2025 Community Health Needs Assessment

Temple Region

Baylor Scott & White HEALTH

Temple Region community hospitals

- **Baylor Scott & White Medical Center – Temple (including Baylor Scott & White McLane Children's Medical Center)**
- **Baylor Scott & White Continuing Care Hospital**

Approved by: Baylor Scott & White Health - Central Texas Operating, Policy and Procedure Board on May 16, 2025.
Posted to **BSWHealth.com/CommunityNeeds** on June 30, 2025.

Baylor Scott & White HEALTH

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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) Temple Region is committed to enhancing the health and wellness of the communities it serves. As part of this commitment, BSWH Temple Region has conducted a comprehensive Community Health Needs Assessment (CHNA) to identify and address the most pressing health needs within the Temple Region. This executive summary provides an overview of the methodology used in the assessment, key findings and the strategic implications for healthcare provision in the region.

The primary objective of the CHNA was to gather actionable data that would inform BSWH's strategic planning and community health initiatives. To achieve this, the assessment utilized a robust methodology incorporating primary data collected through surveys, focus groups and interviews with community members and healthcare professionals. This approach ensured a comprehensive understanding of the health landscape in the Temple Region.

The service area for this CHNA is defined as the Temple Region, a diverse community with varying healthcare needs and resources. The assessment focused on gathering data representative of the entire population, with an emphasis on identifying underserved and vulnerable groups who might require targeted health interventions.

The primary data collection involved structured surveys designed to capture a wide range of health indicators and concerns directly from the community members. Additionally, focus groups and interviews were conducted to provide deeper insights into the qualitative aspects of healthcare needs and challenges in the Temple Region. These interactions provided valuable context to the quantitative data, bringing to light specific health themes that require attention.

While the CHNA did not specify particular health themes prior to the data collection, the findings revealed several areas requiring targeted interventions. These include, but are not limited to, access to medical care, mental health services and chronic disease management. The comprehensive data collection and analysis process ensured that these findings are based on evidence and community voices, thereby aligning health service provision with actual community needs.

In conclusion, the CHNA conducted by BSWH Temple Region is a critical step toward understanding and addressing the health needs of the community. The findings from this assessment will guide BSWH's strategic planning and community engagement efforts over the next few years. By continuing to focus on the identified health priorities and working collaboratively with community partners, BSWH Temple Region aims to improve health outcomes and enhance the quality of life for all residents in the region.

This executive summary serves as a foundational document that will inform ongoing discussions and planning among healthcare providers, policymakers and community stakeholders within the Temple Region. It is essential that all parties involved use the insights gained from this CHNA to implement effective and sustainable health interventions that meet the diverse needs of the community.

CHNA process

Introduction

In the process of developing a comprehensive Community Health Assessment for the Temple 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 have been a critical source of primary data for this report, gathering opinions, behaviors and demographic information from a broad segment of the community. This method allows us to identify trends and common concerns that might not be visible through smaller, qualitative studies. The data collected from surveys helps in designing targeted interventions that are responsive to the expressed needs and preferences of the community population. 94 surveys were completed in the Temple Region. 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 groups

Focus groups have offered an in-depth qualitative insight into the community's perceptions and attitudes toward health and social issues. By engaging small groups in discussions, these sessions help uncover nuanced understandings of the community's challenges and needs. The insights gained from focus groups are instrumental in shaping the approach and design of community programs, ensuring they resonate well with community values and expectations. Two focus groups were completed in the Temple Region. 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. 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**) or by emailing **CommunityHealth@BSWHealth.org**.

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

- United Way Central Texas
- Temple Community Clinic
- Bell County Health Department
- Temple ISD
- Belton ISD
- Helping Hands Belton
- Workforce Solutions Central Texas
- Central Texas Housing Consortium
- Body of Christ Clinic
- Family Promise Bell County
- Belton Chamber
- Killeen Community Clinic
- Bell County Salvation Army
- Temple NAACP

Interviews

Interviews with stakeholders and community members provide a detailed exploration of individual experiences and expert opinions. This personalized form of data collection helps to gather in-depth feedback on existing services and unmet needs within the community. The rich, qualitative data from interviews complements the broader insights from surveys and focus groups, enabling a more comprehensive strategy for community health improvement. Eight interviews were completed in the Temple Region.

Metopio (secondary data)

While primarily relying on primary data types, this report also incorporates secondary data from Metopio, a platform that curates data related to health behaviors, outcomes and various socioeconomic indicators. Metopio's data aids in benchmarking and contextualizing the primary data findings, offering a comparative perspective that enhances the understanding of where the community stands in relation to broader regional or national trends.

CHNA process

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

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:

- Chronic disease
- 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. Chronic disease
2. Access to care

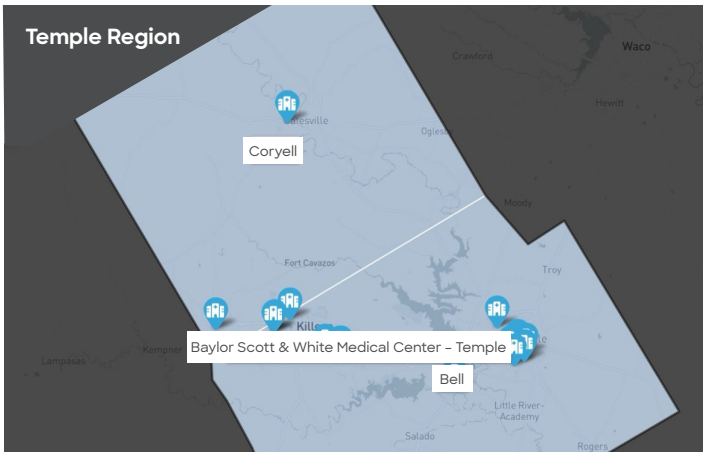
Demographics

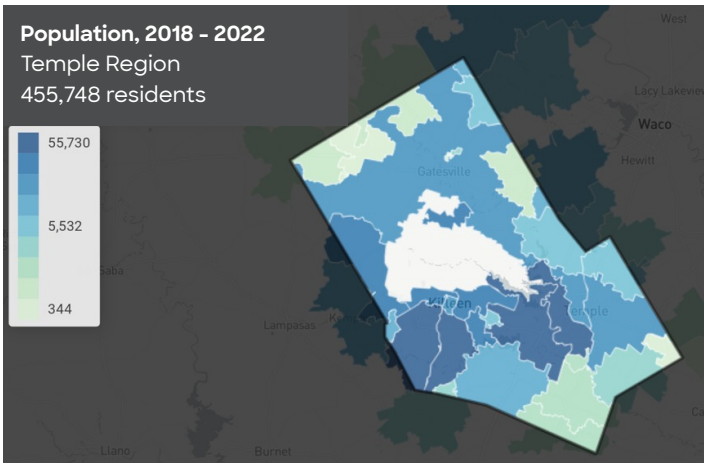
Overview

Baylor Scott & White Health (BSWH) owns and operates numerous individually licensed hospital facilities serving the residents of North and Central Texas. The Temple Region is home to two of these hospitals with overlapping communities, including:

- **Baylor Scott & White Medical Center - Temple (including McLane Children's Medical Center)**
- **Baylor Scott & White Continuing Care Hospital**

The community served by the hospital facilities listed above includes Bell and Coryell counties, shown in the map below. BSWH has at least one hospital facility or a provider-based clinic in each of these counties, and together, they comprise where 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 the joint CHNA report define their communities to be the same for the purposes of the CHNA report.





Total population
478,071

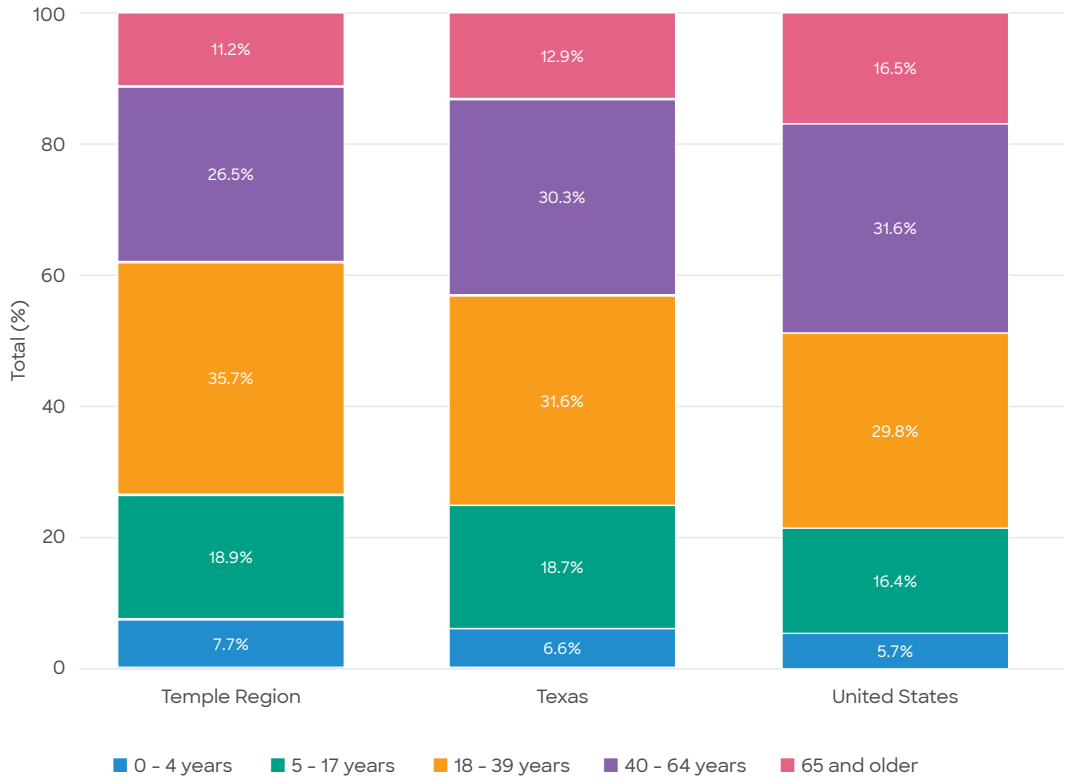
Median household income
$66,573

Median age
32.2

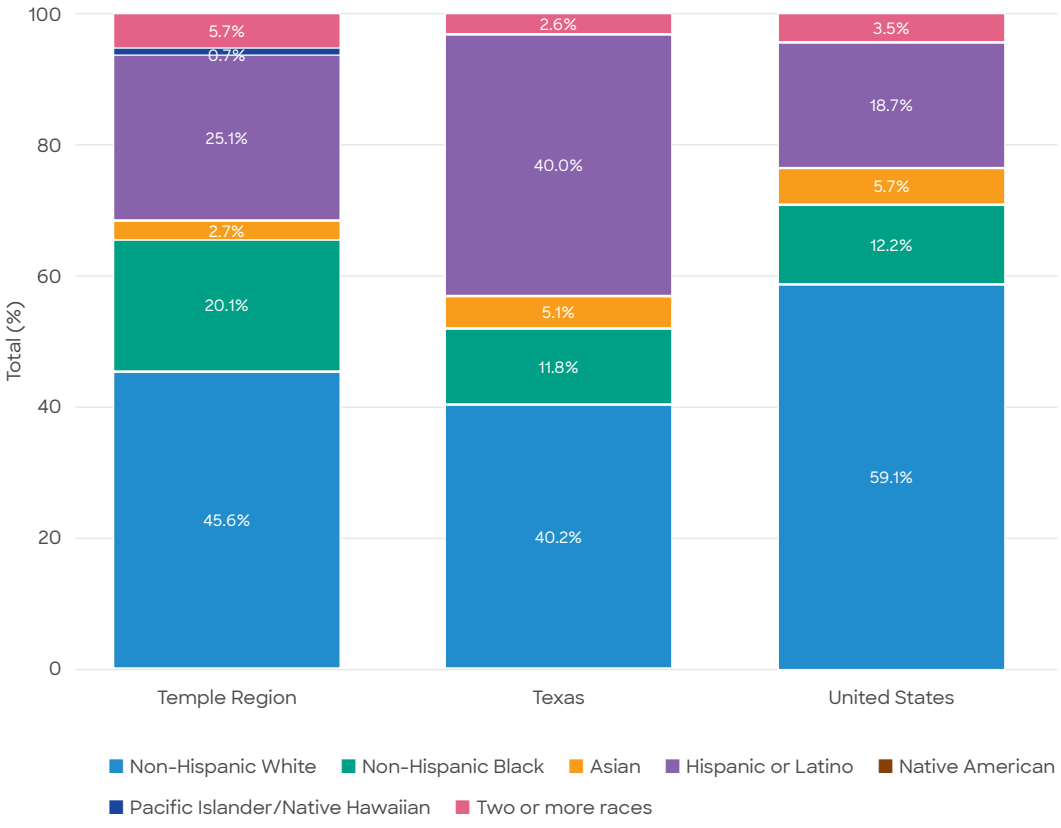
% of Spanish primary language
16.24%

% of Asian primary languages
3.50%

Population by age, 2018 - 2022



Population by race/ethnicity, 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.

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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 aspect of community health that involves multiple facets, including availability of healthcare services, transportation, insurance coverage and affordability of care. It greatly impacts how individuals in a community manage their health conditions and their overall health outcomes. Challenges in access to care can lead to increased use of emergency services for non-emergency issues, poor management of chronic diseases and heightened health disparities among underserved populations. The need for comprehensive and accessible healthcare services is evident, especially in underserved communities where these challenges are more pronounced.

Community members and healthcare providers highlight several barriers to accessing care, including lack of insurance, high costs of services and medications, and inadequate transportation. These barriers affect not only the uninsured but also those with insurance who face difficulties navigating the complex healthcare system. The excerpts also emphasize the significant issue of mental health services accessibility, which is limited for both inpatient and outpatient care regardless of insurance status. Additionally, the lack of healthcare providers and resources in certain areas exacerbates these accessibility issues.

