CreateHealthy

2025 Community Health Assessment

Llano County

Dear Community Members,

We are honored to share the results from the 2025 *Community Health Needs Assessment* (CHNA) for Llano County. This report reflects the collective insight, collaboration, and commitment of local partners, healthcare providers, and residents who participated in surveys, focus groups, and interviews to identify the health priorities that matter most.

Create Healthy, in collaboration with Llano County and surrounding communities, partnered with Community Information Now (CINow) to conduct the data collection and analysis on the most pressing health needs and priorities for Llano County and surrounding communities. This CHNA demonstrates a commitment to harvesting community voices and prioritizing the greatest health needs. It provides an accurate, locally grounded picture of Llano County's health today — one shaped by the voices and experiences of those who call it home.

The findings presented here are meant to inform shared solutions for Llano County and surrounding communities, guiding future planning and collaboration among organizations working toward a common goal: healthier people and stronger communities. All area public agencies, social and healthcare providers, nonprofits, businesses, and residents alike are invited to use it as a tool for planning.

Together, we can build a stronger, healthier Llano County.

With gratitude,

Jayne E. Pope
President & CEO
Create Healthy

Hon. Rob T. Hardy
County Judge
Llano County

Contents

Introduction and Summary

The 2025 Llano County Community Health Needs Assessment is a collaborative effort of Llano County and surrounding communities and Create Healthy, a health foundation serving Gillespie County, Blanco County, Llano County, Mason County, and the Comfort area in Kendall County. Those partners commissioned the report from Community Information Now (CINow), a nonprofit local data intermediary serving Bexar County and Texas. More information about the three organizations can be found at the end of the main report narrative.

About the Assessment

This assessment builds on prior work done for five Hill Country counties, including Llano County. What follows is a brief overview of the assessment approach and its development. Much more detailed information can be found in **Appendix B, Technical Notes**.

In October 2024, The Health Collaborative contracted with CINow for quantitative and qualitative data collection, data analysis, and report development. The Health Collaborative's board, staff leadership, and CINow drafted a CHNA approach, structure and flow, data collection methods and instruments, a list of extant data indicators, and a timeline for review by a Steering Committee in January 2025. The CHNA approach was developed based on about 50 collective years of conducting community health needs assessments in Bexar and several 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 is 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 are able to 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.

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 approved in early 2025 by Create

Healthy in the process of conducting a 2025 health assessment for its full service area, and later refined as the basis for a Llano County-focused assessment.

Partner Roles and Timeline

The chart below summarizes the timeline for the initial assessment scoping, instrument, and data collection, with annotations of each partner's role. Additional quantitative data specific to Llano County was collected and analyzed in 2026, and key informant interview transcripts and survey response data were re-analyzed to focus solely on Llano County. The report was then developed, reviewed by partners, and revised as needed.

CHNA task area	2024			2025			2026		
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Initial planning and scoping	■								
Focus group guide, key informant interview guide, and community survey development and translation [1,4]	■	■	■						
Partnership established to expand assessment geography [1,2]			■						
Additional project scoping and instrument modification			■						
Extant quantitative data collection and processing [4]	■	■	■	■				■	
Data visualization in charts and maps [4]		■	■	■	■			■	
Focus group organization, recruitment, [2] and facilitation [4]			■	■					
Key informant selection,[1,2] invitation, scheduling, and interviews [4]			■	■					
Community survey outreach, data collection [1,2,4]				■					
Qualitative analysis and survey data analysis [4]				■				■	
Report development, review, and revision [2,3,4]								■	
Report release and communications [2,3]								■	

[1] The Health Collaborative [2] Create Healthy [3] Llano Community [4] Community Information Now

Making Sense of the Data

The product of this collaboration is a community health needs assessment that covers about 450 numerical data points presented in over 100 charts, maps, and tables. Just as important is the information shared by a dozen community residents through interviews and focus groups, as well as hundreds of responses to two separate community surveys.

Distilling the full assessment into a short summary is a difficult task for two reasons, one being the quantity of information – though that quantity makes it all the more important to develop a digestible summary. The other and perhaps more critical reason not to attempt to determine priorities is that priorities for a community should flow not just from factual information about numbers, trends, and patterns, but from the values of the people who live in that community. The CINow assessment team lives and works a figurative world away in Bexar County and acknowledges the limits of their perspective in determining what matters in the assessment counties. Area residents may not find the job easy, either, as the geographic area and population covered by this assessment comprise multiple communities, both visible and invisible, defined variously by geography, culture, identity, common challenges, shared goals, values, and heritage. If we asked 100 area residents to winnow this assessment down into a list of 10 issues to take action on, we would likely end up with 100 different lists – some with 37 items instead of 10.

Having made it clear that the assessment team believes that we cannot and should not determine community priorities from the information we gathered, what we *can* do is share what issues cropped up or stood out across the quantitative and qualitative data. In most cases, we cannot know the full context for that issue, its root causes, how much it matters, or what local avenues exist to address a problem or seize an opportunity. But we can pin the issue on the wall for further community discussion, prioritization relative to other issues, and – if so decided – collaborative action.

In Summary

This section summarizes issues that appear noteworthy for Llano County as a whole or for a community or population within the county. The table on the following page organizes those issues or themes into three categories.

- **"Downstream" health outcomes** like illness, injury, and death. Data about health outcomes can be found in the **How We're Faring** section of the assessment.
- **"Upstream" drivers of health** like income, education, housing, access to care and resources like healthy food and supportive social networks, policies and systemic barriers, and behaviors that affect health positively or negatively, like physical movement or heavy alcohol use. Data on these upstream factors can be found in the **What We Need for Health** and **How We're Taking Care of Ourselves** sections of the assessment.
- **Cross-cutting issues: vulnerable populations and communities**. Every focus group and interview mentioned vulnerable residents in some way, although the specifics varied by community; see Appendix A for more information. Isolated older adults, youth, Hispanic residents, unhoused people, and people living with a disability were the groups mentioned most often as being at greater risk of poor health outcomes and needing particular attention and supports. Disability in particular was noted as intersecting with many other issues and vulnerabilities.

What Stands Out for Llano County?

Cross-Cutting Issues: Vulnerable Populations and Communities	Health Drivers
Isolated older adults People living with a disability Youth Hispanic residents Unhoused people The Kingsland area	Access to quality medical care
	Green spaces and safe spaces to be physically active
	Good communication with local leaders
	Food security
	Access to quality mental health care
	Social isolation among males
	Health Outcomes
	Mental health
	Substance abuse
	Chronic pain
	Injury
	Teen births
	Heart disease, stroke, and hypertension

Health Drivers

Residents overwhelmingly cited poor **geographic and financial access to quality health care**, particularly **medical care** and **mental health care**. Many residents have to travel to Bexar or another more urban county, particularly for specialty and specialized hospital care. Many other residents go without needed care entirely, particularly mental health care and preventive medical and dental care. For some, the issue is a lack of robust health insurance with affordable premiums and minimal out-of-pocket costs; for others, the primary barriers are a lack of transportation or appointments outside of working hours. Provider shortages are a problem for everyone.

It might seem counterintuitive to someone from outside the community, given that visitors and new residents flock to Llano County for its vast and beautiful natural resources, but residents lack **safe public green spaces** for recreation, physical activity, family activities, and just to be outdoors. “Safe spaces” and “green spaces” were the second- and fourth-highest-priority health resources, respectively, cited by survey respondents. Both were also mentioned in both focus groups and key informant interviews. In a related vein, residents called for both **clean air** and **sufficient clean water resources** to support a growing population, particularly given recurring and worsening drought.

Survey respondents, focus group participants, and key informant interviewees all prioritized **access to food that is fresh, healthy, affordable, and sufficient** in quantity so that no one goes hungry. Healthy fresh food was at the top of the list of needed resources for health in every county survey; food security came up in every focus group and was mentioned in at least one key informant interview from every county.

Survey respondents also prioritized **good communication with local leaders**, and male respondents were more likely than female respondents to report **social isolation**. Other needs were mentioned often in focus groups and interviews, but not in survey responses. Whether we call them social determinants of health or non-medical drivers of health, issues like food security, **decent and affordable housing**, **jobs with a livable wage**, and **literacy and education** are all non-negotiable foundations of health and well-being – not sufficient on their own, but certainly necessary. Against the background of the chronic slow burn of this scarcity in basic resources, gasoline is periodically dumped on the fire by economic disasters like inflation,

and natural disasters like drought, wildfires, unrelenting heat or extreme cold as in 2021, and deadly flooding as in summer 2025 that cause an influx of "climate refugees" to areas already lacking in infrastructure to serve existing residents. All of these factors intersect, and as a rule, whether a pandemic or flood or freeze or fire, it is already-vulnerable people who are hit hardest by disasters and who face the most significant barriers to recovery.

Health Outcomes

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, chronic depression, anxiety, and other mental illnesses make 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.

Residents are living with **chronic physical pain, which for many is disabling**. Very little useful data exists about pain levels in the general population, but at 65%, chronic pain was at the top of the list of health issues reported by Llano County survey respondents. In the 2023 Llano Hospital Community Survey, 17% of respondents reported going out of town for pain management care, and just 12% were aware that the hospital provides that service.

Substance abuse is a clear issue for Llano County residents, and it may intersect with the issues of mental distress and chronic pain, but no data is available to illuminate those relationships. Substance abuse was mentioned in survey responses and in the focus group and key informant interviews. It is also evident in hospitalization rates for drug poisoning and the rate of alcohol-involved motor vehicle crashes.

Although it has improved in recent years on several measures, Llano County still shoulders many challenges. Among those are **child abuse and neglect, older person abuse and neglect, family violence, food insecurity, and births to adolescent girls**. Llano County also has a **high worker outflow**: a substantial share of its workers are employed in jobs outside the county rather than within it. Compared to neighboring counties, Llano County has a high hospitalization rate for a number of diagnoses, many but not all of which are associated with older age: **asthma, drug poisoning, mental illness, injury, hypertension, stroke, diabetes, and COVID-19**. Community survey responses also point to many of these issues, highlighting social **isolation among males, substance abuse, injury among youth and older people, and heart disease, stroke, and hypertension**.

At 37% as compared to Texas' 14%, an unusually high percentage of Llano County's population is 65 or older. That age distribution appears to have reached something of a tipping point, however, with the COVID-19 pandemic likely playing a role. The proportion of the population that is 65 or older grew slightly between 2019 and 2023, from 36% to 37%, but the proportion 75 or older declined. **In effect, the older population is getting younger**.

Area Residents

Who Lives in Llano County

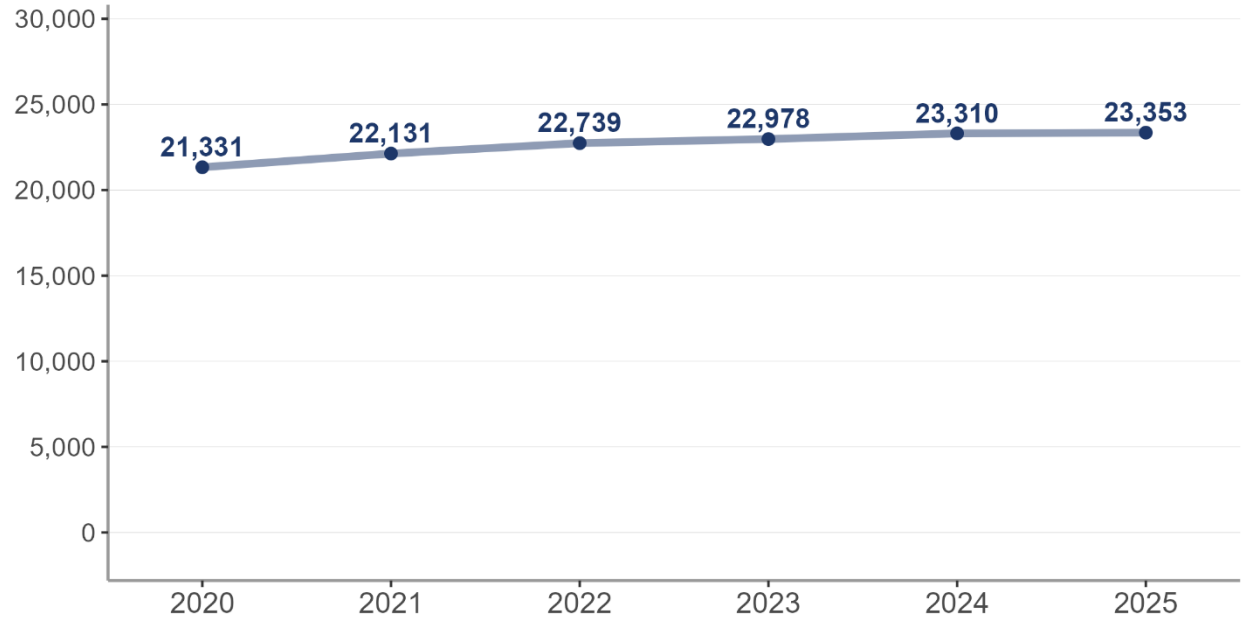
Population Size, Age, and Sex

The most recent estimates available put Llano County's 2025 population at has grown to 23,353, a nearly 10% increase over 2020 (**Fig. 1A.1**). Female residents made up a slight majority (**Fig. 1A.2**). (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])

Llano County's is an older population, with 37% of residents aged 65 or older. This aggregate measure, however, masks age trends, particularly in the 75 and older age group**.** As shown in **Fig. 1A.3**, the share of the population aged 65 and older rose slightly between 2019 and 2023, from 25% of the total population to 26%, with growth in the estimated number of people. The share of the population aged 75 and older dropped slightly between 2019 and 2023, with no appreciable change in the estimated number of people. A CINow analysis of Census population estimates[2] for July 2020 ranks Llano at 12th in the U.S. in terms of percent of county population aged 65 and older, and 15th in terms of percent of population aged 75 and older. As of July 2024, however, it has fallen to the 22nd and 23rd spots, respectively.

Fig. 1A.1 Total population

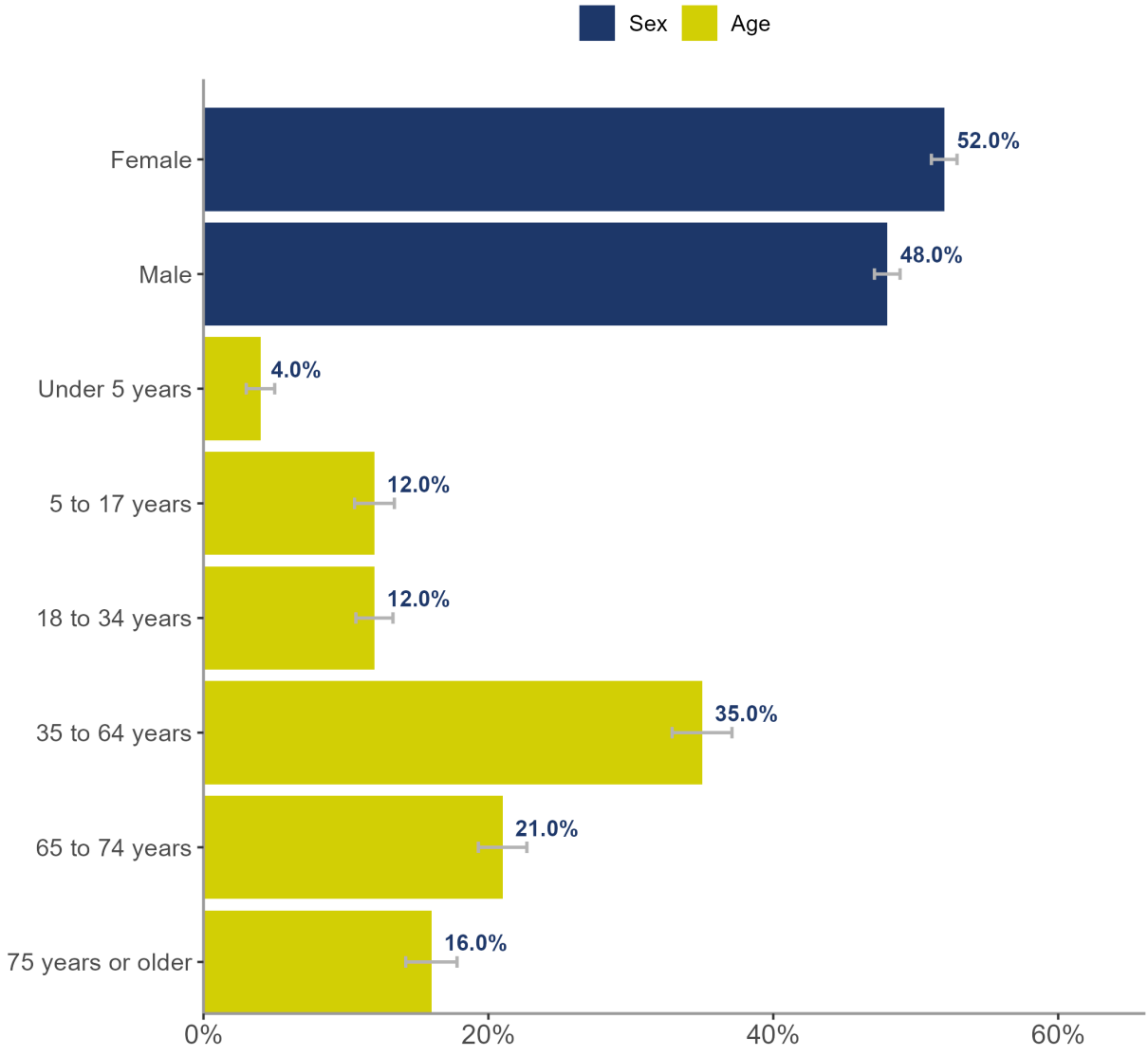
Llano County, Texas



Source: U.S. Census Population Estimates, Vintage 2025
Prepared by CINow

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

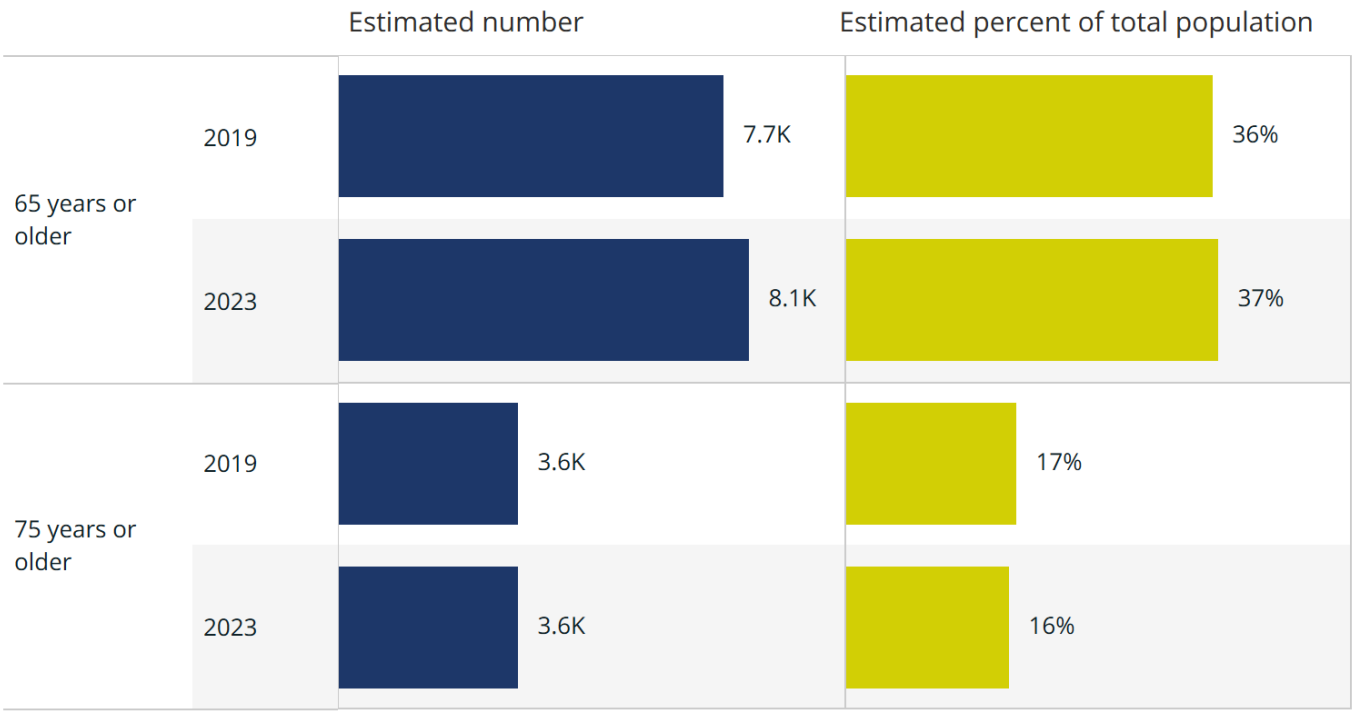
Llano County, Texas



Source: ACS 5-Year Estimates. Table: B01001
Prepared by CINow

Fig. 1A.3 Change in older population number and percent of total population, by age group, 2019 and 2023

Llano County, Texas



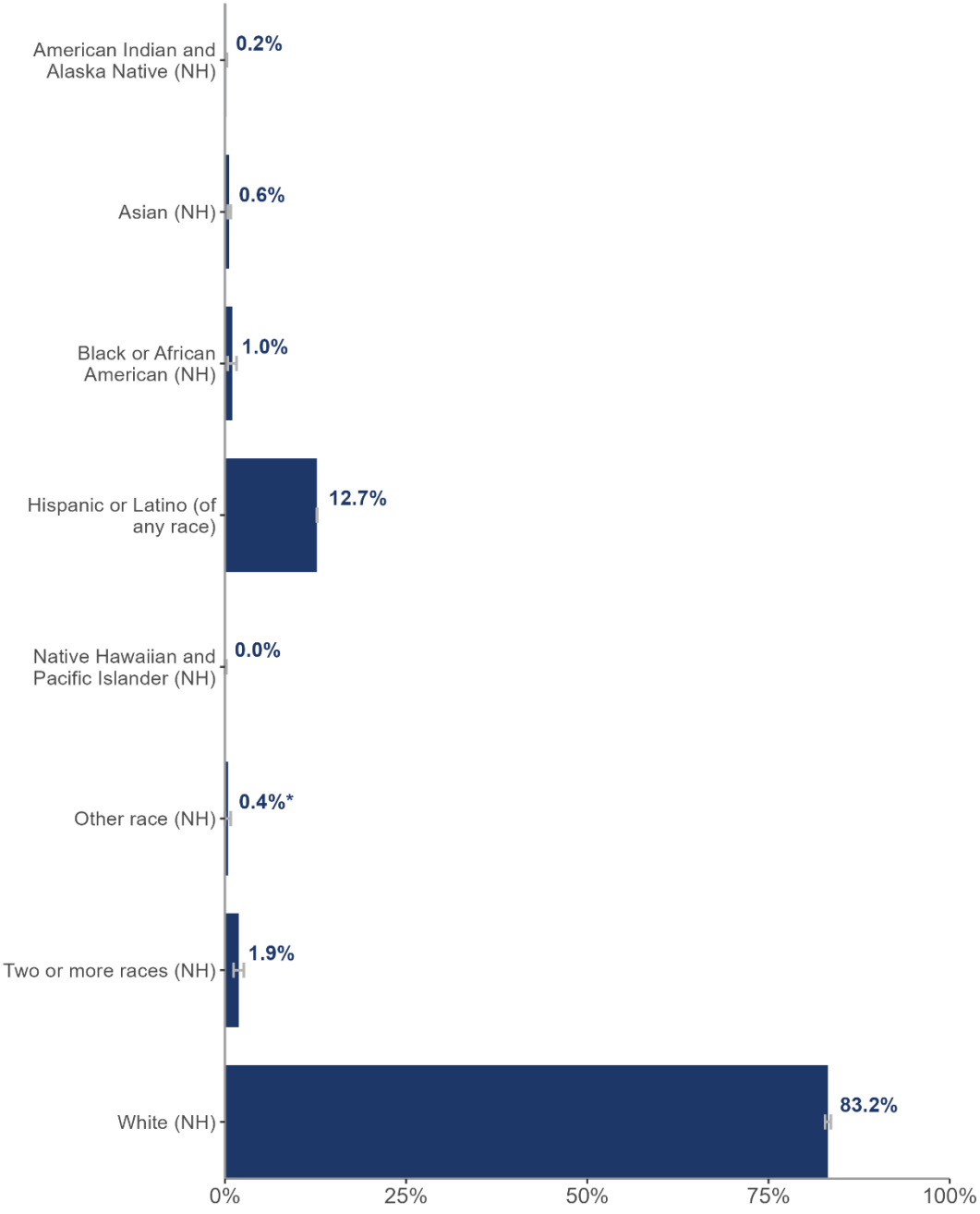
Source: ACS 5-Year Estimates. Table: B01001
Prepared by CINow

Race/Ethnicity and Population Distribution

In 2023, the overwhelming majority (83%) of the county's residents identified as white (non-Hispanic), followed by about 13% who identified as Hispanic or Latino of any race (**Fig. 1A.4**). While there is some representation of other groups, their shares are very small, and margins of error are wide. For this reason, any data shown for these groups in the assessment should be interpreted with caution.

Fig. 1A.4 Percent of total population by race/ethnicity, 2023

Llano County, Texas



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

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.

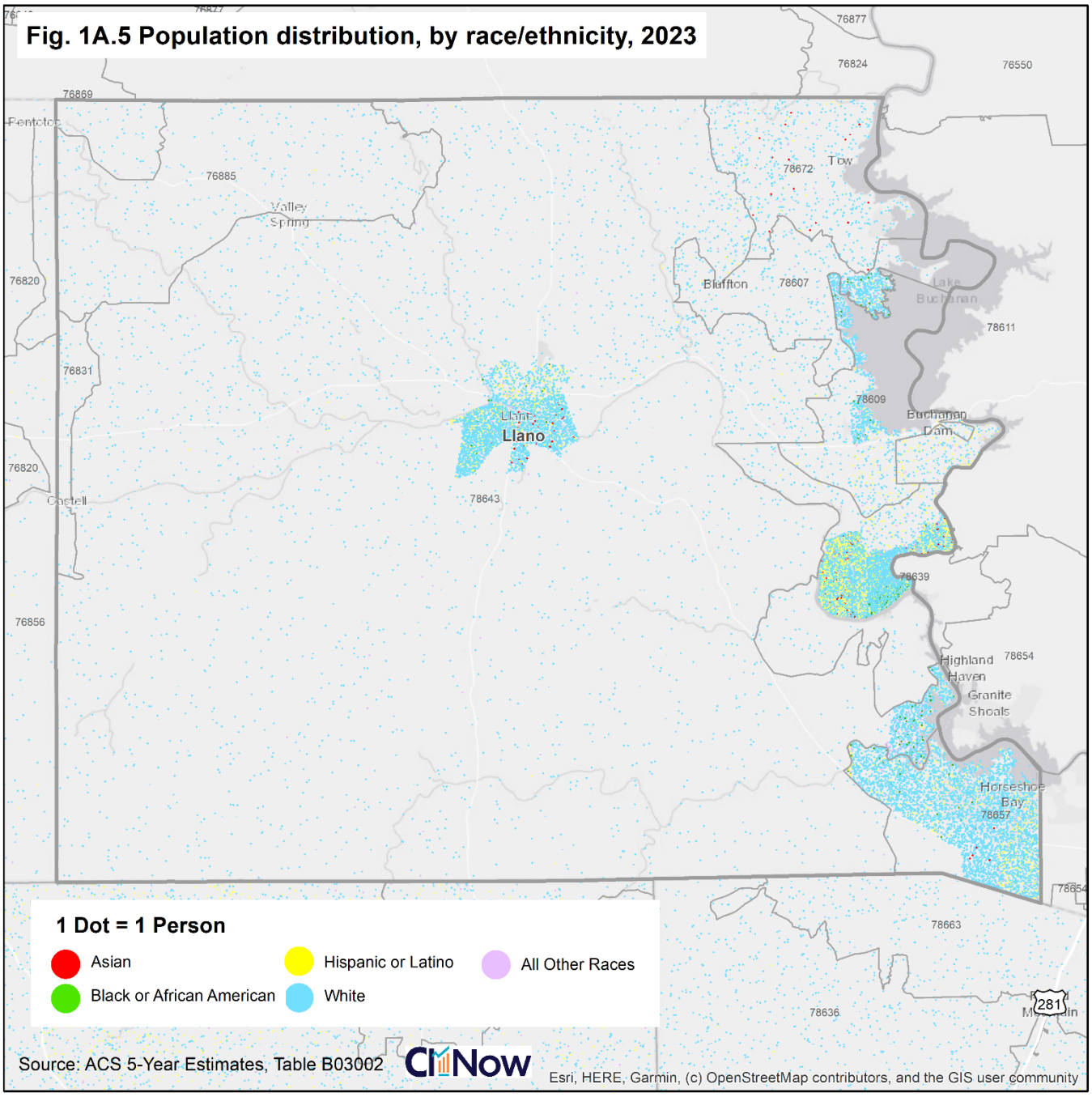
Throughout most of this report, Hispanic ethnicity is handled as a parallel category to race categories, and together, all the categories are referred to as "race/ethnicity" groups. New federal guidelines adopted in 2024 mandate a similar approach nationwide, as well as add Middle Eastern or North African, previously categorized as white, as a new required "minimum reporting" category.[3]

The following two dot-density maps (**Fig. 1A.5** to **1A.6**), based on the American Community Survey five-year estimates, show the population density and distribution by race/ethnicity across the area. Dots are not exact addresses, but instead are spread randomly within the correct Census Tract. As of 2023 (**Fig. 1A.5**), Llano County has several pockets of denser population, including Llano proper and down the right border of the county along Lake Buchanan.

The second dot-density map (**Fig. 1A.6**) shows the population distribution for the county a decade earlier, in 2013. A comparison of the two maps shows that the most densely populated areas (mostly around the Llano proper, Kingsland, and Horseshoe Bay areas) remained the County's largest concentrations of residents and appear to have become slightly more populated over time. The most notable changes, however, are in the distribution of non-White race/ethnicity dot densities, with some increasing while others appear to have declined or become more dispersed.

- **Asian and other-race residents** (red and pink dots, respectively) increased around the densely populated areas of the County. There is also an interesting increase in red dots, although relatively spread out, around the Tow area on the upper right portion of the County.

- **Hispanic residents** (yellow dots) appear to have increased significantly in the Kingsland area, while the concentration in Llano proper appears to have decreased or become more dispersed, shifting toward the north side of the city toward the Llano Municipal Airport.
- **Black residents** (green dots) distributions had the most striking change. In 2013, there was a notable presence of Black residents in Kingsland and Horseshoe Bay, and the area between Kingsland and Buchanan Dam. By 2023, the green dots that are still there are mostly around the southeastern edge of the Kingsland area, with a smaller, more sporadic concentration around Horseshoe Bay.



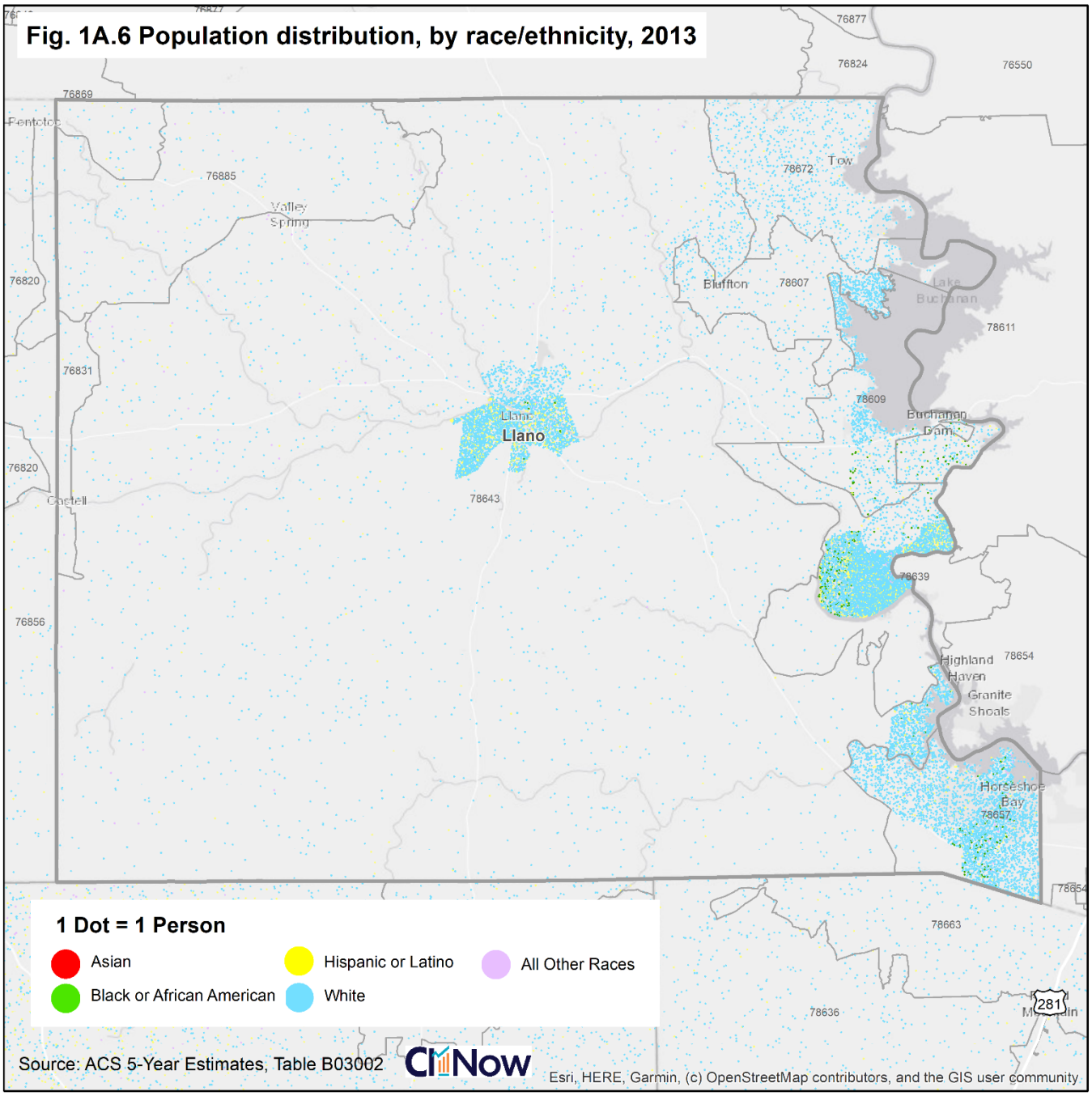


Fig. 1A.6 Population distribution, by race/ethnicity, 2013
76877
76824
76550
76869
Pentotoc
76885
Valley Spring
78672
Tow
76820
Bluffton
78607
Lake Buchanan
78611
76831
78609
Buchanan Dam
Llano
Llano
76820
Castell
78643
78639
76856
Highland Haven
78654
Granite Shoals
Horseshoe Bay
78657
78663
78636
281
1 Dot = 1 Person
Asian
Hispanic or Latino
All Other Races
Black or African American
White
Source: ACS 5-Year Estimates, Table B03002
CHNow
Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

Exploring Social Characteristics

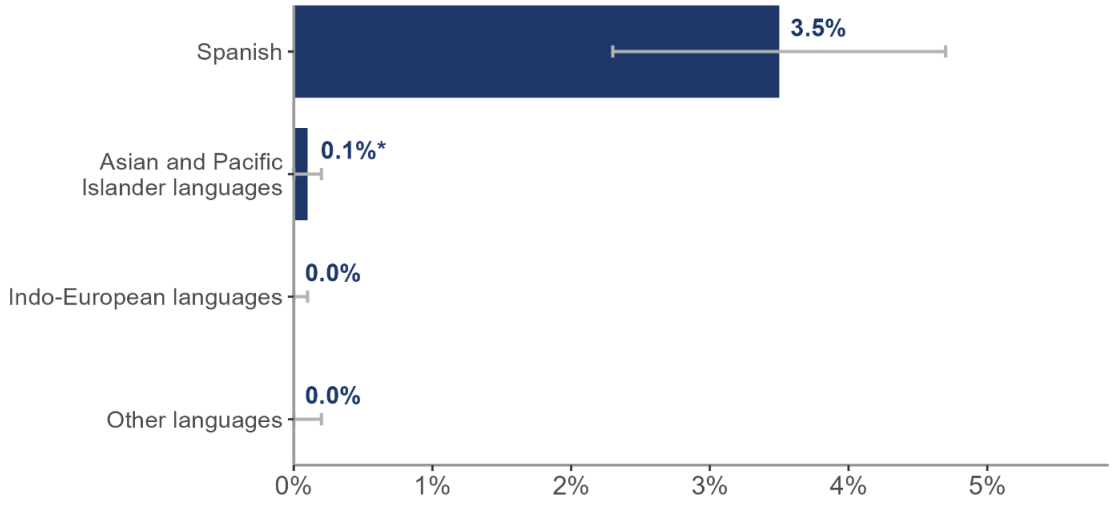
Beyond the County population's size and makeup, exploring the social characteristics that shape daily life and influence community needs is also essential. Indicators such as language use, veteran status, educational attainment, and other key factors provide valuable insight into the diverse experiences, 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, fewer than 4% of Llano residents over five years old (area-wide) reported speaking English less than "very well." By far, Spanish was the most commonly spoken non-English language (again, for those with self-reported limited English proficiency).

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

Llano County, Texas



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

"Facilitator: Is there a language barrier there [with Spanish-speaking clients]?

Donna Wheeler: Not a whole lot. There are some that do not speak English, but most of them can speak a little bit of English. And, I have lived in an area for over 30-something years that's 60-70% Hispanic and has a lot of immigrants. So, I might not be able to speak Spanish, but I can understand what they're getting at, or different words I understand. I've helped a lot of them learn English, and they try to teach me Spanish."

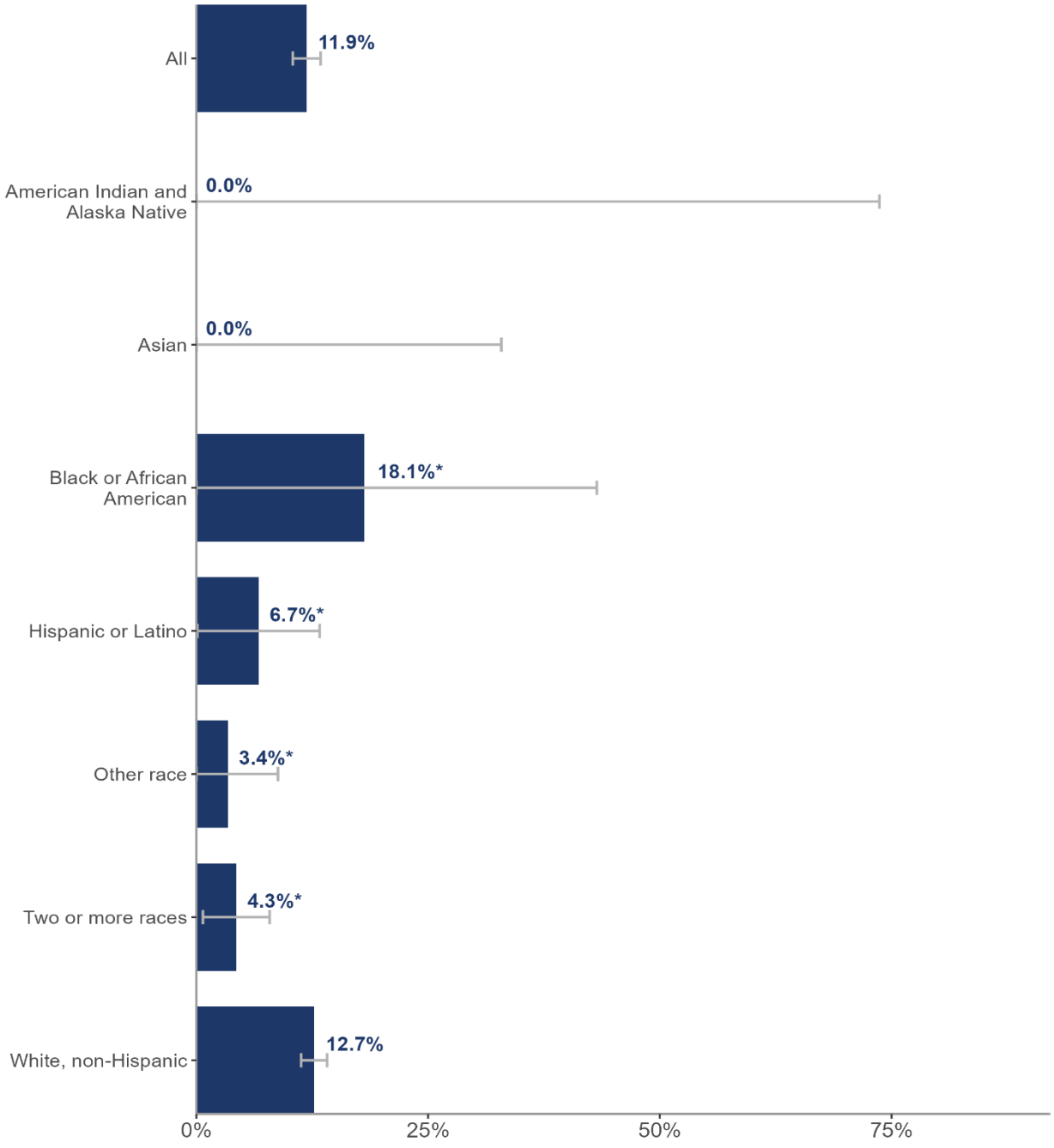
- Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

Veterans

In 2023, about 12% of the county's civilian adult population were military veterans (**Fig. 1B.2**). Although differences by race/ethnicity are available, the percentages for several race/ethnicity groups are considered statistically unreliable because the margin of error is so wide relative to the estimate.

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

Llano County, Texas



*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: S2101
Prepared by CINow

Education

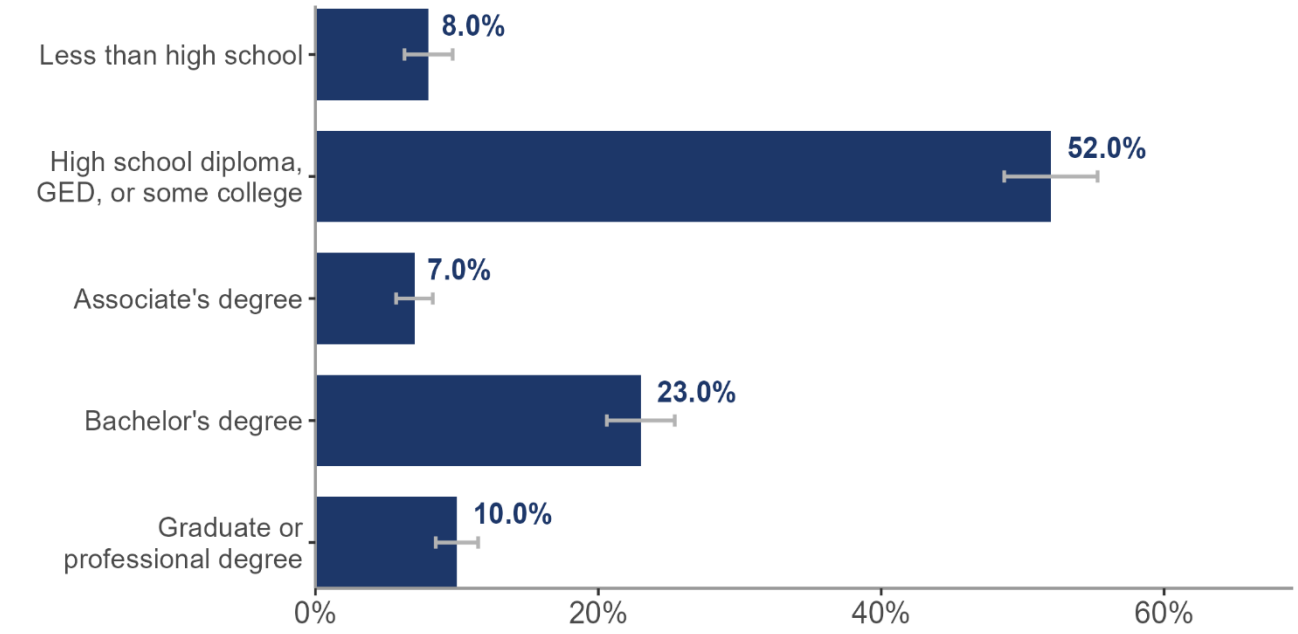
Because the American Community Survey (ACS) data does not capture non-degree certificates or certification credentials, it likely underestimates the proportion of the population with some kind of postsecondary education and training outside of traditional degree pathways. Even so, with the well-documented link between health and education, educational attainment has significant implications for the health status of Llano County residents.[4] Because education shapes access to jobs, income, and health knowledge, higher educational attainment can significantly improve a population's overall health and well-being.

Just over half (52%) of Llano residents aged 25 and older reported a high school diploma, GED, or some college as their highest level of education (**Fig. 1B.3**), followed by 23% with a Bachelor's degree. Eight percent reported having less than a high school education; the percentages were relatively similar for the proportion whose highest level of educational attainment was an Associate's degree (7%) or a graduate or professional degree (10%).

Figure 1B.4 breaks down educational attainment by sex. Overlapping margins of error indicate that there is no true (statistically significant) difference in the proportions of females versus males at any level of educational attainment charted.

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

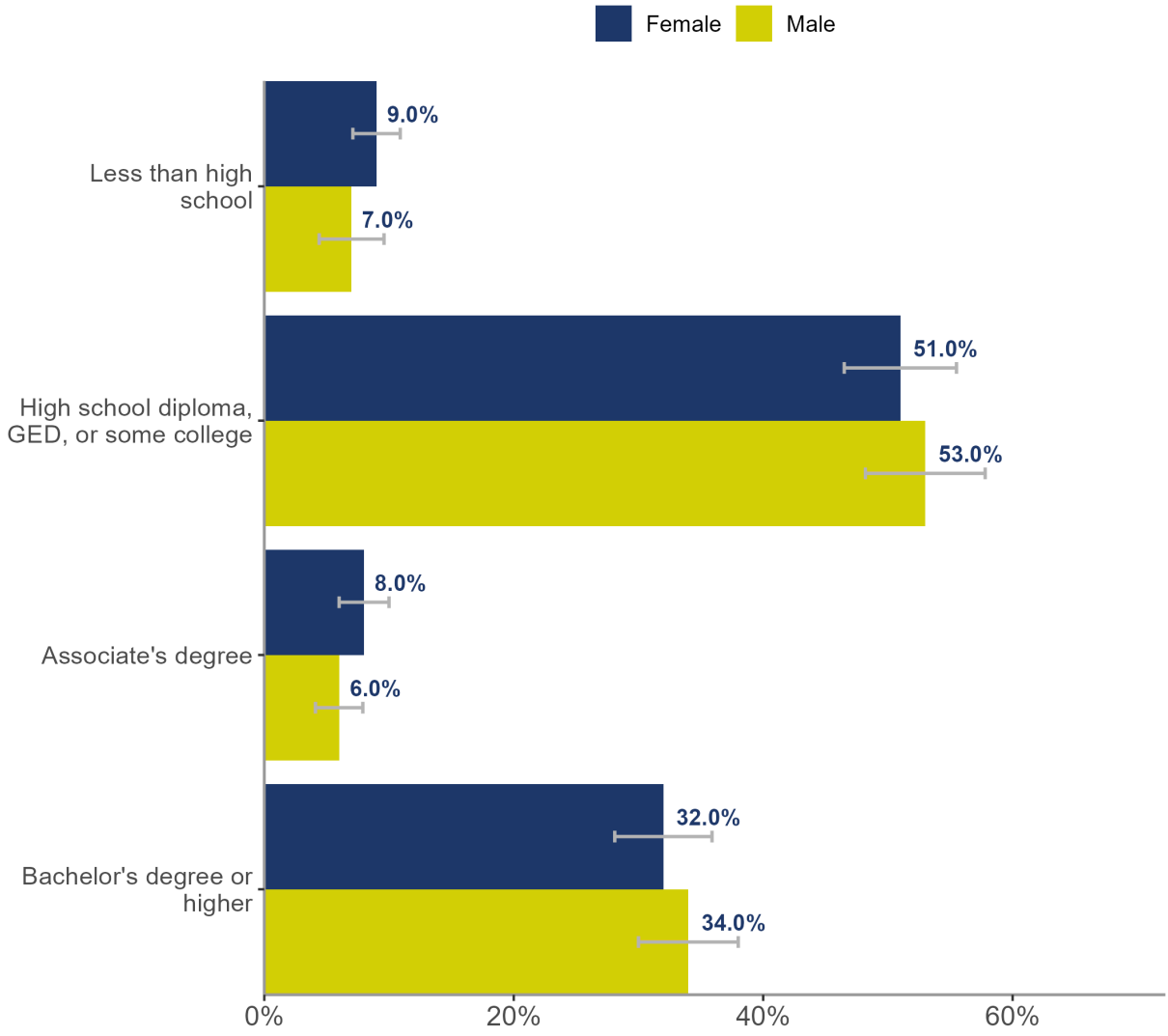
Llano County, Texas



Source: ACS 5-Year Estimates. Table: DP02
Prepared by CINow

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

Llano County, Texas



Source: ACS 5-Year Estimates. Table: S1501
Prepared by CINow

"If a client is here in Kingsland, he's a senior, maybe they're in a wheelchair, maybe they're using a walker, or they have other disabilities. Just to get to see the doctors - say they're going out to Baylor Scott & White Hospital - They have to switch to another bus just to get to their medical appointment."

