

2025 Community Health Needs Assessment

McKinney Region





McKinney Region community hospital

- **Baylor Scott & White Medical Center – McKinney**

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) in the McKinney Region is committed to enhancing the health and wellness of the communities it serves.

This executive summary outlines the findings from the Community Health Needs Assessment (CHNA) conducted for the BSWH McKinney Region.

This assessment is pivotal in identifying the health priorities that will guide our community health improvement strategies over the next few years.

The CHNA for the BSWH McKinney Region was meticulously conducted using a combination of primary data collection methods, including surveys, focus groups and interviews. These methods ensured a comprehensive understanding of the community's health needs by directly engaging a diverse group of residents and healthcare providers in the McKinney Region.

The service area for this CHNA encompasses the McKinney Region, a community with diverse healthcare needs and resources. The primary data collected through surveys, focus groups and interviews has been instrumental in providing a detailed and nuanced view of the health-related issues faced by the population in this area.

The methodology adopted for this CHNA was rigorously designed to capture a wide spectrum of health indicators and determinants. The process began with the development of a survey distributed to a broad demographic, followed by focus groups that facilitated deeper discussions on specific health issues. Key informant interviews with healthcare professionals and local government officials provided additional insights, enhancing the data collected from surveys and focus groups.

In conclusion, the BSWH McKinney Region CHNA is a crucial initiative that helps align our health improvement strategies with the community's needs. The comprehensive data collection and analysis process ensures that our approach is both evidence-based and tailored to the unique characteristics of the McKinney Region. Moving forward, BSWH is committed to continued collaboration with local partners and stakeholders to enhance health outcomes and quality of life for all residents in the region.

CHNA process

Introduction

The McKinney Region Community Health Assessment aimed to identify the primary health needs of the community by leveraging various types of primary data, including surveys, focus groups, interviews and Metopio. Despite the expectation to gather data from these sources, the actual data collected was limited, impacting the depth of insights available for this report. The assessment involved collaboration with community partners to understand and address the diverse health needs of the McKinney Region.

Survey

Surveys are a valuable tool for collecting data from a broad population, allowing for the analysis of trends, attitudes and opinions. They can provide insights into health behaviors, mental health and specific needs within the McKinney Region. 182 surveys were completed in the McKinney 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 small group discussions guided by a moderator, offering insights into participants' perceptions, opinions and attitudes. These discussions can reveal community sentiments and highlight specific health concerns. One focus group was completed in the McKinney Region. To ensure focus groups provided information from diverse populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations. The hospitals also considered written input received on their most recently conducted CHNA and subsequent implementation strategies if provided. The assessment is available for public comment or feedback on the report findings by going to the BSWH website ([BSWHealth.com/CommunityNeeds](https://www.bswhealth.com/communityneeds)) or by emailing CommunityHealth@BSWHealth.org.

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

- Denton County Health Department
- Collin County Coalition for Charitable Clinics
- Collin County Black Chamber of Commerce
- Hope Clinic of McKinney

Interviews

Interviews offer an opportunity for in-depth, one-on-one conversations to gather detailed information on individuals' views and experiences. These interviews can uncover personal insights and specific challenges faced by community members. Five interviews were completed in the McKinney Region.

Metopio (secondary data)

Metopio is a robust platform that offers curated data from public and proprietary sources, providing information on health behaviors, health risks, health outcomes, healthcare utilization and various community-level drivers of health. This data is presented by race, ethnicity and gender when available. Metopio was used to supplement the primary data, offering a broader context for understanding the health needs of the McKinney Region.

CHNA process

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



Approach to identifying and prioritizing significant health needs

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

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

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

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

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

Significant health needs:

- Chronic disease
- Access to care

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

1. Chronic disease
2. Access to care

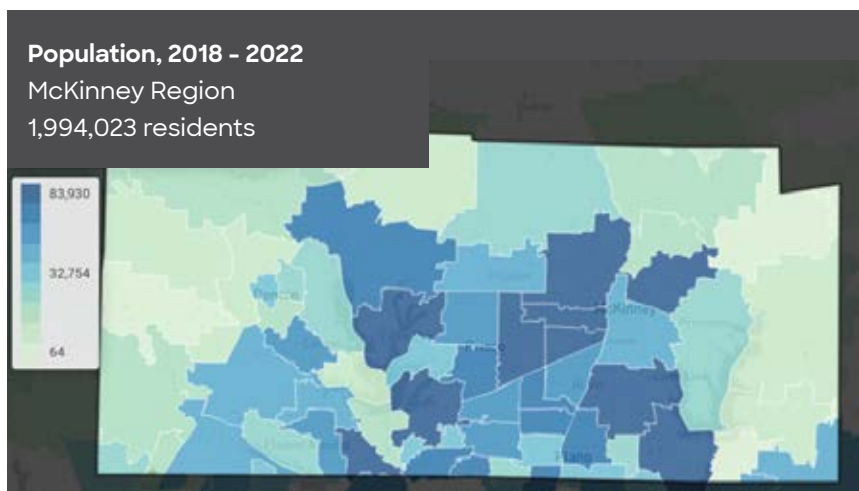
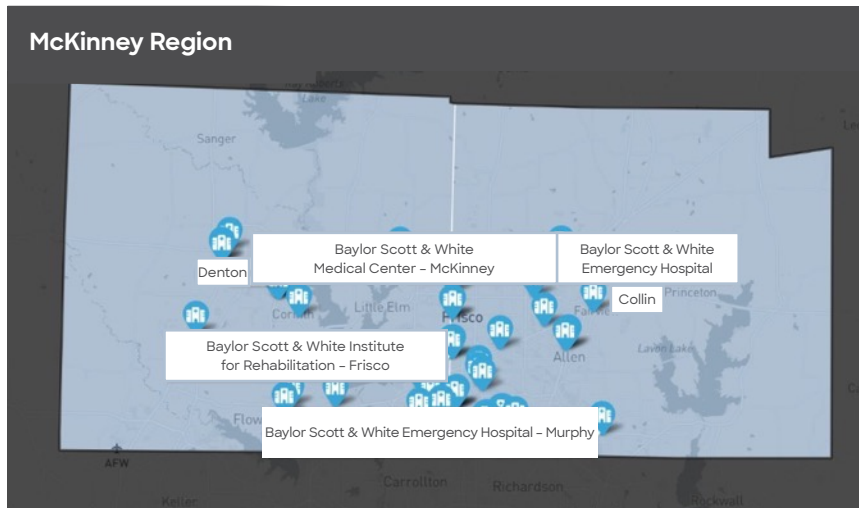
Demographics

Overview

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

- **Baylor Scott & White Medical Center - McKinney**

The community served by the hospital facility listed above includes Denton and Collin 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
1,994,023



