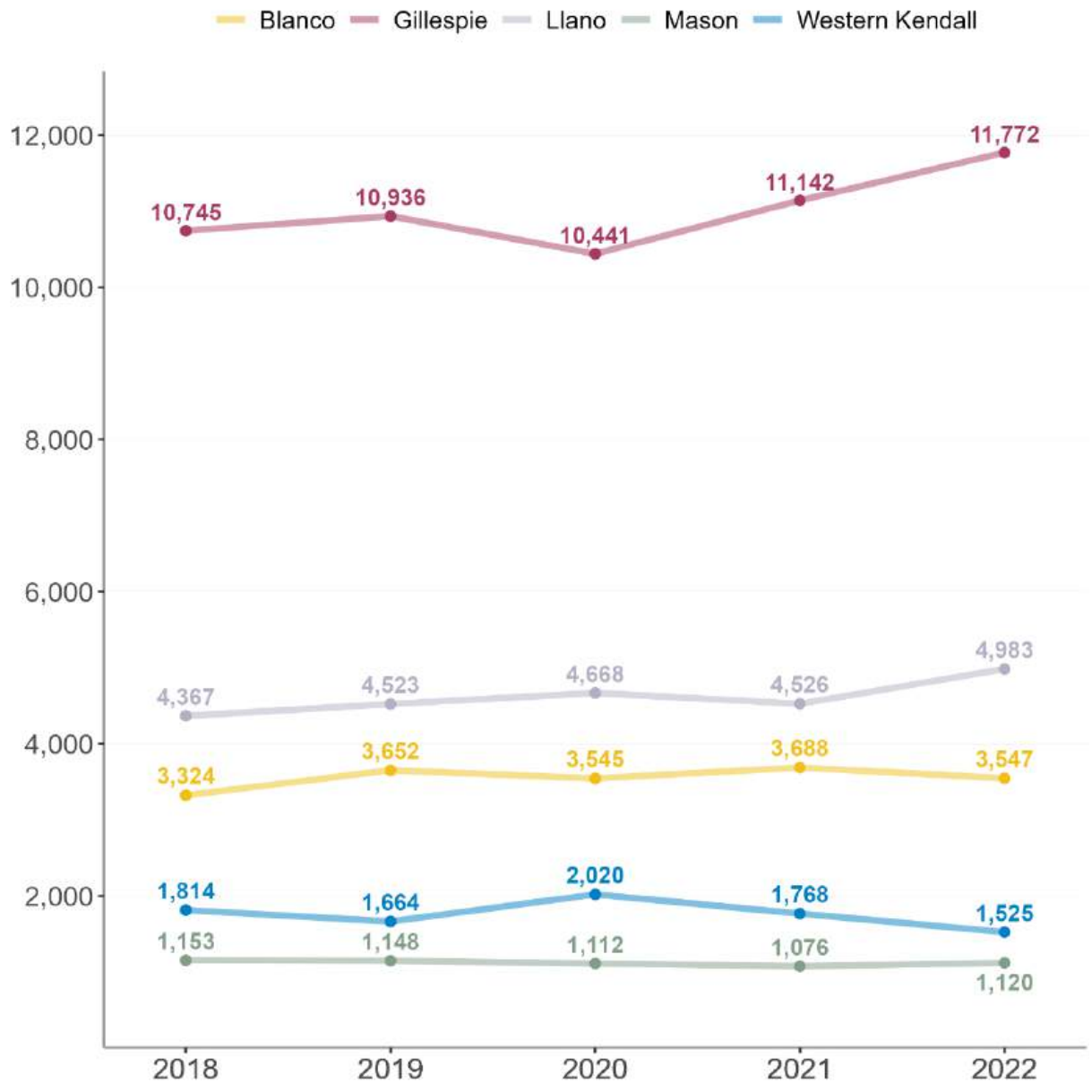



Missing values are suppressed by data source.
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: S1903
Prepared by CINow

The U.S. Census Bureau's Longitudinal Employer-Household Dynamics (LEHD) data offers detailed information on jobs and commuting patterns. **Figure 2B.2** shows the total number of filled positions in each location, including commuters from outside the area, but excluding open positions or informal jobs. Unfortunately, the most recent data is 2022, and the picture may well have changed since then. As expected, the number of filled positions generally decreases from the most populated location (Gillespie County) to the least populated (Mason County). Area filled jobs are disproportionately concentrated in Gillespie County. Although Gillespie County's population is about 38% of total population area-wide, its 11,772 jobs make up 51% of the 22,948 total filled jobs area-wide. Between 2018 and 2022 the number of filled jobs grew 14% in Llano County and 10% in Gillespie County, but remained about level or decreased in the other locations.

**Fig. 2B.2 Total filled jobs, by location**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas

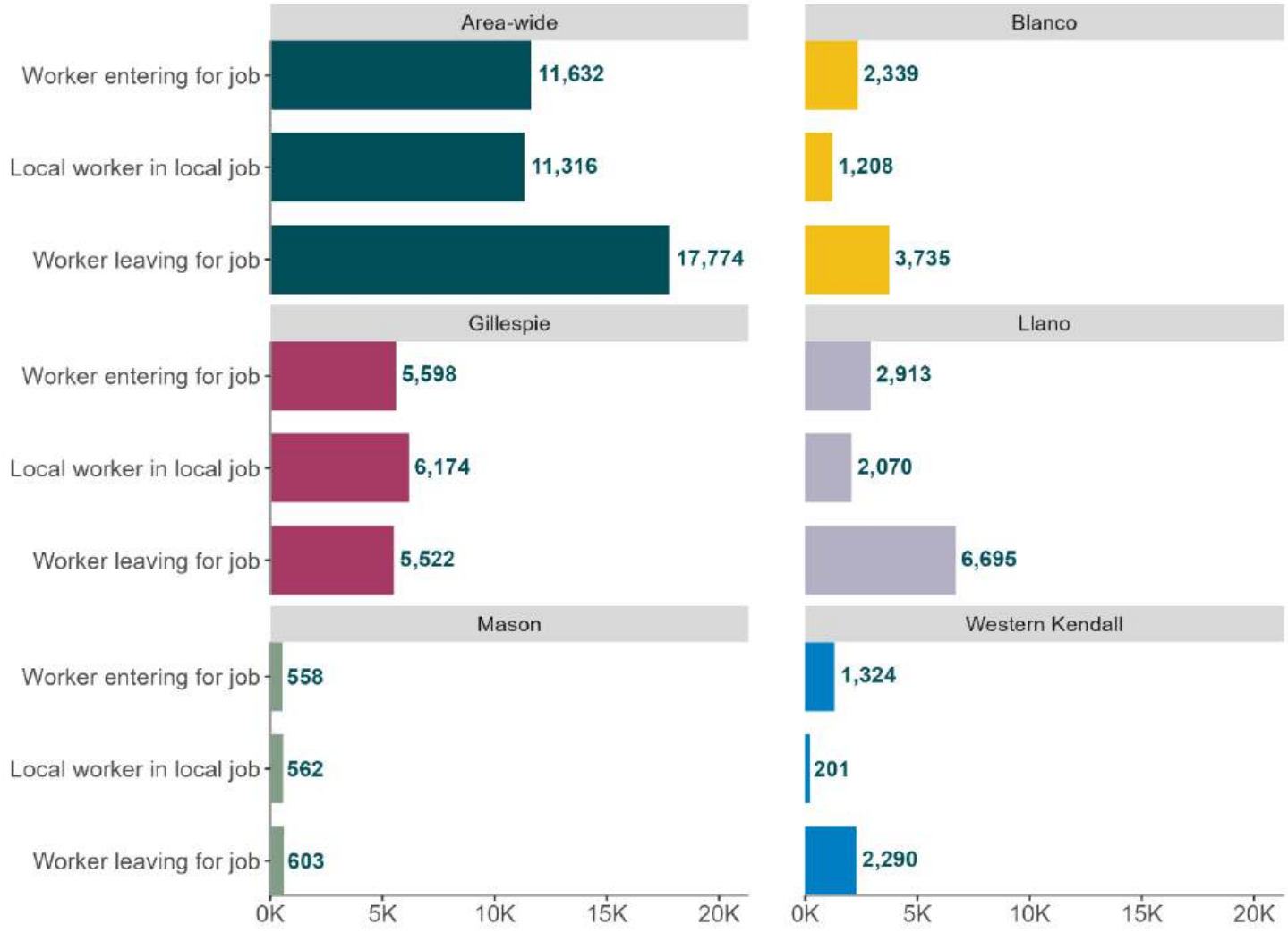



Area jobs may be filled by either local or out-of-area workers.
Source: U.S. Census Bureau, Longitudinal Employer-Household Dynamics
Prepared by CINow

**Figure 2B.3** shows the flow of workers across the entire area and within each county and ZIP code 78013. This chart shows all jobs, including part-time jobs in addition to primary jobs, but does not include vacant jobs. Gillespie County and Mason County have relatively even numbers in each group: local jobs filled by workers from out of county, local jobs filled by local workers, and local workers filling a job outside the county. In Llano County, three times as many local workers are filling jobs outside the county (n=6,695) as are filling jobs in the county (n=2,070), and nearly 3,000 local jobs are filled by workers from outside the county. The same pattern holds in Blanco County: the highest number by far is local workers filling jobs outside the county, followed by local jobs filled by workers from outside the county, and the lowest number is local workers filling local jobs. Western Kendall – ZIP code 78013 – is not directly comparable to the counties because it is a much smaller geographic area; one would expect high worker flows in and out of a single ZIP code.

**ig. 2B.3 Worker inflow and outflow counts, by location, 2022**

lanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: U.S. Census Bureau, Longitudinal Employer-Household Dynamics
Prepared by CINow

## Financial insecurity

With many measures of financial insecurity, the "poverty line" may differ across agencies. For instance, the Census Bureau's poverty thresholds differ somewhat from the U.S. Department of Health and Human Services' thresholds used to determine eligibility for programs and services.[6] The Federal Poverty Level (FPL) is a measure the government uses based solely on income and family size to determine eligibility for benefit programs. For context, 100% FPL in this report would equate to a 2023 income of $15,480 for one person and $30,900 for a family of two adults and two children.[7]

Building on that, ALICE (an acronym for Asset Limited, Income Constrained, Employed) includes families who make enough to be above the poverty level but do not make enough to get by and are ineligible for many types of public assistance.[8] ALICE helps fill a gap by identifying households that struggle to meet basic needs despite earning too much to qualify for assistance.

**ALICE Household Survival Budget for Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas, 2023**

| Monthly Costs | Single Adult | One Adult, One Child | One Adult, One In Child Care | Two Adults | Two Adults Two Children | Two Adults, Two In Child Care | Single Adult 65+ | Two Adults 65+ |
|---|---|---|---|---|---|---|---|---|
| Housing | $904 | $970 | $970 | $970 | $1,235 | $1,235 | $904 | $970 |
| Child Care | $0 | $264 | $704 | $0 | $528 | $1,456 | $0 | $0 |
| Food | $380 | $643 | $577 | $697 | $1,169 | $1,031 | $349 | $641 |
| Transportation | $431 | $565 | $565 | $670 | $958 | $958 | $361 | $530 |
| Health Care | $178 | $488 | $488 | $488 | $780 | $780 | $537 | $1,074 |
| Technology | $86 | $86 | $86 | $116 | $116 | $116 | $86 | $116 |
| Miscellaneous | $198 | $302 | $339 | $294 | $479 | $558 | $224 | $333 |
| Taxes | $271 | $204 | $282 | $340 | $294 | $459 | $327 | $563 |
| Monthly Total | $2,448 | $3,522 | $4,011 | $3,575 | $5,559 | $6,593 | $2,788 | $4,227 |
| ANNUAL TOTAL | $29,376 | $42,264 | $48,132 | $42,900 | $66,708 | $79,116 | $33,456 | $50,724 |
| Hourly Wage | $14.69 | $21.13 | $24.07 | $21.45 | $33.35 | $39.56 | $16.73 | $25.36 |

Source: United for ALICE

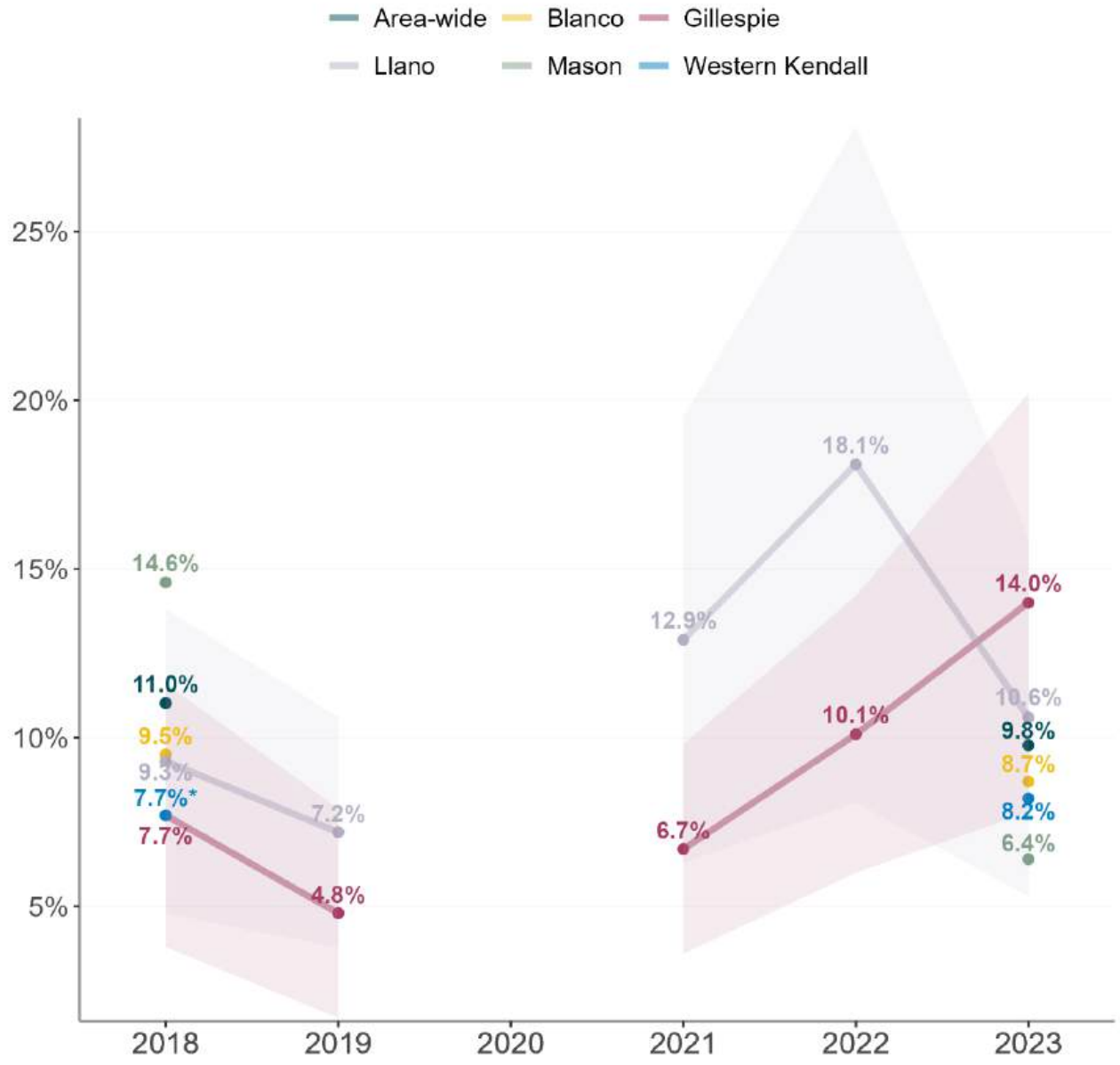
Financial insecurity among Texas Hill Country families is shown using both the Federal Poverty Level (FPL) and the ALICE threshold. The most recent numbers show that as of 2023, 9.8% of families in the region had incomes below the poverty line (**Fig. 2B.4**). However, an additional 37% still could not afford basic needs and did not qualify for many forms of assistance, even though many of those families were employed (**Fig. 2B.5**).

Because of small population sizes, the percentages and differences across locations should be interpreted with caution, as small numbers tend to look like greater year-to-year variability (often referred to as "bounce"). In **Figure 2B.4** this appears as wide margins of error. In **Figure 2B.5**, the variability is especially visible in smaller communities, where the highest percentages of ALICE households were found in the least populated locations,

specifically Mason (County) and Comfort. In contrast, the larger counties, Gillespie and Llano, showed similar ALICE figures, both hovering around the area-wide average and remaining relatively stable over time. Notably, the lowest percentage of ALICE households was found in Blanco County, which falls in the mid-range in terms of population size.

**Fig. 2B.4 Percent of population with income below the FPL, by location**

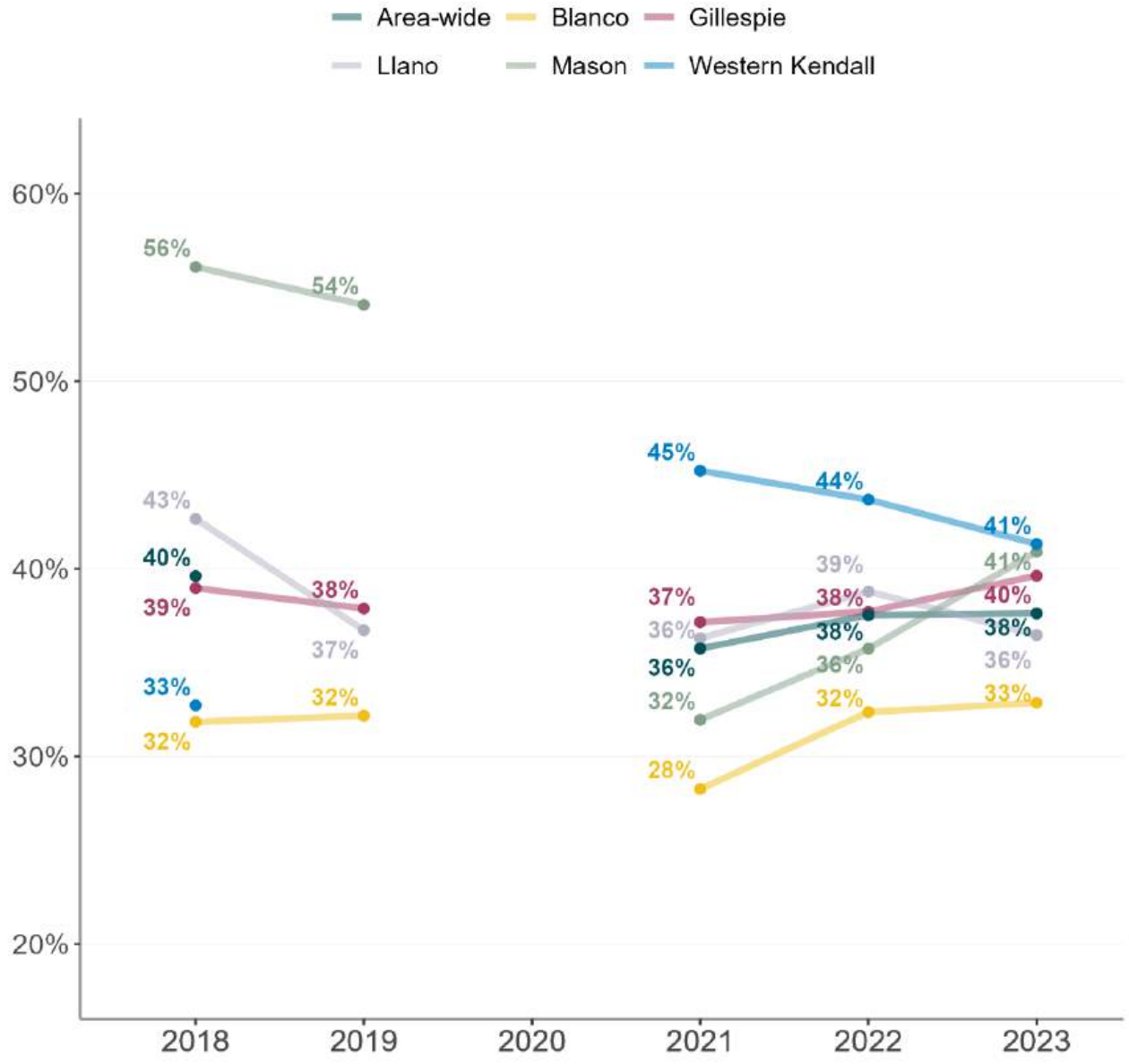
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




FPL= Federal Poverty Level
Data for 2020 is unavailable due to data collection restrictions during the COVID-19 pandemic.
*Unreliable: Error is too large relative to estimate.
Source: ACS 1-Year Supplemental Estimates, Table: K201701; ACS 5-Year Estimates, Table: B17001
Prepared by CINow

**Fig. 2B.5 Percent of households with income below the ALICE survival budget threshold, by location**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




ALICE= Asset Limited, Income Constrained, Employed
Data for 2020 is unavailable due to data collection restrictions during the COVID-19 pandemic.
Source: ACS 5-Year Estimates, Table: B17001; ALICE United Way of Texas
Prepared by CINow

At least one ZIP code in each location had a percent of 40% or more ALICE households, including: 78636 (center of Blanco), 78671 (SE corner of Gillespie), 78672 (NE Llano), 78842 (NE Mason), and 78013 (Comfort) (**Fig 2B.6**). Taken together, financial insecurity affects many households in the region, highlighting the limitations of relying on the FPL alone to understand economic hardship and financial need.

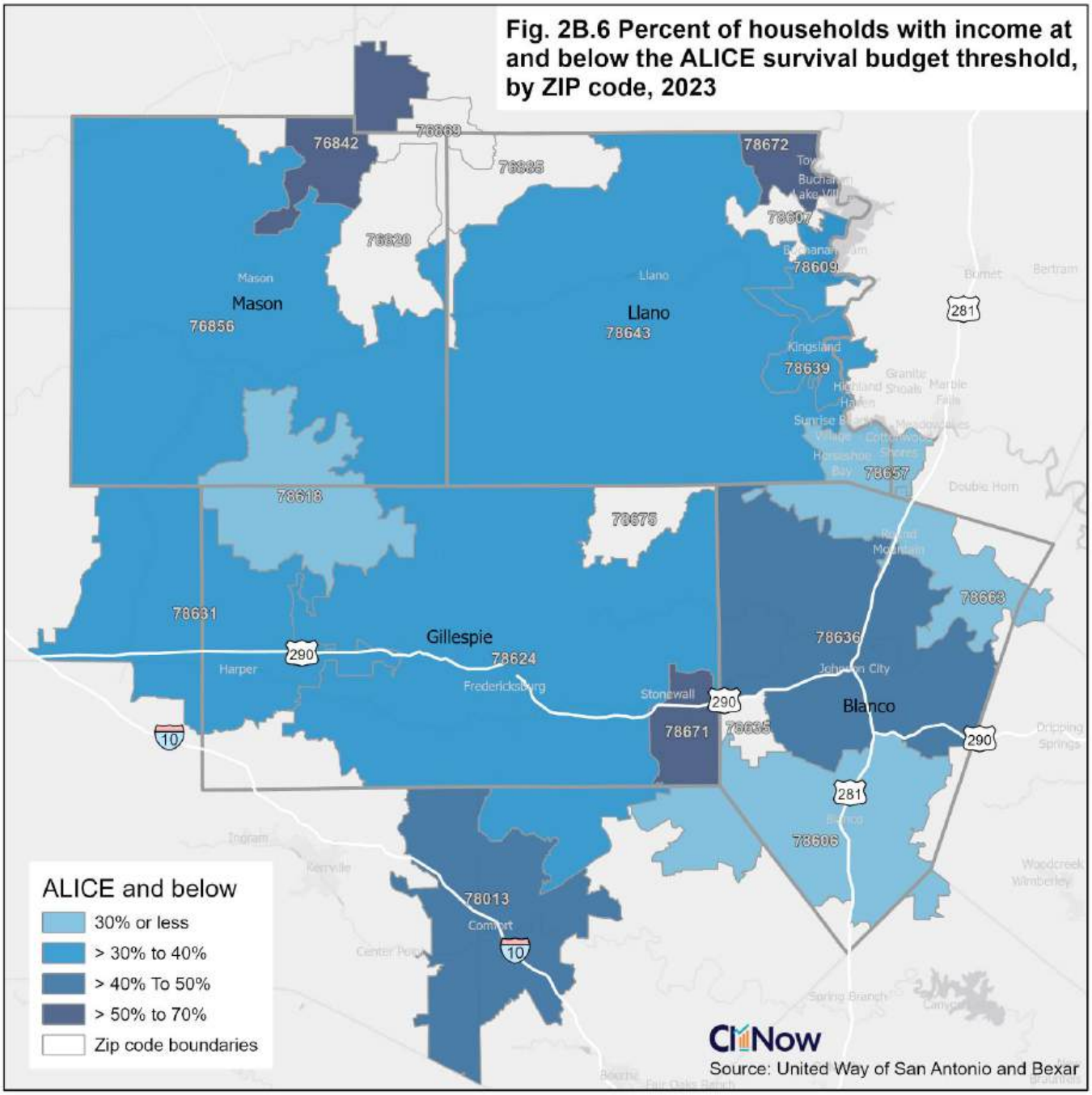
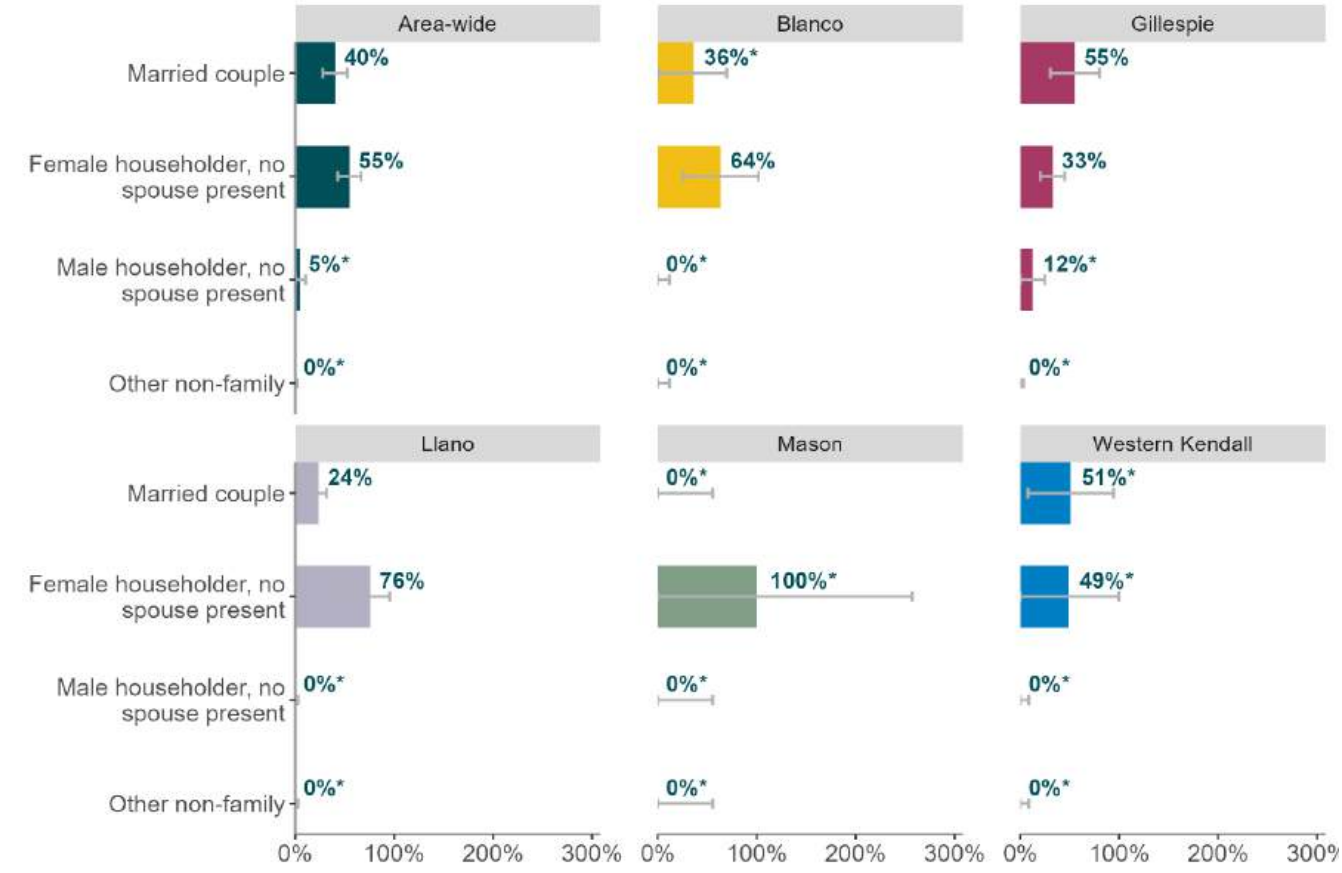


**Figure 2B.7** shows the percentage of children living in households that received income support through public assistance programs, broken down by household type. Specifically, it includes households that received assistance in the past 12 months from Supplemental Security Income (SSI), cash public assistance income, like Temporary Assistance for Needy Families (TANF), and food stamps or Supplemental Nutrition Assistance Program (SNAP).

In 2023, children receiving such support most commonly lived in either "female householder, no spouse present" households (55%) or married couple households (40%). Because of wide and overlapping margins of error, it is unclear which of the two was most common overall or in each County, with the exception of Llano, where the majority lived in female-headed households (76% vs 24%). All other differences have overlapping margins of error and should be interpreted with caution.

**Fig. 2B.7 Percent of children in households receiving SSI, cash public assistance income, or food stamps/SNAP in the past 12 months, by location and household type, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




SSI= Supplemental Security Income, SNAP= Supplemental Nutrition Assistance Program
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: B09010
Prepared by CINow

# Child Care

Having quality, affordable child care available is important for many reasons, but two of the most critical are helping children with healthy early development and helping their caregivers, disproportionately female, participate in the workforce. Robust workforce participation is needed for household income, of course, but it is also vital to the local economy.

The Texas Department of Health and Human Services child care search feature provides information on the number of licensed child care centers and their total capacity in each location[9]. The following figure, **Figure 2C.1**, shows these numbers for each Texas Hill Country location included in this assessment. While the reported capacities reflect licensed maximums, actual capacity may be lower depending on each individual center's staffing levels. In general, most licensed centers were located in the larger communities within each County. For example, in Mason County, all three listed centers were located in the town of Mason. Notably, in Gillespie County, almost all centers were in Fredericksburg, Texas, except for one in Harper.

The figure also includes an estimate of child care availability relative to the local population of children[10]—specifically, the number of licensed slots per 100 children under five and children under ten. Assuming full capacity, the number of slots per 100 children under age five ranged from eight (Comfort) to 54 (Gillespie County). For children under age ten, the range was from four (Comfort) to 22 (Gillespie County).

### Fig. 2C.1 Licensed child care availability by location, 2023

| | Blanco County | Comfort | Gillespie County | Llano County | Mason County |
|---|---|---|---|---|---|
| Licensed child care centers | **4** | **1** | **14** | **6** | **3** |
| Total capacity | **220** | **12** | **647** | **238** | **115** |
| | **≈ 44** slots per 100 children < 5 | **≈ 8** slots per 100 children < 5 | **≈ 54** slots per 100 children < 5 | **≈ 30** slots per 100 children < 5 | **≈ 38** slots per 100 children < 5 |
| | **≈ 20** slots per 100 children < 10 | **≈ 4** slots per 100 children < 10 | **≈ 22** slots per 100 children < 10 | **≈ 16** slots per 100 children < 10 | **≈ 18** slots per 100 children < 10 |

*Note: Slots per 100 children are based on full licensed capacity from the Texas Health and Human Services and population estimates from the U.S. Census Bureau (2023 ACS 5-year estimates)*

Parents needing child care are thus likely relying on what is typically referred to as "family, friend, and neighbor care," but no data is available to describe or quantify that asset in the Texas Hill Country. Overall, information about how parents in the area handle child care or what the family experiences because child care is limited is not available.

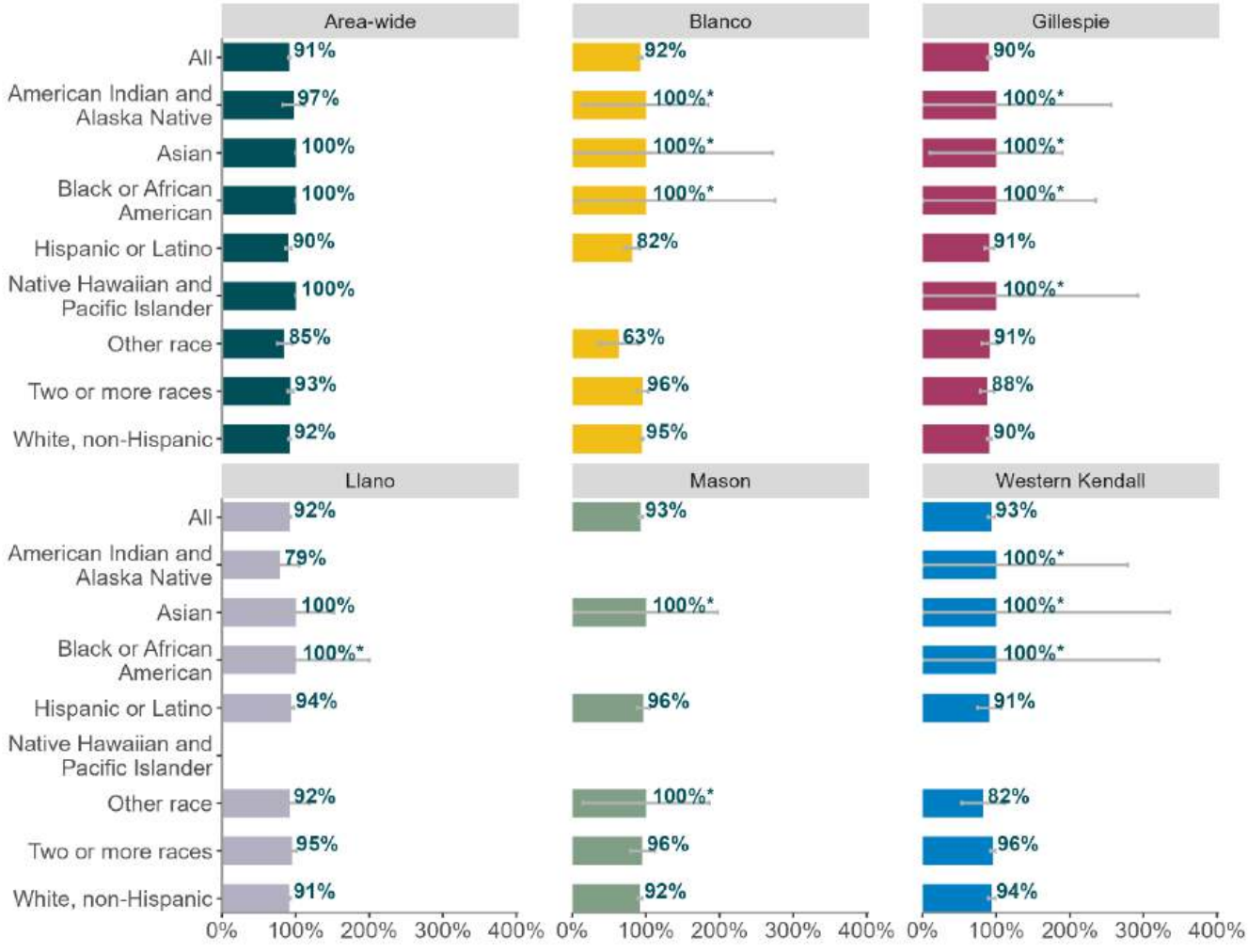
# Getting Online and Staying Connected

Digital inclusion refers to reliable and affordable access to the internet with adequate infrastructure, capable devices, and necessary digital skills to navigate today's digital world. It is foundational to reducing social and economic disparities while driving economic development and mobility.[11] **Fig. 2D.1** shows that an estimated 91% Texas Hill Country families had both a computer and a broadband internet subscription, meaning that about 9% do not. Although shown in the chart, differences by location and race/ethnicity should be interpreted with caution due to overlapping margins of error and suppression.

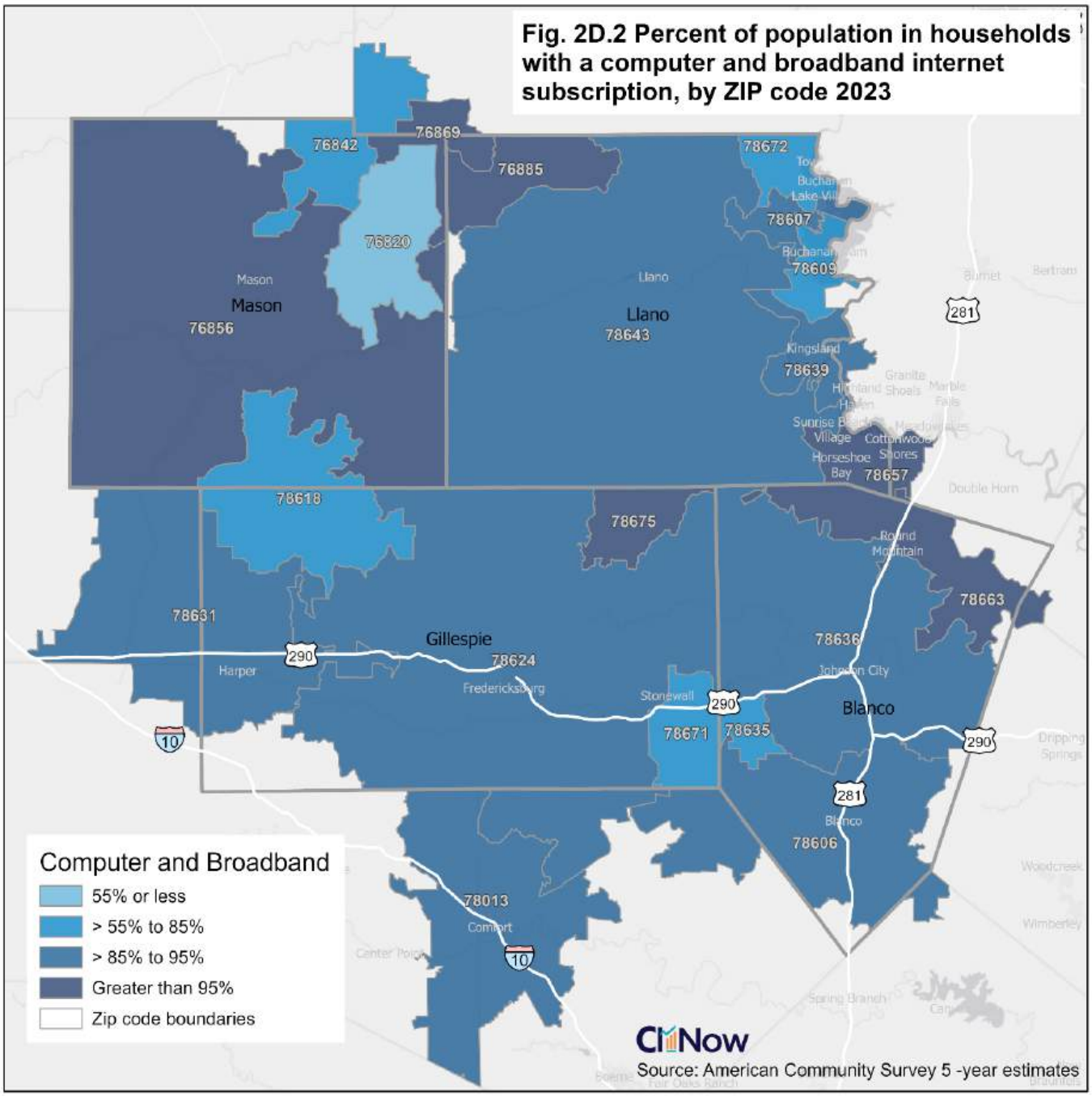
Differences by location showed some geographic variation in connectivity, with most ZIP codes reporting that 85% or more households had both a computer and broadband internet subscription (**Fig. 2D.2**). The ZIP code with the least connectivity was 76820 in Mason County (with 55% or less households reporting connectivity). This was followed by several pairs of ZIP codes with moderate connectivity levels (55-85%), including 76842 (Mason) and 76818 (spread between Mason and Gillespie); then 78671 (Gillespie) and 78635 (Blanco); and 78672 and 78069 (both in Llano).

**Fig. 2D.1 Percent of households with a computer and broadband internet subscription, by location and race/ethnicity, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Missing values are suppressed by data source.
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Tables: B28008, B28009 B-I
Prepared by CINow




One regional key informant explained that while digital resources are convenient, there is still a need for offline options, especially for those who struggle with digital skills, like older adults.

***"I think online is great. But at a certain age, seniors really struggle with doing stuff online. If there was a way to access some kind of an actual resource handbook, or something that we could give copies to, like here's what's available… I think a localized resource guide, or some kind of way to access the information, that way we can share it, I think that's wonderful."***

– Denise Usener (Executive Director, Golden Hub Community Center)

# Putting Healthy Food on the Table

Food insecurity refers to a lack of consistent access to sufficient, safe, and nutritious food that meets dietary needs and food preferences for an active, healthy life. It is also a household-level economic, social, and environmental condition of limited or uncertain access to adequate food that meets cultural or personal needs. Food insecurity may mean being unable to find or afford healthy, fresh food, or worrying about where the next meal will come from at all. It can lead to missed meals, higher health risks, reduced ability to work productively or learn in school, and poor health outcomes like anxiety and depression, chronic physical disease, and premature death. Addressing food insecurity goes beyond increasing physical access to food; it also means improving food quality and variety, ensuring economic access to food, and understanding patterns of nutrition and food consumption.

## Food Insecurity

The percentage of people experiencing food insecurity in the region averaged approximately 15% in 2023 (**Fig. 2E.1**). Most locations followed a similar pattern, with a general increase over time, including a slight dip in 2021, and then a rise through 2023. Kendall County (encompassing Comfort) followed a slightly different pattern; this might be due to small population numbers, which can create a "bounce" in numbers. Notably, though only slightly, the percentage of people in Llano who were food insecure was consistently above all other locations across the period (with a 2023 figure of about 18%).

Although data is only available for the two largest race/ethnicity groups in the region, **Figure 2E.2** shows that food insecurity figures are consistently higher among Hispanic residents compared to White (non-Hispanic) residents. In the most recent year, Hispanic residents in Blanco, Gillespie, and Llano experienced food insecurity at twice the rate of White residents. In Mason and the Comfort area – the smaller populations) – the disparity was even greater, with Hispanic residents experiencing food insecurity at three times the rate of their White counterparts.

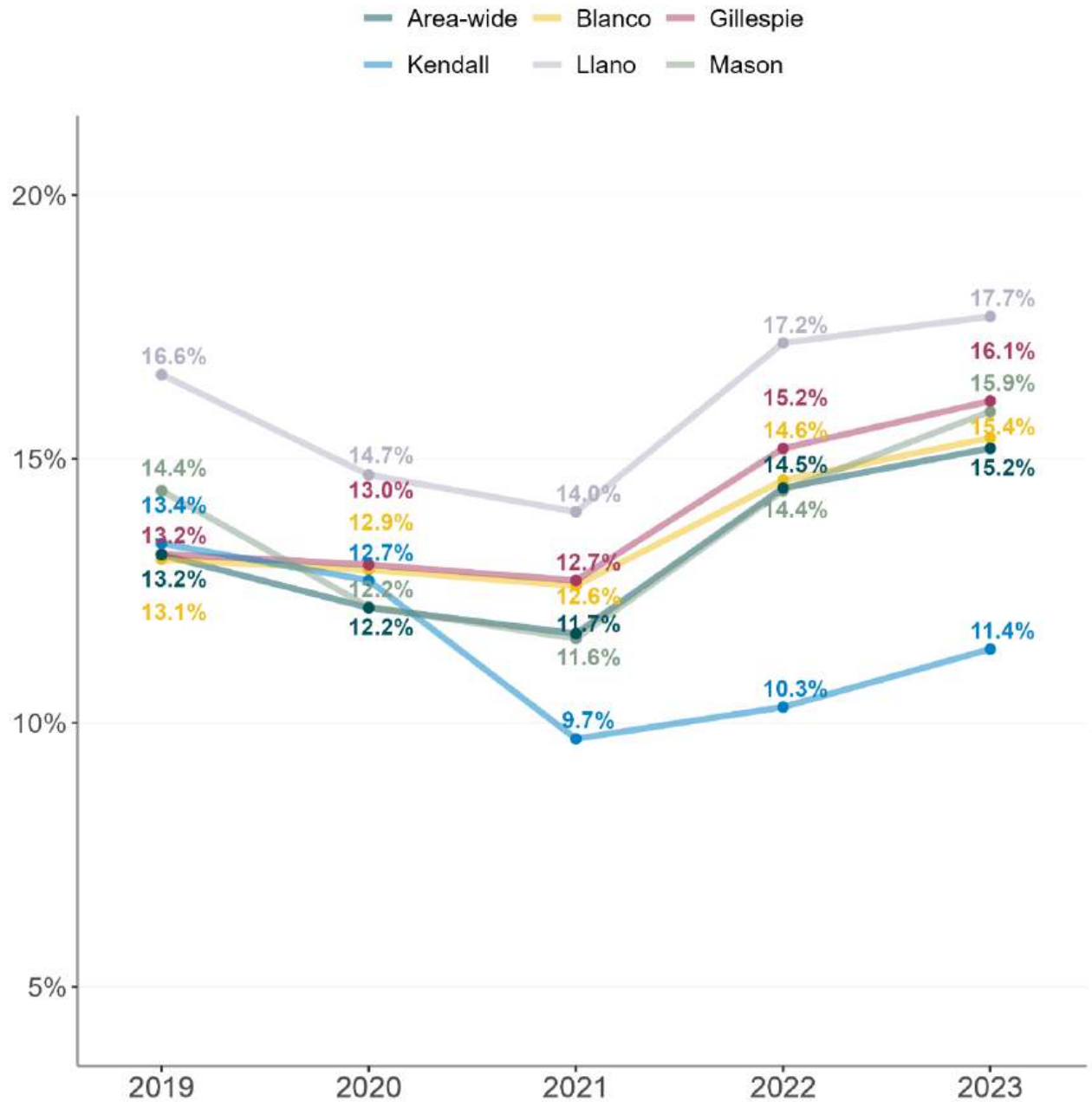
By geography (**Fig. 2E.3**), the ZIP code with the highest percentage of food-insecure residents was ZIP code 78672 (in NE Llano). In comparison, the ZIP codes with the lowest food insecurity (13% or less) included 78606 (in Blanco, near Canyon Lake), 76856 (Mason), as well as 78609 and 78657 (both along the right border of Llano).

Food security was a common theme across all Hill Country communities, and participants discussed a need for more affordable, healthy foods – including baby formula. Healthy foods were usually described as fresh produce and a variety that can accommodate multiple diets and health conditions.

"**Quality fresh foods at a price we can afford. If it's healthy, it's too expensive. Cheap foods are unhealthy, and this really does nothing for members of the community who would like to eat healthier. A fresh market would be wonderful**."
– Mason County Survey Respondent

**Fig. 2E.1 Percent of population that is food insecure, by location**

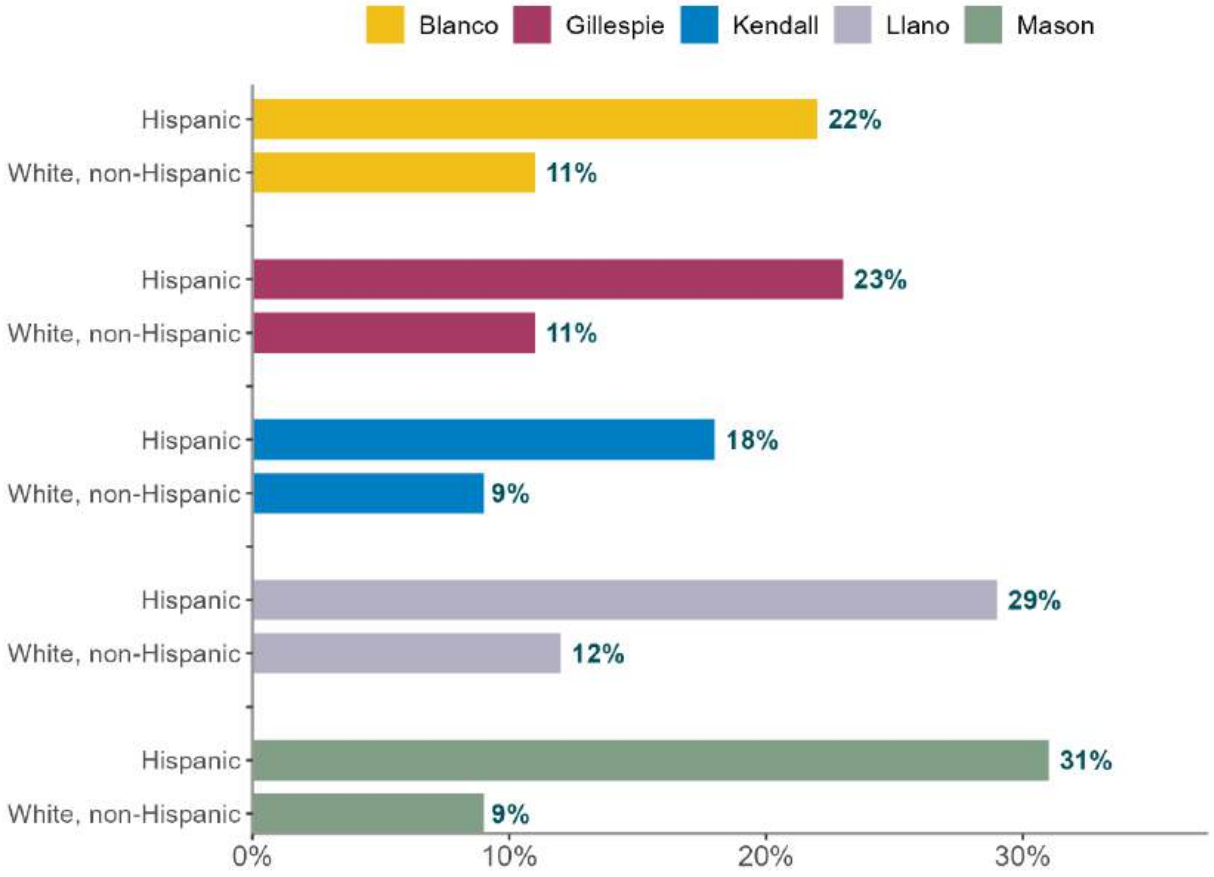
Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




Source: Feeding America
Prepared by CINow

**Fig. 2E.2 Percent of population that is food insecure, by location and race/ethnicity, 2023**

Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas

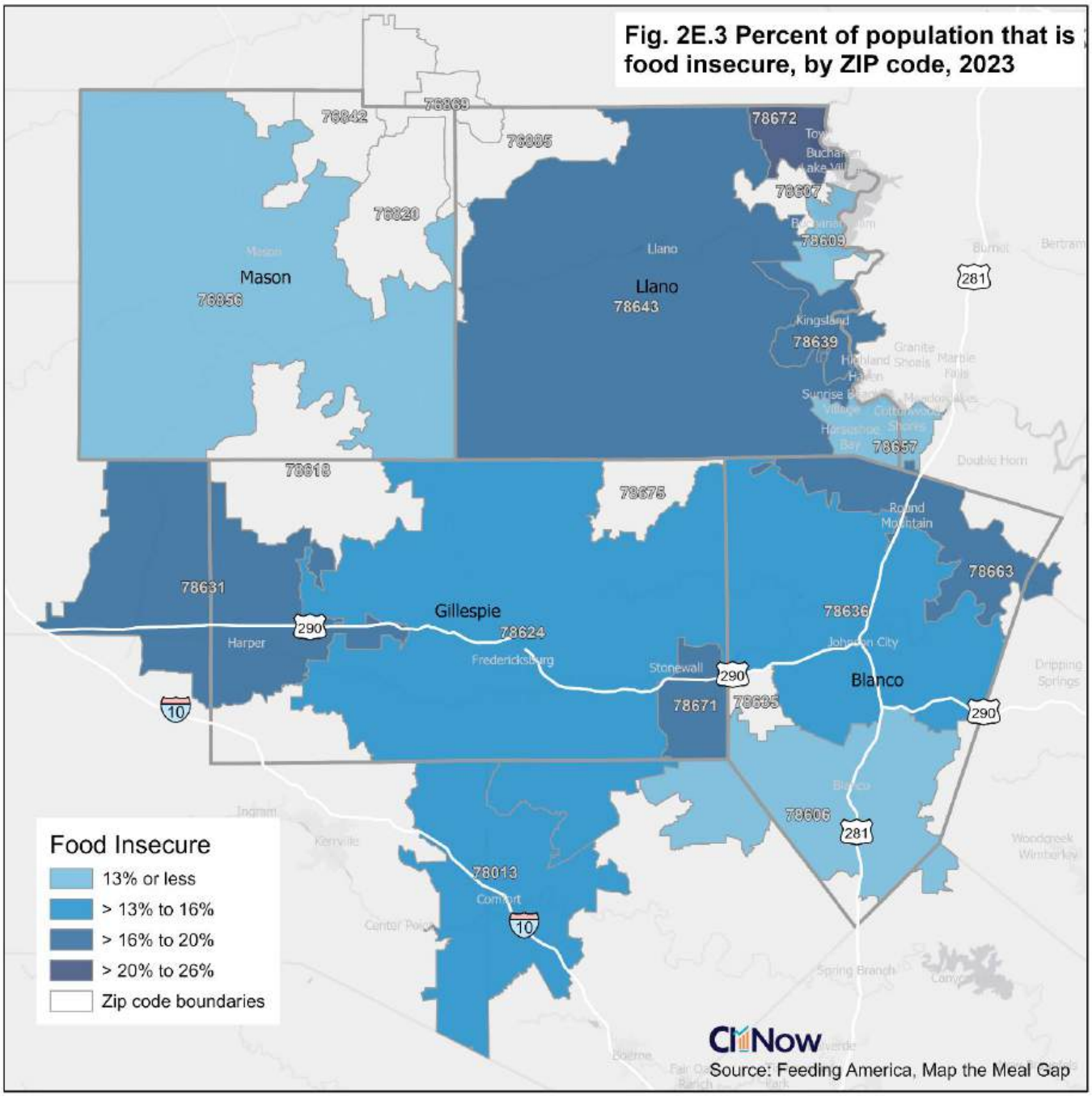



"Hispanic persons" includes those of all races.
Source: Feeding America
Prepared by CINow

One community voice explained how rising food costs and the local hospitality industry put an added strain on families and increase the need for support programs.

***"The increase in food cost, you know. The last time I checked, I want to say that for [The local Independent School District], they had like, 67% or 68% of their children that qualified for free or reduced lunch program. And the heart of our economy is hospitality. Many of these workers work on the weekends. So, many of these children fend for themselves because the parents are working on the weekends. So, it definitely has grown in the years, and it has become one of our largest, budgetary items for [local nonprofit organization]."***

– Anonymous health service worker in the region




As one community participant explained, many working households struggle to make ends meet and need more support from the community.

***"We see a lot of what we call working poor. They have jobs, but this is not quite enough to make ends meet. And so, we're doing a safety net for that, because we can buy gas if you go get groceries somewhere else. So that's what we try to fill that need. And, we need space, the food pantry badly, just for growth."***

– Comfort Focus Group Participant

A community member noted that population shifts and sudden events, like natural disasters, can shape local needs and increase demand for resources like food assistance.

***"Since the flooding has happened, we're seeing a lot more that were in the town and Buchanan area. There are some of the campgrounds that used to be there with the cabins. And so, a lot of those flood victims are relocating to those areas. And what we've been seeing a lot in the last two weeks is a huge increase with our numbers, for the food pantry."***
– Comfort Focus Group Participant

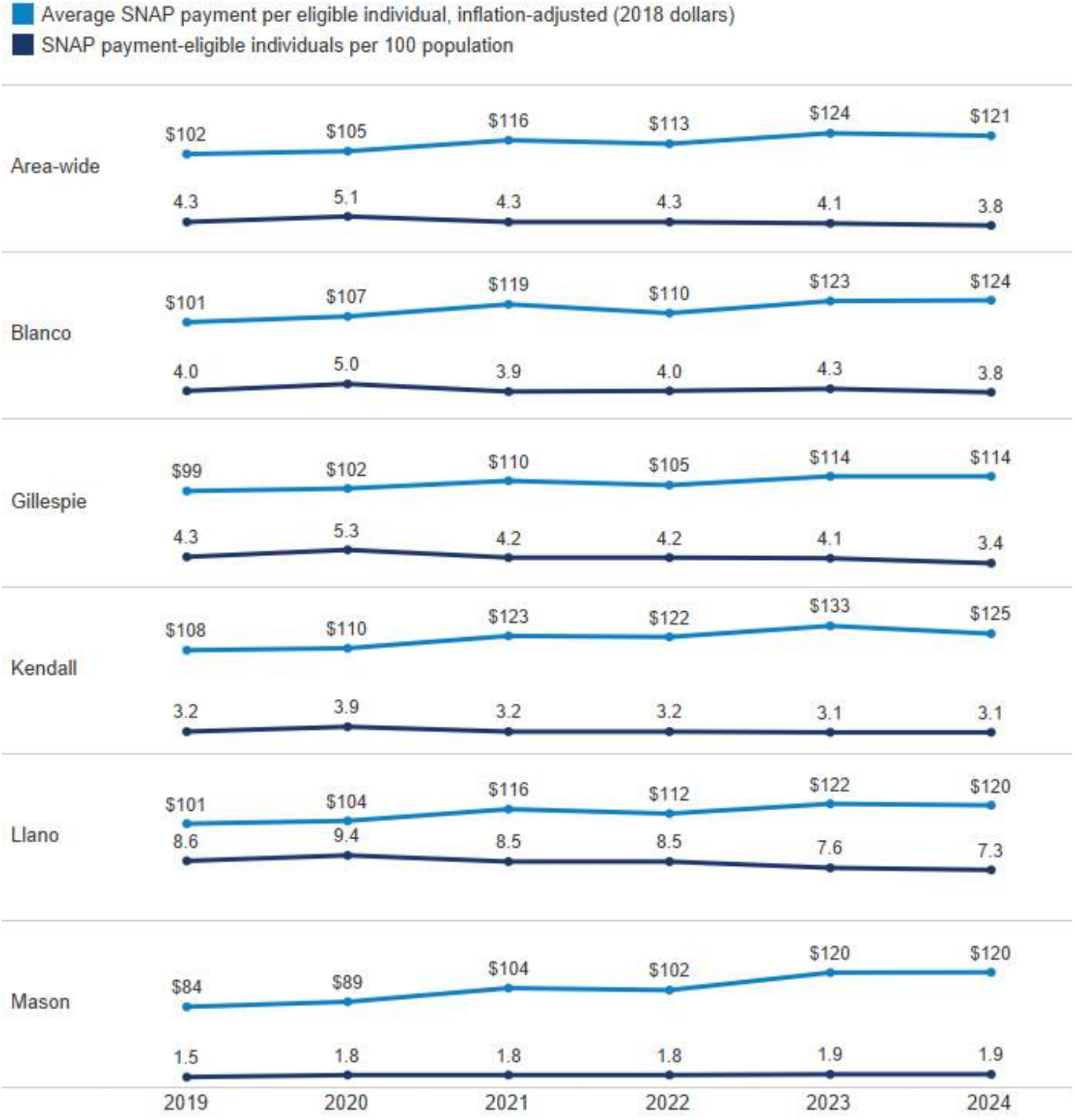
## Food Assistance

The Supplemental Nutrition Assistance Program (SNAP) is a critical source of support for low- and moderate-income people. **Figure 2E.4** shows two metrics drawn from a snapshot of SNAP payments in May of each year: the number of payment-eligible individuals per 100 population, and the inflation-adjusted trend in average SNAP payment per eligible individual. An "eligible individual" is a member of a "case", a group (e.g., family household) certified as eligible for SNAP benefits. It is important to note that these are people for whom eligibility has been formally determined, and they represent only a fraction of those who would meet eligibility requirements if assessed. Further, not every eligible individual in a case necessarily receives the SNAP benefit; for example, parents may use the benefit solely for their children.

The number of individuals per 100 population determined to be eligible for payment generally decreased between 2019 and 2024 for each location, except for Mason County (**Fig. 2E.4**). However, it should be noted that small numbers can create "bounce," which can look like higher year-to-year variations. The average payment per eligible individual (inflation-adjusted) generally increased for all locations; area-wide, this ranged from $102 to $131. Again, that average is greatly affected by the number of cases and individuals certified as SNAP-eligible and almost certainly does not reflect actual need. The actual average payment per eligible individual increased from $104 to $151 (an increase of 45%, not shown in the chart) over the period, but after adjusting for inflation, the increase was only 28%.

**Fig. 2E.4 SNAP certified-eligible rate per 100 population and inflation-adjusted average payment per person, May annual snapshot**

Blanco, Gillespie, Llano, Mason, and Kendall Counties, Texas




Source: Texas Health and Human Services Commission
Prepared by CINow

# Finding and Keeping a Home

Affordable housing and housing stability refer to access to safe, quality, and reasonably priced housing while still having enough income for other basic needs. Certain populations, including renters and foster youth, are especially vulnerable to displacement and housing instability. At the same time, already financially strained households are left with even less money for other essentials like food, childcare, and transportation.

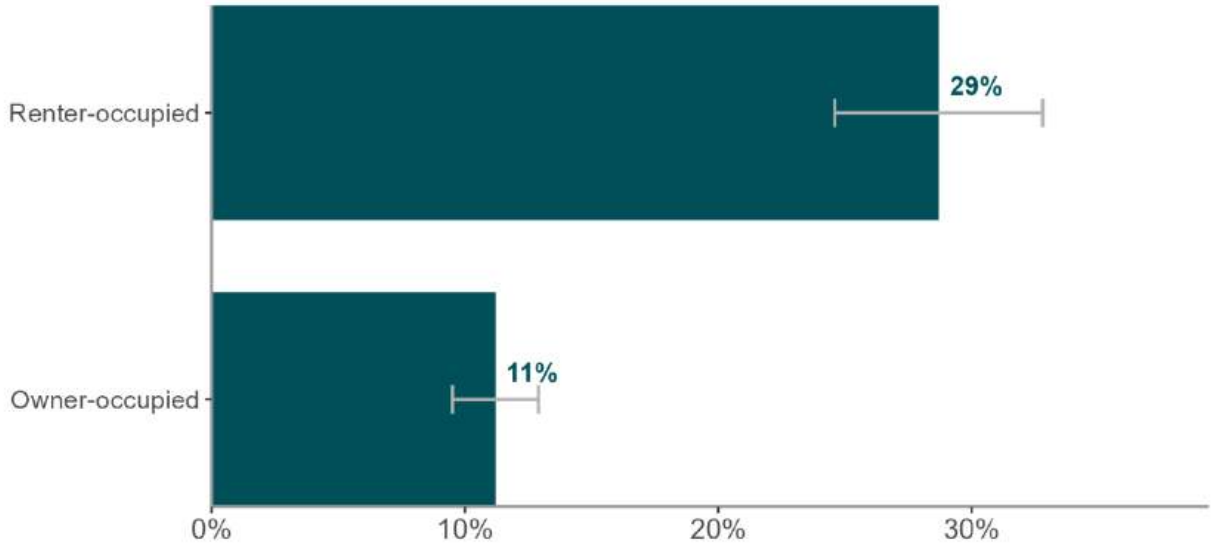
## Housing Cost Burden

Households are considered housing-cost burdened when they spend over 30% of their income on housing, including rent or mortgage payments plus utilities. This burden alone signals financial strain, but when coupled with a broader measure of economic hardship, like being below 200% of the Federal Poverty Level (FPL), it also underscores persistent financial vulnerability. The 200% FPL threshold includes households that are below the poverty level, as well as households with low incomes but not officially poor (earning between 100% and 199% FPL).

**Fig. 2F.1** shows the proportion of renter- and owner-occupied households under 200% FPL that were housing-cost burdened as of 2023 across Blanco, Gillespie, Kendall, and Kerr Counties (Llano and Mason were excluded due to geographic limitations). Among the households in this income group, renters (29%) were almost three times as likely as homeowners (11%) to be burdened by housing costs.

**Fig. 2F.1 Percent of households under 200% FPL that are housing cost-burdened, by location and tenure type, 2023**

Blanco, Gillespie, and Kendall Counties, Texas (area also includes Kerr County)

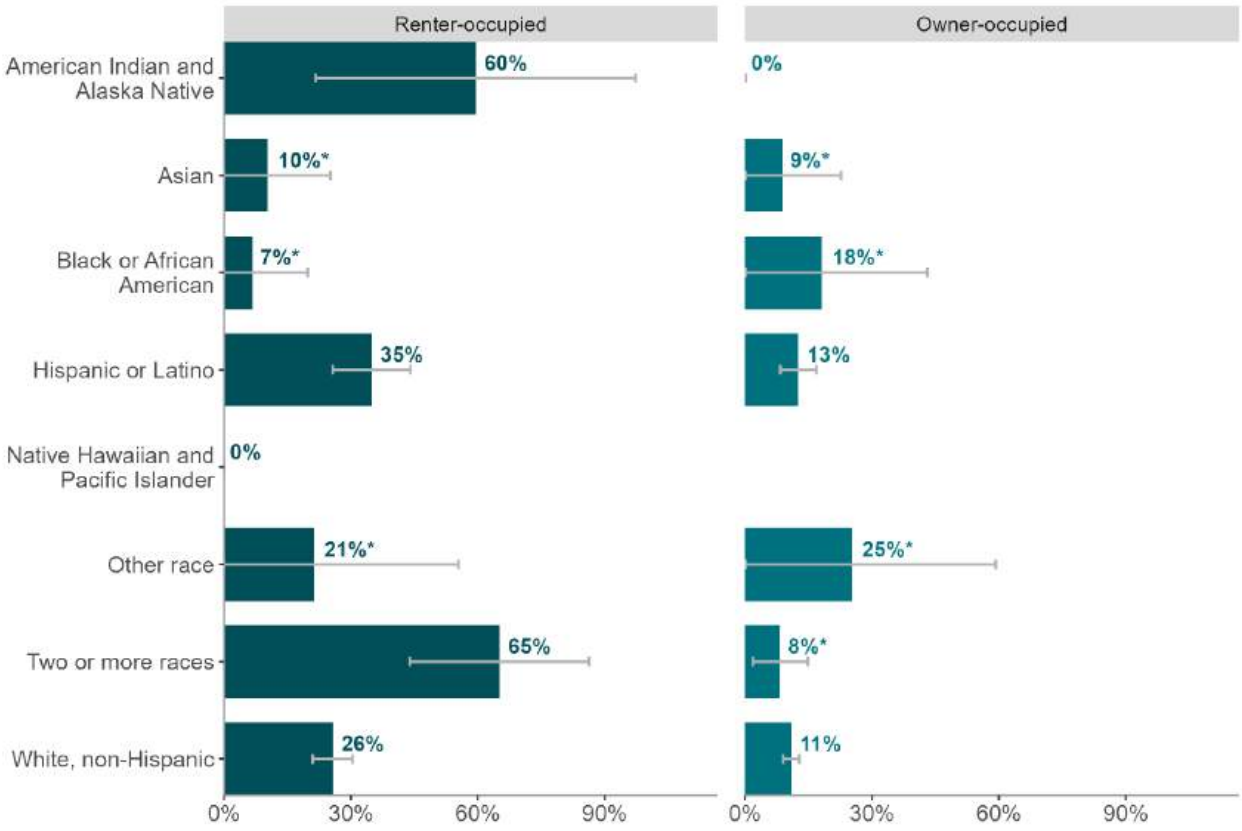



Due to geographic limitation, these numbers exclude Llano and Mason Counties.
Source: ACS 5-Year Estimates, Public Use Microdata Samples (PUMS)
Prepared by CINow

By race/ethnicity (again, only for Blanco, Gillespie, Kendall, and Kerr Counties), statistically meaningful differences are most reliable for White (non-Hispanic) and Hispanic or Latino households in this income range (**Fig. 2F.2**). For white and Hispanic households, renters were more than twice as likely than owners to be housing cost burdened (11% versus 26% and 13% versus 35%, respectively). Other differences within each tenure type should be interpreted with caution as a result of wide and overlapping margins of error.

**Fig. 2F.2 Percent of households under 200% FPL that are housing cost-burdened, by location, race/ethnicity, and tenure type, 2023**

Blanco, Gillespie, and Kendall Counties, Texas (area also includes Kerr County)




"Owner-occupied" percent for Native Hawaiian and Pacific Islander is suppressed by data source.
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates, Public Use Microdata Samples (PUMS)
Prepared by CINow

Across all locations, community voices emphasized the urgent need for more affordable, diverse, and quality housing options.

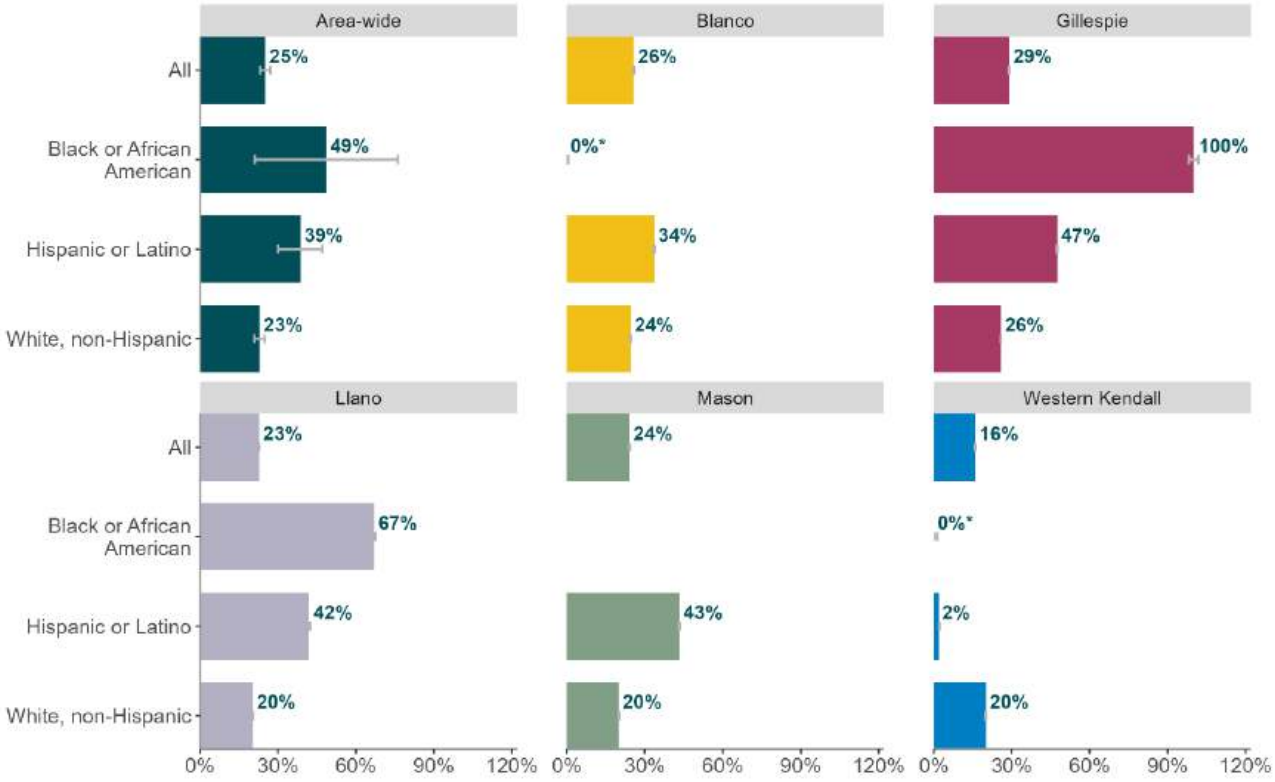
***"For these communities, the cost of living feels pretty expensive. Housing feels pretty expensive. That can be a barrier for families and for people in terms of making ends meet and making things work for their family."***

– Cristin Jahnke-Matthes LSSP
(School Psychologist, Hill Country Special Education Cooperative)

Across the region, 25% of housing units were renter-occupied, ranging from 16% (Western Kendall) to 29% (Gillespie) (**Fig. 2F.3**). The figure also shows the percentage of households for available race/ethnicity groups that rent rather than own. In all but one location, Hispanic households had higher proportions of renters compared to white non-Hispanic households. The smallest difference was in Blanco (34% vs 24%), and the largest difference was in Llano (42% versus 20%). The exception was Western Kendall, where white households had much higher proportions of renters (20%) versus Hispanic households (2%). Reliable estimates for Black or African American households were available for Gillespie (100% ± 1.79) and Llano (69%). In both locations, Black households had much higher proportions of renters than both Hispanic and white households.

**Fig. 2F.3 Percent of housing units that are renter-occupied, by location and race/ethnicity, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Population count for Black or African American group is 0 for Mason County.
*Unreliable: Error is too large relative to estimate.
Source: ACS 1-Year Estimates. Tables: B25003, B25003B, B25003H, B25003I
Prepared by CINow

One key informant not only illustrated the poor state of available housing options in the region but also explained how limited options fail to offer long-term stability or a path to building equity, especially for essential workers.

***"We have a real problem with housing…… These right here are storage buildings that have been turned into homes… these are just little shacks that have dirt floors, and I took a mother and her daughter home to one of these one time. These are the homes that - I don't even think it's a bedroom situation. I think it's a room with a bathroom… There are all these little pockets of these shacks in town… Here's one area where I delivered, where you've got this little enclave of mobile homes out here. These were multi-families. This mobile home right here, I remember delivering toys to that one, and it was probably like a 13-year-old little boy, and he came out, and I just said, these are the gifts that your parents ordered or your mom ordered for, and he just hugged me… So, housing is an issue…… We just need to figure out how to help the thing that we've never been able to figure out or solve, is housing. They built all these new apartments for rent and stuff... My hope was that they would at least take some of the rent pressure off of the less nice places…***

***But even then, when you pay rent, you're just wasting money, the money just goes away every month. You're not building any wealth. You're not building any equity… So, the rental things that are coming in for housing - Okay, great, we have housing for people. But, if I'm a school teacher, if I'm a police officer, if I'm an EMT, I still don't have an opportunity to move here and build the American dream, and build that equity. So, that's why I like the idea of the Co-op, and being able to pay a mortgage instead of rent."***

– John Willome, Executive Director at Good Samaritan Center Fredericksburg

## Foster Youth

Foster youth are a vulnerable population that faces a heightened risk of homelessness and housing instability as they transition out of the system. **Figure 2F.4** and **2F.5** show the number of foster youth who exited the Texas Department of Family and Protective Services (TDFPS) legal custody. There are different types of exits, including aging out, adoption, and reunification with family.

As with all data in this assessment, it is important to interpret these figures cautiously. Small population sizes can lead to fluctuations ("bounce") that may exaggerate apparent differences. Additionally, a higher number of exits does not necessarily indicate a higher rate of exit for a specific group; it may simply reflect a larger number of youth from that racial or ethnic group in foster care. Further, a higher number of exits from legal custody is not always positive since it does not imply stable placement—for example, more youth may be aging out of care rather than being reunited with their families or adopted.

The number of youth exiting TDFPS legal custody varied widely by Texas Hill Country location (**Fig. 2F.4**). Llano County consistently had the highest number of exits, peaking at 56 in 2022, and remaining above the other locations throughout the five-year period from 2020 to 2024. While fewer exits could indicate reduced entries into foster care, it does not necessarily reflect an improvement. It may instead point to longer stays in legal custody without stable placements, delays in reunification or adoption, or other system- or policy-level challenges, such as post-COVID-19 pandemic backlogs.

Not only do the numbers vary by year, but by race/ethnicity too (**Fig. 2F.5**). In most cases, exits were only reported for "Anglo" (White non-Hispanic) and Hispanic youth in 2024. However, counts of less than five were suppressed and the data in the chart is therefore sparse. Before suppression, exits were generally higher for Anglo youth than for Hispanic youth, with the exception of western Kendall County, where Hispanic youth made up the majority of exits.

