

Comal County

COMMUNITY HEALTH
NEEDS ASSESSMENT



2025



Dear Community Members,

It is with great honor and gratitude that we present the Health Collaborative's inaugural **Community Health Needs Assessment (CHNA) for Comal County**. This milestone was made possible by the generous support of the many local community partners whose insight, feedback, and active engagement shaped this report. We are especially grateful to the residents who participated in listening sessions and shared their perspectives. Their voices are at the heart of the findings you will read here.

Since 1997, **The Health Collaborative (THC)** has been in service to the community, publishing 11 CHNAs for Bexar County over the years. While this is our first for Comal County, the approach remains the same: to provide accurate, locally informed data that reflects the experiences and needs of the people who live here. This report is unique to Comal County and its residents.

We also recognize that health does not stop at county lines. The Bexar County CHNA is available alongside this report, and there may be findings relevant to both communities, given our close proximity and shared resources. We encourage stakeholders to use both reports as they design programs, make investments, and build collaborations that improve health and well-being.

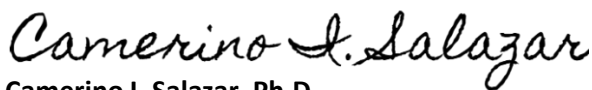
This CHNA is **a gift to the community**—a tool for understanding, planning, coordination, and service delivery. We invite all who share in the mission of building a healthier Comal County to use this report as a foundation for action.

With appreciation,



Palmira Arellano

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



Camerino I. Salazar, Ph.D.

Chair, CHNA and Data Committee
The Health Collaborative



Elizabeth Lutz, MBA

Chief Executive Officer
The Health Collaborative

August 2025



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Introduction and Summary

Planning and Conducting the Assessment

The 2025 Comal 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:

- Comal 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 Comal County organizations, including the McKenna Foundation and the United Way of Comal County – along with any additional grassroots, business, faith, or government leaders they chose – were also invited to identify the 10 or so issues they felt were relatively higher-priority for Comal 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**.) Seven 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

- Vulnerable populations and communities: disabled, youth, elderly, veterans, people with substance abuse difficulties, unhoused people
- Residents love the “small town feel” and lean into community support during times of need. There is a culture of religion, philanthropy, and volunteerism, which many consider to be a huge resource to the county

Key Informant Interviewees

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

Prioritization Respondents

- Disparities and inequities among population groups or areas of the county
- Local communication and coordination



What We Need for Health

Focus Group Participants

- Doctor/provider shortages and long waits to get an appointment
- Health insurance and medical costs
- Access to affordable, healthy food
- Help dealing with extreme heat and cold (utility assistance, electric fans, drought assistance, etc.)
- City services to keep up with population growth (transportation, dealing with water shortages, and getting higher-quality housing)
- Mental health services, including behavioral health and care for autism spectrum disorder

Community Survey Respondents

- Healthy fresh foods / access to healthy food items
- Access to overall healthcare; quality medical care; more appointments available, or available sooner
- Feeling and being safe while driving (few traffic accidents, safe drivers, good roadway design, etc.)
- Safe spaces to exercise and be physically active; outdoor green spaces like parks and public land
- Clean air and water
- Extreme temperatures
- Housing and homelessness

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

- Food security
- Health care provider availability
- Health insurance and affordable cost of care
- Stable and quality housing
- Residential mobility and in-migration
- Social and helping connections with others

How We're Taking Care of Ourselves

Focus Group Participants

- Need more health literacy and education about preventive care

Community Survey Respondents

- Exercise and physical activity
- Healthy eating

Prioritization Respondents

- | | | |
|-----------------------|---------------------|--|
| • Routine dental care | • Healthy weight | • Routine checkups / wellness visits |
| • No opioid use | • Physical activity | • Diabetic primary care (e.g., routine visits) |

How We're Faring

Community Survey Respondents

- Obesity
- Chronic pain
- Heart disease
- Arthritis
- Diabetes
- Alzheimer's and dementia
- Mental health
- Smoking and vaping
- Motor vehicle crash injuries
- Social isolation/loneliness

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

Conclusion

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

The strain of high in-migration on natural resources and infrastructure has become an emergency. About one in 10 Comal County residents has moved to the county from elsewhere in Texas or the United States in the past year. While these new residents contribute to a strong economy, infrastructure has not grown at the same rate. As is the case everywhere in Texas, it is an open question whether we have enough water for our booming population and commercial enterprises.

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 most significant barriers to recovery.

Comal County's Residents

Who Lives in Comal County

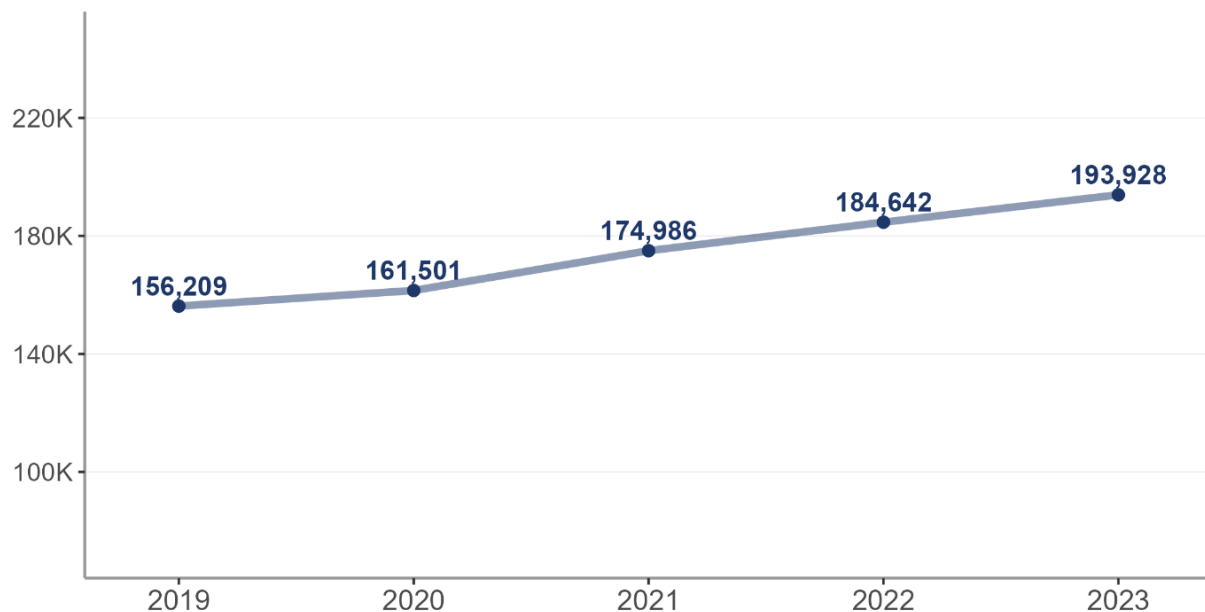
Nested in the scenic Texas Hill Country, Comal County is home to iconic central Texas treasures like the Guadalupe River and Canyon Lake, and is known for its rich blend of German-Texan heritage. Residents take pride in strong community values, a deep-rooted spirit of volunteerism and philanthropy, and access to many community resources like parks, libraries, and the Westside Community Center. At the same time, they expressed growing concerns about the aches of population growth, like infrastructure, including housing and water supply, as well as the challenge of preserving the county's small-town character.

Population Size and Age

With New Braunfels as its largest city and its proximity to major metropolitan cities like San Antonio and Austin, the county is experiencing significant population growth that brings both opportunity and strain. Composed of suburban communities and supported by tourism as a primary industry, the County has grown substantially in recent years for a rural community in central Texas. Since 2019, the population increased by nearly 25%, reaching close to 200,000 residents (**Fig. 1A.1**). The county saw the most significant growth between 2020 and 2021, at the peak of the COVID-19 pandemic, adding about 13,500 new residents. Growth has continued steadily, with about an additional 9,000 residents added year over year through 2023.

Fig. 1A.1 Total population

Comal County, Texas



Source: ACS 1-Year Estimates, Table: B01001; 2020 Decennial Census Estimate, Table: DP1
Prepared by CINow for The Health Collaborative



Residents voiced concern about how rapid development may be outpacing infrastructure and natural resources.

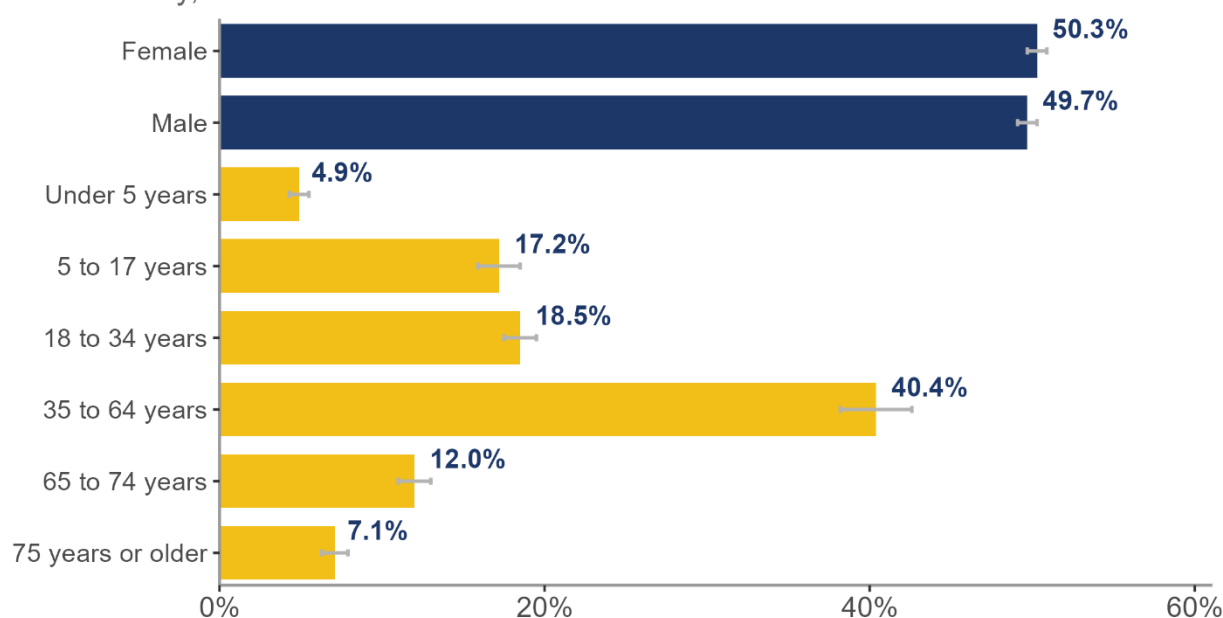
"They're allowing so many people to move in. You know that water shortage, and it's like, you can't allow all of these people moving in, and they keep going. And all of a sudden, they say, 'Oh, they're running out of water...' I just saw a couple of houses, and they're not letting them fill up the swimming pools in the new neighborhood, because there's not enough water. Yet, they're building more neighborhoods. And they're building these horrible neighborhoods... These houses look like they were already falling down, and they weren't even built. It's... poor quality just altogether."

– Comal County Focus Group Participant

A relatively young population, a majority (59%) of Comal County residents in 2023 were working-age adults, aged 18 to 64 (**Fig. 1A.2**). Notably, about 17% of the population was school-aged (between five and 17 years old), nearly matching the share of young adults aged 18 to 34 (19%). About 19% 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

Comal County, Texas



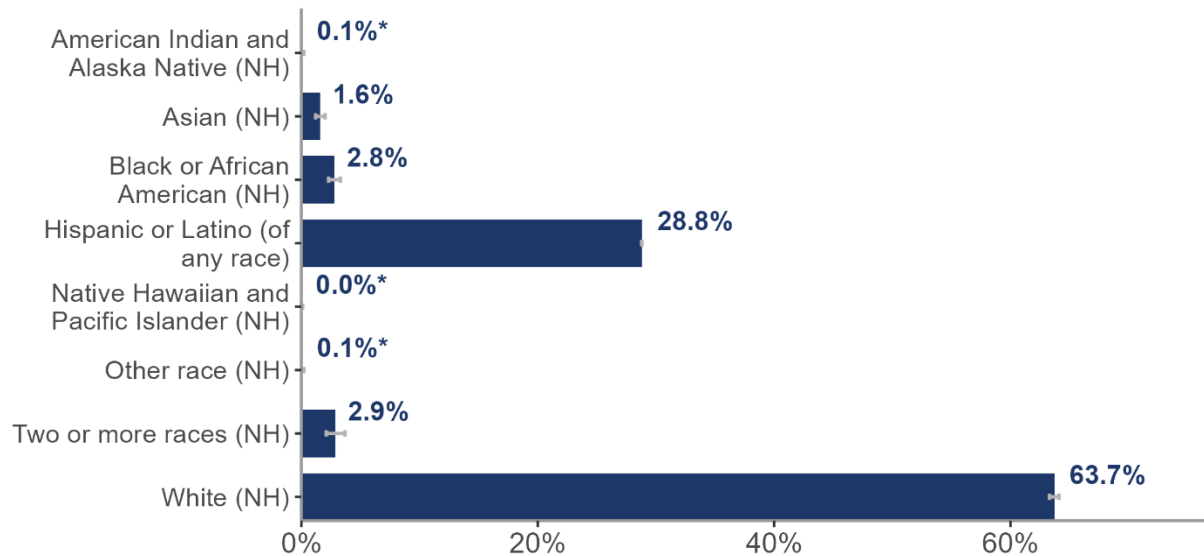
Source: ACS 1-Year Estimates. Table: B01001
Prepared by CINow for The Health Collaborative

Race/Ethnicity and Population Distribution

The majority of Comal County's residents in 2023 identified as white non-Hispanic (64%), followed by nearly one-third who identified as Hispanic or Latino (29%) (**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

Comal County, Texas



NH= Not Hispanic or Latino

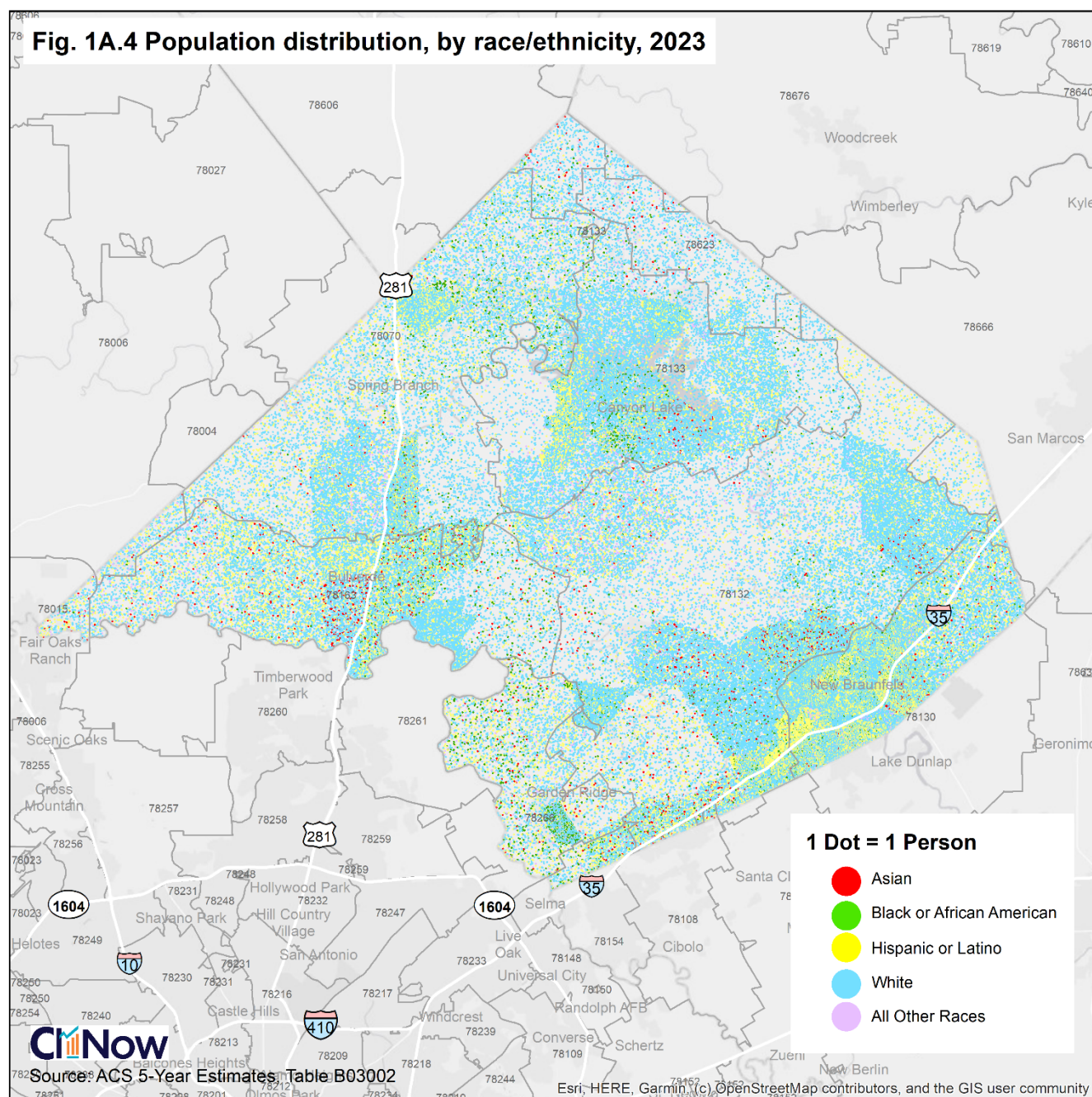
*Unreliable: Error is too large relative to estimate.

Source: ACS 1-Year Estimates. Table: DP05

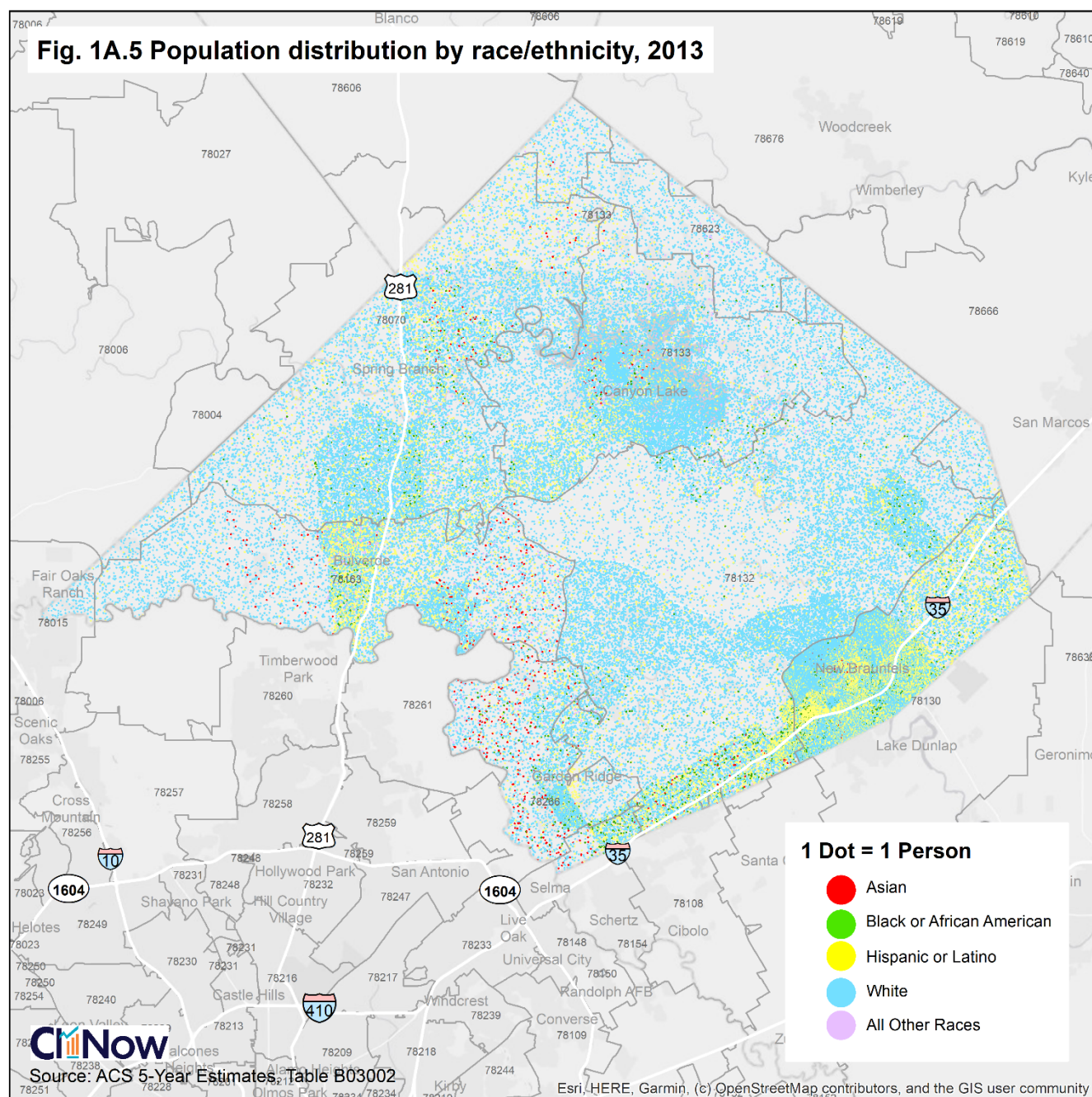
Prepared by CINow for The Health Collaborative

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**). Made up of growing cities, small towns, and unincorporated communities, the county's highest concentrations of residents are found near New Braunfels, Bulverde, Garden Ridge, and the Canyon Lake area. Dots are not exact addresses, but instead are spread randomly with the correct Census Tract. For that reason, dots appear over Canyon Lake, though of course, residents live around rather than on the lake.

In 2023, as the majority group in Comal County, white residents were distributed throughout the county, and were especially prominent in the more densely populated areas (**Fig. 1A.4**). Other race/ethnicity groups tended to be concentrated in specific pockets near major cities. Particularly, Hispanic or Latino residents were concentrated along I-35 near New Braunfels and in the Canyon Lake area; Black or African American residents were clustered within Garden Ridge; and Asian residents had a visible presence in Bulverde.



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 both that the county population has grown in that period, especially around the larger cities, and that development has spread throughout the county. Most notably, the population near New Braunfels radiated toward the center of the county and toward San Marcos. Another notable shift is the increased spread of the Hispanic or Latino population, particularly along the county's border near San Marcos and Bexar County.

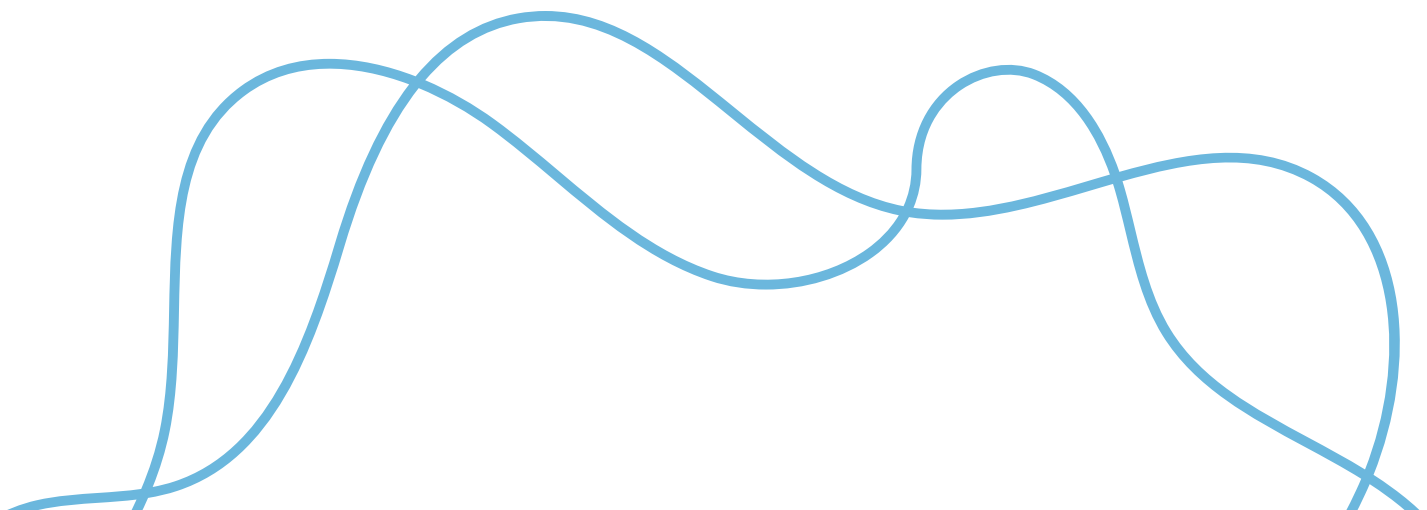


About race/ethnicity groups

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 Comal 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

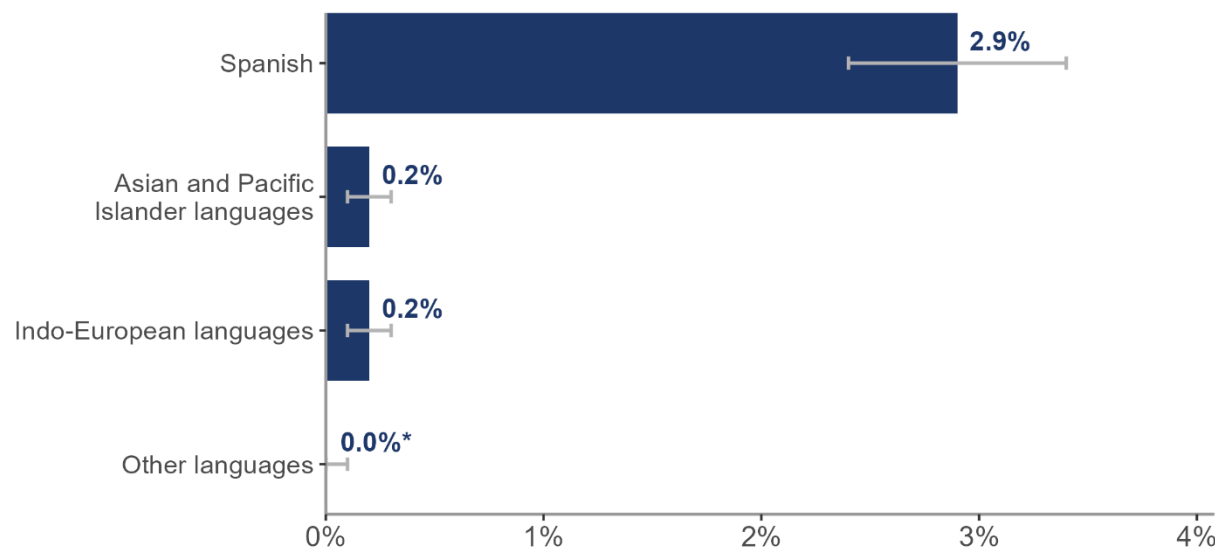
Beyond the county population’s size and makeup, exploring the social characteristics that shape daily life and influence community needs is also essential. Indicators such as language use, veteran status, educational attainment, and other key factors provide valuable insight into the diverse experiences, 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 3.3% 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

Comal County, Texas



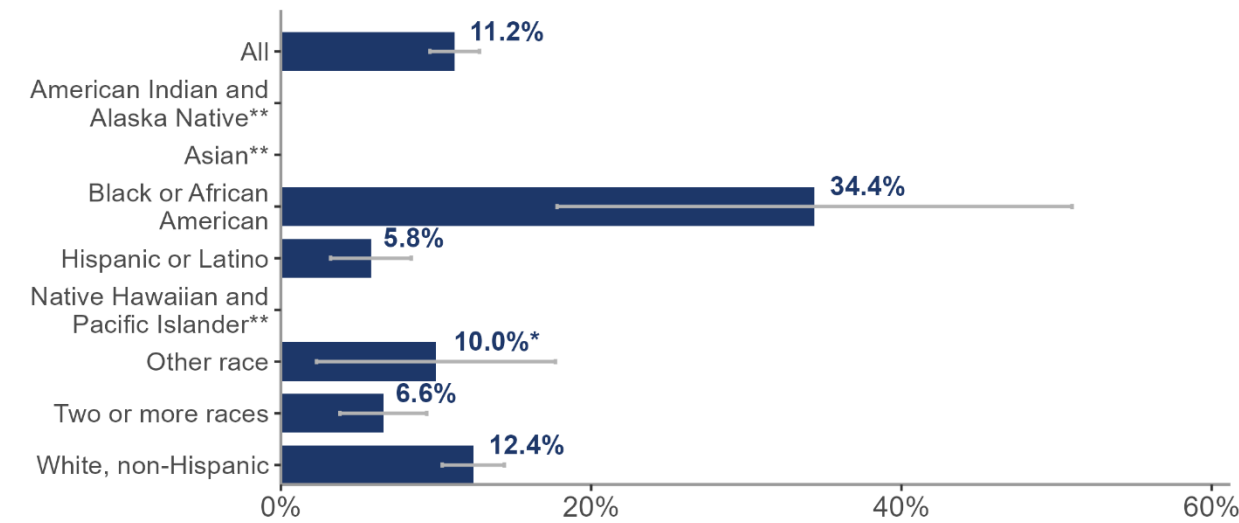
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: DP02
Prepared by CINow for The Health Collaborative

Veterans

About 11% of Comal County’s civilian adult population in 2023 was military veterans (**Fig. 1B.2**). That proportion was notably higher for Black or African American adults (34%), including both Hispanic and non-Hispanic individuals. Followed by white residents, of whom 12% are veterans. Other differences in **Figure 1B.2** should be interpreted with caution, given the wide and overlapping margins of error.

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

Comal County, Texas



*Unreliable: Error is too large relative to estimate.
**Suppressed by data source.
Source: ACS 1-Year Estimates. Table: S2101
Prepared by CINow for The Health Collaborative

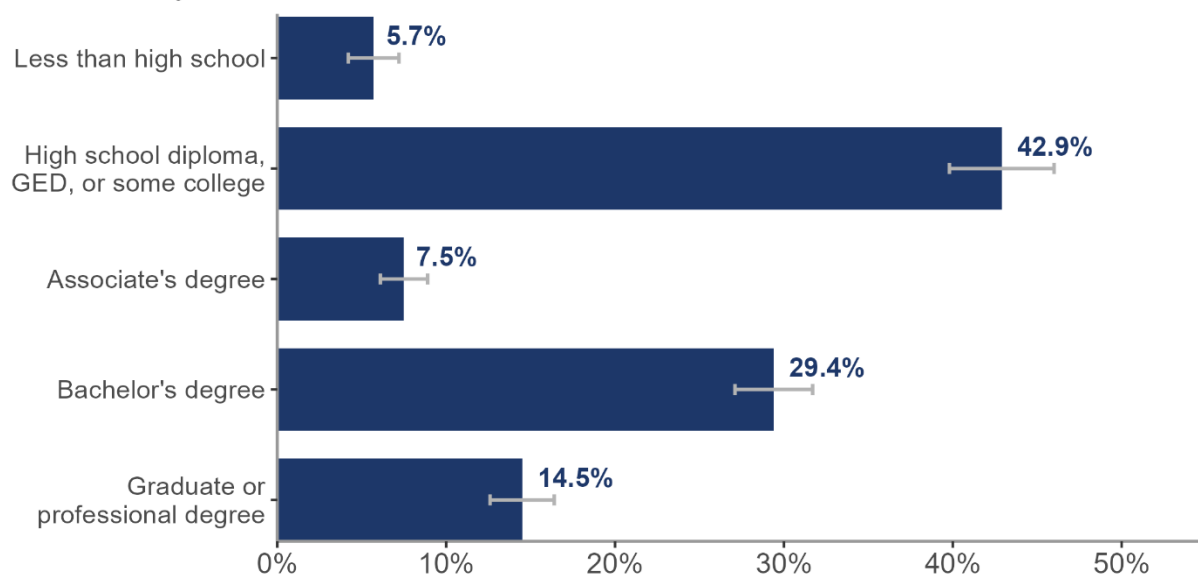
Education

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 Comal 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 slight majority (51%) of Comal County's population aged 25 and over had attained some level of completed college education (Associate's degree and higher), while the other half had a high school diploma, GED, some college, or less (49%) (**Fig. 1B.3**). A significant portion (43%) reported a high school diploma, GED, or some college as their highest level of education. The second most common educational attainment was a Bachelor's degree, held by nearly a third (29%) of the population.

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

Comal County, Texas



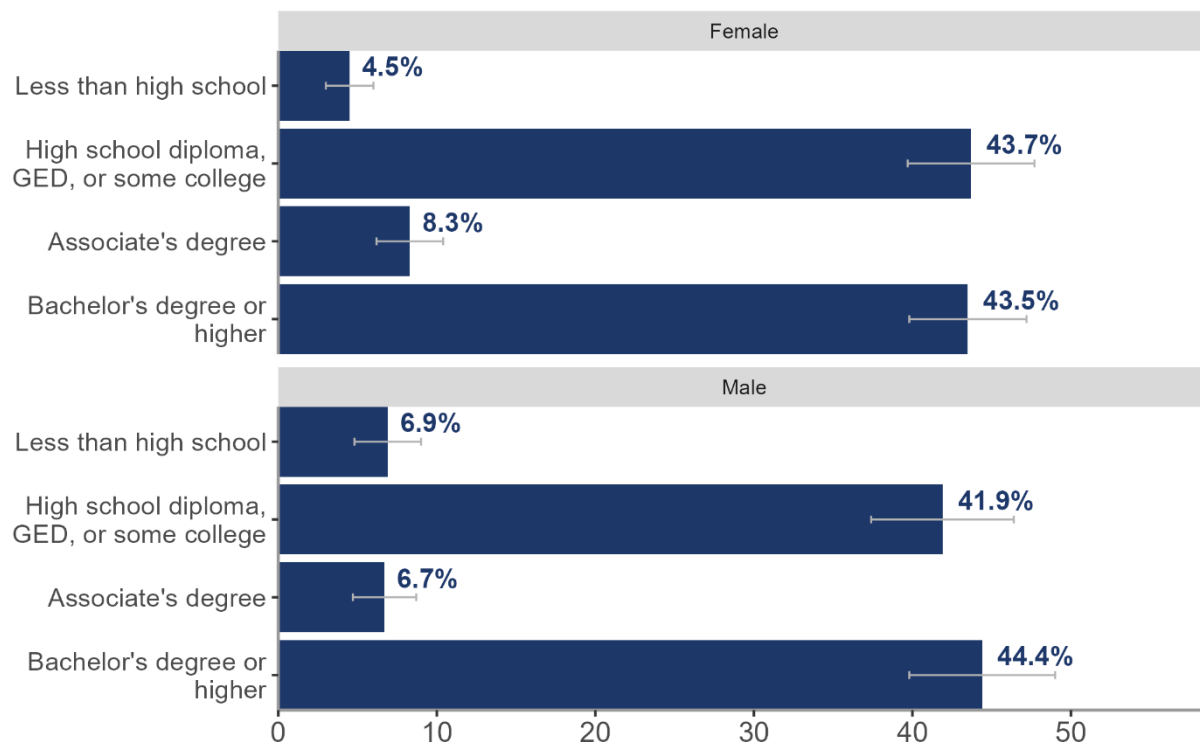
Source: ACS 1-Year Estimates. Table: DP02
Prepared by CINow for The Health Collaborative

Access to education is further shaped by intersecting social factors, as shown in **Figure 1B.4**, which breaks down educational attainment by sex. Overall, education patterns for both female and male residents of Comal County residents align with countywide trends: the majority hold either a mid-level education (high school diploma, GED, or some college; 44% for women, 42% for men) or a high-level education (Bachelor's degree or higher; about 44% for both).

Some of the proportions across education levels within each sex are quite similar to each other and have overlapping margins of error, meaning that most comparisons are not statistically significant. However, there is one subtle, but statistically significant, difference among women: the proportion with an Associate's degree (8%) is slightly higher than that of those with less than a high school education (5%).

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

Comal County, Texas



Source: ACS 1-Year Estimates. Table: C15002
Prepared by CINow for The Health Collaborative

While data shows the prevalence of disability in Comal County, residents shared the everyday barriers that make accessibility a challenge.



"This morning, I took her to a cardiologist appointment, and she goes, 'it's right here'. And I said, 'where?'. She goes 'right here, park, right here'. I said, 'wait a minute, where's the ramp?' She goes, 'It's right in front of the building'. I said, 'Okay, well, how are you going to get there?' There was no access, and she goes, 'yeah, it's around the corner way over there...' and I thought, that doesn't even make any sense, because it's not in the front... But there was a lot of elderly people in there, and some had walkers. Some had [a] cane... And then I thought it was kind of crazy, because one of those little buses that brings people and that picks you up for transportation, how's that person gonna get off that bus and get in there? There's no handicaps. There was no handicapped spot spaces. There was no ramp... I mean, you have to go a great distance, somebody that has mobility issues, there's no way."

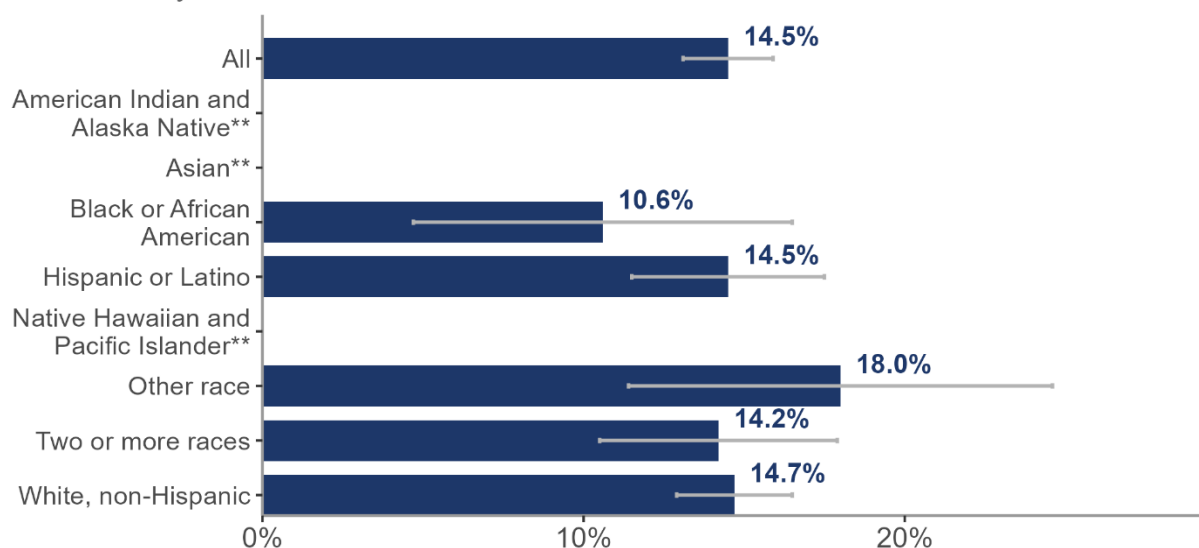
— Comal County Focus Group Participant

Disability

Among Comal County's civilian non-institutionalized population (that is, not living in institutions like nursing homes, mental health facilities, or prisons), 15% 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

Comal County, Texas



**Suppressed by data source.

Source: ACS 1-Year Estimates. Table: S1810
Prepared by CINow for The Health Collaborative

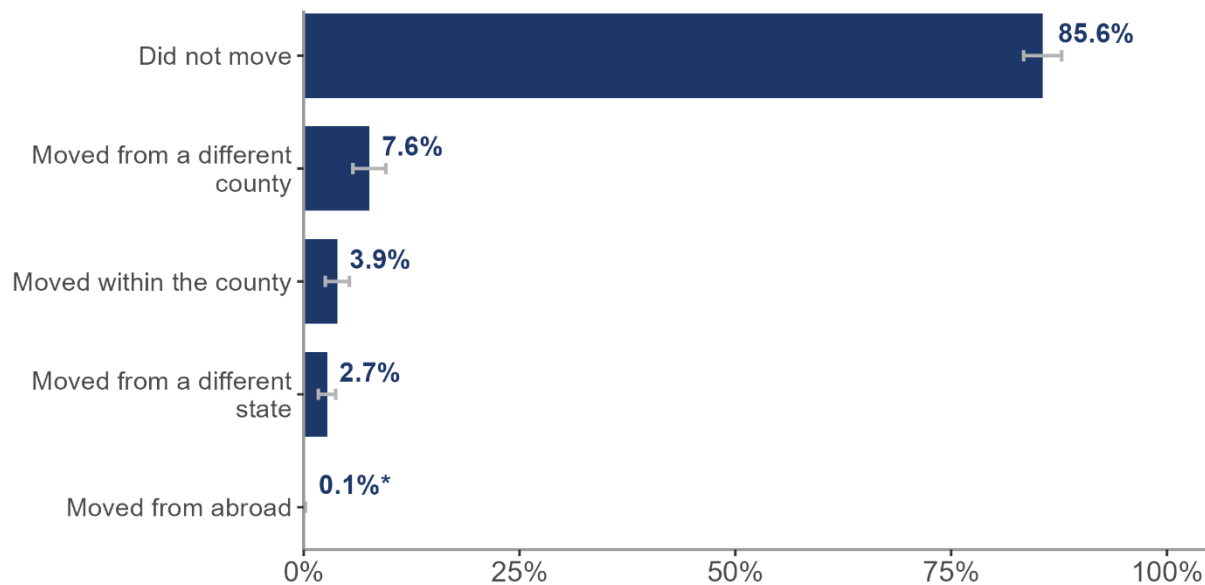
Households

As of 2023, about 86% of Comal County residents lived in the same place they were in the prior year (**Fig. 1B.6**). Only about 4% moved within the county. One in 10 residents had moved to Comal County from another Texas county or another state, considerably more than that proportion in Texas (6%) or the U.S. (5%),⁴ indicating heavy domestic in-migration.

Figure 1B.7 shows the distribution of household types in Comal County. Married couple households were the most common type at 60%. At nearly a quarter of households, the second most common type was individuals living alone (23%). Even when combined, male or female householders with no spouse present (12%) were less common than either of the top two categories. Notably, there were many more single female householders with no spouse present (10%) than their male counterparts (2%), by more than five to one. In fact, single male householder households with no spouse present and other non-family living arrangements were the least common household types.

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

Comal County, Texas



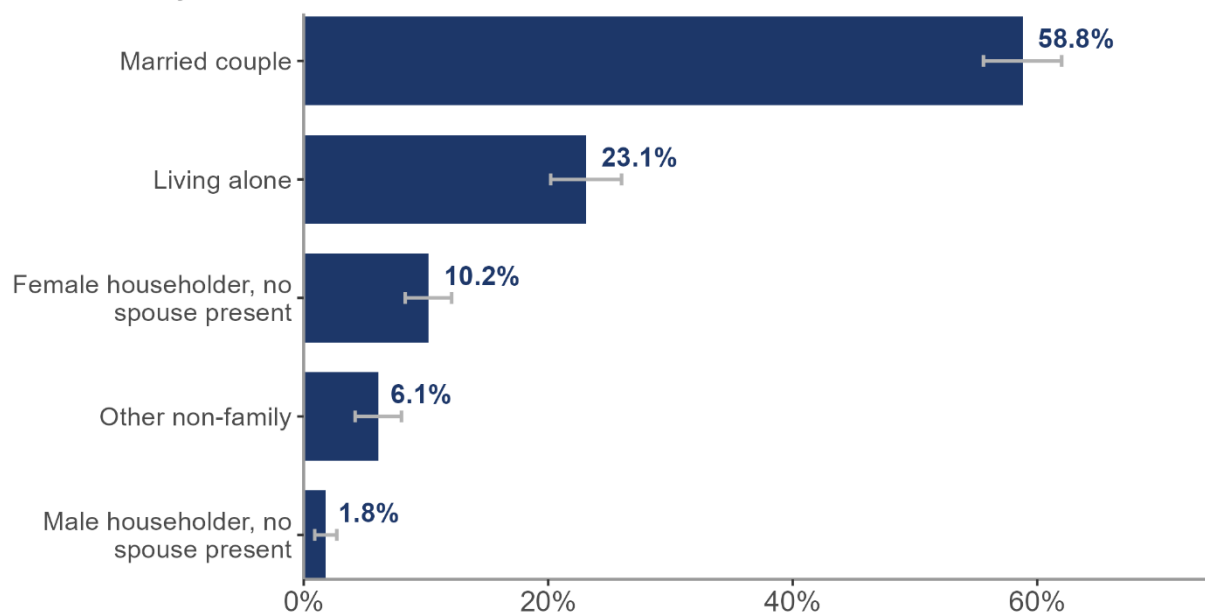
*Unreliable: Error is too large relative to estimate.

Source: ACS 1-Year Estimates. Table: DP02

Prepared by CINow for The Health Collaborative

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

Comal County, Texas



Source: ACS 1-Year Estimates. Table: B11001

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 Comal 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 31 Comal 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**.

In spring 2025, CHRISTUS Santa Rosa - New Braunfels fielded a survey with a much larger sample size (n=582), though still not intended to be statistically representative of the county population as a whole. Of the 582, 77% were CHRISTUS patients. **Appendix B Technical Notes** includes more information about the survey and respondent characteristics.

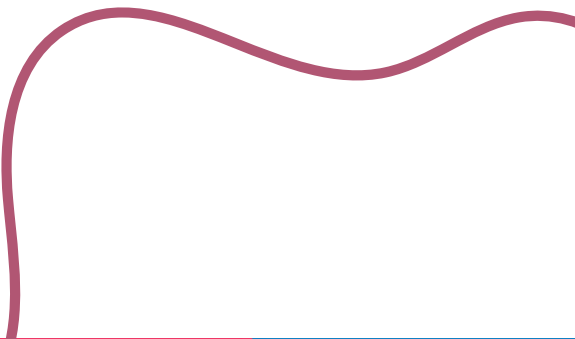
Resource Priorities and Access

CHNA Community Survey respondents identified the issues or resources they felt made the biggest positive difference to their own and their loved ones' health and well-being. **Figure 2A.1** shows the top 15 resources reported by female and male respondents, respectively. (No respondents identified as non-binary.) The most-frequently selected resource among both sexes was healthy fresh foods (57%), followed closely by quality medical care (54%).

On one hand, females were more likely than males to prioritize,

- "Safe spaces to exercise and be physically active" (females 52%, males 43%),
- "Good communication with local leadership and knowing my voice is heard" (females 38%, males 14%),
- "Arts and cultural events" (females 38%, males 14%),
- connections with people who can be counted on when needed (females 33%, males 14%), and
- "Quality childcare" (females 24%, males 0%).

On the other hand, males were more likely than females to prioritize,

- "Feeling and being safe while driving" (males 57%, females 48%),
 - "Quality dental care" (males 43%, females 38%),
 - "Stable employment with good pay and benefits" (males 43%, females 33%), and
 - "Quality schools for children" (males 43%, females 29%).
- 

Looking at responses by race/ethnicity (**Fig. 2A.2**), healthy fresh foods and quality medical care were the top two for both Hispanic and white CHNA survey respondents, but Hispanic respondents were about 50% more likely than white respondents to select those options.

Survey responses were also categorized by ZIP code, where 78130 and 78132 are classified as New Braunfels. Unfortunately, the number of responses was not large enough to break out responses from the Canyon Lake/Fischer area separately from the Spring Branch/Bulverde area, so all four ZIP codes – 78070, 78133, 78163, and 78623 – are called “balance of county” in these survey charts. The number of respondents who declined to share their ZIP code (n=8) was large enough to look at those responses separately.

Figure 2A.3 shows top-rated resources for health and well-being by these three geographic categories. Healthy fresh foods was, again, a frequently-selected option, but the proportion choosing it was nearly twice as high in the New Braunfels area as in the “balance of the county” ZIP codes. Additionally,

- “Quality medical care” was the top choice among those who declined to share their ZIP code (100%), followed by connections with people who can be counted on for help when needed (86%), feeling and being safe while driving (57%), outdoor greenspaces (57%), and good communication with local leadership (57%).
- In the New Braunfels group, other top resources were quality medical care (56%), safe places to be physically active (56%), clean air and water (50%), and outdoor green spaces (50%).
- Among the “balance of the county” group, the top choices were feeling and being safe while driving (50%) and quality schools for children (50%).

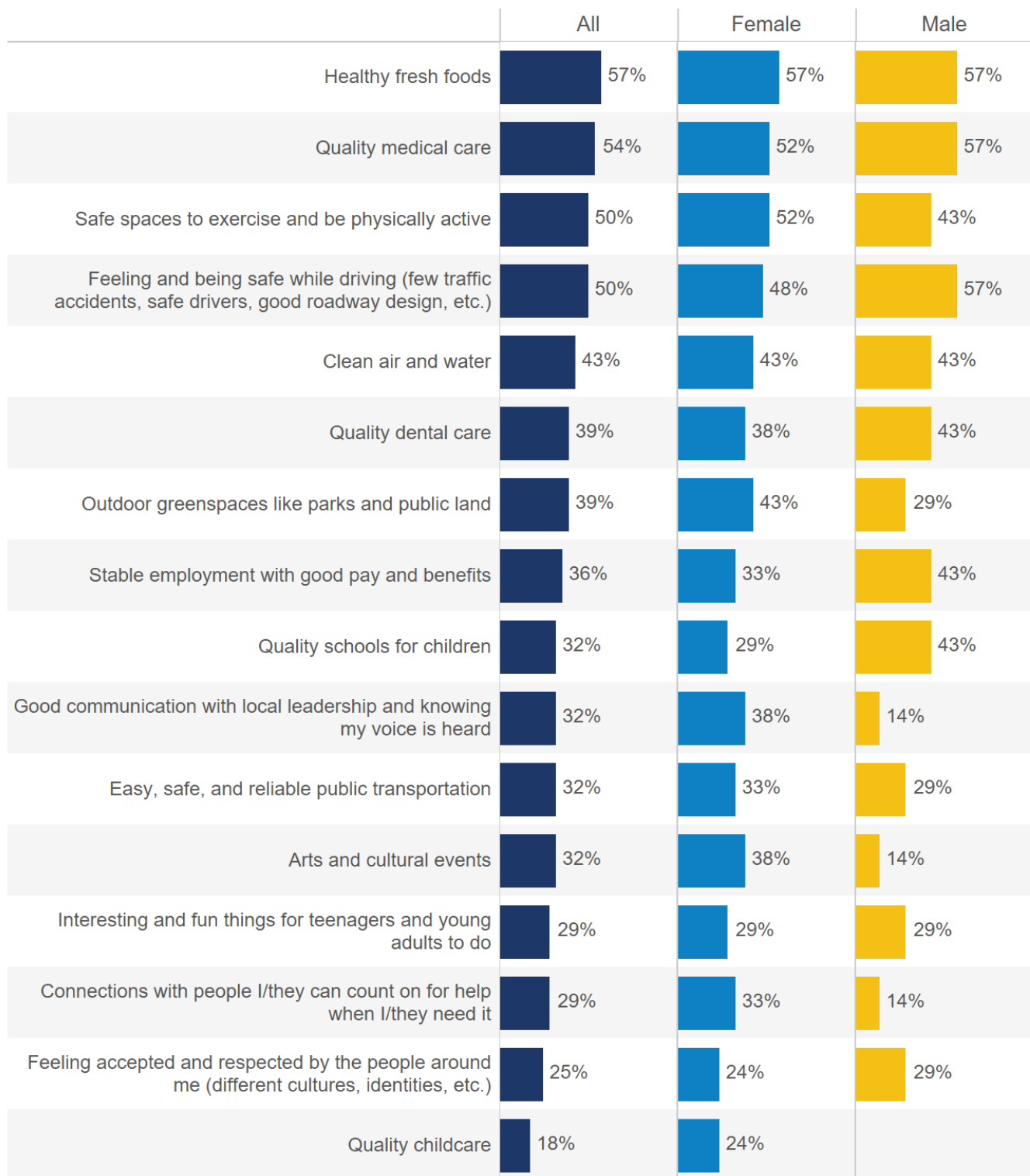
Community voices shared concerns about how population growth could impact quality of life, safety, and access to essential resources.

"The overall population growth is going to make us unsafe. It's going to be too many buildings. You're going to end up with too many shopping districts. You're going to end up with too much theft. You're going to end up with too many automobiles. Not enough rec space. Yeah, all of it. And water? Yeah right!"