Median household income
\$100,019



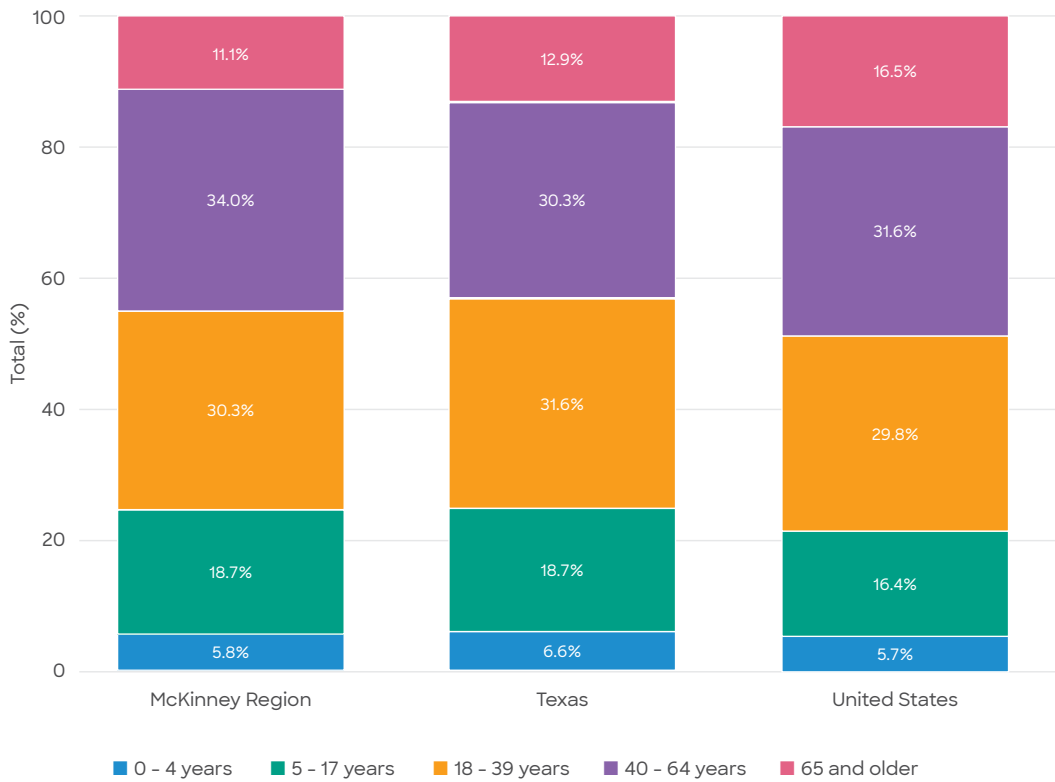
Median age
37.1



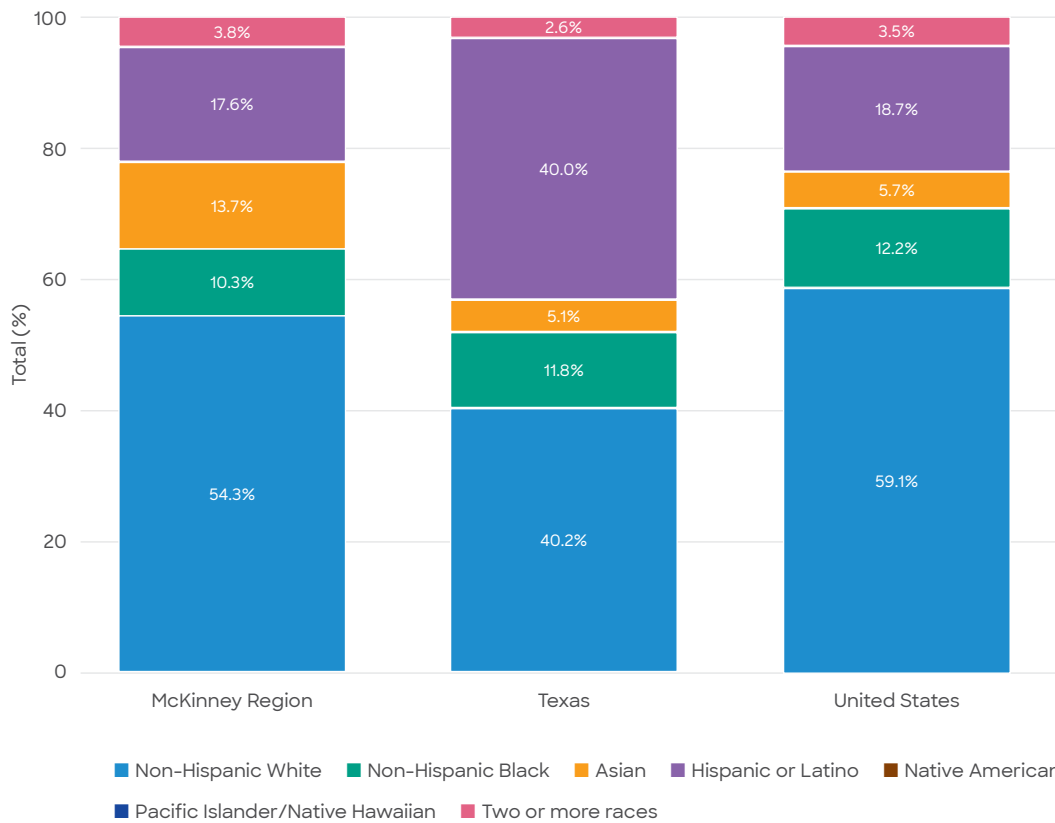
% of Spanish primary language
13.09%

% of Asian primary languages
8.43%

Population by age, 2018 - 2022



Population by race/ethnicity, 2018 - 2022



Health needs

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



Access to care

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Behavioral health

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Built environment

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Chronic disease

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Food access

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Health behaviors

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Housing

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Maternal and child health

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Socioeconomic factors

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Access to care

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

What we heard from the community

Access to care is a critical issue impacting many communities, particularly highlighted in the excerpts provided. It encompasses a range of challenges, including a lack of adequate healthcare facilities, insufficient healthcare providers and financial barriers that prevent individuals from obtaining necessary medical services. These challenges are compounded by demographic shifts, such as an increasing number of elderly individuals who require more medical attention and are often on fixed incomes. The lack of public transportation in areas like McKinney exacerbates these issues, limiting the ability of residents, especially those from rural areas or with low income, to reach healthcare facilities.

The provided quotes vividly illustrate the struggles faced by community members in accessing necessary healthcare. Issues such as the inability to afford housing or even basic needs like food are intertwined with healthcare access, as financial instability often leads to prioritizing immediate needs over preventive or ongoing medical care. Many community members are forced to use emergency services as their primary healthcare solution due to the inability to secure appointments with primary care providers or specialists, owing to high demand and insufficient supply.

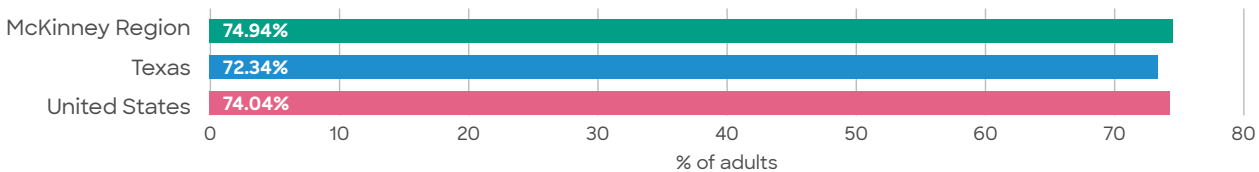
Specific quotes from the community members highlight these challenges. One mentions, “The access to primary care is challenging,” illustrating the difficulty in obtaining basic healthcare services. Another states, “We don’t have a robust outpatient presence to manage those population,” which underscores the lack of adequate facilities to handle the healthcare demand.

| Topic | McKinney Region | Texas | United States |
|---|-----------------|-------------|---------------|
| Dentists per capita <i>dentists per 100,000 residents, 2024</i> | 137.2 | 102.7 | 105.2 |
| Internet access <i>% of households, 2022</i> | 97.90 ±0.52 | 93.82 ±0.21 | 93.59 ±0.10 |
| Medicaid coverage <i>% of residents, 2022</i> | 6.73 ±0.56 | 16.86 ±0.22 | 21.23 ±0.09 |
| Mental health providers per capita <i>providers per 100,000 residents, 2024</i> | 405.1 | 332.3 | 602.7 |
| No vehicle available <i>% of households</i> | 3.35 ±0.44 | 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



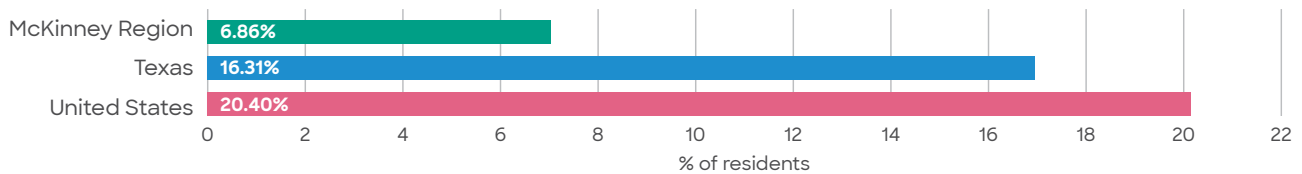
Routine medical checkups are a critical component of healthcare, ensuring early detection and management of potential health issues. In the McKinney Region, the rate of residents who visited a doctor for a routine checkup stands at 74.94%, slightly higher than the national average in the United States, which is 74.04%, and notably above Texas' average of 72.34%. This indicates a relatively strong engagement with preventive healthcare services in the McKinney Region compared to the broader state and national context. The higher participation rate in McKinney could be reflective of better healthcare awareness and access within the community, potentially leading to improved overall health outcomes. It is essential to continue fostering such healthcare practices to maintain and enhance the health standards of the population.

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



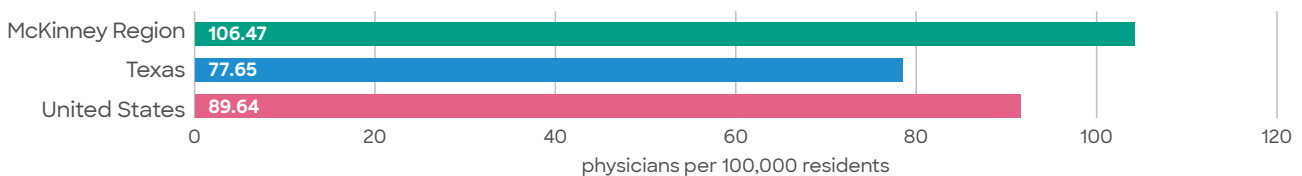
Medicaid coverage varies significantly across different regions, with the McKinney Region showing a notably lower coverage rate at approximately 7%, compared to Texas at 16% and the broader United States at 20%. This disparity highlights a critical need for targeted health policy interventions in McKinney to enhance access to Medicaid and address healthcare disparities. The impact of inadequate Medicaid coverage in communities like McKinney can lead to decreased access to essential healthcare services, affecting overall community health and economic stability. Addressing this gap is vital for improving health outcomes and ensuring equitable health resource distribution across the population.

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

Primary care providers (PCP) per capita

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

Primary care providers (PCP) per capita, 2021



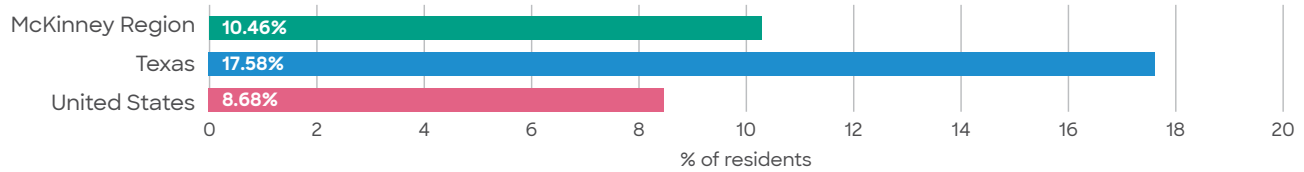
The McKinney Region notably surpasses both the Texas state average and the national average in terms of primary care providers (PCP) per capita, highlighting its robust healthcare framework. With 106.47 PCPs per capita, McKinney stands significantly higher than Texas at 77.65 and the U.S. average of 89.64, indicating a potentially stronger access to healthcare, which could lead to better health outcomes and a higher quality of life for its residents. This advantage is crucial for community well-being, as adequate access to primary care is essential for preventive health measures, management of chronic diseases and overall public health improvements.

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

Uninsured rate

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

Uninsured rate, 2018 - 2022



The uninsured rate in the McKinney Region stands at 10.46%, which is significantly lower than the state of Texas at 17.58%, yet still higher than the national average of 8.68%. This discrepancy highlights the regional challenges and the potential strain on local healthcare services in Texas, where a larger portion of the population lacks health insurance. Addressing this gap is crucial for improving access to medical care and ensuring that all community members can receive timely and adequate health services, thus fostering a healthier overall community environment.

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 issues are increasingly recognized within communities as critical aspects of overall wellness, particularly highlighted by the rising awareness of mental health conditions. Community members express a clear need for accessible counseling services and appropriate care locations, as emergency rooms are often insufficient for mental health crises. The demographic most impacted by the pandemic, according to community insights, includes young adults aged 15 to 30, who have experienced significant mental health challenges. The intersection of mental health with other societal issues, such as housing crises, addiction and chronic health conditions like diabetes, further complicates the community's ability to effectively address these needs. Additionally, the role of supportive services like Meals on Wheels, which includes mental health checks, underscores the community's innovative approaches to addressing behavioral health comprehensively.

The community's discussions reveal a deep concern about the availability and accessibility of mental health services. Key issues include the challenges of addiction and its impact on mental health, the stigma surrounding mental health discussions, and the critical need for early intervention and identification of mental health conditions. Specific concerns also relate to the unique challenges faced by vulnerable populations, including individuals experiencing homelessness and veterans. The community voices a strong desire for increased numbers of counselors and specialized programs to support underfunded and undocumented populations, demonstrating a proactive stance toward improving mental healthcare.