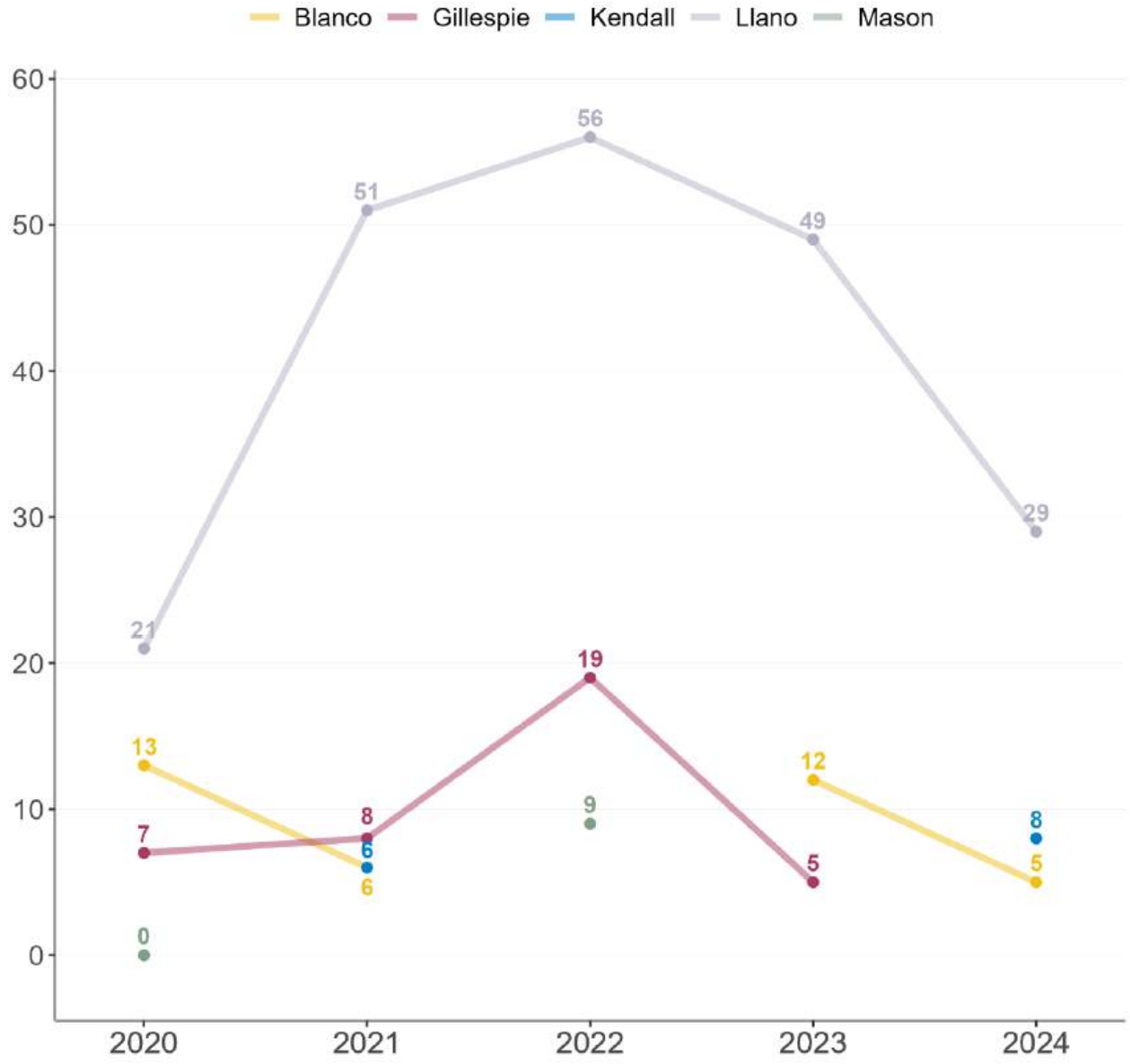
Community voices expressed concerns over the needs of youth in the region, including foster youth who often face complex barriers and challenges. They would like more community resources to have the needs of vulnerable populations in mind when developing programs and outreach plans.

***"And people don't realize that because this is a beautiful community, it's amazing. People help. But there is another side of it because we're very socioeconomically gapped… we had 36 kids in foster care, and 99% of them were drug and alcohol… Substance use and mental health are huge."***

– Blanco County Focus Group Participant

## Fig. 2F.4 Number of foster youth who exited Texas DFPS legal custody, by location

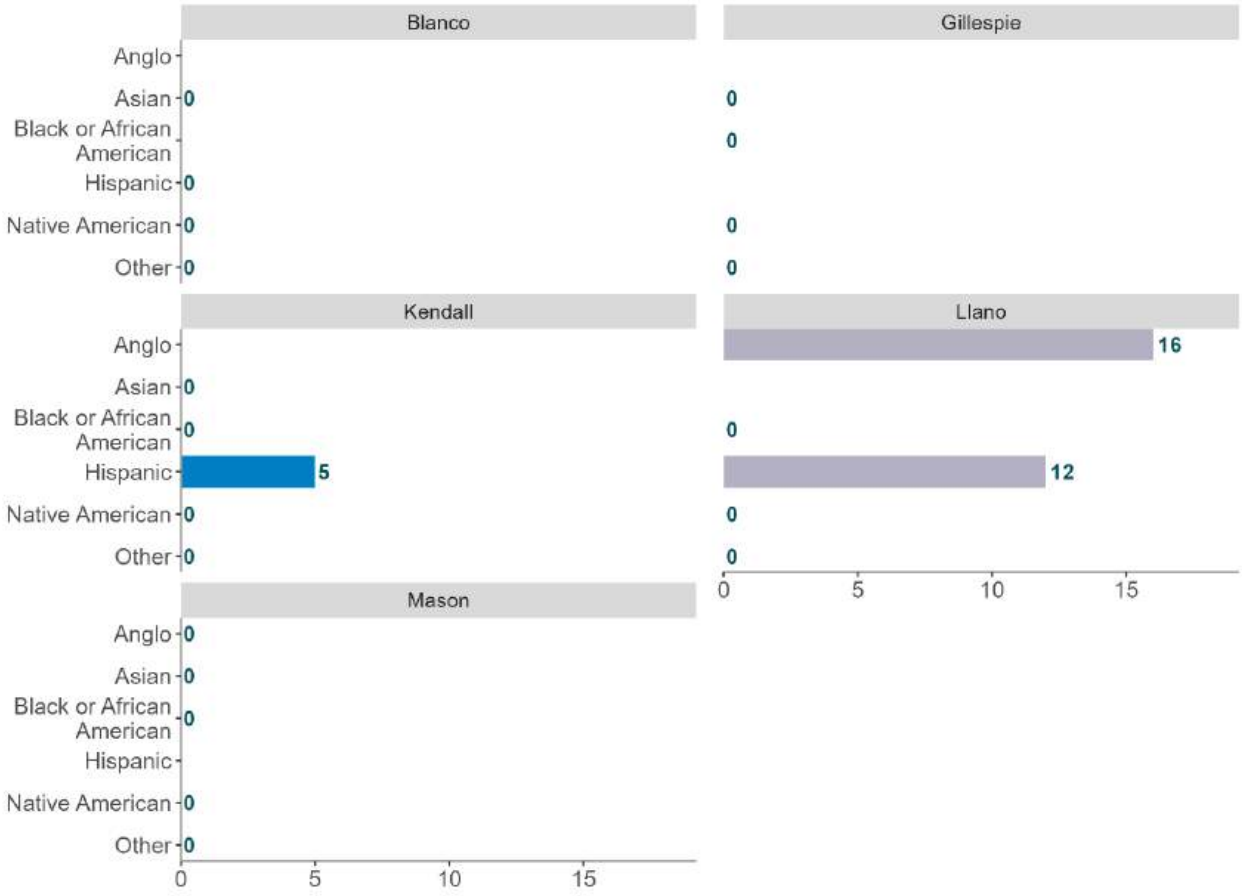
Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




DFPS= Department of Family and Protective Services
Some values suppressed due to counts of less than 5.
Source: Texas Department of Family and Protective Services
Prepared by CINow

**Fig. 2F.5 Number of foster youth who exited Texas DFPS legal custody, by location and race/ethnicity, 2024**

Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




DFPS= Department of Family and Protective Services
Some values suppressed due to counts of less than 5.
Source: Texas Department of Family and Protective Services
Prepared by CINow

# Staying Safe at Home and in Our Communities

Staying safe at home and in our communities means being protected from abuse, neglect, and community violence across all stages of life. Understanding how safe residents feel in their homes, on the roads, and in their daily lives helps identify risk factors and highlight communities that may need additional support or intervention.

## Child Abuse or Neglect

**Figure 2G.1** shows the child abuse or neglect reports across selected locations in the Texas Hill Country from 2020 to 2024. During this period, Llano County consistently reported the highest child abuse or neglect report rates in the region, more than double or even triple the rate of neighboring counties. In Gillespie County, report rates rose in recent years, reaching their highest level (36 per 1,000 children aged 0-17) in 2024. Mason County's numbers fluctuated the most, peaking in 2023 at about 42 per 1,000 before dropping sharply to about 19 in 2024.

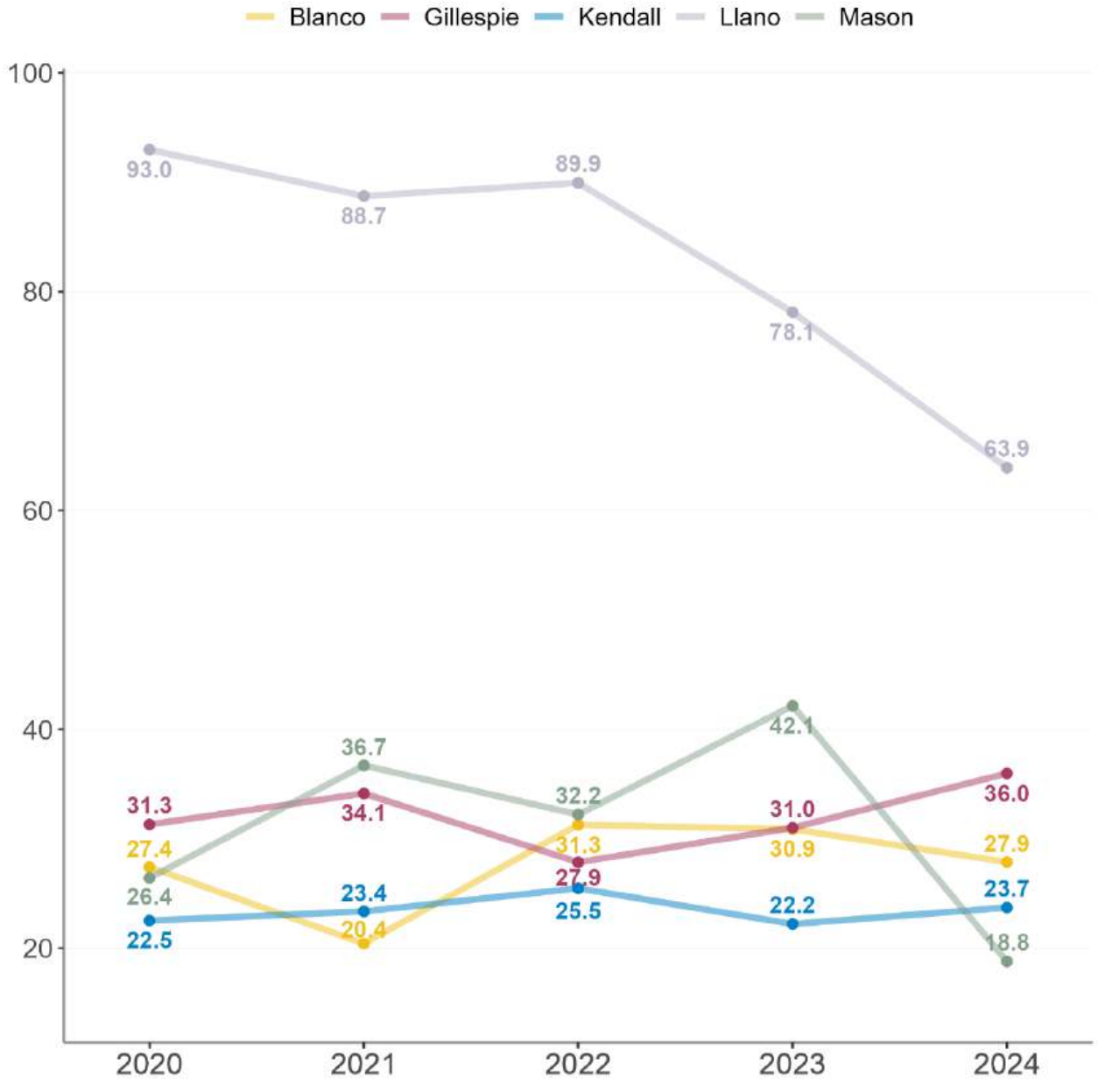
Because staffing shortages and high caseloads may hinder investigations and victims being either confirmed or ruled out, tracking the rate at which reports are investigated and investigations are completed helps reveal not just potential underreporting but also gaps in system capacity. The rates of confirmed victims of child abuse or neglect generally decreased over time (**Fig. 2G.2**), with slight variations across locations. In 2024, the confirmed victim rates remained the highest in Llano County, at 12.5 per 1,000 children. At the same time, rates in other counties were notably lower: Kendall (3.4, about one in seven reports), Blanco (6.5, about one in four), and Gillespie (8.2, about one in four).

**Figure 2G.3** shows the dispositions of investigations (percentages) for each location in 2024. That year, most reports across the region were ruled out, ranging from 61% (Blanco) to over 92% (Mason). The proportion of cases confirmed of abuse or neglect, "reason to believe", was highest in Blanco (24%) and lowest in Mason (8%). Gillespie, Llano, and Kendall counties fell in between, with about 16%, 23%, and 23% of reports confirmed, respectively. Across the region, the proportions of cases that remained inconclusive, classified as "unable to complete" or "unable to determine", were relatively small, though these were least common in Llano and Mason.

These variations may reflect not only actual differences in abuse/neglect incidents but also differing levels of community awareness, training of mandated reporters (like teachers or health professionals), or access to reporting resources. For instance, school personnel are very often the people who see and report signs of abuse or neglect when school is held in person, so opportunities to identify and report concerns decrease significantly if schools are closed or operating remotely (such as during the COVID-19 pandemic).

**Fig. 2G.1 Child abuse or neglect report rate per 1K children aged 0-17, by location**

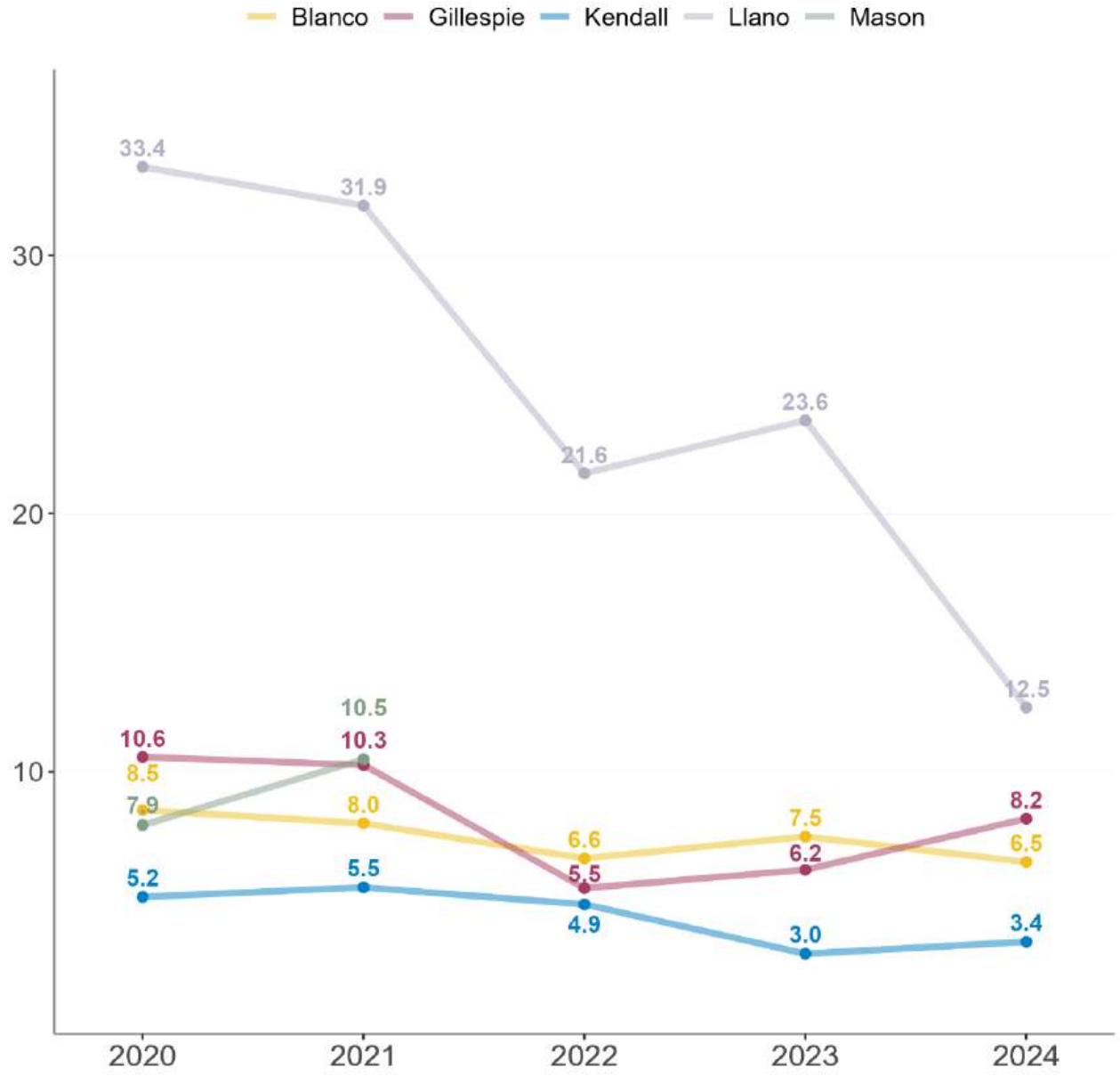
Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




Source: Texas Department of Family and Protective Services
Prepared by CINow

## Fig. 2G.2 Confirmed child abuse or neglect victim rate per 1K children aged 0-17, by location

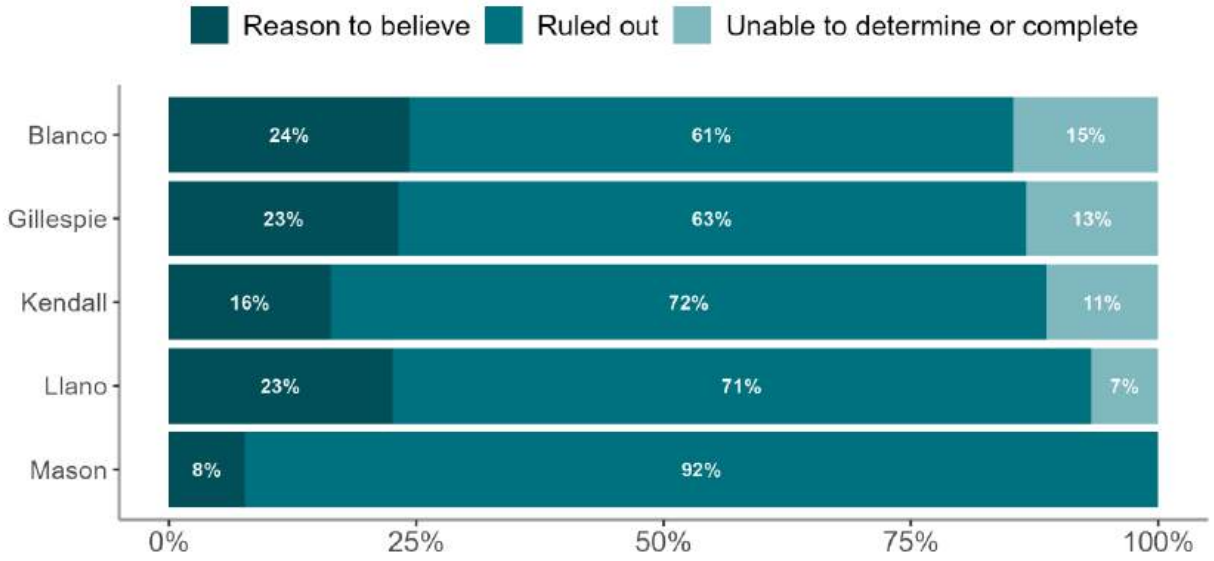
Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




Missing values are suppressed by data source.
Source: Texas Department of Family and Protective Services
Prepared by CINow

**Fig. 2G.3 Percent of child abuse or neglect reports for children aged 0-17, by location and disposition, 2024**

Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




Source: Texas Department of Family and Protective Services
Prepared by CINow

## Older Adult Abuse or Neglect

Adults aged 65 and older are another vulnerable population, with medical personnel being the most common source of reports of older adult abuse or neglect. Similar to child abuse or neglect reporting, the rates for total older adult abuse or neglect reports per 1,000 adults aged 65 and older varied by location (**Fig. 2G.4**). In 2024, Llano and Mason had the highest rates, peaking at 7.5 and 7.7 reports per 1,000 adults aged 65 and older, respectively. Gillespie and Blanco had slight increases over the period, ending 2024 at 4.7 and 5.0 per 1,000, respectively. Kendall County reported the lowest rates, ranging between 2.2 and 3.1.

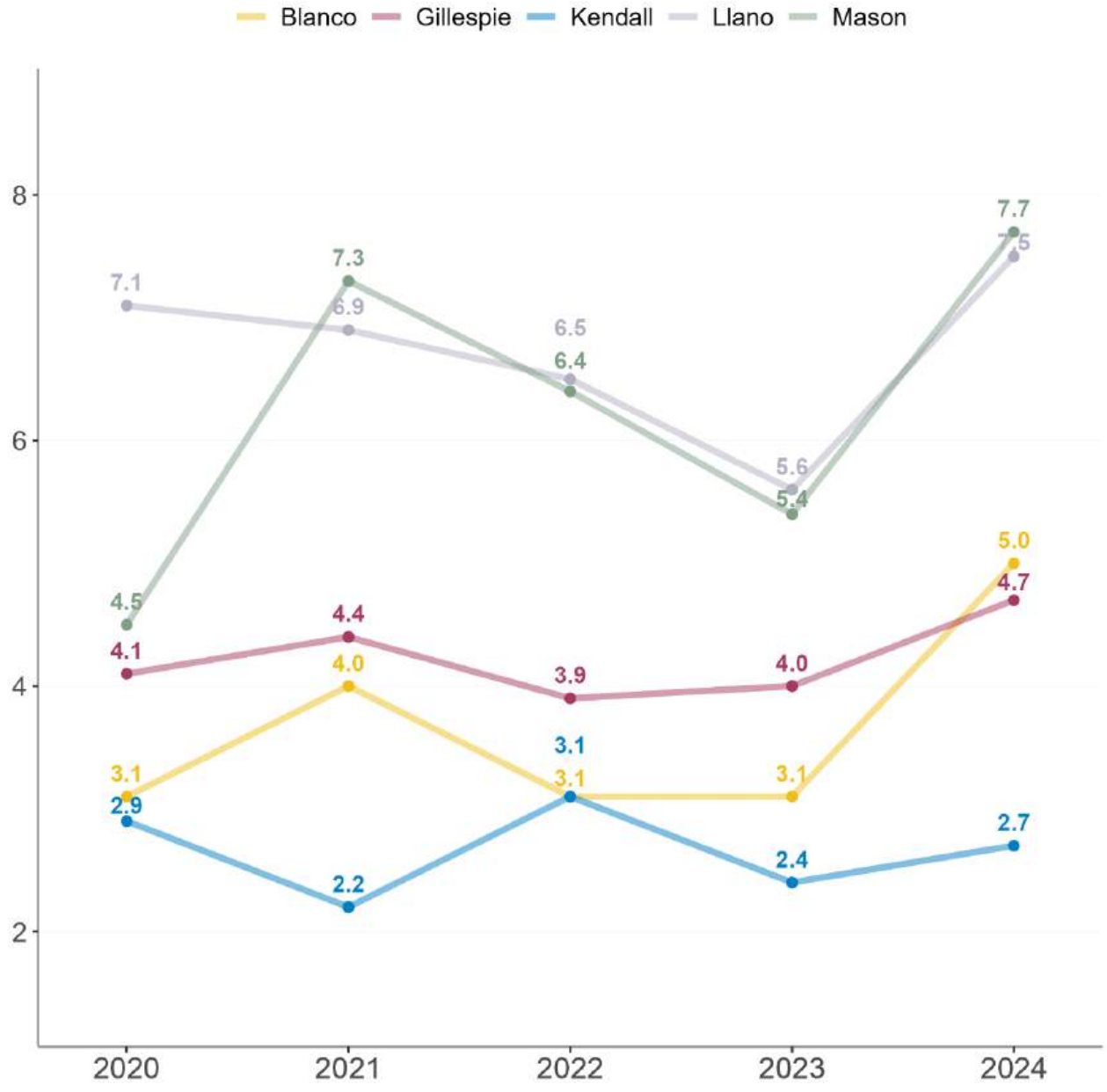
Despite having similarly high total report rates, Llano and Mason diverged in terms of validated cases (**Fig. 2G.5**). In 2024, Llano had the highest validated rate, 4.5. per 1,000 adults aged 65 and older. Mason, which had led in earlier years, declined to 3.2 in 2024 and was slightly surpassed by Gillespie (3.4). Notably, although Gillespie consistently fell in the mid-range for total reports, its validated report rates were relatively high (ranking second of all locations in most years).

**Figure 2G.6** shows the 2024 investigation outcomes, called dispositions, for abuse or neglect reports for adults aged 65 and older across each location in the region. Unlike child abuse or neglect cases, a majority of older adult abuse or neglect reports were deemed “valid”, meaning the cases were confirmed. Gillespie had the highest proportion of confirmed cases, with over 73% of reports substantiated. Mason was the only location where validated reports did not make up the largest share; in fact, the proportions of reports ruled valid or invalid were both the same (both about 42%).

Across the region, the proportion of cases that remained inconclusive, “unable to determine” or “other, was more common in Blanco (18%), Llano (17%), and Mason (17%). Again, these figures likely reflect both actual differences in abuse risk as well as systemic differences in how cases are reported, investigated, and confirmed, as well as differences in community level factors, like awareness, access to services, and reporting practices. Further, in rural areas, social isolation or lack of in-home care can reduce the visibility of older adults, possibly contributing to increased risks and underreporting.

**Fig. 2G.4 Older adult abuse or neglect report rate per 1K adults aged 65 and older, by location**

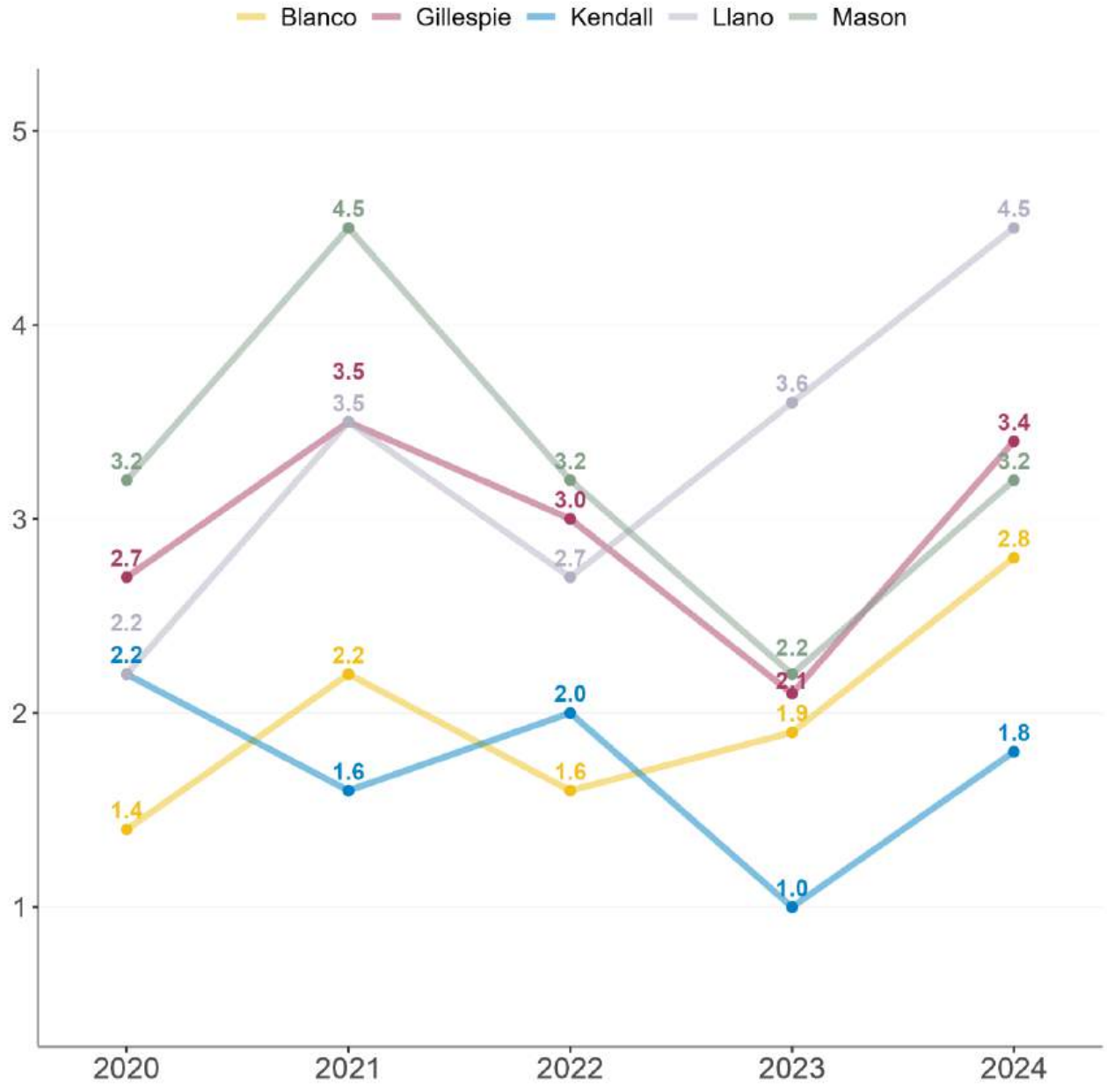
Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




Source: Texas Department of Family and Protective Services
Prepared by CINow

## Fig. 2G.5 Validated older adult abuse or neglect rate per 1K adults aged 65 and older, by location

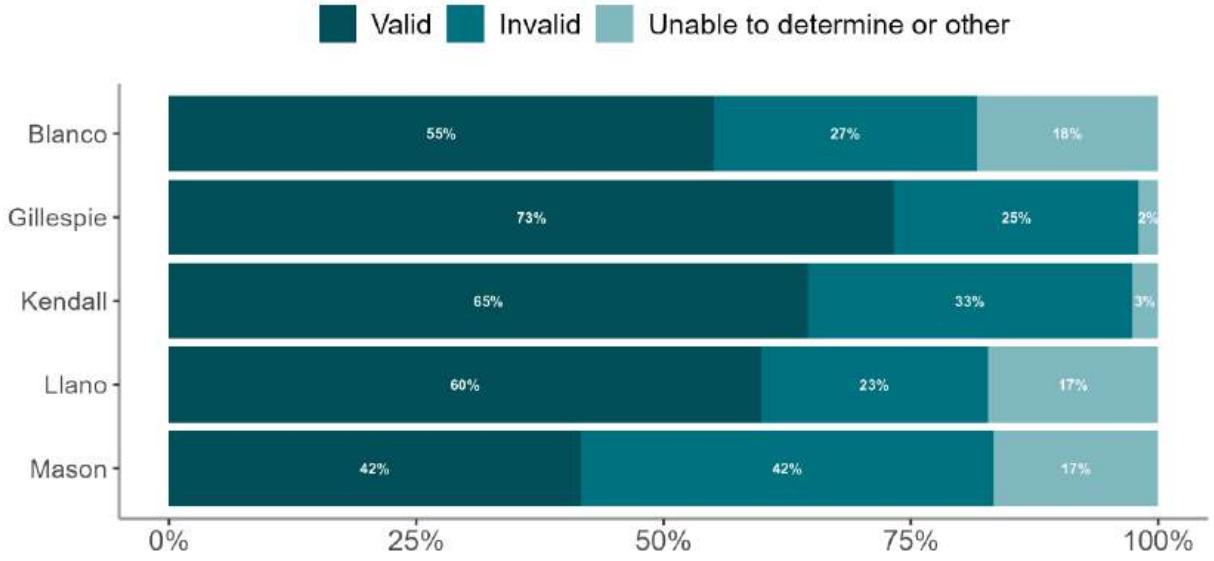
Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




Source: Texas Department of Family and Protective Services
Prepared by CINow

**Fig. 2G.6 Percent of older adult abuse or neglect reports for adults aged 65 and older, by location and disposition, 2024**

Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




Source: Texas Department of Family and Protective Services
Prepared by CINow

Community voices were especially concerned about vulnerable populations in their community, including children and older adults.

***"I believe very strongly that we, as a people, as a nation, should be taking care of people that need assistance, children that are in an unsafe home with unsafe parents, elderly that are in their own home but need some help. However, state programs and federal programs helping these populations are getting cut. Earlier this year, we completed construction of a childcare center on our property. It's its own non-profit, designed to help service worker families and they qualify for the state subsidy but right now the state isn't accepting applications… it's just very frustrating. We have this facility that can care for 70 plus infants to three-year-olds, but it isn't full because families can't get the subsidy."***

– Cindy Heifner (Executive Director, Hill Country Community Needs Council)

## Violence

**Figure 2G.7** through **2G.9** show family violence, violent crime, and sexual assault rates per 100,000 people in the Texas Hill Country region, by location. Although these indicators help assess community safety and freedom from violence, they do not capture the full spectrum of harm or all forms of violence. The rates shown here are virtually certain to underestimate the true prevalence of these crimes, but the degree of that underestimate is not known.

That said, rates should be interpreted with caution. In counties with smaller populations, such as Mason and Kendall, even a few cases can cause significant year-to-year fluctuations, called "bounce". Further, rates are influenced by reporting practices; for instance, a rate increase might mean strengthened enforcement or progress in the degree to which victims feel safe to report the crime. Similarly, a rate decrease may not necessarily reflect a real reduction in violence.

- Family violence rates (**Fig. 2G.7**) were consistently the highest among the three indicators. The area-wide rate increased from 256.8 per 100,000 people in 2019 to a peak of 363.6 in 2021, then declined slightly before stabilizing at 341.9 in 2023. Llano County consistently had the highest rates, generally increasing over the period. Blanco and Gillespie also saw overall increases, with Blanco's rate nearly tripling. Increases may be partially due to COVID-19 related stressors that heightened risk factors of family violence, like financial insecurity, behavioral health challenges, and access to resources. In contrast, both Kendall and Mason generally declined over time.
- Violent crime rates (**Fig. 2G.8**) include murder, reported rape, robbery, and aggravated assault [12,13]. In 2023, the area-wide rate per 100,000 people was about 96.5. By location, Blanco County had the highest rates for most years, though with a sharp decrease after 2021, it ranked second to Llano in 2023. Llano's violent crime rate increased slightly over time and was the only location where the 2023 rate (187.7) was higher than in 2019 (161.1).
- Sexual assault (**Fig. 2G.9**), which includes rape as well as other non-consensual sexual acts, had the lowest rates among the indicators and showed a general decline regionally. The area-wide rate per 100,000 people reached a five-year low in 2023 (18.9). Most locations generally decreased over time, with the exception of Llano, where the rate rose steadily to its highest point in 2023, 67.8. Again, this trend should be interpreted with caution, as sexual assault is widely underreported and subject to changes in the proportion of sexual assaults that are reported.

While the community is faced with new challenges, like the impact of social media on youth, many core issues are still the same, highlighting the ongoing need for trauma-informed support.

***"I didn't face that when I was in junior high and high school. I didn't have social media. I just had TV, and I knew TV was fake. So, I do feel like that impacts it. And I feel like that is a root cause that is different from before.***

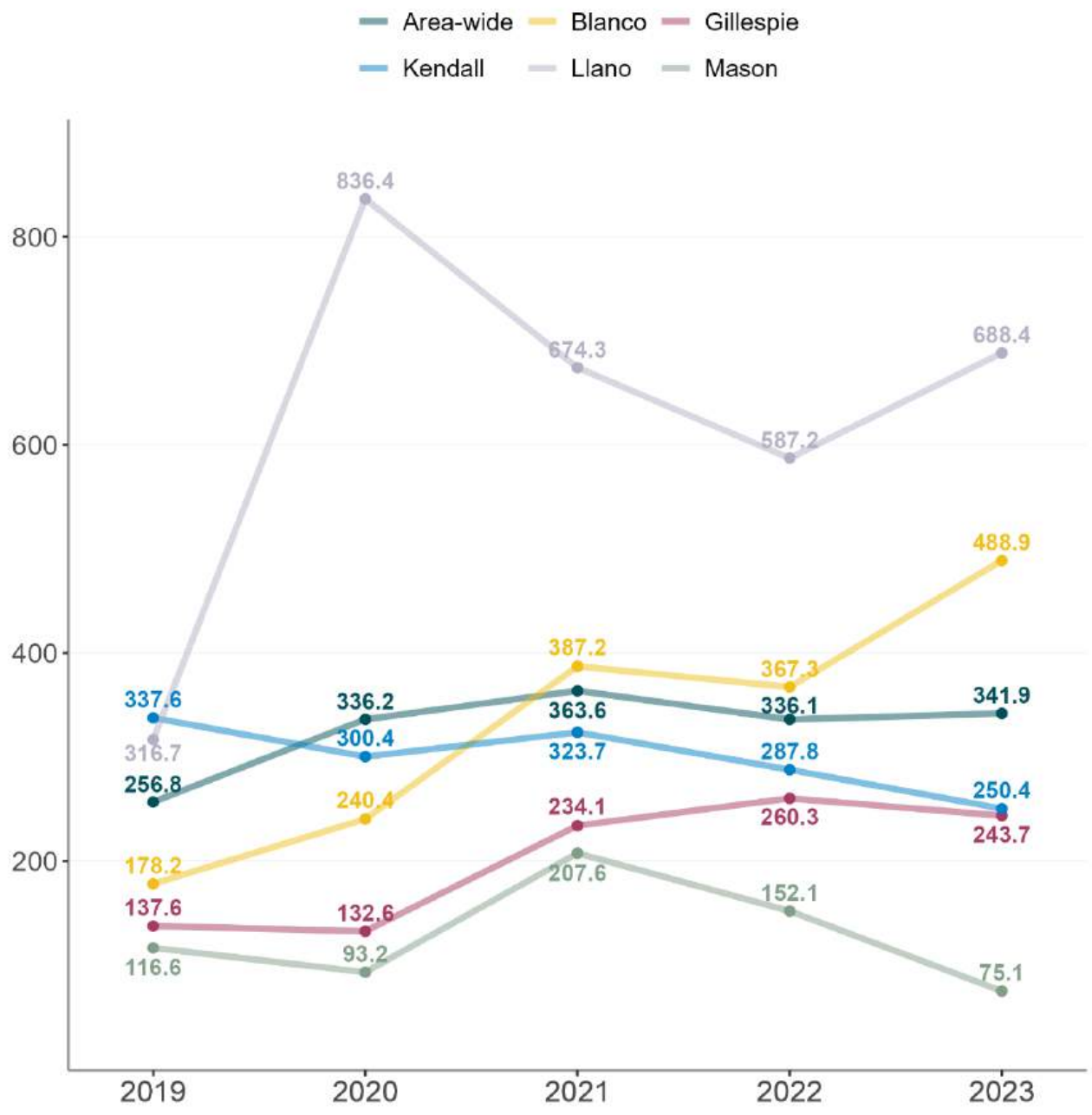
***But holistically, your problems are the same. They have been. You still have families that get divorced. You still have kids that experience trauma. You still have loss and grief and all of those things, and we just don't talk about them as much because it's overshadowed.***

***I think people think that this generation is just kind of soft, and all that gets shoved to the side. I do believe they need to be equipped with the right tools, and that's where counseling and other resources come into play."***

– Leigh Anne Lake, School Counselor with Harper ISD

**Fig. 2G.7 Family violence rate per 100K population, by location**

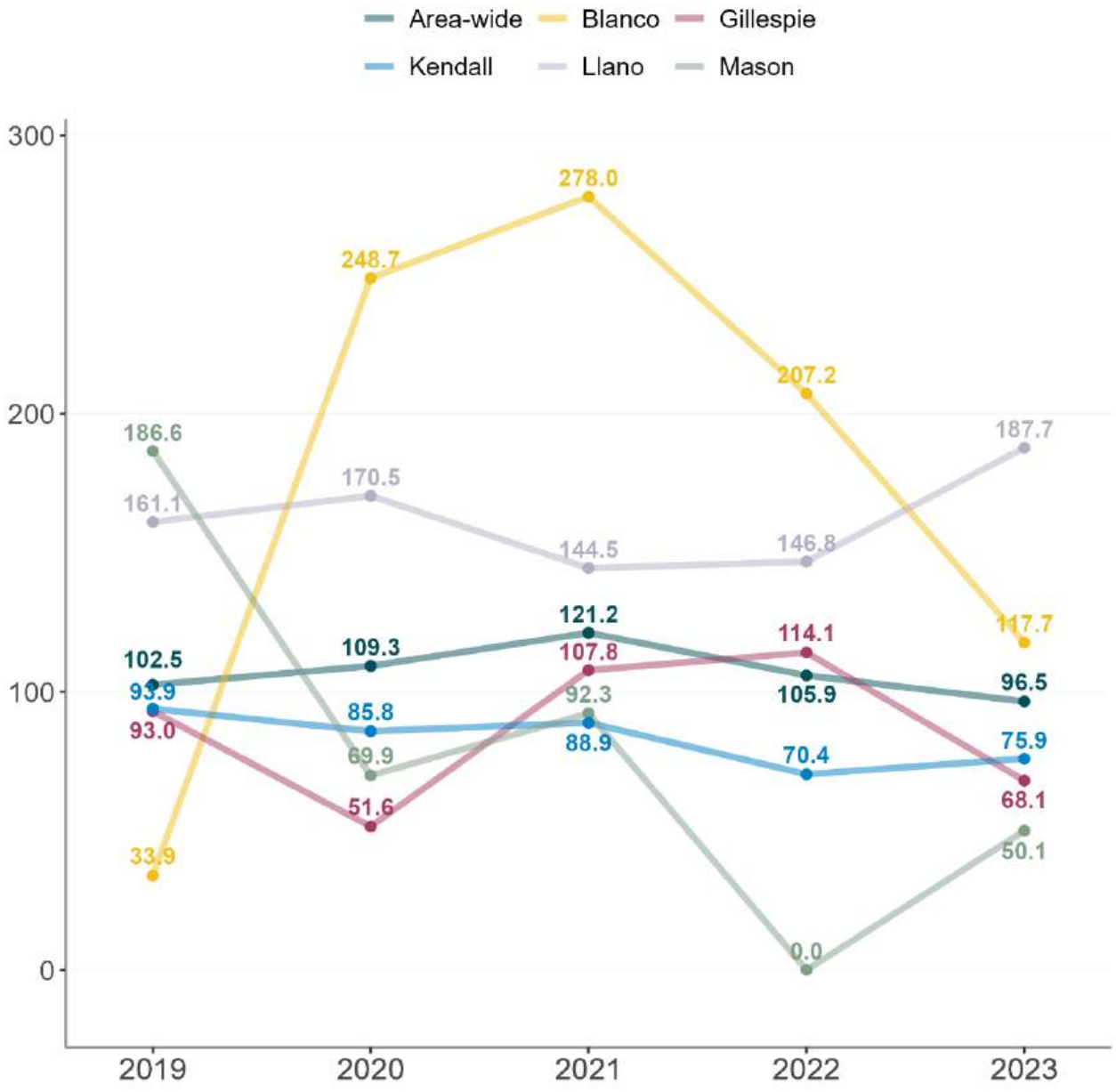
Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




Source: Texas Department of Public Safety; ACS 5-Year Estimates, Table: B01001
Prepared by CINow

## Fig. 2G.8 Violent crime rate per 100K population, by location

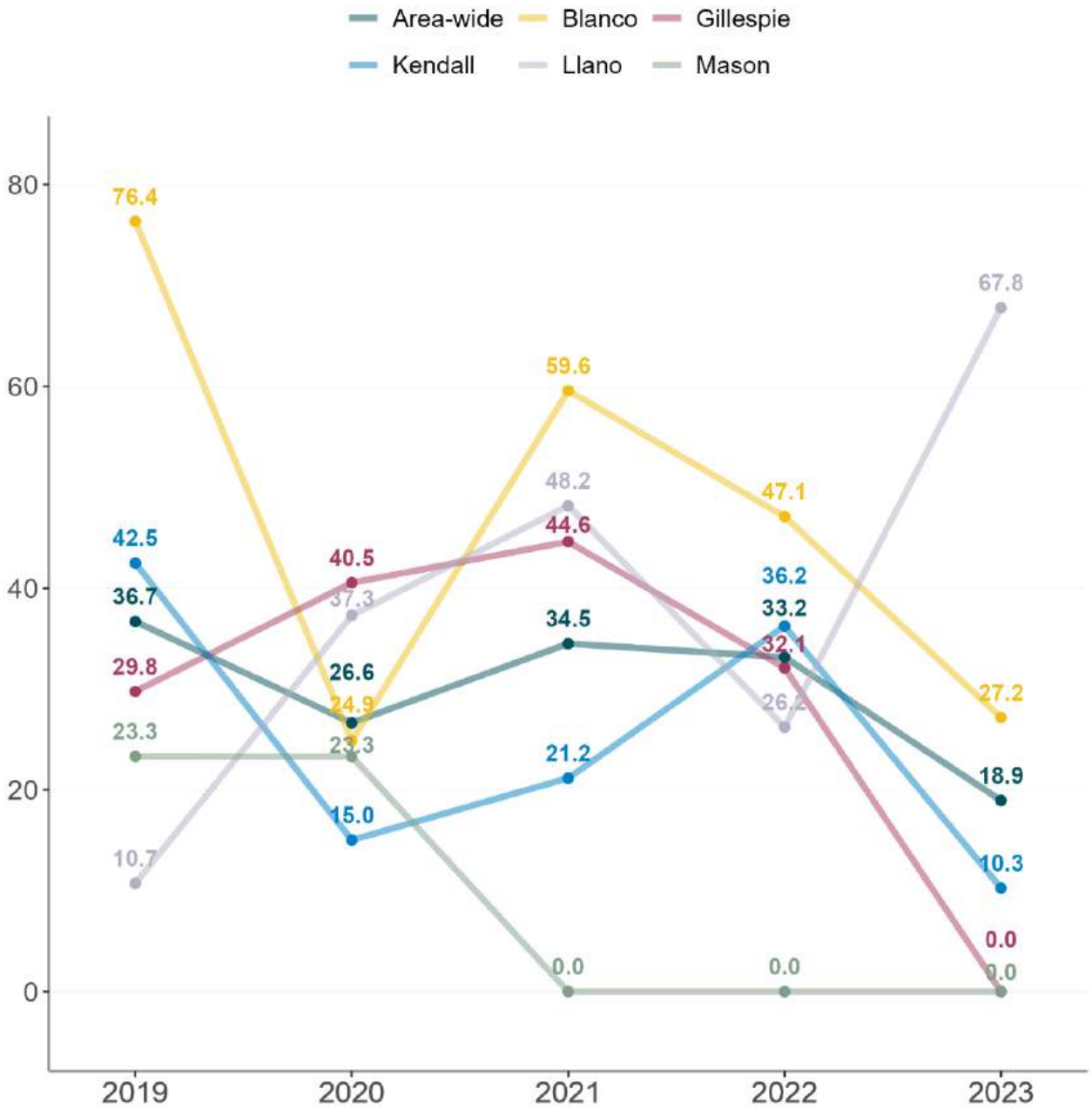
Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




Violent crime includes murder, rape, robbery, and aggravated asault, as defined by the Department of Public Safety's Texas Crime Analysis.
Source: Texas Department of Public Safety; ACS 5-Year Estimates, Table: B01001
Prepared by CINow

## Fig. 2G.9 Sexual assault rate per 100K population, by location

Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas



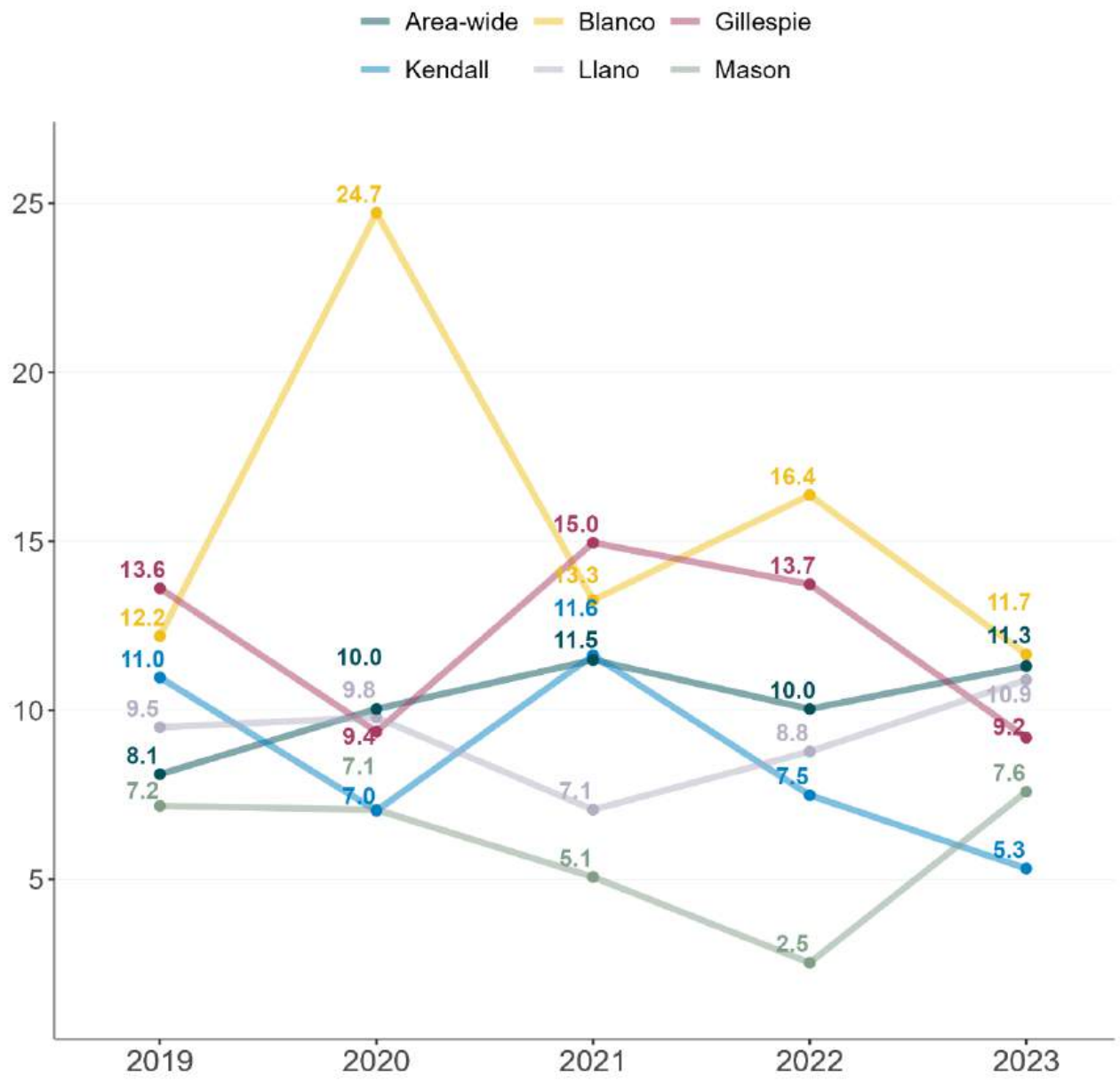

Source: Texas Department of Public Safety; ACS 5-Year Estimates, Table: B01001
Prepared by CINow

## Alcohol-Related Crashes

Another community safety indicator is the alcohol-involved motor crash rate, which remained relatively stable area-wide, increasing slightly over the five-year period from about 8.1 crashes per 10,000 residents in 2019 to 11.3 in 2023 (**Fig. 2G.10**). Of the locations shown, Blanco and Gillespie reported rates higher than the area-wide average in almost all of the years. The COVID-19 pandemic almost certainly influenced these trends, for instance, fewer cars on the road during lockdowns and periods of restricted activity.

**Fig. 2G.10 Alcohol-involved motor vehicle crash rate per 10K population, by location**

Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




Source: Texas Department of Transportation; ACS 1-Year Supplemental Estimates, Table K200101; Decennial Census Estimate
Prepared by CINow

# A Clean and Healthy Environment

Prolonged exposure to poor air quality and high temperatures poses serious health risks, especially for more vulnerable groups, like children, older adults, people with chronic illnesses, and those experiencing homelessness or lacking access to adequate cooling. Furthermore, extreme heat also stresses the power grid, heightening the risk of power outages during peak demand periods.

## Extreme Heat

One measure of environmental quality is the number of days with a maximum temperature of 103°F or higher, which is considered "dangerous heat" as prolonged exposure can lead to heat disorders[14]. While this data is specifically shown for Fredericksburg, Texas (in Gillespie County) and Johnson City (Blanco County), and is not directly representative of the Texas Hill Country region as a whole, it still reflects the broader impacts of climate and environmental conditions on public health (**Fig. 2H.1**).

From 2019 to 2024, the largest fluctuation occurred in 2023, when the number of days with a maximum temperature of 103°F or higher reached its peak for both locations. Rising to 28 days for Fredericksburg (an increase of over eight times from the previous year) and 57 days for Johnson City (an increase of almost five times). Both locations returned to previous levels in 2024. Notably, the 2021 drop to zero days occurred across other cities and areas and has been linked by NASA to La Niña temperature patterns[15]. Nonetheless, this fluctuation highlights how days with extreme heat are unpredictable and reflects a need for community preparedness.

Community voices highlighted the lack of access to clean, safe, and healthy environments and housing, particularly for low-income and rural residents.

***"Extreme heat is dangerous to a lot of the lower income population. Yeah, we'll give fans away at the food pantry. I know that we have aid for housing at the hotel for people, because their air condition will go out. We can't afford to fix it, so that makes another vulnerable population who are low income, in the, in the wintertime. We just have so many vulnerable people living in substandard housing, because they have no recourse."***
– Mason County Focus Group Participant

***"Kingsland does not have public transportation or sidewalks. There is not a clean and safe public park for exercise via a trail or equipment. There is one gym that is very outdated and not as affordable and safe as something like YMCA. Kingsland is unincorporated so much harder to put systems in place like reliable trash service."***
– Llano County Survey Respondent

***"The water in our community has been bad for years and repairs need to be made so that our drinking water is safe for everyone."***
– Mason County Focus Group Participant

## Fig. 2H.1 Number of days with a maximum temperature of 103° F or greater, by location

Fredericksburg and Johnson City, Texas




Fredericksburg is located in Gillespie County, Texas and Johnson City is located in Blanco County, Texas. Data was unavailable for other cities in the Hill Country service areas. Covid-19 affected the data collection for 2019 and 2020, which led to a significant amount of missing data for those years.

Source: National Weather Service

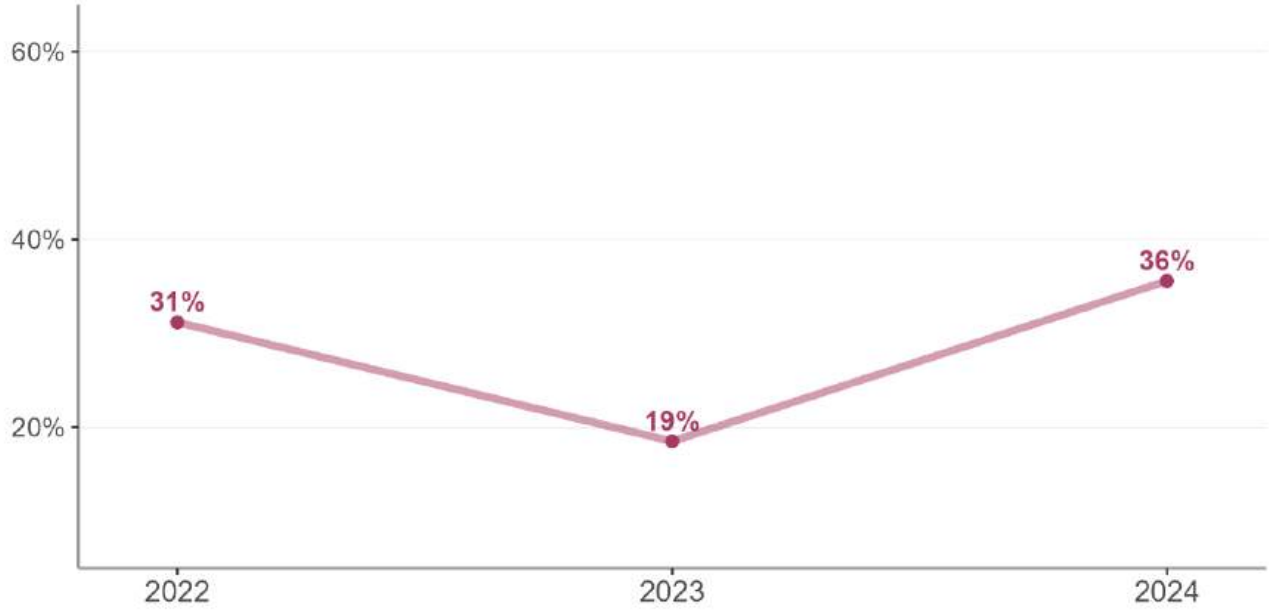
Prepared by CINow

## Walkable Park Access

Ensuring equitable access to public outdoor spaces is important for promoting community health and well-being, helping with climate resilience, and building stronger, more connected communities. As part of their ParkScore® Index, the Trust for Public Land measures the percentage of residents living within a 10-minute walk (about half a mile) of a public space[16]. The ParkScore® Index makes little sense outside cities and large towns, however, as residents of rural and semi-rural areas are by definition living in or near green spaces, though public access varies by location. Only data for Gillespie was available at the time of this writing (**Fig. 2H.2**), which shows that about a third of the population had walkable park access. The drop in 2023 is likely a function of "bounce" in the rate because the population denominator is relatively small, rather than a true single-year decrease in walkable park access.

**Fig. 2H.2 Percent of population with walkable park access**

Gillespie County, Texas




Data was unavailable for other cities in the Hill Country service areas.
Source: Trust for Public Land
Prepared by CINow

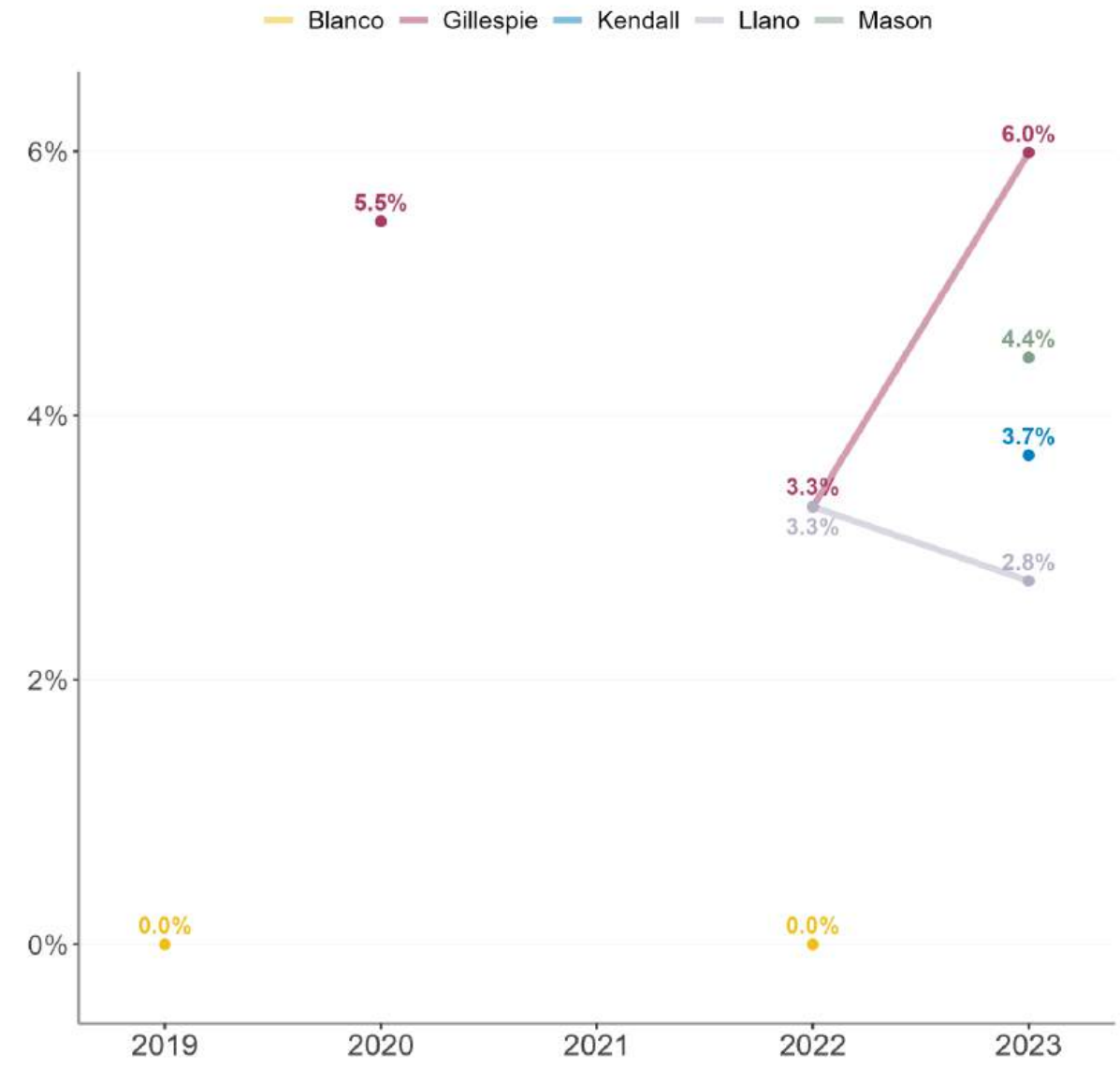
## Lead Exposure

Lead is a toxic metal that can still be found in many living environments, like peeling paint in older homes, contaminated soil, aging water pipes, and imported toys. Even low levels of exposure can cause serious health problems, especially in young children, harming a child's brain and nervous system, potentially causing developmental delays, learning difficulties, and other permanent effects[17]. The only way to confirm exposure is through a blood test, and early detection is critical for identifying the source and initiating treatment.

**Figure 2H.3** shows the percentage of children ages zero to five who tested positive for elevated blood lead levels. Data availability is limited due to suppression; the available figures suggest Gillespie had the highest percentage of children in that age group testing positive. However, the data presented here should be interpreted with caution, as elevated results depend on testing rates and practices.

**Fig. 2H.3 Percent of children aged 0-5 who were tested for lead poisoning that have elevated blood lead levels, by location**

Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




Some values suppressed due to counts of less than 5.
Source: Texas Department of State Health Services
Prepared by CINow

# Getting the Care We Need

Access to healthcare is more than just having insurance coverage; it means getting the care one needs, when needed, and without barriers. In addition to insurance, key factors include affordability, transportation, and health literacy. Importantly, these factors are further exacerbated by disparities experienced by certain populations, such as more rural or marginalized groups.

## Healthcare Provider Availability

Another key factor is provider availability, particularly for specialized services such as reproductive care or in-home support. There are significant gaps in the number of providers available to residents in Texas Hill Country counties, prompting many to seek care in nearby larger cities in neighboring counties where a broader range of specialized services and providers are available.

**Figure 2I.1** through **2I.4** show the number of residents for every one healthcare provider in each location from 2020 to 2024. In this case, lower numbers mean better access, as fewer residents are sharing one provider. Changes in these figures reflect shifting dynamics in healthcare access, as well as changes in workforce distribution or pathways into different professions across the region. Rates help standardize the data, making it easier to understand trends over time and evaluate access relative to population size. However, in counties with smaller populations, even small changes in provider numbers can cause large fluctuations, or "bounce". While provider rates of each type are shown for each County side by side, direct comparisons between locations should be made with caution.

Notably,

- Gillespie had the most stable rates over time, with consistently higher availability across provider types, despite some minor year-to-year changes.
- Mason had the most fluctuation in rates across provider types, most likely because of its small population. In these cases, even a single provider entering or leaving can seem like a dramatic change and is therefore more difficult to interpret.
- Llano's rates across provider types seemed to converge over time, with 2024 rates across provider types ranging between 1,360 and 1,503 residents per provider.

By provider type,

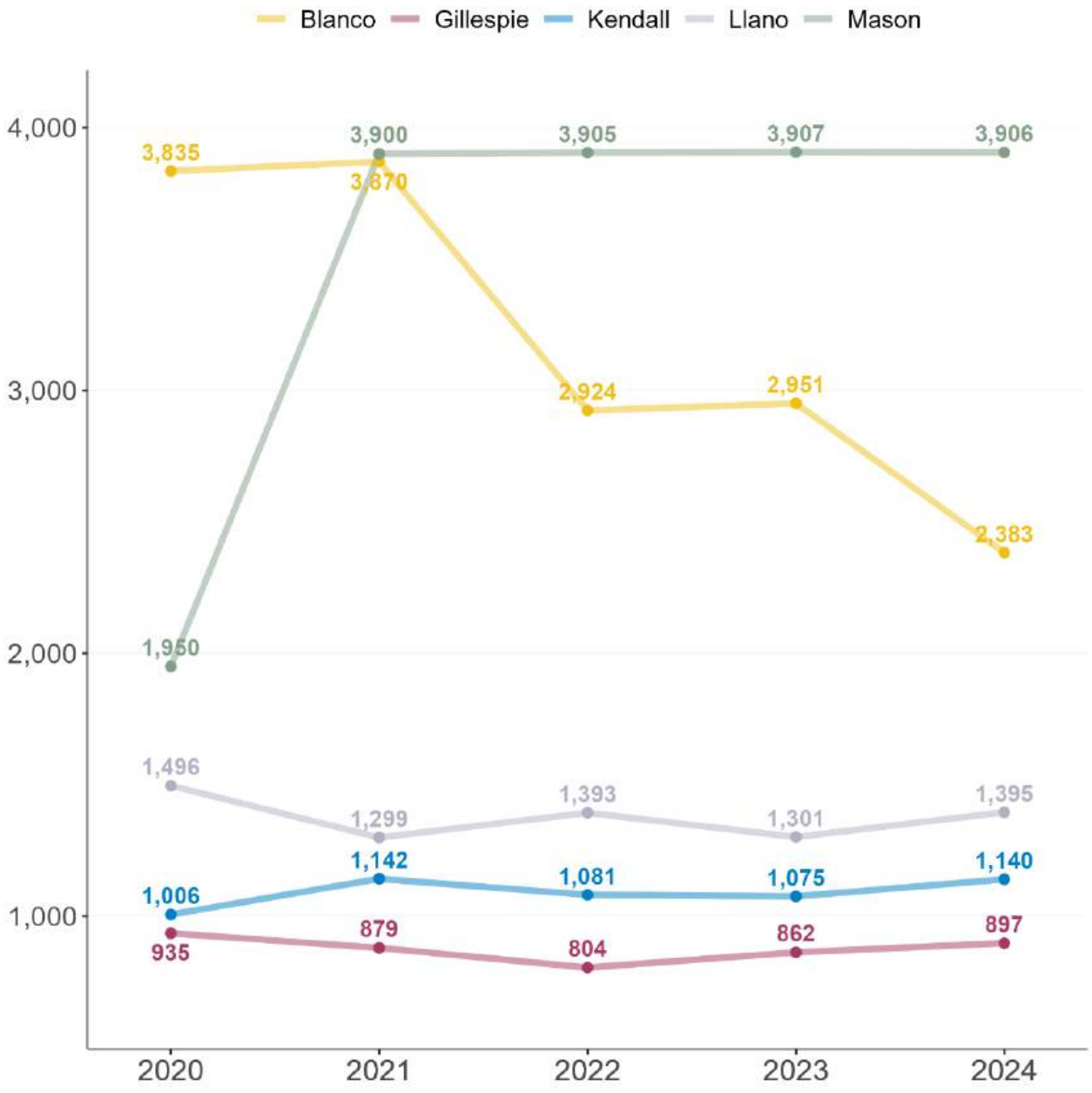
- Availability of **primary care physicians (PCPs)**, which includes family medicine physicians and pediatricians, remained relatively stable across most locations (**Fig. 2I.1**). The exceptions were Blanco, where access improved steadily as the number of residents per PCP decreased from 3,835 in 2020 to 2,383 in 2024; and Mason, where availability worsened suddenly, with the ratio doubling from 1,950 in 2020 to 3,900 in 2021, then stabilizing through the rest of the period. Notably, Gillespie is the only location where PCP access was best among provider types, with fewer than 1,000 residents per PCP each year.
- **Physician assistant (PAs) and nurse practitioner (NPs)** availability improved in most locations in 2021 (**Fig. 2I.2**). While Kendall and Gillespie's rates remained relatively stable post-2021, both Blanco's and Llano's availability of PAs and NPs worsened slightly, with the number of residents for every one provider increasing through 2024. Mason was the only location where availability improved over the period, with the number of residents per provider dropping by half, from 3,906 in 2020 to 1,953 in 2024.
- **Mental health** provider availability was relatively stable in most locations, except in Blanco, where rates dropped significantly in 2022, from 11,930 residents per one provider to 3,070 (about a 74% decrease, or almost four-fold improvement in access) (**Fig. 2I.3**). Despite general improvement in availability across locations, challenges remain. In ***What We Need For Health: What We Heard from the Community***, survey

respondents identified quality mental health care as a key priority (ranked fifth and selected by 36% of respondents across the region). However, among those who prioritized it, only 3% reported having "pretty good" or "very good" access to it. This highlights that provider availability is only one part of the picture. More about mental health can be found in ***How We're Faring: Supporting Behavioral Health***.

- **Dentists and dental hygienists** had the highest availability (in other words, lowest resident-to-provider ratios) in most locations (**Fig. 2I.4**). In particular, there were fewer than 650 residents per dental provider in 2024 in Gillespie and Kendall. Llano was the exception, with significantly lower availability.

**Fig. 2I.1 Population per primary care physician, by location**

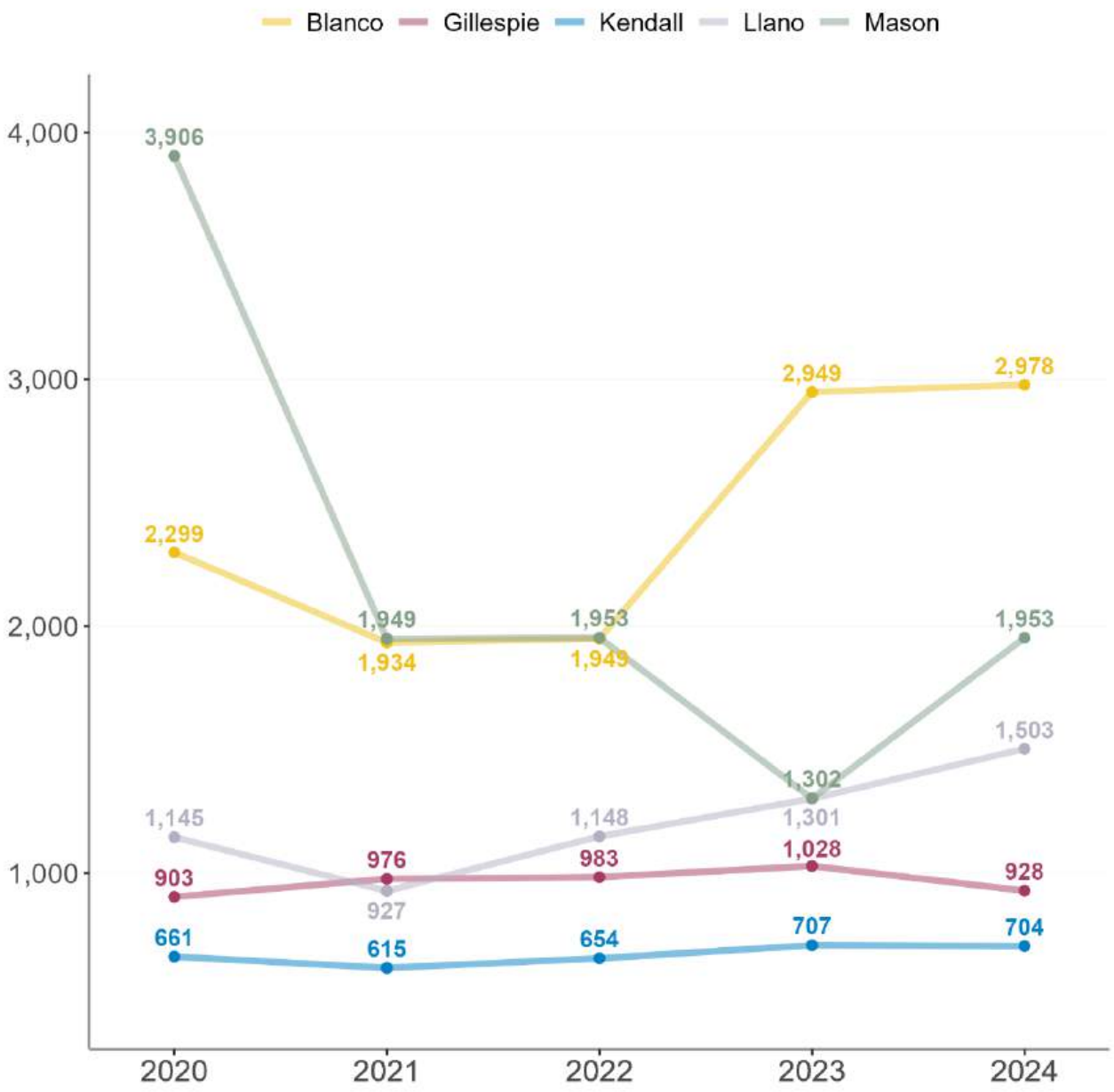
Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




Source: ACS 5-Year Estimates, Table B01001; Texas Department of State Health Services, Health Professions Resource Center
Prepared by CINow

## Fig. 2I.2 Population per physician assistant and nurse practitioner, by location

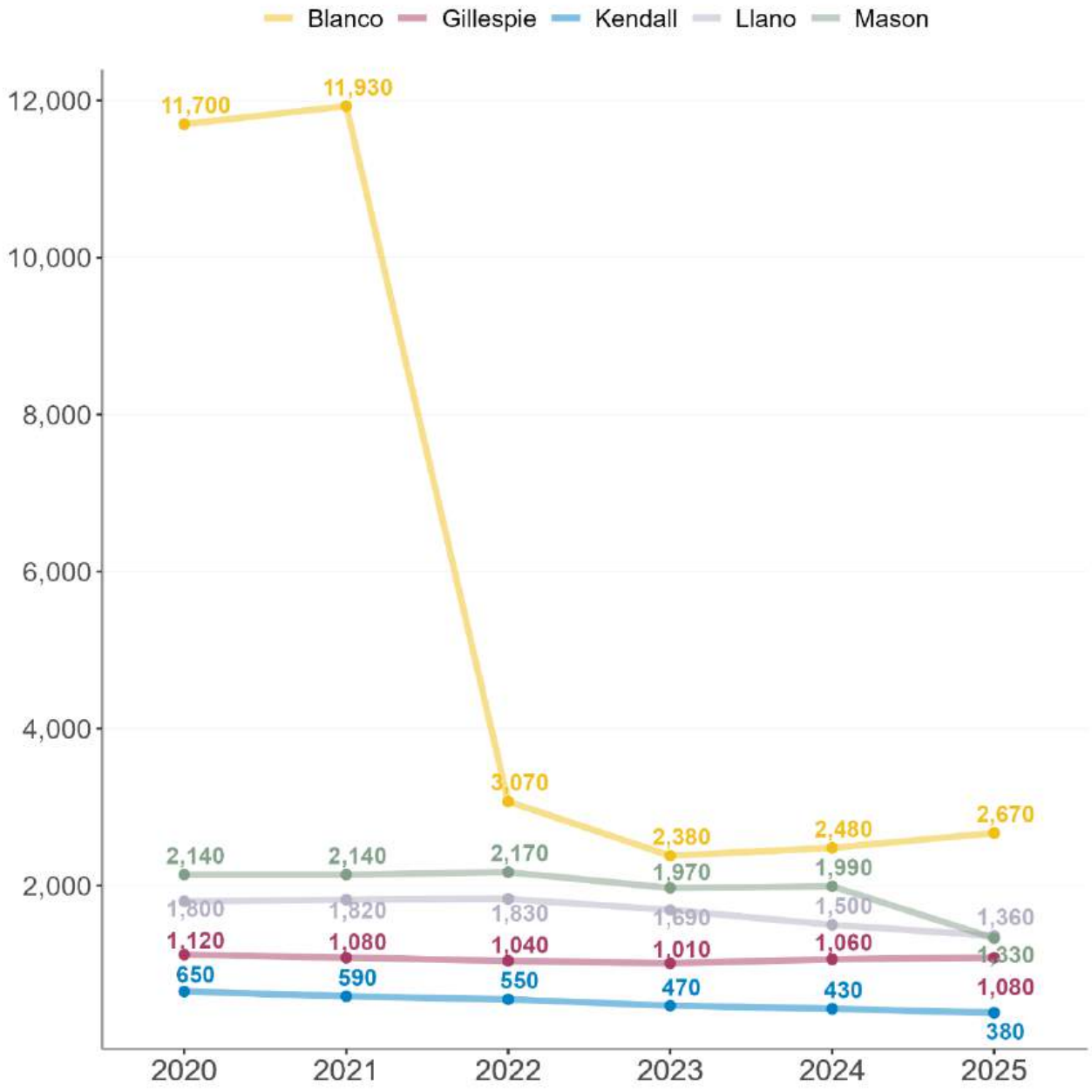
Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




Source: ACS 5-Year Estimates, Table B01001; Texas Department of State Health Services, Health Professions Resource Center; University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps
Prepared by CINow

**Fig. 2I.3 Population per mental health provider, by location**

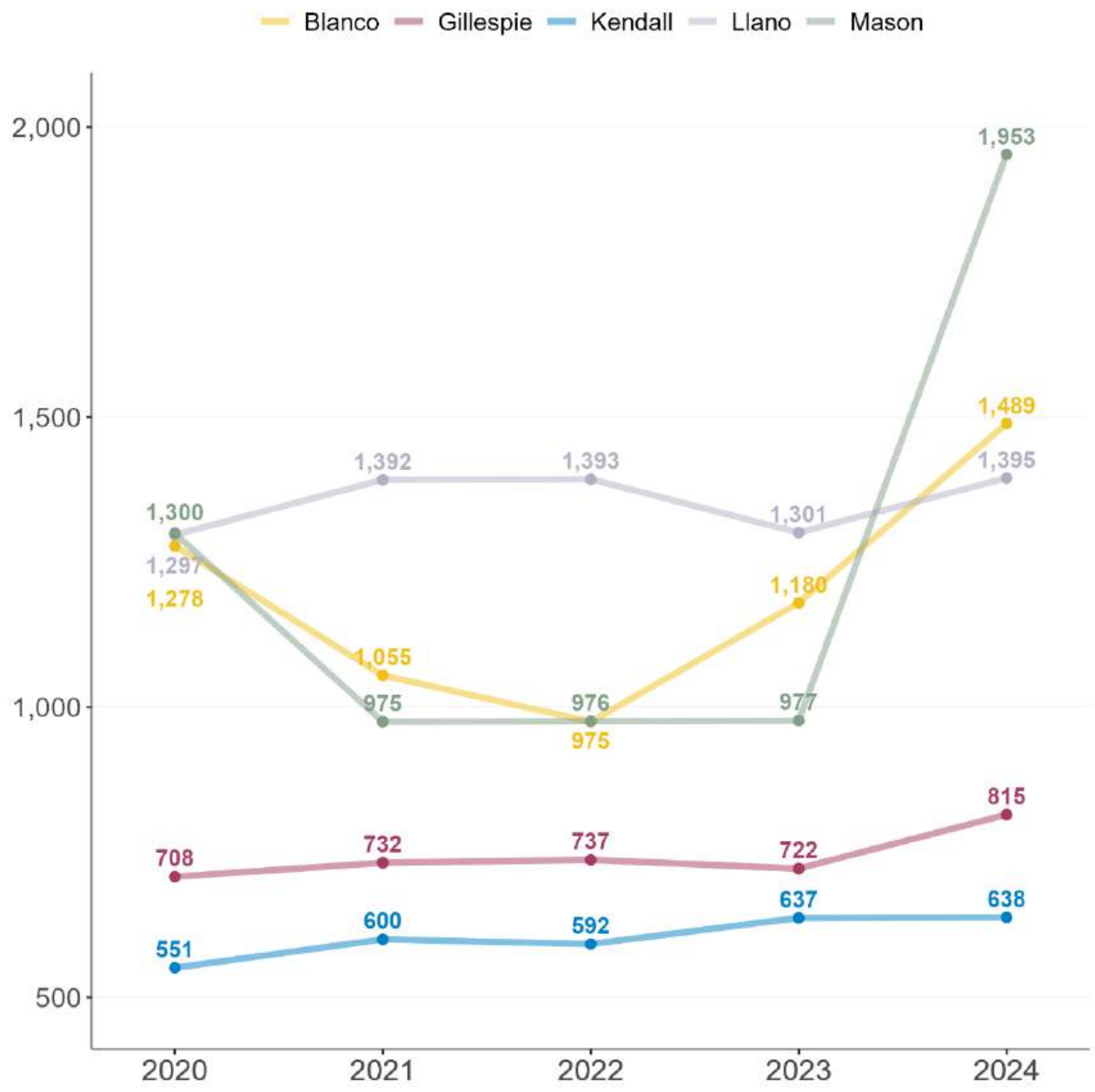
Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




Source: ACS 5-Year Estimates, Table B01001; University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps
Prepared by CINow

**Fig. 2I.4 Population per dentist and dental hygienist, by location**

Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas

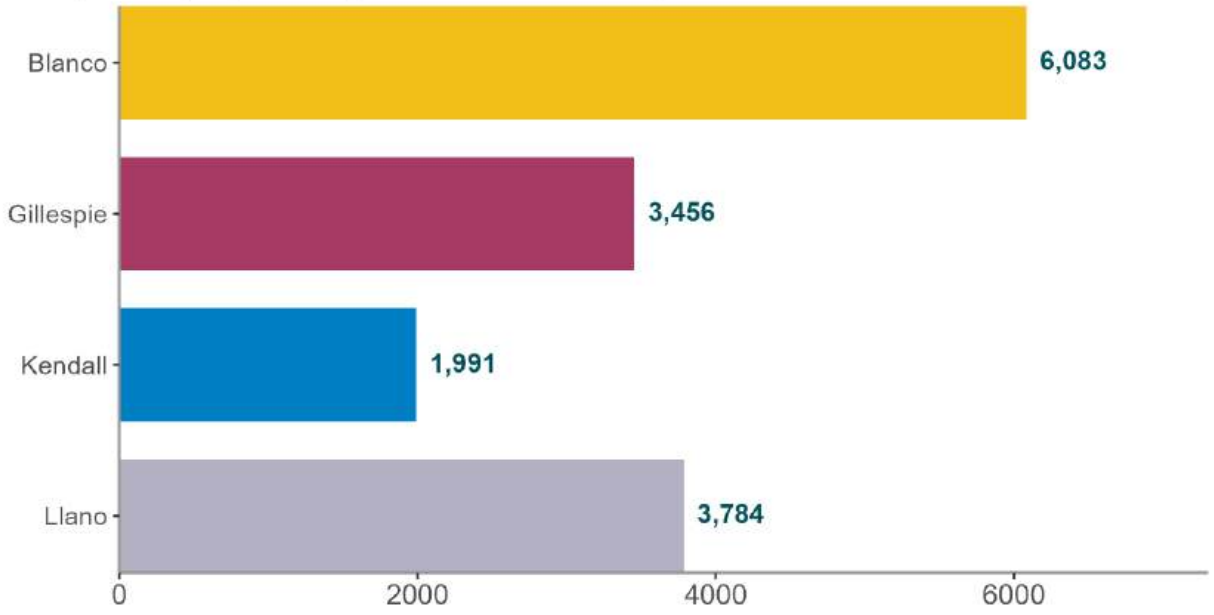



Source: ACS 5-Year Estimates, Table B01001; Texas Department of State Health Services, Health Professions Resource Center
Prepared by CINow

Not shown in the chart are the even lower rates for specialized care, such as home health providers, which were virtually absent across the region (at a reported rate of 0.0 per 100,000 residents in 2023). Similarly, access to obstetrician/gynecologist (Ob/Gyn) providers is limited within the region; Mason, for instance, had no Ob/Gyn providers. Across the four other locations with some availability, the number of female residents per *one* Ob/Gyn provider in 2023 ranged from approximately 2,000 to 6,000 (**Figure 2I.5**).