– Comal County Focus Group Participant

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

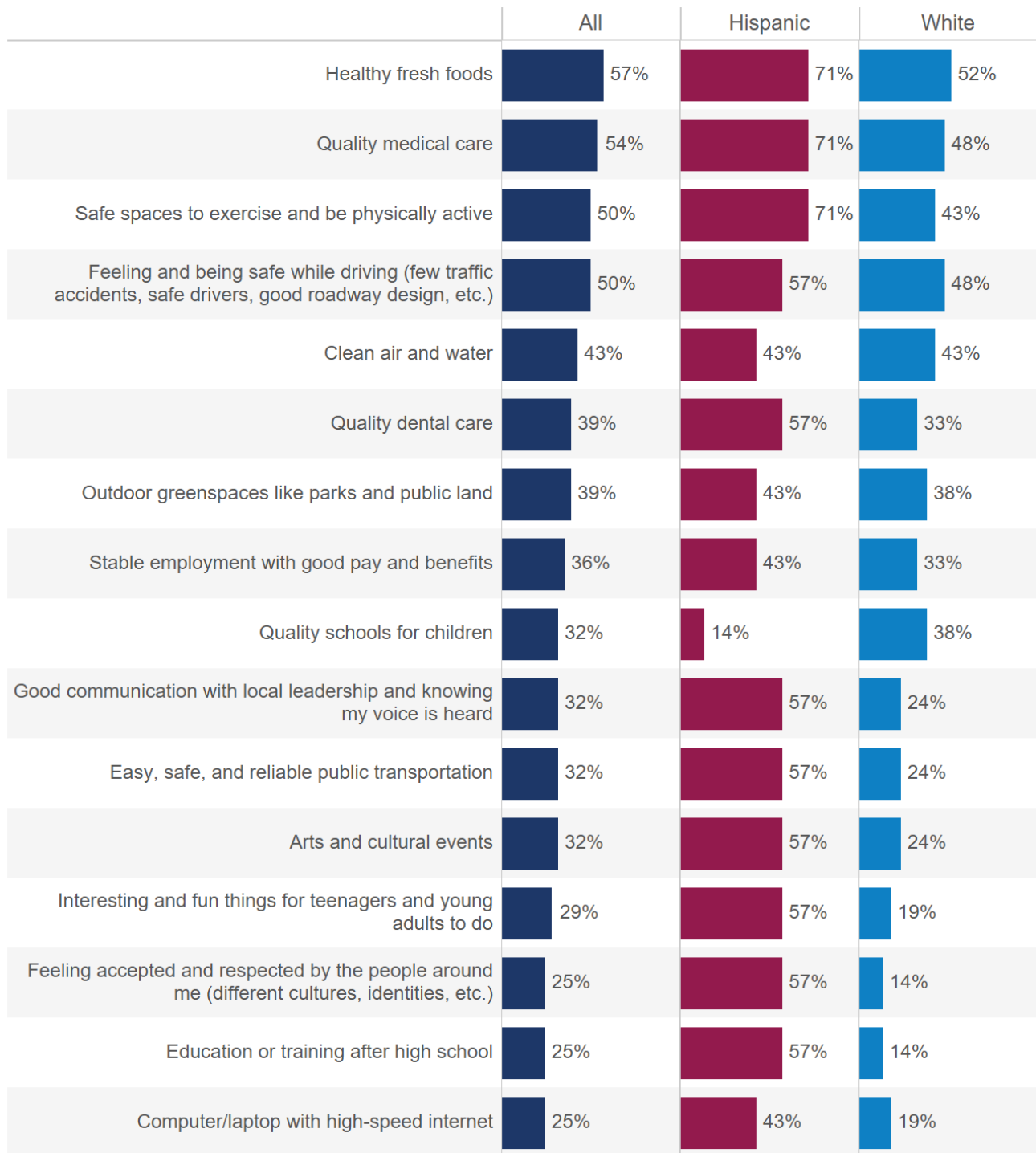
Comal County, Texas



All n = 31 respondents; female n=21; male n=7
 Source: Comal County CHNA Survey
 Prepared by CINow for The Health Collaborative

Fig. 2A.2 Top resources CHNA survey respondents rated as important to their own or their loved ones' health and well being, by race/ethnicity, 2025

Comal County, Texas

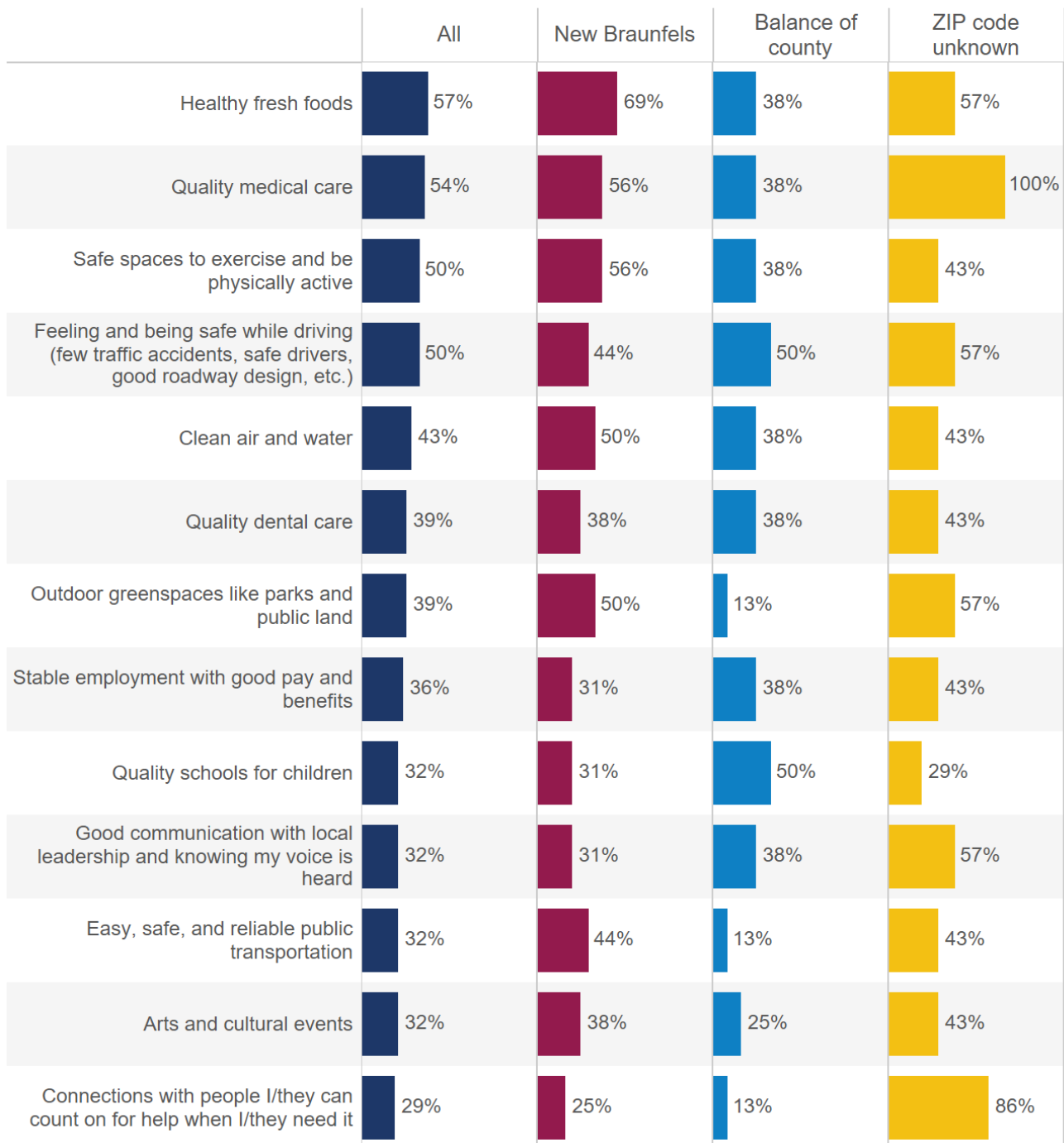


N = 31 respondents

Source: Comal County CHNA Survey

Prepared by CINow for The Health Collaborative

Fig. 2A.3 Top resources CHNA survey respondents rated as important to their own or their loved ones' health and well being, by area* of county, 2025
Comal County, Texas



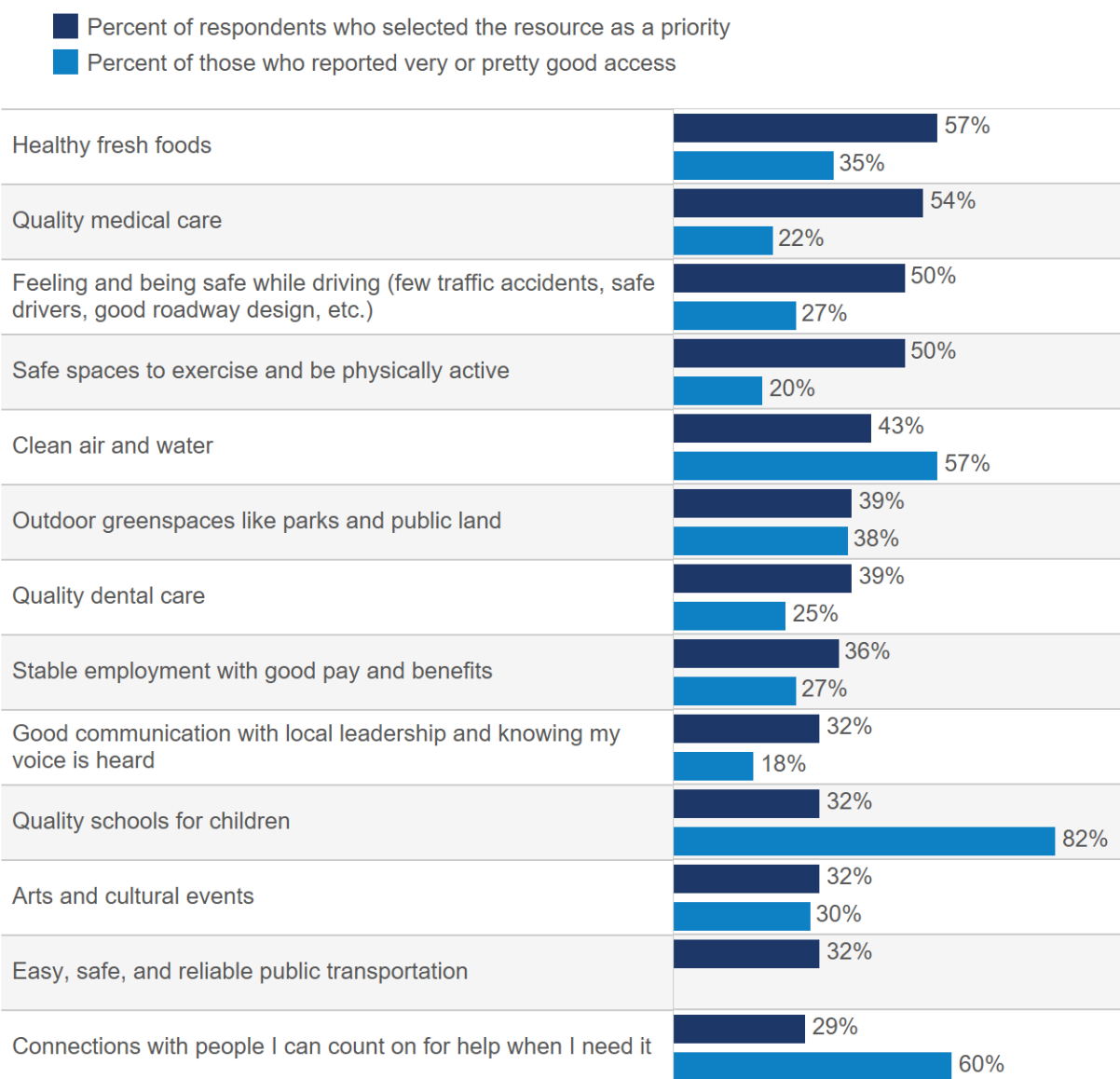
* New Braunfels: 78130, 78132; balance of county: 78070, 78133, 78163, 78623
N = 31 respondents

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

Comal County CHNA survey respondents were also asked to rate their access to the selected priority resources. Among those who selected healthy fresh foods (57%), just 35% reporting having “very good” or “pretty good” access to it (**Fig. 2A.4**). Of those prioritizing quality medical care (54%), 22% reporting having good access to it; of those choosing “feeling and being safe while driving” (50%), 27% reporting having good access. The higher-priority resources with the lowest percentages of “very good” or “pretty good” access were “easy, safe, and reliable public transportation” (0%), “good communication with local leadership and knowing my voice is heard” (18%), safe spaces to exercise and be physically active (20%), and quality medical care (22%). The highest percentages for “very good” or “pretty good” access were quality schools for children (82%), connections with people who can be counted on for help (60%), and clean air and water (57%).

Fig. 2A.4 Percent of CHNA survey respondents reporting having very good or pretty good access to priority resources, 2025

Comal County, Texas



N = 28 respondents

Source: Comal County CHNA Survey

Prepared by CINow for The Health Collaborative

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)

Help with Accessing Care

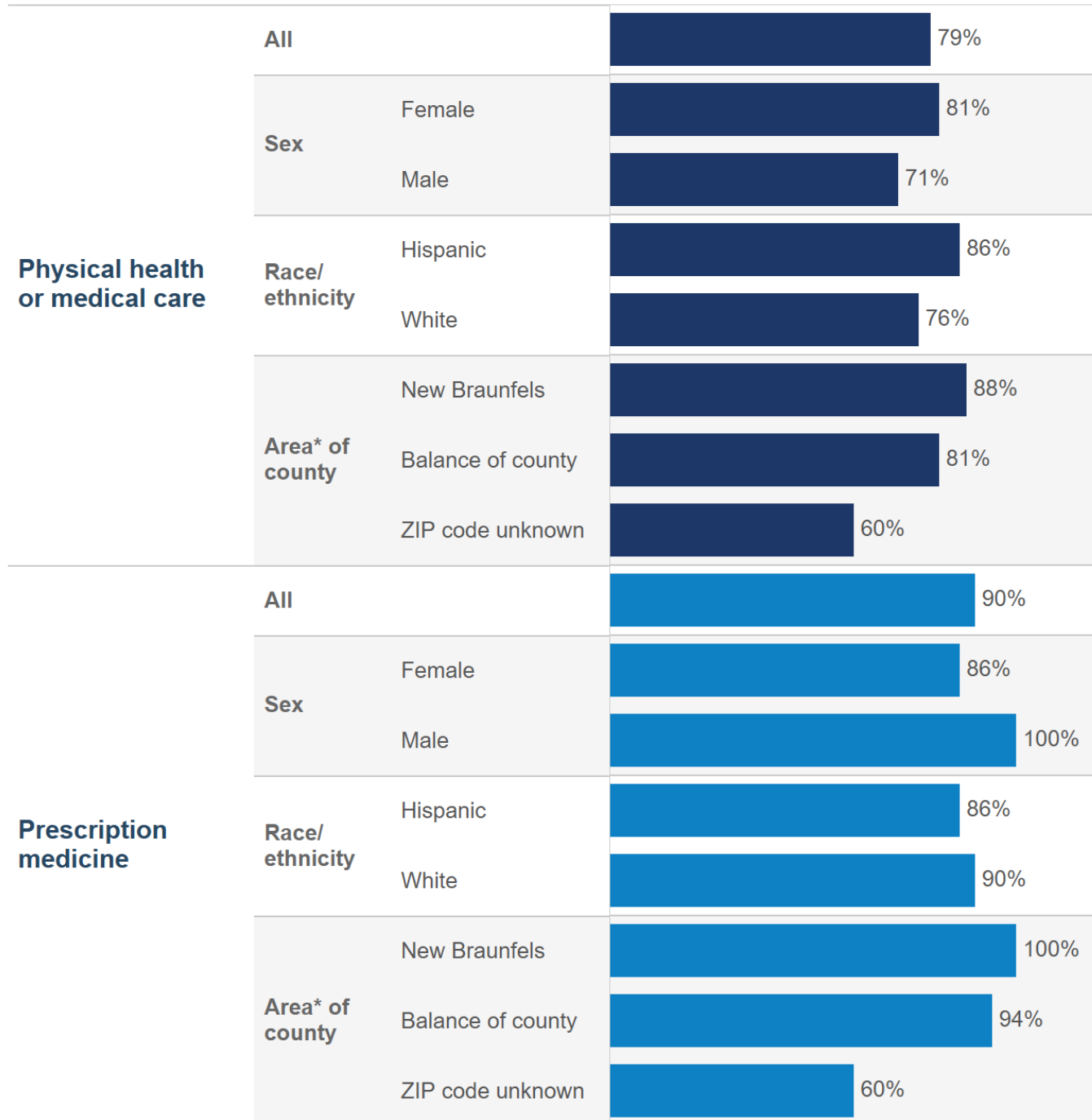
Comal County CHNA survey respondents were asked, “In the past 12 months, how often were you able to get the care you needed?”; the response options were “always,” “often,” “rarely,” “never,” “prefer not to say,” and “not applicable.”

Overall, 79% reported “always” or “often” having been able to get the physical or medical health care they needed (**Fig. 2A.5**); this proportion was higher for New Braunfels (88%), Hispanic (86%), and female (81%) respondents than for respondents who declined to provide their ZIP code (60%), were white (76%), or were male (71%). Wherever the respondents who did not provide ZIP codes live, their ability to get physical health or medical care appears markedly lower than other groups. The same was true for prescription medicine (60%) and dental care (60%, **Fig. 2A.6**). In comparison, 100% of New Braunfels respondents and male respondents reported always or often being able to get the prescription medicine they needed. Access appears lower overall for dental care, with the lowest percentage being Hispanic respondents (43%) and the highest being white respondents (71%).

The worst access reported was for mental health care, though only 20 respondents reported having needed it in the past 12 months (**Fig. 2A.6**). Of those, just 40% overall reported always or often being able to get the care they needed. That proportion ranged from 75% at the high end (New Braunfels group) to just 20% (ZIP code unknown group).

Fig. 2A.5 Percent of CHNA survey respondents reporting often or always getting the physical health care or prescription medicine they need, 2025

Comal County, Texas



* New Braunfels: 78130, 78132; balance of county: 78070, 78133, 78163, 78623

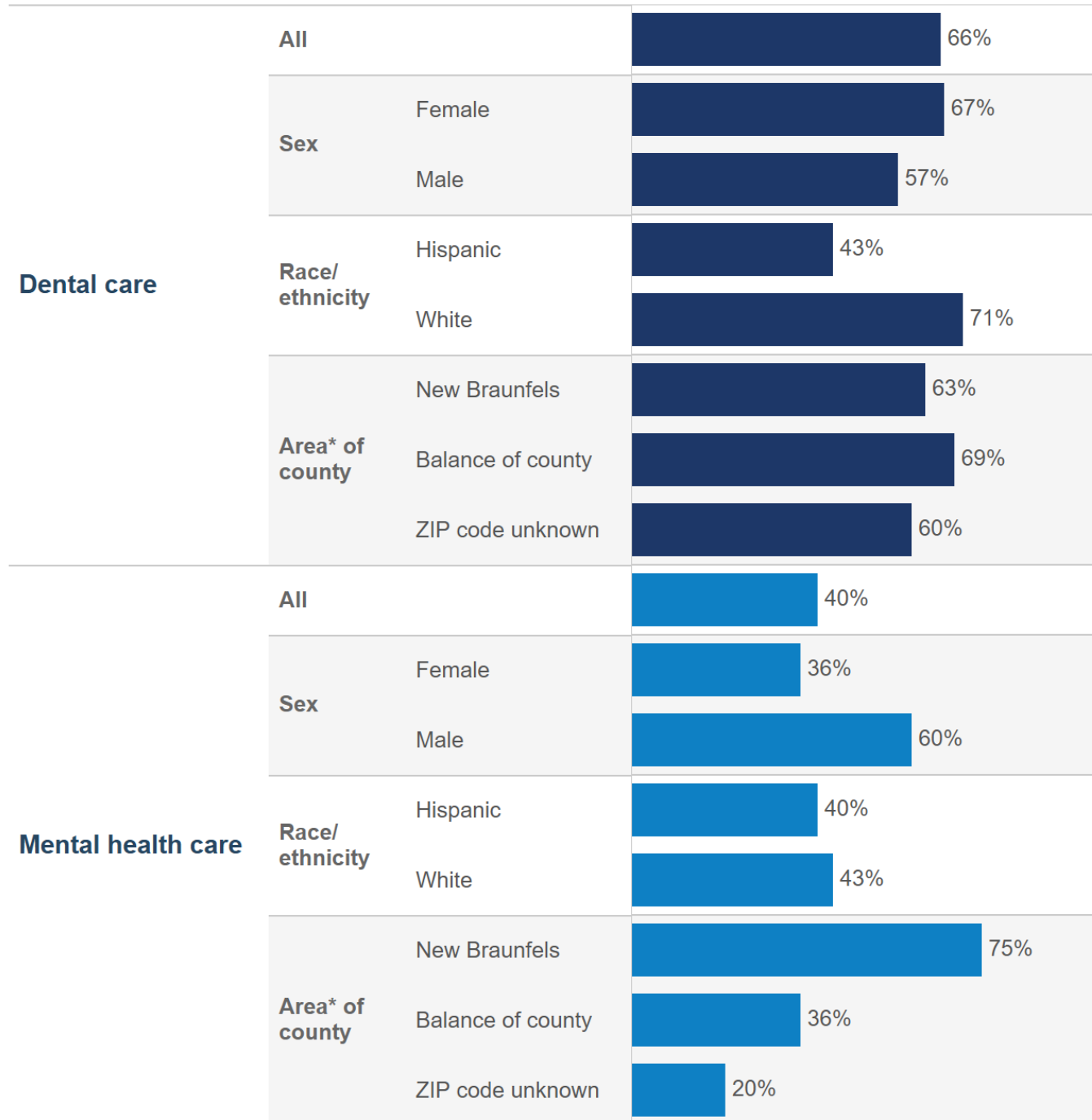
N = 29 respondents for each type of care

Source: Comal County CHNA Survey

Prepared by CINow for The Health Collaborative

Fig. 2A.6 Percent of CHNA survey respondents reporting often or always getting the dental care or mental health care they need, 2025

Comal County, Texas



* New Braunfels: 78130, 78132; balance of county: 78070, 78133, 78163, 78623

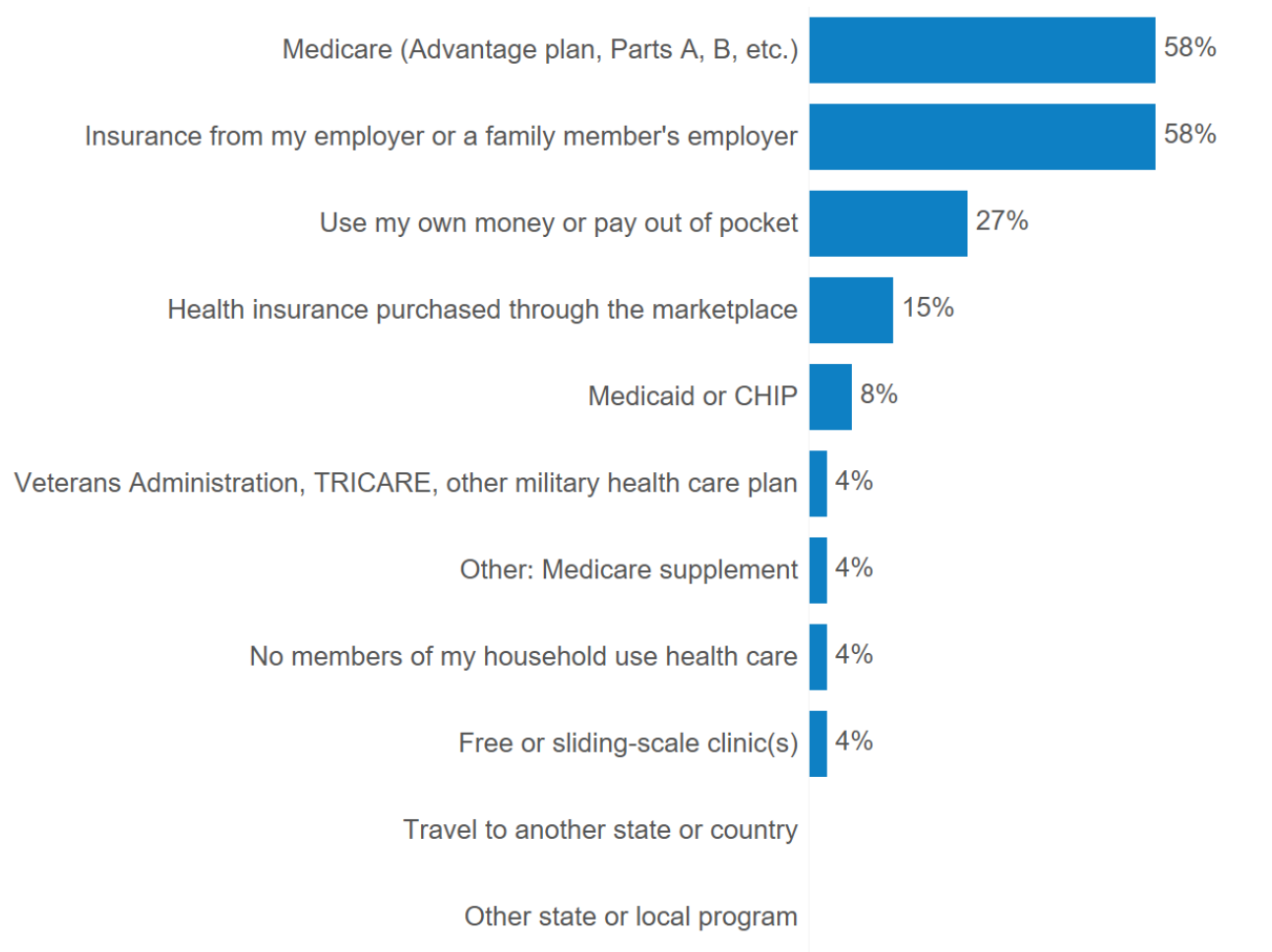
N = 29 respondents for dental care, N=20 for mental health care

Source: Comal County CHNA Survey

Prepared by CINow for The Health Collaborative

The CHNA survey also asked what resources or strategies they use to get health care. Fifty-eight percent each reported using Medicare and employer-sponsored insurance (**Fig. 2A.7**). About half that many (27%) reported paying out of pocket, and 15% used health insurance purchased through the marketplace. When asked what would make it easier for them or others they live with to get the care (of any kind) they need (**Fig. 2A.8**), the most frequently-selected option among all groups was “more appointments available, or appointments available sooner”; that option was selected by 62% of respondents overall, 86% of male respondents, and 67% of white respondents (**Fig. 2A.9**). Respondents who were female (75%), were Hispanic (57%), or lived in “balance of county” ZIP codes (**Fig. 2A.10**) were more likely than other groups to select “more appointments available, or available sooner.”

Fig. 2A.7 Percent of CHNA survey respondents reporting use of healthcare by how they and/or their household members access it, 2025
Comal County, Texas

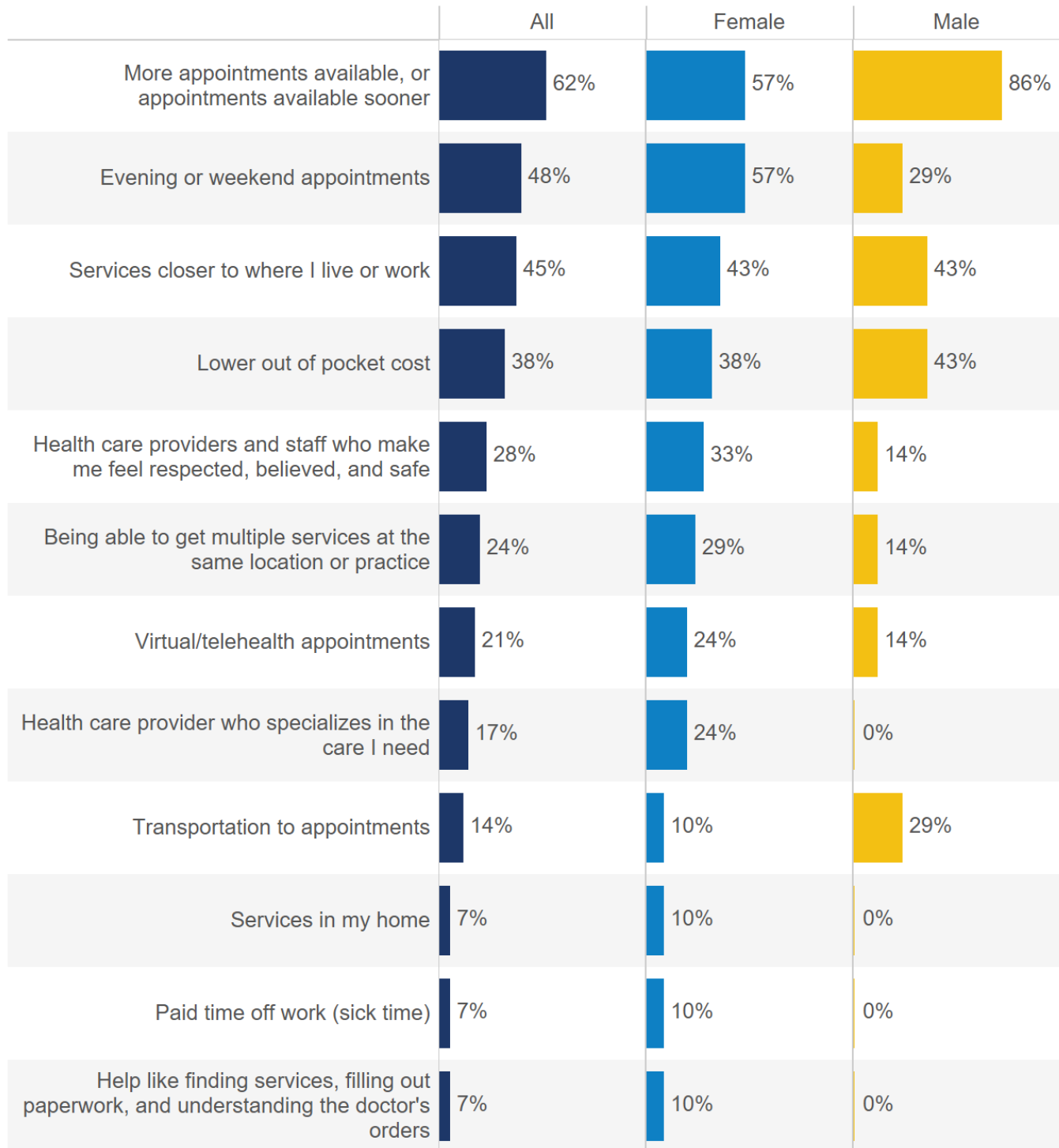


N = 26 respondents

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

Fig. 2A.8 Supports CHNA survey respondents report would make it easier for them or others they live with to get the care they need, by sex, 2025

Comal County, Texas

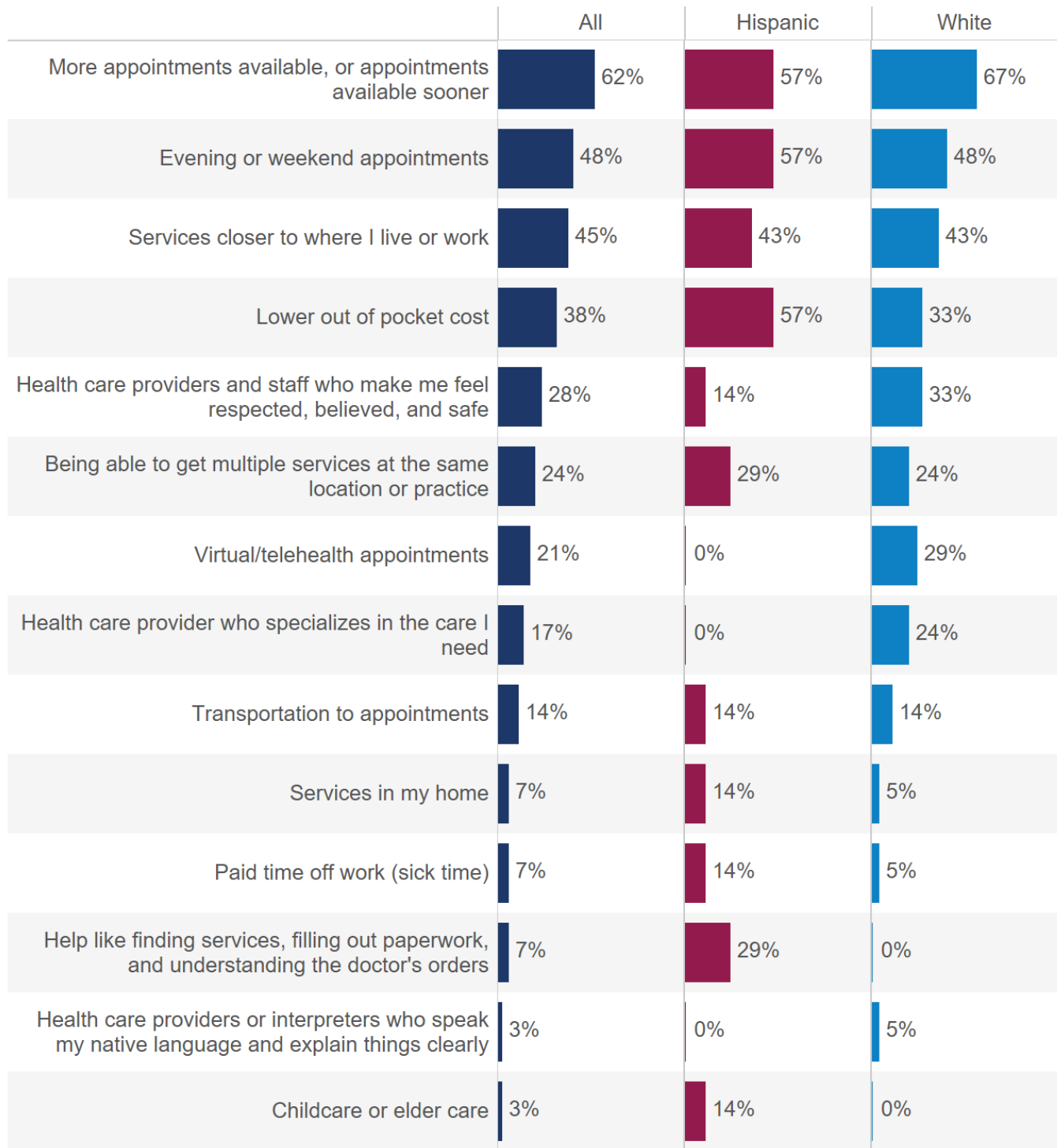


N = 28 respondents

Source: Comal County CHNA Survey

Prepared by CInow for The Health Collaborative

Fig. 2A.9 Supports CHNA survey respondents report would make it easier for them or others they live with to get the care they need, by race/ethnicity, 2025
Comal County, Texas

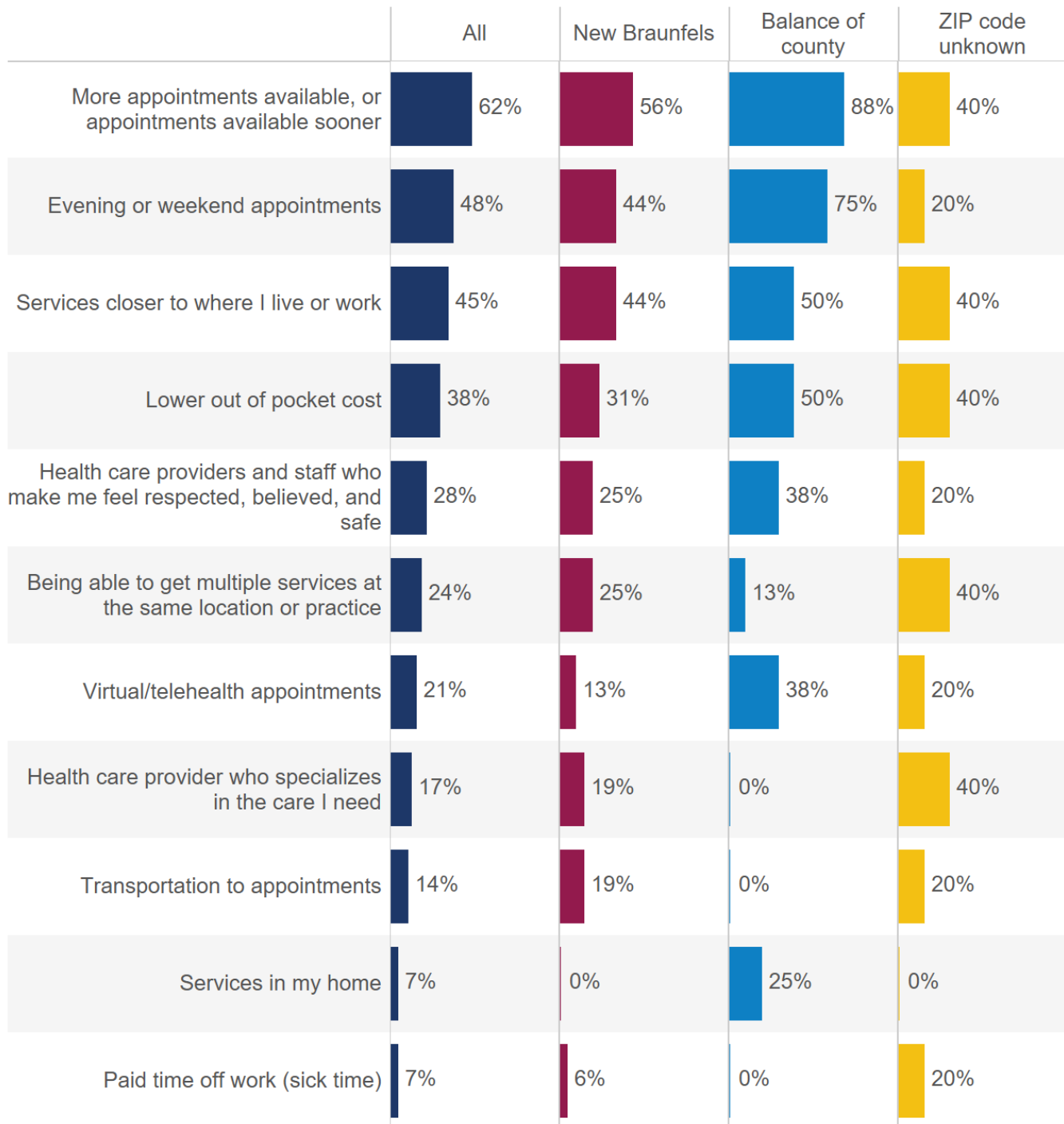


N = 28 respondents

Source: Comal County CHNA Survey

Prepared by CINow for The Health Collaborative

Fig. 2A.10 Supports CHNA survey respondents report would make it easier for them or others they live with to get the care they need, by area* of county, 2025
Comal County, Texas



* New Braunfels: 78130, 78132; balance of county: 78070, 78133, 78163, 78623

N = 29 respondents

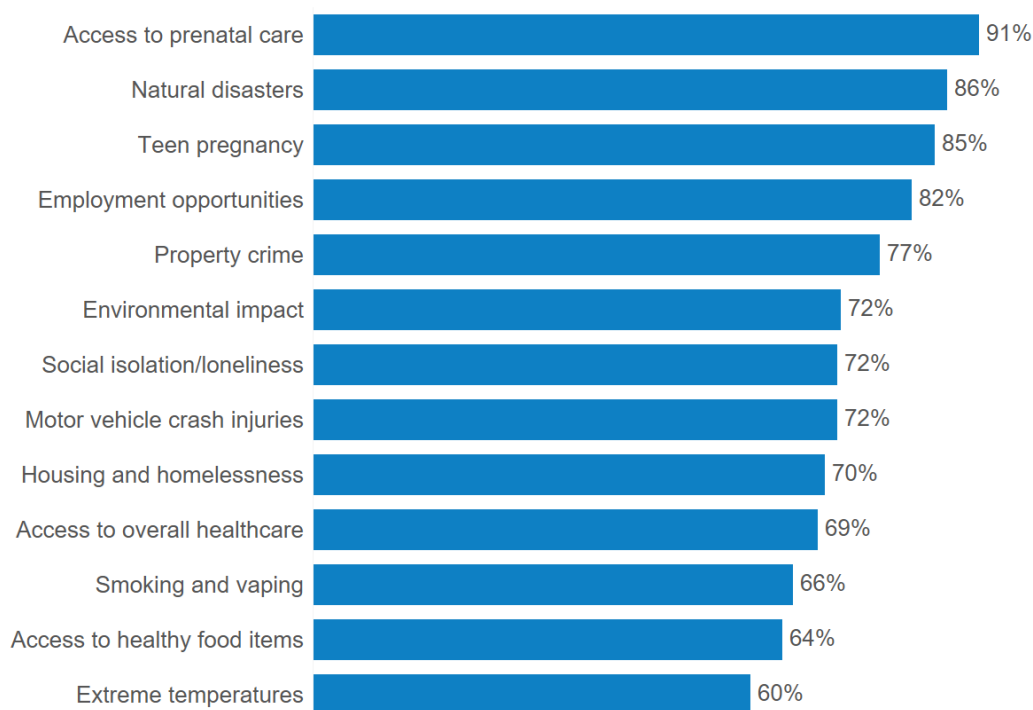
Source: Comal County CHNA Survey

Prepared by CINow for The Health Collaborative

Social Concerns

CHRISTUS - New Braunfels survey respondents were provided a list of “social concerns” and asked whether each is “not at all a problem,” a “minor problem,” a “moderate problem,” or a “serious problem.” **Figure 2A.11** summarizes the percent of respondents rating each social concern as “not at all a problem” or a “minor problem,” meaning that on the whole, respondents consider that issue to be going well or even a community asset. Nine in ten (91%) of respondents rated access to prenatal care as either “not at all a problem” or a “minor problem,” followed by natural disasters (86%). However, the survey was fielded well before the July 4 floods in central Texas and the Hill Country. A large percentage also had low concern about teen pregnancy, employment opportunities, and property crime, with 85%, 82%, and 77% of respondents rating those as minor or not a problem, respectively. Concern was highest for extreme temperatures, which might also be considered a natural disaster, with just 60% of respondents rating it as minor or not a problem. Access to healthy food items was the second-worst at 64%.

Fig. 2A.11 Percent of CHRISTUS survey respondents rating social concerns as “not at all a problem” or a “minor problem”, 2025
Comal County, Texas



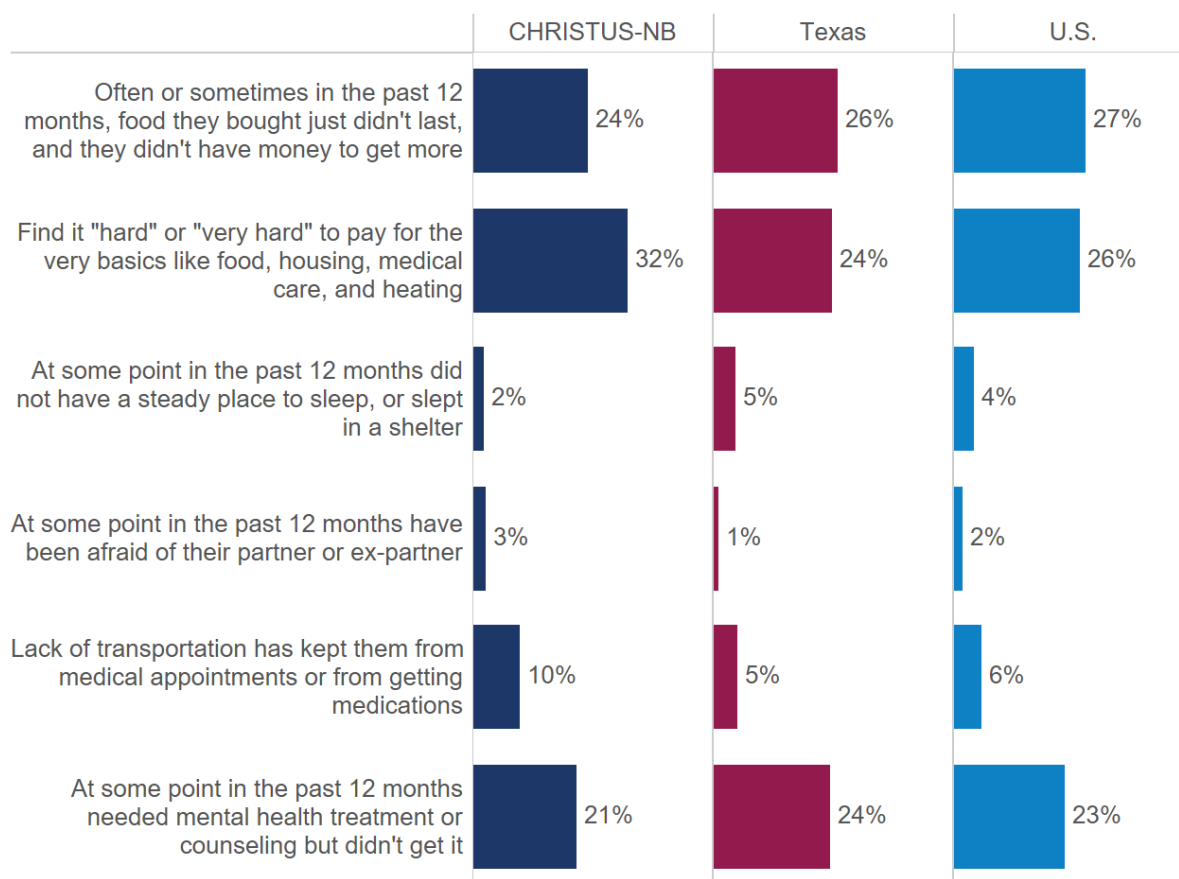
Source: CHRISTUS Santa Rosa - New Braunfels Community Health Survey
Prepared by CINow for The Health Collaborative

CHRISTUS survey respondents were also asked a series of questions that appear in the national Behavioral Risk Factor Surveillance System (BRFSS) household survey of adults, so comparison data is available for Texas and the U.S. as a whole. While margins of error are not available for this data, to help with interpretation, it is likely that differences between the CHRISTUS respondent percentage and the Texas or U.S. percentages are not statistically significant unless there is a spread of several percentage points, not just 1% or 2%.

Figure 2A.12 shows the percent of respondents experiencing several different social and economic barriers to health and well-being or to health care in the past 12 months. About a quarter (24%) of CHRISTUS respondents reported that “often” or “sometimes,” the food they bought just did not last, and they did not have money to get more. About a third (32%) found it “hard” or “very hard” to pay for the very basics like food, housing, medical care, and heating. One in five (21%) reported having needed mental health treatment or counseling but not having gotten it, and one in 10 (10%) said that lack of transportation had kept them from medical appointments or from getting medications.

Fig. 2A.12 Percent of CHRISTUS survey respondents experiencing social and economic barriers to health/well-being and health care, 2025

Comal County, Texas



Source: CHRISTUS Santa Rosa - New Braunfels Community Health 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 Comal County. All the resources prioritized highly by survey respondents are addressed here to the extent that data is available.

Earning and Building Wealth

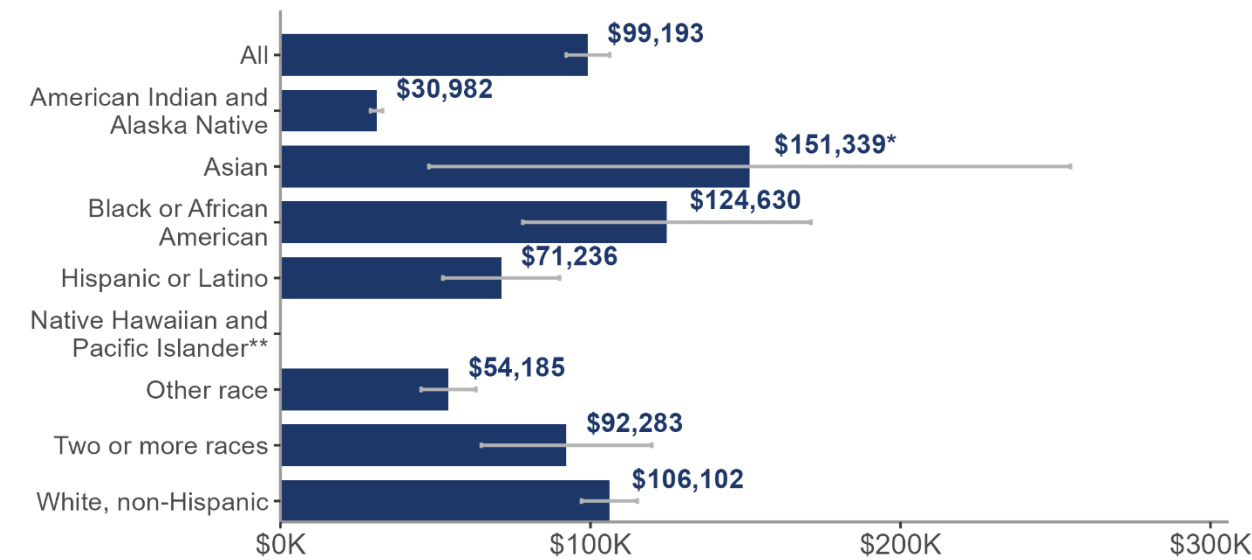
Income and asset measures are key insights into both the financial hardship and economic opportunities within a community. They help identify where support is most needed and where there is potential to build financial stability and long-term wealth.

Household Income

In 2023, Comal County’s median household income was \$99,193 (**Fig. 2B.1**). When broken down by race/ethnicity, many of the margins of error overlap, making it difficult to draw definite comparisons. However, one clear outlier is the American Indian and Alaska Native population, whose median household income was only \$30,982—less than a third of the county median and significantly lower than all other groups.

Comal County’s overall median household income is also significantly higher than regional and national benchmarks: over \$20,000 more than the U.S (\$77,719), Texas (\$75,790), and neighboring Bexar County (\$69,807).⁵ Margins of error that do not overlap indicate true differences in median income between groups. In this case, that means that we can trust that both the county’s overall median household income and that of white householders are higher than those of Hispanic households, about twice as high as “other race” households, and more than three times as high as the median household income where the householder is American Indian or Alaska Native.

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



*Unreliable: Error is too large relative to estimate.
**Suppressed by data source.
Source: ACS 1-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.⁶ 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.⁷

Building on that, ALICE (an acronym for Asset Limited, Income Constrained, Employed) includes families who make enough to be above the poverty level but are ineligible for many types of public assistance and do not make enough to get by.⁸ It helps fill a gap by identifying households that struggle to meet basic needs despite earning too much to qualify for assistance.

ALICE Household Survival Budget, Comal 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	\$1,122	\$1,298	\$1,298	\$1,298	\$1,573	\$1,573	\$1,122	\$1,298
Child Care	\$0	\$268	\$715	\$0	\$536	\$1,478	\$0	\$0
Food	\$462	\$781	\$701	\$846	\$1,420	\$1,253	\$425	\$779
Transportation	\$431	\$565	\$565	\$670	\$958	\$958	\$361	\$530
Health Care	\$178	\$488	\$488	\$488	\$780	\$780	\$535	\$1,070
Technology	\$86	\$86	\$86	\$116	\$116	\$116	\$86	\$116
Miscellaneous	\$228	\$349	\$385	\$342	\$538	\$616	\$253	\$379
Taxes	\$336	\$303	\$382	\$433	\$417	\$585	\$390	\$663
Monthly Total	\$2,843	\$4,138	\$4,620	\$4,193	\$6,338	\$7,359	\$3,172	\$4,835
ANNUAL TOTAL	\$34,116	\$49,656	\$55,440	\$50,316	\$76,056	\$88,308	\$38,064	\$58,020
Hourly Wage	\$17.06	\$24.83	\$27.72	\$25.16	\$38.03	\$44.15	\$19.03	\$29.01

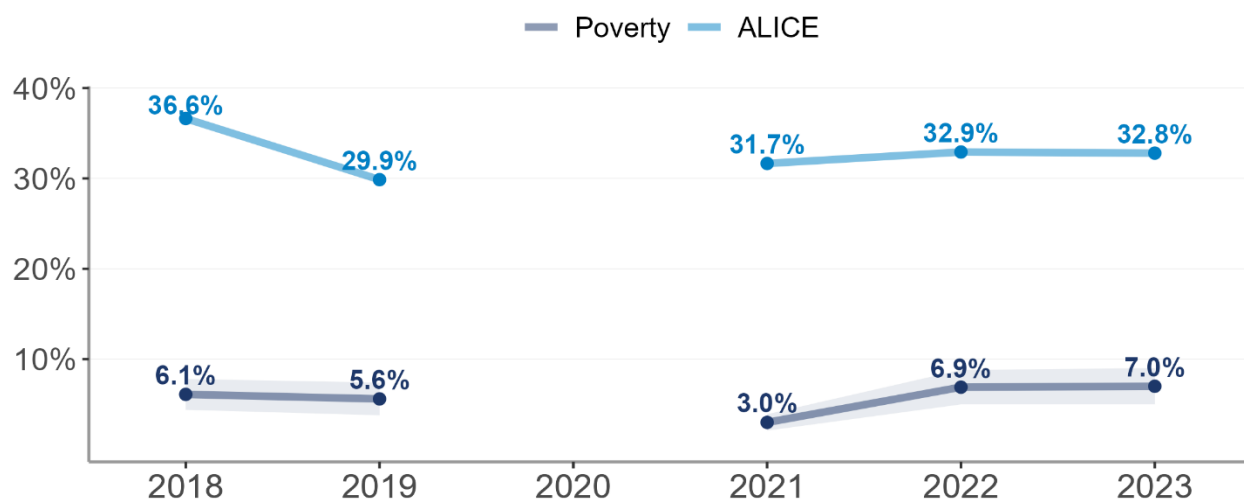
Source: United for ALICE

Figure 2B.2 shows financial insecurity among Comal County families, measured using both the ALICE threshold and the Federal Poverty Level (FPL). The most recent numbers show that as of 2023, 7% of Comal families had incomes below the poverty line. However, an additional 33% still could not afford basic needs and did not qualify for many forms of assistance, even though many of those families were employed. Both measures followed similar trends, showing only slight declines over time, with the share of ALICE households hovering around 32%.

Further, ALICE households are most common around the Canyon Lake and New Braunfels areas, with ALICE households representing more than 30% of the total households in their respective ZIP codes (78133 and 78130) (**Fig 2B.3**). Taken together, financial insecurity affects about a third of Comal County families, 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

Comal 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 Estimates, Table: B17001; ALICE United Way of Texas
Prepared by CINow for The Health Collaborative



While jobs may be available, participants emphasized the need for more stable, long-term employment.

“The thing about the question about employment, yes, there is a key issue in that. Because, realistically, there are jobs. But... It's really fast food is what you see a lot. You know, summer type jobs, seasonal type jobs.”

– Comal County Focus Group Participant

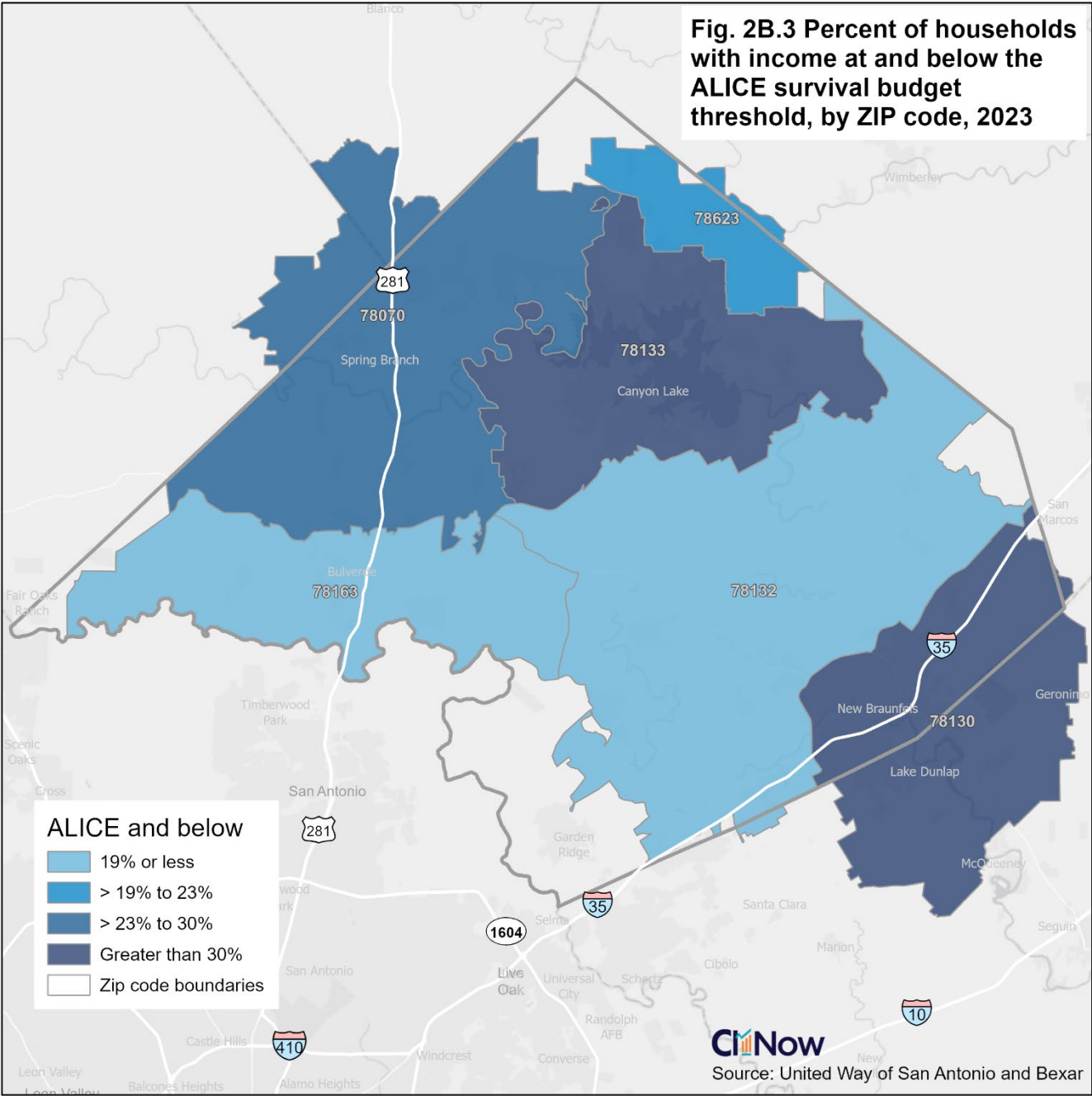
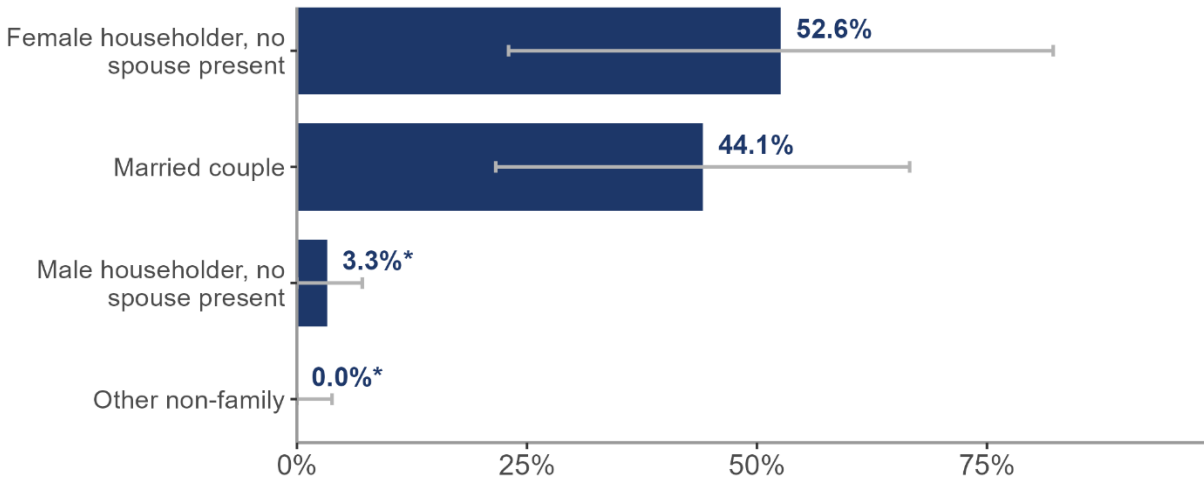


Fig. 2B.4 shows the percentage of children living in households that received income support through public assistance programs, broken down by household type. Specifically, it includes households that received assistance in the past 12 months from Supplemental Security Income (SSI), cash public assistance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

In 2023, Comal County children receiving such support most commonly lived in married couple households (44%) and “female householder, no husband present” households (53%). Because of wide and overlapping margins of error, it is unclear which of the two was the most common. However, fewer children receiving this support lived in a “male householder, no wife present” household (3%), and none lived in non-family households.

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

Comal County, Texas



SSI: Supplemental Security Income; SNAP: Supplemental Nutrition Assistance Program
*Unreliable: Error is too large relative to estimate.
Source: ACS 1-Year Estimates. Table: B09010
Prepared by CINow for The Health Collaborative

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 two licensed child care centers, both in ZIP code 78133, and only one accepts infants. The total capacity of the two centers is listed as 161,⁹ 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 Comal County's child population under age five at about 9,600, and the total child population under age 10 at about 21,000.¹⁰ Assuming full capacity of 161, Comal County has 16.8 child care slots available for every 1,000 children under five and 7.7 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 Comal County. Results of the two community surveys covered at the start of this section in the "What We Need for Health" subsection point to a clear need for child care, but provide no information about how parents are handling that or what the family is experiencing because child care isn't 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. 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."

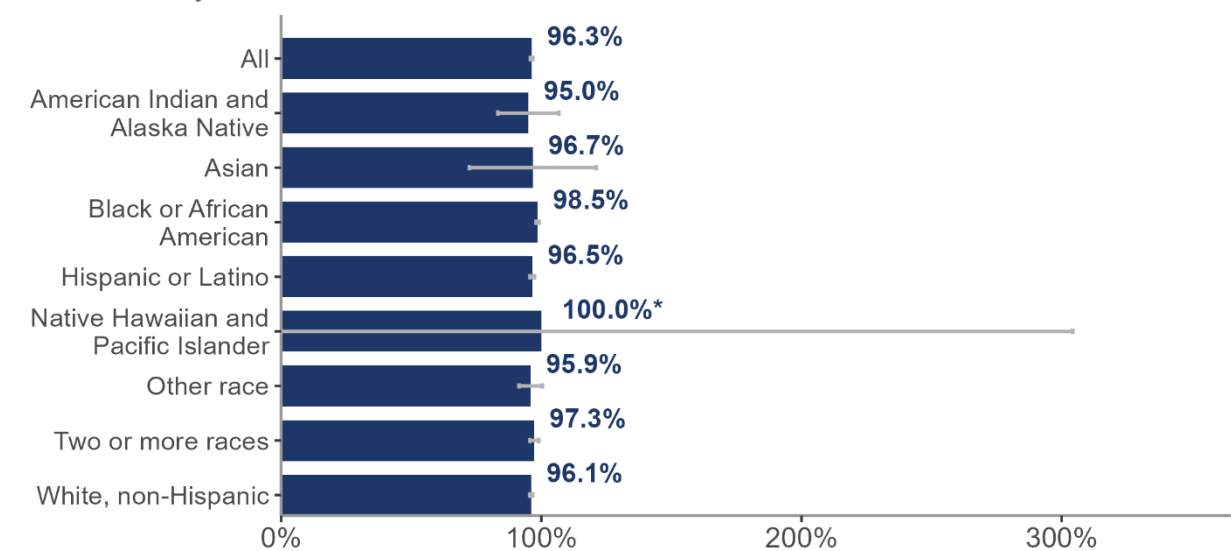
— Adrian Lopez (CEO, Workforce Solutions Alamo)

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.¹¹ **Fig. 2D.1** shows that an estimated 96% of Comal County households have both a computer and a broadband internet subscription. While overlapping margins of error and suppression limit the ability to determine statistically significant differences for all groups, the estimated percentage is 95% or higher for every race/ethnicity group. Differences by ZIP code show some geographic variation, particularly differences between the major cities in the county, and the Canyon Lake area stands out with the lowest estimated access, at 92% or less (**Fig. 2D.2**).

