

2025 Community Health Needs Assessment

Grapevine Region





Grapevine Region community hospitals

- **Baylor Scott & White Medical Center – Grapevine**
- **Baylor Scott & White Medical Center – Trophy Club**

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



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Our commitment to the communities we serve

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

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

Our system includes:



52
hospitals



1,300
care sites



7,200
active physicians

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

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

Executive summary

Baylor Scott & White Health (BSWH) proudly presents the Community Health Needs Assessment (CHNA) for the Grapevine Region. This assessment is pivotal in understanding the health needs within our community and providing strategic directions for health interventions that align with the needs of the population we serve.

The BSWH Grapevine Region encompasses a diverse community with varying health needs. To ensure a comprehensive understanding of these needs, our CHNA employed a robust methodology incorporating surveys, focus groups and interviews, alongside an analysis of claims data. This mixed-method approach allowed for a detailed and nuanced understanding of the health dynamics within the Grapevine Region.

Our primary objective through this CHNA is to identify and prioritize health issues that require immediate and long-term responses. By collaborating closely with community stakeholders, we aspire to enhance health outcomes and elevate the quality of life for all residents within the region. The collaboration and insights gathered from various community partners have been instrumental in shaping the scope and focus of this assessment.

The methodology for this CHNA was meticulously structured, beginning with the survey phase, which reached a broad segment of the community to gauge general health perceptions and needs. Following this, focus groups were conducted to dive deeper into specific issues identified in the surveys. Interviews with healthcare providers and community leaders provided additional layers of insight, particularly concerning barriers to healthcare access and potential strategies for community-based health improvement.

While specific health themes were not predetermined, the analysis of collected data highlighted several key areas necessitating focused attention. These findings will guide BSWH Grapevine Region in its strategic planning and implementation of health initiatives that are responsive to the real and expressed needs of the community.

In conclusion, the CHNA for BSWH Grapevine Region sets the foundation for ongoing engagement and health improvement strategies within the community. The findings from this assessment will direct resource allocation and program development to areas where they are most needed. BSWH Grapevine Region remains committed to leveraging this CHNA to foster a healthier community, guided by the principles of equity, collaboration and excellence in care.

We thank all participants, community partners and stakeholders for their invaluable contributions to this assessment. Together, we are dedicated to creating a healthier future for the Grapevine Region.

CHNA process

Introduction

The Grapevine Region community health assessment aims to identify and address the health needs of the community through collaboration with various community partners. The primary data used in this report includes surveys, focus groups, interviews, claims data and Metopio. This report will provide an overview of each data type and how it was utilized to understand and address the community's health needs.

Survey

Surveys are an essential tool for collecting data from a specific population to analyze trends, attitudes or opinions using questionnaires or interviews. They can help identify health behaviors, mental health issues and community needs within the Grapevine Region. Survey questions included health behaviors, mental health and questions about the Grapevine Region service area community. 771 surveys were completed in the Grapevine community. To ensure surveys included feedback from diverse and underserved populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations.

Focus groups

Focus groups are small group discussions guided by a moderator to provide insights into participants' perceptions, opinions and attitudes. They can help identify community health needs and inform program implementation. The focus groups in the Grapevine Region covered topics such as access to care, built environment and socioeconomic factors. Two focus groups were completed in the Grapevine Region. To ensure focus groups provided information from diverse populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations.

The hospitals also considered written input received on their most recently conducted CHNA and subsequent implementation strategies if provided. The assessment is available for public comment or feedback on the report findings by going to the BSWH website ([BSWHealth.com/CommunityNeeds](https://www.bswhealth.com/communityneeds)) or by emailing CommunityHealth@BSWHealth.org.

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

- Denton County
- Tarrant County Health Department
- Fort Worth Housing Authority
- Grace Community Clinic
- Tarrant Area Food Bank
- Denton County Health Department

Interviews

Interviews are direct one-on-one conversations where the interviewer seeks in-depth information on the interviewee's views, experience or knowledge on a specific subject. They can provide detailed insights into community health challenges and inform program implementation. One interview was completed in the Grapevine Region.

Metopio (secondary data)

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

CHNA process

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



Approach to identifying and prioritizing significant health needs

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

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

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

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

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

Significant health needs:

- Chronic disease
- Health behaviors

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

1. Chronic disease
2. Health behaviors

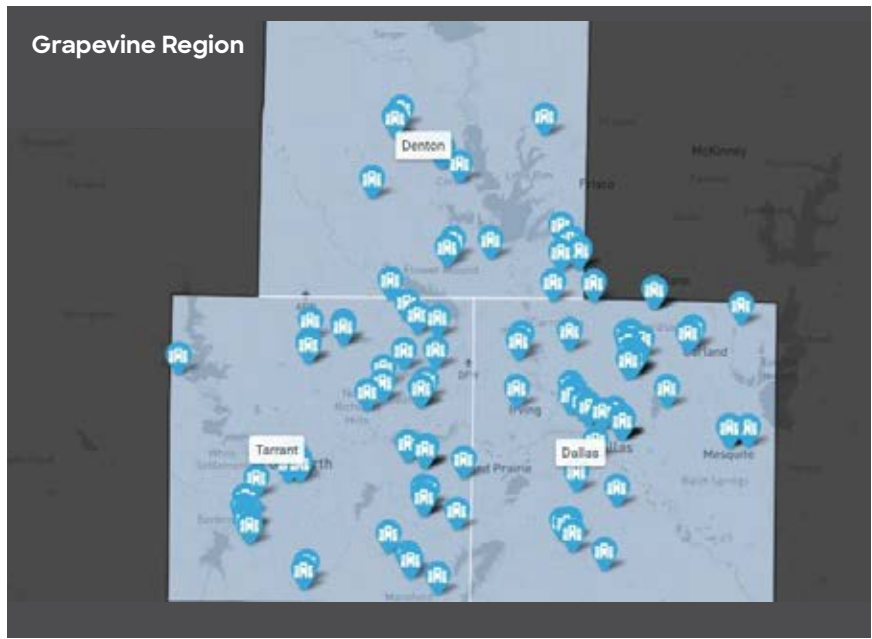
Demographics

Overview

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

- **Baylor Scott & White Medical Center - Grapevine**
- **Baylor Scott & White Medical Center - Trophy Club**

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



Total population

5,632,777



Median household income

\$72,591



Median age

34.9



% of Spanish primary language

23.46%

% of Asian primary languages

4.46%

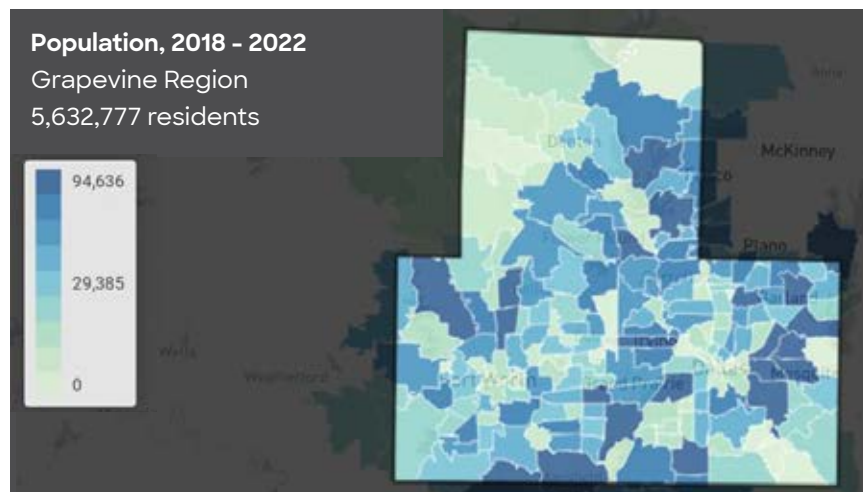
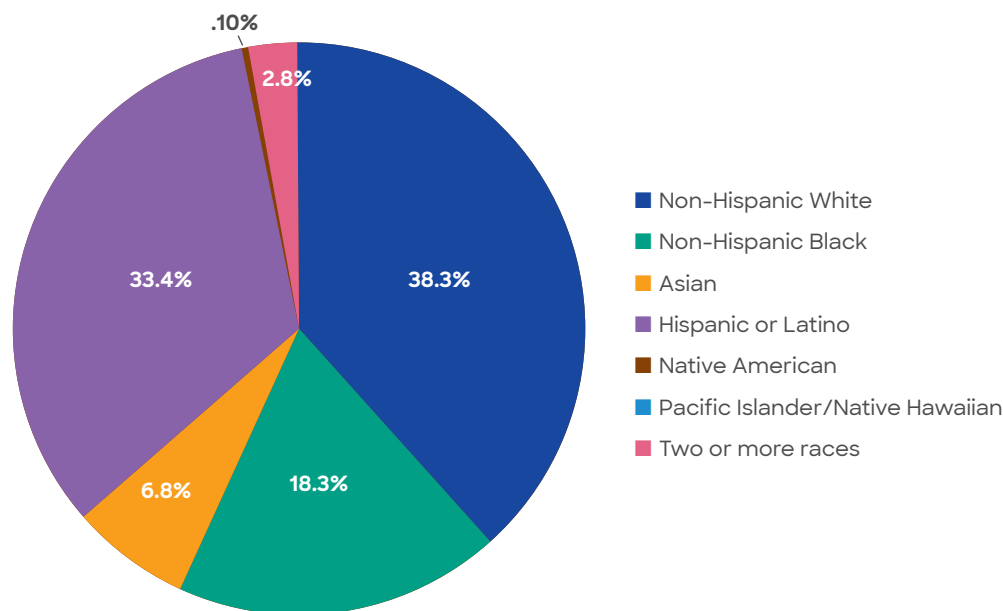
Race/ethnicity

In the Grapevine Region, the racial and ethnic composition is quite diverse, with Non-Hispanic Whites making up approximately 38.28%, Non-Hispanic Blacks 18.33%, Asians 6.84%, Hispanics or Latinos 33.43%, Native Americans 0.18%, Pacific Islanders 0.10%, and those identifying with two or more races at 2.84%. This diversity indicates a rich cultural tapestry but also highlights the need for culturally competent healthcare services and community programs that are inclusive of various cultural practices and languages.

Comparatively, the Grapevine Region has a higher percentage of Hispanic or Latino residents and a significantly lower percentage of Non-Hispanic Whites compared to both the state of Texas and the United States. The higher diversity in the region compared to the national average suggests that local services and policies need to be particularly attuned to the needs of these communities, such as language translation services and culturally specific health and educational programs.

