

Texas Children's Austin Community Health Needs Assessment

2026



Texas Children's

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Texas Children's

Texas Children's, a not-for-profit health care organization, is dedicated to advancing the health of children and women worldwide through leading patient care, education, and research. Texas Children's is consistently ranked as the top children's hospital in Texas and among the best in the nation; its experts are recognized for their groundbreaking work in pediatric and women's health.

Texas Children's Austin brings world-class care to the women and children of Central Texas. Part of Texas Children's Hospital system, the leading and largest pediatric hospital in the country, Texas Children's Austin provides care in more than 30 specialties, including maternal fetal medicine, orthopedic surgery, and cardiac care. The full-service hospital opened in 2024, strengthening the Texas Children's presence in Central Texas, which includes Texas Children's Pediatrics, Texas Children's Urgent Care, Texas Children's Specialty Care, and Texas Children's Pavilion for Women. Texas Children's is affiliated with Baylor College of Medicine. For more information, visit www.texaschildrensaustin.org.

Background

To fulfill the requirements of Section 501(c)(3) of the U.S. Tax Code, not-for-profit hospitals conduct a Community Health Needs Assessment (CHNA) at least once every three years. This process allows hospitals to remain responsive to the evolving health priorities and needs of the communities they serve. The CHNA process involves the systematic collection and analysis of data to identify and prioritize significant community health needs.

Following the completion of the CHNA, hospitals develop and adopt an Implementation Strategy outlining how they will address the prioritized health needs identified in the CHNA. Together, the CHNA and Implementation Strategy serve as essential tools for fostering community engagement, guiding strategic investments in community health improvement, and advancing the hospital's mission to improve the health and well-being of the communities it serves.

CHNA reports are required to include a summary of the hospital's previous CHNA findings and an evaluation of its prior Implementation Strategy. However, Texas Children's Austin opened in February 2024 and this is its inaugural CHNA. As a result, there are no prior CHNA findings or Implementation Strategy outcomes to report. Texas Children's Austin's first Implementation Strategy will be published in February 2027. The results of Texas Children's Houston's CHNA and Implementation Strategy can be [viewed here](#).

Introduction

The CHNA is a foundational report that identifies and prioritizes the needs of the community and assists hospitals in their efforts to support the health of the communities they serve. The CHNA process invites community organizations, nonprofits, leaders, schools, public health, service providers, and others to voice the health concerns seen in the populations they serve. These valuable insights assist hospitals in prioritizing community health needs.

According to federal regulations (IRS.gov, 2026) hospital facilities must complete the following steps:

- Define the community it serves with consideration for the geographic area of the hospital service area, target populations, and primary functions or specialties.
- Assess the health needs of that community, prioritize needs, and identify potential community resources.
- In assessing the community's health needs, solicit and consider input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
- Document the CHNA in a written report that is adopted for the hospital by an authorized body of the hospital facility.
- Make the CHNA report widely available to the public.

The 2026 Austin CHNA represents Texas Children's first CHNA focused on the Austin service area. Data collection included interviews with community partner organizations, focus groups with Texas Children's Austin social workers and Patient and Family Advisory members, and a review of existing community health reports, public health data, and secondary sources. Together, these sources allow for the identification and prioritization of health needs across the Austin service area.

Community Served

Texas Children’s Austin defines its “community” as the Austin-Round Rock-San Marcos Metropolitan Statistical Area (MSA) and is inclusive of five counties in Central Texas: Bastrop, Caldwell, Hays, Travis, and Williamson. This region, commonly referred to as “Greater Austin” is a defined region by the U.S. Office of Management and Budget (OMB) and is used by the U.S. Census Bureau and other agencies for planning purposes.

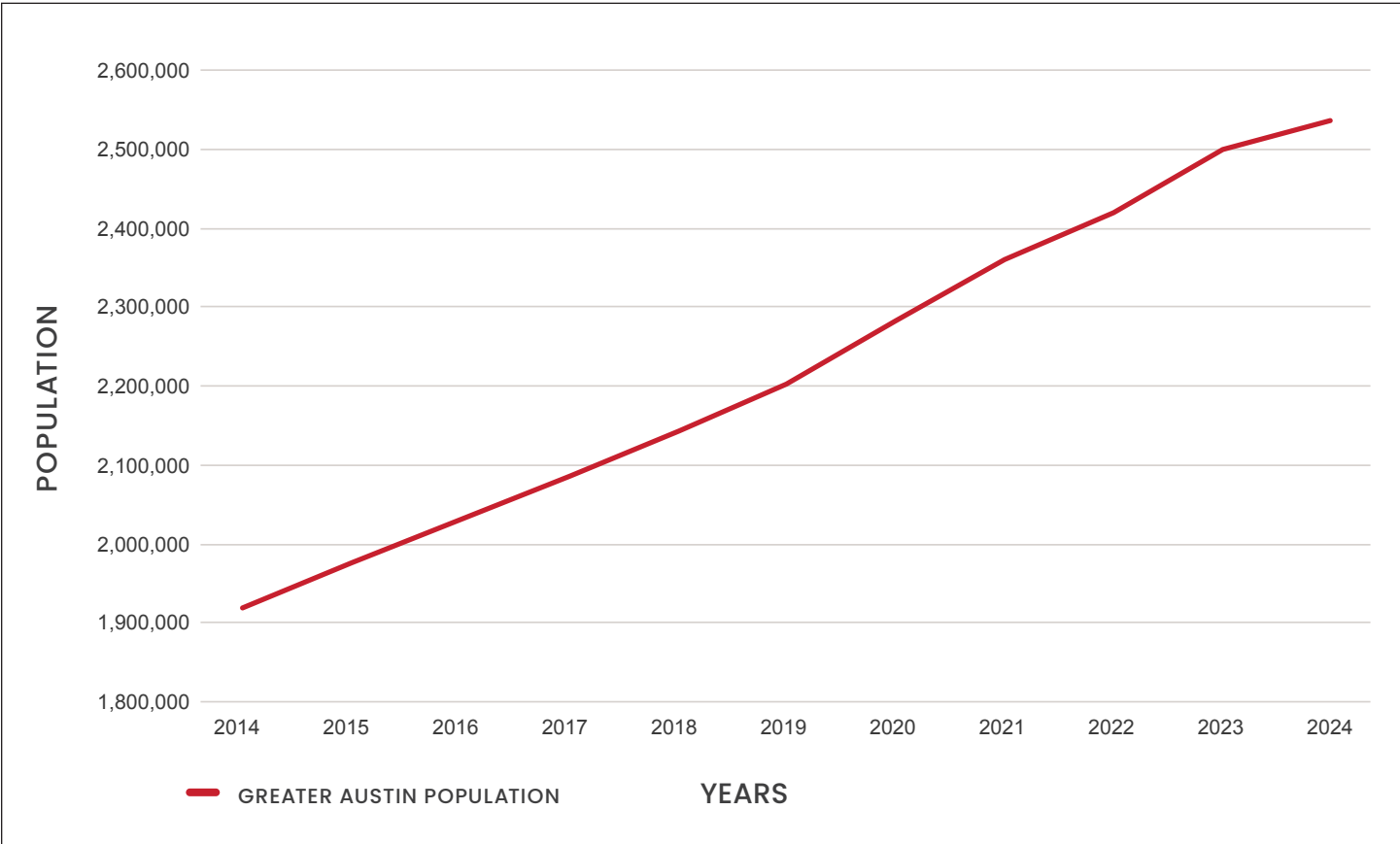
As of 2024, the Austin MSA’s estimated population is 2.55 million and consists of approximately 4,220 square miles.

Demographically, Greater Austin is diverse. According to 2024 Census data, the Austin metro population was approximately 46.9% White non-Hispanic, 32.7% Hispanic, 8.6% Asian, 7.1% Black, 4.2% other races/ethnicities.

While Texas Children’s Austin welcomes patients from across the globe, in fiscal year 2025, 88% of Texas Children’s Austin patients were from the Austin MSA.

Austin has experienced rapid population growth in recent years, increasing from about 2.3 million residents in 2020 to 2.55 million residents in 2024, an 11% increase of approximately 250,000 residents over four years (see Figure 1). The rapid population growth, job growth, and housing demand have placed increasing pressure on families and the community.

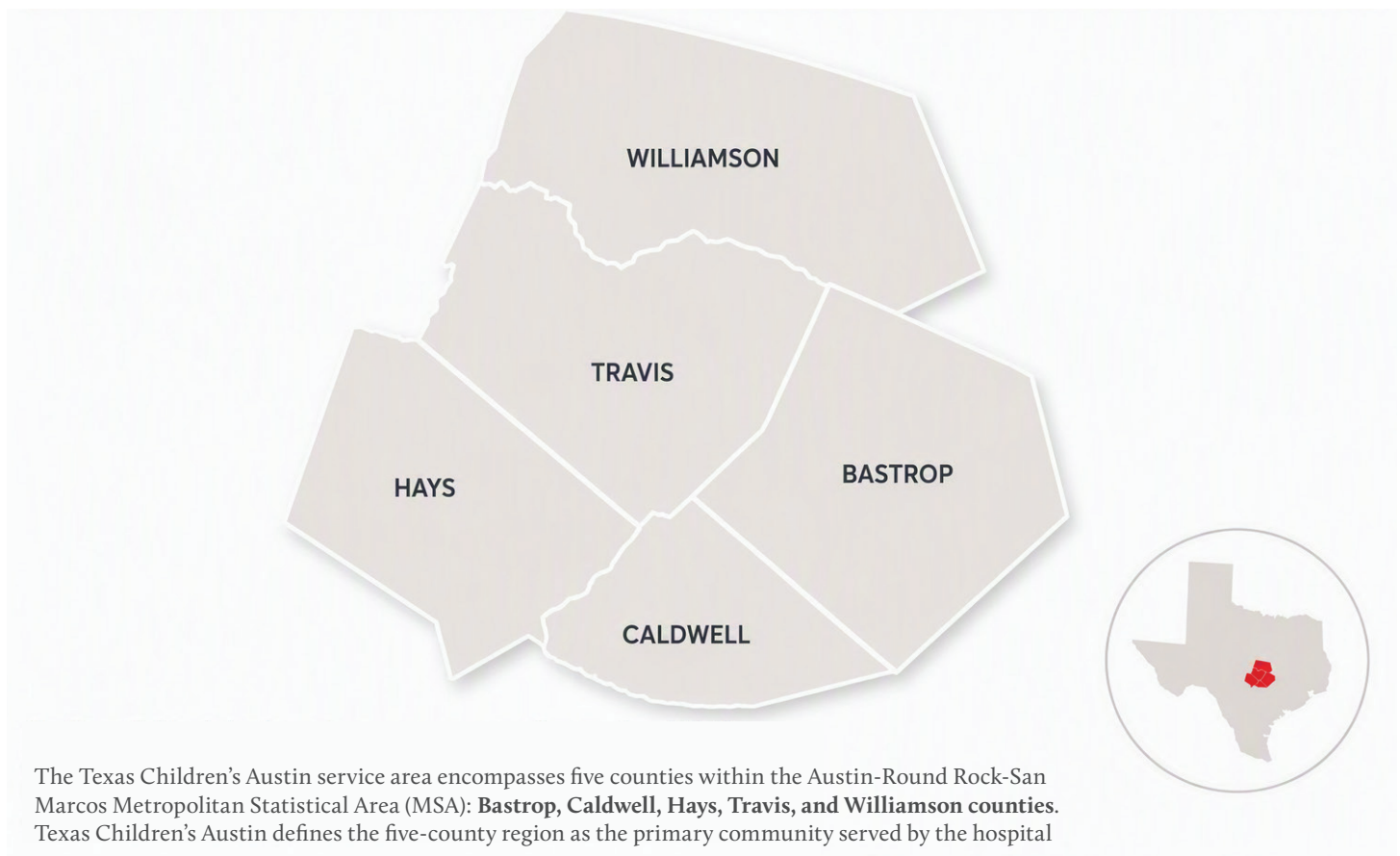
Population Growth in Greater Austin, 2014 – 2024.



