

2025 Community Health Needs Assessment

Lake Pointe Region





Lake Pointe Region community hospital

- **Baylor Scott & White Medical Center – Lake Pointe**

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) Lake Pointe Region is committed to enhancing the health and wellness of the communities it serves. As part of this commitment, BSWH Lake Pointe Region has conducted a comprehensive Community Health Needs Assessment (CHNA) to identify and address the most pressing health needs within the Lake Pointe Region. This executive summary provides an overview of the methodology used in the assessment, key findings and the strategic implications for healthcare provision in the region.

The primary objective of the CHNA was to gather actionable data that would inform BSWH's strategic planning and community health initiatives. To achieve this, the assessment utilized a robust methodology incorporating primary data collected through surveys, focus groups and interviews with community members and healthcare professionals. This approach ensured a comprehensive understanding of the health landscape in the Lake Pointe Region.

The service area for this CHNA is defined as the Lake Pointe Region, a diverse community with varying healthcare needs and resources. The assessment focused on gathering data representative of the entire population, with an emphasis on identifying underserved and vulnerable groups who might require targeted health interventions.

The primary data collection involved structured surveys designed to capture a wide range of health indicators and concerns directly from the community members. Additionally, focus groups and interviews were conducted to provide deeper insights into the qualitative aspects of healthcare needs and challenges in the Lake Pointe Region. These interactions provided valuable context to the quantitative data, bringing to light specific health themes that require attention.

While the CHNA did not specify particular health themes prior to the data collection, the findings revealed several areas requiring targeted interventions. These include but are not limited to access to medical care, mental health services and chronic disease management. The comprehensive data collection and analysis process ensured that these findings are based on evidence and community voices, thereby aligning health service provision with actual community needs.

In conclusion, the CHNA conducted by BSWH Lake Pointe Region is a critical step toward understanding and addressing the health needs of the community. The findings from this assessment will guide BSWH's strategic planning and community engagement efforts over the next few years. By continuing to focus on the identified health priorities and working collaboratively with community partners, BSWH Lake Pointe Region aims to improve health outcomes and enhance the quality of life for all residents in the region.

CHNA process

Introduction

The Lake Pointe Region community health assessment involved collaboration with various community partners to identify and address the health needs of the area. The primary data types used in this assessment include surveys, focus groups, interviews, claims data and Metopio. This report will provide an overview of how each data type was utilized to gain insights into the community's health challenges and needs.

Survey

Surveys are an essential tool for collecting data from a specific population to analyze trends, attitudes, or opinions using questionnaires or interviews. They can help identify community needs and inform the implementation of programs to address various health issues. Survey questions typically include health behaviors, mental health, and questions about the Lake Pointe Region service area community. 521 surveys were completed in the Lake Pointe Region. To ensure surveys included feedback from diverse and underserved populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations.

Focus groups

Focus groups involve a small group of people discussing a topic under the guidance of a moderator, providing insights into their perceptions, opinions and attitudes. They are useful for exploring community members' views on health issues and identifying potential solutions. The focus group in this assessment covered topics such as barriers to healthcare, including transportation, medication costs and access to healthy foods. One focus group was conducted with participants from the Baylor Scott & White focus group for Lake Pointe. To ensure focus groups provided information from diverse populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations. The hospitals also considered written input received on their most recently conducted CHNA and subsequent implementation strategies if provided. The assessment is available for public comment or feedback on the report findings by going to the BSWH website ([BSWHealth.com/CommunityNeeds](https://www.bswhealth.com/CommunityNeeds)) or by emailing CommunityHealth@BSWHealth.org.

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

- Grace Clinic of Rockwall
- North Texas Behavioral Health Authority
- First Christian Church Roosevelt
- Dallas County Health and Human Services

Interviews

Interviews involve direct one-on-one conversations where the interviewer seeks in-depth information on the interviewee’s views, experience or knowledge on a specific subject. They are valuable for obtaining detailed insights from key stakeholders and community members. The interviews in this assessment revealed several community health challenges, including food insecurities, transportation barriers and healthcare costs. Two interviews were conducted in the Lake Pointe Region.

Metopio

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

CHNA process

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



Approach to identifying and prioritizing significant health needs

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

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

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

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

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

Significant health needs:

- Access to care
- Behavioral health

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 priority health needs. The vote used to identify significant health needs was then used to prioritize the needs as follows:

1. Access to care
2. Behavioral health

Demographics

Overview

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

- **Baylor Scott & White Medical Center - Lake Pointe**

The community served by the hospital facility listed above includes Collin, Dallas, Kaufman and Rockwall 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.



Total population

3,943,610



Median household income

\$77,138



Median age

35.0

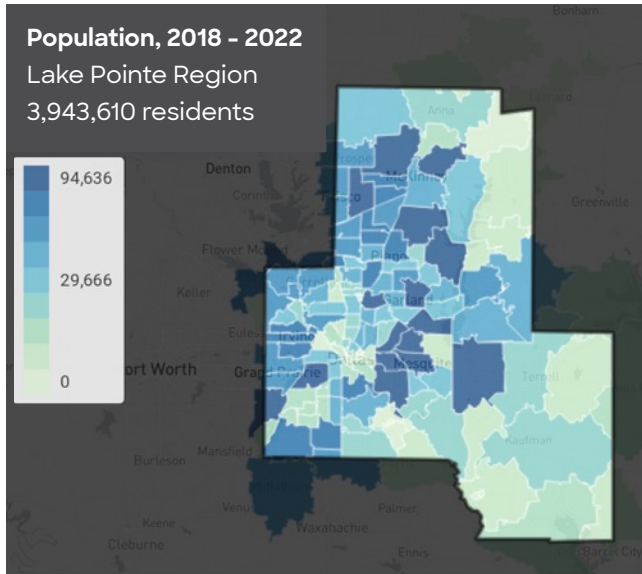


% of Spanish primary language

23.78%

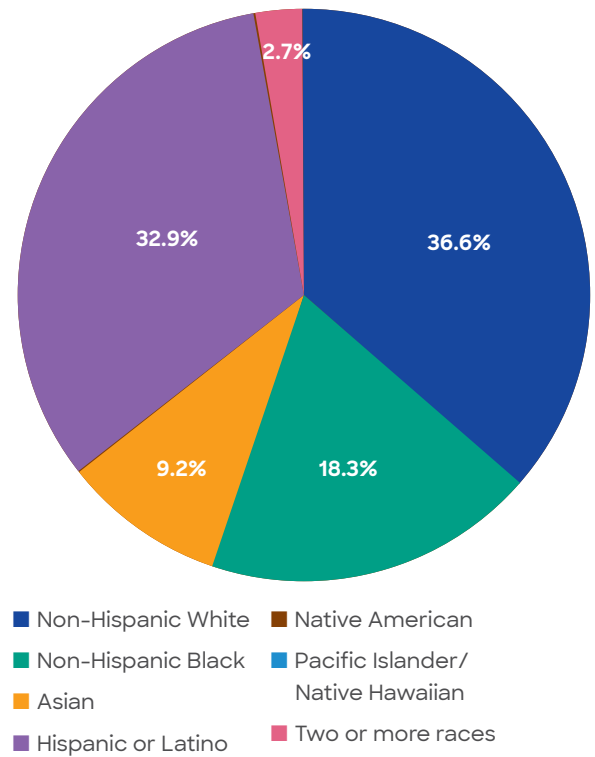
% of Asian primary languages

5.83%

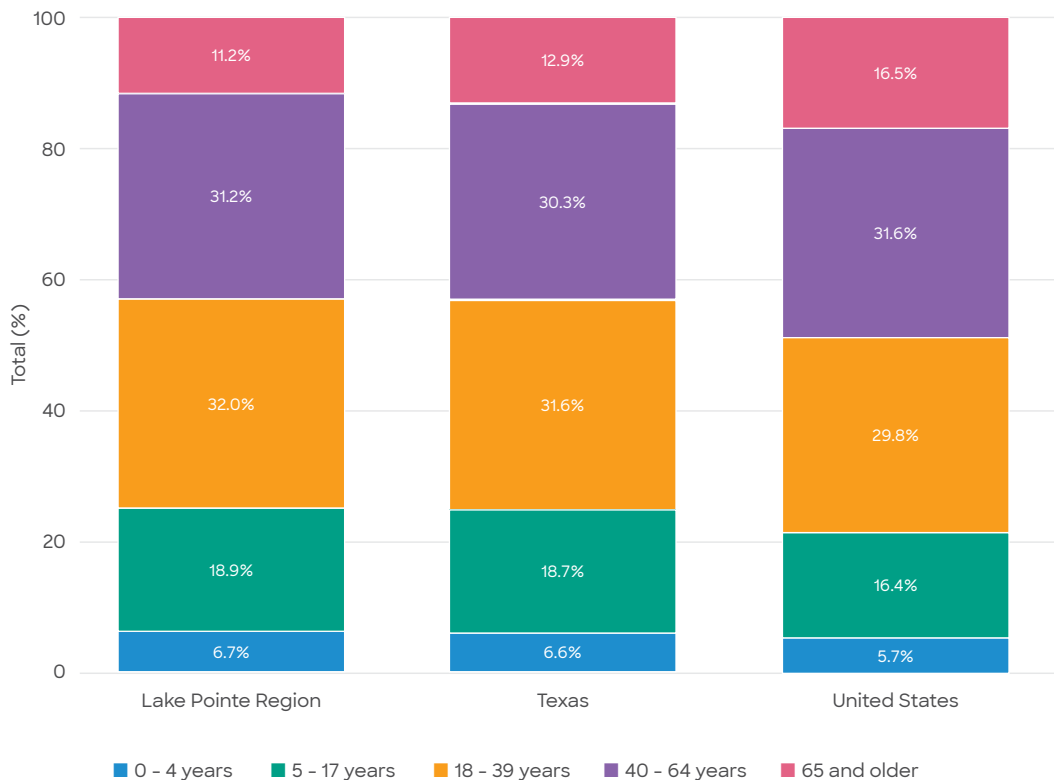


Population by race/ethnicity

Lake Pointe Region, 2018 - 2022



Population by age, 2018 - 2022



Health needs

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



Access to care

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Behavioral health

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Built environment

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Chronic disease

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Food access

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Health behaviors

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Housing

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Maternal and child health

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Socioeconomic factors

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Access to care

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

What we heard from the community

Access to care is a critical component in ensuring the overall health and well-being of a community, particularly in areas where geographical, financial and systemic barriers exist. The theme encompasses various facets, including the high cost of medications and healthcare, transportation difficulties, lack of specialized care, and insufficient inpatient beds, which collectively contribute to healthcare disparities. These barriers often result in delayed or non-compliant patient behaviors due to the inability to attend appointments or obtain necessary medications. Furthermore, the lack of access is more pronounced in rural communities and among populations requiring behavioral health services or those who are homeless, highlighting the need for targeted interventions in these areas.

