2025 Community Health Needs Assessment

Report adopted by Hospital Advisory Board May 2025

St. Luke's Health™

A member of CommonSpirit

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Community Health Needs Assessment – At a Glance

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

St. Luke's Health Memorial Hospital – San Augustine

*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 San Augustine. 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 San Augustine 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 San Augustine is located in San Augustine County, a rural region of Texas. The hospital's primary service area includes four zip codes, selected based on inpatient discharge data and representing the geographic areas with the greatest utilization of the hospital's 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 San Augustine 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:

| Cancer | Health Care Access & Quality | Heart Disease & Stroke | Maternal/ Infant Health | Mental Health | Wellness & Lifestyle |

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 San Augustine 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, 511 E Hospital St, San Augustine, TX 75972 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 health equity and contributed to measurable improvements across the service area communities.

Access to Care

- Medicaid Enrollment & Financial Assistance
- San Augustine: 457 individuals; $42,846 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
- Delivered education with local churches and health departments

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
- 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
- San Augustine: $3,953 in grants for local health initiatives
- 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 San Augustine is located in San Augustine County, a rural region in Texas. The hospital's primary service area includes four zip codes, selected based on inpatient discharge data and representing the geographic areas with the greatest utilization of the hospital's services.

This region is home to approximately 15,040 residents, the smallest population served by any St. Luke's Health Memorial hospital. The demographic profile reflects a predominantly White (75.7%) and Black or African American (14.6%) population, with a smaller but significant Hispanic/Latino community (6.5%). Compared to Texas overall, San Augustine has a higher percentage of older adults and households living in poverty.

A complete list of included zip codes is available in the Appendix. Further demographic details including age distribution, household income, insurance coverage, and community health index scores can be found in the Core Demographics section of this report.

FIGURE 1. SAN AUGUSTINE MEMORIAL HOSPITAL SERVICE AREA
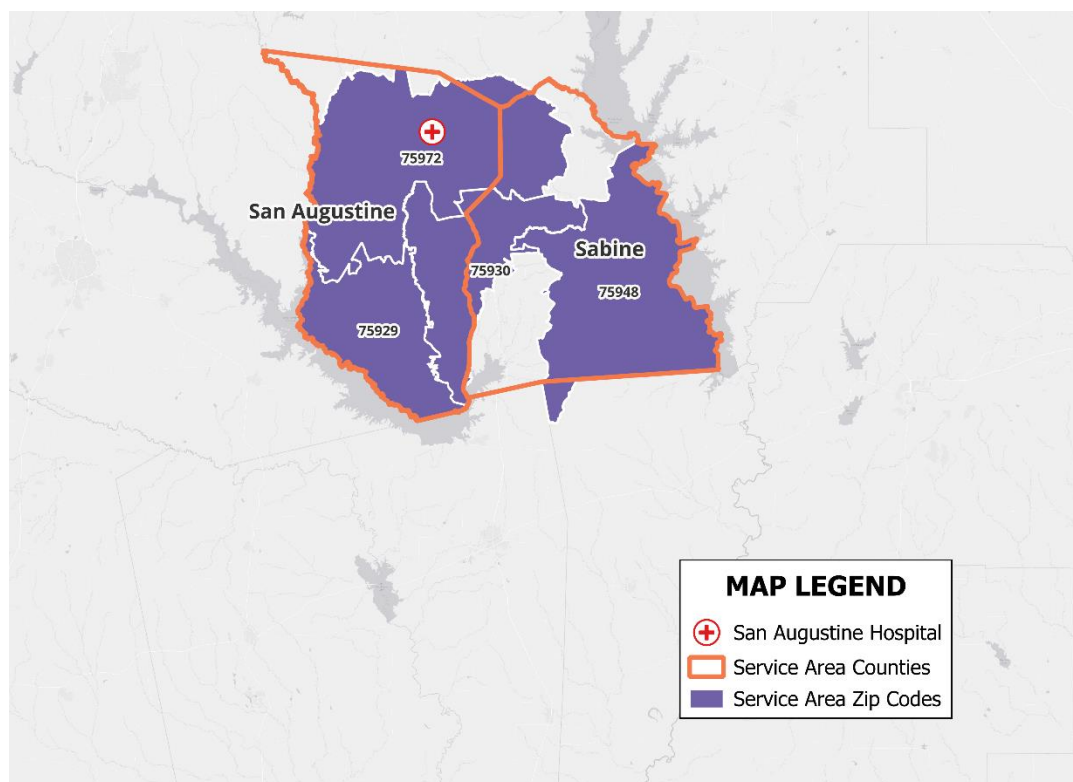
Demographic Profile

Geography and Data sources

The following section explores the demographic profile of the BSLMC primary service area, which includes 4 zip codes in and around San Augustine 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 San Augustine Hospital primary service area has an estimated population of 15,040 persons. Figure 2 shows the population breakdown for the service area by zip code.
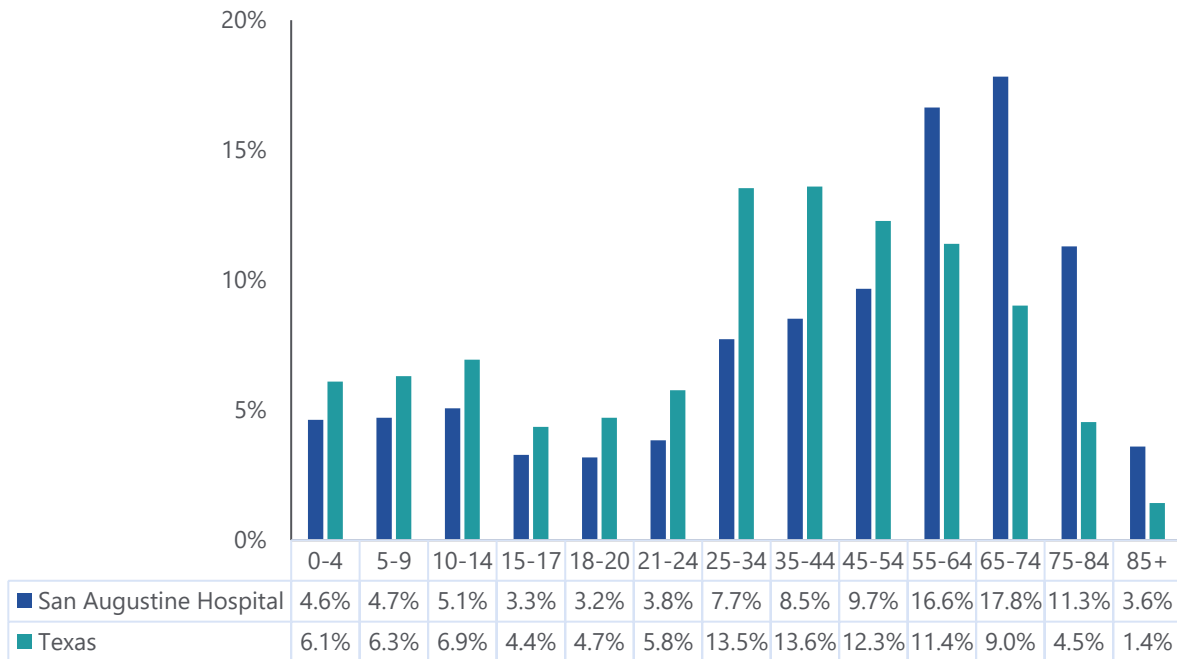
FIGURE 2. SAN AUGUSTINE PRIMARY SERVICE AREA POPULATION DISTRIBUTION BY ZIP CODE
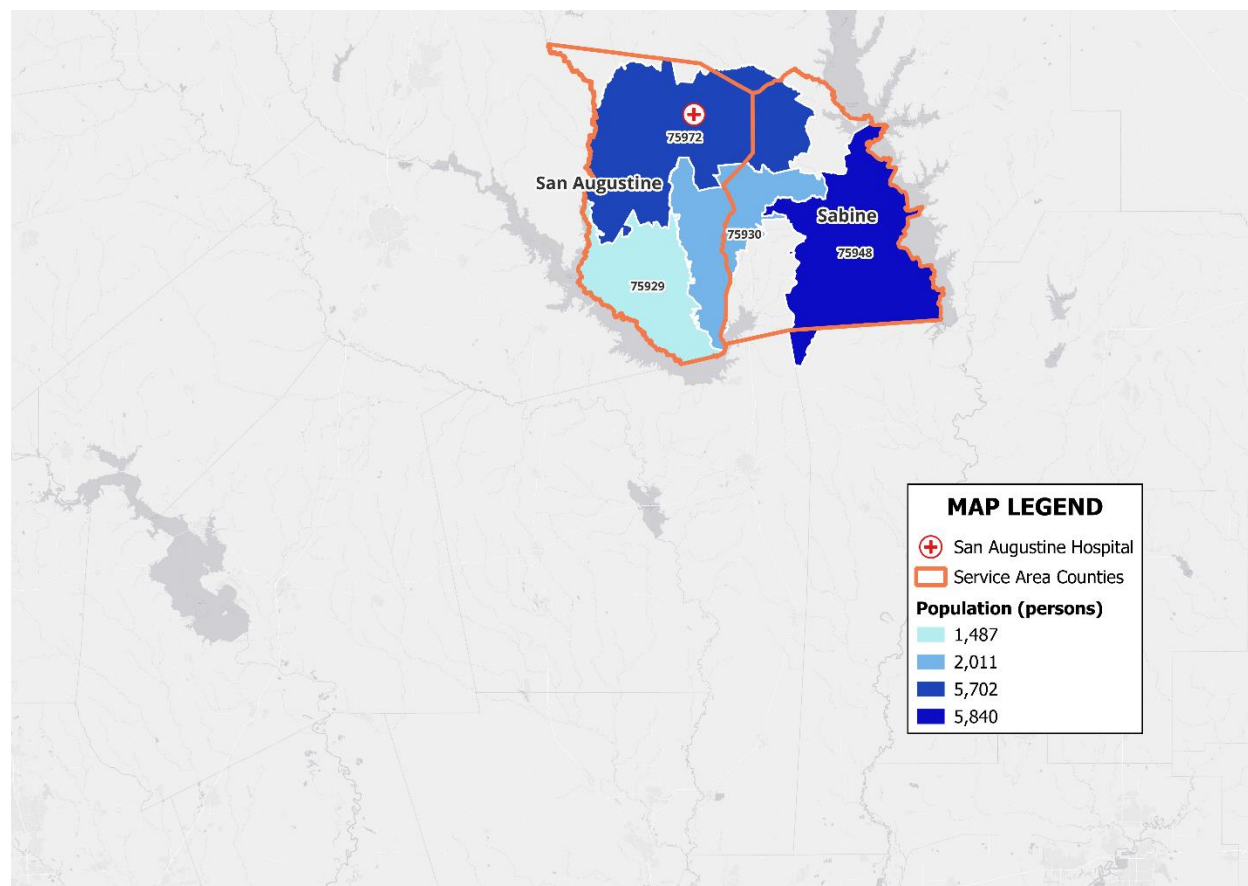
Age