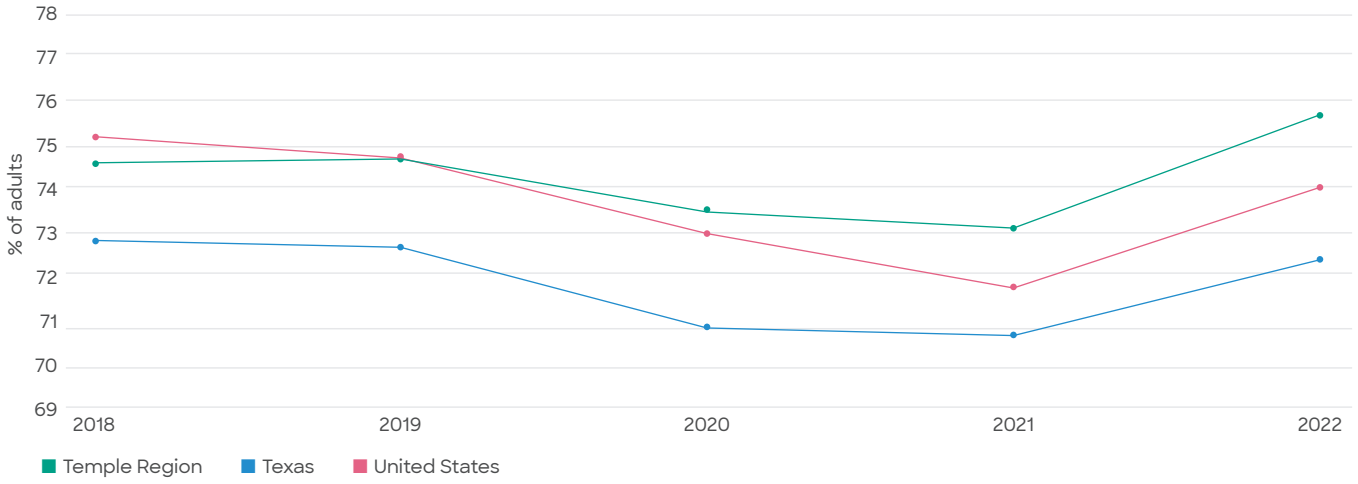
Quotes such as “Access to appropriate services, and that doesn’t necessarily have anything to do with if you have insurance or not” and “Patients end up coming to the hospital for things that should be provided in the community” illustrate the broad challenges faced in accessing necessary care. Another individual expressed, “If you can’t afford healthcare, you don’t have transportation, you have trouble buying food,” highlighting how interconnected social determinants of health are to access to care. These direct statements underline the urgent need for systemic improvements to make healthcare more accessible and equitable, ensuring that all community members can receive the care they need without undue hardship.

Topic	Temple Region	Texas	United States
Dentists per capita *dentists per 100,000 residents, 2024*	143.7	102.7	105.2
Internet access *% of households, 2022*	92.03 ±1.91	93.82 ±0.21	93.59 ±0.10
Medicaid coverage *% of residents, 2022*	17.18 ±1.61	16.86 ±0.22	21.23 ±0.09
Mental health providers per capita *providers per 100,000 residents, 2024*	605.2	332.3	602.7
No vehicle available *% of households*	4.52 ±0.95	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



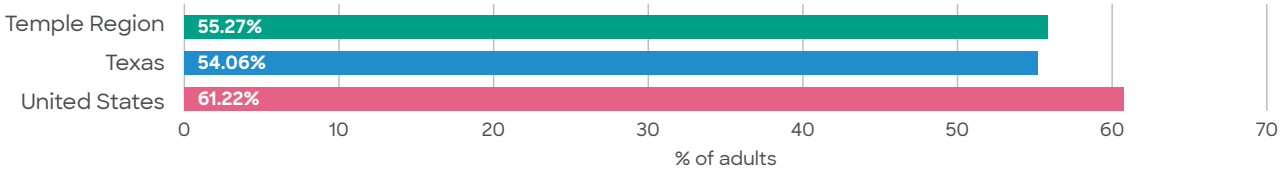
Routine checkups are a critical component of healthcare that helps in early diagnosis and maintaining public health. In the Temple Region, approximately 75.6% of the population visited doctors for routine checkups, slightly higher than the national average of 74% and notably above Texas' 72.3%. This higher rate in the Temple Region could indicate more awareness or better access to healthcare facilities compared to the broader state level. Ensuring that such practices are maintained or improved can lead to healthier communities and reduce the burden on healthcare systems by catching potential health 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



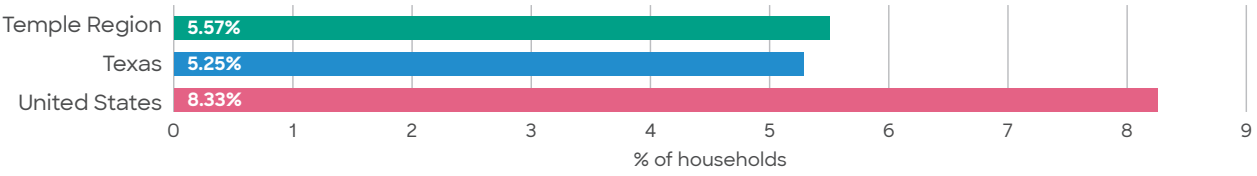
The data on dental visits reveals a discernible disparity between different regions and the national average in the United States. Specifically, 55.27% of residents in the Temple Region and 54.06% in Texas have visited a dentist, both of which are lower compared to the national average of 61.22%. This variation underscores the impact of regional healthcare accessibility and public health policies on dental care utilization. Addressing these discrepancies is crucial for improving oral health and preventive care, thereby enhancing the overall well-being of these communities.

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))

No vehicle available

Percentage of occupied households with no vehicles available.

No vehicle available, 2018 - 2022



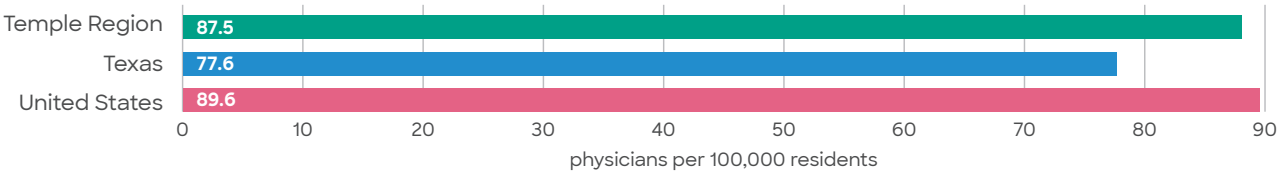
The availability of vehicles is critical for ensuring access to services and opportunities, yet variations are notable across different regions. In the Temple Region, about 5.57% of households lack access to a vehicle, slightly lower than Texas at 5.25% and significantly lower than the national average of 8.33% in the United States. This disparity highlights a pressing need for tailored transportation solutions and policies that address these regional differences and improve mobility for affected communities, potentially enhancing access to employment, healthcare and education.

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

Primary care providers (PCP) per capita

Number of physicians in primary care (general practice, internal medicine, obstetrics and gynecology, or pediatrics) per 100,000 residents. Includes hospital residents. Excludes federal physicians and physicians age 75 or older.

Primary care providers (PCP) per capita, 2021



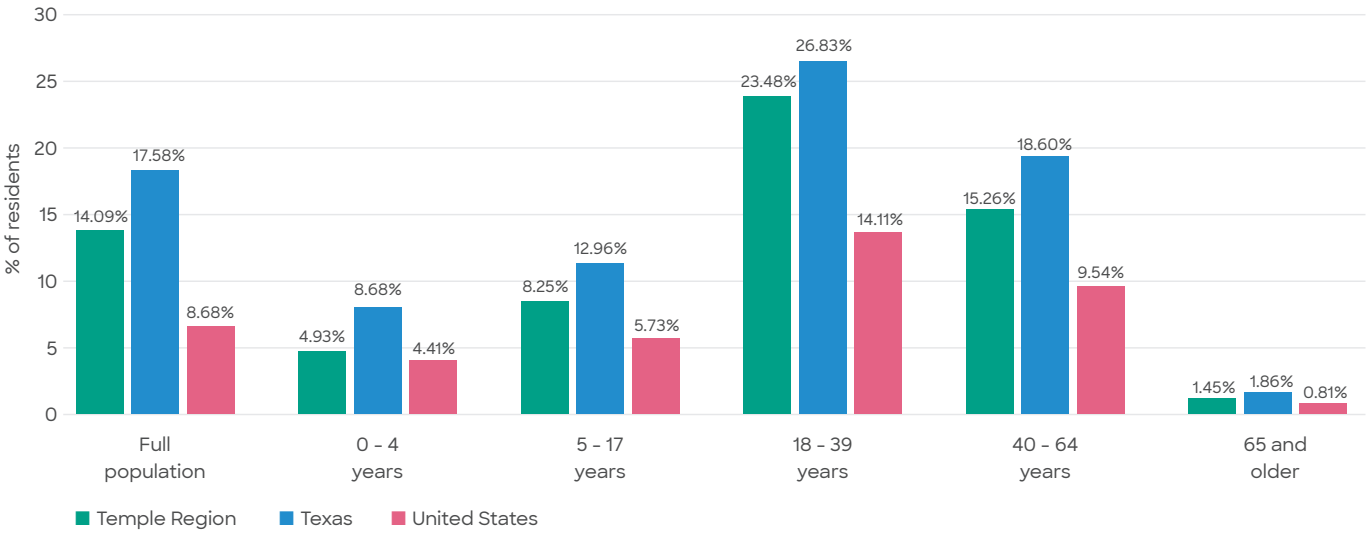
The availability of primary care providers (PCPs) per capita significantly influences community health outcomes. In the Temple Region, there are approximately 87.52 PCPs per capita, slightly above Texas' average of 77.65 but below the national average of 89.64. This discrepancy suggests that while Temple Region residents have better access to primary care compared to the broader Texas area, they are still at a slight disadvantage when compared nationally. Enhancing the number of PCPs in this region could lead to improved health services and outcomes, aligning more closely with national standards and positively impacting the well-being of the community.

Data sources: Health Resources & Services Administration: Area Health Resources Files (County and state level data)

Uninsured rate

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

Uninsured rate by race/ethnicity, 2018 - 2022



The uninsured rate in Temple Region and across Texas is notably higher than the national average, reflecting significant healthcare access challenges in these areas. In Temple, the uninsured rates span from 1.45% for those 65 and older to a high of 23.48% among individuals aged 18 - 39, compared to 0.81% and 14.11%, respectively, at the national level. This disparity indicates a pronounced need for targeted healthcare policies and community support systems, especially for the younger working-age population who face the highest uninsured rates, to improve health outcomes and reduce the burden on the healthcare infrastructure. Such measures are crucial in mitigating the impact of being uninsured on community health and well-being.

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 range of mental health and substance use issues that significantly affect individual and community well-being. Access to care stands out as a critical barrier, with numerous reports highlighting the lack of both inpatient and outpatient services and long waiting times, even for insured individuals. There is a noted scarcity of mental health professionals, which exacerbates the challenges faced by those in need. This shortage impacts various demographic groups differently, often leaving adolescents, the chronically homeless and individuals with severe conditions without adequate support. The community's experiences underline the urgent need for improved mental health services and the importance of integrating these services with other community support systems.

Community members report significant difficulties in accessing mental healthcare due to systemic issues such as insurance complexities and insufficient service availability. "Outpatient mental health services are easier to obtain if you're insured, but for inpatient mental health services, there's just not enough whether you're insured or not," one member notes. The community's frustration is palpable, particularly concerning the handling of acute mental health crises and the lack of immediate care options.

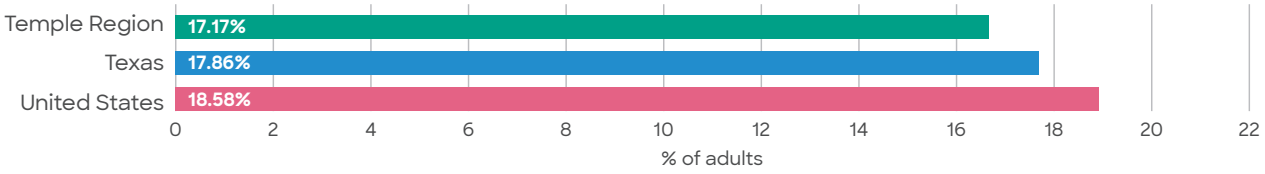
The quotes from community members provide a vivid portrayal of the behavioral health landscape. One individual expressed, "The chronic homeless rate is so high here because there's not outside support," highlighting the link between insufficient mental health services and broader social issues like homelessness. Another stated, "Severe anxiety are still not going to qualify for our services, but they're still debilitating," illustrating the gaps in service coverage even for common mental health issues. These firsthand accounts emphasize the need for comprehensive reform in behavioral health services to address both the depth and breadth of the community's needs.

Topic	Temple Region	Texas	United States
Binge drinking *% of adults, 2022*	17.17 ±2.06	17.86 ±0.63	18.58 ±0.20
Depression *% of adults, 2022*	25.37 ±2.20	21.82 ±0.63	22.53 ±0.20
Drug overdose mortality *deaths per 100,000, 2022*	16.74 ±3.41	18.24 ±0.41	32.57 ±0.17
Excessive drinking *% of adults, 2021*	18.11 ±2.13	18.25 ±1.19	18.11 ±0.24
Mental health providers *providers*	2,259	89,851	1,946,128

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



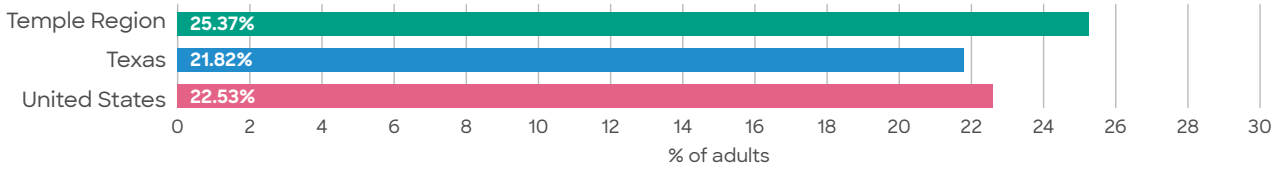
Binge drinking rates vary modestly across different regions, reflecting localized public health challenges. In the Temple Region, the percentage of binge drinkers stands at approximately 17.2%, slightly lower than both the Texas state average of 17.9% and the national average of 18.6%. These statistics underscore the need for targeted public health interventions and awareness programs to mitigate the impact of binge drinking on communities, enhancing overall health and safety. The slight variations in binge drinking rates can guide regional public health strategies to effectively address and reduce alcohol abuse.

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



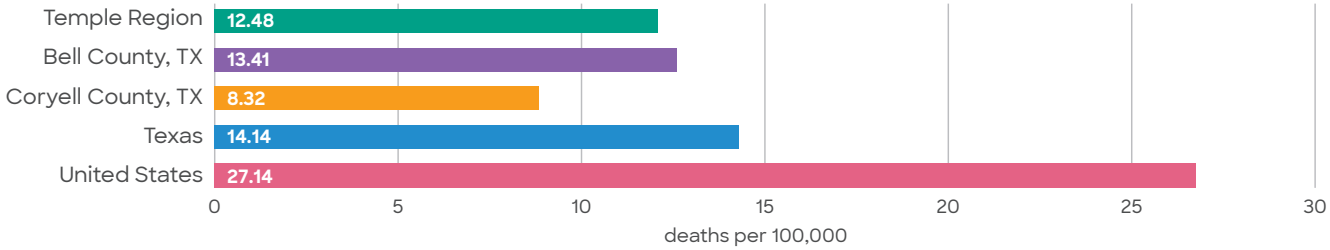
Depression rates vary significantly across different regions, reflecting the diverse mental health challenges faced by communities. In the Temple Region, the depression rate stands at 25.37%, notably higher than both the Texas state average of 21.82% and the national average of 22.53%. This disparity underscores the need for targeted mental health interventions and support systems specifically designed for the Temple Region to address its unique challenges and reduce the impact of depression on its community. Such strategic initiatives are essential to improve mental health outcomes and enhance the overall well-being of the population.