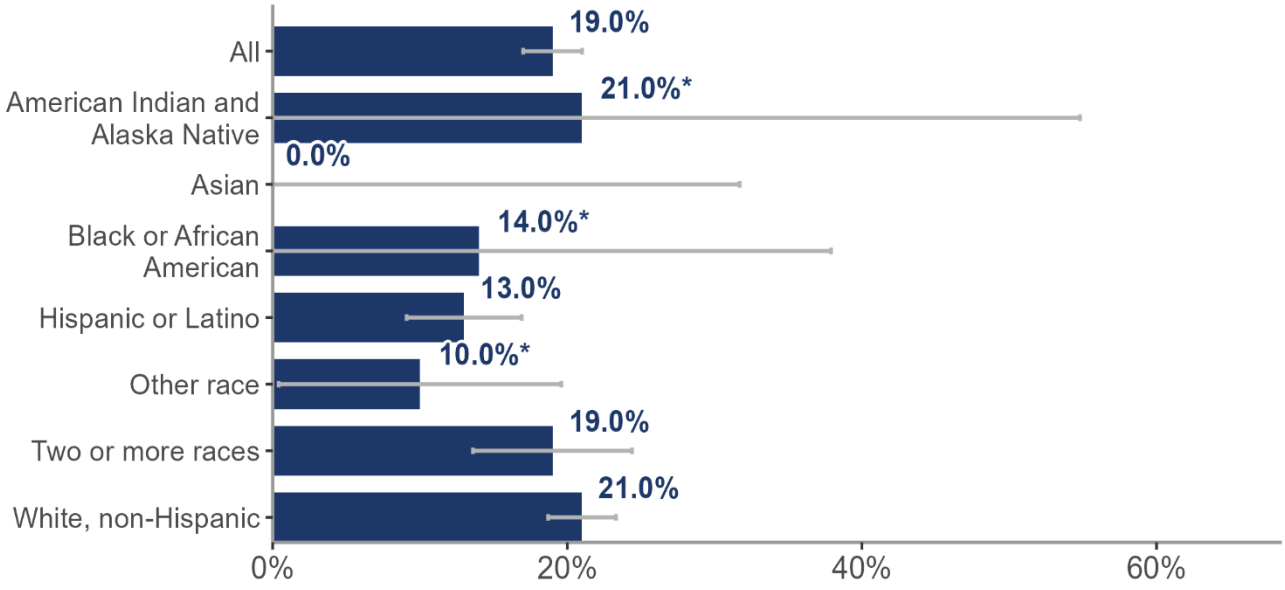
- Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

Disability

Among Llano County's civilian non-institutionalized population (that is, not living in institutions like nursing homes, mental health facilities, or prisons), nearly one in five (19%) residents reports living with one or more disabilities (**Fig. 1B.5**). Differences among race/ethnicity groups should be interpreted with caution due to small unreliable rates (as marked with an asterisk) and wide margins of error.

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

Llano County, Texas



Missing values are suppressed by data source.
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: S1810
Prepared by CINow

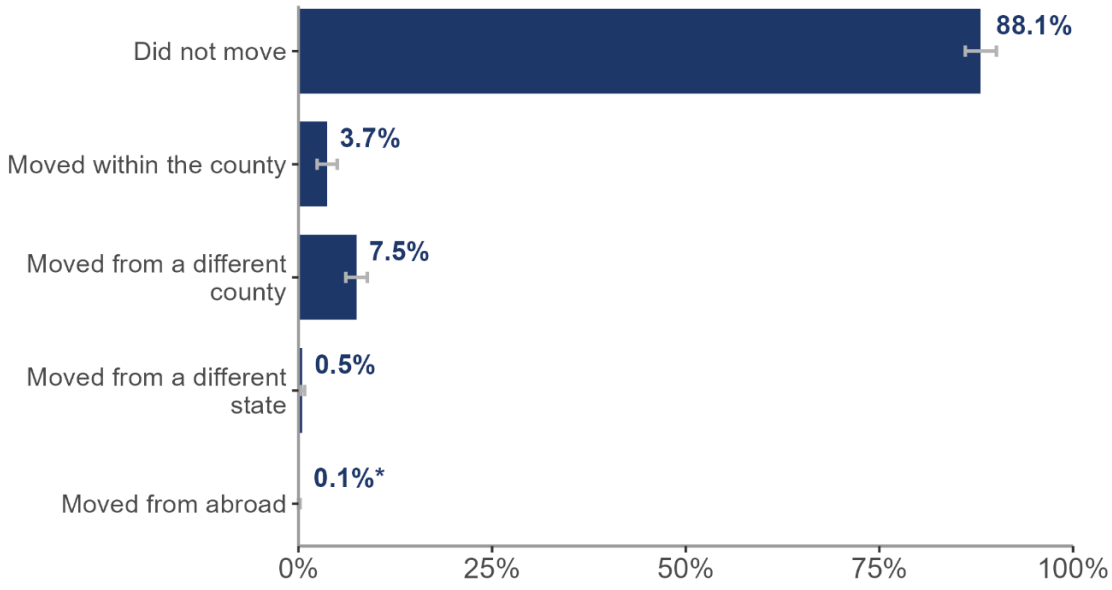
Households

As of 2023, the majority of residents lived in the same place they were in the prior year (88.1%) (**Fig. 1B.6**). Of those who moved, more residents moved in from a different County (7.5%) than moved within the County (3.7%). Less than 1% of Llano residents moved from a different state or from abroad.

Figure 1B.7 shows the distribution of household types in the County. Married couple households were the most common type, making up about 53% of households. Individuals living alone made up about 30% of households, and among single householders with no spouse present, female householders were more common than their male counterparts (11% versus 3%). Note that the "Other non-family" household type refers to householders living with non-relatives. As with other data in this section and the sections that follow, interpretations should be made with caution when margins of error overlap.

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

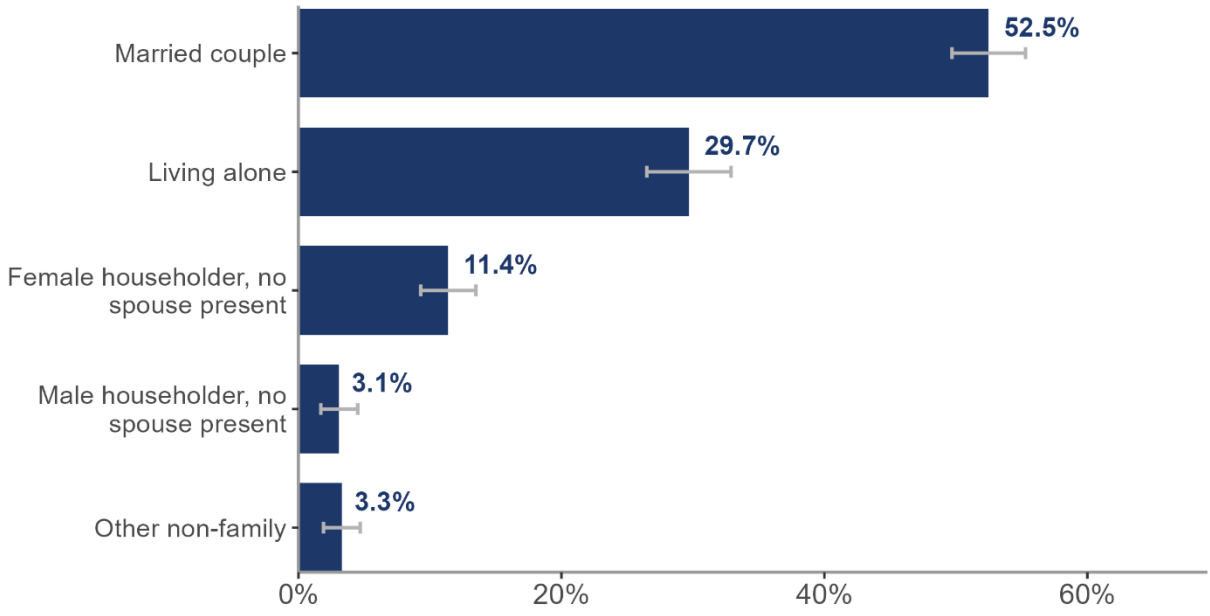
Llano County, Texas



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

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

Llano County, Texas



Source: ACS 5-Year Estimates. Table: B11001
Prepared by CINow

What We Need for Health

What We Heard from the Community

As part of a larger assessment, CINow conducted a community survey to gather qualitative insights and a broader perspective on health and well-being in the Texas Hill Country, including Blanco, Gillespie, Llano, Mason, and Western Kendall Counties. 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. The survey used a convenience sample, meaning that participants were not randomly selected, so the results should not be seen as representing the county population as a whole. Further, only 17 Llano County residents responded. A profile of respondents' demographic characteristics and geographic distribution can be found in **Appendix B: Technical Notes**.

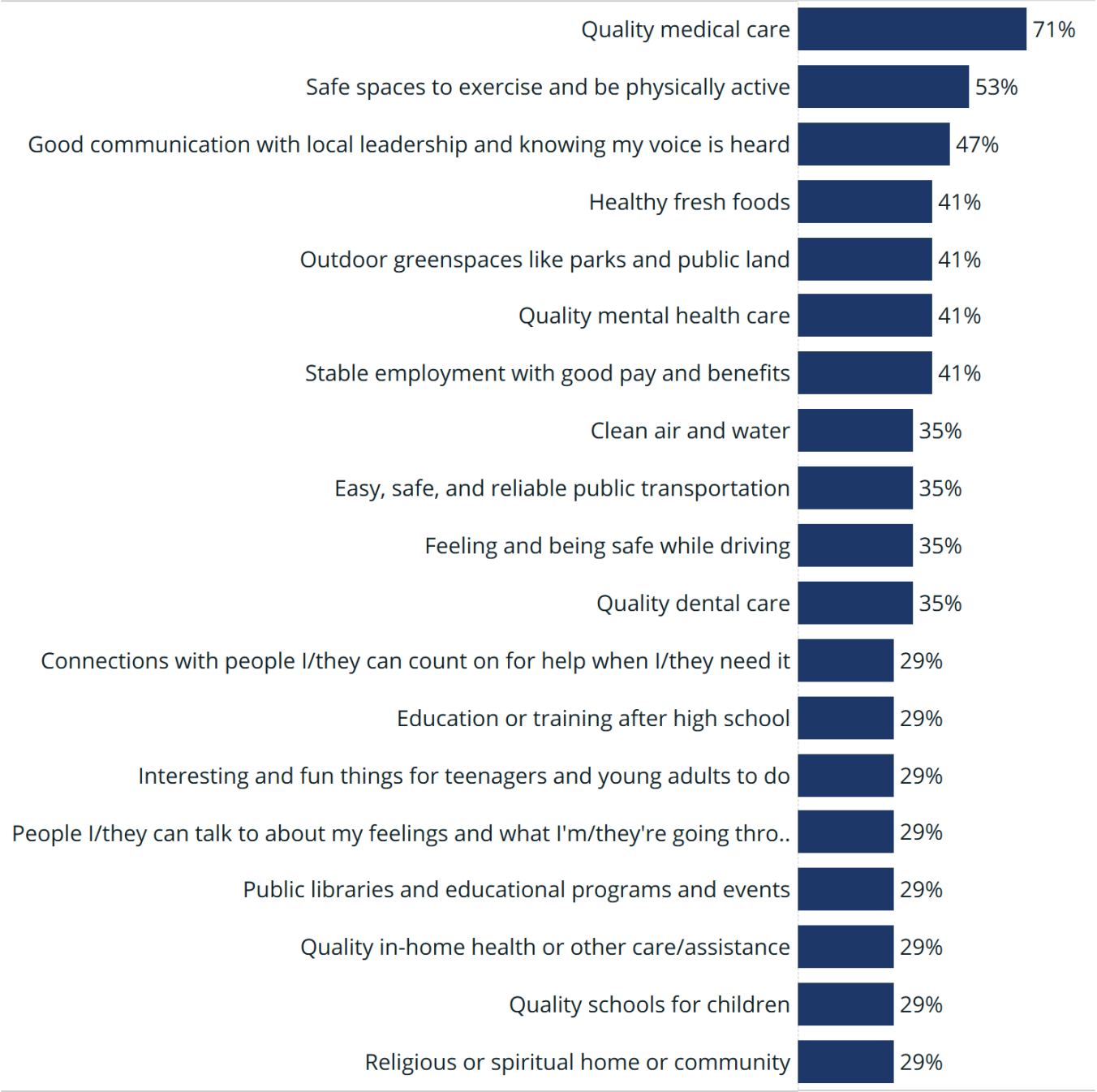
Resource Priorities and Access

CHNA Community Survey respondents identified the resources (including issues, services, and other supports) they felt would make the biggest positive difference to their own and their loved ones' health and well-being if they had access to them with no geographic, financial, or other barriers. **Figure 2A.1** shows the resources selected by the survey respondents from Llano County (n=17); to protect privacy, resources chosen by fewer than five respondents are not shown. While 19 resources are listed, the fourth, fifth, and sixth positions are shared by multiple resources, while the top three have distinct percentages and therefore clear rankings. *Quality medical care* (71%) ranked first, followed by *safe spaces to exercise and be physically active* (53%) and *good communication with local leaders and knowing my voice is heard* (47%).

Respondents were also asked to rate their access to the resources they identified as a priority for health. **Figure 2A.2** shows the percentage of Llano survey respondents who rated their access to the top three resources as "pretty good" or "very good". Notably, no more than a quarter of respondents who prioritized any of these resources reported having good access to them. Again, respondents were a small 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.

Fig. 2A.1 Resources survey respondents said were important to their loved ones' and their own health and well-being, 2025

Llano County, Texas 2025 CHNA Survey Respondents (n=17)

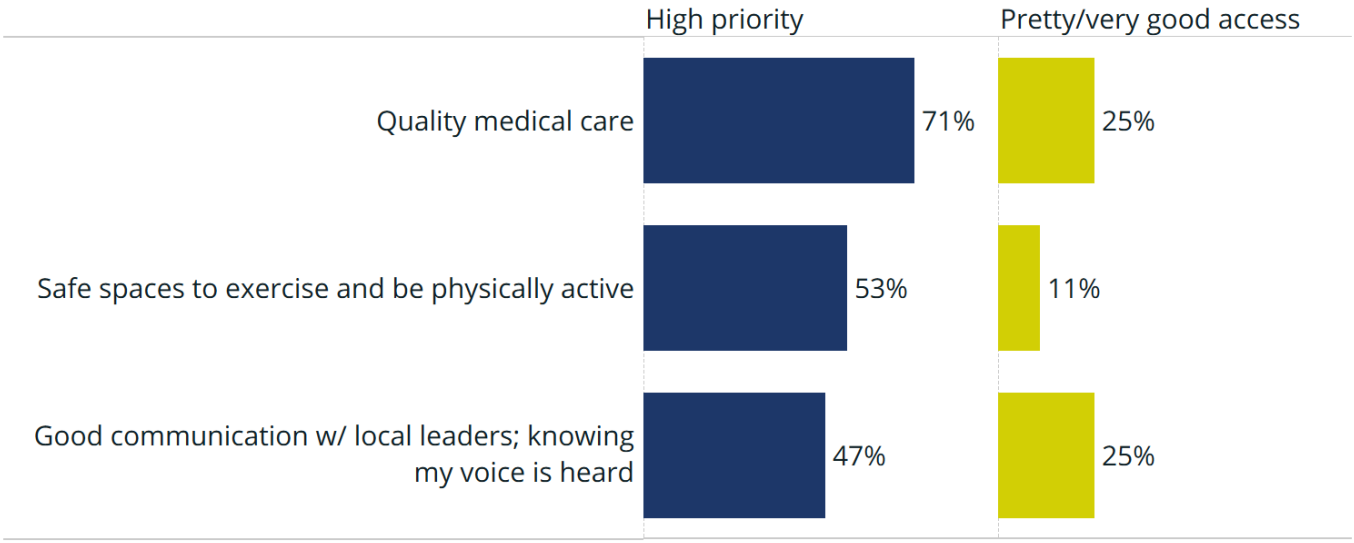


Resources prioritized by fewer than five respondents are suppressed for privacy

Source: Convenience-sample survey conducted in 2025 for CHNA
Prepared by CINow

Fig. 2A.2 Top three resources survey respondents reported as a priority for health, and percent reporting pretty good or very good access to those resources, 2025

Llano County, Texas 2025 CHNA Survey Respondents (n=17)



Source: Convenience-sample survey conducted in 2025 for CHNA
Prepared by CINow

Help with Accessing Care

Texas Hill Country 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". Among Llano County survey respondents for this question (n=14), most reported "often" or "always" having been able to get *prescription medicine* (93%), followed by *physical health or medical care* (64%), *dental care* (50%), and *mental health care* (0%) (**Fig. 2A.3**).

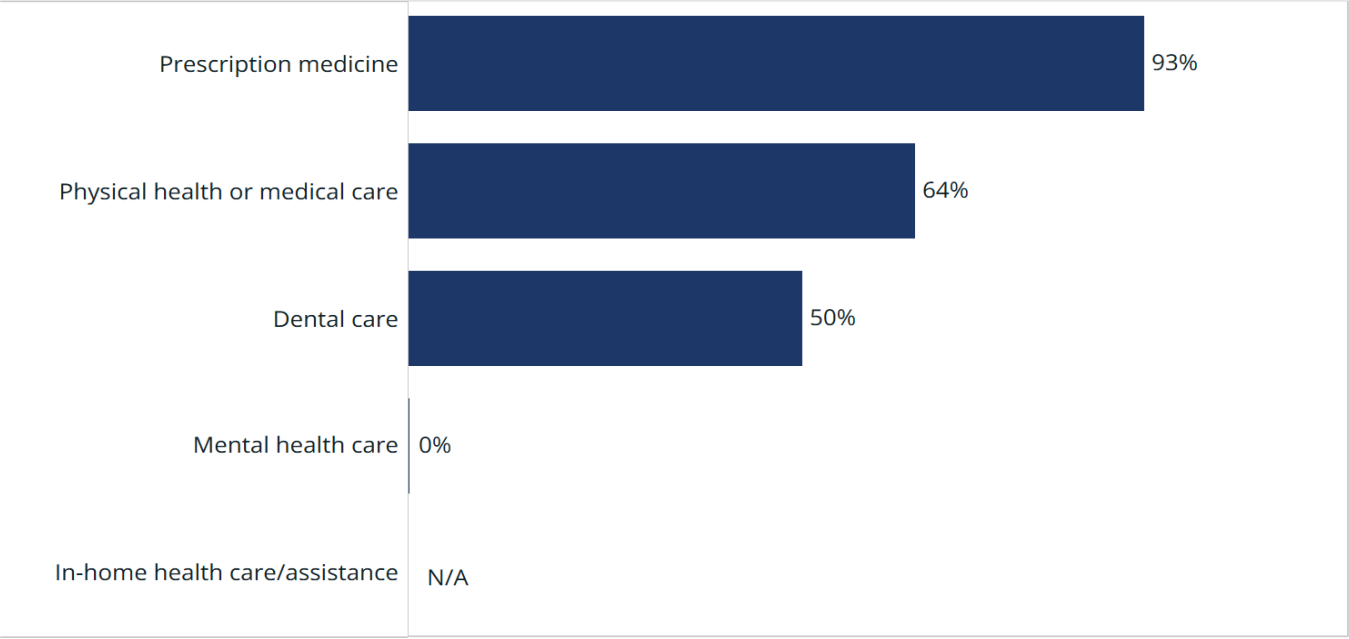
The remainder of this section of the report summarizes trends and differences among groups on indicators of known drivers of health and well-being in Llano County. All the resources prioritized highly by survey respondents are addressed here to the extent that that data is available.

"On a healthy part of it, I would say that access to services is something that's really important. We do have a local hospital that has a lot of services, but not the gamut of services. So there are some that have to travel."

- James "Jaime" Payne, Assistant Superintendent with Llano ISD

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

Llano County, Texas 2025 CHNA Survey Respondents (n=14)



Respondents who reported not needing a specific type of care are excluded from that percentage calculation.
No Llano County respondents reported needing in-home health care/assistance.

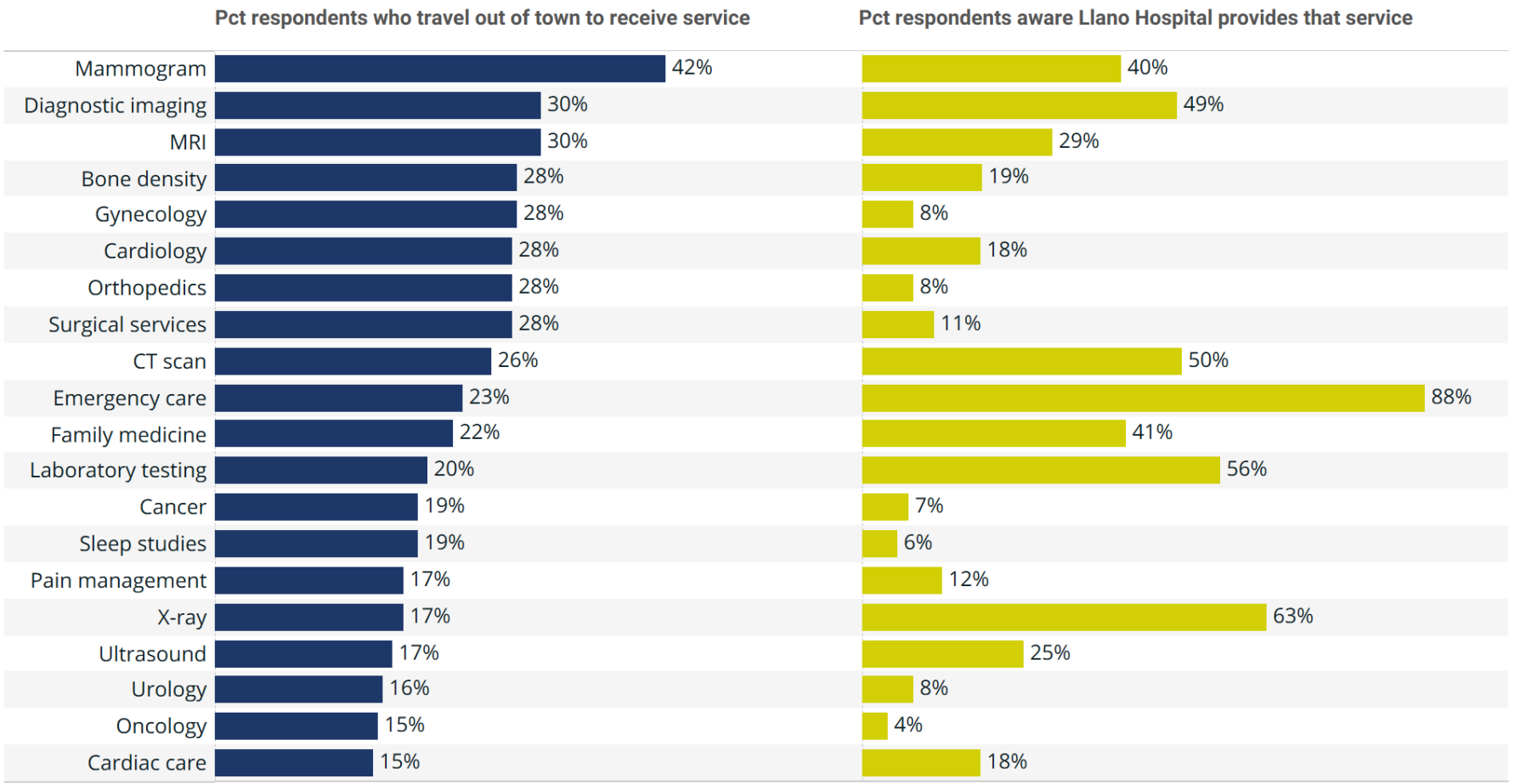
Source: Convenience-sample survey conducted in 2025 for CHNA
Prepared by CINow

Llano Regional Hospital conducted a survey in 2023 to understand, among other issues, resident knowledge and perceptions of services offered by the hospital. **Figure 2A.4** on the next page summarizes two metrics. The first, in blue on the left, shows the 20 services that survey respondents reported traveling "out of town" to receive. The second column shows for each service the percent of survey respondents who reported knowing that the hospital provides that service.

"Out of town" may not mean "out of county" for all respondents, but it does appear that a large proportion of respondents are leaving the county despite services being offered locally. The reasons vary by service and respondent, but some of the factors mentioned in open-ended responses included not knowing the hospital provided the service, having a longtime relationship with a provider elsewhere, wanting to work with a provider not credentialed to provide care through the hospital, wanting specialized expertise not perceived to be present at the hospital, and questions or concerns about quality of care.

Fig. 2A.4 Top 20 hospital/medical services that Llano Hospital Community Survey respondents travel out of town to receive, and percent aware that Llano Hospital provides that service, 2023

Llano County, Texas Llano Hospital Community Survey Respondents (n=251)



Source: Llano Hospital Community Survey Summary Report, January 2024
Prepared by CINow

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.

Jobs and Household Income

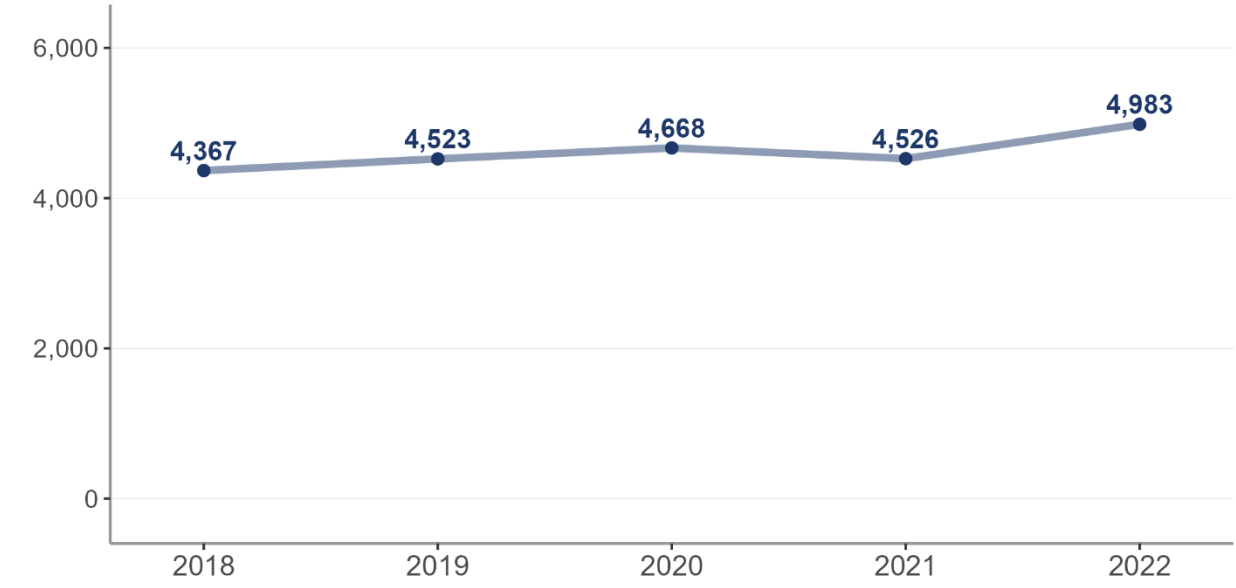
The U.S. Census Bureau's Longitudinal Employer-Household Dynamics (LEHD) data offers detailed information on jobs and commuting patterns. The total number of filled jobs in Llano County grew by about 14% from 2018 to 2020 (including jobs held by commuters from outside the area but excluding open positions or informal employment) (**Fig. 2B.1**). More specifically, the number increased by approximately 150 jobs each year from 2018 to 2020 before declining in 2021, bringing the total back to roughly its 2019 level. By 2022, however, the number of filled jobs had increased by 450, offsetting the previous year's decline and bringing the total to 4,983. Unfortunately, the most recent data is from 2022, and the picture may well have changed since then.

Figure 2B.2 shows the flow of workers into and out of Llano County, including all jobs, such as part-time jobs, in addition to primary jobs, while excluding vacant jobs. Of the 4,983 jobs available in Llano County in 2022, 58% were filled by workers *entering* the county (n=2,913) compared to Llano residents who both live and work within the County (n=2,070). More notably, the number of Llano residents who *leave* to work in another county (n=6,695) is more than three times the number of those who stay to work.

Llano County's median household income in 2023 was $65,636 (**Fig. 2B.3**). While median household income estimates by householder's race/ethnicity groups are available, wide margins of error make comparisons unreliable and differences not statistically significant.

Fig. 2B.1 Total filled jobs

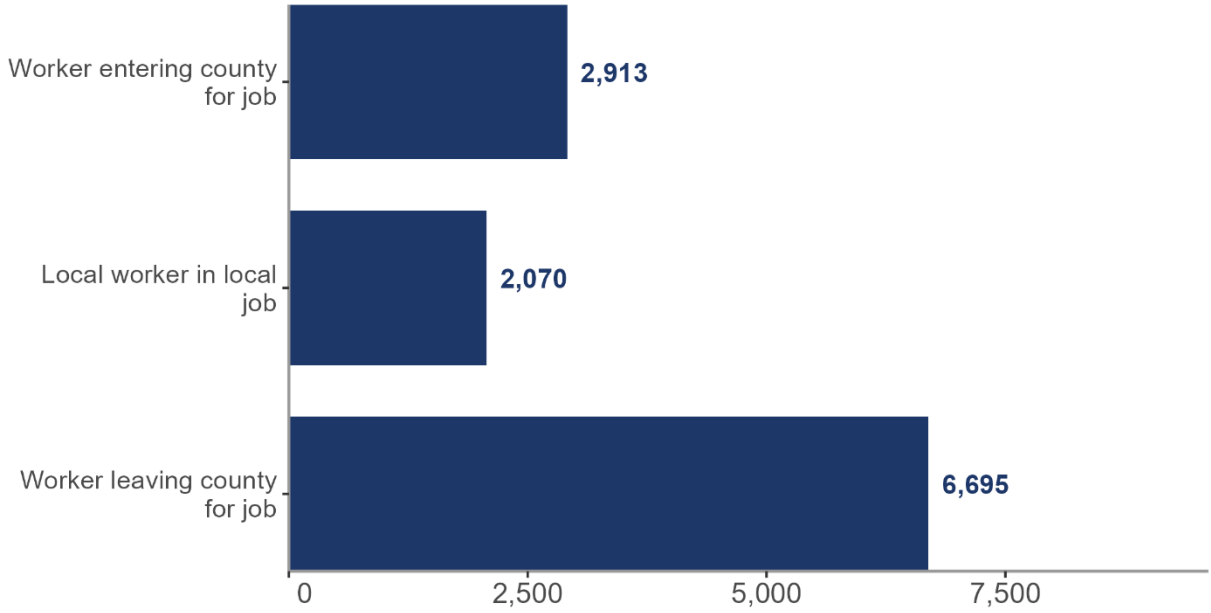
Llano County, Texas



Area jobs may be filled by either local or out-of-area workers.
Source: U.S. Census Bureau, Longitudinal Employer-Household Dynamics
Prepared by CINow

Fig. 2B.2 Worker inflow and outflow counts, 2022

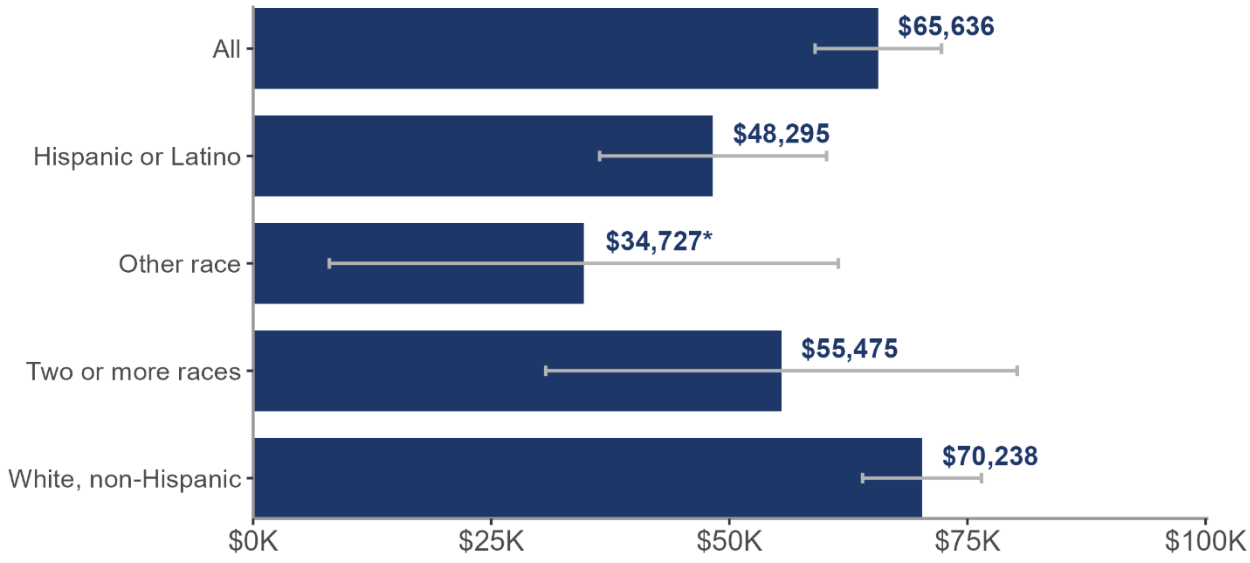
Llano County, Texas



Source: U.S. Census Bureau, Longitudinal Employer-Household Dynamics
Prepared by CINow

Fig. 2B.3 Median household income by householder race/ethnicity, 2023

Llano County, Texas



Missing values are suppressed by data source.
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: S1903
Prepared by CINow

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, which are used to determine eligibility for programs and services.[5] Thus, financial insecurity among Llano County families is shown using both the Federal Poverty Level (FPL) and the ALICE threshold.

On one hand, the Federal Poverty Level (FPL), is a measure the government uses based primarily on income and family size to determine eligibility for benefit programs. On the other hand, ALICE (an acronym for Asset Limited, Income Constrained, Employed) fills a gap by identifying households that struggle to meet basic needs despite earning too much to qualify for assistance. More specifically, ALICE identifies households that make enough to be above the poverty level but not enough to get by (afford basic needs) and are also ineligible for many types of public assistance.[6]

For context, 100% FPL in this report would equate to a 2025 income of $16,749 for one person (under age of 65), and $32,649 for a family of two adults and two children.[7] By comparison, the 2024 ALICE household survival budget for Llano County estimates that the annual income needed to meet basic needs was $29,124 for one person and $64,416 for a family of two adults and two children (**Fig. 2B.4**).

As of 2023, about 11% of families in the County had incomes below the poverty line, roughly averaging 12% across available years (2018-2023) (**Fig. 2B.5**). However, that year, an additional 37% still could not afford basic needs and did not qualify for many forms of assistance, even though many of those families were employed (**Fig. 2B.6**).

Although the percentage of families with incomes below the poverty line (**Fig. 2B.5**) seems to have increased substantially in 2022 (to 18%), the margin of error for that estimate (shown as a shaded area) is considerably wider than in other years in the chart, making the trend difficult to interpret with confidence. Conversely, the percentage of households with income below the ALICE household survival budget threshold (**Fig. 2B.6**) remained relatively consistent across available years between 2019 and 2023, averaging about 37%.

Among Llano County ZIP codes, ZIP code 78672 (around Tow), had the highest percentage of ALICE households (52%), and 78657 (around Horseshoe Bay) had the lowest (25%) (**Fig. 2B.7**). Taken together, financial insecurity affects many households in the region, highlighting the limitations of relying on the FPL alone to understand economic hardship and financial need.

Fig. 2B.4 ALICE Household Survival Budget, 2024

Llano County, Texas

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	$979	$986	$986	$986	$1,295	$1,295	$979	$986
Child Care	$0	$323	$862	$0	$647	$1,754	$0	$0
Food	$328	$554	$497	$601	$1,007	$888	$302	$553
Transportation	$382	$475	$475	$557	$828	$828	$321	$434
Health Care	$167	$478	$478	$478	$735	$735	$531	$1,063
Technology	$113	$113	$113	$147	$147	$147	$113	$147
Miscellaneous	$197	$293	$341	$277	$466	$565	$225	$318
Taxes	$261	$170	$274	$294	$243	$457	$320	$523
Monthly Total	$2,427	$3,392	$4,026	$3,340	$5,368	$6,669	$2,791	$4,024
ANNUAL TOTAL	$29,124	$40,704	$48,312	$40,080	$64,416	$80,028	$33,492	$48,288
Hourly Wage	$14.56	$20.35	$24.16	$20.04	$32.21	$40.01	$16.75	$24.14

Notes: The budget for One Adult, One Child includes costs for one adult and a school-age child. The budget for One Adult, One in Child Care includes costs for an adult and preschool-age child. The budget for Two Adults, Two in Child Care includes costs for two adults, one infant, and a preschool-age child. "Hourly Wage" shows the full-time wage needed to support each budget.

Sources: For ALICE Survival Budget sources, see the Methodology Overview on the Methodology page.

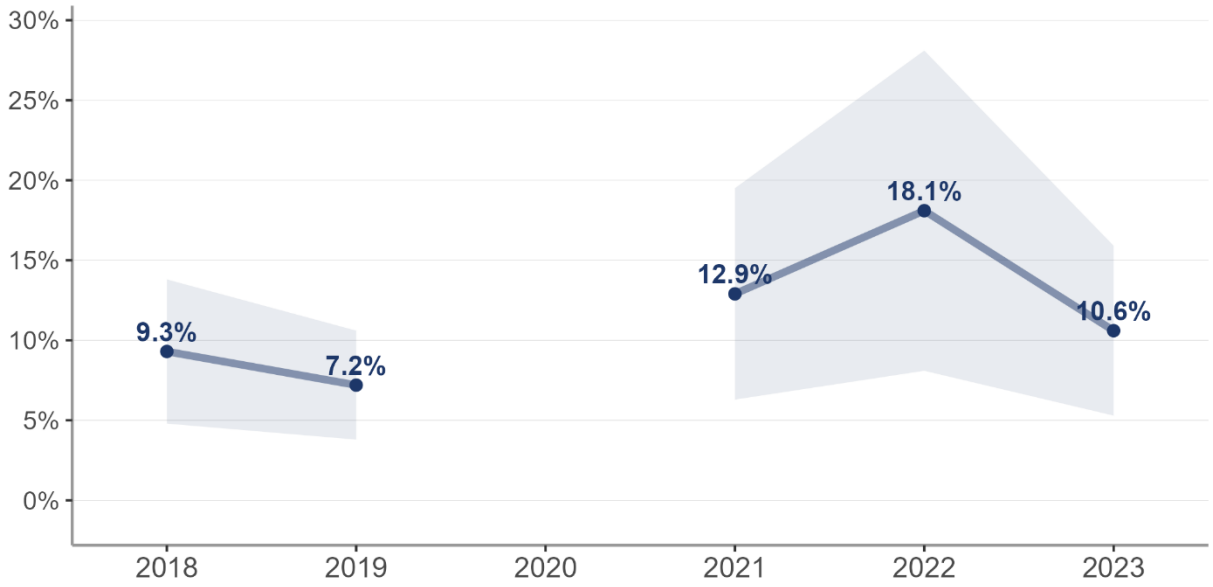
Source: United for ALICE

"We wear many hats right now. Sometimes they need so many different things. They need employment; they need food; their cars broke down, so they can't get to a job; and they're way out in the country, so they're kind of stuck. A lot of them are stuck."

- Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

Fig. 2B.5 Percent of population with income below the poverty level

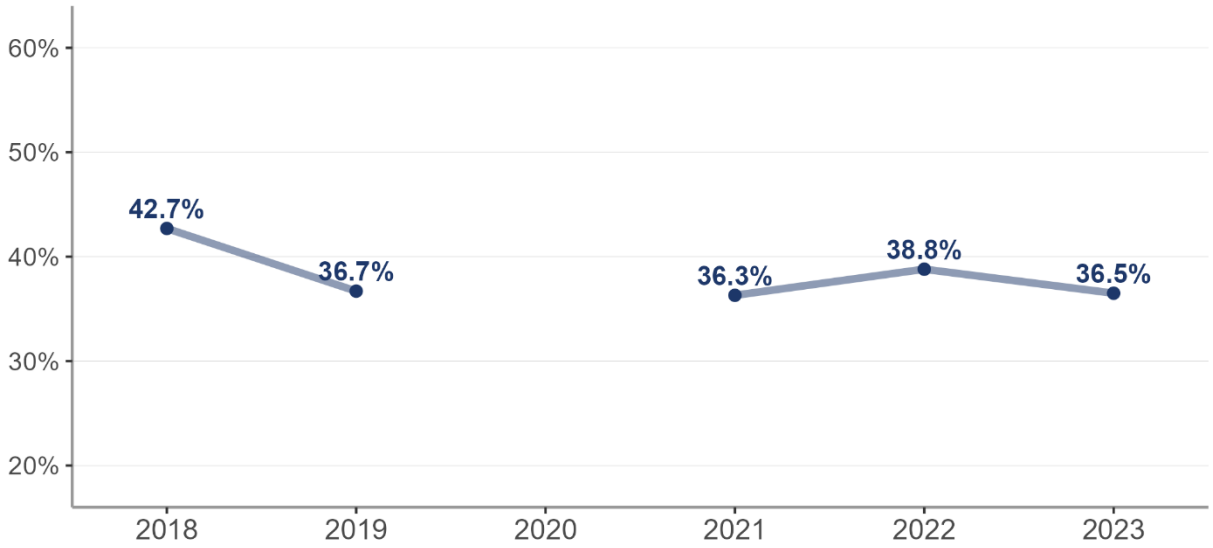
Llano County, Texas



FPL= Federal Poverty Level
Source: ACS 1-Year Supplemental Estimates, Table: K201701; ACS 5-Year Estimates, Table: B17001
Prepared by CINow

Fig. 2B.6 Percent of households with income below the ALICE survival budget threshold

Llano County, Texas



ALICE= Asset Limited, Income Constrained, Employed
Source: ACS 5-Year Estimates, Table: B17001; ALICE United Way of Texas
Prepared by CINow

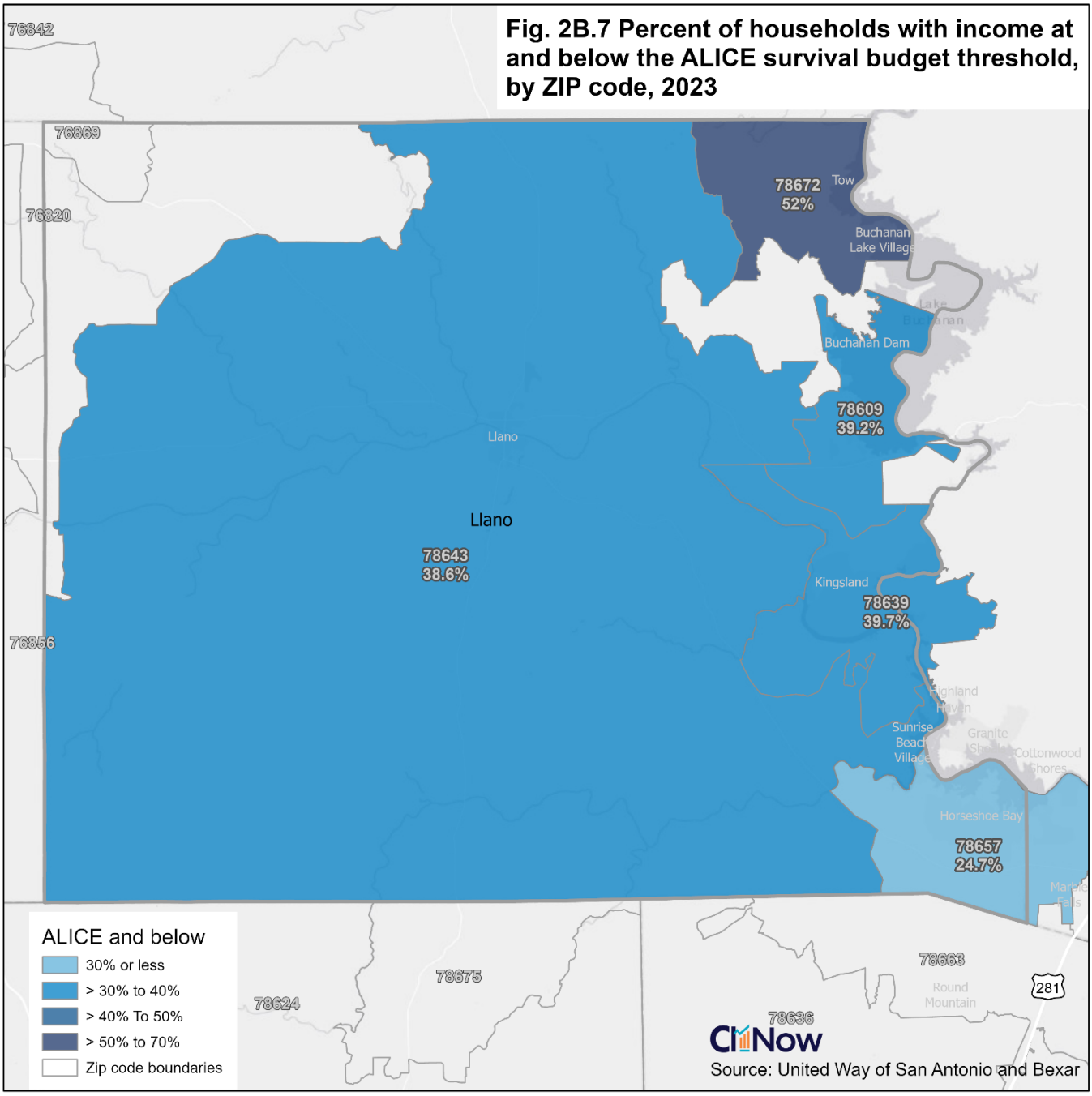
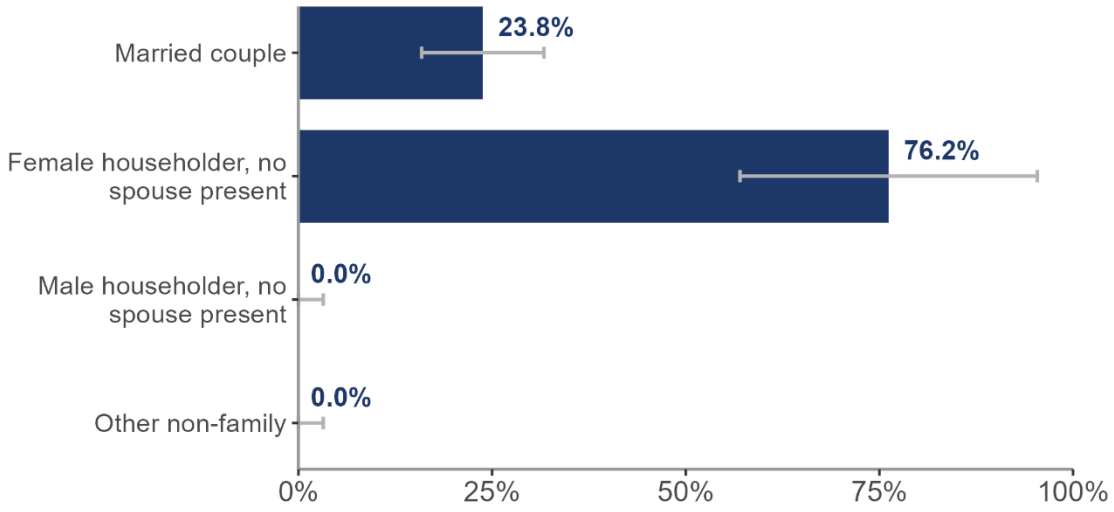


Fig. 2B.7 Percent of households with income at and below the ALICE survival budget threshold, by ZIP code, 2023
76842
76869
76820
78672
52%
Tow
Buchanan Lake Village
Buchanan Dam
78609
39.2%
Llano
Llano
78643
38.6%
Kingsland
78639
39.7%
76856
Sunrise Beach Village
Cottonwood Shores
Horseshoe Bay
78657
24.7%
78675
78624
78663
Round Mountain
281
78636
ALICE and below
30% or less
> 30% to 40%
> 40% To 50%
> 50% to 70%
Zip code boundaries
CINow
Source: United Way of San Antonio and Bexar

Figure 2B.8 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, such as Temporary Assistance for Needy Families (TANF), and food stamps or the Supplemental Nutrition Assistance Program (SNAP). (SNAP is also discussed in the context of food insecurity later in this section.) In 2023, approximately three-quarters of Llano County children receiving such support most commonly lived in "female householder, no spouse present" households (76%), and about a quarter lived in married-couple households (24%).

Fig. 2B.8 Percent of children in households receiving SSI, cash public assistance income, or food stamps/SNAP in the past 12 months, by household type, 2023

Llano County, Texas



SSI= Supplemental Security Income, SNAP= Supplemental Nutrition Assistance Program
Source: ACS 5-Year Estimates. Table: B09010
Prepared by CINow

Child Care

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

With six child care centers in the county, total capacity across those centers is 238 children (Fig. 2C.1), with the majority of those slots for children under five. Child care center licensing capacity totals an estimated 30 slots for every 100 children under five, and about half that for children under age 10. Families needing child care are thus likely to rely on what is typically referred to as "family, friend, and neighbor care." Still, no data are available to describe or quantify that asset in Llano County. Little data is available on how parents in the area handle child care or on the family experiences that arise when access to child care is limited.

