



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. Luke's Health Memorial Hospital – Livingston

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



Maternal/Infant Health



Health Care Access & Quality



Mental Health



Heart Disease & Stroke



Wellness & Lifestyle

*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 St. Luke's Health Memorial Livingston. 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

St. Luke's Health Memorial Livingston collaborated with various community organizations, local health departments, and healthcare providers. Conduent Healthy Communities Institute (HCI) was contracted to facilitate data collection, analysis, and community engagement efforts.

Community Definition

The community served by St. Luke's Health Memorial Livingston encompasses a rural region within Polk County, Texas. The hospital's defined service area includes five zip codes, strategically selected based on inpatient discharge data and representing the geographic areas with the highest utilization of the hospital's services. These zip codes account for the majority of patient admissions and reflect the hospital's primary area of influence.

This rural community is home to approximately 63,543 residents and is characterized by a population that is predominantly White (72.7%), but also includes Black or African American (8.4%), Hispanic/Latino (16.0%), and multiracial residents. Compared to state averages, Livingston residents are older, with higher percentages of individuals aged 55 and over, and face a distinct set of health challenges shaped by geographic isolation, lower income levels, and limited access to services.

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 categorized them into themes 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. Luke's Health Memorial Livingston 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 has the opportunity to thrive.

List of Prioritized Significant Health Needs

Health needs were ranked based on their significance and potential impact on the community. This prioritization process incorporated a comprehensive review 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:



Each of these areas represent a significant concern that affects 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

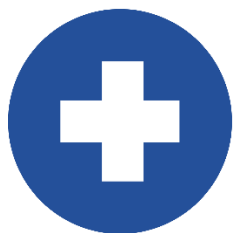
Resources potentially available to address these needs include existing community programs, local nonprofit partnerships, healthcare infrastructure investments, and ongoing collaborations with community-based organizations targeting the identified significant health needs within the service area.

Report Adoption, Availability and Comments

This CHNA report was adopted by the St. Luke's Health Memorial Livingston 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, 1717 US-59 Loop N, Livingston, TX 77351 or by e-mail to fawn.preuss@commonspirit.org.

Looking Back: Evaluation of Progress since prior CHNA

Between FY22 and FY24, St. Luke's Health Memorial Hospitals in Lufkin, Livingston, and San Augustine implemented strategic actions outlined in their 2022 Implementation Strategy. Efforts centered on improving access to care, managing chronic diseases, expanding mental health services, promoting preventive practices, and strengthening community partnerships. These initiatives addressed longstanding barriers to community health and contributed to measurable improvements across these service area communities.



Access to Care

- Livingston: 3,326 individuals; \$311,813 in aid
- Transportation & Navigation Support
- Promoted Medicaid transportation options in San Augustine.
- Partnered with agencies to ensure medical appointment access
- Support for Uninsured/Underinsured
- Over 3,000 individuals supported through screenings and program enrollments
- Collaborated with Burke Center and local health districts



Chronic Disease Management

- Delivered educational sessions on chronic conditions
- Hosted free community health screenings
- Cancer Prevention
- Expanded lung cancer screenings in Lufkin
- Continued The Mermaid Project for uninsured women



Mental Health & Behavioral Health Screenings and Counseling Access

- Increased services in collaboration with Burke Center
- Substance Use and Recovery
- Supported community-based addiction recovery initiatives
- Suicide Prevention



Preventive Practices & Outreach Health Fairs & Immunizations

- Hosted flu shot clinics and educational events
- Provided screenings for diabetes, heart disease, and cancer
- Health Education & Workforce Training
- Supported clinical rotations for students in nursing and allied health

- Delivered education with local churches and health departments
- Invested in health professional training for long-term impact



Community Investments & Special Programs
Health Improvement Grants

- Burke Center: \$64,209 for mental health services
- The Rose: \$20,000 for breast cancer screenings across all 3 hospitals
- Cash Donations & Sponsorships
- Livingston: Sustained monthly support for Burke Center
- Human Trafficking Education
- Delivered training to hospital staff in collaboration with state advocacy groups

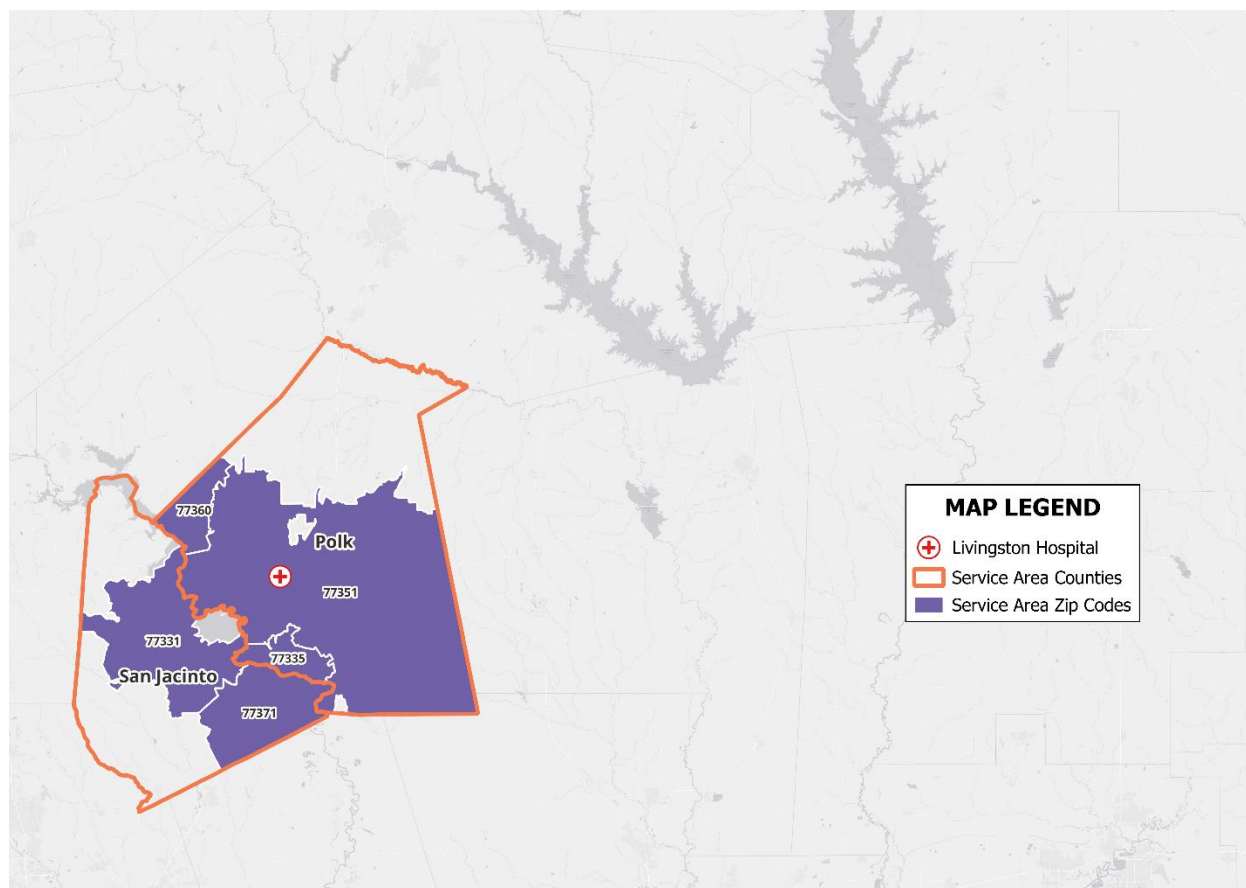
Defining the Community

The community served by St. Luke's Health Memorial Livingston encompasses a rural region within Polk County, Texas. The hospital's defined service area includes five zip codes, strategically selected based on inpatient discharge data and representing the geographic areas with the highest utilization of the hospital's services. These zip codes account for the majority of patient admissions and reflect the hospital's primary area of influence.

Livingston also ranks high on Conduent's Community Health and Mental Health Indexes, indicating elevated needs tied to poverty, limited transportation, mental health stressors, and preventable health conditions. Many zip codes in the service area have been assigned index scores above 90, reflecting socioeconomic conditions closely linked to poor health outcomes, including premature death, hospitalizations, and food insecurity.

A complete list of included zip codes can be found in the Appendix, and more detailed demographic and health indicator data including poverty rates, insurance coverage, and community health index scores are provided in the Core Demographics section.

