ATASCOSA COUNTY

Community Health Needs Assessment

2025

Health Collaborative

Bexar County's Community Health Leadership

Dear Community Members,

To the people of **Atascosa County**—residents, community leaders, health systems, public agencies, schools, faith organizations, businesses, and nonprofits—thank you. Your time, data, and lived experience made this third collaborative **Atascosa County Community Health Needs Assessment (CHNA)** possible.

Why This Report Matters.

This CHNA brings together community voice and credible data to describe the strengths that make Atascosa County resilient and the challenges that most affect family well-being. Shared facts create a shared focus; this report is a practical tool for planning, funding, and accountability.

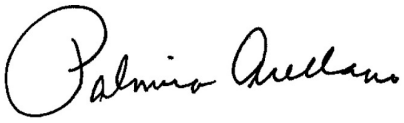
How To Use It.

- Focus: Center efforts on the priority needs identified by residents and partners.
- Align: Coordinate programs, investments, and policies with evidence-based strategies and local assets.
- Measure: Track progress with common metrics and transparent reporting.
- Collaborate: Work across sectors so individual efforts add up to prevention, access, and stability.

Our Commitment.

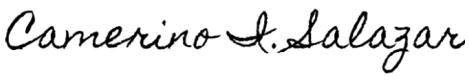
This CHNA is a starting line for action, not an end point. **The Health Collaborative** and partners will convene stakeholders to translate findings into concrete steps, publish progress updates, and adjust strategies as needs evolve. We invite every organization—and every neighbor—to participate.
To everyone who completed a survey, shared a story, opened a dataset, or offered guidance: we are grateful for your leadership and trust. Together, we can turn these findings into better health and greater opportunity for Atascosa County families.

With appreciation,



Palmira Arellano

Vice President, Community Engagement,
Methodist Healthcare System
Chair, Board of Directors
The Health Collaborative



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Introduction and Summary

Planning and Conducting the Assessment

The 2025 Atascosa County Community Health Needs Assessment (CHNA) is the product of collaborative mixed-methods data collection and analysis to understand current and recent patterns in the county population; health-influencing social, economic, and structural factors; risk and protective factors and behaviors; and health status and outcomes. The approach has four components, each intended to serve a specific purpose.

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

Community assessments and research are so often deficit-oriented, geared to identify problems that need to be addressed. Within the constraints of available data, the assessment team deliberately framed as many indicators as possible as positive rather than negative, such as "percent of adults *not* currently drinking alcohol heavily." That approach does help identify bright spots, but some readers may find the language somewhat awkward or confusing. The data content of the assessment is organized into four sections:

- Atascosa County's Residents;
- What We Need for Health;
- How We're Taking Care of Ourselves; and
- How We're Faring.

The Health Collaborative contracted with Community Information Now (CINow), a nonprofit local data intermediary serving Bexar County and Texas, for quantitative and qualitative data collection, data analysis, and report development. The two organizations worked closely throughout the roughly 10-month assessment period from October 2024 to August 2025.

The Health Collaborative's board, staff leadership, and CINow drafted a CHNA approach, structure and flow, data collection methods and instruments, list of extant data indicators, and timeline for review by The Health Collaborative's CHNA and Data Committee in January 2025. The overall CHNA approach, timeline, workplan of extant data indicators and charts/maps, focus group guide, key informant interview guide, and proposed report flow were presented to the CHNA and Data Committee in January 2025. Members were invited to provide feedback on any component; no concerns were voiced in or outside of the meeting to drive changes in the plans or materials.

As The Health Collaborative and CINow were simultaneously conducting CHNAs in five counties (Atascosa, Bexar, Comal, Gillespie, and Guadalupe), much of the work was done once (e.g., key informant interview guide development) for all counties. Similarly, it was more efficient to gather and analyze extant data for all five counties at the same time. Primary data collection, analysis, and report development were specific to each county.

Shared and Differing Priorities

This assessment does not try to rate or rank extant data indicators, but it was possible to qualitatively or quantitatively identify key themes and priorities from participants in the community survey, resident focus groups, and leader key informant interviews. Several Atascosa County community residents and resource partners were also invited to identify the 10 or so issues they felt were relatively higher-priority for Atascosa County's health and well-being, drawing on both their own experience and expertise. (More information about that process is included in **Appendix B Technical Notes**.) Fifteen people responded anonymously. When priorities were ranked quantitatively, as in a survey question or a section of the prioritization tool, the top half are included here. Those emerging from qualitative data were identified during the thematic analysis using ATLAS.ti. Key themes and priorities from each group are summarized below.

Cross-Cutting Issues

Focus Group Participants

- Youth, elderly, foster children, immigrants, previously incarcerated people, people with substance abuse difficulties, grandparents raising grandchildren, and women/girls who are pregnant.
- Geographic disparities: resources are concentrated in Pleasanton and other parts of the county have to travel to Pleasanton or further
- The Atascosa Interagency Council is a huge resource for the area. Nonprofits collaborate with one another and share resources and strategies to better the community.

Key Informant Interviewees

- Vulnerable populations and communities: racial/ethnic minorities, rural areas that need expansion of services

Prioritization Respondents

- Federal or state policy and funding environment
- Local policy and funding environment
- Inadequate local communication and coordination

What We Need for Health

Focus Group Participants

- Need more mental health professionals, including autism, developmental delay, intellectual disability, and ADHD services
- Need more doctors and specialists in general
- Transportation services
- Food security
- Childcare

Community Survey Respondents

- Healthy fresh foods / access to healthy food items
- Access to overall healthcare; quality medical care; more appointments available, or available sooner
- Quality mental health care

Key Informant Interviewees

- Barriers to care and preventive care: health literacy, health provider shortages, medical costs, and health insurance
- Built environment and infrastructure: proper city planning for population growth, enough diverse housing options, clean water, transportation services, opportunities for employment and economic development, and enough walkable areas
- Mental health support
- Social determinants of health, particularly food security, housing, financial security, and education

Prioritization Respondents

- Stable and quality housing
- Food security
- Health insurance and affordable cost of care
- Health care provider availability
- Income and assets
- Educational attainment
- Extreme heat and cold

How We're Taking Care of Ourselves

Focus Group Participants

- Stigma around hospital care keeps people from engaging in preventive care. Some hospitals in the County had rumors of poor care in the '90s, which persist today, even though many participants admitted to having good care at those hospitals.

Prioritization Respondents

- Routine dental care
- Routine checkups / wellness visits
- Diabetic primary care
- Early and ongoing prenatal care
- Healthy eating
- Screening for breast cancer
- Diabetic self-management

How We're Faring

Community Survey Respondents

- Chronic pain (back pain, joint pain, fibromyalgia, etc.)
- Depression, anxiety, PTSD, or chronic stress
- Heart disease, stroke, or high blood pressure/hypertension

Key Informant Interviewees

- Federal funding cuts to organizations have caused uncertainty in how they will sustain their momentum and programs
- Key informants spoke about how one of their resources is the philanthropic attitude of residents. They rely on volunteers, donations, and word-of-mouth outreach to connect with communities.

Prioritization Respondents

- Depression, anxiety, PTSD
- Other mental illness
- Substance abuse
- Activity limitations and disability
- Hypertension

Conclusion

The reader of this community health needs assessment will draw their own conclusions about what most stands out in the wealth of Atascosa County information presented here, and what challenges and opportunities present themselves. For the authors of this report, however, a handful of big-picture conclusions emerge.

Many people lack access to health and human services and other resources that support health. Focus group participants, interview participants, and survey respondents all mentioned geographic barriers to care. Many Atascosa County residents have to drive to San Antonio for hospital and specialty care, and other types of care and resources are concentrated in Pleasanton.

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

Basic needs and root causes demand our attention. Whether we call them social determinants of health or non-medical drivers of health, issues like food security, decent housing, jobs with a livable wage, and literacy/education are all non-negotiable foundations of health and well-being – not sufficient, but certainly necessary. Poor mental health, food insecurity, and housing instability cropped up again and again in conversations with community members. The same was true for extreme weather, whether unrelenting and concentrated heat, extreme cold as in 2021, or deadly flooding as in recent months. All of these factors intersect, and as a rule, whether a pandemic or a flood or a freeze, it is already-vulnerable people who are hit hardest by disasters and who face the greatest barriers to recovery.

Atascosa County's Residents

Who Lives in Atascosa County

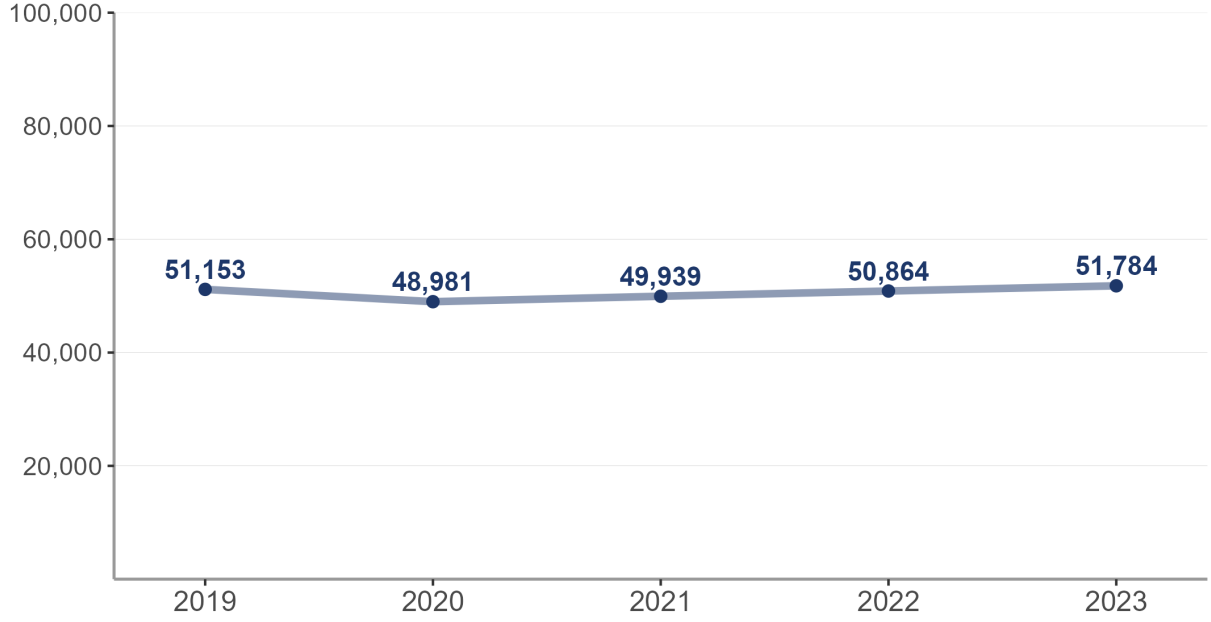
Atascosa County is home to wide-open land, strong South Texas roots, and neighbors that look out for one another. It is a place where residents deeply value their small-town way of life, as the county offers more space, more freedom, less traffic, and a quieter alternative to the bustle of nearby urban areas. Still, community members also recognize the drawbacks of being more rural, such as unreliable internet and limited access to services. They have also voiced concerns about already strained infrastructure, especially around growing pressures of population growth and the influx of people during major events like the Poteet Strawberry Festival. As the community works together to balance growth and progress with preserving the county's unique character, local leaders continue to show strong collaboration and a shared commitment to improving quality of life, meeting local needs, and building a future that serves the people who already call Atascosa home.

Population Size and Age

Located just south of San Antonio, Atascosa County's largest cities are Pleasanton, Jourdanton and Poteet. In 2020, the county experienced a slight population decline, reaching a five-year low of 48,981 residents (**Fig. 1A.1**). However, the population began to rebound in 2021, with the most recent estimate placing the total at 51,784 residents, putting it back to before the dip.

Fig. 1A.1 Total population

Atascosa County, Texas



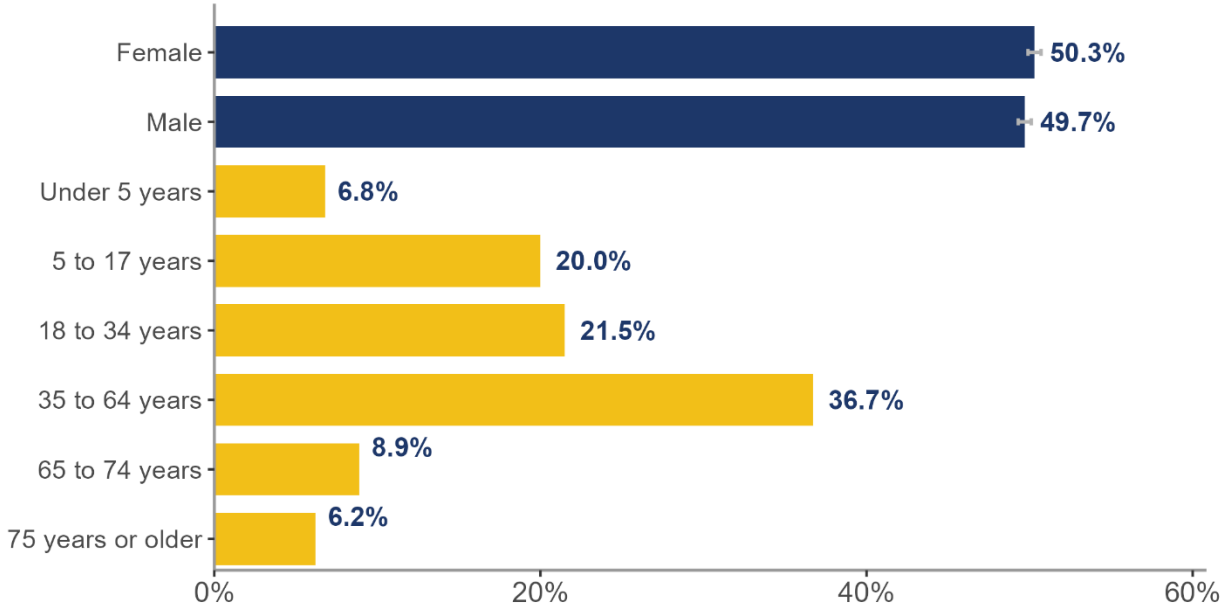
Source: ACS 1-Year Supplemental Estimates, Table: K200101; 2020 Decennial Census Estimate, Table: DP1
Prepared by CINow for The Health Collaborative

Participants consistently spoke about how much they loved the small town feel of Atascosa County. While they know there are some drawbacks to being more rural, such as unreliable internet and less specialists, they still highly value having neighbors who care for one another and the charm that comes from that.

"My favorite thing about the people, we take care of our own."
– Atascosa County Focus Group Participant

The largest age group in the county was residents aged 35 to 64 (37%) (**Fig. 1A.2**). Notably, about 20% of the population was school-aged (between five and 17 years old), nearly matching the share of young adults aged 18 to 34 (22%). About 15% of the population was older residents, aged 65 and older, and female residents made up a slight majority of the population at 50.3%. Unfortunately, the Census Bureau's American Community Survey does not currently collect data on gender identification as a separate concept from sex, nor does it ask respondents about sexual orientation.[1]

Fig. 1A.2 Percent of total population, by sex and age, 2023
Atascosa County, Texas



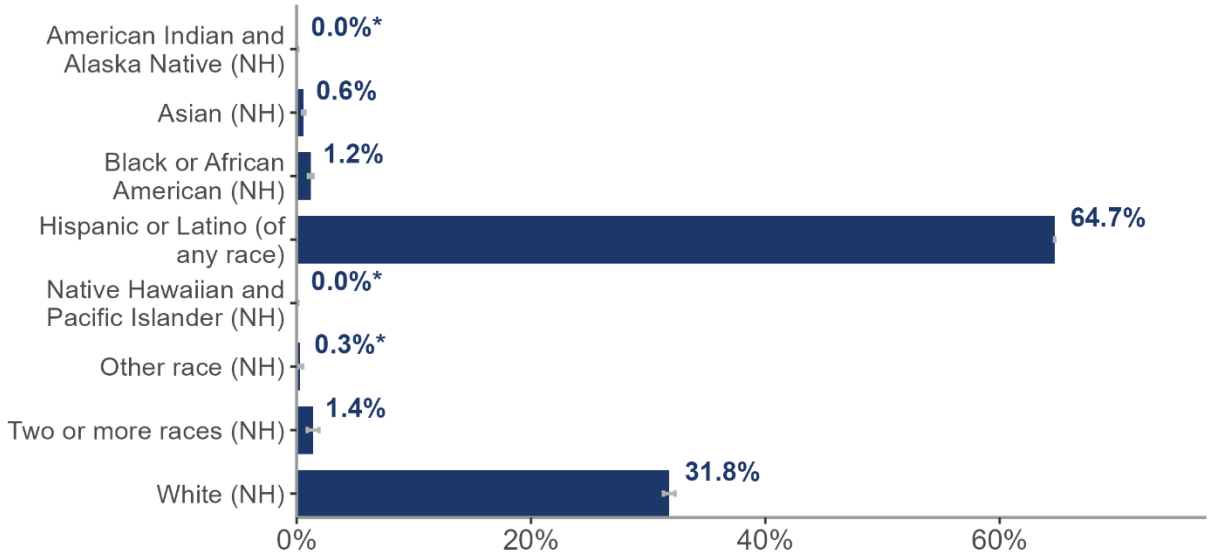
Source: ACS 5-Year Estimates. Table: B01001
Prepared by CINow for The Health Collaborative

Race/Ethnicity and Population Distribution

The majority (64%) of Atascosa County's residents in 2023 identified as Hispanic or Latino (of any race), followed by about one-third who identified white non-Hispanic (32%, **Fig. 1A.3**). While there is some representation of other race/ethnicity groups, their shares are small, with non-Hispanic Black or African American residents and those identifying as Two or more races making up less than 3% of the population, and all the other groups comprising well under 1%.

Fig. 1A.3 Percent of total population, by race/ethnicity, 2023

Atascosa County, Texas

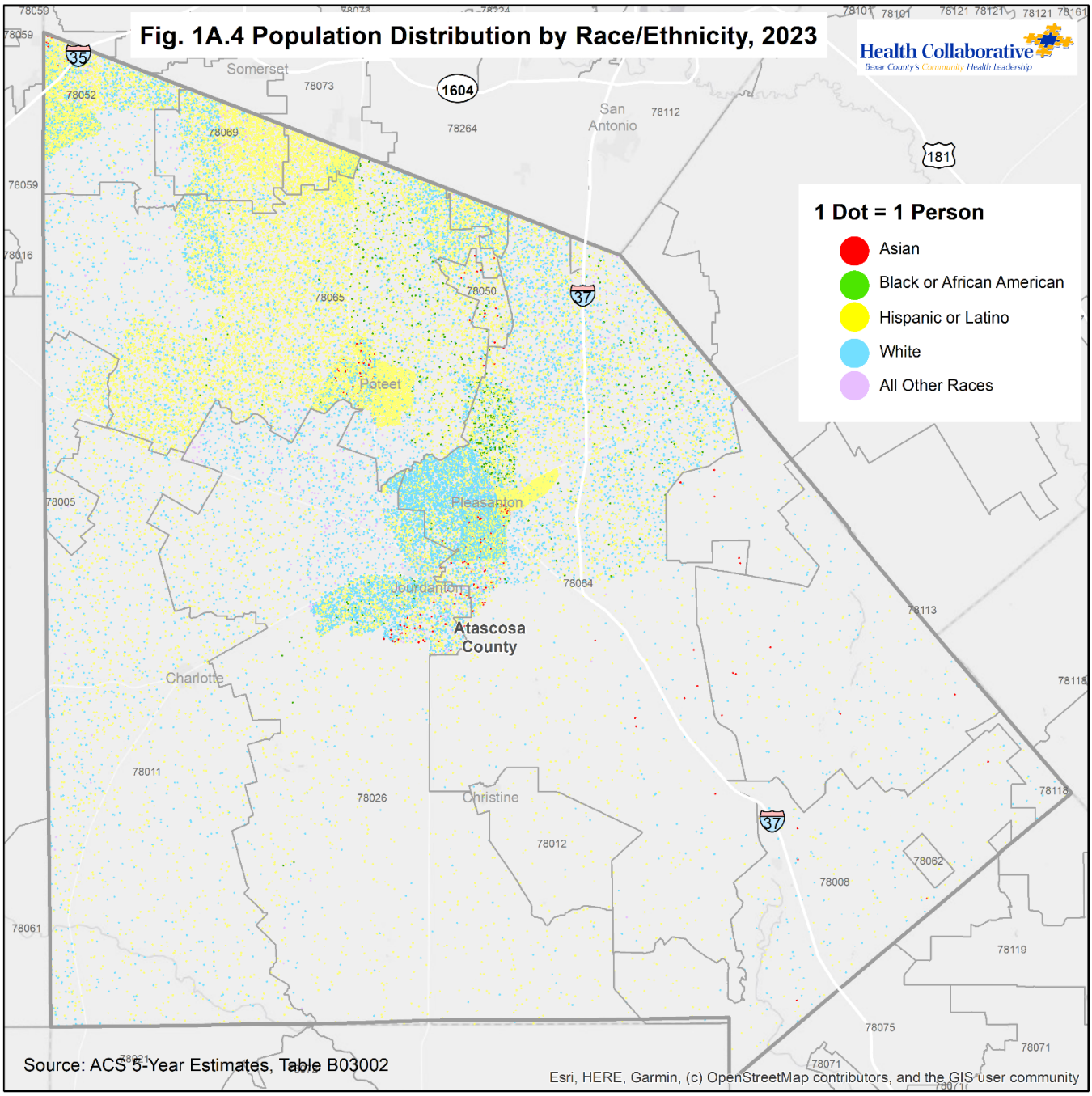


NH= Not Hispanic or Latino
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: DP05
Prepared by CINow for The Health Collaborative

The following two dot-density maps, which use American Community Survey five-year estimates, show the population distribution by race/ethnicity across the county (**Fig. 1A.4** and **1A.5**). Dots are not exact addresses, but instead are spread randomly with the correct Census Tract.

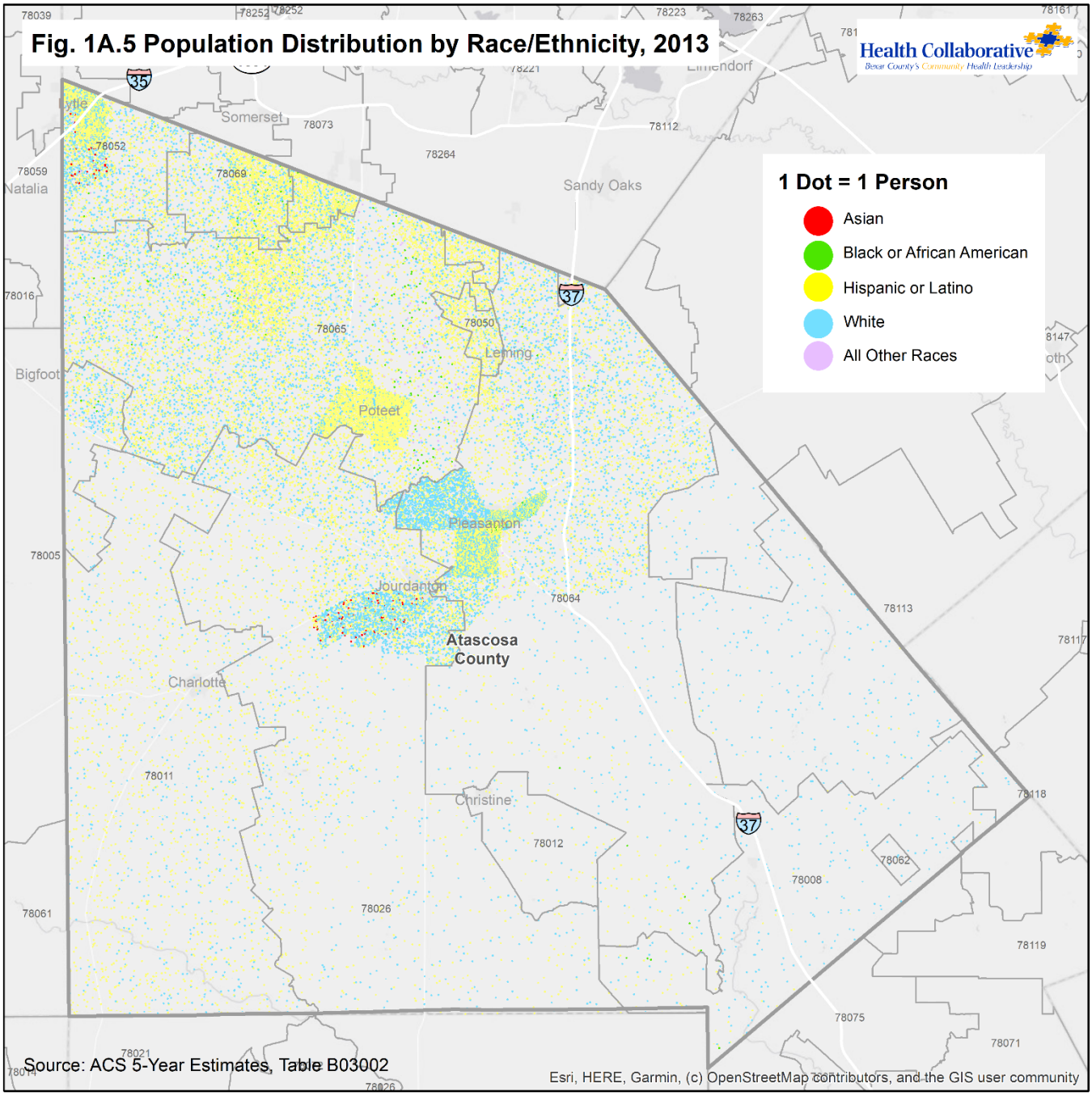
Residents are dispersed across Atascosa County, reflecting its largely rural and spread-out nature, with higher concentrations of people around the northern part of the county nearest to San Antonio (**Fig. 1A.4**). The most densely populated areas are around the county's largest cities, Poteet, Pleasanton, and Jourdanton, within the portion of Lytle that belongs to Atascosa County, and the county area near Somerset.

The county's largest race/ethnic group, Hispanic residents, have notably high concentrations in Lytle, Poteet, near Somerset, and in a pocket of Pleasanton. The second-largest race/ethnic group, White residents, are especially concentrated in and around the county's largest cities, Pleasanton and Jourdanton, where they seem to make up the majority.



The second dot-density map shows the population distribution for the county a decade earlier, in 2013 (**Fig. 1A.5**). A comparison of the two maps makes it clear that the population has shifted in that period, especially around the larger cities. This includes both population consolidation and growth.

For instance, in 2013, the population around 78065 was more evenly spread out across census tracts, whereas by 2023, it had become more concentrated toward the center of the ZIP code. As far as growth, the Pleasanton and Jourdanton area grew larger; by 2023, the population expanded north of Pleasanton as well as between the cities, filling in that gap.



About race/ethnicity groups

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

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

Throughout most of this report and past Atascosa County community health needs assessments, Hispanic ethnicity is handled as a parallel category to race categories, and together, all the categories are referred to as "race/ethnicity" groups. New federal guidelines adopted in 2024 will mandate a similar approach nationwide, as well as add Middle Eastern or North African, previously categorized as white, as a new required "minimum reporting" category.[2]

Exploring Social Characteristics

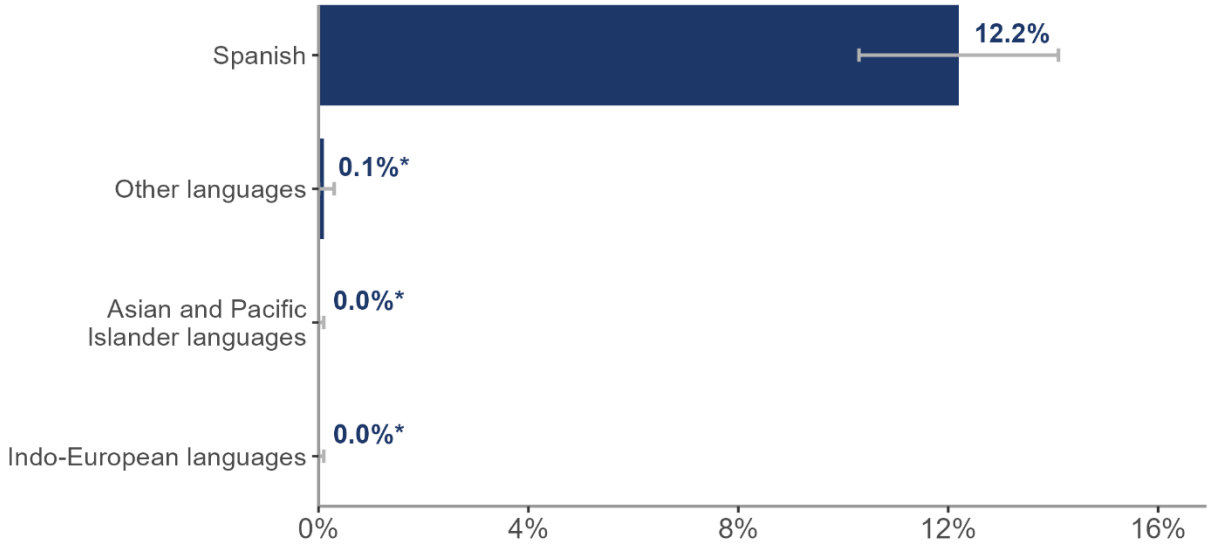
Beyond the county population's size and makeup, exploring the social characteristics that shape daily life and influence community needs is also essential. Indicators such as language use, veteran status, educational attainment, and other key factors provide valuable insight into the diverse experiences,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

Language

Figure 1B.1 shows the percentage of the population aged five and older who self-reported speaking English less than "very well" in the Census Bureau's American Community Survey (ACS), along with the language group (other than English) spoken at home. In 2023, only about 12% of all residents over five years old reported speaking English less than "very well," with Spanish, by far, being the most commonly spoken non-English language at home; all other languages were represented in much smaller numbers.

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

Atascosa County, Texas



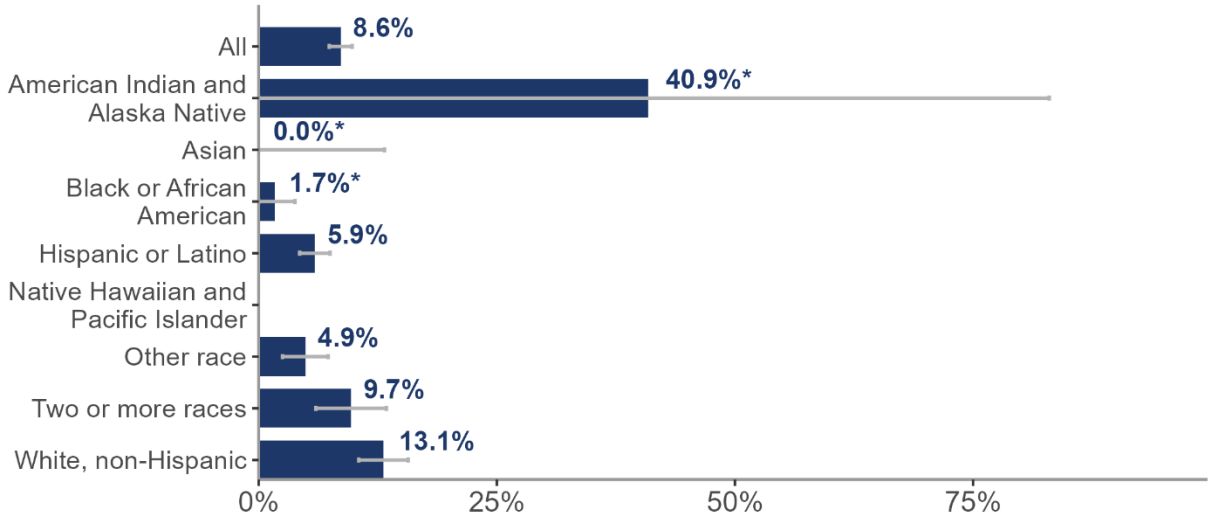
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: DP02
Prepared by CINow for The Health Collaborative

Veterans

About 9% of Atascosa County's civilian adult population in 2023 was military veterans (**Fig. 1B.2**). Though the proportion for American Indian or Alaska Native veterans seems higher, the margin of error is too wide to have any certainty. Similarly, all other differences by race/ethnicity should be interpreted with caution given the overlapping margins of error.

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

Atascosa County, Texas



Population count for Native Hawaiian and Pacific Islander group is 0.
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: S2101
Prepared by CINow for The Health Collaborative

Participants expressed concern about long-term educational impacts of the COVID-19 pandemic, noting that many students, especially in rural areas, are still struggling to catch up because of disrupted learning, limited resources, and ongoing gaps in support for diverse learning needs and quality education.

"For the education component with kids, there's a lot of concerns with whether or not they've caught up, or if they ever will. And that puts a lot of pressure on the schools and the districts. But I think Pleasanton, and a lot of other schools, they're really trying to close the gap in that. And I think the parents through the pandemic… they kind of homeschooled. But, now that parents have seen exactly how hard it is to actually get the kid through the day and educate, I think it kind of gave them a little bit of a barometer of compassion towards the teacher. And then now, I see a lot of parents who are really like the PTA, and like, 'how can we support them?'"

– Atascosa County Focus Group Participant

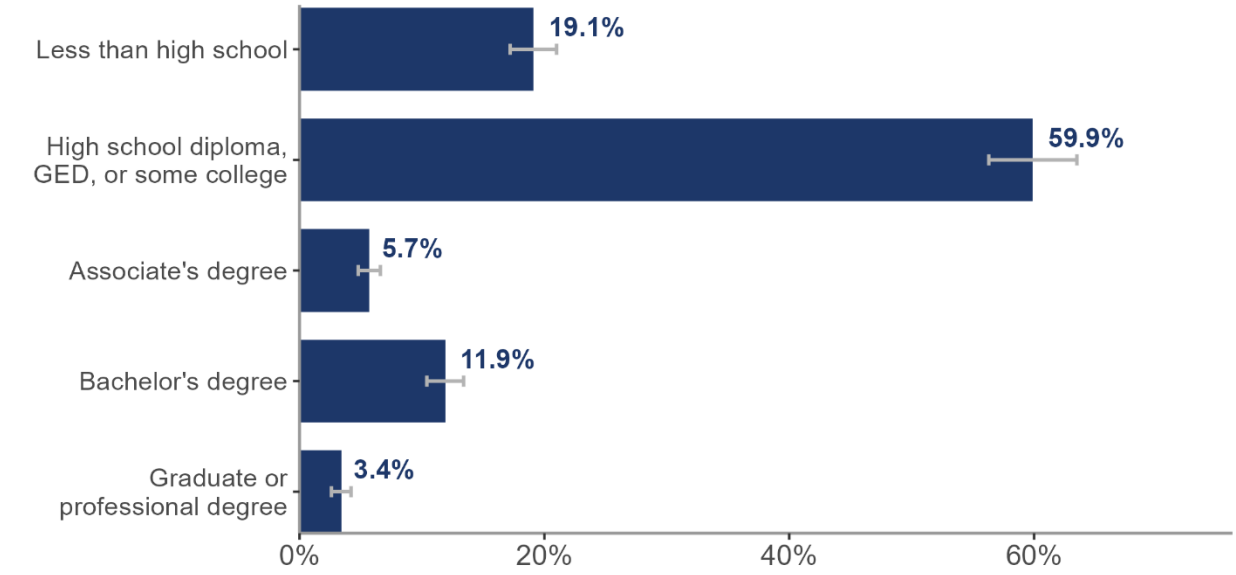
Education

Because the American Community Survey (ACS) data does not capture non-degree certificate or certification credentials, it likely underestimates the proportion of the population with some kind of postsecondary education and training outside of traditional degree pathways. Even so, with the well-documented link between health and education, educational attainment has strong implications for Atascosa County's health status.[3] Because education shapes access to jobs, income, and health knowledge, higher educational attainment can significantly improve a population's overall health and well-being.

As of 2023, a majority (60%) of Atascosa County's population aged 25 and over had at least a high school diploma, GED or some college, followed by 19% who only had less than a high school education (**Fig. 1B.3**). The remaining 21% had attained some level of completed college education (Associate's degree and higher), mostly Bachelor's degrees.

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

Atascosa County, Texas



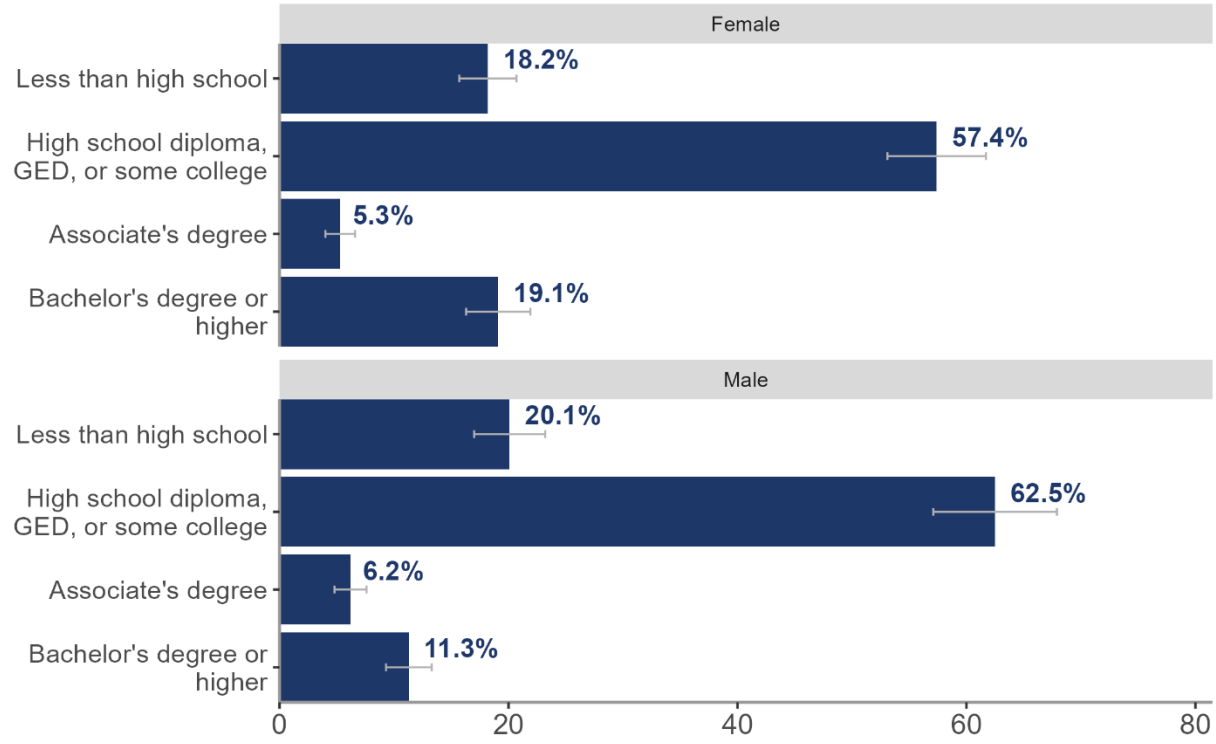
Source: ACS 5-Year Estimates. Table: DP02
Prepared by CINow for The Health Collaborative

Figure 1B.4 breaks down educational attainment by sex. Overall, education levels among both women and men reflect broader countywide trends: the majority hold either a mid-level education (high school diploma, GED, or some college; 57% for women, 63% for men) or less than high school education (18% and 20%).

Among women in Atascosa, the difference between those with less than high school and a Bachelor's degree or higher is uncertain because of overlapping margins of error. In contrast, a significantly larger share of men, nearly twice as many, have less than a high school education (20%) compared to those with a Bachelor's degree or higher (11%).

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

Atascosa County, Texas



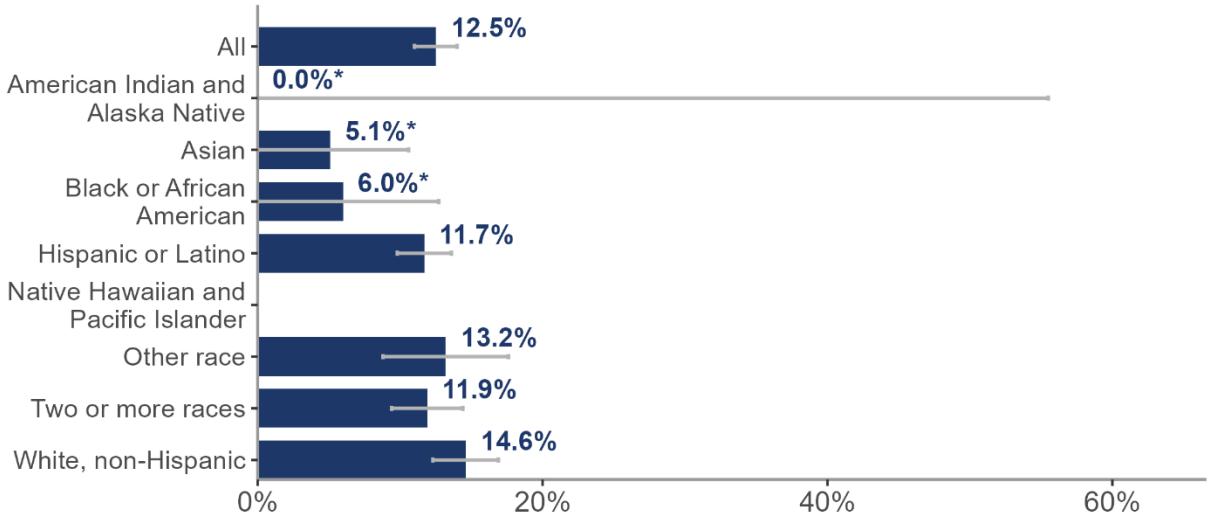
Source: ACS 5-Year Estimates. Table: S1501
Prepared by CINow for The Health Collaborative

Disability

Among Atascosa County's civilian non-institutionalized population (that is, not living in institutions like nursing homes, mental health facilities, or prisons), about 13% of residents live with one or more disabilities (**Fig. 1B.5**). That percentage may vary by race/ethnicity, but wide and overlapping margins of error make any differences hard to interpret.

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

Atascosa County, Texas



Population count for Native Hawaiian and Pacific Islander group is 0.
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: S1810
Prepared by CINow for The Health Collaborative

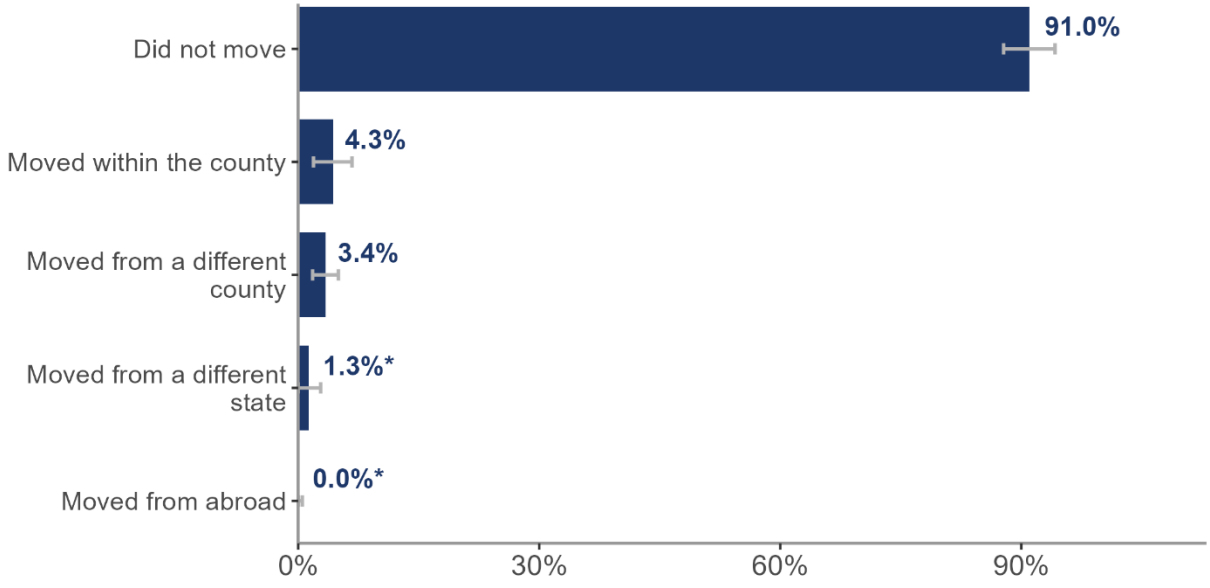
Households

As of 2023, about 91% of Atascosa County residents lived in the same place they were in the prior year (**Fig. 1B.6**). Only an estimated 4.3% moved within the county and less than about 4.7% moved in from outside of the county (from a different county, state, or abroad).

Figure 1B.7 shows the distribution of household types in Atascosa County. Married couple households were the most common type, accounting for just under half of all households (48%). Individuals living alone made up a quarter of households (25%). Among single householders with no spouse present, female householders were twice as common (15%) than their male counterparts (7%). Note, the "Other non-family" household type refers to householders living with nonrelatives—unfortunately the estimate for Atascosa is unreliable and should be interpreted with caution.

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

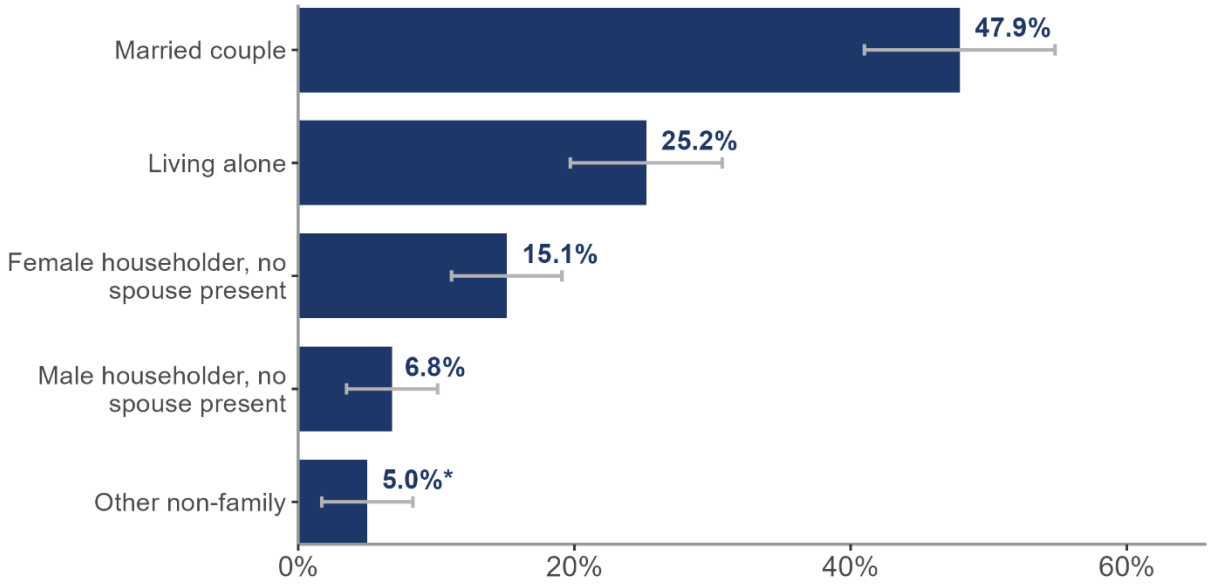
Atascosa County, Texas



*Unreliable: Error is too large relative to estimate.
Source: ACS 1-Year Supplemental Estimates. Table: K200701
Prepared by CINow for The Health Collaborative

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

Atascosa County, Texas



*Unreliable: Error is too large relative to estimate.
Source: ACS 1-Year Supplemental Estimates. Table: K200901
Prepared by CINow for The Health Collaborative

What We Need for Health

What We Heard from the Community

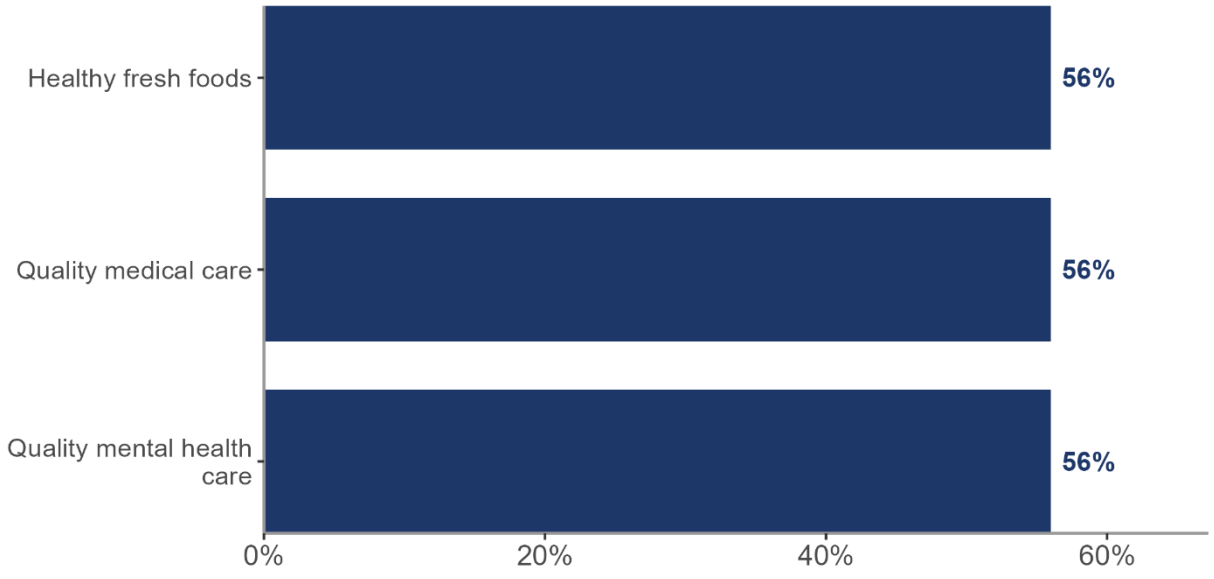
As part of the assessment, CINow conducted a community survey to gather qualitative insights and a broader perspective on health and well-being in Atascosa County. The Community Health Needs Assessment (CHNA) Community Survey included a range of questions about what matters most to residents and their loved ones when it comes to health. Because it was a convenience sample, meaning that participants were not randomly selected, the results offer meaningful insights but should not be seen as representing the county population as a whole. Unfortunately, only 11 Atascosa County residents participated by answering at least one question. A profile of respondents' demographic characteristics and geographic distribution can be found in **Appendix B: Technical Notes**.

Resource Priorities and Access

CHNA Community Survey respondents identified the resources they felt made the biggest positive difference to their own and their loved ones' health and well-being if they had access to it with no geographic, financial, or other barriers. **Figure 2A.1** shows the top 3 resources reported by respondents, all selected by 56% of them: Healthy fresh food, Quality medical care, and Quality mental health care.

Fig. 2A.1 Top 3 resources CHNA survey respondents rated as important to their own or their loved ones' health and well-being, 2025

Atascosa County, Texas

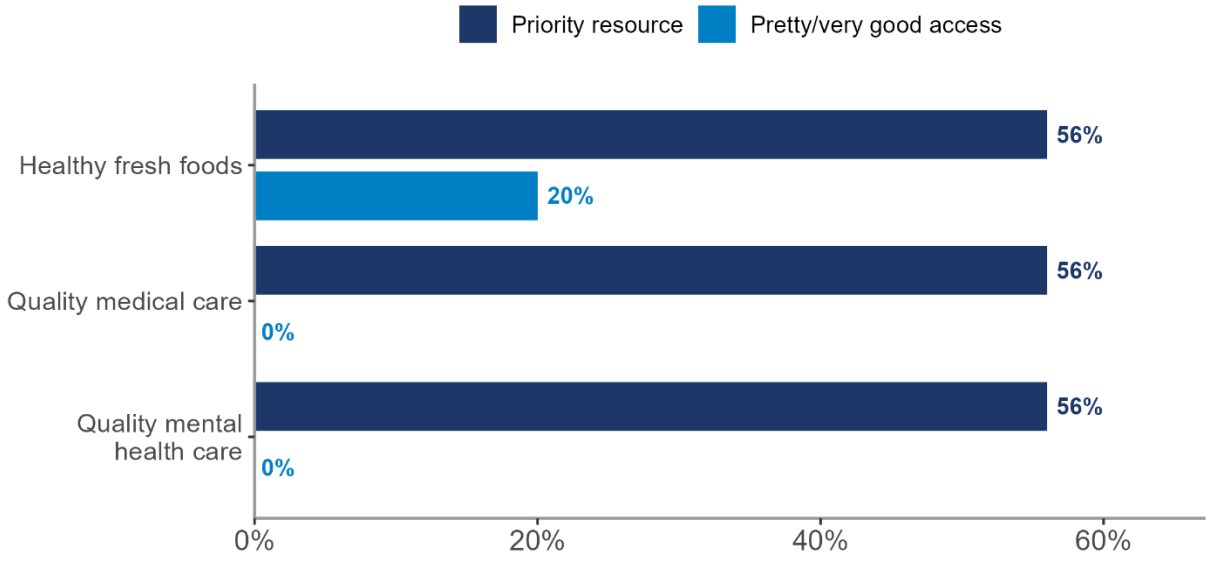


Source: CHNA Atascosa County Survey
Prepared by CINow for The Health Collaborative

Atascosa County CHNA survey respondents were also asked to rate their access to the selected priority resources. Among those who selected healthy fresh foods (56%), just 20% reported having “very good” or “pretty good” access to it (**Fig. 2A.2**). And none of the respondents who selected quality medical care or quality mental health care (each selected by 56% of respondents as well) reported having “very good” or “pretty good” access to those services.

Fig. 2A.2 Top 3 priority resources CHNA survey respondents rated as having "pretty good" or "very good" access to, 2025

Atascosa County, Texas



Source: CHNA Atascosa County Survey
Prepared by CINow for The Health Collaborative

Not having enough income to thrive affects one's ability to care for their own and their loved one's health while pursuing long-term well-being. Basic necessities, like nutritious food, housing, education, and healthcare, are all critical to a happy, healthy life.

"The challenge is the income. Not that money solves everything, but I think of hunger, not as a food issue, but [as] an income issue. If people have access to thriving wages, then they can sustain themselves, and they don't need these supplements and these supports, and they can experience independence and the social status that goes along with self-reliance. I think our communities struggle in the areas of not enough opportunity to obtain wages that allow for a household to thrive in the community, or to sustain themselves, or to be secure in the community. So, they might be grappling with some of those basic needs, like food and shelter. They might not have the education, and then that employment, that 'right' job, is just not obtainable, or there's just a bounty of jobs that don't provide a secure status. That's the way it's framed - there's 'low wage employees.' No, there are employers that don't pay a living wage or a thriving wage… And I think we have to get our employers to provide security to their workforce."

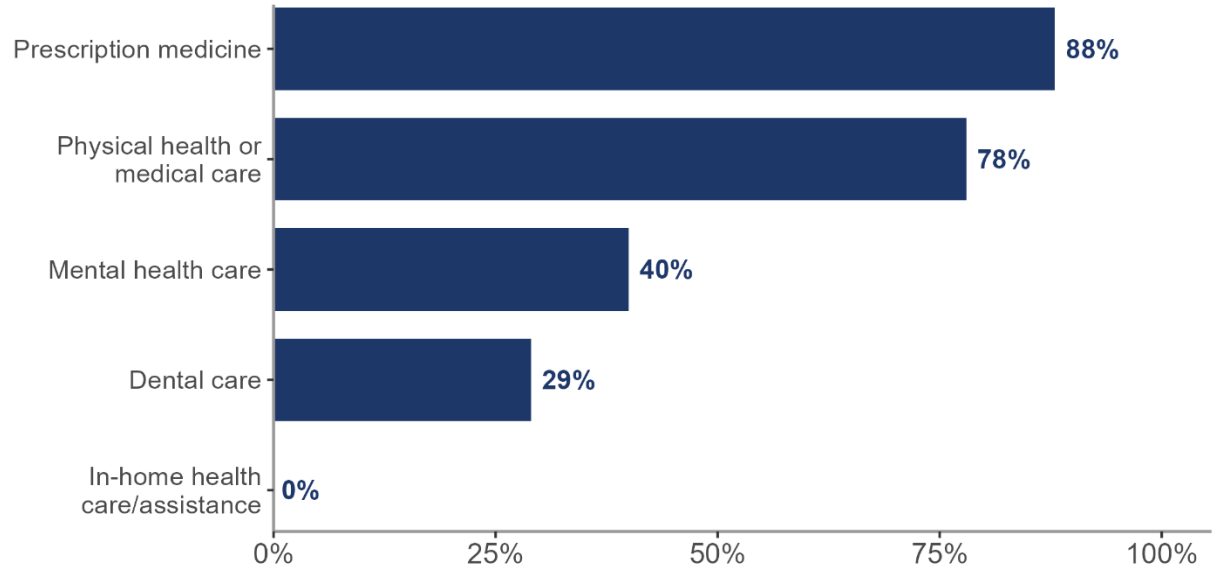
– Eric Cooper (President/CEO, San Antonio Food Bank)

Help with Accessing Care

Atascosa County CHNA survey respondents were asked, “In the past 12 months, how often were you able to get the care you needed?”; the response options were “always,” “often,” “rarely”, “never,” “prefer not to say,” and “not applicable.” Large portions of respondents reported “often” or “always” having been able to get prescription medicine (88%) as well as physical health or medical care (78%) (**Fig. 2A.3**). Notably, no one selected “often” or “always” having been able to get in-home care/assistance.

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

Atascosa County, Texas



Source: CHNA Atascosa County Survey
Prepared by CINow for The Health Collaborative

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

Earning and Building Wealth

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

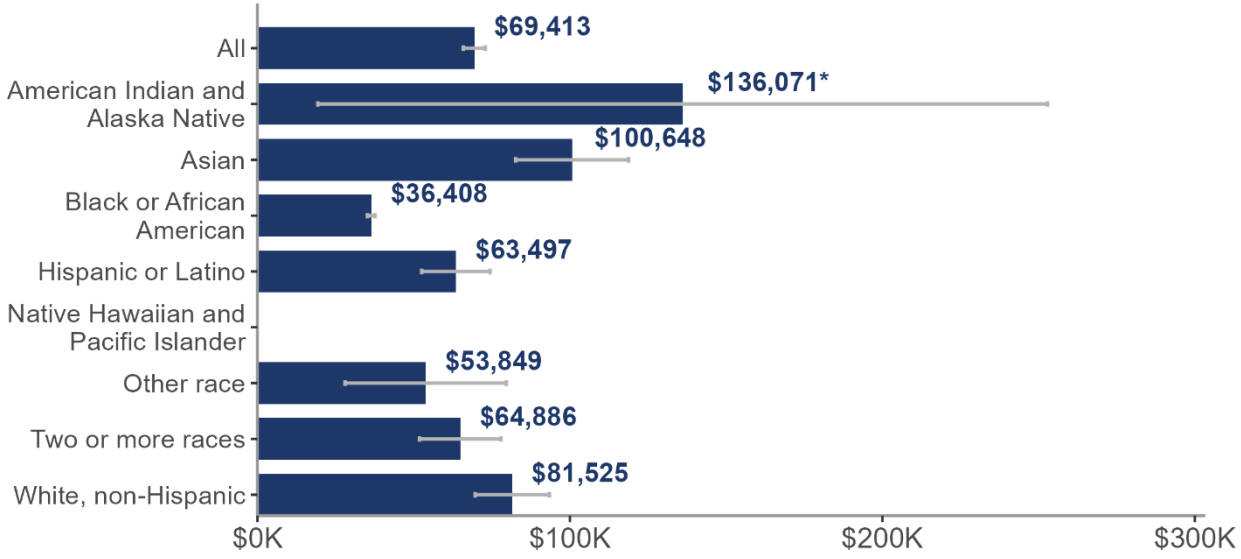
Household Income

In 2023, Atascosa County's median household income was $69,413 (**Fig. 2B.1**). When broken down by race/ethnicity, the Black or African American median household income stood out as the only one significantly lower than the countywide average, and was nearly half that amount, at $36,408. It was also significantly lower than the median incomes for Atascosa households identifying as Asian, Hispanic, Two or more races, and Other.