Figure 3 shows the population of San Augustine Hospital's primary service area broken down by age group, with comparisons to the state-wide Texas population. Overall, the age distribution of San Augustine is older than the state-wide Texas population. Over a third of the population (34.4%) is between 55 and 74 years old.

FIGURE 3. POPULATION BY AGE: SAN AUGUSTINE MEMORIAL HOSPITAL SERVICE AREA

	0-4	5-9	10-14	15-17	18-20	21-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
San Augustine Hospital	4.6%	4.7%	5.1%	3.3%	3.2%	3.8%	7.7%	8.5%	9.7%	16.6%	17.8%	11.3%	3.6%
Texas	6.1%	6.3%	6.9%	4.4%	4.7%	5.8%	13.5%	13.6%	12.3%	11.4%	9.0%	4.5%	1.4%

Sex

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

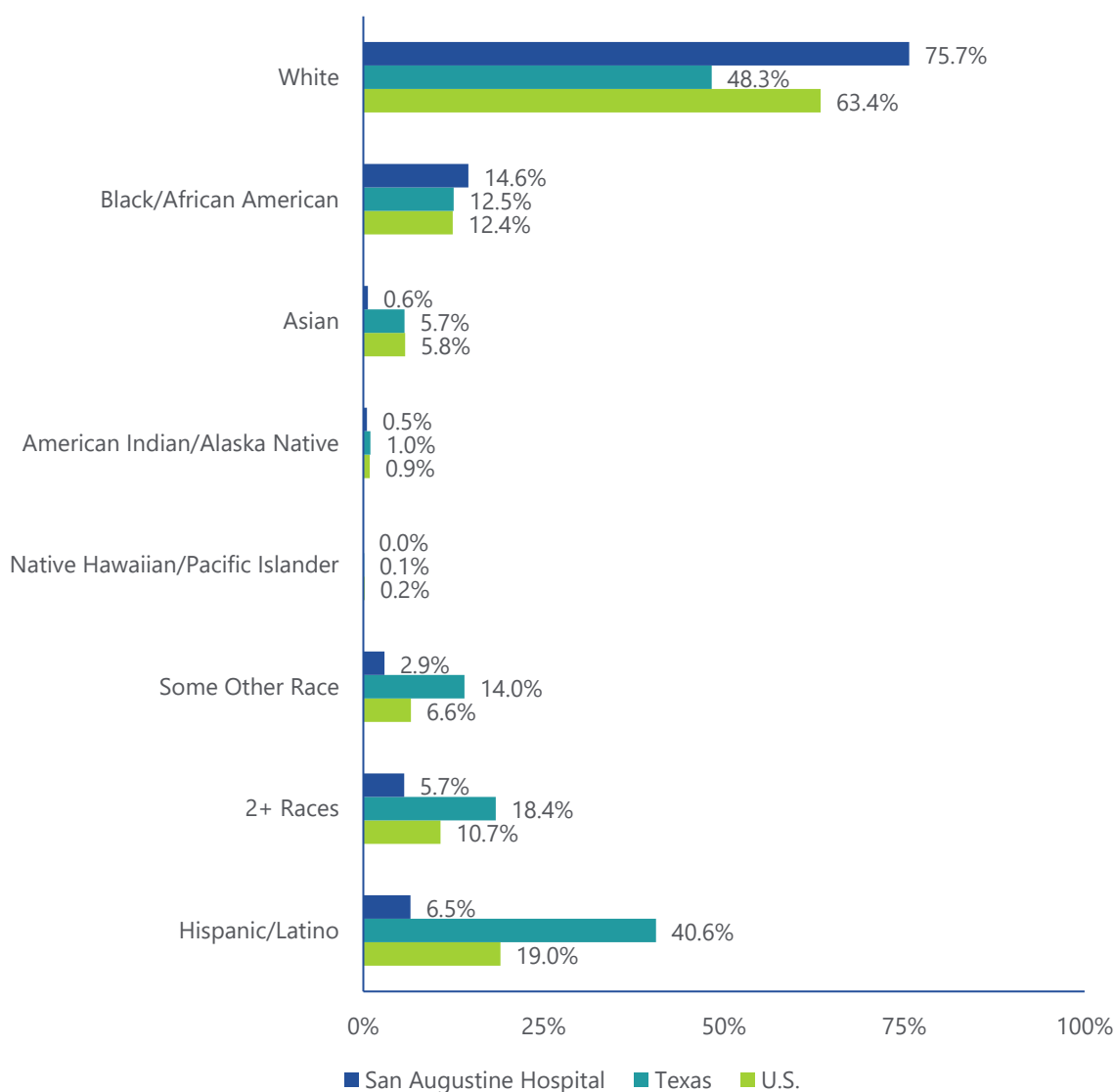FIGURE 4. POPULATION BY SEX: COUNTY, STATE, AND U.S. COMPARISONS
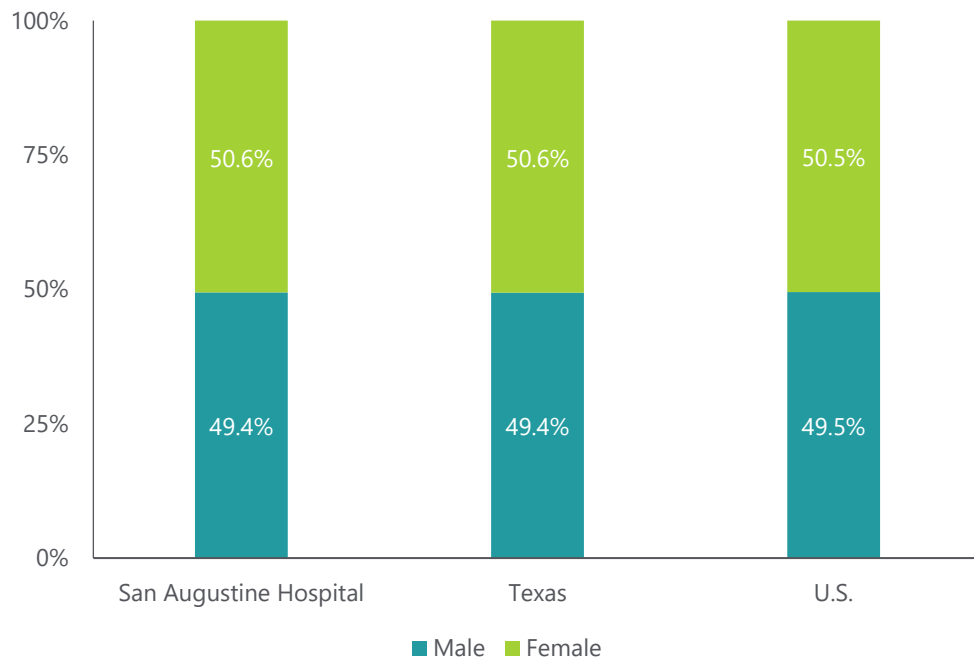
U.S. value taken from American Community Survey (2019-2023)

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.