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

Comal County, Texas

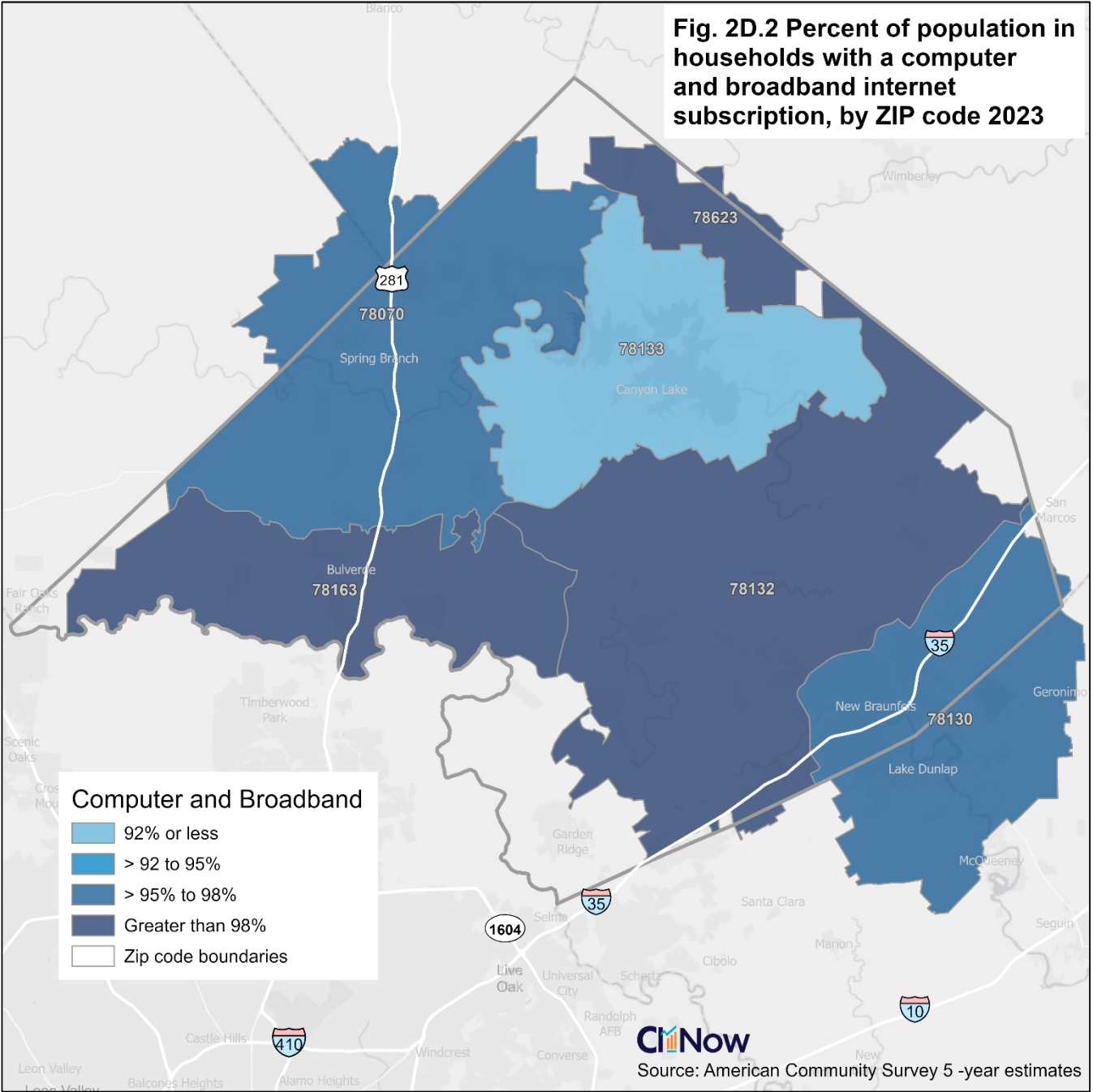


*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Tables: B28008, B28009 B-I
Prepared by CINow for The Health Collaborative



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)



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 Comal County hovered around 12%, with a slight drop in 2021 (**Fig. 2E.1**). However, in 2022, the percentage rose to 14%. This increase may be attributed to the end of emergency support introduced during the COVID-19 pandemic, like extended SNAP and stimulus benefits,¹² 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 8%. In contrast, more than twice as many Hispanic residents (19%) experienced food insecurity. In this dataset, these categories are not mutually exclusive: Black includes both Hispanics and non-Hispanics, and Hispanic includes people of all races. Thus, there is overlap among the race/ethnicity groups and they cannot be directly compared to one another.

By geography, the ZIP codes 78623, 78133, 78130 in the Canyon Lake area and in New Braunfels have the highest concentrations of residents who are food insecure, ranging between 13 and 14% (**Fig. 2E.3**).



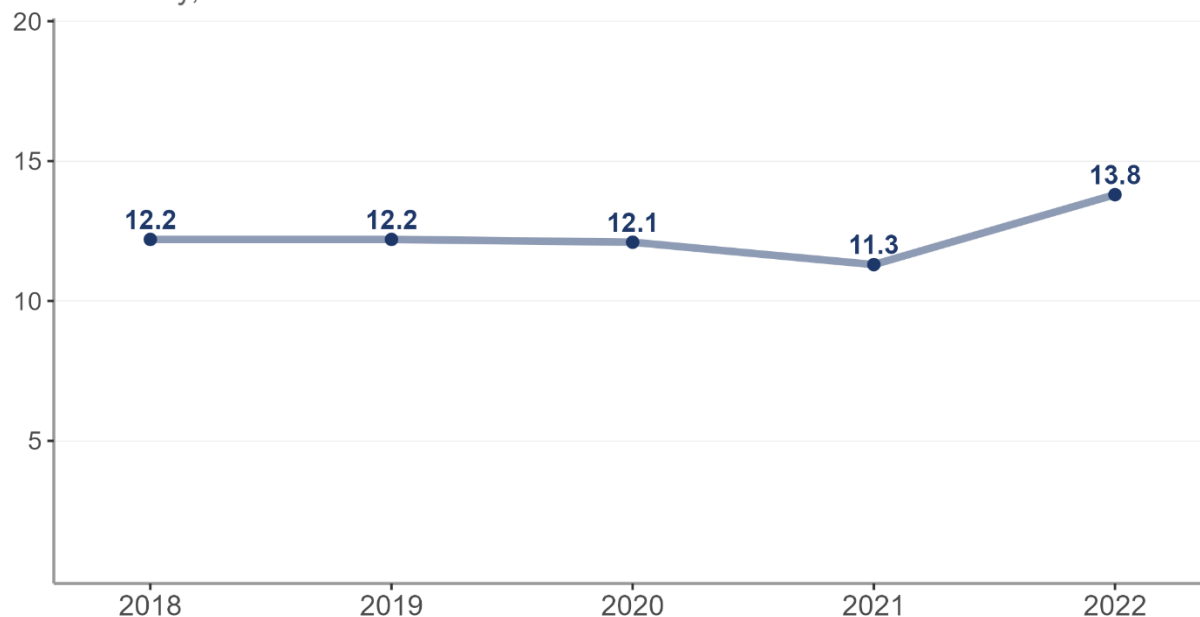
Not having enough income to thrive affects one's ability to care for their own and their loved one's health while pursuing long-term well-being. Basic necessities, like nutritious food, housing, education, and healthcare, are all critical to a happy, healthy life.

"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)

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

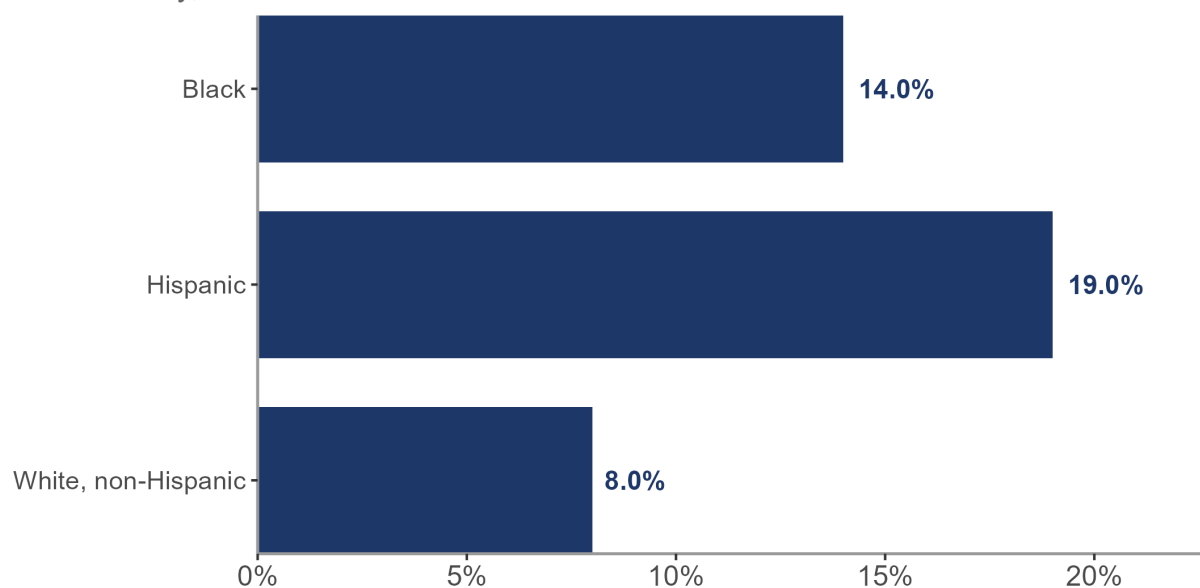
Comal County, Texas



Source: Feeding America
Prepared by CINow for The Health Collaborative

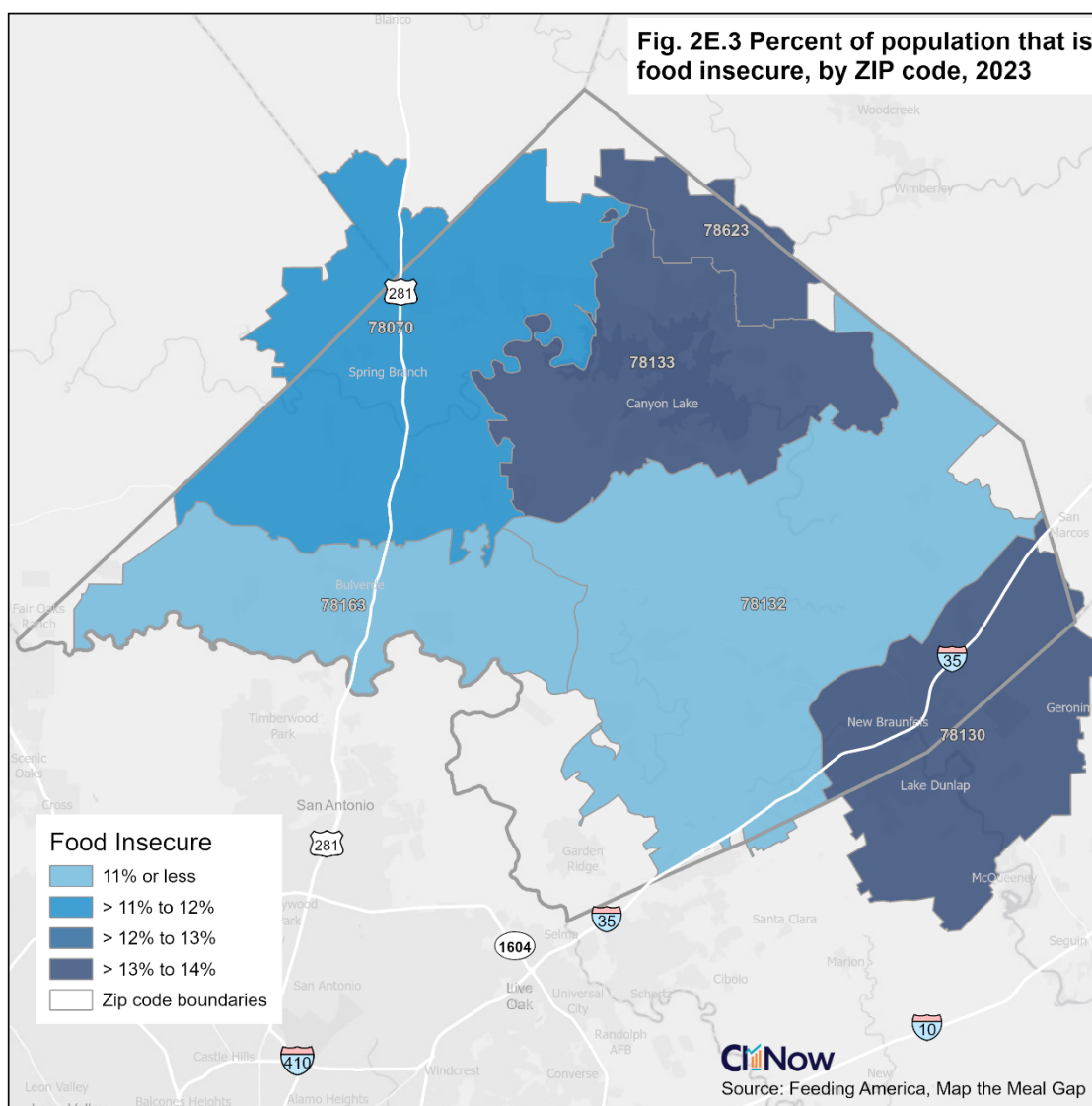
Fig. 2E.2 Percent of population that is food insecure, by race/ethnicity, 2022

Comal County, Texas



"Black persons" includes those of all ethnicities and "Hispanic persons" includes those of all races.

Source: Feeding America
Prepared by CINow for The Health Collaborative

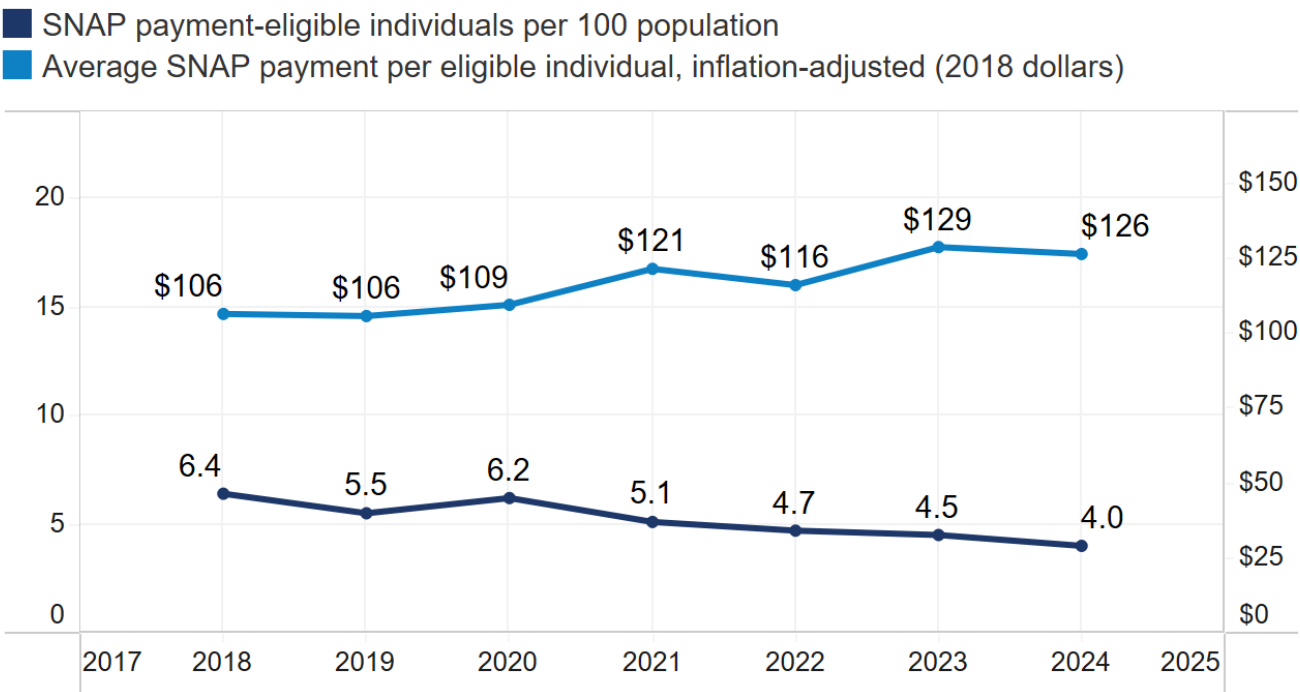


Food Assistance

The Supplemental Nutrition Assistance Program (SNAP) is a critical source of support for low- and moderate-income people. **Figure 2E.4** 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 6.4 to 5.5 per 100 people in May 2019 and then ticked back up to 6.2 in May 2020, early in the COVID-19 pandemic. From that point forward, the number declines steadily to 4.0 in May 2024, a 38% decrease from 2019. The actual average payment per eligible individual increased from \$108 to \$158 (an increase of 49%, not shown in the chart) over the period, but after adjusting for inflation, the increase was only 19%. 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
Comal County



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



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)

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 proportions of renter-occupied and owner-occupied households under 200% FPL that were housing-cost burdened as of 2023. At 24% versus 10%, renters in this income group were more than twice as likely as homeowners to be burdened by housing costs. Unfortunately, the numbers broken down by race/ethnicity are so small and margins of error so wide that meaningful data can only be shown for households under 200% FPL with a Hispanic or white householder, and even for those two groups, the estimates are very uncertain for renter households (**Fig. 2F.2**). The point that can be safely taken from this chart, though, is that for both race/ethnicity groups in this income range, renter households are about twice as likely as owner households to be housing cost-burdened. Not shown in the chart, the rate of housing cost-burden among owner-occupied households alone also varies considerably by race/ethnicity. Owner households under 200% FPL where the householder is Hispanic (12%) or white (10%) are far more likely to be housing cost-burdened than those where the householder is Asian (1%) or Black or African American (2%).

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.

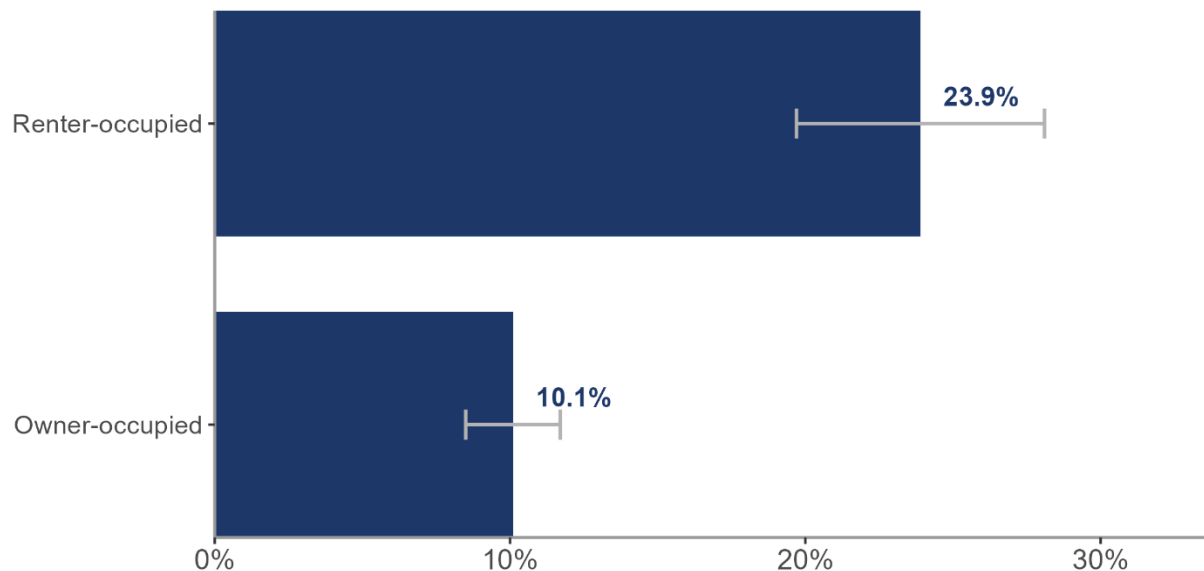


“Access to a variety and a diverse level of housing is key as well, people tend to focus on affordable housing versus market-rate housing. Well, when you look at housing, there's a lot more diversity associated with that. And what you want to have is a healthy community, where maybe you started in a 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)

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

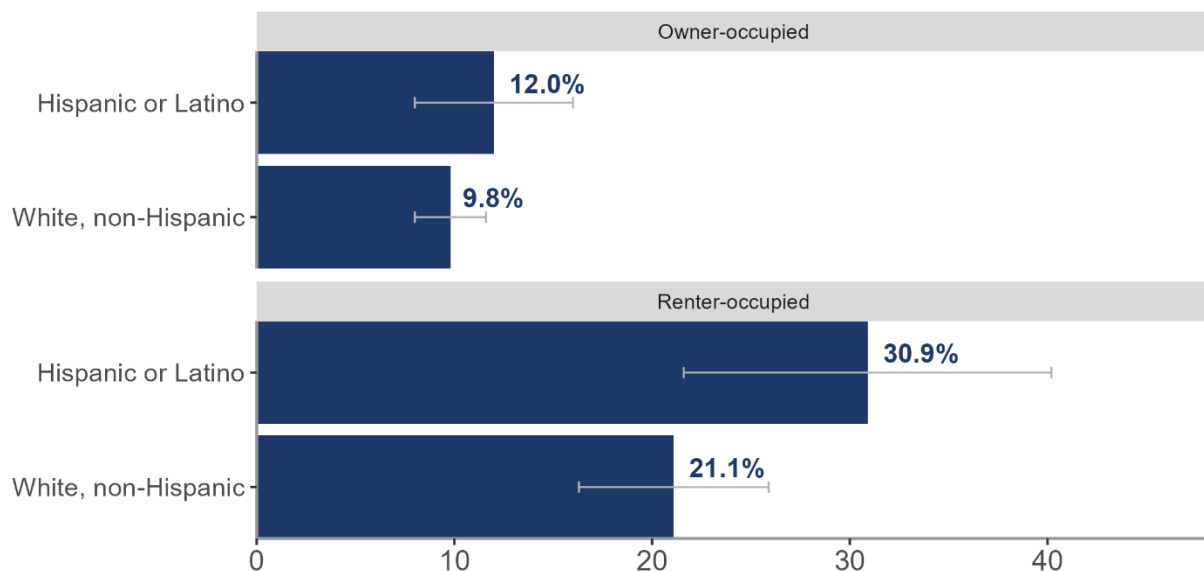
Comal County, Texas



Source: ACS 5-Year Estimates, Public Use Microdata Samples (PUMS)
Prepared by CINow for The Health Collaborative

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

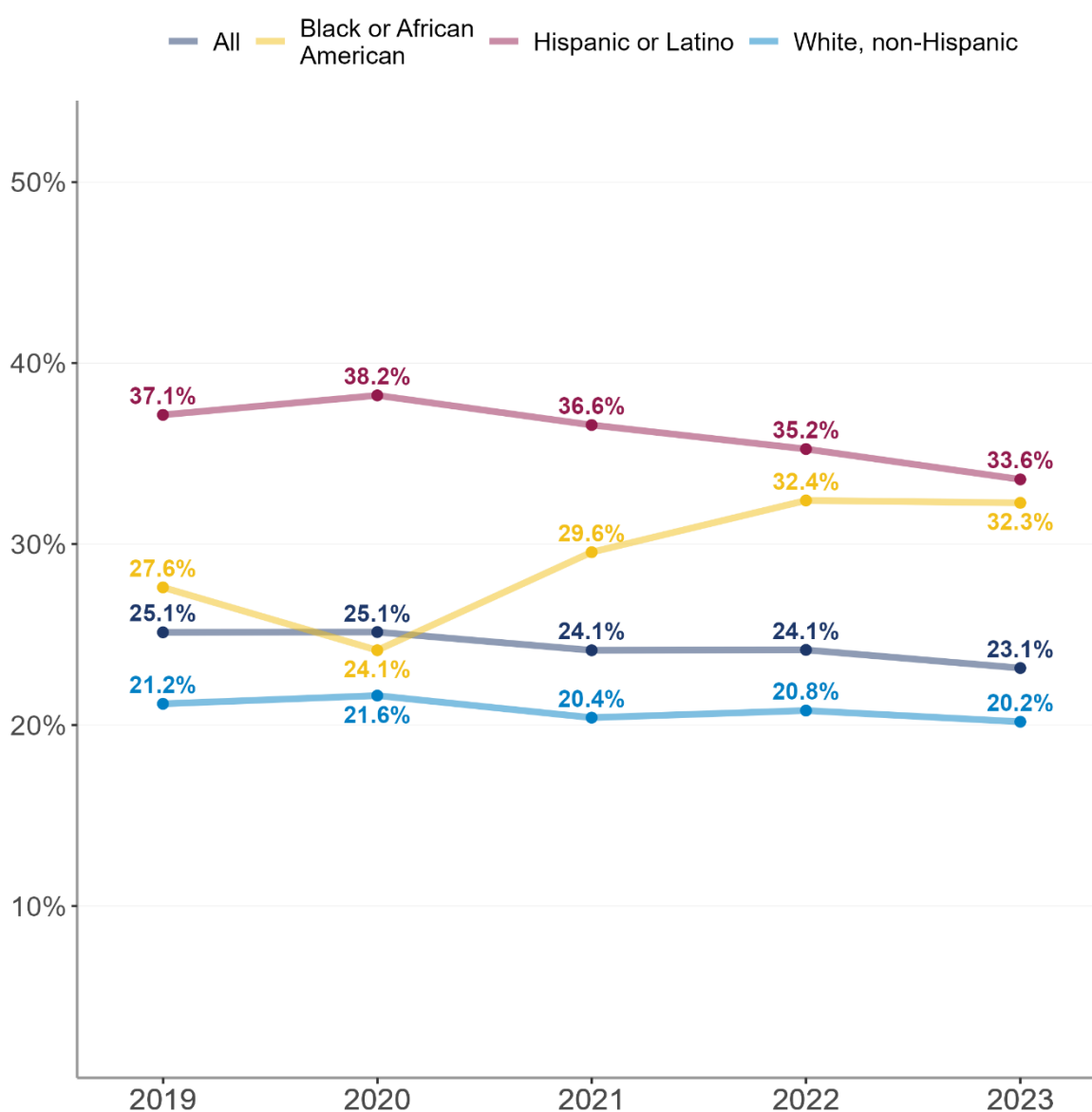
Comal County, Texas



Source: ACS 5-Year Estimates, Public Use Microdata Samples (PUMS)
Prepared by CINow for The Health Collaborative

In Comal County, the share of occupied housing units that are renter-occupied has remained steady at 23% to 25% since 2019; 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 household were the least likely to be renting, holding steady at around 21%. In contrast, Hispanic-headed households were much more likely to rent, averaging about 36%, gradually declining to 34% in 2023. Black or African American households fell between these two groups and demonstrated a notable dip in 2020 (to 24%), which increased again over the next couple of years. Though remaining steady through 2023, at about 32%, it nearly matches the proportion of Hispanic-headed households. If current trends continue, the rate of Black or African American households may surpass that of Hispanic households in the coming years.

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



Data for 2020 is unavailable due to data collection restrictions during the COVID-19 pandemic.
Source: ACS 1-Year Estimates. Tables: B25003, B25003B, B25003H, B25003I
Prepared by CINow for The Health Collaborative

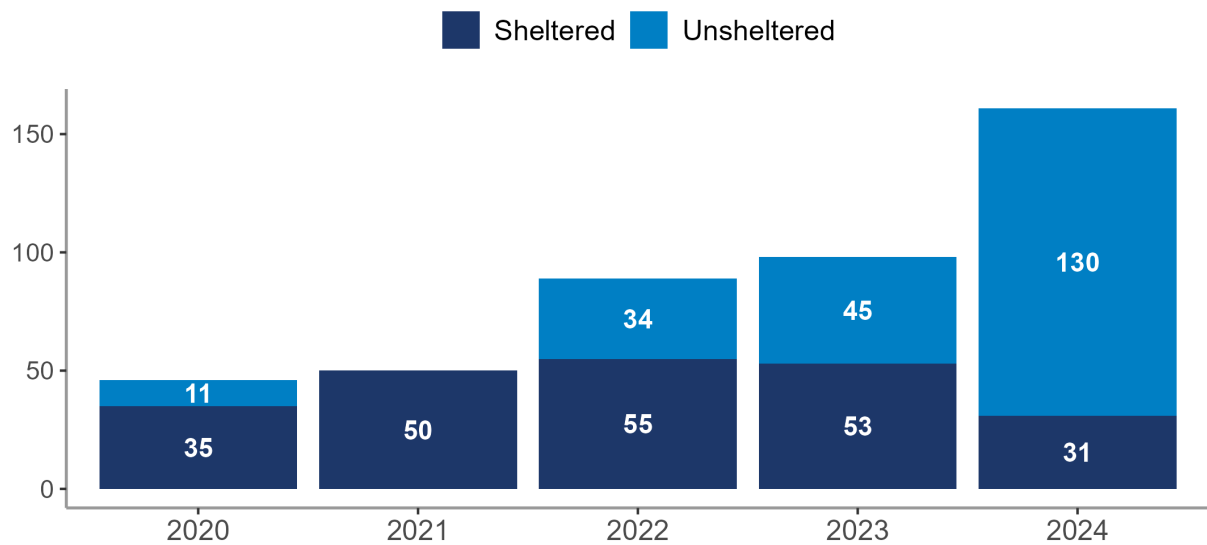
Unhoused

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 combined total count of people experiencing homelessness has increased in recent years, mirroring overall population growth and possibly also reflecting improved identification and engagement of people in need (Fig. 2F.4). Except for an increase during the COVID-19 pandemic, likely reflecting a temporary expansion in capacity when additional federal funds were available, the number of unhoused people sheltered remained fairly flat at between 31 and 35.

The "unsheltered" count for 2021 is unavailable due to data collection restrictions during the height of the COVID-19 pandemic, but the count rose steadily over time and then tripled from 2023 to 2024. The increase in unsheltered persons is much greater than can be explained by the reduction in the number of sheltered persons over that period.

Fig. 2F.4 Number of sheltered and unsheltered unhoused persons
Comal County, Texas



"Unsheltered" count for 2021 is unavailable due to data collection restrictions during the COVID-19 pandemic.

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



One participant reflected on the needs of people experiencing homelessness—especially during extreme weather—and the importance of community support.

“I think, under the vulnerable populations, homelessness, because in the wintertime, when the weather got real cold, I would gather everybody's jackets... I kept seeing people, and it was cold, and then it gets hot, and then it's like they're always needing things, personal items and stuff. So, I just gathered a whole bunch of stuff and took it to the homeless shelter they have here, it made me feel good... and then there's like a lot of people in the like waiting area, and they're like, ‘Oh, my God, God bless you!’”

– Comal County Focus Group Participant

Foster Youth

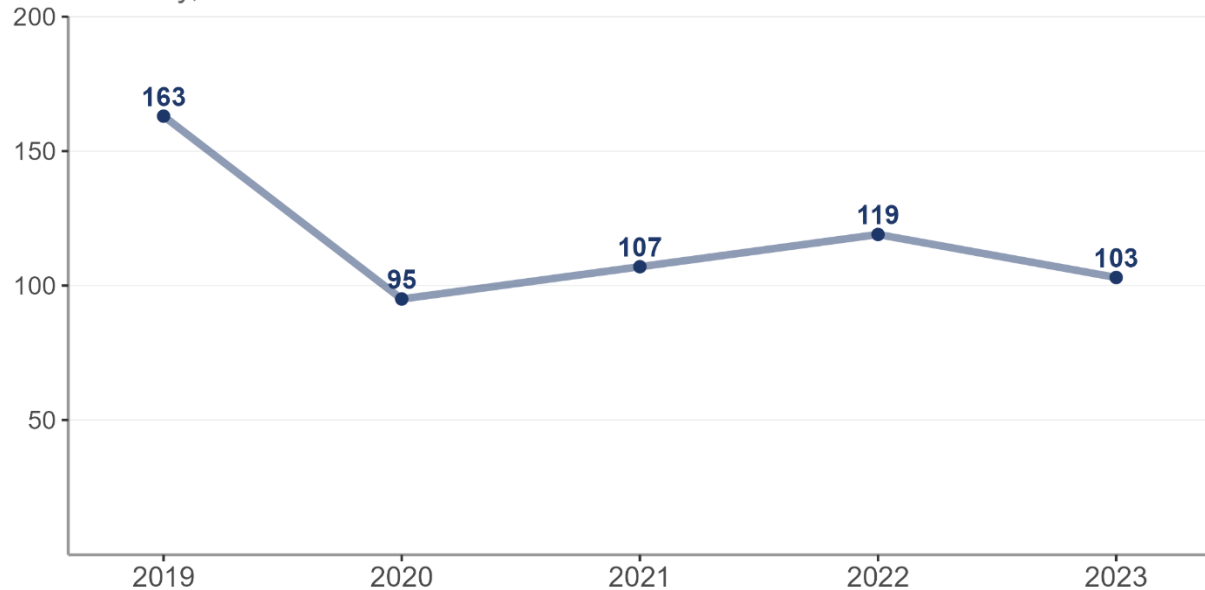
Foster youth are a vulnerable population that faces a heightened risk of homelessness and housing instability as they transition out of the system. **Figure 2F.5** and **2F.6** show the number of foster youth who exited the Texas Department of Family and Protective Services (TDFPS) legal custody. There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

The number of youth exiting TDFPS legal custody reached a five-year high in 2019, at 163 youth. However, that figure sharply dropped to 95 in 2020, cut by nearly half, and averaged about 106 through 2023 (**Fig. 2F.5**). 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 stood out as the highest among all groups, with 54 recorded exits (more than twice the number of the next highest group, Anglo (or white) youth, at 25). 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

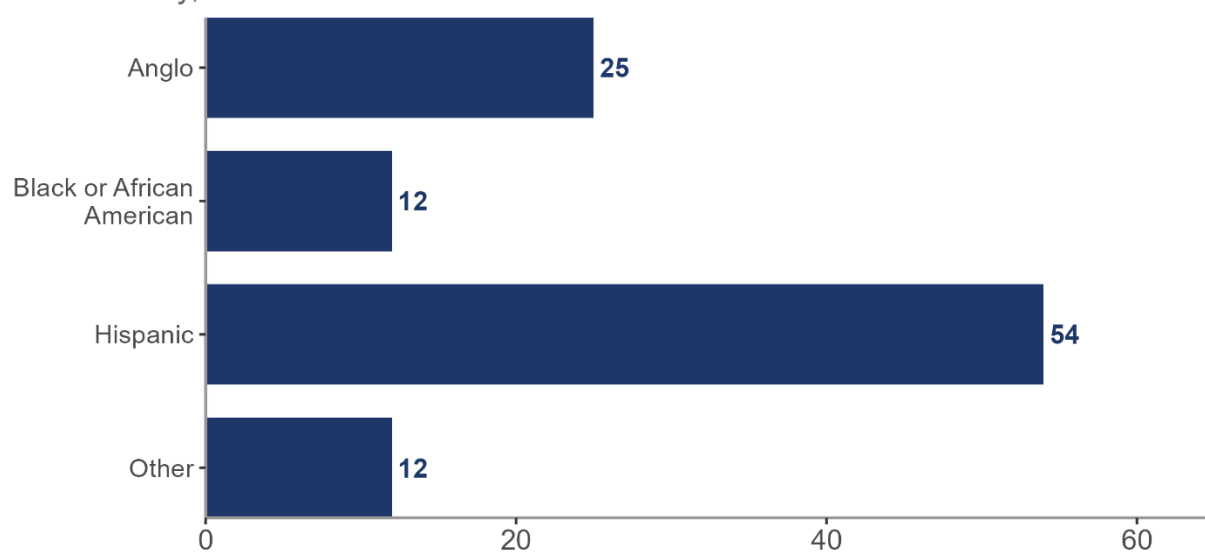
Comal County, Texas



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

Comal County, Texas



DFPS= Department of Family and Protective Services
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 Comal County. Between state fiscal years 2019 and 2023, Comal County's rate of child abuse or neglect reports averaged about 40 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. 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.

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 72% abuse and neglect were ruled out. The remaining 10% of all cases remained inconclusive, classified as "unable to complete" or "unable to determine."

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 three reports per 1,000 adults in this age group (**Fig. 2G.3**). In 2023, 55% of older adult abuse or neglect reports were determined to be valid, and 40% were determined to be invalid. The remaining 5% were categorized as "other" or "unable to determine" (**Fig. 2G.4**).

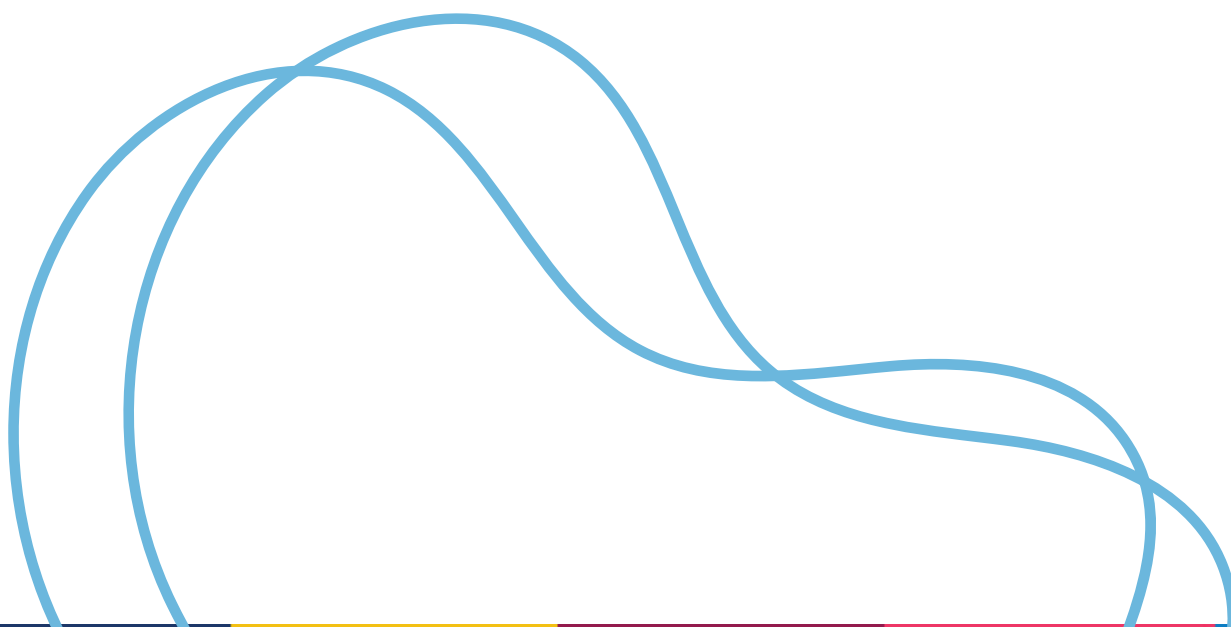
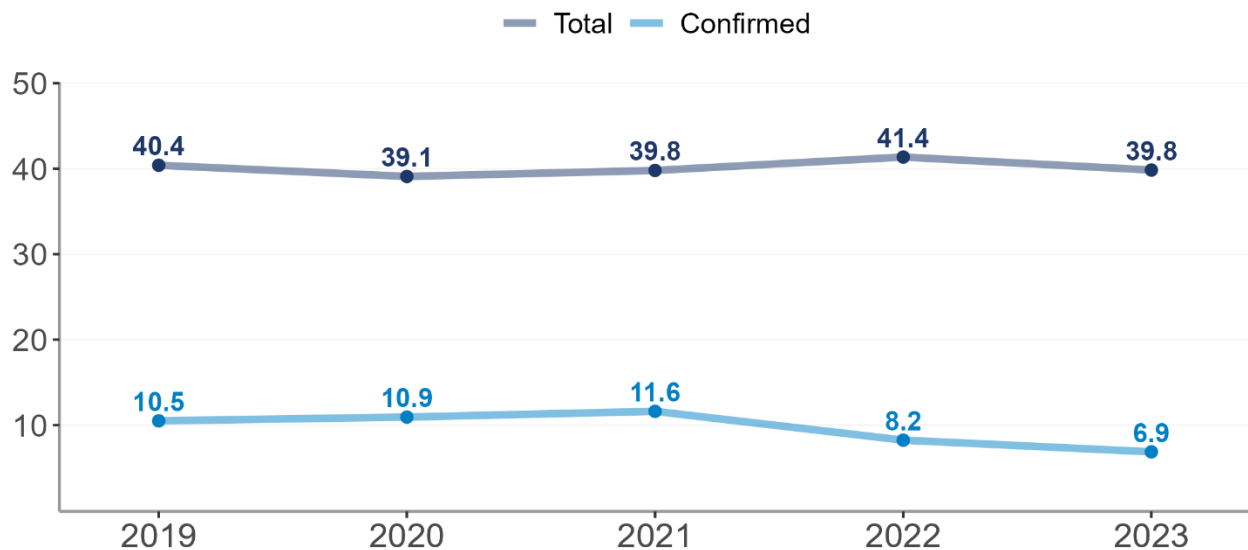


Fig. 2G.1 Child abuse or neglect report rate and confirmed victim rate per 1K children aged 0-17

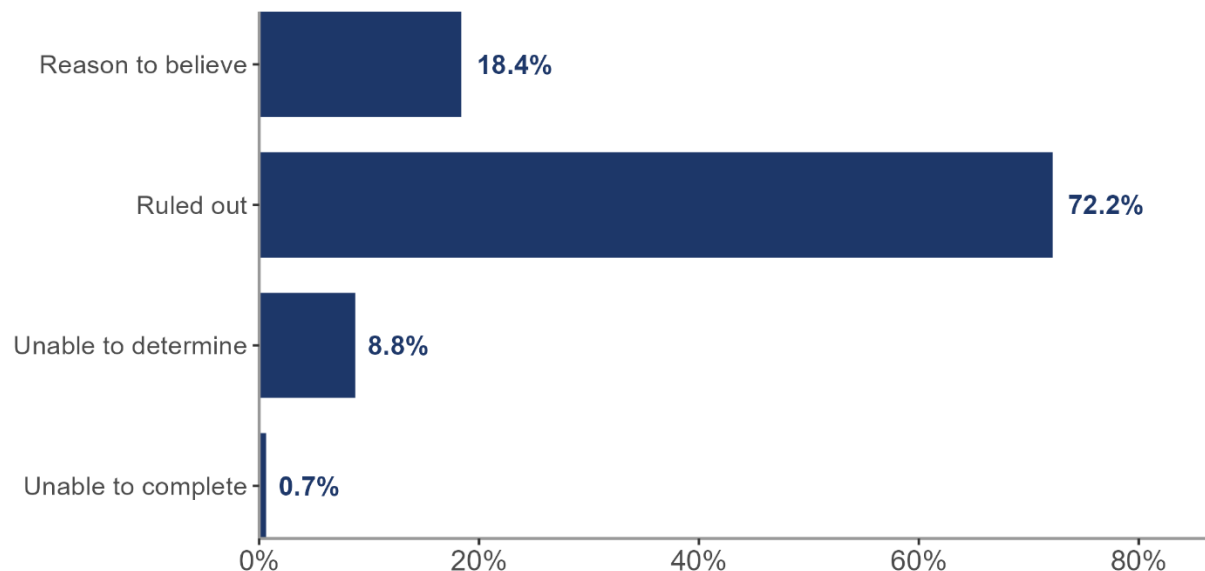
Comal County, Texas



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

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

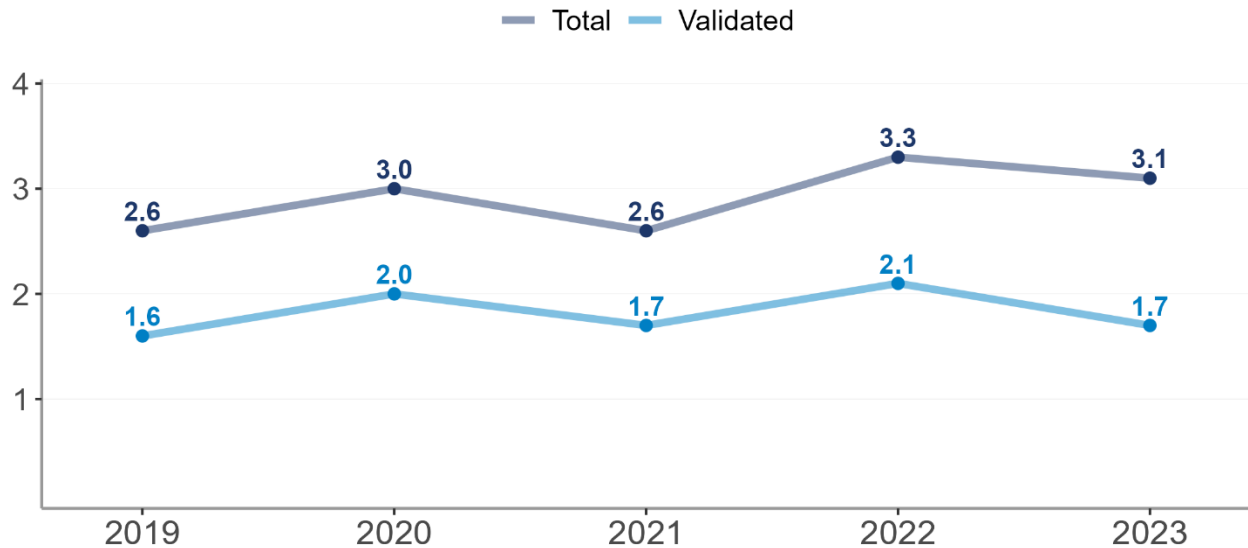
Comal County, Texas



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

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

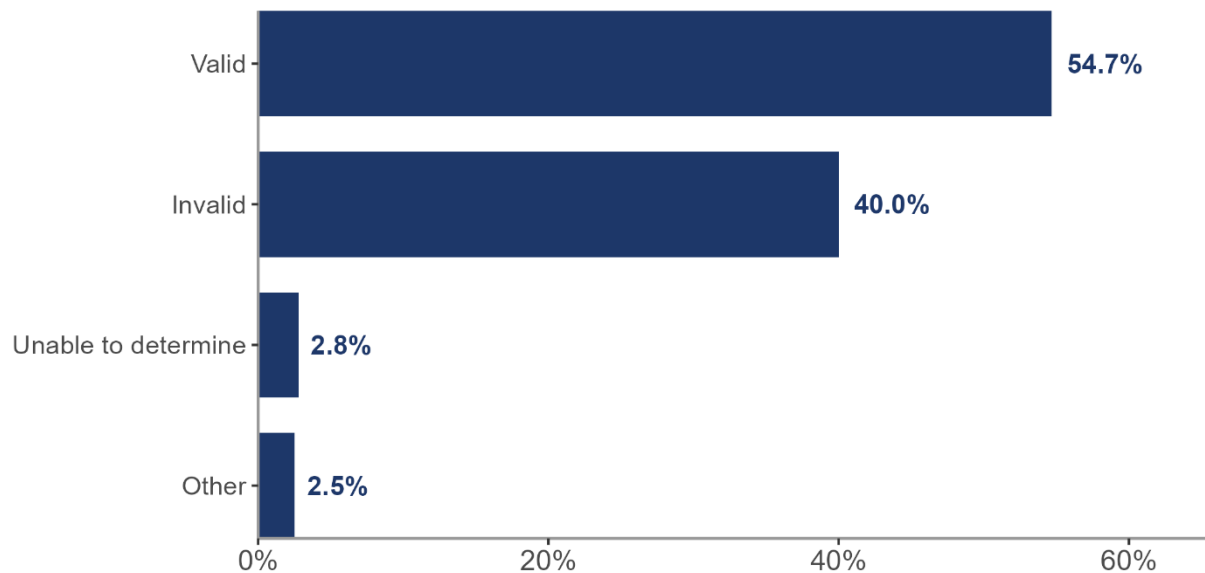
Comal County, Texas



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

Comal County, Texas



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

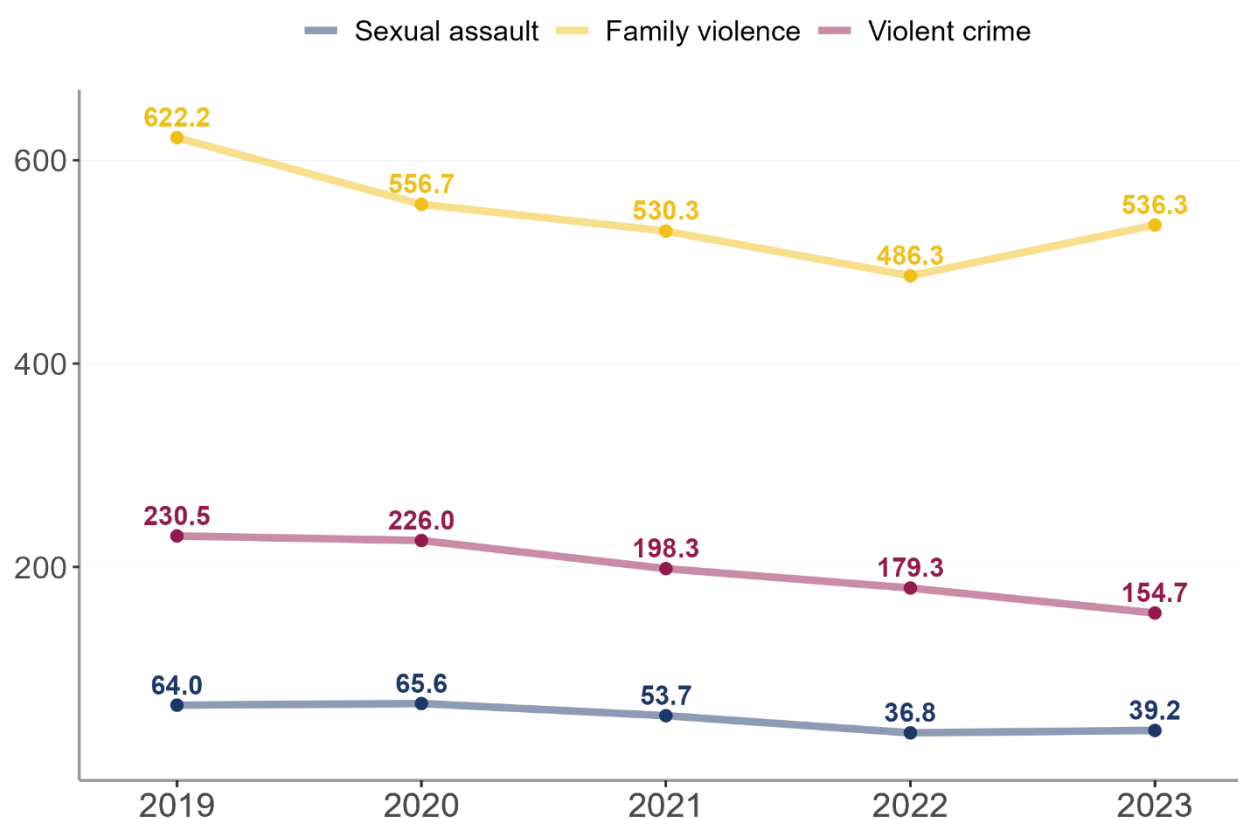
Violence

Figure 2G.5 illustrates trends for sexual assault, family violence, and violent crime rates per 100,000 people in Comal County; all three rates declined over the five-year period ending in 2023. 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, with rates declining between 2019 through 2022 before slightly increasing again in 2023 to 563.3 crimes per 100,000 people – still 14% lower than 2019. Violent crime rates, which include murder, reported rape, robbery, and aggravated assault,¹³ declined by about 33% over the five-year period. 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 39% from a high of 64.0 to 39.2 crimes per 100,000 people. 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.

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

Comal County, Texas



Violent crime includes murder, rape, robbery, and aggravated assault, as defined by the Department of Public Safety's Texas Crime Analysis.

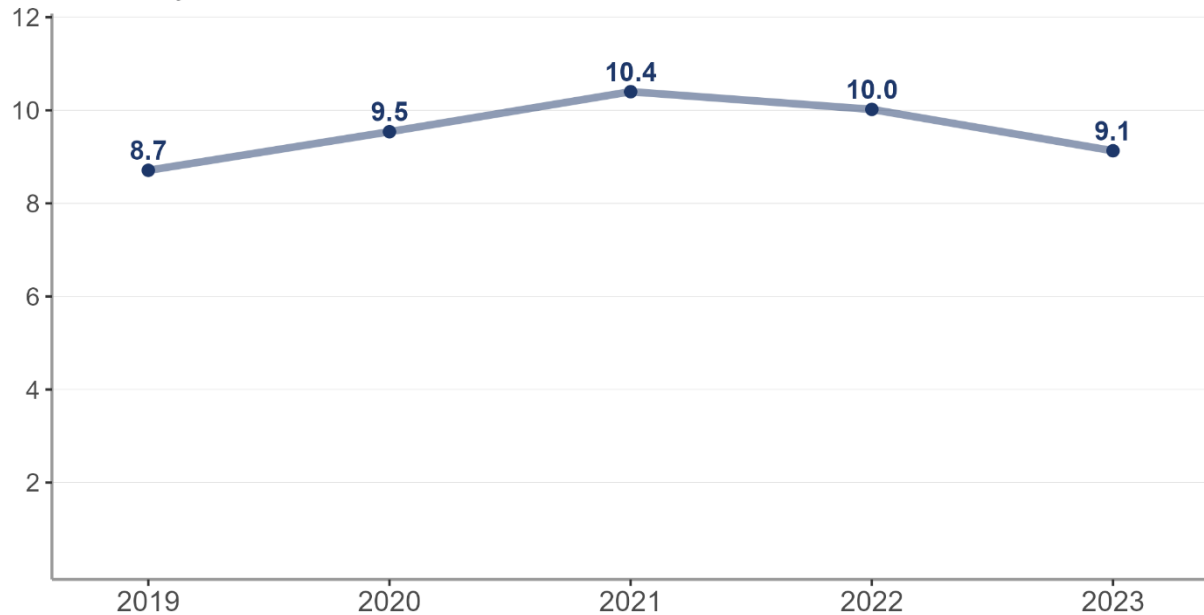
Source: Texas Department of Public Safety; ACS 1-Year Estimates, Table: B01001; 2020 Decennial Census Estimate, Table: DP1

Prepared by CINow for The Health Collaborative

Alcohol-Related Crashes

Another community safety indicator is the alcohol-involved motor crash rate, which averaged about 9.5 crashes per 10,000 Comal County residents between 2019 and 2023 (**Fig. 2G.6**). Notably, the rate increased from 2019 to a five-year peak of 10.4 per 10,000 residents in 2021 before declining again in the following years. The COVID-19 pandemic almost certainly influenced this trend, as stressors accumulated, but fewer cars were on the roads.

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



Source: Texas Department of Transportation; ACS 1-Year Estimates: Table B01001; Decennial Census Estimate
Prepared by CINow for The Health Collaborative



Social and economic barriers like transportation and affordable housing continue to impact residents' ability to access care.

“Transportation continues to be an issue in the County. Along with affordable housing. This has not changed since the 2008 Needs Assessment.”

—Anonymous respondent to CHNA prioritization survey

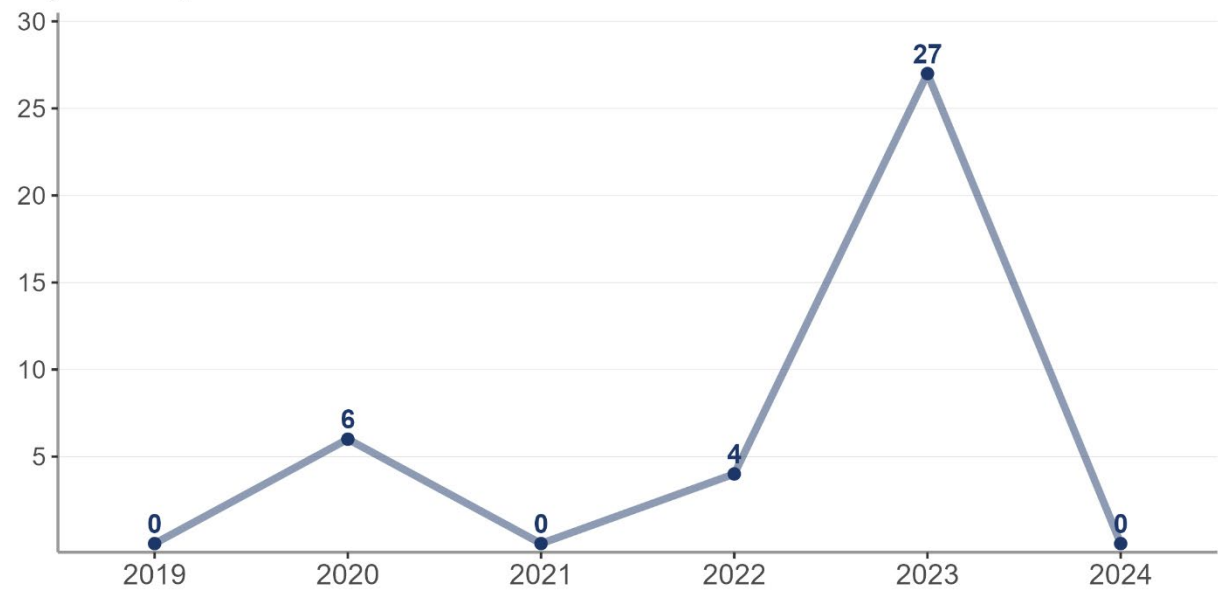
A Clean and Healthy Environment

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.

