

2025 Community Health Needs Assessment

Hill Country Region





Hill Country Region community hospital

- **Baylor Scott & White Medical Center – Marble Falls**

Approved by: Baylor Scott & White Health - Central Texas Operating, Policy and Procedure Board on May 16, 2025.
Posted to [BSWHealth.com/CommunityNeeds](https://www.bswhealth.com/CommunityNeeds) on June 30, 2025.



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Our commitment to the communities we serve

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

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

Our system includes:



52
hospitals



1,300
care sites



7,200
active physicians

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

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

Executive summary

Baylor Scott & White Medical Center – Marble Falls is committed to improving the health and well-being of individuals in the Hill Country Region through systematic assessment and targeted health initiatives. This Community Health Needs Assessment (CHNA) is a comprehensive effort to identify and prioritize the health needs of the community served by Baylor Scott & White – Marble Falls, enabling the development of targeted, impactful health programs.

Baylor Scott & White – Marble Falls serves as a pivotal healthcare provider in the Hill Country Region, focusing on delivering comprehensive health services while addressing specific community health needs. This CHNA is guided by a commitment to enhance health outcomes by employing a data-driven approach to community health planning.

The methodology for this CHNA was rigorously designed to ensure comprehensive data collection and analysis. Primary data was gathered through surveys, focus groups and interviews. These instruments were developed to capture a wide range of health indicators and to garner both quantitative and qualitative insights into the health status and needs of the community. This approach ensures a balanced view that supports effective decision-making and prioritization of health initiatives.

While this CHNA did not initially set out with predefined health themes, the analysis of the collected data highlighted several key areas of concern that

require focused attention. The process was meticulously carried out, ensuring that every stage—from data collection to analysis—was guided by principles of objectivity and professionalism. The findings from this CHNA are presented without bias, providing a clear and concise overview of the health landscape in the Hill Country Region.

The insights derived from our CHNA are intended to serve as a reliable resource for healthcare providers, policymakers and other stakeholders in the community. By presenting these findings in a professional and authoritative manner, we aim to foster a collaborative environment where BSWH can ensure strategic utilization of community resources and health planning. This is essential for initiating community-wide health improvements and for planning future health services that are both effective and equitable. Please submit any inquiries, comments or opportunities regarding this document to CommunityHealth@BSWHealth.org.

In conclusion, the Baylor Scott & White – Marble Falls CHNA is more than just an assessment; it is a roadmap for enhancing health outcomes in our community. We are committed to using this document to guide our actions, inform our strategies and engage with our community partners in meaningful ways to create a healthier Hill Country Region.

CHNA process

Introduction

The Hill Country Region Community Health Assessment aims to identify and address the health needs of the community through a comprehensive analysis of various data sources. While community partners were not explicitly mentioned, the assessment leveraged several types of primary data, including surveys, focus groups, interviews, claims data and Metopio, a platform providing curated health-related data. This report will detail how each data type contributed to understanding and addressing the community's health needs.

Survey

Surveys are instrumental in collecting data from a broad population, allowing for the analysis of trends, attitudes and opinions. They can help identify prevalent health behaviors, mental health issues and specific needs within the Hill Country Region. Survey questions typically cover health behaviors, mental health and community-specific topics. 74 surveys were completed in the Hill Country Region. To ensure surveys included feedback from diverse and underserved populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations.

Focus groups

Focus groups provide valuable mentions into community members' perceptions, opinions and attitudes through guided discussions. Two focus groups were completed in the Hill Country Region. To ensure focus groups provided information from diverse populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations. The hospitals also considered written input received on their most recently conducted CHNA and subsequent implementation strategies if provided. The assessment is available for public comment or feedback on the report findings by going to the BSWH website (BSWHealth.com/CommunityNeeds) or by emailing CommunityHealth@BSWHealth.org

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

- Community Resource Center
- Highland Lakes Health Partnership
- City of Marble Falls
- San Saba County
- San Saba Chamber
- Public Health Region 7

Interviews

Interviews offer in-depth insights into individuals' views and experiences, providing detailed information on specific subjects. Five interviews were completed in the Hill Country Region. Those invited included internal Baylor Scott & White leaders and community health team members from the Hill Country Region.

Metopio (secondary data)

Metopio is a robust platform that offers curated data from public and proprietary sources, covering a wide range of health behaviors, health risks and demographic information. It was used in this report to supplement the primary data, providing a broader context for health outcomes, healthcare utilization and community-level drivers of health. Metopio’s data is presented by race, ethnicity and gender when available, helping to identify disparities and tailor interventions accordingly.

CHNA process

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



Approach to identifying and prioritizing significant health needs

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

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

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

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

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

Significant health needs:

- Access to care
- Housing
- Chronic disease

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

1. Access to care: This priority includes access to behavioral healthcare, which received the most votes in determining the most significant and prioritized health needs.
2. Non-medical drivers of health: These are the social determinants of health that are correlated with and root causes of many poor health outcomes. Non-medical drivers of health include but are not limited to food insecurity and housing, which were the second and third most voted for health needs in the Hill Country community.
3. Chronic disease

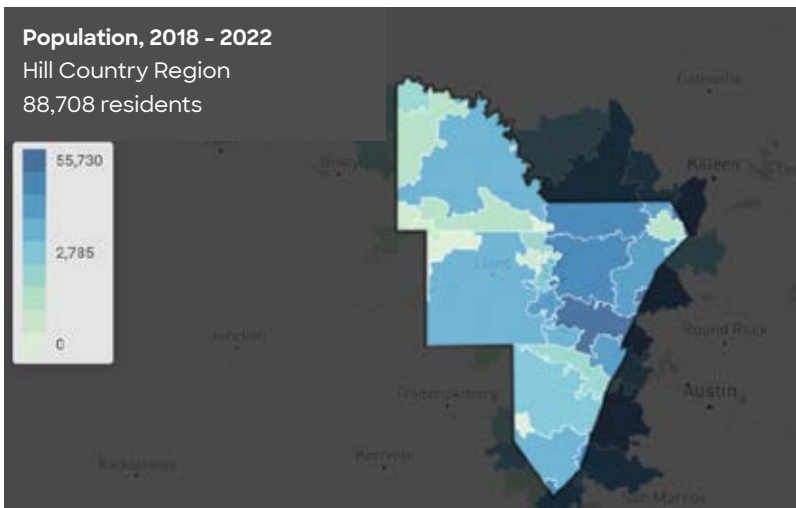
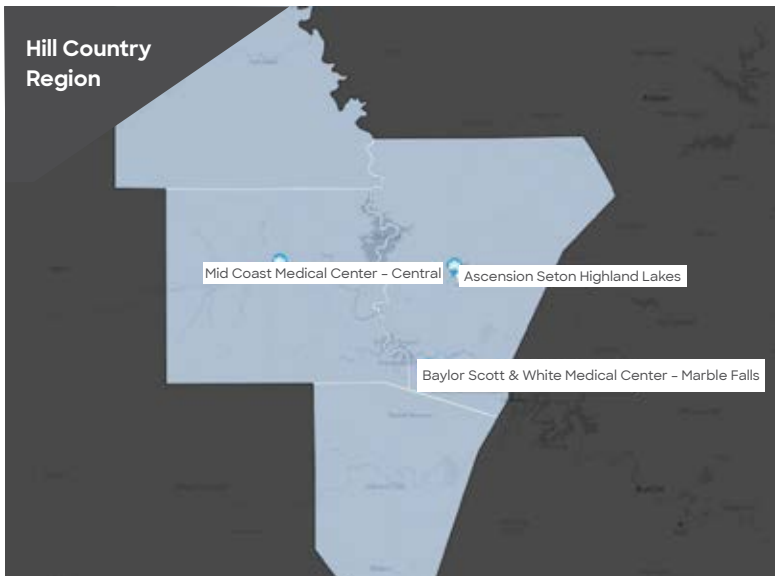
Demographics

Overview

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

- **Baylor Scott & White Medical Center – Marble Falls**

The community served by the hospital facility listed above includes San Saba, Blanco, Llano and Burnet counties, shown in the map below. BSWH has at least one hospital facility or a provider-based clinic in each of these counties, and together, they comprise where more than 70% of the admitted patients live, according to the hospital facilities' inpatient admissions over the 12-month period of FY 22.



Total population

88,708



Median household income

\$63,868



Median age

48.3



% of Spanish primary language

12.09%

% of Asian primary languages

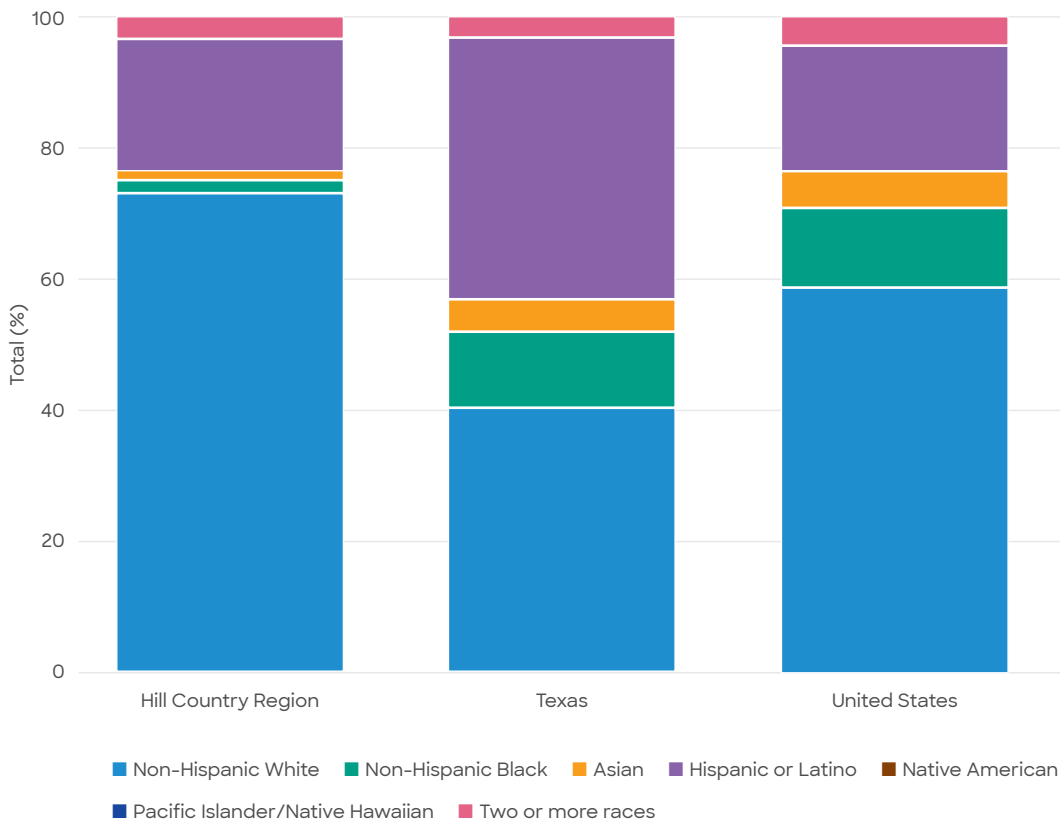
0.35%

Race/ethnicity

The race/ethnicity composition of the Hill Country Region is predominantly Non-Hispanic White (74.82%), with Hispanic or Latino being the next largest group (20.27%). The implications of these demographics suggest a predominantly homogeneous racial composition with a significant Hispanic/Latino population, indicating potential cultural influences and the need for culturally sensitive healthcare and social services.

When compared to the benchmark places, the Hill Country Region has a much higher percentage of Non-Hispanic White residents compared to Texas and the United States. Conversely, the Hispanic or Latino population is significantly higher in the Hill Country Region compared to the benchmark places. These demographics imply a unique cultural landscape in the region, highlighting the importance of culturally tailored healthcare and community engagement initiatives.

