



# 2025 Community Health Needs Assessment

Report adopted by Hospital  
Advisory Board May 2025



A member of CommonSpirit

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# Community Health Needs Assessment – At a Glance

St. Joseph Health - Burleson Hospital

## Data Analysis Overview



Secondary Data  
Topic score of 1.50 or higher



Listening Sessions  
Frequency topic was discussed  
during interviews



Community Partner Survey  
Selected by 20% or more of  
respondents as a priority health issue

**Secondary data**, or numerical health indicators, from HCI's 200+ community indicator database, were analyzed and scored based on their values.

Listening Sessions were conducted with **over 60 community groups , organizations, and hospital leaders** that represent the broad demographics or underserved populations in the community.

The Community Partner Survey was distributed across the region to gather quantitative data regarding community-serving organizations and their views on the health needs within the service area.

## Prioritized Significant Health Needs



Cancer



Health Care  
Access & Quality



Heart Disease &  
Stroke



Mental  
Health



Respiratory  
Diseases



Weight  
Status



Women's  
Health

\*Topic scores reflect the relative severity of issues based on standardized data; a score of 1.50 or higher indicates a higher-than-average concern compared to state or national benchmarks.

# Executive Summary

## Introduction & Purpose

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs in the community served by Burleson Hospital. The priorities identified in this report guide the hospital's community health improvement programs, community benefit activities, and collaborative efforts with other organizations sharing the mission to improve community health. This CHNA meets the requirements of the Patient Protection and Affordable Care Act, mandating not-for-profit hospitals to conduct a CHNA at least every three years.

## CommonSpirit Health Commitment and Mission Statement

The hospital's commitment to engaging with the community, assessing priority needs, and helping to address them with community partners is in keeping with its mission.

## Our Mission

As a member of CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

## Our Vision

A healthier future for all—inspired by faith, driven by innovation, and powered by our humanity.

## Our Values

- **Compassion:** Care with listening, empathy, and love; accompany and comfort those in need of healing.
- **Inclusion:** Celebrate each person's gifts and voice; respect the dignity of all.
- **Integrity:** Inspire trust through honesty; demonstrate courage in the face of inequity.
- **Excellence:** Serve with fullest passion, creativity, and stewardship; exceed expectations of others and ourselves.
- **Collaboration:** Commit to the power of working together; build and nurture meaningful relationships.

## CHNA Collaborators

Burleson Hospital collaborated with various organizations, local health departments, and healthcare providers. Conduent Healthy Communities Institute (HCI) was contracted to assist in data collection, analysis, and community engagement efforts.

## Community Definition

The community served by St. Joseph Health Burleson Hospital is defined by a primarily rural geographic area within the Brazos Valley region of Central Texas. The hospital's primary service area encompasses Burleson County and surrounding zip codes with the highest concentrations of inpatient and outpatient utilization. This defined region was selected based on hospital discharge data and represents the core population accessing services at St. Joseph Health Burleson Hospital.

Burleson County is home to approximately 32,920 residents, with a racial and ethnic composition that includes 62.8% White, 22.6% Hispanic or Latino, and 10.2% Black or African American residents (Claritas 2024 estimates). Nearly 14.1% of the population lives below the poverty level, and the county's uninsured rate remains above state and national benchmarks.

## Process and Criteria to Identify and Prioritize Significant Health Needs

Health needs were prioritized based on magnitude and community impact, considering secondary data indicators, stakeholder input, and collaborative discussions. The process involved a comprehensive review of the available data, alongside surveys and input from key stakeholders, including healthcare professionals, community leaders, and residents. This collaborative approach ensured that diverse perspectives were considered, leading to a well-rounded understanding of the community's most pressing health concerns.

Upon identifying the significant health needs, the team identified them as topics such as chronic disease prevention, mental health support, access to healthcare services, and health education. Each category was then evaluated to determine its potential impact on the community's overall well-being and its alignment with the hospital's mission and resources.

The prioritization process also considered the feasibility of addressing these needs, considering available resources, potential partnerships, and existing community initiatives. By aligning efforts with ongoing programs and leveraging partnerships, St. Joseph Health Burleson Hospital aims to maximize the effectiveness of its community health improvement strategies.

As a result, the prioritized health needs will guide the development of targeted interventions and programs designed to address gaps in care and improve health outcomes for all community members, particularly those who are most vulnerable. These efforts are intended to foster a healthier, more resilient community, where everyone can thrive.

## List of Prioritized Significant Health Needs

Health needs were ranked based on their significance and potential impact on the community. This prioritization process included a comprehensive assessment of secondary data indicators, insights gathered through stakeholder interviews and focus groups, and collaborative discussions with community partners. The resulting list of prioritized needs reflects both the prevalence and urgency of issues affecting the population.

The identified priority health needs include:



Cancer



Health  
Care  
Access &  
Quality



Heart  
Disease &  
Stroke



Mental  
Health



Respiratory  
Diseases



Weight  
Status



Women's  
Health

Each of these areas is a significant issue that affects the health outcomes and quality of life for residents across the defined community. More detailed data, justification for prioritization, and summaries of community input are provided in subsequent sections of this report. Additional data tables, methodology details, and community input documentation are available in the appendices.

## Resources Potentially Available

Resources potentially available to address these needs include existing community programs, local nonprofit partnerships, healthcare infrastructure investments, and ongoing collaborations with community-based organizations targeting the identified significant health needs within the service area.

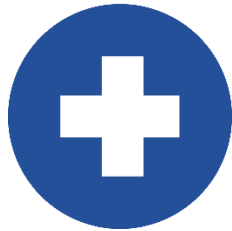
## Report Adoption, Availability and Comments

This CHNA report was adopted by the St. Joseph Health Burleson Hospital advisory board in June 2025. The report is widely available to the public on the hospital's website, and a paper copy is available for inspection upon request at the hospital's Mission and Spiritual Care Office. Written comments on this report can be submitted to the Mission and Spiritual Care Office, 1101 Woodson Dr, Caldwell, TX 77836 or by e-mail to [fawn.preuss@commonspirit.org](mailto:fawn.preuss@commonspirit.org).



## Looking Back: Evaluation of Progress since prior CHNA

Since the release of the 2022 Community Health Needs Assessment, St. Joseph Health Burleson Hospital has advanced several targeted initiatives aligned with its Implementation Strategy. These activities focused on improving access to care, managing chronic conditions, addressing mental health needs, expanding preventive services, and supporting the overall well-being of the Burleson County community. Partnerships with local organizations and health resource hubs have strengthened community outreach and reduced barriers to care for underserved residents.



### Access to Care Initiatives

- Provided Medicaid enrollment counseling quarterly, assisting 300+ individuals
- Supported the Burleson Health Resource Center for referrals to health and social services
- Delivered 220+ hours of EMS coverage at public events and local gathering
- Awarded \$6,333 to The Rose for breast health access for uninsured women
- Partnered with TACHI Pathways HUB to improve navigation and resource connection



### Chronic Disease Management

- Conducted "Wellness for Diabetes" education sessions reaching 100+ residents annually
- Offered A1C testing and physician referrals for early diabetes management
- Hosted HeartSmart cardiac rehab and Heart2Heart support group for heart disease
- Employed a Certified Health Coach for diabetes and obesity education



### Mental Health Initiatives

- Continued Senior Renewal Program for older adults' mental health needs



### Preventive Health & Outreach

- Hosted annual Burleson Health Fair with free screenings and immunizations



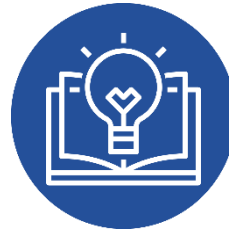
- Expanded TeleHealth Behavioral Counseling through Texas A&M partnerships
- Integrated depression screenings at community outreach events



### **Community Contributions & Special Events**

- Provided medical standby support at local athletic and civic events
- Collaborated on food drives and assistance programs to combat local food insecurity

- Delivered free flu shots to 120+ residents annually
- Trained 89 residents in CPR/First Aid through American Heart Association programs



### **Health Professions Education**

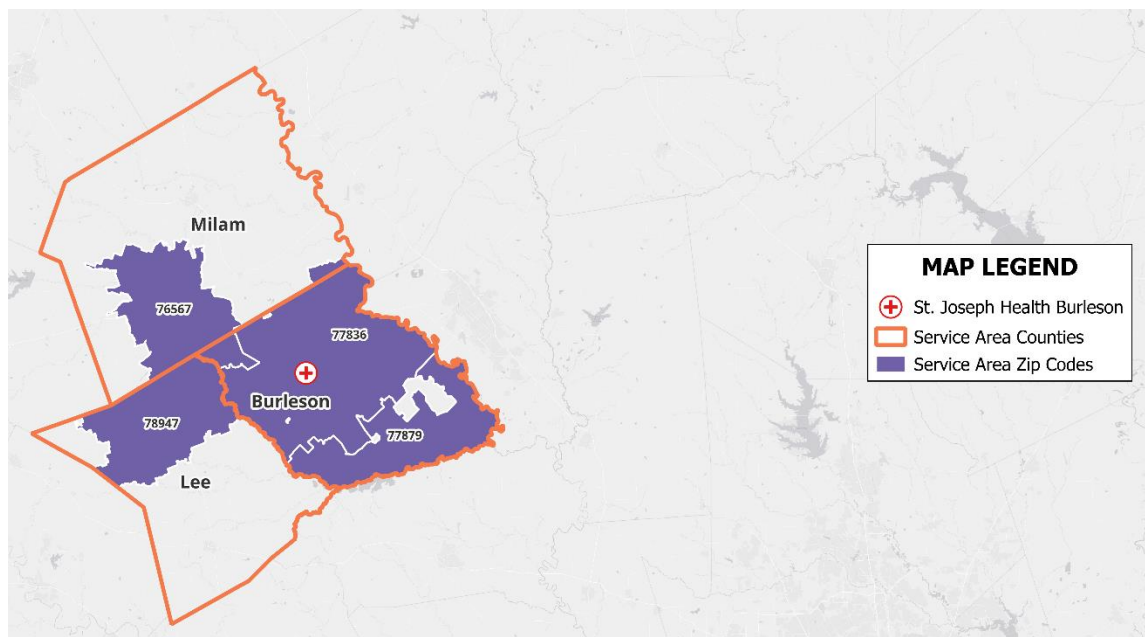
- Supported clinical training for nursing, pharmacy, radiology, and EMT students in partnership with Texas A&M and regional academic institutions

## Defining the Community

The population served by St. Joseph Health Burleson Hospital includes not only county residents but also those from nearby rural communities who rely on the hospital for acute care, emergency services, and specialty referrals. The hospital also partners with local clinics, health resource centers, and transportation programs to serve medically underserved populations, including older adults, low-income individuals, and those with behavioral health needs.

A map of the Burleson service area is provided in Figure 1, alongside a complete list of included zip codes. Detailed demographic characteristics such as population size, age distribution, poverty rates, race/ethnicity, and insurance coverage are summarized in the Core Demographics section.

