

2025 Community Health Needs Assessment

Irving/Las Colinas Region





Irving/Las Colinas Region community hospitals

- **Baylor Scott & White Medical Center - Irving**
- **Baylor Scott & White Surgical Hospital - Las Colinas**

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



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Our commitment to the communities we serve

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

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

Our system includes:



52
hospitals



1,300
care sites



7,200
active physicians

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

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

Executive summary

Baylor Scott & White Health (BSWH) is committed to enhancing the health and wellness of the communities it serves. This Community Health Needs Assessment (CHNA) represents a focused effort to identify and address the pressing health concerns within this area, using a comprehensive approach that includes surveys, focus groups, interviews and claims data analysis. This systematic approach ensures that the findings are based on accurate and representative information, providing a solid foundation for strategic health planning and interventions.

The Irving/Las Colinas Region, known for its diverse population and dynamic economic landscape, presents unique health challenges and opportunities. BSWH has actively engaged with the community through partnerships with local organizations, ensuring a broad and inclusive understanding of health determinants and needs. This collaboration is crucial for tailoring health interventions that are culturally appropriate and effectively targeted.

The CHNA utilized both qualitative and quantitative research methodologies to gather data from the community. Surveys were distributed widely to capture a range of health experiences and perceptions. Focus groups and interviews provided deeper insights into specific issues, allowing for a nuanced understanding of community health dynamics. This multifaceted approach ensures that the assessment is comprehensive and considers various perspectives within the community.

BSWH Irving Region remains dedicated to its mission of providing exemplary care to every patient, with a strategic focus on addressing the specific health needs identified in this CHNA. We are grateful for the opportunity to serve the Irving Region and look forward to our continued partnership with local stakeholders to foster a healthier community.

CHNA process

Introduction

The Irving/Las Colinas Region community health assessment involved collaboration with various community partners to identify and address the health needs of the area. The primary data types utilized in this report include surveys, focus groups, interviews, claims data and Metopio, a platform offering curated health-related data. This summary provides an overview of how each data type was used to identify community needs and inform potential programs to improve community health.

Survey

Surveys are essential for collecting data from a specific population to analyze trends, attitudes or opinions using questionnaires or interviews. They help in understanding the community's health behaviors, mental health and specific needs related to the Irving/Las Colinas Region. 697 surveys were completed in the Irving 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.

Interviews

Interviews involve direct one-on-one conversations to gather in-depth information on individuals' views, experiences, or knowledge on specific subjects. In this assessment, two interviews were conducted.

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

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

- City of Irving
- Irving Cares
- North Texas Food Bank
- Salvation Army
- St. Vincent de Paul
- United Way Metro Dallas
- Dallas Health and Human Services
- Tarrant Public Health Department

Metopio (secondary data)

Metopio is a robust platform that offers curated data from public and proprietary sources on health behaviors, health risks, health outcomes, healthcare utilization and community-level drivers of health such as economic, housing, employment and environmental conditions. This data was used to supplement the primary data collected and provide a comprehensive understanding of the community's health needs.

CHNA process

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



Approach to identifying and prioritizing significant health needs

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

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

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

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

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

Significant health needs:

- Food access
- Health behaviors

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

1. Food access
2. Health behaviors

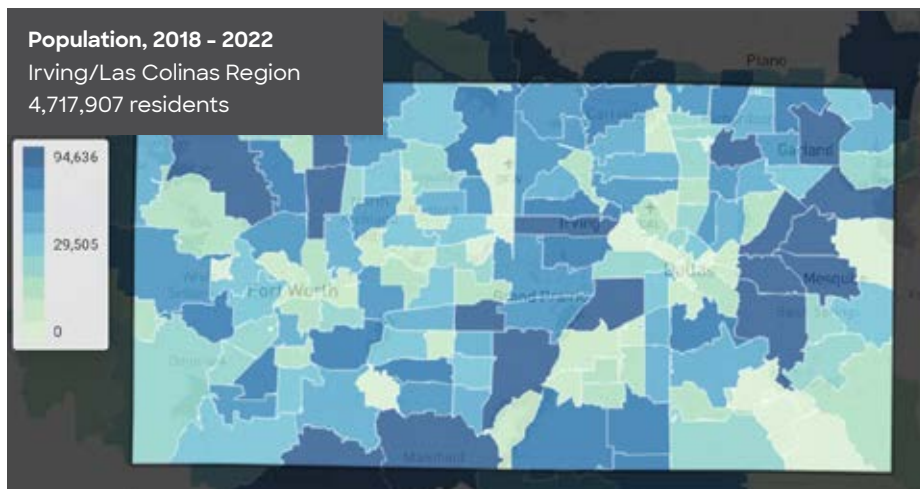
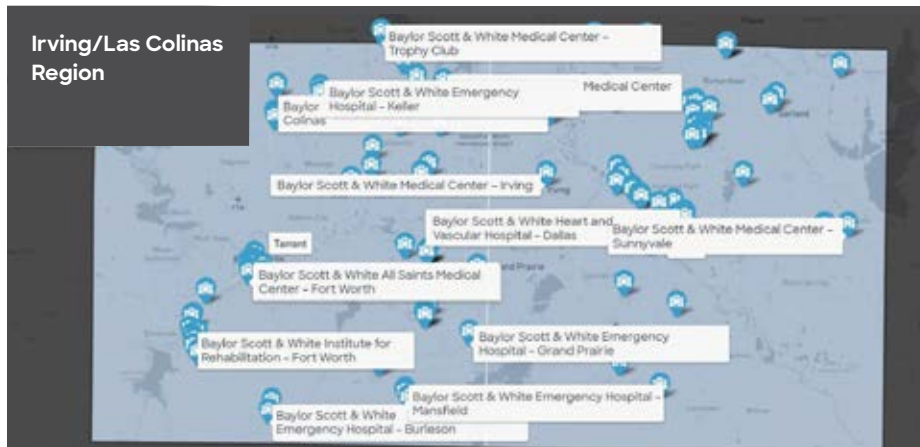
Demographics

Overview

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

- **Baylor Scott & White Medical Center - Irving**
- **Baylor Scott & White Surgical Hospital - Las Colinas**

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



Total population

4,717,907



Median household income

\$68,190



Median age

34.5



% of Spanish primary language

25.21%

% of Asian primary languages

4.09%

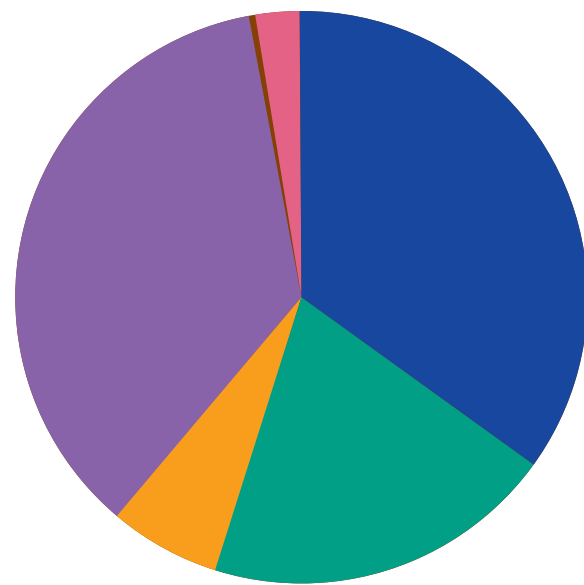
Race/ethnicity

The race/ethnicity composition of the Irving/Las Colinas Region is characterized by a relatively balanced distribution, with a significant proportion of Hispanic or Latino residents (36.07%) and a notable presence of Non-Hispanic White individuals (34.89%). The diversity in racial and ethnic backgrounds reflects the community's inclusive nature and offers opportunities for cultural exchange and understanding. It also underscores the importance of culturally competent healthcare and social services to address the unique needs of different ethnic groups.

Comparatively, the Irving/Las Colinas Region stands out for its higher percentage of Hispanic or Latino residents compared to both Texas and the United States. This demographic trend indicates the necessity for tailored healthcare initiatives that consider language barriers, cultural beliefs and access to care within the Hispanic community. Additionally, the region's lower percentage of Non-Hispanic White individuals compared to the state and national averages highlights the need for diversity-sensitive healthcare practices and equitable resource allocation to address the specific health concerns of minority populations.

Population by race/ethnicity

Irving/Las Colinas Region, 2018 - 2022



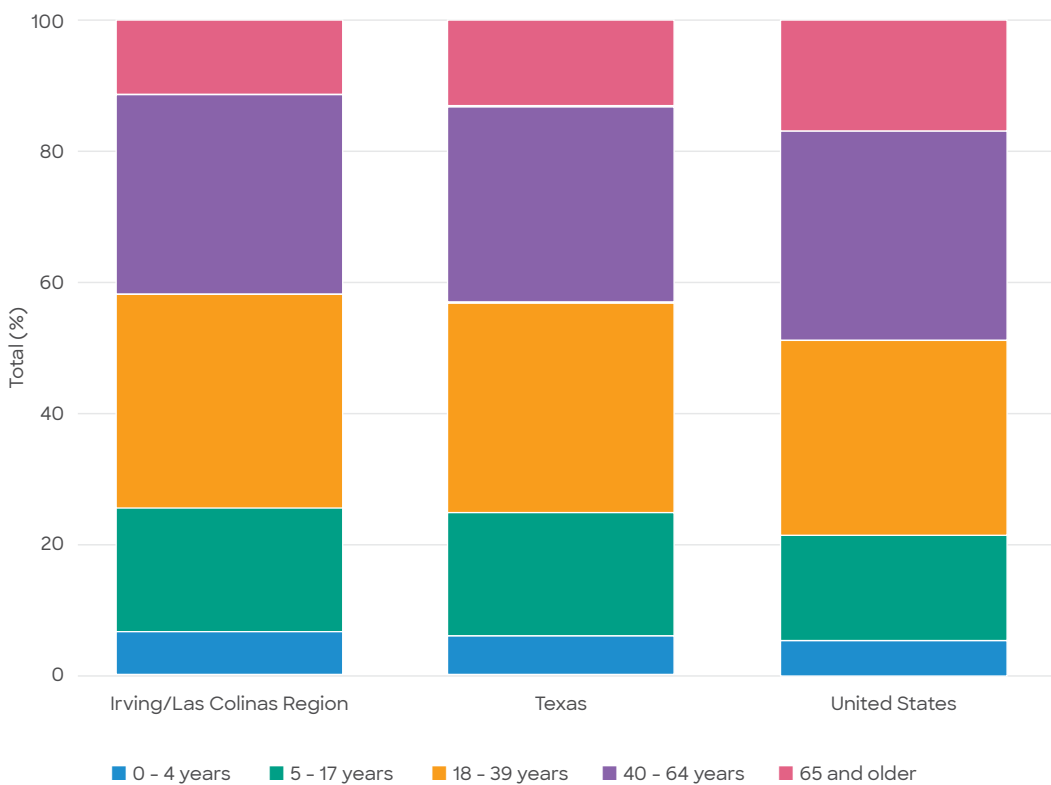
- Non-Hispanic White
- Non-Hispanic Black
- Asian
- Hispanic or Latino
- Native American
- Pacific Islander/ Native Hawaiian
- Two or more races

Age distribution

The age distribution of the Irving/Las Colinas Region is fairly balanced, with the majority of the population falling within the 18 – 64 years age range (62.94%). This demographic distribution suggests a community that is likely to have a mix of healthcare needs, including those associated with working-age adults and older adults. It also indicates the importance of comprehensive healthcare services that cater to a wide range of age-related health concerns, from chronic conditions to preventive care.