Fig. 2C.1 Licensed child care availability and estimated slots per 100 children aged under 5 and under 10, 2023

Llano County, Texas

Measure of Child Care Capacity	Count
Licensed child care centers	**6**
Total capacity	**238**
Estimated slots per 100 children aged under 5	**30**
Estimated slots per 100 children aged under 10	**16**

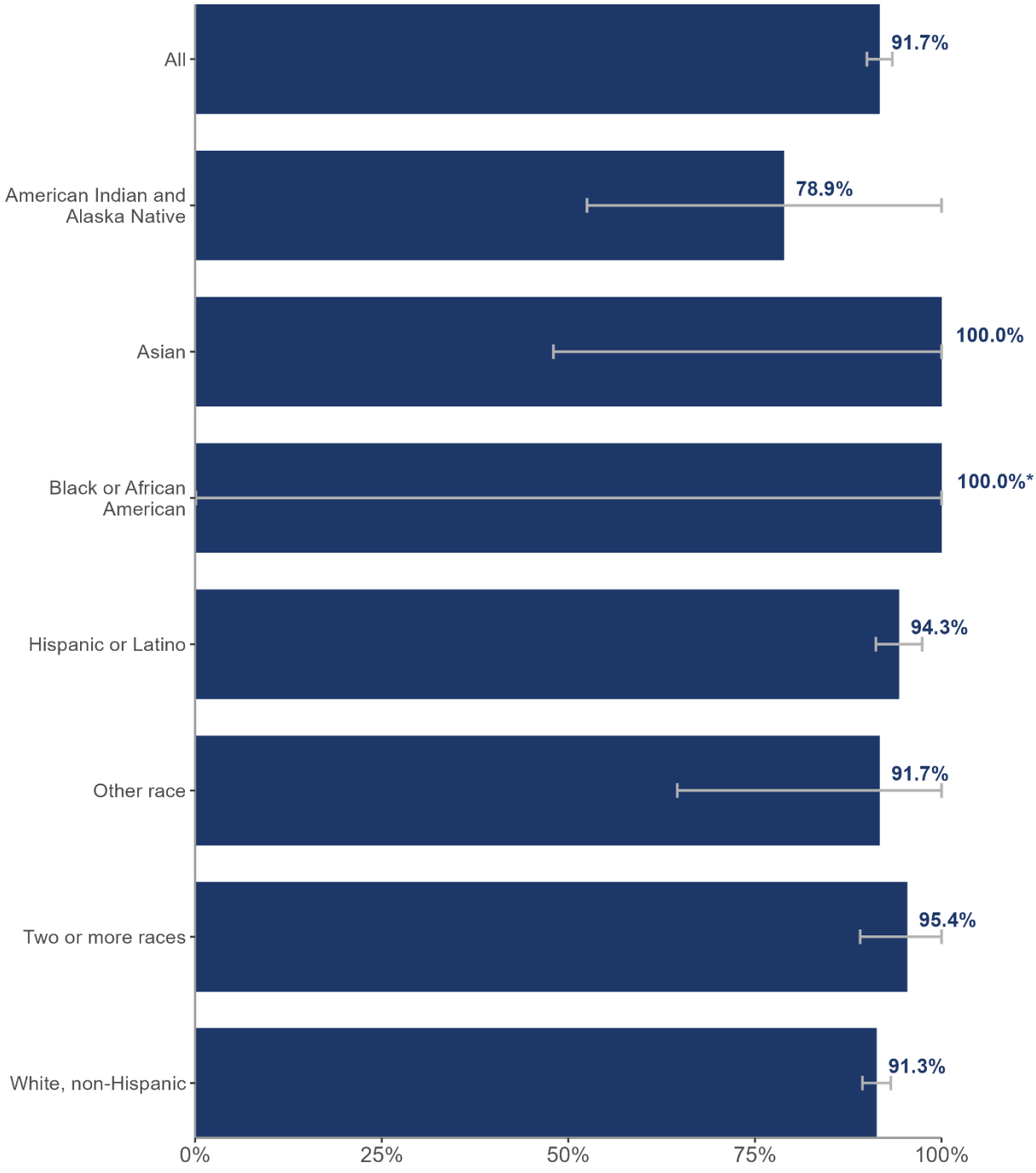
Note: Slots per 100 children are based on full licensed capacity from the Texas Health and Human Services and population estimates from the U.S. Census Bureau (2023 ACS 5-year estimates)

Getting Online and Staying Connected

Digital inclusion refers to reliable, affordable internet access, adequate infrastructure, capable devices, and the necessary digital skills to navigate today's digital world. It is foundational to reducing social and economic disparities while driving economic development and mobility.[8] **Fig. 2D.1** shows that an estimated 91% Llano County households have both a computer and a broadband internet subscription, meaning that about 9% do not. Although shown in the chart, differences by race/ethnicity should be interpreted with caution due to overlapping margins of error and suppression. The percentage is higher around Valley Spring (76885) and Horseshoe Bay and Marble Falls (**Fig. 2D.2**), and lower in the Buchanan Dam and Tow areas.

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

Llano County, Texas



Missing values are suppressed by data source.
*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Tables: B28008, B28009 B-I
Prepared by CINow

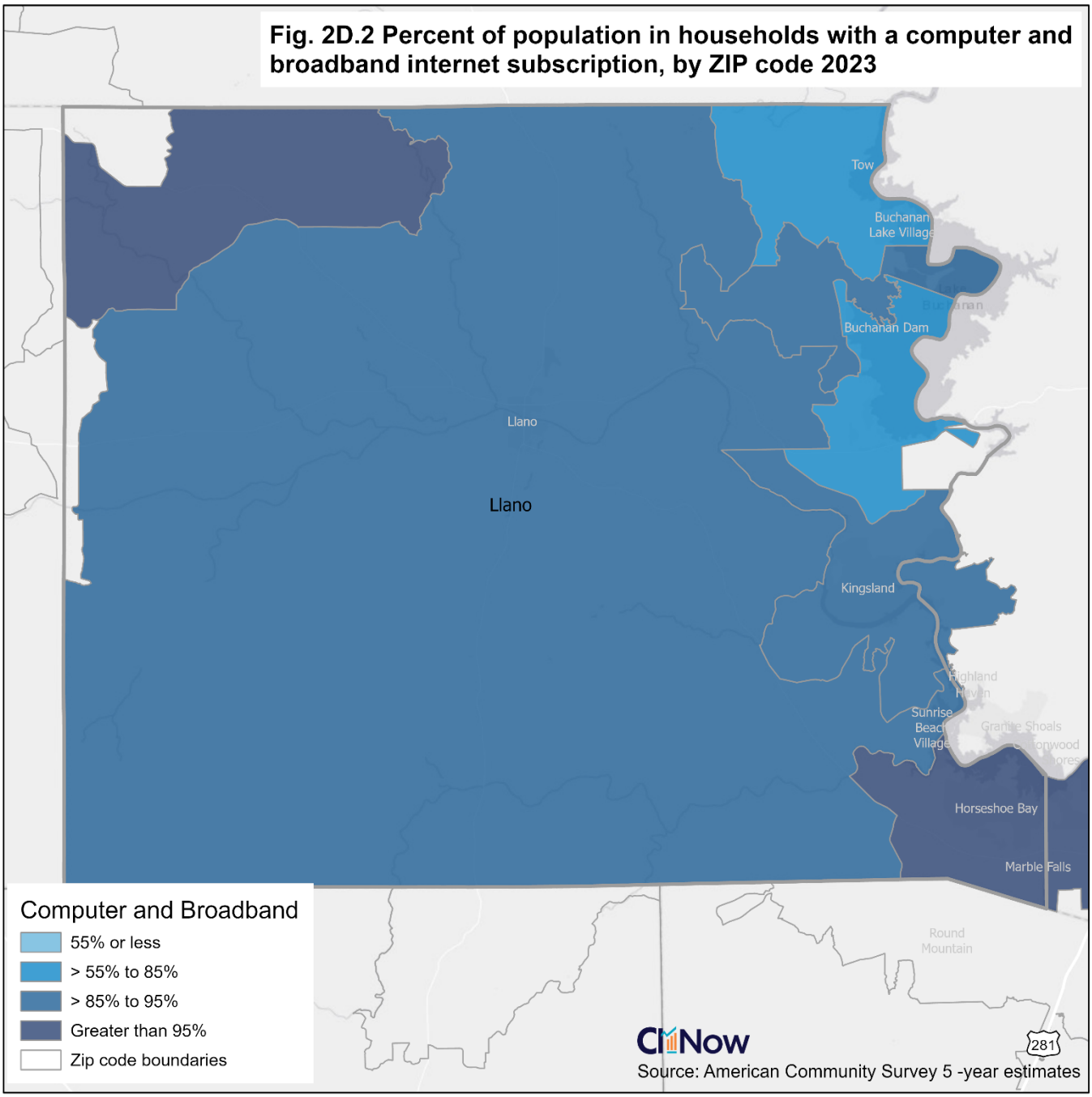


Fig. 2D.2 Percent of population in households with a computer and broadband internet subscription, by ZIP code 2023
Tow
Buchanan Lake Village
Buchanan Dam
Llano
Llano
Kingsland
Highland Haven
Sunrise Beach Village
Granite Shoals
Horseshoe Bay
Marble Falls
Round Mountain
281
Computer and Broadband
55% or less
> 55% to 85%
> 85% to 95%
Greater than 95%
Zip code boundaries
CMNow
Source: American Community Survey 5 -year estimates

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; it also means improving food quality and variety, ensuring economic access to food, and understanding patterns of nutrition and food consumption.

Food Insecurity

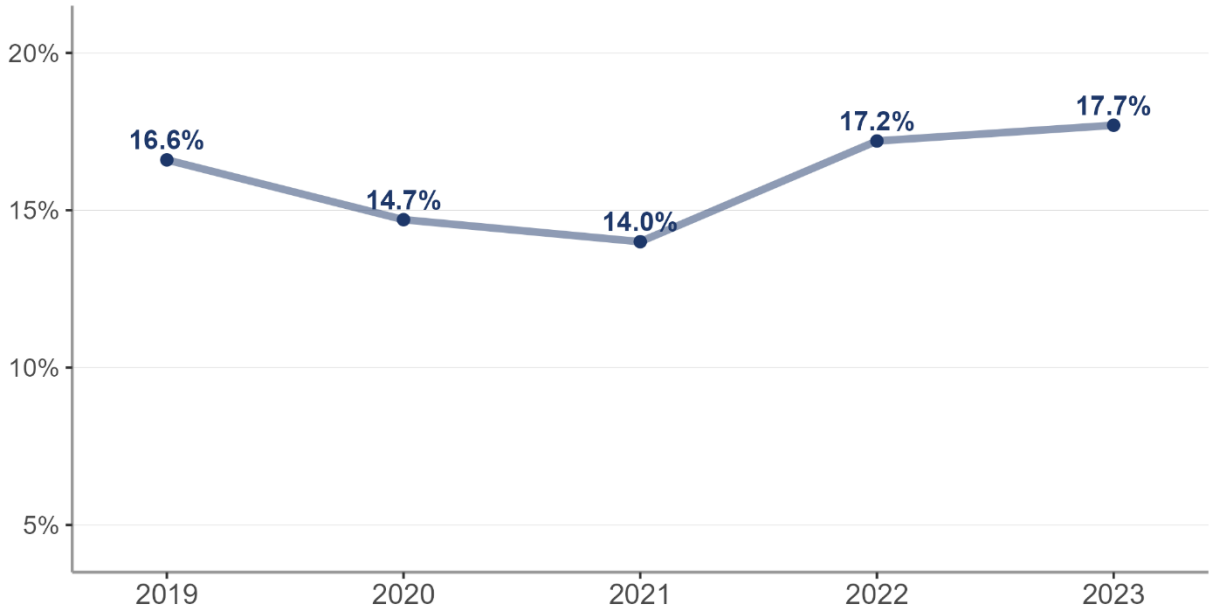
The percentage of Llano County residents experiencing food insecurity was estimated at 18% in 2023 (**Fig. 2E.1**) – nearly one in five people. The lowest percentages in the time period examined were in 2020 and 2021. Given the loss of employment in the early years of the COVID-19 pandemic, the reduction in food insecurity is most likely attributed to pandemic-era federal relief programs. The sharp upticks in 2022 and 2023 likely reflect the end of relief programs, coupled with inflation that remains persistently high even now.

Food insecurity rates are available only for the two largest race/ethnicity groups in the county (**Fig. 2E.2).** At 29%, the rate among Hispanic county residents is 2.4 times that among non-Hispanic white residents (12%). Because the county rate overall (18%) is quite a bit higher than the rate among white residents, food insecurity is likely more common among all other race/ethnicity groups, not just Hispanics. By geography (**Fig. 2E.3**), the ZIP code with the highest percentage of food-insecure residents was ZIP code 78672, including Tow.

> "I heard that our food pantry over there, we're seeing 350 to 400 people every Thursday, giving out food and hygiene products, dog food, and other things. That's a lot for just this little area here, and I still have people coming in here at the Community Resource Center needing food. But I know that they're working on that issue."
>
> - Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

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

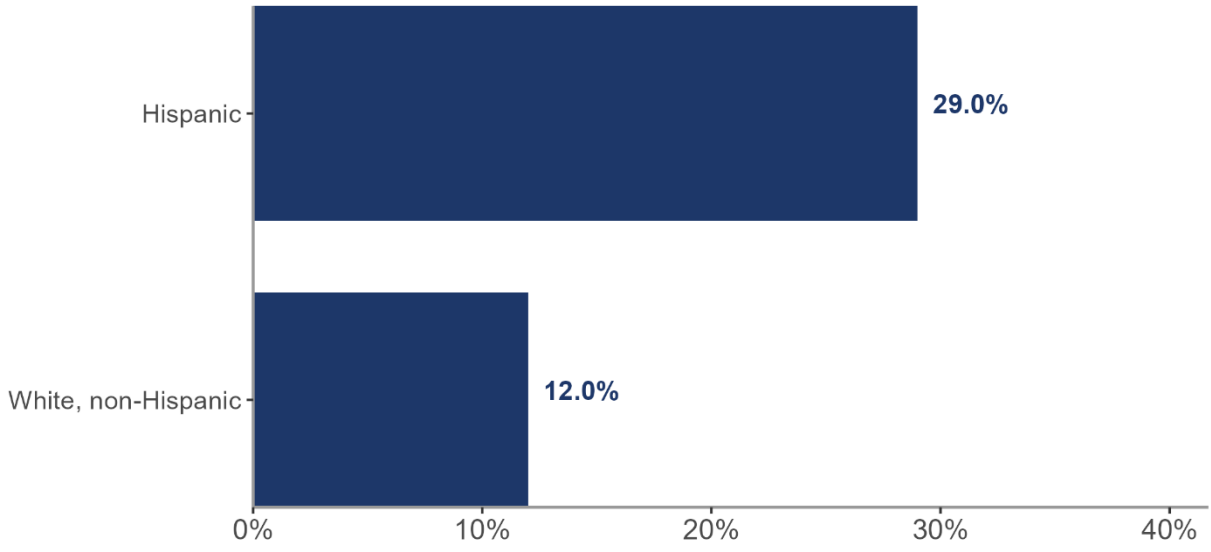
Llano County, Texas



Source: Feeding America
Prepared by CINow

Fig. 2E.2 Percent of population that is food insecure, by race/ethnicity, 2023

Llano County, Texas



"Hispanic persons" includes those of all races.
Source: Feeding America
Prepared by CINow

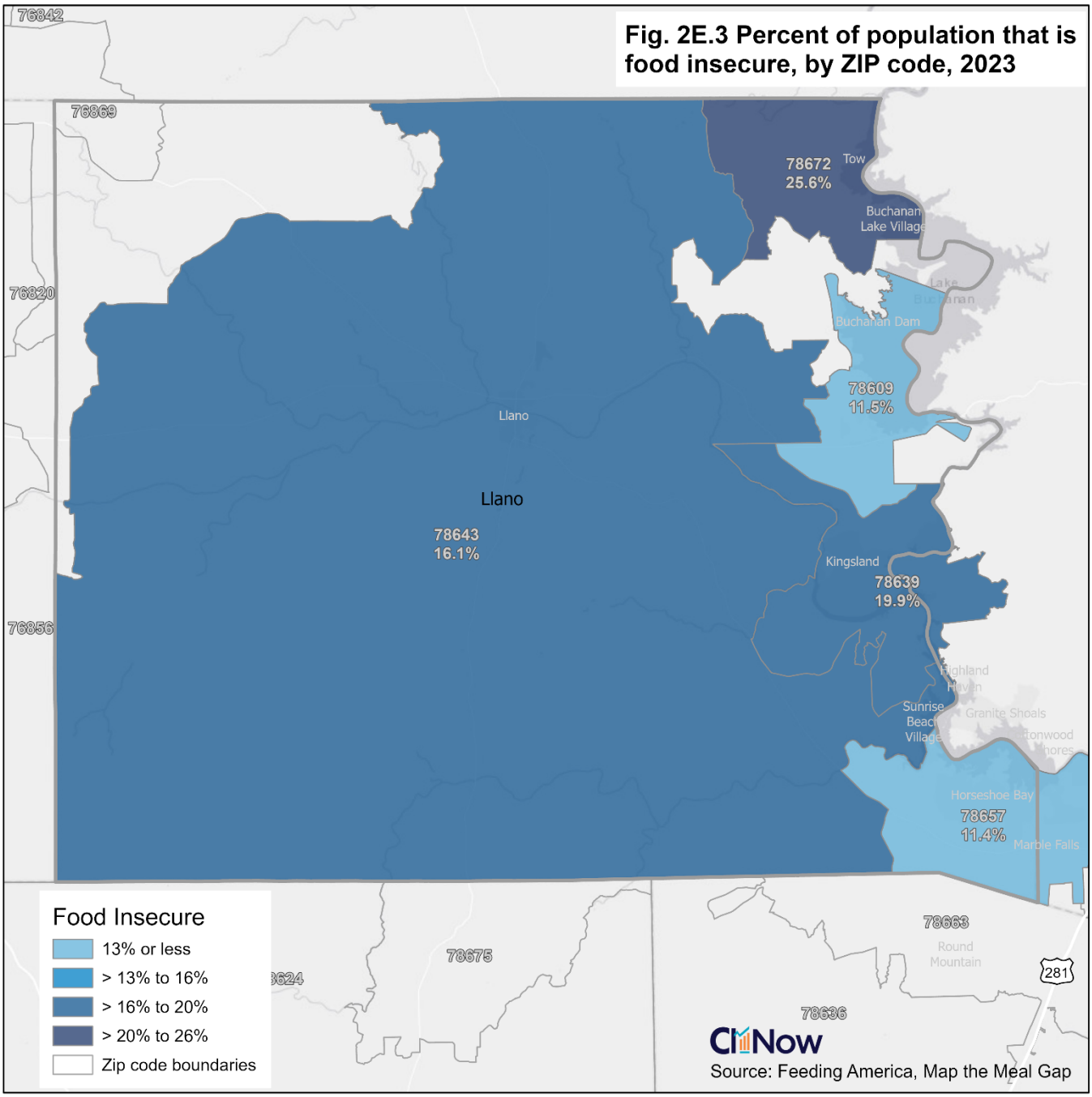


Fig. 2E.3 Percent of population that is food insecure, by ZIP code, 2023
76842
76869
76820
76856
78672
25.6%
Tow
Buchanan Lake Village
Buchanan Dam
78609
11.5%
Llano
Llano
78643
16.1%
Kingsland
78639
19.9%
Sunrise Beach Village
Granite Shoals
Horseshoe Bay
78657
11.4%
Marble Falls
78675
78663
Round Mountain
281
78636
Food Insecure
13% or less
> 13% to 16%
> 16% to 20%
> 20% to 26%
Zip code boundaries
CINow
Source: Feeding America, Map the Meal Gap

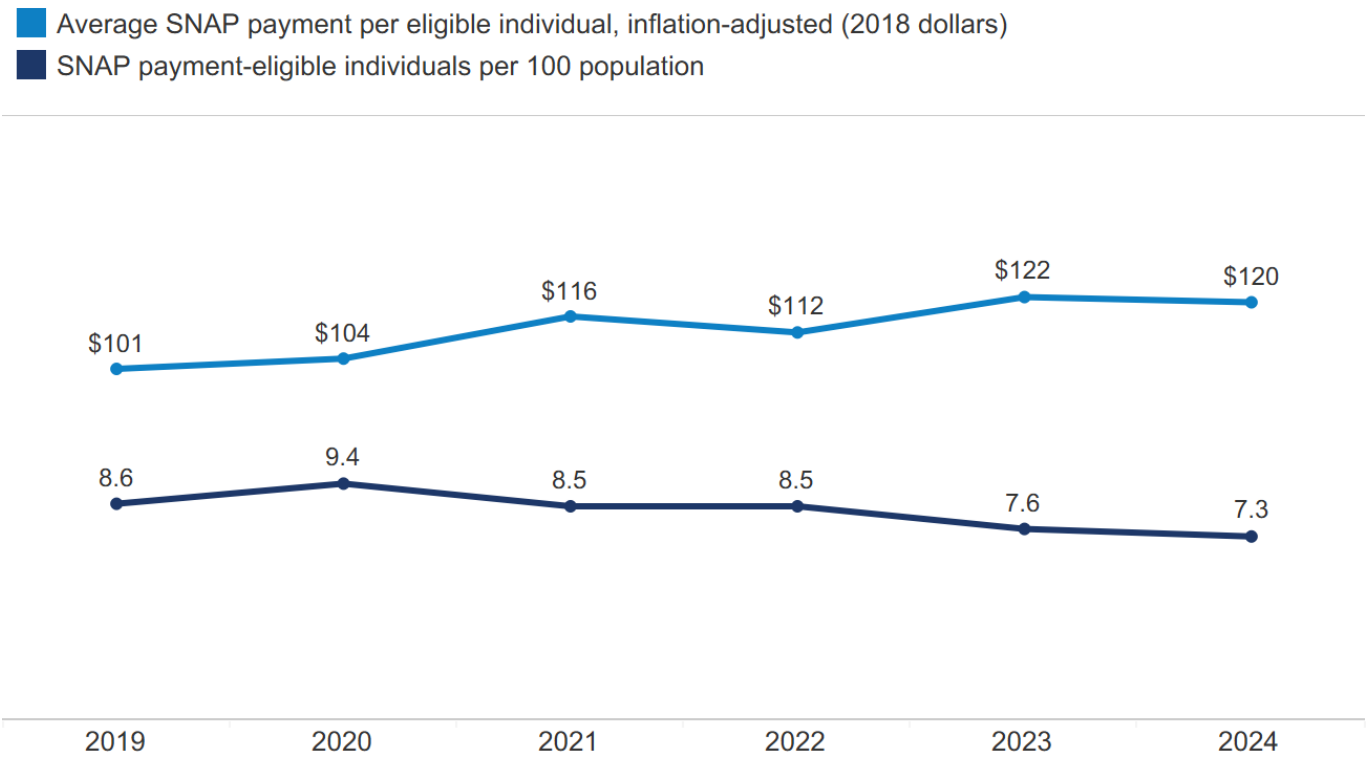
Food Assistance

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 the 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 two trend lines together paint a picture that is common across Texas counties: an increase in the average SNAP payment per eligible individual, but a decrease in the number of people eligible to receive a payment. The number of eligible individuals per 100 population rose to a six-year high of 9.4 in 2020 before falling steadily to 7.3 per 100 in 2024. If 17.7 of every 100 Llano County residents are food insecure and just 7.3 per 100 are SNAP-payment-eligible, SNAP is currently meeting only 41% of the food security need.

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

Llano County, Texas



Source: Texas Health and Human Services Commission
Prepared by CINow

Finding and Keeping a Home

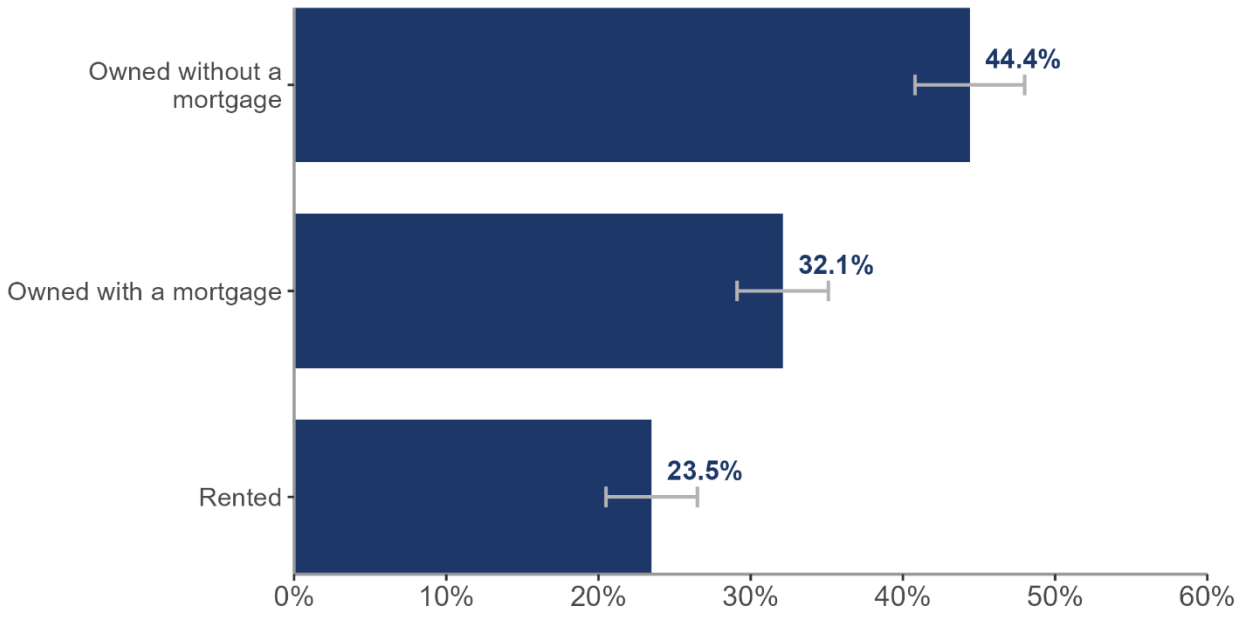
Affordable housing and housing stability refer to access to safe, quality, and reasonably priced housing while still having enough income for other basic needs. Certain populations, including renters and foster youth, are especially vulnerable to displacement and housing instability. At the same time,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

Remarkably, 44% of Llano County households own their housing unit free and clear, without a mortgage (**Fig. 2F.1**). However, nearly a quarter of Llano County housing units are renter-occupied. The margins of error are extremely wide and rates unreliable, but it does appear that the county's Hispanic- and Black-headed households are more likely than white-headed households to be renters (**Fig. 2F.2**).

An estimated 28% of Llano County households are housing cost-burdened (**Fig. 2F.3**), meaning housing costs consume more than 30% of household income. As one would expect, that percentage is lowest for owner-occupied households without a mortgage. An estimated 36% of owner-occupied households that are still paying a mortgage are considered housing cost-burdened, compared with half of renter households. Housing cost burden is commonly thought of as an issue for lower-income households struggling to make ends meet after paying rent or a mortgage. It can also occur in wealthier neighborhoods, though, if a household's rent or mortgage payment is so high that it exceeds 30% of household income.

Fig. 2F.1 Percent of households by tenure type and mortgage status, 2024

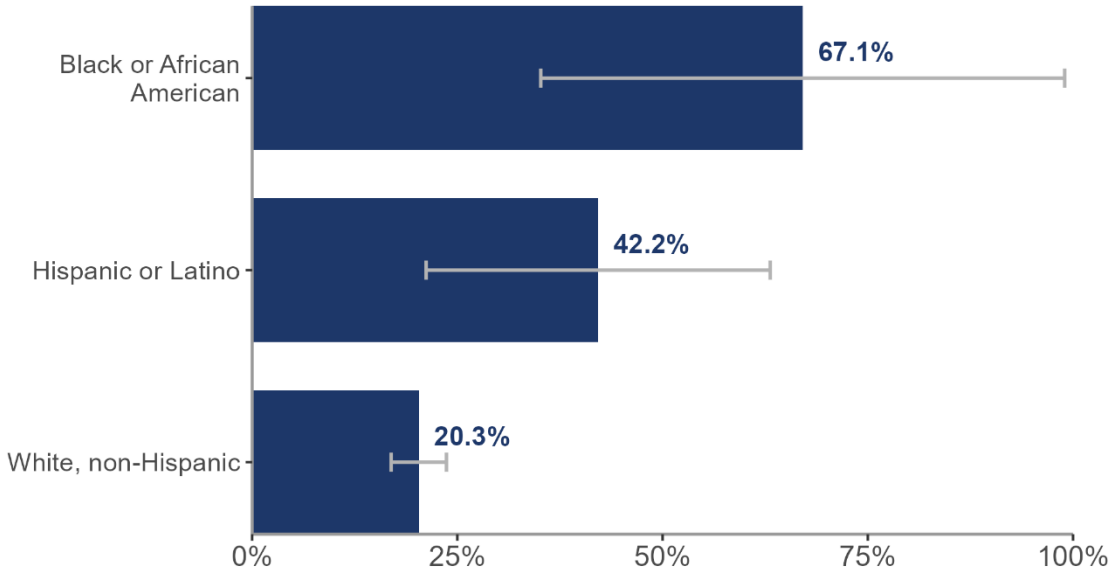
Llano County, Texas



Source: ACS 5-Year Estimates. Table: B25140
Prepared by CINow

Fig. 2F.2 Percent of housing units that are renter-occupied, by race/ethnicity, 2023

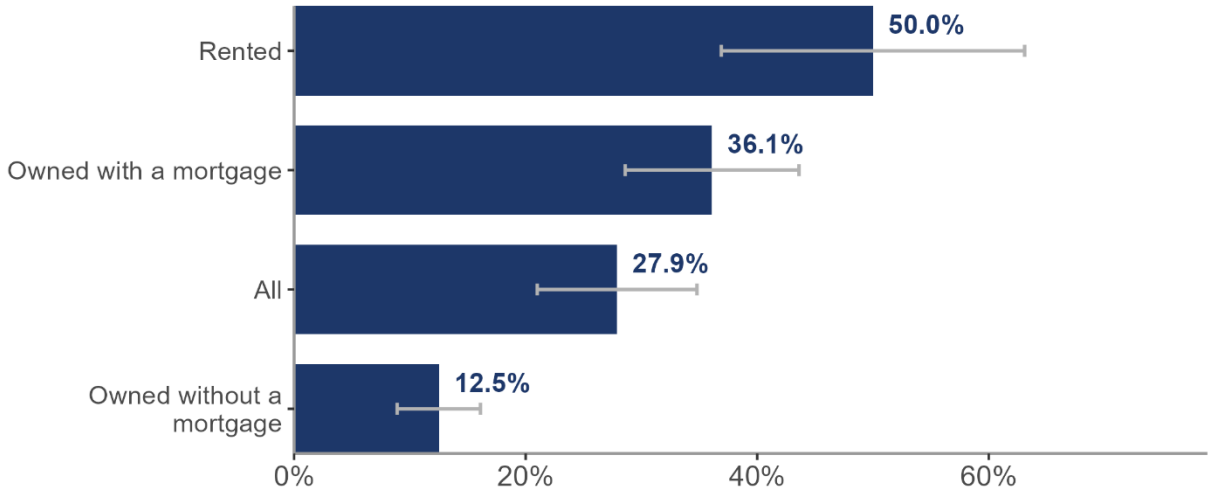
Llano County, Texas



Source: ACS 5-Year Estimates. Tables: B25003, B25003B, B25003H, B25003I
Prepared by CINow

Fig. 2F.3 Percent of households that are housing cost-burdened, by tenure type and mortgage status, 2024

Llano County, Texas



Housing cost-burden could be calculated for 99% of owned units but only 80% of rented units, as 18% do not pay traditional cash rent. The remaining 2% of rented units and 1% of owned units have zero or negative income.
Source: ACS 5-Year Estimates. Table: B25140
Prepared by CINow

> "It's real expensive to own property here. The property values have gone way up. A less than $10 an hour job is not [going to help them afford housing]. We pay our bus drivers way more than that, but they're working maybe four hours a day. That's not a full-time job. So for that to be your only job, it'd be hard to live here, because the property values are so high. The same thing if you had a minimum wage job here, it would be very hard to live here."
>
> - James "Jaime" Payne, Assistant Superintendent with Llano ISD

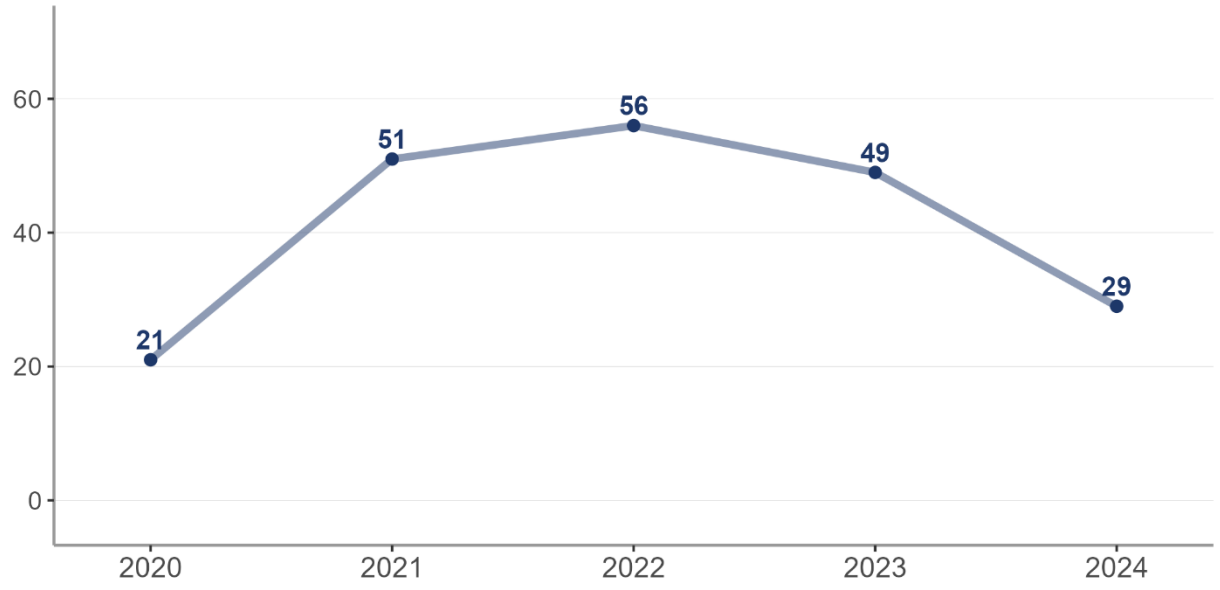
Foster Youth

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.4** and **2F.5** 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 annual number of youth exiting TDFPS legal custody varied widely between 2020 and 2024 (**Fig. 2F.4**). Llano County exits peaked at 56 in 2022, but the 2024 number remains higher than in 2020. As shown in **Figure 2F.5**, Hispanic youth are greatly overrepresented among foster care exits. Hispanics make up about 13% of the Llano County population, but 43% of foster youth exits. (The reason for the discrepancy in total – 28 in Fig. 2F.5 vs. 29 in Fig. 2F.4 – is not known.)

As with all data in this assessment, it is important to interpret these figures cautiously. Small population sizes often result in between-group variation or year-to-year fluctuations ("bounce") that exaggerate true differences. Additionally, a higher *number* of exits for a specific group does not necessarily indicate a higher *exit rate* for that group; it may simply reflect a larger number of youth from that racial or ethnic group in foster care. Further, an exit may or may not be to a stable placement; for example, more youth may be aging out of care rather than being reunited with their families or adopted.

Fig. 2F.4 Number of foster youth who exited Texas DFPS legal custody

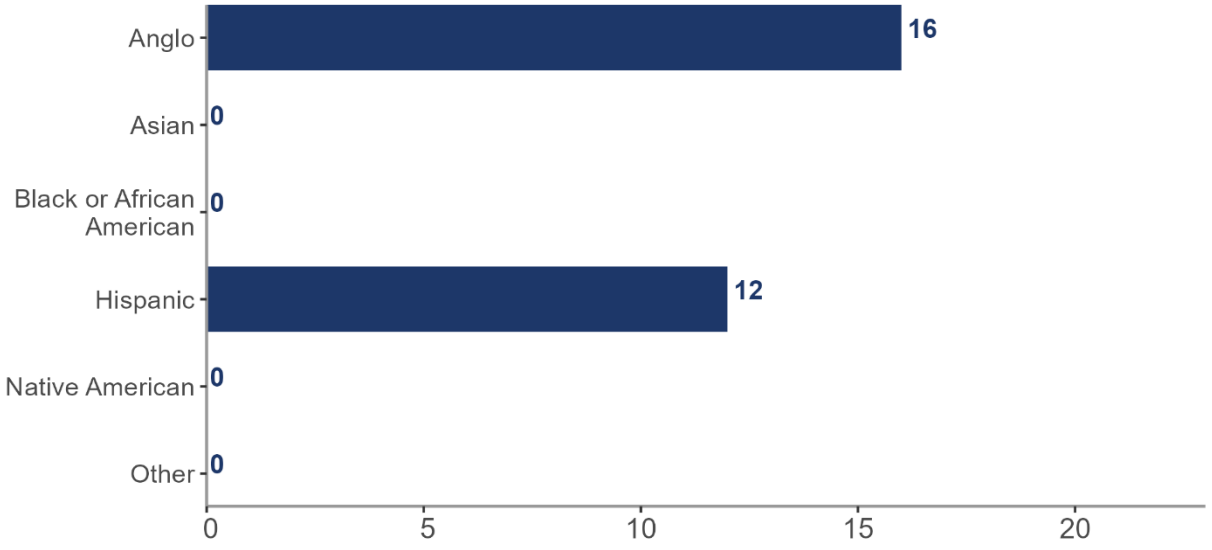
Llano County, Texas



DFPS= Department of Family and Protective Services
Source: Texas Department of Family and Protective Services
Prepared by CINow

Fig. 2F.5 Number of foster youth who exited Texas DFPS legal custody, by race/ethnicity, 2024

Llano County, Texas



DFPS= Department of Family and Protective Services
Source: Texas Department of Family and Protective Services
Prepared by CINow

Staying Safe at Home and in Our Communities

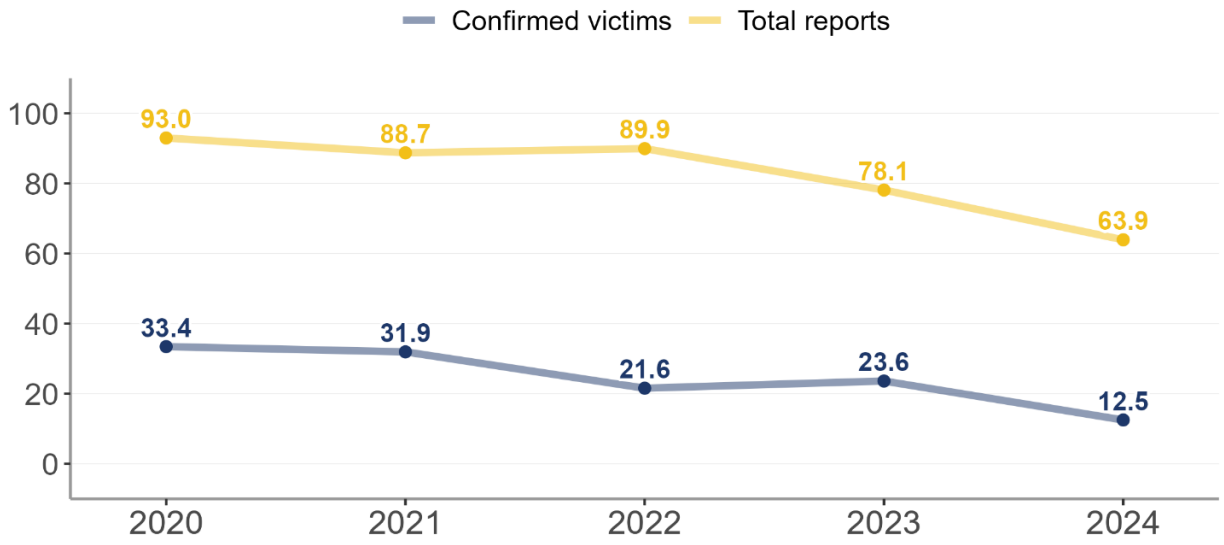
Staying safe at home and in our communities means being protected from abuse, neglect, and community violence across all stages of life. Understanding how safe residents feel in their homes, on the roads, and in their daily lives helps identify risk factors and highlight communities that may need additional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

Abuse or Neglect of Children and Older Adults

Figures 2G.1 through 2G.3 show child and older adult abuse, neglect, or maltreatment; Child Protective Services and Adult Protective Services use somewhat different terminology. Llano County's child abuse or neglect report rate fell 31% since 2020, dropping to 63.9 per 1,000 children aged 0-17 in 2024 (**Fig. 2G.1**). The confirmed victim rate fell by twice that amount, to 12.5 confirmed victims per 1,000 children aged 0-17 in 2024. For older adults (**Fig. 2G.2**), the report rate dropped by 21% to 5.6 per 1,000 adults aged 65 and older in 2023, then rose to 7.5 in 2024. The validated report rate – the equivalent of the confirmed victim rate for child abuse and neglect – more than doubled from 2020 to 2024.

Fig. 2G.1 Rates of reported and confirmed child abuse or neglect per 1K children aged 0-17

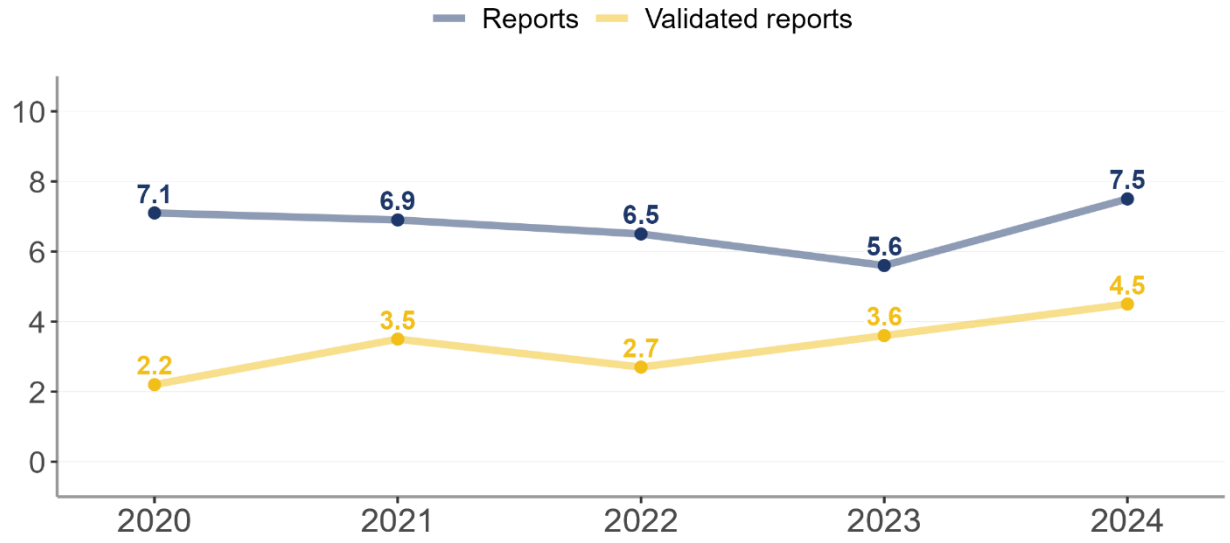
Llano County, Texas



Source: Texas Department of Family and Protective Services
Prepared by CINow

Fig. 2G.2 Rates of reported and validated older adult abuse or neglect per 1K adults aged 65 and older

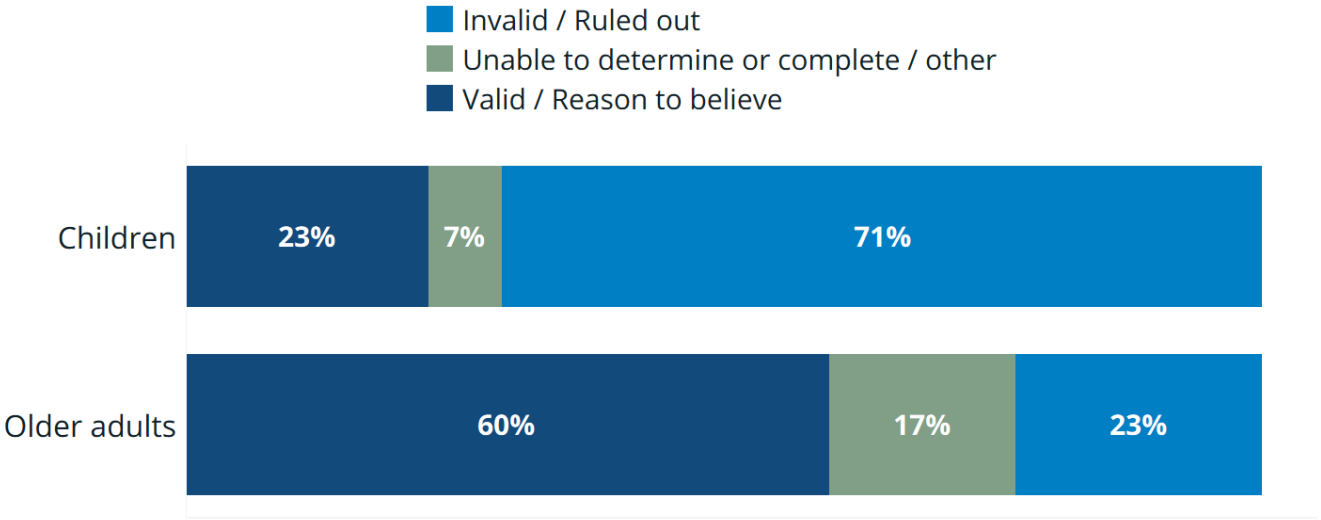
Llano County, Texas



Source: Texas Department of Family and Protective Services
Prepared by CINow

Fig. 2G.3 Disposition of abuse and neglect investigations by age group, 2024

Llano County, Texas



Disposition language has been combined for this chart. Child abuse and neglect report dispositions are classified as *reason to believe, ruled out,* or *unable to determine or complete.* Older adult abuse or neglect report dispositions are classified as *valid, invalid,* or *unable to determine or other.*

Source: Texas Department of Family and Protective Services
Prepared by CINow

Both report rates and confirmed victim (or validated report) rates are heavily influenced by contextual factors, meaning that a drop in rates could reflect less abuse and neglect or less robust reporting and investigation. Child abuse and neglect reports are most likely to come from school personnel, followed by law enforcement and medical personnel. Older adult abuse and neglect reports are by far most likely to come from medical personnel, at about twice the rate of next-most-common reporters: relatives and community agencies. If children are not in in-person school, or if access to health care is negatively impacted, actual abuse and neglect of both children and older adults is less likely to be reported.

Similarly, state protective agency staffing shortages and high caseloads can be expected to hinder the completion of investigations in which a victim is either confirmed or ruled out. For that reason, tracking the rate at which reports are investigated and investigations are completed helps reveal not just potential underreporting but also gaps in system capacity. A full analysis of the reporting and investigation pipeline is beyond the scope of this report. Still, as shown in **Figure 2G.3**, victimization was neither confirmed nor ruled out in seven percent of child abuse and neglect investigations and 17% of older adult maltreatment investigations in 2024.

Other Violence

Figure 2G.4 through **2G.6** show family violence, violent crime, and sexual assault rates per 100,000 people in the Texas Hill Country region, by location. 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. As with child and older adult abuse and neglect, a change in the rate of reported crime may or may not reflect a true increase or decrease in actual crime.

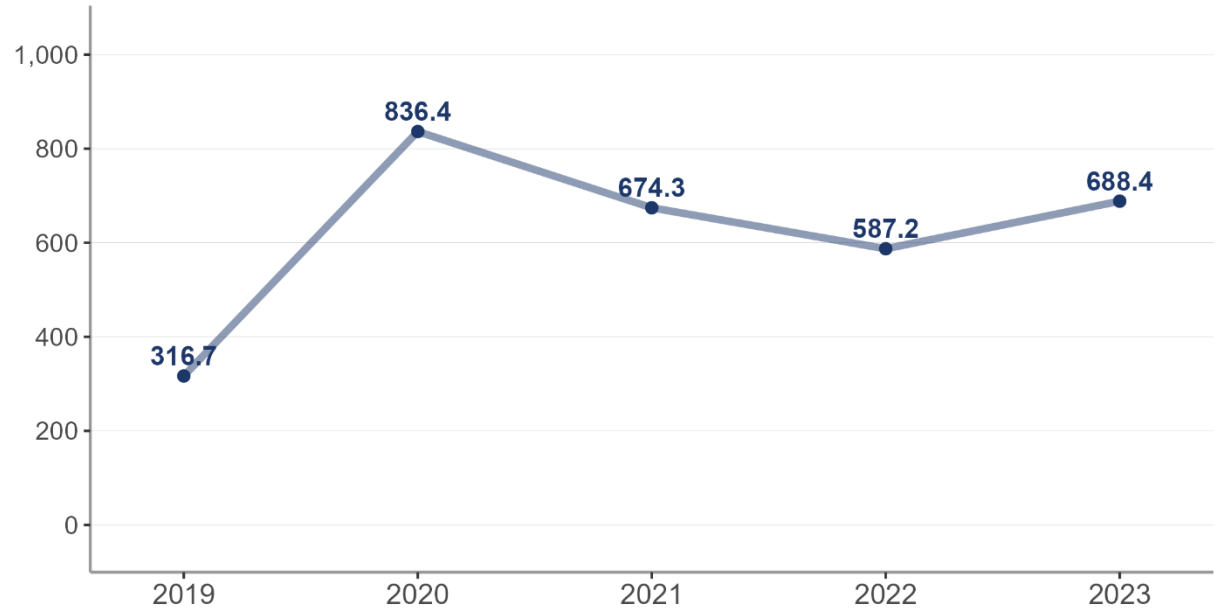
In 2020, the first year of the COVID-19 pandemic, Llano County's family violence rate (**Fig. 2G.4**) exploded from 316.7 to 836.4 per 100,000 population. That increase is likely at least partially due to COVID-19 related stressors that heightened risk factors of family violence, like families suddenly being together in close quarters, job loss and financial insecurity, alcohol and substance use and other behavioral health challenges, and access to resources. Improved reporting could also be a factor.

The violent crime rate (**Fig. 2G.5**) includes reported murder, rape, robbery, and aggravated assault [9,10]. Llano's violent crime rate increased slightly in 2021, dropped for two consecutive years, and then those again to a 2023 rate (187.7 per 100,000) was higher than in 2019 (161.1 per 100,000).

Sexual assault (**Fig. 2G.6**), which includes rape as well as other non-consensual sexual acts. Llano County's 2023 sexual assault rate was more than six times the 2019 rate. Again, this trend should be interpreted with caution, as actual counts are relatively small, sexual assault is widely underreported, and the degree of underreporting can vary over time.

