

2025 Community Health Needs Assessment

Greater Austin Region





Greater Austin Region community hospitals

- **Baylor Scott & White Medical Center – Austin**
- **Baylor Scott & White Medical Center – Buda**
- **Baylor Scott & White Medical Center – Pflugerville**
- **Baylor Scott & White Medical Center – Round Rock**
(including Baylor Scott & White Medical Center – Lakeway and
Baylor Scott & White Emergency Medical Center – Cedar Park)
- **Baylor Scott & White Medical Center – Taylor**
- **Baylor Scott & White Health Institute for Rehabilitation – Lakeway**

Approved by: Baylor Scott & White Health – Central Texas Operating, Policy and Procedure Board on May 16, 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) Greater Austin Region is committed to enhancing the health and wellness of the communities it serves. As part of this commitment, BSWH Greater Austin Region has conducted a comprehensive Community Health Needs Assessment (CHNA) to identify and address the most pressing health needs within the region. This executive summary provides an overview of the methodology used in the assessment, key findings and the strategic implications for healthcare provision in the region.

The service area for this CHNA encompasses a wide range of demographics and socioeconomic groups across the Greater Austin Region. This diversity underscores the necessity for a tailored approach to health service delivery, ensuring that interventions are effectively aligned with the specific needs of different community segments.

The methodology of this CHNA included a mix of primary data collection—through surveys, focus groups and interviews—and analysis of existing secondary data. This approach provided a robust dataset from which to draw insights into the health status and needs of the community. The primary research was conducted with a focus on inclusivity to ensure that the voices of underrepresented and vulnerable populations were heard and considered in the assessment process.

Given the comprehensive data collected, this CHNA identifies key areas for health intervention and improvement. While specific health themes are prioritized according to the data analysis, the underlying focus is on enhancing access to care and improving health outcomes across all conditions. This strategic focus will guide BSWH's health initiatives over the next three years, ensuring that our efforts are responsive to the true needs of the community.

In conclusion, the findings from this CHNA provide BSWH and its community partners with a detailed understanding of the current health landscape. This knowledge will inform the ongoing development of health programs that are equitable, effective and sustainable. We are committed to continuing our work in close partnership with local stakeholders to address the identified health needs and to contribute to the overall well-being of the Greater Austin Region.

CHNA process

Introduction

The Community Health Assessment for the Greater Austin Region involved collaboration with various community partners to identify and address the health needs of the community. The primary data used in this assessment included surveys, focus groups, interviews, claims data and Metopio, a platform providing curated health-related data. This report outlines how each type of primary data was utilized to gain insights into the community's health challenges and needs.

Survey

Surveys are essential for collecting data from a specific population to analyze trends, attitudes or opinions using questionnaires or interviews. They can help identify community needs and inform the implementation of programs aimed at improving health outcomes. Survey questions included health behaviors, mental health and questions about the Greater Austin Region service area community. 199 surveys were completed in the Greater Austin 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 small group discussions guided by a moderator to provide insights into participants' perceptions, opinions and attitudes. They are useful for exploring community members' views on health challenges and needs. The focus group discussions in the Greater Austin Region centered around health-related challenges such as food insecurity, transportation limitations and healthcare access. Participants highlighted the impact of food insecurity on nutrition and emphasized the need for improved access to healthy foods rather than focusing solely on nutrition education. Three focus groups were completed in the Greater Austin Region. To ensure focus groups provided information from diverse populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations. The hospitals also considered written input received on their most recently conducted CHNA and subsequent implementation strategies if provided. The assessment is available for public comment or feedback on the report findings by going to the BSWH website (BSWHealth.com/CommunityNeeds) or by emailing CommunityHealth@BSWHealth.org.

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

- Greater Austin Collaborative
- United Way Central Texas
- Austin Public Health
- Greater Austin VA
- Greater Austin Hispanic Commerce
- Hays County Health Department
- Travis County Health and Human Services
- Hays County Food Bank
- Central Texas Food Bank

Interviews

Interviews involve direct one-on-one conversations where the interviewer seeks in-depth information on the interviewee's views, experience or knowledge on a specific subject. They are valuable for obtaining detailed insights into specific health challenges and potential solutions. The interviews conducted in the Greater Austin Region revealed themes such as mental health among school children, access to healthcare and the impact of the rising cost of living on families. The interviews also highlighted the need for targeted support for specific populations and potential community partners for collaboration. Three interviews were conducted for the Greater Austin Region.

Metopio (secondary data)

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

CHNA process

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



Approach to identifying and prioritizing significant health needs

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

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

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

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

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

Significant health needs:

- Behavioral health
- Access to care

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

1. Behavioral health
2. Access to care

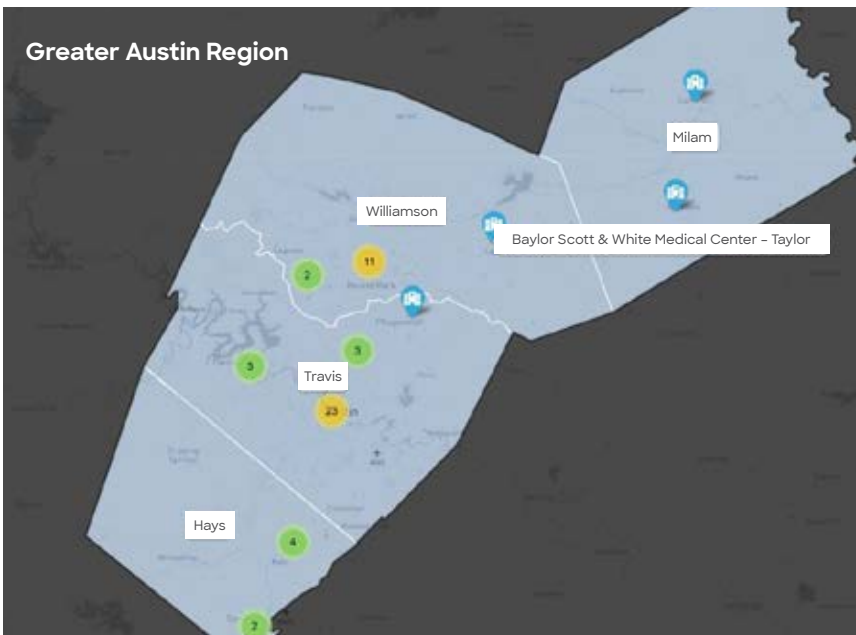
Demographics

Overview

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

- **Baylor Scott & White Medical Center - Austin**
- **Baylor Scott & White Medical Center - Buda**
- **Baylor Scott & White Medical Center - Pflugerville**
- **Baylor Scott & White Medical Center - Round Rock**
- **Baylor Scott & White Medical Center - Taylor**
- **Baylor Scott & White Health Institute for Rehabilitation - Lakeway**

The community served by the hospital facilities listed above includes Hays, Milam, Travis and Williamson counties, shown in the map below. BSWH has at least one hospital facility or a provider-based clinic in each of these counties, and together, they comprise where more than 70% of the admitted patients live, according to the hospital facilities' inpatient admissions over the 12-month period of FY 22. All of the collaborating hospital facilities included in the joint CHNA report define their communities to be the same for the purposes of the CHNA report.



Total population

2,176,881



Median household income

\$85,962



Median age

35.9



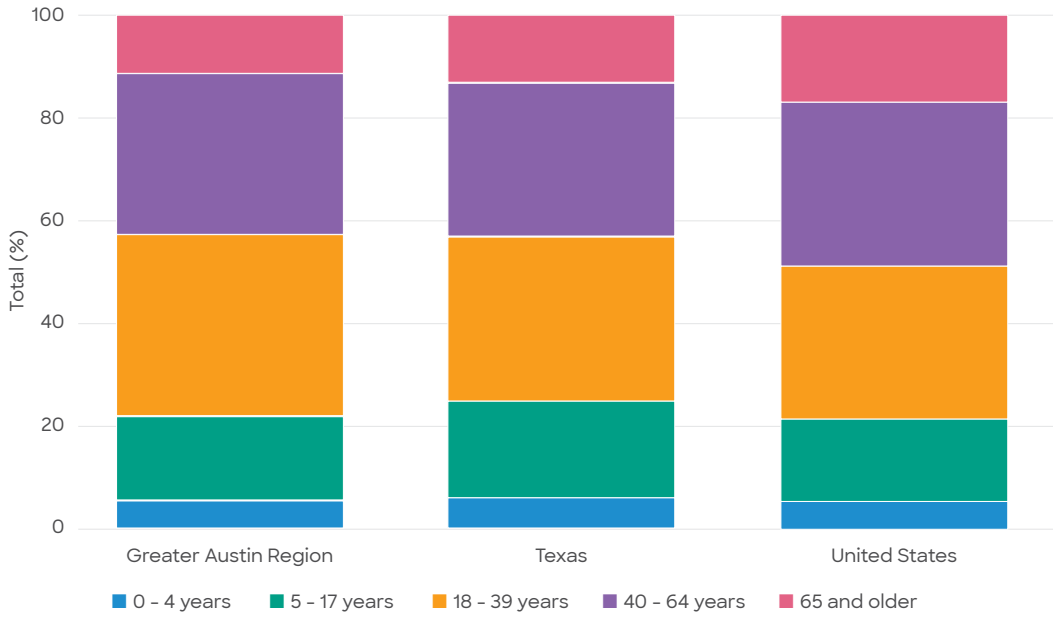
% of Spanish primary language

19.76%

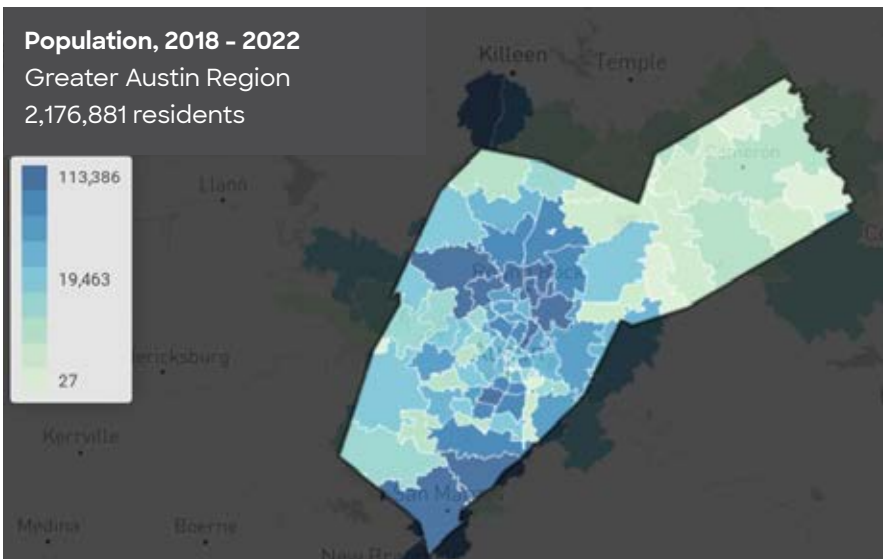
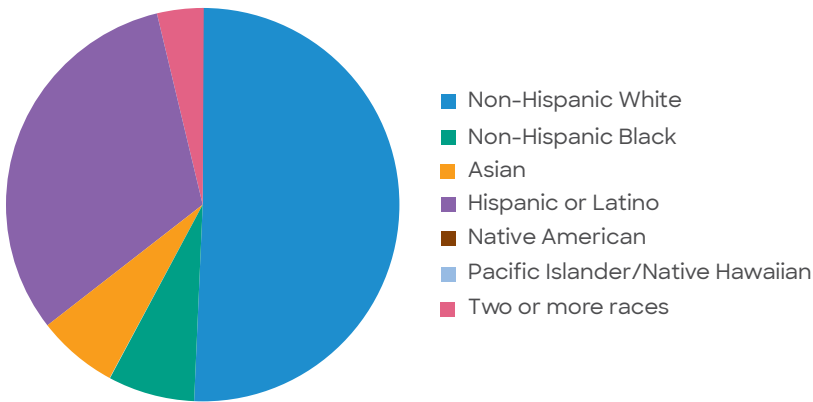
% of Asian primary languages

4.70%

Population by age, 2018 - 2022



Population by race/ethnicity, 2018 - 2022



Health needs

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



Access to care

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Behavioral health

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Built environment

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Chronic disease

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Food access

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Health behaviors

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Housing

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Maternal and child health

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Socioeconomic factors

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Access to care

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

What we heard from the community

Access to care is a critical issue that significantly impacts community health, as highlighted by the diverse range of challenges expressed in the provided quotes. These challenges include limited transportation options, shortages of healthcare providers, difficulties in securing appointments, high costs of insurance and lack of available services in different languages. The excerpts emphasize the widespread struggles faced by community members in accessing essential healthcare resources and services.