Population by race/ethnicity, 2018 - 2022

Grapevine Region

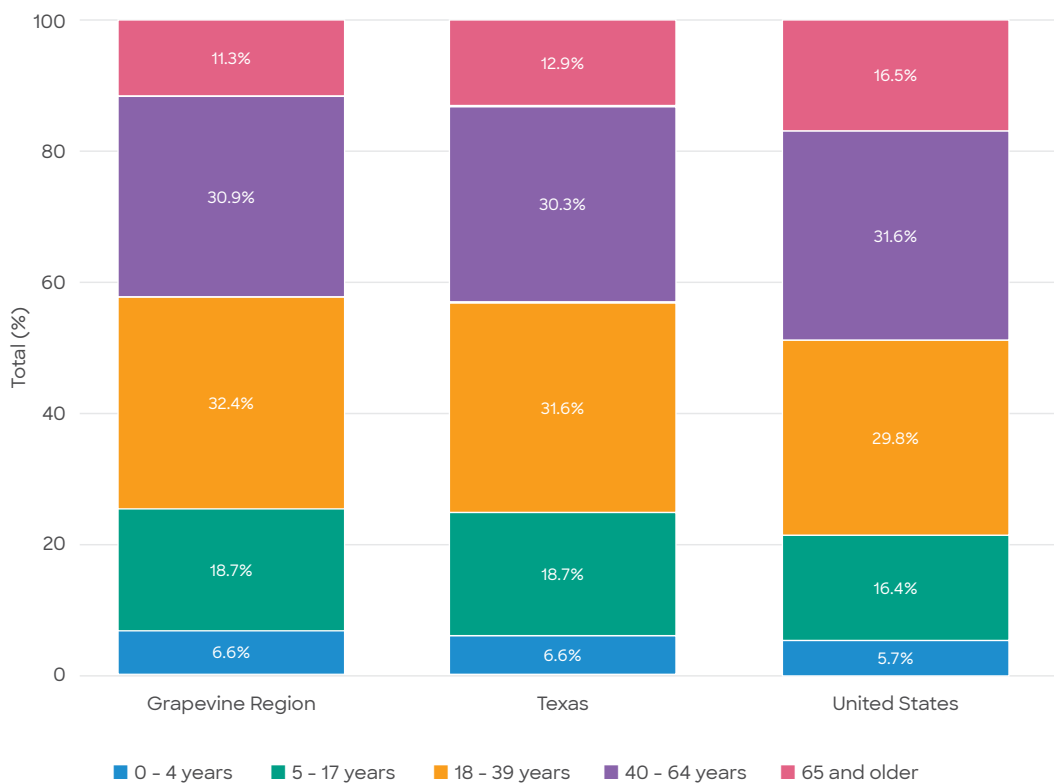


Age distribution

The age distribution in the Grapevine Region shows a youthful demographic, with 6.64% of the population under 4 years, 18.72% between 5 to 17 years, 32.38% between 18 to 39 years, 30.93% between 40 to 64 years, and 11.33% aged 65 and older. This spread indicates a substantial young and working-age population, emphasizing the need for robust educational facilities and employment opportunities.

When compared to Texas and the United States, the Grapevine Region has a slightly higher proportion of residents in the 18 to 39 age group and a lower proportion of seniors. This youthful demographic suggests a dynamic workforce but also underscores the importance of planning for adequate healthcare and social services that cater to an aging population in the future.

Population by age, 2018 - 2022



Health needs

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



Access to care

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Behavioral health

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Built environment

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Chronic disease

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Food access

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Health behaviors

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Housing

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Maternal and child health

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Socioeconomic factors

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Access to care

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

What we heard from the community

Access to care is a critical component of health equity, reflecting the ability of individuals to obtain necessary medical services, which directly affects health outcomes. Numerous challenges hinder effective access to care, including disparities in specialty care between regions and inequitable hospital systems. Insurance accessibility issues, such as the complexity of Medicaid and marketplace plans, exacerbate these challenges. Additionally, logistical issues such as inadequate public transportation and insufficient healthcare facilities contribute to the difficulties faced by residents in obtaining timely and appropriate healthcare services.

Community members express significant concerns regarding the barriers to accessing care. They highlight issues such as the unavailability of specialty care outside of Dallas County, the inefficiency of the local safety net hospital system and the cumbersome process of insurance navigation. The unwinding of Medicaid and CHIP extensions post-COVID-19 has further complicated access, alongside the requirement for frequent application renewals. The scarcity of Federally Qualified Health Centers (FQHCs) is also a major issue, making it difficult for many to receive the care they need within a reasonable distance or timeframe.

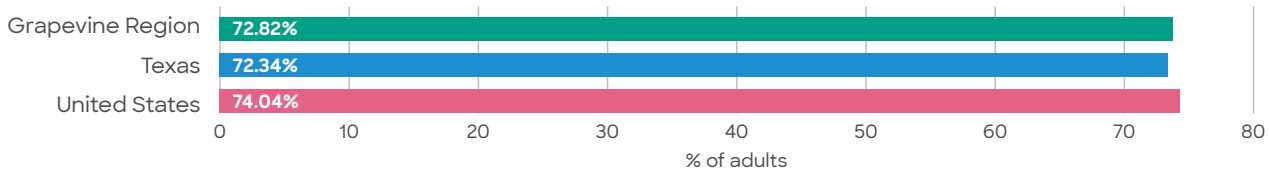
Several direct quotes from community members illustrate these points vividly: “The safety net hospital system for Tarrant County is not equitable,” and “Texas requires you to reapply every six months.” Another community member expressed frustration over appointment scheduling: “I’ve tried to book an appointment with my primary care provider, and I can’t get in for months.” These statements underscore the pressing need for systemic improvements to enhance access to healthcare services, ensuring that all residents can obtain the care they need without undue burden or delay.

Topic	Grapevine Region	Texas	United States
Dentists per capita <i>dentists per 100,000 residents, 2024</i>	131.4	102.7	105.2
Internet access <i>% of households, 2022</i>	95.23 ±0.34	93.82 ±0.21	93.59 ±0.10
Medicaid coverage <i>% of residents, 2022</i>	14.91 ±0.43	16.86 ±0.22	21.23 ±0.09
Mental health providers per capita <i>providers per 100,000 residents, 2024</i>	358.7	332.3	602.7
No vehicle available <i>% of households</i>	5.47 ±0.33	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



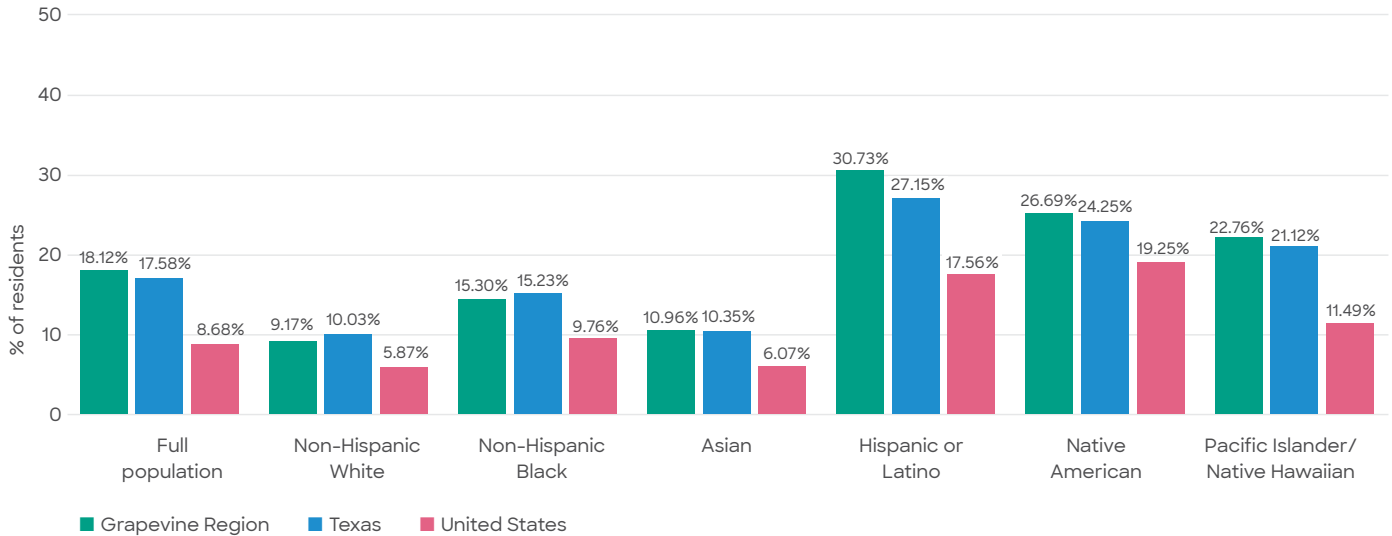
Routine checkups are a fundamental component of preventive healthcare, with the Grapevine Region, Texas and the United States showing similar rates of 72.82%, 72.34% and 74.04%, respectively. The impact of regular health checkups on the community is significant, as they facilitate early detection of diseases, guide lifestyle adjustments and reduce the overall healthcare burden by preventing severe health complications. This proactive approach in healthcare is crucial for maintaining public health and ensuring the well-being of the community.

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

Uninsured rate

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

Uninsured rate by race/ethnicity, 2018 - 2022



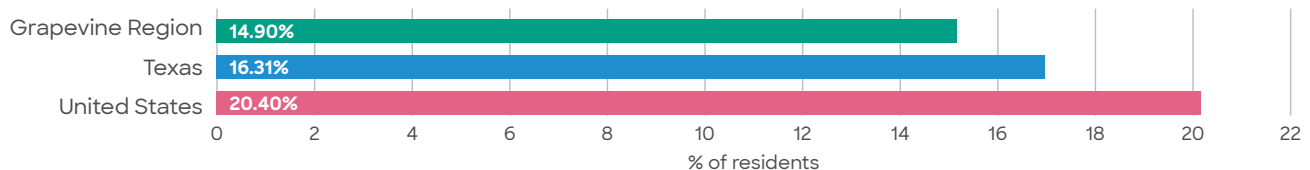
The uninsured rate in the Grapevine Region is higher than the statewide and national averages at 18.12%. The rate is highest among the Hispanic or Latino population at 30.73%. The impact of these high uninsured rates is profound, affecting access to healthcare services and overall community health.

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



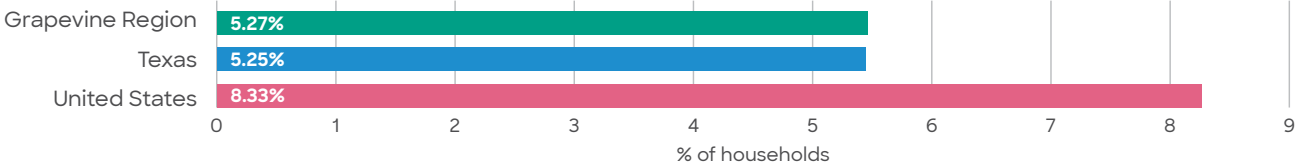
Medicaid coverage remains a critical aspect of healthcare accessibility, particularly shown through varying rates across different regions. In the Grapevine Region, 14.9% of the population benefits from Medicaid, which is slightly lower than the Texas state average of 16.31% and significantly below the national average of 20.4%. This discrepancy underscores the potential challenges faced by residents in accessing affordable healthcare services.

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

No vehicle available

Percentage of occupied households with no vehicles available.

No vehicle available, 2018 - 2022



The availability of vehicles is crucial for accessing essential services and opportunities. The rate of occupied households with no vehicles available is 5.27% in the Grapevine Region, similar to the state average of 5.25%.

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 concerns, encompassing mental health and substance abuse issues, represent significant unmet needs within the community. The excerpts reveal a critical shortage of behavioral health services such as counseling and therapy for conditions like depression and anxiety. The long waitlists for these services, alongside the lack of sufficient resources to connect individuals to needed help, underscore the pressing demand for expanded mental healthcare. Moreover, the community's transition out of the pandemic has further intensified the focus on mental health.