Fig. 2G.4 Family violence rate per 100K population

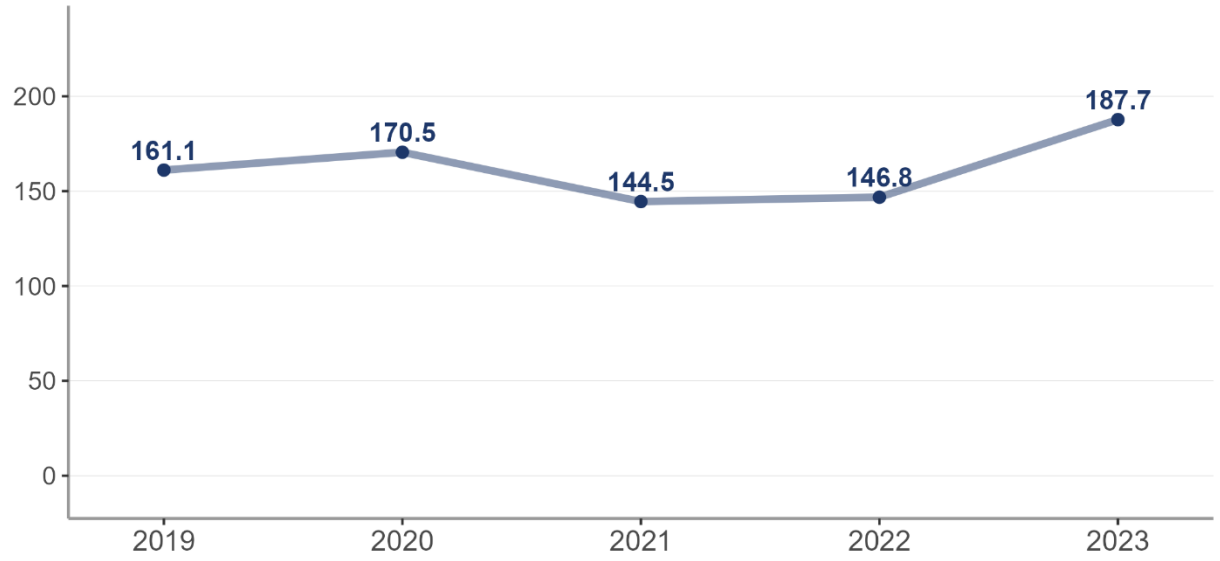
Llano County, Texas



Source: Texas Department of Public Safety; ACS 5-Year Estimates, Table: B01001
Prepared by CINow

Fig. 2G.5 Violent crime rate per 100K population

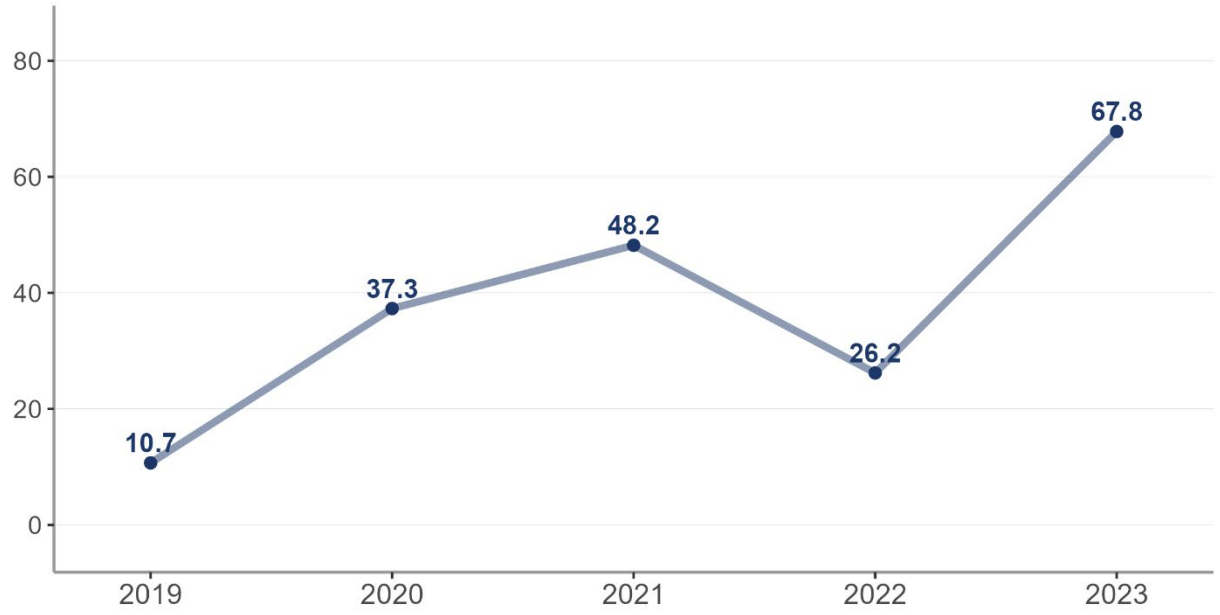
Llano County, Texas



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 5-Year Estimates, Table: B01011
Prepared by CINow

Fig. 2G.6 Sexual assault rate per 100K population

Llano County, Texas



Source: Texas Department of Public Safety; ACS 5-Year Estimates, Table: B01001
Prepared by CINow

"My first nonprofit, Domestic Violence Sexual Assault Shelter. And they would have many different needs. I was a legal advocate and client services coordinator, so anywhere from housing to being in court with them for a protective order, helping them get Medicaid, because they would need to see the doctor. Back then, it was easier for them to get healthcare. Now it's even harder."

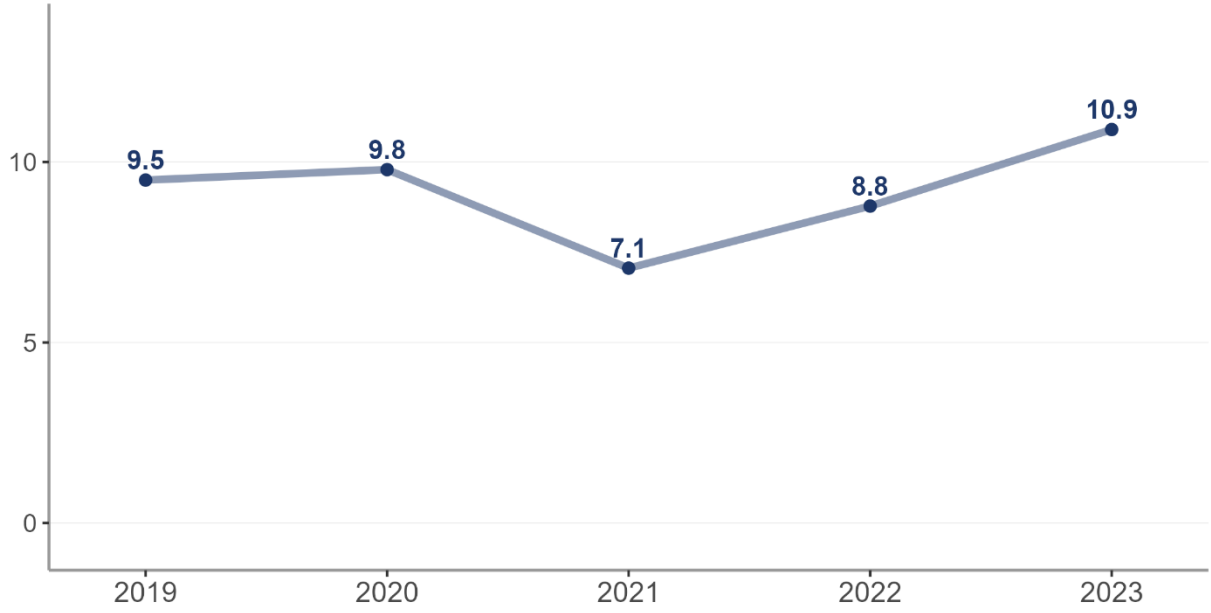
- Donna Wheeler, County Site Coordinator with Community Resource Center of Texas

Alcohol-Related Crashes

Another important community safety indicator, the alcohol-involved motor crash rate dropped somewhat in 2021 before rising again, reaching 10.9 per 10,000 population 2023 (**Fig. 2G.7**), higher than the 2019 rate. Llano County bucks the state trend on this measure during the period examined: Llano County's rate increased 15% from 2019 to 2023, while the state rate *decreased* 4%. Llano County's 2023 rate is also considerably higher than the 2023 state rate of 7.8 alcohol-involved crashes per 10,000 population.

Fig. 2G.7 Alcohol-involved motor vehicle crash rate per 10K population

Llano County, Texas



Source: Texas Department of Transportation; ACS 1-Year Supplemental Estimates, Table K200101; Prepared by CINow

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. Water availability is an increasingly pressing concern across Texas, as water demand from population and industry growth outstrips supply and the drought continues.

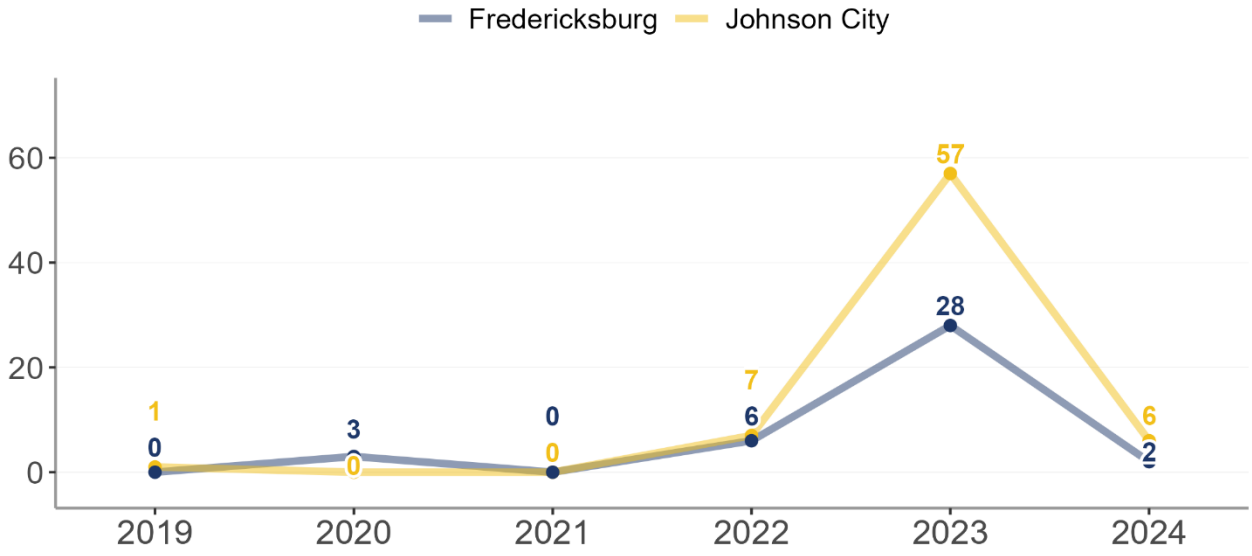
Extreme Heat and Drought

Unfortunately, the National Weather Service has no monitoring stations in Llano County, but monitors in Fredericksburg and Johnson City offer reasonable proxies. The year 2023 saw by far the greatest number of days – 28 in Fredericksburg and twice that number in Johnson City – with a maximum temperature of 103°F or higher. The 2021 drop to zero days occurred across other cities and areas and has been linked by NASA to La Niña temperature patterns[11]. Nonetheless, this fluctuation highlights how days with extreme heat are unpredictable and reflects a need for community preparedness.

The years 2022 and 2023 saw the worst drought conditions in Llano County since 2011 and early 2012. In Figure 2H.2 below, an image downloaded from the U.S. Drought Monitor, the two darkest red shades indicate the *Extreme Drought and Exceptional Drought* categories. Only the white areas of the chart – those vertical lines without any yellow, orange, or red shading – indicate that Llano County was fully free of abnormally dry conditions or drought for that time period. (The U.S. Drought Monitor reports drought weekly.)

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

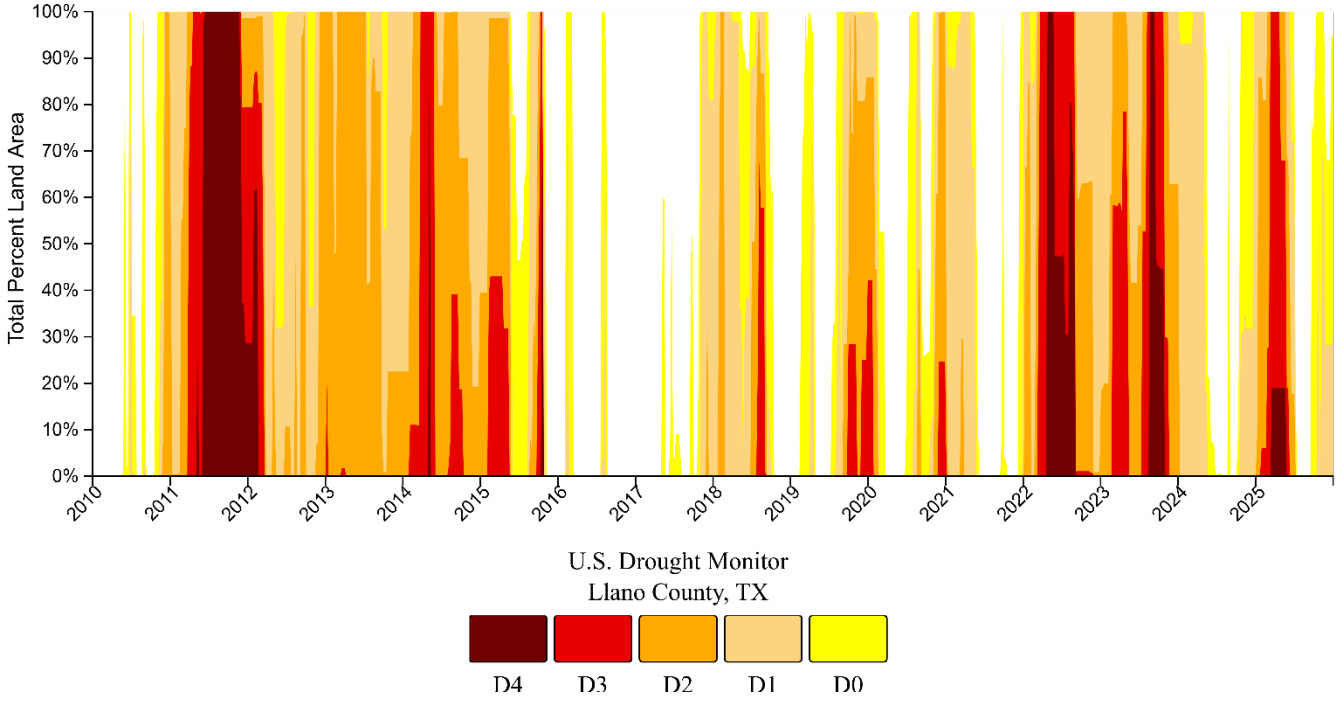
Fredericksburg and Johnson City, Texas



Source: National Weather Service
Prepared by CINow

Fig. 2H.2 Percent of land area by drought intensity category

Llano County, Texas, 2024



D0 = Abnormally Dry; D2 = Severe Drought; D4 = Exceptional Drought
Source: U.S. Drought Monitor

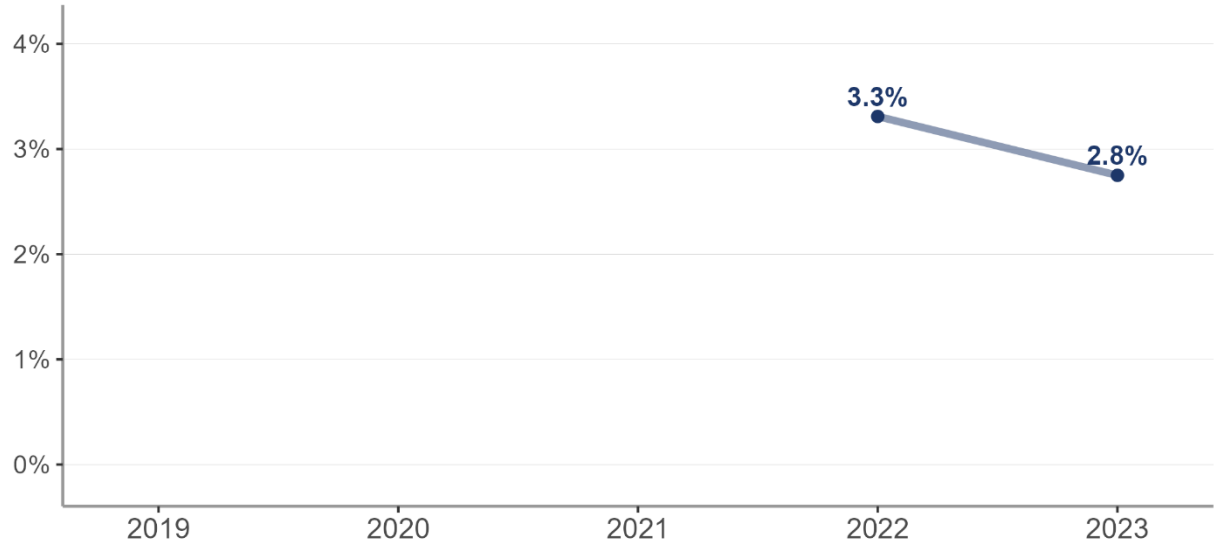
Lead Exposure

Lead is a toxic metal that can still be found in many living environments, like peeling paint in older homes, contaminated soil, aging water pipes, and imported toys. Even low levels of exposure can cause serious health problems, especially in young children, harming a child's brain and nervous system, potentially causing developmental delays, learning difficulties, and other permanent effects[12]. 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 that of the subgroup of children aged birth to five years who were tested for lead poisoning, the percent found to have elevated blood lead levels fell about 15% from 2022 (3.3% to 2023 (28%). Unfortunately, data is available only for those two years. (Lead poisoning testing rates are covered in the next section of this report.)

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

Llano County, Texas



Some values suppressed due to counts of less than 5.
Source: Texas Department of State Health Services
Prepared by CINow

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, particularly for specialized services such as reproductive care or in-home support. There are significant gaps in the number of providers available to residents in rural Texas, including Llano County, prompting many to seek care in nearby larger cities in neighboring counties where a broader range of specialized services and providers are available.

Figure 2I.1 through **2I.4** show the population-to-provider ratio, or the number of residents for every one healthcare provider, from 2020 to 2024. In this case, lower numbers mean better access, as fewer residents are sharing one provider. As the quote below describes, many or most providers' panels are closed to new patients.

The number of residents per primary physician (**Fig. 2I.1**) and midlevel (**Fig. 2I.2**) decreased 15% to 19% in 2021 before ticking up again in 2022. The ratio for primary care physicians stabilized, while the ratio for midlevels continued to increase through 2024. Because population growth has been substantial, the worsening in this ratio – the increase in population per provider – is likely driven more by not growing the midlevel provider count than by losing midlevel providers. Trend data is not available for OB/GYN physicians, but for 2023, American Medical Association figures put the female-population-to-provider ratio at 3,784.

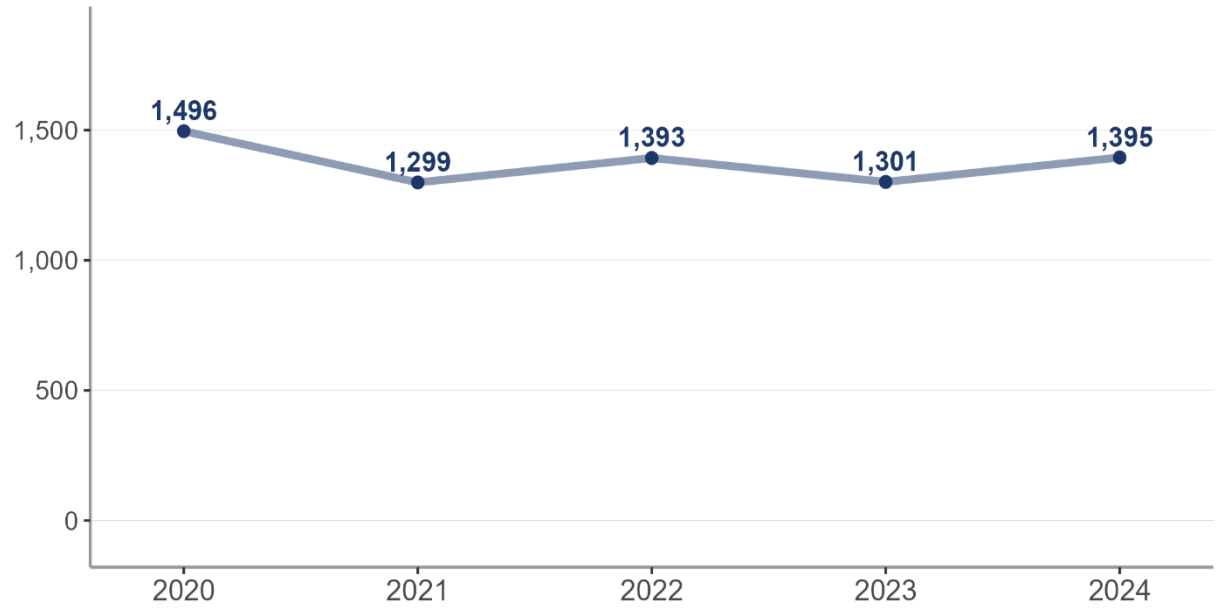
The trend in population per mental health provider (**Fig. 2I.3**) followed an inverse pattern, increasing somewhat for 2021 and 2022 before decreasing through 2024. This trend is somewhat hard to interpret given both the diversity of mental health provider credentials and the now-wide availability of virtual behavioral health care, meaning that a Llano County resident could access some types of mental health care from a provider outside Llano County without leaving home.

Finally, the ratio of population to dentists and dental hygienists (**Fig. 2I.4**) has remained relatively stable since 2020. In recent years the number of dentists has remained stable at six, and the number of hygienists has hovered between eight and nine.

> "I've been trying to find a doctor. I haven't had a doctor in 15 years, because there's a lack of availability. Every doctor is a year out to see new patients. This is a true conversation: he says 'Well, I could set you up with a nurse.' I said 'Man, I'm a 30 year paramedic. You think I want to see a nurse?' Most of our doctors are either retired, or they're not accepting new patients. Actually, my next appointment would be [11 months away]... We're seeing a lot of the population, or uninsured or underinsured individuals, utilize emergency rooms as primary care."
>
> - Llano County Focus Group Participant

Fig. 2I.1 Population per primary care physician

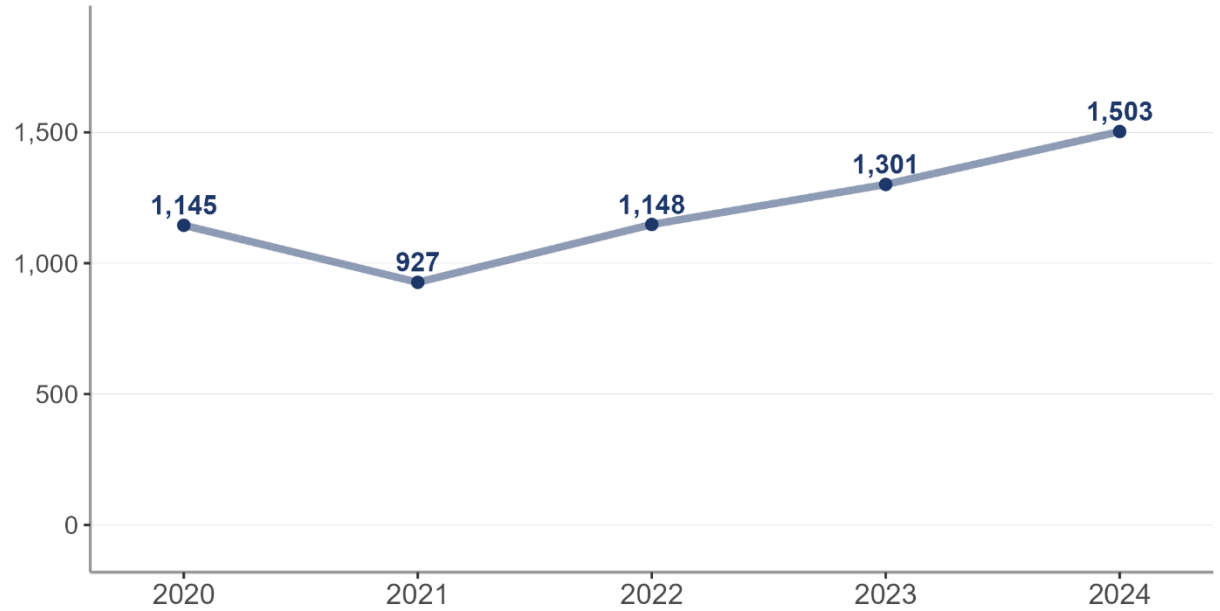
Llano County, Texas



Source: ACS 5-Year Estimates, Table B01001; Texas Department of State Health Services, Health Professions Resource Center
Prepared by CINow

Fig. 2I.2 Population per physician assistant and nurse practitioner

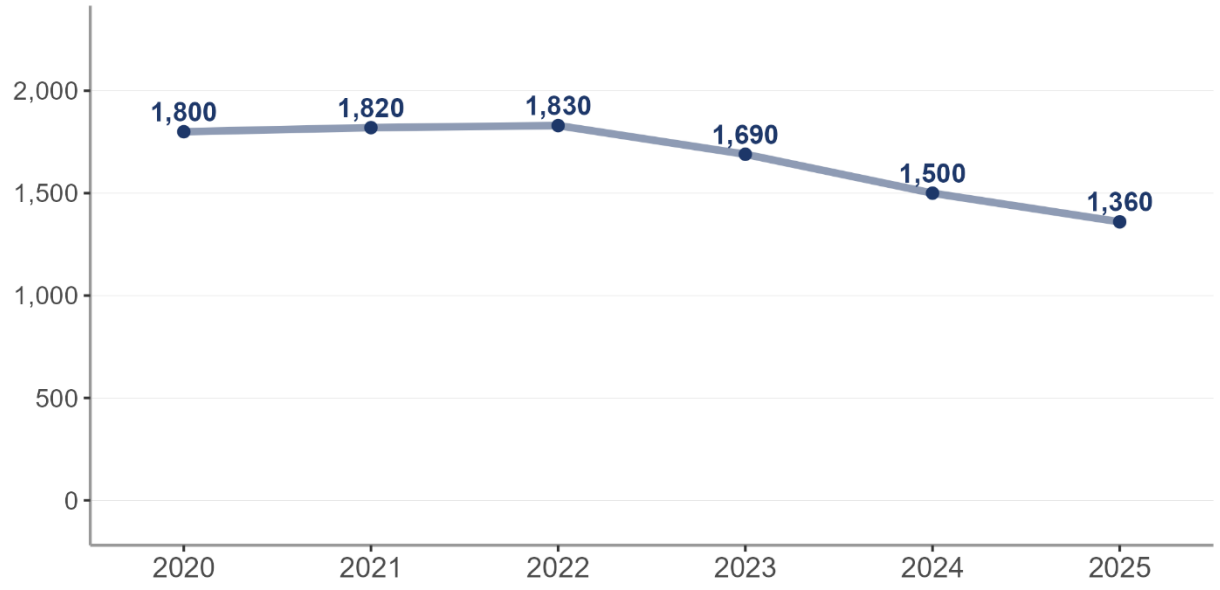
Llano County, Texas



Source: ACS 5-Year Estimates, Table B01001; Texas Department of State Health Services,
Prepared by CINow

Fig. 2I.3 Population per mental health provider

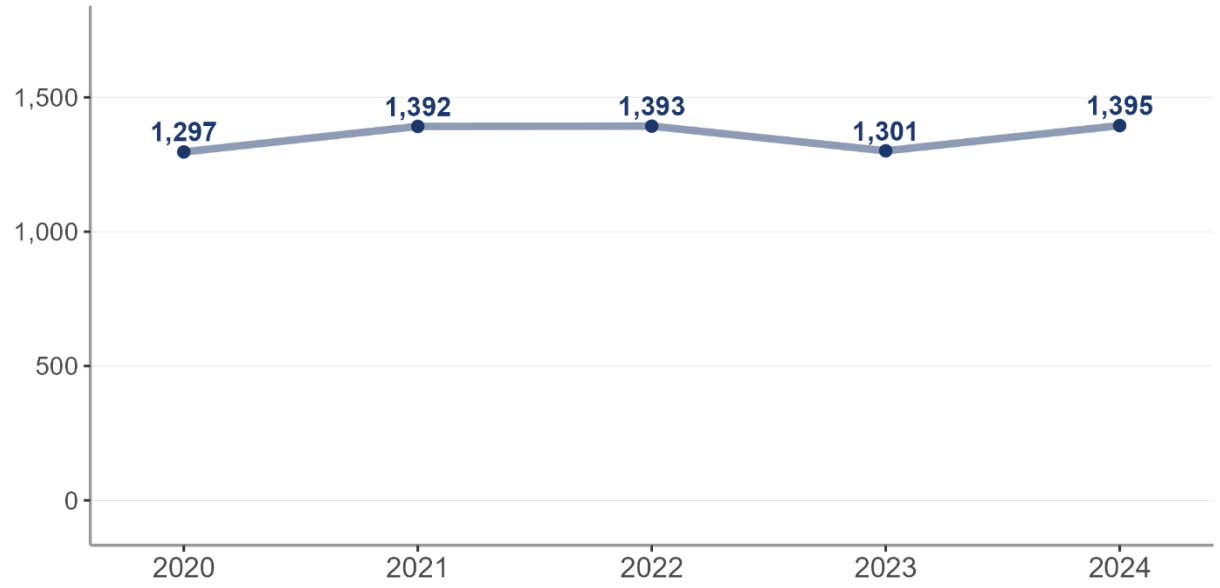
Llano County, Texas



Source: ACS 5-Year Estimates, Table B01001; University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps
Prepared by CINow

Fig. 2I.4 Population per dentist and dental hygienist

Llano County, Texas

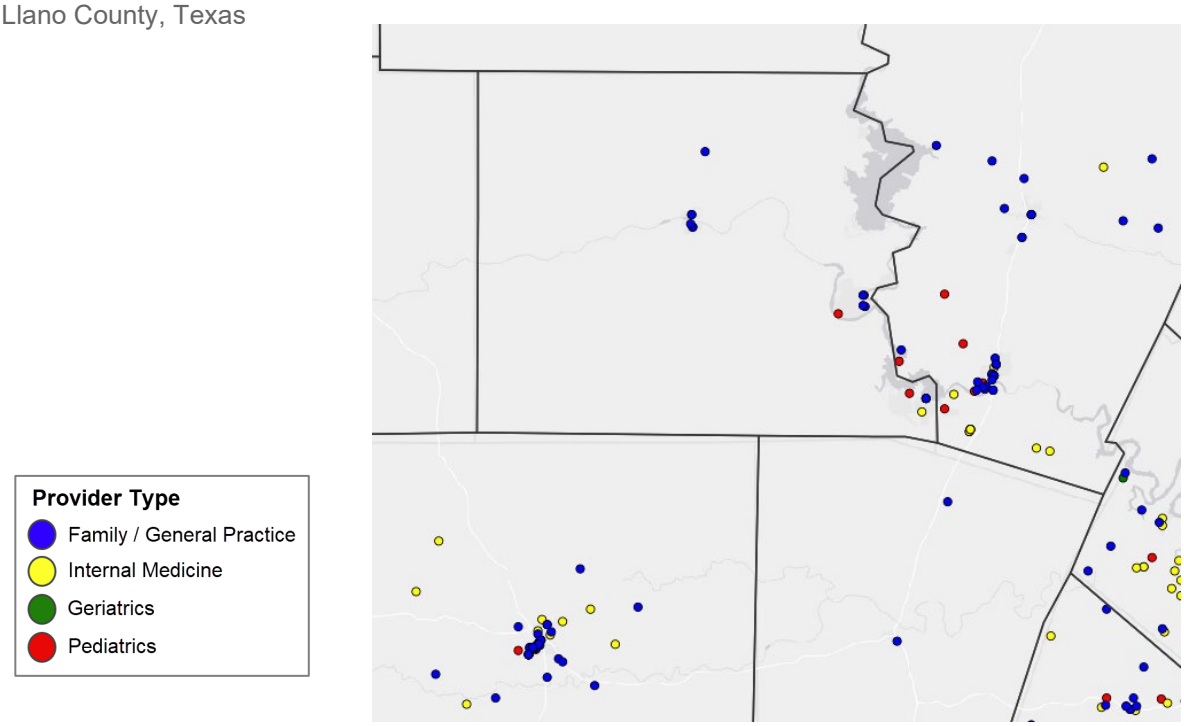


Source: ACS 5-Year Estimates, Table B01001; Texas Department of State Health Services, Health Professions Resource Center
Prepared by CINow

Images from the American Medical Association's interactive online Workforce Explorer[13] (**Fig. 2I.5** through **2I.8**) show the geographic distribution of different types of medical care providers. However, the data does not include all provider types, such as dental care providers and licensed clinical social workers, and the map cannot be filtered to show only providers engaged in direct patient care. Clusters of providers in neighboring counties are shown, as depending on where in Llano County one lives, those out-of-county providers may be physically closest.

Fig. 2I.5 Distribution of primary care physicians, 2025

Llano County, Texas



Source: American Medical Association (AMA) Workforce Explorer

Fig. 2I.6 Distribution of mid-level medical care providers, 2025

Llano County, Texas

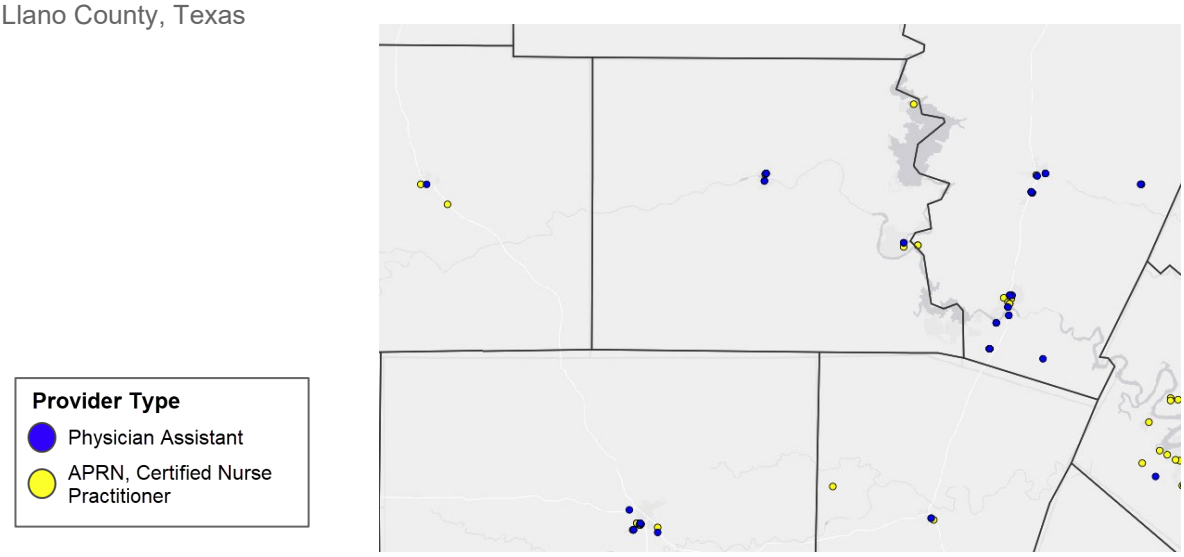
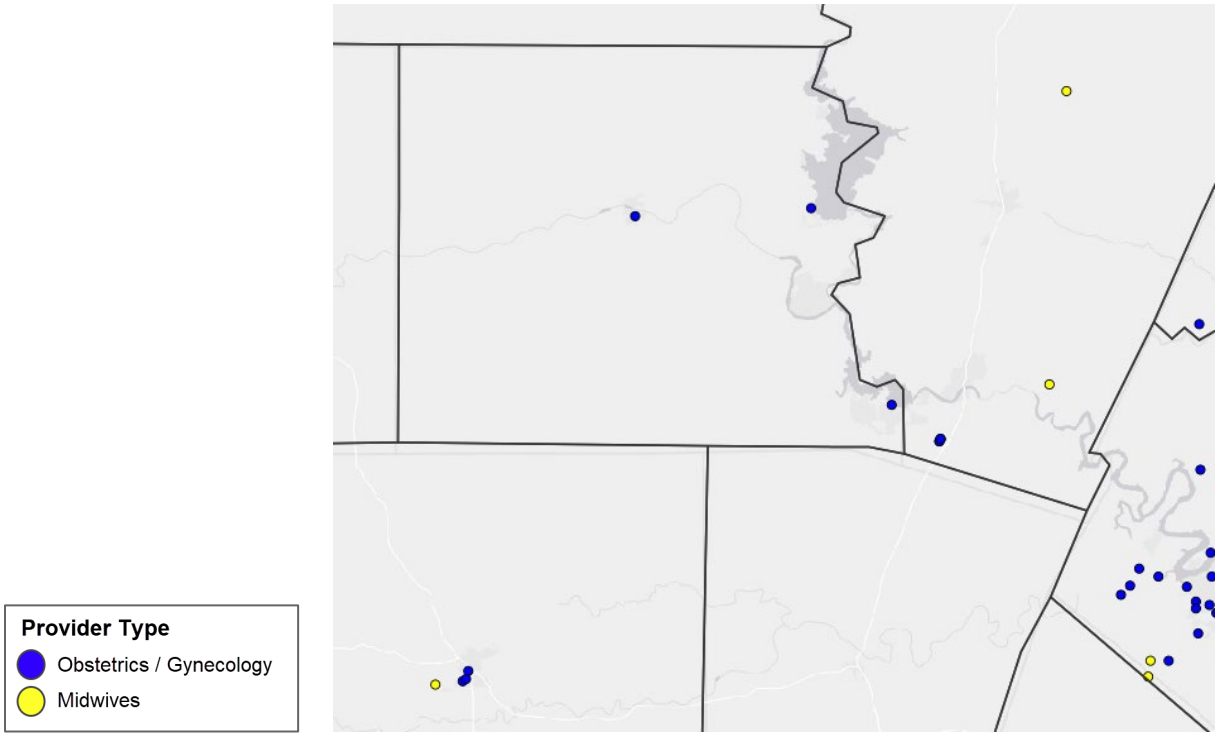


Fig. 2I.7 Distribution of obstetrics and gynecology providers, 2025

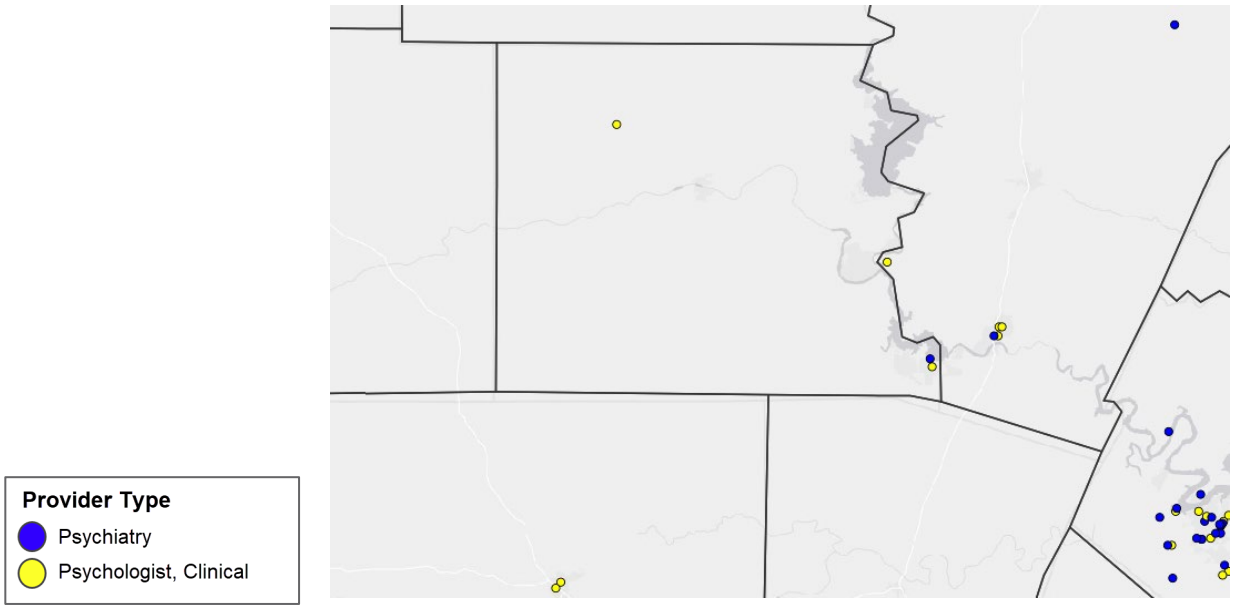
Llano County, Texas



Source: American Medical Association (AMA) Workforce Explorer

Fig. 2I.8 Distribution of mental health care providers, 2025

Llano 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. Fifteen percent of Llano County residents had no insurance coverage at all in 2023 (**Fig. 2I.9**). Thirty percent had multiple insurance types, most likely Medicare combined with another type, given that 36% of county residents are 65 or older. Roughly the same percentage were covered by employer based insurance. About eight percent were covered by Medicaid alone, and only six percent purchased their own insurance through the ACA Marketplace.

The age group most likely to be insured (**Fig. 2I.10**) is older adults, which makes sense given that Medicare is near-universal coverage. Younger adults age 19 to 34 are least likely to be insured. Looking at coverage by race/ethnicity group (**Fig. 2I.11**), non-Hispanic white residents are most likely to be insured, and Hispanic, other-race, and multiracial residents are least likely to be insured.

"I'm really worried about people's healthcare in this area, them being able to get insurance and able to afford to go to the doctor if they're sick. Because there is so much poverty. And a lot of people don't see that poverty."

- Donna Wheeler, County Site Coordinator with Community Resource Center of Texas

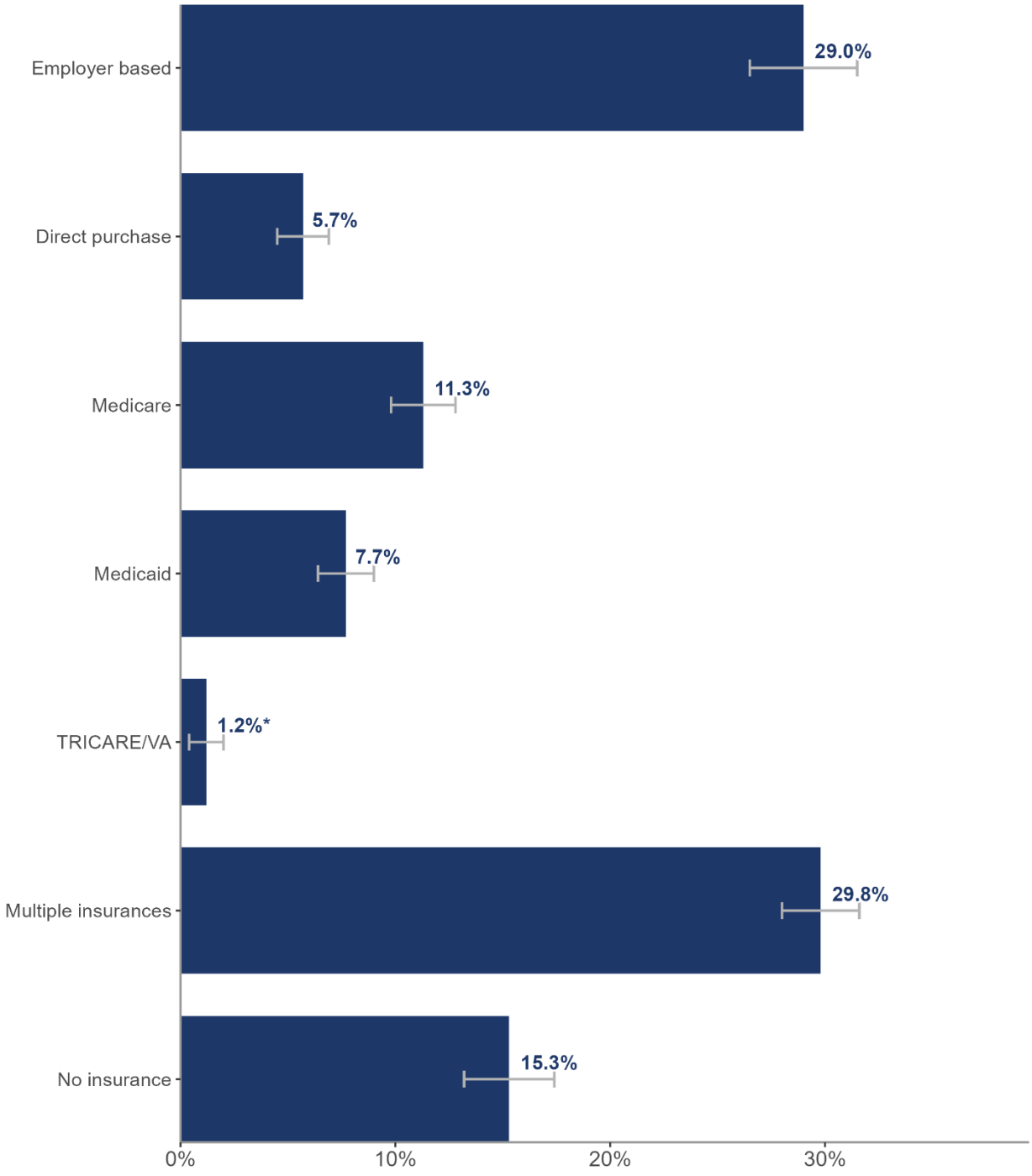
"People have insurance while they're working. They tend to want to retire as they get into their late fifties, sixties, or they work part time. So, most folks, end up losing your insurance between 50 and 65 years of age, how much does it cost? There's no way you can afford it.

One pro to going back to work is insurance. Otherwise, it's $846 a month, even for educated professional people. One of those pros for me going back to work is the insurance. That is why when I started doing some things with the hospital here. It was because I needed the insurance because I was paying privately. I retired early, but I was having to pay. So, I was going through all of my savings because of that."

