

# 2025 Community Health Needs Assessment

Waxahachie Region





## Waxahachie Region community hospital

- **Baylor Scott & White Medical Center – Waxahachie**

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



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# Our commitment to the communities we serve

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

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

## Our system includes:



**52**  
hospitals



**1,300**  
care sites



**7,200**  
active physicians

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

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

# Executive summary

Baylor Scott & White Medical Center – Waxahachie is committed to enhancing the health and wellness of the communities it serves. This Community Health Needs Assessment (CHNA) represents a focused effort to identify and address the pressing health concerns within this area, using a comprehensive approach that includes surveys, focus groups, interviews and claims data analysis.

The CHNA conducted by Baylor Scott & White Health (BSWH) follows a structured methodology to ensure that all findings and strategies are reflective of the actual needs within the community. As part of this assessment, diverse groups from the Waxahachie Region were engaged to provide a broad spectrum of perspectives and insights. This inclusive approach ensures that the strategies developed are not only comprehensive but also targeted to address specific needs effectively.

The assessment process was rigorously designed to capture a wide range of health-related information, which guides our understanding of the current health landscape and informs our strategic priorities moving forward. Although specific health themes have not been predefined for this CHNA, the data collected will reveal key areas where the community requires focused intervention and support.

BSWH is dedicated to using the insights gained from this CHNA to tailor its health programs and initiatives effectively. The goal is not only to address immediate health concerns but also to work proactively in promoting long-term health and wellness in the Waxahachie Region.

This CHNA report serves as a crucial tool for policymakers, healthcare organizations and community stakeholders. By providing a clear, concise and data-driven overview of the health needs in the Waxahachie Region, BSWH continues to reinforce its commitment as a leading healthcare provider dedicated to fostering a healthier community.

In conclusion, the CHNA by BSWH is a fundamental component of our strategic planning, ensuring that all health initiatives are aligned with the specific needs of the communities we serve. Through continuous engagement and responsive health programming, we are committed to making a meaningful impact on the overall health outcomes in the Waxahachie Region.

# CHNA process

## Introduction

The Waxahachie Region Community Health Assessment was conducted to identify the health needs of the community and develop strategies to address them. This assessment involved collaboration with various community partners and utilized several types of primary data, including claims data and Metopio, a platform providing curated data on various health and community indicators. The assessment aimed to gather comprehensive insights into the health behaviors, outcomes and socioeconomic factors affecting the Waxahachie Region.

## 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. 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 Waxahachie 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](https://www.bswhealth.com/CommunityNeeds)) or by emailing [CommunityHealth@BSWHealth.org](mailto:CommunityHealth@BSWHealth.org).

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

- Hope Clinic
- Jim Street Christian Church
- CASA of Ellis County
- Salvation Army
- Ellis County Indigent Health Care

## 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. Four interviews were completed in the Waxahachie Region.

### Metopio (secondary data)

Metopio is a robust platform that offers curated data from public and proprietary sources, covering a wide range of health behaviors, outcomes and community-level drivers of health. This data is presented by race, ethnicity and gender, providing a comprehensive view of the community’s health landscape.

In this assessment, Metopio was used to gather information on various health indicators, including access to care, behavioral health and socioeconomic factors. The data helped identify key areas of concern and provided a foundation for developing targeted interventions to improve community health.

### CHNA process

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



## Approach to identifying and prioritizing significant health needs

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

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

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

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

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

Significant health needs:

- 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 priority 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

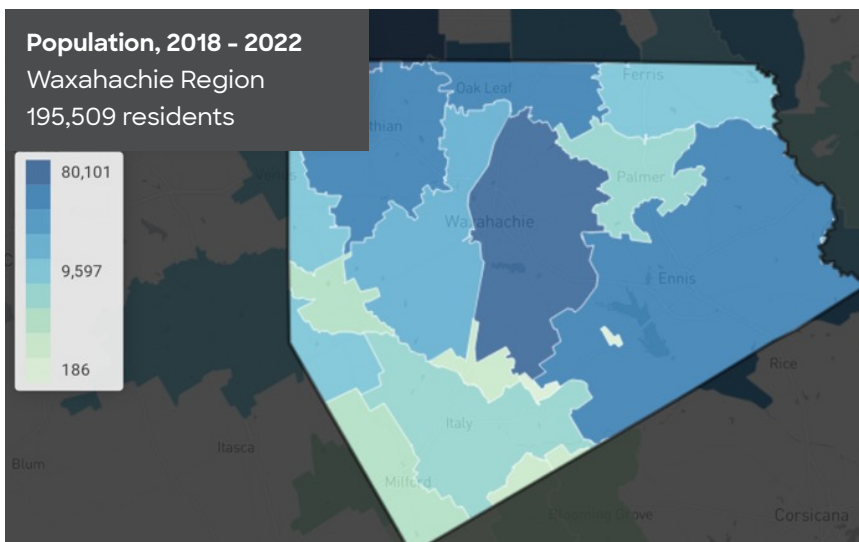
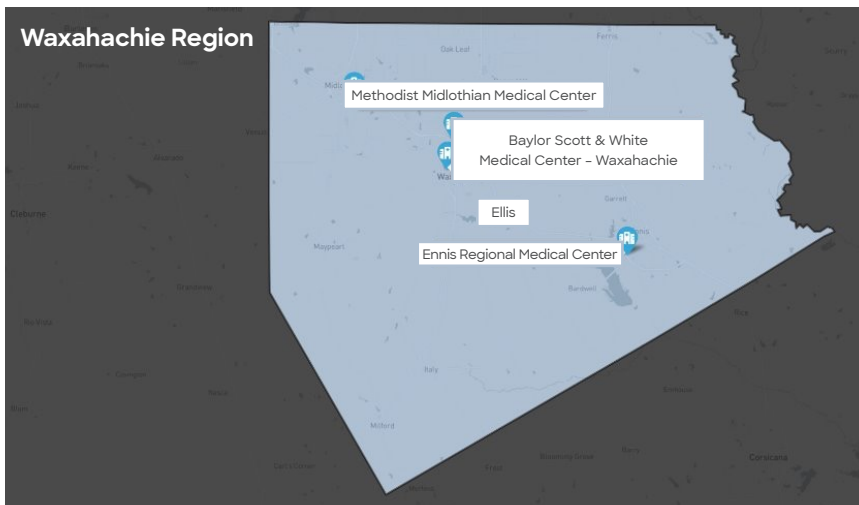
# Demographics

## Overview

Baylor Scott & White Health (BSWH) owns and operates numerous individually licensed hospital facilities serving the residents of North and Central Texas. The Waxahachie Region is home to one of these hospitals:

- **Baylor Scott & White Medical Center - Waxahachie**

The community served by the hospital facility listed above includes Ellis County, shown in the map below. BSWH has at least one hospital facility or a provider-based clinic in this county. The community served was based on the contiguous ZIP codes within the associated counties that made up where more than 70% of the admitted patients live, according to the hospital facilities' inpatient admissions over the 12-month period of FY 22.



Total population

**222,829**



Median household income

**\$95,898**



Median age

**36.3**



% of Spanish primary language

**20.03%**

% of Asian primary languages

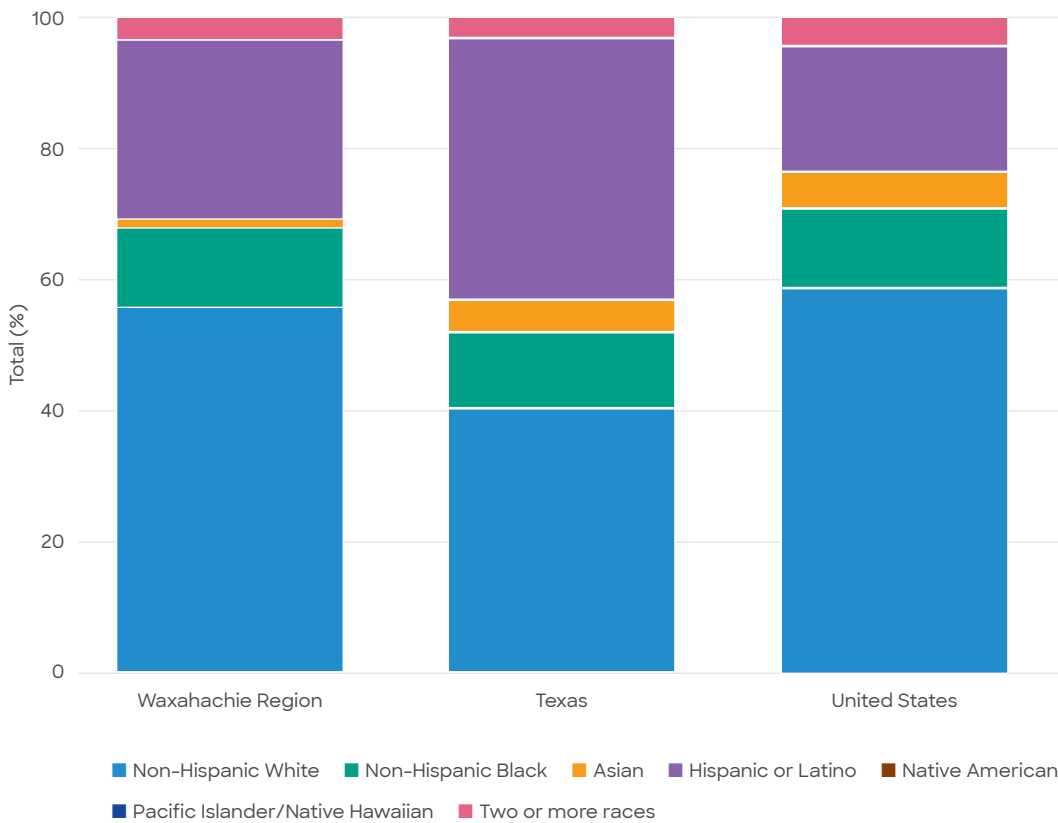
**0.53%**

## Race/ethnicity

The Waxahachie Region has a significant proportion of Non-Hispanic White and Hispanic or Latino residents, with smaller but still notable populations of Non-Hispanic Black, Asian, and individuals of two or more races. The implications of these demographics are that the community is ethnically diverse, which may influence cultural practices, healthcare needs and community dynamics. It also suggests the potential for variations in health outcomes and disparities based on race and ethnicity.