FIGURE 1. BURLESON HOSPITAL SERVICE AREA



# Demographic Profile

## Geography and Data sources

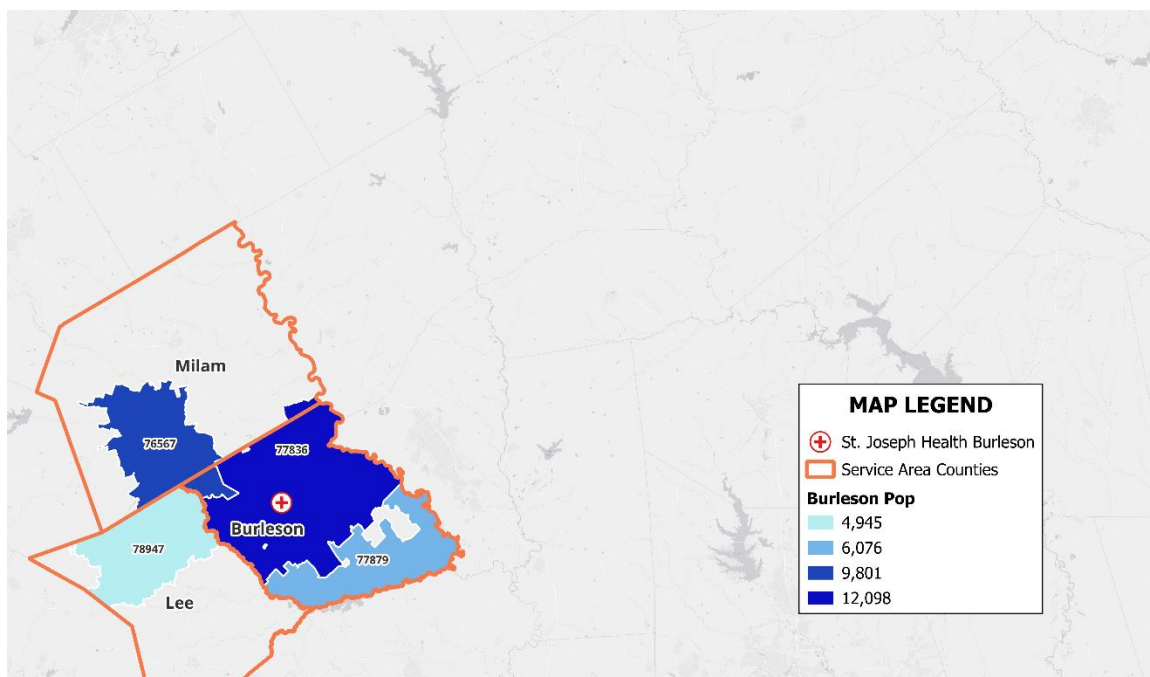
The following section explores the demographic profile of the St. Joseph Health Burleson Hospital primary service area, which includes 4 zip codes in and around Burleson County. A community's demographics significantly impact its health profile. Different racial/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts.

Unless otherwise indicated, all demographic estimates are sourced from Claritas® (2024 population estimates). Claritas demographic estimates are primarily based on U.S. Census and American Community Survey (ACS) data. Claritas uses proprietary formulas and methodologies to calculate estimates for the current calendar year.

## Population

The Burleson primary service area has an estimated population of 32,920 persons. Figure 2 shows the population breakdown for the service area by zip code.

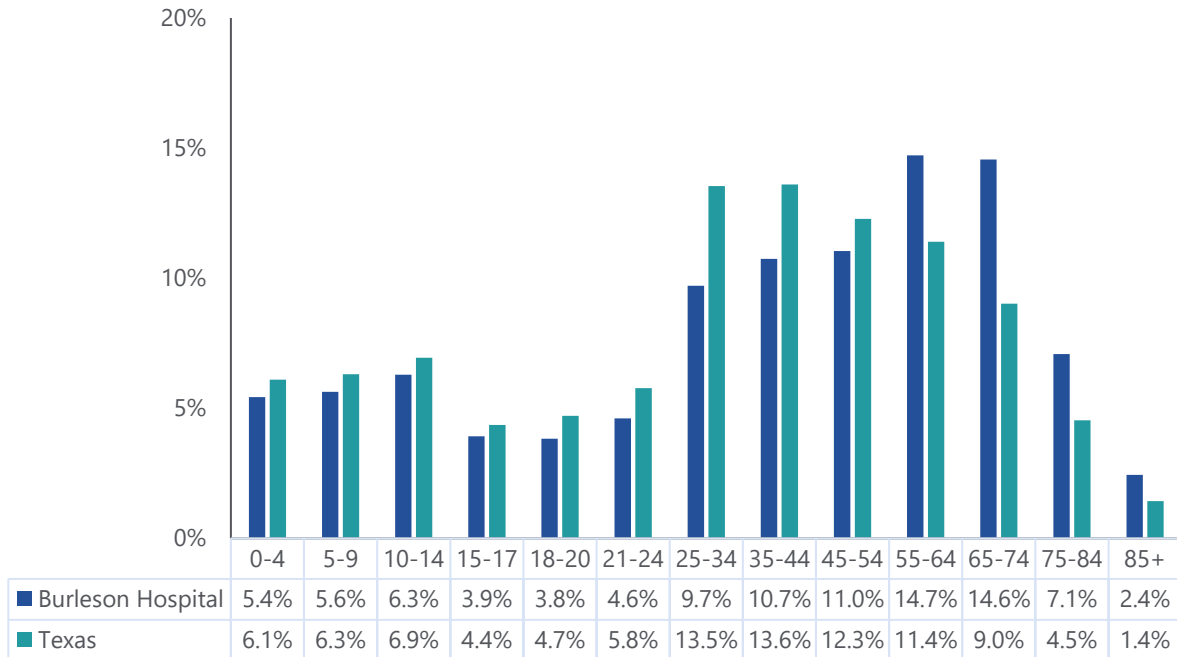
FIGURE 2. BURLESON HOSPITAL PRIMARY SERVICE AREA POPULATION DISTRIBUTION BY ZIP CODE



## Age

Figure 3 shows the population of St. Joseph Health Burleson Hospital's primary service area broken down by age group, with comparisons to the state-wide Texas population. Overall, the age distribution of Burleson is older than the state-wide Texas population. A third of the population (29.3%) is between 55 and 74 years old.

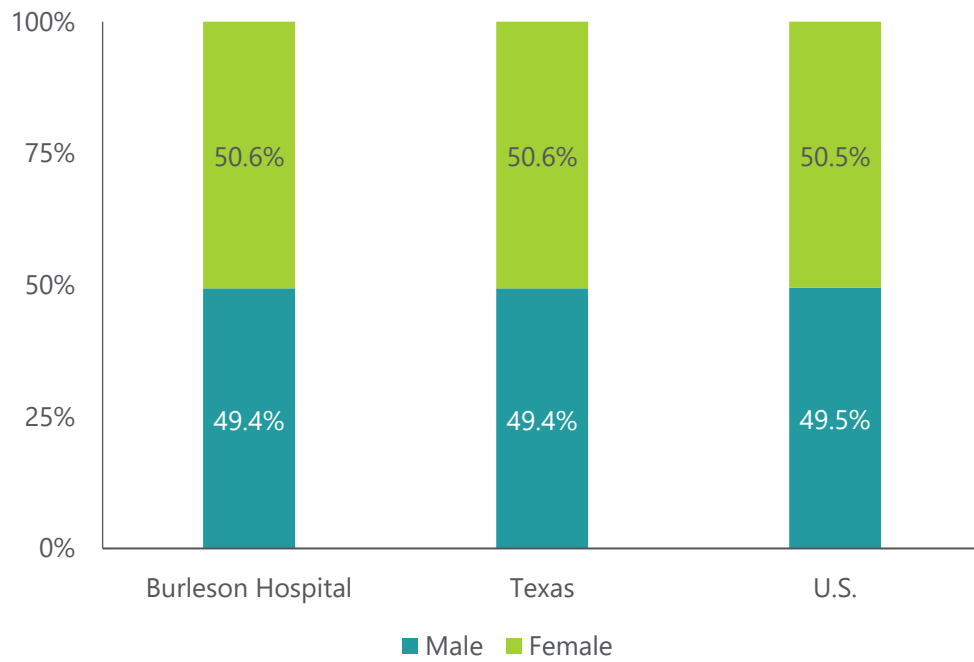
FIGURE 3. POPULATION BY AGE: BURLESON HOSPITAL SERVICE AREA



## Sex

As seen in Figure 4, 50.6% of the Burleson population is female, which is similar to both state and national populations (50.6% and 50.5%, respectively).

FIGURE 4. POPULATION BY SEX: COUNTY, STATE, AND U.S. COMPARISONS



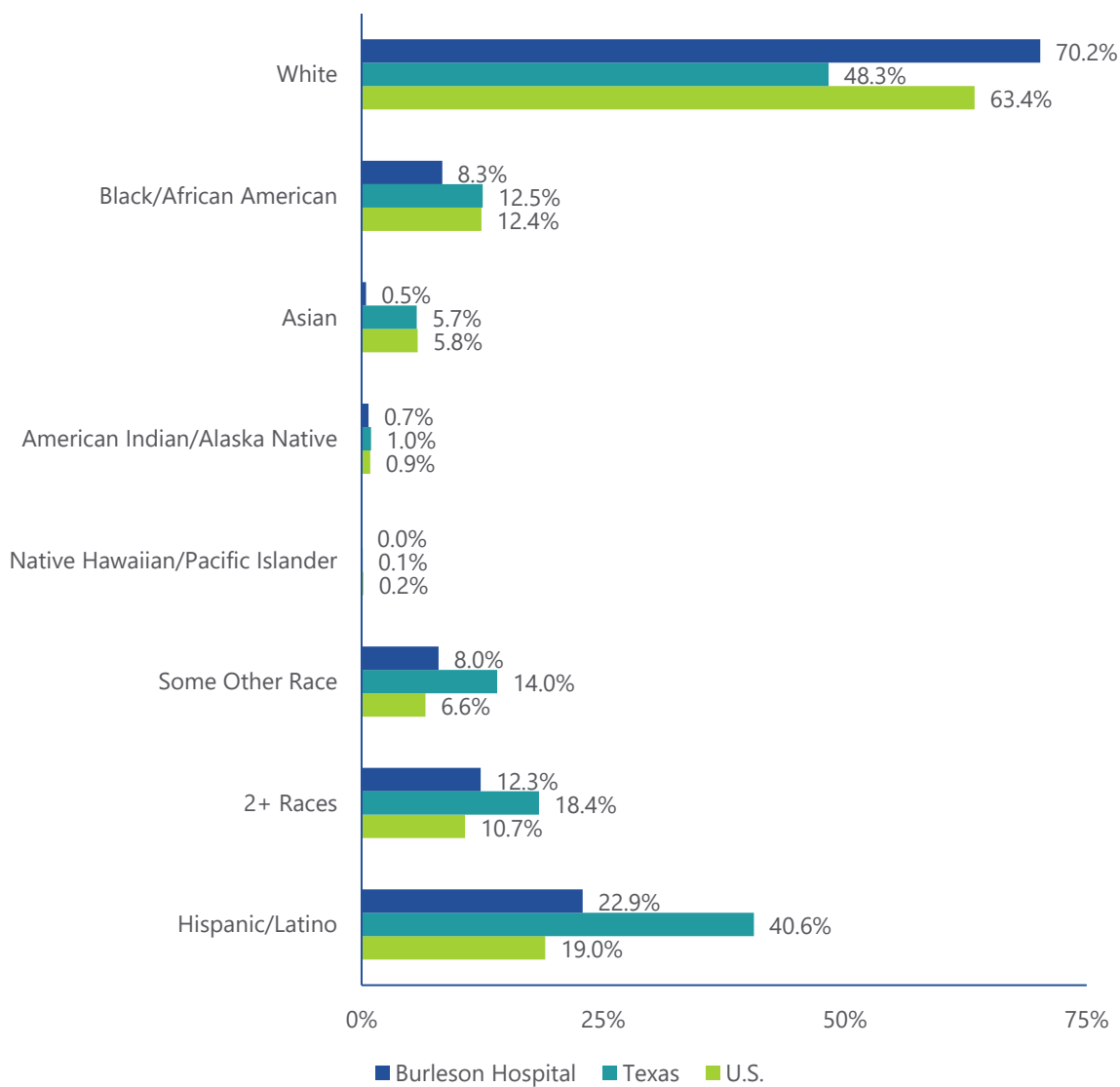
*U.S. value taken from American Community Survey (2019-2023)*

## Race and Ethnicity

Considering the racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

Burleson has a higher percentage of White residents than statewide or nationwide populations (70.2% vs. 48.3 and 63.4, respectively).