In contrast, the Asian median household income was the only one significantly higher than the countywide average, 45% higher, at $100,648. It was also significantly higher than that for the Atascosa households identifying as Black (as mentioned above), Hispanic, Two or more races, and Other.

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

Atascosa County, Texas



Population count for Native Hawaiian and Pacific Islander group is 0.
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: S1903
Prepared by CINow for The Health Collaborative

Financial insecurity

With many measures of financial insecurity, the "poverty line" may differ across agencies. For instance, the Census Bureau's poverty thresholds differ somewhat from the U.S. Department of Health and Human Services' thresholds used to determine eligibility for programs and services.[4] The Federal Poverty Level (FPL) is a measure the government uses based solely on income and family size to determine eligibility for benefit programs. For context, 100% FPL in this report would equate to a 2023 income of $15,480 for one person and $30,900 for a family of two adults and two children.[5]

Building on that, ALICE (an acronym for Asset Limited, Income Constrained, Employed) includes families who make enough to be above the poverty level but do not make enough to get by and are ineligible for many types of public assistance.[6] ALICE helps fill a gap by identifying households that struggle to meet basic needs despite earning too much to qualify for assistance.

Household Survival Budget, Atascosa County, Texas, 2023

Monthly Costs	Single Adult	One Adult, One Child	One Adult, One In Child Care	Two Adults	Two Adults Two Children	Two Adults, Two In Child Care	Single Adult 65+	Two Adults 65+
Housing	$798	$987	$987	$987	$1,114	$1,114	$798	$987
Child Care	$0	$268	$715	$0	$536	$1,478	$0	$0
Food	$400	$677	$607	$733	$1,230	$1,086	$368	$675
Transportation	$431	$565	$565	$670	$958	$958	$361	$530
Health Care	$178	$488	$488	$488	$780	$780	$581	$1,163
Technology	$86	$86	$86	$116	$116	$116	$86	$116
Miscellaneous	$189	$307	$345	$299	$473	$553	$219	$347
Taxes	$252	$213	$294	$351	$277	$449	$318	$593
Monthly Total	$2,334	$3,591	$4,087	$3,644	$5,484	$6,534	$2,731	$4,411
ANNUAL TOTAL	$28,008	$43,092	$49,044	$43,728	$65,808	$78,408	$32,772	$52,932
Hourly Wage	$14.00	$21.55	$24.52	$21.86	$32.90	$39.20	$16.39	$26.47

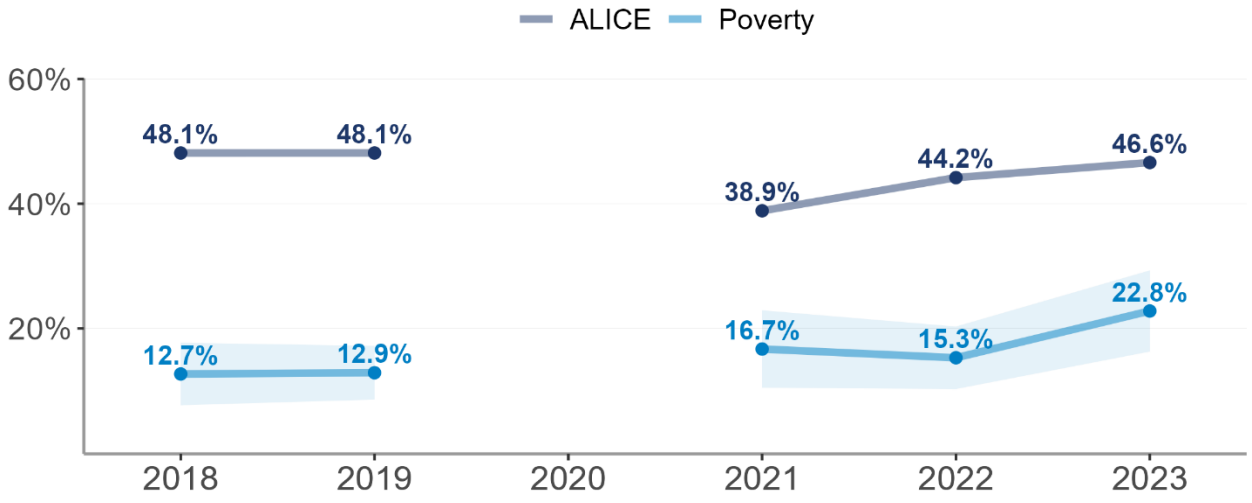
Source: United for ALICE

Figure 2B.2 shows financial insecurity among Atascosa County families, measured using both the ALICE threshold and the Federal Poverty Level (FPL). The most recent numbers show that as of 2023, 23% of Atascosa families had incomes below the poverty line. However, an additional 47% still could not afford basic needs and did not qualify for many forms of assistance, even though many of those families were employed. Unlike ALICE numbers, which showed a slight decline over time and hovering around 45%, the proportion of people in poverty increased from about 13% to 23% in the most recent year.

ALICE households are most common around 78011 and 78012 ZIP codes, representing more than 30% of the total households (**Fig 2B.3**). Taken together, financial insecurity affects many households in Atascosa County, highlighting the limitations of relying on the FPL alone to understand economic hardship and financial need.

Fig. 2B.2 Percent of population with income below the FPL and of households with income below the ALICE survival budget threshold

Atascosa County, Texas



FPL= Federal Poverty Level, ALICE= Asset Limited, Income Constrained, Employed
Data for 2020 is unavailable due to data collection restrictions during the COVID-19 pandemic.
Source: ACS 1-Year Supplemental Estimates, Table: K201701; ALICE United Way of Texas
Prepared by CINow for The Health Collaborative

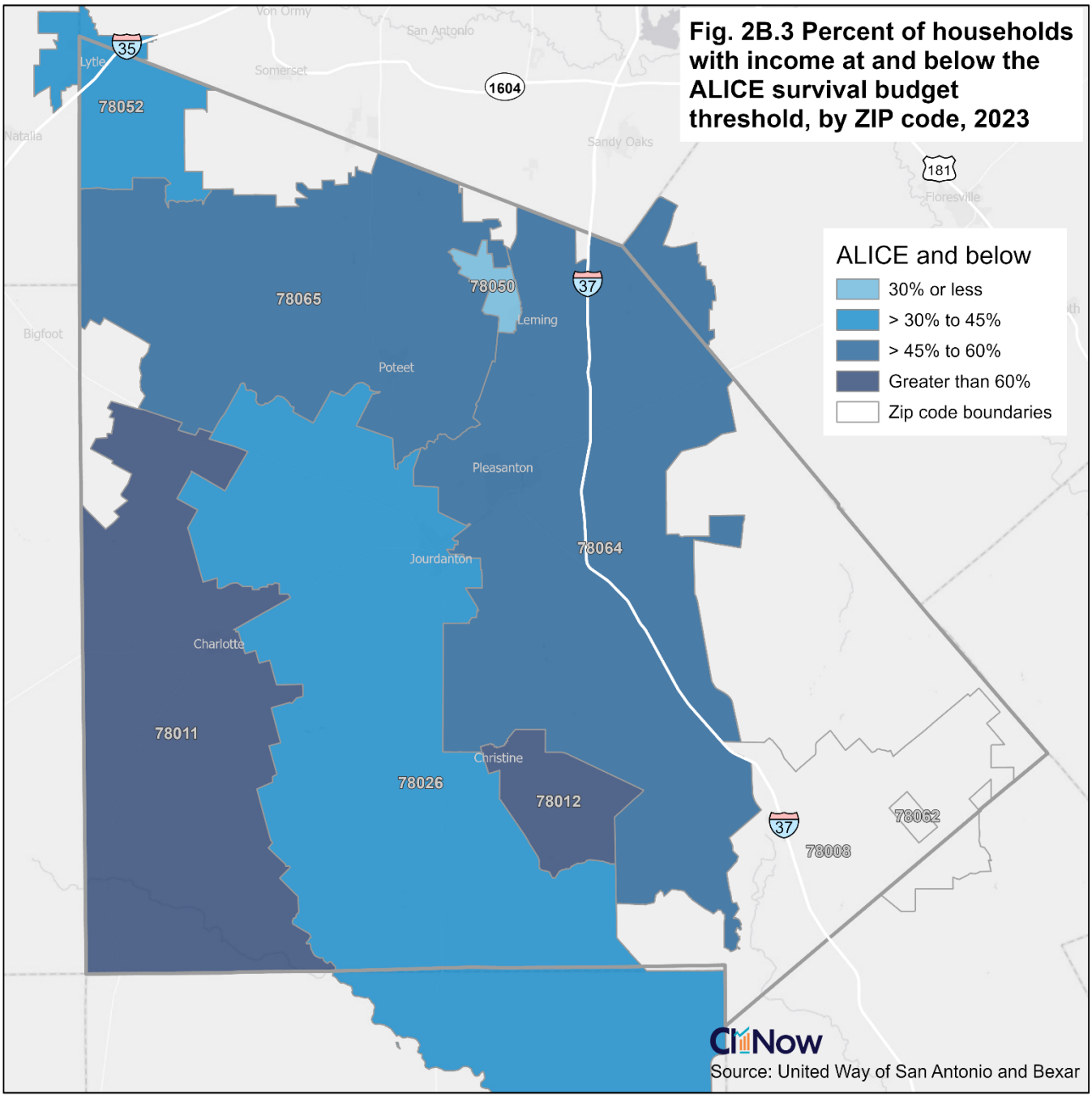


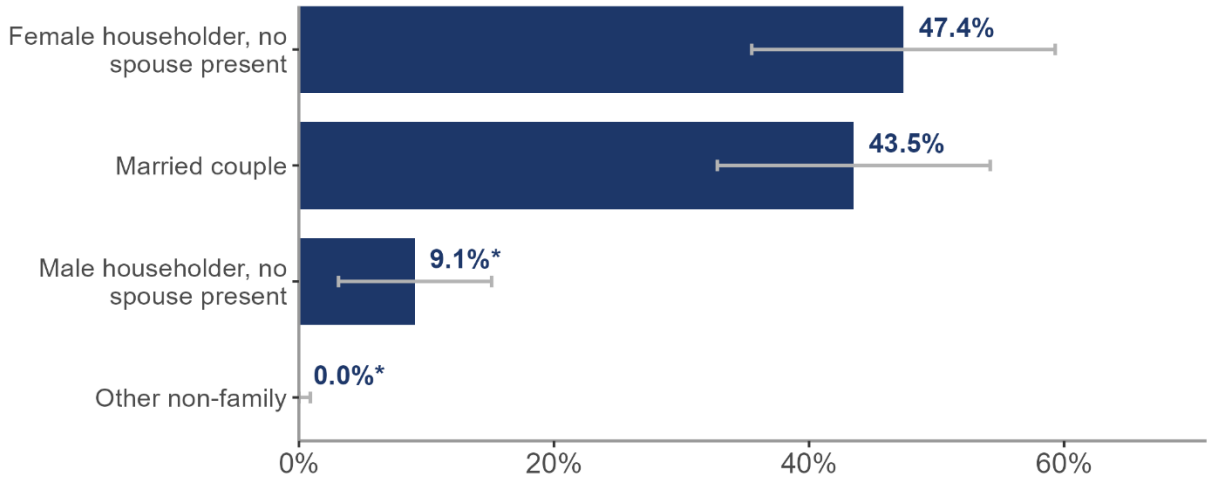
Fig. 2B.3 Percent of households with income at and below the ALICE survival budget threshold, by ZIP code, 2023
ALICE and below
30% or less
> 30% to 45%
> 45% to 60%
Greater than 60%
Zip code boundaries
78052
78065
78050
78064
78011
78026
78012
78062
78008
Lytle
Somerset
Von Ormy
San Antonio
Natalia
Sandy Oaks
Floresville
Bigfoot
Leming
Poteet
Pleasanton
Jourdanton
Charlotte
Christine
35
1604
37
181
CINow
Source: United Way of San Antonio and Bexar

Figure 2B.4 shows the percentage of children living in households that received income support through public assistance programs, broken down by household type. Specifically, it includes households that received assistance in the past 12 months from Supplemental Security Income (SSI), cash public assistance income, like Temporary Assistance for Needy Families (TANF), and food stamps or Supplemental Nutrition Assistance Program (SNAP).

In 2023, Atascosa County children receiving such support most commonly lived in "female householder, no spouse present" households (47%) and married couple households (44%). Because of wide and overlapping margins of error, it is unclear which of the two was the most common.

Fig. 2B.4 Percent of children in households receiving SSI, cash public assistance income, or food stamps/SNAP in the past 12 months, by household type, 2023

Atascosa County, Texas



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

Focus group participants highlighted how limited access to affordable, high-quality childcare, especially in rural areas, is financially straining for families (particularly for grandparents raising grandchildren). Long waitlists, underfunded facilities, and a lack of trauma-informed care to help children with disabilities compound the challenges.

"The area that I work with is child care services. So of course, there's a lack of daycare facilities or affordable childcare in almost all of our rural counties… And in Atascosa we have like 272 children on our waitlist. We recognize that there's a need. But there's also limited funding. So, having that affordable available daycare is definitely a need. And recently we have identified a need for trauma-informed care in daycares to address the issues that children are having, because we have an increase in the number of children that are identified as autistic or ADHD, and it's a matter of being able to manage different types of behavior. But, whether that trauma-informed training is going to be available out in the rural areas, I haven't been able to get a response on that."

– Atascosa County Focus Group Participant

Child Care

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

The Texas Department of Health and Human Services child care search feature shows only three licensed child care centers, all in Jourdanton ZIP code 78026. The total capacity of the three centers is listed as 270,[7] although actual capacity may be lower depending on the center's staffing level. U.S. Census Bureau American Community Survey (ACS) estimates for 2023 put Atascosa County's child population under age five at about 3,400, and the total child population under age 10 at about 7,500.[8] Assuming full capacity of 270, Atascosa County has 79 child care slots available for every 1,000 children under five and 36 slots available per 1,000 children under age 10.

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

Starting life strong is deeply influenced by broader social and economic conditions. As key informants and focus group participants emphasized, these elements are not isolated issues but part of a larger, interconnected system that affects a family's ability to thrive. Regional leaders are especially aware of this connection, recognizing how holistic supports and investments, like childcare, can create positive ripple effects.

"Things like transportation, affordable housing, childcare, all of these types of things. They're all interconnected, and they all are part of the overall fabric that creates an environment where people thrive. [With childcare, families] have the ability to go back to school, get trained, or go back to work. The results of that are… the child has hopefully better development opportunities because of the curriculum at an early age. So that's a longer-term workforce outcome. The parent has the ability to go back to school, get trained or work. Because childcare allows them the access to go back to work. So that gives you kind of a snapshot of the importance of childcare."

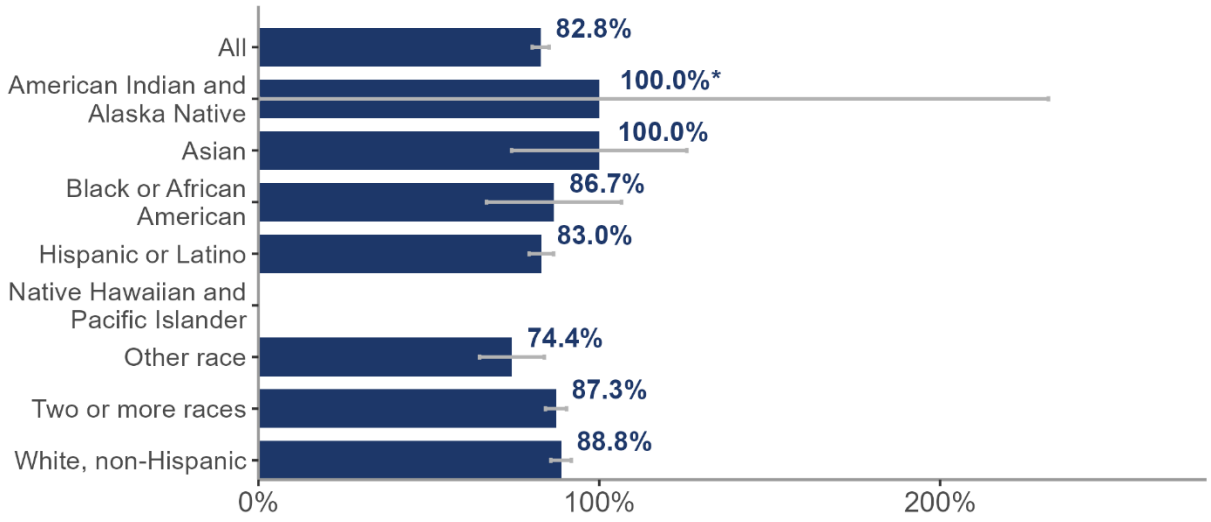
– Adrian Lopez (CEO, Workforce Solutions Alamo)

Getting Online and Staying Connected

Digital inclusion refers to reliable and affordable access to the internet with adequate infrastructure, capable devices, and necessary digital skills to navigate today's digital world. It is foundational to reducing social and economic disparities while driving economic development and mobility.[9] **Fig. 2D.1** shows that an estimated 83% of Atascosa County households have both a computer and a broadband internet subscription, meaning that about 17% do not. Overlapping margins of error and suppression limit the ability to determine statistically significant differences for race/ethnic groups. Differences by ZIP code show some geographic variation, particularly that ZIP code 78011 had the lowest estimated access, at 80% or less (**Fig. 2D.2**).

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

Atascosa County, Texas



Population count for Native Hawaiian and Pacific Islander group is 0.
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Tables: B28008, B28009 B-I
Prepared by CINow for The Health Collaborative

Highlighting digital equity and access, especially in rural areas, a key informant emphasized how a lack of technological infrastructure affects community members' access to healthcare, work, education, and other resources.

"One other common theme, especially in rural areas, is digital equity. Some important considerations in this regard are whether first, and foremost, are these communities connected? What tools do they need to leverage the connection and what training do they need to use those tools, or do they require Navigators to help? Another important issue regardless of whether you are in a rural area or not, is how important digital connection is to one's ability to find work and education at every level. You need digital connection to compete in this world."

– Jaime Wesolowski (President/CEO, Methodist Healthcare Ministries)

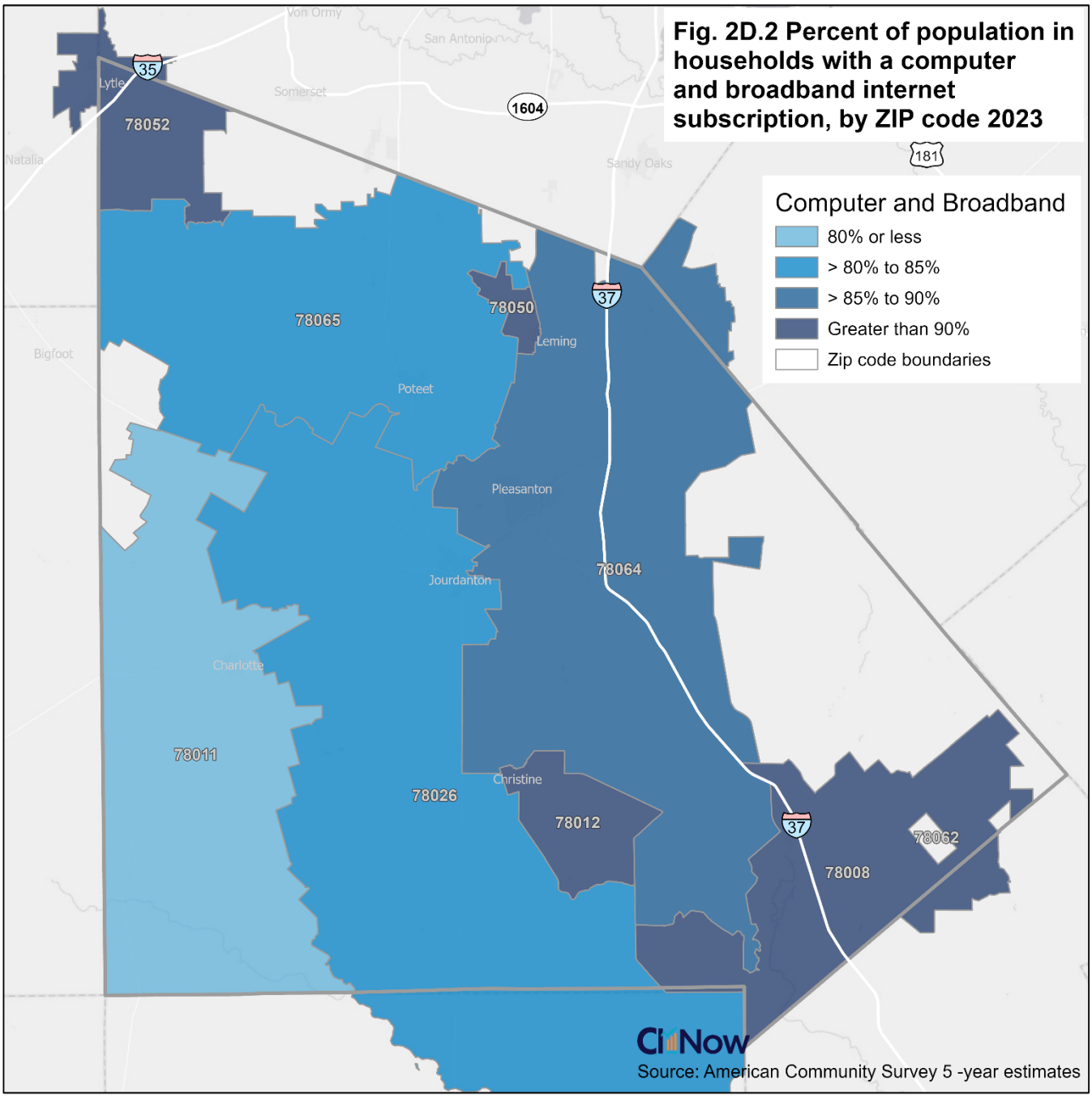


Fig. 2D.2 Percent of population in households with a computer and broadband internet subscription, by ZIP code 2023
Computer and Broadband
80% or less
> 80% to 85%
> 85% to 90%
Greater than 90%
Zip code boundaries
Von Ormy
San Antonio
Somerset
Lytle
78052
1604
Natalia
Sandy Oaks
181
35
37
78065
78050
Leming
Bigfoot
Poteet
Pleasanton
78064
Jourdanton
Charlotte
78011
Christine
78026
78012
78062
78008
CINow
Source: American Community Survey 5 -year estimates

Atascosa residents shared how unreliable internet, lack of reliable providers, and inconsistent cell service create serious barriers to education, work, and emergency communication. They explained how limited infrastructure, worsened by population growth and large events like the Poteet Strawberry Festival, leaves them digitally disconnected.

"A lot of people come to the library if they're trying to do a simple task with internet, like if you need to be on a Zoom - most people can have internet from their phone - But if they want to do something like a Zoom call, you're going to have those connectivity issues, or if they're trying to do video conferencing with like being in the camera. So, they do use the library...

…2020, you know, everything stopped. All the kids being home schooled, doing all their communication through laptop, it was almost a disaster, and there's a lot of homes that do not have it. One of them is because of the economy. I mean, I know people that have children in school, and they didn't have access. They needed 2 or 3 or 4 laptops just to do their homework. And the parent didn't have internet. But then they started programs… People that receive certain benefits through the State are able to get it at a very low cost. That's changed. And who suffers? It's the child because their education is being affected because of non-access. So those are all factors. I see the education system is being affected a lot. Because that gap that they had what like 2 years a year and a half of homeschooling. And don't need to get us started during the Poteet strawberry festival…

…During the strawberry festival there's a whole week, yeah, those 4 days of the festivities, you can't use your cell phone. Maybe Verizon or T-Mobile might squeeze in some calls, but if there was ever an emergency during that time, kiss our butts goodbye if there's ever a mass casualty event. No, we can't call from the strawberry ground or from anywhere. Yeah, let alone outside. During the strawberry festival, he was in a wreck, and he couldn't even do anything. And they say every year they're gonna try to fix it."

– Atascosa County Focus Group Participant

Putting Healthy Food on the Table

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

Food Insecurity

From 2018 to 2021, the percentage of people who were food insecure in Atascosa County hovered around 12%, with a slight drop in 2020 (**Fig. 2E.1**). However, in 2022, the percentage rose to 16%. This increase may be attributed to the end of emergency support introduced during the COVID-19 pandemic, like extended SNAP and stimulus benefits,[10] and ongoing financial strains.

Although data is only available for the three largest race/ethnicity groups, **Figure 2E.2** shows disparities in food insecurity by race/ethnicity. White (non-Hispanic) residents had the lowest proportion of people experiencing food insecurity at 11%. In contrast, twice as many Hispanic residents (22%) experienced food insecurity.

By geography, the ZIP codes with greater food insecurity were 78052 (by Lytle) and 78011 (on the lower left corner of the county) (**Fig. 2E.3**). The ZIP code with the lowest rate was 78065, which encompasses Poteet.

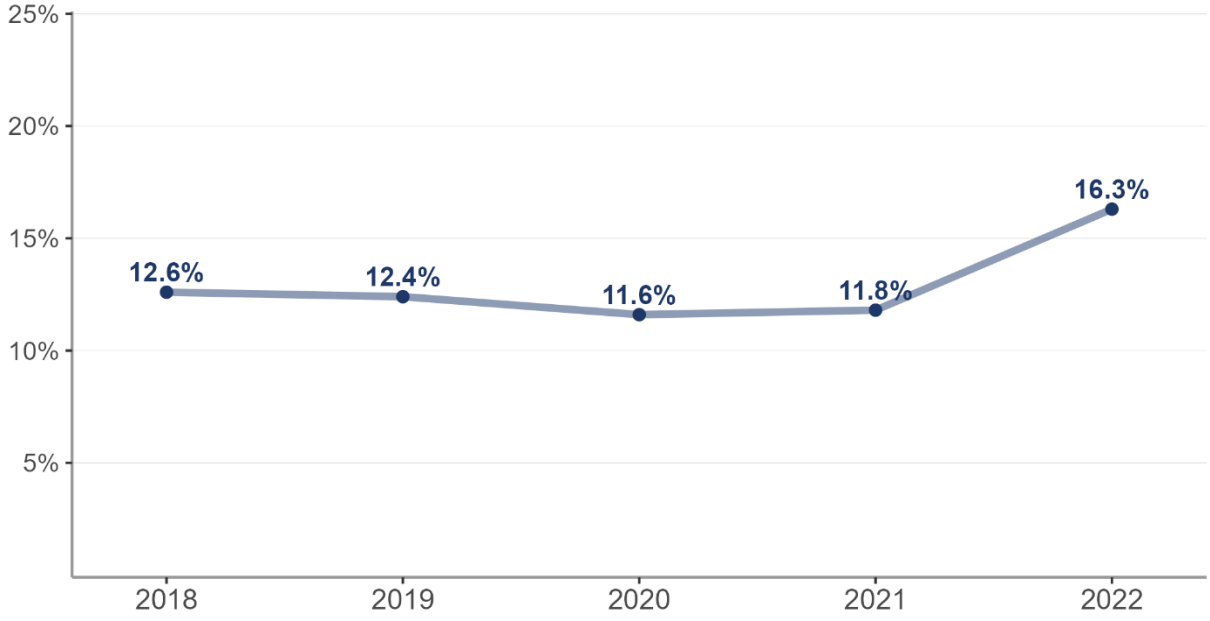
In addition to eligibility challenges, community voices expressed concerns about federal funding cuts and the future stability of food assistance programs like SNAP and WIC.

"The biggest threat at the moment is where the Federal Government, under budget reconciliation, is deciding to cut back on direct opportunities that nonprofits have used to support themselves and indirect programs that support those neighbors, those residents, that we care about. Specifically for the Food Bank, we've lost about $12 million in support, which means less food in our, in our warehouse and displaced federal workers that just recently lost their job. Now, they're looking for basic needs, coming to the Food Bank for food. So, my line is getting longer. And those traditional support programs like SNAP and WIC that help put food on the table, the federal government's looking to cut those programs now. Those cuts haven't gone into place yet, but as they make decisions in the next few weeks to reduce the support that those families get, again, resources and policy. We've got to have good, effective public policy that supports us."

– Eric Cooper (President/CEO, San Antonio Food Bank)

Fig. 2E.1 Percent of population that is food insecure

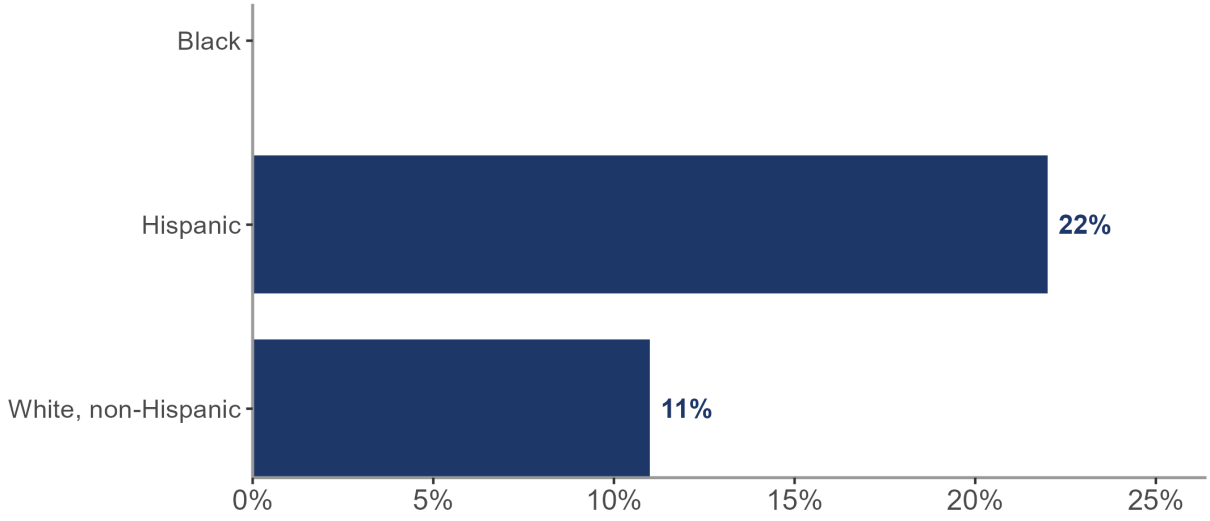
Atascosa County, Texas



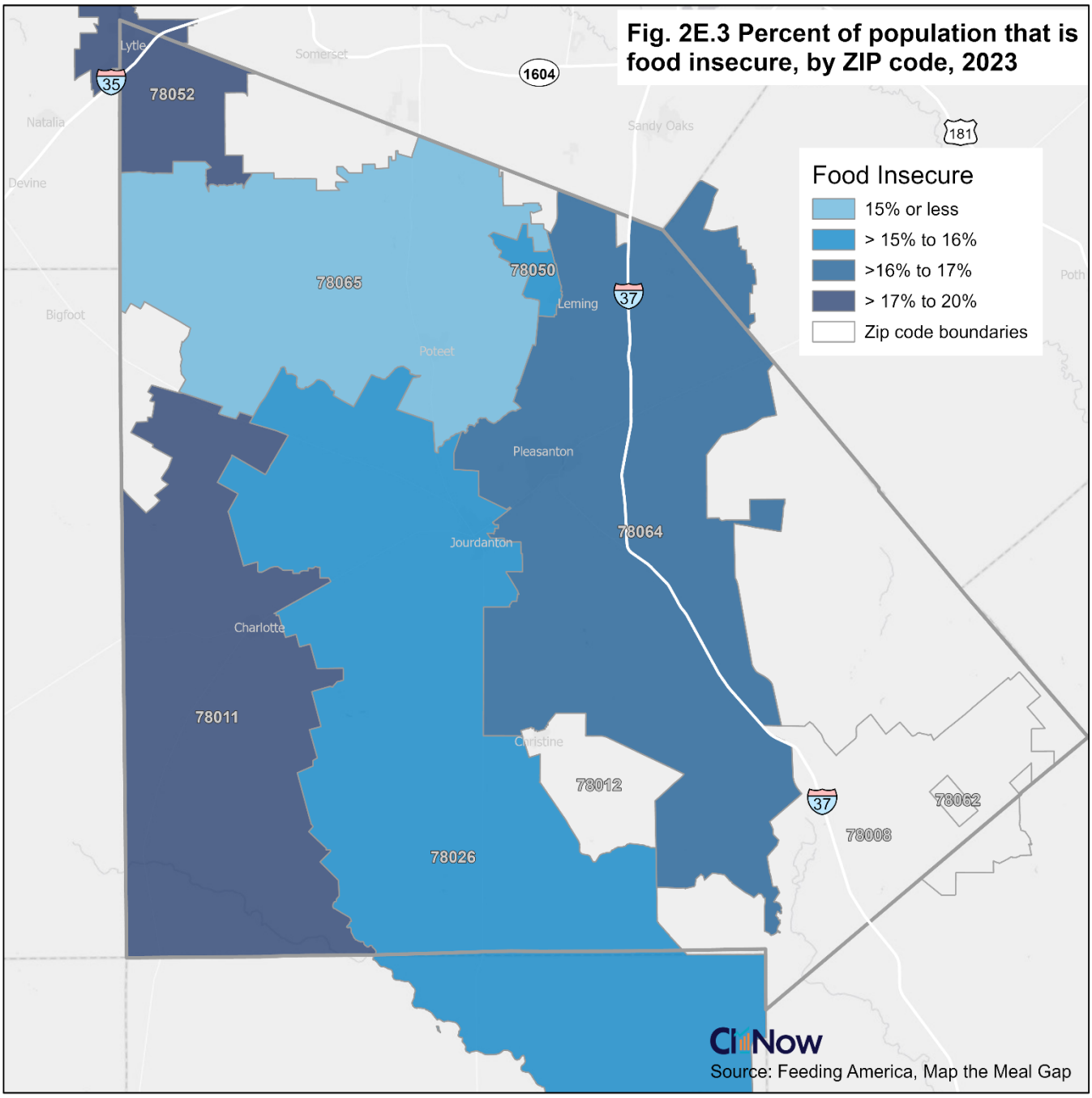
Source: Feeding America
Prepared by CINow for The Health Collaborative

Fig. 2E.2 Percent of population that is food insecure, by race/ethnicity, 2022

Atascosa County, Texas



"Black persons" includes those of all ethnicites, "Hispanic persons" includes those of all races, and "White persons" does not include Hispanic persons.
Source: Feeding America
Prepared by CINow for The Health Collaborative



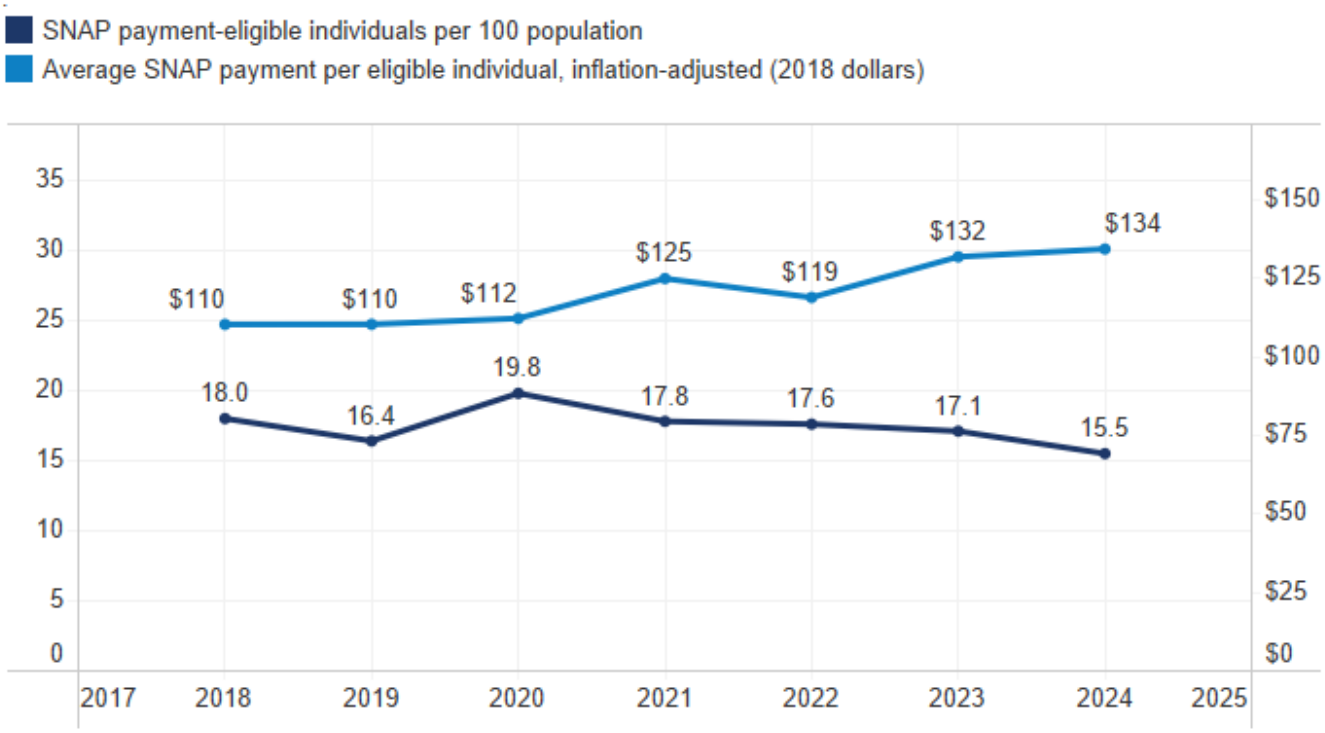
Atascosa residents defined healthy foods as fresh fruits, vegetables, less-processed options, and fresh meats. They noted that many food sources are concentrated in Pleasanton, and that the healthier options available locally are often too expensive. Some live in food deserts, lacking nearby access to fresh groceries and needing to travel 30+ minutes to reach the closest H-E-B grocery store in the county. While participants were aware of food pantries and local organizations involved in food distribution, barriers such as distance, transportation, hours of operation, outreach, and awareness of the resources kept residents from accessing food distribution centers.

Food Assistance

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

The number of individuals determined to be eligible for payment dropped from 18 per 100 people to 16.4 in May 2019 and then ticked back up to 19.8 in May 2020, early in the COVID-19 pandemic. From that point forward, the number declined steadily to 15.5 in May 2024. The actual average payment per eligible individual increased from $110 to $168 (an increase of 53%, not shown in the chart) over the period, but after adjusting for inflation, the increase was only 22%. Again, that average is greatly affected by how many cases and individuals are certified SNAP-eligible and almost certainly does not reflect actual need.

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



Source: Texas Health and Human Services Commission
Prepared by CINow for The Health Collaborative

Finding and Keeping a Home

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

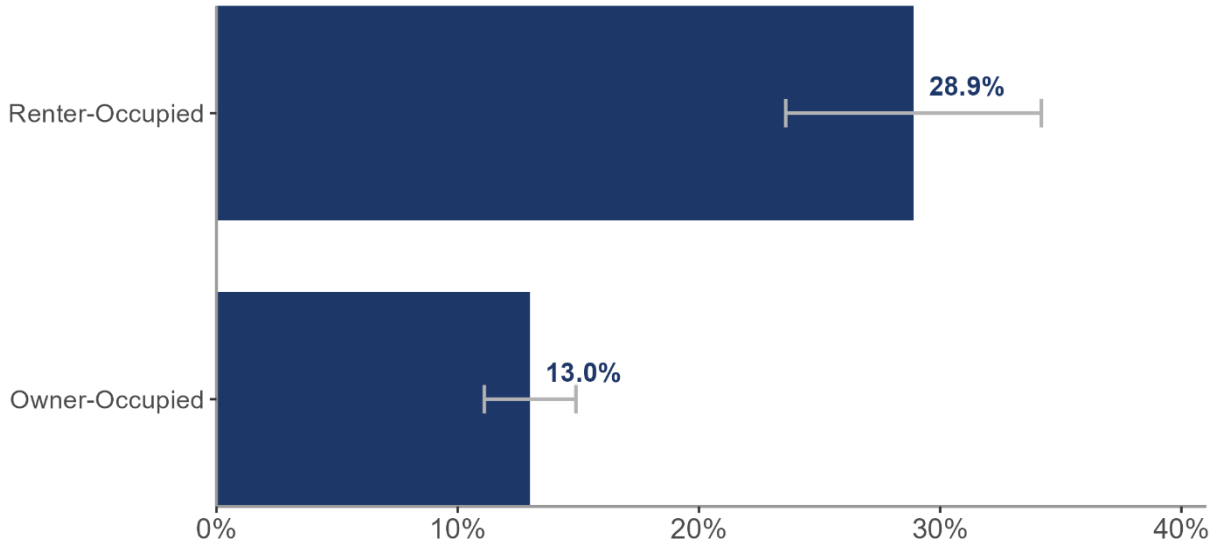
Housing Cost Burden

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

Figure 2F.1 shows the proportion of renter- and owner-occupied households under 200% FPL that were housing-cost burdened as of 2023. Among the households in this income group, renters (29%) were more than twice as likely as homeowners (13%) to be burdened by housing costs.

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

Atascosa County, Texas

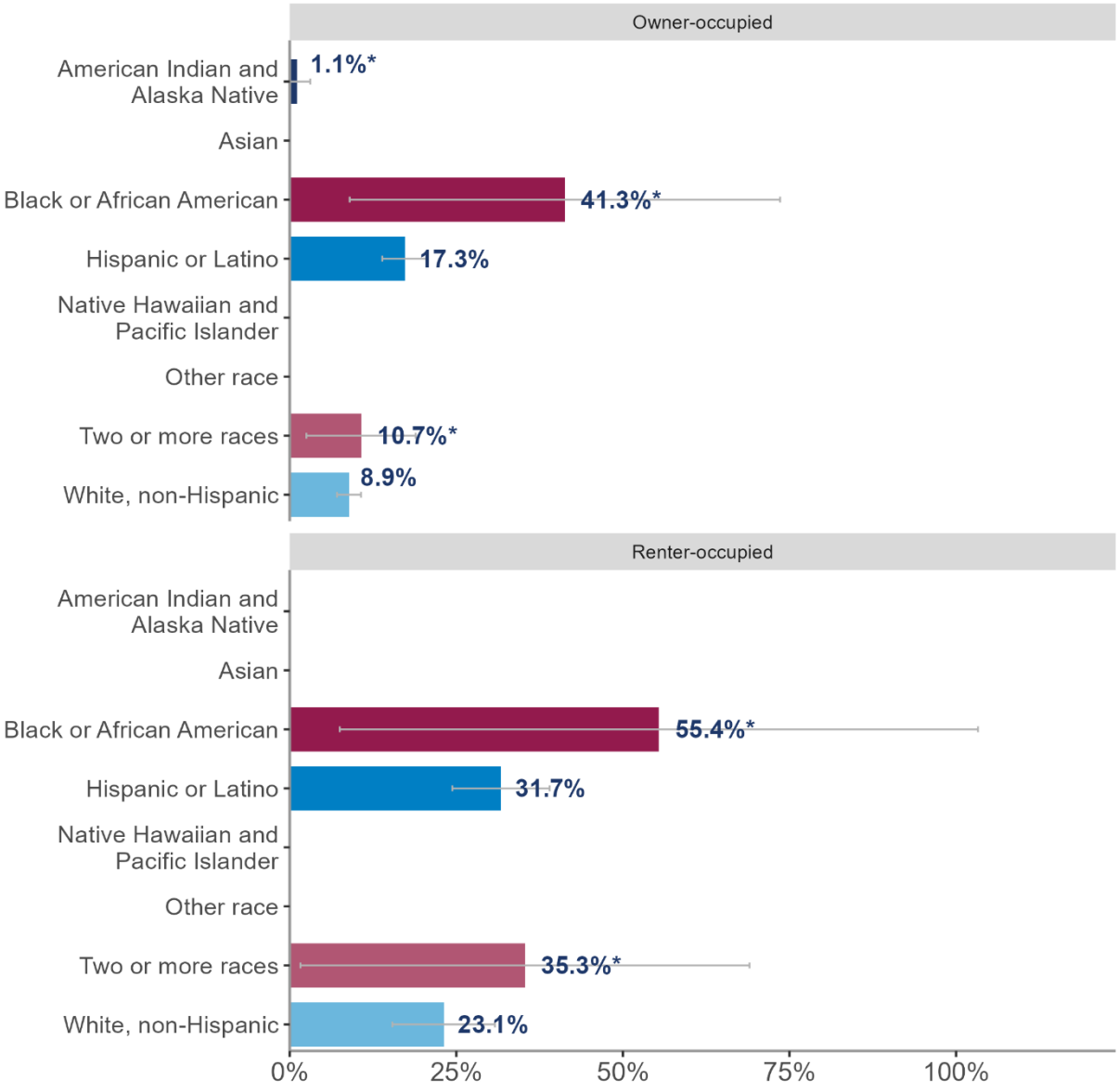


For sampling purposes, these numbers include Atascosa, Frio, Medina and Bandera Counties.
Source: ACS 5-Year Estimates, Public Use Microdata Samples (PUMS)
Prepared by CINow for The Health Collaborative

By race/ethnicity, statistically meaningful differences are limited to White (non-Hispanic) and Hispanic or Latino households in this income range (**Fig. 2F.2**). For both groups, renters were significantly more likely than owners to be housing cost burdened (almost three times as likely for White households, 23% versus 9%, and nearly twice as likely for Hispanic households, 32% versus 17%). Between groups, white owner householders were about half less likely to be housing cost burdened (9%) compared to Hispanic or Latino owners (17%). Although margins of error slightly overlap, there was a similar difference between white (23%) and Hispanic (32%) renter householders.

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

Atascosa County, Texas

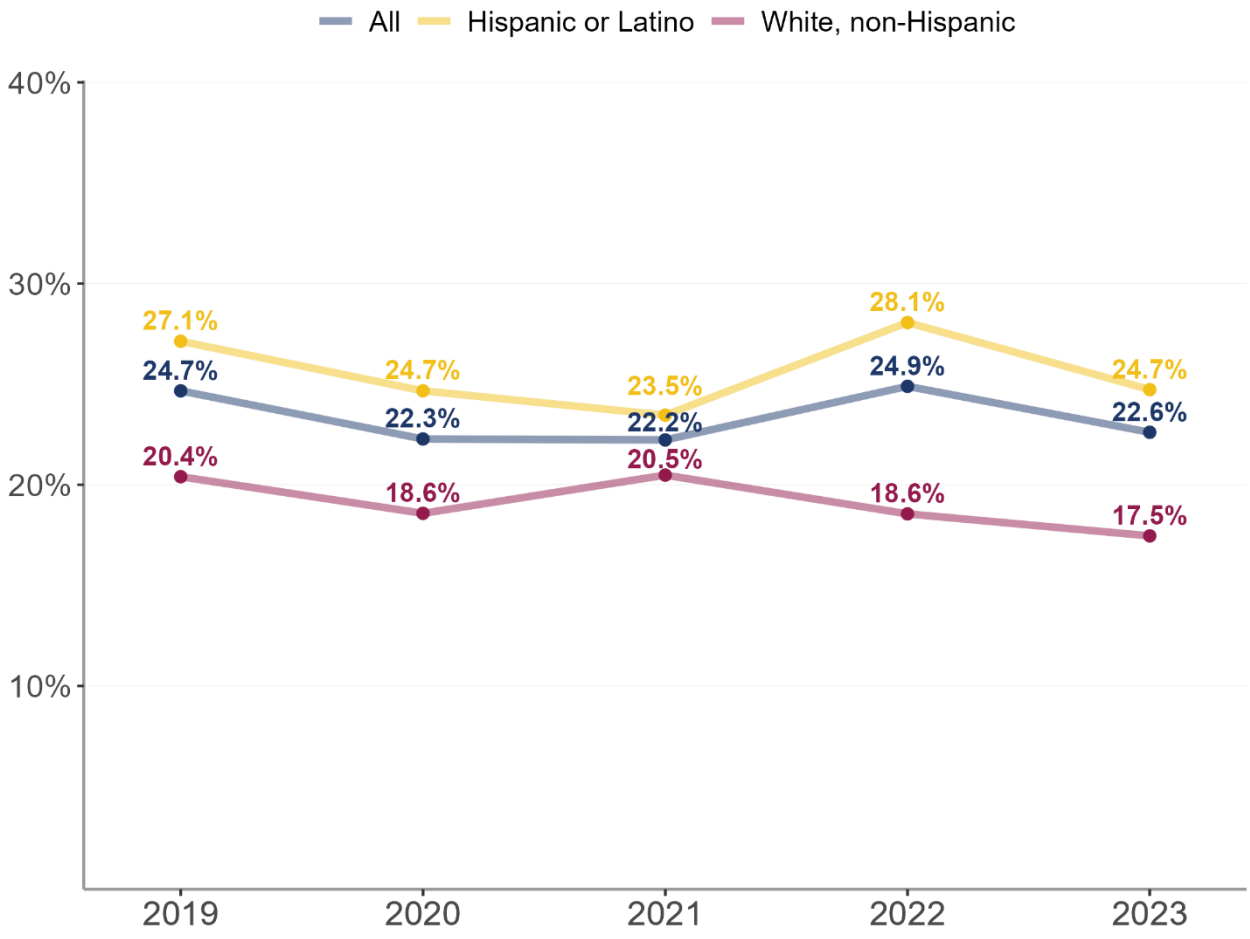


For sampling purposes, these numbers include Atascosa, Frio, Medina and Bandera Counties.
Data not shown for certain groups is suppressed by data source.
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates, Public Use Microdata Samples (PUMS)
Prepared by CINow for The Health Collaborative

In Atascosa County, the share of occupied housing units that are renter-occupied has remained relatively stable since 2019, ranging from 22% to 25%; note that these estimates have margins of error not shown in the chart for readability (**Fig. 2F.3**). Among the race/ethnicity groups with available data, white-headed households were the least likely to be renting, hovering around 19%. In contrast, Hispanic-headed households were much more likely to rent, averaging about 26%.

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

Atascosa County, Texas



Source: ACS 5-Year Estimates. Tables: B25003, B25003I, B25003H
Prepared by CINow for The Health Collaborative

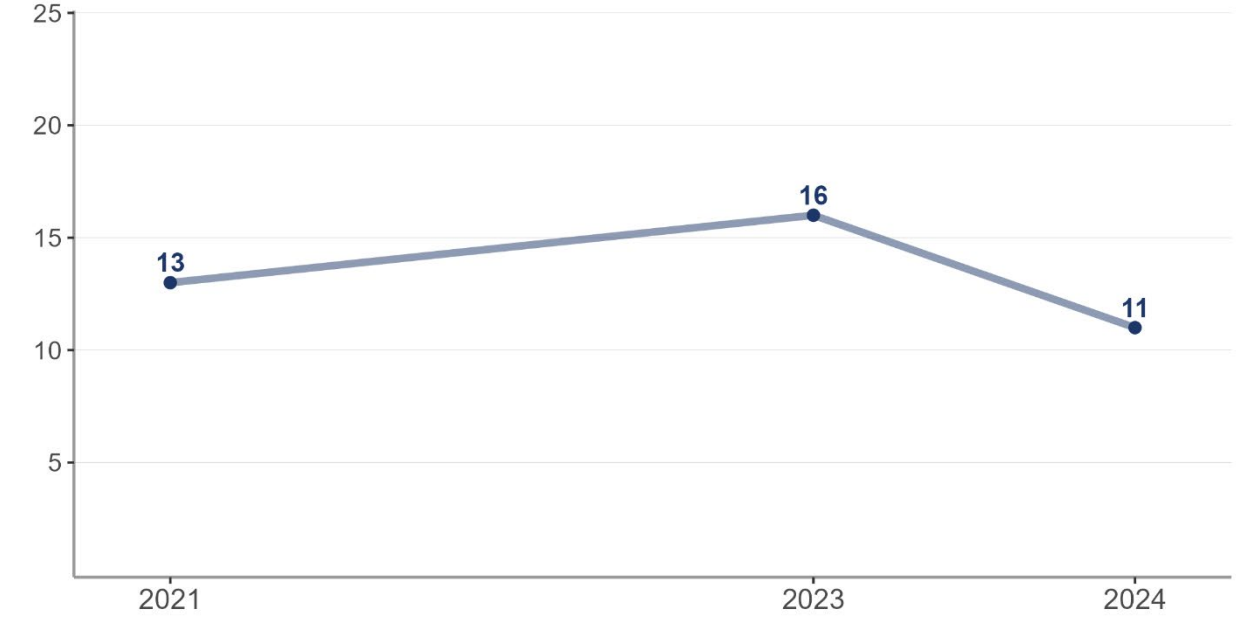
Unhoused

The Texas Homeless Network Point-in-Time (PIT) count provides a one-night snapshot of people experiencing homelessness in the region. It counts both those who, at the time of the count, are sheltered (e.g., staying in emergency shelters or transitional housing programs) and unsheltered (e.g., sleeping outdoors, in abandoned buildings, or vehicles). Because the PIT count measures only a single night, it provides a valuable but incomplete picture that captures trends over time but does not account for all people who may experience homelessness over the course of a year.

The PIT count of sheltered unhoused persons in Atascosa increased from 13 in 2021 to 16 in 2023, before dropping to 11 in 2024 (**Fig. 2F.4**). Unfortunately, this is only a partial view of unhoused persons in the area, as the available data for the county does not include counts of unsheltered individuals (who are more difficult to track since they are not at a fixed location, such as a shelter or transitional housing facility). Additionally, no data is available for 2022.

Fig. 2F.4 Number of sheltered unhoused persons

Atascosa County, Texas



Source: Texas Homeless Network Point in Time Report
Prepared by CINow for The Health Collaborative

A key informant elaborated on housing affordability and explained how more apartments alone will not solve housing difficulties, as people need diverse, affordable options for their families and multi-generational needs.

"Access to a variety and a diverse level of housing is key as well, people tend to focus on affordable housing versus market-rate housing. Well, when you look at housing, there's a lot more diversity associated with that. And what you want to have is a healthy community, where maybe you started in a small, affordable unit. But over time, you graduated to what the American dream would be, which is a single-family detached home. Not to say that that journey is not a good journey. You could still have good quality housing in each of those aspects, whether it's affordable or somewhere in between that and [a] mid-market rate. Having a diverse level and supply of housing is extremely critical to a healthy community. The integration of things like how the city grows."

– Adrian Lopez (CEO, Workforce Solutions Alamo)

Foster Youth

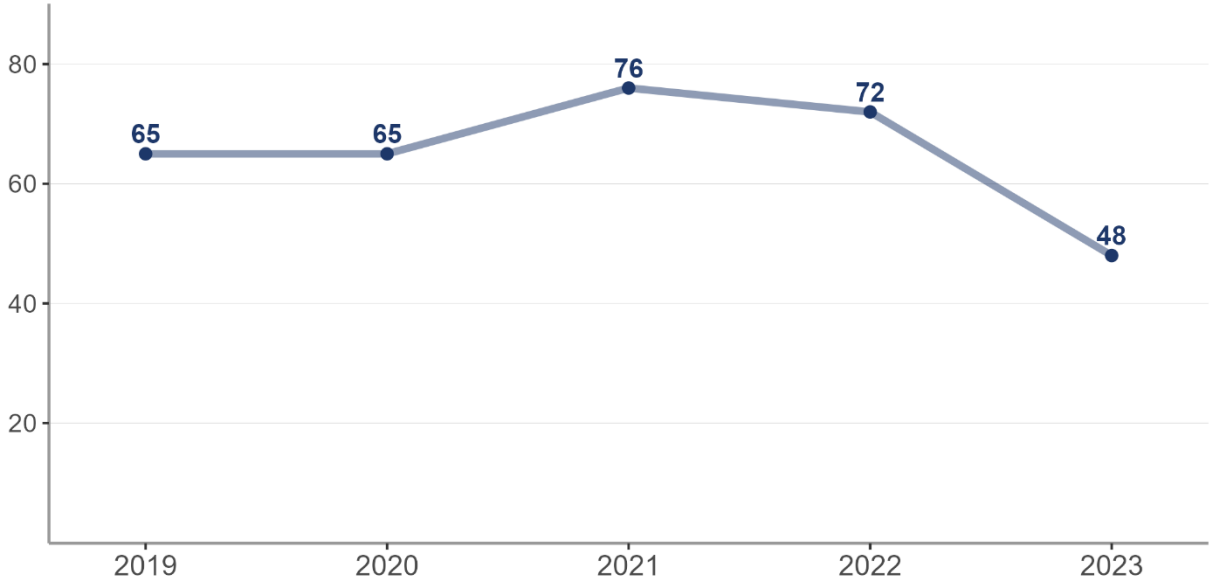
Foster youth are a vulnerable population that faces a heightened risk of homelessness and housing instability as they transition out of the system. **Figure 2F.5** and **2F.6** show the number of foster youth who exited the Texas Department of Family and Protective Services (TDFPS) legal custody. There are different types of exits, including aging out, adoption, and reunification with family.

After remaining steady at 65 from 2019 to 2020, the number of youth exiting TDFPS legal custody reached a five-year high in 2021, at 76 youth (**Fig 2F.5**). However, that figure declined to 72 in 2022 before dropping sharply, by about 33%, to 48 in 2023. While fewer exits could indicate reduced entries into foster care, it does not necessarily reflect an improvement. It may instead point to longer stays in legal custody without stable placements, delays in reunification or adoption, or other system- or policy-level challenges like post-COVID-19 pandemic backlogs.

Not only do the numbers vary by year, but by race/ethnicity too (**Fig. 2F.6**). In 2023, the number for Hispanic foster youth (38 recorded exits) was nearly 5 times the number for Anglo (or white) youth (8). However, it does not necessarily indicate a higher rate of exit. Instead, it could just reflect a larger Hispanic population in care. As noted above, a higher number of exits from legal custody is not always positive since it does not imply stable placement—for example, more youth may be aging out of care rather than being reunited with their families or adopted.