FIGURE 1. LIVINGSTON MEMORIAL HOSPITAL SERVICE AREA



Demographic Profile

Geography and Data sources

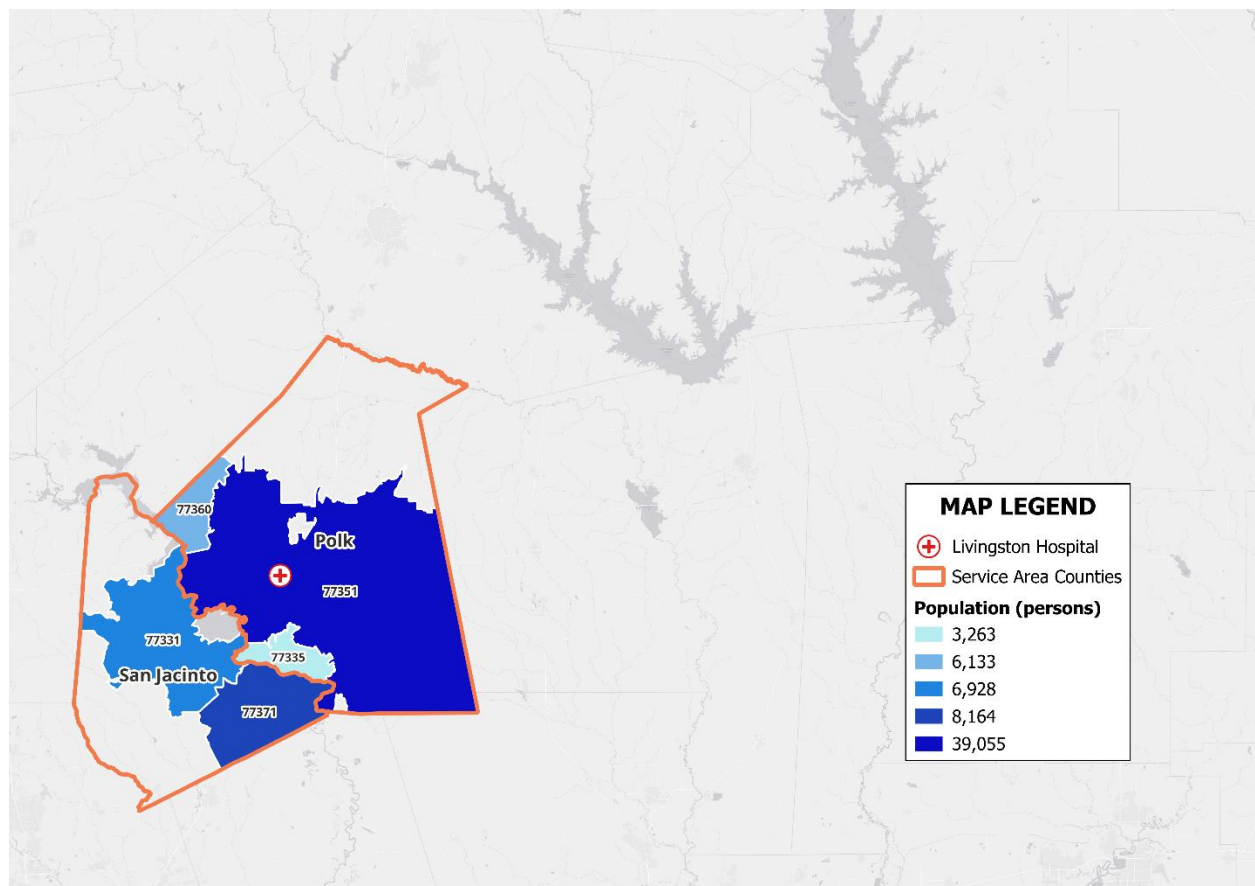
The following section explores the demographic profile of the BSLMC primary service area, which includes 5 zip codes in and around Polk County. A community's demographics significantly impact its health profile. Different racial/ethnic, age, and socioeconomic groups may have unique needs and require 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 Livingston Hospital primary service area has an estimated population of 63,543 persons. Figure 2 shows the population breakdown for the service area by zip code.

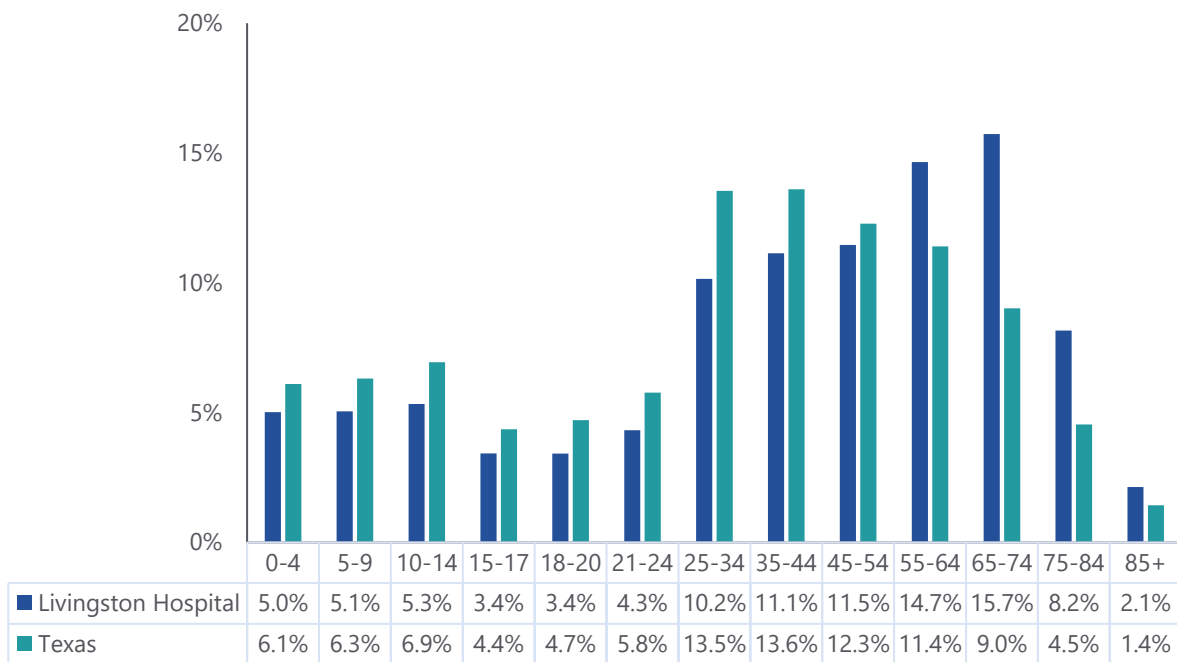
FIGURE 2. LIVINGSTON MEMORIAL HOSPITAL PRIMARY SERVICE AREA POPULATION DISTRIBUTION BY ZIP CODE



Age

Figure 3 shows the population of Livingston Hospital's primary service area broken down by age group, with comparisons to the state-wide Texas population. Overall, the age distribution of Livingston Hospital is older than the state-wide Texas population. Most of the population is between 55 and 74 years old.

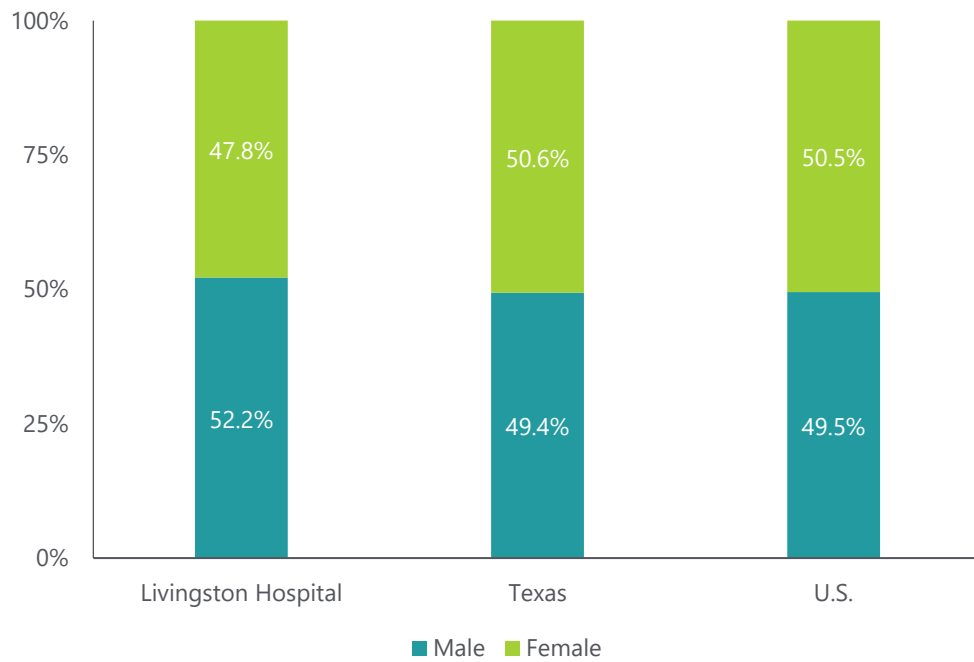
FIGURE 3. POPULATION BY AGE: LIVINGSTON MEMORIAL HOSPITAL SERVICE AREA



Sex

As seen in Figure 4, 47.8% of the Livingston Hospital service area population is female, which is lower than both state and national populations (50.6% and 50.5%, respectively).

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



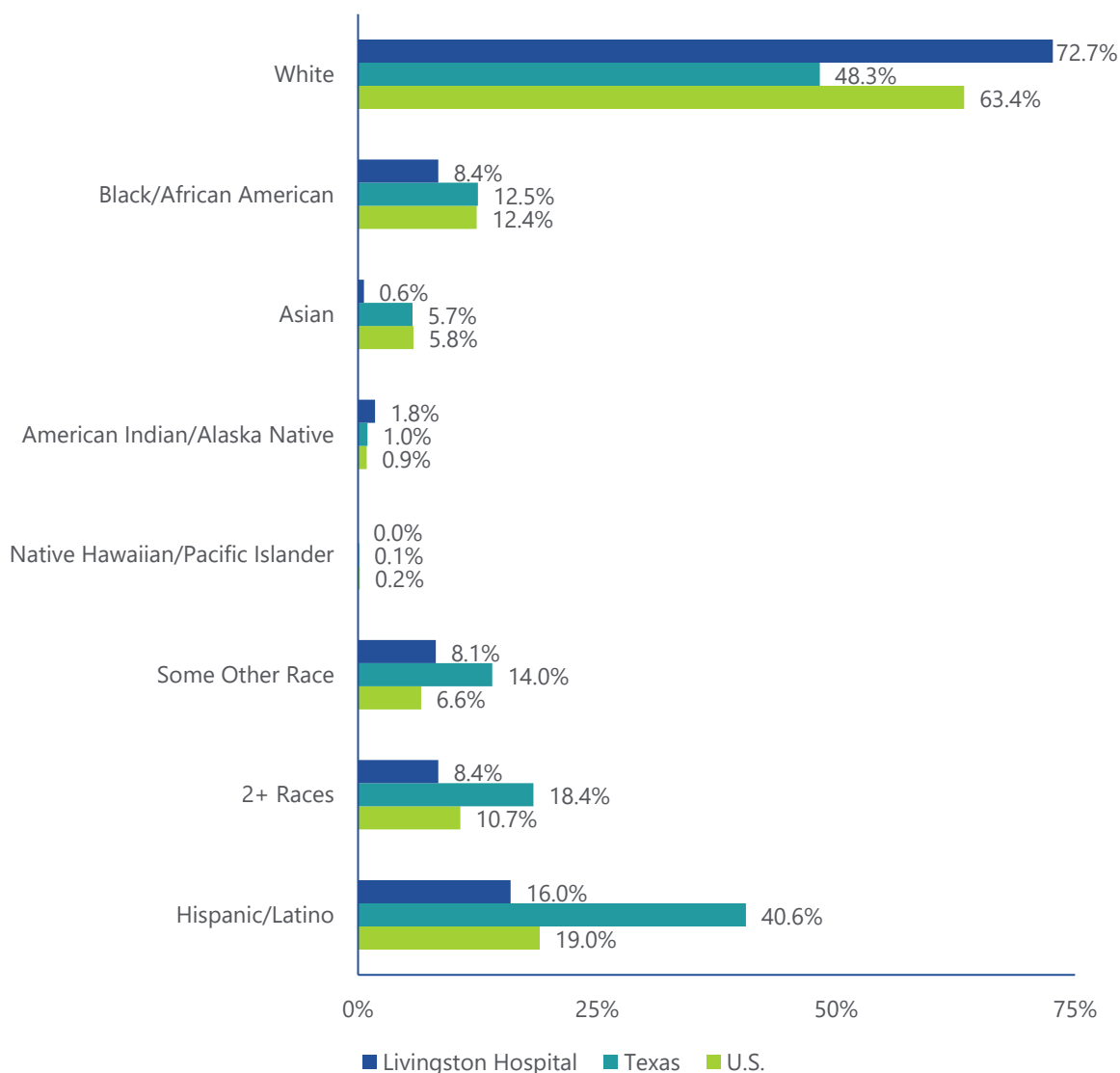
U.S. value taken from American Community Survey (2019-2023)

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.