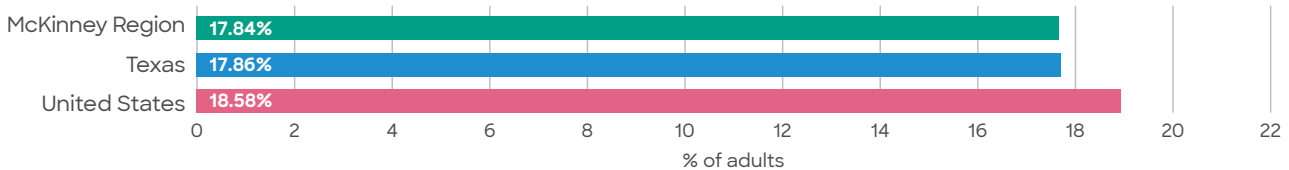
Direct quotes from community members highlight the urgency and complexity of the situation. One individual states, "There is just such a need for reaching these people that are not getting the kind of care that they need to have because they don't have access to it." Another explains the critical linkage, "Does mental health issues come from addiction struggles, or do addiction struggles come from mental health issues?" These insights emphasize the interconnected challenges of behavioral health and the essential need for comprehensive, accessible and tailored interventions to effectively support community health.

| Topic | McKinney Region | Texas | United States |
|---|-----------------|-------------|---------------|
| Binge drinking <i>% of adults, 2022</i> | 17.84 ±1.59 | 17.86 ±0.63 | 18.58 ±0.20 |
| Depression <i>% of adults, 2022</i> | 19.36 ±1.49 | 21.82 ±0.63 | 22.53 ±0.20 |
| Drug overdose mortality <i>deaths per 100,000, 2022</i> | 10.86 ±1.17 | 18.24 ±0.41 | 32.57 ±0.17 |
| Mental health providers <i>providers</i> | 7,497 | 89,851 | 1,946,128 |
| Poor self-reported mental health <i>% of adults</i> | 14.34 ±0.80 | 17.83 ±0.40 | 17.35 ±0.12 |

Binge drinking

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

Binge drinking, 2022



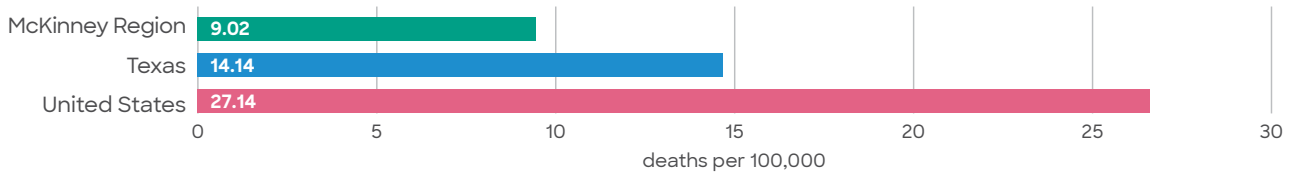
Binge drinking remains a notable concern across the United States, with the McKinney Region and Texas reflecting rates slightly below the national average. In McKinney, 17.84% of residents engage in binge drinking, compared to 17.86% in Texas and 18.58% nationally.

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)

Drug overdose mortality

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

Drug overdose mortality, 2018 - 2022



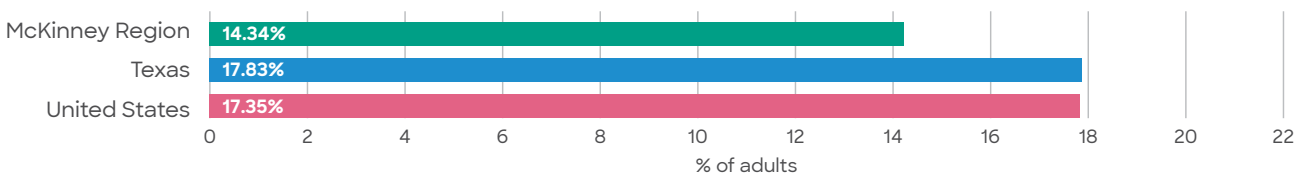
Drug overdose mortality rates reveal significant regional disparities, with the McKinney Region exhibiting a much lower rate at approximately 9 per 100,000 compared to the Texas state average of over 14 and the national average of 27. This suggests that the McKinney Region may have more effective prevention and intervention programs or differing socioeconomic or healthcare factors influencing this outcome. Understanding and addressing the factors contributing to these discrepancies is crucial in reducing the overall impact of drug overdose on communities across different regions.

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

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 McKinney Region reports a lower percentage of poor self-reported mental health at 14.34% compared to the broader Texas state average of 17.83% and the national average of 17.35%. This suggests a relatively better mental health perception among its residents, potentially indicative of effective local mental health support and services. Addressing mental health effectively within communities like McKinney can lead to enhanced overall community well-being, reducing strain on healthcare systems and improving quality of life. It is crucial for continued investment in mental health resources to maintain and further improve these outcomes.

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



Built environment

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

What we heard from the community

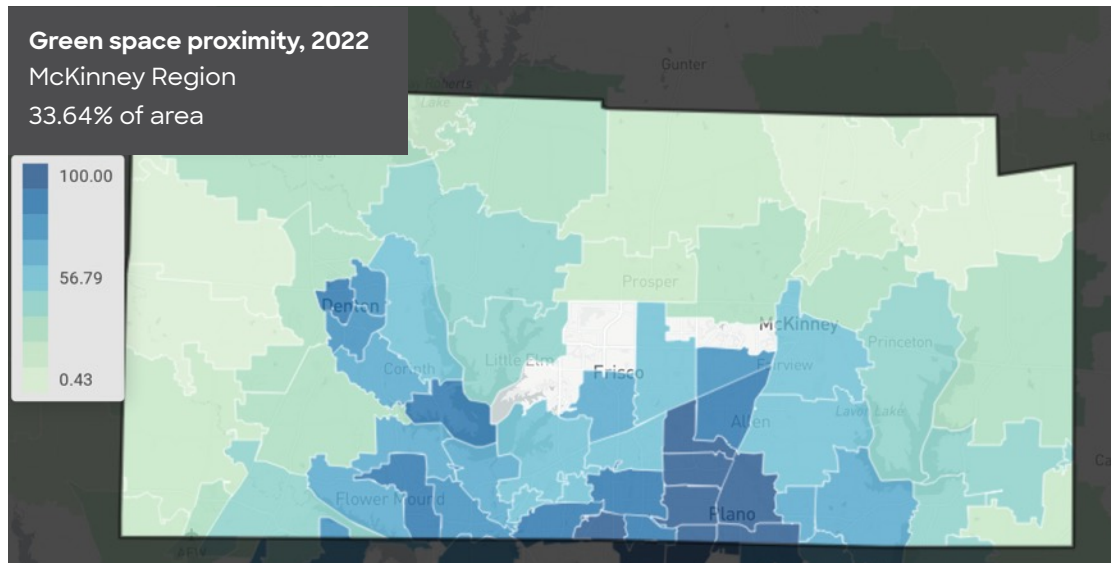
The built environment significantly influences community health by affecting access to healthcare services, housing and food resources. Many community members have voiced concerns about the need for more emergency rooms, hospital beds and healthcare providers, particularly in rapidly growing areas. The lack of affordable housing and the rising homelessness due to high rental rates are pressing issues. Additionally, food insecurity and the absence of adequate public transportation exacerbate the challenges faced by underprivileged populations. The overall infrastructure struggles to keep pace with demographic changes, impacting the accessibility and quality of healthcare and living conditions.

Community members have expressed that the healthcare industry needs more doctors and better care transition programs. There is a significant call for more hospitals, especially in areas experiencing high growth. Housing remains a critical issue, with many pointing out unaffordability and scarcity, leading to increased homelessness and displacement. Concerns about food deserts and the lack of public transportation further emphasize the challenges in accessing basic necessities, affecting overall well-being and health. One community member stated, “McKinney does not have public transportation. We don’t have buses,” pointing out the significant barriers to accessing healthcare and food resources.

| Topic | McKinney Region | Texas | United States |
|--|-----------------|-------------|---------------|
| Drive alone to work <i>% of workers 16 years and older, 2022</i> | 63.15 ±0.97 | 71.17 ±0.29 | 68.66 ±0.09 |
| Environmental Burden Index <i>2022</i> | 36.65 | 46.03 | 48.70 |
| Green space proximity <i>% of area, 2022</i> | 33.64 | 6.06 | 20.62 |
| Internet access <i>% of households, 2022</i> | 97.90 ±0.52 | 93.82 ±0.21 | 93.59 ±0.10 |
| Lifetime inhalation cancer risk <i>lifetime risk per million, 2019</i> | 25.0 | 20.9 | 16.1 |

Green space proximity

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



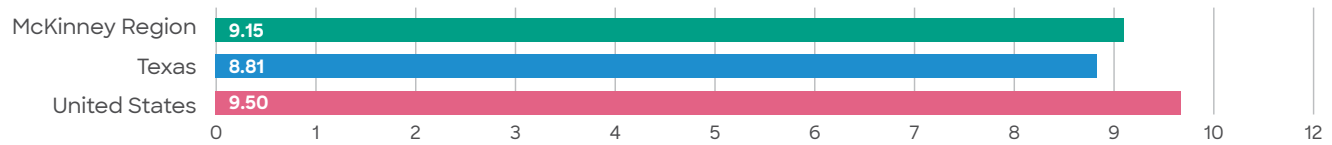
Green space proximity significantly influences community well-being and environmental quality, as evidenced by recent data from the Dallas-Fort Worth area. This analysis reveals varied access across the region, with Plano ZIP codes like 75023, 75025 and 75093 showing nearly universal access to green spaces, whereas areas like Blue Ridge (75424) and Krum (76249) have less than 1% of their geography within 1 mile of such spaces. The disparity in green space accessibility suggests potential impacts on local ecosystems and residents’ lifestyles, highlighting a need for targeted urban planning and infrastructure improvement to enhance equitable access to green spaces across all communities.

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

Walkability Index

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

Walkability Index, 2022



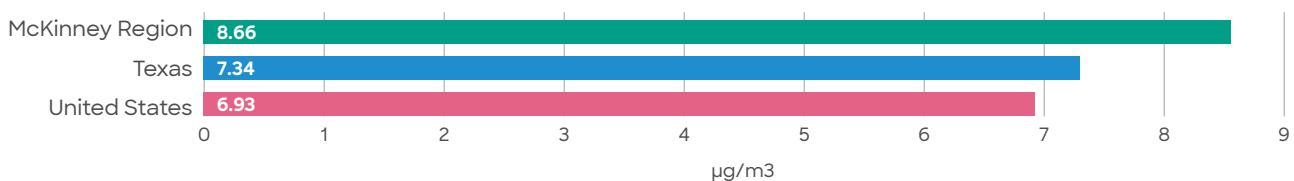
The McKinney Region showcases a commendable Walkability Index of 9.15, slightly surpassing the state average but below the United States benchmark of 9.5. This metric highlights McKinney's dedication to enhancing pedestrian accessibility, which has a profound impact on local lifestyle, reduces traffic congestion and promotes healthier living standards. Comparatively, Texas as a whole scores a bit lower at 8.81, indicating a need for statewide improvements to match the strides seen in regions like McKinney and the broader national context. Addressing this disparity could significantly benefit the community by fostering more sustainable and active environments across Texas.

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 varies significantly across different regions, with the McKinney Region registering higher levels at 8.66 compared to the Texas average of 7.34 and the national average in the United States at 6.93. This indicates a specific environmental challenge for the McKinney Region, suggesting a need for targeted air quality improvements to mitigate health risks associated with higher particulate matter exposure. Addressing this issue is crucial for enhancing public health and ensuring the well-being of the community, as prolonged exposure to elevated PM 2.5 levels can lead to severe respiratory and cardiovascular diseases.

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



Chronic disease

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

What we heard from the community

Chronic diseases such as high blood pressure, cholesterol, heart problems and diabetes are prevalent and have a profound impact on community health. These conditions are often interconnected with socioeconomic issues like housing insecurity and poor diet, which exacerbate the health outcomes for affected individuals. Stress and anxiety related to economic instability also contribute to worsening chronic conditions, which can be hereditary or influenced by lifestyle choices. The excerpts indicate a community struggling with not only the health conditions themselves but also with the systemic issues that hinder effective management of these diseases, such as inadequate housing and healthcare resources.