FIGURE 5. POPULATION BY RACE AND ETHNICITY

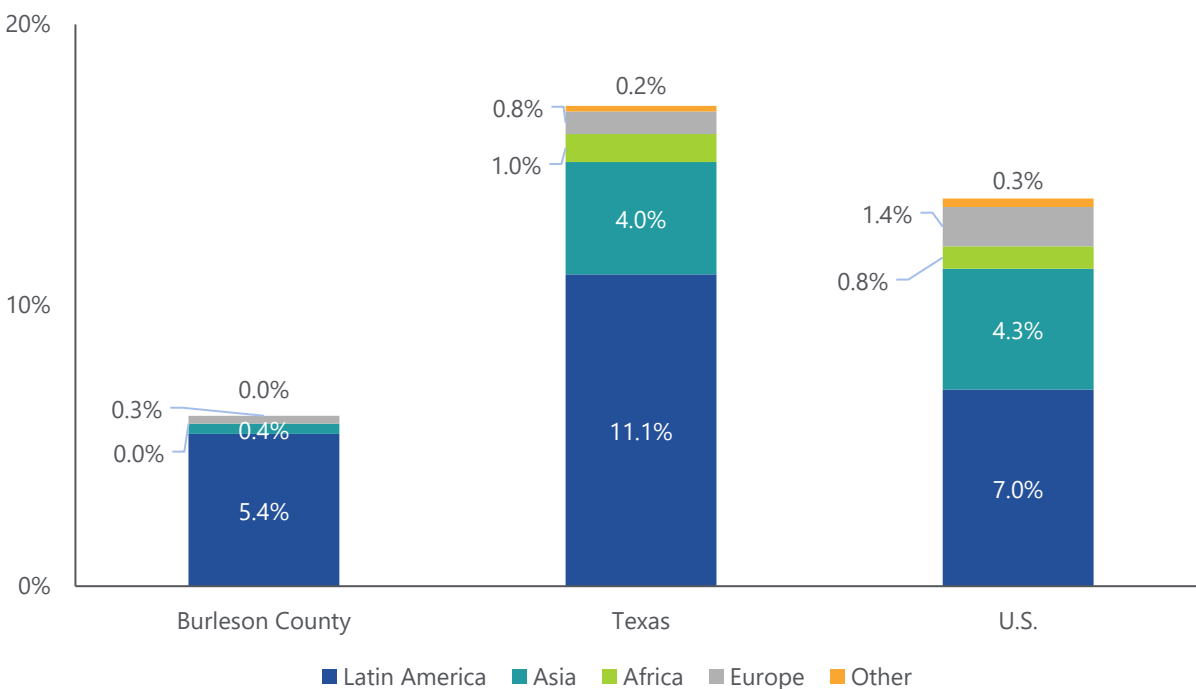


*U.S. value taken from American Community Survey (2019-2023)*

## Language and Immigration

Understanding countries of origin and difficulty in speaking language can help inform the cultural and linguistic context. According to the American Community Survey, 6.1% of residents in Burleson County are born outside the U.S., which is lower than the state value (17.2%) and national value (13.9%). Figure 6 provides a breakdown of region of birth for any persons born outside the country.

FIGURE 6. REGION OF BIRTH FOR ANY PERSONS BORN OUTSIDE THE COUNTRY

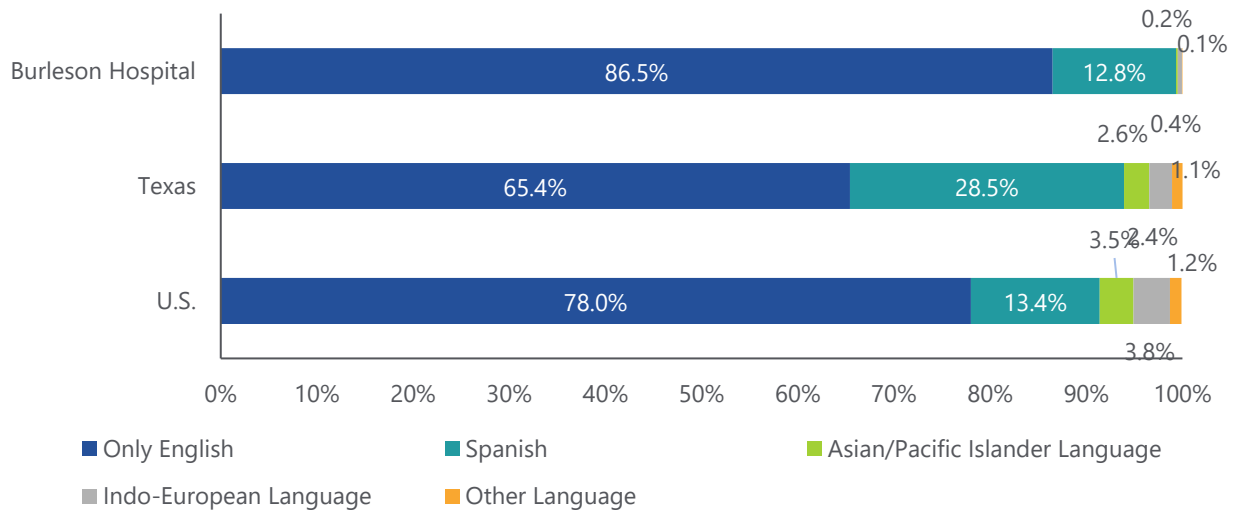


*County, State, and U.S. values taken from American Community Survey (2019-2023)*

As shown in Figure 7, the majority of the population in the Burleson service area speak only English at home (86.5%). The Burleson population is less likely than the state-wide Texas population and nation-wide population to speak Spanish (12.8% vs. 28.5% and 13.4%, respectively) and are also less likely to speak an Asian or Pacific Islander language (0.2% vs. 2.6% and 3.5%, respectively).



FIGURE 7. POPULATION AGE 5+ BY LANGUAGE SPOKEN AT HOME

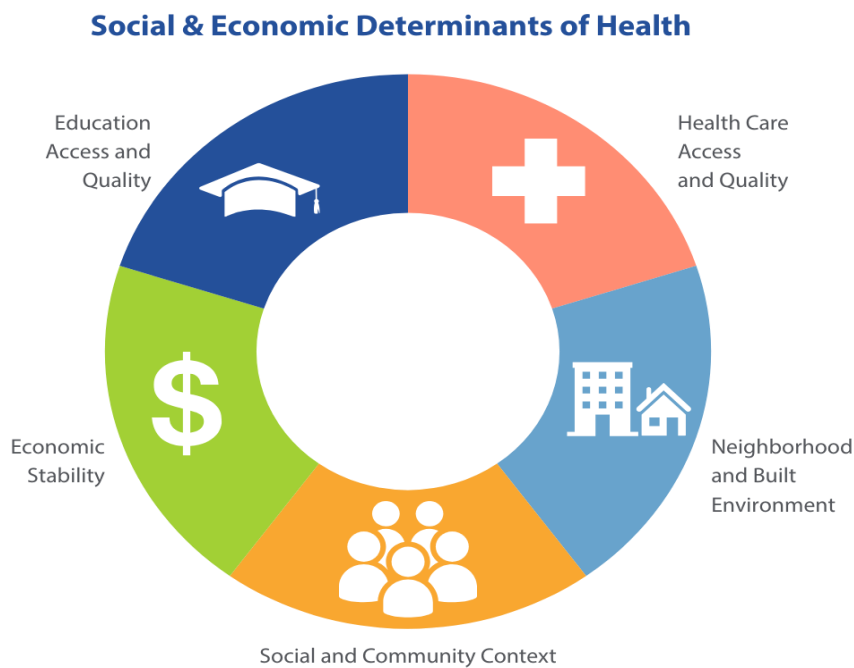


*U.S. value taken from American Community Survey (2019-2023)*

## Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health impacting the Burleson primary service area. Social Determinants of Health (SDOH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. The SDOH can be grouped into five domains. Figure 8 shows the Healthy People 2030 Social Determinants of Health domains (Healthy People 2030, 2022).

FIGURE 8. HEALTHY PEOPLE 2030 SOCIAL DETERMINANTS OF HEALTH

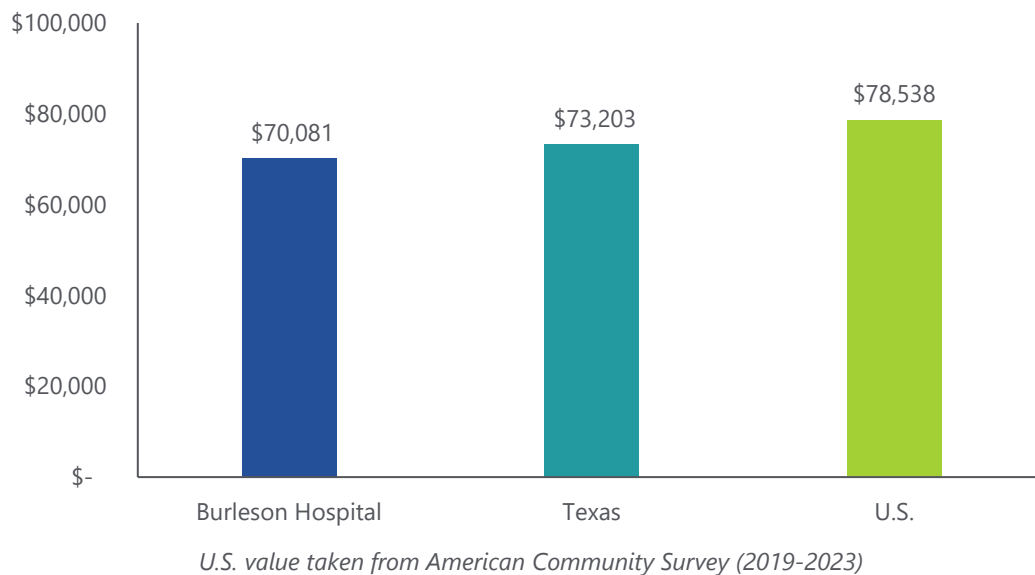


## Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.

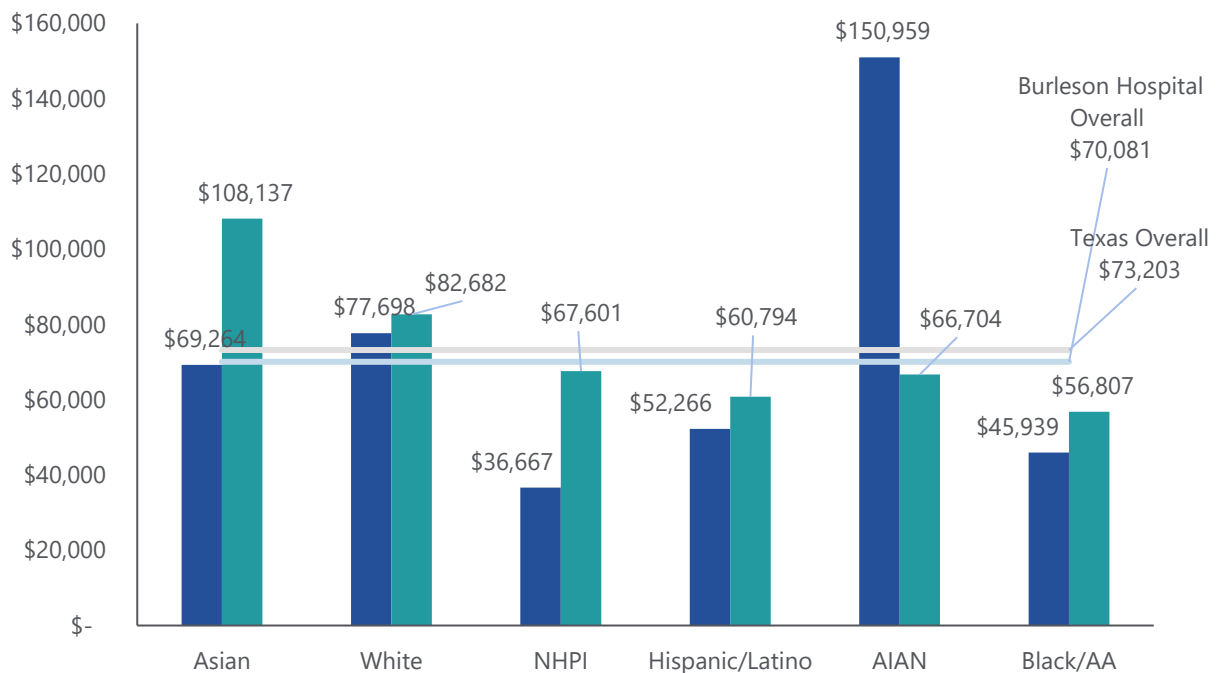
Figure 9 provides the median household income in the service area, compared to the state and nation.