When compared to Texas and the United States, the Waxahachie Region has a higher proportion of Non-Hispanic White residents and a lower proportion of Hispanic or Latino individuals. In contrast, the region has a lower representation of Non-Hispanic Black and Asian individuals compared to the state and national averages. These demographic differences have implications for cultural representation, social dynamics and the provision of culturally competent healthcare services within the Waxahachie Region.

### Population by race/ethnicity, 2018 - 2022

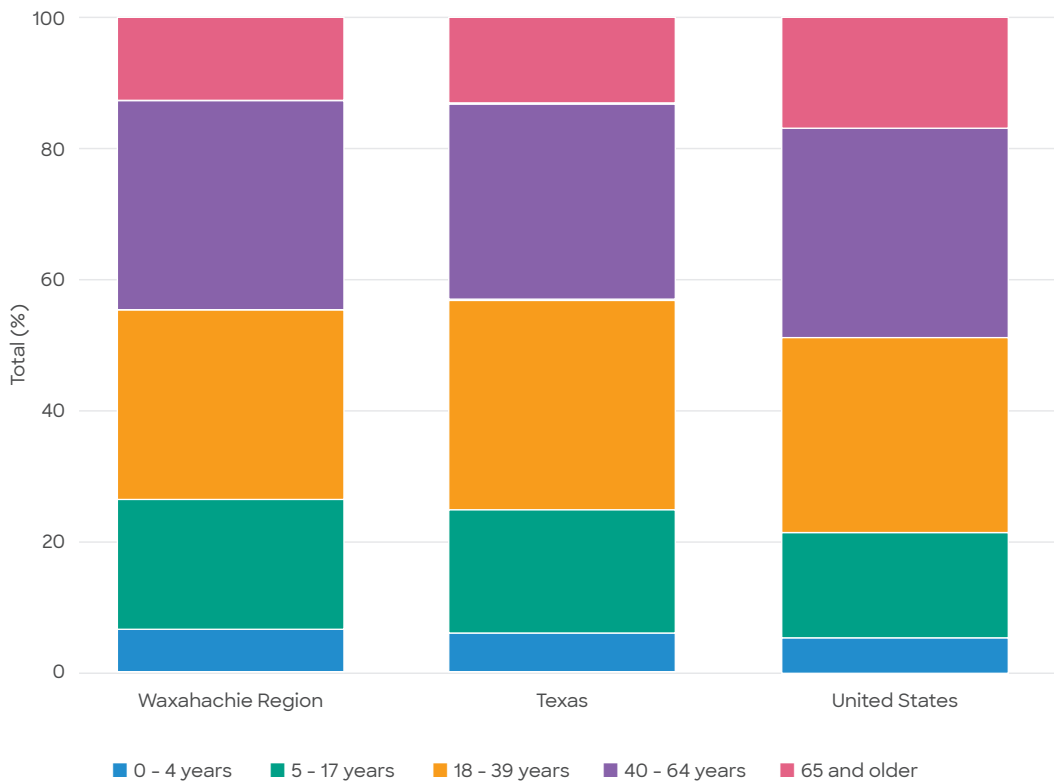


## Age distribution

The age distribution in the Waxahachie Region is fairly evenly spread across different age groups, with a slightly higher proportion of individuals in the 18 - 39 years and 40 - 64 years categories. This suggests a relatively balanced distribution of age groups, with implications for healthcare services, educational needs and workforce dynamics within the community.

Comparing the age distribution in the Waxahachie Region with Texas and the United States, the region exhibits a similar pattern of age distribution, with slightly higher proportions of individuals in the 18 - 39 years and 40 - 64 years categories. These demographic similarities indicate that the Waxahachie Region aligns closely with state and national age trends, which can inform resource allocation and program planning related to healthcare, education and social services.

### Population by age, 2018 - 2022



# Health needs

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



## Access to care

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## Behavioral health

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## Built environment

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## Chronic disease

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## Food access

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## Health behaviors

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## Housing

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## Maternal and child health

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## Socioeconomic factors

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## Access to care

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

### What we heard from the community

Access to care is a critical component of community health, and the provided excerpts shed light on the numerous challenges faced by individuals in accessing essential healthcare services. The quotes highlight issues such as limited healthcare facilities, transportation barriers, long wait times for appointments, and the lack of mental health facilities and support programs. Additionally, the rising cost of health coverage and the absence of affordable housing further exacerbate the difficulties in accessing necessary care.

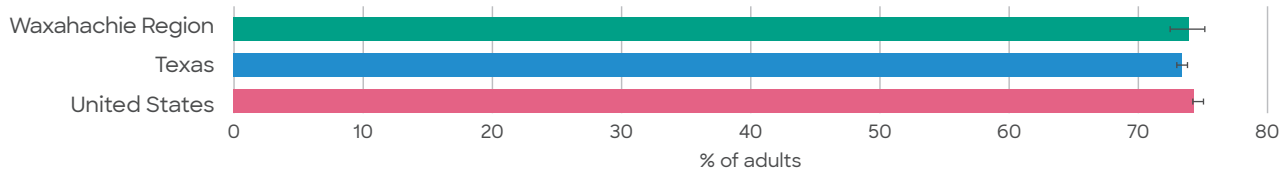
Community members express concerns about the scarcity of healthcare resources and the need for additional programs, especially for inpatient mental health psychiatry and treatment for substance use disorders. The lack of specialist care within the local area, coupled with the burden of transportation and child care-related challenges, further compounds the obstacles to accessing care. The excerpts also emphasize the need for affordable transportation for seniors and improved infrastructure for services such as immunization clinics and child care support.

Topic	Waxahachie Region	Texas	United States
<b>Dentists per capita</b> <i>dentists per 100,000 residents, 2024</i>	87.0	102.7	105.2
<b>Internet access</b> <i>% of households, 2022</i>	95.67 ±1.54	93.82 ±0.21	93.59 ±0.10
<b>Medicaid coverage</b> <i>% of residents, 2022</i>	13.95 ±2.32	16.86 ±0.22	21.23 ±0.09
<b>Mental health providers per capita</b> <i>providers per 100,000 residents, 2024</i>	228.4	332.3	602.7
<b>No vehicle available</b> <i>% of households</i>	3.37 ±1.22	5.39 ±0.15	8.27 ±0.05

# Visited doctor for routine checkup

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

## Visited doctor for routine checkup, 2022



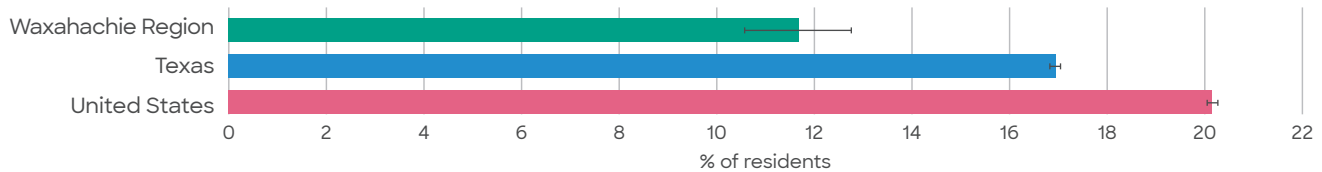
Routine checkups are an essential part of maintaining good health, and the data shows that in the Waxahachie Region, 72.6% of the population visited a doctor for routine checkups, compared to 72.34% in Texas and 74.04% in the United States. This indicates that the Waxahachie Region is slightly below the national average in terms of regular doctor visits, which may have implications for the overall health and wellness of the community.

**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)

# Medicaid coverage

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

## Medicaid coverage, 2018 - 2022



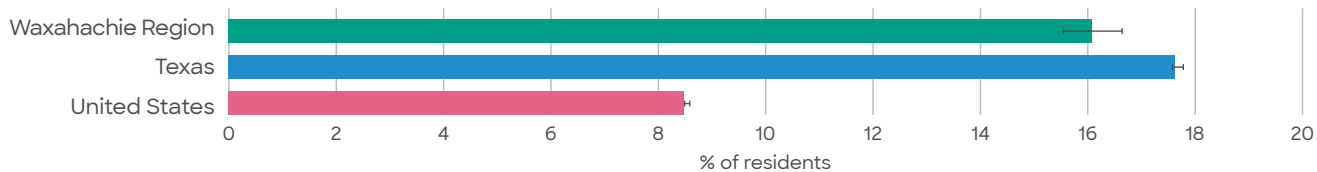
Medicaid coverage varies significantly across different regions, as evidenced by the data. The chart indicates that the Medicaid coverage in the Waxahachie Region is 11.54%, which is lower than the state average of 16.31% in Texas and considerably lower than the national average of 20.4%.

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

# Uninsured rate

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

## Uninsured rate, 2018 - 2022



The uninsured rate in the Waxahachie Region is 16.14%, which is slightly lower than the state average of 17.58% in Texas. However, it is notably higher than the national average of 8.68%. This suggests that there may be specific healthcare challenges in the Waxahachie Region that contribute to the higher uninsured rate compared to the rest of the country.