**Fig. 2I.5 Female population per OB/GYN provider, by location, 2023**

Blanco, Gillespie, Kendall, and Llano Counties, Texas




Source: American Medical Association Health Workforce Mapper
Prepared by CINow

Focus group and key informants emphasized that the lack of access to providers extends across many other specialty areas, while highlighting how many barriers to accessing care intersect.

***"We don't have any specialists, because we're so rural. So they have to drive somewhere which would bring back the transportation issue, not everybody has a family member that can take them to dialysis. Dialysis is on my list to talk about today. The closest dialysis is at least 30 minutes away, but they can't see everybody, you know, like. And we have a large percent of people going, or die off."***

– Mason County Focus Group Participant

The American Medical Association's interactive online Workforce Explorer[18] shows the geographic distribution of different types of health care providers. However, the data does not include all provider types (e.g., dental care providers, licensed clinical social workers), and the map cannot be filtered to show only providers engaged in direct patient care.

The following four figures (**Fig. 2I.6** to **2I.9**) show different provider distributions across the Texas Hill Country locations. This includes primary care physicians (family practice, internal medicine, pediatrics, and geriatrics, **Fig.2I.6**), midlevel providers (physician assistants and nurse practitioners, **Fig.2I.7**), obstetrics and gynecology providers (OB/GYN physicians and midwives, **Fig. 2I.8**), and mental health providers (psychiatrists and clinical psychologists, **Fig. 2I.9**). Provider distribution is generally sparse, and the providers that are available tend to be located in each County's largest one or two communities. Across all provider types, the greatest concentration was found in Fredericksburg, in Gillespie County.

Community voices shared that navigating the healthcare system and limited health literacy are among the challenges they face in accessing care.

***"That our healthcare system, even with great providers (doctors, nurses, etc.) is extremely confusing to navigate. Even though I'm a native English speaker and originally from the United States, I find it hard to get the care I need because I don't understand how the system works."***
*– Gillespie County Survey Respondent*

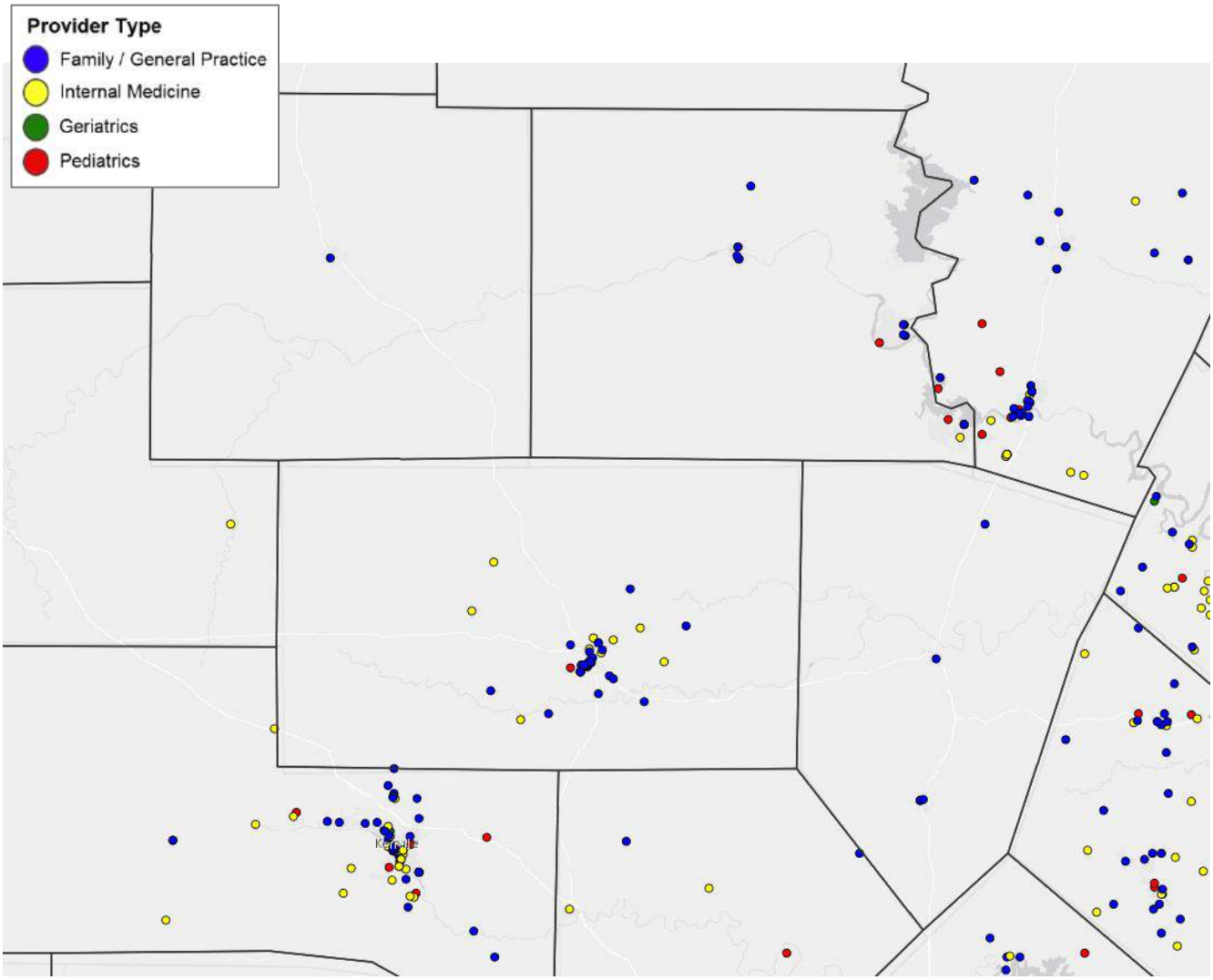
Even when providers are available, the limited number of appointment slots and restricted hours still create significant barriers to care. These challenges are often multiplied by rural isolation and limited transportation options, especially for more vulnerable populations.

***"I've been trying to find a doctor. I haven't had a doctor in 15 years, because there's a lack of availability. Every doctor is a year out to see new patients. This is a true conversation: he says 'Well, I could set you up with a nurse.' I said 'Man, I'm a 30 year paramedic. You think I want to see a nurse?' Most of our doctors are either retired, or they're not accepting new patients. Actually, my next appointment would be June of 2026 [this is almost a year from when this focus group happened]…… We're seeing a lot of the population, or uninsured or underinsured individuals, utilize emergency rooms as primary care."***
– Llano County Focus Group Participant

***"It is very important and urgent that our community of Fredericksburg get urgent care clinics that are open till at least 8:00 p.m. at night, 7 days a week."***
– Gillespie County Survey Respondent

## Fig. 2I.6 Distribution of primary care physicians, 2025

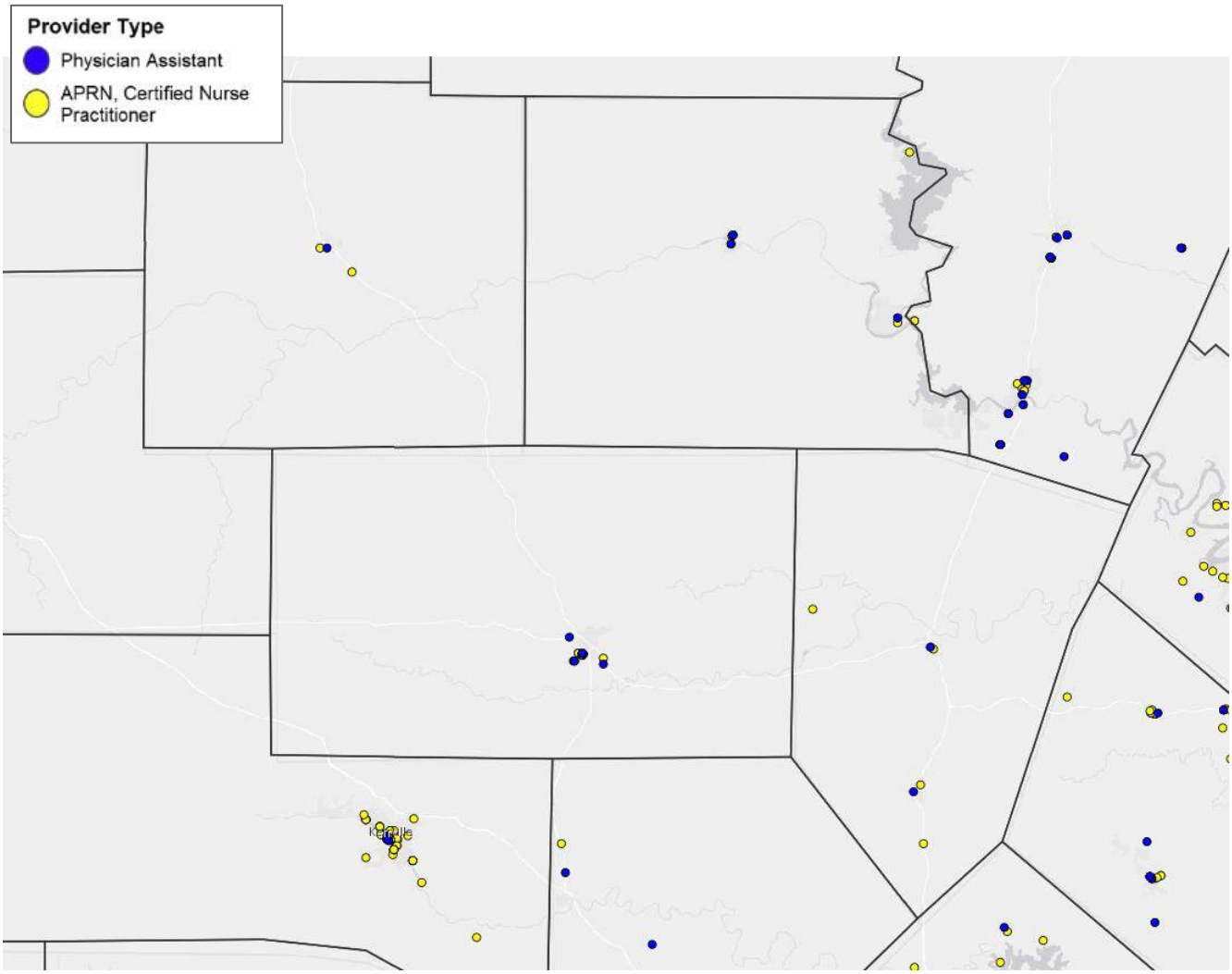
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: American Medical Association (AMA) Workforce Explorer

## Fig. 2I.7 Distribution of mid-level medical care providers, 2025

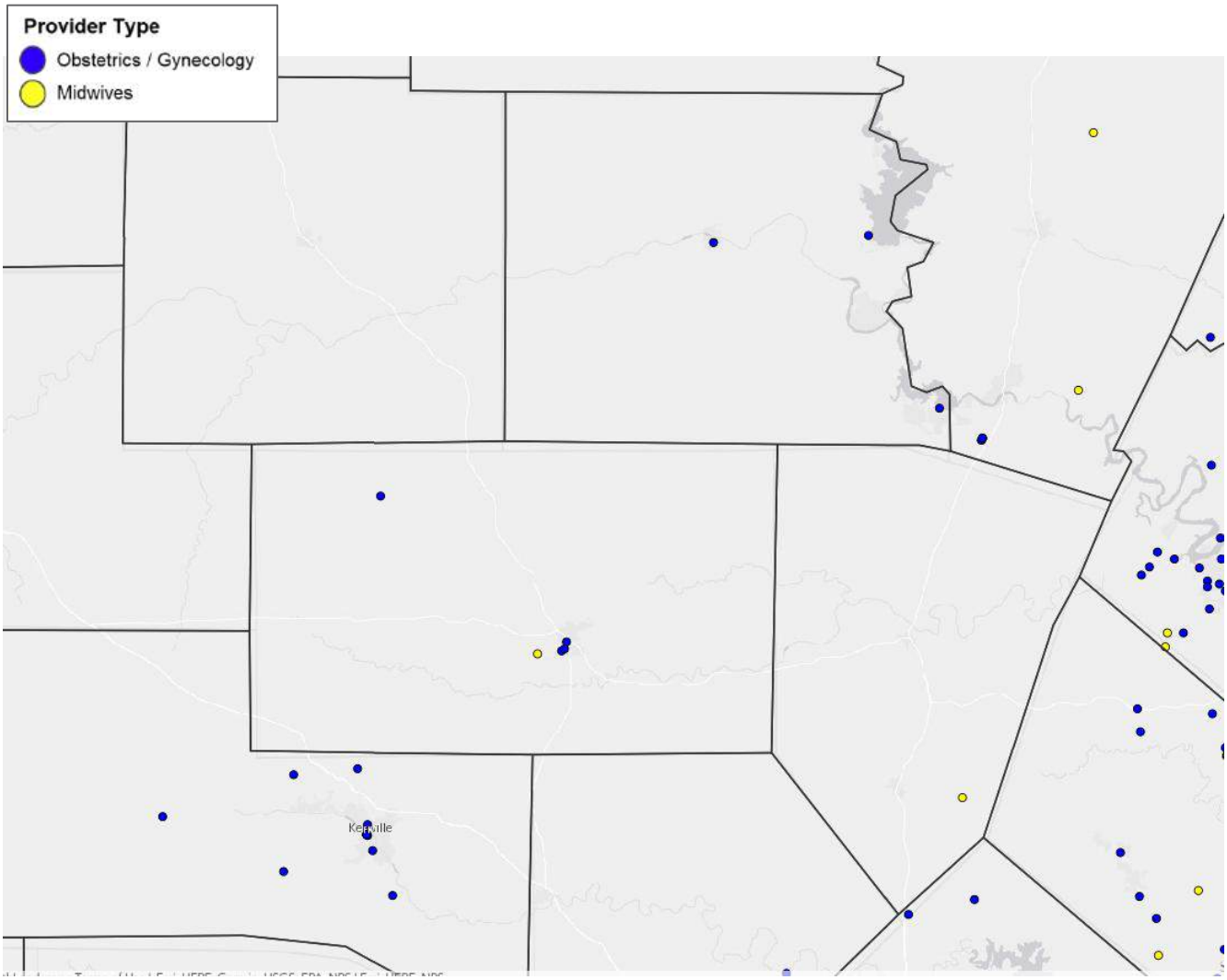
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: American Medical Association (AMA) Workforce Explorer

## Fig. 2I.8 Distribution of obstetrics and gynecology providers, 2025

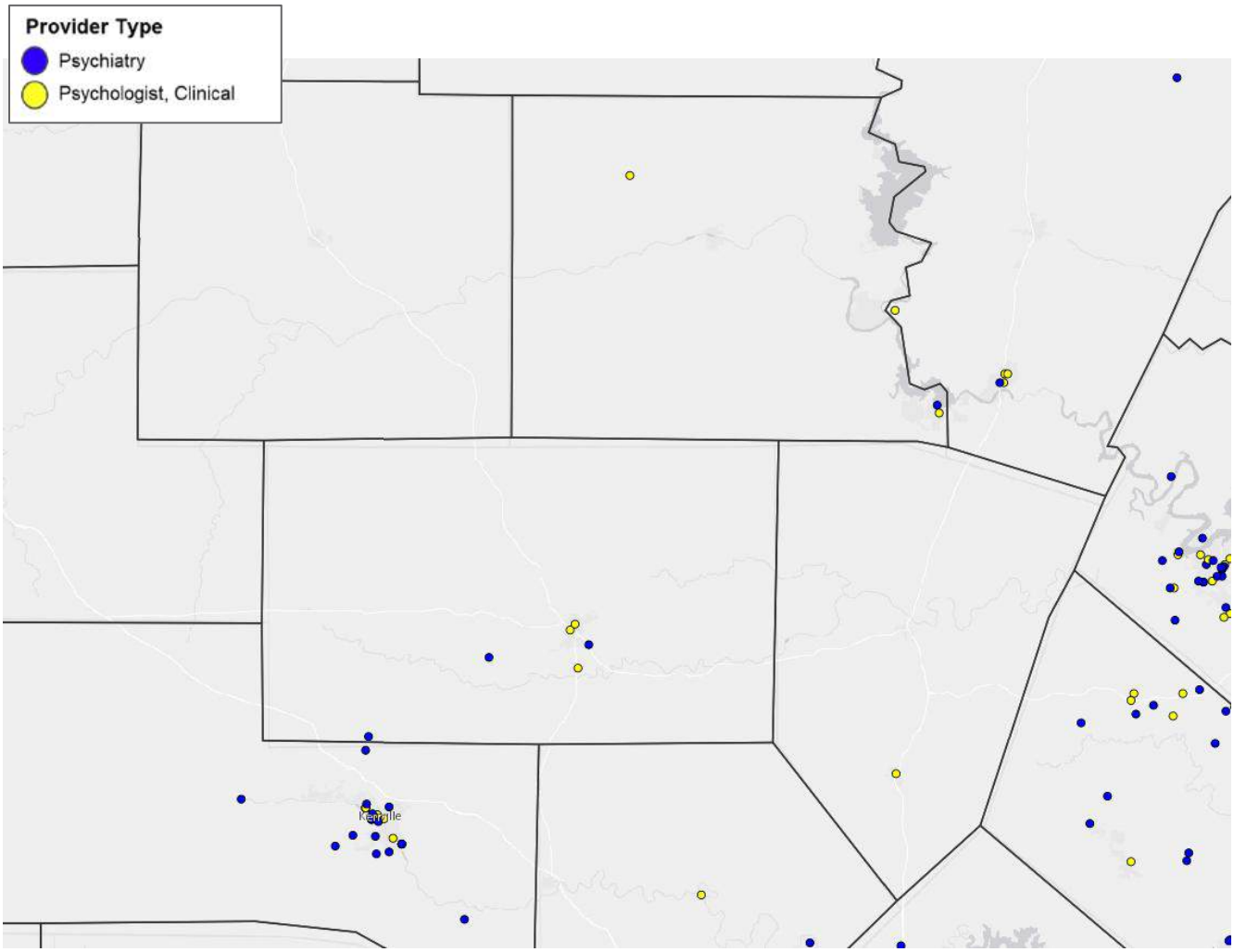
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: American Medical Association (AMA) Workforce Explorer

## Fig. 2I.9 Distribution of mental health care providers, 2025

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: American Medical Association (AMA) Workforce Explorer

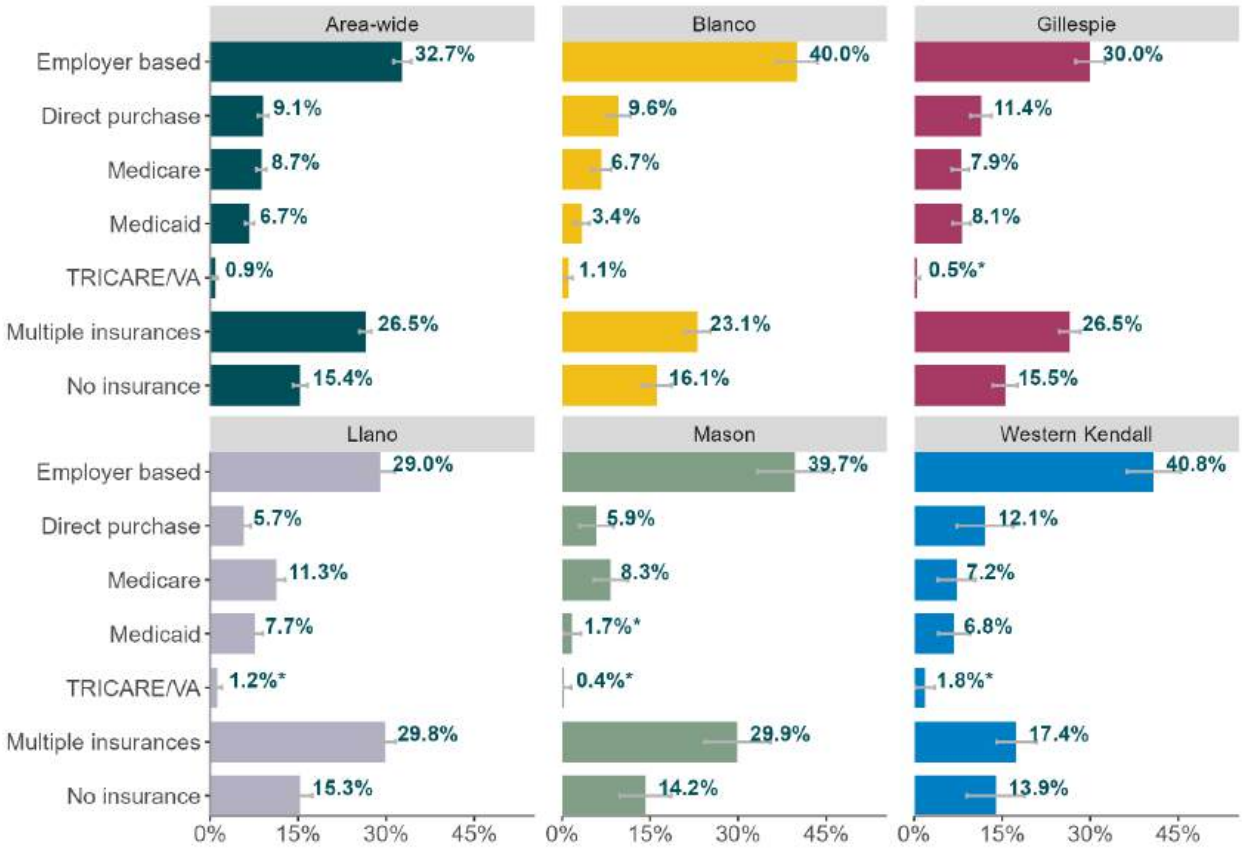
## Health Insurance Coverage

One of the most important factors influencing access to healthcare is affordable and reliable insurance coverage. It plays a critical role in connecting people to preventive services, like immunizations, routine check-ups, and screenings. However, not all insurance offers the same level of access to timely and high-quality care. Not everyone across the Texas Hill Country location had insurance coverage in 2023, and of those who did, the status and type of coverage varied significantly (**Fig. 2I.10**). Shown as percentages of the civilian non-institutionalized population for each location,

- Employer-based insurance was the most common form of coverage, averaging 33% across the region.
- Multiple insurance coverage, or individuals with multiple forms of insurance, was the next most common (27% across the region), followed by uninsured individuals (15%), a smaller but still significant share.
- TRICARE/VA insurance coverage, which includes military and veteran health benefits, was the least common, covering only about 1% of residents across the region.
- For the remaining categories*, the order of prevalence varied by location because of overlapping margins of error.

**Fig. 2I.10 Percent of civilian non-institutionalized population, by location and health insurance status and type, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: B27010
Prepared by CINow

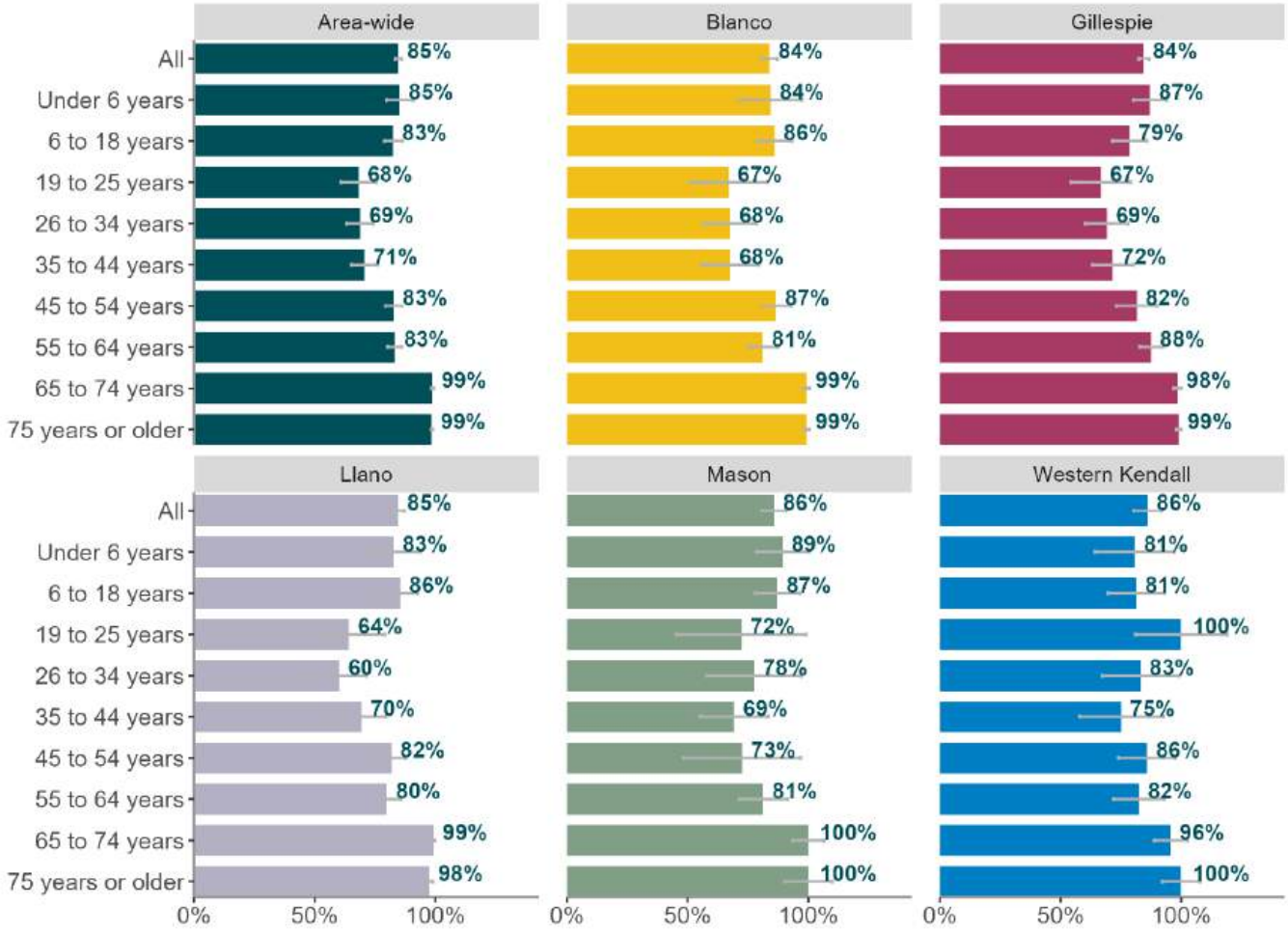
* Direct purchase insurance refers to insurance bought privately or through the Affordable Care Act (ACA) marketplace; Medicare typically provides coverage for people aged 65 and over or individuals or individuals with disabilities; and Medicaid typically provides coverage to low-income populations including adults, children and pregnant women.

Overall, 85% of the civilian non-institutionalized population in the region was insured. Although coverage varied across demographic groups, these differences should be interpreted with caution because many of the margins of error overlap.

Older adults (aged 65 and older) were by far the most likely to be insured, with area-wide coverage near 99% (**Fig. 2I.11**). Higher coverage is likely due in part to Medicare eligibility in this age group. Notably, statistical differences (where margins of error do not overlap) were mostly between older adults (ages over 45) and younger adults (ages under 45), although this varied slightly by location. Furthermore, adults in age groups between 19 and 44, which makes up a large portion of the working-age population generally had lower coverage. This is notable given that employer-based insurance was the most common coverage type, as shown in the previous chart.

**Fig. 2I.11 Percent of civilian population with health insurance, by location and age, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



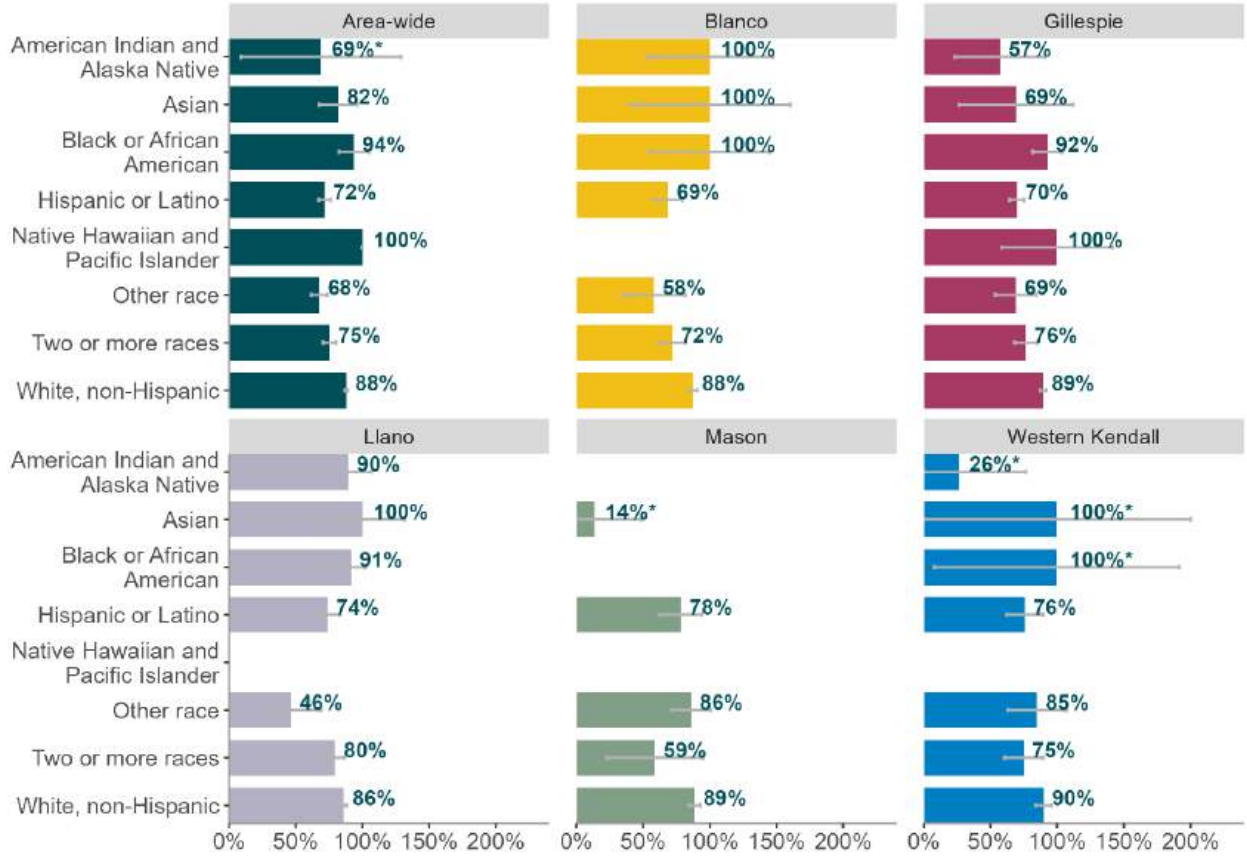

Source: ACS 5-Year Estimates. Table: S2701
Prepared by CINow

By race/ethnicity, white non-Hispanic residents had significantly higher insurance coverage compared to Hispanic or Latino residents area-wide (88% vs 72%) and within most locations (**Fig. 2I.12**). Notably, coverage among White residents was significantly higher than the area-wide overall (83%), while coverage among Hispanic residents was significantly lower. A similar pattern was seen in Gillespie, where the overall was 85%, compared to 89% for White residents and 70% for Hispanic residents. In Blanco County, coverage among Hispanic residents (69%) was also significantly lower than the overall there (84%).

While there were some other statistically significant differences in some locations, such as White residents having higher coverage than those identifying as "Other race" or "Two or more races", these differences are likely influenced by small population sizes in those groups.

**Fig. 2I.12 Percent of civilian population with health insurance, by location and race/ethnicity, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



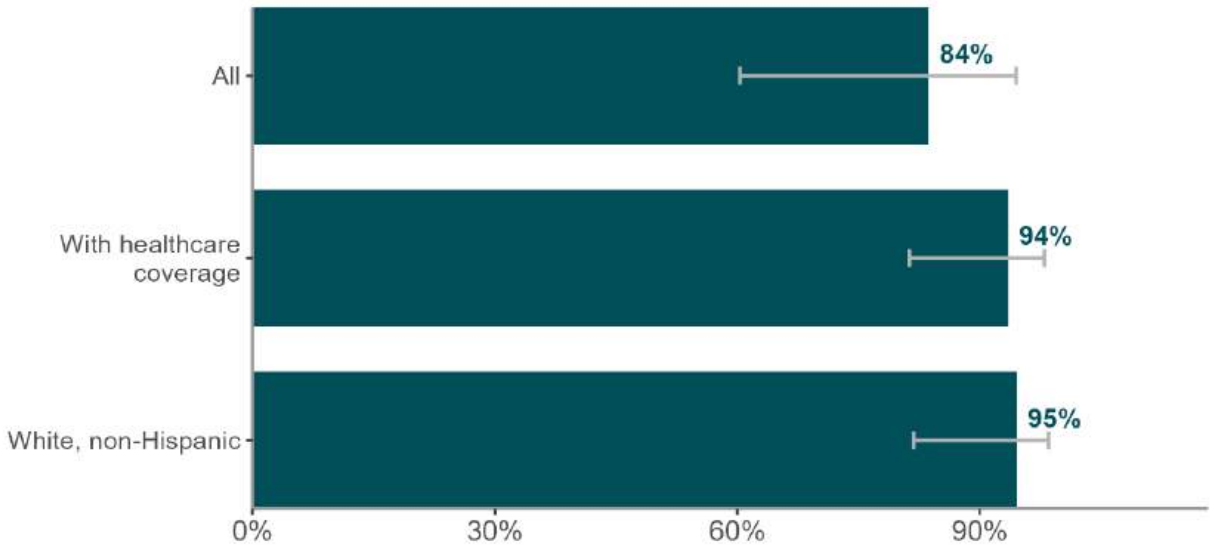

Missing values are suppressed by data source.
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: S2701
Prepared by CINow

## Healthcare Affordability

The BRFSS survey asks adults if, at any point in the 12 months prior, they had gone without care even though they needed to see a doctor because of costs.[19] Because of small sample sizes, data was only available at the area-wide level and averaged over a seven-year period (2017-2023). Overall, during that period, about 84% of adult residents in the region self-reported foregoing care because of financial constraints (**Fig. 2I.13**). Although data is available for healthcare coverage and race/ethnicity, wide margins of error and data suppression limit the ability to make reliable comparisons.

**Fig. 2I.13 Percent of adults who needed to see a doctor but could not due to cost in the past 12 months, 2017-2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

Health insurance was almost always discussed in tandem with medical costs, typically because it is the primary means by which most people manage their medical expenses. In all of the key informant interviews and most focus groups, participants discussed issues with health insurance, including affordability, the need for more in-network doctors, how insurance does not cover enough services, and the impact that federal budget cuts will have on their insurance coverage.

***"And the cost of insurance for the ones that aren't Medicare or Medicaid eligible is astronomical. I mean, me and my husband both have decent jobs, but we can't afford to put my husband on my health insurance for the school… it would cost over a thousand dollars a month to ensure me, my husband, and my 2 kids. Who can afford that?"***
– Blanco County Focus Group Participant

As a result of the gap between the cost of living and wages, participants said that many cannot afford to both live and work locally. The gap also affects older adults, as some cannot afford to retire without losing access to employer-provided health insurance.

***"People have insurance while they're working. They tend to want to retire as they get into their late fifties, sixties, or they work part time. So, most folks, end up losing your insurance between 50 and 65 years of age, how much does it cost? There's no way you can afford it.***

***One pro to going back to work is insurance. Otherwise, it's $846 a month, even for educated professional people. One of those pros for me going back to work is the insurance. That is why when I started doing some things with the hospital here. It was because I needed the insurance because I was paying privately. I retired early, but I was having to pay. So, I was going through all of my savings because of that."***
– Llano County Focus Group Participant

# How We're Taking Care of Ourselves

## Managing What Helps or Harms Our Health

Our behaviors and choices directly impact our well-being, and our circumstances can limit or expand what our choices are and how easy or hard it is to adopt healthy behaviors. Following recommended dietary and physical activity guidelines, like recommended fruit and vegetable consumption, offers significant benefits, including lowering the risk of chronic diseases and improving mental health. On the other hand, behaviors like heavy alcohol use, smoking, and substance abuse contribute to a range of health issues. Understanding how residents engage in habits that help or harm their health underscores the need for targeted efforts to promote healthier lifestyles across the community.

Despite the documented and widely-understood importance of healthy behaviors, related local data is scarce, particularly for children and youth. The Behavioral Risk Factor Surveillance System (BRFSS), overseen by the U.S. Centers for Disease Control and Prevention but administered by each state, is the primary source available for the general population of adults. Unfortunately, only several indicators were available for the region due to small sample sizes. Of those available, many were combined area-wide (Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas) and averaged over a seven-year period (2017-2023) to provide more reliable estimates.

Additionally, because of small sample sizes, uncertainty in the estimate is a problem. Disaggregating or "breaking out" the data by sex or race/ethnicity yields wide margins of error that make it difficult to determine whether true differences exist among groups. Still, BRFSS remains the best source of data available for most health-related behaviors.

### Health behaviors and risk factors

Averaged across 2017-2023, of the BRFSS survey respondents across the region, a majority (87%) reported eating fruits or vegetables less than five times a day (averaged from 2017 to 2023) (**Fig. 3A.1**). Eating fruits and vegetables five or more times per day has long been recommended as part of a healthy diet because it is linked with reduced risk of chronic diseases like heart disease, stroke, certain cancers, and type 2 diabetes.[20,21] Moreover, populations that do not meet this dietary recommendation may be at increased risk for poor nutrition and related health outcomes. Again, because of small sample sizes, differences by location and other race/ethnicity groups were unavailable.

The BRFSS survey asks for survey respondents' height and weight so that Body Mass Index (BMI) can be calculated to measure weight-related health risks across populations. A BMI between 18.5 and 24.9 is classified as "healthy," neither overweight nor obese. Overall, 41% of adults across the region had an overweight BMI and 33% had an obese BMI (2017-2023) (**Fig 3A.2**). While disparities in BMI reflect broader inequities in access to nutrition, physical activity, and preventive care, the available subgroups have wide, overlapping margins of error.

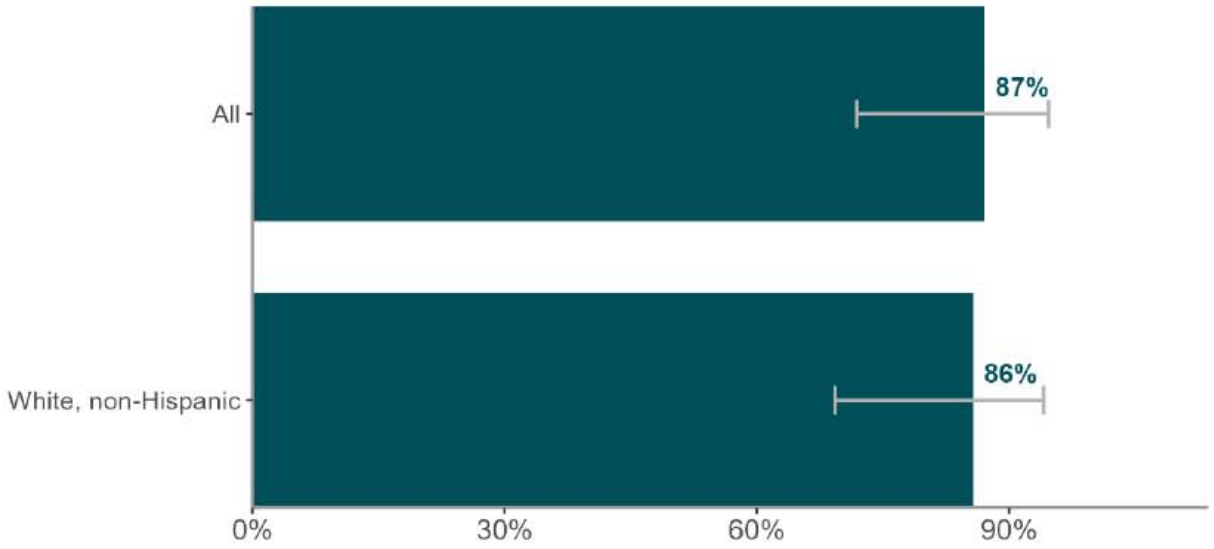
Community resources and support play a meaningful role in helping with health-related behaviors, particularly for vulnerable populations like older adults.

***"I believe Mason would benefit greatly from a 'Senior' facility to provide exercise, education, snacks, and most of all FUN! Many of us live alone and sometimes don't see another person for many days at a time. Three things older people need is medical help, nutrition help, and socialization. Socialization is the one aspect very under served in Mason."***

– Mason County Survey Respondent

## Fig. 3A.1 Percent of adults who consumed fruits and vegetables less than 5 times per day, 2017-2023

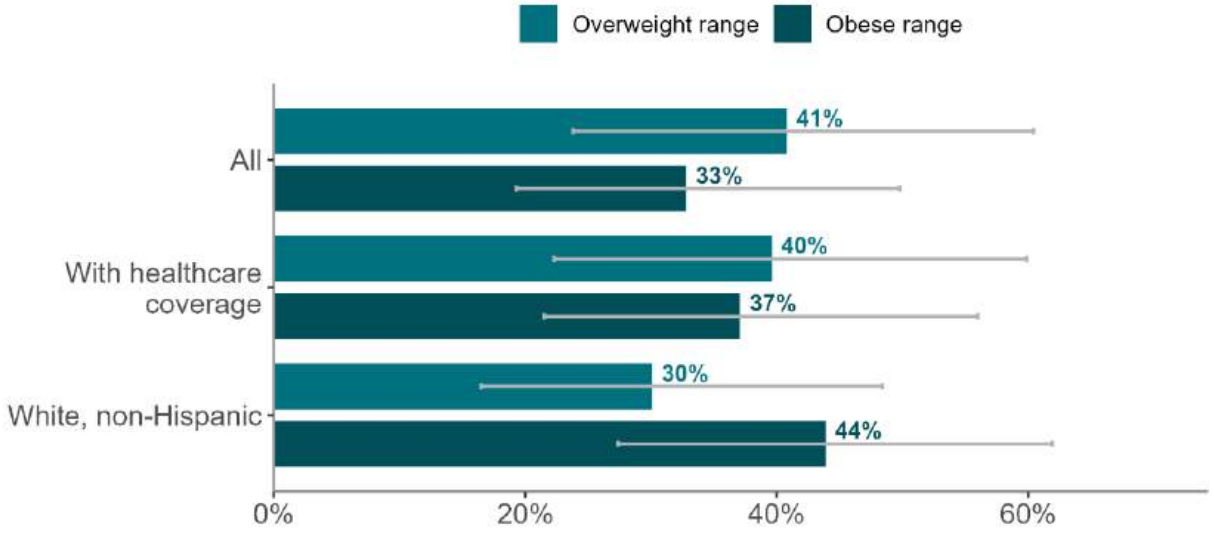
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

## Fig. 3A.2 Percent of adults with Body Mass Index (BMI) of overweight or obese, 2017-2023

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



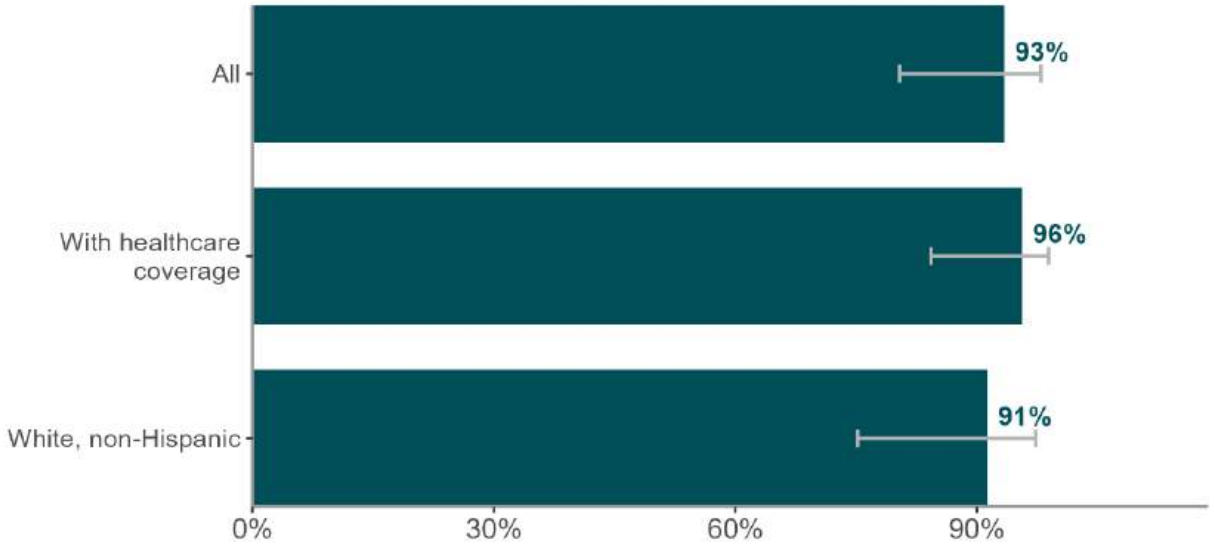

Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

## Alcohol and Tobacco Use

Heavy alcohol use, defined as heavy or binge drinking, is categorized differently for men and women over the age of 21.[22] For men, heavy drinking means 15 or more drinks per week, while for women it means eight or more drinks per week. Binge drinking is defined as consuming five or more drinks on a single occasion for men, and four or more for women. Any alcohol use by pregnant individuals or by those under 21 is considered excessive. Overall, 93% of adults across the region reported no heavy use of alcohol "in the past month" (averaged from 2017 to 2023) (**Fig. 3A.3**). Although estimates for white non-Hispanic adults and adults with health coverage are available, differences should be interpreted with caution because of overlapping margins of error.

**Fig. 3A.3 Percent of adults without heavy alcohol use in the past month, 2017-2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

Substance use and limited treatment access to treatment were key health concerns particularly in areas where the local economy is closely tied to alcohol-related industries.

***"This town, a lot of its culture is centered around alcohol, very much… I have to do an alcohol density compared to our population. We're like 300% over the average of people per alcohol density of places. You can buy alcohol in this community and with that creates substance use issues which affects kids' health. The CPS system, I see those systems being affected and just, there is no support. There's no support for treatment. There's no support for help. Places are either unaffordable or have huge wait lists, and they're far away. And so I just see that as part of health, there needs to be some support, because we do have a relatively high number of substance use, not just alcohol, but other substances as well, and so it affects parenting."***

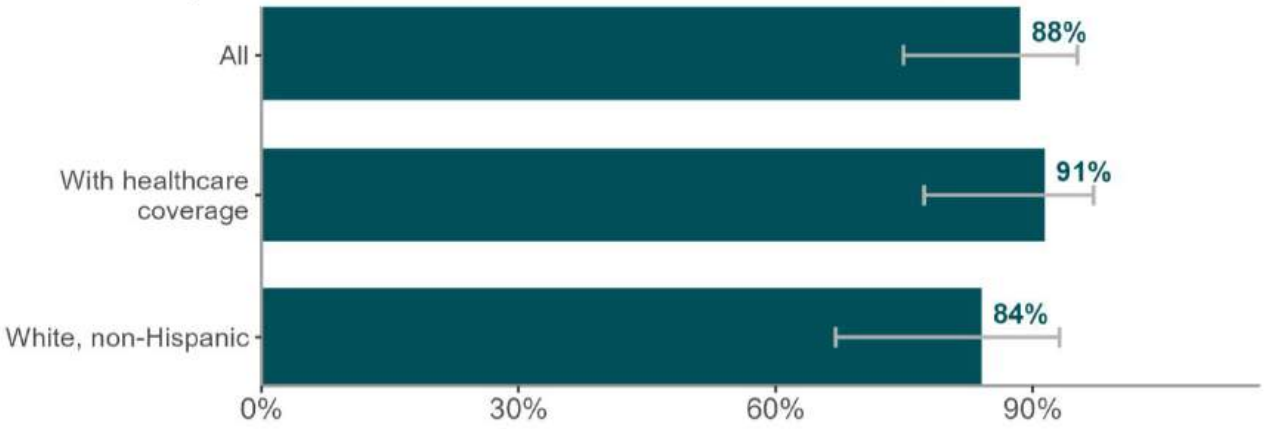
– Blanco County Focus Group Participant

According to the BRFSS questionnaire, current smokers are defined as adults who have smoked at least 100 cigarettes in their lifetime and now smoke them every day or some days. Overall, 88% respondents across the region reported not currently smoking (2017-2023) (**Fig. 3A.4**). Although the proportion of adults who do smoke (12%) was relatively low, it remains critical to monitor tobacco use because smoking is still the leading cause of preventable disease and death in the United States.[23] The BRFSS questionnaire also asks about smokeless tobacco use, including chewing tobacco, snuff, or snus (**Fig. 3A.5**). Among respondents across the region, 96% reported not currently using smokeless tobacco (2017-2023).

For both figures, differences between available subgroups should be interpreted with caution because of the wide and overlapping margins of error. Notably, these indicators do not include other forms of nicotine use, like e-cigarettes, vaping, or tobacco-free pouches, as data on those products were not available.

**Fig. 3A.4 Percent of adults who do not currently smoke, 2017-2023**

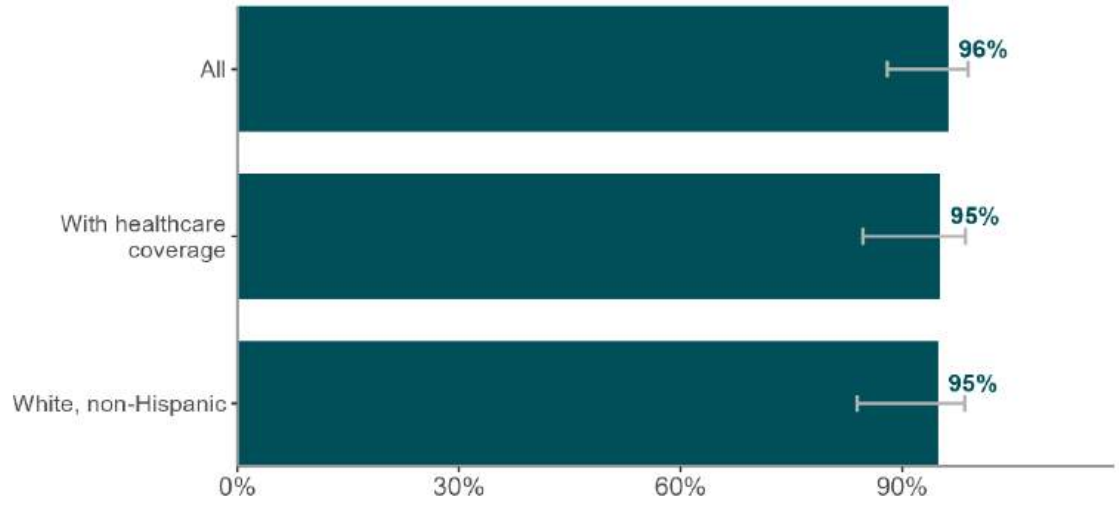
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

**Fig. 3A.5 Percent of adults who do not currently use chewing tobacco, snuff, or snus, 2017-2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

# Keeping Current with Routine and Preventive Care

Routine preventive and primary care are essential for maintaining long-term health, preventing issues from getting worse, and managing chronic conditions. Moreover, regular visits to healthcare providers help identify problems early, and early intervention is typically simpler, less invasive, and less costly than treating conditions once they have worsened. Access and use of preventive healthcare services serve as key indicators of a community's health and well-being as well as its progress toward improving health outcomes.

## Routine Medical and Dental Care

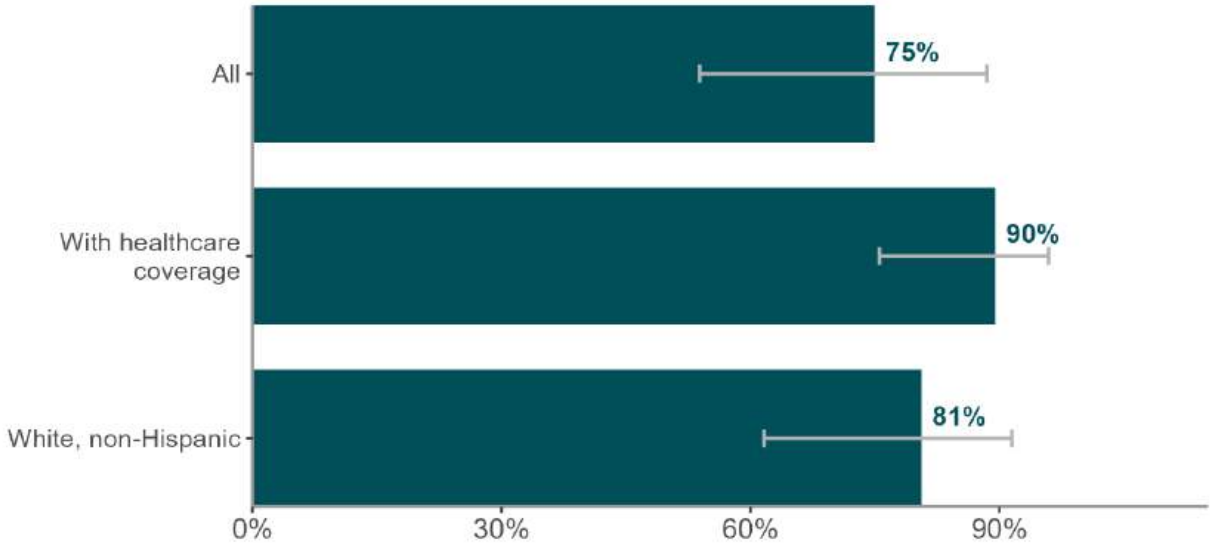
Annual checkups are an opportunity for early detection, prevention, and management of chronic conditions and dental issues. They also serve as an indicator of both access and use of preventive care. Importantly, identifying problems early is typically simpler, less invasive, and less costly.

Across the region, 75% of BRFSS respondents across the region reported having had a medical checkup "in the past year" (averaged from 2017 to 2023) (**Fig. 3B.1**). While values for white adults and adults with health insurance coverage are available, there are no meaningful differences due to overlapping margins of error.

As for dental care, 60% of respondents across the region reported having been to the dentist or a dental clinic "in the past year" (averaged from 2017 to 2023) (**Fig. 3B.2**). Notably, that proportion almost certainly includes people who went for tooth pain or other oral health problems rather than for preventive dental care like exams, x-rays, and cleanings.

**Fig. 3B.1 Percent of adults who had a routine checkup in the past year, 2017-2023**

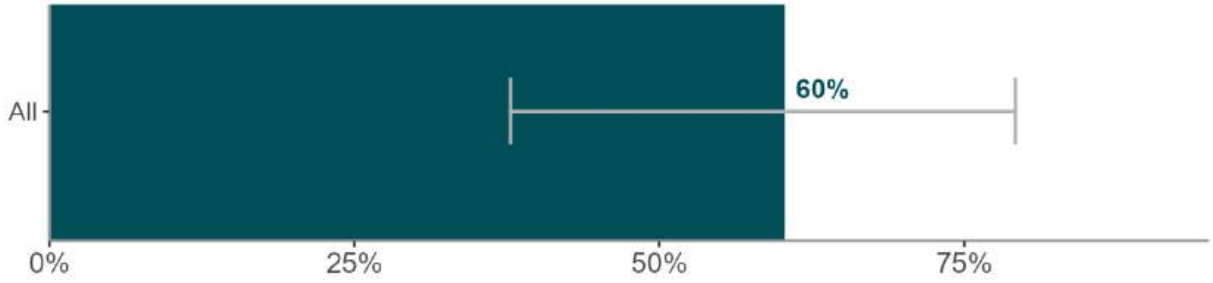
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

**Fig. 3B.2 Percent of adults who had a dentist or dental clinic visit in the past year, 2017-2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

Transportation was a prominent barrier to healthy living across key informant interviews and focus groups. Not only is transportation important for getting to medical appointments, but participants also noted how it is necessary for accessing many social institutions and health-related activities – such as attending sports events, going to church, or engaging with the community. All of the Hill Country service areas identified transportation as a major barrier to healthy living, and they would like a more comprehensive approach to helping residents access affordable and reliable transportation, especially for youth and older adults.

***"We have to travel to Fredericksburg for quality medical care. Dental and most eye care are not covered by Medicare. Independent coverage policies are expensive. I still travel back to Houston for my care in these areas. There is no mental health care in Mason."***
– Mason County Survey Respondent

***"Having such a rural population, it's hard for those seniors we're talking about. The transportation, you know. A lot of them cannot drive anymore, are limited on their driving, or can't afford to get into town… say a client lives out here, seven miles outside of Blanco. They have an appointment in San Antonio or Austin. That round trip is going to be $300-400 for us."***
- Blanco County Focus Group Participant

# Protecting Ourselves and Each Other from Preventable Disease

Immunization plays a crucial role in preventing the spread of disease and protecting individuals, especially those at higher risk of severe complications. Further, focusing on vulnerable populations who are more susceptible to infections or adverse outcomes is key to ensuring broader community protection.

## Childhood Vaccination

The following figure, **Figure 3C.1**, shows single-vaccine data available for kindergarten students enrolled in schools. It should be noted that this data does not represent all kindergarten-age children in the region, as school is not compulsory in Texas until the first grade.

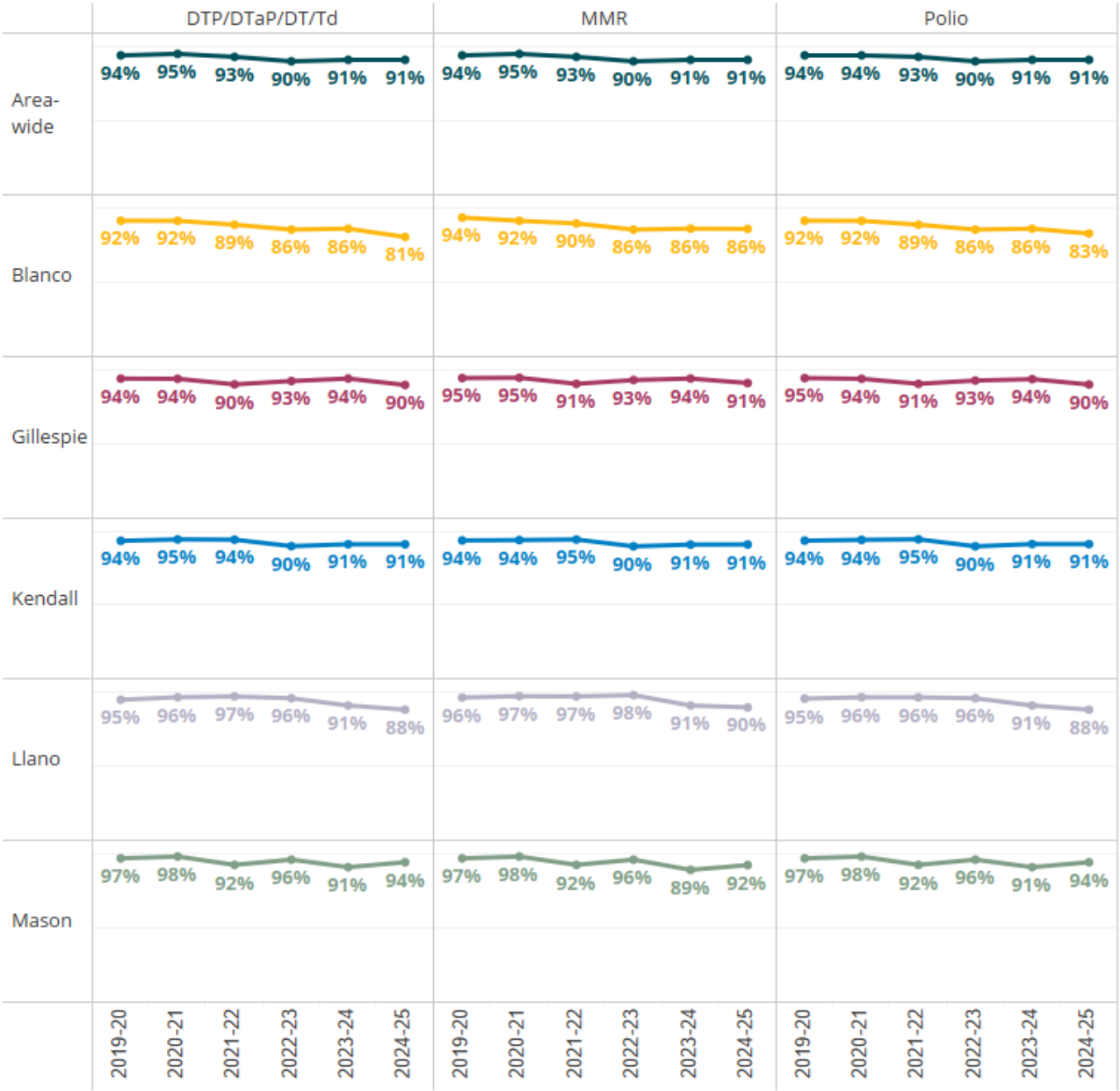
Across the region, the percentage of kindergarteners receiving each of the three vaccines shown – DTP/DTaP/DT/Td (diphtheria, tetanus, pertussis or whooping cough), MMR (measles, mumps, rubella or 'German measles'), and polio – fluctuated between 2019-20 and 2024-25 school years. Still, coverage remained high overall, generally hovering between 90-95%. Despite a slight dip around the 2022-23 school year for each vaccination, coverage mostly recovered by the most recent year.

- In **Blanco**, coverage for all vaccination types shown declined over time, falling below 90% in 2021-22 and as low as 81% (DTP/DTaP/DT/Td in 2024-25).
- In **Gillespie**, coverage fluctuated slightly, showed small dips in 2021-22 and more recently in 2024-25.
- In **Llano**, coverage was consistently high (95% and above) between 2019-20 and 2022-23 but started to drop for all vaccines (down to 91% for all in 2023-24, further to 88-90% in 2024-25).
- In **Mason**, coverage was higher than the area-wide averages across almost all school years and vaccines. Despite slight dips in 2021-22 and more recently in 2024-25, coverage remained relatively high.
- In **Kendall**, coverage mirrored the area-wide averages, with a dip around 2022-23 followed by partial recovery by 2024-25.

It is difficult to know what effect the COVID-era shift away from in-person schooling had on the collection of this data. Statewide, over 94% of the public-school districts and accredited private schools surveyed digitally responded in fall 2019 and fall 2020, as compared to 92% in fall 2021 and fall 2022, 88% in fall 2023, and 91% in fall 2024.[24]

**Fig. 3C.1 Percent of kindergarten students with DTP/DTaP/DT/Td, MMR, and polio vaccination**

Blanco, Gillespie, Llano, Mason, and Kendall Counties, Texas




Source: Texas Department of State Health Services
Prepared by CINow

# Finding Disease Early

Routine screening and testing are essential tools for early detection, helping to catch conditions before they become more serious, costly, or difficult to treat. Early detection is especially important for monitoring chronic conditions, detecting cancers early when they are more treatable, and preventing the spread of infectious diseases. Certain populations may require more frequent or specialized screenings based on age, sex, or other risk factors, highlighting the importance of equitable access to timely testing.

## Lead Testing

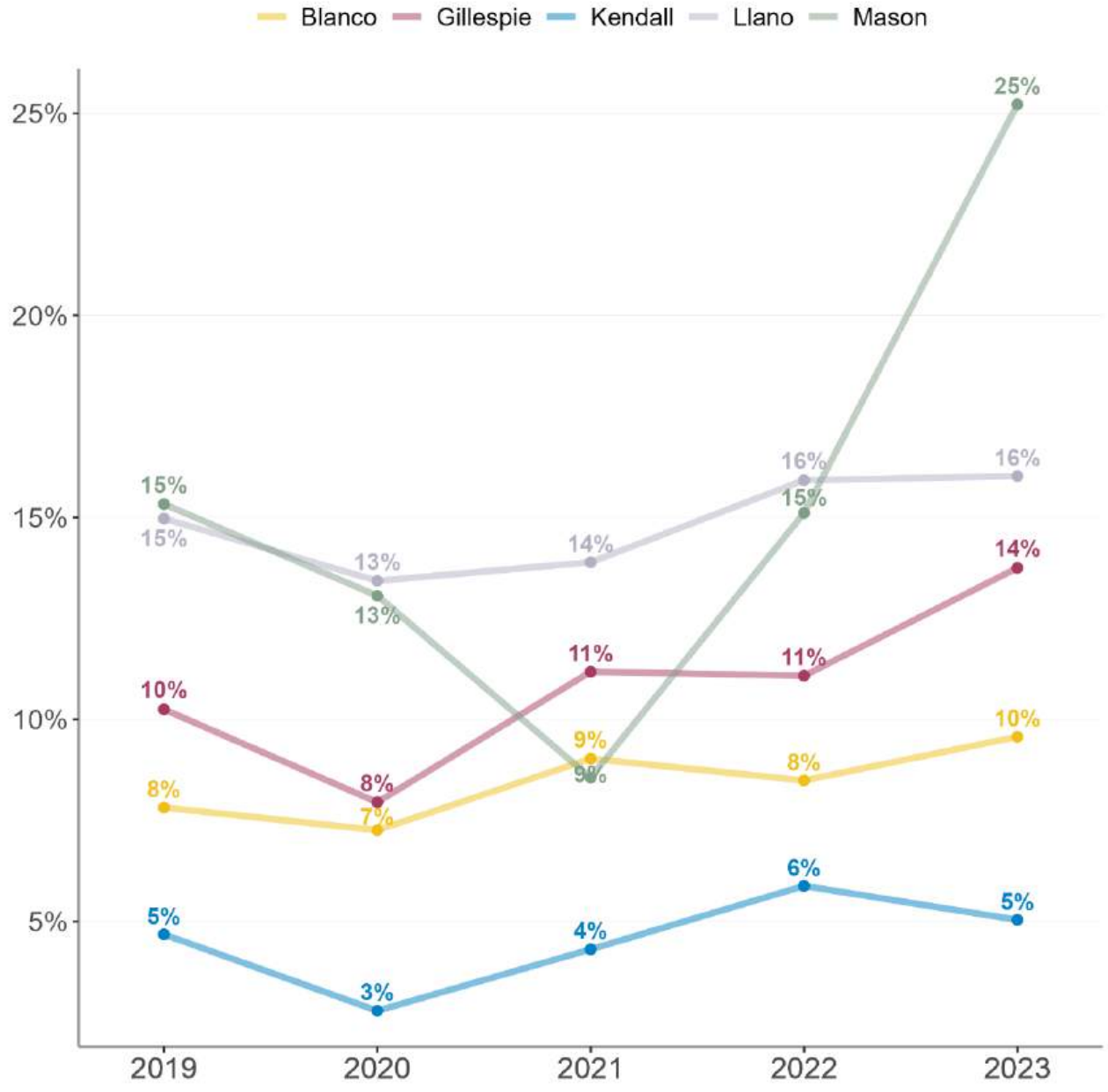
Among children, one cause of cognitive problems is lead poisoning. Even low levels of exposure to lead can cause serious health problems, especially in young children, harming a child's brain and nervous system, potentially causing developmental delays, learning difficulties, and other permanent effects. The only way to confirm exposure is through a blood test, and early detection is critical for identifying the source and initiating treatment.

The percentage of children aged zero to five years who were tested for lead poisoning varied by location (**Fig. 3D.1**). Most locations saw a decline in 2020 (likely COVID-19 pandemic related) before generally increasing through the rest of the period. The exception was Mason County, where estimates fluctuated the most and followed a different pattern, likely due to its smaller population.

Notably, Gillespie had the larger rebound, increasing from 8% in 2020 to 14% in 2023. Llano had the highest testing percentages across all years (excluding Mason), peaking at 16% in 2023. In contrast, Kendall remained the lowest across all years, averaging about 5% over the period.

**Fig. 3D.1 Percent of children aged 0-5 who were tested for lead poisoning, by location**

Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas



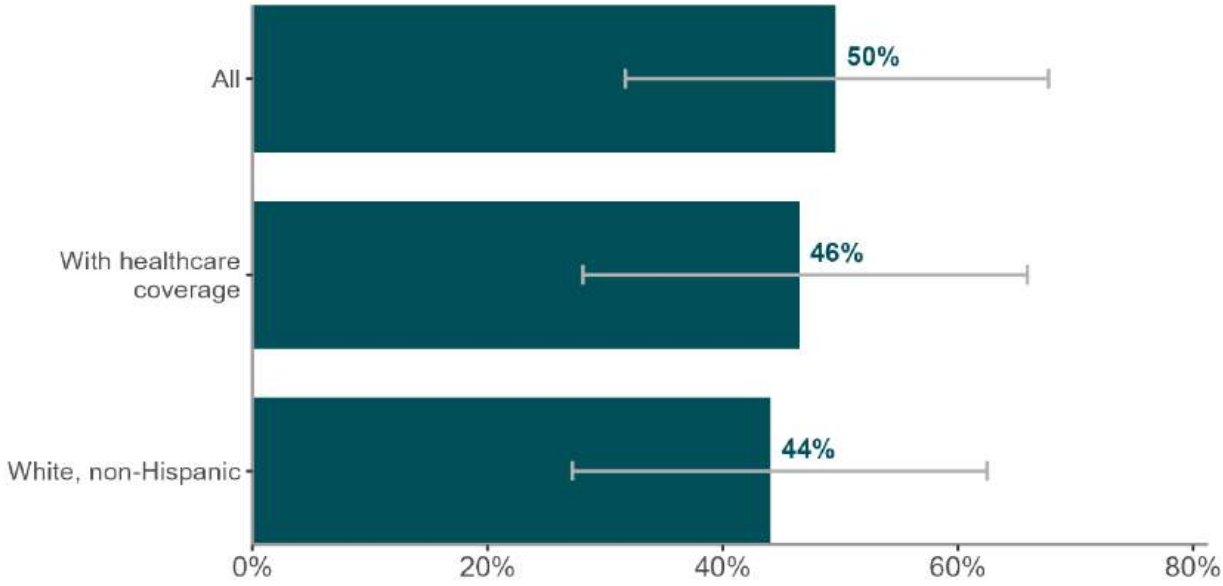

Source: Texas Department of State Health Services
Prepared by CINow

## HIV Testing

Early detection of HIV is critical for both individual and public health—an early diagnosis allows individuals to begin treatment sooner, make informed decisions about sexual and reproductive health, and significantly reduce the risk of transmitting the virus to others. Overall, an average of 50% of respondents across the region (2017-2023) reported ever getting tested for HIV (**Fig. 3D.2**). Unfortunately, the margins of error are too wide to be sure there are true differences among available subgroups.