Fig. 2F.5 Number of foster youth who exited Texas DFPS legal custody

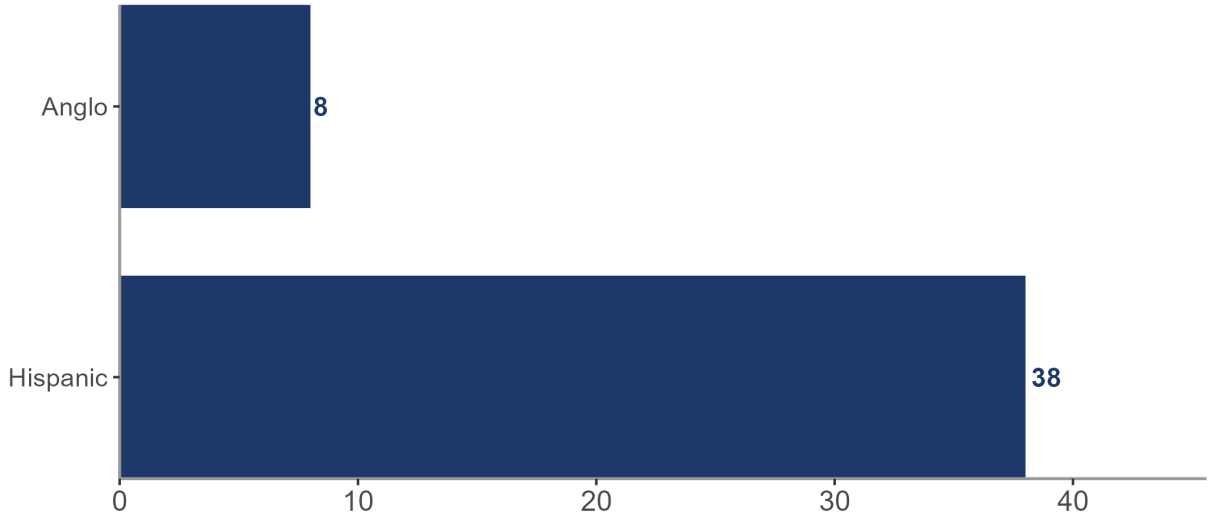
Atascosa County, Texas



DFPS= Department of Family and Protective Services
Source: Texas Department of Family and Protective Services
Prepared by CINow for The Health Collaborative

Fig. 2F.6 Number of foster youth who exited Texas DFPS legal custody, by race/ethnicity, 2023

Atascosa County, Texas



DFPS= Department of Family and Protective Services; Rates are supressed for privacy due to small counts for youth of other races.
Source: Texas Department of Family and Protective Services
Prepared by CINow for The Health Collaborative

Staying Safe at Home and in Our Communities

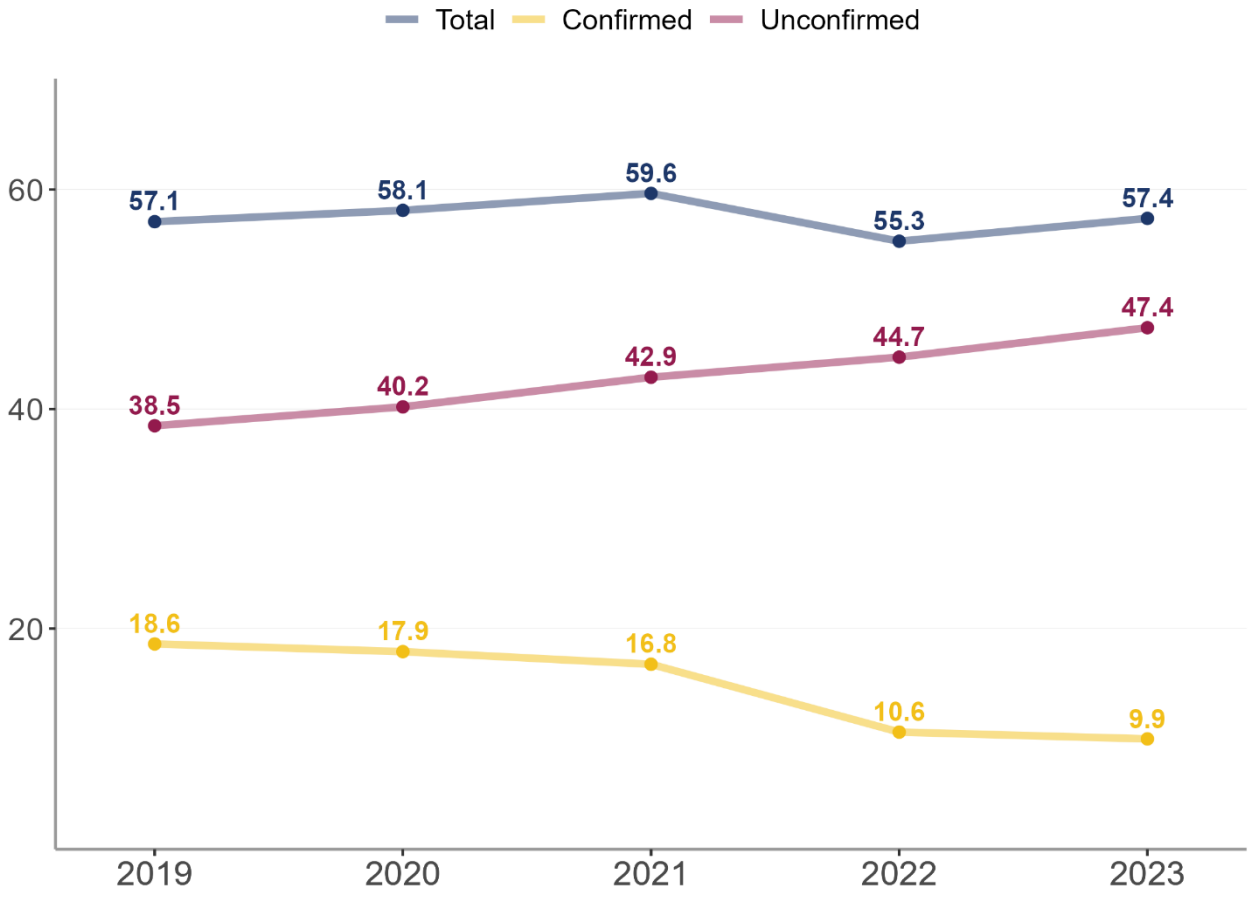
Staying safe at home and in our communities, means being protected from abuse, neglect, and community violence across all stages of life. Understanding how safe residents feel in their homes, on the roads, and in their daily lives helps identify risk factors and highlight communities that may need additional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

Child and Older Adult Abuse

Figure 2G.1 shows the report rate and confirmed victim rate of child abuse or neglect in Atascosa County. Between state fiscal years 2019 and 2023, Atascosa County's rate of child abuse or neglect reports averaged about 58 reports per 1,000 children aged 0-17. Interestingly, the report rate during the COVID-19 pandemic-driven school closures did not fluctuate much, despite expectations that it might. That said, the slight dip from 59.6 in 2021 to 55.3 in 2022 may reflect some pandemic-related disruptions. School personnel are very often the people who see and report signs of abuse or neglect when school is held in person, so opportunities to identify and report concerns decrease significantly if schools are closed or operating remotely.

Fig. 2G.1 Child abuse or neglect report rate and confirmed victim rate per 1K children aged 0-17

Atascosa County, Texas

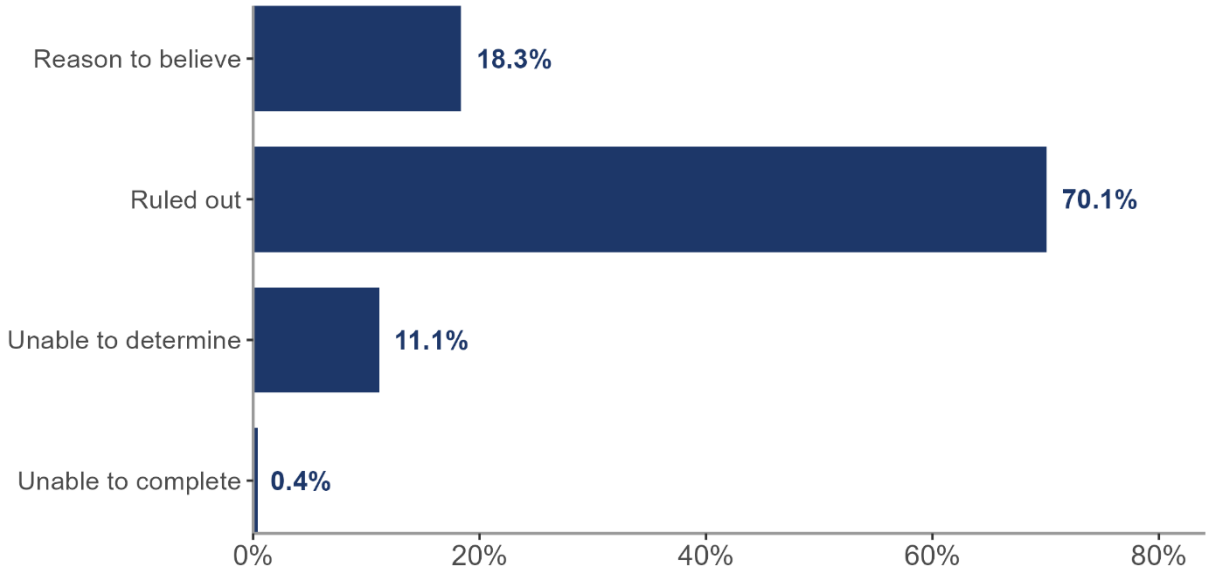


Source: Texas Department of Family and Protective Services
Prepared by CINow for The Health Collaborative

Because staffing shortages and high caseloads may hinder investigations and victims being either confirmed or ruled out, tracking the rate at which reports are investigated and investigations are completed helps reveal not just potential underreporting but also gaps in system capacity. **Figure 2G.2**shows the disposition of investigations for 2023. In 18% of investigations, TDFPS staff found reason to believe child abuse or neglect had occurred, and in 70% abuse and neglect were ruled out. The remaining 12% of all cases remained inconclusive, classified as "unable to complete" or "unable to determine."

Fig. 2G.2 Percent of child abuse or neglect reports for children aged 0-17, by disposition, 2023

Atascosa County, Texas



Source: Texas Department of Family and Protective Services
Prepared by CINow for The Health Collaborative

Focus group participants were concerned about how health disparities are multiplied for the most vulnerable members of the community, including disenfranchised, excluded, or "forgotten about" populations. Some of the difficulties are due to stigma, mistrust, and not knowing where to begin.

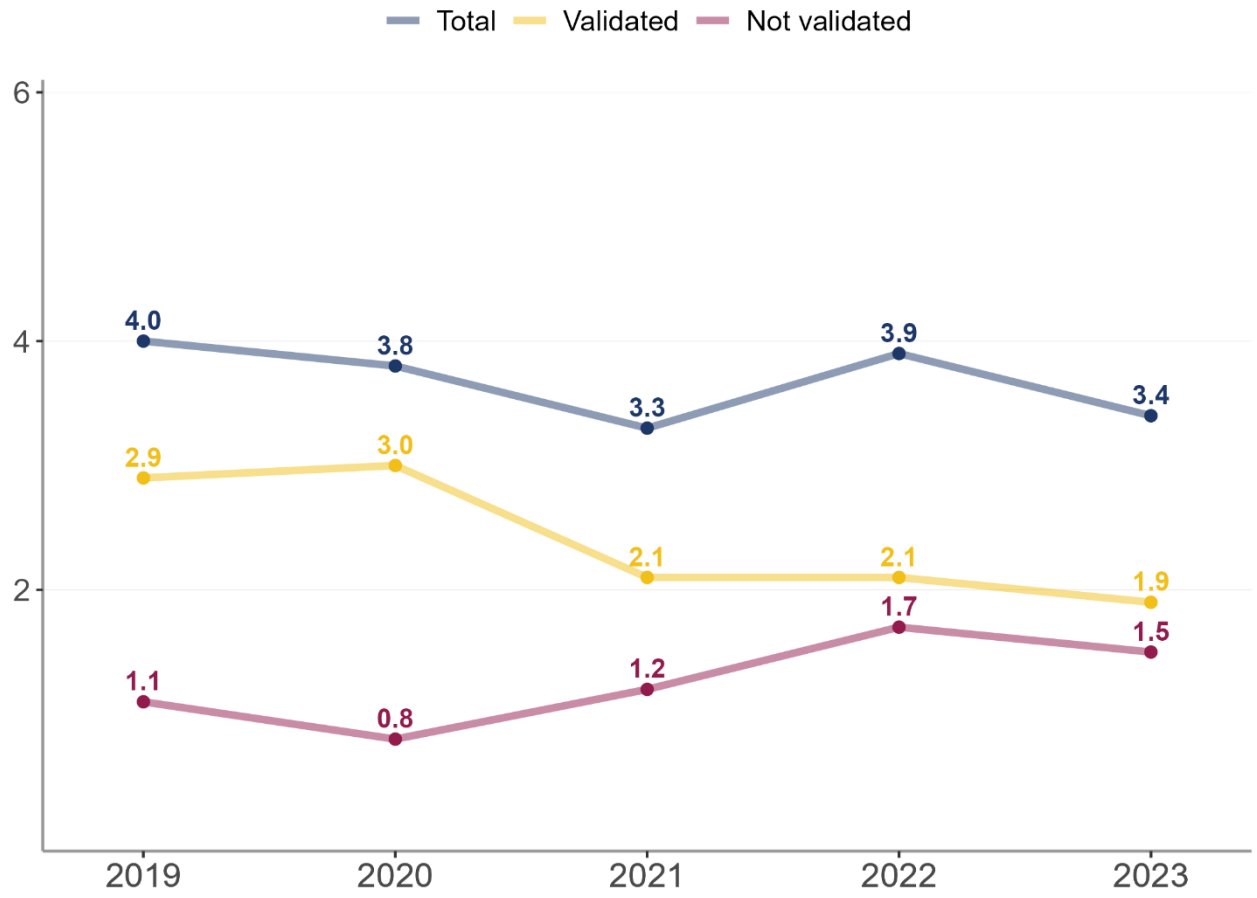
"I work with immigrants, children of immigrants, previously incarcerated, domestic violence, pregnant chronic condition high-risk, elderly, high risk youth. They're very cautious of seeking help. They feel fearful of law enforcement. They're fearful of giving away their personal data. They're very fearful that someone like me may come in their home and see the condition that they live in, call child protection services… I will tell you that some of the people who like know me and love me, and I thought were my greatest clients. And I was like, how do I have a truckload of food? That's why it's hard. But I'm an American entity like, and I don't ask for anything."

– Atascosa County Focus Group Participant

Adults aged 65 and older are another vulnerable population, with medical personnel being the most common source of reports of older adult abuse or neglect. Similar to child abuse or neglect, the rates for total reports remained steady between 2019 and 2023, averaging about four reports per 1,000 adults in this age group (**Fig. 2G.3**). In 2023, 57% of older adult abuse or neglect reports were determined to be valid, and 39% were determined to be invalid. The remaining 4% were categorized as “other” or “unable to determine” (**Fig. 2G.4**).

Fig. 2G.3 Older adult abuse or neglect report rate and validated rate per 1K adults aged 65 and older

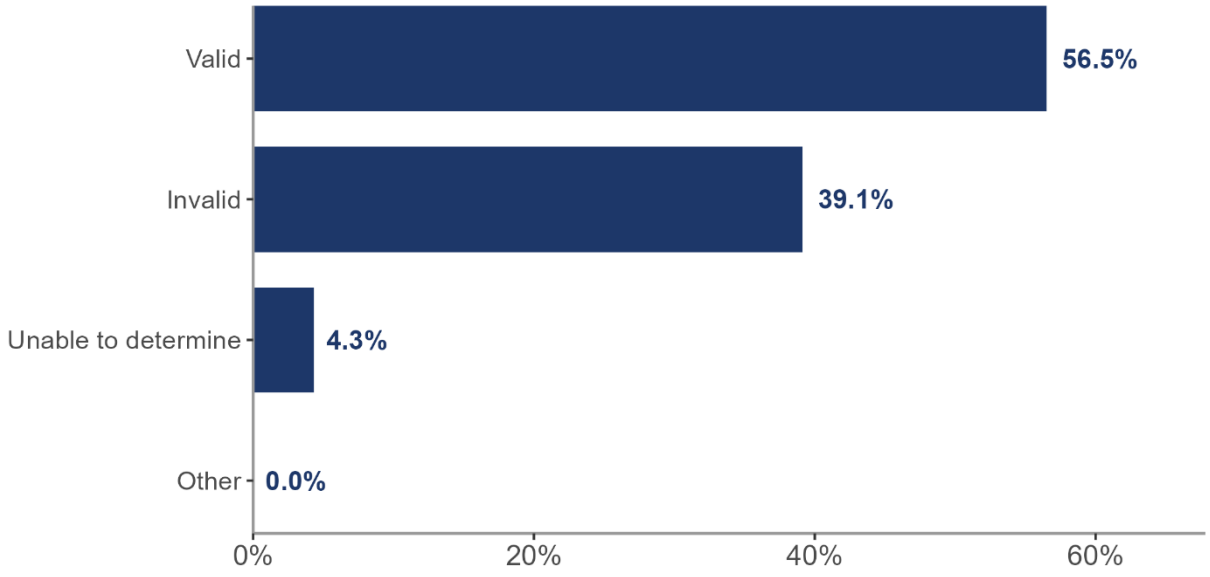
Atascosa County, Texas



Source: Texas Department of Family and Protective Services
Prepared by CINow for The Health Collaborative

Fig. 2G.4 Percent of older adult abuse or neglect reports for adults aged 65 and older, by disposition, 2023

Atascosa County, Texas



Source: Texas Department of Family and Protective Services
Prepared by CINow for The Health Collaborative

The impact of isolation, screen time, and limited support during the pandemic was described as both profound and ongoing.

"I don't feel there were resources to help during the height of the pandemic… There were a lot of kids that got behind because of remote schooling… It's a lot of home, too. There's a lot of kids that weren't at home with their parents. Home life's not always good. So, when you at least have school, you have people there that are trying to teach you to be good, that are trying to teach you to be better, that are teaching kind things, kind words. Some people got stuck at home, in screens. And they were isolated for so long that when I say 'I don't like your earrings', it's like it doesn't hurt me to say that, because I don't really see you as a human. I saw you as a screen… There's less human connection. They're missing a connection because it's easy to hurt feelings on a screen, and it's easy to hurt feelings if you don't know the person, if you don't feel a human connection with them. So maybe it's human connection that we're missing, and that is creating this ugliness between people, and a lot of young people are so caught up in social media that they're more influenced by what some person on social media is going to say how to handle something - whether they're looking on websites about mass shootings, and they feel that that's an appropriate response to their feelings, versus actually talking to someone in person and dealing with those feelings."

– Atascosa County Focus Group Participant

Violence

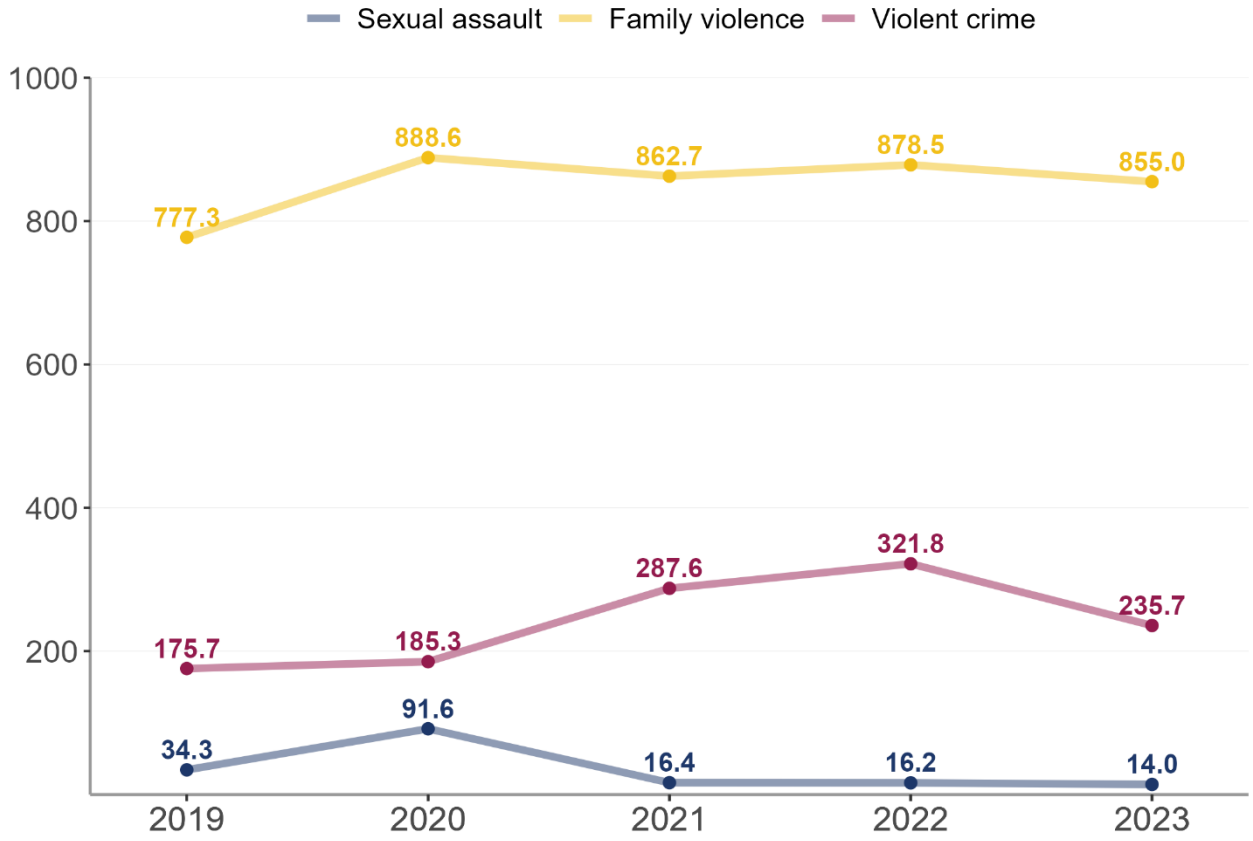
Figure 2G.5 illustrates trends for sexual assault, family violence, and violent crime rates per 100,000 people in Atascosa County. Although these indicators help assess community safety and freedom from violence, they do not capture the full spectrum of harm or all forms of violence. The rates shown here are virtually certain to underestimate the true prevalence of these crimes, but the degree of that underestimate is not known. Further, fluctuations in the rate at which actual crimes are reported influence rate trends. A rate decrease may not necessarily reflect a real reduction in violence; on the other hand, a rate increase might mean strengthened enforcement or progress in the degree to which victims feel safe to report the crime.

- Family violence rates were consistently the highest among the three indicators, rising from about 777.3 crimes per 100,000 people in 2019 to about 888.6 in 2020 and remaining near that level through 2023. This increase may be partially due to COVID-19 related stressors that heightened risk factors of family violence, like financial insecurity, behavioral health challenges, and access to resources.
- Violent crime rates, which include murder, reported rape, robbery, and aggravated assault [11,12], also increased after 2019, from 175.7 to 321.8 per 100,000 people (almost doubling). Although the rate dropped in the most recent year, to about 235.7, it is uncertain whether the rate will continue to decrease.
- Sexual assault, which includes rape as well as other non-consensual sexual acts, continued to affect community safety and well-being even as reported rates declined to 14.0 crimes per 100,000 in the most recent year (down from a peak of 91.6 in 2020, an almost 85% decrease). Again, this trend should be interpreted with caution, as sexual assault is widely underreported and subject to changes in the proportion of sexual assaults that are reported.

Atascosa focus group participants discussed how domestic violence and a lack of general safety affect their ability to live a healthy lifestyle. They think more domestic violence awareness, classes, and places for victims to take refuge would be helpful, but they also would like more plans for addressing domestic violence in the long-term. Other general safety concerns included pedestrian safety in areas with high traffic, people passing out in the extreme heat, and deescalating situations that involve substance abuse.

Fig. 2G.5 Sexual assault, family violence, and violent crime rate per 100K population

Atascosa County, Texas



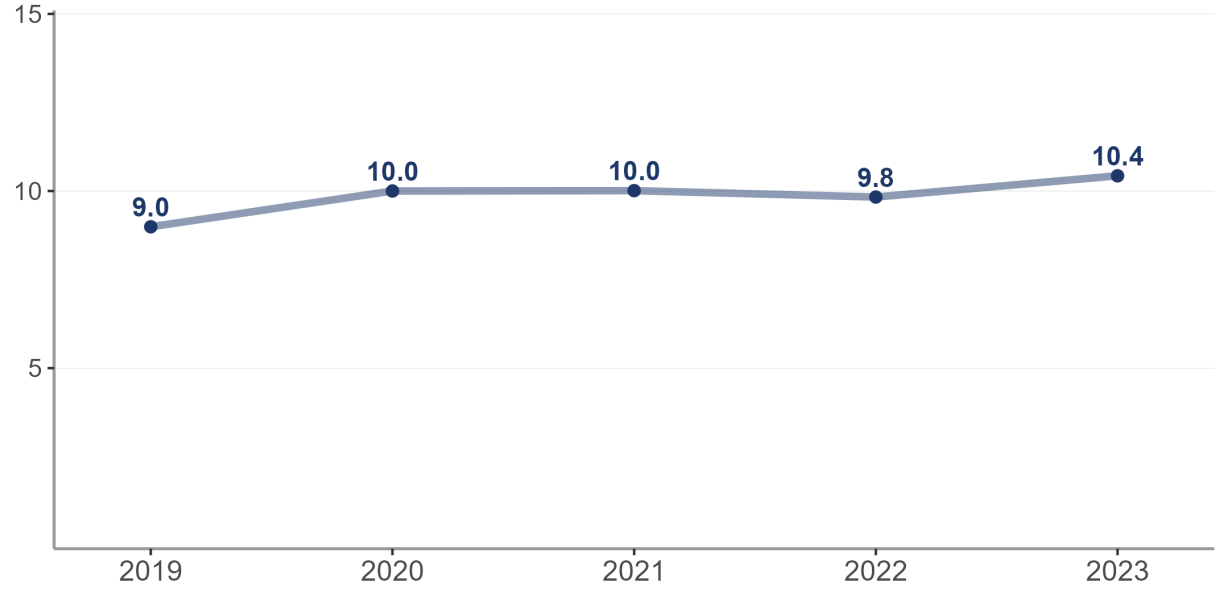
Violent crime includes murder, rape, robbery, and aggravated asault, as defined by the Department of Public Safety's Texas Crime Analysis.
Source: Texas Department of Public Safety; ACS 5-Year Estimates, Table: B01001
Prepared by CINow for The Health Collaborative

Alcohol-Related Crashes

Another community safety indicator is the alcohol-involved motor crash rate, which averaged about 9.8 crashes per 10,000 Atascosa County residents between 2019 and 2023 (**Fig. 2G.6**). Notably, the rate has generally increased from 9.0 in 2019 to a five-year peak of 10.4 per 10,000 residents in 2023. The COVID-19 pandemic almost certainly influenced the increase from 2019 to 2020, as stressors rose and fewer cars were on the roads to slow traffic to any degree, but the upward slope has continued, reaching 10.4 in 2023.

Fig. 2G.6 Alcohol-involved motor vehicle crash rate per 10K population

Atascosa County, Texas



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

A Clean and Healthy Environment

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

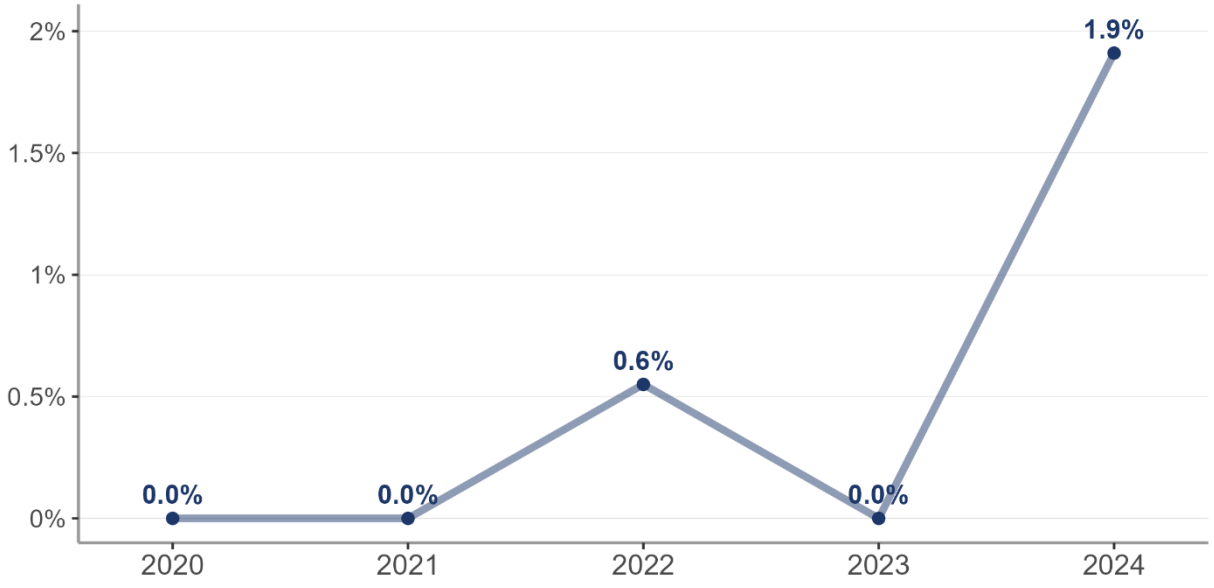
Air Quality

The Environmental Protection Agency (EPA) monitors and reports air quality levels, including the number of days with unhealthy air quality levels deemed unhealthy for sensitive groups, as shown in **Fig. 2H.1**. Sensitive groups include individuals who are more vulnerable to air pollution even at moderate levels, such as children, older adults, and people with respiratory conditions.[13] The Air Quality Index (AQI) also identifies certain minority groups as sensitive populations, such as people with lower incomes and outdoor workers, as they may face higher exposure.

In 2024, nearly a total of one week of the year (1.9% of days) were considered unhealthy for sensitive groups—the highest count in recent years. On these days, sensitive groups are advised to limit outdoor activity to reduce health risks and avoid worsening underlying health conditions.

Fig. 2H.1 Percent of days with AQI unhealthy for sensitive groups

Atascosa County, Texas



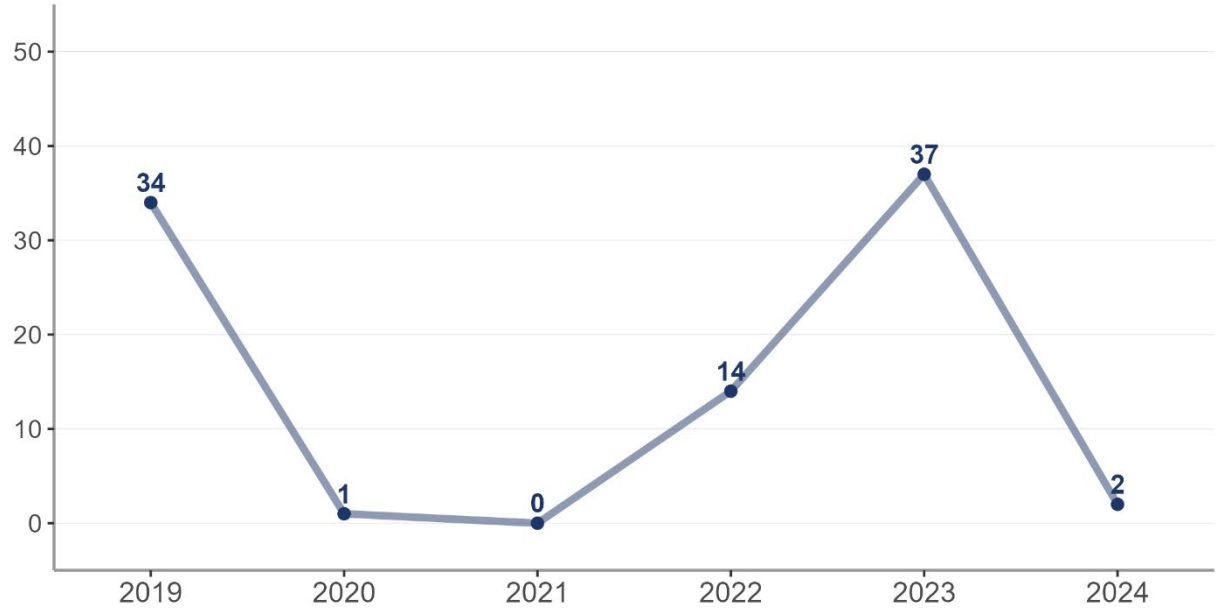
AQI= Air Quality Index
Source: Environmental Protection Agency
Prepared by CINow for The Health Collaborative

Extreme Heat

Another measure of environmental quality is the number of days with a maximum temperature of 103°F or higher, which is considered "dangerous heat" as prolonged exposure can lead to heat disorders (**Fig. 2H.2**)[14]. While this data is shown specifically for Poteet, Texas and not directly representative of Atascosa County overall, it still reflects the broader impacts of climate and environmental conditions on public health. Between 2019 and 2024, the numbers fluctuated widely, ranging from low numbers (like 1 and 2 days in 2020 and 2024, respectively) to relatively high numbers in (like 34 and 37 days in 2019 and 2023, respectively). Notably, the 2021 drop to zero days occurred across other cities and areas and has been linked by NASA to La Niña temperature patterns[15]. Nonetheless, this fluctuation reflects how days with extreme heat are unpredictable and highlights a need for community preparedness.

Fig. 2H.2 Number of days with a maximum temperature of 103° F or greater

Poteet, Texas



Source: National Weather Service
Prepared by CINow for The Health Collaborative

Focus group participants described how rising summer temperatures have caused their utility costs to out-pace their budgets. While some assistance resources are available, they are limited in both reach and impact. For instance, heating and cooling locations have limitations on how long they can legally shelter people before they become liable for them, as one participant explained. This led to many organizations and churches having to rotate people out of their facilities after a certain number of hours, which is not a long-term solution for heating and cooling needs.

"I know our electric and water bills are through the roof, especially when the summer comes in. I mean, I have a friend, and she lives in an older home. She rents, but her electricity was almost as much as her rent, and she had to decide what to pay. Yeah, they're $600, and so she had to pay her electricity. Now she's begging to stay in her home, hoping the landlord will extend grace… There's programs for seniors, but if you're not in the age group, and you're like a single mom, there's nothing like that to help you weatherize your home."

– Atascosa County Focus Group Participant

Extreme summer heat was also a concern among key informants, especially for residents struggling to keep up with rising utility costs. One regional leader explained the growing demand for energy assistance.

"And emergency assistance, especially now in the summer, we're gonna have a lot of people who need money to pay for A/C's, to pay for electrical bills, because they don't have the money for to do that."… "I can tell people, you have a fan, put the fan on, close your windows, make it dark, and it will cool down a little bit. But when it's a hundred degrees, I don't know if it's gonna help. But they're asking for thousands of thousands in financial help for utility assistance. And it's in other communities. And we don't have access to that, you know."

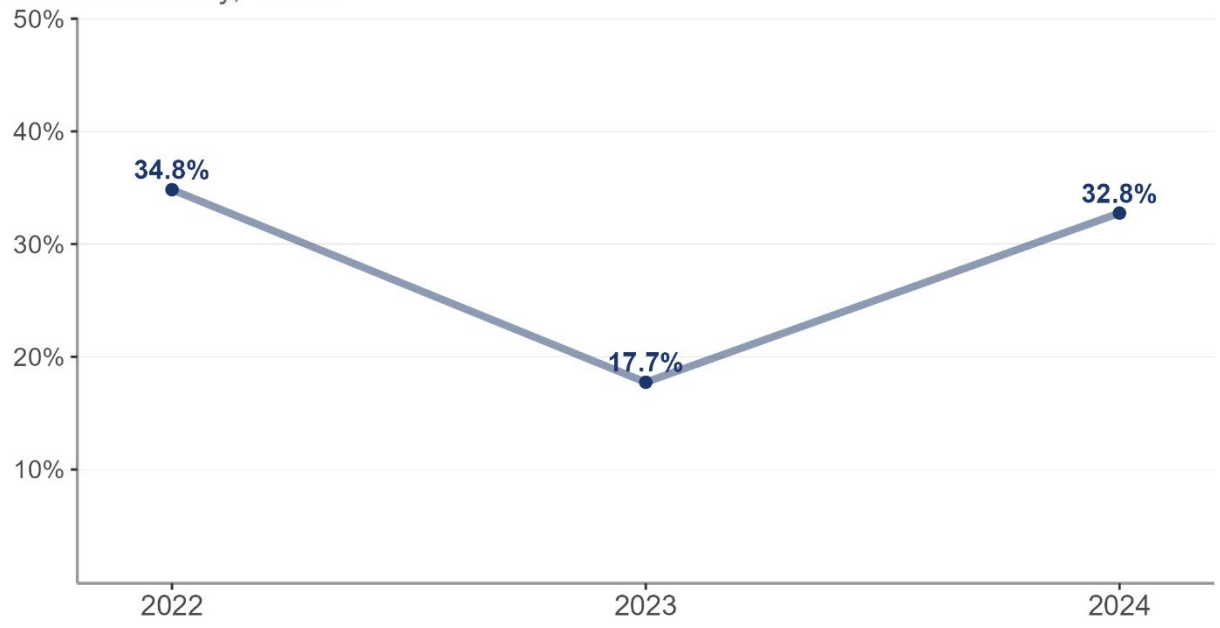
– Antonio Fernandez (President/CEO, Catholic Charities)

Walkable Park Access

Ensuring equitable access to public outdoor spaces is important for promoting community health and well-being, helping with climate resilience, and building stronger, more connected communities. As part of their ParkScore® Index, the Trust for Public Land measures the percentage of residents living within a 10-minute walk (about half a mile) of a public space[16]. The ParkScore® Index makes little sense outside cities and large towns, however, as residents of rural and semi-rural areas are by definition living in or near green spaces, though public access varies by location. Still, **Figure 2H.3** shows that in the most recent year, only about a third (33%) of Atascosa County's residents had walkable park access. The drop in 2023 is likely a function of "bounce" in the rate because the population denominator is relatively small, rather than a true single-year decrease in walkable park access.

Fig. 2H.3 Percent of population with walkable park access

Atascosa County, Texas



Source: Trust for Public Land
Prepared by CINow for The Health Collaborative

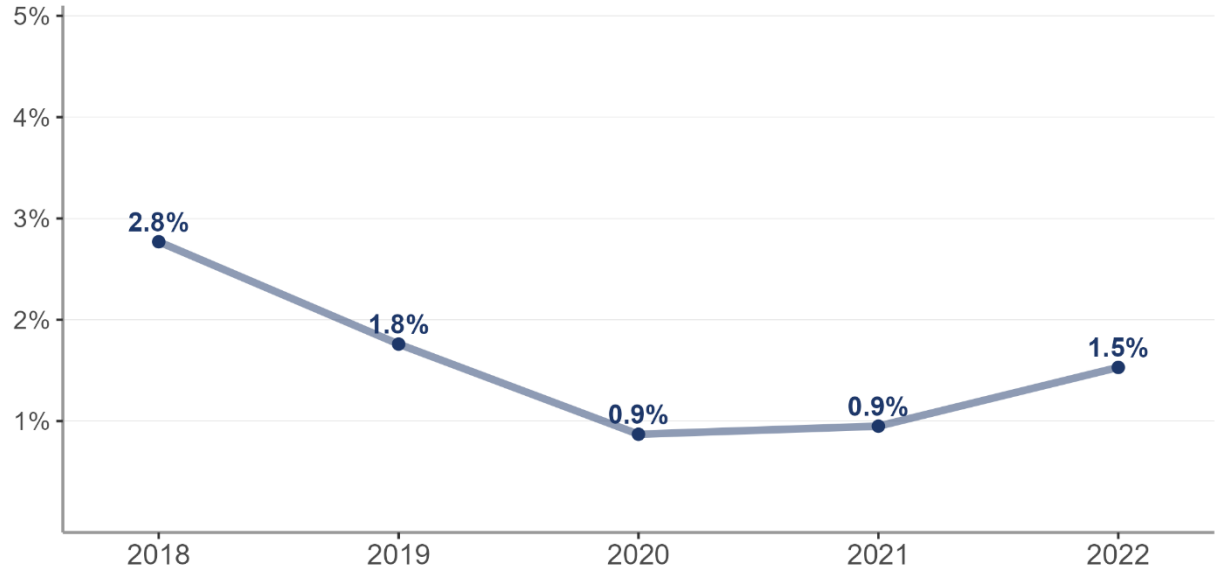
Lead Exposure

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

Figure 2H.4shows the percentage of children ages zero to five who tested positive for elevated blood lead levels. The county's percentage dropped by more than two-thirds, from 2.8% in 2018 to 0.9% in 2020. Though remaining steady through 2021, the proportion slightly increased to 1.5% in 2022.

Fig. 2H.4 Percent of children aged 0-5 who were tested for lead poisoning that have elevated blood lead levels

Atascosa County, Texas



Source: Texas Department of State Health Services
Prepared by CINow for The Health Collaborative

Getting the Care We Need

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

Healthcare Provider Availability

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

Figure 2I.1 shows the number of select healthcare providers per 100,000 residents in Atascosa County from 2020 to 2024. Changes in these figures reflect shifting dynamics in healthcare access as well as the workforce distribution in the region.

- Primary care professionals, which include family medicine physicians and pediatricians, consistently had the lowest availability. Their numbers have also declined from 34.7 per 100,000 residents in 2020 to 27.2 in 2024. Despite a slight recovery post 2022, the rate has not fully returned to 2020 levels.
- In contrast, mental health provider numbers had the highest rate in 2024, at 65.8 per 100,000 residents. Their figures increased the steadiest and steepest, up by 68% from 39.1 in 2020. This possibly reflects growing demand, policy changes, or increased recognition of mental health needs.
- Comparably, dentists and dental hygienists levels were at 63.4 per 100,000 residents in 2024 and their numbers also increased, though not steadily, with a sharper uptick after 2022.
- The number of physician assistants (PAs) and nurse practitioners (NPs) started at a slightly higher level than dentists and dental hygienists in 2022 (54 per 100,000 residents) but decreased through 2022, down to a five-year low of 44.9. While their availability has since rebounded, growth has been modest.

Not shown in the chart are the even lower numbers for specialized care including obstetrician/gynecologist (Ob/Gyn) providers (7.9 per 100,000 female residents in 2023) and home health providers (which appear virtually absent at a reported 0.0 per 100,000 residents in 2023).

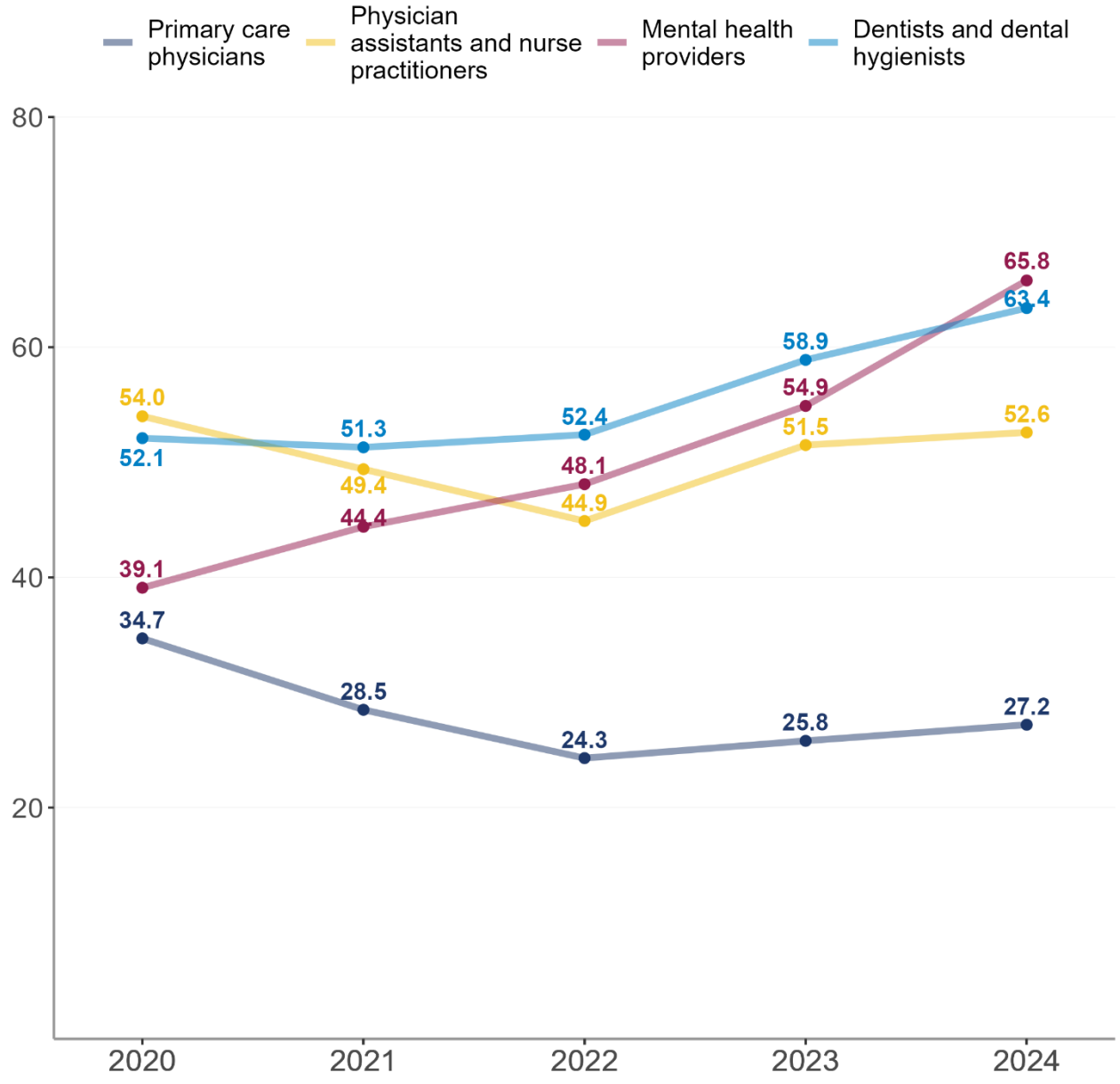
In the focus groups, there was a great deal of discussion about how Atascosa County's resources seem to be centered in Pleasanton, leaving other cities and areas, like Jourdanton, Lytle, and Charlotte, with less access. Many participants explained how they have to commute to San Antonio or Pleasanton for better healthcare, employment, and other opportunities.

"The resources are centralized. They don't actually branch out into the County, northern Atascosa, and southern Atascosa, Eastern and Western Atascosa are completely underserved. But Pleasanton itself has all the resources. If we put something in Lemming…Charlotte's in that group… Yes, Christine (another city)."

– Atascosa County Focus Group Participant

Fig. 2I.1 Number of primary care physicians, mental health providers, and dentists and dental hygienists per 100K population

Atascosa County, Texas



Source: Texas Department of State Health Services, Health Professions Resource Center; University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps
Prepared by CINow for The Health Collaborative

Atascosa County residents expressed need for more communication about mental health resources, as well as psychiatrists to help people with mental health care and to fill their prescriptions.

"We have a lack of mental health resources… What I hear a lot from people and a lot of families I work with. We don't have a psychiatrist in the area. And so, we tried, we worked with UTHealth. We've worked with trying to get a small resource center here, like they have up North and New Braunfels and all those areas, where they would come in once a week, because they can't fill a prescription if you don't have a psychiatrist. So here, you've got these people on mental health meds or substance abuse meds, but we have no way to fill them and take care of it right here.

On the flip side, I hear that there is a guy in town that has the NA and the AA program, and he never gets anybody in his door. So, I think, in addition, we don't have a lot of communication."

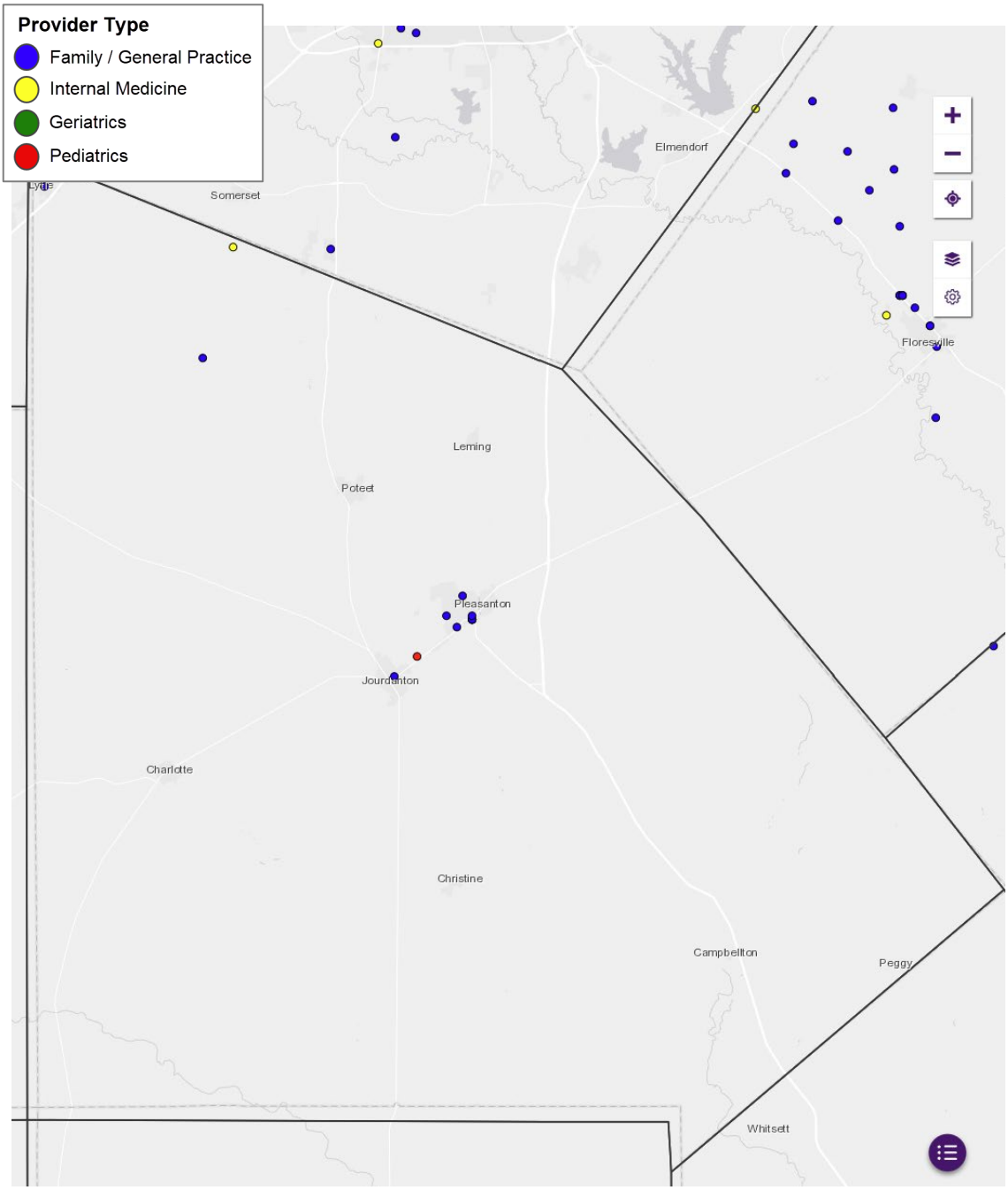
– Atascosa County Focus Group Participant

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

The following four figures (**Fig. 2I.2** to **2I.5**) show different provider distributions across the county. The maps show that provider numbers are low, and what providers they do have, tend to be in Pleasanton and Jourdanton with a few providers also available around Lytle and Poteet. This includes primary care physicians (family practice, internal medicine, pediatrics, and geriatrics, **Fig. 2I.2**), midlevel providers (physician assistants and nurse practitioners, **Fig. 2I.3**), obstetrics and gynecology providers (OB/GYN physicians and midwives, **Fig. 2I.4**), and mental health providers (psychiatrists and clinical psychologists, **Fig. 2I.5**).