Population by race/ethnicity, 2018 - 2022

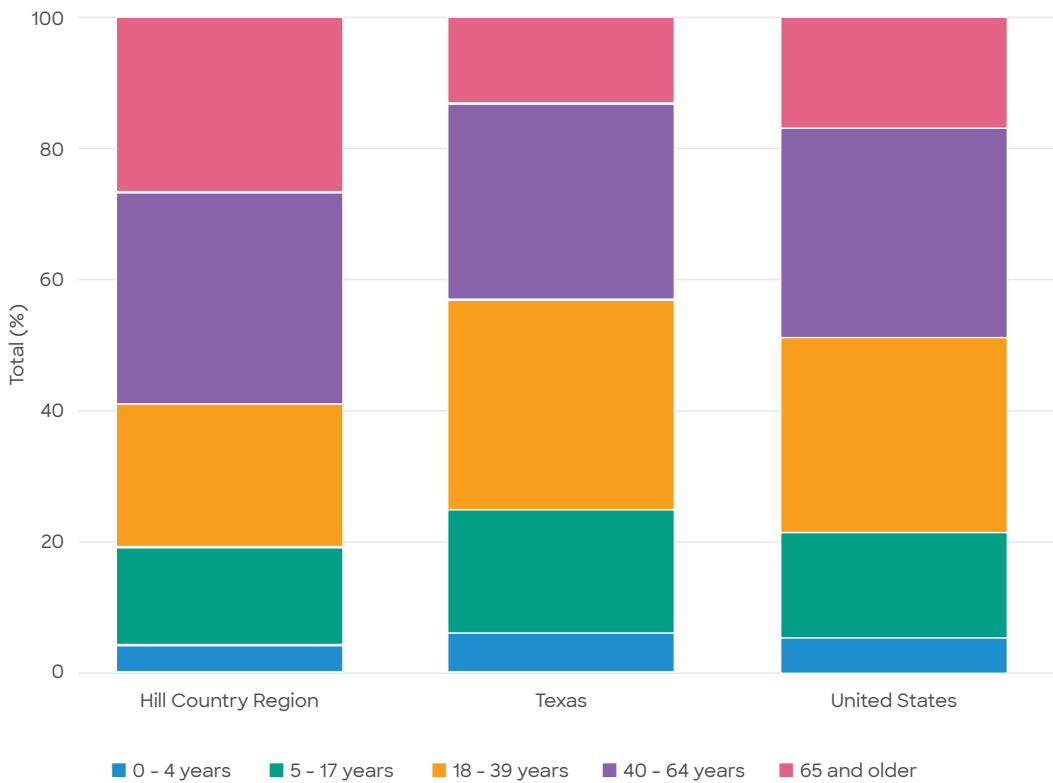


Age distribution

The age distribution of the Hill Country Region shows a relatively balanced distribution across different age groups, with a slightly higher percentage of individuals in the 40 - 64 years and 65 and older categories. This suggests a mature population with potential implications for healthcare and social support services catering to the elderly.

Comparatively, the age distribution in the Hill Country Region aligns closely with the benchmark places, Texas and the United States. This indicates a consistent age demographic across the region, emphasizing the need for age-appropriate healthcare services and programs for all age groups, especially the aging population.

Population by age, 2018 - 2022



Health needs

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



Access to care

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Behavioral health

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Built environment

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Chronic disease

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Food access

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Health behaviors

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Housing

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Maternal and child health

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Socioeconomic factors

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Access to care

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

What we heard from the community

Access to care is a critical issue impacting the community, as highlighted by the diverse range of challenges related to healthcare access, affordability and transportation barriers. The provided excerpts shed light on the struggles faced by individuals who are uninsured, underinsured or living in rural areas, leading them to seek emergency care as their primary healthcare option. Additionally, the lack of comprehensive preventive care, dental services and mental health treatment accessibility further exacerbates the healthcare disparities within the community.

Transportation emerges as a significant barrier, affecting the ability of individuals, especially older adults and lower-income individuals, to access essential healthcare services, including follow-up appointments and specialist care. The excerpts also underscore the financial burden associated with medication costs, leading to challenges in obtaining essential medications, especially for chronic conditions and mental health treatment.

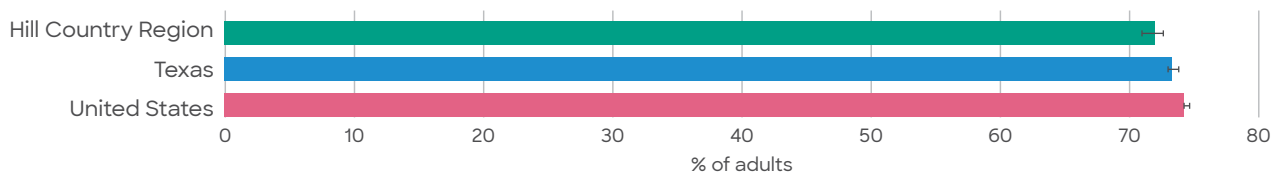
Furthermore, the community faces difficulties in providing support for vulnerable populations, such as individuals experiencing homelessness, undocumented individuals and those with mental health conditions, emphasizing the need for enhanced resources, including licensed clinical counselors, homeless shelters and specialized care for specific health conditions.

Topic	Hill Country Region	Texas	United States
Internet access <i>% of households, 2022</i>	90.09 ±0.21	93.82 ±0.21	93.59 ±0.10
Medicaid coverage <i>% of residents, 2018 - 2022</i>	16.86 ±0.22	16.86 ±0.22	21.23 ±0.09
Medicare coverage <i>% of residents, 2018 - 2022</i>	14.18 ±0.06	14.18 ±0.06	18.54 ±0.02
Mental health providers per capita <i>providers per 100,000 residents, 2024</i>	332.3	332.3	602.7
No vehicle available <i>% of households</i>	5.39 ±0.15	5.39 ±0.15	8.27 ±0.05

Visited doctor for routine checkup

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

Visited doctor for routine checkup, 2022



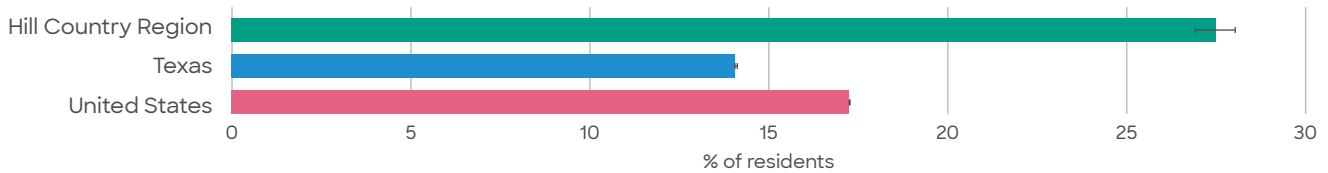
Routine checkups are an essential part of maintaining good health. The data shows that individuals in the Hill Country Region have a slightly lower rate of visiting the doctor for routine checkups compared to the state of Texas and the United States as a whole, with rates of 71.45%, 72.34% and 74.04%, respectively. This indicates a potential area for healthcare outreach and education to emphasize the importance of regular checkups in the Hill Country Region.

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

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



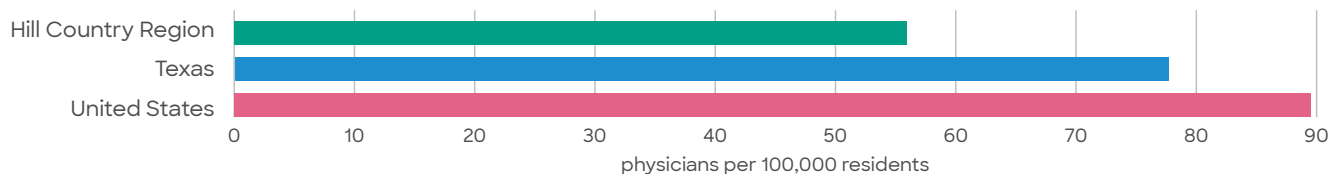
The data on Medicaid coverage reveals significant variations across different regions. Specifically, the Hill Country Region stands out with the highest Medicaid coverage at 27.59%, surpassing the state average of 13.82% and the national average of 17.92%. This suggests a potential disparity in access to healthcare services and resources, highlighting the need for interventions to ensure equitable coverage and support for the community.

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

Primary care providers (PCP) per capita

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

Primary care providers (PCP) per capita, 2021



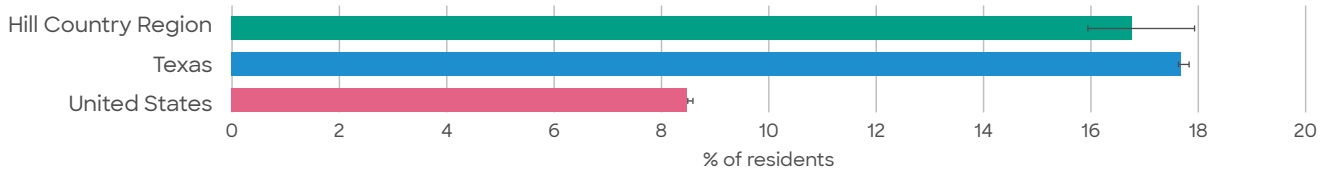
Primary care providers (PCP) per capita vary across different regions, with the Hill Country Region having the lowest number at 55.11, followed by Texas at 77.65 and the United States at 89.64. This suggests that the availability of primary care providers is relatively lower in the Hill Country Region compared to the state and national averages, potentially impacting access to essential healthcare services in that area.

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

Uninsured rate

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

Uninsured rate, 2018 - 2022



The uninsured rate in the Hill Country Region is 16.83%, which is slightly lower than the state average of 17.58% in Texas but still higher than the national average of 8.68% in the United States. This indicates that the Hill Country Region has a higher uninsured rate compared to the national average, and efforts to improve access to healthcare in this area may be necessary to address this issue.

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



Behavioral health

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

What we heard from the community

Behavioral health encompasses a broad spectrum of mental health and substance abuse challenges that significantly impact individuals and communities. The provided excerpts shed light on the prevalence of mental health and substance abuse issues within the community, highlighting the struggles of parents, caregivers and individuals dealing with severe mental health conditions, substance abuse, and the impact on children living in such environments. The lack of accessible mental health resources, stigma surrounding seeking help and transportation barriers emerge as significant challenges.

Furthermore, the excerpts emphasize the need for education, advocacy and support for mental health, substance use prevention and reducing stigma. The community members express concerns about the limited availability of mental health resources, challenges in accessing treatment and the stigma associated with seeking help, especially for children and their parents. Additionally, addressing the impact of cultural differences on seeking mental health assistance and the need for policy changes to improve mental health services is emphasized.

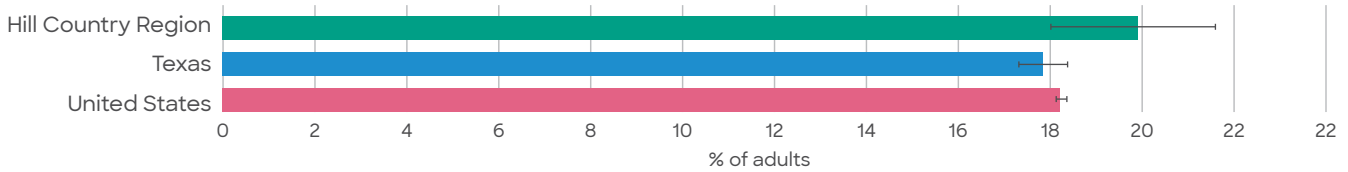
Direct quotes from community members illustrate the challenges faced, such as the stigma around seeking help, transportation barriers and the need for increased resources. One individual mentioned, “Kids living in some pretty bad conditions due to mental health in the family,” underscoring the impact on children. These insights call for comprehensive interventions that address mental health and substance abuse challenges while tackling the associated stigmas and barriers to access.

