

2025 Community Health Needs Assessment

North and West Emergency Region





North and West Emergency Region community hospitals

- **Baylor Scott & White Emergency Hospital – Colleyville**
- **Baylor Scott & White Emergency Hospital – Keller**
- **Baylor Scott & White Emergency Hospital – Aubrey**
- **Baylor Scott & White Emergency Hospital – Murphy**
- **Baylor Scott & White Emergency Hospital – Rockwall**

All Baylor Scott & White Health facilities listed within the North and West Emergency CHNA report operate under the same license.

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



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Our commitment to the communities we serve

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

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

Our system includes:



52
hospitals



1,300
care sites



7,200
active physicians

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

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

Executive summary

Baylor Scott & White Health (BSWH) is committed to enhancing the health and wellness of the communities it serves. This Community Health Needs Assessment (CHNA) represents a focused effort to identify and address the pressing health concerns within this area, using a comprehensive approach that includes surveys, focus groups, interviews and claims data analysis.

This CHNA report is the product of a comprehensive analysis involving various data collection methods such as surveys, focus groups, interviews and an examination of claims data. The aim was to gather a broad and detailed understanding of the health concerns faced by the community we serve.

The methodology employed in this CHNA included a systematic collection and analysis of data to ensure that outcomes are both reliable and actionable. The use of multiple data sources allowed for a robust cross-verification of findings, which enhances the credibility of the results. The primary data collected through direct community engagement methods like surveys and focus groups was instrumental in understanding the nuanced aspects of health needs that secondary data sources might not fully capture.

Although specific health themes were not pre-defined in this CHNA cycle, the analysis led to the identification of several key areas of concern that will require targeted interventions. The next steps involve prioritizing these health needs in collaboration with our community partners and developing a strategic implementation plan.

In summary, this CHNA provides a comprehensive and insightful look into the health needs of the North and West Emergency Region. It lays a solid foundation for ongoing efforts to address these needs effectively. BSWH is committed to leveraging the insights gained from this assessment to foster a healthier community through strategic, collaborative and data-driven initiatives.

CHNA process

Introduction

In the North and West Emergency Region, a comprehensive Community Health Assessment has been conducted to identify the pressing needs of the community. This assessment involved collaboration with various community partners and utilized multiple types of primary data, including surveys, focus groups, interviews, claims data and Metopio. The goal was to gain a thorough understanding of the community's health landscape and to develop targeted interventions to address these needs.

Survey

Surveys have been a critical source of primary data for this report, gathering opinions, behaviors and demographic information from a broad segment of the community. This method allows us to identify trends and common concerns that might not be visible through smaller, qualitative studies. The data collected from surveys helps in designing targeted interventions that are responsive to the expressed needs and preferences of the community population. 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. 487 surveys were completed in the North and West Emergency Region.

Interviews

Interviews with stakeholders and community members provide a detailed exploration of individual experiences and expert opinions. This personalized form of data collection helps to gather in-depth feedback on existing services and unmet needs within the community. The rich, qualitative data from interviews complements the broader insights from surveys and focus groups, enabling a more comprehensive strategy for community health improvement. Four interviews were completed in the North and West Emergency Region.

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:

- Salvation Army
- Denton County Public Health Department
- North Texas Area Community Health Centers
- Tarrant Public Health Department
- United Way Tarrant County

Metopio (secondary data)

Metopio is a robust platform that offers curated data from public and proprietary sources, providing insights into health behaviors, health risks, health outcomes and healthcare utilization. It also includes data on demographic and community-level drivers of health, such as economic, housing, employment and environmental conditions. This data is presented by race, ethnicity and gender when available, allowing for a comprehensive analysis of health disparities within the community.

In this assessment, Metopio was used to gather data on various health indicators and socioeconomic factors affecting the North and West Emergency Region. This information was crucial in identifying health disparities and socioeconomic challenges that impact community health.