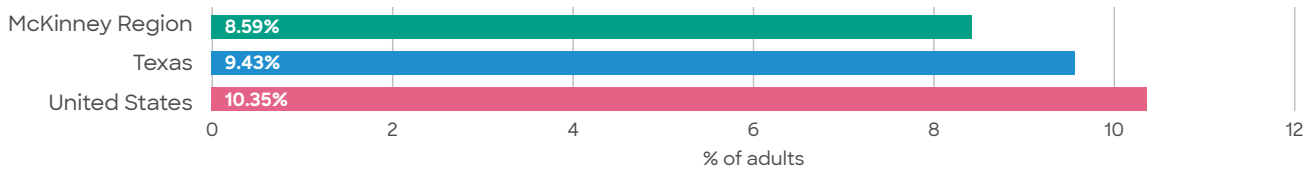
Issues like rising rental rates force older adults into homelessness, aggravating their health problems and limiting access to necessary medical care. The lack of affordable housing is particularly detrimental to seniors who rely on fixed incomes from Social Security and cannot afford essential living and medical expenses.

| Topic | McKinney Region | Texas | United States |
|---|-----------------|------------|---------------|
| Chronic kidney disease <i>% of adults, 2021</i> | 2.5 ±0.1 | 3.1 ±0.1 | 2.9 ±0.0 |
| Chronic obstructive pulmonary disease (COPD) <i>% of adults, 2022</i> | 4.41 ±0.26 | 6.23 ±0.16 | 6.37 ±0.05 |
| Coronary heart disease <i>% of adults, 2022</i> | 4.94 ±0.31 | 6.27 ±0.15 | 5.82 ±0.05 |
| Current asthma <i>% of adults, 2022</i> | 8.59 ±0.59 | 9.43 ±0.27 | 10.35 ±0.09 |
| Diagnosed diabetes <i>% of adults</i> | 9.8 ±0.8 | 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



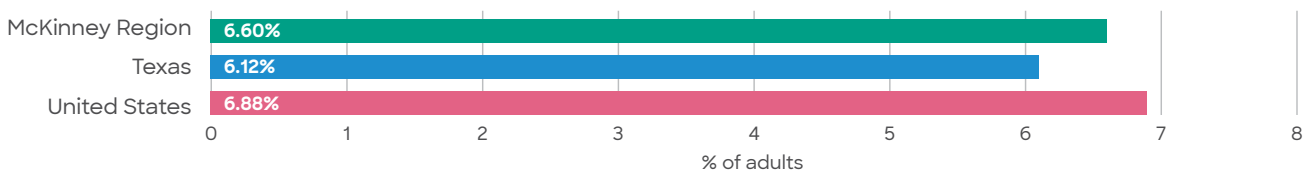
Asthma remains a significant public health issue that varies in prevalence across different regions. In the McKinney Region, the current asthma rate stands at approximately 8.59%, which is lower than the Texas state average of 9.43% and the national average of 10.35%. Addressing asthma effectively requires continuous investment in health education and preventive measures, particularly in areas with higher prevalence, to improve community health outcomes and reduce the burden on healthcare systems.

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

Have ever had cancer

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

Have ever had cancer, 2022



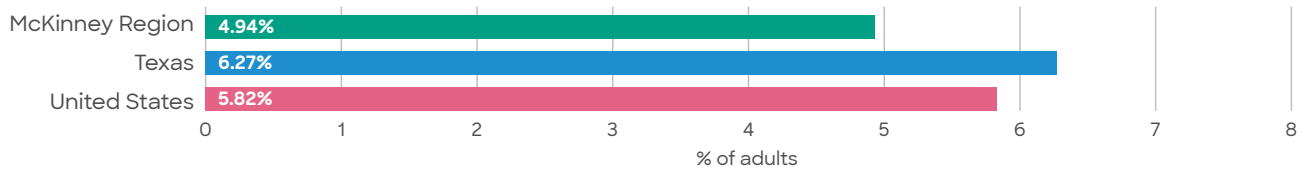
Cancer prevalence varies slightly but significantly across different regions, reflecting a nuanced public health landscape. In the McKinney Region, 6.6% of the population has reported having had cancer, slightly higher than Texas’ average of 6.12% but lower than the national average of 6.88%. These statistics underline the need for healthcare strategies and resources to manage and prevent cancer effectively, aiming to minimize the impact on communities and improve 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))

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



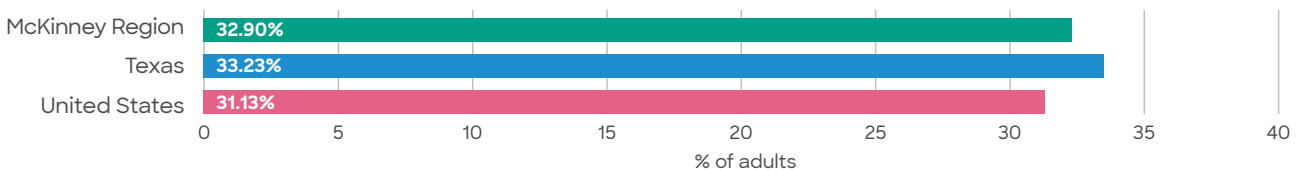
Coronary heart disease (CHD) incidence rates exhibit noteworthy regional variations, suggesting the impact of location-specific health determinants and resources. The McKinney Region reports a lower CHD rate at 4.94% compared to the broader Texas state average of 6.27% and the United States average of 5.82%. Understanding these discrepancies is crucial for interventions and resource allocation to mitigate CHD impacts and enhance community health across different regions.

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

High cholesterol

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

High cholesterol, 2021



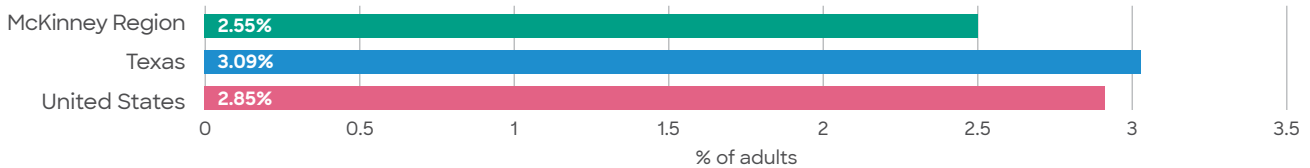
High cholesterol remains a significant health concern across various regions, with the McKinney Region reporting a prevalence of approximately 32.9%, slightly lower than Texas at 33.23% but higher than the national average of 31.13%. This indicates a localized challenge that could impact community health outcomes, emphasizing the need for targeted public health interventions and awareness programs in McKinney and similar areas. Addressing high cholesterol through community-specific strategies can help reduce the risk of cardiovascular diseases and improve overall public health.

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

Chronic kidney disease

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

Chronic kidney disease, 2021



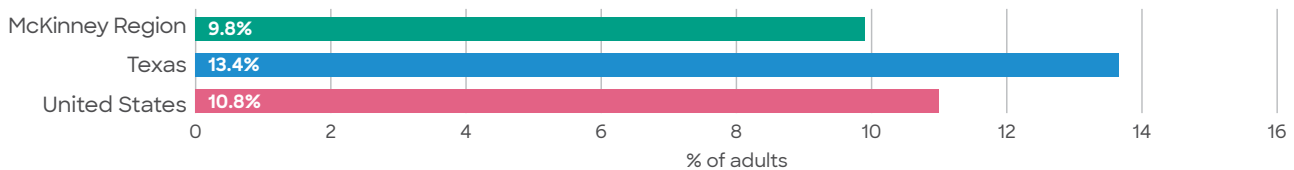
Chronic kidney disease presents a notable health challenge across different regions, with varying impacts on local communities. In the McKinney Region, the prevalence rate stands at 2.55%, which is lower than that of Texas at 3.09% and slightly below the national average of 2.85%. This data suggests that while the McKinney Region is performing relatively well in managing kidney disease compared to the broader state and national averages, there is still a significant need for targeted healthcare interventions to address and further reduce the incidence of this chronic condition. Enhanced awareness and healthcare services specifically tailored to manage chronic kidney disease can significantly benefit the communities by improving quality of life and reducing healthcare costs associated with the treatment of advanced stages of the disease.

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



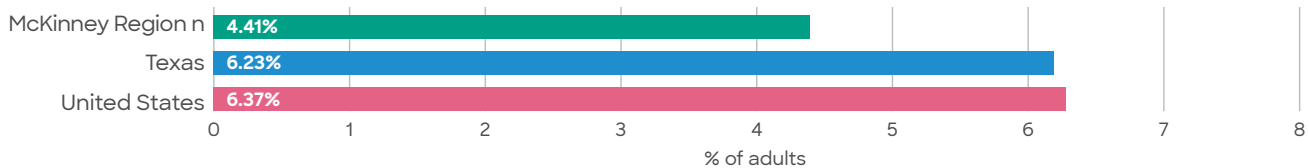
The rates of diagnosed diabetes highlight significant regional disparities within the United States, with Texas reporting a notably higher prevalence at 13.37% compared to the national average of 10.84%. Notably, the McKinney Region's rate stands at 9.83%, suggesting localized factors that may contribute to better management or lower incidence of the condition. These variations have profound implications on community health resources and necessitate tailored public health strategies to address the specific needs and challenges faced by each region. Effective management and intervention programs are crucial to mitigate the impact of diabetes on community health and to improve overall wellness in these 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



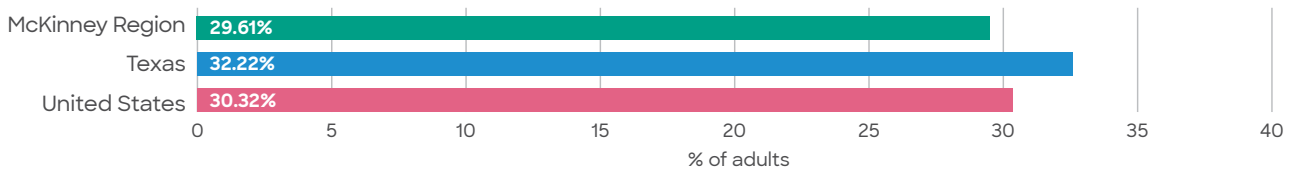
Chronic obstructive pulmonary disease (COPD) presents a significant health challenge, with varying impacts across different regions. Data indicate that the McKinney Region reports a COPD prevalence of 4.41%, which is notably lower than both the Texas state average of 6.23% and the national average of 6.37%. The impact of COPD on communities like McKinney involves not only healthcare costs but also the quality of life for residents, highlighting the importance of continuous monitoring to manage and ideally reduce the burden of this chronic condition.