Community members have voiced concerns about the significant barriers they face in accessing healthcare. These include logistical challenges such as transportation, financial hurdles like the high costs of specialty care and medications, and systemic issues such as the scarcity of healthcare providers in rural areas. Additionally, there is a noticeable lack of education on how to navigate the healthcare system and advocate for oneself. The excerpts also reveal the efforts being made to mitigate these barriers, such as the implementation of patient navigators and patient assistance programs, though gaps in effectiveness and reach remain prominent.

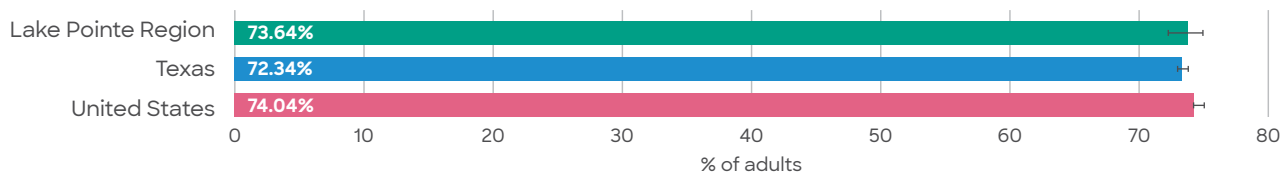
Specific quotes from the community further illuminate these issues. One individual notes, “Transportation that’s a barrier, and sometimes it makes patients non-compliant because they’re not able to get to their appointments or get their medications,” highlighting the critical role transportation plays in healthcare access. Another states, “Some of those patients are waiting for 3, 4, 5 days at a time until we’re able to get them to the appropriate level of care,” underscoring the need for more care facilities. These direct accounts emphasize the need for comprehensive solutions to improve access to healthcare services, ensuring that all community members can receive timely and effective care.

| Topic | Lake Pointe Region | Texas | United States |
|---|--------------------|-------------|---------------|
| Dentists per capita <i>dentists per 100,000 residents, 2024</i> | 146.7 | 102.7 | 105.2 |
| Internet access <i>% of households, 2022</i> | 95.47 ±0.38 | 93.82 ±0.21 | 93.59 ±0.10 |
| Medicaid coverage <i>% of residents, 2022</i> | 14.45 ±0.50 | 16.86 ±0.22 | 21.23 ±0.09 |
| Mental health providers per capita <i>providers per 100,000 residents, 2024</i> | 378.2 | 332.3 | 602.7 |
| No vehicle available <i>% of households</i> | 5.60 ±0.39 | 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



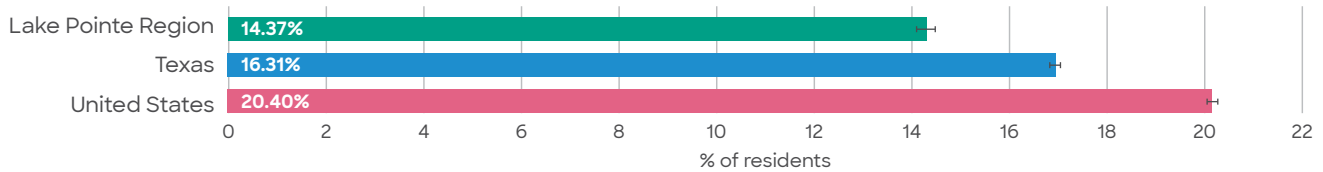
Routine health checkups are an essential part of maintaining community health, a practice observed with slight variances across different regions. In the Lake Pointe Region, 73.64% of residents visited a doctor for a routine checkup, slightly higher than Texas' 72.34% but lower than the national average of 74.04%. This data underscores the importance of encouraging routine health screenings to enhance preventive care measures, which can lead to better health outcomes and reduce the burden on healthcare systems. Regular checkups can detect potential health issues early, fostering a healthier, more informed community.

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

Medicaid coverage

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

Medicaid coverage, 2018 - 2022



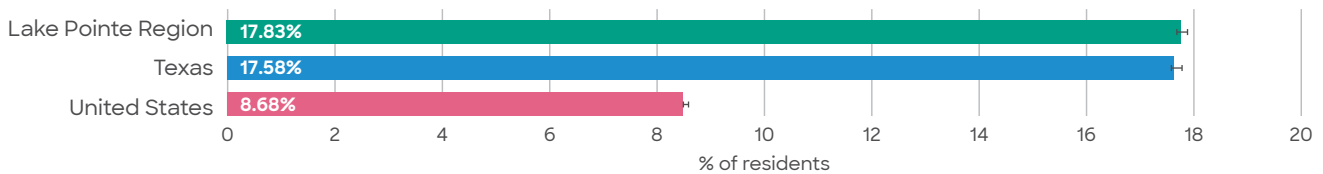
Medicaid coverage varies significantly across different regions, reflecting a diverse landscape of healthcare access in the United States. While the national average stands at 20.4%, Texas reports a lower rate of 16.31%, and the Lake Pointe Region falls even further behind at 14.37%. Enhanced Medicaid coverage in regions like Lake Pointe would not only improve health outcomes but also provide a safety net for the most vulnerable populations, ensuring that economic and health disparities do not widen further.

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

Uninsured rate

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

Uninsured rate, 2018 - 2022



The uninsured rate in the Lake Pointe Region stands significantly higher at 17.83% compared to the national average of 8.68%, indicating a substantial gap in healthcare coverage relative to the rest of the United States. This disparity highlights a critical area for intervention to ensure that the residents of Lake Pointe Region have equitable access to healthcare services. The broader implications of such high uninsured rates can lead to increased health disparities, economic strain and reduced quality of life, reinforcing the need for targeted healthcare policies and community support initiatives to bridge this gap.

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



Behavioral health

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

What we heard from the community

Behavioral health encompasses a range of mental and psychological well-being issues that are crucial to addressing within community health systems. The excerpts highlight significant gaps in behavioral health resources, particularly the shortage of inpatient beds and the long waiting times for patients needing specialized care. These deficiencies contribute to a strained system where primary care providers often take on more than they can handle effectively. The community's needs are growing, especially among adolescents and more chronic behavioral health patients who face repeated admissions and require consistent and comprehensive care management.

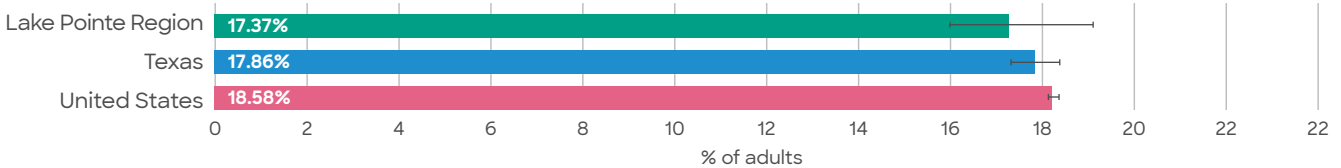
Community members and health workers express concern over the overpopulated facilities and the difficulty in accessing necessary care. This leads to patients experiencing delays and often staying in limbo without proper treatment, which is detrimental to both individual and community health. There is a highlighted need for more localized and accessible behavioral health interventions, including more robust patient education, assistance in medication management and community health workers who can provide in-home support. Specific quotes such as "It's hard to get patients in there" and "There's this limbo, where they're just kind of floating around, and that's not fair to the patient or the community" underline the urgency of these issues.

| Topic | Lake Pointe Region | Texas | United States |
|--|--------------------|-------------|---------------|
| Binge drinking <i>% of adults, 2022</i> | 17.37 ±1.48 | 17.86 ±0.63 | 18.58 ±0.20 |
| Depression <i>% of adults, 2022</i> | 19.44 ±1.42 | 21.82 ±0.63 | 22.53 ±0.20 |
| Poor self-reported mental health <i>% of adults, 2022</i> | 16.14 ±0.91 | 17.83 ±0.40 | 17.35 ±0.12 |
| Psychiatry physicians per capita <i>physicians per 100,000 residents, 2024</i> | 21 | 17 | 28 |

Binge drinking

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

Binge drinking, 2022



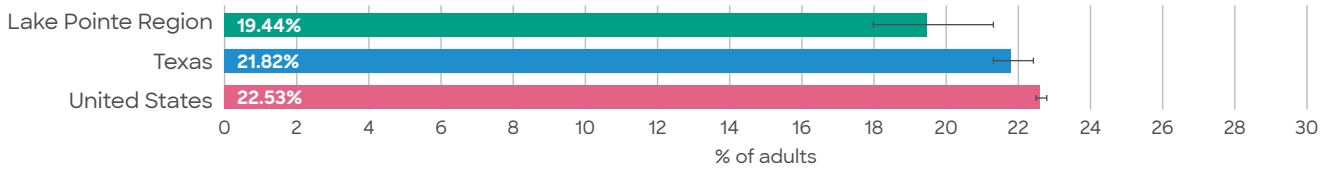
Binge drinking is a significant public health concern across different regions, and the data reveals varied levels of indulgence in this behavior. The Lake Pointe Region reports a binge drinking rate of 17.37%, slightly lower than the Texas average of 17.86% and the national rate of 18.58%.