County Profiles

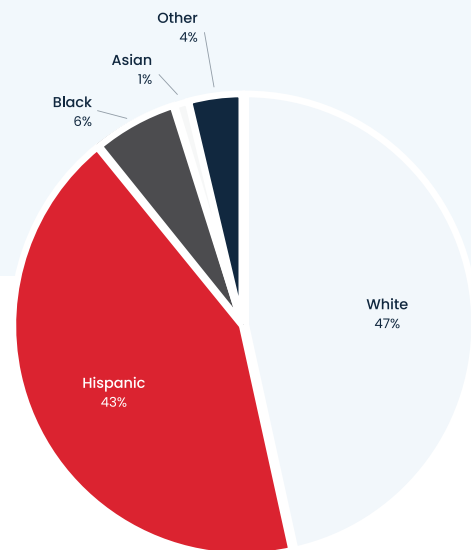
The five counties in the Texas Children's Austin community are distinct from one another and vary across demographic characteristics and health indicators. The county profiles below include data on population, education and income, access to care, food insecurity, and housing. Population size ranges from approximately 50,000 residents in Caldwell County to 1.4 million residents in Travis County. The poverty rate ranges from 5% in Williamson County to 12% in Caldwell County. Williamson County has the lowest rate of uninsured children (8%), compared to 13% and 14% in both Bastrop and Caldwell counties. Finally, there is a substantial difference in income across the area, with median household income ranging from approximately \$63,000 in Caldwell County to \$111,000 in Williamson County. Overall, these differences highlight the diverse socioeconomic and health-related conditions that exist across the Texas Children's Austin service area.

Figure 1. Texas Children's Austin Service Area



Bastrop County

Situated east of Austin, Bastrop County covers 888.2 sq/miles and is home to 110,793 residents, including 26,827 children. The county is largely rural, with notable healthcare access challenges, including one of the largest primary care provider gaps in the Austin CHNA service area.



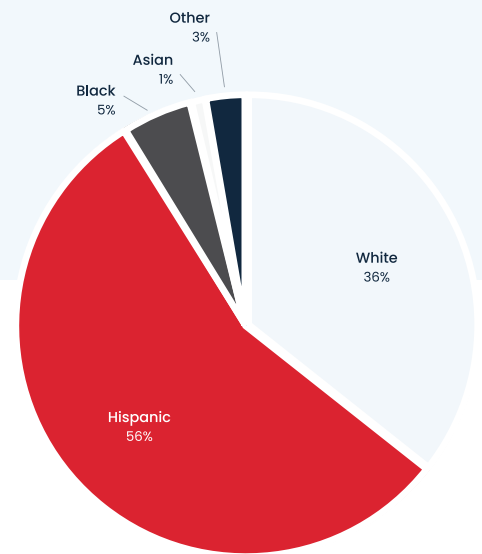
POPULATION	Total Population	Child Population	Population Growth (OVER 10 YEARS)
	110,793	26,827	41%
EDUCATION AND INCOME	Poverty Rate	Child Poverty Rate	High School Graduates
	10%	14%	94%
ACCESS TO CARE	Uninsured Adults	Uninsured Children	Primary Care PROVIDER: RESIDENT RATIO
	25%	13%	1:4,080
FOOD INSECURITY	Food Insecurity Rate	Child Food Insecurity Rate	Limited Access to Healthy Food
	16%	19%	6%
HOUSING	Median Household Income	Median Monthly Gross Rent	Severe Housing Problems
	\$77,345	\$1,560	16%

County Health Rankings & Roadmaps. (2025). Texas data and resources. University of Wisconsin Population Health Institute. <https://www.countyhealthrankings.org/health-data/texas/data-and-resources>

KIDS COUNT Data Center. (n.d.). KIDS COUNT Data Center. The Annie E. Casey Foundation. <https://datacenter.aecf.org/>
U.S. Census Bureau. (n.d.). Explore census data. <https://data.census.gov/>

Caldwell County

Located southeast of Austin, Caldwell County encompasses approximately 544.5 square miles and has a population of 49,733 residents. The county includes a mix of rural communities and growing small cities, with a majority-Hispanic population.



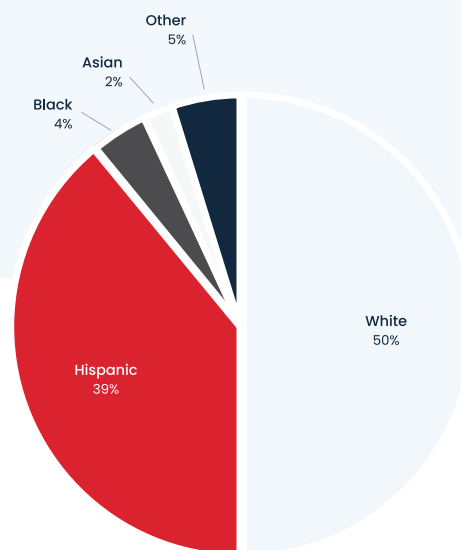
POPULATION	Total Population	Child Population	Population Growth (OVER 10 YEARS)
	49,733	10,896	27%
EDUCATION AND INCOME	Poverty Rate	Child Poverty Rate	High School Graduates
	12%	17%	87%
ACCESS TO CARE	Uninsured Adults	Uninsured Children	Primary Care PROVIDER: RESIDENT RATIO
	26%	14%	1:3,990
FOOD INSECURITY	Food Insecurity Rate	Child Food Insecurity Rate	Limited Access to Healthy Food
	17%	19%	7%
HOUSING	Median Household Income	Median Monthly Gross Rent	Severe Housing Problems
	\$63,395	\$1,173	21%

County Health Rankings & Roadmaps. (2025). Texas data and resources. University of Wisconsin Population Health Institute. <https://www.countyhealthrankings.org/health-data/texas/data-and-resources>

KIDS COUNT Data Center. (n.d.). KIDS COUNT Data Center. The Annie E. Casey Foundation. <https://datacenter.aecf.org/>
U.S. Census Bureau. (n.d.). Explore census data. <https://data.census.gov/>

Hays County

Hays County lies southwest of Austin and covers approximately 676.9 square miles, with a population of 282,015 residents. The county is experiencing rapid population growth, which is increasing demand for healthcare, childcare, and family support services.



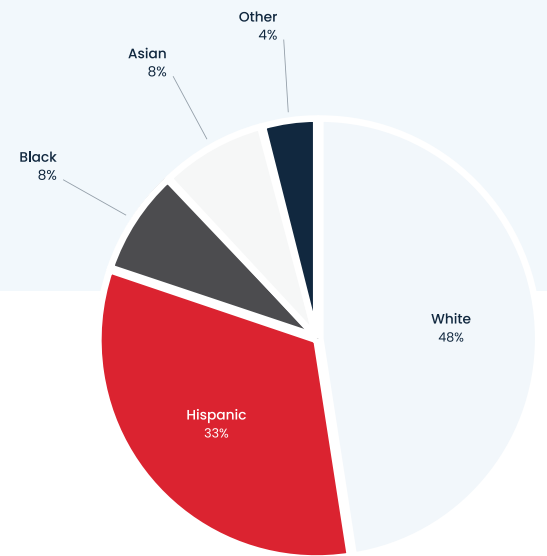
POPULATION	Total Population	Child Population	Population Growth (OVER 10 YEARS)
	282,015	62,634	61%
EDUCATION AND INCOME	Poverty Rate	Child Poverty Rate	High School Graduates
	11%	8%	91%
ACCESS TO CARE	Uninsured Adults	Uninsured Children	Primary Care PROVIDER: RESIDENT RATIO
	16%	9%	1:2,210
FOOD INSECURITY	Food Insecurity Rate	Child Food Insecurity Rate	Limited Access to Healthy Food
	16%	16%	2%
HOUSING	Median Household Income	Median Monthly Gross Rent	Severe Housing Problems
	\$88,491	\$1,626	21%

County Health Rankings & Roadmaps. (2025). Texas data and resources. University of Wisconsin Population Health Institute. <https://www.countyhealthrankings.org/health-data/texas/data-and-resources>

KIDS COUNT Data Center. (n.d.). KIDS COUNT Data Center. The Annie E. Casey Foundation. <https://datacenter.aecf.org/>
U.S. Census Bureau. (n.d.). Explore census data. <https://data.census.gov/>

Travis County

Travis County, located in Central Texas, serves as the urban center of the Austin CHNA service area and includes the city of Austin. Spanning approximately 994.3 square miles, the county has 1,353,237 residents, including 283,947 children, making it the most populous county in the region.



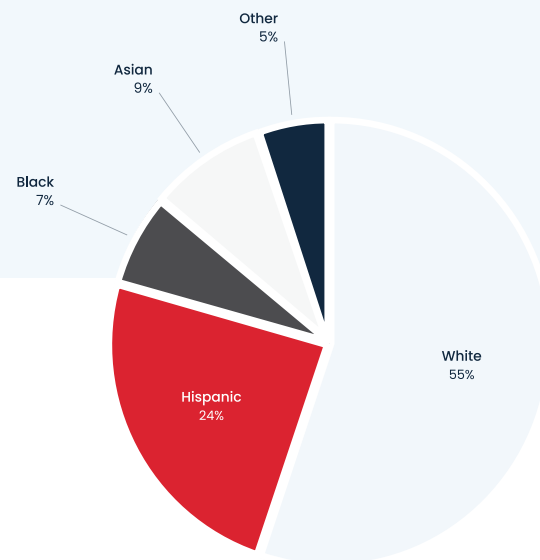
POPULATION	Total Population	Child Population	Population Growth (OVER 10 YEARS)
	1,353,237	283,947	22%
EDUCATION AND INCOME	Poverty Rate	Child Poverty Rate	High School Graduates
	11%	13%	91%
ACCESS TO CARE	Uninsured Adults	Uninsured Children	Primary Care PROVIDER: RESIDENT RATIO
	14%	9%	1:1,200
FOOD INSECURITY	Food Insecurity Rate	Child Food Insecurity Rate	Limited Access to Healthy Food
	16%	16%	5%
HOUSING	Median Household Income	Median Monthly Gross Rent	Severe Housing Problems
	\$97,544	\$1,789	18%

County Health Rankings & Roadmaps. (2025). Texas data and resources. University of Wisconsin Population Health Institute. <https://www.countyhealthrankings.org/health-data/texas/data-and-resources>

KIDS COUNT Data Center. (n.d.). KIDS COUNT Data Center. The Annie E. Casey Foundation. <https://datacenter.aecf.org/>
U.S. Census Bureau. (n.d.). Explore census data. <https://data.census.gov/>

Williamson County

North of Austin, Williamson County spans approximately 1,118 square miles and has 698,870 residents, including 164,042 children. The county is characterized by rapid suburban growth and a relatively high median income compared with other counties in the Austin CHNA service area.



