

2025 Community Health Needs Assessment

Denton Region





Denton Region community hospitals

- Baylor Scott & White The Heart Hospital - Denton
- Baylor Scott & White The Heart Hospital - Corinth

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



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Our commitment to the communities we serve

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

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

Our system includes:



52
hospitals



1,300
care sites



7,200
active physicians

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

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

Executive summary

Baylor Scott & White Health (BSWH) Denton Region proudly presents the findings of our latest Community Health Needs Assessment (CHNA). This essential document reflects our ongoing commitment to the health and well-being of the residents within the Denton Region. BSWH Denton Region, a critical healthcare provider in this community, has conducted this assessment to identify the most pressing health needs and to guide our strategies and resource allocation to address these challenges effectively.

The CHNA for the Denton Region was meticulously structured to capture a comprehensive view of the community's health status and needs. This process involved an in-depth analysis of primary data sources, which ensured the findings are both current and relevant. The methodology was chosen to uphold the highest standards of data integrity and reliability, which are crucial in crafting informed, evidence-based health interventions.

The service area for this CHNA, the Denton Region, is defined by its diverse population and unique healthcare needs. This area encompasses a wide demographic, each with its distinct health profiles and challenges. The primary goal of this assessment is not only to identify the prevalent health concerns but also to understand the underlying social determinants that may contribute to these issues.

Throughout the CHNA process, BSWH Denton Region has engaged with various stakeholders, including local government bodies, non-profit organizations and other healthcare providers. This collaborative approach ensures a holistic view of the health landscape and fosters a coordinated effort in addressing the identified needs. The primary data collected has been instrumental in pinpointing specific health themes crucial to the community, guiding our strategic priorities moving forward.

The key health needs identified through this assessment process will serve as the foundation for developing targeted health programs and interventions aimed at improving community health outcomes. BSWH Denton Region is committed to leveraging the insights gained from this CHNA to enhance our health services and to work collaboratively with our community partners to foster a healthier Denton Region.

In conclusion, the CHNA conducted by BSWH Denton Region is a critical tool in our mission to deliver exceptional care and to make a positive impact on the health of our community. We are dedicated to continuing our efforts in addressing the needs identified and to contributing to the overall well-being of the Denton Region. This report serves as a transparent, objective and comprehensive guide to help steer the future health initiatives of BSWH Denton Region and its partners.

CHNA process

Introduction

The Denton Region, in collaboration with community partners, has undertaken a comprehensive Community Health Needs Assessment (CHNA) for 2025. This assessment utilizes various types of primary data, including surveys, focus groups and interviews, to identify and address the community's health needs. The data collected through these methods provide valuable insights into the challenges faced by Denton residents, such as access to healthcare, mental health services and socioeconomic factors. This report aims to present a detailed analysis of these primary data types and their role in informing community health initiatives.

Survey

Surveys are essential tools for collecting data from a specific population to analyze trends, attitudes or opinions using questionnaires or interviews. They can help identify community needs and inform the implementation of programs aimed at addressing these needs. In this CHNA, the survey data was intended to provide a broad understanding of health behaviors, mental health and community issues within the Denton Region. 83 surveys were completed in the Denton Region. To ensure surveys included feedback from diverse and underserved populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations.

Focus groups

Focus groups involve small group discussions guided by a moderator, providing insights into participants' perceptions, opinions and attitudes. They are useful for exploring community members' views on specific health issues and identifying potential solutions. In this assessment, the focus group discussion led by Baylor Scott & White Health in Denton highlighted several pressing issues, including a shortage of healthcare providers, inadequate resources for homelessness and substance use, and transportation barriers. One focus group was completed in the Denton Region. To ensure focus groups provided information from diverse populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations. The hospitals also considered written input received on their most recently conducted CHNA and subsequent implementation strategies if provided. The assessment is available for public comment or feedback on the report findings by going to the BSWH website (BSWHealth.com/CommunityNeeds) or by emailing CommunityHealth@BSWHealth.org.

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

- Denton Housing Authority
- Denton Community Health Clinic
- Serve Denton
- Health Services of North Texas
- Denton Community Food Center
- Denton County Public Health

Interviews

Interviews involve direct one-on-one conversations where the interviewer seeks in-depth information on the interviewee’s views, experience or knowledge on a specific subject. They are valuable for gaining detailed insights into individual experiences and perspectives. Two interviews were completed in the Denton Region. Those invited included internal Baylor Scott & White leaders and community health team members from the Denton Region.

Metopio (secondary data)

Metopio is a robust platform that offers curated data from public and proprietary sources for information on health behaviors, health risks, health outcomes, healthcare utilization and community-level drivers of health. It was used in this report to provide additional context and support the findings from the primary data.

CHNA process

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



Approach to identifying and prioritizing significant health needs

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

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

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

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

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

Significant health needs:

- Health behaviors
- Chronic disease

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

1. Health behaviors
2. Chronic disease

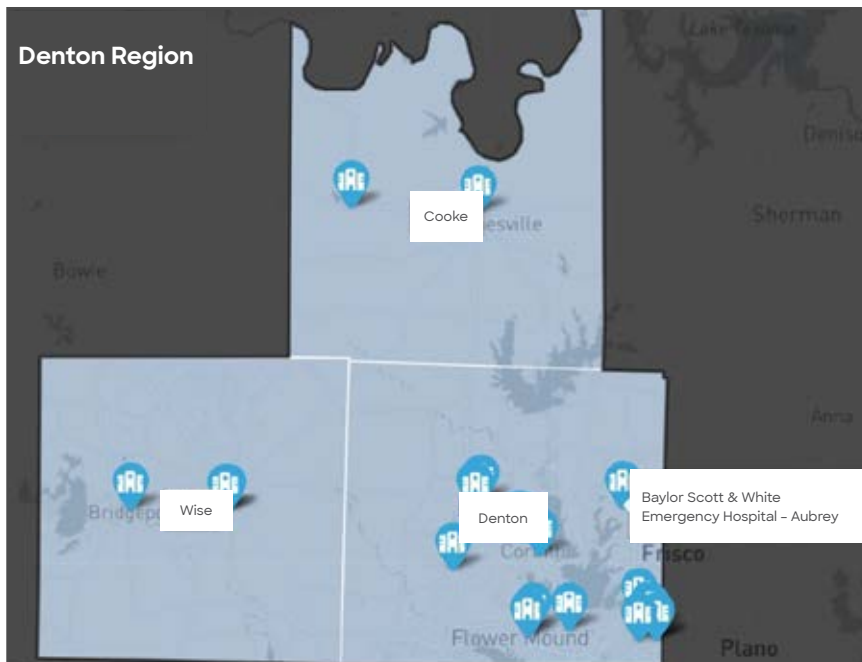
Demographics

Overview

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

- **Baylor Scott & White The Heart Hospital – Denton**
- **Baylor Scott & White The Heart Hospital – Corinth**

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



Total population

1,085,800



Median household income

\$105,487



Median age

37.2



% of Spanish primary language

14.26%

% of Asian primary languages

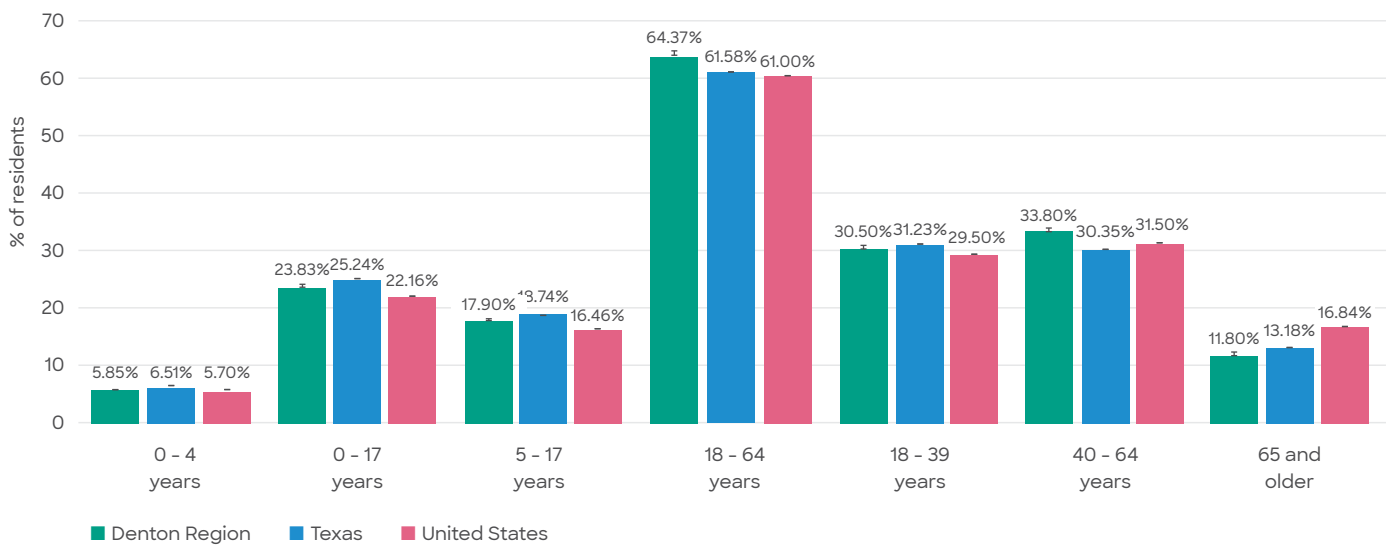
5.81%

Age distribution

In the Denton Region, the age distribution shows a higher concentration in the 18 – 64 years bracket, which makes up approximately 64.37% of the population. This indicates a predominantly working-age population, which could imply a strong workforce but also underscores the need for robust employment policies and healthcare services catering to these adults.

When compared to Texas and the United States, the Denton Region has a smaller proportion of seniors (11.80% compared to 13.18% in Texas and 16.84% in the U.S.) This younger demographic might mean less immediate demand for geriatric services but suggests a need for family planning, pediatric and educational services. The relatively lower percentage of senior residents could also influence long-term healthcare and social support planning.

Population by age, 2019 - 2023

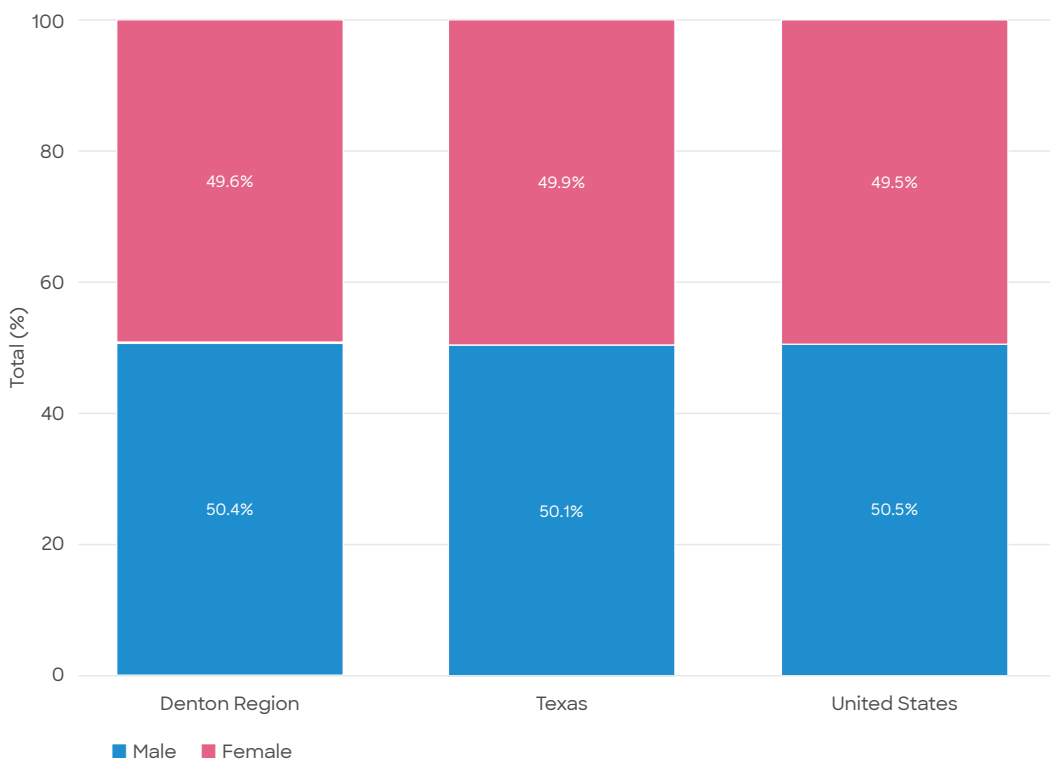


Gender distribution

The gender distribution in the Denton Region is nearly balanced, with females making up 50.42% and males 49.58% of the population. This balance suggests that gender-specific health programs must equally focus on both male and female health issues, including reproductive health, cancer screening and mental health services.