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

Depression

Prevalence of depression among adults 18 years and older.

Depression, 2022



Depression rates across different regions highlight unique community challenges and needs. In the Lake Pointe Region, 19.44% of the population suffers from depression, which is slightly lower than the Texas state average of 21.82% and the national average of 22.53%. These statistics suggest that while Lake Pointe is somewhat better off in terms of depression rates compared to broader averages, there is still a significant portion of the community impacted by this mental health condition.

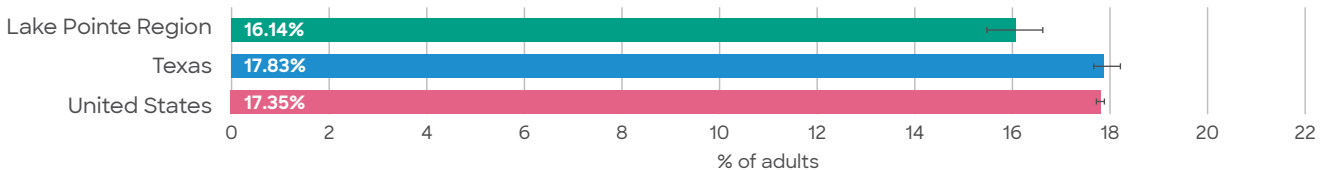
Addressing this issue effectively requires tailored mental health services and community support programs to mitigate the impact on affected individuals and improve overall community well-being.

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

Poor self-reported mental health

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

Poor self-reported mental health, 2022



The data suggests that the Lake Pointe Region reports lower rates of poor self-reported mental health at 16.14%, compared to both the Texas average of 17.83% and the national average of 17.35%. This indicates a relatively better mental health perception among residents of Lake Pointe Region, potentially reflecting effective community health strategies or a unique demographic makeup that supports mental wellness. Addressing mental health within communities is crucial as it directly impacts overall well-being and productivity; thus, maintaining or improving these figures should be a priority for local health policies and initiatives.

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



Built environment

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

What we heard from the community

The built environment significantly influences public health outcomes by affecting accessibility to healthcare services, transportation and nutrition. It encompasses factors such as the availability of public transit, the design of communities, and the proximity to essential services like hospitals, pharmacies and food sources. Issues like transportation barriers can lead to non-compliance with medical treatments because patients struggle to attend appointments or access medications. Rural communities often suffer from inadequate access to healthcare services, which is compounded by transportation challenges. Moreover, the socioeconomic factors tied to the built environment, such as housing stability and food security, are also pivotal in determining the overall health of a population.

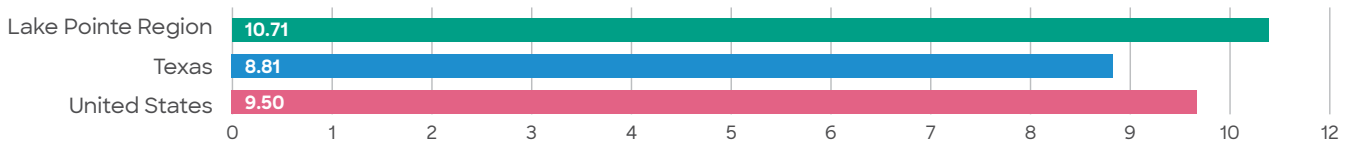
Initiatives like community gardens, food banks and virtual healthcare platforms have been implemented to address some of these issues in the Lake Pointe Region. However, there is a need for more comprehensive solutions that encompass transportation, housing and healthcare access. Specifically, one community member noted, “Transportation that’s a barrier, and sometimes it makes patients non-compliant because they’re not able to get to their appointments or get their medications.” Another highlighted, “Housing would be another one, lots of families moving in with in-laws because it’s unstable.” These direct quotes illustrate the critical challenges within the built environment that directly affect individuals’ ability to maintain good health. The community’s feedback underscores a need for integrated strategies that address the multiple dimensions of the built environment to improve health outcomes.

| Topic | Lake Pointe Region | Texas | United States |
|--|--------------------|-------------|---------------|
| Drive alone to work <i>% of workers 16 years and older, 2022</i> | 66.91 ±0.80 | 71.17 ±0.29 | 68.66 ±0.09 |
| Environmental Burden Index <i>2022</i> | 46.50 | 46.03 | 48.70 |
| Green space proximity <i>% of area, 2022</i> | 40.29 | 6.06 | 20.62 |
| Internet access <i>% of households, 2022</i> | 95.47 ±0.38 | 93.82 ±0.21 | 93.59 ±0.10 |
| Lifetime inhalation cancer risk <i>lifetime risk per million, 2019</i> | 24.6 | 20.9 | 16.1 |

Walkability Index

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

Walkability Index, 2022



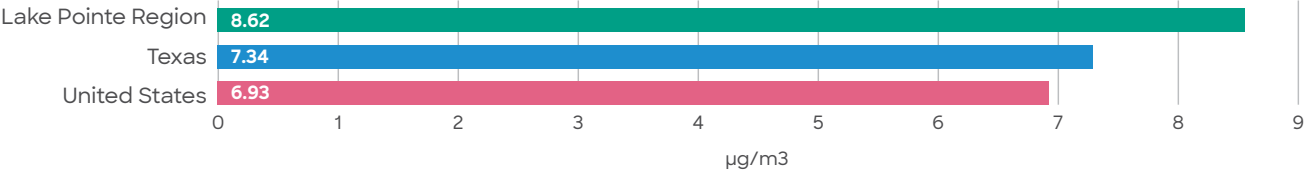
The Lake Pointe Region boasts a Walkability Index that surpasses both the state of Texas and the national average, suggesting a more pedestrian-friendly environment in this locality. With a Walkability Index of 10.71, compared to 8.81 in Texas and 9.5 nationally, Lake Pointe demonstrates an exceptional commitment to providing accessible, safe and convenient pedestrian infrastructure. This high level of walkability not only enhances the quality of life for residents by promoting healthier lifestyles but also fosters a stronger sense of community and reduces environmental impact through decreased vehicular use. The emphasis on pedestrian accessibility in Lake Pointe serves as a model for other regions aiming to improve public health and environmental sustainability.

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 affecting public health, especially in urban and industrial areas. In the Lake Pointe Region, the concentration of PM 2.5 stands at 8.62, which is significantly higher compared to the Texas state average of 7.34 and the national average of 6.93. This elevated level of particulate matter could have detrimental effects on the respiratory health of the community, potentially leading to increased incidents of asthma and other respiratory conditions. Addressing these environmental concerns through stricter regulatory measures and public awareness campaigns is essential for improving air quality and safeguarding the health of the Lake Pointe Region’s residents.

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 pose a significant challenge to individual and public health due to their long-term impacts and complexity in management. These conditions often require consistent medical attention, adherence to treatment and substantial healthcare resources. The provided quotes emphasize several barriers faced by patients with chronic diseases, including food insecurities, high costs of healthcare and lack of access to necessary medical care, particularly in rural communities. The difficulties in accessing specialty care and the logistical challenges posed by inadequate transportation further exacerbate the situation. Moreover, the strain on behavioral health resources and the inefficiencies of the healthcare system, highlighted by the introduction of patient navigators, are critical areas needing attention.

Community members express concerns about the affordability and accessibility of proper nutrition, which is pivotal in managing chronic diseases. The lack of affordable healthy food options and the reliance on processed foods due to economic constraints are common issues. Additionally, the quotes reflect the challenges in housing stability, which impact the ability to maintain consistent healthcare practices. The integration of virtual healthcare and the development of specific healthcare groups, such as those for cardiovascular diseases, are steps being taken to address some of these issues. However, the need for better resource allocation, particularly in specialist access and supportive services like home-based health tracking for patients with heart failure, remains a significant concern.