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

Drug overdose mortality

Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

Drug overdose mortality, 2018 - 2022



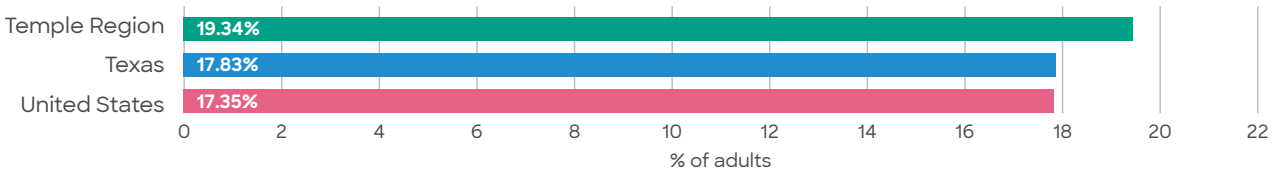
Drug overdose mortality remains a significant public health concern across various regions, with rates differing considerably by location. In the Temple Region, the drug overdose mortality rate stands at approximately 12.5 per 100,000 individuals, while Texas reports a slightly higher rate of around 14.1. Comparatively, the national average in the United States is significantly higher at about 27.1 per 100,000. This disparity highlights the urgent need for targeted interventions and policies to address the factors contributing to these variations and to mitigate the impact of drug overdoses on communities across the country. It is crucial to implement evidence-based strategies and allocate resources effectively to reduce these rates and enhance community health and safety.

Data sources: Chicago Department of Public Health (Epidemiology Department: Chicago community area level) (Only in IL), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)

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.

Poor self-reported mental health, 2022



The Temple Region reports a higher incidence of poor self-reported mental health at 19.34%, compared to both Texas and the national average, which stand at 17.83% and 17.35%, respectively. This disparity underscores a critical need for targeted mental health interventions and resources in the Temple Region to address these elevated levels. Addressing this issue effectively can significantly enhance community well-being and productivity by reducing the burden of mental health challenges.

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 impacts community health by influencing access to healthcare services, healthy food options, safe housing and transportation. Issues such as limited transportation options, housing instability and food deserts affect individuals' ability to maintain good health. Many community members struggle with accessing healthcare due to lack of transportation, and the availability of affordable and safe housing is becoming increasingly scarce. Furthermore, the disparities in access to healthy foods and reliable internet exacerbate the challenges faced by underserved populations. The built environment, therefore, plays a crucial role in shaping the health outcomes of community members by either facilitating or hindering access to essential resources.

Community members have expressed concerns about various aspects of the built environment that affect their daily lives and health. Key issues include the lack of sufficient public transportation, which impacts the ability to access healthcare services and other necessities. Housing instability and the rising costs of living contribute to increasing rates of homelessness and housing insecurity. Additionally, food deserts and the lack of access to healthy foods are significant concerns that affect dietary habits and overall health. The community's feedback highlights the urgent need for integrated solutions that address transportation, housing and food access to improve community health outcomes.

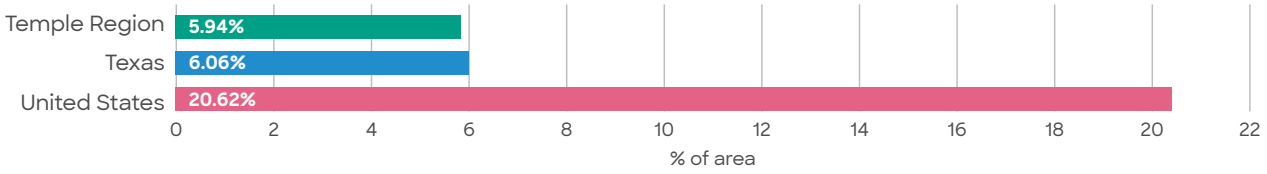
Specific quotes from the community, such as "Transportation is absolutely one of the top issues" and "Housing instability part not just homelessness. This is really an issue," underline the critical nature of these challenges. Another community member pointed out that "The lack of transportation to get to some of the facilities and doctor's appointments" is a barrier to accessing necessary medical care. These direct statements reflect the community's urgent call for improvements in the built environment to better support their health and well-being.

Topic	Temple Region	Texas	United States
Drive alone to work *% of workers 16 years and older, 2022*	75.38 ±1.87	71.17 ±0.29	68.66 ±0.09
Environmental Burden Index *2022*	35.66	46.03	48.70
Green space proximity *% of area, 2022*	5.94	6.06	20.62
Internet access *% of households, 2022*	92.03 ±1.91	93.82 ±0.21	93.59 ±0.10
Lifetime inhalation cancer risk *lifetime risk per million, 2019*	20.0	20.9	16.1

Green space proximity

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

Green space proximity, 2022



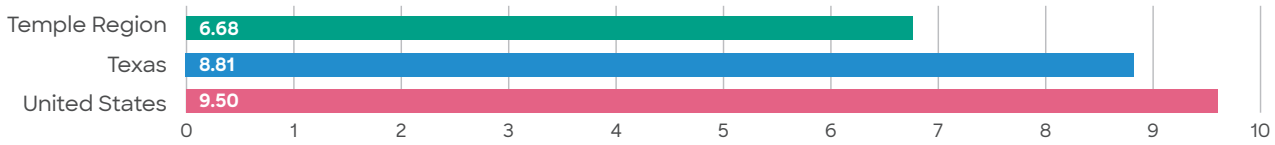
Green space proximity varies significantly across different regions, reflecting diverse community environments and priorities. In the Temple Region and Texas, the proximity to green spaces averages around 6 kilometers, suggesting a relatively accessible urban or suburban layout conducive to promoting physical activity and mental well-being. In stark contrast, the average distance to green spaces in the United States is over 20 kilometers, indicating potential challenges in accessibility that could impact public health and community cohesion. Addressing this disparity is crucial for enhancing the quality of life and environmental sustainability across communities.

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

Walkability Index

A ranking of an area's walkability, based on intersection density, proximity to transit, diversity of businesses and density of housing. Values range from 1 to 20, with 20 being most walkable.

Walkability Index, 2022



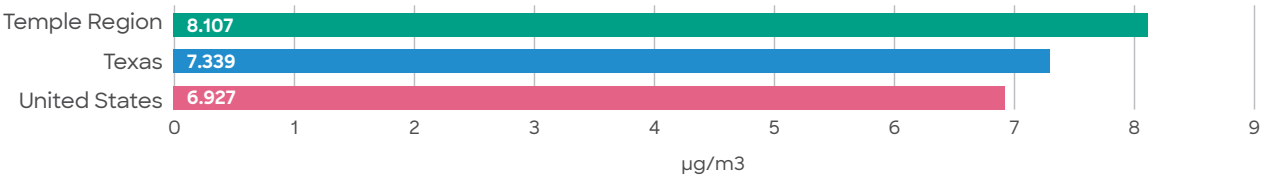
The concept of walkability is crucial for assessing how friendly an area is to walking, which impacts both health and environmental sustainability. Data reveals that the Temple Region has a Walkability Index of 6.68, which is lower compared to Texas at 8.81 and the United States average of 9.5. This indicates that the Temple Region may face challenges in pedestrian infrastructure and accessibility, potentially affecting community health and mobility. Enhancing walkability in the Temple Region could lead to improved community engagement and healthier lifestyles.

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

Particulate matter (PM 2.5) concentration

Air quality remains a critical concern across varying regions, with particular attention on particulate matter (PM 2.5) concentrations, which directly impact public health. In the Temple Region, the concentration of PM 2.5 is notably higher at 8.11, compared to Texas at 7.34 and the broader United States average of 6.93. This elevated level in the Temple Region could have significant health implications, potentially increasing respiratory ailments and other pollution-related issues among its community members. Addressing these disparities in air quality is essential for improving the overall health and well-being of the affected populations.

Particulate matter (PM 2.5) concentration, 2020



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

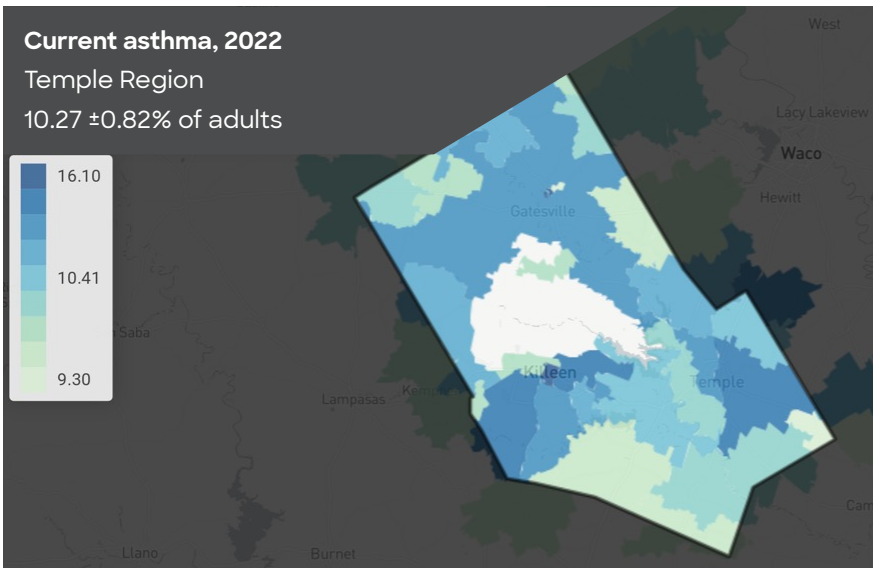
Chronic diseases such as diabetes, cardiovascular disease, obesity and mental health disorders pose significant challenges to community health. These conditions are often inadequately managed in outpatient settings, leading to frequent hospital visits and exacerbated health issues. Access to healthy foods, exercise and safe housing are frequently cited as barriers to effective disease management. Furthermore, disparities in the prevalence and management of diseases like prostate cancer among Hispanic and African American men highlight the need for targeted interventions. The growing prevalence of chronic diseases underscores the importance of prioritizing chronic disease management and prevention strategies to reduce the burden on healthcare systems and improve community health outcomes.

Community members report various challenges related to managing chronic diseases, including the high cost and poor availability of healthy foods, limited access to exercise options, and lengthy wait times to see specialists. The excerpts also reveal the intersections of chronic disease with socioeconomic factors, where lower-income populations and those with limited health literacy struggle with disease management, resulting in poor health outcomes. Enhanced community support and education on disease management are urgently needed to address these issues.

One community member states, “It’s very difficult to get the foods that are healthy,” highlighting the struggle to access nutritious food essential for managing conditions like diabetes. Another notes, “We have to wait three, six months to see a specialist,” which reflects the barriers to obtaining necessary medical care. These statements emphasize the critical gaps in support and resources for individuals with chronic conditions, stressing the need for comprehensive community-based health interventions to enhance disease management and prevent the escalation of chronic conditions into more severe health crises.

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?”

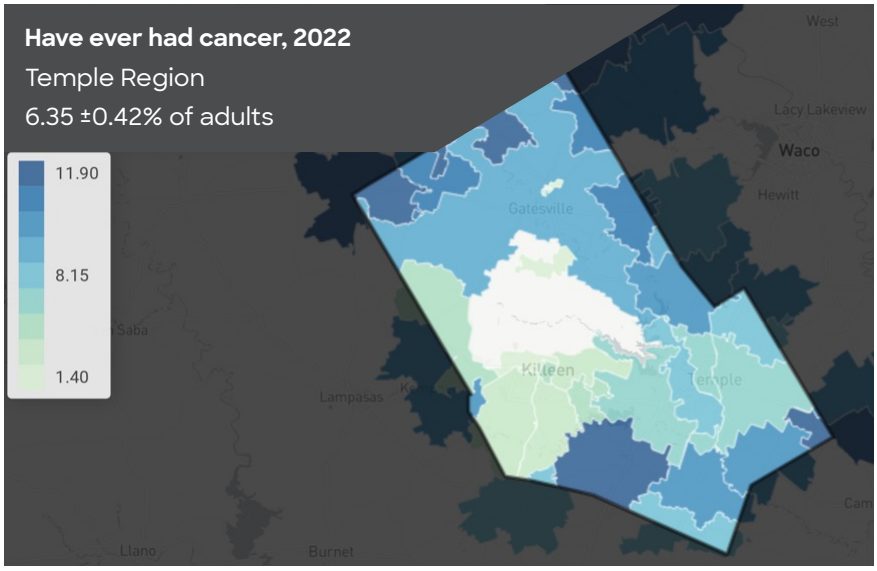


Asthma remains a significant health issue among adults in various regions of Texas, as evidenced by recent data from the Behavioral Risk Factor Surveillance System. Focusing on the Central Texas area, particularly the cities within and around Temple and Killeen, we observe adult asthma prevalence rates that range from 9.3% to 16.1% across different ZIP codes. This variation highlights localized health challenges and underscores the need for targeted public health interventions and resources to manage and potentially reduce the incidence of asthma in these communities. Such efforts could have a profound impact on improving the quality of life for affected individuals and reducing overall healthcare burdens.

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.



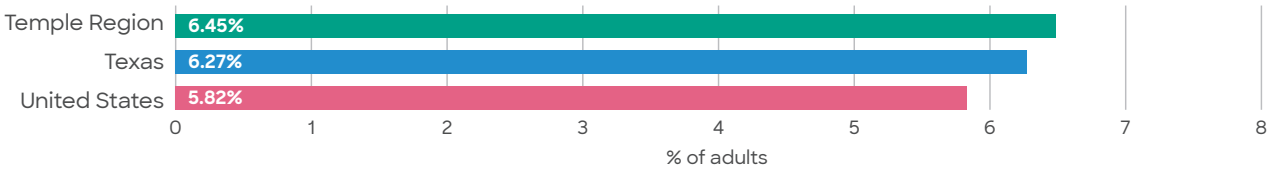
Cancer remains a significant health concern across various communities, impacting a notable percentage of adults who have reported being diagnosed by health professionals. In Temple, TX, and its surrounding areas, the prevalence of cancer diagnoses among adults varies, with ZIP codes like 76634 (Laguna Park) reporting the highest rate at 11.9% and 76544 (Fort Hood) the lowest at 1.4%. This data underscores the disparities in health outcomes within the region, possibly reflecting differences in access to healthcare, environmental factors or population demographics. Understanding and addressing these variations is crucial for community health initiatives and resource allocation to improve cancer prevention and treatment services.