POPULATION	Total Population	Child Population	Population Growth (OVER 10 YEARS)
	698,870	164,042	51%
EDUCATION AND INCOME	Poverty Rate	Child Poverty Rate	High School Graduates
	5%	6%	96%
ACCESS TO CARE	Uninsured Adults	Uninsured Children	Primary Care PROVIDER: RESIDENT RATIO
	13%	8%	1:1,500
FOOD INSECURITY	Food Insecurity Rate	Child Food Insecurity Rate	Limited Access to Healthy Food
	14%	15%	9%
HOUSING	Median Household Income	Median Monthly Gross Rent	Severe Housing Problems
	\$111,183	\$1,854	13%

County Health Rankings & Roadmaps. (2025). Texas data and resources. University of Wisconsin Population Health Institute. <https://www.countyhealthrankings.org/health-data/texas/data-and-resources>

KIDS COUNT Data Center. (n.d.). KIDS COUNT Data Center. The Annie E. Casey Foundation. <https://datacenter.aecf.org/>
U.S. Census Bureau. (n.d.). Explore census data. <https://data.census.gov/>

County Data

Further, the table below presents additional selected health outcomes, health behaviors, and access-to-care indicators for the five counties in the Texas Children’s Austin community, along with state and national benchmarks.

Together, these measures provide insight into the geographic, demographic, social, physical, behavioral, and environmental factors that influence health across the region.

Table 1. Community Health Data for Greater Austin

Health Indicator ^{a,b}	Bastrop	Caldwell	Hays	Travis	Williamson	Texas	United States
Poor or Fair Health (%)	23%	26%	19%	16%	16%	23%	20%
Poor Physical Health days per month	4.5	4.8	3.9	3.5	3.5	4.7	4.5
Poor Mental Health days per month	5.6	5.6	5.3	5	4.9	5.7	5.7
Low Birthweight (%)	7%	8%	7%	8%	7%	9%	8%
Adult Smoking (%)	14%	15%	11%	9%	10%	15%	16%
Adult Obesity (%)	40%	42%	35%	30%	32%	38%	38%
Food Environment Index	7.6	7.3	8.1	7.7	7.8	5.7	7.6
Physical Inactivity (%)	31%	33%	24%	20%	22%	30%	27%
Excessive Drinking (%)	19%	18%	20%	20%	19%	19%	19%
Alcohol-Impaired Driving Deaths (%)	42%	18%	19%	27%	20%	26%	26%
Sexually Transmitted Infections Rate	425.2	449.3	472.4	681.7	319.3	491.9	492.2
Teen Birth Rate	25	34	12	18	9	21	15
Food Insecurity (%)	16%	17%	16%	16%	14%	18%	14%
Limited Access to Healthy Foods (%)	6%	7%	2%	5%	9%	8%	6%
Drug Overdose Mortality Rate	16	13	15	24	13	18	32
Insufficient Sleep (%)	35%	38%	36%	32%	33%	37%	37%
Primary Care Physician Ratio	1:4080	1:3990	1:2210	1:1200	1:1500	1:1640	1:1310
Dentists’ Ratio	1:2700	1:3120	1:2500	1:1300	1:1640	1:1580	1:1340
Mental Health Provider’s Ratio	1:1290	1:1170	1:690	1:230	1:530	1:550	1:290
Preventable Hospitalization Rate	2619	4050	2280	2316	2235	2991	2769
Mammography Screening (%)	38%	34%	42%	44%	46%	42%	46%
Flu Vaccination (%)	35%	36%	44%	49%	46%	40%	44%

a. A description of each indicator is available in Appendix A

b. County Health Rankings & Roadmaps. (2025). Texas data and resources. University of Wisconsin Population Health Institute. countyhealthrankings.org/health-data/texas/data-and-resources

Methods

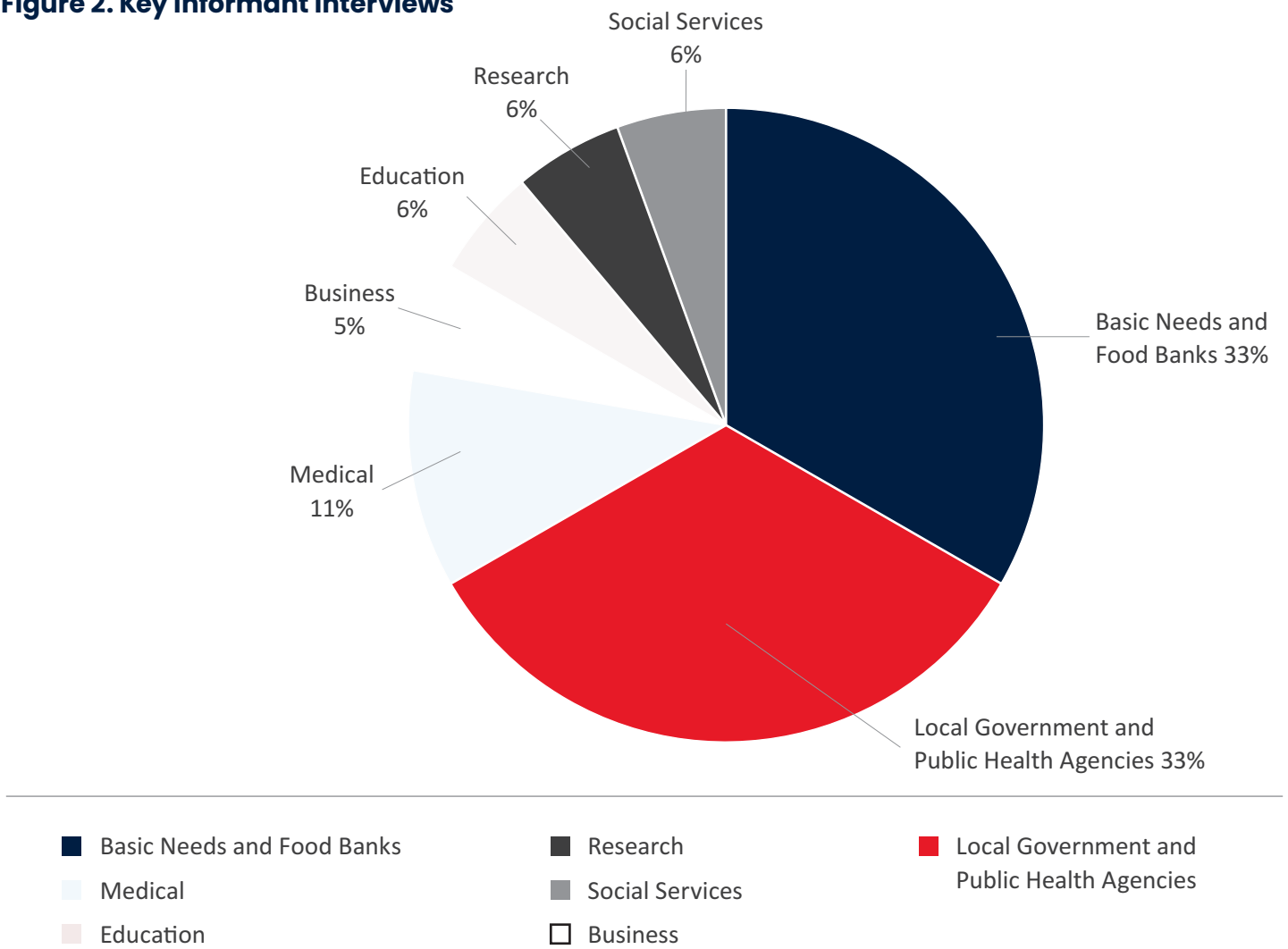
To assess the health needs of the greater Austin community, a CHNA team was established, which included team members from the Community Benefits Department, Austin Campus, and an Assistant Professor from UT School of Public Health and graduate students from UTHealth Houston School of Public Health’s Community Assessment Methods course. The CHNA team completed an assessment on the health needs of the greater Austin area through key informant interviews, focus groups, and a review of publicly available data between March and June 2026.

Key Informant Interviews

The CHNA team completed key informant interviews with 18 organizations (see Appendix B) and 19 individuals across the Greater Austin area that represent the diverse interests and needs of the community. The organizations included local government and public health agencies, nonprofit organizations, medical organizations, school districts, chambers of commerce, social services organizations, and food banks (see Figure 2). The organizations represented all 5 counties in the service area, specifically: 41% from Travis, 32% Williamson, 9% Bastrop, 9% Caldwell, and 9% Hays counties.

The key informant interviews were guided by a semi-structured Key Informant Interview Guide and included questions on community needs, populations served, access to healthcare, mental health, community conditions, weather events and natural disasters, community strengths, and opportunities. The interviews were completed virtually, recorded, and lasted between 30 and 60 minutes. The interview guide is available in Appendix C.

Figure 2. Key Informant Interviews



Focus Groups

The CHNA team conducted two focus groups to capture additional perspectives and ideas on the health needs of Greater Austin. The focus groups were conducted virtually, lasted 60 minutes, and were facilitated by members of the CHNA team. The facilitators used a semi-structured guide and were recorded with participant consent. The two focus groups included members of the Texas Children's Social Work Department and Texas Children's Patient and Family Advisors, which included parents and caregivers of TCH patients. The focus groups included a total of ten participants, and the focus group guide is available in Appendix D.

Analysis of Key Informant Interviews and Focus Groups

Interview and focus group transcripts were analyzed using a codebook thematic analysis approach informed by the methodology described by Braun and Clarke (2006). This approach combines deductive and inductive coding strategies and incorporates multiple rounds of review and synthesis to identify recurring themes across interviews. After initial themes were identified, quotes were extracted to highlight the community's perspective and voice.

The analysis was designed to move from individual stakeholder perspectives to broader community-level health priorities by systematically identifying patterns that appeared across organizations, sectors, and geographic areas. Upon completion of coding and thematic analysis to identify themes, the CHNA team utilized AI to corroborate themes and findings.