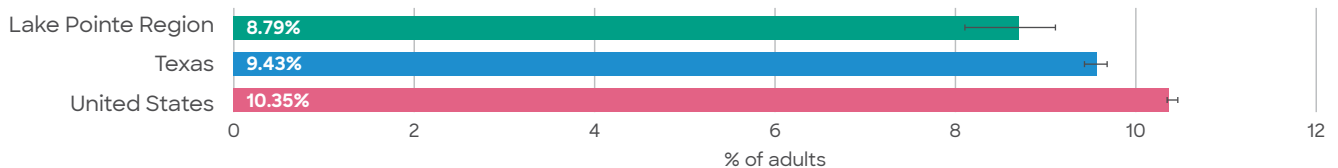
Quotes such as “It’s hard for them to really focus on health. They’re kind of in crisis mode all the time if the housing is unstable” and “A patient that’s been out of a job for three or four months, and he said his sugars are up because he’s eating rice and pasta all the time, because that’s what they can afford” illustrate the direct impact of socioeconomic factors on chronic disease management. These insights call for a comprehensive approach to address the social determinants of health that affect chronic disease outcomes. The development of community-specific interventions that enhance access to healthcare, improve food security and provide stable housing can significantly improve the management and outcomes of chronic diseases.

| Topic | Lake Pointe Region | Texas | United States |
|---|--------------------|------------|---------------|
| Chronic kidney disease <i>% of adults, 2021</i> | 3.0 ±0.2 | 3.1 ±0.1 | 2.9 ±0.0 |
| Chronic obstructive pulmonary disease (COPD) <i>% of adults, 2022</i> | 5.28 ±0.32 | 6.23 ±0.16 | 6.37 ±0.05 |
| Coronary heart disease <i>% of adults, 2022</i> | 5.74 ±0.33 | 6.27 ±0.15 | 5.82 ±0.05 |
| Current asthma <i>% of adults, 2022</i> | 8.79 ±0.63 | 9.43 ±0.27 | 10.35 ±0.09 |
| Diagnosed diabetes <i>% of adults</i> | 12.1 ±0.9 | 13.4 ±0.4 | 10.8 ±0.1 |

Current asthma

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

Current asthma, 2022



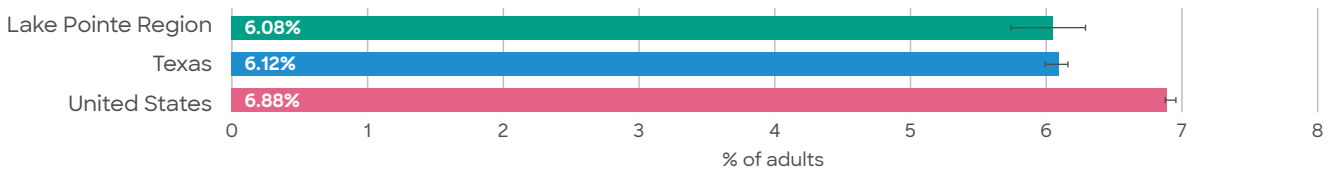
Asthma remains a significant health concern as its prevalence varies across different regions in the United States. In the Lake Pointe Region, the rate of current asthma stands at 8.79%, which is lower than both the state of Texas at 9.43% and the national average of 10.35%.

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

Have ever had cancer

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

Have ever had cancer, 2022



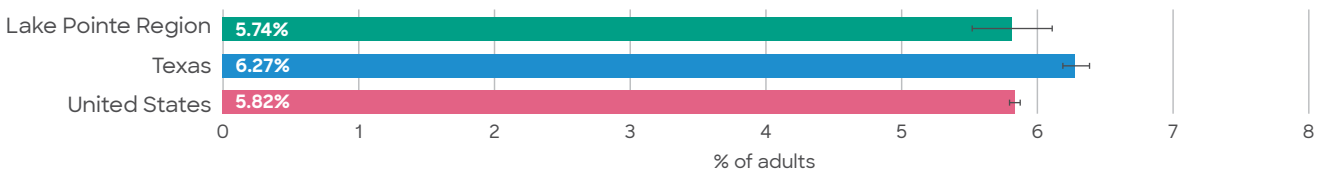
The incidence of cancer varies slightly across different regions, with the Lake Pointe Region and Texas showing a slightly lower rate than the national average. Specifically, 6.08% of individuals in Lake Pointe Region and 6.12% in Texas have reported having cancer at some point, compared to 6.88% across the United States.

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

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



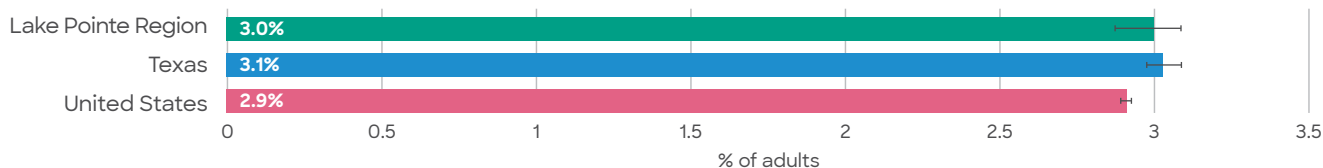
Coronary heart disease poses significant health challenges across various populations, with implications that vary by region. In the Lake Pointe Region, the prevalence rate of coronary heart disease stands at 5.74%, slightly lower than Texas' rate of 6.27% but still below the national average of 5.82%.

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

Chronic kidney disease

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

Chronic kidney disease, 2021



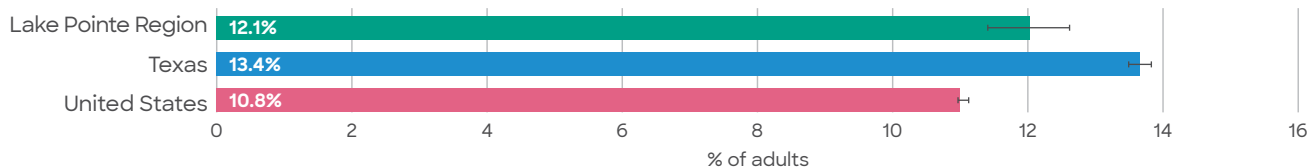
Chronic kidney disease (CKD) remains a pressing health concern, with varying prevalence rates across different regions in the U.S. In Lake Pointe Region, the incidence of CKD is slightly lower at 2.98% compared to Texas overall, where it stands at 3.09%, but both exceed the national average of 2.85%. Addressing CKD effectively requires tailored healthcare strategies and increased awareness to prevent progression and manage the disease efficiently, ensuring better outcomes for those affected.

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

Diagnosed diabetes

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

Diagnosed diabetes, 2022



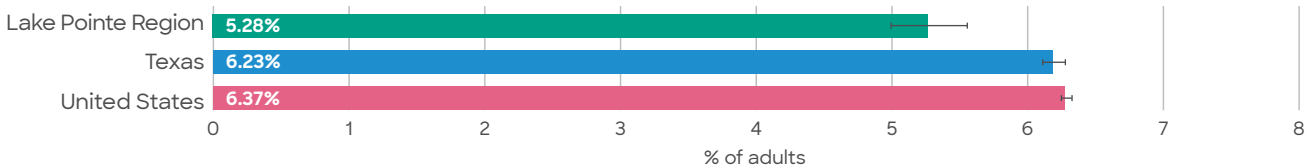
Diabetes remains a significant public health issue, demonstrating varying prevalence across different regions. In the Lake Pointe Region, approximately 12.1% of the population has been diagnosed with diabetes, slightly lower than the Texas state average of 13.37% but higher than the national average of 10.84%. This data suggests a localized burden of diabetes in Texas, particularly impactful on the community by potentially increasing healthcare costs and affecting workforce productivity. Addressing this through targeted healthcare interventions and community education programs could mitigate the impact on the affected populations.

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

Chronic obstructive pulmonary disease (COPD)

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

Chronic obstructive pulmonary disease (COPD), 2022



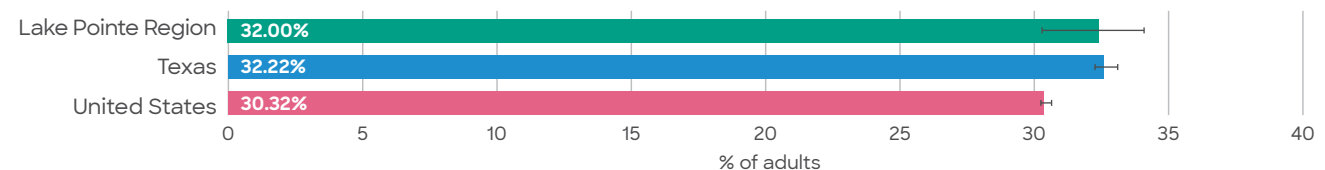
Chronic obstructive pulmonary disease (COPD) presents varying burdens across different regions, with the Lake Pointe Region showing a slightly lower prevalence of 5.28% compared to Texas and the United States at 6.23% and 6.37%, respectively. This data suggests a slight geographic variance in COPD impact, possibly influenced by local environmental factors, healthcare accessibility or lifestyle differences.

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

High blood pressure

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

High blood pressure, 2022



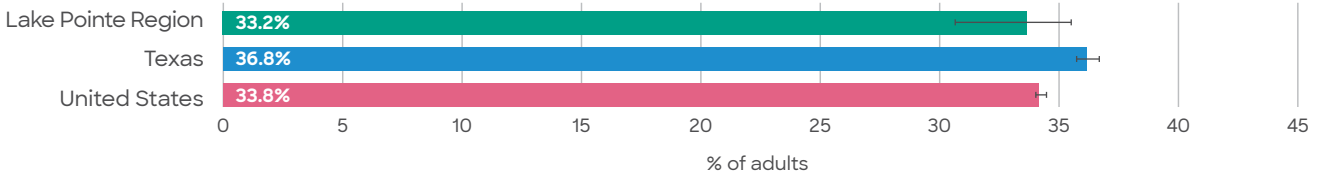
High blood pressure is a significant health concern that varies slightly across different regions in the United States. In the Lake Pointe Region and Texas, high blood pressure affects approximately 32% of the population, a slightly higher rate than the national average of 30.32%. This indicates a particular health challenge for these areas, possibly necessitating public health interventions and healthcare policies to manage and reduce the incidence of high blood pressure. Addressing this issue effectively can enhance community health outcomes and reduce long-term healthcare costs by preventing associated health complications.