FIGURE 9. MEDIAN HOUSEHOLD INCOME BY: COUNTY, STATE AND U.S. COMPARISONS



Disparities in median household income exist between racial and ethnic groups within the county. As shown in Figure 10, the Asian, Native Hawaiian/Pacific Islander, Hispanic/Latino, and Black/African American communities of the Burleson service area all have a lower median income than the overall service area median income. For example, the Black/African American median income is almost \$25,000 lower than the overall median income (\$45,939 vs. \$70,081). The American Indian/Alaskan Native community has a higher income than the overall service area (\$150,959 vs. \$70,081)

FIGURE 10. MEDIAN HOUSEHOLD INCOME BY RACE & ETHNICITY



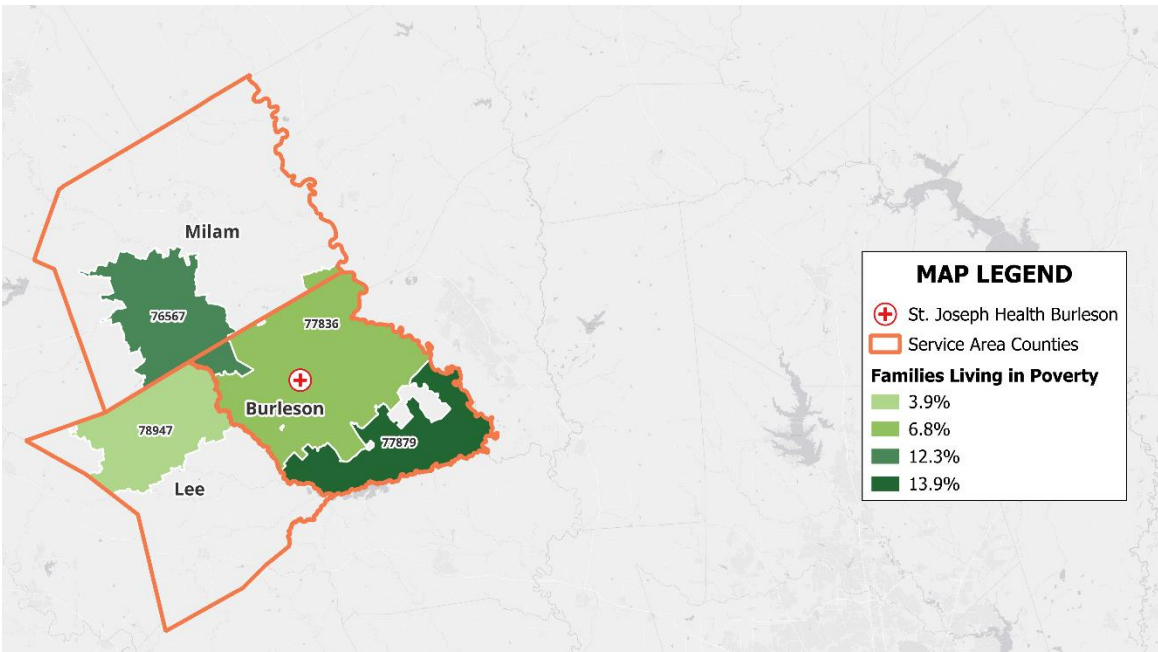
## Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.<sup>1</sup>

Overall, 8.6% of families in the Burleson primary service area live below the poverty level, which is lower than the state value of 11.0% and slightly lower than the national value of 8.7%. The map in Figure 11 shows the percentage of families living below the poverty level by zip code. The darker green colors represent a higher percentage of families living below the poverty level.

<sup>1</sup> U.S. Department of Health and Human Services, Healthy People 2030.  
<https://health.gov/healthypeople/objectives-anddata/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01>

FIGURE 11. PERCENT OF FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE



The percentage of families living below poverty for each zip code in the service area is provided in Table 1. The two zip codes in the service area with the highest concentration of poverty are 77879 (13.9%) and 77567 (12.3%).

TABLE 1. FAMILIES LIVING IN POVERTY: BURLESON PRIMARY SERVICE AREA

Zip Code	% Families in Poverty
77879	13.9%
76567	12.3%
77836	6.8%
78947	3.9%

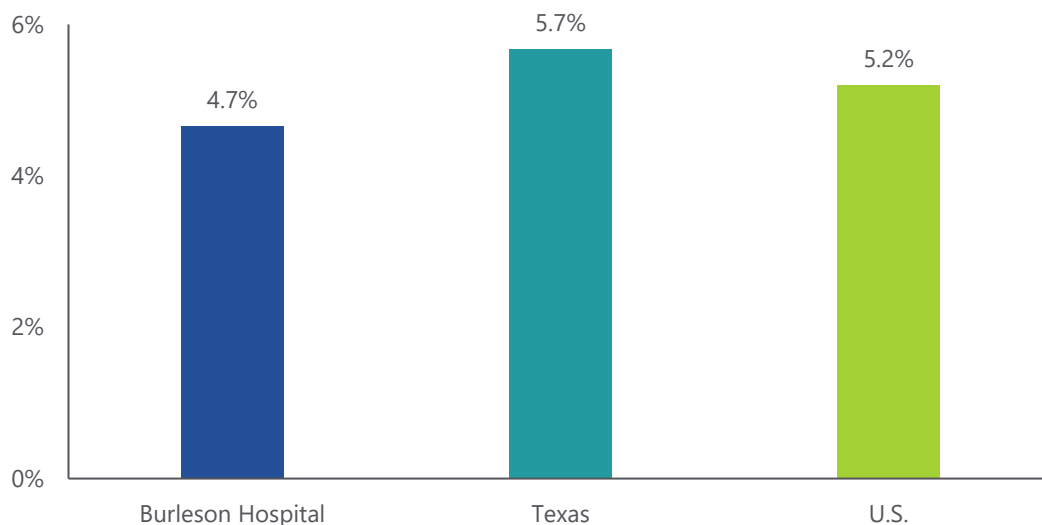
## Employment

A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.<sup>2</sup>

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.<sup>2</sup> Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.<sup>2</sup>

Figure 12 shows the population aged 16 and over who are unemployed. The unemployment rate for the Burleson primary service area is 4.7%, which is lower than both the state-wide and nation-wide unemployment rates (5.7% and 5.2%, respectively).

FIGURE 12. POPULATION 16+ UNEMPLOYED: COUNTY, STATE, AND U.S.



*U.S. value taken from American Community Survey (2019-2023)*

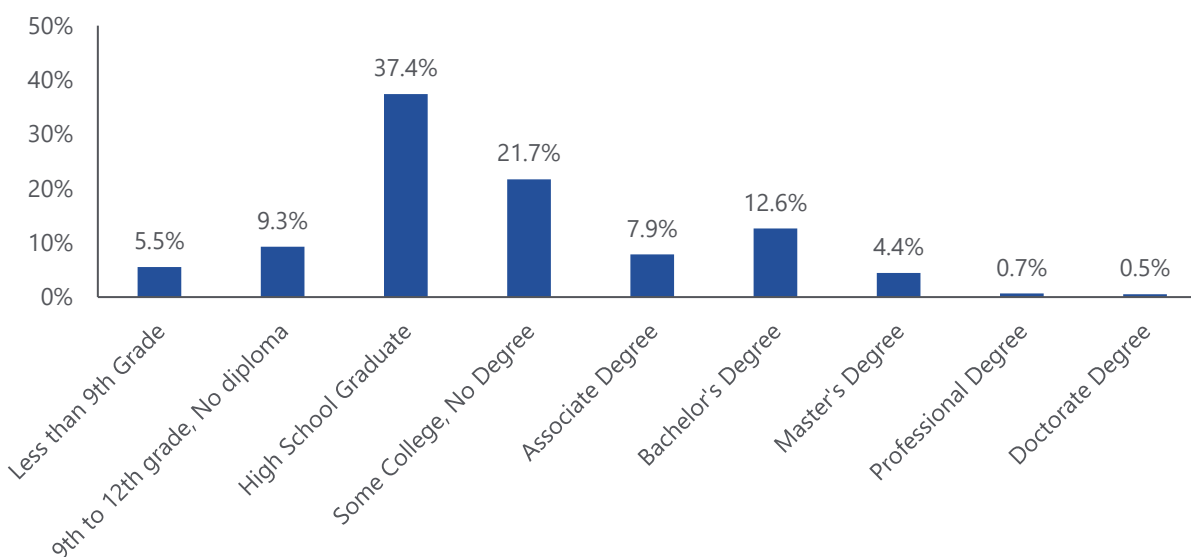
<sup>2</sup> U.S. Department of Health and Human Services, Healthy People 2030.  
<https://health.gov/healthypeople/objectives-anddata/social-determinants-health/literature-summaries/employment>

## Education

Education is an important indicator for health and wellbeing across the lifespan. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. A high school diploma in particular is a requirement for many employment opportunities, and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.<sup>3</sup> Further, people with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.<sup>4</sup>

Figure 13 shows the detailed breakdown of the Burleson primary service area by educational attainment, among those aged 25 and up. As shown in Figure 14, most of the Burleson population has a high school diploma or higher (85.2%), which this is somewhat higher than both the state-wide rates (85.1%), but lower than nation-wide rates (89.4%). In contrast, the Burleson population is less likely than the state-wide population to have a Bachelor's Degree or higher (18.2% vs. 32.3%).

FIGURE 13. BURLESON HOSPITAL PRIMARY SERVICE AREA POPULATION BY EDUCATIONAL ATTAINMENT, AGE 25+

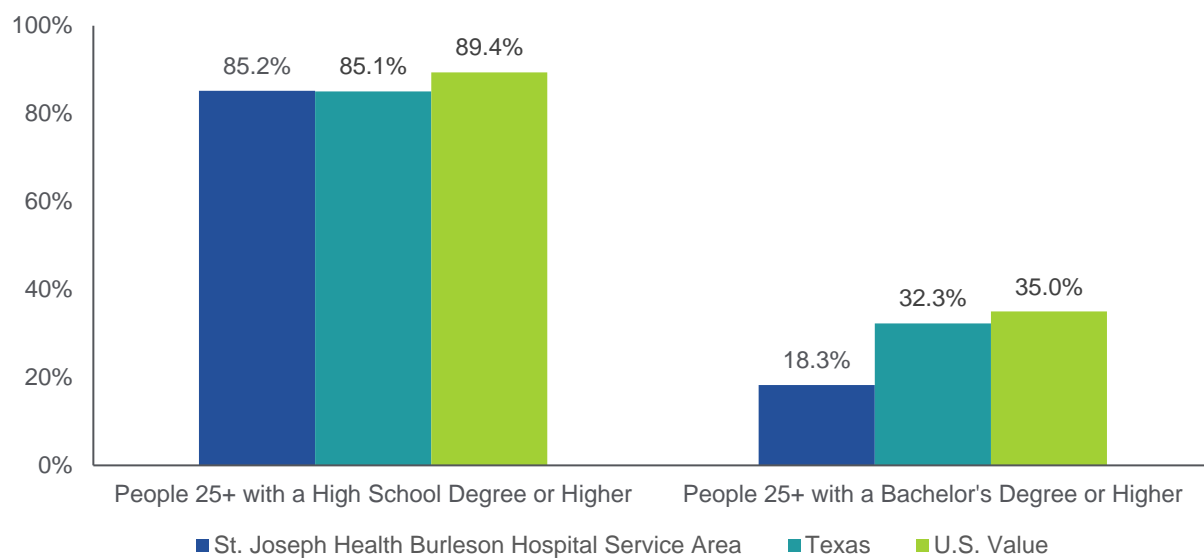


<sup>3</sup> U.S. Department of Health and Human Services, Healthy People 2030.  
<https://health.gov/healthypeople/priority-areas/social-determinants-health>

<sup>4</sup> Robert Wood Johnson Foundation, Education and Health.  
<https://www.rwjf.org/en/library/research/2011/05/educationmatters-for-health.html>



FIGURE 14. BURLESON HOSPITAL PRIMARY SERVICE AREA POPULATION BY EDUCATIONAL ATTAINMENT, AGE 25+



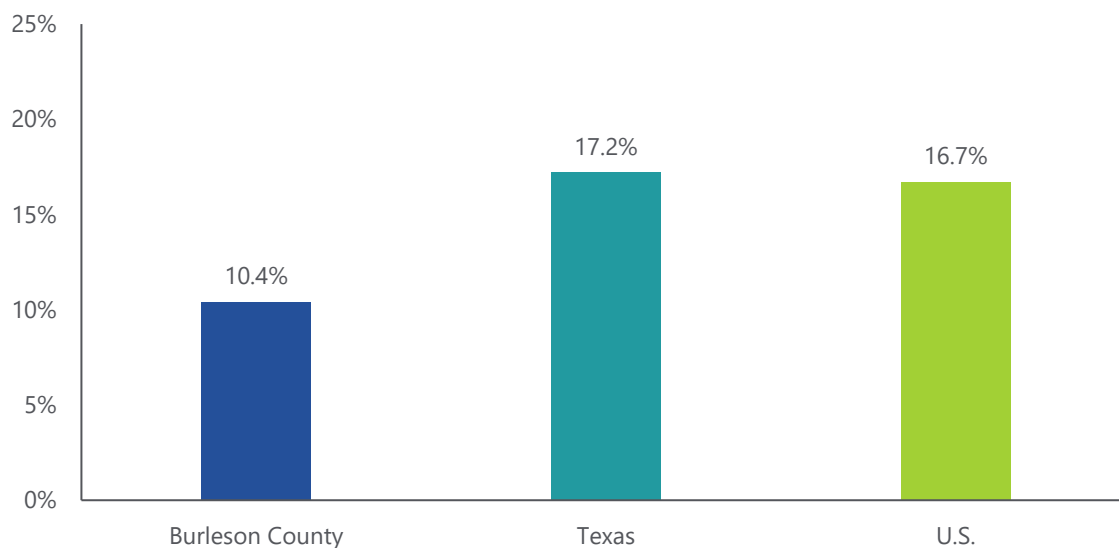
*U.S. value taken from American Community Survey (2019-2023)*

## Housing

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family's health.<sup>5</sup>

As shown in Figure 15, 1 in 10 households in Burleson County (10.4%) have severe housing problems, indicating that they have at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. This is lower than both the state-wide and nation-wide rates (17.2% and 16.7%, respectively).