Compared to the overall state of Texas and the nation, Denton's gender distribution is very similar, indicating that the region is reflective of broader state and national trends. This similarity suggests that state and national health initiatives and programs could be effectively applied within the Denton Region without significant customization for gender distribution.

Population by sex, 2019 - 2023

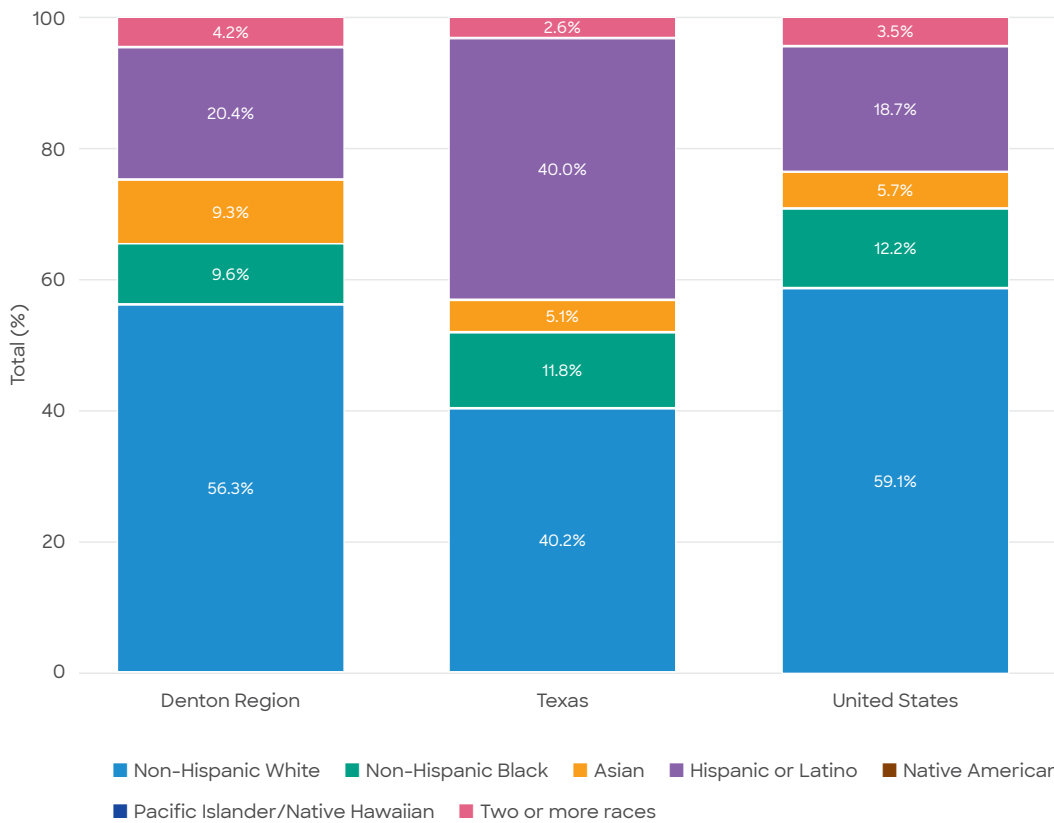


Race/ethnicity

The racial and ethnic composition of the Denton Region shows a significant proportion of Non-Hispanic Whites at 56.3%, followed by Hispanic or Latinos at 20.4%, and Non-Hispanic Blacks at 9.6%. The diversity within the region suggests the need for culturally competent healthcare services that address the specific health beliefs, practices and needs of these diverse groups.

When compared to the entire state of Texas, Denton has a higher percentage of Non-Hispanic Whites and a lower percentage of Hispanics or Latinos. Compared to national averages, Denton has lower Hispanic or Latino representation and higher Non-Hispanic White representation. This demographic variance emphasizes the need for region-specific health education and services that cater to the predominant groups while not neglecting the minority populations.

Population by race/ethnicity, 2018 - 2022



Limited English proficiency

Approximately 3.28% of households in the Denton Region are limited in English proficiency, which can pose challenges in accessing healthcare services that are predominantly English-speaking. This highlights the importance of language access services in healthcare settings, such as translation and interpreter services, to improve healthcare outcomes for non-English speakers.

This percentage is lower than the state average of 6.77% in Texas and also below the national average of 4.22%. Despite being lower, the presence of a language barrier is significant enough to warrant targeted interventions that ensure equitable access to healthcare for all community members, regardless of language proficiency.

Health needs

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



Access to care

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Behavioral health

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Built environment

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Chronic disease

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Food access

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Health behaviors

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Housing

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Maternal and child health

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Socioeconomic factors

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Access to care

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

What we heard from the community

Access to healthcare is a fundamental determinant of health, yet many individuals face significant barriers in obtaining necessary medical services. These challenges can stem from financial constraints, lack of transportation and limited availability of providers, particularly in underserved areas. As healthcare systems strive to be more equitable, addressing these barriers is crucial to ensuring that all community members, regardless of their circumstances, can receive the care they need.

Community feedback highlights a range of concerns related to access to healthcare. Many individuals report difficulties in affording medical services, with some avoiding necessary tests or treatments due to high costs. Transportation remains a significant barrier, particularly for those living in rural or underserved areas where public transit options are limited. Additionally, there is a shortage of healthcare providers, especially those accepting Medicaid or providing reduced-cost services for uninsured individuals. These challenges disproportionately affect low-income individuals, people of color and those living in rural communities, underscoring the need for targeted interventions.

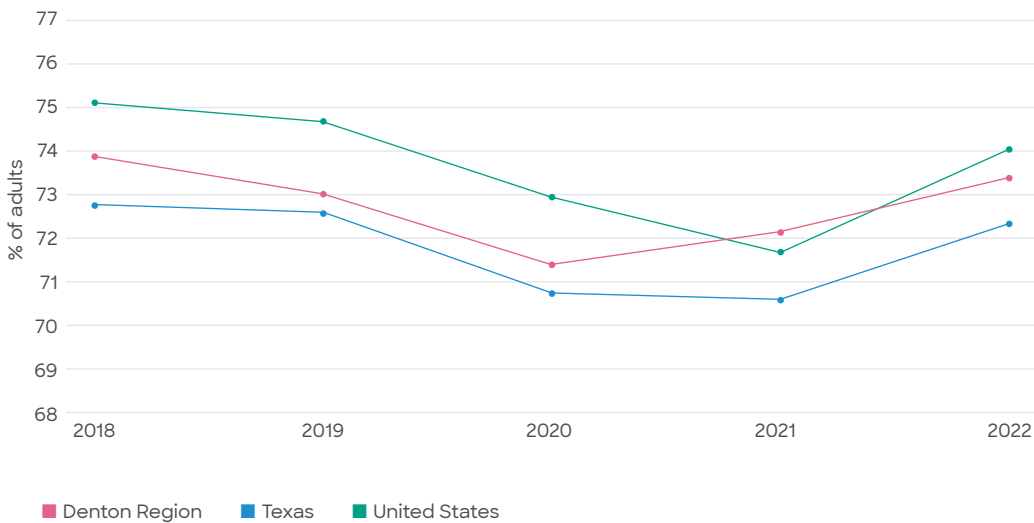
One community member expressed, “When we have patients that even apply for financial assistance or charity, they don’t want to give out all of their information because they think that we’re going to use it against them somehow,” illustrating the distrust some individuals have in the healthcare system, which can prevent them from seeking the help they need. Additionally, a healthcare provider shared, “There is a severe shortage of healthcare providers in Denton County, so primary care, senior primary medical care, also behavioral healthcare, mental health, and also specialty providers who accept Medicaid or provide reduced costs for patients who are uninsured,” emphasizing the difficulty of accessing care in areas with limited provider availability. These insights reveal the urgent need for policy changes, increased funding for healthcare services and community-based solutions to improve access to care for all individuals, particularly those in underserved populations.

Topic	Denton Region	Texas	United States
Dentists per capita <i>dentists per 100,000 residents, 2024</i>	107.1	102.7	105.2
Internet access <i>% of households, 2023</i>	97.71 ±0.83	95.12 ±0.20	94.77 ±0.09
Medicaid coverage <i>% of residents, 2023</i>	7.86 ±0.78	16.20 ±0.20	21.31 ±0.10
Mental health providers per capita <i>providers per 100,000 residents, 2024</i>	333.7	332.3	602.7
No vehicle available <i>% of households</i>	3.71 ±0.73	5.46 ±0.16	8.44 ±0.05

Visited doctor for routine checkup

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

Visited doctor for routine checkup



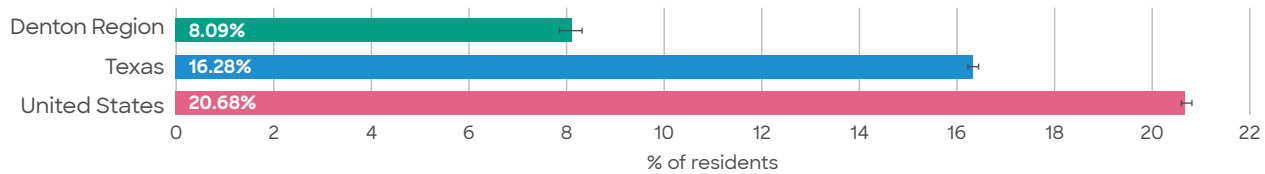
Routine health checkups are an essential facet of public health, as indicated by participation rates across different regions. Data shows that the Denton Region has a slightly higher participation rate in routine health checkups at 73.38%, compared to Texas overall at 72.34%. The United States averages a rate of 74.04%, suggesting that while the Denton Region is performing better than the state average, it still trails slightly behind the national rate.

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, 2019 - 2023



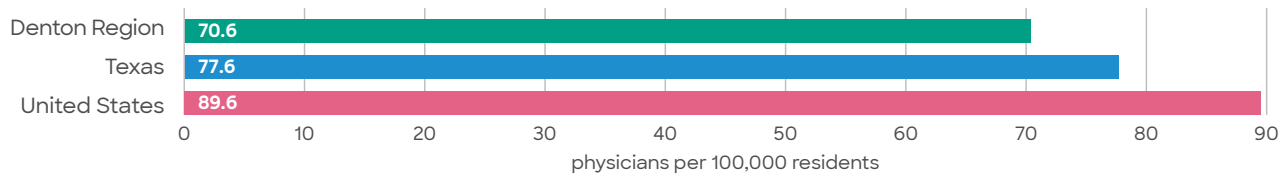
Medicaid coverage, essential in ensuring healthcare accessibility, shows a striking variation across different regions. In the Denton Region, only about 8% of the population benefits from Medicaid, significantly lower than the Texas state average of over 16% and the national average of nearly 21%. This discrepancy highlights a substantial gap in healthcare coverage that could impact public health outcomes and economic stability in the Denton area. Addressing these disparities is crucial for fostering a healthier community and ensuring equitable access to medical services for all residents.

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

Primary care providers (PCP) per capita

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

Primary care providers (PCP) per capita, 2021



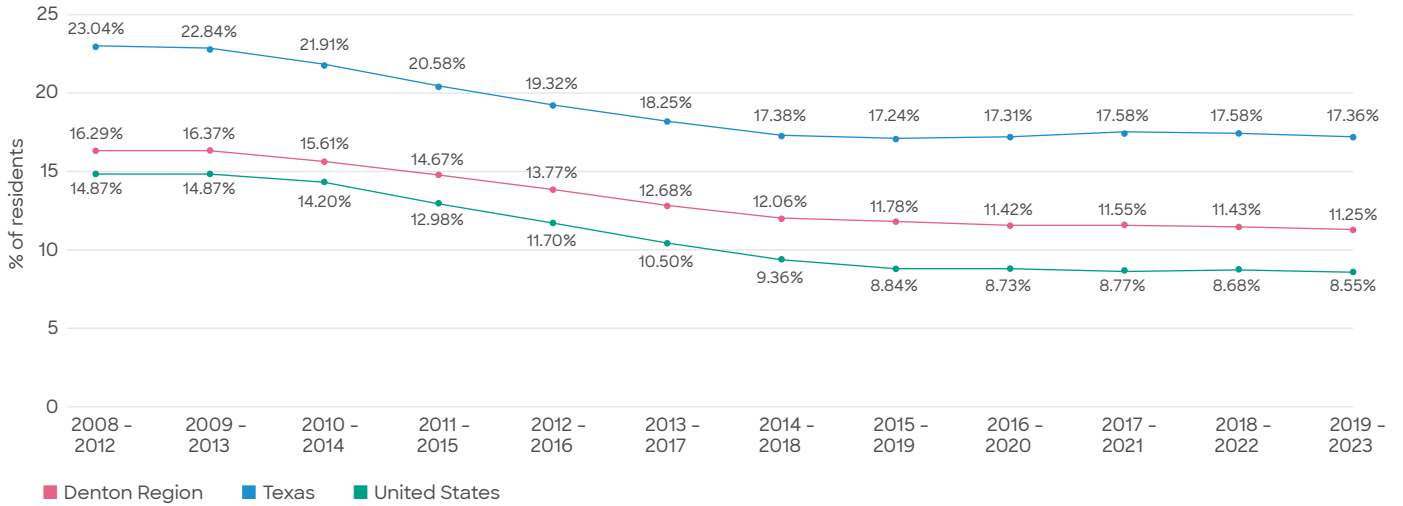
The Denton Region shows a lower count of primary care providers per capita at approximately 71 compared to both the Texas average of 78 and the United States at around 90. This discrepancy suggests a potential gap in healthcare accessibility for residents of the Denton Region, which could impact community health outcomes negatively. Addressing this shortfall in primary care availability is crucial for improving health services and ensuring equitable healthcare access in the area.