The majority of the population in the Livingston Hospital primary service area identifies as White (72.7%)

FIGURE 5. POPULATION BY RACE AND ETHNICITY



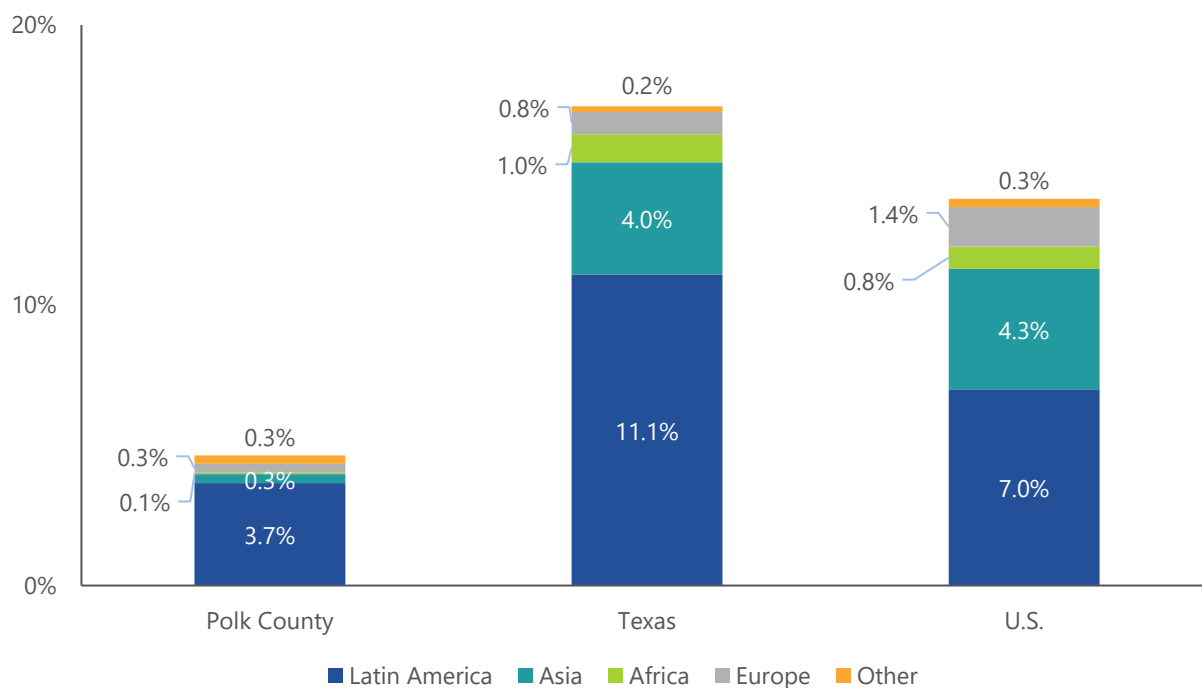
U.S. value taken from American Community Survey (2019-2023)

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, 4.7% of residents in Polk 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.

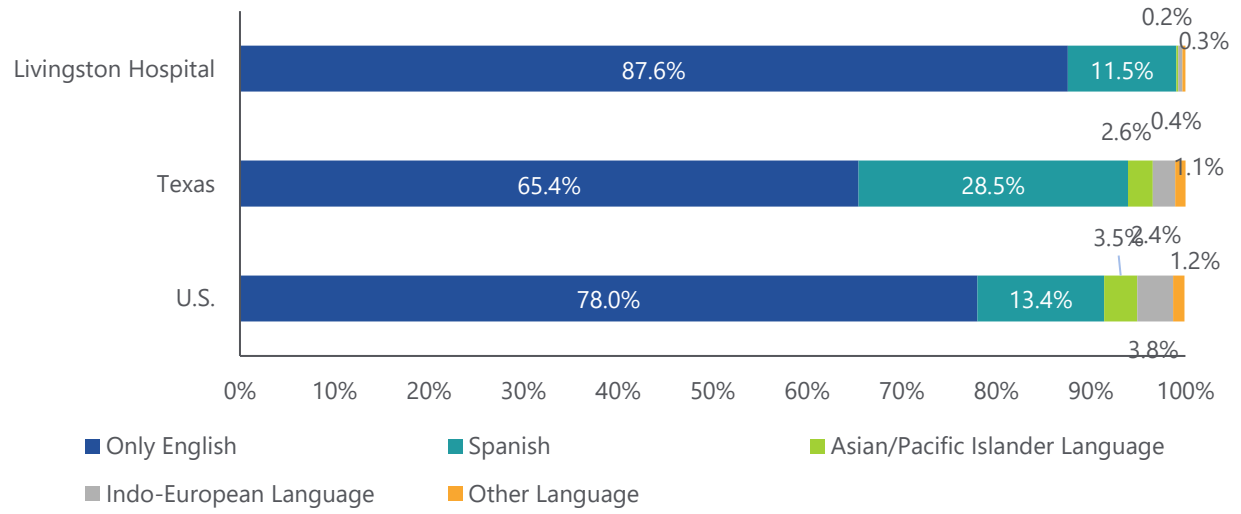
FIGURE 6. REGION OF BIRTH FOR ANY PERSONS BORN OUTSIDE THE COUNTRY



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

As shown in Figure 7, the majority of the Livingston Hospital service area population speaks only English (87.6%) while Spanish is the second most commonly spoken language at home (11.5%).

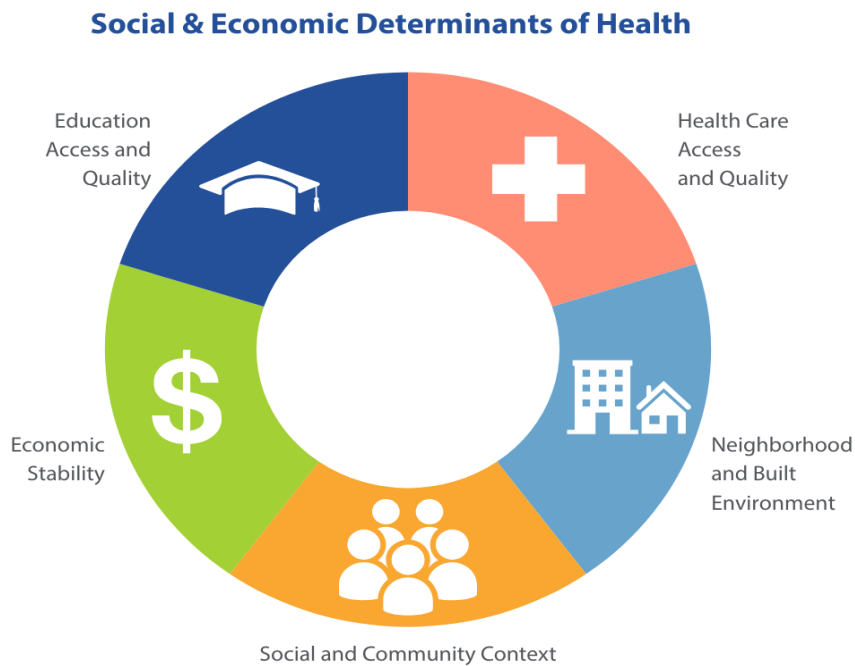
FIGURE 7. POPULATION AGE 5+ BY LANGUAGE SPOKEN AT HOME



Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health impacting the Livingston Hospital 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 7 shows the Healthy People 2030 Social Determinants of Health domains (Healthy People 2030, 2022).

