

2025 Community Health Needs Assessment

Dallas Metro Region





Dallas Metro Region community hospitals

- **Baylor Scott & White Institute for Rehabilitation - Dallas**
- **Baylor Scott & White Heart Hospital - Dallas**
- **Baylor University Medical Center,
part of Baylor Scott & White Health**
- **Baylor Scott & White Medical Center - Uptown**
- **North Central Surgical Center**
- **Baylor Scott & White Medical Center - Sunnyvale**

Approved by: Baylor Scott & White Health - North Texas Operating, Policy and Procedure Board on May 27, 2025.
Posted to [BSWHealth.com/CommunityNeeds](https://www.bswhealth.com/CommunityNeeds) on June 30, 2025.



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Our commitment to the communities we serve

Baylor Scott & White Health (BSWH), the largest not-for-profit health system in Texas and one of the largest in the United States, is driven by a mission to promote the well-being of individuals, families and communities. Combined with its bold vision—Empowering you to live well—BSWH is committed to delivering high-quality, convenient, personalized and informed care, improving the health of the communities it serves.

BSWH operates a vast network across North and Central Texas. Anchored by academic medical centers in Dallas, Fort Worth and Temple, the system offers specialized services such as transplantation, cardiovascular care and trauma care, alongside a full continuum of primary and specialty care.

Our system includes:



52
hospitals



1,300
care sites



7,200
active physicians

BSWH is deeply invested in the well-being of the communities it serves. That commitment is reflected in ongoing efforts to assess and respond to community health needs. Through regular Community Health Needs Assessments, BSWH identifies key health challenges and addresses them through a wide range of outreach programs and initiatives aimed at improving access, education and overall health outcomes.

The Community Health Needs Assessment (CHNA) not only fulfills federal and state community benefit requirements—it also provides a comprehensive understanding of the demographics, socioeconomic conditions and health needs of the communities Baylor Scott & White Health serves. The CHNA process includes a thorough examination of public health indicators, along with benchmark analyses that compare local data to state and national trends. Through interviews, focus groups and surveys with community leaders and residents, BSWH gains valuable insights into the issues that matter most to the people it serves. These reports play a pivotal role in shaping the system’s data-driven health improvement strategies and inform the development of targeted Implementation Plans. Strategies to address prioritized needs are implemented and tracked over a three-year period. With this deep understanding of community needs, BSWH is well positioned to improve quality of life and empower communities across North and Central Texas to live well.

Executive summary

Baylor Scott & White Health (BSWH) Dallas Metro Region is dedicated to serving the healthcare needs of the Dallas Metropolitan area through comprehensive medical services and community engagement. This executive summary outlines the findings from the Community Health Needs Assessment (CHNA) conducted for the Dallas Metro Region, guided by a commitment to improving community health outcomes in a manner that is both professional and data-driven.

The CHNA was undertaken with the objective of identifying and prioritizing the health needs within the Dallas Metropolitan area, ensuring the alignment of BSWH's health initiatives with the community's requirements. The assessment involved a rigorous methodology utilizing primary data collected through surveys, focus groups and interviews, complemented by analysis of claims data to ensure a robust understanding of the health landscape.

The Dallas Metropolitan area, characterized by its diverse and growing population, presents unique healthcare challenges that require targeted interventions. The demographic complexity of the region underscores the necessity for a CHNA that not only identifies prevalent health needs but also understands the underlying social determinants affecting health outcomes.

The CHNA employed a mixed-methods approach to gather comprehensive data:

- Surveys were distributed widely to capture quantitative data reflecting community health perceptions and needs.
- Focus groups provided qualitative insights, highlighting personal experiences and identifying gaps in healthcare provision.
- Key informant interviews with healthcare providers, community leaders and policymakers offered professional perspectives on health challenges.
- Claims data were analyzed to identify trends in health service usage and disease prevalence.

While specific health themes were not predefined, the assessment revealed several areas requiring attention. These include the need for enhanced access to primary care services, increased mental health support and interventions targeting chronic disease management. The data indicates a significant demand for healthcare services that are culturally sensitive and accessible to economically disadvantaged segments of the community.

BSWH Dallas Metro Region is positioned to address these needs by developing targeted health programs that are informed by the CHNA findings. Recommendations include expanding outreach and education initiatives to improve health literacy, increasing investment in mental health resources and support networks, and enhancing access to preventive and chronic disease management services within underserved communities. Please submit any inquiries, comments or opportunities regarding this document to CommunityHealth@BSWHealth.org.

In conclusion, this CHNA provides BSWH Dallas Metro Region with a clear directive to tailor its health initiatives to meet the specific needs of the community it serves. By continuing to engage with community partners and stakeholders, BSWH can ensure that its efforts are both effective and sustainable, ultimately leading to better health outcomes for the Dallas Metropolitan area.

CHNA process

Introduction

In the process of developing a comprehensive Community Health Assessment for the Dallas Metropolitan area, various types of primary data have been utilized to accurately gauge community needs and health priorities. This assessment involved the coordination of multiple data sources, including surveys, focus groups, interviews and analysis using the Metopio platform.

Survey

Surveys are essential for collecting specific information about health behaviors, mental health and other critical indicators within a community. In the context of our assessment, the surveys were designed to capture a wide range of data directly from residents of the Dallas Metropolitan area. Surveys typically help in identifying prevalent health issues and can directly influence the planning and implementation of targeted health interventions. Survey questions included health behaviors, mental health and questions about the Dallas Metropolitan service area community. The actual number of completed surveys was 866. To ensure surveys included feedback from diverse and underserved populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations.

Focus group

Focus groups are utilized to gather in-depth qualitative data from specific segments of the population. This method allows for a detailed exploration of perceptions, beliefs and attitudes toward various health-related topics. The insights gained from focus groups are invaluable in tailoring community-specific programs and interventions. To ensure focus groups provided information from diverse populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations. Two focus groups were conducted for the Dallas Metropolitan area. The hospitals also considered written input received on their most recently conducted CHNA and subsequent implementation strategies if provided. The assessment is available for public comment or feedback on the report findings by going to the BSWH website ([BSWHealth.com/CommunityNeeds](https://www.bswhealth.com/communityneeds)) or by emailing CommunityHealth@BSWHealth.org.

Organizations participating in community surveys, focus groups and key informant interviews included:

- United Way Dallas
- Southwest Cares
- Society of St. Vincent De Paul of North Texas
- Community Council of Greater Dallas
- Fort Worth Housing Authority
- Grace Community Clinic
- Tarrant Area Food Bank
- Denton County Health Department
- Tarrant County Health Department
- Texas Health Resources

Interviews

Interviews serve as another profound method for collecting detailed personal narratives and experiences concerning health and well-being. They are particularly useful in understanding the context behind quantitative data and in uncovering unique health challenges faced by individuals. Seven key informant interviews were conducted for the Dallas Metropolitan area. Those invited included internal Baylor Scott & White leaders and community health team members from the Dallas Region.

Metopio (secondary data)

Metopio, a robust analytical platform, was employed to enhance our understanding of community health by integrating public and proprietary data sources. This tool allowed us to analyze health behaviors, risks, outcomes and the socioeconomic determinants of health in the Dallas Metropolitan area.

The use of Metopio provided a comprehensive view of the community’s health status, aiding in the strategic planning of health interventions and policies tailored to specific needs and demographic segments.

CHNA process

BSWH began the 2025 CHNA process in December of 2023. The following is an overview of the timeline and major milestones:



Approach to identifying and prioritizing significant health needs

For this health assessment report, primary and secondary data were gathered and analyzed to identify health needs and then prioritize significant health needs. First, internal stakeholders reviewed new data, analyzing comparisons to state averages and national averages, trends over time, and inequities among populations. The health needs listed below had several indicators that were worse than state and national averages, experienced worsening trends, or displayed inequities and were identified as health needs.

A closer look at the data for each of these needs will be provided in the report.

- Access to care
- Behavioral health
- Built environment
- Chronic disease
- Food access
- Health behaviors
- Housing
- Maternal and child health
- Socioeconomic factors

Internal and external stakeholders were presented key findings on each topic. After presenting key findings, hospital and community leaders met with their teams to discuss the top health needs and significant health need criteria (listed below). To select significant health needs, hospital and community leaders utilized the polls application via Outlook. The health needs with the most votes were identified as significant health needs. The following criteria were used to identify significant health needs:

- Ability to impact and effectiveness of interventions
- Impact to community health and size of health problem
- Seriousness of health problem
- Disparities and inequities
- Hospital resources to address the health issue/need

Significant health needs:

- Health behaviors
- Access to care

Next, hospital leaders and stakeholders met with their teams to review significant health needs along with existing and future programs and strategies to address the significant health needs. After considering community partners, resources and expertise to address the significant health needs, hospital leaders and stakeholders selected significant health needs. The vote used to identify significant health needs was then used to prioritize the needs as follows:

1. Health behaviors
2. Access to care

Demographics

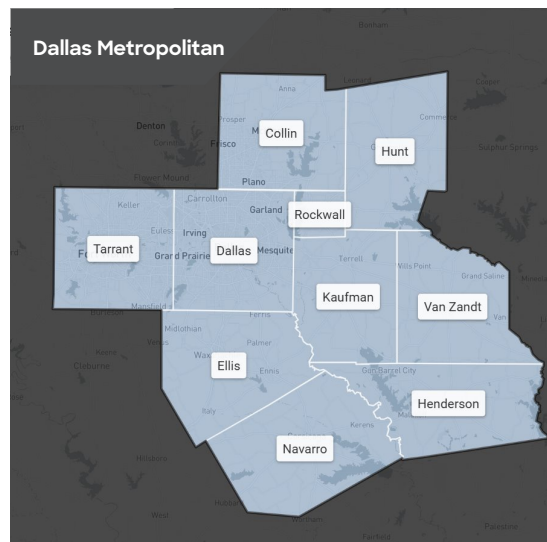
Overview

Dallas Metropolitan, commonly referred to as the Dallas-Fort Worth Metroplex, is a densely populated urban area in the state of Texas. It stands out not only for its significant economic contributions but also for its diverse population dynamics. This vast area is characterized by a mix of urban and suburban landscapes, hosting a multitude of cultural, educational and professional opportunities that attract a varied demographic. Understanding the demographic composition of this region is crucial for tailored community planning and development.

Baylor Scott & White Health (BSWH) owns and operates numerous individually licensed hospital facilities serving the residents of North and Central Texas. Baylor Scott & White Heart Hospital - Dallas, previously named Baylor Scott & White Heart and Vascular Hospital, is included in BSWH facilities within the Dallas Metropolitan community. The Dallas Metro Region is home to several of these hospitals with overlapping communities, including:

- **Baylor Scott & White Institute for Rehabilitation - Dallas**
- **Baylor Scott & White Heart Hospital - Dallas**
- **Baylor University Medical Center, part of Baylor Scott & White Health**
- **Baylor Scott & White Medical Center - Uptown**
- **North Central Surgical Center**
- **Baylor Scott & White Medical Center - Sunnyvale**

The community served by the hospital facilities listed above includes Collin, Hunt, Rockwall, Dallas, Tarrant, Kaufman, Van Zandt, Ellis, Henderson and Navarro counties shown in the map below. BSWH has at least one hospital facility or a provider-based clinic in each of these counties. The community served was based on the contiguous ZIP codes within the associated counties that made up more than 70% of the admitted patients live, according to the hospital facilities' inpatient admissions over the 12-month period of FY 22. All of the collaborating hospital facilities included in a joint CHNA report define their communities to be the same for the purposes of the CHNA report.



Total population

6,723,995



Median household income

\$85,177



Median age

35.3



% of Spanish primary language

21.99%

% of Asian primary languages

4.74%

Race/ethnicity

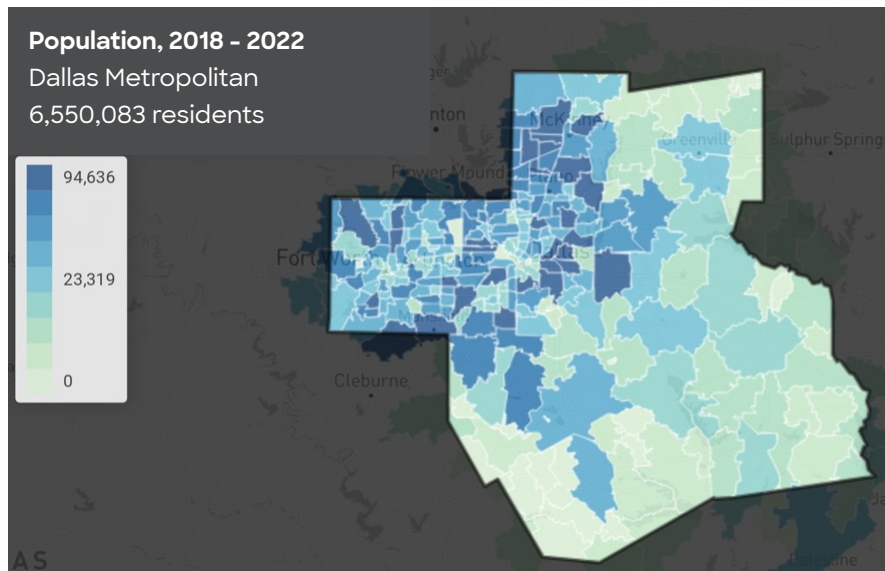
In Dallas Metropolitan, the racial and ethnic composition is notably diverse. Non-Hispanic Whites make up approximately 41% of the population, followed by Hispanic or Latino at about 31%, Non-Hispanic Blacks at 17%, and Asians at 7%. The presence of Native Americans, Pacific Islanders, and those identifying with two or more races, although smaller in proportion, adds to the area's multicultural identity.

When compared to Texas state and the United States, Dallas Metropolitan exhibits a higher percentage of Hispanic or Latino and Non-Hispanic Black populations. Texas, like Dallas, has a significant Hispanic or Latino population at around 40%, closely mirroring the Metroplex. The United States overall, however, has a much lower Hispanic or Latino population at approximately 19% but a higher Non-Hispanic White population at 59%. This demographic spread in Dallas Metropolitan emphasizes the need for culturally competent healthcare services and educational programs that address the specific needs of these communities.

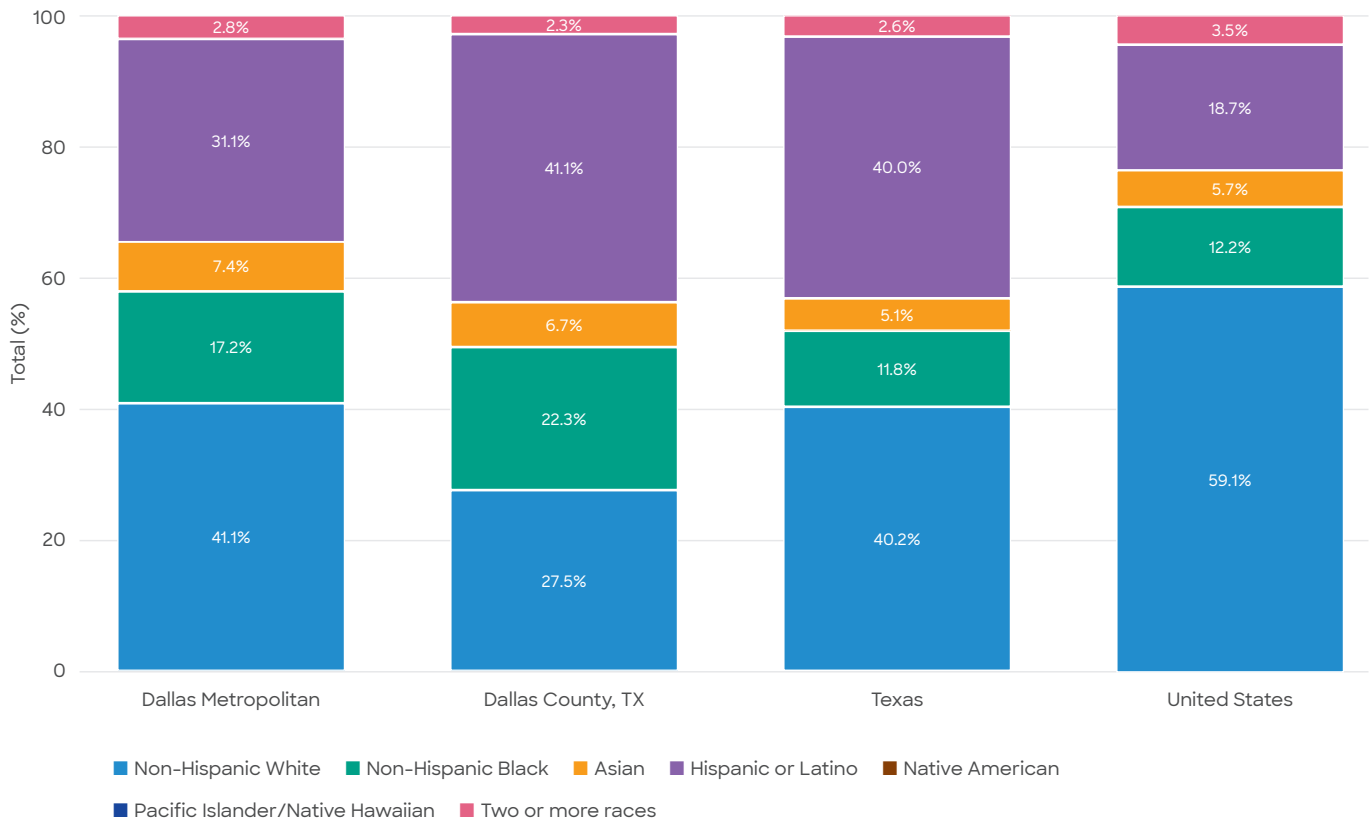
Age distribution

The age distribution in Dallas Metropolitan reveals a youthful demographic, with significant portions of the population in the 18 - 39 years and 40 - 64 years age brackets, each constituting about 31% of the residents. Children aged 0 - 4 years and 5 - 17 years together make up about 25% of the population, indicating a substantial number of families with school-aged children. The senior population (65 years and older) is relatively smaller at around 12%.