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))

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



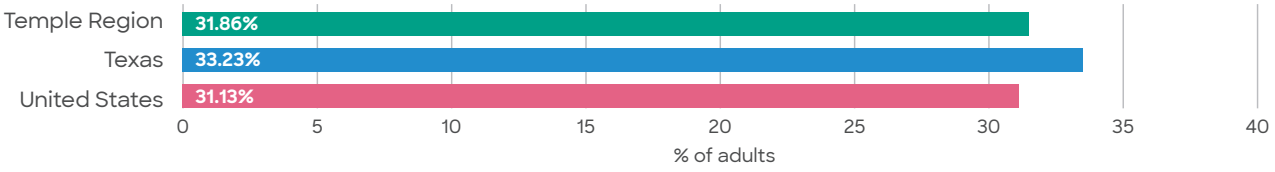
Coronary heart disease rates in the Temple Region are notably higher than the national average, highlighting a significant health concern for residents in this area. With a rate of 6.45% compared to 6.27% in Texas and 5.82% in the United States, there is a clear indication of the impact of this disease on the local community. Addressing this disparity is crucial for improving health outcomes and reducing the burden of coronary heart disease in the Temple Region. This data suggests the need for targeted healthcare interventions and increased public health awareness to effectively manage and prevent coronary heart disease in these populations.

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)

High cholesterol

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 cholesterol. Data for counties and states are age-adjusted. Data for ZIPs, tracts and smaller layers are raw.

High cholesterol, 2021



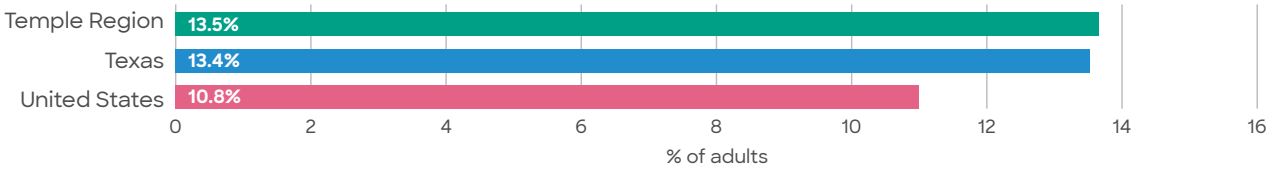
High cholesterol is a pressing health issue that significantly impacts communities across the United States, with varying intensities in different regions. For instance, Texas reports a high cholesterol prevalence of 33.23%, slightly above the national average of 31.13%, while the Temple Region has a slightly higher rate than the national average at 31.86%. This data indicates a critical need for targeted health interventions and awareness programs in these areas to mitigate the risks associated with high cholesterol, such as heart disease and stroke. Addressing this issue effectively requires a collaborative approach involving healthcare providers, policymakers and community health initiatives to promote healthier lifestyles and improve overall public 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)

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



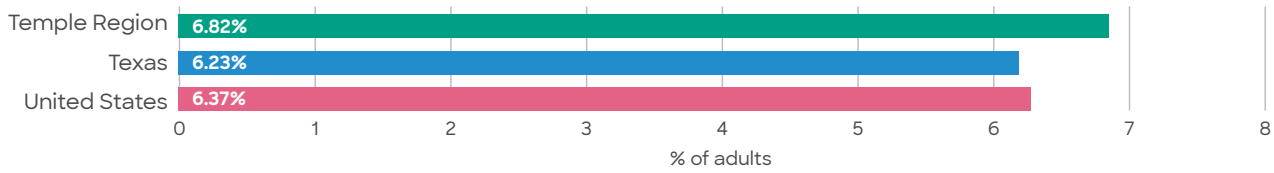
Diabetes remains a significant health concern, particularly in areas like the Temple Region, where the diagnosed diabetes rate of 13.52% surpasses both the state of Texas (13.37%) and the national average (10.84%). This elevated rate in the Temple Region highlights a critical need for targeted healthcare interventions and resources to manage and prevent this chronic condition effectively. Addressing this disparity is crucial for improving community health outcomes and reducing long-term healthcare costs associated with diabetes.

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



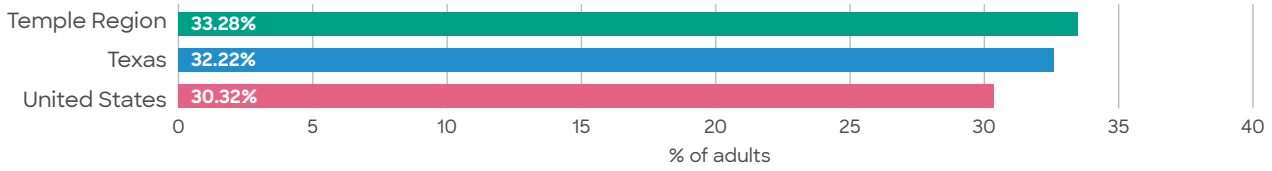
The prevalence of chronic obstructive pulmonary disease (COPD) varies notably across different regions, reflecting distinct healthcare challenges and needs. In the Temple Region, the incidence rate of COPD stands at 6.82%, which is higher compared to both the state of Texas at 6.23% and the national average of 6.37%. This discrepancy highlights a potential area for targeted health interventions and resource allocation to manage and mitigate the impact of COPD on the community in the Temple Region more effectively. Addressing this health concern with appropriate medical services and community support could significantly improve the quality of life for affected individuals and reduce the overall burden on the healthcare system.

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



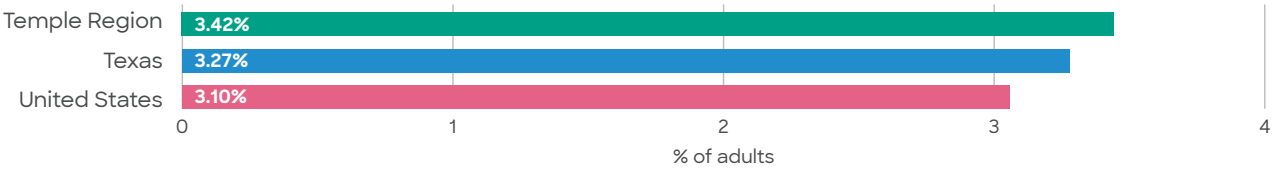
High blood pressure remains a significant health concern, with variations observed across different regions in the United States. Data reveals that the Temple Region reports a high blood pressure rate of 33.28%, slightly higher than Texas' 32.22%, and both surpass the national average of 30.32%. These figures suggest a pressing need for targeted health interventions and policies in these areas to mitigate the impact of high blood pressure on community health and well-being. Addressing this issue effectively requires a collaborative effort among healthcare providers, policymakers and community-based initiatives to enhance awareness, prevention and management strategies.

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)

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

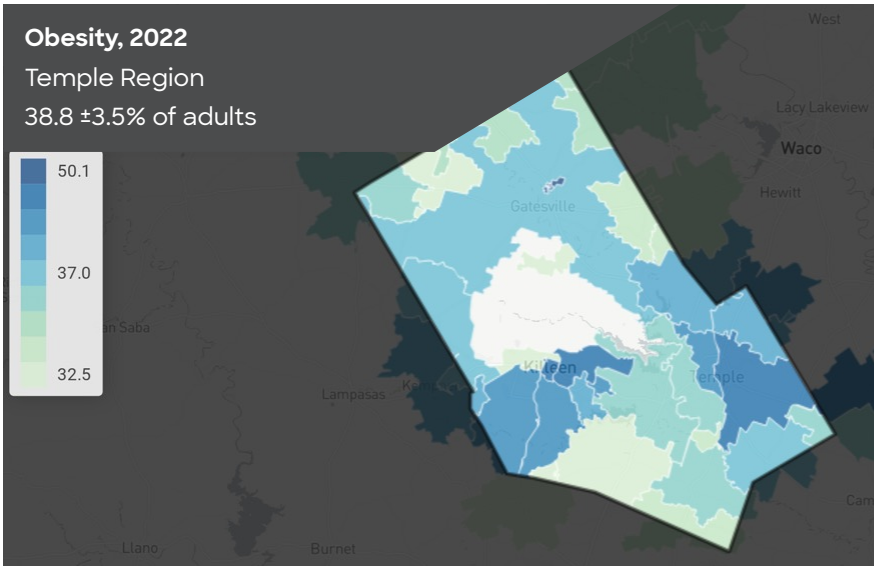


Stroke prevalence varies across different regions, with the Temple Region experiencing a slightly higher rate compared to Texas and the national average in the United States. In the Temple Region, the diagnosed stroke rate stands at 3.42%, marginally above Texas at 3.27% and the national figure of 3.1%. This indicates a localized health challenge that may require targeted healthcare interventions and resources to manage and mitigate stroke risks within the community. Addressing these disparities is crucial for improving health outcomes and ensuring equitable healthcare access across these populations.

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))

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 remains a significant public health concern in the Temple-Killeen area of Texas, where the percentage of adult residents classified as obese varies notably across different ZIP codes. The data spans various locales, including Temple, Killeen, Gatesville and Copperas Cove, with obesity rates ranging from as low as 32.5% in Fort Hood to alarming highs of over 50% in parts of Gatesville. This variation highlights the complex nature of obesity as it correlates with geographic and possibly socioeconomic factors within the region. The high prevalence of obesity in these communities underscores the urgent need for targeted health interventions and policies that promote nutritional education, physical activity and access to healthier lifestyle options to mitigate the impact on local healthcare systems and improve quality of life for residents.

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))

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 component of public health, particularly concerning the availability and affordability of healthy food options. Many community members face challenges such as food deserts, high costs of nutritious food and lack of transportation, which hinder their ability to maintain a healthy diet. The connection between food insecurity and health outcomes is evident, as poor access to nutritious food contributes to health disparities, particularly among low-income and underserved populations. The excerpts highlight a range of issues from the cost and availability of healthy food to the logistical and educational barriers that prevent optimal food access.

The community feedback indicates a significant concern about the accessibility of healthy foods. Individuals discuss the high costs associated with fresh fruits and vegetables and the scarcity of grocery stores in certain areas, leading to reliance on convenience stores with limited and often unhealthy options. The lack of transportation exacerbates these issues, making it difficult for residents, especially those from low-income backgrounds, to reach food sources that offer healthy choices. Moreover, educational programs about healthy eating are seen as crucial but are not sufficiently available, highlighting a gap in knowledge that could empower individuals to make healthier food choices.

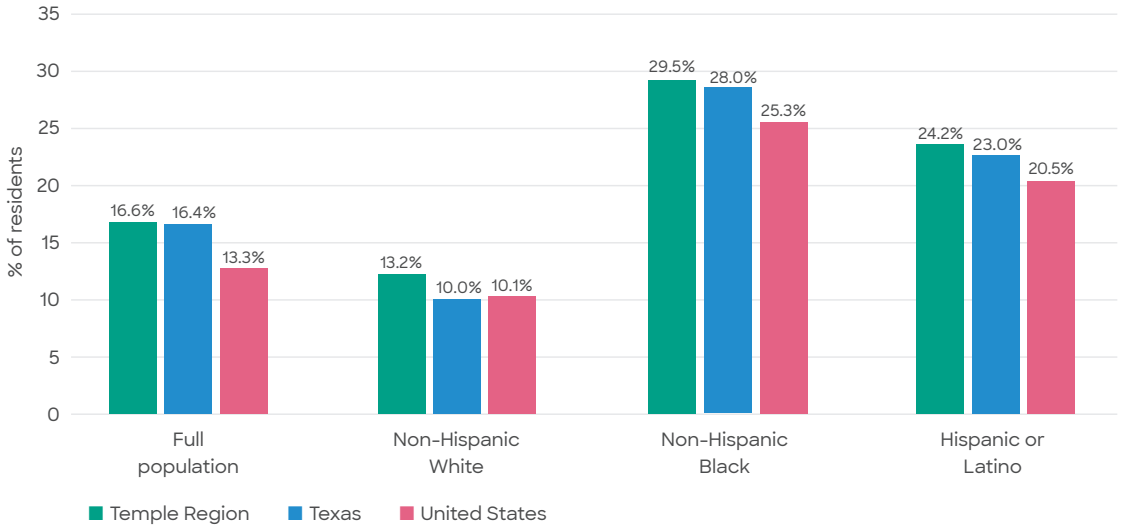
Direct quotes like “Access to healthy foods, and I know there are kind of potentially a lot of components to that. I know it’s tied into transportation” and “Food pantry on East Side. There’s no Murphys. And so access to the end, the fresh, healthy foods” illustrate the multifaceted nature of food insecurity issues. Another poignant observation is, “If you don’t live somewhere that is well populated, you probably do not have a lot of resources that are being supported by your community, and so you don’t have access to some of those resources,” which underscores the geographical disparities in food access. These insights call for a multipronged approach to address food access, including improving transportation, reducing costs, increasing the number of grocery stores in underserved areas and enhancing education on nutrition.

Topic	Temple Region	Texas	United States
Convenience stores as SNAP retailers *convenience stores per all SNAP retailers, 2024*	0.58	16.4	13.3
Food insecurity *% of residents, 2022*	16.6	16.4	13.3
Food stamps (SNAP) *% of households, 2022*	13.91 ±1.58	12.04 ±0.23	12.38 ±0.06
Households in poverty not receiving food stamps (SNAP) *% of households below the poverty line, 2022*	56.11 ±5.48	61.70 ±0.61	58.90 ±0.23
Low food access *% of residents, 2019*	63.16	56.97	50.24

Food insecurity

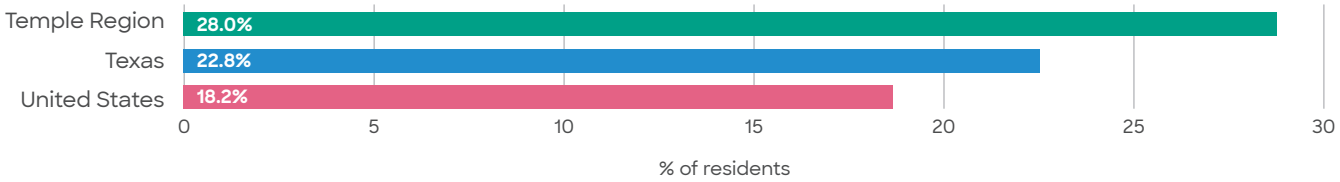
Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food security reports. 2020 data is a projection based on 11.5% national unemployment and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

Food insecurity by race/ethnicity, 2022



Food insecurity remains a critical issue across different communities, with substantial disparities evident among various racial and ethnic groups. In Temple Region, Texas and across the United States, food insecurity rates are significantly higher among Non-Hispanic Black and Hispanic or Latino populations compared to Non-Hispanic Whites. Specifically, in the Temple Region, 29.45% of Non-Hispanic Blacks and 24.18% of Hispanics or Latinos experience food insecurity, rates that are notably above the national averages. This disparity highlights the urgent need for targeted interventions that address the unique challenges faced by these communities, aiming to enhance food access and security to improve their overall well-being and health outcomes.