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

Uninsured rate

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

Uninsured rate



The uninsured rates in the Denton Region, Texas and across the United States highlight a significant disparity in healthcare coverage. At 11.25%, the Denton Region fares better than the state average of 17.36% but remains above the national rate of 8.55%. This variation underscores the impact of regional policies and economic conditions on health insurance coverage, affecting access to healthcare services and financial security for many individuals.

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



Behavioral health

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

What we heard from the community

Behavioral health encompasses mental health, substance use disorders and the support services necessary for individuals to achieve their healthcare goals. In many communities, especially those with limited resources, access to quality behavioral healthcare remains a significant challenge. Insufficient funding, stigma and a lack of crisis response systems contribute to the barriers people face when seeking help. Addressing these issues requires not only increasing the number of providers but also ensuring that support services are adequately funded and accessible to all.

A severe shortage of healthcare providers, particularly in rural areas, makes it difficult for individuals to receive timely and effective care. In some regions, primary care, senior medical care and behavioral healthcare are all under-resourced, leading to long wait times and inadequate treatment options. Additionally, the lack of Medicaid-accepting providers further exacerbates disparities in access to care, particularly for low-income individuals. Substance use programs are often inadequately funded, and many communities lack a proper crisis response system to address emergencies effectively.

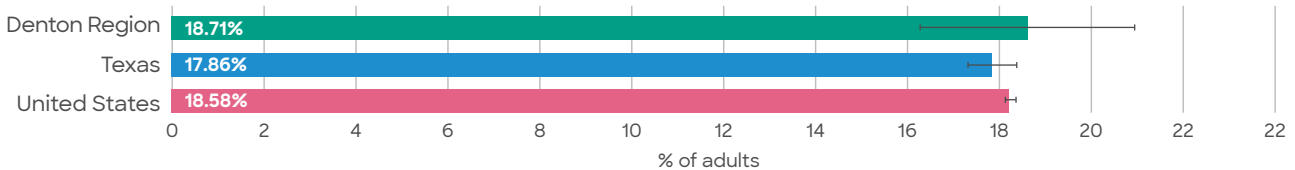
Community members have expressed frustration over the difficulties in accessing mental health services, particularly during crises. One individual stated, “We really don’t have a crisis response system, or Crisis Response Unit, or stabilization unit,” highlighting the lack of emergency support. Another person pointed out, “Our local shelter then becomes a makeshift crisis stabilization facility in terms of housing, and it’s really not at all staffed to be a mental health service provider,” emphasizing the strain on community resources. The stigma surrounding mental health remains a significant barrier, as noted by one resident, “I think that there’s still a large stigma surrounding mental health.” Additionally, the limited awareness of services such as mental health navigation and online resources further hinders access to care.

Topic	Denton Region	Texas	United States
Binge drinking <i>% of adults, 2022</i>	18.71 ±2.22	17.86 ±0.63	18.58 ±0.20
Depression <i>% of adults, 2022</i>	21.01 ±2.07	21.82 ±0.63	22.53 ±0.20
Drug overdose mortality <i>deaths per 100,000, 2022</i>	11.36 ±1.77	18.24 ±0.41	32.57 ±0.17
Mental healthcare provider shortage <i>full-time equivalents, 2024</i>	13.10	1,130.61	16,419.30
Poor self-reported mental health <i>% of adults</i>	15.65 ±1.09	17.83 ±0.40	17.35 ±0.12

Binge drinking

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

Binge drinking, 2022



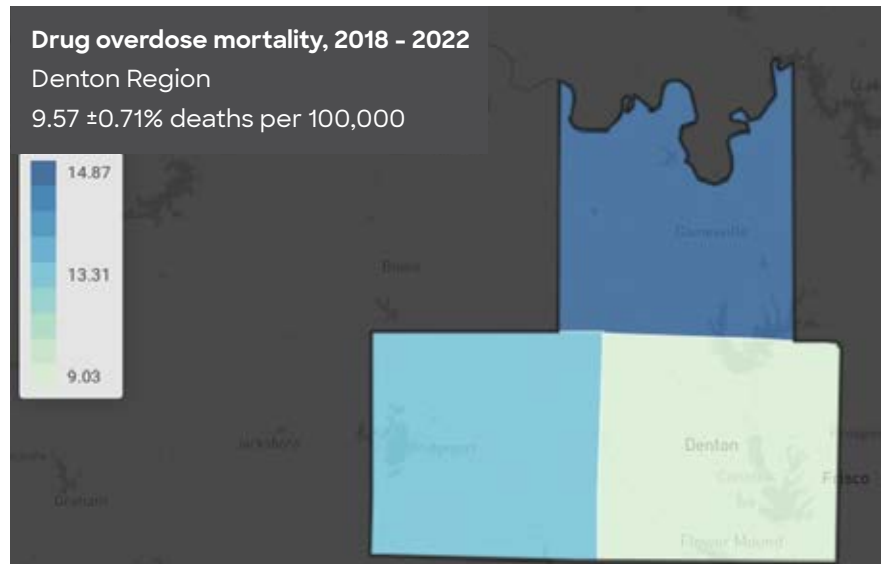
Binge drinking rates vary slightly across different regions, with the Denton Region reporting a higher incidence at 18.71% compared to Texas and the United States at 17.86% and 18.58%, respectively. This elevated rate in Denton suggests a localized public health concern that may impact community safety, healthcare costs and long-term well-being of its residents. Addressing this issue with targeted interventions could significantly benefit the community by reducing associated risks and improving overall public health outcomes.

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

Drug overdose mortality

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

Drug overdose mortality continues to be a pressing issue, particularly in parts of Texas such as the Denton Region and surrounding counties. Specifically, the data indicates varying impacts across the region, with Cooke County experiencing a notably higher death rate at approximately 15 deaths per 100,000 residents due to drug poisoning, compared to Denton County at around 9 and Wise County at 13.5.

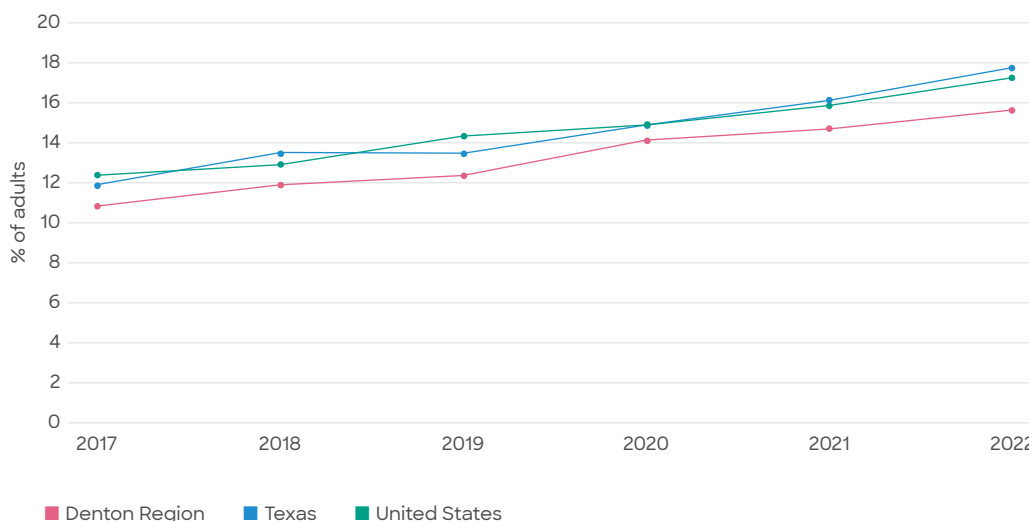


Data sources: Chicago Department of Public Health (Epidemiology Department: Chicago community area level) (Only in IL), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)

Poor self-reported mental health

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

Poor self-reported mental health



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



Built environment

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

What we heard from the community

The built environment significantly influences community health, impacting access to essential services like transportation, food, housing and healthcare. In growing regions, rapid population increases often outpace the availability of necessary infrastructure and resources, exacerbating existing disparities. Limited access to affordable housing, food insecurity and inadequate healthcare facilities can lead to negative health outcomes, particularly for low-income and marginalized populations. Addressing these challenges requires coordinated efforts to improve transportation systems, expand food assistance programs and ensure affordable housing availability, all aimed at creating a healthier living environment.

Community feedback highlights the struggles faced due to the lack of sufficient infrastructure and resources in rapidly growing areas. Concerns about transportation access, food insecurity and inadequate healthcare services are prevalent. For example, discussions about working with local bus systems to provide transportation passes for patients reflect the barriers to accessing care. Additionally, the challenges of rising housing costs and limited availability of affordable housing have been identified as significant factors affecting community well-being. These issues disproportionately impact lower-income individuals and families, making it essential to prioritize interventions that address these disparities.

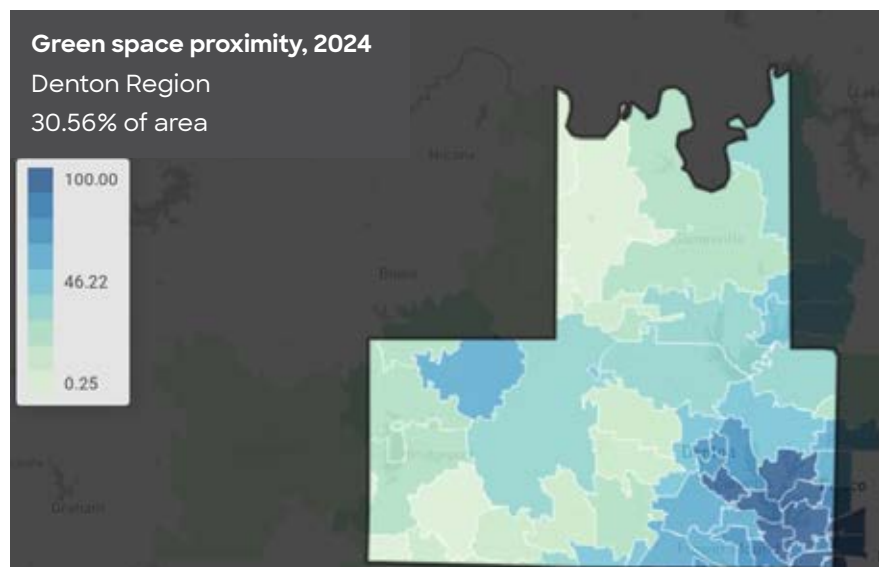
Several direct quotes provide insight into the specific concerns raised by community members. One individual stated, “We’ve even had discussions around working with our local bus system to provide some type of pass to help patients,” emphasizing the crucial role of transportation in accessing healthcare. Another quote highlights food insecurity: “A few of our clinics have food insecurity, so they’ll come into the office and eat all the snacks that are out,” illustrating the lack of reliable food access for some individuals. Additionally, the statement, “Denton County has been one of the five fastest growing counties in the country for a number of years. Our nonprofit social service sector has not kept up with that growth in terms of need, increased housing cost,” underscores the strain on social services in rapidly expanding communities.

Topic	Denton Region	Texas	United States
Drive alone to work <i>% of workers 16 years and older, 2023</i>	67.63 ±1.52	71.65 ±0.28	69.18 ±0.06
Environmental Burden Index <i>2024</i>	48.26	49.50	50.25
Green space proximity <i>% of area, 2024</i>	30.56	11.07	44.94
Internet access <i>% of households, 2023</i>	97.71 ±0.83	95.12 ±0.20	94.77 ±0.09
Lifetime inhalation cancer risk <i>lifetime risk per million, 2019</i>	23.1	20.9	16.1

Green space proximity

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

Access to green spaces is increasingly recognized as crucial for community health and well-being, particularly in urban areas. The recent data from various ZIP codes in Texas, including cities like Carrollton, Frisco and Plano, shows a varied proximity to green spaces, with percentages ranging from as high as 100% in several areas to less than 1% in places like Paradise, TX. This disparity reveals that while some communities enjoy abundant access to green spaces, others are significantly underserved, impacting the overall quality of life and potentially contributing to environmental justice issues. Efforts to enhance green space accessibility in these areas could lead to improved community health and social cohesion, promoting a healthier, more equitable environment for all residents.