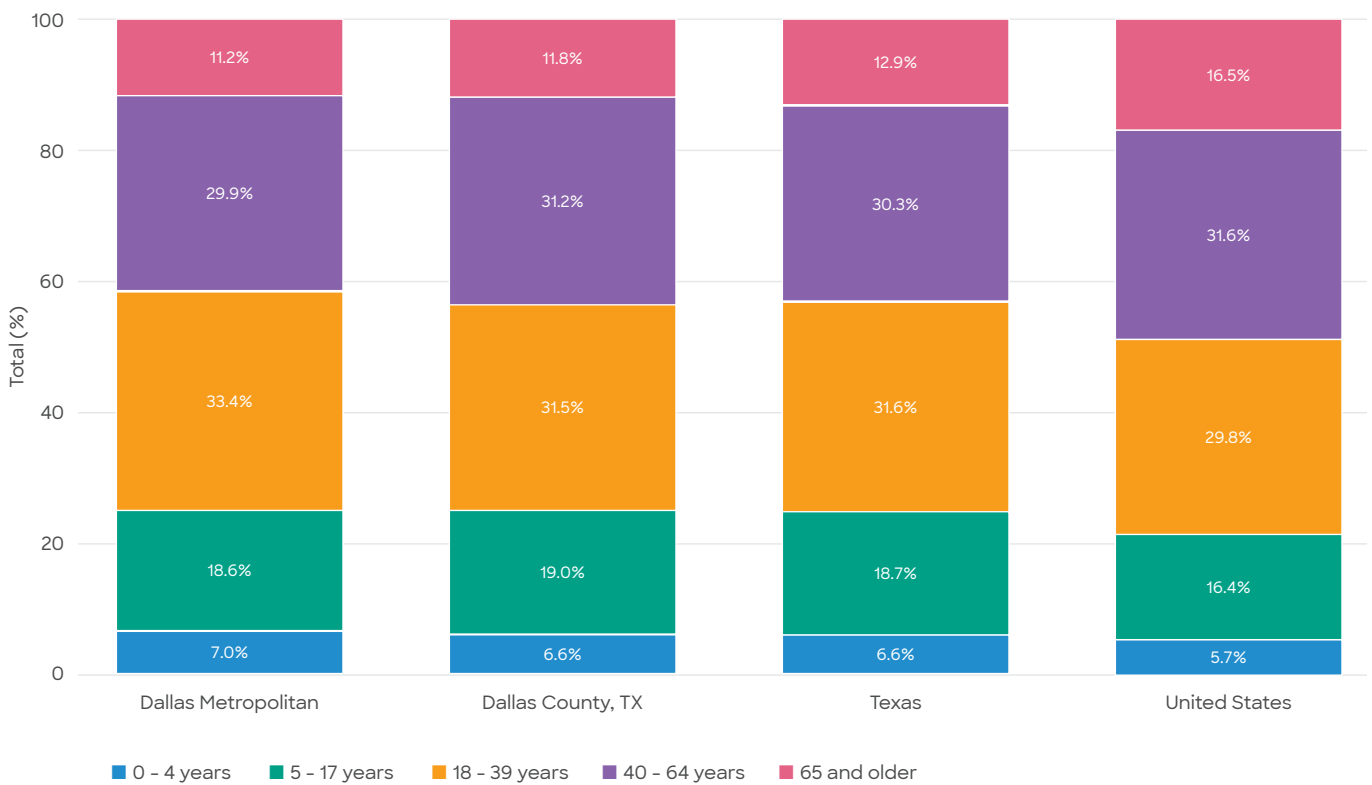
Comparatively, the age distribution in Dallas Metropolitan aligns closely with that of Texas but shows a younger demographic than the United States overall, which has a higher proportion of seniors at approximately 17%. This youthful skew in Dallas suggests a vibrant labor force and necessitates robust educational facilities and employment opportunities. However, the relatively smaller senior population still underscores the need for adequate senior care and retirement planning services.



Population by race/ethnicity, 2018 - 2022



Population by age, 2018 - 2022



Health needs

For this health assessment report, primary and secondary data were gathered and analyzed for the following top health themes and issues. A closer look at the data for each of these needs will be provided in the report.



Access to care

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Behavioral health

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Built environment

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Chronic disease

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Food access

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Health behaviors

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Housing

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Maternal and child health

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Socioeconomic factors

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Access to care

Limited access to healthcare providers can result in delayed or inadequate healthcare, affecting the overall health outcomes of community members. Access can be restricted by a lack of providers, poor geographic distribution of services, difficulty affording and signing up for health insurance, transportation, and the cost of services even after health insurance.

What we heard from the community

Access to care is a critical factor in ensuring community health, particularly for the underserved and uninsured populations. Many excerpts highlight a severe shortage of medical resources, including mental health services and primary care, especially in certain geographic areas described as “infrastructure deserts.” Disparities in healthcare access are emphasized by the challenges faced by underinsured or uninsured patients, including long wait times for care, lack of transportation and financial constraints that impede their ability to receive timely and effective treatment. The issues of food deserts and a lack of preventive care resources further compound these challenges, demonstrating a multifaceted barrier to health equity within the community.

The community members’ quotes reflect deep concerns about the accessibility of healthcare services. They describe situations where patients cannot afford care, lack transportation to reach healthcare facilities, or live in areas where medical services are scarce or non-existent. These barriers lead to delayed or foregone medical treatments, which can exacerbate health conditions and lead to poorer health outcomes. The excerpts also point to a systemic issue where funding and insurance coverage—or the lack thereof—play a pivotal role in healthcare access, with many community members feeling neglected or underserved by the current healthcare system.

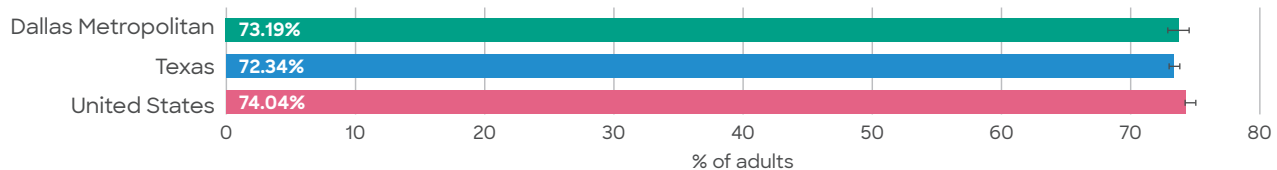
Specifically, one community member notes, “There’s a profound lack of beds for inpatient mental healthcare.” Another states, “It’s months out, or maybe it’s all the way across town, and they don’t have transportation.” These quotes illustrate the tangible impact of healthcare access barriers on individual lives, highlighting the urgent need for targeted interventions to improve healthcare delivery and infrastructure. Additionally, the mention of “If we had navigators from the ED to our clinic that would decrease overutilization of the ED” suggests potential solutions such as improved healthcare navigation and localized care could alleviate some of these issues. The overall discussion underscores the necessity of comprehensive strategies to enhance access to care, particularly for the most vulnerable populations in the community.

Topic	Dallas Metropolitan	Texas	United States
Dentists per capita <i>dentists per 100,000 residents, 2024</i>	130.8	102.7	105.2
Internet access <i>% of households, 2022</i>	95.14 ±0.32	93.82 ±0.21	93.59 ±0.10
Medicaid coverage <i>% of residents, 2022</i>	14.35 ±0.39	16.86 ±0.22	21.23 ±0.09
Mental health providers per capita <i>providers per 100,000 residents, 2024</i>	361.3	332.3	602.7
No vehicle available <i>% of households</i>	5.15 ±0.30	5.39 ±0.15	8.27 ±0.05

Visited doctor for routine checkup

Percentage of resident adults aged 18 and older who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.

Visited doctor for routine checkup, 2022



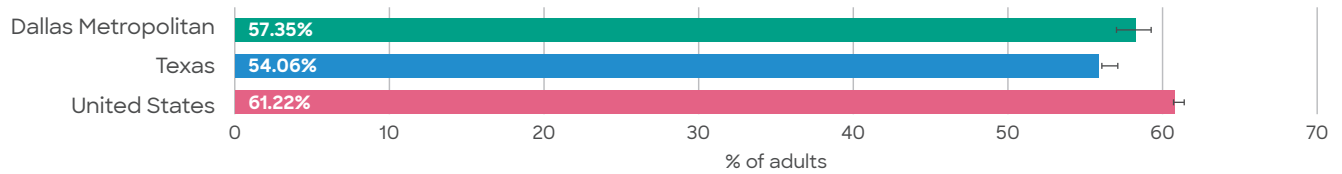
Routine medical checkups are a fundamental component of preventive healthcare, and recent data sheds light on how frequently populations in different regions are engaging in this practice. In the Dallas Metropolitan area, approximately 73.19% of the population visited a doctor for a routine checkup, slightly higher than the Texas average of 72.34% but below the national average in the United States at 74.04%. This indicates a fairly consistent engagement with preventive health services across these regions, though there is room for improvement to reach and surpass the national rate. Addressing this gap could enhance community health outcomes, reduce long-term healthcare costs and alleviate pressure on local healthcare systems by catching potential issues early.

Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Visited dentist

Percentage of resident adults aged 18 and older who report having been to the dentist or dental clinic in the previous year.

Visited dentist, 2022



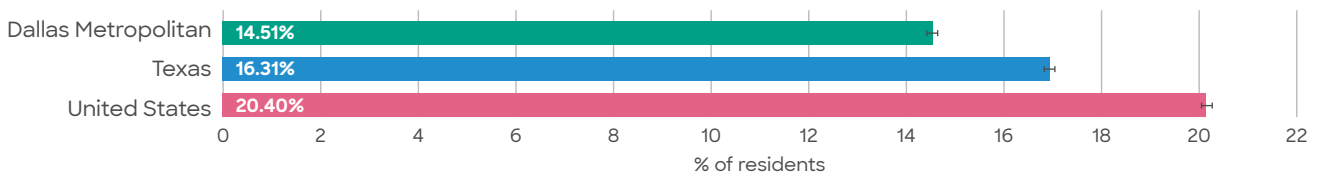
Dental visits vary significantly across different regions, reflecting broader healthcare access and awareness issues. In the Dallas Metropolitan area, 57.35% of the population has visited a dentist, which is slightly higher than the Texas state average of 54.06% but still below the national average of 61.22%. These figures suggest a need for targeted public health campaigns and improved dental care accessibility in Texas to bridge the gap with the national average and enhance overall community health.

Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts))

Medicaid coverage

Percentage of residents covered by Medicaid, a state-administered health insurance program for residents meeting certain income limits and other eligibility standards that vary by state.

Medicaid coverage, 2018 - 2022



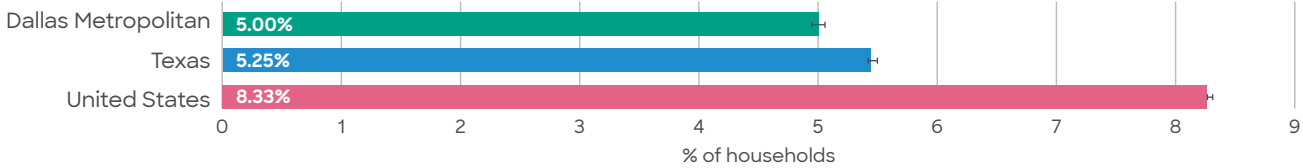
Medicaid coverage across various regions highlights significant disparities that underscore the need for targeted healthcare policy interventions. In the Dallas Metropolitan area, approximately 14.51% of the population benefits from Medicaid, a figure that is somewhat lower than the Texas state average of 16.31% and considerably below the national average of 20.4%. This discrepancy suggests that residents in Dallas may face challenges in accessing Medicaid benefits, which could impact their overall health outcomes and access to necessary medical services. It is imperative to address these gaps to ensure equitable healthcare access and improve community health standards across the board.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701 and B27010)

No vehicle available

Percentage of occupied households with no vehicles available.

No vehicle available, 2018 - 2022



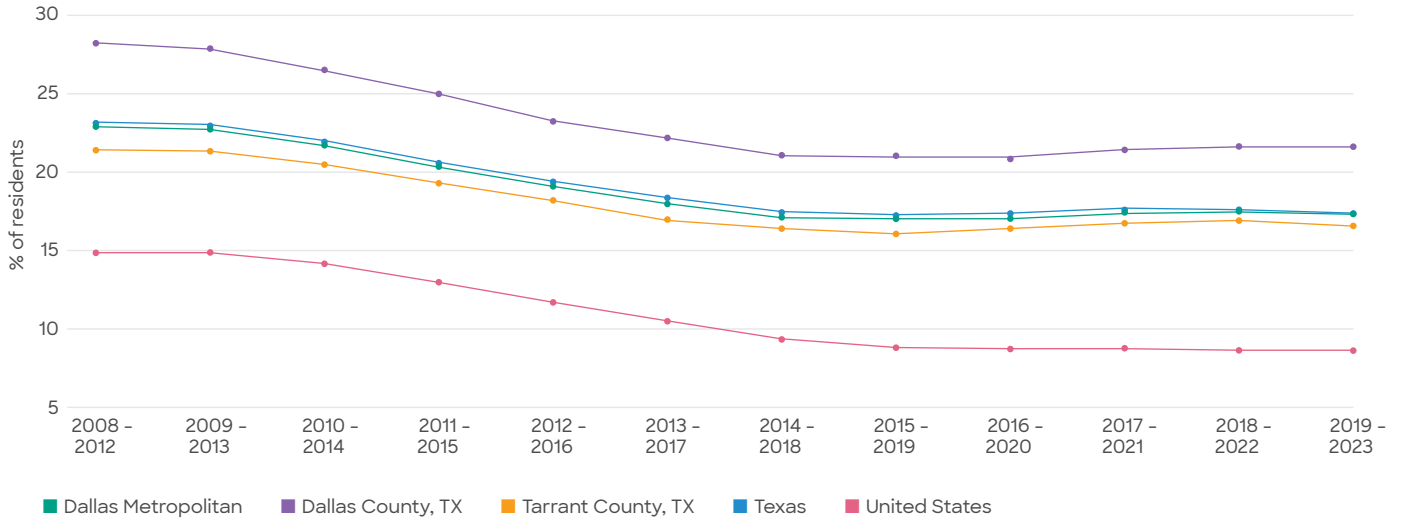
Access to vehicles varies significantly across the Dallas Metropolitan area, Texas and the United States, with the national average showing a higher percentage of households without a vehicle (8.33%) compared to both Texas (5.25%) and the Dallas Metropolitan area (5.0%). This disparity indicates that while the Dallas Metropolitan area and the broader Texas region are somewhat better equipped in terms of vehicle availability, a notable portion of the population still faces challenges related to mobility. This lack of vehicle access can impact the community by limiting job opportunities, access to healthcare and social interactions, particularly affecting those in lower-income brackets or remote areas. Addressing these transportation gaps is crucial for enhancing economic opportunities and overall community well-being.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B25044)

Uninsured rate

Percentage of residents without health insurance (at the time of the survey).

Uninsured rate (full population)



The uninsured rate in the Dallas Metropolitan area is significantly higher at 17.48% compared to the national average of 8.68%, indicating a substantial local healthcare coverage gap. This disparity not only stresses the local healthcare infrastructure but also impacts the broader community, leading to increased health disparities and financial strains on uninsured individuals and their families. Addressing this issue could involve targeted local interventions and policies aimed at increasing healthcare access and affordability for the residents of Dallas and Texas overall, where the uninsured rate is marginally higher at 17.58%.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)



Behavioral health

Includes the prevalence of mental health disorders and access to mental health services, addressing issues like depression and anxiety, and other disorders, as well as substance abuse such as addiction to drugs and alcohol.

What we heard from the community

Behavioral health encompasses a variety of mental health and substance abuse issues that significantly impact community health. The insights from community members and health professionals reveal a profound shortage of resources, including mental health beds and outpatient services, contributing to extended waits for care. This shortage affects individuals across various demographics, particularly those without adequate insurance or financial resources. The lack of adequate mental healthcare exacerbates conditions such as depression, anxiety and substance abuse and impacts the overall decision-making abilities and quality of life of community members. Furthermore, the stigma associated with seeking mental health support remains a significant barrier, preventing many from accessing the necessary care.

Community feedback highlights critical challenges such as the extensive waiting periods for mental health consultations, which can range from three to 18 months. During such waits, individuals with severe conditions, including suicidal thoughts, might not survive the interim. The shortage of inpatient facilities for psychiatric care forces patients to spend days in emergency departments, awaiting available beds. This situation is worsened by a general lack of support systems and social services capable of addressing the broad spectrum of behavioral health needs, including crisis interventions and long-term care for chronic mental health issues.

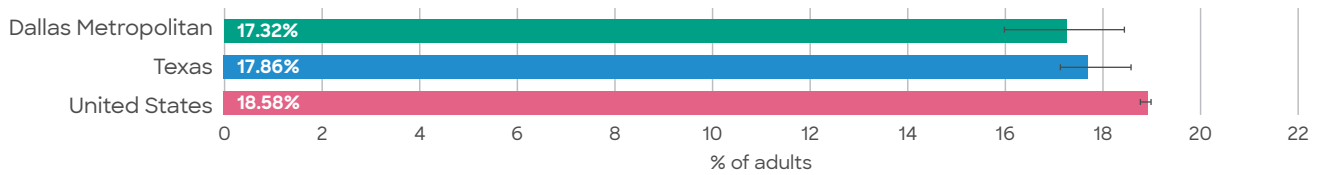
Direct quotes from the community further illustrate these issues. One health professional noted, “Patients spend five days in a room in the emergency department waiting for a bed,” highlighting the dire shortage of immediate psychiatric care facilities. Another mentioned, “There is a lot of stigma ... if I go to the psychologist, I’m crazy,” which reflects the societal barriers to seeking help. Additionally, a poignant remark from the community, “If they are suicidal thoughts, he may have already died ... those months of waiting,” underscores the fatal consequences of the current gaps in mental healthcare accessibility and timely support.

Topic	Dallas Metropolitan	Texas	United States
Binge drinking <i>% of adults, 2022</i>	17.32 ±1.13	17.86 ±0.63	18.58 ±0.20
Depression <i>% of adults, 2022</i>	20.45 ±1.10	21.82 ±0.63	22.53 ±0.20
Poor self-reported mental health <i>% of adults, 2022</i>	16.59 ±0.69	17.83 ±0.40	17.35 ±0.12
Psychiatry physicians per capita <i>physicians per 100,000 residents, 2024</i>	19	17	28

Binge drinking

Percentage of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge drinking prevalence.