The community members articulate a strong desire for more proactive and accessible behavioral health interventions. Suggestions include implementing educational sessions like lunch and learns, enhancing awareness about mental health, and strengthening networks of therapists, counselors and psychiatrists. Additionally, there is a noted lack of psychologists who speak Spanish, which points to a significant barrier in meeting the diverse needs of the community. The need for affordable psychological services is also emphasized, as cost remains a prohibitive factor for many seeking help.

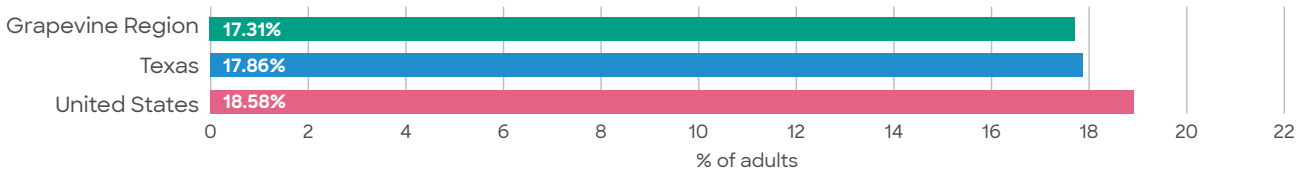
Direct quotes such as “The wait list is incredibly long for behavioral health counseling services” and “There are no psychologists who speak Spanish” highlight specific gaps in service provision that affect accessibility and inclusivity.

Topic	Grapevine Region	Texas	United States
Binge drinking <i>% of adults, 2022</i>	17.31 ±1.30	17.86 ±0.63	18.58 ±0.20
Depression <i>% of adults, 2022</i>	20.44 ±1.27	21.82 ±0.63	22.53 ±0.20
Drug overdose mortality <i>deaths per 100,000, 2022</i>	19.64 ±0.97	18.24 ±0.41	32.57 ±0.17
Mental health providers <i>providers, 2024</i>	19,446	89,851	1,946,128
Poor self-reported mental health <i>% of adults, 2022</i>	16.64 ±0.80	17.83 ±0.40	17.35 ±0.12

Binge drinking

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

Binge drinking, 2022



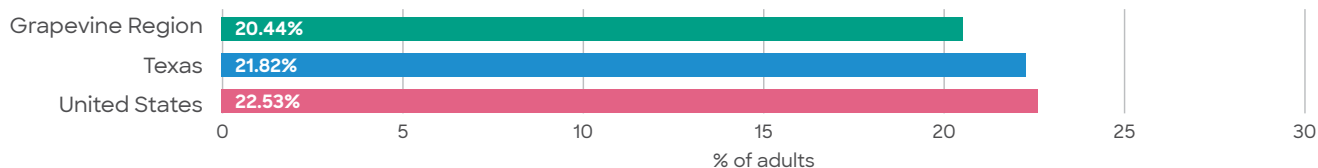
Binge drinking remains a notable public health concern across various regions, with prevalence rates indicating a significant impact on communities. In the Grapevine Region, approximately 17.31% of the population engages in binge drinking, slightly lower than the Texas state average of 17.86% and the national average of 18.58%.

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

Depression

Prevalence of depression among adults 18 years and older.

Depression, 2022



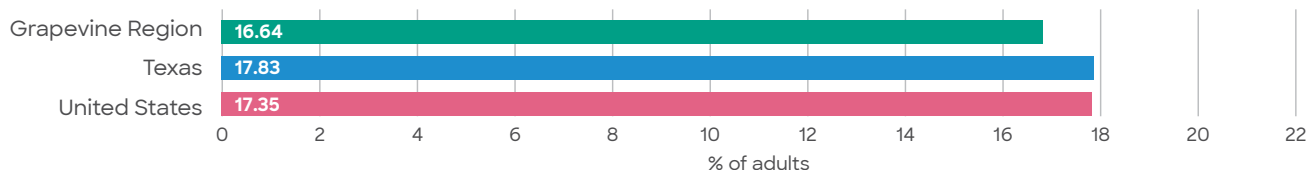
Depression rates across the United States reveal significant regional variations that impact communities differently. In the Grapevine Region, the depression rate stands at 20.44%, slightly lower than the Texas state average of 21.82% and the national average of 22.53%. Enhanced mental health services and community support systems are essential to mitigate the impact of depression and improve overall community well-being.

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

Poor self-reported mental health

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

Poor self-reported mental health, 2022

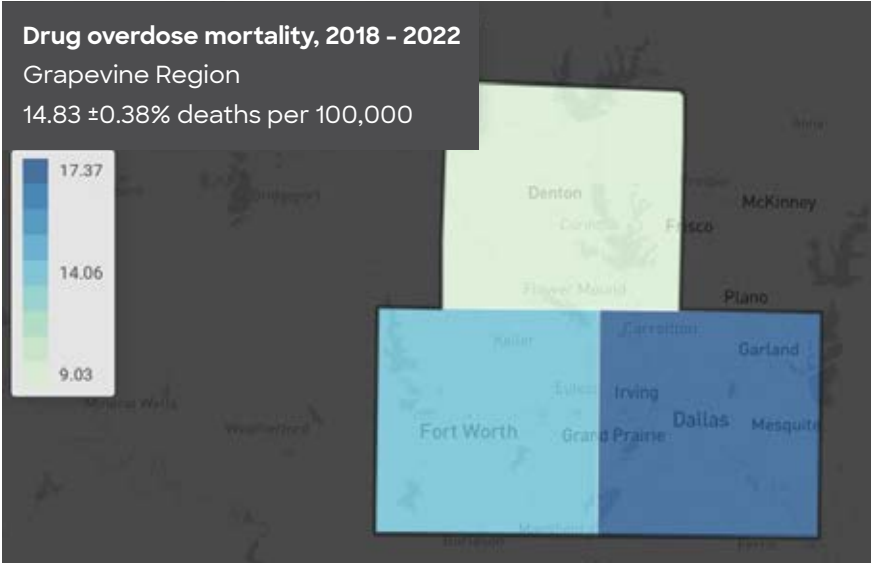


Poor self-reported mental health is a critical issue affecting diverse populations, with distinct impacts across different regions. In the Grapevine Region, approximately 16.6% of the population reports poor mental health, which is slightly lower than the Texas state average of 17.8% and the national average of 17.4%. Efforts must focus on improving healthcare infrastructure and public awareness to mitigate the impact of mental health issues on these communities.

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

Drug overdose mortality

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



The data concerning drug overdose mortality in several Texan counties, including Dallas, Denton and Tarrant, indicates variable impacts across this area over the period of 2018 - 2022. Specifically, Dallas County witnessed the highest rate with 17.4 deaths per 100,000 residents, suggesting a significant challenge in addressing drug-related health issues. Addressing these concerns effectively could lead to improved health outcomes and a reduction in the burden of drug overdoses on local healthcare systems.

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



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

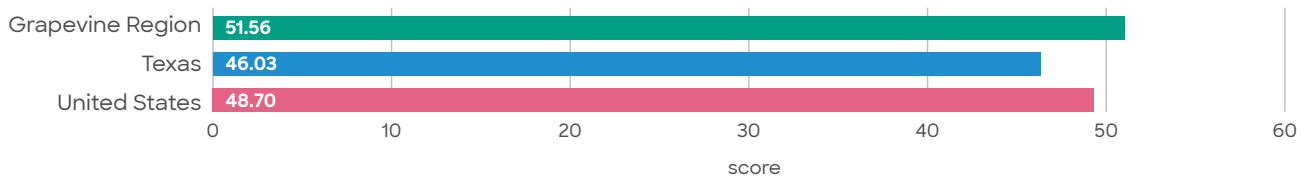
The built environment significantly influences public health, particularly through accessibility to healthcare, transportation and essential services. The local safety net hospital system and public transportation are described as inequitable, directly impacting residents’ ability to seek timely and adequate medical care and other services. Additionally, issues such as food insecurity, expensive housing and inadequate child care facilities further exacerbate the challenges faced by the community. These factors collectively highlight the urgent need for enhanced infrastructure and services to improve health outcomes. Residents report severe challenges such as skyrocketing rent, overcrowded living conditions and limited access to nutritious food. Public transportation limitations hinder access to vital services and job opportunities, impacting overall community well-being.

Topic	Grapevine Region	Texas	United States
Drive alone to work <i>% of workers 16 years and older, 2022</i>	69.74 ±0.68	71.17 ±0.29	68.66 ±0.09
Environmental Burden Index <i>2022</i>	51.56	46.03	48.70
Green space proximity <i>% of area, 2022</i>	59.64	6.06	20.62
Internet access <i>% of households, 2022</i>	95.23 ±0.34	93.82 ±0.21	93.59 ±0.10
Lifetime inhalation cancer risk <i>lifetime risk per million, 2019</i>	29.5	20.9	16.1

Environmental Burden Index

Composite index consisting of a place’s exposure to harmful environmental factors relating to air quality, pollution and built environment. Higher values indicate a larger burden.

Environmental Burden Index, 2022



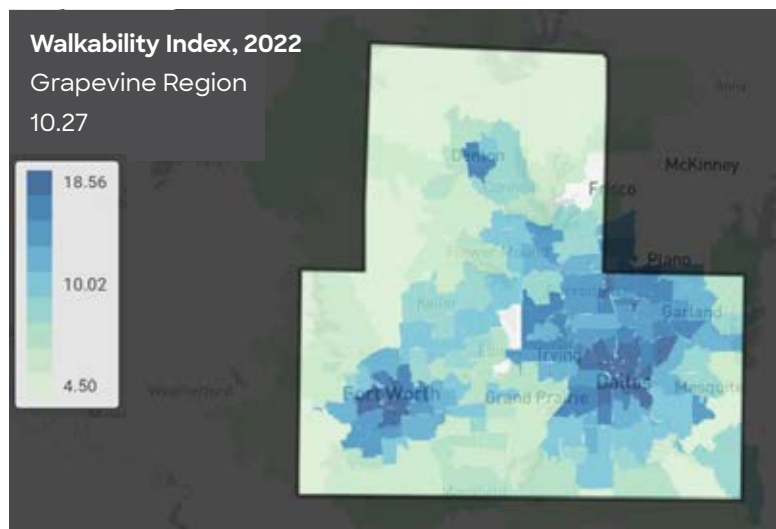
The Environmental Burden Index (EBI) reveals differing levels of environmental stress across various regions, which directly affect community health and well-being. In the Grapevine Region, the EBI stands at 51.56, which is notably higher than both the Texas state average of 46.03 and the national average of 48.7, indicating a more pronounced environmental impact on its residents.

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

Walkability Index

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

The Walkability Index provides a crucial measure of the ease with which residents can navigate their neighborhoods on foot, considering factors such as intersection density and proximity to amenities. This index has been applied across various locations in Texas, highlighting differing levels of pedestrian-friendliness within the state. In particular, urban areas like Dallas exhibit higher walkability scores, which can significantly enhance community health by encouraging physical activity and reducing reliance on vehicular transport. These findings underscore the importance of urban planning that prioritizes walkable environments to foster healthier, more sustainable communities.