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

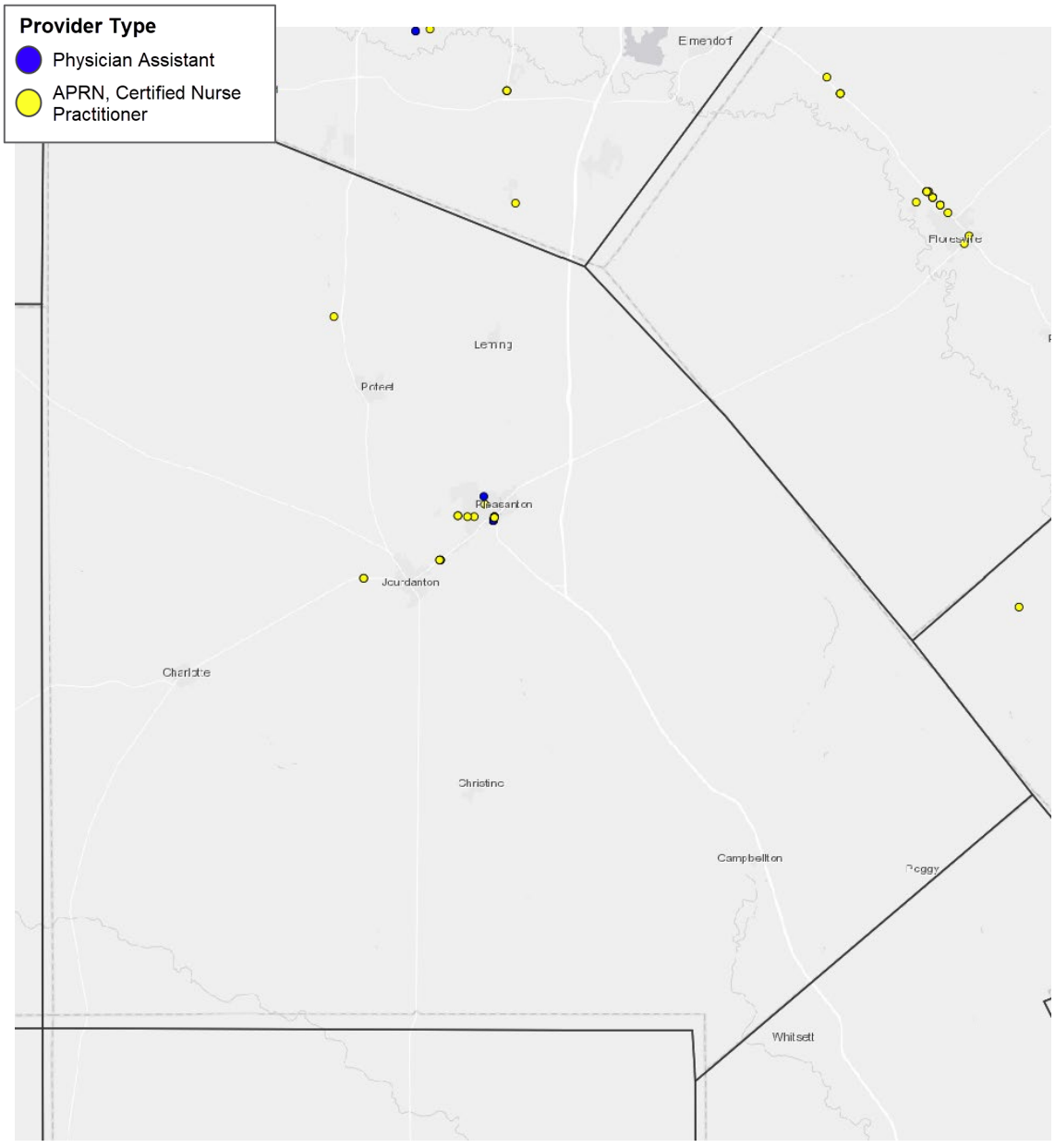
Atascosa County, Texas



Source: American Medical Association (AMA) Workforce Explorer

Fig. 2I.3 Distribution of mid-level medical care providers, 2025

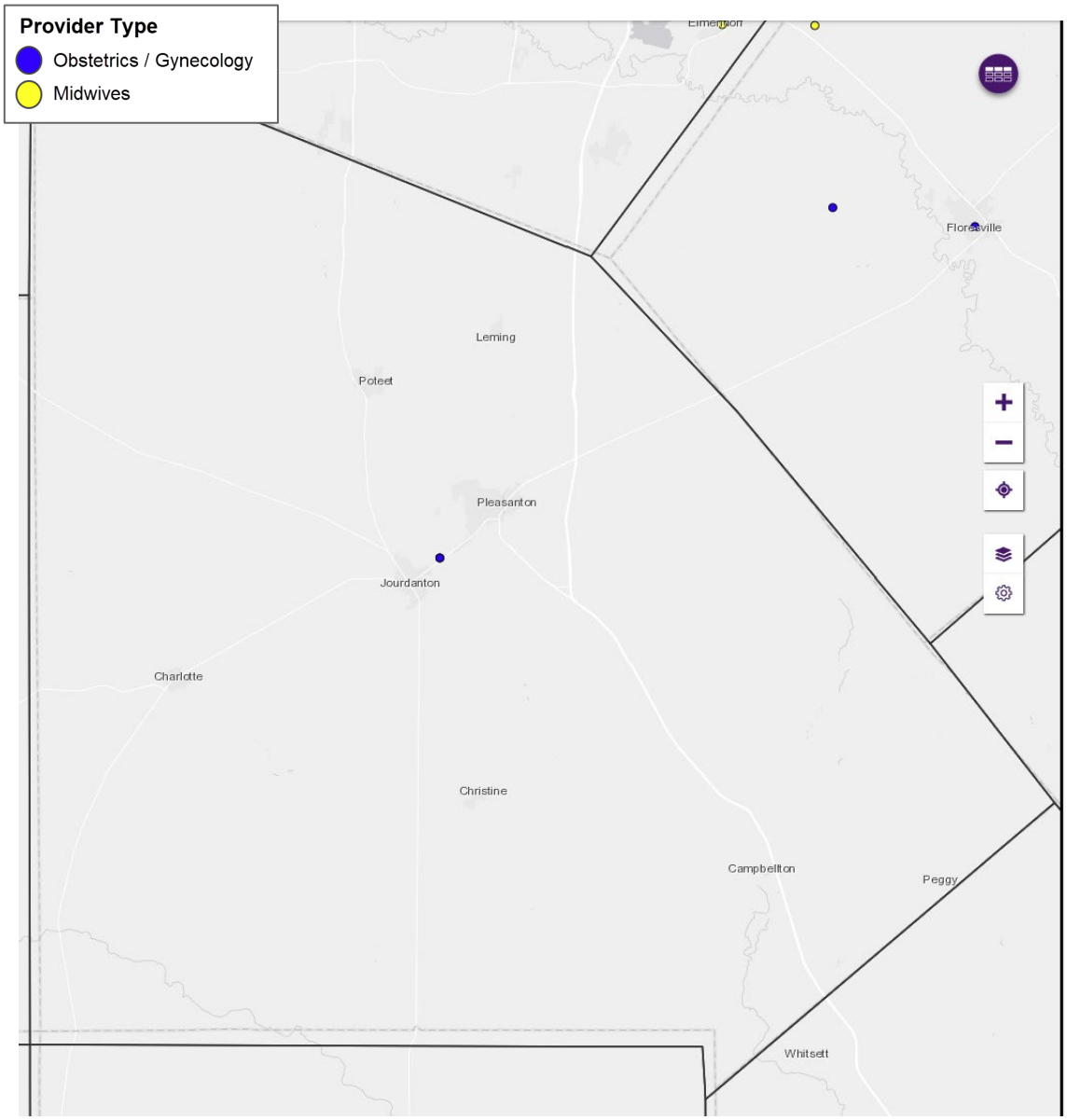
Atascosa County, Texas



Source: American Medical Association (AMA) Workforce Explorer

Fig. 2I.4 Distribution of obstetrics and gynecology providers, 2025

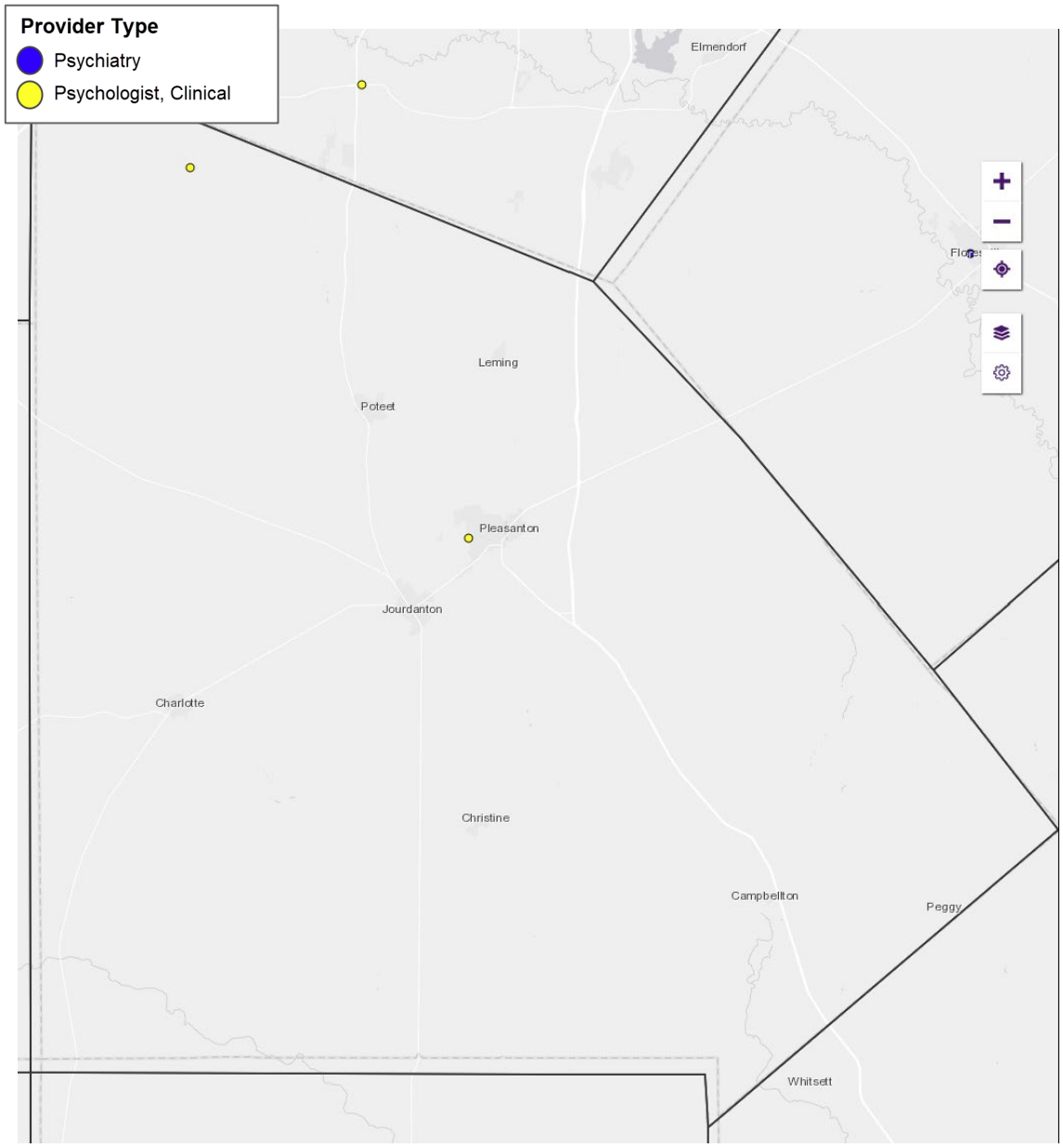
Atascosa County, Texas



Source: American Medical Association (AMA) Workforce Explorer

Fig. 2I.5 Distribution of mental health care providers, 2025

Atascosa County, Texas



Source: American Medical Association (AMA) Workforce Explorer

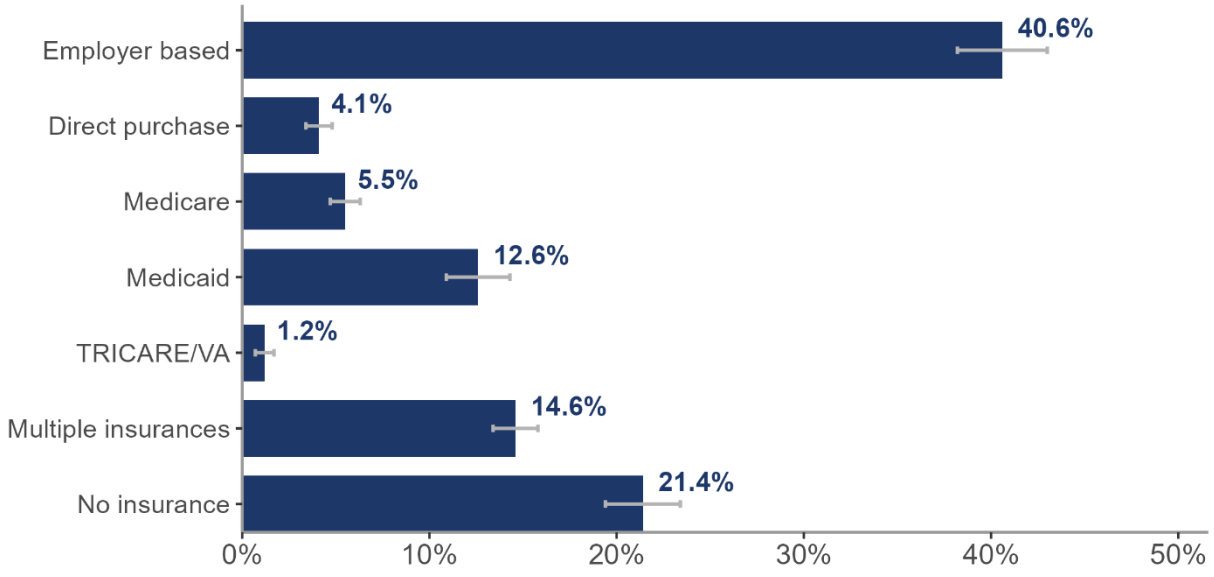
Health Insurance Coverage

One of the most important factors influencing access to healthcare is affordable and reliable insurance coverage. It plays a critical role in connecting people to preventive services, like immunizations, routine check-ups, and screenings. However, not all insurance offers the same level of access to timely and high-quality care. Not everyone in Atascosa County has insurance coverage, and of those who do, the status and type of coverage in 2023 varied significantly (**Fig. 2I.6**).

- Employer-based insurance was the most common form of coverage, covering about 41% of residents.
- The next common status, though roughly half the rate of employer-based coverage, was no insurance coverage, affecting 21% of residents.
- Multiple insurance coverage, or individuals with multiple forms of insurance, and Medicaid, which provides coverage to low-income populations including adults, children and pregnant women, were similar in prevalence, at 15% and 13%, respectively. Their margins of error overlap, so the difference is not clear.
- Direct purchase insurance, which refers to insurance bought privately or through the Affordable Care Act (ACA) marketplace, and Medicare, which typically provides coverage for people aged 65 and over or individuals or individuals with disabilities, were less common, with rates of 4% and 6%, respectively. Again, overlapping margins of error indicate no meaningful difference between the two.
- TRICARE/VA insurance, which includes military and veteran health benefits, was the least common type of insurance, covering only about 1% of residents.

Fig. 2I.6 Percent of civilian non-institutionalized population, by health insurance status and type, 2023

Atascosa County, Texas



Source: ACS 5-Year Estimates. Table: B27010
Prepared by CINow for The Health Collaborative

Health insurance is a major barrier to healthcare, especially for vulnerable populations. Atascosa residents discussed the issue within the broader context of health literacy and navigating the medical system.

Some mentioned how they wished there was a "County mom" who could help them understand their health needs, like when a trip to the doctor is necessary or if at-home remedies would be enough. Others expressed the need for navigators who could help them understand their health insurance options, explain how coverage works, and guide them through the often confusing and bureaucratic healthcare process. More broadly, they wanted help with identifying credible health information and teaching their children to understand and manage their health in age-appropriate ways.

Figure 2I.7 shows the insured proportion of Atascosa County residents within different age and race/ethnicity groups for which data is available. Overall, 79% of the population was insured, shown as a vertical gray line on the chart. This means that a little over two in 10 residents were uninsured. However, insurance coverage varied considerably across demographic groups.

By age,

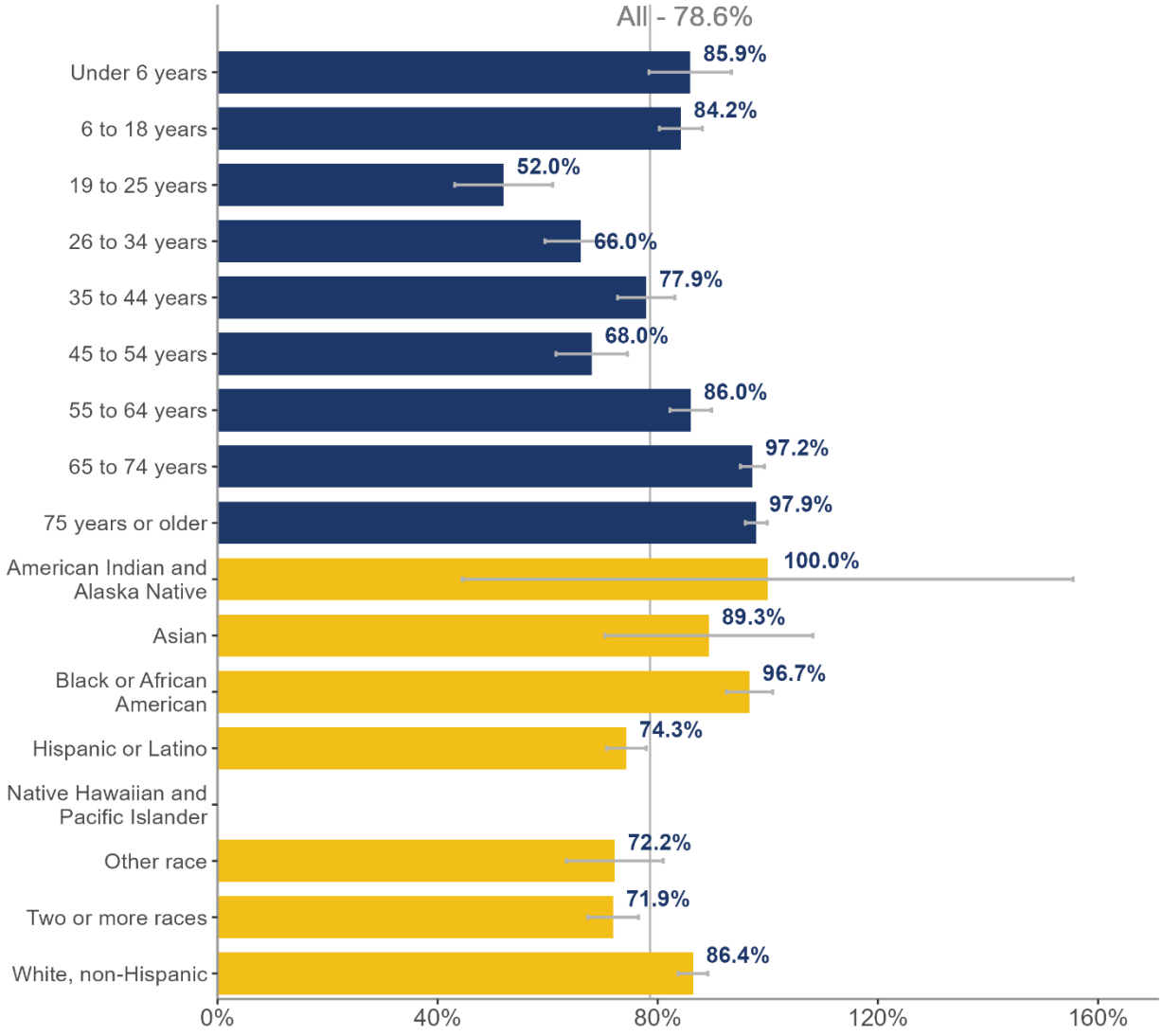
- The more vulnerable age groups, children (under 18) and older adults (aged 65 and older), were more likely to be insured than the population overall (about 85% and nearly 98%, respectively). Children are typically eligible for public programs like Medicaid or CHIP, and older adults are generally eligible for Medicare, which may contribute to their higher coverage rates.
- In contrast, insurance coverage among working-age adults (19-54) ranged from 52% to 78%, with the lowest rates among those aged 19-25 (52%), and somewhat higher rates among older working-age age groups. While most groups remained below the countywide average with no overlapping margins of error, the figure for adults aged 35-44 overlapped it. This is notable given that these groups represent most of the working-age population, and employer-based insurance was the most coverage type, as shown in the previous chart.

By race/ethnicity,

- Black or African American residents had the highest reported coverage rate at about 97%, and White (non-Hispanic) residents also had a coverage rate above the countywide average at 86%.
- Of note, differences across groups should be interpreted with caution because of overlapping margins of error. Other race/ethnicity groups, including Hispanic or Latino, individuals identifying as Two or more races, and Other, had lower coverage rates than the overall population, though the differences between them are not statistically significant.

Fig. 2I.7 Percent of insured civilian non-institutionalized population, by age and race/ethnicity, 2023

Atascosa County, Texas



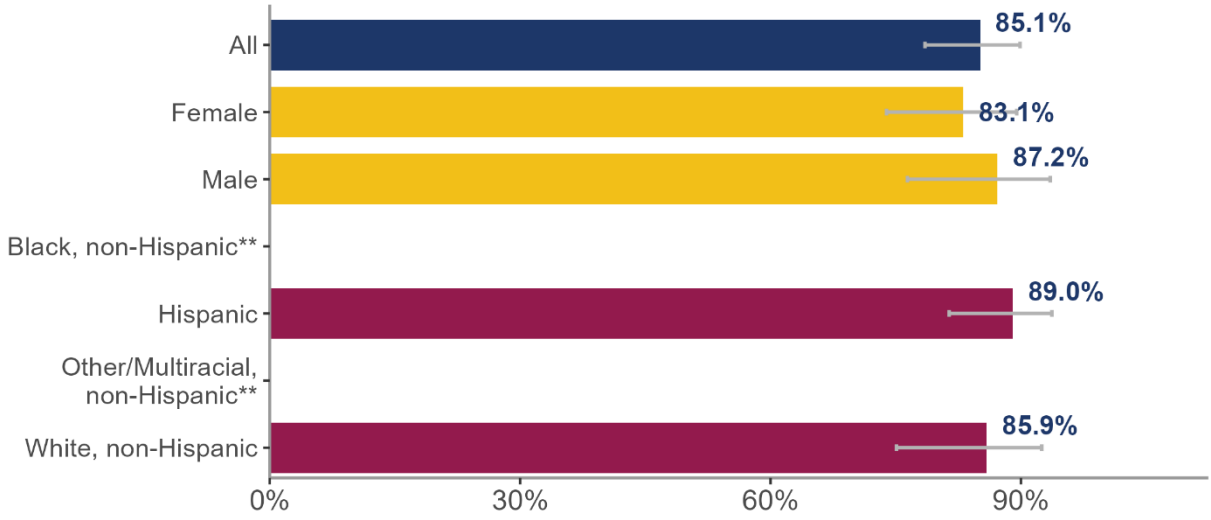
Population count for Native Hawaiian and Pacific Islander group is 0.
Source: ACS 5-Year Estimates. Table: S2701
Prepared by CINow for The Health Collaborative

Healthcare Affordability

The BRFSS survey asks adults if, at any point in the 12 months prior, they had gone without care even though they needed to see a doctor because of costs.[19] Between 2017 and 2023, about 15% of Atascosa County adult respondents self-reported foregoing care because of financial restraints (**Fig. 2I.8**). Although data by sex and race/ethnicity are available, wide margins of error and data suppression limit the ability to make reliable comparisons.

Fig. 2I.8 Percent of adults who were able to see a doctor when needed in the past 12 months regardless of cost, by sex and race/ethnicity, 2017-2023

Atascosa County, Texas



For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
**Suppressed by data source.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

How We're Taking Care of Ourselves

Managing What Helps or Harms Our Health

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

Despite the documented and widely-understood importance of healthy behaviors, related local data is scarce, particularly for children and youth. The Behavioral Risk Factor Surveillance System (BRFSS), overseen by the U.S. Centers for Disease Control and Prevention but administered by each state, is the primary source available for the general population of adults. However, because of small sample sizes, uncertainty in the estimate is a problem. Disaggregating or "breaking out" the data by sex or race/ethnicity yields wide margins of error that make it difficult to determine whether true differences exist among groups. Still, BRFSS remains the best source of data available for most health-related behaviors.

Health behaviors like physical activity, smoking, drinking, and opioid use are more than just personal choices. Community voices emphasized that knowledge, the environment, and access all play critical roles. As one key informant explained, improving health outcomes requires understanding how to navigate health, illness, and the care system.

"The way I view health literacy is as the ability to understand the healthcare process and how it affects us as human beings. When I was in school, we had a healthcare class that taught the basics—how to burn calories, stay active, and understand common medical conditions. Health literacy means understanding how health impacts you personally, how the lack of appropriate care can affect your family, and how it influences the well-being of your community. It involves recognizing disease processes, how they affect the body, and what can be done to manage them.

For example, someone with asthma may not be able to run easily, but with the right knowledge and care, they can manage their condition effectively. Advanced health literacy takes this understanding further—it's about knowing how to reduce the impact of a diagnosed condition, slow or prevent its progression, or possibly even eliminate it altogether. It also includes recognizing how environmental factors contribute to health, and understanding the cause-and-effect relationship between our choices, our surroundings, and our overall well-being."

– Edward Banos (President/CEO, University Health)

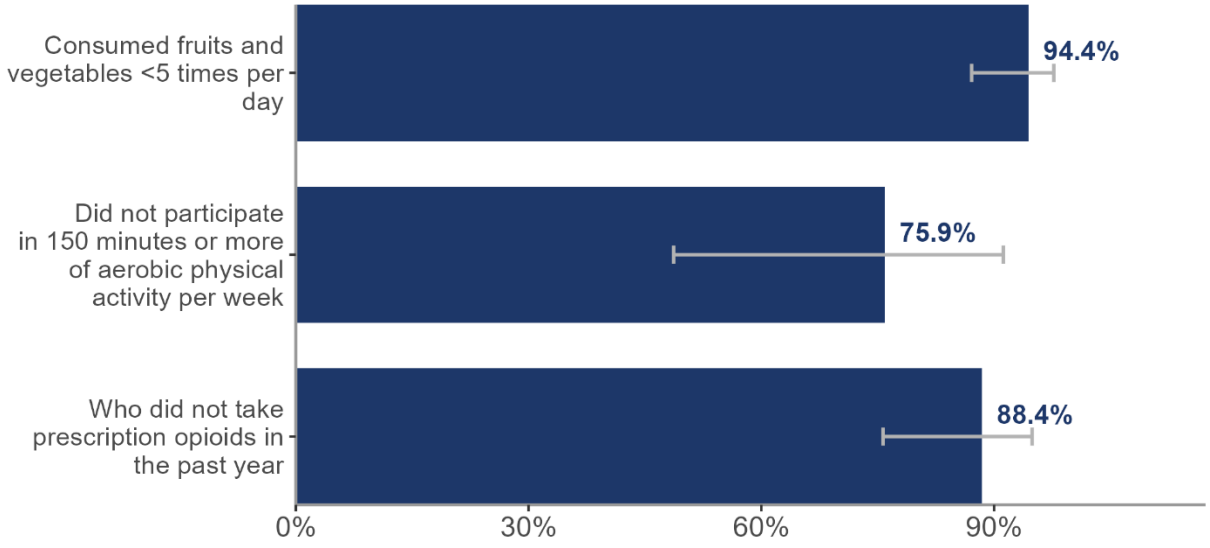
Health behaviors and risk factors

Figure 3A.1 shows three metrics from BRFSS on health behaviors and risk factors. Unfortunately, the data is limited and demographic differences are unavailable. Averaged across 2017-2023, of the Atascosa BRFSS survey respondents,

- A majority (94%) reported eating fruits or vegetables less than five times a day. Eating fruits and vegetables five or more times per day has long been recommended as part of a healthy diet because it is linked with reduced risk of chronic diseases like heart disease, stroke, certain cancers, and type 2 diabetes.[20,21] Moreover, populations that do not meet this dietary recommendation may be at increased risk for poor nutrition and related health outcomes
- Only about a quarter (24%) reported participating in 150 minutes or more of aerobic physical activity per week. Current physical activity guidelines from the U.S. Department of Health and Human Services recommend that adults do at least 150 to 300 minutes a week of moderate-intensity aerobic or physical activity for substantial health and well-being benefits.[22]
- Many (88%) reported not using prescription opioids in the past year. Monitoring the prevalence of prescription opioid use can help identify opioid over-prescription and dependence. Still, the prevalence should also be interpreted in the context of varying rates of acute and chronic pain, procedures requiring pain medication, and pain-causing conditions like fibromyalgia, diabetic neuropathy, and tooth decay.

Fig. 3A.1 Percent of adults by nutrition, physical acitivity, and substance abuse metrics, 2017-2023

Atascosa County, Texas

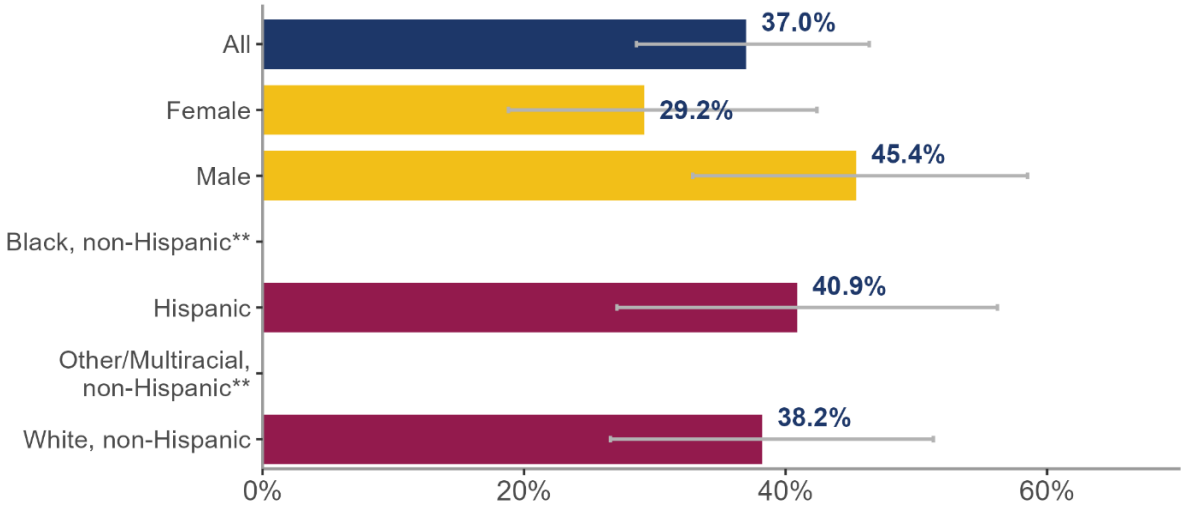


For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

The BRFSS survey asks for survey respondents' height and weight so that Body Mass Index (BMI) can be calculated to measure weight-related health risks across populations. A BMI between 18.5 and 24.9 is classified as "healthy," neither overweight nor obese. Overall, 37% of Atascosa adults had an overweight BMI and an additional 49% had an obese BMI (**Fig. 3A.2** and **3A.3**). While disparities in BMI can reflect broader inequities in access to nutrition, physical activity, and preventive care, overlapping margins of error make it difficult to interpret differences.

Fig. 3A.2 Percent of adults with Body Mass Index (BMI) in overweight range, by sex and race/ethnicity, 2017-2023

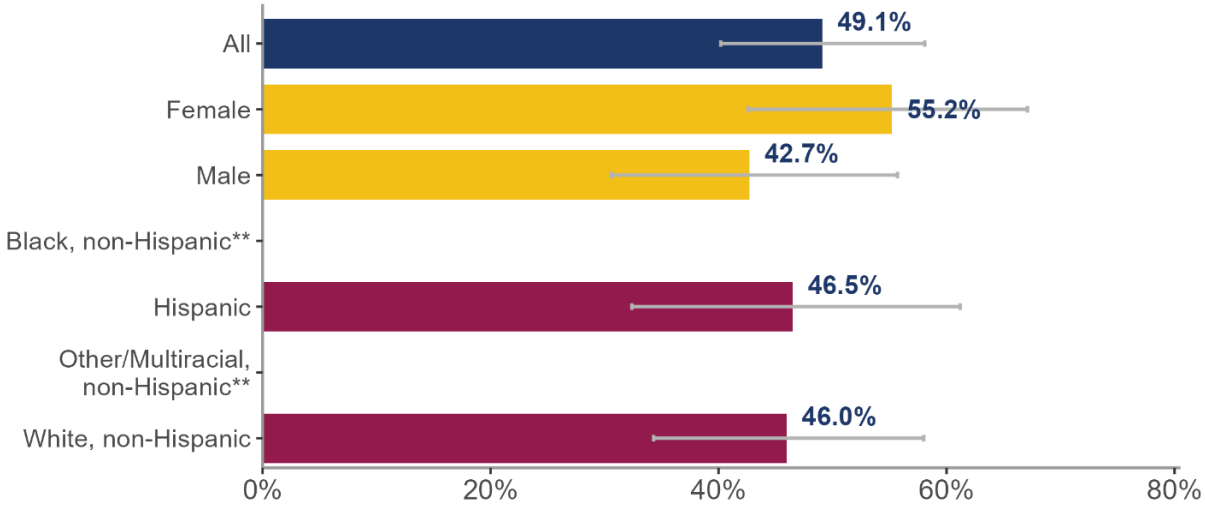
Atascosa County, Texas



For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
**Suppressed by data source.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

Fig. 3A.3 Percent of adults with Body Mass Index (BMI) in obese range, by sex and race/ethnicity, 2017-2023

Atascosa County, Texas



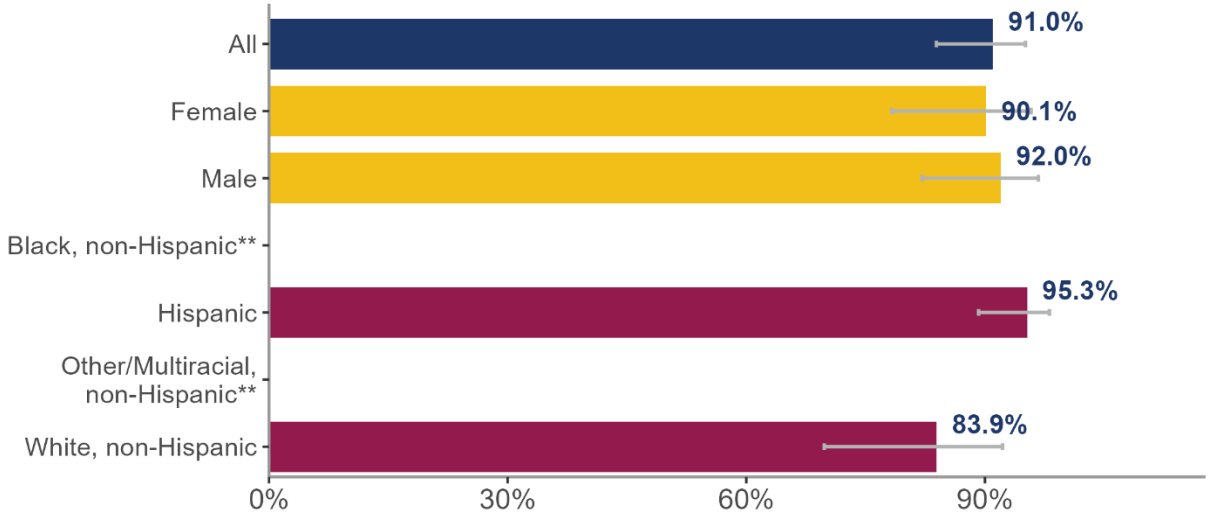
For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
**Suppressed by data source.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

Alcohol and Tobacco Use

Heavy alcohol use, defined as heavy or binge drinking, is categorized differently for men and women over the age of 21.[23] For men, heavy drinking means 15 or more drinks per week, while for women it means eight or more drinks per week. Binge drinking is defined as consuming five or more drinks on a single occasion for men, and four or more for women. Any alcohol use by pregnant individuals or by those under 21 is considered excessive. Overall, 91% of Atascosa County adults reported no heavy use of alcohol in the past month (**Fig. 3A.4**). Differences across groups should be interpreted with caution because of overlapping margins of error.

Fig. 3A.4 Percent of adults without heavy alcohol use in the past month, by sex and race/ethnicity, 2017-2023

Atascosa County, Texas

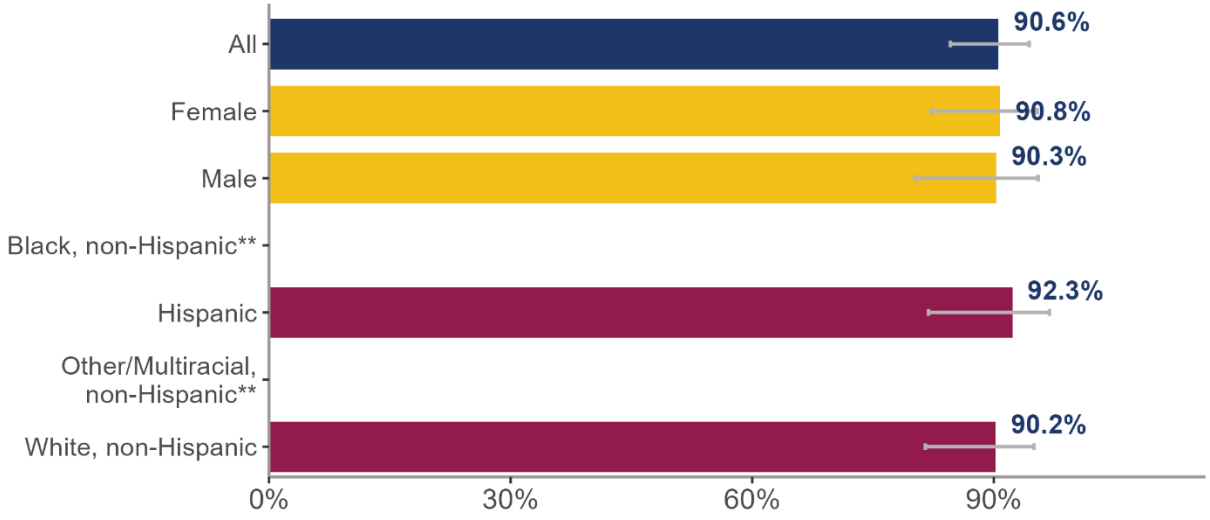


For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
**Suppressed by data source.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

According to the BRFSS questionnaire, current smokers are defined as adults who have smoked at least 100 cigarettes in their lifetime and now smoke them every day or some days. Overall, 91% Atascosa County respondents reported not currently smoking (**Fig. 3A.5**). Although the proportion of adults who smoke (9%) was relatively low, it remains critical to monitor tobacco use because smoking is still the leading cause of preventable disease and death in the United States.[24] This indicator does not include other forms of smoking, like e-cigarettes or vaping, or smokeless tobacco use (snuff, dip).

Fig. 3A.5 Percent of adults who do not currently smoke, by sex and race/ethnicity, 2017-2023

Atascosa County, Texas



For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
**Suppressed by data source.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

Keeping Current with Routine and Preventive Care

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

Key informants discussed how a common barrier to accessing timely and preventive care is a persistent shortage of providers, especially in rural areas. This lack of access to specialists can delay diagnoses and worsen health outcomes for already underserved communities.

"Hospitals and rural healthcare systems in the region are struggling due to a critical shortage of doctors and nurses. This shortage not only limits specialty care but also access to early detection and preventive care—both essential for maintaining community health. In rural areas, where facilities are often far apart and providers are scarce, many residents miss out on important screenings such as colonoscopies and mammograms and the appropriate follow-up. In contrast, people in urban areas benefit from multiple healthcare facilities nearby, making it easier to receive timely preventative testing and treatment."

– Edward Banos (President/CEO, University Health)

Routine Medical and Dental Care

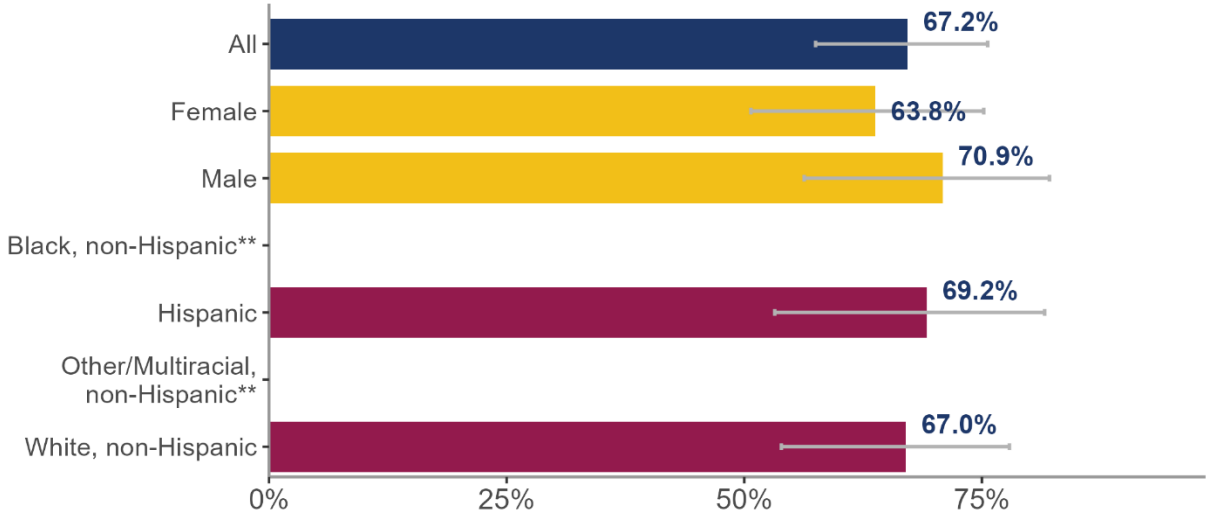
Annual checkups are an opportunity for early detection, prevention, and management of chronic conditions and dental issues. They also serve as an indicator of both access and use of preventive care. Importantly, identifying problems early is typically simpler, less invasive, and less costly.

Overall, 67% of Atascosa County BRFSS respondents report having had a medical checkup in the past year (**Fig. 3B.1**). By comparison, only 55% of respondents report having been to the dentist or a dental clinic in the past year (**Fig. 3B.2**), and that proportion almost certainly includes people who went for tooth pain or other oral health problem rather than for preventive dental care like exams, x-rays and cleanings. Though break downs are available, no substantive differences among sex or race/ethnicity groups are apparent.*

* The small BRFSS sample size results in estimates with a wide margin of error, i.e., a lot of uncertainty

Fig. 3B.1 Percent of adults who had a routine checkup in the past year, by sex and race/ethnicity, 2017-2023

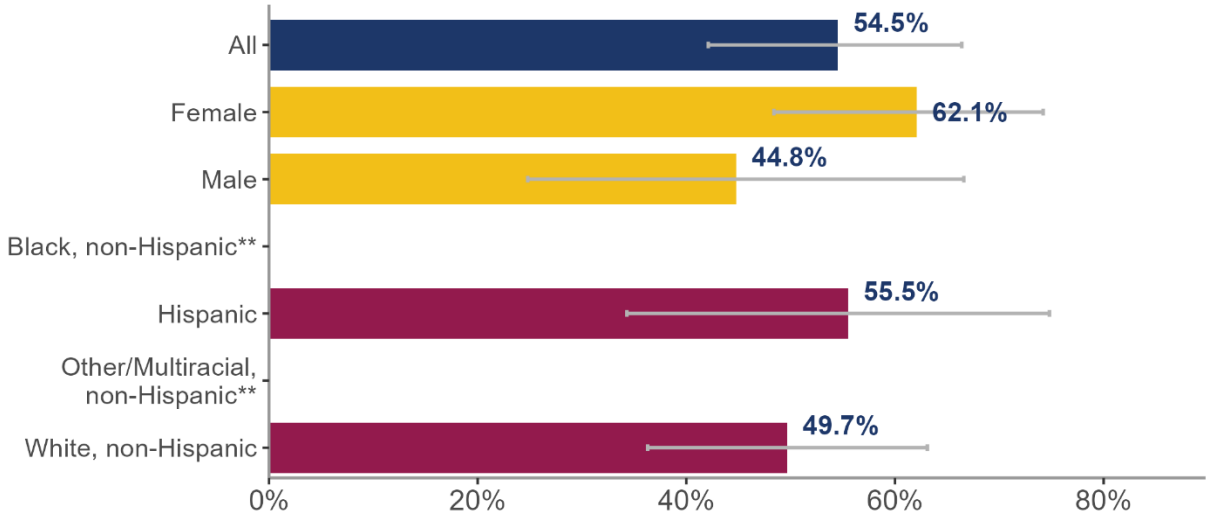
Atascosa County, Texas



For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
**Suppressed by data source.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

Fig. 3B.2 Percent of adults who had a dentist or dental clinic visit in the past year, by sex and race/ethnicity, 2017-2023

Atascosa County, Texas



For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
**Suppressed by data source.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

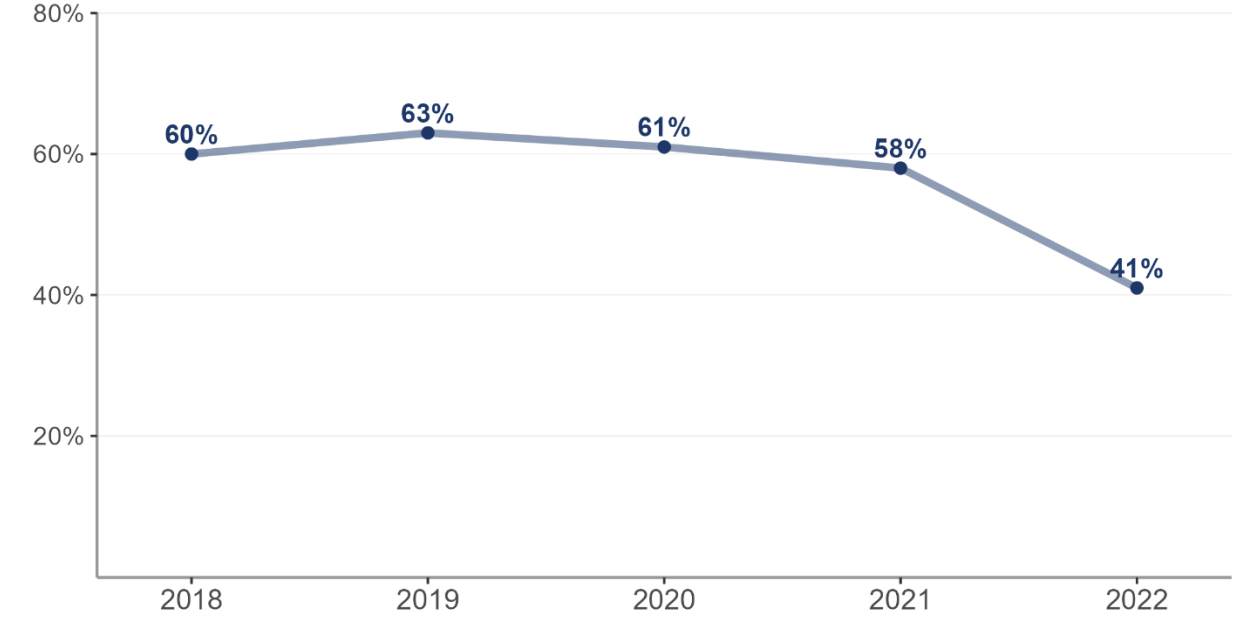
Prenatal Care

Timely prenatal care is critical for protecting both the mother and the developing baby, especially in the first trimester.[25] Lack of early care can lead to increased risks of low birth weight, pregnancy complications, and infant mortality. Regular check-ups during this period allow for essential screenings, early interventions, and important guidance on a healthy pregnancy. Monitoring the percentage of births that receive prenatal care in the first trimester provides insight into access to and utilization of reproductive care and resources.

The percentage of births where prenatal care began in the first trimester has generally decreased over the five-year period (2018 to 2022) shown in **Figure 3B.3**. While the percentage remained around 60% through 2021, it dropped by about one third, to 41% in the most recent year (2022).

Fig. 3B.3 Percent of births with prenatal care in the first trimester

Atascosa County, Texas



Source: Texas Department of State Health Services, Texas Health Data
Prepared by CINow for The Health Collaborative

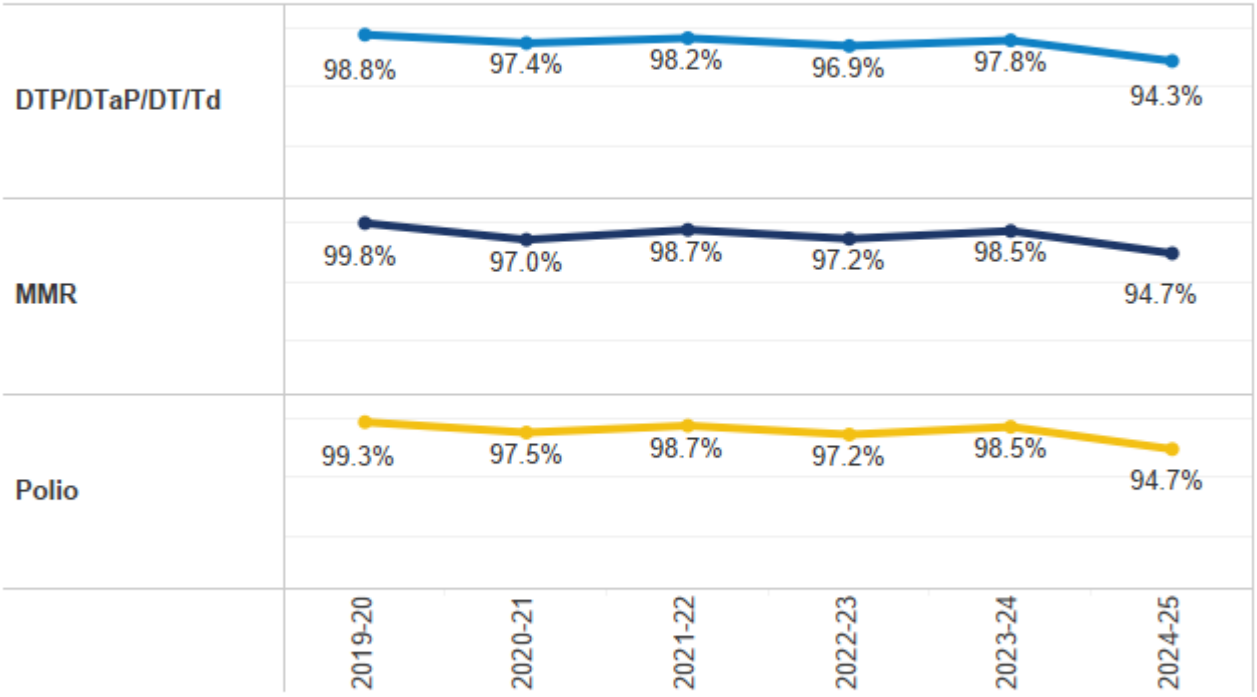
Protecting Ourselves and Each Other from Preventable Disease

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

Childhood Vaccination

Figure 3B.4 shows single-vaccine data available for kindergarten students enrolled in schools. It should be noted that this data does not represent all kindergarten-age children in Atascosa County, as school is not compulsory in Texas until the first grade. The percentage of kindergarteners receiving each of the three vaccines shown – DTP/DTaP/DT/Td (diphtheria, tetanus, pertussis or whooping cough), MMR (measles, mumps, rubella or 'German measles'), and polio – fluctuated between 2019-20 and 2023-24 school years, generally hovering between 97-99%. Notably, the figures dropped by about four percentage points for all three in the most recent school year (2024-25). It is difficult to know what effect the COVID-era shift away from in-person schooling had on the collection of this data. Statewide, over 94% of the public-school districts and accredited private schools surveyed digitally responded in fall 2019 and fall 2020, as compared to 92% in fall 2021 and fall 2022, 88% in fall 2023, and 91% in fall 2024.[26]

Fig. 3B.4 Percent of kindergarten students with DTP/DTaP/DT/Td, MMR, and polio vaccination
Atascosa County



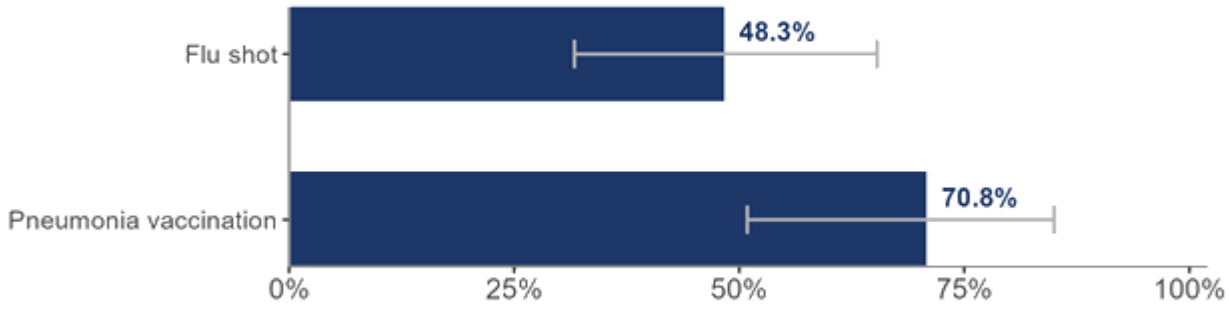
Source: Texas Department of State Health Services Immunization Section
Prepared by CINow for The Health Collaborative

Older Adult Vaccination

Flu vaccination among adults aged 65 and older within the past year is important because older people face the highest risk of severe complications from the flu.[27] Overall, less than half (48%) of respondents 65 and older reported having the flu shot within the past year (**Fig. 3C.1**). In comparison, about seven in 10 (71%) Atascosa County respondents 65 and older reported having ever received a pneumonia vaccination, which is administered only once rather than annually. Not only are older adults at an increased risk of getting pneumonia and having severe complications, but the risk continues to increase with advancing age.[28]

Fig. 3C.1 Percent of adults 65 and older who had a flu shot within the past year or who have ever had a pneumonia vaccination, 2017-2023

Atascosa County, Texas



For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

Focus group participants highlighted the unique challenges faced by grandparents raising grandchildren. They noted that many are faced with limited financial support and little guidance on making informed health and well-being decisions. Already balancing many responsibilities, this multi-generational caregiving arrangement can make it especially difficult to keep up with preventive care, like routine vaccination.

"[We need] more resources for grandparents raising grandchildren. Yes, it's happening all the time. Too many. We need help. I mean, when there's nobody to care for your child except you yourself, and you know you get help from family, but you're limited on resources… The biggest difficulties are childcare and workforce assistance, just to be able to afford it… A lot of them, especially raising grandkids, they don't have that husband. They don't have that older child that can do all that…because it's the money. I just spent $1,200 on my water pump and labor. And then once you get the water pump, well it needs a belt… So, there you are."

– Atascosa Focus Group Participant

Finding Disease Early

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

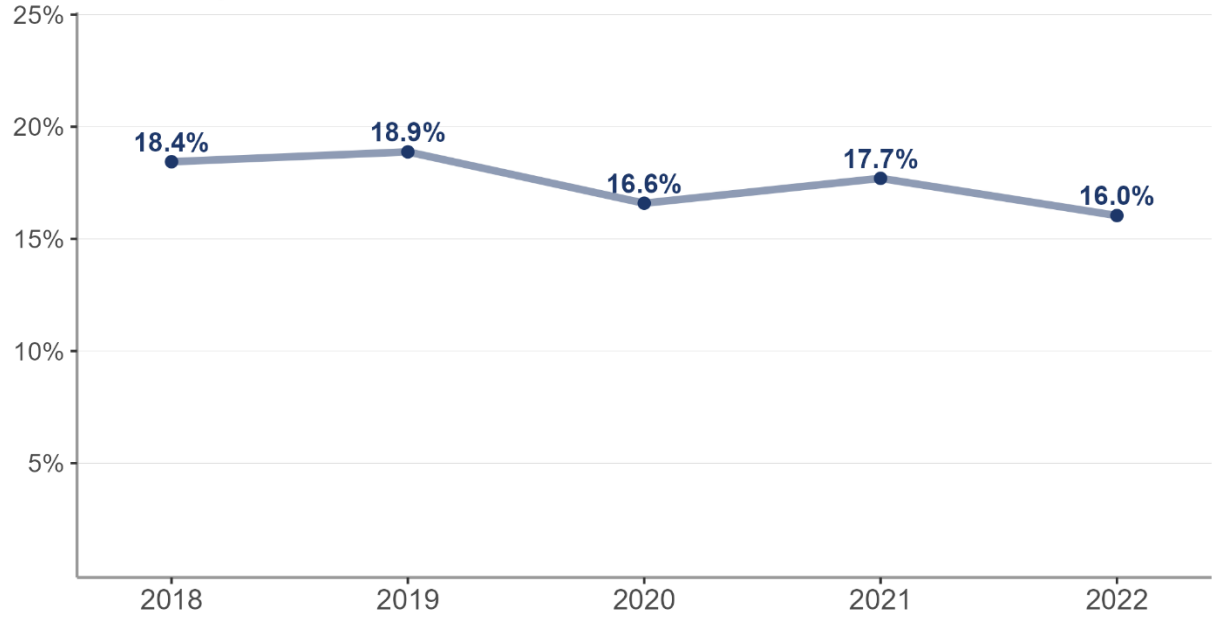
Lead Testing

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

In Atascosa County, the percentage of children aged zero to five years who were tested for lead poisoning showed slight fluctuations between 2018 and 2022, but generally declined from a high of 19% in 2019 to 16% in the most recent year (2022) (**Fig. 3D.1**).

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

Atascosa County, Texas



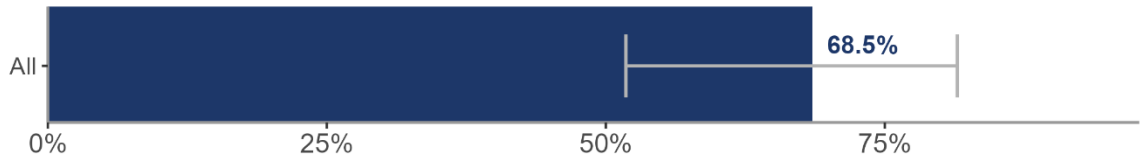
Source: Texas Department of State Health Services
Prepared by CINow for The Health Collaborative

Cancer Screening

Regular mammograms can help find breast cancer early, when treatment is more effective and sometimes before any physical symptoms appear.[29] In order to report an estimate, data from Atascosa, Wilson, and Medina counties were combined for sampling purposes and averaged over the 2017-2023 period. Based on this combined sample, 69% of women aged 40 and older reported having a mammogram within the past two years (**Fig. 3D.2**).

Fig. 3D.2 Percent of women aged 40 and older who have had a mammogram within the past 2 years, 2017-2023

Atascosa County, Texas



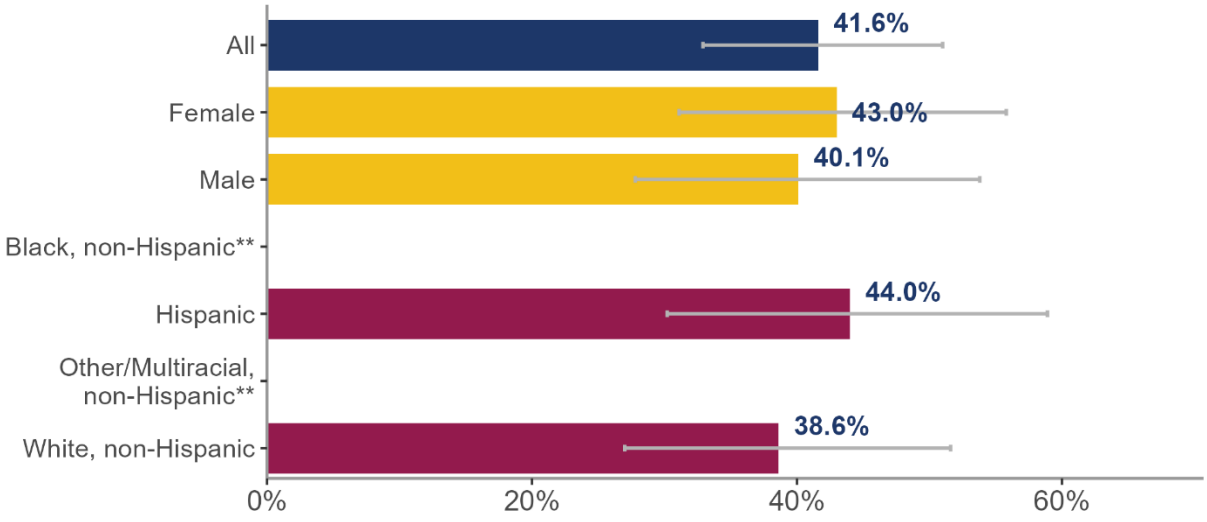
For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

HIV Testing

Early detection of HIV is critical for both individual and public health—an early diagnosis allows individuals to begin treatment sooner, make informed decisions about sexual and reproductive health, and significantly reduce the risk of transmitting the virus to others. Overall, 42% of Atascosa County respondents in the 2021-2023 survey years reported ever getting tested for HIV (**Fig. 3D.3**). Unfortunately, the margins of error are too wide to be sure there are true differences among groups.

Fig. 3D.3 Percent of adults who have ever been tested for HIV, by sex and race/ethnicity, 2017-2023

Atascosa County, Texas



For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
**Suppressed by data source.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

How We're Faring

What We Heard from the Community

Physical, Mental, and Social Health Status

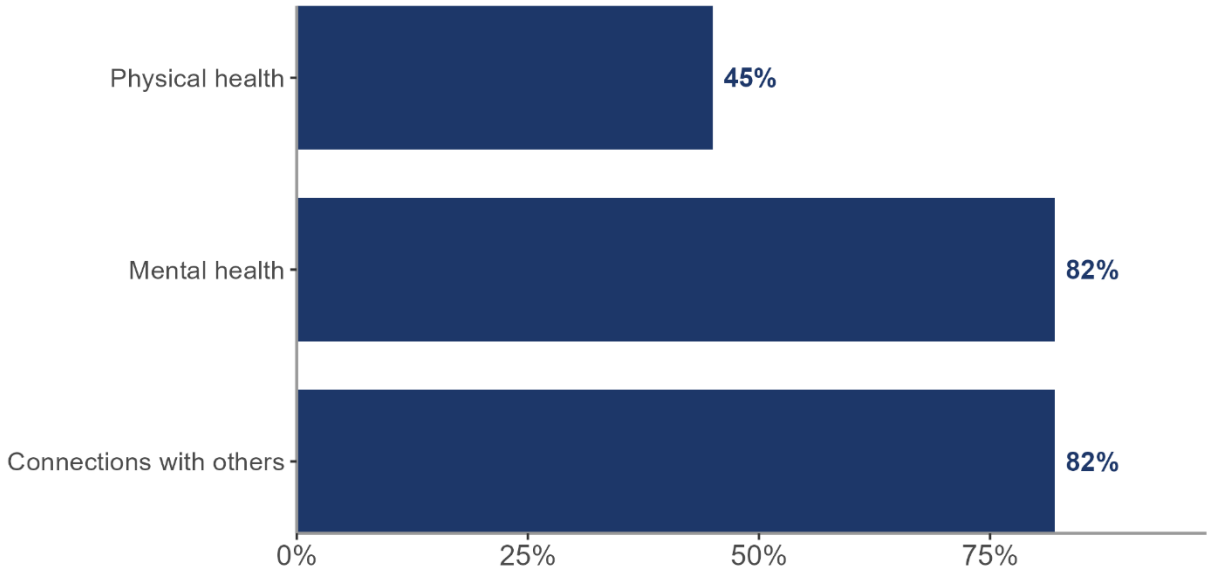
The CHNA Community Survey included several questions aimed at understanding how residents perceive their recent physical, mental, and social well-being. Because the survey was a convenience sample rather than random sample and the number of respondents is very small, one should be careful about drawing conclusions from the data.

When asked to rate their **physical health** over the past three months as "very poor", "poor", "good", or "very good", less than half (45%) of Atascosa County Community Health Needs Assessment (CHNA) Community Survey respondents (n=11) chose "good" or "very good" (**Fig. 4A.1**). A much higher percentage (82%) rated their **mental health** as good or very good.

Social connections and support networks are vital to health and well-being, but not necessarily easy to create, nurture, or call upon when help is needed. Atascosa County CHNA Community Survey respondents were asked to rate their **connections with others** over the past three months, such as community, friendships, family, or faith groups. Overall, 82% of respondents rated their social connections with others as "good" or "very good."