The San Augustine Hospital primary service area has a racially and ethnically diverse population. San Augustine has a higher percentage of Black/African American residents than both statewide and nationwide populations. Additionally, 75.7% of the San Augustine service area identifies as White.

FIGURE 5. POPULATION BY RACE AND ETHNICITY

Race/Ethnicity	San Augustine Hospital	Texas	U.S.
White	75.7%	48.3%	63.4%
Black/African American	14.6%	12.5%	12.4%
Asian	0.6%	5.7%	5.8%
American Indian/Alaska Native	0.5%	1.0%	0.9%
Native Hawaiian/Pacific Islander	0.0%	0.1%	0.2%
Some Other Race	2.9%	14.0%	6.6%
2+ Races	5.7%	18.4%	10.7%
Hispanic/Latino	6.5%	40.6%	19.0%

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, 4.9% of residents in San Augustine County and 0.7% of Sabine County are born outside the U.S., which are 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
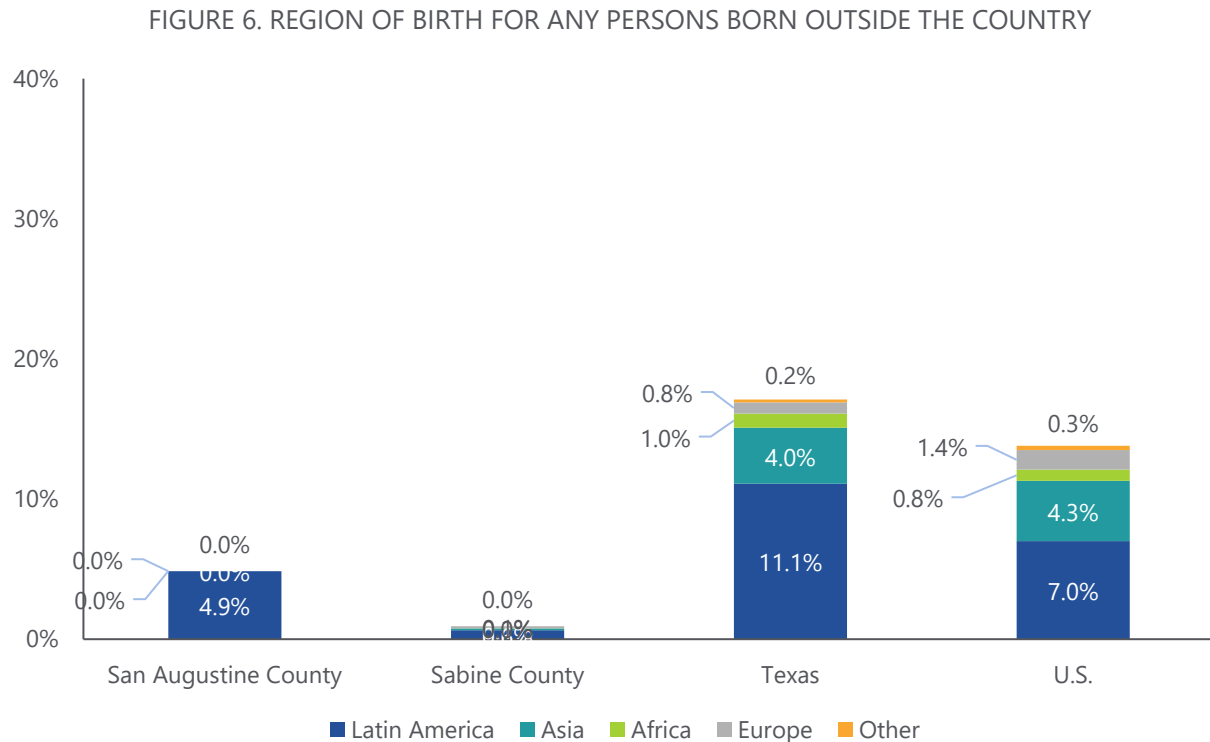
County, State, and U.S. values taken from American Community Survey (2019-2023)

As shown in Figure 7, the majority of residents in the San Augustine primary service area (95.3%) speak only English at home. The San Augustine service area population is less likely than the state-wide and nation-wide population to speak Spanish.

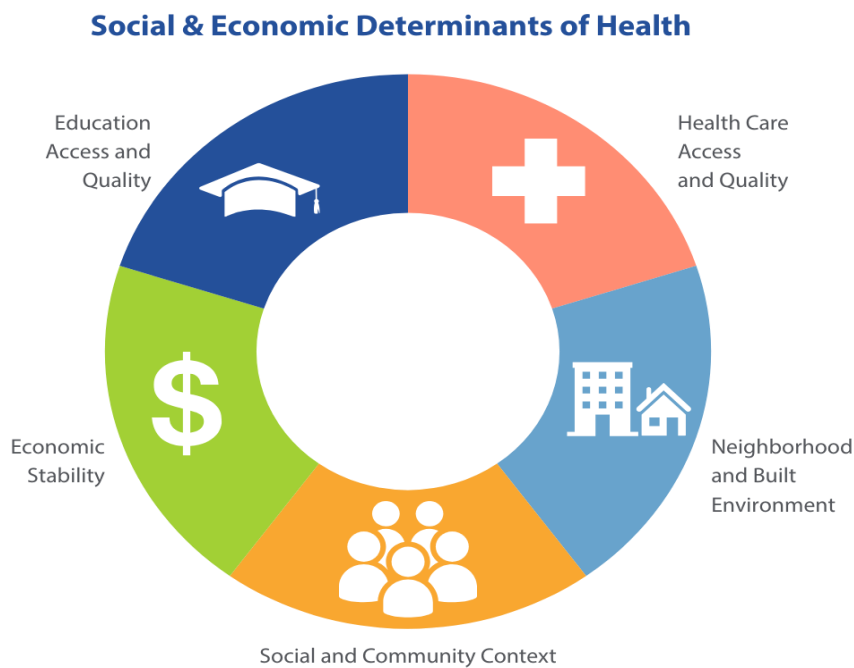FIGURE 7. POPULATION AGE 5+ BY LANGUAGE SPOKEN AT HOME
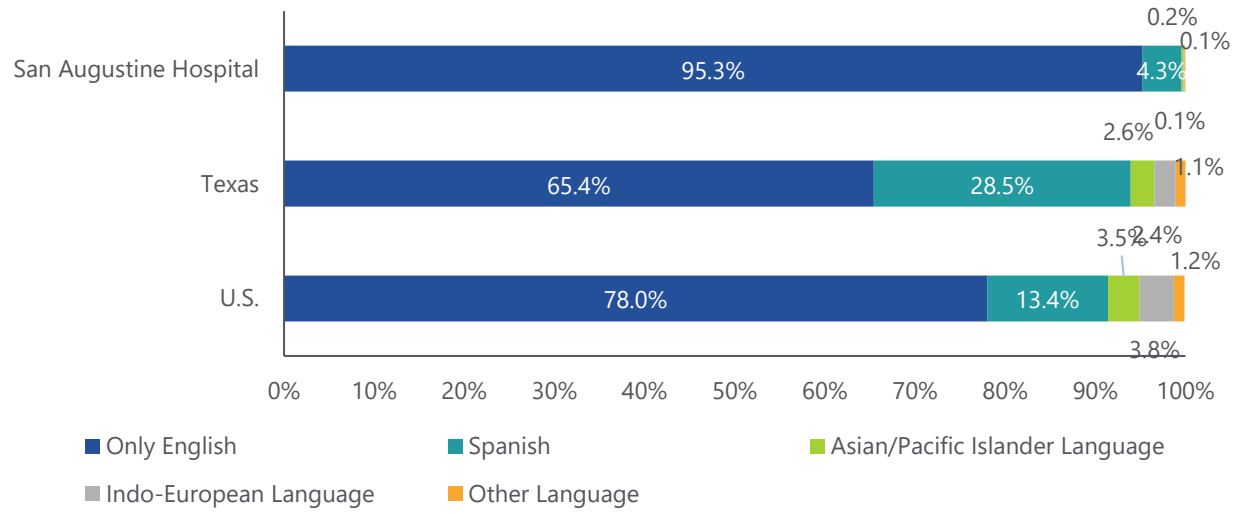
U.S. value taken from American Community Survey (2019-2023)

Social & Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health impacting the San Augustine 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