When compared to Texas and the United States, the Irving/Las Colinas Region exhibits a slightly higher percentage of residents in the 18 – 39 years age group. This demographic trend may signal a need for targeted healthcare interventions that address the specific health challenges and lifestyle factors impacting young adults in the region. Additionally, the region's lower percentage of individuals aged 65 and older, compared to state and national averages, suggests a potential opportunity for proactive aging-related health programs and services to support the growing older adult population in the future.

Population by age, 2018 - 2022



Health needs

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



Access to care

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Behavioral health

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Built environment

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Chronic disease

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Food access

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Health behaviors

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Housing

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Maternal and child health

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Socioeconomic factors

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Access to care

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

What we heard from the community

Access to care is a fundamental aspect of community health that ensures individuals receive necessary medical services, ranging from preventive care to urgent treatments. However, numerous barriers such as lack of insurance, high healthcare costs and absence of local hospitals severely restrict access to essential healthcare services.

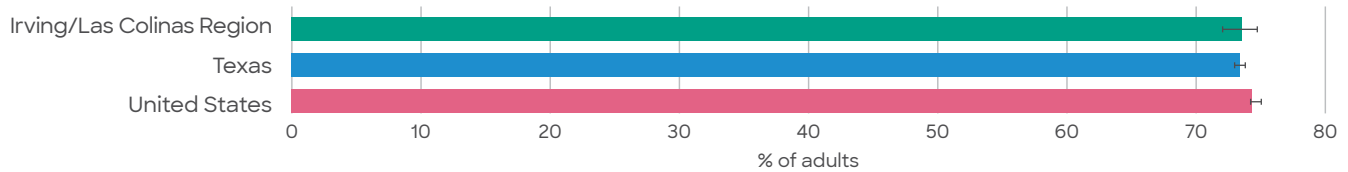
Community members express significant concerns over the lack of adequate healthcare facilities and services. They highlight the need for more comprehensive healthcare access, particularly free or low-cost services. Special populations, including non-native and non-English speakers, undocumented individuals, and individuals experiencing homelessness, are particularly vulnerable due to their limited access to healthcare resources.

Topic	Irving/Las Colinas Region	Texas	United States
Dentists per capita <i>dentists per 100,000 residents, 2024</i>	134.5	102.7	105.2
Internet access <i>% of households, 2022</i>	94.67 ±0.38	93.82 ±0.21	93.59 ±0.10
Medicaid coverage <i>% of residents, 2022</i>	16.35 ±0.49	16.86 ±0.22	21.23 ±0.09
Mental health providers per capita <i>providers per 100,000 residents, 2024</i>	358.5	332.3	602.7
No vehicle available <i>% of households</i>	5.78 ±0.37	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



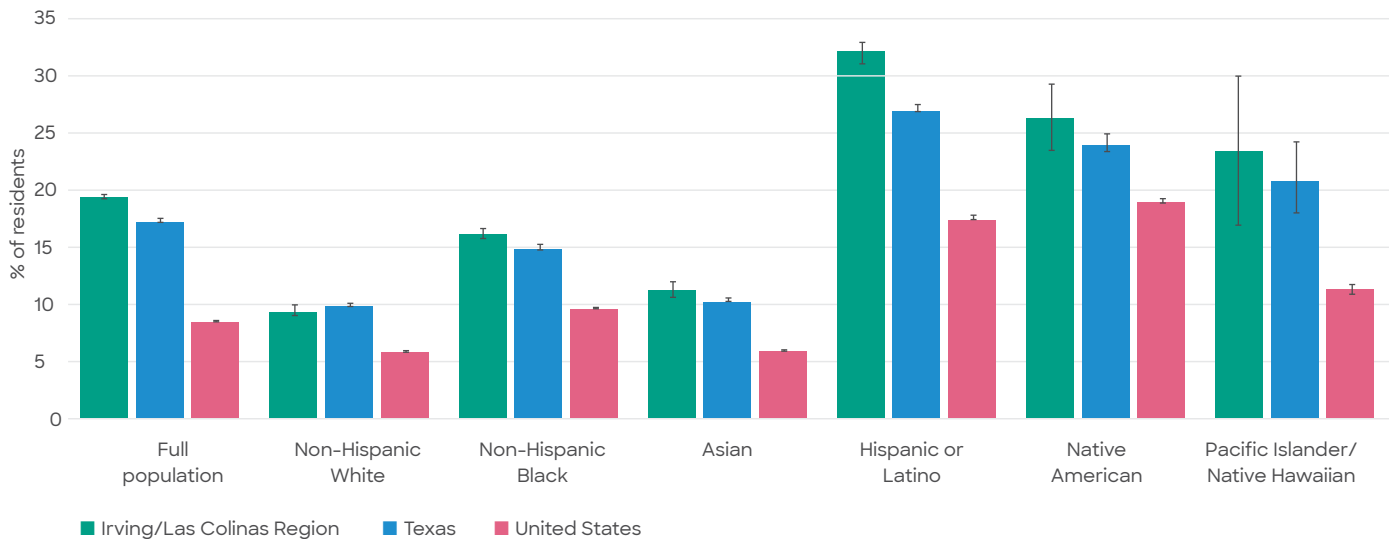
Routine checkups are essential for maintaining good health, and the chart shows the rates of routine doctor visits in different locations. With a rate of 72.66%, the Irving/Las Colinas Region shows a similar percentage compared to the Texas average of 72.34% and a lower rate than the overall United States average of 74.04%.

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

Uninsured rate

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

Uninsured rate by race/ethnicity, 2018 - 2022



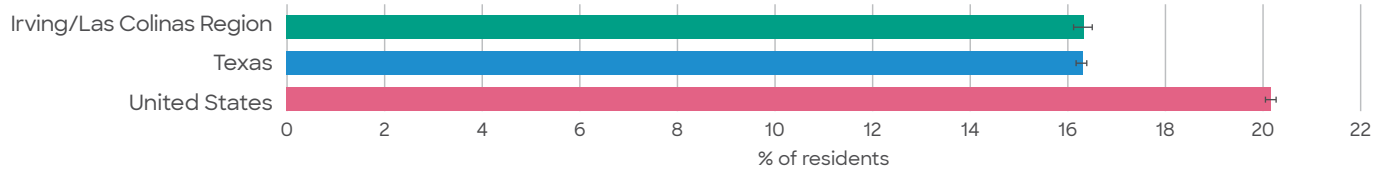
The data on uninsured rates by race/ethnicity in the Irving/Las Colinas Region, Texas and the United States reveals significant disparities. The uninsured rate for the full population is highest in the Irving/Las Colinas Region at 19.51%, followed by Texas at 17.58% and the United States at 8.68%. Of particular concern is the notably higher uninsured rate among Hispanic or Latino individuals, which stands at 32.33% in the Irving/Las Colinas Region, 27.15% in Texas and 17.56% in the United States.

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

Medicaid coverage

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

Medicaid coverage, 2018 - 2022



Medicaid coverage in the Irving/Las Colinas Region is at 16.37%, slightly higher than the state average of 16.31% in Texas and significantly below the national average of 20.4%. This suggests that the region has a relatively lower Medicaid coverage compared to the country as a whole, potentially indicating disparities in access to healthcare services.

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



Behavioral health

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

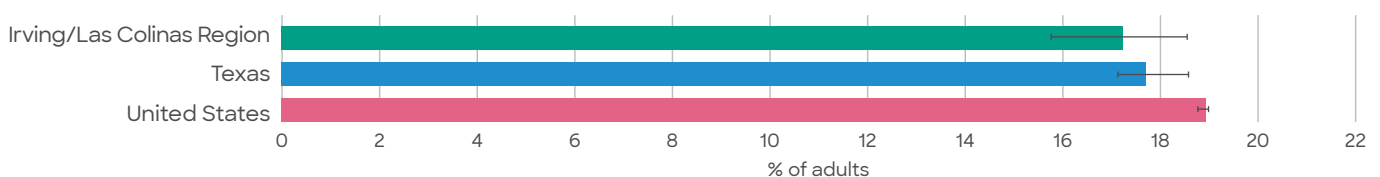
What we heard from the community

Behavioral health is a critical area of public health that addresses the intersection of behaviors, mental health and well-being. It is essential for ensuring that individuals with mental health issues receive the appropriate care and support they need to live healthy, productive lives. The need for effective behavioral health services is highlighted by community members who point out the significant challenges faced by those with mental health conditions, particularly in accessing healthcare services.