Topic	Hill Country Region	Texas	United States
Binge drinking <i>% of adults, 2022</i>	19.76 ±1.71	17.86 ±0.63	18.58 ±0.20
Depression <i>% of adults, 2022</i>	24.83 ±1.89	21.82 ±0.63	22.53 ±0.20
Poor self-reported mental health <i>% of adults, 2022</i>	19.09 ±0.86	17.83 ±0.40	17.35 ±0.12
Suicide mortality <i>deaths per 100,000 residents, 2022</i>	30.5 ±12.5	14.4 ±0.4	14.0 ±0.0

Binge drinking

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

Binge drinking, 2022



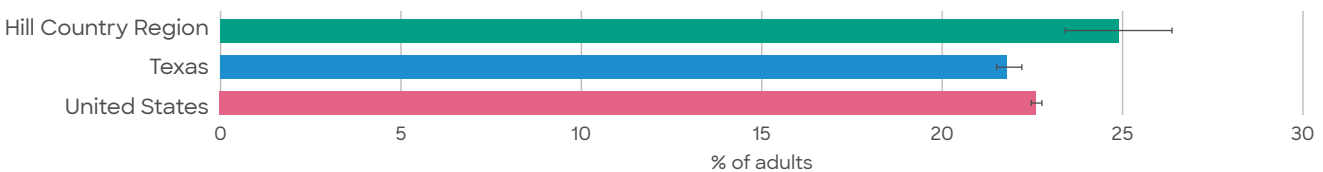
Binge drinking rates vary across different regions, with the Hill Country Region having the highest rate at 19.76%, followed by Texas at 17.86% and the United States at 18.58%. These figures indicate a concerning trend of excessive alcohol consumption, particularly in the Hill Country Region, which may have significant implications for public health and community well-being.

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

Depression

Prevalence of depression among adults 18 years and older.

Depression, 2022



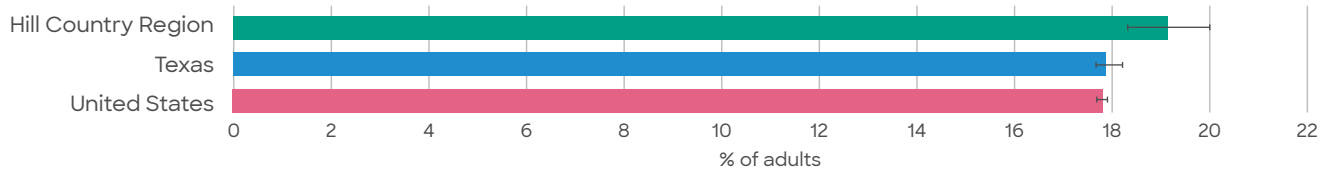
Depression rates vary across different regions, with the Hill Country Region having the highest rate at 24.83%, followed by Texas at 21.82% and the United States at 22.53%. These figures highlight the need for targeted mental health support and resources in these areas to address the impact of depression on the community. It's crucial to prioritize accessible and effective mental health services to support individuals in these regions.

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

Poor self-reported mental health

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

Poor self-reported mental health, 2022



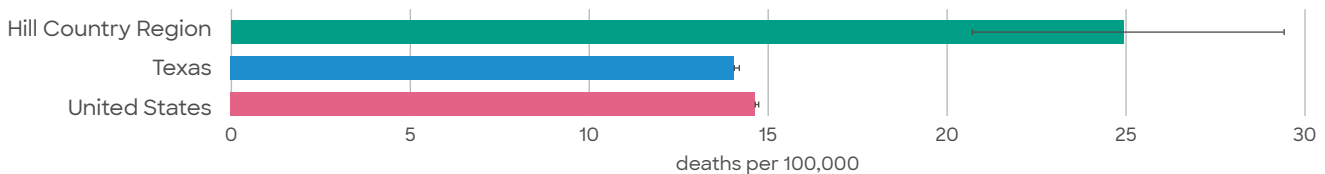
Poor self-reported mental health is a significant concern that affects individuals and communities. The data reveals that the Hill Country Region has the highest percentage of poor self-reported mental health at 19.09%, followed by Texas at 17.83% and the United States at 17.35%. These figures highlight the need for mental health support and resources in these areas to address the impact on the community.

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

Suicide mortality

Deaths per 100,000 residents due to suicide (ICD-10 codes *U03, X60-X84, Y87.0). In the United States, decisions about whether deaths are listed as suicides on death certificates are usually made by a coroner or medical examiner. The definition of suicide is “death arising from an act inflicted upon oneself with the intent to kill oneself.”

Suicide mortality, 2018 - 2022



Suicide mortality rates vary across different regions, with the Hill Country Region having the highest rate at 25.05, followed by Texas at 13.81 and the United States at 14.0. These figures shed light on the specific impact of suicide within these areas.

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



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 theme of built environment encompasses a wide range of factors that impact community health, including access to healthcare, transportation, nutrition, housing and environmental quality. The excerpts highlight the challenges faced by the community in accessing preventive care, healthier foods and essential healthcare services. Moreover, transportation emerges as a significant barrier, affecting individuals' ability to reach medical appointments and access specialized care. The lack of affordable housing and homelessness further compound the community's health concerns, underscoring the need for comprehensive interventions that address these systemic issues.

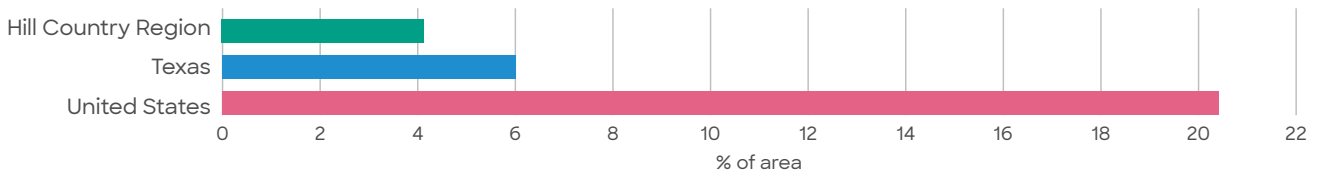
Community stakeholders express the need for increased access to healthcare providers, particularly in rural areas and emphasize the importance of addressing transportation barriers to ensure individuals can access necessary medical services. Additionally, concerns about housing affordability and homelessness are brought to the forefront, indicating the need for supportive housing initiatives and resources to address this pressing issue. The impact of the built environment on mental wellness, nutrition and water quality is also highlighted, emphasizing the need for holistic approaches to community health that encompass environmental factors.

Topic	Hill Country Region	Texas	United States
Environmental Burden Index <i>2022</i>	24.29	46.03	48.70
Green space proximity <i>% of area, 2022</i>	4.28	6.06	20.62
Lifetime inhalation cancer risk <i>lifetime risk per million, 2019</i>	20.0	20.9	16.1
Particulate matter (PM 2.5) concentration <i>µg/m3, 2020</i>	7.558	7.339	6.927
Walkability Index <i>2022</i>	6.12	8.81	9.50

Green space proximity

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

Green space proximity, 2022



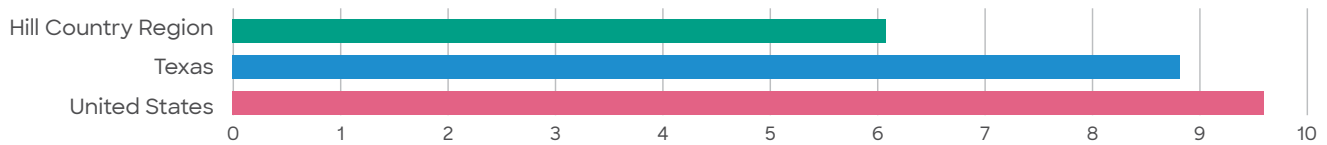
Green space proximity varies significantly across different regions, with the Hill Country Region having the lowest value at 4.28, followed by Texas at 6.06 and the United States at 20.62. This suggests that individuals in the Hill Country Region have less access to green spaces compared to those in Texas and the United States as a whole.

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

Walkability Index

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

Walkability Index, 2022



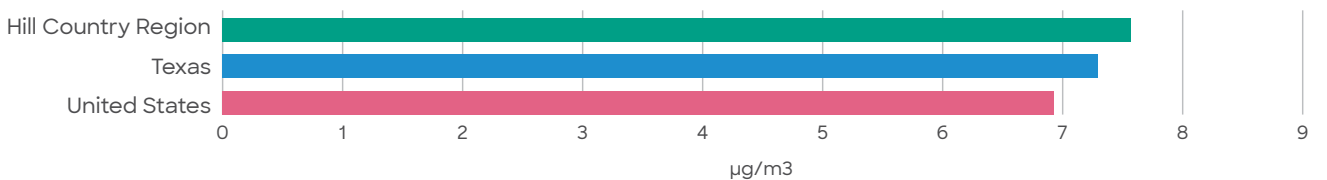
The Walkability Index data reveals significant variations in walkability across different regions. While the United States boasts a high Walkability Index of 9.5, Texas follows closely behind at 8.81, indicating a generally favorable environment for pedestrians. In contrast, the Hill Country Region lags behind with a Walkability Index of 6.12, suggesting a less pedestrian-friendly infrastructure in this area.

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

Particulate matter (PM 2.5) concentration

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

Particulate matter (PM 2.5) concentration, 2020



Particulate matter (PM 2.5) concentration is a critical environmental factor that directly impacts air quality. The chart reveals that the Hill Country Region has the highest PM 2.5 concentration at 7.56, followed closely by Texas at 7.34, both exceeding the national average of 6.93 for the United States. This suggests a concerning level of air pollution in these areas, highlighting the need for measures to improve air quality and protect public health.

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



Chronic disease

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

What we heard from the community

Chronic disease presents a myriad of challenges for community health, encompassing mental health, substance use, diabetes, heart disease, high blood pressure and asthma. The excerpts reflect the disparities in healthcare access, affordability and understanding of preventive medicine. They also highlight the impact of social determinants such as lack of transportation, limited access to healthy foods and financial barriers to medication. Additionally, the addictive nature of technology, mental health and its interconnectedness with physical health are brought to the forefront.

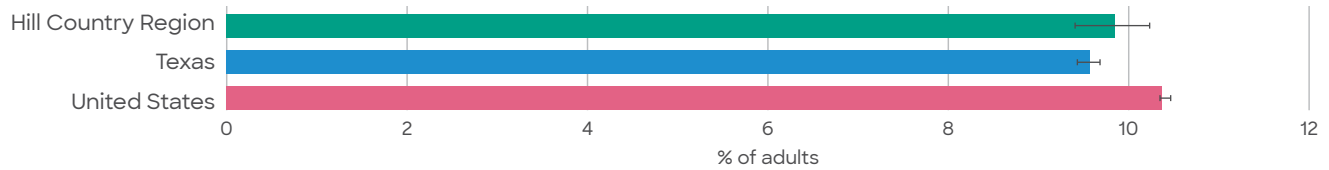
Community members express concerns about the accessibility and affordability of mental healthcare, the lack of preventive care, and the prevalence of chronic conditions within the population. The quotes underline the need for comprehensive interventions addressing healthcare access, education on nutrition, and preventive measures and support for those with chronic conditions and mental health challenges.