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: Includes chronic disease management and prevention, nutrition education, and access to healthy foods, which tied for first place in voting for significant/priority health issues.
- 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 significant 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

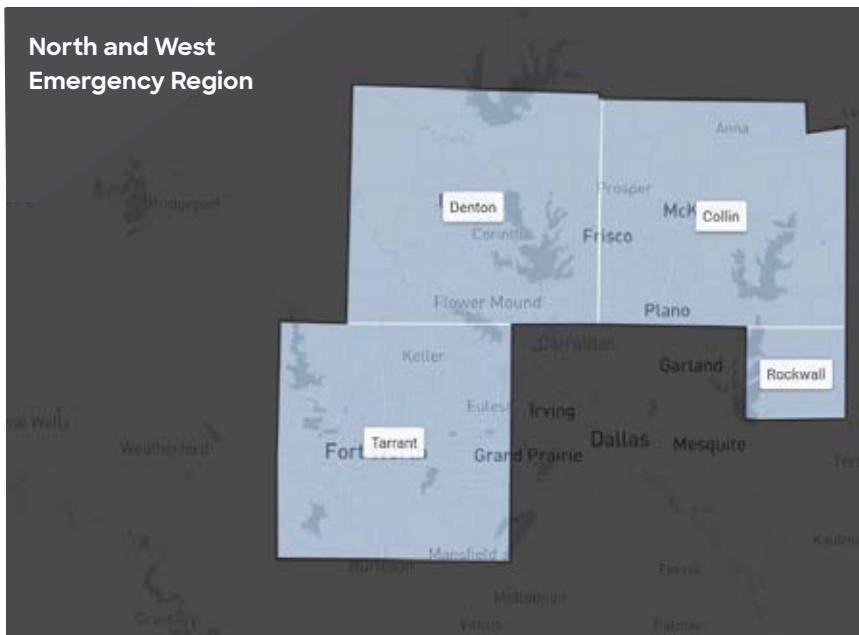
Demographics

Overview

Baylor Scott & White Health (BSWH) owns and operates numerous individually licensed hospital facilities serving the residents of North and Central Texas. The North and West Emergency Region is home to the following hospitals. These hospitals operate as a single licensed hospital facility.

- **Baylor Scott & White Emergency Hospital - Colleyville**
- **Baylor Scott & White Emergency Hospital - Keller**
- **Baylor Scott & White Emergency Hospital - Aubrey**
- **Baylor Scott & White Emergency Hospital - Murphy**
- **Baylor Scott & White Emergency Hospital - Rockwall**

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



Total population

4,517,316



Median household income

\$86,352



Median age

36.1



% of Spanish primary language

16.68%

% of Asian primary languages

5.86%

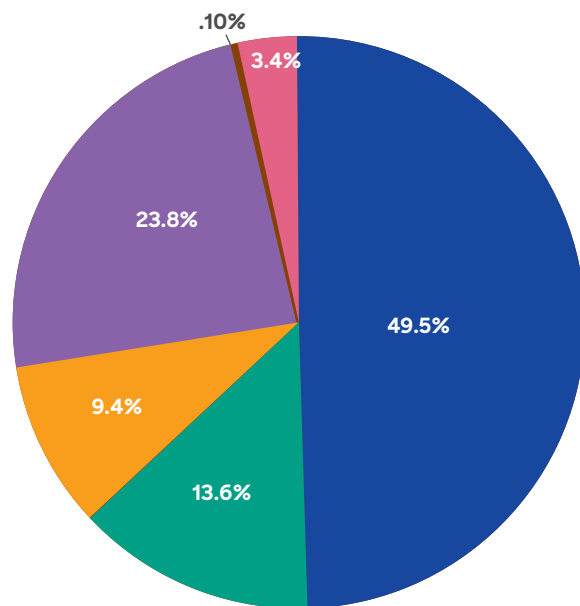
Race/ethnicity

In the North and West Emergency Region, the racial and ethnic composition is notably diverse, with 49.46% Non-Hispanic White, 13.59% Non-Hispanic Black, 9.44% Asian, and 23.83% Hispanic or Latino. Additionally, smaller percentages include Native Americans (0.18%), Pacific Islanders/Native Hawaiians (0.13%), and those identifying with two or more races (3.37%). This diversity underscores the need for culturally competent health services and community programs that are inclusive of various racial and ethnic backgrounds.

Compared to the broader Texas state and United States statistics, the region has a higher percentage of Hispanic or Latino residents than Texas (23.83% vs. 40.01%) and significantly higher than the national average (18.73%). Conversely, it has a higher proportion of Non-Hispanic White residents compared to Texas but lower than the national average. These differences highlight the importance of targeted health initiatives and language services to address the specific needs of these communities, particularly for the Hispanic/Latino population, which is substantial in both the region and the state.