Binge drinking

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

Binge drinking, 2022

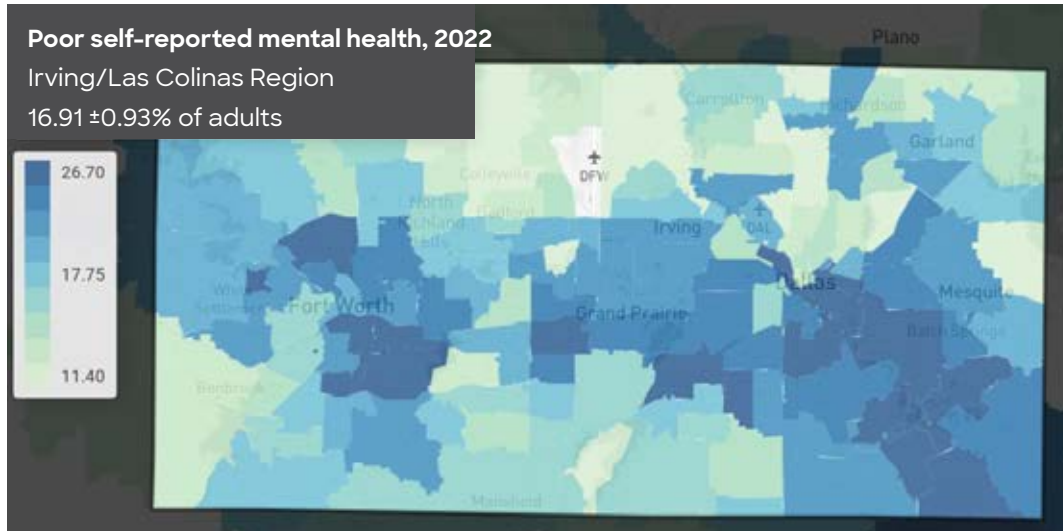


Binge drinking has a significant impact on communities, as reflected in the data. The chart indicates that the Irving/Las Colinas Region has the lowest rate of binge drinking at 17.07%, followed closely by Texas at 17.86%, while the United States as a whole has the highest rate at 18.58%.

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

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.



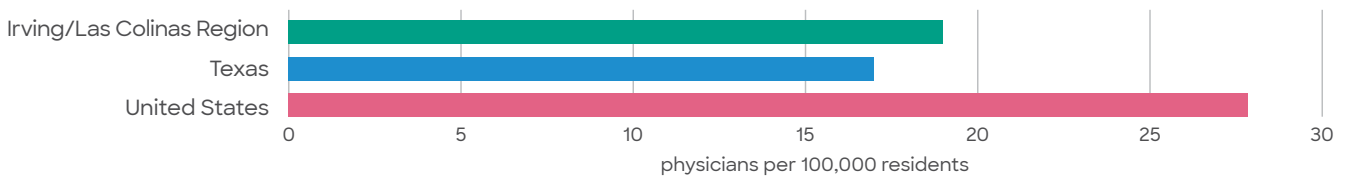
The data reveals that various areas in and around Dallas, such as Garland, Irving and Arlington, have reported percentages ranging from 12.4% to 26.7% of adults experiencing 14 or more days of poor mental health in the past 30 days. This indicates a substantial impact on the well-being of the residents in these areas.

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

Psychiatry physicians per capita

A psychiatrist specializes in the prevention, diagnosis and treatment of mental disorders, emotional disorders, psychotic disorders, mood disorders, anxiety disorders, substance-related disorders, sexual and gender identity disorders, and adjustment disorders.

Psychiatry physicians per capita, 2024



Psychiatry physicians per capita is a critical measure of mental healthcare accessibility. The chart reveals that the Irving/Las Colinas Region has 18.42 psychiatry physicians per capita, slightly higher than the state average of 16.86 in Texas but significantly lower than the national average of 27.8. This suggests a potential disparity in access to mental health services, highlighting the need for increased support and resources in the region to address the community's mental health needs.

Data sources: Health Resources & Services Administration: Area Health Resources Files (AHRF) (County and state level data), Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)



Built environment

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

What we heard from the community

The built environment significantly influences community health by affecting access to healthcare services, exposure to environmental risks, and availability of essential resources like food and housing. The provided excerpts highlight critical issues such as food insecurity, heat-related health risks due to outdoor manual labor and the lack of local hospital facilities.

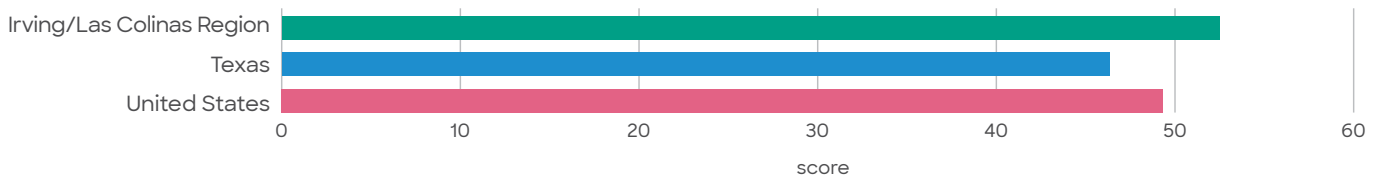
Community members are particularly concerned about the impact of the built environment on their health and well-being. They point out the dangers of working in conditions that predispose them to dehydration and heat-related illnesses. Moreover, issues like food insecurity are addressed sporadically through pop-up food pantries, which do not provide a sustainable solution to the ongoing need for reliable food sources.

Topic	Irving/Las Colinas Region	Texas	United States
Drive alone to work <i>% of workers 16 years and older, 2022</i>	70.56 ±0.75	71.17 ±0.29	68.66 ±0.09
Environmental Burden Index <i>2022</i>	53.70	46.03	48.70
Green space proximity <i>% of area, 2022</i>	73.81	6.06	20.62
Internet access <i>% of households, 2022</i>	94.67 ±0.38	93.82 ±0.21	93.59 ±0.10
Lifetime inhalation cancer risk <i>lifetime risk per million, 2019</i>	30.8	20.9	16.1

Environmental Burden Index

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

Environmental Burden Index, 2022



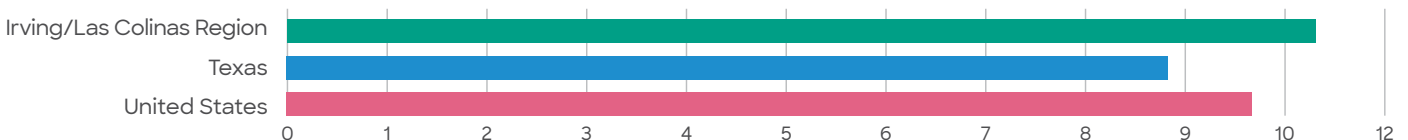
The Environmental Burden Index (EBI) reveals that the Irving/Las Colinas Region has the highest environmental burden index at 53.7, followed by Texas at 46.03 and the United States at 48.7. This indicates that the Irving/Las Colinas Region experiences a significantly higher environmental burden compared to the state and national averages, highlighting the urgent need for targeted environmental initiatives in this area.

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



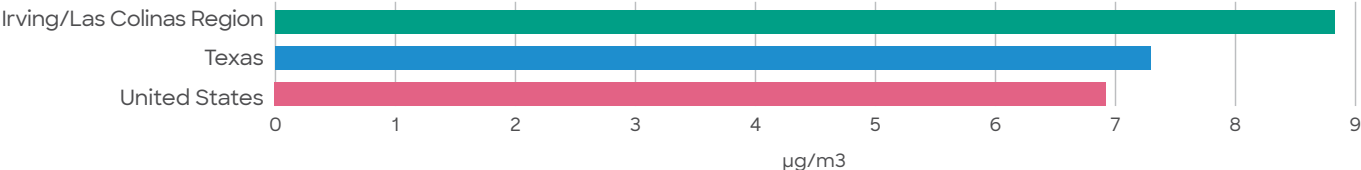
Walkability Index provides a ranking of an area's walkability based on intersection density, proximity to transit, diversity of businesses and housing density, with values ranging from 1 to 20. In the map of Texas, the Walkability Index varies across different areas, with the most walkable areas being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

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

Particulate matter (PM 2.5) concentration

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

Particulate matter (PM 2.5) concentration, 2020



Particulate matter (PM 2.5) concentration is a critical environmental factor that directly impacts public health. The data reveals that the Irving/Las Colinas Region has the highest PM 2.5 concentration at 8.83, followed by Texas at 7.34 and the United States at 6.93. This indicates that the Irving/Las Colinas Region may be facing a more significant air quality challenge compared to the state and national averages, highlighting the need for targeted environmental initiatives to improve air quality in this area.

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



Chronic disease

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

What we heard from the community

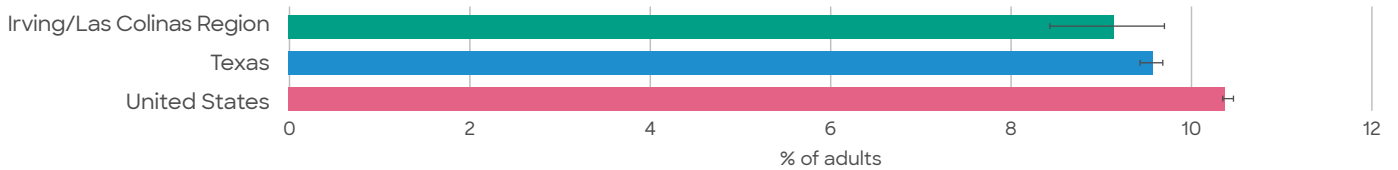
Chronic diseases, such as diabetes, kidney issues and cervical cancer, represent significant health challenges within the community, necessitating targeted educational and healthcare interventions. Proper management of these conditions through medication adherence, routine screenings and nutritional changes is critical. The availability of health services, particularly hospitals and health fairs, plays a crucial role in ensuring that residents receive the necessary care, especially for those who may not have access otherwise due to socioeconomic barriers.

Community members and healthcare providers emphasize the lack of hospital facilities and the need for accessible, timely healthcare screenings to manage and prevent the escalation of chronic diseases. The discussions also highlight the importance of diet in managing chronic conditions, with a strong focus on the need for affordable, healthy food options. Long wait times at healthcare facilities and the geographical disparities in healthcare access are additional concerns that exacerbate the management of chronic diseases in the community. One healthcare provider pointed out, “There’s a tremendous need to educate the community on signs and symptoms of strokes.” Another noted, “If you can’t afford healthy food, you’re not gonna be able to manage your chronic conditions,” emphasizing the link between socioeconomic status and health outcomes.