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

High blood pressure

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

High blood pressure, 2022



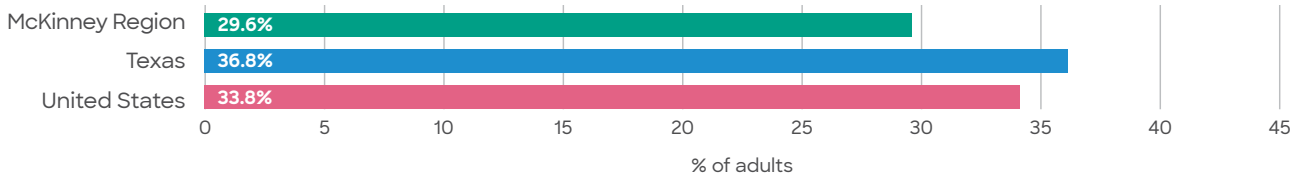
High blood pressure remains a significant health concern across various regions, with notable disparities evident in the reported data. In the McKinney Region, the prevalence of high blood pressure stands at approximately 29.6%, slightly lower than the Texas state average of 32.2% and the national average of 30.3%. These statistics underline the ongoing impact of high blood pressure on community health, necessitating interventions and sustained healthcare efforts to manage and reduce these rates effectively. Addressing this condition is crucial, as it forms a foundation for preventing more severe complications and enhancing overall public health resilience.

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



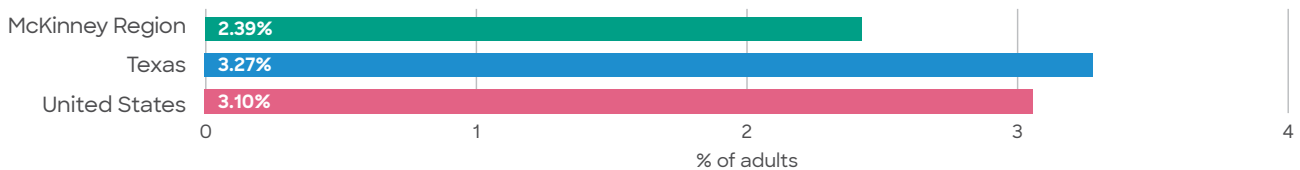
Obesity remains a significant public health concern, as observed through varying rates across different regions. In the McKinney Region, the obesity rate stands at approximately 29.6%, which is notably lower than Texas' overall rate of 36.8% and slightly below the national average of 33.8%. This disparity highlights the effectiveness of local health initiatives in McKinney compared to broader state and national efforts. Addressing obesity effectively requires tailored community-based health programs that focus on dietary education, physical activity promotion and accessibility to healthy food options to further improve outcomes in McKinney and beyond.

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



The prevalence of diagnosed strokes showcases notable regional variations, with the McKinney Region reporting a lower rate at 2.39% compared to both the Texas state average of 3.27% and the national average of 3.1%. This discrepancy highlights the impactful role of local health initiatives and access to care, which may contribute to the lower incidence in the McKinney Region. It is crucial to continue enhancing healthcare services and preventive measures across all areas to mitigate the risk and impact of strokes on the community, thereby aligning more closely with the healthier outcome observed in McKinney.

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



Food access

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

What we heard from the community

Food access is a critical determinant of public health and community well-being. It encompasses the availability of nutritional food options and the ability to afford and obtain them. Challenges in food access can lead to significant health disparities, particularly in underprivileged and rural areas. The excerpts provided illustrate various facets of these challenges, including food insecurity, the impact of economic constraints on access to healthy food and the logistical problems faced by those living in food deserts. These issues are compounded by rapid population growth in certain areas, which puts additional strain on resources and exacerbates the difficulties faced by low-income and uninsured populations.

Community members have voiced concerns about difficulties in accessing food and housing, with many facing eviction or having to relocate due to unaffordable living costs. Initiatives like One Heart McKinney have been mentioned as efforts to centralize support services, yet many still struggle with basic needs like food security and adequate housing. The situation is described as a snowballing crisis, where lack of resources leads to increased depression and anxiety among affected individuals. The excerpts also highlight the role of non-profit organizations and farm-to-table initiatives in attempting to address these challenges by providing fresh food options.

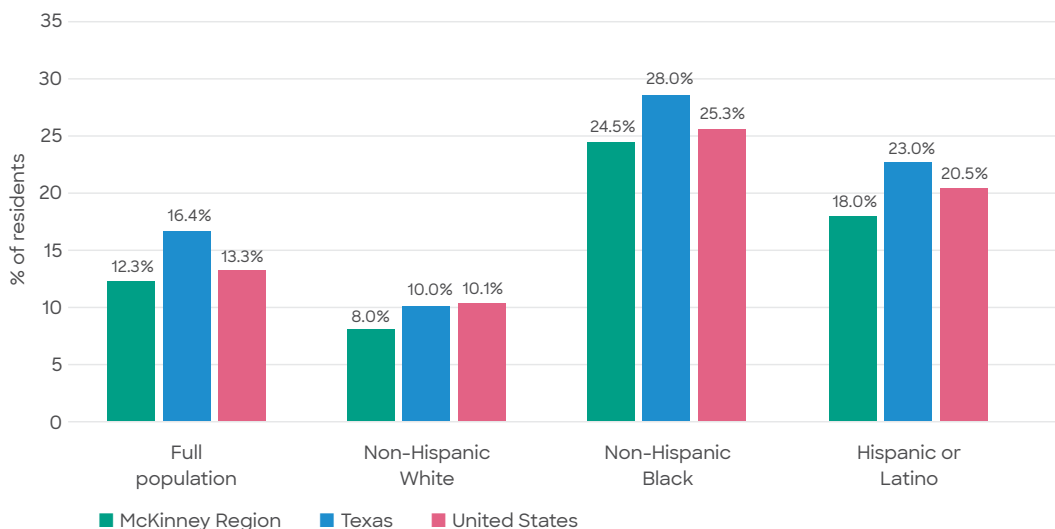
Specific quotes from community members include, “I am in crisis. I’m 75 I have no electricity. My house is 107 degrees. How can you tell me that’s not a crisis?” and “We have so many people calling us every day, and it’s so sad that there’s nothing we can do.” These statements underscore the dire situations some community members face, stressing the urgent need for effective and sustainable solutions to improve food access and overall community health. Another poignant remark, “The amount of people that eat processed garbage on a regular basis is just shocking,” highlights the broader issue of nutritional education and the availability of healthy food options.

| Topic | McKinney Region | Texas | United States |
|--|-----------------|-------------|---------------|
| Food insecurity <i>% of residents, 2022</i> | 12.3 | 16.4 | 13.3 |
| Food stamps (SNAP) <i>% of households, 2022</i> | 3.85 ±0.46 | 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> | 81.28 ±3.06 | 61.70 ±0.61 | 58.90 ±0.23 |
| Low food access <i>% of residents, 2019</i> | 60.24 | 56.97 | 50.24 |

Food insecurity

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

Food insecurity by race/ethnicity, 2022



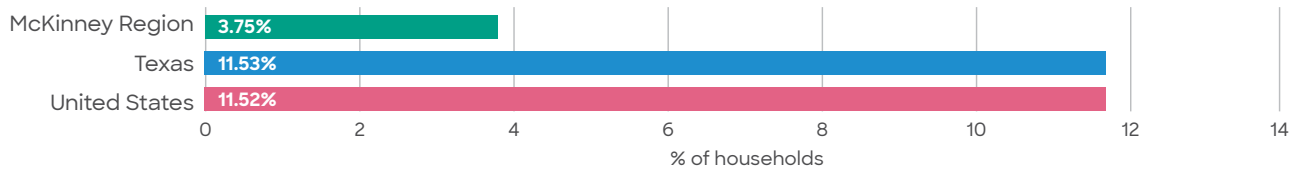
Food insecurity remains a pressing issue in the McKinney Region, with disparities evident across different racial and ethnic groups. In McKinney, 12.28% of the overall population faces food insecurity, which is notably lower than the Texas average of 16.4% and slightly below the national rate of 13.3%. However, these figures mask significant racial disparities: Non-Hispanic Black residents experience the highest rates at 24.46%, compared to 8% among Non-Hispanic White residents and 18% for Hispanic or Latino residents. These disparities highlight the urgent need for interventions to address the root causes of food insecurity, ensuring equitable access to food resources and support systems. Addressing these issues is crucial for improving community health and well-being in the region.

Data sources: Feeding America: Map the Meal Gap

Food stamps (SNAP)

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

Food stamps (SNAP), 2018 - 2022



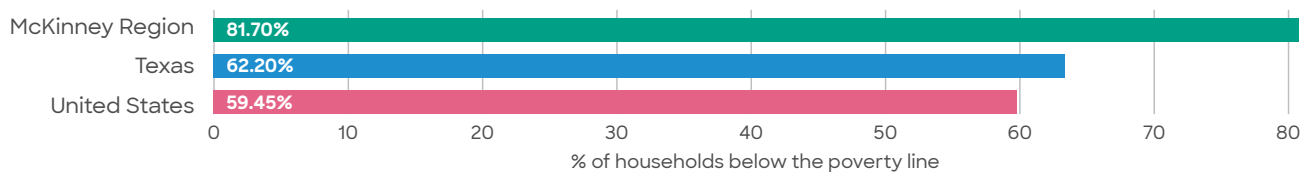
The McKinney Region, with only 3.75% of its population on food stamps (SNAP), stands out for its significantly lower reliance on the program compared to both the state of Texas and the national average, which are nearly identical at around 11.5%. This disparity suggests that McKinney may have a more robust local economy or a lower poverty rate than broader regional or national averages. Understanding and addressing the factors that lead to such low SNAP usage could provide valuable insights for other areas aiming to reduce dependence on food assistance programs. It is essential to delve into these underlying causes to better support communities in fostering economic stability and self-reliance.

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

Households in poverty not receiving food stamps (SNAP)

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

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



The McKinney Region exhibits a notably higher percentage of households in poverty not receiving food stamps (SNAP) at 81.7%, compared to both Texas and the United States, which stand at 62.2% and 59.45%, respectively. This disparity suggests a critical gap in SNAP accessibility or awareness in McKinney, which could exacerbate issues related to food insecurity and poverty. Addressing this gap is essential for enhancing the well-being of impoverished families and mitigating broader socioeconomic impacts within the community.

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

The theme of health behaviors centers on the community’s ability to address mental health disparities, access to mental health services and the integration of health behavior interventions. The challenges in dealing with chronic health issues alongside mental health complications like depression and the societal stigma associated with seeking mental health help are prominent. Additionally, there are significant concerns regarding basic needs such as food and housing insecurities and the disparities exacerbated by cultural differences and migration near border areas. These issues are compounded by a lack of resources for durable medical equipment (DME) and medications, influencing overall community health and well-being.

The excerpts reveal a community grappling with multiple layers of health behavior challenges. There are reports of profound injuries requiring long-term care, familial disputes over resources and significant pushback from government agencies when interventions are attempted. The community’s struggle extends to housing insecurities and difficulties in managing health due to cultural isolation and financial constraints. There is a noted demand for more robust government involvement and community engagement to address these ongoing issues effectively. The excerpts also highlight the necessity for more sustainable and inclusive health programs that cater to underfunded, undocumented or uninsured patients.