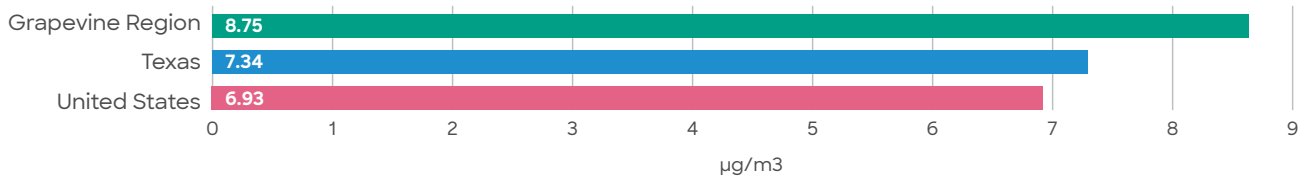


Data sources: Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index

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



The Grapevine Region exhibits a higher concentration of particulate matter (PM 2.5) compared to both the state of Texas and the United States as a whole, indicating a potential area of concern for environmental health and air quality. Elevated levels of PM 2.5 can significantly impact community health, leading to increased respiratory issues, cardiovascular diseases and other health problems among residents. Addressing these elevated particulate matter concentrations through enhanced monitoring and targeted policy interventions is crucial to improve air quality and safeguard public health in the region.

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



Chronic disease

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

What we heard from the community

Chronic diseases, such as diabetes, hypertension, chronic kidney disease, heart disease and arthritis, significantly impact community health by necessitating ongoing monitoring and treatment. These conditions not only degrade the quality of life but also increase the burden on healthcare systems. The management of chronic diseases is complex and requires a multifaceted approach, including regular screening, effective management of diet and patient education. Programs like Food Is Medicine are crucial, as they integrate dietary education with disease management, which is particularly beneficial for patients with conditions like uncontrolled diabetes and hypertension.

The community has expressed a need for more accessible healthcare services, particularly for those living with chronic conditions. Many individuals face challenges in obtaining timely appointments with primary care providers, which can exacerbate their conditions. The introduction of educational programs and specialist services, such as nephrology consultations to delay dialysis, shows a proactive approach to managing chronic diseases. However, the availability of such services is still limited, and there is a call for more comprehensive support, including better screening for related issues like food insecurity that directly impact disease management.

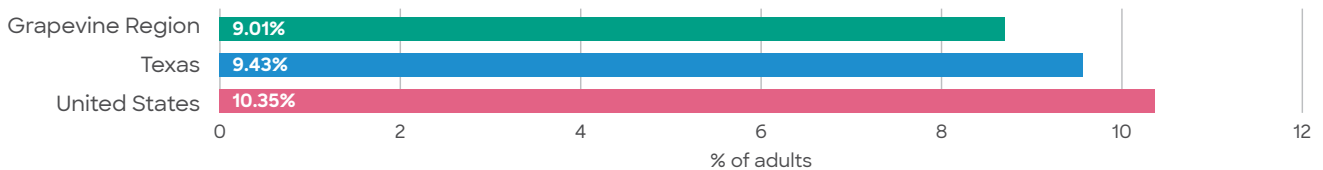
Community feedback highlights specific concerns, such as “I have arthritis and I have not found a doctor.” These statements underline the need for enhanced access to healthcare services and specialists to manage chronic diseases effectively. By increasing the availability of educational and preventive care, communities can better manage these health challenges and improve overall public health outcomes.

Topic	Grapevine Region	Texas	United States
Chronic kidney disease <i>% of adults, 2021</i>	3.0 ±0.1	3.1 ±0.1	2.9 ±0.0
Chronic obstructive pulmonary disease (COPD) <i>% of adults, 2022</i>	5.72 ±0.30	6.23 ±0.16	6.37 ±0.05
Coronary heart disease <i>% of adults, 2022</i>	5.83 ±0.29	6.27 ±0.15	5.82 ±0.05
Current asthma <i>% of adults, 2022</i>	9.01 ±0.55	9.43 ±0.27	10.35 ±0.09
Diagnosed diabetes <i>% of adults</i>	12.4 ±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



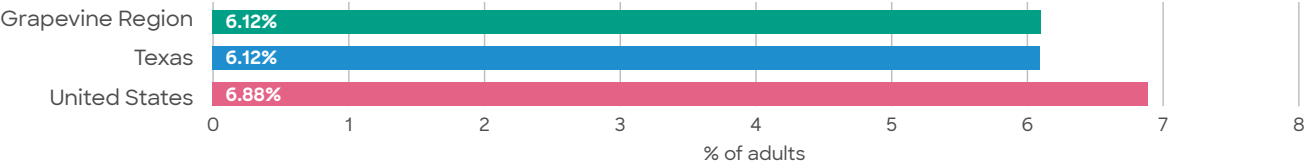
Asthma remains a significant health concern across different regions, as highlighted by recent statistics comparing the prevalence of current asthma cases. In the Grapevine Region, the rate stands at approximately 9%, which is slightly lower than the state average in Texas at about 9.4%. Both these figures are still below the national average in the United States, which is around 10.4%.

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

Have ever had cancer

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

Have ever had cancer, 2022



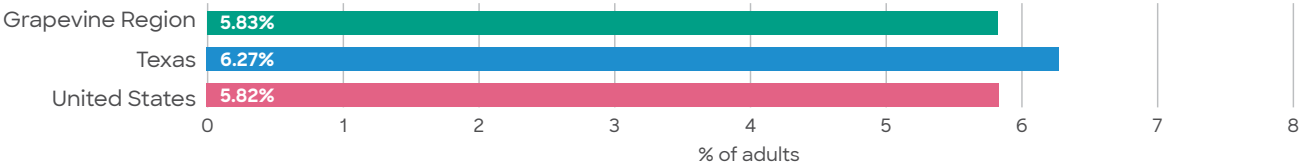
Cancer prevalence in the Grapevine Region and Texas mirrors the national average, with approximately 6.12% of individuals reporting a history of cancer, slightly lower than the 6.88% observed across the United States. Addressing this health concern is crucial for improving community well-being and reducing long-term healthcare costs.

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

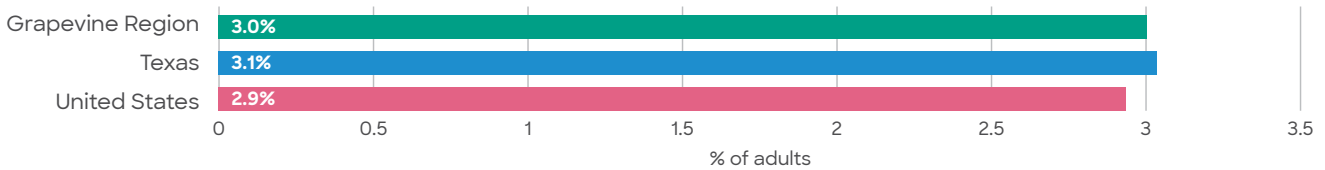


Coronary heart disease presents a significant health concern across different regions, with varying impacts from local to national levels. In the Grapevine Region, the prevalence is slightly lower at 5.83% compared to Texas as a whole, where it stands at 6.27%.

Chronic kidney disease

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

Chronic kidney disease, 2021



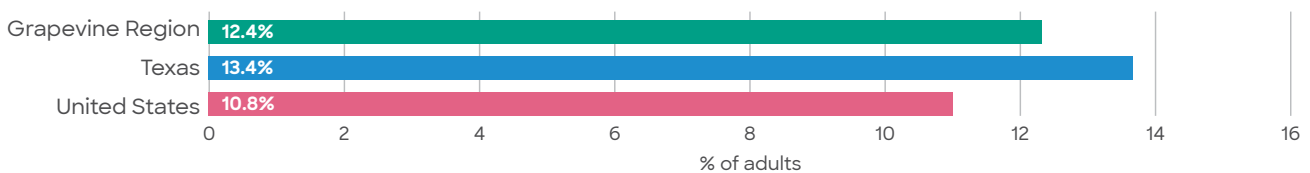
Chronic kidney disease presents a slightly higher prevalence in Texas, including the Grapevine Region, compared to the national average in the United States. In Grapevine, the incidence rate stands at 3.03%, closely trailing the state average of 3.09%, whereas the United States average is notably lower at 2.85%.

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

Diagnosed diabetes

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

Diagnosed diabetes, 2022



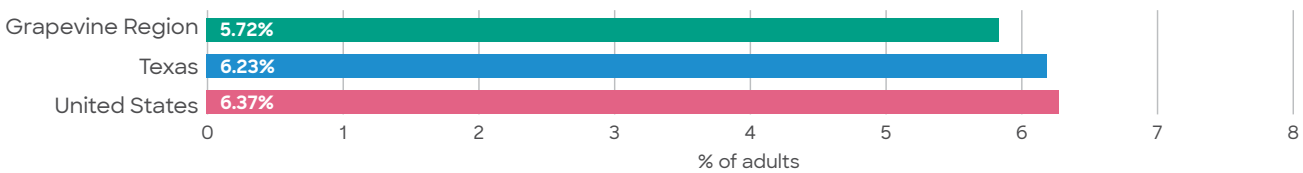
Diabetes remains a significant public health issue, notably in regions like the Grapevine Region and Texas, where diagnosed diabetes rates stand at 12.4% and 13.37%, respectively, surpassing the national average of 10.84%. Addressing diabetes is crucial for improving overall community health and reducing long-term healthcare costs associated with diabetes management.

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

Chronic obstructive pulmonary disease (COPD)

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

Chronic obstructive pulmonary disease (COPD), 2022



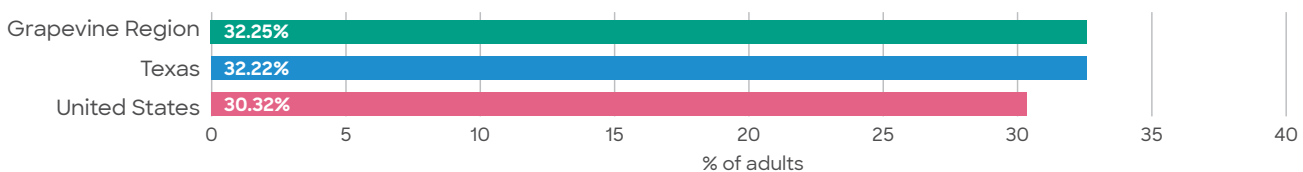
Chronic obstructive pulmonary disease (COPD) presents distinct challenges across different regions, as evidenced by varying prevalence rates. The Grapevine Region reports a COPD rate of approximately 5.72%, which is lower than both the Texas state average of 6.23% and the national average of 6.37%.