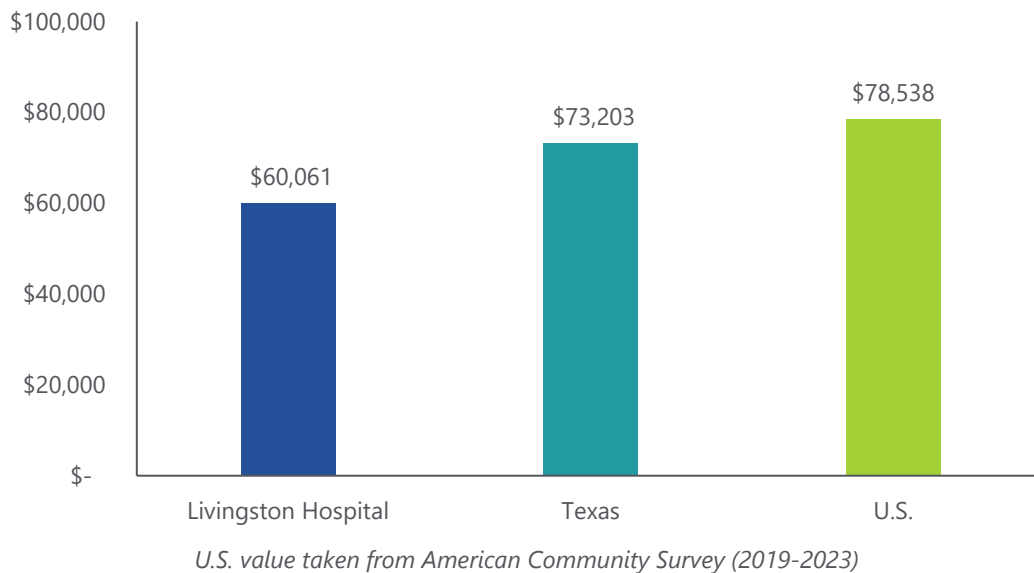
FIGURE 8. HEALTHY PEOPLE 2030 SOCIAL DETERMINANTS OF HEALTH



Income

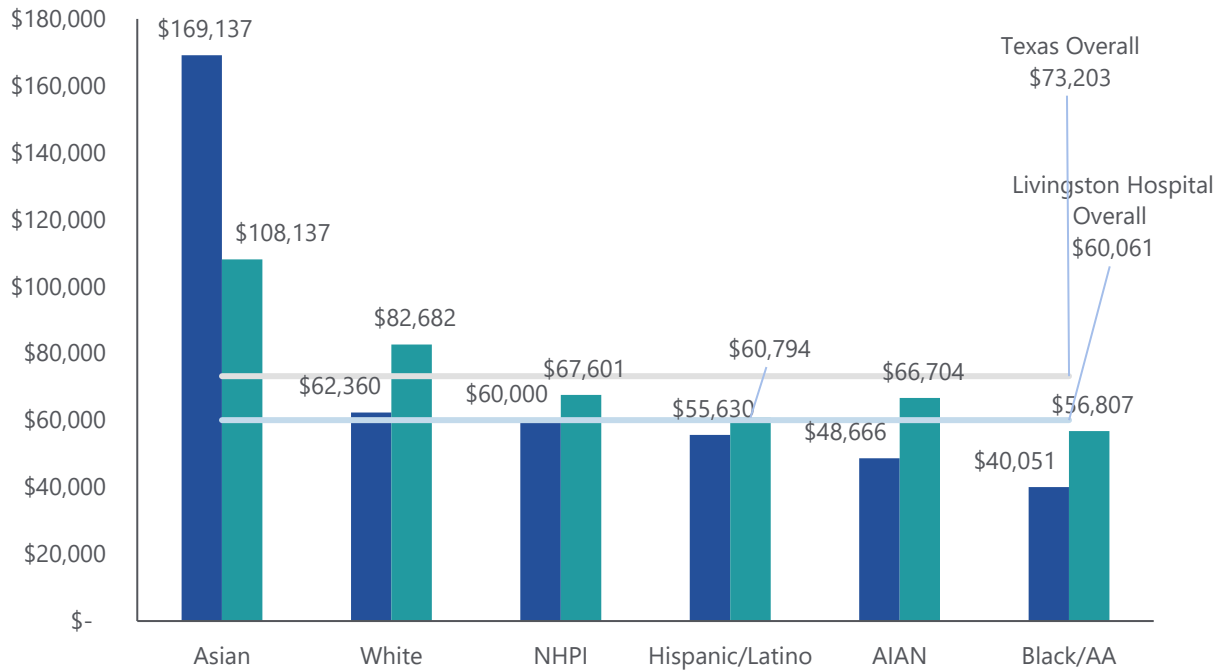
Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including 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 Black/African American, American Indian/Alaska Native, and Hispanic/Latino communities of the Livingston Hospital service area all have a lower median income than the overall service area median income. For example, the Black/African American median income is more than \$20,000 lower than the overall median income (\$40,051 vs. \$60,061).

FIGURE 10. MEDIAN HOUSEHOLD INCOME BY RACE & ETHNICITY



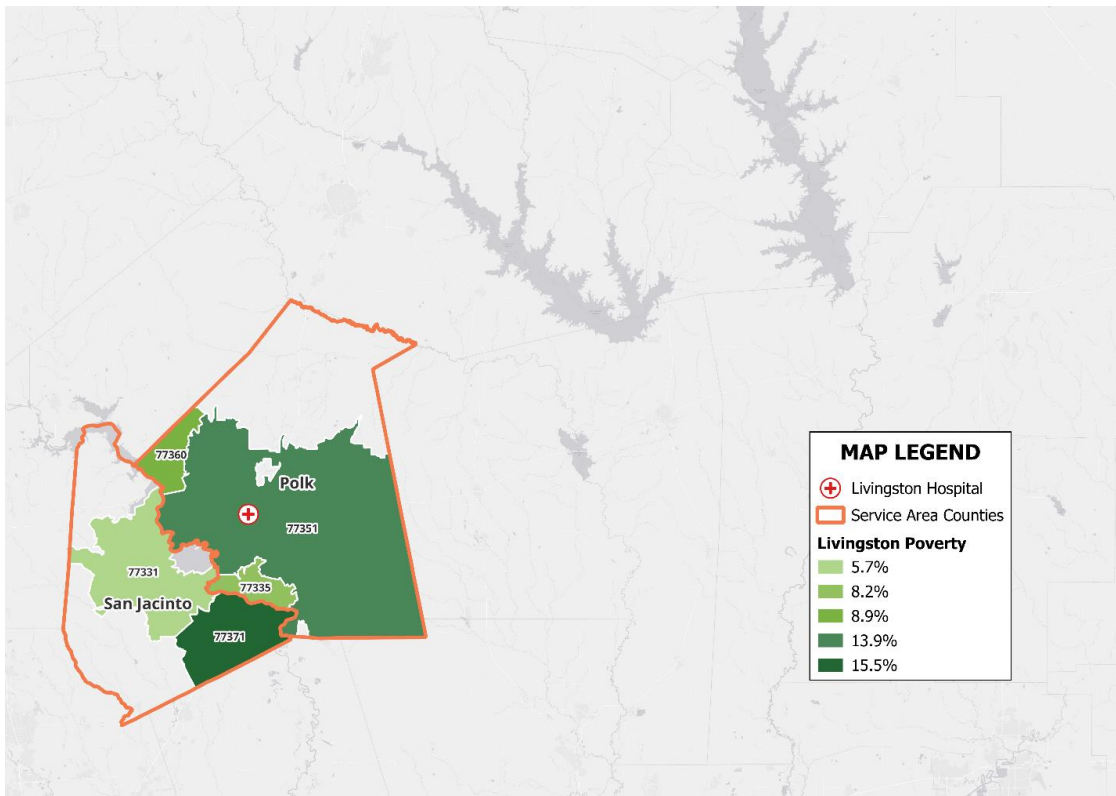
Poverty

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.¹

Overall, 13.1% of families in the Livingston Hospital primary service area live below the poverty level, which is more than the state value of 11.0% and 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.

¹ 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 zip code in the service area with the highest concentration of poverty is 77371 (15.5%) and the lowest concentration is 77331 (5.7%).

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

Zip Code	Value
77371	15.5%
77351	13.9%
77360	8.9%
77335	8.2%
77331	5.7%

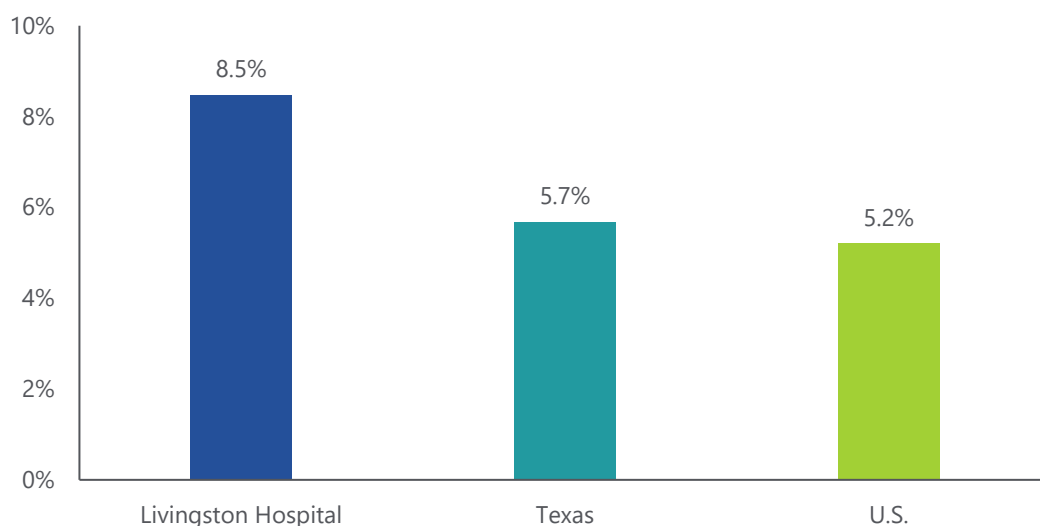
Employment

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.²

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.² 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.²

Figure 12 shows the population aged 16 and over who are unemployed. The unemployment rate for the Livingston Hospital primary service area is 8.5%, which is higher 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)

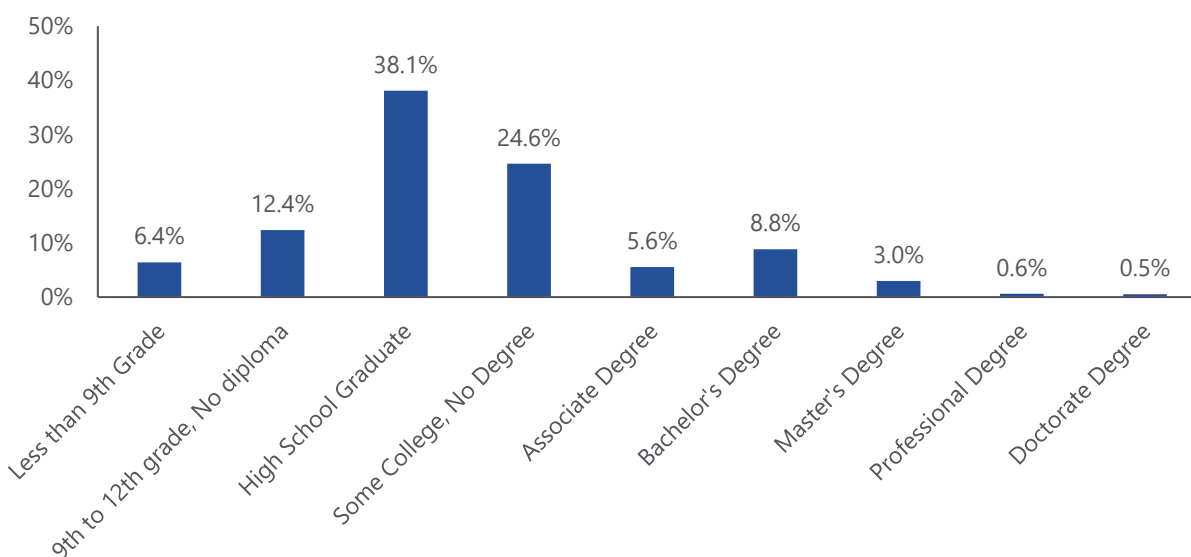
² U.S. Department of Health and Human Services, Healthy People 2030. <https://health.gov/healthypeople/objectives-anddata/social-determinants-health/literature-summaries/employment>

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.³ Further, people with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.⁴

Figure 13 shows the detailed breakdown of the Livingston Hospital primary service area by educational attainment, among those aged 25 and up. As shown in Figure 14, most of the Livingston population has a high school diploma or higher (81.2%), although this is somewhat lower than both the state-wide and nation-wide rates (85.1% and 89.4%, respectively). Additionally, only 12.9% of the population over 25 years old in the Livingston service area have a bachelor's degree or higher, which is 19.4% lower than the state of Texas and 22.1% lower than the nation.