- Llano County Focus Group Participant

Fig. 2I.9 Percent of civilian non-institutionalized population by health insurance status and type, 2023

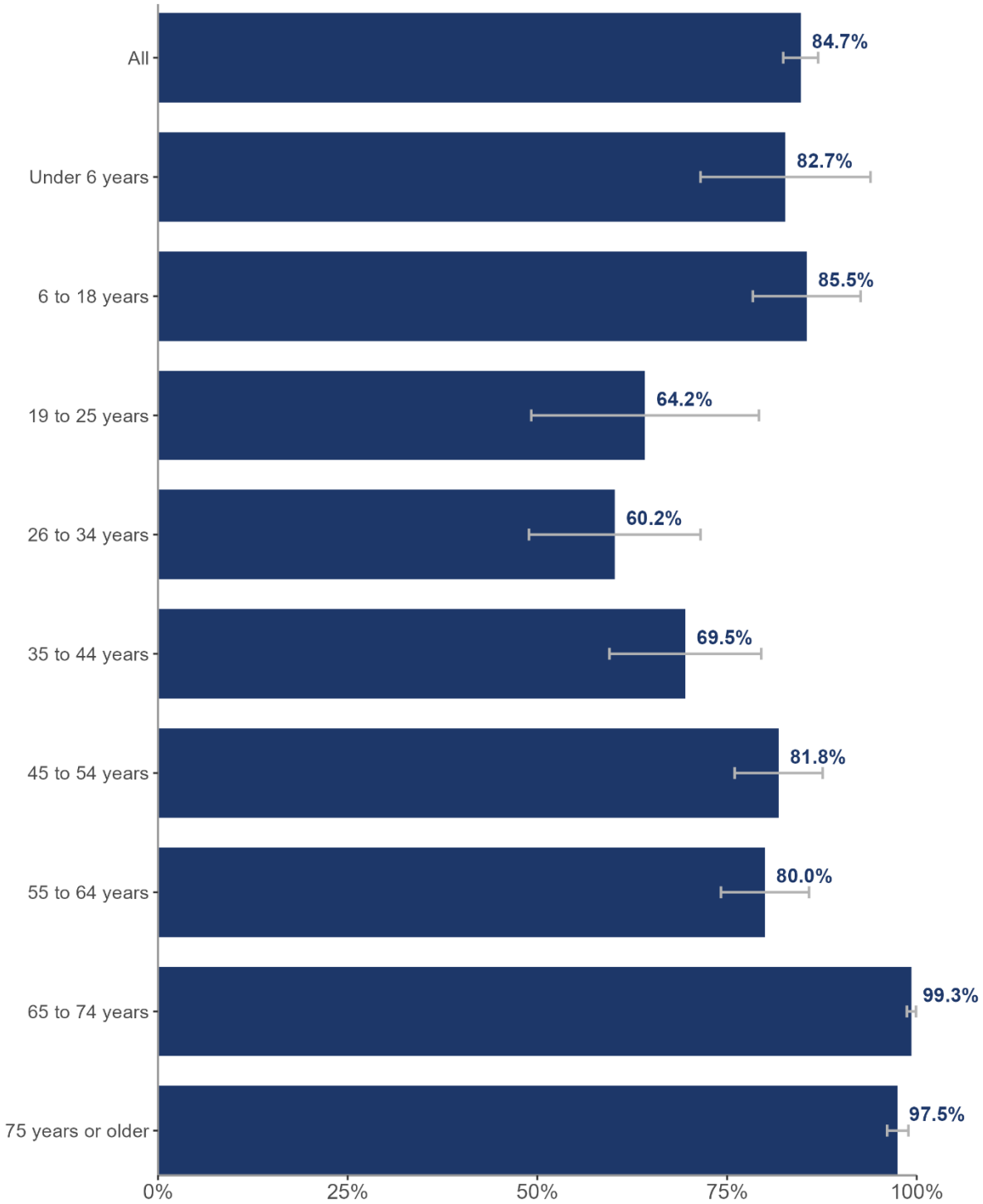
Llano County, Texas



*Unreliable: Error is too large relative to estimate.
Source: ACS 5-Year Estimates. Table: B27010
Prepared by CINow

Fig. 2I.10 Percent of civilian population with health insurance by age, 2023

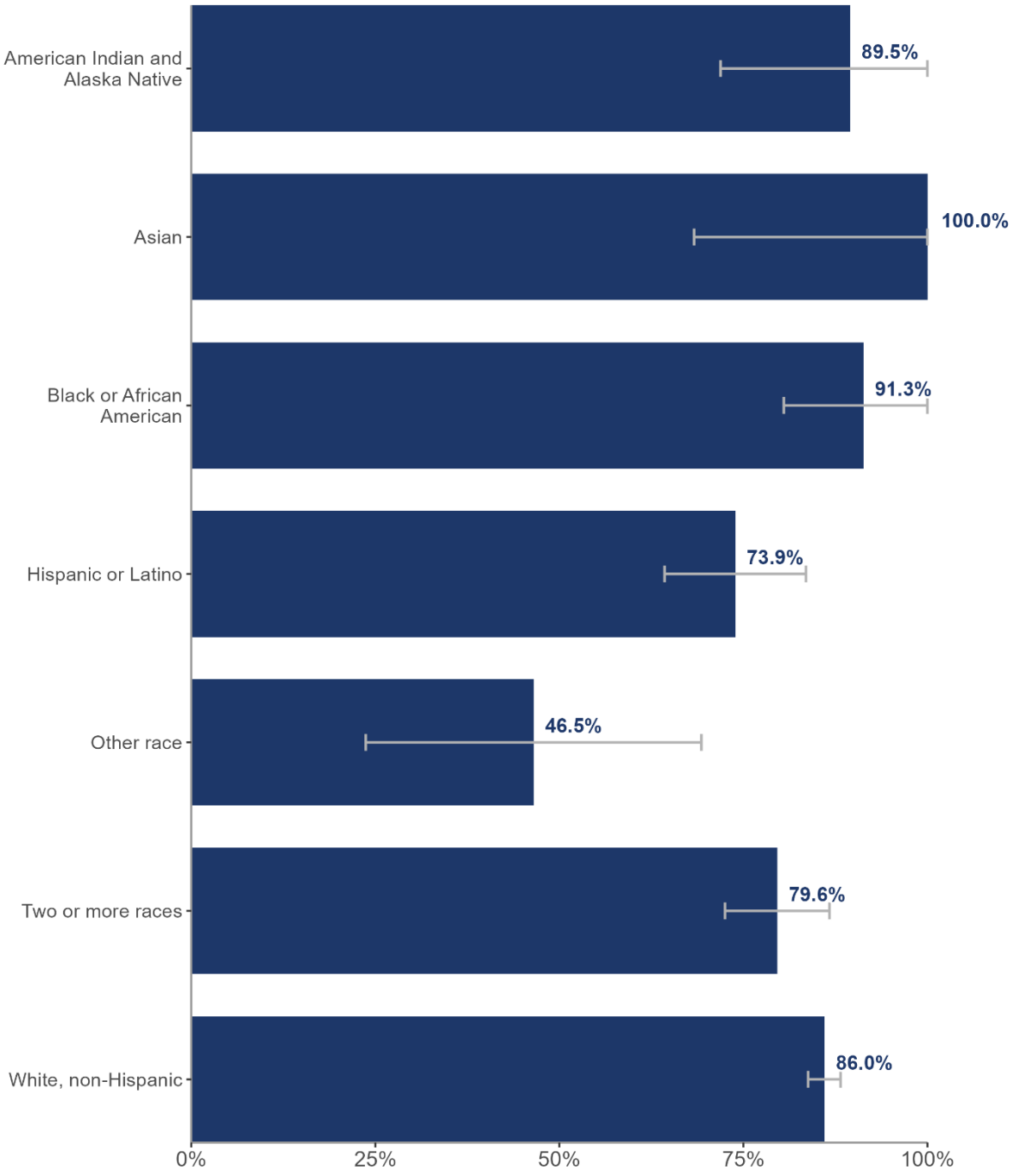
Llano County, Texas



Source: ACS 5-Year Estimates. Table: S2701
Prepared by CINow

Fig. 2I.11 Percent of civilian population with health insurance by race/ethnicity, 2023

Llano County, Texas



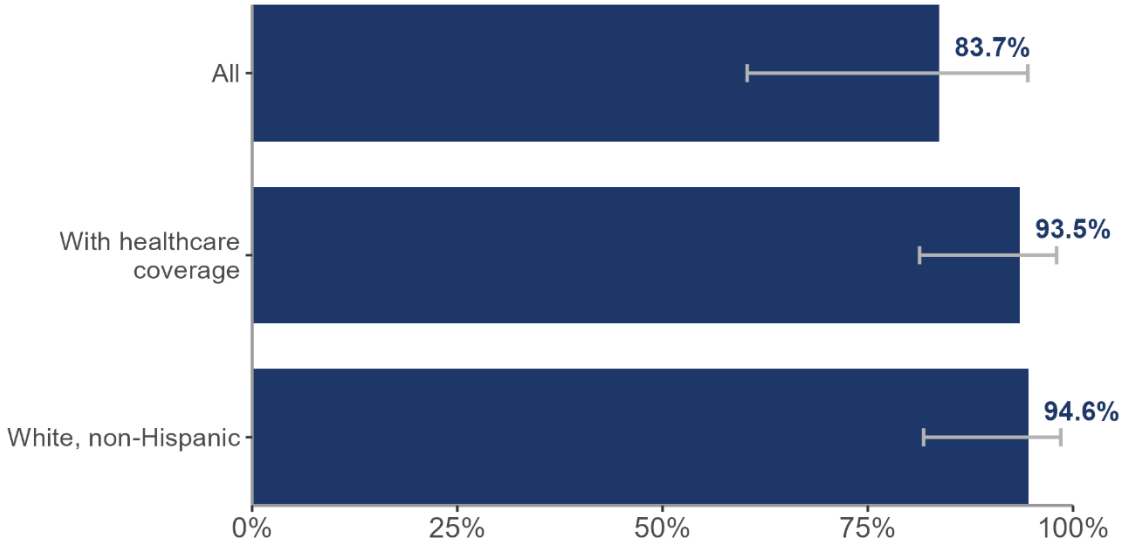
Missing values are suppressed by data source.
Source: ACS 5-Year Estimates. Table: S2701
Prepared by CINow

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.[14] Because of small sample sizes, data was only available at the area-wide level and averaged over a seven-year period (2017-2023). Overall, during that period, about 84% of adult residents in the region self-reported foregoing care because of financial constraints (**Fig. 2I.13**). Although data is available for healthcare coverage and race/ethnicity, wide margins of error and data suppression limit the ability to make reliable comparisons.

Fig. 2I.12 Percent of adults who needed to see a doctor but could not due to cost in the past 12 months, 2017-2023

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

How We're Taking Care of Ourselves

Managing What Helps or Harms Our Health

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

Despite the documented and widely-understood importance of healthy behaviors, related local data is scarce, particularly for children and youth. The Behavioral Risk Factor Surveillance System (BRFSS), overseen by the U.S. Centers for Disease Control and Prevention but administered by each state, is the primary source available for the general adult population. Unfortunately, only several indicators were available for the Texas Hill Country region due to small sample sizes. Of those available, the values for Blanco, Gillespie, Llano, Mason and western Kendall Counties were combined and averaged over a seven-year period (2017-2023) to provide more reliable estimates.

Additionally, because of small sample sizes, uncertainty in the estimate is a problem. Disaggregating or "breaking out" the data by sex or race/ethnicity yields wide margins of error that make it difficult to determine whether true differences exist among groups. Still, BRFSS remains the best source of data available for most health-related behaviors.

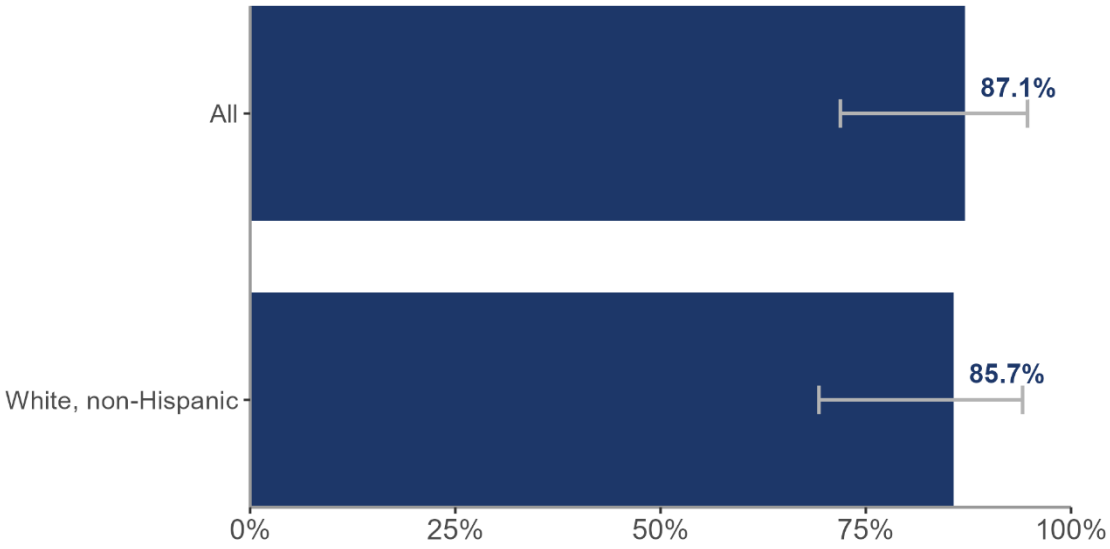
Health behaviors and risk factors

Averaged across 2017-2023, of the BRFSS survey respondents across the Texas Hill Country region, a majority (87%) reported eating fruits or vegetables less than five times a day (averaged from 2017 to 2023) (**Fig. 3A.1**). 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.[15,16] Moreover, populations that do not meet this dietary recommendation may be at increased risk for poor nutrition and related health outcomes. Again, because of small sample sizes, values for Llano County alone and other race/ethnicity groups were unavailable.

The BRFSS survey asks for survey respondents' height and weight so that Body Mass Index (BMI) can be calculated to measure weight-related health risks across populations. A BMI between 18.5 and 24.9 is classified as "healthy," neither overweight nor obese. Overall, 41% of adults across the Texas Hill Country region had an overweight BMI and 33% had an obese BMI (2017-2023) (**Fig 3A.2**). While disparities in BMI reflect broader inequities in access to nutrition, physical activity, and preventive care, the available subgroups have wide, overlapping margins of error.

Fig. 3A.1 Percent of adults who consumed fruits and vegetables less than 5 times per day, 2017-2023

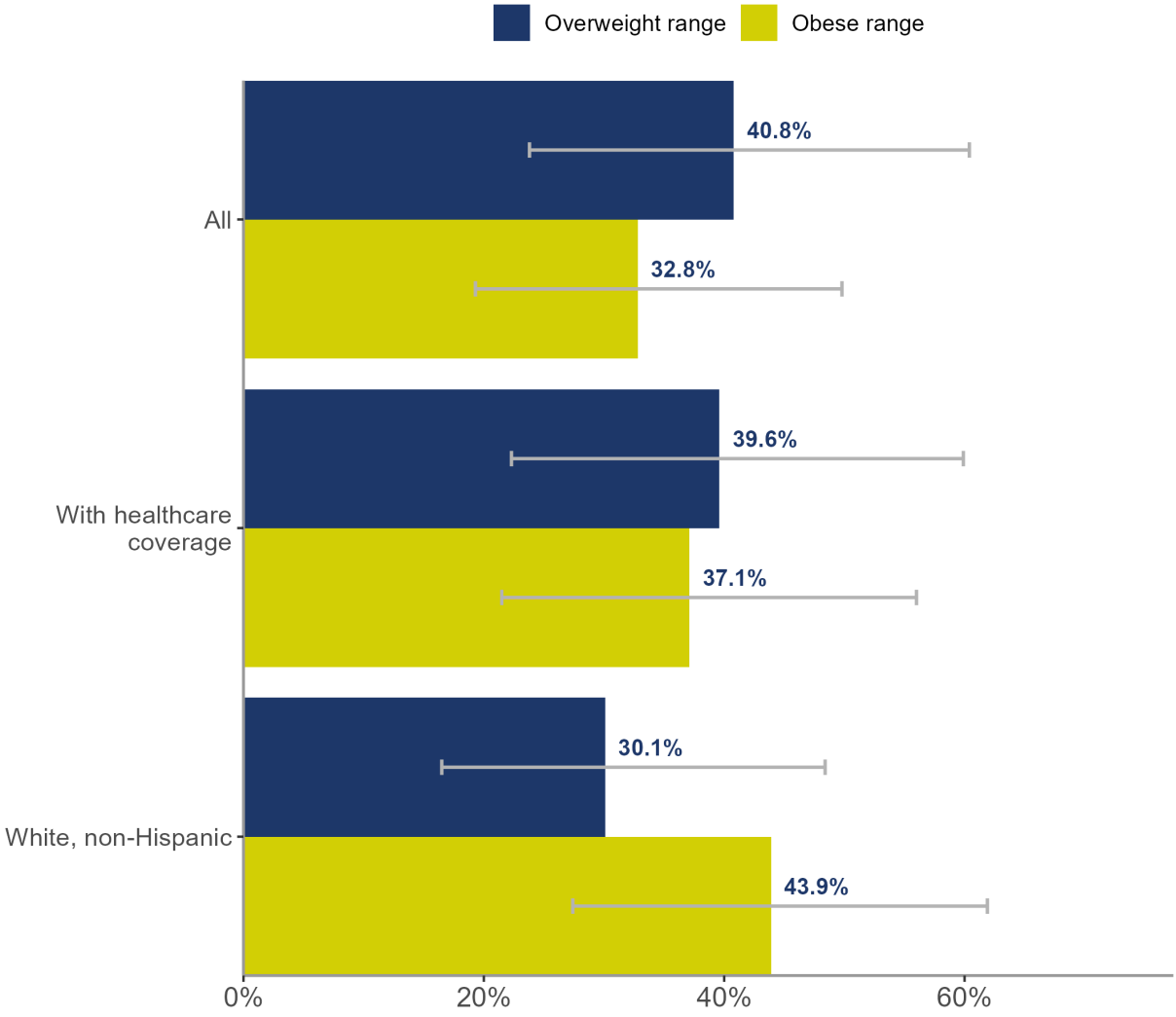
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

Fig. 3A.2 Percent of adults with Body Mass Index (BMI) of overweight or obese, 2017-2023

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

Alcohol and Tobacco Use

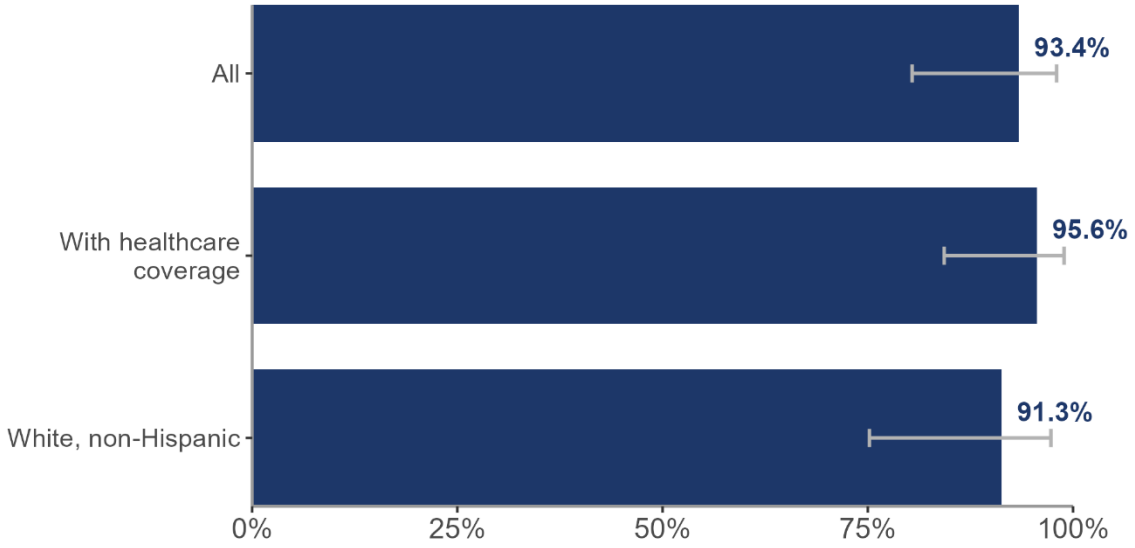
Heavy alcohol use, defined as heavy or binge drinking, is categorized differently for men and women over the age of 21.[17] For men, heavy drinking means 15 or more drinks per week, while for women it means eight or more drinks per week. Binge drinking is defined as consuming five or more drinks on a 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, 93% of adults across the Texas Hill Country region reported no heavy use of alcohol "in the past month" (averaged from 2017 to 2023) (**Fig. 3A.3**). Although estimates for white non-Hispanic adults and adults with health coverage are available, differences should be interpreted with caution because of overlapping margins of error.

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, 89% respondents across the Texas Hill Country region reported not currently smoking (2017-2023) (**Fig. 3A.4**). Although the proportion of adults who do smoke (11%) 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.[18] The BRFSS questionnaire also asks about smokeless tobacco use, including chewing tobacco, snuff, or snus (**Fig. 3A.5**). Among respondents across the Texas Hill Country region, 96% reported not currently using smokeless tobacco (2017-2023).

For both figures, differences between available subgroups should be interpreted with caution because of the wide and overlapping margins of error. Notably, these indicators do not include other forms of nicotine use, like e-cigarettes, vaping, or tobacco-free pouches, as data on those products were not available.

Fig. 3A.3 Percent of adults without heavy alcohol use in the past month, 2017-2023

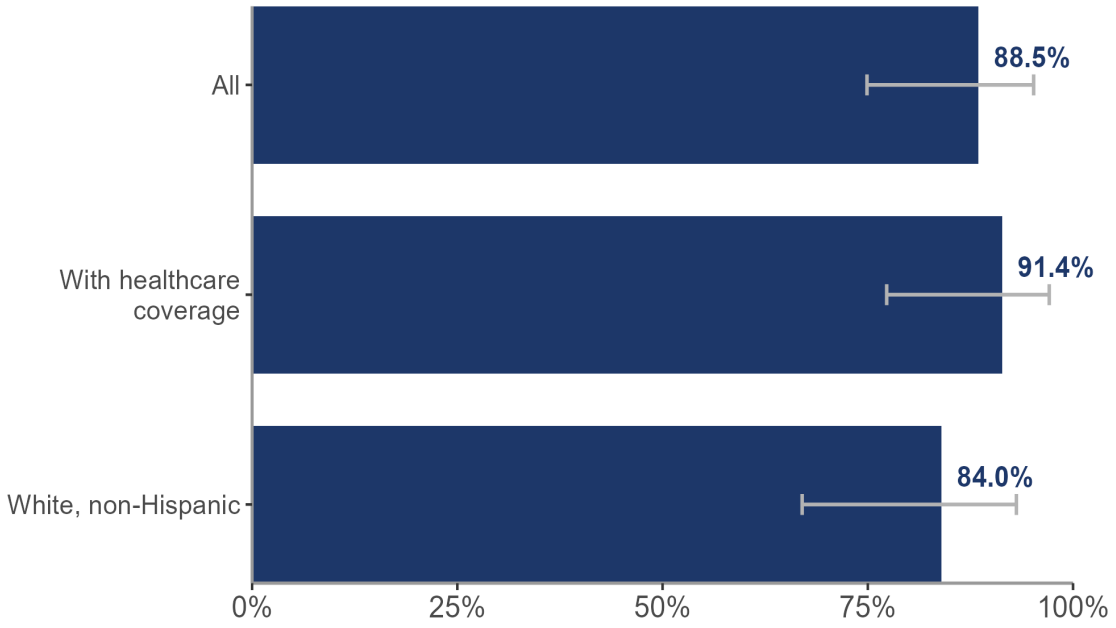
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

Fig. 3A.4 Percent of adults who do not currently smoke, 2017-2023

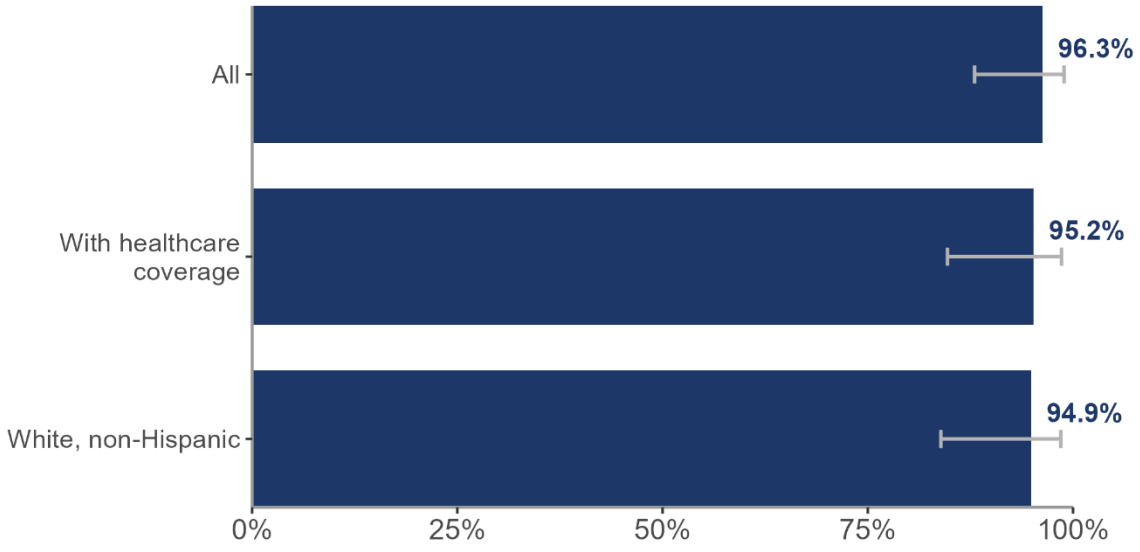
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

Fig. 3A.5 Percent of adults who do not currently use chewing tobacco, snuff, or snus, 2017-2023

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

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.

As with the previous section, only several indicators were available for the Texas Hill Country region due to small sample sizes. Of those available, the values for Blanco, Gillespie, Llano, Mason and western Kendall Counties were combined and averaged over a seven-year period (2017-2023) to provide more reliable estimates.

Routine Medical and Dental Care

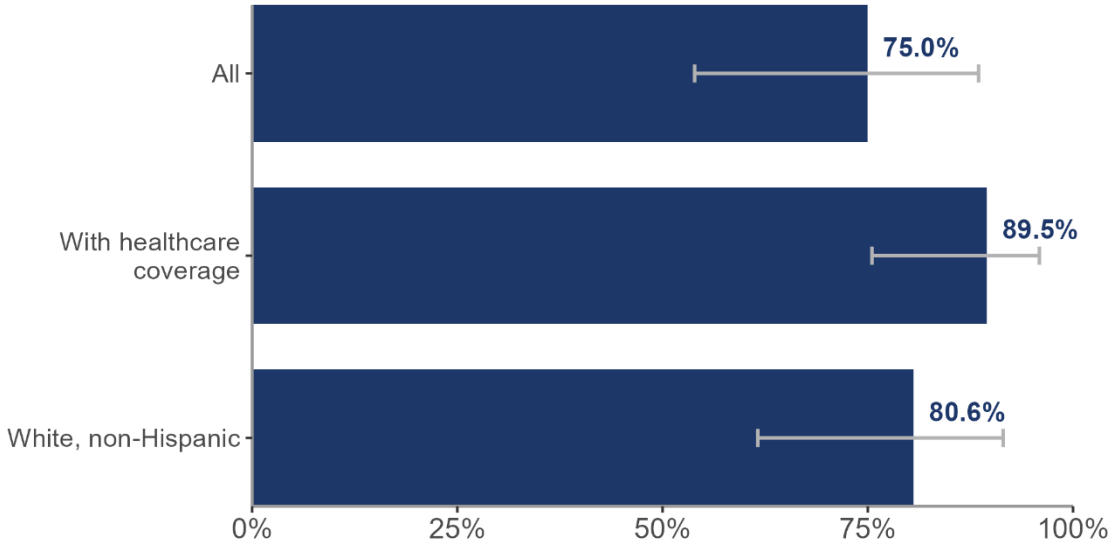
Annual checkups are an opportunity for early detection, prevention, and management of chronic conditions and dental issues. They also serve as indicators of both access to and use of preventive care. Importantly, identifying problems early is typically simpler, less invasive, and less costly.

Of BRFSS respondents across the Texas Hill Country region, 75% reported having had a medical checkup "in the past year" (averaged from 2017 to 2023) (**Fig. 3B.1**). While values for white adults and adults with health insurance coverage are available, there are no meaningful differences due to overlapping margins of error.

As for dental care, 60% of respondents across the region reported having been to the dentist or a dental clinic "in the past year" (averaged from 2017 to 2023) (**Fig. 3B.2**). Notably, that proportion almost certainly includes people who went for tooth pain or other oral health problems rather than for preventive dental care like exams, x-rays, and cleanings.

Fig. 3B.1 Percent of adults who had a routine checkup in the past year, 2017-2023

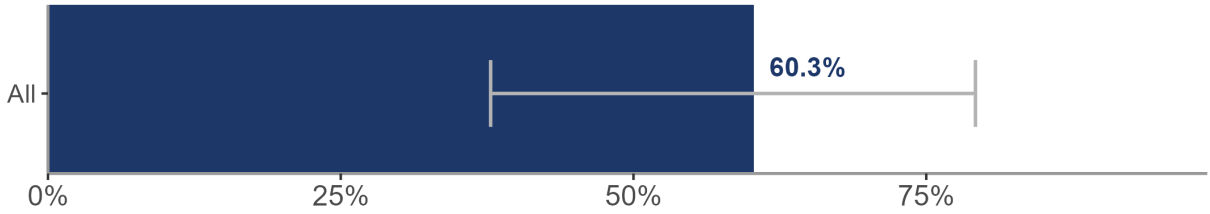
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

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

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

Protecting Ourselves and Each Other from Preventable Disease

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

Childhood Vaccination

Figure 3C.1 shows single-vaccine data available for kindergarten students enrolled in the Llano Independent School District (LISD). It should be noted that this data does not represent all kindergarten-age children in the region, as school is not compulsory in Texas until the first grade, and even then, many children are home-schooled. The trendlines for all the vaccine series shown followed a remarkably similar trend, with a dip in school years 2023-24 and 2024-25 followed by a rise in 2025-26. With the exception of meningococcal disease and diphtheria, tetanus, and pertussis (whooping cough), 7th grade vaccination rates remained high throughout the time period (**Fig. 3C.2**).

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.[19]

Fig. 3C.1 Percent of Kindergarten students vaccinated against infectious disease, by vaccination series

Llano Independent School District, Texas

Source: Texas Department of State Health Services, Immunization Section, school years 2020-21 through 2025-26
Prepared by CINow

Fig. 3C.2 Percent of 7th grade students vaccinated against infectious disease, by vaccination series

Llano Independent School District, Texas

Source: Texas Department of State Health Services, Immunization Section, school years 2020-21 through 2025-26
Prepared by CINow

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.

As with the BRFSS data in previous sections, only several indicators were available for the Texas Hill Country region due to small sample sizes. Of those available, the values for Blanco, Gillespie, Llano, Mason, and western Kendall Counties were combined and averaged over a seven-year period (2017-2023) to provide more reliable estimates.

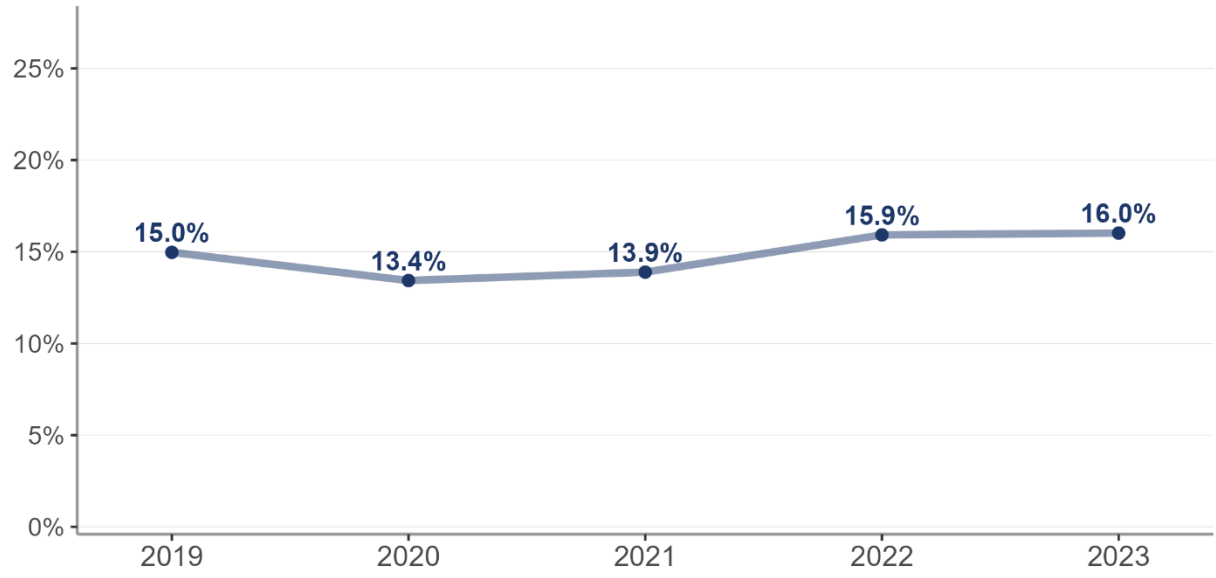
Lead Testing

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.

Averaged across the Texas Hill Country region, the percentage of children aged 0-5 who were tested for lead poisoning generally hovered around 15%, dipping slightly during COVID-19 pandemic years (2020 and 2021), and reaching 16% in the most recent year available (2023) (**Fig. 3D.1**).

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

Blanco, Gillespie, Kendall, Llano, and Mason Counties, Texas



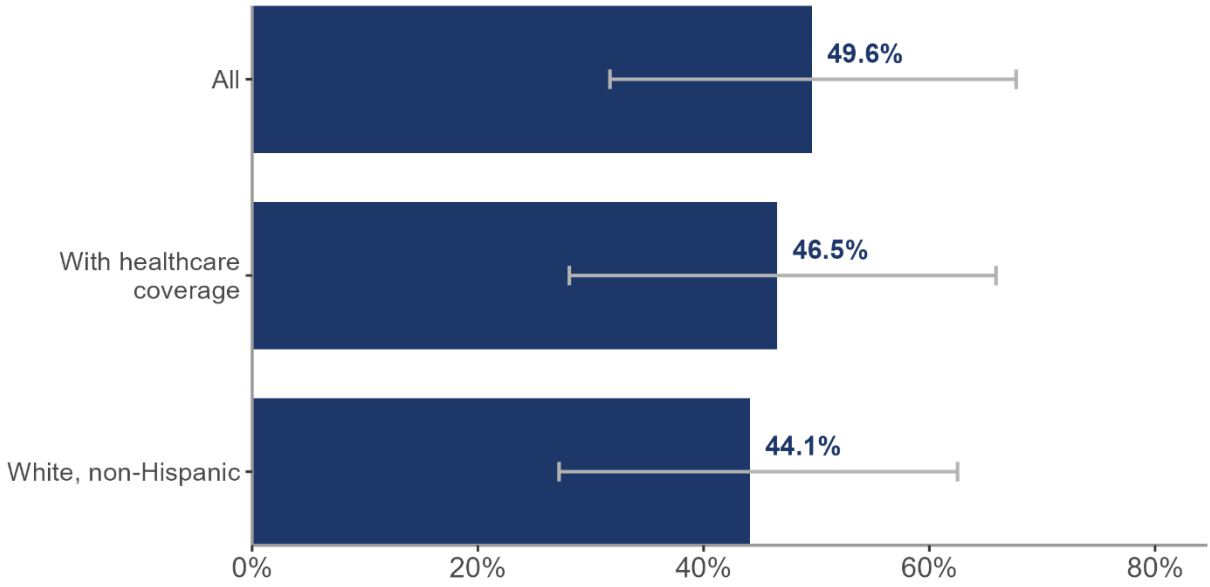
Source: Texas Department of State Health Services
Prepared by CINow

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, an average of 50% of respondents across the Texas Hill Country region (2017-2023) reported ever getting tested for HIV (**Fig. 3D.2**). Unfortunately, the margins of error are too wide to be sure there are true differences among available subgroups.

Fig. 3D.2 Percent of adults who have ever been tested for HIV, 2017-2023

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

How We're Faring

What We Heard from the Community

Physical, Mental, and Social Health Status

As noted earlier, the Llano County response rate to the survey conducted for this assessment was quite low. Of the 16 residents who answered the question about self-rated health and well-being (**Fig. 4A.1**), 82% rated their social connections with others as "good" or "very good." A similar percentage rated their physical health as "good" or "very good," with a slightly lower percentage rating their mental health so.

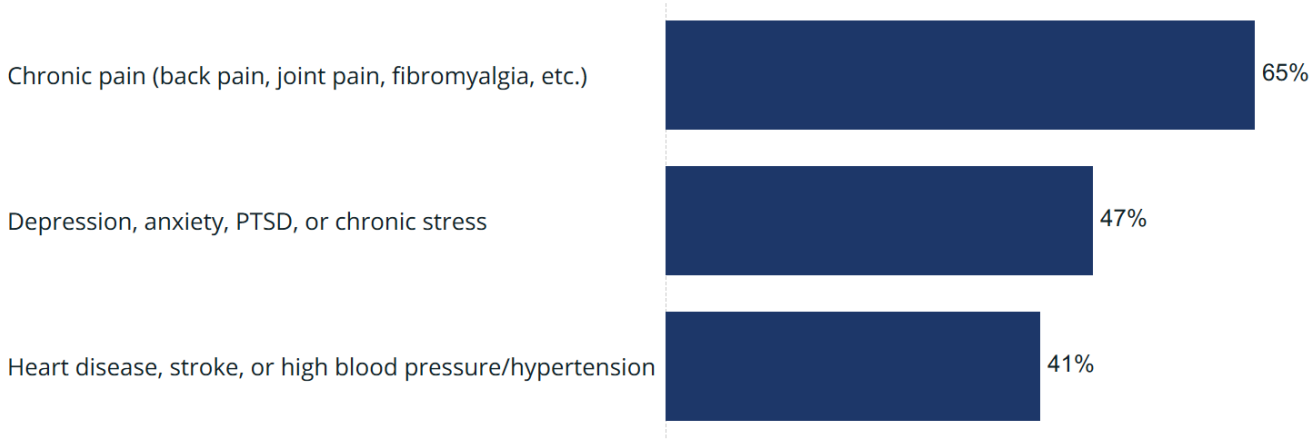
Fig. 4A.1 Percent of survey respondents reporting "good" or "very good" physical health, mental health, or connections with others, 2025
Llano County, Texas 2025 CHNA Survey Respondents (n=16)

Source: Convenience-sample survey conducted in 2025 for CHNA
Prepared by CINow

Top Health Concerns

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 22 pre-populated options or write in their own response. "Chronic pain" (65%); "depression, anxiety, PTSD, or chronic stress" (47%); and "heart disease, stroke, or high blood pressure/hypertension" (41%) were the top three issues noted by Llano County respondents (**Fig. 4A.2**).

Fig. 4A.2 Top three health issues survey respondents report having the biggest impact on them or their loved ones, 2025
Llano County, Texas 2025 CHNA Survey Respondents (n=17)



Source: Convenience-sample survey conducted in 2025 for CHNA
Prepared by CINow

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.

As with other BRFSS data in this report, the values for Blanco, Gillespie, Llano, Mason, and western Kendall Counties were combined and averaged over a seven-year period (2017-2023) to provide more reliable estimates. For most indicators, the only two subgroups of the overall total for which estimates are available are non-Hispanic white respondents and respondents with health care coverage.

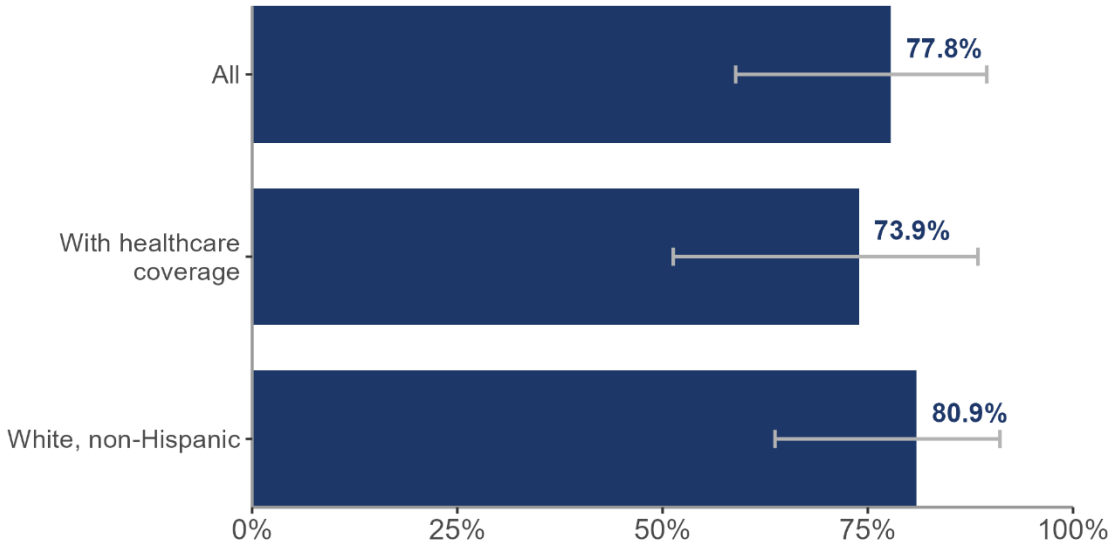
General Health Status and Daily Life Limitations

Overall, 78% of BRFSS respondents across the Texas Hill Country region (averaged for 2017-2023) reported having “good”, “very good”, or “excellent health” (**Fig. 4B.1**). Wide and overlapping margins of error make it impossible to determine from this data whether there are true differences among available subgroups.

The BRFSS survey asks respondents how many days in the past 30 days poor physical or mental health kept them from their usual activities, such as self-care, work, or recreation. While the CDC standard threshold to indicate frequent mental or physical distress is more than 14 days, shorter periods of disruption can still meaningfully impact functioning and overall health and well-being. More than nine in 10 respondents (93%) across the Texas Hill Country region reported being kept from usual activities for five or fewer days due to poor physical or mental health (**Fig. 4B.2**). Estimates for white (non-Hispanic) residents (91%) and those with healthcare coverage (92%) were relatively similar to the overall value—however differences should be interpreted with caution because of overlapping margins of error.

Fig. 4B.1 Percent of adults who self-rated their general health as good or better, 2017-2023

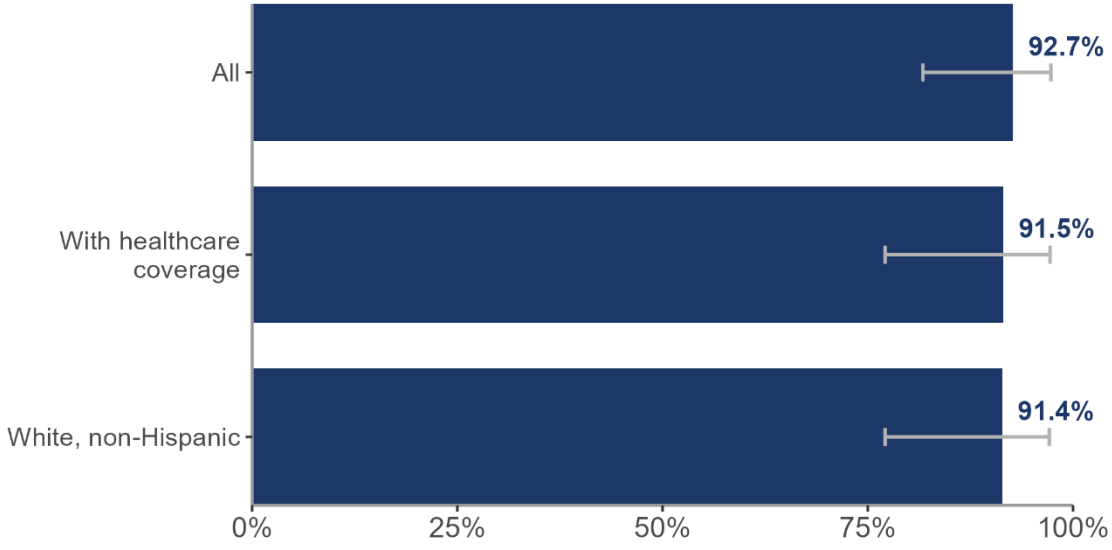
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

Fig. 4B.2 Percent of adults kept from usual activities for 5 or less days a month due to poor physical or mental health, 2017-2023

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas

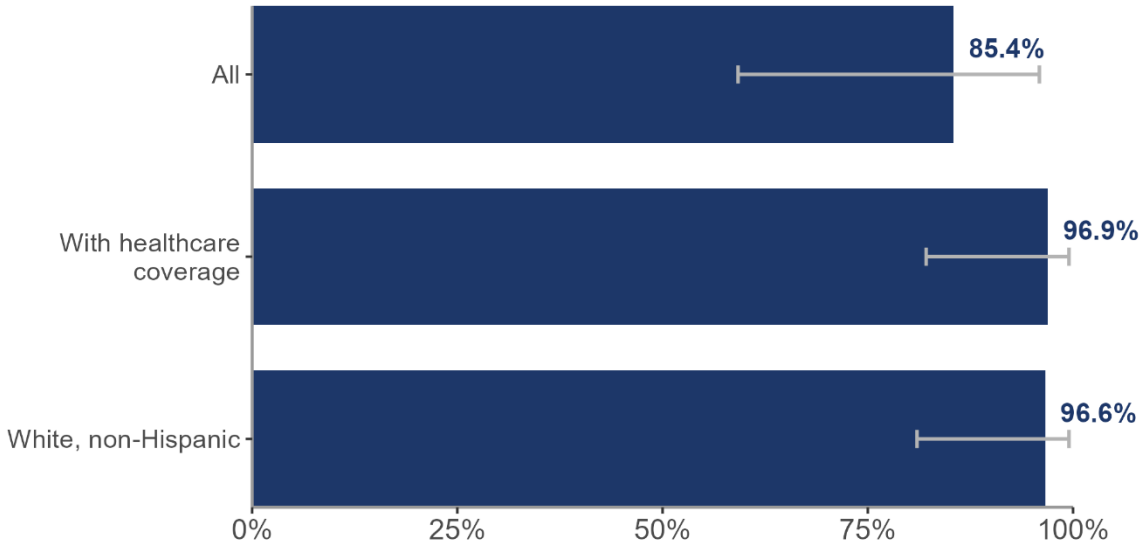


Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

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. Eighty-five percent of respondents across the Texas Hill Country region reported *not* having serious difficulty concentrating or making decisions (**Fig. 4B.3**). Although one cannot be certain of differences among groups given the overlapping margins of error, the lower "all" estimate compared to the other two groups implies that people without health insurance and who identify as Hispanic or a non-Hispanic race other than white may well fare worse on this measure.

Fig. 4B.3 Percent of adults without serious difficulty concentrating, remembering, or making decisions, 2017-2023

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

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 the area.

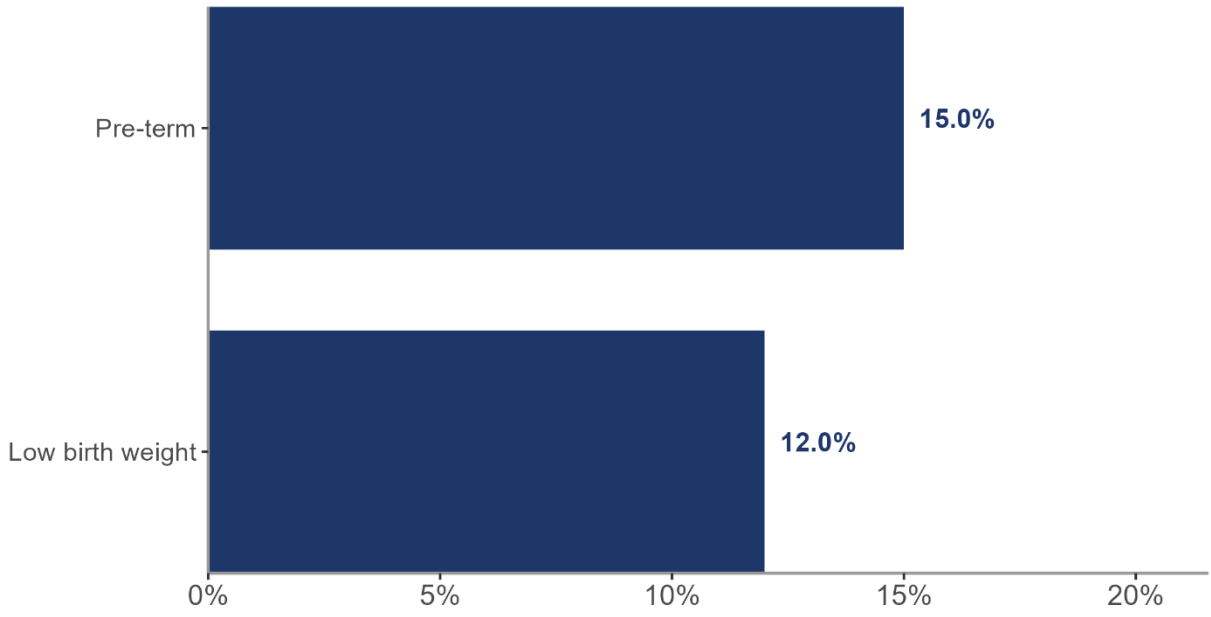
Infant Well-Being

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[20,21]. Low birth weight (under 2,500 grams) is one of the complications associated with pre-term births, though it can also occur in full-term births due to other factors[22]. 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.

Unfortunately, only 2021 data is available, but **Figure 4C.1** does give some sense of the percentage of births where babies are born vulnerable due to prematurity and low birth weight. That year, the percentage of pre-term births in Llano County was about 15% and 12% for low birth weight births. Unfortunately, data was not available by maternal age or race/ethnicity.

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

Llano County, Texas



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

Maternal Well-Being

With the Behavioral Risk Factor Surveillance System (BRFSS) data, preventing suppression of teen birth rates due to small counts required combining multiple years of data from 2017 through 2023. During that period, the birth rate to females aged 15 to 19 in Llano County was about 34 births per 1,000 females in that age group.

Severe maternal morbidity (SMM), which the U.S. Centers for Disease Control and Prevention defines as "unexpected outcomes of labor and delivery that can result in significant short- or long-term health consequences," is increasing nationally and in Texas,[23] but to date, no data have been available for geographic areas smaller than the multi-county Texas Public Health Region. CINow recently worked with the national Alliance on Innovation in Maternal Health (AIM) to replicate AIM's methodology,[24] calculating SMM for each county and the area as a whole using the state hospital discharge dataset. SMM rather than maternal mortality was chosen as the focus because the SMM counts are much larger than maternal death counts, allowing us to look at differences by maternal age and race/ethnicity without risking patient privacy or generating rates that are too unreliable to use. No Llano County deliveries with SMM were identified for 2022 or 2023.

Supporting Behavioral Health

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

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

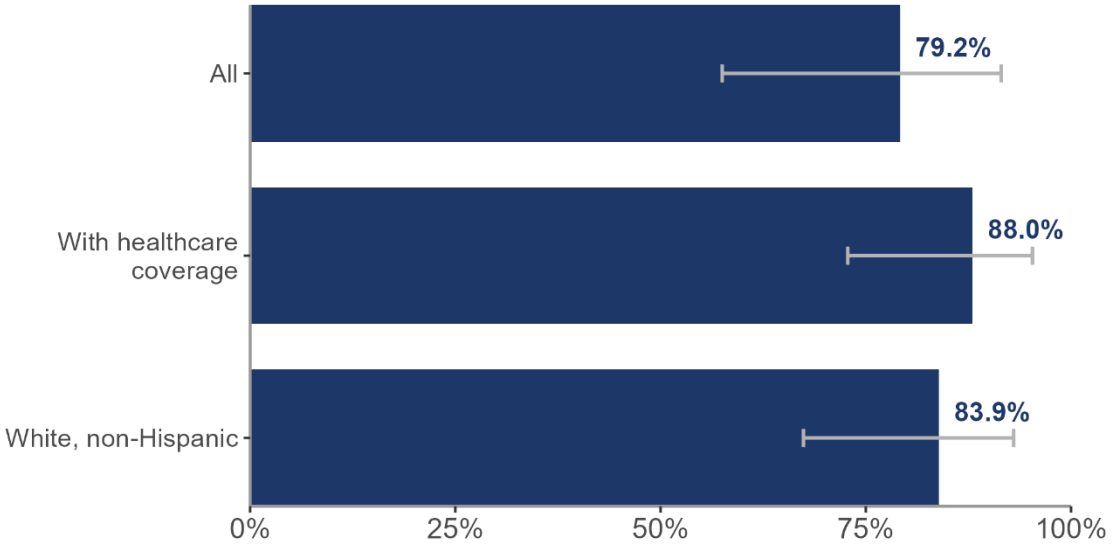
Mental Health

The BRFSS survey asks adults if a doctor, nurse, or other healthcare professional has ever told them that they have a depressive disorder, including depression, major depression, dysthymia, or minor depression.[25] 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.

Across the Texas Hill Country region (Blanco, Gillespie, Llano, Mason, and western Kendall Counties) and over a seven-year period (2017-2023), about one in eight (21%) BRFSS respondents reported having been told they had a depressive disorder (**Fig. 4D.1**). The BRFSS survey also 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. About 85% of respondents across the Texas Hill Country region reported fewer than five days of poor mental health in the past 30 days (**Fig. 4D.2**). Although one cannot be certain of differences among available subgroups given the overlapping margins of error, the slightly lower "all" estimate implies that people without health insurance and who identify as Hispanic or a non-Hispanic race other than white may well fare worse on these measures.