**Fig. 3D.2 Percent of adults who have ever been tested for HIV, 2017-2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

# How We're Faring

## What We Heard from the Community

### Physical, Mental, and Social Health Status

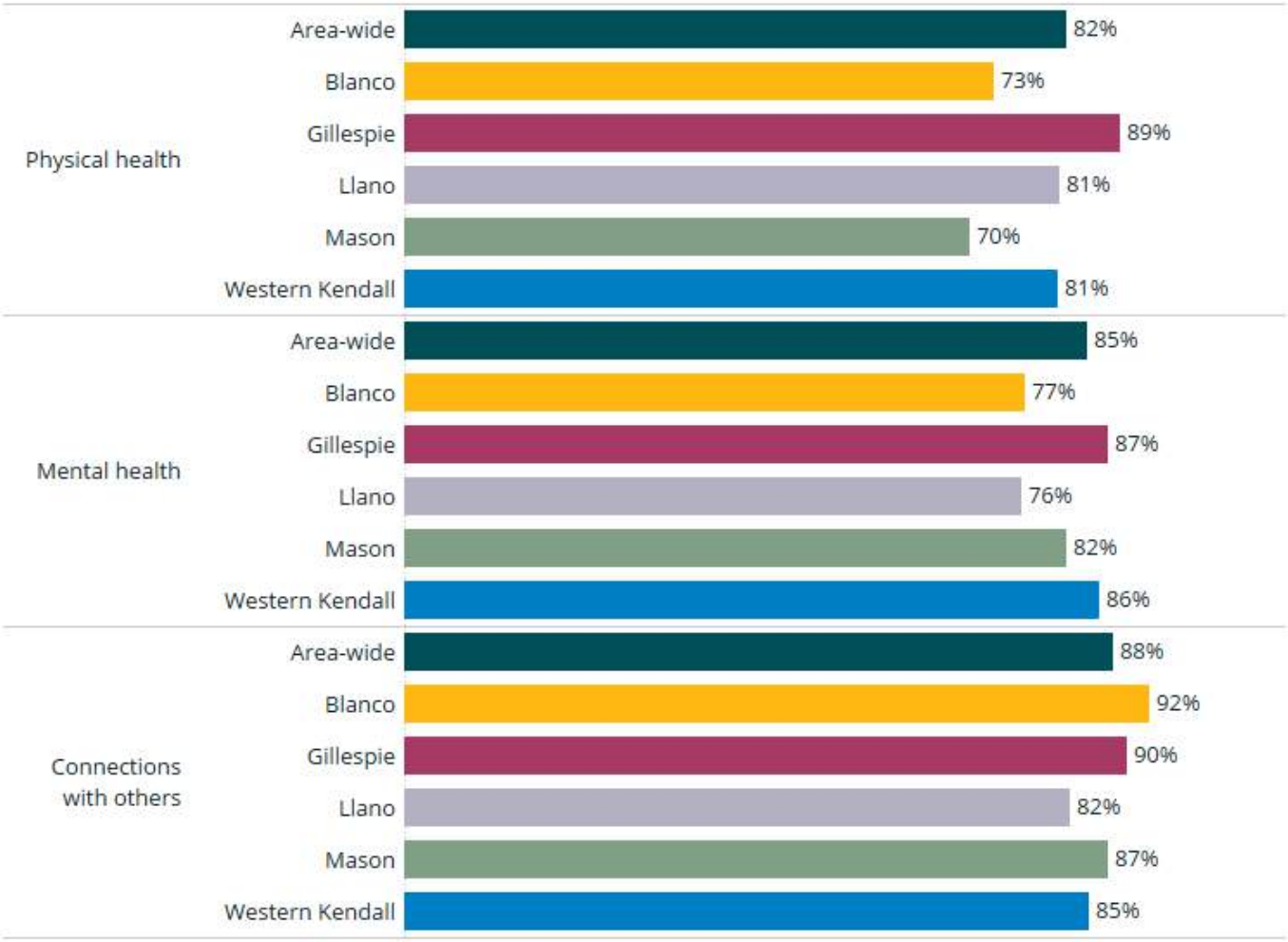
When asked to rate their **physical health** over the past three months as "very poor", "poor", "good", or "very good", 82% of Community Health Needs Assessment (CHNA) Community Survey respondents area-wide (n=285) chose "good" or "very good" (**Fig. 4A.1**). That percentage was highest in Gillespie County and lowest in Mason and Blanco Counties, with a 19 percentage point gap between Mason and Gillespie Counties.

Area-wide, roughly the same percentage (85%) rated their **mental health** as good or very good (**Fig. 4A.1**), and again, Gillespie County had the highest percentage (87%). The differences among counties were smaller than for physical health, with Llano County (76%) 11 percentage points lower than Gillespie County.

Social connections and support networks are vital to health and well-being, but not necessarily easy to create, nurture, or call upon when help is needed. CHNA Community Survey respondents were asked to rate their **connections with others** over the past three months, such as community, friendships, family, or faith groups (**Fig. 4A.1**). Area-wide, 88% of respondents rated their social connections with others as "good" or "very good." Blanco County (92%) had the highest percentage on this measure, and 92% was the highest proportion for any county on any of the three measures. Llano and western Kendall Counties had the lowest percentages, at 82% and 85%, respectively.

## Fig. 4A.1 Percent of survey respondents reporting "good" or "very good" physical health, mental health, or connections with others, 2025

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



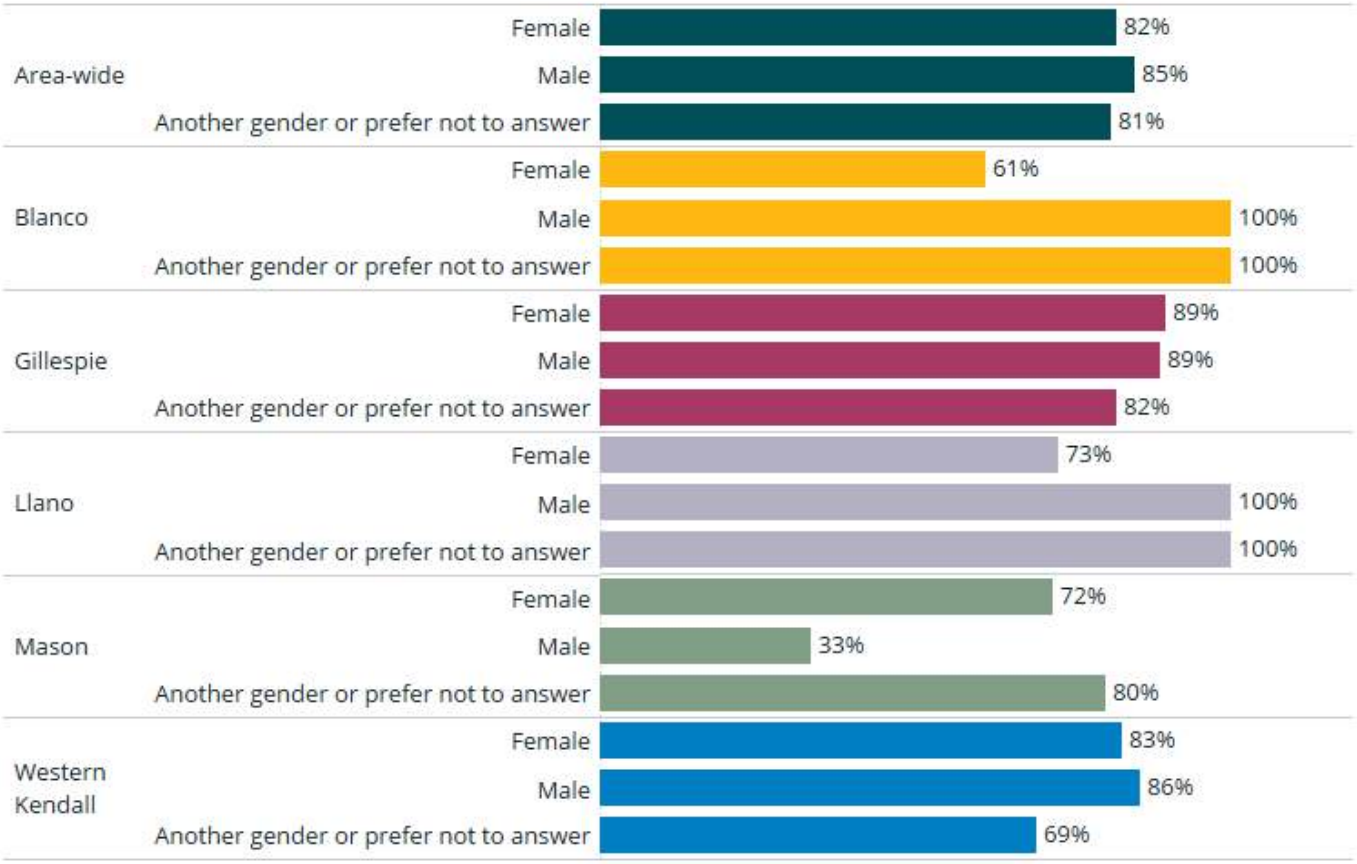

Respondent count: 285 (Blanco 26, Gillespie 124, Llano 16, Mason 40, western Kendall 79)
Western Kendall Co. excludes ZIP code 78006 and 78015 (Boerne, Fair Oaks Ranch)
Source: Convenience-sample survey conducted for 2025 CHNA
Prepared by CINow

**Figures 4A.2** through **4A.4** explore the same three measures by county and by gender. Respondents who identified as a gender other than female or male and respondents who chose not to answer the gender question were combined into an "another gender or prefer not to answer" category for two reasons. First, combining the two groups allows response percentages to be reported rather than suppressed for privacy. Second, it is reasonable to assume that someone who identified as neither male nor female might choose not to answer as a way of ensuring their anonymity.

The area-wide percentage of survey respondents reporting good or very good physical health are quite similar across gender groups, but some differences by gender emerge when the data is broken out by county (**Fig. 4A.2**). In particular, females in Blanco County (61%) and males in Mason County (33%) were far less likely than most other groups shown in the chart to report good or very good physical health.

## Fig. 4A.2 Percent of survey respondents reporting "good" or "very good" physical health, by gender, 2025

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



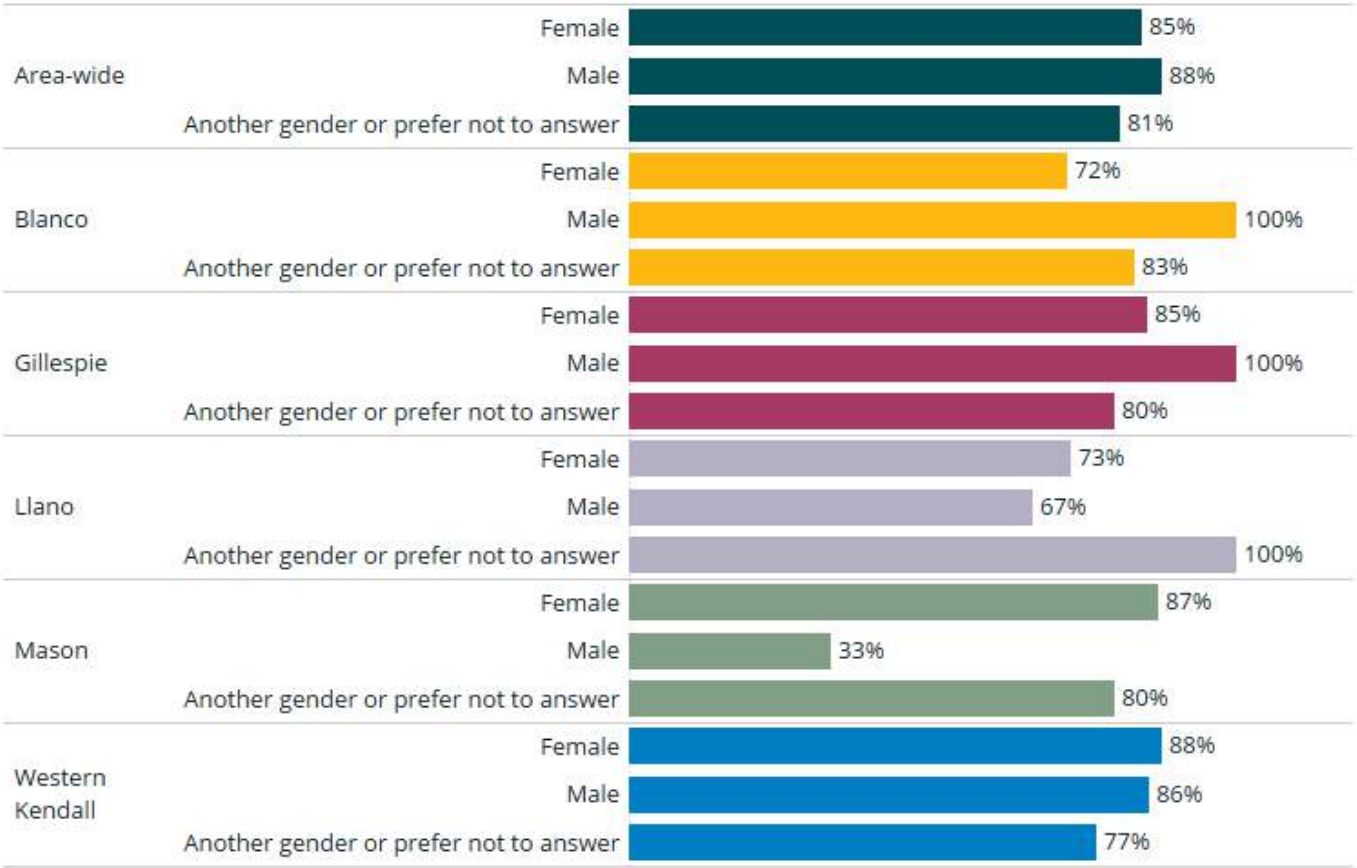

Respondent count: 285 (Blanco 26, Gillespie 124, Llano 16, Mason 40, western Kendall 79)
Western Kendall Co. excludes ZIP code 78006 and 78015 (Boerne, Fair Oaks Ranch)
Source: Convenience-sample survey conducted for 2025 CHNA
Prepared by CINow

Turning to mental health (**Fig. 4A.3**), we see lower percentages than for physical health in some groups, but not across the board. The lowest percentage (males, 33%) of respondents reporting good or very good mental health, as well as the largest gender disparity, are both found in Mason County.

Area-wide, female respondents (90%) were more likely than male respondents (82%) to report having good or very good connections with others (**Fig. 4A.4**). The same is true in Llano, Mason, and western Kendall Counties, but in Blanco and Gillespie Counties, the percentage is slightly higher among male respondents.

## Fig. 4A.3 Percent of survey respondents reporting "good" or "very good" mental health, by gender, 2025

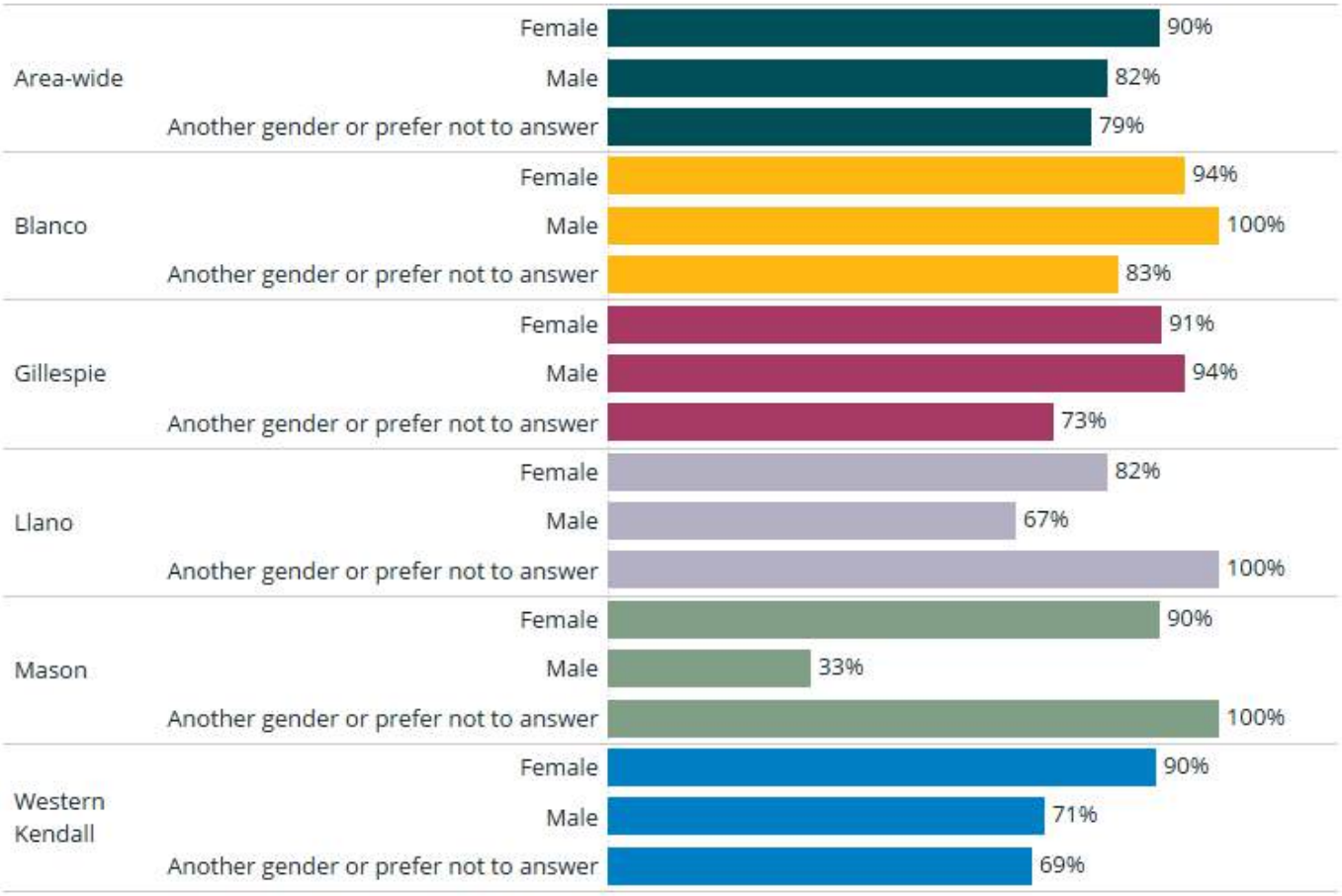
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Respondent count: 285 (Blanco 26, Gillespie 124, Llano 16, Mason 40, western Kendall 79)
Western Kendall Co. excludes ZIP code 78006 and 78015 (Boerne, Fair Oaks Ranch)
Source: Convenience-sample survey conducted for 2025 CHNA
Prepared by CINow

## Fig. 4A.4 Percent of survey respondents reporting "good" or "very good" social connections with others, by gender, 2025

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas

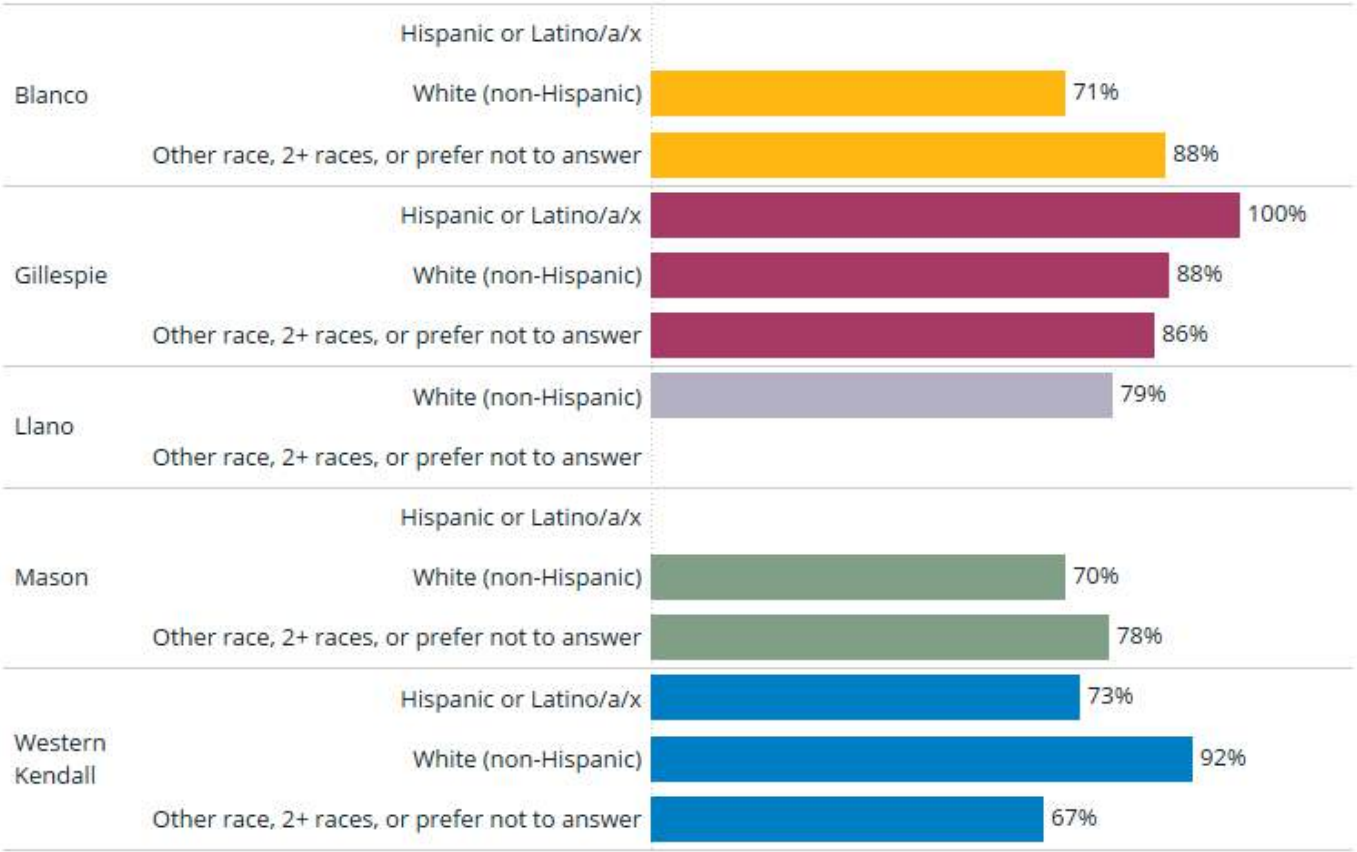



Respondent count: 285 (Blanco 26, Gillespie 124, Llano 16, Mason 40, western Kendall 79)
Western Kendall Co. excludes ZIP code 78006 and 78015 (Boerne, Fair Oaks Ranch)
Source: Convenience-sample survey conducted for 2025 CHNA
Prepared by CINow

Unfortunately, the number of survey respondents identifying as a race/ethnicity other than white alone or Hispanic alone was too small to show, given privacy concerns, so those responses have been combined with the responses of those who preferred not to answer the race/ethnicity question. Because counts were so small, the combined group's responses are still suppressed for privacy in Llano County, and Hispanic responses are suppressed for Blanco and Mason Counties for the same reason. No clear pattern emerges for percent of respondents reporting "good" or "very good" physical health over the past three months (**Fig. 4A.5**). Hispanic respondents living in Gillespie County (100%) appear to enjoy better health than those in western Kendall County, though non-Hispanic white respondents from western Kendall County were more likely than white respondents in any other county to report good or very good physical health.

## Fig. 4A.5 Percent of survey respondents reporting "good" or "very good" physical health, by race/ethnicity, 2025

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas

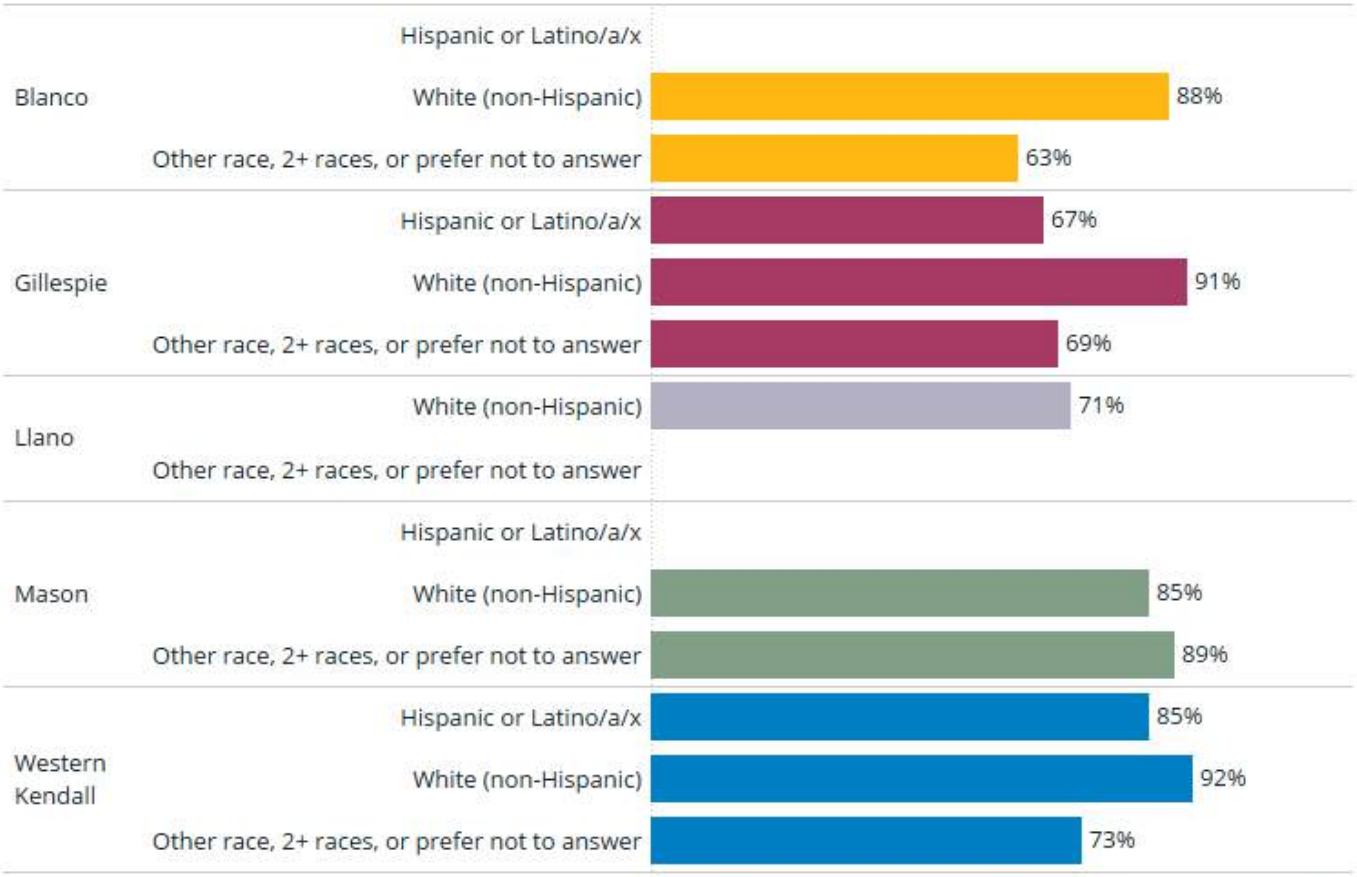



Respondent count: 285 (Blanco 26, Gillespie 124, Llano 16, Mason 40, western Kendall 79)
Race/ethnicity group rates not shown have been suppressed for privacy
Western Kendall Co. excludes ZIP code 78006 and 78015 (Boerne, Fair Oaks Ranch)
Source: Convenience-sample survey conducted for 2025 CHNA
Prepared by CINow

Respondents identifying as non-Hispanic white were more likely than other race/ethnicity groups to report good or very good mental health in the three months prior to taking the survey (**Fig. 4A.6**). The least likely were those respondents identifying as some other race/ethnicity, as multiracial, or who preferred not to answer the question, particularly in Blanco County (63%). For connections with others (**Fig. 4A.7**), respondents identifying as non-Hispanic white respondents in Blanco (94%), Gillespie (95%), and western Kendall Counties (92%) were again most likely to report good or very good connections with others. Notably, only 57% of the combined other/multiracial/no answer group in Gillespie County and 60% of that group in western Kendall County reported good or very good connections with others.

## Fig. 4A.6 Percent of survey respondents reporting "good" or "very good" mental health, by race/ethnicity, 2025

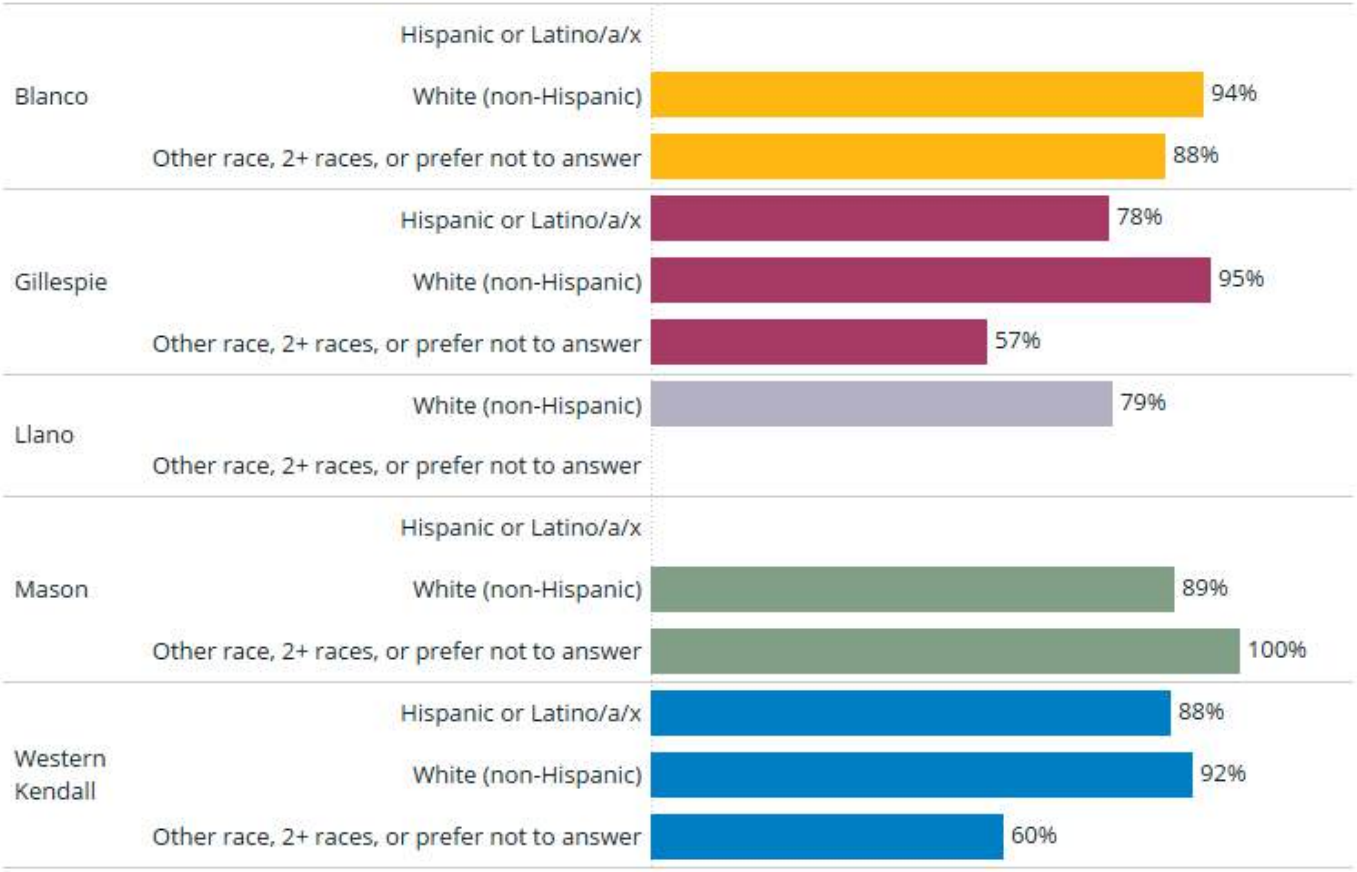
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Respondent count: 285 (Blanco 26, Gillespie 124, Llano 16, Mason 40, western Kendall 79)
Race/ethnicity group rates not shown have been suppressed for privacy
Western Kendall Co. excludes ZIP code 78006 and 78015 (Boerne, Fair Oaks Ranch)
Source: Convenience-sample survey conducted for 2025 CHNA
Prepared by CINow

## Fig. 4A.7 Percent of survey respondents reporting "good" or "very good" connections with others, by race/ethnicity, 2025

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Respondent count: 285 (Blanco 26, Gillespie 124, Llano 16, Mason 40, western Kendall 79)
Race/ethnicity group rates not shown have been suppressed for privacy
Western Kendall Co. excludes ZIP code 78006 and 78015 (Boerne, Fair Oaks Ranch)
Source: Convenience-sample survey conducted for 2025 CHNA
Prepared by CINow

## Top Health Concerns

CHNA Community Survey respondents were asked, "Which health issues have the biggest impact on you and/or your loved ones?" and were allowed to select any number of 22 pre-populated options or write in their own response. **Figure 4A.8** shows the three most-cited issues area-wide and by county, and **Figures 4A.9** and **4A.10** show the top 15 issues area-wide by sex and by race/ethnicity, respectively. When trying to interpret this data, it helps to know that the number of issues selected by respondents varied widely by county. In every county, the lowest count of issues selected was one, but the highest count ranged from seven (Gillespie) to 18 (Blanco and western Kendall). The median number of health issues cited was two in Gillespie and western Kendall Counties, three in Blanco and Llano Counties, and four in Mason County. Because the question also asked about loved ones, the number of issues cited may relate to the number of people the respondent had in mind when replying, though the largest average household sizes reported by respondents were in Gillespie (1.9 persons) and western Kendall (2.2) Counties, and the smallest household size (1.6) was in Llano and Mason Counties.

"Chronic pain" and "depression, anxiety, PTSD, or chronic stress" were in the top three issues in every county (**Fig. 4A.8**) and were the top two area-wide. The share of respondents citing chronic pain ranged from a low of 31% in western Kendall County to a high of more than twice that (65%) in Llano County. As chronic pain is more commonly reported among women nationwide, it likely relates to the relatively low percentage of Llano County females reporting good or very good physical health (73%, **Fig. 4A.2**) compared to the other two gender groups (100%).

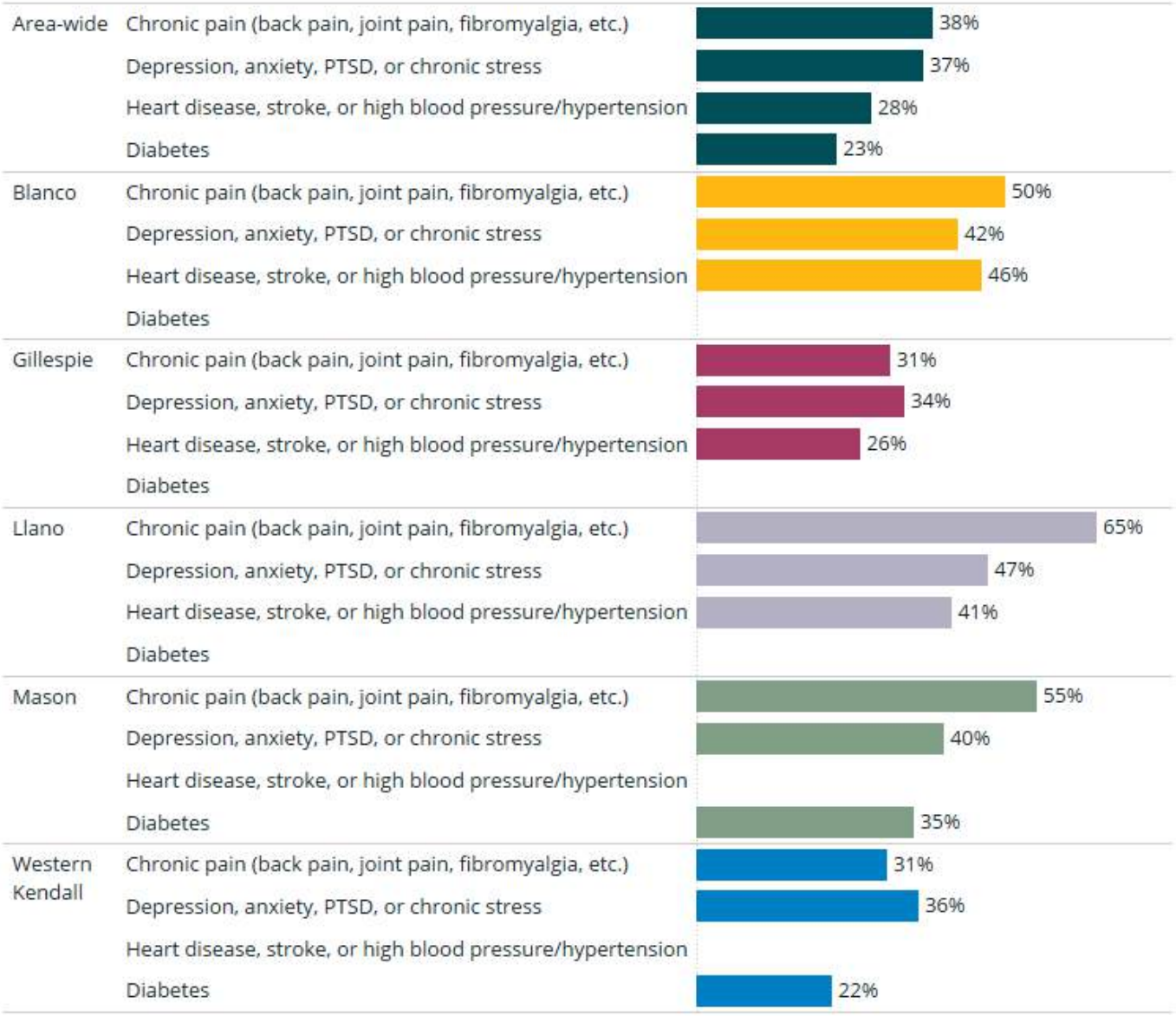
The share of respondents citing depression, anxiety, PTSD, or chronic stress ranged from 34% in Gillespie County to 47% in Llano County (**Fig. 4A.8**). The counties with the highest share of respondents citing this is a top health concern – Blanco, Llano, and Mason – are the counties with the lowest share of respondents reporting good or very good mental health (**Fig. 4A.1**), so this pattern is clear and consistent. "Heart disease, stroke, or high blood pressure/hypertension" was in the top three health issues most impacting respondents and their loved ones area-wide and in every county except western Kendall, where diabetes filled the third slot. Diabetes did not appear in the top three in most counties, but was the fourth most common health issue area-wide, cited by 23% of respondents across all counties.

The health issues cited varied by respondent gender (**Fig. 4A.9**). Compared to the other two gender groups, females were more likely to cite chronic pain (40%), autoimmune disease (17%), and violence (13%). Males were more likely to cite heart disease, stroke, or hypertension (36%); cancer (30%); and diabetes (30%). The combined "another gender or prefer not to answer" group were more likely than females or males to cite depression, anxiety, PTSD, or chronic stress (47%); dental problems (29%); alcohol or substance use (21%); lung or other respiratory issues (16%); and sexual or reproductive health issues (11%). Both males (21%) and the another gender/no response group (21%) were more likely to cite Alzheimer's or other dementia.

As shown in **Figure 4A.10**, responses also varied quite a bit by race/ethnicity. Although at least a few respondents identifying as Hispanic cited virtually all of the 15 most common issues, they were not more likely than other race/ethnicity groups to cite any of those top 15. Accidents and unintentional injury were the only issues that respondents identifying as non-Hispanic white (or Caucasian) were more likely to cite than other race/ethnicity groups. Respondents identifying as two or more races (non-Hispanic) or as some other race, however, were more likely than the other race/ethnicity groups to cite several issues, though the data should be interpreted with caution, as that group includes only 10 respondents. Among the issues those respondents were more likely to cite were depression, anxiety, PTSD, or chronic stress (60%); Alzheimer's or other dementia (40%); diabetes (40%); loneliness or social isolation (40%); cancer (30%); and autoimmune disease (30%).

## Fig. 4A.8 Top three health issues survey respondents report having the biggest impact on them or their loved ones, 2025

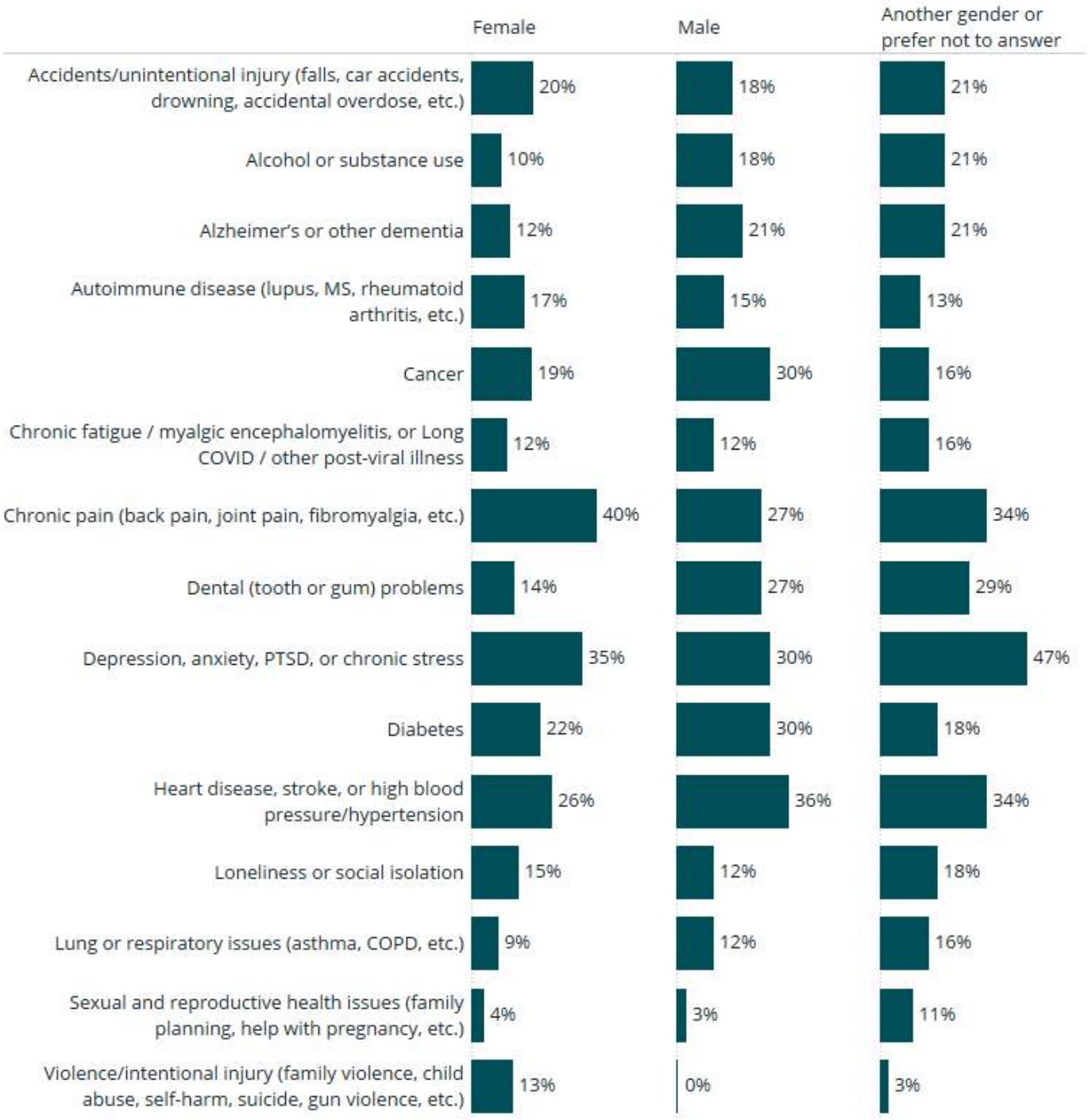
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Note: Area-wide percentage is shown for every health issue that appears in the top three in any county. Diabetes is not in the top three area-wide.
Respondent count: area-wide 286, Blanco 26, Gillespie 125, Llano 17, Mason 40, western Kendall 78
Western Kendall Co. excludes ZIP code 78006 and 78015 (Boerne, Fair Oaks Ranch)
Source: Convenience-sample survey conducted for 2025 CHNA
Prepared by CINow

## Fig. 4A.9 Top 15 health issues survey respondents report having the biggest impact on them or their loved ones, by gender, 2025

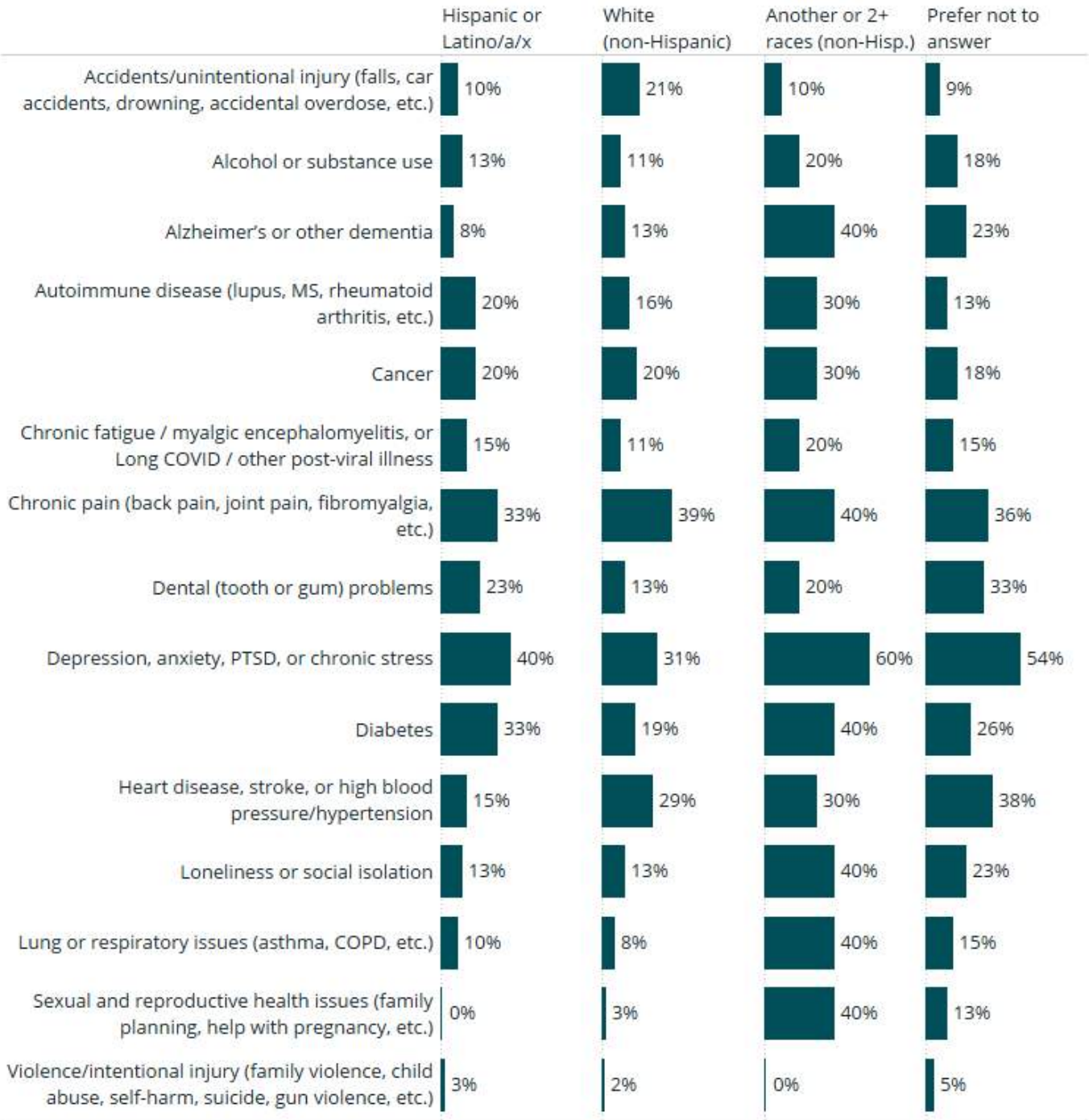
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Respondent count: 286 (Blanco 26, Gillespie 125, Llano 17, Mason 40, western Kendall 78)
Western Kendall Co. excludes ZIP code 78006 and 78015 (Boerne, Fair Oaks Ranch)
Source: Convenience-sample survey conducted for 2025 CHNA
Prepared by CINow

## Fig. 4A.10 Top 15 health issues survey respondents report having the biggest impact on them or their loved ones, by race/ethnicity, 2025

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Respondent count: 286 (Blanco 26, Gillespie 125, Llano 17, Mason 40, western Kendall 78)
Western Kendall Co. excludes ZIP code 78006 and 78015 (Boerne, Fair Oaks Ranch)
Source: Convenience-sample survey conducted for 2025 CHNA
Prepared by CINow

# Our Overall Health & Resilience

Measures like self-rated health and the impact of illness on daily life help reveal not only individual health status, but also community resilience. Together, they offer insight into how well a population manages physical and mental health challenges and its broader capacity to thrive.

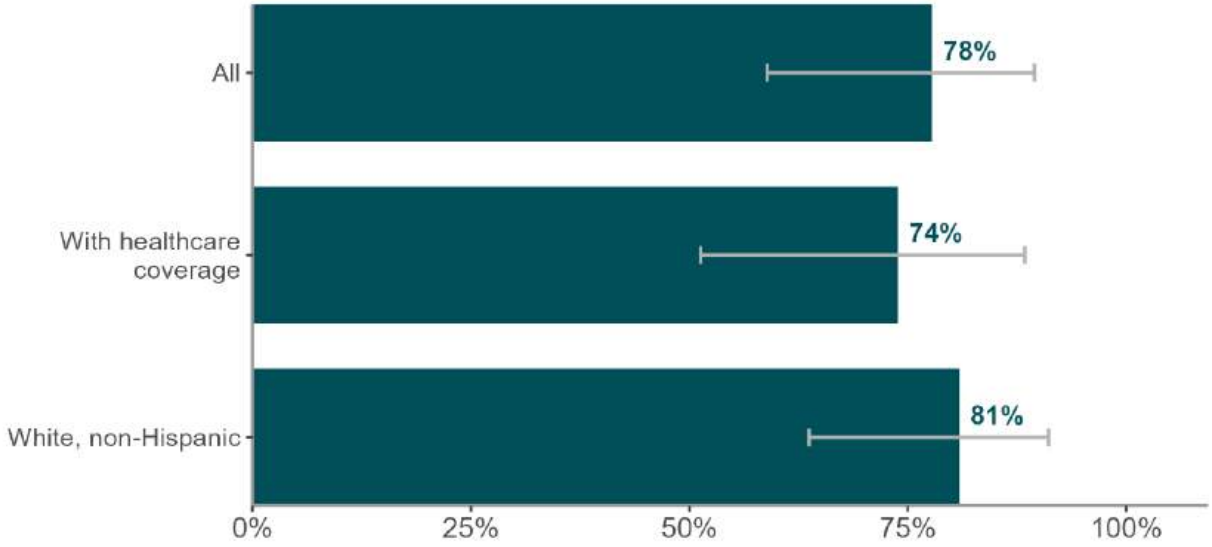
## General Health Status

The Behavioral Risk Factor Surveillance System (BRFSS) survey asks adults to rate their health as "excellent", "very good", "good", "fair", or "poor" to monitor perceived general health status in the population. Though a subjective measure, it is a reliable predictor of important health outcomes and is considered a "good global assessment of a person's well-being".[25] As described earlier in the report, the BRFSS sample size is quite small to generate reasonable estimates; responses had to be combined across all four counties plus ZIP code 78013 (Comfort) and across a seven-year period (2017 to 2023). Even using that strategy, reliable rates could be calculated only for three groups: respondents overall, respondents identifying as non-Hispanic white, and respondents with healthcare coverage.

Overall, 78% of area-wide BRFSS respondents in that period reported having "good", "very good", or "excellent health" (**Fig. 4B.1**). Wide and overlapping margins of error make it impossible to determine from this data whether there are true differences among any of the three groups.

**Fig. 4B.1 Percent of adults who self-rated their general health as good or better, 2017-2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



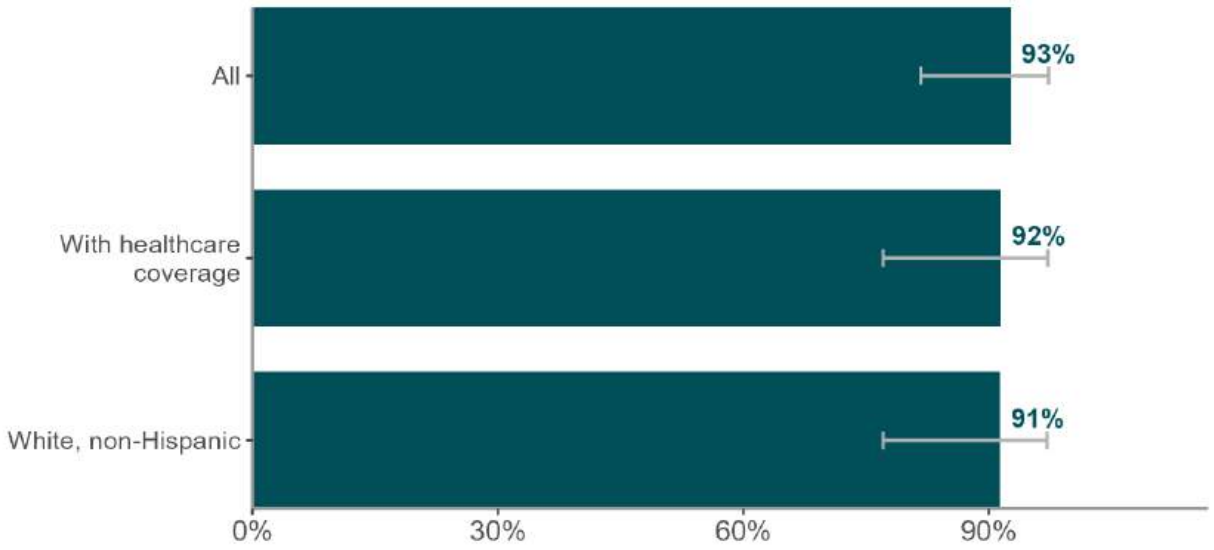

Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

## Daily Life Limitations

The BRFSS survey asks respondents about how many days in the past 30 days poor physical or mental health kept them from usual activities like self-care, work, or recreation. While the CDC standard threshold to indicate frequent mental or physical distress is more than 14 days, shorter periods of disruption can still meaningfully impact functioning and overall health and well-being. More than nine in 10 respondents reported being kept from usual activities for five or fewer days due to poor physical or mental health (**Fig. 4B.2**), with estimates quite similar for all three groups for which data are available.

**Fig. 4B.2 Percent of adults kept from usual activities for 5 or less days a month due to poor physical or mental health, 2017-2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas

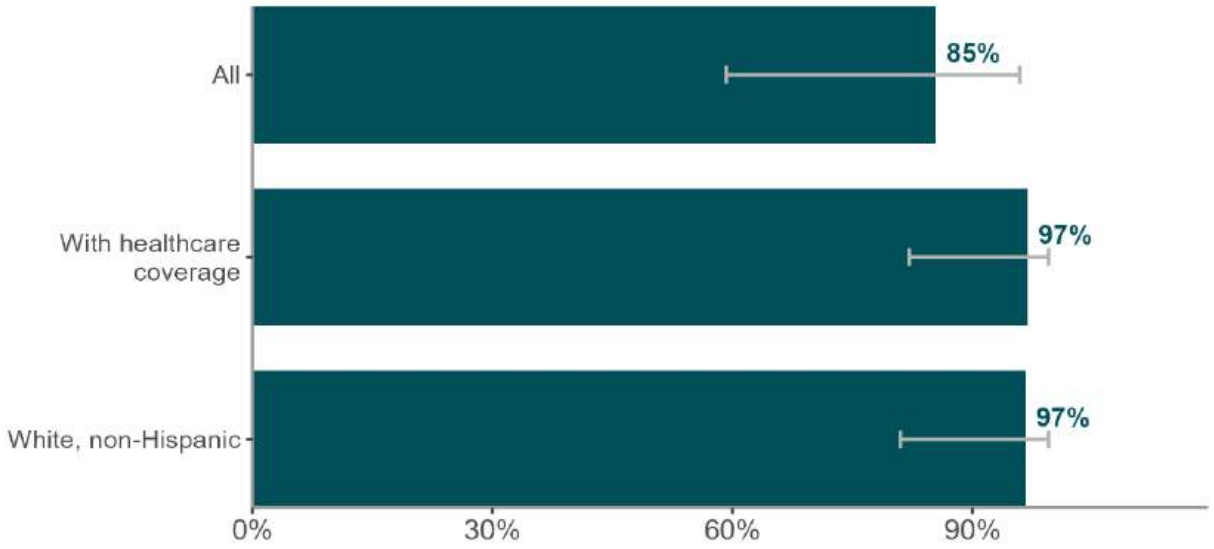



Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

In addition to activity limitations, the BRFSS survey also asks adult respondents to rate whether they have difficulty concentrating, remembering, or making decisions to better understand the prevalence of cognitive impairments. These challenges could be linked to dementia, mental health conditions, or other underlying factors. Cognitive difficulties can significantly impact daily functioning and overall quality of life. Eighty-five percent of respondents area-wide reported *not* having serious difficulty concentrating or making decisions (**Fig. 4B.3**). Although one cannot be certain of differences among groups given the overlapping margins of error, the lower "all" estimate compared to the other two groups implies that people without health insurance and who identify as Hispanic or a non-Hispanic race other than white may well fare worse on this measure.

**Fig. 4B.3 Percent of adults without serious difficulty concentrating, remembering, or making decisions, 2017-2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

# Starting Life Strong: Infants and Mothers

Infant and maternal well-being indicators reflect both medical care as well as broader social and economic conditions that affect prenatal care access. Understanding these patterns not only highlights persistent disparities, but also informs efforts to support healthier beginnings for mothers and infants across the area.

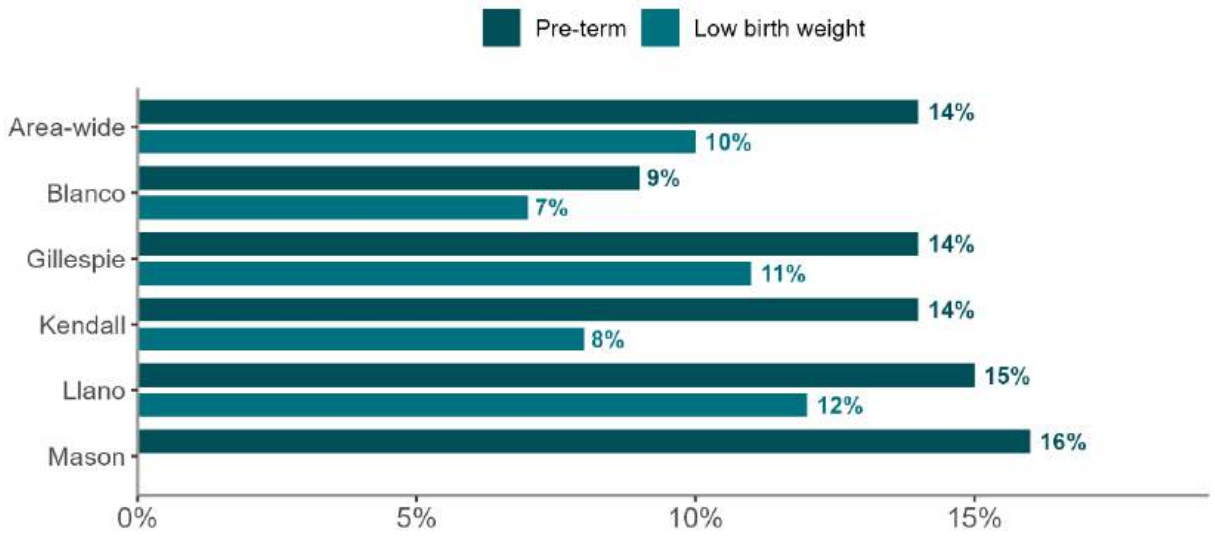
## Infant Well-Being

Babies born too early (before 37 weeks of pregnancy) are at an increased risk for challenges and complications, including long-term intellectual and developmental disabilities and higher rates of mortality[26,27]. Low birth weight (under 2,500 grams) is one of the complications associated with pre-term births, though it can also occur in full-term births due to other factors[28]. Both often require extended hospital stays, specialized medical treatment, and long-term follow-up care, putting a strain on the mother, families, and healthcare systems.

Unfortunately, only 2021 data is available, but **Figure 4C.1** does give some sense of the percentage of births where babies are born vulnerable due to prematurity and low birth weight. Area-wide, 14% of births are pre-term and 10% are low birth weight. The percentage pre-term in Gillespie and Kendall Counties is on par with the area-wide percentage, with a lower proportion in Blanco (9%) and a higher proportion in Llano (15%) and Mason (16%). For low birth weight, the percentage appears to have varied more in this chart, but the difference between the low and high values in that trend line is only 1.5%. The rate differences among counties are smaller for low birth weight, but lower percentages are seen in Blanco (7%) and Kendall (8%) Counties, and higher in Llano (12%) and Gillespie (11%) Counties. Unfortunately, the Mason County low birth weight percentage was suppressed for privacy by the data source, and data is not available by maternal age or race/ethnicity.

**Fig. 4C.1 Percent of births that are pre-term or low birth weight, by location, 2021**

Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas



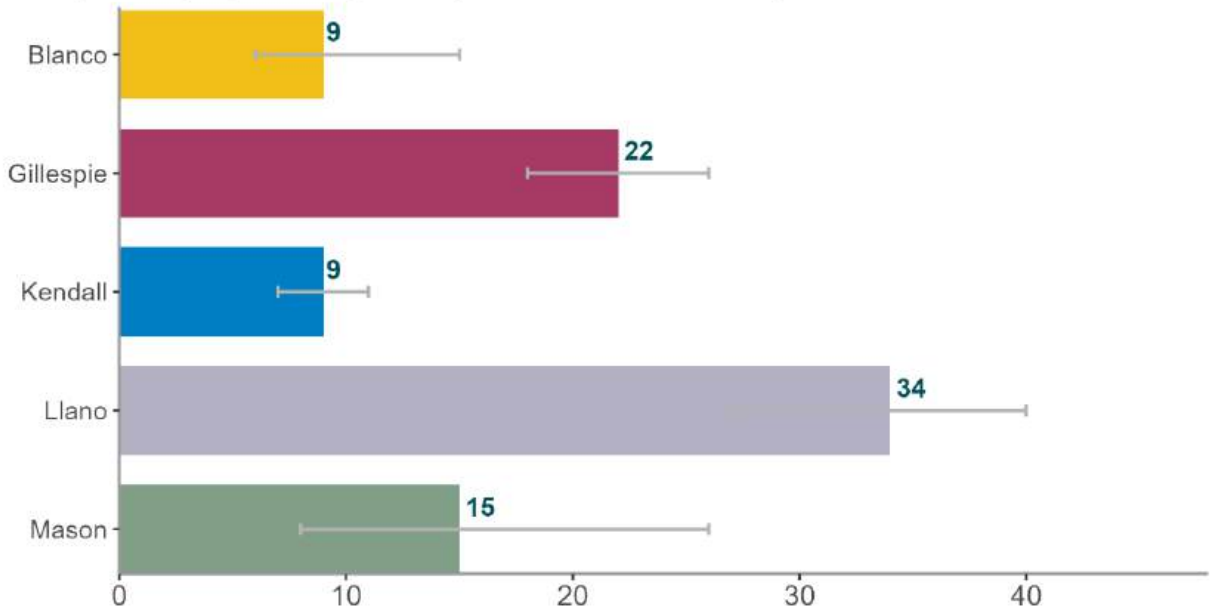

"Low birth weight" percent for Mason is suppressed by data source.
Source: Texas Department of State Health Services, Texas Health Data
Prepared by CINow

## Maternal Well-Being

As with the Texas BRFSS survey data, preventing suppression of teen birth rates due to small counts required combining multiple years of data from 2017 through 2023. During that period, the birth rate to females aged 15 to 19 was highest by far – 34 births per 1,000 females in that age group in Llano County (**Fig. 4C.2**); as the confidence interval does not overlap with that of any other estimate, one can be confident in that difference between counties. Similarly, the teen birth rates in Kendall and Blanco Counties – both nine per 1,000 females 15 to 19 – are certain to be lower than the Gillespie County rate. Because of constraints in the available data, this measure could not be calculated for the five-county area as a whole.

**Fig. 4C.2 Teen birth rate per 1K females aged 15-19, by location, 2017-2023**

Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




Source: University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps
Prepared by CINow

Severe maternal morbidity (SMM), which the U.S. Centers for Disease Control and Prevention defines as "unexpected outcomes of labor and delivery that can result in significant short- or long-term health consequences," is increasing nationally and in Texas,[29] but to date, no data have been available for geographic areas smaller than the multi-county Texas Public Health Region. CINow recently worked with the national Alliance on Innovation in Maternal Health (AIM) to replicate AIM's methodology,[30] calculating SMM for each county and the area as a whole using the state hospital discharge dataset. SMM rather than maternal mortality was chosen as the focus because the SMM counts are much larger than maternal death counts, allowing us to look at differences by maternal age and race/ethnicity without risking patient privacy or generating rates that are too unreliable to use. The calculation found fewer than five deliveries with SMM in the five-county area for 2022 and 2023 combined, so the data is not charted here.

# Supporting Behavioral Health

Mental health influences every aspect of a person's life, from managing stress and maintaining healthy relationships to broader areas like economic stability. It also has a reciprocal relationship with physical health; for instance, mental health can potentially worsen physical conditions and contribute to unhealthy behaviors such as substance use, including drug poisoning. Left unaddressed, mental health issues have long-term consequences, placing a burden on families, schools, hospitals, and social services.

Certain populations are not only more vulnerable to poor mental health due to social and economic factors, but also face more barriers to accessing timely and appropriate care. Ensuring early, equitable, and effective support is essential to crisis prevention, long-term recovery, and building a healthier and more resilient community.

## Mental Health

The BRFSS survey asks adults if a doctor, nurse, or other healthcare professional has ever told them that they have a depressive disorder, including depression, major depression, dysthymia, or minor depression.[31] While this indicator is based on self-reported diagnosis history, it still offers insight into an individual's interaction with the healthcare system and their recognition of mental health needs. All prevalence rates drawn from BRFSS data should be understood to be an undercount, as for the respondent to answer "yes" to that question, they must have visited a health care professional, been assessed for that condition, been told and understood the diagnosis, remembered it weeks to decades later, and been willing to disclose it.

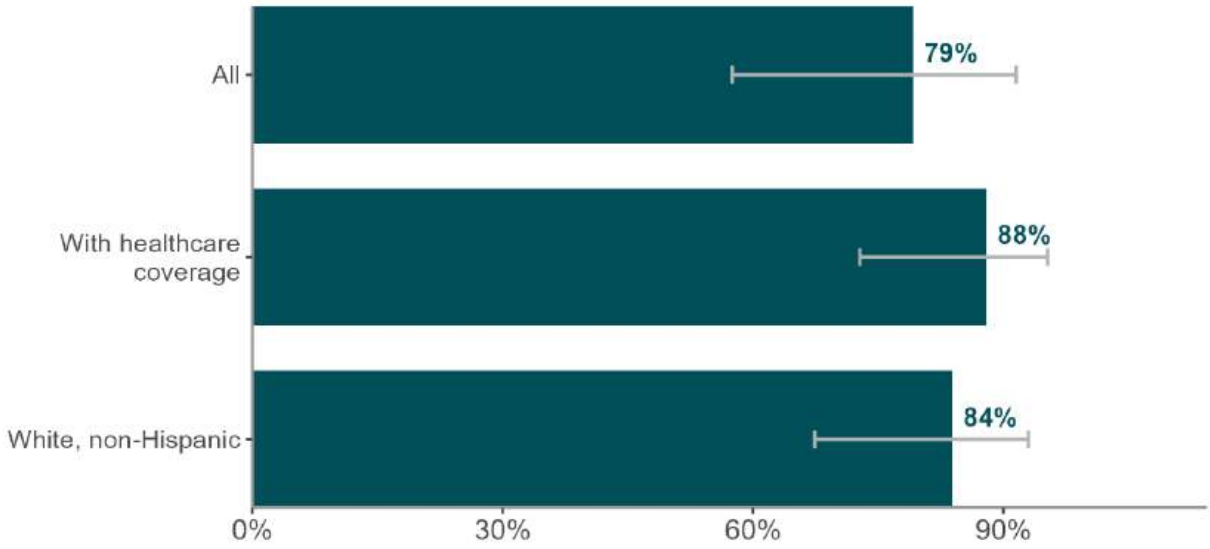
Area-wide, about one in eight (79%) BRFSS respondents reported ever having been told they had a depressive disorder (**Fig. 4D.1**). The BRFSS survey asks respondents about how many days in the past 30 days their mental health was "not good", including stress, depression, and problems with emotions. Disruptions over five days can meaningfully impact functioning, overall health, and well-being. About 85% of respondents area-wide reported five or more days of poor mental health in the past 30 days (**Fig. 4D.2**). Although one cannot be certain of differences among groups given the overlapping margins of error, the lower "all" estimate compared to the other two groups implies that people without health insurance and who identify as Hispanic or a non-Hispanic race other than white may well fare worse on this measure.

### About hospital discharge and emergency department visit rates

The hospital discharge and emergency department (ED) visit rates shown in this report are three-year averages, which helps minimize "bounce" in the trend line, particularly when the counts are relatively small. The rates represent hospital discharges or ED visits, not the number of people with a hospital discharge or ED visit, and are an undercount because military hospitals are not included in the dataset.

**Fig. 4D.1 Percent of adults who have never been told by a healthcare provider they had a depressive disorder, 2017-2023**

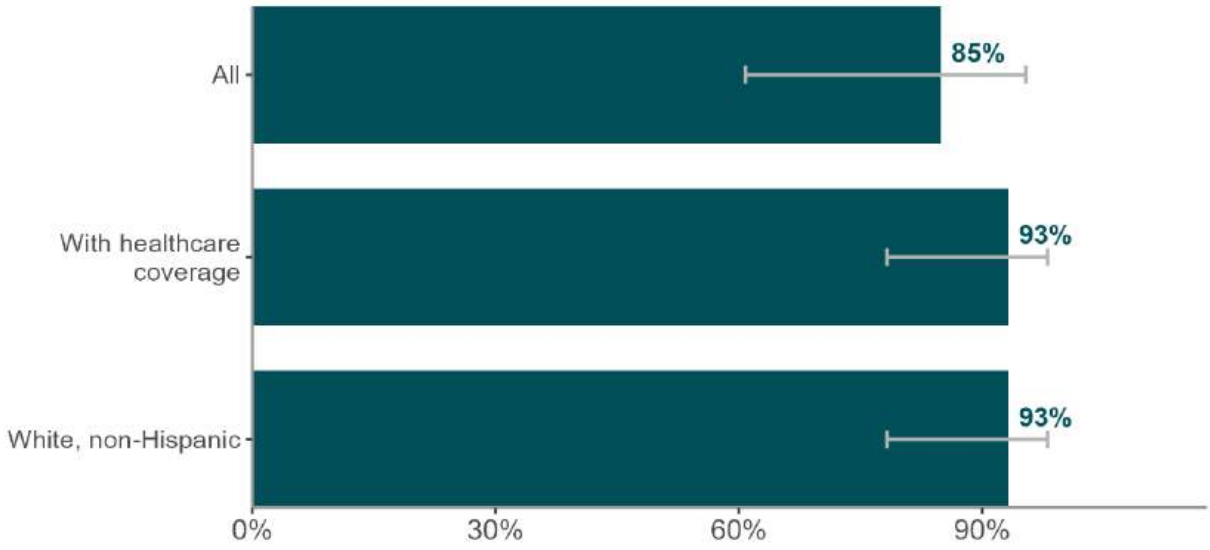
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

**Fig. 4D.2 Percent of adults reporting less than 5 days of poor mental health in the past 30 days, 2017-2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

The overall rate for hospital discharges with a primary diagnosis of mental illness, shown as a three-year average per 10,000 residents, trended downward overall from 2017-19 to 2021-23 (**Fig. 4D.3**). Interpretation of the trend line must take into account pandemic-driven changes in inpatient and emergency department (ED) use for conditions other than COVID. We know that mental health overall did not improve during the pandemic, so the pandemic-era drop in mental illness-related hospital stays almost certainly reflects the loss of a source of care rather than a reduction in mental illness. In 2020 and 2021, many people were afraid to go to the hospital for fear of contracting COVID-19, and hospitals likely turned others away because of pandemic-related overcrowding and staffing shortages.

For that reason, it is notable that the rate more than doubled for ZIP code 78013 (Comfort area), though small numbers at the ZIP code level mean the trend should be interpreted with caution. As the discharge rate measures discharges rather than unique or unduplicated persons discharged, just one person with repeated hospitalizations can make a meaningful difference in the three-year discharge rate at the ZIP code level, particularly for uncommon hospitalizations. For example, one person could not have the same impact on the rate of discharges for cardiovascular disease.

**Figure 4D.4** shows the mental illness hospital discharge rate by age group and the two race/ethnicity groups for which data is available. Area-wide and in Gillespie, Llano, and Mason Counties, the highest rate by age group is among residents aged 18 to 64. In Blanco County and western Kendall County (ZIP Code 78013), the highest rate is among youth under 18 years of age. The rate is lower among Hispanic residents than non-Hispanic white residents in every county, but the difference between the two rates varies; the largest disparity is in Blanco County, where the rate among white residents (25.6) is nearly three times the rate among Hispanic residents (9.1 per 10,000)

## How the COVID-19 pandemic affected hospitalization and ED visits

When the COVID-19 pandemic began, both hospital discharge and ED visit rates decreased for most conditions other than COVID-19 and other conditions with COVID-like symptoms such as fever, cough, and shortness of breath. Those declines are due to a combination of factors that differ by condition.

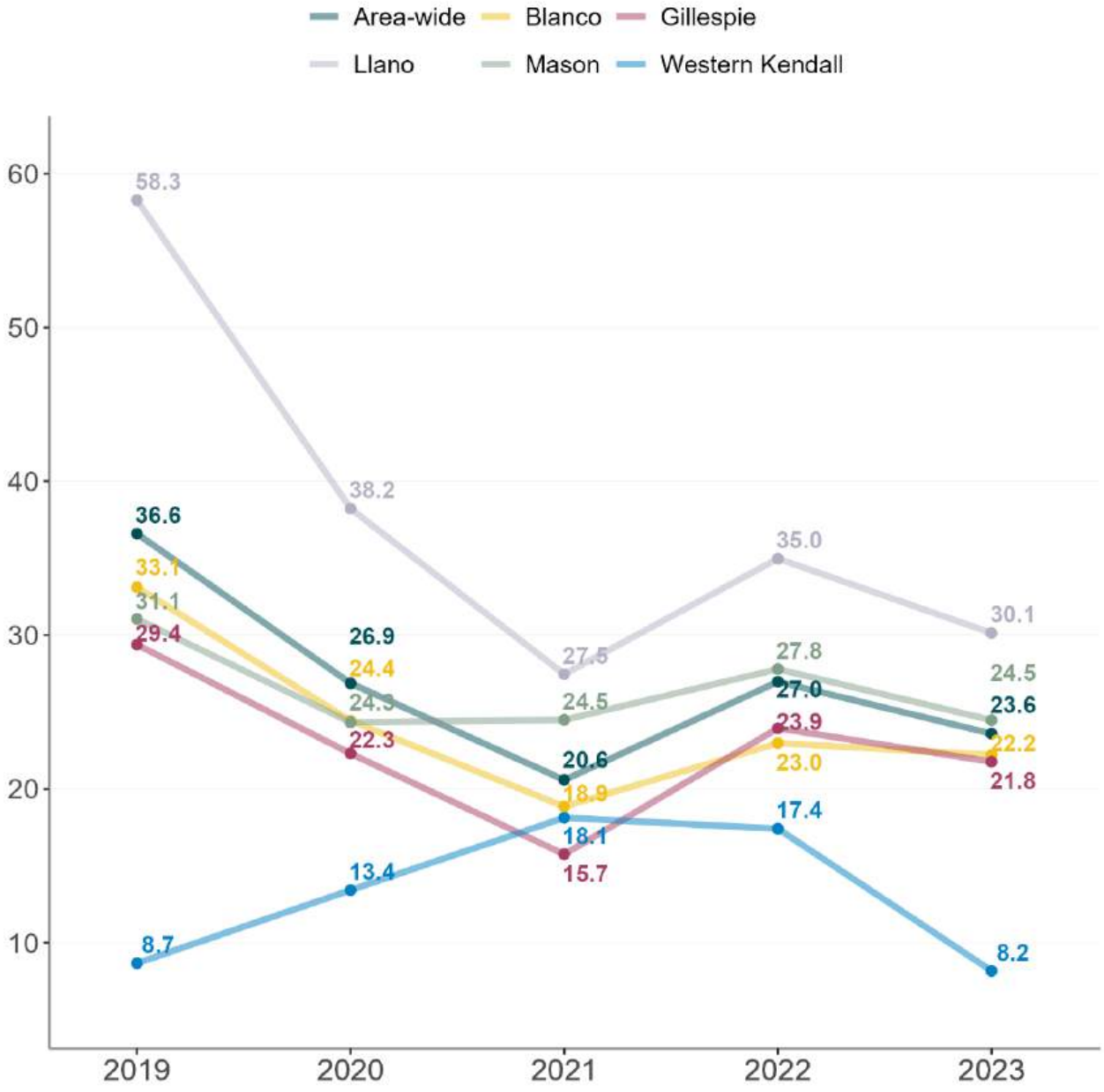
For example, some people with concerning symptoms likely stayed out of the ED for fear of exposure to COVID-19. Additionally, due to overcrowding and understaffing, both inpatient and ED facilities likely advised people they might otherwise have admitted to instead monitor themselves at home. In these examples, a decrease in the hospital discharge or ED visit rate likely does not reflect a true decrease in the burden of illness or injury.

In other cases, though, such as traffic accidents or workplace injury, COVID-driven reductions in driving and the employment rate may have caused a real decrease in injuries requiring medical attention. Similarly, reduced exposure to common non-COVID respiratory illnesses while people isolated at home drove a real reduction in flu, respiratory syncytial virus (RSV), bronchitis, and pneumonia that would normally result in an ED visit or hospitalization.

Hospital discharge and ED visit rates have largely rebounded to pre-COVID levels for most conditions. The degree and speed of the rebound differ by condition and demographic group, however. As with the initial decrease, the rebound is influenced by a complex combination of factors.