Extreme Heat

One 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.1**)¹⁴. While this data is shown specifically for the Canyon Dam monitoring station and not directly representative of Comal 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 zero days (in 2019, 2021, and 2024) to a high of 27 days in 2023. Notably, the 2021 drop to zero days occurred across other cities and areas and has been linked by NASA to La Niña temperature patterns¹⁵. Further, although 2024 is counted as zero, the data source was missing partial data for July and August 2024. Nonetheless, this fluctuation reflects how days with extreme heat are unpredictable and highlights a need for community preparedness.

Fig. 2H.1 Number of days with a maximum temperature of 103° F or greater
Canyon Dam, Texas



For 2024, the data source was missing partial data for July and August.
Source: National Weather Service
Prepared by CINow for The Health Collaborative



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

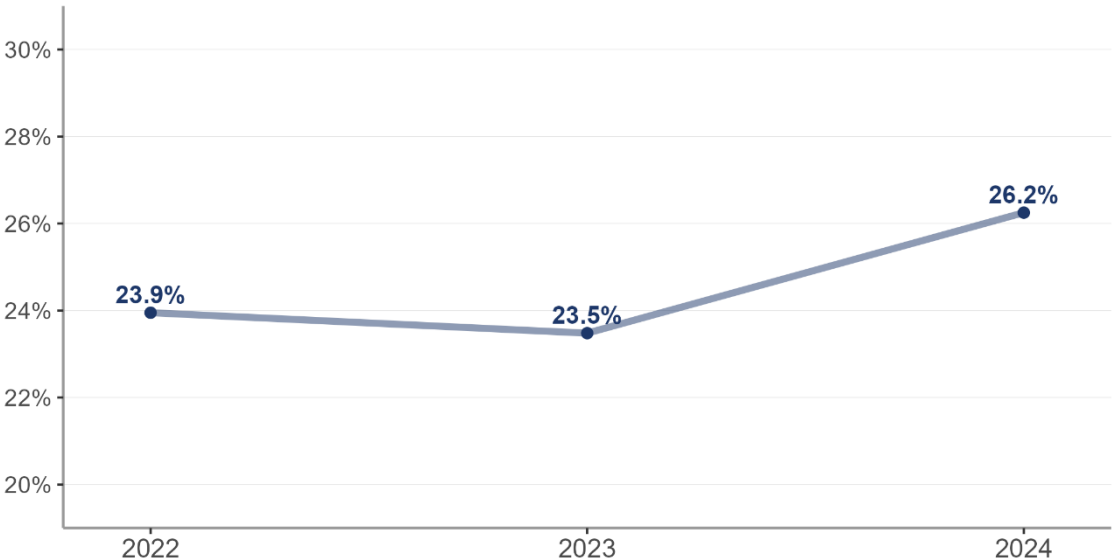
“And emergency assistance, especially now in the summer, we’re gonna have a lot of people who need money to pay for A/C’s, to pay for electrical bills, because they don’t have the money for to do that.”... “I can tell people, you have a fan, put the fan on, close your windows, make it dark, and it will 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 space¹⁶. 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.2** shows that only an estimated 24% to 26% of Comal County’s residents had walkable park access in 2022 through 2024, with a slight increase in 2024.

Fig. 2H.2 Percent of population with walkable park access
Comal County, Texas



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

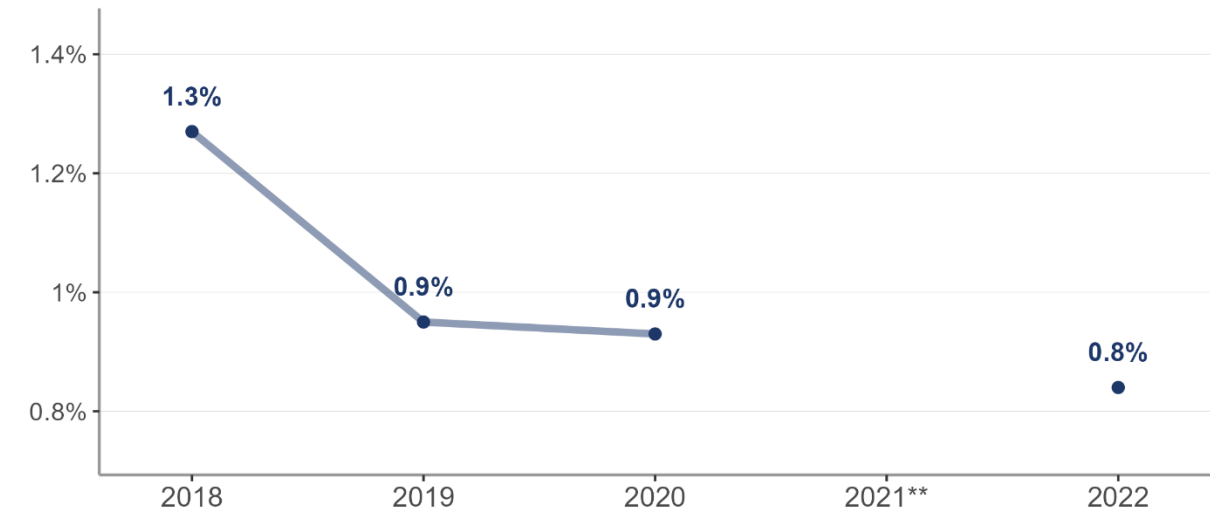
Lead Exposure

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 effects¹⁷. 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.3 shows the percentage of children ages zero to five who tested positive for elevated blood lead levels. The county percentage dropped significantly in 2019 from 1.3% to 0.9%, and has held relatively steady since then, with a recent figure of 0.8% (2023).

Fig. 2H.3 Percent of children aged 0-5 who were tested for lead poisoning that have elevated blood lead levels

Comal County, Texas



Missing data indicate suppressed values with counts less than five.
**Suppressed by data source.
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 when looking at the number of providers available to residents in Comal County, prompting many to seek care in nearby larger cities in neighboring counties where a broader range of specialized services and providers are available.

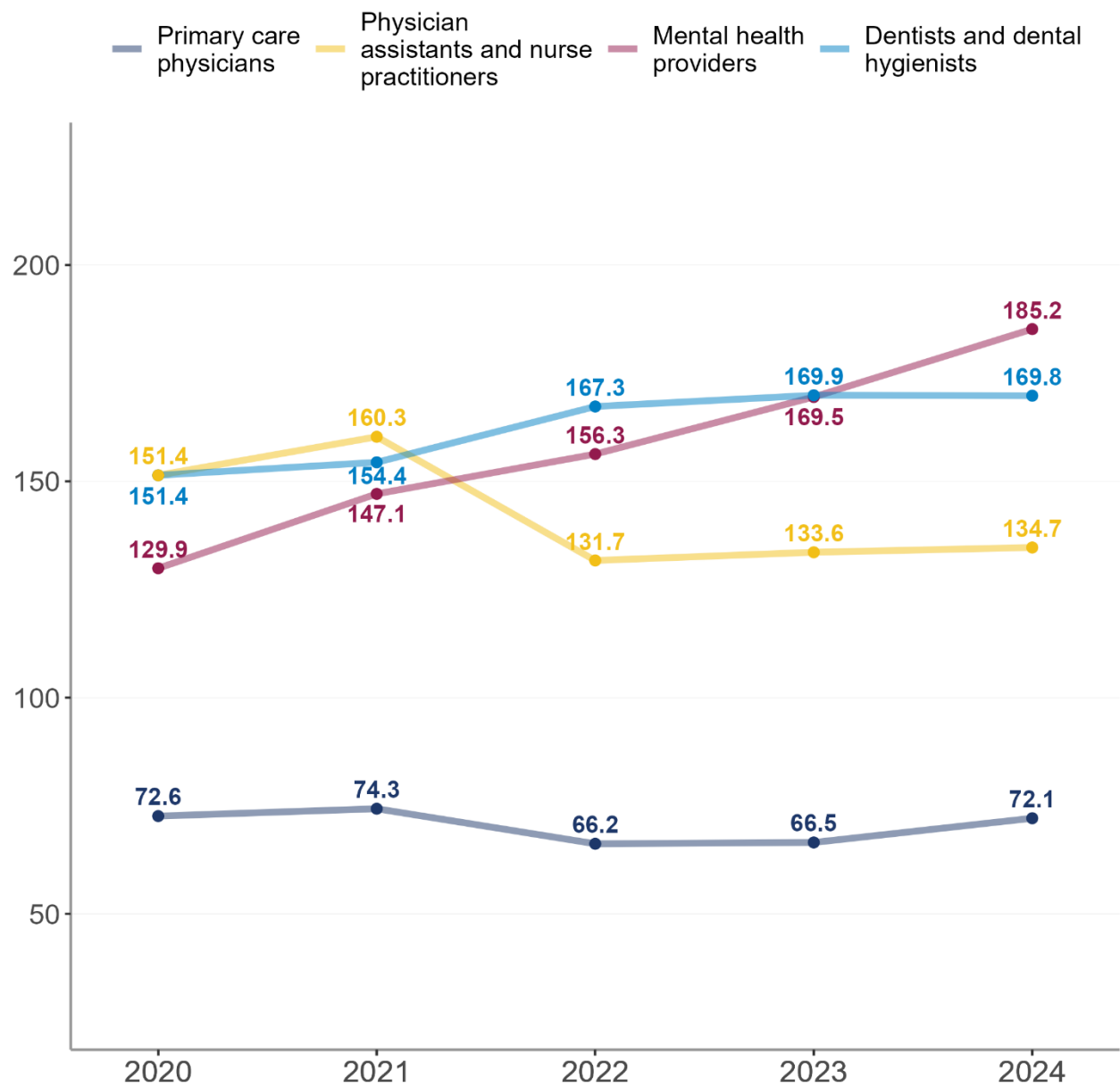
Figure 21.1 shows the number of select healthcare providers per 100,000 residents from 2020 to 2024. While the number of primary care professionals remained relatively stable over this period, other provider types saw more significant changes. These numbers point to shifting dynamics in health care access as well as the workforce distribution in the region.

- At the bottom, with the least availability, were primary care professionals, which include family medicine physicians and pediatricians. They have maintained a low, steady presence, averaging about 70 per 100,000 residents throughout the five years.
- Notably, mental health provider numbers increased year after year, reaching the highest number of providers among those in the chart in 2024, increasing by 43% from 129.9 per 100,000 in 2020 to 185.2 in 2024.
- The number of dentists and dental hygienists also increased, though more steadily, with a sharper uptick between 2021 and 2022, reaching 169.8 per 100,000 people in 2024.
- The number of physician assistants (PAs) and nurse practitioners (NPs) began at the same level as dentists and dental hygienists in 2020. Although their numbers rose slightly in 2021 (briefly becoming the highest of the providers listed on the chart), the numbers then dropped sharply in 2022. While their availability has since rebounded, growth has been modest compared to other provider types.

Not shown in the chart are the even lower numbers for home health providers, which appear virtually absent at a reported 0.0 per 100,000 residents in 2023.



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

The American Medical Association's interactive online Workforce Explorer¹⁸ 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. 21.2 to 21.5**) show different provider distributions across the county. The maps show that providers tend to be concentrated around the New Braunfels area, near I-35. This includes primary care physicians (family practice, internal medicine, pediatrics, and geriatrics, **Fig. 21.2**), midlevel providers (physician assistants and nurse practitioners, **Fig. 21.3**), obstetrics and gynecology providers (OB/GYN physicians and midwives, **Fig. 21.4**), and mental health providers (psychiatrists and clinical psychologists, **Fig. 21.5**).



Participants also spoke to a shortage of local doctors, particularly for older adults, with some residents reporting they travel long distances to get the care they need.

“We have a serious, serious issue right now with the doctors in the community - There's not enough. And they basically don't really want to treat too many of the senior people or the young people... Everybody's got the same complaint. There's not enough doctors. They don't want to address any of our issues. You go in for a checkup, ‘You look great, see you next year, that'll be \$129 with your Medicare’, or whatever, and we ended up putting all of our doctors here. When we moved from Houston 6 years ago, we quit all of our doctors. We drive back to Houston now for all of our medical care... I think the problem is, when we moved here, there weren't enough doctors.”

– Comal County Focus Group Participant

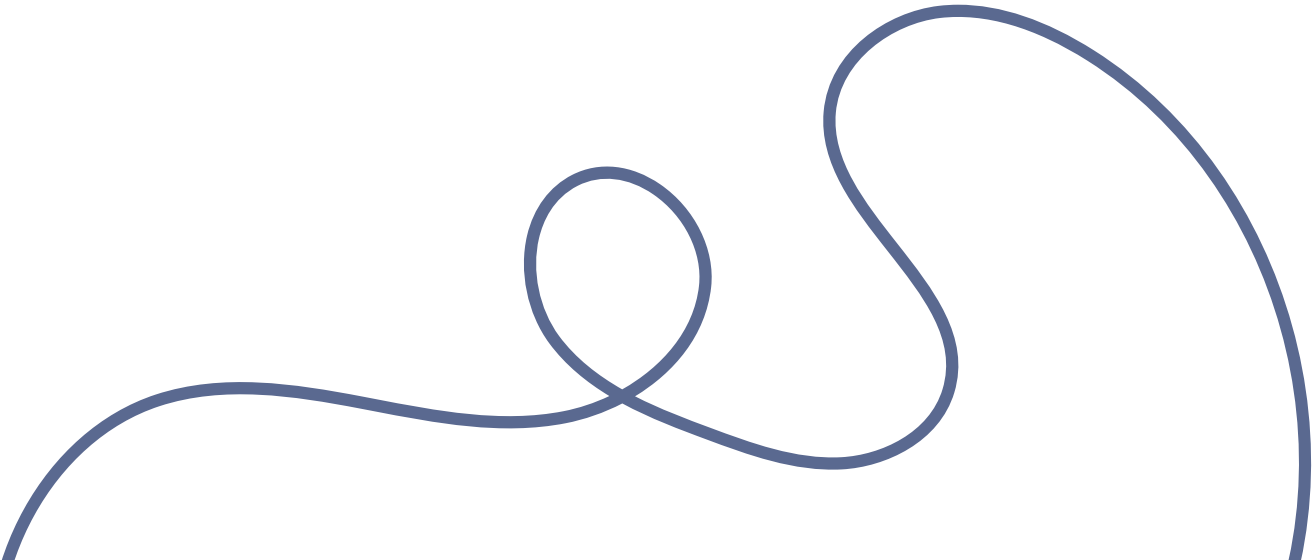
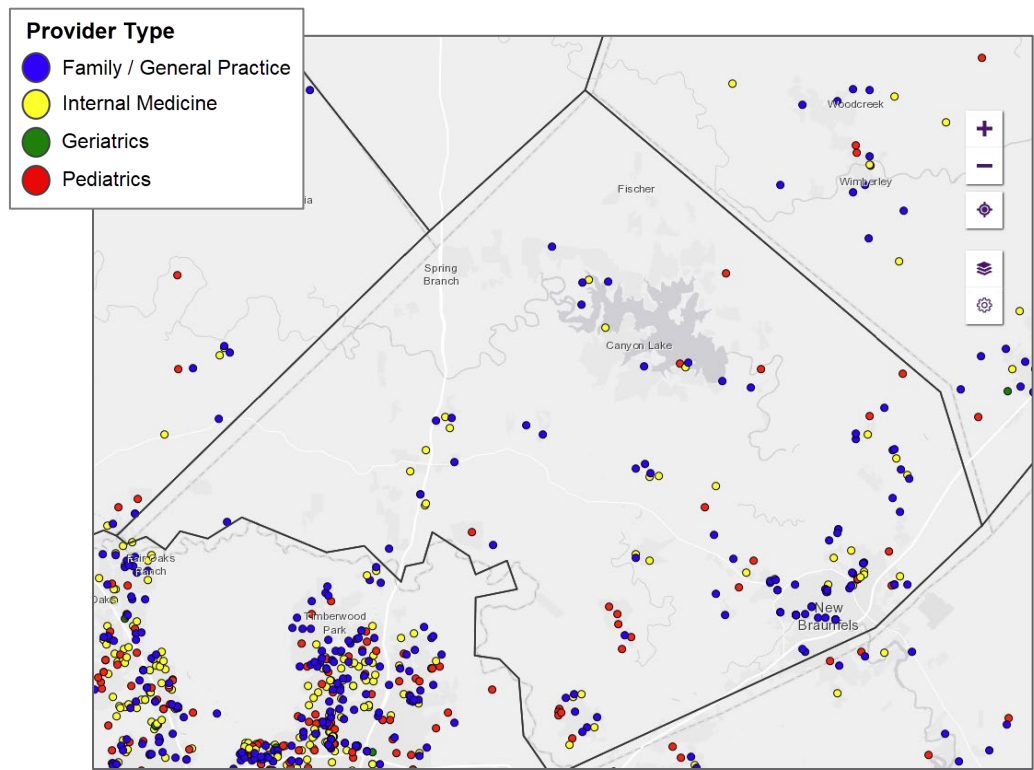
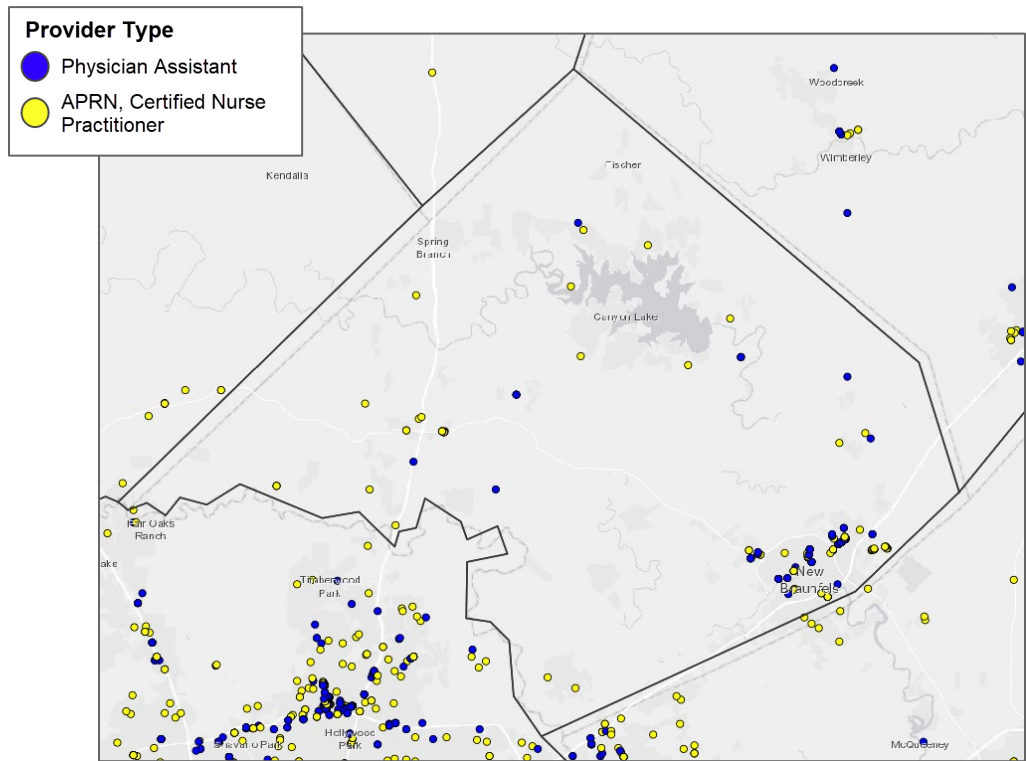


Fig. 21.2 Distribution of primary care physicians, 2025
Comal County, Texas



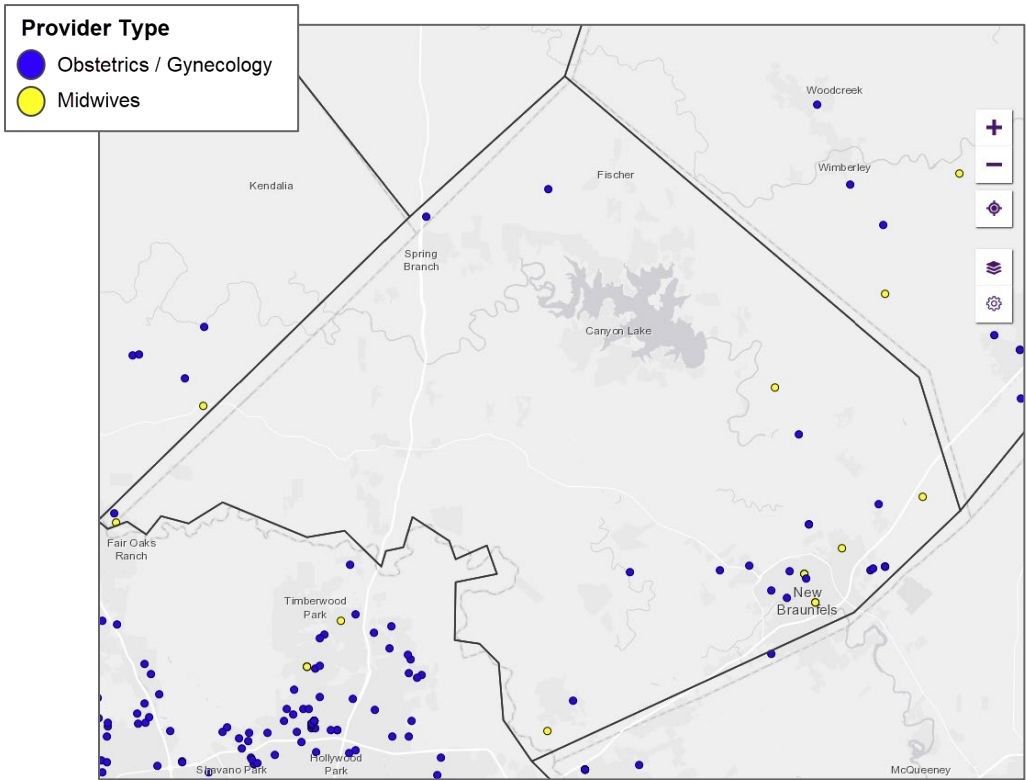
Source: American Medical Association (AMA) Workforce Explorer

Fig. 21.3 Distribution of mid-level medical care providers, 2025
Comal County, Texas



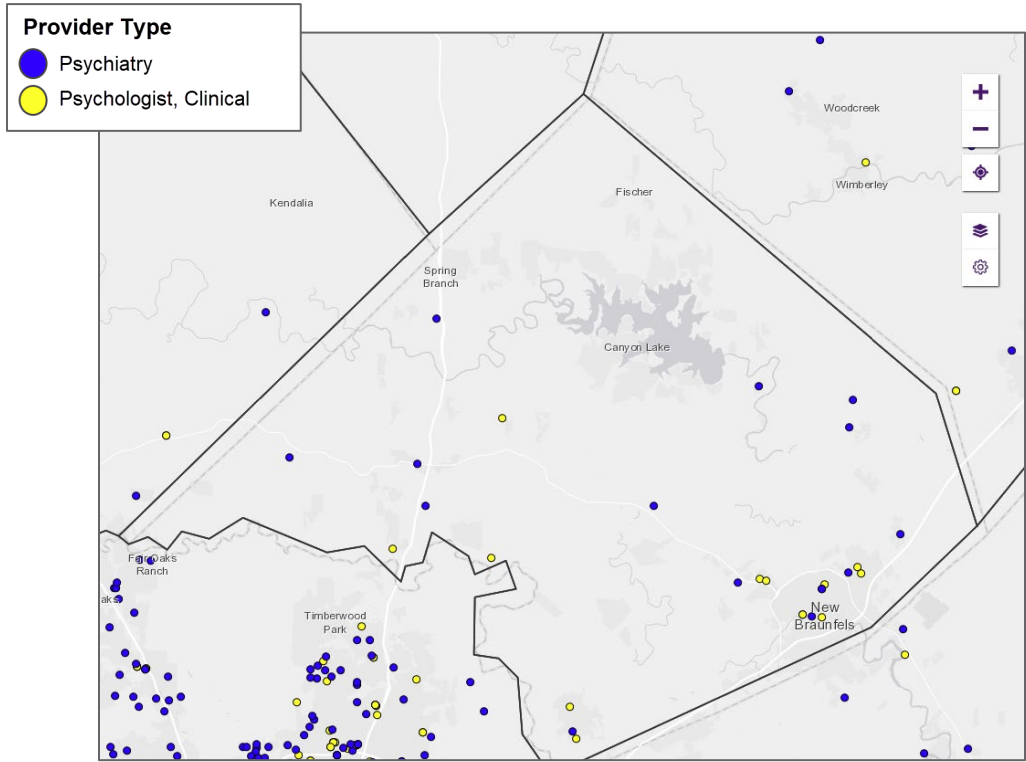
Source: American Medical Association (AMA) Workforce Explorer

Fig. 21.4 Distribution of obstetrics and gynecology providers, 2025
Comal County, Texas



Source: American Medical Association (AMA) Workforce Explorer

Fig. 21.5 Distribution of mental health care providers, 2025
Comal 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 Comal County has insurance coverage, and of those who do, the type of coverage varies significantly (Fig. 21.6). Year-to-year changes should be interpreted with caution.

- Employer-based insurance was the most common form of coverage between 2018 and 2023, averaging about 46% of the insured. The share appeared to decline in 2021, which could reflect job loss during the pandemic. Still, the rate has since remained below the five-year high of 47% seen in 2018, reaching a low of 43% in 2023.
- Although less than half of employer-based coverage, the next most common type of coverage was multiple insurances, or individuals with more than one form of insurance, which showed a general upward trend over time (rising from 18% in 2018 to nearly 22% in 2023).
- The percentage of residents without insurance coverage averaged about 11%. Although year-to-year comparisons may not be statistically significant, the overall decline over the five-year period appears to be meaningful, declining from 13% in 2018 to 10% in 2023.
- Direct purchase insurance, which refers to insurance bought privately or through the Affordable Care Act (ACA) marketplace, increased in 2019 and has since remained more common than Medicare and Medicaid coverage, averaging about 8%.
- Medicare, which typically provides coverage for people aged 65 and over or individuals with disabilities, and Medicaid, which provides coverage to low-income populations including adults, children, and pregnant women, remained close and relatively low over the period, averaging about 7% and 6%, respectively.
- TRICARE/VA insurance, which includes military and veteran health benefits, has been the least common type of insurance, fluctuating from 1% to 4% and averaging about 3%.

Participants described the complexity and frustration of navigating insurance coverage—especially when providers only accept some plans, or when expected coverage falls through.

Participant 1: *"I had an appointment. I have Tricare also, and I had an appointment with an endodontist... and I called and made sure they took the insurance, they did. I made an appointment. I went in, and they're like, 'Oh, well, we take this part of your insurance, but not this part of your insurance.' I'm like, what do you mean? 'We take United Concordia, but not Tricare.' And I'm like, 'Hey, I'm learning Tricare', because I'm new to being military spouse, so if I stay here, I'm gonna have to pay this much, or if I go somewhere else, which brings me back to square one, to shop around and find somebody, I'll pay maybe \$400 less."*

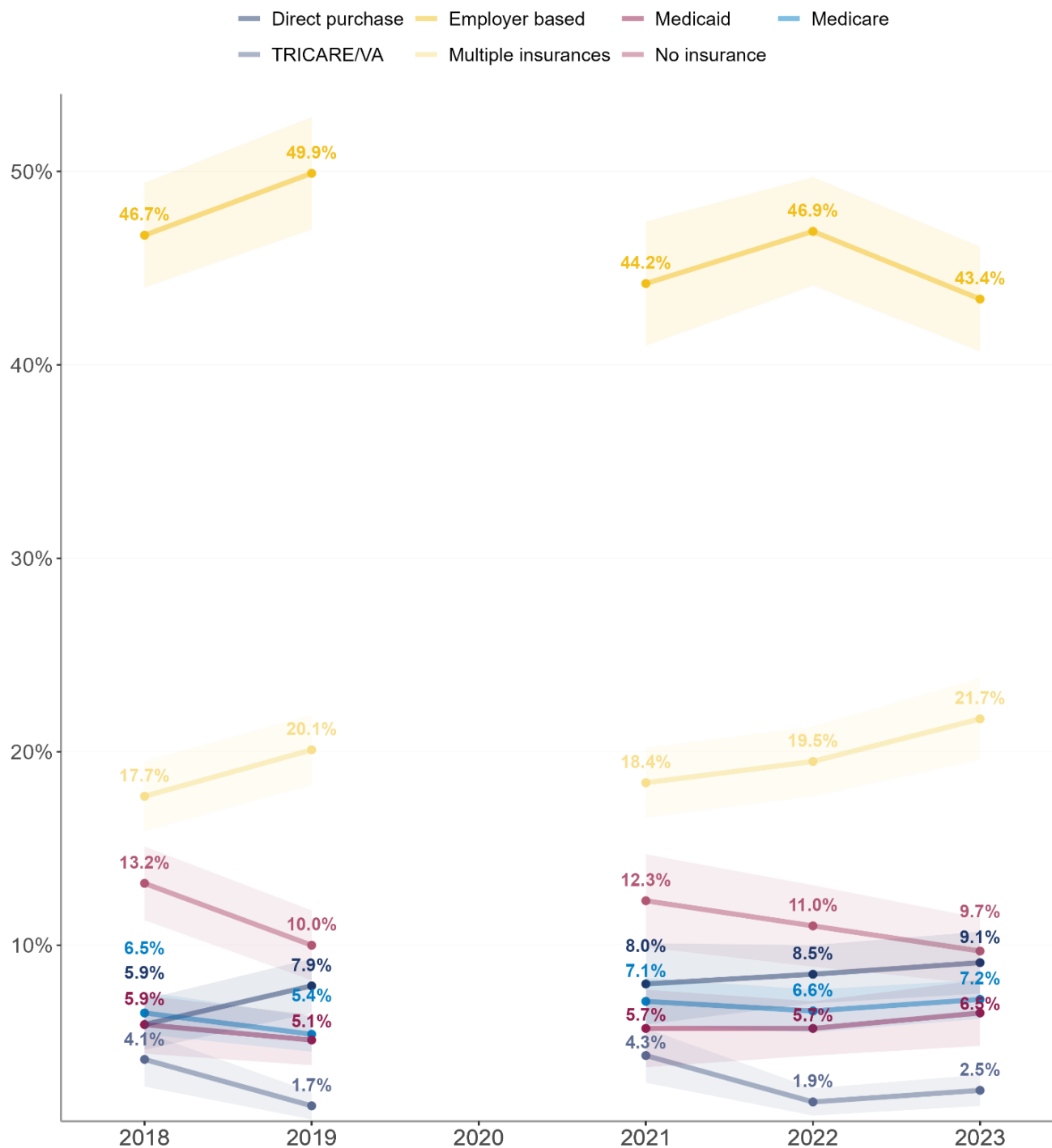
Participant 2: *"Well, my husband told me to cancel my insurance for my employer because of that situation. So it's a nightmare... So I just imagine how many people give up after going through it don't have the time to figure it out, to be on the phone, to do the research."*

— Comal County Focus Group Participants



Fig. 21.6 Percent of civilian non-institutionalized population, by health insurance status and type

Comal County, Texas



Data for 2020 is unavailable due to data collection restrictions during the COVID-19 pandemic.

Source: ACS 1-Year Estimates. Table: B27010

Prepared by CINow for The Health Collaborative

Even for those with insurance, participants described the challenge of navigating costs, delays, and provider availability—sometimes negotiating just to receive care.

“But you're having like to negotiate. And why should you have to negotiate if you can get care by a doctor for insurance? It doesn't make sense. You either take it or you don't. You shouldn't have to negotiate, but I have to do that for a lot of my consumers... And then, once you do get in, you're waiting. You're a new patient, you're waiting 3 to 6 months automatically. If you're seeing a specialist, you're waiting for a year, 2 years to see a specialist. So, you're paying for your healthcare for a whole year to not even use it.”

– Comal County Focus Group Participant

Figure 21.7 shows the insured proportion of Comal County residents within different age and race/ethnicity groups for which data is available. Overall, 90% of the population was insured, shown as a vertical gray line on the chart, but this rate varied across demographic groups.

By age,

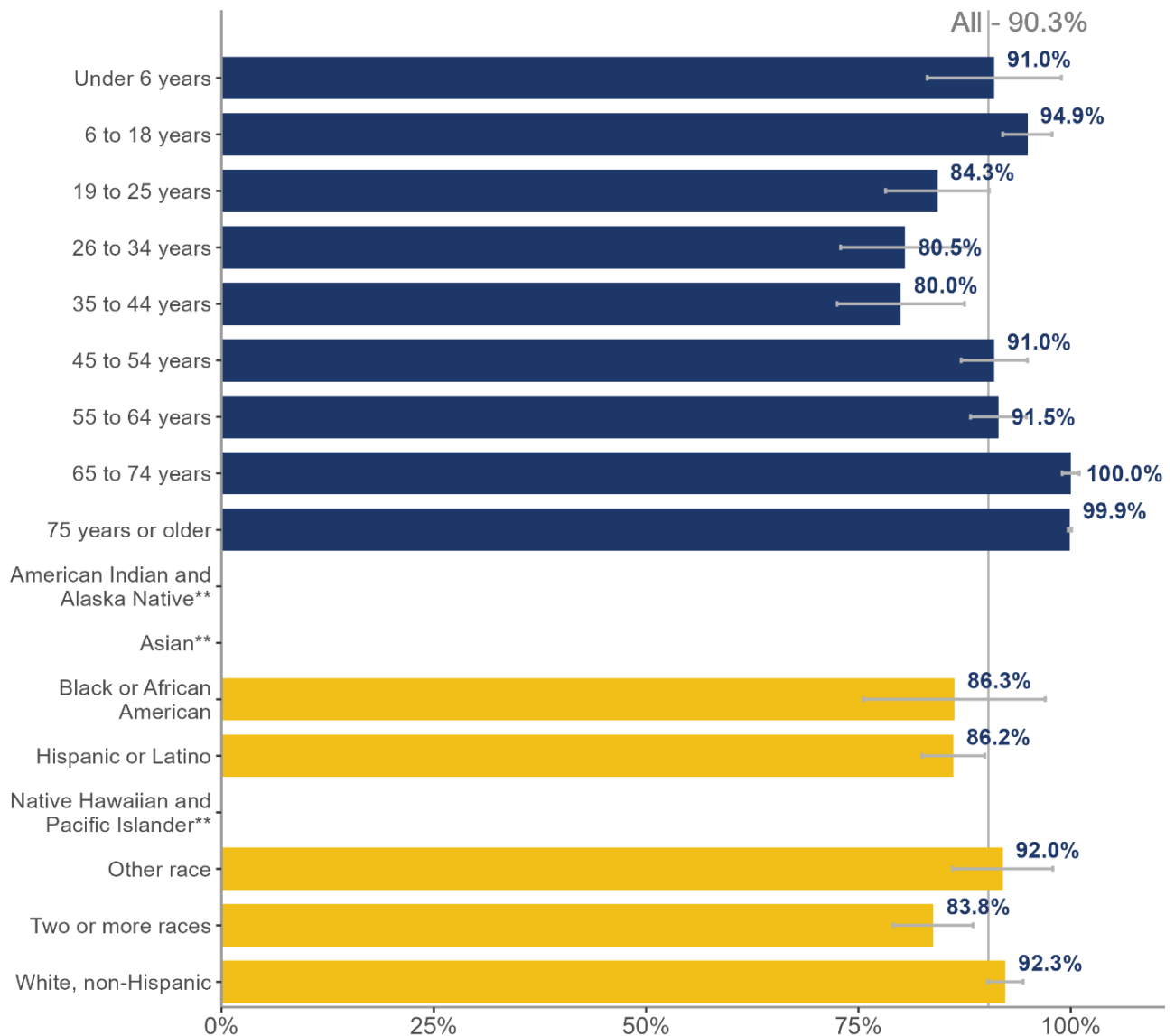
- The more vulnerable age groups, children (aged 6-18) and older adults (aged 65 and older), were more likely to be insured than the population overall (about 95% and nearly 100%, respectively). Children are typically eligible for public programs like Medicaid or CHIP, and older adults are generally eligible for Medicare, which may contribute to their higher coverage rates.
- In contrast, residents in the age groups between 19 and 44 had lower insurance coverage than the population overall (ranging from 80 to 84%). This is notable given that these groups represent most of the working-age population, and employer-based insurance was the most common coverage type, as shown in the previous chart.

By race/ethnicity,

- Among the available data for race/ethnicity groups, white non-Hispanic residents had the highest reported coverage at 92%.
- Hispanic or Latino residents (86%) and residents identifying as “Two or more races” (84%) showed lower shares of insurance coverage. However, because the margins of error are close, it is difficult to know how big the gap actually is compared to other groups.

Fig. 21.7 Percent of insured civilian non-institutionalized population, by age and race/ethnicity, 2023

Comal County, Texas



**Suppressed by data source.

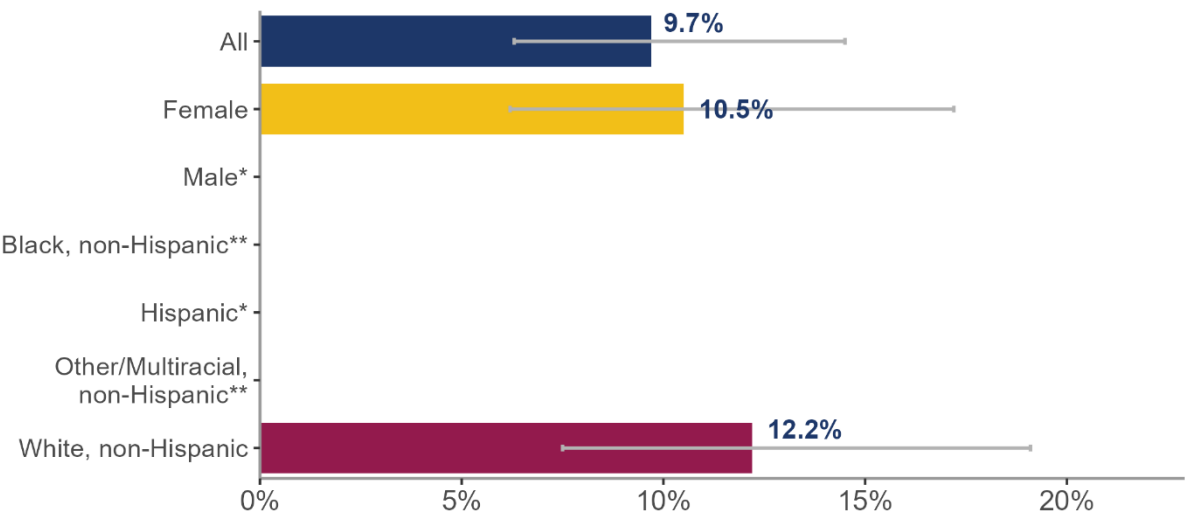
Source: ACS 1-Year Estimates. Table: S2701
Prepared by CINow for The Health Collaborative

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 10% of Comal County adult respondents self-reported foregoing care because of financial restraints (**Fig. 21.8**). Although data by sex and race/ethnicity are available, wide margins of error and data suppression limit the ability to make reliable comparisons.

Fig. 21.8 Percent of adults who needed to see a doctor but could not due to cost in the past 12 months, by sex and race/ethnicity, 2017-2023

Comal County, Texas



*Unreliable: Error is too large relative to estimate.

**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

Staying current with preventive and primary care, like checkups, screenings, and vaccinations, is critical for health and well-being. Without insurance, though, that care can be costly, and those appointments must compete with work, school, child and elder care, and housework for one’s time and energy.

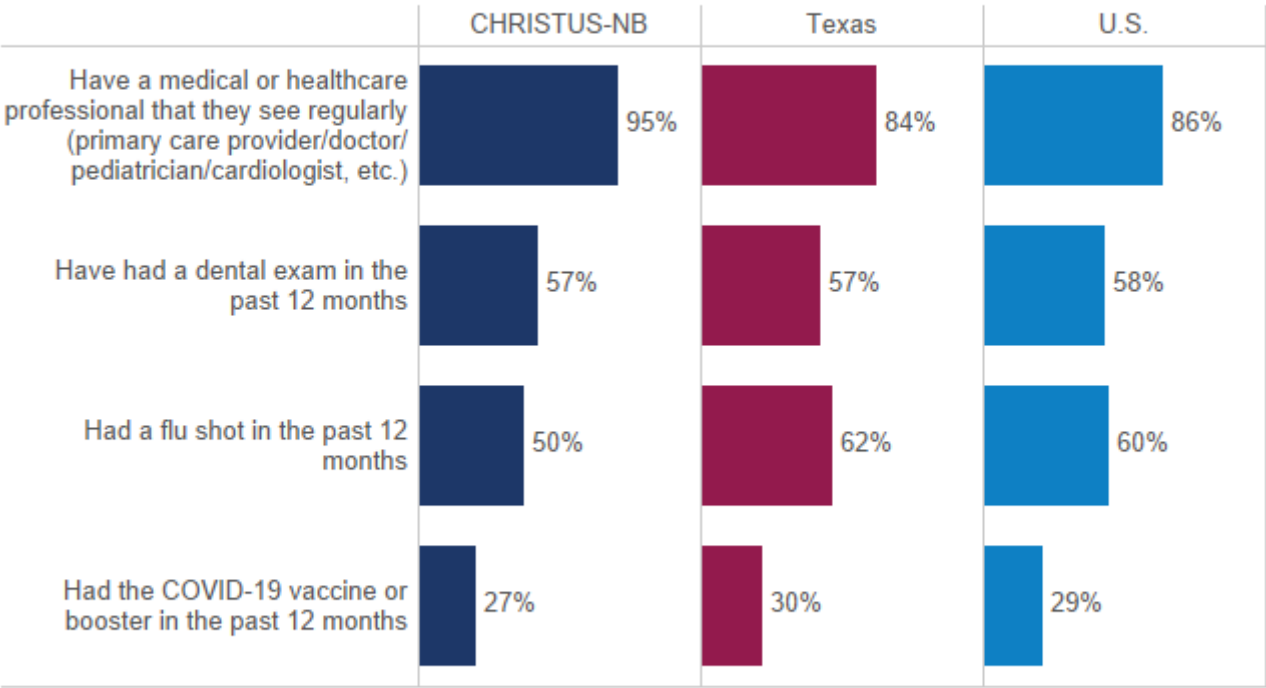
What We Heard from the Community

Healthcare Use and Access

The CHRISTUS – New Braunfels survey described earlier in this report also asked several questions about health service utilization that mirror questions in the national Behavioral Risk Factor Surveillance System (BRFSS) household survey of adults, so comparison data is available for Texas and the U.S. as a whole. Again, because all estimates from survey data have a margin of error (not available for this data), it is likely that differences between the CHRISTUS respondent percentage and the Texas or U.S. percentages are not statistically significant unless there is a spread of several percentage points, not just 1% or 2%.

While virtually all survey respondents (95%) reported having a medical or healthcare professional that they see regularly (**Fig. 3A.1**), 77% of respondents were CHRISTUS patients and therefore by definition engaged in health care of some kind, and another 1.4% were CHRISTUS employees. That fact likely explains all or most of the difference between the CHRISTUS and Texas and U.S. percentages.

Fig. 3A.1 Percent of CHRISTUS survey respondents reporting utilizing preventive or primary care, 2025
Comal County, Texas



Source: CHRISTUS Santa Rosa - New Braunfels Community Health Survey
Prepared by CInow for The Health Collaborative

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.

Nutrition and Physical Activity

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. Unfortunately, fruit and vegetable intake data was only available for adults overall and for non-Hispanic white adults. In both groups, around one in five Comal County BRFSS survey respondents reported eating fruits or vegetables five or more times a day (**Fig. 3B.1**).

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. Disparities in BMI can reflect broader inequities in access to nutrition, physical activity, and preventive care. Overall, 26% of Comal County survey respondents have a BMI within the healthy range (**Fig. 3B.2**). That proportion may be lower for males than females, but overlapping margins of error mean we cannot be sure of any true difference between the two groups.



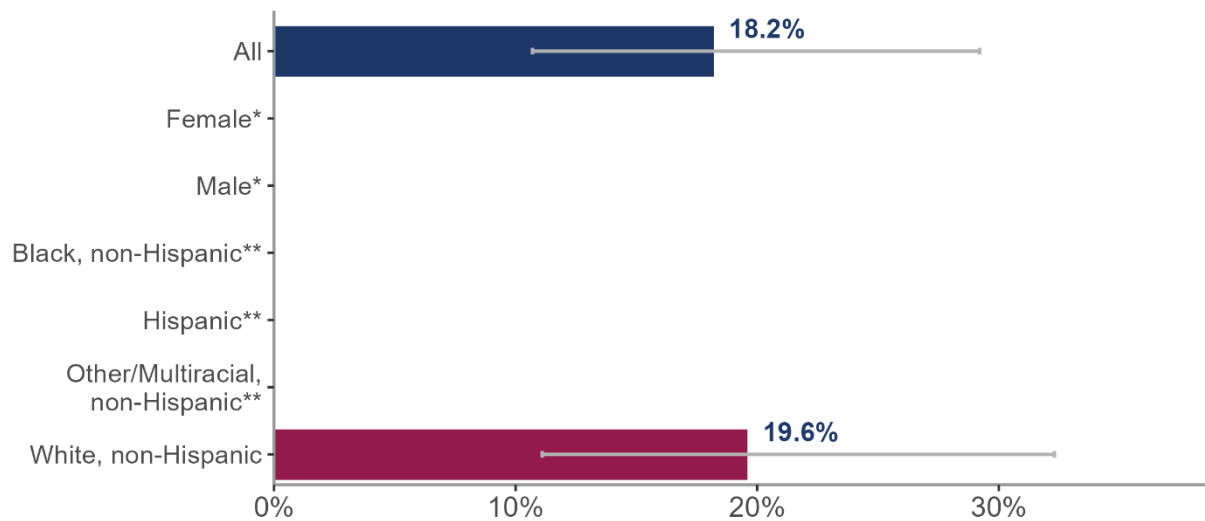
One focus group participant explained how accessible and welcoming spaces for physical activity, especially outdoors, can help make exercise feel more approachable.

"I think we need more places in the park to stretch, more bars for stretching... something where you can go, and you can stretch and pull up and do Tai Chi out there, or something like that... when there's the expectation for people to come into a building, that can be intimidating. When you have things that are outside and accessible, and you can literally slip in and slip out, and you feel comfortable doing that, especially at our parks."

– Comal County Focus Group Participant

Fig. 3B.1 Percent of adults who consumed fruits and vegetables 5 or more times per day, by sex and race/ethnicity, 2017-2023

Comal County, Texas



*Unreliable: Error is too large relative to estimate.

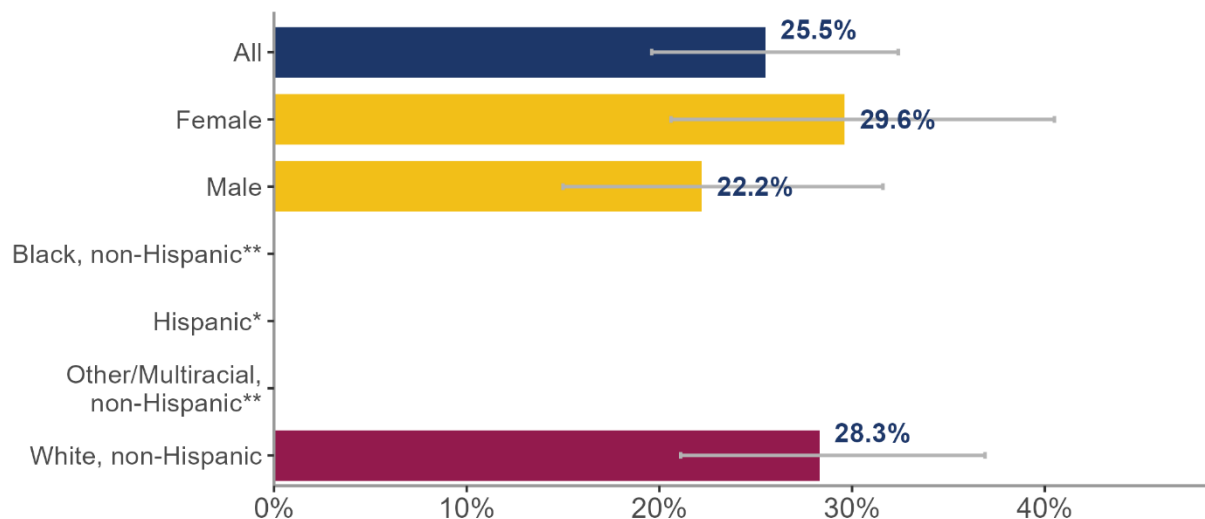
**Suppressed by data source.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Prepared by CINow for The Health Collaborative

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

Comal County, Texas



*Unreliable: Error is too large relative to estimate.

**Suppressed by data source.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Prepared by CINow for The Health Collaborative

Substance Use and Tobacco Use

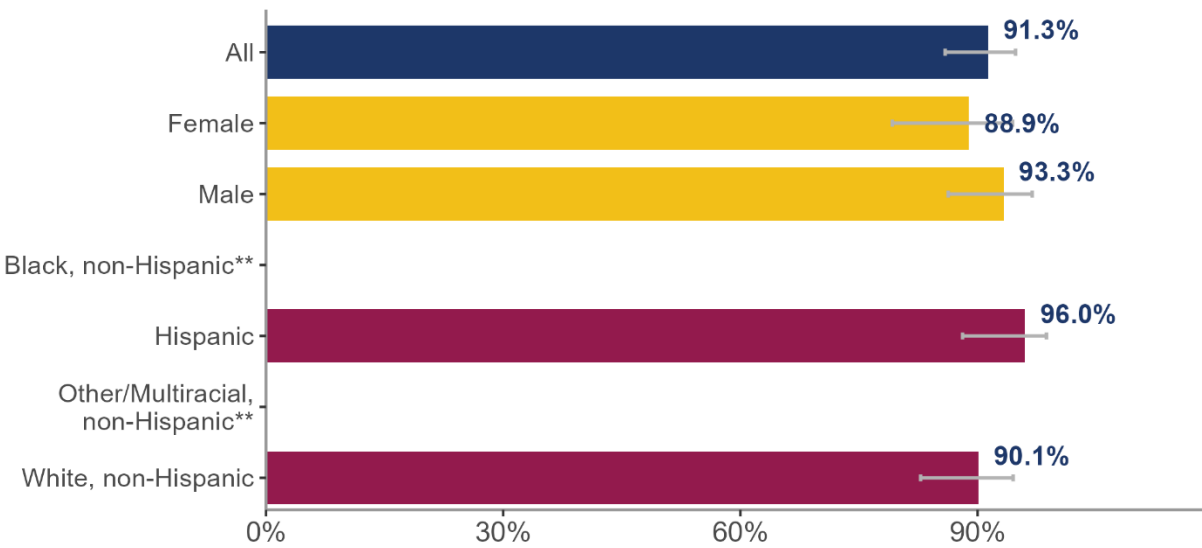
Heavy alcohol use, defined as heavy or binge drinking, is categorized differently for men and women over the age of 21.²² For men, heavy drinking means 15 or more drinks per week, while for women it means eight or more drinks per week. Binge drinking is defined as consuming five or more drinks on a single 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 Comal County adults reported no heavy use of alcohol in the past month (**Fig. 3B.3**). No substantive differences among sex or race/ethnicity groups are apparent.*

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, 88% Comal County respondents reported not currently smoking (**Fig. 3B.4**). Although the proportion of adults who smoke (12%) 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.²³ This indicator does not include other forms of smoking, like e-cigarettes or vaping, or smokeless tobacco use (snuff, dip); that data was not available.

Monitoring the prevalence of prescription opioid use can help identify opioid over-prescription and dependence. Differences among groups should be interpreted carefully, though, and 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. Overall, 87% of BRFSS survey respondents reported not using prescription opioids in the past year (**Fig. 3B.5**). While demographic differences may reflect variations in prescribing practices, healthcare access, or individual preferences for pain management, the data is limited. Unfortunately, disaggregated data is available only for female, male, and white residents, and the margins of error are fairly wide, making comparisons difficult.

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

Comal County, Texas

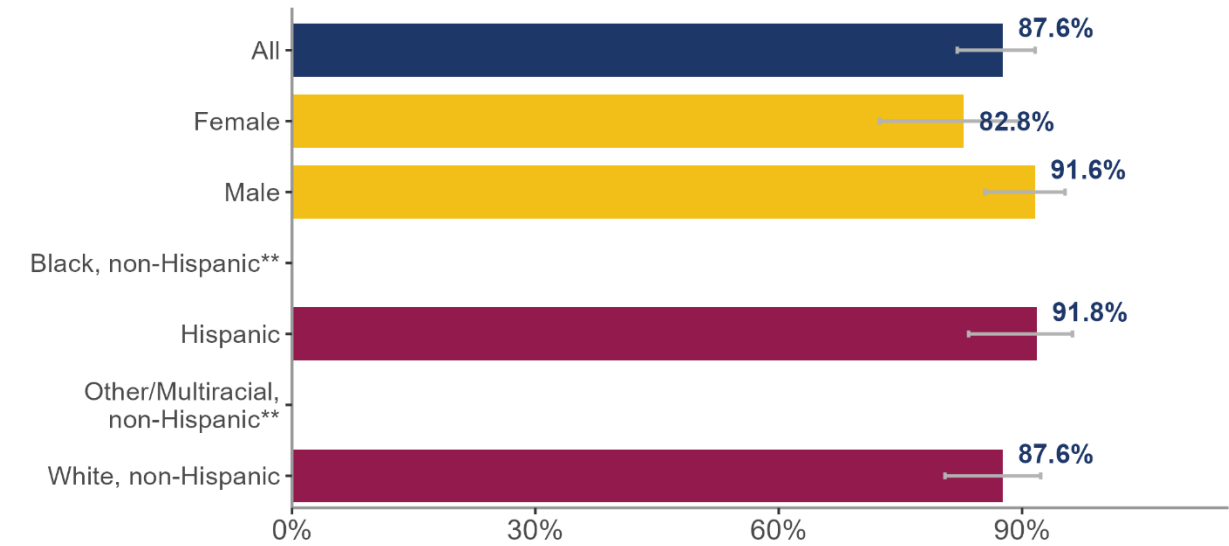


**Suppressed by data source.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

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

Fig. 3B.4 Percent of adults who do not currently smoke, by sex and race/ethnicity, 2017-2023

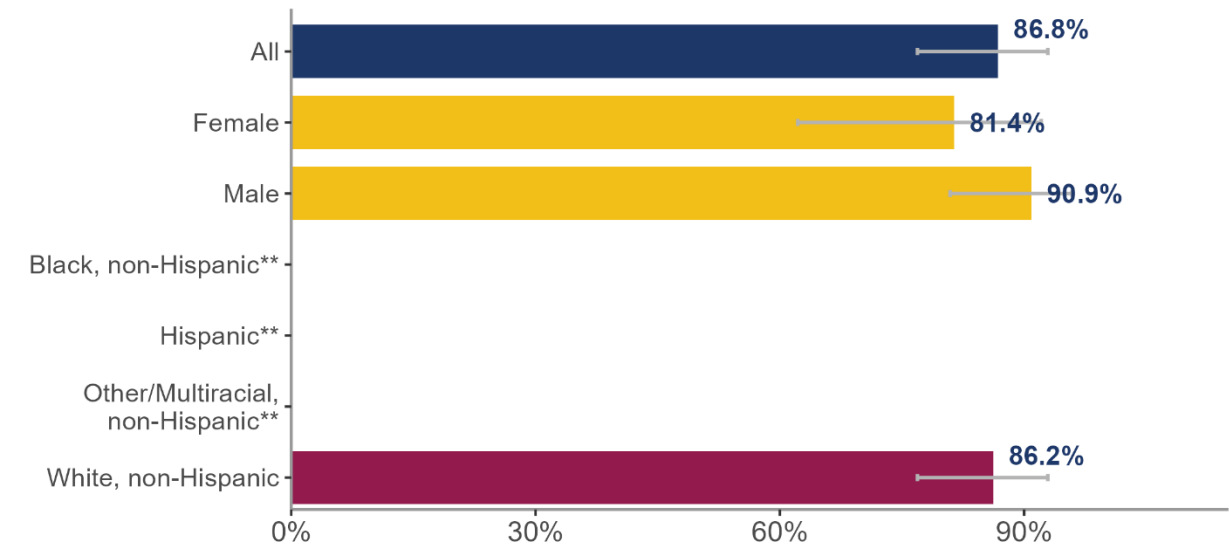
Comal County, Texas



**Suppressed by data source.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

Fig. 3B.5 Percent of adults who did not take prescription opioids in the past year, by sex and race/ethnicity, 2017-2023

Comal County, Texas



**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)

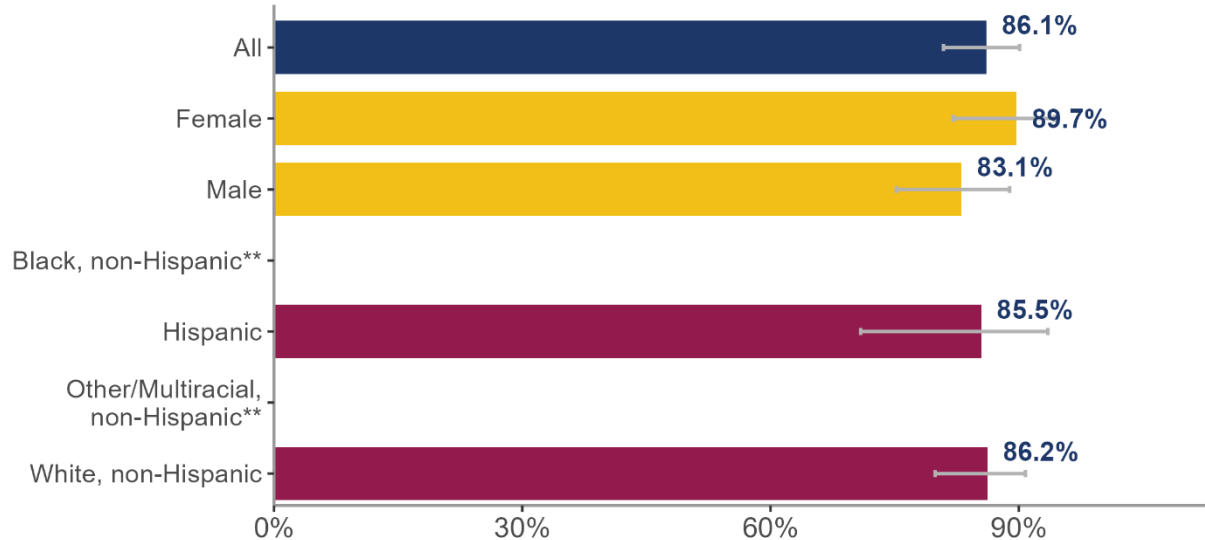
Routine Medical and Dental Care

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, 86% of Comal County BRFSS respondents report having had a medical checkup in the past year (**Fig. 3C.1**). By comparison, only 62% of respondents report having been to the dentist or a dental clinic in the past year (**Fig. 3C.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.