Population by race/ethnicity

North and West Emergency Region
2018 - 2022



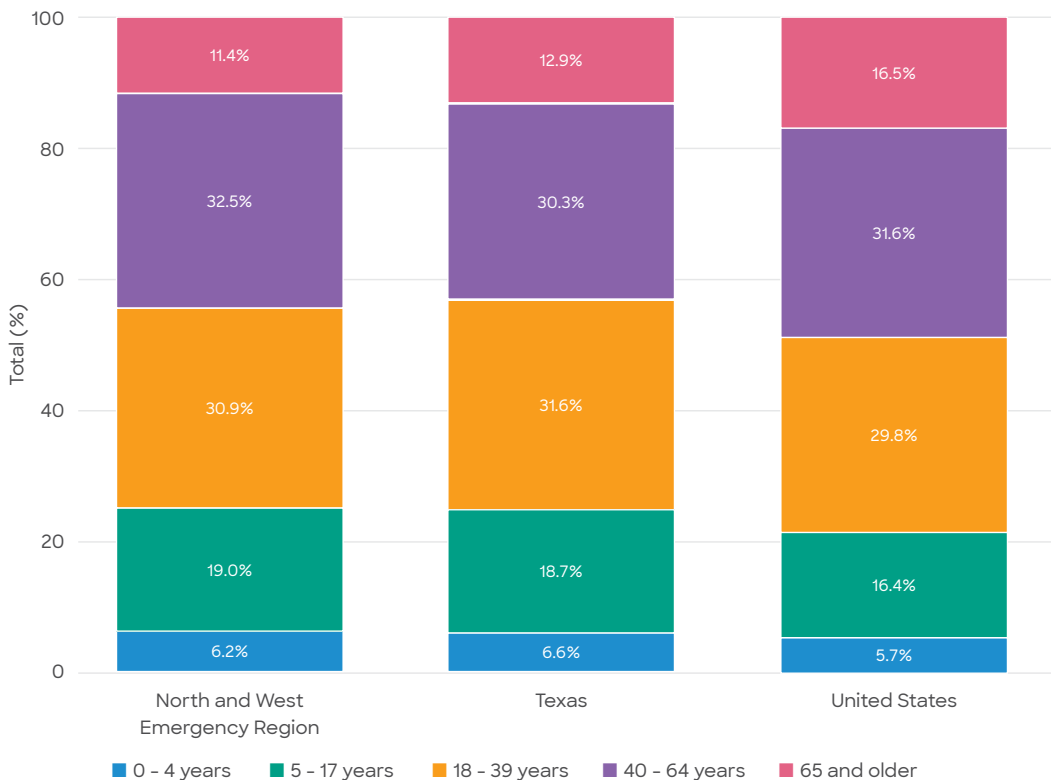
- Non-Hispanic White
- Non-Hispanic Black
- Asian
- Hispanic or Latino
- Native American
- Pacific Islander/
Native Hawaiian
- Two or more races

Age distribution

The age distribution in the North and West Emergency Region shows a higher concentration of individuals in the 18 – 39 years (30.87%) and 40 – 64 years (32.48%) age brackets. The data indicates a relatively younger population, with 11.43% of residents aged 65 and older, which is below both the Texas and national averages. This demographic trend suggests a need for robust healthcare services geared toward adults in their prime working ages, including reproductive health, mental health services and occupational health programs.

When compared to Texas and the United States, the region has a slightly lower percentage of the youngest (0 – 4 years) and oldest (65 and older) age groups. This suggests potential differences in family planning, child care needs and geriatric services compared to the broader state and national contexts. It is essential that healthcare planning in the region considers these nuances to effectively cater to its unique age profile.

Population by age, 2018 - 2022



Health needs

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



Access to care

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Behavioral health

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Built environment

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Chronic disease

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Food access

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Health behaviors

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Housing

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Maternal and child health

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Socioeconomic factors

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Access to care

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

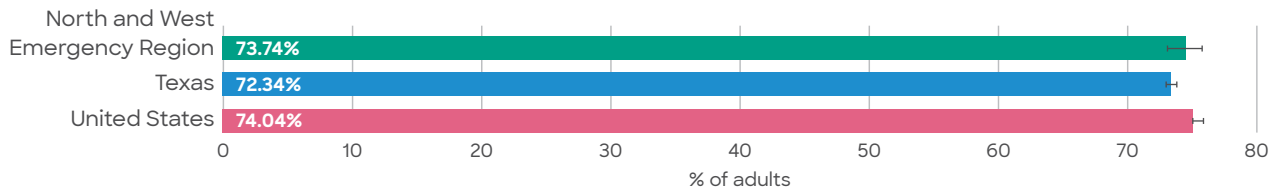
What we heard from the community

The community voices express concerns about transportation barriers that limit access to medical services. One individual shared, “Transportation to hospitals and doctors is another major issue, especially for homebound individuals and seniors.” Another person emphasized the difficulties faced by those unable to reach their primary care providers, stating, “Transportation right now has that big effect. You know folks can’t make it to their PCP or follow-up appointments.” These quotes highlight the critical need for improved transportation infrastructure to ensure that residents can access necessary medical care.