**Fig. 4D.3 Mental illness hospital discharge 3-year average rate per 10K population, by location**

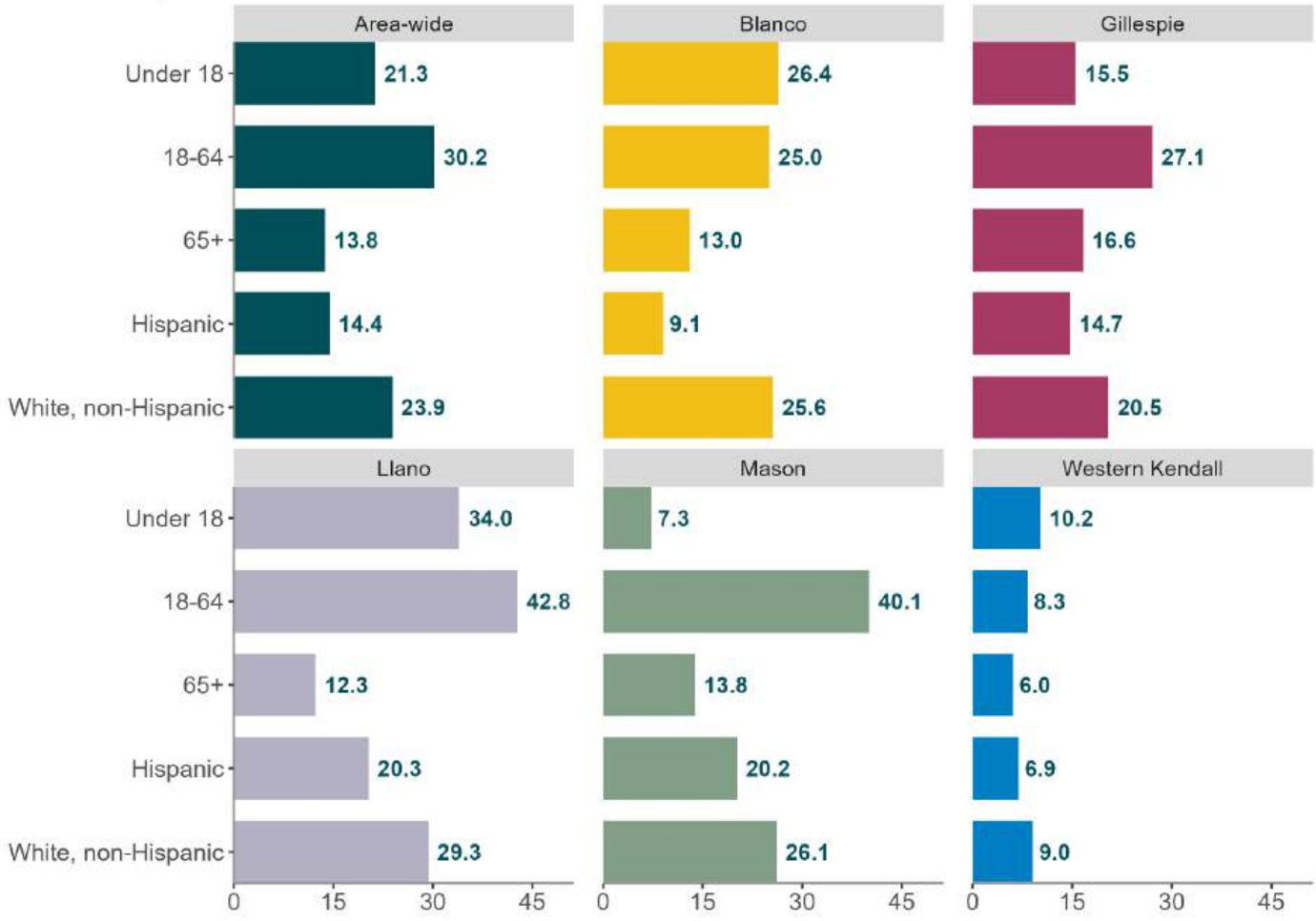
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

**Fig. 4D.4 Mental illness hospital discharge 3-year average rate per 10K population, by age and race/ethnicity, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



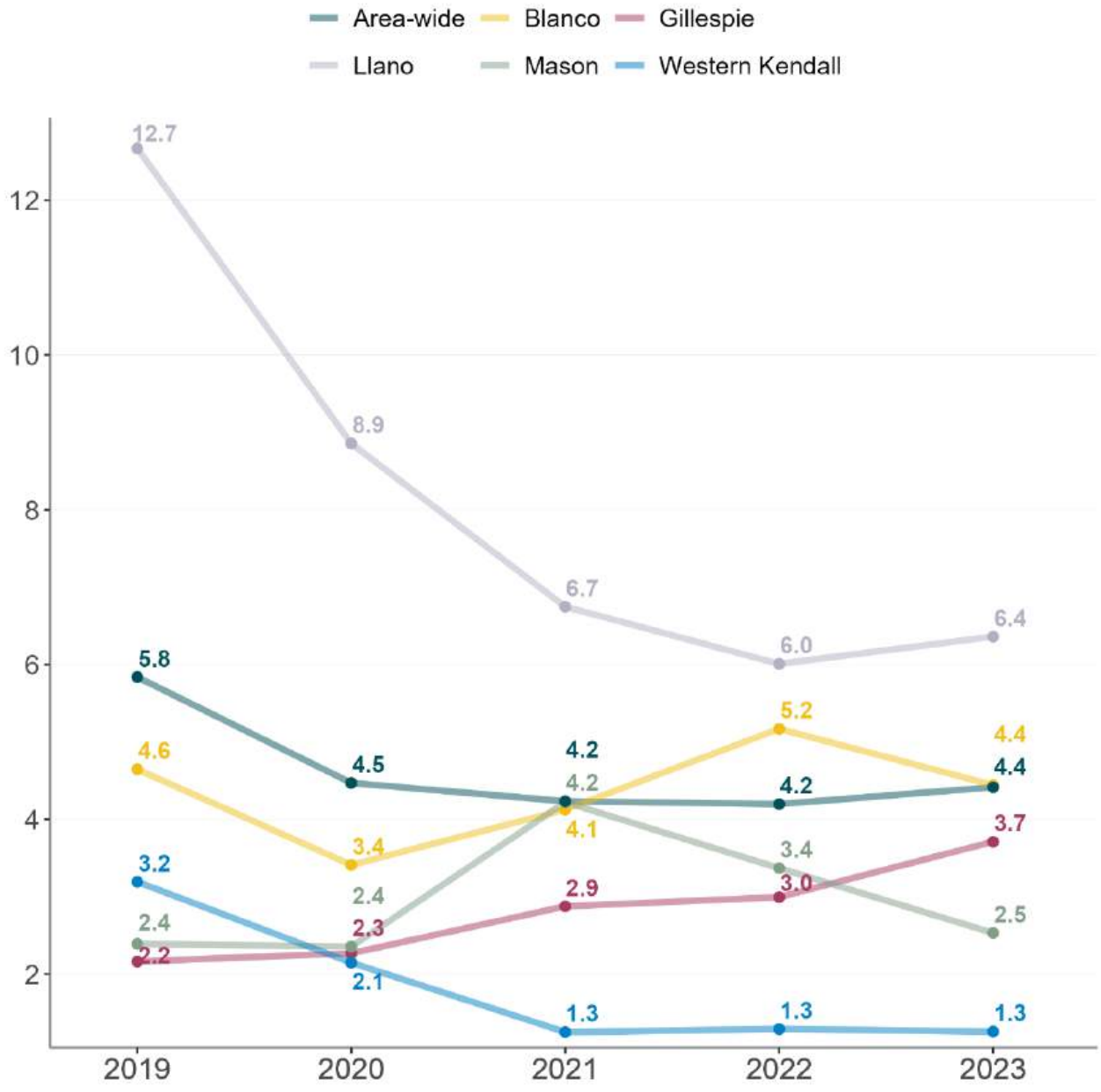

Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

## Poisoning by Drugs and Other Substances

The drug poisoning hospital discharge rate measures the number of individuals hospitalized with a primary diagnosis of drug poisoning, whether intentional or unintentional, for every 10,000 people. Area-wide, the rate dropped from the 2017-2019 period to the 2019-2021 measurement period (**Fig. 4D.5**), as we might expect given the effect of COVID-19, and the lower rate has been largely level since. As with hospital discharges for mental illness, the highest initial rate and the greatest decrease was in Llano County. The steady increase in Gillespie County is of some concern, as the rate has risen 68% from the five-county low of 2.2 in 2017-2019.

**Fig. 4D.5 Drug poisoning hospital discharge 3-year average rate per 10K population, by location**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas

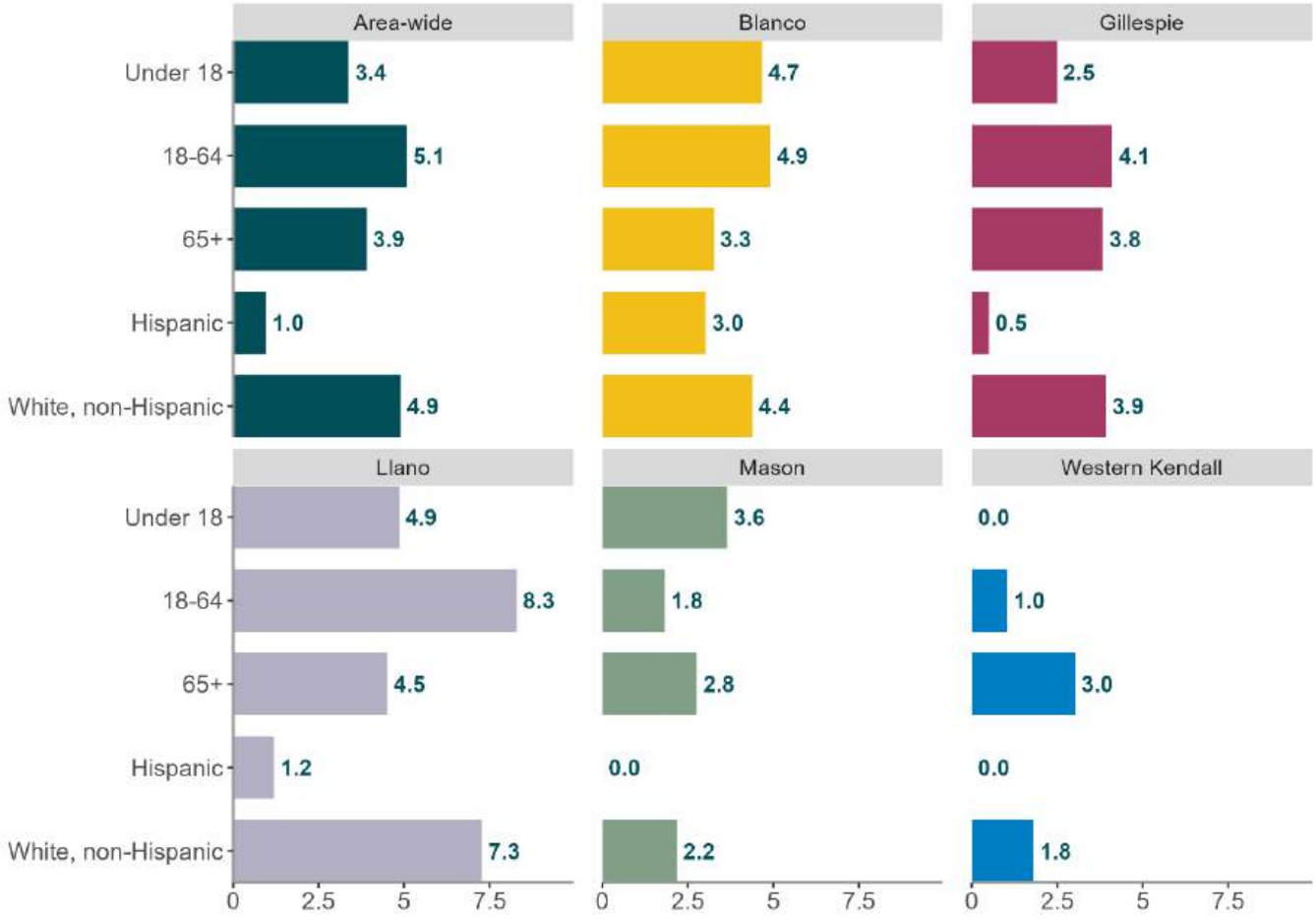



Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

Residents aged 18 to 64 have the highest rate by age group (**Fig. 4D.6**), area-wide and in Blanco, Gillespie, and Llano Counties. Conversely, that age group has the lowest rate in Mason County. As a reminder, drug poisoning includes over-the-counter, prescription, and illegal drugs.

**Fig. 4D.6 Drug poisoning hospital discharge 3-year average rate per 10K population, by age and race/ethnicity, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas

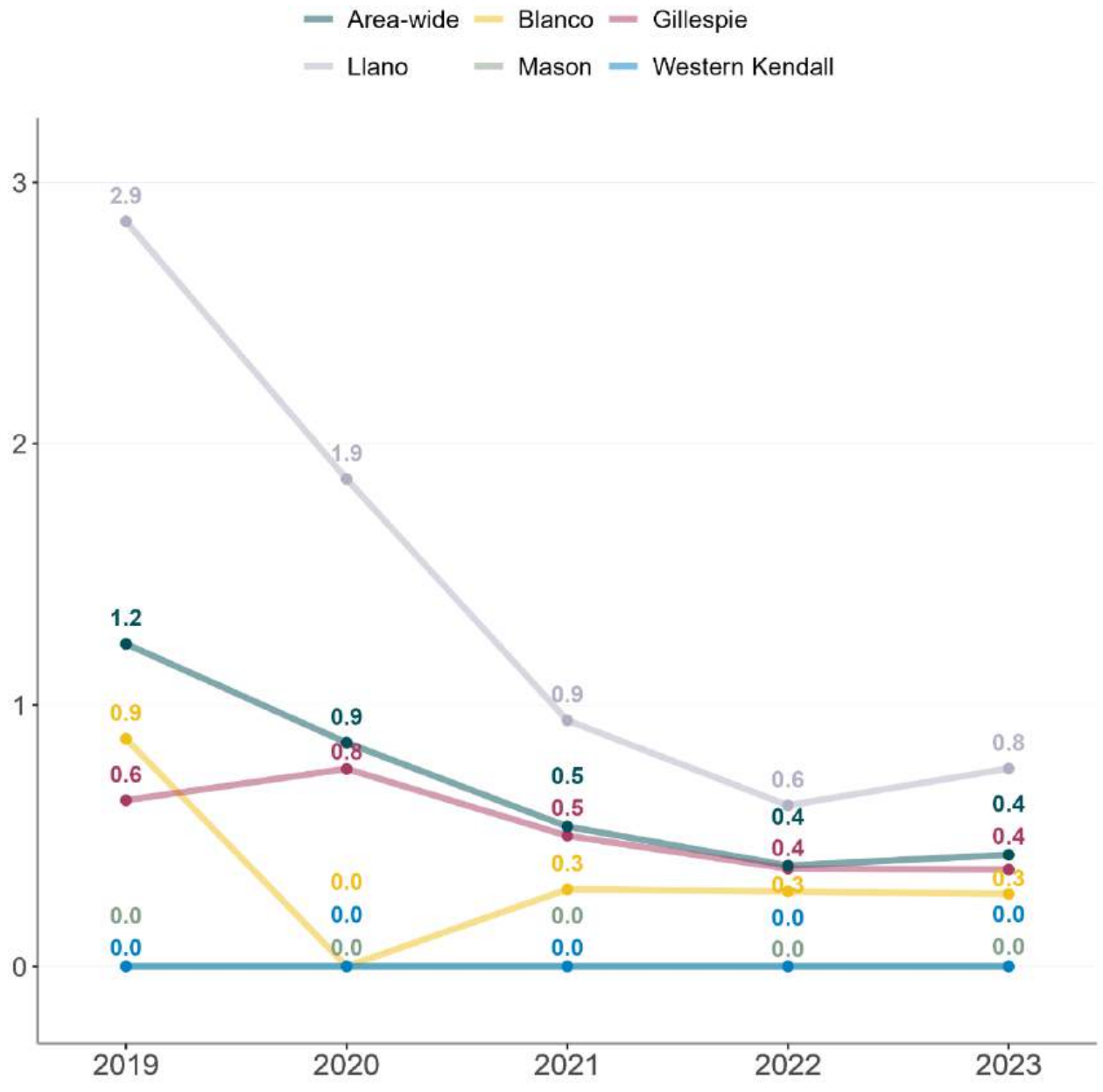



Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

For hospital discharges for opioid poisoning specifically (**Fig. 4D.7**), the steep decrease in Llano County is yet again apparent, but no increase is apparent in Gillespie County. Breaking the data out by age group and race/ethnicity (**Fig. 4D.8**), rates are low across the board. Hospitalization for opioid poisoning appears to be confined to the older population in Blanco County, but that rate is the highest of any age group in the area. Rates are similar for the Gillespie County 18 to 64 and 65-and-older age groups. The under-18 age group has a rate of zero area-wide and in every county, and most counties show a zero rate for Hispanic residents.

**Fig. 4D.7 Opioid poisoning hospital discharge 3-year average rate per 10K population, by location**

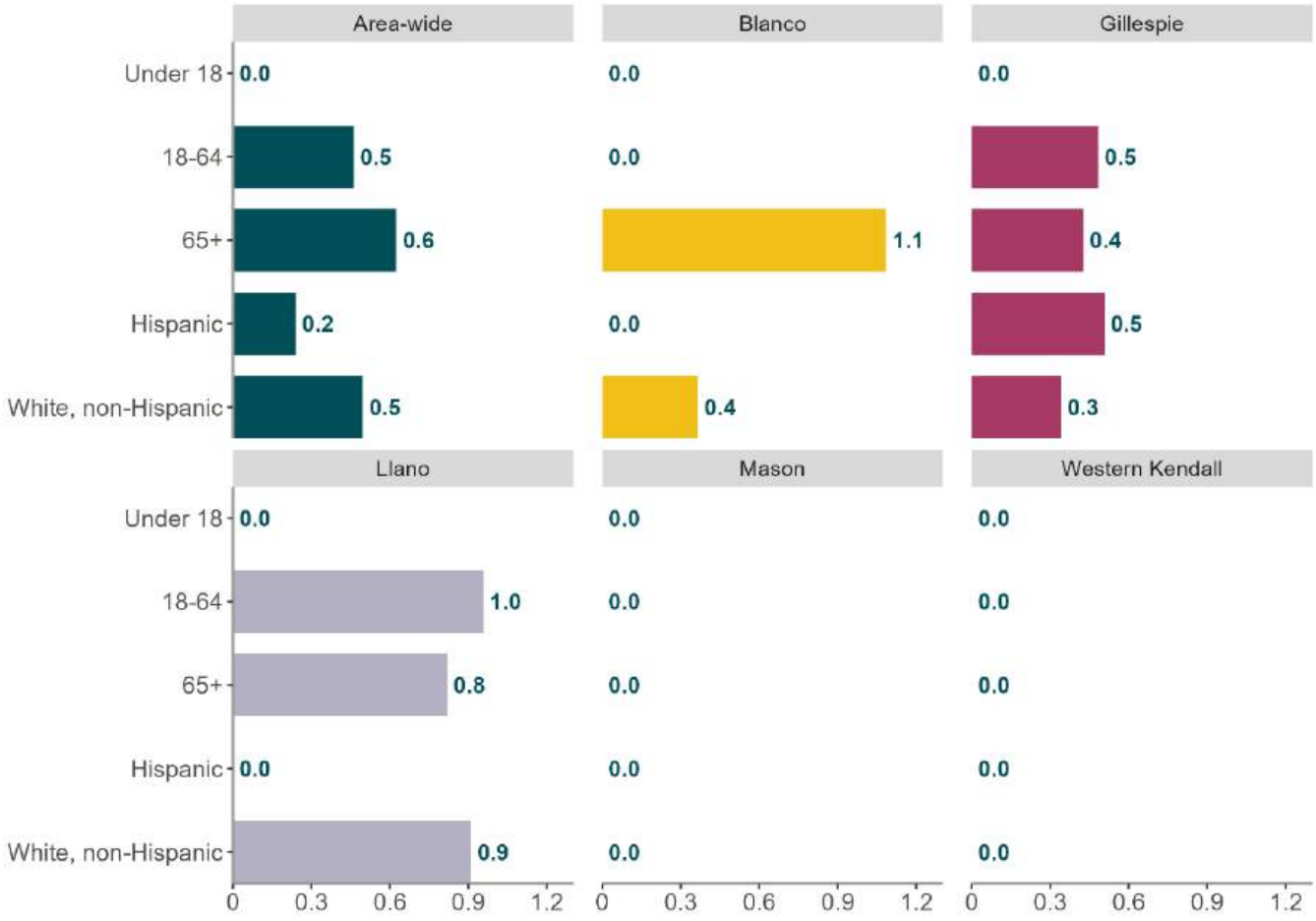
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow for The Health Collaborative

**Fig. 4D.8 Opioid poisoning hospital discharge 3-year average rate per 10K population, by age and race/ethnicity, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

# Tracking Injuries

Hospital discharge and emergency department (ED) visit rates are key indicators of moderate to severe injury, including but not limited to injury due to traffic accidents, occupational accidents, assaults, burns, falls, and intentional or unintentional poisoning or overdose. High rates indicate increased demand for emergency care, hospital staffing, rehabilitation services, and rehabilitation programs. For individuals, injury-related hospitalizations often result in significant personal and financial costs, especially for older adults who may face longer recovery periods and greater complications. (Information about deaths due to intentional and unintentional injury can be found in the Leading Causes of Death section at the end of this chapter.)

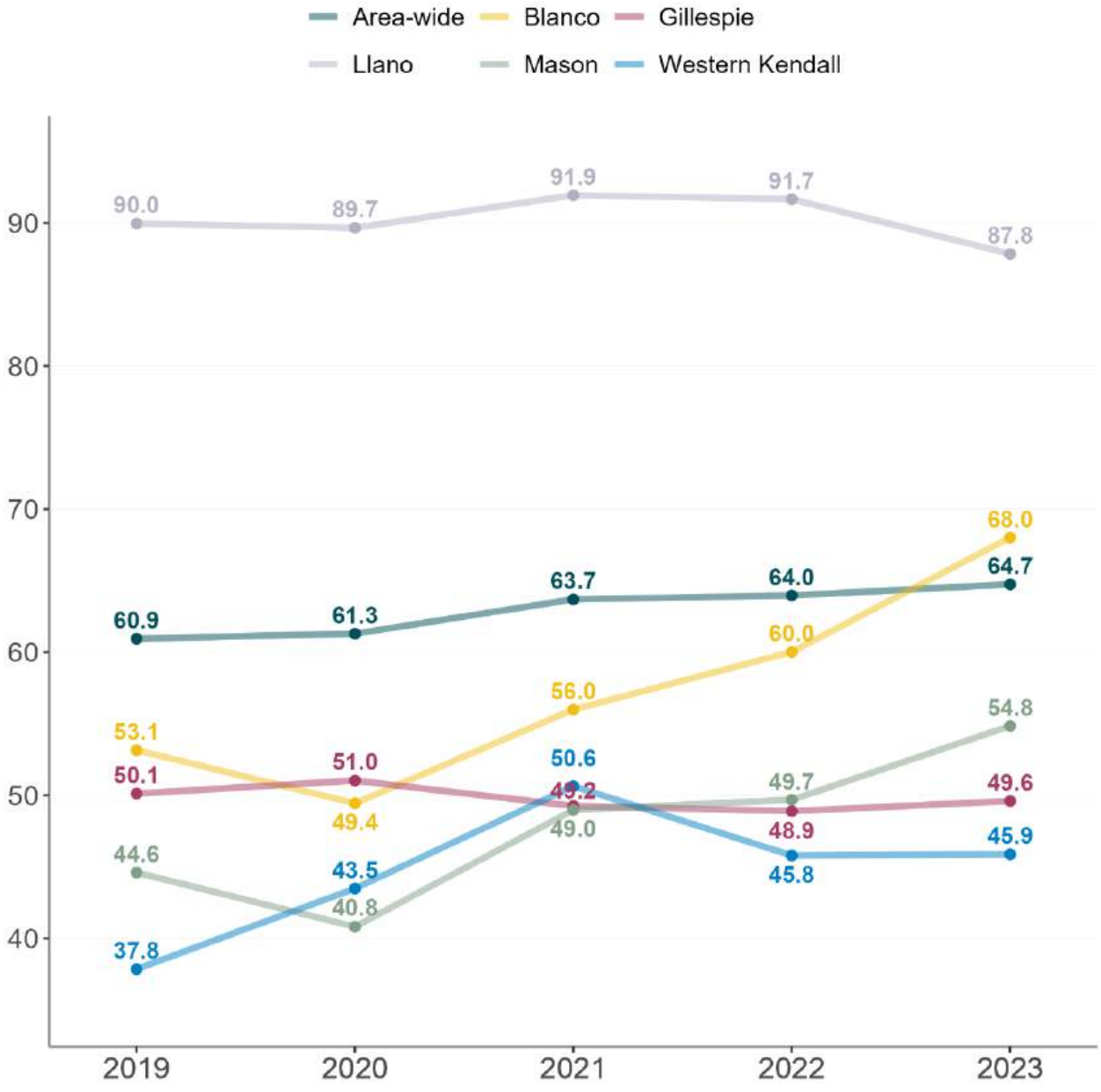
The five-county area's overall hospitalization rate with a primary diagnosis of injury has crept steadily upward over the years, rising from 60.9 in 2017-19 to 64.7 in 2021-23 (**Fig. 4E.1**), driven by a 28% increase in Blanco County and a 23% increase in Mason County. Llano is again an outlier, with a rate nearly twice that of ZIP code 78013 (Comfort), which has the lowest rate and much a younger population as noted earlier in this report (**Fig. 1A.3**). In every county the rate is highest by far in the older population (**Fig. 4E.2**). The higher rate among non-Hispanic white residents in every county, and the increasing rate over time in Blanco and Mason, are almost certainly due at least in part to an older and aging population.

ED visits with a primary diagnosis of injury are 13 times as common as hospital discharges area-wide (**Fig. 4E.3**). As a general pattern in central and south-central Texas, most hospital discharge and ED visit rates declined when COVID-19 hit, but the opposite is true for injury in the Comfort area. Although that rate leveled out, an increase in the Blanco and Mason County rates began in the 2019-21 measurement period and continued through 2021-23.

Injury ED visit rates are much more similar across age groups than are hospital discharges (**Fig. 4E.4**), with rates in the under-18 age group rivaling or even exceeding the age 65-and-over rate in several counties. At 1,219.9 per 10,000 population, the under-18 rate in Llano County is of particular concern, as it exceeds even the 65-and-over rate in the Comfort area (ZIP code 78013) and Blanco, Gillespie, and Mason Counties. The injury ED visit rate (741.8) in Mason County's 18 to 64 age group also seems unusually high in comparison to rates for that age group elsewhere in the area.

**Fig. 4E.1 Injury hospital discharge 3-year average rate per 10K population, by location**

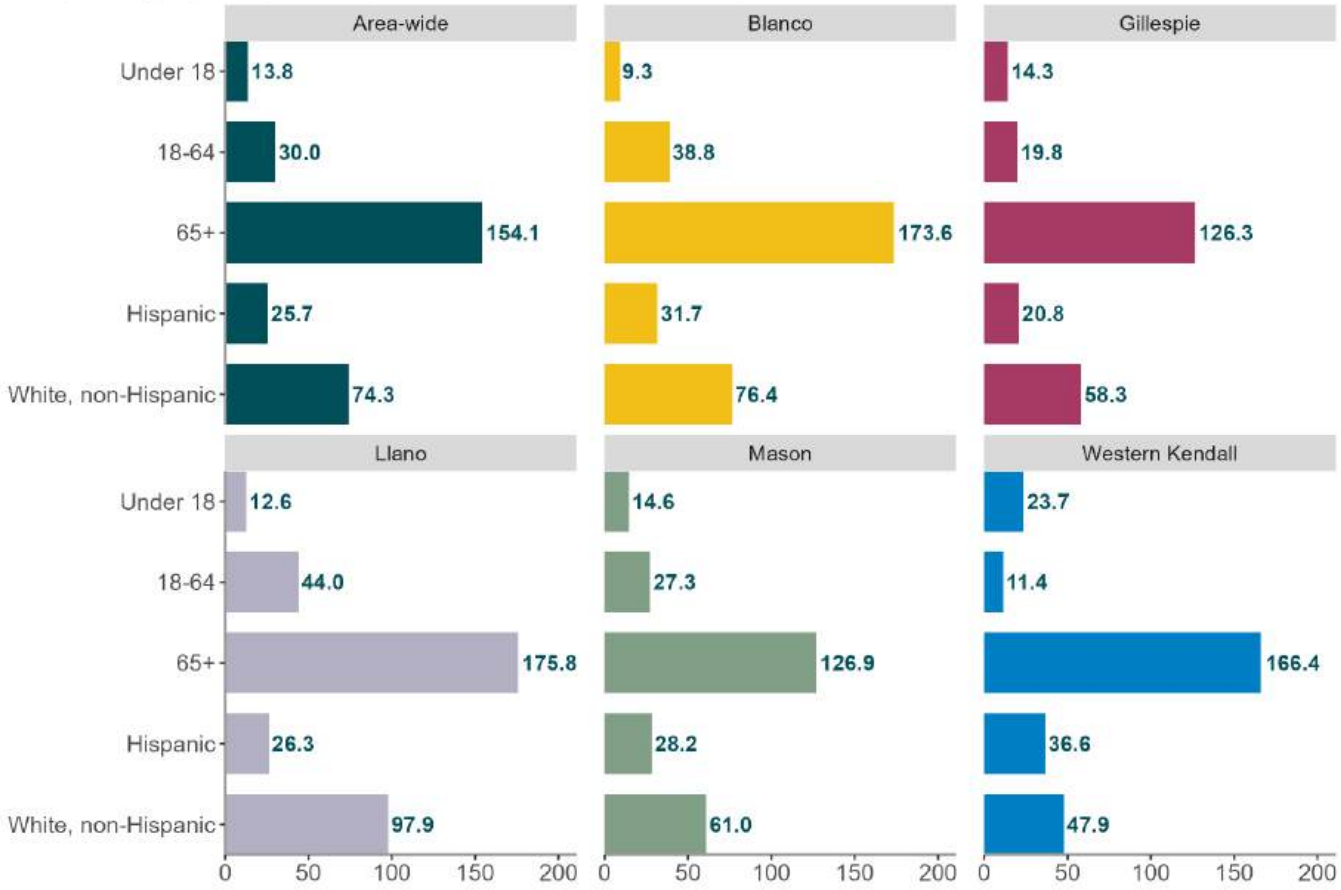
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

**Fig. 4E.2 Injury hospital discharge 3-year average rate per 10K population, by age and race/ethnicity, 2023**

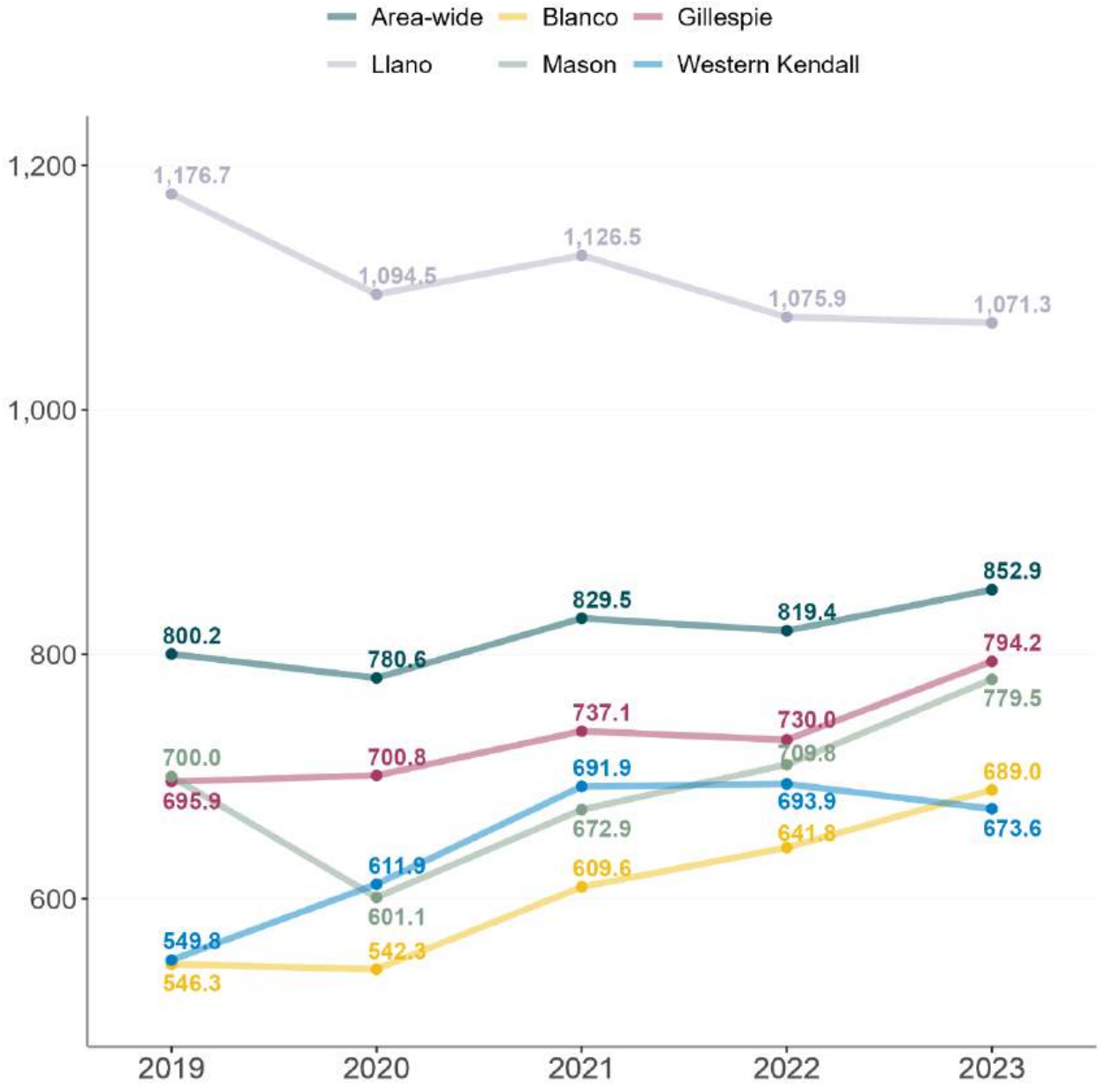
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

**Fig. 4E.3 Injury emergency department visit 3-year average rate per 10K population, by location**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

**Fig. 4E.4 Injury emergency department visit 3-year average rate per 10K population, by age and race/ethnicity, 2023**
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

# Fighting Infections & Preventing Outbreaks

Communicable and vaccine-preventable diseases can spread quickly, especially in group settings like schools and shelters, and can lead to serious health complications if left untreated. While anyone can be affected, these conditions often disproportionately impact vulnerable populations due to factors like poverty, limited access to healthcare, and stigma. Barriers to timely testing and treatment can contribute to delayed diagnoses and ongoing transmission. Notably, trends in infection rates likely reflect shifts in healthcare access, public health outreach, and social behaviors, particularly during and after the COVID-19 pandemic.

## COVID-19

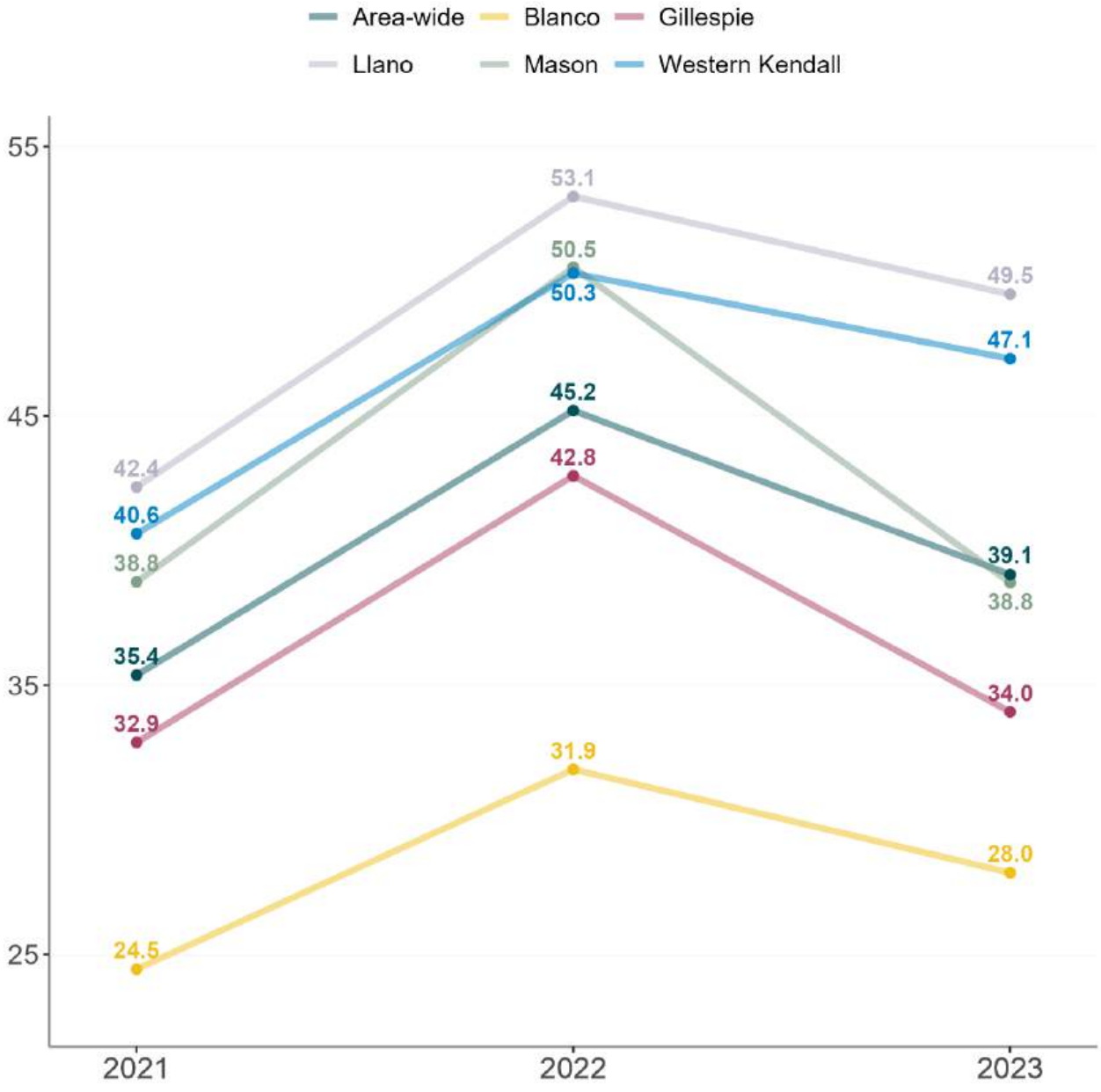
Hospitalization is a good indicator of severe COVID-19 illness and risk of death. (Information about deaths due to COVID-19 can be found in the Leading Causes of Death section at the end of this chapter.) Area-wide, the 2021-23 three-year average for COVID-19 hospital discharges was 39.1 per 10,000 people (**Fig. 4F.1**), with higher rates in Llano County and the Comfort area. While rates fell 20% or more from the 2020-22 high in Gillespie and Mason Counties, rates fell only seven percent in Llano County and 6% in the Comfort area, indicating an ongoing high level of severe COVID-19 illness in those latter two communities. That ongoing burden of illness makes some sense in Llano County, given that the 75-and-older population is so much more vulnerable to severe illness and death due to COVID-19 in the United States, but residents 75 and older make up just 12% of the Comfort area population, on par with Gillespie and Mason Counties.

Though not shown in the chart, there are marked differences by race and ethnicity, but those differences vary across the area. For example, the COVID-19 discharge rates for Hispanic and non-Hispanic white residents are similar at 30.2 and 28.1 per 10,000, respectively, and 29.4 and 33.9 in Gillespie County. In Llano County, however, white residents have a far higher rate than Hispanic residents (51.1 as compared to 34.7). Conversely, Mason County's Hispanic residents have a much higher rate (40.4 as compared to 32.7). The greatest disparity is in the Comfort area, where Hispanic residents of ZIP code 78013 have a rate of 54.8 per 10,000, 33% higher than the rate of 41.5 among white residents. The higher rate among Comfort-area Hispanic residents likely at least partly explains that community's extremely high current COVID-19 discharge rate of 124.0 in the 65-and-over population (**Fig. 4F.2**), nearly twice the rate of 66.2 in Blanco County's 65-and-over population. Many other variables may factor in, though, including population density, vaccination rates, and movement by residents who live in one community and work in another (see Fig. **2B.3** for more information). The 2021 rate, which is an average of 2019 through 2021, would also be affected by any local stay-at-home orders, remote versus in-person schooling, the percentage of workers in jobs that were classified as essential, and mask-wearing norms in close quarters such as job sites and schools.

Within-county differences in the COVID-19 discharge rate are evident as well (**Fig. 4F.3**). The highest rates, exceeding 50.0 per 10,000 population, are in ZIP codes 78672 (Tow area in Llano County) and 78609 (Buchanan Dam and Bluffton, mostly Llano). In addition to 78013 (Comfort area) as already noted, ZIP codes 78631 (Harper and Noxville, mostly in Gillespie) and 78639 (Kingsland area, mostly in Llano) have rates between 40.1 and 50.0.

**Fig. 4F.1 COVID-19 hospital discharge 3-year average rate per 10K population, by location**

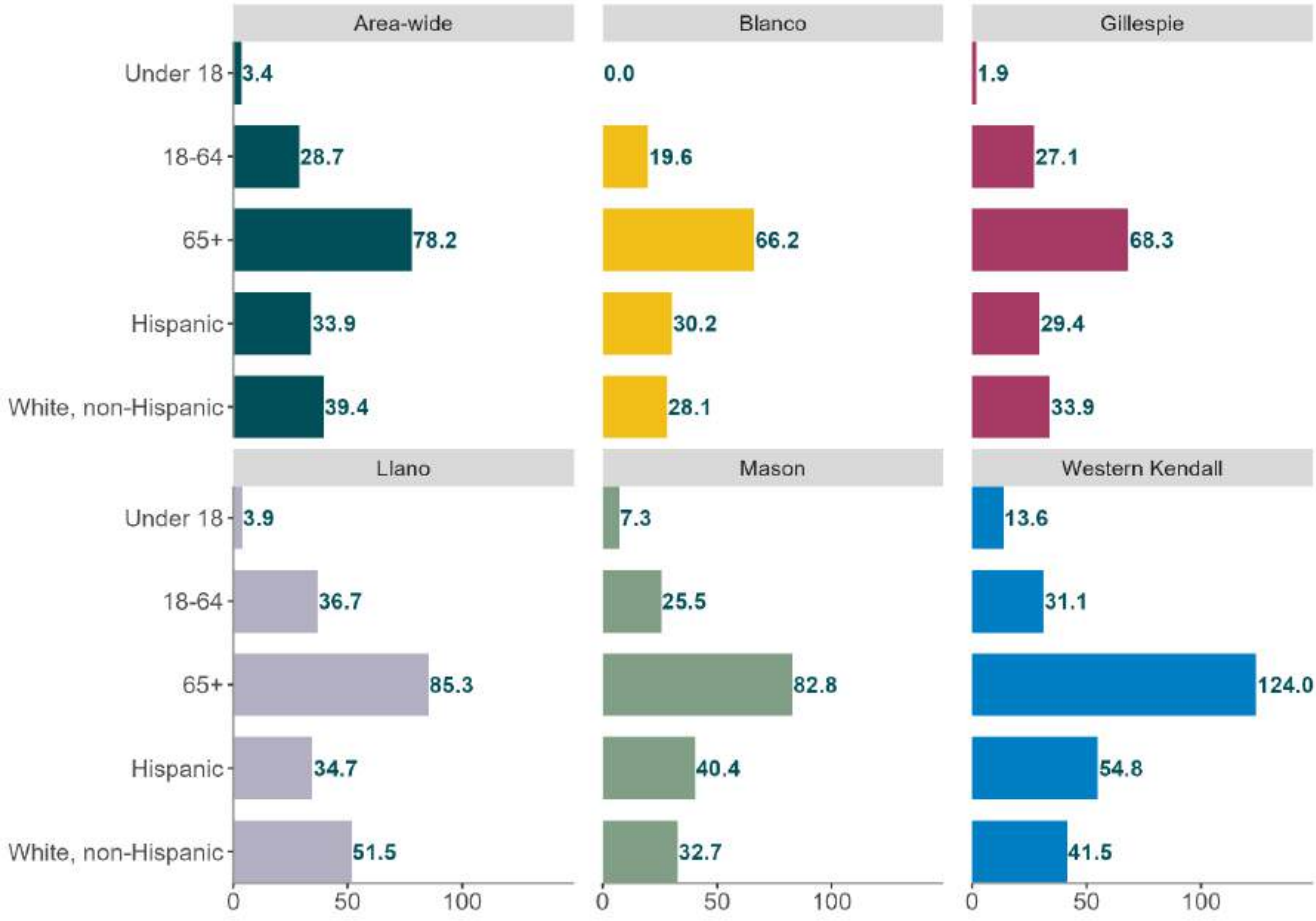
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



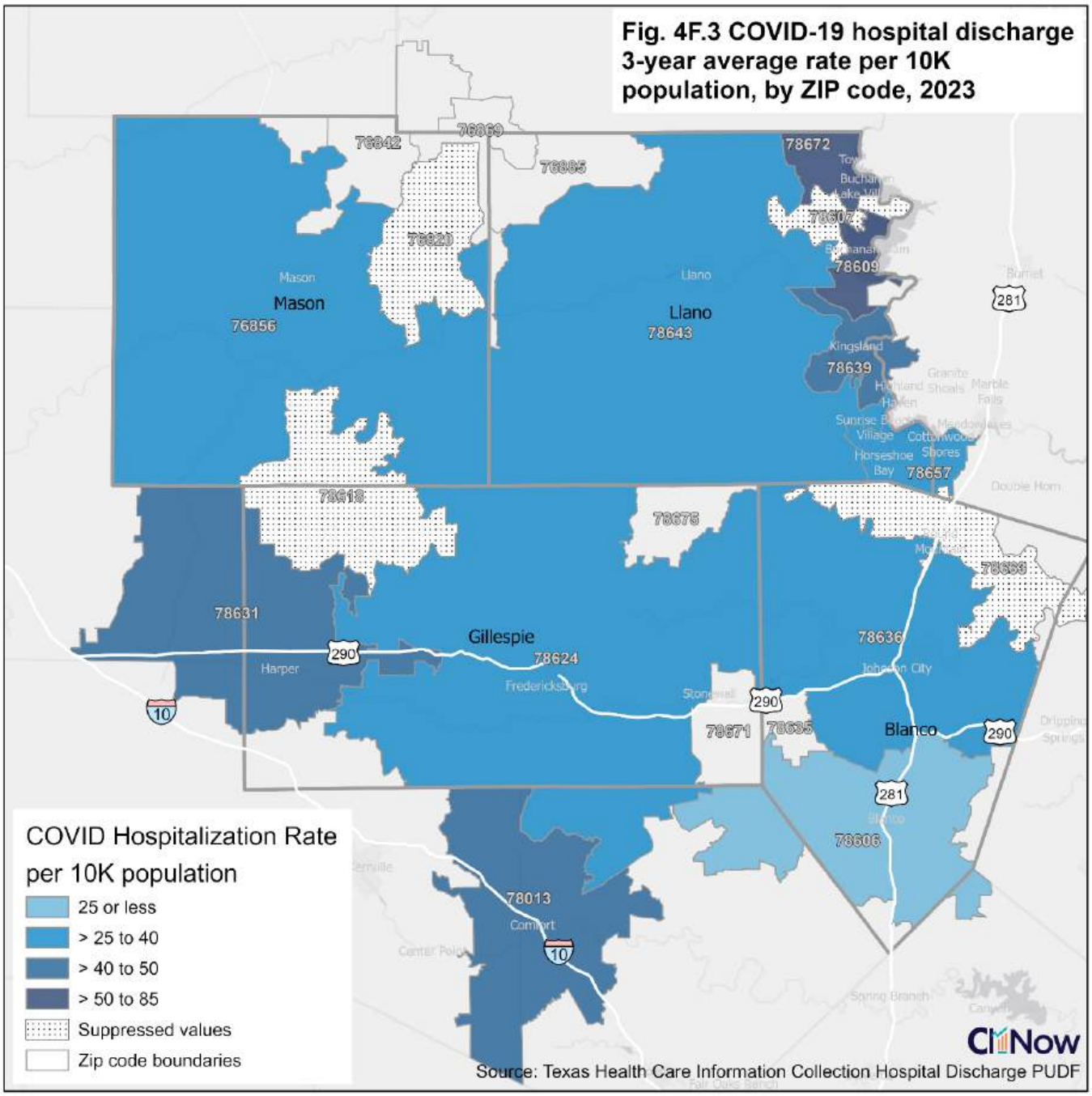

Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

**Fig. 4F.2 COVID-19 hospital discharge 3-year average rate per 10K population, by age and race/ethnicity, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



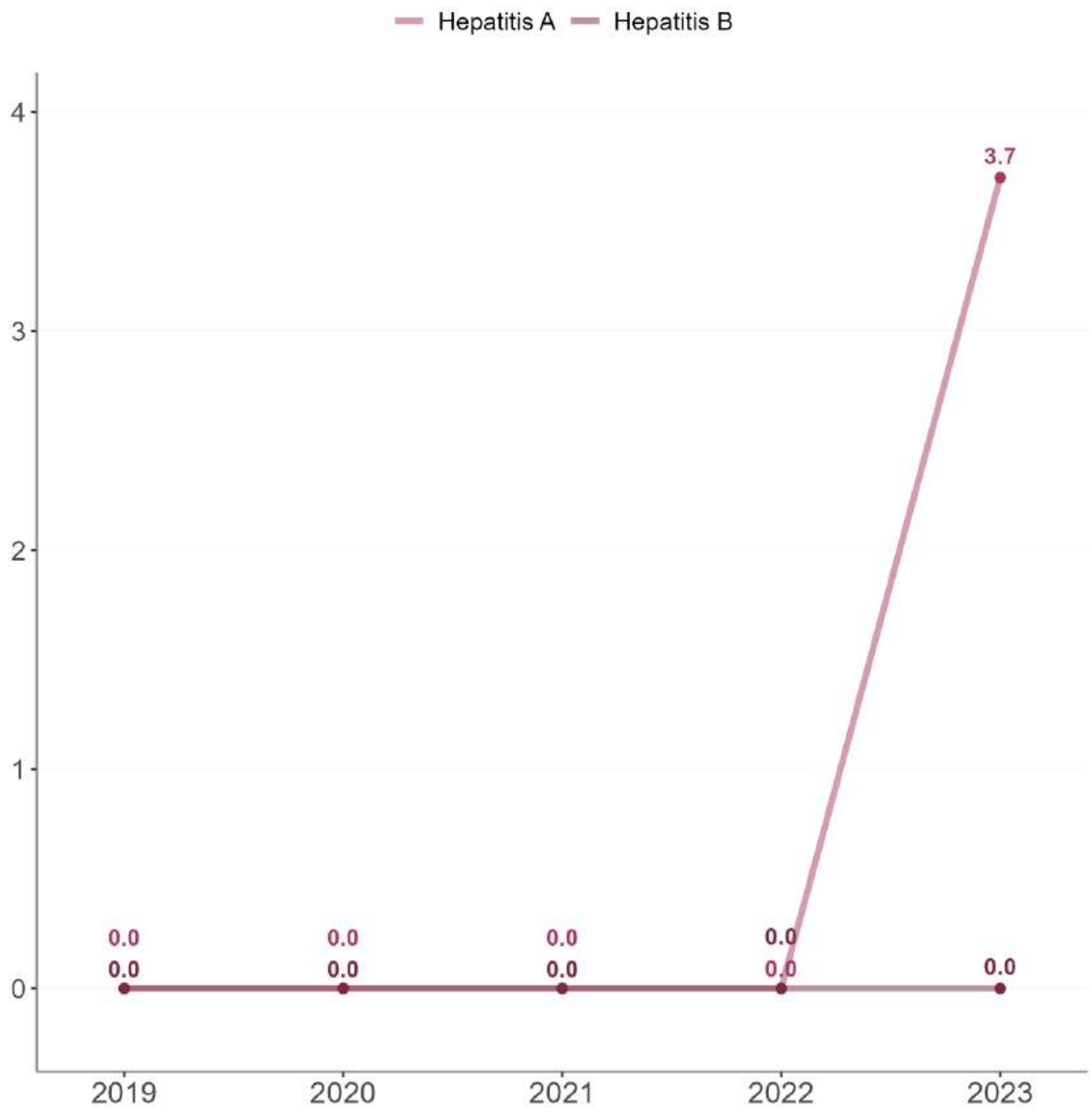

Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow


Fig. 4F.3 COVID-19 hospital discharge 3-year average rate per 10K population, by ZIP code, 2023
76842
76859
76865
78672
76820
78609
Mason
Mason
76856
Llano
Llano
78643
281
Kingsland
78639
Granite Shoals
Marble Falls
Horseshoe Bay
78657
78618
78673
78633
78631
Gillespie
78624
290
Harper
78636
Johnson City
10
78671
78635
Blanco
290
281
78606
78013
Comfort
10
COVID Hospitalization Rate per 10K population
25 or less
> 25 to 40
> 40 to 50
> 50 to 85
Suppressed values
Zip code boundaries
CHNow
Source: Texas Health Care Information Collection Hospital Discharge PUDF

## Hepatitis A and Hepatitis B

Hepatitis A is transmitted through the fecal-oral route, while hepatitis B is transmitted through blood or sexual contact, but both are vaccine-preventable and affect vulnerable populations. People who use or inject drugs have an increased risk of contracting viral hepatitis, including both A and B, and individuals experiencing homelessness are especially vulnerable to hepatitis A due to challenges in sanitation and hygiene.[32,33] **Figure 4F.4** shows incidence rates – number of new cases diagnosed per year – for acute hepatitis A and acute hepatitis B per 100,000 Gillespie County residents over the five-year period from 2019 to 2023. Except for hepatitis A in 2023, no new cases of either illness were diagnosed in the county during that period. Unfortunately, data is not available for Blanco, Kendall, Llano, or Mason County at the time of this writing.

**Fig. 4F.4 Hepatitis A and hepatitis B incidence rate per 100K population**
Gillespie County, Texas



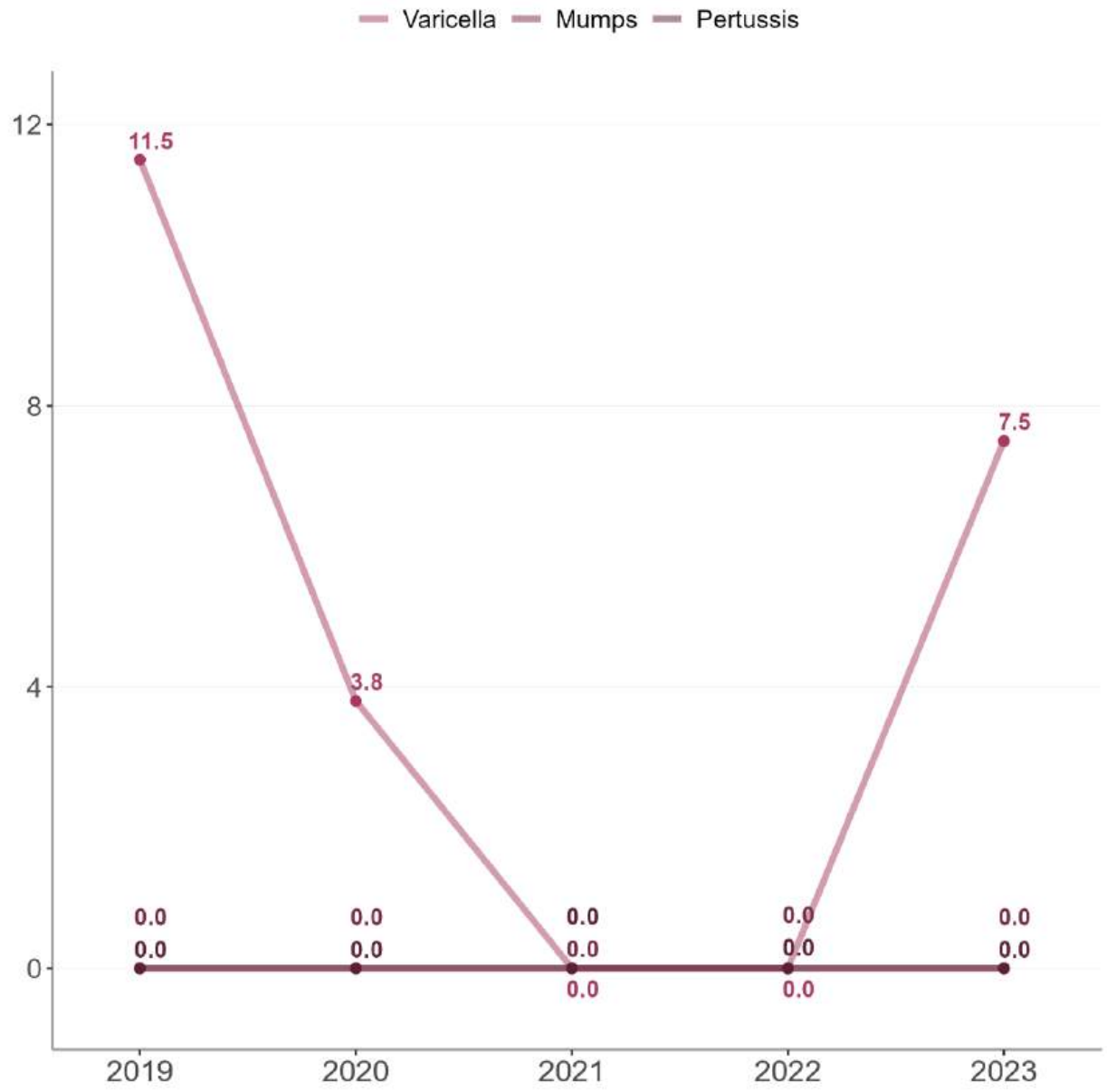

Source: Texas Department of State Health Services
Prepared by CINow

## Mumps, Whooping Cough, and Chickenpox

Chickenpox (varicella), mumps, and whooping cough (pertussis) are highly contagious infections that can lead to serious complications and spread easily in group settings like schools and shelters. Gillespie County's chickenpox (varicella) incidence rate fell 67% in 2020 (**Fig. 4F.5**), likely at least in part due to the reduction of in-person contact at the onset of the COVID-19 pandemic. No new cases were diagnosed in 2021 or 2022, but it is not possible to know from the data how many undiagnosed cases may have occurred, as preventive and primary care utilization generally decreased during the first few years of the pandemic. By 2023, the rate had rebounded to 7.5 per 100,000. No new cases of whooping cough or mumps were diagnosed in Gillespie County during that period. Data is not available for Blanco, Kendall, Llano, or Mason County at the time of this writing.

**Fig. 4F.5 Chickenpox (varicella), mumps, and whooping cough (pertussis) incidence rate per 100K population**

Gillespie County, Texas



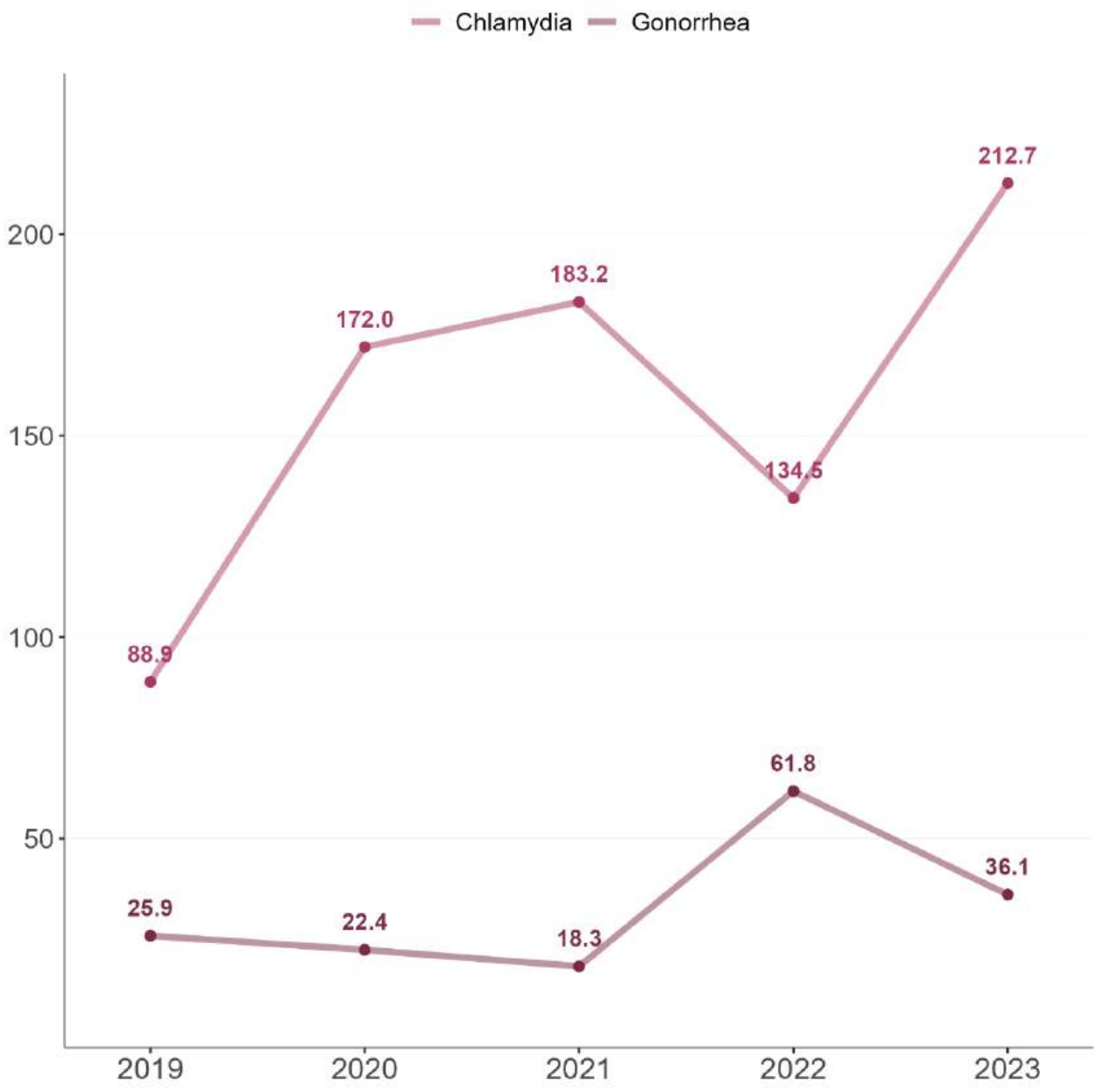

Source: Texas Department of State Health Services
Prepared by CINow

## Chlamydia and Gonorrhea

Chlamydia and gonorrhea are common sexually transmitted infections (STIs). While many people with these infections do not experience symptoms, if left untreated, they can lead to serious health problems and can continue to spread unknowingly.[34] Gonorrhea incidence in Gillespie County (**Fig. 4F.6**), or new cases diagnosed per year, declined steadily from 2019 to 2021 and then more than tripled in 2022, from 18.3 per 100,000 to 61.8, before beginning to fall again in 2023. Chlamydia followed an opposite curve, more than doubling from 2019 to 2021, dropping 27% in 2022, and then reaching a five-year high of 212.7 in 2023. Neither chlamydia nor gonorrhea incidence is available for Blanco, Kendall, Llano, or Mason County at the time of this writing.

**Fig. 4F.6 Chlamydia and gonorrhea total diagnoses incidence rate per 100K population**

Gillespie County, Texas




Source: Texas Department of State Health Services
Prepared by CINow

## HIV and Early Latent Syphilis

Both HIV and early latent syphilis are STIs that can also be transmitted from mother to child during pregnancy or childbirth. These infections disproportionately affect certain populations due to sexual behaviors, barriers to healthcare access, and broader social factors like poverty, stigma, and discrimination.[35] Early latent syphilis incidence in Gillespie County dropped during 2020 (**Fig. 4F.7**), though new cases may have gone undiagnosed in the first year of the COVID-19 pandemic, but rebounded to 2019 levels in 2021. The reason for the 67% decrease from 2022 to 2023 is unknown. HIV incidence for Gillespie County is suppressed for 2019 and 2020, but, like gonorrhea, spiked to 7.3 in 2022 before dropping back down to 3.6 per 100,000 in 2023. As with the other infectious disease indicators in this section, data for Blanco, Kendall, Llano, or Mason County are not available at the time of this writing.

**Fig. 4F.7 HIV new diagnoses and early latent syphilis incidence rate per 100K population**

Gillespie County, Texas




Missing values are suppressed by data source.
Source: Texas Department of State Health Services
Prepared by CINow

# Chronic Illness and Cancer

Heart disease and cancer are the leading causes of death nationally and locally[36]. These conditions often share common risk factors, like poor nutrition and chronic stress. Early detection plays a critical role, not only in reducing the risk of severe complications but in timely intervention and effective, long-term management. Understanding their prevalence helps highlight the burden of chronic disease in the community.

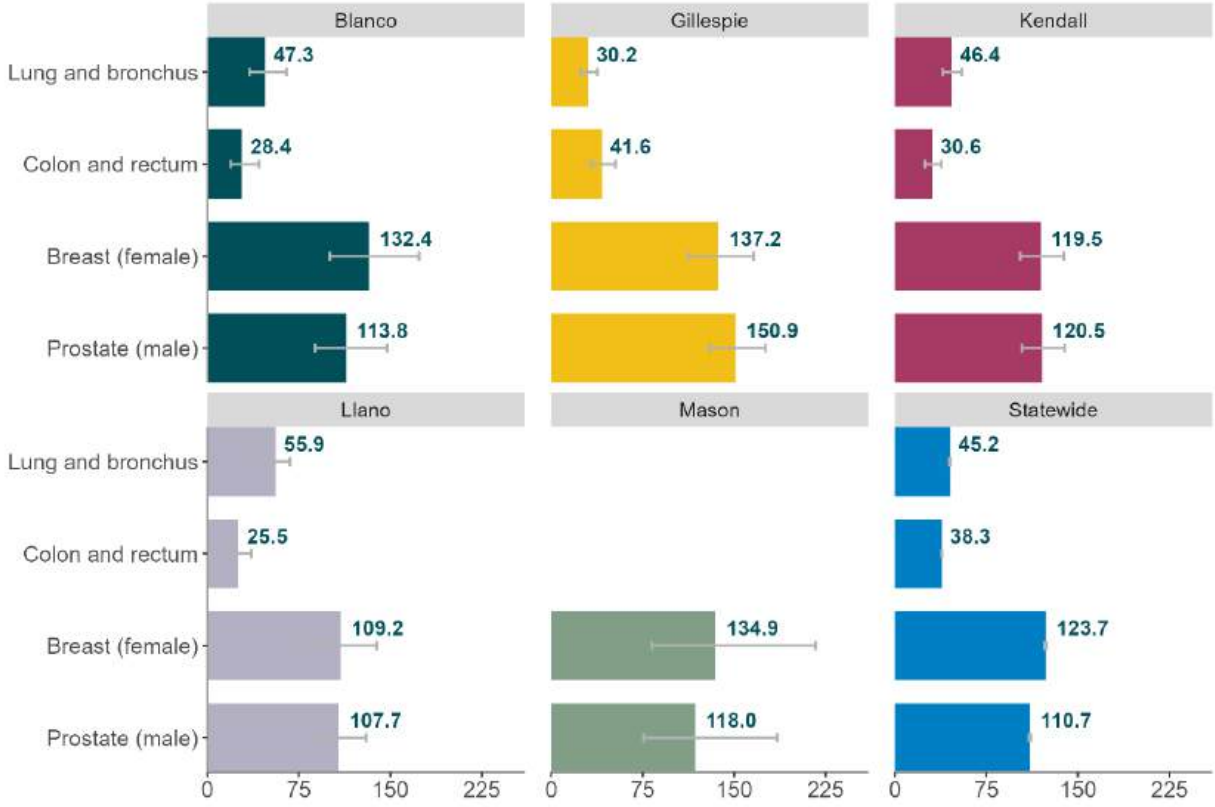
## Cancer

**Figure 4G.1** shows incidence rates per 100,000 residents for the most common invasive cancers, listed by community and cancer site. Using a combined period of 2018 to 2022 for narrower confidence intervals, several statistically significant differences can be observed. Area-wide, breast cancer in females was the most common among these four cancer sites, with an incidence rate of 123.7 per 100,000 female residents during the measurement period. Prostate cancer (in males) was the second most common at 110.7 per 100,000 male residents. Breast cancer in females and prostate cancer in males also have the highest incidence in every other County.

Area-wide and in Kendall and Llano Counties, cancer of the lung and bronchus has a higher incidence than does cancer of the colon and rectum. Confidence intervals that do not overlap mean that there are statistically significant differences among counties in lung and bronchus cancer incidence, with the lowest incidence in Gillespie County (30.2) and the highest – 55.9, nearly twice as high as in Gillespie – in Llano County. Because of small counts, Mason County rates are suppressed for those two cancers.

**Fig. 4G.1 Age-adjusted invasive cancer incidence rate per 100K population, by location and cancer site, 2018-2022**

Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas



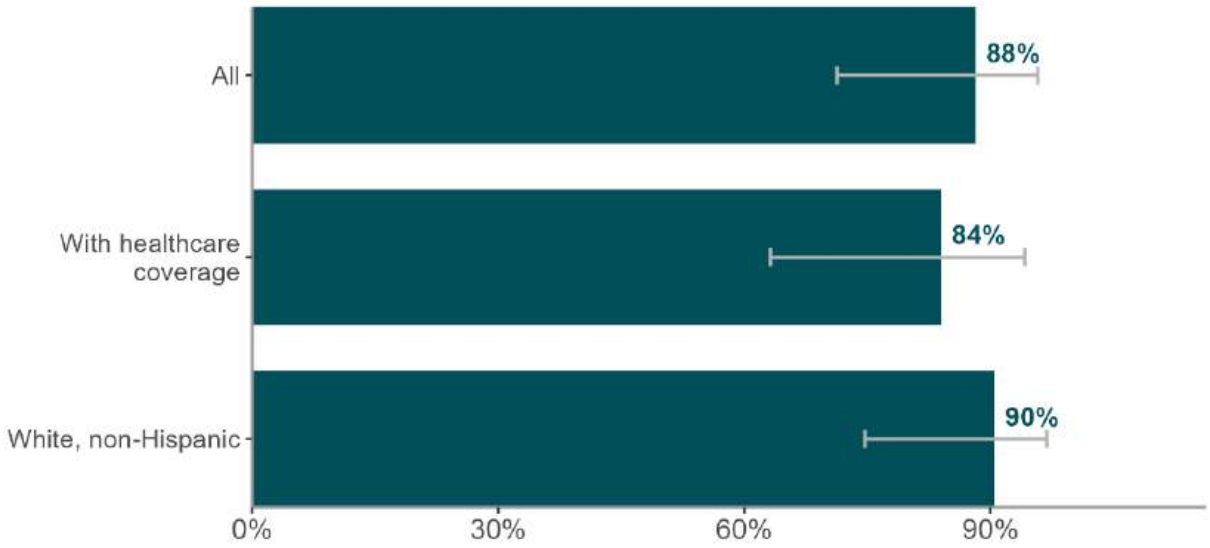

Data suppressed if 1-16 cases were reported in the specified dataset.
A minimum of 16 cases are required to calculate a stable age-adjusted rate.
Source: Texas Cancer Registry
Prepared by CINow

## Heart Disease

The BRFSS survey asks respondents if a doctor, nurse, or other health professional ever told them they have angina or coronary heart disease.[37] Overall, only about one in 10 BRFSS respondents area-wide reported having been told they had heart disease (**Fig. 4G.2**). As with other indicators calculated from BRFSS data in this assessment, data could only be disaggregated for respondents who report having healthcare coverage or identify as non-Hispanic white. The confidence intervals overlap, and the estimates are similar. Information about deaths due to heart disease can be found in the Leading Causes of Death section at the end of this chapter.

**Fig. 4G.2 Percent of adults never told by a healthcare provider that they have heart disease, 2017-2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



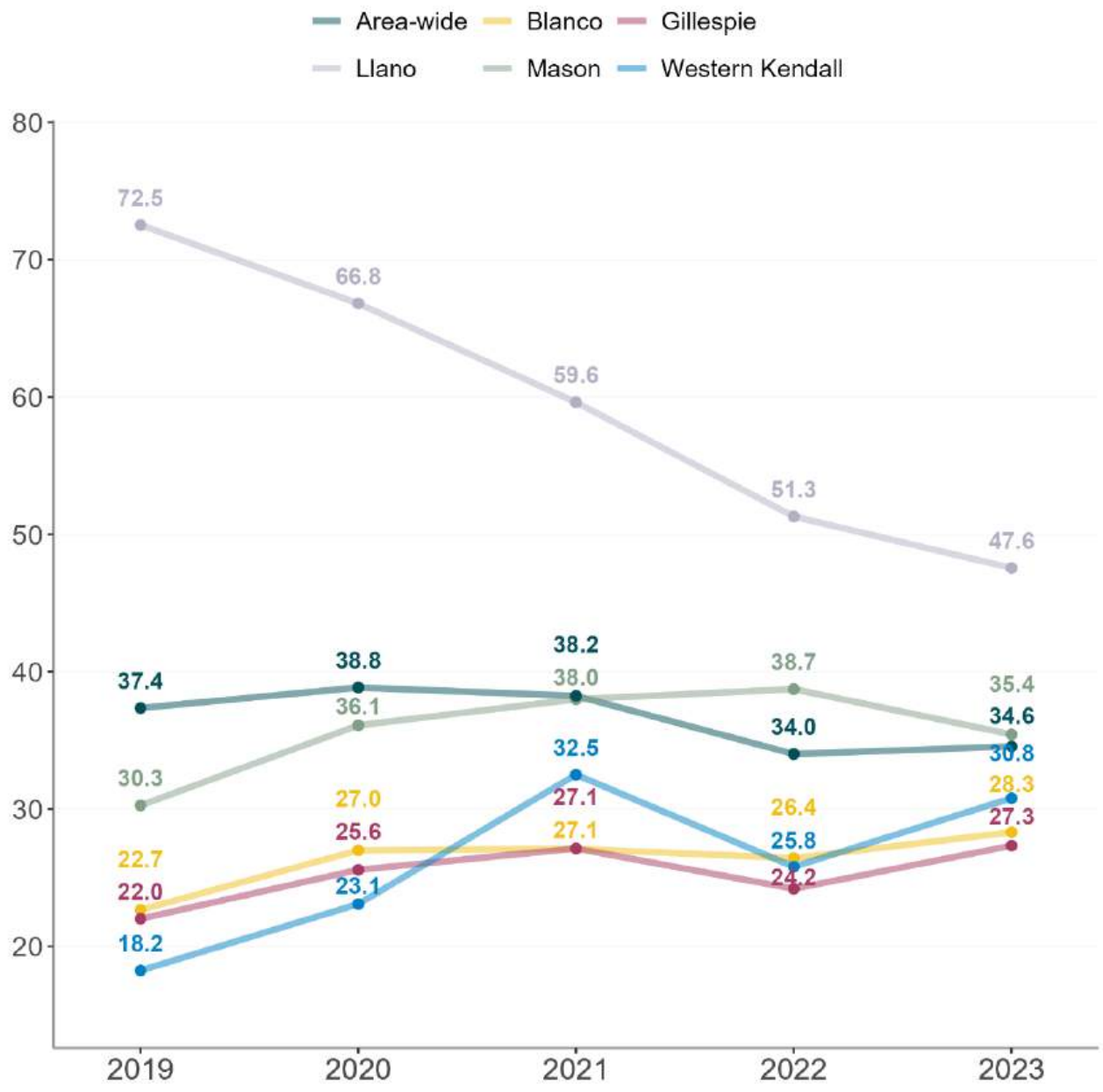

Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

## Hypertension

Hypertension hospital discharge rates, shown as three-year averages per 10,000 residents, vary by county and over time (**Fig. 4G.3**), with a slight decrease in the area-wide rate since 2021. Llano County showed the most dramatic decline, from 72.5 in 2019 to 47.6 in 2023 – a decrease of 34%, but still 1.4 times the area-wide rate in 2023. Rates have risen in Blanco County, Gillespie County, and the Comfort area (ZIP Code 78013). The Comfort area trend may not appear alarming because the rate rose only from the lowest in the area to the middle of the pack, but the 30.8 rate in 2023 represents a 69% increase over 2019.