Social & Economic Determinants of Health

Education Access and Quality

Health Care Access and Quality

Neighborhood and Built Environment

Economic Stability

Social and Community Context

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

U.S. value taken from American Community Survey (2019-2023)
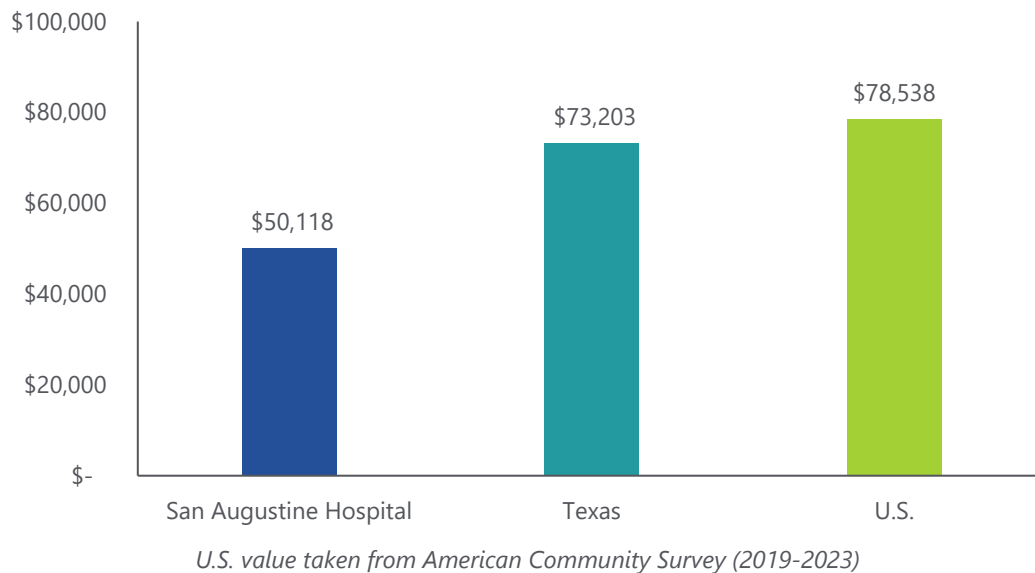
Disparities in median household income exist between racial and ethnic groups within the county. As shown in Figure 10, the Black/African American and American Indian/Alaska Native communities of the San Augustine service area have a lower median income than the overall service area median income. For example, the Black/African American median income is roughly $15,000 lower than the overall median income ($35,381 vs. $50,118).

FIGURE 10. MEDIAN HOUSEHOLD INCOME BY RACE & ETHNICITY
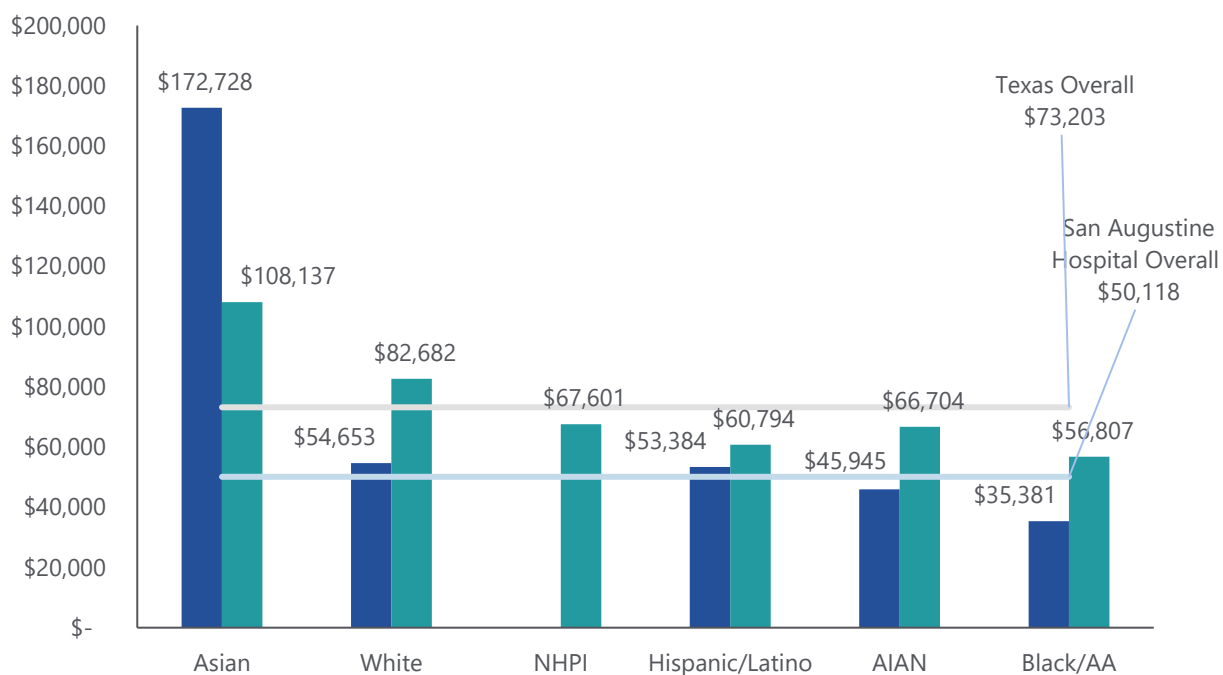
Poverty

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, 15.2% of families in the San Augustine primary service area live below the poverty level, which is higher 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.

FIGURE 11. PERCENT OF FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE
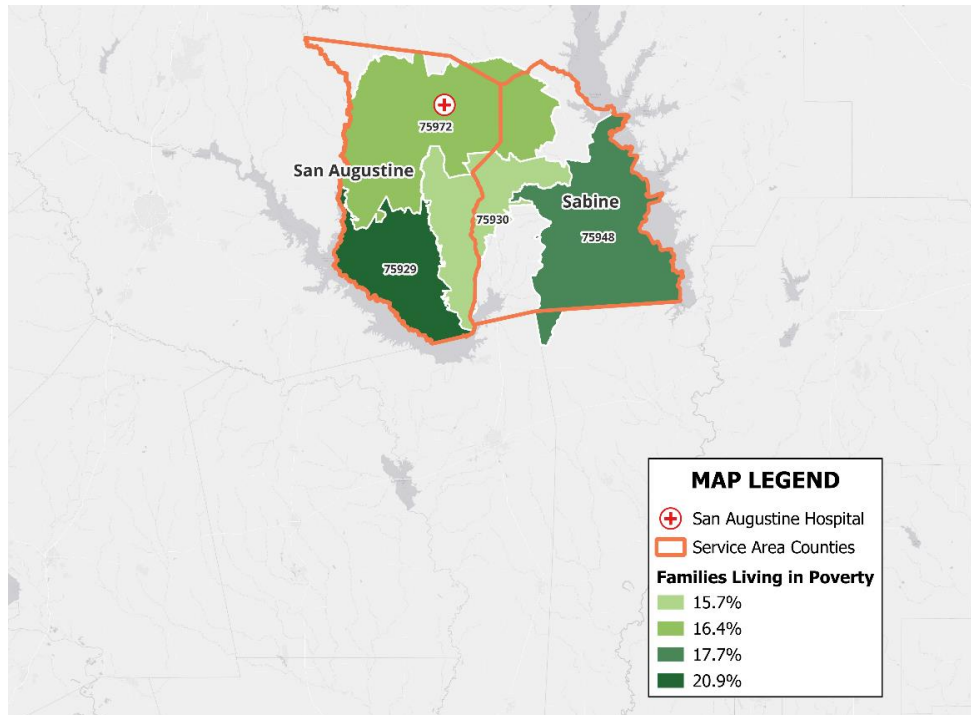
The percentage of families living below poverty for each zip code in the service area is provided in Table 1. The highest concentration of poverty is in 75929 (20.9%) and the lowest concentration is in 75930 (15.8%).

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[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

TABLE 1. FAMILIES LIVING IN POVERTY: SAN AUGUSTINE PRIMARY SERVICE AREA

| Zip Code	% Families in Poverty
75929	20.9%
75948	17.7%
75972	16.4%
75930	15.8%

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]

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

Figure 12 shows the population aged 16 and over who are unemployed. The unemployment rate for the San Augustine primary service area is 10.7%, which is almost double 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.