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

Comal County, Texas



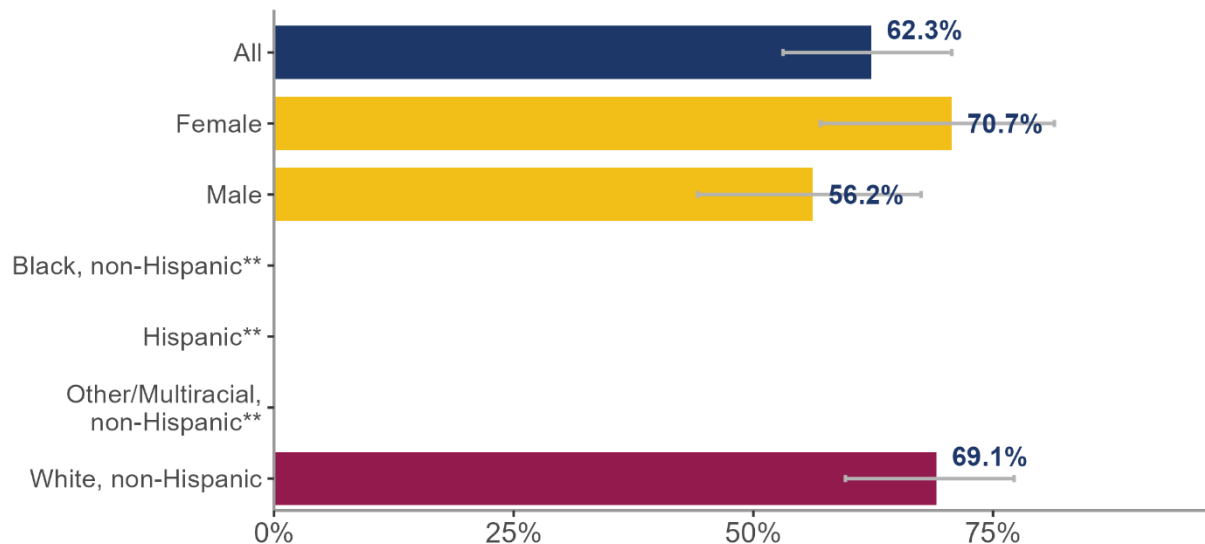
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Source: Behavioral Risk Factor Surveillance System (BRFSS)

Prepared by CINow for The Health Collaborative

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

Comal County, Texas



**Suppressed by data source.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Prepared by CINow for The Health Collaborative

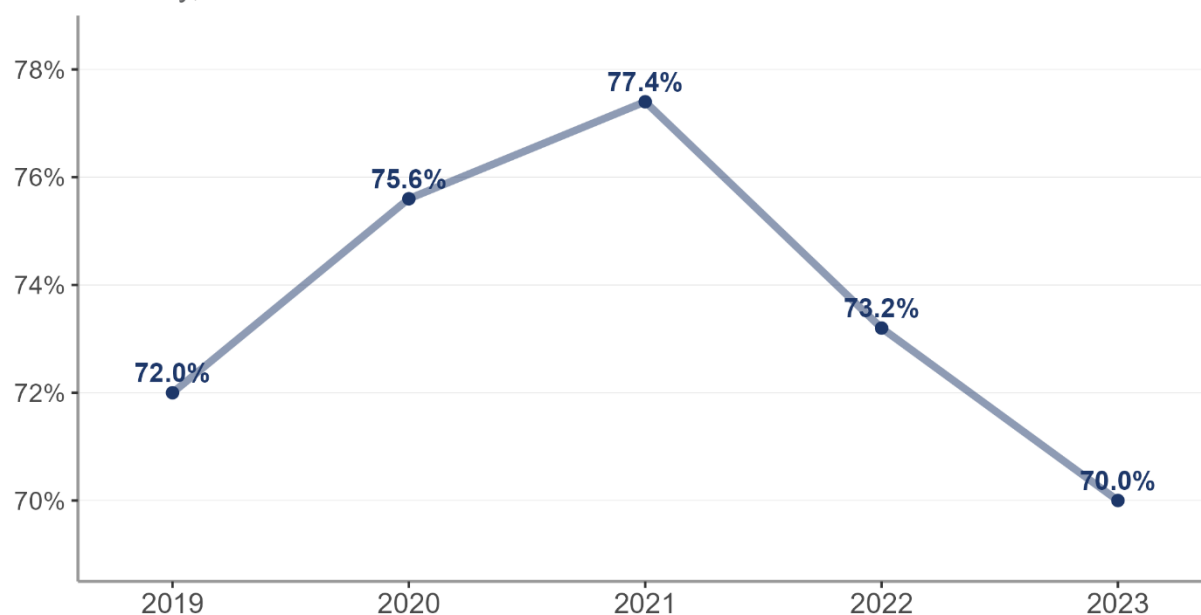
Prenatal Care

Timely prenatal care is critical for protecting both the mother and the developing baby, especially in the first trimester.²⁴ 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 increased about five percentage points between 2019 and 2021 (**Fig. 3C.3**), but then fell sharply again in the following years. In 2023, just 70% of births followed care beginning in the first trimester, slightly lower than in 2019. The reasons for the improvements in the 2019-2021 period and subsequent drop are not clear.

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

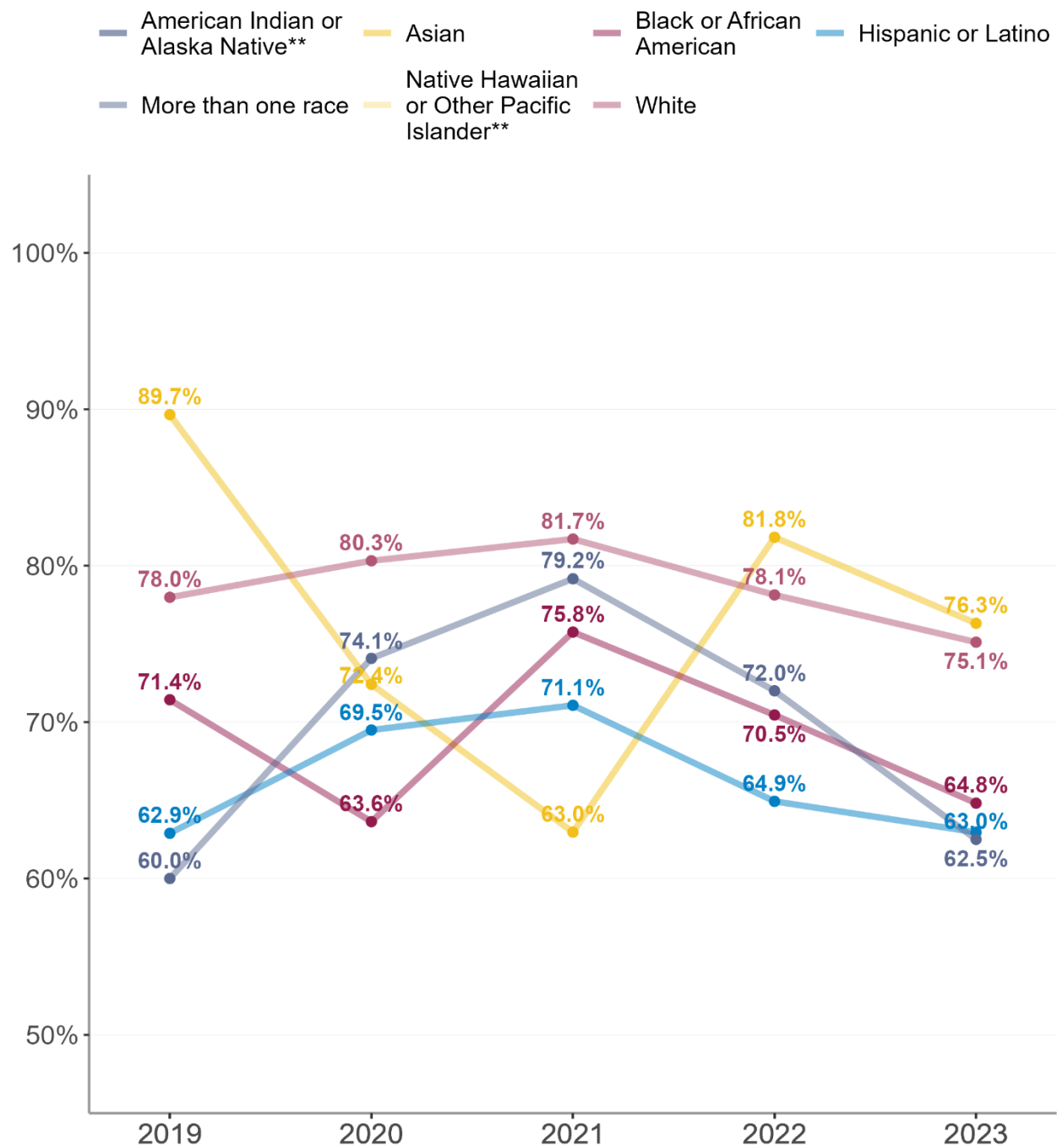
Comal County, Texas



Source: CDC WONDER Natality
Prepared by CINow for The Health Collaborative

Figure 3C.4 shows the trend in first-trimester prenatal care by race/ethnicity. Between 2019 and 2023, the percentage of births to white mothers with first-trimester prenatal care remained generally high and stable. This likely suggests better or more stable access to early prenatal care. However, there was a slight decline after 2021, reaching a five-year low of 75% in 2023. Percentages for other race/ethnicity groups generally show fluctuating patterns, and some potentially reflect mid-pandemic declines followed by some recovery. However, as previously noted, differences between groups and across years should be interpreted with caution due to small numbers that cause “bounce” in the rate.

Fig. 3C.4 Percent of births with prenatal care in the first trimester, by race/ethnicity
Comal County, Texas



The single race categories are Non-Hispanic.
**Suppressed by data source.
Source: CDC WONDER Natality
Prepared by CINow for The Health Collaborative

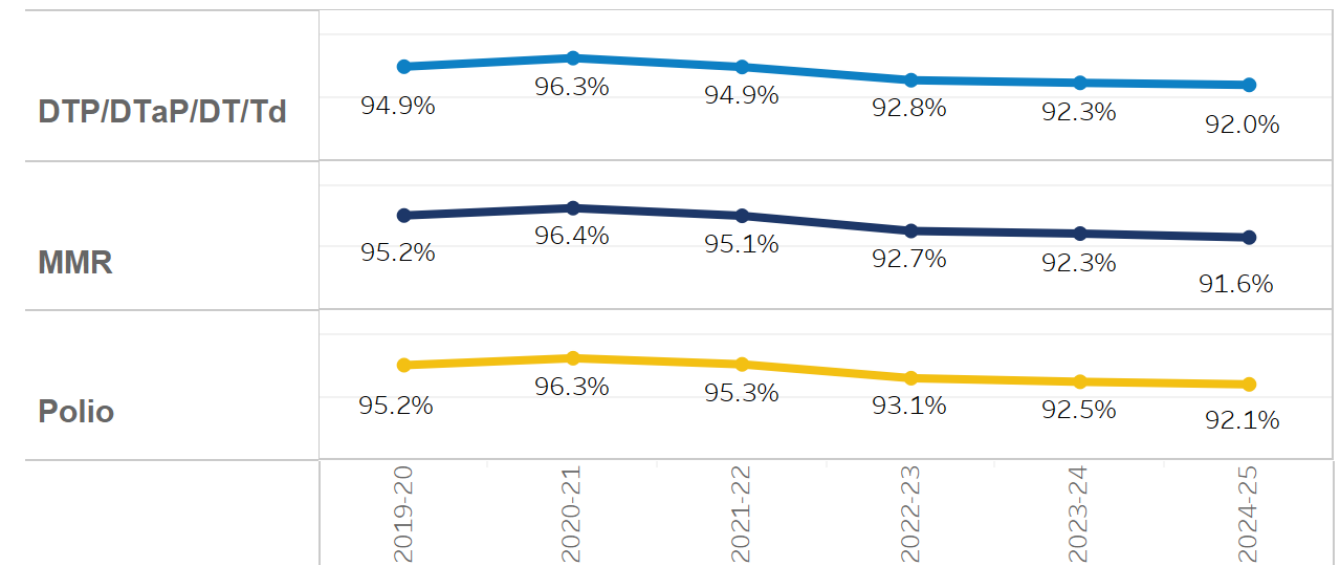
Protecting Ourselves and Each Other from Preventable Disease

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

The following figure, **Figure 3D.1**, 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 Comal 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 – ticked upward very slightly in the 2020-21 school year and has declined every year since. The decrease is greatest – nearly four percentage points – for the MMR vaccine that prevents measles. 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 2024.²⁵

Fig. 3D.1 Percent of kindergarten students with DTP/DTaP/DT/Td, MMR, and polio vaccination
Comal County



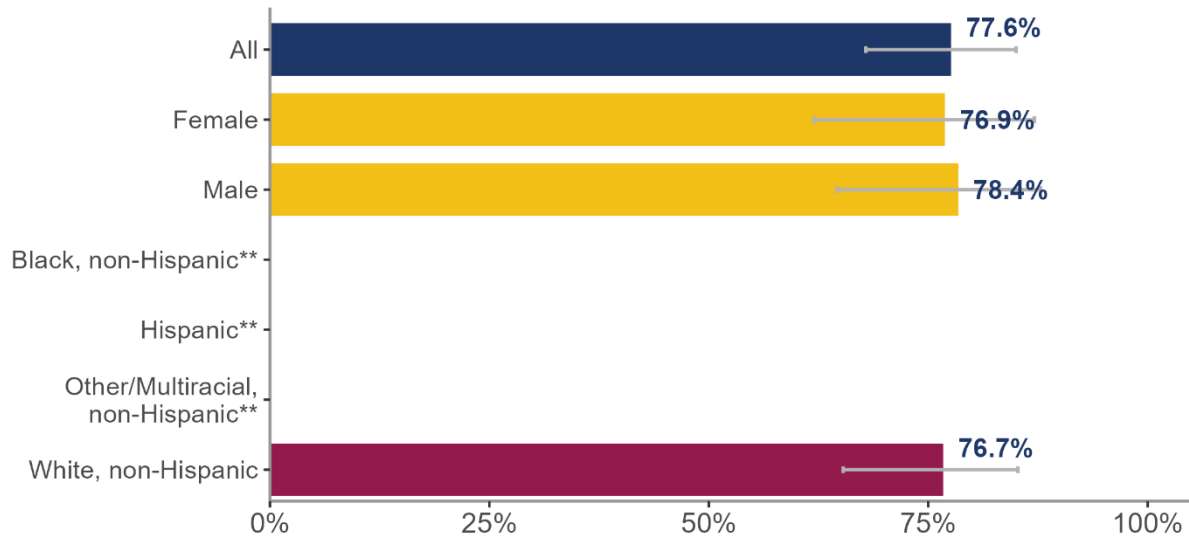
Source: Texas Department of State Health Services Immunization Section
Prepared by CINow for The Health Collaborative

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.²⁶ Overall, 78% of respondents 65 and older reported having the flu shot within the past year (**Fig. 3D.2**). In comparison, fewer than a third (33%) of Comal County respondents 65 and older reported having ever received a pneumonia vaccination, which is administered only once rather than annually (**Fig. 3D.3**). 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.²⁷

Fig. 3D.2 Percent of adults aged 65 and older who had a flu shot within the past year, by sex and race/ethnicity, 2017-2023

Comal County, Texas

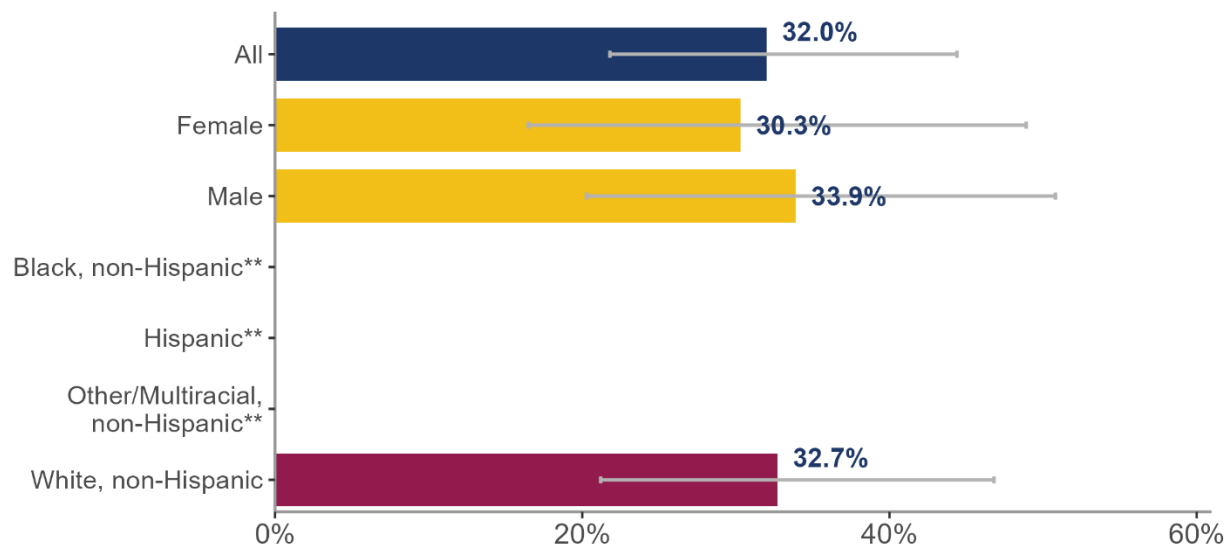


**Suppressed by data source.

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

Fig. 3D.3 Percent of adults aged 65 and older who have ever had a pneumonia vaccination, by sex and race/ethnicity, 2017-2023

Comal County, Texas



**Suppressed by data source.

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

Finding Disease Early

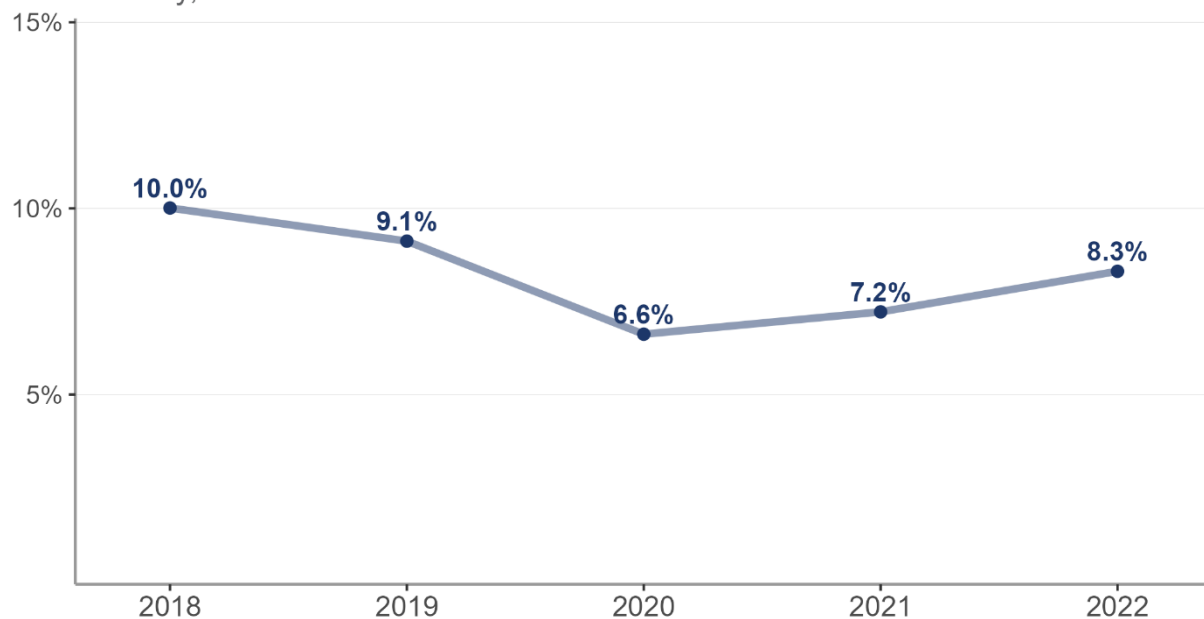
Routine screening and testing are essential tools for early detection, helping to catch conditions before they become more serious, costly, or difficult to treat. Early detection is especially important for monitoring chronic conditions, detecting cancers early when they are more treatable, and preventing 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 Comal County, the percentage of children aged zero to five years who were tested for lead poisoning dropped from 10% in 2018 to 6.6% in 2020, likely due to the COVID-19 pandemic (**Fig. 3E.1**). Although testing increased since then, reaching 8.3% in the most recent year (2022), it still remained below the five-year high in 2018.

Fig. 3E.1 Percent of children aged 0-5 who were tested for lead poisoning
Comal County, Texas



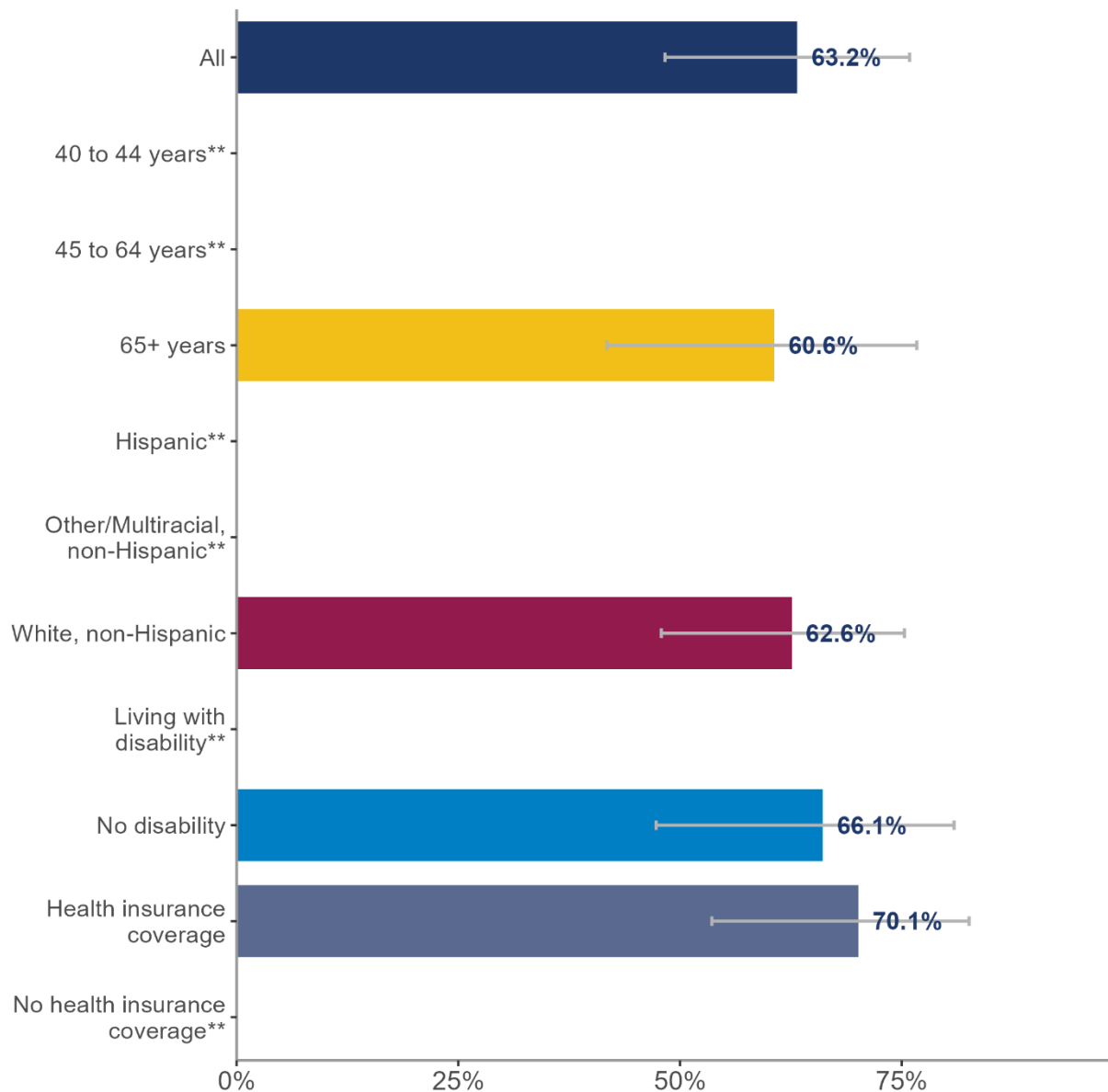
Source: Texas Department of State Health Services
Prepared by CINow for The Health Collaborative

Cancer Screening

Regular mammograms can help find breast cancer early, when treatment is more effective and sometimes before any physical symptoms appear.²⁸ Averaged across the 2017-2023 period, 63% of Comal County women aged 40 and older reported having had a mammogram within the past two years (**Fig. 3E.2**). Because of the small sample size and wide margins of error, differences across groups should be interpreted with caution.

Fig. 3E.2 Percent of women aged 40 and older who have had a mammogram within the past 2 years, by age, race/ethnicity, disability status, and insurance status, 2017-2023

Comal County, Texas



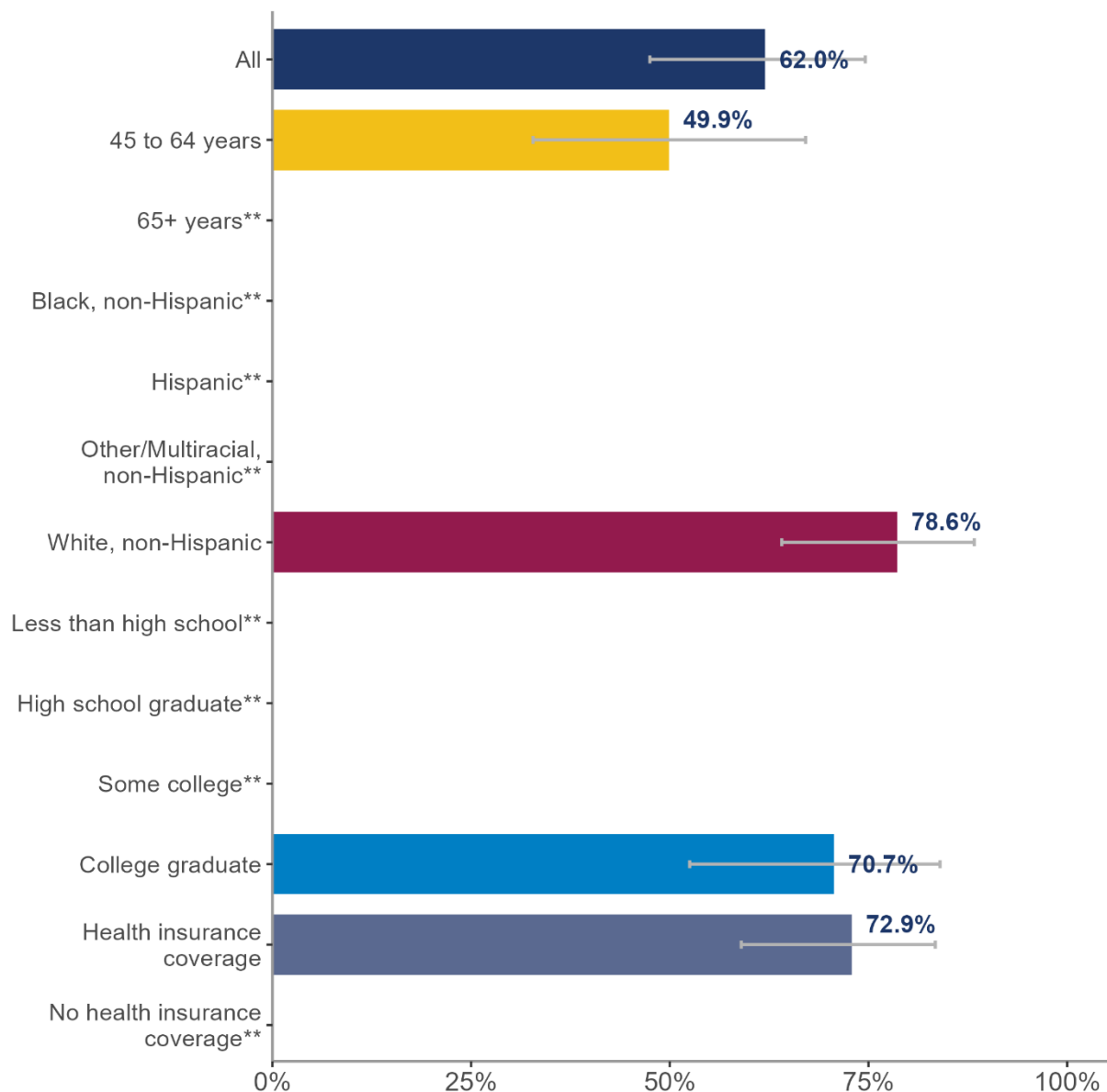
**Suppressed by data source.

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

Colorectal cancer, one of the more common and preventable cancers in the United States, can be prevented or detected early through screening, which is recommended after the age of 45.²⁹ Overall, 62% of Comal County survey respondents reported being up to date on recommended screening for colon cancer (**Fig. 3E.3**). Unfortunately, the sample size was too small to determine the percentage by sex, age, or race/ethnicity.

Fig. 3E.3 Percent of adults aged 45 and older who are up to date on recommended colon cancer screening, by age, race/ethnicity, highest level of education, and insurance status, 2017-2023

Comal County, Texas



**Suppressed by data source.

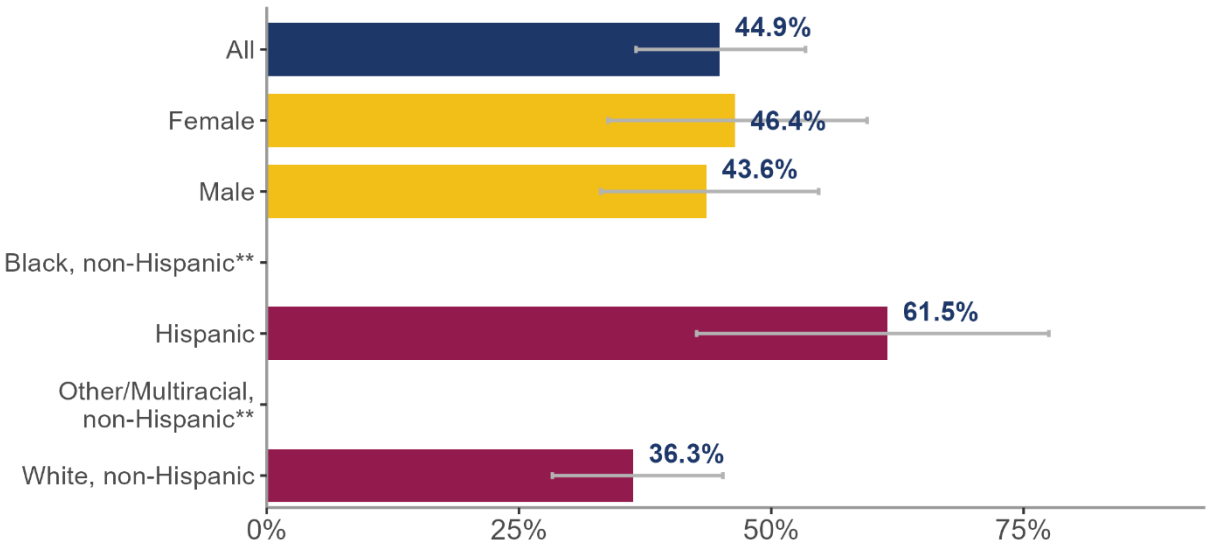
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

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, 45% of Comal County respondents in the 2021-2023 survey years reported ever getting tested for HIV (**Fig. 3E.4**). The margins of error are too wide to be sure there are true differences among groups, but it appears that Hispanic Comal County residents may be more likely than white residents to have ever been tested for HIV (62% versus 36%).

Fig. 3E.4 Percent of adults who have ever been tested for HIV, by sex and race/ethnicity, 2017-2023

Comal County, Texas



**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

When asked to rate their **physical health** over the past three months as “very poor”, “poor”, “good”, or “very good”, 88% of Comal County Community Health Needs Assessment (CHNA) Community Survey respondents (n=32) chose “good” or “very good” (**Fig. 4A.1**). A slightly lower percentage (81%) 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. Comal 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 (**Fig. 4A.1**). Overall, 88% of respondents rated their social connections with others as “good” or “very good.”

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, but as noted earlier in this report, respondents who chose not to share their ZIP code appear to be faring worse than every other group on every measure: physical health (75% for that group vs. 88% overall), mental health (63% vs. 81%), and connections with others (75% vs. 88%).

On the other end of the spectrum, respondents with New Braunfels ZIP codes fared better than most every other group, at 100% for every measure.



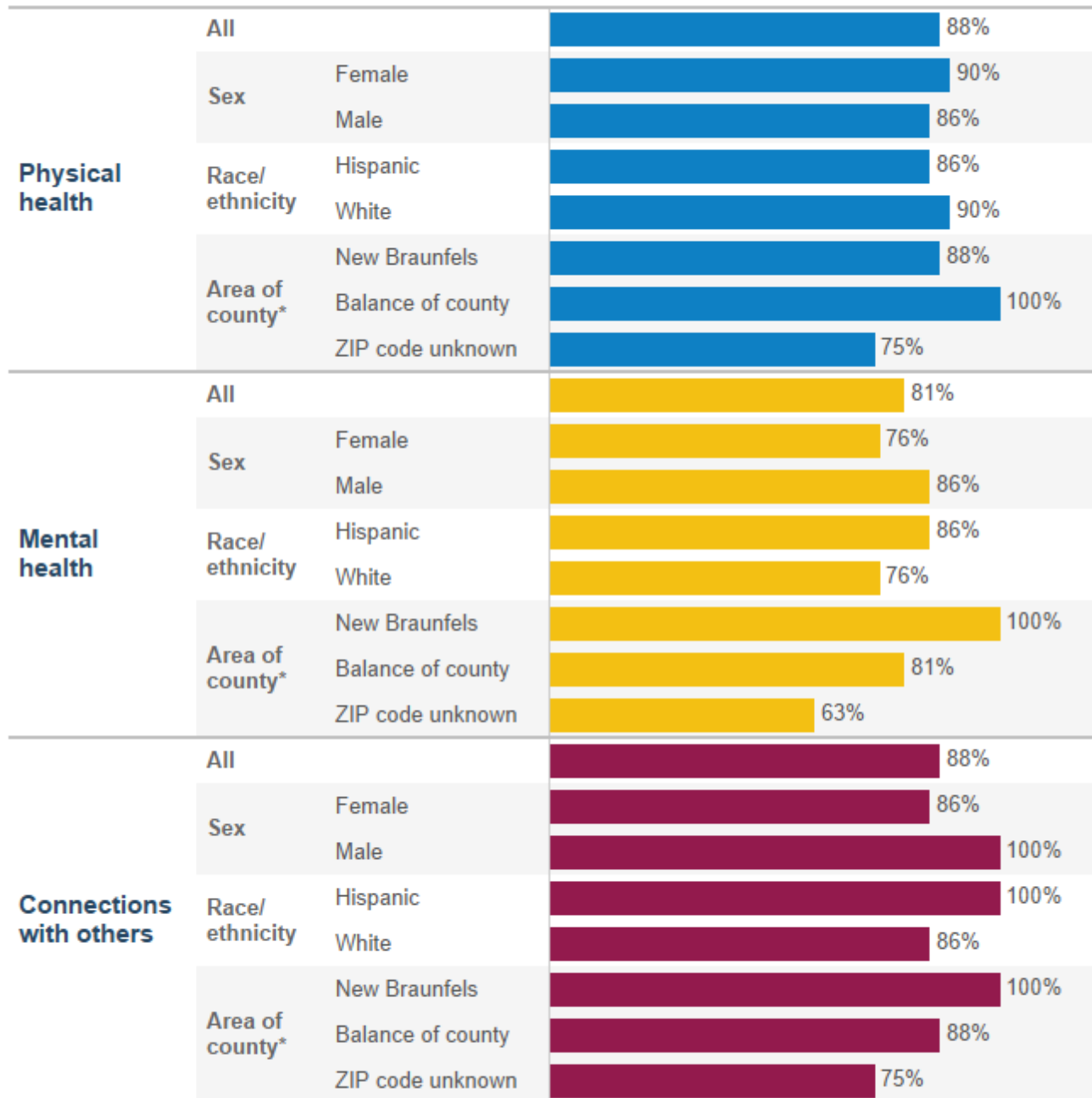
Community voices expressed a concern for the lack of socialization for youth and the need for therapy as a result of the COVID-19 pandemic.

"That was actually one of my main concerns with the lockdowns. To begin with, this is going to create a generation of kids who don't know how to socialize, and I believe schools should be having a very important role in therapies with kids and having sessions. Parents and kids at school also, but they don't have nothing."

– Comal County Focus Group Participant

Fig. 4A.1 Percent of CHNA survey respondents reporting good or very good health and connections with others, by respondent characteristic, 2025

Comal County, Texas



* New Braunfels: 78130, 78132; balance of county: 78070, 78133, 78163, 78623

N = 28-32 respondents

Source: Comal County CHNA Survey

Prepared by CInow for The Health Collaborative

Top Health Concerns

Comal 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. **Figures 4A.2 and 4A.3** show the 15 most-cited issues by sex and by race/ethnicity, respectively, while **Fig. 4A.4** shows the top 10 issues by area of the county. The percentage varied from 29% to 57%, but dental problems were the most frequently-selected health issue for virtually every group. Chronic pain was also frequently cited, particularly among males (57%), Hispanics (43%), and residents of New Braunfels ZIP codes (50%). Depression, anxiety, post-traumatic stress disorder (PTSD), or chronic stress, along with loneliness or social isolation, appear to disproportionately affect males (43%) and those who elected not to share their ZIP code (57%).

Fig. 4A.2 Top 15 health issues having the biggest impact on CHNA survey respondents and/or their loved ones, by sex, 2025
Comal County, Texas

	All	Female	Male
Dental (tooth or gum) problems	39%	38%	43%
Chronic pain (back pain, joint pain, fibromyalgia, etc.)	35%	24%	57%
Heart disease, stroke, or high blood pressure/hypertension	32%	29%	29%
Diabetes	32%	24%	57%
Depression, anxiety, PTSD, or chronic stress	32%	29%	43%
Loneliness or social isolation	29%	24%	43%
Cancer	19%	19%	
Alcohol or substance use	19%	14%	29%
Prejudice (racism, sexism, etc.) or discrimination	13%	14%	
Accidents/unintentional injury (falls, car accidents, drowning, accidental overdose, etc.)	13%	14%	14%
Tobacco and nicotine use (cigarettes, vaping, chewing, dipping, etc.)	10%	10%	14%
Sexual and reproductive health issues (family planning, help with pregnancy, etc.)	6%	10%	
Physical or intellectual/developmental disability	6%	5%	14%
Lung or respiratory issues (asthma, COPD, etc.)	6%	5%	14%
Autoimmune disease (lupus, MS, rheumatoid arthritis, etc.)	6%	10%	

N = 28 respondents

Source: Comal County CHNA Survey

Prepared by CInow for The Health Collaborative

Fig. 4A.3 Top 15 health issues having the biggest impact on CHNA survey respondents and/or their loved ones, by race/ethnicity, 2025

Comal County, Texas

	All	Hispanic	White
Dental (tooth or gum) problems	39%	57%	33%
Chronic pain (back pain, joint pain, fibromyalgia, etc.)	35%	43%	29%
Heart disease, stroke, or high blood pressure/hypertension	32%	71%	14%
Diabetes	32%	57%	24%
Depression, anxiety, PTSD, or chronic stress	32%	43%	29%
Loneliness or social isolation	29%	43%	24%
Cancer	19%	29%	10%
Alcohol or substance use	19%	14%	19%
Prejudice (racism, sexism, etc.) or discrimination	13%	43%	
Accidents/unintentional injury (falls, car accidents, drowning, accidental overdose, etc.)	13%	14%	14%
Tobacco and nicotine use (cigarettes, vaping, chewing, dipping, etc.)	10%		14%
Sexual and reproductive health issues (family planning, help with pregnancy, etc.)	6%	14%	5%
Physical or intellectual/developmental disability	6%	14%	5%
Lung or respiratory issues (asthma, COPD, etc.)	6%	14%	5%
Autoimmune disease (lupus, MS, rheumatoid arthritis, etc.)	6%	14%	5%

N = 28 respondents

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

Fig. 4A.4 Top 10 health issues having the biggest impact on CHNA survey respondents and/or their loved ones, by area* of county, 2025
Comal County, Texas

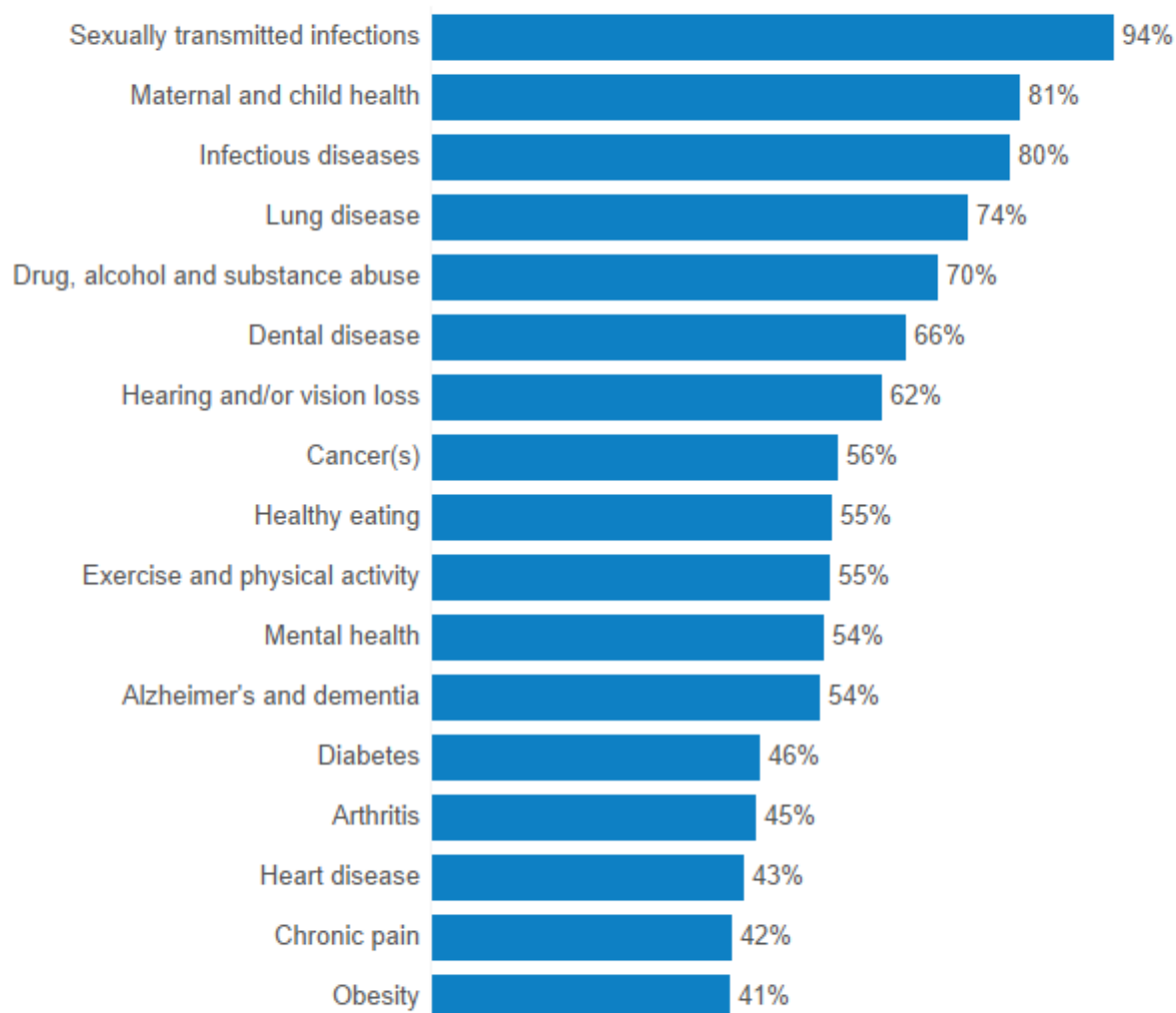
	All	New Braunfels	Balance of county	ZIP code unknown
Dental (tooth or gum) problems	39%	44%	38%	29%
Chronic pain (back pain, joint pain, fibromyalgia, etc.)	35%	50%	13%	29%
Heart disease, stroke, or high blood pressure/hypertension	32%	38%	25%	29%
Diabetes	32%	38%	25%	29%
Depression, anxiety, PTSD, or chronic stress	32%	25%	25%	57%
Loneliness or social isolation	29%	31%		57%
Cancer	19%	25%		29%
Alcohol or substance use	19%	19%	25%	14%
Prejudice (racism, sexism, etc.) or discrimination	13%	13%	13%	14%
Accidents/unintentional injury (falls, car accidents, drowning, accidental overdose, etc.)	13%	19%	13%	

* New Braunfels: 78130, 78132; balance of county: 78070, 78133, 78163, 78623
N = 31 respondents

Source: Comal County CHNA Survey
Prepared by CInow for The Health Collaborative

Moving to CHRISTUS survey results, as with social concerns earlier in this report, respondents were provided a list of “health concerns” and asked whether each is “not at all a problem,” a “minor problem,” a “moderate problem,” or a “serious problem.” **Figure 4A.5** summarizes the percent of respondents rating each health concern as “not at all a problem” or a “minor problem.” More than nine in 10 (94%) survey respondents did not consider sexually transmitted infections to be a problem in their community. Eight in 10 (81%) report low or no concern about either maternal and child health or infectious diseases. The greatest areas of concern, represented by the lowest percentages of respondents rating the issue as minor or no problem, were obesity (41%), chronic pain (42%), heart disease (43%), and diabetes (46%).

Fig. 4A.5 Percent of CHRISTUS survey respondents rating health concerns as “not at all a problem” or a “minor problem”, 2025
Comal County, Texas



Source: CHRISTUS Santa Rosa - New Braunfels Community Health Survey
Prepared by CInow for The Health Collaborative

Our Overall Health & Resilience

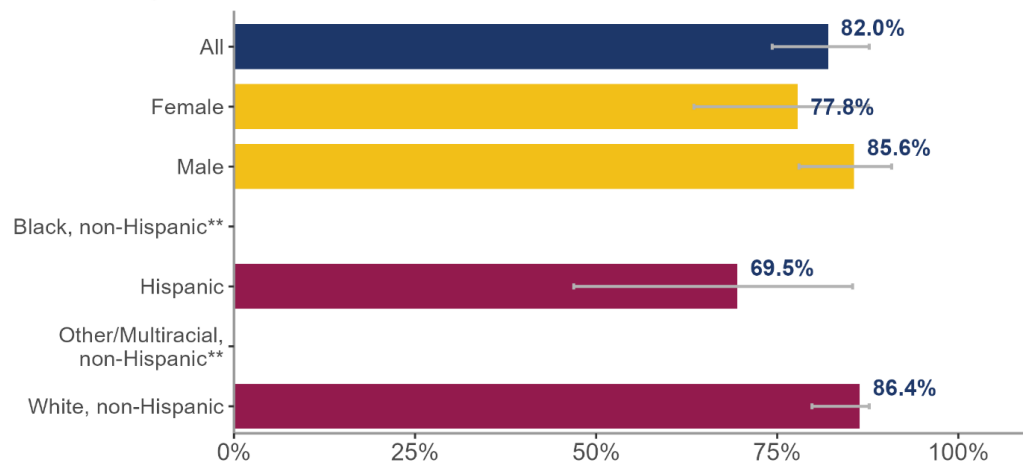
Measures like self-rated health and the impact of illness on daily life help reveal not only individual health status, but also community resilience. Together, they offer insight into how well a population manages physical and mental health challenges and its broader capacity to thrive.

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, 82% of Comal 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

Comal County, Texas



**Suppressed by data source.

Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

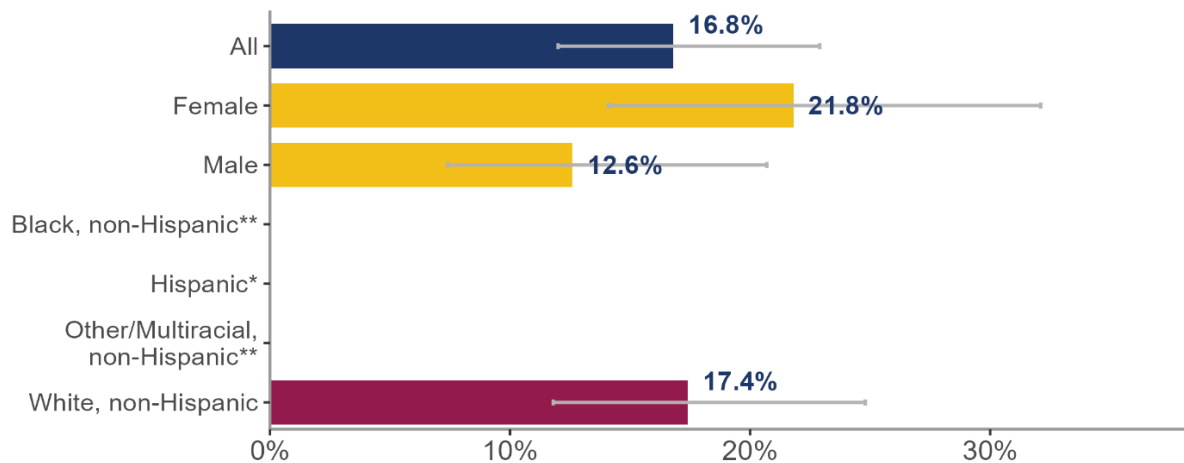
Daily Life Limitations

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 17% of respondents 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 Comal County residents reported *not* having serious difficulty concentrating or making decisions (**Fig. 4B.3**), meaning that about 12% do.

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

Comal County, Texas



*Unreliable: Error is too large relative to estimate.

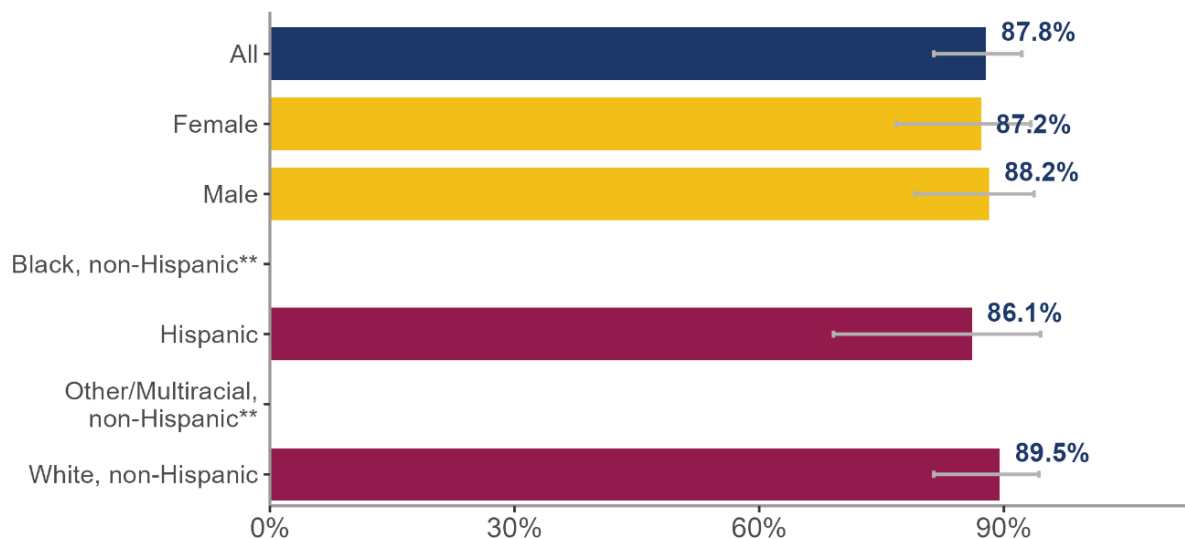
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Source: Behavioral Risk Factor Surveillance System (BRFSS)

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

Comal County, Texas



**Suppressed by data source.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Prepared by CINow for The Health Collaborative

Starting Life Strong: Infants and Mothers

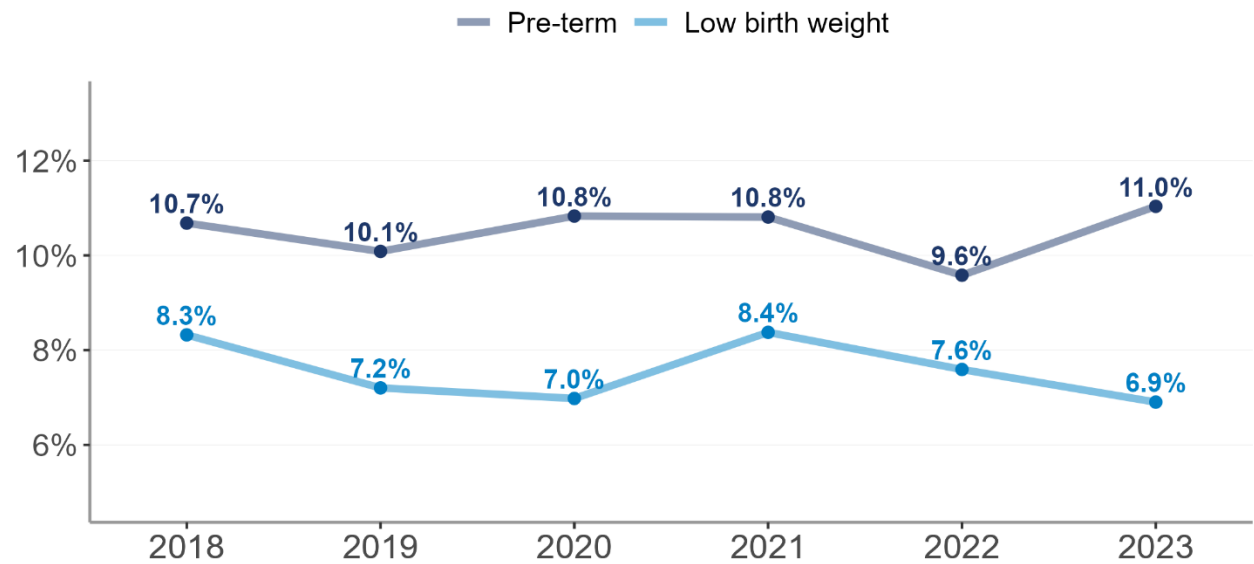
Infant and maternal well-being indicators reflect both medical care as well as broader social and economic conditions that affect prenatal care access. Understanding these patterns not only highlights persistent disparities, but also informs efforts to support healthier beginnings for mothers and infants across Comal 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 factors³³. 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.

The percentage of births that were pre-term remained flat, ranging from 10% to 11% between 2018 and 2023 (Fig. 4C.1). The low birthweight percentage appears to have varied more in this chart, but the difference between the low and high values in that trend line is only 1.5%. Infants born to Hispanic mothers are more likely than those born to non-Hispanic white mothers to be low birthweight and to be pre-term (Fig. 4C.2). Unfortunately, data is not available for any other race/ethnicity group.

