

# 2025 Community Health Needs Assessment

Frisco Region





## Frisco Region community hospitals

- **Baylor Scott & White Medical Center – Centennial**
- **Baylor Scott & White Medical Center – Frisco**
- **Baylor Scott & White Institute for Rehabilitation – Frisco**
- **Baylor Scott & White Medical Center – Frisco at PGA Parkway**

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) is committed to enhancing the health and wellness of the communities it serves. The CHNA is a critical tool in guiding the development of health programs and strategies that can effectively respond to the identified needs of the community. Through a collaborative effort involving various stakeholders, this CHNA utilizes a combination of primary data sources, including surveys, focus groups, interviews and claims data, to ensure a comprehensive analysis of the community's health needs.

The service area for this CHNA encompasses the Frisco Region, a diverse community with varying health service requirements. The primary objective of this assessment is to utilize the data collected to prioritize health issues and plan interventions that align with the community's needs and the hospital's capabilities.

The approach to data collection and analysis ensures that the findings are objective and actionable. The comprehensive nature of this CHNA allows BSWH to effectively tailor its health interventions to meet the specific needs of the Frisco Region. This process not only enhances the effectiveness of community health programs but also supports the strategic planning and resource allocation efforts of the hospital to improve overall community health outcomes.

In conclusion, the CHNA provides BSWH with crucial insights into the health needs of the Frisco Region. By aligning its health services and community programs with the findings of this assessment, BSWH continues to demonstrate its commitment to fostering a healthier community through targeted and informed healthcare initiatives.

# CHNA process

## Introduction

The Frisco Region Community Health Assessment report aims to provide transparency to stakeholders and community members in identifying community needs and how these needs were determined. This report was developed in collaboration with community partners and utilized various types of primary data, including surveys, focus groups, interviews, claims data and Metopio. The following sections provide a detailed overview of each type of primary data used in the report and how it contributed to identifying community needs.

## Survey

Surveys are an essential tool 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 to address various health-related challenges. Survey questions included health behaviors, mental health and questions about the Frisco Region community. 182 surveys were completed in the Frisco 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 group

Focus groups involve a small group of people discussing a topic under the guidance of a moderator, providing insights into their perceptions, opinions and attitudes. They can help identify community needs and inform the implementation of programs to address various health-related challenges. One focus group was completed in the Frisco Region. To ensure focus groups provided information from diverse populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations. The hospitals also considered written input received on their most recently conducted CHNA and subsequent implementation strategies if provided. The assessment is available for public comment or feedback on the report findings by going to the BSWH website ([BSWHealth.com/CommunityNeeds](https://BSWHealth.com/CommunityNeeds)) or by emailing [CommunityHealth@BSWHealth.org](mailto:CommunityHealth@BSWHealth.org).

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

- Collin County Mental Health Coalition
- Frisco Family Services
- Hope Clinic of McKinney
- Texas Muslim Women’s Foundation
- City of Frisco
- Collin College
- North Texas Food Bank
- 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 can help identify community needs and inform the implementation of programs to address various health-related challenges. One interview was completed in the Frisco Region.

## Metopio (secondary data)

Metopio is a robust platform that offers curated data from public and proprietary sources for information on health behaviors and health risks, health outcomes, healthcare utilization, demographics, and community-level drivers of health like economic, housing, employment and environmental conditions. Data for each indicator is presented by race, ethnicity and gender when the data is available.

## 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:

- Access to care
- Non-medical drivers of health: These are the social determinants of health that are correlated with and root causes of many poor health outcomes. Non-medical drivers of health include but are not limited to food insecurity and housing, which were tied at second for the most votes for health needs of the Frisco community.

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. Access to care
2. Non-medical drivers of health: These are the social determinants of health that are correlated with and root causes of many poor health outcomes. Non-medical drivers of health include but are not limited to food insecurity and housing, which were tied at second for the most votes for health needs of the Frisco community.

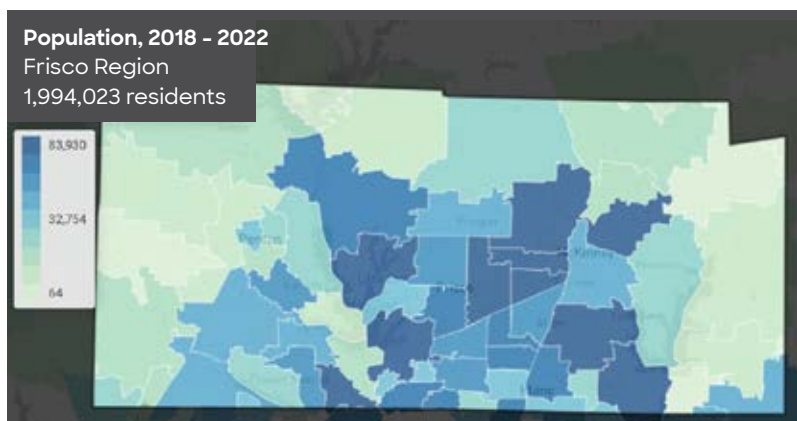
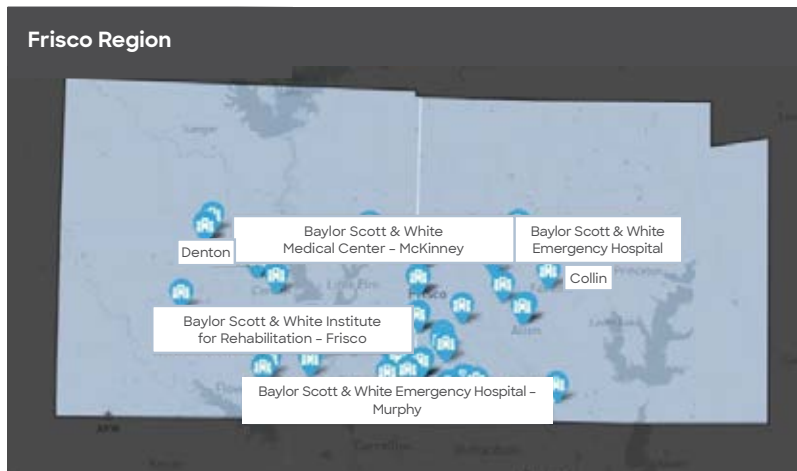
# Demographics

## Overview

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

- **Baylor Scott & White Medical Center - Centennial**
- **Baylor Scott & White Medical Center - Frisco**
- **Baylor Scott & White Institute for Rehabilitation - Frisco**
- **Baylor Scott & White Medical Center - Frisco at PGA Parkway**

The community served by the hospital facilities listed above includes Denton and Collin 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 the joint CHNA report define their communities to be the same for the purposes of the CHNA report.



Total population

**1,994,023**



Median household income

**\$100,019**



Median age

**37.1**



% of Spanish primary language

**13.09%**

% of Asian primary languages

**8.43%**

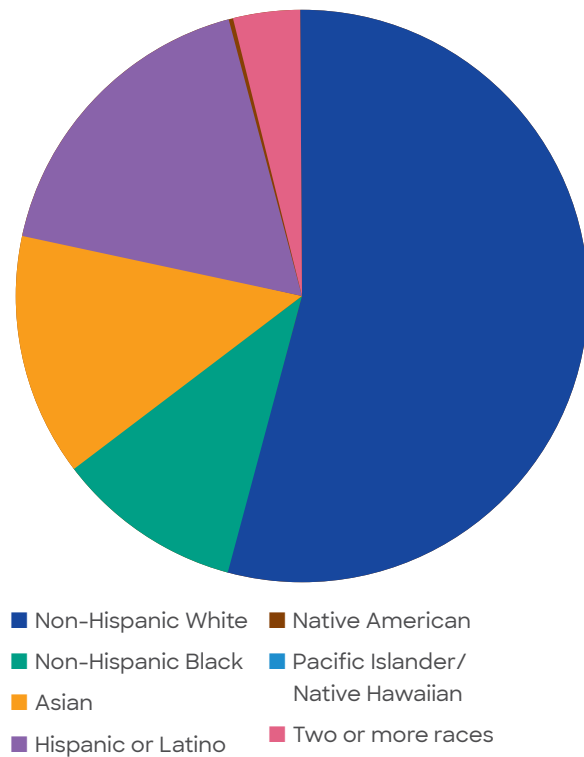
## Race/ethnicity

The race/ethnicity composition of the Frisco Region is diverse, with a significant representation of Non-Hispanic White, Hispanic or Latino, and Asian populations. The presence of multiple ethnic groups reflects the community’s rich cultural tapestry and highlights the importance of culturally competent healthcare services and programs to address the diverse needs of the population.

Comparatively, the Frisco Region has a higher percentage of Non-Hispanic White and Asian residents than both Texas and the United States, while the Hispanic or Latino population is slightly lower than the state average. This demographic distribution underscores the importance of providing tailored healthcare services that consider the specific healthcare needs and cultural backgrounds of each ethnic group within the community.