Binge drinking, 2022



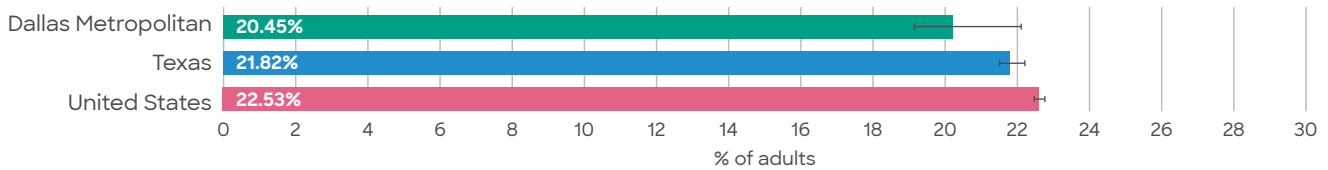
Binge drinking rates across different regions highlight varying levels of public health concern. In the Dallas Metropolitan area, the rate is 17.32%, slightly lower than the overall Texas rate of 17.86% and beneath the national average of 18.58%. This data suggests a relatively better scenario in Dallas compared to the broader state and national contexts but still points to a significant public health issue that could impact community health and safety. Addressing this issue through targeted public health initiatives and awareness programs could help reduce these percentages and their associated risks.

Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Depression

Prevalence of depression among adults 18 years and older.

Depression, 2022



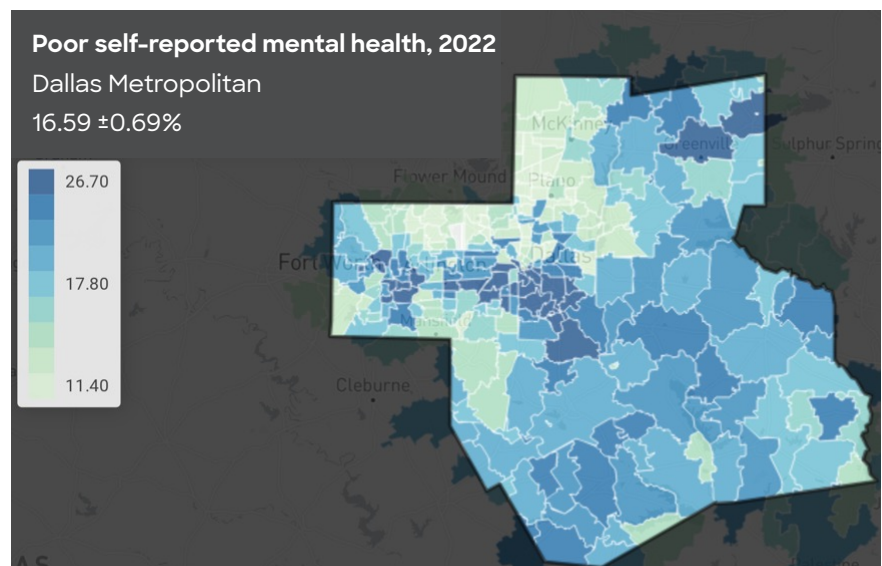
Depression rates across different regions highlight significant public health concerns that necessitate targeted interventions. In the Dallas Metropolitan area, the rate of depression stands at approximately 20.45%, slightly lower than the Texas state average of 21.82% and the national average of 22.53%. This data suggests a pressing need for enhanced mental health services and programs, particularly in regions exceeding the national average, to mitigate the impact of depression on community well-being and productivity. Addressing these disparities through increased resources and accessibility to mental healthcare can significantly improve the overall health landscape.

Data sources: Centers for Disease Control and Prevention (CDC): PLACES

Poor self-reported mental health

Percentage of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

Across various ZIP codes in Texas, poor self-reported mental health among adults presents a significant public health concern. In particular, data from 2022 shows a range of 11.4% to 23.0% of adults reporting poor mental health days across different areas, with higher rates observed in cities like Hutchins and Dallas. This data underscores the importance of targeted mental health services and community support initiatives to address



and mitigate the impact of mental health challenges in these communities, ultimately aiming to enhance overall well-being and quality of life for residents.

Data sources: Centers for Disease Control and Prevention (CDC): PLACES



Built environment

The built environment refers to the human-made surroundings in which people live, work and play. It encompasses buildings, streets, parks, transportation systems and other infrastructure, as well as levels of environmental pollution and hazards. Aspects of the built environment significantly influence public health outcomes, including physical activity levels, access to resources and exposure to environmental hazards.

What we heard from the community

The built environment significantly influences community health by affecting access to healthcare, food and exercise opportunities, which are crucial for maintaining overall well-being. Community members express concerns about inadequate medical facilities, the prevalence of food deserts and unsafe public spaces that restrict physical activity. Issues like geographic pollution and lack of 24-hour pharmacies add to the challenges faced by residents, particularly in underserved areas such as Southern Dallas. The need for outreach programs, such as street medicine initiatives and wellness centers, is highlighted as essential for providing preventive care and addressing social determinants of health.

Excerpts from community discussions reveal a pressing need for improved infrastructure to support health services. Residents talk about the difficulties in accessing care due to transportation barriers and the absence of nearby health facilities or pharmacies. There is also a significant concern about safety in public spaces, which affects the community's ability to engage in healthy outdoor activities. Initiatives like mobile health units and health navigators are suggested to alleviate some of these challenges, emphasizing the need for strategic partnerships and community-centered solutions.

Specific quotes from community members, such as “There’s no real grocery stores in South Dallas,” and “I don’t think there’s any 24-hour pharmacies in South Dallas,” highlight the acute lack of essential services in certain areas. Another poignant statement, “If we had a place that we could send patients post discharge, if they didn’t have a PCP, one place that they could go for at least that one initial follow-up appointment after post-hospitalization, that would be phenomenal,” underscores the gaps in continuous care and the community’s desire for more cohesive health service provision. These testimonials emphasize the critical need for comprehensive, accessible and safe built environments to foster healthier communities.

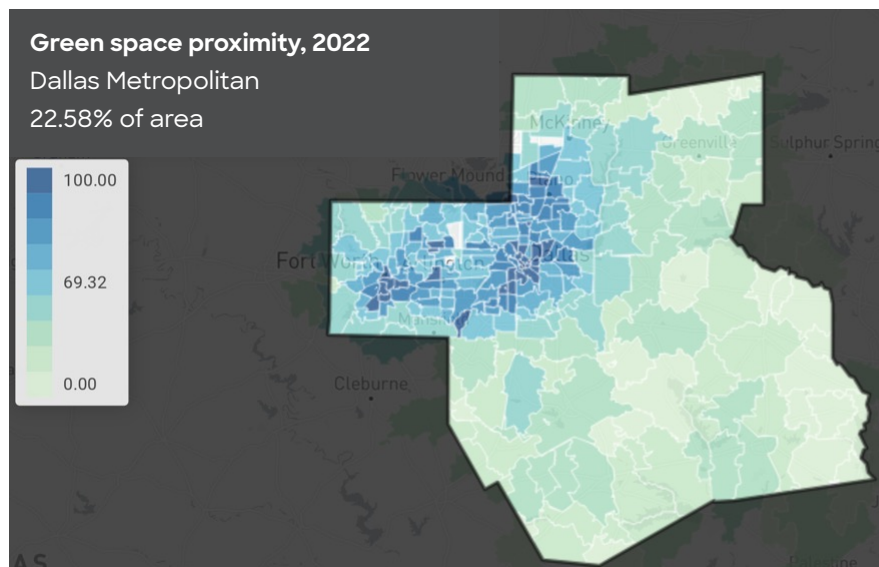
Topic	Dallas Metropolitan	Texas	United States
Drive alone to work <i>% of workers 16 years and older, 2022</i>	68.82 ±0.65	71.17 ±0.29	68.66 ±0.09
Environmental Burden Index <i>2022</i>	48.38	46.03	48.70
Green space proximity <i>% of area, 2022</i>	22.58	6.06	20.62
Internet access <i>% of households, 2022</i>	95.14 ±0.32	93.82 ±0.21	93.59 ±0.10
Lifetime inhalation cancer risk <i>lifetime risk per million, 2019</i>	25.4	20.9	16.1

Green space proximity

Proportion of a geography’s area within 1 mile of green space.

Green space proximity significantly enhances the quality of life in urban and suburban settings, providing essential environmental, health and social benefits. In the Dallas-Fort Worth area of Texas, the data presents a varied landscape where certain ZIP codes in cities like Plano, Irving and Garland boast near-universal access to green spaces, with percentages

often reaching 100%. Conversely, smaller or more rural areas such as Celina and Corsicana show dramatically lower access, with figures sometimes dipping below 10%. This stark contrast underscores the need for targeted initiatives to enhance green space accessibility in underserved areas, potentially improving community health and cohesion in these regions.

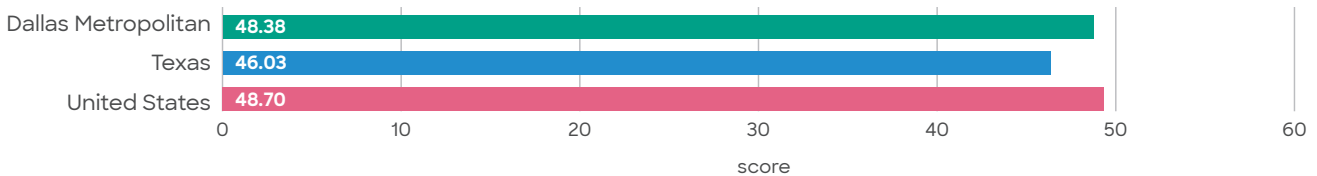


Data sources: Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index

Environmental Burden Index

Composite index consisting of a place's exposure to harmful environmental factors relating to air quality, pollution and built environment. Higher values indicate a larger burden.

Environmental Burden Index, 2022



The Environmental Burden Index (EBI) serves as a critical metric in evaluating the impact of environmental factors on communities. In the Dallas Metropolitan area, the EBI stands at 48.38, slightly lower than the national average of 48.7, yet higher than the Texas state average of 46.03. This suggests that residents in Dallas may experience slightly more environmental challenges than the average American but less so compared to the wider Texas population. Addressing these environmental burdens is essential for ensuring the health and sustainability of communities, emphasizing the need for targeted environmental policies and proactive community planning to mitigate adverse effects.

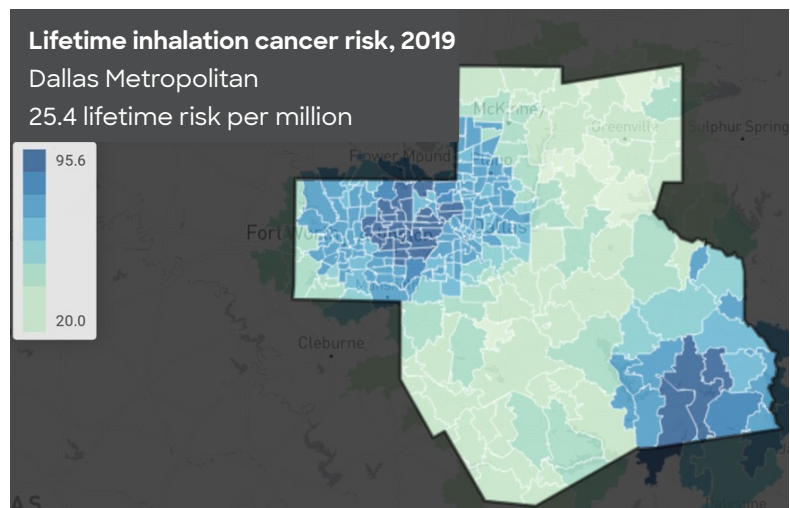
Data sources: Centers for Disease Control and Prevention (CDC); Agency for Toxic Substances and Disease Registry - Environmental Justice Index

Lifetime inhalation cancer risk

Estimated lifetime risk of developing cancer as a result of inhaling carcinogenic compounds in the environment, per million people.

The data reveals significant insights into the lifetime inhalation cancer risks across various ZIP codes in Texas, highlighting the environmental health challenges faced by these communities. Specifically, places like Grand Prairie and Dallas exhibit elevated risks, with values reaching as high as 56 and 95 per million, respectively, indicating a severe impact on local public health.

This information underscores the urgent need for targeted environmental interventions and enhanced public health policies to mitigate the risks and safeguard community health in these areas. Through such measures, it is possible to significantly reduce the incidence of cancer attributed to airborne toxins and improve the overall quality of life for residents.

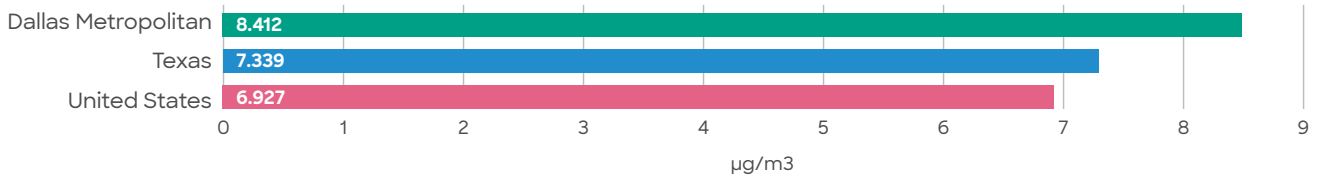


Data sources: Environmental Protection Agency (EPA); EJScreen: Environmental Justice Screening (via National-Scale Air Toxics Assessment (NATA, before 2017) and Air Toxics Screening Assessment (after 2017))

Particulate matter (PM 2.5) concentration

Annual average concentration in micrograms per cubic meter. PM 2.5, or particulate matter smaller than 2.5 microns in diameter, is one of the most dangerous pollutants because the particles can penetrate deep into the alveoli of the lungs.

Particulate matter (PM 2.5) concentration, 2020



Particulate matter concentration in the Dallas Metropolitan area is notably higher than the Texas state and national averages, standing at 8.41 compared to 7.34 and 6.93, respectively. This elevated level of particulate matter (PM 2.5) could have significant health implications for the community, potentially increasing respiratory and cardiovascular issues among residents. Addressing these discrepancies through targeted environmental and public health policies is crucial for improving air quality and protecting public health in Dallas.

Data sources: Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening (EJSCREEN)



Chronic disease

Indicators of chronic disease, such as diabetes, heart disease, asthma, obesity or other conditions. These tend to comprise the greatest burden on health in a community and can significantly affect lifespan and quality of life.

What we heard from the community

Chronic diseases are conditions that persist over a long period and typically require ongoing management. These include diabetes, heart disease, stroke, COPD and conditions affecting mental health, among others. The presence of these diseases significantly impacts individual health outcomes and strains healthcare systems. Particularly concerning is the high incidence of preventable diseases, which, if addressed early through intervention and lifestyle changes, could reduce the burden on healthcare resources and improve quality of life. The data suggests a critical need for targeted healthcare interventions and education to manage and prevent these chronic conditions effectively within communities.

The community expresses concerns about various chronic conditions like diabetes, hypertension and respiratory issues, which are prevalent across different demographics. There are mentions of effective programs such as diabetes self-management and medical nutrition therapy, yet challenges remain in reaching all affected individuals due to factors like food deserts and economic barriers. The outreach programs mentioned play a crucial role in early detection and management, but the need for more comprehensive and accessible initiatives is evident from the community feedback.

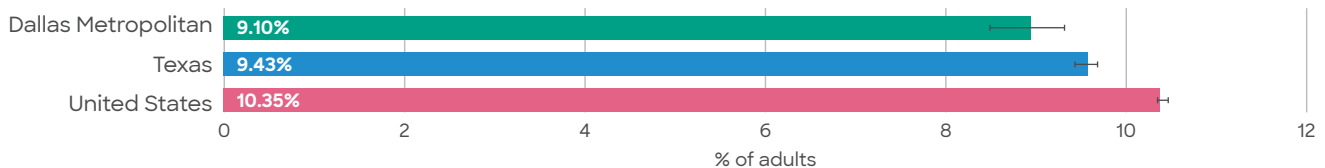
Quotes such as “We see good success in terms of self-monitoring in terms of low sugars, high sugars, and diabetes control” and “About 50% of the people that we screen have undiagnosed hypertension” highlight the community’s efforts and challenges in managing chronic diseases. These statements underscore the importance of continuous monitoring and community outreach to improve health outcomes. Furthermore, the mention of “The area being a food desert” and “Individuals not being able to afford their medication and having to choose between food or medication” emphasizes the socioeconomic factors that complicate disease management and prevention efforts.

Topic	Dallas Metropolitan	Texas	United States
Chronic kidney disease <i>% of adults, 2021</i>	3.0 ±0.1	3.1 ±0.1	2.9 ±0.0
Chronic obstructive pulmonary disease (COPD) <i>% of adults, 2022</i>	5.68 ±0.26	6.23 ±0.16	6.37 ±0.05
Coronary heart disease <i>% of adults, 2022</i>	5.81 ±0.25	6.27 ±0.15	5.82 ±0.05
Current asthma <i>% of adults, 2022</i>	9.10 ±0.48	9.43 ±0.27	10.35 ±0.09
Diagnosed diabetes <i>% of adults</i>	12.2 ±0.7	13.4 ±0.4	10.8 ±0.1

Current asthma

Percentage of adults (civilian, non-institutionalized population) who answer “yes” to both of the following questions: “Have you ever been told by a doctor, nurse or other health professional that you have asthma?” and the question “Do you still have asthma?”