Visited doctor for routine checkup

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

Visited doctor for routine checkup, 2022



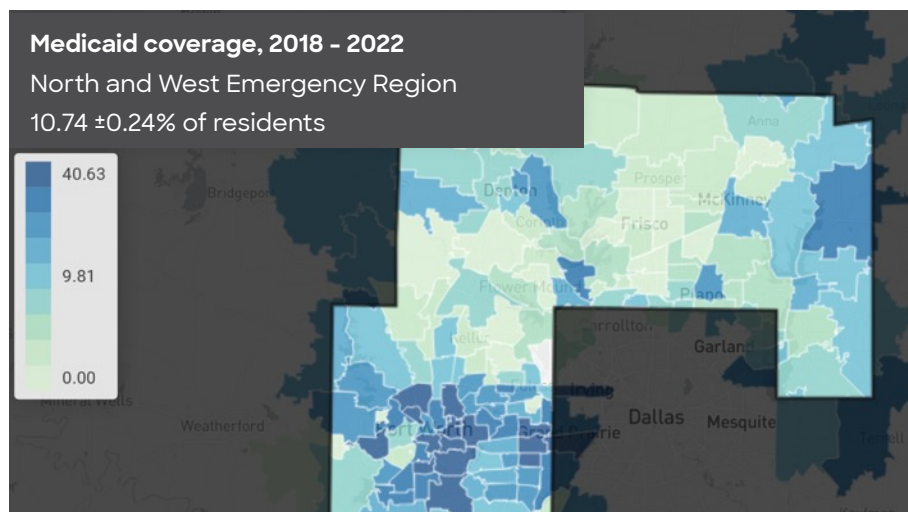
Routine health checkups are a fundamental component of preventive healthcare across the United States, illuminating disparities and opportunities for improvement. In recent data, 73.74% of residents in the North and West Emergency Region and 72.34% in Texas visited doctors for routine checkups, slightly lower than the national average of 74.04%. By ensuring that more residents participate in routine checkups, we can proactively address potential health crises and maintain public health standards.

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 is a crucial component of healthcare access. Specifically, these data points focus on areas ranging from major cities like Dallas and Fort Worth to smaller communities such as Garland and Plano.



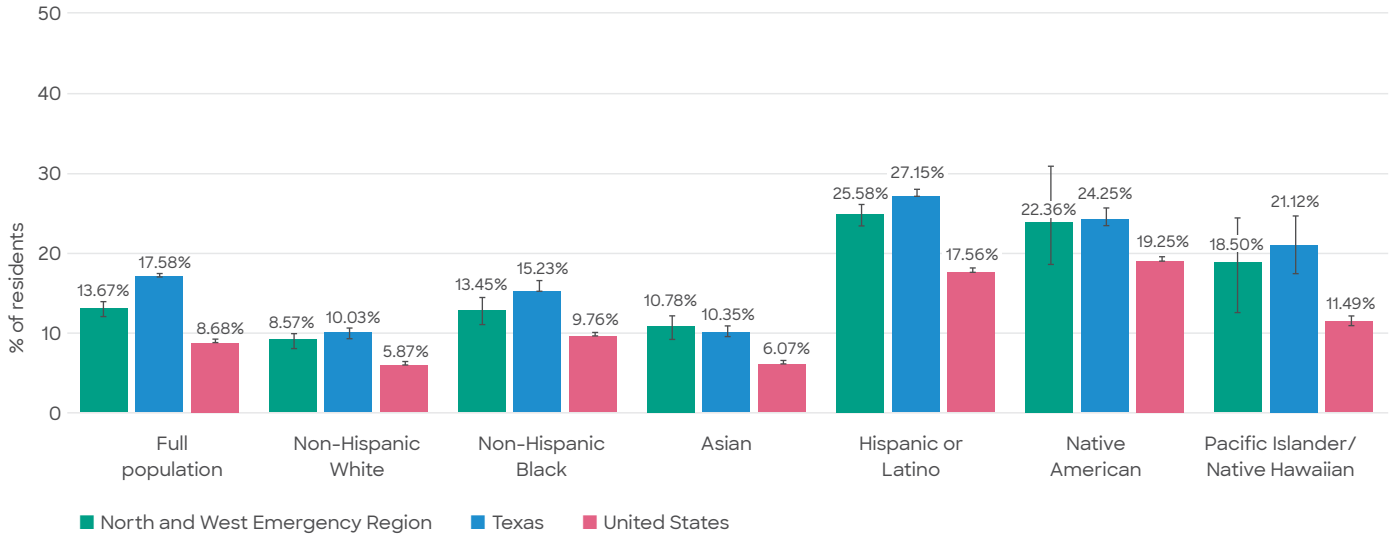
The statistics reveal significant variability, with Medicaid coverage percentages ranging from as low as 1.4% in Colleyville to a high of 31.3% in Fort Worth (ZIP code 76104). This variance underscores the disparate access to healthcare across different socioeconomic regions, impacting community health outcomes.