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



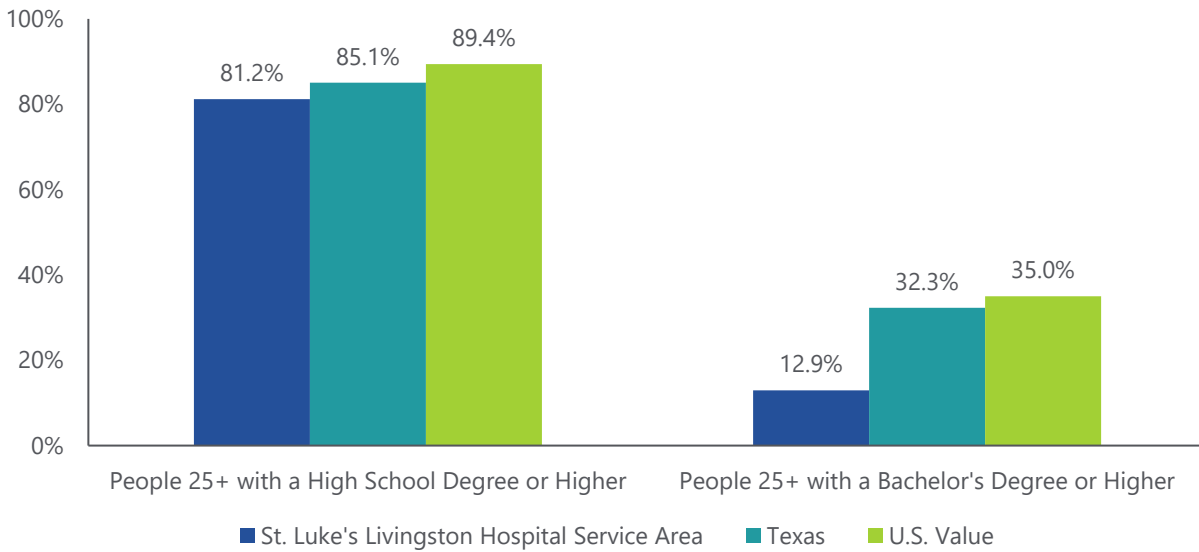
³ U.S. Department of Health and Human Services, Healthy People 2030.

<https://health.gov/healthypeople/priority-areas/social-determinants-health>

⁴ Robert Wood Johnson Foundation, Education and Health.

<https://www.rwjf.org/en/library/research/2011/05/educationmatters-for-health.html>

FIGURE 14. POPULATION 25+ BY EDUCATIONAL ATTAINMENT



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

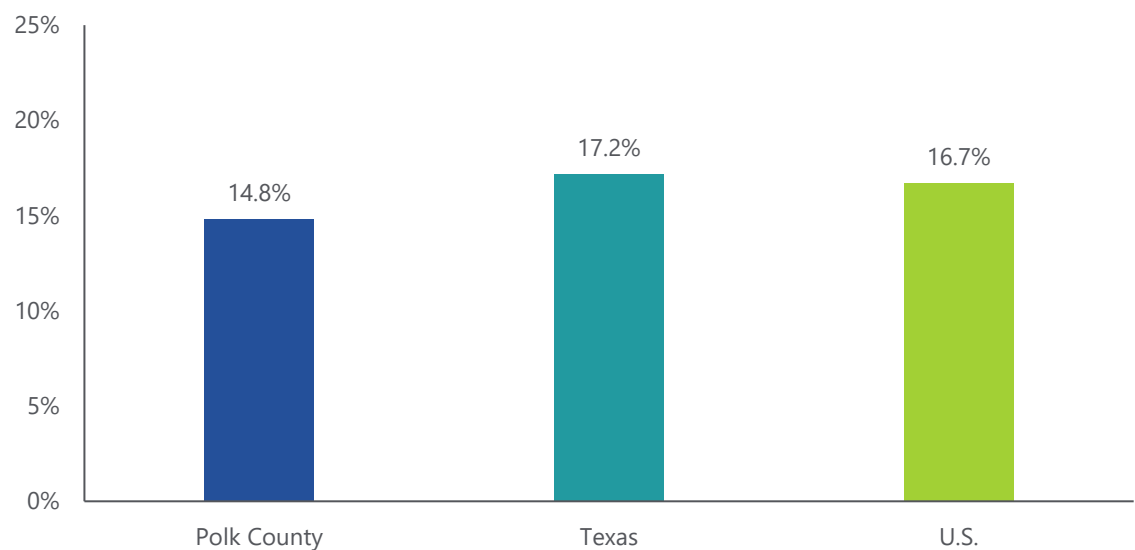
Housing

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.⁵

As shown in Figure 15, 14.8% of households in Polk County 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).

⁵ 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>

FIGURE 15. HOUSEHOLDS WITH SEVERE HOUSING PROBLEMS

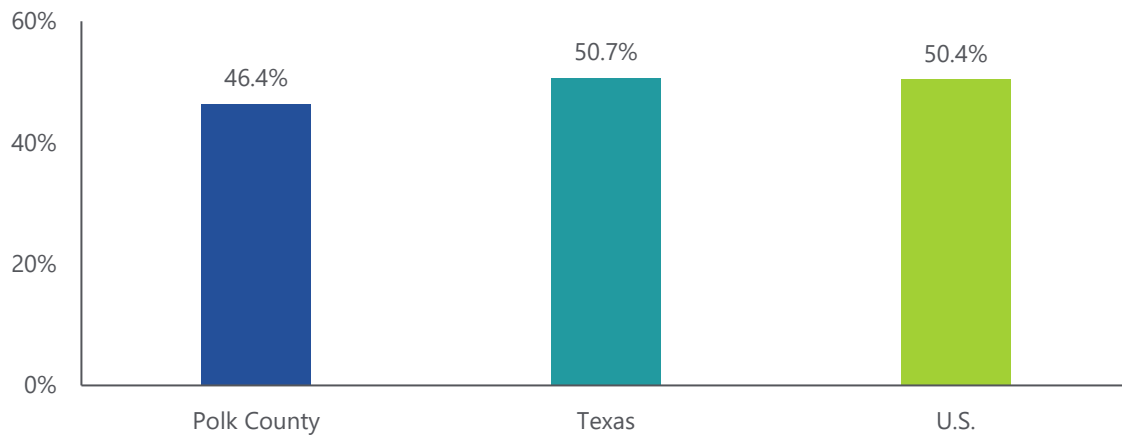


County, State, and U.S. values taken from County Health Rankings (2016-2020)

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.⁶

Figure 16 shows the percentage of renters who are spending 30% or more of their household income on rent. The value in Polk County (46.4%) 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



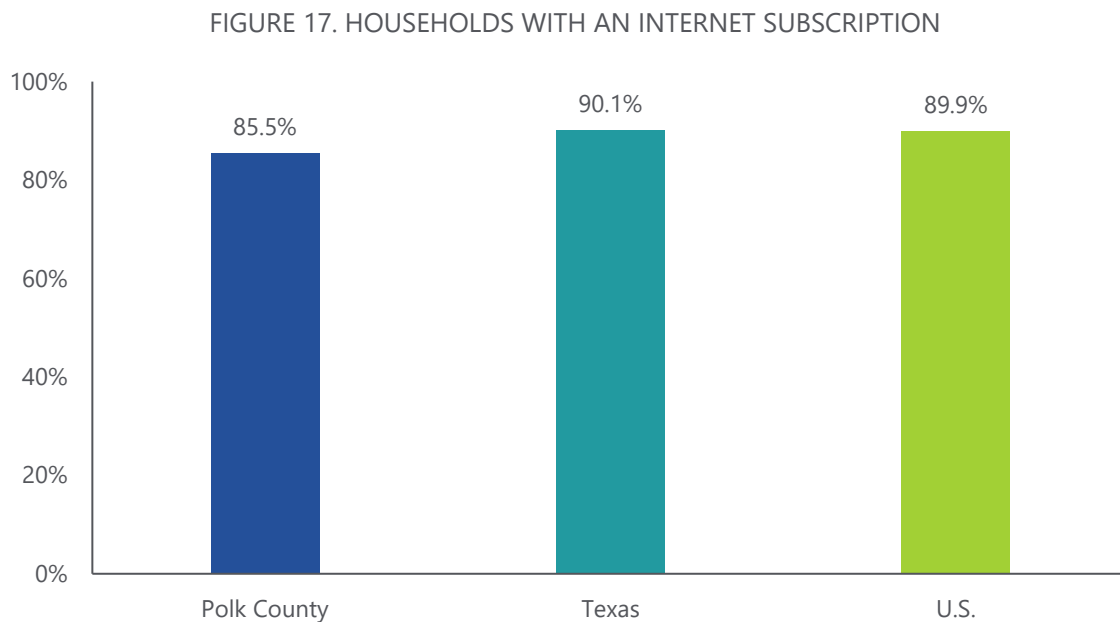
County, State, and U.S. values taken from American Community Survey (2019-2023)

⁶ 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>

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.⁷ Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.⁷

Figure 17 shows the percentage of households that have an internet subscription. The rate in Polk County (85.5%) is lower than both the state value (90.1%) and the national value (89.9%).