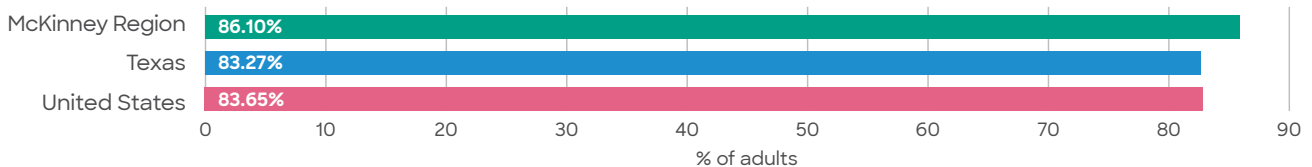
Direct quotes such as “Government agencies are starting to push back on us when we’re trying to intervene” and “Community should help engage with us to help solve some of these issues and not just make it ours” illustrate the community’s frustration with the current healthcare system’s limitations. Another poignant reflection, “The people who are so far under the poverty level that they are being able to get government assistance, and help,” underscores the financial situations affecting health behaviors and access to care.

| Topic | McKinney Region | Texas | United States |
|--|-----------------|-------------|---------------|
| Cholesterol screening <i>% of adults, 2021</i> | 86.10 ±1.42 | 83.27 ±0.67 | 83.65 ±0.20 |
| Cigarette smoking rate <i>% of adults, 2022</i> | 9.6 ±0.7 | 14.8 ±0.4 | 14.6 ±0.1 |
| Colorectal cancer screening <i>% of adults, 2022</i> | 57.99 ±2.43 | 54.64 ±1.07 | 58.85 ±0.32 |
| Mammography use <i>% of female adults, 2022</i> | 78.93 ±3.31 | 73.79 ±1.55 | 75.65 ±0.45 |
| No exercise <i>% of adults</i> | 18.6 ±1.5 | 27.6 ±0.8 | 23.7 ±0.2 |

Cholesterol screening

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

Cholesterol screening, 2021



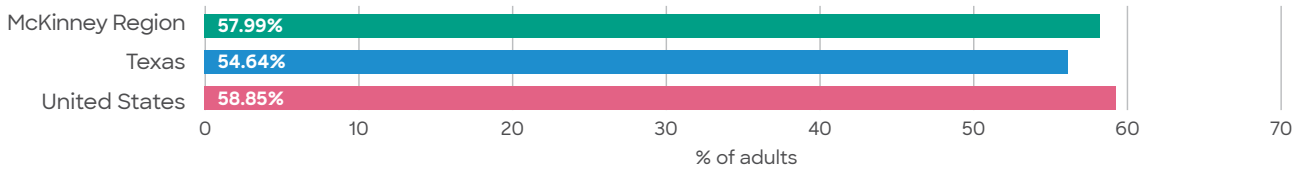
Cholesterol screening rates in the McKinney Region surpass both the state of Texas and the national average, indicating a potentially more proactive approach to cardiovascular health management in this locale. With 86.1% of its population screened, McKinney stands out compared to Texas' 83.27% and the United States' 83.65%, highlighting the community's commitment to early detection and prevention of heart-related illnesses. This higher screening rate could lead to better health outcomes and reduced healthcare costs by addressing issues before they escalate into more serious conditions.

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

Colorectal cancer screening

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

Colorectal cancer screening, 2022



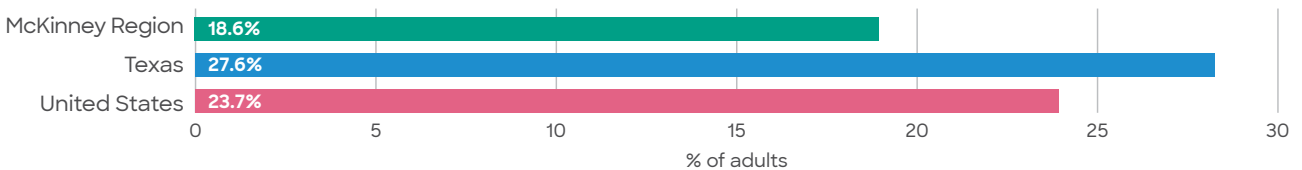
Colorectal cancer screening rates vary slightly across different regions, highlighting the need for targeted health interventions. In the McKinney Region, 58% of the population participates in screening, slightly higher than Texas' average of 55% but below the national average of 59%. These figures underscore the importance of enhancing awareness and accessibility of colorectal cancer screening programs to elevate community health standards and reduce the incidence of this preventable disease. Such disparities in screening rates can significantly impact community health outcomes and necessitate tailored public health strategies to increase participation in preventive health measures.

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

No exercise

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

No exercise, 2022



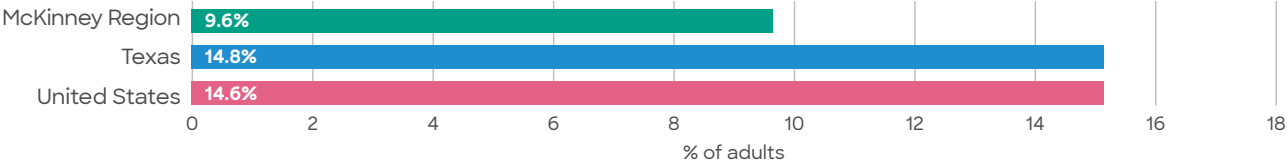
The prevalence of individuals not engaging in any exercise varies significantly across the McKinney Region, Texas and the United States. In the McKinney Region, the rate stands at 18.64%, markedly lower than the Texas state average of 27.64% and slightly below the national average of 23.68%.

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

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



The McKinney Region demonstrates a notably lower cigarette smoking rate at 9.58% compared to both the state of Texas and the national average, which stand at 14.8% and 14.61%, respectively. This distinction suggests that community efforts or regional policies in McKinney may be effectively discouraging smoking or promoting healthier lifestyles. Addressing smoking rates is crucial, as it has significant implications on public health, potentially reducing healthcare costs and improving quality of life for the population.

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



Housing

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

What we heard from the community

Housing concerns are critical in shaping the health and well-being of communities. In McKinney, the rising cost of housing, including rental rates, is a significant issue impacting residents across various demographics, particularly older adults and those with fixed incomes. The lack of affordable housing options has led to increased homelessness and displacement, especially following natural disasters like tornadoes that exacerbate the situation. The community is facing a severe housing crisis, with many unable to afford current market prices, leading to a notable increase in the homeless population, including a distressing number of children.

The narratives from the community members vividly highlight the struggles with housing affordability and accessibility. The high cost of living is pushing residents to more rural areas, where services are even more limited, affecting access to primary care and increasing reliance on emergency services. The quotes reveal a dire situation where populations find it challenging to cope with the housing market. The lack of resources to match the growing demand for housing assistance is a recurring theme in the discussions.

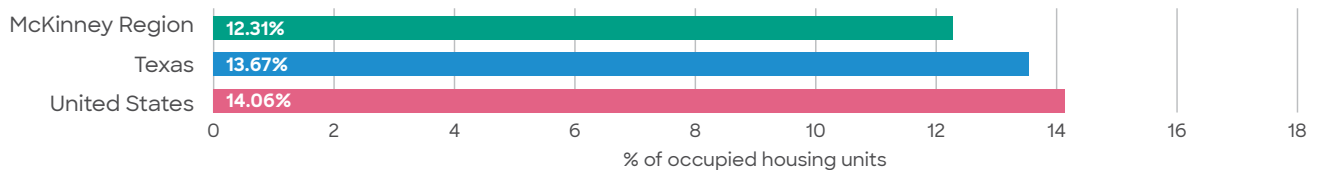
As one community member notably mentioned, “Affordable housing is definitely a problem.” Another expressed, “The rising rental rates are just our older adults can’t afford it.” These quotes underscore the urgency of addressing the housing crisis in McKinney. The situation is described as one where “People are literally being forced out of their homes here because of not being able to afford that.”

| Topic | McKinney Region | Texas | United States |
|---|-----------------|-------------|---------------|
| Crowded housing <i>% of occupied housing units, 2018 - 2022</i> | 3.08 ±0.42 | 5.05 ±0.15 | 3.45 ±0.03 |
| Eviction rate <i>% of renter-occupied households, 2018</i> | 2.33 | 2.62 | 2.12 |
| Housing Choice Vouchers issued <i>vouchers, 2023</i> | 5,933 | 148,850 | 2,191,258 |
| Housing cost burden <i>% of occupied housing units, 2018 - 2022</i> | 32.41 ±1.26 | 32.76 ±0.34 | 31.48 ±0.06 |
| Housing insecurity <i>% of adults, 2022</i> | 10.5 ±0.7 | 16.9 ±0.5 | — |

Severe housing cost burden

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

Severe housing cost burden, 2018 - 2022



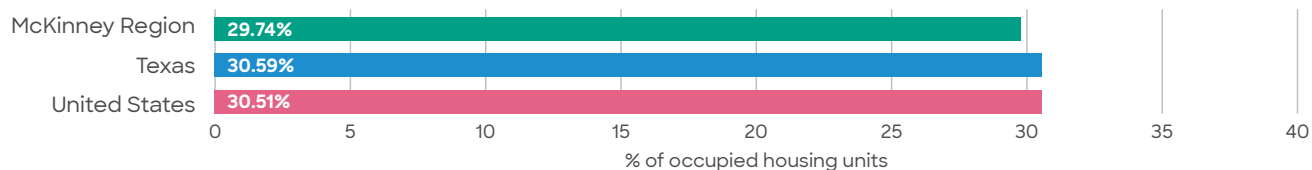
Severe housing cost burden remains a significant concern across the United States, with even localized areas like the McKinney Region exhibiting substantial rates. In McKinney, approximately 12.31% of households face severe constraints, slightly lower than the statewide Texas rate of 13.67% and the national average of 14.06%. This data underscores the pressing need for targeted housing policies and support services to alleviate financial stress and enhance community well-being, particularly in regions where the burden is above the national trend. Addressing this issue is crucial for improving the quality of life and ensuring sustainable community development.

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

Housing cost burden

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

Housing cost burden, 2018 - 2022



Housing cost burden remains a critical issue across the McKinney Region, Texas and the United States, with figures hovering around 30%. Specifically, the McKinney Region reports a slightly lower burden of 29.74% compared to Texas at 30.59% and the national average of 30.51%. This marginal difference suggests a somewhat less strained housing economy in the McKinney Region, potentially easing financial pressures on its residents compared to broader state and national contexts. Addressing housing affordability is essential for enhancing community stability and ensuring that residents are not disproportionately burdened by housing costs.

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.

What we heard from the community

The theme of maternal and child health is crucial as it focuses on the well-being of mothers and their children, which is fundamental for healthy communities. The excerpts describe significant challenges related to housing, food security and adequate healthcare, which are essential components of maternal and child health. The rising rent and lack of affordable housing options are pushing older adults and low-income families into precarious living situations or even homelessness. This, coupled with the financial constraints of living on fixed incomes like Social Security, underscores the difficulties in maintaining stable and healthy environments for both aging populations and children. The lack of dedicated healthcare programs for vulnerable populations further exacerbates these challenges.