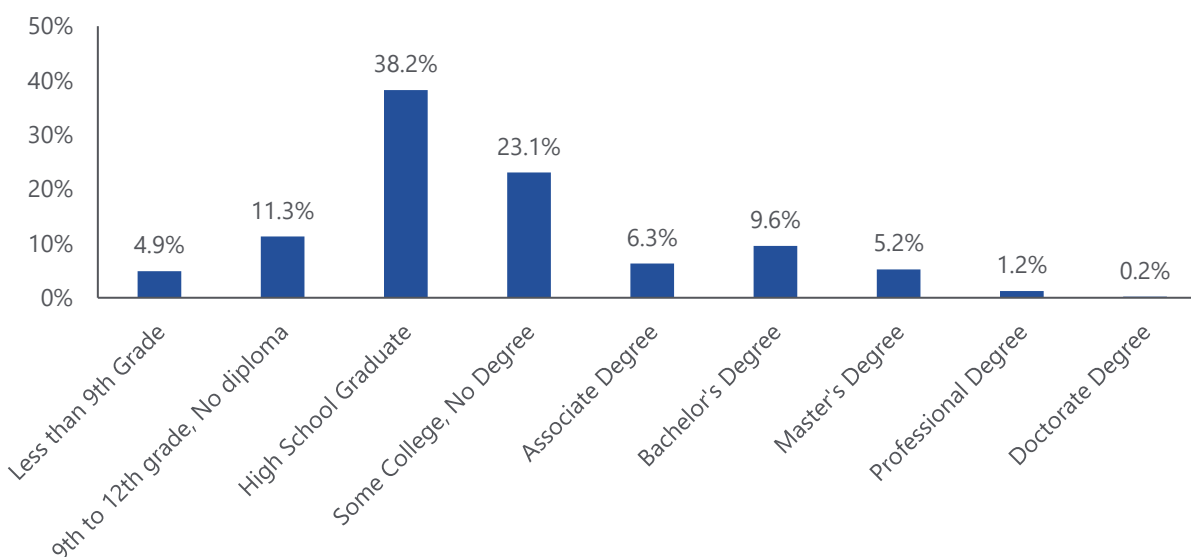*U.S. value taken from American Community Survey (2019-2023)*
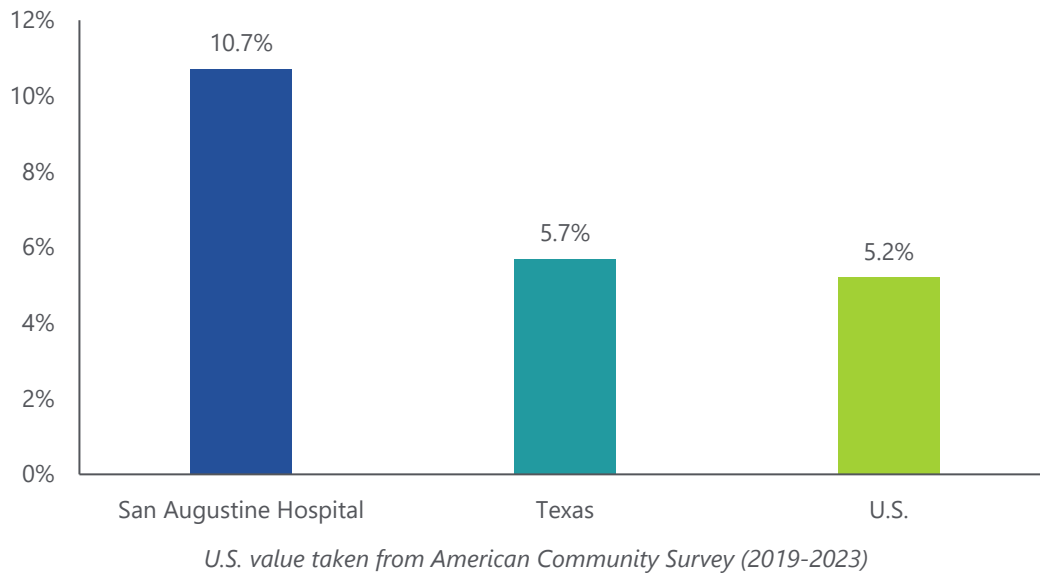
Education

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 San Augustine primary service area by educational attainment, among those aged 25 and up. As shown in Figure 14, most of the San Augustine population has a high school diploma or higher (83.8%), although this is somewhat lower than both the state-wide and nation-wide rates (85.1% and 89.4%, respectively). Additionally, 16.2% of people over 25 in the San Augustine service area have a Bachelor's degree or higher, which is 16.1% lower than the state of Texas.
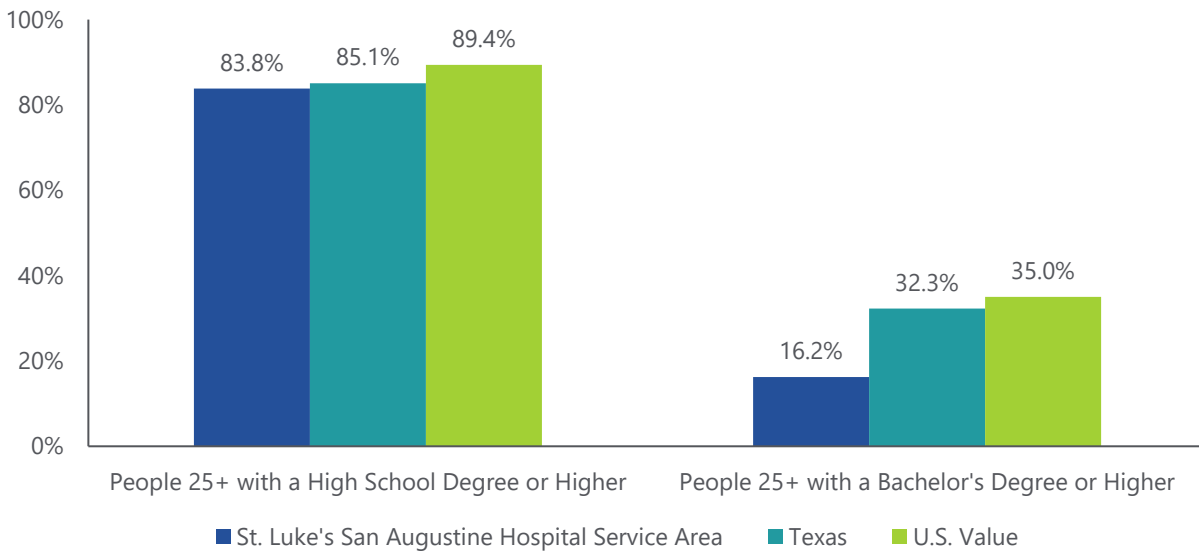
FIGURE 13. SAN AUGUSTINE MEMORIAL HOSPITAL PRIMARY SERVICE AREA POPULATION BY EDUCATIONAL ATTAINMENT, AGE 25+

FIGURE 14. POPULATION 25+ BY EDUCATIONAL ATTAINMENT

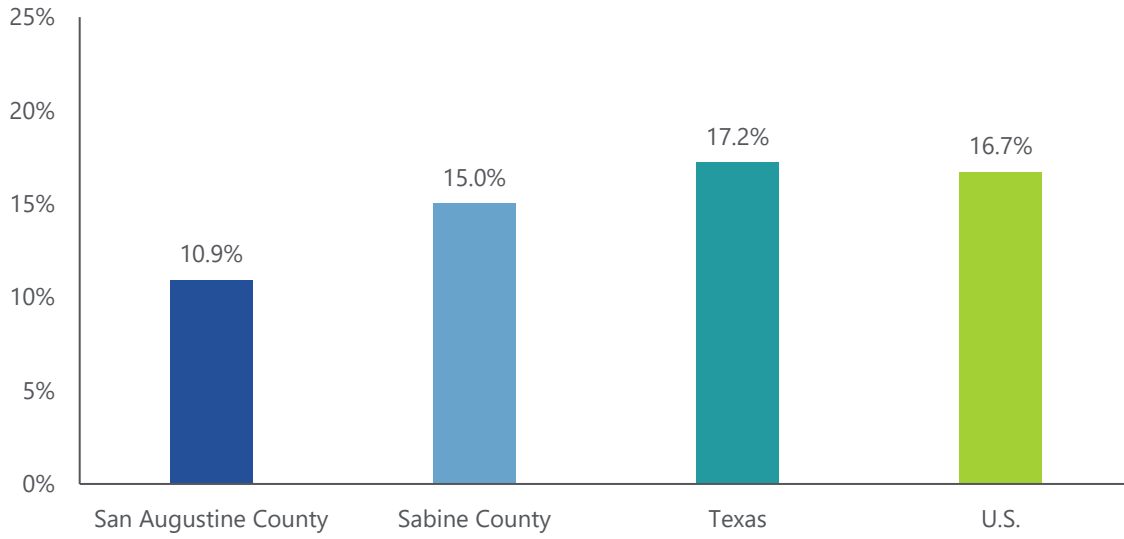*U.S. value taken from American Community Survey (2019-2023)*

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, 10.9% of households in San Augustine County and 15.0% in Sabine 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. These are lower than both the state-wide and nation-wide rates (17.2% and 16.7%, respectively).

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[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]

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[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