**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 needs are a significant concern within the community, with challenges related to mental health, substance misuse and access to appropriate services. The lack of inpatient mental health psychiatry and drug abuse programs, compounded by limited resources and insurance coverage, has led to a growing crisis in addressing these issues. Community members express the rise in mental health challenges, often linked to domestic violence, job loss and substance use, highlighting the need for comprehensive support programs.

One notable issue is the waitlisted nature of available resources, with limited facilities accepting insurances, leading to barriers in accessing essential services. Moreover, the community has observed an increase in vaping, cannabis-related issues and alcohol-related problems, emphasizing the need for targeted interventions. Individuals express feelings of isolation, depression and struggles with substance misuse, indicating the urgent need for accessible mental health services and emotional support.

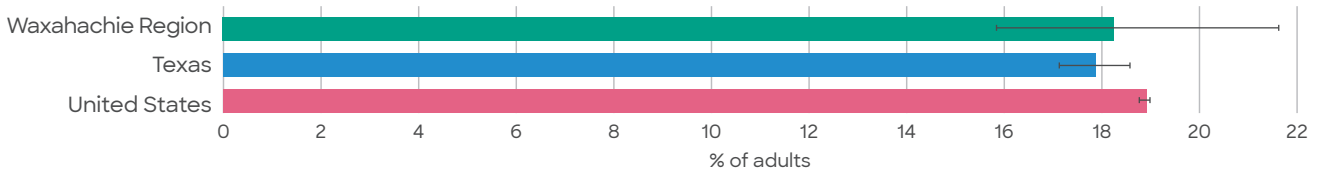
Community organizations and law enforcement are actively addressing behavioral health needs, including substance use disorders, through crisis intervention units and youth recovery programs. However, the lack of available resources and support often leaves individuals with behavioral health challenges without adequate assistance, leading to concerns about the ability to provide appropriate care and support. Overall, the community recognizes the pressing need for enhanced mental health and substance abuse services to address the growing behavioral health crisis effectively.

Topic	Waxahachie Region	Texas	United States
<b>Binge drinking</b> <i>% of adults, 2022</i>	18.50 ±2.98	17.86 ±0.63	18.58 ±0.20
<b>Depression</b> <i>% of adults, 2022</i>	22.80 ±2.90	21.82 ±0.63	22.53 ±0.20
<b>Poor self-reported mental health</b> <i>% of adults, 2022</i>	18.20 ±1.55	17.83 ±0.40	17.35 ±0.12
<b>Psychiatry physicians per capita</b> <i>physicians per 100,000 residents, 2024</i>	5	17	28

# Binge drinking

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

## Binge drinking, 2022



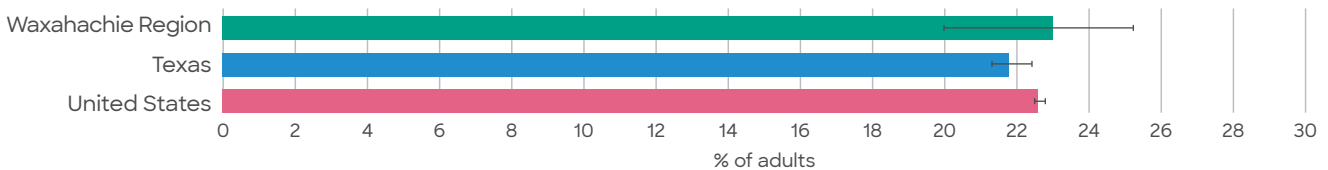
Binge drinking has a significant impact on communities, as reflected in the data chart. The prevalence of binge drinking in the Waxahachie Region is slightly higher at 18.5% compared to the state of Texas at 17.86% and the United States at 18.58%.

**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



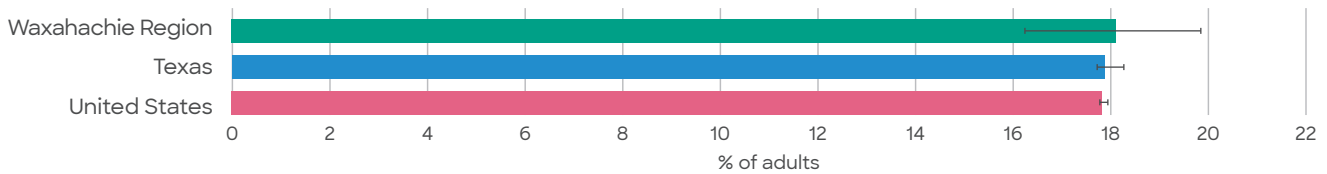
Depression rates vary across different regions, with the chart showing that the prevalence of depression is highest in the Waxahachie Region at 22.8%, followed closely by the United States at 22.53% and Texas at 21.82%. This indicates that the Waxahachie Region has a slightly higher depression rate compared to the state and national averages.

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

# Poor self-reported mental health

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

## Poor self-reported mental health, 2022



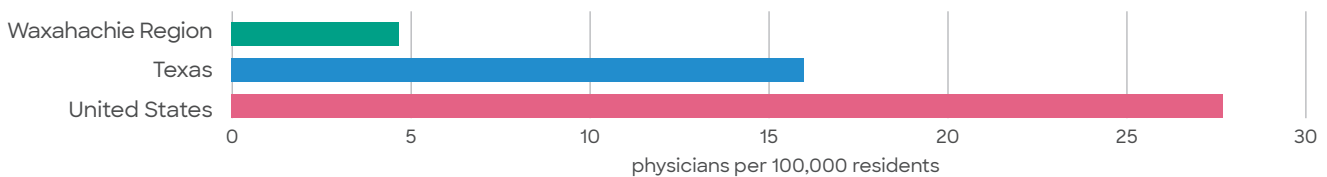
Poor self-reported mental health is a significant concern in the Waxahachie Region, with a rate of 18.2%, slightly higher than the state and national averages of 17.83% and 17.35%, respectively.

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

# Psychiatry physicians per capita

A psychiatrist specializes in the prevention, diagnosis and treatment of mental disorders, emotional disorders, psychotic disorders, mood disorders, anxiety disorders, substance-related disorders, sexual and gender identity disorders, and adjustment disorders.

## Psychiatry physicians per capita, 2024



Psychiatry physicians per capita can vary significantly across different regions. In the Waxahachie Region, there are 4.51 psychiatry physicians per capita, while in Texas and the United States, the numbers are 16.86 and 27.8, respectively. This suggests that access to psychiatric care is more limited in the Waxahachie Region compared to the state and national averages, potentially impacting mental health support for the community.

**Data sources:** Health Resources & Services Administration: Area Health Resources Files (AHRF) (County and state level data), Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)



# 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 plays a pivotal role in shaping community health, encompassing access to healthcare facilities, transportation, affordable housing and infrastructure. The provided quotes shed light on the challenges faced by the community, including limited healthcare resources, transportation-related difficulties and the high cost of living. The excerpts emphasize the need for expanded healthcare infrastructure, such as additional hospital beds, medical facilities and specialized care, to address the growing population’s healthcare needs.

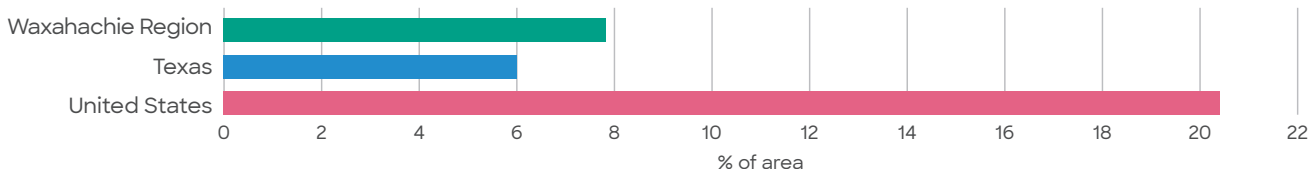
Furthermore, community members express concerns about the lack of affordable housing options, transportation services and access to essential healthcare resources, impacting their ability to seek timely medical care and support. The rising cost of health coverage and housing further exacerbates the disparities in healthcare access and affordability within the community.

Topic	Waxahachie Region	Texas	United States
<b>Drive alone to work</b> <i>% of workers 16 years and older, 2022</i>	79.63 ±1.04	71.17 ±0.29	68.66 ±0.09
<b>Environmental Burden Index</b> <i>2022</i>	45.62	46.03	48.70
<b>Green space proximity</b> <i>% of area, 2022</i>	7.85	6.06	20.62
<b>Internet access</b> <i>% of households, 2022</i>	95.67 ±1.54	93.82 ±0.21	93.59 ±0.10
<b>Lifetime inhalation cancer risk</b> <i>lifetime risk per million, 2019</i>	20.7	20.9	16.1

# Green space proximity

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

## Green space proximity, 2022



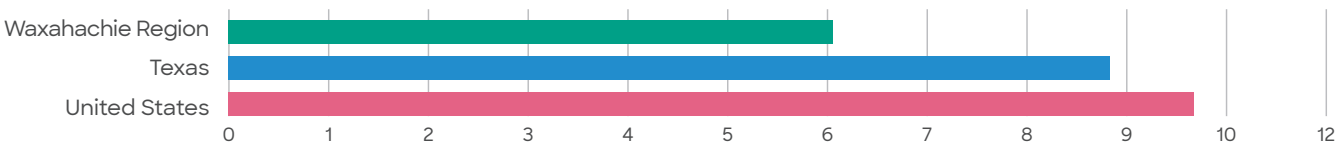
Green space proximity varies across different regions, with the Waxahachie Region having the lowest proximity at 7.85, followed by Texas at 6.06 and the United States at 20.62. The data suggests that there is a significant disparity in green space accessibility between these areas, potentially impacting the overall well-being and environmental quality of the 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



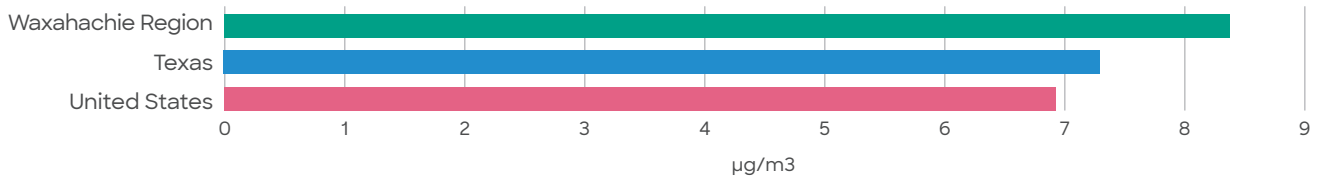
The Walkability Index data reveals that the Waxahachie Region has a relatively lower walkability score of 6.1 compared to the state of Texas at 8.81 and the national average of 9.5. This suggests that there may be challenges in the Waxahachie Region that hinder pedestrian-friendly infrastructure, potentially impacting the community's accessibility and overall quality of life.