### Population by race/ethnicity

Frisco Region, 2018 – 2022

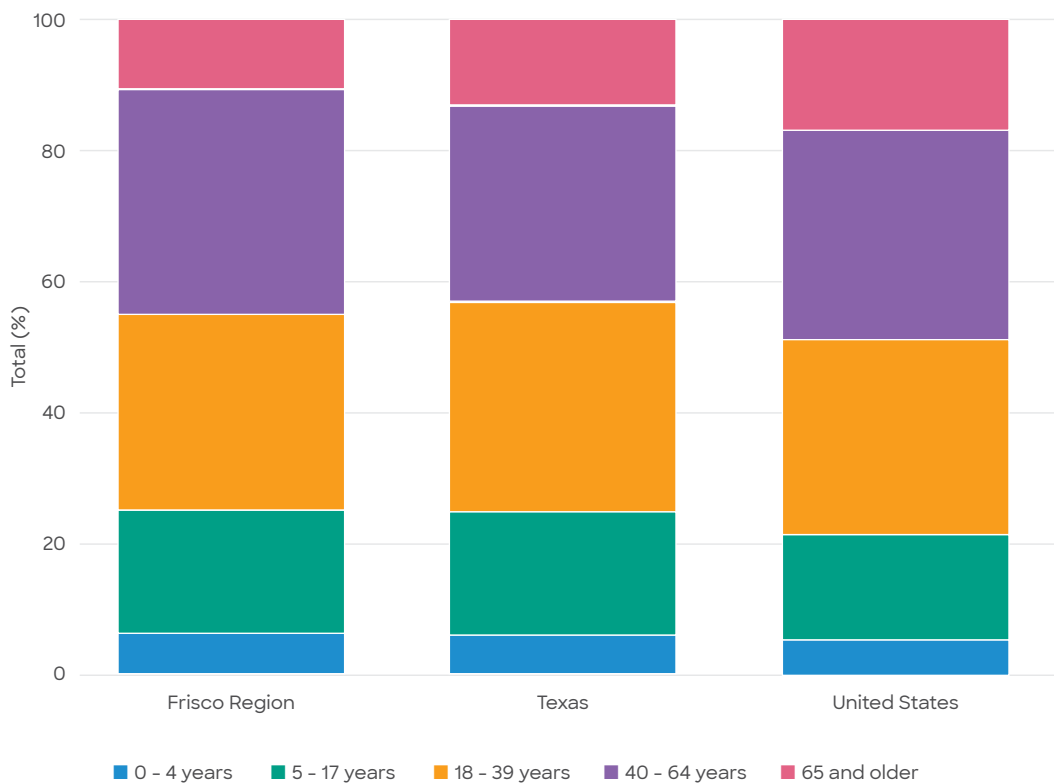


## Age distribution

The age distribution of the Frisco Region skews toward the younger population, with a significant percentage in the 18 – 39 years age group. This demographic trend indicates a thriving community with a growing workforce and young families, emphasizing the need for accessible healthcare services that cater to the unique health concerns of young adults and children.

When compared to Texas and the United States, the Frisco Region has a lower percentage of population in the 65 and older age group, reflecting a relatively youthful community. This demographic insight suggests a potential focus on preventive care, wellness programs and healthcare initiatives that support healthy aging to meet the evolving healthcare needs of the aging population as the community matures.

### Population by age, 2018 - 2022



# Health needs

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



## Access to care

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## Behavioral health

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## Built environment

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## Health behaviors

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## Maternal and child health

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## Socioeconomic factors

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## Access to care

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

### What we heard from the community

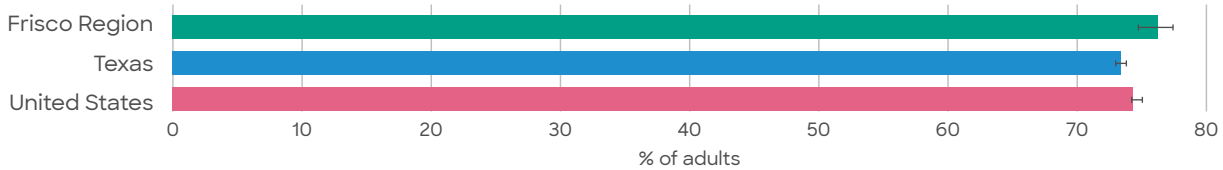
Access to care is a critical issue that significantly impacts community health, particularly for vulnerable populations with limited resources and support. The provided excerpts shed light on the challenges faced by individuals in accessing essential healthcare services, medications and transportation, especially for the uninsured and underinsured. This creates barriers to obtaining necessary treatments and medications, ultimately impacting their overall well-being. Community members express difficulties in accessing services and medications due to financial constraints, lack of internet access and unreliable phone communication.

Topic	Frisco Region	Texas	United States
<b>Dentists per capita</b> <i>dentists per 100,000 residents, 2024</i>	137.2	102.7	105.2
<b>Internet access</b> <i>% of households, 2022</i>	97.90 ±0.52	93.82 ±0.21	93.59 ±0.10
<b>Medicaid coverage</b> <i>% of residents, 2022</i>	6.73 ±0.56	16.86 ±0.22	21.23 ±0.09
<b>Mental health providers per capita</b> <i>providers per 100,000 residents, 2024</i>	405.1	332.3	602.7
<b>No vehicle available</b> <i>% of households</i>	3.35 ±0.44	5.39 ±0.15	8.27 ±0.05

# Visited doctor for routine checkup

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

## Visited doctor for routine checkup, 2022



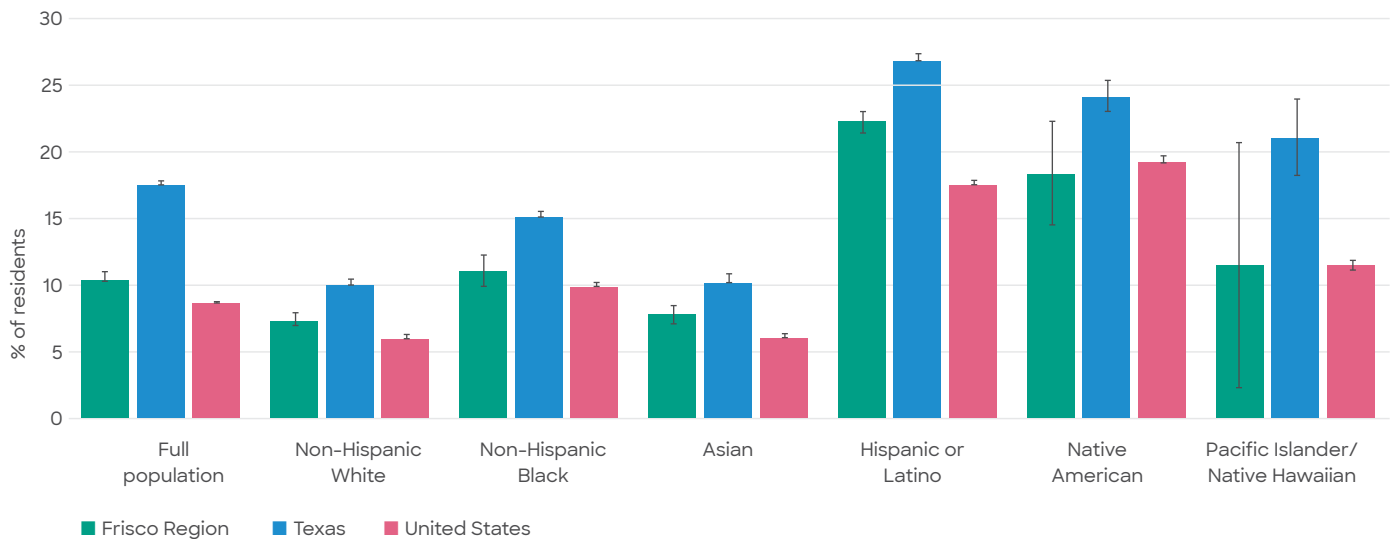
Routine checkups are an essential part of maintaining good health. The chart shows that the Frisco Region has the highest percentage of people (74.94%) visiting the doctor for routine checkups, followed closely by the United States at 74.04% and Texas at 72.34%.

**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)

# Uninsured rate

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

## Uninsured rate by race/ethnicity, 2018 - 2022



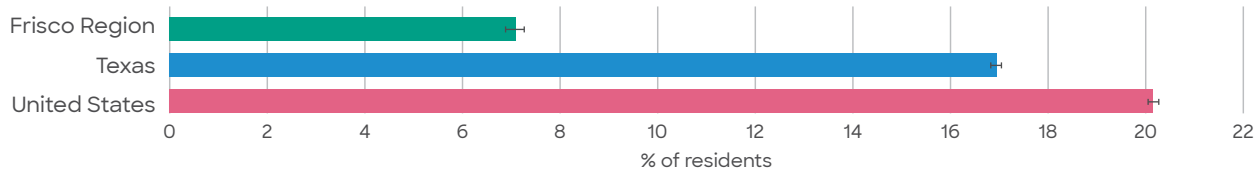
The data on uninsured rates by race/ethnicity in the Frisco Region, Texas and the United States reveals disparities in access to healthcare. Hispanic or Latino and Native American populations in the region experience significantly higher uninsured rates compared to other racial/ethnic groups, indicating a potential lack of access to healthcare services and resources within these communities.

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

# Medicaid coverage

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

## Medicaid coverage, 2018 - 2022



Medicaid coverage varies significantly across different regions. The Frisco Region has the lowest Medicaid coverage at 6.86%, while Texas and the United States have higher rates at 16.31% and 20.4%, respectively. This indicates a disparity in access to Medicaid benefits, with the Frisco Region lagging behind both the state and national averages. This could have significant implications for the healthcare and well-being of the community, potentially impacting access to essential medical services and financial stability for low-income residents.

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



# Behavioral health

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

## What we heard from the community

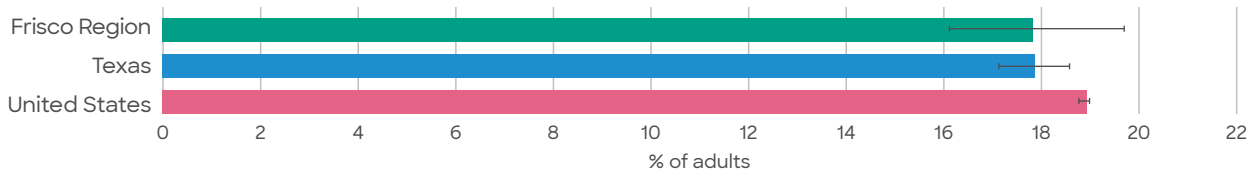
Behavioral health encompasses a wide range of mental health conditions and substance use disorders that significantly impact the well-being of individuals and communities. Community members are expressing concerns about the limited availability of mental health resources, especially for children and postpartum women. They highlight the detrimental impact of substance use disorders combined with mental health. Additionally, they emphasize the need for more mental health services for children and the lasting impact of emotional, physical and sexual abuse on individuals across different age groups.