Current asthma, 2022



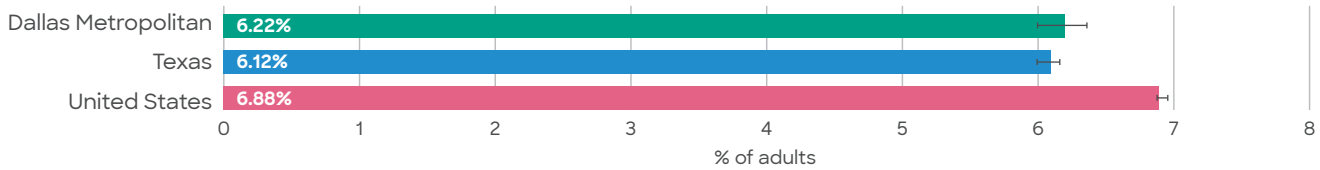
Asthma continues to be a significant health concern across different regions in the United States, with varying prevalence rates reflecting diverse environmental and healthcare contexts. In the Dallas Metropolitan area, the percentage of current asthma stands at 9.1%, slightly lower than the Texas state average of 9.43% and the national average of 10.35%. This suggests a relatively better scenario in Dallas compared to the broader state and national figures, possibly indicating effective local health initiatives or environmental factors that mitigate asthma triggers. The impact of asthma on communities is profound, influencing healthcare systems, economic productivity and quality of life, necessitating targeted interventions and continuous monitoring to reduce prevalence and improve health outcomes.

Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Have ever had cancer

Percentage of resident adults aged 18 and older who report ever having been told by a doctor, nurse or other health professional that they have cancer (other than skin cancer). Data for counties and states are age-adjusted. Data for ZIPs, tracts and smaller layers are raw.

Have ever had cancer, 2022



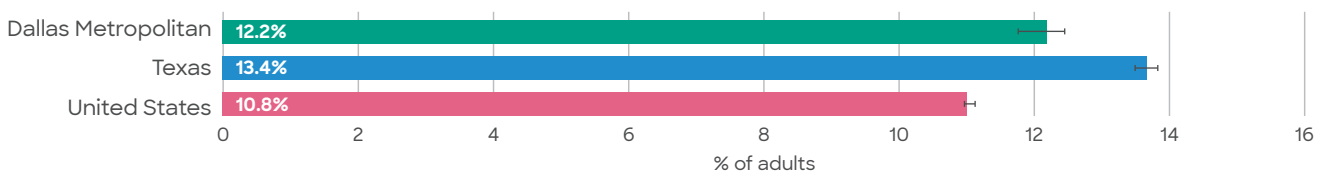
The prevalence of cancer history varies slightly across different regions, reflecting diverse health landscapes. In the Dallas Metropolitan area, 6.22% of individuals report having had cancer, slightly above Texas' state average of 6.12% but below the national average of 6.88%. This data underscores the importance of targeted health initiatives and resources to address and support cancer prevention and treatment, particularly in areas with higher incidence rates. Enhanced community awareness and healthcare services can significantly mitigate the impact of cancer on these populations, ensuring better health outcomes and quality of life.

Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (ZIP codes, tracts))

Diagnosed diabetes

Percentage of resident adults aged 18 and older who report having been told by a doctor, nurse or other health professional that they have diabetes, other than diabetes during pregnancy. Data for counties and states are age-adjusted. Data for ZIPs, tracts and smaller layers are raw.

Diagnosed diabetes, 2022



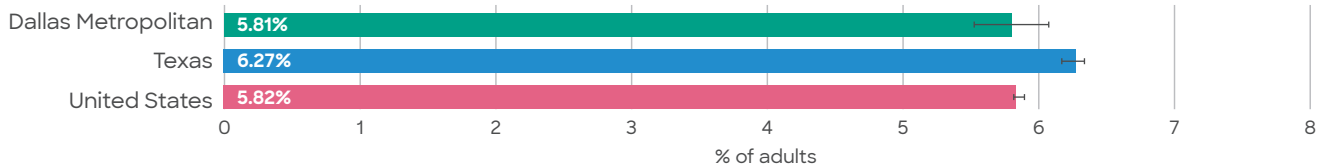
Diabetes remains a significant public health challenge across the United States, with varying impacts on local communities. In Dallas Metropolitan, the prevalence of diagnosed diabetes stands at approximately 12.18%, which, while concerning, is somewhat lower than the Texas state average of 13.37%. This comparison underscores a statewide issue that surpasses national levels, where the average is about 10.84%. These figures highlight the urgent need for targeted health interventions and policies to manage and reduce diabetes incidence, particularly in Texas, where the rates are notably higher than the national average. Addressing this disparity is crucial for improving community health outcomes and reducing long-term healthcare costs related to diabetes complications.

Data sources: Centers for Disease Control and Prevention (CDC); PLACES, Diabetes Atlas (County and state level data)

Coronary heart disease

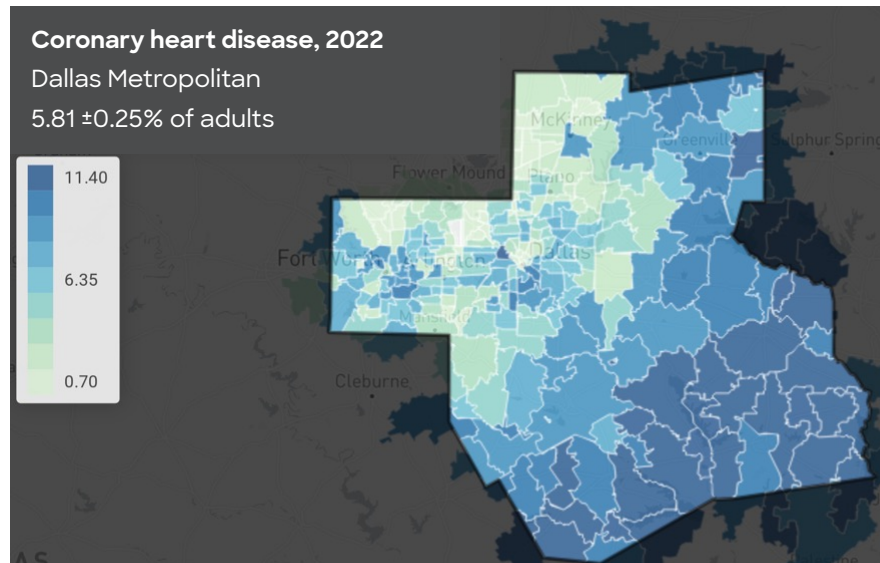
Percentage of resident adults aged 18 and older who report ever having been told by a doctor, nurse or other health professional that they have angina or coronary heart disease. Data for counties and states are age-adjusted. Data for ZIPs, tracts and smaller layers are raw.

Coronary heart disease, 2022



Coronary heart disease (CHD) rates reveal significant regional differences, impacting community health across various areas. In the Dallas Metropolitan area, the prevalence of CHD is slightly lower at 5.81% compared to the Texas state average of 6.27%, while it stands close to the United States average of 5.82%. This indicates that while Dallas is performing better than the state average, there's a marginal difference compared to the national level, suggesting room for tailored public health strategies and interventions to further reduce CHD rates. Addressing CHD effectively requires focused healthcare services and preventive measures that cater specifically to the community's needs to enhance overall health outcomes and reduce the disease burden.

Coronary heart disease remains a critical health issue across many regions, with varied prevalence among adult populations. Focusing on Texas, particularly in numerous ZIP codes from major cities like Dallas and Arlington to smaller areas like Rowlett and Sachse, the data reveals disparate rates of reported coronary heart disease. For instance, Garland and Mesquite in Dallas County show higher rates, peaking around 6.9%, which contrasts sharply with lower incidences in areas like Addison and Frisco. Such variations underline the necessity for targeted community health interventions and heightened awareness programs to manage and mitigate the impact of coronary heart disease, which significantly affects the community's well-being and healthcare systems.

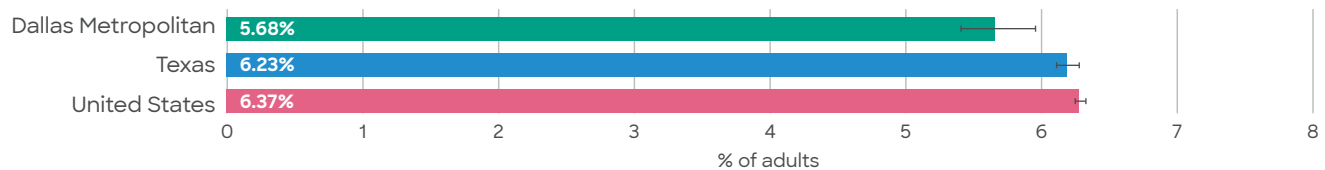


Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Chronic obstructive pulmonary disease (COPD)

Percentage of resident adults aged 18 and older who report ever having been told by a doctor, nurse or other health professional that they have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis. Data for counties and states are age-adjusted. Data for ZIPs, tracts and smaller layers are raw.

Chronic obstructive pulmonary disease (COPD), 2022



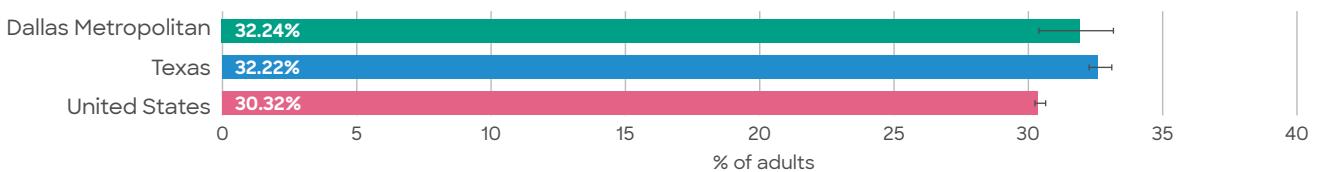
Chronic obstructive pulmonary disease (COPD) presents varying impacts across different regions, highlighting the importance of localized healthcare strategies. In the Dallas Metropolitan area, the prevalence of COPD is 5.68%, which is notably lower than the Texas state average of 6.23% and the national average of 6.37%. This data suggests that while Dallas is performing better than the broader averages, there is still a significant portion of the community affected by COPD, necessitating targeted public health interventions and continued monitoring to further reduce incidence and manage care effectively. Addressing COPD actively in these areas could improve quality of life and reduce healthcare burdens.

Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (ZIP codes, tracts))

High blood pressure

Percentage of resident adults aged 18 and older who report ever having been told by a doctor, nurse or other health professional that they have high blood pressure (hypertension). Women who were told they had high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

High blood pressure, 2022



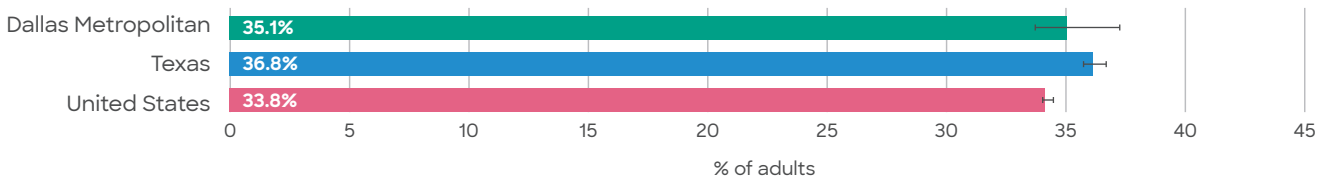
High blood pressure remains a significant health concern, particularly in the Dallas Metropolitan area and Texas, where the prevalence rates are slightly above the national average. With 32.24% of the Dallas Metropolitan population and 32.22% in Texas affected, compared to 30.32% across the United States, the impact on the community is substantial. This emphasizes the need for targeted health interventions and policies to manage and reduce high blood pressure, which is crucial for improving overall community health and reducing the burden of related health issues.

Data sources: Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (ZIP codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Obesity

Percentage of resident adults aged 18 and older who are obese (have a body mass index (BMI) ≥ 30.0 kg/m² calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

Obesity, 2022



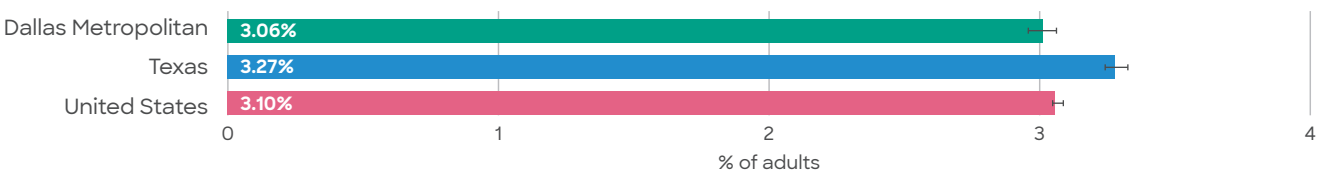
Obesity rates in the Dallas Metropolitan area and Texas as a whole surpass the national average, underlining a significant health challenge. With Dallas at 35.1% and Texas at 36.8%, compared to 33.8% across the United States, this indicates a pressing need for targeted public health interventions and policies to combat obesity locally. The elevated obesity rates in these regions likely contribute to higher incidences of related health conditions, impacting overall community well-being and healthcare costs. Addressing this issue effectively calls for a collaborative effort involving government, healthcare providers and community organizations to implement comprehensive health education and lifestyle modification programs.

Data sources: Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts))

Diagnosed stroke

Percentage of resident adults aged 18 and older who report ever having been told by a doctor, nurse or other health professional that they have had a stroke.

Diagnosed stroke, 2022



Stroke incidence varies slightly across different regions, reflecting a nuanced public health landscape. In the Dallas Metropolitan area, the diagnosed stroke rate stands at 3.06%, slightly below the national average of 3.1% and significantly lower than the Texas state average of 3.27%. This indicates a relatively better scenario in Dallas compared to the broader state context, yet there remains a critical need for targeted healthcare strategies to address and manage stroke risk factors effectively within these communities. Enhanced public health initiatives and accessible medical interventions are essential to mitigate the impacts of stroke and improve community health outcomes.

Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts))



Food access

Access to fresh, healthy or affordable food. This can be related to grocery store proximity, school lunches, and availability of fruits, vegetables and other healthy foods.

What we heard from the community

Food access is a critical aspect of public health that affects individuals and communities, particularly in areas known as food deserts, where grocery stores and fresh food markets are scarce. These regions often struggle with providing residents adequate access to healthy, affordable food options, which is essential for preventing diet-related diseases. The lack of convenient access to nutritious food impacts dietary habits and overall health, exacerbating social determinants of health issues. In many cases, food access disparities are tied to geographic, economic and systemic barriers that make it challenging for certain populations to obtain the food they need for a healthy lifestyle.

Community members express significant concerns about the challenges of obtaining healthy food due to the absence of nearby grocery stores and the prevalence of food deserts, particularly in areas like South Dallas. Many residents have to travel long distances or rely on insufficient public transportation to reach food stores, which makes healthy eating inconvenient and often unaffordable. The excerpts highlight the importance of initiatives like farm stands, which provide fresh produce in food desert areas, and the need for more comprehensive services such as nutrition education and partnerships with food pantries to improve food access. Residents also emphasize the high cost of living and the expensive nature of healthy, organic foods, making it difficult for average families to maintain a healthy diet.

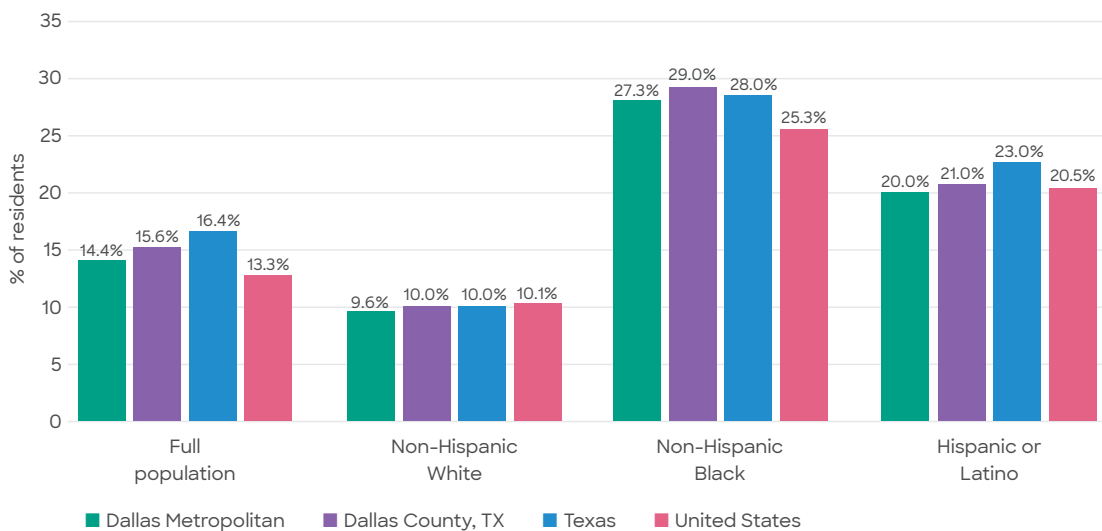
One community member mentioned, “Are there challenges with getting to grocery stores? Affordability? Yeah, there are grocery stores. And you know, as I said earlier, to catch two and three buses to get to a grocery store, that’s not going to happen.” Another shared, “If we had a group that was embedded somewhere that did the Prescription Assistance Programs. We do a lot of charity meds, but that’s almost like a band aid, just to get them enough to get out.” These quotes illustrate the multifaceted nature of food access issues, encompassing both logistical and economic challenges that require targeted interventions to ensure that all community members have the resources to support healthy dietary habits.

Topic	Dallas Metropolitan	Texas	United States
Food insecurity <i>% of residents, 2022</i>	14.4	16.4	13.3
Food stamps (SNAP) <i>% of households, 2022</i>	8.99 ±0.42	12.04 ±0.23	12.38 ±0.06
Households in poverty not receiving food stamps (SNAP) <i>% of households below the poverty line, 2022</i>	69.88 ±1.58	61.70 ±0.61	58.90 ±0.23
Low food access <i>% of residents, 2019</i>	59.34	56.97	50.24

Food insecurity

Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food security reports. 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.