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

High blood pressure

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

High blood pressure, 2022



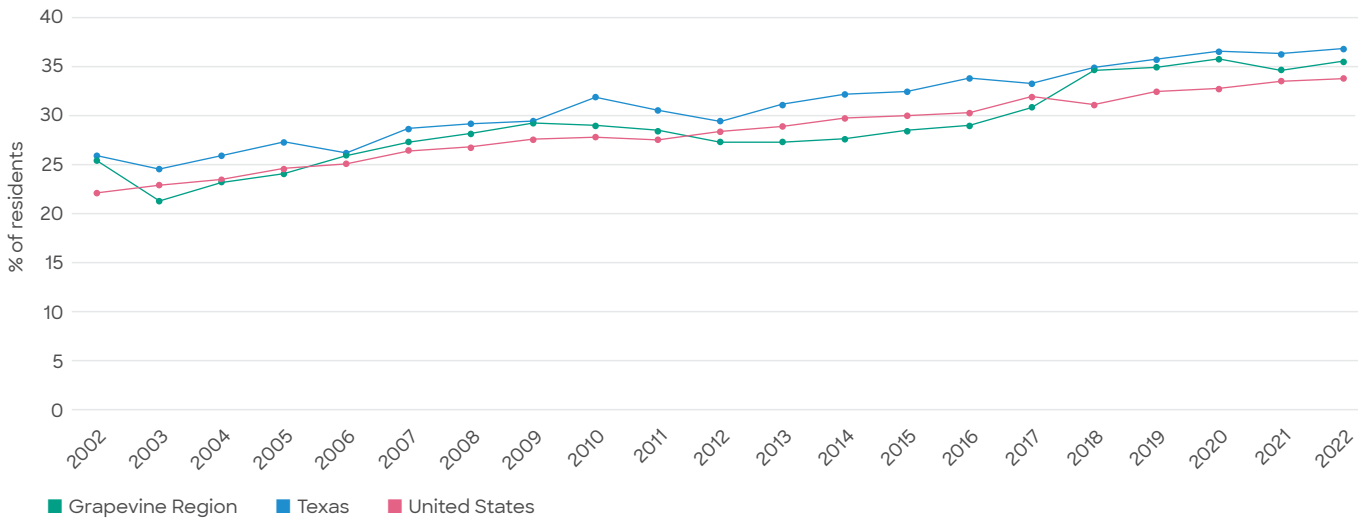
High blood pressure remains a significant health concern across different regions. In the Grapevine Region, the prevalence of high blood pressure is slightly higher at 32.25%, closely followed by Texas at 32.22%, compared to the national average of 30.32%. This slight elevation in local figures suggests a critical need for targeted health interventions and public awareness campaigns to manage and reduce high blood pressure within these communities. Addressing this issue effectively can lead to improved community health outcomes and reduced strain on local healthcare systems.

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 (full population)



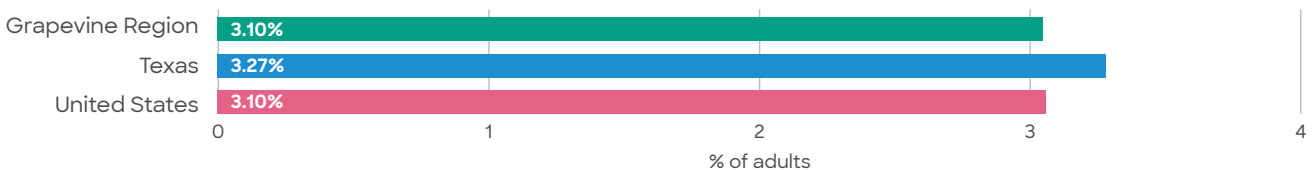
Obesity rates in the Grapevine Region and Texas surpass the national average. With 35.23% of the Grapevine Region’s population and 36.76% in Texas affected, compared to 33.83% nationally, the impact on community health includes increased healthcare costs and a higher prevalence of related diseases such as diabetes and heart disease. Addressing this issue through targeted health initiatives and educational programs is essential to improving overall community well-being and reducing the burden on healthcare systems.

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

Diagnosed stroke

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

Diagnosed stroke, 2022



Stroke prevalence in the Grapevine Region stands at 3.1%, mirroring the national average but slightly lower than Texas’ 3.27%.

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



Food access

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

What we heard from the community

Food access is a critical aspect of community health, influencing the availability of nutritious food options and impacting the overall wellness of populations. The lack of sufficient food access can lead to food insecurity, which is directly connected to several poor health outcomes such as diabetes, hypertension and obesity. Initiatives to improve food access often include the establishment of food pantries, organic gardens and partnerships with local food banks to increase the availability of fresh produce and healthy food options. Educational programs related to nutrition and cooking classes are also integral in empowering community members to make healthier food choices. Moreover, the presence of food deserts, areas with limited access to affordable and nutritious food, exacerbates the challenge of maintaining a balanced diet, especially in underserved communities.

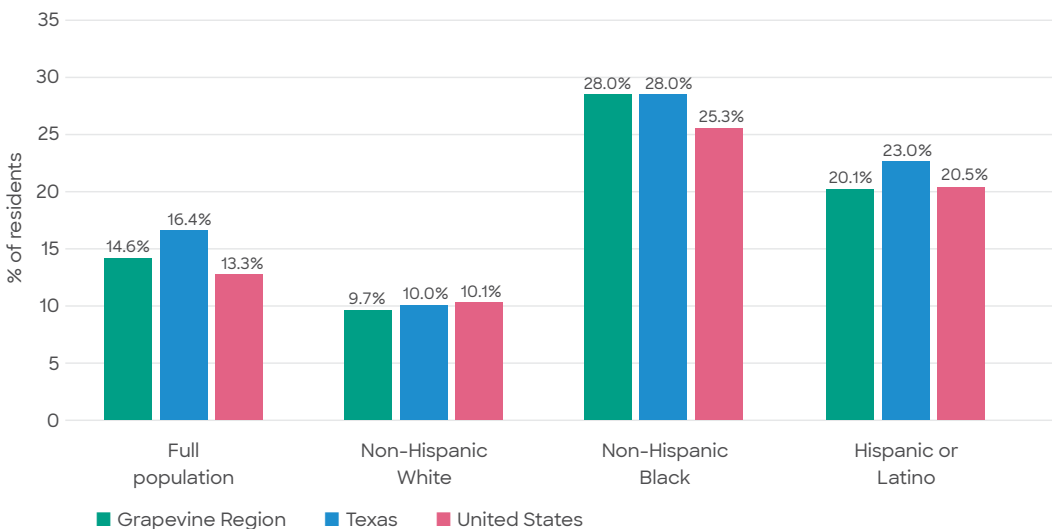
Community members have actively engaged in various initiatives to improve food access. They have established food pantries and organic gardens, and some have partnered with organizations like Tarrant Area Food Bank to enhance the quality and quantity of food provided. Programs such as Food Is Medicine have been implemented to educate patients with chronic conditions on the importance of nutrition. Additionally, there are efforts to assist community members in navigating programs like SNAP, which supports eligible individuals in obtaining food. Despite these efforts, challenges such as inflation and the geographic distribution of grocery stores continue to hinder the consistent supply of nutritious food, indicating a need for ongoing and enhanced interventions. Quotes from community members highlight these challenges: “Food access is a big one. Grapevine is considered a food desert.”

Topic	Grapevine Region	Texas	United States
Food insecurity <i>% of residents, 2022</i>	14.6	16.4	13.3
Food stamps (SNAP) <i>% of households, 2022</i>	9.64 ±0.48	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>	68.39 ±1.66	61.70 ±0.61	58.90 ±0.23
Low food access <i>% of residents, 2019</i>	62.07	56.97	50.24

Food insecurity

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

Food insecurity by race/ethnicity, 2022



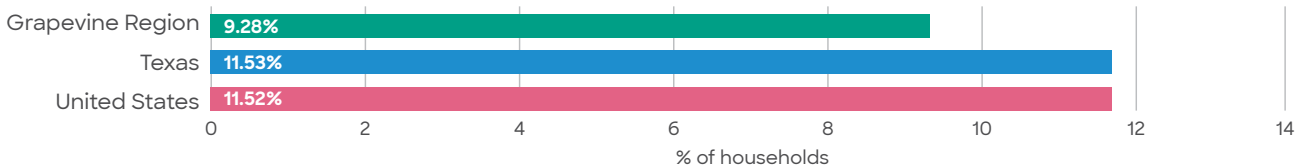
Food insecurity remains a significant challenge across different regions and demographic groups in the United States. In the Grapevine Region, 14.58% of the full population faces food insecurity, slightly above the national average of 13.3% but lower than the Texas state average of 16.4%. Non-Hispanic Black and Hispanic or Latino populations are disproportionately affected, with rates of 27.98% and 20.14%, respectively, in Grapevine, compared to 28% and 23% in Texas and 25.3% and 20.49% nationally.

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



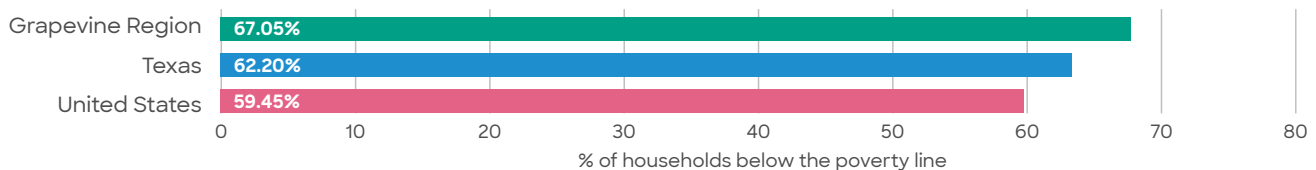
The usage of food stamps (SNAP) highlights regional disparities and the broader national reliance on food assistance programs. In the Grapevine Region, 9.28% of the population utilizes SNAP, which is lower than the Texas state average of 11.53% and the national average of 11.52%. This indicates a slightly lesser dependency on SNAP in Grapevine compared to the broader state and national figures, suggesting regional economic variations.

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

Households in poverty not receiving food stamps (SNAP)

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

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



In the Grapevine Region, a significant 67.05% of households living in poverty are not receiving food assistance through SNAP, surpassing both the state of Texas and the national average, which stand at 62.2% and 59.45%, respectively. This data illustrates a gap in the support system intended to aid those most in need, potentially exacerbating the challenges faced by impoverished communities in accessing sufficient nutrition and basic needs. Addressing this disparity is crucial for enhancing the quality of life and stability within these communities, suggesting a need for targeted outreach and policy adjustments to better serve and support vulnerable populations.

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 variety of actions individuals take that affect their health, encompassing everything from diet and exercise to seeking medical care and managing chronic conditions. The excerpts from community members highlight several challenges within this theme, including disparities in access to specialty care, late entry into prenatal care and insufficient mental health services. These behaviors and issues are critical as they directly affect the overall health and well-being of the population. The community members also emphasize the importance of education about proper healthcare utilization and the role of nutrition in managing health conditions such as diabetes and hypertension.

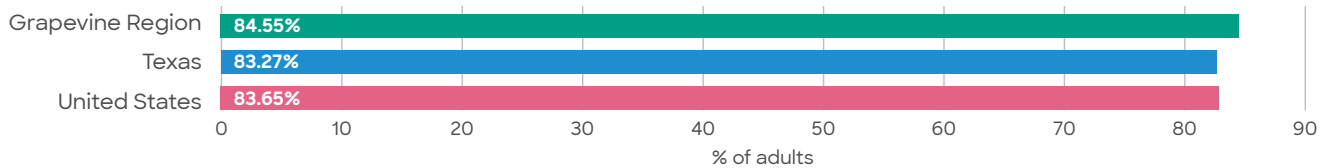
Community members have expressed considerable frustration regarding the lack of adequate health services, particularly in mental health and chronic disease management. There is a noted disparity in the availability of specialty care between different counties, which affects how residents manage their health conditions. The lack of timely and accessible healthcare services leads many to enter care late or remain uninformed about their health management options. Moreover, the community feels the pressing need for more comprehensive health education and preventive measures to manage and mitigate health issues effectively.