Fig. 4D.1 Percent of adults who have never been told by a healthcare provider they had a depressive disorder, 2017-2023

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



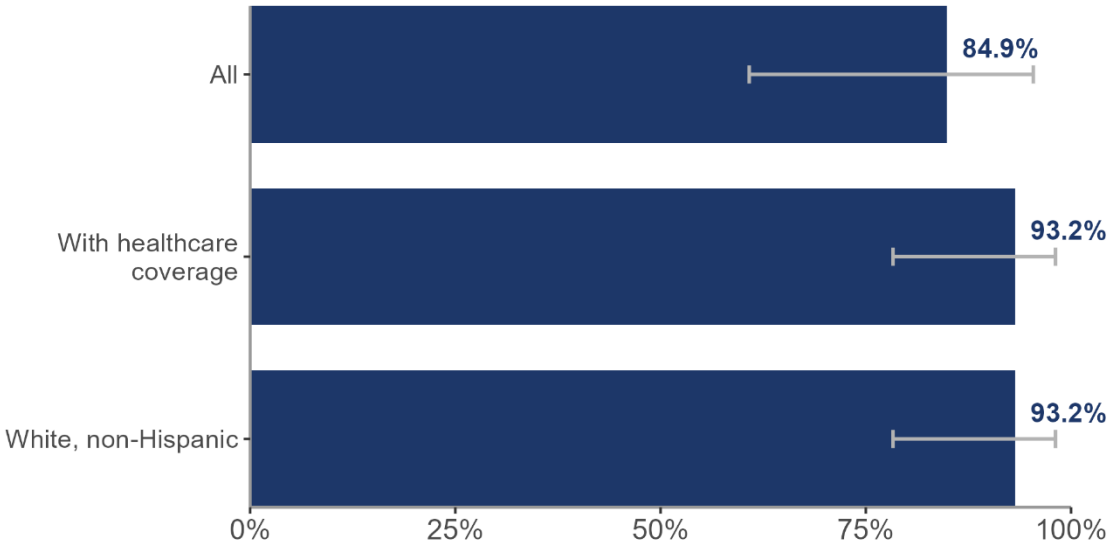
Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

About the Behavioral Risk Factor Surveillance System (BRFSS) data

BRFSS is a health-related survey distributed nationwide that asks about chronic health conditions, health-related behaviors, food habits, use of preventive services, and more. No other data source exists for many of these issues. In counties with smaller populations, the BRFSS survey sample size is too small to generate a trustworthy estimate, CINow worked with the Texas Department of State Health Services to combine counties and multiple years of data so that these issues could be explored for Llano County.

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

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

"Hardly any mental health resources, no support for mental health, make funding easier to utilize for LPCs [Licensed Professional Counselors] in the area to access. Would love to expand my private practice on a sliding scale, but can't survive and take care of my family on that income."

- Llano County Survey Respondent

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.

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.

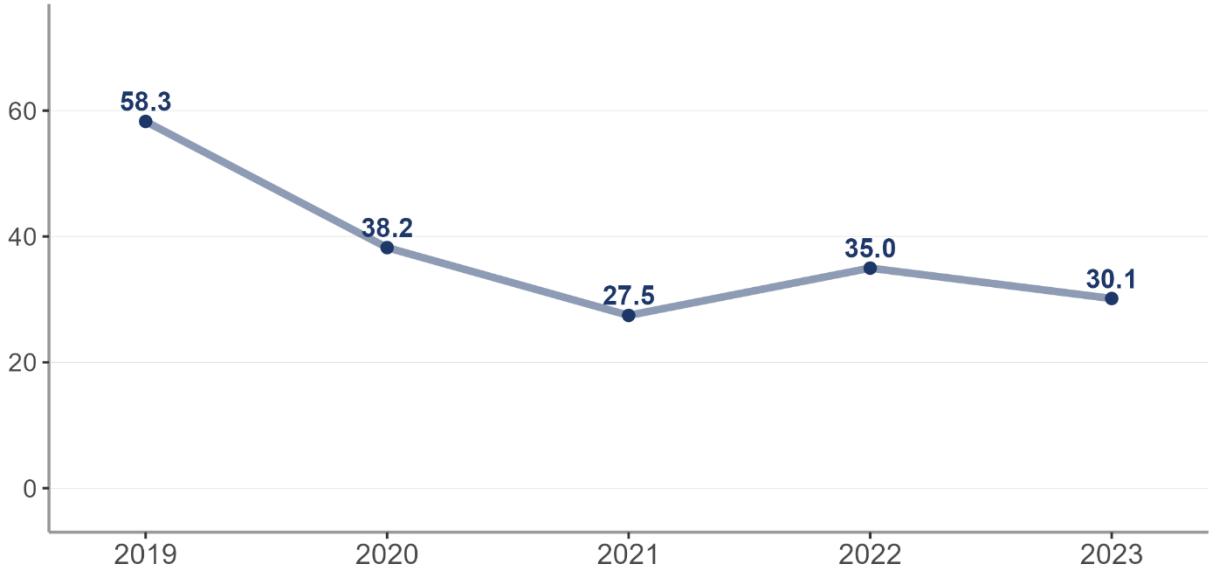
Hospital discharge and ED visit rates have largely rebounded to pre-COVID levels for most conditions. The degree and speed of the rebound differ by condition and demographic group, however. As with the initial decrease, the rebound is influenced by a complex combination of factors.

The overall rate for hospital discharges with a primary diagnosis of mental illness, shown as a three-year average per 10,000 residents, trended downward overall from 2017-19 to 2021-23 (**Fig. 4D.3**) in Llano County. Interpretation of the trend line must take into account pandemic-driven changes in inpatient and emergency department (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 age group and the two race/ethnicity groups for which data is available. The highest rate by age group is among residents aged 18 to 64. The rate is lower among Hispanic residents than non-Hispanic white residents, with the rate among white residents (29.3 per 10,000) being nearly 1.5 times the rate among Hispanic residents (20.3 per 10,000).

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

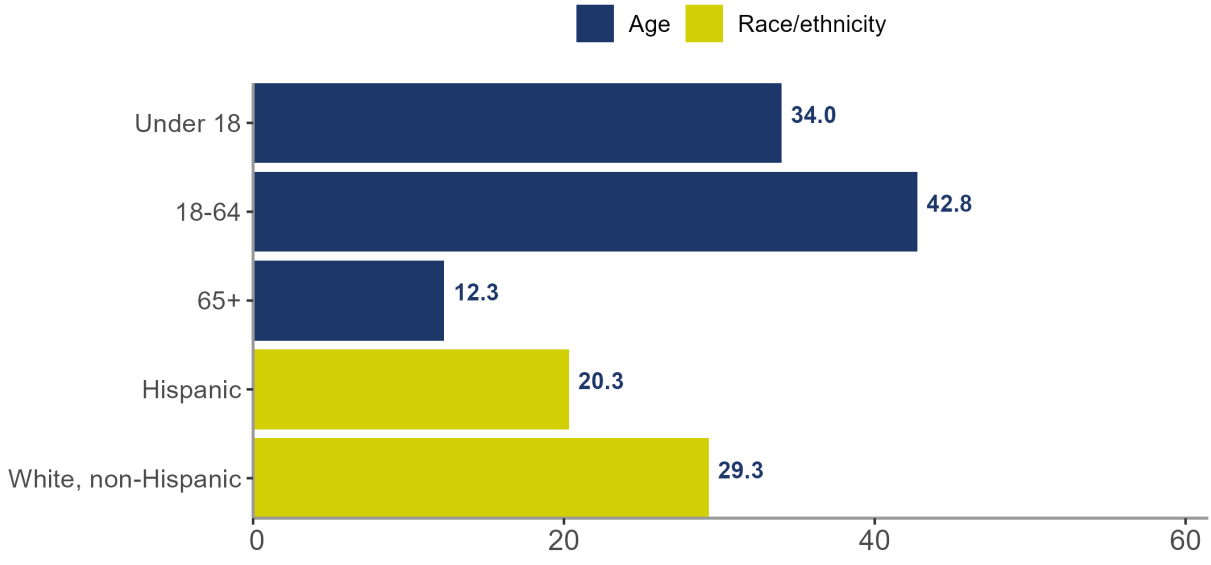
Llano County, Texas



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

Fig. 4D.4 Mental illness hospital discharge 3-year average rate per 10K population, by age and race/ethnicity, 2023

Llano County, Texas



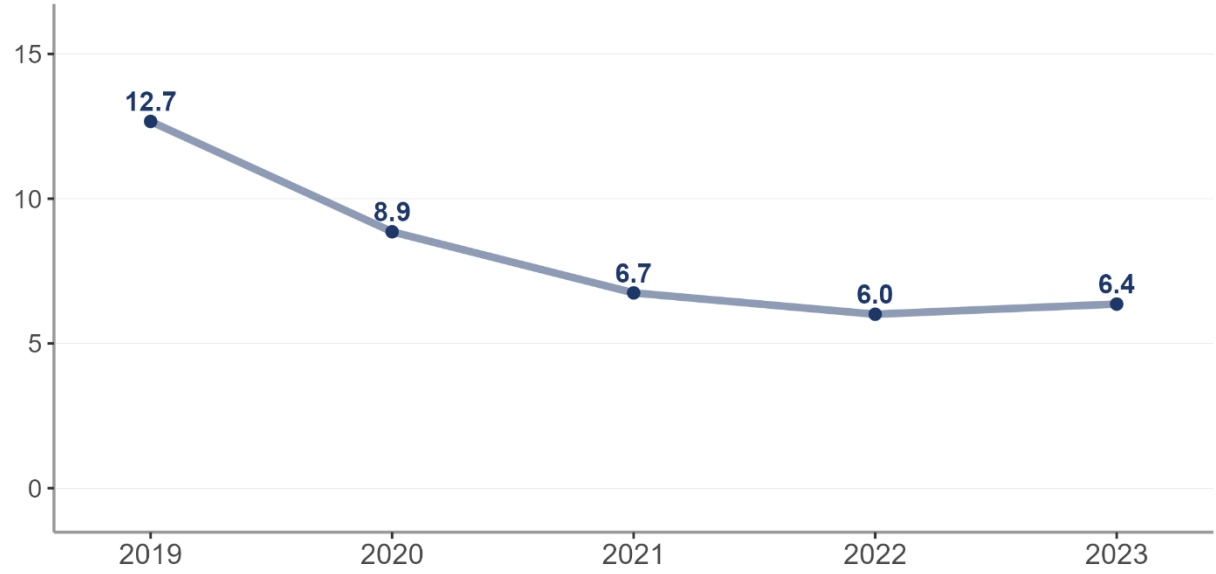
Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

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 Llano County, the rate dropped from the 2017-2019 period (12.7) to the 2020-2022 measurement period (6.0) (**Fig. 4D.5**), as we might expect given the effect of COVID-19. Since then, the rate slightly rose in the 2021-2023 measurement period to 6.4 per 10,000.

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

Llano County, Texas



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

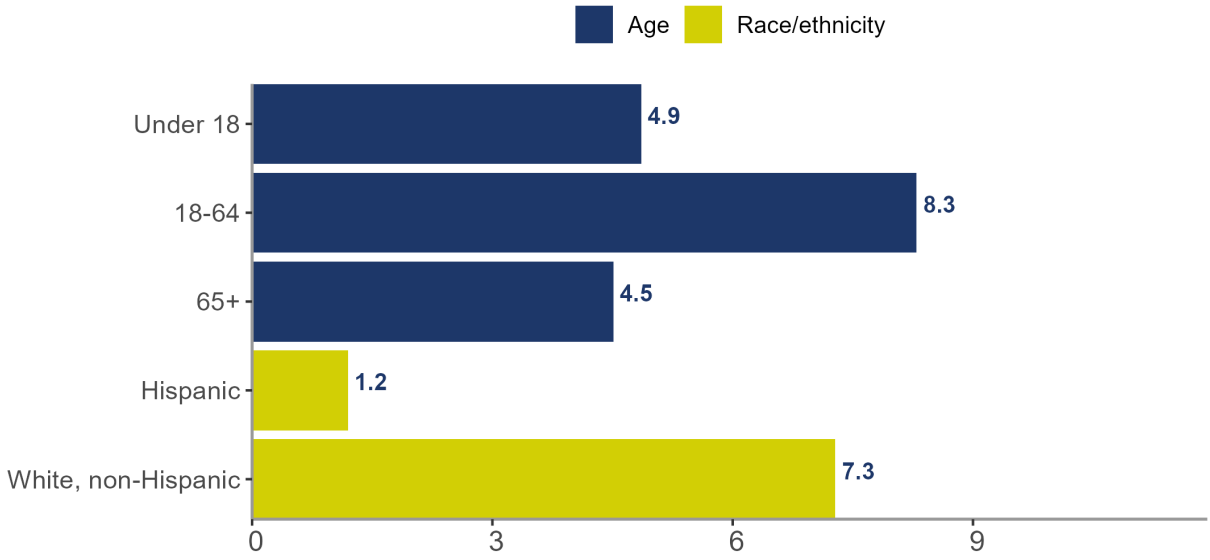
"I think we need more mental health resources. We have MHDD here in our community resource center, yet they're understaffed. So, the mental health thing, but the drug [addiction] would have to be addressed first, and we do have those resources here. We have quite a bit of places where they can go if they want to get clean."

- Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

In Llano County, residents aged 18 to 64 had the highest drug poisoning hospital discharge 3-year average rate by age group (**Fig. 4D.6**). Additionally, non-Hispanic White residents (7.3) had six times the rate of Hispanic residents (1.2), per 10,000 population. As a reminder, drug poisoning includes over-the-counter, prescription, and illegal drugs.

Fig. 4D.6 Drug poisoning hospital discharge 3-year average rate per 10K population, by age and race/ethnicity, 2023

Llano County, Texas

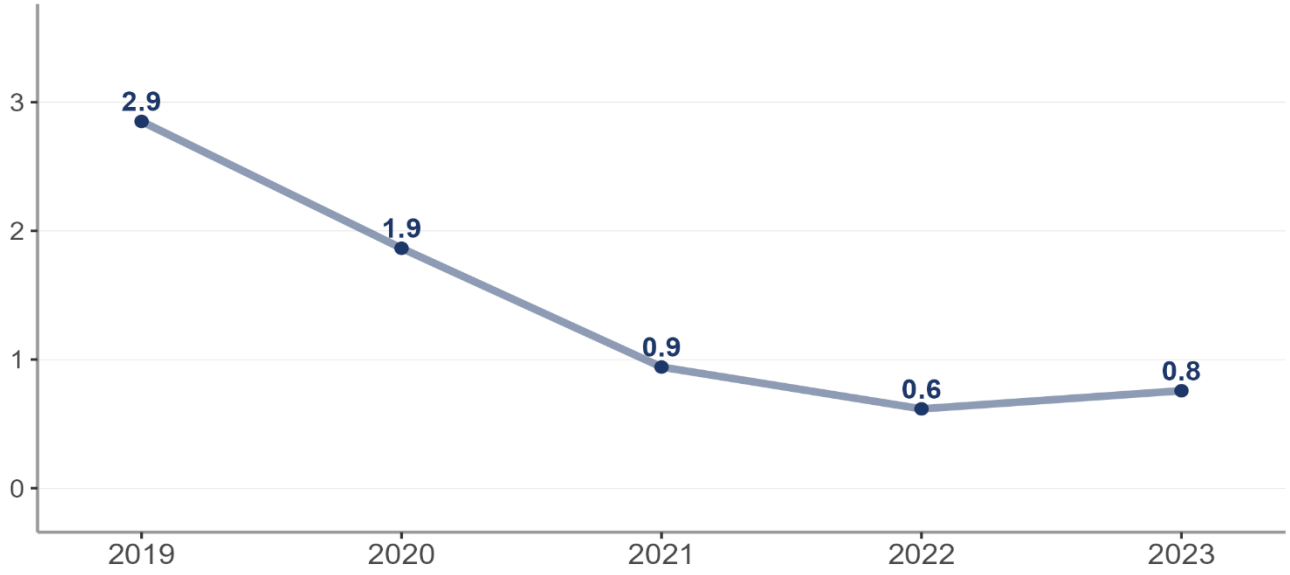


Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

For hospital discharges for opioid poisoning specifically (**Fig. 4D.7**), the steep decrease in Llano County is yet again apparent. Breaking the data out by age group and race/ethnicity (**Fig. 4D.8**), rates are low across the board. By age, hospitalization for opioid poisoning appears to be confined to residents aged 18 and older, and by race/ethnicity, mostly non-Hispanic White residents. The under-18 age group and Hispanic racial/ethnic group have rates of zero in Llano County for opioid poisoning.

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

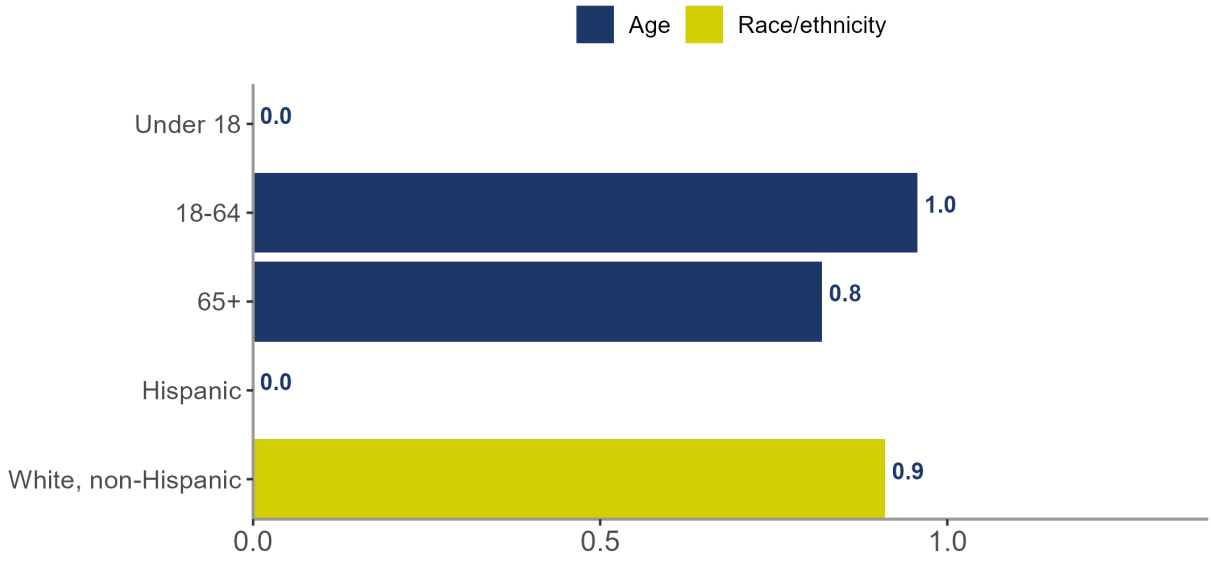
Llano County, Texas



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

Fig. 4D.8 Opioid poisoning hospital discharge 3-year average rate per 10K population, by age and race/ethnicity, 2023

Llano County, Texas



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

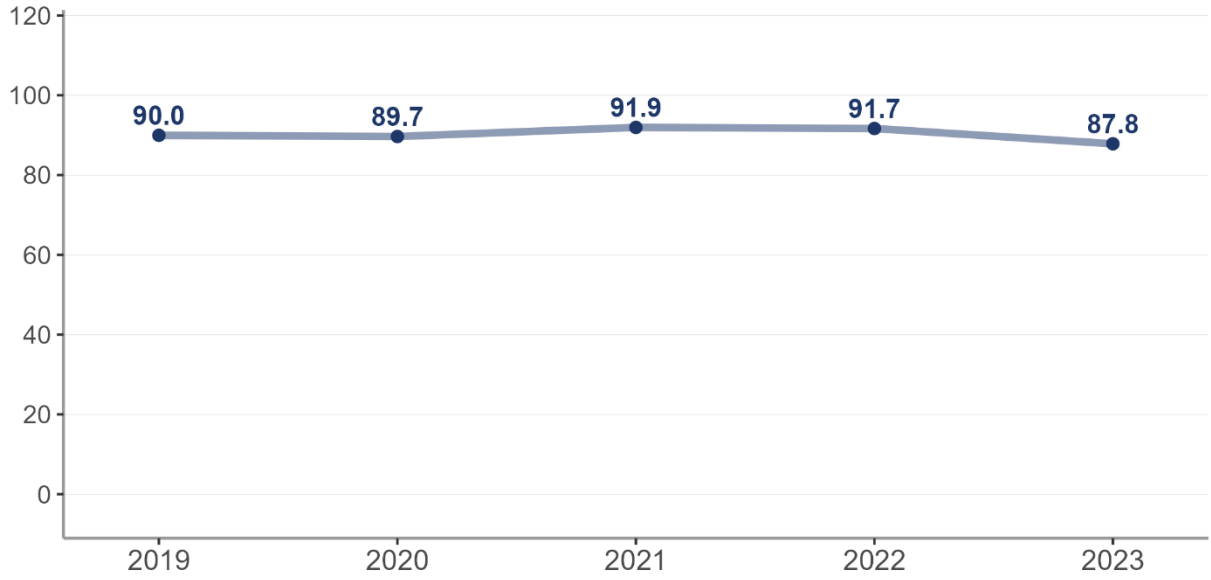
Tracking Injuries

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. (Information about deaths due to intentional and unintentional injury can be found in the Leading Causes of Death section at the end of this chapter.)

Llano's hospitalization rate with a primary diagnosis of injury had slightly increased from the 2017-2019 measurement period (90.0) to the 2020-2022 measurement period (91.7), before reaching a 5-year low during the 2021-2023 period with a rate of 87.8 per 10,000 population (**Fig. 4E.1**). The rates are highest by far in the older population and for non-Hispanic white residents (**Fig. 4E.2**).

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

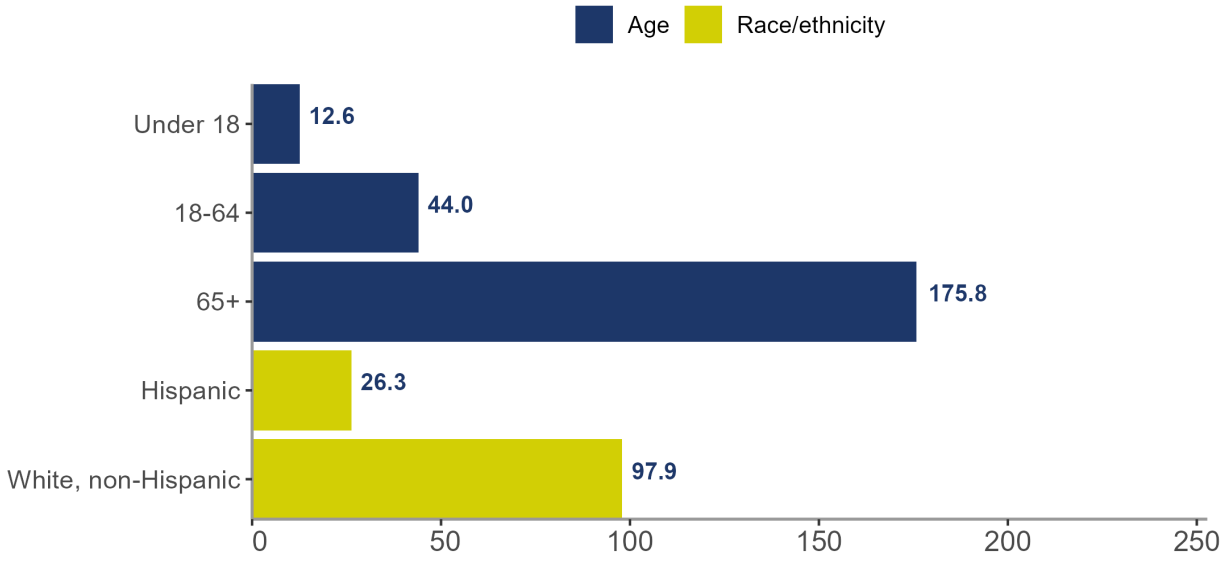
Llano County, Texas



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

Fig. 4E.2 Injury hospital discharge 3-year average rate per 10K population, by age and race/ethnicity, 2023

Llano County, Texas

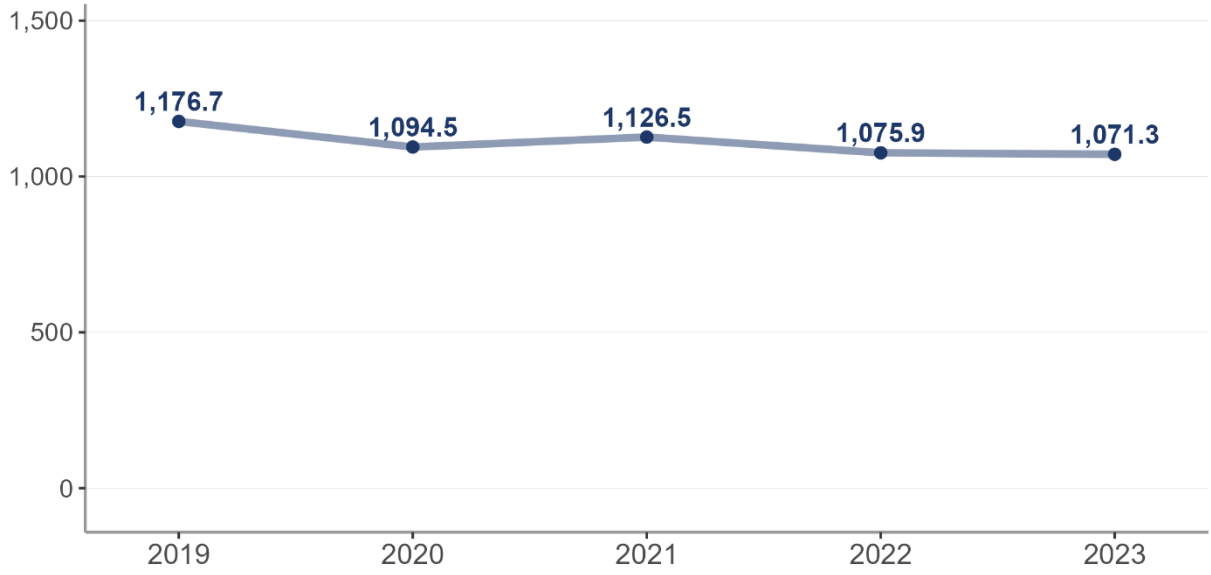


Source: Texas Health Care Information Collection Hospital Discharge PUDF
Prepared by CINow

Injury emergency department (ED) visit rates have also slightly decreased from the 2017-2019 period to the 2021-2023 period (**Fig. 4E.3**) in Llano County. By age groups (**Fig. 4E.4**), injury ED rates in the under-18 age group (1,219 per 10,000) exceeded the other age groups, including the 65-and-over rate (1142.8 per 10,000). And, similar to injury hospital discharge rates, non-Hispanic white residents had a higher rate than Hispanic residents.

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

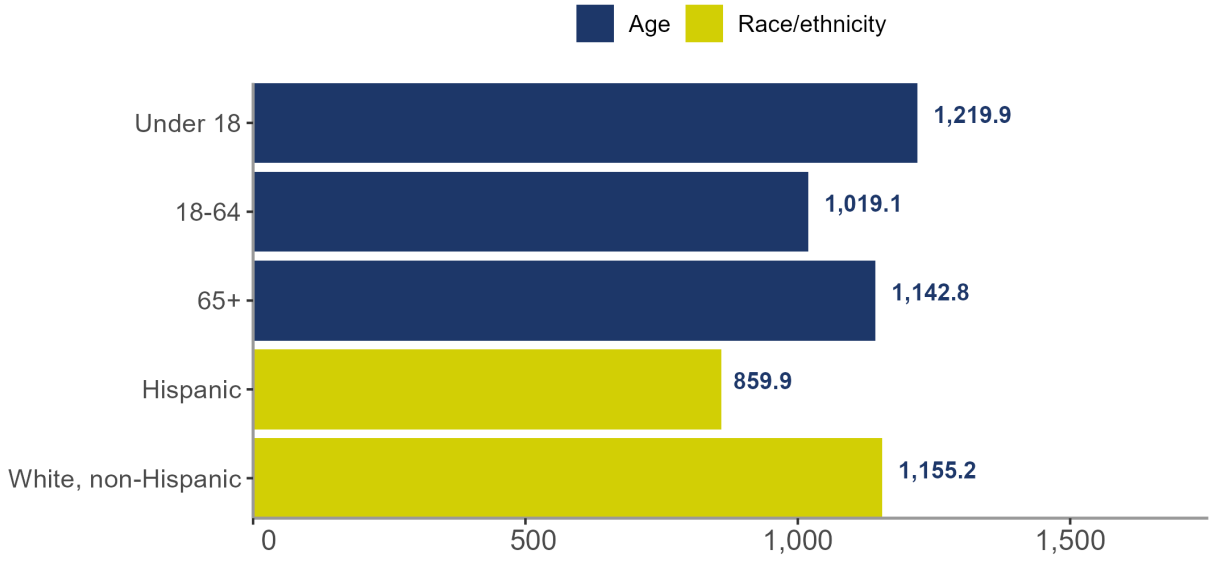
Llano County, Texas



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

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

Llano County, Texas



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

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.

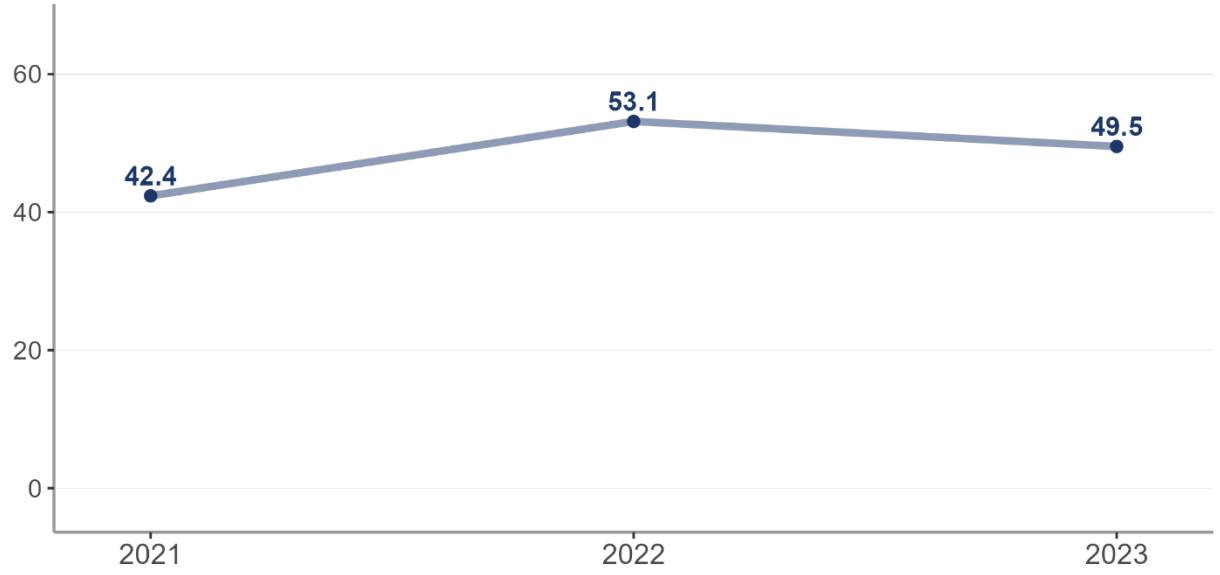
COVID-19

Hospitalization is a good indicator of severe COVID-19 illness and risk of death. (Information about deaths due to COVID-19 can be found in the Leading Causes of Death section at the end of this chapter.) Llano County's COVID-19 hospitalization rate peaked in the 2020-2022 measurement period (**Fig. 4F.1**), as would be expected give that was the first three years of the pandemic. However, the 2021-23 rate fell only seven percent. That ongoing burden of illness makes some sense in Llano County, given that the 75-and-older population is so much more vulnerable to severe illness and death due to COVID-19. That vulnerability is evident in **Figure 4F.2**, where the hospitalization rate among residents 65 and older is more than twice as high as the rate among 18- to 64-year-olds. White residents have a much higher rate (51.1 per 10,000) than Hispanic residents (34.7 per 10,000, **Fig. 4F.2**), which is not unexpected given that Llano County Hispanics are as a group considerably younger than white residents as a group. Many other variables may factor in, though, including population density, vaccination rates, and movement by residents who live in one community and work in another (see Fig. **2B.2** for more information). The 2021 rate, which is an average of 2019 through 2021, would also be affected by any local stay-at-home orders, remote versus in-person schooling, the percentage of workers in jobs that were classified as essential, and mask-wearing norms in close quarters such as job sites and schools.

Within-county differences in the COVID-19 hospitalization rate are evident as well (**Fig. 4F.3**). Small counts shown as rates can exaggerate differences, but the rate was clearly higher in ZIP codes 78672 and 78609 than in other areas of the county.

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

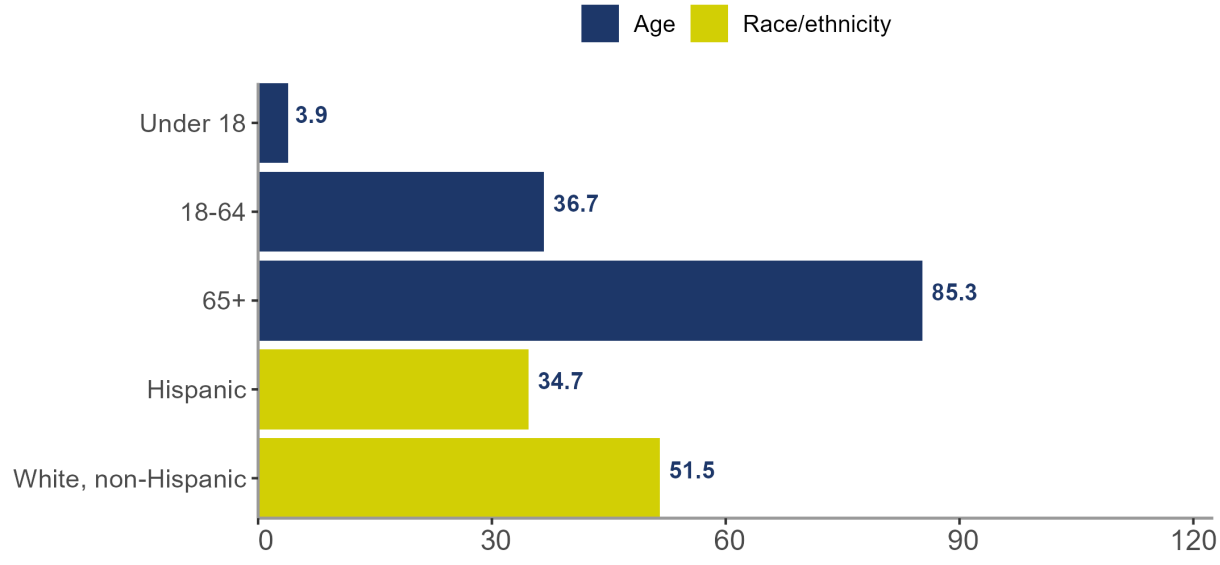
Llano County, Texas



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

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

Llano County, Texas



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

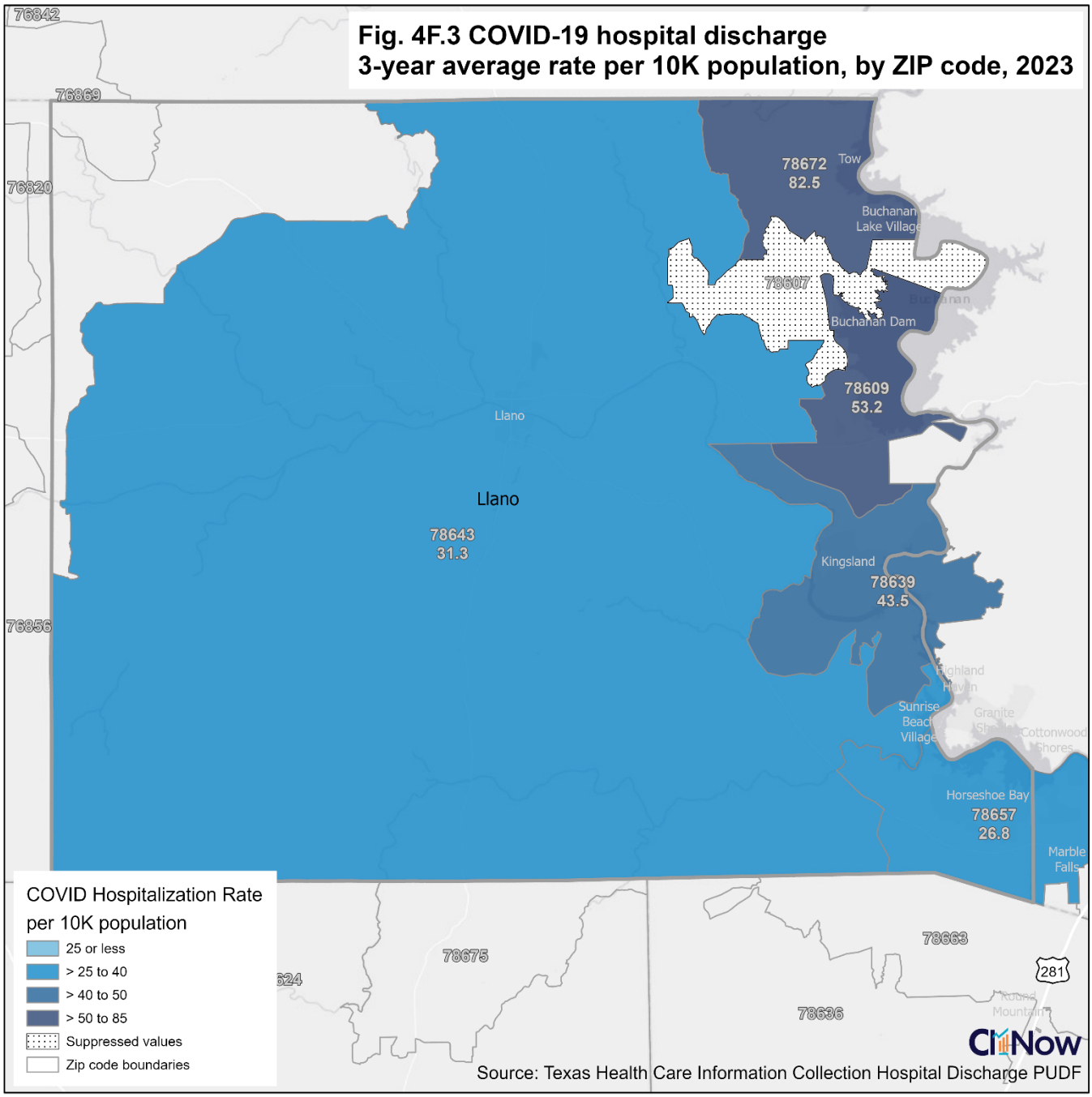


Fig. 4F.3 COVID-19 hospital discharge
3-year average rate per 10K population, by ZIP code, 2023
76842
76869
76820
78672
82.5
Tow
Buchanan Lake Village
78607
Buchanan Dam
78609
53.2
Llano
Llano
78643
31.3
Kingsland
78639
43.5
76856
Highland Haven
Sunrise Beach Village
Granite Shoals
Cottonwood Shores
Horseshoe Bay
78657
26.8
Marble Falls
78675
78663
281
78636
Round Mountain
COVID Hospitalization Rate per 10K population
25 or less
> 25 to 40
> 40 to 50
> 50 to 85
Suppressed values
Zip code boundaries
Source: Texas Health Care Information Collection Hospital Discharge PUDF
CHNow

Whooping Cough, Measles, Mumps, and Chickenpox

Whooping cough (pertussis), measles, mumps, and Chickenpox (varicella) are highly contagious infections that can lead to serious complications and spread easily in group settings like schools and shelters. Data from the Texas Department of State Health Services (TDSHS) indicate that Llano County had 10 new cases of pertussis reported between 2021 and 2025 and no new cases of measles, mumps, or varicella. Data on the diagnosis year and ages of these new pertussis cases is not available, but worth noting is the fall 2025 TDSHS alert on a second consecutive high year-over-year increase in pertussis cases.[26] As of the time of the alert, the 2025 year-to-date case count was four times higher than 2024, which in turn was about triple the number of cases reported in 2023.[27] The alert notes that one-third of infants under one year of age who contract whooping cough/pertussis require hospitalization.

Chlamydia, Gonorrhea, Syphilis, and HIV

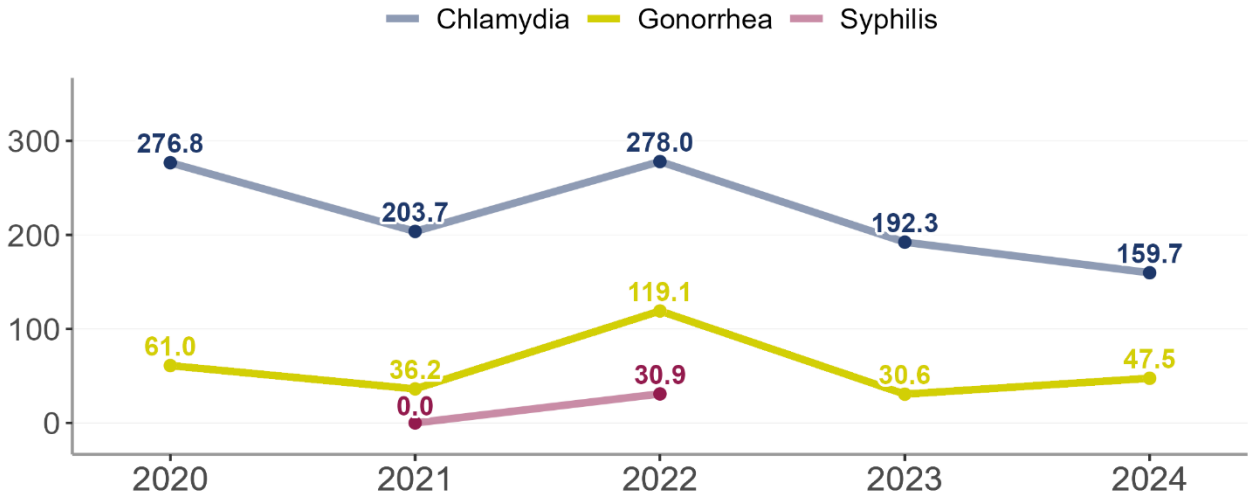
Chlamydia and gonorrhea are common sexually transmitted infections (STIs). While many people with these infections do not experience symptoms, if left untreated, they can lead to serious health problems and can continue to spread unknowingly.[28] Again, when shown as rates, even relatively small year-over-year differences in low counts can show up as dramatic spikes and drops in a trend line, but Llano County clearly did experience variation in STI incidence through the 2020 to 2024 period (**Fig. 4F.6**). Gonorrhea incidence, or new cases diagnosed per year, fell 40% in 2021 and then more than tripled in 2022 before returning to normal pre-COVID levels; those rates correspond to 13 cases in 2020, eight in 2021, and 27 in 2022. Chlamydia incidence had a similar dip in 2021 but then continued to decline to a five-year low of 159.7 in 2024, or 37 cases – 58% of the 2020 rate.

Both HIV and 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.[29] The number varies by year, but Llano County is home to between 30 and 40 people living with HIV, about 90% of whom are male. About half are age 55 or older; fewer than five are children under the age of 14. Llano County had no newly-diagnosed cases of HIV in 2021, 2022, or 2024, and fewer than five new cases in 2020 and 2023. HIV incidence is not shown in the chart because all rates are either 0.0 per 100,000 or suppressed for privacy.

Syphilis is a progressive and potentially fatal disease with four distinct clinical stages: primary, secondary, latent, and late or tertiary; symptoms are typically not present in the latent stage, which can last up to 20 years. Cases are reported according to clinical stage. The primary and secondary syphilis incidence rate was 0.0 per 100,000 in 2021 and 30.9 per 100,000 in 2022 (**Fig. 4F.6**), which translates to seven cases. Data for 2020, 2023, and 2024 was suppressed, meaning that the case count totaled between one and four in each year. Early latent syphilis cases totaled between one and four in all years except 2021, when no new cases were reported.

Fig. 4F.6 Chlamydia, gonorrhea, and syphilis incidence (newly-diagnosed case) rate per 100K population

Llano County, Texas and Statewide



Missing values are suppressed by data source. Syphilis rate includes primary and secondary syphilis; early latent was 0 in 2021 and suppressed in all other years.
Source: Texas Department of State Health Services
Prepared by CINow

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.[30,31] Llano County had no reported cases of either Hepatitis A or B in the 2021 through 2025 period.

Chronic Illness and Cancer

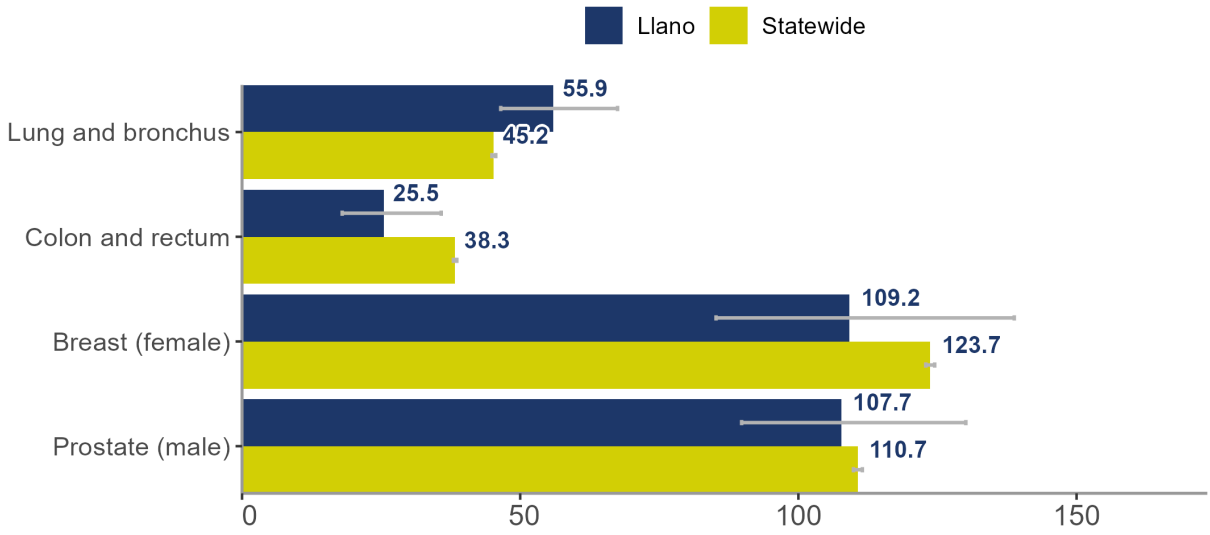
Heart disease and cancer are the leading causes of death nationally and locally[32]. These conditions often share common risk factors, like poor nutrition and chronic stress. Early detection plays a critical role, not only in reducing the risk of severe complications but in timely intervention and effective, long-term management. Understanding their prevalence helps highlight the burden of chronic disease in the community.

Cancer

Figure 4G.1 shows Llano County and Texas incidence rates per 100,000 residents for the most common invasive cancers. Using a combined period of 2018 to 2022 for narrower confidence intervals, several statistically significant differences can be observed. First and most obvious, that the incidence of breast cancer among females and prostate cancer among males in Llano County is twice the rate of lung and bronchus cancer and over four times the rate of colon cancer. There is no statistically significant difference between Llano County and Texas rates for breast or prostate cancer, but the differences *are* statistically significant for the other two types: the Llano County rate is lower than Texas for colon and rectum cancer, but higher for lung and bronchus cancer.

Fig. 4G.1 Age-adjusted invasive cancer incidence rate per 100K population, by cancer site, 2018-2022

Llano County, Texas and Statewide



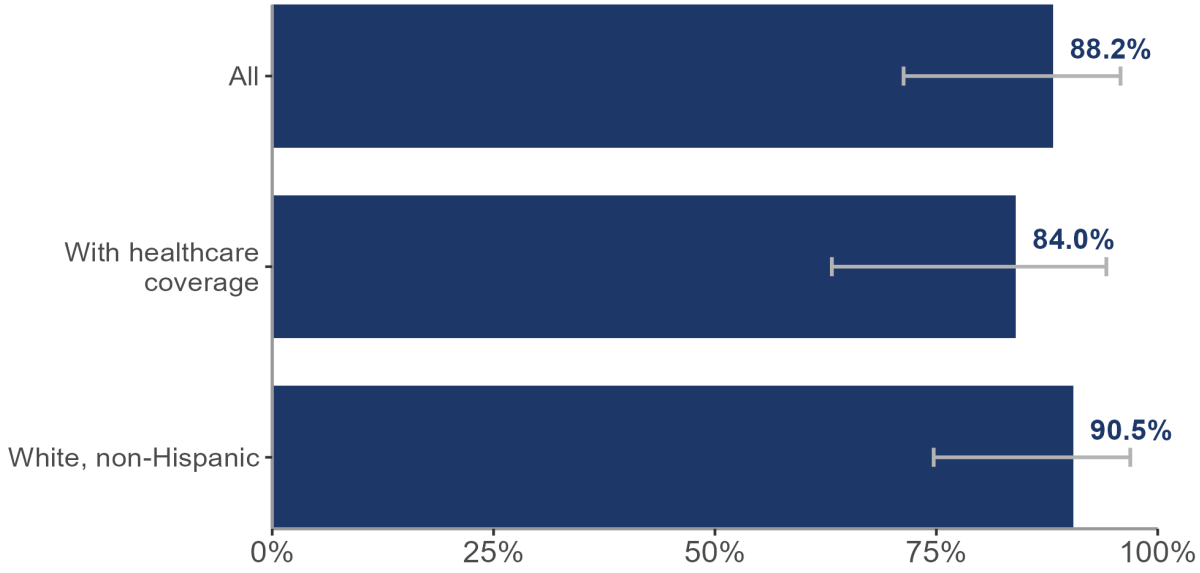
Data suppressed if 1-16 cases were reported in the specified dataset.
Source: Texas Cancer Registry
Prepared by CINow

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.[33] Across the Texas Hill Country region, close to one in 10 BRFSS respondents area-wide (12%) reported having been told they had heart disease (**Fig. 4G.2**). As with other indicators calculated from BRFSS data in this assessment, data could only be disaggregated for respondents who report having healthcare coverage or identify as non-Hispanic white. The confidence intervals overlap, and the estimates are similar. Information about deaths due to heart disease can be found in the Leading Causes of Death section at the end of this chapter.