Furthermore, the quotes shed light on affordability barriers, the high uninsured population and the detrimental impact of insurance switching on individuals' ability to maintain consistent access to healthcare. The lack of access to mental health resources, preventive testing and healthy food further compounds the community's healthcare challenges. The excerpts also underscore the need for better data collection, coordination and advocacy for state funding to address these access barriers effectively.

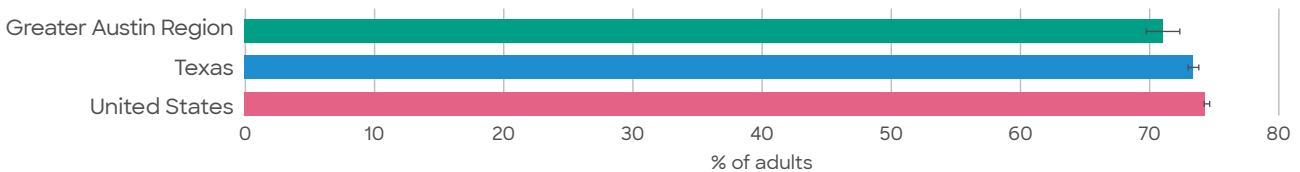
One community member expressed, "It's really hard once you don't have a car or can't drive anymore to get to doctor's appointments," highlighting the significant impact of transportation barriers on healthcare access. Another quote mentions, "The lack of available services in their language," underscoring the need for culturally and linguistically appropriate care. These testimonies emphasize the urgent need for comprehensive interventions to address the multifaceted access barriers and ensure equitable healthcare for all community members.

Topic	Greater Austin Region	Texas	United States
Dentists per capita <i>dentists per 100,000 residents, 2024</i>	126.8	102.7	105.2
Internet access <i>% of households, 2022</i>	97.42 ±0.60	93.82 ±0.21	93.59 ±0.10
Medicaid coverage <i>% of residents, 2022</i>	9.96 ±0.63	16.86 ±0.22	21.23 ±0.09
Mental health providers per capita <i>providers per 100,000 residents, 2024</i>	641.2	332.3	602.7
No vehicle available <i>% of households</i>	5.00 ±0.51	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

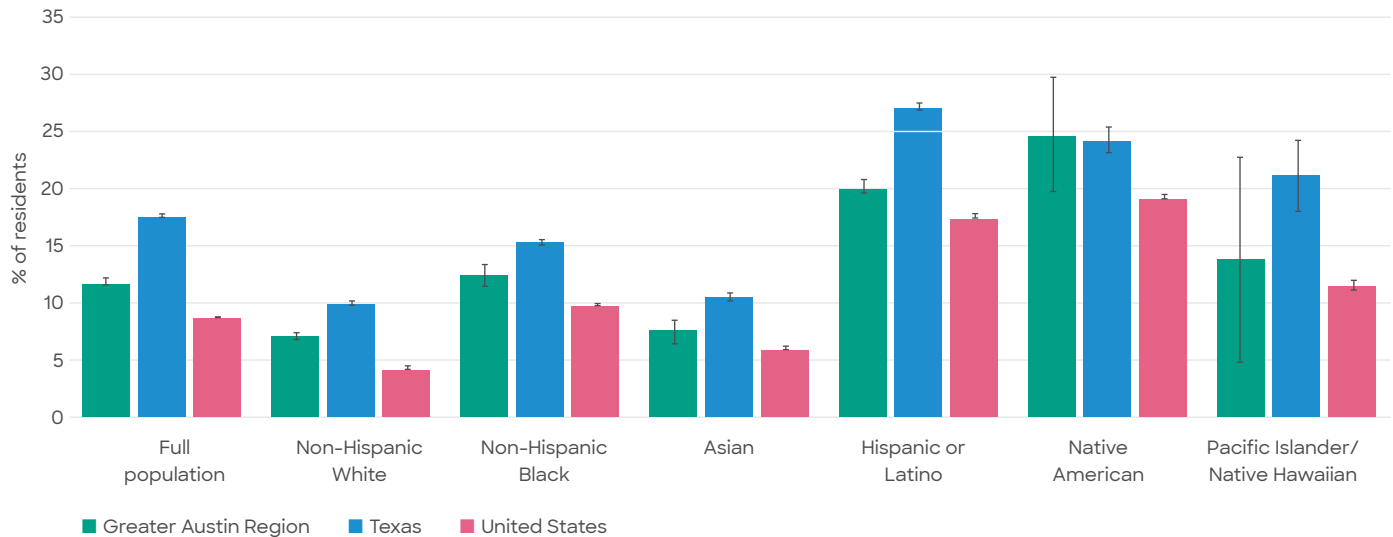


Routine checkups are an essential part of maintaining good health. In the Greater Austin Region, 71.19% of individuals visited the doctor for routine checkups, slightly lower than the statewide average of 72.34% in Texas and the national average of 74.04% in the United States. This suggests a potential area for improvement in healthcare access and awareness in the Greater Austin Region.

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

Uninsured rate by race/ethnicity, 2018 - 2022



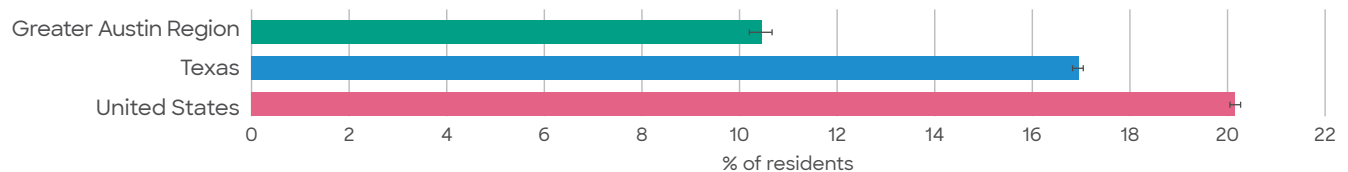
The uninsured rate varies across different racial and ethnic groups in the Greater Austin Region, Texas and the United States. In the Greater Austin Region, the uninsured rate for the full population is 11.79%, with the Non-Hispanic White population having the lowest uninsured rate at 7.04%, while the Hispanic or Latino population has the highest uninsured rate at 20.07%. This pattern is consistent at the state and national levels, highlighting disparities in access to healthcare based on race and ethnicity. The impact of these disparities on the community is significant, as it reflects unequal access to healthcare resources and services, potentially leading to poorer health outcomes for certain racial and ethnic groups.

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



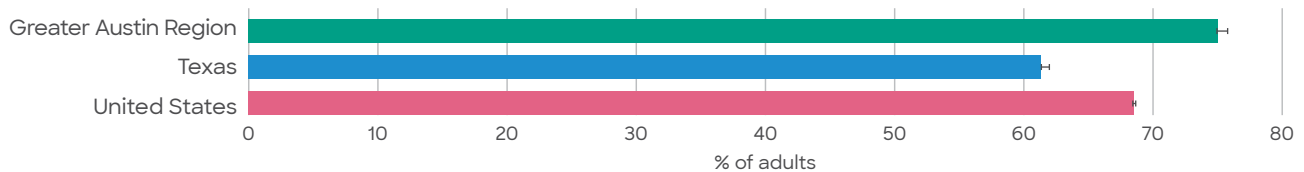
Medicaid coverage in the Greater Austin Region is reported at 10.54%, which is lower than the state average of 16.31% and significantly below the national average of 20.4%.

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

Private health insurance

Percentage of residents covered by private health insurance, such as employer-provided health insurance, direct-purchase (ACA exchanges) or TRICARE.

Private health insurance, 2018 - 2022



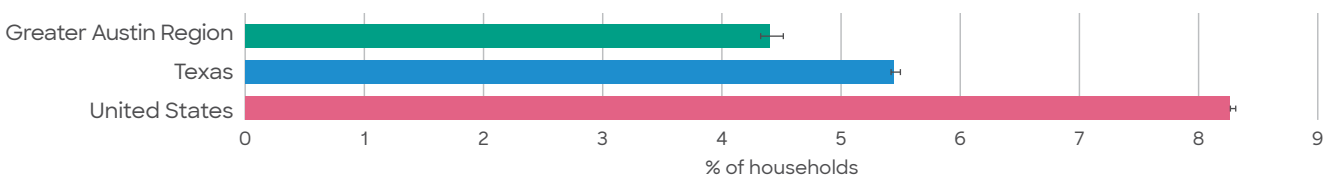
Private health insurance coverage varies across different regions, with the Greater Austin Region having the highest rate at 75.72%, followed by the United States at 67.6% and Texas at 62.51%. This indicates that the Greater Austin Region has a relatively higher proportion of individuals with private health insurance compared to the state and national averages, potentially reflecting a stronger emphasis on healthcare and well-being in the local community.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Tables S2703, S2701 and B27010)

No vehicle available

Percentage of occupied households with no vehicles available.

No vehicle available, 2018 - 2022



The data on “No vehicle available” reveals that the Greater Austin Region has the lowest percentage at 4.44%, followed by Texas at 5.25% and the United States at 8.33%. This indicates a relatively lower level of unavailability of vehicles in the Greater Austin Region compared to the state of Texas and the country as a whole. This could suggest better access to transportation options in the Greater Austin Region, potentially positively impacting the community’s mobility and access to essential services.

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



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 and substance abuse issues that significantly impact the well-being of individuals and communities. These issues include limited access to mental health services and resources, especially for adolescents and college students, along with challenges related to isolation, self-medication and the overall broken mental health system. The excerpts also highlight the disproportionate impact of mental health challenges on individuals experiencing homelessness and those with lower socioeconomic status.