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

Uninsured rate

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

Uninsured rate by race/ethnicity, 2018 - 2022



The uninsured rate across different racial and ethnic groups reveals significant disparities, particularly in regions like the North and West Emergency Region and Texas compared to national averages. For instance, Hispanic or Latino populations face the highest uninsured rates at approximately 25.58% in the North and West Emergency Region and 27.15% in Texas, higher than the U.S. average of 17.56%. Efforts to reduce these gaps are crucial for improving community health outcomes and ensuring equitable healthcare access for all demographic groups.

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.

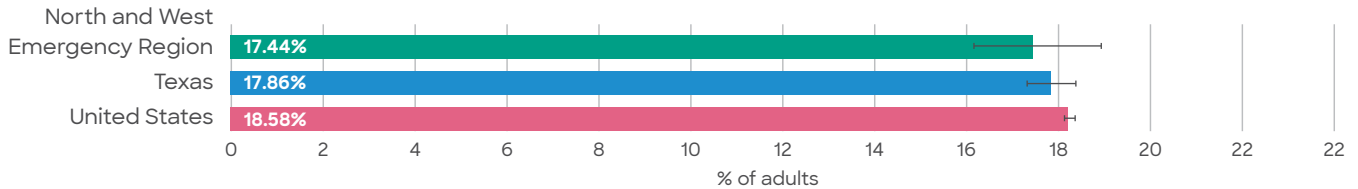
What we heard from the community

Behavioral health, encompassing mental health and emotional well-being, has become increasingly important. The community recognizes that mental health challenges are widespread, yet conversations around these challenges remain limited in certain sectors. There is a growing demand for organizations to prioritize mental health resources, including dedicated speakers and specialists. Addressing work-life balance has been a strength, but there is a need to expand mental health support to meet rising demands.

Binge drinking

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

Binge drinking, 2022



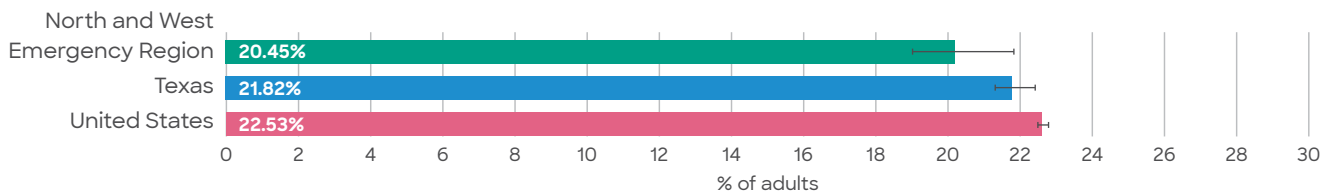
Binge drinking is a significant public health concern across different regions in the United States. Data reveals that 17.44% of the North and West Emergency Region, 17.86% of Texas, and 18.58% of the United States population engage in binge drinking, illustrating a widespread challenge that affects numerous communities. The impact of binge drinking on these communities includes increased healthcare costs, higher rates of accidents and injuries, and broader social issues such as family disruptions and workplace problems. It is crucial for local health authorities and community leaders to implement targeted interventions and awareness programs to address and reduce the prevalence of binge drinking.

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

Depression

Prevalence of depression among adults 18 years and older.