Prioritized Community Health Needs and Potential Resources

The Texas Children's Community Benefits team initially identified nine themes related to community health needs through key informant interviews, focus groups, and a review of public health data. The Texas Children's Community Benefits team presented the initial findings to the Austin Campus leadership team on June 22, 2026 for review and discussion, which included nursing, physician, and administrative leaders. Based on the initial findings, the Austin Campus leadership team identified and prioritized four community health needs.

On June 30, 2026, the Texas Children's Community Benefits Executive Steering Committee reviewed, discussed, and finalized the prioritized community health needs. The Community Benefits Executive Steering Committee consists of physician, nursing, and administrative leaders across Texas Children's network of care, who provide critical guidance to the Community Benefits Department regarding community health (see Appendix E). Their guidance and review is shaped by the institution's mission to create a healthier future for children and women throughout the global community by leading in patient care, education, and research. The final prioritized community health needs for Greater Austin include:

1. Access to Care
2. Social Drivers of Health
 - Affordability, food insecurity, transportation, and housing
3. Maternal and Child Health
4. Mental and Behavioral Health

Access to Care

As the Austin community continues to grow, healthcare access remains one of the most significant challenges across the five-county CHNA service area. Access barriers are especially pronounced in rural and fast-growing areas, where families may face fewer nearby clinics, longer travel times, insurance coverage gaps, and limited specialty care services. Texas continues to lead the nation with the highest uninsured rate in the U.S., with an overall rate of roughly 16.7% (Texans Care for Children, 2025). In the Austin service area, an average of 11.3% of children and 21.5% of adults are uninsured, highlighting ongoing coverage barriers (KIDS COUNT Data Center, 2025).

"I would say lack of health insurance and lack of transportation are some of the biggest needs. We get calls all the time for people needing rides." **-Community Stakeholder**

Furthermore, all five counties in Greater Austin are federally designated as medically underserved based on provider availability, poverty rates, infant mortality, and proportion of elderly residents (Health Resources & Services Administration, 2026). Rural counties such as Bastrop and Caldwell also face provider shortages, with Bastrop County having the lowest ratio of primary care physicians to residents (1 physician to 4,080 residents) (County Health Rankings & Roadmaps, 2025). Furthermore, many of the safety net clinics that serve uninsured and underinsured populations are clustered around the I-35 corridor with fewer options available in Bastrop, Caldwell, and Hays Counties (Einhorn, 2024). This is significant because limited access to care can worsen health outcomes, increase preventable emergency visits, and place greater strain on families and healthcare systems across the Austin region.

"Our ratio of patients to providers is really lacking and it's a problem that's happening across rural areas. It's not enticing to a lot of medical professionals to work in a more rural location." **-Community Stakeholder**

Access to care extends beyond the availability of healthcare services, but whether families can realistically obtain and utilize the services. Stakeholders emphasized that healthcare must be geographically accessible, affordable, culturally appropriate, and available when families need it most.

"Access to healthcare... [is] not just thinking about, do we have a building that provides these services, but are they accessible? Are they available? Are they acceptable?" **-Community Stakeholder**

Key stakeholders particularly emphasized challenges in accessing specialty care including obstetrics, behavioral health, and developmental pediatrics. Families face long wait times or must travel outside their community to find an available provider, which can delay care and make it harder for children with complex health needs to receive timely diagnosis, treatment, and follow-up.

"There's sometimes... one doctor. I guess we'll have to wait until they have an opening, or there's no doctors. We have to travel somewhere else to go find one." **-Patient & Family Advisors Focus Group**

Even when high-quality care is available, given overall affordability challenges in the area, cost can influence a family’s decision to seek services. Hospital fees, insurance coverage, and out-of-pocket expenses may force families to choose lower-cost options, even when they prefer a different provider or facility. Uninsured rates vary across Greater Austin, with high rates of uninsured residents in Bastrop and Caldwell Counties (see Figures 3 and 4). Both Bastrop and Caldwell counties exceed the Texas average uninsured rate of 19.8%, placing many residents at increased risk of delaying or forgoing needed healthcare services because of cost (County Health Rankings & Roadmaps, 2025). Uninsured and underinsured residents are more likely to postpone preventive services, delay treatment for chronic conditions, and rely on emergency departments for non-emergent healthcare needs (Texas Health and Human Services Commission [HHSC], 2026). These challenges are particularly concerning for families with children, as inadequate insurance coverage can limit access to well-child visits, immunizations, and other preventive healthcare services (County Health Rankings & Roadmaps, 2026).

Figure 3. Uninsured Rates by County

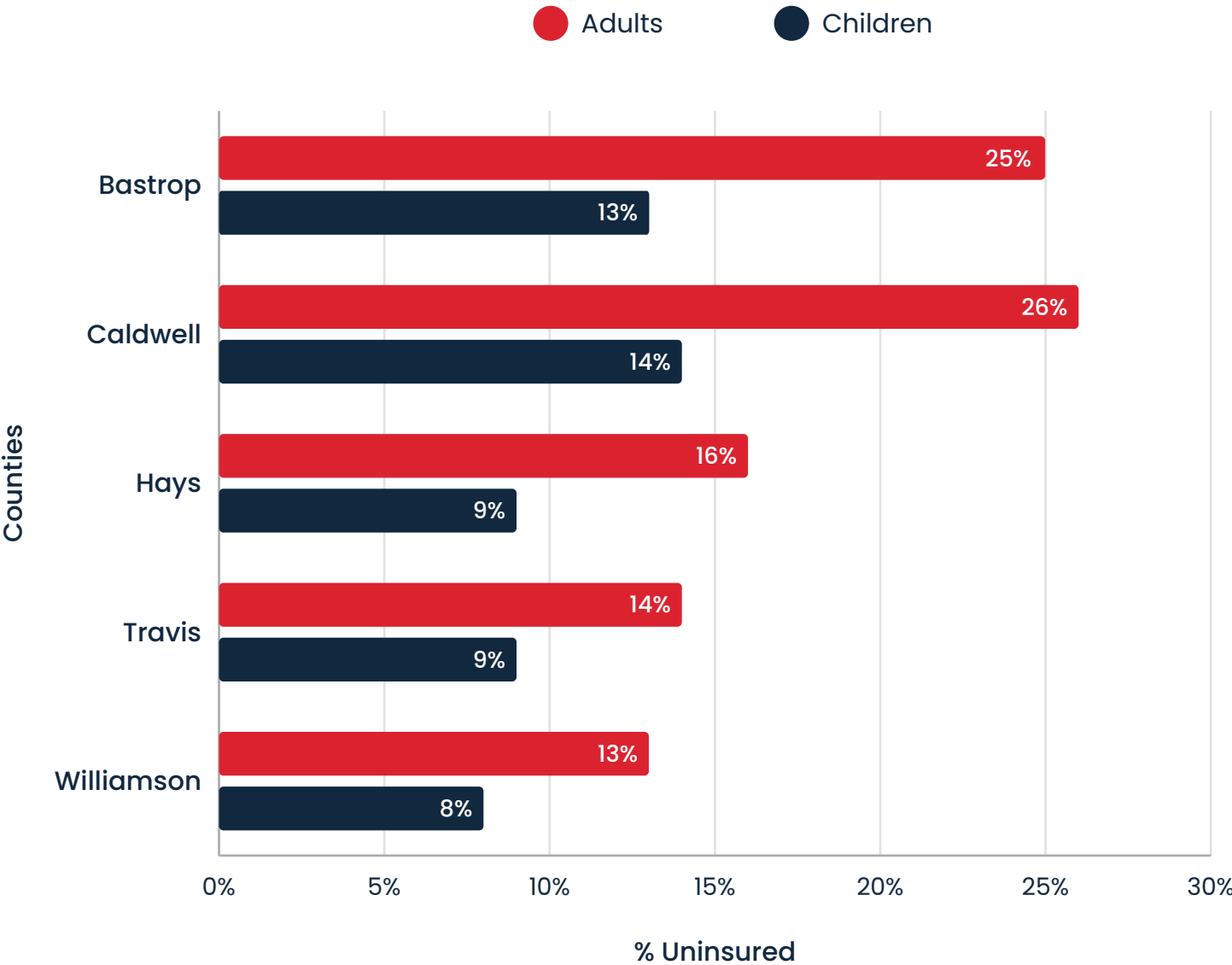
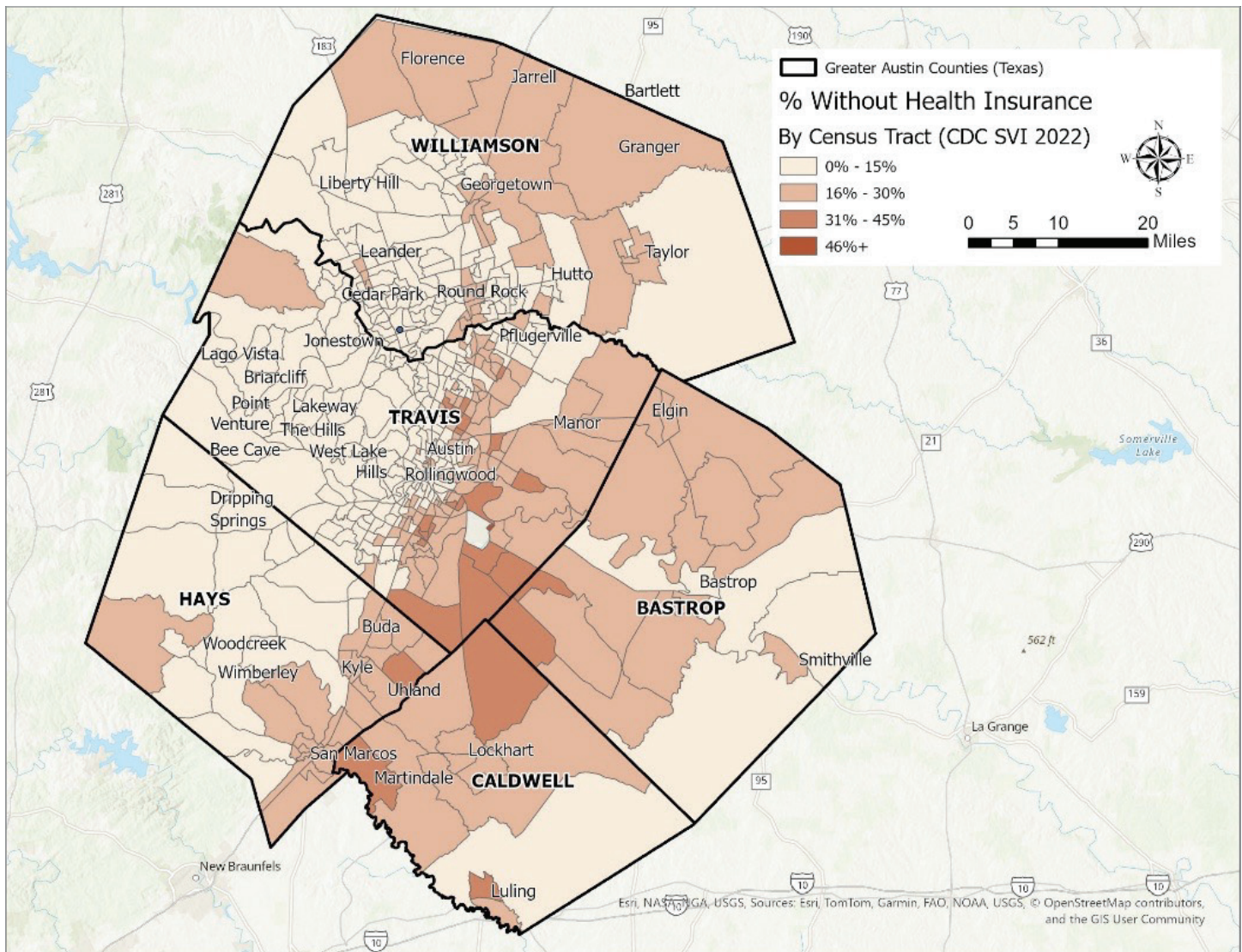


Figure 4. Uninsured Rates by Census Tract



Overall, access to care remains a significant challenge across the Texas Children’s Austin service area, particularly in rural and rapidly growing communities. Stakeholder feedback and quantitative data highlight persistent barriers related to provider shortages, limited specialty care availability, geographic access, and the high cost of healthcare, all of which can delay or prevent families from obtaining needed services. These challenges are compounded by high uninsured rates in some counties, underscoring the importance of improving the availability, affordability, and accessibility of care to support better health outcomes for children and families throughout the region.