**Fig. 4G.3 Hypertension hospital discharge 3-year average rate per 10K population, by location**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas

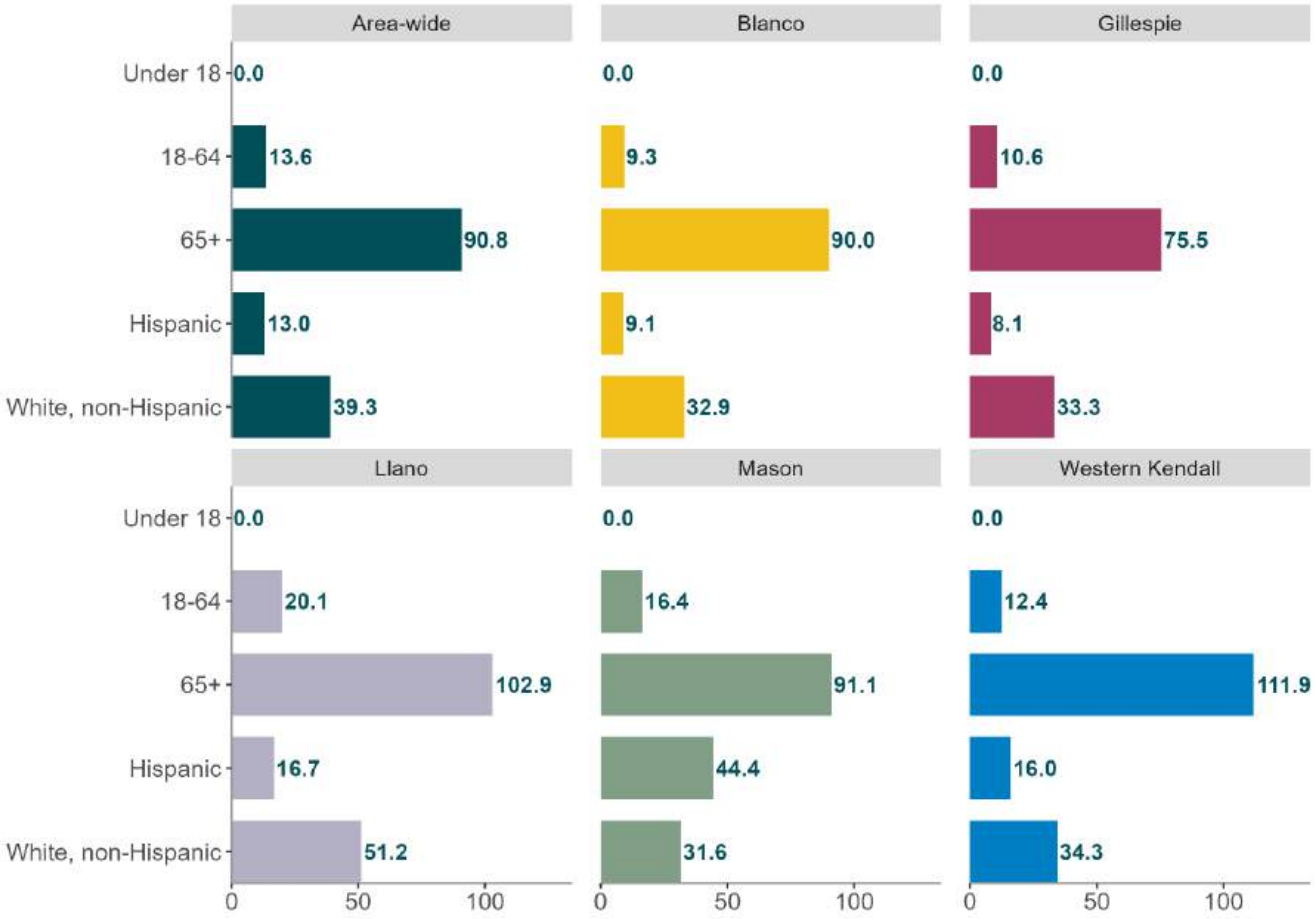



Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

As would be expected, the rate of hospital discharges with a primary diagnosis of hypertension varies tremendously by age (**Fig. 4G.4**), as well as by community. The rate in the population 65 and older is five to 10 times that of the 18 to 64 population in every county. The rate among older persons is particularly high in western Kendall County (111.9, ZIP code 78013) and Llano County (102.9). The rate among people aged 18 to 64 is particularly high in Llano (20.1) and Mason (16.4) Counties.

**Fig. 4G.4 Hypertension hospital discharge 3-year average rate per 10K population, by age and race/ethnicity, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



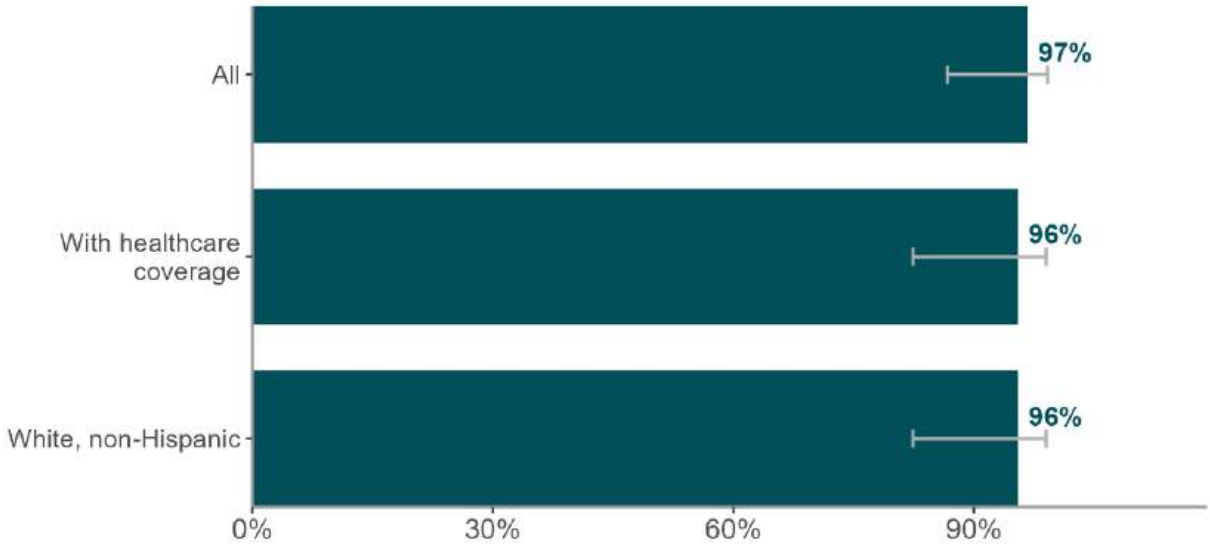

Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

## Cerebrovascular Disease

The BRFSS survey asks respondents if a doctor, nurse, or other health professional never told them they had a stroke.[38] Overall, about 97% of BRFSS respondents area-wide reported never having been told they had a stroke (**Fig. 4G.5**), indicating that about three percent have been.

**Fig. 4G.5 Percent of adults never told by a healthcare provider that they had a stroke, 2017-2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



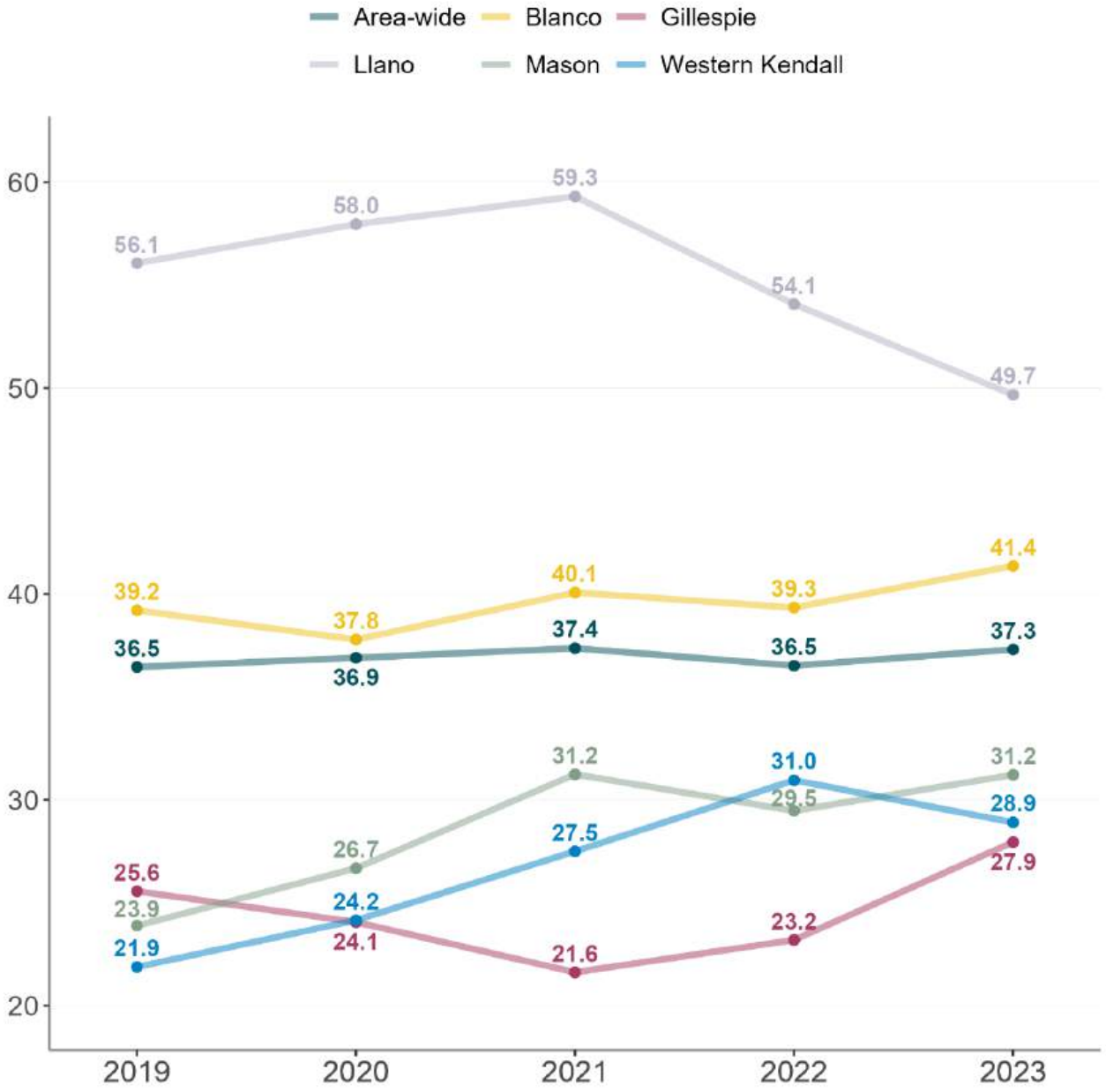

Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

Among residents area-wide, three-year average hospital discharge rates with a primary diagnosis of cerebrovascular disease, or stroke, remained relatively stable in the measurement period (**Fig. 4G.6**). The rate has declined in Llano County in the past few years, but has seen an increase over time in several other counties, in particular Mason County, with a 31% rise to 31.2 per 10,000 in 2023, and the Comfort area (ZIP code 78013), with a similar rise to 28.9 in 2023. Gillespie County followed a different pattern, decreasing during the early years of the COVID-19 pandemic and then rebounding to 27.9 per 10,000, somewhat higher than the 2019 rate.

As would be expected, the rate of hospital discharges for stroke is highest in the 65-and-older age group in every county (**Fig. 4G.7**), and it ranges from 79.0 per 10,000 population in Mason County to 132.3 in Blanco County. No consistent pattern emerges for stroke discharge rate by race/ethnicity: in Llano County the rate among Hispanic residents is more than three times the rate among non-Hispanic white residents, while in Blanco and Gillespie Counties, the rate among white residents is more than twice the rate among Hispanic residents.

**Fig. 4G.6 Cerebrovascular disease (stroke) hospital discharge 3-year average rate per 10K population, by location**

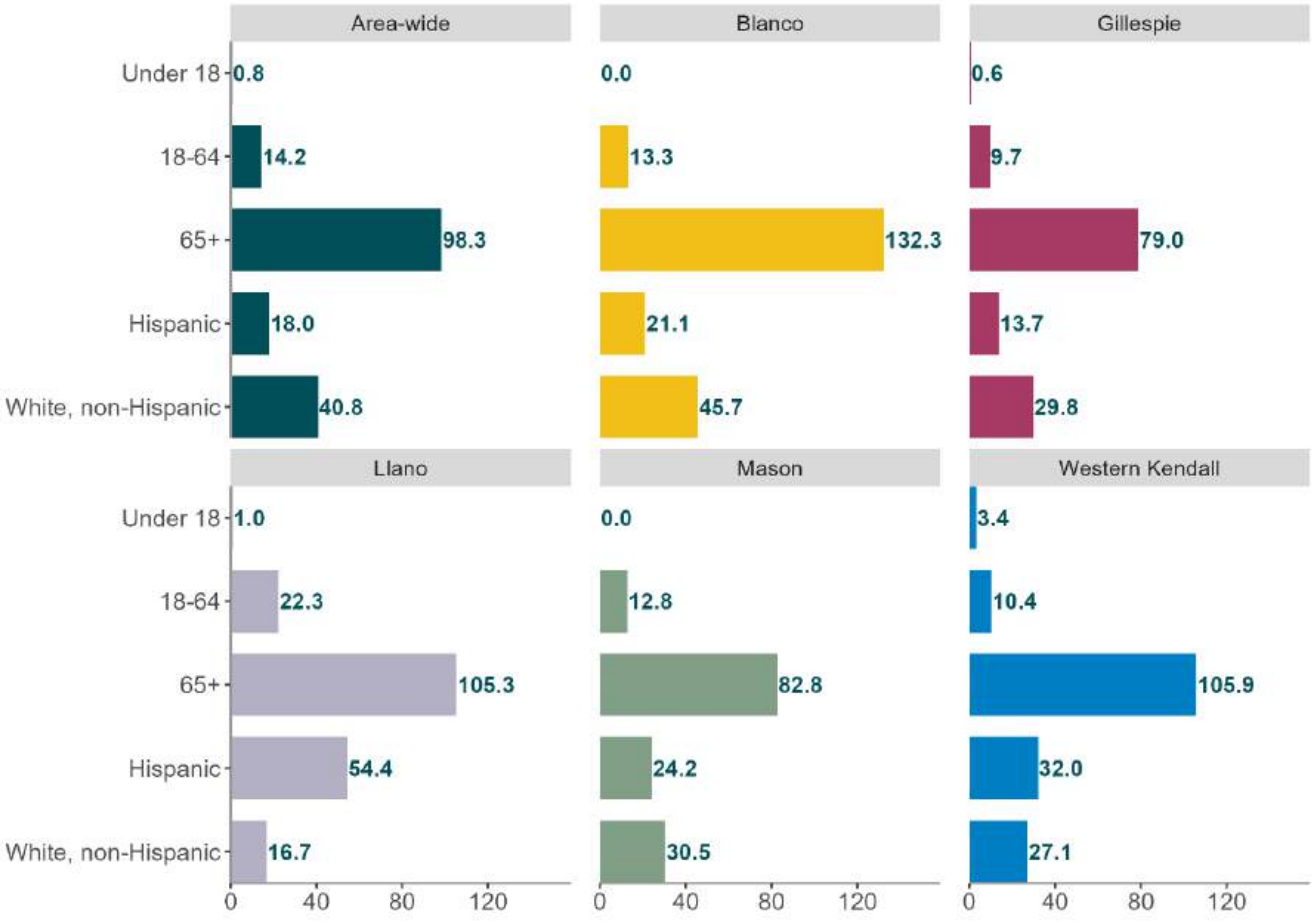
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

**Fig. 4G.7 Cerebrovascular disease (stroke) hospital discharge 3-year average rate per 10K population, by age and race/ethnicity, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

# Other Long-Term Health Conditions

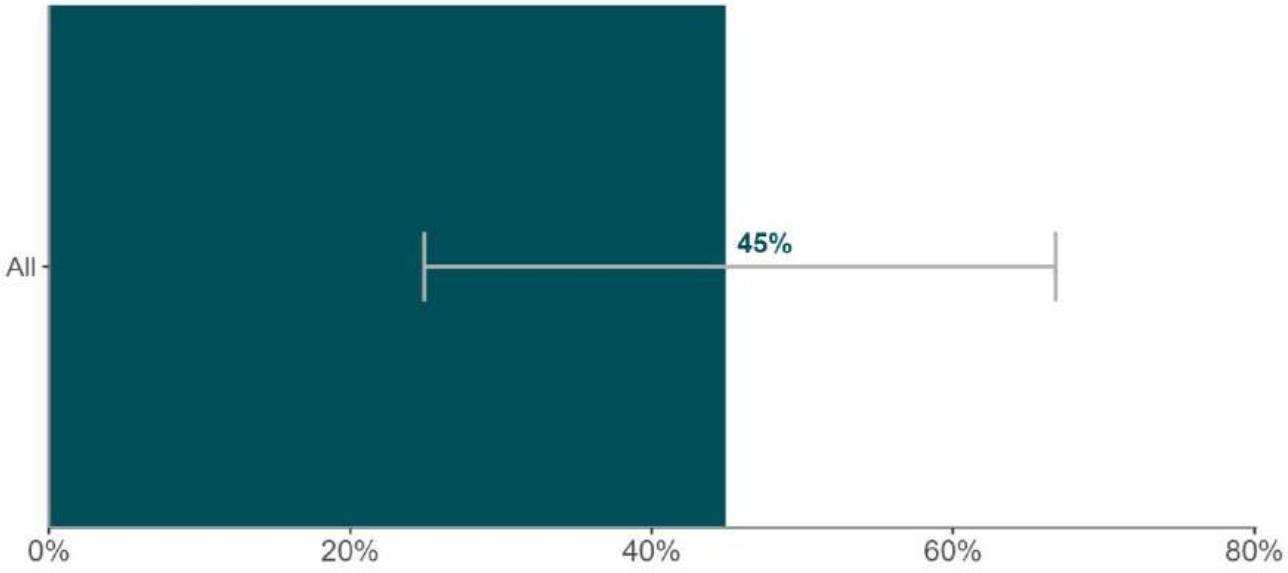
Many individuals live with other long-term health conditions that require consistent management and care. Conditions like oral disease, asthma, and diabetes affect quality of life and place an ongoing demand on healthcare systems, ultimately affecting the community's overall health and well-being. Monitoring their prevalence and impact helps complete a broader picture of community health, further highlighting areas where prevention, early detection, and chronic care support may be needed.

## Oral Disease

Tooth loss from decay or disease reflects the burden of largely preventable conditions like cavities, as well as broader health disparities. Moreover, poor oral health is linked to chronic conditions like diabetes, heart disease, and stroke. Area-wide, about 45% of BRFSS respondents report having had one to five teeth removed due to decay or disease (**Fig. 4H.1**), but with such a wide confidence interval, the true proportion could be anywhere from 32% to 57%. An estimated 42% (confidence interval 30% -54%) report never having had teeth removed due to decay or disease. The proportion was suppressed by the data source because the estimate was unreliable, but the remaining share, or one in eight or nine adults, might be estimated to have had six or more teeth removed.

**Fig. 4H.1 Percent of adults who have had 1-5 teeth removed due to decay or disease, 2017-2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



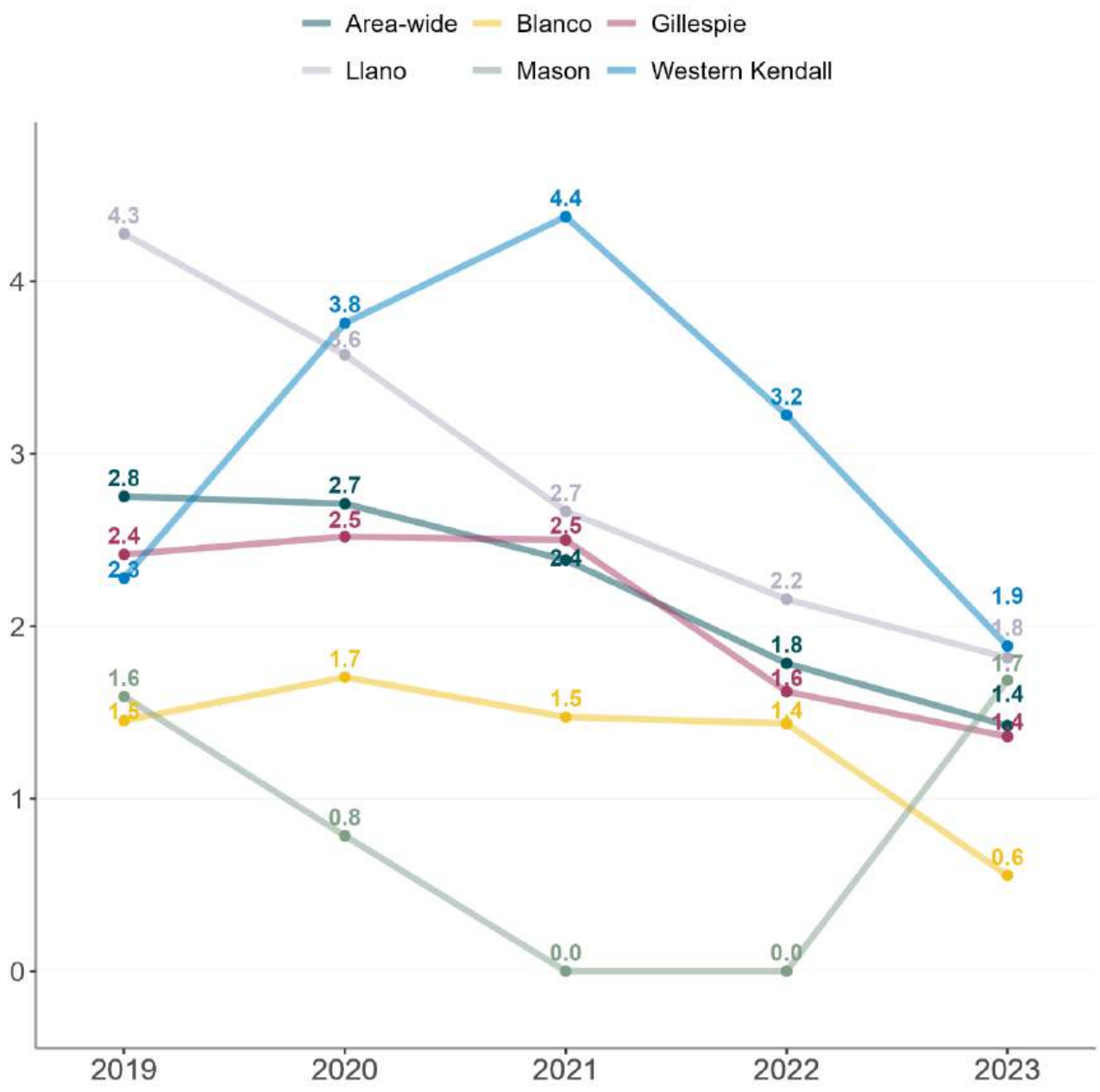

Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

## Asthma

The area-wide rate for asthma hospital discharges, shown as three-year averages per 10,000 residents, declined by half between 2017-19 and 2021-23 (**Fig. 4H.2**), as did the rate in Gillespie County (42% decrease), Llano County (60% decrease), and Blanco County (60% decrease). The western Kendall (78013) and Mason County rates followed an entirely different pattern, and mirror-opposite of each other: the western Kendall rate nearly doubled by 2019-21 before falling below the 2017-19 rate, while the Mason County rate fell to zero by 2019-21 before rising to somewhat above the 2017-19 rate.

**Fig. 4H.2 Asthma hospital discharge 3-year average rate per 10K population, by location**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas

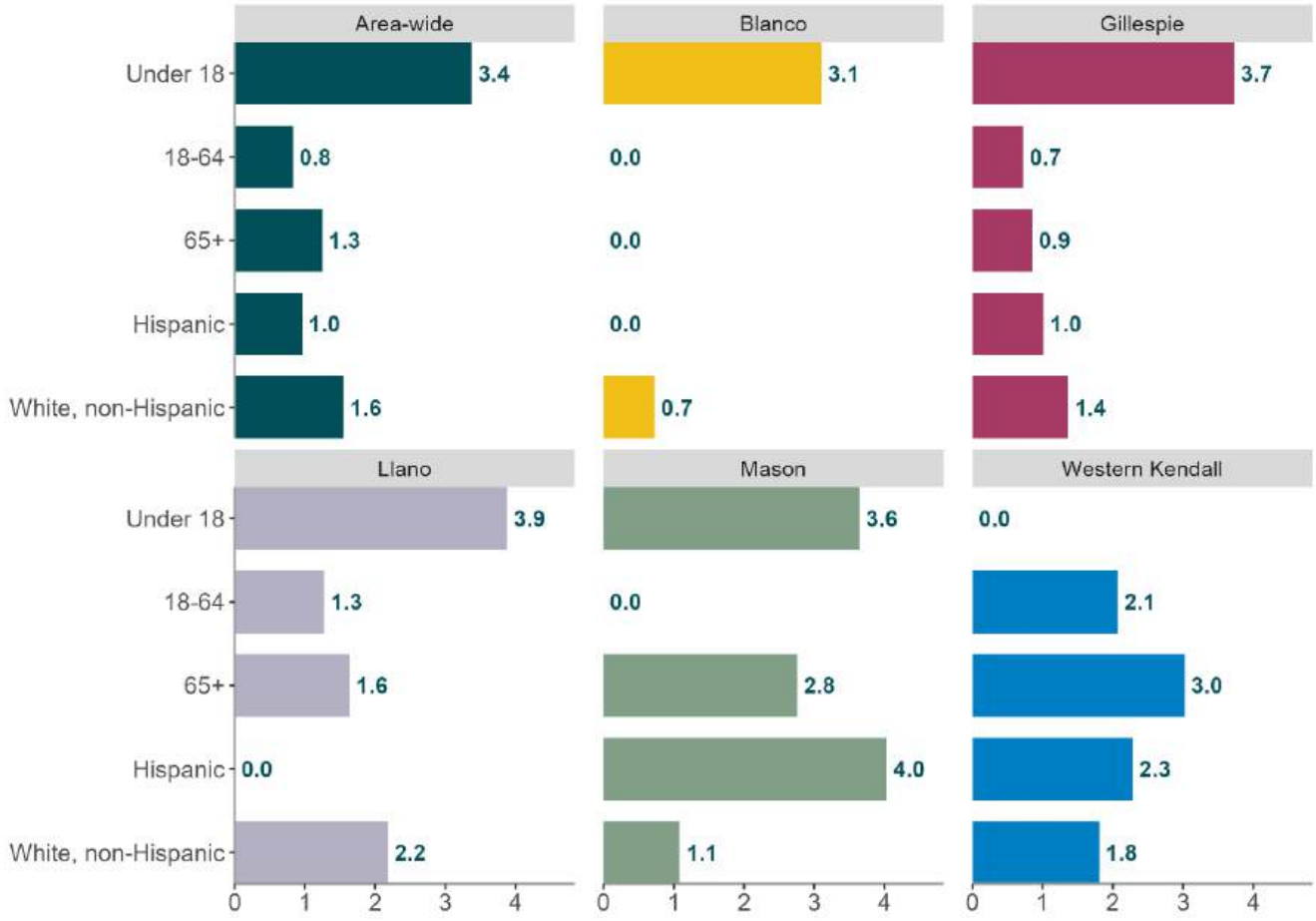



Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

**Figure 4H.3** shows the asthma discharge rate for each county by age group and the race/ethnicity groups for which data are available. With the exception of western Kendall County (78013), the rate is far higher for young people under 18 years of age in every county than for other age groups. Beyond that, no consistent patterns emerge. The high rate of 4.0 per 10,000 among Mason County Hispanic residents stands out as concerning, but small counts may be artificially exaggerating that rate.

**Fig. 4H.3 Asthma hospital discharge 3-year average rate per 10K population, by age and race/ethnicity, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

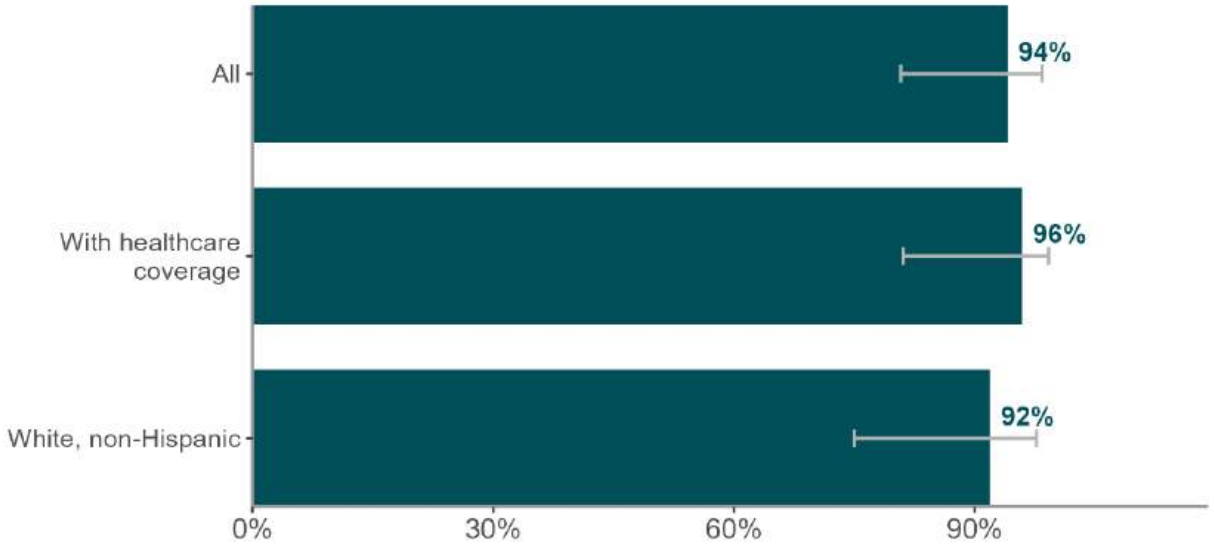
## Diabetes

The BRFSS survey asks respondents if a doctor, nurse, or other health professional ever told them they have diabetes.[39] Area-wide, over 90% of BRFSS respondents reported never having been told by a healthcare provider that they have diabetes (**Fig. 4H.4**). The percentages were similar for the two groups for which data were not suppressed.

The diabetes hospital discharge rate declined somewhat for Gillespie County from 2019 to 2023, but rose in every other county (**Fig. 4H.5**). The Llano County trend is most difficult to interpret, with a marked increase through 2022 and then a fall in 2023 to 23.8 per 10,000, just above the 2019 rate and still higher than the other area communities. Western Kendall County (ZIP code 78013) saw a parallel rise through 2022 but continued to increase to 18.9, more than double the 2019 rate. Blanco and Mason County rates remained fairly flat or declined in the early years of the COVID-19 pandemic, but then rose, in Mason County's case reaching a rate (14.3) almost 50% higher than the 2019 rate. Diabetes discharge rates by age (**Fig. 4H.6**) show no consistent pattern. In Blanco, Mason, and western Kendall County, the rate among people aged 65 or older is far higher than the rate among people aged 18 to 64. In Gillespie and Llano Counties, however, the 18-to-64 rate exceeds the 65-and-over rate.

**Fig. 4H.4 Percent of adults never told by a healthcare provider that they have diabetes, 2017-2023**

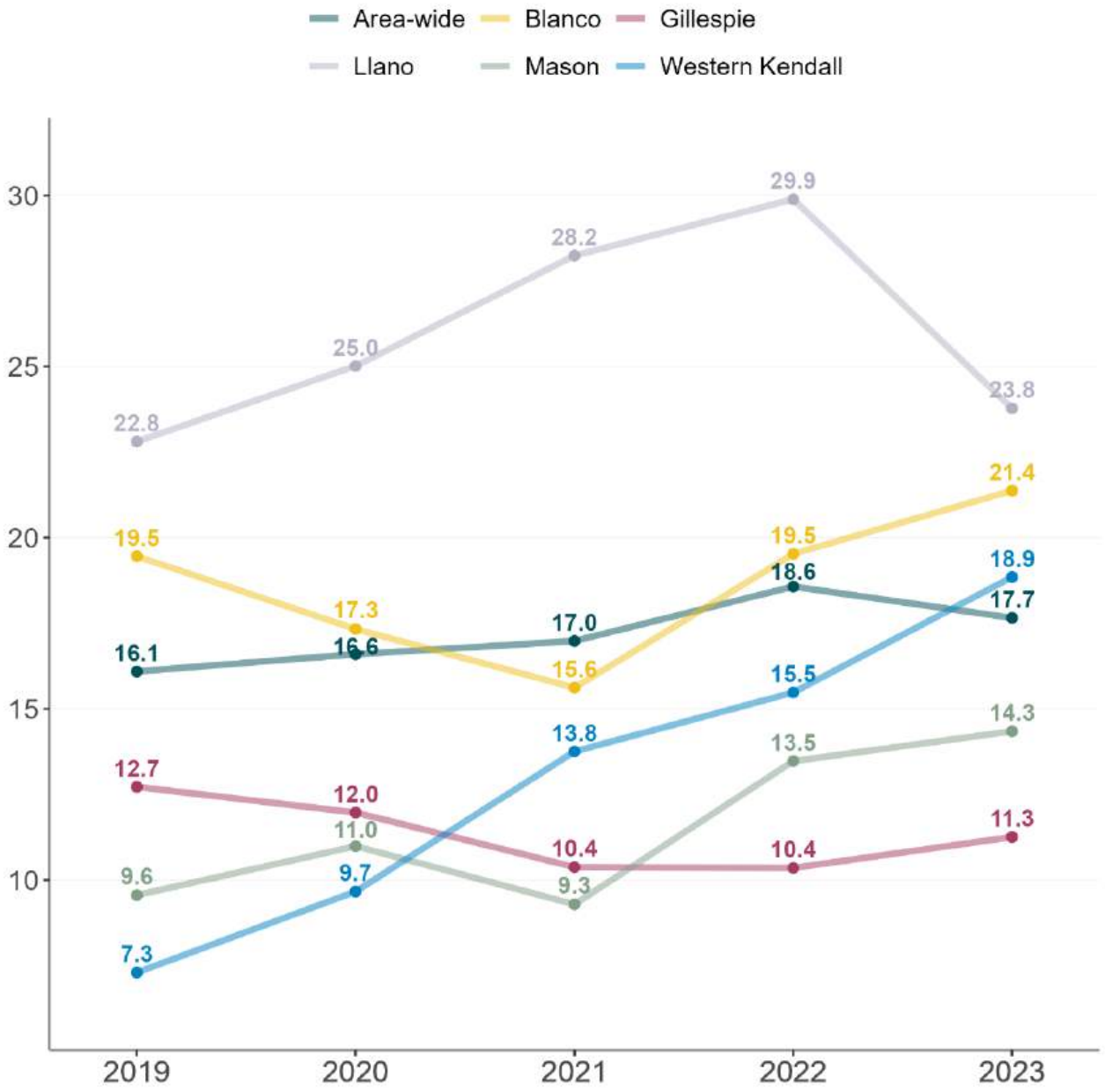
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

**Fig. 4H.5 Diabetes hospital discharge 3-year average rate per 10K population, by location**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

**Fig. 4H.6 Diabetes hospital discharge 3-year average rate per 10K population, by age and race/ethnicity, 2023**

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas




Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

Gaps in care, support, and access were a concern among community members, especially because they can worsen conditions, such as chronic health conditions.

***"There's no follow-up with them, because sometimes they go so long without having this medical care. And health-wise, they don't understand that it becomes a train wreck. So people let things build up, build up, build up, build up, and get worse. And this is due to a lack of time, a lack of money, and a lack of communication."***

*– Gillespie Focus Group Participant*

# Leading Causes of Death

The following series of charts (**Fig. 4I.1** through **4I.6**) show the crude death rate for the leading causes of death in the six-year period from 2018 to 2023. Unfortunately, age-adjusted rates that would take into account differences among counties in age distribution were not available for leading causes of death. Furthermore, rates were stable and unsuppressed only for non-Hispanic white females, non-Hispanic white males, and Hispanics of both sexes combined. If a cause of death is not shown, rates were small and likely suppressed.

## Understanding the Data on Leading Causes of Death

This section focuses on the leading causes of death for several sex-race/ethnicity groups. In these figures, the gray line is the "95% confidence interval", meaning there is a 95% chance that the true crude (i.e., not age-adjusted) death rate for that condition falls somewhere within the range indicated by the gray line. Thus, a shorter gray line indicates greater certainty about the true death rate.

The letters and numbers in parentheses after the name of the cause of death are the corresponding codes from the International Classification of Diseases, version 10 (ICD-10). Because these are crude rates rather than age-adjusted, these death rates should be made *only within* a single sex-race/ethnicity group (e.g., Hispanic females) rather than between sex-race/ethnicity groups.

**Figure 4I.1** shows the 15 leading causes of death for residents of all ages and both sexes area-wide, including the entirety of Kendall County. Heart disease was the leading cause of death at 259.8 deaths per 100,000 population during the six-year measurement period, followed closely by cancer (malignant neoplasms) at 247.5 deaths per 100,000. Those two leading causes of death resulted in more deaths during the period than the other 13 causes of death combined.

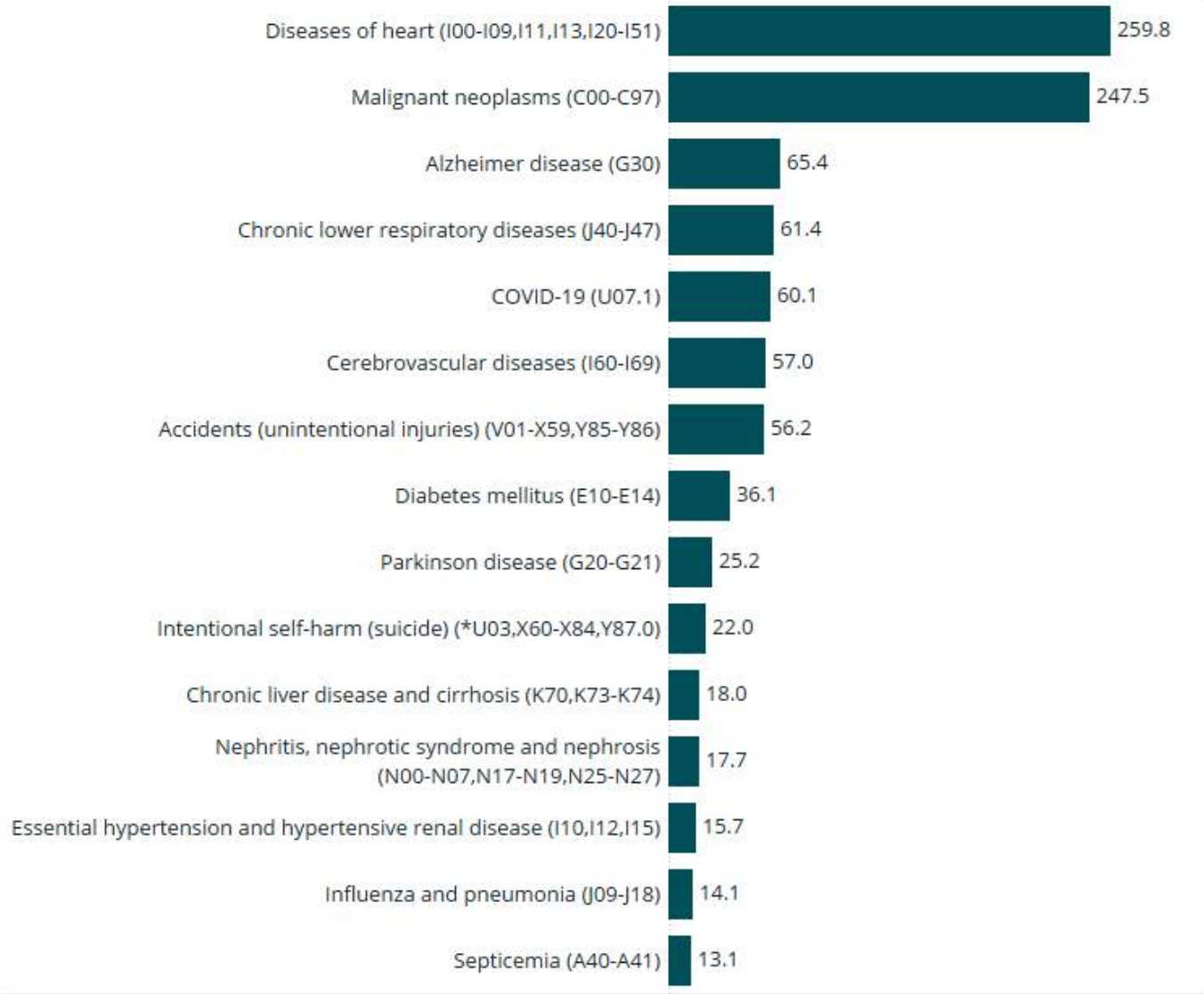
At 65.4 per 100,000, Alzheimer's disease was the third most common cause of death. Two respiratory conditions – chronic lower respiratory disease (e.g., COPD) and COVID-19 – each resulted in about 60 deaths per 100,000 population, or about 800 total deaths.

**Figures 4I.2** through **4I.6** present the available overall and disaggregated data for each of the five counties covered in this assessment. Again, comparisons among counties and among causes of death should be made with demographic differences among counties – relative proportions of different age groups, sexes, and race/ethnicity groups – well in mind. A full discussion of every data point in these charts is beyond the scope of this assessment, but the following are a few notable patterns.

- Crude death rates per 100,000 people are higher for males than females for most leading causes of death. In particular, accidents (unintentional injury), COVID-19, and suicide take far more male lives than female lives in every county.
- Among the causes of death for which data are shown here, death rates are consistently higher among females than males only for Alzheimer's disease.
- Heart disease and cancer death rates appear extremely high among Mason County Hispanic residents, but as these rates represent only 28 combined deaths, the data should be interpreted with caution. Those rates also appear elevated in Llano County, by coincidence also representing 28 combined deaths.

## Fig. 4I.1 Crude death rate per 100K population for 15 leading causes of death, 2018-2023

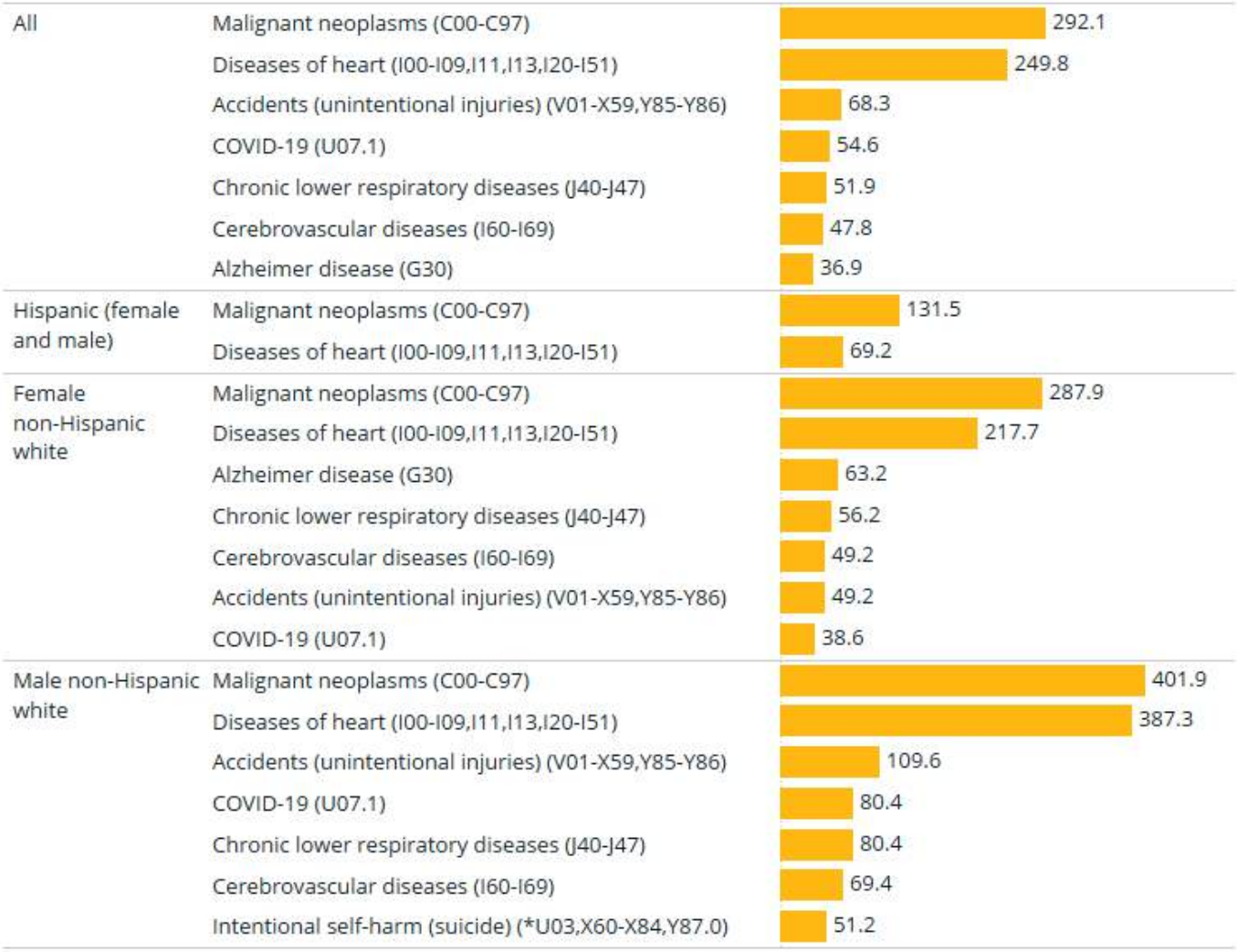
Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas




Source: CDC WONDER Underlying Cause of Death File, 2018-2023
Prepared by CINow

## Fig. 4I.2 Crude death rate per 100K population for leading causes of death, by race/ethnicity and sex, 2018-2023

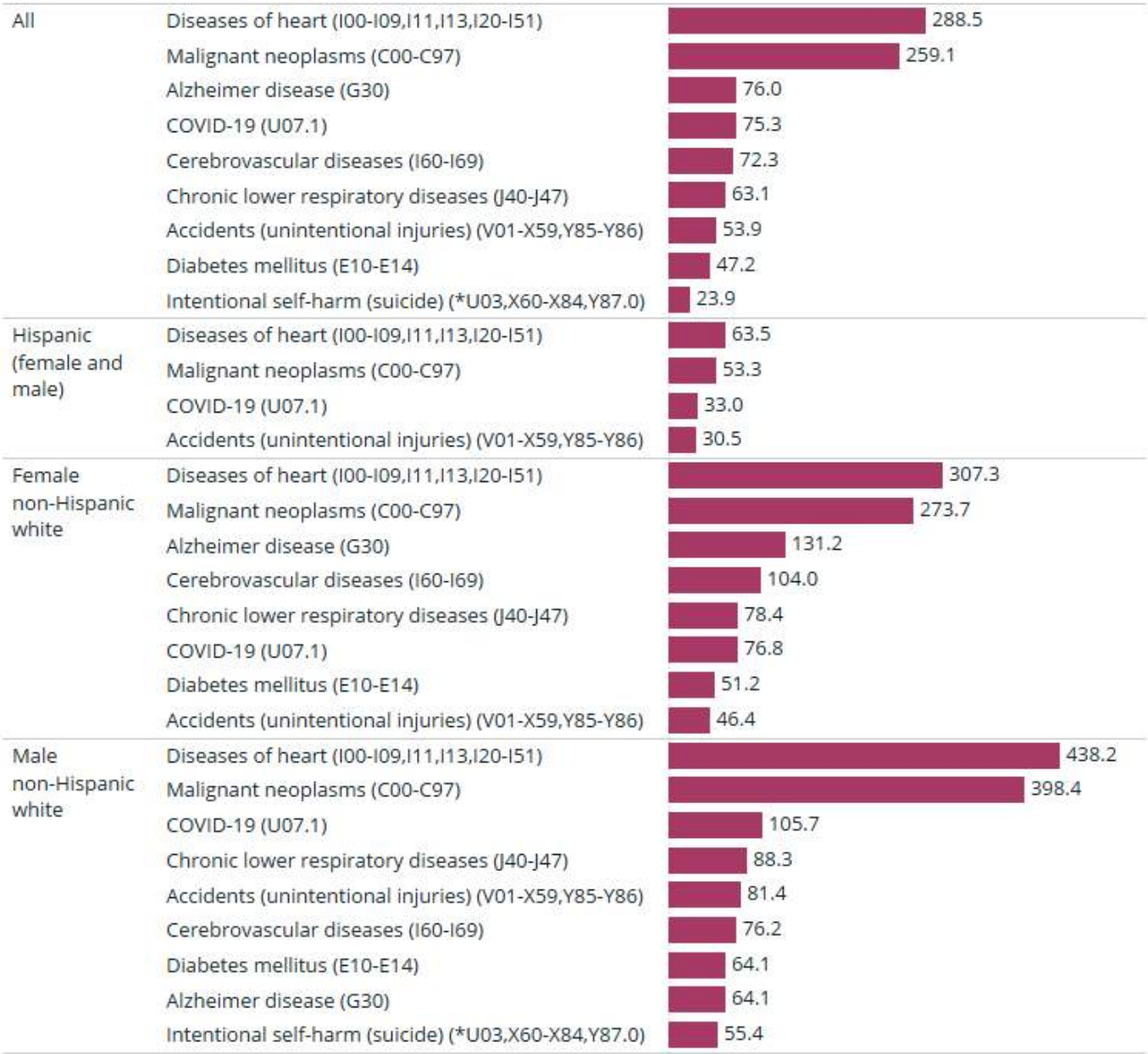
Blanco County, Texas




Group rates not shown are suppressed by data source for privacy and/or unreliability
Source: CDC WONDER Underlying Cause of Death File, 2018-2023
Prepared by CINow

## Fig. 4I.3 Crude death rate per 100K population for leading causes of death, by race/ethnicity and sex, 2018-2023

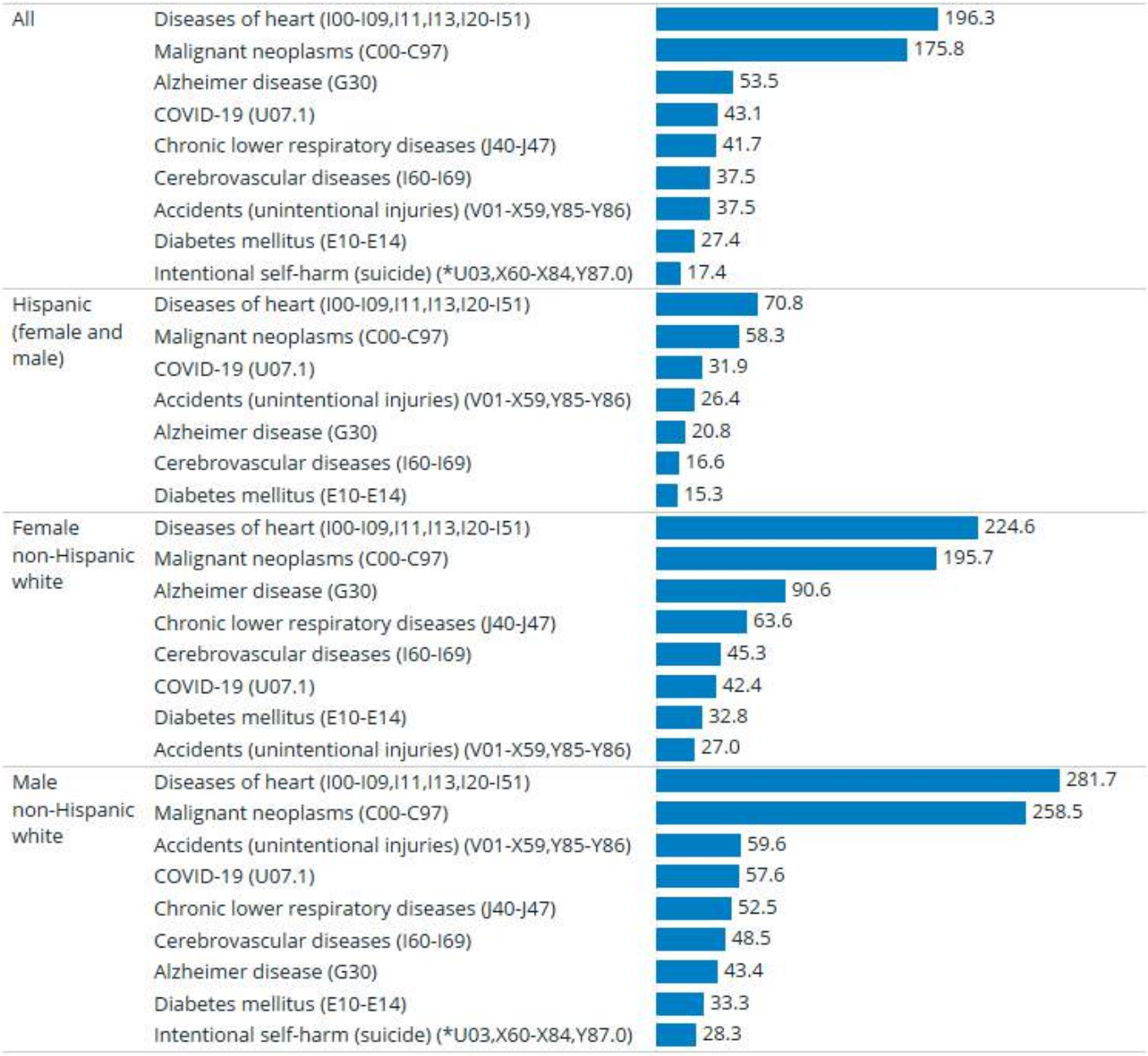
Gillespie County, Texas




Group rates not shown are suppressed by data source for privacy and/or unreliability
Source: CDC WONDER Underlying Cause of Death File, 2018-2023
Prepared by CINow

## Fig. 4I.4 Crude death rate per 100K population for leading causes of death, by race/ethnicity and sex, 2018-2023

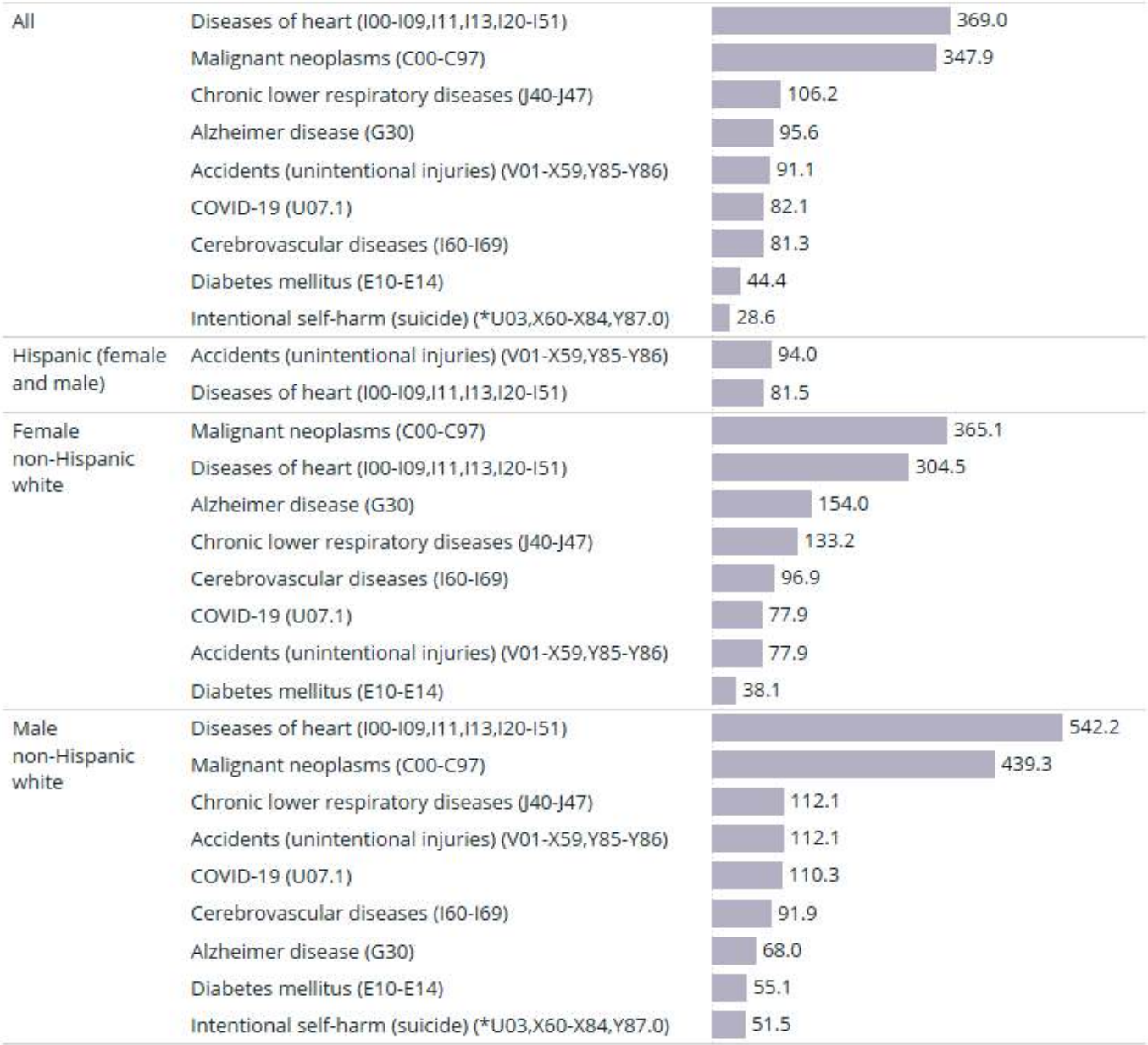
Kendall County, Texas




Group rates not shown are suppressed by data source for privacy and/or unreliability
Source: CDC WONDER Underlying Cause of Death File, 2018-2023
Prepared by CINow

## Fig. 4I.5 Crude death rate per 100K population for leading causes of death, by race/ethnicity and sex, 2018-2023

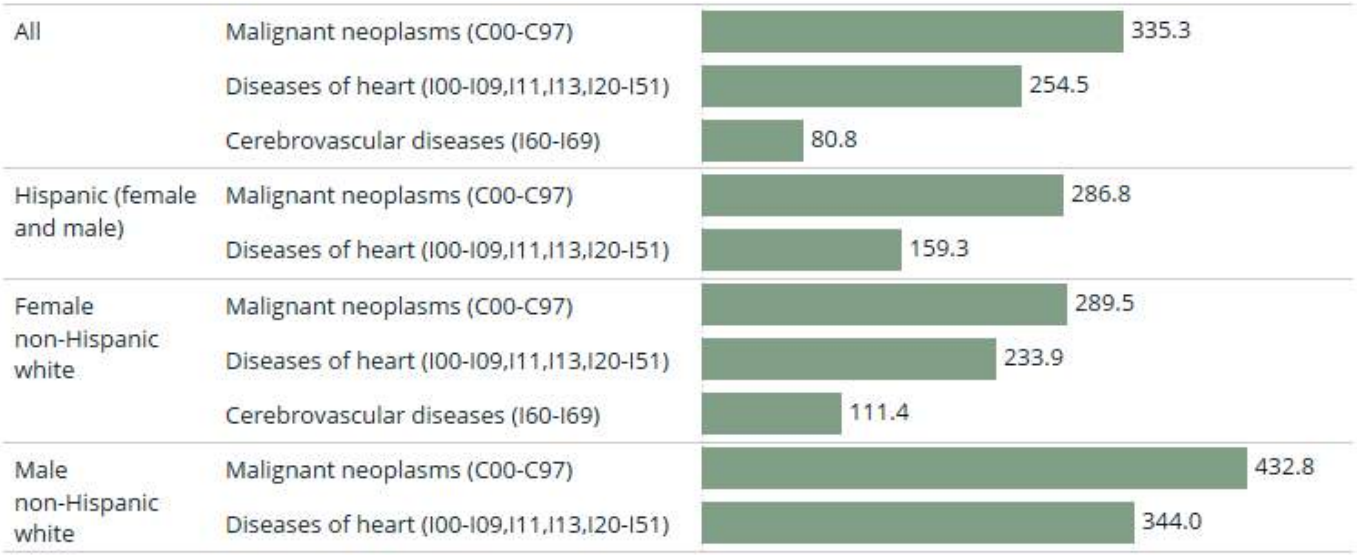
Llano County, Texas




Group rates not shown are suppressed by data source for privacy and/or unreliability
Source: CDC WONDER Underlying Cause of Death File, 2018-2023
Prepared by CINow

## Fig. 4I.6 Crude death rate per 100K population for leading causes of death, by race/ethnicity and sex, 2018-2023

Mason County, Texas




Group rates not shown are suppressed by data source for privacy and/or unreliability
Source: CDC WONDER Underlying Cause of Death File, 2018-2023
Prepared by CINow

An inspiring undertone of community resilience was evident in every topic and theme among community voices. As participants discussed barriers to healthcare and healthy living, they also discussed the ways in which their community comes together, helps one another, and leverages its resources. Each community identified its own unique strengths, which make its communities beautiful and worthwhile.

***"I believe very strongly that we, as a people, as a nation, should be taking care of people that need assistance."***

- Cindy Heifner, Executive Director of Hill Country Community Needs Council)

# Conclusion

## Making Sense of the Data

The product of this collaboration is a five-county community health needs assessment that attempts to learn and describe the health, well-being, strengths, and challenges of about 72,000 people living in a roughly 4,000-square mile portion of the Texas Hill Country. To provide a sense of the content, the 241-page assessment covers more than 3,200 numerical data points presented in about 200 charts, maps, and tables. Information shared by 49 community residents over nearly 11 hours of interviews and 10 hours of focus groups, along with 289 community survey responses, was analyzed and described in a 60-page narrative summary of themes. (For a quick summary of all topics and themes across all qualitative data, please review Tables A1, A2, and A4 in **Appendix A**.)

Distilling the full assessment into a short summary is a difficult task for two reasons, one being the sheer quantity of information – though that quantity makes it all the more important to develop a digestible summary. The other and perhaps more critical reason not to attempt to determine priorities is that priorities for a community should flow not just from factual information about numbers, trends, and patterns, but from the values of the people who live in that community. The CINow assessment team lives and works a figurative world away in Bexar County and acknowledges the limits of their perspective in determining what matters in the assessment counties. Area residents might not find the job easy, either, as the geographic area and population covered by this assessment are made up of dozens of communities, both visible and invisible, defined variously by geography, culture, identity, common challenges, shared goals, values, and heritage. If we asked 100 area residents to winnow this assessment down into a list of 10 issues to take action on, we would likely end up with 100 different lists – some with 37 items instead of 10.

**Having made it clear that the assessment team believes that we cannot and should not determine community priorities from the information we gathered, what we *can* do is share what issues cropped up or stood out across the quantitative and qualitative data.** In most cases, we cannot know the full context for that issue, its root causes, how much it matters, or what local avenues exist to address a problem or seize an opportunity. But we can pin the issue on the wall for further community discussion, prioritization relative to other issues, and – if so decided – collaborative action.

## In Summary

This section attempts to summarize two different kinds of highlights: issues that cropped up in most or all counties, and issues that appear to be particular to one or two counties, or to a community or population within a county. The table on the following page lays those issues or themes out by county, organized into two categories.

- **"Downstream" health outcomes** like illness, injury, and death. Data about health outcomes can be found in the **How We're Faring** section of the assessment.
- **"Upstream" drivers of health** like income, education, housing, access to care and resources like healthy food and supportive social networks, policies and systemic barriers, and behaviors that affect health positively or negatively, like physical movement or heavy alcohol use. Data about these upstream factors can be found in the **What We Need for Health** and **How We're Taking Care of Ourselves** sections of the assessment.

The magenta row at the bottom represents the **cross-cutting concern of vulnerable populations and communities**. Every focus group and interview mentioned vulnerable residents in some way, although the specifics varied by community; see Appendix A for more information. Isolated older adults, youth, Hispanic residents, and unhoused people were the groups mentioned most often as being at greater risk of poor health outcomes and needing particular attention and supports.

# What stands out?

## Summary by county

| | Blanco | Gillespie | Llano | Mason | Comfort | Area-wide |
|---|---|---|---|---|---|---|
| Health Drivers | Access to healthy fresh food | Access to healthy fresh food | Food security | Access to healthy fresh food | Access to healthy fresh food | **Access to healthy fresh food** |
| | | Green spaces and safe spaces to be physically active | Green spaces and safe spaces to be physically active | | Green spaces and safe spaces to be physically active | **Green spaces and safe spaces to be physically active** |
| | | Clean air and water | | | | |
| | | | Social isolation among males | Connections with others; social isolation among males | | |
| | | | | | Fun things for teenagers and young adults to do | |
| | Safety while driving | | | | | |
| | | | Good communication with local leaders | | | |
| | Access to quality medical care | | Access to quality medical care | Access to quality medical care | | **Access to quality medical care** |
| | Childhood immunizations | | | | | |

| | Blanco | Gillespie | Llano | Mason | Comfort | Area-wide |
|---|---|---|---|---|---|---|
| Health Outcomes | Mental health | Mental health | Mental health | Mental health | Mental health | **Mental health** |
| | Alcohol abuse | | Substance abuse | | | |
| | Chronic pain | Chronic pain | Chronic pain | Chronic pain | Chronic pain | **Chronic pain** |
| | Injury | | Injury | | | |
| | | Teen births | Teen births | | | |
| | Heart disease, stroke, hypertension | | Heart disease, stroke, hypertension | | | |
| | | | | Diabetes | Diabetes | |
| | Vulnerable populations and communities were mentioned in every location, especially isolated older adults, youth, Hispanic residents, and unhoused people | | | | | |

# Common Threads

## Health Drivers

**The degree varies by county, community, and neighborhood, but in general, residents need better access to resources and services that support health. This is true of all four counties and the Comfort area.**

The most basic of these needs is **access to food that is fresh, healthy, affordable, and enough** – sufficient in quantity that no one goes hungry. Healthy fresh food was at the top of the list of needed resources for health in every county survey; food security came up in every focus group and was mentioned in at least one key informant interview from every county.

Other basic needs were mentioned often in focus groups and interviews, but not in survey responses. Whether we call them social determinants of health or non-medical drivers of health, issues like food security, **decent and affordable housing**, **jobs with a livable wage**, and **literacy and education** are all non-negotiable foundations of health and well-being – not sufficient on their own, but certainly necessary. Against the background of the chronic slow burn of this scarcity in basic resources, gasoline is periodically dumped on the fire by economic disasters like inflation, and natural disasters like drought, wildfires, unrelenting heat or extreme cold as in 2021, and deadly flooding as in recent months that cause an influx of "climate refugees" to areas already lacking in infrastructure to serve existing residents. All of these factors intersect, and as a rule, whether a pandemic or flood or freeze or fire, it is already-vulnerable people who are hit hardest by disasters and who face the most significant barriers to recovery.

It might seem counterintuitive to someone from outside the community given that visitors flock to the Hill Country for its vast and beautiful natural resources, but residents lack **safe public green spaces** for recreation, physical activity, family activities, and just to be outdoors. That issue was the second-highest priority health resource cited by survey respondents and was mentioned in both focus groups and key informant interviews. In a related vein, residents in every community called for both **clean air** and **sufficient clean water resources** to support a growing population, particularly given recurring and worsening drought.

Although many do not consider health care either a basic need or a right, residents overwhelmingly cited poor **geographic and financial access to quality health care**, particularly **medical care** and **mental health care**. Many residents have to travel to Bexar or another more urban county, particularly for specialty and specialized hospital care. Many other residents go without needed care entirely, particularly mental health care and preventive medical and dental care. For some, the issue is a lack of robust health insurance with affordable premiums and minimal out-of-pocket costs; for others, the primary barriers are a lack of transportation or appointments outside of working hours. Provider shortages are a problem for everyone.

## Health Outcomes

Residents are living with **chronic physical pain**. Very little useful data exists about pain levels in the general population, but chronic pain was at the top of the list of health issues reported by survey respondents in every county. That percentage was higher in counties with a large older population – 65% in Llano County as compared to 31% in the Comfort area. Survey respondents area-wide were also predominantly (75%) female, and female respondents were about 50% more likely than male respondents to cite chronic pain as an issue.

A large proportion of the community is **suffering mentally and emotionally.** Concern about **mental health** was a steady drumbeat in survey responses, focus group discussions, and key informant interviews. Mental health challenges are widespread across demographic groups and neighborhoods, and appropriate care is not easy to access even for those with insurance and the means to afford out-of-pocket expenses. And of course, as with chronic physical illness, chronic depression, anxiety, and other mental illnesses make the things we most need to do for ourselves – physical movement, for example, and healthy eating and preventive care – the very hardest things to do.

## Different Flavors

No issue covered in this assessment is unique to any of the counties, but in every county one or more issues stood out more than in the area overall. Whether quantitative or qualitative, most of the data in this assessment is broken out by county as well as by demographic characteristics like age, sex, and race/ethnicity; the reader is encouraged to consider similarities and differences and how issues cluster together in a community. The bars and trend lines in quantitative charts are color-coded consistently by county throughout the assessment to help make it easier to spot county-specific patterns, and Tables A1, A2, and A4 in **Appendix A** provide concise cross-county summary of issues raised in focus groups and interviews. The short overviews below highlight some of the issues that appear somewhat individual to each county.

### Blanco County

At nearly six in 10 residents, Blanco County is second only to Comfort in the highest share of population that is working-age, 18 to 64. It has by far the highest median household income at about $88,000, about a third higher than the median household income in Llano, Gillespie, and Mason Counties. Along with Mason County, it has the highest rate of population growth among assessment counties in recent years. Excluding the Comfort area, which as a ZIP code cannot fairly be compared with a much larger county, Blanco County has the lowest percentage of people both living and working in the county. Blanco County jobs are more likely to be filled with residents of other counties, and Blanco County residents are more likely to work outside the county than in it.

Although the rate has since fallen, Blanco County suffered a terribly high rate of alcohol-involved motor vehicle crashes in 2021 – 2.5 times the area-wide rate – and Blanco was the only county in which survey respondents ranked “being and feeling safe while driving” in the top three priority resources needed for health and well-being. Blanco County survey respondents were also unusual among counties in noting alcohol abuse as a major health issue impacting them or their loved ones. Although not mentioned in the survey or focus groups, Blanco County has had the greatest decline in percent of kindergarteners immunized – a decrease from 94% in the 2019-20 school year to 86% in 2024-25. Decreases were even steeper for polio and for diphtheria/tetanus (lockjaw)/ pertussis (whooping cough), dropping to 83% and 81%, respectively, in 2024-25. In four of the five most recent years Blanco County has had the highest rate of violent crime, which has dropped by more than half since its 2021 peak; the same is true for sexual assault. Family violence, conversely, has nearly tripled since 2019 and is now the second-highest among the assessment counties. Blanco County is second only to Llano County in both the family violence rate and the rate of injury hospitalizations among older people. The rate of hospitalizations for mental illness among youth under 18 is the second-highest among the assessment counties, but that rate among Blanco County Hispanic residents is the second-lowest among the counties.

### Gillespie County

Gillespie County falls between the other assessment counties in many ways: neither the oldest nor the youngest, neither the most nor the least racially and ethnically diverse, with neither the greatest increase nor the greatest decrease in population in recent years. It does have the largest population – seven times that of Mason County – and has the largest share of population having moved house within the county within the past year. Consistent with that residential stability indicator, it has the largest percentage of population who rent rather than own their home. Gillespie is tied with Mason County for the second-highest share of population 65 and older, but unlike Mason, that population share has been stable in recent years rather than growing rapidly. Like Mason County, Gillespie County is fairly evenly split by job flow; the largest number of workers both live and work in Gillespie County, with similar but somewhat smaller numbers entering the county to work and leaving the county to work.

Gillespie County has one of the highest rates of food insecurity among assessment counties, and among the higher rates of poverty and percentage of households above the poverty line but not earning enough to get by. The county has among the lower rates of reported family violence incidents, violent crime, sexual assault, and

reports of older abuse or neglect, but the second-highest rate of reports of child abuse or neglect and among the highest percentages of child abuse or neglect investigations undetermined or incomplete, where the abuse or neglect was neither confirmed nor ruled out. Along with Blanco, Gillespie County has one of the lowest rates of COVID-19 hospitalization of older people, but one of the highest rates of asthma hospitalization among children and adolescents. Hispanic residents of Gillespie County fare better than Hispanics in other counties on a number of measures, including COVID-19 and injury hospitalizations.

Gillespie County girls aged 15 to 19 have among the highest birth rates among area teens. Several communicable disease incidence rates have increased over recent years: 2023 chlamydia incidence is 2.4 times the 2019 rate, and hepatitis A was diagnosed for the first time since 2019. Early latent syphilis incidence, on the other hand, reached a five-year low, and the county has the second-lowest rate of COVID-19 hospitalization in the 65-and-over age group.

## Comfort Area In Western Kendall County

Kendall County is the only one of the assessment counties where people under age 18 outnumber people 65 or older,[40] though older people still make up 21% of Comfort area residents. At 61%, it has the highest share of working-age population, or 18 to 64. The Comfort area is the most racially and ethnically diverse of the assessment counties, with 30% of the population identifying as either Hispanic (28%), multiracial (2%), or a race other than white. Comfort is also the area with the greatest residential stability, with only six percent of the population not living in the same house as last year.

Comfort has the highest rate of COVID-19 hospitalization among both youth and older people, and the rate among its Hispanic population is nearly twice that of Hispanic residents of Gillespie and Blanco Counties. Area residents also appear to have higher hospitalization rates for asthma; oddly – as asthma hospitalization is generally more common among children and adolescents – it is driven by a high rate in the older population. Comfort has by far the lowest rate of hospitalizations for mental illness and drug poisoning in all age groups, but the highest rate among assessment counties of injury hospitalizations among youth. The reason for that high rate is unclear, as Comfort has low rates of child abuse and neglect reports, older adult abuse and neglect reports, and alcohol-involved crashes. Findings that may or may not be related include focus group discussions of a shortage of emergency services and grandparents raising grandchildren, and a large percentage of survey respondents pointed to a shortage of fun things for teenagers and young adults to do.

## Llano County

At 37% as compared to Texas' 14%, Llano County has the highest percentage of population that is 65 or older. It appears to have reached something of a tipping point, however, with the COVID-19 pandemic likely playing a role. The proportion of the population that is 65 or older grew slightly between 2019 and 2023, from 36% to 37%, but the proportion 75 or older declined. In effect, the older population is getting younger. Llano County is tied with Blanco County in terms of having a high share of its workers employed in jobs outside rather than within the county.

Although it has improved in recent years on many measures, Llano County shoulders the unfortunate distinction of having the highest rate among the assessment counties on the overwhelming majority of indicators. Among those are child abuse and neglect, older person abuse and neglect, family violence, food insecurity, and births to adolescent girls. Llano County has the highest hospitalization rate for a number of diagnoses, many but not all of which are associated with older age: asthma, drug poisoning, mental illness, injury, hypertension, stroke, diabetes, and COVID-19. Community survey responses also point to many of these issues, highlighting social isolation among males, substance abuse, injury among youth and older people, and heart disease, stroke, and hypertension.

## Mason County

Mason has the second-largest share of the population that is 65 or older, and in contrast to Llano County where the older population is sizable but growing slowly, the Mason County population is aging rapidly. The shares of the population that are 65 or older and 75 or older grew from 24% to 31% and from 9% to 12%, respectively, between 2019 and 2023. At the other end of the age continuum, Mason has the greatest share of the population that is under 18 years old. Of the five assessment counties, Mason also appears to have the highest percentage of population that moved in from outside the county in the past year. That migration dynamic may be reflected in its unusual pattern of educational attainment: of all the assessment counties, Mason County has the highest percentage of population with less than a high school diploma or GED, and one of the highest percentages with a graduate or professional degree.

Mason County has one of the highest rates of older adult abuse or neglect reports, but the lowest rate of child abuse and neglect reports. Mason residents have among the highest rates of hospitalization in the 18-to-64 age group, and among the lowest in percentage of survey respondents reporting always or often getting the mental health care they need. Focus group participants raised substance abuse as an issue. Survey respondents living in Mason County were the least likely to report good or very good physical health, and that percentage was markedly low among male respondents; diabetes was also cited as a major issue by more Mason County respondents than in other counties. Male Mason County respondents were also the least likely of any gender group in any assessment county to report good or very good mental health or connections with others.

♦ ♦ ♦

Although it is not quite clear how it fits, one final four-county commonality stands out that will almost certainly affect local initiatives to understand community conditions and improve community health: **many folks prefer not to answer**. A total of 289 area residents graciously gave of their time, energy, and knowledge to complete the community survey, including 162 people outside Gillespie County.

A pattern emerged by accident because of how the survey was constructed: in trying to give survey respondents maximum control over what they (anonymously) shared with us, the assessment team added both an “other” option and a “prefer not to answer” option to every question, but also elected not to make any question required. As a result, there were two ways of participating in the survey while not answering a given question – by skipping the question entirely, or selecting the “prefer not to answer” response.

The assessment team was surprised by the large number of “prefer not to answer” responses that survey respondents took the time to choose. Whether motivated by a general tendency toward personal privacy, outright guardedness, mistrust, or fear of their response being tied to them, or some other reason, the response politely but clearly communicated, “I want to take this survey, but I don’t care to share this particular bit of information about me.”

The proportion of respondents who answered the gender and race/ethnicity questions this way varied substantially by county: **7% in Gillespie County, 18% in both Llano County and the Comfort area, 19% in Blanco County, and 20% in Mason County**. For comparison, as the same survey was fielded in several other nearby counties, “prefer not to answer” was chosen on the race/ethnicity question by 3% of respondents from Bexar County, 7% from Atascosa and Guadalupe Counties, and none from Comal County.

# About the Partners

## The Health Collaborative

**The Health Collaborative** is a nonprofit network of citizens, community organizations, and businesses working together to solve critical community health problems. The Health Collaborative's membership is composed of a wide array of organizations including Appdiction Studios, Bexar County Public Health, CHRISTUS Santa Rosa Health System, the City of San Antonio Metropolitan Health District, Community First Health Plans, Methodist Healthcare Ministries of South Texas Inc., Methodist Healthcare System, Texas A&M University - San Antonio**,** University Health, the UT Health Science Center at San Antonio (UT Health San Antonio) Department of Family & Community Medicine, and community members at large. Nearly all of these organizations provide health care, human services, education, or peer support to Bexar County's medically underserved, low-income, and minority populations. Those that do not provide those services instead represent the general community; the faith-based community; and small, veteran-, and minority-owned businesses.

## Create Healthy

At the core of the **Create Healthy** mission is a commitment to empowering the vibrant communities that make up the Hill Country to spark long-term, sustainable transformations for achieving good health.