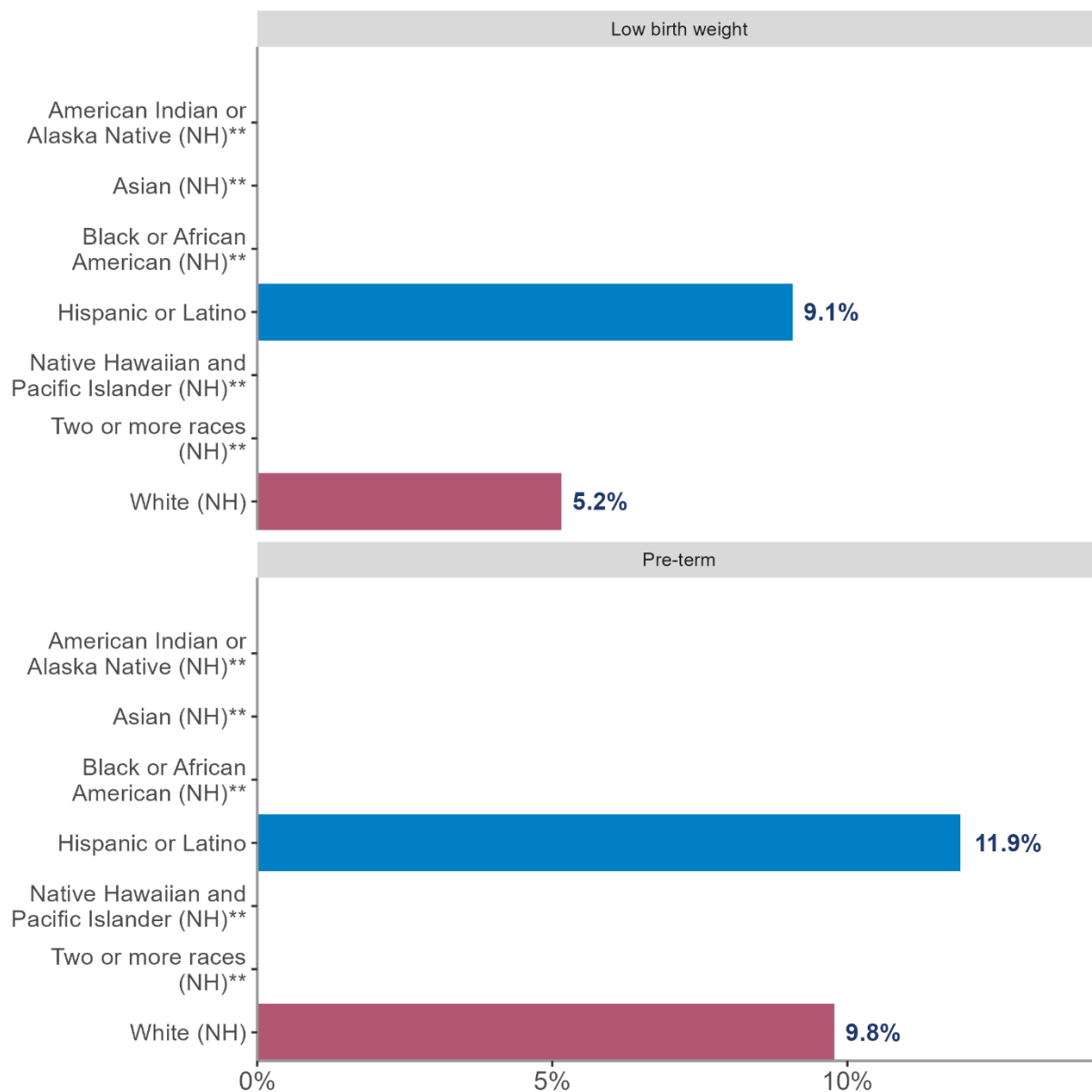
Fig. 4C.1 Percent of pre-term and low-birth weight births
Comal County, Texas



Low birth weight= under 2,500 grams
Source: COSA Metropolitan Health District
Prepared by CINow for The Health Collaborative

Fig. 4C.2 Percent of pre-term and low-birth weight (LBW) births, by race/ethnicity, 2023

Comal County, Texas



LBW= under 2,500 grams, NH= Not Hispanic or Latino

**Suppressed by data source.

Source: COSA Metropolitan Health District

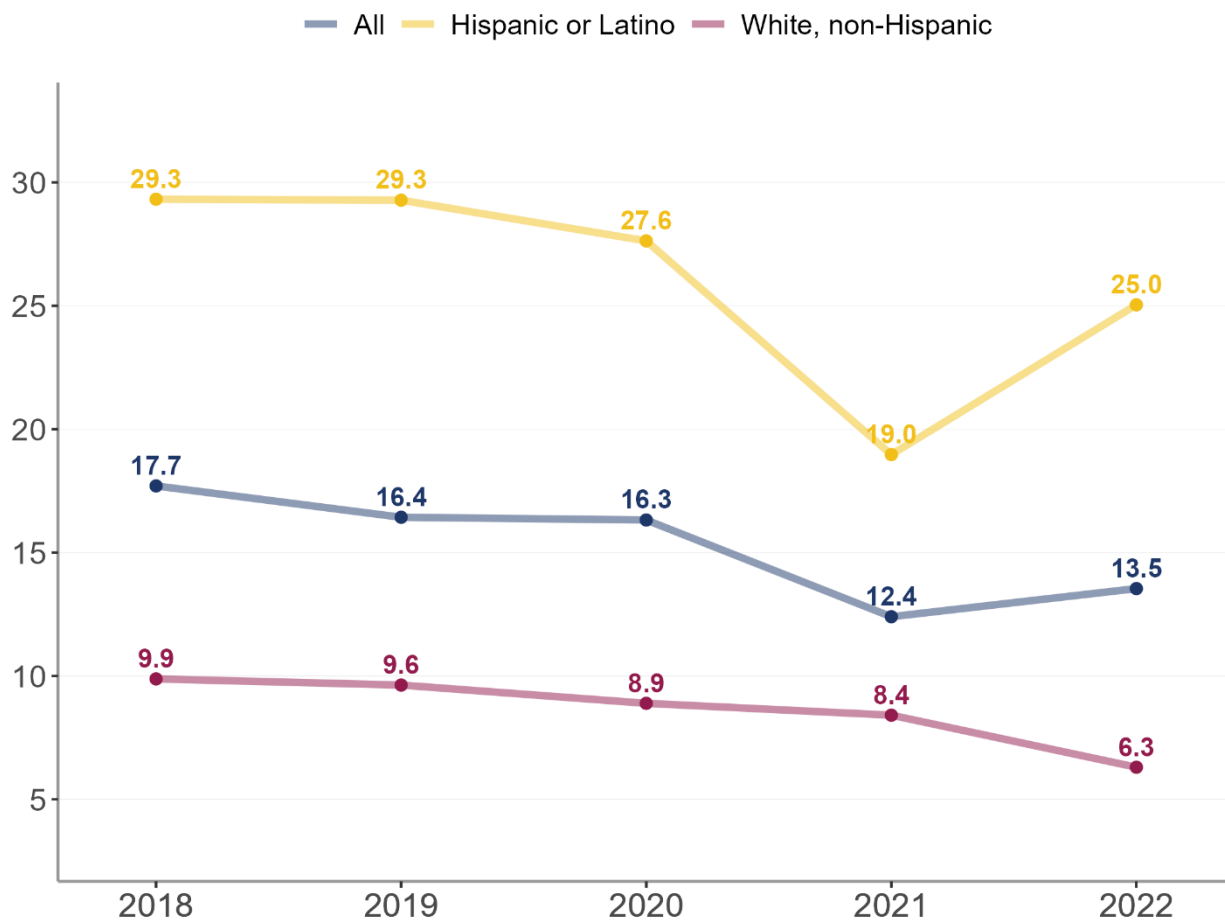
Prepared by CINow for The Health Collaborative

Maternal Well-Being

The overall birth rate to girls and teens aged 15 to 19 in Comal County declined steadily from 2018 through 2021, dropping from 17.7 to 12.4 per 1,000 female teens (**Fig. 4C.3**). Though only available for the two major groups in the county, distinct patterns emerge when broken down by race/ethnicity.

Among white teens, the birth rate has consistently declined over the five-year period, with a somewhat steeper drop between 2021 and 2022, to 6.3 births per 1,000 female teens. In contrast, the birth rate for Hispanic teens was significantly higher all across. Despite a sharp decline in 2021, the rate of Hispanic teens rebounded to 25 per 1,000 in 2022 (over four times the rate of white teens). The uptick among Hispanic teens largely drove the increase in the county's overall teen birth rate that year, especially since the white teen birth rate continued to decline.

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



Source: COSA Metropolitan Health District
Prepared by CINow for The Health Collaborative

Severe maternal morbidity (SMM), or severe and unexpected complications that occur during labor and delivery, is increasing nationally and in Texas.³⁴ The SMM rate for Texas Department of State Health Services Region 8 – Bexar, Comal, Dewitt, Medina, Uvalde, and Victoria Counties – is 59.8 delivery hospitalizations involving several maternal morbidities per 10,000 delivery hospitalizations, as compared to 72.9 for Texas overall (**Fig. 4C.4**). That state data shows that in 2022, SMM was twice as high among non-Hispanic Black women (122.1) as non-Hispanic white women (61.7), who had the lowest rate. For all race/ethnicity groups together, 2022 SMM was highest among women without a high school diploma or GED and lowest among women whose highest level of education completed was a four-year college degree—about seven percent lower than women with a graduate or professional degree. Although these exact rates cannot be applied to Comal County women, the data does provide some indications of which groups are at elevated risk of SMM.

Fig. 4C.4 Delivery hospitalizations involving severe maternal morbidity per 10K delivery hospitalizations

Texas

	2016	2017	2018	2019	2020	2021	2022
All of Texas	61.1	58.5	58.2	66.6	72.7	85.5	72.9
Maternal race/ethnicity							
Hispanic	57.9	55.8	54.6	64.9	72.1	82.2	67.8
Non-Hispanic Black	91.6	95.2	90.9	101.6	117.3	134.4	122.1
Non-Hispanic other	65.4	59.5	59.4	64.9	72.7	82.6	72.7
Non-Hispanic white	53.7	48.5	50.8	56.1	56.3	72.6	61.7
Maternal educational attainment							
Less than high school	73.3	64.6	72.8	74.6	81.6	94.6	81.6
High school	64.6	62.6	59.7	73.0	76.7	89.0	73.9
College	54.7	53.6	52.6	59.9	67.2	81.2	68.7
Graduate or professional degree	55.8	57.7	53.7	65.7	68.7	76.7	74.0

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

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.



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.

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)

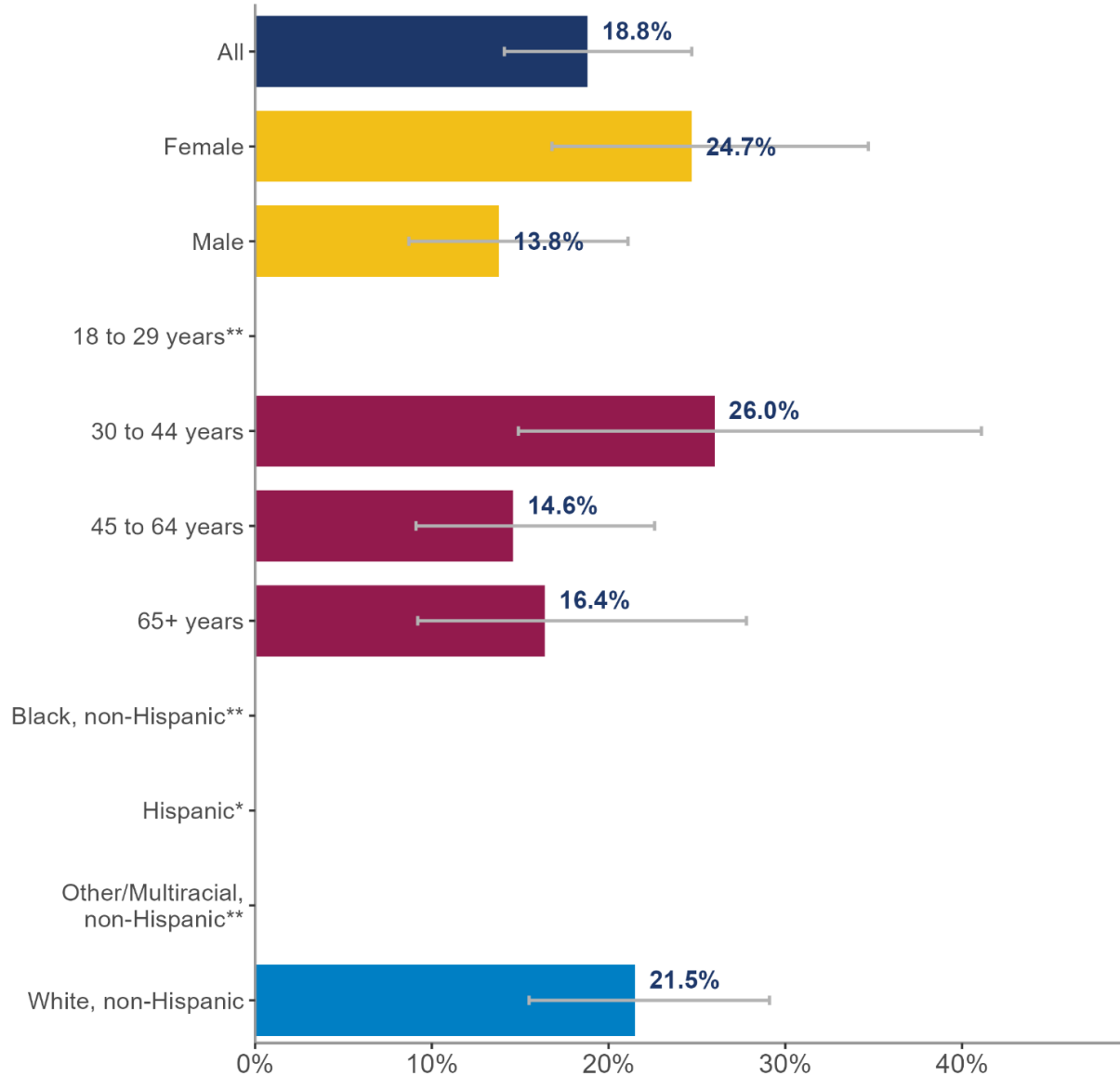
Mental Health

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.³⁵ 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 one in five Comal County BRFSS respondents reported ever having been told they had a depressive disorder (**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. It does appear that the percentage may be higher among female respondents than male respondents.

Fig. 4D.1 Percent of adults who have ever been told by a healthcare provider they had a depressive disorder, by sex, age, and race/ethnicity, 2017-2023

Comal County, Texas



*Unreliable: Error is too large relative to estimate.

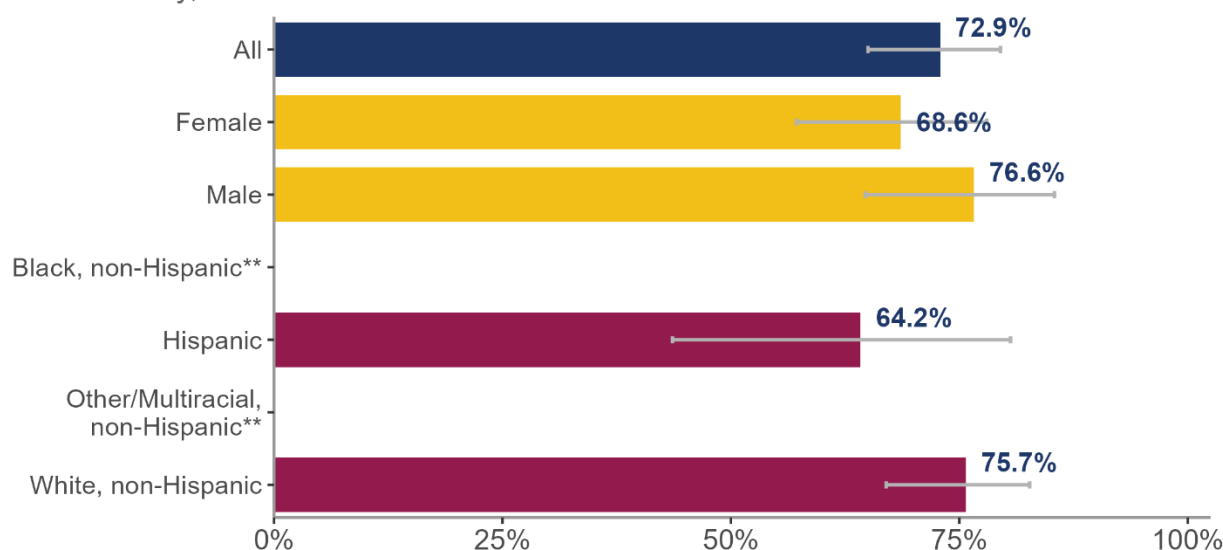
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Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

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, 73% of respondents reported fewer than five days of poor mental health based on a seven-year average between 2017-2023 (**Fig. 4D.2**). Differences across sex and race/ethnicity 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

Comal County, Texas



**Suppressed by data source.

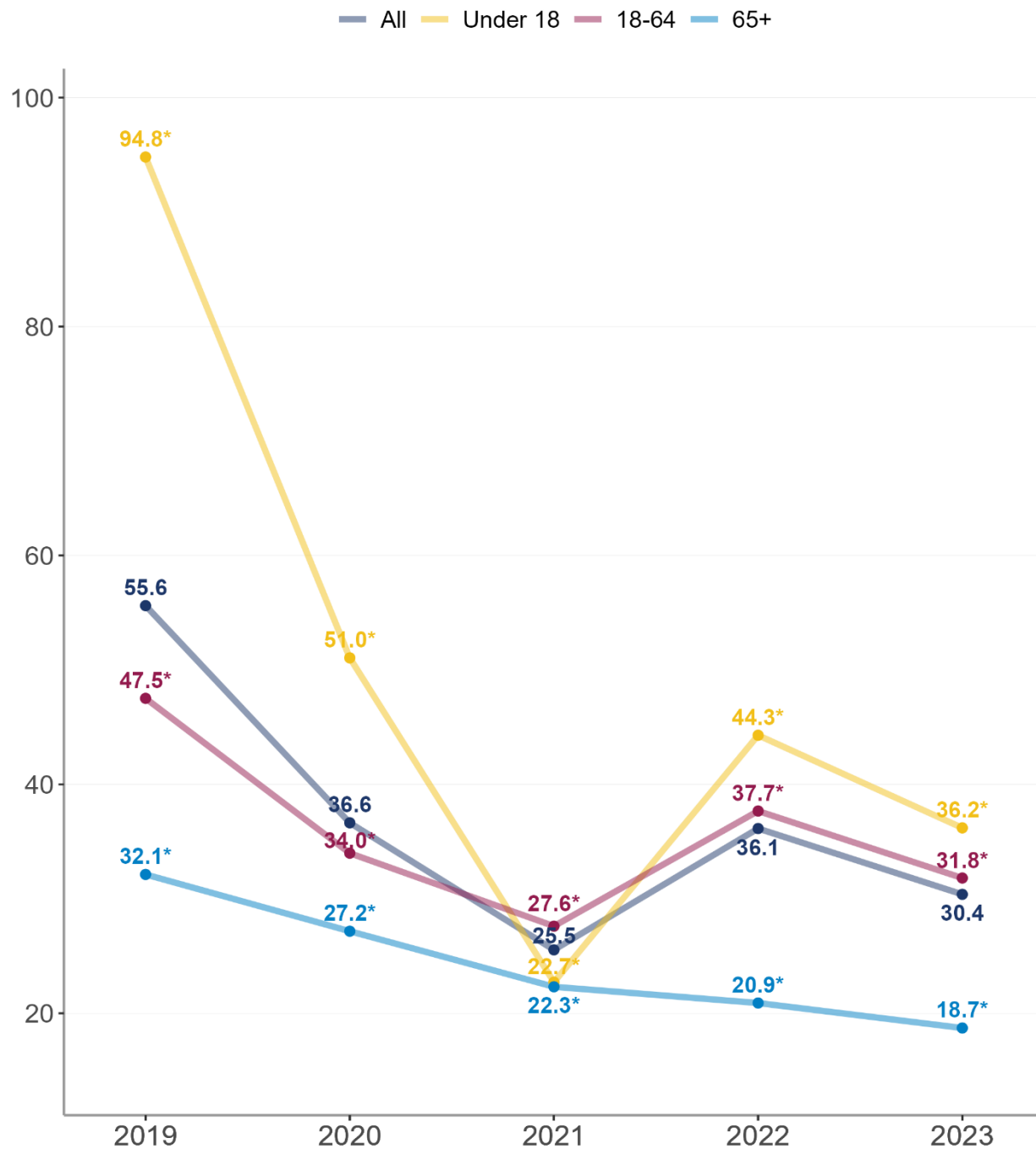
Source: Behavioral Risk Factor Surveillance System (BRFSS)

Prepared by CINow for The Health Collaborative

The overall rate for hospital discharges with a primary diagnosis of mental illness, shown as a three-year average per 10,000 Comal County residents, trended downward overall from 2017-19 to 2021-23 (**Fig. 4D.3**). Notably, the countywide rate declined by over half from 2017-19 to 2019-21 (from 55.6 discharges per 10,000 to 36.6), then ticked back up to 36.1 in 2020-22, before declining again to 30.4 in 2021-23. 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.

Figure 4D.4 shows the mental illness hospital discharge rate by race/ethnicity. The rate appears highest by far among the “other race” group, but because of small counts, those numbers should be interpreted with caution. To a lesser degree, the same caution applies to the rate among Black or African American Comal County residents. The lowest rate was among Hispanic residents, but it too jumped 42% from 2019-21 to 2020-22.

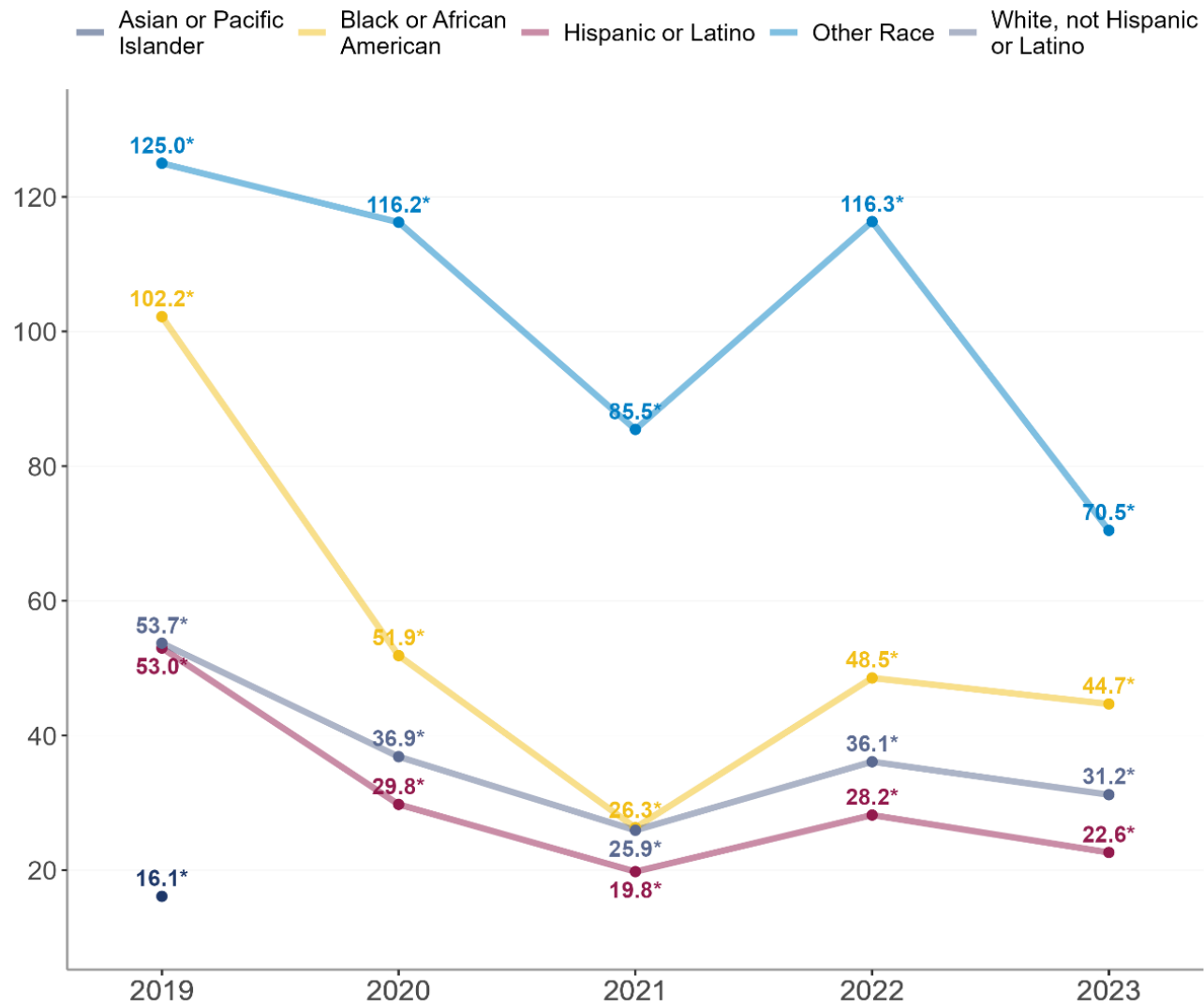
Fig. 4D.3 Mental illness hospital discharge 3-year average rate per 10K population, by age
Comal County, Texas



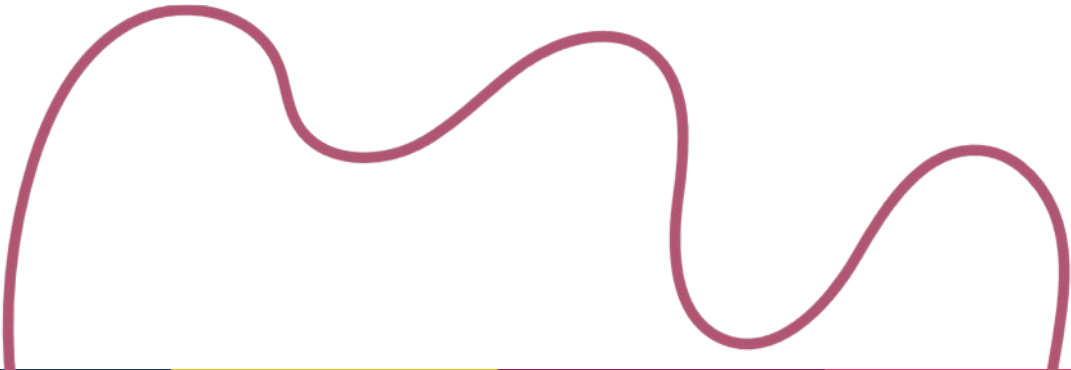
*Unreliable: Error is too large relative to estimate.
Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow for The Health Collaborative

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

Comal County, Texas



Some values are suppressed due to low counts.
*Unreliable: Error is too large relative to estimate.
Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow for The Health Collaborative



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. In Comal County, the overall rate had a downward trend from 2017-19 to 2021-23, declining from 7.3 discharges per 10,000 residents to a low of 4.1 (**Fig. 4D.5**). When mapped by ZIP code (**Fig. 4D.6**), the highest rates are found in the western half of the county, particularly 78070 in the Spring Branch area.

Figure 4D.7 shows the three-year average rate of hospital discharges with a primary diagnosis of opioid poisoning in Comal County between 2017-19 and 2021-23. Overall, the rates declined by half over the period, dropping from 1.4 per 10,000 people in 2017-19 to 0.9 in 2021, and continuing a gradual decline to 0.7 in 2021-23. While rates are available by age, these figures are considered unreliable due to wide margins of error. By location, the three-year average opioid poisoning hospital discharge rates per 10,000 residents were highest around the New Braunfels and Canyon Lake areas, where rates ranged from over 0.2 to 0.5 per 10,000 population (**Fig. 4D.8**).

Looking at deaths rather than hospital discharges, the overall five-year average rate (2019-2023) for deaths of poisoning by chemical substance, including drugs, was 11.1 per 100,000 residents. Unfortunately, the available data does not allow drug overdose deaths to be separated from other types of chemical poisonings.

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.

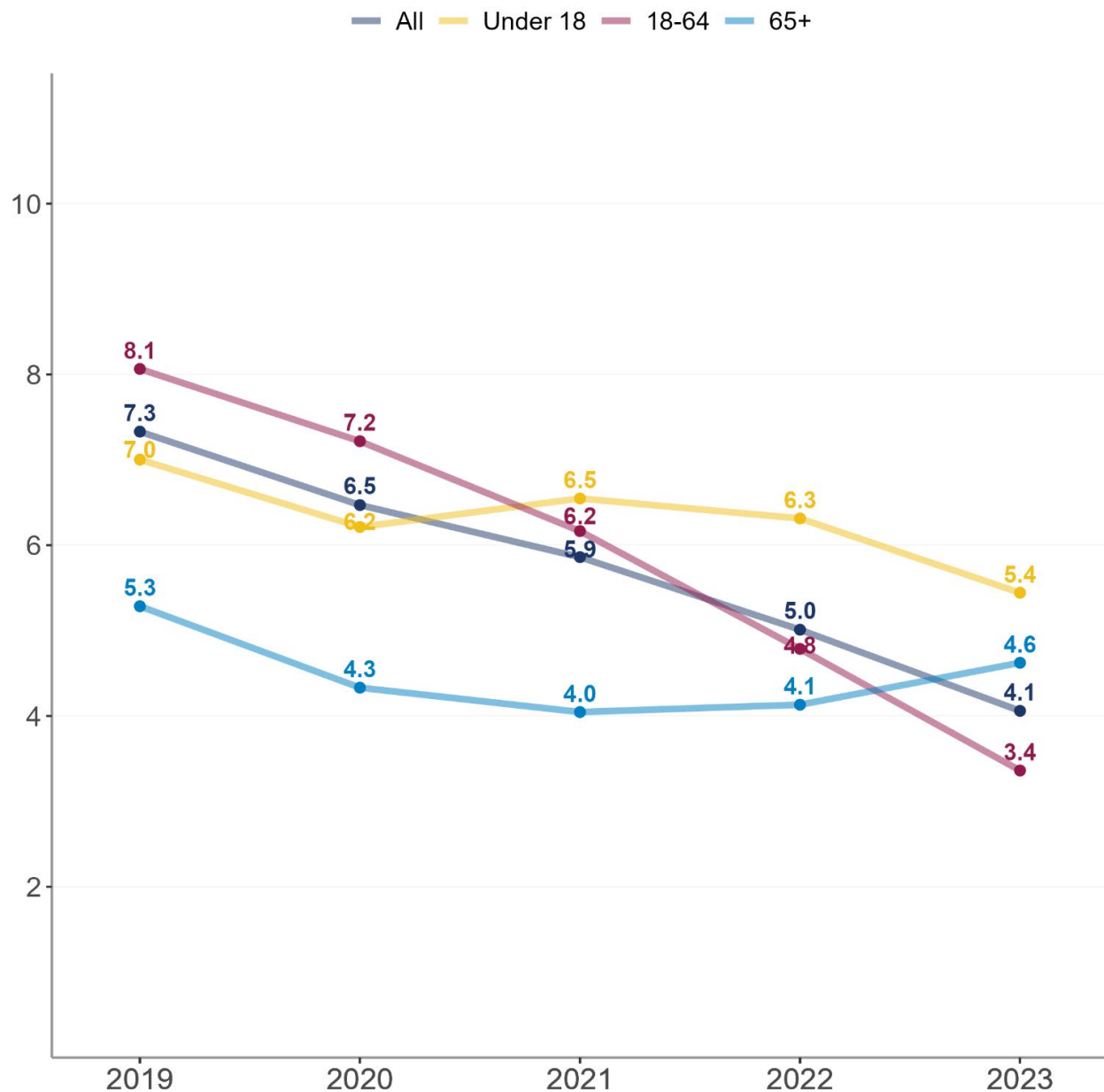
In other cases, though, such as traffic accidents or workplace injury, COVID-driven reductions in driving and the employment rate may have caused a real decrease in injuries requiring medical attention. Similarly, reduced exposure to common non-COVID respiratory illnesses while people isolated at home 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.



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

Comal County, Texas



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

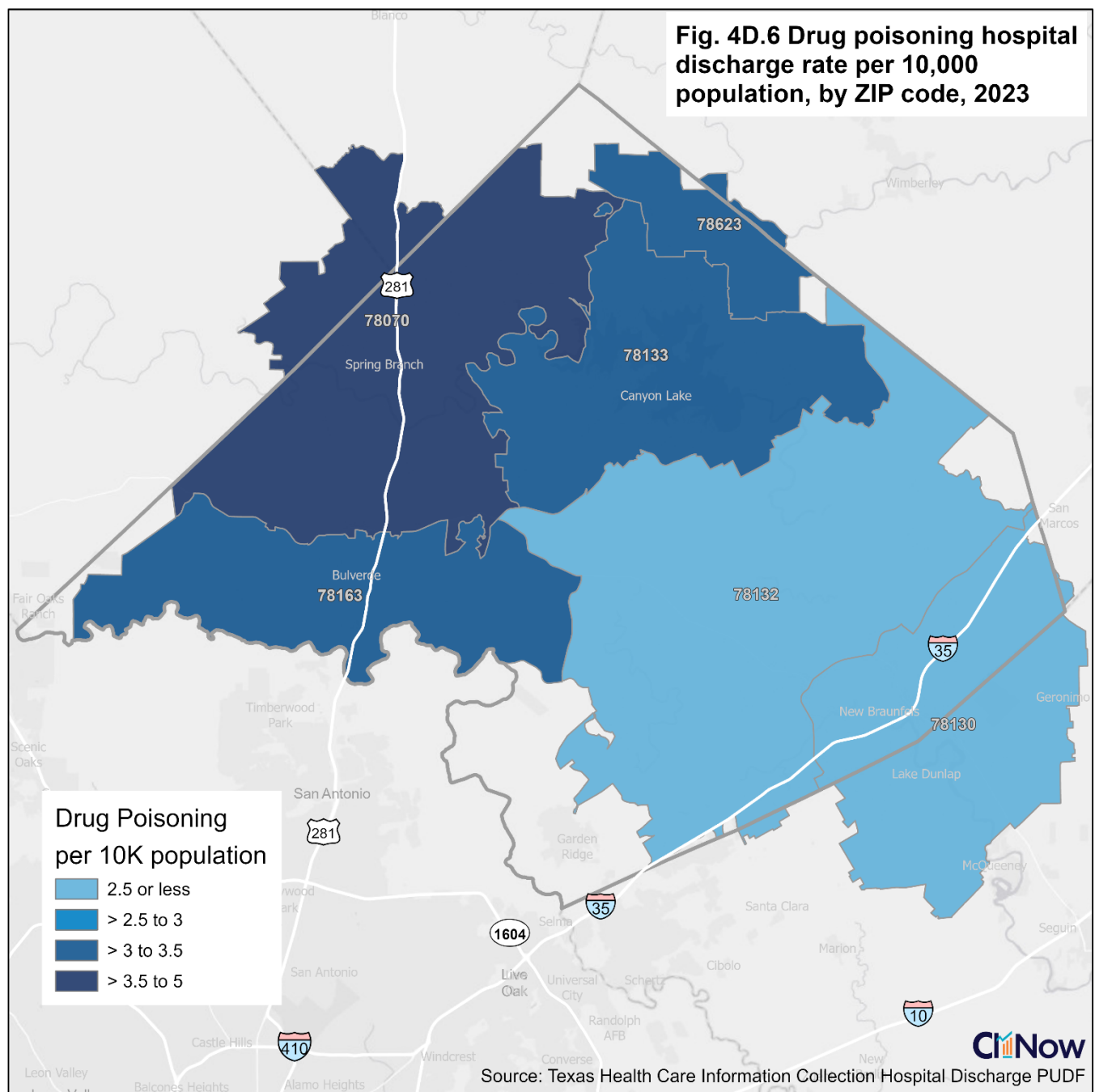
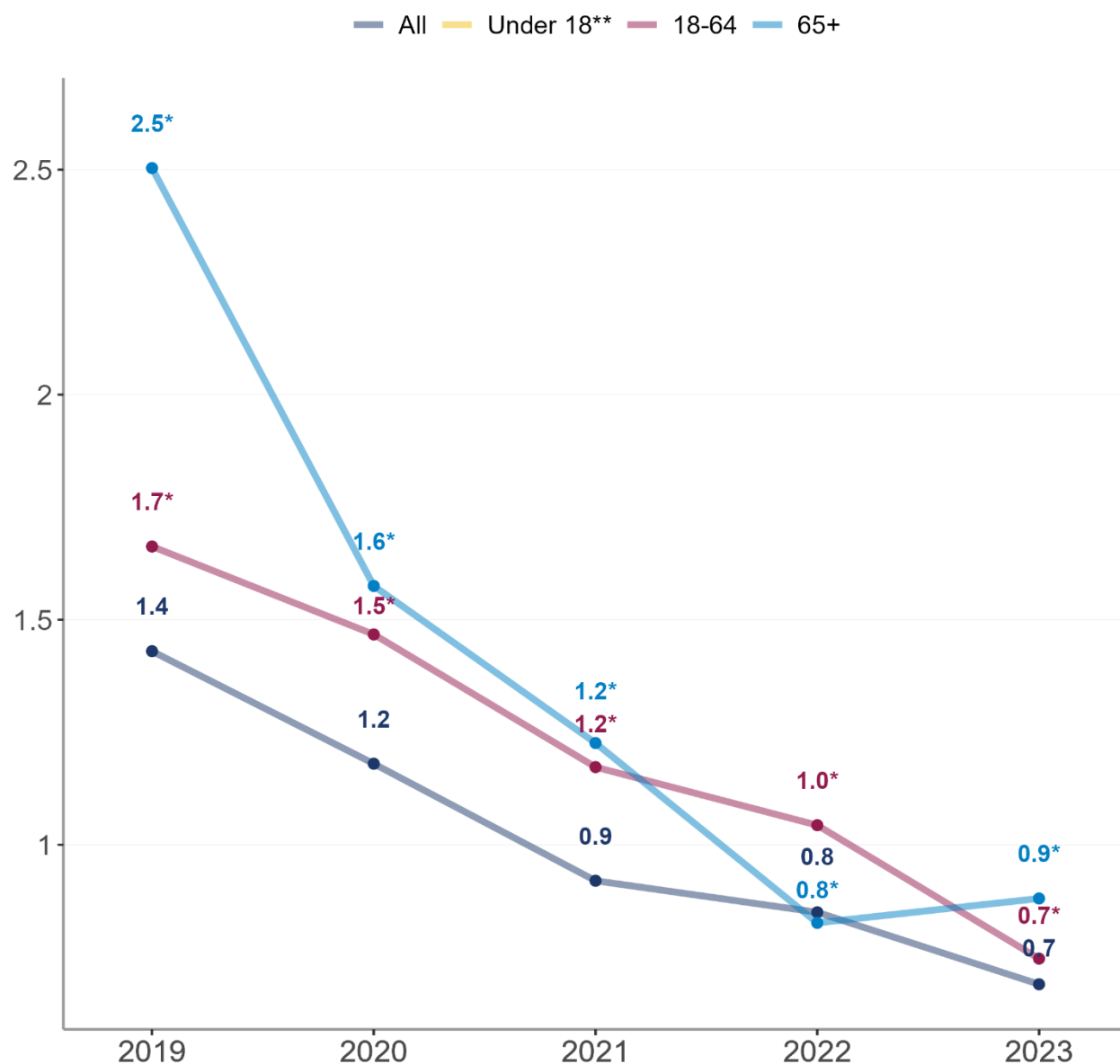


Fig. 4D.7 Opioid poisoning hospital discharge 3-year average rate per 10K population, by age

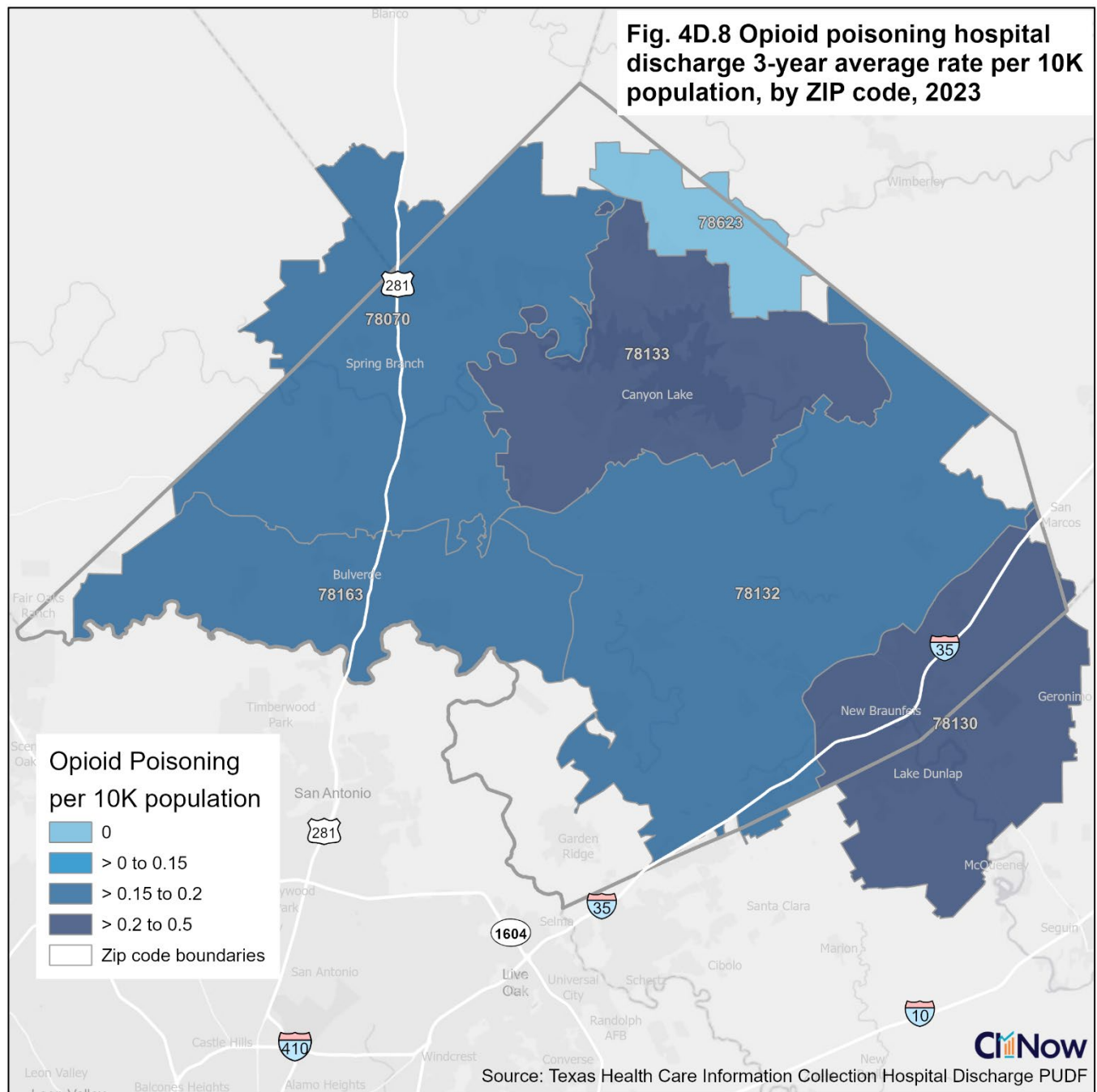
Comal County, Texas



Some values are suppressed due to low counts.

*Unreliable: Error is too large relative to estimate.

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.

Comal County's overall hospitalization rate with a primary diagnosis of injury has steadily declined over the years, dropping from 44.8 in 2017-19 to 40 in 2021-23 (about an 11% decrease) (**Fig. 4E.1**). While rates are available by age and most race/ethnicity groups (data for Asians is suppressed), all of the figures are considered unreliable due to low counts. Those values are marked in the chart with an asterisk (**Fig 4E.1** and **Fig. 4E.2**). A few general patterns can be trusted, though. First, the rate has declined since 2019 overall and among people aged 18 to 64 or 64 and older. Second, the rate in any year is by far highest among people 65 and older. Third, the rate of hospitalization for injury – intentional or unintentional – may actually have increased among people under 18, particularly in 2021 and 2022.

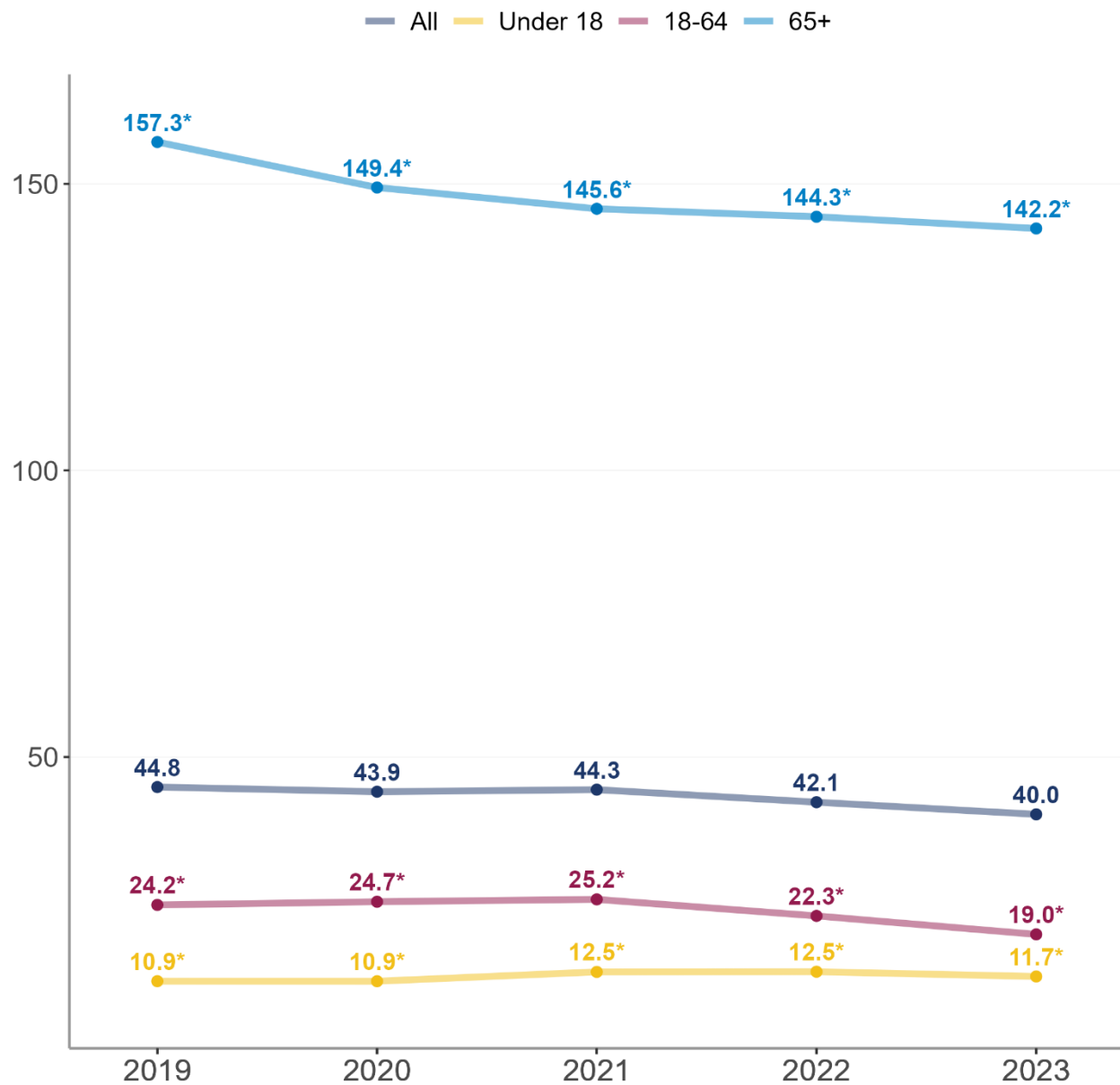
ED visits with a primary diagnosis of injury are more than 15 times as common as hospital discharges in every measurement period. The injury ED visit three-year average rate declined when COVID-19 hit, declining about 7% overall and for both sexes (**Fig. 4E.3**). It then rebounded and continued to increase, with the most recent figure (610.1 per 10,000) almost reaching the pre-pandemic level of 614 in 2017-19. Rates for female and male residents follow a similar pattern, with female residents consistently showing slightly higher rates—about 5% higher in the most recent period (2021-23), at 625.8 compared to 594.3 per 10,000.

By age, the three-year average injury ED visits were highest for residents 65 and older (910 per 10,000) and under 18 (708.9), both exceeding the countywide figure (**Fig. 4E.4**). 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, likely indicating that on the whole, injury is much more dangerous for older people than for young people. While data is also available by race/ethnicity, these rates should be interpreted with caution due to relatively smaller population and ED visit counts for some groups. Among the larger groups, white residents had higher injury-related ED visit rates than Hispanic residents (629.8 per 10,000 versus 493.8).



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

Comal County, Texas

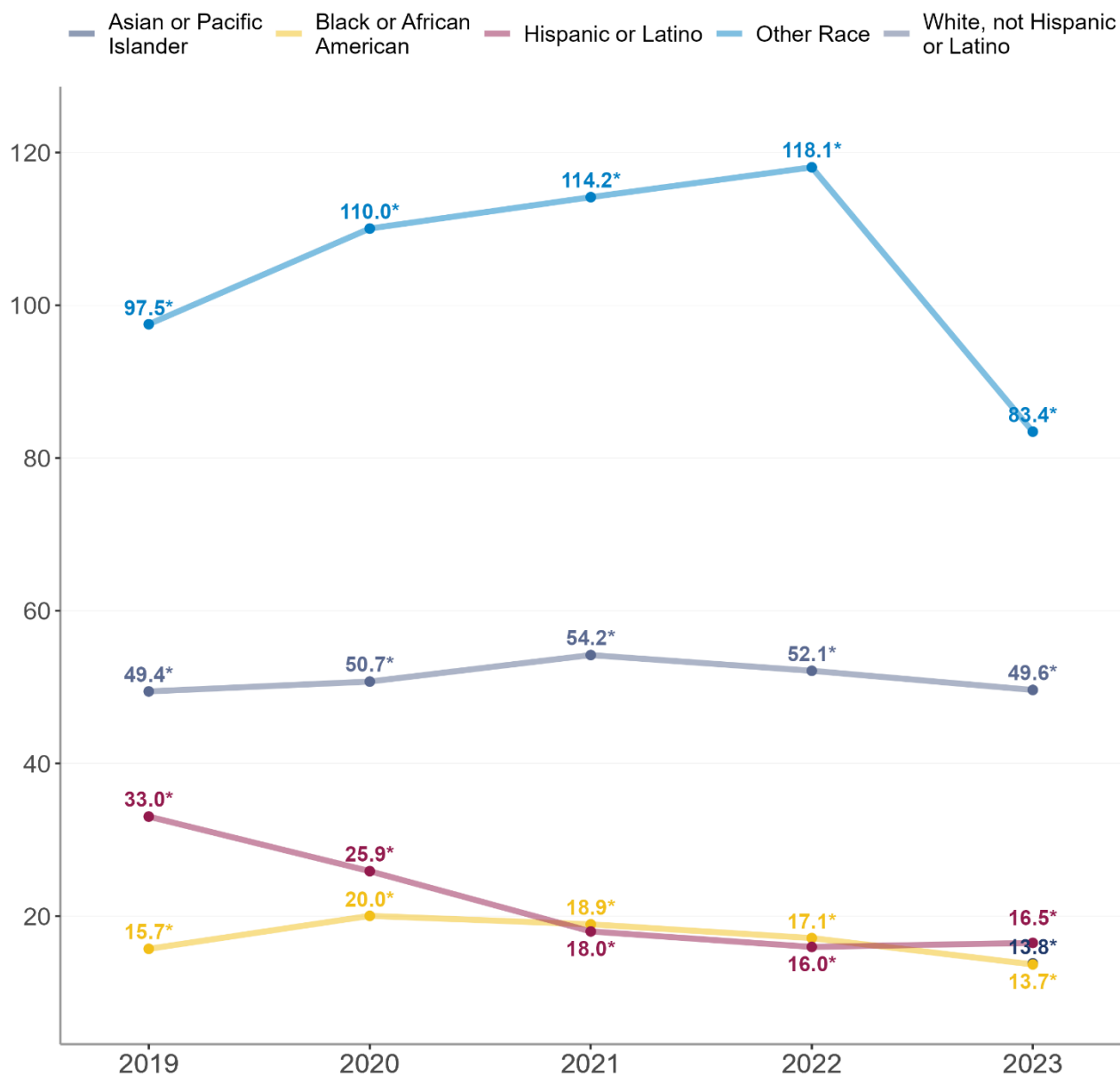


*Unreliable: Error is too large relative to estimate.

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

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

Comal County, Texas



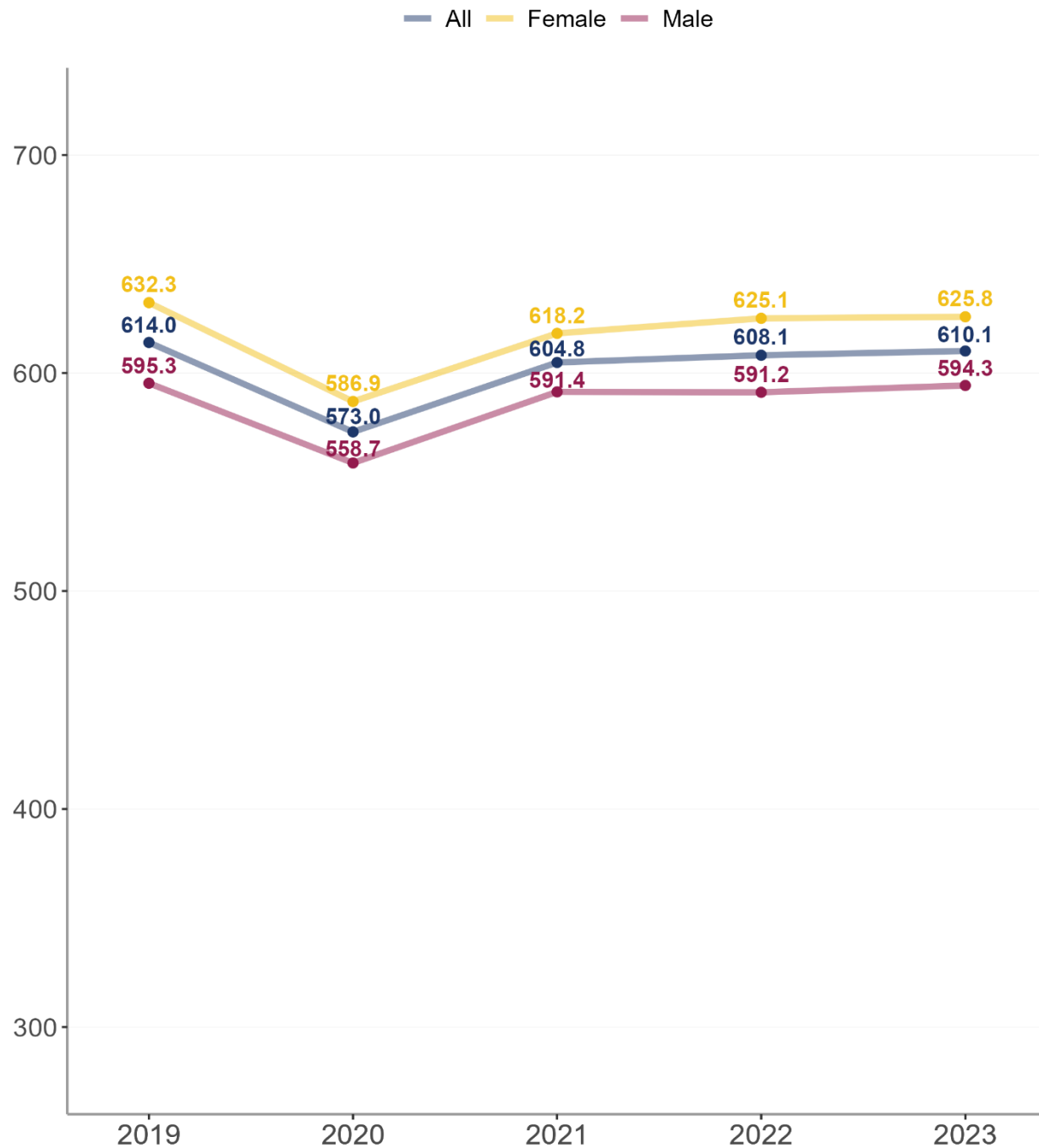
Some values are suppressed due to low counts.

*Unreliable: Error is too large relative to estimate.

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

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

Comal County, Texas



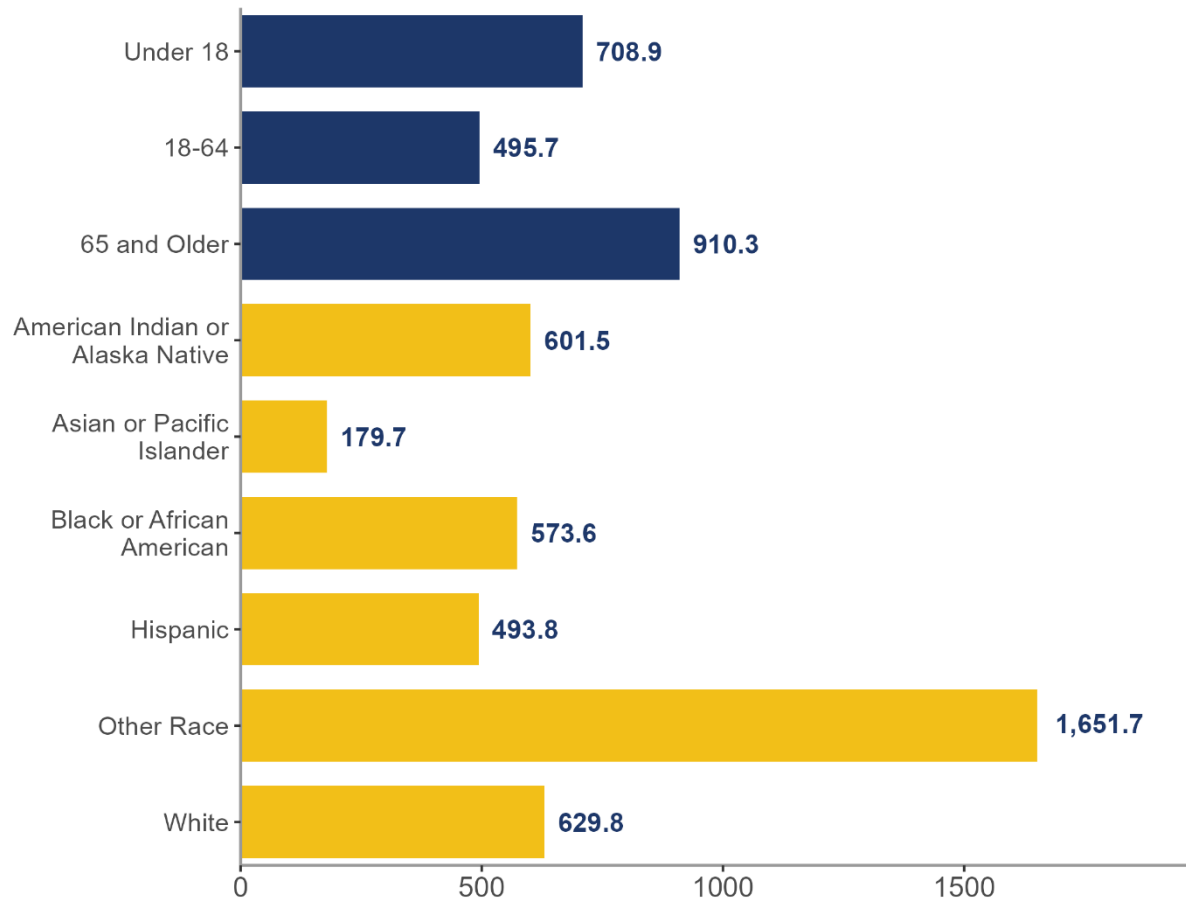
For the "All" and sex categories, the cases with missing sex information were removed from analyses.