Community Resources: Access to Healthcare

Organization	Description
<u>Austin Public Health</u> 6800 Burleson Rd., Bldg. 310, Suite 295, Austin, TX 78744	Provides immunizations, disease prevention, maternal and child health programs, sexual health services, and other public health programs.
<u>Central Health</u> 1111 E. Cesar Chavez St., Austin, TX 78702	Travis County Hospital District provides healthcare coverage, specialty referrals, care coordination, and programs that improve access to care for low-income residents.
<u>Community Care Collaborative</u> 1111 E. Cesar Chavez St., Austin, TX 78702	Coordinates care management, specialty referrals, and healthcare navigation for underserved patients through partnerships across Central Texas.
<u>Foundation Communities – Prosper Health Coverage Program</u> 2600 W. Stassney Ln., Austin, TX 78745	Provides free assistance enrolling individuals and families in Medicaid, CHIP, Marketplace insurance, and other health coverage programs.
<u>Lone Star Circle of Care</u> Multiple locations throughout Austin, Round Rock, Cedar Park, Georgetown, Bastrop, Hutto, Pflugerville, Taylor, and surrounding communities	Federally Qualified Health Center providing primary care, pediatrics, women's health, behavioral health, dental, vision, pharmacy, and insurance enrollment assistance.
<u>People's Community Clinic</u> 1101 Camino La Costa, Austin, TX 78752	Community health center providing integrated primary care, pediatrics, behavioral health, pharmacy, and care coordination for medically underserved and uninsured Central Texans.
<u>Williamson County Health District</u> 355 Texas Ave., Round Rock, TX 78664	Local public health agency providing immunizations, communicable disease prevention, maternal and child health services, health education, and public health programs.

Social Drivers of Health

Social drivers of health (SDOH) are the conditions in the environment in which people are born, grow, live, work, and age and have a significant impact on the health of individuals and communities (World Health Organization, n.d.). While social drivers of health encompass a broad range of environmental, social, and economic factors, four drivers of health surfaced repeatedly in the assessment: affordability and economic stability, food insecurity, transportation, and housing.

Affordability

Affordability refers to whether families have enough income and resources to cover basic needs without having to give up other essentials. Affordability has emerged as a growing concern across Greater Austin due to rapid population growth and rising living costs. Local housing data shows that a person would need to earn \$31.27 an hour to afford a two-bedroom apartment in Austin at fair market rent in 2023, which is more than four times the minimum wage (Aldridge, 2025). The affordability pressure has been intensified by rapid population growth; the Austin metro grew by 33% from 2010 to 2020, adding more than 567,000 residents and increasing demand for housing, services, and basic resources (Ramser, 2021). Affordability is a growing issue in Austin, with nearly 20,000 more households experiencing housing cost burden in 2023 compared to 2020, indicating households were spending more than 30% of their income on housing costs (HousingWorks Austin, 2025).

“The cost of living right now is just so expensive. It affects the cost of food, the cost of gas, the cost to live. It feels like some people are having to move and to relocate.” –**Community Stakeholder**

For families already balancing rent, groceries, transportation, and healthcare costs, this creates added financial pressure. When basic needs become unaffordable, families are forced to make difficult tradeoffs.

“They’re having to make difficult decisions about whether they purchase those diapers or whether or not they purchase food or pay their electric bill.” –**Community Stakeholder**

These tradeoffs directly affect child and family health because financial strain can limit access to preventative care, nutritious food, and other resources that support long term health. Families may delay care not because it is unimportant but simply due to prioritizing basic needs.

“When you’re short on funds and when you’re short on time, the doctor’s appointments are what get cut.” –**Patient & Family Advisor Focus Group**

Food Insecurity

Food insecurity refers to when families do not have a reliable source of food that is affordable and nutritious to support their lifestyle. Food insecurity remains a significant challenge across Texas, affecting approximately 5.3 million residents (Feeding Texas, n.d.). Reliable access to nutritious food is particularly important for children and families because it directly influences growth, development, and long-term health outcomes. When healthier food choices are just too expensive or difficult to access, families start to rely on cheaper and unhealthy food options, which can affect long-term health. Adults in food-insecure households are more likely to experience mental health challenges and chronic conditions such as diabetes and heart disease (Food Research & Action Center, n.d.).

“Healthy food is expensive. And you can eat at McDonald’s or at Wendy’s for a family of four with a lot less money than it would take you to buy organic apples and things like that. So, I think there’s not just food deserts, but food swamps that make it easier for people to not eat healthy.”

-Community Stakeholder

“When we survey and do focus groups with our community, the number one thing they say is they want fruit and vegetables. And the reason is that it’s so expensive when you go to the grocery store. A lot of these folks are in food deserts and they could go to corner stores and buy a ton of sugary cereal, but they can’t get fresh avocados and herbs and stuff like that.” **-Community Stakeholder**

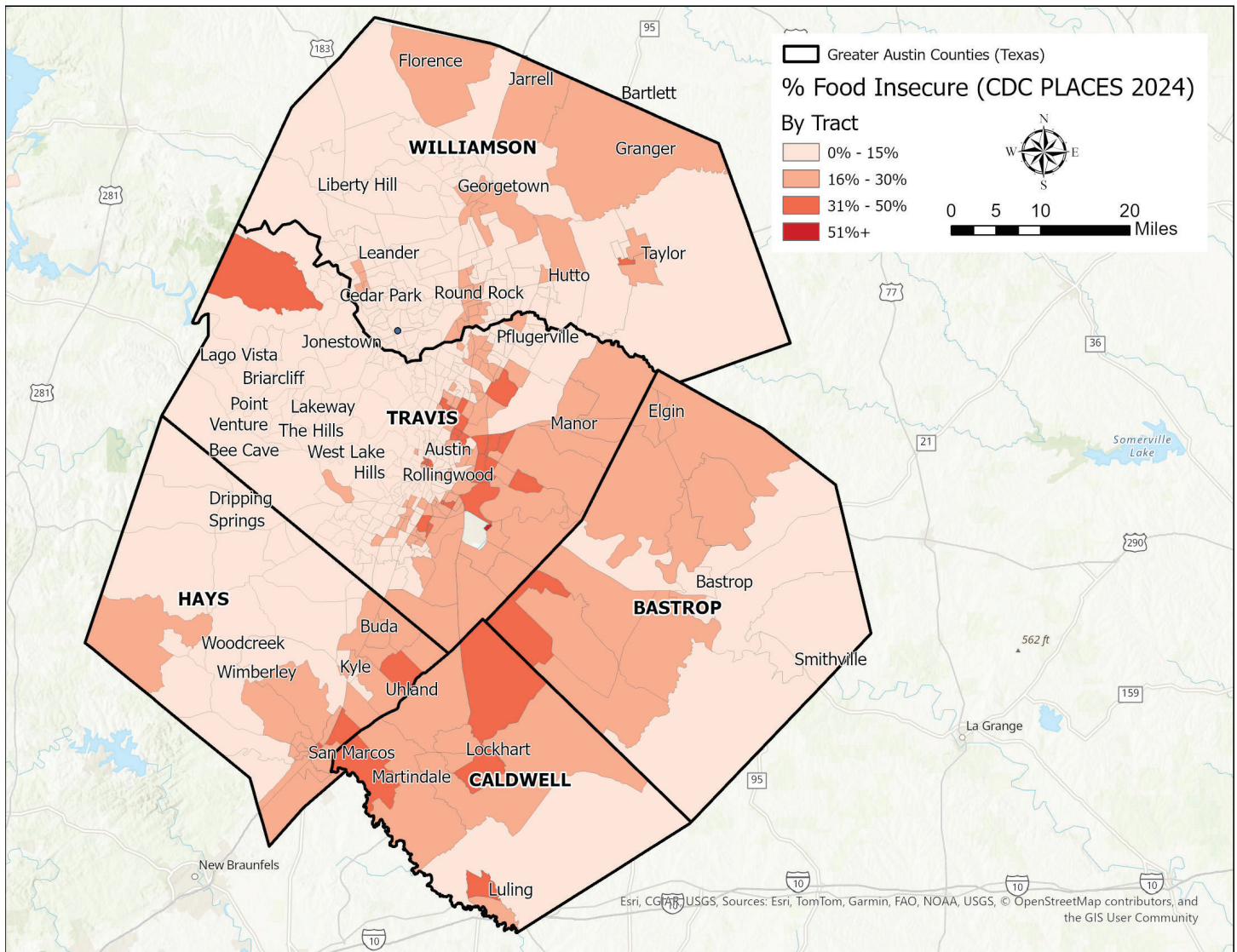
Food access is not evenly distributed across Greater Austin. Central Texas Food Bank data shows that food insecurity is concentrated in certain areas, including the Eastern Crescent of Travis County (see Figure 5). Furthermore, local data reveals racial and ethnic disparities with 31% of Black residents and 24% of Hispanic residents facing food insecurity, compared with 11% of White residents (Feeding America, 2023). Additionally, children also experience food insecurity at a higher rate than the overall population (Central Texas Food System, n.d.). For the Austin service area, the average food insecurity for all ages is 15.7% while for children it is 17% (KIDS COUNT Data Center, n.d.)

When household budgets are strained, food is often one of the few expenses families can adjust. As a result, families may reduce either the quality or quantity of food they purchase in order to meet other essential obligations.