Create Healthy invests in organizations through grants, sponsorships, scholarships, capital campaign gifts, and other donations that meet board-established funding criteria.

They support nonprofit organizations serving the counties of Gillespie, Blanco, Llano, and Mason and the town of Comfort that work in the areas of mental health, early childhood development, healthy living, and health education.

## Community Information Now

**Community Information Now** (CINow) is a San Antonio-based nonprofit local data intermediary dedicated to ensuring that Bexar County and other Texas communities can access, understand, and use local data to improve community conditions. CINow discovers, collects, links, analyzes, and communicates trustworthy local data on dozens of issues that matter to communities, and we provide training and other supports to help people access and use the data. Via a unique community-academic partnership formed in 2008, our core data staff are contracted through the University of Texas Health Science Center at Houston (UTHealth Houston) and housed at its 46-year-old School of Public Health in San Antonio. The CINow staff who contributed to this assessment are, in order of length of service with CINow, Laura McKieran, DrPH; Jeremy Pyne, MPA; Danequa Forrest, PhD; Jeanette Parra; and Natalia Rodriguez, MPH. Learn more about CINow and find a wealth of Bexar County data at CINow.info.

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# Appendix A
# Qualitative Analysis Thematic Narrative

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# Introduction

To complement the quantitative measures in the 2025 Hill Country Community Health Needs Assessment (CHNA), CINow collected qualitative data to offer a broader perspective on health and well-being in all five of the service areas. The qualitative summary is based on a thematic analysis of six focus groups (one for each service area, and an additional Spanish language focus group for Gillespie County) and 11 key informant interviews with community leaders representing various parts of the five service areas. The full qualitative narrative is divided into two main parts:

- What is the community saying?: focus groups topics and themes, and
- What are community leaders saying?: key informant interviews topics and themes.

While there is much overlap in the themes discussed in both sections, the first section takes a more micro-perspective on day-to-day behaviors and experiences that community members experience and is divided by individual service area. The second section takes a more macro-perspective on the systems that created the conditions for these themes and includes tables highlighting how these themes varied by location. While many of the same themes emerged, there is nuance in how they influence each area differently. All themes are outlined in the Conclusion.

Create Healthy and CINow are grateful to all participants and interviewees who donated their time and insightful input to help us understand the important health topics in each of their communities. Additionally, we would like to thank the food establishments that hosted us during the focus groups and provided delicious food and a lively atmosphere for discussion.

# Methods

CINow held one focus group in each of the five service areas with an additional Spanish language focus group in Gillespie County, for a total of six focus groups as follows:

- the Blanco County focus group was held July 30th, 2025 at Old 300 BBQ with five participants;
- the Comfort area focus group was held July 29th, 2025 at Fajita Street with seven participants;
- the Gillespie County focus group was held June 3rd, 2025 at Create Healthy with ten participants;
- the Llano County focus group was held July 31st, 2025 at Inman's BBQ with ten participants;
- the Mason County focus group was held July 25th, 2025 at Nacho's Café with seven participants; and
- the Spanish language focus group was held August 19th, 2025 in Gillespie County at Create Healthy with 10 participants.

All focus groups were about 1 - 1.5 hours long, and participants were served free lunch or dinner, depending on the time. Zoom was used to transcribe all of the focus groups for thematic analysis. A total of 49 people participated across the six focus groups, and the focus group guide is in Appendix C.

CINow interviewed 11 key informants to get the perspective of community leaders across Blanco County, Comfort, Gillespie County, Llano County, and Mason County. They included:

- Cindy Heifner with Hill Country Community Needs Council
- Hattie Heiner with The Grace Center,
- Cristin Jahnke-Matthes with Hill Country Special Education Cooperative,
- Leigh Anne Lake with Harper ISD,
- Shea Nebgen with Texas A&M AgriLife Extension,
- James Payne with Llano ISD,
- Bonnie Stewart with Harper ISD,

- Denise Usener with Golden Hub Community Center,
- Donna Wheeler with Community Resource Centers of Texas,
- John Willome with Good Samaritan Center Fredericksburg,
- And an anonymous health services worker.

For the focus groups and key informant interviews, CINow performed a qualitative thematic analysis in ATLAS.ti using open coding to identify all themes, axial coding to iteratively categorize themes into major vs sub-themes, and selective coding to extract the final themes for write-up. The Key Informant Interviews (KIIs) were analyzed separately from the focus groups because 1) They are different types of participants, with the focus groups aiming for an audience of community members, and the KIIs being community leaders, and 2) The Key Informants were asked different questions based on their positions in the community, which would lend to their qualitative data having specific differences from the community members.

While section one of the qualitative narrative focuses on community members, you will notice similarities with section two because community leaders identified similar themes, but from a broader, more organizational perspective. For this reason, themes are presented in different orders between sections one and two, as the topics emerged from distinct contexts. When reading quotes across all sections, a 3-dot ellipsis indicates that 1-5 sentences were removed in between for brevity, but without changing the overall meaning of the quote. A 9-dot ellipsis indicates that a large area of interview happened between the two parts of the quotes, but it was removed in order to combine two similar parts of the conversation. Sometimes, this is done because an interviewee begins a topic at one point in time, then finishes it at another point in time. Much care was taken not to alter the intention or meaning of any quotes.

A community resident survey deployed in summer 2025, for which the methods are discussed in Appendix B, also generated narrative content through an open-ended question at the end of the survey. The survey closed around the time the time the qualitative analysis of focus group and key informant interview transcripts was completed. However, all responses, which were entirely anonymous, were reviewed for any additional new themes not already captured in the qualitative analysis; there were none. Throughout this qualitative narrative, several quotes from those open-ended responses are incorporated into the discussion of the theme to which they relate. Not counting uninformative responses like “n/a”, “none”, or “nothing to add,” the count of open-ended responses by county is as follows:

- Blanco County, with 11 open-ended responses;
- Gillespie County, with 67 open-ended responses;
- Kendall (Comfort area only), with 17 open-ended responses;
- Llano County, with 11 open-ended responses; and
- Mason, with 12 open-ended responses.

**For a quick summary of all topics and themes across all qualitative data, review Tables A1, A2, and A4.**

# What's the Community Saying?

## Roles in the Community

There were 49 participants across six focus groups, including the Gillespie Spanish language focus group. Create Healthy was intentional in inviting a diverse array of community members who represent various aspects of the communities. Participants included counselors, elected officials, parents, organizers, retirees, social workers, teachers, volunteers, EMS workers, law enforcement officers, and more. While the focus group participants represented many parts of the community, it's also important to consider what populations were missing from the conversation. Recruitment for research is often difficult because getting a representative sample of a community requires a lot of time, funding, staffing, and resources, which are not always available. Due to availability, difficulty reaching diverse participants, the wide physical dispersal of residents across the Counties, and the limited number of spots available for focus groups, not all demographics were represented. Throughout this qualitative analysis, it is important to consider how people with disabilities and people with different age ranges, racial/ethnic backgrounds, genders, sexualities, and other demographics would be affected by these themes, and what themes may be missing from the discussions. Create Healthy gathered six groups who were very capable at providing a breadth of knowledge about their communities, and one of those groups was able to offer insight into the Spanish-speaking community in Gillespie County. While they don't represent Spanish-speaking people in other areas of the Hill Country, there may be similar sentiments among Hispanic people in those communities, as can be seen in the English-speaking focus groups, which have many overlapping themes.

As shown in Table 1 below, many topics and themes overlapped between communities. However, there were different nuances, contexts, and conditions in which some of these themes apply, which are outlined in each community's section of the qualitative analysis. If the focus group discussion for a particular County or area did not prominently discuss a theme, that does not necessarily mean that the theme is not important to the area. Rather, this likely indicates that other themes were more important in the context of current events, and therefore received greater attention in the discussion. This is particularly true when participants spoke about vulnerable populations and communities. The absence or limited mention of a specific population does not mean they are not vulnerable or in need of more resources, but it is an indication that other populations are more at the forefront in residents' minds at the time of the discussion.

## Table A1. English-language focus groups topics and themes

| English Language Focus Groups Topics and Themes | Blanco | Gillespie | Llano | Mason | Comfort |
|---|---|---|---|---|---|
| **Vulnerable populations and communities** | | | | | |
| Older adults | ■ | ■ | ■ | ■ | ■ |
| Youth | ■ | ■ | ■ | ■ | ■ |
| Hispanic population | ■ | ■ | ■ | | ■ |
| Grandparents raising grandchildren | | | | | ■ |
| Unhoused people | | ■ | ■ | ■ | |
| Communities that suffer from substance abuse | ■ | ■ | | ■ | |
| Rural areas and other geographic disparities | ■ | ■ | | | |
| Incarceration, probation, and juvenile detention | ■ | | | | |
| Disabled populations | | ■ | | | |
| **Barriers to healthcare** | | | | | |
| Mental health | ■ | ■ | ■ | ■ | |
| Developmental health | ■ | ■ | | | |
| Health insurance and medical costs | ■ | ■ | ■ | ■ | |
| Access to medical services | ■ | | | | |
| Need more healthcare providers | ■ | ■ | ■ | ■ | |
| Need more emergency services in the area | | | ■ | | ■ |
| Health literacy, preventive care, and public health information | ■ | ■ | | | |
| **Barriers to healthy living** | | | | | |
| SES disparity, ‘hourglass economy,’ poverty | ■ | ■ | ■ | ■ | ■ |
| Employment, need a thriving wage, can’t retire because healthcare is tied to employment | ■ | ■ | | ■ | |
| Transportation | ■ | ■ | ■ | ■ | ■ |
| Housing: Affordability and accessibility | ■ | ■ | ■ | ■ | ■ |
| Childcare | ■ | ■ | ■ | ■ | |
| Education | ■ | ■ | ■ | ■ | ■ |
| Technology: Digital divide, social media, telehealth | | ■ | ■ | ■ | ■ |
| Food security and nutrition education | ■ | ■ | ■ | ■ | ■ |
| Safety: Crime, domestic violence, assault, and more | ■ | | | | |
| High property taxes | | | | | ■ |

| English Language Focus Groups Topics and Themes | Blanco | Gillespie | Llano | Mason | Comfort |
|---|---|---|---|---|---|
| Environment: Drought and water conservation; fire emergencies; agriculture; flooding | | ■ | ■ | ■ | |
| Replacing workforce: Need youth to leave for college, then return to bring trade positions | | | | ■ | |
| Community engagement and socialization | | | | ■ | |
| Long-term effects since the height of COVID-19 | ■ | | | | |
| Not enough infrastructure to keep up with population growth | | ■ | | | |
| Need walkable spaces, activities for families, and options for physical activity | | ■ | | | |
| Need more laundromats | | | ■ | | |
| **Community resilience** | | | | | |
| Small, friendly town where people take care of each other | ■ | | ■ | ■ | ■ |
| Churches as a resource | | | | ■ | |
| Philanthropy and volunteerism | | ■ | ■ | | ■ |
| Options for community resources | ■ | ■ | | | ■ |
| Disconnect between resources and community; Need better communication, outreach, and a resource list | ■ | ■ | | | ■ |
| Unincorporated (downsides: no protection) | | | | | ■ |
| Need funding | | | ■ | | ■ |
| Need staffing | ■ | | | | |

# Blanco County: 5 Participants

## Vulnerable Populations and Communities

Throughout every focus group and key informant interview, there was the sentiment that health disparities are multiplied for the most vulnerable members of the community. Anytime participants spoke about difficulties surrounding medical barriers, employment, education, community support and resources, safety, mental health, housing, extreme weather conditions, transportation, food security, or almost any other topic – they also discussed how all of these are exacerbated for disenfranchised, excluded, or "forgotten about" populations. For Blanco County, the vulnerable populations and communities discussed the most were older adults, youth, people who suffer from substance abuse, and unhoused people.

### Older Adults

Blanco County participants discussed at length how older adults were vulnerable to socioeconomic disparities due to their limited, fixed incomes. In particular, older adults need more affordable options for nursing homes, home care, and transportation to and from doctor appointments. Financial difficulties can be especially difficult for grandparents raising grandchildren, and participants discussed needing more resources and education about raising children. They also felt the community would benefit from more senior fitness options and ways to stay mobile.

**Older adults need help with transportation; After the height of COVID-19, people are cautious about transporting older adults with autoimmune deficiencies; Some older adults are stuck, with no one to help them**

*"Having such a rural population, it's hard for those seniors we're talking about. The transportation, you know. A lot of them cannot drive anymore, are limited on their driving, or can't afford to get into town… say a client lives out here, seven miles outside of Blanco. They have an appointment in San Antonio or Austin. That round trip is going to be $300-400 for us. And since COVID, people that used to be family members or church members that used to take them now, you know, don't necessarily want to have to revisit that thought of having someone in their car, especially elder, because if they have children or other people in their family and bring anything and get that person sick, especially now with COVID numbers going back up in Texas, and people with autoimmune. It comes down to do if they know somebody that can take them… but then, what about for people who don't have somebody? Exactly. They're just stuck."* – Blanco County Focus Group Participant

### Youth

Youth were considered a vulnerable population in every community for a variety of reasons. They are particularly affected by ongoing challenges with education (especially due to the developmental interruption COVID-19 caused to in-person schooling), as well as mental, social, and behavioral health concerns (which are a cornerstone to their development). Participants in Blanco noted the distinct needs of general youth, as well as foster youth who are impacted by Child and Family Protective Services. They would like more community resources to take their needs into account when developing programs and outreach plans.

COVID-19 disrupted youth's developmental health and emotional regulation

*"For mental health there, we do have 2 full time people on staff. And I mean, we see it at the elementary school, those kids that were in kindergarten, 1st grade, or pre-k, during 2020 - there are some struggles. And I'm not talking about just one or two kids. Kids are struggling more and more with regulating themselves. They're very dysregulated, and I don't know what the cause of that was… we used to see like one or 2 kids struggling, it's like 15 to 20. And when you only have 80 kids in a class that is an astronomical increase."* – Blanco County Focus Group Participant

### Communities that Suffer from Substance Abuse

Much of the community's recreational culture centers around tourism and wine, which contributes to substance abuse. Participants felt the community suffers from alcoholism due to not having enough economic opportunities and entertainment options. They also worried that alcoholism could affect children in the home and overwhelm the Child Protective Services system.

Alcoholism and substance abuse put families and children at risk, overwhelms the CPS system

*"This town, a lot of its culture is centered around alcohol, very much… I have to do an alcohol density compared to our population. We're like 300% over the average of people per alcohol density of places. You can buy alcohol in this community and with that creates substance use issues which affects kids' health. The CPS system, I see those systems being affected and just, there is no support. There's no support for treatment. There's no support for help. Places are either unaffordable or have huge wait lists, and they're far away. And so I just see that as part of health, there needs to be some support, because we do have a relatively high number of substance use, not just alcohol, but other substances as well, and so it affects parenting.*

*And people don't realize that because this is a beautiful community, it's amazing. People help. But there is another side of it because we're very socioeconomically gapped… we had 36 kids in foster care, and 99% of them were drug and alcohol… Substance use and mental health are huge."* – Blanco County Focus Group Participant

### Unhoused People

Unhoused people are a vulnerable population in every community, and they have more difficulties accessing resources due to distance, transportation barriers, digital barriers, the lack of an address (which some services require), and/or the inability to receive mail.

**Blanco needs a plan to help unhoused people transition to home ownership**

*"One of the main things that's always been a concern of mine is the lack of affordable housing. We do have homeless people in this county, and unfortunately, it's a County Sheriff's M.O. to take everybody who's homeless or traversing through the county, pick them up, and drop them off in Boerne. So, we haven't really figured out a way to deal with homelessness here, and then sheltering them, then transitioning them to transitional living arrangements. And then eventually into either permanent supported housing or affordable housing, and eventually into home ownership."* – Blanco County Focus Group Participant

## Barriers to Healthcare

The most prominent barriers to healthcare in Blanco County discussed in the focus group centered on mental health, health insurance and medical costs, and the need for more healthcare providers.

### Mental Health

Mental health is a common theme in every community in the CHNA, but the barriers and impact on accessing mental health services vary by service area. In Blanco County, participants identified affordability, a lack of service options, and too few mental health professionals as their primary obstacles.

**Blanco County has mental health initiatives and programs that partner with the Sheriff's Department**

*"I think our Sheriff's Departments and our two police departments and our emergency services are pretty phenomenal… The paramedic program has like a model that started a few years back. He, [Name], was the guy that worked on it in the very beginning. If the police are out on call, sheriff, whomever it is, and they come across a mental health issue they would call him… He'll go shut-ins. He'll go do their medical assessments. He visits them. He puts them on a routine basis, helps*

*them make sure they're getting their medications and stuff, try and get them to their doctor's appointments… Bless him for doing that, not only with mental health, but he also would follow up with people that had called 911 and went to, had an ambulance come out and went to the hospital. He would follow up with them after that. And so now we have North Blanco County Community Paramedic and a South Blanco County Community Paramedic, and we also now have a person from MHDD that will ride along with them and work on crisis situations in the county."* – Blanco County Focus Group Participant

## Health Insurance and Medical Costs

Health insurance was almost always spoken about in tandem with medical costs, usually because health insurance is the primary way most people handle their medical costs. During the Blanco County focus group, participants discussed issues with health insurance, including affordability, the need for more in-network doctors, how insurance does not cover enough services, and the impact that federal budget cuts will have on their insurance coverage. Participants in Blanco were worried about the impact that the "Big, Beautiful Bill" might have on access to Medicaid, Medicare, and general insurance premiums. They emphasized how health insurance is a barrier in Kingsland, and being uninsured or underinsured causes a trickle-down effect on other health factors, perpetuating a negative health cycle.

**Worry Medicaid and Medicare access might change with new government policies; private insurance is also very expensive when adding family members to employer-provided plans; Kingsland is particularly disenfranchised and underinsured**

*"I think that we've got pretty good access to Medicaid… but, Medicaid is about to really get hard to because of the Big, Beautiful Bill, and just some of the new laws. It might be harder for older people who need Medicaid to get on it. I know that's how we barely got my grandfather into a nursing home, because Medicare doesn't pay for nursing home, but Medicaid does. But, we had to jump through hoops in order to get him to qualify for Medicaid. So that's a worry, though, that there will be a big influx of people who become uninsured.*

*And the cost of insurance for the ones that aren't Medicare or Medicaid eligible is astronomical. I mean, me and my husband both have decent jobs, but we can't afford to put my husband on my health insurance for the school… it would cost over a thousand dollars a month to ensure me, my husband, and my 2 kids. Who can afford that?...*

*We had a gentleman in Kingsland living off $800 a month social security, and they changed his Medicare policy. And they ended up taking an extra $120 out of his Social Security to pay for that. So, for these people who either don't have health insurance or are underinsured, what do you think is the trickle-down effect, as far as how it affects their health? How are they living their lives? Well, they don't have insurance, and they don't go to the doctor because they don't have insurance. And then the doctor is far away. Yeah, so it's all just kind of bad cycle."* Blanco County Focus Group Participant

*"Sometimes the cost of health insurance and the copay/deductibles make it impossible to get the help that is needed. Free therapy or counseling, or even any that are in network on basic health plans, would be helpful. Church groups used to offer this and don't anymore. People are falling through the cracks.*" – Blanco County Survey Respondent

## Need More Specialists and Healthcare Providers

The last major healthcare barrier that participants in Blanco County discussed was the need for more specialists and healthcare providers. Residents often have to travel outside of the county to see their specialists because there are either not enough in the county, or the available appointment dates are too far out in the future. As a result, this healthcare barrier also connects to the "healthy living" barrier of transportation, which is discussed in the next section.

*"We need access to health care! Quality providers are not accessible to our community. Also, there are too few home health options and mental health options. We have to drive for everything."* – Blanco County Survey Respondent

## Barriers to Healthy Living

In this section, participants discussed other aspects of everyday living that also affect their health and ability to live well. Many of these themes include social determinants of health, which are factors beyond medical care that affect people's health. These often include socioeconomic status, education, employment, built environment, among others. Many of these overlap with and affect one another as they are not mutually exclusive. In Blanco County, the most discussed themes related to healthy living were transportation, employment, housing, the digital divide, childcare, education, socialization, food security, drought and water conservation, and stabilizing the local economy.

### Transportation

As mentioned previously, transportation is an extremely prominent barrier to healthy living. Not only is transportation important for getting to medical appointments, but participants also noted how it is necessary for accessing many social institutions and health-related activities – such as attending sports events, going to church, or engaging with the community. All of the Hill Country service areas identified transportation as a major barrier to healthy living, and they would like a more comprehensive approach to helping residents access better transportation, especially for youth and older adults.

**CARTS Country Bus is limited in Blanco**

*"The CARTS Country Bus only has designated days when they are in Blanco or Johnson City proper, and the visits they can take are for clients who are very limited. So, transportation has definitely been always been an issue here"* – Blanco County Focus Group Participant

### Employment with a Thriving wage; Socioeconomic Disparities

During the Blanco County focus group, the need for more employment opportunities with a thriving wage was usually discussed alongside socioeconomic disparities. Participants wanted more job training and employment opportunities for two main reasons, 1) Employment is tied to health insurance, which is the primary method for dealing with medical costs, and 2) There are large socioeconomic disparities within each of their community, which was discussed in all of the Hill Country Counties and areas. Residents often described stark contrasts (such as how there are million-dollar mansions a couple of streets away from "shacks,") as visual representation of the "hourglass" economy they often discussed. Participants felt that better employment opportunities could help strengthen the middle class and narrow the socioeconomic gap.

**The "wine country" industry is the main employment provider in the county, but they need higher wages and health insurance**

*"So, this whole area just being known as wine country, and visiting the wineries, and get all the bridal party things. I mean, it's crazy, but in a way, it's good and it's bad. Because it also provides jobs. Yeah, all the jobs. It's the one industry in Blanco County, because we don't have a lot of industry. But then some of those jobs are not high paying jobs and health insurance, with the changes that happened at the Federal Government this past month, people are gonna lose their subsidies for the Affordable Care Act affordable care act… and a lot of those people are going to be kicked off because they won't have subsidies to help pay, and a lot of those people in Blanco County."* – Blanco County Focus Group Participant

## Affordable Housing

Housing was also discussed in every focus group. Participants agreed that they needed more affordable housing, as well as more diversity in housing. They were critical of cheap, quickly-built housing and would like more quality housing of varying types (apartments, single-family homes, and senior living facilities and communities).

## Technology and the Digital Divide

The digital divide encompasses a wide range of technology accessibility themes. In Blanco County, this part of the discussion primarily focused on the need for more digital literacy and technology classes and better access to technology (like laptops, phones, wi-fi, and cell towers) – both of which impact access to resources and telehealth options. Participants noted how these digital divide issues were exacerbated during the height of COVID-19, when the need for technology and technology-based skills increased due to remote schooling and remote work. There were mixed feelings about schools banning cell phones and smart watches. Some participants felt it was a safety hazard not to be able to reach their children in an emergency. Others felt the ban would be great for their mental health and to decrease cyberbullying.

**Cell phone ban in schools and how that will be good for youth mental health**

*"There's gonna be no cell phone, no smart watches, none of that during this instructional day or on school campuses. And that's going to help with the mental health of those students because they are too addictive. Since the height of COVID with their social media stuff. There's a lot of bullying going on, and there's a lot of things that the adult world doesn't know is happening with those young people because of their social media and the distraction it's causing for their educational purposes… But it's going to make a big impact because it has really played a negative role for the young people. Probably not good for adults either."* – Blanco County Focus Group Participant

## Childcare

Childcare was also discussed in every focus group, usually because the lack of childcare also impacted other aspects of healthy living, like employment options, higher education options, and the free time parents and guardians have to focus on themselves and their own health-related behaviors. There are also concerns about child safety and a desire for increased oversight of childcare institutions.

## Education and Social Media

During the Blanco County focus group, the discussion about education often centered around the quality of education for youth and how it is affected by many factors, including social media. Participants were concerned about how schools will handle cell phones and the connection between social media and youth's education. Participants felt social media was a detriment to youth's mental health and educational welfare.

## Socialization, Especially Since the Height of COVID-19

While participants felt youth and older adults were in particular need of healthy socialization, especially during and since the height of COVID-19, they also felt that all community members would benefit from more opportunities for socialization. This would require more spaces, resources, and programs that offer community events. Still, participants explained how this would not solve the other barriers that prevent people from participating in community events, like transportation. Many of the barriers to healthy living are connected to one another, and all of the communities would benefit from comprehensive solutions that consider multiple factors.

## Food security

Food security is a common theme across all Hill Country communities, and participants discussed the need for more affordable, healthy foods. Healthy foods were usually described as fresh produce and a variety that can accommodate multiple diets and health conditions. In many of the communities, residents' primary access to groceries is through Lowe's Market, which is a popular grocery provider in most of the Hill Country. Some

participants felt that the food options available were too expensive and preferred to travel outside of the area for other options, while others were appreciative of how Lowe's Market takes suggestions and attempts to acquire the foods that residents request. Blanco County participants recognized the food pantry as a resource, but there is not equal access to the food pantry for all residents.

### Drought and Water Conservation

Blanco County focus group participants were concerned about drought and water conservation in the area, especially with summers getting hotter every year. They would like more community initiatives and education about droughts, and a plan for water conservation moving forward.

**Lack of water, not enough rain, wells running dry**

*"I think the lack of water. We got all those rains over July 4th, , which we all know what happened there. Blanco County just is like, we get skipped all the time, like we have people in my neighborhood who haven't had water in their wells since early last summer, so they've been hauling in water. That's a long time to haul in water. We got maybe 6 inches of rain. That was it, the whole weekend."* – Blanco County Focus Group Participant

### Economic Stabilization: Need Youth to Return and Work

Blanco County was unique in that participants described a pattern where youth leave the county to pursue a college education, but sometimes they do not return and contribute to the local workforce. Participants explained how they would benefit from more educated residents returning and reinvesting into the local economy by bringing more trades and professions to the area, which would reduce the need to travel to other Counties to receive those services.

## Community Resilience

Throughout the focus groups, an inspiring undertone of community resilience was evident in every topic and theme. As participants discussed barriers to healthcare and healthy living, they also discussed the ways in which their community comes together, helps one another, and leverages its resources. Each community identified their own unique strengths, which make their communities beautiful and worthwhile.

### Churches as a Resource

Blanco County participants identified churches as a prominent resource for socialization, spirituality, community gathering, philanthropy, volunteerism, and activities for all ages. Churches were frequently mentioned as a way of accessing other resources in the community.

### Create Healthy

Participants were grateful to Create Healthy for their presence, funding, and support in Blanco County. They recognized many of the projects, like scholarships and school playgrounds, that Create Healthy contributed to, and they consider this to be another source of strength and resilience in Blanco.

**Thanking Create Healthy for providing educational resources to help students have more options other than just a 4-year college or university**

*"Thanks to Create Healthy, it's been wonderful for the Education Foundation in Johnson City, because we offer not only academic scholarships, but technical schools. And so, we try real hard, since the inception of the foundation, to encourage students that you can progress beyond high school to take care of yourself, and it doesn't have to be a 4-year college. It can be welding school to go ahead and get the certification, it can be. And now with Create Healthy, they want to go the direction of healthcare, and it can and make encompasses a large number of things. So, we're really getting the word out this year for the graduates that will be coming up this next school year in 2026 that you can be a technical assistant or radiology, or in these other areas that are medical-related, but they're not a 4-year degree. So, there is hope."* – Blanco County Focus Group Participant

### Small, Friendly Town that Helps One Another

In many of the Hill Country communities, there was a common rhetoric describing their communities as small towns with friendly people who help one another.. This was also echoed in other veins of conversation that centered on donating, philanthropy, volunteering, and assisting vulnerable populations. Participants in Blanco consider their County's altruistic attitude and community-minded residents to be their greatest benefit.

*"The thing I like the most about my particular County, which is Blanco County, is that everybody's very friendly and very family-oriented, and very helpful and willing to jump in."* – Blanco County Focus Group Participant

## Comfort in Western Kendall County: 7 Participants

## Vulnerable Populations and Communities

Throughout every focus group and key informant interview, there was the sentiment that health disparities are multiplied for the most vulnerable members of the community. Anytime participants spoke about difficulties surrounding medical barriers, transportation, socioeconomic disparities, education, food security, housing, the digital divide, or almost any other topic – they also discussed how all of these are exacerbated for disenfranchised, excluded, or "forgotten about" populations. For the Comfort area, the vulnerable populations and communities discussed the most were older adults, youth, grandparents raising grandchildren, and Hispanic people.

### Older Adults

The Comfort area focus group participants discussed how older adults were vulnerable to socioeconomic disparities due to their limited, fixed income. In particular, older adults need more affordable options for nursing homes, home care, and transportation to and from doctor appointments. They also felt the community would benefit from more senior fitness options and ways to stay mobile.

### Youth

Youth were considered a vulnerable population in every community, for a variety of reasons. They are particularly affected by ongoing challenges with education (especially due to the developmental interruption COVID-19 caused to in-person schooling), as well as mental, social, and behavioral health concerns (which are a cornerstone to their development). Participants in the Comfort area noted the distinct needs of youth, especially as they pertain to mental health and education. They would like more community resources to take their needs into account when developing programs and outreach plans.

### Grandparents Raising Grandchildren

Financial difficulties can be especially difficult for grandparents raising grandchildren, and participants discussed needing more resources and education about raising children.

### Hispanic Population

Participants discussed how they felt Hispanic people were a vulnerable population in the Comfort area due to language barriers, immigration difficulties, and barriers to resources. Comfort participants discussed the need for better outreach measures and messaging to help Hispanic people access the available resources.

**Disconnect between available resources and the Hispanic population**

*"One thing that I see when talking with the working poor population, there's a disconnect when there's all these services available that some of the people that need them the most don't take advantage of them. And I don't know if it's the messaging, or if it's a pride thing. But there's a lot of stuff that's available that I think families miss out on, even with the backpack program, or even with coming to the meals. There's a large Hispanic population. Some who do not speak English. There's a language barrier.".* – Comfort Focus Group Participant

*"Ways to help reach our Spanish speaking population and educate the programs available."* – Kendall County Survey Respondent

## Barriers to Healthcare

The most prominent barriers to healthcare in the Comfort area discussed in the focus group centered on mental health, health insurance and medical costs, and the need for emergency services in the area.

### Mental Health

Mental health is a common theme in every community in the CHNA, but the barriers and impact on accessing mental health services vary by service area. In the Comfort area, participants identified affordability, accessibility, and a shortage of mental health professionals as their primary obstacles.

### Health Insurance and Medical Costs

Health insurance was almost always spoken about in tandem with medical costs, usually because health insurance is the primary means most people handle their medical costs. During the Comfort area focus group, participants discussed issues with health insurance including Medicaid and Medicare, including affordability and the need for more in-network doctors so they do not have to travel outside of Comfort.

### No Emergency Services in the Area

The last major healthcare barrier discussed in the Comfort area focus group was the lack of emergency services in the area. Participants were worried about the consequences of not having emergency services available when someone is in crisis.

**No emergency services, but will possibly get some in the**

*"There are no emergency services, and that is big. I heard that the bank sold to [Name], and there's going to be the facility over here. But they're going to add an emergency room. That's what I heard is that they're adding an emergency room. They bought the bank building; it doesn't come with an urgent care facility. Good emergency, but urgent care would be nice."*– Comfort Focus Group Participant

*"Insurance is beyond high and takes so much out of my paycheck. Help lower premiums and deductibles."* – Kendall County Survey Respondent

## Barriers to Healthy Living

In this section, participants discussed other aspects of everyday living that also affect their health and ability to live well. Many of these themes include social determinants of health, which are factors beyond medical care that affect people's health. These often include socioeconomic status, education, employment, built environment, among others. Many of these overlap with and affect one another as they are not mutually exclusive. In the Comfort area, the most discussed themes related to healthy living were transportation, employment, education, food security, housing, the digital divide, and empty business buildings.

## Transportation

Transportation is an extremely prominent barrier to healthy living, as it was heavily discussed in every focus group. Not only is transportation important for getting to medical appointments, but participants also noted how it is necessary for accessing many social institutions and health-related activities – such as attending sports events, going to church, or engaging with the community. All of the Hill Country service areas identified transportation as a major barrier to healthy living, and they would like a more comprehensive approach to helping residents access better transportation, especially for youth and older adults.

## Socioeconomic Disparity, Poverty, and Lack of Thriving Wages (ALICE Households)

During the Comfort area focus group, the need for more employment opportunities with a thriving wage was usually discussed alongside socioeconomic disparities. Participants want more job training and employment opportunities for two main reasons 1) Employment is tied to health insurance, which is the primary method for dealing with medical costs, and 2) There are large socioeconomic disparities within each of their communities, which was discussed in all of the Hill Country Counties and areas. Residents often described stark contrasts (such as how there are million-dollar mansions a couple streets away from "shacks") as a visual representation of the "hourglass" economy they often discussed. Participants felt that better employment opportunities could help strengthen the middle class and narrow the socioeconomic gap. The Comfort area participants described how many residents make too much money to qualify for social programs, but they do not make enough money to sustain themselves or to thrive. In research, these types of households are called ALICE (**A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed) households, where people fall through the cracks of economic and social support systems provided by government funding, programs and resources.

**ALICE households, "working poor" who work, but can't make ends meet; Need more space for food pantry**

*"We see a lot of what we call working poor. They have jobs, but this is not quite enough to make ends meet. And so, we're doing a safety net for that, because we can buy gas if you go get groceries somewhere else. So that's what we try to fill that need. And, we need space, the food pantry badly, just for growth."* – Comfort Focus Group Participant

## Education

The Comfort area focus group participants described how their school districts need more teachers but are not able to provide competitive salaries compared to surrounding areas. To help entice new teachers, they have converted to a 4-day work week to in hopes of making employment in their school districts more appealing. However, participants explained how this puts a strain on parents to find childcare on Fridays, and the Boys and Girls Club has to recoup the funding to provide childcare on an additional day.

## Food Security

Food security is a common theme across all Hill Country communities, and participants discussed the need for more affordable, healthy foods. Healthy foods were usually described as fresh produce and variety that can accommodate multiple diets and health conditions. In many of the communities, residents' primary access to groceries is through Lowe's Market, which is a popular grocery provider in most of the Hill Country. Some participants felt that the food options available were too expensive and preferred to travel outside of the area for other options, while others were appreciative of how Lowe's Market takes suggestions and attempts to acquire the foods that residents request. Comfort area participants recognized the food pantry as a resource, but there is not equal access to the food pantry for all residents.

## Affordable Housing

Housing was also discussed in every focus group. Participants agreed that they needed more affordable housing, as well as more diversity in housing. They were critical of cheap, quickly-built housing and would like more quality housing of varying types (apartments, single-family homes, and senior living facilities and communities).

### Technology and the Digital Divide

The digital divide encompasses a wide range of technology accessibility themes. In Comfort, this part of the discussion primarily focused on the pros and cons of technology. They appreciated the increased flexibility of remote work and telehealth during the height of the pandemic, but they felt that remote schooling caused an entire generation of children to fall behind in their education. There was also conversation about the impact of social media on development.

## Community Resilience

Throughout the focus groups, an inspiring undertone of community resilience was evident in every topic and theme. As participants discussed barriers to healthcare and healthy living, they also discussed the ways in which their community comes together, helps one another, and leverages its resources. Each community identified their own unique strengths and obstacles to overcome, which make their communities resilient, beautiful, and worthwhile.

### Community Resources, Funding, and the Need for Outreach

The Comfort area focus group participants recognized that they have community resources that are underutilized, such as food pantries, programs, and initiatives. They felt that a greater emphasis on outreach could help with the disconnect between residents and the community resources. However, this would require more funding, which was a common community obstacle that they have had to overcome through various means, such as donations.

### Unincorporated Area

The Comfort area is unincorporated, which means that it is not officially recognized as a separate, self-governing municipality like a city or town. Since they lack their own local government, the responsibilities for services such as law enforcement, road maintenance, water, and sewage are handled by the County government. Some participants felt that this granted them more freedoms, but others felt this left them vulnerable to exploitation since they lack protections.

**Being unincorporated does not offer the same environmental protections as incorporated places**

*"Participant: As a parent as well, just watching what's happened in Comfort with the community that they're wanting to build. They're putting in a battery storage unit in Harper. They put one in Mason, and I will just speak as a mom. That is very concerning, all of that. These are all unincorporated. Comfort is unincorporated. Mason was unincorporated. And just what that is doing to our environment and how it's going to affect our kids.*

*Facilitator: Being unincorporated does not offer the same protections?*

*Participant: Correct, so they can come in and purchase private property, and they can do whatever they want on that property."* – Comfort Focus Group Participant

### Small, Friendly, Philanthropic Town

In many of the Hill Country communities, there was a common rhetoric describing their communities as small towns with friendly people who help one another.. This was also echoed in other veins of conversation that centered on donating, philanthropy, volunteering, and assisting vulnerable populations. Participants in Comfort consider their area's philanthropic attitude and community-minded residents to be their greatest benefit.

*"I love the people so much. I can just ask anybody any for anything. It just rains down upon people*." – Comfort Focus Group Participant

# Gillespie County: 10 Participants

## Vulnerable Populations and Communities

Throughout every focus group and key informant interview, there was the sentiment that health disparities are multiplied for the most vulnerable members of the community. Anytime participants spoke about difficulties surrounding medical barriers, food security, socioeconomic disparities, childcare, education, transportation, employment, housing, safety, or almost any other theme – they also discussed how all of these are exacerbated for disenfranchised, excluded, or "forgotten about" populations. For Gillespie County, the vulnerable populations and communities discussed the most were people who suffer from substance abuse, older adults, the Hispanic population, youth, rural areas, and people with a background of incarceration, probation, and/or juvenile detention.

### Substance Use

Gillespie County focus group participants discussed how substance abuse was an issue for their community. They would like more awareness, outreach, and education about illicit drugs and alcoholism, especially in more rural areas of the county.

### Older Adults

Participants discussed at length how older adults were vulnerable to socioeconomic disparities due to their limited, fixed income. In particular, older adults need more affordable options for nursing homes, home care, and transportation to and from doctor appointments.

### Hispanic Population

Participants discussed how they felt Hispanic people were a vulnerable population in Gillespie County due to language barriers, immigration difficulties, and barriers to resources.

### Youth

Youth were considered a vulnerable population in every community, for a variety of reasons. They are particularly affected by ongoing challenges with education, (especially due to the interruption COVID-19 caused to in-person schooling), as well as mental, social, and behavioral health concerns ( which are a cornerstone to their development). Participants in Gillespie County noted the distinct needs of youth, especially as it pertains to mental health and education. They would like more community resources to take their needs into account when developing programs and outreach plans.

### Rural Areas

Geographic disparities were discussed in multiple focus groups across the Hill Country area, and Gillespie County participants felt that rural areas were in particular need of more resources. Access to medical services, financial assistance, grocery stores, and other resources is limited for residents in more rural areas of the county and participants noted how organizations need to have intentional plans for reaching those populations.

**Rural areas are vulnerable to having less healthcare access, especially for mental health services**

*"And then the people in the rural areas just don't have access to healthcare unless there's a Frontera. So, they're going to have to do their visits virtually. So, the pandemic had the silver lining that it made teletherapy just explode. But, still there are 50% of the people sitting on their mental health problems for 10 years before they even ask for help. They have a waitlist, probably wherever they're going, especially for psychiatry. There's a long wait list for psychiatry. Even though we have 4 psychiatric providers, there's still a two month wait list."* – Gillespie County Focus Group Participant

### Incarceration, Probation, and Juvenile Detention

Participants in Gillespie explained how people with a background of incarceration, probation, and/or juvenile detention have more barriers to employment and resources due to stigma and prejudice. They would like more initiatives for helping residents who are trying to rehabilitate their lives.

Language barriers in juvenile court cases

*"I also do court collections for misdemeanors and felonies, and sometimes I interpret for juvenile cases, and that is just one of the things that I see that we need to make sure that we have. It's a Spanish and English barrier."* – Gillespie County Focus Group Participant

## Barriers to Healthcare

The most prominent barriers to healthcare discussed in the Gillespie County focus group centered on mental health, health insurance and medical costs, special education and developmental health, and the need for more specialists and healthcare providers in the area.

### Mental Health

Mental health is a common theme in every community in the CHNA, but to the barriers and impact on accessing mental health services vary by service area. In Gillespie County, participants identified affordability, accessibility, and a lack of mental health professionals as their primary obstacles. Notably, Gillespie law enforcement is working to connect individuals to mental health resources as an alternative to jail.

**Gillespie law enforcement is prioritizing mental health resources as an alternative to jail**

*"My interest and role in this committee is to connect people that we serve on the law enforcement side with appropriate services. Instead of jail, maybe a mental health detention or emergency detention. So, alternate avenues to help individuals. And making all those contacts and having those resources to actually address the issue instead of just putting the individuals in a 72 hour hold or placing them under arrest for a crime. In particular, I'm searching for options, alternate options and avenues for treatment."*– Gillespie Focus Group Participant

*"I also wish that we had good mental health resources that take insurance. Most therapists anywhere only take cash pay. And most people can't afford to get the mental health care services they need due to the cost. Too many people go untreated due to this problem. We need more counselors in our area."* – Gillespie County Survey Respondent

### Health Insurance and Medical Costs

Health insurance was almost always spoken about in tandem with medical costs, usually because health insurance is the primary means most people handle their medical costs. During the Gillespie County focus group, participants discussed issues with health insurance, including affordability, the need for more in-network doctors, how insurance does not cover enough services, and the impact that federal budget cuts will have on their insurance coverage.

### Special Education and Developmental Health

In Gillespie County, participants discussed the need for more options for youth special education as well as resources to assess and assist their developmental health. Schools are not always equipped to evaluate or accommodate different developmental needs, which can hinder the quality of education students receive.

Need more resources, funding, and action plans for people with developmental disabilities

*"I'm also thinking of a parent taking care of an adult child that has a developmental disability, or grandparents. People and persons with special needs. We also need to include, because there's some kids that are on the spectrum, adults that are on the spectrum. Where do we go from here so that we can be able to provide all that we're discussing here? How do we get on the path so that we can continue to walk in this right direction for everything that we need for our community?"* – Gillespie Focus Group Participant

### Need More Specialists and Healthcare Providers

Another major healthcare barrier that participants in Gillespie County discussed was the need for more specialists and healthcare providers. Residents often have to travel outside of the county to see their specialists because there are either not enough in the county, or the available appointment dates are too far out in the future due to long waitlists. As a result, this healthcare barrier also connects to the "healthy living" barrier of transportation, which is discussed in the next section. Notably, survey respondents emphasized how Gillespie County needs more urgent care facilities that are open in the evenings and weekends.

*"It is very important and urgent that our community of Fredericksburg get urgent care clinics that are open till at least 8:00 p.m. at night, 7 days a week."* – Gillespie County Survey Respondent

### Health Literacy and Access to Public Health Information

Health literacy refers to the ability to access, understand, and apply health information. This ability also leads to confidence in making well-informed health decisions. Gillespie County focus group participants felt the community would benefit from more health literacy training and access to public health information. Health literacy can be influenced by residents' trust in public health information, their access to information, how their healthcare providers explain the information, and other factors.

**Lack of communication between programs and clients leads to people not utilizing health resources and not understanding long-term health**

*"In my program, I always ask them, you know, 'What are you needing?' And it's always like 'well, I should have gone to the Needs Council', or 'I should have gone, but I don't have the time nor the money.' So, one of the things is that they don't seek the help because there's lack of communication between what the real issue is and lack of communication, and when it comes to the follow-up, there's no follow up with them, because sometimes they go so long without having this medical care. And health wise, they don't understand that it becomes a train wreck. So, people let things build up, build up, build up, build up, and get worse. And this is due to a lack of time, a lack of money, and a lack of communication."* – Gillespie Focus Group Participant

*"That our healthcare system, even with great providers (doctors, nurses, etc.) is extremely confusing to navigate. Even though I'm a native English speaker and originally from the United States, I find it hard to get the care I need because I don't understand how the system works."* – Gillespie County Survey Respondent

## Barriers to Healthy Living

In this section, participants discussed other aspects of everyday living that also affect their health and ability to live well. Many of these themes include social determinants of health, which are factors beyond medical care that affect people's health. These often include socioeconomic status, education, employment, built environment, among others. Many of these overlap with and affect one another as they are not mutually exclusive. In Gillespie County, the most discussed themes related to healthy living were food security, socioeconomic disparities, employment, high cost of living, childcare, activities for youth, education, housing, safety, and technology.

## Food Security

While food security is a common theme in all the focus groups, Gillespie is unique in that its food security is not as related to access to grocery markets as the other communities. Participants in the Gillespie focus group said that they do have good access to H-E-B, but what makes food access difficult is that smaller, other nearby communities rely on Gillespie for resources. Residents from surrounding communities commute to Gillespie County, which can overwhelm their inventory and services, including H-E-B and law enforcement services.

## Socioeconomic Disparities, Employment, and High Cost of Living

During the Gillespie County focus group, the need for more employment opportunities with a thriving wage was usually discussed alongside socioeconomic disparities. Participants want more job training and employment opportunities for two main reasons 1) Employment is tied to health insurance, which is the primary method for dealing with medical costs, and 2) There are large socioeconomic disparities within each of their communities, which was discussed in all of the Hill Country Counties and areas. Residents often described stark contrasts (such as how there are million-dollar mansions a couple of streets away from "shacks") as a visual illustration of the "hourglass" economy they often discussed. Participants felt that better employment opportunities could help strengthen the middle class and narrow the socioeconomic gap.

In Gillespie County, participants discussed how the cost of living was outpacing residents' earning potential and indicated that financial stability is a key factor in healthy living. As a result of the gap between the cost of living and wages, participants said many people cannot afford to both live and work in Gillespie County. As a result, those who participate in the local workforce often live in surrounding areas that are more affordable and then commute to Gillespie for work.

## Childcare and Activities for Youth

Childcare was also discussed in every focus group, usually because the lack of childcare also impacted other aspects of healthy living, like employment options, higher education options, and the free time parents and guardians have to focus on themselves and their own health-related behaviors. There are also concerns about child safety and a desire for increased oversight of childcare institutions. Gillespie County participants also felt that there should be more diversity available in activities offered to youth, preferably without a high cost, as that is another barrier to healthy living.

**Need more childcare and activities for youth; Space, transportation, parents working, and social media are barriers to youth activities**

*"I see a lot of adolescents and children who, in the summer, it's very difficult. Once they're out of preschool, the middle school, the High School, there aren't a lot of structured activities. And so, you've got a middle schooler who's being left home unsupervised, and they're going to create their own activities, and some of them are so isolated. So having structured activities for those kids could really make a difference.*

*We're working on, as a community, to have soccer fields and baseball fields. But we're so limited on the space that we have for kids to have active lifestyles, so you need more space… I mean, there are so many wonderful activities like that. They have no transportation. Parents are working. And so, they're just so isolated except with the phones and the social media. And that's a problem."* – Gillespie County Focus Group Participant

*"Our community desperately needs an indoor space for youth and families to gather, play, and enrich their minds. [Redacted Name] is a local working very hard to find donors to build this concept called "The Hive" in Fredericksburg. This would be a dream come true for a lot of families here. I pray that this space will happen for our community."* – Gillespie County Survey Respondent

### Education

School districts have been overwhelmed since the height of COVID-19, as there is a need to help youth "catch up" with educational milestones and district test scores. Gillespie focus group participants discussed the need for more funding for schools and more resources to prepare students for college.

### Transportation

Transportation is an extremely prominent barrier to healthy living, as it was heavily discussed in every focus group. Not only is transportation important for getting to medical appointments, but participants also noted how it is necessary for accessing many social institutions and health-related activities – such as attending sports events, going to church, or engaging with the community. All of the Hill Country service areas identified transportation as a major barrier to healthy living, and they would like a more comprehensive approach to helping residents access better transportation, especially for youth and older adults.

### Affordable Housing

Housing was also discussed in every focus group. Participants agreed that they needed more affordable housing, as well as more diversity in housing. They were critical of cheap, quickly-built housing and would like more quality housing of varying types (apartments, single-family homes, and senior living facilities and communities).

**Housing and rental costs keep residents from taking care of other basic needs, like medical appointments**

*"The cost of living in Gillespie County has kind of skyrocketed in the last 10 years, I would say. And so, people making $50,000 - $60,000 have a hard time affording just basic needs, and healthcare is kind of a last option. I think it's the 3rd most expensive place to live in the state of Texas, and housing is very expensive, and I know that's a big issue when we're recruiting people in to be able to take care of access. But also, if you have to pay your rent or your mortgage versus going to your behavioral health appointment or your medical appointment, of course, that that comes first."* – Gillespie County Focus Group Participant

### Safety

Gillespie County focus group participants were appreciative of their local law enforcement and discussed how the Sheriff's Office is very active in the community. There are major initiatives available to assist with mental health in the community, and law enforcement has helped by providing mental health resources to people in crisis. Trauma, domestic violence, and sexual abuse are also focuses for residents and law enforcement in Gillespie County.

### Technology and COVID-19

Gillespie participants felt that the height of COVID-19 has caused a detrimental dependence on social media and technology, and that remote education damaged youth's development, mental health, and socialization.

## Community Resilience

Throughout the focus groups, an inspiring undertone of community resilience was evident in every topic and theme. As participants discussed barriers to healthcare and healthy living, they also discussed the ways in which their community comes together, helps one another, and leverages its resources. Each community identified their own unique strengths and obstacles to overcome, which make their communities resilient, beautiful, and worthwhile.

### Community Resources

Gillespie County focus group participants identified many resources as a foundation for their strength, including their mental health coalition, food pantries, donation centers, and other community organizations.

### Outreach, Communication, and Staffing

While Gillespie residents recognized their access to many programs, initiatives, and organizations, they also identified a need for better outreach, communication, and staffing to strengthen these resources and allow them to reach more residents.

**A resource list would help with outreach and communication**

*"Lack of communication, connectivity, lack of distribution. A lack of communication and distributing this information. I need there to be a list to connect all of us working together and providing all of the information, so that we know that we are united. We stand as a unit."* – Gillespie County Focus Group Participant

### Small, Friendly, Family-Oriented Community

Gillespie participants described their community as small, friendly, and family-oriented. They appreciate how beautiful the area is, but they said their greatest strength is that people take care of each other.

**Gillespie County is a great place to raise a family**

*"And my favorite thing about Gillespie County, it's a great place to raise a family. My kids are adults now, and hopefully, in a few years, it'll be a great place to also raise grandkids. So, I just love everything about the small community."* – Gillespie County Focus Group Participant

## Llano County: 10 Participants

### Vulnerable Populations and Communities

Throughout every focus group and key informant interview, there was the sentiment that health disparities are multiplied for the most vulnerable members of the community. Anytime participants spoke about difficulties surrounding medical barriers, food security, socioeconomic disparities, childcare, education, transportation, employment, housing, safety, or almost any other theme – they also discussed how all of these are exacerbated for disenfranchised, excluded, or "forgotten about" populations. For Llano County, the vulnerable populations and communities discussed the most were the geographic disparities between Kingsland and Llano proper, people who suffer from substance abuse, youth (including foster youth and parents), the Hispanic population, older adults, unhoused people, and disabled populations.

### Severe Disparities between Kingsland and Llano Proper

Llano County participants brought up the geographic disparities between Kingsland and Llano proper throughout the entire focus group. When discussing almost any other barrier, they explained how these obstacles are multiplied for populations in Kingsland, due to their lower access to socioeconomic resources, lower-quality housing, a lack of trust between people in Kingsland and local organizations, language barriers, and weaknesses in outreach efforts. Participants feel there needs to be more research and effort put into helping people in Kingsland access resources and live thriving lives.

**Kingsland and the Eastern part of Llano County have socioeconomic disparities and generational patterns of drug and alcohol abuse**

*"Facilitator: Why do you think the east side of the county and Kingsland are more susceptible?*

*Participant: I just think it's the lack of affluence of it. Being undereducated, unemployed, strong life histories, and sometimes it's generational histories of individuals suffering from drug and alcohol abuse, whether the parents before them. And then they just kind of fall right in same behaviors and habits. We see a whole lot of, it's just generational, socioeconomic differences, and demographics in the area. Yes, there's a lot of rentals and things in, I guess we're calling that eastern part of the county that are less expensive. So I think that's part of the reason, too."*– Llano County Focus Group Participant

*"Kingsland does not have public transportation or sidewalks. There is not a clean and safe public park for exercise via a trail or equipment. There is one gym that is very outdated and not as affordable and safe as something like YMCA. Kingsland is unincorporated so much harder to put systems in place like reliable trash service."*– Llano County Survey Respondent

## Substance Use

Llano County focus group participants discussed how substance abuse was an issue for their community. They would like more awareness, outreach, and education about illicit drugs and alcoholism, especially in more rural areas of the county.

## Youth

Youth were considered a vulnerable population in every community, for a variety of reasons. They are particularly affected by ongoing challenges with education (especially with the interruption COVID-19 caused to in-person schooling), as well as mental, social, and behavioral health concerns (which are a cornerstone to their development). Participants in Llano County noted the distinct needs of youth, especially foster youth and foster parents, and the desire for more focus on mental health and education. They would like more community resources to take their needs into account when developing programs and outreach plans.

## Hispanic Population

Participants discussed how they felt Hispanic people were a vulnerable population in Llano County due to language barriers, immigration difficulties, and barriers to resources.

## Older Adults

Participants discussed at length how older adults were vulnerable to socioeconomic disparities due to their limited, fixed income. In particular, older adults need more affordable options for nursing homes, home care, and transportation to and from doctor appointments.

*"It is hard to find information for senior citizens. Who can I call? Llano needs a senior citizen center where you can go to."* – Llano County Survey Respondent

## Unhoused People

Unhoused people are a vulnerable population in every community, and they have more difficulties accessing resources due to distance, transportation barriers, digital barriers, the lack of an address (which some services require), and/or not having a way to receive mail.

## Disabled people

Llano participants spoke about disability and its intersections with other vulnerable populations more than other communities did. Having a disability can make accessing resources even more difficult, especially when exacerbated by other barriers, like transportation, lack of health insurance, and low access to specialists.

## Barriers to healthcare

The most prominent barriers to healthcare in the Llano area discussed in the focus group centered on mental health, health insurance and medical costs, a need for more doctors and options for medical care, and health literacy and preventive care.

### Mental Health

Mental health is a common theme in every community in the CHNA, but to the barriers and impact on accessing mental health services vary by service area. In Llano County, participants identified a lack of mental health services, the need for ongoing support beyond initial services, and the need for more mental health professionals as the primary barriers to mental health.

*"Hardly any mental health resources, no support for mental health, make funding easier to utilize for LPCs in the area to access. Would love to expand my private practice on a sliding scale, but can't survive and take care of my family on that income."* – Llano County Survey Respondent

### Health Insurance and Medical Costs

Health insurance was almost always spoken about in tandem with medical costs, usually because health insurance is the primary means most people handle their medical costs. During the Llano County focus group, participants discussed issues with health insurance, including affordability, the need for more in-network doctors, and how insurance does not cover enough services.

### Need More Doctors and Options for Medical Care

Every County and area in the CHNA discussed the need for more healthcare providers. Llano County was no exception, although participants did mention having good emergency services, which other communities lack. However, Llano participants did want more options for medical care so that they do not have to use the ER as their primary care.

**Hard to find a doctor, appointment slots are a year out; People utilize the ER as primary care**

*"I've been trying to find a doctor. I haven't had a doctor in 15 years, because there's a lack of availability. Every doctor is a year out to see new patients. This is a true conversation: he says 'Well, I could set you up with a nurse.' I said 'Man, I'm a 30 year paramedic. You think I want to see a nurse?' Most of our doctors are either retired, or they're not accepting new patients. Actually, my next appointment would be June of 2026* [this is almost a year from when this focus group happened]*……We're seeing a lot of the population, or uninsured or underinsured individuals, utilize emergency rooms as primary care."*– Llano County Focus Group Participant

### Health Literacy and Preventive Care

Llano participants explained that their community needs more effort put towards health literacy, educating residents about their health so that they can make informed health decisions independently, and a greater push for preventive care.

## Barriers to Healthy Living

In this section, participants discussed other aspects of everyday living that also affect their health and ability to live well. Many of these themes include social determinants of health, which are factors beyond medical care that affect people's health. These often include socioeconomic status, education, employment, built environment, among others. Many of these overlap with and affect one another as they are not mutually exclusive. In Llano

County, the most discussed themes related to healthy living were socioeconomic disparities, poverty, employment and a thriving wage, childcare, transportation, population growth, food security, education, walkable areas, physical activity, and housing.

## Socioeconomic Disparities, Poverty, and Needing a Thriving Wage

During the Llano County focus group, the need for more employment opportunities with a thriving wage was usually discussed alongside socioeconomic disparities. Participants want more job training and employment opportunities for two main reasons, 1) Employment is tied to health insurance, which is the primary method for dealing with medical costs, and 2) There are large socioeconomic disparities within each of their communities which was discussed in all of the Hill Country Counties and areas. Residents often described stark contrasts (such as how there are million-dollar mansions a couple streets away from "shacks") as a visual representation of the "hourglass" economy they often discussed. Participants felt that better employment opportunities could help strengthen the middle class and narrow the socioeconomic gap.

As a result of the gap between the cost of living and wages, participants said many people cannot afford to both live and work in Llano County. For older adults, the rising cost of living means some of them cannot afford to retire because they do not want to lose access to their employer-provided health insurance. Commuting back and forth for work and having to work past retirement age were both discussed as detriments to healthy living.

**Some retired people end up going back to work to be able to afford health insurance**

*"People have insurance while they're working. They tend to want to retire as they get into their late fifties, sixties, or they work part time. So most folks, end up losing your insurance between 50 and 65 years of age, how much does it cost? There's no way you can afford it. One pro to going back to work is insurance. Otherwise, it's $846 a month, even for educated professional people. One of those pros for me going back to work is the insurance. That is why when I started doing some things with the hospital here. It was because I needed the insurance, because I was paying privately. I retired early, but I was having to pay. So I was going through all of my savings because of that."* – Llano County Focus Group Participant

## Childcare

Childcare was also discussed in every focus group, usually because the lack of childcare also impacted other aspects of healthy living, like employment options, higher education options, and the free time parents and guardians have to focus on themselves and their own health-related behaviors. There are also concerns about child safety and a desire for increased oversight over childcare institutions.

## Transportation

Transportation is an extremely prominent barrier to healthy living, as it was heavily discussed in every focus group. Not only is transportation important for getting to medical appointments, but participants also noted how it is necessary for accessing many social institutions and health-related activities – such as attending sports events, going to church, or engaging with the community. All of the Hill Country service areas identified transportation as a major barrier to healthy living, and they would like a more comprehensive approach to helping residents access better transportation, especially for youth and older adults.

## Population Growth

The participants in the Llano County focus group shared that although most of their residents were not heavily affected by the Fourth of July weekend flooding (which happened the same month as the focus group), the broader impact has still been deeply felt. Both the residents who were impacted, as well as flood victims from other communities, have been relocating to central Llano County, which has overwhelmed local services (like the food pantry) and shifted local donation patterns. While participants felt grateful for the opportunity to help others in need, they were also worried that Llano residents might have already donated much of their excess

funds over the summer, leaving little available for the usual fall donation season to support local Llano organizations. Additionally, the population growth, driven by both the flood and other factors, has put a strain on their infrastructure and resources.

**Flood victims are contributing to population growth in Llano County, and there's an increase in food pantry users**

*"Since the flooding has happened, we're seeing a lot more that were in the town and Buchanan area. There are some of the campgrounds that used to be there with the cabins. And so, a lot of those flood victims are relocating to those areas. And what we've been seeing a lot in the last two weeks is a huge increase with our numbers, for the food pantry."* – Llano County Focus Group Participant

## Food Security

Food security is a common theme across all Hill Country communities, and participants discussed the need for more affordable, healthy foods – including baby formula. Healthy foods were usually described as fresh produce and a variety that can accommodate multiple diets and health conditions. In many of the communities, residents' primary access to groceries is through Lowe's Market, which is a popular grocery provider in most of the Hill Country. Some participants felt the food options available were too expensive and preferred to travel outside the area for other options, while others were appreciative of how Lowe's Market takes suggestions and attempts to acquire the foods that residents request. Llano County participants recognized the food pantry as a resource, but there's not equal access to the food pantry for all residents.

## Education, Truancy, Social Media, and Social and Developmental Issues

Participants in Llano County expressed concerns about the quality of education available to local youth. Most of their worries centered around truancy, the negative effects of cyberbullying and social media, as well as various social and developmental issues. While some of these concerns are connected to the height of COVID-19 and the impact of remote schooling, participants discussed how some of these issues were emerging even before the pandemic. They would like education initiatives to be more encompassing in addressing the wide range of needs of youth and their development.

**After COVID, there was an increase in truancy and over-reliance on social media, which damaged social/ emotional learning and development**

*"But the mental health issues since COVID for our school, for students has increased. They think they can just stay home whenever they want. They don't understand that you're truant after so many days, and that makes their parents have a fine if they go to truancy court, and they feel safer because they just became this little person that sat there at the computer and became friends with social media instead of learning how to have - they didn't have the social, emotional learning. So technology had a negative effect on that age of kids that were truly in that developmental phase. I would say, probably from 1st grade to early high school really struggled to recover from that. I would venture to say, a lot of them never recovered or developed their social skills. They're happy to text with you all day long. You don't ask them to have a conversation."* – Llano County Focus Group Participant

## Walkable Areas and Physical Activity

Having sidewalks, parks, and walkable areas is important for engaging physically with the environment and living a healthy life. Llano County participants felt that their community lacks these qualities in some areas, and they would like to see more initiatives that provide safe outside access to residents of all ages. They also felt this would help with their community's need for more options for physical activity.

### Affordable Housing

Housing was also discussed in every focus group. Participants agreed they needed more affordable housing, as well as more diversity. They were critical of cheap, quickly-built housing and would like more quality housing of varying types (apartments, single-family homes, and senior living facilities and communities).

## Community Resilience

Throughout the focus groups, an inspiring undertone of community resilience was evident in every topic and theme. As participants discussed barriers to healthcare and healthy living, they also discussed the ways in which their community comes together, helps one another, and leverages its resources. Each community identified their own unique strengths and obstacles to overcome, which make their communities resilient, beautiful, and worthwhile.

### Community Resources

While Llano County focus group participants identified many resources as a foundation for their strength, including their mental health coalition, food pantries, donation centers, and among others.

### Organizations, Capacity, and Outreach

While Llano has access to many programs, initiatives, and organizations, residents identified a need for better outreach, communication, and staffing to strengthen these resources and allow them to reach more residents.

### Philanthropy and Volunteerism

Gillespie participants described their community as having a lot of volunteering opportunities. While they truly appreciate how beautiful the area is, they said their community's greatest strength is their philanthropic attitude.

*"My favorite thing that I love about Llano County is that the community comes together in times of need."* – Llano County Focus Group Participant

# Mason County: 7 Participants

## Vulnerable Populations and Communities

Throughout every focus group and key informant interview, there was the sentiment that health disparities are multiplied for the most vulnerable members of the community. Anytime participants spoke about difficulties surrounding medical barriers, food security, socioeconomic disparities, childcare, education, transportation, employment, housing, safety, or almost any other theme – they also discussed how all of these are exacerbated for disenfranchised, excluded, or "forgotten about" populations. For Mason County, the vulnerable populations and communities discussed the most were older adults, youth, the Hispanic population, and unhoused people.

### Older Adults

Mason County participants discussed at length how older adults were vulnerable to socioeconomic disparities due to their limited, fixed income. In particular, older adults need more affordable options for nursing homes, home care, and transportation to and from doctor appointments.

*"I believe Mason would benefit greatly from a 'Senior' facility to provide exercise, education, snacks, and most of all FUN! Many of us live alone and sometimes don't see another person for many days at a time. Three things older*

*people need is medical help, nutrition help, and socialization. Socialization is the one aspect very underserved in Mason."* – Mason County Survey Respondent

### Youth

Youth were considered a vulnerable population in every community, for a variety of reasons. They are particularly affected by ongoing challenges with education (especially due to the developmental interruption COVID-19 caused to in-person schooling), as well as mental, social, and behavioral health concerns (which are a cornerstone to their development). . Participants in Mason County noted the distinct needs of youth, especially as they pertain to mental health and education. They would like more community resources to take their needs into account when developing programs and outreach plans.

### Hispanic Population

Participants discussed how they felt Hispanic people were a vulnerable population in Mason County due to language barriers, immigration difficulties, and barriers to resources.

### Unhoused People and Inadequate Housing

Unhoused people are a vulnerable population in every community, and they face more difficulties in accessing resources due to distance, transportation barriers, digital barriers, the lack of an address (which some services require), and/or not having a way to receive mail. In Mason County, participants discussed how both unhoused people and those living in inadequate housing, are especially vulnerable to extreme weather. For this reason, local services invest in housing people in hotels during extreme heat or cold as a safety measure.

**People without housing, or in inadequate housing, are vulnerable to extreme heat or cold**

*"Extreme heat is dangerous to a lot of the lower income population. Yeah, we'll give fans away at the food pantry. I know that we have aid for housing at the hotel for people, because their air condition will go out. We can't afford to fix it, so that makes another vulnerable population who are low income, in the in the wintertime. We just have so many vulnerable people living in substandard housing, because they have no recourse."* – Mason County Focus Group Participant

## Barriers to Healthcare

The most prominent barriers to healthcare in the Mason area discussed in the focus group centered on mental health, a need for more doctors and specialists, as well as health insurance and medical costs.

### Mental Health

Mental health is a common theme in every community in the CHNA, but the barriers and impact on accessing mental health services vary by service area. In Mason County, participants identified the lack of mental health services and mental health professionals as the primary barriers to mental health.

### Need More Doctors and Specialists

Another major healthcare barrier that participants in Mason County discussed was the need for more specialists and healthcare providers. Residents often have to travel outside of the county to see their specialists because there are either not enough in the county, or the available appointment dates are too far out in the future due to long waitlists. As a result, this healthcare barrier also connects to the "healthy living" barrier of transportation, which is discussed in the next section.

**Need more specialists and dialysis centers; People are dying from not having access**

*"We don't have any specialists, because we're so rural. So they have to drive somewhere which would bring back the transportation issue, not everybody has a family member that can take them to dialysis. Dialysis is on my list to talk about today. The closest dialysis is at least 30 minutes away, but they can't see everybody, you know, like. And we have a large percent of people going, or die off."*– Mason County Focus Group Participant

### Health Insurance and Medical Costs

Health insurance was almost always spoken about in tandem with medical costs, usually because health insurance is the primary means most people handle their medical costs. During the Mason County focus group, participants discussed issues with health insurance, including affordability, the need for more in-network doctors, and how insurance does not cover enough services.

*"We have to travel to Fredericksburg for quality medical care. Dental and most eye care are not covered by Medicare. Independent coverage policies are expensive. I still travel back to Houston for my care in these areas. There is no mental health care in Mason."* – Mason County Survey Respondent

## Barriers to Healthy Living

In this section, participants discussed other aspects of everyday living that also affect their health and ability to live well. Many of these themes include social determinants of health, which are factors beyond medical care that affect people's health. These often include socioeconomic status, education, employment, built environment, among others. Many of these overlap with and affect one another as they are not mutually exclusive. In Mason County, the most discussed themes related to healthy living were transportation (they have to travel to Fredericksburg for some resources), housing, socioeconomic disparity, employment, childcare, education, food security, the digital divide, extreme weather and drought, and needing services for day-to-day living.

### Transportation

Transportation is an extremely prominent barrier to healthy living, as it was heavily discussed in every focus group. Not only is transportation important for getting to medical appointments, but participants also noted how it is necessary for accessing many social institutions and health-related activities – such as attending sports events, going to church, or engaging with the community. All of the Hill Country service areas identified transportation as a major barrier to healthy living, and they would like a more comprehensive approach to helping residents access better transportation, especially for youth and older adults.

In Mason County, participants discussed how they often need to travel to Fredericksburg to access resources, like medical care and groceries, but not everyone has the ability to easily get there without assistance.

### Affordable Housing

Housing was also discussed in every focus group. Participants agreed that they needed more affordable housing, as well as more diversity in housing. They were critical of cheap, quickly-built housing and would like more quality housing of varying types (apartments, single-family homes, and senior living facilities and communities).

### Socioeconomic Disparity and Employment

During the Mason County focus group, the need for more employment opportunities with a thriving wage was usually discussed alongside socioeconomic disparities. Participants wanted more job training and employment opportunities for two main reasons, 1) Employment is tied to health insurance, which is the primary method for dealing with medical costs, and 2) There are large socioeconomic disparities within each of their communities, which was discussed in all of the Hill Country Counties and areas. Residents often described stark contrasts (such

as how there are million-dollar mansions a couple of streets away from "shacks") as a visual representation of the "hourglass" economy they often discussed. Participants felt that better employment opportunities could help strengthen the middle class and narrow the socioeconomic gap.

As a result of the gap between the cost of living and wages, participants said many people cannot afford to both live and work in Mason County. Additionally, most of the employment opportunities they need are trades, participants identified a need for more electricians, plumbers, welders, and carpenters.

**Need more trades in the county**

*"If you want to get a license for trades or anything you, we lack trades. We lack repairmen. Any plumbers or electricians or handymen who want to live in a great community, send them over."*– Mason County Focus Group Participant

## Childcare

Childcare was also discussed in every focus group, usually because the lack of childcare also impacted other aspects of healthy living, like employment options, higher education options, and the free time parents and guardians have to focus on themselves and their own health-related behaviors. There are also concerns about child safety and a desire for increased oversight of childcare institutions. Mason County participants felt that more community centers with childcare options would help address this barrier while also giving community members a place for recreational activities.

## Education

School districts have been overwhelmed since the height of COVID-19, as there is a need to help youth "catch up" with educational milestones and district test scores. Mason focus group participants discussed needing more funding for schools and more resources for tutoring and education.

## Food Security

Food security is a common theme across all Hill Country communities, and participants discussed the need for more affordable, healthy foods – including baby formula. Healthy foods were usually described as fresh produce and a variety that can accommodate multiple diets and health conditions. In many of the communities, their primary access to groceries is through Lowe's Market, which is a popular grocery provider in most of the Hill Country. Some participants felt that the food options available were too expensive and preferred to travel outside of the area for other options, while others were appreciative of how Lowe's Market takes suggestions and attempts to acquire the foods that residents request. Mason County participants recognized the food pantry as a resource, but there is not equal access to the food pantry for all residents.

*"Quality fresh foods at a price we can afford. If it's healthy it's too expensive. Cheap foods are unhealthy and this really does nothing for members of the community who would like to eat healthier. A fresh market would be wonderful."* – Mason County Survey Respondent

## Technology, the Digital Divide, and Attention Spans

The digital divide encompasses a wide range of technology accessibility themes. In Mason County, this part of the discussion primarily focused on telehealth, general technology, and the impact of technology on attention spans. They appreciated the increased flexibility of remote work and telehealth during the height of the pandemic, but they felt that remote schooling and social media caused an entire generation of children to fall behind in their education and shortened their attention spans. There was also conversation about the impact of social media on development.

## Drought, Water Quality, and Extreme Heat and Cold

Mason County focus group participants discussed their worries about the environmental conditions they have been experiencing. Residents have been impacted by challenges with droughts, water quality, and extreme heat

and cold. Some mentioned that their neighbors' wells were going dry and that they had to dig multiple times before finding water again. Participants would like to see more initiatives and education about water conservation, as well as assistance with managing the cost of dealing with erratic weather conditions.

*"The water in our community has been bad for years and repairs need to be made so that our drinking water is safe for everyone."* – Mason County Survey Respondent

### Need Laundromats and Services for Day-to-Day Living

The last prominent barrier to healthy living in Mason County may seem mundane, but participants explained it has a significant impact on their lives. They would like more services that help with services related to everyday living, such as accessible laundromats.

## Community Resilience

Throughout the focus groups, an inspiring undertone of community resilience was evident in every topic and theme. As participants discussed barriers to healthcare and healthy living, they also discussed the ways in which their community comes together, helps one another, and leverages its resources. Each community identified its own unique strengths and obstacles to overcome, which make their communities resilient, beautiful, and worthwhile.

### Funding During the Height of COVID-19 and Organization Capacity

While participants in Mason County discussed many community resources that they rely on, they also explained how a lack of funding during the height of COVID-19 has caused long-term effects on their organizational capacity, staffing, and abilities. They would like more discussion and action that can help their organizations regain traction.

### People love and take care of one another

In Mason County, community members take care of one another. Participants described this care in many forms, like philanthropy, volunteerism, donating, or simply a neighbor checking in. Their strong sense of community and desire to care for one another were highlighted as one of their greatest strengths.

**People love and take care of each other, even those with different political ideologies**

*"Thing I like about Mason is I moved here, knowing that we were going to be the liberal lunatics, which we are. And yet the people in this community have not made me or my husband feel like we don't belong here just because we're rampant Democrats. And I mean we had a Biden sign that was 5 by 3 feet in our yard. Nobody touched it, you know. That's what I love about Mason, is you can be who you are, and people will love and take care of you."* – Mason County Focus Group Participant

### Grateful to Create Healthy

Lastly, a resource that has helped Mason County be resilient is Create Healthy. Participants were eager to thank Create Healthy for all the assistance and funding they have given to Mason for various initiatives.

*"They've helped me with grants, Create Healthy has come through for us. Last year they awarded us a grant that erased our deficit for last year, which is amazing."* – Mason County Focus Group Participant

# Gillespie Spanish-Speaking Community: 10 Participants

There were ten participants in the Gillespie Spanish-speaking focus group. They offered valuable insight into the unique experiences of Spanish-speaking people in Gillespie County. The topics and themes for this focus group are slightly different than the English-speaking focus groups because the conversation included new and distinct contexts related to their racial and ethnic identities. The qualitative assessment uses "Hispanic" as an umbrella term for multiple Spanish-speaking identities, but it should be noted that while many of the participants referred to themselves as Hispanic, this may not be the case for all Spanish speakers in Gillespie County. A snapshot of the topics and themes discussed in this focus group appears in Table A2 on the following page.

## Defining Community and Their Roles within It

### Roles in the Community

During the Gillespie Spanish focus group, participants frequently spoke about their roles and how they perceive themselves within the community. They are hardworking, culturally diverse, family-oriented, and community-minded – and all of this frames how they speak about their experiences.

### Beautiful and (Mostly) Friendly Place

Similar to the Gillespie English focus group, they recognized Gillespie as a beautiful and friendly place. However, some participants did note experiences with microaggressions, which are discussed more in the "Culture, Race, and Resilience" section. Microaggressions are statements, actions, or incidents of discrimination that can be small, indirect, subtle, or unintentional against a marginalized group, like Hispanic people. Participants described incidents where people have spoken to them condescendingly or treated them poorly due to their race/ethnicity. That said, they still felt that the Gillespie community was friendly overall.

**The community is mostly friendly, but they recognize that others have different experiences; might be influenced by politics**

*"Participant 1: Like 95 percent of the time, it's positive from the community. But I can be here and see everything around me and what I live or work through. And it's not the same for everyone.*

*Participant 2: Exactly.*

*Participant 1: I feel like it's better with me, because I'm educated, than with someone who is like me but not educated. I don't know if I'm explaining myself in that sense.*

*Participant 2: And I've had the same experience.*

*Facilitator: Do you also think it's because of the difference in education, that.*

*Participant 2: I don't know, but it depends on… Politics has changed things. So.*

*Participant 3: And it could also be that they dislike you because they don't like what you tell them. The work that you two do, or that you did, is very difficult because no parent is going to like you coming to say, "You're doing this wrong, you have to correct it with your child," and maybe you see it that way because of the work you do.*

*Participant 1: … I feel like in my case it doesn't happen as much, but I have seen it.*

*Facilitator: But you know it exists?*

*Participant 1: [Original] Sí.*

*Participant 2: And I've never had problems with the parents. Never. They've always done what one asks of them. But… But it's not that. It's other people in the community. So yes, it's "friendly," but only up to a certain point."* – Gillespie Spanish Focus Group Participants

## Table A2. Gillespie Spanish-speaking community: focus group topics and themes

| |
|---|
| Defining community and their roles within it |
| Beautiful and (mostly) friendly community |
| Roles in the community |
| Philanthropy and Volunteerism |
| Vulnerable populations and communities |
| Youth |
| Disabled populations |
| Unhoused people |
| Substance use |
| Health literacy, preventive care, and public health information |
| Barriers to healthcare |
| Health insurance and medical costs (including dental care and dental insurance) |
| Access to health services and resources |
| Mental health |
| Health literacy and independence to make health decisions |
| Health-related habits and behaviors |
| Barriers to healthy living |
| Housing: Affordability and accessibility; The cultural significance of multi-generational and multi-family housing |
| SES disparity, ‘hourglass economy,’ poverty, cost of living, financial barriers to healthy habits |
| Employment, need a thriving wage, people have to work multiple jobs |
| Safety |
| Transportation and travel for medical services |
| Food security and nutrition education |
| Need more resources and options for healthy activities |
| Culture, race, and resilience |
| Racism, discrimination, prejudice, and colorism |
| Politics, religion, and language barriers as sources of division |
| Immigration and language barriers |
| Outreach: How to reach the Hispanic community? |
| Hispanic culture, cohesion, and collaboration |

### Philanthropy and volunteerism

Gillespie Spanish participants had a strong sense of philanthropy and a strong inclination towards volunteerism. They saw it as one of their roles within their community and a way to give back to one another.

**Want to give back to community because the community has helped them so much**

*"I want to give back to the community. I know several people, my child's teacher, and they have helped me a lot. Fredericksburg has been very, very good for me. Very good, very cooperative, because I've gone through difficult situations."* – Gillespie Spanish Focus Group Participant

## Vulnerable Populations and Communities

Throughout every focus group and key informant interview, there was the sentiment that health disparities are multiplied for the most vulnerable members of the community. Anytime participants spoke about difficulties surrounding medical barriers, food security, socioeconomic disparities, childcare, education, transportation, employment, housing, safety, or almost any other theme, they also discussed how all of these are exacerbated for disenfranchised, excluded, or "forgotten about" populations. In the Gillespie County Spanish focus group, the vulnerable populations and communities discussed the most were youth and families, disabled populations, unhoused people, and people who suffer from substance abuse.