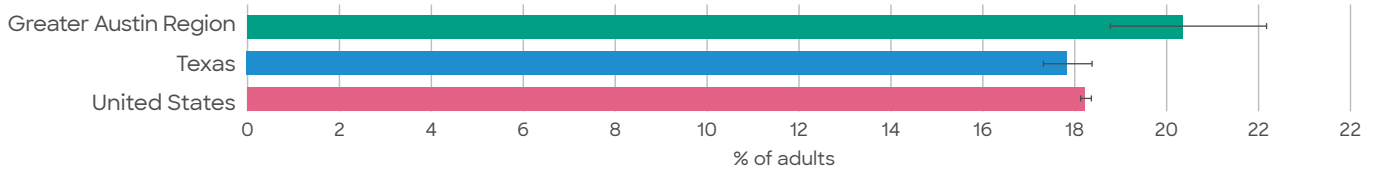
Community members express concerns about the lack of mental health workers, limited resources, and the increasing need for crisis intervention and suicide prevention. The opioid crisis and challenges in navigating the mental healthcare system are also emphasized. Additionally, partnerships to provide substance use disorder services and medication-assisted treatment programs are acknowledged as vital in addressing the growing demand for mental health interventions.

Topic	Greater Austin Region	Texas	United States
Binge drinking <i>% of adults, 2022</i>	20.56 ±1.56	17.86 ±0.63	18.58 ±0.20
Depression <i>% of adults, 2022</i>	21.69 ±1.40	21.82 ±0.63	22.53 ±0.20
Poor self-reported mental health <i>% of adults, 2022</i>	16.06 ±0.85	17.83 ±0.40	17.35 ±0.12
Psychiatry physicians per capita <i>physicians per 100,000 residents, 2024</i>	27	17	28

Binge drinking

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

Binge drinking, 2022



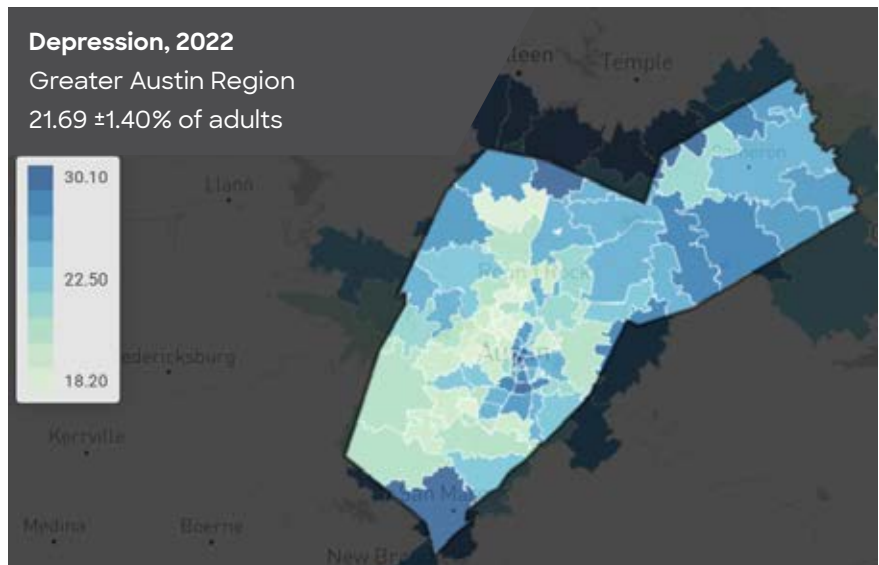
Binge drinking rates vary across different regions, with the Greater Austin Region having the highest rate at 20.56%, followed by Texas at 17.86% and the United States at 18.58%. The data indicates that binge drinking is more prevalent in the Greater Austin Region compared to the state and national averages, highlighting the need for targeted interventions and support in this area.

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

Depression

Prevalence of depression among adults 18 years and older.

Depression affects various communities across the United States, as seen in the prevalence of depression among adults 18 years and older in different areas. The data for the Greater Austin Region reveal that the rates of depression range from 18.2% to as high as 30.1%, highlighting the significant variation in the burden of depression across these locations.

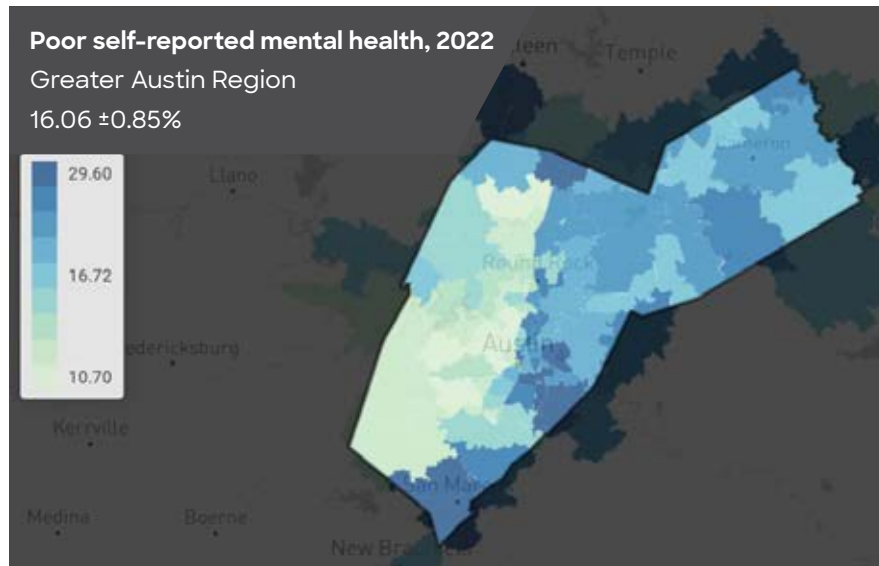


Data sources: Centers for Disease Control and Prevention (CDC): PLACES

Poor self-reported mental health

Poor self-reported mental health is a significant concern within the Greater Austin Region. The data reveals that the percentage of adults aged 18 and older reporting 14 or more days of poor mental health in the past 30 days varies across different locations, with values ranging from 10.7% to as high as 29.6%.

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 transportation, housing, access to essential services and the availability of healthy food options. The excerpts highlight the challenges faced by individuals in accessing healthcare, navigating public transportation and addressing food insecurity due to transportation limitations and socioeconomic disparities. These issues particularly impact vulnerable populations, including older adults, individuals with disabilities and those residing in rural areas.

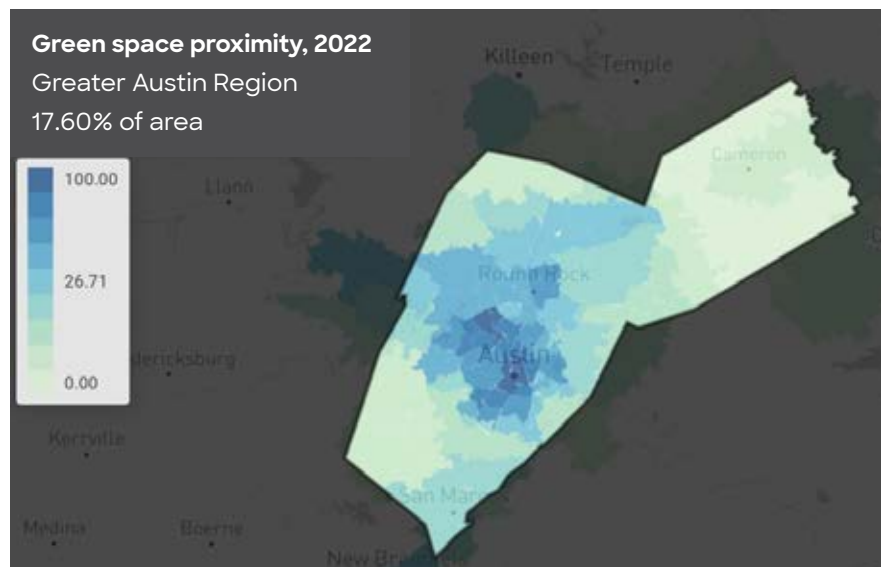
Community members express concerns about the lack of affordable transportation options, limited access to reliable public transportation, and the impact of transportation on accessing essential services such as healthcare and healthy food. Additionally, the excerpts underscore the influence of the built environment on housing affordability, property value and the spread of homelessness, especially in expanding urban areas. One individual shares, “People had farmland or land that’s been passed down, they’re seeing property value increased, taxes increase, and then they’re living in places without power.”

Topic	Greater Austin Region	Texas	United States
Drive alone to work <i>% of workers 16 years and older, 2022</i>	58.43 ±1.17	71.17 ±0.29	68.66 ±0.09
Environmental Burden Index <i>2022</i>	34.33	46.03	48.70
Green space proximity <i>% of area, 2022</i>	17.60	6.06	20.62
Internet access <i>% of households, 2022</i>	97.42 ±0.60	93.82 ±0.21	93.59 ±0.10
Lifetime inhalation cancer risk <i>lifetime risk per million, 2019</i>	20.0	20.9	16.1

Green space proximity

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

Green space proximity is a crucial factor in determining the environmental quality of a place. The map reveals that the City of Austin, TX, has a wide variation in green space proximity, ranging from as low as 0% to as high as 100%. Areas like Cedar Park and Round Rock have a high proportion of their area within 1 mile of green space, while Hornsby Bend and Belterra have a much lower



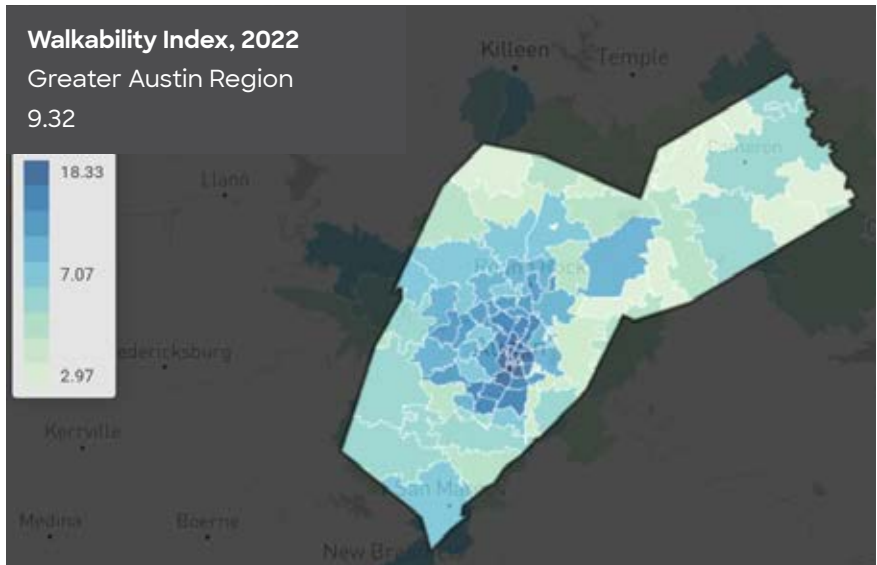
proportion. This data highlights the unequal distribution of green spaces within the city, which can have a significant impact on the community’s access to recreational and environmental resources.

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

Walkability Index

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

The Walkability Index, 2022, provides a ranking of an area’s walkability based on intersection density, proximity to transit, diversity of businesses and housing density. Here, we are focusing on the walkability of various areas within the state of Texas. The data reveals that urban areas like Austin, TX, have high walkability scores, indicating a pedestrian-friendly environment, while rural areas such as Buckholts, TX, have lower scores, suggesting less walkable surroundings.