**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

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

## Particulate matter (PM 2.5) concentration, 2020



Particulate matter (PM 2.5) concentration is a critical environmental factor that impacts public health. The chart reveals that the Waxahachie Region has the highest PM 2.5 concentration at 8.45, followed by Texas at 7.34 and the United States at 6.93.

**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 and obesity, have a significant impact on community health, leading to higher acuity needs and emergency admissions. The excerpts highlight the challenges associated with healthcare access, preventive care and lifestyle habits that contribute to the prevalence of these conditions. The focus on recruiting specialists and addressing systemic issues underscores the community's commitment to addressing chronic diseases.

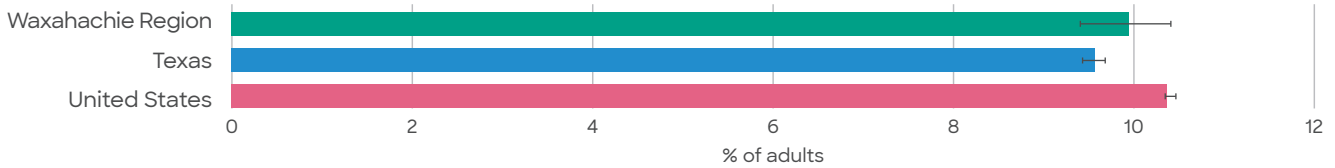
Community members express concerns about the consequences of delayed preventive care due to lack of access to primary care, emphasizing the importance of empowering individuals with the knowledge and tools to manage their health. Additionally, there is a call for communities to come together to support individuals affected by chronic diseases and address lifestyle habits contributing to these conditions.

Topic	Waxahachie Region	Texas	United States
<b>Chronic kidney disease</b> <i>% of adults, 2021</i>	2.8 ±0.2	3.1 ±0.1	2.9 ±0.0
<b>Chronic obstructive pulmonary disease (COPD)</b> <i>% of adults, 2022</i>	5.90 ±0.59	6.23 ±0.16	6.37 ±0.05
<b>Coronary heart disease</b> <i>% of adults, 2022</i>	5.90 ±0.55	6.27 ±0.15	5.82 ±0.05
<b>Current asthma</b> <i>% of adults, 2022</i>	9.90 ±1.05	9.43 ±0.27	10.35 ±0.09
<b>Diagnosed diabetes</b> <i>% of adults</i>	11.3 ±1.3	13.4 ±0.4	10.8 ±0.1

# Current asthma

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

## Current asthma, 2022



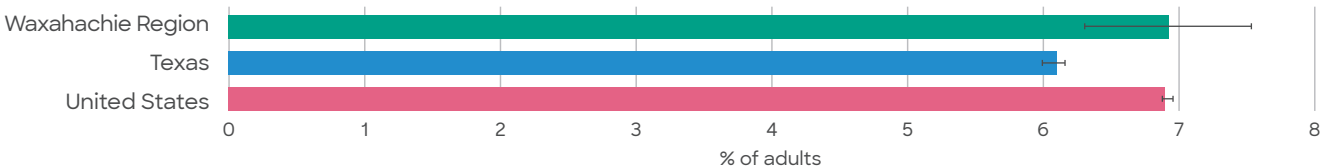
Asthma prevalence varies across different regions, with Waxahachie reporting a current asthma rate of 9.9%, slightly higher than the state average of 9.43% and slightly lower than the national average of 10.35%.

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

# Have ever had cancer

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

## Have ever had cancer, 2022



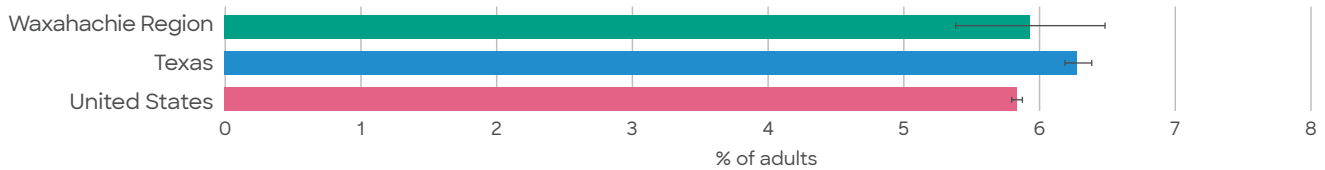
Cancer prevalence varies across different regions, with Waxahachie reporting a 6.9% rate, slightly higher than 6.12% for Texas and 6.88% for the United States.

**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



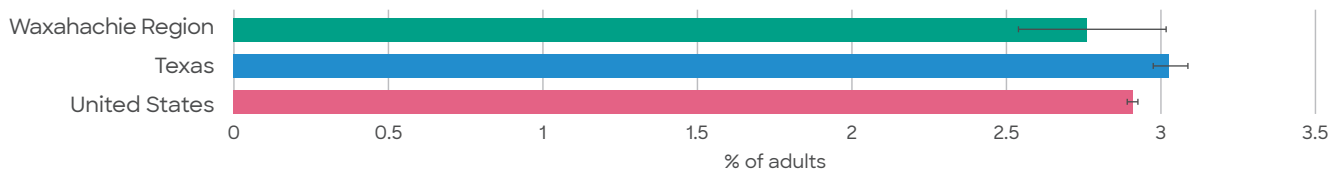
Coronary heart disease remains a significant health concern, with data indicating varying prevalence across different regions. In the Waxahachie Region, the prevalence of coronary heart disease is reported at 5.9%, slightly lower than the state average of 6.27% in Texas but slightly higher than the national average of 5.82% in the United States.

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

# Chronic kidney 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 kidney disease. Data for counties and states are age-adjusted. Data for ZIPs, tracts and smaller layers are raw.

## Chronic kidney disease, 2021



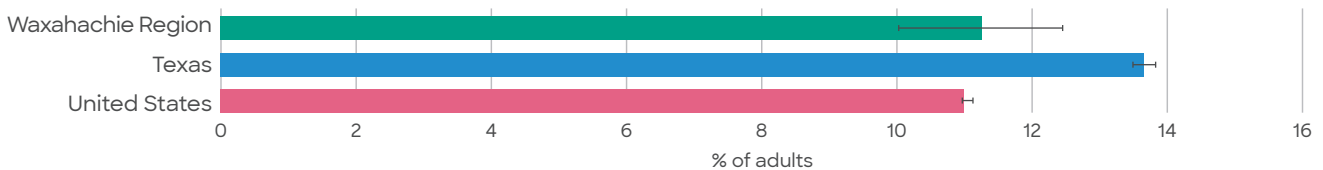
Chronic kidney disease has a significant impact on communities, as reflected in the chart. The data reveals that the prevalence of chronic kidney disease in the Waxahachie Region is slightly lower at 2.8% compared to the state of Texas at 3.09% and the United States at 2.85%.

**Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (State level data), Razzaghi, Wang, et al. (MMWR Morb Mortal Wkly Rep 2020) (county-level estimates modeled based on BRFSS data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts))

# Diagnosed diabetes

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

## Diagnosed diabetes, 2022



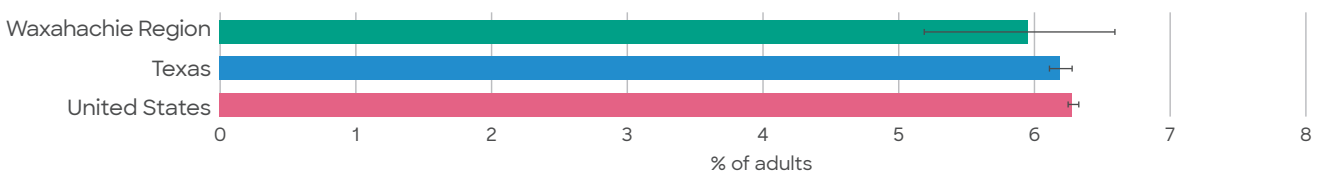
Diagnosed diabetes rates vary across different regions, with the Waxahachie Region at 11.3%, Texas at 13.37% and the United States at 10.84%. The impact of these rates on the community could include increased healthcare costs and a greater need for diabetes management resources.

**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



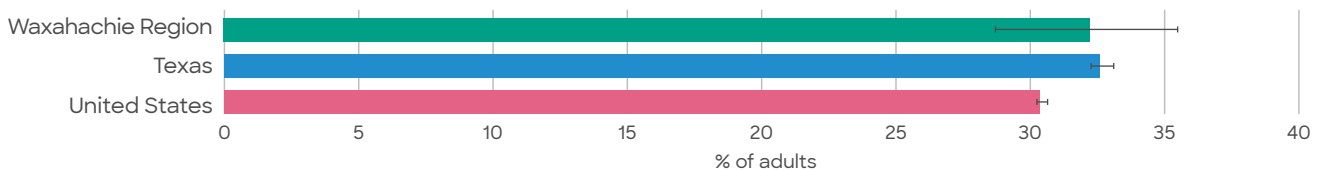
Chronic obstructive pulmonary disease (COPD) affects communities at different rates, as seen in the data. The prevalence of COPD in the Waxahachie Region is 5.9%, slightly lower than the state average of 6.23% in Texas and the national average of 6.37% in the United States.