Food insecurity by race/ethnicity, 2022



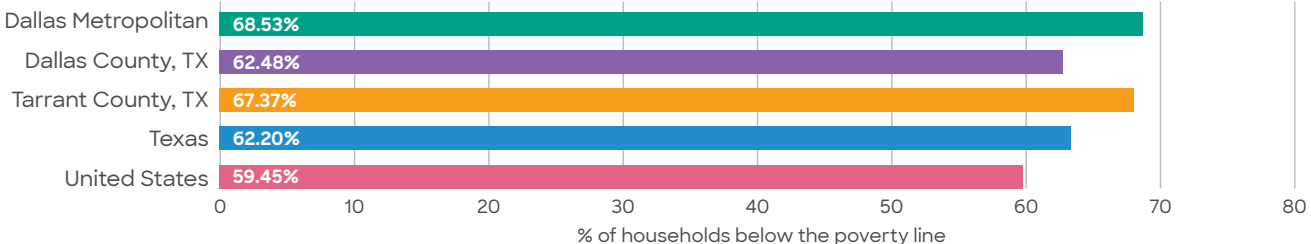
Food insecurity remains a significant challenge across different racial and ethnic groups, with the Dallas Metropolitan area showing particularly concerning trends. In Dallas, about 14.42% of the full population faces food insecurity, compared to 16.4% in Texas and 13.3% nationally. Notably, Non-Hispanic Black individuals experience the highest rates of food insecurity, with 27.34% in Dallas, 28% in Texas and 25.3% nationally. This disparity highlights a critical area for targeted interventions and support to address underlying socioeconomic factors contributing to food insecurity among vulnerable populations. Addressing these disparities is crucial for improving community well-being and ensuring equitable access to food resources.

Data sources: Feeding America: Map the Meal Gap

Households in poverty not receiving food stamps (SNAP)

Percentage of households with income in the past 12 months below the poverty level who did not receive food stamps/SNAP in the past 12 months.

Households in poverty not receiving food stamps (SNAP), 2018 - 2022



In the Dallas Metropolitan area, a significant 68.53% of households in poverty are not receiving food stamps (SNAP), which is notably higher compared to the statewide average in Texas at 62.2% and the national average of 59.45%. This disparity suggests a critical gap in the provision of essential food assistance services within the region, pointing to a pressing need for targeted interventions and policy adjustments to better reach and support these vulnerable populations. Addressing this issue is crucial for alleviating food insecurity among impoverished households, which could have profound impacts on their overall well-being and ability to contribute positively to the community.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B22003)



Health behaviors

Actions and habits that individuals engage in either promote or compromise their physical, mental and social well-being. These behaviors encompass a wide range of activities, including diet, exercise, substance use, and preventive screenings and vaccines.

What we heard from the community

Health behaviors encompass a range of activities and lifestyle choices that significantly impact individual and community health. This theme addresses the complexities of managing chronic conditions such as diabetes, cardiovascular diseases and pulmonary issues, particularly in diverse settings, including unhoused populations, rural areas and underserved communities. Preventive care and early intervention are emphasized as crucial strategies to prevent the escalation of these conditions into more severe health problems. Community outreach programs, such as blood pressure screenings and nutritional counseling, play a pivotal role in promoting healthier living. Moreover, the integration of technology and mobile health units is highlighted as a forward-thinking approach to expanding access to health services in remote or resource-poor areas.

Community members are actively engaged in various health programs that focus on lifestyle modifications, such as weight loss programs, diabetes self-management and medical nutrition therapy. These programs are often supported by healthcare professionals, including nutritionists and dietitians who provide valuable education on diet and exercise. Innovations such as mobile health units are particularly noted for their potential to reach underserved populations with services like diabetes, screening and hypertension management. Community centers serve as pivotal access points for these services, suggesting a strong community-centered approach to healthcare.

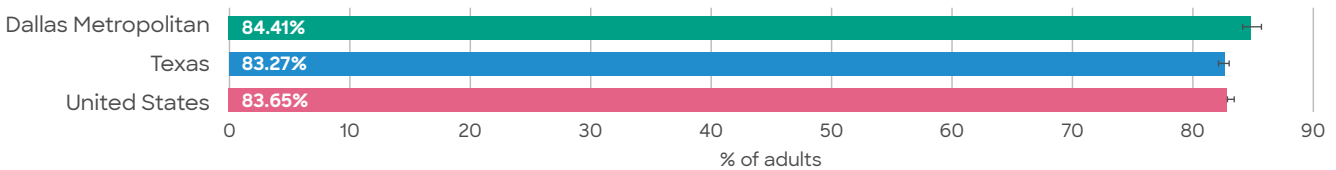
Specific quotes from community members reveal the challenges and successes of these health initiatives. One individual noted, “We have a farm stand here, and then we have expanded locations under our same brand,” highlighting community-based approaches to improving diet. Another explained the impact of socioeconomic factors on health, stating, “Trying to eat healthy is very expensive,” which underscores the financial barriers to accessing healthy food options. Additionally, safety concerns in recreational areas, as mentioned, “It is not safe to walk at night,” further complicate efforts to promote physical activity among community members. These insights emphasize the multifaceted nature of health behaviors and the need for comprehensive strategies that address both medical and social determinants of health.

Topic	Dallas Metropolitan	Texas	United States
Cholesterol screening <i>% of adults, 2021</i>	84.41 ±1.13	83.27 ±0.67	83.65 ±0.20
Cigarette smoking rate <i>% of adults, 2022</i>	13.4 ±0.7	14.8 ±0.4	14.6 ±0.1
Colorectal cancer screening <i>% of adults, 2022</i>	55.40 ±1.85	54.64 ±1.07	58.85 ±0.32
Mammography use <i>% of female adults, 2022</i>	76.15 ±2.53	73.79 ±1.55	75.65 ±0.45
No exercise <i>% of adults</i>	25.5 ±1.3	27.6 ±0.8	23.7 ±0.2

Cholesterol screening

Percentage of resident adults aged 18 and older who report having their cholesterol checked within the previous five years.

Cholesterol screening, 2021



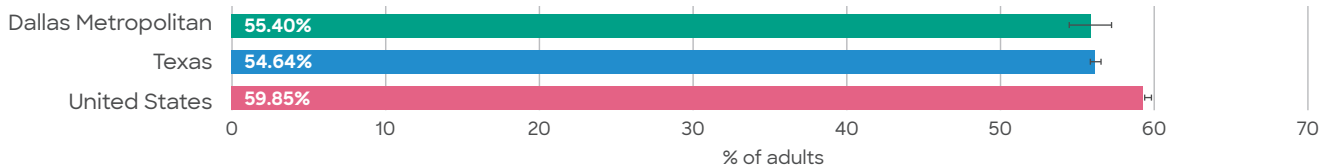
Cholesterol screening rates reveal a slight but significant variation across different regions, demonstrating the importance of localized health initiatives. In the Dallas Metropolitan area, the screening rate stands at 84.41%, slightly higher than both the Texas state average of 83.27% and the national average of 83.65%. This indicates a proactive approach toward cardiovascular health in Dallas, potentially leading to better health outcomes and lower healthcare costs in the community. It is imperative to continue and expand such health screening programs to maintain and improve public health standards.

Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts))

Colorectal cancer screening

Percentage of resident adults aged 50 - 75 years report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past five years and a FOBT within the past three years, or 3) a colonoscopy within the past 10 years.

Colorectal cancer screening, 2022



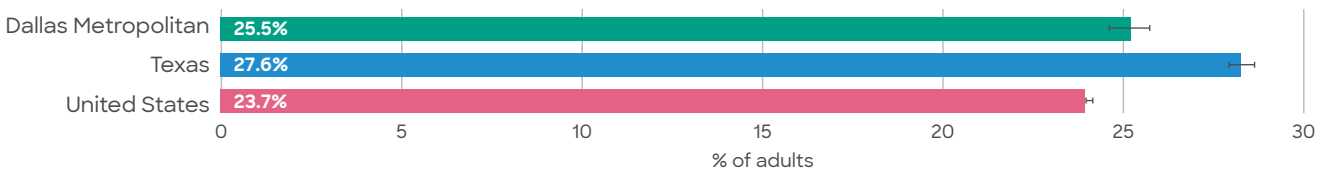
Colorectal cancer screening rates reveal a significant health trend across different regions. In the Dallas Metropolitan area, 55.4% of the population participates in screening, slightly above the Texas state average of 54.6%, yet still below the national average of 58.9%. This discrepancy underscores the need for targeted health initiatives to enhance screening rates, as increased participation is crucial for early detection and can significantly impact community health outcomes. By focusing on raising awareness and accessibility of colorectal cancer screening, we can potentially improve early diagnosis and treatment outcomes, ultimately fostering a healthier community environment.

Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

No exercise

Percentage of resident adults aged 18 and older who answered “no” to the following question: “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?”

No exercise, 2022

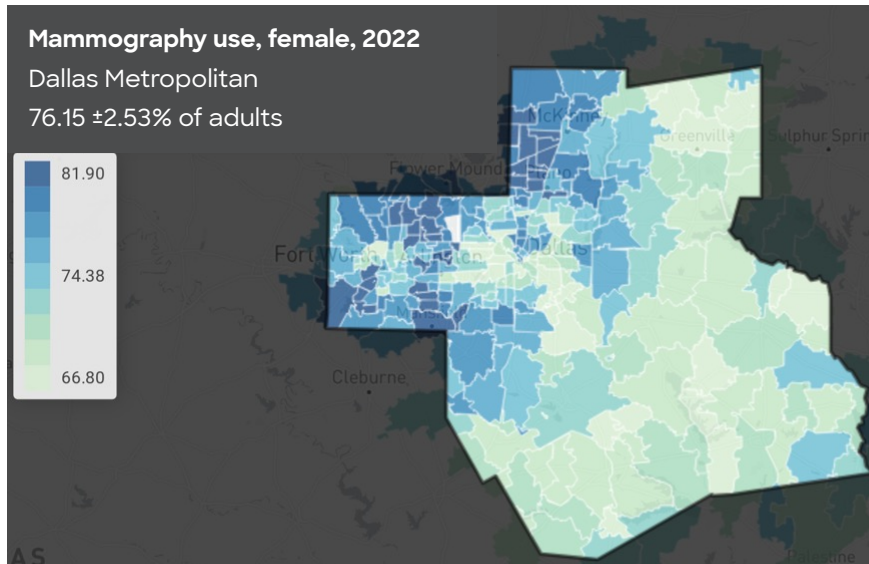


The prevalence of no exercise in the Dallas Metropolitan area is notably higher than the national average, suggesting a potential area for community health improvement. At 25.54%, Dallas exceeds the United States average of 23.68%, highlighting a significant challenge in promoting physical activity among its residents. This lack of exercise contributes to broader public health concerns, potentially increasing the incidence of preventable diseases and impacting overall community well-being. Addressing this issue through targeted health initiatives and public awareness campaigns could greatly benefit the local population, enhancing quality of life and reducing healthcare costs.

Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts)), Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data prior to 2019)

Mammography use

Percentage of resident female adults aged 50 - 74 years who report having had a mammogram within the previous two years.



Mammography use among women aged 50 - 74 in various ZIP codes across Texas presents a crucial aspect of public health focused on early detection of breast cancer. The data, derived from the Behavioral Risk Factor Surveillance System and PLACES, covers a range of urban and suburban areas, including Dallas, Arlington and several smaller towns. In locations like Grand Prairie and Plano, mammography rates are notably high, often exceeding 79%, highlighting a strong uptake of preventive health measures. These statistics not only reflect the health behaviors of these communities but also underscore the importance of accessible mammography services in reducing breast cancer's impact, thereby enhancing community health resilience and well-being.

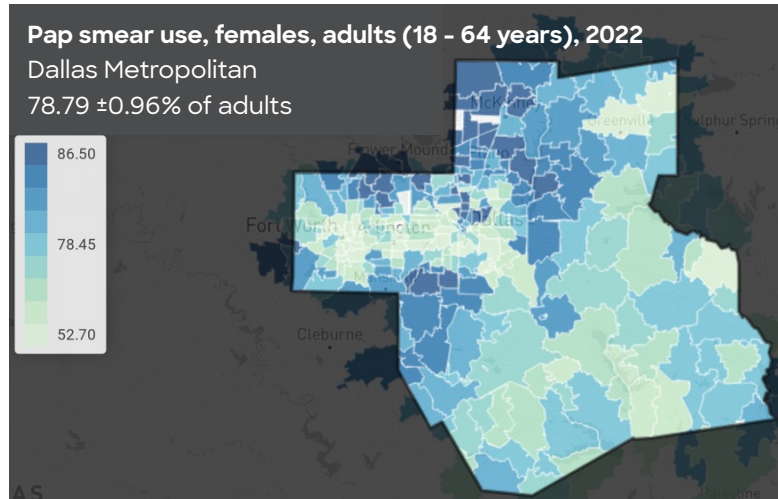
Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (ZIP codes, tracts))

Pap smear use

Percentage of resident female adults aged 21 - 65 years who report having had a Papanicolaou (Pap) smear within the previous three years for detection and prevention of cervical cancer.

Pap smear screenings are a critical preventive measure for cervical cancer, and recent data from various ZIP codes in Texas underscores the varying adherence rates among different communities. Specifically, areas like Flower Mound and Prosper show high compliance with recommendations,

boasting rates upward of 85%, while others such as Garland and parts of Dallas present lower adherence, dipping to around 73%. This disparity highlights the need for targeted health education and accessible screening programs across Texas to ensure that all women, regardless of their geographical location, receive the potentially lifesaving benefits of regular Pap smears. Such initiatives could significantly impact community health by improving early detection rates and reducing the incidence of cervical cancer.

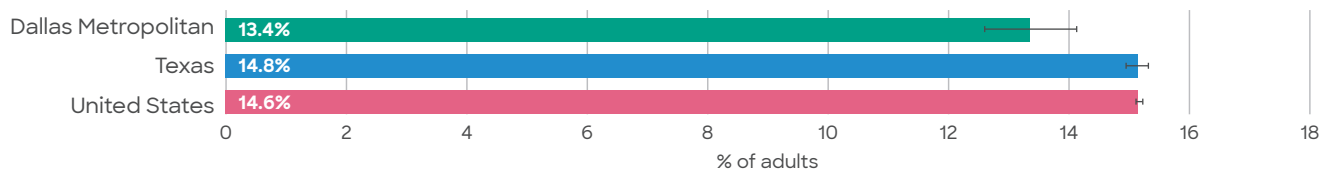


Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (ZIP codes, tracts))

Cigarette smoking rate

Percentage of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Age-standardized.

Cigarette smoking rate, 2022



The Dallas Metropolitan area showcases a lower cigarette smoking rate at 13.35% compared to both the Texas state average of 14.8% and the national average of 14.61%. This indicates a potentially healthier lifestyle or more effective anti-smoking campaigns within the city compared to broader regional and national contexts. The lower smoking rate in Dallas could have positive implications for public health, potentially leading to reduced healthcare costs and a lesser burden of smoking-related illnesses in the community. Addressing and sustaining this trend is crucial for enhancing the overall health of the population in Dallas and setting a benchmark for other regions.

Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts) for 2014 - present), Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014) (Data modeled from BRFSS for years 1996 - 2012), Behavioral Risk Factor Surveillance System (BRFSS) (2013 data)



Housing

Housing quality and affordability play a crucial role in shaping health outcomes, as they directly influence various aspects of well-being. High housing cost burdens, eviction rates, vacant (unused) housing or crowded housing translate directly into poorer socioeconomic and health outcomes, including housing instability and homelessness.

What we heard from the community

Housing is a fundamental aspect of community health, impacting access to medical care, food security and overall well-being. The excerpts reveal significant disparities in housing and associated services across different regions and communities. Issues such as food deserts, inadequate medical facilities and the challenges faced by the unhoused population highlight the urgent need for comprehensive housing solutions. These housing challenges are exacerbated by the high cost of living and the lack of affordable housing options, particularly affecting vulnerable populations such as seniors and the underinsured. The establishment of initiatives like street medicine programs and partnerships with housing organizations are steps toward addressing these disparities, but much remains to be done to ensure equitable access to housing and healthcare services.

The community voices concern over the lack of adequate housing and its direct impact on health. Initiatives like mobile health units and partnerships with food banks are highlighted as positive steps, yet the need for more localized resources is evident. The excerpts stress the importance of housing stability for mental health and overall safety, pointing out the high rates of homelessness, particularly among seniors, and the challenges faced by families living in overcrowded or substandard conditions. The lack of transport and the high costs associated with secure housing further complicate access to necessary care and resources.

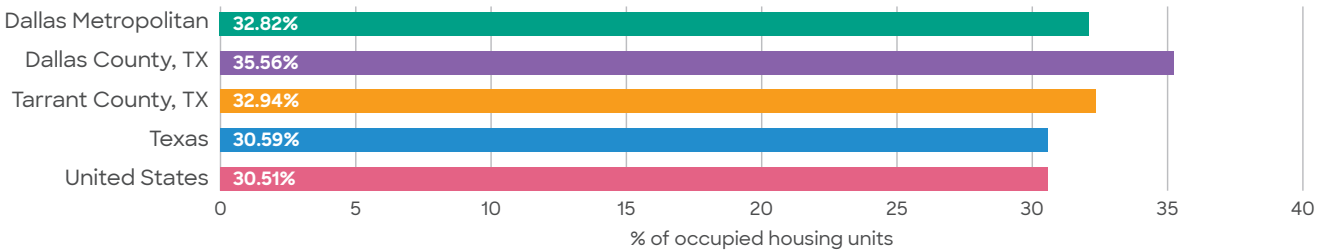
Specific quotes from the community, such as “Many of those patients would not feel suicidal if they just had a place to live,” and “The cost of living in general here has just gone up ridiculously. So housing is very, very expensive,” underline the critical link between stable housing and mental health. Another community member notes, “If the air conditioner goes out, then they are stuck in the hot house for the summer,” highlighting the physical risks associated with inadequate housing. These direct insights emphasize the need for targeted interventions to improve housing conditions and accessibility, particularly for the most vulnerable groups within the community.

Topic	Dallas Metropolitan	Texas	United States
Crowded housing <i>% of occupied housing units, 2022</i>	5.04 ±0.32	5.05 ±0.15	3.45 ±0.03
Eviction rate <i>% of renter-occupied households, 2018</i>	2.10	2.62	2.12
Housing cost burden <i>% of occupied housing units, 2022</i>	34.91 ±0.75	32.76 ±0.34	31.48 ±0.06
Owner occupied <i>% of occupied housing units</i>	58.42 ±0.48	62.47 ±0.25	65.18 ±0.18
Severe housing cost burden <i>% of occupied housing units</i>	15.37 ±0.49	14.92 ±0.22	14.96 ±0.05

Housing cost burden

Households spending more than 30% of their income on housing are considered housing cost burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay but do not include insurance or building fees.