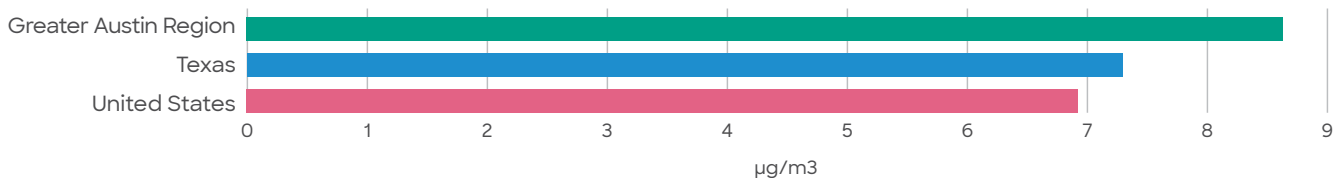


Data sources: Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index

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 affects public health. The chart reveals that the Greater Austin Region has the highest PM 2.5 concentration at 8.66, followed by Texas at 7.34 and the United States at 6.93. This suggests a concerning level of air pollution in the Greater Austin Region compared to the state and national averages, highlighting the need for targeted environmental initiatives to improve air quality and protect community health.

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

The theme of chronic disease encompasses a wide array of health challenges, including barriers to healthcare access, nutrition deficiencies, mental health concerns and the impact of social determinants of health on vulnerable populations. The excerpts highlight the prevalence of chronic conditions such as obesity, hypertension, high cholesterol and the growing diagnosis of epilepsy, emphasizing the urgent need for preventive testing and comprehensive healthcare interventions.

Community members express concerns about the difficulty in accessing healthcare services, long wait times for specialist appointments, and the financial burden of choosing between essential medications and groceries. Moreover, the lack of mental health resources, particularly for adolescents and college students, underscores the need for targeted support for these vulnerable populations.

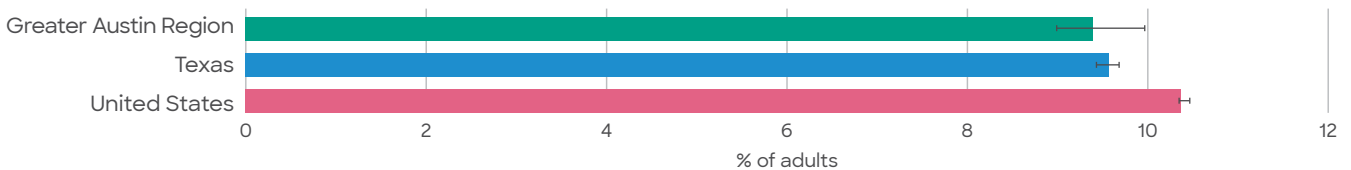
Direct quotes from the community members shed light on the challenges faced, such as, “Some weeks he’s hungry because he chose medicine, and some weeks he has symptoms because he chose groceries.” These testimonies emphasize the need for improved healthcare affordability, accessibility and support systems to address the multifaceted impact of chronic disease on individuals and families.

Topic	Greater Austin Region	Texas	United States
Chronic kidney disease <i>% of adults, 2021</i>	2.7 ±0.1	3.1 ±0.1	2.9 ±0.0
Chronic obstructive pulmonary disease (COPD) <i>% of adults, 2022</i>	5.43 ±0.31	6.23 ±0.16	6.37 ±0.05
Coronary heart disease <i>% of adults, 2022</i>	5.61 ±0.29	6.27 ±0.15	5.82 ±0.05
Current asthma <i>% of adults, 2022</i>	9.33 ±0.62	9.43 ±0.27	10.35 ±0.09
Diagnosed diabetes <i>% of adults</i>	11.2 ±0.7	13.4 ±0.4	10.8 ±0.1

Current asthma

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

Current asthma, 2022



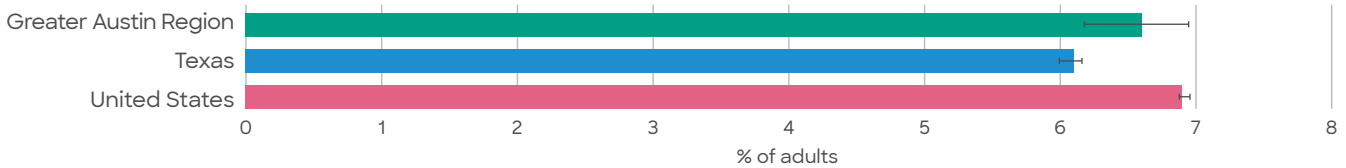
Asthma prevalence varies across different regions, with the Greater Austin area reporting a current asthma rate of 9.33%, slightly lower than the state average of 9.43% and significantly lower than the national average of 10.35%.

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

Have ever had cancer

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

Have ever had cancer, 2022



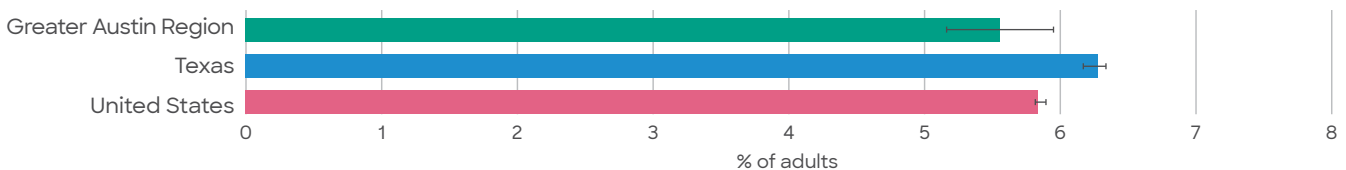
Cancer has had a significant impact on the communities in the Greater Austin Region, Texas and the United States, with the prevalence of individuals who have ever had cancer standing at 6.58%, 6.12% and 6.88%, respectively.

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



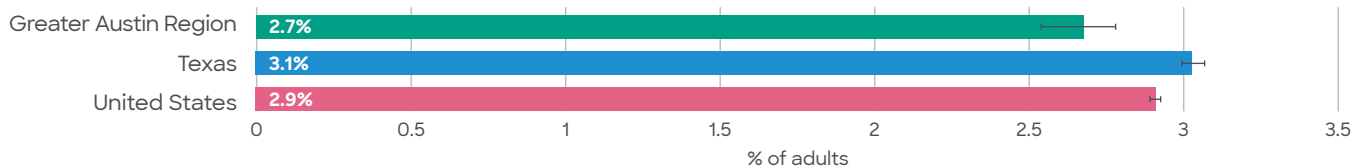
Coronary heart disease has varying prevalence across different regions. In the Greater Austin Region, the rate of coronary heart disease is 5.61%, slightly lower than the state average of 6.27% in Texas and the national average of 5.82%. This suggests that the Greater Austin Region has a relatively lower incidence of coronary heart disease compared to the state and national averages, indicating potential differences in lifestyle, healthcare access or environmental factors that may impact the community's cardiovascular health.

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

Chronic kidney disease

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

Chronic kidney disease, 2021



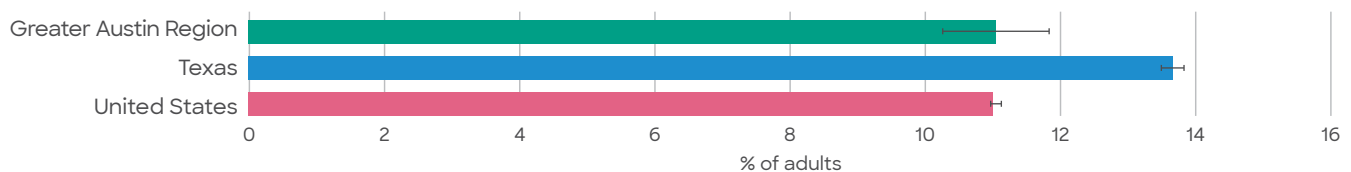
Chronic kidney disease has varying prevalence across different regions. In the Greater Austin Region, the prevalence of chronic kidney disease is reported at 2.7%, slightly lower than the state average of 3.09% in Texas and the national average of 2.85% in the United States. This suggests that the Greater Austin Region has a relatively lower burden of chronic kidney disease compared to the state and national levels, indicating potential differences in healthcare access, demographics or environmental factors impacting the community’s kidney health.

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



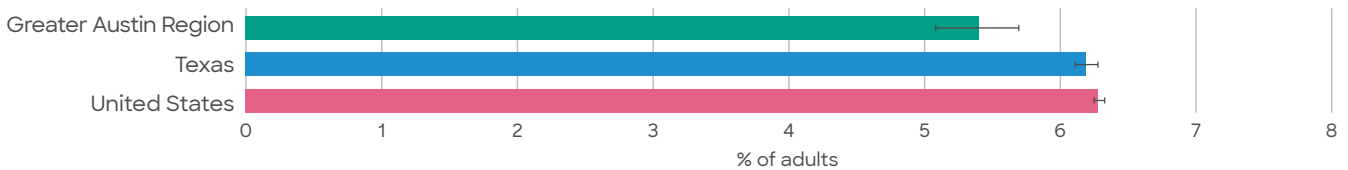
Diagnosed diabetes rates vary across different regions, with the Greater Austin Region at 11.17%, Texas at 13.37% and the United States at 10.84%. This indicates that the prevalence of diagnosed diabetes is higher in Texas compared to the national average, while the Greater Austin Region falls below the state average. The impact of these varying rates on the respective communities could include implications for healthcare resources, public health initiatives and overall quality of life.

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



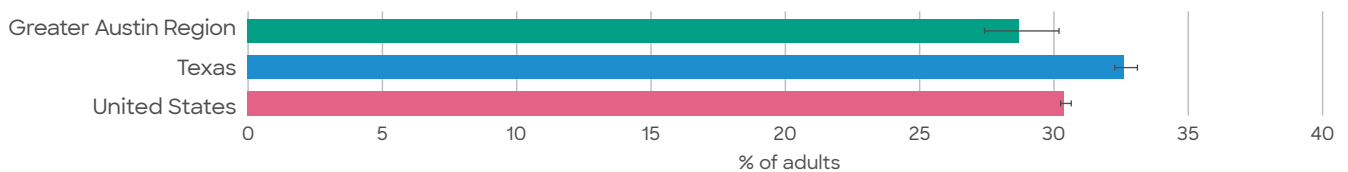
Chronic obstructive pulmonary disease (COPD) has varying prevalence rates across different regions. In the Greater Austin Region, the prevalence of COPD is 5.43, slightly lower than the state average of 6.23 in Texas and the national average of 6.37 in the United States. This indicates a relatively lower burden of COPD in the Austin area compared to the state and national levels.

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



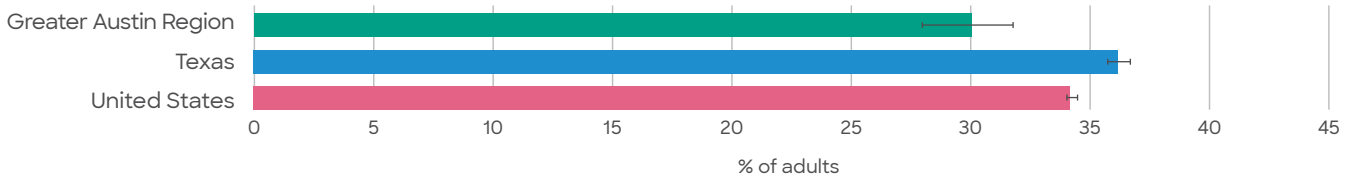
In the Greater Austin Region, the prevalence of high blood pressure is 28.6%, which is lower than the state average of 32.22% and the national average of 30.32%.