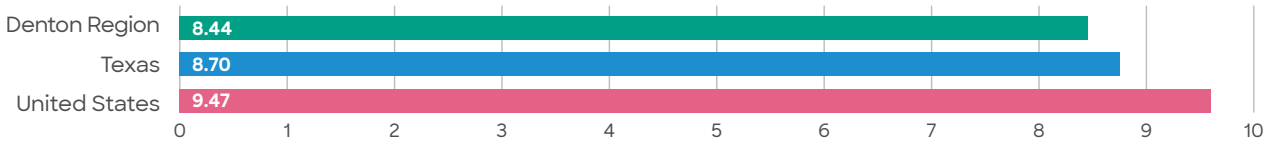


Data sources: Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index

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, 2024



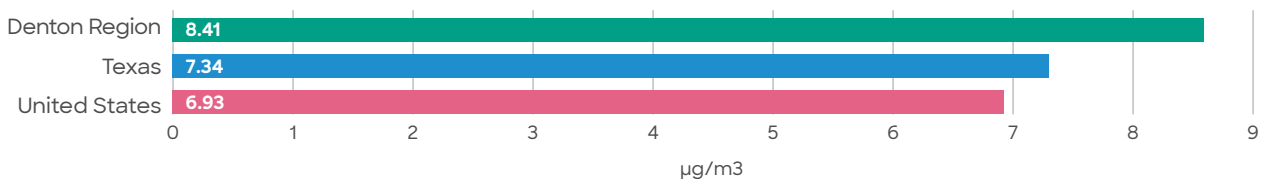
Walkability is crucial for fostering accessible and sustainable urban environments. The Walkability Index data reveals that the Denton Region, with a score of 8.44, slightly lags behind Texas as a whole, which scores 8.7, and is notably lower than the national average of 9.47. This disparity may indicate potential areas for improvement in pedestrian infrastructure and accessibility in the Denton Region, which could enhance community health, reduce transportation costs and improve local air quality. Addressing these walkability gaps is essential for promoting a healthier, more active lifestyle among residents and could lead to broader community benefits, including economic growth and environmental sustainability.

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) concentrations reveal a clear gradient in air quality across different regions, with the Denton Region reporting the highest levels at 8.41, followed by Texas at 7.34 and the United States at 6.93. This disparity highlights the localized impact of air pollution, where communities in the Denton Region might experience more significant health challenges related to poor air quality compared to broader state and national averages. Addressing these elevated levels through targeted environmental policies and community health initiatives is crucial to improve air quality and safeguard public health in the most affected areas.

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 hypertension have a profound impact on community health, often exacerbated by socioeconomic factors, limited access to healthcare and lack of awareness. These conditions require ongoing management and education, yet many individuals remain unaware of their risks or the symptoms of related health events, such as heart attacks. Disparities in healthcare access and affordability contribute to higher rates of these diseases in lower-income populations, where unhealthy dietary choices become more common due to financial constraints. Addressing chronic disease requires a combination of education, preventive care and systemic changes to improve access to healthier food options and medical services.

The community responses highlight several key concerns, including the lack of awareness about high blood pressure and diabetes, the impact of financial hardship on health choices, and the need for better education about chronic disease management. Many individuals report difficulty accessing healthy food due to financial constraints, leading to reliance on convenience foods that worsen their conditions. There is also a lack of awareness about the different symptoms of heart attacks in men and women, which can lead to delayed treatment. Addressing these issues requires targeted education campaigns, improved access to nutritious food and better healthcare resources for those at risk of or living with chronic diseases.

One response states, “People have high blood pressure and don’t even realize it,” emphasizing the lack of awareness about hypertension and its risks. Another community member notes, “People lower incomes are disproportionately affected by things like diabetes and hypertension,” highlighting the role of socioeconomic status in chronic disease prevalence. A third quote, “People are short on money and time, so you end up going for those convenience foods, and those are not going to be the best ones for reducing the impacts of your chronic illness,” illustrates how financial and time constraints lead to unhealthy eating habits, further complicating disease management. These insights underscore the need for comprehensive public health strategies that address both education and accessibility to healthier lifestyle choices, particularly in underserved communities.

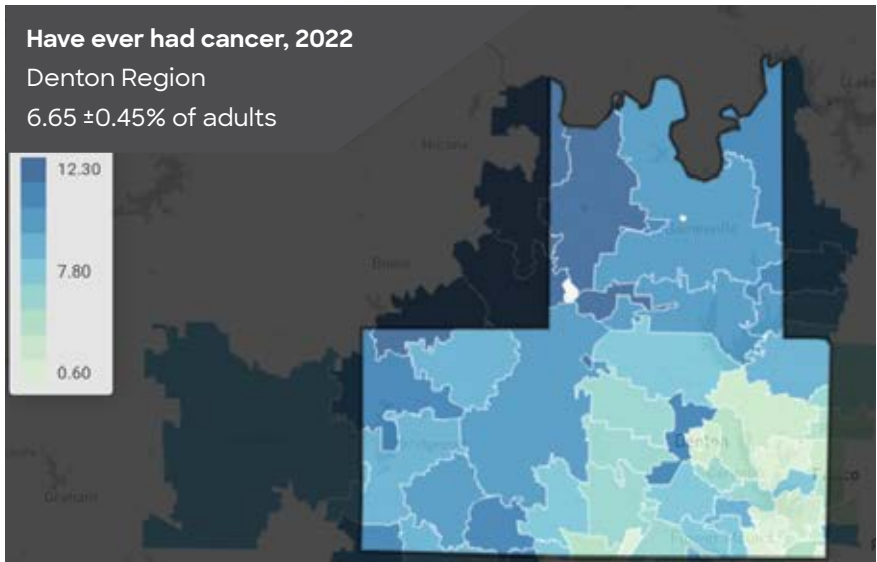
Topic	Denton Region	Texas	United States
Chronic kidney disease <i>% of adults, 2021</i>	2.6 ±0.2	3.1 ±0.1	2.9 ±0.0
Chronic obstructive pulmonary disease (COPD) <i>% of adults, 2022</i>	5.18 ±0.38	6.23 ±0.16	6.37 ±0.05
Coronary heart disease <i>% of adults, 2022</i>	5.25 ±0.41	6.27 ±0.15	5.82 ±0.05
Current asthma <i>% of adults, 2022</i>	8.84 ±0.79	9.43 ±0.27	10.35 ±0.09
Diagnosed diabetes <i>% of adults</i>	10.2 ±1.0	13.4 ±0.4	10.8 ±0.1

Have ever had cancer

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

Cancer, a significant public health concern, affects a substantial number of adults in Texas, as indicated by data from various ZIP codes. This data, drawn from places ranging

from Carrollton to Denton, shows percentages of adults ever diagnosed with cancer varying widely, from as low as 0.6% in Denton (76203) up to 12.3%. These figures reflect the diverse impact of cancer across different communities within the state, highlighting areas with higher rates that may require targeted healthcare interventions and resources. This variance in cancer prevalence underscores the need for community-specific strategies to manage and mitigate the effects of cancer, ensuring that resources are adequately allocated to support affected populations in Texas.



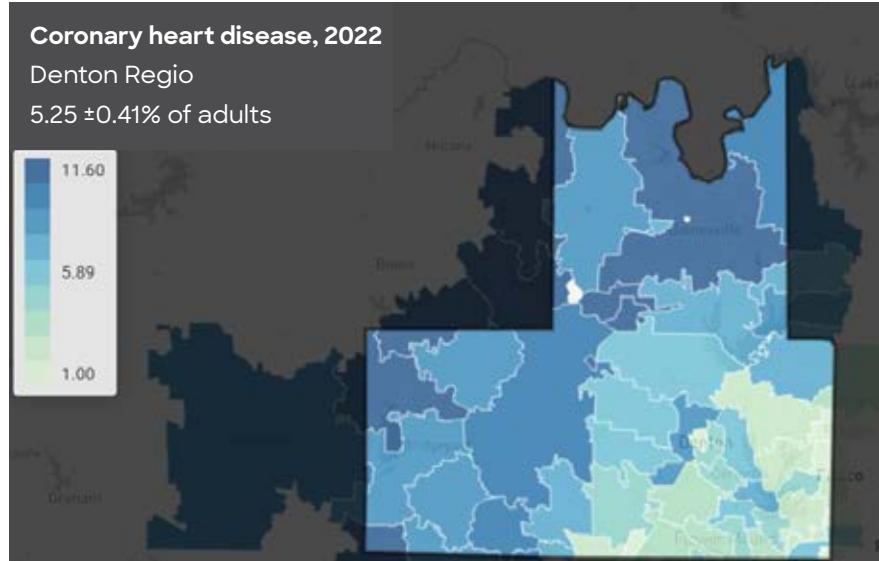
Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (ZIP codes, tracts))

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 (CHD) remains a significant health concern, affecting a notable portion of adults in various communities across Texas. Data

focusing on a range of ZIP codes within Texas, including areas such as Carrollton, Plano, Denton and Fort Worth, reveal CHD prevalence rates varying from as low as 1.0% to as high as 11.6%. These figures highlight a concerning disparity in health outcomes within the state, which could have profound implications on the local healthcare systems and community wellness programs. Addressing these disparities through targeted health initiatives and increased access to preventive care is critical for improving the overall health and quality of life for residents in these affected areas.

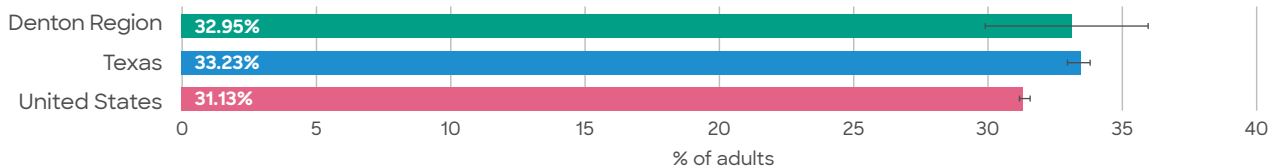


Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

High cholesterol

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

High cholesterol, 2021



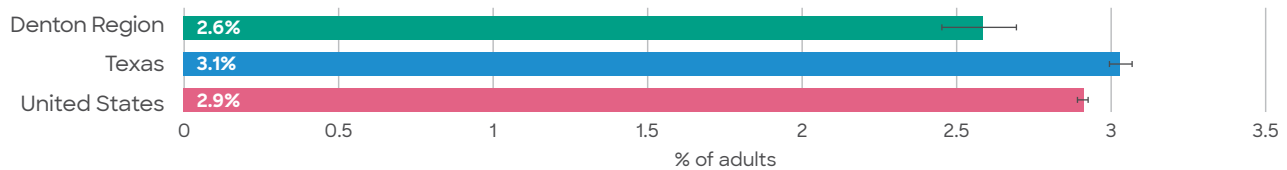
High cholesterol remains a significant health concern across different regions, subtly varying in prevalence. In the Denton Region, the percentage of high cholesterol stands at approximately 33%, closely aligning with Texas' overall rate of 33.23% but slightly higher than the national average of 31.13%. Addressing this issue with targeted healthcare initiatives and community awareness programs may help mitigate the risks associated with high cholesterol, promoting a healthier population.

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



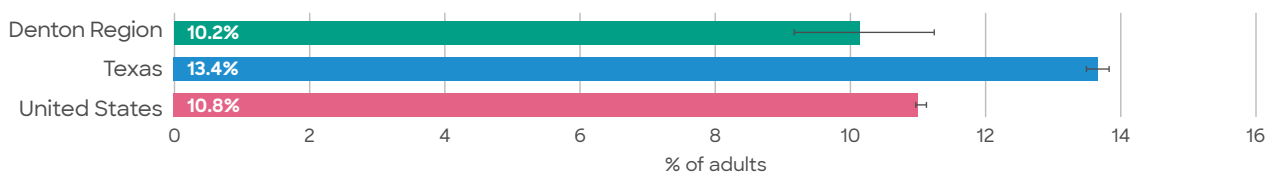
Chronic kidney disease presents varying levels of impact across different regions, reflecting unique healthcare and lifestyle challenges. In the Denton Region, the prevalence of chronic kidney disease stands at 2.63%, which is lower than the Texas state average of 3.09% and also below the national average of 2.85%. This suggests that the Denton Region may have certain protective factors or healthcare efficiencies that other areas might lack, highlighting the importance of localized health strategies and preventive measures to combat this condition effectively.