FIGURE 15. HOUSEHOLDS WITH SEVERE HOUSING PROBLEMS



*County, state, and U.S. values taken from County Health Rankings (2016-2020)*

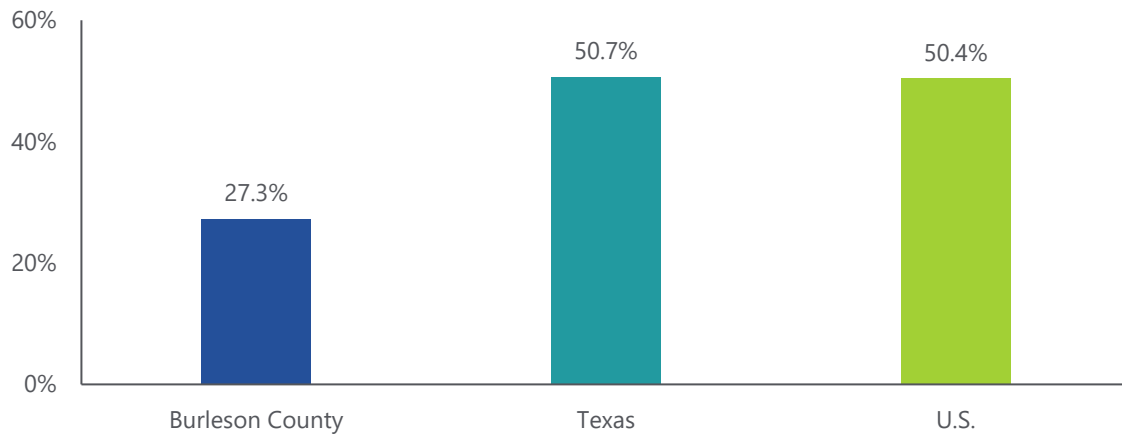
When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.<sup>6</sup>

<sup>5</sup> County Health Rankings, Housing and Transit. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit>

<sup>6</sup> U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04>

Figure 16 shows the percentage of renters who are spending 30% or more of their household income on rent. The value in Burleson County (27.3%) is lower than both the state value (50.7%) and the national value (50.4%).

FIGURE 16. RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT: COUNTY, STATE, AND U.S. COMPARISONS



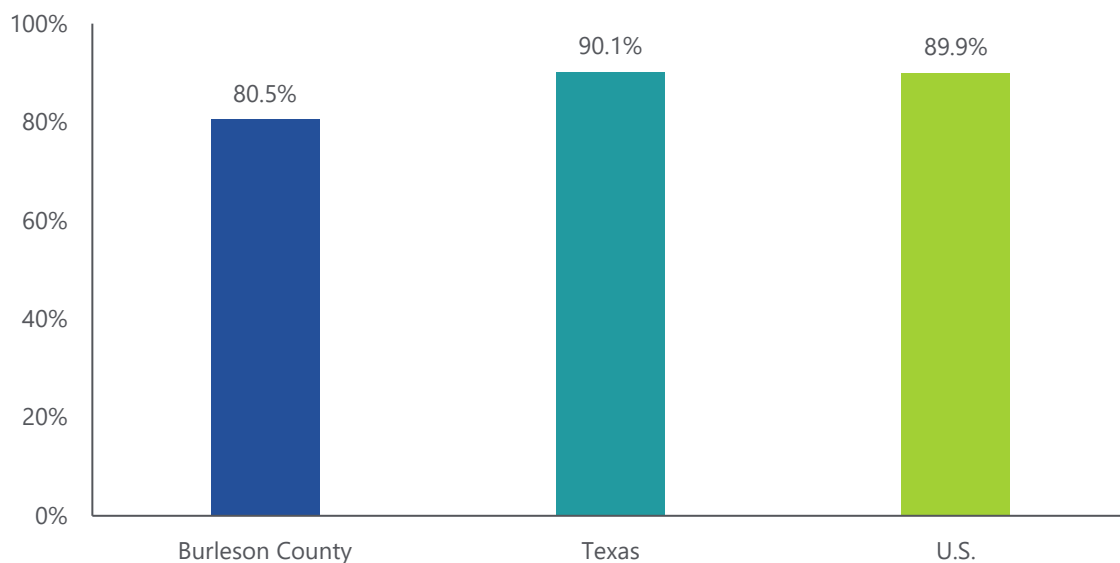
*County, State, and U.S. values taken from American Community Survey (2019-2023)*

## Neighborhood and Built Environment

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet also helps expand healthcare access through home-based telemedicine services, which has been particularly critical during the COVID-19 pandemic.<sup>7</sup> Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.<sup>7</sup>

Figure 17 shows the percentage of households that have an internet subscription. The rate in Burleson County (80.5%) is lower than both the state value (90.1%) and the national value (89.9%).

FIGURE 17. HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION



*County, State, and U.S. values taken from American Community Survey (2019-2023)*



<sup>7</sup> U.S. Department of Health and Human Services, Healthy People 2030.  
<https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05>

## Primary and Secondary Data Methodology and Key Findings

St. Joseph Health Burleson Hospital employed a mixed-methods approach that integrated both quantitative (secondary) data and qualitative (primary) input to create a comprehensive picture of health needs, disparities, and opportunities for community improvement. This approach ensures that health priorities are informed not only by statistical trends but also by the lived experiences and perspectives of the community.

### Quantitative Data: Secondary Sources

Secondary data analysis provided measurable insights into health status, social determinants of health, and system performance across the community. Sources included national, state, and local public health databases, as well as internal hospital data. The Healthy Communities Institute database was leveraged with over 200 indicators in both health and quality of life topic areas for the Secondary Data Analysis of the Health Service Area. Key Indicators analyzed include:

 <b>Quality of Life</b>	 <b>Health</b>
<b>Community</b>	Adolescent Health      Men's Health
<b>Economy</b>	Alcohol & Drug Use      Mental Health & Mental Disorders
<b>Education</b>	Cancer      Older Adults
<b>Environment</b>	Children's Health      Oral Health
<b>Transportation</b>	Diabetes      Prevention & Safety
	Disabilities      Physical Activity
	Environmental Health      Respiratory Diseases
	Family Planning      Tobacco Use
	Health Care Access and Quality      Women's Health
	Heart Disease & Stroke      Wellness & Lifestyle
	Immunizations and Infectious Diseases      Weight Status
	Maternal, Fetal & Infant Health

\*All data were scored using a standardized index to assess severity and disparities across zip codes.

### Qualitative Data: Primary Sources

Primary data were collected through community engagement activities designed to elevate voices from across the hospital's defined service area. These activities included:

#### Partner Survey

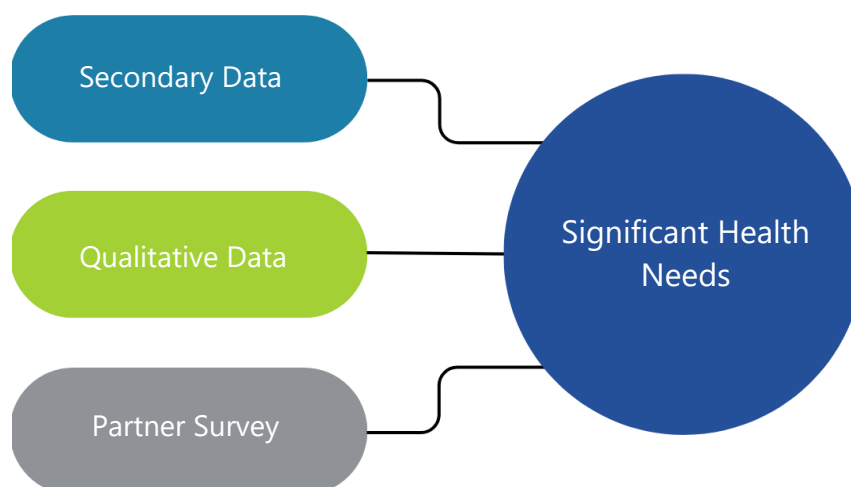
An online survey was distributed to over 60 organizational partners and stakeholders, including representatives from public health departments, healthcare providers, social service agencies, and nonprofit organizations. The survey captured perspectives on health priorities, gaps in care, barriers to service delivery, and populations most impacted by health inequities.

#### Key Informant Interviews and Listening Sessions

Conducted with dozens of individuals representing a range of sectors including public health, healthcare, housing, education, behavioral health, and community-based organizations. These participants included:

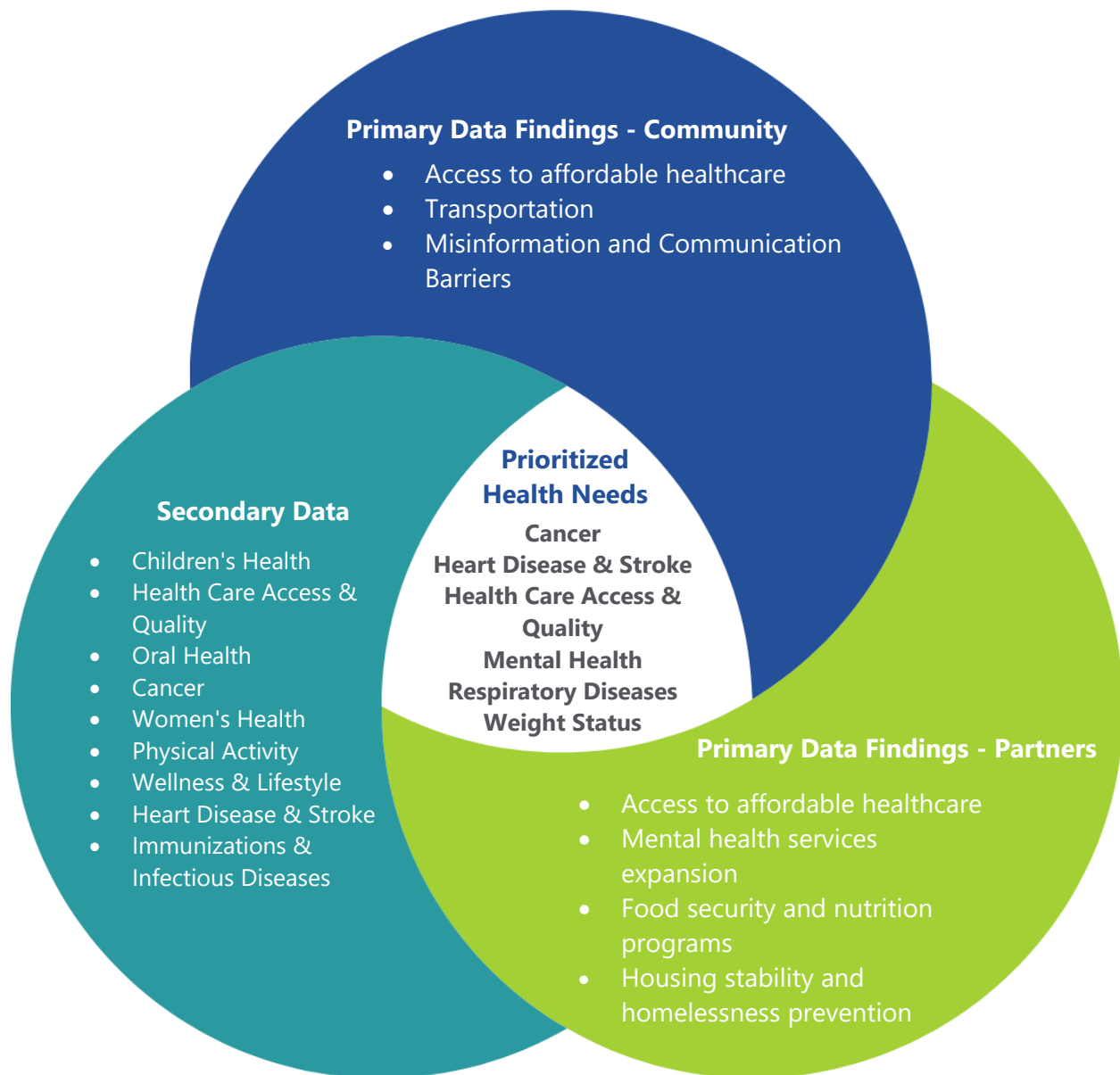
- Representatives of medically underserved, low-income, and minority populations
- Public health experts from local and regional agencies
- Community advocates and service providers with direct knowledge of vulnerable and marginalized groups.