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

Obesity

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

Obesity, 2022



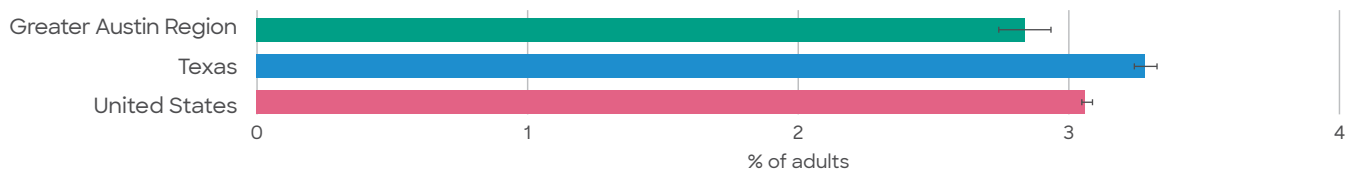
Obesity rates vary across different regions, with the Greater Austin Region having the lowest rate at 30.11%, compared to Texas at 36.76% and the United States at 33.83%. This suggests that there are potential localized factors contributing to the lower obesity rate in the Greater Austin Region.

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

Diagnosed stroke

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

Diagnosed stroke, 2022



Diagnosed stroke rates vary across different regions, with the Greater Austin Region having the lowest rate at 2.78, followed by the United States at 3.1 and Texas at 3.27. This suggests that the Greater Austin Region has a relatively lower prevalence of diagnosed strokes 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))



Food access

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

What we heard from the community

Food access is a critical issue that significantly impacts community health, leading to challenges such as food insecurity, limited availability of healthy options and affordability concerns. The excerpts highlight the complex interplay between income, transportation and cultural diversity in influencing individuals' ability to access nutritious food. The discussions also underscore the disparities in food access, particularly in low-income and rural communities, where the lack of affordable shopping options and transportation barriers exacerbate the problem.

Community members express the need for meaningful food distribution, education on nutrition and support for applying for benefits like SNAP. The excerpts emphasize the importance of partnerships with organizations like food banks and initiatives to provide more agency in choosing healthy food options. The impact of food access on mental health services and recovery from addiction is also highlighted, underscoring the interconnected nature of these issues.

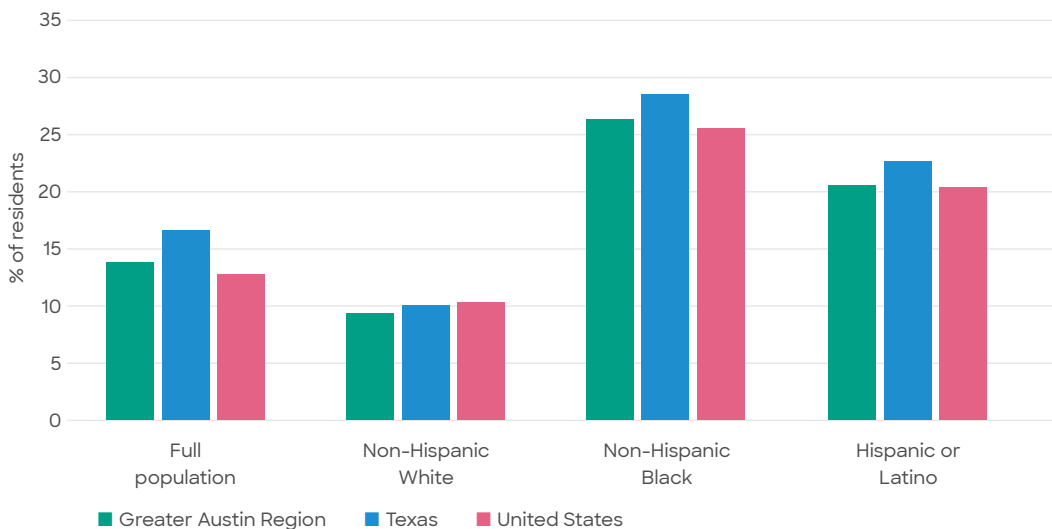
Speakers and community members stress the significance of addressing language barriers, providing nutrition education and leveraging partnerships to enhance food access. Additionally, they emphasize the need for transportation solutions, market-style distribution and culturally appropriate food options.

Topic	Greater Austin Region	Texas	United States
Food insecurity <i>% of residents, 2022</i>	14.1	16.4	13.3
Food stamps (SNAP) <i>% of households, 2022</i>	4.99 ±0.49	12.04 ±0.23	12.38 ±0.06
Households in poverty not receiving food stamps (SNAP) <i>% of households below the poverty line, 2022</i>	80.65 ±2.09	61.70 ±0.61	58.90 ±0.23
Low food access <i>% of residents, 2019</i>	59.97	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



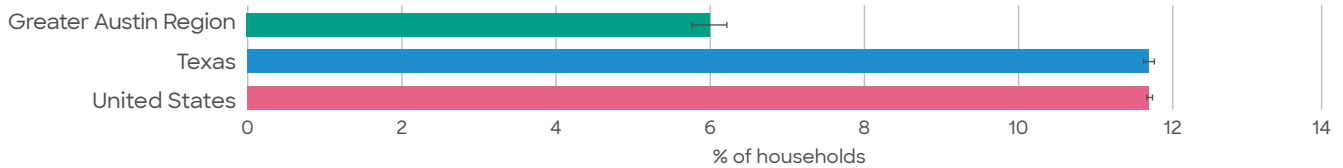
Food insecurity is a pressing issue that disproportionately affects different racial and ethnic groups. In the Greater Austin Region, the data reveals that Non-Hispanic Black and Hispanic or Latino populations experience significantly higher levels of food insecurity compared to the Non-Hispanic White population. Specifically, the food insecurity rates for Non-Hispanic Black and Hispanic or Latino populations are approximately 25.3% and 20.49%, respectively, while the rate for Non-Hispanic White population is notably lower at around 10.07%. These disparities highlight the need to address the impact of food insecurity on these communities in order to ensure equitable access to food resources.

Data sources: Feeding America: Map the Meal Gap

Food stamps (SNAP)

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

Food stamps (SNAP), 2018 - 2022



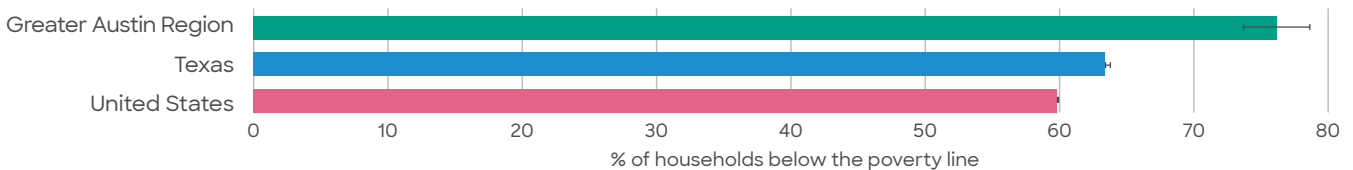
Food stamps (SNAP) play a crucial role in addressing food insecurity in communities. In the Greater Austin Region, 5.95% of the population relies on food stamps, compared to 11.53% in Texas and 11.52% in the United States.

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

Households in poverty not receiving food stamps (SNAP)

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

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



The data on households in poverty not receiving food stamps (SNAP) reveals that the Greater Austin Region has the highest percentage at 76.07%, followed by Texas at 62.2% and the United States at 59.45%. This indicates a trend of a significant portion of households in poverty not utilizing SNAP benefits in these areas, potentially pointing to gaps in outreach or eligibility awareness.

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



Health behaviors

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

What we heard from the community

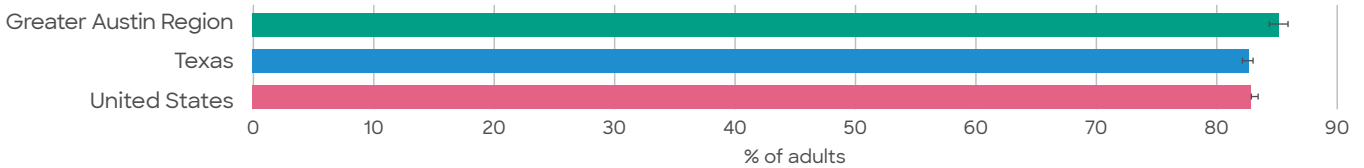
Health behaviors encompass a wide range of factors influencing community well-being, including challenges related to access to healthcare, transportation, nutrition and mental health services. Community members discussed choices individuals face, such as prioritizing between medication and groceries, navigating limited access to healthcare providers, and grappling with the digital divide. Furthermore, the excerpts highlight the impact of food insecurity, transportation barriers and the need for more culturally relevant food options on individuals' health behaviors. The financial strains and lack of insurance coverage further exacerbate the challenges in addressing preventive testing and accessing essential healthcare services. Additionally, the prevalence of obesity, hypertension and high cholesterol underscores the urgency of promoting healthier behaviors and improving access to nutritious options.

Topic	Greater Austin Region	Texas	United States
Cholesterol screening <i>% of adults, 2021</i>	85.39 ±1.40	83.27 ±0.67	83.65 ±0.20
Cigarette smoking rate <i>% of adults, 2022</i>	12.0 ±0.8	14.8 ±0.4	14.6 ±0.1
Colorectal cancer screening <i>% of adults, 2022</i>	60.11 ±2.17	54.64 ±1.07	58.85 ±0.32
Mammography use <i>% of female adults, 2022</i>	75.91 ±3.11	73.79 ±1.55	75.65 ±0.45
No exercise <i>% of adults</i>	21.3 ±1.4	27.6 ±0.8	23.7 ±0.2

Cholesterol screening

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

Cholesterol screening, 2021



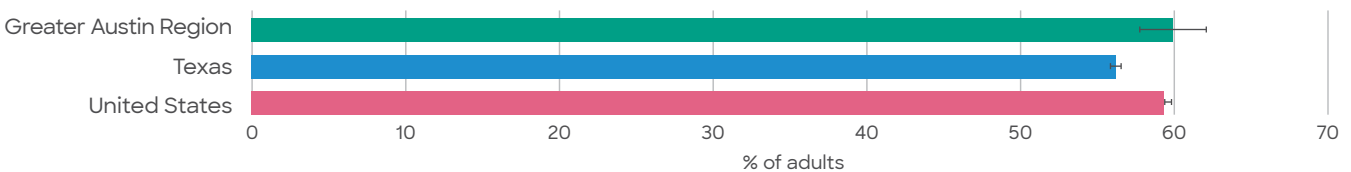
Cholesterol screening rates in the Greater Austin Region are higher than both the state of Texas and the United States, with a rate of 85.39. This suggests that the community members in the Greater Austin Region are more proactive in monitoring their cholesterol levels, which is crucial for early detection and prevention of heart disease. It is important to continue promoting and increasing access to cholesterol screening services to further improve the overall health of the community.

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

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 Greater Austin Region leading at 60.11%, followed by the United States at 58.85% and Texas at 54.64%. This indicates a positive trend in the Greater Austin Region, potentially due to effective community outreach programs and accessible healthcare facilities. The impact of these screening rates on the community could lead to early detection and treatment, ultimately reducing the burden of colorectal cancer in the region.