Topic	Frisco Region	Texas	United States
<b>Binge drinking</b> <i>% of adults, 2022</i>	17.84 ±1.59	17.86 ±0.63	18.58 ±0.20
<b>Depression</b> <i>% of adults, 2022</i>	19.36 ±1.49	21.82 ±0.63	22.53 ±0.20
<b>Poor self-reported mental health</b> <i>% of adults, 2022</i>	14.34 ±0.80	17.83 ±0.40	17.35 ±0.12
<b>Psychiatry physicians per capita</b> <i>physicians per 100,000 residents, 2024</i>	19	17	28

# Binge drinking

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

## Binge drinking, 2022

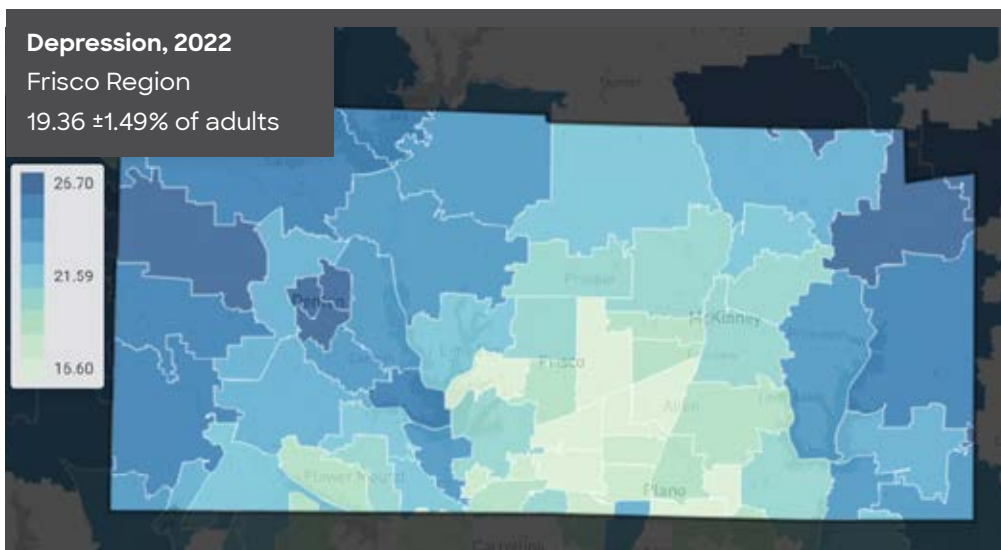


Binge drinking has a significant impact on communities, as reflected in the chart. The data shows that the prevalence of binge drinking in the Frisco Region is 17.84%, compared to the state of Texas at 17.86% and the United States at 18.58%.

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

# Depression

Prevalence of depression among adults 18 years and older.



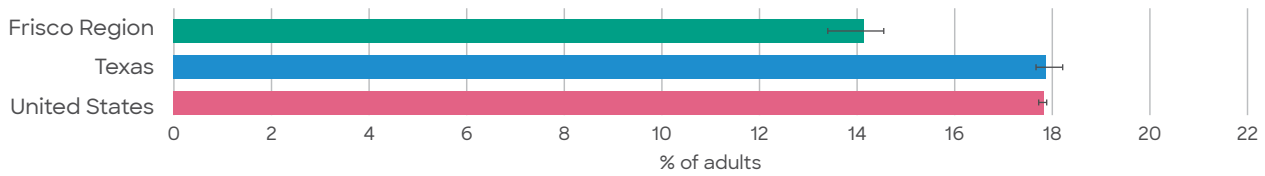
The map reveals varying rates of depression, with the highest rates observed in Denton (26.7%) and Josephine (24.5%), while the lowest rates are in Plano (16.6%) and Murphy (17.8%).

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

# Poor self-reported mental health

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

## Poor self-reported mental health, 2022



The prevalence of poor self-reported mental health varies across different regions, with Frisco reporting the lowest rate at 14.34%, followed by the United States at 17.35% and Texas at 17.83%.

**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, encompassing factors such as infrastructure, transportation, access to healthcare facilities and availability of resources. Issues like limited access to transportation impacting medication adherence and healthcare appointments, along with inadequate internet and mobile access, further exacerbate healthcare disparities. Community members express concerns about the scarcity of healthy food options, transportation hindrances and the growing homelessness problem, especially in areas with income disparities. Additionally, the absence of public transportation presents challenges, further impacting healthcare access for certain segments of the population.

One individual emphasized, “Crossing Highway 5 is an absolute nightmare for our residents,” illustrating the challenges posed by the built environment. Another quote mentions, “The richer the area, the more homeless you’re going to have,” shedding light on the complex interplay between wealth and homelessness within the community.

Topic	Frisco Region	Texas	United States
<b>Drive alone to work</b> <i>% of workers 16 years and older, 2022</i>	63.15 ±0.97	71.17 ±0.29	68.66 ±0.09
<b>Environmental Burden Index</b> <i>2022</i>	36.65	46.03	48.70
<b>Green space proximity</b> <i>% of area, 2022</i>	33.64	6.06	20.62
<b>Internet access</b> <i>% of households, 2022</i>	97.90 ±0.52	93.82 ±0.21	93.59 ±0.10
<b>Lifetime inhalation cancer risk</b> <i>lifetime risk per million, 2019</i>	25.0	20.9	16.1

# 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 provides a ranking of an area's

walkability based on intersection density, proximity to transit, diversity of businesses and housing density, with values ranging from 1 to 20. In the map of Texas, the Walkability Index varies across different areas, with the most walkable areas being in Plano, Richardson and parts of Dallas. This indicates that these areas are more pedestrian-friendly and offer easier access to amenities and public transportation. The Walkability Index has a significant impact on the community by promoting physical activity, reducing traffic congestion and contributing to a more sustainable environment.

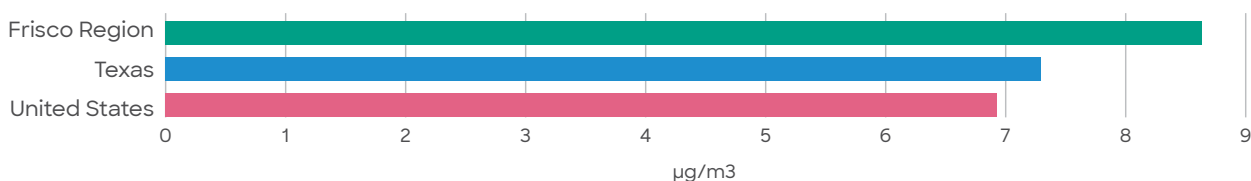


**Data sources:** Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index

# Particulate matter (PM 2.5) concentration

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

## Particulate matter (PM 2.5) concentration, 2020



Particulate matter (PM 2.5) concentration is a critical environmental indicator that directly impacts public health. The chart reveals that the Frisco Region has the highest PM 2.5 concentration at 8.66, followed by Texas at 7.34 and the United States at 6.93.

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



## Chronic disease

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

### What we heard from the community

Chronic disease management presents significant challenges within the community, particularly for the uninsured and underinsured population. Community members face barriers related to medication access, transportation to appointments and healthy food options, further exacerbating the challenges associated with chronic disease management. Moreover, the excerpts shed light on the intersection of mental health and chronic conditions, indicating the need for integrated care approaches to address the complex health needs of the population.

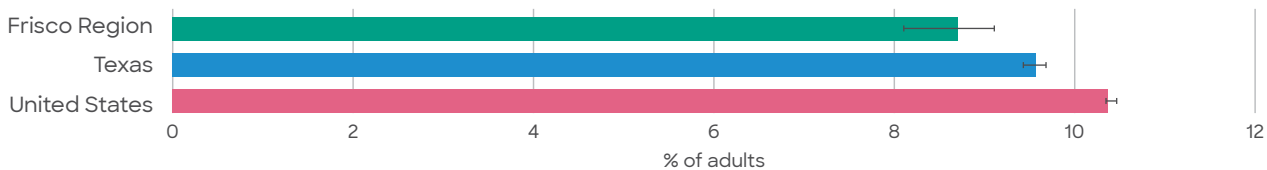
One individual mentioned, “Having to choose social determinants of health over medications or treatment,” reflecting the difficult choices faced by individuals managing chronic conditions. Another quote emphasizes, “Lack of access for programs for seniors has come up a little bit,” highlighting the specific challenges experienced by elderly community members in accessing essential healthcare resources.

Topic	Frisco Region	Texas	United States
<b>Chronic kidney disease</b> <i>% of adults, 2021</i>	2.5 ±0.1	3.1 ±0.1	2.9 ±0.0
<b>Chronic obstructive pulmonary disease (COPD)</b> <i>% of adults, 2022</i>	4.41 ±0.26	6.23 ±0.16	6.37 ±0.05
<b>Coronary heart disease</b> <i>% of adults, 2022</i>	4.94 ±0.31	6.27 ±0.15	5.82 ±0.05
<b>Current asthma</b> <i>% of adults, 2022</i>	8.59 ±0.59	9.43 ±0.27	10.35 ±0.09
<b>Diagnosed diabetes</b> <i>% of adults</i>	9.8 ±0.8	13.4 ±0.4	10.8 ±0.1

# Current asthma

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

## Current asthma, 2022



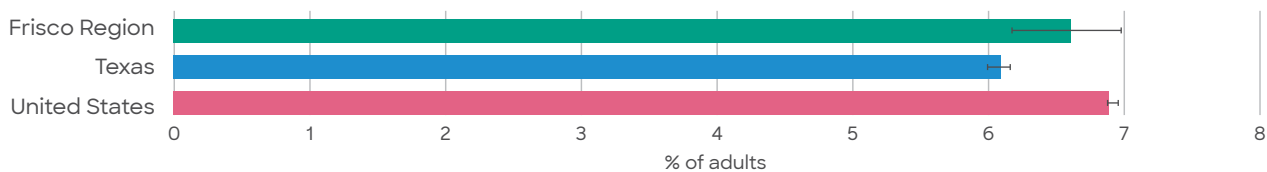
Asthma prevalence varies across different regions, with Frisco reporting the lowest rate at 8.59%, followed by Texas at 9.43% and the United States at 10.35%. These numbers indicate a potential correlation between geographic location and asthma rates.