Participants were asked to share their views on community strengths, emerging challenges, and opportunities for collaboration. Themes were identified in relation to access to care, behavioral health, transportation, and the lingering impacts of COVID-19 and natural disasters. A detailed summary of participating organizations, and input themes is available in Appendix [X].



By combining data-driven analysis with community perspectives, the process ensures a comprehensive understanding of health needs and identifies priority areas for future intervention, collaboration, and investment.

## Data Synthesis





## Significant Health Needs

Through comprehensive data analysis and community input process, the following health needs have been identified as the most pressing in St. Joseph Health Burleson Hospital service area:



Cancer



Health  
Care  
Access &  
Quality



Heart  
Disease &  
Stroke



Mental  
Health



Respiratory  
Diseases



Weight  
Status



Women's  
Health

## Identification of Significant Health Needs

The criteria for identifying the most pressing health needs involve a three-pronged approach:

**Secondary Data Topic Score:** A score of 1.50 or higher is deemed significant. This threshold was chosen because it represents a midway point in the scoring system used, which ranges from 0 to 3. A score of 1.50 or above indicates that the health issue is notably worse than state and national benchmarks, signaling a substantial area of concern that requires attention.

**Frequency of Discussion in Qualitative Sessions:** These criteria involve analyzing how often a health issue is mentioned during community partner listening sessions. The frequency of discussion provides qualitative insights into the community's perception and experiences regarding specific health needs, enhancing the quantitative data by highlighting what is actively affecting the community.

**Priority Selection by 20% or More of Partner Survey Respondents:** This metric involves assessing the priority level assigned to health needs by respondents in the community partner survey. If 20% or more participants identify a health issue as a priority, it underscores its importance within the community. This helps to validate and contextualize the data, ensuring that the identified needs align with community priorities and concerns.














Together, these criteria offer a comprehensive approach: the quantitative scores highlight areas of statistical concern, while the qualitative and survey components ensure that the data is grounded in actual community experiences and priorities.

### Cancer

From the secondary data scoring results, Cancer ranked 4<sup>th</sup> in the data scoring of all topic areas with a score of 1.92. Further analysis was done to identify specific indicators of concern. Those

indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern. Indicators of concern in Burleson County are listed in Table 2 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 2. **BURLESON COUNTY DATA SCORING RESULTS: CANCER**

SCORE	CANCER	UNITS	BURLESON COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.18	Mammography Screening: Medicare Population	percent	39.0		42.0	47.0			
2.12	All Cancer Incidence Rate	cases/100,000 population	442.7		412.2	442.3			
2.00	Cancer: Medicare Population	percent	12.0		11.0	12.0			
1.94	Mammogram in Past 2 Years: 50-74	percent	70.5	80.3		76.5			
1.76	Colon Cancer Screening: USPSTF Recommendation	percent	60.0			66.3			
1.59	Cervical Cancer Screening: 21-65	Percent	78.7			82.8			

In Burleson County, the most concerning cancer-related indicator is *Mammography Screening: Medicare Population*. In fact, Burleson county residents are less likely than the overall U.S. population to receive screenings for breast cancer (mammograms), colon cancer, and cervical cancer. For example, 39.0% of Burleson's Medicare recipients have received a mammogram, which is lower than the Texas and U.S. rates (42.0% and 47.0%, respectively).

Cancer, broadly, is particularly common in Burleson County. The county-wide *All Cancer Incidence Rate* in Burleson is 442.7 cases/ 100,000, which is higher than the Texas rate (412.2) and has also been significantly increasing. The rate of cancer among the Medicare population specifically is also higher in the county than in Texas overall (12.0% vs. 11.0%).

Ranking among the most urgent issues, community members voiced concern about the difficulty of accessing screenings and specialty oncology care without traveling long distances. Early detection remains a challenge, particularly among uninsured populations.

## Health Care Access & Quality

From the secondary data scoring results, Health Care Access and Quality ranked 2<sup>nd</sup> in the data scoring of all topic areas with a score of 2.06. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern. Indicators of concern in Burleson County are listed in Table 3 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 3. BURLESON COUNTY DATA SCORING RESULTS: HEALTH CARE ACCESS & QUALITY

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	BURLESON COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.41	Dentist Rate	<i>dentists/100,000 population</i>	10.7		62.9	73.5			
2.41	Mental Health Provider Rate	<i>providers/100,000 population</i>	10.7		156.7	313.9			
2.29	Adults 65+ without Health Insurance	<i>percent</i>	0.9		1.9	0.8			
2.24	Non-Physician Primary Care Provider Rate	<i>providers/100,000 population</i>	53.6		109.0	131.4			
2.03	Primary Care Provider Rate	<i>providers/100,000 population</i>	38.8		60.3	74.9			
1.94	Adults without Health Insurance	<i>percent</i>	15.5			10.8			
1.76	Adults who Visited a Dentist	<i>percent</i>	54.0			63.9			
1.71	Preventable Hospital Stays: Medicare Population	<i>discharges/100,000 Medicare enrollees</i>	2960.0		2980.0	2677.0			
1.59	Adults who have had a Routine Checkup	<i>percent</i>	74.8			76.1			

In Burleson County, the most concerning indicators related to health care access and quality were both related to provider availability: *Dentist Rate* and *Mental Health Provider Rate*. The county rates for both providers were 10.7 per 100,000, which is substantially lower than the overall Texas rates (62.9 dentists and 156.7 mental health providers per 100,000). Burleson also has a lower rate of primary care providers as well as non-physician primary care providers than the Texas and U.S. rates.

Adults, including older adults, specifically, are more likely to be uninsured in Burleson County. The county rate for *Adults 65+ without Health Insurance* is 0.9%, which is a higher rate than most

other counties in Texas and across the nation. The county rate for *Adults without Health Insurance* is 15.5%, which is one of the highest rates of all U.S. counties.

Lower rates of provider availability and insurance coverage may help to fuel low rates of routine checkups and high rates of preventable hospital stays. The county rate for *Preventable Hospital Stays: Medicare Population* is 2,960 discharges per 100,000, which is higher than the U.S. rate (2,677). The county rate for *Adults who have had a Routine Checkup* is 74.8%, which is lower than the U.S. rate (76.1%).

Conduent's Community Health Index (CHI) uses socioeconomic data to estimate which zip codes are at greatest risk for poor health outcomes, such as preventable hospitalization or premature death. Each zip code is ranked based on its index value to identify relative levels of need. Table 4 provides the index values and local ranking for each zip code. The map in Figure 18 illustrates that the zip code with the highest level of socioeconomic need (as indicated by the darkest shade of blue) is 77879 with an index score of 95.2.

FIGURE 18. COMMUNITY HEALTH INDEX: BURLESON PRIMARY SERVICE AREA

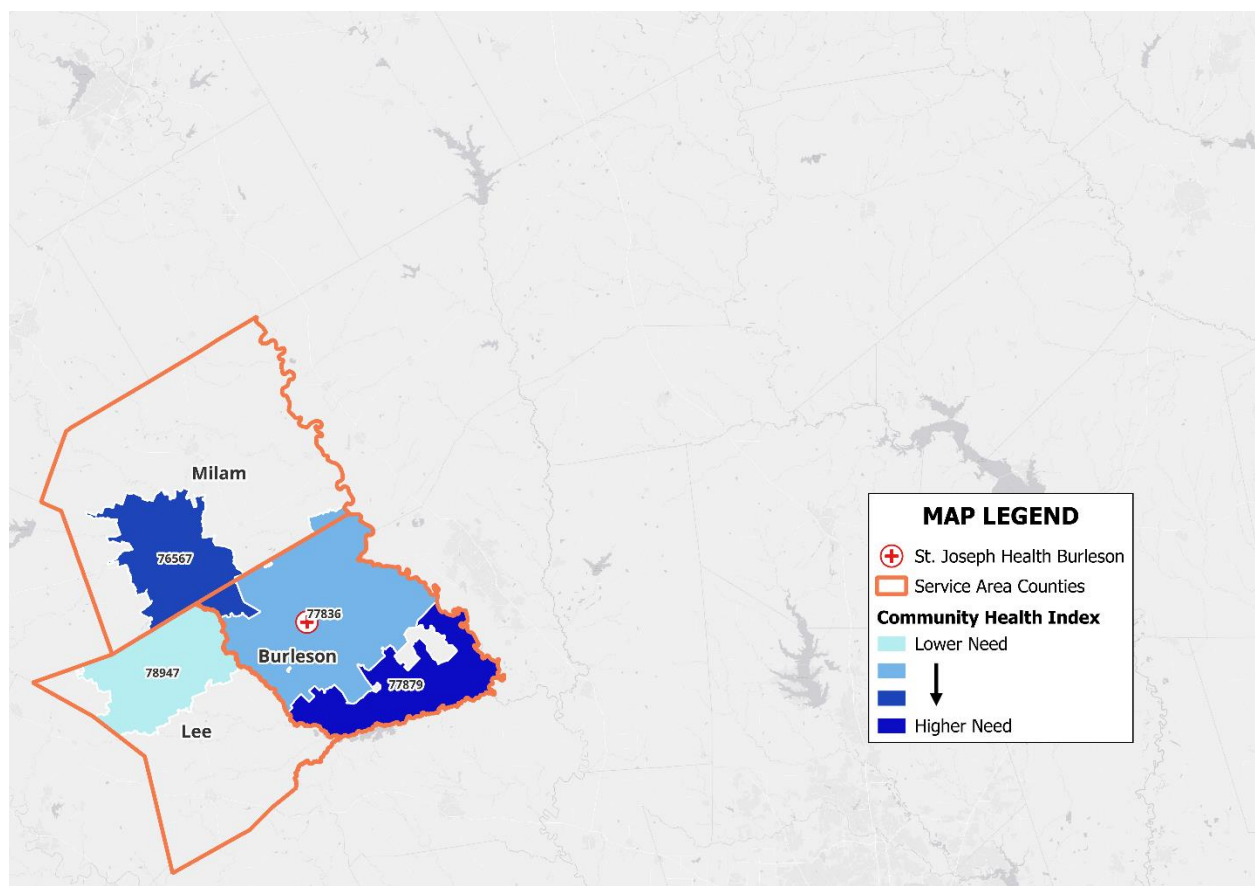


TABLE 4. COMMUNITY HEALTH INDEX: BURLESON PRIMARY SERVICE AREA

Zip Code	Value
77879	95.2
76567	66.3
77836	54.1
78947	14.8

Health Care Access and Quality was one of the highest indicators of concern in the service area. Qualitative feedback from community sessions emphasized lack of providers, affordability, and difficulty navigating the system. As one stakeholder put it, **“We have a lot of resources we just don’t organize them the way we should to really help the community.”** Transportation and insurance coverage gaps compound these issues, particularly for rural and older residents.