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



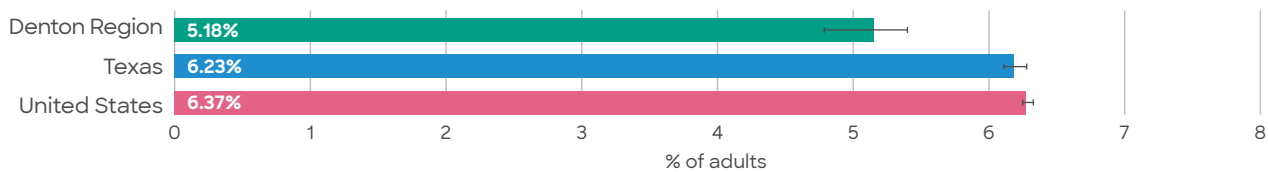
Diagnosed diabetes rates reflect significant regional differences and highlight the impact on community health. Specifically, the Denton Region records a diabetes prevalence of 10.23%, lower than that of Texas at 13.37% but aligning more closely with the national average of 10.84%. This variation underscores the need for targeted healthcare strategies that address the specific needs and challenges of the Denton Region, ensuring that interventions are appropriately tailored to reduce the diabetes burden effectively. Addressing diabetes effectively can enhance overall community health, reduce healthcare costs and improve quality of life for affected individuals.

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



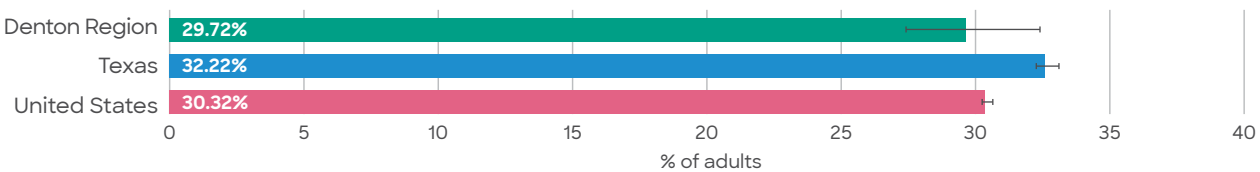
Chronic obstructive pulmonary disease (COPD) presents a varying challenge across different regions, with the Denton Region reporting a noticeably lower prevalence rate at 5.18% compared to both Texas and the United States, which stand at 6.23% and 6.37%, respectively. Addressing COPD effectively requires targeted community health strategies, acknowledging regional disparities and focusing on preventive care, awareness programs and healthcare accessibility to reduce its burden.

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

High blood pressure

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

High blood pressure, 2022



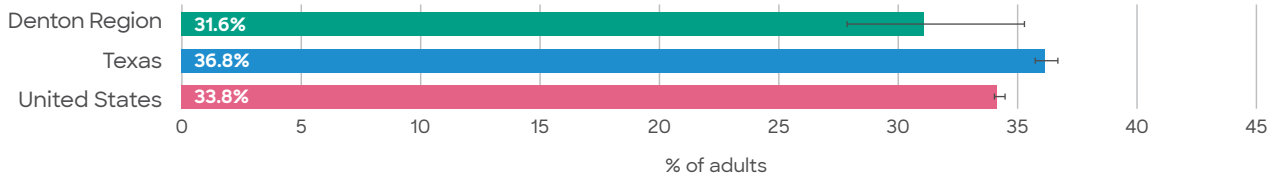
High blood pressure remains a critical public health concern that significantly impacts communities across various regions. In the Denton Region, the prevalence of high blood pressure stands at approximately 29.7%, slightly lower than the Texas state average of 32.2% and also below the national average of 30.3%. This data indicates a somewhat favorable position for the Denton Region in comparison to broader averages yet highlights the continuous need for health interventions and policies to further reduce these figures and address the broader impacts of high blood pressure on community health and well-being.

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

Obesity

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

Obesity, 2022



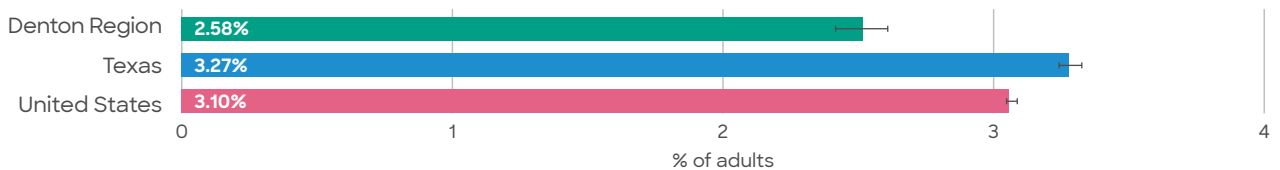
Obesity rates across various regions highlight significant public health concerns that necessitate targeted interventions. In the Denton Region, obesity affects 31.63% of the population, which is slightly lower than the state average in Texas at 36.76% and the national average in the United States at 33.83%. These figures underscore the need for community-focused health initiatives and policies aimed at curbing obesity, which can lead to serious health issues such as heart disease and diabetes and increased healthcare costs. By addressing obesity with effective health education and lifestyle programs, there is the potential to significantly enhance the overall well-being and productivity of these communities.

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

Diagnosed stroke

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

Diagnosed stroke, 2022



Stroke diagnosis rates in the Denton Region stand at 2.58%, which is lower than both the state of Texas and the national average, at 3.27% and 3.1%, respectively. This variance highlights the potential differences in regional healthcare access, public health education or genetic predispositions affecting the community.

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 determinant of health, impacting nutrition, chronic disease management and overall well-being. In areas with limited resources, food insecurity can lead to reliance on unhealthy convenience foods, exacerbating chronic health conditions. Ensuring that all community members have access to affordable, nutritious food is essential for improving public health outcomes and reducing disparities. Programs that address food insecurity, such as food banks, meal delivery services and educational initiatives, play a vital role in bridging the gap for those in need. However, challenges such as stigma, limited availability of food resources and logistical barriers remain significant obstacles to food security.

Community feedback highlights several key challenges related to food access. Many individuals struggle with the affordability and availability of nutritious food, leading to reliance on processed and convenience foods. Stigma surrounding food insecurity prevents some from seeking help, even when they have difficulty making ends meet. Additionally, food distribution programs often face shortages and logistical limitations, making it difficult to meet the needs of all those who require assistance. There is a growing recognition of the need for more comprehensive solutions that address the root causes of food insecurity, including employment, education and mental health support.

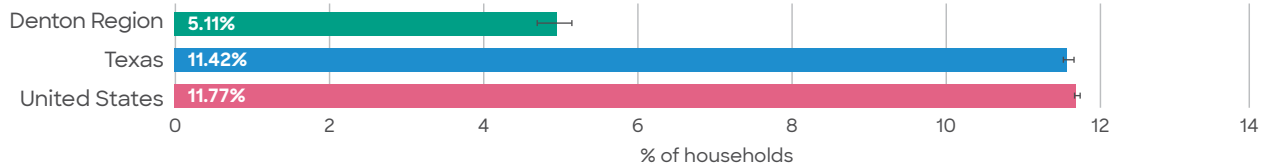
Direct quotes from community members reveal important insights into the challenges of food access. One individual stated, “People are short on money and time, so you end up going for those convenience foods, and those are not going to be the best ones for reducing the impacts of your chronic illness.” This highlights how financial constraints force individuals to make unhealthy dietary choices, worsening their health conditions. The statement, “There’s not enough quantity of food coming into our Denton County Food Pantry system,” underscores the logistical challenges faced by food assistance programs, which often lack sufficient resources to meet demand. Addressing these issues requires a multifaceted approach that includes increasing food availability, reducing stigma and supporting broader economic initiatives to improve food security in the community.

Topic	Denton Region	Texas	United States
Convenience stores as SNAP retailers <i>convenience stores per all SNAP retailers, 2024</i>	0.43	0.52	0.44
Food Environment Index <i>2019</i>	8.1	6.1	–
Food insecurity <i>% of residents, 2022</i>	12.8	16.4	13.3
Food stamps (SNAP) <i>% of households, 2023</i>	4.87 ±0.69	11.25 ±0.18	12.22 ±0.06
Households in poverty not receiving food stamps (SNAP) <i>% of households below the poverty line, 2023</i>	83.65 ±3.73	64.82 ±0.71	59.36 ±0.25

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), 2019 - 2023



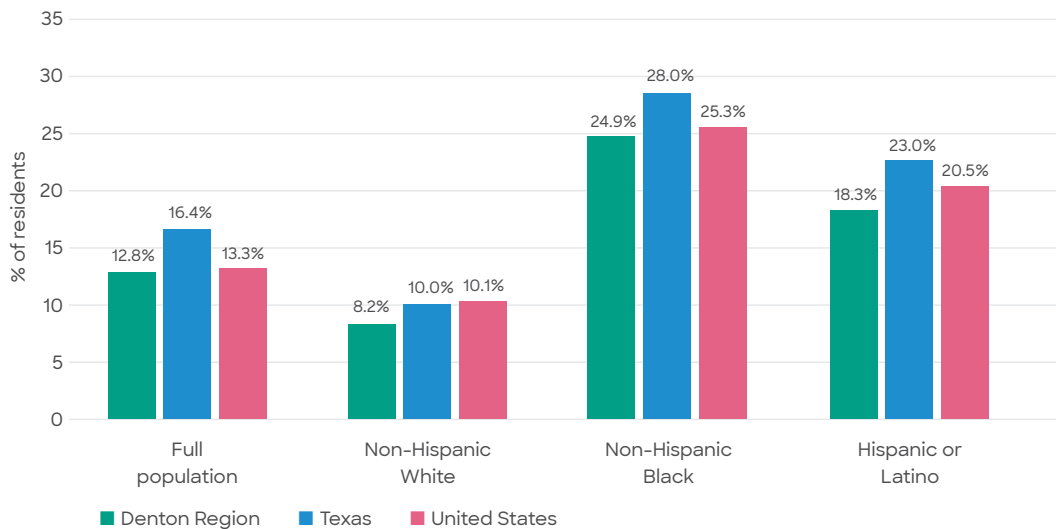
Food insecurity remains a pressing issue across various regions, and the usage of food stamps (SNAP) provides a clear indicator of the extent of this challenge. In the Denton Region, the percentage of individuals reliant on SNAP is significantly lower at 5.11% compared to the Texas state average of 11.42% and the national average of 11.77%. This disparity suggests that while Denton may have better economic conditions or access to resources than other areas, the broader need for food assistance in Texas and across the United States remains high, potentially stressing the social services in regions with higher SNAP dependence. Addressing these inequalities is crucial for enhancing community health and ensuring equitable access to necessary nutritional support.

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

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 affects various racial and ethnic communities differently across the Denton Region, Texas and the United States, reflecting broader socioeconomic patterns. In the Denton Region, 12.82% of the full population faces food insecurity, which is lower than the Texas average of 16.4% and the national average of 13.3%. However, disparities are stark among racial groups; Non-Hispanic Black individuals experience the highest rates, with 24.87% in the Denton Region, compared to 28% in Texas and 25.3% nationally. This data underscores the necessity for interventions to address food insecurity, especially in minority communities, to ensure equitable access to necessary resources and improve community health outcomes.

Data sources: Feeding America: Map the Meal Gap



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 play a crucial role in determining the overall well-being of individuals and communities. These behaviors encompass a wide range of daily choices, from diet and exercise to healthcare engagement and disease prevention practices. Many chronic health conditions, such as hypertension and diabetes, can often go unnoticed until they reach critical levels, highlighting the need for proactive health education and screening programs. Community outreach efforts, such as health fairs and educational campaigns, are essential for raising awareness about these conditions and encouraging individuals to take control of their health. By providing accessible information and support, communities can empower individuals to make healthier choices and reduce the burden of chronic diseases.

Community members have expressed a strong desire for increased health education and outreach efforts. Many individuals are unaware of their health conditions, such as high blood pressure, until they receive screenings at community events. There is a call for more public education initiatives, not only for healthcare professionals but also for the general population. This includes simple, accessible information on cardiovascular health, CPR training and the importance of regular health checkups. Additionally, there is recognition that lower-income individuals face greater challenges in managing chronic conditions due to financial constraints, leading to reliance on convenience foods and limited access to healthcare resources. Addressing these disparities through targeted education and support programs is crucial for improving community health outcomes.

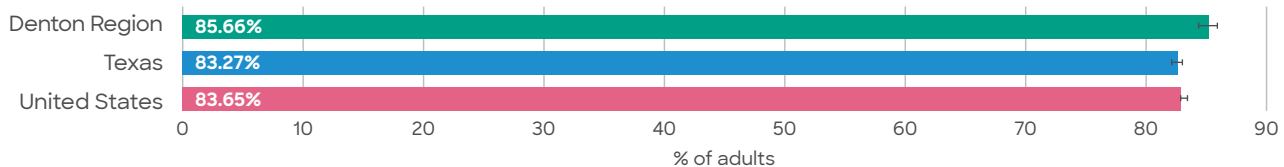
Several key insights from community feedback highlight the need for broader health education initiatives. One participant stated, “People have high blood pressure and don’t even realize it, until they come to a health fair and do a screening,” emphasizing the importance of early detection and awareness. By prioritizing education, accessibility and destigmatization, communities can better support individuals in making healthier choices and managing chronic conditions more effectively.