Fig. 4A.1 Percent of CHNA survey respondents rating their health or connections with others in the past 3 months as "good" or "very good", 2025

Atascosa County, Texas



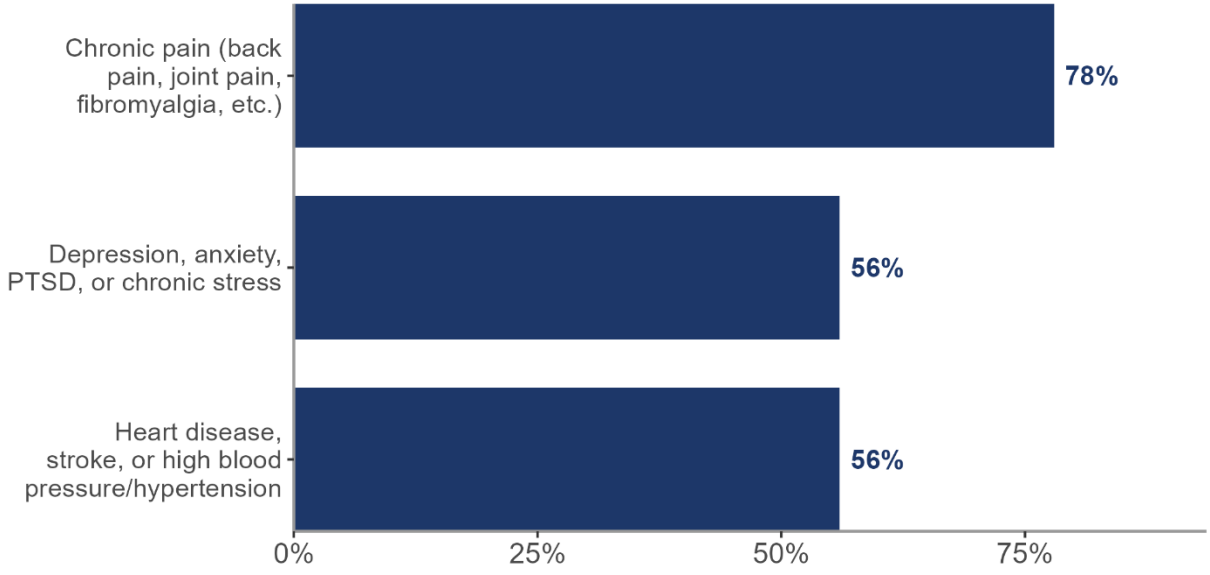
Source: CHNA Atascosa County Survey
Prepared by CINow for The Health Collaborative

Top Health Concerns

Atascosa County CHNA Community Survey respondents were asked, "Which health issues have the biggest impact on you and/or your loved ones?" and were allowed to select any number of options or write in their own response. **Figure 4A.2** shows the issues cited by more than half of Atascosa respondents. At the top (78%), chronic pain (back pain, joint pain, fibromyalgia, etc.) was the most frequently-selected health issue. Also frequently cited, both at 56%, were Depression, anxiety, post-traumatic stress disorder (PTSD), or chronic stress, and Heart disease, stroke, or high blood pressure or hypertension.

Fig. 4A.2 Top 3 health issues CHNA survey respondents rated as having the biggest impact on themselves and/or their loved ones, 2025

Atascosa County, Texas



Source: CHNA Atascosa County Survey
Prepared by CINow for The Health Collaborative

Participants spoke candidly and emotionally about the growing mental health struggles among youth in the community. This is a topic that touched participants deeply and made them feel passionately about a need for more resources for youth, as well as education for parents and guardians on how to care for them.

"The kids have suffered during the pandemic, and we are seeing now the terrible effects. You wouldn't believe in this community how many suicides we've had of young people, as young as 9 and 10, and it's because they just they do not have the coping skills since COVID, and I don't know how we're gonna get that back."

– Atascosa County Focus Group Participant

Our Overall Health & Resilience

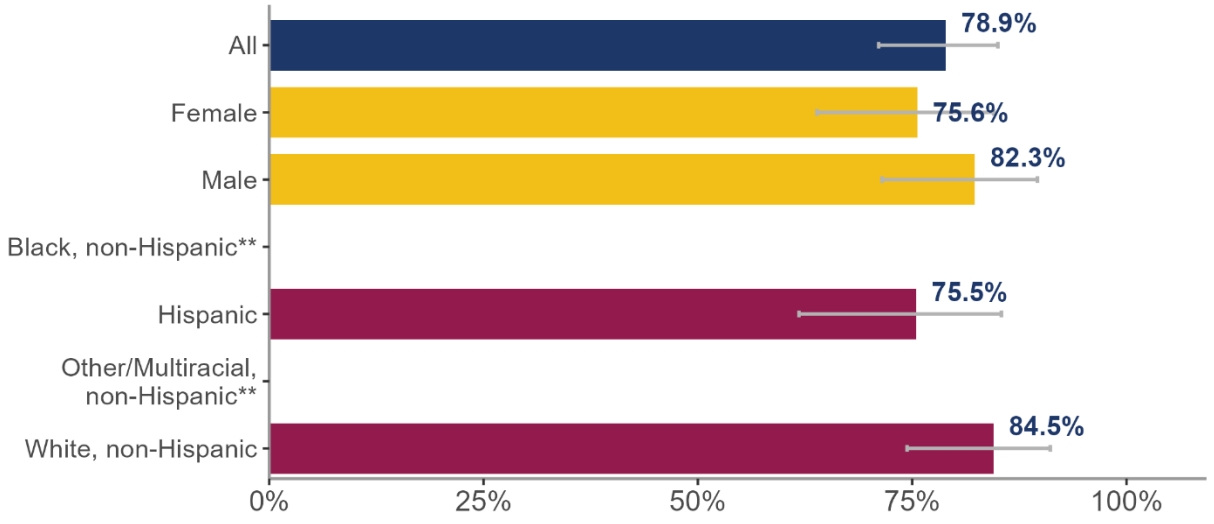
Measures like self-rated health and the impact of illness on daily life help reveal not only individual health status, but also community resilience. Together, they offer insight into how well a population manages physical and mental health challenges and its broader capacity to thrive.

General Health Status

The Behavioral Risk Factor Surveillance System (BRFSS) survey asks adults to rate their health as "excellent", "very good", "good", "fair", or "poor" to monitor perceived general health status in the population. Though a subjective measure, it is a reliable predictor of important health outcomes and is considered a "good global assessment of a person's well-being".[30] Overall, 80% of Atascosa County survey respondents reported having "good", "very good", or "excellent health" (**Fig. 4B.1**). Wide and overlapping margins of error make it difficult to determine whether there are true differences by sex or race/ethnicity.

Fig. 4B.1 Percent of adults with self-reported good or better health, by sex and race/ethnicity, 2017-2023

Atascosa County, Texas



For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
**Suppressed by data source.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

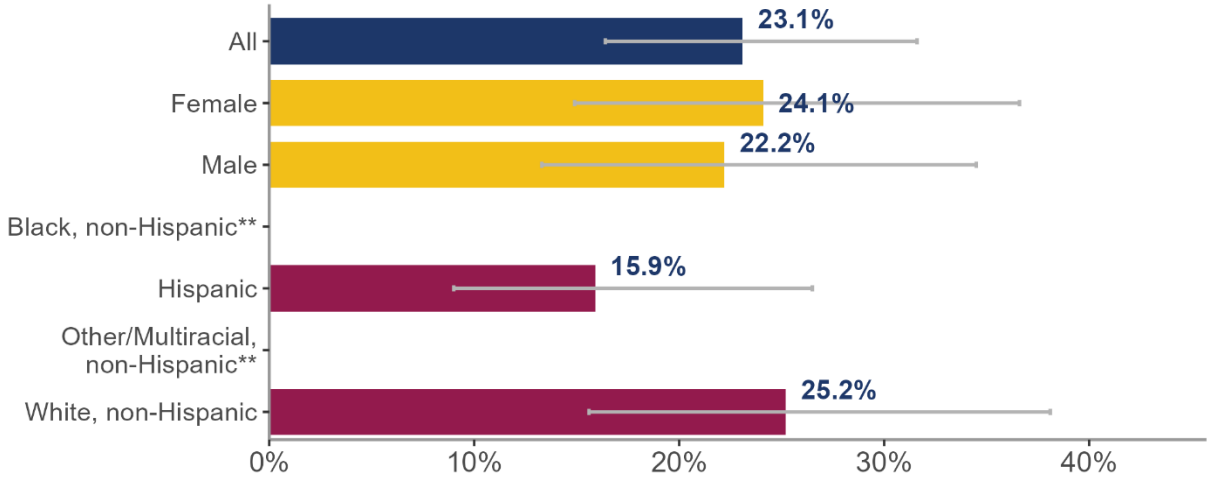
Daily Life Limitations

The BRFSS survey asks respondents about how many days in the past 30 days poor physical or mental health kept them from usual activities like self-care, work, or recreation. While the CDC standard threshold to indicate frequent mental or physical distress is over 14 days, shorter periods like over five days of disruption can still meaningfully impact functioning and overall health and well-being. Overall, about 23% of respondents between 2017-2023 reported being kept from usual activities for more than five days in the past month due to poor physical or mental health (**Fig. 4B.2**). With wide and overlapping margins of error, differences among groups are hard to interpret.

In addition to activity limitations, the BRFSS survey also asks adult respondents to rate whether they have difficulty concentrating, remembering, or making decisions to better understand the prevalence of cognitive impairments. These challenges could be linked to dementia, mental health conditions, or other underlying factors. Cognitive difficulties can significantly impact daily functioning and overall quality of life. About 88% of Atascosa, Medina, and Wilson County residents between 2017 to 2023 reported *not* having serious difficulty concentrating or making decisions (**Fig. 4B.2**), meaning that about 12% did. Again, differences should be interpreted with caution because of wide and overlapping margins of error.

Fig. 4B.2 Percent of adults kept from usual activities for 5 or more days a month due to poor physical or mental health, by sex and race/ethnicity, 2017-2023

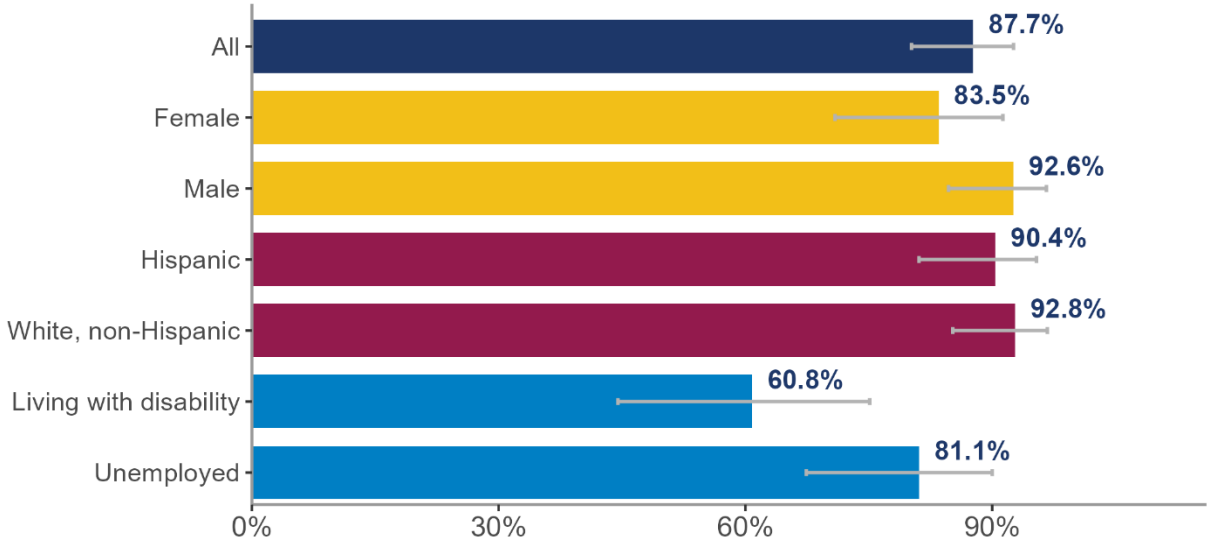
Atascosa County, Texas



For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
**Suppressed by data source.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

Fig. 4B.3 Percent of adults without serious difficulty concentrating, remembering, or making decisions, by sex and race/ethnicity, 2017-2023

Atascosa, Medina, and Wilson Counties, Texas



Values were suppressed by data source for groups not shown in chart.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

Key informants discussed the built environment, basic needs, and infrastructure at length, noting how rural areas are often not fully equipped to deal with population growth leading to a deficit in city infrastructure and services. They also highlighted how gaps force people to juggle multiple barriers, limiting their time and capacity to focus on their own well-being (which leads to increased stressed and fewer opportunities to address it effectively).

"Having deliberate strategies with economic development, business development, childcare, housing, and transportation, having all of that happen at the same time is critical to ensuring that we have a healthy community..." "...The ability to reduce as many barriers and stresses for individuals that they have the opportunity to actually concentrate on well-being, health, and healthy eating. What we tend to see is populations don't have time to do that because they're focused on 'I've got 2 jobs, and I'm working, and I've got 2 kids who are not school-aged. I'm having to pay for a significant amount for childcare that's reducing my ability to be able to go back to school and get trained to get access to a really good job', let's say, in manufacturing or aerospace or health care, or whatever it may be. In terms of the built environment, how cities grow and how they're packaged together does affect individuals' well-being and the privilege to say 'Yeah, I have time now to make sure that I concentrate on my own well-being,' because what happens with people is they're sacrificing their own well-being for the sake of something else."

– Adrian Lopez (CEO, Workforce Solutions Alamo)

Starting Life Strong: Infants and Mothers

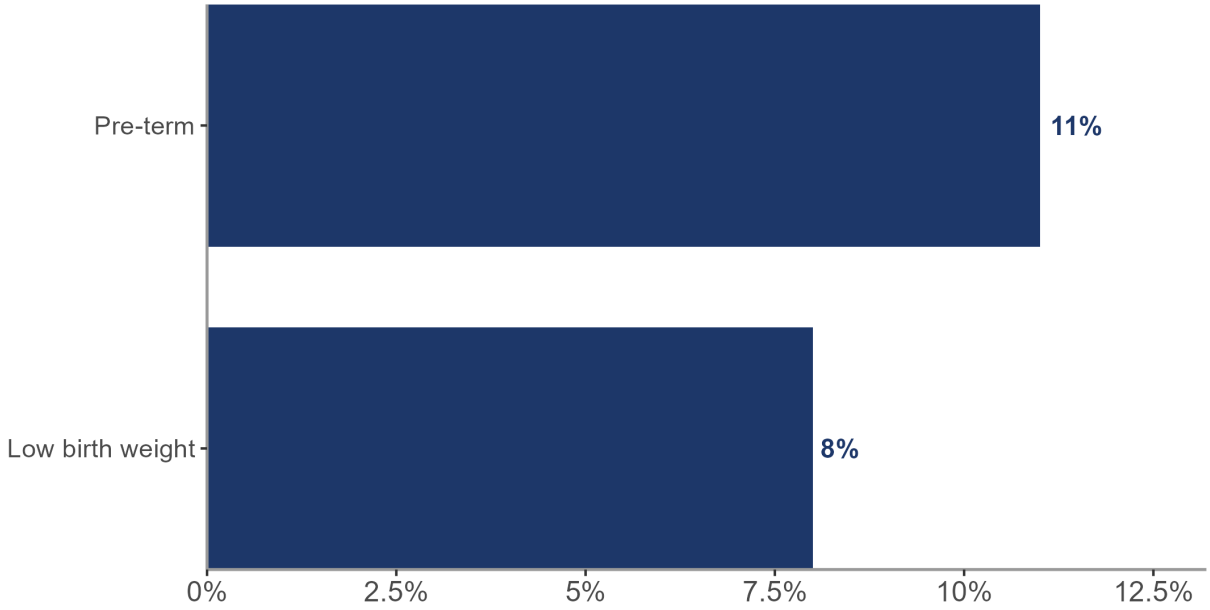
Infant and maternal well-being indicators reflect both medical care quality as well as broader social and economic conditions that affect prenatal care access. Understanding these patterns not only highlights persistent disparities but also informs efforts to support healthier beginnings for mothers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

Infant Well-Being

Babies born too early (before 37 weeks of pregnancy) are at an increased risk for challenges and complications, including long-term intellectual and developmental disabilities and higher rates of mortality[31,32]. Low birth weight (under 2,500 grams) is one of the complications associated with pre-term births, though it can also occur in full-term births due to other factors[33]. Both often require extended hospital stays, specialized medical treatment, and long-term follow-up care, putting a strain on the mother, families, and healthcare systems. In 2021, unfortunately the most recent year of data for Atascosa County for this indicator, 11% of births were pre-term and 8% were low birthweight (**Fig. 4C.1**).

Fig. 4C.1 Percent of pre-term and low-birth weight births, 2021

Atascosa County, Texas



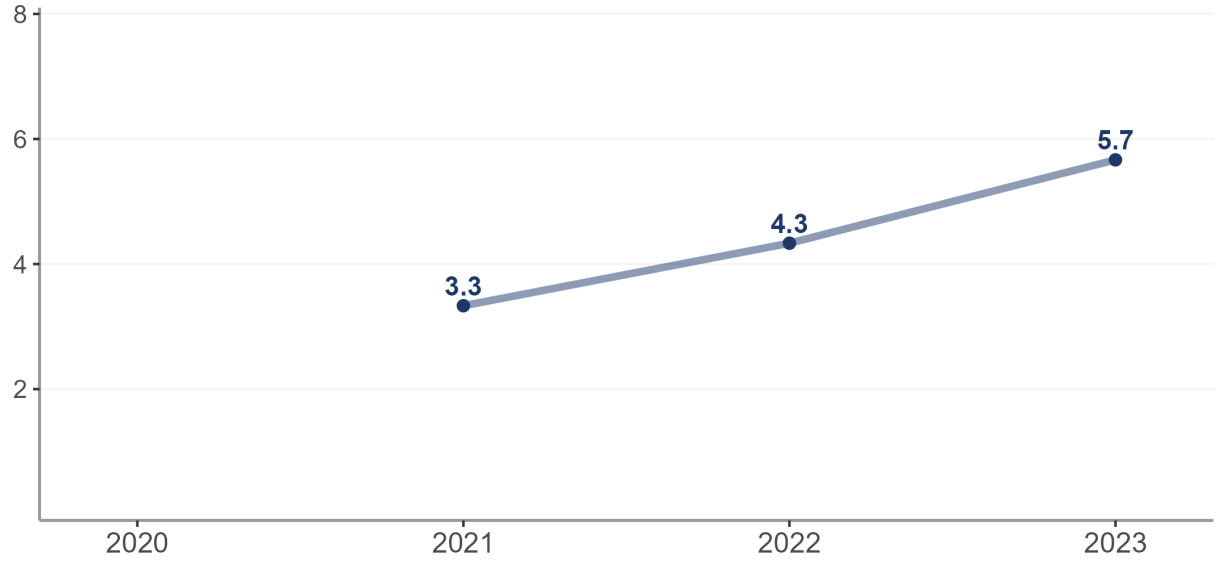
Source: Texas Department of State Health Services, Texas Health Data
Prepared by CINow for The Health Collaborative

The infant mortality rate, also called the infant death rate, is a widely recognized and sensitive marker of a population's overall health and well-being. It reflects broader social, economic, and healthcare conditions that affect both maternal and infant outcomes, particularly access to quality care. Infant death rates include both neonatal deaths (within the first 28 days after birth) and post-neonatal deaths (from 28 days to one year). The most common causes include pregnancy or birthing complications, premature birth, sudden infant death syndrome (SIDS), and unintentional injuries.[34]

Figure 4C.2 shows U.S. Centers for Disease Control and Prevention linked birth and death data, and it should be noted that the quality and completeness of birth certificate data is quite uneven. Further, some data points are suppressed or considered unreliable because of small death counts and population numbers.[†] Shown as three-year averages per 1,000 live births, the infant death rate in Atascosa County increased from 3.3 in 2019-21 to 5.7 in 2021-23.

Fig. 4C.2 Infant death rate per 1K births, 3-year average

Atascosa County, Texas



The 2018-2020 value is suppressed. Values are marked "suppressed" when the death counts are between 1-9.

Source: CDC WONDER Underlying Cause of Death dataset
Prepared by CINow for The Health Collaborative

[†]For more information, see the CDC WONDER document at https://wonder.cdc.gov/wonder/help/lbd-expanded.html#.

Maternal Well-Being

The five-year average birth rate (2017-23) for Atascosa County was about 36 births per 1,000 girls and teens aged 15 to 19 (**Fig. 4C.3**). Although data was only available for white (non-Hispanic) and Hispanic or Latino (of any race) groups, the chart shows that the average rate for white teens (21) was significantly lower than both the county wide average and to Hispanic teens (whose birth rate was twice as high, at 42). Because of overlapping margins of error, it is unclear whether the rate for Hispanic teens is higher than the population overall.

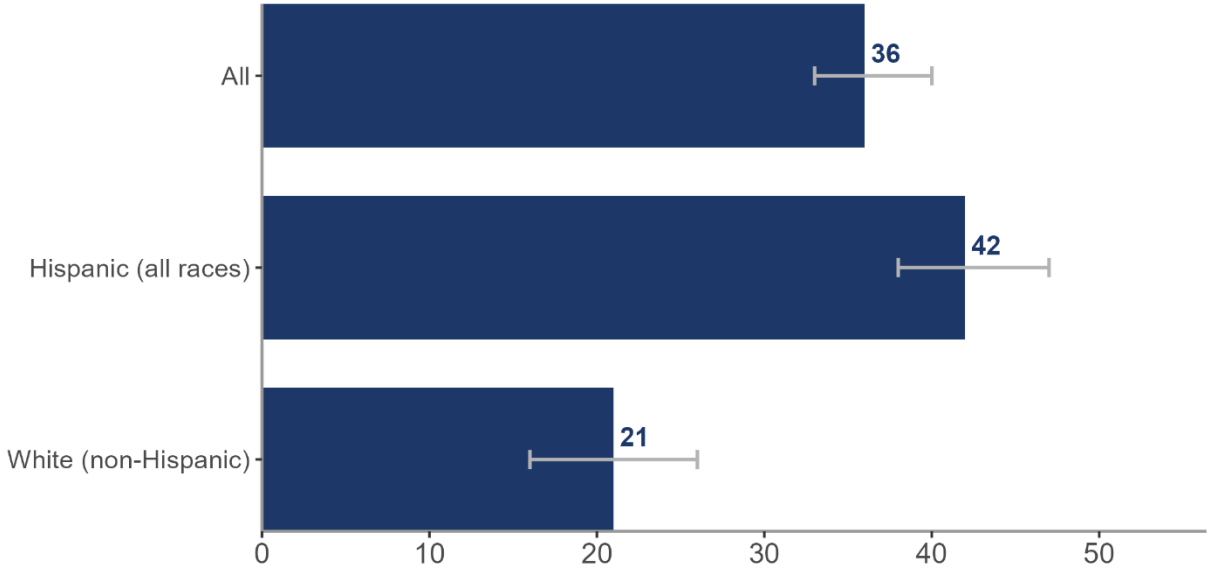
Severe maternal morbidity (SMM), or severe and unexpected complications that occur during labor and delivery, is increasing nationally and in Texas.[35] The countywide SMM rate, shown as two-year averages for 2022-23, was 78.6 per 10,000 deliveries (**Fig. 4C.4**). Broken down by age and race/ethnicity, the data provides some indications of which groups are at elevated risk of SMM, but this data should be interpreted with caution, as the two-year period had only nine deliveries with SMM.. By age, the rate was over twice as high for women aged 30-44 (123.8) compared to younger women aged 18-29 (55.9). For the available race/ethnicities, the rate was highest for Hispanic or Latina women, at 90.3.

About hospital discharge and emergency department visit rates

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

Fig. 4C.3 Teen birth rate per 1K females aged 15-19, by race/ethnicity, 2017-2023

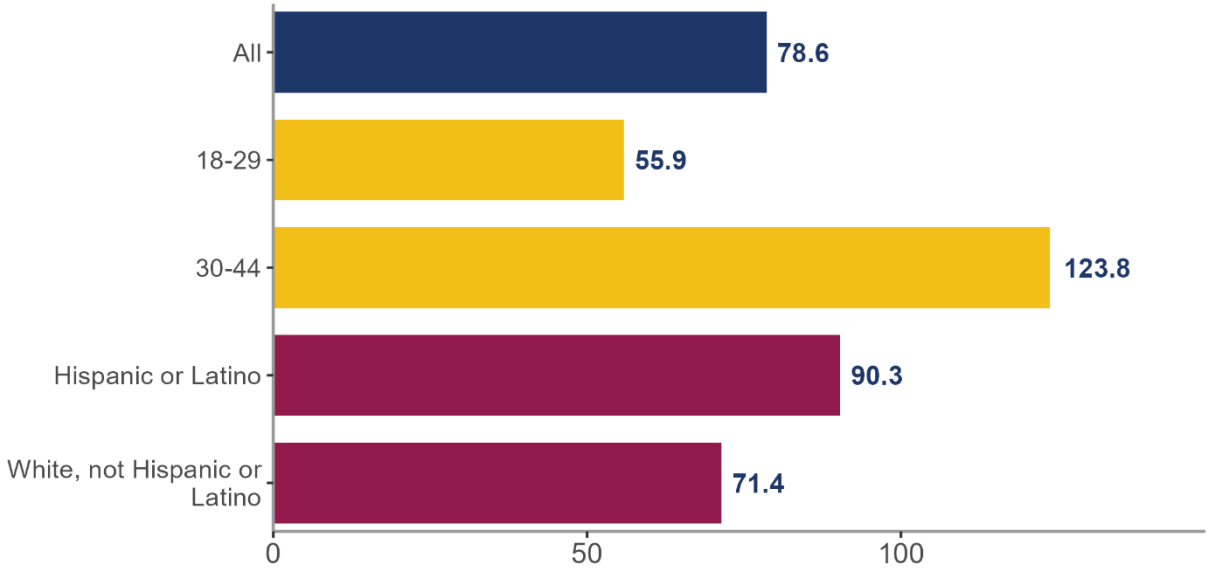
Atascosa County, Texas



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

Fig. 4C.4 Severe maternal morbidity hospital discharge 2-year average rate per 10K deliveries, by age and race/ethnicity, 2023

Atascosa County, Texas



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

Supporting Behavioral Health

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

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

Mental Health

The BRFSS survey asks adults if a doctor, nurse, or other healthcare professional has ever told them that they have a depressive disorder, including depression, major depression, dysthymia, or minor depression.[36] While this indicator is based on self-reported diagnosis history, it still offers insight into an individual's interaction with the healthcare system and their recognition of mental health needs. All prevalence rates drawn from BRFSS data should be understood to be an undercount, as for the respondent to answer "yes" to that question, they must have visited a health care professional, been assessed for that condition, been told and understood the diagnosis, remembered it weeks to decades later, and been willing to disclose it.

Overall, about four in five Atascosa County BRFSS respondents between 2017 to 2023 reported **never** having been told they had a depressive disorder, meaning that about a fifth have (**Fig. 4D.1**). Data is available for a number of groups, but as with so many estimates drawn from the BRFSS dataset, the margins of error are so wide that one cannot be sure if any true differences exist among groups.

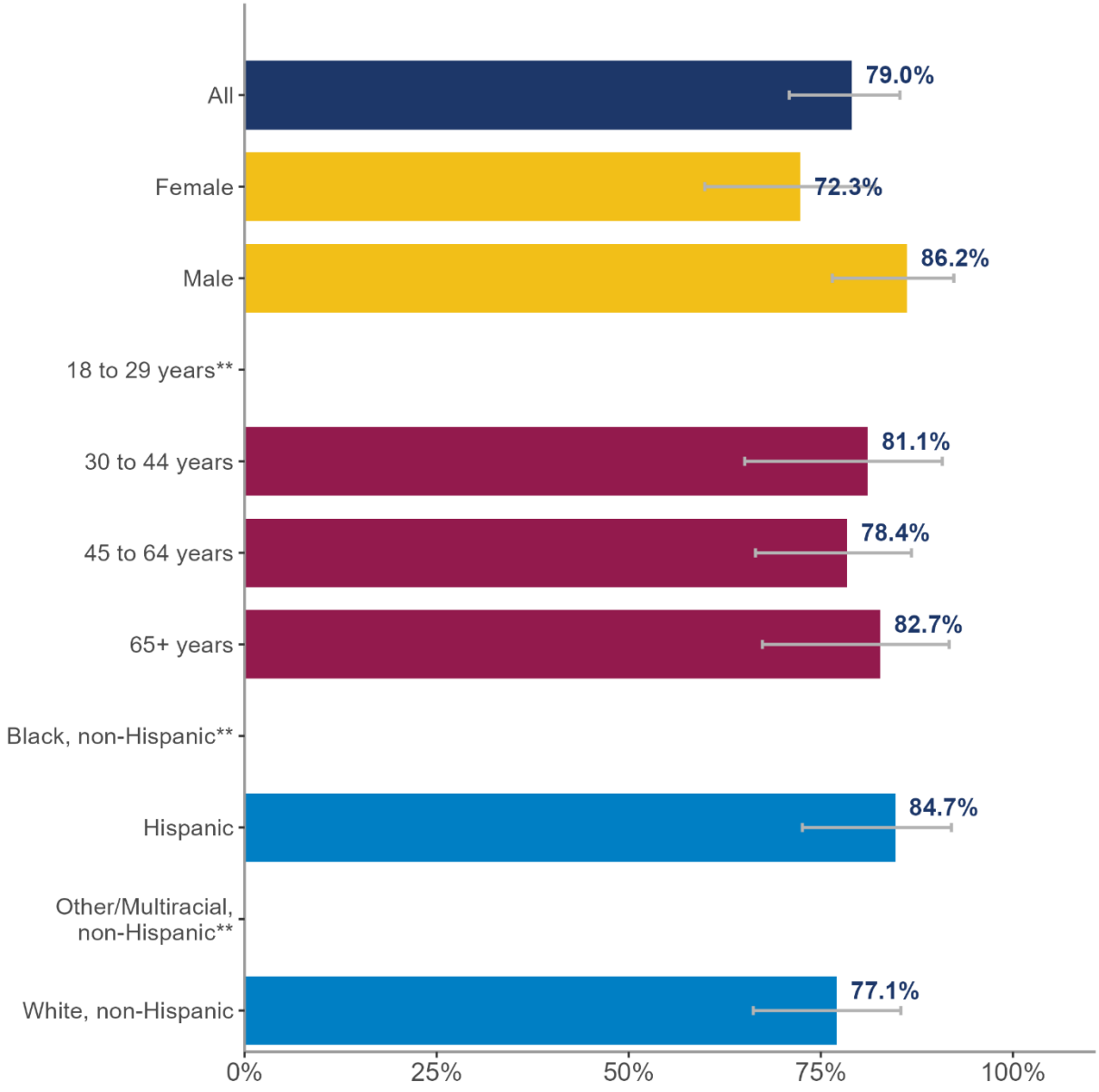
Telemedicine during the pandemic made, and continues to make, behavioral health easier,

"We did a lot of telemedicine, especially in behavioral health, and that is something that has continued. People like having their sessions virtually, instead of having to drive all the way to one of our clinics, and they have proven to be equally effective to in-person appointments. But as we have learned through our work to advance digital equity, there are still a lot of places where connectivity is an issue—even in a large city like San Antonio. So, while virtual counseling may be a remnant of the pandemic that has continued, it has underscored the need to ensure that more people are connected, especially in rural areas where access to care may be more limited."

– Jaime Wesolowski (President/CEO, Methodist Healthcare Ministries)

Fig. 4D.1 Percent of adults never told by a healthcare provider they had a depressive disorder by sex, age, and race/ethnicity, 2017-2023

Atascosa County, Texas

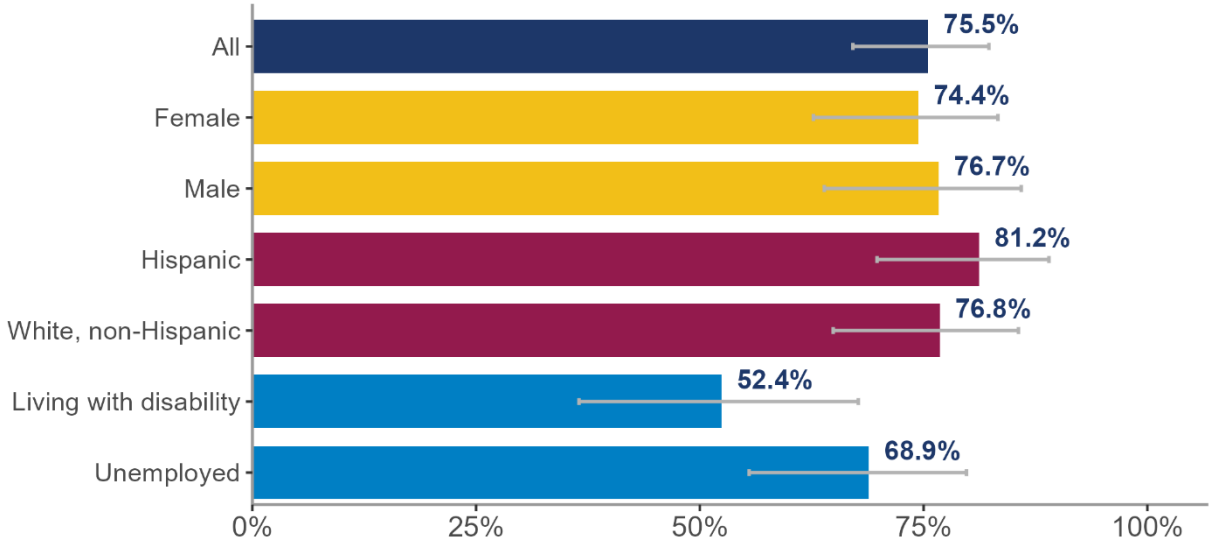


For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
**Suppressed by data source.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

The BRFSS survey asks respondents about how many days in the past 30 days their mental health was "not good", including stress, depression, and problems with emotions. Disruptions over five days can meaningfully impact functioning, overall health, and well-being. Overall, 76% of respondents between 2017 and 2023 reported fewer than five days of poor mental health based on a seven-year average between 2017-2023 (**Fig. 4D.2**). Differences should be interpreted with caution because of wide, overlapping margins of error.

Fig. 4D.2 Percent of adults reporting fewer than 5 days of poor mental health in the past 30 days, by sex and race/ethnicity, 2017-2023

Atascosa, Medina, and Wilson Counties, Texas



Values were suppressed by data source for groups not shown in chart.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

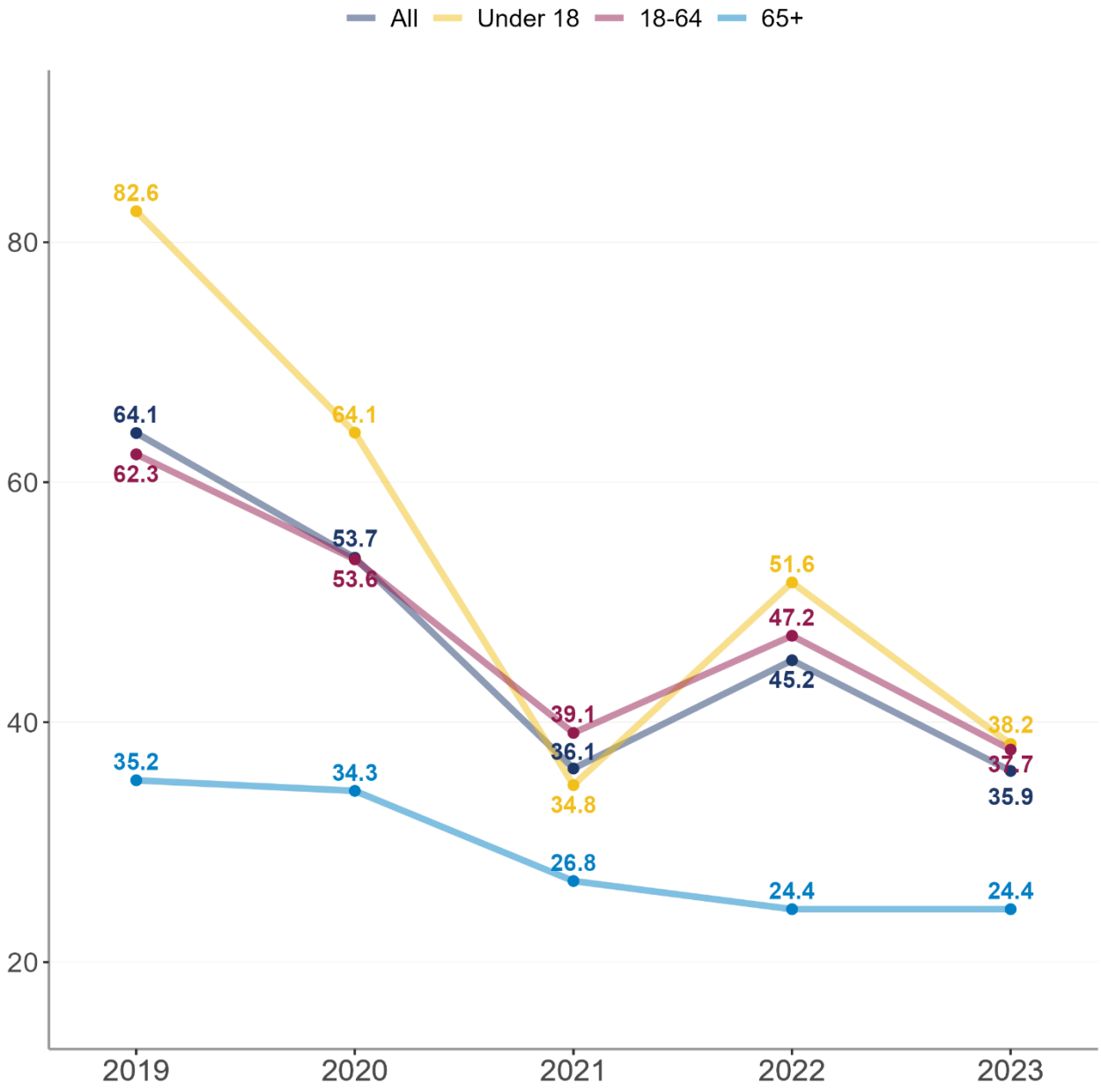
Figure 4D.3 and **4D.4** show the three-year average rate of hospital discharges with a primary diagnosis of mental illness per 10,000 Atascosa County residents. The margins of error are not shown in the charts, therefore, interpretations should be made with caution, especially for smaller groups, like American Indian or Alaska Native and "Other" race categories. To a lesser degree, the same caution applies to the rate among Black or African American Atascosa County residents.

Additionally, interpretation of the trend line must take into account pandemic-driven changes in inpatient and ED use for conditions other than COVID. We know that mental health overall did not improve during the pandemic, so the pandemic-era drop in mental illness-related hospital stays almost certainly reflects the loss of a source of care rather than a reduction in mental illness. In 2020 and 2021 many people were afraid to go to the hospital for fear of contracting COVID-19, and hospitals likely turned others away because of pandemic-related overcrowding and staffing shortages.

Overall, the countywide rate trended downward from 2017-19 to 2021-23 (**Fig. 4D.3**). It declined sharply (by about 44%) between 2017-19 and 2019-21 (from 64.1 discharges per 10,000 to 36.1). It then rebounded to 45.2 in 2020-22, before declining again to 35.9 in 2021-23. Residents under 64 generally followed this same fluctuating pattern, with children under 18 having the highest hospitalization rates in most years, except for 2019-21, when the steepest drop occurred (again, likely reflecting limited access and not a reduction in mental health needs). In contrast, residents aged 65 and over consistently had the lowest rates, reaching a five-year low of 24.4 in both 2022 and 2023.

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

Atascosa County, Texas

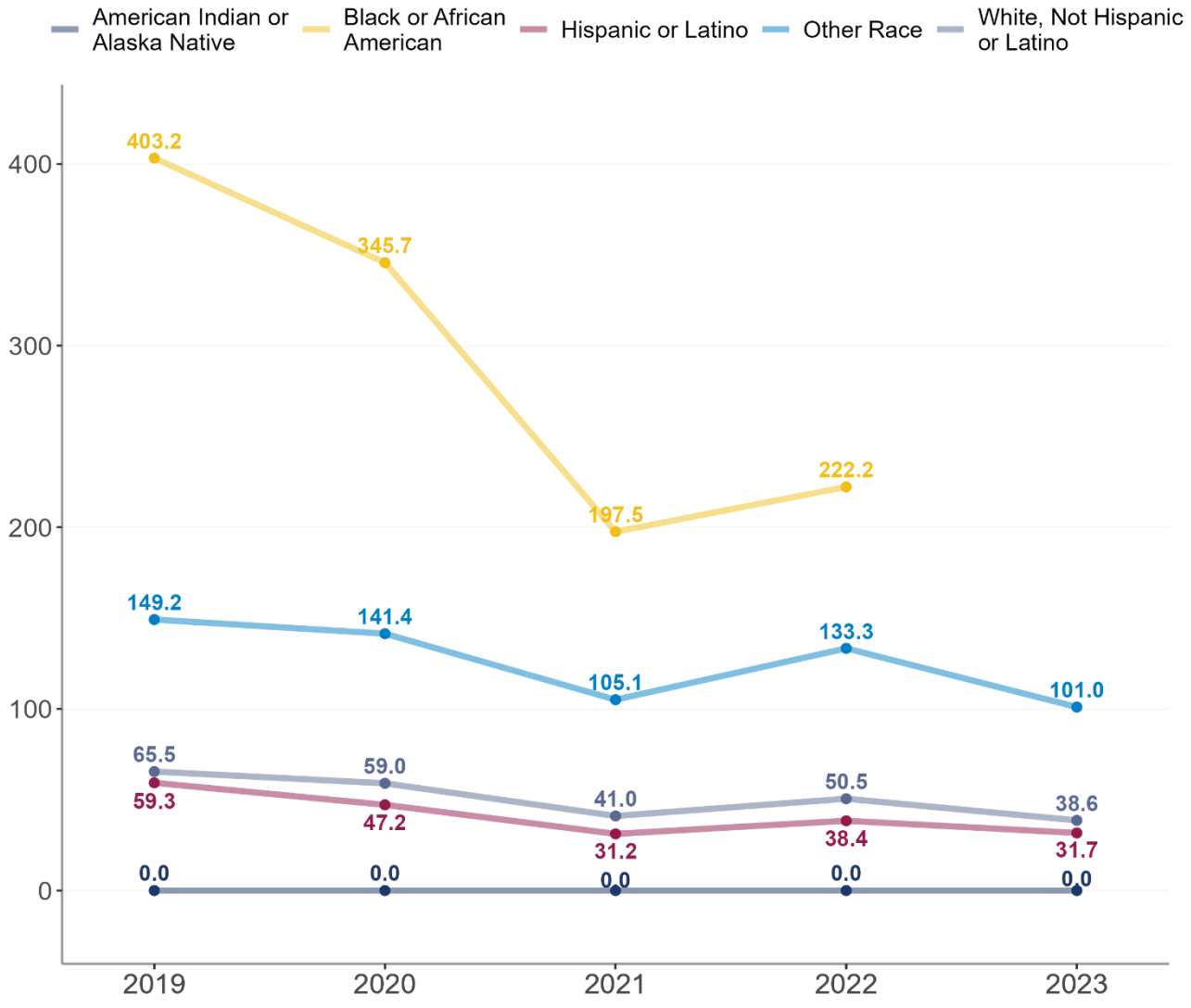


Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow for The Health Collaborative

By race/ethnicity (**Fig4D.4**), the white (non-Hispanic) rates were slightly above the countywide average while the Hispanic or Latino rates were slightly below. Both trended downward from 2017-19 to 2021-2 (from 66.5 per 100,000 to 38.6 and 59.3 to 31.7, respectively. The rates appear highest the Black or African American and Other race groups, however, because of small counts, these numbers should be interpreted with caution.

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

Atascosa County, Texas



Some values are suppressed due to low counts.
Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow for The Health Collaborative

Focus group participants acknowledged that the County has resources available for addressing immediate mental and behavioral health needs. However, they highlighted a gap in long-term support options to help them with day-to-day care. They shared that while some centers can provide short-term shelter (one to two nights) during a mental health crisis, individuals often get discharged without a clear plan or follow-up services to help maintain stability. This gap is a barrier to achieving long-term mental and behavioral wellness and recovery.

How the COVID-19 pandemic affected hospitalization and ED visits

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

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

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

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

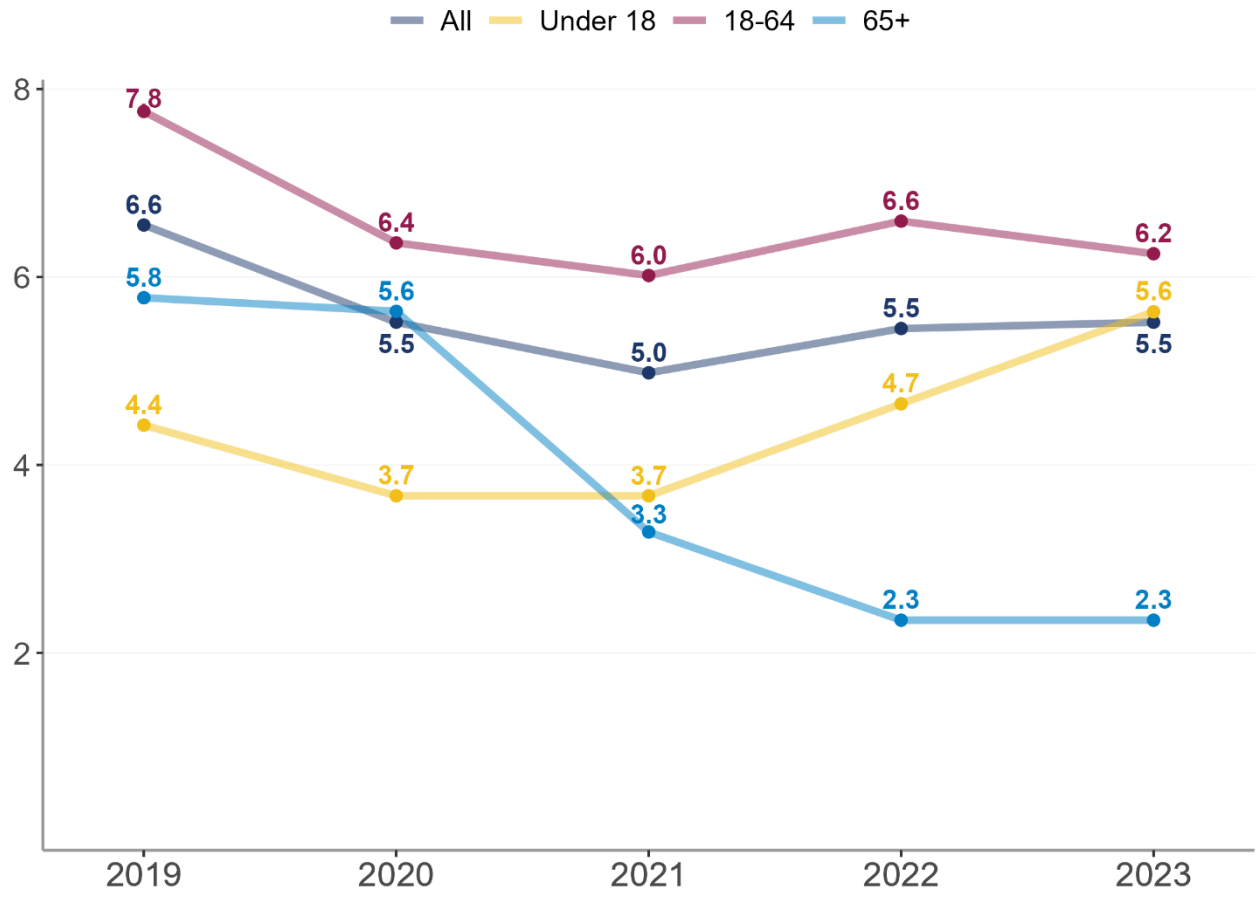
Poisoning by Drugs and Other Substances

The drug poisoning hospital discharge rate measures the number of individuals hospitalized with a primary diagnosis of **drug** poisoning, whether intentional or unintentional, for every 10,000 people (**Fig. 4D.5**). In Atascosa County, the overall rate, although relatively stable, had a general downward trend from 2017-19 to 2021-23, ranging from 5.0 to 6.6 discharges per 10,000 residents. As of 2021-23, the rate stood at 5.5.

Hospitalization rates for drug poisoning differ sharply by age group, particularly among older adults aged 65 and over and children under 18. Older adults experienced a 60% drop from a rate of 5.8 discharges per 10,000 residents in 2017-19 and stabilized at 2.3 in both 2020-22 and 2021-23, making them the least likely group to be hospitalized for drug poisoning in recent years. In contrast, children had the lowest hospitalization rates at the beginning, but by the most recent year, they had become the second-highest among all age groups. After dropping to 3.7 in both 2018-20 and 2019-21, the rate increased steeply post 2019-21, reaching 5.6 in 2021-23 (an increase of about 1.5 times).

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

Atascosa County, Texas

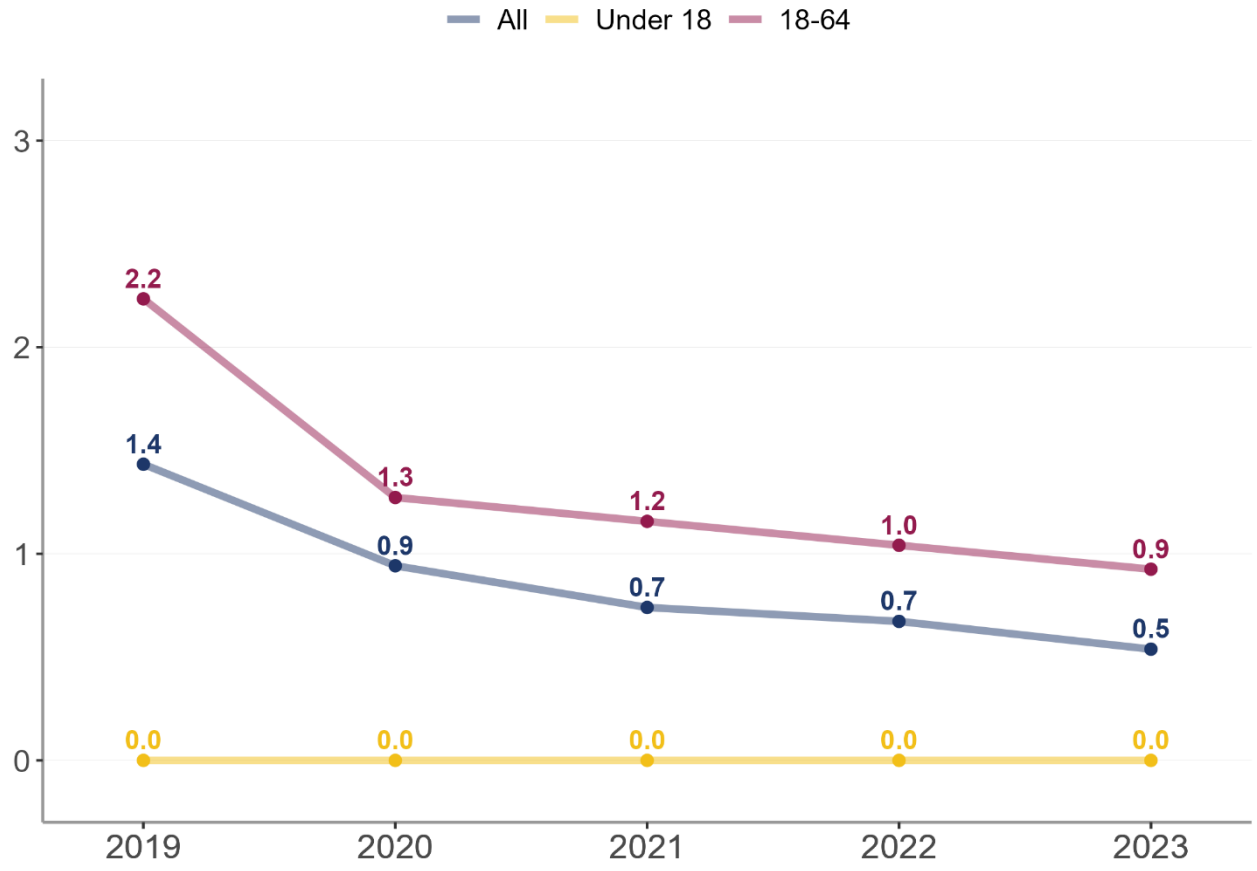


Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow for The Health Collaborative

Figure 4D.6 shows the three-year average rate of hospital discharges with a primary diagnosis of **opioid** poisoning in Atascosa County between 2017-19 and 2021-23. Overall, the rates declined almost three-fold over the period, dropping from 1.4 per 10,000 people in 2017-19 to 0.5 in 2021-23.

Fig. 4D.6 Opioid poisoning hospital discharge 3-year average rate per 10K population, by age

Atascosa County, Texas



The 65+ age group was suppressed due to low counts.
Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow for The Health Collaborative

Tracking Injuries

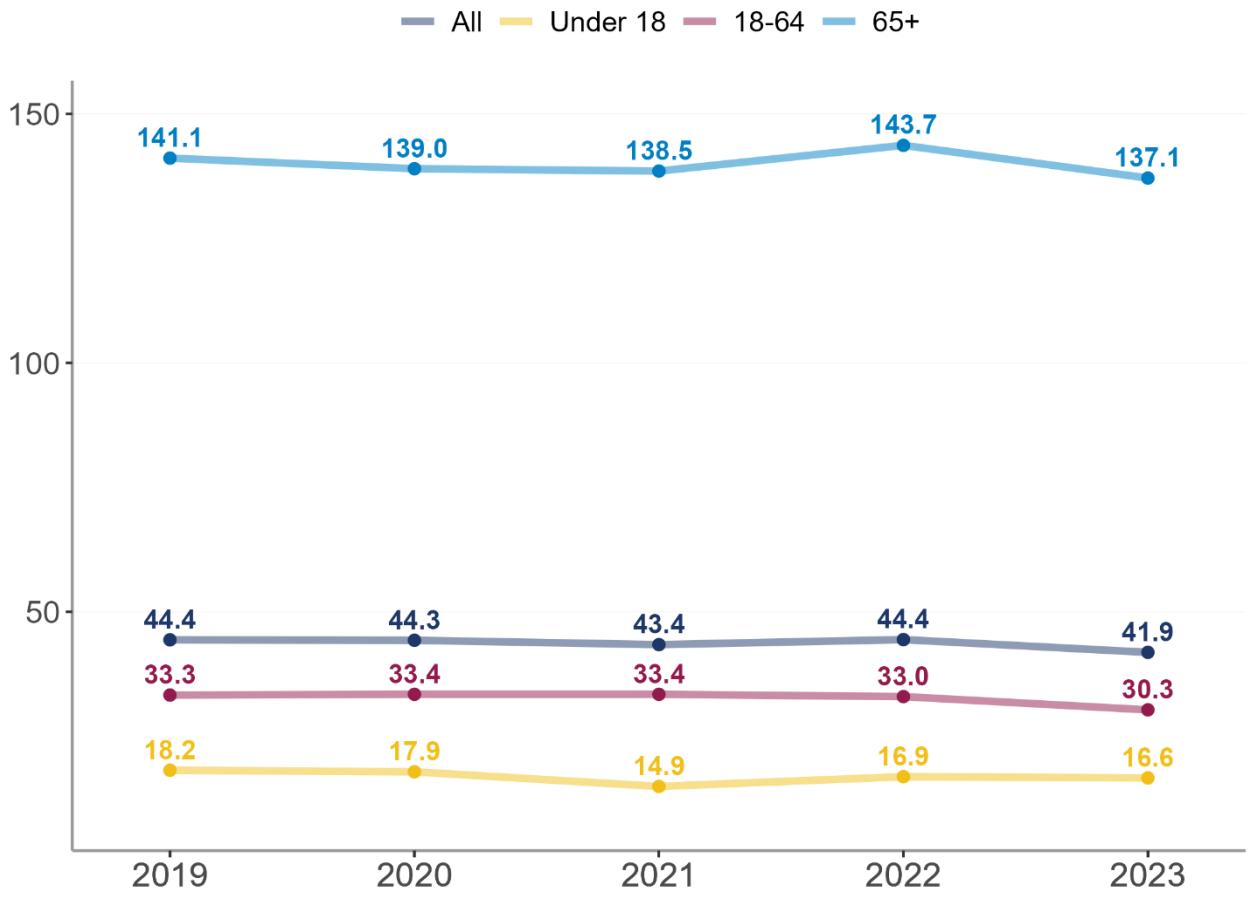
Hospital discharge and emergency department (ED) visit rates are key indicators of moderate to severe injury, including but not limited to injury due to traffic accidents, occupational accidents, assaults, burns, falls, and intentional or unintentional poisoning or overdose. High rates indicate increased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

The following four charts show hospital discharge and ED visit rates for injuries (**Fig. 4E.1** to **4E.4**). Interpretations should be made with caution, especially for smaller groups. As noted earlier in the report, low numbers can also create "bounce" in rates that exaggerate the true differences, which is likely the case here for the "other" and American Indian or Alaska Native race/ethnicity groups. To a lesser degree, the same caution applies to the rate among Black or African American Atascosa County residents.

Atascosa County's overall hospitalization rate with a primary diagnosis of injury remained stable between 2017-19 and 2021-23, averaging about 44 discharges per 10,000 residents and reaching a five-year low of 41.9 in the most recent year (**Fig. 4E.1**). Rates not only increase with increasing age group, but they are by far the highest among older adults (aged 65 and over), over three times the countywide average year after year.

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

Atascosa County, Texas

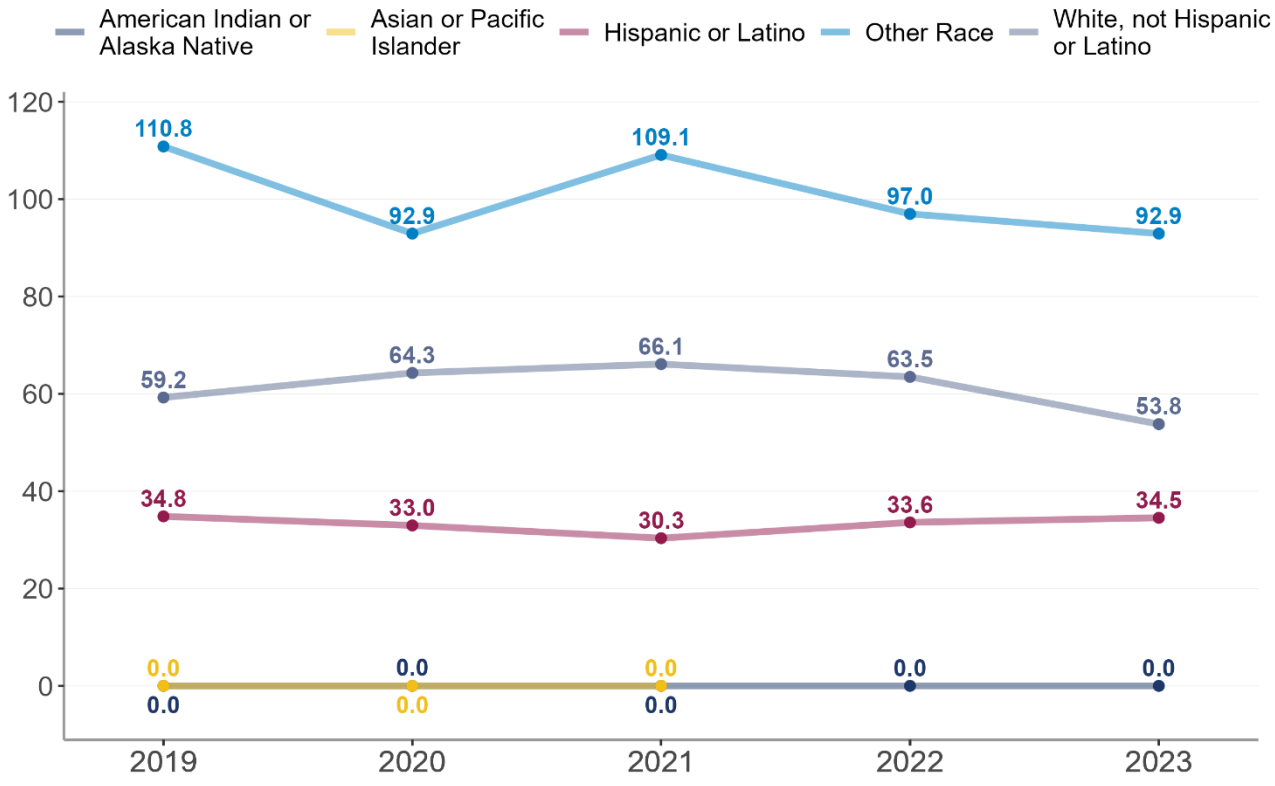


Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow for The Health Collaborative

By race/ethnicity, the injury hospital discharge rate appeared high for white (non-Hispanic) residents, with rates remaining slightly higher than the countywide average (**Fig. 4E.2**). The rate for residents identifying as "Other race" was also higher than the countywide average. However, because of small counts, those numbers should be interpreted with caution. Hispanic or Latino residents had more stable rates over the period, ranging from 30.3 to 34.8 discharges per 10,000, and remaining below the countywide average across all years.