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



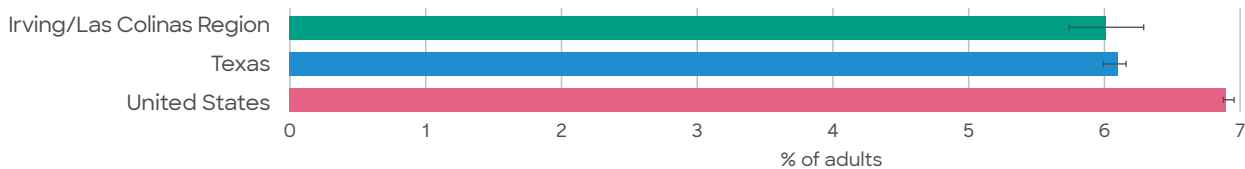
Asthma prevalence in the Irving/Las Colinas Region is 9.07%, slightly lower than the Texas average of 9.43% and notably lower than the national average of 10.35%. This suggests that the region has a relatively lower burden of current asthma compared to the state and the country as a whole.

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



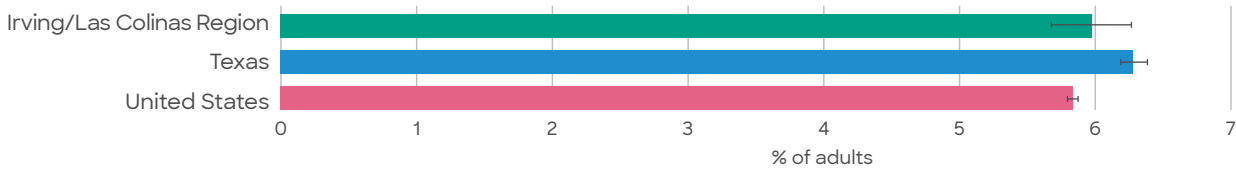
Cancer prevalence varies across different regions, with the Irving/Las Colinas Region in Texas reporting a 6.02% incidence, slightly lower than the state average of 6.12% and significantly lower than the national average of 6.88%.

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



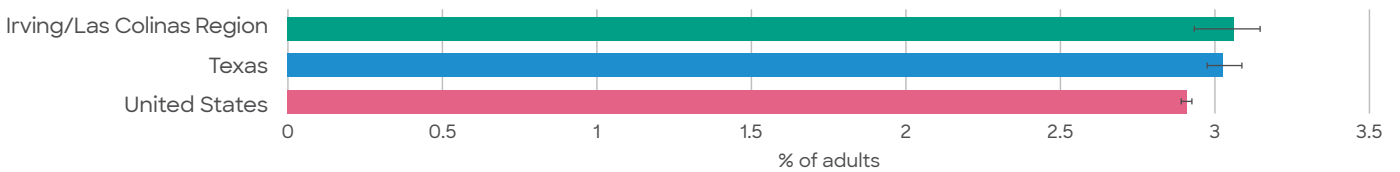
Coronary heart disease has a significant impact on communities, as reflected in the data. The chart shows that the rate of coronary heart disease in the Irving/Las Colinas Region is 5.97%, slightly lower than the state average of 6.27% in Texas and slightly higher the national average of 5.82% in the United States.

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

Chronic kidney disease

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

Chronic kidney disease, 2021

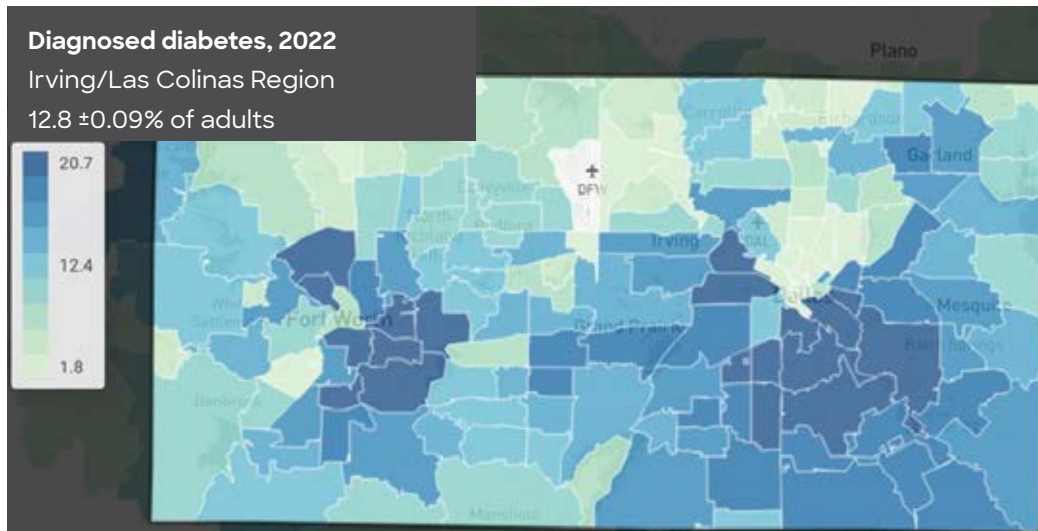


The chart indicates that the prevalence of chronic kidney disease is higher in the Irving/Las Colinas Region (3.11%) and Texas (3.09%) compared to the national average in the United States (2.85%). This suggests a localized concern for the region and state.

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

Diagnosed diabetes

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

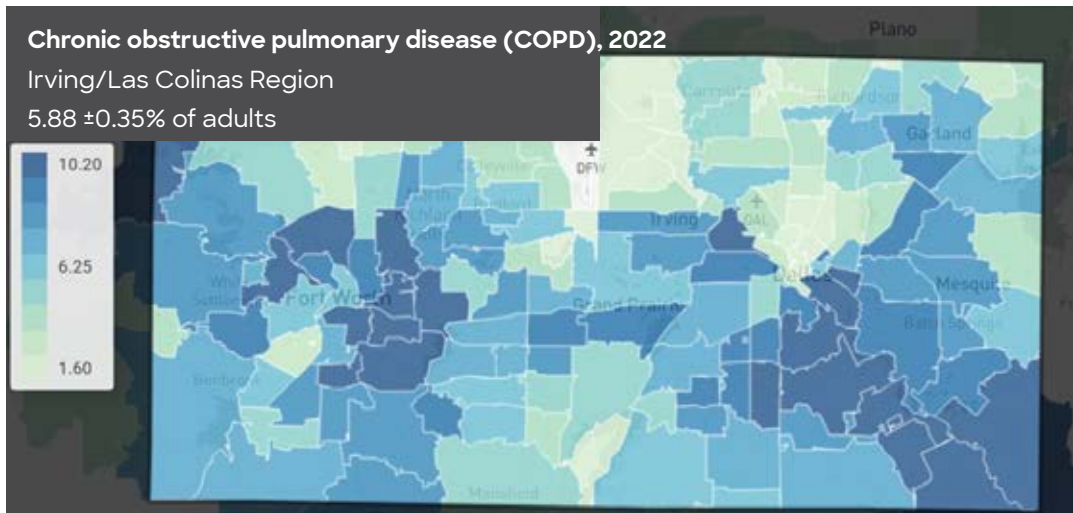


Diagnosed diabetes affects various areas within the city of Dallas and its surrounding suburbs. The data reveals a range of diagnosed diabetes rates, with the highest rates observed in ZIP code 75210 at 20.2% and ZIP code 75215 at 20.1%. These findings highlight the significant impact of diagnosed diabetes on the community.

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.

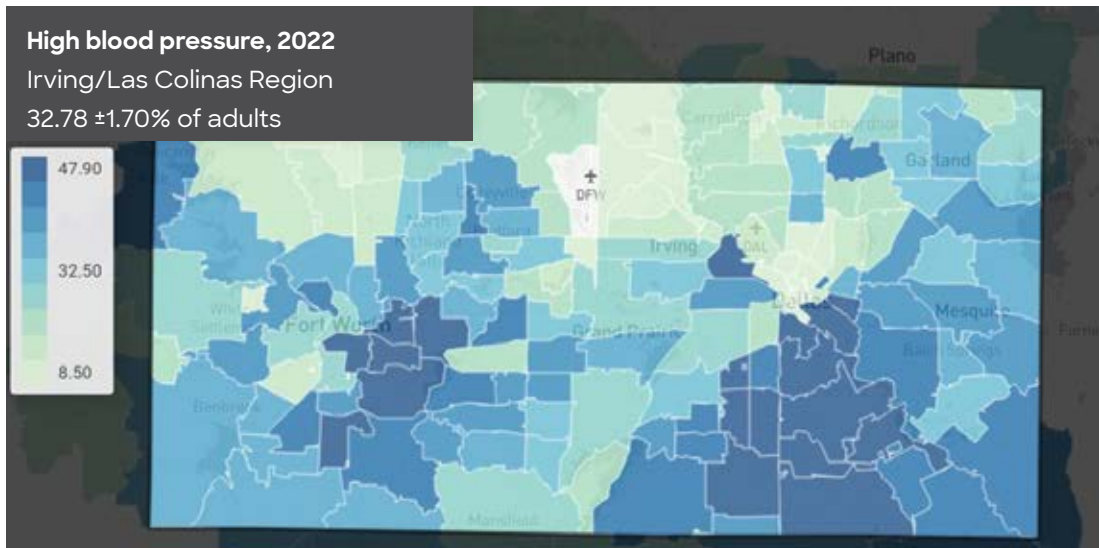


Chronic obstructive pulmonary disease (COPD) affects various areas in Texas, with a range of 2.2% to 10.2% of adults reporting ever being diagnosed with COPD, emphysema, or chronic bronchitis. The highest rates are seen in the southern and eastern parts of the Dallas-Fort Worth metro area, including the cities of Duncanville, Lancaster and Fort Worth. These findings highlight the significant impact of COPD on the respiratory health of the community, particularly in specific neighborhoods where the prevalence is notably high.

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 affects a significant percentage of adults in the Dallas-Fort Worth area, with rates ranging from 19.2% to 47.9%. This data provides a detailed view of high blood pressure prevalence at the sub-county level, highlighting areas with higher concentrations of affected individuals. The impact of high blood pressure on the community is evident.