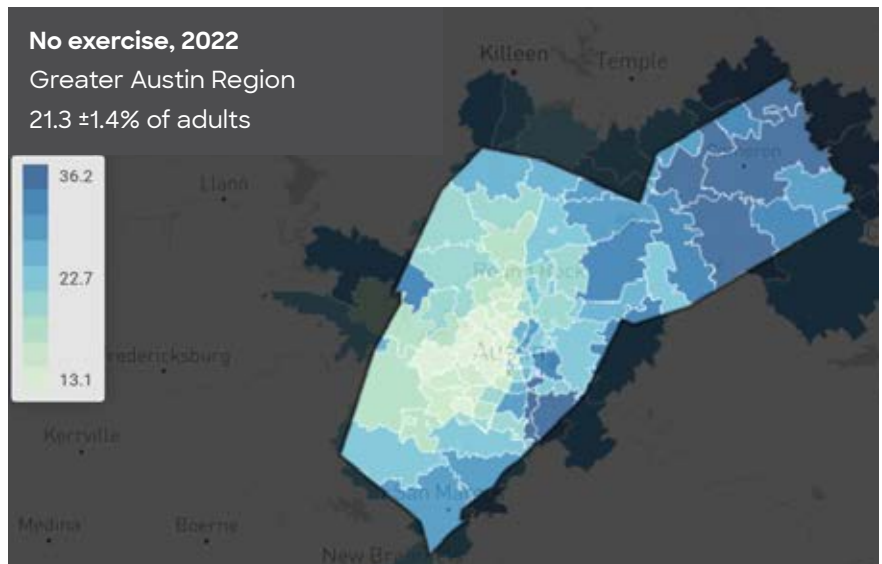
Data sources: Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (ZIP codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

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 is a significant concern, with a varying percentage of adults across different areas reporting no physical activity in the past month.

In the Greater Austin Region, areas such as Bartlett, Buckholts and Cameron have relatively high percentages of adults (ranging from 27.6% to 33.8%) reporting no exercise. Conversely, areas like Cedar Park and Lakeway have lower percentages, with 18.5% and 14.5%, respectively. This data indicates a potential disparity in physical activity levels across different communities within the Greater Austin Region.

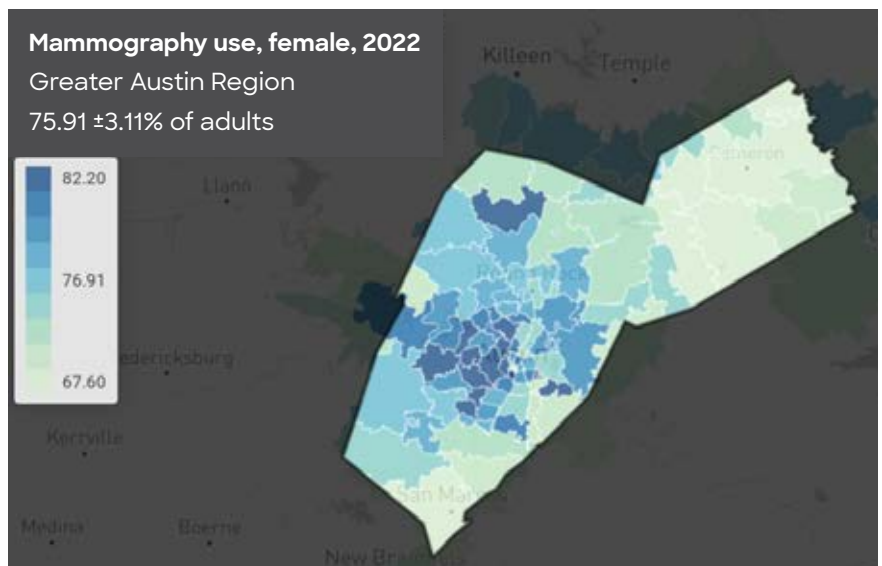


Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts)), Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data prior to 2019)

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 Greater Austin Region is relatively high, with an average of 75.4% of residents reporting having had a mammogram within the previous two years. The map reveals that areas around Austin, TX, particularly in ZIP codes 78731, 78732 and 78746 exhibit the highest mammography use, with percentages exceeding 80%.



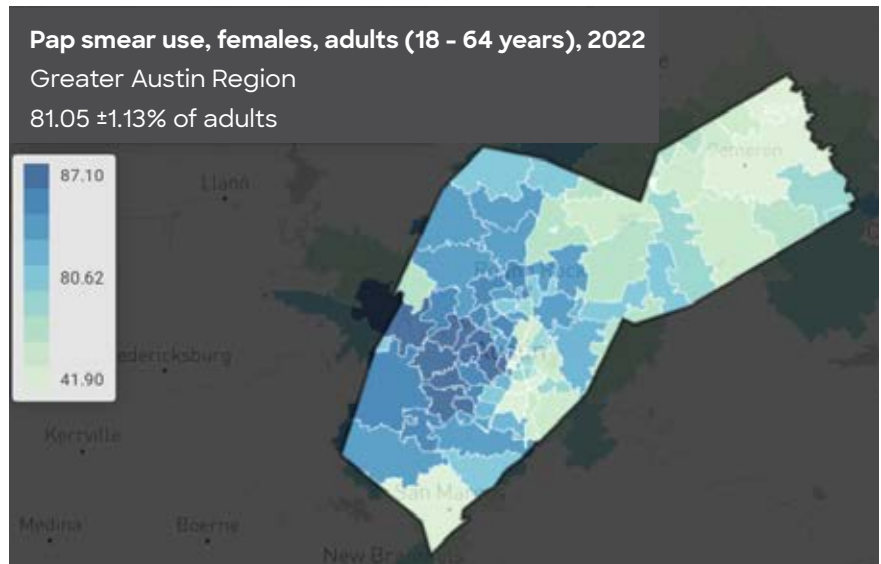
Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts))

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 is a crucial aspect of women’s health, particularly in the prevention and detection of cervical cancer. The map provides data on the percentage of resident female adults aged 21 - 65 years who have had a Pap smear within the previous

three years in various locations across Texas. The map reveals that Pap smear use varies across the Greater Austin Region, with percentages ranging from 53.9% to as high as 87.1%. This indicates disparities in access to and utilization of preventive healthcare services within the community.

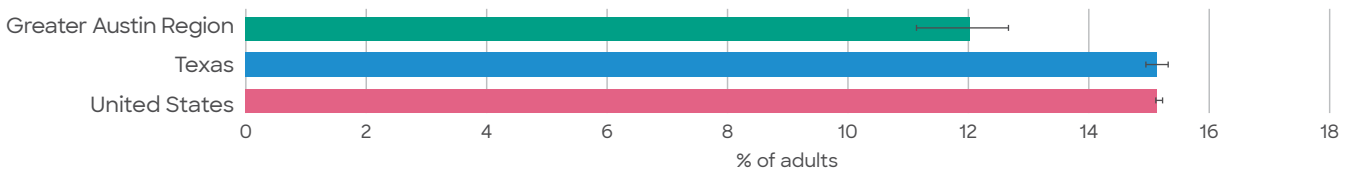


Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts))

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, and the Greater Austin Region has a lower rate compared to Texas and the United States, with rates of 12.01%, 14.8% and 14.61%, respectively. This indicates that the Greater Austin Region has a relatively lower prevalence of cigarette smoking compared to the state and national averages. It’s important to continue monitoring and addressing smoking rates to promote public health and well-being.

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 plays a pivotal role in community health, as it directly impacts the socioeconomic and health outcomes of individuals and families. The provided excerpts shed light on the challenges faced by community members, such as the trade-offs between essential needs like prescriptions and groceries, the soaring cost of living, and the lack of access to affordable housing and healthcare. These issues disproportionately affect vulnerable populations, leading to housing instability, homelessness and limited healthcare access.

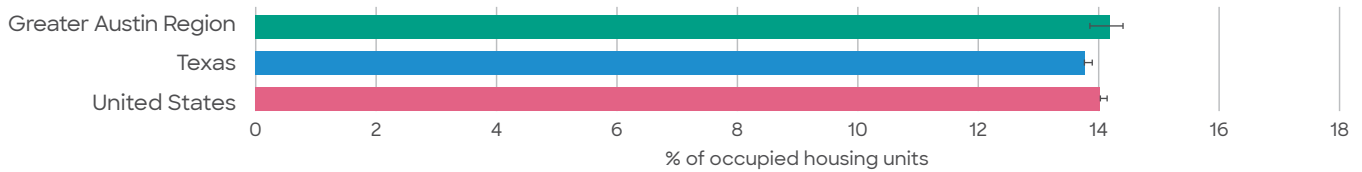
One individual shares, “More and more our communities are having to go further and further from the jobs, and so that causes some burden on the families, not only financially, but also mentally and health-wise.” This testimony reflects the multifaceted impact of housing challenges on the overall well-being of community members, emphasizing the need for comprehensive strategies to address housing affordability, healthcare access and social disparities.

Topic	Greater Austin Region	Texas	United States
Crowded housing <i>% of occupied housing units, 2018 - 2022</i>	3.41 ±0.49	5.05 ±0.15	3.45 ±0.03
Eviction rate <i>% of renter-occupied households, 2018</i>	1.49	2.62	2.12
Housing cost burden <i>% of occupied housing units, 2018 - 2022</i>	32.35 ±1.22	32.76 ±0.34	31.48 ±0.06
Owner occupied <i>% of occupied housing units</i>	57.73 ±0.85	62.47 ±0.25	65.18 ±0.18
Severe housing cost burden <i>% of occupied housing units</i>	14.53 ±0.82	14.92 ±0.22	14.96 ±0.05

Severe housing cost burden

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

Severe housing cost burden, 2018 - 2022



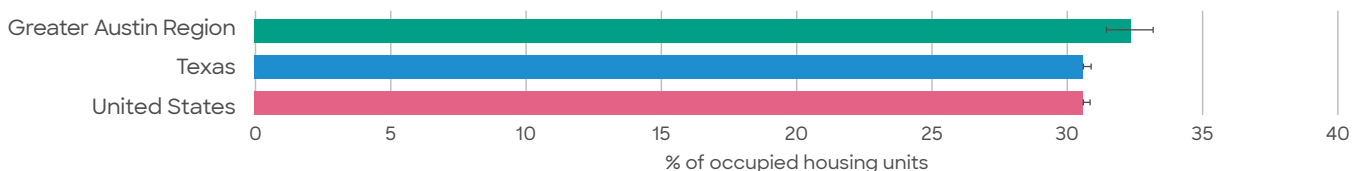
The chart reveals that the Greater Austin Region has the highest severe housing cost burden at 14.35%, followed closely by the United States at 14.06% and Texas at 13.67%. This indicates that residents in the Greater Austin Region are experiencing a higher level of housing cost burden compared to the state and national averages.