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

Obesity

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

Obesity, 2022



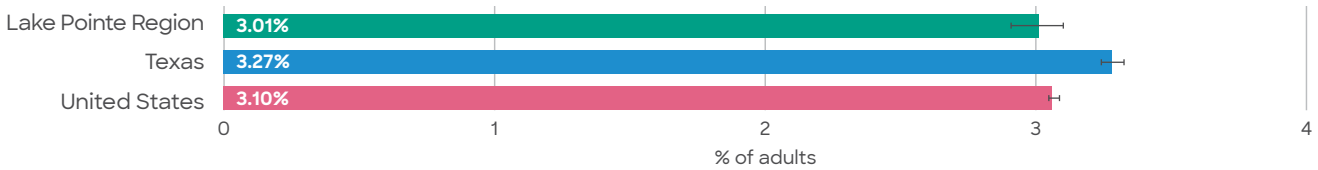
Obesity remains a pressing issue across various regions, with the Lake Pointe Region reporting a 33.22% obesity rate, slightly below the national average of 33.83% and lower than Texas' 36.76%. Addressing obesity through enhanced public health initiatives and community education programs is crucial to improving overall health outcomes and reducing associated healthcare costs.

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

Diagnosed stroke

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

Diagnosed stroke, 2022



Stroke prevalence in various regions highlights significant health challenges and underscores the need for targeted healthcare interventions. In the Lake Pointe Region, the diagnosed stroke rate is 3.01%, slightly below the Texas state average of 3.27% and closely aligned with the national average of 3.1%. This data suggests that while Lake Pointe is performing relatively well compared to the broader state, continuous efforts are essential to address stroke risk factors and enhance community health resources. Effective management and preventive strategies can significantly mitigate the impact of strokes on the community, improving overall public health outcomes.

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



Food access

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

What we heard from the community

Food access is a critical issue impacting community health, particularly in areas where economic disparities influence dietary choices. The inability to access affordable, nutritious food leads to food insecurity, which can exacerbate health issues such as diabetes and obesity. Community members often rely on processed foods due to their lower cost, despite the negative health impacts associated with such diets. Additionally, food assistance programs sometimes fail to provide fresh fruits and vegetables, limiting healthy options for those in need. Efforts like community gardens and local food banks play vital roles in mitigating these challenges, but the need for consistent, healthy food options remains a significant concern.

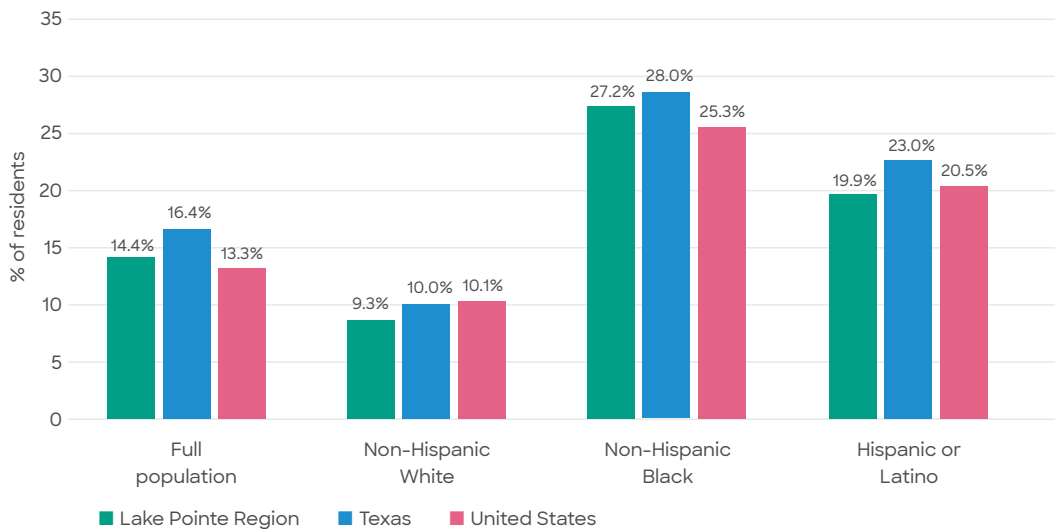
Community statements reveal a concern over the lack of affordable, healthy food options. Many individuals struggle with making proper food choices because high-quality foods are not economically accessible. Food banks and community initiatives attempt to fill this gap, yet the inconsistency in food quality and type highlights the ongoing challenges in ensuring equitable food access. Educational efforts on meal preparation for specific health conditions like diabetes are in place, but broader educational outreach and resource availability are necessary to address food insecurity comprehensively. Direct quotes such as “The places where they are getting food, if they’re getting food assistance, is often not fresh fruits and vegetables” highlight the critical need for interventions that not only provide food but ensure that it is nutritious and accessible to those most in need.

| Topic | Lake Pointe Region | Texas | United States |
|--|--------------------|-------------|---------------|
| Food insecurity <i>% of residents, 2022</i> | 14.4 | 16.4 | 13.3 |
| Food stamps (SNAP) <i>% of households, 2022</i> | 8.58 ±0.51 | 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> | 71.84 ±1.85 | 61.70 ±0.61 | 58.90 ±0.23 |
| Low food access <i>% of residents, 2019</i> | 56.71 | 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



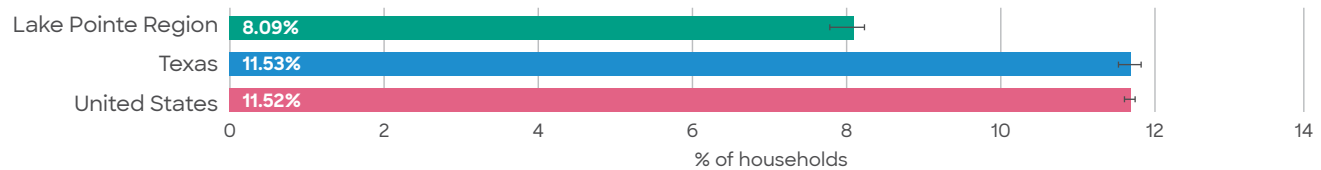
Food insecurity affects various racial and ethnic groups differently across the Lake Pointe Region, Texas and the United States. In the Lake Pointe Region, Non-Hispanic Black residents experience the highest rate of food insecurity at 27.16%, significantly above the regional average of 14.43% and higher than both state and national levels. This disparity highlights the need for targeted interventions that address the specific challenges faced by this community to ensure equitable access to food resources. Implementing solutions that cater to these disparities is crucial for enhancing community health and well-being across all demographics.

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



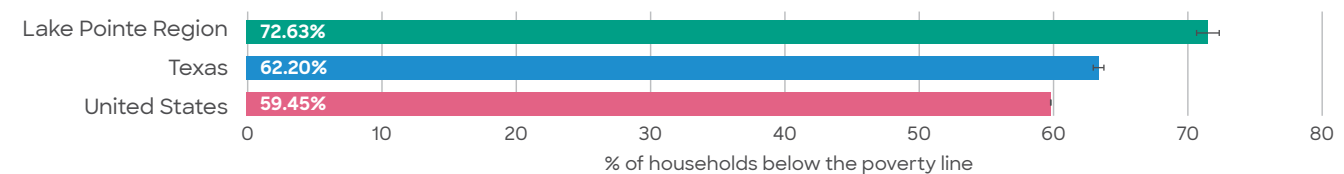
Food stamp usage in the Lake Pointe Region stands slightly lower at 8.09% compared to both Texas and the national average, which are closely aligned at around 11.53% and 11.52%, respectively. This indicates a variance in dependency on food assistance programs within this specific region as compared to broader state and national levels. Addressing this discrepancy is crucial for policymakers and community leaders to ensure equitable access to food resources and to mitigate any underlying economic disparities that may contribute to these differences.

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

Households in poverty not receiving food stamps (SNAP)

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

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



In the diverse regions of the United States, the disparities in households living in poverty without support from food stamps (SNAP) are notably pronounced. For instance, the Lake Pointe Region shows a significantly higher percentage, at approximately 73%, of households in poverty not receiving SNAP benefits compared to the national average of 59%. This variance underscores the critical need for interventions and policies that address the unique challenges faced by communities like Lake Pointe to enhance access to essential nutritional support services.

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



Health behaviors

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

What we heard from the community

Health behaviors encompass a wide range of activities that significantly influence individual and community health outcomes. These behaviors include dietary choices, medication adherence and the management of chronic conditions. The community expresses concerns about barriers such as food insecurity, transportation difficulties, and the high costs of healthcare and medications, which hinder effective health management. Challenges in accessing behavioral health resources and the integration of health education and patient navigation services are also prominent. These factors collectively impact the ability to maintain healthy behaviors and access necessary care, particularly for vulnerable populations.