Topic	Grapevine Region	Texas	United States
Cholesterol screening <i>% of adults, 2021</i>	84.55 ±1.29	83.27 ±0.67	83.65 ±0.20
Cigarette smoking rate <i>% of adults, 2022</i>	13.4 ±0.8	14.8 ±0.4	14.6 ±0.1
Colorectal cancer screening <i>% of adults, 2022</i>	54.98 ±2.14	54.64 ±1.07	58.85 ±0.32
Mammography use <i>% of female adults, 2022</i>	76.60 ±2.89	73.79 ±1.55	75.65 ±0.45
No exercise <i>% of adults</i>	26.0 ±1.5	27.6 ±0.8	23.7 ±0.2

Cholesterol screening

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

Cholesterol screening, 2021



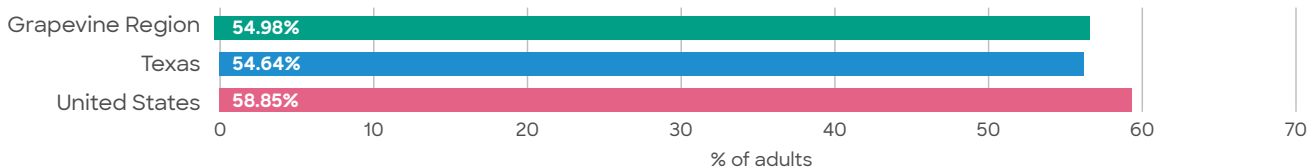
Cholesterol screening rates in the Grapevine Region are slightly higher than both the statewide average in Texas and the national average in the United States.

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

Colorectal cancer screening

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

Colorectal cancer screening, 2022



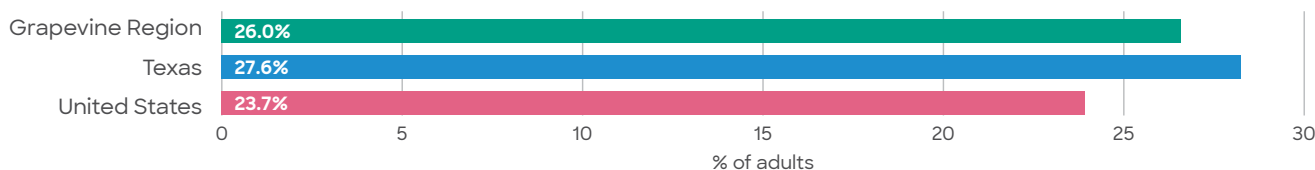
Colorectal cancer screening rates reveal significant insights into public health engagement and cancer prevention efforts across different regions. In the Grapevine Region, the screening rate stands at approximately 55%, marginally higher than Texas' average of around 54.6% but below the national average of nearly 58.85%.

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

No exercise

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

No exercise, 2022



The prevalence of no exercise across different regions highlights significant public health concerns, particularly when comparing local data to national averages. In the Grapevine Region, 26.04% of the population does not engage in regular physical activity, slightly below Texas’ average of 27.64% but above the United States average of 23.68%.

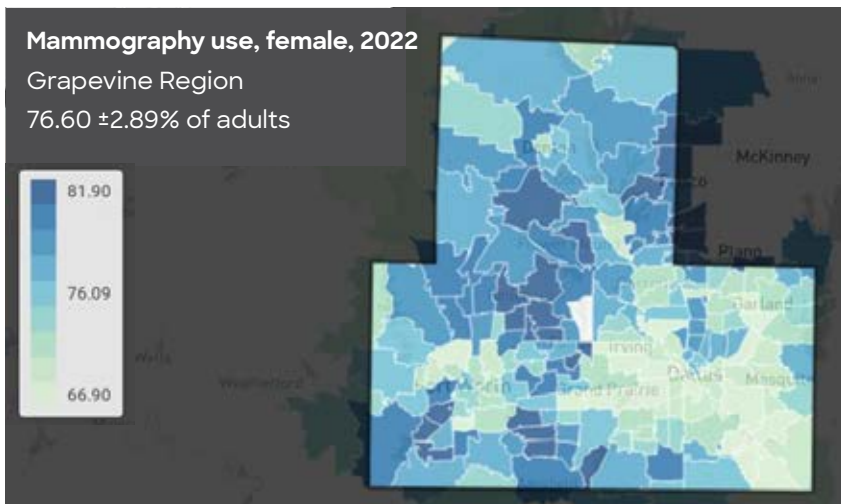
Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts)), Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data prior to 2019)

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 in various ZIP codes of Texas demonstrates a significant commitment to breast cancer screening, with percentages generally ranging from about 67.9% to 81.9% in 2022. The impact of these screening rates

on community health is profound, as the early detection of breast cancer can greatly enhance treatment success and reduce mortality rates, highlighting the importance of equitable healthcare services and education on mammography benefits across all regions.



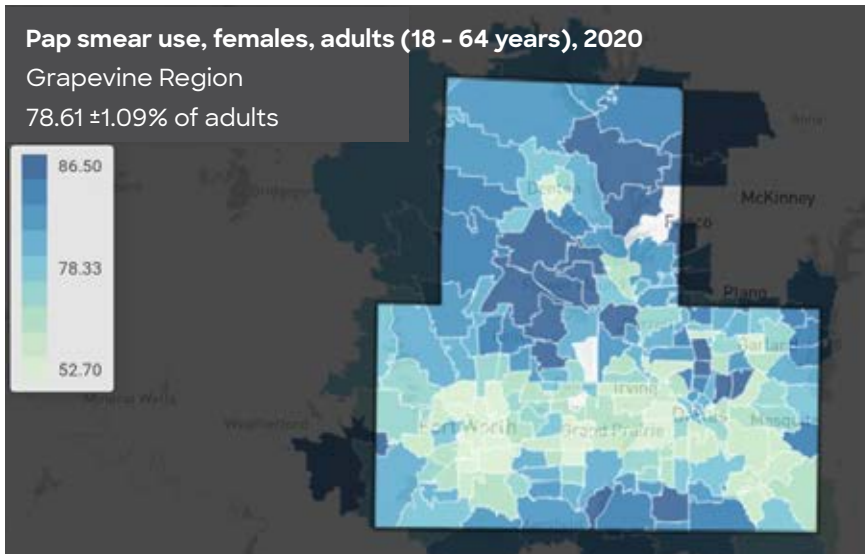
Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts))

Pap smear use

Percentage of resident female adults aged 18 - 64 years who report having had a Papanicolaou (Pap) smear within the previous three years for detection and prevention of cervical cancer.

Pap smear screenings play an integral role in the early detection and prevention of cervical cancer among women aged 21 - 65 years in various ZIP codes across Texas, notably within the Dallas-Fort Worth area. The data highlights

a generally high compliance rate, with certain areas like Prosper and Flower Mound reaching as high as 86.2% and 85.7%, respectively. Addressing and maintaining high screening rates is crucial for enhancing public health outcomes and reducing the burden of this preventable disease.

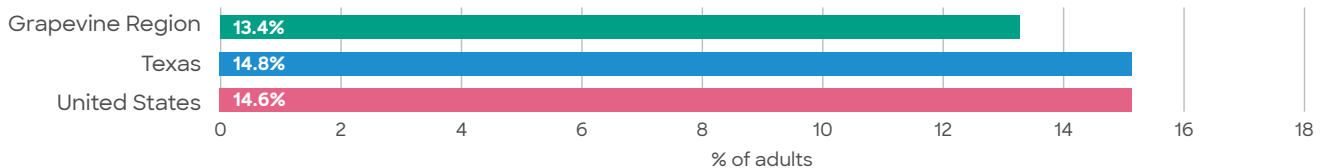


Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (ZIP codes, tracts))

Cigarette smoking rate

Percentage of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Age-standardized.

Cigarette smoking rate, 2022



Cigarette smoking remains a significant public health challenge across different regions, with varying impacts on local communities. In the Grapevine Region, the smoking rate stands at 13.43%, which is slightly lower compared to the statewide average in Texas at 14.8% and the national average in the United States at 14.61%. Reducing smoking rates is crucial, as it directly correlates with lower healthcare costs and improved community health outcomes, emphasizing the importance of targeted public health interventions and sustained anti-smoking educational efforts.

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

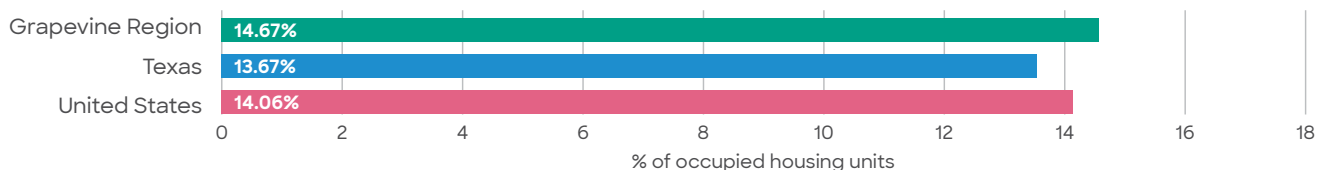
Housing greatly influences the health and well-being of communities, acting as a fundamental determinant of health. The availability, affordability and quality of housing affect a wide range of health outcomes. Affordable housing reduces stress, illnesses related to poor quality or unsafe conditions, and financial strain while providing stability that can contribute positively to mental and physical health.

Community members report significant challenges with housing affordability, leading to increased instances of multiple families living together in cramped conditions. The presence of inadequate housing options and the high cost of suitable ones have forced individuals to either relocate or compromise on living standards.

Severe housing cost burden

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

Severe housing cost burden, 2018 - 2022



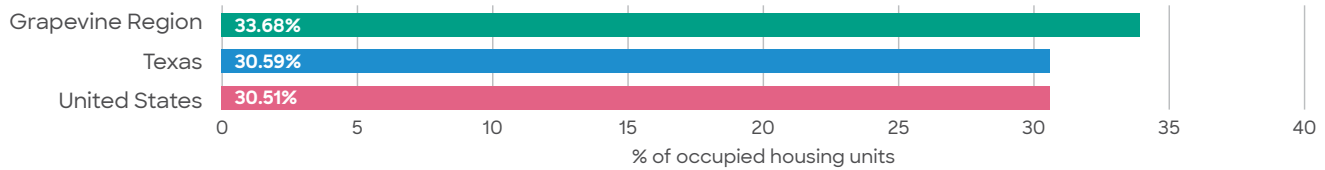
Severe housing cost burden presents significant challenges across different regions, impacting residents' overall quality of life and economic stability. In the Grapevine Region, 14.67% of households face a severe housing cost burden, slightly higher than both the state of Texas at 13.67% and the national average of 14.06%. Addressing this issue is crucial for improving living conditions and ensuring that residents can afford other basic needs without excessive financial pressure.