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



⁷ 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. Luke's Health Memorial Livingston 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:

 Quality of Life	 Health
Community	Adolescent Health Men's Health
Economy	Alcohol & Drug Use Mental Health & Mental Disorders
Education	Cancer Older Adults
Environment	Children's Health Oral Health
Transportation	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

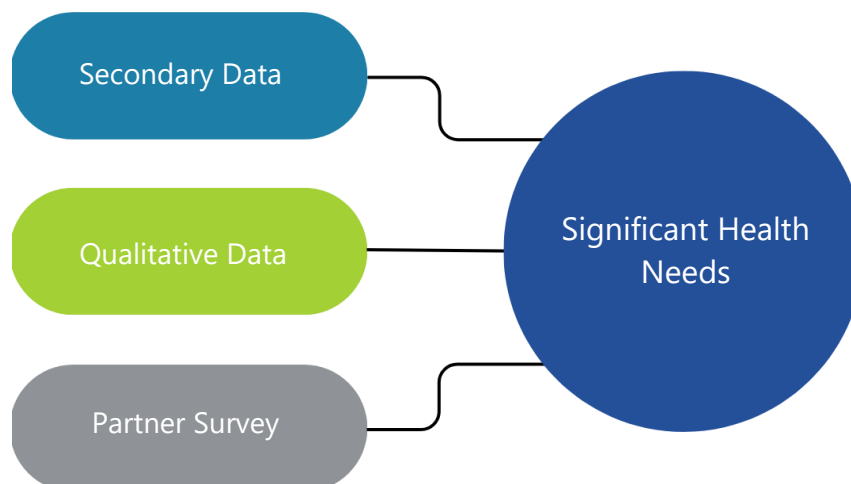
An online survey was distributed to over 60 organizational partners and stakeholders, including representatives from public health departments, healthcare providers, social service agencies, and nonprofit organizations. The survey captured perspectives on health priorities, gaps in care, barriers to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



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. Luke's Health Memorial Livingston's service area:



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 4th in the data scoring of all topic areas with a score of 2.01. 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 Polk County are listed in Table 2 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 2. POLK COUNTY DATA SCORING RESULTS: CANCER

SCORE	CANCER	UNITS	POLK COUNTY	HP2030	Texas	U.S.	TX Counties	U.S. Counties	Trend
3.00	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	633.6		412.2	442.3			
2.29	Cervical Cancer Screening: 21-65	<i>Percent</i>	73.3			82.8			
1.94	Mammogram in Past 2 Years: 50-74	<i>percent</i>	70.4	80.3		76.5			
1.85	Mammography Screening: Medicare Population	<i>percent</i>	40.0		42.0	47.0			
1.76	Colon Cancer Screening: USPSTF Recommendation	<i>percent</i>	60.5			66.3			

The most concerning indicator in Polk County is *All Cancer Incidence Rate*. The risk of developing any type of cancer for the Polk County population is 633.6 cases per 100,000, which is about 50% higher than the cancer risk for the overall Texas population (412.2). This cancer risk has also been increasing significantly over time.
















Polk County has lower rates of certain cancer screenings than the U.S. population, including: *Cervical Cancer Screening: 21-65* (73.3% vs. 82.8%), *Mammogram in Past 2 Years: 50-74* (70.4% vs. 76.5%), *Mammography Screening: Medicare Population* (40.0% vs. 47.0%), and *Colon Cancer Screening: USPSTF Recommendation* (60.5% vs. 66.3%).

Cancer, specifically breast and lung cancer, continues to impact residents in Livingston, especially among the uninsured population. The Mermaid Project, offering free breast cancer screenings for uninsured women, helped reduce some barriers. In addition, the region benefited from community health improvement grants like The Rose, which provided resources for early detection and preventive screenings.

Health Care Access & Quality

From the secondary data scoring results, Health Care Access & Quality ranked 12th in the data scoring of all topic areas with a score of 1.67. 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 and are listed in Table 3 below. See Appendix A for the full list of indicators categorized within this topic.

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

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	POLK COUNTY	HP2030	Texas	U.S.	TX Counties	U.S. Counties	Trend
2.29	Primary Care Provider Rate	<i>providers/100,000 population</i>	48.2		60.3	74.9			
2.24	Non-Physician Primary Care Provider Rate	<i>providers/100,000 population</i>	54.5		109.0	131.4			
2.12	Adults who Visited a Dentist	<i>percent</i>	50.9			63.9			
1.94	Adults without Health Insurance	<i>percent</i>	15.4			10.8			
1.88	Dentist Rate	<i>dentists/100,000 population</i>	41.3		62.9	73.5			
1.59	Mental Health Provider Rate	<i>providers/100,000 population</i>	62.0		156.7	313.9			

In Polk County, four of the most concerning indicators under this topic area were all related to provider availability. Compared to both Texas and the U.S. overall, Polk County has a smaller *Primary Care Provider Rate* (48.2 providers per 100,000), *Non-Physician Primary Care Provider Rate* (54.5), *Dentist Rate* (41.3), and *Mental Health Provider Rate* (62.0). The county's *Dentist Rate* and *Mental Health Provider Rate* have both been significantly increasing over time.

The Polk County rate for *Adults who Visited a Dentist* (50.9%) is lower than the overall U.S. rate (63.9%), and adults in the county are also more likely than the U.S. population to be without health insurance (15.4% vs. 10.8%).

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 77351 with an index value of 91.8.

FIGURE 18. COMMUNITY HEALTH INDEX: LIVINGSTON PRIMARY SERVICE AREA

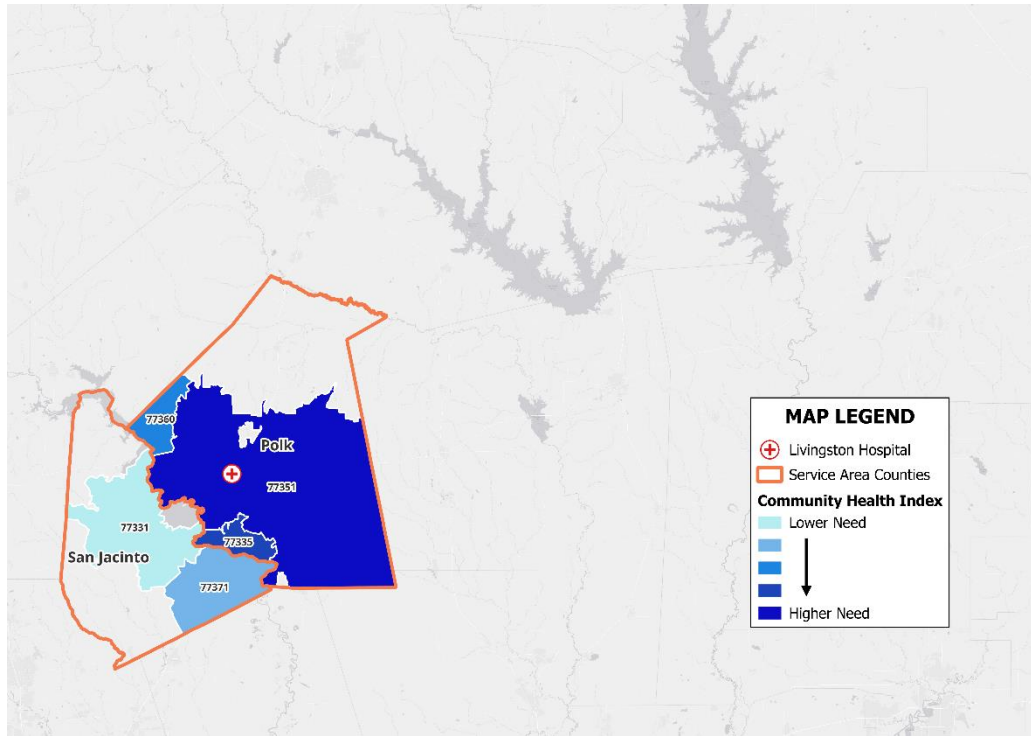


TABLE 4. COMMUNITY HEALTH INDEX: LIVINGSTON PRIMARY SERVICE AREA

Zip Code	Value
77351	91.8
77335	90.2
77360	81.8
77371	80.4
77331	67.6

Access to care remains a pressing issue in Livingston and Polk County. A substantial percentage of adults (15.4%) are uninsured well above national levels and many residents lack consistent transportation to primary or specialist respondents and focus group participants consistently named affordability, insurance gaps, and transportation challenges as top barriers.

“

People show up at clinics without documents or knowing what’s required, then leave without getting care. That one failed attempt might stop them from trying again. – Listening Session Participant

”

Heart Disease & Stroke

From the secondary data scoring results, Heart Disease and Stroke ranked 15th in the data scoring of all topic areas with a score of 1.54. 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 and are listed in Table 5 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 5. POLK COUNTY DATA SCORING RESULTS: HEART DISEASE & STROKE

SCORE	HEART DISEASE & STROKE	UNITS	POLK COUNTY	HP2030	Texas	U.S.	TX Counties	U.S. Counties	Trend
2.29	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	120.1		61.2				
1.94	Adults who Experienced a Stroke	percent	4.4			3.6			
1.94	Adults who Experienced Coronary Heart Disease	percent	8.7			6.8			
1.94	High Blood Pressure Prevalence	percent	40.1	41.9		32.7			
1.76	Cholesterol Test History	percent	83.5			86.4			
1.65	Hyperlipidemia: Medicare Population	percent	64.0		65.0	65.0			

In Polk County, the most concerning indicator related to heart disease and stroke was *Age-Adjusted Death Rate due to Heart Attack*. The county rate for this indicator was 120.1 deaths per 100,000 population 35+ years, which is about twice the Texas rate (61.2). Polk County's population experienced higher rates than the U.S. population for stroke (4.4% vs. 3.6%), coronary heart disease (8.7% vs. 6.8%), and high blood pressure (40.1% vs. 32.7%). Notably, the Polk County rate for *High Blood Pressure Prevalence* is lower than the Healthy People 2030 target (41.9%).

Among the Polk County population, the risk of hospitalization due to heart failure increases significantly with age. The risk for the population 85 and up is more than three times that of the 65-84 year-old population, which is about twice that of the 45-64 year-old population (345.9 vs. 102.1 vs. 42.3 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 Polk's Black/African American population is 75.8 hospitalizations per 10,000, which is greater than the county-wide risk of 37.0.