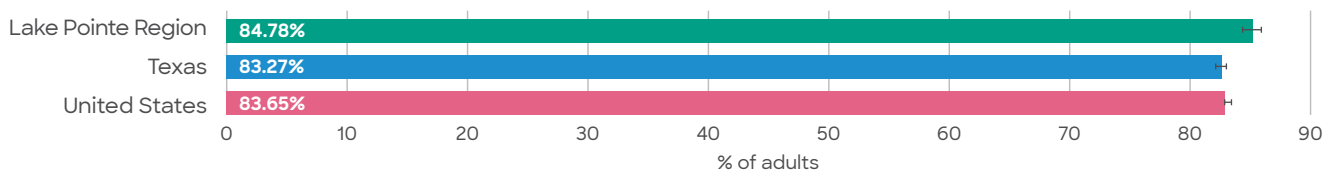
Community members are vocal about the obstacles they face in adhering to recommended health behaviors. Issues such as the affordability of healthy food choices, the accessibility of specialty care and stable housing significantly affect their health decisions and outcomes. The community’s feedback highlights a need for comprehensive support systems that address these multifaceted health behavior challenges. Programs that provide direct assistance, such as food supplies upon hospital discharge and partnerships with local food banks, are steps toward mitigating some of these barriers. Quotes from the community, such as “We push very heavily on proper food choices, and at the end of the day, the proper food choices are often not affordable,” directly illustrate the frustrations and challenges faced.

| Topic | Lake Pointe Region | Texas | United States |
|--|--------------------|-------------|---------------|
| Cholesterol screening <i>% of adults, 2021</i> | 84.78 ±1.52 | 83.27 ±0.67 | 83.65 ±0.20 |
| Cigarette smoking rate <i>% of adults, 2022</i> | 12.3 ±0.9 | 14.8 ±0.4 | 14.6 ±0.1 |
| Colorectal cancer screening <i>% of adults, 2022</i> | 54.99 ±2.42 | 54.64 ±1.07 | 58.85 ±0.32 |
| Mammography use <i>% of female adults, 2022</i> | 75.07 ±3.47 | 73.79 ±1.55 | 75.65 ±0.45 |
| No exercise <i>% of adults</i> | 25.2 ±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



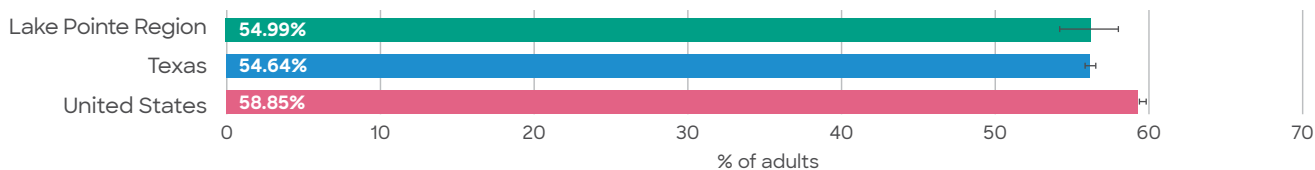
Cholesterol screening rates highlight crucial healthcare engagements across different regions, with the Lake Pointe Region exceeding both state and national averages. With an 84.78% screening rate, Lake Pointe stands out compared to Texas at 83.27% and the United States overall at 83.65%. Ensuring continued and enhanced screening efforts can lead to sustained community health and lessen the burden on local healthcare systems.

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

Colorectal cancer screening

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

Colorectal cancer screening, 2022



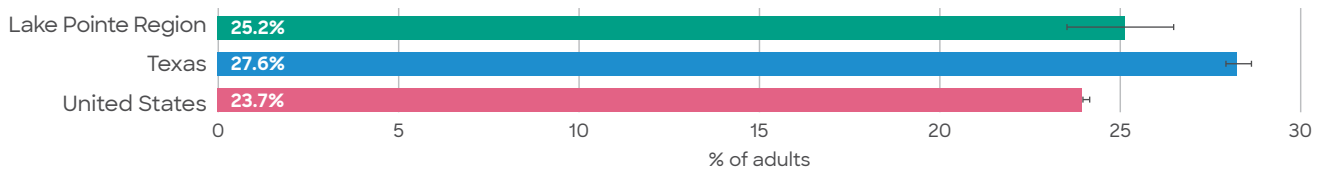
Colorectal cancer screening rates reveal a notable disparity within the Lake Pointe Region, Texas and the broader United States. Although Lake Pointe's screening rate is marginally below the national average at 55%, it is slightly higher than the Texas state average, suggesting a regional variation in healthcare access and preventive health practices. Nationwide, the 59% screening rate underscores the need for enhanced public health strategies and resources to increase awareness and accessibility of colorectal cancer screening, ultimately aiming to improve community health outcomes and reduce the incidence of this preventable disease.

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

No exercise

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

No exercise, 2022



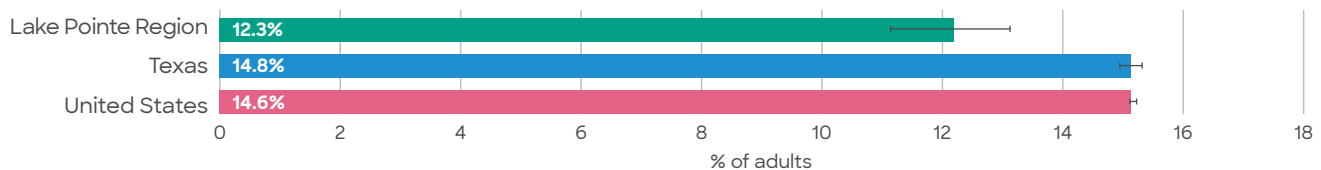
The sedentary lifestyle reflected in the “No exercise” data reveals significant insights into public health trends across various regions. In the Lake Pointe Region, approximately 25% of the population does not engage in exercise, slightly lower than Texas’ 28% but higher than the national average of 24%. This lack of physical activity undoubtedly impacts community health, contributing to higher risks of chronic diseases and affecting overall well-being.

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

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

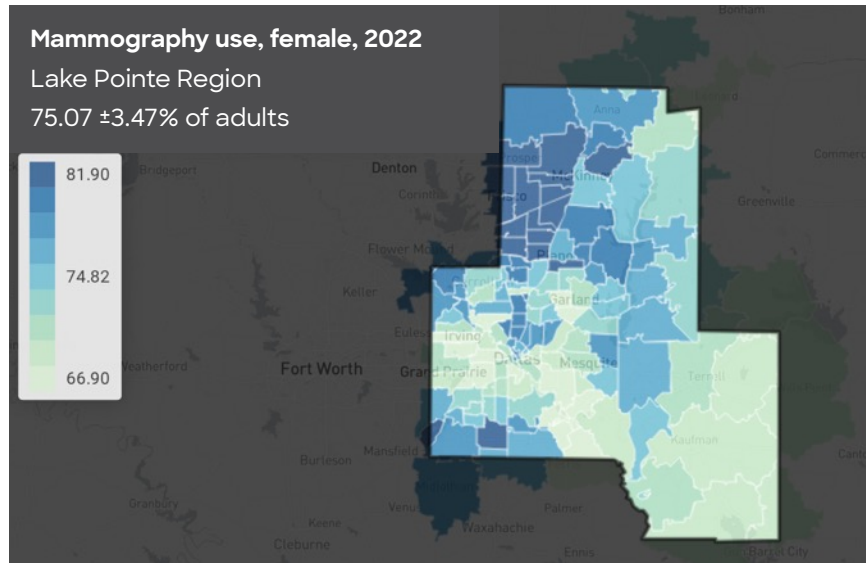


Cigarette smoking rates across various regions highlight significant public health concerns, particularly when comparing local to national figures. The Lake Pointe Region reports a smoking rate of 12.3%, which is notably lower than both the Texas average of 14.8% and the national average at approximately 14.6%. This suggests effective tobacco control measures in Lake Pointe yet emphasizes the ongoing challenge of smoking cessation efforts in broader regions. The impact of high smoking rates is profound, straining healthcare systems, increasing public health expenditures and affecting the community’s overall well-being by contributing to higher instances of smoking-related illnesses. Efforts to reduce these rates are crucial for enhancing community health and ensuring a reduction in long-term healthcare costs.

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)

Mammography use

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

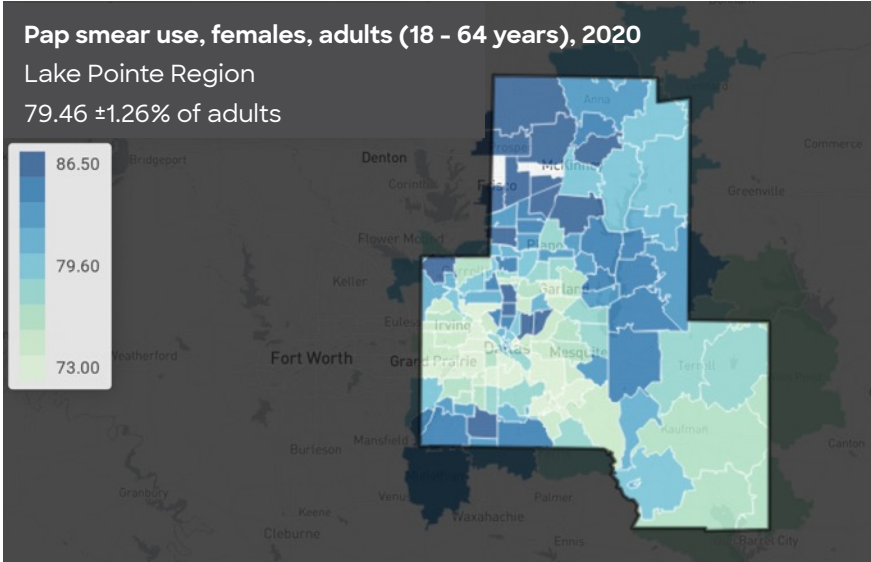


Mammography among women aged 50 - 74 in various Texas communities highlights a crucial aspect of preventive healthcare practices. The data from places like Addison, Carrollton, Plano and Dallas shows a range of mammography use from about 67% to over 81%, indicating a varied uptake of this important cancer screening test across different ZIP codes. This variation affects community health outcomes, emphasizing the need for health education and resources to increase screening rates, which can lead to earlier detection of breast cancer and potentially save lives.

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

Pap smear use

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



Pap smear use among adult females aged 21 - 65 is a critical measure in the early detection and prevention of cervical cancer. Focusing on various ZIP codes within Texas, particularly in cities like Dallas, Plano and Irving, the data reveals a notable range in screening rates, from as high as 86.5% in affluent areas to lower rates around 73% in others. This variation underscores the impact of socioeconomic factors on healthcare access and highlights the importance of interventions to increase screening rates in underserved communities, ultimately enhancing community health outcomes.