“Food is the bill you can adjust... if you don’t pay the rent, you’re evicted. If you don’t put gas in your car, it doesn’t go.” **-Community Stakeholder**



Figure 5. Food Insecurity Rates by Census Tract



Transportation

Transportation barriers limit whether families can access healthcare, food, employment, recreation, and other essential services in a timely manner. This is especially challenging for families who rely on public transit, live in rural areas, or do not have consistent access to a private car. A recent study demonstrated that residents in 56% of census tracts in Greater Austin are unable to reach a hospital using public transit within a one hour window (Yang & Wang, 2025). These gaps in transit access were especially concerning in areas with higher proportions of Black, Hispanic, uninsured, and low-income residents (Yang & Wang, 2025).

Geographic factors further compound transportation barriers. Rural counties such as Bastrop and Caldwell cover large areas, making travel time a major barrier when healthcare is centrally located in the city of Austin.

“The interstate may as well be the Sahara Desert. If you live on one side of it, you cannot easily get to the other side if you don’t have a private car.” –Community Stakeholder

“It’s kind of hard for individuals that are in certain parts of the city trying to go to I-35, because that’s where a lot of the clinics are... but there’s individuals or families that are more in the rural area.”

–Community Stakeholder

Transportation challenges extend beyond distance alone and include limited mobility options, inadequate transit infrastructure, and physical separation from essential services. In the Austin service area, major roads, limited public transportation, and reliance on private cars make it difficult for families to reach healthcare and food resources.

“The most pressing issue in all categories that we serve, whether it’s access to job, access to health, access to doctors, access to dentists, access to food, it’s transportation.” –Community Stakeholder

Housing

Housing is a major social driver of health in the Austin service area because where families can live directly affects their access to healthcare, food, transportation, employment, and resources. The quality and safety, stability, and affordability of housing coupled with the surrounding neighborhood all impact the short- and long-term health of residents (Green, 2021).

The Texas Tribune reported that Austin’s housing crisis worsened during the pandemic era as population and job growth increased pressure on the housing market (Fechter, 2025). According to HousingWorks Austin’s 2023 housing analysis, 36% of Austin households were housing cost-burdened, including 45% of renter households (HousingWorks Austin, 2025). Increased demand for housing and a limited supply of homes has led to an overall increase in rent prices.

From 2010 to 2019, Austin’s rent increased by 93%, while home sale prices increased by 82%. The rise in rent was a greater change than any other American city, and the rise in home sale prices was more than any other metro area in Texas (Clifford et al., 2026). Rising regional housing costs have pushed lower income families out of central neighborhoods and into outlying areas where the healthcare infrastructure is less dense (The Uprooted Project, 2018). Recent housing construction, with 120,000 homes being added between 2015 and 2024, has helped stabilize rent prices but affordability is still a major concern, especially for low-income residents (Clifford et al., 2026). The Urban Displacement Project explains that rising housing costs and redevelopment pressure have especially affected vulnerable groups, including low-income renters, families with children, and Black and Hispanic residents, particularly in East Austin and the “Eastern Crescent.” (Chapple et al., 2026). Consequently, despite recent housing expansion, affordability challenges persist, and many residents continue to be displaced farther from employment centers, healthcare services, and community resources.

“A lot of people are moving out because it’s just too expensive.” –Community Stakeholder

Overall, social drivers of health play a critical role in shaping the well-being of children and families across the Texas Children’s Austin service area. Stakeholder input and community data demonstrate how rising costs, food insecurity, transportation barriers, and housing affordability challenges are interconnected and can limit access to healthcare, nutritious food, employment, and other essential resources. Addressing these underlying social and economic conditions will be important for improving health outcomes and reducing disparities across the region.



Community Resources–Social Drivers of Health

Organization	Description
<u>Boys & Girls Clubs of the Austin Area</u> 6648 Ed Bluestein Blvd., Austin, TX 78723	Provides after-school and summer programs, meals, academic support, mentoring, and youth development services.
<u>Caritas of Austin</u> 611 Neches St., Austin, TX 78701	Provides housing assistance, employment services, food access, and case management for individuals experiencing homelessness or poverty.
<u>Capital Area Rural Transportation System (CARTS)</u> 5300 Tucker Hill Ln., Cedar Creek, TX 78612	Provides public transportation and demand-response services connecting residents to healthcare, employment, education, and essential services.
<u>Central Texas Food Bank</u> 6500 Metropolis Dr., Austin, TX 78744	Provides food assistance through partner agencies, mobile food pantries, school programs, and nutrition education.
<u>Communities In Schools of Central Texas</u> 2521 E. St. Elmo Rd., Austin, TX 78744	Connects students and families with academic support, case management, food resources, healthcare, and basic needs services.
<u>Dress for Success Austin</u> 1023 Springdale Rd., Building 14, Austin, TX 78721	Empowers women through professional attire, career development, financial education, and employment support.
<u>Foundation Communities</u> 3000 S. IH-35 Frontage Rd., Suite 300, Austin, TX 78704	Provides affordable housing, financial coaching, tax preparation, benefits enrollment, and health coverage assistance.
<u>Hill Country Community Ministries</u> Headquarters: 1015 Norwood Park Blvd., Austin, TX 78753	Provides food pantry services, clothing, emergency financial assistance, and utility assistance.
<u>LifeWorks Austin</u> 835 N. Pleasant Valley Rd, Austin, TX 78702	Provides access to dozens of programs designed for young people ages 16 to 26, including young parents, youth transitioning from foster care, and those experiencing homelessness, housing instability, or significant mental health needs.
<u>Mobile Loaves & Fishes</u> 9301 Hog Eye Rd., Suite 950, Austin, TX 78724	Provides housing, employment opportunities, food, and supportive services for individuals experiencing homelessness.
<u>Operation Liberty Hill</u> 1401 N. US Hwy. 183, Leander, TX 78641	Provides food assistance, emergency financial assistance, educational programs, and family support services.
<u>Opportunities for Williamson and Burnet Counties</u> 604 High Tech Dr., Georgetown, TX 78626	Provides Head Start, utility assistance, workforce development, and family support services.
<u>Round Rock Area Serving Center</u> 604 High Tech Dr., Georgetown, TX 78626	Provides food, clothing, rent and utility assistance, prescription assistance, and emergency financial support.
<u>Sleep in Heavenly Peace- Georgetown/Williamson County</u> Georgetown, TX	Builds and delivers beds and bedding to children who do not have a bed of their own.

<u>Society of St. Vincent de Paul Central Texas</u> 901 W. Braker Ln., Austin, TX 78758	Provides emergency financial assistance, rent and utility assistance, food, clothing, and case management.
<u>The Caring Place</u> 901 W. Braker Ln., Austin, TX 78758	Provides food, clothing, rent and utility assistance, financial counseling, and case management for families in crisis.
<u>The Georgetown Project</u> 501 S. Austin Ave., Georgetown, TX 78626	Collective impact organization that brings community partners together to improve outcomes for children and families.
<u>United Way for Greater Austin</u> 5930 Middle Fiskville Rd., 5th Floor, Austin, TX 78752	Invests in local nonprofits and coordinates programs addressing housing, financial stability, education, transportation, and basic needs.

Maternal and Child Health

Maternal and child health emerged as a significant concern across Texas and Greater Austin. Interview participants highlighted challenges accessing maternal and pediatric services, while local and state data demonstrate ongoing concerns related to maternal morbidity, mortality, and adverse birth outcomes.

Specifically, Texas continues to experience substantial maternal morbidity and mortality, persistent racial and ethnic disparities, and adverse birth outcomes. According to the Texas Department of State Health Services (DSHS) and the Texas Maternal Mortality and Morbidity Review Committee (MMMRC), the maternal mortality ratio increased from 17.2 to 37.7 deaths per 100,000 live births from 2019 to 2021. [Note: If COVID-19 deaths are not counted for 2021, the rate is 23.0 per 100,000 live births.] Cardiovascular conditions, infection, obstetric hemorrhage, accidental drug poisoning, suicide, and homicide were among the leading causes of maternal death, with the highest mortality rates occurring among Black non-Hispanic women, those aged 40+ years, and women with lower educational attainment (MMMRC & DSHS, 2024; Texas DSHS, 2026). The MMMRC estimated that approximately 80% of pregnancy-related deaths were preventable, highlighting opportunities for earlier intervention, improved care coordination, and expanded postpartum services (MMMRC & DSHS, 2024; Texas DSHS, 2026).

Severe maternal morbidity (SMM)—unexpected labor and delivery complications resulting in significant short- or long-term health consequences—has also increased in Texas in recent years. State surveillance data show substantial racial inequities, with Black women experiencing significantly higher rates of SMM than White women (Texas DSHS, 2026; MMMRC & DSHS, 2024). Peer-reviewed studies have similarly documented elevated risks of maternal morbidity and mortality among Black women regardless of income or educational status, reflecting the effects of structural inequities, differential access to care, chronic stress, and systemic racism within healthcare systems (Howell, 2018; Petersen et al., 2019).

Child health indicators also demonstrate ongoing concerns. Texas continues to have relatively high rates of preterm birth, low birth weight, and infant mortality compared with many other states. In 2024, the prevalence of preterm birth was 11.1% and 10.4% in Texas and nationally, respectively (March of Dimes, 2025). DSHS data identify prematurity, congenital anomalies, sleep-related infant deaths, and maternal health conditions as major contributors to infant mortality (Texas DSHS, 2025; March of Dimes, 2025). Additionally, rates of congenital syphilis have risen dramatically in Texas over the past decade, reflecting broader challenges related to prenatal care access, screening, and treatment (Texas DSHS, 2026).

Maternal and child health is also a priority in the Greater Austin region. Austin Public Health and Travis County partners have identified maternal and child health disparities alongside healthcare access, behavioral health, and social drivers of health as key community concerns (Austin Public Health, 2025; Travis County Health and Human Services, 2025). While Travis and Williamson counties generally perform better than the state average on several maternal and child health indicators, disparities persist among low-income families, uninsured populations, rural residents, and communities of color (Williamson County and Cities Health District, 2025; Austin Public Health, 2025). Community health assessments in Hays and Bastrop counties have documented growing barriers related to affordability, transportation, provider shortages, and access to specialty prenatal and pediatric care, particularly as rapid population growth strains healthcare infrastructure (St. David's Foundation, 2023a, 2023b; Hays County Health Department, 2023).

Access to Care & Services

These statewide concerns were also reflected in interviews, where maternal and child health came up as a concern connected to access to care, cost, transportation, and education. In rural communities, community partners described limited access to obstetric services and labor and delivery care. Pregnant patients have to travel long distances for maternal care, which creates additional stress and challenges. Bastrop and Caldwell counties are classified as “low access” and as “maternity care deserts,” respectively (low access indicates <2 hospitals and birth centers that offer obstetric care and a maternity care desert indicates there are none). This results in an average distance to a birthing hospital from approximately 30 to 37 miles and 15 to 29 miles for pregnant persons in Bastrop and Caldwell counties, respectively.