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 stroke

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

Diagnosed stroke, 2022



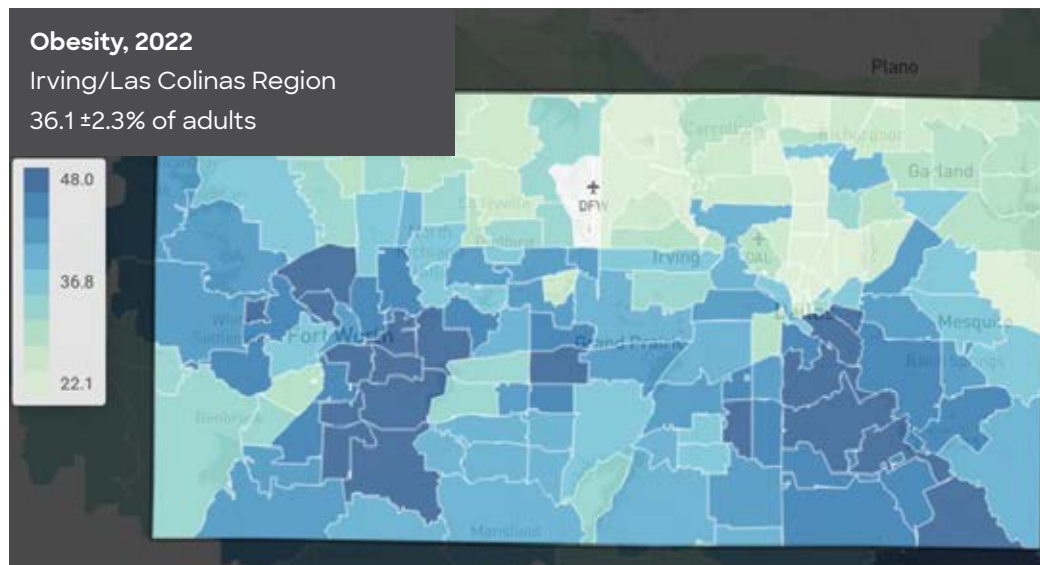
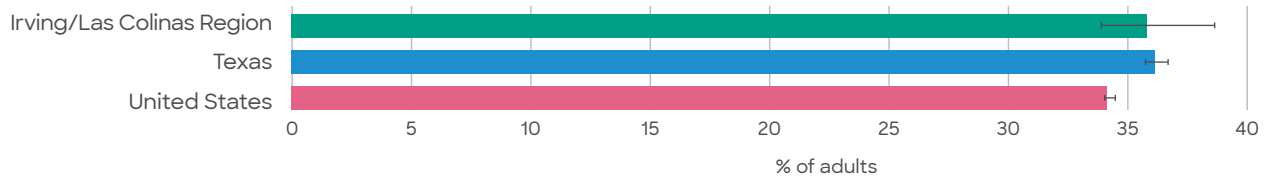
The data on diagnosed stroke rates reveals that the Irving/Las Colinas Region has a slightly lower rate of 3.21 compared to the state of Texas at 3.27, but higher than the United States at 3.1.

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))

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 in the Irving/Las Colinas Region are notably higher at 36.1% compared to the national average of 33.83%.

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))



Food access

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

What we heard from the community

Food access is a critical issue impacting community health, particularly in contexts of socioeconomic challenges and health conditions that require special diets, such as diabetes and heart disease. The availability of nutritious food options is essential for maintaining good health and preventing diseases.

Challenges noted include limited access to food pantries and the need for more frequent support than currently available. For instance, some food pantries only allow individuals to access food once a month, which may not sufficiently meet the needs of all community members, especially those with health conditions that demand consistent and nutritious diets.

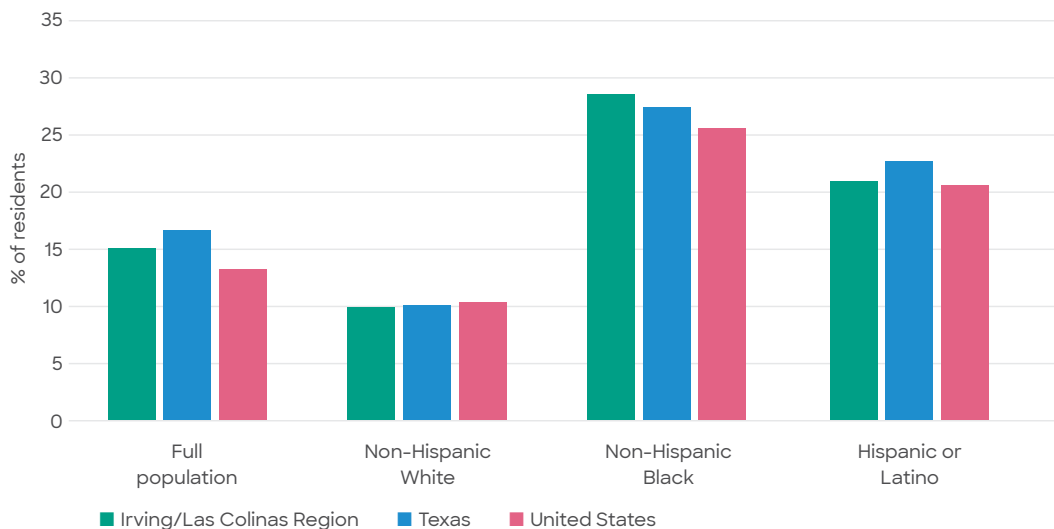
One community member noted, “There’s a lot of pop-up food pantries like a church will have one once a month.” These statements underline the ongoing need for structured and continuous food support systems in the community.

Topic	Irving/Las Colinas Region	Texas	United States
Food insecurity <i>% of residents, 2022</i>	15.0	16.4	13.3
Food stamps (SNAP) <i>% of households, 2022</i>	10.48 ±0.55	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>	67.08 ±1.77	61.70 ±0.61	58.90 ±0.23
Low food access <i>% of residents, 2019</i>	62.70	56.97	50.24

Food insecurity

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

Food insecurity by race/ethnicity, 2022



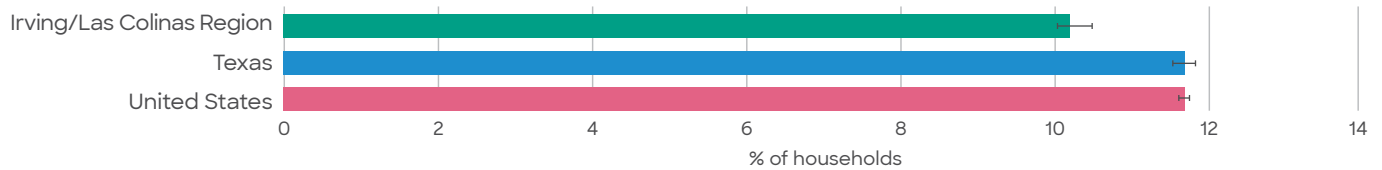
Food insecurity is a pressing issue that affects communities across the globe. In the Irving/Las Colinas Region of Texas, the chart reveals disparities in food insecurity rates among different racial/ethnic groups. Non-Hispanic Black residents experience the highest levels of food insecurity, with rates ranging from 25.3% to 28.55%, while Non-Hispanic White residents consistently have lower rates, around 10%. Hispanic or Latino residents also face significant food insecurity, with rates ranging from 20.49% to 23%. These disparities highlight the unequal impact of food insecurity on different racial and ethnic groups within the region.

Data sources: Feeding America: Map the Meal Gap

Food stamps (SNAP)

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

Food stamps (SNAP), 2018 - 2022



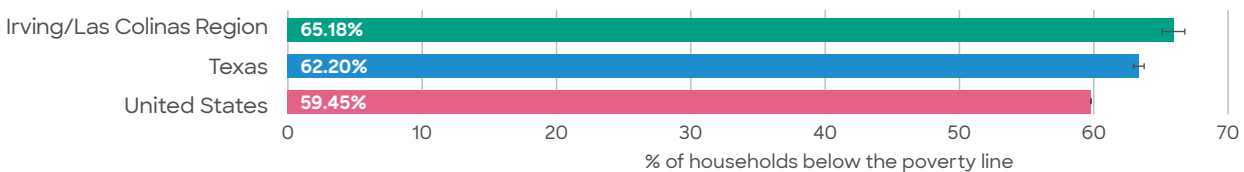
Food stamps (SNAP) play a crucial role in providing assistance to individuals and families in need. The chart indicates that the Irving/Las Colinas Region has a slightly lower food stamp (SNAP) percentage at 10.15% compared to the state of Texas at 11.53% and the United States at 11.52%.

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

Households in poverty not receiving food stamps (SNAP)

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

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



The data on households in poverty not receiving food stamps (SNAP) reveals that the Irving/Las Colinas Region has the highest percentage at 65.18%, followed by Texas at 62.2% and the United States at 59.45%. This suggests a concerning trend in these areas, indicating potential gaps in access to essential support for families in need.

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 range of activities and lifestyle choices that impact individual and community health outcomes. Key issues within this theme include food insecurity, the importance of preventive screenings, the prevalence of diabetes and the need for community education on various health conditions. These health behaviors are crucial in preventing emergency room visits and managing chronic diseases effectively. The community's awareness and engagement in proactive health measures, such as routine screenings and having a regular primary care provider, play a vital role in maintaining overall community health.

Community members and healthcare providers emphasize the significance of preventive care and education to combat health issues. Programs providing essential screenings like Pap smears and mammograms are pivotal in detecting diseases like cancer at an early, more manageable stage, thus underscoring the value of accessible preventive care.

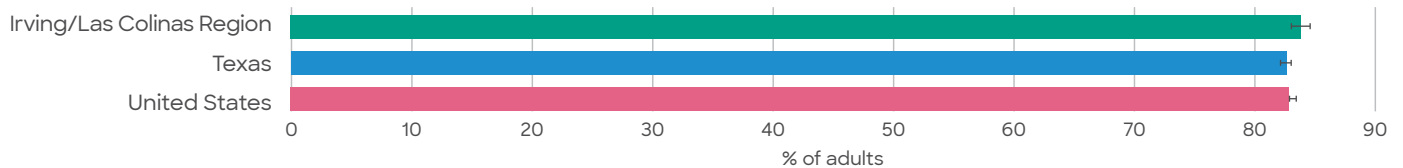
One healthcare provider mentioned, "Getting the patient community that preventive care that's gonna help keep them out of our emergency room," illustrating the direct impact of preventive health behaviors on reducing acute care incidents. Another significant statement was, "You can save people's lives just by getting them routine screenings that they need in a timely fashion," highlighting the lifesaving potential of regular health screenings. These quotes reflect a strong community consensus on the importance of structured and consistent health behavior practices to enhance health outcomes and prevent critical health issues.