Topic	Denton Region	Texas	United States
Cholesterol screening <i>% of adults, 2021</i>	85.66 ±1.88	83.27 ±0.67	83.65 ±0.20
Cigarette smoking rate <i>% of adults, 2022</i>	11.2 ±1.1	14.8 ±0.4	14.6 ±0.1
Colorectal cancer screening <i>% of adults, 2022</i>	57.23 ±3.46	54.64 ±1.07	58.85 ±0.32
Mammography use <i>% of female adults, 2022</i>	77.94 ±4.41	73.79 ±1.55	75.65 ±0.45
No exercise <i>% of adults</i>	20.8 ±2.2	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



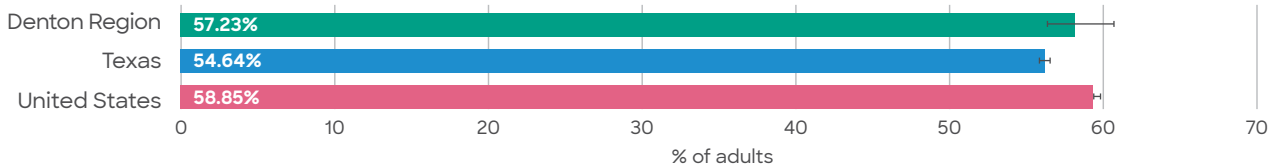
The Denton Region showcases a notably higher rate of cholesterol screening at 85.66% compared to both the Texas average and the national figure, which stand at 83.27% and 83.65%, respectively. This reflects a proactive approach toward cardiovascular health management within the community, likely leading to better early detection and management of heart-related conditions. Enhanced screening rates can significantly impact community health by potentially reducing the incidence of heart disease and associated healthcare costs, thereby fostering a healthier, more productive society.

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

Colorectal cancer screening

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

Colorectal cancer screening, 2022



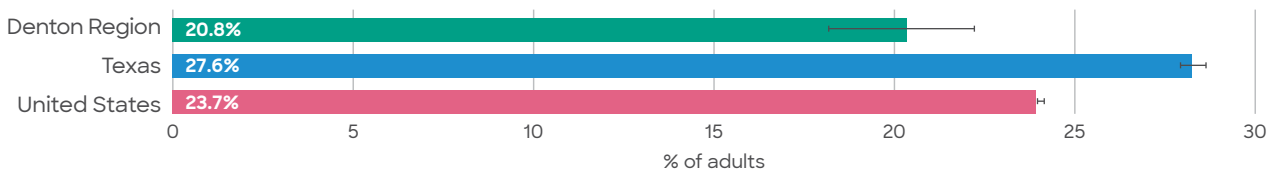
Colorectal cancer screening rates reveal significant insights into public health efforts and their effectiveness across regions. In the Denton Region, 57.23% of individuals have been screened, closely trailing the national average in the United States at 58.85% but surpassing Texas' rate of 54.64%. This suggests that while Denton is performing relatively well compared to the entire state, there's still room for improvement to meet or exceed the national benchmark. Enhancing screening rates can lead to early detection and potentially lower colorectal cancer incidence and mortality in the community, emphasizing the necessity of targeted health initiatives and education to elevate public health standards.

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

No exercise

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

No exercise, 2022



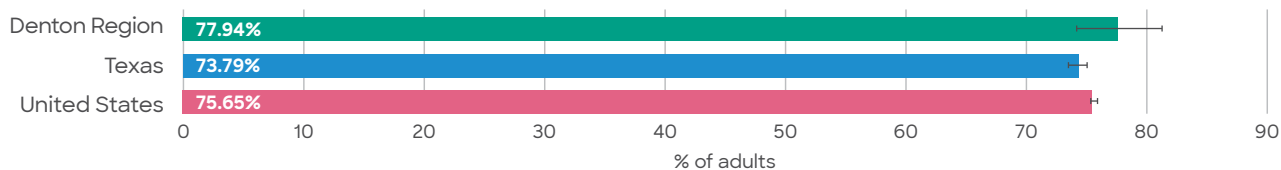
The lack of exercise is a notable concern across different regions, affecting the overall health and wellness of communities. In the Denton Region, approximately 20.84% of the population does not engage in regular physical activity, which is lower than the Texas state average of 27.64% and slightly below the national average of 23.68%. Addressing this issue effectively requires a collaborative effort to implement accessible and appealing exercise opportunities for all community members.

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

Mammography use

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

Mammography use (Female), 2022



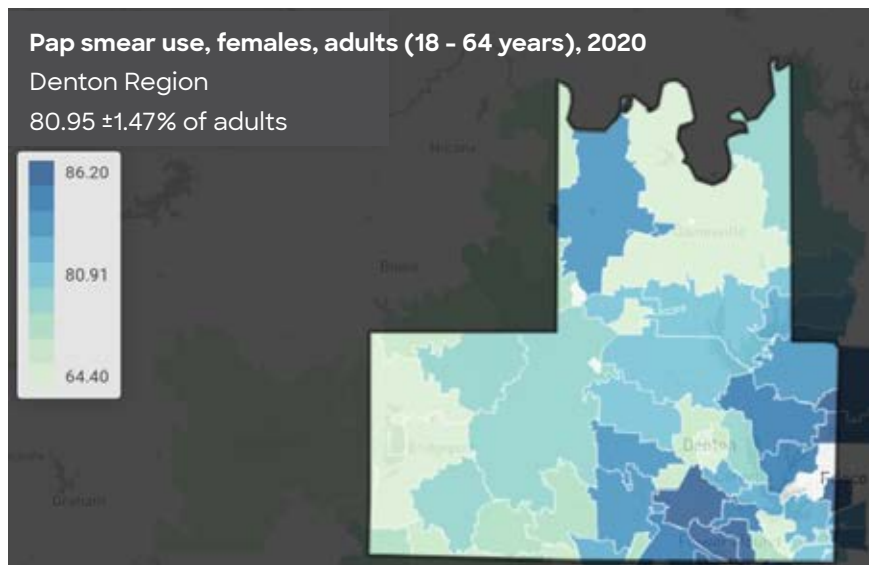
In the Denton Region, mammography usage stands at 77.94%, notably higher than both the Texas average of 73.79% and the United States average of 75.65%. This higher utilization rate may suggest better awareness or availability of mammography services in the Denton area compared to broader state and national levels. Enhanced usage of mammography is crucial for the early detection of breast cancer, improving outcomes and potentially reducing treatment costs. Addressing disparities in access to such preventive services is vital for improving public health outcomes across communities.

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

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 testing plays a critical role in the early detection and prevention of cervical cancer among women aged 21 - 65. This analysis focuses on the usage of Pap smears across various ZIP codes in Texas, including but not limited to cities like Carrollton, Plano and Denton. The data reveals a generally high adherence to the recommended Pap smear testing, with percentages mostly ranging from around 76% to 86%. Such widespread compliance underscores the existing awareness and preventive measures in place within these communities, which significantly contribute to the early identification and management of potential health issues, thereby enhancing community health outcomes.

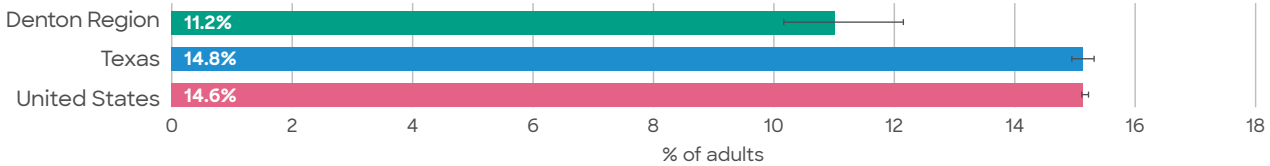


Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts))

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 reveal significant regional differences, with the Denton Region showing a commendably lower rate at 11.22% compared to both the Texas average of 14.8% and the national average of 14.61%. This indicates effective local health policies or community initiatives that might be contributing to the lower prevalence of smoking in the area.

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



Housing

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

What we heard from the community

Housing affordability is a pressing issue affecting many communities, with rising costs outpacing wage growth and leaving individuals and families on the brink of homelessness. The shortage of affordable housing is particularly acute, forcing people to make difficult decisions between paying rent and meeting other basic needs. Vulnerable populations, such as seniors on fixed incomes, single mothers and individuals recently released from incarceration, face unique challenges in securing stable housing. Without intervention, many are at risk of eviction, homelessness or living in temporary accommodations. Addressing housing instability requires coordinated efforts to provide financial assistance, emergency shelter, and long-term housing solutions.

The community responses highlight the urgent need for financial assistance to prevent eviction and homelessness. Programs that cover rent or provide temporary housing, such as short hotel stays, are critical in keeping families off the streets. There is also a concern about the increasing number of people moving from urban areas with higher costs of living into less populated regions, straining local resources. Additionally, the impact of the housing crisis extends beyond financial hardship, affecting mental health and overall well-being. The community emphasizes the importance of data-driven approaches to prioritize those in the greatest need and develop effective housing interventions.

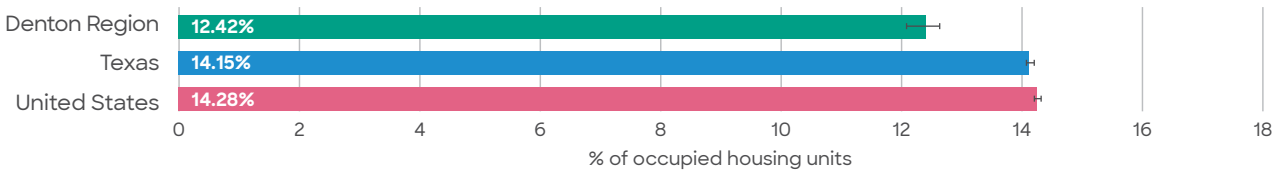
Several quotes illustrate the depth of the housing crisis and its consequences. One individual states, “The shortage of affordable housing really impacts people, you know, and it’s related to, you know, the rising cost of living, but wages haven’t risen as much,” highlighting the disconnect between income and housing costs. Another quote, “We’re seeing some bleeding out of need from Dallas and Fort Worth into Denton County, especially when it comes to homelessness,” reveals how housing instability is spreading to new areas, increasing demand for support services. Additionally, a community member shares, “A subgroup within that larger group are seniors on fixed income who have been kind of unable to handle their increasing housing cost,” emphasizing the vulnerability of those on fixed incomes.

Topic	Denton Region	Texas	United States
Crowded housing <i>% of occupied housing units, 2023</i>	3.27 ±0.67	4.82 ±0.15	3.51 ±0.03
Eviction rate <i>% of renter-occupied households, 2018</i>	2.61	2.62	2.12
Housing cost burden <i>% of occupied housing units, 2023</i>	32.30 ±1.69	33.38 ±0.35	31.86 ±0.07
Housing insecurity <i>% of adults, 2022</i>	11.3 ±1.0	16.9 ±0.5	–
Median monthly housing costs <i>2023</i>	\$1,883 ±\$38	\$1,395 ±\$6	\$1,358 ±\$2

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, 2019 - 2023



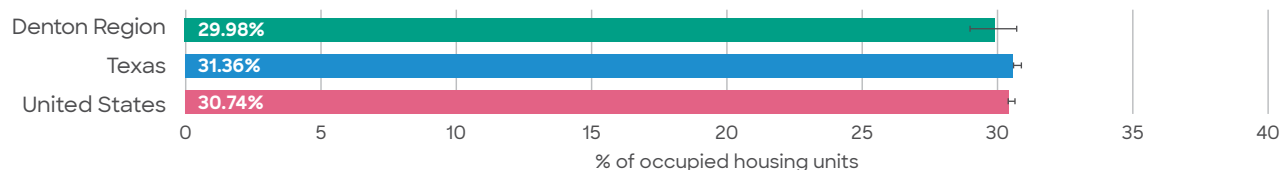
Severe housing cost burden remains a significant issue across the United States, affecting numerous communities with varying intensity. In the Denton Region, 12.42% of households face severe housing cost burdens, which is slightly lower than the state of Texas at 14.15% and the national average of 14.28%. This indicates a relatively better situation in Denton compared to broader averages, yet the impact of high living costs continues to strain resources and limit economic mobility for affected populations. Addressing this issue is crucial not only for improving living conditions but also for ensuring sustainable community development and social stability.