Topic	Hill Country Region	Texas	United States
Chronic kidney disease <i>% of adults, 2021</i>	2.8 ±0.2	3.1 ±0.1	2.9 ±0.0
Chronic obstructive pulmonary disease (COPD) <i>% of adults, 2022</i>	7.03 ±0.49	6.23 ±0.16	6.37 ±0.05
Coronary heart disease <i>% of adults, 2022</i>	6.17 ±0.50	6.27 ±0.15	5.82 ±0.05
Current asthma <i>% of adults, 2022</i>	9.85 ±0.61	9.43 ±0.27	10.35 ±0.09
Diagnosed diabetes <i>% of adults</i>	11.0 ±1.0	13.4 ±0.4	10.8 ±0.1

Current asthma

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

Current asthma, 2022



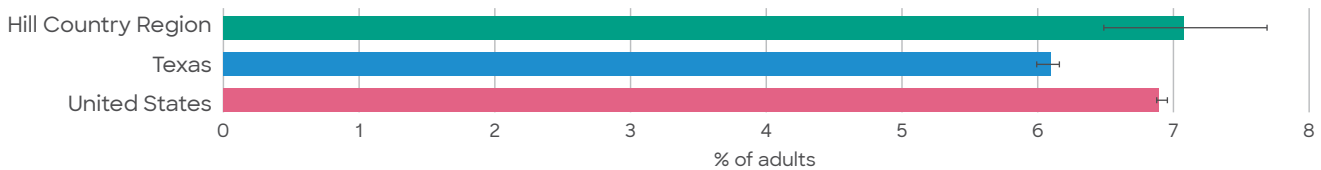
Asthma prevalence varies across different regions, with the Hill Country Region in Texas reporting a current asthma rate of 9.85%, slightly higher than the state average of 9.43% and lower than the national average of 10.35%. This suggests that the Hill Country Region has a relatively lower prevalence of asthma compared to the state and national levels, indicating potential differences in environmental factors or healthcare access that may impact asthma rates.

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

Have ever had cancer

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

Have ever had cancer, 2022



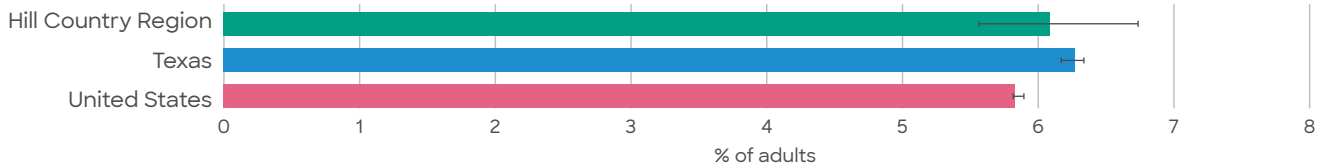
Cancer prevalence varies across different regions, with the Hill Country Region reporting the highest rate at 7.11%, followed by Texas at 6.12% and the United States at 6.88%. These numbers indicate a concerning impact of cancer on the community, highlighting the need for interventions and support systems.

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

Coronary heart disease

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

Coronary heart disease, 2022



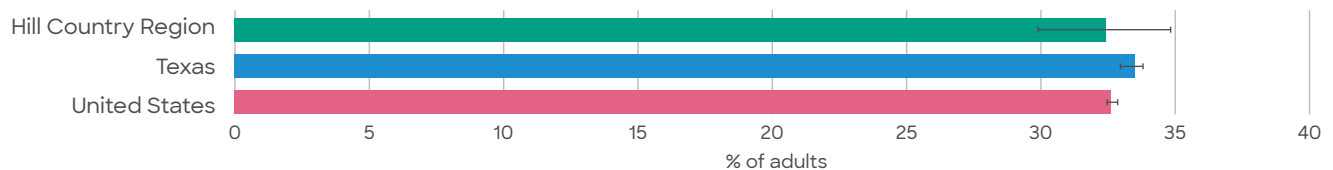
Coronary heart disease has a significant impact on the community, as reflected in the chart. The data reveals that the Hill Country Region and Texas have slightly higher rates of coronary heart disease at 6.17% and 6.27%, respectively, compared to the national average of 5.82%. This indicates a potential area of concern for healthcare interventions and resource allocation in these specific regions.

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

High cholesterol

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

High cholesterol, 2021



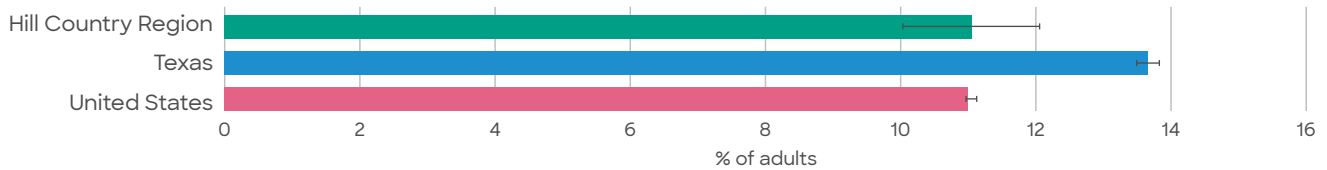
High cholesterol is a prevalent concern, with the Hill Country Region showing a rate at 32.02% compared to the state average of 33.23% and the national average of 31.13%. This data highlights the need for targeted interventions in these areas to address the impact of high cholesterol on the community's health.

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

Diagnosed diabetes

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

Diagnosed diabetes, 2022



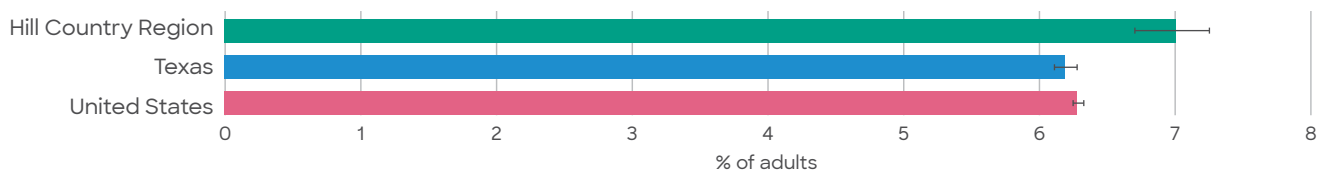
Diagnosed diabetes rates vary across different regions, with the Hill Country Region at 11.03%, Texas at 13.37%, and the United States at 10.84%. The impact of these rates on the community highlights the need for targeted interventions and resources to address the prevalence of diabetes, especially in Texas.

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

Chronic obstructive pulmonary disease (COPD)

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

Chronic obstructive pulmonary disease (COPD), 2022



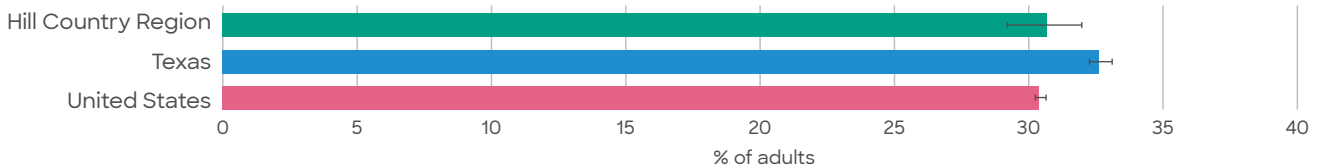
Chronic obstructive pulmonary disease (COPD) has varying prevalence across different regions. The data indicates that the Hill Country Region has the highest COPD prevalence at 7.03%, followed by Texas at 6.23% and the United States at 6.37%. This suggests a potential need for interventions and resources in the Hill Country Region to address the impact of COPD on the community.

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

High blood pressure

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

High blood pressure, 2022



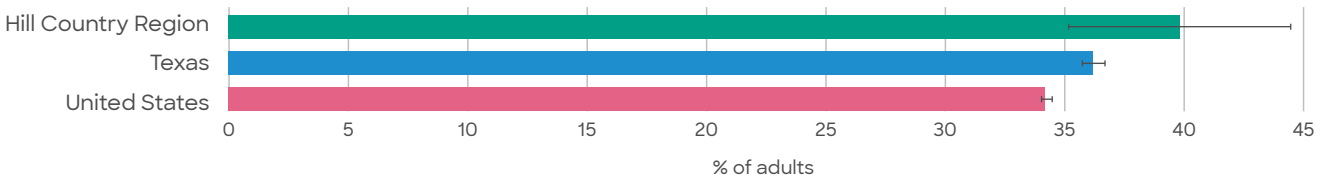
High blood pressure is a significant health concern impacting communities. The chart reveals that the Hill Country Region has a high prevalence of high blood pressure at 30.83%, slightly lower than the state average of 32.22% and slightly higher than the national average of 30.32%.

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

Obesity

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

Obesity, 2022



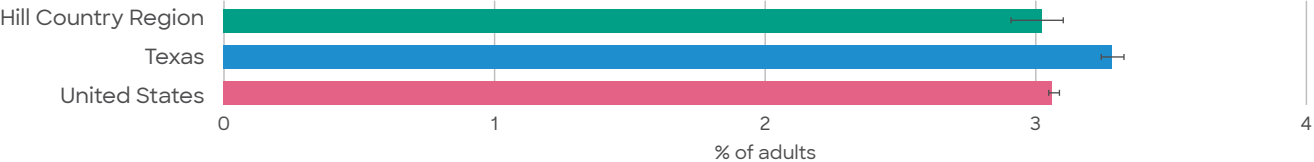
Obesity rates vary across different regions, with the Hill Country Region having the highest rate at 39.88%, followed by Texas at 36.76% and the United States at 33.83%. These figures highlight the concerning impact of obesity on the community.

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

Diagnosed stroke

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

Diagnosed stroke, 2022



Diagnosed stroke rates vary across different regions, with the Hill Country Region in Texas reporting a rate of 3.05, slightly lower than the state average of 3.27 and the national average of 3.1. These numbers suggest that the Hill Country Region has a relatively lower prevalence of diagnosed strokes compared to both the state and national averages. This may indicate potential differences in healthcare access, lifestyle factors or demographic composition that contribute to the varying rates of diagnosed strokes in these areas.

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



Food access

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

What we heard from the community

Food access is a critical determinant of community health, impacting the overall well-being of individuals and families. The provided excerpts shed light on the challenges related to affordability, availability and quality of healthy foods, especially in underserved areas. The lack of access to nutritious foods and limited financial resources contribute to the prevalence of health issues such as obesity and chronic illnesses, highlighting the urgent need for interventions to address food insecurity.

Community members express concerns about the limited availability of fresh produce, the high cost of healthier food options and the reliance on microwaveable meals due to accessibility challenges. The disparities in food access also exacerbate existing health inequalities, particularly for vulnerable populations with limited resources. Moreover, the excerpts emphasize the growing gap between the cost of nutritious foods and individuals’ ability to afford them, further underscoring the need for collaborative efforts to improve food access and affordability.

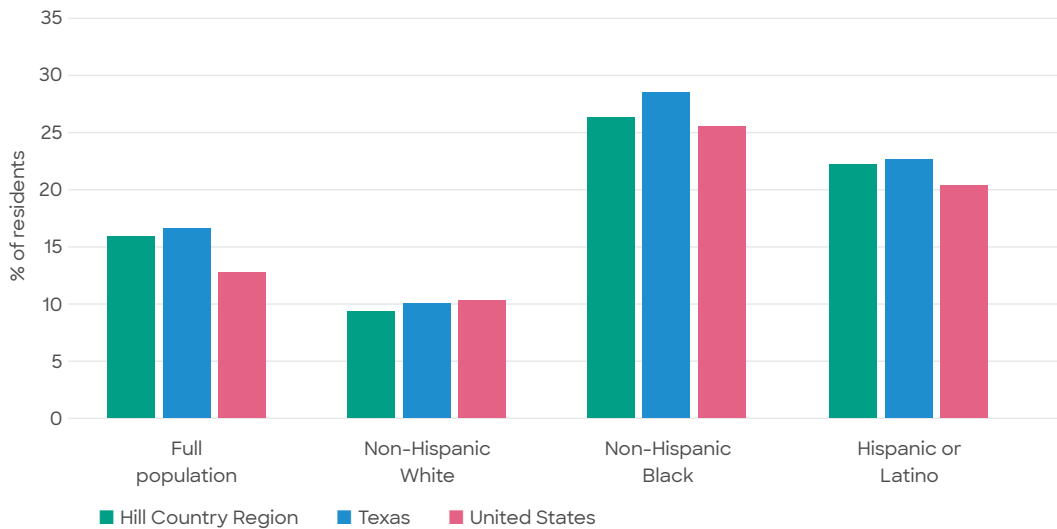
One community member stated, “They stay in town and buy microwavable meals,” highlighting the impact of limited access to healthier food options. Another quote mentions, “Even if people had the money in Llano, would they be able to buy the healthier food?” These excerpts reflect the pressing need to address food access challenges and implement comprehensive strategies to ensure equitable access to affordable, nutritious foods for all community members.