Topic	Irving/Las Colinas Region	Texas	United States
Cholesterol screening <i>% of adults, 2021</i>	84.26 ±1.49	83.27 ±0.67	83.65 ±0.20
Cigarette smoking rate <i>% of adults, 2022</i>	14.0 ±0.9	14.8 ±0.4	14.6 ±0.1
Colorectal cancer screening <i>% of adults, 2022</i>	54.50 ±2.44	54.64 ±1.07	58.85 ±0.32
Mammography use <i>% of female adults, 2022</i>	76.10 ±3.31	73.79 ±1.55	75.65 ±0.45
No exercise <i>% of adults</i>	27.2 ±1.7	27.6 ±0.8	23.7 ±0.2

Cholesterol screening

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

Cholesterol screening, 2021



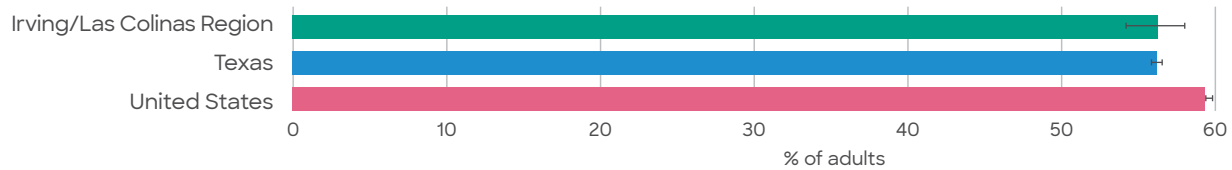
Cholesterol screening plays a critical role in assessing the population’s cardiovascular health. The data reveals that the Irving/Las Colinas Region has the highest cholesterol screening rate at 84.26%, surpassing both the state of Texas at 83.27% and the national average of 83.65%.

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

Colorectal cancer screening

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

Colorectal cancer screening, 2022



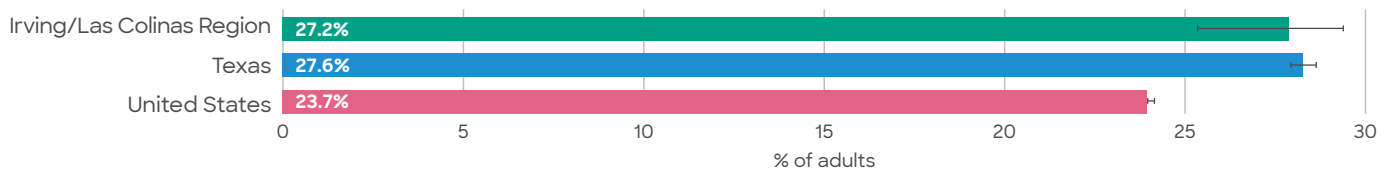
Colorectal cancer screening rates vary across different regions, with the Irving/Las Colinas Region reporting a screening rate of 54.5%, slightly lower than the state average of 54.64% and significantly below the national average of 58.85%.

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

No exercise

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

No exercise, 2022

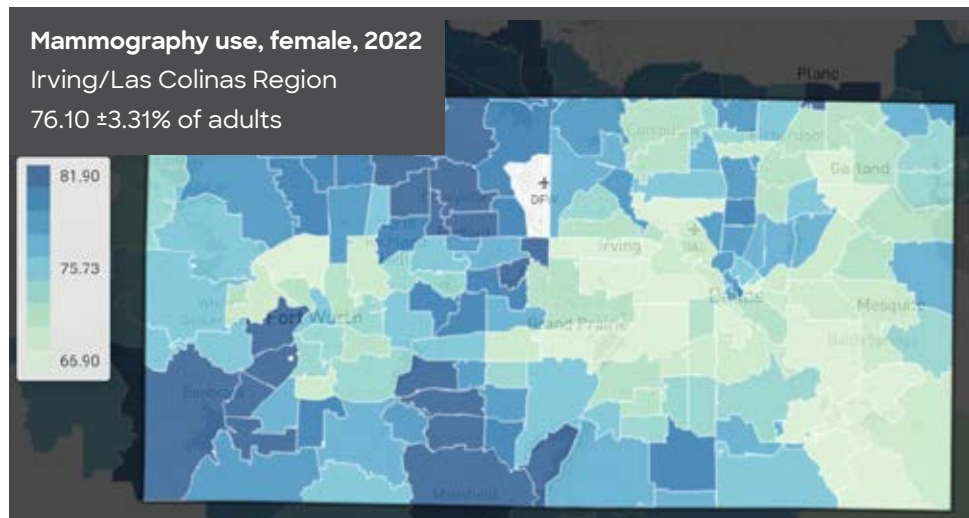


Physical inactivity is a pressing concern in today’s society, with far-reaching implications. The chart reveals that the Irving/Las Colinas Region in Texas has a notably high percentage of individuals who do not engage in regular exercise, at 27.2%. This figure exceeds the national average, which stands at 23.7%.

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

Mammography use

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



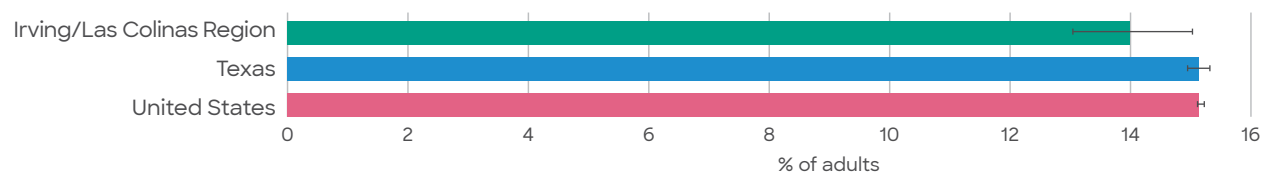
Mammography use among female adults aged 50 - 74 years in the ZIP codes within the Dallas-Fort Worth area is generally high, with an average of 75.8% reporting having had a mammogram within the previous two years. The data reveals that certain ZIP codes, such as 75248 in Keller and 76017 in Arlington, have particularly high rates of mammography use, with percentages reaching 81.3% and 79.4%, respectively.

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

Cigarette smoking rate

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

Cigarette smoking rate, 2022

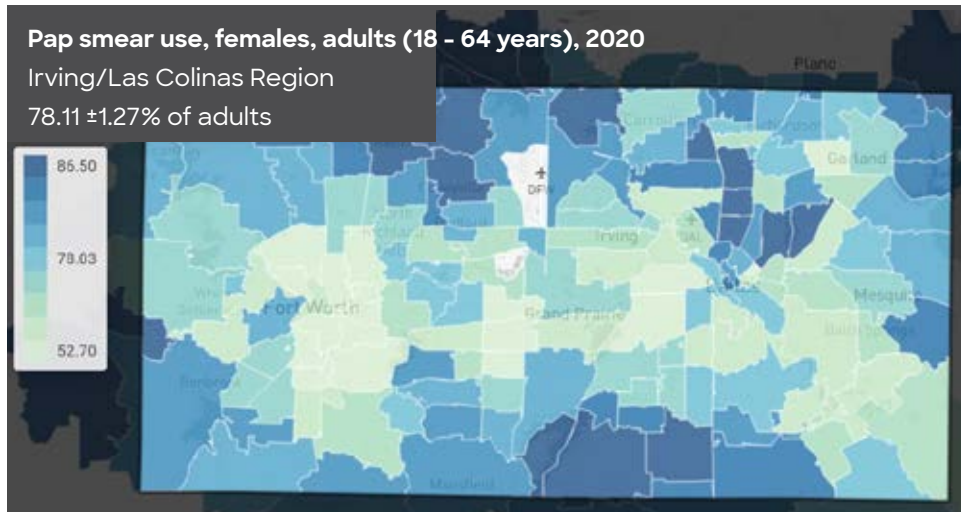


Cigarette smoking rates vary across different regions, with the Irving/Las Colinas Region reporting the lowest rate at 13.99%, followed closely by the United States at 14.61% and Texas at 14.8%. This data highlights the relatively lower prevalence of smoking in the Irving/Las Colinas area compared to the state and national averages. The impact of this lower smoking rate could potentially lead to better public health outcomes and reduced healthcare costs in the community.

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

Pap smear use

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



Pap smear use among adult females (aged 18 - 64) in the mapped areas of Texas ranges from 68.2% to 86.5% within the past three years, indicating variability in cervical cancer screening rates. The data shows higher rates in areas such as Flower Mound, Southlake and Colleyville, while lower rates are observed in Fort Worth and Arlington. These findings suggest disparities in access to preventive healthcare services.

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

The theme of housing intersects deeply with community health, particularly in terms of accessibility and affordability. A significant portion of the population in Irving struggles with being uninsured or underinsured, which is compounded by high healthcare costs and inadequate financial resources. This situation often forces individuals to rely excessively on emergency room services instead of regular primary or urgent care, highlighting a critical gap in healthcare accessibility. Additionally, the rise in housing costs has led to a lack of affordable housing options, pushing some individuals towards homelessness and further exacerbating their health vulnerabilities due to limited access to necessary healthcare services.

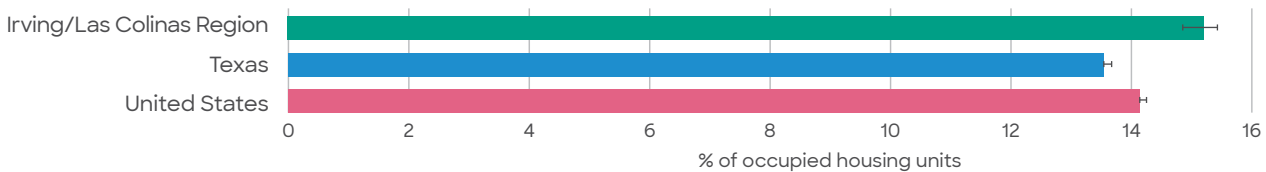
Community members have expressed a variety of concerns related to housing and health. Specifically, quotes from the community, such as “We’ve got plenty of places that people can live, but they just can’t afford to live there, because it’s just exploded in cost,” illustrate the critical nature of the housing crisis and its direct impact on community health. The community’s feedback clearly indicates the need for a strategic focus on healthcare integration with housing policies to ensure better health outcomes for all residents.