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

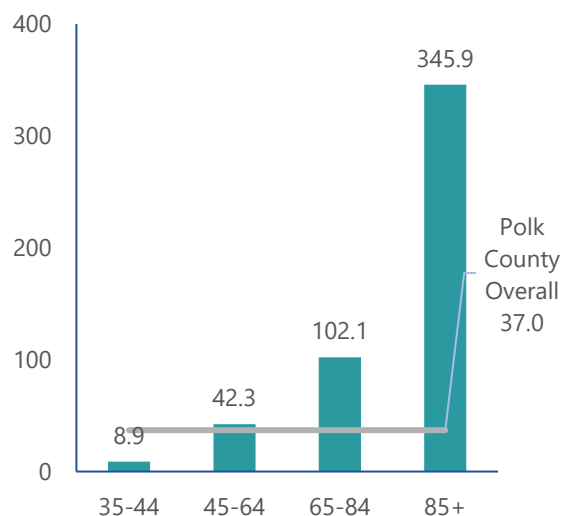
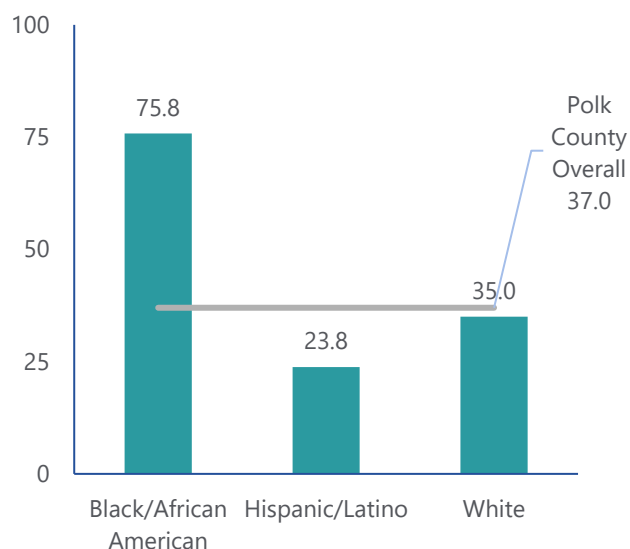


FIGURE 20. AGE-ADJUSTED HOSPITALIZATION RATE DUE TO HEART FAILURE, BY RACE/ETHNICITY (CASES PER 10,000 POPULATION 18+ YEARS)



Chronic conditions such as hypertension and cardiovascular disease are prevalent in the Livingston region, fueled by limited access to preventive care, high poverty rates, and transportation barriers. Free blood pressure and cholesterol screenings provided through local health fairs were among the most utilized services. Survey results identified heart disease and stroke as one of the top five health priorities.

Maternal/ Infant Health

From the secondary data scoring results, Maternal, Fetal, & Infant Health ranked 18th in the data scoring of all topic areas with a score of 1.25. 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, and only one indicator under this topic area met that criterion: *Infants Born to Mothers with <12 Years of Education*. The Polk County rate for this indicator (16.5%) was higher than both the Texas and U.S. rates (14.5% and 11.7%, respectively). See Appendix A for the full list of indicators categorized within this topic

Participants highlighted challenges around prenatal care, especially for uninsured or undocumented women.



People don't know where to go for prenatal care unless it's an emergency. – Listening Session Participant











Language barriers, limited OB/GYN availability, and a lack of coordinated care contribute to delays in prenatal and postpartum care.

Mental Health

From the secondary data scoring results, Mental Health & Mental Disorders ranked 13th in the data scoring of all topic areas with a score of 1.58. 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 and are listed in Table 6 below. See Appendix A for the full list of indicators categorized within this topic.

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

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	POLK COUNTY	HP2030	Texas	U.S.	TX Counties	U.S. Counties	Trend
3.00	Poor Mental Health: Average Number of Days	days	5.7		4.6	4.8			
1.94	Poor Mental Health: 14+ Days	percent	18.8			15.8			
1.59	Mental Health Provider Rate	providers/ 100,000 population	62.0		156.7	313.9			

In Polk County, the two most concerning indicators related to mental health and mental disorders are *Poor Mental Health: Average Number of Days* and *Poor Mental Health: 14+ Days*. On average, Polk county residents report having poor mental health on 5.7 of the past 30 days, and this rate has been significantly increasing with time. Additionally, 18.8% of the county population reports 14 days or more of poor mental health, which is higher than the U.S. population (15.8%). Finally, Polk County's *Mental Health Provider Rate* is smaller than the Texas rate (62.0 vs. 156.7 providers per 100,000 population), but has been significantly increasing.

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 zip code 77351 with a score of 92.1.

FIGURE 21. MENTAL HEALTH INDEX: LIVINGSTON PRIMARY SERVICE AREA

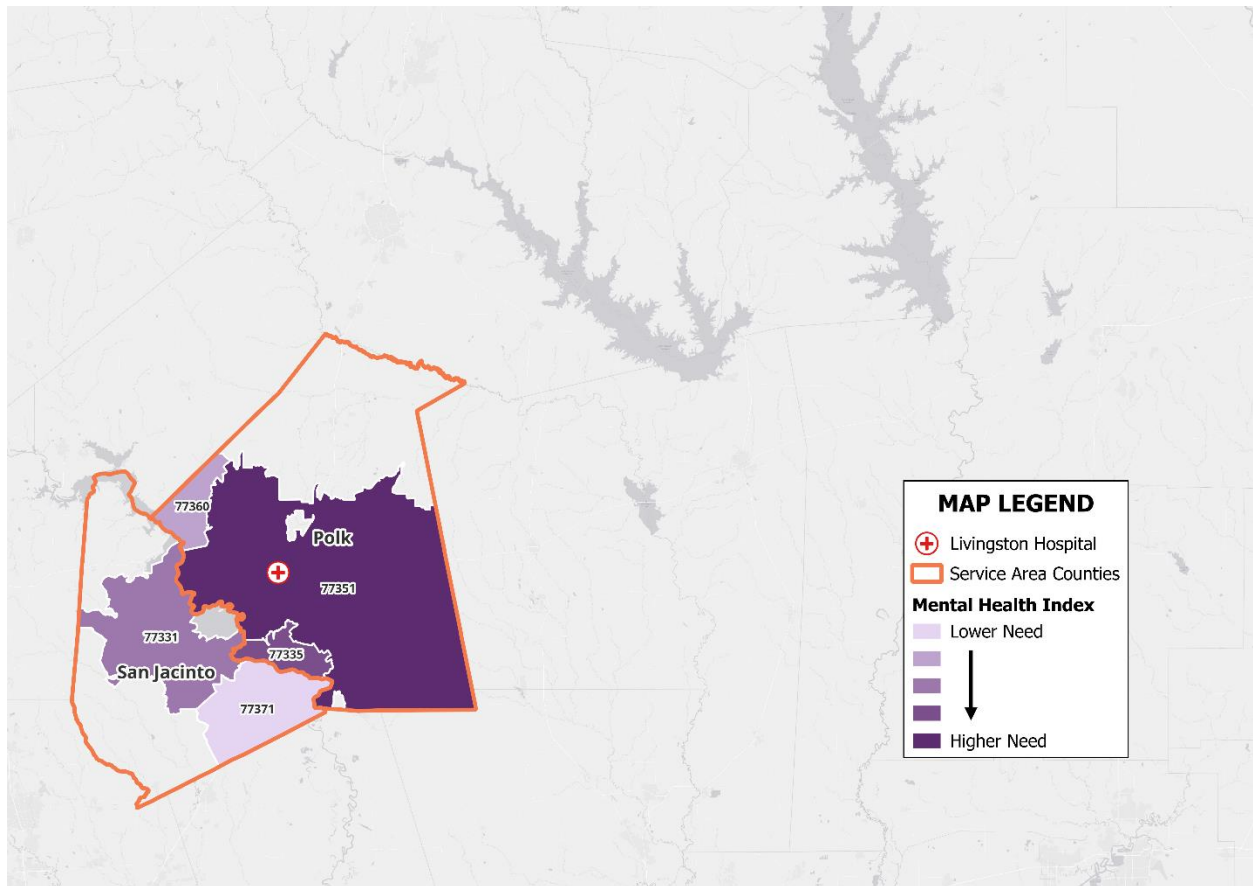


TABLE 7. MENTAL HEALTH INDEX: LIVINGSTON PRIMARY SERVICE AREA

Zip Code	Value
77351	92.1
77335	84.7
77331	80.1
77360	75.8
77371	62.8

Mental health emerged as one of the most urgent and visible issues in Livingston. Both survey and qualitative data cited mental health and substance use as primary concerns. A significant number of residents face untreated anxiety, depression, or addiction due to a shortage of providers and funding.



There's just nowhere for people to go. We refer them to places that are already full or far away. – Community Stakeholder



Wellness & Lifestyle

From the secondary data scoring results, Wellness and Lifestyle ranked 6th in the data scoring of all topic areas with a score of 1.98. 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 and are listed in Table 8 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 8. POLK COUNTY DATA SCORING RESULTS: WELLNESS & LIFESTYLE

SCORE	WELLNESS & LIFESTYLE	UNITS	POLK COUNTY	HP2030	Texas	U.S.	TX Counties	U.S. Counties	Trend
2.21	Life Expectancy	years	70.8		77.2	77.6			
2.12	Self-Reported General Health Assessment: Poor or Fair	percent	24.9			17.9			
1.94	High Blood Pressure Prevalence	percent	40.1	41.9		32.7			
1.94	Insufficient Sleep	percent	39.2	26.7		36.0			
1.94	Poor Physical Health: 14+ Days	percent	16.1			12.7			
1.76	Poor Physical Health: Average Number of Days	days	4.2		3.3	3.3			

In Polk County, the most concerning indicator is *Life Expectancy*. The life expectancy for Polk County residents is 70.8 years, which is more than 6 years younger than the Texas and U.S. life expectancies (77.2 and 77.6 years, respectively). Polk County residents are also more likely to self-report poor physical health than the U.S. population. About one in four county residents (24.9%) report that their general health is poor or fair, which is larger than the U.S. rate (17.9%). Additionally, county residents report an average of 4.2 days of poor physical health out of the past 30 days, which is higher than the Texas and U.S. rates (3.3 days for both). Finally, county residents are also more likely to report 14 or more days of poor physical health, compared to the overall U.S. population (16.1% vs. 12.7%).

The Polk County population has higher rates of both high blood pressure and insufficient sleep. About two in five county residents have high blood pressure (40.1%), and similarly, two in five get insufficient sleep (39.2%). Both of these rates are higher than the U.S. rates.