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



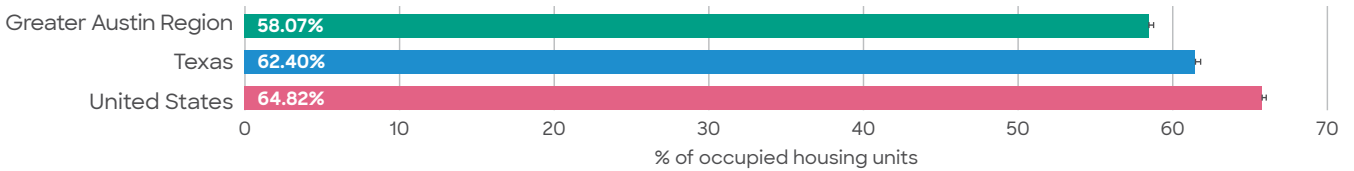
Housing cost burden is a significant issue in the Greater Austin Region, with 32.47% of residents experiencing challenges in this area. This is higher than the averages for both Texas (30.59%) and the United States (30.51%). The data highlights the pressing need for affordable housing solutions in the region, as a large portion of the population is struggling with the financial impact of housing costs.

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

Owner occupied

The data on owner-occupied properties reveals that the Greater Austin Region has a lower percentage of owner-occupied homes at 58.07% compared to the state of Texas at 62.4% and the United States at 64.82%. This suggests that homeownership is relatively lower in the Greater Austin Region compared to the state and national averages. This could indicate a higher prevalence of rental properties or a younger population that is not yet established in homeownership.

Owner occupied, 2018 - 2022



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



Maternal and child health

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

What we heard from the community

Maternal and child health encompasses a range of critical issues affecting pregnant women, mothers and children, including access to healthcare, vaccinations, mental health support and health literacy. The excerpts highlight concerns about the cost and accessibility of STD testing, limited health literacy in certain communities, and challenges related to obtaining healthcare services for children. Additionally, the community members express difficulties in accessing mental health services for kids and the impact of these disparities on parents and families. They emphasize the need for increased health literacy, mental health programs and support for children with serious diagnoses like cancer.

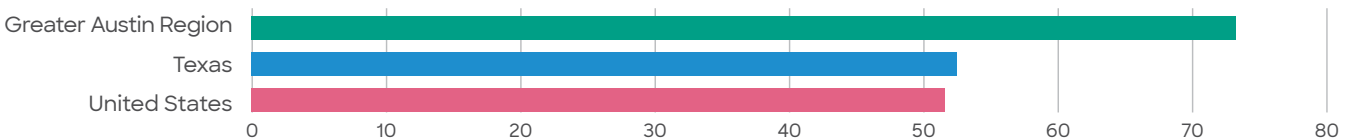
Community members also share their experiences with guiding others through the process of accessing vaccinations and healthcare services for children. They express concerns about the lack of engagement from parents in initiatives aimed at improving mental health and overall well-being. Furthermore, the excerpts shed light on the establishment of free health clinics and the provision of mental health and play therapy for children, indicating a recognized need for accessible and comprehensive healthcare services for vulnerable populations.

Topic	Greater Austin Region	Texas	United States
Births to women without partners present <i>% of births, female, 2022</i>	20.72 ±5.52	26.55 ±1.76	23.63 ±0.40
Child Opportunity Index 3.0 <i>2017 - 2021</i>	72	53	52
Child care center ratio <i>children / care center enrollment, 2023</i>	7	10	11
Grandparents responsible for grandchildren <i>% of residents age 30+, 2022</i>	0.69 ±0.19	1.32 ±0.07	0.99 ±0.01
Mortality among young adults <i>%, 2010 - 2015</i>	0.7 ±0.1	0.8 ±0.00	0.8 ±0.0

Child Opportunity Index 3.0

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

Child Opportunity Index 3.0, 2017 - 2021



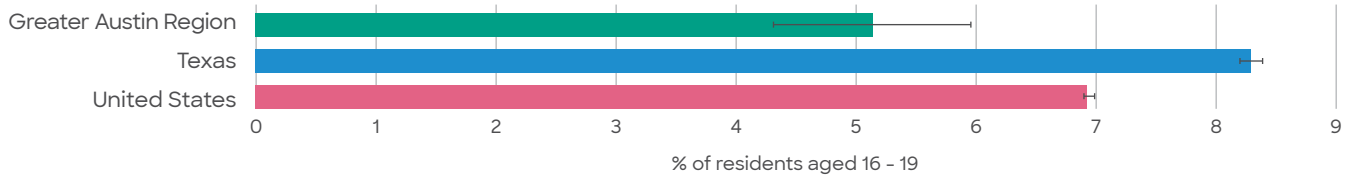
The Child Opportunity Index 3.0 reveals that the Greater Austin Region has a significantly higher score of 71.64 compared to the state of Texas at 52.62 and the national average of 52.16. This indicates that the Greater Austin Region provides better opportunities and resources for children compared to the state and national averages, potentially leading to improved outcomes for the local community.

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



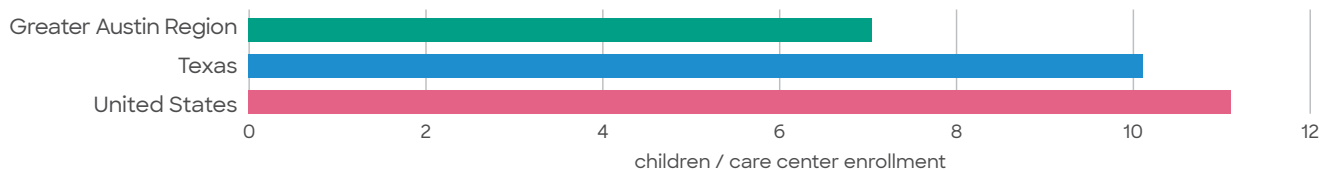
Opportunity youth are a significant demographic in the community, and the chart reveals that the Greater Austin Region has the lowest percentage of opportunity youth at 5.18%, compared to 8.26% for Texas and 6.94% for the United States. This suggests that the region may have more robust support systems or opportunities for young people, potentially contributing to lower rates of disengagement.

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 availability of child care centers varies across different regions, as highlighted in the data chart. The Greater Austin Region stands out with a notably lower child care center ratio of 7.2, compared to Texas at 10.19 and the United States at 10.93. This suggests that the Greater Austin Region has a relatively higher concentration of child care centers, potentially indicating better access to child care facilities for families in the area.

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



Socioeconomic factors

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

What we heard from the community

Socioeconomic factors significantly influence community health outcomes, encompassing challenges such as healthcare affordability, access to essential resources and disparities in health services. The excerpts shed light on the struggles faced by individuals in making trade-offs between meeting basic needs like food and medication, navigating mobility issues, and coping with limited healthcare access. These challenges are particularly pronounced among minority communities, the elderly and individuals with diverse health conditions.

Community members express concerns about affordability, transportation barriers, food insecurity and limited access to healthcare providers, emphasizing the need for interventions that address these socioeconomic disparities. The excerpts also highlight the interconnected nature of socioeconomic challenges, such as the impact of rising housing costs on access to healthcare and nutritional choices.

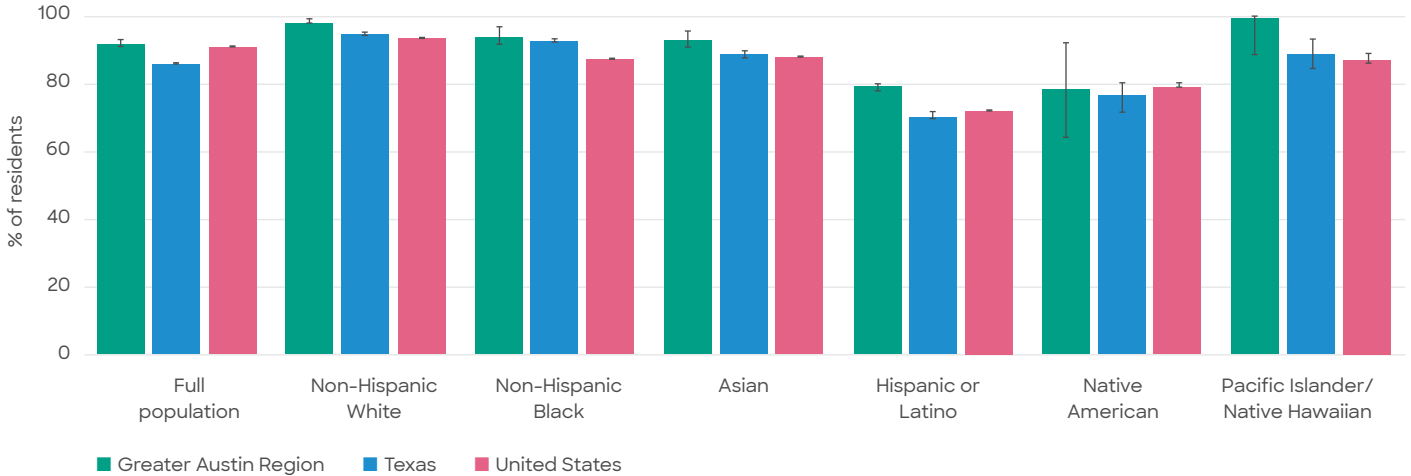
Quotes such as “People are choosing between prescriptions and groceries” and “The other age group I think we need to work on is with seniors, that population is just growing” underscore the need to address the socioeconomic determinants of health. These testimonies emphasize the necessity of implementing comprehensive solutions to enhance healthcare affordability, improve transportation infrastructure and mitigate disparities in access to essential resources, ensuring equitable health outcomes for all community members.

Topic	Greater Austin Region	Texas	United States
Any higher education rate <i>% of residents, 2022</i>	77.64 ±1.32	61.96 ±0.33	63.55 ±0.10
Below 200% of poverty level <i>% of residents, 2022</i>	20.13 ±1.23	31.86 ±0.41	28.36 ±0.11
College graduation rate <i>% of residents, 2022</i>	53.94 ±1.05	33.94 ±0.25	35.66 ±0.08
Hardship Index <i>score</i>	34.8	54.5	50.0
High school graduation rate <i>% of residents</i>	92.79 ±1.46	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



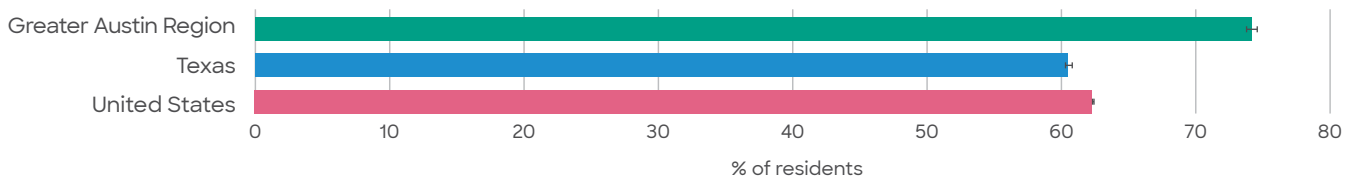
High school graduation rates vary across different racial and ethnic groups, with the data showing disparities in the Greater Austin Region, Texas and the United States. Non-Hispanic White students have the highest graduation rates, consistently exceeding 93%, while Hispanic or Latino and Native American students have the lowest rates, ranging from 71% to 79%. These disparities highlight the impact of race and ethnicity on educational outcomes, with certain groups facing greater challenges in completing high school. It's crucial to address these disparities to ensure equitable access to education and opportunities for all students, regardless of their background.