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

# Have ever had cancer

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

## Have ever had cancer, 2022



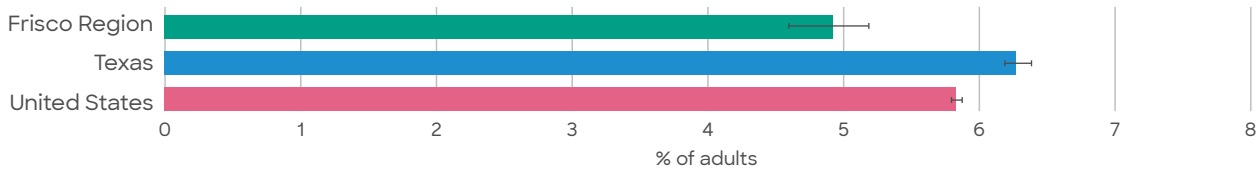
Cancer has had a significant impact on the community, with the prevalence varying across different regions. The data reveals that the percentage of individuals who have ever had cancer is 6.6% in the Frisco Region, 6.12% in Texas and 6.88% in the United States. This indicates a prevalence in the Frisco Region between the state and national averages.

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

# Coronary heart disease

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

## Coronary heart disease, 2022



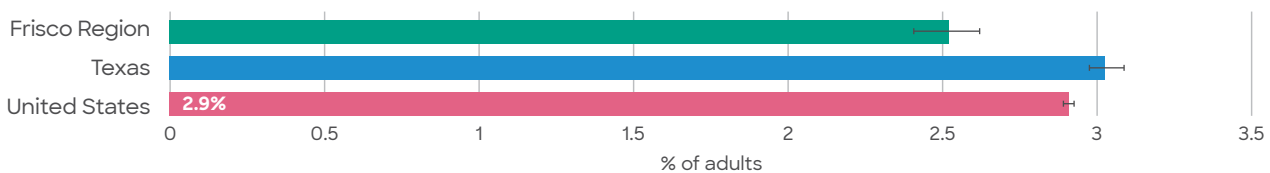
Coronary heart disease has varying prevalence across different regions, as evident from the chart. The Frisco Region has the lowest rate at 4.94, followed by the United States at 5.82 and Texas at 6.27. This data highlights the regional disparities in the prevalence of coronary heart disease, with the Frisco Region exhibiting the lowest rate compared to Texas and the national average.

**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



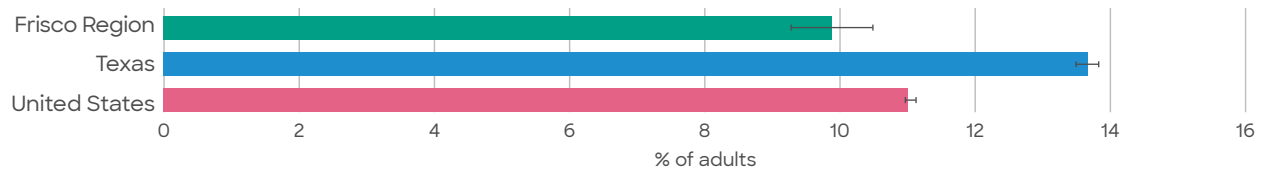
Chronic kidney disease affects communities on various levels, and the data reveals interesting insights into its prevalence. The chart indicates that the Frisco Region has a lower rate of chronic kidney disease at 2.55%, compared to the state of Texas at 3.09% and the United States at 2.85%.

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

# Diagnosed diabetes

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

## Diagnosed diabetes, 2022



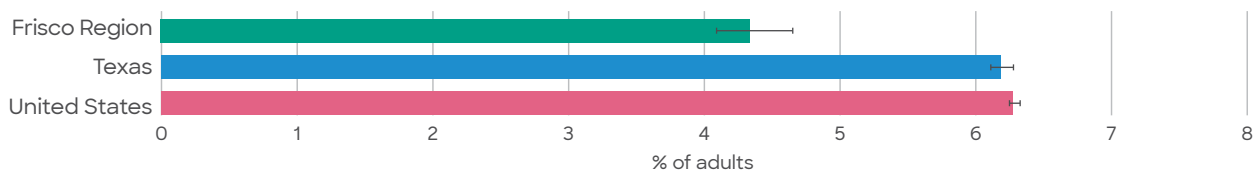
Diagnosed diabetes rates vary across different regions, with the Frisco Region reporting the lowest rate at 9.83%, followed by the United States at 10.84% and Texas at 13.37%.

**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



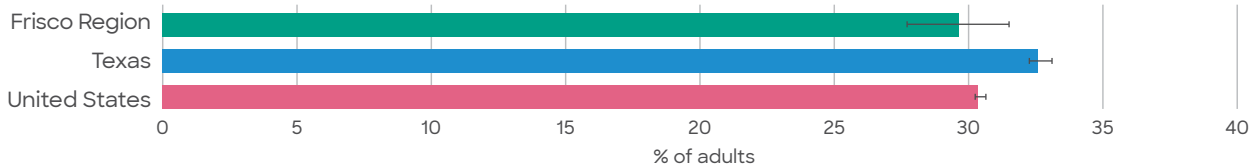
Chronic obstructive pulmonary disease (COPD) has varying prevalence rates across different regions. In the Frisco Region, the prevalence of COPD is reported at 4.41, which is lower than the state average of 6.23 in Texas and the national average of 6.37 in the United States. This suggests that the Frisco Region has a relatively lower burden of COPD compared to the state and national averages.

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

# High blood pressure

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

## High blood pressure, 2022



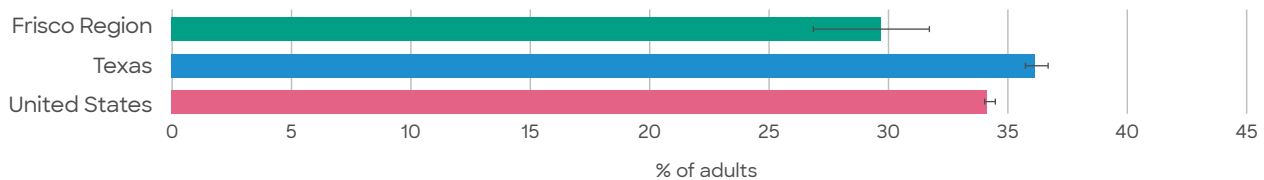
High blood pressure is a significant health concern, and the data highlights varying prevalence rates across different regions. The Frisco Region has the lowest rate at 29.61%, while Texas and the United States have higher rates at 32.22% and 30.32%, respectively.

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

# Obesity

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

## Obesity, 2022



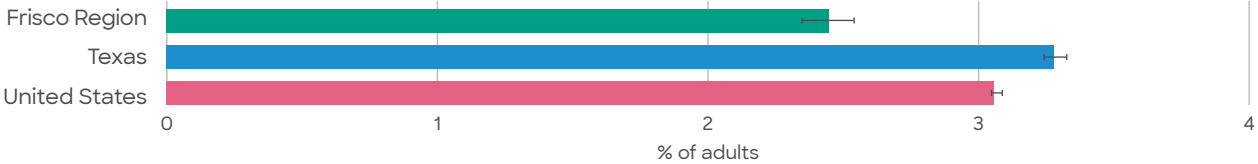
Obesity rates vary significantly across different regions, with the Frisco Region reporting the lowest rate at 29.57%, compared to Texas at 36.76% and the United States at 33.83%. This indicates that there are notable disparities in obesity prevalence within the state of Texas and across the country.

**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



The data on diagnosed stroke rates reveals varying levels across different geographic areas. The Frisco Region has the lowest rate at 2.39, followed by the United States with 3.1 and Texas with 3.27.

**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

Access to healthy and affordable food is a crucial determinant of community health, with disparities in food accessibility significantly impacting the well-being of individuals and families. The provided excerpts shed light on the challenges faced by community members in accessing nutritious food options, especially due to financial constraints and the fragmented nature of available food resources.

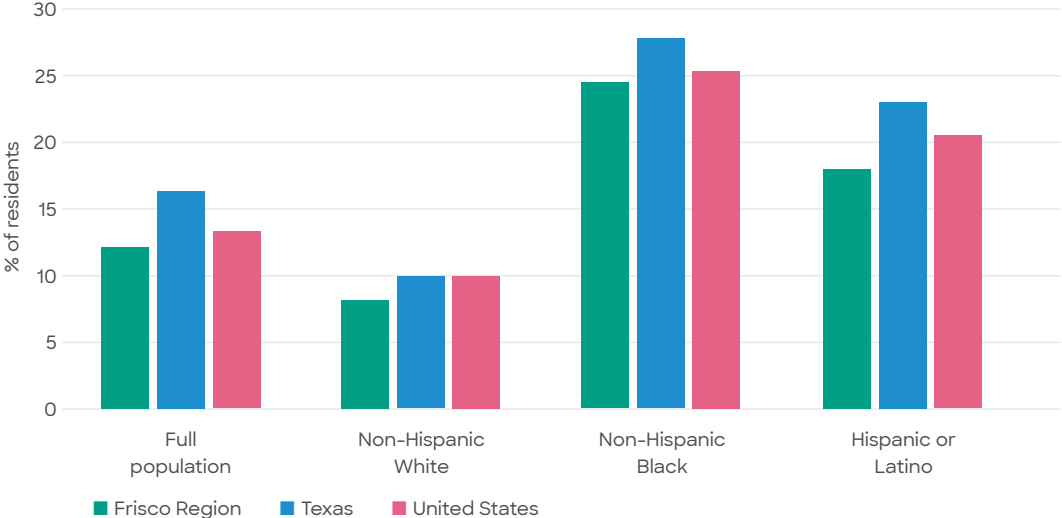
Community partnerships and organizations play a vital role in addressing food insecurity, but transportation barriers and the overwhelming number of food pantries contribute to the complexity of accessing nutritious food. Additionally, individuals relying on food stamps often struggle to prioritize healthy foods due to their limited purchasing power. One community member expressed, “Healthy foods are much more expensive than quick cereals and frozen meals and fast food,” underscoring the financial challenges associated with making nutritious choices.