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, 2019 - 2023



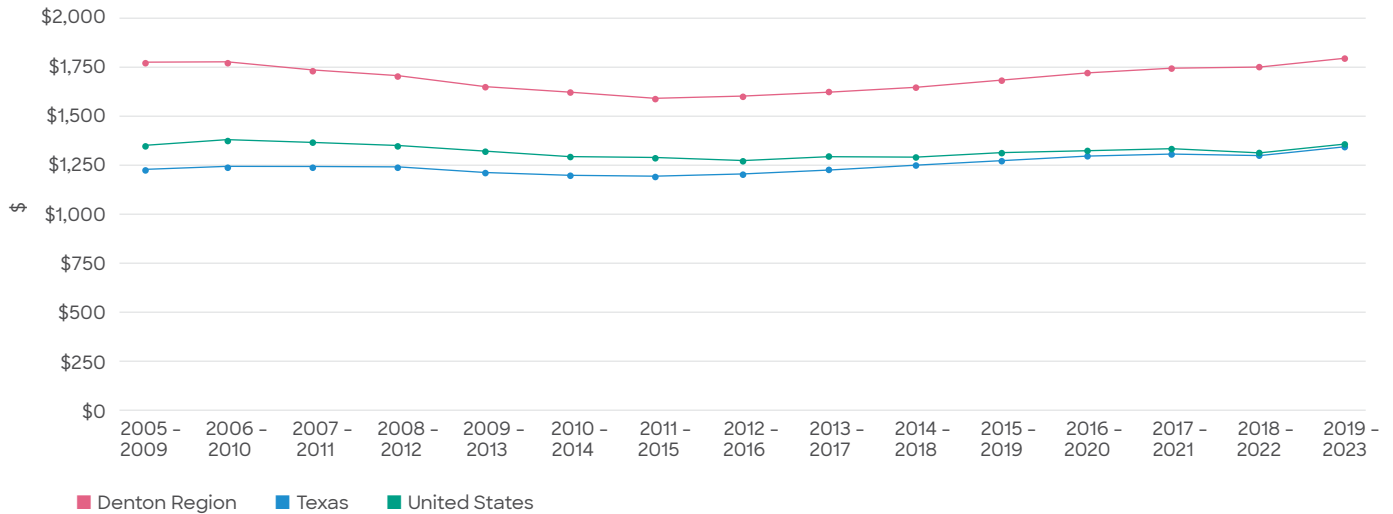
The Denton Region, Texas and the United States are grappling with the challenges of housing cost burdens, with percentages nearing 30% across these areas. This indicates a significant portion of residents in these regions spend a considerable amount of their income on housing, which can impede their ability to afford other essentials like healthcare, education and savings for emergencies. Addressing this issue is crucial for improving the economic stability and quality of life for these communities, ensuring that housing remains affordable and accessible to all income levels.

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

Median monthly housing costs

This represents the median total monthly housing costs for occupied housing units. This includes rent or mortgage as well as all utilities, maintenance and taxes.

Median monthly housing costs



Median monthly housing costs significantly vary across different regions, reflecting the economic disparities and living standards within these areas. The Denton Region, with a median monthly housing cost of approximately \$1,800, stands out as considerably more expensive compared to both the state of Texas and the national average, which are around \$1,343 and \$1,338, respectively. This disparity could have profound impacts on the community, potentially affecting homeownership rates, disposable income levels and overall economic health of residents within the region. It is crucial for policymakers and community planners to understand these financial burdens to better support and manage housing affordability and economic stability in the Denton Region.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B25105)



Maternal and child health

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

What we heard from the community

Maternal and child health is a critical component of public health, directly influencing the well-being of families and communities. Access to essential services such as prenatal care, immunizations and mental health support is vital for ensuring healthy outcomes for both mothers and children. However, many families face barriers to receiving the care they need, whether due to stigma, lack of resources or gaps in communication. Addressing these challenges requires targeted interventions that improve access to services, reduce stigma and foster greater awareness of mental health issues among parents and caregivers.

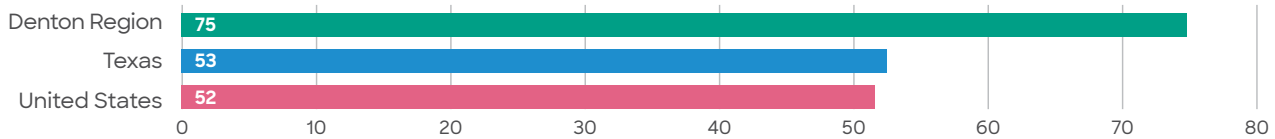
Community responses highlight several key concerns related to maternal and child health. Many parents express a need for more support and resources, particularly regarding immunizations and mental health. There is a recognition that schools are doing their best to provide support, but gaps remain in how parents respond to their children's mental health needs. Additionally, adults are more likely to seek help when resources are easily accessible online, reducing the need for direct, in-person conversations. These insights suggest that improving accessibility to information and services could significantly enhance the support available to families.

One quote states, "Parents say they need more support for immunizations," underscoring the importance of accessible vaccination programs for children. Another community member notes, "There's still a large stigma surrounding mental health," highlighting the barriers that prevent families from seeking help for mental health concerns. Additionally, "The schools are doing a really good job in providing resources as much as they can," reflects the role of educational institutions in supporting children's well-being yet also points to the need for more comprehensive community efforts. Finally, the statement, "Adults are more likely to get support and find resources if it's just available for them to find on their time online where they don't necessarily have to speak to someone," emphasizes the importance of making information and services readily available in a user-friendly format. These reflections demonstrate the need for increased awareness, better resource distribution and the reduction of stigma to improve maternal and child health outcomes in the community.

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 Denton Region notably surpasses both Texas and the national average in the Child Opportunity Index 3.0, scoring 74.86 compared to Texas’ 52.62 and the United States’ 52.16. This high score indicates a more favorable environment for children in Denton, suggesting better access to resources and opportunities that are crucial for their development and well-being.

Data sources: DiversityDataKids.org; Child Opportunity Index 3.0

Opportunity youth

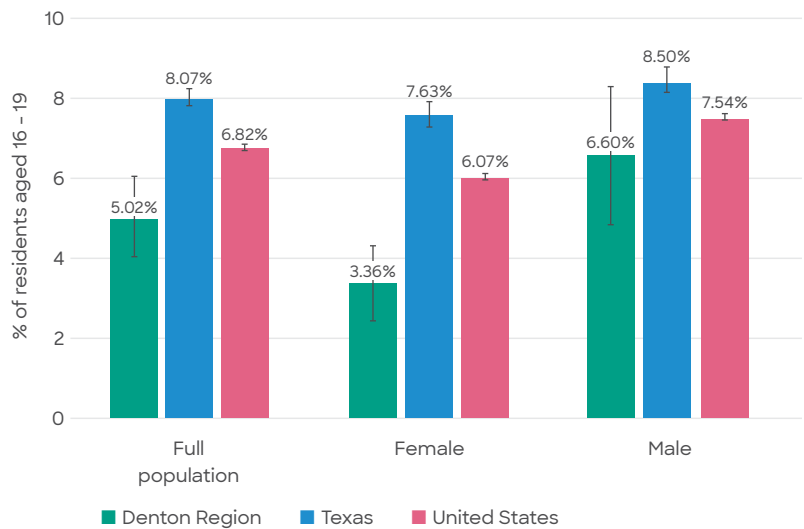
Percentage of residents aged 16 - 19 who are neither working nor enrolled in school.

The phenomenon of opportunity youth—young individuals not in employment, education or training—is significantly lower in the Denton Region compared to statewide and national levels. This disparity suggests that the Denton Region may provide more or better pathways for youth engagement in education or the workforce. By focusing on tailored interventions and support systems, stakeholders in Texas and across the United

States can potentially reduce the number of opportunity youths, ultimately strengthening community ties and economic stability. This comparison underscores the importance of local policies and programs in mitigating the challenges faced by these young individuals and enhancing their prospects for a successful transition into adulthood.

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

Opportunity youth by sex, 2019 - 2023

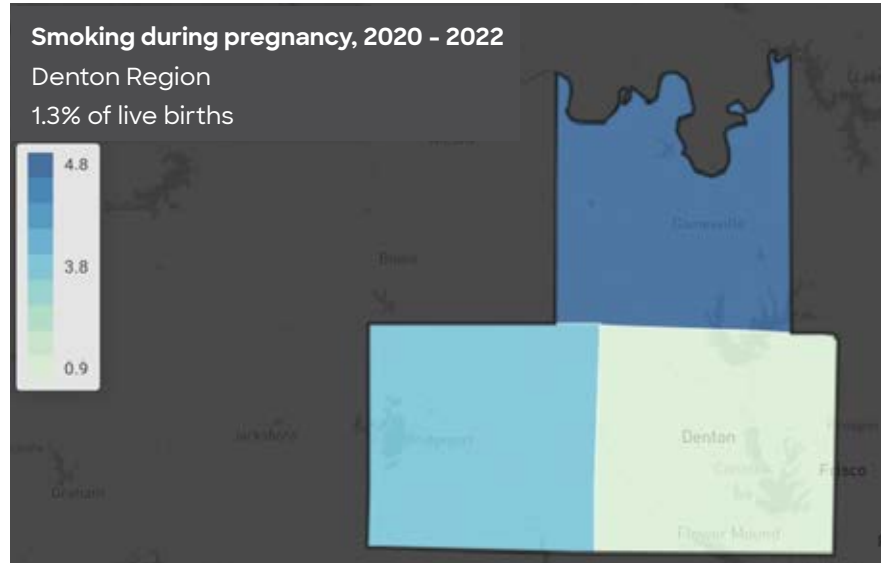


Smoking during pregnancy

Estimated percentage of live births where maternal cigarette smoking was reported during any trimester of pregnancy.

Smoking during pregnancy remains a critical public health issue, particularly in the Denton Region of Texas. This area encompasses several counties, including Cooke County, Denton County and Wise County. Data from 2020 to 2022 reveals varying prevalence of this practice, with Cooke County reporting approximately

4.8% of live births affected by maternal smoking, compared to just 0.9% in Denton County and 3.9% in Wise County. These figures highlight a significant concern for community health, as maternal smoking can lead to adverse birth outcomes and long-term health issues in children. Addressing these disparities is essential for improving maternal and child health in the region.



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



Socioeconomic factors

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

What we heard from the community

The socioeconomic factors influencing health are critical to understanding the challenges faced by individuals and communities. Access to healthcare, financial stability, housing, food security and employment all play significant roles in determining health outcomes. Disparities in these areas can lead to increased rates of chronic conditions, limited access to necessary services and a heightened burden on vulnerable populations. Addressing these factors requires a holistic approach that combines healthcare, social services and community support to create a more equitable environment for all.

Community members have highlighted several key challenges related to socioeconomic factors, including mistrust of the healthcare system, difficulties in accessing financial assistance and the impact of transportation barriers on healthcare access. Food insecurity and housing instability are also major concerns, with many individuals struggling to meet their basic needs. The rising cost of living, coupled with stagnant wages, has left many families and individuals, including those with college degrees, unable to afford essential expenses. Additionally, language barriers and under-resourced social support programs further exacerbate these challenges, making it difficult for marginalized groups to access the services they need.

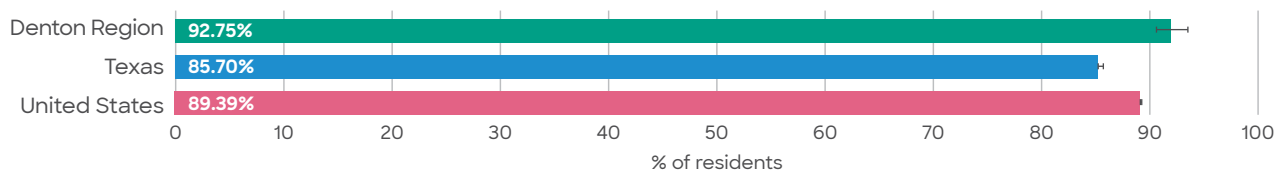
One community member noted, "There's a gap in people who are college-educated and have good jobs but can't make ends meet. They are food insecure but there's still that shame about asking for help," underscores the stigma associated with seeking assistance, even among those who are technically employed. These insights emphasize the need for policy changes, increased funding for social services and more accessible support systems to address the interconnected challenges of socioeconomic factors and health.