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

Atascosa County, Texas

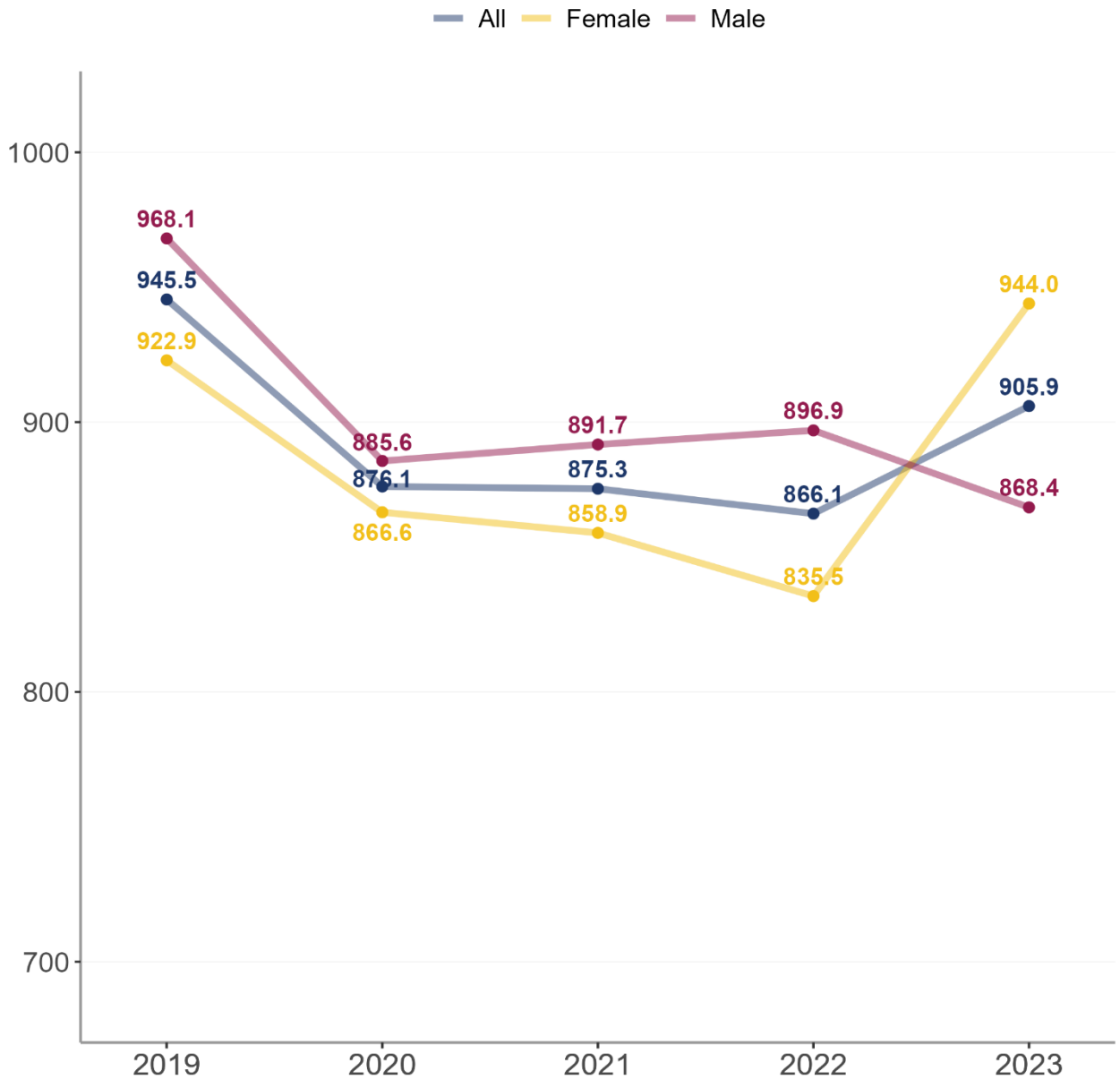


Some values are suppressed due to low counts.
Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow for The Health Collaborative

The three-year average rate for injury-related ED visits declined when COVID-19 hit, with rates dropping for both sexes in Atascosa County in 2018-20 (**Fig. 4E.3**). Even though rates for men initially exceeded those for women, the trends began to diverge after the initial drop: male rates started to rise while female rates continued to decline. However, this pattern reversed in 2021-23; male rates fell to their lowest point in five years, while female rates spiked to a five-year high. This resulted in a wider gap between male and female rates, and driving the countywide average for 2021-23 to 905.9 discharges per 10,000 residents.

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

Atascosa County, Texas

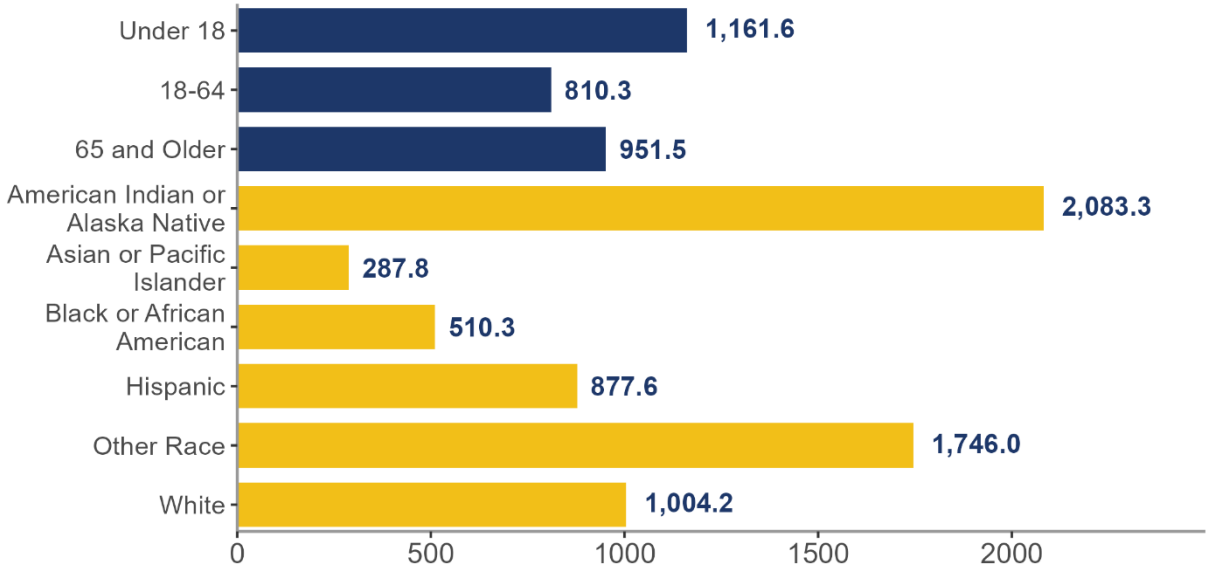


For the "All" and sex categories, the cases with missing sex information were removed from analyses.
Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow for The Health Collaborative

By age (**Fig. 4E.4**), injury ED visits were higher than the countywide average for children under 18 (1,161.6) and adults over 65 (951.5). The difference between the under-18 population and the 65-and-over population in injury ED visits is much smaller than the difference in injury hospital discharges (shown in a previous figure), likely indicating that on the whole, injury is much more dangerous for older people than for young people. By race/ethnicity (**Fig. 4E.5**), among the larger groups the white (non-Hispanic) rates were slightly above the countywide average while the Hispanic or Latino rates were slightly below (1,004.2 per 10,000 versus 877.6).

Fig. 4E.4 Injury emergency department visit 3-year average rate per 10K population, by age and race/ethnicity, 2023

Atascosa County, Texas



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

Fighting Infections & Preventing Outbreaks

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

COVID-19

Hospitalization is a good indicator of severe COVID-19 illness and risk of death. Overall, the 2021-23 three-year average for COVID-19 hospital discharges in Atascosa County was 28.8 discharges per 10,000 people (**Fig. 4F.1**). Adults aged 65 and over experienced far higher rates – 3 times the county rate and 3.7 times the rate in the 18 to 64 age group.

Looking at rates by race/ethnicity (**Fig. 4F.2**), the rate appears extremely high in the "other race" group, but that figure may be misleading because the numbers are likely quite small in that population group. Larger populations and hospital discharge counts make the rates for Hispanic and white Atascosa County residents much more trustworthy, and the rate among white residents (32.8 per 10,000 people) is 33% higher than the rate among Hispanic residents (24.7).

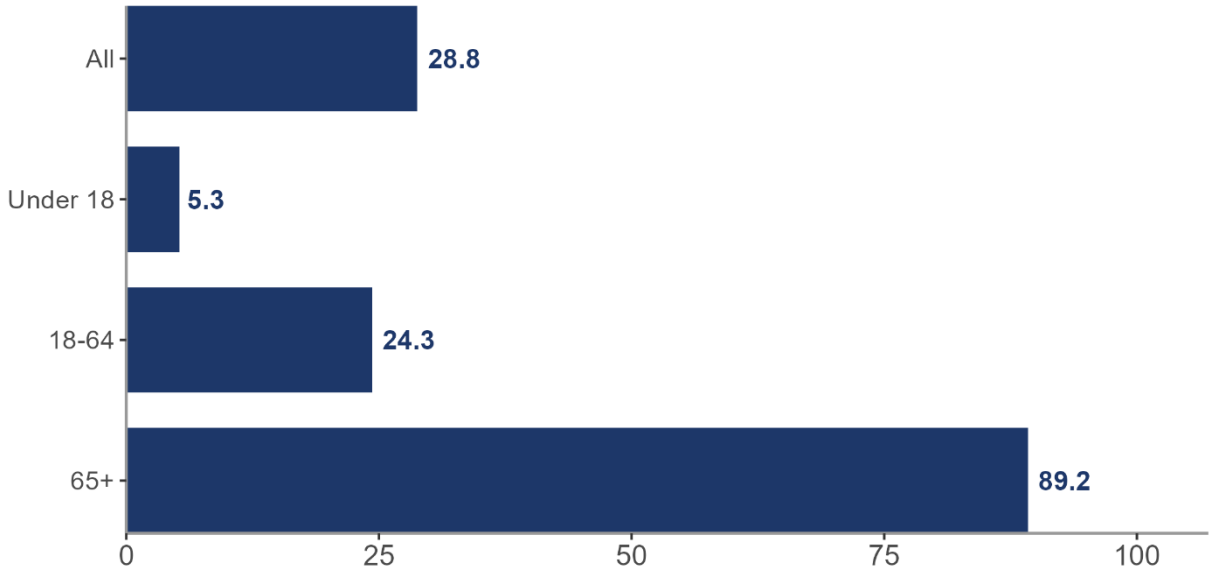
Participants had mixed feelings to how the COVID-19 pandemic accelerated the use of technology for remote school, work, telehealth, and social media. While they acknowledged that technology helps address transportation and access barriers, this is limited in areas with unreliable internet. In terms of socialization, technology helped many organizations stay connected and adapted during the crisis, but participants also felt that social media, in particular, contributed to worsening youth mental health and increased exposure to cyberbullying.

"[The] pandemic helped us be able to have virtual things, helped us because people got their virtual stuff up and running. Yeah, virtual and mental health. The crisis was so bad that they had to pivot. A lot of the organizations that have come together very strongly have been post-pandemic. They were connected before, but post pandemic they really like shined the light on everything."

– Atascosa County Focus Group Participant

Fig. 4F.1 COVID-19 hospital discharge 3-year average rate per 10K population, by age, 2023

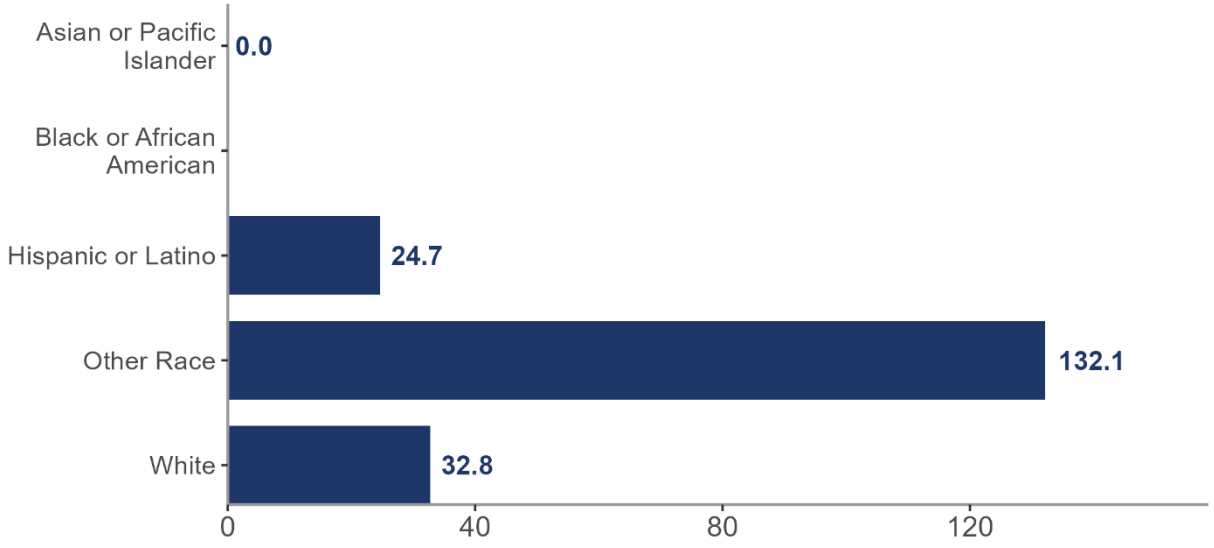
Atascosa County, Texas



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

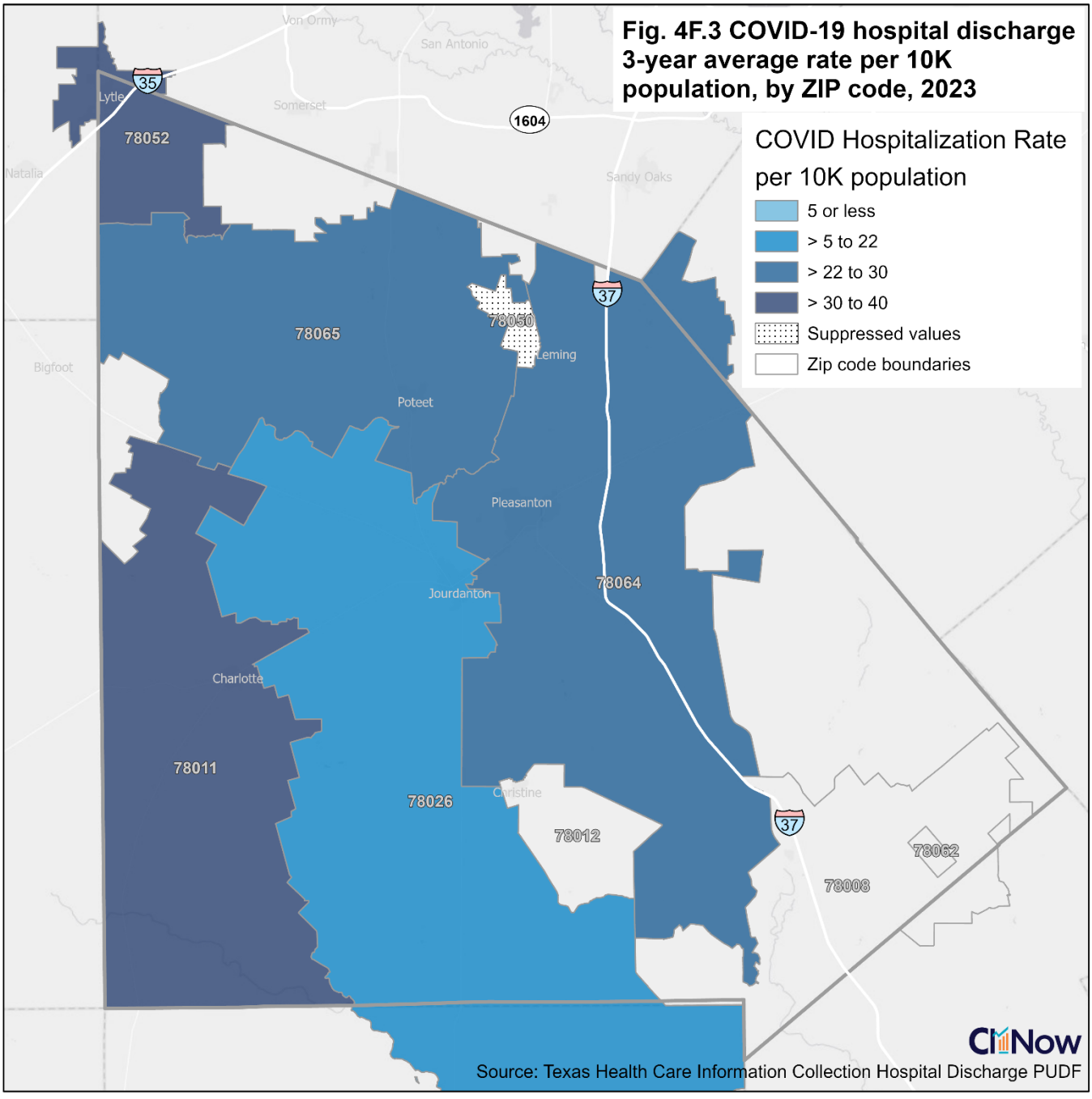
Fig. 4F.2 COVID-19 hospital discharge 3-year average rate per 10K population, by race/ethnicity, 2023

Atascosa County, Texas



Some values are suppressed due to low counts.
Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow for The Health Collaborative

Figure 4F.3 shows the distribution of Atascosa County hospital discharges with a primary diagnosis of COVID-19 in 2023. The ZIP codes with rates greater than 30 per 10,000 residents were 78052 (by Lytle) and 78011 (on the lower left corner of the county). The ZIP code with the lowest rate was 78026, which encompasses Jourdanton.

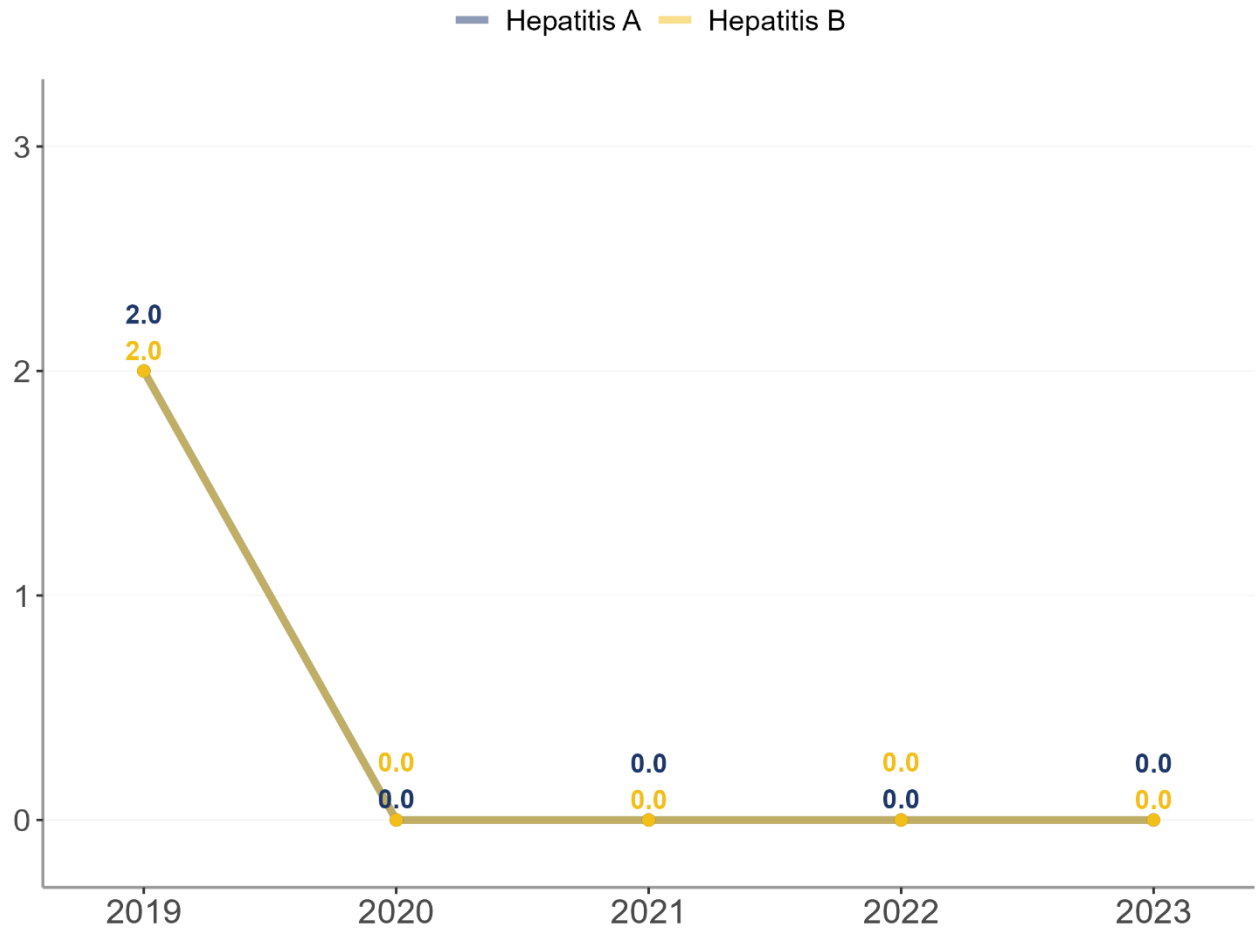


Hepatitis A and Hepatitis B

Hepatitis A is transmitted through the fecal-oral route, while hepatitis B is transmitted through blood or sexual contact, but both are vaccine-preventable and affect vulnerable populations. People who use or inject drugs have an increased risk of contracting viral hepatitis, including both A and B, and individuals experiencing homelessness are especially vulnerable to hepatitis A due to challenges in sanitation and hygiene.[37,38] **Figure 4F.4** shows incidence rates – number of new cases diagnosed per year – for acute hepatitis A and acute hepatitis B per 100,000 Atascosa County residents over the five-year period from 2019 to 2023. Except for hepatitis A in 2019, no new cases of either illness were diagnosed during the period.

Fig. 4F.4 Hepatitis A and hepatitis B incidence rate per 100K population

Atascosa County, Texas



Source: Texas Department of State Health Services
Prepared by CINow for The Health Collaborative

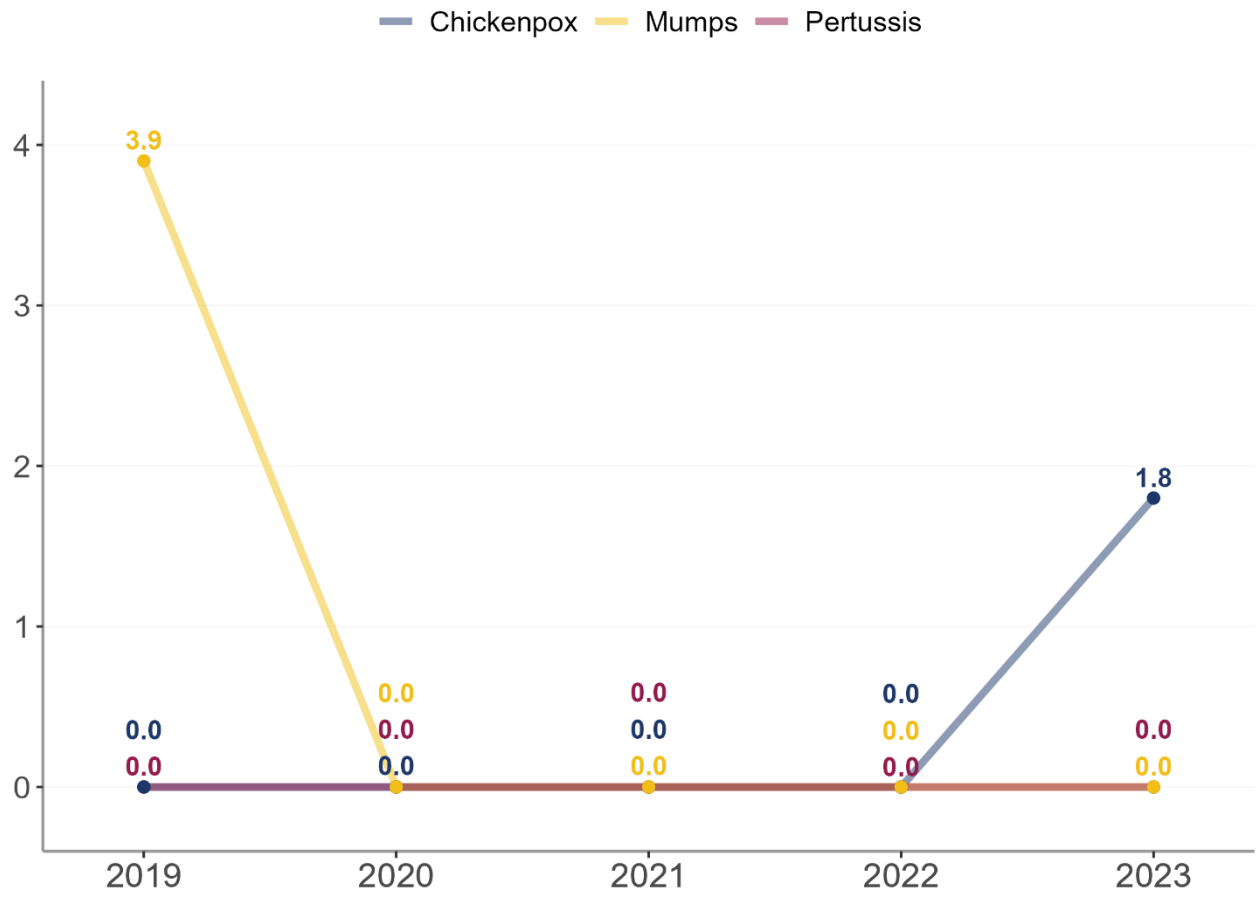
Mumps, Whooping Cough, and Chickenpox

Chickenpox (varicella), mumps, and whooping cough (pertussis) are highly contagious infections that can lead to serious complications and spread easily in group settings like schools and shelters.

In Atascosa County, the incidence rates for mumps, pertussis (whooping cough), and varicella (chickenpox) mostly remained at or near zero cases per 100,000 residents, with a couple of isolated increases. In 2019, the rate of whooping cough started at 3.9 before stabilizing at zero in subsequent years. Infants under the age of one are at the greatest risk of getting whooping cough and having severe complications from it.[39]. On the other hand, chickenpox maintained a stable rate of zero until 2023, and rose to 1.8 (**Fig. 4F.5**). It is unclear whether the consistently low rates are partially due to the onset of COVID-19 and related mitigation efforts such as remote school and temporary child care closures, that reduced in-person interactions where certain illnesses can spread more easily.

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

Atascosa County, Texas



Source: Texas Department of State Health Services
Prepared by CINow for The Health Collaborative

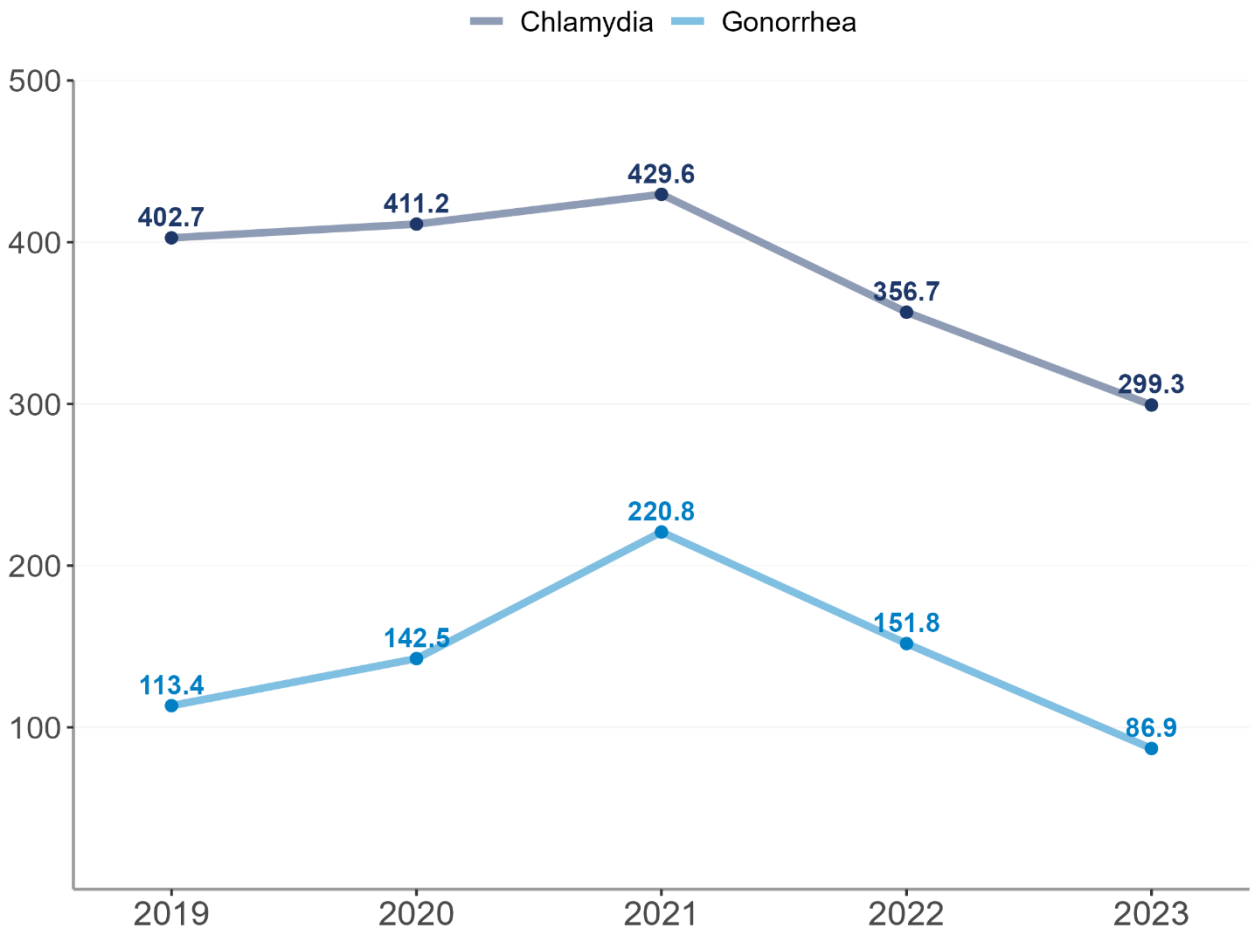
Chlamydia and Gonorrhea

Chlamydia and gonorrhea are common sexually transmitted infections (STIs). While many people with these infections do not experience symptoms, if left untreated, they can lead to serious health problems and can continue to spread unknowingly.[40] Throughout the five-year period from 2019 to 2023, incidence rates per 100,000 Atascosa County residents followed a similar pattern for both infections, with chlamydia cases consistently outnumbering gonorrhea cases (**Fig. 4F.6**). Both rates increased through 2021 before decreasing through 2023.

However, gonorrhea rates fluctuated more, nearly doubling in 2021 and falling to 86.9 per 100,000 in 2023 (just below the 2019 rate of 113.4, the next lowest point during the period). In contrast, chlamydia rates increased only modestly in 2021 (by about 7%), but then declined more sharply, falling by about 30% to 299.3 in 2023.

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

Atascosa County, Texas



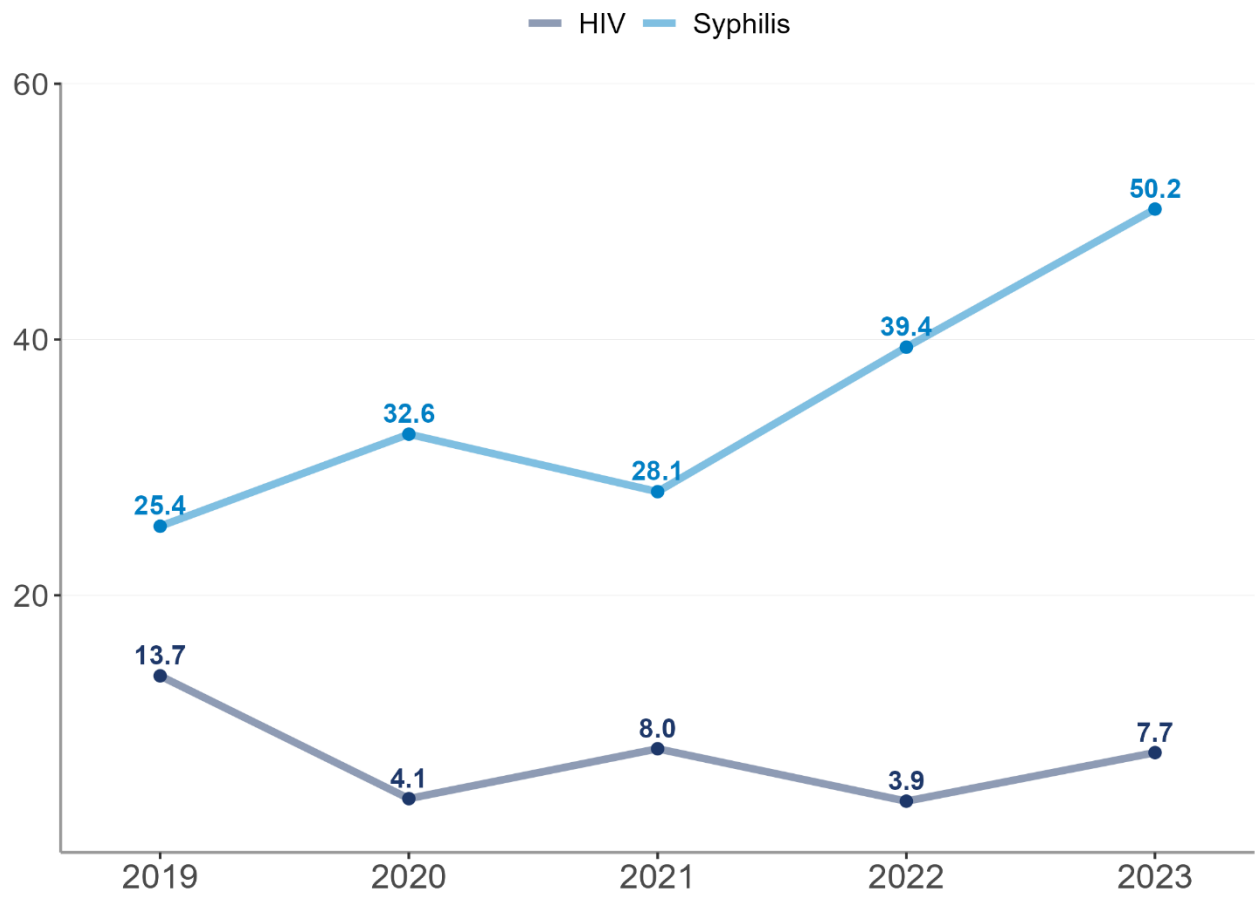
Source: Texas Department of State Health Services
Prepared by CINow for The Health Collaborative

HIV and Early Latent Syphilis

Both HIV and early latent syphilis are STIs that can also be transmitted from mother to child during pregnancy or childbirth. These infections disproportionately affect certain populations due to sexual behaviors, barriers to healthcare access, and broader social factors like poverty, stigma, and discrimination.[41] From 2019-2023, HIV incidences generally decreased, by almost half, from 13.7 per 100,000 in 2019 to 7.7 in 2023 (**Fig. 4F.7**). In contrast, syphilis incidences increased by almost double from 25.4 per 100,000 in 2019 to 50.2 in 2023.

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

Atascosa County, Texas



Source: Texas Department of State Health Services
Prepared by CINow for The Health Collaborative

Chronic Illness and Cancer

Heart disease and cancer are the leading causes of death nationally and locally[42]. These conditions often share common risk factors, like poor nutrition and chronic stress. Early detection plays a critical role, not only in reducing the risk of severe complications but in timely intervention and effective, long-term management. Understanding their prevalence helps highlight the burden of chronic disease in the community.

Key informants discussed how one way or another, residents need better access to a steady, sustainable, thriving income, as well as financial literacy (or the knowledge of how to maintain it).

"Poverty is a serious influencing factor to health. People have a very difficult time focusing on wellness if they can barely afford the food, products, and services they need to maintain their own health. That's where so many families are—even if they are employed, many are living paycheck- to paycheck for just the bare necessities. Being able to afford health insurance, paying for prescriptions or hospital services is difficult when buying food or paying the rent is a challenge. Poverty is a significant determinant of one's health."

– Jaime Wesolowski, Methodist Healthcare Ministries

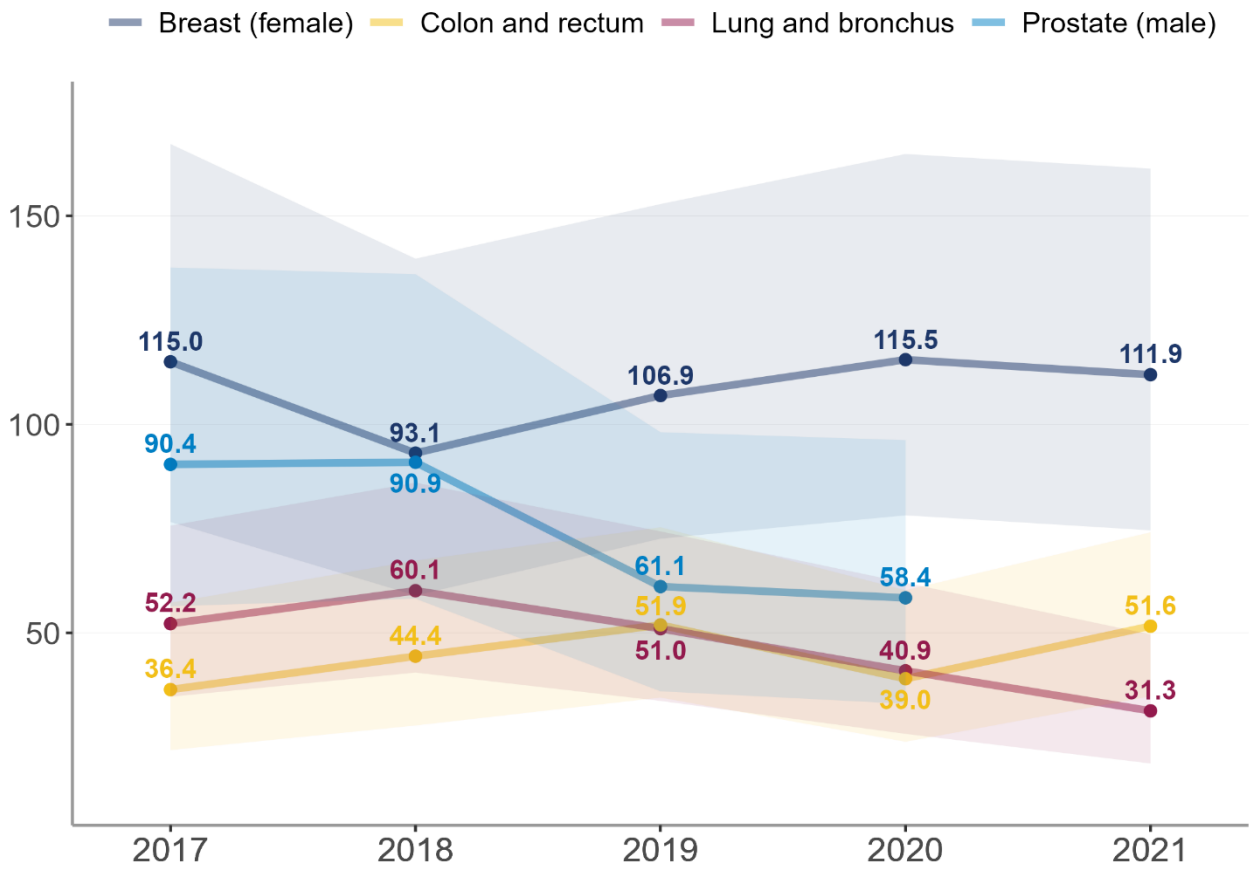
Cancer

Figure 4G.1 shows the age-adjusted incidence rates per 100,000 Atascosa County residents for the most common invasive cancers, listed by cancer site, from 2017 to 2021. Margins of error are shown as shaded areas in the chart, and overlapping confidence intervals in the data indicate that most year-to-year changes are not statistically significant. That said, any decreases during the COVID-19 pandemic are likely due to delays in detection and diagnosis, rather than actual reductions in cancer incidence.

Across the five-year period, breast cancer in females consistently showed the highest incidence rate among the four cancer sites, with a rate of 111.0 per 100,000 residents in 2021. While its margins of error overlapped slightly with those of prostate cancer in males, the rate was still significantly higher than those for colon and rectum or lung and bronchus cancers. The latter two showed the lowest incidence rates, but they had almost a full margin of error overlap, suggesting no statistically significant difference between them.

Fig. 4G.1 Age-adjusted invasive cancer incidence rate per 100K population, by cancer site

Atascosa County, Texas



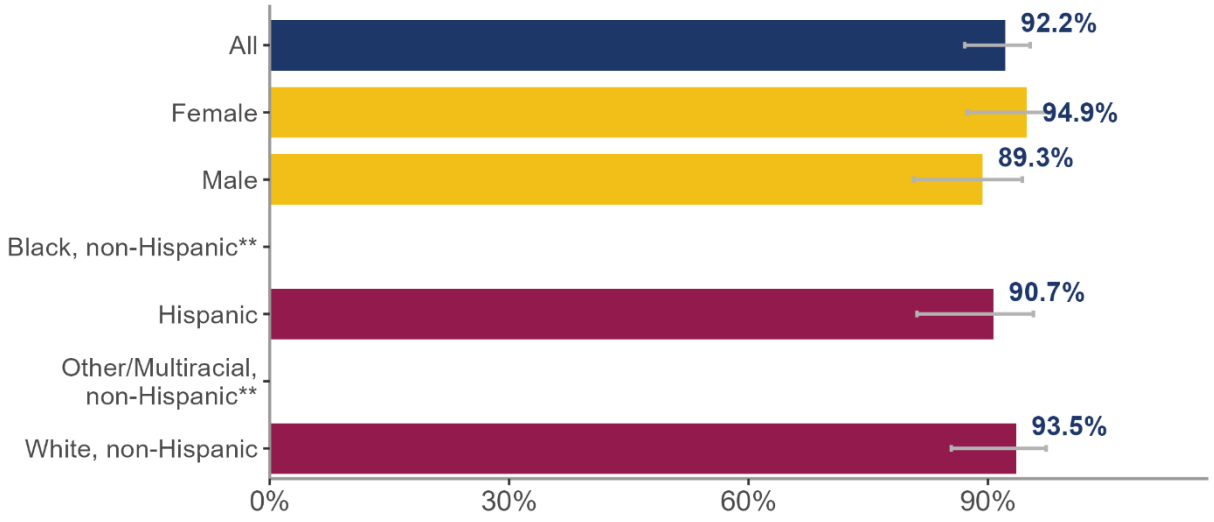
Missing values indicate data suppression, due to less than 16 cases being reported.
Source: Texas Cancer Registry
Prepared by CINow for The Health Collaborative

Heart Disease

The BRFSS survey asks respondents if a doctor, nurse, or other health professional ever told them they have angina or coronary heart disease.[43] Overall, only about one in 13 (8%) Atascosa County respondents between 2017 and 2023 reported being diagnosed with heart disease (**Fig. 4G.2**). Though figures by sex and race/ethnicity are shown, differences are uncertain due to the wide and overlapping margins of error.

Fig. 4G.2 Percent of adults never told by a healthcare provider they had heart disease, by sex and race/ethnicity, 2017-2023

Atascosa County, Texas



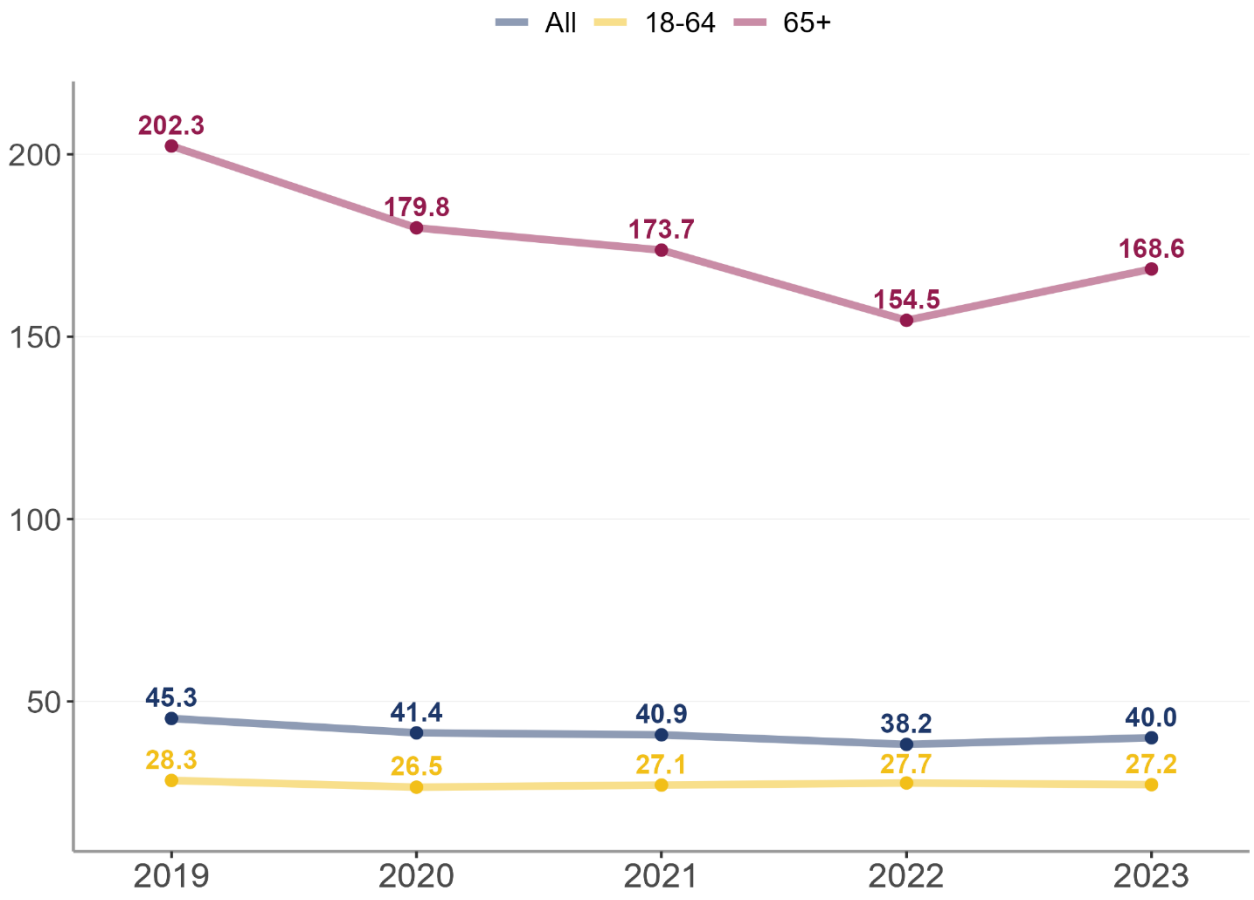
For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
**Suppressed by data source.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

Hypertension

Hypertension hospital discharge rates, shown as three-year averages per 10,000 Atascosa County residents, remained relatively stable from 2017-19 to 2021-23, with a most recent estimate of 40 discharges per 10,000 residents (**Fig. 4G.3**). By age (**Fig. 4G.4**), hypertension discharges were consistently higher for older adults (aged 65 and older). In fact, their rates fluctuated more, generally decreasing across the period—the most recent estimate (168.6) was 17% lower than the five-year high for that age group but over four times higher than the countywide average. By race/ethnicity (**Fig. 4G.5**), the white (non-Hispanic) rates were slightly above the countywide average, while the Hispanic or Latino rates were slightly below.

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

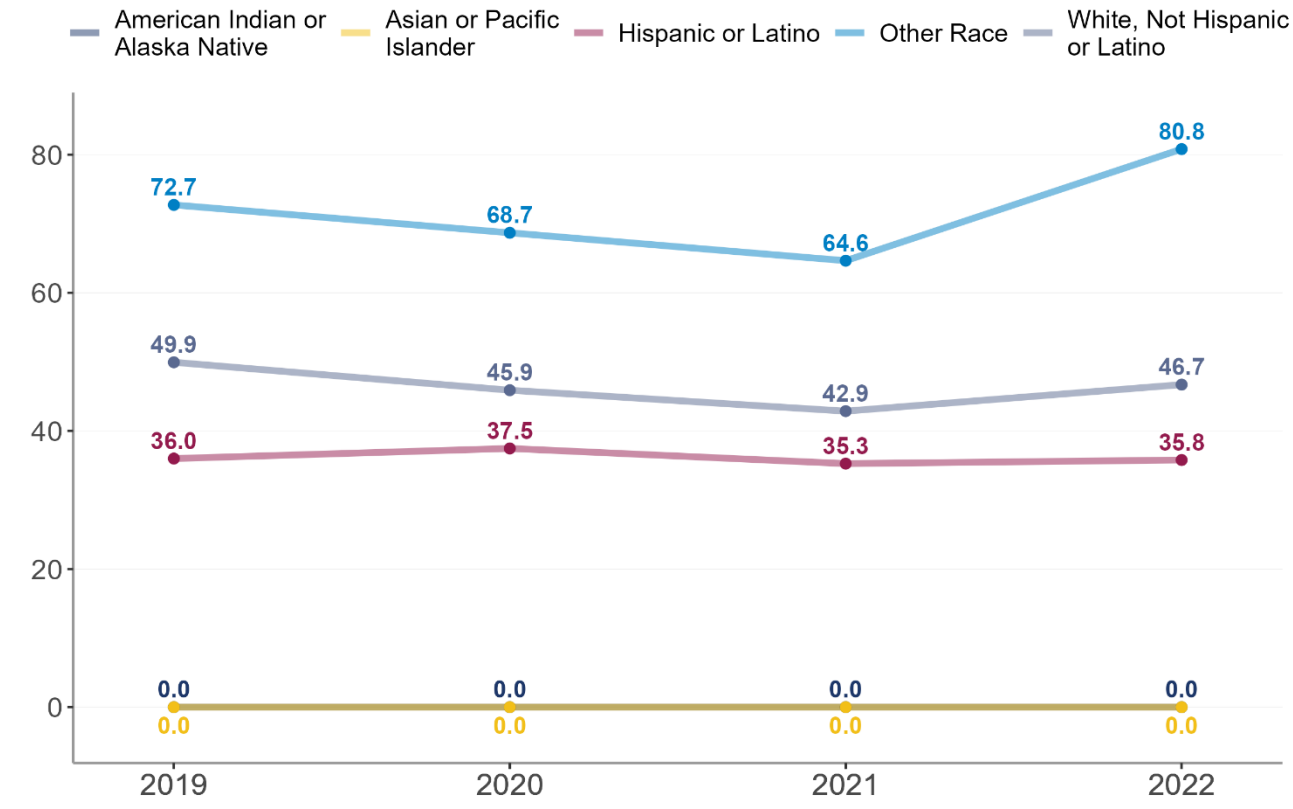
Atascosa County, Texas



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

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

Atascosa County, Texas



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

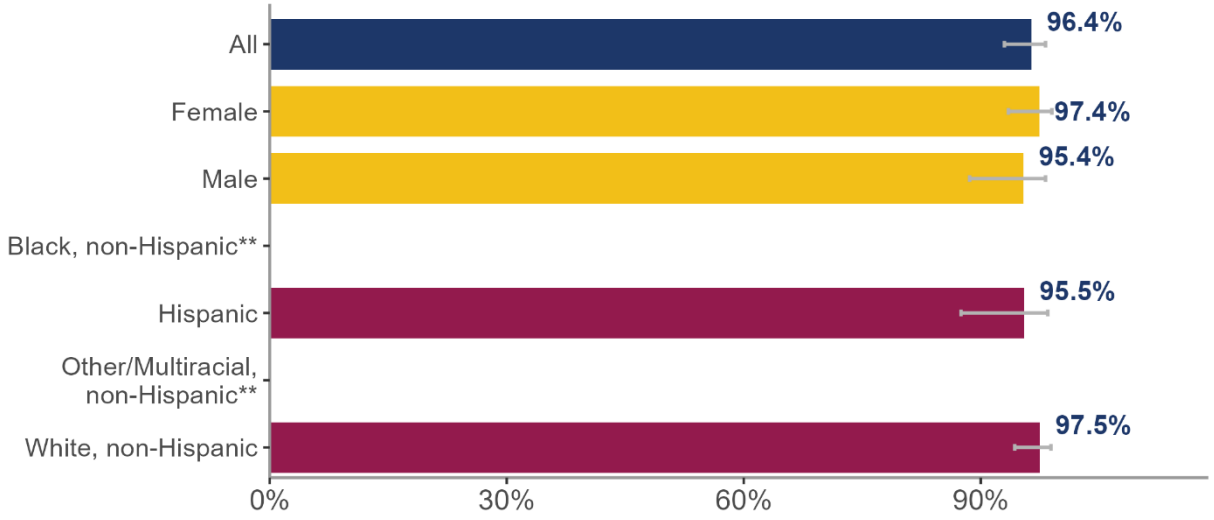
Cerebrovascular Disease

The BRFSS survey asks respondents if a doctor, nurse, or other health professional ever told them they had a stroke.[44] Overall, about 96% of Atascosa County respondents between 2017 and 2023 reported **never** having been told they had a stroke (**Fig. 4G.5**), indicating that at least 4% have. Though figures by sex and race/ethnicity are shown, differences are uncertain due to the wide and overlapping margins of error.

Cerebrovascular disease, or stroke, hospital discharge rates, shown as three-year averages per 10,000 Atascosa County's residents, remained relatively stable, between 2017-19 and 2021-23 (**Fig. 4G.6**). By age (**Fig. 4G.6**), stroke discharges were consistently higher for older adults (aged 65 and older). While the rates generally decreased across the period, the most recent estimate (126.8) was only about 8% lower than the five-year high for that age group and over four times higher than the countywide average. By race/ethnicity (**Fig. 4G.7**), the white (non-Hispanic) rates were slightly above the countywide average, while the Hispanic or Latino rates were slightly below.