Food insecurity (0 - 17 years), 2022



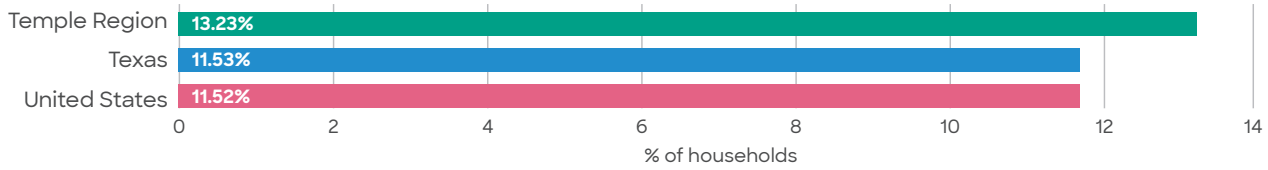
Food insecurity remains a critical issue, disproportionately affecting regions at various levels. In the Temple Region, the rate of food insecurity is notably higher at 28.01%, compared to Texas at 22.8% and the national average in the United States at 18.22%. This disparity highlights the urgent need for targeted interventions and support systems in the Temple Region to address the significant impact of food insecurity on its community, ensuring equitable access to essential nutritional resources. By addressing these discrepancies, we can better support community resilience and overall well-being.

Data sources: Feeding America: Map the Meal Gap

Food stamps (SNAP)

Percentage of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps, over the past 12 months.

Food stamps (SNAP), 2018 - 2022



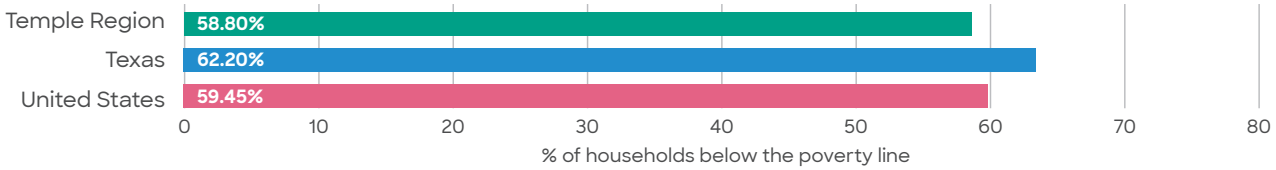
Food stamps (SNAP) are a crucial safety net for many, as evidenced by usage rates across different regions. In the Temple Region, the utilization of food stamps is notably higher at 13.23%, compared to Texas as a whole and the United States at 11.53% and 11.52%, respectively. This discrepancy highlights the unique economic challenges faced by the Temple Region, suggesting an elevated demand for such support in comparison to broader state and national levels. Addressing this need is vital for alleviating food insecurity and promoting community welfare in the area.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Tables B22003, B22005 and S2201)

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 Temple Region, Texas and across the United States, a significant portion of households in poverty are not receiving food stamps (SNAP), highlighting a crucial gap in assistance to those in need. Specifically, 58.8% of such households in the Temple Region, 62.2% in Texas and 59.45% nationally are not benefiting from SNAP. This lack of support not only exacerbates the challenges faced by impoverished families but also stresses the need for targeted interventions to ensure food security and aid in poverty alleviation across these areas. Addressing this issue is vital for enhancing community welfare and preventing deeper socioeconomic disparities.

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 that impact individual and community health, including access to exercise, nutritious food, safe housing and healthcare services. The theme addresses the significant barriers such as transportation, food deserts and healthcare literacy that prevent communities from adopting healthier lifestyles. These behaviors are interconnected with chronic diseases like diabetes, obesity and heart conditions, underscoring the need for comprehensive health education and preventive care. Moreover, the excerpts reveal a strong community need for programs that promote health literacy and provide practical resources for managing health effectively.

The community feedback highlights critical gaps in resources and education that hinder effective health management. Issues such as lack of access to nutritious food and exercise facilities, inadequate transportation for reaching healthcare providers, and a broad misunderstanding of preventive care practices are recurrent themes. Community members are particularly concerned about the high incidence of chronic diseases and the insufficient support for managing these conditions locally. Efforts are being made to integrate more community-based health programs and collaborations with local organizations to address these gaps.

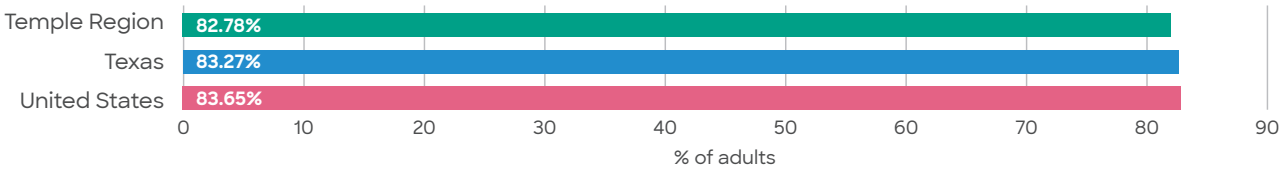
Direct quotes like “If they had a food truck that would come into that area and give out (food)” and “We have no transportation, but then again, there’s no walkable city that we have” illustrate the practical challenges faced by community members in accessing basic health necessities. Another poignant observation, “They may have literacy, but they are health illiterate, so they don’t really understand how to check their blood sugar with accuracy to know how much medication to take,” highlights the gap in health literacy that exacerbates chronic disease management issues. These statements emphasize the need for targeted interventions that not only provide resources but also educate communities on healthy living practices.

Topic	Temple Region	Texas	United States
Cholesterol screening *% of adults, 2021*	82.78 ±2.05	83.27 ±0.67	83.65 ±0.20
Cigarette smoking rate *% of adults, 2022*	16.3 ±1.3	14.8 ±0.4	14.6 ±0.1
Colorectal cancer screening *% of adults, 2022*	56.70 ±3.29	54.64 ±1.07	58.85 ±0.32
Mammography use *% of female adults, 2022*	74.55 ±4.63	73.79 ±1.55	75.65 ±0.45
No exercise *% of adults*	28.7 ±2.4	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



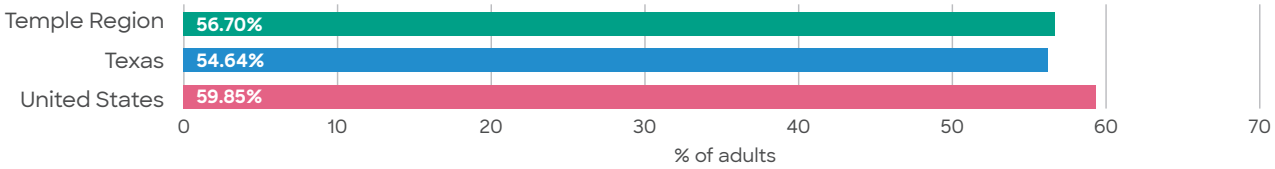
Cholesterol screening rates across different regions reflect slight variations in public health practices and accessibility. In the Temple Region, the screening rate stands at approximately 83%, slightly lower than the Texas average of 83.3% and the national average of 83.7%. These differences, although minor, might indicate varying levels of public health initiatives or community awareness regarding the importance of cholesterol screening. Addressing these disparities is crucial for enhancing preventive healthcare measures and ensuring that all communities have equal access to essential health services.

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



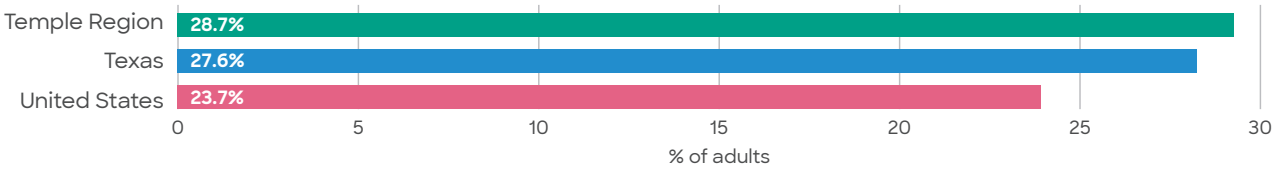
Colorectal cancer screening rates reveal significant insights into public health priorities and initiatives across different regions. In the Temple Region, approximately 57% of the population participates in screening programs, slightly higher than Texas' average of 55% but below the national average of 59%. This disparity underscores the need for targeted health education and access improvements in areas lagging behind the national standard to enhance community health outcomes and reduce the incidence of colorectal cancer.

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

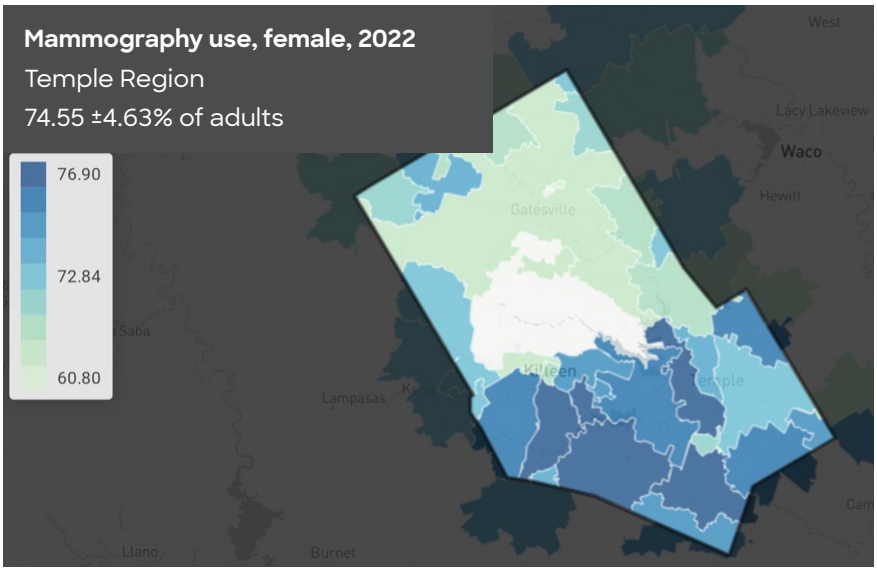


The prevalence of individuals not engaging in any exercise varies notably across different regions, with the Temple Region having the highest rate at approximately 29%, followed by Texas at 28% and comparatively lower in the entire United States at around 24%. This disparity highlights a significant concern, as the lack of physical activity can lead to various health issues, placing an added strain on healthcare services and potentially decreasing the overall quality of life in these communities. Addressing this issue with targeted public health interventions and community programs could be crucial in promoting healthier lifestyles and mitigating long-term health issues.

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.

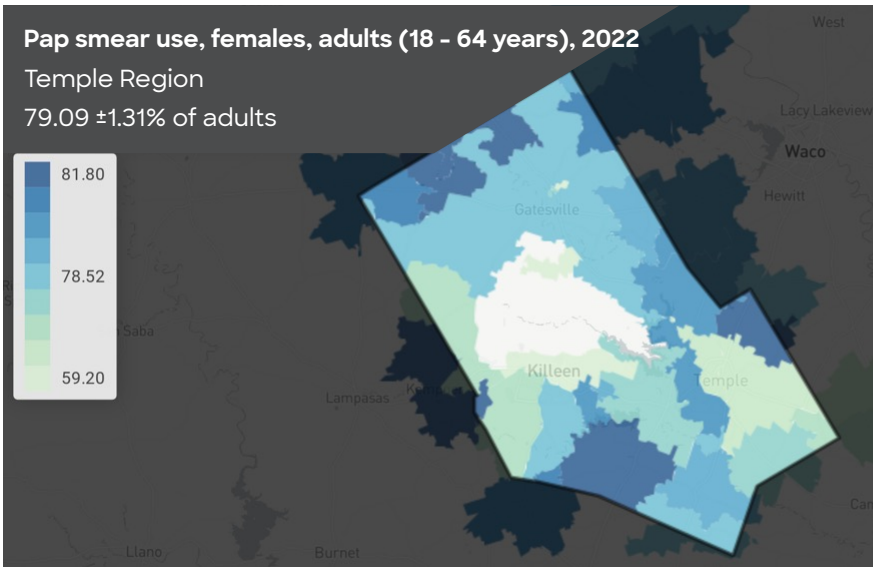


Mammography use among women aged 50 - 74 in various ZIP codes of Central Texas showcases a vital aspect of community health practices. These areas, including Temple, Killeen and Gatesville, report mammography rates ranging from about 61% to 77%, indicating moderate to high compliance with recommended biennial screenings. This level of preventive health measure uptake is essential not only for early detection of breast cancer but also acts as a benchmark for community health standards, influencing overall wellness and healthcare resource allocation in the region. By maintaining or improving these rates, these communities can ensure better health outcomes and reduced burdens on healthcare systems.

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.



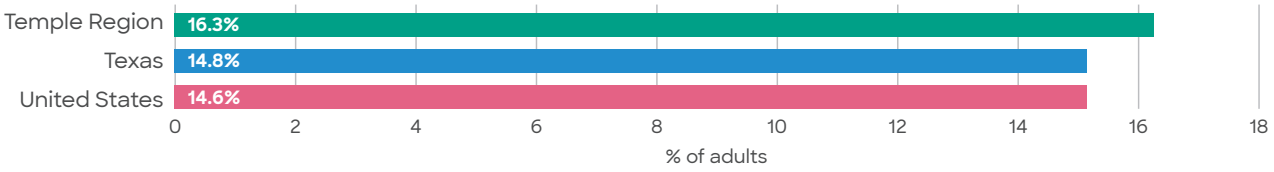
Pap smear screenings are a crucial preventive measure for cervical cancer among women aged 21 - 65, and understanding their utilization across different regions can significantly inform public health strategies. In the Temple area and surrounding locales such as Killeen, Gatesville and McGregor, the percentage of women who reported having a Pap smear in the last three years varies, with most areas showing a compliance rate ranging from about 59% to over 81%. This data underscores the varying degrees of healthcare engagement in these communities, reflecting both the successes and gaps in local health promotion efforts. The widespread adoption of Pap smears in most of these regions suggests a generally positive impact on community health outcomes by potentially reducing the incidence of cervical cancer through early detection.

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



Cigarette smoking remains a significant public health issue, with varying rates across different regions. The Temple Region exhibits a slightly higher smoking rate at 16.29%, compared to Texas at 14.8% and the national average of 14.61%. This difference underscores the need for targeted smoking cessation programs and health initiatives within the Temple Region to reduce the prevalence of smoking and its associated health risks. Addressing this disparity is crucial for improving community health outcomes and reducing the burden of tobacco-related diseases.