Topic	Irving/Las Colinas Region	Texas	United States
Crowded housing <i>% of occupied housing units, 2022</i>	5.52 ±0.39	5.05 ±0.15	3.45 ±0.03
Eviction rate <i>% of renter-occupied households, 2018</i>	2.24	2.62	2.12
Housing cost burden <i>% of occupied housing units, 2022</i>	36.60 ±0.91	32.76 ±0.34	31.48 ±0.06
Owner occupied <i>% of occupied housing units</i>	54.61 ±0.55	62.47 ±0.25	65.18 ±0.18
Severe housing cost burden <i>% of occupied housing units</i>	16.56 ±0.59	14.92 ±0.22	14.96 ±0.05

Severe housing cost burden

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

Severe housing cost burden, 2018 - 2022



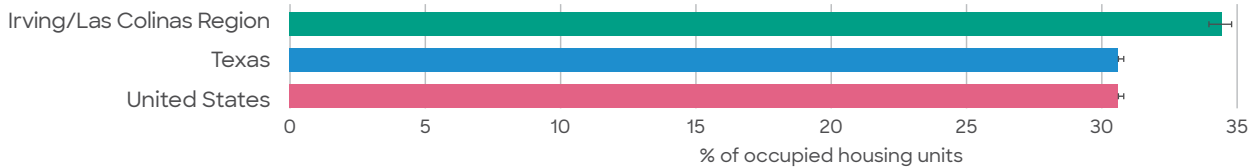
Severe housing cost burden is a pressing issue that affects communities across the country. The chart reveals that the Irving/Las Colinas Region has the highest severe housing cost burden at 15.11%, followed by Texas at 13.67% and the United States at 14.06%. This data highlights the specific challenges faced by residents in the Irving/Las Colinas Region in terms of housing affordability.

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

Housing cost burden

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

Housing cost burden, 2018 - 2022



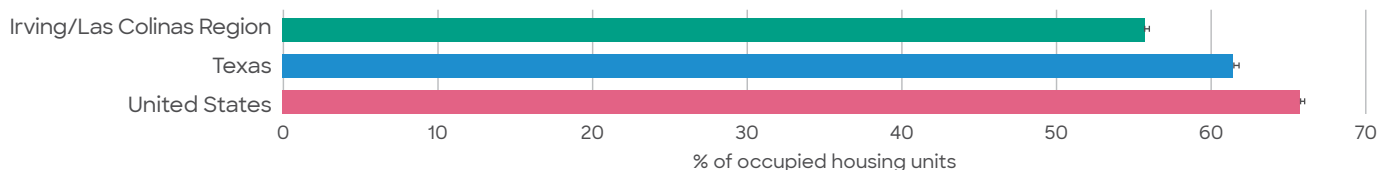
Housing cost burden is a significant issue affecting communities across the United States. The data reveals that in the Irving/Las Colinas Region, the housing cost burden is notably higher at 34.41% compared to the state of Texas at 30.59% and the national average of 30.51%. This suggests that residents in the Irving/Las Colinas Region may face greater challenges in meeting their housing expenses.

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

Owner occupied

The data on owner-occupied properties reveals that the Irving/Las Colinas Region has the lowest percentage at 54.54%, while Texas and the United States have higher rates of 62.4% and 64.82%, respectively. This suggests that the Irving/Las Colinas Region has a lower proportion of owner-occupied properties compared to the state of Texas and the entire United States. This could indicate a potential impact on the community's stability and long-term investment in the region.

Owner occupied, 2018 - 2022



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



Maternal and child health

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

What we heard from the community

Maternal and child health is a critical area that focuses on the health of women, infants and children, emphasizing the importance of preventive care and routine screenings to ensure healthy pregnancies and early childhood development. The need for accessible and affordable healthcare services in this domain is paramount, as it directly influences long-term health outcomes for both mothers and their children. Routine screenings like Pap smears and mammograms are essential for the early detection of cancer, which can be effectively managed if caught early. Additionally, providing adequate nutrition and managing chronic conditions during pregnancy are vital for preventing complications and promoting overall wellness.

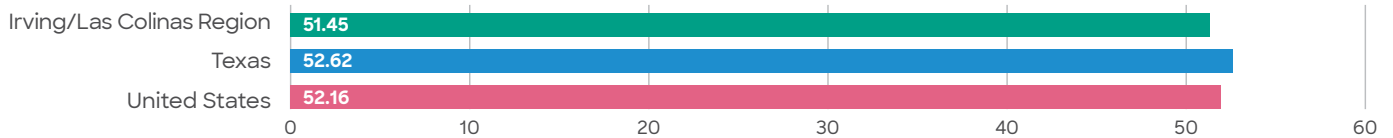
The community members have acknowledged various initiatives that have significantly impacted maternal and child health positively. These include dedicated screening days to accommodate those with tight schedules and programs providing essential food supplies to children over the weekend. There is a strong emphasis on the need for more creative solutions to healthcare barriers, whether these are financial or logistical, to enhance access to necessary health services.

Topic	Irving/Las Colinas Region	Texas	United States
Births to women without partners present <i>% of births, female, 2022</i>	26.96 ±4.40	26.55 ±1.76	23.63 ±0.40
Child Opportunity Index 3.0 <i>2017 - 2021</i>	51	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>	1.36 ±0.17	1.32 ±0.07	0.99 ±0.01
Mortality among young adults <i>%, 2010 - 2015</i>	0.8 ±0.0	0.8 ±0.00	0.8 ±0.0

Child Opportunity Index 3.0

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

Child Opportunity Index 3.0, 2017 - 2021



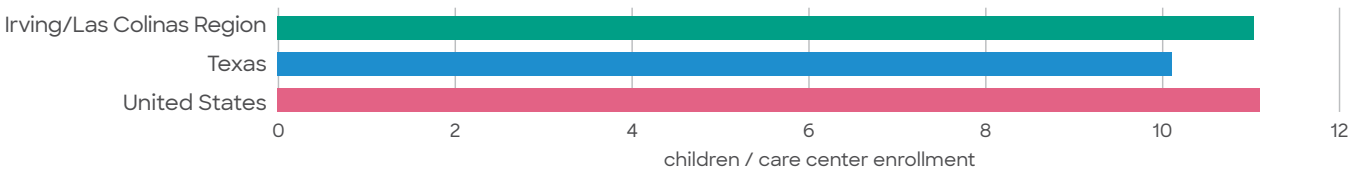
The Child Opportunity Index 3.0 reveals that the Irving/Las Colinas Region has a Child Opportunity Index of 51.45, slightly lower than the state of Texas at 52.62 and the national average of 52.16. This suggests that there may be specific challenges or disparities in the Irving/Las Colinas Region that impact the opportunities available to children.

Data sources: DiversityDataKids.org: Child Opportunity Index 3.0

Child care center ratio

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

Child care center ratio, 2023



Child care center ratios vary across different regions, with Irving/Las Colinas having a ratio of 10.82, Texas at 10.19 and the United States at 10.93. This suggests that the availability of child care centers in Irving/Las Colinas is slightly higher than the national average, potentially indicating better access to child care facilities for families in this region. It’s important to note the impact of these ratios on the community, as higher ratios may signify greater accessibility to child care services, positively influencing the work-life balance and economic participation of parents.

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



Socioeconomic factors

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

What we heard from the community

Socioeconomic factors significantly influence community health by affecting access to healthcare, nutritional food and stable housing. These factors include insurance status, income levels, employment conditions and housing affordability, all of which play pivotal roles in determining the health outcomes of individuals. Community members highlight the challenges faced due to food insecurity, lack of affordable healthcare and the constraints imposed by low-income jobs. Moreover, the rising costs of living and housing have exacerbated these issues, pushing essential resources out of reach for many, particularly the underinsured, uninsured and undocumented populations.

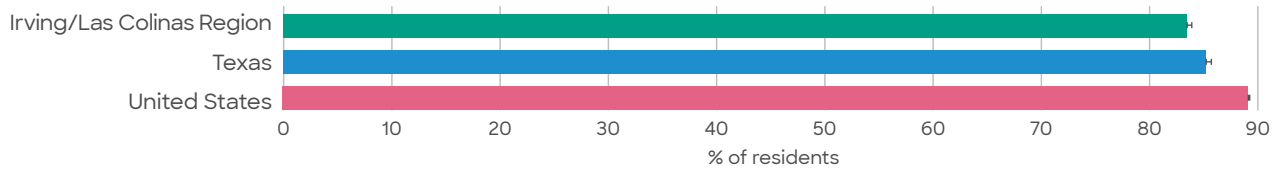
Many community members work in physically demanding jobs that do not provide health benefits, leading to untreated chronic conditions. The quotes also emphasize the hardships faced by lower-income families who lack access to basic healthcare services. Additionally, the community grapples with issues related to affordable housing, which directly impacts overall well-being.

Topic	Irving/Las Colinas Region	Texas	United States
Any higher education rate <i>% of residents, 2022</i>	61.29 ±0.81	61.96 ±0.33	63.55 ±0.10
Below 200% of poverty level <i>% of residents, 2022</i>	31.12 ±1.06	31.86 ±0.41	28.36 ±0.11
College graduation rate <i>% of residents, 2022</i>	35.11 ±0.58	33.94 ±0.25	35.66 ±0.08
Hardship Index <i>score</i>	53.5	54.5	50.0
High school graduation rate <i>% of residents</i>	84.35 ±0.96	86.11 ±0.40	89.63 ±0.12

High school graduation rate

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

High school graduation rate, 2018 - 2022



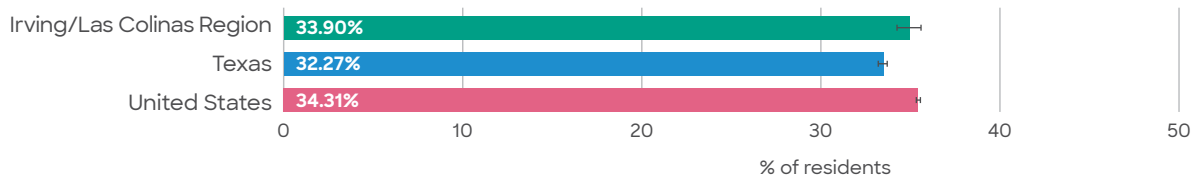
High school graduation rates in the Irving/Las Colinas Region are at 83.78%, slightly below the Texas average of 85.23% and significantly lower than the national average of 89.14%.