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

Housing cost burden

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

Housing cost burden, 2018 - 2022



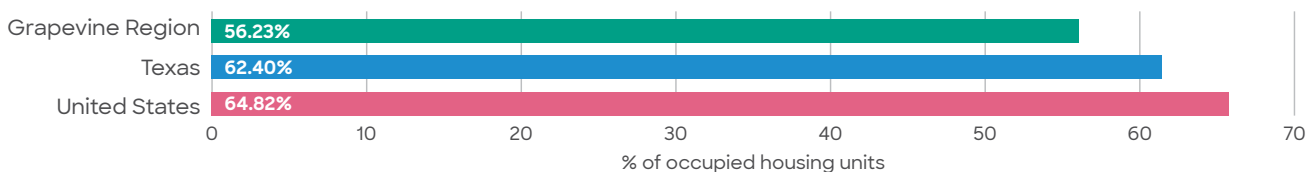
The Grapevine Region is experiencing a notably higher housing cost burden compared to both the state of Texas and the United States as a whole. With 33.68% of its residents burdened by housing costs, it stands above the national average of 30.51% and the state average of 30.59%. This elevated rate of housing cost burden could have significant implications on the economic stability and overall quality of life for the residents of the Grapevine Region, potentially limiting their ability to invest in other essential areas such as education, healthcare and savings.

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

Owner occupied

In the Grapevine Region, owner-occupied housing stands at 56.23%, which is lower compared to the state of Texas at 62.40% and the national average of 64.82%. This disparity suggests potential economic factors or market conditions unique to the region that could be influencing homeownership rates. Lower rates of owner occupation may impact community stability and economic prosperity.

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 is a crucial area of public health that focuses on the health of mothers, infants and children. It is essential for promoting healthy pregnancies, reducing infant and maternal mortality and ensuring the healthy development of children. Challenges in this area often include late entry into prenatal care due to lack of information or access to services and insufficient child care resources that impact parental employment. These issues highlight the need for comprehensive healthcare services and support systems that are easily accessible and affordable to all segments of the population, particularly vulnerable groups.

Community members have voiced significant concerns regarding maternal and child health. Key issues include the late initiation of prenatal care, which stems from uncertainties about accessing necessary healthcare services. Additionally, the lack of sufficient and affordable child care options poses a major barrier for parents needing to work, thereby affecting their economic stability and family well-being.

“In the space of maternal child health, we see a lot of late entry into prenatal care, either because women are not sure where to go and access the healthcare that they need or how to get connected to services.” This quote illustrates the critical gaps in awareness and accessibility of prenatal care services. Another community member points out, “Child care is a big, big issue for a lot of our parents. You know, they can’t work because they need child care, but then there’s not enough child care to go around that is affordable.” These insights clearly indicate the intertwined challenges of healthcare access and child care provision, which are central to the well-being of mothers and children.

Topic	Grapevine Region	Texas	United States
Births to women without partners present <i>% of births, female, 2022</i>	24.07±3.80	26.55 ±1.76	23.63 ±0.40
Child Opportunity Index 3.0 <i>2017 - 2021</i>	56	53	52
Child care center ratio <i>children / care center enrollment, 2023</i>	10	10	11
Grandparents responsible for grandchildren <i>% of residents age 30+, 2022</i>	1.25 ±0.15	1.32 ±0.07	0.99 ±0.01
Mortality among young adults <i>%, 2010 - 2015</i>	0.8 ±0.0	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



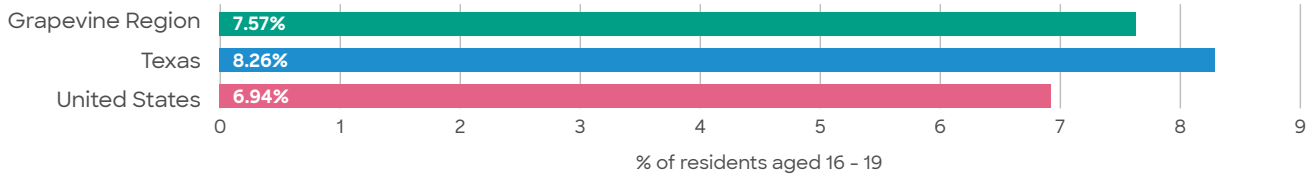
The Child Opportunity Index 3.0 reveals that the Grapevine Region offers moderately higher opportunities for children compared to Texas and the overall United States, with scores of 55.67, 52.62 and 52.16, respectively. This slight advantage in Grapevine indicates a potentially more supportive environment for children’s development and well-being compared to broader state and national contexts. Addressing and enhancing child opportunity in communities is essential for fostering equitable growth and ensuring that all children have access to the resources they need to thrive.

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



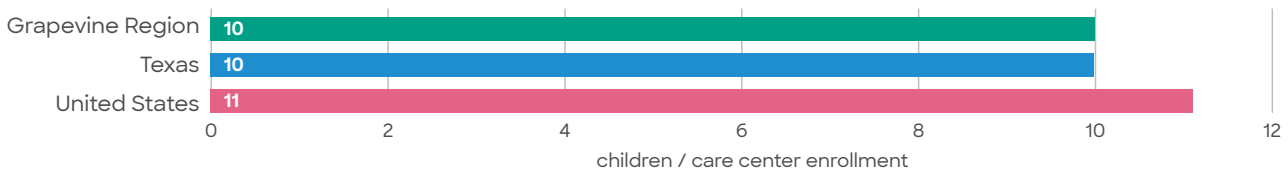
Opportunity youth rates in different regions highlight significant variations and the subsequent impact on local communities. The Grapevine Region has a rate of 7.57%, slightly higher than the national average of 6.94% but lower than Texas' overall rate of 8.26%.

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

Child care center ratio

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

Child care center ratio, 2023



Child care center ratios highlight significant regional variations, which could impact early childhood development and education quality. In the Grapevine Region, the ratio stands at approximately 10.12 children per caregiver, slightly below the Texas state average of 10.19 and below the national average of 10.93. These differences could suggest varying levels of access to quality child care and educational resources, potentially influencing the long-term educational outcomes and societal integration of children in these areas.

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

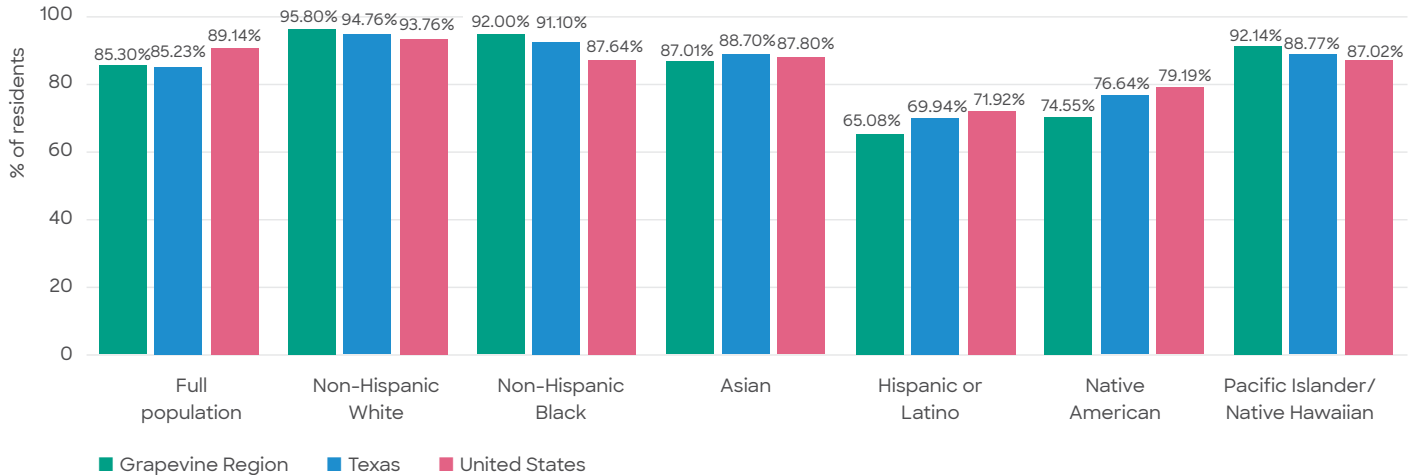
Socioeconomic factors significantly influence health outcomes by impacting access to healthcare, nutrition and other critical services. The community feels the strain of socioeconomic disparities, particularly in areas like Tarrant County, highlighted by issues such as insufficient public transportation and limited locations for healthcare facilities.

Topic	Grapevine Region	Texas	United States
Any higher education rate <i>% of residents, 2022</i>	63.79 ±0.74	61.96 ±0.33	63.55 ±0.10
Below 200% of poverty level <i>% of residents, 2022</i>	29.00 ±0.92	31.86 ±0.41	28.36 ±0.11
College graduation rate <i>% of residents, 2022</i>	37.46 ±0.53	33.94 ±0.25	35.66 ±0.08
Hardship Index <i>score</i>	49.4	54.5	50.0
High school graduation rate <i>% of residents</i>	85.82 ±0.87	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



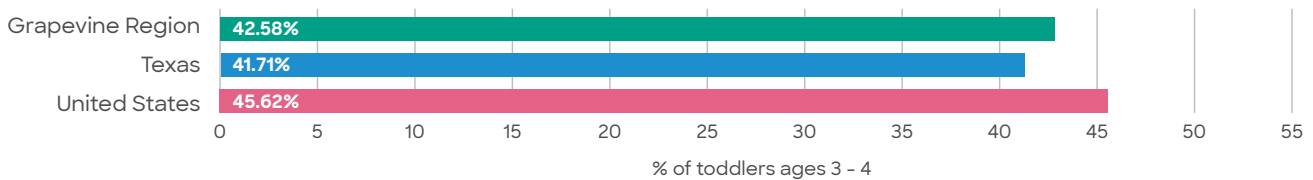
High school graduation rates reveal significant insights into educational achievement across different racial and ethnic groups in the Grapevine Region, Texas and the nation. The region falls below national averages in graduation rates for Hispanic or Latino, Asian and Native American students.

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

Preschool enrollment

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

Preschool enrollment (3 - 4 years), 2018 - 2022



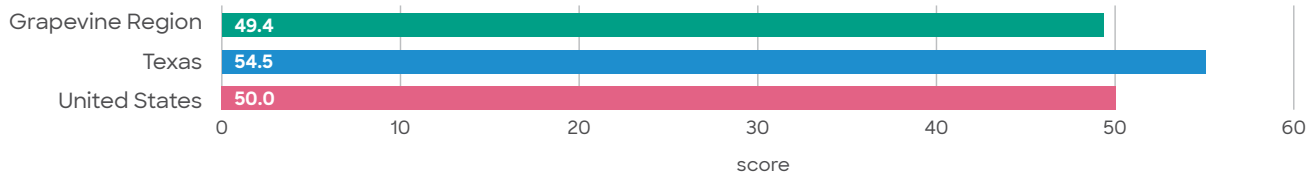
Preschool enrollment figures show a slight variance across different regions, signaling different levels of early childhood education engagement. In the Grapevine Region, 42.58% of children are enrolled in preschool, slightly above Texas' average of 41.71% but below the United States average of 45.62%.

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

Hardship Index

The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes. See technical notes for details.