Obesity, diabetes, and physical inactivity are key issues, especially in rural and low-income areas. Educational outreach and health fairs targeted these concerns, with screenings and health coaching to encourage behavior change.



There are parks and resources, but many people don't know about them or can't get to them regularly.



Other Health Needs of Concern

While not prioritized for immediate strategic focus, the following areas surfaced as ongoing concerns in Livingston and warrant continued attention through partnerships and advocacy:

Children's Health

From the secondary data scoring results, Children's Health ranked 5th in the data scoring of all topic areas, with a score of 1.99. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Polk County:

- *Child Food Insecurity Rate* (30.0%)
- *Child Mortality Rate: Under 20* (81.5 deaths per 100,000 population under 20)
- *Child Care Centers* (2.7 per 1,000 population under age 5)
- *Substantiated Child Abuse Rate* (13.0 cases per 1,000 children)

There is concern over the lack of accessible pediatric care and early behavioral health interventions. Survey respondents emphasized the need for school partnerships and mobile outreach to bridge gaps for uninsured and rural families.

Environmental Health

From the secondary data scoring results, Environmental Health ranked 14th in the data scoring of all topic areas, with a score of 1.56. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Polk County:

- *Overcrowded Households* (6.0%)
- *Access to Exercise Opportunities* (29.3%)
- *Air Pollution due to Particulate Matter* (9.2 micrograms per cubic meter)
- *Access to Parks* (5.8%)
- *Number of Extreme Heat Days* (51 days)
- *Recognized Carcinogens Released into Air* (1,507.1 pounds)
- *Weeks of Moderate Drought or Worse* (7 weeks per year)

Though not widely discussed in surveys, listening session participants shared concerns about unsafe housing conditions and poor air quality, especially for residents living near highways or industrial areas.

Immunizations & Infectious Diseases

From the secondary data scoring results, Immunizations and Infectious Disease ranked 11th in the data scoring of all topic areas, with a score of 1.74. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Polk County:

- *Overcrowded Households* (6.0%)
- *Flu Vaccinations: Medicare Population* (44.0%)
- *HIV Diagnosis Rate* (9.7 cases per 100,000 population)

Community flu shot clinics helped improve vaccination rates, especially in underserved zip codes. Still, lingering vaccine hesitancy from the COVID-19 pandemic has created gaps in coverage for both adults and children

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 77371 with an index score of 88.8.

FIGURE 22. FOOD INSECURITY INDEX: LIVINGSTON PRIMARY SERVICE AREA

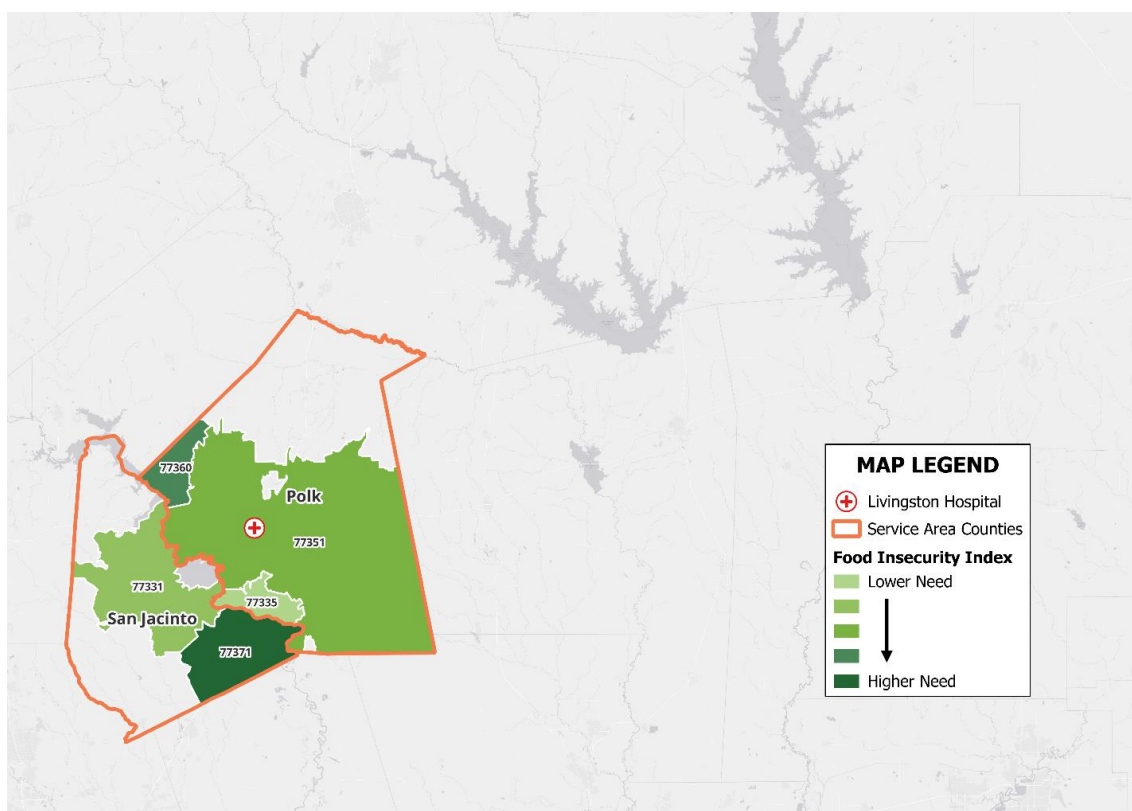


TABLE 9. FOOD INSECURITY INDEX: LIVINGSTON PRIMARY SERVICE AREA

Zip Code	Value
77371	88.8
77360	71.1
77351	64.0
77331	60.6
77335	35.1

Food insecurity remains a widespread issue. Many residents rely on SNAP and community food distributions but lack access to healthy food options. Participants noted that healthy food is often unaffordable or unavailable locally.



You can buy a bag of chips cheaper than a bag of apples that says a lot. -Listening Session Participant



Oral Health

From the secondary data scoring results, Oral Health ranked 7th in the data scoring of all topic areas, with a score of 1.83. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Polk County:

- *Adults who Visited a Dentist* (50.9%)
- *Dentist Rate* (41.3 dentists per 100,000 population)

Dental care access is extremely limited for uninsured and older adults. Livingston residents frequently cited high costs, long waitlists, and few providers willing to accept Medicaid.

Physical Activity

From the secondary data scoring results, Physical Activity ranked 1st in the data scoring of all topic areas, with a score of 2.19. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Polk County:

- *Access to Exercise Opportunities* (29.3%)
- *Workers who Walk to Work* (1.3%)
- *Adults 20+ Who Are Obese* (36.6%)
- *Adults 20+ who are Sedentary* (29.2%)
- *Access to Parks* (5.8%)

Barriers such as transportation, cost, and safety were identified as limiting residents' ability to engage in physical activity. Recreational spaces exist but are often underutilized due to lack of awareness or access.

Respiratory Diseases

From the secondary data scoring results, Respiratory Diseases ranked 10th 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 Angelina County:

- *Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases* (89.2 deaths per 100,000)
- *Adults who Smoke* (19.9%)
- *Adults with COPD* (10.2%)
- *COPD: Medicare Population* (12.0%)

Polk County's older adult population is particularly affected by asthma and COPD. Tobacco use, poor air quality, and lack of specialist access contribute to elevated rates of hospitalization for respiratory conditions.

Women's Health

From the secondary data scoring results, Women's Health ranked 3rd in the data scoring of all topic areas, with a score of 2.02. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in Polk County:

- *Cervical Cancer Screening: 21-65 (73.3%)*
- *Mammogram in Past 2 Years: 50-74 (70.4%)*
- *Mammography Screening: Medicare Population (40.0%)*

Limited OB/GYN services, compounded by provider shortages and affordability issues, restrict access to routine women's health screenings. Women of color and non-English speakers face the greatest obstacles in navigating care systems.

Barriers to Care

Residents in the Livingston service area, particularly within Polk County, face persistent barriers that impact their ability to access timely, affordable, and equitable healthcare. These barriers are shaped by the region's rural geography, socioeconomic disparities, limited transportation infrastructure, and workforce shortages.



Financial and Insurance Barriers

Many residents fall into an insurance gap, earning too much to qualify for Medicaid but not enough to afford private plans or out-of-pocket costs. Individuals frequently delay preventive care or treatment for chronic conditions due to cost concerns.



Transportation and Geographic Isolation

As a rural county, many communities are far from centralized healthcare services. Public transportation options are scarce or nonexistent. Medicaid beneficiaries often face restrictive eligibility for non-emergency transportation, and residents without vehicles are left with limited means to attend appointments or access follow-up care.



Provider and Workforce Shortages

Participants noted a lack of primary care and behavioral health providers, leading to long wait times, restricted availability, and overwhelmed clinics. Specialty care such as OB/GYN, dental, and mental health services is limited in the region or requires travel to neighboring counties or larger urban centers.



Language and Health Literacy Gaps

Nearly 28.5% of Livingston's residents speak a language other than English at home, primarily Spanish, yet few bilingual resources or translators are consistently available at clinics or resource centers. Miscommunication and confusion about eligibility, documentation, and services result in missed appointments and underutilization of available care.



Digital Access and Technology Limitations

Broadband infrastructure is limited, making telehealth unreliable for many residents, especially older adults or those living outside town centers. Even when devices are available, digital literacy is low, hindering the use of telemedicine, patient portals, and online appointment systems.

Conclusion

The 2025 Community Health Needs Assessment for St. Luke's Health Memorial Livingston reveals a region rich in community resilience but challenged by systemic healthcare access barriers. Residents in Polk County continue to face significant hurdles including affordability, transportation, limited provider access, and gaps in mental health and chronic disease care.

The prioritized health needs identified in this report; Health Care Access, Heart Disease & Stroke, Cancer, Mental Health, Wellness & Lifestyle, and Maternal/Infant Health were selected based on a combination of community voice, survey responses, and secondary data scoring. These needs reflect both long-standing challenges and opportunities for targeted improvement in collaboration with trusted partners such as the Burke Center, The Rose, and community nonprofits.

Community benefit initiatives undertaken between FY22 and FY24 including Medicaid enrollment assistance, preventive screenings, mental health support, and health education efforts have laid the foundation for addressing these complex issues. However, continued investment in transportation solutions, workforce expansion, bilingual outreach, and digital infrastructure is necessary to move the needle on equitable health outcomes.

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.