**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



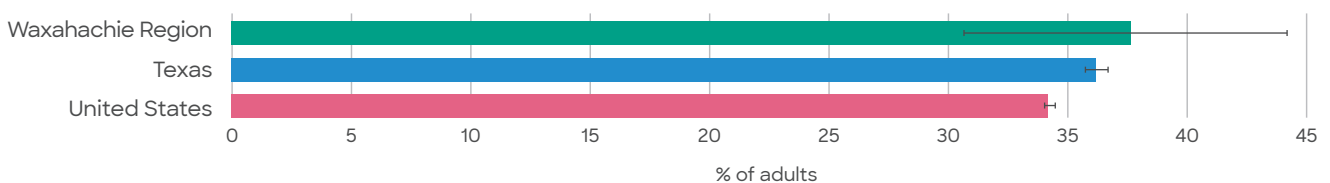
High blood pressure is a significant health concern that affects communities across different regions. In the context of the data, the chart indicates that the prevalence of high blood pressure in the Waxahachie Region is 32.0%, slightly lower than Texas at 32.22% and higher than the United States at 30.32%.

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

# Obesity

Percentage of resident adults aged 18 and older who are obese (have a body mass index (BMI)  $\geq 30.0$  kg/m<sup>2</sup> calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

## Obesity, 2022



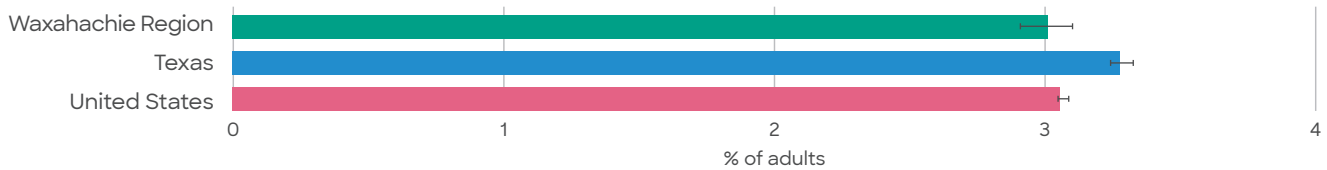
Obesity rates vary across different regions, and the chart reflects this diversity. The Waxahachie Region has the highest obesity rate at 37.6%, followed closely by Texas at 36.76%, while the United States as a whole has a lower rate of 33.83%.

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

# Diagnosed stroke

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

## Diagnosed stroke, 2022



Diagnosed stroke rates vary across different regions, with the Waxahachie Region at 3.0, Texas at 3.27 and the United States at 3.1. The impact of these rates on the community could be significant, potentially influencing healthcare resource allocation and public health initiatives.

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



## Food access

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

### What we heard from the community

Food access is a critical aspect of community health, particularly for vulnerable populations such as the elderly and low-income families. The provided quotes shed light on the challenges faced by individuals who lack the means to access nutritious food regularly, highlighting the efforts of local organizations and nonprofits to address these needs.

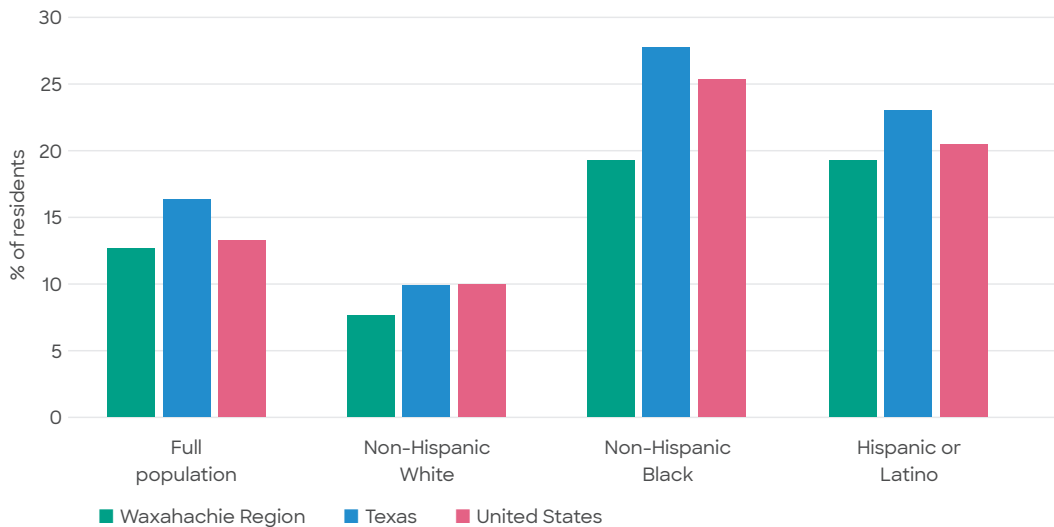
Community members express concerns about the scarcity of fresh fruits and vegetables, the high cost of nutritious food, and the limited availability of healthy options. Additionally, the quotes emphasize the importance of initiatives such as Meals on Wheels, free meal programs for students and food banks that play a pivotal role in ensuring food access for those in need. One individual mentions, “The clients that I see, their issue is they can’t get to the store to get the food, or they don’t have anybody that can take them to the store,” underscoring the transportation barriers that contribute to food insecurity.

Topic	Waxahachie Region	Texas	United States
<b>Food insecurity</b> <i>% of residents, 2022</i>	13.1	16.4	13.3
<b>Food stamps (SNAP)</b> <i>% of households, 2022</i>	9.78 ±2.32	12.04 ±0.23	12.38 ±0.06
<b>Households in poverty not receiving food stamps (SNAP)</b> <i>% of households below the poverty line, 2022</i>	47.50 ±11.29	61.70 ±0.61	58.90 ±0.23
<b>Low food access</b> <i>% of residents, 2019</i>	50.41	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**



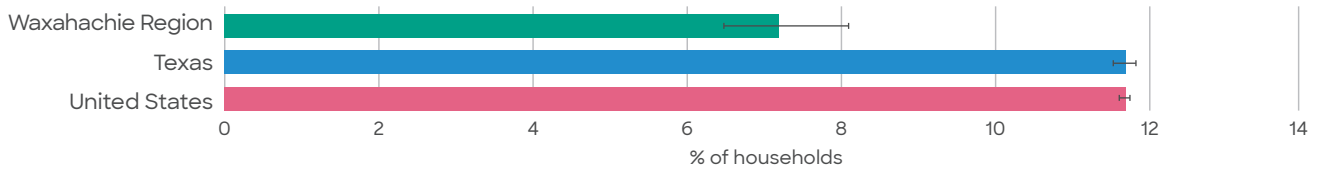
Food insecurity is a pressing issue that affects communities across the globe. In the Waxahachie Region, Texas and the United States, the data on food insecurity by race/ethnicity reveals disparities in access to an adequate food supply. Non-Hispanic Black and Hispanic or Latino populations experience higher rates of food insecurity compared to the overall population and the Non-Hispanic White population.

**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



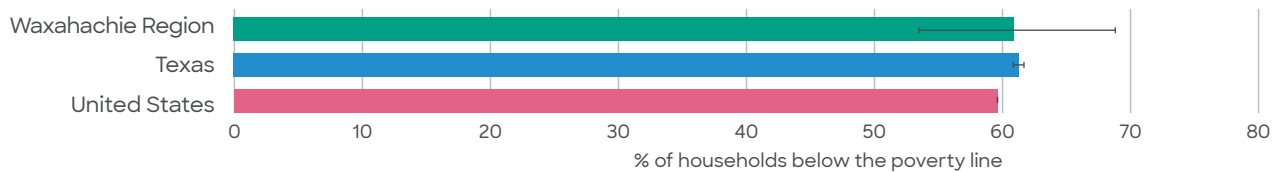
Food stamps (SNAP) play a crucial role in providing assistance to individuals and families in need. The chart reveals that the percentage of people receiving food stamps in the Waxahachie Region is lower than both the state of Texas and the national average. This indicates potential differences in economic conditions and access to resources between the region and the larger geographical areas.

**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



The data on households in poverty not receiving food stamps (SNAP) reveals that the percentage in the Waxahachie Region is 61.64%, similar to the state average of 62.2% and the national average of 59.45%.

**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 wide range of actions and habits that significantly impact individuals' well-being, including access to healthcare, substance misuse, mental health concerns and lifestyle choices. The excerpts highlight the consequences of delayed preventive care due to lack of access to a primary care physician, leading to higher acuity needs that could have been prevented. Moreover, there is a focus on increasing Medicaid access, addressing substance misuse, and the rising trends of vaping, cannabis use and alcohol-related issues.

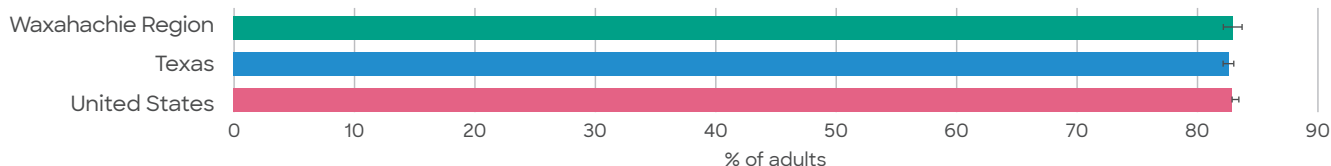
Community members express concerns about limited access to healthy food options, the need for health education to empower individuals to manage their health and the challenges of advocating for oneself within the healthcare system. Additionally, the excerpts emphasize the need for provider education, assistance with Medicare setup and the importance of social support for individuals navigating health-related challenges.