Hardship Index, 2018 - 2022



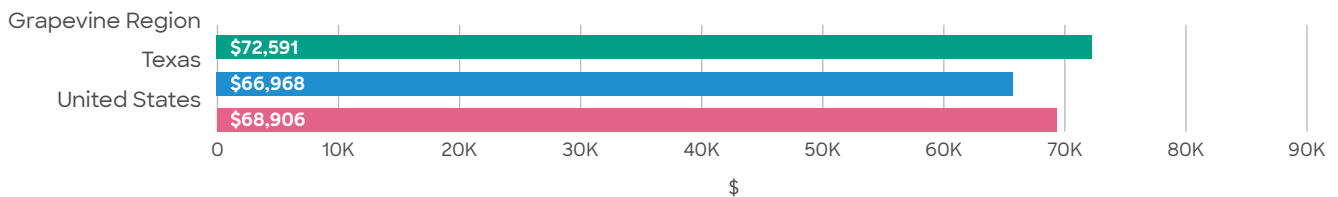
The Hardship Index provides a critical measure of socioeconomic conditions across different regions, offering insights into the challenges faced by communities. In the Grapevine Region, the Hardship Index stands at 49.44, slightly below the national average of 50.0 and lower than Texas' index of 54.47.

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

Median household income

Income in the past 12 months.

Median household income, 2018 - 2022



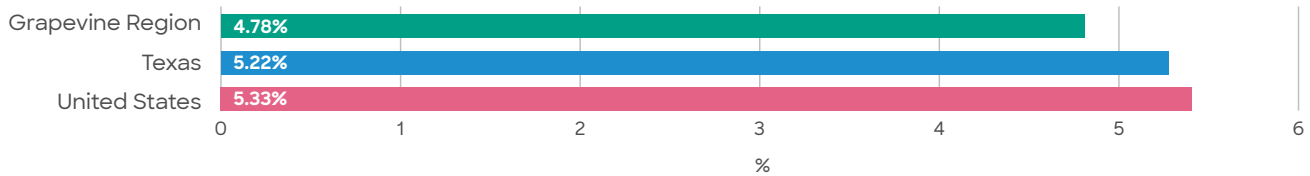
The Grapevine Region reports a median household income of approximately \$72,591, higher than the Texas state average of about \$66,968 and surpassing the national average of roughly \$68,906. This economic advantage may offer enhanced opportunities and stability for the Grapevine community, potentially impacting local education, healthcare access and overall quality of life.

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



Unemployment rates reflect the economic health of regions, highlighting disparities and growth opportunities. In the Grapevine Region, the unemployment rate stands at approximately 4.8%, lower than both the state of Texas and the national average, which are 5.2% and 5.3%, respectively. This suggests a relatively robust job market in Grapevine compared to broader benchmarks, possibly indicating effective local economic policies or thriving industries.

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

2022 – 2025 evaluation of impact

2022 CHNA health priorities: diabetes, access to healthcare, depression/social isolation, emergency department utilization

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> • Diabetes • Access to healthcare • Depression/social isolation 	<ul style="list-style-type: none"> • Provide financial and in-kind donations to non-profit organizations addressing diabetes/chronic disease, access to healthcare and mental health in the community. 	<ul style="list-style-type: none"> • Improved overall health outcomes and increased access to community resources and services. • Baylor Scott & White Medical Center – Grapevine: Provided over \$130,000 to non-profit organizations addressing diabetes, chronic disease and mental health.
<ul style="list-style-type: none"> • Diabetes • Access to healthcare • Emergency department utilization 	<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. • Baylor Scott & White Medical Center – Grapevine: Provided over \$29 million in charity care to un/underinsured and low-income patients. • Baylor Scott & White Medical Center – Trophy Club: Provided over \$112,000 in charity care to un/underinsured and low-income patients.
<ul style="list-style-type: none"> • Diabetes • Access to healthcare 	<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. • Baylor Scott & White Medical Center – Grapevine: Provided over \$744,000 in health professional education.
<ul style="list-style-type: none"> • Diabetes • Access to healthcare • Depression/social isolation 	<p>Community health improvement services and education:</p> <ul style="list-style-type: none"> • Provide free community education sessions on nutrition, primary care services, and overall health and wellness through community health fairs, programs and health events. 	<ul style="list-style-type: none"> • Improved health outcomes and increased access to points of primary and mental healthcare. • Baylor Scott & White Medical Center – Grapevine: Provided over \$466,000 in community health improvement services.

Existing resources

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

- Area Agency on Aging/United Way of Tarrant County
- Community Store House
- Fort Worth Housing Authority
- Fort Worth Housing Solutions
- Goodwill Industries of Fort Worth
- GRACE Community Clinic
- Grapevine-Colleyville Independent School District
- Health Services of North Texas
- JPS Health
- MHMR Tarrant County
- Mid-Cities Care Corps/Serving Our Seniors
- North Texas Area Community Health
- Primary Care Clinic of North Texas
- Project Access Tarrant County
- Salvation Army (Mabee Social Service Center)
- Tarrant Area Food Bank
- Tarrant County Public Health
- Texas Rehabilitation Hospital of Fort Worth

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

Two rounds of voting were required due to a tie for the second significant health need. The voting results are shown below:

Round 1 vote:

Health issue	Voting
Socioeconomic factors	0%
Maternal and child health	0%
Health behaviors	18%
Behavioral health	6%
Built environment	0%
Housing	0%
Access to care	18%
Chronic disease	37%
Food access	12%

Round 2 vote:

Health issue	Voting
Access to care	37%
Health behaviors	62%

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

1. Chronic disease
2. Health behaviors

Health needs assessed but not identified as significant

- **Maternal and child health:** Maternal and child health was not selected as a priority due to the many services and programs offered by the hospital and partner organizations. In addition, the hospital provides financial support to several community organizations that support and address the needs of mothers and their children.
- **Access to care:** While the hospital acknowledges access to care as a critical health issue, the hospital recognized that this need was being addressed through several BSWH initiatives, including the MyBSWHHealth app, which provides remote and in-person access to care. BSWH has also made access to care a focus as a healthcare system. Therefore, significant resources have been dedicated to access to care strategy and program development, including health at home resources and tools.
- **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.
- **Behavioral health:** Behavioral health was identified as a health need but not selected as a significant health need by hospital and community leaders due to several community partners and institutions working to address mental health and substance use through behavioral health prevention and treatment programs within the hospital's service area.
- **Built environment:** Health issues correlated with the built environment, such as pollution, were not selected as significant due to lack of hospital expertise and resources to effectively address this health need. Hospital and community leaders identified other institutions and organizations that had the expertise, resources and responsibility to address these issues and will continue to ensure a clear line of communication with these institutions to identify any opportunities to support local efforts.
- **Housing:** While the hospital recognized housing as a critical social determinant of health, it is also an issue that several community partners and organizations are addressing in partnership with healthcare systems and hospitals. These community partners and organizations hold expertise in affordable housing and will continue to work with community organizations and institutions to address this critical need. To ensure there is no duplication in efforts, the hospital will leverage and support the local housing efforts to ensure vulnerable communities have access to affordable and safe housing.
- **Food insecurity:** The hospital did not select food insecurity as a significant health need due to lack of healthy food access being correlated with several other priority health issues such as access to care, chronic disease, maternal and child health, and health behaviors. The hospital will address access to healthy food through other prioritized health needs.

Next steps/Implementation Plans

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

Approval and contact information

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

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

CommunityHealth@BSWHealth.org

Data sources

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

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

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

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

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

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

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

Behavioral Risk Factor Surveillance System (BRFSS)

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

DiversityDataKids.org: Child Opportunity Index 3.0

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

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-prevalence-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): National Vital Statistics System-Mortality (NVSS-M)

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

Centers for Disease Control and Prevention (CDC): PLACES

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

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

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

Appendix

Key Informant Interview Guide

FACILITATION PROTOCOLS

1. Establishing ground rules

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

2. Introductions

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

3. Community strengths

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

4. Health questions

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

(Potential) follow up questions based on health issue selected

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

5. Built environment and social factors

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

(Potential) follow up questions based on community issue

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

6. Action planning

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

7. Next steps

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

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

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

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

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

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

We thank you for your help.

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

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

Chronic diseases

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

Demographics

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

19. What sex were you assigned at birth?

- Male
- Female
- Prefer not to answer

20. What is your gender identity?

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

21. What is your sexual orientation?

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

22. What is your marital status?

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

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

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

24. What is your current employment status?

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

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

- Yes
- No

26. Are you currently working from home?

- Yes
- No
- Hybrid

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

- Yes
- No

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

Your answer is private and confidential.

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

Your home

29. What are your current living arrangements?

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

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

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

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

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

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

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

33. Did you receive any support?

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

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

Immunizations

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

44. Have you received at least one COVID-19 vaccination since September 1, 2022?
- Yes
 - No
45. From the list below, please select the reason(s) you have not received a COVID-19 vaccine. Select all that apply.
- I am concerned about possible side effects of a COVID-19 vaccine
 - I have concerns about the safety of the vaccine
 - I don't know if the vaccine will protect me
 - I don't think COVID-19 is a big threat
 - I already had COVID-19 and have antibodies
 - I don't believe I am at high risk for COVID-19 complications
 - I don't believe my friends/family are at high risk for COVID-19 complications
 - My doctor has not recommended it
 - I don't trust the government
 - I don't trust the medical community
 - I don't have time to get the COVID-19 vaccine
 - I don't know where to go to get the COVID-19 vaccine or cannot get an appointment
 - Other—write in: _____

Diet and physical activity

46. On a typical day, how many servings of fruits and/or vegetables do you eat? (A serving would equal one medium apple or a handful of grapes. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned.) Please think about all meals, snacks and food consumed at home and away from home.
- None
 - 1 - 2
 - 3 - 5
 - More than 5
 - I don't know
47. How easy or difficult is it for you to get fresh fruits and vegetables?
- Very difficult
 - Somewhat difficult
 - Somewhat easy
 - Very easy
48. What are the reasons it is difficult to get fresh fruits and vegetables? Please select all that apply.
- The store(s) within a mile of where I live don't sell fresh fruits and vegetables
 - The quality of fresh fruits and vegetables where I shop is poor
 - Fresh fruits and vegetables are too expensive where I shop
 - The store(s) where I use my EBT/SNAP benefits does not sell fresh fruits and vegetables
 - I don't have transportation to get to a store that sells fresh fruits and vegetables

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

- Often true
- Sometimes true
- Never true

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

- Yes
- No

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

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

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

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

Substance use

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

- Yes
- No

54. Do you now smoke cigarettes?

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

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

- Yes
- No

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

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

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

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

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

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

- Yes
- No

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

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

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

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

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

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

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

- Yes
- No

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

Cancer screenings

65. Have you ever had a mammogram? (A mammogram is an X-ray of each breast to look for breast cancer.)

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

66. If you answered yes, how long has it been since you had your last mammogram?

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

67. Have you ever had a Pap test?

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

68. If you answered yes, how long has it been since you had your last Pap test?

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

69. An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test? (HPV is also known as human papillomavirus.)

- Yes
- No

70. If you answered yes, how long has it been since you had your last HPV test?

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

71. Have you ever had a prostate screening?

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

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

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

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

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

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

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

Mental health

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

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

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

- Hardly ever
- Some of the time
- Often

77. How often do you feel alone?

- Hardly ever
- Some of the time
- Often

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

Your neighborhood

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

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

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

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

85. Do you feel safe in your neighborhood?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you for taking our survey!

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

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