Topic	Frisco Region	Texas	United States
<b>Food insecurity</b> <i>% of residents, 2022</i>	12.3	16.4	13.3
<b>Food stamps (SNAP)</b> <i>% of households, 2022</i>	3.85 ±0.46	12.04 ±0.23	12.38 ±0.06
<b>Households in poverty not receiving food stamps (SNAP)</b> <i>% of households below the poverty line, 2022</i>	81.28 ±3.06	61.70 ±0.61	58.90 ±0.23
<b>Low food access</b> <i>% of residents, 2019</i>	60.24	56.97	50.24

# Food insecurity

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

**Food insecurity by race/ethnicity, 2022**



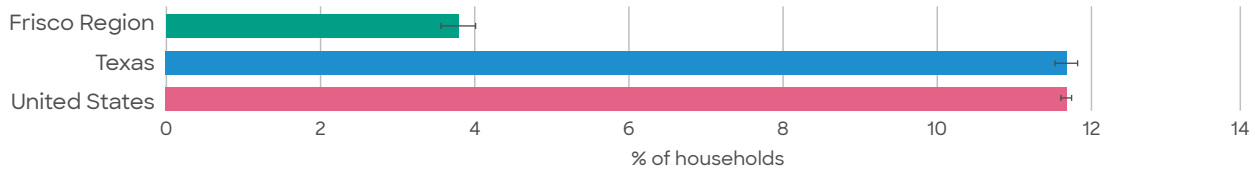
Food insecurity is a pressing issue that affects communities across different regions, including Frisco, Texas and the United States. The data shows that Non-Hispanic Black and Hispanic or Latino populations in the Frisco Region and Texas experience significantly higher rates of food insecurity compared to the overall population and the Non-Hispanic White population. This highlights the disproportionate impact of food insecurity on minority communities.

**Data sources:** Feeding America: Map the Meal Gap

# Food stamps (SNAP)

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

## Food stamps (SNAP), 2018 - 2022



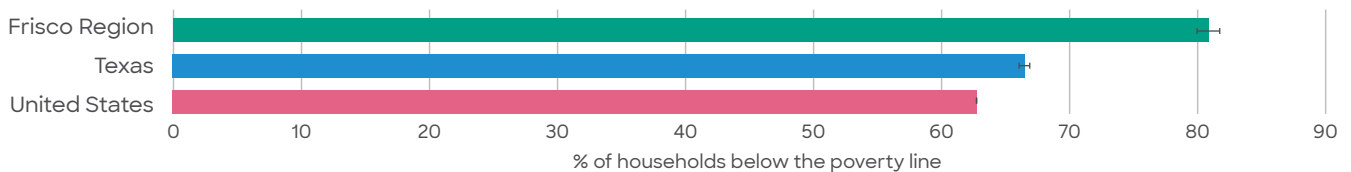
Food stamps (SNAP) play a significant role in supporting communities, as evidenced by the data. The chart illustrates that the Frisco Region has a notably lower percentage of its population receiving food stamps at 3.75% compared to the state of Texas at 11.53% and the United States at 11.52%.

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

# Households in poverty not receiving food stamps (SNAP)

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

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



The data on households in poverty not receiving food stamps (SNAP) reveals significant disparities across different geographical areas. In the Frisco Region, a striking 81.7% of households in poverty are not receiving SNAP benefits, compared to 62.2% in Texas and 59.45% in the United States.

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



# Health behaviors

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

## What we heard from the community

Health behaviors are shaped by a multitude of factors, including access to healthcare, socioeconomic status, cultural influences and community partnerships. The provided quotes shed light on the challenges faced by the community, such as navigating access to medications, healthy food options and healthcare services.

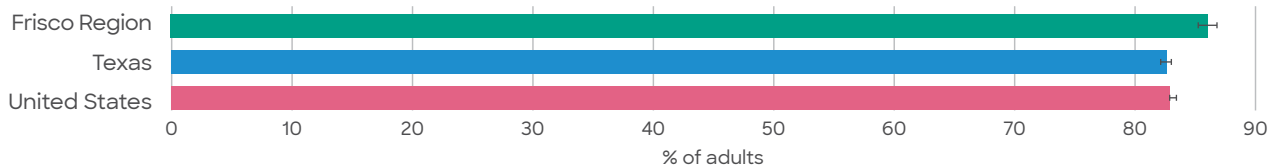
Community members express the difficulties of choosing between social determinants of health and medications, as well as the barriers related to transportation, internet access and affordability of healthy foods. Furthermore, the quotes underscore the significance of community partnerships in addressing food insecurity and supporting individuals with diabetes, high blood pressure and psychiatric needs. One quote states, “We actually turned the A1C control issue around in about 6 months,” highlighting the positive outcomes achieved through patient education and resource provision.

Topic	Frisco Region	Texas	United States
<b>Cholesterol screening</b> <i>% of adults, 2021</i>	86.10 ±1.42	83.27 ±0.67	83.65 ±0.20
<b>Cigarette smoking rate</b> <i>% of adults, 2022</i>	9.6 ±0.7	14.8 ±0.4	14.6 ±0.1
<b>Colorectal cancer screening</b> <i>% of adults, 2022</i>	57.99 ±2.43	54.64 ±1.07	58.85 ±0.32
<b>Mammography use</b> <i>% of female adults, 2022</i>	78.93 ±3.31	73.79 ±1.55	75.65 ±0.45
<b>No exercise</b> <i>% of adults</i>	18.6 ±1.5	27.6 ±0.8	23.7 ±0.2

# Cholesterol screening

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

## Cholesterol screening, 2021



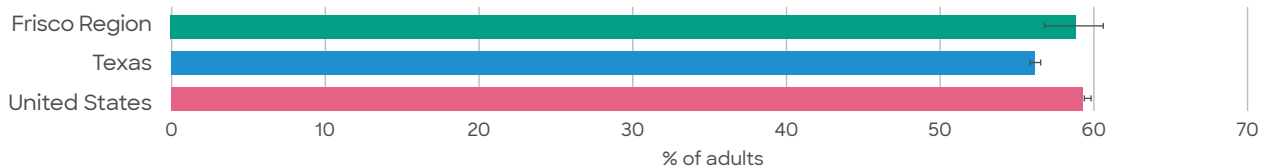
Cholesterol screening rates vary across different geographical regions, with the Frisco Region having the highest rate at 86.1%, followed by Texas at 83.27% and the United States at 83.65%.

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

# Colorectal cancer screening

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

## Colorectal cancer screening, 2022



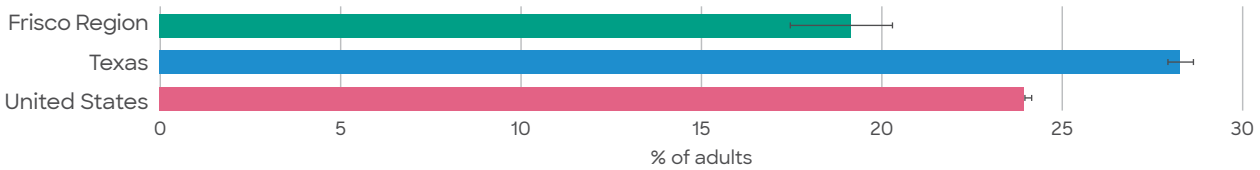
Colorectal cancer screening rates vary across different regions, with the Frisco Region at 57.99%, Texas at 54.64% and the United States at 58.85%. The data suggests that there is a slight variation in screening rates between these areas.

**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)

# No exercise

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

## No exercise, 2022

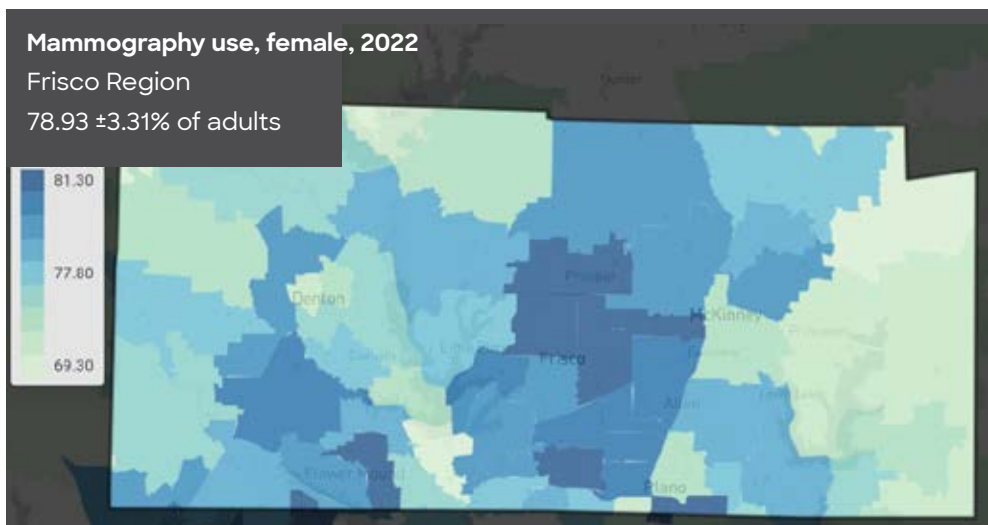


Physical inactivity has a significant impact on communities, as reflected in the data. The Frisco Region has the lowest rate of no exercise at 18.64%, while Texas and the United States have higher rates at 27.64% and 23.68%, respectively.