Source: Texas Health Care Information Collection Hospital Discharge PUDF

Prepared by CINow for The Health Collaborative

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

Comal 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

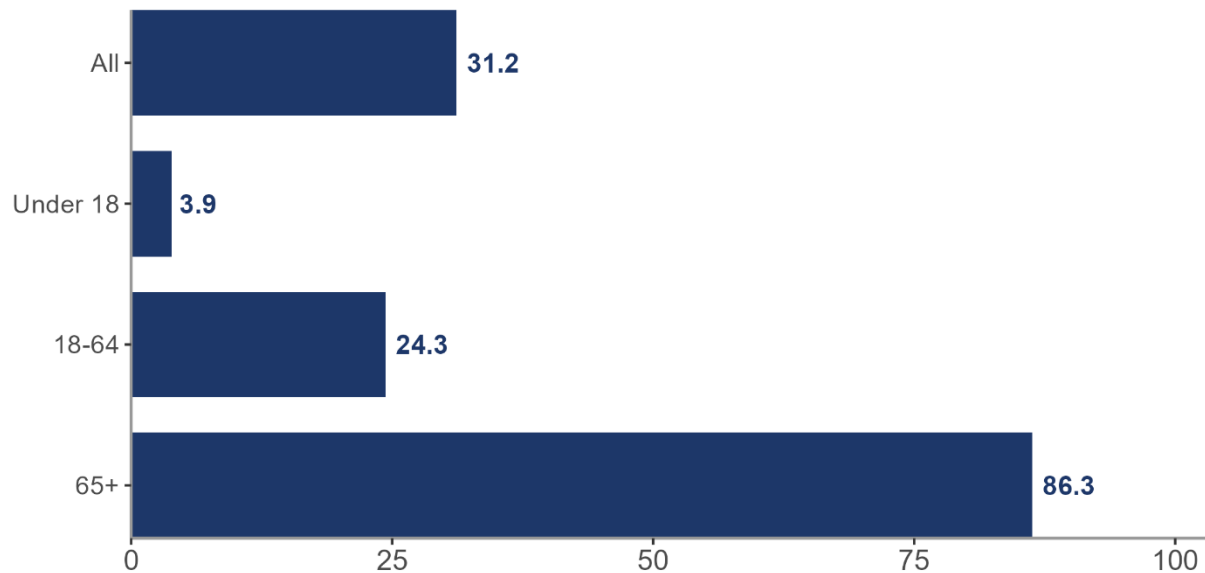
Hospitalization is a good indicator of severe COVID-19 illness and risk of death. Overall, the 2021-23 three-year average for COVID-19 hospital discharges in Comal County was 31.2 per 10,000 people (**Fig. 4F.1**). Adults aged 65 and over experienced far higher rates—2.8 times the county rate and 3.6 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 Comal County residents much more trustworthy, and the rate among white residents (34 per 10,000 people) is 59% higher than the rate among Hispanic residents (21.4).

Figure 4F.3 shows the distribution of Comal 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 78133 and 78623, around and near the Canyon Lake and Fischer areas. The ZIP codes with the lowest rates were toward New Braunfels, on the southeast side of the county (78132 and 78130).



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

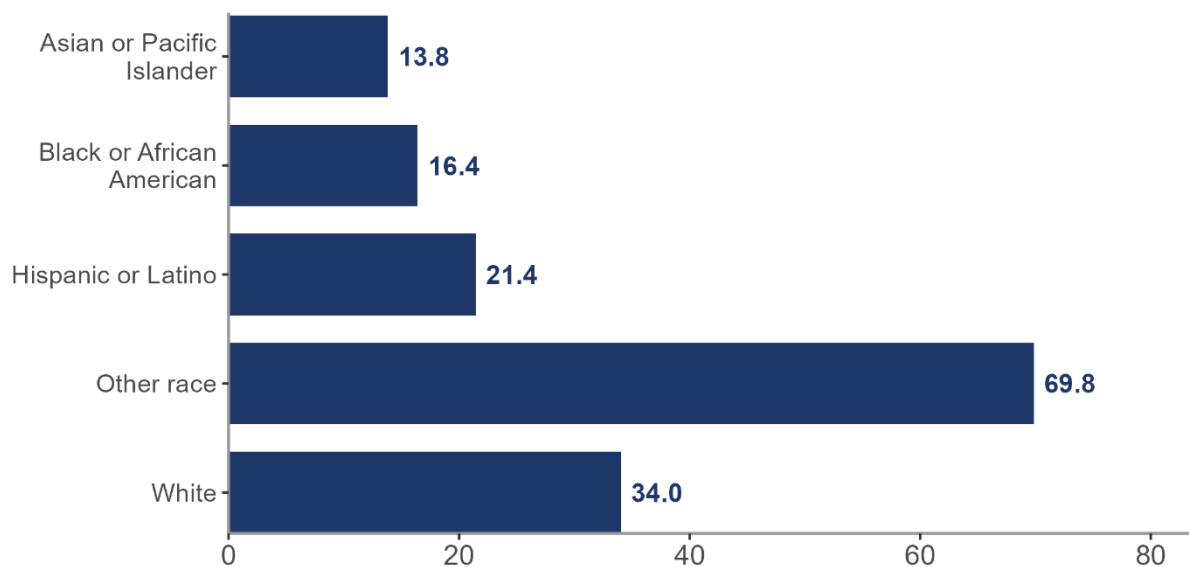
Bexar County, Texas



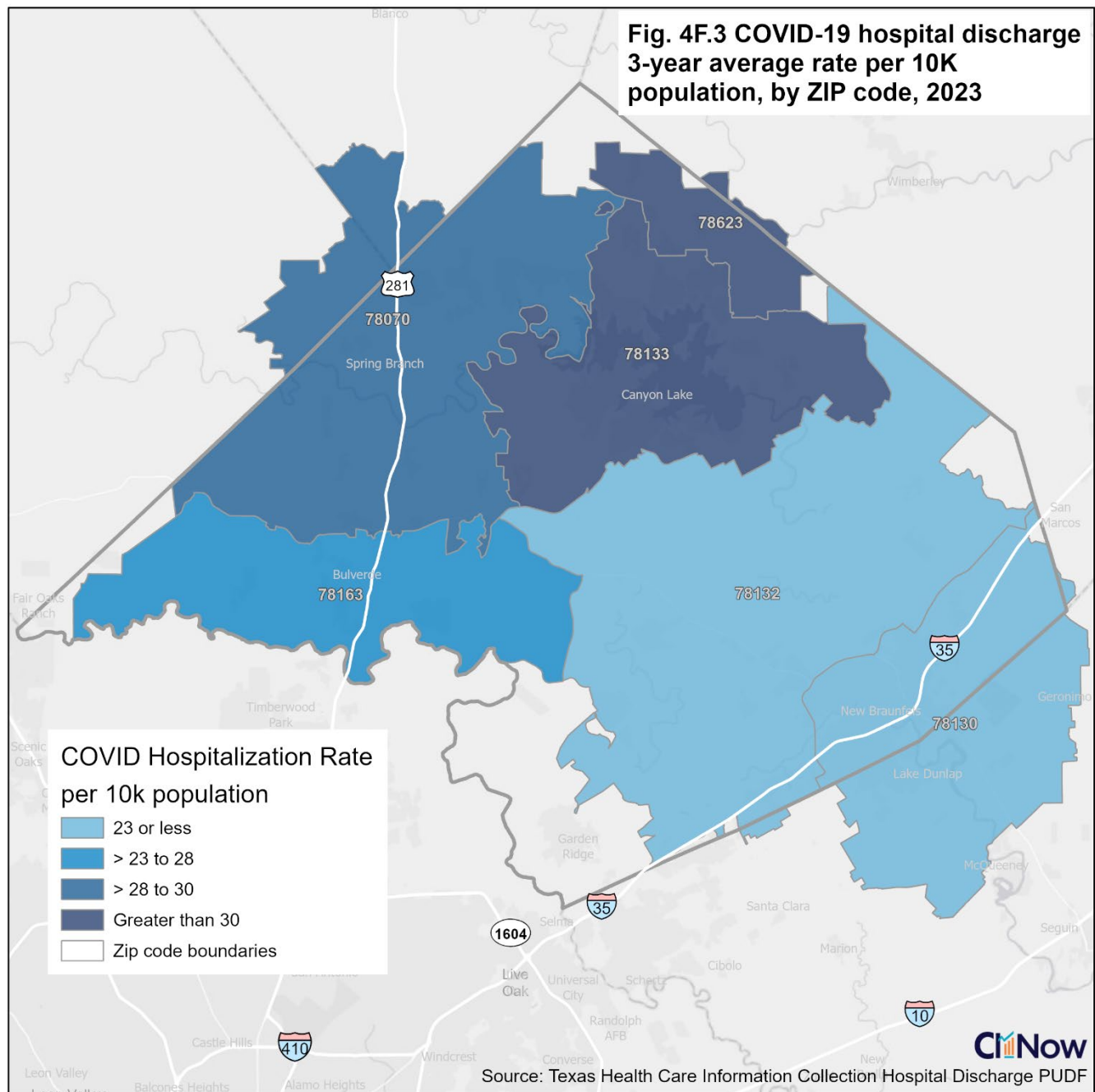
Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow for The Health Collaborative

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

Bexar County, Texas



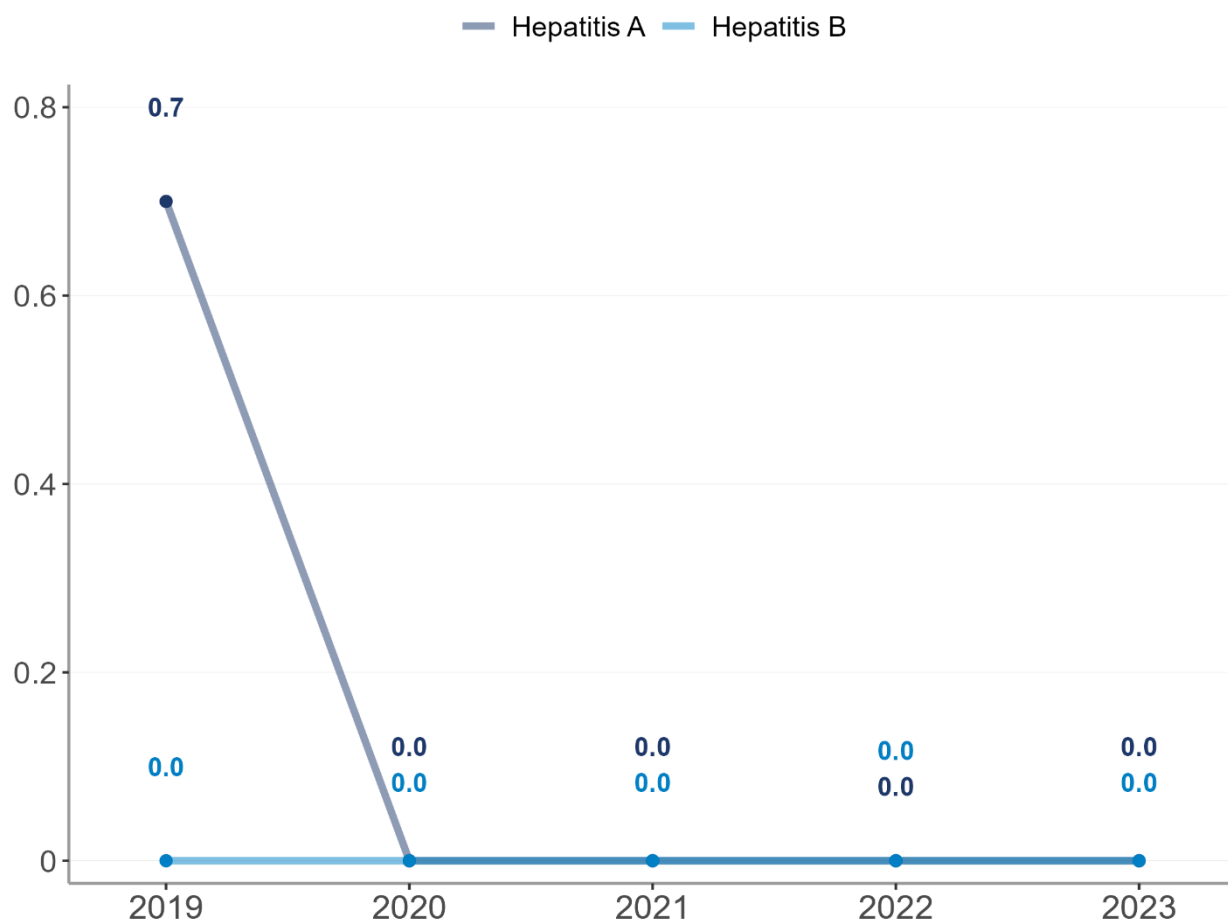
Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow for The Health Collaborative



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.^{36,37} **Figure 4F.4** shows incidence rates – number of new cases diagnosed per year – for acute hepatitis A and acute hepatitis B per 100,000 Comal 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
Comal County, Texas



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

Measles, Mumps, Whooping Cough, and Chickenpox

Chickenpox (varicella), measles, 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. Recent Comal County health needs assessments have not included a measles indicator at all because cases were so rare in Texas. That changed when an unvaccinated child from Gaines County in west Texas died of measles in January 2025. As of this writing in July 2025, a total of 762 cases have been confirmed in Texas. So far, no cases have been identified in Comal County in 2025. One case in neighboring Bexar County was identified in mid-June as linked to the west Texas outbreak.³⁸

2025 Texas Measles Outbreak

08/12/2025

All data provisional and subject to change

Figure 1

Home County	Confirmed	% of Total
Andrews	3	0.4%
Atascosa	1	0.1%
Bailey	2	0.3%
Bexar	1	0.1%
Borden	1	0.1%
Brewster	1	0.1%
Brown	1	0.1%
Carson	1	0.1%
Cochran	14	1.8%
Collin	1	0.1%
Dallam	7	0.9%
Dawson	26	3.4%
Eastland	2	0.3%
Ector	12	1.6%
El Paso	59	7.7%
Erath	1	0.1%
Fannin	4	0.5%
Gaines	414	54.3%
Garza	2	0.3%
Hale	5	0.7%
Hardeman	1	0.1%
Hockley	7	0.9%
Lamar	28	3.7%
Lamb	1	0.1%
Lubbock	52	6.8%
Lynn	2	0.3%
Martin	3	0.4%
McLennan	9	1.2%
Midland	6	0.8%
Parmer	5	0.7%
Potter	1	0.1%
Randall	1	0.1%
Reeves	2	0.3%
Rockwall	1	0.1%
Terry	60	7.9%
Upshur	5	0.7%
Yoakum	20	2.6%
Total	762	100.0%

Figure 2

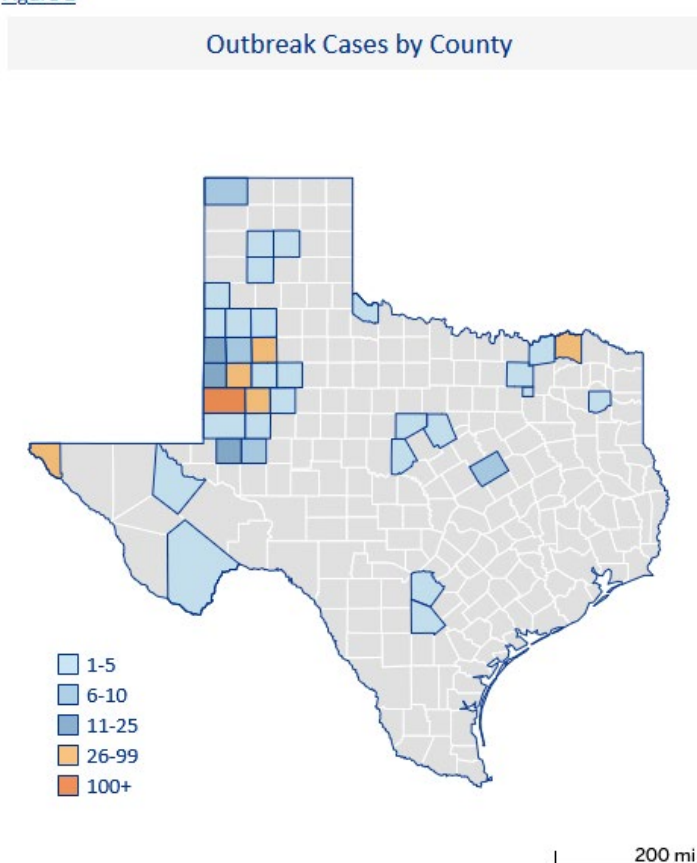


Figure 3

Age Group	Confirmed
0-4 Yrs	225
5-17 Yrs	286
18+ Yrs	247
Pending	4

Figure 4

Vaccination Status	Confirmed
Unknown/Unvaccinated*	718
Vaccinated: 1 dose	23
Vaccinated: 2+ doses	21

*The unvaccinated/unknown category includes people with no documented doses of measles vaccine more than 14 days before symptom onset.

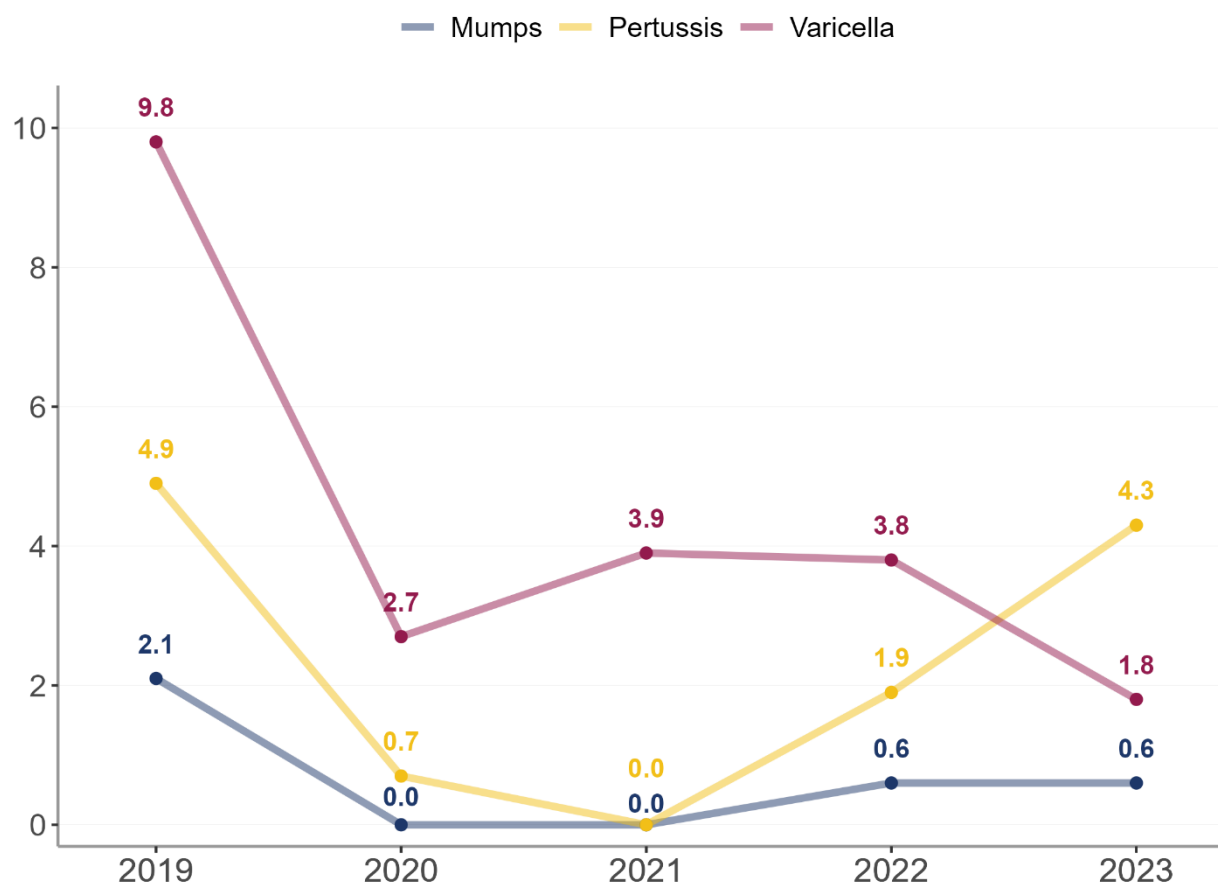
Source: Image of Texas Department of State Health Services 2025 Texas Measles Outbreak dashboard 8/12/25³⁹

Pertussis, or whooping cough, rates dropped dramatically from 4.9 per 100,000 in 2019 to 0.7 in 2020, reaching zero in 2021. The dramatic decrease in incidence in 2020 was almost certainly due to the onset of COVID-19 and the closure of in-person school, day care, and other settings where respiratory illnesses can spread easily. Infants under the age of one are at the greatest risk of getting whooping cough and having severe complications from it.⁴⁰ The rates then rebounded more quickly than they declined, rising to 1.9 in 2022 and returning to near pre-pandemic levels in 2023 (4.3).

Throughout the five-year period from 2019 to 2023, varicella (chickenpox) and mumps incidence rates per 100,000 saw an overall decline (Fig. F4.5), but whooping cough (pertussis) is a continuing problem. Chickenpox started at a much higher rate in 2019 (9.8 per 100,000) compared to whooping cough (4.9) or mumps (2.1). All three rates dropped sharply in 2020, almost certainly due in whole or in part to COVID-19 mitigation measures, such as remote school and temporary child care closures, that reduced in-person interaction. Varicella rates rebounded somewhat in 2021 (3.9) before dropping again in 2023 (1.8). Mumps held steady at zero from 2020 to 2021, then increased slightly to 0.6 in both 2022 and 2023. Whooping cough, on the other hand, rebounded to 4.3 cases per 100,000, nearly the 2019 level.

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

Comal County, Texas



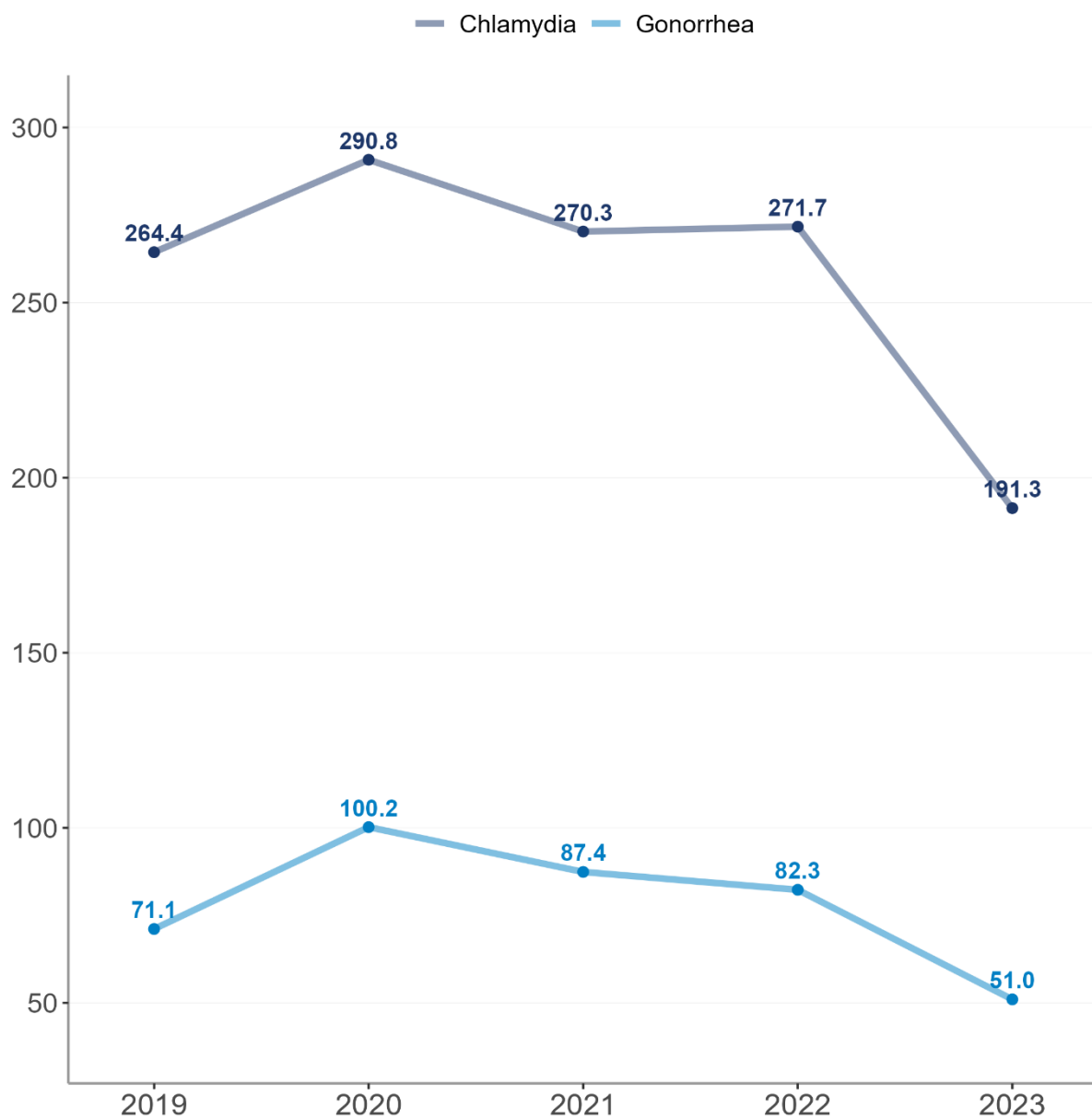
Source: Texas Department of State Health Services
Prepared by CINow for The Health Collaborative

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.⁴¹ Throughout the five-year period from 2019 to 2023, incidence rates per 100,000 Comal County residents followed a similar pattern for both infections, with chlamydia cases consistently outnumbering gonorrhea cases (**Fig. 4F.6**). Both rates jumped in 2020 before decreasing through 2023, both reaching levels about 28% lower than 2019 figures. The most recent figures show 191.3 new cases per 100,000 of chlamydia and 51.0 per 100,000 of gonorrhea.

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

Comal County, Texas



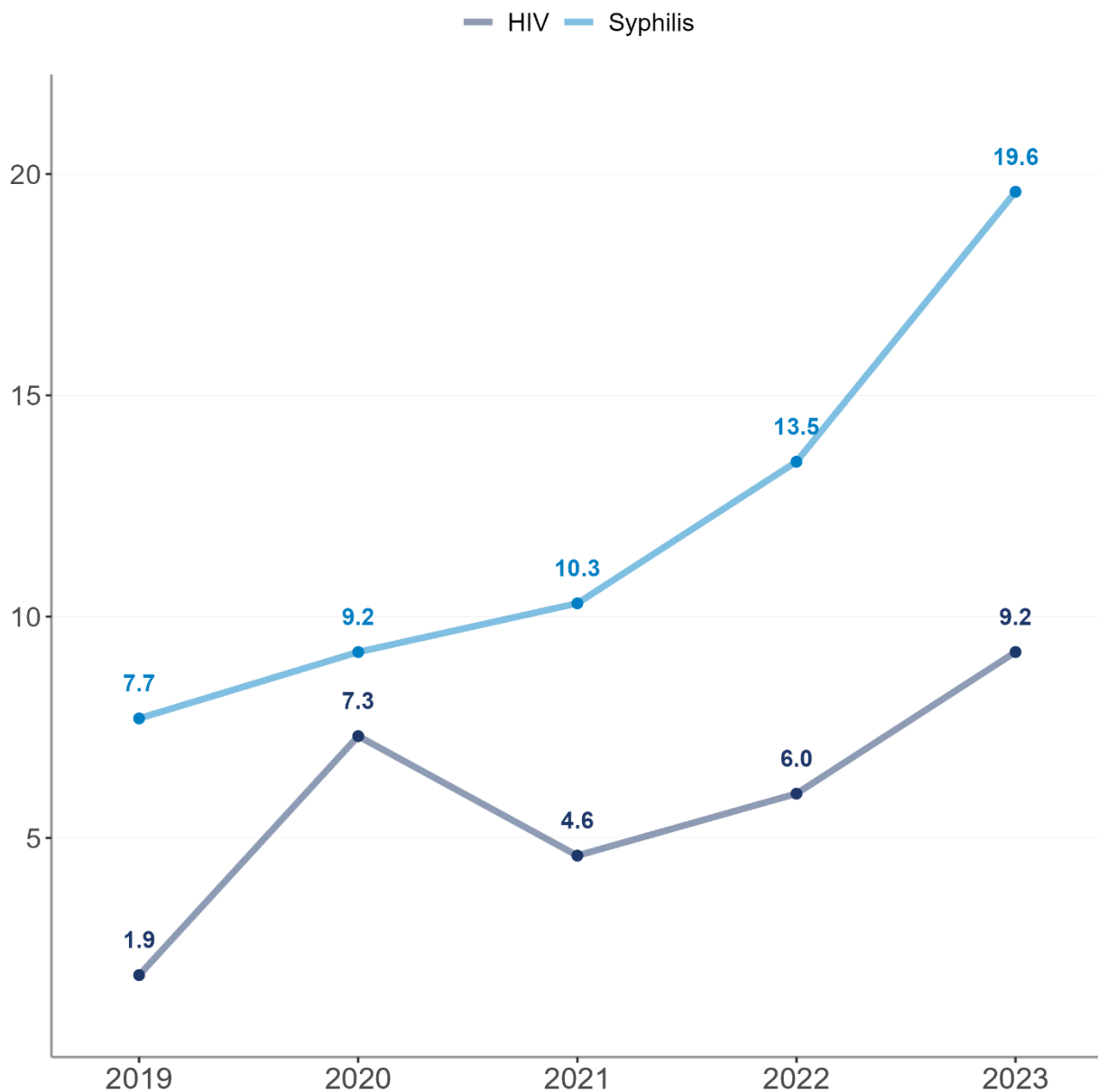
Source: Texas Department of State Health Services
Prepared by CINow for The Health Collaborative

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.⁴² From 2019 to 2023, incidence rates per 100,000 Comal County residents showed a similar overall upward trend for both infections, with syphilis increasing by more than 2.5 times and HIV by nearly five times (**Fig. 4F.7**). HIV incidence saw a sharp spike in 2020, but low numbers can create “bounce” in rates that exaggerates the true year-to-year change.

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

Comal 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 locally⁴³. 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.

Cancer

Figure 4G.1 shows incidence rates per 100,000 Comal County residents for the most common invasive cancers, listed by cancer site, from 2017 to 2021. Although margins of error are not shown, several statistically significant patterns can be observed.

- Breast cancer (in females) was the most common among these four cancer sites, with an incidence rate of 131.3 per 100,000 female residents in 2021. Despite some minor fluctuations, the rates remained relatively stable across the five-year period except for a decrease in 2020. The five-year high incidence in 2021 means that the 2020 low was due to COVID-19-related delays in diagnosis, not an actual decrease in breast cancer.
- Prostate cancer (in males) was the second most common and showed a notable 21% increase from 2017 to 2019, then falling 38% between 2019 and 2021. As with breast cancer, it can be expected that the decline in 2020 and 2021 is a function of delayed detection because of COVID-19.
- Among the cancer sites, the colon and rectum and the lung and bronchus showed the lowest incidence, and both rates fluctuated over the five-year period. Although the 2020 and 2021 incidence for both is lower than in 2017, the COVID-19 effect was quite different for lung and bronchus cancer, with incidence rising substantially in 2020. In this case, people with respiratory symptoms were *more* likely to seek medical care in 2020 than in prior years, resulting in a higher rate of detection of lung and bronchus cancer.

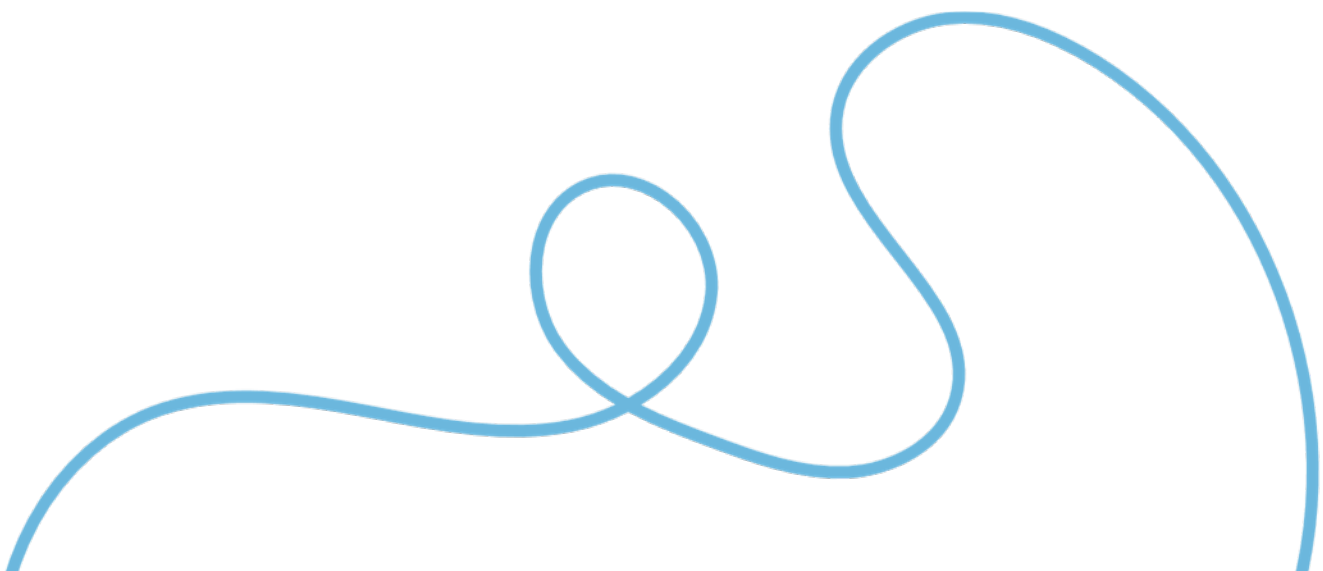
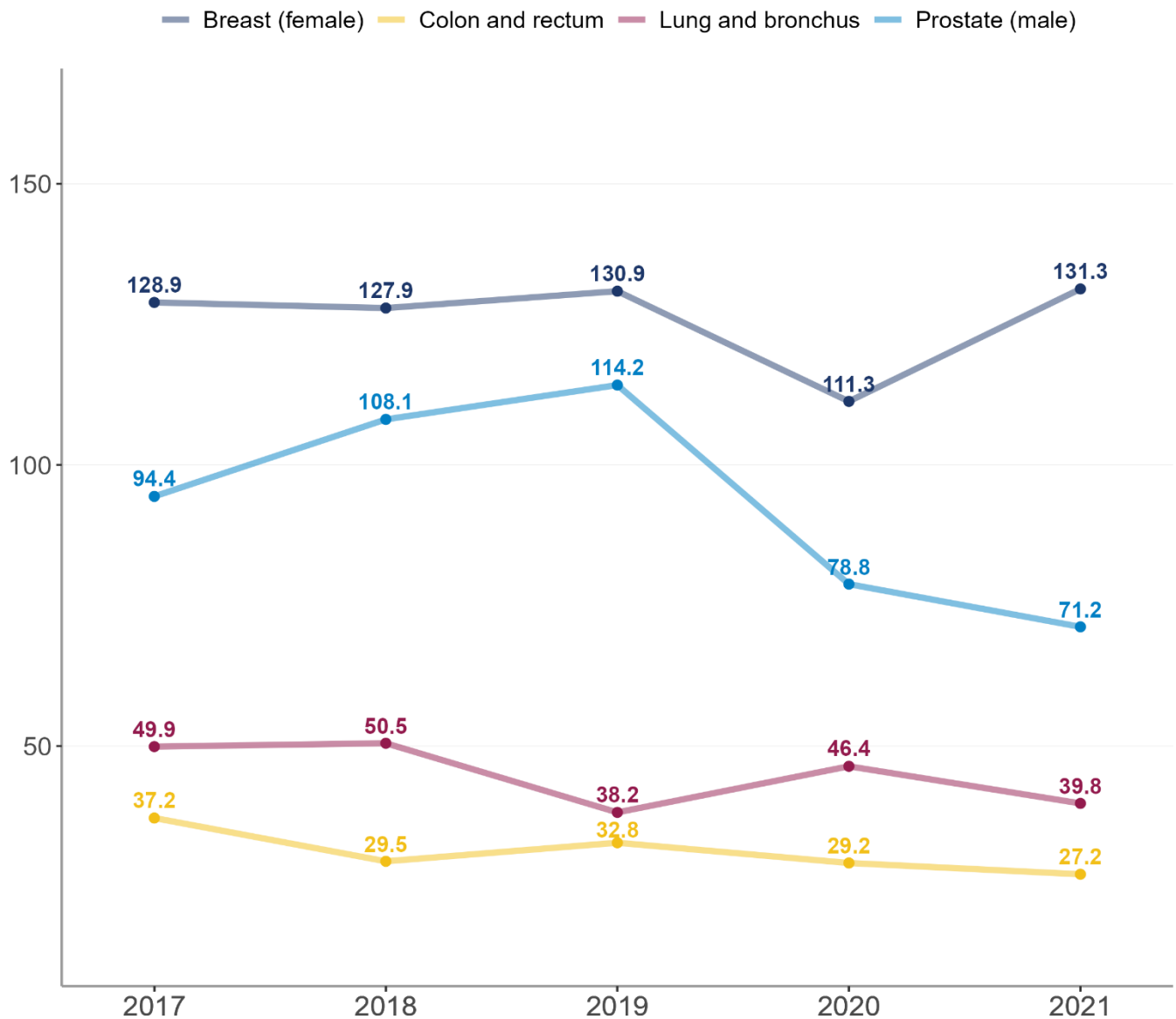


Fig. 4G.1 Age-adjusted invasive cancer incidence rate per 100K population, by cancer site

Comal County, Texas



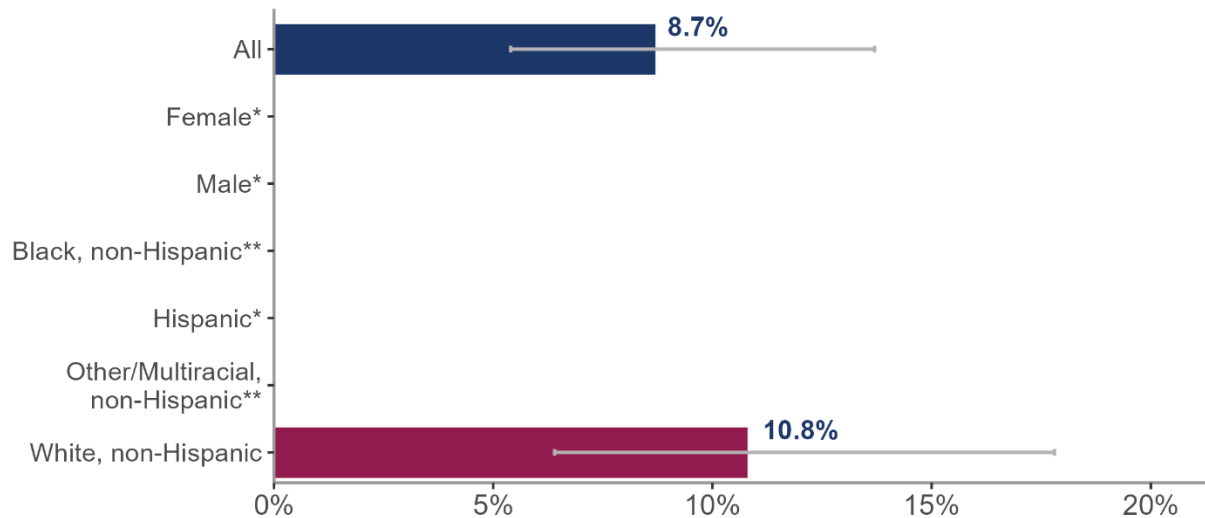
Source: Texas Cancer Registry
Prepared by CINow for The Health Collaborative

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.⁴⁴ Overall, only about one in 11 (9%) Comal County respondents reported being diagnosed with heart disease (**Fig. 4G.2**). Though the data is broken down by sex and race/ethnicity, the only figure available is for white, non-Hispanic residents. While this estimate is higher than the countywide average, the difference is uncertain due to the wide margin of error.

Fig. 4G.2 Percent of adults ever told by a healthcare provider that they have heart disease, by sex and race/ethnicity, 2017-2023

Comal County, Texas



*Unreliable: Error is too large relative to estimate.

**Suppressed by data source.

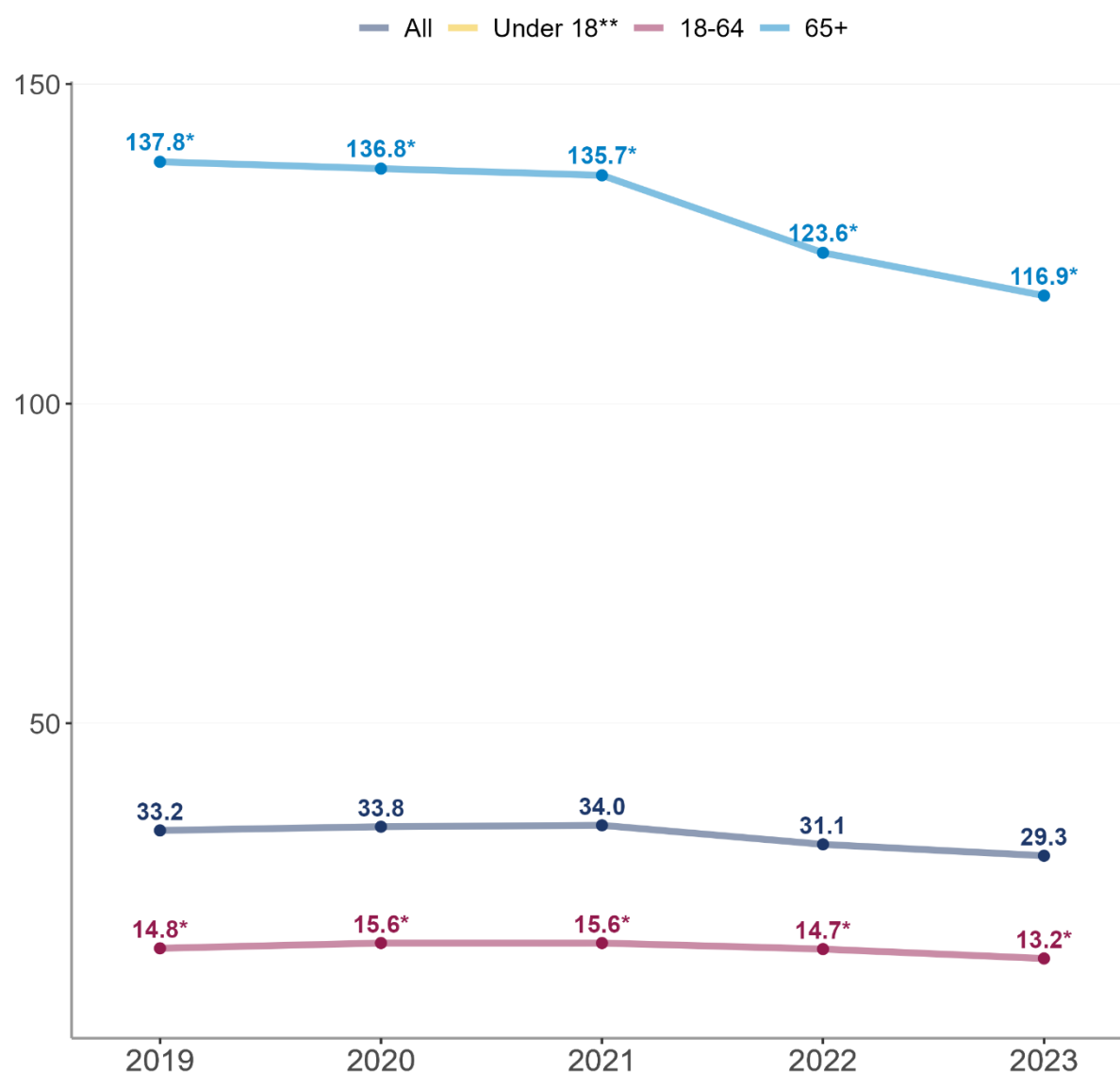
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

Hypertension

Hypertension hospital discharge rates, shown as three-year averages per 10,000 Comal County residents, remained relatively stable from 2017-19 to 2021-23, with a slight increase through 2019-21 (from 33.2 per 10,000 to 34) before decreasing to 29.3 in 2021-23 (**Fig. 4G.3**). Rates are available by age (**Fig. 4G.3**) and for all race/ethnicity groups except Asian or Pacific Islander (**Fig. 4G.4**), but all of the figures are considered unreliable due to low counts, indicated here by an asterisk. As noted earlier in the report, low numbers can also create “bounce” in rates that exaggerate the true year-to-year change, which is likely the case here for the “some other” and Black or African American race/ethnicity groups.

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

Comal County, Texas



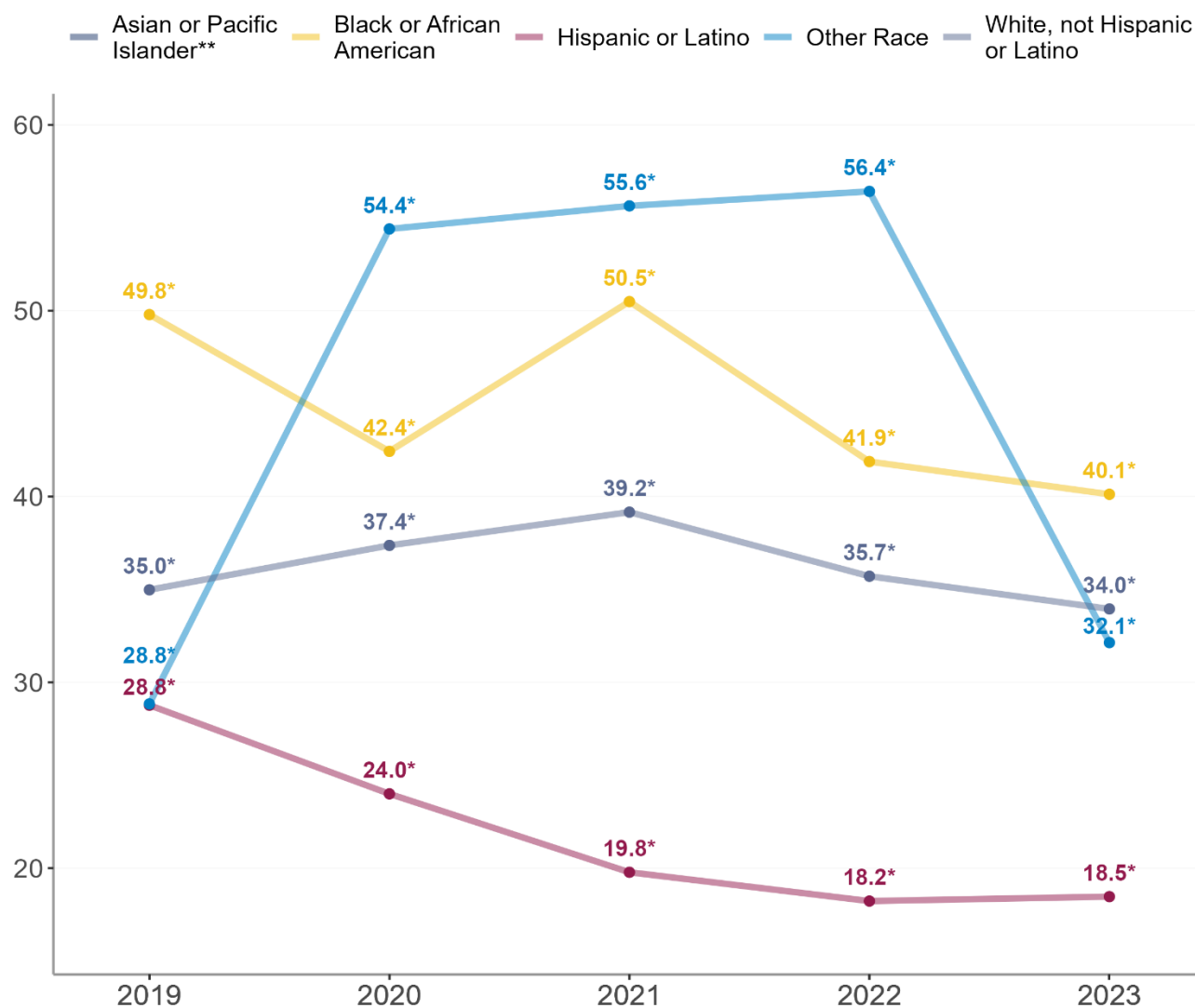
*Unreliable: Error is too large relative to estimate.

**Suppressed by data source.

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

Comal County, Texas



*Unreliable: Error is too large relative to estimate.

**Suppressed by data source.

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

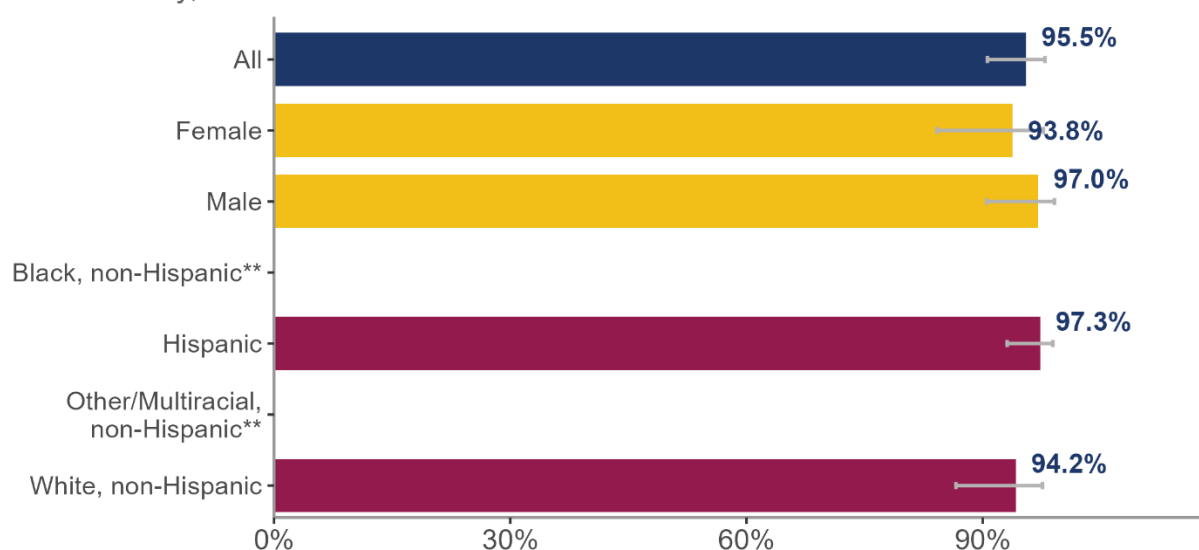
Cerebrovascular Disease

The BRFSS survey asks respondents if a doctor, nurse, or other health professional never told them they had a stroke.⁴⁵ Overall, about 96% of Comal County respondents reported ever having been told they had a stroke (**Fig. 4G.5**), indicating that at least 4% have.

Cerebrovascular disease, or stroke, hospital discharge rates, shown as three-year averages per 10,000 Comal County's residents, remained relatively stable, with a gradually declined from 35.2 per 10,000 in 2017-19 to 29.5 in 2021-23 (**Fig. 4G.6**). Rates are available by age (**Fig. 4G.6**) and for all race/ethnicity groups except Asian (**Fig. 4G.7**), but low counts mean all of the rates are considered unreliable. Unreliable rates are indicated here by an asterisk.

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

Comal County, Texas



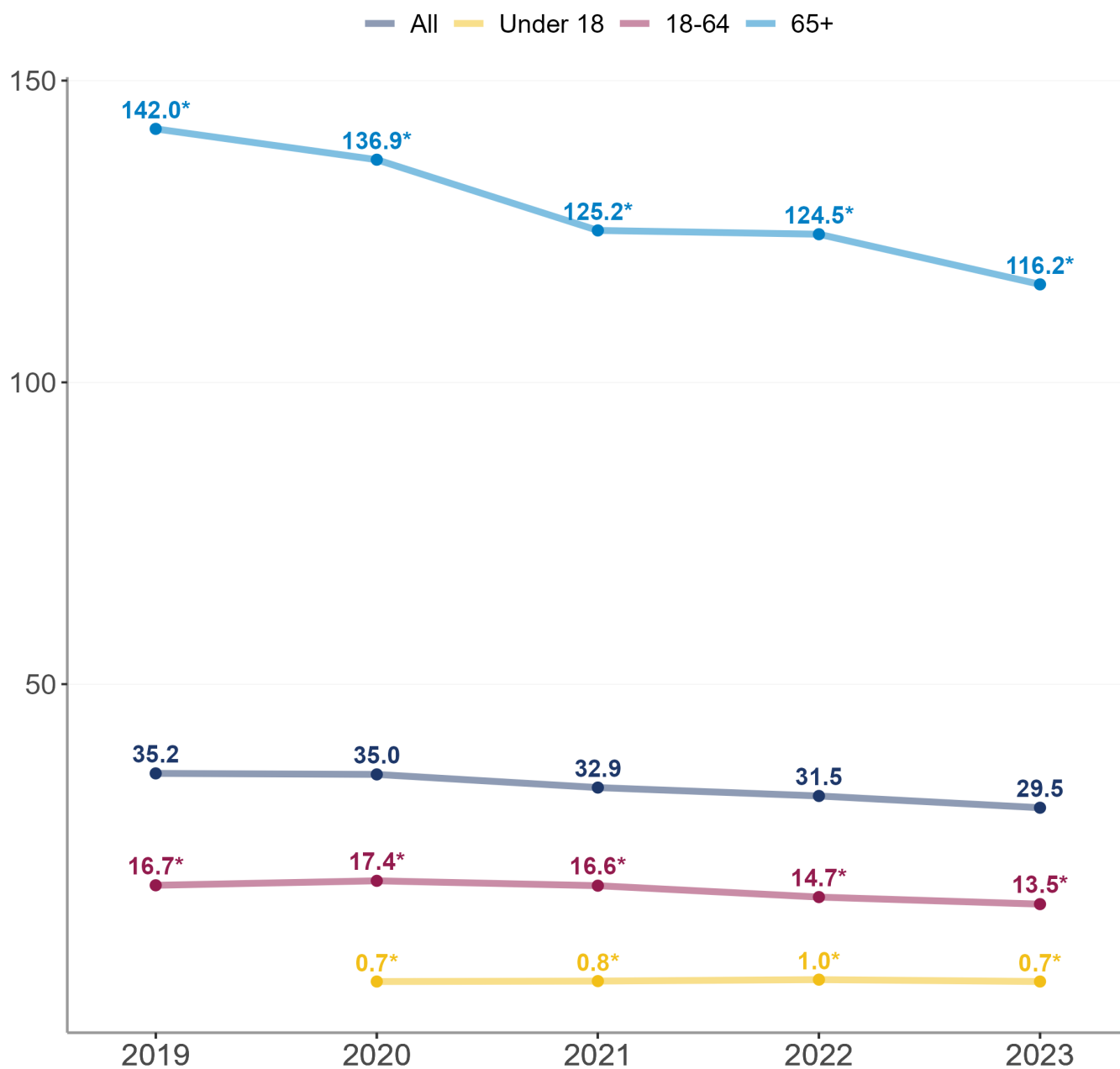
**Suppressed by data source.

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

Comal County, Texas



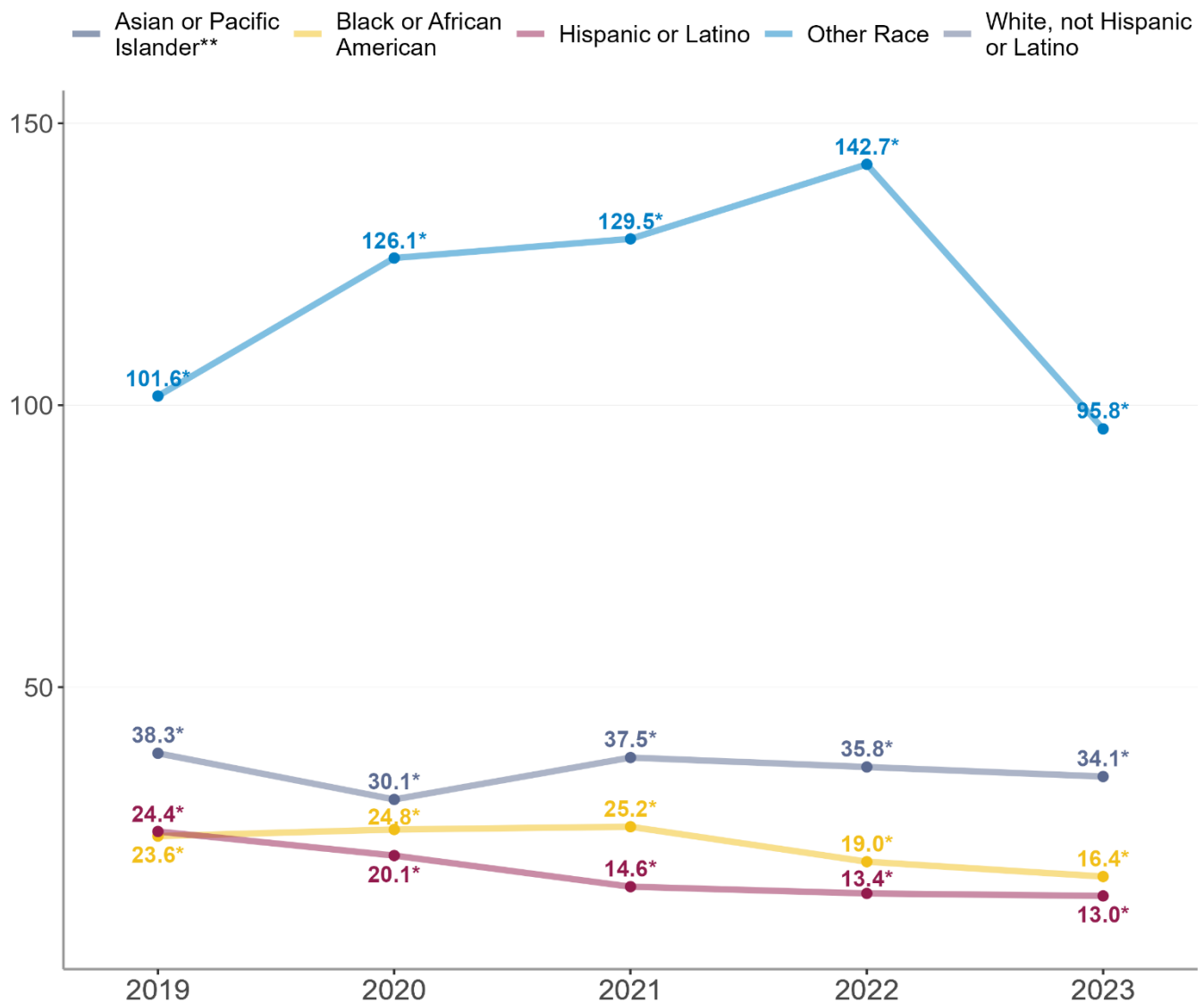
Some values are suppressed due to low counts.