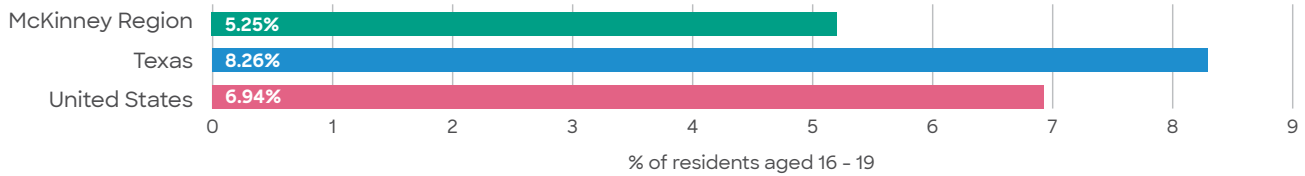
Community members highlight challenges faced by children and families in accessing necessary nutritional support. For example, a significant portion of students in McKinney ISD rely on free and reduced lunch programs, and there is a substantial homeless youth population. Priority populations noted included single mothers and their children who face compounded vulnerabilities due to economic and social barriers.

| Topic | McKinney Region | Texas | United States |
|--|-----------------|-------------|---------------|
| Births to women without partners present <i>% of births, female, 2022</i> | 11.34 ±4.36 | 26.55 ±1.76 | 23.63 ±0.40 |
| Child Opportunity Index 3.0 <i>2017 - 2021</i> | 81 | 53 | 52 |
| Child care center ratio <i>children / care center enrollment, 2023</i> | 6 | 10 | 11 |
| Grandparents responsible for grandchildren <i>% of residents age 30+, 2022</i> | 0.61 ±0.12 | 1.32 ±0.07 | 0.99 ±0.01 |
| Infant mortality <i>deaths per 1,000 live births, 2021</i> | 4.3 | 5.4 | 5.7 |

Opportunity youth

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

Opportunity youth, 2018 - 2022



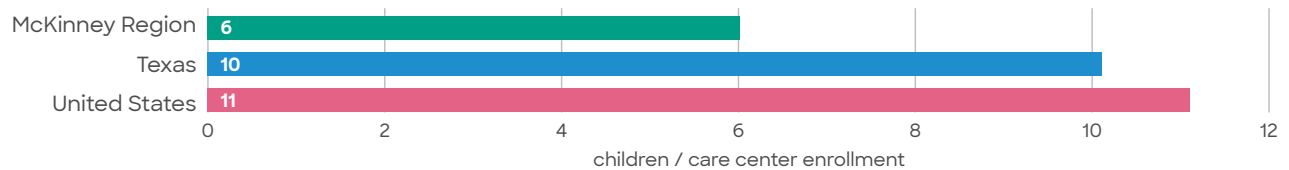
Opportunity youth rates in different regions shed light on varying community challenges and the effectiveness of local youth engagement strategies. In the McKinney Region, the rate of opportunity youth—individuals aged 16 - 24 who are neither in school nor working—is notably lower at 5.25% compared to 8.26% in Texas and 6.94% nationally. This suggests that the McKinney Region may be more successful in engaging its youth through education and employment opportunities, which are crucial for fostering a productive and proactive community. Addressing the distinct needs of opportunity youth is essential for mitigating long-term economic and social challenges in any region.

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

Child care center ratio

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

Child care center ratio, 2023



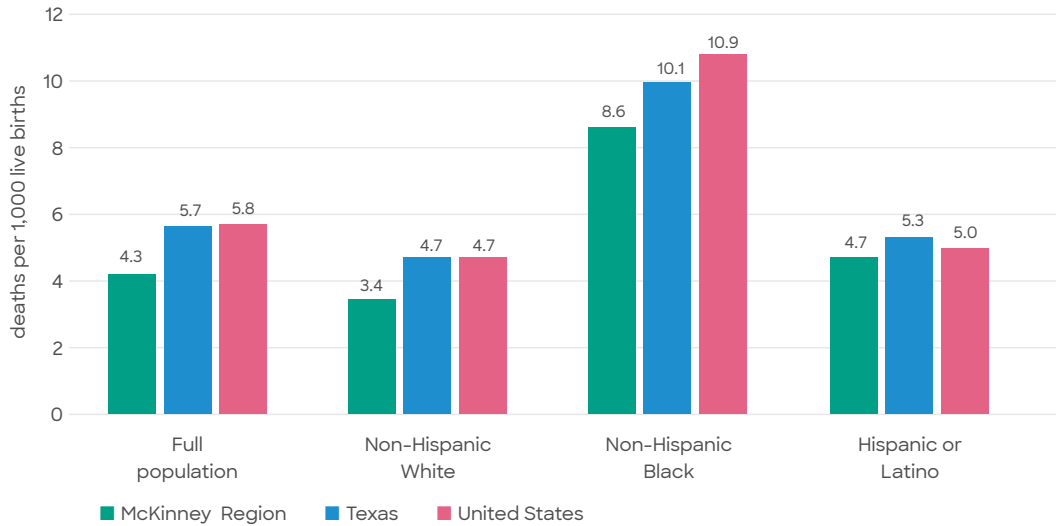
The McKinney Region demonstrates a significantly lower child care center ratio at 5.88 compared to Texas and the United States, which have ratios of 10.19 and 10.93, respectively. This suggests a higher availability of child care resources per child in McKinney.

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

Infant mortality

Rate of postneonatal deaths (in the first year of life). Stratifications by race/ethnicity are of the mother.

Infant mortality by race/ethnicity, 2015 - 2019



Infant mortality rates reveal significant racial disparities that demand targeted health interventions and policy adjustments. In McKinney, the infant mortality rate for Non-Hispanic Black populations is alarmingly high at 8.6 per 1,000 live births, compared to 3.4 for Non-Hispanic White populations and 4.7 for Hispanic or Latino populations. These figures not only underscore the urgent need for community-specific health strategies but also reflect broader systemic issues that could be influencing these disparities. Addressing these challenges is crucial for improving the overall health outcomes and ensuring equitable care for all segments of the population.

Data sources: Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) (3-year data), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Nativity (NVSS-N) (CDC Wonder; counties and states, excluding Wisconsin), Wisconsin Department of Health Services (WISH (Wisconsin data only)) (Only in WI), University of Texas System: Infant Mortality in Communities Across Texas (Texas ZIP code data) (Only in TX)



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 community health by influencing access to essential services, including healthcare, housing and transportation. The high cost of living in certain areas forces individuals, especially those from low-income backgrounds, into less accessible rural areas, exacerbating disparities in health service access. Affordable housing emerges as a critical issue, with rising rental rates pushing elderly and low-income families toward potential homelessness. The lack of affordable transportation further isolates these populations, limiting their ability to access healthcare facilities and other critical services. Moreover, the growing economic divide within communities highlights the need for comprehensive socioeconomic interventions to ensure equitable health outcomes.

Community members express their struggles with the rising costs of living, which not only affect their housing stability but also their overall health and well-being. Many are forced to relocate to areas with fewer resources, while others face the threat of homelessness due to unaffordable rent. The excerpts also reveal challenges related to accessing healthcare services, with many relying on emergency departments due to a lack of primary care options.

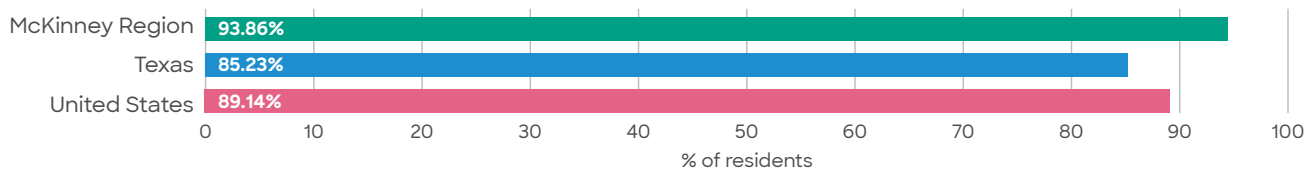
“It really squeezes out the uninsured and underinsured populations,” one quote describes, highlighting the disproportionate impact on vulnerable groups. Another community member shares, “The rising rental rates are just our older adults can’t afford it, and then we get them coming to us because they, you know, they can’t afford food, they can’t afford their rent.” These direct quotes underscore the critical nature of socioeconomic factors in shaping community health dynamics and the imperative for targeted interventions.

| Topic | McKinney Region | Texas | United States |
|---|-----------------|-------------|---------------|
| Any higher education rate <i>% of residents, 2022</i> | 79.24 ±0.25 | 61.96 ±0.33 | 63.55 ±0.10 |
| Below 200% of poverty level <i>% of residents, 2022</i> | 15.58 ±1.00 | 31.86 ±0.41 | 28.36 ±0.11 |
| College graduation rate <i>% of residents, 2022</i> | 53.35 ±0.94 | 33.94 ±0.25 | 35.66 ±0.08 |
| Hardship Index <i>score</i> | 27.1 | 54.5 | 50.0 |
| High school graduation rate <i>% of residents</i> | 94.60 ±1.39 | 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



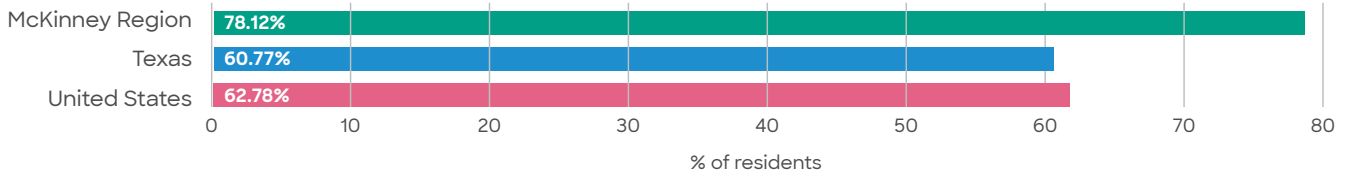
The McKinney Region boasts a commendable high school graduation rate of 93.86%, outperforming the statewide average in Texas and the national rate in the United States, which stand at 85.23% and 89.14%, respectively. This achievement not only reflects the success of educational strategies and student engagement in the region but also signifies a positive impact on community development, enhancing job readiness and economic stability. Ensuring the continuation and improvement of these educational outcomes is crucial for sustaining the socioeconomic growth of the community.

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



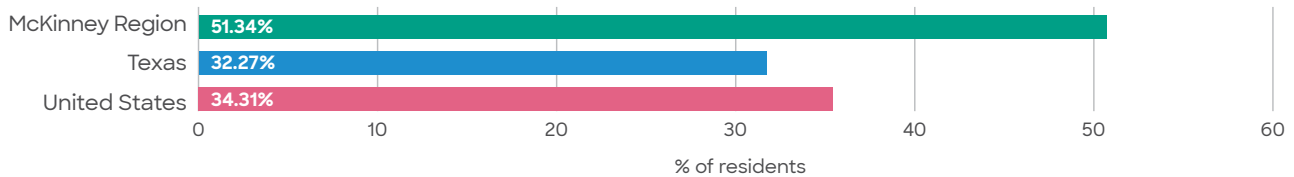
The McKinney Region demonstrates a notably high rate of higher education attainment, with 78% of its population achieving some form of higher education, significantly surpassing both the Texas average of 61% and the national figure of 63%. This educational advantage in McKinney likely contributes positively to the community, fostering a skilled workforce that enhances local economic development and social mobility. Given the correlation between education and socioeconomic benefits, the McKinney Region’s elevated educational rates may also lead to better health outcomes, lower unemployment and higher civic engagement among residents.