Housing cost burden, 2018 - 2022



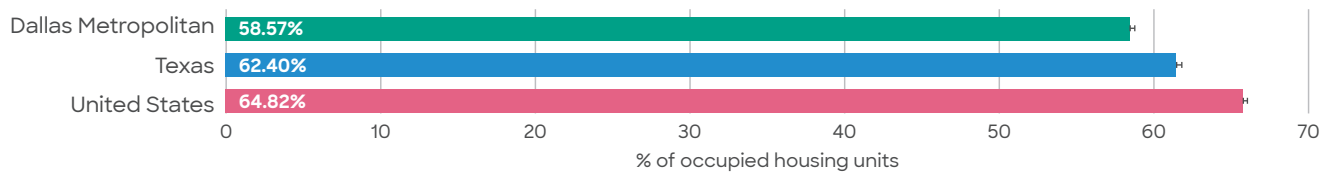
In the Dallas Metropolitan area, 32.82% of residents endure a housing cost burden, which is notably higher than both the state of Texas and the national average, at 30.59% and 30.51%, respectively. This elevated burden can significantly impact community well-being, leading to financial stress and reduced disposable income for other essential needs. Addressing this issue is crucial for enhancing the quality of life and ensuring economic stability for residents in the region.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/B25091)

Owner occupied

Homeownership rates reveal significant insights into the economic stability and investment preferences within different regions. The Dallas Metropolitan area has a lower rate of owner-occupied properties at 58.57% compared to Texas overall at 62.40% and the United States at 64.82%. This suggests that Dallas may face unique challenges or opportunities in housing markets, potentially affecting community engagement and economic growth. Addressing the underlying factors contributing to these variations could enhance local development strategies and foster a more robust sense of community ownership.

Owner occupied, 2018 - 2022



Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B25003)



Maternal and child health

Focuses on the well-being of mothers, infants, children and adolescents, addressing factors such as prenatal care, maternal health outcomes, child development, immunization rates and access to pediatric healthcare services.

What we heard from the community

Maternal and child health is a critical area of focus that aims to improve the health and well-being of mothers and children, particularly in underserved communities. The quotes provided highlight several initiatives and challenges related to providing adequate healthcare in these areas. These include the deployment of mobile health units in rural counties, addressing chronic conditions such as diabetes and hypertension, and improving women’s health through regular screenings like Pap smears. The emphasis is on preventive care and the integration of comprehensive services to tackle issues from multiple angles, including nutrition, physical fitness and mental health.

The community members discuss various needs, such as the necessity for more accessible healthcare services directly in the communities where people live and for these services to be affordable or free. They emphasize the importance of preventive measures and education to manage health issues before they require more costly interventions. The descriptions provided illustrate a community severely impacted by structural deficiencies, such as being in a food desert, which complicates access to healthy food options and overall wellness.

Quotes like “Providing mental health services to these underrepresented areas are key” and “Ensuring that there is secure or services that provide security in these communities is key” underline the urgent need for comprehensive healthcare services tailored to the unique challenges of these populations. These insights stress the importance of strategic planning and resource allocation to improve maternal and child health outcomes effectively. By integrating community health workers and emphasizing research that includes underrepresented groups, the initiatives aim to foster a healthier, more equitable community environment.

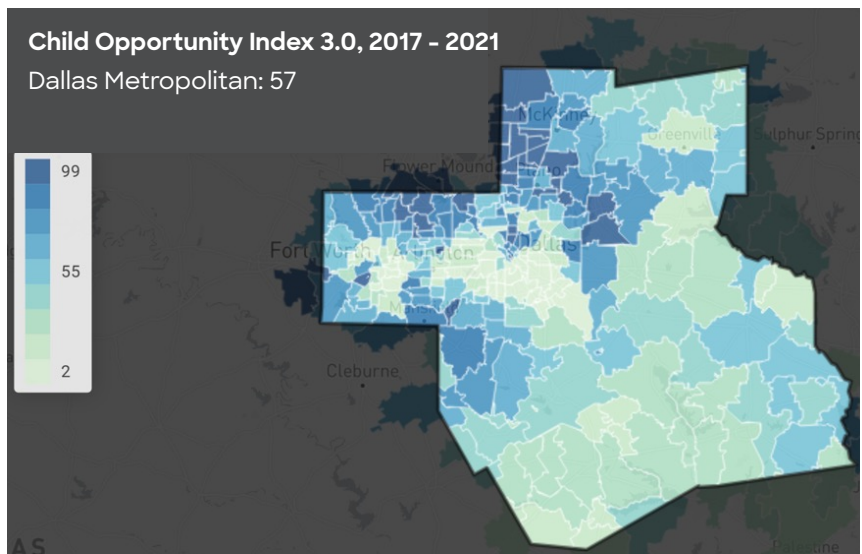
Topic	Dallas Metropolitan	Texas	United States
Births to women without partners present <i>% of births, female, 2022</i>	24.90 ±3.59	26.55 ±1.76	23.63 ±0.40
Child Opportunity Index 3.0 <i>2017 - 2021</i>	57	53	52
Child care center ratio <i>children / care center enrollment, 2023</i>	10	10	11
Grandparents responsible for grandchildren <i>% of residents age 30+, 2022</i>	1.23 ±0.48	1.32 ±0.07	0.99 ±0.01
Mortality among young adults <i>%, 2010 - 2015</i>	0.8 ±0.0	0.8 ±0.00	0.8 ±0.0

Child Opportunity Index 3.0

A composite index that captures neighborhood resources and conditions that matter for children’s healthy development scored as Very Low (1 - 19), Low (20 - 39), Moderate (40 - 59), High (60 - 79) and Very High (80 - 100).

The Child Opportunity Index 3.0 provides a crucial measure of the resources and conditions available in neighborhoods throughout Texas that significantly impact children’s healthy development. Focused predominantly on

various towns within Texas, such as Dallas, Arlington and Plano, these scores range from very low to very high, revealing substantial disparities in the opportunities available to children across different ZIP codes. For instance, while Dallas exhibits a varied range of scores, with neighborhoods like 75205 scoring as high as 98.82, suggesting abundant opportunities for child development, other areas like 75217 score as low as 11.33, indicating severe deficiencies. The disparities in these scores reflect the uneven distribution of resources and conditions that influence educational, health and economic outcomes for the community’s youth. Addressing these disparities is essential for fostering equitable growth and ensuring all children have the opportunity to reach their full potential.

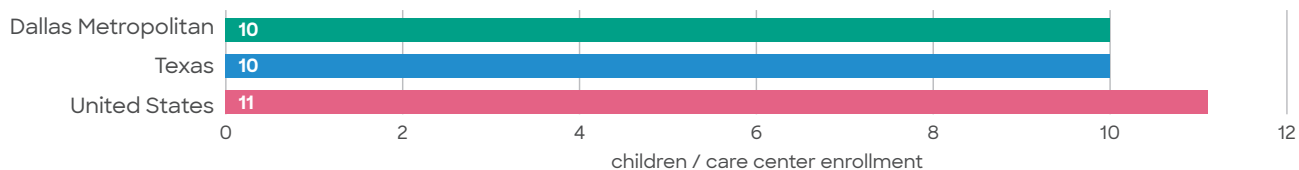


Data sources: DiversityDataKids.org; Child Opportunity Index 3.0

Child care center ratio

Number of children over child care center enrollment. A value of 10 means that an area has 10 children for every one spot in local child care centers.

Child care center ratio, 2023



Child care center ratios are a critical indicator of the quality and accessibility of early childhood education. In the Dallas Metropolitan area, the ratio stands at approximately 10 children per caregiver, slightly better than the Texas state average of 10.2 and notably lower than the national average of 10.9. This suggests that Dallas is somewhat ahead in providing more individualized attention and care in child care settings compared to broader state and national figures. The impact of these ratios on the community is significant; lower ratios often correlate with higher quality child care, potentially leading to better developmental outcomes for children and greater satisfaction and peace of mind for parents. As such, Dallas' performance in this area could serve as a model for other regions aiming to enhance early childhood educational environments.

Data sources: Department of Homeland Security (DHS): HIFLD Open Data (Child care center dataset)



Socioeconomic factors

Education and graduation rates, income, employment, safety, and other socioeconomic indicators have a strong impact on a community's overall health and well-being.

What we heard from the community

Socioeconomic factors critically influence healthcare access and outcomes, underscoring disparities that exist primarily due to income levels, insurance coverage and geographical location. The excerpts highlight how uninsured or underinsured populations face significant barriers to accessing healthcare services, including basic needs such as medication and follow-up care. Areas described as “infrastructure deserts” lack essential services like grocery stores and pharmacies, exacerbating the challenges faced by these communities. The intersection of poverty with healthcare access is a significant concern, as it affects a broad spectrum of the population, including the unhoused, those with chronic diseases and various age groups from children to the elderly.

Community members voice concerns about the complexities of navigating the healthcare system, particularly for those who are uninsured or underinsured. They stress the importance of addressing social determinants of health proactively to prevent the onset of chronic conditions. Several solutions are proposed, such as integrating more community health workers and navigators, increasing funding for healthcare services, and enhancing partnerships with local organizations to address these socioeconomic barriers effectively.

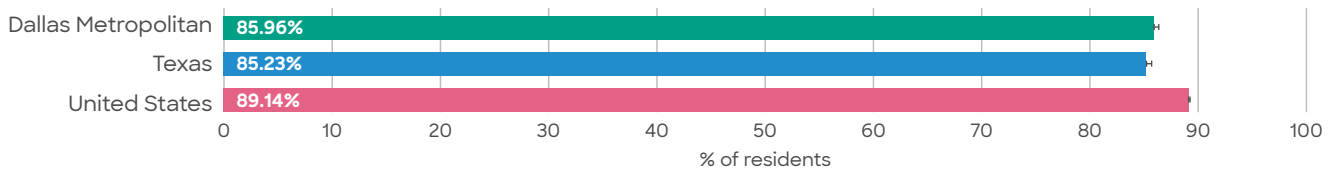
Specific quotes such as “The partnership we have is through our health system with the Baylor Scott & White community care clinics is a huge resource for us” and “If we had navigators from the ED to our clinic that would decrease overutilization of the ED,” illustrate the community's reliance on existing healthcare structures and the potential benefits of expanding these services. Another community member noted, “It's the intersectionality of poverty that impacts so many of our patients,” highlighting the compounded challenges faced by individuals at various socioeconomic intersections. These insights underscore the urgent need for comprehensive, integrated approaches to healthcare that consider the socioeconomic backgrounds of individuals to improve overall community health outcomes.

Topic	Dallas Metropolitan	Texas	United States
Any higher education rate <i>% of residents, 2022</i>	64.55 ±0.69	61.96 ±0.33	63.55 ±0.10
Below 200% of poverty level <i>% of residents, 2022</i>	27.38 ±0.83	31.86 ±0.41	28.36 ±0.11
College graduation rate <i>% of residents, 2022</i>	38.10 ±0.50	33.94 ±0.25	35.66 ±0.08
Hardship Index <i>score</i>	48.8	54.5	50.0
High school graduation rate <i>% of residents</i>	86.65 ±0.81	86.11 ±0.40	89.63 ±0.12

High school graduation rate

Residents 25 or older with at least a high school degree: including GED and any higher education.

High school graduation rate, 2018 - 2022



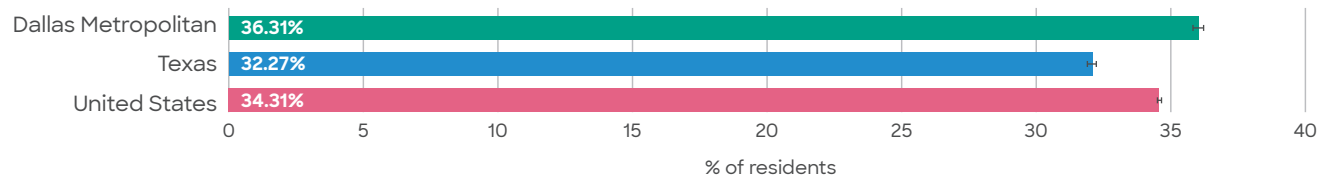
The high school graduation rates across Dallas Metropolitan, Texas and the United States reveal nuanced differences that might impact local communities. In Dallas, the graduation rate is approximately 86%, slightly higher than the Texas average of 85.2% but below the national average of 89.1%. This discrepancy highlights potential areas for educational improvement and community support in Dallas and across Texas to reach or surpass the national standard. Ensuring that graduation rates improve involves strategic investments in education and community programs that can provide comprehensive support to students, ultimately fostering a better-prepared citizenry and workforce.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

College graduation rate

Residents 25 or older with a four-year college (bachelor's) degree or higher.

College graduation rate, 2018 - 2022



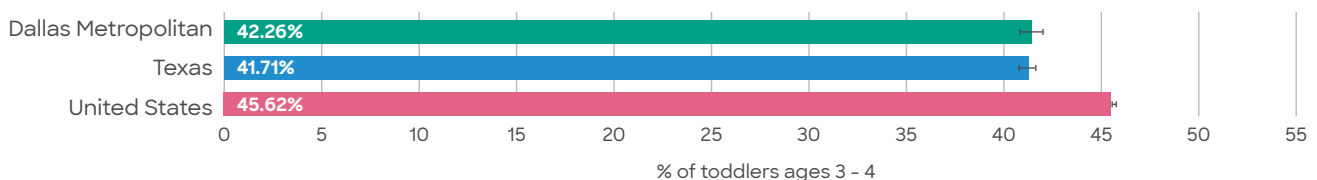
College graduation rates reveal significant insights into educational achievement and its impact on local communities. In Dallas Metropolitan, the college graduation rate stands at approximately 36%, slightly above both the state of Texas at 32% and the national average of 34%. These figures underscore the need for enhanced educational strategies and support systems that can boost graduation rates and, consequently, improve economic prospects and quality of life across communities. Addressing this issue effectively requires a concerted effort from educational institutions, policymakers and community stakeholders to invest in student support services and access to higher education.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

Preschool enrollment

Percentage of 3- and 4-year-olds enrolled in school.

Preschool enrollment (3 - 4 years), 2018 - 2022



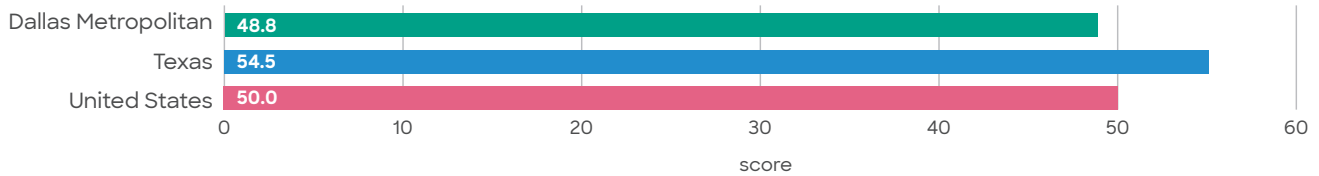
Preschool enrollment rates reveal noteworthy trends across different regions, impacting early childhood education and community development. In the Dallas Metropolitan area, the enrollment rate stands at approximately 42%, slightly lower than the national average of around 46% but closely aligned with Texas at about 42%. This indicates a potential area for targeted policy interventions and community support to enhance access and participation in early education, which is crucial for children's developmental success and alleviating long-term educational disparities within the community. It's imperative to address these variances to foster equitable educational opportunities for all young learners.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B14003)

Hardship Index

The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes. See technical notes for details.

Hardship Index, 2018 - 2022



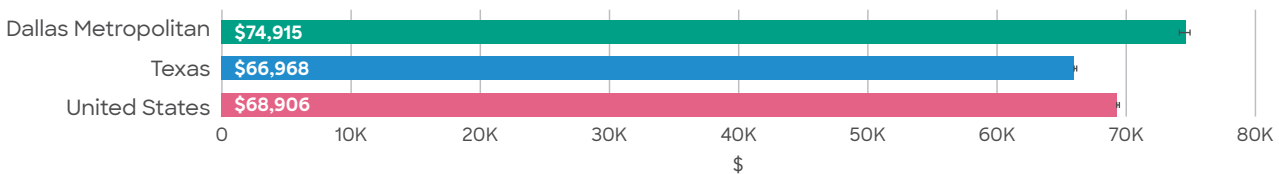
The Dallas Metropolitan area, with a Hardship Index of 48.77, showcases a slightly better situation compared to the broader Texas state average of 54.47 and also fares better than the national average of 50. This suggests that, despite challenges, Dallas might be managing socioeconomic issues more efficiently than many other regions. The Hardship Index reflects critical socioeconomic conditions; a lower index in Dallas indicates potentially lesser unemployment, poverty and dependency, which correlates with a possibly stronger community resilience and quality of life. It is crucial to continue monitoring these indices to guide policies aimed at reducing hardship and improving living conditions across different areas.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Calculated by Metopio)

Median household income

Income in the past 12 months.

Median household income, 2018 - 2022



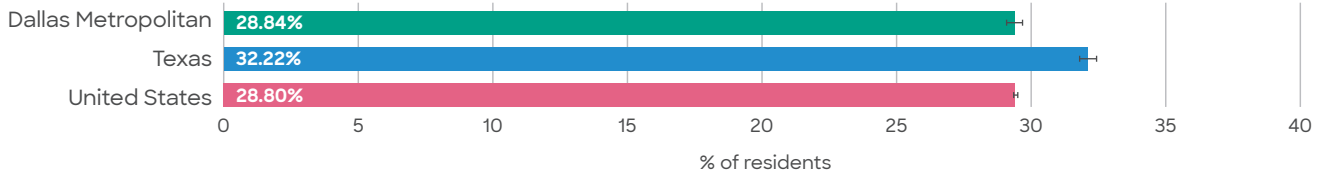
The Dallas Metropolitan area boasts a median household income that surpasses both the Texas state average and the United States national average, with a figure of \$74,915. This economic advantage can significantly influence the community’s access to resources and opportunities, compared to the broader state and national contexts. With a higher median income, the community in Dallas Metropolitan is likely better equipped to support educational, healthcare and developmental initiatives, thereby fostering a higher standard of living and potentially lower rates of poverty and unemployment. This economic disparity highlights the need for targeted economic policies and community investment to ensure equitable growth and resource distribution across different regions.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Below 200% of poverty level

Individuals in families that are below 200% of the federal poverty level, past 12 months income.