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

College graduation rate

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

College graduation rate, 2019 - 2023



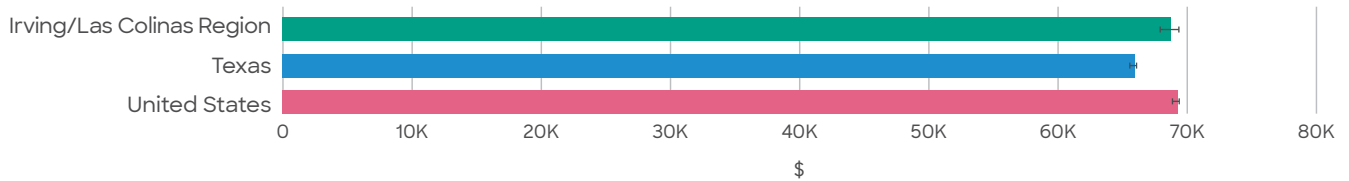
College graduation rates in the Irving/Las Colinas Region, Texas and the United States are 33.9%, 32.27% and 34.31%, respectively.

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

Median household income

Income in the past 12 months.

Median household income, 2018 - 2022



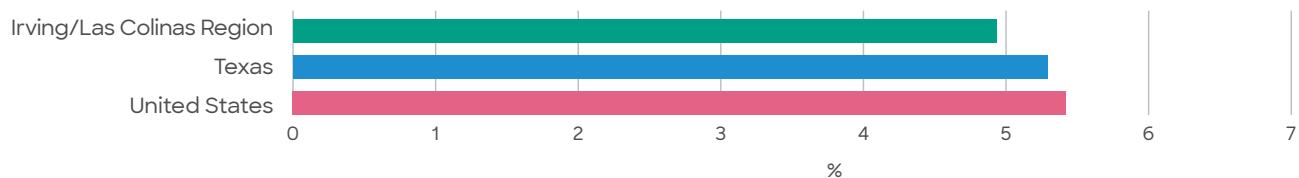
The median household income in the Irving/Las Colinas Region is \$68,190. This is slightly higher than the median household income in Texas, which stands at \$66,968, but slightly lower than the national median household income of \$68,906.

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

Unemployment rate

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

Unemployment rate, 2018 - 2022



The unemployment rates for the Irving/Las Colinas Region, Texas and the United States are 4.92%, 5.22% and 5.33%, respectively. This indicates that the Irving/Las Colinas Region has a lower unemployment rate compared to both Texas and the United States, suggesting a relatively healthier job market in that specific area. The impact of this lower unemployment rate in the Irving/Las Colinas Region could mean greater economic stability and higher employment opportunities for its residents.

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

2022 - 2025 evaluation of impact

2022 CHNA health priorities: food insecurity/diabetes, insurance, mental health/behavioral health services, cancer incidence—all causes

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> • Food insecurity/diabetes • Insurance • Mental health/behavioral health services • Cancer incidence—all causes 	<p>Community health improvement services and education:</p> <ul style="list-style-type: none"> • Provide free health and wellness community education sessions, participate in community health fairs, and partner with local non-profit organizations to provide resources and services for uninsured populations. 	<ul style="list-style-type: none"> • Improved access to primary and mental healthcare/services and decreased rates of chronic disease. • Baylor Scott & White Medical Center - Irving: Over \$690,000 provided in community health improvement services.
<ul style="list-style-type: none"> • Food insecurity/diabetes • Insurance • Mental health/behavioral health services • Cancer incidence—all causes 	<p>Cash and in-kind contributions:</p> <ul style="list-style-type: none"> • Cash and in-kind contributions to other not-for-profit community organizations that address food insecurity, diabetes, mental and behavioral health, and access to care/insurance. In-kind medical supply and equipment donations to local non-profits supporting health screenings, diabetes, and behavioral health education and prevention programs. 	<ul style="list-style-type: none"> • Decrease in food insecurity, improved chronic disease management and improved access to care for uninsured populations. • Baylor Scott & White Medical Center - Irving: Provided over \$136,000 in cash and in-kind donations to non-profits addressing critical health and social issues in the community.
<ul style="list-style-type: none"> • Insurance • Mental health/behavioral health services • Cancer incidence—all causes 	<p>Charity care:</p> <ul style="list-style-type: none"> • Provide free and/or discounted care to financially or medically indigent patients as outlined in the financial assistance policy. 	<ul style="list-style-type: none"> • Increased access to primary care and/or specialty care for indigent people regardless of their ability to pay. • Baylor Scott & White Medical Center - Irving: Provided over \$60 million in charity care to un/underinsured and low-income patients. • Baylor Scott & White Surgical Hospital - Las Colinas: Provided over \$225,000 in charity care.

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> • Mental health/ behavioral health services • Cancer incidence—all causes 	<ul style="list-style-type: none"> • Provide opportunities for health professionals to further their education and training to provide quality healthcare services. This includes clinical education and supervision for clinical rotations for medical students, nursing students and other healthcare professions. 	<ul style="list-style-type: none"> • Increased access to quality healthcare and treatment. • Baylor Scott & White Medical Center – Irving: Provided over \$2.2 million in health professions education.

Existing resources

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

- Agape Clinic
- Bear Creek Church
- Brighter Tomorrows
- City of Irving
- Dallas County Health and Human Services
- Dallas/Ft. Worth Hindu Temple Society
- Family Promise of Irving
- Genesis Women's Shelter and Support
- Goodwill Industries of Dallas
- iCAN
- IPS
- Irving Bible Church
- Irving CARES
- Irving Chamber of Commerce
- Irving City Council
- Irving Hospital Board
- Irving Interfaith Coalition
- Irving Schools Foundation
- Legal Aid of Northwest Texas
- Level Pathways
- Lifeline for Families of Grand Prairie
- MADD North Texas Affiliate
- Many Helping Hands Ministry
- Metrocrest Services
- Metro Dallas Homeless Alliance (MDHA)
- Mi Clinica
- North Texas Behavioral Health Authority
- North Texas Food Bank
- Salvation Army
- Society of St. Vincent de Paul of North Texas
- United Way Metropolitan Dallas
- VNA of Texas
- YMCA of Grand Prairie
- DFW Indian Cultural Society (Irving)
- Kinwest Medical Clinic

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	1 vote
Maternal and child health	2 votes
Health behaviors	4 votes
Behavioral health	0 votes
Built environment	0 votes
Housing	1 vote
Access to care	3 votes
Chronic disease	1 vote
Food access	6 votes

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

1. Food access
2. Health behaviors

Health needs assessed but not identified as significant

- **Maternal and child health:** Maternal and child health was not selected as a priority due to the many services and programs offered by the hospital and partner organizations. In addition, the hospital provides financial support to several community organizations that support and address the needs of mothers and their children.
- **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.
- **Chronic disease:** Chronic disease was not selected as a priority; the hospital is committed to decreasing the rate of chronic disease through continuing to address access to care along with health and nutrition. As a healthcare system, Baylor Scott & White Health has several tools and implements clinical programs and initiatives that aim to prevent and successfully manage chronic diseases, including the MyBSWHealth app, which provides healthcare resources, nutrition education and access to care for anyone who has visited a BSWH facility.
- **Behavioral health:** Behavioral health was identified as a health need but not selected as a significant health need by hospital and community leaders due to several community partners and institutions working to address mental health and substance use through behavioral health prevention and treatment programs within the hospital's service area.
- **Built environment:** Health issues correlated with the built environment, such as pollution, were not selected as significant due to lack of hospital expertise and resources to effectively address this health need. Hospital and community leaders identified other institutions and organizations that had the expertise, resources and responsibility to address these issues and will continue to ensure a clear line of communication with these institutions to identify any opportunities to support local efforts.
- **Access to care:** While the hospital acknowledges access to care as a critical health issue, the hospital recognized that this need was being addressed through several BSWH initiatives, including the MyBSWHealth app, which provides remote and in-person access to care. BSWH has also made access to care a focus as a healthcare system. Therefore, significant resources have been dedicated to access to care strategies and program development, including health at home resources and tools.
- **Housing:** While the hospital recognized housing as a critical social determinant of health, it is also an issue that several community partners and organizations are addressing in partnership with healthcare systems and hospitals. These community partners and organizations hold expertise in affordable housing and will continue to work with community organizations and institutions to address this critical need. To ensure there is no duplication in efforts, the hospital will leverage and support the local housing efforts to ensure vulnerable communities have access to affordable and safe housing.

Next steps/Implementation Plans

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

Approval and contact information

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

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

CommunityHealth@BSWHealth.org

Data sources

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

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

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

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

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

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

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

Behavioral Risk Factor Surveillance System (BRFSS)

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

DiversityDataKids.org: Child Opportunity Index 3.0

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

Diabetes Atlas

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

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

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

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

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

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

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

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

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

Department of Homeland Security (DHS): HIFLD Open Data

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

Feeding America: Map the Meal Gap

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

Metopio

Created by Metopio staff.

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

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

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

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

Centers for Disease Control and Prevention (CDC): PLACES

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

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

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

Appendix

Key Informant Interview Guide

FACILITATION PROTOCOLS

1. Establishing ground rules

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

2. Introductions

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

3. Community strengths

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

4. Health questions

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

(Potential) follow up questions based on health issue selected

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

5. Built environment and social factors

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

(Potential) follow up questions based on community issue

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

6. Action planning

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

7. Next steps

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

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

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

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

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

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

We thank you for your help.

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

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

Chronic diseases

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

Demographics

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

19. What sex were you assigned at birth?

- Male
- Female
- Prefer not to answer

20. What is your gender identity?

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

21. What is your sexual orientation?

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

22. What is your marital status?

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

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

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

24. What is your current employment status?

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

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

- Yes
- No

26. Are you currently working from home?

- Yes
- No
- Hybrid

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

- Yes
- No

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

Your answer is private and confidential.

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

Your home

29. What are your current living arrangements?

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

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

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

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

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

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

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

33. Did you receive any support?

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

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

Immunizations

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

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

- Yes
- No

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

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

Diet and physical activity

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

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

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

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

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

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

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

- Often true
- Sometimes true
- Never true

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

- Yes
- No

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

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

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

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

Substance use

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

- Yes
- No

54. Do you now smoke cigarettes?

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

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

- Yes
- No

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

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

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

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

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

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

- Yes
- No

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

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

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

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

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

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

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

- Yes
- No

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

Cancer screenings

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

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

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

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

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

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

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

Mental health

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

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

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

- Hardly ever
- Some of the time
- Often

77. How often do you feel alone?

- Hardly ever
- Some of the time
- Often

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

Your neighborhood

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

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

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

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

85. Do you feel safe in your neighborhood?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you for taking our survey!

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

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