*Unreliable: Error is too large relative to estimate.

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

Comal County, Texas



*Unreliable: Error is too large relative to estimate.

**Suppressed by data source.

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

Other Long-Term Health Conditions

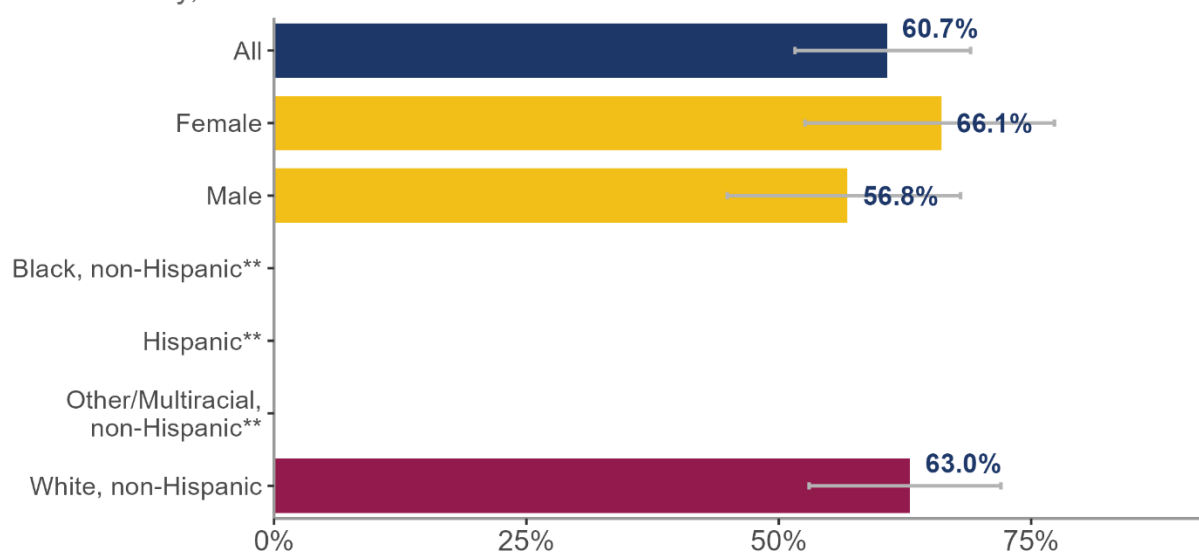
Many individuals live with other long-term health conditions that require consistent management and care. Conditions like oral disease, asthma, and diabetes affect quality of life and place an ongoing demand on healthcare systems, ultimately affecting the community's overall health and well-being. Monitoring 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.

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 61% of Comal County respondents reported not having had any teeth removed due to decay or disease (**Fig. 4H.1**).

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

Comal County, Texas



**Suppressed by data source.

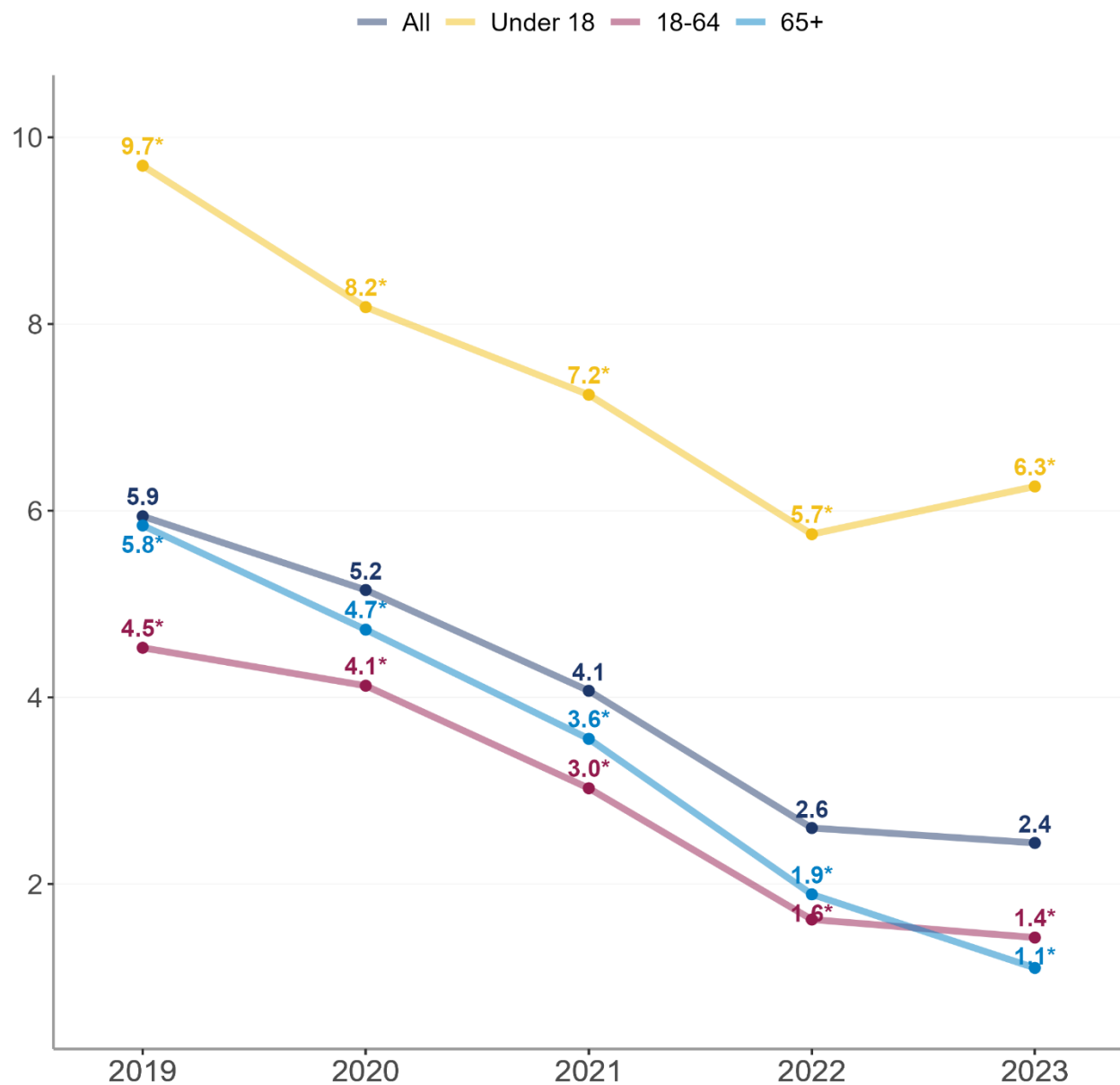
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow for The Health Collaborative

Asthma

The countywide rate for asthma hospital discharges, shown as three-year averages per 10,000 Comal County residents, declined by almost 60% from 5.9 in 2017-19 to 2.4 in 2021-23 (**Fig. 4H.2**), and it is unclear why. Rates are available by age (**Fig. 4H.2**) and for all race/ethnicity groups except Asian or Pacific Islander (**Fig. 4H.3**), but all of the rates are considered unreliable.

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

Comal County, Texas

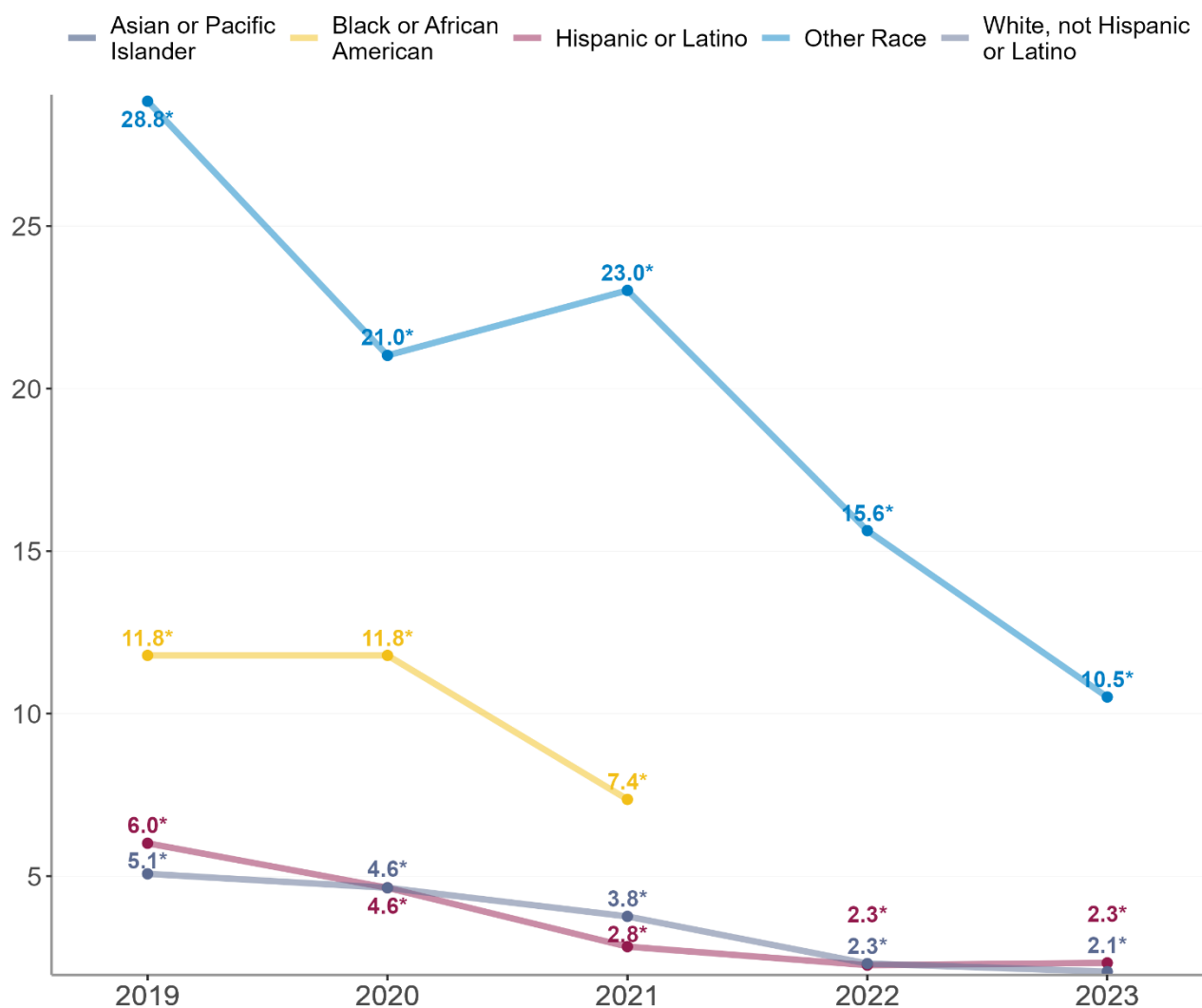


*Unreliable: Error is too large relative to estimate.

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

Comal County, Texas



Some values are suppressed due to low counts.

*Unreliable: Error is too large relative to estimate.

Source: Texas Health Care Information Collection Hospital Discharge PUDF

Prepared by CINow for The Health Collaborative

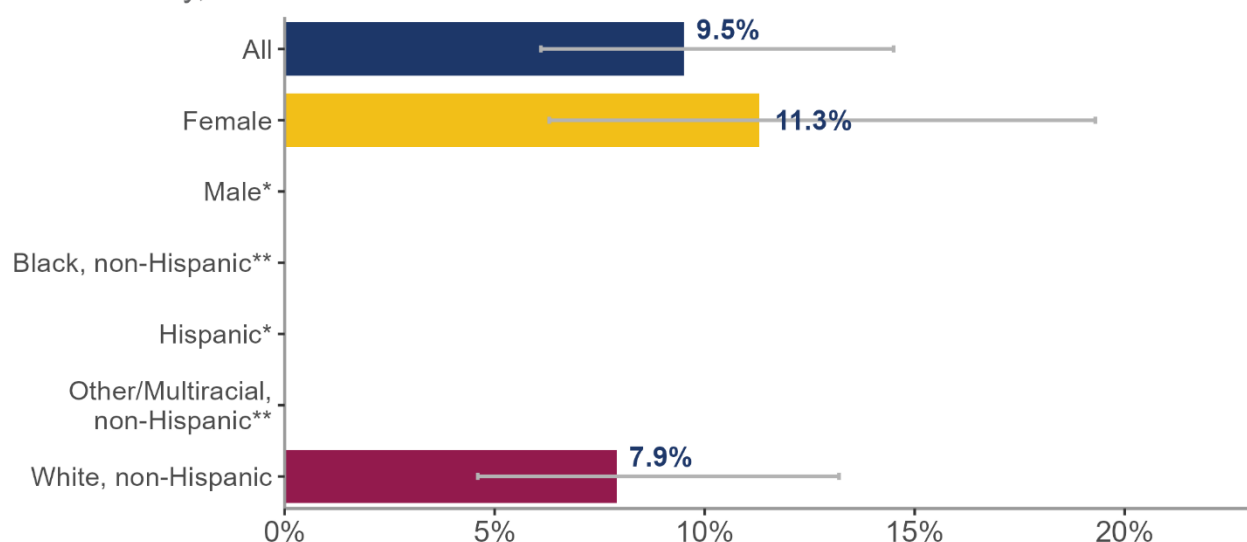
Diabetes

The BRFSS survey asks respondents if a doctor, nurse, or other health professional ever told them they have diabetes.⁴⁶ Overall, almost one in ten (10%) Comal County respondents reported being diagnosed with diabetes (Fig. 4H.4).

The countywide rate for diabetes hospital discharges, shown as three-year averages per 10,000 Comal County residents, declined by almost 20% from 20.7 in 2017-19 to 16.5 in 2021-23 (Fig. 4H.5). As with earlier chronic conditions, rates are available by age (Fig. 4H.5) and by race/ethnicity (Fig. 4H.6), but all of the rates are considered unreliable.

Fig. 4H.4 Percent of adults ever told by a healthcare provider that they have diabetes, by sex and race/ethnicity, 2017-2023

Comal County, Texas



*Unreliable: Error is too large relative to estimate.

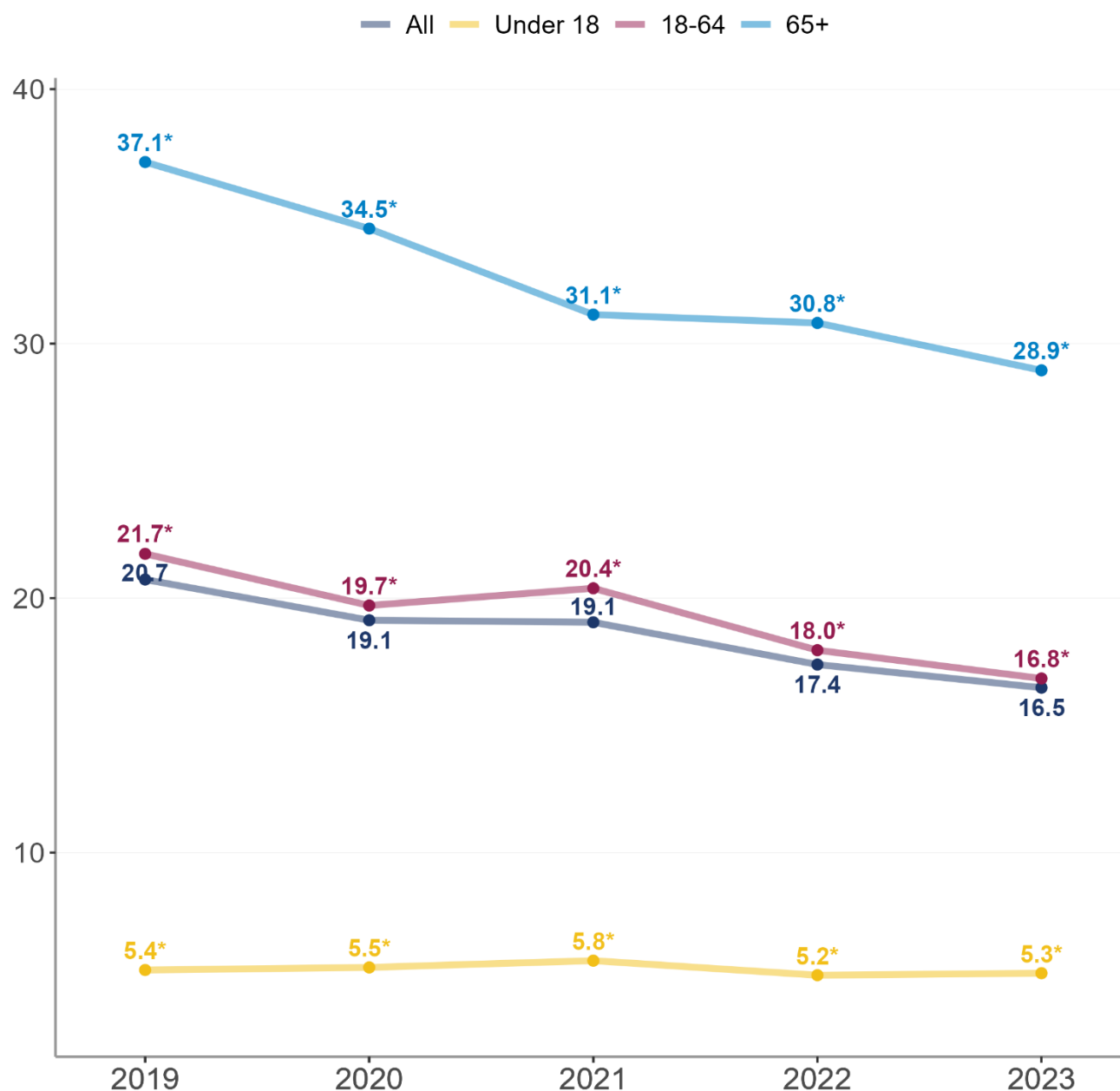
**Suppressed by data source.

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Prepared by CINow for The Health Collaborative

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

Comal County, Texas

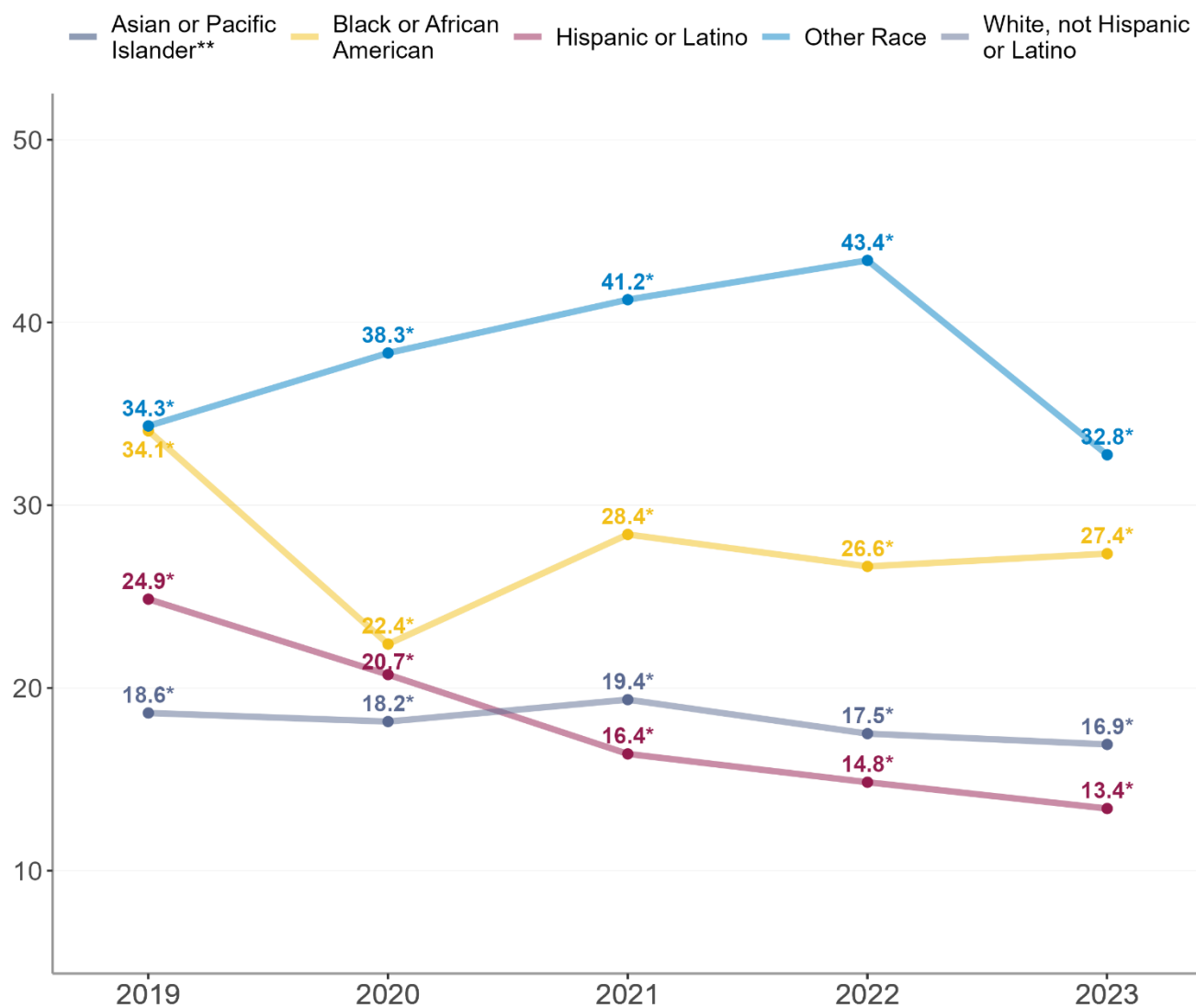


*Unreliable: Error is too large relative to estimate.

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

Comal County, Texas



*Unreliable: Error is too large relative to estimate.

**Suppressed by data source.

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

Leading Causes of Death

The following two charts 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. Unfortunately, the leading cause of death rates for both female and male Hispanic residents are all considered unreliable due to low counts (**Fig. 4I.1** and **4I.2**).

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.



Cancer of the lung, trachea, or bronchus was the leading cause of death for both white non-Hispanic females (**Fig. 4I.3**) and males (**Fig. 4I.4**). Though the rates appear higher for males (58.3 per 100,000) than for females (51.0), confidence intervals make it difficult to determine whether there is a true difference. For both white females and males, the second most common fatal cancers were sex-specific (both at similar rates): breast cancer for women (33.1) and prostate cancer for men (33). Among white males, the third most common cause of death was cancer of lymphoid, hematopoietic, and related tissue (33 per 100,000), which matched the rate for prostate cancer in this group. This was also significantly higher than the third most common fatal cancer among white females, pancreatic cancer (17.5).



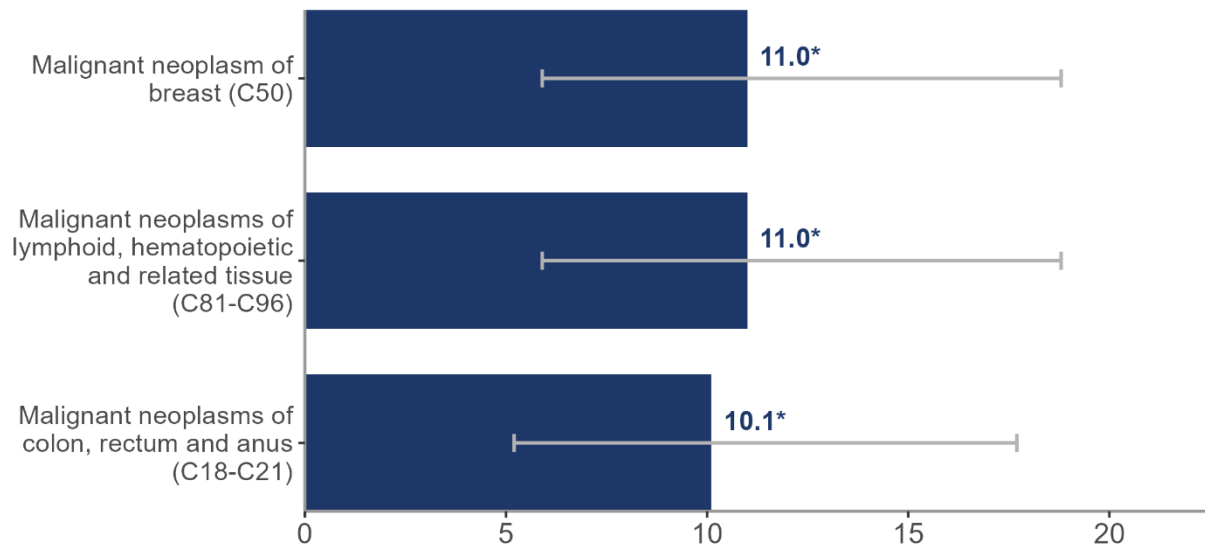
Even as the community faces serious health challenges, residents consistently described a strong culture of philanthropy, highlighting opportunities for action and illustrating how they face problems with resilience and collaboration.

“I have volunteered a lot since I lived here, I mean in many different venues and locations and everything... you can ask your church if they need volunteers. The Food Bank needs volunteers. The Visitor center here in New Braunfels needs volunteers. Some of the different churches have thrift stores and stuff, you can volunteer there as well. There's just so many different [ways to help]. You can give 2 or 3 hours of your time to volunteer.”

— Comal County Focus Group Participant

Fig. 4I.1 Death rate per 100K female Hispanic population, by top 3 leading causes of death, 2017-2022

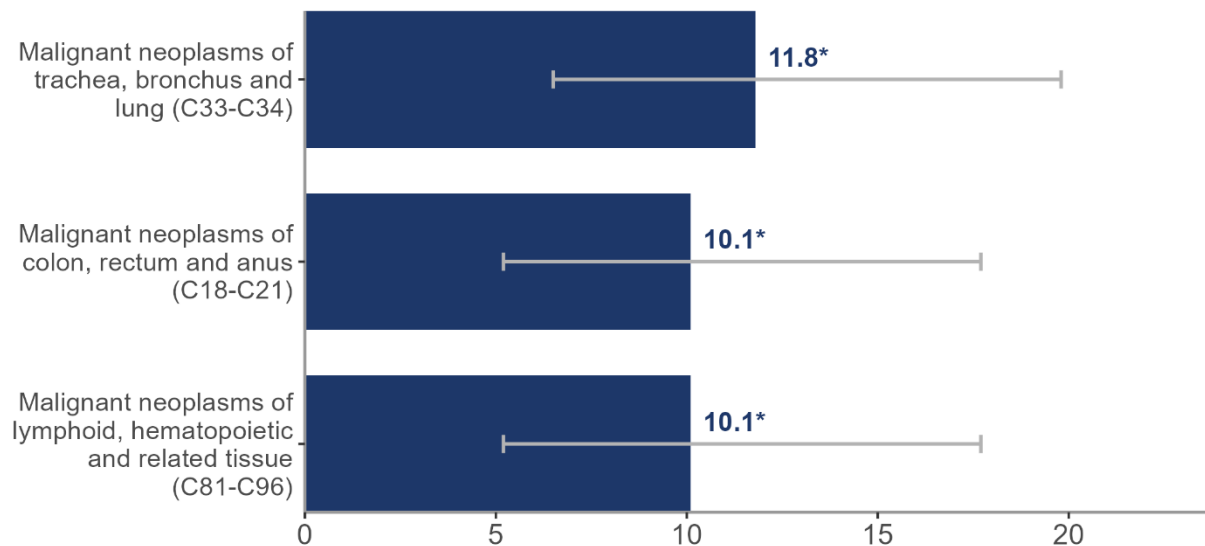
Comal County, Texas



*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 population, by top 3 leading causes of death, 2017-2022

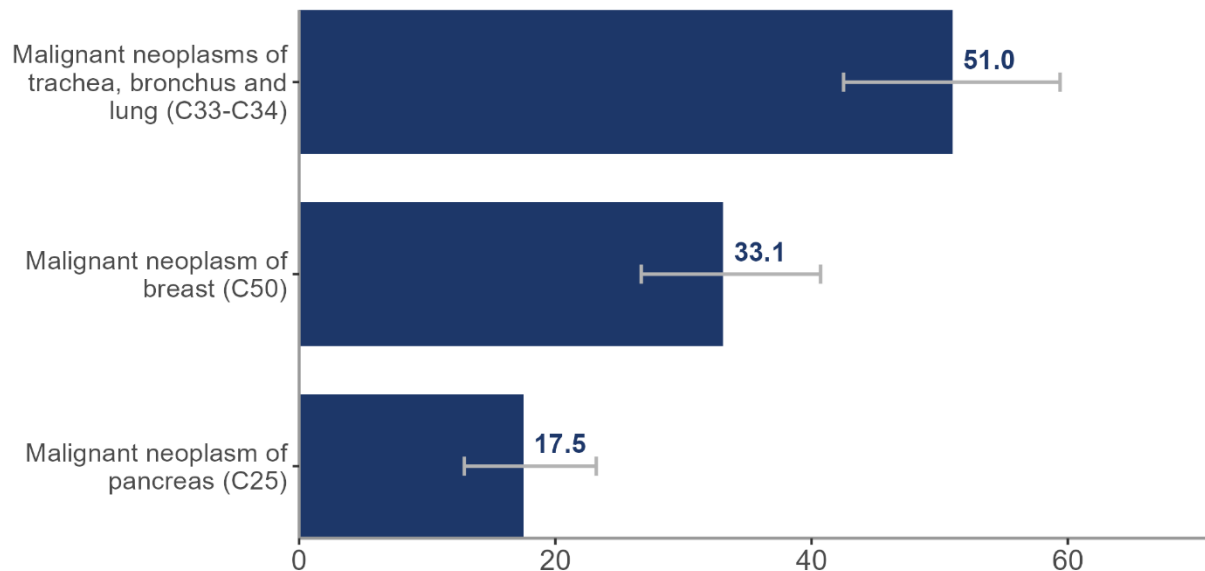
Comal County, Texas



*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 population, by top 3 leading causes of death, 2017-2022

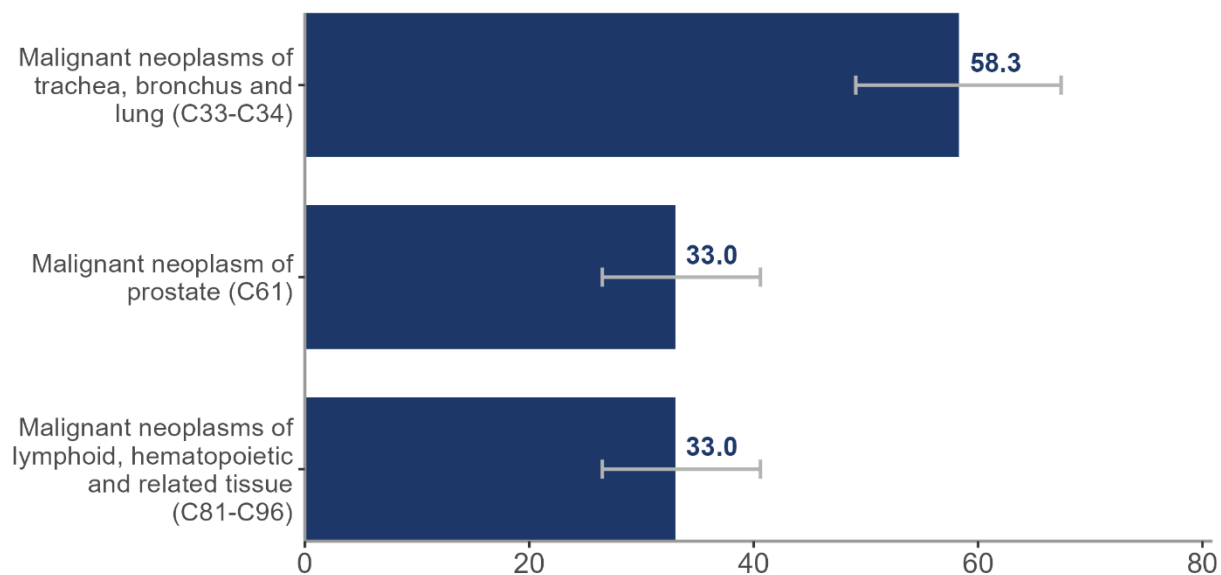
Comal County, Texas



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

Fig. 4I.4 Death rate per 100K male white population, by top 3 leading causes of death, 2017-2022

Comal County, Texas



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

In Summary

The 2025 Comal 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 Comal County organizations, including the McKenna Foundation and the United Way of Comal County – along with any additional grassroots, business, faith, or government leaders they chose – were also invited to identify the 10 or so issues they felt were relatively higher-priority for Comal 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**.) Seven 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

- Vulnerable populations and communities: disabled, youth, elderly, veterans, people with substance abuse difficulties, unhoused people
- Residents love the “small town feel” and lean into community support during times of need. There’s a culture of religion, philanthropy, and volunteerism, which many consider to be a huge resource to the county

Key Informant Interviewees

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

Prioritization Respondents

- Disparities and inequities among population groups or areas of the county
- Local communication and coordination



What We Need for Health

Focus Group Participants

- Doctor/provider shortages and long waits to get an appointment
- Health insurance and medical costs
- Access to affordable, healthy food
- Help dealing with extreme heat and cold (utility assistance, electric fans, drought assistance, etc.)
- City services to keep up with population growth (transportation, dealing with water shortages, and getting higher-quality housing)
- Mental health services, including behavioral health and care for autism spectrum disorder

Community Survey Respondents

- Healthy fresh foods / access to healthy food items
- Access to overall healthcare; quality medical care; more appointments available, or available sooner
- Feeling and being safe while driving (few traffic accidents, safe drivers, good roadway design, etc.)
- Safe spaces to exercise and be physically active; outdoor green spaces like parks and public land
- Clean air and water
- Extreme temperatures
- Housing and homelessness

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

- Food security
- Health care provider availability
- Health insurance and affordable cost of care
- Stable and quality housing
- Residential mobility and in-migration
- Social and helping connections with others

How We're Taking Care of Ourselves

Focus Group Participants

- Need more health literacy and education about preventive care

Community Survey Respondents

- Exercise and physical activity
- Healthy eating

Prioritization Respondents

- | | | |
|-----------------------|---------------------|--|
| • Routine dental care | • Healthy weight | • Routine checkups / wellness visits |
| • No opioid use | • Physical activity | • Diabetic primary care (e.g., routine visits) |

How We're Faring

Community Survey Respondents

- Obesity
- Chronic pain
- Heart disease
- Arthritis
- Diabetes
- Alzheimer's and dementia
- Mental health
- Smoking and vaping
- Motor vehicle crash injuries
- Social isolation/loneliness

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

Conclusion

The reader of this community health needs assessment will draw their own conclusions about what most stands out in the wealth of Comal 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.

The strain of high in-migration on natural resources and infrastructure has become an emergency. About one in 10 Comal County residents has moved to the county from elsewhere in Texas or the United States in the past year. While these new residents contribute to a strong economy, infrastructure has not grown at the same rate. As is the case everywhere in Texas, it is an open question whether we have enough water for our booming population and commercial enterprises.

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. Summary of Themes

Introduction

The 2025 Community Health Needs Assessment (CHNA) is a mixed-methods overview of health-related indicators in Comal County, sponsored by The Health Collaborative with data collected, analyzed, and summarized by Community Information Now (CINow). To complement the quantitative measures, CINow collected qualitative data to offer a broader perspective on health and well-being in Comal County. The qualitative summary consists of a thematic analysis of two focus groups (with a total of 13 participants) and six key informant interviews with community leaders who serve Comal and other counties. The full qualitative narrative is divided into two main parts: 1) What is the Community Saying?: Focus Groups and Results, and 2) What are Community Leaders Saying?: Key Informant Interview Results. 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. Themes for both are outlined in the Conclusion.

CINow held two focus groups in Comal County at the Westside Community 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 participants were compensated by The Health Collaborative for their participation. Zoom was used to transcribe all the focus groups for thematic analysis. There was a total of 13 participants across two focus groups (with seven in the first and six in the second), and the focus group guide is in Appendix C at <https://cinow.info/wp-content/uploads/2025/08/2025-Comal-CHNA-Appendix-C.zip>.

What is the Community Saying?: Focus Groups Results

Disenfranchised Communities and Vulnerable Populations

Woven throughout all of the other themes that emerged during the focus groups 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, healthy living, COVID-19, mental health, or almost any other topic, they also discussed how all of these are exacerbated for disenfranchised, excluded, or “forgotten about” populations. This included youth, disabled people, the elderly, veterans, people with substance use problems, and unhoused populations.

Barriers to Healthcare

Doctor and Healthcare Provider Shortages

The most prevalent healthcare barriers discussed revolved around Comal County having a shortage of doctors, specialists, and healthcare providers in general. This leads to long waits to see doctors, residents having to drive to Houston, San Antonio, or Austin to have more immediate care, and having to pay out-of-pocket for urgent needs. While many communities are facing healthcare provider shortages, it can be particularly difficult for more rural communities, which already have less healthcare access than major metropolitan areas. They noted how this is especially a problem that affects seniors and youth.

Having to drive to Houston because of the doctor shortages in Comal County

“We have a serious, serious issue right now with the doctors in the community - There's not enough. And they basically don't really want to treat too many of the senior people or the young people... Everybody's got the same complaint. There's not enough doctors. They don't want to address any of our issues. You go in for a checkup, “You look great, see you next year, that'll be \$129 with your Medicare”, or whatever, and we ended up putting all of our doctors here. When we moved from Houston 6 years ago, we quit all of our doctors. We drive back to Houston now for all of our medical care... I think the problem is, when we moved here, there weren't enough doctors.” – Comal County Focus Group Participant

Health Insurance and Medical Costs

Another common healthcare barrier discussed in the focus groups was people in Comal County having difficulties with their health insurance, including Medicaid, and this leading to increased medical costs. They often felt underinsured and like it was a difficult process to call around and find providers who accepted their insurance. Then, once they found a provider, which was difficult due to the provider shortages, they also had to wait to be seen – either because their insurance would take months to kick in, or because the providers had long wait lists before appointments were available. Either way, this was a major barrier to receiving regular healthcare for Comal County residents. Participants noticed how this particularly affected veterans because many healthcare providers don't take Tricare, which is a common health insurance for those with a military service background.

Doctors not taking health insurance, especially for veterans with Tricare

“Participant 1: But you're having like to negotiate. And why should you have to negotiate if you can get care by a doctor for insurance? It doesn't make sense. You either take it or you don't. You shouldn't have to negotiate, but I have to do that for a lot of my consumers... And then, once you do get in, you're waiting. You're a new patient, you're waiting 3 to 6 months automatically. If you're seeing a specialist, you're waiting for a year, 2 years to see a specialist. So, you're paying for your healthcare for a whole year to not even use it.

Participant 2: I had an appointment. I have Tricare also, and I had an appointment with an endodontist... and I called and made sure they took the insurance, they did. I made an appointment. I went in, and they're like, ‘Oh, well, we take this part of your insurance, but not this part of your insurance.’ I'm like, what do you mean? ‘We take United Concordia, but not Tricare.’ And I'm like, Hey, I'm learning Tricare, because I'm new to being military spouse, so if I stay here, I'm gonna have to pay this much, or if I go somewhere else, which brings me back to square one, to shop around and find somebody, I'll pay maybe \$400 less.

Participant 3: Well, my husband told me to cancel my insurance for my employer because of that situation. So it's a nightmare... So I just imagine how many people give up after going through it don't have the time to figure it out, to be on the phone, to do the research.” – Comal County Focus Group Participants

Barriers to a Healthy Lifestyle

City Infrastructure and Community Resources

Comal County residents discussed many limitations to their city infrastructure which make it difficult to live and maintain a healthy lifestyle. These included bad sewer infrastructure, which leads to unpleasant smells near their homes, water shortages and unclear water, a lack of accessible transportation (especially for disabled people), low-quality housing, and the city infrastructure being unprepared for population growth. While they also discussed a plethora of community resources, such as parks, libraries, the Food Bank, and the community center, they also explained how these do not make up for the aches of population growth that are taking away the “small town feel” of the County.

Transportation and accessibility difficulties for people with disabilities and mobility issues

“This morning I took her to a cardiologist appointment, and she goes, it's right here. And I said, where? She goes right here, Park, right here. I said, wait a minute, where's the ramp? She goes, It's right in front of the building. I said, Okay, well, how are you going to get there? There was no access, and she goes, yeah, it's around the corner way over there... and I thought, that doesn't even make any sense, because it's not in the front... But there was a lot of elderly people in there, and some had walkers. Some had cane... And then I thought it was kind of crazy, because one of

those little buses that brings people and that picks you up for transportation, how's that person gonna get off that bus and get in there? There's no handicaps. There was no handicapped spot spaces. There was no ramp.. I mean, you have to go a great distance, somebody that has mobility issues, there's no way.” – Comal County Focus Group Participant

“They're allowing so many people to move in. You know that water shortage, and it's like, you can't allow all of these people moving in, and they keep going. And all of a sudden they say, Oh, they're running out of water... I just saw a couple of houses, and they're not letting them fill up the swimming pools in the new neighborhood, because there's not enough water. Yet, they're building more neighborhoods. And they're building these horrible neighborhoods... These houses look like they were already falling down, and they weren't even built. It's... poor quality just altogether.” – Comal County Focus Group Participant

Population growth causing water shortage and low quality housing

Safety

Additionally, the lack of city infrastructure and preparation for population growth has also caused safety concerns, with there being more break-ins, theft, and a lack of pedestrian and driver safety.

Population growth causing safety issues and water shortage

“The overall population growth is going to make us unsafe. It's going to be too many buildings. You're going to end up with too many shopping districts. You're going to end up with too much theft. You're going to end up with too many automobiles. Not enough rec space. Yeah, all of it. And water? Yeah right!” – Comal County Focus Group Participant

Spaces

To help with the city infrastructure difficulties, the focus group participants explained how they would appreciate more spaces for families and children that are walkable and make it easy to exercise. They acknowledged that Comal County actually does a relatively good job at having outdoor spaces, but as the population grows, they want to make sure the walkable spaces grow with it.

Need outdoor spaces for exercise

“I think we need more places in the park to stretch, more bars for stretching... something where you can go, and you can stretch and pull up and do Tai Chi out there, or something like that... when there's the expectation for people to come into a building, that can be intimidating. When you have things that are outside and

accessible, and you can literally slip in and slip out, and you feel comfortable doing that, especially at our parks.” – Comal County Focus Group Participant

Extreme or Hazardous Weather

Lastly, for city infrastructure, focus group participants discussed how they would like their County to be more prepared for snow storms in the future. They were particularly worried about vulnerable populations, like unhoused people, and whether their philanthropy and donations of blankets would be enough to keep them safe.

"I think, under the vulnerable populations, homelessness, because in the wintertime, when the weather got real cold, I would gather everybody's jackets... I kept seeing people, and it was cold, and then it gets hot, and then it's like they're always needing things, personal items and stuff. So I just gathered a whole bunch of stuff and took it to the homeless shelter they have here, it made me feel good... and then there's like a lot of people in the like waiting area, and they're like, Oh, my God, God bless you!" – Comal County Focus Group Participant

Unhoused people are vulnerable to extreme heat and cold

"The freeze when we lost electricity and water, not everybody had access to be able to afford to pay for all the damage that it's done. And then all the charges that came to utility bills after the grid was repaired was another slam for everybody when their electricity bills skyrocketed up. And again, some populations might be even more vulnerable to problems like that. I mean, imagine having medical equipment that you can't turn on. Yeah, we're just not prepared for weather like that... And the roads are not accessible when weather like that occurs. So, that makes people lose access to going to jobs, which makes them lose money that they could potentially make if the roads were prepared, and if they were taken care of within a timely manner, too." – Comal County Focus Group Participant

City was unprepared for The Freeze, which caused utility bills to increase, roads to close, and people to lose income from not being able to work; People with medical equipment particularly vulnerable

Healthy Food and Exercise

Exercise was a theme in terms of needing physical spaces, as well as needing more education around healthy food and exercise. The participants felt that youth and adults need more training and opportunities to learn about accessing and cooking healthier foods and being less sedentary. They also discussed how they felt social media had a role in the lack of exercise for youth.

Social media causing sedentary lifestyles in youth; Need cooking classes to each people to eat well

"It's essential to get off the iPhones and the iPads. We went to church Sunday, and all the kids went up to give their little Easter offerings, and I told my husband on the way home 'did you notice how many of those children were really overweight?' I'd say 75% of them were overweight, because they're spending too much time doing this sedentary... I think that wraps into what you're mentioning about like eating well, but as well as like having those sorts of classes that teach you how to cook, because we say 'eat well,'

but not everybody knows what that means." – Comal County Focus Group Participant

Employment

The Comal County focus group participants felt their areas needed more opportunities for employment that have health insurance benefits and a thriving wage. They mentioned how the only opportunities they regularly saw were for fast food places, which did not provide enough wages for them or their children to put themselves through school or have the potential to make more income in the future.

“The thing about the question about employment, yes, there is a key issue in that. Because, realistically, there are jobs. But... It's really fast food is what you see a lot. You know, summer type jobs, seasonal type jobs.” – Comal County Focus Group Participant

Need more stable employment, not just fast food and seasonal jobs

COVID-19 and Mental Health

The COVID-19 pandemic affected many aspects of people's day-to-day lives, but the most prevalent theme during the Comal County focus groups was mental health, particularly the lack of socialization, difficulties seeing a mental health provider due to shortages, and how the pandemic caused depression in youth populations.

COVID-19, lack of socialization for youth, and the need for therapy

“That was actually one of my main concerns with the lockdowns. To begin with, this is going to create a generation of kids who don't know how to socialize, and I believe schools should be having a very important role in therapies with kids and having sessions. Parents and kids at school also, but they don't have nothing.” – Comal County Focus Group Participant

Philanthropy, Volunteering, and Outreach

The last prominent theme throughout the Comal County focus groups was their strong culture of philanthropy and volunteering. They frequently discussed how volunteering is the main way they combat their barriers to healthy living, and it often incubated them having worse food security problems. They are a community that knows how to come together, but they did mention a desire for better outreach through multiple streams of dissemination. For example, they don't want community resources to only be posted to social media sites, but rather for them to also be in their local newspaper, Community Impact, as well as on flyers, at libraries, and other places.

“They have volunteer opportunities also at the food bank. For teams you can work in the garden, and you can pack stuff up for people who come pick up their packages. That's really fun, my son does that sometimes. Anyone can work there, but they allow teens, which I think is great, so they get their community service there.” – Comal County Focus Group Participant

“I have volunteered a lot since I lived here, I mean in many different venues and locations and everything... you can ask your church if they need volunteers. The Food Bank needs volunteers. The Visitor center here in New Braunfels needs volunteers. Some of the different churches have thrift stores and stuff, you can volunteer there as well. There's just so many different. You can give 2 or 3 hours of your time to volunteer.” – Comal County Focus Group Participant

Cross-County Key Informant Interview Results

Cross-Counties Have Similar Needs

All of the key informants interviewed for the 2025 CHNA serve multiple counties, including Comal, Atascosa, Bexar, 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 Comal County specifically, but rather the region as a whole, and how these themes are prevalent across multiple communities, including Comal.

“There is no difference between Comal 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 Comal 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, medical dental, and behavioral, but we have shifted to a nice balance of focusing on social determinants of health, and looking for why people aren't healthy in the first place... whether

it's poverty, food, instability, unclean water, education, digital equity, you name it... 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 Comal, 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 Comal 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 well-being 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

Factors that Affect 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 Comal 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 Comal County with more than one factor of living healthy, and 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, and they take a well-rounded approach to people's health and well-being.

There was a considerable amount of conversation specifically about the 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 themselves 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

“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

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

Housing

A very common topic in the focus groups and key informant interviews was the necessity for accessible, affordable, and diverse housing in Comal County. Especially as the population grows in parts of the County, the economic development and housing must also grow. Housing is a barrier to healthcare and wellbeing in that people cannot focus on their health if they are 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 to 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.

“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

Need higher income to sustain a healthy life

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 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

"Poverty is a huge 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 the 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 Comal 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 as you get out into the rural areas is digital connection, digital equity. First of all, are they connected? Secondly, do they have the wherewithal to have the tools they need? Do they have the training? Do they have the navigators to help them and things like that? That's a pretty common theme when you get outside the city. But even inside the city, digital connection is a tough one that you can't really compete with everybody. If you're not connected digitally,

you don't know where the jobs are, education, you name it. If you're going to school, you need digital connection to really 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 major 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 well-being 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

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 “found people within the community that had even bigger level of trust. And then we tried to make sure people understood the pros and cons of getting the COVID vaccines, and then we ended up having a very high level of people getting those vaccines.” A silver lining is that key informants feel the COVID-19 pandemic shined a light on the disparities that need to be addressed, opened the availability of telemedicine, and 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

"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

Organizations learned to adapt and adjust during the pandemic

"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

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

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 Comal, 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, which affects how organizations have to pivot their priorities and structure.

"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

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

“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 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 hinder the Food Bank from helping people with food and resources

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

“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, Catholic Charities

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

Federal government funding cuts to Medicaid and SNAP might have less effect on Texas than other states

“Well, the biggest thing right now is what was just passed by the House of Representatives that will be coming up to the Senate, which if passed would result in more cuts to Medicaid and cuts to the SNAP program. And that would just be a shame. I think the cuts would be deeper in other States, because Texas is one of 10 States that didn't expand Medicaid. But the 40 States that did, if that's enacted, their cuts will go back to where we are in Texas, which would be a shame. and then the SNAP benefits would be a shame, also.” – Jaime Wesolowski, Methodist Healthcare Ministries

Appendix B. Technical Notes

Assessment development process and participants

- Key stakeholder involvement
- Planning and scoping the assessment
- Timeline
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Assessment development process and participants

The 2025 Comal 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 by **CHNA Board Members**, **CHIP Workgroup partners**, and **Data Committee members**, 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 13 participants were conducted in high-need ZIP codes. Populations included:

- individuals with experience of homelessness;
- 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 **Resident Focus Groups** section of this appendix 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. **Fig. B1** summarizes the primary ways that various organizations and stakeholder groups participated in the CHNA, and through which organizations/groups and roles nine different communities and populations were represented. Individuals' names are not listed for privacy.

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 Comal, 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 Comal 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 Comal 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 Comal 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 Comal-specific task areas.

Fig. B2. 2025 Comal County CHNA timeline

Cross-county task areas*	2024			2025							
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
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)											
Comal County-specific task areas	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Community survey deployment and results analysis											
Focus groups and analysis											
Key informant interviews and analysis											
Report development, review, revision											
Further issue prioritization for report Conclusion section											
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 Comal 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. Several Comal County organizations, including the McKenna Foundation and the United Way of Comal County – along with any additional grassroots, business, faith, or government leaders they chose – were also invited to identify the 10 or so issues they felt were relatively higher-priority for Comal 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 August 2025 using a digital tool developed by CINow for this purpose, similar to that used in prior CHNAs, and seven people participated.

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

Two community surveys

The goal of the Health Collaborative-sponsored community survey was to 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 and how easily they can access those assets, and how well they are 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).[†] The survey instrument and full descriptive statistics are in Appendix C at <https://cinow.info/wp-content/uploads/2025/08/2025-Comal-CHNA-Appendix-C.zip>.

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 final themes.

The CHRISTUS-sponsored community survey was an entirely separate endeavor. Following is a description provided by CHRISTUS:

“As part of the 2026–2028 Community Health Needs Assessment, CHRISTUS Health ministries, together with Metopio, a data analytics partner, developed and distributed a community survey to reach Associates (employees), patients, and residents across the region. The survey was available in both online and paper formats to ensure accessibility for those without reliable internet access. The survey was available in four languages: English, Spanish, Vietnamese and Marshallese. This year, the survey included questions aligned with our clinical social needs screening tools to ensure consistency

[†] 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>

across community and clinical data. These questions focused on key social determinants of health (SDOH) such as food insecurity, housing instability, transportation access, and ability to pay for medical care.

“A total of 582 surveys were completed by Associates, community residents, and patients within the communities that CHRISTUS Santa Rosa - New Braunfels serves. These responses were analyzed for inclusion in this report. Although the survey is not intended to be statistically representative, it offers a valuable glimpse into the challenges and health concerns faced by the community.”

Figure B3 summarizes respondent count, sex/gender, and race/ethnicity for the two surveys. **Figure B4** provides some additional characteristics of respondents to the Health Collaborative’s survey.

Fig. B3. Sex and race/ethnicity of survey respondents and Comal County residents

Respondent characteristic	Health Collaborative survey respondents (n=31)	CHRISTUS - NB survey respondents (n=582)	Comal County population (n=193,928)
Sex/gender			
Female	68%	62%	50%
Male	23%	37%	50%
Non-binary	0%	*	*
Unknown	10%	1%	*
Race/ethnicity			
American Indian or Alaska Native	0%	1%	<1%
Asian	0%	0%	2%
Black or African American	0%	7%	3%
Hispanic or Latino/a/x	23%	12%	29%
Native Hawaiian or Pacific Islander	0%	0%	0%
Some other race	0%	0%	<1%
Two or more races	0%	2%	3%
White	68%	72%	64%
Unknown	10%	6%	*

* no data Source: 2025 Comal Co. CHNA survey, CHRISTUS-NB survey; U.S. Census ACS 2023 1-Year Estimates, Table DP05

Fig. B4. Other characteristics of Health Collaborative survey respondents

Race/ethnicity group	Respondents	Comal County
Living with a disability	15%	15%
LBGTQIA+	0%	*
Veteran or active-duty military	12%	11%
Immigrant	4%	8%
Homebound	0%	*
Senior living in group setting with or w/o living assistance or medical care	4%	*
Caregiver for disabled adult child †	4%	*
Foster youth or former foster youth	0%	*
Homeless/houseless (including "couch surfing")	0%	*
Refugee	0%	*

† write-in response

* Data is not available for this Comal County population

Source: 2025 Comal County CHNA survey data and U.S. Census ACS 2023 1-Year Estimates, Tables DP02, DP03

Resident focus groups

With substantial input as to focus group goals and potential participants from the 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 Comal County. The focus group questions were developed by CINow with guidance and input from The Health Collaborative. The English- and Spanish-language focus group guides are available in Appendix C at <https://cinow.info/wp-content/uploads/2025/08/2025-Comal-CHNA-Appendix-C.zip>.

The Health Collaborative, with the help of community health workers, scheduled two focus groups for Community Information Now to facilitate. They were held at a community center in New Braunfels, Texas, and both included an interactive activity where themes were mapped on a large white board throughout the focus groups, which helped encourage more conversation and kept discussion focused on how multiple themes influence one another. All focus groups were about one to 1.5 hours long, and participants were compensated by The Health Collaborative for their participation. A total of 13 community residents participated across both focus groups.

Although both 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’re included in the same qualitative narrative summary, the Key Informant Interviews (KIs) 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 KIs 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

Seven semi-structured key informant interviews were conducted to gather the perspectives of community leaders serving Comal and other counties in the region. Key informants were carefully and intentionally chosen by The Health Collaborative for their experiences, expertise, and impactful roles in the community. The goal was to capture a diverse range of voices from different 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. This was 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/wp-content/uploads/2025/08/2025-Comal-CHNA-Appendix-C.zip>.

The interviews were conducted in April and May 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 85 indicators, each disaggregated by demographic group (sex, age, race/ethnicity) and sub-county geography wherever possible. 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, and Supplemental Estimates
- 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, 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 and prenatal care data from the CDC WONDER query system
- Immunization and vaccination data from the Centers for Disease Control and Prevention
- 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

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 that 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 ZIP codes into eight sectors as described above.

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.

There are some important limitations to understand with hospital discharge data. The rates are determined by hospitalizations for the disease as the primary diagnosis, not all hospital discharges with that diagnosis. 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 the prevalence or incidence of the disease. These hospitalization counts are also not unique visits or people. If the same person in 78133 goes to

the hospital three times for asthma in 2014, then all three visits are included if asthma was the primary diagnosis for the admission during that year.

Because the military health system does not report its hospitalizations to TDSHS, the public data files exclude any federal hospital discharges. Because the military hospital systems account for a large portion of our population, the Comal County hospitalization data should not be compared to other major cities that 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 (AHRQ) 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 were 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 the CDC.

The BRFSS sample sizes were too small to trend annually, so three years of data were combined for analysis with a new weight applied. The Texas State Health Department provided three different datasets for Comal County. 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.

ACKNOWLEDGEMENTS

The 2025 Community Health Needs Assessment was made possible through the collective efforts of our community partners, healthcare leaders, and residents who shared their voices, experiences, and expertise.

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Research Partner



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



Community Member: Camerino Salazar, Ph. D, MPH

Many thanks to



Contact Us

Executive Director - Elizabeth Lutz

Elizabeth.Lutz@healthcollaborative.net
210-481-2573

The Health Collaborative

2300 W Commerce St, Suite 301
San Antonio, Texas 78207