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

# Mammography use

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



Mammography use among female adults aged 50 - 74 years in the state of Texas is relatively high, with an average of 77.8% reporting having had a mammogram within the previous two years. The data from the map shows that the highest rates are in the cities of Southlake (80.9%), Keller (81.3%) and Argyle (79.5%), while the lowest rates are in Blue Ridge (72.2%), New Fairview (70.5%) and Valley View (73.0%).

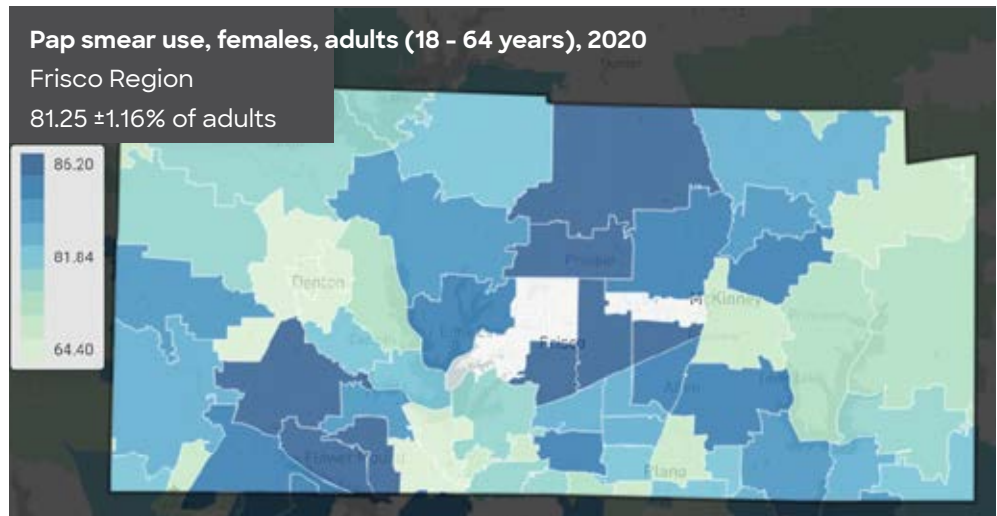
**Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts))

# Pap smear use

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

Pap smear use among adult females (aged 21 - 65) in various ZIP

codes of Texas is relatively high, with an average of 81.8% of women having had a Pap smear within the previous three years. The data indicates that Flower Mound, Southlake and Argyle are among the areas with the highest Pap smear utilization, ranging from 83.9% to 85.7%.

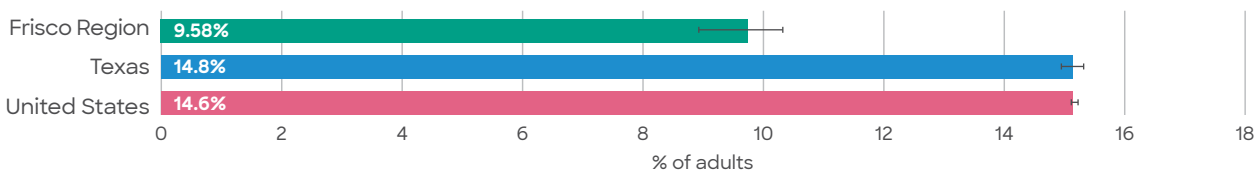


**Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (ZIP codes, tracts))

# 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 vary across different regions, with Frisco reporting the lowest rate at 9.58%, followed by the state of Texas at 14.8% and the United States at 14.61%. The data highlights the relatively lower prevalence of smoking in the Frisco Region compared to Texas and the national average, indicating a potentially healthier environment in Frisco. The impact of this lower smoking rate on the community could include reduced healthcare costs and improved overall public health.

**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

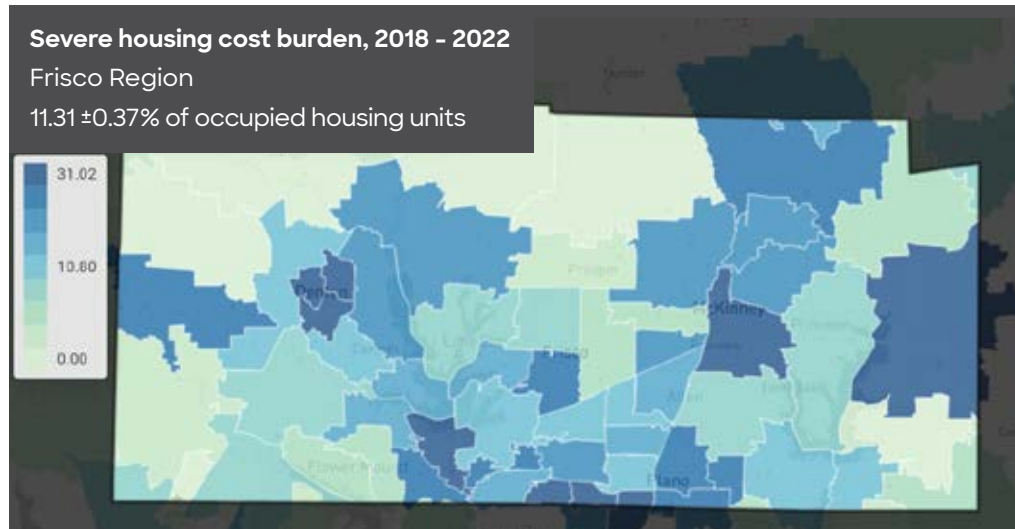
Housing accessibility and affordability pose significant challenges, with limited inventory and soaring prices, especially for low-income residents. The disparity between wealth and homelessness is evident, highlighting the urgent need for interventions to address the growing issue. The absence of emergency shelters further exacerbates the housing crisis, underscoring the pressing need for transitional and affordable housing options.

City leaders are prioritizing affordable housing as a critical concern, acknowledging the impact of escalating home prices on residents with average-paying jobs. The escalating cost of housing is not only a local issue but also resonates with the broader national trend, emphasizing the need for comprehensive solutions to ensure housing affordability for all community members. Community members express the interconnectedness of housing affordability with overall financial well-being, emphasizing the cascading impact of housing struggles on individuals' ability to afford other necessities. The need for affordable housing initiatives is projected to grow, necessitating proactive measures to address the escalating demand.

Topic	Frisco Region	Texas	United States
<b>Crowded housing</b> <i>% of occupied housing units, 2022</i>	3.08 ±0.42	5.05 ±0.15	3.45 ±0.03
<b>Eviction rate</b> <i>% of renter-occupied households, 2018</i>	2.33	2.62	2.12
<b>Housing cost burden</b> <i>% of occupied housing units, 2022</i>	32.41 ±1.26	32.76 ±0.34	31.48 ±0.06
<b>Owner occupied</b> <i>% of occupied housing units</i>	64.65 ±0.87	62.47 ±0.25	65.18 ±0.18
<b>Severe housing cost burden</b> <i>% of occupied housing units</i>	13.75 ±0.90	14.92 ±0.22	14.96 ±0.05

# Severe housing cost burden

Households spending more than 50% of income on housing are considered severely housing cost burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay but do not include insurance or building fees.



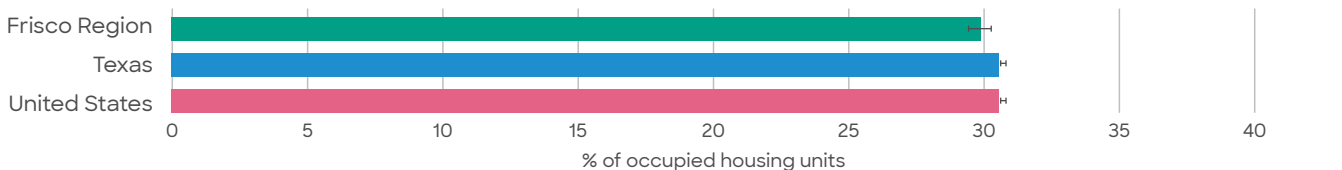
Severe housing cost burden is a significant issue in the areas covered by the map. The data shows that households in various cities in the Frisco Region are facing significant housing cost burdens, with percentages ranging from 4.7% to as high as 31%. Specifically, areas such as Denton, Fort Worth and Dallas are experiencing high levels of severe housing cost burden, with a considerable number of households spending more than 50% of their income on housing. This has a profound impact on the affected communities, leading to financial strain and potentially affecting overall quality of life.

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

# Housing cost burden

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

## Housing cost burden, 2018 - 2022



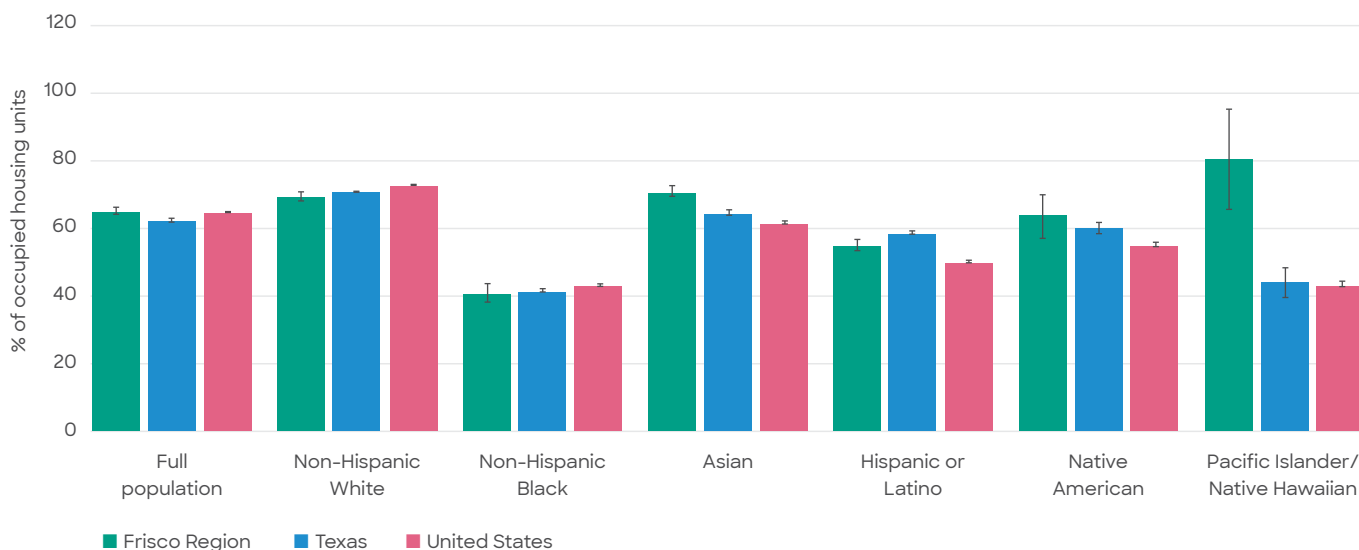
Housing cost burden is a significant issue affecting communities across the country. The chart reveals that the Frisco Region has a housing cost burden of 29.74%, slightly lower than the state average of 30.59% and the national average of 30.51%.