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



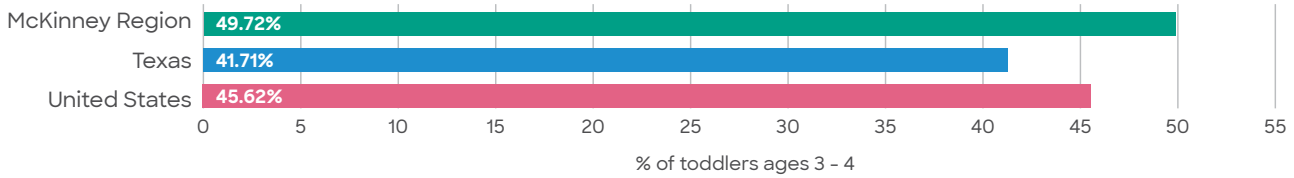
The McKinney Region boasts a significantly higher college graduation rate at 51.34% compared to both the state of Texas and the national average, which stand at 32.27% and 34.31%, respectively. This disparity highlights the effectiveness of educational strategies and resources in the McKinney Region, indicating a potential model for educational improvements elsewhere. The high graduation rate in McKinney not only enhances the local workforce but also contributes positively to the community’s economic and social development, setting a benchmark for other regions to follow.

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

Preschool enrollment

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

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



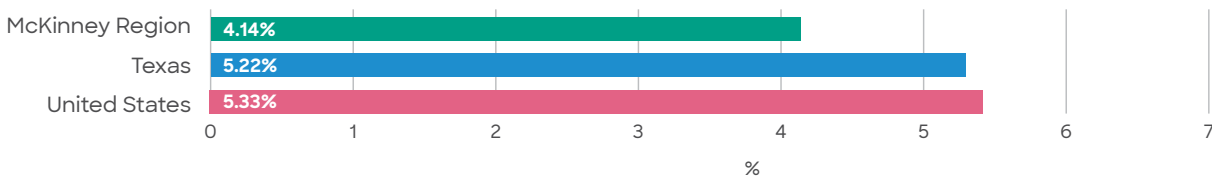
Preschool enrollment rates in the McKinney Region surpass both Texas state and national averages, suggesting effective local educational initiatives. With 49.72% enrollment, McKinney stands out against Texas' 41.71% and the U.S. average of 45.62%, highlighting the community's commitment to early childhood education. This higher enrollment rate likely contributes to better preparedness for primary education within the region, potentially fostering a foundation for long-term academic success.

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

Unemployment rate

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

Unemployment rate, 2018 - 2022



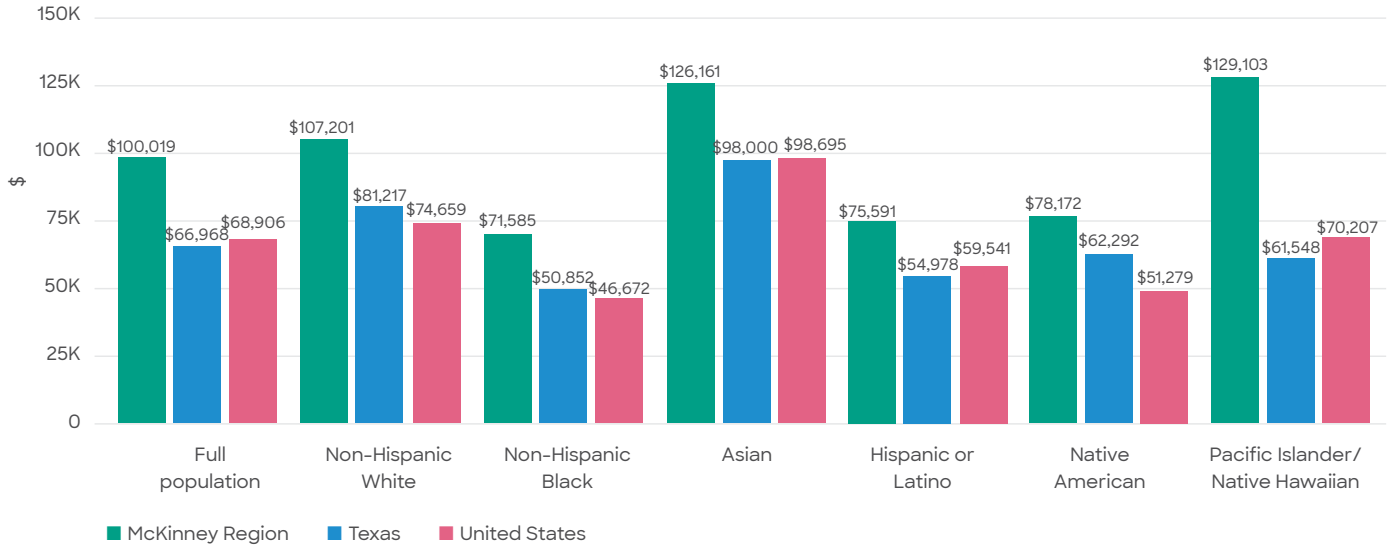
The McKinney Region exhibits a lower unemployment rate at 4.14% compared to both the Texas state average of 5.22% and the national average of 5.33%. This indicates a relatively robust job market in the McKinney area, potentially reflecting stronger economic conditions or successful employment policies at the local level. Such a lower unemployment rate positively impacts the community by potentially increasing consumer spending and reducing economic stresses on families, contributing to overall societal stability and growth.

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

Median household income

Income in the past 12 months.

Median household income by race/ethnicity, 2018 - 2022



In the McKinney Region, median household income varies significantly across different racial and ethnic groups, highlighting the economic diversity within the community. Non-Hispanic White residents and Asian residents have the highest median incomes, at approximately \$107,200 and \$126,160, respectively, which are considerably higher than the regional and national averages. Conversely, Non-Hispanic Black residents and Hispanic residents report lower median incomes of around \$71,585 and \$75,590. These discrepancies underscore the substantial impact of ethnic and racial backgrounds on economic opportunities and wealth distribution within the area. Addressing these income disparities is crucial in fostering a more equitable community where all residents have equal economic opportunities.

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

2022 – 2025 evaluation of impact

2022 CHNA health priorities: access to primary healthcare, preventive screenings/chronic disease, treatment resources for behavioral health/substance use

| Health priority | Action/tactic | Outcomes |
|--|---|---|
| <ul style="list-style-type: none"> • Access to primary healthcare • Preventive screenings/ chronic disease • Treatment resources for behavioral health/ substance use | <ul style="list-style-type: none"> • Provide financial and in-kind donations to non-profit organizations addressing access to primary care, including health screenings, mental health and substance use. | <ul style="list-style-type: none"> • Improved overall health outcomes and increased access to primary and behavioral healthcare. • Baylor Scott & White Medical Center – McKinney: Provided over \$224,000 in financial and in-kind donations to local nonprofit organizations, including free clinics for uninsured populations, addressing critical health and social needs in the community. |
| <ul style="list-style-type: none"> • Access to primary healthcare • Preventive screenings/ chronic disease | <ul style="list-style-type: none"> • Provide free and/or discounted care, including community referrals, to financially or medically indigent patients as outlined in the financial assistance policy. | <ul style="list-style-type: none"> • Improved access to care and screenings. • Baylor Scott & White Medical Center – McKinney: Provided over \$22.8 million in charity care to un/underinsured low-income patients. |
| <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. • Baylor Scott & White Medical Center – McKinney: Over \$530,000 provided in health professions education. |

| Health priority | Action/tactic | Outcomes |
|--|--|--|
| <ul style="list-style-type: none"> • Access to primary healthcare • Preventive screenings/ chronic disease • Treatment resources for behavioral health/ substance use | <p>Community health improvement services and education:</p> <ul style="list-style-type: none"> • Provide free community education sessions on nutrition, primary care services, and overall health and wellness through community health fairs, programs and health events. | <ul style="list-style-type: none"> • Improved health outcomes and increased access to points of primary and mental healthcare. • Baylor Scott & White Medical Center - McKinney: Provided over \$980,000 in community health improvement services. |

Existing resources

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

- CC Coalition for Food Pantries, Chair
- CCRHP 18/PIA
- City of McKinney
- City of McKinney Councilman
- Collin County Black Chamber of Commerce
- Collin County Coalition of Charitable Clinics
- Collin County Coalition on Family Violence
- Collin County Health Care Services
- Collin County Health Department
- Collin County Homeless Coalition
- Community Health Center of McKinney
- Community Lifeline Center, ED
- Family Health Center at Virginia Parkway
- FQHC
- Health Services of North Texas
- Hope Clinic of McKinney
- Hunger Free McKinney, Chair
- Julia's Center
- Junior League of Collin County
- JustServe
- Lifepath Systems
- McKinney City Council
- McKinney Fire-Rescue
- North Central Texas Community Health Care Center
- Project Access-Collin County
- Public Information Associates
- Texas Health Resources
- Texas Muslim Women's Foundation
- The Samaritan Inn
- United Way
- University of Texas at Dallas
- Veterans Center of North Texas
- Wellness Center for Older Adults

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

Votes for the top-ranked health needs are shown below:

| Health issue | Voting |
|---------------------------|--------|
| Socioeconomic factors | 0% |
| Maternal and child health | 0% |
| Health behaviors | 10% |
| Built environment | 0% |
| Access to care | 38% |
| Behavioral health | 19% |
| Chronic disease | 33% |
| Food access | 0% |
| Housing | 0% |

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

1. Chronic disease
2. Access to care

Health needs assessed but not identified as significant

- **Socioeconomic factors:** While the hospital recognized the importance and impact socioeconomic factors have on an individual and community's health, there was also consensus around the needs being adequately addressed by partner community organizations. In addition, the hospital provides funding to local community organizations and non-profits that address various socioeconomic factors in the community.
- **Maternal and child health:** Maternal and child health was not selected as a priority due to the many services and programs offered by the hospital and partner organizations. In addition, the hospital provides financial support to several community organizations that support and address the needs of mothers and their children.
- **Health behaviors:** Many health behaviors are highly correlated with the health needs identified in the CHNA. Hospital and community leaders indicated that health behaviors will be incorporated in strategies focusing on the prioritized health needs. In addition, the hospital implements many programs and initiatives that aim to improve health behaviors within the community, including community screenings, nutrition education and primary care services.
- **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.
- **Behavioral health:** Behavioral health was identified as a health need but not selected as the recommended health priority by hospital and community leaders due to the lack of community partners and the ineffectiveness/availability of behavioral health prevention and treatment programs within the hospital's service area.
- **Built environment:** Health issues correlated with the built environment, such as pollution, were not selected as a priority due to lack of hospital expertise and resources to effectively address this health need. Hospital and community leaders identified other institutions and organizations that had the expertise, resources and responsibility to address these issues and will continue to ensure a clear line of communication with these institutions to identify any opportunities to support local efforts.

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.

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

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

University of Texas System: Infant Mortality in Communities Across Texas

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

Feeding America: Map the Meal Gap

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

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

Created by Metopio staff.

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

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

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

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

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

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

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

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

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.