Topic	Hill Country Region	Texas	United States
Food Environment Index <i>2019</i>	7.2	6.1	–
Food insecurity <i>% of residents, 2022</i>	15.2	16.4	13.3
Food stamps (SNAP) <i>% of households, 2022</i>	6.84 ±1.07	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>	68.67 ±6.04	61.70 ±0.61	58.90 ±0.23
Living in food deserts <i>% of residents, 2019</i>	4.84	7.69	10.15

Food insecurity

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

Food insecurity by race/ethnicity, 2022



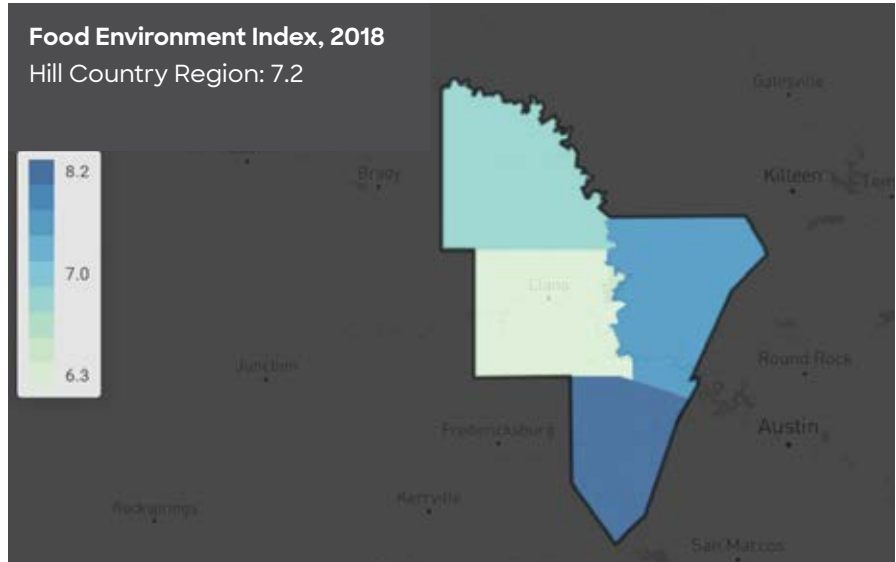
Food insecurity is a pressing issue that affects communities across different regions, including the Hill Country Region in Texas and the United States as a whole. The chart reveals disparities in food insecurity rates based on race and ethnicity, with Non-Hispanic Black and Hispanic or Latino populations experiencing significantly higher levels compared to the Non-Hispanic White population. Specifically, the data shows that the food insecurity rate for Non-Hispanic Black individuals is around 26% in the Hill Country Region, compared to 10% for Non-Hispanic White individuals. Similarly, the Hispanic or Latino population experiences a food insecurity rate of approximately 23%, notably higher than the rate for Non-Hispanic White individuals.

Data sources: Feeding America: Map the Meal Gap

Food Environment Index

Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).

The Food Environment Index in the Hill Country Region of Texas is relatively high, with an average score of 7.23. Blanco County has the highest score at 8.2, indicating a very healthy food environment, while Llano County has the lowest score at 6.3. This suggests that the overall food environment in these counties is quite favorable, which likely has a positive impact on the health and well-being of the community.

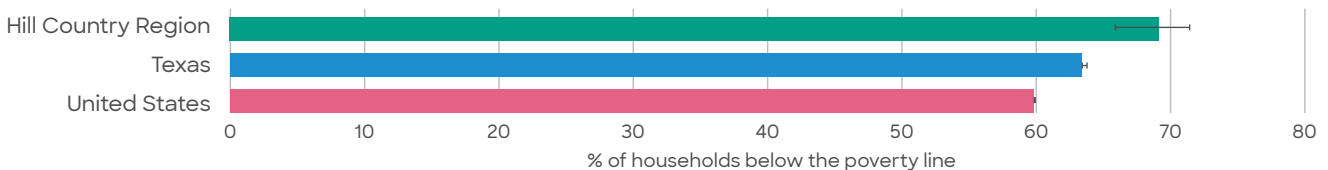


Data sources: Feeding America: Map the Meal Gap (Data captured via County Health Rankings), US Department of Agriculture (USDA) - Economic Research Service: Food Environment Atlas (Data captured via County Health Rankings)

Households in poverty not receiving food stamps (SNAP)

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

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



The data on households in poverty not receiving food stamps (SNAP) reveals some interesting insights. In the Hill Country Region, the percentage of such households stands at 68.67%, which is notably higher than the state average of 62.2% and the national average of 59.45%. This indicates a concerning trend in the region, suggesting a potential lack of access to essential support for vulnerable families.

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



Health behaviors

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

What we heard from the community

Health behaviors encompass a wide range of preventive measures, substance use prevention, mental health awareness and the impact of social determinants of health on community well-being. The provided excerpts shed light on the challenges related to mental health stigma, substance abuse, access to preventive care and the influence of lifestyle factors on overall health.

Community members express concerns about the lack of substantial preventive care for children, including vision and dental checkups, highlighting disparities in access to essential services. Additionally, the excerpts underscore the impact of social and environmental factors, such as the affordability of healthy food, transportation barriers and the addictive nature of technology, on individuals' health behaviors and well-being.

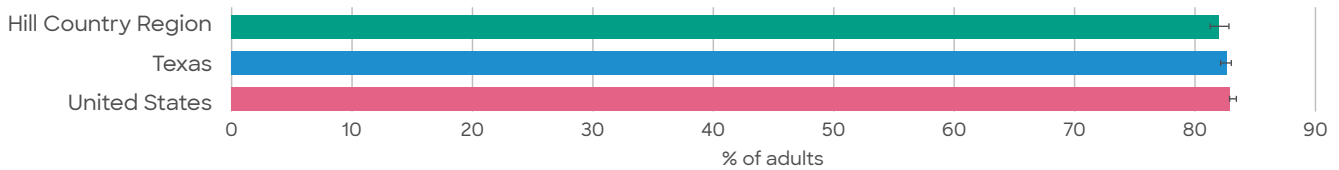
Direct quotes from the community members emphasize the struggles related to transportation barriers, limited access to mental health services and the financial constraints that hinder individuals from accessing essential healthcare. The importance of addressing these challenges through community-based interventions and increased access to education, nutrition and mental health resources is evident in the provided insights.

Topic	Hill Country Region	Texas	United States
Cholesterol screening <i>% of adults, 2021</i>	82.76 ±1.24	83.27 ±0.67	83.65 ±0.20
Colorectal cancer screening <i>% of adults, 2022</i>	57.55 ±2.60	54.64 ±1.07	58.85 ±0.32
Mammography use <i>% of female adults, 2022</i>	72.79 ±4.07	73.79 ±1.55	75.65 ±0.45
No exercise <i>% of adults</i>	26.3 ±2.3	27.6 ±0.8	23.7 ±0.2
Pap smear use <i>% of adults, females (18 - 24 years), 2020</i>	78.97 ±1.60	78.81 ±0.54	82.30 ±0.17
Cigarette smoking rate <i>% of adults, 2022</i>	16.5 ±1.0	14.8 ±0.4	14.6 ±0.1

Cholesterol screening

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

Cholesterol screening, 2021



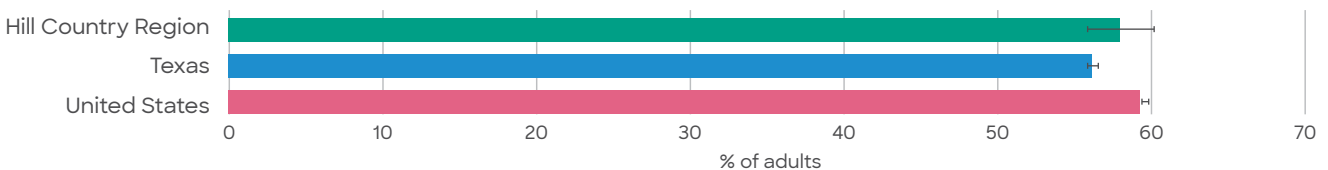
Cholesterol screening rates are relatively high across the board, with Hill Country Region at 82.76%, Texas at 83.27% and the United States at 83.65%. These numbers indicate a consistent effort in these areas to monitor and address cholesterol levels, potentially leading to better overall community health. The impact of these high screening rates could mean a more proactive approach to managing cardiovascular health and reducing the risk of related diseases.

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

Colorectal cancer screening

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

Colorectal cancer screening, 2022



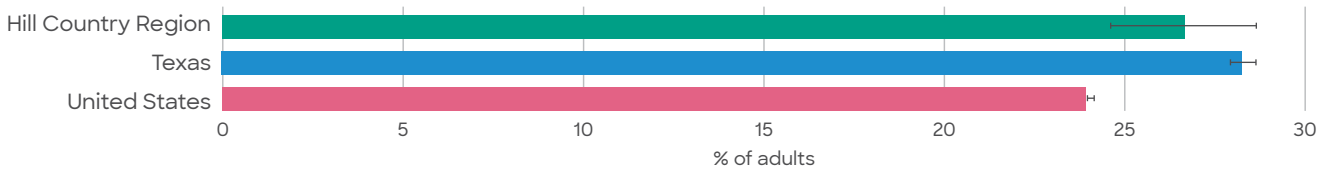
Colorectal cancer screening rates vary across different regions, with the Hill Country Region at 57.55%, Texas at 54.64% and the United States at 58.85%. These numbers indicate that the Hill Country Region and Texas are slightly below the national average for colorectal cancer screening.

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

No exercise

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

No exercise, 2022



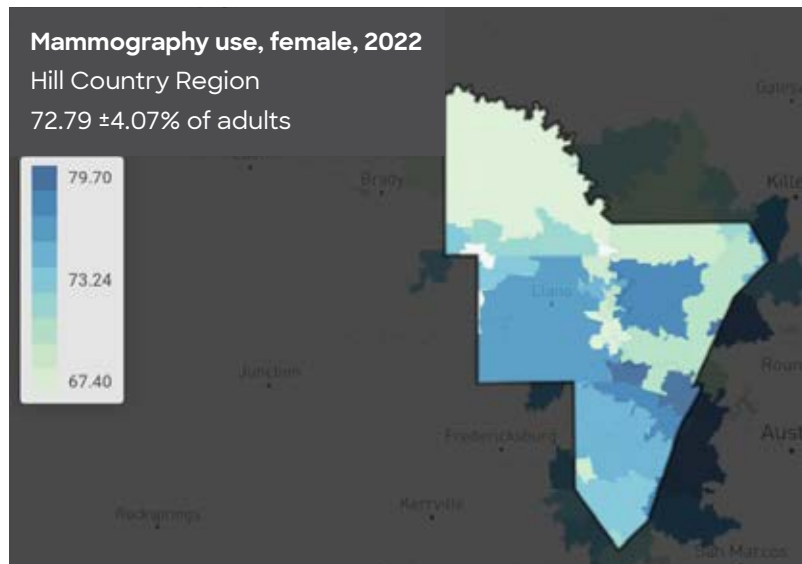
Physical inactivity is a pressing issue, with the chart revealing that the Hill Country Region and Texas have higher rates of no exercise compared to the national average of 23.68%. Specifically, the data shows that 26.31% of individuals in the Hill Country Region and 27.64% in Texas report no exercise, highlighting the need for interventions in these areas to promote physical activity and overall well-being.

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 in the specified areas of Texas is relatively high, with an average of 73% of resident female adults aged 50 - 74 years reporting having had a mammogram within the previous two years. The data, sourced from the Behavioral Risk Factor Surveillance System (BRFSS) and PLACES, reveals that the highest reported usage is in Briarcliff, TX, where 79.7% of women have had a mammogram, while the lowest reported usage is in Rochelle, TX, with only 67.4% of women having had a mammogram. This indicates a positive impact on the community’s healthcare awareness and access to preventive services, contributing to early detection and treatment of breast cancer.