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

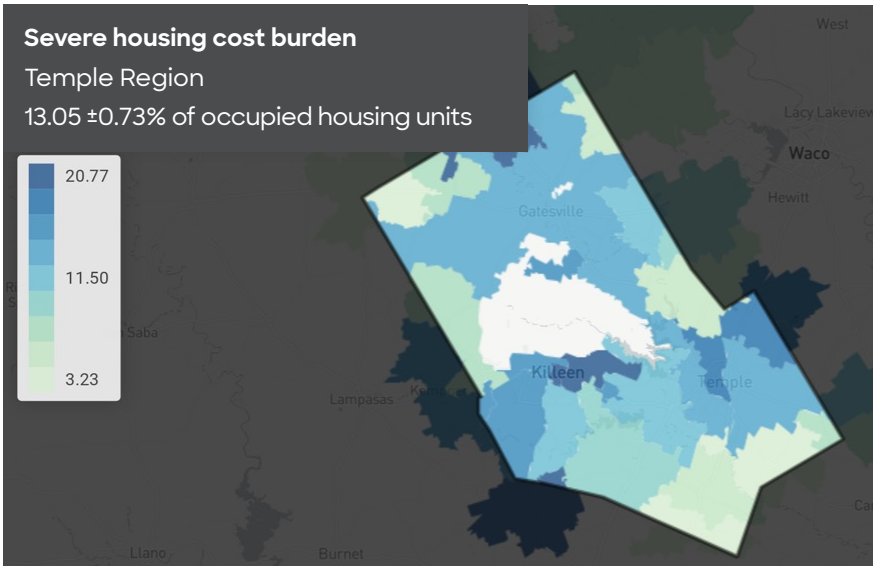
Housing issues, particularly around access to affordable and safe housing, are critical determinants of community health and well-being. Community members are increasingly facing challenges related to homelessness, housing instability and the unavailability of affordable housing options. The gap between income and housing costs is widening, exacerbating the problem for those with low incomes. Furthermore, the complexities involved in accessing housing, such as application fees and bureaucratic hurdles, deter many from securing stable housing. These housing challenges are intertwined with other social determinants of health, such as food insecurity and access to healthcare services, complicating efforts to improve overall community health.

Community voices express a range of concerns related to housing instability, from the difficulties of accessing affordable housing to the challenges of living without stable housing. Quotes such as “You can’t expect someone to come to their follow-up appointments, or refill their prescriptions if they don’t have stable housing,” and “Housing instability part not just homelessness. This is really an issue,” highlight the impact of housing on health outcomes. Additionally, the lack of housing contributes to increased instances of homelessness. As one member noted, “With all the increases for food and housing and utility bills, we’ve seen more homelessness.”

The community’s struggle with housing is further illuminated by direct quotes emphasizing the dire situation. “The chronic homeless rate is so high here because there’s not outside,” and “Affordable housing where they would normally qualify has been a shortage,” illustrate the ongoing challenges. These statements underscore the urgent need for targeted interventions and policies to address the housing crisis, ensuring that all community members have access to safe, affordable housing, which is fundamental to improving their quality of life and health outcomes.

Severe housing cost burden

Households spending more than 50% of income on housing are considered severely 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.



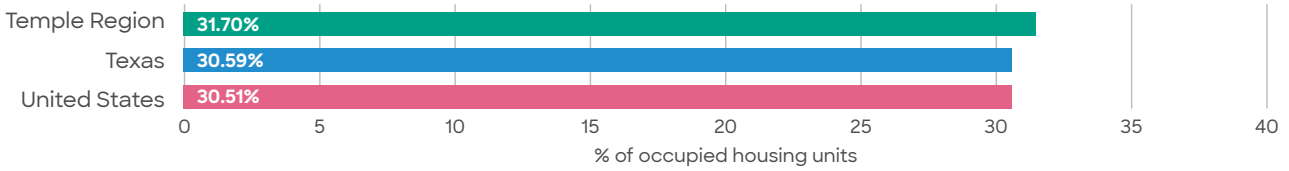
Severe housing cost burden significantly impacts many communities, especially evident in the multifaceted data from Temple, TX, and its surrounding areas. In regions like Florence and Killeen, TX, over 20% of occupied housing units experience a severe housing cost burden, indicating that a substantial portion of residents are spending more than half of their income on housing costs. This economic strain can hinder community growth and development, as excessive housing costs limit the ability of families to invest in other essential areas such as education, healthcare and savings, ultimately affecting the overall economic stability and quality of life in these areas.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/25091)

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



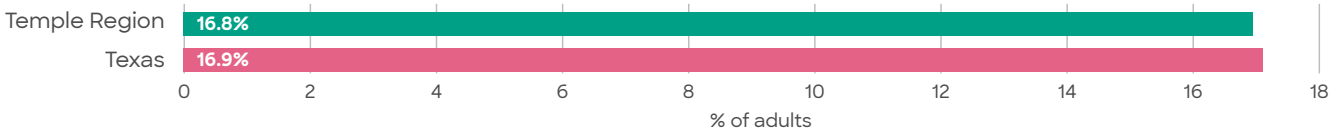
The housing cost burden across the Temple Region, Texas and the United States reveals a significant economic pressure on residents, with the Temple Region experiencing a slightly higher burden at 31.7% compared to Texas and the national average, which are approximately 30.6% and 30.5%, respectively. This elevated burden in the Temple Region suggests that a larger portion of households spend a substantial part of their income on housing, which can limit their ability to afford other essentials, thereby impacting the overall economic stability and quality of life within the community. It is crucial to address these disparities through targeted policies and support systems to alleviate financial stress and promote equitable housing opportunities.

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

Housing insecurity

The percentage of adults who were not able to pay mortgage, rent or utility bills in the past 12 months.

Housing insecurity, 2022



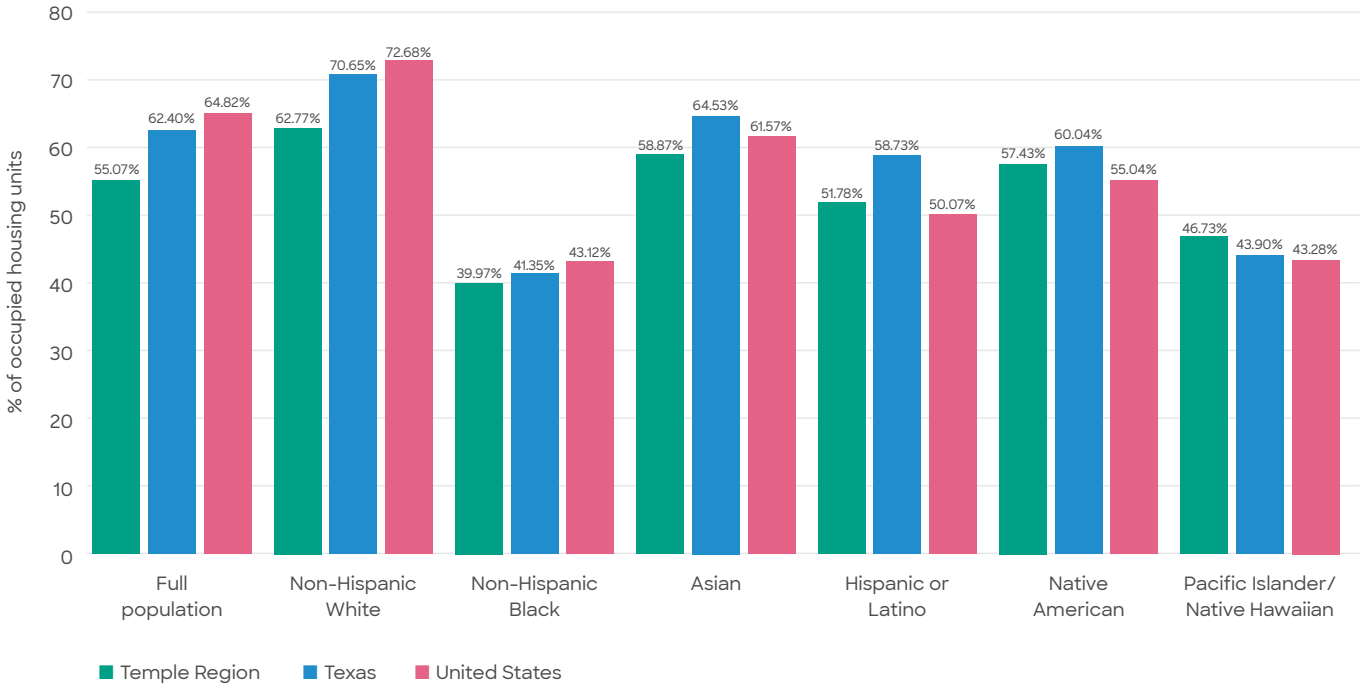
Housing insecurity remains a pressing issue in both the Temple Region and Texas at large, with figures nearly identical at approximately 16.75% and 16.92%, respectively. This data underscores the pervasive nature of housing challenges across different areas, highlighting a critical need for targeted interventions and policies to stabilize and support affected communities. The impact of housing insecurity not only disrupts the lives of individuals and families but also places significant strain on community resources, emphasizing the importance of strategic and sustained efforts to address this issue comprehensively.

Data sources: Centers for Disease Control and Prevention (CDC): PLACES, Behavioral Risk Factor Surveillance System (BRFSS), U.S. Census Bureau: American Community Survey (ACS)

Owner occupied

Homeownership rates across various racial and ethnic groups in Temple Region, Texas and the United States illuminate significant discrepancies. In the Temple Region, Non-Hispanic Whites have the highest ownership rate at approximately 63%, contrasting sharply with Non-Hispanic Blacks at about 40%. This gap extends beyond Temple to state and national levels, though slightly less pronounced, reflecting broader systemic issues affecting minority access to homeownership. These disparities have profound implications on community stability and wealth accumulation, underscoring the need for targeted policies to address the inequalities in housing markets.

Owner occupied by race/ethnicity, 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 public health that focuses on the health of mothers, infants and children. It aims to optimize health outcomes by providing care and support during the prenatal, perinatal and postnatal periods, as well as throughout childhood. Effective maternal and child health practices can significantly reduce mortality and morbidity rates among these populations and improve long-term health prospects. This theme is particularly concerned with ensuring that families have access to necessary healthcare services, managing chronic conditions like diabetes and hypertension, and promoting health literacy among parents and caregivers.

The community members involved in maternal and child health services highlight several challenges, including complex housing issues that impact health, difficulties in navigating healthcare systems, and the need for more comprehensive care at women's clinics. Chronic diseases such as diabetes and hypertension are prevalent among patients, necessitating ongoing education and support. Moreover, there is a significant demand for improved maternal care, including better access to prenatal and postpartum visits, which are currently hampered by long wait times and insufficient providers.

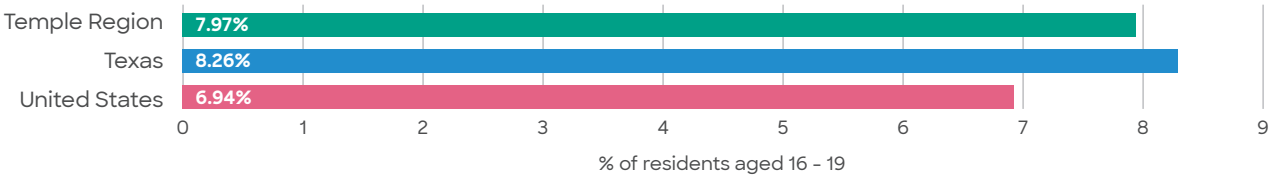
Specific initiatives mentioned include school-based clinics that cater primarily to acute care but also facilitate important communications between school nurses, healthcare providers and parents. Additionally, there is a focus on mental health needs within school districts, general safety awareness and specific programs like car seat safety to ensure the well-being of children. One quote captures the essence of these efforts: "It's mainly for acute care … but mainly acute. When the patients are sick, then they can come in, and if the nurse thinks that they need an appointment, then we can schedule that bring Mom and Dad in virtually and so it's like a 3-way communication between the school nurse and us. And then Mom and Dad, whomever comes into the conversation." This highlights the community's proactive approach to addressing immediate health concerns while also maintaining an ongoing dialogue about health safety and prevention.

Topic	Temple Region	Texas	United States
Births to women without partners present *% of births, female, 2022*	27.19 ±13.52	26.55 ±1.76	23.63 ±0.40
Child Opportunity Index 3.0 *2017 - 2021*	45	53	52
Child care center ratio *children I care center enrollment, 2023*	15	10	11
Grandparents responsible for grandchildren *% of residents age 30+, 2022*	2.23 ±0.77	1.32 ±0.07	0.99 ±0.01
Infant mortality *deaths per 1,000 live births, 2021*	6.4	5.4	5.7

Opportunity youth

Percentage of residents aged 16 - 19 who are neither working nor enrolled in school.

Opportunity youth, 2018 - 2022



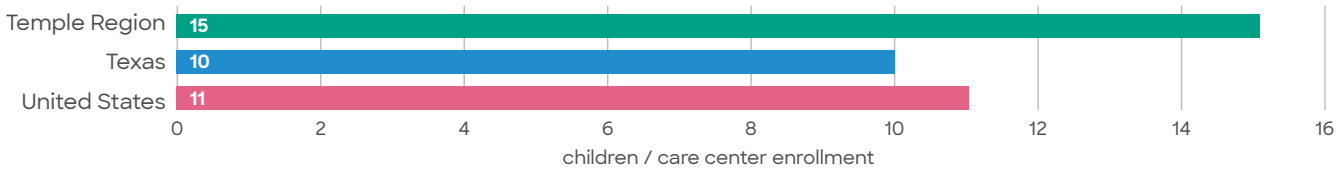
Opportunity youth rates are indicators of untapped potential within communities across different regions. In the Temple Region, the percentage of opportunity youth stands at approximately 8%, marginally higher than the national average of 7% and slightly below Texas' rate of 8.26%. This suggests that while Temple's youth are slightly better off than their statewide peers, they still face challenges that surpass national figures. Addressing these disparities requires targeted interventions that can harness the potential of these young individuals, ultimately benefiting the community by reducing unemployment and increasing economic activity. Strategic investments in education, vocational training and community programs are essential to mitigate the impact of opportunity youth on local development and economic health.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B14005)

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



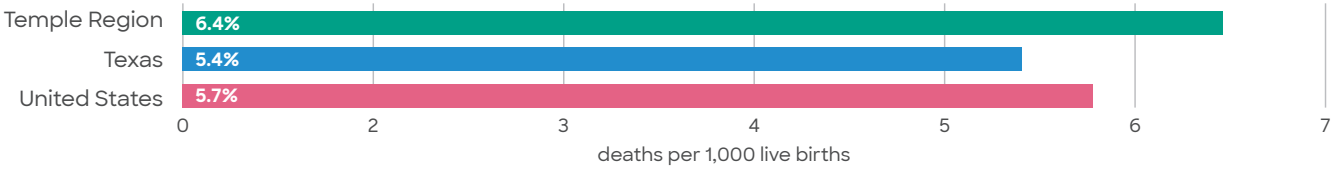
Child care center ratios vary significantly across different regions, reflecting diverse community support structures. In the Temple Region, the ratio stands at approximately 15 children per center, significantly higher than both the Texas state average of around 10 and the national average of nearly 11. This discrepancy highlights the unique challenges and potentially strained resources faced by childcare facilities in the Temple Region, impacting the quality of care and accessibility for families. Addressing these disparities is crucial for ensuring equitable childcare support across different communities.