Topic	Waxahachie Region	Texas	United States
<b>Cholesterol screening</b> <i>% of adults, 2021</i>	83.80 ±2.18	83.27 ±0.67	83.65 ±0.20
<b>Cigarette smoking rate</b> <i>% of adults, 2022</i>	14.4 ±1.6	14.8 ±0.4	14.6 ±0.1
<b>Colorectal cancer screening</b> <i>% of adults, 2022</i>	59.20 ±4.20	54.64 ±1.07	58.85 ±0.32
<b>Mammography use</b> <i>% of female adults, 2022</i>	73.80 ±6.42	73.79 ±1.55	75.65 ±0.45
<b>No exercise</b> <i>% of adults</i>	25.9 ±3.4	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



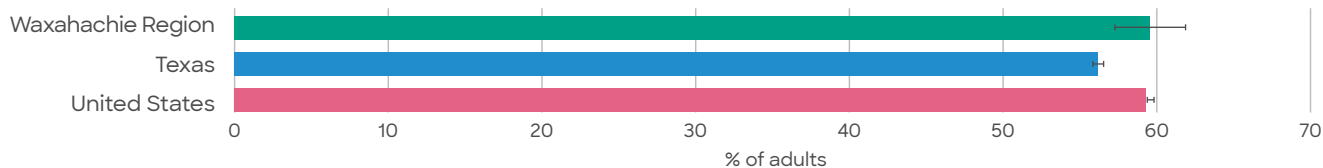
Cholesterol screening rates in the Waxahachie Region are slightly higher at 83.8 compared to the state average of 83.27 and the national average of 83.65.

**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



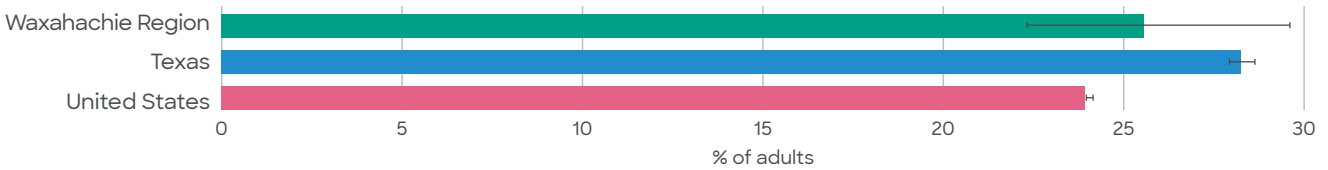
Colorectal cancer screening rates vary across different regions, with the Waxahachie Region reporting the highest rate at 59.2%, followed by the United States at 58.85% and Texas at 54.64%. It is crucial to address barriers to screening and promote early detection to reduce the impact of colorectal cancer on the community.

**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



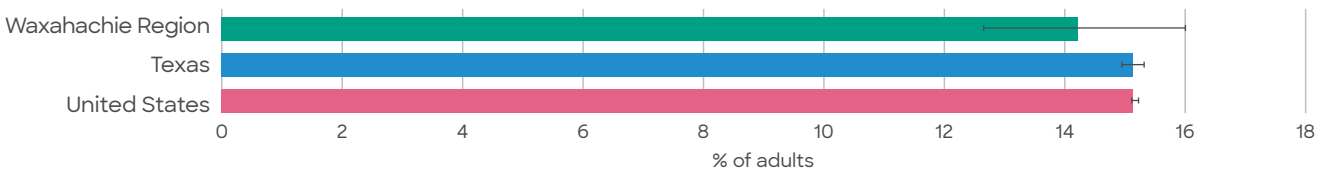
Physical inactivity is a pressing issue, as reflected in the data. The chart indicates that the prevalence of no exercise is notably higher in the Waxahachie Region and Texas compared to the national average in the United States.

**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)

# 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

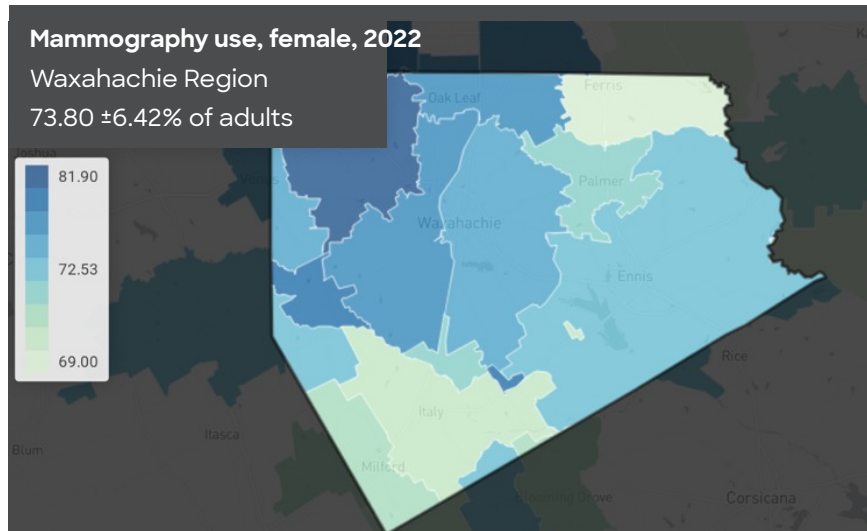


Cigarette smoking rates vary across different regions, with the Waxahachie Region having a rate of 14.4%, slightly lower than the state average of 14.8% and the national average of 14.61%. The impact of smoking on the community is significant, as it affects public health and healthcare costs. Efforts to further reduce smoking rates in Waxahachie could lead to improved overall health and well-being in the region.

**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)

# Mammography use

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

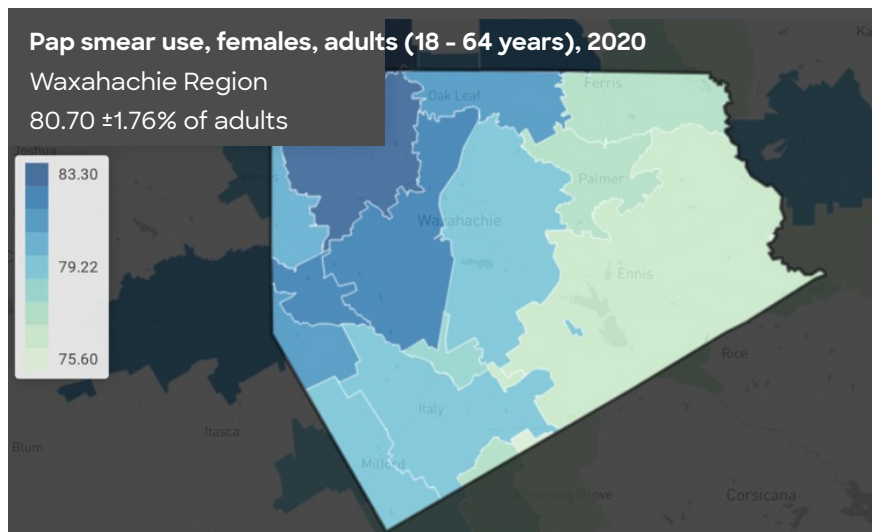


Mammography use among female adults aged 50 - 74 years is an important aspect of preventive healthcare. In the map, we are focusing on mammography use in various ZIP codes within the Waxahachie Region. The data reveals that the percentage of resident female adults who report having had a mammogram within the previous two years ranges from 69.0% to 81.9% across different ZIP codes. This indicates variations in mammography utilization within the communities, with some areas showing higher rates than others. The availability and accessibility of mammography services in these areas may have a significant impact on the preventive healthcare of the female population.

**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 use among adult females in the ZIP codes of Grand Prairie, Bardwell, Cedar Hill and other areas in Texas is relatively high, with percentages ranging from 75.6% to 83.3% in 2020. The high rates of Pap smear utilization in these communities reflect a positive impact on women's health and well-being, contributing to early detection and reduced risk of cervical cancer.

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



# 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

Access to safe and affordable housing is a critical determinant of community health, particularly for vulnerable populations such as older adults and low-income families. The excerpts highlight the challenges faced in Ellis County, including limited healthcare facilities, the rising cost of housing and the scarcity of affordable options. The lack of healthcare resources and the need to transport trauma patients to distant facilities further exacerbate the health disparities within the community.

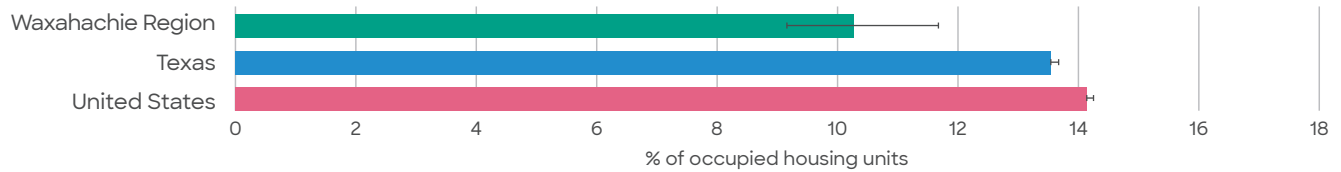
Community members express concerns about the unavailability of affordable housing, with some resorting to living with other families or facing eviction due to financial constraints. The high cost of living has led to multigenerational households and instances of homelessness among students. Additionally, the long wait times for Section 8 housing further compound the housing challenges.