## Heart Disease & Stroke

From the secondary data scoring results, Heart Disease and Stroke ranked 8<sup>th</sup> in the data scoring of all topic areas with a score of 1.75. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern. Indicators of concern in Burleson County are listed in Table 5 below. See [Appendix A](#) for the full list of indicators categorized within this topic.

TABLE 5. BURLESON COUNTY DATA SCORING RESULTS: HEART DISEASE AND STROKE

SCORE	HEART DISEASE & STROKE	UNITS	BURLESON COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.56	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	95.8		61.2				
1.94	Adults who Experienced a Stroke	percent	4.5			3.6			
1.94	Adults who Experienced Coronary Heart Disease	percent	9.1			6.8			
1.94	High Blood Pressure Prevalence	percent	39.2	41.9		32.7			
1.88	Heart Failure: Medicare Population	percent	13.0		12.0	11.0			
1.88	Ischemic Heart Disease: Medicare Population	percent	24.0		22.0	21.0			
1.82	Hypertension: Medicare Population	percent	69.0		66.0	65.0			
1.76	Hyperlipidemia: Medicare Population	percent	63.0		65.0	65.0			

In Burleson County, the most concerning indicator related to heart disease and stroke was *Age-Adjusted Death Rate due to Heart Attack*. The county rate in Burleson was 95.8 deaths per 100,000 population 35+ years, which is higher than the Texas rate (61.2) and has also been significantly increasing over time. Several related health conditions were also more common in Burleson, compared to the U.S., including: stroke, coronary heart disease, and high blood pressure. For the population of Medicare recipients, specifically, the county rates for heart failure, ischemic heart disease, and hypertension are also all higher than both the Texas and U.S. rates.

Among the Burleson County population, the risk of hospitalization due to heart failure increases significantly with age. The risk for the population 85 and up is nearly four times that of the 65-84 year-old population, which is nearly four times that of the 45-64 year-old population (434.8 vs. 124.4 vs. 34.3 hospitalizations per 10,000, respectively). We also found that the risk for hospitalization due to heart failure differed by race/ethnicity, even after accounting for age. The risk experienced by Burleson's Black/African American population is about twice that of the overall county population (75.8 vs. 38.4 hospitalizations per 10,000).

FIGURE 19. HOSPITALIZATION RATE DUE TO HEART FAILURE, BY AGE (HOSPITALIZATIONS PER 10,000 POPULATION)

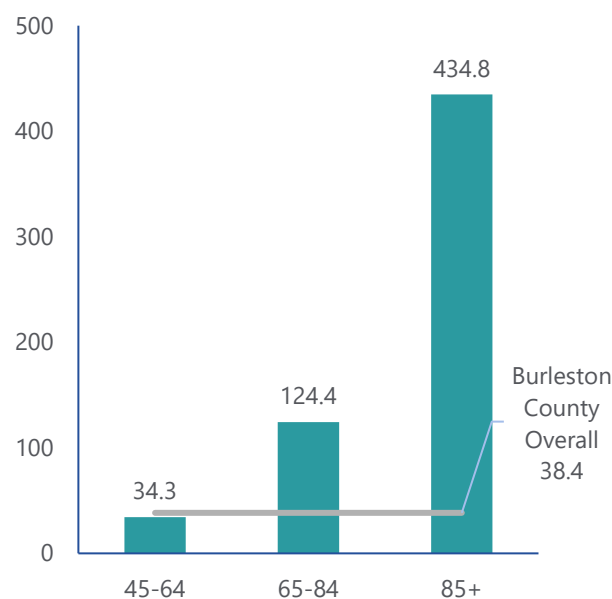
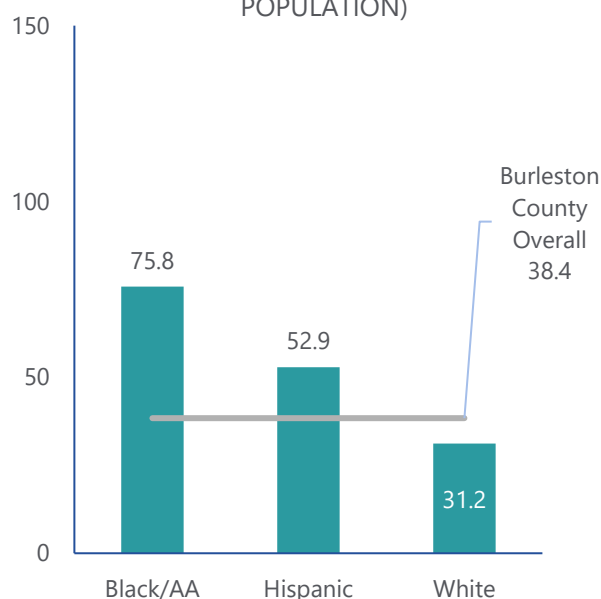


FIGURE 20. AGE-ADJUSTED HOSPITALIZATION RATE DUE TO HEART FAILURE, BY RACE/ETHNICITY (HOSPITALIZATIONS PER 10,000 POPULATION)













The burden of heart disease and stroke was highlighted in both quantitative data and local provider feedback. Factors include lifestyle-related concerns, late diagnosis, and limited local specialty care access.



## Mental Health

From the secondary data scoring results, Mental Health and Mental Disorders ranked 11<sup>th</sup> in the data scoring of all topic areas with a score of 1.49. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern. Indicators of concern in Burleson County are listed in Table 6 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 6. BURLESON COUNTY DATA SCORING RESULTS: MENTAL HEALTH & MENTAL DISORDERS

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	BURLESON COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.41	Mental Health Provider Rate	providers/ 100,000 population	10.7		156.7	313.9			
2.12	Poor Mental Health: Average Number of Days	days	5.2		4.6	4.8			
1.76	Adults Ever Diagnosed with Depression	percent	23.1			20.7			
1.76	Poor Mental Health: 14+ Days	percent	17.6			15.8			

In Burleson County, the most concerning indicator related to mental health was *Mental Health Provider Rate*. The Burleson County rate was 10.7 providers per 100,000, which is substantially lower than the overall Texas rate (156.7), and has also been decreasing over time, although non-significantly. Burleson also has a lower rate of primary care providers as well as non-physician primary care providers than the Texas and U.S. rates.

On average, Burleson County residents report 5.2 days of poor mental health out of the last 30 days, which is higher than the state and national rates (4.6 and 4.8 days, respectively), and has also been significantly trending upward over time. Additionally, county residents are more likely than the overall U.S. population to report at least 14 days of poor mental health out of the last 30 (17.6% vs. 15.8%). Burleson also has a relatively high rate of adults with a diagnosis of depression. The county rate for *Adults Ever Diagnosed with Depression* is 23.1%, which is higher than the U.S. rate of 20.7%

Conduent's Mental Health Index (MHI) uses socioeconomic data to estimate which zip codes are at greatest risk for poor mental health. Each zip code is ranked based on its index value to identify relative levels of need. Table 7 provides the index values and local ranking for each zip code. The map in Figure 21 illustrates that the zip code with the highest risk for poor mental health (as indicated by the darkest shade of purple) is 77879 with an index score of 66.5.

FIGURE 21. MENTAL HEALTH INDEX: BURLESON PRIMARY SERVICE AREA

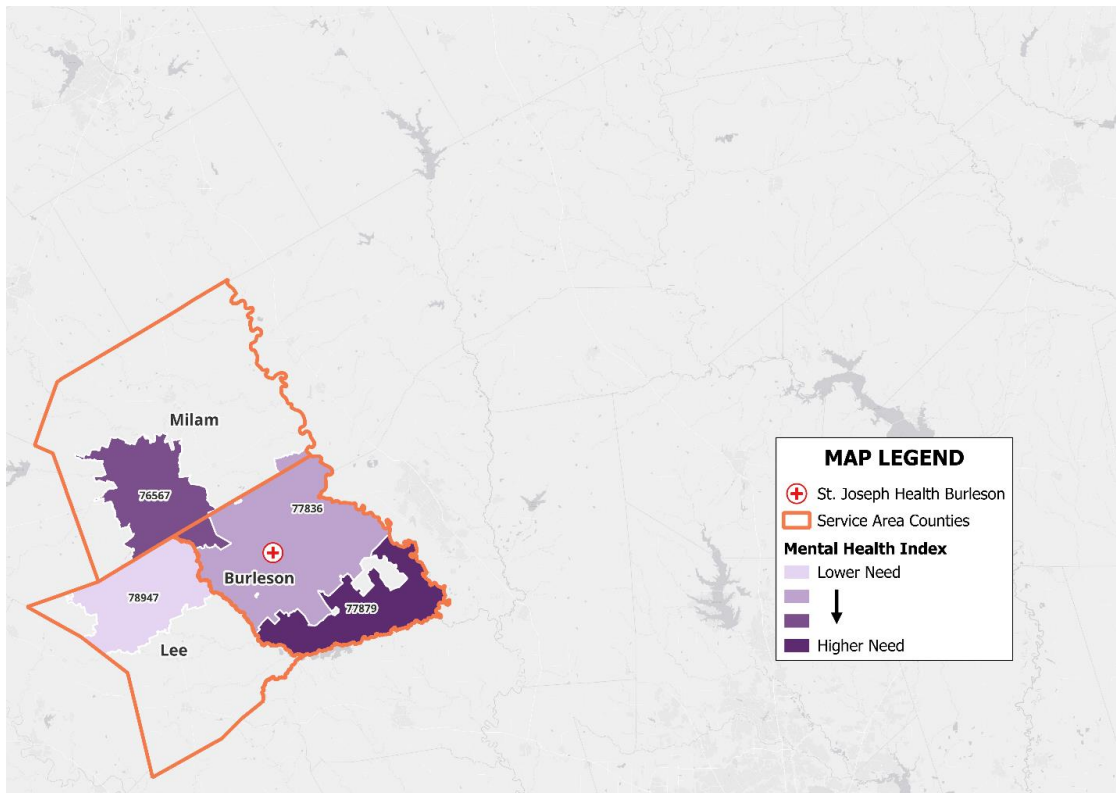


TABLE 7. MENTAL HEALTH INDEX: BURLESON PRIMARY SERVICE AREA







Zip Code	Value
77879	66.5
76567	62.4
77836	26.8
78947	16.4

Mental Health highly ranked in qualitative data. Issues include provider shortages, stigma, and inadequate crisis response infrastructure. As one participant noted, **“We need more places for people to go and more people to talk to before things reach a breaking point.”**

## Respiratory Diseases

From the secondary data scoring results, Respiratory Diseases ranked 16<sup>th</sup> in the data scoring of all topic areas with a score of 1.23. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern. Indicators of concern in Burleson County are listed in Table 8 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 8. BURLESON COUNTY DATA SCORING RESULTS: RESPIRATORY DISEASES

SCORE	RESPIRATORY DISEASES	UNITS	BURLESON COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
1.94	Adults who Smoke	percent	17.5	6.1		12.9			
1.94	Adults with COPD	Percent of adults	9.7			6.8			
1.41	Adults with Current Asthma	percent	10.1			9.9			

In Burleson County, the most concerning indicators related to respiratory diseases were *Adults who Smoke* and *Adults with COPD*. The county rate of *Adults who Smoke* is 17.5%, which is higher than the U.S. rate (12.9%) and more than twice that of the Healthy People 2030 target (6.1%). Additionally, the county rate of *Adults with COPD* (9.7%) is higher than the U.S. rate (6.8%). Adults in Burleson County are also somewhat more likely to have asthma than the U.S. population (10.1% vs. 9.9%).

Respiratory diseases remain a concern given Burleson's rural environment and prevalence of chronic lung issues. Seasonal spikes in asthma and COPD-related hospital visits were noted.

## Weight Status

From the secondary data scoring results, only one indicator was available to describe the topic of *Weight Status* in Burleson County. About one in five adults aged 20 and above (19.6%) are obese in Burleson. This rate is higher than most other counties in Texas, but is lower than the Healthy People 2030 target (36.0%) and is also one of the lowest county rates when compared to other counties across the entire nation See Appendix A for more details.

Highly ranked health indicator which reflects widespread concerns over obesity, sedentary behavior, and limited healthy living resources. Nutrition access, especially in food deserts, remains a contributing factor. Community health stakeholders noted that, **"Families are doing what they can with what they have but what they have isn't always healthy."**

## Women's Health

From the secondary data scoring results, Women's Health ranked 5<sup>th</sup> in the data scoring of all topic areas with a score of 1.90. Further analysis was done to identify specific indicators of concern. Those indicators with high data scores (scoring at or above the threshold of 1.50) were categorized as indicators of concern. Indicators of concern in Burleson County are listed in Table 9 below. See [Appendix A](#) for the full list of indicators categorized within this topic.