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

# Owner occupied

The data on owner-occupied households by race/ethnicity in the Frisco Region, Texas and the United States reveals interesting insights. Non-Hispanic White households have the highest owner-occupancy rates across all three areas, with the United States having the highest rate at 72.68%, followed by Texas at 70.65% and the Frisco Region at 70.33%. These disparities highlight the varying levels of homeownership among different racial and ethnic groups, which can have significant implications for wealth accumulation and community stability.

## Owner occupied by race/ethnicity, 2018 - 2022



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



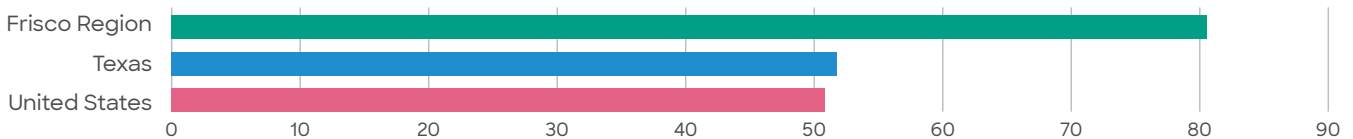
# Maternal and child health

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

## Child Opportunity Index 3.0

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

### Child Opportunity Index 3.0, 2017 - 2021



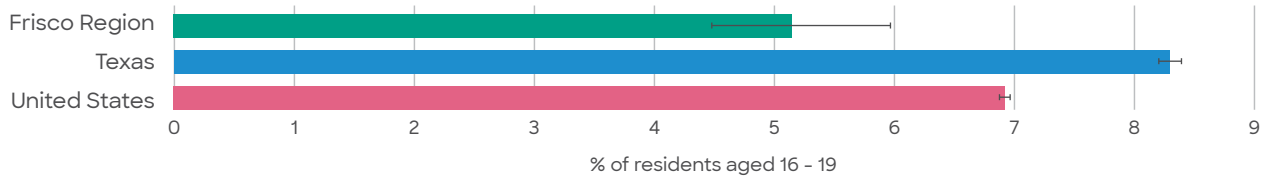
The Child Opportunity Index 3.0 reveals significant disparities in opportunities for children across different regions. The Frisco Region stands out with a high Child Opportunity Index of 80.82, indicating a more favorable environment for children compared to Texas and the United States, which have scores of 52.62 and 52.16, respectively. This suggests that children in the Frisco Region may have better access to resources and opportunities that contribute to their overall well-being and success.

**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.

## Opportunity youth, 2018 - 2022



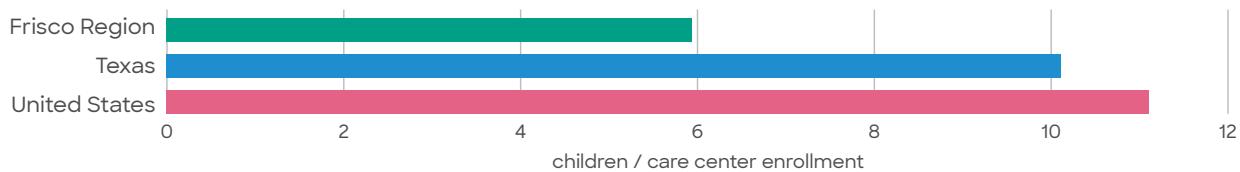
Opportunity youth are a critical segment of the population, and the chart reveals intriguing insights about their presence in different areas. In the Frisco Region, the percentage of opportunity youth stands at 5.25, which is notably lower than the state average of 8.26 in Texas and the national average of 6.94. This suggests a potentially stronger support system for young people in the Frisco Region, which could have positive implications for the local community.

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

# Child care center ratio

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

## Child care center ratio, 2023



The child care center ratio varies significantly across different regions, with the Frisco Region having the lowest ratio at 5.88, followed by Texas at 10.19 and the United States at 10.93. This indicates that the Frisco Region has a relatively higher availability of child care centers compared to Texas and the overall national average, potentially leading to better accessibility and affordability of child care services for families in that area.

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



# Socioeconomic factors

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

## What we heard from the community

Socioeconomic factors significantly influence community health, as they impact access to healthcare, housing, healthy food and other essential resources. Community members express concerns about the lack of support services due to funding limitations and the growing issue of homelessness in affluent areas. The rising costs of housing and living expenses further exacerbate the financial burden on residents, affecting their ability to afford essential resources. The quotes emphasize the need for interventions that address the economic barriers to healthcare access and promote affordability across various aspects of daily living.

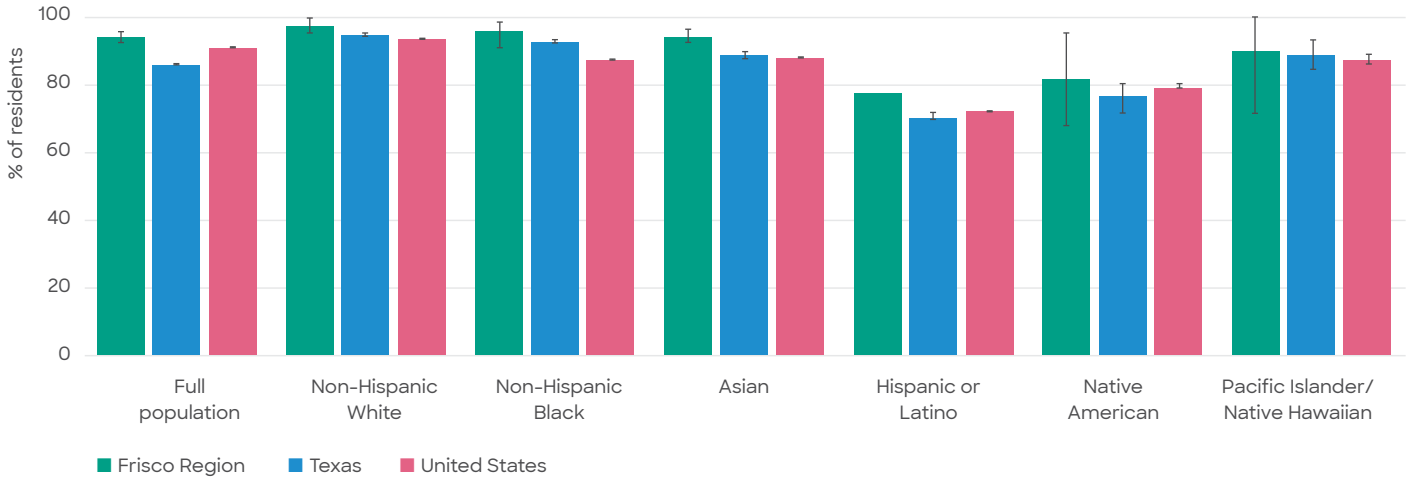
One individual highlights, “Our patient population, which is about 40% uninsured, underinsured,” underscoring the prevalence of financial challenges within the community. Another quote mentions, “If you’re struggling to afford your housing, then you’re probably struggling to afford everything,” emphasizing the interconnectedness of socioeconomic factors and their impact on overall well-being.

Topic	Frisco Region	Texas	United States
<b>Any higher education rate</b> <i>% of residents, 2022</i>	79.24 ±1.25	61.96 ±0.33	63.55 ±0.10
<b>Below 200% of poverty level</b> <i>% of residents, 2022</i>	15.58 ±1.00	31.86 ±0.41	28.36 ±0.11
<b>College graduation rate</b> <i>% of residents, 2022</i>	53.35 ±0.94	33.94 ±0.25	35.66 ±0.08
<b>Hardship Index</b> <i>score</i>	27.1	54.5	50.0
<b>High school graduation rate</b> <i>% of residents</i>	94.60 ±1.39	86.11 ±0.40	89.63 ±0.12

# High school graduation rate

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

## High school graduation rate by race/ethnicity, 2018 - 2022



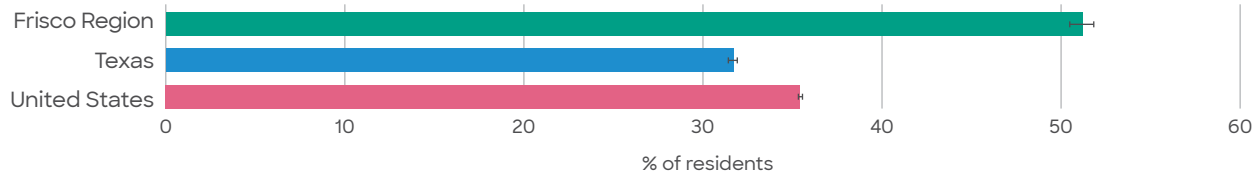
High school graduation rates vary across different racial and ethnic groups, as evident from the data for the Frisco Region, Texas and the United States. Non-Hispanic White students have the highest graduation rates, with 97.58% in the Frisco Region, 94.76% in Texas and 93.76% in the United States. On the other hand, Hispanic or Latino students have the lowest graduation rates, with 77.8% in the Frisco Region, 69.94% in Texas and 71.92% in the United States. These disparities highlight the significant impact of race and ethnicity on educational outcomes.