Fig. 4G.5 Percent of adults never told by a healthcare provider that they had a stroke, by sex and race/ethnicity, 2017-2023

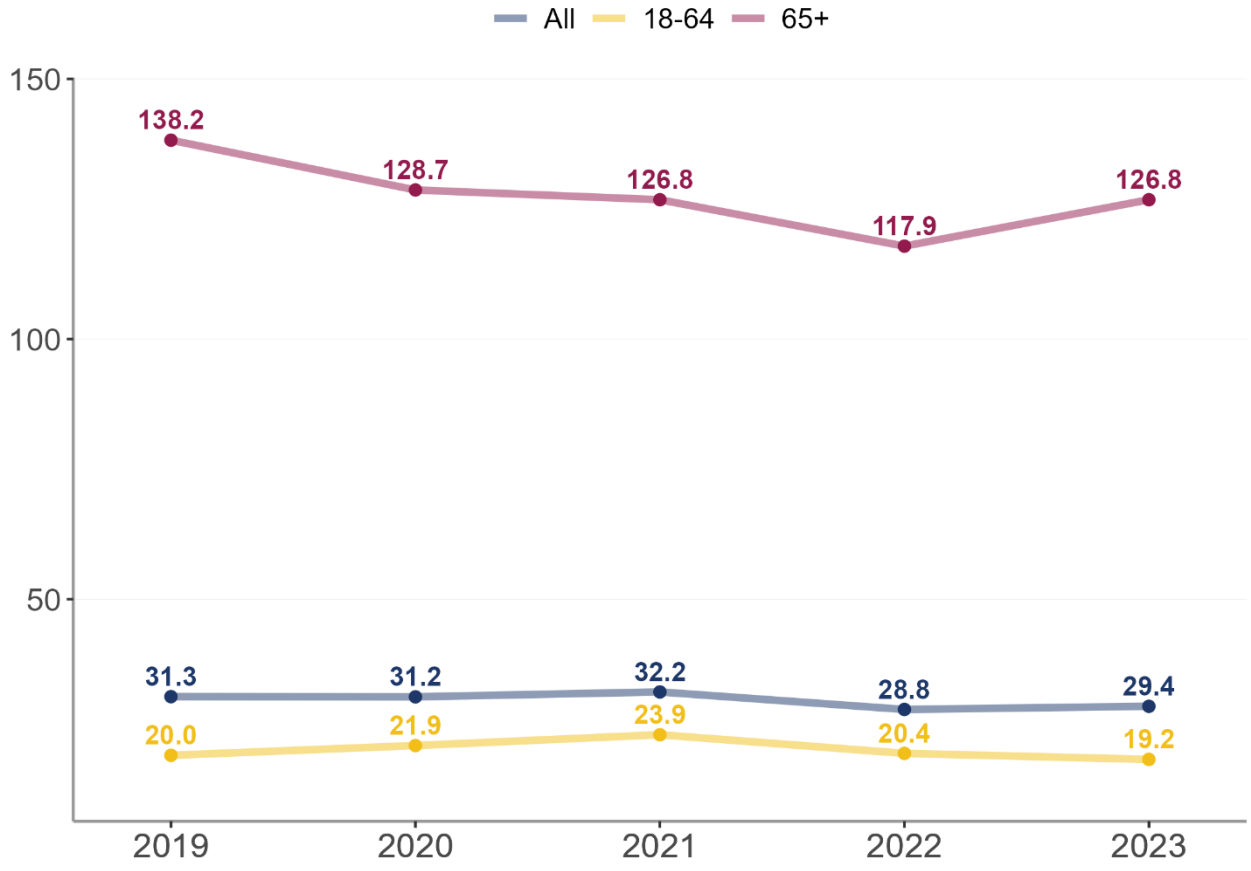
Atascosa County, Texas



For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
**Suppressed by data source.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

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

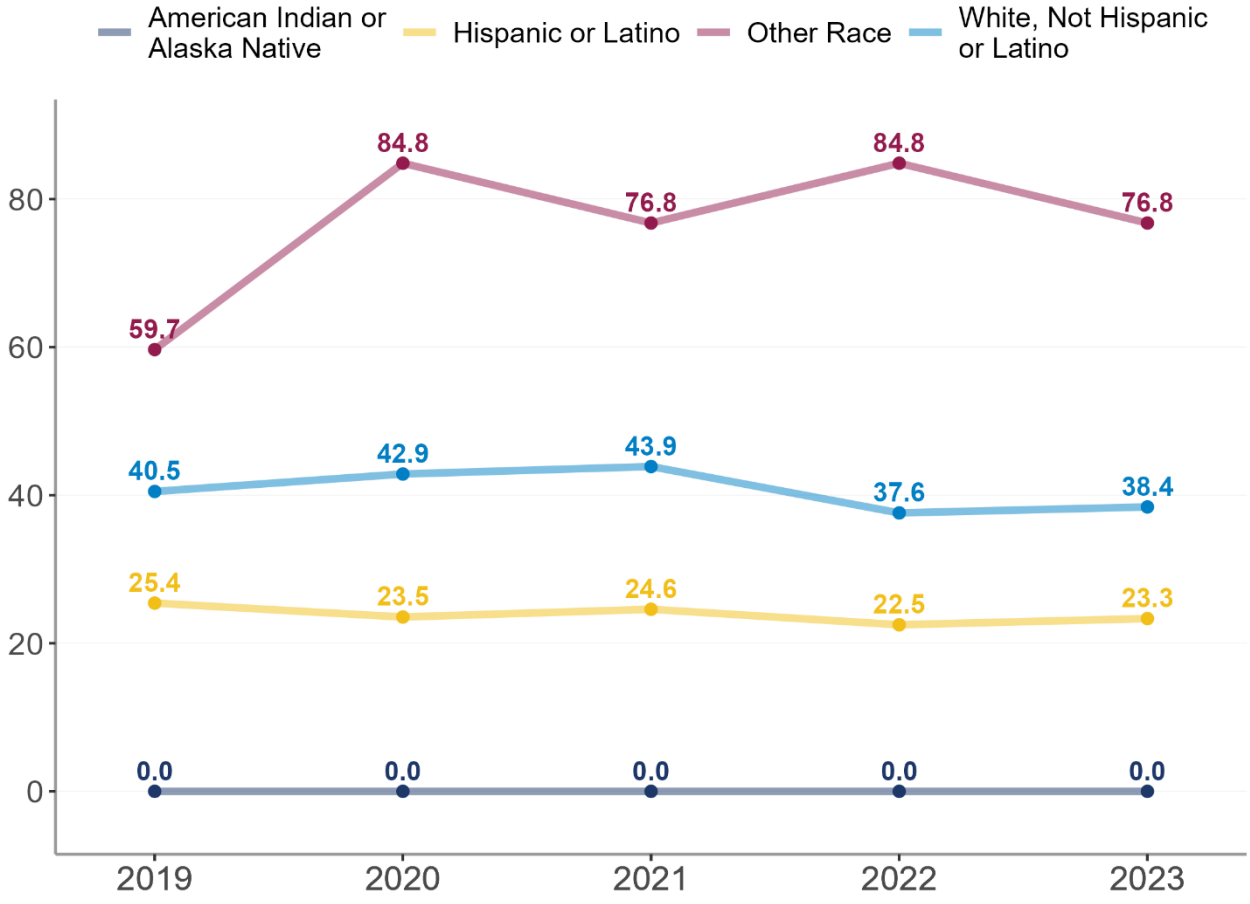
Atascosa County, Texas



The under 18 age group is suppressed due to low counts.
Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow for The Health Collaborative

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

Atascosa County, Texas



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

Other Long-Term Health Conditions

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

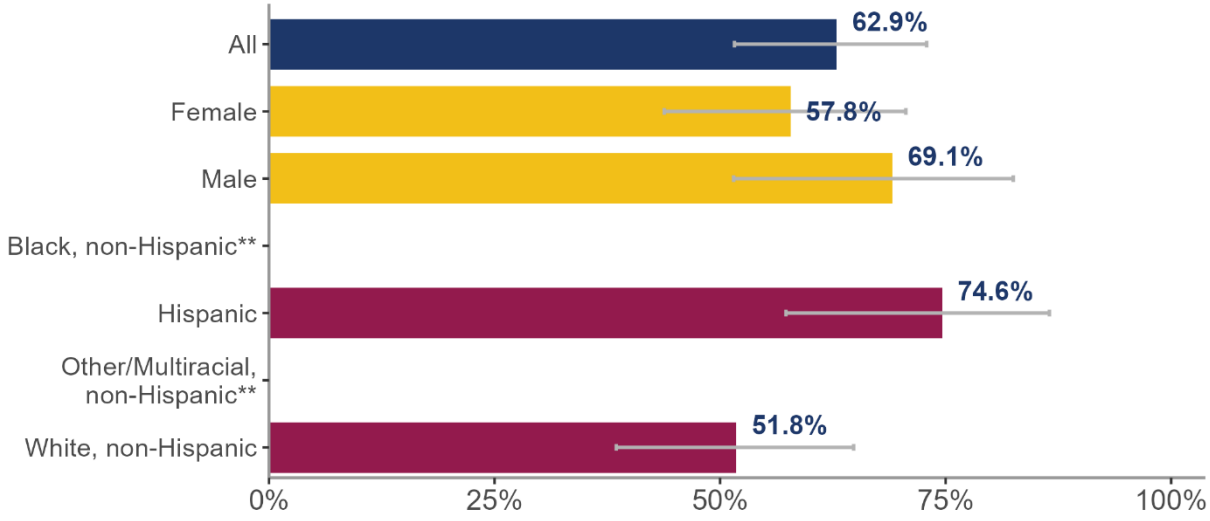
As with earlier sections in this report, it's important to interpret the data in this section with caution. Low numbers can create "bounce" or rate fluctuations that exaggerate the true differences. This is especially true for certain demographic groups, such as those identifying as "other" or American Indian or Alaska Native, where smaller sample sizes can skew results in charts and graphs.

Oral Disease

Tooth loss from decay or disease reflects the burden of largely preventable conditions like cavities, as well as broader health disparities. Moreover, poor oral health is linked to chronic conditions like diabetes, heart disease, and stroke. Overall, about 63% of Atascosa County respondents between 2017 and 2023 reported not having had any teeth removed due to decay or disease (**Fig. 4H.1**). Differences by sex and race/ethnicity should be interpreted with caution due to overlapping margins of error.

Fig. 4H.1 Percent of adults who have not had any teeth removed due to decay or disease, by sex and race/ethnicity, 2017-2023

Atascosa County, Texas



For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
**Suppressed by data source.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

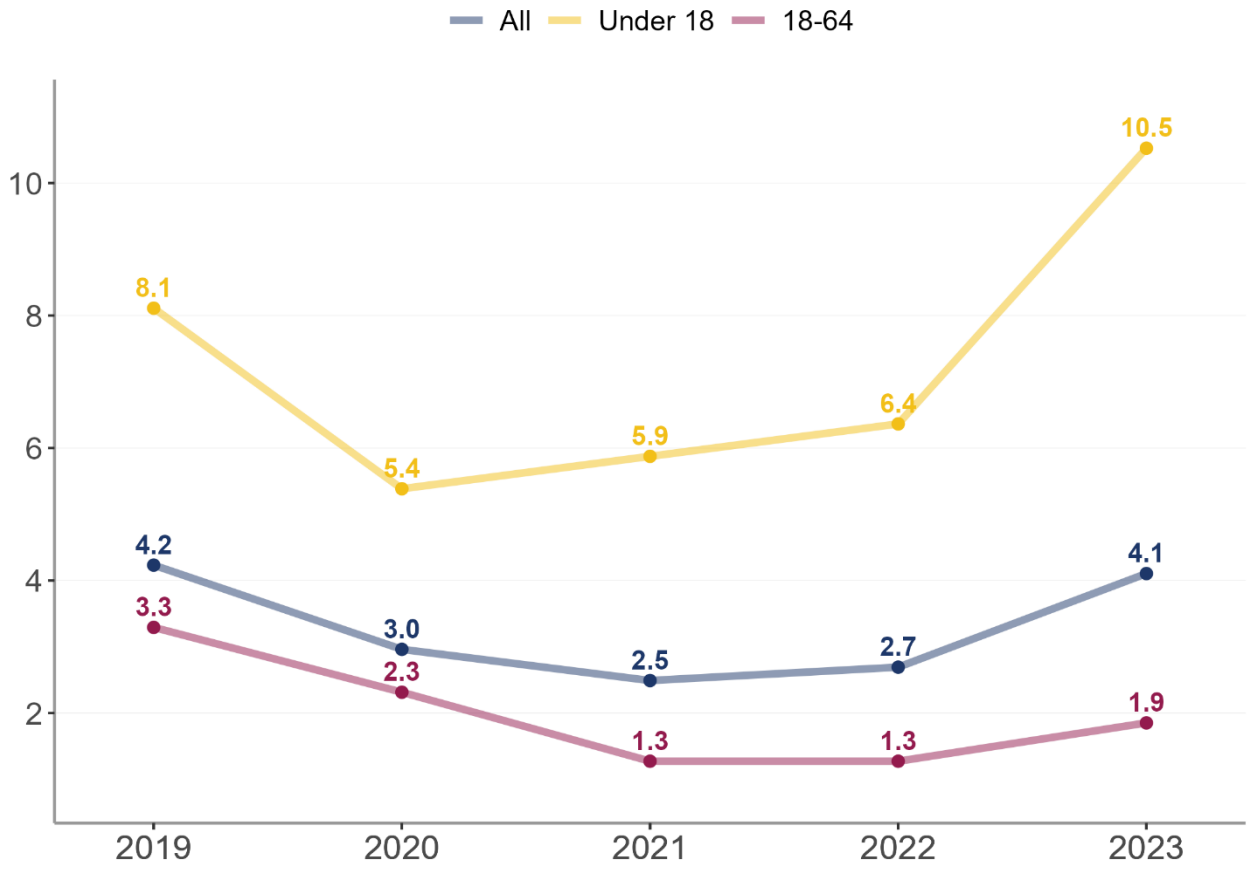
Asthma

The countywide rate for asthma hospital discharges in Atascosa County, shown as three-year averages per 10,000 residents, followed a "U"-shaped trend across the five-year period, dropping to a low of 2.5 in 2019-21 before rebounding to 4.1 in 2021-23. The dips observed in **Figures 4H.2** and **4H.3** are likely related to the COVID-19 pandemic. During this time, many avoided seeking care due to COVID-19 concerns or barriers. At the same time, hospitals were overwhelmed and had to prioritize COVID-19 cases, which may have limited access for other conditions like asthma. Another possible contributing factor is that public health measures like mask-wearing may have improved asthma conditions and symptoms.

- By age (**Fig. 4H.2**), asthma discharge rates were consistently higher for children under 18. Although this group also followed the overall "U"-shaped trend, their rate rose to a five-year high of 10.5 per 10,000 in 2021-23 (more than twice the countywide average).
- By race/ethnicity (**Fig. 4H.3**), the Hispanic or Latino group also mirrored the countywide "U"-shaped trend. In contrast, the white (non-Hispanic) group generally declined, from 4.4 per 10,000 in 2017-19 to 2.6 in 2021-23. Initially, the rate for white residents was higher than for Hispanic residents, but this reversed beginning in 2020-22. By 2021-23 the gap was wider, with the rate for white residents falling notably lower than the countywide average.

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

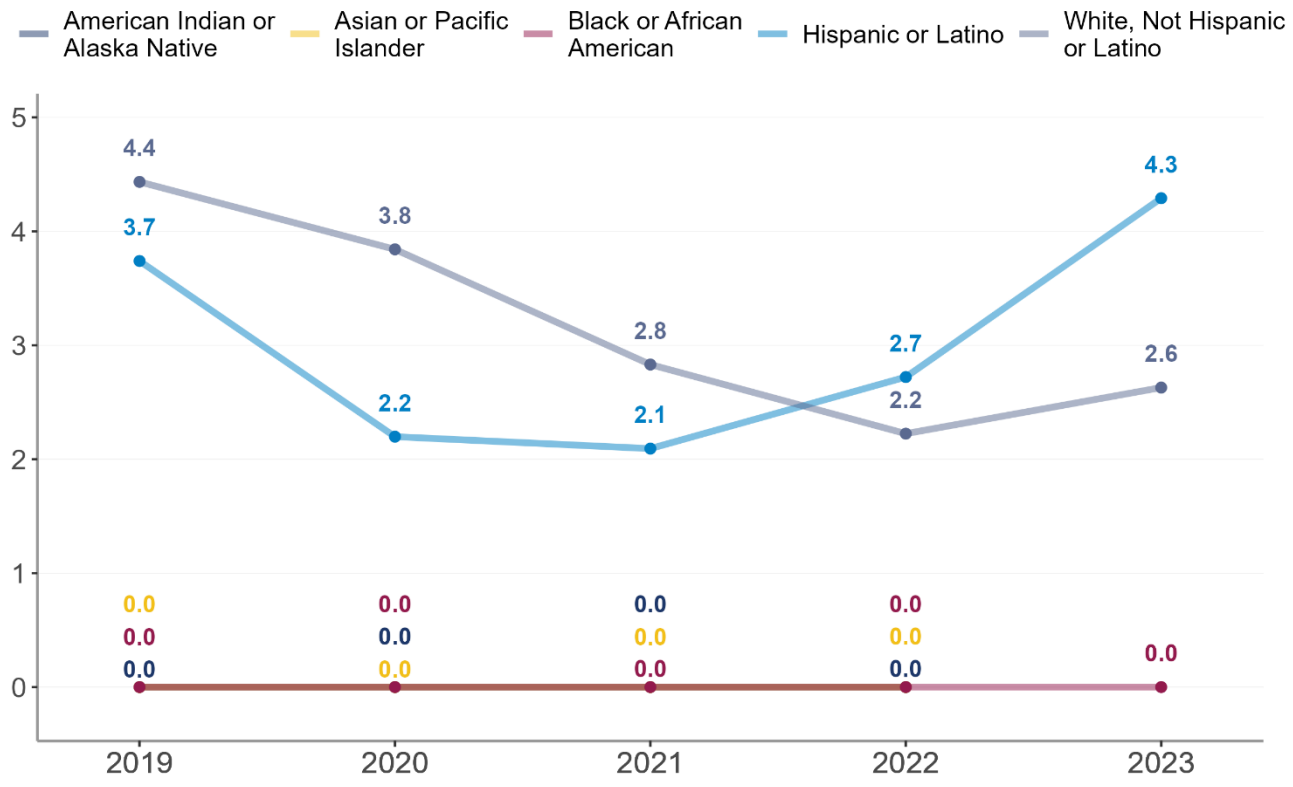
Atascosa County, Texas



The 65+ age group was suppressed due to low counts.
Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow for The Health Collaborative

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

Atascosa County, Texas



Some values are suppressed due to low counts.
Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow for The Health Collaborative

Participants discussed the lack of specialty care needed to manage long-term health conditions and to support specific populations. They also noted how lingering stigmas surrounding certain hospitals (often steeped in decades-old perceptions and rumors) still influence decisions about where to seek care. Even when acknowledging recent improvements or positive personal experiences, some remain hesitant.

"It'd be nice to have more specialists, but, and this is nothing against my colleagues here, but I'm a little scared to go to the Jourdanton Hospital because I've heard so many bad things about it, and I don't know if they're true or not true, or what's going on over there. But I mean, I've always told my husband, if I [need help] take me to San Antonio… I do have concerns. I'm a type one diabetic, so I can't get a lot of my services here, anyways. And I work with foster children, and we don't have really good medical accessibility for the things that we need to do when we first take children into custody and stuff like that. And I don't know what the truth is."

– Atascosa County Focus Group Participant

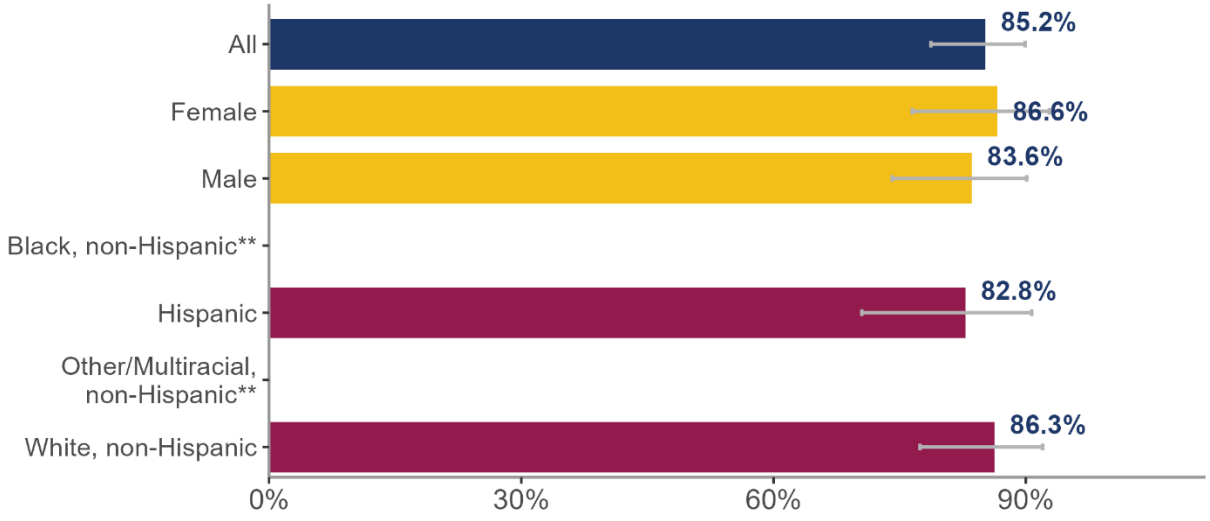
Diabetes

The BRFSS survey asks respondents if a doctor, nurse, or other health professional ever told them they have diabetes.[45] Overall, almost one in ten (15%) Atascosa County respondents between 2017 and 2023 reported being diagnosed with diabetes (**Fig. 4H.4**).

The countywide rate for diabetes hospital discharges, shown as three-year averages per 10,000 Atascosa County residents, remained relatively stable with a slight increase across the period and a recent estimate of 37.5 per 10,000 residents (**Fig. 4H.5**).

Fig. 4H.4 Percent of adults never told by a healthcare provider that they have diabetes, by sex and race/ethnicity, 2017-2023

Atascosa County, Texas



For sampling purposes, these numbers include Atascosa, Wilson, and Medina Counties.
**Suppressed by data source.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

One participant described how delays, denials, and administrative issues with insurance create barriers to timely, life-sustaining care, particularly for children with chronic conditions.

"Right now, we have families that are still waiting on being approved. And sometimes they tell them, 'Well we got all your application'. Then they call them, 'Oh, you weren't approved.' It's something simple, like 'We didn't have the signature', or 'We didn't have this'. They don't get their paperwork or their letter until after it's expired. Then they have to go through it all over again. It takes what? 3, 6 months now. I have a family that's needing, the child is diabetic and is having to fight with the main insurance because the dad has them on our main insurance, and they're not approving a device needed for her insulin. So, then it's like going back and forth. And since the other one's the main insurance, they don't. The other insurance, which is Medicaid, is not accepting it. So, it's like, she's needed it since she was about 2 years old. Actually, it's life or death."

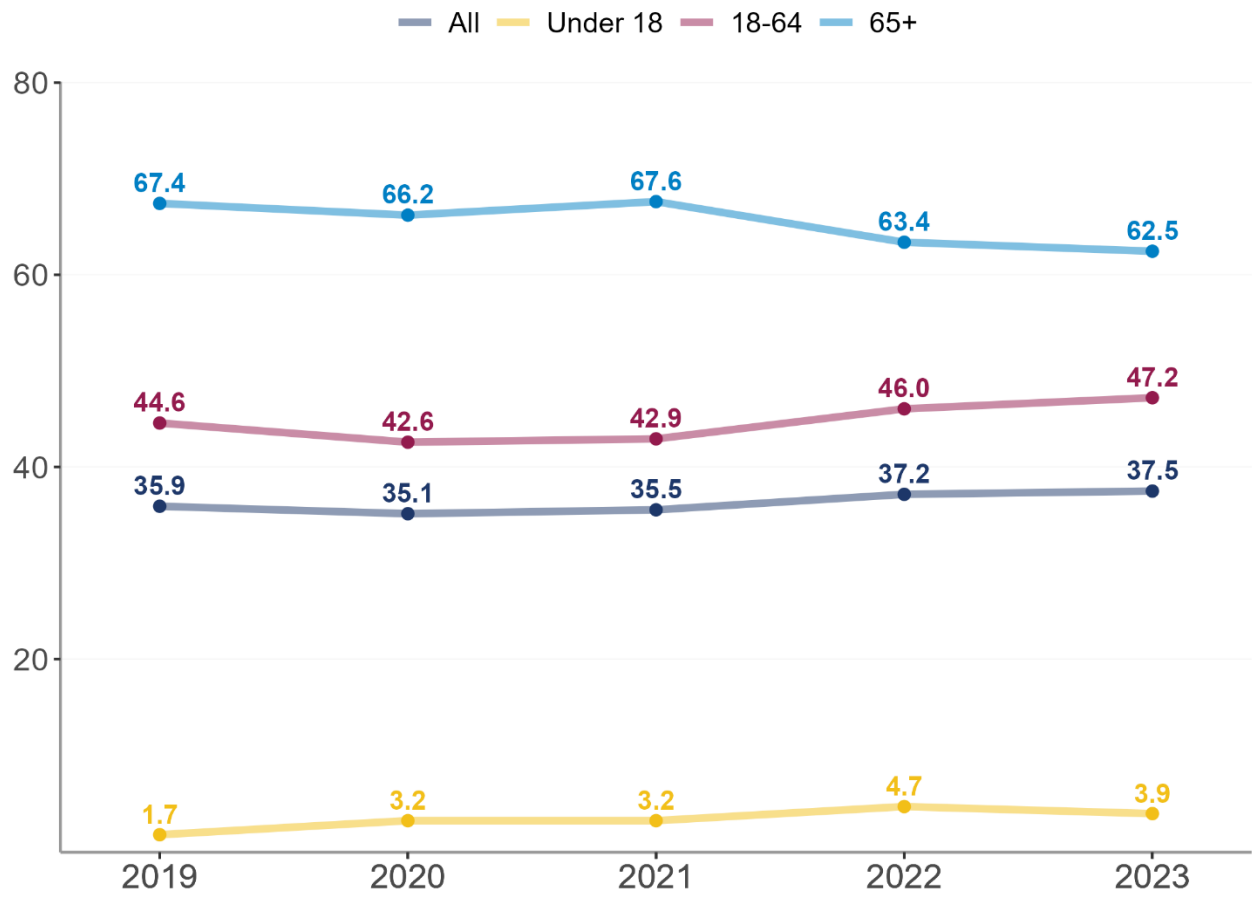
– Atascosa County Focus Group Participant

By age (**Fig. 4H.5**), diabetes discharges were consistently higher for older adults (aged 65 and older). While it was the only age group with a slight decrease across the period, the most recent estimate (62.5) was only about 7% lower than the five-year high for that age group and about 32% higher than the next highest age group (aged 18-64).

By race/ethnicity (**Fig. 4H.6**), the white (non-Hispanic) rates were slightly above the countywide average, while the Hispanic or Latino rates were slightly below.

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

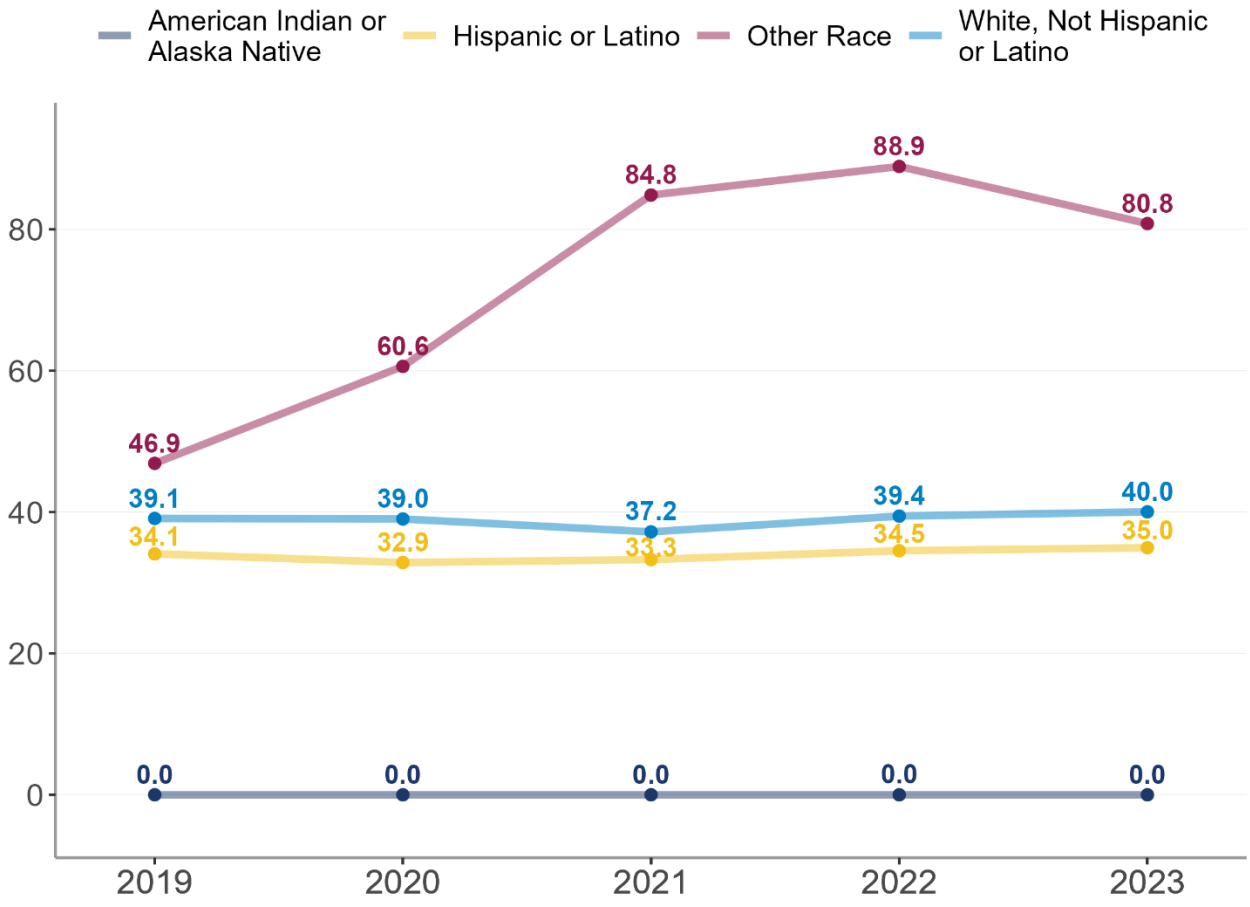
Atascosa County, Texas



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

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

Atascosa County, Texas



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

While outreach remains a challenge, focus group participants highlighted Atascosa County's strong culture of collaboration and desire to stay connected and make a difference. Through efforts like the Atascosa Interagency Council, local organizations and community members come together to share resources, support one another, and work toward a healthier future, something many participants deeply valued.

"[T]hat's where all nonprofits and for profits come together once a month to share ideas and share resources. And if one agency needs help, usually there's somebody in the room that can step forward to provide the resources and information. But then also just individual citizens that if somebody is in a crisis, that will come together to find the resources to help that person…
…I do love this community feel, and the fact that the community wants to bring more resources and collaborate on ways to improve things."
– Atascosa County Focus Group Participant

Leading Causes of Death

The following charts (**Fig 4I.1** through **4I.4**) show the leading underlying causes of death in the six-year period from 2017 to 2022 for females and for males of the only two race/ethnicity groups for which data is available: Hispanic (of any race), and white (non-Hispanic). Heart disease and cancer appeared to be the top two leading causes of death across all available demographic breakdowns for Atascosa County, including both Hispanic and white men and women

Understanding the Data on Leading Causes of Death

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

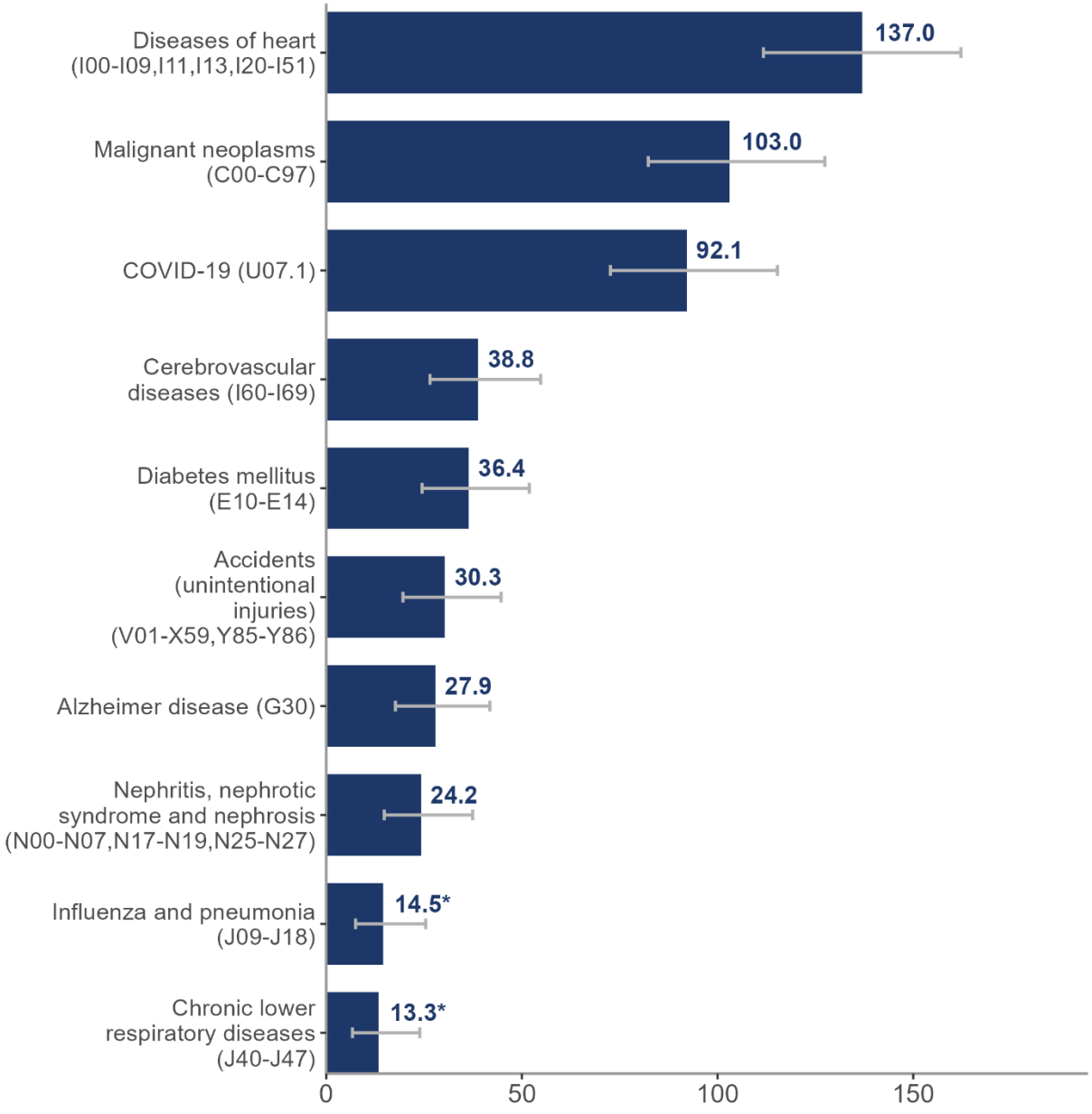
The letters and numbers in parentheses after the name of the cause of death are the corresponding codes from the International Classification of Diseases, version 10 (ICD-10). Because these are crude rates rather than age-adjusted, these death rates should be made *only within* a single sex-race/ethnicity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

Among Hispanic females (**Fig 4I.1**) and males (**Fig 4I.2**), COVID-19 was a distinct third leading cause of death. While overlapping margins of error make it difficult to determine the exact ranking among the three—particularly for Hispanic women—the likely order for Hispanic men is heart diseases, followed by cancer, then COVID-19. Beyond the top three, the remaining causes of death showed significant overlap in margins of error, making it difficult to determine a definitive order or statistically meaningful differences.

For white females (**Fig 4I.3**) and males (**Fig 4I.4**), the third leading cause of death could not be clearly identified, as all causes beyond heart disease and cancer had overlapping margins of error, limiting the ability to rank them with confidence.

Fig. 4I.1 Death rate per 100K female Hispanic or Latino population, by top 10 leading causes of death, 2017-2022

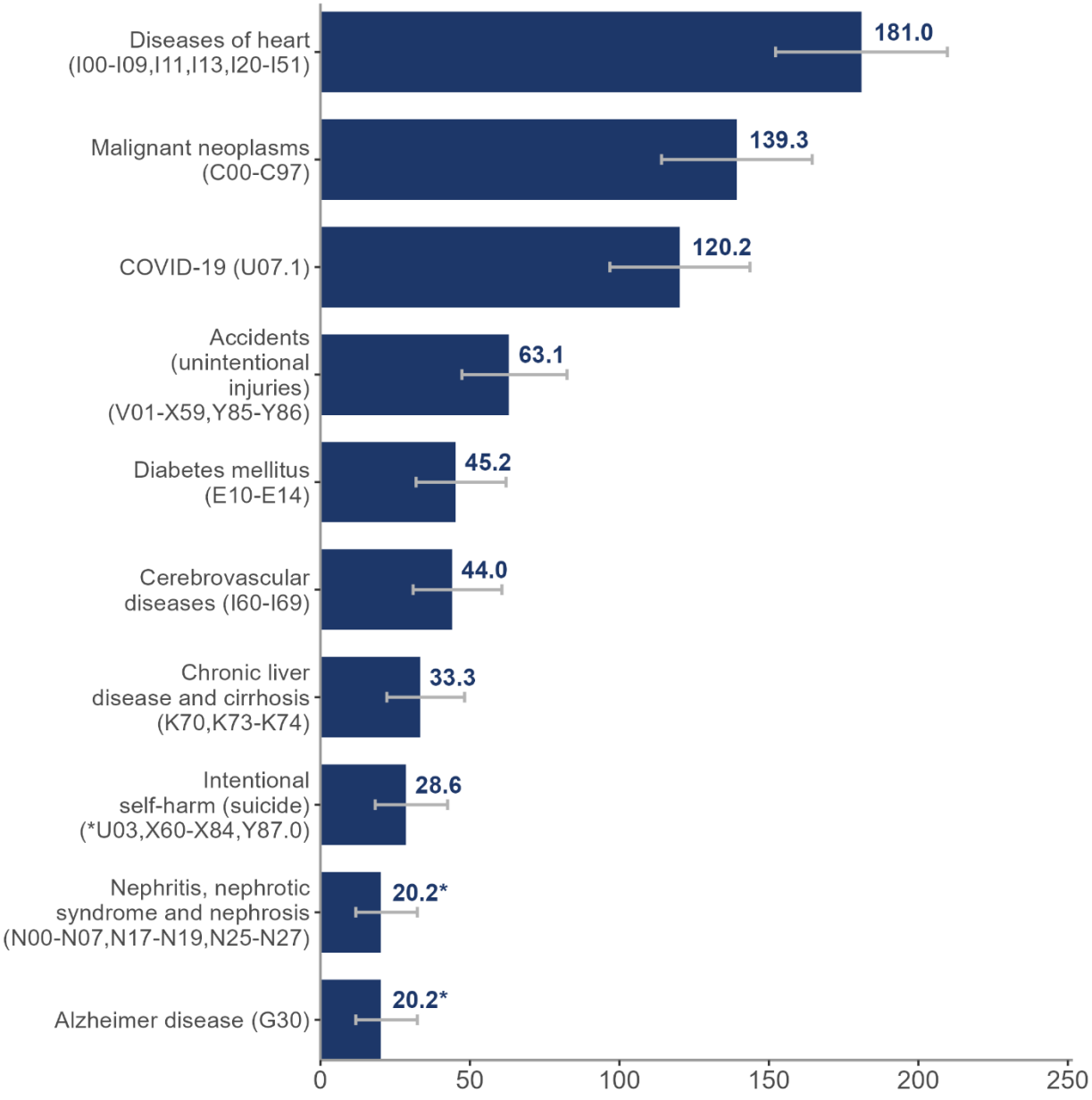
Atascosa County, Texas



*Unreliable: Error is too large relative to estimate.
Source: CDC WONDER Underlying Cause of Death File
Prepared by CINow for The Health Collaborative

Fig. 4I.2 Death rate per 100K male Hispanic or Latino population, by top 10 leading causes of death, 2017-2022

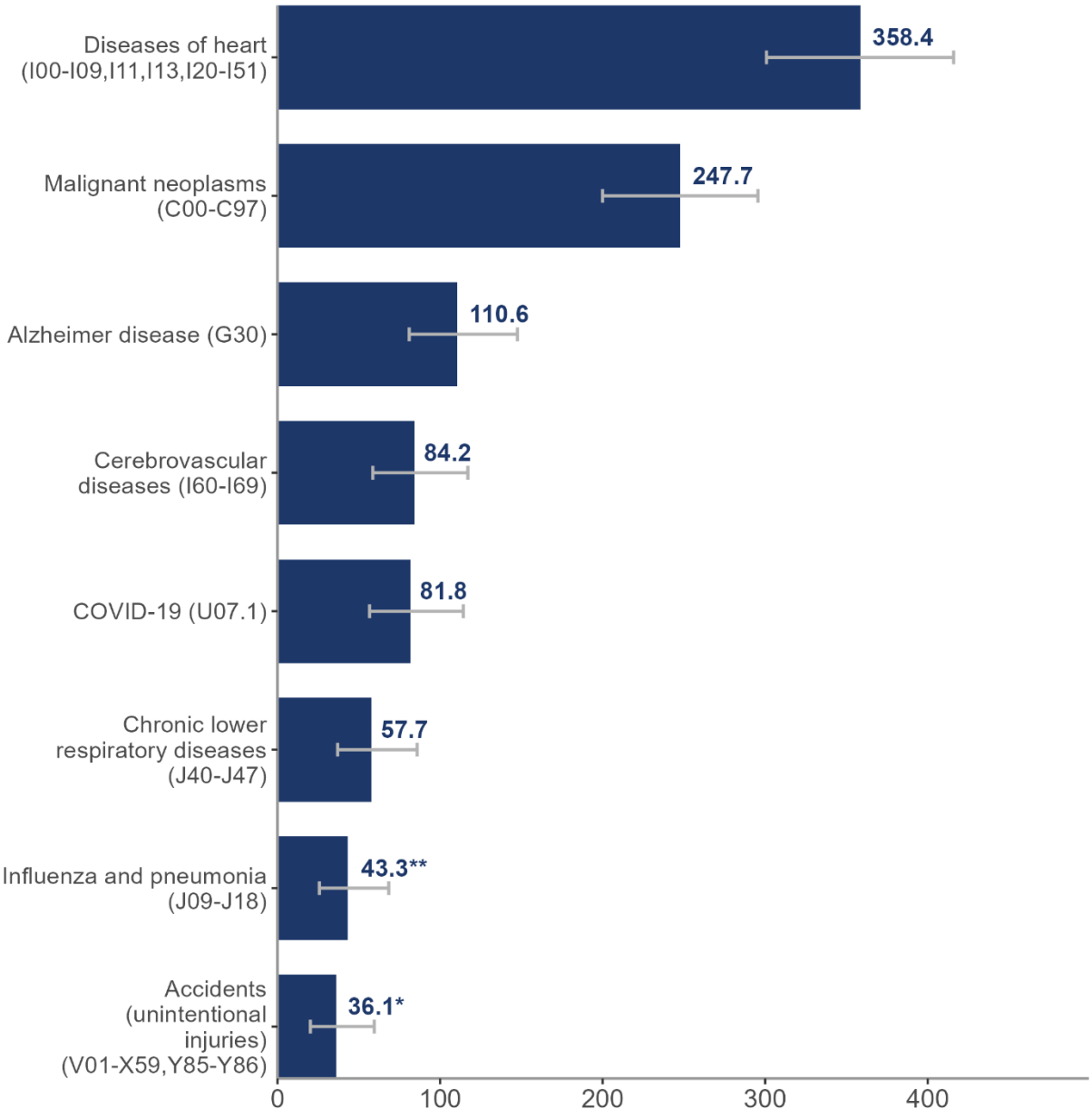
Atascosa County, Texas



*Unreliable: Error is too large relative to estimate.
Source: CDC WONDER Underlying Cause of Death File
Prepared by CINow for The Health Collaborative

Fig. 4I.3 Death rate per 100K female white (non-Hispanic) population, by top 8 leading causes of death, 2017-2022

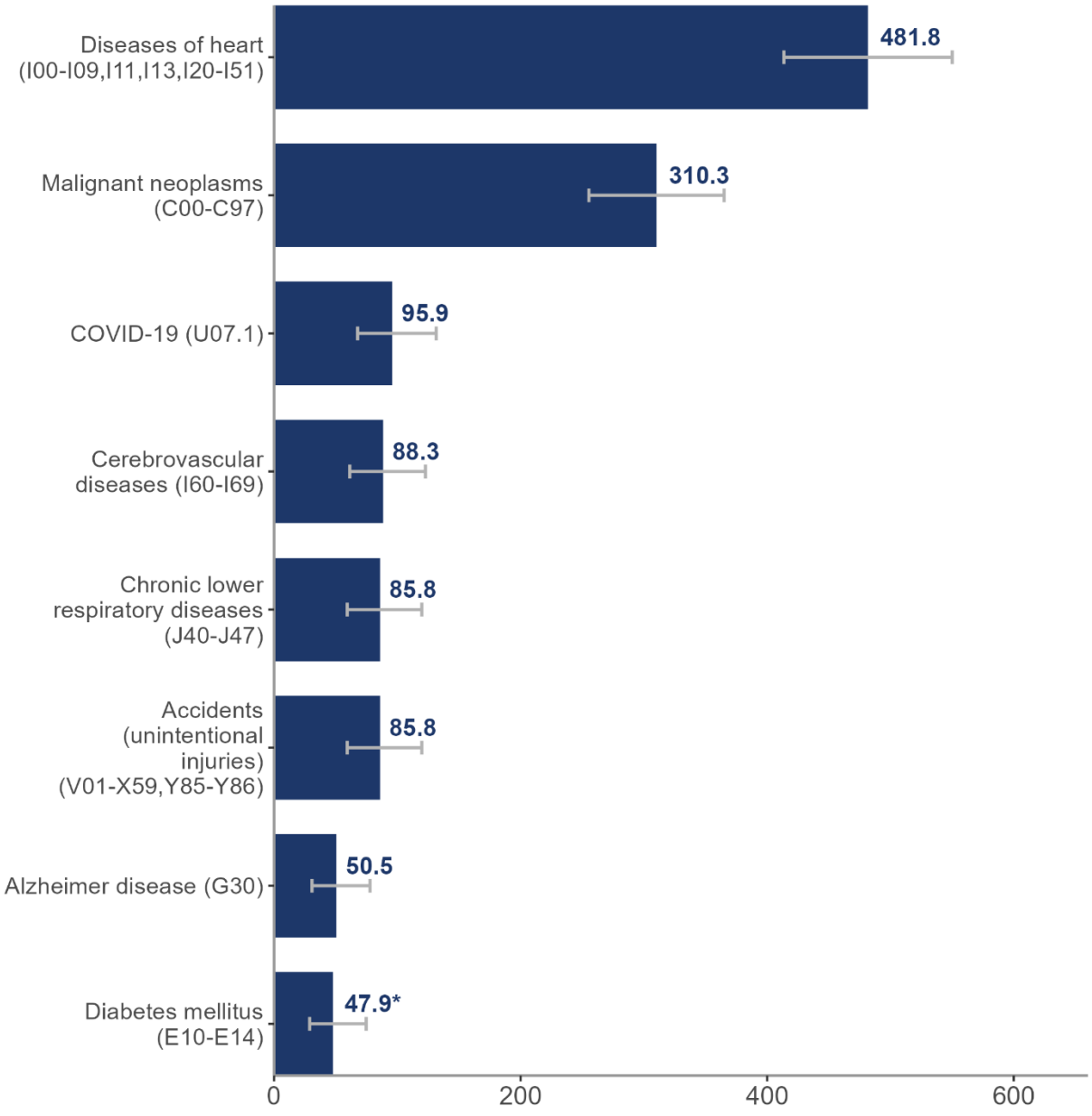
Atascosa County, Texas



*Unreliable: Error is too large relative to estimate.
Source: CDC WONDER Underlying Cause of Death File
Prepared by CINow for The Health Collaborative

Fig. 4I.4 Death rate per 100K male white (non-Hispanic) population, by top 8 leading causes of death, 2017-2022

Atascosa County, Texas



*Unreliable: Error is too large relative to estimate.
Source: CDC WONDER Underlying Cause of Death File
Prepared by CINow for The Health Collaborative

In Summary

The 2025 Atascosa County Community Health Needs Assessment compiles nearly 100 indicators from extant (existing) data plus primary data collected through three methods: a community survey, resident focus groups, and system leader key informant interviews. This section of the report is intended to summarize and triangulate the issues and themes that rose to the top across all data sources.

Shared and Differing Priorities

This assessment does not try to rate or rank extant data indicators, but it was possible to qualitatively or quantitatively identify key themes and priorities from participants in the community survey, resident focus groups, and leader key informant interviews. Several Atascosa County community residents and resource partners were also invited to identify the 10 or so issues they felt were relatively higher-priority for Atascosa County's health and well-being, drawing on both their own experience and expertise. (More information about that process is included in **Appendix B Technical Notes**.) Fifteen people responded anonymously. When priorities were ranked quantitatively, as in a survey question or a section of the prioritization tool, the top half are included here. Those emerging from qualitative data were identified during the thematic analysis using ATLAS.ti. Key themes and priorities from each group are summarized below.

Cross-Cutting Issues

Focus Group Participants

- Youth, elderly, foster children, immigrants, previously incarcerated people, people with substance abuse difficulties, grandparents raising grandchildren, and women/girls who are pregnant.
- Geographic disparities: resources are concentrated in Pleasanton and other parts of the county have to travel to Pleasanton or further
- The Atascosa Interagency Council is a huge resource for the area. Nonprofits collaborate with one another and share resources and strategies to better the community.

Key Informant Interviewees

- Vulnerable populations and communities: racial/ethnic minorities, rural areas that need expansion of services

Prioritization Respondents

- Federal or state policy and funding environment
- Local policy and funding environment
- Inadequate local communication and coordination

What We Need for Health

Focus Group Participants

- Need more mental health professionals, including autism, developmental delay, intellectual disability, and ADHD services
- Need more doctors and specialists in general
- Transportation services
- Food security
- Childcare

Community Survey Respondents

- Healthy fresh foods / access to healthy food items
- Access to overall healthcare; quality medical care; more appointments available, or available sooner
- Quality mental health care

Key Informant Interviewees

- Barriers to care and preventive care: health literacy, health provider shortages, medical costs, and health insurance
- Built environment and infrastructure: proper city planning for population growth, enough diverse housing options, clean water, transportation services, opportunities for employment and economic development, and enough walkable areas
- Mental health support
- Social determinants of health, particularly food security, housing, financial security, and education

Prioritization Respondents

- Stable and quality housing
- Food security
- Health insurance and affordable cost of care
- Health care provider availability
- Income and assets
- Educational attainment
- Extreme heat and cold

How We're Taking Care of Ourselves

Focus Group Participants

- Stigma around hospital care keeps people from engaging in preventive care. Some hospitals in the County had rumors of poor care in the '90s, which persist today, even though many participants admitted to having good care at those hospitals.

Prioritization Respondents

- Routine dental care
- Routine checkups / wellness visits
- Diabetic primary care
- Early and ongoing prenatal care
- Healthy eating
- Screening for breast cancer
- Diabetic self-management

How We're Faring

Community Survey Respondents

- Chronic pain (back pain, joint pain, fibromyalgia, etc.)
- Depression, anxiety, PTSD, or chronic stress
- Heart disease, stroke, or high blood pressure/hypertension

Key Informant Interviewees

- Federal funding cuts to organizations have caused uncertainty in how they will sustain their momentum and programs
- Key informants spoke about how one of their resources is the philanthropic attitude of residents. They rely on volunteers, donations, and word-of-mouth outreach to connect with communities.

Prioritization Respondents

- Depression, anxiety, PTSD
- Other mental illness
- Substance abuse
- Activity limitations and disability
- Hypertension

Conclusion

The reader of this community health needs assessment will draw their own conclusions about what most stands out in the wealth of Atascosa County information presented here, and what challenges and opportunities present themselves. For the authors of this report, however, a handful of big-picture conclusions emerge.

Many people lack access to health and human services and other resources that support health. Focus group participants, interview participants, and survey respondents all mentioned geographic barriers to care. Many Atascosa County residents have to drive to San Antonio for hospital and specialty care, and other types of care and resources are concentrated in Pleasanton.

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

Basic needs and root causes demand our attention. Whether we call them social determinants of health or non-medical drivers of health, issues like food security, decent housing, jobs with a livable wage, and literacy/education are all non-negotiable foundations of health and well-being – not sufficient, but certainly necessary. Poor mental health, food insecurity, and housing instability cropped up again and again in conversations with community members. The same was true for extreme weather, whether unrelenting and concentrated heat, extreme cold as in 2021, or deadly flooding as in recent months. All of these factors intersect, and as a rule, whether a pandemic or a flood or a freeze, it is already-vulnerable people who are hit hardest by disasters and who face the greatest barriers to recovery.

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Appendix A
Qualitative Analysis Thematic Narrative

Contents

List of Tables

Introduction

To complement the quantitative measures in the 2025 Atascosa County Community Health Needs Assessment, CINow collected qualitative data to offer a broader perspective on health and well-being in Atascosa County. The qualitative summary consists of a thematic analysis of two focus groups (with a total of 18 participants), an open-ended survey question (with 13 responses), and six key informant interviews with community leaders who serve Atascosa and other Counties. The full qualitative narrative is divided into two main parts:

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

While there is much overlap in the themes discussed in both sections, the first section takes a more micro-perspective on day-to-day behaviors and experiences that community members experience, and the second section takes a more macro-perspective on the systems that created the conditions for these themes.

The Health Collaborative and CINow are grateful to all participants and interviewees who donated their time and insightful input to help us understand the important health topics in Atascosa County.

Methods

CINow held two focus groups in Atascosa County at the Pleasanton Civic Center, and they included an interactive activity where themes were mapped on a large whiteboard throughout the focus groups, which helped encourage more conversation and kept the discussion focused on how multiple themes influence one another. All focus groups were about 1.5 hours long, and The Health Collaborative compensated participants for their participation. Zoom was used to transcribe all the focus groups for thematic analysis. A total of 18 community residents participated across both focus group, ten in the first and eight in the second. The focus group guide is in Appendix C online at **https://cinow.info/2025-Atascosa-CHNA-Appendix-C/.**

Between June 16 and August 15, 2025, The Health Collaborative and CINow fielded a survey asking community members in Atascosa County various health and health-related questions. Of the 13 total responses, 4 of them responded to the open-ended question “What other thoughts do you have about health and well-being in our community? What do you wish health departments, hospitals, health care providers, nonprofits, and/or local governments knew and understood?” Some of those responses are included throughout the qualitative narrative. Survey methods are described in **Appendix B**.

CINow interviewed six key informants to get the perspective of community leaders serving Atascosa County. They included Adrian Lopez with Workforce Solutions Alamo; Edward Banos with University Health; Eric Cooper with the San Antonio Food Bank; Antonio Fernandez with Catholic Charities, Archdiocese of San Antonio; James Wesolowski with Methodist Healthcare Ministries of South Texas; and a confidential key informant with an organization that serves vulnerable people in crisis.

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

perspective. For this reason, themes are presented in different orders between sections one and two, as the topics emerged from distinct contexts.

What's the Community Saying?: Focus Group Topics and Themes

Vulnerable Populations and Communities

Woven throughout all of the other themes that emerged during the focus groups and was the sentiment that health disparities are multiplied for the most vulnerable members of the community. Anytime participants spoke about difficulties surrounding barriers to healthcare, barriers to living a healthy life, COVID-19, or almost any other topic – they also discussed how all of these are exacerbated for disenfranchised, excluded, or "forgotten about" populations. This included youth in general, foster children, people in general, grandparents raising grandchildren, immigrants, those who were priorly incarcerated, people with substance abuse challenges, and people in Atascosa County who are outside of Pleasanton. Throughout the rest of the themes, particularly those that discuss barriers, keep in mind that the disparities are multiplied for members of these populations.

Youth, Foster Children, Older Adults, and Grandparents Raising Grandchildren

There were many intersections when discussing the difficulties of youth and older adults, as they seemed to face similar challenges. Social isolation due to COVID-19, a lack of mental and physical health resources, and a lack of health literacy all contribute to making a healthy lifestyle difficult for youth and older adults. Foster children especially need better access to resources so that they are better equipped to live independently once they leave foster care. There was particular intersection when participants discussed how difficult it is for grandparents to raise grandchildren. The focus groups explained how both groups particularly need help navigating the educational system, understanding developmental disabilities, and being educated in health literacy to make good health-related decisions.

Grandparents raising grandchildren, childcare, workforce assistance, economic difficulties

"[We need] more resources for grandparents raising grandchildren. Yes, it's happening all the time. Too many. We need help. I mean, when there's nobody to care for your child except you yourself, and you know you get help from family, but you're limited on resources… The biggest difficulties are childcare and workforce assistance, just to be able to afford it… A lot of them, especially raising grandkids, they don't have that husband. They don't have that older child that can do all that…because it's the money. I just spent $1,200 on my water pump and labor. And then once you get the water pump, well it needs a belt… So, there you are." – Atascosa Focus Group Participant

Immigrants, Incarceration, and Substance Use Struggles

Participants also discussed how access to resources is difficult for immigrants, people with a history of incarceration, and people with substance use struggles. Some of the difficulties are due to stigma, which make employment and participation in social institutions a challenge. Another barrier for these populations is not knowing where to begin when seeking resources. There's also a general sense of mistrust that these vulnerable populations have for organizations. Participants discussed how they fear law enforcement and worry about getting in trouble if they seek help.

Immigrants, previously incarcerated, domestic violence victims, high-risk pregnant people, elderly, and youth have difficulty seeking help due to fear and mistrust of services

"I work with immigrants, children of immigrants, previously incarcerated, domestic violence, pregnant chronic condition high-risk, elderly, high risk youth. They're very cautious of seeking help. They feel fearful of law enforcement. They're fearful of giving away their personal data. They're very fearful that someone like me may come in their home and see the condition that they live in, call child protection services… I will tell you that some of the people who like know me and love me, and I thought were my greatest clients. And I was like, how do I have a truckload of food? That's why it's hard. But I'm an American…, and I don't ask for anything." – Atascosa County Focus Group Participant

Jourdanton, Lytle, and Charlotte Have Fewer Resources than Pleasanton

Lastly, there was a lot of discussion about how Atascosa County's resources seem to be centered in Pleasanton, leaving other cities and areas, like Jourdanton, Lytle, and Charlotte, with less access. Many participants explained how they have to commute to San Antonio or Pleasanton for better healthcare, employment, and opportunities.

Resources in Atascosa are centralized in Pleasanton, leaving the other cities underserved

"The resources are centralized. They don't actually branch out into the County, northern Atascosa, and southern Atascosa, Eastern and Western Atascosa are completely underserved. But Pleasanton itself has all the resources. If we put something in Lemming…Charlotte's in that group… Yes, Christine (another city)." – Atascosa County Focus Group Participant

Jourdanton hospital needs larger facilities

"The local hospital in Jourdanton needs updating larger expanded facilities. More specialty care providers, more beds, better nursing." – Atascosa County Survey Respondent

Barriers to Healthcare

Lack of Mental Health Resources

Mental health is a prominent theme in every County included in the Multi-County Community Health Needs Assessment. The Bexar, Guadalupe, Comal, Gillespie, and Atascosa focus groups all discussed a need for more accessible and affordable mental health services. Atascosa is unique in that this theme emerged both inside and outside the context of COVID-19. Because of this, mental health is discussed here as a healthcare sub-theme, but also as a sub-theme of COVID-19.

As a general healthcare sub-theme, mental health resources were discussed in the focus groups as something everyone in the County needs, especially for people with autism spectrum disorder, developmental delay, intellectual disability, ADHD, and other developmental disabilities. Participants explained how the County has resources to help with immediate needs, but that they needed more long-term options to help with day-to-day care. They explained how many centers will house people for 1-2 nights who are in a mental health crisis, but then they will be released without a plan for sustaining stability. Additionally, Atascosa County needs more communication about mental health resources, as well as psychiatrists to help people with mental health care and to fill their prescriptions.

Need more psychiatrists and communication about mental health resources

"We have a lack of mental health resources… What I hear a lot from people and a lot of families I work with. We don't have a psychiatrist in the area. And so we tried, we worked with UTHealth. We've worked with trying to get a small resource center here, like they have up North and New Braunfels and all those areas, where they would come in once a week, because they can't fill a prescription if you don't have a psychiatrist. So here, you've got these people on mental health meds or substance abuse meds, but we have no way to fill them and take care of it right here.

"On the flip side, I hear that there is a guy in town that has the NA and the AA program, and he never gets anybody in his door. So I think, in addition, we don't have a lot of communication." – Atascosa County Focus Group Participant

Doctor Shortages, Transportation, and Hospital Stigma

A barrier that plagues most cities in the U.S. is a shortage of doctors and specialist, but this is especially disenfranchising for rural communities, like those in Atascosa County. Participants discussed how they have to travel to San Antonio to see specialists, and not everyone has easy access to transportation. In fact, they discussed how they wished the public options for transportation would provide access to more areas across Atascosa County, not just Pleasanton, to help residents get to doctor appointments, their jobs, and social institutions. Additionally, some hospitals in the County have a reputation for not providing quality care. Much of this is steeped in rumors from the 90's, which has led to stereotypes and stigma surrounding specific hospitals. Even as participants discussed how they have anecdotal evidence of those hospitals providing good care to them or their loved ones, they also recognized the stigma sometimes gives them or their peers pause about seeking care there.