“Caldwell County does not have a labor and delivery, mother, baby, any services like that. So they’re having to go out of town to get any type of OB services.” –Community Stakeholder

Cost and transportation barriers also make it harder for families to access health education. Even when classes or services are available, families may not be able to attend if they cannot afford transportation, childcare, or time away from work.

“Transportation costs money. Getting a babysitter costs money. Coming out to those classes costs money. They’re not accessible.” –Community Stakeholder

Medicaid beneficiaries, immigrant families, and rural residents experience greater difficulty obtaining prenatal care, postpartum mental health services, lactation support, and specialty care for high-risk pregnancies (Austin Public Health, 2025; Texas DSHS, 2025). These barriers contribute to delayed care, increased risk of adverse maternal and infant outcomes, and persistent inequities across the region.

“Low-income families, predominantly families of color, do not have the resources to access lactation education or prenatal education.” –Community Stakeholder

Maternal Risk Factors

Chronic health conditions prior to pregnancy can increase the risk of pregnancy and postpartum complications and preterm birth. The county-level prevalence of preterm birth and the chronic health burden vary across the region, with Bastrop and Caldwell counties experiencing high rates of preterm birth and chronic health burden.

Interviewees noted the need for stronger support systems for young people and families navigating complex health needs. Expanding community-based education, peer support, and accessible maternal-child health services could help reduce gaps in care.

“I wish that there was more community support or even just a support group for teens that are dealing with progressive disorders.” –Community Stakeholder

Overall, maternal and child health remains an important concern across the Texas Children’s Austin service area, with challenges related to maternal morbidity and mortality, adverse birth outcomes, and persistent health disparities. Stakeholder feedback and community data highlight how barriers to prenatal, postpartum, pediatric, and specialty care, particularly among rural, low-income, uninsured, and marginalized populations, can adversely affect maternal and child health outcomes. Improving access to comprehensive maternal and pediatric services, strengthening community supports, and addressing underlying social and economic barriers will be critical to promoting healthier pregnancies, births, and childhood development across the region.

Community Resources–Maternal Child Family Health

Organization	Description
<u>Any Baby Can</u> 6207 Sheridan Ave., Austin, TX 78723	Provides parenting education, family navigation, pediatric therapy, and support services for children with special healthcare needs.
<u>Austin Diaper Bank</u> 2210 Denton Dr., Suite 103, Austin, TX 78758	Provides diapers, baby wipes, and period products through a network of nonprofit and community partners
<u>AVANCE-Austin</u> 3100 E 4th St Rm 114, Austin, TX 78702	Empowers families through early childhood education, parenting classes, and family support services.
<u>Bluebonnet Trails Community Services</u> 1009 N. Georgetown Street Round Rock, TX 78664	Provides a range of services for families, including parenting education and support, Early Childhood Intervention, mental health, and other services to support families
<u>CASA of Williamson County</u> 301 SE Inner Loop, Suite 104, Georgetown, TX 78626	Advocates for children involved in the child welfare system through trained community volunteers.
<u>Early Childhood Intervention (ECI) – Easterseals Lonestar</u> 8505 Cross Park Dr., Austin, TX 78754	Provides developmental evaluations, therapy, and family coaching for infants and toddlers with developmental delays or disabilities.
<u>Hand to Hold</u> 7800 Shoal Creek Blvd., Suite 225E, Austin, TX 78757	Provides peer support, mental health resources, and educational programs for NICU families and bereaved parents.
<u>Healthy Families Travis County</u> 4900 Mueller Blvd., Austin, TX 78723	Provides voluntary home visitation, parenting education, and family support for new and expectant parents.
<u>HOPE Alliance</u> 1011 Gattis School Rd., Suite 110, Round Rock, TX 78664	Provides emergency shelter, advocacy, counseling, and prevention programs for survivors of domestic and sexual violence.
<u>March of Dimes – Central Texas</u> Central Texas Regional Office	Improves the health of mothers and babies through education, advocacy, research, and community programs.
<u>Partners in Parenting (PIP) Austin</u> Austin, TX	Nonprofit organization that provides free, support groups for new and first-time parents, helping reduce isolation, strengthen parenting confidence, and build lasting peer support networks
<u>Ronald McDonald House Charities of Central Texas</u> 1315 Barbara Jordan Blvd. Austin, TX 78723	Provides lodging, meals, and supportive services for families with hospitalized children.
<u>SAFE Alliance</u> 1515 Grove Blvd., Austin, TX 78741	Provides services for survivors of child abuse, domestic violence, sexual assault, and human trafficking, including shelter, advocacy, and counseling.

<u>Sammy's House</u> 2415 Twin Oaks Dr., Austin, TX 78757	Provides inclusive education and therapeutic services for children with and without developmental disabilities.
<u>Share the Will Foundation</u> 2415 Twin Oaks Dr., Austin, TX 78757	Provides financial assistance, adaptive equipment, and support to children and families facing serious medical challenges.
<u>Williamson County EMS Safe Baby Academy</u>	Interactive class that presents educational material covering child passenger safety, safe sleep practices, home safety, water safety, infant CPR and management of a choking baby.

Mental and Behavioral Health

Mental and behavioral health emerged as a major concern across the Austin CHNA service area, especially around limited access to pediatric behavioral healthcare, long wait times, postpartum depression, youth vaping, and substance use. These concerns reflect both increasing demand for behavioral health services and persistent provider shortages across the five-county service area. Mental health provider shortages are especially pronounced in rural counties, with Bastrop and Caldwell having much higher resident-to-provider ratios than Travis County (County Health Rankings & Roadmaps, 2025).

Local data also show the broader need for behavioral health support. Nearly 18% of adults in Travis County reported having been diagnosed with depression between 2019 and 2023 (Aldridge, 2025). In addition, Travis County reported 417 accidental overdoses in 2022, of which 245 were fentanyl-related (Travis County Sheriff's Office, n.d.).

More specifically among youth, mental and behavioral health concerns are similar at the national and local levels. Nationally, approximately 20.3% of adolescents ages 12–17 have a current diagnosed mental or behavioral health condition, including anxiety (16.1%), depression (8.4%), and behavior or conduct problems (6.3%), with prevalence increasing substantially since 2016 (HRSA, 2024). Female adolescents experience higher rates of anxiety (20.1% vs. 12.3%) and depression (10.9% vs. 6.0%) compared with males, while 8.2% of males are diagnosed with a conduct disorder as compared to 4.3% of females (HRSA, 2024). The National Institute of Mental Health estimates that nearly one-half of U.S. adolescents will experience a mental disorder at some point in their lives, underscoring the widespread burden of mental illness among youth (NIMH, 2024). Data from the 2023 Youth Risk Behavior Survey (YRBS) further indicate that 40% of U.S. high school students reported persistent feelings of sadness or hopelessness, 20% seriously considered suicide, and 9% attempted suicide; rates were substantially higher among female students and LGBTQ+ youth (CDC, 2024a; CDC, 2024b).

In Texas, youth mental health indicators are similarly concerning. The 2023 Texas YRBS found that 21.1% of high school students seriously considered suicide, while substantial proportions reported making a suicide plan, attempting suicide, or experiencing persistent sadness and hopelessness (Texas Youth Depression and Suicide Research Network [TX-YDSRN], 2025). According to the National Survey of Children's Health, approximately one in six U.S. children ages 6–17 experiences a mental health disorder annually, and youth from low-income households, those with adverse childhood experiences, and LGBTQ+ youth consistently experience disproportionately higher rates of mental health challenges (HRSA, 2024; CDC, 2024a).

"As kids and teenagers start to navigate the world that we live in, there's a lot of pressures and a lot of challenges that they face that has caused an increase in anxiety and depression."

-Community Stakeholder

Access to Behavioral Healthcare

Locally in the Greater Austin Area, challenges related to mental and behavioral health include increasing mental health distress among youth, compounded by provider shortages, long wait times, high costs, transportation barriers, and limited availability of culturally and linguistically responsive services (Austin Public Health, 2025; Travis County, 2026). These access barriers are particularly pronounced for uninsured families, youth living in outlying areas, and children with complex behavioral health needs, contributing to unmet treatment needs despite growing demand for services (Austin Public Health, 2025; Travis County, 2026).

Families described difficulty accessing timely mental health care for children, especially specialized services such as child and developmental psychiatry.

“There are really not very many child psychiatrists in the area, especially developmental psychiatry.”

-Patient & Family Advisor Focus Group

Everybody does their best, but when you're working with inadequate resources, lots of things fall through the cracks. We have amazing services. They're just all underfunded.”

-Community Stakeholder

Stakeholders repeatedly noted that long wait times were especially harmful for children experiencing anxiety and depression, delaying treatment during critical developmental periods and placing considerable stress on families.

“To see a psychiatrist, the wait is months, and in the meantime, I'm losing my hair and my sleep because my child is fighting me all the time, and I can't figure out why.”

-Patient & Family Advisor Focus Group

Substance Use

Youth substance use continues to be an important behavioral health concern in Texas and the Greater Austin area. Data from the Texas School Survey indicate that alcohol remains the most commonly used substance among adolescents, followed by e-cigarettes/vaping products and marijuana, with substance use generally increasing across grade levels and among older adolescents (Texas Health and Human Services Commission [HHSC], 2024).

Although national youth e-cigarette use has declined from its 2019 peak, e-cigarettes remained the most commonly used tobacco product among U.S. youth in 2024, with 7.8% of high school students reporting current use (Park-Lee et al., 2024). This aligns with local concerns from the key informant interviews, who described vaping as a growing issue among students.

“Vaping is a huge problem in Hays County, particularly in the Kyle Buda area.”

-Community Stakeholder

“We have a Justice of the Peace... she has hundreds of kids that she has to talk to because they are caught with vaping at schools.” **-Community Stakeholder**

These findings highlight the significant and growing need for accessible, timely, and high-quality mental and behavioral health services across the Greater Austin area. Addressing provider shortages, reducing barriers to care, and expanding prevention and early intervention efforts will be critical to improving mental health outcomes and supporting the well-being of children, adolescents, and families throughout the region.