TABLE 9. BURLESON COUNTY DATA SCORING RESULTS: WOMEN'S HEALTH

SCORE	WOMEN'S HEALTH	UNITS	BURLESON COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.18	Mammography Screening: Medicare Population	percent	39.0		42.0	47.0			
1.94	Mammogram in Past 2 Years: 50-74	percent	70.5	80.3		76.5			
1.59	Cervical Cancer Screening: 21-65	Percent	78.7			82.8			

The most concerning indicators related to women's health are both related to breast cancer screening. The county rate for *Mammography Screening: Medicare Population* is 39.0%, which is lower than both the Texas and U.S. rates (42.0% and 47.0%, respectively). The county rate for *Mammogram in Past 2 Years: 50-74* is 70.5%, which is lower than the U.S. rate (76.5%) and the Healthy People 2030 target (80.3%). Cervical cancer screenings are also less common in Burleson. The county rate for *Cervical Cancer Screening: 21-65* is 78.5%, which is lower than the U.S. rate (82.8%) and among the 25% of worst performing U.S. counties.

Within the qualitative data, there are community concerns about access to reproductive care, maternal support, and screening services. Gaps in OB/GYN availability and lack of consistent prenatal support for low-income women were noted.

## Other Health Needs of Concern

In addition to the prioritized health needs identified in this assessment, several other topics emerged as significant areas of concern based on analysis of both secondary data indicators and community input. These topics reflect ongoing challenges and disparities that impact many residents across St. Joseph Health Burleson Hospital service area.

While these issues were determined to be important, St. Joseph Health Burleson Hospital will not directly focus on them in its upcoming Implementation Strategy, due to limitations in resources, alignment with current strategic initiatives, or because other community partners are better positioned to lead these efforts. Each need is presented below in alphabetical order with a summary of findings and community insight.

### Children's Health

From the secondary data scoring results, Children's Health ranked 1<sup>st</sup> in the data scoring of all topic areas, with a score of 2.11. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Burleson County:

- *Food Insecure Children Likely Ineligible for Assistance* (56.0%)
- *Child Care Centers* (4.2 per 1,000 population under 5)
- *Substantiated Child Abuse Rate* (13.3 cases per 1,000 children)
- *Child Food Insecurity Rate* (22.0%)

Children's Health is a critical issue within the service area. Concerns include limited pediatric providers, gaps in school-based care, and unmet behavioral health needs among youth.

### Immunizations & Infectious Diseases

From the secondary data scoring results, Immunizations and Infectious Diseases ranked 9<sup>th</sup> in the data scoring of all topic areas, with a score of 1.66. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Burleson County:

- *HIV Diagnosis Rate* (32.7 cases per 100,000 population)
- *Flu Vaccinations: Medicare Population* (40.0%)

This topic remains a concern due to barriers to vaccine access and education. Underserved families face cost and transportation challenges, and local stakeholders noted misinformation and trust issues during community sessions.

## Nutrition and Healthy Eating

Conduent's Food Insecurity Index (FII) uses socioeconomic data to estimate which zip codes are at greatest for poor food access. The map in Figure 22 illustrates that the zip code with the highest risk of food insecurity is 76567 with an index score of 71.2.

FIGURE 22. FOOD INSECURITY INDEX: BURLESON PRIMARY SERVICE AREA

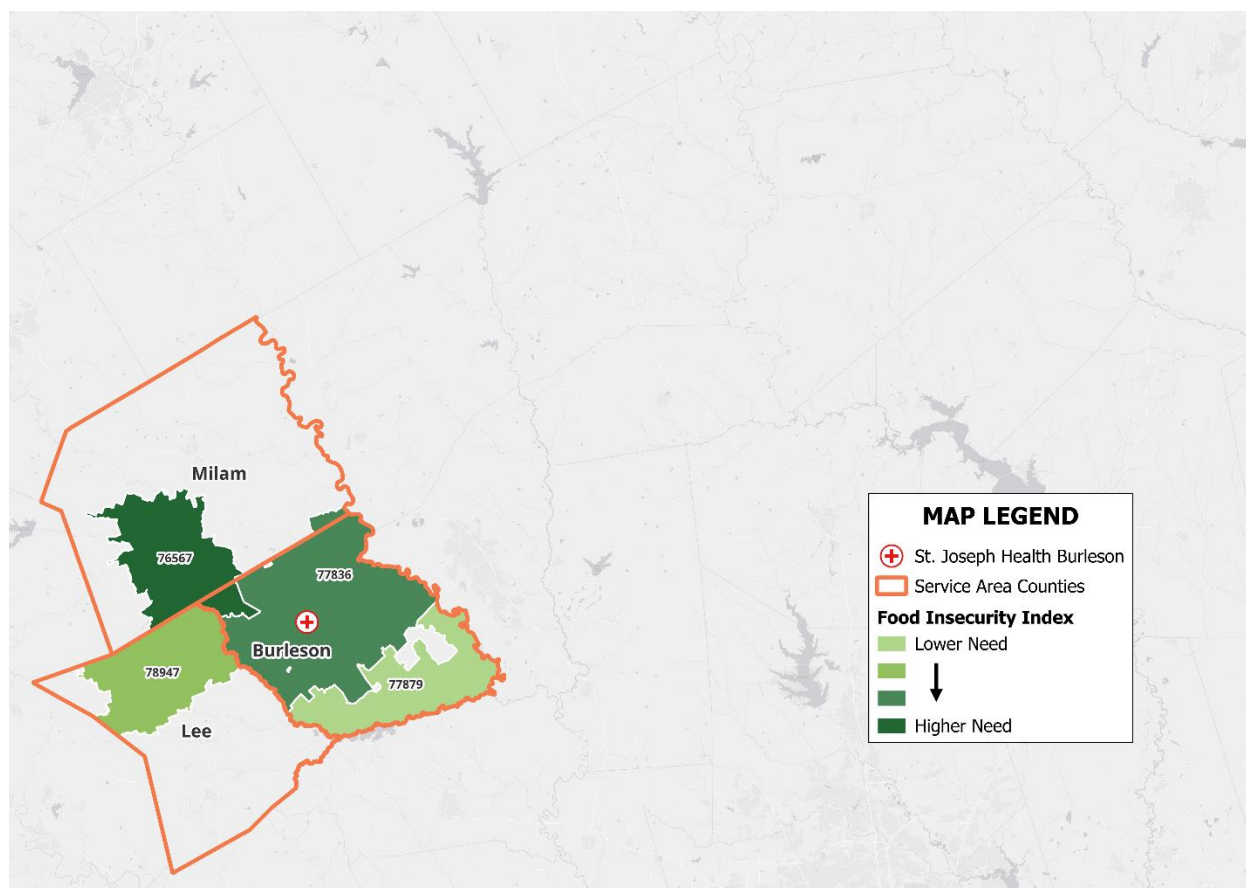


TABLE 10. FOOD INSECURITY INDEX: BURLESON PRIMARY SERVICE AREA

Zip Code	Value
76567	71.2
77836	41.0
78947	38.6
77879	28.6

Closely tied to weight status, nutrition concerns were reflected in high food insecurity index scores in several zip codes. Stakeholders emphasized the need for greater access to affordable, nutritious food and more culturally tailored nutrition education programs.

## Oral Health

From the secondary data scoring results, Oral Health ranked 3<sup>rd</sup> in the data scoring of all topic areas, with a score of 1.97. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Burleson County:

- *Dentist Rate* (10.7 dentists per 100,000 population)
- *Adults who Visited a Dentist* (54.0%)
- *Adults 65+ with Total Tooth Loss* (14.9%)

Dental care remains out of reach for many uninsured or underinsured adults. Listening sessions reinforced the link between poor oral health and chronic disease, noting the lack of dental providers accepting Medicaid.

## Physical Activity

From the secondary data scoring results, Physical Activity ranked 6<sup>th</sup> in the data scoring of all topic areas, with a score of 1.87. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Burleson County:

- *Workers who Walk to Work* (0.1%)
- *Access to Exercise Opportunities* (40.9%)
- *Access to Parks* (14.6%)

Physical activity emerged as a key modifiable health factor. Community members cited the lack of safe, affordable places to exercise in rural or unincorporated parts of the county as a major barrier to healthy living.

## Wellness & Lifestyle

From the secondary data scoring results, Wellness and Lifestyle ranked 7<sup>th</sup> in the data scoring of all topic areas, with a score of 1.75. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Burleson County:

- *High Blood Pressure* (39.2%)
- *Poor Physical Health: 14+ Days* (15.2%)
- *Self-Reported General Health Assessment: Poor or Fair* (24.0%)
- *Life Expectancy* (74.9 years)

The broader topic of wellness reflects chronic stress, poor nutrition, and lack of preventive behaviors. Residents expressed a desire for community wellness campaigns, workplace wellness programs, and more upstream education targeting youth.

## Barriers to Care

Throughout Burleson County, residents and providers identified several persistent barriers that impact individuals' ability to access and maintain timely, appropriate healthcare. These challenges affect rural residents disproportionately and are often exacerbated by social and economic conditions such as income level, transportation availability, and health literacy.



### Limited Provider Availability

Stakeholders cited a shortage of local specialists, behavioral health professionals, and dental providers—particularly those accepting Medicaid or serving uninsured patients.



### Insurance Gaps and Financial Hardship

The high uninsured rate in Burleson County limits access to routine and specialty care. Residents in the "coverage gap" struggle to afford out-of-pocket costs even when care is technically available. This financial strain often results in delayed treatment or overuse of emergency services.



### Transportation Challenges

Rural geography and a lack of public transportation infrastructure make travel to appointments difficult for many, particularly older adults and those without reliable personal vehicles. Community members emphasized that while services may exist, "people can't get there without help."



### Health Literacy and Resource Awareness

Residents frequently lack information about available programs, services, and eligibility requirements.



### Technology Access and Digital Literacy

While telehealth options have increased, broadband limitations and low digital literacy prevent full participation in virtual care models. This digital divide was especially noted in the wake of COVID-19 service transitions.





### Mental Health Stigma and Capacity Gaps

Despite growing demand for behavioral health services, stigma remains a barrier to seeking care. In addition, the few available mental health programs are often overextended, leading to long wait times or limited availability for non-emergent cases.

## Conclusion

The 2025 Community Health Needs Assessment for St. Joseph Health Burleson Hospital reaffirms the hospital's essential role in addressing the complex health needs of a predominantly rural, underserved population. Grounded in robust secondary data, partner survey, and community listening sessions, the CHNA process revealed a consistent set of concerns and priorities.

Seven health needs were prioritized based on community input and data analysis: Health Care Access, Heart Disease & Stroke, Cancer, Women's Health, Respiratory Diseases, Weight Status & Wellness, and Mental Health.

Despite these challenges, the community possesses strong networks, a legacy of partnerships, and a shared desire to collaborate more effectively. Programs such as the Burleson Health Resource Center, Senior Renewal mental health services, and community outreach efforts highlight local innovation and resilience. Still, addressing the most pressing health needs will require continued investment in prevention, workforce development, cross-sector collaboration, and equitable access to services.

As St. Joseph Health Burleson Hospital and its partners move forward into the next implementation cycle, the findings of this CHNA provide a clear roadmap for prioritization and sustained action to advance health equity and improve outcomes for all residents.

## Appendices Summary

The following appendices provide supplemental data, documentation, and references supporting the findings and processes detailed in this Community Health Needs Assessment:

### Data Sources and Methodology Details

Includes methodology overview, data scoring criteria and tables, and a summary of how qualitative and quantitative data were collected and analyzed. This section also includes any supplemental information from the previous CHNA to support comparison and context.

### Stakeholder and Community Engagement Summary

Lists all organizations that contributed input through interviews, surveys, or listening sessions, including representatives of public health agencies, medically underserved, low-income, and minority populations. Also includes data collection tools such as survey instruments and discussion guides used during community engagement.

### Community Partner List

Provides a structured list or table of community-based organizations, coalitions, and programs available to address each prioritized health need identified in the report.

### References and Citations

A complete list of all data sources, literature, and tools used throughout the CHNA.