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

Infant mortality

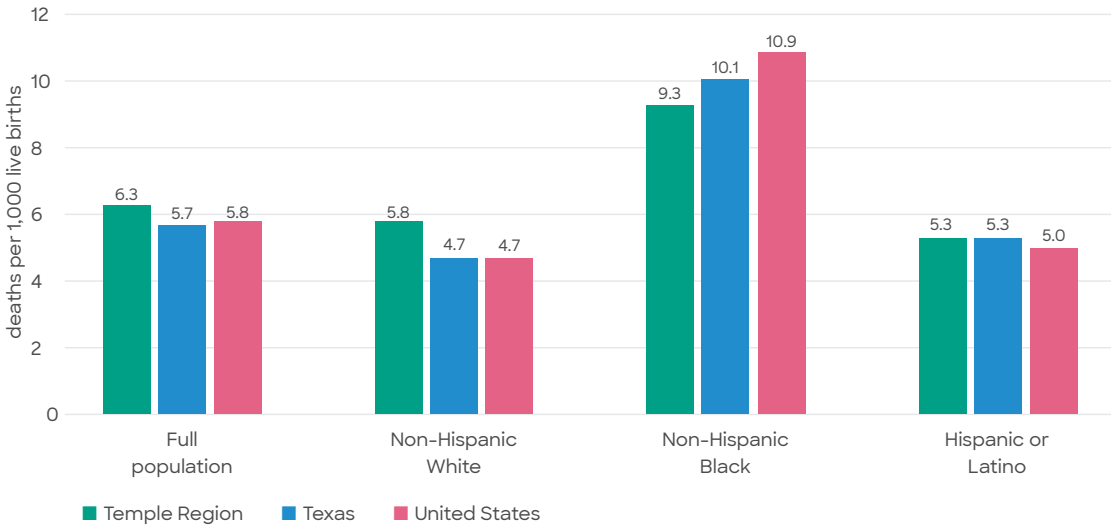
Rate of postneonatal deaths (in the first year of life). Stratifications by race/ethnicity are of the mother.

Infant mortality, 2021



Infant mortality rates serve as critical indicators of community health and access to effective healthcare. In the Temple Region, the infant mortality rate stands at 6.4 per 1,000 live births, which is notably higher compared to Texas at 5.43 and the national average of 5.69. This disparity highlights potential challenges in healthcare access or quality in the Temple Region, underscoring the need for targeted health interventions and increased healthcare support to reduce these rates and improve outcomes. Addressing infant mortality effectively requires a focused approach to enhancing healthcare services, ensuring that they are equitable and accessible to all community members.

Infant mortality by race/ethnicity, 2022



Infant mortality rates vary significantly across different racial and ethnic groups in Temple Region compared to Texas and the United States. The region reports higher mortality rates for Non-Hispanic Black infants at 9.3, which surpasses both state and national figures of 10.06 and 10.89 respectively, emphasizing a critical area for targeted health interventions. The data suggests a need for enhanced healthcare strategies and community support tailored to address these disparities, particularly for the most affected groups, to improve infant health outcomes in the community.

Data sources: Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) (3-year data), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (CDC Wonder; counties and states, excluding Wisconsin), Wisconsin Department of Health Services (WISH (Wisconsin data only)) (Only in WI), University of Texas System: Infant Mortality in Communities Across Texas (Texas ZIP code data) (Only in TX)

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

The theme of socioeconomic factors addresses the profound impact of economic inequalities on community health. Key issues include the affordability of medications, access to healthcare and the availability of transportation, which are crucial for maintaining the health of underprivileged populations. These factors also encompass the challenges of living in low-income areas, where access to nutritious food, safe housing and adequate healthcare services is often limited. The community members affected by these socioeconomic disparities struggle with multiple hurdles, including managing chronic conditions and navigating complex health systems. Moreover, the rising costs associated with living and healthcare exacerbate these challenges, making it difficult for many to maintain both physical and mental health.

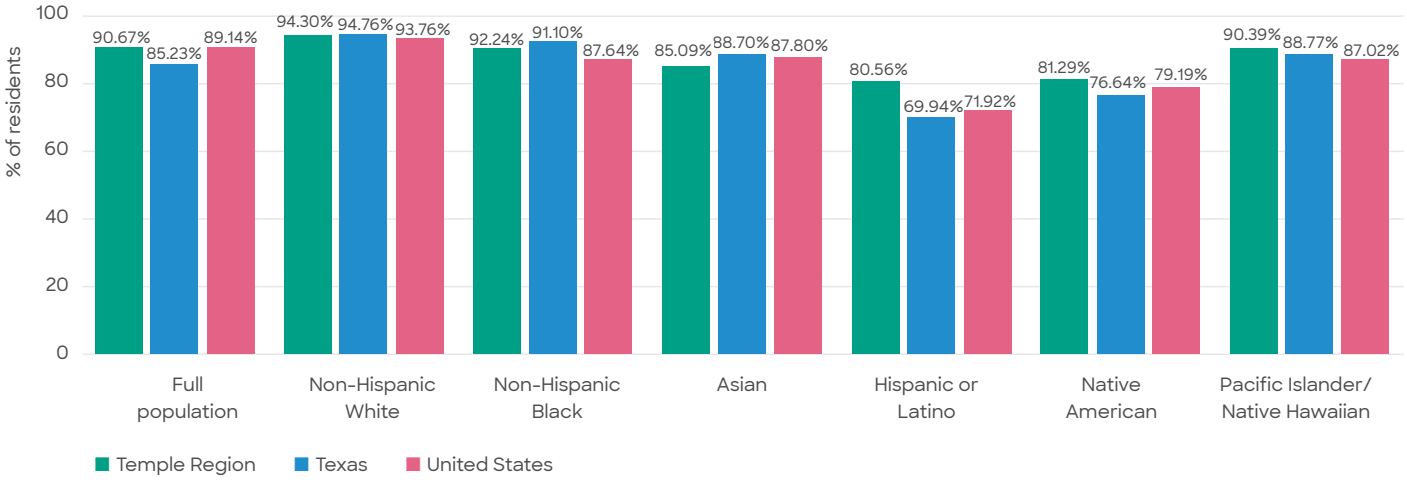
Community members are vocal about the various barriers they face due to socioeconomic factors. The lack of transportation is repeatedly mentioned as a critical issue, preventing many from accessing necessary healthcare services and other basic needs like grocery shopping. The high costs of medications and healthcare services further strain individuals who are already financially burdened. Many individuals also highlight the lack of accessible mental health services and the challenges related to housing instability and homelessness. The excerpts demonstrate a clear need for comprehensive support systems that address not only healthcare but also the social determinants of health that significantly impact well-being.

Quotes such as "The entire system is just broke" and "We only have so much resources, so much money" reflect the frustration and desperation felt by community members dealing with these socioeconomic barriers. Another poignant statement, "If you can't afford healthcare, and you're that's medical indigency, if you're financially indigent, you can't afford healthcare, you don't have a transportation, you have trouble buying food," highlights the interconnected nature of financial and health insecurities. These direct quotes underscore the critical need for targeted interventions that not only provide immediate relief but also work toward systemic changes to improve the socioeconomic conditions that underpin community health issues.

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 by race/ethnicity, 2018 - 2022



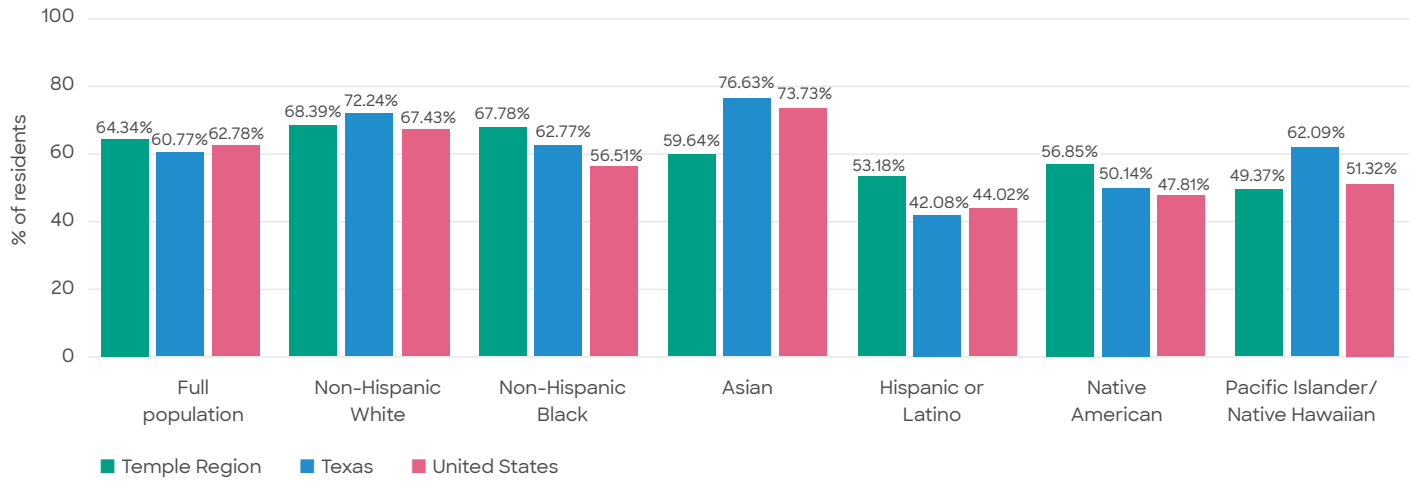
High school graduation rates are a critical indicator of educational success and community health. In the Temple Region, the overall graduation rate stands at an impressive 90.67%, surpassing both Texas and national averages, which are 85.23% and 89.14%, respectively. Particularly notable is the achievement of Non-Hispanic White students in Temple, who graduate at a rate of 94.37%, closely matching their peers in Texas. However, the Hispanic or Latino students in Temple show a significant improvement over their Texas counterparts, with a graduation rate of 80.56% compared to 69.94%. This suggests targeted educational policies in Temple may be effectively supporting this group better than statewide efforts. These graduation rates not only reflect the educational attainment but also influence the economic and social dynamics within the community, suggesting a strong foundation for future growth and stability in the Temple Region.

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

Any higher education rate

Residents 25 or older with any post-secondary education, including less than one year.

Any higher education rate by race/ethnicity, 2018 - 2022



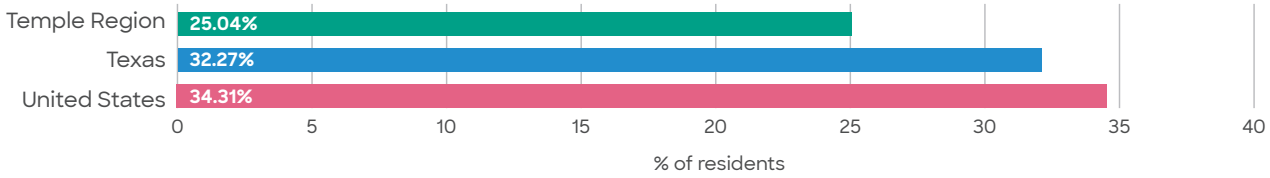
In the Temple Region, the higher education rate shows interesting variation across different racial and ethnic groups when compared to Texas and the United States overall. Notably, despite the higher education rate for the full population in Temple being above both the state and national averages, disparities become evident within specific groups. The Asian and Non-Hispanic White populations in Temple fall below their counterparts in Texas and nationally, which could indicate regional discrepancies in access or cultural emphasis on higher education. Conversely, Non-Hispanic Blacks and Hispanics or Latinos in Temple exceed their peers significantly, suggesting local initiatives or community support systems that effectively promote educational attainment among these groups. This pattern highlights the impact that localized educational policies and community support can have in enhancing or impeding educational success across different ethnicities. Addressing these disparities is crucial for ensuring equitable educational opportunities and fostering community development.

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



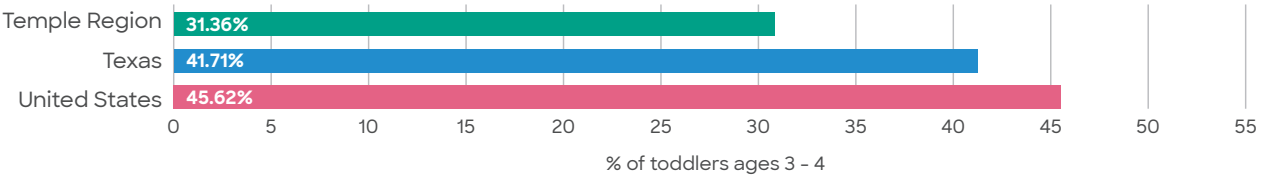
The college graduation rates across different regions in the United States reveal significant disparities in educational achievements. In the Temple Region, the graduation rate stands at approximately 25%, compared to Texas at 32% and the national average at 34%. These figures underscore the varying impacts of educational policies and access to higher education on communities, highlighting a need for targeted interventions to improve graduation rates, particularly in areas lagging behind the national average. Addressing these disparities is crucial for fostering economic growth and social mobility within these communities.

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



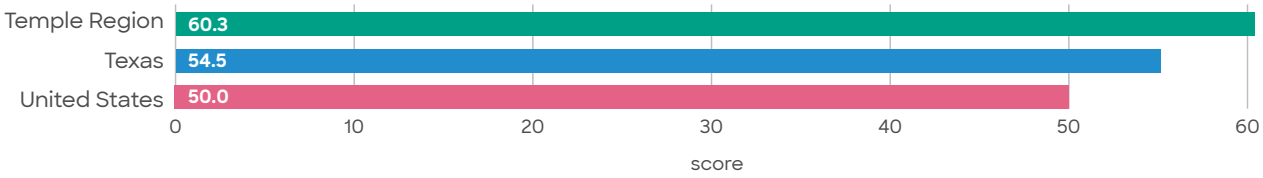
Preschool enrollment figures reveal significant regional variations, highlighting the differing educational opportunities for young children across the United States. In the Temple Region, only about 31% of children are enrolled in preschool, compared to 42% in Texas and nearly 46% nationwide. These disparities emphasize the impact of local policies and community support on early childhood education, underscoring the need for targeted interventions to increase access and enrollment in underserved areas to ensure foundational educational opportunities are equitable across all communities. This analysis not only reflects the current state of preschool education but also guides stakeholders in addressing the communal gaps in early learning experiences.

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



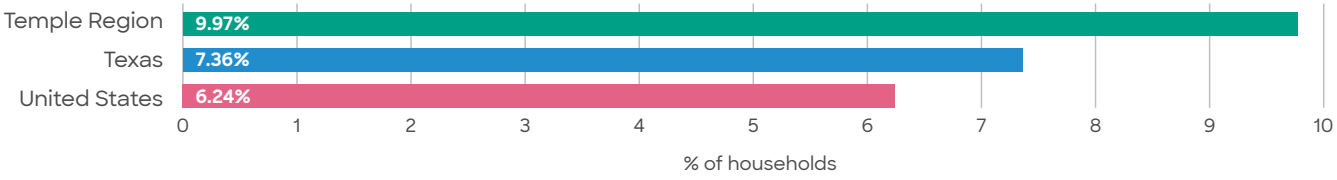
The Hardship Index reveals varying levels of challenge across different regions, with the Temple Region experiencing a notably higher index of 60.34 compared to Texas and the broader United States, which stand at 54.47 and 50.0, respectively. This discrepancy highlights specific regional hardships that could impact community development and quality of life. Addressing these inequalities is crucial for enhancing societal support structures and ensuring equitable growth and support across these communities. It is imperative that targeted interventions and policies are implemented to mitigate these disparities and improve the overall well-being of the affected populations.