Figure 16 shows the percentage of renters who are spending 30% or more of their household income on rent. The value in San Augustine County (72.4%) is higher 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
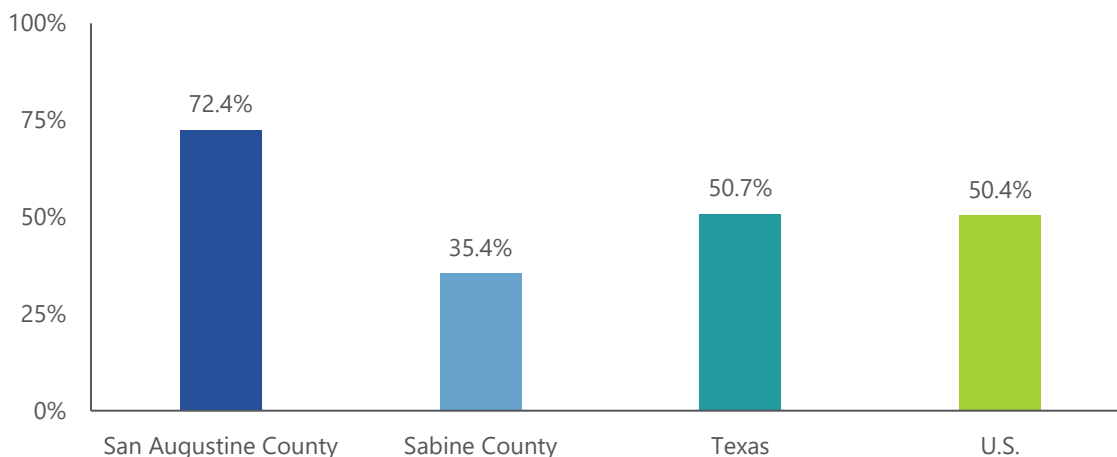
County, State, and U.S. values taken from American Community Survey (2019-2023)
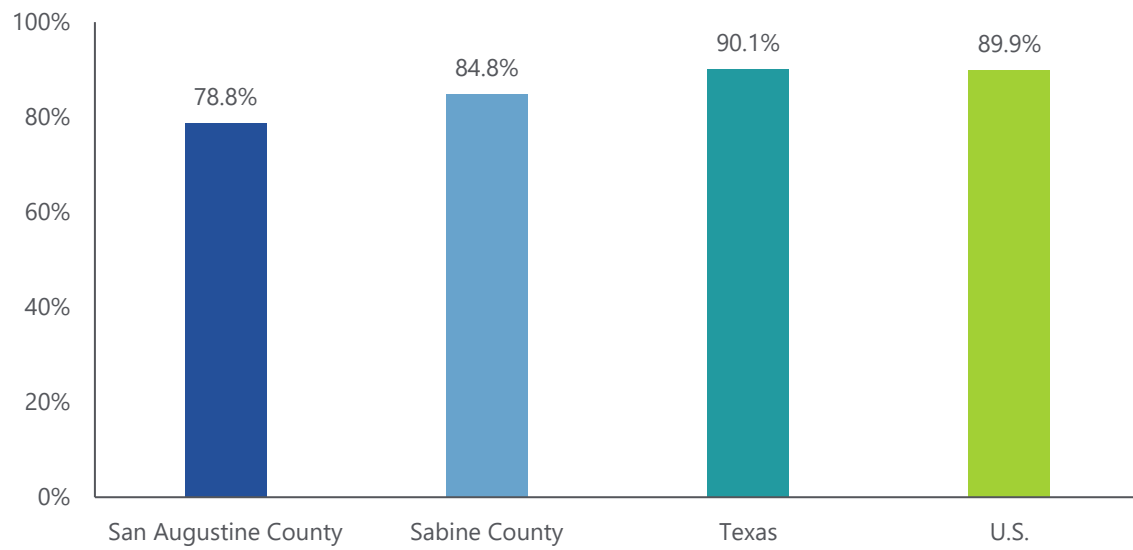
Neighborhood and Built Environment

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. [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 rates in San Augustine County (78.8%) and Sabine County (84.8%) are lower than both the state value (90.1%) and the national value (89.9%).

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[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

FIGURE 17. HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION

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

Primary and Secondary Data Methodology and Key Findings

St. Luke's Health Memorial San Augustine 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.

Secondary Data

Qualitative Data

Partner Survey

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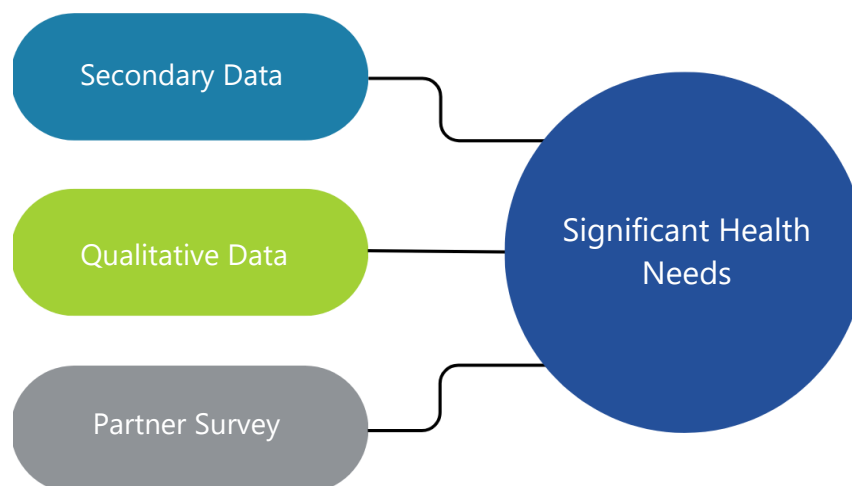
By combining data-driven analysis with community perspectives, the process ensures a comprehensive understanding of health needs and identifies priority areas for future intervention, collaboration, and investment.

Data Synthesis

Primary Data Findings - Community

- Mental Health
- Substance Use
- Access to care for uninsured and underinsured

Secondary Data

- Wellness & Lifestyle
- Mental health & Mental Disorders
- Oral Health
- Heart Disease & Stroke
- Other Conditions
- Health Care Access & Quality
- Economy
- Respiratory Diseases
- Older Adults
- Cancer
- Education
- Children's Health

Prioritized Health Needs

Cancer
Health Care Access & Quality
Heart Disease & Stroke
Maternal/Infant Health
Mental Health
Wellness & Lifestyle

Primary Data Findings - Partners

- Access to affordable healthcare
- Mental health services expansion
- Food security and nutrition programs

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 San Augustine service area:

Cancer	Health Care Access & Quality	Heart Disease & Stroke	Maternal/ Infant Health	Mental Health	Wellness & Lifestyle

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 12th in the data scoring of all topic areas with a score of 1.65. 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 2 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 2. SAN AUGUSTINE COUNTY DATA SCORING RESULTS: CANCER

SCORE	CANCER	UNITS	SAN AUGUSTINE COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.29	Mammogram in Past 2 Years: 50-74	*percent*	68.7	80.3		76.5			
2.21	Mammography Screening: Medicare Population	*percent*	37.0		42.0	47.0			
2.12	Cervical Cancer Screening: 21-65	*Percent*	75.9			82.8			
1.76	Colon Cancer Screening: USPSTF Recommendation	*percent*	60.4			66.3			

In San Augustine County, all indicators of concern under this topic area are related to cancer screening. The San Augustine population has a lower rate than the U.S. population with regard to: *Mammogram in Past 2 Years: 50-74* (68.7%), *Mammography Screening: Medicare Population* (37.0%), *Cervical Cancer Screening: 21-65* (75.9%), and *Colon Cancer Screening: USPSTF Recommendation* (60.4%).

Access to cancer screenings and early detection services is inconsistent. Preventive care is often delayed, and uninsured or underinsured individuals are especially vulnerable. In response, the hospital has supported The Mermaid Project, which offers free breast cancer screenings and referrals. Community Health Improvement Grants also helped fund outreach to increase access to lung and colorectal cancer screenings.

> **If you don't catch it early, it's often too late. People aren't getting checked until it's serious.**

Health Care Access & Quality

From the secondary data scoring results, Health Care Access & Quality ranked 7th in the data scoring of all topic areas with a score of 1.95. 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. SAN AUGUSTINE COUNTY DATA SCORING RESULTS: HEALTH CARE ACCESS AND QUALITY

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	SAN AUGUSTINE COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.41	Mental Health Provider Rate	providers/ 100,000 population	25.5		156.7	313.9			
2.38	Preventable Hospital Stays: Medicare Population	discharges/ 100,000 Medicare enrollees	3532.0		2980.0	2677.0			
2.29	Adults who Visited a Dentist	percent	46.3			63.9			
2.24	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	63.6		109.0	131.4			
2.24	Primary Care Provider Rate	providers/ 100,000 population	25.2		60.3	74.9			
2.00	Adults 65+ without Health Insurance	percent	1.2		1.9	0.8			
1.94	Adults without Health Insurance	percent	14.4			10.8			
1.53	Dentist Rate	dentists/ 100,000 population	50.9		62.9	73.5			

In San Augustine County, the most concerning indicator related to health care access was *Mental Health Provider Rate*. The county rate (25.5 providers per 100,000 population) was lower than the Texas rate (156.7). San Augustine also has a lower rate than the state with regard to *Non-Physician Primary Care Provider Rate* (63.6 vs. 109.0 providers per 100,000 population), *Primary Care Provider Rate* (25.2 vs. 60.3), and *Dentist Rate* (50.9 vs. 62.9). Finally, adults in San Augustine County are less likely than the U.S. population to have visited a dentist (46.3% vs. 63.9%).

San Augustine's Medicare population is significantly more likely to experience preventable hospital stays than the Texas Medicare population (3,532 vs. 2,980 discharges per 100,000 Medicare enrollees). This high rate of preventable hospitalizations could be related to high rates uninsured adults. The percentage of uninsured is greater in San Augustine than the U.S., with regard to both the older adult population (1.2% vs. 0.8%) and the broader adult population (14.4% 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 75929 with an index value of 97.5.