Topic	Denton Region	Texas	United States
Aggravated assault/battery <i>crimes per 100,000 residents, 2023</i>	85.3	1,448.5	1,309.8
Any higher education rate <i>% of residents, 2023</i>	75.90 ±1.74	62.11 ±0.31	63.84 ±0.10
Below 200% of poverty level <i>% of residents, 2023</i>	16.69 ±1.32	31.26 ±0.40	28.246 ±0.11
College graduation rate <i>% of residents, 2023</i>	47.87 ±1.30	34.24 ±0.22	36.16 ±0.08
Firearm-related mortality <i>deaths per 100,000</i>	10.9 ±1.7	15.3 ±0.4	14.2 ±0.1

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, 2019 - 2023



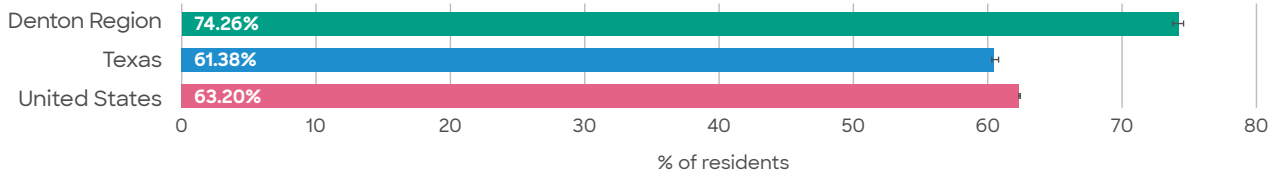
The Denton Region boasts a commendable high school graduation rate of approximately 93%, which surpasses both the Texas state average of about 86% and the national average of approximately 89%. This superior performance could reflect well on the region’s educational policies and community support systems, indicating a positive impact on the local youth and broader community. Enhancing educational achievements in areas like the Denton Region can serve as a model for other areas, potentially leading to more widespread improvements in academic success and future socioeconomic benefits.

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

Any higher education rate

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

Any higher education rate, 2019 - 2023



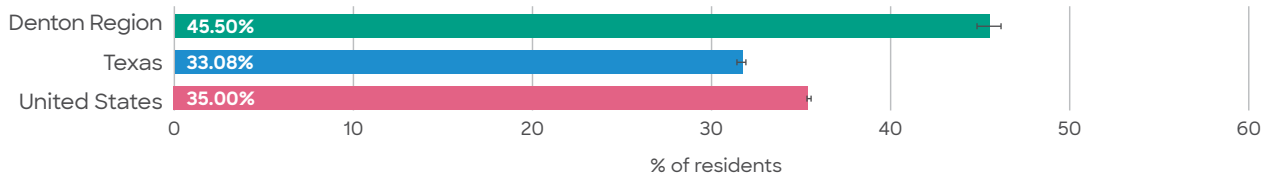
The Denton Region demonstrates a notably higher rate of higher education attainment compared to both Texas and the national average, reflecting its unique educational landscape. With 74.26% of its population attaining higher education, the region outpaces Texas at 61.38% and the United States at 63.2%. This significant educational achievement likely has a profound impact on the local community, fostering a more skilled workforce and potentially attracting businesses that capitalize on a highly educated population. Enhanced educational attainment can also lead to broader socioeconomic benefits, including higher employment rates and improved quality of life, setting a strong foundation for sustainable community development.

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

College graduation rate

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

College graduation rate, 2019 - 2023



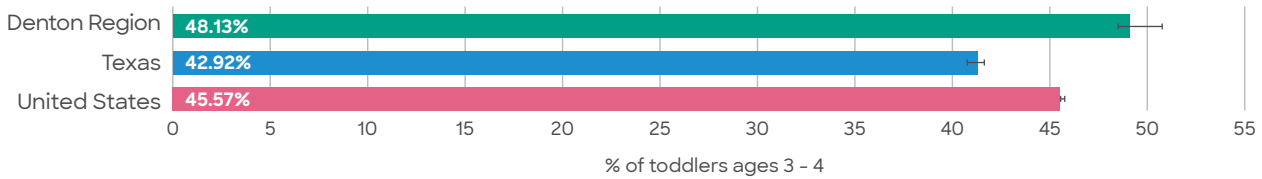
The Denton Region surpasses both Texas and the national average with a college graduation rate of approximately 46%, compared to 33% in Texas and 35% across the United States. This higher academic attainment in the Denton area may contribute significantly to its community by potentially enhancing job prospects and economic stability, fostering a more educated and skilled workforce. It is vital to continue supporting educational policies that contribute to these higher graduation rates, ensuring sustained community growth and improved living standards.

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

Preschool enrollment

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

Preschool enrollment (3 - 4 years), 2019 - 2023



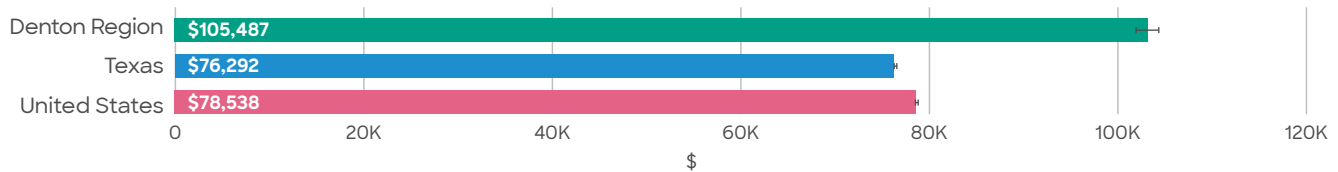
Preschool enrollment rates in the Denton Region surpass both Texas and national averages, illustrating a stronger regional emphasis on early childhood education. This higher enrollment could foster greater educational achievement and social adaptation for children in the Denton area, potentially leading to long-term benefits in workforce readiness and economic stability. Addressing these positive trends and their impact is crucial for community leaders and policymakers to understand and support ongoing educational initiatives effectively.

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

Median household income

Income in the past 12 months.

Median household income, 2019 - 2023



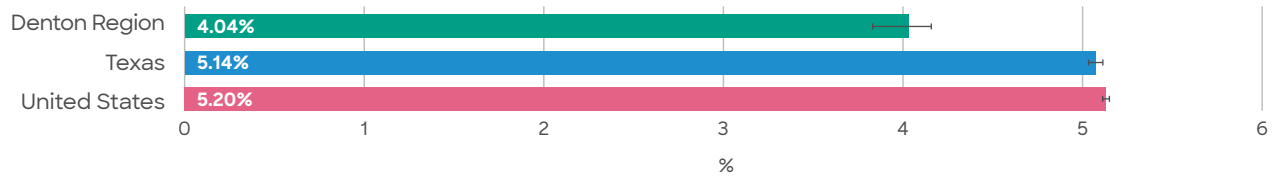
The Denton Region boasts a significantly higher median household income than both the Texas state average and the national figure in the United States. With a median income of approximately \$105,487, residents in the Denton area enjoy about 38% more income compared to the Texas average of \$76,292 and around 34% more than the U.S. median of \$78,538.

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.

Unemployment rate, 2019 - 2023



The unemployment rates across various regions highlight significant disparities that impact local communities differently. The Denton Region boasts a relatively low unemployment rate of approximately 4%, suggesting a robust local economy compared to the Texas state average and the national average, which are 5.1% and 5.2%, respectively.

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

2022 – 2025 evaluation of impact

Health priorities: diabetes, populations under age 65 without health insurance, access to mental healthcare

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> • Diabetes • Populations under 65 without health insurance • Access to mental healthcare 	<ul style="list-style-type: none"> • Baylor Scott & White The Heart Hospital provided financial support to local non-profit hospitals addressing diabetes, access to care and mental health. 	<ul style="list-style-type: none"> • Increased community resources and services addressing access to care, chronic disease and mental health. • Baylor Scott & White The Heart Hospital – Denton: Over \$35,000 provided to local nonprofit organizations addressing critical health and social needs in the community.
<ul style="list-style-type: none"> • Diabetes • Populations under 65 without health insurance • Access to mental healthcare 	<ul style="list-style-type: none"> • Provide free and/or discounted care, including community referrals, to financially or medically indigent patients as outlined in the financial assistance policy. 	<ul style="list-style-type: none"> • Increased access to healthcare services. • Baylor Scott & White The Heart Hospital – Denton: Provided over \$6.7 million in charity care to un/underinsured and low-income patients.
<ul style="list-style-type: none"> • Diabetes • Populations under 65 without health insurance • Access to mental healthcare 	<ul style="list-style-type: none"> • Partner with community organizations and local government agencies to provide community health and wellness events, such as health fairs, nutrition education and health screenings. 	<ul style="list-style-type: none"> • Improved overall health and wellness and increased access to healthcare services. • Baylor Scott & White The Heart Hospital – Denton: From fiscal year 2022 to 2025, Baylor Scott & White The Heart Hospital – Denton partnered with community organizations to provide health and wellness education and screenings to over 2,500 individuals and families in the community.

Existing resources

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

- CASA of Denton County
- City of Denton
- Community Service Inc.
- Denton Community Health Clinic
- Denton Community Food Center
- Denton County Friends of the Family
- Denton County MHMR
- Denton Fire Traditions, 501(c)(3)
- Denton County Public Health
- Denton Housing Authority
- First Refuge Ministries
- Giving Hope, Inc.
- Grace Like Rain
- Health Services of North Texas
- Hearts for Homes
- Interfaith Ministries of Denton, Inc.
- Kyle's Place - Journey to Dream
- Metrocrest Services
- Metroport Meals on Wheels
- New Day Services
- North Central Texas College - Corinth Campus
- Our Daily Bread
- Refuge for Women North Texas
- Serve Denton
- Solutions of North Texas
- SPAN, Inc. (Service Program for Aging Needs)
- The Arc of Denton County
- United Way
- UNT Student Health Services
- We Got Your Six
- Wellness Alliance for Total Children's Health (WATCH) of Denton
- Zoie's Place

Identification of significant health needs and prioritization

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

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

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

The voting results are shown below:

Health issue	Voting
Socioeconomic factors	6%
Maternal and child health	0%
Health behaviors	25%
Built environment	0%
Access to care	14%
Behavioral health	10%
Chronic disease	25%
Food access	20%
Housing	0%

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

1. Health behaviors
2. Chronic diseases

Health needs assessed but not identified as significant

- **Socioeconomic factors:** While the hospital recognized the importance and impact socioeconomic factors have on an individual and community’s health, there was also consensus around the needs being adequately addressed by partner community organizations. In addition, the hospital provides funding to local community organizations and non-profits that address various socioeconomic factors in the community.

- **Maternal and child health:** Maternal and child health was not selected as a priority due to the many services and programs offered by the hospital and partner organizations. In addition, the hospital provides financial support to several community organizations that support and address the needs of mothers and their children.
- **Access to care:** While the hospital acknowledges access to care as a critical health issue, the hospital recognized that this need was being addressed through several BSWH initiatives, including the MyBSWHealth app, which provides remote and in-person access to care. BSWH has also made access to care a focus as a healthcare system. Therefore, significant resources have been dedicated to access to care strategy and program development, including health at home resources and tools.
- **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/or the availability of behavioral health resources and expertise 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

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.

County Health Rankings

County Health Rankings help us understand what influences how long and how well we live. They provide measures of the current overall health (health outcomes) of each county in all 50 states and the District of Columbia.

Diabetes Atlas

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

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

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

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

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

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

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

Federal Bureau of Investigation: FBI Crime Data Explorer

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

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

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

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

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

Food environment factors—such as store/restaurant proximity, food prices, food and nutrition assistance programs, and community characteristics—interact to influence food choices and diet quality. These interactions are complex, and more research is needed to identify causal relationships and effective policy interventions.

Health Resources & Services Administration: Health Professional Shortage Areas (HPSA)

Data on the geographic, population and facility HPSA designations throughout the United States.

Department of Homeland Security (DHS): HIFLD Open Data

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

US Department of Housing and Urban Development (HUD): Housing Choice Vouchers by Tract

This service provides spatial data and information for Housing Choice Voucher (HCV) recipients.

Feeding America: Map the Meal Gap

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

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

Metopio

Created by Metopio staff.

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

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

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

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

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

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

Centers for Disease Control and Prevention (CDC): 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, child care, crime, access to care, etc.

(Potential) follow up questions based on community issue

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

6. Action planning

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

7. Next steps

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

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

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

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

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

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

We thank you for your help.

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

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

Chronic diseases

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

Demographics

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

19. What sex were you assigned at birth?

- Male
- Female
- Prefer not to answer

20. What is your gender identity?

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

21. What is your sexual orientation?

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

22. What is your marital status?

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

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

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

24. What is your current employment status?

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

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

- Yes
- No

26. Are you currently working from home?

- Yes
- No
- Hybrid

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

- Yes
- No

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

Your answer is private and confidential.

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

Your home

29. What are your current living arrangements?

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

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

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

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

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

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

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

33. Did you receive any support?

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

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

Immunizations

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

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

- Yes
- No

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

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

Diet and physical activity

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

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

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

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

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

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

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

- Often true
- Sometimes true
- Never true

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

- Yes
- No

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

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

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

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

Substance use

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

- Yes
- No

54. Do you now smoke cigarettes?

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

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

- Yes
- No

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

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

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

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

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

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

- Yes
- No

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

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

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

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

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

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

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

- Yes
- No

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

Cancer screenings

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

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

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

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

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

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

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

Mental health

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

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

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

- Hardly ever
- Some of the time
- Often

77. How often do you feel alone?

- Hardly ever
- Some of the time
- Often

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

Your neighborhood

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

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

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

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

85. Do you feel safe in your neighborhood?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you for taking our survey!

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

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