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



Housing

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

What we heard from the community

Housing insecurity and homelessness have significant implications for community health, leading to poorer socioeconomic and health outcomes, including instability and inadequate access to healthcare. The lack of affordable housing options and extensive waitlists for assistance programs contribute to the struggle of families and individuals, including grandparents raising children and those experiencing homelessness. Disparities in housing accessibility, such as high rent relative to income, also exacerbate the challenges faced by the community.

Community members express concerns about the unavailability of agencies actively preventing homelessness and providing assistance with essential needs like electric bills and transportation. The impact of housing instability on healthcare access is evident, with residents facing difficulties in obtaining necessary documentation for accessing care and encountering barriers to essential healthcare services. Additionally, the reduction in staff and resources at community organizations has further strained the support available for addressing housing-related challenges.

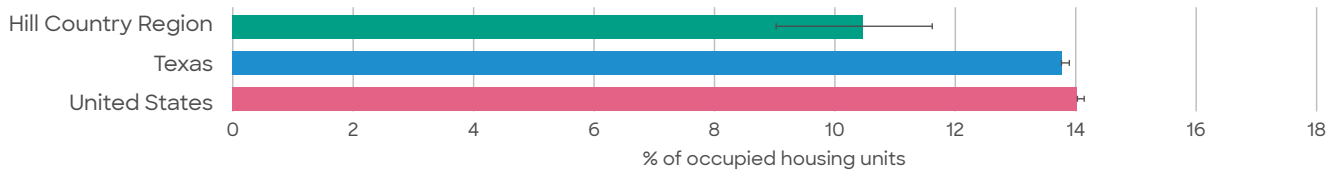
Direct quotes from community members shed light on the pressing issues, with one individual stating, “A lot of my patients live out of their cars quite a bit because either they can’t afford even the low-income apartments, or they can afford the low-income apartments. But our Section 8 list is literally three years long.” These testimonies underscore the urgent need for comprehensive interventions and support systems to address housing insecurity and homelessness within the community.

Topic	Hill Country Region	Texas	United States
Crowded housing <i>% of occupied housing units, 2018 - 2022</i>	3.19 ±0.73	5.05 ±0.15	3.45 ±0.03
Eviction rate <i>% of renter-occupied households, 2018</i>	0.32	2.62	2.12
Housing Choice Vouchers issued <i>vouchers, 2023</i>	280	148,850	2,191,258
Housing cost burden <i>% of occupied housing units, 2018 - 2022</i>	25.26 ±2.07	32.76 ±0.34	31.48 ±0.06
Housing insecurity <i>% of adults, 2022</i>	13.6 ±0.79	16.9 ±0.5	—

Severe housing cost burden

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

Severe housing cost burden, 2018 - 2022

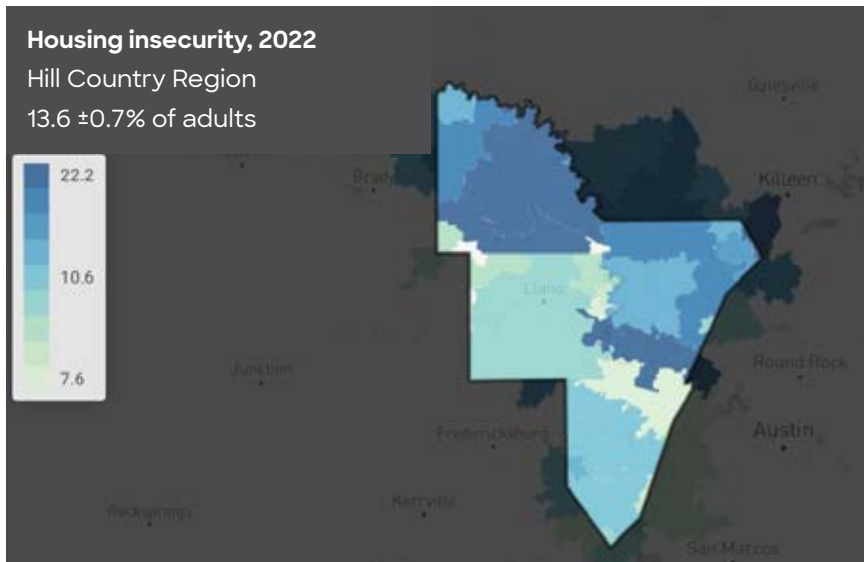


Severe housing cost burden is a pressing issue that affects communities at various levels. In the Hill Country Region, 10.37% of residents experience severe housing cost burden, while the rate is slightly higher in Texas at 13.67% and even higher at 14.06% for the United States as a whole. These numbers highlight the significant impact of housing costs on individuals and families, emphasizing the need for interventions to address this critical issue.

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

Housing insecurity

The percentage of adults who were not able to pay mortgage, rent or utility bill in the past 12 months.



Housing insecurity is a pressing issue affecting many communities across the United States. In the city of Lampasas, Killeen and other areas within Texas, the percentage of adults who were unable to pay their mortgage, rent or utility bill in the past 12 months ranges from 7.6% to 22.2%. The data from the Behavioral Risk Factor Surveillance System (BRFSS) and American Community Survey (ACS) highlights the significant impact of housing insecurity on the well-being of individuals and families in these areas, emphasizing the need for support and interventions to address this issue.

Data sources: Centers for Disease Control and Prevention (CDC): PLACES, Behavioral Risk Factor Surveillance System (BRFSS), U.S. Census Bureau: American Community Survey (ACS)



Maternal and child health

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

What we heard from the community

Maternal and child health encompasses the well-being of mothers, infants, children and adolescents, with a focus on addressing healthcare access, preventive care and support for vulnerable families. The provided excerpts shed light on the challenges faced by families, including uninsured or underinsured individuals seeking emergency room care, lack of substantial preventive care for children, and the impact of mental health conditions on living conditions. Grandparents raising grandchildren also face resource limitations, while access to parenting support and mental health services remains a concern.

Community members express the need for more accessible pediatric care and mental health for pediatric patients. Additionally, the lack of support for Spanish-speaking and immigrant communities is highlighted, along with the need for parenting classes and assistance for low-income families living in adverse conditions.

One individual shares, “I was stunned at the number of kids who had not ever had dental care and kids who needed glasses that had never had a vision check other than maybe in the nurse’s office at school.” These experiences underscore the urgent need for comprehensive maternal and child health initiatives to address gaps in preventive care, mental health services and support for vulnerable families within the community.

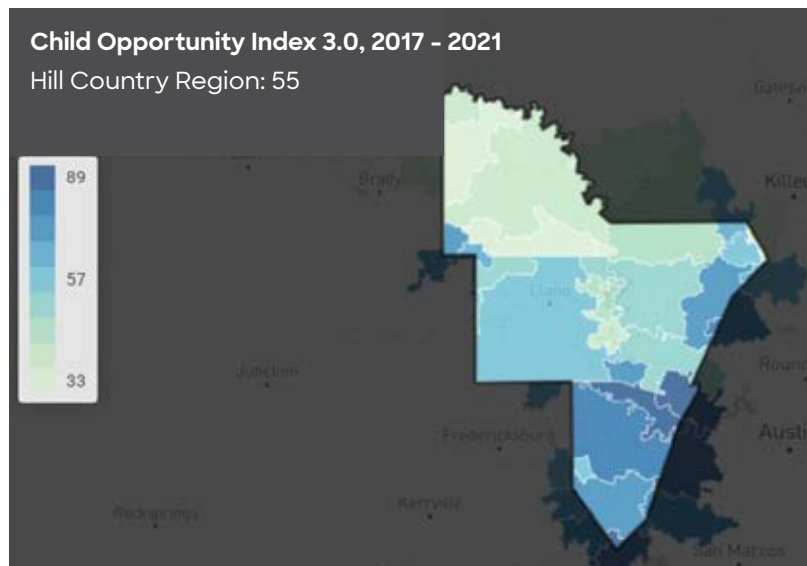
Topic	Hill Country Region	Texas	United States
Births to women without partners present <i>% of births, female, 2022</i>	21.51 ±9.85	26.55 ±1.76	23.63 ±0.40
Child Opportunity Index 3.0 <i>2017 - 2021</i>	55	53	52
Child care center ratio <i>children / care center enrollment, 2023</i>	11	10	11
Grandparents responsible for grandchildren <i>% of residents age 30+, 2022</i>	1.39 ±0.56	1.32 ±0.07	0.99 ±0.01
Infant mortality <i>deaths per 1,000 live births, 2021</i>	–	5.4	5.7

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).

The Child Opportunity Index 3.0, 2017 – 2021, provides a composite index that captures neighborhood resources and conditions important for children’s healthy development, scored on a scale from Very Low to Very High. In the map, areas in Texas such as Florence, Kempner and

Killeen have moderate to high scores, while Canyon Lake, Dripping Springs and Liberty Hill stand out with very high scores. This indicates varying levels of opportunities for children’s development across different neighborhoods in Texas. The impact of these scores on the community can be seen in the potential influence on children’s health, education and overall well-being, reflecting the disparities in opportunities within the state.

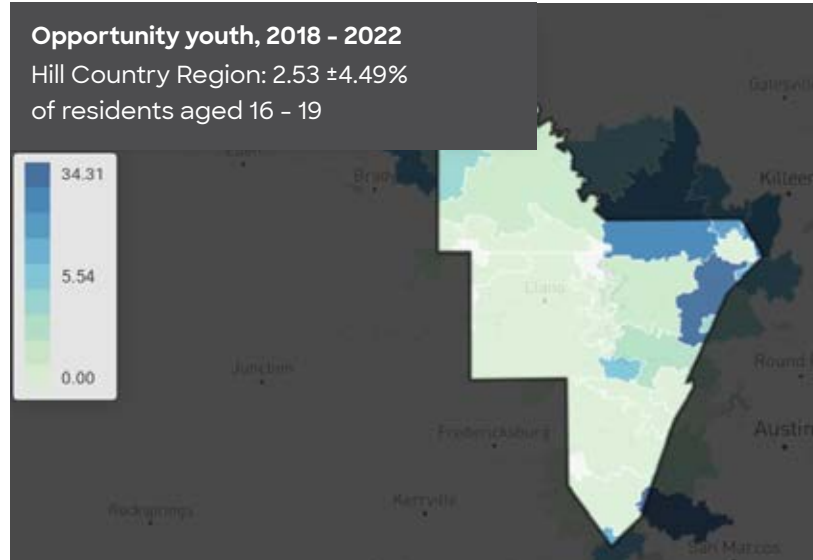


Data sources: DiversityDataKids.org: Child Opportunity Index 3.0

Opportunity youth

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

Opportunity youth, referring to residents aged 16 - 19 who are neither working nor enrolled in school, is a significant concern within the map of Texas. The data reveals varying percentages of opportunity youth across different areas, with the highest percentage observed in Wimberley, TX, at 34.3% and the lowest in Richland Springs, Lometa and San Saba, TX, at around 4%. This indicates a disparity in educational and employment opportunities for young residents, potentially impacting the overall community's economic and social well-being.



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



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 have a profound impact on community health, with the provided excerpts shedding light on a myriad of challenges faced by individuals due to financial constraints, limited access to healthcare services and disparities in resources. These factors encompass issues such as transportation barriers, lack of insurance, reliance on emergency rooms for primary care and inadequate preventive care. The community grapples with the affordability and accessibility of mental health services, leading to widespread stigma and reluctance to seek help. Additionally, concerns about water quality, the cost of healthy eating and the impact of social media on mental wellness further compound the socioeconomic health challenges faced by the community.

Community members express the struggles of underserved populations, including grandparents raising grandchildren without adequate resources, undocumented individuals facing uncertainty in accessing care and homeless individuals lacking essential documentation for healthcare access. The excerpts also highlight the financial burden of healthcare, medication costs and the unavailability of affordable housing, exacerbating the healthcare disparities among low-income and marginalized groups.