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

Any higher education rate

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

Any higher education rate, 2018 - 2022



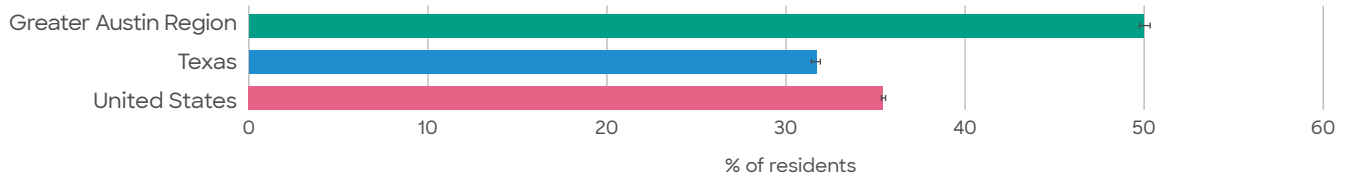
Higher education rates in the Greater Austin Region surpass those of Texas and the United States, standing at 74.76%. This suggests a strong emphasis on post-secondary education in the area, potentially contributing to a more skilled and competitive workforce. The impact of this high rate on the community could be reflected in the region's economic development and innovation.

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



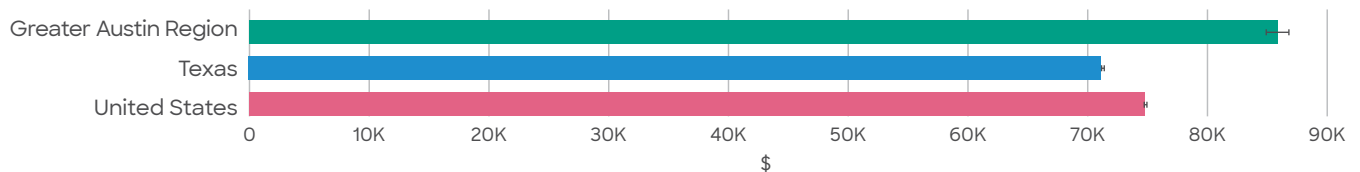
College graduation rates in the Greater Austin Region are notably higher at 49.78% compared to the state of Texas at 32.27% and the United States at 34.31%. This suggests that the Greater Austin Region has a relatively higher proportion of individuals completing their college education, potentially indicating a more educated workforce and a greater emphasis on higher education within the community.

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

Median household income

Income in the past 12 months.

Median household income, 2018 - 2022



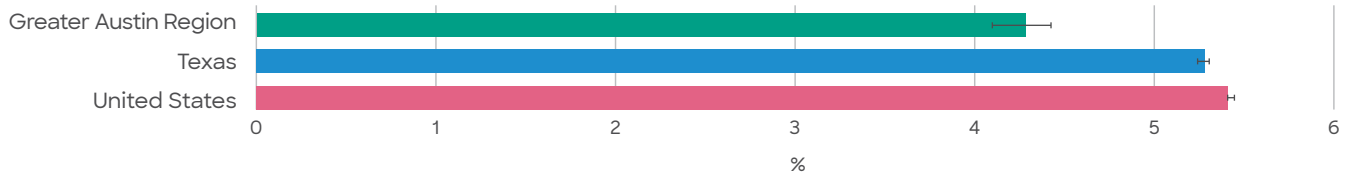
The median household income in the Greater Austin Region is significantly higher at \$85,962 compared to the state of Texas at \$66,968 and the United States at \$68,906.

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 data on unemployment rates in the Greater Austin Region, Texas and the United States reveals that the Greater Austin Region has the lowest unemployment rate at 4.35%, compared to Texas at 5.22% and the United States at 5.33%. This suggests that the Greater Austin Region has a relatively healthier job market compared to the state and national averages. The lower unemployment rate in the region indicates a potentially stronger economy and more employment opportunities for its residents.

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

2022 - 2025 evaluation of impact

2022 CHNA health priorities: Preventive screenings, access to primary healthcare providers, severe housing problems

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> • Preventive screenings • Access to primary healthcare providers • Severe housing problems 	<ul style="list-style-type: none"> • Provide financial and in-kind donations to non-profit organizations addressing access to care and housing insecurity in the community. 	<ul style="list-style-type: none"> • Improved overall health outcomes, increased access to care and improved access to housing resources and services particularly for vulnerable and underserved population. • Taylor: \$38,601 • Round Rock (includes Lakeway): \$435,218 • Austin: \$45,351 • Pflugerville: \$59,851 • Buda: \$47,351
<ul style="list-style-type: none"> • Preventive screenings • Access to primary healthcare providers 	<ul style="list-style-type: none"> • Provide free and/or discounted care, including community referrals, to financially or medically indigent patients as outlined in the financial assistance policy. 	<ul style="list-style-type: none"> • Improved access to care and community resources. • Taylor: \$5.5 million • Round Rock (includes Lakeway): \$42.8 million • Austin: \$6.1 million • Pflugerville: \$7.2 million • Buda: \$7.5 million
<ul style="list-style-type: none"> • Access to primary healthcare providers 	<ul style="list-style-type: none"> • Provide opportunities for health professionals to further their education and training to provide quality healthcare services. This includes clinical education and supervision for clinical rotations for medical students, nursing students and other healthcare professions. 	<ul style="list-style-type: none"> • Increased access to quality healthcare providers. • Taylor: \$251,000 • Round Rock (includes Lakeway): \$11.5 million • Austin: \$270,000 • Pflugerville: \$257,000 • Buda: \$154,000

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> • Preventive screenings • Access to primary healthcare providers • Severe housing problems 	<p>Community health improvement services and education:</p> <ul style="list-style-type: none"> • Provide free community education sessions on nutrition, primary care and community services, and overall health and wellness, including health screenings, through community health fairs, programs and health events. 	<ul style="list-style-type: none"> • Improved health outcomes and increased access to points of primary care and health screenings. • Taylor: \$15,000 • Round Rock (includes Lakeway): \$139,000 • Austin: \$25,000 • Pflugerville: \$14,000 • Buda: \$6,000

Existing resources

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

- AGE of Central Texas
- Affordable Central Texas
- Austin Area Urban League
- Austin Child Guidance Center
- Austin Clubhouse, Inc.
- Austin ECHO
- Austin Public Health
- Austin Sunshine Camps
- Bluebonnet Trails Community Services
- Boys and Girls Clubs Austin Area
- CASA of Travis County
- Central Health
- Central Texas Catholic Charities
- Central Texas Food Bank
- CareBox Program
- City of Buda (city manager/parks and recreation, etc.)
- City of Pflugerville
- City of Manor
- City of Taylor
- Community Resource Centers of Texas
- Dripping Springs Education Foundation
- Georgetown Health Foundation
- Georgetown Public Library
- Go! Austin/Vamos! Austin (GAVA)
- Greater Austin Hispanic Chamber of Commerce
- Hays County Health Department
- Hays County ISD
- Hays County Food Bank
- Healthy Williamson County
- Interagency Support Council of Eastern Williamson County, Inc.
- Integral Care
- Lake Travis Independent School District
- LifePark Center
- Lonestar Circle of Care
- Manos de Cristo
- Mobile Outreach Team Williamson County Emergency Services
- Partners in Hope
- Pavilion Clubhouse of Williamson County
- People's Community Clinic Austin
- Regarding Cancer
- Round Rock Area Serving Center
- Sacred Heart Clinic
- Shepherd's Heart Food Pantry and Community Ministries
- Taylor Housing Authority
- Taylor ISD
- Taylor Press (east Wilco)
- Texas Department of State Health Services – HSR 7
- The Caring Place
- The College of Health Care Professions – Austin Campus (medical director)
- Travis County Health and Human Services
- Tripp Center
- United Seniors of Taylor (community members)
- United Way for Greater Austin
- UT School of Public Health
- UT Austin
- Williamson County and Cities Health District

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	3%
Maternal and child health	3%
Health behaviors	0%
Behavioral health	30%
Built environment	0%
Housing	7%
Access to care	34%
Chronic disease	11%
Food access	7%

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

1. Behavioral health

2. Access to care

Health needs assessed but not identified as significant

- **Socioeconomic factors:** While the hospital recognized the importance and impact socioeconomic factors have on an individual and community's health, there was also consensus around the needs being adequately addressed by partner community organizations. In addition, the hospital provides funding to local community organizations and non-profits that address various socioeconomic factors in the community.
- **Maternal and child health:** Maternal and child health was not selected as a priority due to the many services and programs offered by the hospital and partner organizations. In addition, the hospital provides financial support to several community organizations that support and address the needs of mothers and their children.
- **Health behaviors:** Many health behaviors are highly correlated with the health needs identified in the CHNA. Hospital and community leaders indicated that health behaviors will be incorporated in strategies focusing on the prioritized health needs. In addition, the hospital implements many programs and initiatives that aim to improve health behaviors within the community, including community screenings, nutrition education and primary care services.
- **Chronic disease:** Chronic disease was not selected as a priority; the hospital is committed to decreasing the rate of chronic disease by 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.

Next steps/Implementation Plans

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

Approval and contact information

The CHNA report was adopted by the Governing Body on May 16, 2025.

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

CommunityHealth@BSWHealth.org

Data sources

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

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

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

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

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

Health Resources & Services Administration: Area Health Resources Files

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

Behavioral Risk Factor Surveillance System (BRFSS)

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

DiversityDataKids.org: Child Opportunity Index 3.0

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

Cook County Sheriff's Office of Research

The Office of Research, Operations and Innovation (ROI) was created in 2019 to improve operational efficiencies and services while reducing costs and enhancing customer experiences for all departments and agencies under Cook County government.

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 U.S. cities. The PLACES Project provides model-based population-level analysis and community estimates to all counties, cities, census tracts and ZIP codes across the United States.

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

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

Appendix

Key Informant Interview Guide

FACILITATION PROTOCOLS

1. Establishing ground rules

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

2. Introductions

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

3. Community strengths

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

4. Health questions

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

(Potential) follow up questions based on health issue selected

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

5. Built environment and social factors

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

(Potential) follow up questions based on community issue

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

6. Action planning

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

7. Next steps

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

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

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

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

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

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

We thank you for your help.

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

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

Chronic diseases

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

Demographics

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

19. What sex were you assigned at birth?

- Male
- Female
- Prefer not to answer

20. What is your gender identity?

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

21. What is your sexual orientation?

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

22. What is your marital status?

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

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

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

24. What is your current employment status?

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

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

- Yes
- No

26. Are you currently working from home?

- Yes
- No
- Hybrid

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

- Yes
- No

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

Your answer is private and confidential.

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

Your home

29. What are your current living arrangements?

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

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

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

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

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

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

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

33. Did you receive any support?

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

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

Immunizations

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

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

- Yes
- No

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

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

Diet and physical activity

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

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

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

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

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

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

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

- Often true
- Sometimes true
- Never true

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

- Yes
- No

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

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

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

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

Substance use

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

- Yes
- No

54. Do you now smoke cigarettes?

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

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

- Yes
- No

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

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

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

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

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

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

- Yes
- No

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

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

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

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

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

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

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

- Yes
- No

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

Cancer screenings

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

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

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

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

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

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

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

Mental health

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

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

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

- Hardly ever
- Some of the time
- Often

77. How often do you feel alone?

- Hardly ever
- Some of the time
- Often

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

Your neighborhood

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

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

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

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

85. Do you feel safe in your neighborhood?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you for taking our survey!

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

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