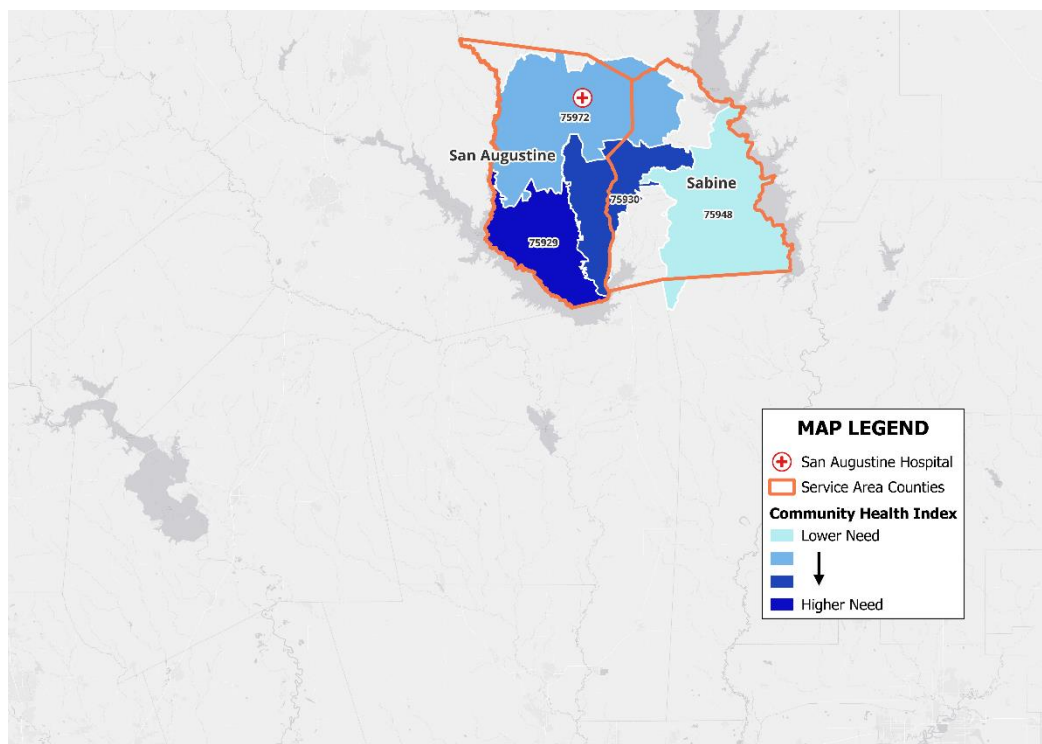FIGURE 18. COMMUNITY HEALTH INDEX: SAN AUGUSTINE PRIMARY SERVICE AREA

TABLE 4. COMMUNITY HEALTH INDEX: SAN AUGUSTINE PRIMARY SERVICE AREA

Zip Code	Value
75929	97.5
75930	95.2
75972	94.3
75948	90.8

Access to care remains a foundational challenge in San Augustine, where geographic isolation, poverty, and limited infrastructure intersect.

> **People live out in the country and don't have a way to get to town. If they don't have a car or a ride, they just don't go. – Listening Session Participant**

Heart Disease & Stroke

From the secondary data scoring results, Heart Disease and Stroke ranked 5th in the data scoring of all topic areas with a score of 2.07. 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. SAN AUGUSTINE COUNTY DATA SCORING RESULTS: HEART DISEASE AND STROKE

SCORE	HEART DISEASE & STROKE	UNITS	SAN AUGUSTINE COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.74	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	138.7		61.2				
2.53	Hypertension: Medicare Population	percent	72.0		66.0	65.0			
2.53	Stroke: Medicare Population	percent	7.0		6.0	6.0			
2.41	Heart Failure: Medicare Population	percent	16.0		12.0	11.0			
2.41	Ischemic Heart Disease: Medicare Population	percent	26.0		22.0	21.0			
2.29	Adults who Experienced a Stroke	percent	6.5			3.6			
2.29	Adults who Experienced Coronary Heart Disease	percent	12.1			6.8			
2.29	High Blood Pressure Prevalence	percent	48.0	41.9		32.7			
2.00	Atrial Fibrillation: Medicare Population	percent	15.0		14.0	14.0			
2.00	Hyperlipidemia: Medicare Population	percent	66.0		65.0	65.0			

In San Augustine 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 138.7 deaths per 100,000 population 35+ years, which is about twice the Texas rate (61.2).

Several indicators of concern were related to San Augustine County Medicare recipients, specifically. Among the county's Medicare population, the rates of hypertension (72.0%), stroke

(7.0%), heart failure (16.0%), ischemic heart disease (26.0%), atrial fibrillation (15.0%), and hyperlipidemia (66.0%) were all higher than both the Texas and U.S. rates.

San Augustine's population experienced higher rates than the U.S. population for stroke (6.5% vs. 3.6%), coronary heart disease (12.1% vs. 6.8%), and high blood pressure (48.0% vs. 32.7%).

San Augustine has the highest rate of adults aged 55+ across the three-county region, and cardiovascular conditions are among the most common diagnoses. Free screenings and education events have helped raise awareness, but ongoing access to hypertension management, cardiac rehabilitation, and nutrition counseling is limited.

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 1.13. 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: *Preterm Births*. The rate of *Preterm Births* in San Augustine County is higher than the Healthy People 2030 target (9.4%), and also higher than the overall Texas rate (11.4%). See Appendix A for the full list of indicators categorized within this topic.

While this was not the highest-scoring topic in secondary data, community voices raised it as a critical and hidden issue, particularly among uninsured women and immigrant families. Language barriers, cultural stigma, and immigration-related fears prevent many from seeking early prenatal care.

> **" Many women don't get care until they're in labor—especially if they don't speak English or have insurance. "**

The need for bilingual prenatal education, postpartum support, and transportation to OB/GYN services was emphasized.

Mental Health

From the secondary data scoring results, Mental Health & Mental Disorders ranked 2nd in the data scoring of all topic areas with a score of 2.19. 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. SAN AUGUSTINE COUNTY DATA SCORING RESULTS: MENTAL HEALTH AND MENTAL DISORDERS

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	SAN AUGUSTINE COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
3.00	Poor Mental Health: Average Number of Days	days	6.1		4.6	4.8			
2.41	Alzheimer's Disease or Dementia: Medicare Population	percent	8.0		7.0	6.0			
2.41	Mental Health Provider Rate	providers/ 100,000 population	25.5		156.7	313.9			
2.29	Poor Mental Health: 14+ Days	percent	19.3			15.8			
2.21	Depression: Medicare Population	percent	18.0		17.0	16.0			
1.94	Adults Ever Diagnosed with Depression	percent	23.7			20.7			

On average, San Augustine County residents report having poor mental health on 6.1 of the last 30 days, which is higher than the Texas rate (4.6 days). This rate has also been increasing significantly over time. Additionally, about one in five county residents (19.3%) report having at least 14 poor mental health days out of the past 30, which is higher than the U.S. rate (15.8%).

Depression is more common among the San Augustine population than the U.S. population. The county rates for *Adults Ever Diagnosed with Depression* (23.7%) and *Depression: Medicare Population* (18.0%) are both higher than the U.S. rates. Additionally, San Augustine has a lower *Mental Health Provider Rate* than the Texas rate (25.5 vs. 156.7 providers per 100,000 population).

Mental health was identified as a top concern by both community members and partner organizations. There are no local psychiatric providers, and many residents rely on overburdened regional organizations such as the Burke Center.

Investments have supported suicide prevention initiatives, faith-based mental health outreach, and monthly support through the Burke Center, but gaps persist.

Wellness & Lifestyle

From the secondary data scoring results, Wellness and Lifestyle ranked 1st in the data scoring of all topic areas with a score of 2.20. 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 7 below. See Appendix A for the full list of indicators categorized within this topic.

TABLE 7. SAN AUGUSTINE COUNTY DATA SCORING RESULTS: WELLNESS AND LIFESTYLE

SCORE	WELLNESS & LIFESTYLE	UNITS	SAN AUGUSTINE COUNTY	HP2030	TX	U.S.	TX Counties	U.S. Counties	Trend
2.41	Poor Physical Health: Average Number of Days	days	4.7		3.3	3.3			↘
2.29	High Blood Pressure Prevalence	percent	48.0	41.9		32.7			
2.29	Poor Physical Health: 14+ Days	percent	19.1			12.7			
2.29	Self-Reported General Health Assessment: Poor or Fair	percent	30.6			17.9			
2.21	Life Expectancy	years	71.8		77.2	77.6			
1.94	Insufficient Sleep	percent	39.5	26.7		36.0			

In San Augustine County, the most concerning indicator is *Poor Physical Health: Average Number of Days*. On average, county residents report 4.7 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). County residents are also more likely to report 14 or more days of poor physical health, compared to the overall U.S. population (19.1% vs. 12.7%). Finally, the San Augustine population is more likely to report that their general health is poor or fair (30.6% vs. 17.9% for the U.S.).

Nearly half of San Augustine's population has high blood pressure (48.0%), which is higher than the U.S. rate (32.7%). Nearly two in five county residents get insufficient sleep (39.5%), which is

also higher than the U.S. rate (36.0%). Finally, the overall life expectancy in San Augustine (71.8 years) is lower than that of Texas (77.2 years) and the U.S. (77.6 years).