Below 200% of poverty level, 2018 - 2022



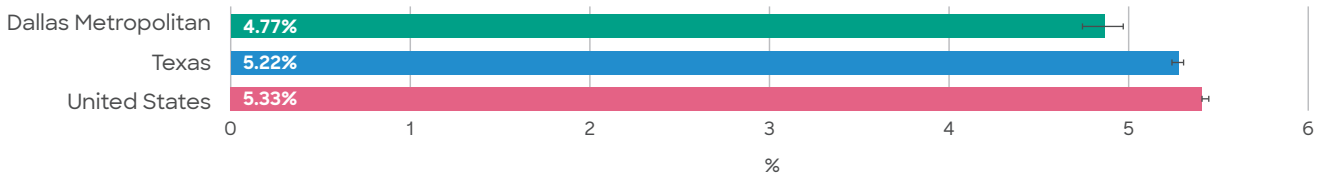
The prevalence of individuals living below 200% of the poverty level illustrates significant socioeconomic challenges across different regions. In the Dallas Metropolitan area, approximately 28.8% of the population falls into this category, closely mirroring the national average of the United States, which stands at 28.8%. However, Texas reports a slightly higher figure at 32.2%, indicating a more pronounced impact of poverty within the state. This disparity highlights the necessity for targeted interventions and policies aimed at reducing economic hardship and improving the quality of life for affected communities. Addressing these issues is crucial for fostering sustainable community development and enhancing overall societal well-being.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table C17002)

Unemployment rate

Percentage of residents 16 and older in the civilian labor force who are actively seeking employment.

Unemployment rate, 2018 - 2022



The unemployment rate in the Dallas Metropolitan area is notably lower at 4.77% compared to the broader state of Texas and the United States, which stand at 5.22% and 5.33%, respectively. This discrepancy suggests that Dallas may be benefiting from more robust local economic conditions or effective job-creating policies that are not as prevalent at the state or national level. The lower unemployment rate in Dallas implies a potentially stronger economic environment, which can lead to greater community stability and individual economic security, enhancing overall quality of life and reducing societal stress related to job scarcity.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Tables B23025, B23001 and C23002)

2022 – 2025 evaluation of impact

2022 CHNA health priorities: obesity/physical inactivity, diabetes, access to primary care, gaps in behavioral health/substance abuse services, access to mental healthcare, transportation

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> • Obesity/physical inactivity • Diabetes • Access to primary care • Gaps in behavioral health/substance abuse services • Access to mental healthcare • Transportation 	<ul style="list-style-type: none"> • Provide financial and in-kind donations to non-profit organizations addressing health and wellness, primary care, chronic disease, mental health and access to care in the community. 	<ul style="list-style-type: none"> • Improved overall health outcomes and increased access to care, particularly for vulnerable and underserved population. • Baylor University Medical Center: Provided \$3.4 million in in-kind and financial donations.
<ul style="list-style-type: none"> • Diabetes • Access to primary care • Gaps in behavioral health/substance abuse services • Access to mental healthcare • Transportation 	<ul style="list-style-type: none"> • Provide free and/or discounted care, including community referrals to financially or medically indigent patients as outlined in the financial assistance policy. 	<ul style="list-style-type: none"> • Improved access to care and community resources. • Baylor University Medical Center: Provided over \$118 million in charity care to low-income and/or uninsured patients.
<ul style="list-style-type: none"> • Access to primary care 	<ul style="list-style-type: none"> • Provide opportunities for health professionals to further their education and training to provide quality healthcare services. This includes clinical education and supervision for clinical rotations for medical students, nursing students and other healthcare professions. 	<ul style="list-style-type: none"> • Increased access to quality healthcare. • Baylor University Medical Center: Provided over \$73 million in health professional education.

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> • Obesity/physical inactivity • Diabetes • Access to primary care • Gaps in behavioral health/substance abuse services • Access to mental healthcare • Transportation 	<ul style="list-style-type: none"> • Community health improvement services and education. • Provide free community education sessions on nutrition. • Primary care services and overall health and wellness through community health fairs, programs and health events. 	<ul style="list-style-type: none"> • Improved health outcomes and increased access to points of primary and mental healthcare. • Baylor University Medical Center: Provided over \$5.6 million in community health improvement services.
<ul style="list-style-type: none"> • Obesity/physical inactivity • Diabetes • Access to primary care • Transportation 	<ul style="list-style-type: none"> • Implement a myriad of community health/outreach programs through Baylor Scott & White Health and Wellness Center. Programs and services include the Diabetes Prevention Program, nutrition education, community farmer’s market, Walk with a Doc, and community health fairs and screenings. 	<ul style="list-style-type: none"> • Improved health outcomes, particularly in vulnerable populations.

Existing resources

Existing resources within the CHNA community include the partners and organizations listed below:

- Abide Women’s Health Services
- African Christian Outreach
- Agape Clinic/Agape Dental
- AIDS Walk South Dallas, Inc.
- American Heart Association, Dallas
- American Lung Association in Texas
- American Red Cross
- ARK HOUSE
- Avance Dallas
- Austin Street Center
- Bertrand Neighborhood Association
- Black Citizens for Justice Law & Order
- Bonton Farms
- Bridge Breast Network
- Bridge Steps
- Brighter Tomorrows (women’s shelter)
- Brother Bills Helping Hands
- Buckner International
- Cancer Support Community North Texas (support groups)
- Carrollton-Farmers Branch Education Foundation
- Carter’s House
- Catholic Charities of Dallas
- Christian Community Action
- City of Dallas Office of Equity and Inclusion
- CitySquare
- Clayton Dabney for Kids with Cancer
- Community Council of Greater Dallas/2-1-1 Texas Dallas Region
- Cornerstone Baptist Church
- Council for Life
- Crohn’s & Colitis Foundation, North Texas/Oklahoma
- Crossroad Community Services
- Dallas 24 Hour Club
- Dallas Area Interfaith
- Dallas Area Rape Crisis Center
- Dallas County Health and Human Services
- Dallas County Medical Society Alliance Foundation
- Dallas Foundation
- Dallas Hearing Foundation
- Dallas Historical Society
- Dallas Metro Chamber of Commerce
- Dallas Regional Chamber
- DART (Dallas Area Rapid Transit)
- Dickinson Place
- Empowering the Masses
- Faith in Texas
- Family Compass
- Family Gateway
- Family Promise of Irving
- First Refuge Ministries
- For Oak Cliff
- Frazier Revitalization, Inc.
- Genesis Women’s Shelter & Support
- Golden SEEDS CDC
- Goodwill Industries of Dallas
- Harmony CDC
- Helps International
- HousingForward
- Interfaith Family Services
- IPS Recovery

- Jewish Family Service of Greater Dallas
- Jubilee Park
- KidneyTexas, Inc
- Legal Aid of Northwest Texas
- Literacy Achieves
- Los Barrios Unidos Community Clinic
- Meadows Mental Health Policy Institute
- Meals on Wheels/VNA
- Mental Health America of Greater Dallas
- Metrocare Services
- Metro Dallas Homeless Coalition
- Momentous Institute
- NAMI North Texas
- National Kidney Foundation - Dallas Office
- National Ovarian Cancer Coalition
- Network of Community Ministries
- Nexus Recovery Center
- North Texas Behavioral Health Authority
- North Texas Food Bank
- Office of The County Judge - Dallas County
- Our Calling
- Park South Family YMCA (South Dallas)
- Parkland Foundation
- Partnership with Native Americans
- Prism Health Services
- Rae's Hope Inc
- Refuge for Women North Texas
- Revitalize South Dallas Coalition
- Salvation Army
- Sante Center for Healing
- Sharing Life Community Outreach Inc
- SMU
- Society of St. Vincent de Paul of North Texas
- South Dallas Fair Park Faith Coalition
- Southern Dallas Coalition
- Southern Dallas Thrives (United Way)
- St. John's Episcopal School
- St. Luke United Methodist Church
- St. Philip's School and Community Center
- Stewpot
- Susan G. Komen® Dallas County
- T.R. Hoover CDC
- Texas 2036
- Texas A&M School of Dentistry
- Texas Native Health
- The Concilio
- The Dallas Institute of Humanities and Culture
- The Family Place
- The Leukemia & Lymphoma Society
- The Senior Source
- The University of Texas at Dallas
- The University of Texas at Dallas Callier Center for Communication Disorders
- True Lee Baptist Church
- UNT Dallas
- UNT Student Health Services
- United Surgical Partners International
- United Way Metropolitan Dallas
- UnitedHealthcare Texas Dental
- University of Dallas
- Urban Inter-Tribal Center of Texas
- VNA of Texas
- Vogel Alcove
- Wilkinson Center
- Workforce Solutions - Greater Dallas
- Woven Health Clinic
- YMCA of Metropolitan Dallas
- Veterans Center of North Texas

Identification of significant health needs and prioritization

Following data collection, the next step in the Community Health Needs Assessment process is to identify significant health needs. Identification of significant health needs allows the health system to narrow down the issues to a manageable number so it can target resources, use existing efforts and develop achievable goals and strategies to address community needs. This process ensures that the Implementation Plan addresses the most critical needs of the community.

Baylor Scott & White Health met with internal leaders and community partners in order to identify significant health needs and prioritize those needs. The following criteria were noted when voting:

- Ability to impact and effectiveness of interventions
- Impact to community health and size of health problem
- Seriousness of health problem
- Disparities and inequities
- Hospital resources to address the health issue/need

The voting results are shown below:

Health issue	Voting
Socioeconomic factors	6%
Maternal and child health	6%
Health behaviors	19%
Behavioral health	13%
Built environment	6%
Housing	6%
Access to care	25%
Chronic disease	13%
Food access	0%

As a result, the Baylor Scott & White Dallas Metro Region will prioritize the following significant health needs for 2025 - 2028:

1. Health behaviors

2. Access to care

Health needs assessed but not identified as significant

- **Chronic disease:** Chronic disease was not selected as a priority; the hospital is committed to decreasing the rate of chronic disease through continuing to address access to care along with health and nutrition. As a healthcare system, Baylor Scott & White Health has several tools and implements clinical programs and initiatives that aim to prevent and successfully manage chronic diseases, including the MyBSWHealth app, which provides healthcare resources, nutrition education and access to care for anyone who has visited a BSWH facility.
- **Maternal and child health:** Maternal and child health was not selected as a priority due to the many services and programs offered by the hospital and partner organizations. In addition, the hospital provides financial support to several community organizations that support and address the needs of mothers and their children.
- **Socioeconomic factors:** While the hospital recognized the importance and impact socioeconomic factors have on an individual and community's health, there was also consensus around the needs being adequately addressed by partner community organizations. In addition, the hospital provides funding to local community organizations and non-profits that address various socioeconomic factors in the community.

Next steps/Implementation Plans

Using both qualitative community feedback as well as publicly available and proprietary health indicators, BSWH was able to identify and prioritize community health needs for its healthcare system. Implementation Plans with specific tactics and time frames will be developed for the prioritized health needs. BSWH Implementation Plan strategies will include community partners and outcomes and will be tracked and measured to ensure BSWH is effectively addressing the prioritized health needs.

Approval and contact information

The CHNA report was adopted by the Governing Body on May 27, 2025.

Questions or comments regarding the CHNA can be sent via email to CommunityHealth@BSWHealth.org

Data sources

The following is a list of datasets used during the analysis of secondary data. All datasets were accessed via the Metopio platform. A URL for each dataset is available upon request.

Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index

The Environmental Justice Index uses data from the U.S. Census Bureau, the U.S. Environmental Protection Agency, the U.S. Mine Safety and Health Administration, and the U.S. Centers for Disease Control and Prevention to rank the cumulative impacts of environmental injustice on health for every census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. The EJI ranks each tract on 36 environmental, social and health factors and groups them into three overarching modules and 10 different domains.

U.S. Census Bureau: American Community Survey (ACS)

The American Community Survey (ACS) is an ongoing survey of U.S. households and residents that provides a wide variety of information. It replaces the long-form Census questionnaire and is administered to 1 in 38 U.S. households each year. Responses from multiple years can be aggregated to provide information about very small geographies.

Health Resources & Services Administration: Area Health Resources Files

This dataset provides current as well as historic data for more than 6,000 variables for each of the nation's counties, as well as state and national data. It contains information on health facilities, health professions, measures of resource scarcity, health status, economic activity, health training programs, and socioeconomic and environmental characteristics.

Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.

DiversityDataKids.org: Child Opportunity Index 3.0

The COI is a composite index of children's neighborhood opportunity that contains data for every neighborhood (census tract) in the United States from every year for 2012 through 2021.

Diabetes Atlas

The CDC's Diabetes Atlas contains data about diabetes, obesity and physical activity. This data is modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS).

Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014)

Cigarette smoking prevalence in US counties: 1996-2012. Population Health Metrics, 2014, Volume 12, Number 1, Page 1

Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening

The Environmental Protection Agency's EJScreen tool provides data on measures of environmental justice.

The Eviction Lab at Princeton University: Estimating Eviction Prevalence across the United States

Gromis, Ashley, Ian Fellows, James R. Hendrickson, Lavar Edmonds, Lillian Leung, Adam Porton, and Matthew Desmond. Estimating Eviction Prevalence across the United States. Princeton University Eviction Lab. <https://data-downloads.evictionlab.org/#estimating-eviction-prevalance-across-us/>. Deposited May 13, 2022.

US Department of Agriculture (USDA) - Economic Research Service: Food Access Research Atlas

Presents an overview of food access indicators for low-income and other census tracts using different measures of supermarket accessibility

Department of Homeland Security (DHS): HIFLD Open Data

This site provides national foundation-level geospatial data within the open public domain that can be useful to support community preparedness, resiliency, research and more.

Feeding America: Map the Meal Gap

Map the Meal Gap generates two types of community-level data: Local food insecurity estimates among all individuals and children by income category and local food expenditure estimates among people who are food insecure and food secure, Gundersen, C., A. Dewey, E. Engelhard, M. Strayer & L. Lapinski. Map the Meal Gap 2020: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2018. Feeding America, 2020.

Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB)

Metopio

Created by Metopio staff.

Centers for Disease Control and Prevention (CDC): National Center for Health Statistics, U.S. Small-area Life Expectancy Estimates Project (USALEEP)

The U.S. Small-area Life Expectancy Estimates Project (USALEEP) is a partnership of NCHS, the Robert Wood Johnson Foundation (RWJF), and the National Association for Public Health Statistics and Information Systems (NAPHSIS) to produce a new measure of health for where you live. The USALEEP project produced estimates of life expectancy at birth—the average number of years a person can expect to live—for most of the census tracts in the United States for the period 2010 - 2015.

Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

A National Provider Identifier is a unique 10-digit identification number issued to healthcare providers in the United States by the Centers for Medicare and Medicaid Services (CMS). The NPI is the required identifier for Medicare services and is also used by other payers, including commercial healthcare insurers. The NPI Registry provides information about all physicians in the country and their specialties.

Centers for Disease Control and Prevention (CDC): PLACES

The PLACES Project is a collaboration between CDC, the Robert Wood Johnson Foundation (RWJF) and the CDC Foundation (CDCF). PLACES will allow counties, places and local health departments regardless of population size and urban-rural status to better understand the burden and geographic distribution of health-related outcomes in their jurisdictions and assist them in planning public health interventions. PLACES is an extension of the original 500 Cities Project that provided city and census tract estimates for chronic disease risk factors, health outcomes and clinical preventive services use for the 500 largest U.S. cities. The PLACES Project provides model-based population-level analysis and community estimates to all counties, cities, census tracts and ZIP codes across the United States.

Razzaghi, Wang, et al. (MMWR Morb Mortal Wkly Rep 2020)

Razzaghi H, Wang Y, Lu H, et al. Estimated County-Level Prevalence of Selected Underlying Medical Conditions Associated with Increased Risk for Severe COVID-19 Illness – United States, 2018. MMWR Morb Mortal Wkly Rep 2020;69:945-950.

Appendix

Key Informant Interview Guide

FACILITATION PROTOCOLS

1. Establishing ground rules

- Establish purpose of the interview
 - Baylor Scott & White Health is conducting a Community Health Needs Assessment, and your input is an important part of the work.
 - Baylor Scott & White has contracted with Metopio to help facilitate the process. We are collecting surveys and conducting focus groups. Now we are interviewing key informants like yourself.
 - You were selected to participate in this interview because of the valuable insight you can provide.
 - We would like to understand how we can partner to improve the health of the community.
- Establish confidentiality of the conversation
 - I will be taking notes about what is discussed, but your name and identifying information will not be used.
- Give participants an estimated timeline of when results will be shared.
 - We expect to make the report available in 2025.
- Ask if it's ok to record, and begin recording

2. Introductions

- During our time together, I'm interested in learning about your work and the needs of the people you serve.
- What is your:
 - Name?
 - Work you do for that organization and/or the community?

3. Community strengths

- What programs or partnerships have worked well in your community to improve health and well-being?
 - Answers can be BSW or external (if asked for clarification)

4. Health questions

- What do you think are the biggest health-related challenges individuals in your community face?
 - Follow up on specifics—diabetes, heart disease, asthma/COPD, cancer, sickle cell, substance abuse, mental health
 - With chronic disease answers, probe on what are the specific challenges (i.e., managing diabetes, accessing medicine, getting screened, etc.); for cancer, ask about specifics
 - For substance abuse, follow up on types—alcohol, marijuana, opioids, other?
 - How do stigma, bias and racism contribute to these issues?
 - If access: hospital, primary, specialty care? Transportation, affordability, wait times?

(Potential) follow up questions based on health issue selected

- What populations/neighborhoods are most impacted by _____?
- What resources would your organization need to address _____?
- Who should we be partnering with to address _____?
- What is BSW's role in addressing this issue (funding, partnering, leading)?

5. Built environment and social factors

- Are you seeing challenges related to Social Determinants of Health? (You may not need to ask this if they've already mentioned these topics as health issues.)
 - Examples include food access, affordable housing, child care, crime, access to care, etc.