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



Housing

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

What we heard from the community

Housing is a fundamental determinant of community health, impacting various aspects of physical and mental well-being. The excerpts reveal significant disparities in access to housing and related resources, such as transportation and healthcare services, particularly in certain geographic locations and among vulnerable populations like the homeless. Challenges include long waitlists for subsidized housing, transportation difficulties for non-ambulatory patients and inadequate access to behavioral health resources due to housing instability. These housing challenges are exacerbated in rural areas and small towns, where residents face additional barriers to accessing care and essential services.

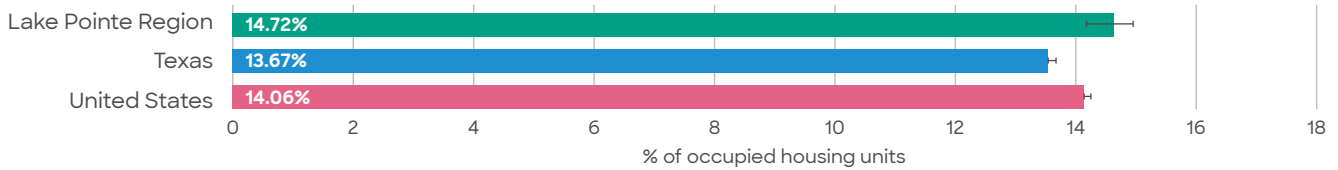
Community members specifically point out the dire housing situations in certain neighborhoods and the disproportionate impact on specific groups, including residents of rural communities. Problems such as the inability to access care due to transportation issues and the struggle to manage health conditions without stable housing are recurrent themes. Furthermore, the need for rental assistance and utility support highlights the intersection of housing stability with overall health and well-being.

| Topic | Lake Pointe Region | Texas | United States |
|---|--------------------|-------------|---------------|
| Crowded housing <i>% of occupied housing units, 2022</i> | 5.51 ±0.43 | 5.05 ±0.15 | 3.45 ±0.03 |
| Eviction rate <i>% of renter-occupied households, 2018</i> | 1.51 | 2.62 | 2.12 |
| Housing cost burden <i>% of occupied housing units, 2022</i> | 35.45 ±0.96 | 32.76 ±0.34 | 31.48 ±0.06 |
| Owner occupied <i>% of occupied housing units</i> | 55.61 ±0.59 | 62.47 ±0.25 | 65.18 ±0.18 |
| Severe housing cost burden <i>% of occupied housing units</i> | 15.93 ±0.60 | 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



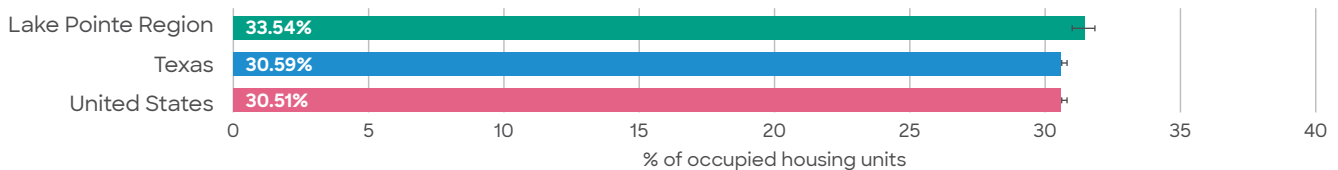
Severe housing cost burden remains a critical issue, impacting various regions differently. The Lake Pointe Region experiences a slightly higher burden at 14.72%, compared to Texas at 13.67% and the national average of 14.06%.

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

Housing cost burden

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

Housing cost burden, 2018 - 2022



The Lake Pointe Region is experiencing a notably higher housing cost burden compared to both the state of Texas and the United States overall, with 33.54% of its residents spending a significant portion of their income on housing. This increased financial strain can impact the community by reducing disposable income and limiting opportunities for economic advancement and stability. Addressing this disparity is crucial for enhancing the quality of life and promoting sustainable development in the area.

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



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.

| Topic | Lake Pointe Region | Texas | United States |
|--|--------------------|-------------|---------------|
| Births to women without partners present <i>% of births, female, 2022</i> | 24.95 ±4.41 | 26.55 ±1.76 | 23.63 ±0.40 |
| Child Opportunity Index 3.0 <i>2017 - 2021</i> | 58 | 53 | 52 |
| Child care center ratio <i>children / care center enrollment, 2023</i> | 9 | 10 | 11 |
| Grandparents responsible for grandchildren <i>% of residents age 30+, 2022</i> | 1.22 ±0.07 | 1.32 ±0.07 | 0.99 ±0.01 |
| Mortality among young adults <i>%, 2010 - 2015</i> | 0.7 ±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



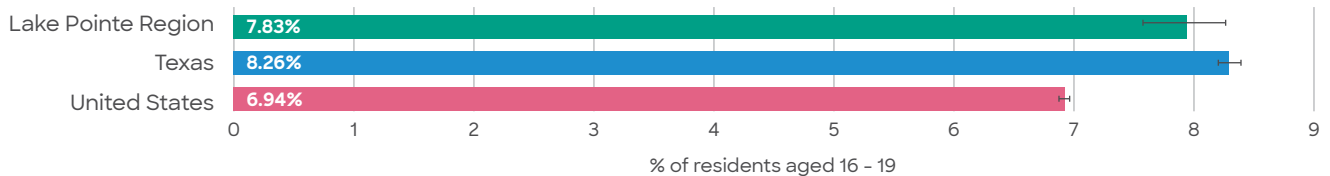
The Child Opportunity Index 3.0 reveals that the Lake Pointe Region enjoys a higher level of child opportunity at 58.31 compared to both Texas and the United States, which score 52.62 and 52.16, respectively. This regional advantage in child development opportunities can significantly impact the community by fostering a healthier, more educated and potentially more prosperous younger generation. It is imperative to understand and replicate the factors contributing to higher opportunity levels in Lake Pointe to promote equitable child development across broader regions.

Data sources: DiversityDataKids.org: Child Opportunity Index 3.0

Opportunity youth

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

Opportunity youth, 2018 - 2022



Opportunity youth rates provide insight into the broader socioeconomic conditions affecting young individuals who are neither in school nor working. In the Lake Pointe Region, the rate stands at 7.83%, slightly below Texas’ rate of 8.26% but above the national average of 6.94%. Addressing this issue is crucial for harnessing the potential of young individuals and contributing positively to the community’s development and prosperity.

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



Socioeconomic factors

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

What we heard from the community

Socioeconomic factors significantly impact health outcomes and access to healthcare services. These factors include the affordability of medications and healthy food options, transportation difficulties, and housing instability, which are especially pronounced in low-income populations. The challenges extend to rural communities and immigrant populations who face additional barriers such as frequent relocations and limited access to healthcare facilities.

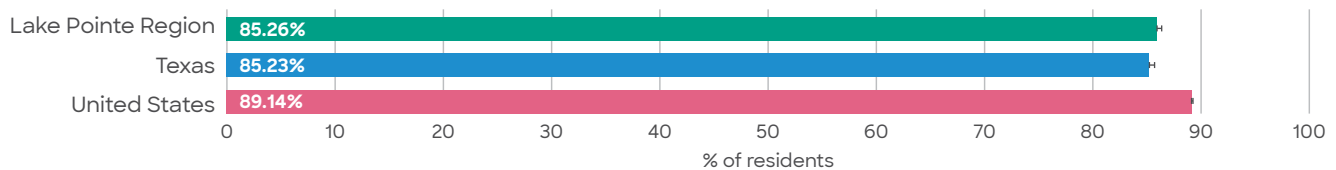
Community members express concerns about the cost barriers associated with medications, food and specialty healthcare services. The lack of affordable transportation and stable housing also emerges as a significant issue, with many families having to move in with relatives or live in unstable conditions. "The cost of medications is a barrier, even if we're very cost-conscious and try to assist with this," one community member notes, emphasizing the financial strain on low-income individuals. Another shares, "Housing is an issue. I think transportation is an issue. Our patients are challenged, especially for those patients that are not ambulatory," pointing out the broader implications of socioeconomic factors on health.

| Topic | Lake Pointe Region | Texas | United States |
|---|--------------------|-------------|---------------|
| Any higher education rate <i>% of residents, 2022</i> | 65.59 ±0.88 | 61.96 ±0.33 | 63.55 ±0.10 |
| Below 200% of poverty level <i>% of residents, 2022</i> | 27.33 ±1.08 | 31.86 ±0.41 | 28.36 ±0.11 |
| College graduation rate <i>% of residents, 2022</i> | 41.18 ±0.67 | 33.94 ±0.25 | 35.66 ±0.08 |
| Hardship Index <i>score</i> | 48.6 | 54.5 | 50.0 |
| High school graduation rate <i>% of residents</i> | 86.18 ±1.04 | 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



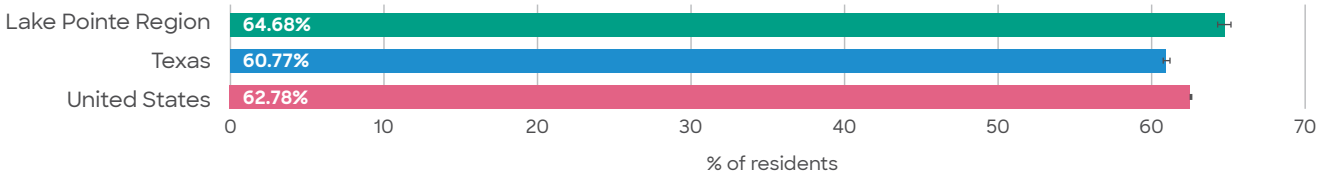
High school graduation rates serve as a critical indicator of educational success and community health. In the Lake Pointe Region, the graduation rate closely mirrors that of Texas at approximately 85%, slightly below the national average of 89%. Prioritizing educational improvement will not only benefit individual students but also bolster the community’s overall socioeconomic status.