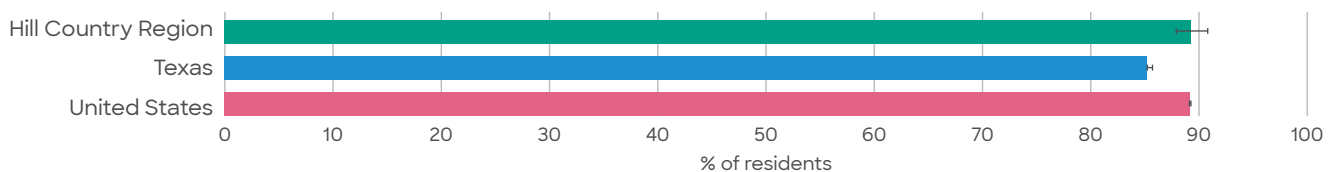
Direct quotes from the excerpts illustrate the circumstances faced by community members, such as “They use the emergency room as their doctor because they don’t really have any other avenues.” These testimonies underscore the need for comprehensive interventions to address the socioeconomic determinants of health and ensure equitable access to healthcare, resources and support services for all community members.

Topic	Hill Country Region	Texas	United States
Any higher education rate <i>% of residents, 2022</i>	60.18 ±2.10	61.96 ±0.33	63.55 ±0.10
Below 200% of poverty level <i>% of residents, 2022</i>	28.74 ±2.53	31.86 ±0.41	28.36 ±0.11
College graduation rate <i>% of residents, 2022</i>	28.77 ±1.34	33.94 ±0.25	35.66 ±0.08
Firearm-related mortality <i>deaths per 100,000, 2022</i>	22.9 ±10.9	15.3 ±0.4	14.2 ±0.1
Hardship Index <i>score</i>	50.7	54.5	50.0

High school graduation rate

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

High school graduation rate, 2018 - 2022



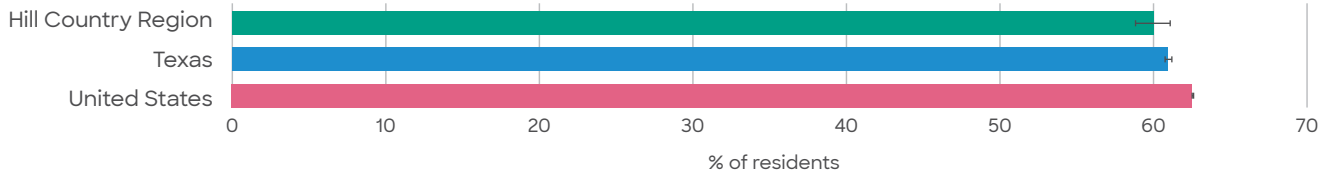
High school graduation rates in the Hill Country Region are notably higher at 89.25% compared to the state average of 85.23% in Texas and the national average of 89.14% in the United States. This suggests that the Hill Country Region has a strong focus on education and is effectively supporting its students to successfully complete high school. Such high graduation rates can have a positive impact on the community by contributing to a more educated and skilled workforce, potentially leading to greater economic opportunities and overall prosperity.

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

Any higher education rate

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

Any higher education rate, 2018 - 2022



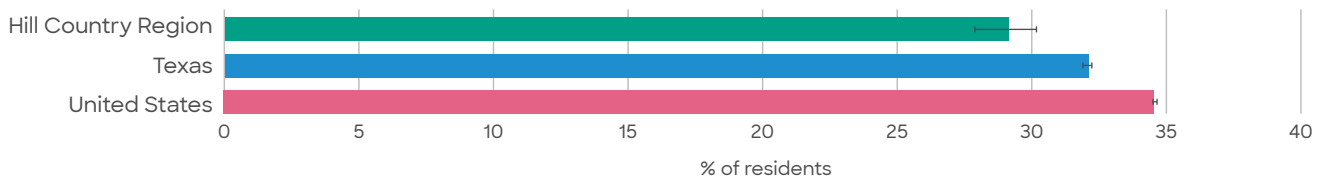
Higher education rates vary across different regions, with the Hill Country Region in Texas having a rate of 60.18%, slightly lower than the state average of 60.77% and significantly below the national average of 62.78%. This suggests that there may be a need for targeted initiatives to improve access to higher education in the Hill Country Region to align it more closely with state and national levels.

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

College graduation rate

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

College graduation rate, 2018 - 2022



College graduation rates in the Hill Country Region are lower than both the state of Texas and the national average, standing at 28.77%. This suggests a potential need for targeted interventions to support and improve educational attainment in this area. With Texas at 32.27% and the United States at 34.31%, it is evident that there is room for growth and enhancement of educational opportunities across the board. This data underscores the importance of investing in initiatives to elevate college graduation rates, particularly in the Hill Country Region.

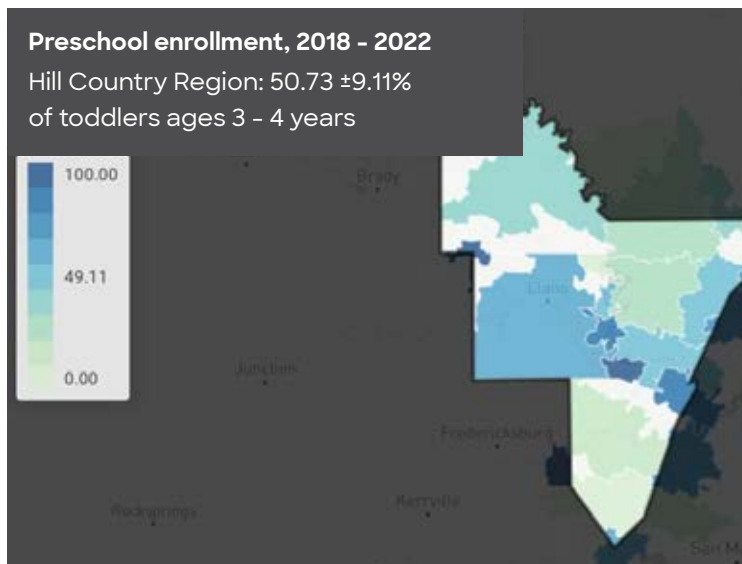
Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

Preschool enrollment

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

Preschool enrollment in the cities and towns of the Texas Hill Country varies widely, with rates ranging from 0% in Tow to 100% in Stonewall. The highest enrollment rates are seen in smaller, more rural areas like Kingsland, Horseshoe Bay and Stonewall, while larger towns such as Killeen and Wimberley have lower enrollment rates. This data highlights the disparities in access to early childhood education within this region and underscores the importance of addressing preschool enrollment as a critical factor in children's development and future success.

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

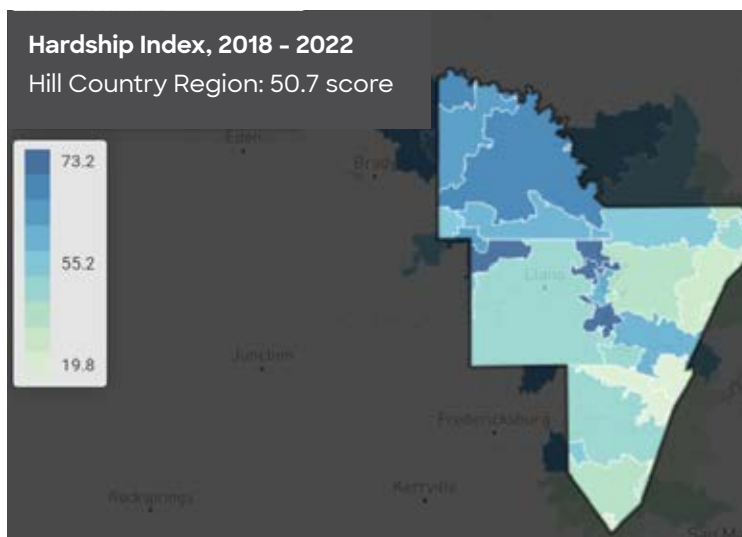


Hardship Index

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.

The Hardship Index, calculated by Metopio using the American Community Survey (ACS), provides a composite score reflecting hardship in the community, with higher values indicating greater hardship. The data points are primarily located in various cities and towns within the state of Texas, such as Killeen, Lampasas, San Saba and Canyon Lake. The map indicates that certain areas, like Kingsland and Tow, experience significantly higher levels of hardship, while others, like Dripping Springs and Round Mountain, have notably lower hardship scores. This suggests a significant disparity in economic and social challenges across different communities within the state.

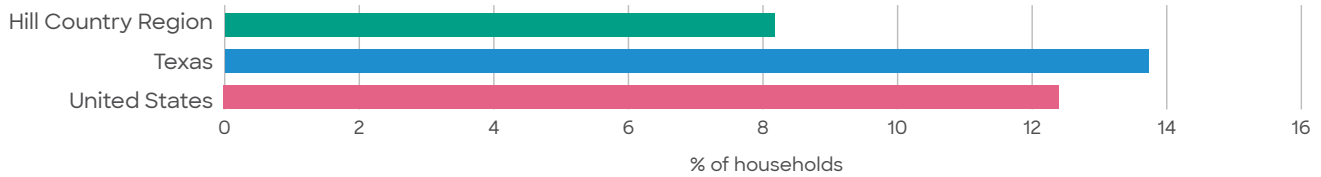
Data sources: U.S. Census Bureau: American Community Survey (ACS) (Calculated by Metopio)



Households in poverty

Percent of households living below the federal poverty level.

Households in poverty, 2017 - 2021



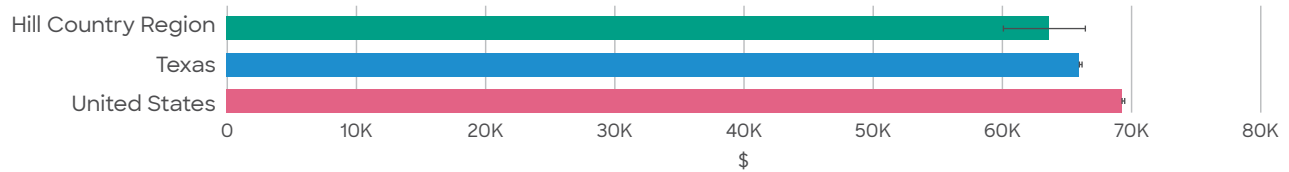
The data on households in poverty reveals that the Hill Country Region has the lowest percentage of households in poverty at 8.19%, compared to the state of Texas at 13.45% and the United States at 12.7%. This suggests that the Hill Country Region has a relatively lower incidence of poverty among its residents, potentially indicating better economic opportunities or social support systems within the region. The impact of these disparities on the community could be significant, influencing access to resources, education and overall well-being.

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

Median household income

Income in the past 12 months.

Median household income, 2018 - 2022



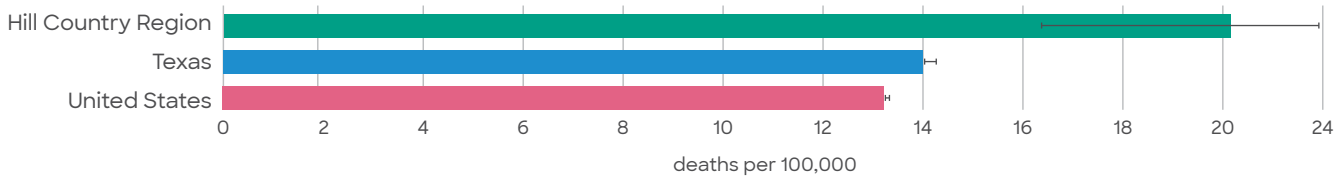
The data on median household income reveals that the Hill Country Region has the lowest income at approximately \$63,868, while Texas and the United States have slightly higher median incomes at around \$66,968 and \$68,906, respectively. The chart indicates that the Hill Country Region lags behind both Texas and the national average in terms of household income. This suggests a potential disparity in economic prosperity within the state, with implications for access to resources and opportunities within the community.