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

# College graduation rate

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

## College graduation rate, 2018 - 2022



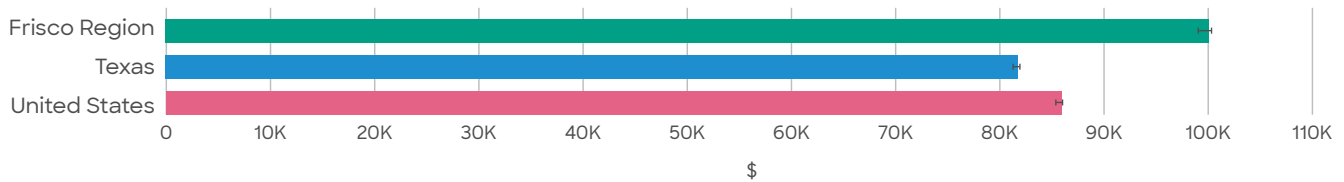
College graduation rates vary significantly across different regions, with the Frisco Region leading at 51.34%, followed by the United States at 34.31% and Texas at 32.27%. This indicates that the Frisco Region has a notably higher college graduation rate compared to both the state and national averages, potentially reflecting a strong emphasis on education and a well-educated workforce.

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

# Median household income

Income in the past 12 months.

## Median household income, 2018 - 2022



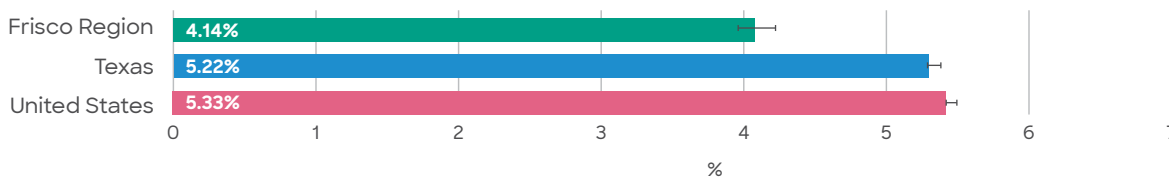
The chart on median household income reveals that the Frisco Region has the highest income at approximately \$100,019, followed by the United States at \$68,906 and Texas at \$66,968. This suggests that the Frisco Region stands out with significantly higher household income compared to the state and national averages.

**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, 2018 - 2022



The unemployment rate in the Frisco Region is notably lower at 4.14% compared to the state of Texas at 5.22% and the overall United States rate of 5.33%. This suggests that the Frisco Region has a relatively healthier job market, potentially indicating a strong local economy and job opportunities.

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

# 2022 - 2025 evaluation of impact

2022 CHNA health priorities: access to mental healthcare, access to primary care, female breast cancer

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> <li>• Access to mental healthcare</li> <li>• Access to primary care</li> <li>• Female breast cancer</li> </ul>	<p>Community health improvement services and education:</p> <ul style="list-style-type: none"> <li>• Provide free health and wellness community education sessions, participate in community health fairs, and host community health events to offer screenings.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved access to primary and mental healthcare, decrease in chronic disease rates, and improvement in chronic disease management.</li> <li>• Baylor Scott &amp; White Medical Center – Centennial: Provided over \$825,000 in community health improvement programs and services.</li> <li>• Baylor Scott &amp; White Institute for Rehabilitation – Frisco: Provided mental health education to support patients in identifying symptoms and treatment.</li> </ul>
<ul style="list-style-type: none"> <li>• Access to mental healthcare</li> <li>• Access to primary care</li> <li>• Female breast cancer</li> </ul>	<p>Cash and in-kind contributions:</p> <ul style="list-style-type: none"> <li>• Cash and in-kind contributions to other not-for-profit community organizations that address breast cancer screening and prevention and access to primary and mental healthcare.</li> <li>• In-kind medical supply and equipment donations to local non-profits supporting health screening, education, and prevention and treatment programs.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved access to care for un/underinsured. Improved health outcomes. Other non-profit organizations are better able to help patients at a first touch point rather than having to send them to the hospital for care.</li> <li>• Baylor Scott &amp; White Medical Center – Centennial: Provided over \$120,000 in cash and in-kind donations to local non-profits addressing critical health needs.</li> </ul>

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> <li>• Access to mental healthcare</li> <li>• Access to primary care</li> <li>• Female breast cancer</li> </ul>	<p>Charity care:</p> <ul style="list-style-type: none"> <li>• Provide free and/or discounted care to financially or medically indigent patients as outlined in the financial assistance policy.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased access to primary care and/or specialty care for indigent people regardless of their ability to pay.</li> <li>• Baylor Scott &amp; White Medical Center – Centennial: Provided over \$11.2 million in charity care to un/underinsured and low-income patients.</li> <li>• Baylor Scott &amp; White Institute for Rehabilitation – Frisco: Provided over \$376,000 in charity care.</li> <li>• Baylor Scott &amp; White Medical Center – Frisco: Provided over \$437,000 in charity care.</li> </ul>
<ul style="list-style-type: none"> <li>• Access to mental healthcare</li> <li>• Access to primary care</li> <li>• Female breast cancer</li> </ul>	<ul style="list-style-type: none"> <li>• Provide opportunities for health professionals to further their education and training to provide quality healthcare services. This includes clinical education and supervision for clinical rotations for medical students, nursing students and other healthcare professions.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased access to quality healthcare and treatment.</li> <li>• Baylor Scott &amp; White Medical Center – Centennial: Provided over \$230,000 in health professions education.</li> </ul>

# Existing resources

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

- Asian American Council Services Inc.
- Boys and Girls Club of Frisco
- CASA Collin County
- City of Frisco
- Collin College
- Collin County Healthcare Services
- Collin County Meals on Wheels
- Collin County Mental Health Coalition
- Collin County NAACP
- Collin County Veterans Coalition
- FTL “For The Love”
- Frisco Center
- Frisco Chamber of Commerce
- Frisco City Council
- Frisco Education Foundation
- Frisco Family Services
- Frisco Fire-Rescue
- Frisco ISD
- Frisco Police Department
- Good Days (Chronic Disease Fund)
- Health Services of North Texas
- Hope Clinic of McKinney
- Lifepath Systems
- Lone Star Abilities Network
- MAAD
- National Breast Cancer Foundation
- Project Access-Collin County
- Texas Muslim Women’s Foundation
- The Samaritan Inn
- Treasured Vessels
- We Walk This Together
- Frisco FastPacs
- Indian Association of North Texas
- Frisco VFW

## Identification of significant health needs and prioritization

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

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

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

The voting results are shown below:

Health issue	Voting
Socioeconomic factors	0%
Maternal and child health	5%
Health behaviors	11%
Behavioral health	0%
Built environment	0%
Housing	16%
Access to care	38%
Chronic disease	11%
Food access	16%

Non-medical drivers of health, also known as social determinants of health (SDOH), are the social, economic and environmental conditions outside of clinical care that significantly influence an individual’s overall health and well-being. These include the circumstances in which people are born, grow, live, work and age.

After the voting process, community and hospital leaders reviewed the results and discussed the interconnectedness of food access and housing—both of which fall under the umbrella of non-medical drivers of health. Recognizing the importance of addressing these issues collectively, the group identified and prioritized non-medical drivers of health as a key health need for the Frisco community.

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

1. Access to care
2. Non-medical drivers of health: These are the social determinants of health that are correlated with and root causes of many poor health outcomes. Non-medical drivers of health include but are not limited to food insecurity and housing, which were tied at second for the most votes for health needs of the Frisco community.

# Health needs assessed but not identified as significant

- **Health behaviors:** Many health behaviors are highly correlated with the health needs identified in the CHNA. Hospital and community leaders indicated that health behaviors will be incorporated in strategies focusing on the prioritized health needs. In addition, the hospital implements many programs and initiatives that aim to improve health behaviors within the community, including community screenings, nutrition education and primary care services.
- **Maternal and child health:** Maternal and child health was not selected as a priority due to the many services and programs offered by the hospital and partner organizations. In addition, the hospital provides financial support to several community organizations that support and address the needs of mothers and their children.
- **Chronic disease:** Chronic disease was not selected as a priority; the hospital is committed to decreasing the rate of chronic disease through continuing to address access to care along with health and nutrition. As a healthcare system, Baylor Scott & White Health has several tools and implements clinical programs and initiatives that aim to prevent and successfully manage chronic diseases, including the MyBSWHealth app, which provides healthcare resources, nutrition education and access to care for anyone who has visited a BSWH facility.
- **Behavioral health:** Behavioral health was identified as a health need but not selected as a significant health need by hospital and community leaders due to several community partners and institutions working to address mental health and substance use through behavioral health prevention and treatment programs within the hospital's service area.
- **Built environment:** Health issues correlated with the built environment, such as pollution, were not selected as significant 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.
- **Socioeconomic factors:** While the hospital recognized the importance and impact socioeconomic factors have on an individual and community's health, there was also consensus around the needs being adequately addressed by partner community organizations. In addition, the hospital provides funding to local community organizations and non-profits that address various socioeconomic factors in the community.

## Next steps/Implementation Plans

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

## Approval and contact information

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

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

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

# Data sources

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

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

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

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

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

## **Health Resources & Services Administration: Area Health Resources Files (AHRF)**

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

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

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

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

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

## **Diabetes Atlas**

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

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

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

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

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

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

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

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

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

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

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

**Feeding America: Map the Meal Gap**

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

**Metopio**

Created by Metopio staff.

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

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

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

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

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

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

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

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

# Appendix

## Key Informant Interview Guide

### FACILITATION PROTOCOLS

#### 1. Establishing ground rules

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

#### 2. Introductions

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

#### 3. Community strengths

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

#### 4. Health questions

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

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

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

#### 5. Built environment and social factors

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