Fig. 4G.2 Percent of adults never told by a healthcare provider that they have heart disease, 2017-2023

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



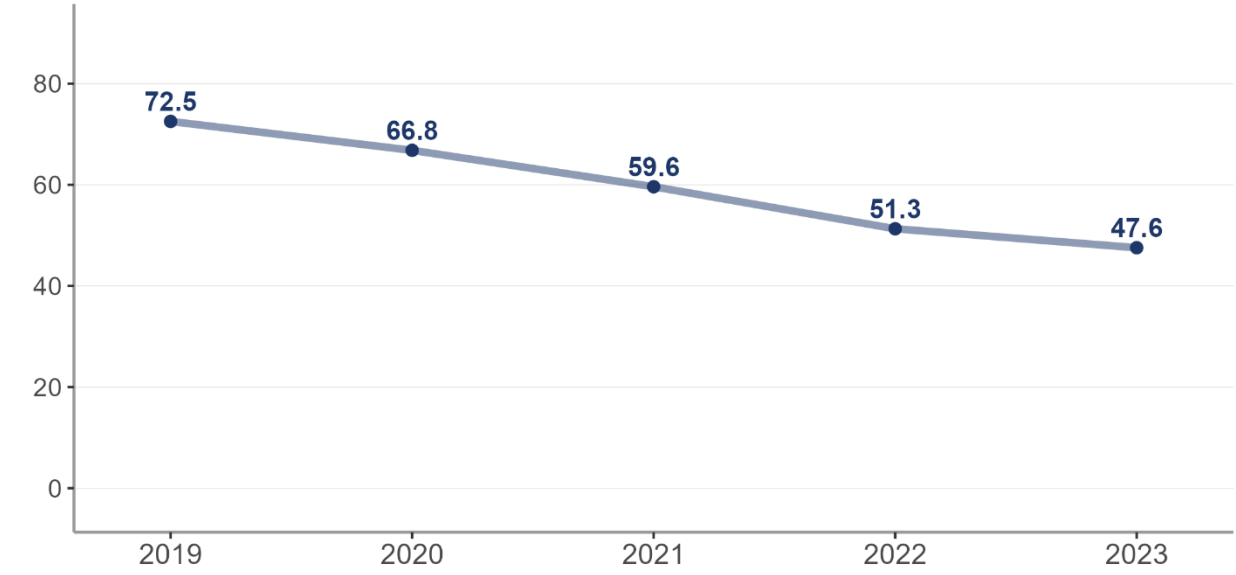
Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

Hypertension

Llano County's hypertension hospital discharge rates, shown as three-year averages per 10,000 residents, have been declining over time (**Fig. 4G.3**); the 2021-23 rate of 47.6 per 10,000 is a 34% decrease from the 2017-19 rate. As would be expected, the rate in the 65-and-older age group (**Fig. 4G.4**) is far higher than in the 18-to-64 age group. The rate among white residents, who are older as a group than Hispanic residents, is three times the Hispanic rate.

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

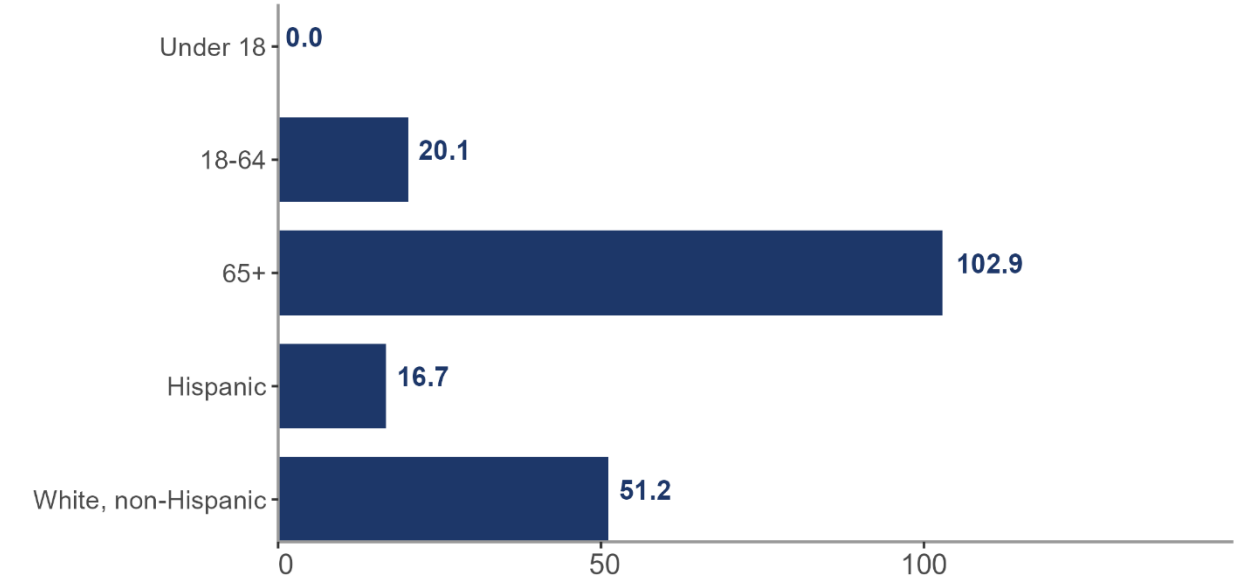
Llano County, Texas



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

Fig. 4G.4 Hypertension hospital discharge 3-year average rate per 10K population, by age and race/ethnicity, 2023

Llano County, Texas



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

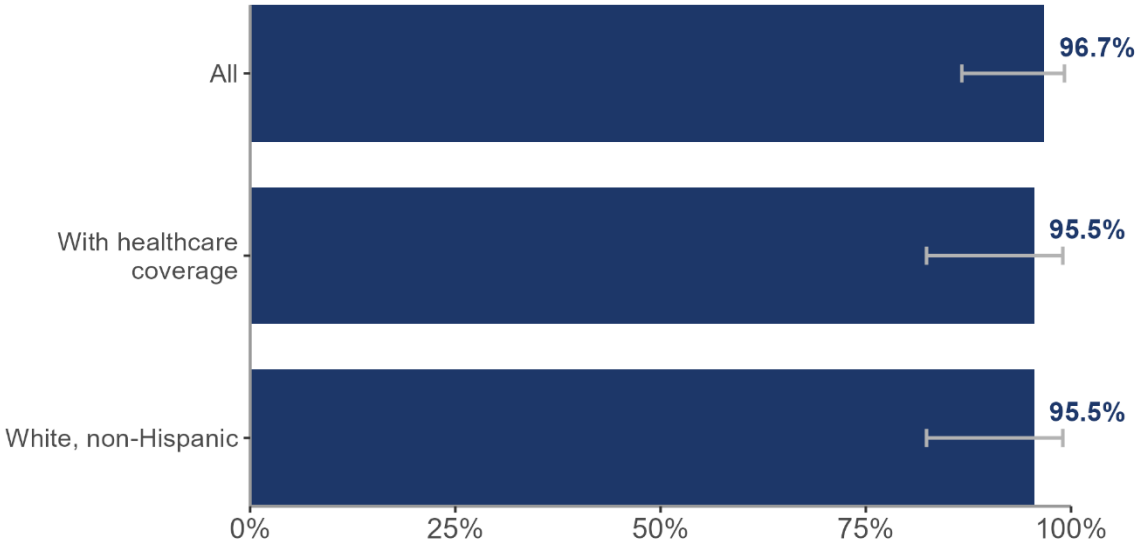
Cerebrovascular Disease

The BRFSS survey asks respondents if a doctor, nurse, or other health professional never told them they had a stroke.[34] As noted earlier in the report, the Llano County sample size is far too small to generate a trustworthy estimate, but across the multi-county region, only about 3% of BRFSS respondents across the Texas Hill Country region (averaged over seven years, 2017-2023) reported never having been told they had a stroke (**Fig. 4G.5**).

Among Llano County residents specifically, the three-year average hospital discharge rates with a primary diagnosis of cerebrovascular disease, or stroke increased slightly in the early years of the COVID-19 pandemic (**Fig. 4G.6**) before beginning a steady decline to 49.7 per 10,000 in the 2021-23 measurement period, an 11% decrease from 2017-19. The pattern by age group and race/ethnicity (**Fig. 4G.7**) mirrors the pattern for heart disease, with far higher rates among older adults and among white residents.

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

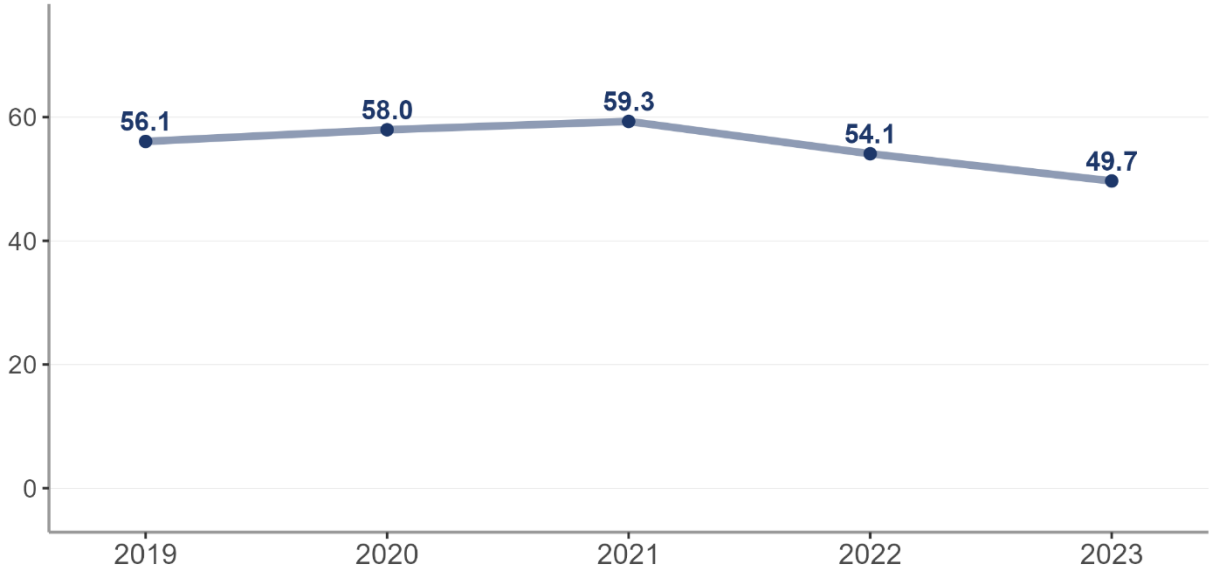
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

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

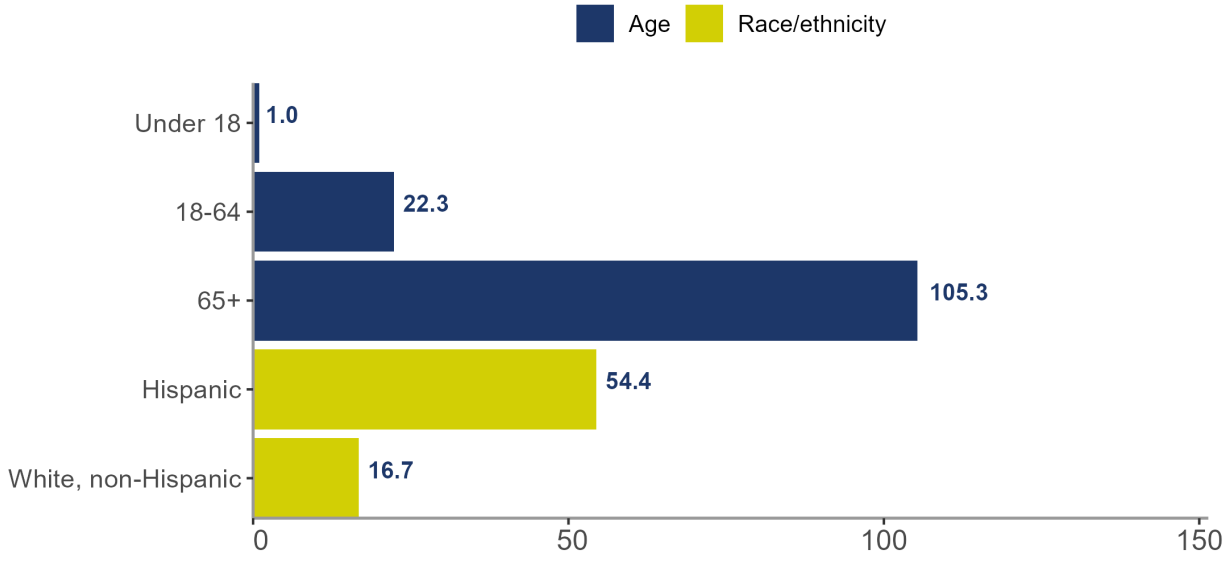
Llano County, Texas



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

Fig. 4G.7 Cerebrovascular disease (stroke) hospital discharge 3-year average rate per 10K population, by age and race/ethnicity, 2023

Llano County, Texas



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

Other Long-Term Health Conditions

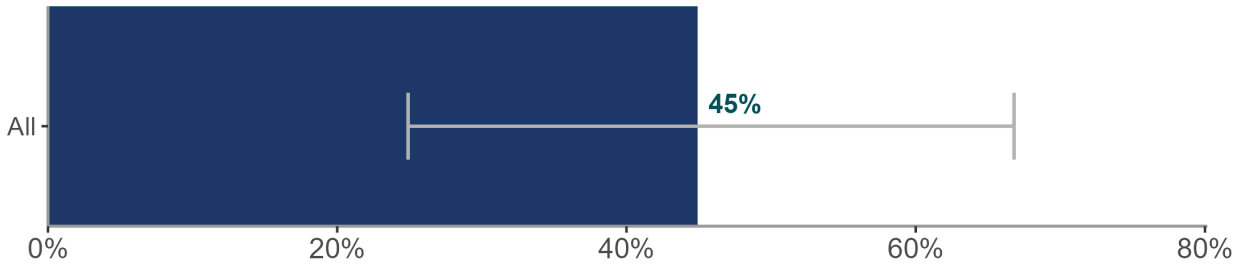
Many individuals live with other long-term health conditions that require consistent management and care. Conditions like oral disease, asthma, and diabetes affect quality of life and place an ongoing demand on healthcare systems, ultimately affecting the community's overall health and well-being. Monitoring 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. Across the Texas Hill Country region and averaged over seven years (2017-2023), about 45% of BRFSS respondents reported having had one to five teeth removed due to decay or disease (**Fig. 4H.1**). However, because of wide confidence intervals, the true value could be anywhere from 25% and 67%.

Fig. 4H.1 Percent of adults who have had 1-5 teeth removed due to decay or disease, 2017-2023

Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



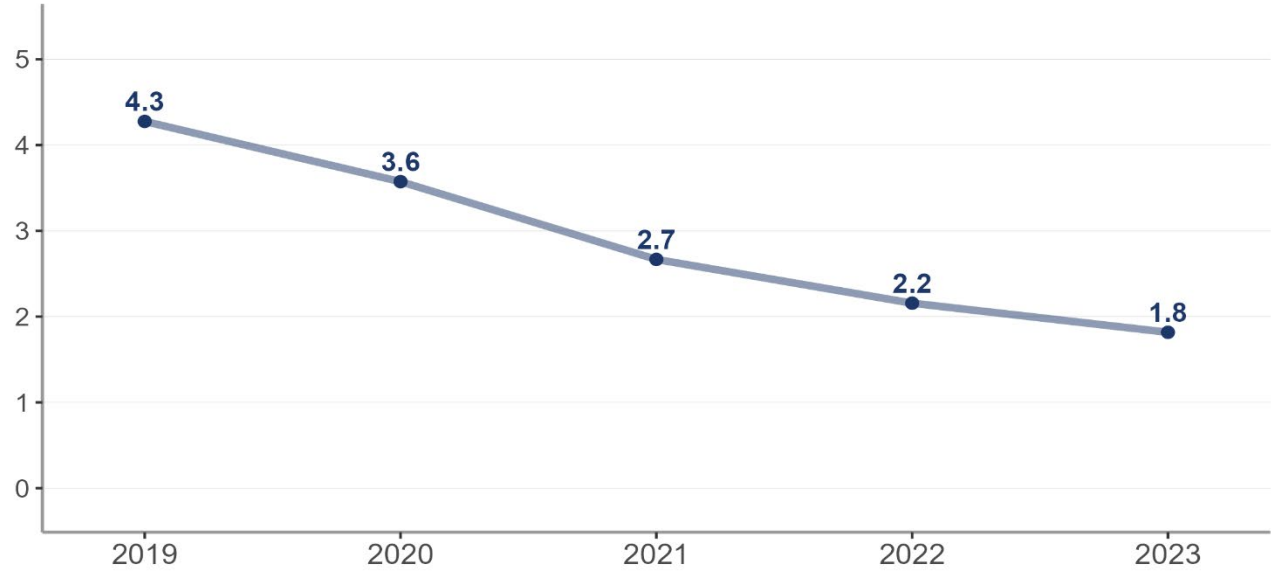
Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

Asthma

Hospitalization is a good proxy measure for serious uncontrolled asthma. The Llano County rate for asthma hospital discharges, shown as three-year averages per 10,000 residents, declined by more than half between 2017-19 and 2021-23 (**Fig. 4H.2**), reaching 1.8 per 10,000 in 2021-23. Opposite of other chronic health conditions covered in this section, the rate among children and adolescents under age 18 – 3.9 per 10,000 – is 2.5 to three times the rate among the other age groups (**Fig. 4H.3**).

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

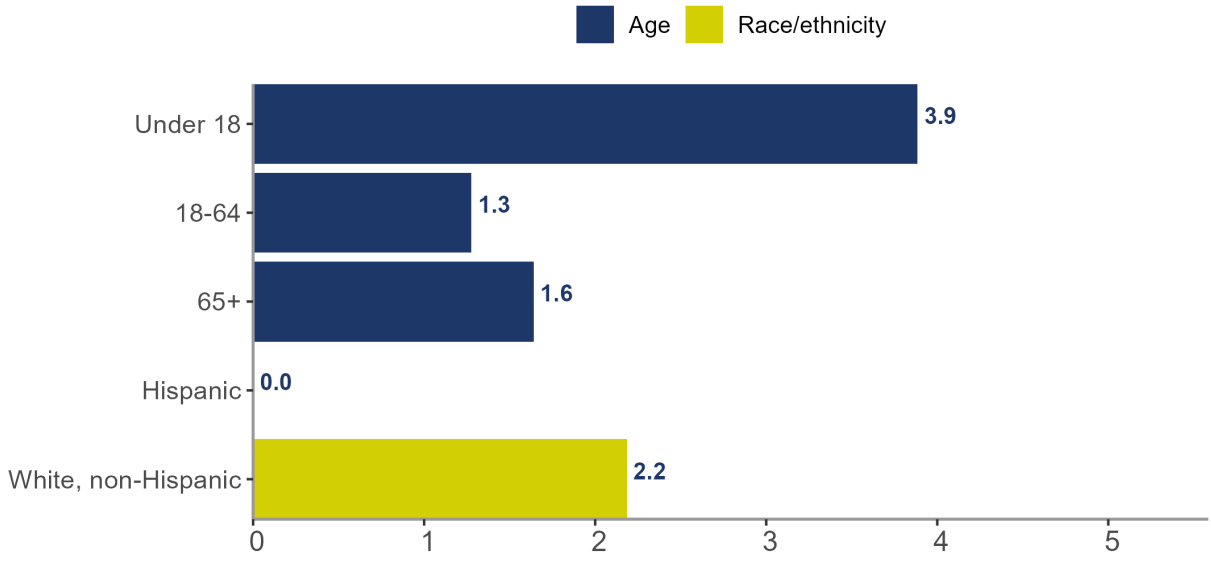
Llano County, Texas



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

Fig. 4H.3 Asthma hospital discharge 3-year average rate per 10K population, by age and race/ethnicity, 2023

Llano County, Texas



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

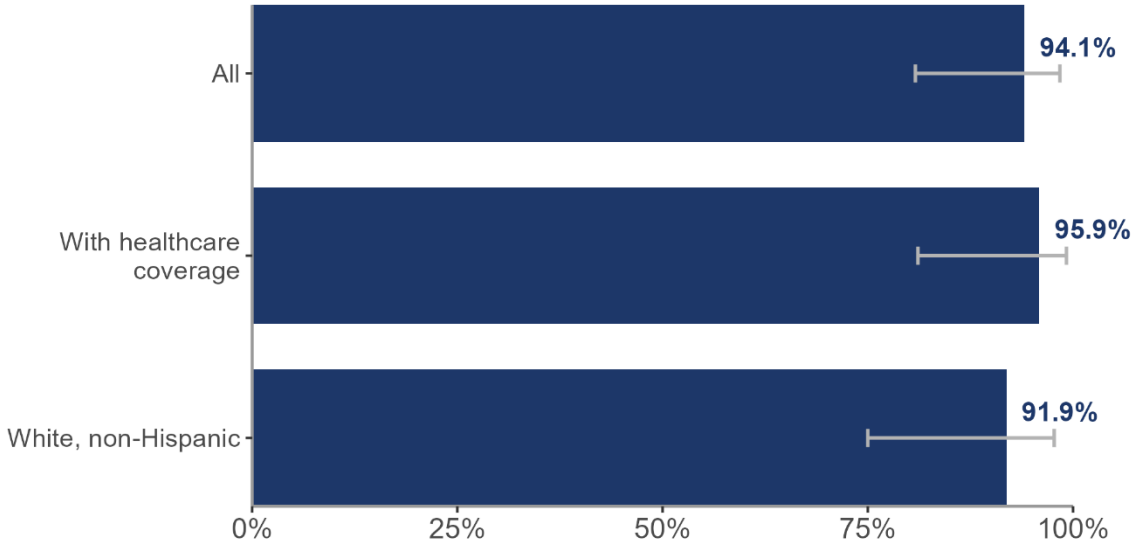
Diabetes

The BRFSS survey asks respondents if a doctor, nurse, or other health professional ever told them they have diabetes.[35] Across the Texas Hill Country region and averaged over seven-years (2017-2023) to provide reliable estimates, over nine in 10 of BRFSS respondents reported *never* having been told by a healthcare provider that they have diabetes (**Fig. 4H.4**). The percentages were similar for the two groups for which data were not suppressed, however, differences should be interpreted with caution due to overlapping margins of error.

Llano County's diabetes hospital discharge rate trended steadily upward through 2020-22 (**Fig. 4H.5**) before falling in 2023 to 23.8 per 10,000, just above the 2019 rate. The reason for that trend is unclear, but COVID-19's aggravating effect on many existing health conditions may have been a factor. The 2021-23 rate was highest in the 18-to-64 age group and similar for both race/ethnicity groups (**Fig. 4H.6**).

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

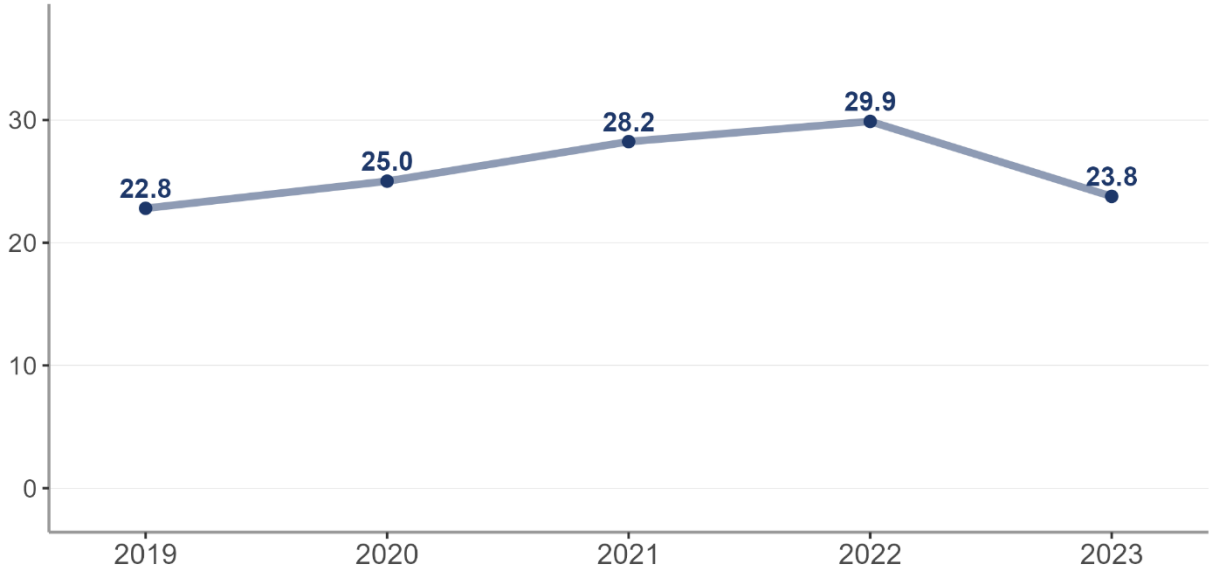
Blanco, Gillespie, Llano, Mason, and western Kendall Counties, Texas



Western Kendall County refers to Comfort, Texas, which is ZIP code 78013.
Source: Behavioral Risk Factor Surveillance System (BRFSS)
Prepared by CINow

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

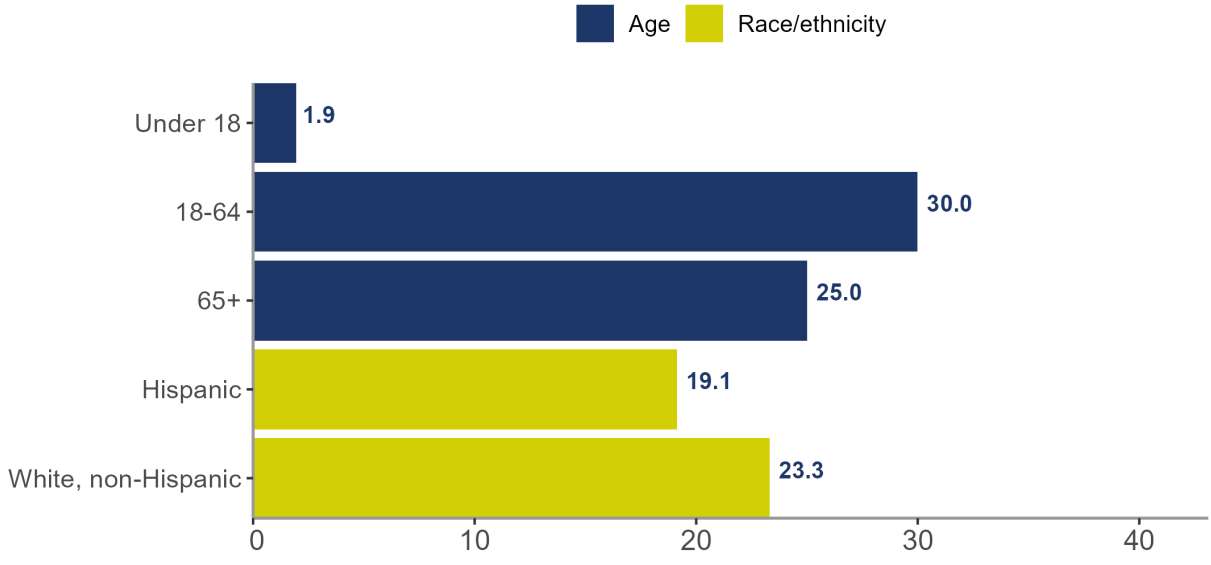
Llano County, Texas



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

Fig. 4H.6 Diabetes hospital discharge 3-year average rate per 10K population, by age and race/ethnicity, 2023

Llano County, Texas



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

Leading Causes of Death

The following series of charts (**Fig. 4I.1** through **4I.3**) show the crude death rate for the leading causes of death in the six-year period from 2018 to 2023. Unfortunately, age-adjusted rates, which would take into account the large differences by race/ethnicity in age distribution, were not available for leading causes of death. Furthermore, rates were stable and unsuppressed only for non-Hispanic white females (**Fig. 4I.1**), non-Hispanic white males (**Fig. 4I.2**), and Hispanics of both sexes combined (**Fig. 4I.3**). If a cause of death is not shown, rates were small and likely suppressed.

Understanding the Data on Leading Causes of Death

This section focuses on the leading causes of death available sex and 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, comparison in these death rates should be made *only within* a single sex-race/ethnicity group (e.g., non-Hispanic white females) rather than between sex-race/ethnicity groups.

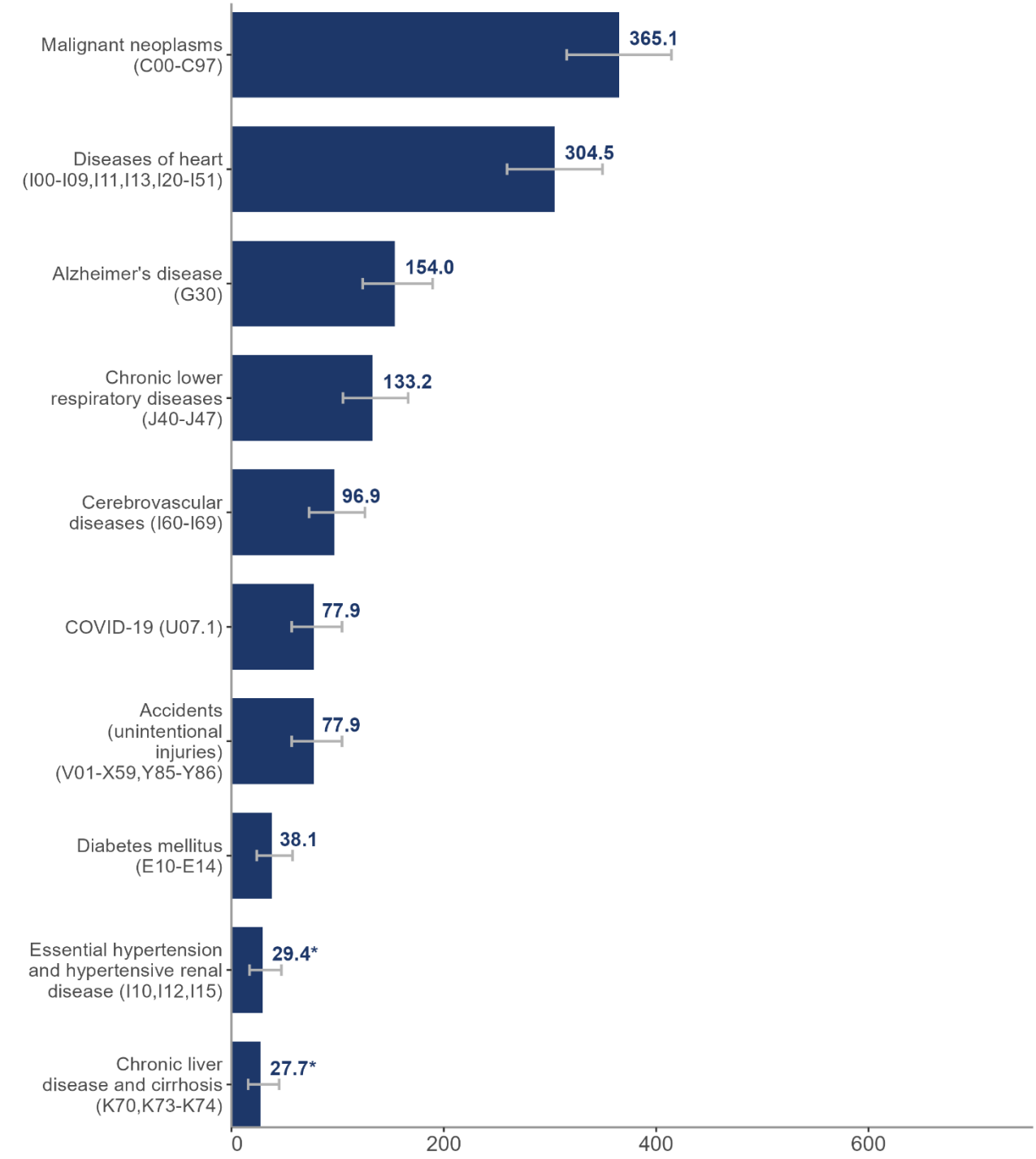
Among both female (**Fig. 4I.1**) and male (**Fig. 4I.2**). residents who are non-Hispanic white, three of the top four causes of death are the same: cancer, heart disease, and chronic lower respiratory disease (e.g., COPD). Rounding out the top four are Alzheimer's disease for females and accidents for males.

Comparing crude rates for white males and white females, the difference in rates is statistically significant for only two causes of death: heart disease and Alzheimer's disease; error bars overlap for every other cause of death in Figure **4I.1** and **4I.2**. Remarkably, the crude death rate for Alzheimer's disease among Llano County's white female residents is more than twice as high (154.0 per 100,000 residents) as among white male residents (68.0). Conversely, the crude death rate for heart disease among white male residents (542.2) is 1.8 times the rate among white female residents (304.5). These differences would likely hold even with age-adjusted rates, as the proportions of female and male residents who are 65 and older or 75 and older are virtually identical.

Because of the relatively small size of Llano County's Hispanic population, unsuppressed crude death rates are available only for unintentional injury and heart disease (**Fig. 4I.3**) for both sexes combined. Even these two available rates are considered unstable because the error is so great relative to the estimate, but two points are clear. Because Llano County's Hispanic residents are as a group much younger than non-Hispanic white residents, the Hispanic crude death rates for the two top causes of death are much lower than rates for white residents, and accidents are among the top leading causes. Among the white population, accidents are tied with COVID-19 as the sixth most common leading cause of death.

Fig. 4I.1b Crude death rate per 100K female non-Hispanic white population by leading causes of death, 2018-2023

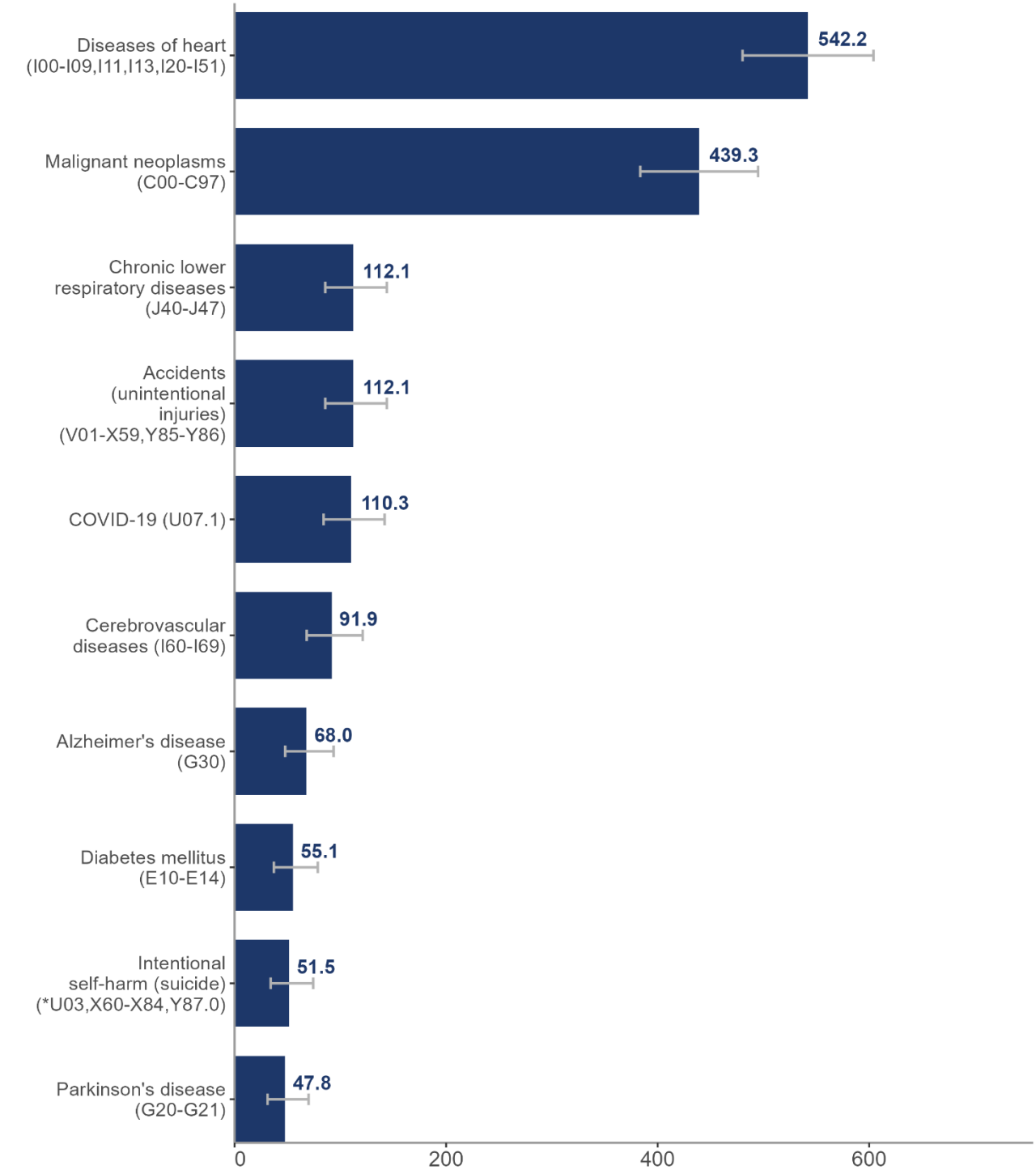
Llano County, Texas



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

Fig. 4I.2 Crude death rate per 100K male non-Hispanic white population by leading causes of death, 2018-2023

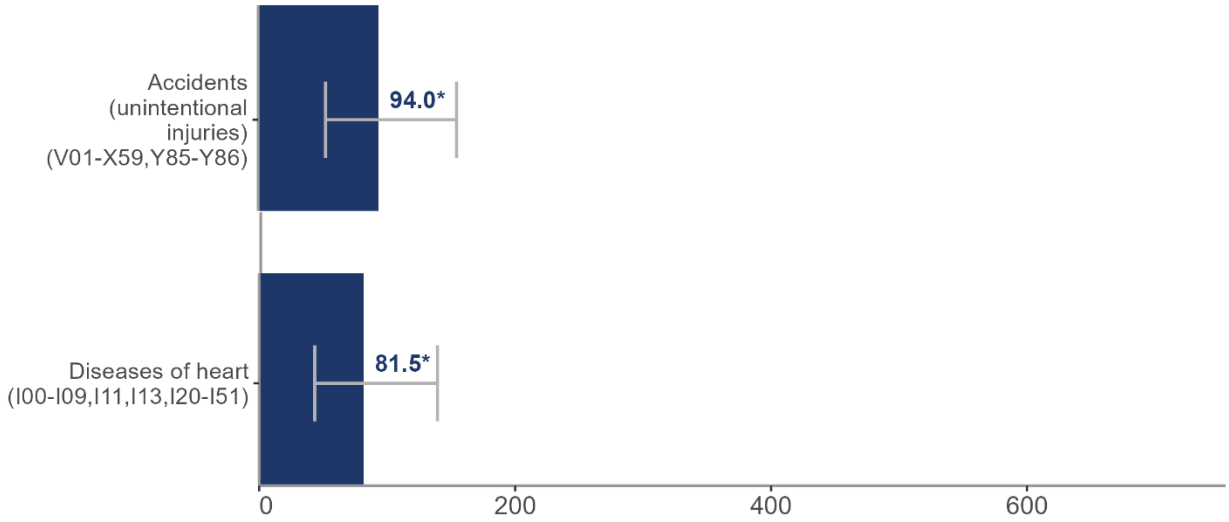
Llano County, Texas



Source: CDC WONDER Underlying Cause of Death File
Prepared by CINow

Fig. 4I.3 Crude death rate per 100K Hispanic population by leading causes of death, 2018-2023

Llano County, Texas



Population includes males and females who are Hispanic of any race
*Unreliable: Error is too large relative to estimate.
Source: CDC WONDER Underlying Cause of Death File
Prepared by CINow

"My favorite thing that I love about Llano County is that the community comes together in times of need."

- Llano County Focus Group Participant

Conclusion

The assessment team believes that we cannot and should not determine community priorities from the information we gathered, what we *can* do is share what issues cropped up or stood out across the quantitative and qualitative data. In most cases, we cannot know the full context for that issue, its root causes, how much it matters, or what local avenues exist to address a problem or seize an opportunity. But we can pin the issue on the wall for further community discussion, prioritization relative to other issues, and – if so decided – collaborative action.

In Summary

This section summarizes issues that appear noteworthy for Llano County as a whole or for a community or population within the county. The table below organizes those issues or themes into three categories.

- **"Downstream" health outcomes** like illness, injury, and death. Data about health outcomes can be found in the **How We're Faring** section of the assessment.
- **"Upstream" drivers of health** like income, education, housing, access to care and resources like healthy food and supportive social networks, policies and systemic barriers, and behaviors that affect health positively or negatively, like physical movement or heavy alcohol use. Data on these upstream factors can be found in the **What We Need for Health** and **How We're Taking Care of Ourselves** sections of the assessment.
- **Cross-cutting issues: vulnerable populations and communities**. Every focus group and interview mentioned vulnerable residents in some way, although the specifics varied by community; see Appendix A for more information. Isolated older adults, youth, Hispanic residents, unhoused people, and people living with a disability were the groups mentioned most often as being at greater risk of poor health outcomes and needing particular attention and supports. Disability in particular was noted as intersecting with many other issues and vulnerabilities.

What Stands Out for Llano County?

Cross-Cutting Issues: Vulnerable Populations and Communities	Isolated older adults People living with a disability Youth Hispanic residents Unhoused people The Kingsland area	**Health Drivers**
		Access to quality medical care
		Green spaces and safe spaces to be physically active
		Good communication with local leaders
		Food security
		Access to quality mental health care
		Social isolation among males
		Health Outcomes
		Mental health
		Substance abuse
		Chronic pain
		Injury
		Teen births
		Heart disease, stroke, and hypertension

Health Drivers

Residents overwhelmingly cited poor **geographic and financial access to quality health care**, particularly **medical care** and **mental health care**. Many residents have to travel to Bexar or another more urban county, particularly for specialty and specialized hospital care. Many other residents go without needed care entirely, particularly mental health care and preventive medical and dental care. For some, the issue is a lack of robust health insurance with affordable premiums and minimal out-of-pocket costs; for others, the primary barriers are a lack of transportation or appointments outside of working hours. Provider shortages are a problem for everyone.

It might seem counterintuitive to someone from outside the community, given that visitors and new residents flock to Llano County for its vast and beautiful natural resources, but residents lack **safe public green spaces** for recreation, physical activity, family activities, and just to be outdoors. “Safe spaces” and “green spaces” were the second- and fourth-highest-priority health resources, respectively, cited by survey respondents. Both were also mentioned in both focus groups and key informant interviews. In a related vein, residents called for both **clean air** and **sufficient clean water resources** to support a growing population, particularly given recurring and worsening drought.

Survey respondents, focus group participants, and key informant interviewees all prioritized **access to food that is fresh, healthy, affordable, and sufficient** in quantity so that no one goes hungry. Healthy fresh food was at the top of the list of needed resources for health in every county survey; food security came up in every focus group and was mentioned in at least one key informant interview from every county.

Survey respondents also prioritized **good communication with local leaders**, and male respondents were more likely than female respondents to report **social isolation**. Other needs were mentioned often in focus groups and interviews, but not in survey responses. Whether we call them social determinants of health or non-medical drivers of health, issues like food security, **decent and affordable housing**, **jobs with a livable wage**, and **literacy and education** are all non-negotiable foundations of health and well-being – not sufficient on their own, but certainly necessary. Against the background of the chronic slow burn of this scarcity in basic resources, gasoline is periodically dumped on the fire by economic disasters like inflation, and natural disasters like drought, wildfires, unrelenting heat or extreme cold as in 2021, and deadly flooding as in summer 2025 that cause an influx of “climate refugees” to areas already lacking in infrastructure to serve existing residents. All of these factors intersect, and as a rule, whether a pandemic or flood or freeze or fire, it is already-vulnerable people who are hit hardest by disasters and who face the most significant barriers to recovery.

Health Outcomes

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, chronic depression, anxiety, and other mental illnesses make 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.

Residents are living with **chronic physical pain, which for many is disabling**. Very little useful data exists about pain levels in the general population, but at 65%, chronic pain was at the top of the list of health issues reported by Llano County survey respondents. In the 2023 Llano Hospital Community Survey, 17% of respondents reported going out of town for pain management care, and just 12% were aware that the hospital provides that service.

Substance abuse is a clear issue for Llano County residents, and it may intersect with the issues of mental distress and chronic pain, but no data is available to illuminate those relationships. Substance abuse was mentioned in survey responses and in the focus group and key informant interviews. It is also evident in hospitalization rates for drug poisoning and the rate of alcohol-involved motor vehicle crashes.

Although it has improved in recent years on several measures, Llano County still shoulders many challenges. Among those are **child abuse and neglect, older person abuse and neglect, family violence, food insecurity, and births to adolescent girls**. Llano County also has a **high worker outflow**: a substantial share of its workers are employed in jobs outside the county rather than within it. Compared to neighboring counties, Llano County has a high hospitalization rate for a number of diagnoses, many but not all of which are associated with older age: **asthma, drug poisoning, mental illness, injury, hypertension, stroke, diabetes, and COVID-19**. Community survey responses also point to many of these issues, highlighting social **isolation among males, substance abuse, injury among youth and older people, and heart disease, stroke, and hypertension**.

At 37% as compared to Texas' 14%, an unusually high percentage of Llano County's population is 65 or older. That age distribution appears to have reached something of a tipping point, however, with the COVID-19 pandemic likely playing a role. The proportion of the population that is 65 or older grew slightly between 2019 and 2023, from 36% to 37%, but the proportion 75 or older declined. **In effect, the older population is getting younger**.

About the Partners

Llano Community

Members of the **Llano Community** include nonprofit organizations, schools, businesses, healthcare providers, and residents in Llano County and surrounding communities. Each of these groups and entities provided on-the-ground context, input, and priorities to help guide the community health needs assessment.

Create Healthy

At the core of the **Create Healthy** mission is a commitment to empowering the vibrant communities that make up the Hill Country to spark long-term, sustainable transformations for achieving good health.

Create Healthy invests in organizations through grants, sponsorships, scholarships, capital campaign gifts, and other donations that meet board-established funding criteria.

They support nonprofit organizations serving the counties of Gillespie, Blanco, Llano, and Mason and the town of Comfort that work in the areas of mental health, early childhood development, healthy living, and health education.

Community Information Now

Community Information Now (CINow) is a San Antonio-based nonprofit local data intermediary dedicated to ensuring that Bexar County and other Texas communities can access, understand, and use local data to improve community conditions. CINow discovers, collects, links, analyzes, and communicates trustworthy local data on dozens of issues that matter to communities, and we provide training and other supports to help people access and use the data. Via a unique community-academic partnership formed in 2008, our core data staff are contracted through the University of Texas Health Science Center at Houston (UTHealth Houston) and housed at its 46-year-old School of Public Health in San Antonio. The CINow staff who contributed to this assessment are, in order of length of service with CINow, Laura McKieran, DrPH; Jeremy Pyne, MPA; Danequa Forrest, PhD; Jeanette Parra; and Natalia Rodriguez, MPH. Learn more about CINow and find a wealth of south-central Texas data at **CINow.info**.

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Appendix A
Qualitative Analysis and Thematic Narrative

Contents

Introduction

The Llano County Community Health Needs Assessment (CHNA) is a mixed-methods assessment of current conditions, trends, and geographic and demographic disparities in health outcomes and “upstream” drivers of health outcomes. CINow collected qualitative data via multiple methods to ensure that the people of Llano County and surrounding communities had a voice in the assessment, The qualitative summary is based on a thematic analysis of one focus group (with 10 participants) and two key informant interviews with community leaders. The full qualitative narrative is divided into two main parts:

1) What is the Community Saying?: Focus Group Topics and Themes, and
2) What are Community Leaders Saying?: Key Informant Interviews Topics and Themes.

While there is much overlap in the themes discussed in both sections, the first section takes a more micro-perspective on day-to-day behaviors and experiences that community members experience. The second section takes a more macro-perspective on the systems that created the conditions for these themes. While many of the same themes emerged, there is nuance in how they were discussed by community members in the focus group versus community leaders in the interviews. All focus group and key informant interview themes are outlined in the Conclusion in **Table 3.**

Create Healthy and CINow are grateful to all participants and interviewees who donated their time and insightful input to help us understand the important health topics in Llano County.

Executive Summary

Across both community members and leaders, a consistent picture emerged: health disparities in Llano County are not evenly distributed, and they compound for already vulnerable groups — older adults, youth, the Hispanic population, unhoused residents, people affected by substance use, and residents with disabilities. A recurring and distinctive finding for Llano County is the stark geographic divide between Kingsland and Llano proper, where lower affluence, limited infrastructure, and weaker trust in local organizations leave residents on the county's east side disproportionately underserved.

Barriers to healthcare centered on a shortage of providers (some residents wait up to a year for an appointment), high insurance and medical costs, limited mental and developmental health services, and — as key informants emphasized — structural access issues such as a single local hospital and a bridge that can cut off emergency services during flooding. Barriers to healthy living reflected broader social determinants of health: an "hourglass economy" and stagnant wages, housing affordability, childcare gaps, transportation limitations, food security, and environmental pressures from drought and flooding. The 2025 Fourth of July flooding emerged as a notable stressor, driving population influx into central Llano and straining local food pantries and donation capacity.

Despite these challenges, both community members and leaders described Llano County as resilient — pointing to strong philanthropic traditions, volunteerism, a cohesive law enforcement presence, and organizations working to build trust and expand capacity, even as they face their own funding and staffing constraints.