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

Any higher education rate

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

Any higher education rate, 2018 - 2022



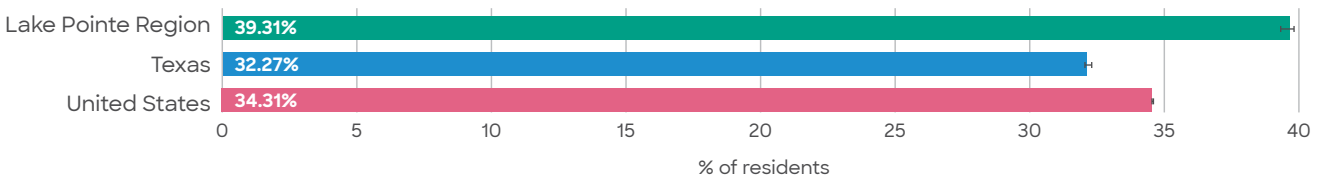
The Lake Pointe Region surpasses both Texas and the national average in terms of higher education attainment, which is a testament to the community’s commitment to educational excellence. With a higher education rate of 64.68%, compared to 60.77% in Texas and 62.78% in the United States, the region not only highlights its educational priorities but also sets a benchmark for other communities. This higher educational attainment potentially facilitates greater economic development and personal growth opportunities within the community, underlining the significant impact of education on societal advancement and individual empowerment.

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

College graduation rate

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

College graduation rate, 2018 - 2022



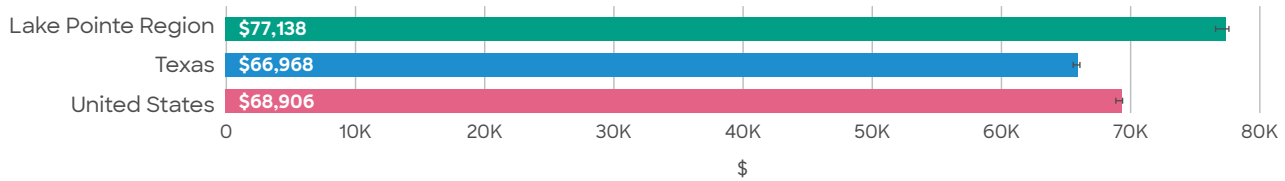
The Lake Pointe Region exhibits a higher college graduation rate at 39.31% compared to both Texas and the United States, which stand at 32.27% and 34.31%, respectively. This indicates a comparative educational advantage in the region, which might correlate with better economic opportunities and community development.

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



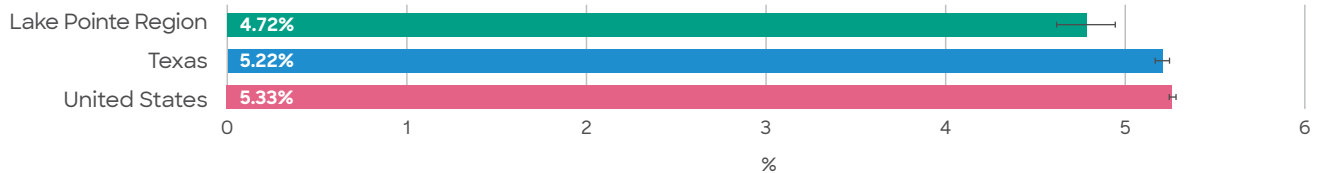
The Lake Pointe Region exhibits a notably higher median household income at approximately \$77,138 compared to Texas and the United States, which stand at around \$66,968 and \$68,906, respectively.

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 Lake Pointe Region reports a notably lower unemployment rate at 4.72% compared to the broader figures seen in Texas and the United States, which stand at 5.22% and 5.33%, respectively. This suggests a relatively robust job market in Lake Pointe, potentially contributing to greater economic stability and community well-being in the region. Addressing unemployment effectively in areas with higher rates is essential for fostering socioeconomic growth and reducing the associated stressors on community resources and public services.

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

2022 - 2025 evaluation of impact

2022 CHNA health priorities: mentally unhealthy days, access to primary healthcare, transportation

| Health priority | Action/tactic | Outcomes |
|---|---|--|
| <ul style="list-style-type: none"> Mentally unhealthy days Access to primary healthcare | Charity care: <ul style="list-style-type: none"> Lake Pointe increases access to care through providing 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, specialty and mental healthcare for un/underinsured and low-income populations. Lake Pointe: Over \$20.6 million. |
| <ul style="list-style-type: none"> Mentally unhealthy days Access to primary care | Community health improvement services and education: <ul style="list-style-type: none"> Provide free community education sessions on the benefits of annual checkups in primary care through various community programs, health fairs and health events. | <ul style="list-style-type: none"> Increased access to screenings and vaccinations to aid in prevention efforts at the primary care level. Increased knowledge and improvement of overall health and wellness, including nutrition, physical activity and mental healthcare. Lake Pointe: Over \$1.2 million invested in community health improvement programs and services. |
| <ul style="list-style-type: none"> Access to primary healthcare | <ul style="list-style-type: none"> Provide opportunities for health professionals to further their education and training to provide quality healthcare services. This includes clinical education and supervision for clinical rotations for medical students, nursing students and other healthcare professions. | <ul style="list-style-type: none"> Increased access to quality healthcare. Lake Pointe: Provided over \$1.2 million in health professions education. |

| Health priority | Action/tactic | Outcomes |
|---|---|--|
| <ul style="list-style-type: none"> • Access to primary healthcare • Mentally unhealthy days • Transportation | <ul style="list-style-type: none"> • Provide financial and in-kind donations to non-profit organizations addressing mental health, access to primary healthcare and transportation in the community. | <ul style="list-style-type: none"> • Improved overall health outcomes, access to healthcare and transportation, particularly among uninsured and low-income populations. • Lake Pointe: Over \$135,000 provided to local non-profit organizations addressing critical health and social issues in the community. |
| <ul style="list-style-type: none"> • Transportation | <ul style="list-style-type: none"> • Partner with RideHealth to provide free transportation to and from doctor's appointments for low-income BSWH patients. | <ul style="list-style-type: none"> • Increased access to quality healthcare. • Lake Pointe: Provided over \$3,200 in free rides to low-income BSWH patients. |

Existing resources

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

- Children’s Advocacy Center of Rockwall
- City of Rockwall
- City of Rowlett
- Dallas County Health and Human Services
- Dallas Ortho
- Emerus
- First Christian Church Rowlett
- Former Mayor of Wylie/Real Estate Agent
- Garland ISD - Health Science Technology Scholarship
- Grace Clinic of Rockwall
- Habitat for Humanity of Greater Garland
- Hope Clinic of Garland
- Lake Pointe Police
- Lakepointe Church
- Life Message
- Metrocare
- North Texas Behavioral Health Authority
- North Texas Food Bank
- Rockwall Emerus
- Rockwall Fire Department
- Rockwall Helping Hands Health Center
- Rockwall ISD
- Royce City Chamber of Commerce
- Rowlett Chamber of Commerce
- Rowlett Police Department
- Sharing Life Community Outreach Inc.
- Trusted World (Garland)
- Women in Need

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:

First poll

| Health issue | Voting |
|-------------------|--------|
| Access to care | 30% |
| Behavioral health | 30% |
| Food access | 30% |
| Chronic disease | 10% |

Second poll

| Health issue | Voting |
|-------------------|--------|
| Access to care | 38% |
| Behavioral health | 43% |
| Food access | 19% |

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

1. Access to care
2. Behavioral health

Health needs assessed but not identified as significant

- **Socioeconomic factors:** While the hospital recognized the importance and impact socioeconomic factors have on an individual and community's health, there was also consensus around the needs being adequately addressed by partner community organizations. In addition, the hospital provides funding to local community organizations and non-profits that address various socioeconomic factors in the community.
- **Maternal and child health:** Maternal and child health was not selected as a priority due to the many services and programs offered by the hospital and partner organizations. In addition, the hospital provides financial support to several community organizations that support and address the needs of mothers and their children.
- **Health behaviors:** Many health behaviors are highly correlated with the health needs identified in the CHNA. Hospital and community leaders indicated that health behaviors will be incorporated in strategies focusing on the prioritized health needs. In addition, the hospital implements many programs and initiatives that aim to improve health behaviors within the community, including community screenings, nutrition education and primary care services.
- **Chronic disease:** Chronic disease was not selected as a priority; the hospital is committed to decreasing the rate of chronic disease 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.
- **Housing:** While the hospital recognized housing as a critical social determinant of health, it is also an issue that several community partners and organizations are addressing in partnership with healthcare systems and hospitals. These community partners and organizations hold expertise in affordable housing and will continue to work with community organizations and institutions to address this critical need. To ensure there is no duplication in efforts, the hospital will leverage and support the local housing efforts to ensure vulnerable communities have access to affordable and safe housing.
- **Food insecurity:** The hospital did not select food insecurity as a priority due to lack of healthy food access being correlated with several other priority health issues, such as access to care, chronic disease, maternal and child health, and health behaviors. The hospital will address access to healthy food through other prioritized health needs.
- **Built environment:** Health issues correlated with the built environment, such as pollution, were not selected as a priority due to a 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.

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, childcare, 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 childcare?

- 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.