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

Firearm-related mortality

Deaths per 100,000 residents related to firearms (ICD-10 codes *U01.4, W32-W34, X72-X74, X93-X95, Y22-Y24, Y35.0).

Firearm-related mortality, 2018 - 2022



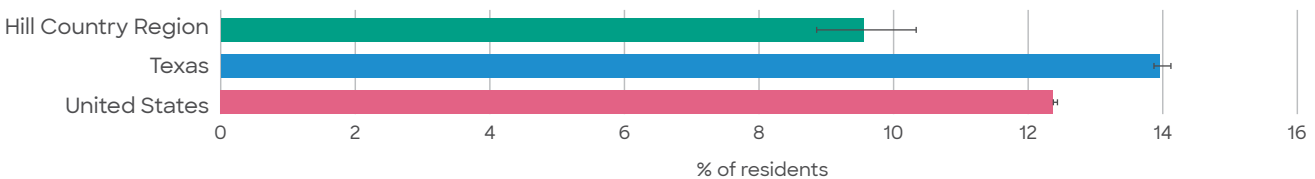
Firearm-related mortality rates vary across different regions, with the Hill Country Region having the highest rate at 20.28, followed by Texas at 14.04 and the United States at 13.27. This data suggests that firearm-related mortality is particularly high in the Hill Country Region compared to the state and national averages, highlighting the need for interventions in this area to address the impact of firearms on the community.

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

Poverty rate

Percent of residents in families that are in poverty (below the federal poverty level).

Poverty rate, 2018 - 2022



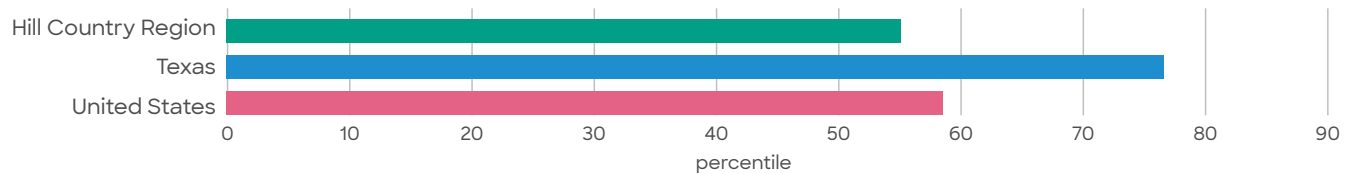
The poverty rate in the Hill Country Region is notably lower at 9.35% compared to the state average of 13.94% and the national average of 12.53%. This suggests that the Hill Country Region has a relatively lower incidence of poverty compared to both Texas and the United States as a whole. The impact of this lower poverty rate could indicate better access to resources, higher employment opportunities and potentially stronger community support systems in the Hill Country Region.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Social Vulnerability Index

The Social Vulnerability Index was created to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during and after a hazardous event, such as a natural disaster, disease outbreak or chemical spill. SVI indicates relative vulnerability by ranking places on 15 social factors, including unemployment, minority status and disability, and combining the rankings into a single scale from the 0th percentile (lowest vulnerability) to 100th percentile (highest vulnerability).

Social Vulnerability Index, 2022



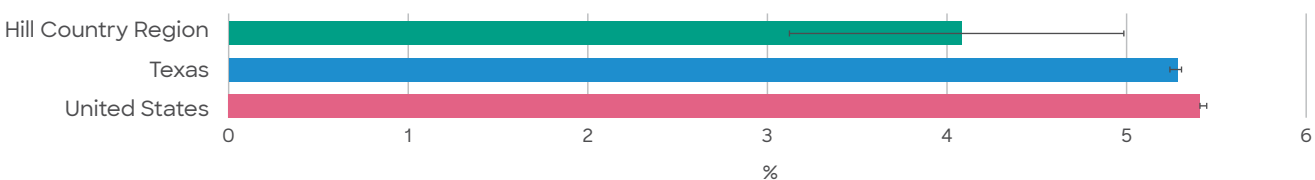
The Social Vulnerability Index (SVI) provides valuable insights into the vulnerability of different regions. The data reveals that the Hill Country Region has a relatively lower SVI of 54.94 compared to Texas at 76.77 and the United States at 58.4. This suggests that the Hill Country Region may have more robust social support systems and resources in place, contributing to lower vulnerability levels within the community.

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

Unemployment rate

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

Unemployment rate, 2018 - 2022



The data on unemployment rates in the Hill Country Region, Texas and the United States reveals that the Hill Country Region has the lowest unemployment rate at 4.11%, followed by Texas at 5.22% and the United States at 5.33%. This indicates that the Hill Country Region has a relatively lower unemployment rate compared to both Texas and the overall national average. The impact of these rates on the respective communities could suggest a more stable job market in the Hill Country Region, potentially leading to greater economic security and well-being for its residents.

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

2022 - 2025 evaluation of impact

2022 CHNA health priorities: Food insecurity, adult chronic disease, access to mental healthcare

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> • Food insecurity • Adult chronic disease • Access to mental healthcare 	<ul style="list-style-type: none"> • Provide financial and in-kind donations to non-profit organizations addressing food insecurity, adult chronic disease and/or access to mental healthcare in the community. 	<ul style="list-style-type: none"> • Improved overall health outcomes and increased access to mental healthcare, particularly for vulnerable and underserved populations. • Marble Falls: Over \$77,000 awarded to non-profit organizations addressing critical health needs in the community.
<ul style="list-style-type: none"> • Adult chronic disease • Access to mental healthcare 	<ul style="list-style-type: none"> • Provide free and/or discounted care, including community referrals, to financially or medically indigent patients as outlined in the financial assistance policy. 	<ul style="list-style-type: none"> • Improved access to care and community resources. • Marble Falls: Over \$13.6 million provided in charity care to un/underinsured low-income populations.
<ul style="list-style-type: none"> • Food insecurity • Adult chronic disease 	<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 in partnership with local food banks and community organizations. 	<ul style="list-style-type: none"> • Improved health outcomes and increased access to nutritious foods. • Marble Falls: Over \$126,800 provided in community health improvement services and programs.

Existing resources

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

- Area Agency on Aging of The Capital Area
- Blanco Chamber of Commerce
- Blanco County AgriLife
- Blanco County Community Resource Centers
- Blanco County Judge
- Blanco ISD
- Burnet County Attorney's Office
- Burnet County JP#1
- Burnet ISD/Rotary Club
- CelesteCare of Horseshoe Bay
- Central Texas Food Bank
- City of Marble Falls
- Community Resource Centers of Texas
- First Baptist Church Kingsland
- First Baptist Church Marble Falls
- Granite Shoals Police
- Helping Center Marble Falls
- Highland Lakes Boys & Girls Club
- Highland Lakes Crisis Network
- Highland Lakes Health Partnership
- Hill Country Fellowship
- Hill Country MHDD Centers
- Johnson City ISD
- Llano County AgriLife
- Llano ISD
- Marble Falls Area EMS
- Marble Falls ISD
- Marble Falls Senior Activity Center
- OWBC Head Start/Meals On Wheels
- Phoenix Center
- QIO of Texas
- Rural Mental Health
- San Saba Chamber
- San Saba County
- San Saba ISD
- St. Frederick Baptist Church
- St. Vincent de Paul of St. John, Horseshoe Bay
- Texas Department of State Health Services - HSR 7
- Weakday Ministries

Identification of significant health needs and prioritization

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

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

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

The voting results are shown below:

Health issue	Voting
Socioeconomic factors	6%
Maternal and child health	6%
Health behaviors	0%
Behavioral health	30%
Built environment	0%
Housing	21%
Access to care	12%
Chronic disease	9%
Food access	15%

Although behavioral health received the most votes as a top health concern, during discussions, it was not identified as a significant need. This is because both primary and secondary data pointed to a strong correlation between behavioral health issues and limited access to care, with inadequate access to health services being identified as the root cause of mental health crises and rising rates. Hospital and community leaders reached a consensus that access to care is a critical health priority, especially due to its direct impact on the availability of behavioral health services and resources. As a result, they chose to prioritize access to care, with a focused effort on expanding services for those most affected by behavioral health.

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

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

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

- 1. Access to care:** Hospital leadership felt they could make more of an impact on addressing behavioral health through focusing on access to care, which includes access to behavioral health services.
- 2. Non-medical drivers of health:** These are the social determinants of health that are correlated with and root causes of many poor health outcomes. Non-medical drivers of health include but are not limited to housing and food insecurity, which were the second and third most voted for health needs in the Hill Country community.
- 3. Chronic disease**

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.
- **Built environment:** Health issues correlated with the built environment, such as pollution, were not selected as a priority due to lack of hospital expertise and resources to effectively address this health need. Hospital and community leaders identified other institutions and organizations that had the expertise, resources and responsibility to address these issues and will continue to ensure a clear line of communication with these institutions to identify any opportunities to support local efforts.
- **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.
- **Health behaviors:** Many health behaviors are highly correlated with the health needs identified in the CHNA. Hospital and community leaders indicated that health behaviors will be incorporated in strategies focusing on the prioritized health needs. In addition, the hospital implements many programs and initiatives that aim to improve health behaviors within the community, including community screenings, nutrition education and primary care services.

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 was approved by the Governing Bodies on May 16, 2025.

Questions or comments regarding the CHNA can be sent via email to CommunityHealth@BSWHealth.org

Data sources

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

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

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

Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - SVI Data

The CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI) uses 16 U.S. census variables to help local officials identify communities that may need support before, during or after disasters.

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

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

Health Resources & Services Administration: Area Health Resources Files

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

Behavioral Risk Factor Surveillance System (BRFSS)

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

DiversityDataKids.org: Child Opportunity Index 3.0

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

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).

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

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

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

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

Federal Bureau of Investigation: FBI Crime Data Explorer

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

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

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

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

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

Centers for Disease Control and Prevention (CDC): Heat and Health Tracker

The Centers for Disease Control and Prevention launched the Heat & Health Tracker to provide timely, local-level heat and health information to the public.

Department of Homeland Security (DHS): HIFLD Open Data

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

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

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

University of Texas System: Infant Mortality in Communities Across Texas

The infant mortality rate (number of deaths before an infant's first birthday per 1,000 births) is a leading health indicator that provides insight into the health of infants, mothers and the larger community. Texas has been meeting the Healthy People 2020 target for infant mortality since 2012 and has an infant mortality rate lower than the national rate.

Feeding America: Map the Meal Gap

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

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

Metopio

Created by Metopio staff.

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

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

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

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

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

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

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

In the United States, state laws require birth certificates to be completed for all births, and federal law mandates national collection and publication of births and other vital statistics data. The National Vital Statistics System, the federal compilation of this data, is the result of the cooperation between the National Center for Health Statistics (NCHS) and the states to provide access to statistical information from birth certificates.

University of Wisconsin - School of Medicine and Public Health: Neighborhood Atlas

The Neighborhood Atlas website was created in order to freely share measures of neighborhood disadvantage with the public, including educational institutions, health systems, not-for-profit organizations and government agencies, in order to make these metrics available for use in research, program planning and policy development.

Centers for Disease Control and Prevention (CDC): PLACES

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

Centers for Medicare & Medicaid Services (CMS): Provider of Services Files

The POS file contains data on characteristics of hospitals and other types of healthcare facilities, including the name and address of the facility and the type of Medicare services the facility provides, among other information. The data are collected through the Centers for Medicare & Medicaid Services (CMS) Regional Offices. The file contains an individual record for each Medicare-approved provider and is updated quarterly. The data is an invaluable resource to a variety of stakeholders, including researchers and application developers.

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.

U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration (SAMHSA)

The Substance Abuse and Mental Health Services Administration (SAMHSA) works to improve substance abuse and mental health treatment services to those who are most in need of them.

United For ALICE: United Way ALICE Data

Every two years, United For ALICE conducts a study of financial hardship at the national level in order to better understand economic disparity within and across states and to track changes over time.

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.