Methods

CINow held the Llano County focus group on July 31st, 2025 at Inman's BBQ with ten participants. We thank Inman's BBQ for offering us a great space to discuss the Llano community.

The focus group was about 1 - 1.5 hours long, and participants were served free lunch. Zoom was used to transcribe the focus groups for thematic analysis. There were a total of 10 participants, and the focus group guide is in Appendix C.

CINow interviewed two key informants to get the perspective of community leaders in Llano County. They included:

- James Payne with Llano ISD,
- Donna Wheeler with Community Resource Centers of Texas,

For the focus group and key informant interviews, CINow performed a qualitative thematic analysis in ATLAS.ti using open coding to identify all themes, axial coding to iteratively categorize themes into major vs sub-themes, and selective coding to extract the final themes for write-up. The Key Informant Interviews (KIIs) were analyzed separately from the focus groups because 1) they are different types of participants, with the focus group aiming for an audience of community members and the KIIs being community leaders, and 2) the Key Informants were asked different questions based on their positions in the community, which would lend to their qualitative data having specific differences from the community members.

While section one of the qualitative narrative focuses on community members, you will notice similarities with section two because community leaders identified similar themes, but from a broader, more organizational perspective. For this reason, themes are presented in different orders between sections one and two, as the topics emerged from distinct contexts. When reading quotes across all sections, a 3-dot ellipsis indicates that 1-5 sentences were removed in between for brevity, but without changing the overall meaning of the quote. A 9-dot ellipsis indicates that a large area of the interview happened between the two parts of the quote, but it was removed in order to combine two similar parts of the conversation. Sometimes, this is done because an interviewee begins a topic at one point in time, then finishes it at another point in time. Much care was taken not to alter the intention or meaning of any quotes.

In August 2025, Create Healthy and CINow sent out a health needs prioritization survey to Blanco, Gillespie, Kendall (the County where Comfort, Texas sits), Llano, and Mason Counties, for which the methods and results are discussed in the main narrative of the Community Health Needs Assessment. Throughout this qualitative narrative, several quotes are included from the Llano County open-ended responses of the health needs prioritization survey. Not counting the "n/a", "none", or other types of void answers, there were 11 open-ended responses from Llano County.

For a quick summary of all topics and themes across all qualitative data, review **Tables 1, 2, and 3.**

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

Roles in the Community

There were 10 participants in the Llano County focus group. Create Healthy was intentional in inviting a diverse array of community members who represent various aspects of the community. Participants included counselors, elected officials, parents, organizers, retirees, social workers, teachers, volunteers, EMS workers, law enforcement officers, and more. While the focus group participants represented many parts of the community, it's also important to consider what populations were missing from the conversation. Recruitment for research is often difficult because getting a representative sample of a community requires a lot of time, funding, staffing, and resources, which are not always available. Due to availability, difficulty reaching diverse participants, the wide physical dispersal of residents across the county, and the limited number of spots available for the focus group, not all demographics were represented. Throughout this qualitative analysis, it is important to consider how people with disabilities and people with different age ranges, racial/ethnic backgrounds, genders, sexualities, and other demographics would be affected by these themes, and what themes may be missing from the discussions.

As shown in **Tables 1, 2, and 3**, many topics and themes were discussed in the Llano County focus group and key informant interviews. If a particular issue was not prominently discussed, that does not necessarily mean that the theme is not important to Llano County. Rather, this likely indicates that other themes were more important in the context of current events, and therefore received greater attention in the discussion. This is particularly true when participants and interviewees spoke about vulnerable populations and communities. The absence or limited mention of a specific population does not mean they are not vulnerable or in need of more resources, but it is an indication that other populations were more at the forefront in residents' minds at the time of the discussion.

Table 1. Llano County Focus Group Topics and Themes

Vulnerable Populations and Communities	
	Older adults
	Youth
	Hispanic population
	Unhoused people
	Communities that suffer from substance abuse
	Rural areas and other geographic disparities
	Disabled populations
Barriers to Healthcare	
	Mental health
	Developmental health
	Health insurance and medical costs
	Need more healthcare providers
	Health literacy, preventive care, and public health information
Barriers to Healthy Living	
	SES disparity, 'hourglass economy,' poverty
	Employment, need a thriving wage, can't retire because healthcare is tied to employment
	Transportation
	Housing: Affordability and accessibility
	Childcare
	Education
	Technology: Digital divide, social media, telehealth
	Food security and nutrition education
	Environment: Drought and water conservation; fire emergencies; agriculture; flooding
	Not enough infrastructure to keep up with population growth
	Need walkable spaces, activities for families, and options for physical activity
Community Resilience	
	Philanthropy and volunteerism
	Options for community resources
	Disconnect between resources and community; Need better communication, outreach, and a resource list

Llano County Focus Group: Thematic Summary

Vulnerable Populations and Communities

Throughout the focus group and key informant interviews, there was the sentiment that health disparities are multiplied for the most vulnerable members of the community. Anytime participants spoke about difficulties surrounding medical barriers, food security, socioeconomic disparities, childcare, education, transportation, employment, housing, safety, or almost any other theme – they also discussed how all of these are exacerbated for disenfranchised, excluded, or "forgotten about" populations. For Llano County, the vulnerable populations and communities discussed the most were the geographic disparities between Kingsland and Llano proper, people who suffer from substance abuse, youth (including foster youth and parents), the Hispanic population, older adults, unhoused people, and disabled populations.

Huge geographic disparities between Kingsland and Llano proper

Llano County participants brought up the geographic disparities between Kingsland and Llano proper throughout the entire focus group. When discussing almost any other barrier, they explained how these obstacles are multiplied for populations in Kingsland, due to their lower access to socioeconomic resources, lower-quality housing, a lack of trust between people in Kingsland and local organizations, language barriers, and weaknesses in outreach efforts. Participants feel there needs to be more research and effort put into helping people in Kingsland access resources and live thriving lives.

> Kingsland and the Eastern part of Llano County have socioeconomic disparities and generational patterns of drug and alcohol abuse

"Facilitator: Why do you think the East side of the County and Kingsland are more susceptible?

Participant: I just think it's the lack of affluence of it. Being undereducated, unemployed, strong life histories, and sometimes it's generational histories of individuals suffering from drug and alcohol abuse, whether the parents before them. And then they just kind of fall right in same behaviors and habits. We see a whole lot of, it's just generational, socioeconomic differences, and demographics in the area. Yes, there's a lot of rentals and things in, I guess we're calling that eastern part of the County that are less expensive. So I think that's part of the reason, too."– Llano County Focus Group Participant

"Kingsland does not have public transportation or sidewalks. There is not a clean and safe public park for exercise via a trail or equipment. There is one gym that is very outdated and not as affordable and safe as something like YMCA. Kingsland is unincorporated so much harder to put systems in place like reliable trash service."– Llano County Survey Respondent

Substance use

Llano County focus group participants discussed how substance abuse was an issue for their community. They would like more awareness, outreach, and education about illicit drugs and alcoholism, especially in more rural areas of the County.

Youth

Youth were considered a vulnerable population in every community, for a variety of reasons. They are particularly affected by ongoing challenges with education (especially with the interruption COVID-19 caused to in-person schooling), as well as mental, social, and behavioral health concerns (which are a cornerstone to their development). Participants in Llano County noted the distinct needs of youth, especially foster youth and foster parents, and the desire for more focus on mental health and education. They would like more community resources to take their needs into account when developing programs and outreach plans.

Hispanic population

Participants discussed how they felt Hispanic people were a vulnerable population in Llano County due to language barriers, immigration difficulties, and barriers to resources.

Older adults

Participants discussed at length how older adults were vulnerable to socioeconomic disparities due to their limited, fixed income. In particular, older adults need more affordable options for nursing homes, home care, and transportation to and from doctor appointments.

"It is hard to find information for senior citizens. Who can I call? Llano needs a senior citizen center where you can go to." – Llano County Survey Respondent

Unhoused people

Unhoused people are a vulnerable population in every community, and they have more difficulties accessing resources due to distance, transportation barriers, digital barriers, the lack of an address (which some services require), and/or not having a way to receive mail.

Disabled people

Llano participants spoke about disability and its intersections with other vulnerable populations more than other communities did. Having a disability can make accessing resources even more difficult, especially when exacerbated by other barriers, like transportation, lack of health insurance, and low access to specialists.

Barriers to Healthcare

The most prominent barriers to healthcare in the Llano area discussed in the focus group centered on mental health, health insurance and medical costs, a need for more doctors and options for medical care, and health literacy and preventive care.

Mental health

Mental health is a common theme in every community in the CHNA, but to the barriers and impact on accessing mental health services vary by service area. In Llano County, participants identified a lack of mental health services, the need for ongoing support beyond initial services, and the need for more mental health professionals as the primary barriers to mental health.

"Hardly any mental health resources, no support for mental health, make funding easier to utilize for LPCs in the area to access. Would love to expand my private practice on a sliding scale, but can't survive and take care of my family on that income." **– Llano County Survey Respondent**

Health insurance and medical costs

Health insurance was almost always spoken about in tandem with medical costs, usually because health insurance is the primary means most people handle their medical costs. During the Llano County focus group, participants discussed issues with health insurance, including affordability, the need for more in-network doctors, and how insurance does not cover enough services.

Need more doctors and options for medical care

Every County and area in the CHNA discussed the need for more healthcare providers. Llano County was no exception, although participants did mention having good emergency services, which other communities lack. However, Llano participants did want more options for medical care so that they do not have to use the ER as their primary care.

Hard to find a doctor, appointment slots are a year out; People utilize the ER as primary care

"I've been trying to find a doctor. I haven't had a doctor in 15 years, because there's a lack of availability. Every doctor is a year out to see new patients. This is a true conversation: he says 'Well, I could set you up with a nurse.' I said 'Man, I'm a 30 year paramedic. You think I want to see a nurse?' Most of our doctors are either retired, or they're not accepting new patients. Actually, my next appointment would be June of 2026 [this is almost a year from when this focus group happened]*.....We're seeing a lot of the population, or uninsured or underinsured individuals, utilize emergency rooms as primary care."*– Llano County Focus Group Participant

Health literacy and preventive care

Llano participants explained that their community needs more effort put towards health literacy, educating residents about their health so that they can make informed health decisions independently, and a greater push for preventive care.

Barriers to Healthy Living

In this section, participants discussed other aspects of everyday living that also affect their health and ability to live well. Many of these themes include social determinants of health, which are factors beyond medical care that affect people's health. These often include socioeconomic status, education, employment, built environment, among others. Many of these overlap with and affect one another as they are not mutually exclusive. In Llano County, the most discussed themes related to healthy living were socioeconomic disparities, poverty, employment and a thriving wage, childcare, transportation, population growth, food security, education, walkable areas, physical activity, and housing.

Socioeconomic disparities, poverty, and needing a thriving wage

During the Llano County focus group, the need for more employment opportunities with a thriving wage was usually discussed alongside socioeconomic disparities. Participants want more job training and employment opportunities for two main reasons, 1) Employment is tied to health insurance, which is the primary method for dealing with medical costs, and 2) There are large socioeconomic disparities within each of their communities which was discussed in all of the Hill Country Counties and areas. Residents often described stark contrasts (such as how there are million-dollar mansions a couple streets away from "shacks") as a visual representation of the "hourglass" economy they often discussed. Participants felt that better employment opportunities could help strengthen the middle class and narrow the socioeconomic gap.

As a result of the gap between the cost of living and wages, participants said many people cannot afford to both live and work in Llano County. For older adults, the rising cost of living means some of them cannot afford to retire because they do not want to lose access to their employer-provided health insurance. Commuting back and forth for work and having to work past retirement age were both discussed as detriments to healthy living.

Some retired people end up going back to work to be able to afford health insurance

"People have insurance while they're working. They tend to want to retire as they get into their late fifties, sixties, or they work part time. So most folks, end up losing your insurance between 50 and 65 years of age, how much does it cost? There's no way you can afford it. One pro to going back to work is insurance. Otherwise, it's $846 a month, even for educated professional people. One of those pros for me going back to work is the insurance. That is why when I started doing some things with the hospital here. It was because I needed the insurance, because I was paying privately. I retired early, but I was having to pay. So I was going through all of my savings because of that." – Llano County Focus Group Participant

Childcare

Childcare was also discussed in every focus group, usually because the lack of childcare also impacted other aspects of healthy living, like employment options, higher education options, and the free time parents and guardians have to focus on themselves and their own health-related behaviors. There are also concerns about child safety and a desire for increased oversight over childcare institutions.

Transportation

Transportation is an extremely prominent barrier to healthy living, as it was heavily discussed in every focus group. Not only is transportation important for getting to medical appointments, but participants also noted how it is necessary for accessing many social institutions and health-related activities – such as attending sports events, going to church, or engaging with the community. All of the Hill Country service areas identified transportation as a major barrier to healthy living, and they would like a more comprehensive approach to helping residents access better transportation, especially for youth and older adults.

Population growth

The participants in the Llano County focus group shared that although most of their residents were not heavily affected by the Fourth of July weekend flooding (which happened the same month as the focus group), the broader impact has still been deeply felt. Both the residents who were impacted, as well as flood victims from other communities, have been relocating to central Llano, which has overwhelmed local services (like the food pantry) and shifted local donation patterns. While participants felt grateful for the opportunity to help others in need, they were also worried that Llano residents might have already donated much of their excess funds over the summer, leaving little available for the usual fall donation season to support local Llano organizations. Additionally, the population growth, driven by both the flood and other factors, has put a strain on their infrastructure and resources.

Flood victims are contributing to population growth in Llano County, and there's an increase in food pantry users

"Since the flooding has happened, we're seeing a lot more that were in the town and Buchanan area. There are some of the campgrounds that used to be there with the cabins. And so, a lot of those flood victims are relocating to those areas. And what we've been seeing a lot in the last two weeks is a huge increase with our numbers, for the food pantry." – Llano County Focus Group Participant

Food security

Food security is a common theme across all Hill Country communities, and participants discussed the need for more affordable, healthy foods – including baby formula. Healthy foods were usually described as fresh produce and a variety that can accommodate multiple diets and health conditions. In many of the communities, residents' primary access to groceries is through Lowe's Market, which is a popular grocery provider in most of the Hill Country. Some participants felt the food options available were too expensive and preferred to travel outside the area for other options, while others were appreciative of how Lowe's Market takes suggestions and attempts to acquire the foods that residents request. Llano County participants recognized the food pantry as a resource, but there's not equal access to the food pantry for all residents.

Education, truancy, social media, and social and developmental issues

Participants in Llano County expressed concerns about the quality of education available to local youth. Most of their worries centered around truancy, the negative effects of cyberbullying and social media, as well as various social and developmental issues. While some of these concerns are connected to the height of COVID-19 and the impact of remote schooling, participants discussed how some of these issues were emerging even before the pandemic. They would like education initiatives to be more encompassing in addressing the wide range of needs of youth and their development.

After Covid, there was an increase in truancy and over-reliance on social media, which damaged social/emotional learning and development

"But the mental health issues since Covid for our school, for students has increased. They think they can just stay home whenever they want. They don't understand that you're truant after so many days, and that makes their parents have a fine if they go to truancy court, and they feel safer because they just became this little person that sat there at the computer and became friends with social media instead of learning how to have - they didn't have the social, emotional learning. So technology had a negative effect on that age of kids that were truly in that developmental phase. I would say, probably from 1st grade to early high school really struggled to recover from that. I would venture to say, a lot of them never recovered or developed their social skills. They're happy to text with you all day long. You don't ask them to have a conversation." – Llano County Focus Group Participant

Walkable areas and physical activity

Having sidewalks, parks, and walkable areas is important for engaging physically with the environment and living a healthy life. Llano County participants felt that their community lacks these qualities in some areas, and they would like to see more initiatives that provide safe outside access to residents of all ages. They also felt this would help with their community's need for more options for physical activity.

Affordable Housing

Housing was also discussed in every focus group. Participants agreed they needed more affordable housing, as well as more diversity. They were critical of cheap, quickly-built housing and would like more quality housing of varying types (apartments, single-family homes, and senior living facilities and communities).

Community Resilience

Throughout the focus groups, an inspiring undertone of community resilience was evident in every topic and theme. As participants discussed barriers to healthcare and healthy living, they also discussed the ways in which their community comes together, helps one another, and leverages its resources. Each community identified their own unique strengths and obstacles to overcome, which make their communities resilient, beautiful, and worthwhile.

Community resources

While Llano County focus group participants identified many resources as a foundation for their strength, including their mental health coalition, food pantries, donation centers, and among others.

Organizations, capacity, and outreach

While Llano has access to many programs, initiatives, and organizations, residents identified a need for better outreach, communication, and staffing to strengthen these resources and allow them to reach more residents.

Philanthropy and volunteerism

Gillespie participants described their community as having a lot of volunteering opportunities. While they truly appreciate how beautiful the area is, they said their community's greatest strength is their philanthropic attitude.

"My favorite thing that I love about Llano County is that the community comes together in times of need." – Llano County Focus Group Participant

What Are Community Leaders Saying?: Key Informant Interview Themes

Roles in the Community

There were two key informants interviewed in Llano County. They were intentionally chosen because they are active members of one or more communities in Create Healthy's service areas. The interviewees have a wide breadth of knowledge about education, community resources, mental health, organizational needs, local conditions and sentiments, and more. They have their fingers on the pulse of the communities, which makes their input greatly appreciated and necessary for this assessment. James "Jaime" Payne (Assistant Superintendent with Llano ISD) and Donna Wheeler (County Site Coordinator with Community Resource Centers of Texas) represented Llano County and provided insightful interviewees for this qualitative assessment.

Table 2 below outlines the topics and themes discussed during the two key informant interviews. There was overlap between the themes discussed in the focus group and those in the interviews. However, there were different nuances, contexts, and conditions in which some of these themes apply. To see the overlapping themes between the focus group and key informant interviewees, view **Table 3** in the Conclusion.

Bear in mind that just because a theme did not emerge in a key informant interview, it does not mean that the theme is not important to that area. Rather, it may reflect that the interview prioritized other themes that the interviewee felt strongly about at the time.

To view a more detailed thematic table for Llano County across the focus group and key informant interviews, review **Table 3** in the Conclusion.

Table 2. Key Informant Interviews Topics and Themes

Community Representatives	
	James "Jaime" Payne, Assistant Superintendent with Llano ISD
	Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas
Vulnerable Populations and Communities	
	Geographic disparities (Kingsland has fewer resources)
	Older adults
	Unhoused people
	People who suffer from substance use
	Youth
	Disabled populations
	Hispanic population (concerns about language barriers)
Barriers to Healthcare	
	Mental health
	Health insurance and medical costs
	Access to healthcare and medical services (Only one local hospital; Transportation; Traffic, especially on the bridge; Emergency services can't get through during flooding; Apprehension about receiving services due to trust and pride; Need more health resources and programs)
	Need more healthcare providers
Barriers to Healthy Living	
	Housing: Affordability and accessibility
	SES disparity and poverty
	Food security
	Transportation
	Safety, crime, and child and family protective services
	Childcare
	Need outdoor spaces for families, support for parents, and opportunities for socialization
	Employment (Need a thriving wage)
	Education (only one school district)
	Environment and weather (Water conservation, drought, and flooding)
	Ripple Effects of COVID-19: Remote schooling's negative impact on education, lower employment; distrust in public health information

Community Resources and Resilience	
	Politics and conservatism
	Pros and cons of being unincorporated (Freedom, but fewer protections)
	Would consider the community safe overall
	Culture of tourism and hunting
	Strong sense of philanthropy
The Role of Organizations in a Thriving Community	
	Funding
	Need more staff
	Collaboration
	Llano has a cohesive, effective law enforcement team

Key Informant Interviews: Thematic Summary

Vulnerable Populations and Communities

Throughout every focus group and key informant interview, there was the sentiment that health disparities are multiplied for the most vulnerable members of the community. Anytime participants spoke about difficulties surrounding medical barriers, food security, socioeconomic disparities, childcare, education, transportation, employment, housing, safety, or almost any other theme, they also discussed how all of these are exacerbated for disenfranchised, excluded, or "forgotten about" populations. For key informant interviews, the vulnerable populations and communities discussed the most were older adults, youth, the Hispanic population, grandparents raising grandchildren, unhoused people, people who suffer from substance abuse, rural areas and other geographic disparities, and people with disabilities.

Older adults

Key informants discussed how older adults were a vulnerable population. Older adults are vulnerable to socioeconomic disparities due to their limited, fixed income. They need more affordable options for nursing homes, home care, and transportation to and from doctor appointments. They also felt the communities would benefit from more fitness options for older adults and ways to stay mobile.

Older adults and transportation issues

"It's hard to find bus drivers enough to cover all your stuff [areas of town that you need to visit]. That would be an issue as far as distance on health care. We have a hospital here; we have an ambulance service; we have great people that do great stuff, but on certain things you have to travel to get there. And, in an aging community, that could be a barrier." - James "Jaime" Payne, Assistant Superintendent with Llano ISD

Youth: Housing, clothes, shoes, and school supplies

Youth were considered a vulnerable population for many reasons. They are particularly affected by ongoing challenges with education (especially due to the developmental interruption COVID-19 caused to in-person schooling), as well as mental, social, and behavioral health concerns (which are a cornerstone of their development).

Key informants indicated that youth were a vulnerable population in Llano, and most things youth need for school are for their basic survival.

Children's needs are basic survival needs

"*Facilitator: What kinds of needs do you see most often?*

James Payne: Affordable housing; clothes for their kids, shoes for their kids; school supplies; all kinds of things. Anything that you think a kid needs for school or just survival. That's what they need." - James "Jaime" Payne, Assistant Superintendent with Llano ISD

Hispanic population

Interviewees discussed how they felt Hispanic people were a vulnerable population due to immigration difficulties and barriers to legal resources.

Need legal aid resources for immigrants

"*There are a lot of immigrants this direction. I had a lady this afternoon that came in, and she's got a total of 7 kids, yet she only has four with her. But, she said she was needing a divorce, and her husband's going back to Mexico. So, she was concerned about him taking the children back, and I said 'well, he can.' He can, so I gave her Texas Rio Grande Legal Aid's information. I said 'you need to do something now, before he takes those children over the border. Because if he takes them, it's going to be so hard for you to get them back*.'" – Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

"Facilitator: Is there a language barrier there [with Spanish-speaking immigrant clients]?

Not much of a language barrier with Spanish-speaking clients

Donna Wheeler: Not a whole lot. There are some that do not speak English, but most of them can speak a little bit of English. And, I have lived in an area for over 30-something years that's 60-70% Hispanic and has a lot of immigrants. So, I might not be able to speak Spanish, but I can understand what they're getting at, or different words I understand. I've helped a lot of them learn English, and they try to teach me Spanish." - Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

Unhoused people

Unhoused people are a vulnerable population, and they have more difficulties accessing resources due to distance, transportation barriers, digital barriers, the lack of an address (which some services require), and/or not having a way to receive mail. Key informants for Llano discussed how the county is in particular need of more resources for unhoused people.

Substance abuse

Interviewees discussed how substance abuse has affected their community. They felt the Hill Country community suffers from alcoholism due to not having enough economic opportunities and entertainment options. Much of their recreational culture centers around tourism and wine, which contributes to substance abuse. Additionally, substance abuse sometimes overlaps with other mental health and physical health issues – but substance abuse must be addressed before other comorbidities can be managed.

Substance abuse must be addressed before other needs (like mental health) can be helped

"He used to be on SNAP benefits. He had benefits at one time. And now he has zero. He lives on a property with no water and no electric, and it's kind of like a commune, sort of... but there's a lot of them doing drugs there... And my hands were tied as far as how I could help him. He needed a lot more than the experience I had, as far as mental health and physical health. I knew from my experience that the drug issue needed to be addressed before you could do all the other steps to help him. And, I couldn't find anyone to help us because of his mental disability. So, I got on the phone with him and Social Security to try to help him along the way." - Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

Rural areas and other geographic disparities

Key informants for Llano explained how the county is stratified by geography, with rural areas being more disadvantaged. This is especially true for Llano, where the key informants and focus group participants discussed how Kingsland has fewer resources than other parts of the county and needs more initiatives to help with access to medical services and healthy living.

Kingsland has more poverty than Llano City

"And there's kind of a barrier between Kingsland and Buchanan versus the City of Llano. There's more poverty back this direction than there is on the other side of Llano, say the West or Southwest side of Llano... I always tell my co-workers that this part of Llano County is like a whole different planet." – Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

Disabled populations

Key informants for Llano spoke about disability and its intersections with other vulnerable populations. Having a disability can make accessing resources even more difficult, especially when exacerbated by other barriers, like transportation, lack of health insurance, and low access to specialists.

Disability can make healthcare access more difficult

"If a client is here in Kingsland, he's a senior, maybe they're in a wheelchair, maybe they're using a walker, or they have other disabilities. Just to get to see the doctors - say they're going out to Baylor Scott & White Hospital - They have to switch to another bus just to get to their medical appointment." - Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

Barriers to Healthcare

The most prominent barriers to healthcare discussed by key informants centered on mental, developmental, and behavioral health; health insurance and medical costs; access to medical services; healthcare provider availability; and health literacy, preventive care, and public health information.

Mental, developmental, and behavioral health

Key informants described Llano as needing better access to mental healthcare. There was an emphasis on needing more mental health staff, as well as resources for substance abuse.

Need more mental health resources; Need to address substance abuse

"I think we need more mental health resources. We have MHDD here in our community resource center, yet they're understaffed. So, the mental health thing, but the drug [addiction] would have to be addressed first, and we do have those resources here. We have quite a bit of places where they can go if they want to get clean." - Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

Health insurance, medical costs

Health insurance was almost always spoken about in tandem with medical costs, usually because health insurance is the primary means most people handle their medical costs. Key informants discussed issues with health insurance, including affordability, the need for more in-network doctors, and how insurance does not cover enough services.

Difficult to afford health insurance

"I'm really worried about people's healthcare in this area, them being able to get insurance and able to afford to go to the doctor if they're sick. Because there is so much poverty. And a lot of people don't see that poverty." – Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

Access to medical services

Key informants also identified limited access to medical services as another major barrier to healthcare across the county. In Llano, interviewees explained how there is only one local hospital, which points to a need for more services, resources, and programs. Llano also sometimes experiences flooding across their bridge, which can make it inaccessible to emergency medical services. Llano interviewees also mentioned how there is a lot of apprehension with seeking care due to a lack of trust and too much pride.

On local hospital, but people still have to travel for some medical services

"On a healthy part of it, I would say that access to services is something that's really important. We do have a local hospital that has a lot of services, but not the gamut of services. So there are some that have to travel." - James "Jaime" Payne, Assistant Superintendent with Llano ISD

Barriers to Healthy Living

In this section, interviewees discussed other aspects of everyday living that also affect their health and ability to live well. Many of these themes include social determinants of health, which are factors beyond medical care that affect people's health. These often include socioeconomic status, education, employment, built environment, among others. Many of these overlap with and affect one another as they are not mutually exclusive. In the key informant interviews, the most discussed themes related to healthy living were socioeconomic disparities (including poverty, the 'hourglass' economy, and employment), transportation, housing, childcare, education, technology, food security, safety, environment, community engagement and socialization, walkable spaces, and resources for parents.

Socioeconomic disparity, 'hourglass economy,' poverty, and employment

Socioeconomic disparities often overlap with other barriers – such as food security, transportation, and employment. During the key informant interviews, the need for more employment opportunities with a thriving wage was usually discussed alongside socioeconomic disparities. Key informants explained that residents want more job training and employment opportunities for two main reasons: 1) Employment is tied to health insurance, which is the primary method for dealing with medical costs, and 2) there are large socioeconomic disparities within the community. Interviewees explained that some people have to work multiple jobs to keep up with the cost of living, and they felt that better employment opportunities could help strengthen the middle class and narrow the socioeconomic gap. Additionally, some cannot retire because their healthcare is tied to their employment, which makes financial stability that much more important, as they are not able to meet their basic needs.

Interviewees also discussed the consequences of their economies relying heavily on tourism, noting a divide between long-term residents and tourists. They sometimes feel that their needs are put on the back burner in favor of decisions that benefit the tourism economy. However, it is a delicate balancing act because tourism provides a significant amount of revenue and employment for residents.

Employment, food security, and car

"*We wear many hats right now. Sometimes they need so many different things. They need employment; they need food; their cars broke down, so they can't get to a job; and they're way out in the country, so they're kind of stuck. A lot of them are stuck."* – Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

Transportation

Transportation is an extremely prominent barrier to healthy living, as it was heavily discussed in both the Llano focus group and key informant interviews. Not only is transportation important for getting to medical appointments, but interviewees also noted how it is necessary for accessing many social institutions and health-related activities – such as attending sports events, going to church, or engaging with the community. Interviewees would like a more comprehensive approach to helping residents access better transportation, especially for youth and older adults.

Transportation is a problem for medical services, as well as school bus routes

"We're the only school district in this county. So, we have about 1,900 kids, and we have 34 bus routes. Generally, a school district with 1,900 kids would have about anywhere from 7 to 10 bus routes. So, it's hard to find bus drivers - enough to cover all our area. That would be an issue as distance on health care. Like I said, we have a hospital here. We have an ambulance service. Here we have great people that do great stuff, but on certain things you have to travel to get there." - James "Jaime" Payne, Assistant Superintendent with Llano ISD

Housing: Affordability and accessibility

Interviewees agreed that the Llano community needs more affordable housing, as well as more diversity in housing options. They were critical of cheap, quickly built housing and would like more quality housing of varying types (apartments, single-family homes, and senior living facilities and communities). Housing was described as a fundamental need for survival. Additionally, many people cannot afford to both live and work in their county, which was a frequent sentiment.

Property values are very high; People with minimum wage jobs can't afford to live in Llano County

"It's real expensive to own property here. The property values have gone way up. A less than $10 an hour job is not [going to help them afford housing]. We pay our bus drivers way more than that, but they're working maybe 4 hours a day. That's not a full-time job. So for that to be your only job, it'd be hard to live here, because the property values are so high. The same thing if you had a minimum wage job here, it would be very hard to live here." - James "Jaime" Payne, Assistant Superintendent with Llano ISD

Childcare

Childcare was considered an important theme because the lack of childcare also impacts other aspects of healthy living, like employment options, affording basic needs, and the free time parents and guardians have to focus on themselves and their own health-related behaviors. There are also concerns about child safety and a desire for more oversight of childcare institutions. Key informants felt that more affordable community centers with childcare options would help address this barrier, while also giving community members a space for recreational activities.

Childcare is expensive; Parents have to make sacrifices to escape poverty

"Say there's only one parent working, the dad's working, and he's just trying to make sure to keep a roof over their heads - with running water, electric, trying to keep them with clothes, groceries, and such. And then, sometimes they have too many children, where the mother can't go to work. There's no childcare here, and so what do the mothers do?... You can make it work, but there's sacrifices that you have to make. And, if you're not willing to make those sacrifices, then sometimes you're limited at getting out of poverty." - Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

Education

School districts have been overwhelmed since the height of COVID-19, as there is a need to help youth "catch up" with educational milestones and district test scores. Key informants discussed the need for more funding for schools and more resources for tutoring and education, particularly because many of their students are of low socioeconomic status (SES). Llano only has one school district, which can put a strain on students as a result of distance, resources, funding, and diversity in educational needs.

Only one school district; Low SES students; school campuses are spread out

"We're the only school district in Llano County. So, we cover 906 square miles. We have a campus in Kingsland, which is about 20 miles away, and then we have 3 campuses in Llano Proper. So, we're spread out, and a lot of our kids ride the bus. We're probably about 68% low SES, so we have some challenges in that regard, but both communities are real good at doing all they can to meet the needs of our students." - James "Jaime" Payne, Assistant Superintendent with Llano ISD

Food security and nutrition education

Key informants discussed food security and the need for more affordable, healthy foods. Healthy foods were usually described as fresh produce and a variety that can accommodate multiple diets and health conditions. Residents' primary access to groceries is through Lowe's Market, which is a popular grocery provider in most of the Hill Country. In the focus group, some participants felt the food options available were too expensive and preferred to travel outside the area for other options, while others were appreciative of how Lowe's Market takes suggestions and attempts to acquire the foods that residents request. Key informants recognized the food pantry as a resource, but residents do not have equal access to it.

Food pantries are overwhelmed

"*I heard that our food pantry over there, we're seeing 350 to 400 people every Thursday, giving out food and hygiene products, dog food, and other things. That's a lot for just this little area here, and I still have people coming in here at the Community Resource Center needing food. But I know that they're working on that issue*." - Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

Safety: Theft and domestic violence resources

Key informants agreed that safety is important and can be a barrier to healthy living. They noted how theft can be common in lower SES areas. However, they also discussed how they feel that they have a cohesive law enforcement team, and they have organizations that assist with domestic violence.

Domestic violence victims need legal assistance and health insurance

"My first nonprofit, Domestic Violence Sexual Assault Shelter. And they would have many different needs. I was a legal advocate and client services coordinator, so anywhere from housing to being in court with them for a protective order, helping them get Medicaid, because they would need to see the doctor. Back then, it was easier for them to get healthcare. Now it's even harder." - Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

Environment: Water conservation, flooding, and emergency preparedness

Key informants discussed their concerns about the environmental conditions they have been experiencing. Residents have been impacted by challenges with droughts, water quality, and extreme heat and cold. Focus group participants mentioned that their neighbors' wells were going dry and that they had to dig multiple times before finding water again. Interviewees additionally discussed how Hill Country communities need more initiatives on fire management, agriculture, flooding, and emergency preparedness, especially in light of the recent flooding this summer. Overall, they would like more initiatives and intentional city planning around the environment.

While droughts can be an issue, flooding on the main bridge in Llano is also an issue, as it impacts emergency services from getting across town

"I know water is always an issue. I'll tell you another thing that's an issue in Llano proper, not necessarily Llano County, but we have one bridge that goes over the river that separates both sides of town, so the town encapsulates the river. So if that bridge is ever compromised, there's no way to get across [town] without going through [the bridge]. If the water is up, because we have a tendency to flood every now and then, you'd have to go through Kingsland, probably 40 miles or 30 miles out of the way, to get from one side of the county to the other, or one side of the town to the other, actually... Like if there's a fire, if there's an ambulance, if there's a need for medical services, or any type of emergency, and you're on the wrong side of where all that stuff is, you can be in a [bad situation]. In 2018, when it flooded, the water came up to the bottom of the bridge, and they closed it." - James "Jaime" Payne, Assistant Superintendent with Llano ISD

The Role of Organizations in a Thriving Community

This section highlights key informants' unique perspectives, as leaders in community organizations, on how organizations can better assist communities in thriving.

Need more staff and funding

Firstly, in order to better help the community, key informants agreed that organizations need more staff and funding to increase their capacity, outreach, and efficacy. Trainings and classes that teach grant writing and application processes are one way to help accomplish this goal.

Help residents live a thriving life

Key informants see one of the primary purposes of organizations is to help communities lead thriving lives. This includes providing financial, medical, operational, technological, or other types of support that enable community members to access socioeconomic resources like employment, education, housing, food, and more. However, as mentioned above, limited funding can be an obstacle to achieving this goal.

Collaboration

Collaboration was mentioned in both the key informant interviews and focus group participants as necessary for organizations working to help the community. By leveraging their strengths and reducing

redundancies, they can optimize their impact on communities and increase opportunities for other organizations to contribute.

Building trust and overcoming stigma and pride

Two major barriers for organizations in reaching their communities and providing resources are building trust and overcoming stigma and pride. Key informants felt that there is a stigma around receiving help, and that some residents may be too prideful to accept assistance. Outreach, connecting with the community, and trust-building are seen as key solutions to this, but they require time and funding.

Organizations need to build trust so clients feel safe receiving help; A co-op could provide economic stability and meaning

"[When referencing the conditions of a client who has a hard time trusting organizations that can help him]: Why I say build trust is because they're a little commune, and they steal from each other. People have put him away so many times, whether it was jail. He spent most of his time in group homes in jail, and he has that fear of going back to there. He has fear of going back to jail or a group home. But he's been so severely abused, he doesn't trust that somebody's not going to put him there again.....that's part of why they have a hard time trusting other people who are trying to help, because all their identification gets stolen. They fall asleep, they wake up, and it's gone. So, even helping them get that, they're not able to keep it.

Facilitator: What would really help you right now? What will make the biggest difference?

Donna Wheeler: I think something like what Austin has. What is the name of that place? Where they're able to stay there, but they're able to work.

Facilitator: Like a co-op?

Donna Wheeler: Yes, they have something in Austin... they have little RVs everywhere, and you can rent them, and they have little shops that they work out of, and they make things and sell them. It's like they have their own little community there to give them kind of incentive to see a different life." – Donna Wheeler, County Site Coordinator with Community Resource Centers of Texas

Philanthropy, volunteerism, and taking care of each other

Echoing the focus group, key informants also recognized a strong culture of philanthropy, volunteerism, and taking care of one another in their communities. They see their roles within their organizations as helping to foster and grow this culture.

Understanding the community: conservative and religious

Key informants for Llano felt it was an organization's role to understand their communities and make adjustments as necessary. They mentioned that their areas are more conservative and religious and how they take this into account when planning initiatives or gathering member input. For example, their community's attitudes about the COVID-19 pandemic were shaped by these cultural values, and understanding this context is important for connecting with the community and reaching them.

Grateful to Create Healthy

Lastly, but certainly not least, key informants discussed their appreciation for Create Healthy and how it is an organization that is actively helping their communities thrive. Create Healthy has awarded over $650,000 in mental health grants, $2,500,000 in early childhood development grants, and $445,000 in healthy living grants to the Hill Country community. They are guided by community input and engagement, and they continually seek ways to tailor their efforts to local needs to improve conditions for residents in these areas.

All the insightful input provided in this assessment will also go towards the efforts of prioritizing needs and guiding funding.

"Create Healthy have been extremely, extremely generous to Llano ISD. They have provided scholarships to students for the last 2 years, and they have provided a sizable donation for playground stuff at Llano ISD as well. It's very gracious that they have gone well above any expectations that anybody could have in that regard. And our community does the same thing. So, it's really nice that when somebody's not in your community, they invest in your community. They could have easily tried to make one phone call, and then 'Hey, they didn't answer. So, we're gonna go to the next one.' But, they kept at it... they were persistent and said, 'Hey, look! We want to help. This is how we want to help.' They could have very easily just said 'We'll go to the next one.' They didn't." - James "Jaime" Payne, Assistant Superintendent with Llano ISD

Table 3 at the end of this appendix presents a detailed view of how the focus group and key informant interview themes overlap and differ.

Conclusion

For Create Healthy's 2025 Community Health Needs Assessment, Community Information Now collected qualitative data to complement the quantitative measures for Llano County. In total, the qualitative summary consisted of a thematic analysis of one focus group (with 10 participants) and two key informant interviews with community leaders who serve Llano County. There were many overlapping themes, such as vulnerable populations, mental health, housing, childcare, transportation, socioeconomic disparity, education, employment, and community resilience. However, there was nuance in how these themes were discussed by participants. The focus group participants generally discussed the topics in a more micro-perspective that detailed day-to-day experiences of community members and how their individual health has been impacted. The key informants mostly discussed these same themes in a more macro/organizational perspective where they detailed the systems which allow barriers to exist and worsen. Overall, all the qualitative data point to a need for systems and organizations to shelter vulnerable communities and populations, dismantle barriers to healthcare and healthy living, understand how health needs are different for different races and ethnicities, have more efficient avenues and funding options for organizations to operate successfully, and utilize the philanthropic strengths of these communities who love taking care of one another. The most prominent topics and themes from all the qualitative data can be found in **Tables 1, 2, and 3.** While these themes are not the only things that matter, they were discussed at length multiple times by different people. The tables also show how themes overlap between communities, but the full qualitative narrative with quotes demonstrates the nuance between those communities.

The qualitative findings from Llano County reveal a community that is contending with layered, interconnected barriers — economic, medical, infrastructural, and geographic — while drawing on genuine strengths in community cohesion and philanthropy to meet those challenges. Focus group participants offered a ground-level view of these issues, describing how they play out in daily life, while key informants provided a systems-level perspective on the structural conditions that create and sustain them. The convergence of these two perspectives shows that themes like vulnerable populations, mental health, housing, transportation, and socioeconomic disparity are genuine, high-priority needs rather than reflections of any single perspective.

Taken together, **the data point to several priorities for Create Healthy and partner organizations: targeting resources toward chronically underserved areas like Kingsland; expanding access to mental health, developmental, and primary care services; addressing the affordability of housing, childcare, and healthcare in tandem with wage growth; building infrastructure and emergency preparedness that can withstand environmental pressures such as drought and flooding; and investing in the funding, staffing, and outreach capacity that local organizations need to reach residents who are hardest to serve.**

Ultimately, the assessment underscores that Llano County's path forward lies not only in addressing gaps in services, but in strengthening the connective tissue — communication, outreach, trust, and collaboration — between residents, organizations, and the resources already available to them. The full detail behind these themes, including direct quotes from participants and key informants, is provided in the preceding sections and summarized in **Tables 1–3**.

We thank all participants and key informants for sharing their beliefs and experiences, as we would not have been able to gather such thoughtful insights without them.

Table 3. Llano County Topics and Themes: Across Focus Group Participants and Key Informant Interviews

Topics and Themes		Focus Group	Key Informant Interviews
Vulnerable Populations and Communities			
	Older adults	•	•
	Youth	•	•
	Hispanic population	•	•
	Unhoused people	•	•
	People who suffer from substance abuse	•	•
	Rural areas and other geographic disparities	•	•
	Disabled populations	•	•
Barriers to Healthcare			
	Mental health	•	•
	Developmental health	•	
	Health insurance and medical costs	•	•
	Need more healthcare providers	•	•
	Health literacy, preventive care, and public health information	•	
	Access to healthcare and medical services (Only one local hospital; Transportation; Traffic, especially on the bridge; Emergency services can't get through during flooding; Apprehension about receiving services due to trust and pride; Need more health resources and programs)		•
Barriers to Healthy Living			
	SES disparity, 'hourglass economy,' poverty	•	•
	Employment, need a thriving wage, can't retire because healthcare is tied to employment	•	•
	Transportation	•	•
	Housing: Affordability and accessibility	•	•
	Childcare	•	•
	Education	•	•
	Technology: Digital divide, social media, telehealth	•	
	Food security and nutrition education	•	•
	Environment: Drought and water conservation; fire emergencies; agriculture; flooding	•	•

Topics and Themes		Focus Group	Key Informant Interviews
	Not enough infrastructure to keep up with population growth	•	
	Need walkable spaces, activities for families, and options for physical activity	•	•
	Safety, crime, and child and family protective services		•
	Ripple Effects of COVID-19: Remote schooling's negative impact on education, lower employment; distrust in public health information		•
Community Resources and Resilience			
	Philanthropy and volunteerism	•	•
	Options for community resources	•	
	Disconnect between resources and community; Need better communication, outreach, and a resource list	•	
	Politics and conservatism		•
	Pros and cons of being unincorporated (freedom, but fewer protections)		•
	Would consider the community safe overall		•
	Culture of tourism and hunting		•
The Role of Organizations in a Thriving Community			
	Funding		•
	Need more staff		•
	Collaboration		•
	Llano has a cohesive, effective law enforcement team		•

Appendix B
Technical Notes

Contents

Assessment Development Process and Participants

Planning and Scoping the Assessment

This assessment builds on prior work done for five Hill Country counties, including Llano County. What follows is a brief overview of the assessment approach and its development. Much more detailed information can be found in **Appendix B, Technical Notes**.

In October 2024, The Health Collaborative contracted with CINow for quantitative and qualitative data collection, data analysis, and report development. The Health Collaborative's board, staff leadership, and CINow drafted a CHNA approach, structure and flow, data collection methods and instruments, a list of extant data indicators, and a timeline for review by a Steering Committee in January 2025. The CHNA approach was developed based on about 50 collective years of conducting community health needs assessments in Bexar and several 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 is 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're living with, what assets they feel are most important to their health and how easily they can access those assets, and how well they're able to access several specific types of health care.
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.

Extant data indicators for trending and disaggregation were selected from CINow's inventory of indicators for which relevant data is available for the assessment area. The categories below are based on the Bay Area Regional Health Inequities Initiative model used for several prior Bexar County and Atascosa County CHNAs. After some discussion by CINow and The Health Collaborative, 90 extant data indicators across all categories were selected:

- Population/demographics
- Physical environment
- Social environment
- Economic environment
- Service environment
- Health behaviors and risks
- Health outcomes

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 approved in early 2025 by Create Healthy in the process of conducting a 2025 health assessment for its full service area, and later refined as the basis for a Llano County-focused assessment.

Partner Roles and Timeline

The chart below summarizes the timeline for the initial assessment scoping, instrument, and data collection, with annotations of each partner's role. Additional quantitative data specific to Llano County was collected and analyzed in 2026, and key informant interview transcripts and survey response data were re-analyzed to focus solely on Llano County. The report was then developed, reviewed by partners, and revised as needed.

CHNA task area	2024			2025			2026		
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Initial planning and scoping									
Focus group guide, key informant interview guide, and community survey development and translation [1,4]									
Partnership established to expand assessment geography [1,2]									
Additional project scoping and instrument modification									
Extant quantitative data collection and processing [4]									
Data visualization in charts and maps [4]									
Focus group organization, recruitment, [2] and facilitation [4]									
Key informant selection,[1,2] invitation, scheduling, and interviews [4]									
Community survey outreach, data collection [1,2,4]									
Qualitative analysis and survey data analysis [4]									
Report development, review, and revision [2,3,4]									
Report release and communications [2,3]									

[1] The Health Collaborative [2] Create Healthy [3] Llano Community [4] Community Information Now

Primary Data and Community Voice

Community Resident Survey

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

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

The survey was open for nine weeks (July 9 to September 12, 2025) and advertised in multiple ways by The Health Collaborative, CINow, and Create Healthy. CINow opened access to a survey dashboard for Create Healthy and sent additional reports of respondent demographics and completion rates by county, which Create Healthy used to target additional outreach. A total of 18 people viewed the survey landing page, and 17 started the survey. A total of 14 respondents completed the survey, but partial responses were included in the analysis. Each chart in the report identifies the number of responses represented in that chart. **Table B1** summarizes respondent survey start and completion rates.

Table B1. Llano County CHNA survey respondent completion rates

	Started survey	Answered at least one question beyond residence county/ZIP		Completed all questions	
County	N	N	Pct of started	N	Pct of started
Llano	18	17	94%	14	78%

Source: 2025 CHNA survey data

Table B2 summarizes respondent demographics. Percentages are suppressed here where the respondent count is fewer than five. Unfortunately, males are seriously under-represented among respondents in comparison to their share of Llano County population. Although the counts are low, the race/ethnicity breakdown of survey respondents is reasonably comparable to the county population composition. Unfortunately, many respondents did not provide a ZIP code of residence (**Table 3**). Ten respondents lived in 78643, and fewer than five lived in 78639.

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

Table B2. Gender, race/ethnicity, and household composition of CHNA survey respondents

Respondent characteristic	Count/percent
Total responses	**17**
Female	65%
Male	*
Other or prefer not to answer	*
Hispanic or Latino/a/x	14%
Other race or multiracial	3%
White	69%
Prefer not to answer	13%
Average size (246 responses)	1.6
Pct with age 0-17 member(s)	*
Pct with age 65+ member(s)	64%
Pct with 0-17 and 65+	*

* Data for categories with counts under five is suppressed for privacy
Source: 2025 CHNA survey data

Table B3. CHNA survey respondents by reported ZIP code of residence

ZIP code	Respondents
78639 (Kingsland)	*
78643 (Llano)	10

*Suppressed for privacy
Source: 2025 CHNA survey data

Resident Focus Groups

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

Create Healthy recruited participants and organized a 10-person focus group for Community Information Now to facilitate. The focus group, held in person at a local restaurant in summer 2025, was about 1.5 hours long. The Zoom virtual meeting application was used to "listen in" to the group so that a transcript would be auto-generated. The transcript was then human-reviewed and cleaned with the audio recording for backup.

For the focus group, 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. Although included in the same qualitative narrative summary, the Key Informant Interviews (KIIs) were analyzed separately from the focus groups and open-ended survey responses because 1) They are different types of participants, with the focus groups and survey aiming for an audience of community members, and the KIIs being community leaders, and 2) The Key Informants were asked different questions based on their positions in the community.

Key Informant Interviews

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

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

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

Extant Quantitative Sources and Analysis

Overview of Sources

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

- Population and housing data from the U.S. Census Bureau 2020 Census and American Community Survey
- Physical, social, and economic conditions data from the U.S. Census Bureau American Community Survey One-Year Estimates, Five-Year Estimates, Supplemental Estimates, and Public Use Microdata Sample (PUMS)
- Crime data from the U.S. Department of Justice National Incident-Based Reporting System (NIBRS)
- Behavioral Risk Factor Surveillance System (BRFSS), vital statistics, injury, blood lead, hospital discharge, emergency department, school vaccination coverage, and communicable disease data from the Texas Department of State Health Services Texas Health Data query system, Texas Health Care Information Collection (THCIC), and by special request

- Vital statistics, birth outcomes, and prenatal care data from the CDC WONDER query system
- Immunization and vaccination data from the Centers for Disease Control and Prevention and Texas Department of State Health Services
- Child and older adult abuse/neglect data from the Texas Department of Family and Protective Services
- Motor vehicle crash data from the Texas Department of Transportation
- Jobs data from the Bureau of Labor Statistics

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

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

Hospital Discharge Technical Notes

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

The hospital discharge data has some important limitations to understand. The rates are discharges after hospitalization with the disease as the *primary* diagnosis, not all hospital discharges with that diagnosis in any diagnosis field. In the case of the asthma hospitalization rate, for example, the intent is to reflect the rate of hospitalizations *for* an asthma attack, not hospitalizations for heart attacks or car accidents among people who also happen to have diagnosed asthma unrelated to the reason for the hospitalization. Therefore, the rates are not prevalence or incidence of the disease. These hospitalization counts are also not unique visits or people. If the same person living in ZIP code 78639 goes to the hospital three times for asthma in 2014, then all three visits are included in the rate for 78639 that year.

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

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

Behavioral Risk Factor Surveillance System Technical Notes

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

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

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