### Youth and Families

Youth were considered a vulnerable population in every community, for many reasons. They are particularly affected by ongoing challenges with education (especially due to the developmental interruption COVID-19 caused to in-person schooling), as well as mental, social, and behavioral health concerns (which are a cornerstone to their development). . Participants would like more community resources to take their needs into account when developing programs and outreach plans. During the Gillespie Spanish focus group, participants continuously discussed how every theme had a particular impact on youth and families. While youth were a vulnerable population in every focus group, the Spanish focus group centered youth and families in almost every aspect of the discussion. Participants were very protective of their children, and they discussed how this affects their socialization with other youth.

**Hispanic participants explained how they are protective of their children, as a part of their culture**

*"Participant 1: But it's also the level of comfort of the parents culturally, because I will tell you I agree that culturally my mom would never have allowed me to go to a sleepover. Never would have allowed me to go and do something after school that did not include her driving me or taking me…*

*Participant 2: It's a good point. If it's something cultural."* – Gillespie Spanish Focus Group Participants

### Disabled Populations

Hispanic participants spoke about disability and its intersections with other vulnerable populations. Having a disability can make accessing resources even more difficult, especially when exacerbated by other barriers, like transportation, lack of health insurance, and low access to specialists.

### Unhoused People

Unhoused people are a vulnerable population in every community, and they have more difficulties accessing resources due to distance, transportation barriers, digital barriers, the lack of an address (which some services require), language barriers, and/or not having a way to receive mail.

### Substance Use

The Gillespie Spanish focus group participants discussed how substance abuse was an issue for their community. They would like more awareness, outreach, and education about illicit drugs and alcoholism, especially in more rural areas of the county.

## Barriers to Healthcare

The most prominent barriers to healthcare in the Gillespie area discussed in the Spanish focus group centered health insurance and medical costs, access to health services and resources, mental health, and health literacy and healthy habits.

### Health Insurance and Medical Costs

Health insurance was almost always spoken about in tandem with medical costs, usually because health insurance is the primary means most people handle their medical costs. During the Gillespie Spanish focus group, participants discussed issues with health insurance, including affordability, the need for dental services and affordable dental care, and how insurance does not cover enough services.

### Access to Health Services and Resources

Gillespie Spanish focus group participants felt Hispanic people needed better access to health services and resources overall. They discussed how organizations and resources need to have better engagement with the Hispanic community for services to reach them.

### Mental Health

Mental health is a common theme in every community in the CHNA, but the barriers and impact on accessing mental health services vary by service area. Participants identified the lack of mental health services and mental health professionals as the primary barriers to mental health.

### Health Literacy, Independence, and Healthy Habits

Gillespie Spanish focus group participants explained how their community needs more efforts to improve health literacy, educating residents about their health so that they can make informed health decisions independently, as well as a greater push for promoting healthy habits within the Hispanic community.

**It's difficult to help Hispanic residents empower themselves and to interact with health resources; Some places are not very welcoming to them, which also dissuades them from interacting with health organizations**

*"Participant 1: Speaking for families that I have in my community that I have said, "Your child needs glasses, here I got you, we got free glasses. Here's the resource. Here. All you have to do is go here and call here." And then they don't and other than me making the phone call myself, and then I have literally gone and picked them up and brought them over. But how do we help them become empowered to do for themselves? I don't mind doing the, doing it for them. But, at some point, they have to do for themselves… How do we get them to step out of that lack of comfort and actually go to the places that are going to help them?*

*Participant 2: Without us holding their hand?*

*Participant 3: It's a frustration of hers. It's a frustration that she has taken people by the hand to the Needs Council, or an appointment, or whatever. And how do we empower them to do it on their own? And there, having been here 21 years, I sometimes see that some places aren't very "welcoming." You can go to an office and there's someone there who says, "Yes. What do you need?" instead of "How can I help you?""* – Gillespie Spanish Focus Group Participants

## Barriers to Healthy Living

In this section, participants discussed other aspects of everyday living that also affect their health and ability to live well. Many of these themes include social determinants of health, which are factors beyond medical care that affect people's health. These often include socioeconomic status, education, employment, built environment, among others. Many of these overlap with and affect one another as they are not mutually exclusive. In the Gillespie Spanish focus group, the most discussed themes related to healthy living were housing, socioeconomic disparity, employment, safety, transportation and travel for medical services, food security and nutrition education, and the need for more healthy activities.

### Affordable Housing

Housing was also discussed in every focus group. Participants agreed that they needed more affordable housing, as well as more diversity in housing. They were critical of cheap, quickly-built housing and would like more quality housing of varying types (apartments, single-family homes, and more). Hispanic participants emphasized how they family is centered in many parts of their lives, including households. They discussed how some Hispanic Gillespie residents live in multi-generational family households, and that there needs to be many more options for affordable, accessible family housing beyond single-family homes and apartments.

**Some Hispanic people live in multi-family housing, which helps with high rent costs**

*"We live in a compound. We live with our relatives. It's three homes in one."* – Gillespie Spanish Focus Group Participant

*"Participant 1: And I can afford to live here because our cousins were sent. "Please come and put your house on my property". [referring to compound living]*

*Participant 2: So, when they talk about the compounds, it's people who already had land here. And then,*

*Facilitator: They brought the family together?*

*Participant 2: Yes, but most people, that's only if they already had family here. And us, when we visit families.*

*Participant 3: What you see a lot here is that since rent isn't easy to pay, you'll see a three-bedroom house with one family in one room, another family in another—not one child, a whole family in a room."* – Gillespie Spanish Focus Group Participants

### Socioeconomic Disparity and Employment

During the Spanish focus group, the need for more employment opportunities with a thriving wage was usually discussed alongside socioeconomic disparities. Participants want more job training and employment opportunities for two main reasons, 1) Employment is tied to health insurance, which is the primary method for dealing with medical costs, and 2) There are large socioeconomic disparities within each of their communities, which was discussed in all of the Hill Country Counties and areas. Residents often described stark contrasts (such as how there are million-dollar mansions a couple of streets away from "shacks") as a visual illustration of the "hourglass" economy they often discussed. Participants felt that better employment opportunities could help strengthen the middle class and narrow the socioeconomic gap.

Hispanic participants also discussed financial barriers to healthy activities, like sports for youth, and how many aspects of healthy living can be affected by access to socioeconomic resources.

### Safety

Hispanic participants mentioned how safety can be a barrier to healthy living. Crime, domestic violence, police presence, and general neighborhood safety all influence people's experiences in their homes and environment.

### Transportation and Travel for Medical Services

Transportation is an extremely prominent barrier to healthy living, as it was heavily discussed in every focus group. Not only is transportation important for getting to medical appointments, but participants also noted how it is necessary for accessing many social institutions and health-related activities – such as attending sports events, going to church, or engaging with the community. All of the Hill Country service areas identified transportation as a major barrier to healthy living, and they would like a more comprehensive approach to helping residents access better transportation, especially for youth and older adults.

### Food Security and Nutrition Education

While food security is a common theme in all the focus groups, Gillespie is unique in that its food security is not as related to access to grocery markets as the other communities. Participants in the Gillespie English focus group said that they do have good access to H-E-B, but Hispanic participants felt the community could also benefit from nutrition education and understanding how to utilize the food that they do have in a healthy way.

### Need More Resources and Options for Healthy Activities

The last prominent theme to healthy living identified by Hispanic participants was the need for more healthy activities locally – especially for youth and families. As mentioned earlier, they discussed how there are many financial barriers to healthy activities, and they need more affordable options that do not require excessive driving or high-cost fees.

**Healthy physical activities are expensive, especially for youth**

*"Participant 1: Unless the person goes to the park or walks on Main, or decides to go to the river, or pay for the gym, there's not much else to do here.*

*Participant 2: You must have a lot of money to put the kids in private tennis lessons. Yes. And why? Look.*

*Participant 1: For kids under six years old. There's nothing.*

*Participant 2: There's nothing for them to do. I have three going to school. Yes, the two older ones play tennis and soccer. But here, there's nothing. The little one also plays soccer and golf. And well, I can take him to golf here, but for soccer I have to take them all the way to Kerrville so they have something to do. And they're there because it's not expensive really—it's $800 a year. I find it accessible for anyone. $800.*

*Participant 3: Most of our families couldn't pay that."* – Gillespie Spanish Focus Group Participants

## Culture, Race, and Resilience

A very important topic discussed in the Gillespie Spanish-language focus group was the impact of culture, race, and resilience on Hispanic people's experiences in Gillespie County. They have a unique perspective compared to the participants in the Gillespie English focus group, and they identified ways the community could improve.

### Racism, Discrimination, Prejudice, and Colorism

As mentioned previously, Hispanic participants discussed experiencing microaggressions – subtle or indirect discriminatory acts – as well as racism and prejudice. A barrier to seeking resources is the fear of being mistreated, which comes from stories about other Hispanic people being treated condescendingly in clinics, organizations, and other resource centers. Additionally, participants have noticed colorism, where lighter-skinned or "white-passing" Hispanic people are treated better than darker-skinned Hispanic people. These experiences are not unique to Gillespie County, as they are part of a long history of systemic practices. Hispanic participants explained how this can be a barrier to healthcare, healthy living, and building a sense of community.

**Participants have noticed instances where Hispanic people with lighter skin are treated better than darker-skinned Hispanic people; Hispanic children have been kicked out of spaces, like tutoring programs**

*"Participant 1: They distance themselves, and sometimes they say things because they don't know you're Hispanic, right? Or they say, "Oh, you're not Puerto Rican, you don't have an accent."*

*Facilitator: And that still happens?*

*Participant 1: Now it's happening more. With the Hispanic issue, it's not overt. Uh-huh. It's not something you see every day.*

*Facilitator: It's subtle?*

*Participant 1: Thank you. That's the word. So it happens every day. I'm not in the district. But sometimes, when I talk with some people, I see that difference. Especially in today's climate. Right.*

*Facilitator: Has anyone else felt the same?*

*Participant 2: I haven't felt it. But my daughter plays tennis.*

*Facilitator: Okay, in High School?*

*Participant 2: She's the only Hispanic that's in varsity. Before, her daughter [referring to Participant 3] was there, but they didn't consider her as Hispanic as much, because Participant 3 is… [implying that she is more "white-passing"].*

*Participant 3: My mom is Mexican and my dad is white.*

*Participant 2: But no one knew because she never made it obvious to people that she spoke Spanish, since we always tried to speak more English than Spanish. But now, more and more, it's true.*

*Participant 1: It's being seen more.*

*Participant 2: Because the kids say—make racist comments to her, but she doesn't let it slide [laughs]. Because she [other student] says, "Oh,* [participant's daughter's name]*, what's your routine for getting that color [or tan]?" mocking, like, uh, sarcastic. And she says, "Well, at least I don't have to pay for the machines to get color because you're more bland than anything." She doesn't let it slide.*

*Facilitator: She doesn't hold back?*

*Participant 2: And yes,* [participant's daughter] *doesn't have /?/. And I've always told her, as long as people respect you, you have to respect them. But there's a limit, and you'll see if it's normal or abnormal, and that's where you'll call it out, and I'm not going to get mad for what she does. And if she gets in trouble, I'm going to defend her, because, it's true, that right now. And another thing they want to do? Well, it looks like the school, the teachers…They don't want to work. They just pass out papers. And you have to figure it out yourself, do it however you want. You have to find tutoring for calculus. You have to find tutoring for algebra. Whoever cares that their children get good grades. But why are they doing this? They only work with the ones they want. And they kick out the Hispanics.*

*Participant 1: That happens now"* – Gillespie Spanish Focus Group Participants

## Politics and Language Barriers as Sources of Division

There are other sources of division between Hispanic people and the rest of the county, including politics, religion, and language barriers. Participants in many of the focus groups have explained how the Hill Country communities are more politically conservative. While some participants have discussed their communities being welcoming of all political identities, the Gillespie Spanish focus group identified politics as a divisive topic that can alienate them from other residents, especially when considering how Hispanic populations are impacted by immigration.

Lastly, language can be a huge barrier in a community. Some of the Gillespie Spanish focus group participants were bilingual, but not all of them. Some of them only spoke Spanish fluently, and this makes interacting with social institutions, resource centers, and medical services more difficult.

## Outreach: How to Reach the Hispanic Community?

Due to the barriers outlined above, Hispanic participants felt there should be a greater push for outreach into the Hispanic community especially with respect to children, but first, there needs to be an intentional plan that outlines how to reach them. Building trust is key right now, especially due to the more divisive barriers of racism, politics, immigration, and language.

**Need outreach plans for the Hispanic/Latino community to help them access resources**

*"The point we have to find, I think, as a community, is how do we reach those parents? The moms and dads. As teachers, educators, counselors, how do we make those parents trust or take an interest?... How do we make or educate that Latino community so that parents attend or participate in these types of events, for example?... So I think the point here is how to educate those parents, so they understand the benefit that we as a community can give to those children."* – Gillespie Spanish Focus Group Participant

## Hispanic Culture, Cohesion, and Collaboration

Despite all of the obstacles to healthcare, healthy living, and community, the Gillespie Spanish focus group participants spoke about a strong sense of culture, cohesion, and collaboration that strengthens their community.

# What are Community Leaders Saying?

## Roles in the Community

There were 11 key informants interviewed across the five communities. They were intentionally chosen because they are active members of one or more communities in Create Healthy's service areas. The interviewees have a wide breadth of knowledge about education, community resources, mental health, organizational needs, local conditions and sentiments, and more. They have their fingers on the pulse of the communities, which makes their input greatly appreciated and necessary for this assessment. The interviewees and the community(ies) they represent are outlined below in Table A3.

### Table A3. Key informant interviewees and the community(ies) they represent

| Interviewee | Position, Organization | County or Area Represented | | | | |
|---|---|---|---|---|---|---|
| | | Blanco | Comfort | Gillespie | Llano | Mason |
| James Payne | Assistant Superintendent, Llano ISD | | | | ■ | |
| Denise Usener | Executive Director, Golden Hub Community Center | | | ■ | | |
| Bonnie Stewart | Superintendent, Harper ISD | | | ■ | | |
| Leigh Anne Lake | School Counselor, Harper ISD | | | ■ | | |
| John Willome | Executive Director, Good Samaritan Center Fredericksburg | ■ | ■ | ■ | | ■ |
| Cristin Jahnke-Matthes | School Psychologist, Hill Country Special Education Cooperative | | ■ | ■ | | |
| Hattie Heiner | Executive Director, The Grace Center | | | ■ | | |
| Anonymous | Health services worker | | | ■ | | |
| Shea Nebgen | Family and Community Health Agent, Texas A&M AgriLife Extension | | | ■ | | |
| Donna Wheeler | County Site Coordinator, Community Resource Centers of Texas | | | | ■ | |
| Cindy Heifner | Executive Director, Hill Country Community Needs Council | | | ■ | | |

## Key Informant Interviews Topics and Themes

Similar to the focus group topics and themes, there was much overlap in the key informant interview topics and themes across the five communities, and this overlap is shown in Table A4 below. However, there were different nuances, contexts, and conditions in which some of these themes apply. Bear in mind that just because a theme did not emerge in a key informant interview, it does not mean that the theme is not important to that area. Rather, it may reflect that the interview prioritized other themes that the interviewee felt strongly about at the time.

Because many of the key informants represented multiple Counties or areas, this section is organized differently. Rather than organizing by County or area with topics nested underneath, this section is organized by topics and themes, with the applicable Counties or areas noted underneath. This is due to informants speaking about more than one county or area at once, so a single quote might apply to multiple places. The similarities and differences between the Counties and areas are explained under each theme.

Tables A5 through A8 at the end of this appendix provide a thematic table for each County or area with slightly more detail than Table A4. To view how the themes overlap across Counties, review Table A4; to view a more detailed thematic table for each County or area, review Tables A5 through A8 at the end.

### Table A4. Key informant interview topics and themes

| Key Informant Interviews Topics and Themes | Blanco & Mason | Gillespie | Llano | Comfort |
|---|---|---|---|---|
| **Vulnerable populations and communities** | | | | |
| Older adults | | ■ | ■ | ■ |
| Youth | ■ | ■ | ■ | ■ |
| Hispanic population | ■ | ■ | ■ | ■ |
| Grandparents raising grandchildren | ■ | ■ | ■ | ■ |
| Unhoused people | | ■ | | |
| Communities that suffer from substance abuse | ■ | ■ | ■ | ■ |
| Rural areas and other geographic disparities | | ■ | | |
| Disabled populations | | ■ | | |
| **Barriers to healthcare** | | | | |
| Mental health | ■ | ■ | ■ | ■ |
| Developmental and behavioral health | ■ | ■ | ■ | ■ |
| Health insurance and medical costs | ■ | ■ | ■ | ■ |
| Access to medical services | ■ | ■ | ■ | ■ |
| Need more healthcare providers | ■ | ■ | ■ | |
| Health literacy, preventive care, and public health information | | ■ | | ■ |
| **Barriers to healthy living** | | | | |
| SES disparity, 'hourglass economy,' poverty | ■ | ■ | ■ | ■ |
| Employment, need a thriving wage, cannot retire because healthcare is tied to employment | ■ | ■ | ■ | ■ |
| Transportation | ■ | ■ | ■ | ■ |

| Key Informant Interviews Topics and Themes | Blanco & Mason | Gillespie | Llano | Comfort |
|---|---|---|---|---|
| Housing: affordability and accessibility | ■ | ■ | ■ | ■ |
| Childcare | | ■ | ■ | ■ |
| Education | ■ | ■ | ■ | ■ |
| Technology: Digital divide, social media, telehealth | | ■ | | |
| Food security and nutrition education | ■ | ■ | ■ | ■ |
| Safety: Crime, domestic violence, assault, and more | ■ | ■ | ■ | ■ |
| Environment: Drought and water conservation; fire management; agriculture; flooding; emergency preparedness | ■ | ■ | ■ | ■ |
| Community engagement and socialization | | ■ | | |
| Need walkable spaces, activities for families, and options for physical activity | | ■ | ■ | ■ |
| Resources for parents | ■ | ■ | ■ | ■ |
| **The role of organizations in a thriving community** | | | | |
| Need more staff and funding | ■ | | ■ | ■ |
| Help residents live a thriving life | ■ | | ■ | ■ |
| Collaboration | ■ | | ■ | ■ |
| Overcoming stigma and pride | ■ | ■ | ■ | ■ |
| How COVID-19 affected operations | ■ | | ■ | ■ |
| Philanthropy, volunteerism, and taking care of each other | ■ | | ■ | ■ |
| Understanding the community: Conservative and religious | | | ■ | ■ |

## Vulnerable Populations and Communities

Throughout every focus group and key informant interview, there was the sentiment that health disparities are multiplied for the most vulnerable members of the community. Anytime participants spoke about difficulties surrounding medical barriers, food security, socioeconomic disparities, childcare, education, transportation, employment, housing, safety, or almost any other theme, they also discussed how all of these are exacerbated for disenfranchised, excluded, or “forgotten about” populations. For key informant interviews, the vulnerable populations and communities discussed the most were older adults, youth, the Hispanic population, grandparents raising grandchildren, unhoused people, people who suffer from substance abuse, rural areas and other geographic disparities, and people with disabilities.

## Older Adults

### Comfort, Gillespie County, and Llano County

Key informants for Comfort, Gillespie County, and Llano discussed how older adults were a vulnerable population. In particular, interviewees for Gillespie said that their older adults are in need of assistance with yard care, pet care, home care, and household tasks. Older adults are vulnerable to socioeconomic disparities due to their limited, fixed income. They need more affordable options for nursing homes, home care, and transportation to and from doctor appointments. They also felt the communities would benefit from more fitness options for older adults and ways to stay mobile.

**Older adults and affordable home care**

*"From my perspective, because I deal with seniors, I think affordable home care is important, because a lot of our seniors want to stay at home as long as they can. And sometimes they just can't afford to have that extra help come in for some of the things that they need to stay in their home."* – Denise Usener, Executive Director of Golden Hub Community Center

## Youth: Social Media, Vaping, Screen Time, and Teen Pregnancy

### Blanco County, Comfort, Gillespie County, Llano County, and Mason County

Youth were considered a vulnerable population in every community, for many reasons. They are particularly affected by ongoing challenges with education (especially due to the developmental interruption COVID-19 caused to in-person schooling), as well as mental, social, and behavioral health concerns (which are a cornerstone to their development).

Key informants in every community indicated that youth were a vulnerable population in the communities. In Blanco County and Mason County, key informants had health concerns about youth vaping and the effect of social media on mental health. In Comfort, key informants were worried about vaping, social media, and general "screen time," along with a general concern about over-reliance on technology for youth. And in Gillespie County, interviewees discussed concerns about vaping and teen pregnancy in the county. All key informants would like more community resources to take these issues into account when developing programs and outreach plans for youth.

**Teen pregnancy and drug use**

*"We have a high level of drug use here and teen pregnancy, and I think if you can keep the kids engaged and active in something else, where they're not going out trying to get into trouble and do things they shouldn't be doing, I think that's gonna solve some of those issues. Once they get into those bad habits, that affects their health. It affects their learning, their schoolwork, and it just sends them down the wrong path, and it becomes a cycle. So, I think if we can catch them early and get them on the right path, then that will help future generations too."* - Denise Usener, Executive Director of Golden Hub Community Center

## Hispanic Population

### Blanco County, Comfort, Gillespie County, Llano County, and Mason County

Interviewees discussed how they felt Hispanic people were a vulnerable population in every community due to language barriers, immigration difficulties, and barriers to resources.

## Grandparents raising Grandchildren

### Blanco County, Comfort, Gillespie County, and Mason County

Financial difficulties can be especially difficult for grandparents raising grandchildren, and interviewees for Blanco County, Comfort, Gillespie County, and Mason County discussed the need for more resources and education on raising children.

## Unhoused People

### Gillespie County and Llano County

Unhoused people are a vulnerable population in every community, and they have more difficulties accessing resources due to distance, transportation barriers, digital barriers, the lack of an address (which some services require), and/or not having a way to receive mail. Key informants for Gillespie and Llano discussed how those communities are in particular need of more resources for unhoused people.

## Communities that Suffer from Substance Abuse

### Blanco County, Comfort, Gillespie County, Llano County, and Mason County

Interviewees discussed how substance abuse has affected every community. Some felt that the community suffers from alcoholism due to not having enough economic opportunities and entertainment options. Much of their recreational culture centers around tourism and wine, which contributes to substance abuse.

## Rural Areas and Other Geographic Disparities

### Gillespie County and Llano County

Key informants for Gillespie and Llano explained how those communities are stratified by geography, with rural areas being more disadvantaged. This is especially true for Llano County, where the key informants and focus group participants discussed how Kingsland has fewer resources than other parts of the county and needs more initiatives to help with access to medical services and healthy living.

**Kingsland has more poverty than Llano City**

*"And there's kind of a barrier between Kingsland and Buchanan versus the City of Llano County. There's more poverty back this direction than there is on the other side of Llano County, say the West or Southwest side of Llano… I always tell my co-workers that this part of Llano County is like a whole different planet."* – Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

## Disabled Populations

### Gillespie County and Llano County

Key informants for Gillespie and Llano spoke about disability and its intersections with other vulnerable populations more than other interviewees. Having a disability can make accessing resources even more difficult, especially when exacerbated by other barriers, like transportation, lack of health insurance, and low access to specialists.

## Barriers to Healthcare

The most prominent barriers to healthcare discussed by key informants centered on mental, developmental, and behavioral health; health insurance and medical costs; access to medical services; healthcare provider availability; and health literacy, preventive care, and public health information.

### Mental, Developmental, and Behavioral Health

**Blanco County, Comfort, Gillespie County, Llano County, and Mason County**

Key informants described all communities as needing better access to mental healthcare. In Gillespie County, interviewees discussed how stigma is a large barrier to people seeking mental health services. Additionally, there was an emphasis on behavioral, emotional, and developmental health, with key informants explaining how residents would like more places to support autism spectrum disorder, speech therapy, and developmental delays.

### Health Insurance, Medical Costs

**Blanco County, Comfort, Gillespie County, Llano County, and Mason County**

Health insurance was almost always spoken about in tandem with medical costs, usually because health insurance is the primary means most people handle their medical costs. Key informants from every County or area discussed issues with health insurance, including affordability, the need for more in-network doctors, and how insurance does not cover enough services.

**Middle class workers cannot afford health insurance**

*"I think, first of all, access to affordable reliable health care, for all ages and income levels. And I think good community support and participation in whatever is going on and within the community, with good information going out to the community…… I'm middle class. I don't have health insurance because I can't afford it. I have a husband who has MS, so we have a lot of other medical bills. And the cost of living has increased, so I personally don't have health insurance right now, because it's very expensive. I don't know what the answer to that is, because that is a nationwide issue, not just a community issue."* - Denise Usener, Executive Director of Golden Hub Community Center

### Access to Medical Services

**Blanco County, Comfort, Gillespie County, Llano County, and Mason County**

Key informants also identified limited access to medical services as another major barrier to healthcare across all the Counties and areas. For example, in Llano County, interviewees explained how there is only one local hospital, which points to a need for more services, resources, and programs. Llano also sometimes experiences flooding across their bridge, which can make it inaccessible to emergency medical services. Llano interviewees also mentioned how there is a lot of apprehension with seeking care due to a lack of trust and too much pride.

### Need More Healthcare Providers

**Blanco County, Comfort, Gillespie County, and Mason County**

Key informants for every County or area, except Llano County, discussed the need for more healthcare providers. As a reminder, even if a key informant did not discuss a theme in their interview, that does not mean that that theme is not important to that area—instead, it likely reflects that other themes took precedence in the conversation.

A nationwide crisis, most places, especially rural areas and hospitals, need more doctors and specialists. Residents often have to travel outside of their city or County to see a doctor, due to appointment availability, long waitlists,

and a lack of specialists in their area. As a result, this theme often intersects with transportation barriers, as residents do not have equal access to reliable transportation (leading some to forego medical care altogether).

### Health Literacy, Preventive Care, and Public Health Information

#### Gillespie County

Key informants for Gillespie saw health literacy, preventive care, and access and trust in public health information as major barriers to healthcare. Because Gillespie had more key informant representatives, there was more qualitative data to analyze and, as a result, it had more diverse themes emerge (which may also apply to other Counties or areas).

## Barriers to Healthy Living

In this section, interviewees discussed other aspects of everyday living that also affect their health and ability to live well. Many of these themes include social determinants of health, which are factors beyond medical care that affect people's health. These often include socioeconomic status, education, employment, built environment, among others. Many of these overlap with and affect one another as they are not mutually exclusive. In the key informant interviews, the most discussed themes related to healthy living were socioeconomic disparities (including poverty, the 'hourglass' economy, and employment), transportation, housing, childcare, education, technology, food security, safety, environment, community engagement and socialization, walkable spaces, and resources for parents. Some key informants, like John Willome, described these needs in a way that mirrors Maslow's hierarchy of needs, such that basic needs, like food and shelter, serve as the foundation to other more abstract needs.

**Maslow's hierarchy of needs; provide the bottom levels, and the rest will follow**

*"As I started kind of coming up with a multifaceted answer, I realized I was coming up with Maslow's hierarchy of needs. First, you need to feel safe in your home. You need to have your needs provided for. You need to be able to afford food and shelter. You need to be in a safe, crime-free environment, whether internally or externally, around the house. And then from there, you need to have emotional opportunities, family support… If you have a community that's meeting the bottom, I'd say the first three levels of Maslow's hierarchy of needs, then the others will kind of follow.*

*The second is safety and security, health, employment, property, family, and social ability. Third is love, and belonging. So, friendship, family, intimacy, sense of connection. If you have those first three levels, then you start having self-esteem, confidence, achievement, respect for others, the need to be unique and individual. Then the last, ultimate level is self-actualization, morality, creativity, spontaneity. So if you can build those first three levels, then the next two follow."* – John Willome, Executive Director at Good Samaritan Center Fredericksburg

### Socioeconomic Disparity, 'Hourglass Economy,' Poverty, and Employment

#### Blanco County, Comfort, Gillespie County, Llano County, and Mason County

During the key informant interviews, the need for more employment opportunities with a thriving wage was usually discussed alongside socioeconomic disparities. Key informants across every community explained that residents want more job training and employment opportunities for two main reasons 1) Employment is tied to health insurance, which is the primary method for dealing with medical costs, and 2)There are large socioeconomic disparities within their communities, which was discussed in all of the Hill Country Counties and areas. Interviewees explained that some people have to work multiple jobs to keep up with the cost of living, and they felt that better employment opportunities could help strengthen the middle class and narrow the

socioeconomic gap. In Gillespie County, interviewees worried that over-reliance on the tourism industry could limit people's employment options. Additionally, some cannot retire because their healthcare is tied to their employment, which makes financial stability that much more important, as they are not able to meet their basic needs.

Interviewees also discussed the consequences of their economies relying heavily on tourism, noting a divide between long-term residents and tourists. They sometimes feel that their needs are put on the back burner in favor of decisions that benefit the tourism economy. However, it is a delicate balancing act because tourism provides a significant amount of revenue and employment for residents.

**High cost of living, everything is expensive**

*"For these communities, the cost of living feels pretty expensive. Housing feels pretty expensive. That can be a barrier for families and for people in terms of making ends meet and making things work for their family."* - Cristin Jahnke-Matthes LSSP, School Psychologist with Hill Country Special Education Cooperative

**Tourism economy causes a divide with long-term residents**

*"We've become, certainly, a tourist destination, and it has really kind of divided our community in long-term residents versus tourists. And it's a balancing act, because what brings money into our community is the tourists… I think you have a lot of residents that feel that their needs are taken aback, and decisions that are made are more for the economy and tourism than they are for long-term residents here. So, it's hard, no doubt."* – Anonymous health services worker

## Transportation

### Blanco County, Comfort, Gillespie County, Llano County, and Mason County

Transportation is an extremely prominent barrier to healthy living, as it was heavily discussed in every focus group and across key informants for every County or area. Not only is transportation important for getting to medical appointments, but interviewees also noted how it is necessary for accessing many social institutions and health-related activities – such as attending sports events, going to church, or engaging with the community. All of the Hill Country service areas identified transportation as a major barrier to healthy living, and they would like a more comprehensive approach to helping residents access better transportation, especially for youth and older adults.

## Housing: Affordability and Accessibility

### Blanco County, Comfort, Gillespie County, Llano County, and Mason County

Housing was also discussed in key informant interviews across every County or area. Interviewees agreed that their community(ies) needed more affordable housing, as well as more diversity in housing options. They were critical of cheap, quickly-built housing and would like more quality housing of varying types (apartments, single-family homes, and senior living facilities and communities).

Multiple interviewees referenced Maslow's Hierarchy of Needs as a frame of reference for explaining why housing is so important. This psychological theory of motivation describes five levels of human needs in the shape of a pyramid, with the needs that are most important and foundational to survival—food, water, and shelter, at the bottom of the pyramid. For this reason, interviewees described housing as a fundamental need to survival. Additionally, many people cannot afford to both live and work in their County, which was a common sentiment among all the Counties and areas.

**Low-quality housing, expensive rent, need more opportunities to gain home equity**

*"We have a real problem with housing…… These right here* [interviewee was sharing their screen with the facilitator] *are storage buildings that have been turned into homes… these are just little shacks that have dirt floors, and I took a mother and her daughter home to one of these one time. These are the homes that - I don't even think it's a bedroom situation. I think it's a room with a bathroom, and they'll ask the*

*landlord to fix the toilet, and the landlord will just say, 'No, if you don't like it, move.' So that's a pocket in town. There are all these little pockets of these shacks in town… Here's one area where I delivered, where you've got this little enclave of mobile homes out here. These were multi-families. This mobile home right here, I remember delivering toys to that one, and it was probably like a 13-year-old little boy, and he came out, and I just said, these are the gifts that your parents ordered or your mom ordered for, and he just hugged me… So, housing is an issue.*

*[Facilitator: Do you know how much these places cost, or how much people are paying to live in these places?]*

*Yeah, minimum $850. A lot of them over $1,000, So $1,200 or $1,500…… We just need to figure out how to help the thing that we've never been able to figure out or solve, is housing. They built all these new apartments for rent and stuff, but frankly, they're a little nice and I think they're having trouble with occupants. I think they're having trouble filling up. My hope was that they would at least take some of the rent pressure off of the less nice places… But even then, when you pay rent, you're just wasting money, the money just goes away every month. You're not building any wealth. You're not building any equity… So, the rental things that are coming in for housing - Okay, great, we have housing for people. But, If I'm a school teacher, if I'm a police officer, if I'm an EMT, I still don't have an opportunity to move here and build the American dream, and build that equity. So, that's why I like the idea of the Co-op, and being able to pay a mortgage instead of rent."* – John Willome, Executive Director at Good Samaritan Center Fredericksburg

**Not enough affordable housing; people have to live in cars**

*"It's a tourist area, and a good few of those tourists with the means move here. That brings more high-end restaurants, entertainment and wineries. There's a huge need for service workers, but not enough housing that's affordable, or even attainable, for those workers. We have clients who have two or even three families living in a trailer that was designed for one small family. It's pretty shocking…In a country as wealthy as ours, there shouldn't be people living in cars and living in rat-infested places, but they are. I wish I could just wave a magic wand and fix that for people. Housing is huge."* – Cindy Heifner, Executive Director of Hill Country Community Needs Council

## Childcare

### Comfort, Gillespie County, and Llano County

Childcare was discussed in key informant interviews across every county or area, except Blanco and Mason Counties. It is considered an important theme because the lack of childcare also impacts other aspects of healthy living, like employment options, higher education options, and the free time parents and guardians have to focus on themselves and their own health-related behaviors. There are also concerns about child safety and a desire for more oversight of childcare institutions. Key informants felt that more community centers with childcare options would help address this barrier, while also giving community members a space for recreational activities.

## Education

### Blanco County, Comfort, Gillespie County, Llano County, and Mason County

School districts have been overwhelmed since the height of COVID-19, as there is a need to help youth "catch up" with educational milestones and district test scores. Key informants discussed the need for more funding for schools and more resources for tutoring and education, particularly because many of their students are of low socioeconomic status (SES). Llano County, only has one school district, which can put a strain on students as a result of distance, resources, funding, and diversity in educational needs.

**Low SES students; school campuses are spread out**

*"We have a campus in Kingsland, which is about 20 miles away, and then we have 3 campuses in Llano Proper. So, we're spread out, and a lot of our kids ride the bus. We're probably about 68% low SES, so we have some challenges in that regard, but both*

*communities are real good at doing all they can to meet the needs of our students."* - James "Jaime" Payne, Assistant Superintendent with Llano ISD

## Technology: Digital Divide, Social Media, Telehealth

### Gillespie County

The digital divide encompasses a wide range of technology accessibility themes. In the Gillespie County key informant interviews, this part of the discussion primarily focused on telehealth and how technology (particularly social media) has affected attention spans and youth. While they appreciated the increased flexibility of remote work and telehealth during the height of the pandemic, they felt that remote schooling and social media caused an entire generation of children to fall behind in their education and shortened their attention spans. There was also conversation about the impact of social media on development.

**Social media negatively impacts youth**

*"I didn't face that when I was in junior high and high school. I didn't have social media. I just had TV, and I knew TV was fake. So, I do feel like that impacts it. And I feel like that is a root cause that is different from before. But holistically, your problems are the same. They have been. You still have families that get divorced. You still have kids that experience trauma. You still have loss and grief and all of those things, and we just don't talk about them as much because it's overshadowed. I think people think that this generation is just kind of soft, and all that gets shoved to the side. I do believe they need to be equipped with the right tools, and that's where counseling and other resources come into play."* – Leigh Anne Lake, School Counselor with Harper ISD

**Telehealth benefits mental health**

*"Increases in telehealth would be good. We just added the City of Fredericksburg, for mental health, a program called BetterHelp, and I think that that has been a positive*." – Anonymous health services worker

**Older adults are impacted by the digital divide; A physical resource guide would be helpful**

*"I think online is great. But at a certain age, seniors really struggle with doing stuff online. If there was a way to access some kind of an actual resource handbook, or something that we could give copies to, like here's what's available… I think a localized resource guide, or some kind of way to access the information, that way we can share it, I think that's wonderful."* - Denise Usener, Executive Director of Golden Hub Community Center

## Food Security and Nutrition Education

### Blanco County, Comfort, Gillespie County, Llano County, and Mason County

Food security was a common theme across all the Counties and areas, and key informants discussed the need for more affordable, healthy foods. Healthy foods were usually described as fresh produce and a variety that can accommodate multiple diets and health conditions. In many of the communities, residents' primary access to groceries is through Lowe's Market, which is a popular grocery provider in most of the Hill Country. In the focus groups, some participants felt the food options available were too expensive and preferred to travel outside the area for other options, while others were appreciative of how Lowe's Market takes suggestions and attempts to acquire the foods that residents request. Key informants recognized the food pantry as a resource, but residents do not have equal access to it.

While food security is a common theme in all the Counties and areas, Gillespie is unique in that its food security is not as related to access to grocery markets as the other communities. Participants in the Gillespie English focus group said that they do have good access to H-E-B, but participants in the Spanish-speaking focus group felt that the community could benefit from nutrition education and learning how to utilize the food that they do have in a healthy way.

**High food costs, food insecure children, and how the hospitality-based economy affects workers**

*"The increase in food cost, you know. The last time I checked, I want to say that for [local Independent School District], they had like, 67% or 68% of their children that qualified for free or reduced lunch program. And the heart of our economy is hospitality. Many of these workers work on the weekends. So, many of these children fend for themselves because the parents are working on the weekends. So, it definitely has grown in the years, and it has become one of our largest, budgetary items for the Hill Country Needs Council."* – Anonymous health services worker

## Safety: Crime, Domestic Violence, Assault, and More

### Blanco County, Comfort, Gillespie County, Llano County, and Mason County

Gillespie County focus group participants were appreciative of their local law enforcement and discussed how the Sheriff's Office is very active in the community. There are major initiatives available to assist with mental health in the community, and law enforcement has helped by offering mental health resources to people in crisis.

Key informants across all the Counties and areas agreed that safety is important and can be a barrier to healthy living. Crime, domestic violence, and assault were concerns throughout the interviews. However, they also discussed how they feel that they have a cohesive law enforcement team.

## Environment: Drought and Water Conservation; Fire Management; Agriculture; Flooding; Emergency Preparedness

### Blanco County, Comfort, Gillespie County, Llano County, and Mason County

Key informants across every community discussed their concerns about the environmental conditions they have been experiencing. Residents have been impacted by challenges with droughts, water quality, and extreme heat and cold. Focus group participants mentioned that their neighbors' wells were going dry and that they had to dig multiple times before finding water again. Interviewees additionally discussed how Hill Country communities need more initiatives on fire management, agriculture, flooding, and emergency preparedness, especially in light of the recent flooding this summer. Overall, they would like more initiatives and intentional city planning around the environment.

**Water conservation, drought, and education on regulations**

*"The agriculture issues were 'water conservation and regulations', 'urban landowners', which just meant that landowners new to Gillespie County lacked the awareness of effective land management and were posing challenges to sustainable stewardship. There was also 'fire management', it was one of the concerns. And then, 'animal or plant predators', just with the different invasive species…… Prior to the flooding on 4th of July [2025], we've been in severe drought, and that's been reflected on. I've been in Gillespie County for 23 years, and water consistently is one of the top issues, as long as we've been doing these issue forums. The challenges, as our community grows, everyone's pulling more water for necessities. And just, continuing to educate people on how to have sustainable usage, compliance ordinances… Sometimes people go into a well, and they think 'Oh, I can use as much water as I want.' That's still pulling from their neighbors' resources. Understanding the logistics of having that sustainable usage, whether you're on city water or on well water."*– Shea Nebgen, Family and Community Health Agent with Texas A&M AgriLife Extension

**Emergency preparedness since the height of COVID-19**

*"[Since the height of COVID-19] I think there's more discussion about emergency planning and preparedness surrounding like pandemics and other emergencies. I've recently been a part of a health summit that talked about that… It started spurring on those discussions about how people can connect… we have to get with our emergency responders and community leaders, so that they know what we do too."* – Hattie Heiner, Executive Director of The Grace Center

### Community Engagement, Socialization, and Activities for Families

**Comfort and Gillespie County**

Comfort and Gillespie key informants spoke about needing more community engagement and socialization, especially after the height of COVID-19. They described needing more intentional planning for activities and the space to host many people. Furthermore, walkable spaces would help increase their options for physical activities and create opportunities for families to have more recreational options.

### Resources for Parents

**Blanco County, Comfort, Gillespie County, and Mason County**

The last major barrier to healthy living discussed by key informants was the need for more resources for parents. In addition to childcare, interviewees discussed how parents need parenting classes, education on speaking to their children about sensitive topics, and opportunities to engage their children in appropriate activities.

## The Role of Organizations in a Thriving Community

This section highlights key informants' unique perspectives, as leaders in community organizations, on how organizations can better assist communities in thriving.

### Need More Staff and Funding

**Blanco County, Comfort, Llano County, and Mason County**

Firstly, in order to better help the community, key informants agreed that organizations need more staff and funding to increase their capacity, outreach, and efficacy. Trainings and classes that teach grant writing and application processes are one way to help accomplish this goal.

### Help Residents Live a Thriving Life

**Blanco County, Comfort, Llano County, and Mason County**

Key informants see one of the primary purposes of organizations is to help communities lead thriving lives. This includes providing financial, medical, operational, technological, or other types of support that enable community members to access socioeconomic resources like employment, education, housing, food, and more. However, as mentioned above, limited funding can be an obstacle to achieving this goal.

Want to take care of people, but funding cuts funding are an **obstacle**

*"I believe very strongly that we, as a people, as a nation, should be taking care of people that need assistance, children that are in an unsafe home with unsafe parents, elderly that are in their own home but need some help. However, state programs and federal programs helping these populations are getting cut. Earlier this year, we completed construction of a childcare center on our property. It's its own non-profit, designed to help service worker families and they qualify for the state subsidy but right now the state isn't accepting applications… it's just very frustrating. We have this facility that can care for 70 plus infants to three-year-olds, but it isn't full because families can't get the subsidy."* – Cindy Heifner Executive Director of Hill Country Community Needs Council

## Collaboration

### Blanco County, Comfort, Llano County, and Mason County

Collaboration was mentioned in both the key informant interviews and focus groups as necessary for organizations working to help the community. By leveraging their strengths and reducing redundancies, they can optimize their impact on communities and increase opportunities for other organizations to contribute.

## Building Trust and Overcoming Stigma and Pride

### Blanco County, Comfort, Gillespie County, and Mason County

Two major barriers for organizations in reaching their communities and providing resources are building trust and overcoming stigma and pride. Key informants felt that there is a stigma around receiving help, and that some residents may be too prideful to accept assistance. Outreach, connecting with the community, and trust-building are seen as key solutions to this, but they require time and funding.

**Organizations need to build trust so clients feel safe receiving help; a co-op could provide economic stability and meaning**

*"[When referencing the conditions of a client who has a hard time trusting organizations that can help him]: Why I say build trust is because they're a little commune, and they steal from each other. People have put him away so many times, whether it was jail. He spent most of his time in group homes in jail, and he has that fear of going back to there. He has fear of going back to jail or a group home. But he's been so severely abused, he doesn't trust that somebody's not going to put him there again……that's part of why they have a hard time trusting other people who are trying to help, because all their identification gets stolen. They fall asleep, they wake up, and it's gone. So, even helping them get that, they're not able to keep it.*

*[Facilitator: What would really help you right now? What will make the biggest difference?]*

*I think something like what Austin has. What is the name of that place? Where they're able to stay there, but they're able to work.*

*[Facilitator: Like a co-op?]*

*Yes, they have something in Austin… they have little RVs everywhere, and you can rent them, and they have little shops that they work out of, and they make things and sell them. It's like they have their own little community there to give them kind of incentive to see a different life."* – Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

## How COVID-19 Affected Operations

### Blanco County, Mason County, and Comfort

The COVID-19 pandemic had an impact on how organizations operate. Remote work, funding freezes, staff retention, and operational shut-downs forced organizations to pivot their day-to-day and long-term operations. Key informants for Blanco County, Mason, and Comfort discussed their experiences with flexibility and the lessons they learned.

## Philanthropy, Volunteerism, and Taking Care of Each Other

### Blanco County, Comfort, Llano County, and Mason County

Echoing the focus groups, key informants also recognized a strong culture of philanthropy, volunteerism, and taking care of one another in their communities. They see their roles within their organizations as helping to foster and grow this culture.

## Understanding the Community: Conservative and Religious

### Comfort and Llano County

Key informants for Comfort and Llano felt it was an organization's role to understand their communities and make adjustments as necessary. They mentioned that their areas are more conservative and religious and how they take this into account when planning initiatives or gathering member input. For example, their community's attitudes about the COVID-19 pandemic were shaped by these cultural values, and understanding this context is important for connecting with the community and reaching them.

**Understanding a conservative community with diverse**

*"The community just voted in some new council members focused on green spaces for families and children. The idea that the council members who prioritized their platform around green spaces, water recycling, and plans to take care of future generations were elected is super encouraging."* - Cristin Jahnke-Matthes LSSP School Psychologist with Hill Country Special Education Cooperative

## Grateful to Create Healthy

### Blanco County, Comfort, Gillespie County, Llano County, and Mason County

Lastly, but certainly not least, key informants across every County or area mentioned their appreciation for Create Healthy and how it is an organization that is actively helping their communities thrive. Create Healthy has awarded over $650,000 in mental health grants, $2,500,000 in early childhood development grants, and $445,000 in healthy living grants to the Hill Country community. They are guided by community input and engagement, and they continually seek ways to tailor their efforts to local needs to improve conditions for residents in these areas. All the insightful input provided in this assessment will also go towards the efforts of prioritizing needs and guiding funding.

*"Create Healthy have been extremely, extremely generous to Llano ISD. They have provided scholarships to students for the last 2 years, and they have provided a sizable donation for playground stuff at Llano ISD as well. It's very gracious that they have gone well above any expectations that anybody could have in that regard. And our community does the same thing. So, it's really nice that when somebody's not in your community, they invest in your community. They could have easily tried to make one phone call, and then 'Hey, they didn't answer. So, we're gonna go to the next one.' But, they kept at it… they were persistent and said, 'Hey, look! We want to help. This is how we want to help.' They could have very easily just said 'We'll go to the next one.' They didn't."* - James "Jaime" Payne, Assistant Superintendent with Llano ISD

*"I think Create Healthy is doing a great job at being proactive and holding these annual sharing sessions, so that we can pinpoint the areas that we need to focus on. And, funding wise, they've been great supporters of the nonprofits and new programs and stuff that we're all working towards……We get a lot of phone calls for people wanting to know how they can find certain things. And I know that Create Healthy is working on doing an online resource registry, and I think that's a great idea, because that's one of the barriers that I see is 'I just don't know what's out there and how to access it.' If I had that information more readily available here, I could provide that to our community."* - Denise Usener, Executive Director of Golden Hub Community Center

*"Sometimes there's that division between Fredericksburg and Harper, and Create Healthy has done a very good job of including Harper as part of Gillespie County and their campaign. They donated $50,000 to us to upgrade our playground. I didn't realize how expensive playground equipment is, but that did get us started. They've provided some scholarships for students. And I know that they have a Grant Council that they have opened to Harper, and anything health-related that we would need, either the school or the community, they've opened that up for us to be able to apply for those grants and be considered. That's a big deal for us, the community as well as the school itself…… Create Healthy has hosted health symposiums and mental health workshops, and they've invited us to*

*all of that, and that gives us a vast network of resources and people that we wouldn't have had the opportunity to collaborate with without those opportunities."* – Bonnie Stewart, Superintendent at Harper ISD

*"One of the things that immediately comes to mind is the appreciation of the conversations that Create Healthy has started, because they've started lots of conversations, lots of initiatives. You can't identify problems and come up with solutions if you don't have the conversations. And, they're willing to have the conversations. They're willing to ask the questions. They're willing to write the check, but they don't do it without the conversations, asking the questions, and figuring out what the problems are. The appreciation of being included in the seat at the table is huge. They could have very easily not included Harper… I personally appreciate the inclusion and having a voice not only being included, and knowing that your voice is heard and valued. I think it's huge for our community to see what Create Healthy has done for the school, because they've donated so much to the playground equipment, and they've donated like $50,000 in the last two years to scholarship opportunities for students that are graduating from Harper and going on. That's a lot of money for our small school. That really made a difference for some kids going to college. There's always improvement for growth and assistance, but I appreciate and value having the seat at the table."* – Leigh Anne Lake, School Counselor with Harper ISD

*"A lot of our funding comes from foundations like Create Healthy, which are local, and like the Community Foundation of the Texas Hill Country. Both in volunteerism and in monetary donations, we couldn't do it without them. I'm just amazed at how the community comes together…… I'm so thankful for Create Healthy. They have done nothing but support us from the very beginning, and I think their work that they are doing in the community is truly changing our community and creating a healthy community. And it takes time. In five years from now I'll be really interested to see what social changes have occurred…I hope they stay on that path to helping the community get better."* – Hattie Heiner, Executive Director of The Grace Center

*"I'm glad they [Create Healthy] are doing this. I know we've done some things similar to this, because we're always about a year off, and I think it's always good to double-back and check to make sure what we're doing in the community is still serving the most current population and meeting the needs of them, with the information available. So, I appreciate it."* – Shea Nebgen, Family and Community Health Agent with Texas A&M AgriLife Extension

*"Create Healthy has a lot on their plate; they're trying to accomplish a lot. I've seen they are helping a lot of non-profits. They donated to the building fund for our Little Hearts Child Development Center, and I've read about their grants being a part of many different areas of need. They are assisting more than just in Gillespie County – they are assisting quite a few counties in the Hill Country."* – Cindy Heifner Executive Director of Hill Country Community Needs Council

Tables A5 through A8 provide a thematic table for each County or area with slightly more detail than Table A4. To view how the themes overlap across counties, review Table A4; for a more detailed thematic table for each County or area, review A5 through A8

## Table A5. Blanco and Mason Counties: key informant interviews topics and themes

| |
|---|
| Community Representative |
| John Willome, Executive Director at Good Samaritan Center Fredericksburg |
| Vulnerable populations and communities |
| Youth (worries about social media and vaping) |
| Hispanic population |
| Grandparents raising grandchildren |
| Substance use |
| Barriers to healthcare |
| Health insurance and medical costs |
| Mental, emotional, and behavioral health |
| Access to healthcare and medical services |
| Need more healthcare providers |
| Barriers to healthy living |
| Housing: Affordability and accessibility; People cannot afford to live and work here |
| SES disparity, 'hourglass economy,' poverty |
| Food security |
| Transportation |
| Safety and crime |
| Resources for parents |
| Employment |
| Education |
| Environment |
| The role of organizations in a thriving community |
| Need more staff |
| Help residents live a thriving life |
| Collaboration |
| Overcoming stigma and pride |
| How COVID-19 affected operations (created resiliency, but decreased capacity) |
| Philanthropy |

## Table A6. Comfort: key informant interviews topics and themes

| |
|---|
| Community representatives |
| John Willome, Executive Director at Good Samaritan Center Fredericksburg |
| Cristin Jahnke-Matthes, School Psychologist with Hill Country Special Education Cooperative |
| Vulnerable populations and communities |
| Youth (worries about social media, screen time, and vaping) |
| Hispanic population |
| Older adults |
| Grandparents raising grandchildren |
| Substance use |
| Barriers to healthcare |
| Health insurance and medical costs |
| Mental, emotional, and behavioral health |
| Developmental health and speech therapy |
| Access to healthcare and medical services |
| Need more healthcare providers |
| Barriers to healthy living |
| Housing: Affordability and accessibility; People can't afford to live and work here |
| SES disparity, 'hourglass economy,' poverty, high cost of living (difficulty getting basic needs met) |
| Food security |
| Transportation |
| Safety, crime, and law enforcement |
| Childcare, spaces for families, and support for parents |
| Employment |
| Education |
| Environment |
| The role of organizations in a thriving community |
| Need more staff |
| Help residents live a thriving life |
| Collaboration |
| Overcoming stigma and pride (particularly mental health stigma) |
| How COVID-19 affected operations (created resiliency, but decreased capacity) |
| Understanding the community (conservative and religious) |
| Philanthropy; People take care of each other |

## Table A7. Gillespie County: key informant interviews topics and themes

| |
|---|
| Community representatives |
| Denise Usener, Executive Director of Golden Hub Community Center |
| Bonnie Stewart, Superintendent at Harper ISD |
| Leigh Anne Lake, School Counselor with Harper ISD |
| John Willome, Executive Director at Good Samaritan Center Fredericksburg |
| Cristin Jahnke-Matthes, School Psychologist with Hill Country Special Education Cooperative |
| Hattie Heiner, Executive Director of The Grace Center |
| Anonymous health services worker |
| Shea Nebgen, Family and Community Health Agent at Texas A&M AgriLife Extension |
| Cindy Heifner, Executive Director of Hill Country Community Needs Council |
| Vulnerable populations and communities |
| Youth (worries about teen pregnancy and vaping) |
| Hispanic population (worries about language barriers) |
| Older adults (need assistance with yard care, pet care, and household tasks) |
| Grandparents raising grandchildren |
| Substance use |
| Disabled populations |
| Rural communities |
| Unhoused people |
| Barriers to healthcare |
| Health insurance and medical costs |
| Mental, emotional, and behavioral health (want to reduce stigma around seeking help) |
| Developmental health and speech therapy (including autism spectrum disorder) |
| Health literacy; Access to health information; Need a consolidated resource list; Outreach about preventive care |
| Access to healthcare and medical services (including dental care and home healthcare) |
| Need more healthcare providers (30 minutes to the nearest ER; Only one psychiatrist in the county; Only one nurse in the district; Need more specialists) |
| Barriers to healthy living |
| Housing: Affordability and accessibility; People can’t afford to live and work here |
| SES disparity, ‘hourglass economy,’ poverty, high cost of living; Over-reliance on tourism economy; Financial literacy |
| Food security |
| Transportation |
| Safety, law enforcement, domestic violence, and sexual abuse |

- Childcare
- Need outdoor spaces for families, support for parents, and opportunities for socialization
- Employment (Need a thriving wage)
- Education
- Environment and emergency preparedness (agriculture, general environment, fire and flood management, and emergency preparedness)
- COVID-19 and technology (Pros: Remote work and telehealth; Cons: Remote school and youth education, increased the digital divide)

The role of organizations in a thriving community

- Funding
- Need more staff (fire department also needs staff; Organizations would like to increase capacity and services)
- Collaboration
- Overcoming stigma and pride (especially surrounding help-seeking behaviors)
- Outreach
- Offering social services to the community

## Table A8. Llano County: Key informant interview topics and themes

| |
|---|
| Community representatives |
| James “Jaime” Payne, Assistant Superintendent with Llano ISD |
| Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas |
| Vulnerable populations and communities |
| Geographic disparities (Kingsland has fewer resources) |
| Older adults |
| Unhoused people |
| Substance use |
| Youth |
| Disabled populations |
| Hispanic population (concerns about language barriers) |
| Barriers to healthcare |
| Mental health |
| Health insurance and medical costs |
| Access to healthcare and medical services (Only one local hospital; Transportation; Traffic, especially on the bridge; Emergency services can’t get through during flooding; Apprehension about receiving services due to trust and pride; Need more health resources and programs) |
| Need more healthcare providers |
| Barriers to healthy living |
| Housing: Affordability and accessibility |
| SES disparity and poverty |
| Food security |
| Transportation |
| Safety, crime, and child and family protective services |
| Childcare |
| Need outdoor spaces for families, support for parents, and opportunities for socialization |
| Employment (Need a thriving wage) |
| Education (only one school district) |
| Environment and weather (Water conservation, drought, and flooding) |
| Ripple Effects of COVID-19: Remote schooling’s negative impact on education, lower employment; distrust in public health information |
| Community Resources and Resilience |
| Politics and conservatism |
| Pros and cons of being unincorporated (Freedom, but fewer protections) |
| Would consider the community safe overall |

- Culture of tourism and hunting
- Strong sense of philanthropy
- The role of organizations in a thriving community
  - Funding
  - Need more staff
  - Collaboration
  - Llano has a cohesive, effective law enforcement team

## Conclusion

For Create Healthy's 2025 Community Health Needs Assessment, Community Information Now collected qualitative data to complement the quantitative measures. In total, the qualitative summary consisted of a thematic analysis of six focus groups (with a total of 49 participants) and 11 key informant interviews with community leaders who serve Blanco County, the Comfort area, Gillespie County, Llano County, and/or Mason County. There were many overlapping themes, such as vulnerable populations, mental health, housing, childcare, transportation, socioeconomic disparity, education, employment, and community resilience. However, there was nuance in how these themes were discussed by participants. The focus group participants generally discussed the topics in a more micro-perspective that detailed day-to-day experiences of community members and how their individual health has been impacted. The key informants mostly discussed these same themes in a more macro/organizational perspective where they detailed the systems which allow barriers to exist and worsen.

Overall, all the qualitative data point to a need for systems and organizations to shelter vulnerable communities and populations, dismantle barriers to healthcare and healthy living, understand how health needs are different for different races and ethnicities, have more efficient avenues and funding options for organization to operate successfully, and utilize the philanthropic strengths of these communities who love taking care of one another. The most prominent topics and themes from all the qualitative data can be found in Tables 1, 2, and 4. While these themes are not the only things that matter, they were discussed at length multiple times by different people. The tables also show how themes overlap between communities, but the full qualitative narrative with quotes demonstrates the nuance between those communities.

We thank all participants and key informants for sharing their beliefs and experiences, as we would not have been able to gather such thoughtful insights without them.

# Appendix B
# Technical Notes

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# Assessment Development Process and Participants

## Planning and Scoping the Assessment

This Community Health Needs Assessment is a joint effort of The Health Collaborative, a nonprofit serving Bexar and surrounding counties, and Create Healthy, a health foundation serving Gillespie County, Blanco County, Llano County, Mason County, and the Comfort area in Kendall County. The early portion of the work was led by The Health Collaborative with Community Information Now (CINow), a nonprofit local data intermediary serving Bexar County and Texas. Create Healthy and The Health Collaborative established a new partnership in spring 20205. More information about the three organizations can be found at the end of the main report narrative.

In October 2024 the Health Collaborative contracted with CINow for quantitative and qualitative data collection, data analysis, and report development. The Health Collaborative's board, staff leadership, and CINow drafted a CHNA approach, structure and flow, data collection methods and instruments, list of extant data indicators, and timeline for review by a Steering Committee in January 2025. CINow set up a shared drive in **UTH-Share**, UTHealth Houston's implementation of Google's G Suite for Education, to facilitate collaboration and review and edit of CHNA plans and draft materials.

The CHNA approach was developed based on about 50 collective years of conducting community health needs assessments in Bexar and a number of other Texas counties, as well as teaching community health assessment to graduate public health students. It did not adhere strictly to any prescribed national model, but closely resembles the Catholic Health Association of the United States' approach as outlined in its Assessing and Addressing Community Health Needs guide. Each component of the approach is intended to serve a specific purpose.

| Component | Purpose |
|---|---|
| **Extant quantitative data** | Use the best available extant administrative and survey data to identify trends, patterns, and disparities in area demographics, social determinants or non-medical drivers of health, health-related behaviors and other risk and protective factors including preventive care utilization, and health outcomes including overall health status, morbidity, and mortality. |
| **Community resident survey** | Learn how residents rate their health and social connections, what challenges they're living with, what assets they feel are most important to their health and how easily they can access those assets, and how well they're able to access several specific types of health care. |
| **Focus groups** | Learn how people from several vulnerable groups view "healthy", what they need to be healthy, what challenges and barriers they experience, how the COVID-19 pandemic changed their lives, and any other issues they choose to raise. |
| **Key informant interviews** | Learn from leaders or organizations serving populations with the highest needs what they view as root causes, barriers, and service gaps; learn about any specific challenges or windows of opportunity for the community. |

Extant data indicators for trending and disaggregation were selected from CINow's inventory of 177 indicators for which relevant data is available for Bexar and/or surrounding counties. The categories below are based on the Bay Area Regional Health Inequities Initiative model used for several prior Bexar County and Atascosa County CHNAs. After some discussion by CINow and The Health Collaborative, 90 extant data indicators were selected, with several related to Bexar County's Community Health Improvement Plan (CHIP) objectives. A total of 153 individual charts (bar and five-year trend) and maps (typically ZIP code/ZCTA) were designed to visualize those 90 indicators.

| Category | Candidate Indicators |
|---|---|
| 1 Population/demographics | 5 |
| 2 Physical environment | 16 |
| 3 Social environment | 35 |
| 4 Economic environment | 23 |
| 5 Service environment | 9 |
| 6 Health behaviors and risks | 26 |
| 7 Health outcomes | 63 |
| **Total** | **177** |

The overall CHNA approach, timeline, workplan of extant data indicators and charts/maps, focus group guide, key informant interview guide, and proposed report flow were presented to The Health Collaborative's CHNA Steering Committee in January 2025. Members were invited to provide feedback on any component; no concerns were voiced in or outside of the meeting to drive changes in the plans or materials.

In April 2025 The Health Collaborative began discussions with Create Healthy to explore the potential inclusion in the CHNA of four additional communities: Blanco County, Llano County, Mason County, and the Comfort area in western Kendall County. Create Healthy reviewed and approved the existing extant data plan, community survey, focus group guide, and key informant interview guide, and worked with CINow to scope out and budget for Create Healthy to fund both extant and primary data collection in the four additional communities. The agreement between Create Healthy and CINow was fully executed by early July 2025 and most primary data collection was complete by the end of August, though the community survey remained open until mid-September.

To meet the needs of both The Health Collaborative's members (e.g., Methodist Healthcare) and Create Healthy, CINow will provide two separate reports nearly identical in analytic content, but differing somewhat in branding and front and back matter such as welcome letter and acknowledgements. The version name is included below the Table of Contents.

## Timeline

The chart below summarizes the timeline for the initial assessment work in Gillespie and the subsequent addition of Blanco County, Llano County, Mason, and western Kendall Counties, with annotations of each partner's role.




[1] The Health Collaborative
[2] Create Healthy
[3] Community Information Now

# Primary Data and Community Voice

## Community Resident Survey

The goal of the community survey was to learn how residents rate their health and social connections, what challenges they're living with, what assets they feel are most important to their health and how easily they can access those assets, and how well they're able to access several specific types of health care. CINow researched and reviewed a number of surveys in use in the United States. The survey instrument ultimately developed was based largely on an instrument used for the 2023 Maricopa County (Arizona) coordinated community health needs assessment, and that questionnaire was in turn adapted from an instrument created by the National Association of County and City Health Officials (NACCHO).1 The survey instrument is included in Appendix C at **https://cinow.info/2025-Hill-Country-CHNA-Appendix-C/**.

The community survey was digital (QuestionPro) with a convenience sample. The English-language survey was auto-translated to seven other languages, but because of budget limitations, only the Spanish-language version was human-reviewed and revised to better reflect Spanish commonly spoken in the San Antonio area. No responses were received in any language except English and Spanish. Closed-ended survey questions were analyzed in R. Open-ended responses were analyzed in ATLAS.ti using open coding to identify all themes, axial coding to iteratively categorize themes into major vs. sub-themes, and selective coding to extract the final themes.

The survey was open for nine weeks (July 9 to September 12, 2025) and advertised in multiple ways by The Health Collaborative, CINow, and Create Healthy. CINow opened access to a survey dashboard for Create Healthy and sent additional reports of respondent demographics and completion rates by county, which Create Healthy used to target additional outreach. A total of 547 people viewed the survey landing page and 408 started the survey. After excluding 27 respondents who reported living outside the assessment area and 15 who provided no information on county or ZIP code of residence, as well as 77 respondents who answered no questions at except for county or ZIP code of residence, 289 surveys were eligible for analysis. **Table B1** summarizes respondent survey start and completion rates by county of residence. Percentages are suppressed where the respondent count was fewer than five.

### Table B1. CHNA survey respondent completion rates by eligible county of residence

| | Started survey | Answered at least one question beyond residence county/ZIP | | Completed all questions | |
|---|---|---|---|---|---|
| County | N | N | Pct of started | N | Pct of started |
| Blanco | 29 | 26 | 90% | 21 | 72% |
| Gillespie | 152 | 127 | 84% | 117 | 77% |
| Kendall (Comfort) | 115 | 79 | 69% | 66 | 57% |
| Llano | 18 | 17 | 94% | 14 | 78% |
| Mason | 52 | 40 | 77% | 33 | 63% |
| **Area-wide** | **366** | **289** | **79%** | **251** | **69%** |

Source: 2025 CHNA survey data

[1] Maricopa County Department of Public Health. (2024, July). *Coordinated Community Health Needs Assessment: 2023 Community Survey Report*. Retrieved November 25, 2024 from https://www.maricopa.gov/DocumentCenter/View/96382/Maricopa-County-CHNA-Survey-Report

**Table B2** summarizes respondent demographics by county of residence. Respondents selecting transgender, non-binary gender, or "prefer not to answer" were combined into a single group to minimize loss of data to suppression. Similarly, non-Hispanic respondents who selected a race other than white or selected more than one race were combined into a single group for analysis. Percentages are suppressed here where the respondent count is fewer than five. Although both Hispanic and non-Hispanic white respondents are well-represented area-wide, male respondents are unfortunately dramatically under-represented in comparison to their share of area population. Table 3 provides summarizes respondent demographics by county of residence.

## Table B2. Sex and race/ethnicity of 2025 CHNA survey respondents vs. area residents

| | Respondents | | Area population |
|---|---|---|---|
| | N | Pct of total (known) | Pct of total |
| Total responses | 289 | 100% | 100% |
| Gender | | | |
| Female | 217 | 87% | 51% |
| Male | 33 | 13% | 49% |
| Other or prefer not to answer | 39 | - | N/A* |
| Race/ethnicity | | | |
| Hispanic or Latino/a/x | 40 | 16% | 19% |
| Some other race or two or more races (non-Hisp.) | 10 | 4% | 4% |
| White (non-Hispanic) | 200 | 80% | 77% |
| Prefer not to answer | 39 | - | N/A |

*Area resident sex is available, but gender is not
Source: 2025 CHNA survey data and U.S. Census ACS 2023 5-Year Estimates, Table DP05

## Table B3. Gender, race/ethnicity, and household composition of CHNA survey respondents

| | Area-wide | Blanco | Gillespie | Kendall | Llano | Mason |
|---|---|---|---|---|---|---|
| **Total responses** | **289** | **26** | **127** | **79** | **17** | **40** |
| **Gender** | | | | | | |
| Female | 75% | 69% | 77% | 73% | 65% | 80% |
| Male | 11% | * | 14% | 9% | * | * |
| Other or prefer not to answer | 13% | * | 9% | 18% | * | 13% |
| **Race/ethnicity** | | | | | | |
| Hispanic or Latino/a/x | 14% | 14% | 14% | 14% | 14% | 14% |
| Other race or multiracial | 3% | 3% | 3% | 3% | 3% | 3% |
| White | 69% | 69% | 69% | 69% | 69% | 69% |
| Prefer not to answer | 13% | 13% | 13% | 13% | 13% | 13% |
| **Household size** | | | | | | |
| Average size (246 responses) | 1.9 | 1.8 | 1.9 | 2.2 | 1.6 | 1.6 |
| Pct with age 0-17 member(s) | 39% | * | 23% | 82% | * | 34% |
| Pct with age 65+ member(s) | 46% | 57% | 58% | 11% | 64% | 59% |
| Pct with 0-17 and 65+ | 4% | * | * | * | * | * |

*Suppressed for privacy
Source: 2025 CHNA survey data

CHNA survey respondents were asked whether they identified with any of several listed characteristics or groups, all of which can be considered vulnerable populations; those characteristics are summarized in Table 4. They were able to select more than one option and write in additional options. Several respondent groups were combined to minimize suppression: “homebound” was combined with “living with a disability,” and “foster youth or former foster youth” was combined with “homeless/houseless (including ‘couch surfing’).”

## Table B4. Other characteristics of CHNA survey respondents

| Race/ethnicity group | Respondents |
|---|---|
| Living with a disability or homebound | 13% |
| Veteran or active-duty military | 6% |
| Senior living in group setting with or w/o living assistance or medical care | 2% |
| LBGTQIA+ | 2% |
| Homeless/houseless (including "couch surfing"), foster youth, or former foster youth | 2% |
| Immigrant | * |
| Refugee | 0% |
| None of the above | 68% |
| Prefer not to answer | * |

*Suppressed for privacy
Source: 2025 CHNA survey data

## Table B5. CHNA survey respondents by reported ZIP code of residence

| ZIP code | Respondents |
|---|---|
| 76856 | 11% |
| 78006 | 4% |
| 78013 | 17% |
| 78074 | * |
| 78606 | 5% |
| 78624 | 36% |
| 78631 | * |
| 78636 | 2% |
| 78639 | * |
| 78643 | 3% |
| **Total** | 100% |

*Suppressed for privacy
Source: 2025 CHNA survey data

## Resident Focus Groups

Following is a brief overview of the focus group approach and methods; please see **Appendix A Qualitative Analysis Thematic Narrative** for a more detailed description. With substantial input as to focus group goals and potential participants from The Health Collaborative's CHNA Steering Committee, volunteer focus group participants were selected with an eye toward engaging meaningful and substantive input from people who worked and lived in the area. The focus group questions were initially developed by CINow with guidance and input from The Health Collaborative, and were subsequently approved by Create Healthy. The English- and Spanish-language focus group guides are available in Appendix C at **https://cinow.info/2025-Hill-Country-CHNA-Appendix-C/**.

Create Healthy recruited participants and organized six focus groups for Community Information Now to facilitate, with one being in both Spanish and English and the others in English alone. A total of 49 community residents participated across all the focus groups. All of the focus groups were held at local restaurants in summer 2025 and were about 1.5 hours long. Although all focus groups were conducted in person, Zoom was used to "listen in" to those in-person groups so that transcripts would be auto-generated. Those transcripts were then human-reviewed and cleaned with the audio recording for backup. Because Zoom transcription works well only for English speech, "Spanglish"-language sessions had to be human-transcribed and reviewed by a second native Spanish speaker prior to thematic analysis.

For the focus groups, open-ended survey responses, and key informant interviews, CINow performed a qualitative thematic analysis in ATLAS.ti using open coding to identify all themes, axial coding to iteratively categorize themes into major vs sub-themes, and selective coding to extract the final themes for write-up. Even though they're included in the same qualitative narrative summary, the Key Informant Interviews (KIIs) were analyzed separately from the focus groups and open-ended survey responses because 1) They are different types of participants, with the focus groups and survey aiming for an audience of community members, and the KIIs being community leaders, and 2) The Key Informants were asked different questions based on their positions in the community, which would lend to their qualitative data having specific differences from the community members. While section one of the qualitative narrative focuses on community members, you will notice similarities with section two because community leaders identified similar themes, but from a broader, more organizational perspective. For this reason, themes are presented in different orders between sections one and two, as the topics emerged from distinct contexts.

## Key Informant Interviews

Following is a brief overview of the key informant interview approach and methods; please see **Appendix A Qualitative Analysis Thematic Narrative** for a more detailed description. Eleven semi-structured key informant interviews were conducted to gather the perspectives of area community leaders. Key informants were carefully and intentionally chosen by Create Healthy and Methodist Healthcare for their experiences, expertise, and impactful roles in the five counties and any communities the assessment was intended to cover. The goal was to capture a diverse range of voices from different geographic areas and from varying sectors, including those representing healthcare, economic development, faith-based organizations, crisis response, and food security.

A set of questions was provided to participants in advance. These questions were used to begin and guide the conversation, but the interviewer used a flexible, responsive approach, allowing participants to elaborate on topics most relevant to their work and communities. The interview guide is available in Appendix C at **https://cinow.info/2025-Hill-Country-CHNA-Appendix-C/**. Each interviewee was asked whether they were amenable to being quoted in the assessment either anonymously or by name. Whether anonymous or attributed by name or role, every quote in this assessment is used with interviewee consent.

The interviews were conducted in late July and early August 2025, all via Zoom, typically lasting 60-90 minutes. The transcripts auto-generated by Zoom were human-reviewed and cleaned with the audio recording for backup. CINow then performed a qualitative thematic analysis in ATLAS.ti using open coding to identify all themes, axial coding to iteratively categorize themes into major vs sub-themes, and selective coding to extract the final themes.

# Extant Quantitative Sources and Analysis

## Overview of Sources

This assessment contains quantitative data on approximately 90 indicators, each disaggregated by race/ethnicity group and sub-county geography, usually ZIP Code Tabulation Area (ZCTA), wherever possible. Indicators were also disaggregated by age group and sex where those variables were thought to add critical information. Each indicator source is cited throughout the assessment. The 2025 Assessment draws from too many data sources to list here, but the following local, state, and federal sources were used heavily.

- Population and housing data from the U.S. Census Bureau 2020 Census and American Community Survey
- Physical, social, and economic conditions data from the U.S. Census Bureau American Community Survey One-Year Estimates, Five-Year Estimates, Supplemental Estimates, and Public Use Microdata Sample (PUMS)
- Crime data from the U.S. Department of Justice National Incident-Based Reporting System (NIBRS)
- Behavioral Risk Factor Surveillance System (BRFSS), vital statistics, injury, blood lead, hospital discharge, emergency department, school vaccination coverage, and communicable disease data from the Texas Department of State Health Services Texas Health Data query system, Texas Health Care Information Collection (THCIC), and by special request
- Supplemental Nutrition Assistance Program (SNAP) data from the Texas Health and Human Services Commission
- Vital statistics, birth outcomes, and prenatal care data from the CDC WONDER query system
- Immunization and vaccination data from the Centers for Disease Control and Prevention and Texas Department of State Health Services
- Child and older adult abuse/neglect data from the Texas Department of Family and Protective Services
- Motor vehicle crash data from the Texas Department of Transportation
- Jobs data from the Bureau of Labor Statistics

Staff from these and many other local and state organizations spent considerable time and effort pulling data for the 2025 Assessment and sharing important context and cautions for that data. Create Healthy, the Health Collaborative, and CINow are indebted to these individuals and the agencies who allowed them to share their time and expertise.

Analysis of the data typically consisted of calculating proportions and rates, with margins of error or confidence intervals where appropriate; no statistical testing was required. Margins of error and confidence intervals are displayed throughout the assessment. Margins of error were minimized where feasible by combining multiple years of data or, in the case of BRFSS data, by combining all counties *and* multiple years of data.

## Hospital Discharge Technical Notes

We call them hospitalization rates for short, but these indicators reflect hospital discharges rather than admissions. The hospital discharge data was downloaded from the Texas Department of State Health Services and the ICD codes that were used for the analysis are listed below.

The hospital discharge data has some important limitations to understand. The rates are discharges after hospitalization with the disease as the *primary* diagnosis, not all hospital discharges with that diagnosis in any diagnosis field. In the case of the asthma hospitalization rate, for example, the intent is to reflect the rate of hospitalizations *for* an asthma attack, not hospitalizations for heart attacks or car accidents among people who also happen to have diagnosed asthma unrelated to the reason for the hospitalization. Therefore, the rates are not prevalence or incidence of the disease. These hospitalization counts are also not unique visits or people. If the same person living in ZIP code 78606 goes to the hospital three times for asthma in 2014, then all three visits are included in the rate for 78606 that year.

Because the San Antonio Military Health System does not report their hospitalizations to DSHS, the public data files exclude any federal hospital discharges. Although the military hospital systems account for a smaller portion of the population in these assessment counties as compared to Bexar County, the hospitalization data still should not be compared to other areas who do not have large federal hospital exclusions in their datasets.

The hospitalization discharge rates were calculated following the Prevention Quality Indicators (PQIs) methodology provided by the Agency for Healthcare Research and Quality (AHQR) for diabetes, hypertension, and heart failure. The PQIs use data from hospital discharges to identify admissions that might have been avoided through access to high-quality outpatient care. The PQIs are population based and adjusted for covariates. Asthma hospitalizations followed the San Antonio Metropolitan Health District's methodology for diagnosis codes and cerebrovascular disease followed the CDC's definition for ICD-10 diagnosis codes. All population estimates for the rates were calculated from the American Community Survey 1-Year estimates available in Table B01001.

## Behavioral Risk Factor Surveillance System Technical Notes

From the CDC User Guide: The Behavioral Risk Factor Surveillance System (BRFSS) is a collaborative project between all the states in the United States and the Centers for Disease Control and Prevention (CDC). The BRFSS is a system of ongoing health-related telephone surveys designed to collect data on health-related risk behaviors, chronic health conditions, and use of preventive services from the noninstitutionalized adult population (≥18 years) residing in the United States. Since 2011, the BRFSS has been conducting both landline telephone and cellular telephone surveys. All the responses were self-reported; proxy interviews are not conducted by the BRFSS. The data are transmitted to CDC for editing, processing, weighting, and analysis. An edited and weighted data file is provided to each participating state health department for each year of data collection, and summary reports of state-specific data are prepared by CDC.

The BRFSS sample sizes were too small to trend annually so three years of data for all five communities were combined for analysis with a new weight applied. The Texas State Health Department provided three different datasets for the assessment. The BRFSS core survey had all years 2021-2023 and the supplemental questions were either asked in odd years (2019, 2021, 2023) or in even years (2018, 2020, 2022). In some cases, questions were asked randomly in the 2017 to 2023 timeframe. We pulled the latest three years when possible. In some rare cases where three years were not available, we pulled the latest two years. The tables are all labeled as 2017-2023 and in almost all cases include three years within that range.

BRFSS observations marked with an asterisk (*) represent cases in which the Relative Standard Error (RSE) is 30 percent or higher, considered statistically unreliable. The RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying the result by 100 to express it as a percentage. The asterisk (*) may also denote cases with a small sample where we are unable to calculate a RSE.