Topic	Waxahachie Region	Texas	United States
<b>Crowded housing</b> <i>% of occupied housing units, 2022</i>	2.54 ±1.19	5.05 ±0.15	3.45 ±0.03
<b>Eviction rate</b> <i>% of renter-occupied households, 2018</i>	1.82	2.62	2.12
<b>Housing cost burden</b> <i>% of occupied housing units, 2022</i>	29.20 ±4.11	32.76 ±0.34	31.48 ±0.06
<b>Owner occupied</b> <i>% of occupied housing units</i>	77.98 ±2.78	62.47 ±0.25	65.18 ±0.18
<b>Severe housing cost burden</b> <i>% of occupied housing units</i>	12.72 ±2.91	14.92 ±0.22	14.96 ±0.05

# 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, 2018 - 2022



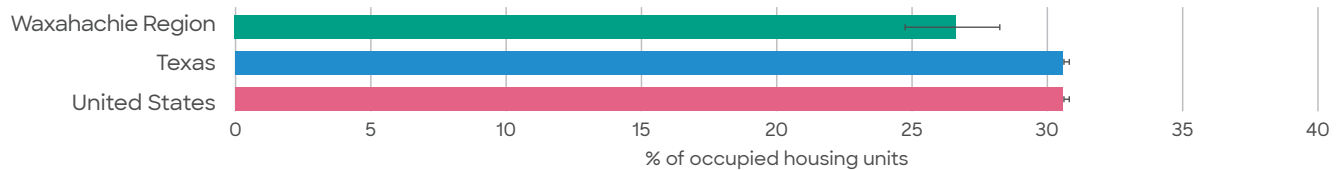
Severe housing cost burden is a significant issue impacting communities at various levels. In the Waxahachie Region, 10.29% of residents experience severe housing cost burden, while the percentage increases to 13.67% in Texas and 14.06% in the United States.

**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



Housing cost burden is a significant issue impacting communities across the country. The chart reveals that in the Waxahachie Region, the housing cost burden is 26.44%, which is lower than both the state of Texas at 30.59% and the United States at 30.51%. This suggests that the Waxahachie Region has a relatively lower percentage of households experiencing a high housing cost burden compared to the state and national averages.

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



# 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

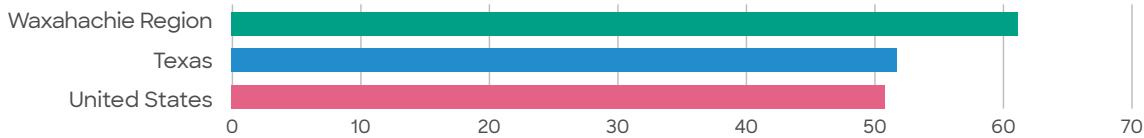
Maternal and child health encompasses a broad spectrum of challenges that impact the well-being of families, children and expectant mothers in the community. Transportation and child care emerge as significant barriers affecting the community’s ability to access essential healthcare resources. Community members express concerns about the limited availability of healthcare facilities and the need for local immunization clinics.

Topic	Waxahachie Region	Texas	United States
<b>Births to women without partners present</b> <i>% of births, female, 2022</i>	36.32 ±27.61	26.55 ±1.76	23.63 ±0.40
<b>Child Opportunity Index 3.0</b> <i>2017 - 2021</i>	62	53	52
<b>Child care center ratio</b> <i>children / care center enrollment, 2023</i>	14	10	11
<b>Grandparents responsible for grandchildren</b> <i>% of residents age 30+, 2022</i>	1.22 ±0.28	1.32 ±0.07	0.99 ±0.01
<b>Mortality among young adults</b> <i>%, 2010 - 2015</i>	0.7 ±0.1	0.8 ±0.00	0.8 ±0.0

# Child Opportunity Index 3.0

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

## Child Opportunity Index 3.0, 2017 - 2021



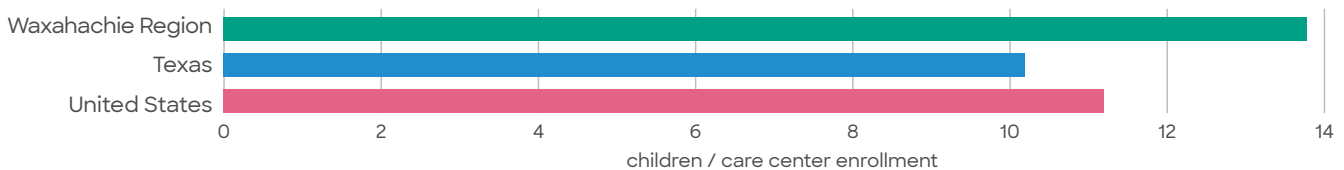
The Child Opportunity Index 3.0 reveals that the Waxahachie Region has a significantly higher Child Opportunity Index of 62.17 compared to the state of Texas and the United States, which have scores of 52.62 and 52.16, respectively. This suggests that children in the Waxahachie Region have better access to resources and opportunities that contribute to their overall well-being and success. The impact of this higher index in the region could mean improved access to quality education, healthcare and a supportive community for children and families.

**Data sources:** DiversityDataKids.org: Child Opportunity Index 3.0

# Child care center ratio

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

## Child care center ratio, 2023



Child care center ratios vary across different regions, with Waxahachie having a ratio of 13.63, higher than the state average of 10.19 and the national average of 10.93. This suggests a potential disparity in access to child care facilities, which could impact the local community’s ability to balance work and family responsibilities. The higher ratio in Waxahachie may indicate a need for increased investment in child care infrastructure to better support families in the area.

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



# Socioeconomic factors

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

## What we heard from the community

Socioeconomic factors play a pivotal role in shaping the overall health and well-being of a community, influencing access to healthcare, housing, transportation and other essential resources. The provided excerpts shed light on the diverse challenges faced by individuals across different socioeconomic strata, including limited access to healthcare facilities, transportation and affordable housing. Moreover, disparities in Medicaid acceptance, healthcare staff shortages and the rising cost of health coverage further exacerbate the barriers to accessing essential care and support.

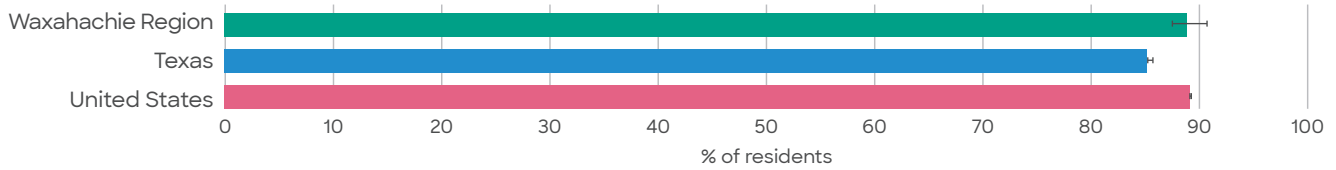
Community members stress the significance of addressing the socioeconomic determinants of health, such as affordable housing, transportation and child care, to ensure equitable access to healthcare services. They highlight the need for increased Medicaid access, recruitment of healthcare specialists, and the provision of inpatient mental health and substance abuse programs. Additionally, the excerpts underline the overwhelming demand for affordable housing and senior housing options without exorbitant costs, particularly in the context of a rapidly growing community.

Topic	Waxahachie Region	Texas	United States
<b>Any higher education rate</b> <i>% of residents, 2022</i>	61.96 ±3.91	61.96 ±0.33	63.55 ±0.10
<b>Below 200% of poverty level</b> <i>% of residents, 2022</i>	21.52 ±4.01	31.86 ±0.41	28.36 ±0.11
<b>College graduation rate</b> <i>% of residents, 2022</i>	31.66 ±2.72	33.94 ±0.25	35.66 ±0.08
<b>Hardship Index</b> <i>score</i>	44.0	54.5	50.0
<b>High school graduation rate</b> <i>% of residents</i>	89.00 ±4.54	86.11 ±0.40	89.63 ±0.12

# High school graduation rate

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

## High school graduation rate, 2018 - 2022



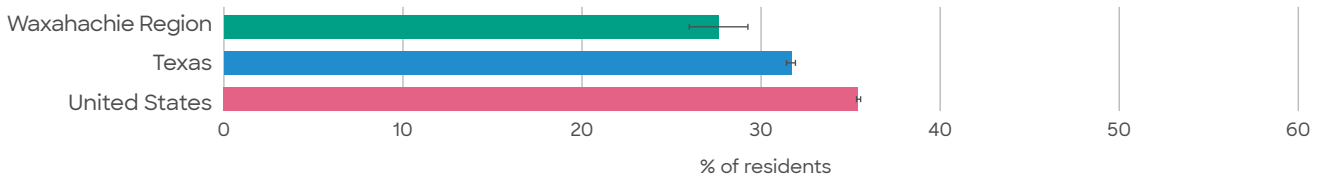
High school graduation rates in the Waxahachie Region stand at 88.35%, slightly higher than the state average of 85.23% and just below the national average of 89.14%. This indicates that the region is performing well in ensuring that a high percentage of its students successfully complete their high school education, aligning closely with state and national trends.

**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, 2019 - 2023



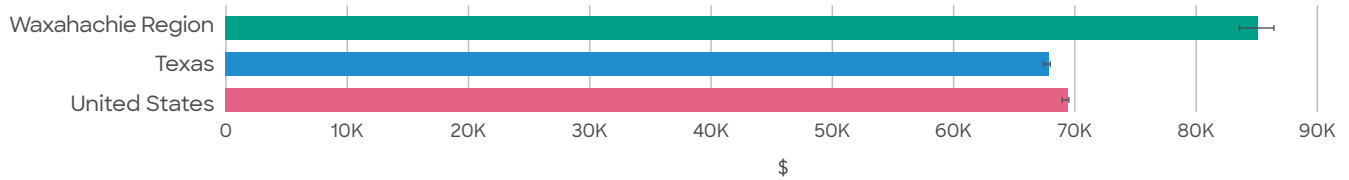
College graduation rates in the Waxahachie Region are lower compared to the state of Texas and the United States, with rates of 27.87%, 32.27% and 34.31%, respectively.