Need more specialists; Stigma about hospital care in specific places; Have to travel to San Antonio for care

"It'd be nice to have more specialists, but, and this is nothing against my colleagues here, but I'm a little scared to go to the Jourdanton Hospital because I've heard so many bad things about it, and I don't know if they're true or not true, or what's going on over there. But I mean, I've always told my husband, if I [need help] take me to San Antonio… I do have concerns. I'm a type one diabetic, so I can't get a lot of my services here, anyways. And I work with foster children, and we don't have really good medical accessibility for the things that we need to do when we first take children into custody and stuff like that. And I don't know what the truth is." – Atascosa County Focus Group

Need larger facilities, specialists, and transportation

"The local hospital in Jourdanton needs updating larger expanded facilities. More specialty care providers, more beds, better nursing that are not rude prejudiced, area transportation with ARC on weekends or until 8 pm daily for those that don't have a car, no Uber out here." – Atascosa County Survey Respondent

Have to travel to San Antonio for healthcare

"In Atascosa County the only hospital is clear across the county. I use services in San Antonio to deal with my conditions due to specialists and ancillary services are available there. Shorter drive than across Atascosa, especially in bad weather." – Atascosa County Survey Respondent

"Wish we could stay in our county, instead of being sent to SA hospital." – Atascosa County Survey Respondent

Health Insurance and Health Literacy

Health insurance is a huge barrier to healthcare, especially for vulnerable populations. This was also discussed by participants within a greater conversation about health literacy and navigating the medical system. Participants mentioned how they wished there was a "County mom" who could help them understand their health needs. They desired navigators who could help them:

1. Understand their options for health insurance and how their coverage works,
2. Get through the confusing, bureaucratic process of health insurance,
3. Find reputable information on when to know if a trip to the doctor is necessary or if at-home remedies would be enough,
4. Be able to discern what a good source is for public health information,
5. And teach their children how to understand their health in an age-appropriate way

Difficulties with getting approval through health insurance, "it's life or death"

"Right now, we have families that are still waiting on being approved. And sometimes they tell them, well we got all your application. Then they call them, 'Oh, you weren't approved.' It's something simple, like we didn't have the signature, or we didn't have this. They don't get their paperwork or their letter until after it's expired. Then they have to go through it all over again. It takes what? 3, 6 months now. I have a family that's needing, the child is diabetic and is having to fight with the main insurance because the dad has them on our main insurance, and they're not approving a device needed for her insulin. So, then it's like going back and forth. And since the other one's the main insurance, they don't. The other insurance, which is Medicaid, is not accepting it. So, it's like, she's needed it since she was about 2 years old. Actually, it's life or death." – Atascosa County Focus Group Participant

Barriers to Healthy Living

Barriers to a healthy lifestyle include themes that either directly or indirectly affect people's health, but are not related to healthcare. Some of these were already discussed in the previous section, such as transportation, because they related to people's access to healthcare.

Food Security

Participants discussed how access to "healthy" foods is difficult due to a lack of H-E-B grocery stores across the County. They defined healthy foods as fresh fruits, vegetables, less-processed options, and fresh meats. As mentioned, Pleasanton is where many of the food resources are concentrated, and the healthy foods that are near them tend to be too expensive to be affordable. Some participants live in food deserts, where they don't have fresh groceries nearby. This lack of accessibility causes them to have to travel 30 minutes or more to the closest H-E-B grocery store in the County. However, they did also discuss their knowledge of available food pantries and organizations that work in food distribution. There seemed to be barriers with connecting the resources offering food services and residents. Outreach, distance, transportation, hours of operation, and awareness of the resources were some of the barriers that kept residents from accessing food distribution centers.

Living in a food desert and having to drive 30 minutes to the closest H-E-B grocery store

"(When asked what they like most about Atascosa County): For me, would be the H-E-B because where I'm specifically located, it's considered a food desert. And so, you have to like travel either 30 minutes south or north to get to a grocery store." – Atascosa County Focus Group Participant

Population Growth, Inaccessible Internet, and Traffic

Due to population growth in Atascosa County, there have been some infrastructure difficulties and growing pains. Participants mentioned how the traffic has increased without an increase in traffic control mechanisms, which is a safety hazard. Residents also have problems with digital access, as focus group participants felt there weren't any reliable internet providers in the County. This makes remote work, remote school, and telehealth more difficult for them. Also, during the Poteet Strawberry festival, which is an annual festival held in Atascosa County, focus group participants said they lose phone connectivity and internet access for at least four days due to the unsustainable influx of people to the festival putting a strain on cellphone towers. This, combined with their increase in population, has caused infrastructure instability.

Lack of reliable internet access; Remote schooling was hard on parents without internet access; losing phone connectivity for a week during the Poteet Strawberry Festival

"A lot of people come to the library if they're trying to do a simple task with internet, like if you need to be on a Zoom - most people can have internet from their phone - But if they want to do something like a Zoom call, you're going to have those connectivity issues, or if they're trying to do video conferencing with like being in the camera. So they do use the library.

2020, you know, everything stopped. All the kids being home schooled, doing all their communication through laptop, it was almost a disaster, and there's a lot of homes that do not have it. One of them is because of the economy. I mean, I know people that have children in school, and they didn't have access. They needed 2 or 3 or 4 laptops just to do their homework. And the parent didn't have internet. But then they started programs… People that receive certain benefits through the State are able to get it at a very low cost. That's changed. And who suffers? It's the child because their education is being affected because of non-access. So those are all factors. I see the education system is being affected a lot. Because that gap that they had what like 2 years a year and a half of homeschooling. And don't need to get us started during the Poteet strawberry festival."…

"During the strawberry festival there's a whole week, yeah, those 4 days of the festivities, you can't use your cell phone. Maybe Verizon or T-Mobile might squeeze in some calls, but if there was ever an emergency during that time, kiss our butts goodbye if there's ever a mass casualty event. No, we can't call from the strawberry ground or from anywhere. Yeah, let alone outside. During the strawberry festival, he was in a wreck, and he couldn't even do anything. And they say every year they're gonna try to fix it." – Atascosa County Focus Group Participant

Childcare

Difficulty with childcare was a common theme in the focus groups. As mentioned earlier, grandparents raising grandchildren have a distinctly challenging experience when trying to be economically, educationally, physically, and mentally supportive of their grandchildren. Childcare is expensive and difficult to secure for all parents and guardians, but grandparents raising grandchildren have even fewer resources for securing childcare, usually because the direct parent is not involved. Additionally, affordable daycare services have long waitlists, are underfunded, and are in need of trauma-informed care to help children with autism, ADHD, and other developmental disabilities.

Daycare services with long waitlists; Need trauma-informed daycares for children with autism and ADHD; Services need more funding

"The area that I work with is child care services. So of course, there's a lack of daycare facilities or affordable childcare in almost all of our rural counties… And in Atascosa we have like 272 children on our waitlist. We recognize that there's a need. But there's also limited funding. So, having that affordable available daycare is definitely a need. And recently we have identified a need for trauma-informed care in daycares to address the issues that children are having, because we have an increase in the number of children that are identified as autistic or ADHD, and it's a matter of being able to manage different types of behavior. But, whether that trauma-informed

training is going to be available out in the rural areas, I haven't been able to get a response on that." – Atascosa County Focus Group Participant

Extreme Heat and Utility Costs

Participants discussed how the increase in temperature every summer has caused their utility costs to outpace their budget. While they recognized that there are some resources that help with utility cost relief and cooling systems, many of them are focused towards seniors and/or offer ineffective ways of cooling their homes, such as slow fans that circulate warm air. Also, heating and cooling locations have limitations on how long they can legally shelter people before they come liable for them, as one participant explained. This led to many organizations and churches having to rotate people out of their facilities after a certain number of hours, which is not a long-term solution for heating and cooling needs.

High electric and water bills; Programs to help weatherize your home are for limited populations

"I know our electric and water bills are through the roof, especially when the summer comes in. I mean, I have a friend, and she lives in an older home. She rents, but her electricity was almost as much as her rent, and she had to decide what to pay. Yeah, they're $600, and so she had to pay her electricity. Now she's begging to stay in her home, hoping the landlord will extend grace… There's programs for seniors, but if you're not in the age group, and you're like a single mom, there's nothing like that to help you weatherize your home." – Atascosa County Focus Group Participant

Domestic Violence and Safety

Lastly, participants discussed how domestic violence and a lack of general safety affect their ability to live a healthy lifestyle. They think more domestic violence awareness, classes, and places for victims to take refuge would be helpful, but they also would like more plans for addressing domestic violence in the long term. Other general safety concerns included pedestrian safety in areas with high traffic, people passing out in the extreme heat, and de-escalating situations that involve substance abuse.

COVID-19

COVID-19 had a profound effect on many aspects of people's lives, including mental health, bullying victimization, school, and technology. This was mentioned during the focus groups as participants lamented about missing social interaction, how the quality of their children's education dropped during remote schooling, and their mixed feelings about remote work, remote school, telehealth, and social media.

Mental Health

Mental health was a prominent topic that emerged both outside and inside the context of COVID-19. While participants discussed how they need more general mental health resources, they also discussed how the pandemic brought specific issues to the surface. They felt youth had a tough time with isolation, which affected their ability to socialize. This, combined with an increased use of social media during the pandemic, led participants to feel that bullying victimization and suicide increased for the youth of Atascosa County during and after the height of the COVID-19 pandemic. For one of the focus groups, as participants were settling into their seats, they were already discussing youth, mental health, and suicide, as there had been a recent tragedy in Atascosa County involving a young person passing from self-inflicted harm. This is a topic that touched participants deeply and made them feel passionately about a need for more resources for youth, as well as education for parents and guardians on how to care for them.

Increase in youth suicides since the height of COVID-19 due to a lack of coping

"The kids have suffered during the pandemic, and we are seeing now the terrible effects. You wouldn't believe in this community how many suicides we've had of young people, as young as 9 and 10, and it's because they just they do not have the coping skills since Covid, and I don't know how we're gonna get that back." – Atascosa County Focus Group Participant

Remote schooling, lack of human connection, and social media made socializing difficult for youth and increased cyber bullying

"I don't feel there were resources to help during the height of the pandemic… There were a lot of kids that got behind because of remote schooling… It's a lot of home, too. There's a lot of kids that weren't at home with their parents. Home life's not always good. So, when you at least have school, you have people there that are trying to teach you to be good, that are trying to teach you to be better, that are teaching kind things, kind words. Some people got stuck at home, in screens. And they were isolated for so long that when I say I don't like your earrings, it's like it doesn't hurt me to say that, because I don't really see you as a human. I saw you as a screen…There's less human connection. They're missing a connection because it's easy to hurt feelings on a screen, and it's easy to hurt feelings if you don't know the person, if you don't feel a human connection with them. So maybe it's human connection that we're missing, and that is creating this ugliness between people, and a lot of young people are so caught up in social media that they're more influenced by what some person on social media is going to say how to handle something - whether they're looking on websites about mass shootings, and they feel that that's an appropriate response to their feelings, versus actually talking to someone in person and dealing with those feelings." – Atascosa County Focus Group Participant

Education

Participants felt there was a significant decline in the quality of education for youth during the height of the COVID-19 pandemic and that youth still have not recovered. School being reduced in days and/or hours, the use of remote school in areas with unreliable internet, teachers who do not have the resources to help neurodiverse students have all contributed to what participants described as a lower level of educational quality for youth.

Worried youth education won't catch up after the pandemic, but schools are working on it; Parents are more involved and compassionate towards teachers

"For the education component with kids, there's a lot of concerns with whether or not they've caught up, or if they ever will. And that puts a lot of pressure on the schools and the districts. But I think Pleasanton, and a lot of other schools, they're really trying to close the gap in that. And I think the parents through the pandemic… they kind of homeschooled. But, now that parents have seen exactly how hard it is to actually get the kid through the day and educate, I think it kind of gave them a little bit of a barometer of compassion towards the teacher. And then now, I see a lot of parents who are really like the PTA, and like, 'how can we support them?'" – Atascosa County Focus Group Participant

Technology: Remote School, Remote Work, Telehealth, and Social Media

The COVID-19 pandemic brought a new use for technology, with an increase in remote school, remote work, telehealth, and social media. Participants had mixed feelings when discussing this, as they understand how technology can help with transportation barriers to work, school, and the hospital, but they also felt that it jeopardized socialization and was a detriment in areas with unreliable internet. Technology particularly helped organizations during the height of the pandemic with staying connected, active, pivoting in strategy, and shining a light on weaknesses. They generally felt social media had a negative impact on people during and after the height of the pandemic and that it could contribute to worse mental health for youth who experience cyberbullying.

Technology helped organizations during the height of the pandemic

"Pandemic helped us be able to have virtual things, helped us because people got their virtual stuff up and running. Yeah, virtual and mental health. The crisis was so bad that they had to pivot. A lot of the organizations that have come together very strongly have been post-pandemic. They were connected before, but post pandemic they really like shined the light on everything." – Atascosa County Focus Group Participant

Difficulties and Strengths of Atascosa Organizations

Many participants in the Atascosa focus groups were representatives of organizations that provide services in Atascosa County. They offered a lot of insight into the abundance of community resources available to residents, but they recognized that a lack of outreach makes it difficult for some residents to know what's available. Participants said they desire opportunities to volunteer, attend meetings, and access the resources available from Atascosa organizations, but that they aren't always aware of them.

Something Atascosa shines in is collaboration. They have the Atascosa Interagency Council, and as explained by a focus group participant, "that's where all nonprofits and for profits come together once a month to share ideas and share resources. And if one agency needs help, usually there's somebody in the room that can step forward to provide the resources and information. But then also just individual citizens that if somebody is in a crisis, that will come together to find the resources to help that person." This is a unique collaboration between organizations that participants described as useful and effective, which is something other Counties have described wanting. While Atascosa organizations might have a weakness in outreach, they have strengths in collaboration.

"I do love this community feel, and the fact that the community wants to bring more resources and collaborate on ways to improve things." – Atascosa County Focus Group Participant

Small Town Charm and Strong Social Connections

Participants consistently spoke about how much they loved the small town feel of Atascosa County. While they know there are some drawbacks to being more rural, such as unreliable internet and less specialists, they still highly value having neighbors who care for one another and the charm that comes from that.

"My favorite thing about the people, we take care of our own." – Atascosa County Focus Group Participant

What are Community Leaders Saying?

Area Counties Have Similar Needs

CINow interviewed six key informants to get the perspective of community leaders across Atascosa County. They included Adrian Lopez with Workforce Solutions Alamo, Edward Banos with University Health, Eric Cooper with the Food Bank, Antonio Fernandez with Catholic Charities, James Wesolowski with Methodist Healthcare Ministries of South Texas, and a confidential Key Informant with an organization that serves vulnerable people in crisis.

All of the key informants interviewed for the 2025 CHNA serve multiple Counties, including Atascosa, Atascosa, Atascosa, Guadalupe, and Gillespie. They often spoke about all the Counties they serve at once, and more often than not, they emphasized the similarities between them. They acknowledged that there are key differences in some of the barriers these Counties face, and how they face them, but the key informants also recognized that many of these areas have regional problems, not County-specific problems, especially because some residents live and work across different Counties. For this reason, most key informants did not always speak about Atascosa

County specifically, but rather the region as a whole, and how these themes are prevalent across multiple communities, including Atascosa.

We need regional approaches and solutions to County problems

"There is no difference between Atascosa County, Guadalupe, and these other communities - I mean, there are differences, but I think if you were to flip that question and say, let's approach it from the perspective that there is no difference, that by and large they're part of our community, and they're part of this region, and so we need regional approaches and regional solutions to these problems because they're the same problems. They have nuances about how they address those particular issues. But, they're the same problems in terms of lack of education, single parents, lack of access to healthcare, all of those types of issues. But because they're working and living in different places, or because we're exchanging back and forth, they're the same people. So why are you making a difference from them?" – Adrian Lopez, Workforce Solutions Alamo

Role in Community and Motivation

The key informants for the 2025 Community Health Needs Assessment were carefully and intentionally chosen for their experiences, expertise, and impactful roles in the community. CINow interviewed six key informants to get the perspective of community leaders across Atascosa County. They included Adrian Lopez with Workforce Solutions Alamo, Edward Banos with University Health, Eric Cooper with the Food Bank, Antonio Fernandez with Catholic Charities, James Wesolowski with Methodist Healthcare Ministries of South Texas, and a confidential Key Informant with an organization that serves vulnerable people in crisis. Something they all have in common is a deep understanding that it takes more than one thing to help people, but rather a conglomeration of interconnected factors, such as economic development, job training, supporting small businesses, food security, transportation, sustainable infrastructure during population growth, accessible health care, and more. This is reflected in their roles, as they and their organizations frequently assist communities with more than just one aspect of their lives. When asked about what motivates them to fulfill their roles, it usually related to wanting to help vulnerable people and provide vibrant lives for communities.

"I've had the pleasure of working for everything, from nonprofits to city county government, to a housing authority, to a council government. What motivates me serving people… I understand how community development is extremely important to people's lives and livelihood. I've also done economic development, which is either at a larger scale with hundreds, if not thousands, of jobs, but also economic development with small businesses. I've done some economic revitalization like in inner city corridors, and I understand how access to a vibrant commercial corridor is key to ensuring that a neighborhood continues to become or remain vibrant." – Adrian Lopez, Workforce Solutions Alamo

"It's my mission here to help those who are vulnerable. That's what I like. So, that's why I'm here." – "Rapid response and disaster relief. Oh, we're very good at that, and we have contracts with different states and entities to do that. We mobilize all the time. When there's a hurricane, we put up shelters, bring in case managers talk to people to take care of those who unfortunately were affected by that, and try to connect them to the resources that are available to them. We do that all the time." – Key Informant, Organization that serves vulnerable people in crisis

"I'm motivated, inspired to try to meet that right, that mom who has a child asking, you know you know what's for dinner and you know, strengthening her as a mother and giving her the resources to be successful… I get - not depressed - but just humbled, overwhelmed, with a heavy heart, for those that are in such a state. But I am motivated to try to solve that problem and ease the suffering." – Eric Cooper, San Antonio Food Bank

"It's the people who are being helped by Catholic Church. Just to see the smile, to see a family getting some money, or some food, or some clothes, some love of respect and dignity, and just seeing them go. It brings satisfaction to me." – Antonio Fernandez, Catholic Charities

"We're the system that really we want to make sure that everyone who doesn't have access, insured or not, has the ability to get the highest quality of care with from our health system." – Edward Banos, University Health

"We seek out those most in need, those that are the least served, and we try to prioritize ways to help them. We provide downstream healthcare, including oral and behavioral health services, but we have shifted to a nice balance of focusing on social determinants of health too looking for why people aren't healthy in the first place. We often say, we are broadening the definition of health care at MHM because we know so many things like poverty, food, instability, unclean water, education or digital equity, influence our health and wellness. Our mission is serving humanity to honor God. And what could be more noble than that? So that's what keeps me pretty pumped up about doing the work that we do." – Jaime Wesolowski, Methodist Healthcare Ministries

Barriers to Healthcare

The key informants discussed barriers that Counties, like Atascosa, face when trying to obtain effective healthcare. The most common ones are access to care and provider shortages, obtaining adequate health insurance to offset high medical costs, and health literacy and understanding of preventive care.

Access to Care and Health Provider Shortages

Key informants discussed how a common barrier to healthcare, particularly for those in rural areas, was a shortage of healthcare providers. Often, residents would need to arrange transportation to get to another County to see their doctors and specialists, or they would miss out on healthcare altogether due to a shortage of health providers in their area. This would lead to a lack of preventive care, healthcare access, and general well-being. This is one way that rural areas of many Counties are similar.

Need nurses and specialists in rural communities

"Hospitals and rural healthcare systems in the region are struggling due to a critical shortage of doctors and nurses. This shortage not only limits specialty care but also access to early detection and preventive care—both essential for maintaining community health. In rural areas, where facilities are often far apart and providers are scarce, many residents miss out on important screenings such as colonoscopies and mammograms and the appropriate follow-up. In contrast, people in urban areas benefit from multiple healthcare facilities nearby, making it easier to receive timely preventative testing and treatment." – Edward Banos, University Health

Health Literacy and Preventive Care

Similar to how a shortage of healthcare providers can lead to a lack of preventive care, a lack of health literacy can also lead to a lack of preventive care. Key informants discussed how health literacy and more widespread education about health, the healthcare system, preventive care, and health-related behaviors could prevent many diseases and illnesses, like diabetes and tobacco-related cancers. Edward Banos at University Health provided a great description of health literacy. Key informants also discussed how health literacy is not just the responsibility of schools, but there should also be knowledge passed around inter-generationally. Grandchildren who learn about health-related behaviors at school could share these insights with their grandparents and other family members. Sharing health-related information could help the healthcare world seem less complex. As another key informant at an organization that serves vulnerable people in crisis noted, with "health literacy, people can have an MBA, but still may not know how to navigate the healthcare world because it is so complex. Unfortunately, that's the current way. Everything's structured, and It's difficult to navigate."

"Health literacy is seeing how you interact with your disease process…" – Edward Banos, University Health

"The way I view health literacy is as the ability to understand the healthcare process and how it affects us as human beings. When I was in school, we had a healthcare class that taught the basics—how to burn calories, stay active, and understand common medical conditions. Health literacy means understanding how health impacts you personally, how the lack of appropriate care can affect your family, and how it influences the well-being of your community. It involves recognizing disease processes, how they affect the body, and what can be done to manage them.

For example, someone with asthma may not be able to run easily, but with the right knowledge and care, they can manage their condition effectively. Advanced health literacy takes this understanding further—it's about knowing how to reduce the impact of a diagnosed condition, slow or prevent its progression, or possibly even eliminate it altogether. It also includes recognizing how environmental factors contribute to health, and understanding the cause-and-effect relationship between our choices, our surroundings, and our overall well-being." – Edward Banos, University Health

Health Insurance and Medical Costs

A substantial barrier to healthcare in Atascosa County is affordability. Key informants explained how many of the community members they work with have difficulties with medical costs and obtaining adequate health insurance. This is also related to health literacy, as some community members struggle with understanding their medical bills and navigating the ins-and-outs of health insurance. While there are community health workers to help people understand their resources and coverage, many residents are not aware of what to do or where to begin. The key informants explained how getting behind on preventive care or medical costs is cyclical and causes other parts of people's lives and wellbeing to suffer as well.

Medical costs are high and people get sick again from not affording their medicines

"Preventive care can cost about $50. Emergency room is a minimum cost over $500. But then, what do you do? Once you leave, you can't afford any of those medicines because you don't have insurance or your insurance has a $100 copay for your medicines, and you can't afford that. Either way, you don't have enough access. So, what's going to happen? You're not going to get those medicines. You're going to be sick again. But also remember, the time you're sick, you're not being a productive member of society because you can't work. So, it's one of those things where it becomes a vicious cycle." – Key Informant, Organization that serves vulnerable people in crisis

Barriers to Healthy Living

The most diverse topics discussed with key informants were the barriers to healthy living. Since they and their organizations view their mission work as encompassing many aspects of people's lives, the key informants often tied multiple factors and barriers together, due to how interconnected many social issues are. This included Social Determinants of Health (SDoH), which are non-medical factors that affect people's health and well-being, such as economic stability, education, employment, built environment and infrastructure (including city services, public transportation, walkable areas, potable water, and economic development to handle population growth), and more. The other prevalent factors that emerged from the key informant interviews, which affect healthy living in Atascosa County, were housing, mental health, economic mobility, employment with a thriving wage, financial literacy, education, extreme or hazardous weather, technology, and childcare.

Social Determinants of Health and Interconnected Social Issues

The Social Determinants of Health, or non-medical drivers of health, are interconnected social factors that affect each other, as well as people's well-being and healthcare access. These include education, employment, economic stability, healthcare resources, built environment, and more. All of these were heavily discussed by key

informants, particularly from the perspective of their organizations, their missions, and the populations they serve. All of the key informants help people in Atascosa County with more than one factor of living healthy, but they also assist with other factors of healthy living as well. This might mean providing both employment resources AND education resources, or offering financial literacy classes as well as information on the closest food pantry. Key informants recognized that people's primary needs are often influenced by other secondary needs as well, and they take a well-rounded approach to people's health and well-being.

There was a considerable amount of conversation specifically about built environment, basic needs, and infrastructure. They noticed that some parts of the Counties they serve, like rural areas, were not fully equipped to deal with population growth, and this has led to a deficit in city infrastructure and services in those areas. This includes public transportation not servicing enough areas, not enough parks, sidewalks, streetlights, and walkable areas, as well as a lack of access to potable and clean water. All of these factors are interconnected and also influence people's abilities to get to work, maintain employment, have access to educational resources, be able to have clean water for them and their families, and more.

Childcare, housing, transportation, and healthcare need to be taken into consideration during economic and business development

"Having deliberate strategies with economic development, business development, childcare, housing, and transportation, having all of that happen at the same time is critical to ensuring that we have a healthy community. " - "The ability to reduce as many barriers and stresses for individuals that they have the opportunity to actually concentrate on well-being, health, and healthy eating. What we tend to see is populations don't have time to do that because they're focused on 'I've got 2 jobs, and I'm working, and I've got 2 kids who are not school-aged. I'm having to pay for a significant amount for childcare that's reducing my ability to be able to go back to school and get trained to get access to a really good job, let's say, in manufacturing or aerospace or health care, or whatever it may be.' In terms of the built environment, how cities grow and how they're packaged together does affect individuals' well-being and the privilege to say 'Yeah, I have time now to make sure that I concentrate on my own well-being,' because what happens with people is they're sacrificing their own well-being for the sake of something else." – Adrian Lopez, Workforce Solutions Alamo

Built environment, basic services, streetlights, parks, and infrastructure

"Communities that have access to really good basic services that are key to ensuring that people have street lights, sidewalks where they can walk, parks, and all of that. All of the built environment is key to ensuring that, you know the community is healthy." – Adrian Lopez, Workforce Solutions Alamo

Housing

A very common topic in the focus groups and key informant interviews was the necessity for accessible, affordable, and diverse housing in Atascosa County. Especially as the population grows in parts of the County, the economic development and housing needs to also grow. Housing is a barrier to healthcare and wellbeing in that people can't focus on their health if they're worried about shelter, which is often a more immediate need. However, the key informant interviews elaborated on this topic by explaining how housing also needs to be diverse. Building more apartments alone will not solve housing difficulties, as people need diverse options for their families and multi-generational needs.

Need a variety of diverse types of housing for different types of families

"Access to a variety and a diverse level of housing is key as well, people tend to focus on affordable housing versus market rate housing. Well, when you look at housing, there's a lot more diversity associated with that. And what you want to have is a healthy community, where maybe you started in a small, affordable unit. But over time, you graduated to what the American dream would be, which is a single family detached home. Not to say that that journey is not a good journey. You could still have good quality housing in each of those aspects, whether it's affordable or somewhere in between that and mid-market rate. Having a diverse level and supply of housing is extremely critical to a healthy community. The integration of things like how the city grows." – Adrian Lopez, Workforce Solutions

Economic Mobility, Employment and Livable Wage, and Financial Literacy

Related to medical costs are difficulties with poverty, economic mobility, maintaining employment with a livable wage, and financial literacy. Key informants discussed how one way or another, residents need better access to a steady, sustainable, thriving income, as well as the knowledge of how to maintain it. Not having enough income to thrive causes people not be able to afford their survival necessities – like food, housing, and healthcare – as well as the basic needs to provide a healthy, happy life. Money is a barrier to medical care, nutritious food, education, and more – which all affect people's health and wellbeing.

Need higher income to sustain a healthy life

"The challenge is the income. Not that money solves everything, but I think of hunger, not as a food issue, but an income issue. if people have access to thriving wages, then they can sustain themselves, and they don't need these supplements and these supports, and they can experience independence and the social status that goes along with self-reliance. I think our communities struggle in the areas of not enough opportunity to obtain wages that allow for a household to thrive in the community, or to sustain themselves, or to be secure in the community. So, they might be grappling with some of those basic needs, like food and shelter. They might not have the education, and then that employment, that 'right' job is just not obtainable, or there's just a bounty of jobs that don't provide a secure status. That's the way it's framed - there's 'low wage employees.' No, there are employers that don't pay a living wage or a thriving wage… And I think we have to get our employers to provide security to their workforce." – Eric Cooper, San Antonio Food Bank

"Poverty is a huge determinant of one's health." – Jaime Wesolowski, Methodist Healthcare Ministries

"Poverty is a serious influencing factor to health. People have a very difficult time focusing on wellness if they can barely afford the food, products and services they need to maintain their own health. That's where so many families are—even if they are employed, many are living paycheck- to paycheck for just the bare necessities. Being able to afford health insurance, paying for prescriptions or hospital services is difficult when buying food or paying the rent is a challenge. Poverty is a significant determinant of one's health." – Jaime Wesolowski, Methodist Healthcare Ministries

Extreme or Hazardous Weather

An increasingly more popular topic is how extreme or hazardous weather is causing barriers to health and safety. From critical freezes in the winter that cause people to lose electricity, to dangerous heat in the summers that cause dehydration, heat stroke, and other health hazards – residents in multiple Counties require more resources, such as accessible fire hydrants, more equipment for firefighters, free and affordable fans and a/c, better infrastructure to handle electric use in the winter, utility assistance, and hazardous weather preparedness.

Extreme heat in the summer causes people to need more help with utility assistance

"And emergency assistance, especially now in the summer, we're gonna have a lot of people who need money to pay for a/c's, to pay for electrical bills, because they don't have the money for to do that."… "I can tell people, you have a fan, put the fan on, close your windows, make it dark, and it will cool down a little bit. But when it's a hundred degrees, I don't know if it's gonna help. But they're asking for thousands of thousands in financial help for utility assistance. And it's in other communities. And we don't have access to that, you know." – Antonio Fernandez, Catholic Charities

Digital Equity

Key informants discussed technology, particularly digital equity, in rural areas of the Counties they serve. They noted how a lack of digital connection and the knowledge or training of how to navigate a digital world can make it difficult to gain and maintain employment and education. Addressing digital equity in rural parts of Atascosa County can assist with access to most social determinants of health and other interconnected health-related factors.

Need digital connection for employment, education, and more

"One other common theme, especially in rural areas, is digital equity. Some important considerations in this regard are whether first, and foremost, are these communities connected? What tools do they need to leverage the connection and what training do they need to use those tools, or do they require Navigators to help? Another important issue regardless of whether you are in a rural area or not, is how important digital connection is to one's ability to find work and education at every level. You need digital connection to compete in this world." – Jaime Wesolowski, Methodist Healthcare Ministries

Childcare

The last prominent factor to healthy living and wellbeing discussed in the key informant interviews, and by coincidence the focus groups as well, was childcare. This was framed in an overall conversation about how parents and guardians, including grandparents raising grandchildren, need more assistance with childcare, especially when the parent or guardian has to work. Not having adequate childcare was often a distraction and a barrier to other health-related behaviors, like providing nutritious meals and having time for wellness. As mentioned earlier, many of these topics are interconnected and do not exist in a bubble outside of one another. Adrian Lopez at Workforce Solutions Alamo explained how he looks at all these factors, including childcare, as a whole of a greater fabric that makes up a healthy, thriving life. This is why his organization dedicates a majority portion of their budget into childcare services. Childcare provides development opportunities for children, as well as allows parents and guardians to go to school or work and improve the health and wellbeing of themselves and their families.

Childcare affects people's ability to participate in work and education

"Things like transportation, affordable housing, childcare, all of these types of things. They're all interconnected, and they all are part of the overall fabric that creates an environment where people thrive." – " My budget this year is a $180 million budget. So, we invest about $120 million into childcare. What that means is, you have about 14,000 kids in childcare seats every single day. And it affects about 8,000 families that have the ability to go back to school, get trained, or go back to work. The results of that are… the child has hopefully better development opportunities because of the curriculum at an early age. So that's a longer-term workforce outcome. The parent has the ability to go back to school, get trained or work. Those who are working are probably earning about… upwards of $27 million every single month. Because childcare allows them the access to go back to work. So that gives you kind of a snapshot of like the importance of childcare." – Adrian Lopez, Workforce Solutions Alamo

Need after-school programs for youth

"No after school programs at all school district, Pleasanton City Council must get boys and girls clubs out in Atascosa County to have healthy activities for the youth, all cities to organize youth programs together for all kids." – Atascosa County Survey Respondent

The COVID-19 Pandemic

The COVID-19 pandemic affected people's lives on the individual micro-level of day-to-day living, as well as macro-level operational changes to organizations and systems. Because of this, there was a lot of discussion between the focus groups and key informant interviews about how the pandemic altered their lives in various ways. While the focus group participants identified changes to homelife, the key informants noted changes to organizational funding and how COVID-19 highlighted and exacerbated systemic disparities. Both the focus group participants and key informants discussed how the pandemic had an effect on mental health, remote work, telemedicine, education, and social interaction. Something unique to the key informant interviews was the inside perspective from within organizations and how they managed to maintain or pivot operations during and after the height of the COVID-19 pandemic. Some organizations were thankful for the American Rescue Plan Act (ARPA), which provided them with essential funds to continue operating and helping people. However, now that those funds have declined or ceased, organizations have to figure out how to maintain services, with a different workforce than they had pre-pandemic.

Additionally, health-based organizations, such as Methodist Healthcare Ministries (MHM) felt they had to establish "a trust level" with the community to get them to trust public health recommendations. As Jaime Wesolowski with MHM described, they "made a tremendous effort to educate, not just our own patients, but the larger community, about vaccines. That would have never happened without trust. We tried to make sure people understood the pros and cons of getting the COVID vaccines. Ultimately, we had a high level of people choosing to get vaccinated." A silver lining is that key informants feel the COVID-19 pandemic shined a light on the disparities that need to be addressed, opened availability of telemedicine, and it taught them how to act quickly and react in moments of crisis.

Now that pandemic funding has run out, it's difficult for organizations to operate at normal levels

"The reality is, the pandemic was a huge effort for many people, and I have to be honest with you. It was led by the Government. The government dedicated billions of dollars, ARPA money that gave millions of dollars to many cities, counties, and states, so entities like Catholic Charities, the Food Bank, and so on. We got money to provide for families for services. We didn't pay rent because they lost their job because the job was closed. For people, whatever they needed, we were able to do, and all the money ended in February of 2025. Some people are still not back aboard, and now we are dealing with those situations. How do we have these people get back to work again?" – Antonio Fernandez, Catholic Charities

Organizations learned to adapt and adjust during the pandemic

"I think we definitely learned [during COVID-19] that we could operate in a moment of crisis… organizations, they understood they could adjust if they needed to. Now, it didn't mean that it was an ideal situation, by all means. It didn't mean that at all. But that we could adjust, and we could still sort of function. I think, it did demonstrate that, and that's probably one of the bigger lessons learned." – Adrian Lopez, Workforce Solutions Alamo

Telemedicine during the pandemic made, and continues to make, mental and behavioral health easier

"We did a lot of telemedicine, especially in behavioral health, and that is something that has continued. People like having their sessions virtually, instead of having to drive all the way to one of our clinics, and they have proven to be equally effective to in-person appointments. But as we have learned through our work to advance digital equity, there are still a lot of places where connectivity is an issue—even in a large city like San Antonio. So, while virtual counseling may be a remnant of the pandemic that has continued, it has underscored the need to ensure that more people are connected, especially in rural areas where access to care may be more limited." – Jaime Wesolowski, Methodist Healthcare Ministries

Organizations and Their Functioning

From their unique perspectives as community leaders and change-makers, the key informants were able to offer insight into how organizations could better support the Counties they serve, including Atascosa, as well as themselves to optimize their longevity and impact. Overall, the key informants felt organizations need better ways to coordinate collaboration, perform outreach to gain participation from community members, and gain more funding to fulfill their goals and mission. Funding was a topic that often intertwined with politics and government, because the ebb and flow of resources and funding is heavily influenced by government funding availability and decisions made by the current Administration that affect how organizations have to pivot their priorities and structure.

Need funding and collaboration between organizations and health systems to keep patients out of the ER

"I think there's opportunities where we can work together to keep those patients out of their emergency room. We do have the skill-set to provide the housing, food, and case management. I think there are opportunities that exist where we could work better. What we need is the funding. So I think there is potential for these health systems and us to partner together. And it still would be a win-win, because the services we're talking about would cost less than that emergency room visit. So from that perspective definitely." – Key Informant, Organization that serves vulnerable people in crisis

Federal government funding cuts hinder the Food Bank from helping people with food and resources

"The biggest threat at the moment is where the Federal Government, under budget reconciliation, is deciding to cut back on direct opportunities that nonprofits have used to support themselves and indirect programs that support those neighbors, those residents that we care about. Specifically for the Food Bank, we've lost about $12 million in support, which means less food in our in our warehouse and displaced federal workers that just recently lost their job. Now, they're looking for basic needs coming to the Food Bank for food. So my line is getting longer. And those traditional support programs like SNAP and WIC that help put food on the table, the federal government's looking to cut those programs now. Those cuts haven't gone into place yet, but as they make decisions in the next few weeks to reduce the support that those families get, again, resources and policy. We've got to have good, effective public policy that supports us." – Eric Cooper, San Antonio Food Bank

Federal government funding cuts and uncertainty affect health clinics and services

"What's going on with the federal government is a huge issue. Not only what's going on with the federal cuts to major programs, but even the uncertainty associated with that. Everybody's kind of waiting. Is it gonna be cut or not?... There's a real question about what the new administration is going to do under Health and Human Services and organizations like the CDC, and how that affects community health and community health clinics because those have been extremely vital to communities that didn't have access. Going back to the point about access to infrastructure is not just water, sewer, and streets. It's also about access to health and services." – Adrian Lopez, Workforce Solutions Alamo

Uncertainty about federal government funding cuts and how it will affect services

"What is happening to us with new legislation, I have no clue. What's coming next?... We know that September 30th is going to be a very critical day. So that is another day that is going to be major in the United States, in San Antonio, because that's when this fiscal year, which started that with President Biden, will end. So, a lot of the funding that President Biden put out there is finished. So on October 1st everything is coming from the new Administration, so we are getting ready to see. How do we save pennies here or dollars there. So October 1st, we can't provide more services to people, because we know that there's going to be services that will stop on that day." – Antonio Fernandez, Caotholic Charities

Conclusion

CINow held two focus groups in Atascosa County at the Pleasanton Civic Center and interviewed six key informants to get the perspectives of community members and leaders across Atascosa County. CINow analyzed the transcripts from the focus groups and interviews using ATLAS.ti to perform open coding, axial coding, and selective coding. Then, the results were written into a thematic qualitative analysis that revealed the most prominent health-related themes and topics that were important to community members and leaders.

The most common themes from both the focus groups and key informant interviews revolved around vulnerable populations and how they're particularly susceptible to healthcare barriers, medical barriers to healthcare, social and environmental barriers to a healthy lifestyle, and the effects of COVID-19 on mental health and well-being. Table A1 below shows the most prominent topics and themes from the focus groups and key informant interviews. If a theme was not heavily discussed, it does not mean it's not important to that community. Rather, it indicates that other themes were more prominent due to timing, context, and relevancy.

Table A1. Topics and themes from focus groups and key informant interviews

TOPICS AND THEMES	Focus Groups	Key Informant Interviews
VULNERABLE POPULATIONS AND COMMUNITIES	✓	
Youth and/or foster children	✓	
Older adults and/or grandparents raising grandchildren	✓	
Immigrants	✓	
Formerly Incarcerated	✓	
People who suffer from substance use	✓	
Jourdanton, Lytle, and Charlotte areas	✓	
BARRIERS TO HEALTHCARE	✓	✓
Lack of mental health resources	✓	
Doctor shortages	✓	✓
Transportation	✓	
Hospital stigma	✓	
Health insurance	✓	✓
Medical costs		✓
Health literacy	✓	✓
Preventive Care		✓
BARRIERS TO A HEALTHY LIVING	✓	✓
Food security	✓	
Population growth	✓	
Inaccessible internet	✓	
Traffic	✓	
Childcare	✓	✓
Extreme heat/cold and utility costs	✓	✓
Domestic violence and safety	✓	
Social Determinants of Health		✓
Housing		✓
Economic mobility		✓
Employment and a livable wage		✓
Digital equity		✓
THE COVID-19 PANDEMIC	✓	✓
Mental health	✓	
Education	✓	
Technology: Remote school, remote work, telehealth, and social media	✓	
ATASCOSA ORGANIZATIONS	✓	✓

Appendix B
Technical Notes

Contents

Assessment Development Process and Participants

The 2025 Atascosa County Community Health Needs Assessment (CHNA) was developed through a collaborative, equity-centered process that prioritized the voices of those most impacted by poor health and social outcomes. The approach intentionally engaged both organizational stakeholders and community residents to ensure that the final report reflects lived experiences, frontline insights, and actionable guidance. Elements of **stakeholder analysis** were applied to guide stakeholder selection. These tools helped identify individuals and organizations with deep ties to high-need populations, including those facing homelessness, poverty, chronic illness, housing instability, and systemic barriers to care.

Key Stakeholder Involvement

Organizational Engagement

A total of **six Key Informant (KI) interviews** were conducted with leaders from a diverse cross-section of community-based, public, and private organizations. These individuals were nominated based on their leadership roles in serving populations with the highest needs. Recommendations included hospital and public health leadership, food insecurity advocates, workforce development agencies, and trusted lay leaders. These Key Informants:

- participated in one-on-one interviews to share insights on root causes, barriers, and service gaps;
- supported the design of culturally and linguistically appropriate outreach strategies; and
- informed data interpretation through a real-world lens grounded in community needs.

Several of these organizations also served on standing advisory or CHIP working groups and contributed to the review and refinement of CHNA survey tools and data indicators. Please see the **Key Informant Interviews** section of this appendix to learn more about that methodology.

Community-Based Collaboration

The Health Collaborative and CINow team worked closely with grassroots, community-based, and faith-based **organizations** to ensure outreach and engagement efforts were inclusive and trusted. These partners helped connect the process to neighborhoods and populations often underrepresented in traditional needs assessments. Through this collaboration:

- trusted messengers helped recruit residents with lived experience to participate in focus groups;
- outreach materials and settings were adapted to be welcoming, accessible, and culturally relevant; and
- community organizations hosted sessions and helped create safe spaces for honest dialogue.

Resident Participation & CHW-Supported Facilitation

To center lived experience, **two focus groups** with a total of 18 participants were conducted to include the perspectives of:

- low-income families and caregivers;
- individuals managing mental health and chronic conditions; and
- immigrants and other residents with limited access to care.

Community Health Workers (CHWs) served a central role in engaging residents, brokering trust, and facilitating participation. CHWs helped host while CINow facilitated these focus groups, ensuring participants had the opportunity to share their needs, priorities, and areas of greatest concern. Their involvement deepened trust, enhanced cultural responsiveness, and aligned with a community-based model of engagement. Please see the **Appendix A** to learn more about the methodology.

Equity-Centered Engagement

Organizations and community members involved in the CHNA process represented populations disproportionately affected by the conditions contributing to poor health outcomes. Their engagement extended beyond consultation and included:

- recommending trusted Key Informants and co-developing outreach strategies;
- hosting and facilitating focus groups for hard-to-reach communities;
- informing culturally responsive approaches to data collection; and
- co-interpreting findings and naming priority areas for action.

This participatory approach strengthens the CHNA's validity and accountability, ensuring that the resulting priorities are truly grounded in the voices and needs of the community.

Planning and Scoping the Assessment

The Health Collaborative contracted with Community Information Now (CINow), a nonprofit local data intermediary serving Bexar County and Texas, for quantitative and qualitative data collection, data analysis, and report development. The two organizations worked closely throughout the roughly 10-month assessment period.

The Health Collaborative's board, staff leadership, and Community Information Now (CINow) drafted a CHNA approach, structure and flow, data collection methods and instruments, list of extant data indicators, and timeline for review by a Steering Committee in January 2025. CINow set up a shared drive in UTH-Share, UTHealth Houston's implementation of Google's G Suite for Education, to facilitate collaboration, review, and edit of CHNA plans and draft materials.

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

Fig. B1. Summary of methods in 2025 Atascosa County CHNA

Component	Purpose
Extant quantitative data	Use the best available extant administrative and survey data to identify trends, patterns, and disparities in area demographics, social determinants or non-medical drivers of health, health-related behaviors, and other risk and protective factors, including preventive care utilization, and health outcomes, including overall health status, morbidity, and mortality.
Community resident survey	Learn how residents rate their health and social connections, what challenges they're living with, what assets they feel are most important to their health and how easily they can access those assets, and how well they are able to access several specific types of health care.
Focus groups	Learn how people from several vulnerable groups (Fig. B1) view "healthy", what they need to be healthy, what challenges and barriers they experience, how the COVID-19 pandemic changed their lives, and any other issues they choose to raise.
Key informant interviews	Learn from leaders or organizations serving populations with the highest needs what they view as root causes, barriers, and service gaps; learn about any specific challenges or windows of opportunity for the community.

Extant data indicators for trending and disaggregation were selected from CINow's inventory of 177 indicators for which relevant data was likely available for Atascosa County. The categories below are based on the Bay Area Regional Health Inequities Initiative model used for several prior Atascosa and Bexar County CHNAs. After some discussion by CINow and The Health Collaborative, 90 extant data indicators were selected, though Atascosa County data turned out not to be available for several. About 115 individual charts (bar and five-year trend) and maps were designed to visualize those indicators and results of the two community surveys discussed later in this section.

Category	Candidate Indicators
1 Population/demographics	5
2 Physical environment	16
3 Social environment	35
4 Economic environment	23
5 Service environment	9
6 Health behaviors and risks	26
7 Health outcomes	63
Total	**177**

Timeline

As The Health Collaborative and CINow were simultaneously conducting CHNAs in five counties (Atascosa, Bexar, Comal, Gillespie, and Guadalupe), much of the work was done once (e.g., key informant interview guide development) for all counties. Similarly, it was more efficient to gather and analyze extant data for all five counties at the same time. Primary data collection, data analysis, and report development was specific to each county. **Fig B.2** lays out the timeline for both cross-county and Atascosa-specific task areas.

Fig. B2. 2025 Atascosa County CHNA timeline

	2024			2025								
Cross-county task areas*	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**
Planning and scoping	■	■	■									
Community survey development & translation		■	■	■	■							
Focus group guide development & translation			■				■					
Key informant interview guide development			■									
Extant quant. data collection & processing (all counties)	■	■	■	■	■	■	■	■	■	■	■	■
Data visualization (extant & survey data charts+maps)	■	■	■	■	■	■	■	■	■	■	■	■
Atascosa County-specific task areas	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**
Focus groups and analysis							■	■	■	■		
Key informant interviews and analysis								■	■	■		
Community survey deployment and results analysis									■	■	■	
Report development, review, revision											■	■
Further issue prioritization for report conclusion												■
Report design and layout												■

* Most of the CHNA planning, scoping, and instrument development was done simultaneously for five counties: Atascosa, Bexar, Comal, Gillespie, and Guadalupe. Four additional counties were added in June 2025, but as the work did not affect Atascosa County, that timeline is not shown here.

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

Issue Prioritization

The report conclusion is intended to summarize and triangulate the issues and themes that rose to the top in the community survey, focus groups, key informant data, and extant data. Methodist Healthcare Atascosa Advisory Board members and a number of residents were also invited to identify the 10 or so issues they felt were relatively higher-priority for Atascosa County's health and well-being, drawing on both their own experience and expertise. Prioritization participants were not required to apply any specific criteria to determine which issues they felt were higher-priority. Prioritization was conducted in early September 2025 using a digital tool developed by CINow for this purpose, similar to that used in prior CHNAs, and 14 people participated anonymously.

The digital prioritization tool listed the issues and factors covered in the CHNA, organized in the same sections as the report itself, with the exception of an additional "cross-cutting issues" category. Each issue had side-by-side radio buttons labeled "Lower priority" and "Higher priority," and the default rating was set to "lower priority." Several write-in spaces were offered should the participant want to add any issues or factors not listed. An optional comment box was provided at the end of each section, should the participant want to provide their reasoning or any other thoughts they feel would be helpful. Participants were allowed to choose a few issues from each section or concentrate their choices in just one or two sections.

Primary Data and Community Voice

Community Resident Survey

The goal of the community survey was to learn how residents rate their health and social connections, what challenges they're living with, what assets they feel are most important to their health and how easily they can access those assets, and how well they're able to access several specific types of health care. CINow researched and reviewed a number of surveys in use in the United States. The survey instrument ultimately developed was based largely on an instrument used for the 2023 Maricopa County (Arizona) coordinated community health needs assessment, and that questionnaire was in turn adapted from an instrument created by the National Association of County and City Health Officials (NACCHO).1 The survey instrument is included in Appendix C at **https://cinow.info/2025-Atascosa-CHNA-Appendix-C/**.

The community survey was digital (QuestionPro) with a convenience sample. The English-language survey was auto-translated to seven other languages, but because of budget limitations, only the Spanish-language version was human-reviewed and revised to better reflect Spanish commonly spoken in the San Antonio area. No responses were received in any language except English and Spanish. Closed-ended survey questions were analyzed in R. Open-ended responses were analyzed in ATLAS.ti using open coding to identify all themes, axial coding to iteratively categorize themes into major vs. sub-themes, and selective coding to extract the final themes.

The survey was open from June 16 to August 15, 2025 and advertised in multiple ways by The Health Collaborative, CINow, and Methodist Healthcare. A total of 13 people started the survey, but unfortunately, only 11 responded to at least one question beyond county. All 11 respondents identified as female, and 67% identified as non-Hispanic white. The remainder identified as Hispanic or selected "prefer not to answer." Nearly half reported living with a disability.

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1 Maricopa County Department of Public Health. (2024, July). *Coordinated Community Health Needs Assessment: 2023 Community Survey Report*. Retrieved November 25, 2024 from https://www.maricopa.gov/DocumentCenter/View/96382/Maricopa-County-CHNA-Survey-Report

Resident Focus Groups

Following is a brief overview of the focus group approach and methods; please see **Appendix A Qualitative Analysis Thematic Narrative** for a more detailed description. With substantial input as to focus group goals and potential participants from The Health Collaborative's CHNA Steering Committee, volunteer focus group participants were selected with an eye toward engaging meaningful and substantive input from people who worked and lived in the area. The focus group questions were initially developed by CINow with guidance and input from The Health Collaborative. The focus group guides are available in Appendix C at **https://cinow.info/2025-Atascosa-CHNA-Appendix-C/**.

The Health Collaborative recruited participants and organized two focus groups for Community Information Now to facilitate, both in English. A total of 18 community residents participated across two focus groups, each about 1.5 hours long, held in summer 2025 at the Pleasanton Civic Center. Although all focus groups were conducted in person, Zoom was used to "listen in" to those in-person groups so that transcripts would be auto-generated. Those transcripts were then human-reviewed and cleaned with the audio recording for backup.

For the focus groups, open-ended survey responses, and key informant interviews, CINow performed a qualitative thematic analysis in ATLAS.ti using open coding to identify all themes, axial coding to iteratively categorize themes into major vs sub-themes, and selective coding to extract the final themes for write-up. Even though they are included in the same qualitative narrative summary, the Key Informant Interviews (KIIs) were analyzed separately from the focus groups and open-ended survey responses because 1) They are different types of participants, with the focus groups and survey aiming for an audience of community members, and the KIIs being community leaders, and 2) The Key Informants were asked different questions based on their positions in the community, which would lend to their qualitative data having specific differences from the community members. While section one of the qualitative narrative focuses on community members, you will notice similarities with section two because community leaders identified similar themes, but from a broader, more organizational perspective. For this reason, themes are presented in different orders between sections one and two, as the topics emerged from distinct contexts.

Key Informant Interviews

Following is a brief overview of the key informant interview approach and methods; please see **Appendix A Qualitative Analysis Thematic Narrative** for a more detailed description. Six semi-structured key informant interviews were conducted to gather the perspectives of area community leaders. Key informants were carefully and intentionally chosen by The Health Collaborative board for their experiences, expertise, and impactful roles in the five counties and any communities the assessment was intended to cover. The goal was to capture a diverse range of voices from different geographic areas and from varying sectors, including those representing healthcare, economic development, faith-based organizations, crisis response, and food security.

A set of questions was provided to participants in advance. These questions were used to begin and guide the conversation, but the interviewer used a flexible, responsive approach, allowing participants to elaborate on topics most relevant to their work and communities. The interview guide is available in Appendix C at **https://cinow.info/2025-Atascosa-CHNA-Appendix-C/**. Each interviewee was asked whether they were amenable to being quoted in the assessment either anonymously or by name. Whether anonymous or attributed by name or role, every quote in this assessment is used with interviewee consent.

The interviews were conducted in late July and early August 2025, all via Zoom, typically lasting 60-90 minutes. The transcripts auto-generated by Zoom were human-reviewed and cleaned with the audio recording for backup. CINow then performed a qualitative thematic analysis in ATLAS.ti using open coding to identify all themes, axial coding to iteratively categorize themes into major vs sub-themes, and selective coding to extract the final themes.

Extant Quantitative Sources and Analysis

Overview of Sources

This assessment contains quantitative data on approximately 90 indicators, each disaggregated by race/ethnicity group and sub-county geography, usually ZIP Code Tabulation Area (ZCTA), wherever possible. Indicators were also disaggregated by age group and sex where those variables were thought to add critical information. Each indicator source is cited throughout the assessment. The 2025 Assessment draws from too many data sources to list here, but the following local, state, and federal sources were used heavily.

- Population and housing data from the U.S. Census Bureau 2020 Census and American Community Survey
- Physical, social, and economic conditions data from the U.S. Census Bureau American Community Survey One-Year Estimates, Five-Year Estimates, Supplemental Estimates, and Public Use Microdata Sample (PUMS)
- Crime data from the U.S. Department of Justice National Incident-Based Reporting System (NIBRS)
- Behavioral Risk Factor Surveillance System (BRFSS), vital statistics, injury, blood lead, hospital discharge, emergency department, school vaccination coverage, and communicable disease data from the Texas Department of State Health Services Texas Health Data query system, Texas Health Care Information Collection (THCIC), and by special request
- Supplemental Nutrition Assistance Program (SNAP) data from the Texas Health and Human Services Commission
- Vital statistics, birth outcomes, and prenatal care data from the CDC WONDER query system
- Immunization and vaccination data from the Centers for Disease Control and Prevention and Texas Department of State Health Services
- Child and older adult abuse/neglect data from the Texas Department of Family and Protective Services
- Motor vehicle crash data from the Texas Department of Transportation
- Jobs data from the Bureau of Labor Statistics

Staff from these and many other local and state organizations spent considerable time and effort pulling data for the 2025 Assessment and sharing important context and cautions for that data. The Health Collaborative, and CINow are indebted to these individuals and the agencies who allowed them to share their time and expertise.

Analysis of the data typically consisted of calculating proportions and rates, with margins of error or confidence intervals where appropriate; no statistical testing was required. Margins of error and confidence intervals are displayed throughout the assessment. Margins of error were minimized where feasible by combining multiple years of data or, in the case of BRFSS data, by combining all counties *and* multiple years of data.

Hospital Discharge Technical Notes

We call them hospitalization rates for short, but these indicators reflect hospital discharges rather than admissions. The hospital discharge data was downloaded from the Texas Department of State Health Services and the ICD codes that were used for the analysis are listed below.

The hospital discharge data has some important limitations to understand. The rates are discharges after hospitalization with the disease as the *primary* diagnosis, not all hospital discharges with that diagnosis in any diagnosis field. In the case of the asthma hospitalization rate, for example, the intent is to reflect the rate of hospitalizations *for* an asthma attack, not hospitalizations for heart attacks or car accidents among people who

also happen to have diagnosed asthma unrelated to the reason for the hospitalization. Therefore, the rates are not prevalence or incidence of the disease. These hospitalization counts are also not unique visits or people. If the same person living in ZIP code 78065 goes to the hospital three times for asthma in 2023, then all three visits are included in the rate for 78065 that year.

Because the San Antonio Military Health System does not report their hospitalizations to DSHS, the public data files exclude any federal hospital discharges. Although the military hospital systems account for a smaller portion of the population in these assessment counties as compared to Bexar County, the hospitalization data still should not be compared to other areas who do not have large federal hospital exclusions in their datasets.

The hospitalization discharge rates were calculated following the Prevention Quality Indicators (PQIs) methodology provided by the Agency for Healthcare Research and Quality (AHQR) for diabetes, hypertension, and heart failure. The PQIs use data from hospital discharges to identify admissions that might have been avoided through access to high-quality outpatient care. The PQIs are population based and adjusted for covariates. Asthma hospitalizations followed the San Antonio Metropolitan Health District's methodology for diagnosis codes and cerebrovascular disease followed the CDC's definition for ICD-10 diagnosis codes. All population estimates for the rates were calculated from the American Community Survey 1-Year estimates available in Table B01001.

Behavioral Risk Factor Surveillance System Technical Notes

From the CDC User Guide: The Behavioral Risk Factor Surveillance System (BRFSS) is a collaborative project between all the states in the United States and the Centers for Disease Control and Prevention (CDC). The BRFSS is a system of ongoing health-related telephone surveys designed to collect data on health-related risk behaviors, chronic health conditions, and use of preventive services from the noninstitutionalized adult population (≥18 years) residing in the United States. Since 2011, the BRFSS has been conducting both landline telephone and cellular telephone surveys. All the responses were self-reported; proxy interviews are not conducted by the BRFSS. The data are transmitted to CDC for editing, processing, weighting, and analysis. An edited and weighted data file is provided to each participating state health department for each year of data collection, and summary reports of state-specific data are prepared by CDC.

The BRFSS sample sizes were too small to trend annually so three years of data for all five communities were combined for analysis with a new weight applied. The Texas State Health Department provided three different datasets for the assessment. The BRFSS core survey had all years 2021-2023 and the supplemental questions were either asked in odd years (2019, 2021, 2023) or in even years (2018, 2020, 2022). In some cases, questions were asked randomly in the 2017 to 2023 timeframe. We pulled the latest three years when possible. In some rare cases where three years were not available, we pulled the latest two years. The tables are all labeled as 2017-2023 and in almost all cases include three years within that range.

BRFSS observations marked with an asterisk (*) represent cases in which the Relative Standard Error (RSE) is 30 percent or higher, considered statistically unreliable. The RSE is calculated by dividing the standard error of the estimate by the estimate itself, then multiplying the result by 100 to express it as a percentage. The asterisk (*) may also denote cases with a small sample where we are unable to calculate a RSE.

THE 2025 COMMUNITY HEALTH NEEDS ASSESSMENT IS PRESENTED AS A GIFT TO THE COMMUNITY BY THE BOARD OF DIRECTORS OF THE FOLLOWING ORGANIZATIONS:

Health Collaborative
Bexar County's Community Health Leadership

addiction STUDIO

CHRISTUS SANTA ROSA Health System

COMMUNITY FIRST HEALTH PLANS

Methodist Healthcare Ministries
SERVING HUMANITY TO HONOR GOD

Methodist HEALTHCARE

CITY OF SAN ANTONIO METROPOLITAN HEALTH DISTRICT

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The Health Collaborative began informally in 1997 when San Antonio's major healthcare organizations agreed to put aside their competitive business practices to conduct a comprehensive health needs assessment. The evolution in 2000 to an incorporated entity with a long-range strategic plan was a response to the founding members' interest in improving the community's health status by working together.

The Health Collaborative has developed into a powerful network of citizens, community organizations, and businesses. The result is a more robust, less duplicative, and more synergistic approach to solving critical community health needs while efficiently utilizing resources.

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