(Potential) follow up questions based on community issue

- What populations/neighborhoods are most impacted by _____?
- What resources would your organization need to address _____?
- Who should we be partnering with to address _____?
- What is BSW's role in addressing this issue (funding, partnering, leading)?

6. Action planning

- Anything else you would like to see BSW do in the future to improve community health?

7. Next steps

- Explain how the notes will be synthesized and shared—we will be conducting these interviews throughout September and October and then sharing key findings with hospitals and community partners for collaborative prioritization and action planning.
- Thank them for their participation.
- Feel free to share my contact information if they have any questions about the process

Welcome to the Baylor Scott & White Health Community Health Assessment Survey.

This survey will only take about 15 minutes. We will ask you questions about the health needs of you and your community. The information we get from the survey will help us:

- Identify health problems that affect the people in your community
- Better understand the needs of your community
- Work together to find solutions to address those needs

The survey is voluntary, and you do not have to take part. You can also skip any questions you do not want to answer or stop the survey at any time.

The answers you give are very important to us. Your answers will be private. We will not collect your personal information, and we will not share how you answered the survey with anyone.

We thank you for your help.

1. What is your age? _____
2. What is your home ZIP code? _____
3. On a scale from 1 - 10, with 1 being not healthy and 10 being very healthy, how would you rate your overall health? _____
4. Do you have a doctor or clinic where you go for regular care?
 Yes
 No
5. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?
 Within the past year
 One or more years ago
 Never
6. Do you have any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicaid, Medicare or Indian Health Services?
 Yes
 No
7. What is the *main* source of your healthcare coverage?
 A plan purchased through an employer or union (including through another person's employer)
 A plan that you or another family member buys on your own
 Medicare
 Medicaid or other state program
 TRICARE (formerly CHAMPUS), VA or Military
 Alaska Native, Indian Health Service, Tribal Health Services
 Some other source

8. In the past 12 months, have you missed or postponed one or more medical or therapy (i.e., behavioral health counseling) appointments?
- Yes
 - No
9. What are the reasons you missed or postponed appointments in the past 12 months? Select all that apply.
- Cost of care
 - Lack of time
 - Lack of transportation
 - Conflict with work schedule/can't get time off work
 - Clinic or urgent care was not open when I needed care
 - Lack of insurance
 - Fear of pain
 - Fear of bad results
 - Fear of side effects
 - I do not know when the clinic is open
 - I do not know where I can get care
 - Can't find a provider who understands my language or culture
 - I lost my health insurance coverage
 - Other—write in: _____

Chronic diseases

10. The next question asks whether a doctor, nurse or other health professional ever told you that you had any of the following health conditions. (By “other health professional,” we mean a nurse practitioner, a physician assistant or some other licensed health professional.)
- high blood pressure
 - high cholesterol
 - angina or coronary heart disease
 - a stroke
 - a heart attack
 - diabetes
 - prediabetes or borderline diabetes
 - COPD
 - asthma
 - arthritis
 - skin cancer
 - breast cancer
 - lung cancer
 - any other type of cancer
 - depressive disorder
 - kidney disease

Demographics

11. Are you Hispanic or Latino/a or of Spanish origin?
 - Yes
 - No
12. Would you say you are? Select all that apply.
 - Mexican, Mexican-American or Chicano/a
 - Puerto Rican
 - Cuban
 - Another Hispanic, Latino/a or Spanish origin
13. What is your race? Select all that apply.
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Middle Eastern/Arab American or Persian
 - Native Hawaiian or Other Pacific Islander
 - White
 - Prefer not to answer
 - Other—write in: _____
14. Would you say you are? Select all that apply.
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Another Asian origin
15. Is a language other than English spoken in your home?
 - Yes
 - No
16. What language(s) other than English are spoken in your home? _____
17. Do you or does someone in your household have a disability?
 - Yes
 - No
18. Would you say the disability is? Select all that apply.
 - Hearing
 - Vision
 - Cognitive
 - Ambulatory
 - Self-care
 - Independent living
 - Prefer not to answer

19. What sex were you assigned at birth?

- Male
- Female
- Prefer not to answer

20. What is your gender identity?

- Female/woman
- Male/man
- Transgender
- Non-binary
- Gender fluid
- Something else
- Prefer not to answer

21. What is your sexual orientation?

- Straight
- Gay or lesbian
- Bisexual
- Asexual
- Something else
- I don't know
- Prefer not to answer

22. What is your marital status?

- Married
- Divorced
- Widowed
- Separated
- A member of an unmarried couple
- A member of a civil union
- Single
- Prefer not to answer

23. What is the highest level of education you have completed?

- Less than high school graduation
- Regular high school
- GED or alternative credential
- Some college or technical school
- Associate degree
- Bachelor's degree
- Graduate or professional degree
- Prefer not to answer

24. What is your current employment status?

- Employed (full-time)
- Employed (part-time)
- Self-employed
- Not employed
- Full-time student
- Unable to work
- Out of work for 1 year or more
- Out of work for less than 1 year
- Homemaker
- Retired
- Prefer not to answer

25. Do you have more than one job? This means more than one employer, not just multiple job sites.

- Yes
- No

26. Are you currently working from home?

- Yes
- No
- Hybrid

27. In the last 12 months, have you experienced any injuries related to any job you held? Examples of injuries include: sprains, strains or tears, soreness or pain, bruises, cuts or punctures, broken bones, injury to muscles or joints, open wounds, burns, and carpal tunnel syndrome.

- Yes
- No

28. What is your yearly household income? (By household income, we mean the combined income from everyone living in the household including roommates or those on disability income.) Your answer is private and confidential.

- Less than \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$75,000
- \$75,001 to \$100,000
- \$100,001 to \$150,000
- \$150,001 to \$200,000
- \$200,001 or more
- Don't know/not sure
- Prefer not to answer

Your home

29. What are your current living arrangements?

- Own my home
- Rent my home
- Live with family/friends
- Live in a shelter
- Unhoused
- Other
- Prefer not to answer

30. How many people, including yourself, live in this household? Please count people who spend a majority of their time living in the household. Enter a number for each category. If none, please enter 0.

Household occupants	Number
Adults, 18 years of age or older	
Children, 11 - 17 years old	
Children, 6 - 10 years old	
Children, 1 - 5 years old	
Children, less than 1 year old	

31. In the past year, did you have access to affordable and quality child care?

- Yes
- No
- I don't know
- Not applicable

32. During the past year have you or your child been exposed to a traumatic event or lived through a traumatic experience? (i.e., domestic violence, abuse, neglect or a member of the household being in prison)

- Yes
- No
- I don't know
- Prefer not to answer
- Not applicable

33. Did you receive any support?

- Yes
- No
- I don't know
- Prefer not to answer
- Not applicable

34. Do at least three generations of the same family live in your household?
- Yes
 - No
35. Do you have reliable internet access at home?
- Yes
 - No
36. Do you have a smartphone that you use to access the internet?
- Yes
 - No
37. Since the start of the COVID-19 pandemic in March 2020, have you been evicted or forced to move?
- Yes
 - No
38. Has your household had to “double up” or combine with another household since the start of the COVID-19 pandemic in March 2020?
- Yes
 - No
39. In the past 12 months, was there ever a time when you did not have enough money to pay your monthly bills?
- Yes, there were times when I did not have enough money to pay my monthly bills
 - No, I always had enough money to pay my monthly bills
 - I don't know
40. Do you or anyone in your household currently have a checking or savings account?
- Yes
 - No

Immunizations

41. During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?
- Yes
 - No
 - Don't know/not sure
42. Have you ever had an HPV vaccination (human papillomavirus)?
- Yes
 - No
43. Have you ever received at least one COVID-19 vaccine shot?
- Yes
 - No

44. Have you received at least one COVID-19 vaccination since September 1, 2022?

- Yes
- No

45. From the list below, please select the reason(s) you have not received a COVID-19 vaccine. Select all that apply.

- I am concerned about possible side effects of a COVID-19 vaccine
- I have concerns about the safety of the vaccine
- I don't know if the vaccine will protect me
- I don't think COVID-19 is a big threat
- I already had COVID-19 and have antibodies
- I don't believe I am at high risk for COVID-19 complications
- I don't believe my friends/family are at high risk for COVID-19 complications
- My doctor has not recommended it
- I don't trust the government
- I don't trust the medical community
- I don't have time to get the COVID-19 vaccine
- I don't know where to go to get the COVID-19 vaccine or cannot get an appointment
- Other—write in: _____

Diet and physical activity

46. On a typical day, how many servings of fruits and/or vegetables do you eat? (A serving would equal one medium apple or a handful of grapes. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned.) Please think about all meals, snacks and food consumed at home and away from home.

- None
- 1 - 2
- 3 - 5
- More than 5
- I don't know

47. How easy or difficult is it for you to get fresh fruits and vegetables?

- Very difficult
- Somewhat difficult
- Somewhat easy
- Very easy

48. What are the reasons it is difficult to get fresh fruits and vegetables? Please select all that apply.

- The store(s) within a mile of where I live don't sell fresh fruits and vegetables
- The quality of fresh fruits and vegetables where I shop is poor
- Fresh fruits and vegetables are too expensive where I shop
- The store(s) where I use my EBT/SNAP benefits does not sell fresh fruits and vegetables
- I don't have transportation to get to a store that sells fresh fruits and vegetables

49. How true is the following statement: “In the past 12 months, we worried whether our food would run out before we got money to buy more.”

- Often true
- Sometimes true
- Never true

50. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, dance, playing a sport, taking an exercise class, gardening or walking for exercise?

- Yes
- No

51. If you answered no, why didn't you exercise in the past month? Select all that apply.

- I don't have time
- It's not important to me
- I don't have access to an exercise facility
- I don't have child care while I exercise
- I can't afford the fees to exercise
- I have a physical disability
- Other—write in: _____

52. In the past 12 months, how often did you or someone in your household use the parks, playgrounds and/or sport fields in your neighborhood?

- Once a week or more
- Several times a month
- At least once a month
- A few times a year
- Never

Substance use

53. Have you smoked at least 100 cigarettes (approximately 5 packs) in your entire life?

- Yes
- No

54. Do you now smoke cigarettes?

- Everyday
- Most days a week
- Once a week
- Not at all

55. Have you ever tried an e-cigarette or vaped, even one or two puffs? This would include products like JUUL, Blu and NJOY. (Do not include using electronic vaping products with marijuana or cannabis.)

- Yes
- No

56. How often do you use e-cigarettes or vape now?

- Everyday
- Most days a week
- Once a week
- Not at all

57. Do you currently use chewing tobacco, snuff or snus?

- Everyday
- Most days a week
- Once a week
- Not at all
- I have never used chewing tobacco, snuff or snus

The next questions are about marijuana or cannabis, which became legal in Illinois on January 1, 2020. These questions do not refer to CBD or other non-THC products. Your answers are strictly confidential.

58. Have you ever, even once, tried marijuana or cannabis?

- Yes
- No

59. During the past 30 days, on how many days did you use marijuana or cannabis? _____

60. If you used marijuana or cannabis during the past 30 days, was it usually for ...?

- Medical reasons (like to treat or decrease symptoms or health conditions)
- Non-medical reasons (like to have fun or fit in)
- Both medical and non-medical reasons
- Not applicable

61. During the past 30 days, how many days did you have at least one drink of any alcoholic beverage? (One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)

- Everyday
- Most days
- 1 - 2 days per week
- None

62. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion? _____

63. In the past 12 months, have you ever taken a prescription pain medication such as oxycodone or hydrocodone that was prescribed to you?

- Yes
- No

64. When you took prescription pain relievers in the past 12 months, did you ever, even once, take more than was prescribed for you? This includes taking a higher dosage or taking it more often than directed.
- Yes
 - No

Cancer screenings

65. Have you ever had a mammogram? (A mammogram is an X-ray of each breast to look for breast cancer.)
- Yes
 - No
 - Not applicable (i.e., not old enough)
66. If you answered yes, how long has it been since you had your last mammogram?
- LESS THAN 12 months ago
 - At least 1 year ago but LESS THAN 2 years ago
 - At least 2 years ago but LESS THAN 4 years ago
 - 5 or more years ago
67. Have you ever had a Pap test?
- Yes
 - No
 - Not applicable (i.e., not old enough)
68. If you answered yes, how long has it been since you had your last Pap test?
- LESS THAN 12 months ago
 - At least 1 year ago but LESS THAN 2 years ago
 - At least 2 years ago but LESS THAN 4 years ago
 - 5 or more years ago
69. An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test? (HPV is also known as human papillomavirus.)
- Yes
 - No
70. If you answered yes, how long has it been since you had your last HPV test?
- LESS THAN 12 months ago
 - At least 1 year ago but LESS THAN 2 years ago
 - At least 2 years ago but LESS THAN 4 years ago
 - 5 or more years ago
71. Have you ever had a prostate screening?
- Yes
 - No
 - Not applicable (i.e., not old enough)

72. If you answered yes, how long has it been since you had your last prostate screening?

- LESS THAN 12 months ago
- At least 1 year ago but LESS THAN 2 years ago
- At least 2 years ago but LESS THAN 4 years ago
- 5 or more years ago

73. A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Have you ever had a colonoscopy?

- Yes
- No
- Not applicable (i.e., not old enough)

74. If you answered yes, how long has it been since you had a colonoscopy?

- LESS THAN 12 months ago
- At least 1 year ago but LESS THAN 2 years ago
- At least 2 years ago but LESS THAN 4 years ago
- 5 or more years ago

Mental health

75. During the past 30 days, how often did you feel ... Select an answer for each statement.

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Nervous					
Hopeless					
Restless					
So depressed that nothing could cheer you up					
Everything was an effort					
Worthless					

76. How often do you feel that you lack companionship?

- Hardly ever
- Some of the time
- Often

77. How often do you feel alone?

- Hardly ever
- Some of the time
- Often

78. How would you describe your mental health compared to before the COVID-19 pandemic?
- Much better
 - Somewhat better
 - About the same
 - Somewhat worse
 - Much worse
79. During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?
- Yes
 - No
80. If you didn't get treatment or counseling, was the following a reason why you did not? Select all that apply.
- I couldn't afford the cost
 - I was concerned it might cause my family or community to have a negative opinion of me
 - I was concerned it might have a negative effect on my job
 - My health insurance does not cover or pay enough for mental health treatment or counseling
 - I did not know where to go to get services
 - I was concerned that the information I gave the counselor might not be kept confidential
 - I was concerned that I might be committed to a psychiatric hospital or have to take medicine
 - I tried to get mental health treatment or counseling but was put on a waitlist
 - I could not find a therapist who was culturally competent
 - I did not have transportation to get to an appointment
 - Other—write in: _____
 - Not applicable
81. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?
- Yes
 - No

Your neighborhood

82. How many years have you lived in your neighborhood? (If less than a year, please enter "0.")

83. On a scale from 1 - 10, with 1 being not healthy and 10 being very healthy, how would you rate the overall health of people in your neighborhood? _____

84. Would you say that you feel part of your neighborhood?

- Strongly agree
- Agree
- Neither agree or disagree
- Disagree
- Strongly disagree

85. Do you feel safe in your neighborhood?

- Yes, all of the time
- Yes, most of the time
- Sometimes
- No, mostly not
- No, never

86. To what extent do you feel like you and your neighbors have the ability to impact your community?

- A great extent
- Somewhat
- A little
- Not at all

Thinking about your current neighborhood, to what extent do you agree or disagree with the following statements:

87. The sidewalks in my neighborhood are well-maintained (paved, even and not a lot of cracks).

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- My neighborhood doesn't have sidewalks

88. It is easy to walk, roll or bike to a public transit stop (bus, train) from my home.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

89. Thinking about where you live (ZIP code, neighborhood), what do you believe are the most important health-related challenges in your community? Please select your top five (5).

- Access to prenatal care
- Adult mental health (depression, anxiety, obsessive-compulsive disorder, schizophrenia, etc.)
- Adolescent mental health (depression, anxiety, obsessive-compulsive disorder, etc.)
- Adolescent health (access to vaccines, childhood obesity, bullying, etc.)
- Alzheimer’s and dementia
- Autoimmune diseases (multiple sclerosis, celiac disease, lupus, rheumatoid arthritis, etc.)
- Cancers
- Chronic pain
- Dental problems
- Type 2 diabetes (high blood sugar)
- Family planning support (contraceptives, pregnancy testing, preconception services, etc.)
- Hearing and vision loss
- Heart disease (high blood pressure, stroke)
- Infectious diseases (tuberculosis or TB, flu, COVID-19)
- Lung disease (asthma, chronic obstructive pulmonary disease or COPD)
- Maternal/newborn health (preterm birth, gestational diabetes, maternal hypertension)
- Motor vehicle crash injuries
- Obesity
- Preventable injuries (falls, concussions, etc.)
- Sexually transmitted infections and STDs (chlamydia, gonorrhea, syphilis, HIV, etc.)
- Substance use
- Women’s health
- Other (please specify): _____

90. How big of a problem do you feel the following issues are for children and teens in your neighborhood? Select an answer for each statement.

	A big problem	Somewhat of a problem	Not a problem	Don’t know/ not sure
Gun-related violence in neighborhoods				
Worse health for children of color than for white children, also known as racial inequities				
Discrimination and racism				
Poverty				
Bullying, including cyberbullying				
Drug abuse by youth				
Smoking and tobacco use by youth, including vaping or using e-cigarettes				

	A big problem	Somewhat of a problem	Not a problem	Don't know/not sure
Lack of adult supervision and involvement for children and teens				
Stress among children and teens				
Depression among children and teens				
Not enough job opportunities for parents				
Not enough job opportunities for teens and young adults				
Child abuse and neglect				
Suicide among kids and teens				
Childhood obesity				
Social media				
Violence in schools				
Teen pregnancy				
Alcohol abuse by youth				
Injuries from accidents among children and teens				
COVID-19 pandemic effects on youth mental health				
Unsafe housing				
Parent's health problems affecting their children				
Childhood asthma				
Hunger				
Infant mortality				
Older siblings having to fill in as parents for younger siblings				

91. Other than those issues included in the previous two questions, are there any additional issues that you feel affect the health of your community?

Thank you for taking our survey!

Your response is very important to us and will help us plan ways to improve health in your community.

If you have any questions about the survey, please email Survey@Metop.io.