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

# Median household income

Income in the past 12 months.

## Median household income, 2018 - 2022

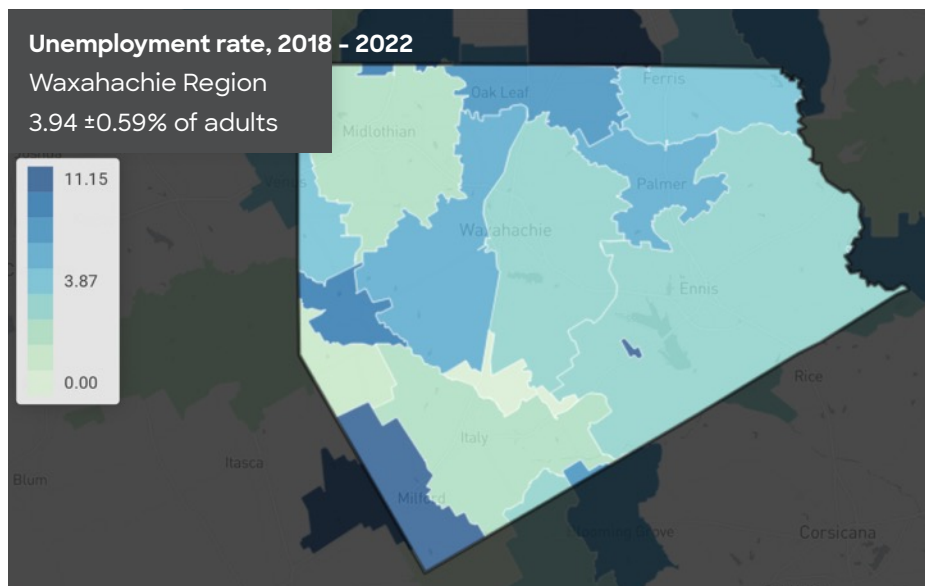


The median household income in the Waxahachie Region is \$85,501.29, which is notably higher than the median household income in Texas (\$66,967.52) and the United States (\$68,905.89). The impact of this higher income level on the community could be reflected in better access to quality education, healthcare and overall higher standards of living.

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

# Unemployment rate

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



The unemployment rate in the mapped areas of Grand Prairie, Bardwell, Cedar Hill and others in Texas ranges from 0.0% to 11.15% between 2018 and 2022. This data highlights the varying degrees of economic activity and job opportunities within these communities, impacting the livelihoods of their residents.

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

# 2022 - 2025 evaluation of impact

2022 CHNA health priorities: access to mental healthcare, access to primary healthcare

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> <li>• Access to mental healthcare</li> <li>• Access to primary healthcare</li> </ul>	<ul style="list-style-type: none"> <li>• Provide financial and in-kind donations to non-profit organizations addressing access to primary and mental healthcare in the community.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved overall health outcomes and increased access to primary and mental healthcare, particularly for vulnerable and underserved populations.</li> <li>• Baylor Scott &amp; White Medical Center - Waxahachie: Provided over \$257,000 in cash and in-kind donations to non-profits addressing critical health and social needs in the community.</li> </ul>
<ul style="list-style-type: none"> <li>• Access to mental healthcare</li> <li>• Access to primary healthcare</li> </ul>	<ul style="list-style-type: none"> <li>• Provide free and/or discounted care, including community referrals, to financially or medically indigent patients as outlined in the financial assistance policy.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved access to care and community resources.</li> <li>• Baylor Scott &amp; White Medical Center - Waxahachie: Provided over \$23 million in charity care to low-income and/or uninsured patients.</li> </ul>
<ul style="list-style-type: none"> <li>• Access to mental healthcare</li> <li>• Access to primary healthcare</li> </ul>	<ul style="list-style-type: none"> <li>• Provide opportunities for health professionals to further their education and training to provide quality healthcare services. This includes clinical education and supervision for clinical rotations for medical students, nursing students and other healthcare professions.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased access to quality healthcare.</li> <li>• Baylor Scott &amp; White Medical Center - Waxahachie: Provided over \$1.4 million in health professions education.</li> </ul>
<ul style="list-style-type: none"> <li>• Access to mental healthcare</li> <li>• Access to primary healthcare</li> </ul>	<p>Community health improvement services and education:</p> <ul style="list-style-type: none"> <li>• Provide free community education sessions on nutrition, primary care services, and overall health and wellness through community health fairs, programs and health events.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved health outcomes and increased access to points of primary and mental healthcare.</li> <li>• Baylor Scott &amp; White Medical Center - Waxahachie: Provided over \$897,000 in community health improvement services.</li> </ul>

# Existing resources

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

- Bridge Steps
- Call 4 Hope
- CASA of Ellis County
- City of Waxahachie
- Covenant Life
- Daniel's Den, Inc.
- Dinah Weable Breast Cancer Survivors Event
- Education Foundation for Waxahachie ISD
- El Bethel
- Ellis County Children's Advocacy Center
- Ellis County Coalition for Health Options
- Ellis County Indigent Health Care
- Feed the Fight
- FirstLook
- Future Generations Christian Child Care Center
- Greater Deliverance Church
- Hope Clinic (Federally Qualified Health Clinic)
- Imagination Nation
- Jim Street Christian Church
- Joshua Chapel AME Church
- Lakes Regional MHMR Center
- Manna House
- Meals on Wheels North Central Texas
- Meals on Wheels of Johnson and Ellis Counties
- Midlothian City Council
- Midlothian ISD Education Foundation
- Midlothian PD Emergency Management
- Midlothian Senior Center
- Mt. Gilead Baptist Church
- Mt. Zion Baptist Church
- Presbyterian Children's Homes and Services
- Primera Iglesia Bautista
- REACH Council Prevention Services
- Red Oak ISD Education Foundation
- Salvation Army
- San Marcos Academy
- St. Joseph's Catholic Church
- SWAGG Program
- Terrace Grove Apartments
- The Gingerbread House
- Turner Pre-K
- United Way of West Ellis County
- Waxahachie Chamber of Commerce
- Waxahachie CARE
- Waxahachie Care Services
- Waxahachie Housing Authority
- Waxahachie ISD
- Waxahachie Junior Service League
- Waxahachie Life Church
- Waxahachie Mission
- Waxahachie Senior Activity Center

# 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	0%
Maternal and child health	11%
Health behaviors	5%
Behavioral health	16%
Built environment	0%
Housing	0%
Access to care	44%
Chronic disease	22%
Food access	0%

As a result, the Baylor Scott & White Waxahachie 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

- **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.
- **Maternal and child health:** Maternal and child health was not selected as a priority due to the many services and programs offered by the hospital and partner organizations. In addition, the hospital provides financial support to several community organizations that support and address the needs of mothers and their children.
- **Socioeconomic factors:** While the hospital recognized the importance and impact socioeconomic factors have on an individual and community's health, there was also consensus around the needs being adequately addressed by partner community organizations. In addition, the hospital provides funding to local community organizations and non-profits that address various socioeconomic factors in the community.
- **Housing:** While the hospital recognized housing as a critical social determinant of health, it is also an issue that several community partners and organizations are addressing in partnership with healthcare systems and hospitals. These community partners and organizations hold expertise in affordable housing and will continue to work with community organizations and institutions to address this critical need. To ensure there is no duplication in efforts, the hospital will leverage and support the local housing efforts to ensure vulnerable communities have access to affordable and safe housing.
- **Food insecurity:** The hospital did not select food insecurity as a priority due to lack of healthy food access being correlated with several other priority health issues, such as access to care, chronic disease, maternal and child health, and health behaviors. The hospital will address access to healthy food through other prioritized health needs.
- **Behavioral health:** Behavioral health was identified as a health need but not selected as the recommended health priority by hospital and community leaders due to the lack of community partners and hospital resources to address the health issue within the hospital's service area.
- **Built environment:** Health issues correlated with the built environment, such as pollution, were not selected as a priority due to lack of hospital expertise and resources to effectively address this health need. Hospital and community leaders identified other institutions and organizations that had the expertise, resources and responsibility to address these issues and will continue to ensure a clear line of communication with these institutions to identify any opportunities to support local efforts.

## Next steps/Implementation Plans

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

## Approval and contact information

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

Questions or comments regarding the CHNA can be sent via email to

[CommunityHealth@BSWHealth.org](mailto: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 (AHRF)**

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

## **Behavioral Risk Factor Surveillance System (BRFSS)**

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

## **DiversityDataKids.org: Child Opportunity Index 3.0**

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

## **Diabetes Atlas**

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

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

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

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

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

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

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

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

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

**Department of Homeland Security (DHS): HIFLD Open Data**

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

**Feeding America: Map the Meal Gap**

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

**Metopio**

Created by Metopio staff.

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

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

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

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

**Centers for Disease Control and Prevention (CDC): PLACES**

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

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

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

# Appendix

## Key Informant Interview Guide

### FACILITATION PROTOCOLS

#### 1. Establishing ground rules

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

#### 2. Introductions

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

#### 3. Community strengths

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

#### 4. Health questions

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

##### **(Potential) follow up questions based on health issue selected**

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

#### 5. Built environment and social factors

- Are you seeing challenges related to Social Determinants of Health? (You may not need to ask this if they've already mentioned these topics as health issues.)
  - Examples include food access, affordable housing, 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](mailto:Survey@Metop.io).