Community health fairs have provided preventive screenings and education, but sustainable lifestyle changes are hindered by broader socioeconomic challenges and poor nutrition access.

Other Health Needs of Concern

Children's Health

From the secondary data scoring results, Children's Health ranked 14th in the data scoring of all topic areas, with a score of 1.52. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in San Augustine County:

- *Child Food Insecurity Rate* (37.4%)
- *Substantiated Child Abuse Rate* (14.1 cases per 1,000 children)

Limited pediatric care, especially for behavioral and developmental needs, was highlighted by participants. Mobile clinics, school partnerships, and screenings are underutilized due to awareness gaps, caregiver burden, and transportation limitations

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 19 illustrates that the zip codes with the highest risk of food insecurity are 75951 and 75901 with index scores of 86.4 and 85.7, respectively. Food insecurity is widespread in San Augustine. Access to affordable, healthy foods is limited due to economic hardship and the rural food environment, where options are often confined to gas stations or small grocers.

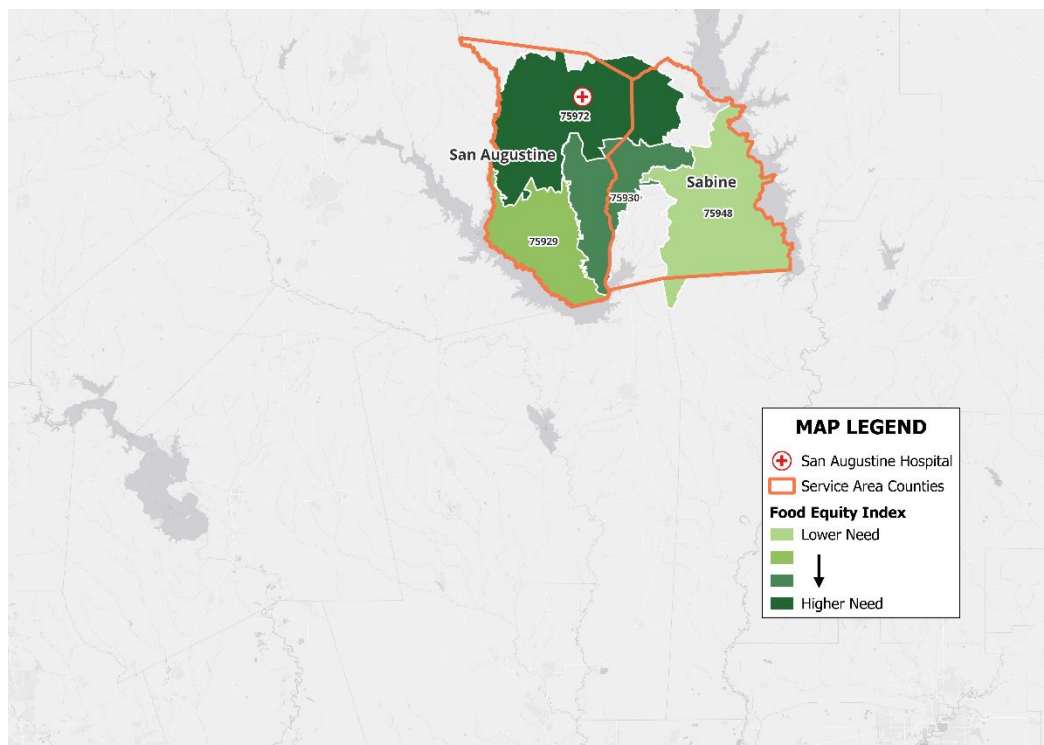FIGURE 19. FOOD INSECURITY INDEX: SAN AUGUSTINE PRIMARY SERVICE AREA

TABLE 8. FOOD INSECURITY INDEX: SAN AUGUSTINE PRIMARY SERVICE AREA

Zip Code	Value
75972	84.4
75930	75.4
75929	70.6
75948	65.1

> **" You can't buy fresh food without driving 30 miles—and that's if you have a car. "**

Older Adults

From the secondary data scoring results, Older Adults ranked 10th in the data scoring of all topic areas, with a score of 1.84. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as the indicators of greatest concern in San Augustine County:

- *COPD: Medicare Population* (18.0%)
- *Rheumatoid Arthritis or Osteoarthritis: Medicare Population* (42.0%)
- *Hypertension: Medicare Population* (72.0%)
- *Stroke: Medicare Population* (7.0%)
- *Alzheimer's Disease or Dementia: Medicare Population* (8.0%)
- *Chronic Kidney Disease: Medicare Population* (21.0%)
- *Heart Failure: Medicare Population* (16.0%)
- *Ischemic Heart Disease: Medicare Population* (26.0%)
- *Adults 65+ with Total Tooth Loss* (25.9%)
- *Depression: Medicare Population* (18.0%)
- *Mammography Screening: Medicare Population* (37.0%)

San Augustine has a disproportionately large older adult population (35% aged 55+), many of whom face isolation, fixed incomes, and mobility issues. Health screenings, home health services, and chronic disease management are especially needed. The lack of transportation further isolates this population and complicates medication adherence and follow-up care.

Oral Health

From the secondary data scoring results, Oral Health ranked 4th in the data scoring of all topic areas, with a score of 20.9. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in San Augustine County:

- *Adults 65+ with Total Tooth Loss* (25.9%)
- *Adults who Visited a Dentist* (46.3%)
- *Dentist Rate* (50.9 dentists per 100,000)

Residents cited high dental costs and few local providers as major barriers. Many older adults and uninsured individuals lack access to cleanings, fillings, or dentures. Preventive dental education is also lacking in schools and public outreach efforts.

Respiratory Diseases

From the secondary data scoring results, Respiratory Diseases ranked 9th in the data scoring of all topic areas, with a score of 1.93. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in San Augustine County:

- *COPD: Medicare Population* (18.0%)
- *Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases* (64.0 deaths per 100,000)
- *Adults who Smoke* (22.2%)
- *Adults with COPD* (13.5%)
- *Adults with Current Asthma* (11.1%)

High rates of tobacco use, poor air quality, and underdiagnosed asthma or COPD were noted. Preventive education and pulmonology access are limited, particularly for older adults and those with chronic conditions living in mobile or substandard housing.

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 2.17. A full list of indicators categorized within this topic can be found in Appendix A. The following were identified as indicators of concern in San Augustine County:

- *Mammogram in Past 2 Years: 50-74* (68.7%)
- *Mammography Screening: Medicare Population* (37.0%)
- *Cervical Cancer Screening: 21-65* (75.9%)

Access to routine gynecologic care, reproductive health education, and screenings is limited for both insured and uninsured women. Participants emphasized the need for mobile mammography, bilingual services, and expanded cervical cancer screening.

Barriers to Care

A crucial element of the St. Luke's Health Memorial San Augustine Community Health Needs Assessment involved recognizing the obstacles that hinder community members from accessing timely, equitable, and high-quality health care. Throughout St. Luke's Health Memorial San Augustine's service areas, several significant challenges were revealed through a mix of secondary data analysis, listening sessions, and partner survey. These barriers encompass social, economic, and systemic domains, disproportionately affecting marginalized and high-need populations.

Geographic Isolation and Transportation
As one of the most rural service areas in the region, transportation is a foundational barrier. Many residents live far from health facilities or lack access to reliable vehicles. Non-emergency Medicaid transportation options exist, but are often underutilized due to eligibility limitations, scheduling hurdles, and communication gaps.

Provider Shortages and Limited Services
San Augustine lacks local access to a range of providers, particularly for specialty care, behavioral health, and women's health services. Residents frequently have to travel long distances to neighboring counties or urban areas to receive care—an option that isn't feasible for many, especially those with chronic conditions or mobility limitations.

Financial and Insurance Barriers
Over 14% of adults aged 18–64 are uninsured, and many others are underinsured or lack the resources to cover deductibles, copays, or medications

Language and Cultural Access
While the majority of residents speak English at home (87.6%), Spanish-speaking and immigrant families face significant cultural and language barriers, especially in maternal and prenatal care settings. Few bilingual providers are available, and translated materials or interpreters are not consistently provided.

Digital and Technological Barriers
Reliable broadband access is limited, making telehealth services difficult or impossible to use. Additionally, many older adults or low-income families lack devices or the digital literacy necessary to engage with electronic health records, appointment scheduling, or virtual visits.

Conclusion

The 2025 Community Health Needs Assessment for St. Luke's Health Memorial San Augustine highlights a small but high-need population facing some of the region's most complex health challenges. As a rural and medically underserved community, San Augustine struggles with poverty, aging infrastructure, limited provider availability, and stark health disparities that impact every stage of life from maternal and infant health through chronic disease management and elder care.

The six prioritized health needs Health Care Access, Heart Disease & Stroke, Cancer, Mental Health, Wellness & Lifestyle, and Maternal/Infant Health were identified through a combination of data analysis, partner survey results, and community voice. These areas represent the greatest potential for intervention and collaboration.

This CHNA reaffirms the hospital's role as both a provider and convener; bringing together stakeholders to advance healthcare, build community resilience, and improve the health and well-being of all San Augustine 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.