Community Resources–Mental and Behavioral Health

Organization	Description
<u>Bluebonnet Trails Community Services</u> 1009 N. Georgetown St. Round Rock, TX 78664	Local Mental Health Authority providing crisis intervention, psychiatric care, counseling, intellectual and developmental disability services, and substance use treatment.
<u>Capital Area Counseling</u> 8701 Shoal Creek Blvd., Suite 402, Austin, TX 78757	Provides affordable individual, family, couples, and child counseling services on a sliding fee scale.
<u>Communities for Recovery</u> 4110 Guadalupe St., Austin, TX 78751	Provides peer recovery support, recovery coaching, and resources for individuals with substance use and mental health conditions.
<u>Easterseals Central Texas- Greenleaf Transition Program</u> 8505 Cross Park Dr., Austin, TX 78754	Provides counseling, behavioral health services, autism support, and developmental disability services for children and families.
<u>Integral Care</u> 1430 Collier St., Austin, TX 78704	Local Mental Health Authority for Travis County providing crisis care, counseling, psychiatric services, substance use treatment, and suicide prevention.
<u>NAMI Central Texas</u> 8716 Research Blvd., Suite 150, Austin, TX 78758	Provides education, advocacy, support groups, and resources for individuals and families affected by mental illness.
<u>Phoenix House Texas</u> 211 Comal St., Austin, TX 78702	Provides residential and outpatient substance use treatment, recovery support, and behavioral health services.
<u>ROCK Ride on Center for Kids</u> 700 SE Inner Loop, Georgetown, TX 78626	Provides equine-assisted therapies, adaptive riding, mental health counseling, and educational services for children and adults with physical, cognitive, and emotional challenges.
<u>Santa Maria Hostel</u> 11502 Parsons Road, Manor, TX 78653	Provides addiction recovery, housing, prevention, and intervention programs for women, including those who are pregnant and parenting.
<u>The Arc of the Capital Area</u> 4902 Grover Ave., Austin, TX 78756	Provides advocacy, education, employment, and independent living services for individuals with intellectual and developmental disabilities.

Summary

Texas Children's completed a CHNA in greater Austin, which included key informant interviews, focus groups, and a review of public health data. Through this assessment, Texas Children's identified four priority community health needs in the Greater Austin community: Access to Care; Social Drivers of Health (including affordability, food insecurity, transportation, and housing); Maternal and Child Health; and Mental and Behavioral Health. Access to Care emerged as the most prevalent concern, especially as the region continues to experience rapid population growth. Barriers such as insurance coverage, limited specialty care, long wait times, and lack of nearby services were described by community partners and are especially challenging for families in rural counties. Social drivers of health were also identified as key factors shaping family well-being. Rising housing costs, food insecurity, transportation barriers, and overall affordability pressure make it challenging for many families to seek care and meet basic needs. Maternal and Child Health concerns included limited OB services and lack of prenatal and lactation education. Mental and Behavioral Health needs were driven by an increase in children, women, and families experiencing mental health needs and limited availability of mental health treatment and services. Collectively, these findings provide a comprehensive picture of the health challenges affecting children, women, and families throughout Greater Austin. Texas Children's will use these results to inform the development of an implementation strategy and guide investments aimed at improving access to care, advancing health equity, and strengthening community health outcomes across the region.

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**TEXAS CHILDREN’S HOSPITAL
BOARD OF DIRECTORS**

**Resolution – Approval of Community Health Needs Assessment Implementation Strategy
- Austin**

I hereby certify that at a meeting of the Board of Directors of Texas Children’s Hospital, a Texas nonprofit corporation, held September 15, 2026, at which said meeting a quorum was present and acting throughout, the following resolution was approved:

RESOLVED, that the Texas Children’s Hospital Board of Directors hereby approves the Community Health Needs Assessment Implementation Strategy - Austin, as presented.

DocuSigned by:

Afsheen Davis

9/15/2026

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Afsheen Davis

Date

Secretary

Board of Trustees

Texas Children’s

APPENDIX A. Descriptions of County Health Indicators

Term	Description
Poor or Fair Health (%)	Percentage of adults reporting fair or poor health (age- adjusted)
Poor Physical Health days per month	Average number of physically unhealthy days reported in the past 30 days (age- adjusted)
Poor Mental Health days per month	Average number of mentally unhealthy days reported in the past 30 days (age- adjusted)
Low Birthweight (%)	Percentage of live births where the infant weighed less than 2,500 grams
Adult Smoking (%)	Percentage of adults who are current smokers (age-adjusted)
Adult Obesity (%)	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2
Food Environment Index	Index of factors that contribute to a healthy food environment, from 0 (worse) to 10 (best)
Physical Inactivity (%)	Percentage of adults aged 18 who reported participating in no physical activity outside of work
Excessive Drinking (%)	Percentage of adults reporting binge or heavy drinking (age-adjusted)
Alcohol-Impaired Driving Deaths (%)	Percentage of driving deaths with alcohol involvement
Sexually Transmitted Infections Rate	Number of newly- diagnosed chlamydia cases per 100,000 population
Teen Birth Rate	Number of births per 1,000 female population ages 15-19
Food Insecurity (%)	Percentage of population who lack adequate access to food
Limited Access to Healthy Foods (%)	Percentage of the population that is low income and does not live close to a grocery store
Drug Overdose Mortality Rate	Number of drug poisoning deaths per 100,000 population
Insufficient Sleep (%)	Percentage of adults who report fewer than 7 hours of sleep on average
Primary Care Physician's Ratio	Ratio of primary care physicians to population
Dentists' Ratio	Ratio of dentists to population
Mental Health Provider's Ratio	Ratio of population to mental health providers
Preventable Hospitalization Rate	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Mammography Screening (%)	Percentage of female Medicare enrollees age 65-74 who received an annual mammography screening
Flu Vaccination (%)	Percentage of fee for service (FFS) Medicare Enrollees who had annual flu vaccination

APPENDIX B. Key Informant Interviews

Representatives from the following organizations participated in the key informant interviews.

- Austin Diaper Bank
- Austin Public Health
- Bastrop County Public Health Department
- Caldwell County Food Bank
- Central Texas Food Bank
- City of Austin, District 6
- Department of State Health Services-Lockhart
- Hays County Food Bank
- Hays County Health Department
- Michael & Susan Dell Center for Health Living
- Mothers' Milk Bank at Austin
- Operation Liberty Hill
- Round Rock Chamber
- Round Rock ISD
- Texas Children's Pediatrics- Austin
- Travis County Health and Human Services
- Williamson County Children's Advocacy Center
- Williamson County EMS

APPENDIX C. Texas Children's CHNA 2026: Interview Guide

Introduction

Introductions

- Purpose of the interview
- UTHealth and Texas Children's will keep your interview transcript confidential and accessible only to the team that is preparing the community health needs assessment report.

Background

1. Please tell me about your organization and the services you provide.
2. Can you tell me a little bit about your role at your organization/agency?
3. How would you describe the population your organization/department serves?
 - PROBE: Age, geographic region, income, race/ethnicity, gender
4. Has your organization/agency ever partnered with Texas Children's Hospital before?
 - If yes, please describe.

Community Issues

1. What do you think are the most pressing health issues in the community?
2. Why do you think these issues are happening?

Background

1. Please tell me about your organization and the services you provide.
2. Can you tell me a little bit about your role at your organization/agency?
3. How would you describe the population your organization/department serves?
 - PROBE: Age, geographic region, income, race/ethnicity, gender
4. Has your organization/agency ever partnered with Texas Children's Hospital before?
 - If yes, please describe.

Community Issues

1. What do you think are the most pressing health issues in the community?
2. Why do you think these issues are happening?

Populations

1. Are certain groups more affected by these health issues?
2. What challenges do these groups face?
3. What are the key health challenges faced by women and children in our community?

Access to Healthcare

1. How would you describe access to healthcare in your community?
2. What barriers do people face when trying to get care?
3. Are there specific services that are difficult to access?

Mental Health

1. What mental or behavioral health issues are you seeing?
2. How adequate are current resources?

Community Conditions

1. How do factors like housing, cost of living, transportation, or food access affect health in your community?
2. Have any health issues gotten worse in recent years?
3. Are there new or emerging concerns?

Extreme Weather Events and Natural Disasters

1. How have extreme weather events, such as hurricanes or floods, impacted the health of the community?

Community Strengths

1. Which of the community health issues are the highest priority?
2. What is working well in your community?
3. Are there programs or partnerships that are effective?

Opportunities

1. What changes or strategies would improve health in your community?
2. Are there any specific programs or resources you believe would help improve the health of women and children in the community?
3. What role could Texas Children's Hospital play in improving community health?

Closing

"Thank you for your time and valuable insights. Your input is greatly appreciated and will help us better understand and address the health needs of our community."

Next steps: "We will compile the information from these interviews and use it to inform our Community Health Needs Assessment report. If you have any further questions or thoughts, please feel free to contact us."

APPENDIX D. Texas Children's CHNA 2026: Focus Group Guide

Introduction

- **Welcome participants**
- **Purpose of the focus group**
- **Ground rules:** We'll pose questions to the group and people may jump in and answer
- **Confidentiality:** UTHealth and Texas Children's will keep your interview transcript confidential and accessible only to the team that is preparing the community health needs assessment report.

Background

To get started, let's go around and have everyone introduce themselves

Community Issues

1. What do you think are the most pressing health issues in the community?
2. Why do you think these issues are happening?

Populations

1. Are certain groups more affected by these health issues?
2. What challenges do these groups face?
3. What are the key health challenges faced by women and children in our community?

Access to Healthcare

1. How would you describe access to healthcare in your community?
2. What barriers do people face when trying to get care?
3. Are there specific services that are difficult to access?

Mental Health

1. What mental or behavioral health issues are you seeing?
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Extreme Weather Events and Natural Disasters

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Community Strengths

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Opportunities

1. What changes or strategies would improve health in your community?
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3. What role could Texas Children's Hospital play in improving community health?

Closing

"Thank you for your time and valuable insights. Your input is greatly appreciated and will help us better understand and address the health needs of our community."

Next steps: "We will compile the information from these interviews and use it to inform our Community Health Needs Assessment report. If you have any further questions or thoughts, please feel free to contact us."

APPENDIX E. Governance Guide

The Community Benefits Executive Steering Committee is composed of representatives across the Texas Children's system. The Executive Steering Committee provides guidance to the community benefits department including the development of the community health needs assessment and implementation strategy and is responsible for the prioritization of community health needs.

Name	Title
Maame Aba Coleman, MD	Associate Professor of Obstetrics and Gynecology Pavilion for Women, Texas Children's
Paola Alvarez-Malo, MS	Vice President
Julie Boom, MD	Professor of Pediatrics Director, Immunization Project
Johnna Carlson	Assistant Vice President Government Affairs
Nancy Correa, DrPH	System Director Population Health and Community Benefits
Deborah Franzon, MD, MHA	Chief Quality and Safety Officer Texas Children's
Dan Gollins	President Texas Children's Pediatrics and Texas Children's Urgent Care
Christopher Greeley, MD	Division Chief Public Health Pediatrics
Jeanine Graf, MD	Chief Medical Officer Texas Children's West Campus
Laura Hardy, MBA	Vice President Pediatrics
Tarra Kerr, DNP, RN, NEA-BC	Vice President Quality, Safety, and Service; Community Benefits
Jenny Little	Vice President and Chief Operating Officer Texas Children's Health Plan
Rachel Marek, MD	Chief Medical Officer Texas Children's Woodlands Campus
Jennifer Pugh, DNP	Vice President and Chief Nursing Executive Texas Children's Austin Campus
Jean Raphael, MD, MPH	Division Chief Academic General Medicine
Anne-Marie Savage, MSN, BSN, RN	Vice President, Nursing Pavilion for Women
Paige Schulz	Vice President Patient Experience and Access
Ketrese White, DNP, MHA, RN, NE-BC	Vice President West and Woodlands Campus