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

Single-parent households

Percentage of households that have children present and are headed by a single parent (mother or father), with no partner present.

Single-parent households, 2018 - 2022

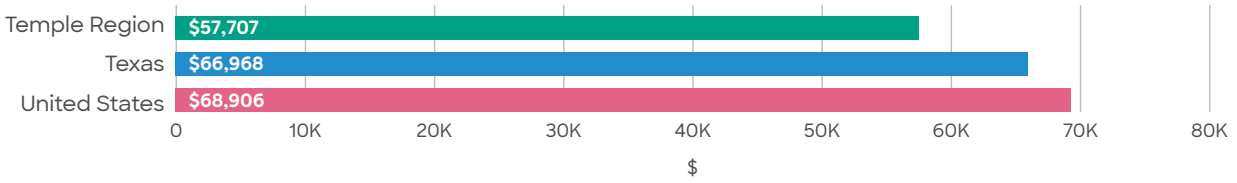


Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B11012)

Median household income

Income in the past 12 months.

Median household income, 2018 - 2022



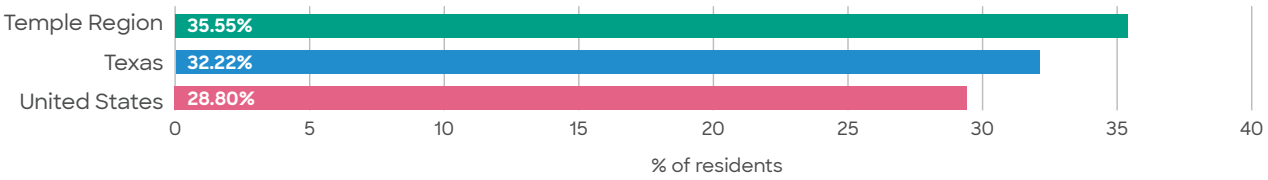
The economic landscape of the Temple Region presents a unique challenge as it falls below the median household income levels of both Texas and the United States, with incomes at approximately $57,700 compared to Texas' $66,967 and the national average of $68,906. This disparity suggests that residents in the Temple area might be experiencing economic pressures that could influence access to resources and overall quality of life. Addressing these income discrepancies is crucial for fostering community development and ensuring equitable opportunities for all residents.

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



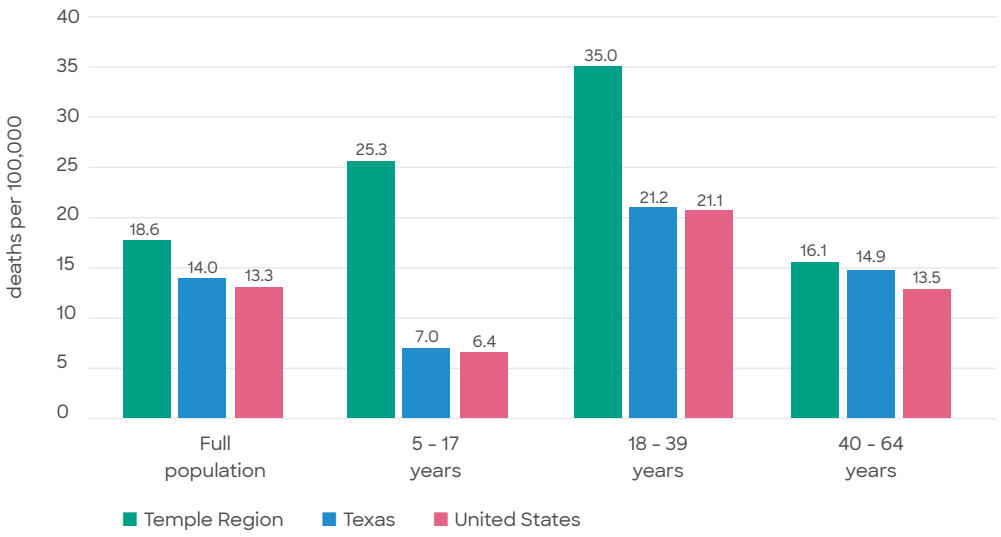
The prevalence of individuals living below 200% of the poverty level is notably higher in the Temple Region at 35.55% compared to both the statewide average in Texas (32.22%) and the national figure in the United States (28.8%). This disparity underscores the significant economic challenges faced by the Temple Region, which can have profound impacts on access to essential services and overall community well-being. Addressing these economic disparities is crucial for improving living conditions and ensuring equitable access to resources and opportunities for residents in the Temple Region.

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

Firearm-related mortality

Deaths per 100,000 residents related to firearms (ICD-10 codes *U01.4, W32-W34, X72-X74, X93-X95, Y22-Y24, Y35.0).

Firearm-related mortality by age, 2018 - 2022



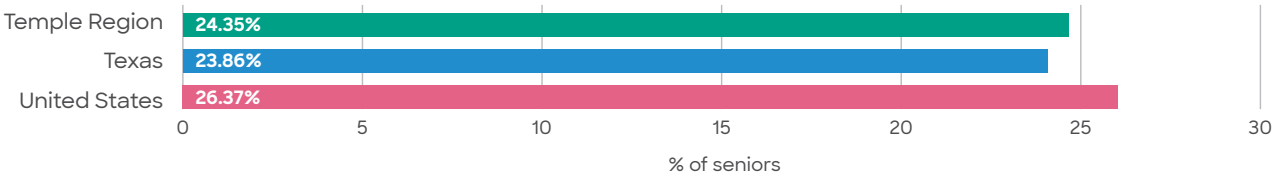
Firearm-related mortality rates reveal significant disparities across different regions and age groups, highlighting a critical public health concern. In the Temple Region, the mortality rate for the full population stands at 18.57 per 100,000, significantly higher than both Texas and the United States averages of 14.04 and 13.26, respectively. Particularly alarming are the rates among youth aged 5 - 17 years, which are drastically higher in Temple at 25.35 compared to 7.04 in Texas and 6.36 nationwide. These statistics underscore the urgent need for targeted interventions and policies to address firearm safety and mental health, particularly in younger populations, to mitigate the impact of such violence on these communities.

Data sources: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)

Seniors living alone

Percentage of residents aged 65 and older who live alone. Does not include those living in group homes such as nursing homes.

Seniors living alone (65 and older), 2018 - 2022



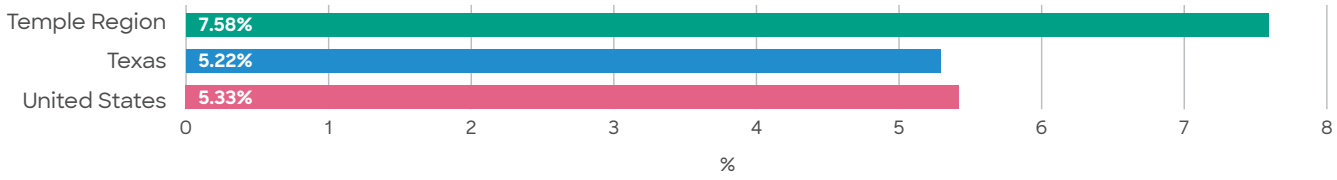
The prevalence of seniors living alone in different regions highlights the growing need for community and healthcare support services tailored to this demographic. In the Temple Region and Texas, approximately 24% and 24% of seniors, respectively, live alone, compared to the slightly higher national average of 26%. These figures underscore the critical importance of developing targeted interventions and support networks to ensure the health and well-being of solitary seniors, thereby reducing potential risks associated with social isolation and lack of immediate care. Addressing this issue is vital for maintaining the quality of life and independence of elderly residents across these regions.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B09020)

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 Temple Region stands at 7.58%, which is notably higher than both the state of Texas at 5.22% and the national average of 5.33%. This disparity indicates unique economic challenges within the Temple Region that could be affecting community stability and individual well-being. Addressing this higher unemployment rate is crucial for enhancing economic opportunities and improving quality of life for residents in the area. Strategic initiatives to boost employment could include skills training programs and incentives for businesses to establish operations in the region.

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, access to mental healthcare, access to primary care providers, food insecurity, access to care: insurance

Health priority	Action/tactic	Outcomes
• Obesity/ physical inactivity	• Community health improvement services and education—Provide free community education sessions on nutrition and health and wellness through community health fairs, programs and health events. • Baylor Scott & White Medical Center - Temple (includes McLane Children's Medical Center) and Baylor Continuing Care Hospital—Provided $6.1 million in community health improvement programming and services. • Implement and promote the Staff Step Challenge.	• Decrease obesity and increase physical activity, resulting in improved overall health outcomes and prevention of chronic disease. • Increase employee physical activity • Baylor Scott & White Continuing Care Hospital: Employees recorded a 20% average increase in daily step activity.
• Access to mental healthcare	• Partner with Bell County Diversion Center to provide psychiatric and mental health services to at-risk and vulnerable populations • Baylor Scott & White Medical Center - Temple worked alongside Bell County Diversion Center leaders and medical experts to develop the Bell County Diversion Center strategic plan and program. The medical center also provided funding to support the operation of the diversion center. • Provide behavioral health services through the MyBSWHealth app.	• Improved access to mental health services and treatment, resulting in a decrease of mental health crises. • Baylor Scott & White Medical Center - Temple: Over 18,500 behavioral health appointments made by patients residing within the Temple Region via the MyBSWHealth app.

Health priority	Action/tactic	Outcomes
• Access to mental healthcare • Access to primary care providers	• Partner with local free clinics to provide primary and mental healthcare to uninsured and low-income populations.	• Increased access to primary and mental healthcare for underserved populations. • Baylor Scott & White Medical Center – Temple: Partner with Temple Community Clinic and Greater Killeen Free Clinic to provide over $165,000 for primary care services, mental health services and nutrition programming. The medical center also partners with Temple Community Clinic to provide physician oversight and support for primary care services.
• Food insecurity	• Partner with USDA Meals Program to provide nutritious food to food-insecure populations.	• Increased access to healthy food among food-insecure populations. • Baylor Scott & White Medical Center – Temple: Partnered with the USDA Meals Program to provide over 24,000 pounds of food to low-income and vulnerable populations.
• Access to primary care providers	• Provide opportunities to health professionals for furthering 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.	• Increased access to quality primary care providers. • Baylor Scott & White Medical Center – Temple (including McLane Children's Medical Center) provided over $175 million in health professions education.
• Access to primary care providers: insurance • Access to mental healthcare • Access to primary care	• Provide free and/or discounted care to financially or medically indigent patients as outlined in the financial assistance policy.	• Increased access to primary and mental healthcare. • Baylor Scott & White Medical Center – Temple (including McLane Children's Medical Center): Provided over $130 million in charity care to low-income and uninsured patients.

Existing resources

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

- Altrusa International of Temple
- Area Agency on Aging
- Bell County Indigent Health Services Department
- Bell County Public Health District
- Bell County Salvation Army
- Bell/Lampasas Counties Community Supervision and Corrections Department
- Belton Independent School District
- Body of Christ Community Clinic
- Bring Everyone in the Zone
- Central Texas Housing Consortium
- Central Counties Services (MHMR)
- Central Texas Council of Governments
- Churches Touching Lives for Christ
- Families in Crisis
- Family Promise of Eastern Bell County
- Food Care Center
- Greater Killeen Community (Free) Clinic
- Helping Hands Ministry Belton
- Hill County Transit District: “the HOP”
- ImPossible Teen Club
- Killeen Alumnae Chapter
- Killeen ISD
- LULAC Council
- Project Spread a Lil Love
- Salado ISD
- SHE Will Foundation
- Temple Bible Church
- Temple Community Clinic
- Temple Independent School District
- Temple NAACP
- Texas A&M AgriLife Extension Service – Bell County
- Texas Department of State Health Services Region 7
- The Steven A. Cohen Military Family Clinic at Endeavors, Killeen
- United Way of Central Texas
- Workforce Solutions of Central Texas
- Temple College
- Texas A&M University – Central Texas
- St. Vincent de Paul (Temple Christian Outreach)
- Vista Church

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	14%
Maternal and child health	7%
Health behaviors	0%
Behavioral health	21%
Built environment	0%
Housing	0%
Access to care	29%
Chronic disease	29%
Food access	0%

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

1. Chronic disease

2. Access to care

Health needs assessed but not identified as significant

- **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.
- **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.
- **Health behaviors:** Many health behaviors are highly correlated with the health needs identified in the CHNA. Hospital and community leaders indicated that health behaviors will be incorporated in strategies focusing on the prioritized health needs. In addition, the hospital implements many programs and initiatives that aim to improve health behaviors within the community, including community screenings, nutrition education and primary care services.

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 16, 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.

Federal Bureau of Investigation: FBI Crime Data Explorer
The FBI's Crime Data Explorer (CDE) aims to provide transparency, create easier access and expand awareness of criminal, and noncriminal, law enforcement data sharing; improve accountability for law enforcement; and provide a foundation to help shape public policy with the result of a safer nation. Data is shared by individual jurisdictions, which do not always report all of their data to the FBI.

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

US Department of Agriculture (USDA) - Economic Research Service: Food and Nutrition Service

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.

US Department of Housing and Urban Development (HUD): Housing Choice Vouchers by Tract
This service provides spatial data and information for Housing Choice Voucher (HCV) recipients.

University of Texas System: Infant Mortality in Communities Across Texas
The infant mortality rate (number of deaths before an infant's first birthday per 1,000 births) is a leading health indicator that provides insight into the health of infants, mothers and the larger community. Texas has been meeting the Healthy People 2020 target for infant mortality since 2012 and has an infant mortality rate lower than the national rate.

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)

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): National Vital Statistics System-Mortality (NVSS-M)
Beginning in 2021, age-adjusted rates are no longer available from the CDC at a county level. All data from 2021 onward is presented as crude rates. Please use caution when directly comparing data from before 2021 to data from 2021 onward. The National Vital Statistics System Mortality component (NVSS-M) obtains information on deaths from the registration offices of each of the 50 states, New York City, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa and Northern Mariana Islands. The system is operated by the Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS). This data is available from the CDC Wonder data portal.

Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N)
In the United States, state laws require birth certificates to be completed for all births, and federal law mandates national collection and publication of births and other vital statistics data. The National Vital Statistics System, the federal compilation of this data, is the result of the cooperation between the National Center for Health Statistics (NCHS) and the states to provide access to statistical information from birth certificates.

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.

The University of Wisconsin Population Institute

2020 County Health Rankings & Roadmaps

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, childcare, 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 childcare?
    - ☐ 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**.