Depression, 2022



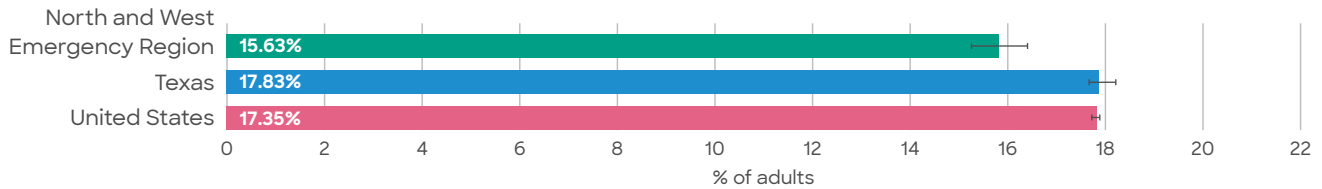
Depression rates across various regions in the United States highlight significant disparities that warrant attention. In the North and West Emergency Region, the depression rate stands at approximately 20.45%, while Texas reports a slightly higher rate of 21.82%. The national average is even higher, at 22.53%.

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

Poor self-reported mental health

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

Poor self-reported mental health, 2022



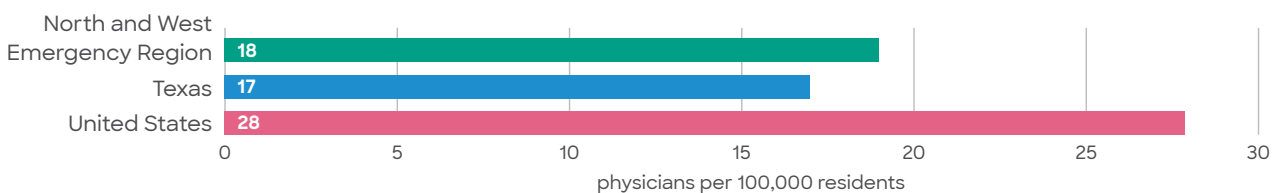
Across different regions in the United States, the prevalence of poor self-reported mental health varies, showcasing significant regional disparities. For instance, Texas reports a higher rate at 17.83%, closely followed by the national average of 17.35%, while the North and West Emergency Region records a slightly lower rate at 15.63%.

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

Psychiatry physicians per capita

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

Psychiatry physicians per capita, 2024



The distribution of psychiatry physicians per capita reveals significant regional disparities within the United States. For instance, the North and West Emergency Region has approximately 18 psychiatrists per 100,000 people, while Texas has about 17. In contrast, the United States averages nearly 28 psychiatrists per 100,000 people. These disparities can have profound impacts on the accessibility of mental health services and the overall well-being of communities.

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



Built environment

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

What we heard from the community

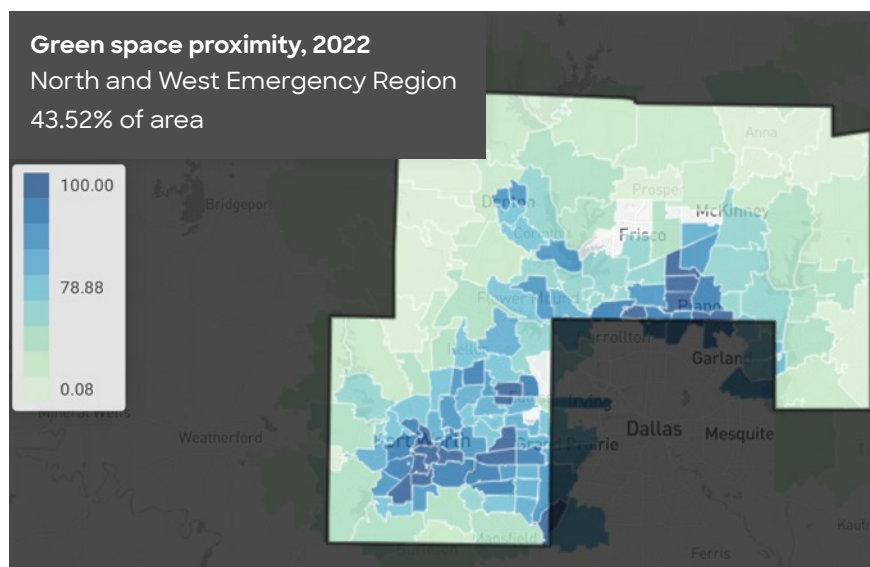
The built environment plays a crucial role in shaping community health by influencing access to essential services, including healthcare, transportation and nutritious food. In many underserved areas, the lack of reliable transportation and grocery stores contributes to significant health disparities. For individuals who are homebound, seniors and those living in food deserts, accessing healthcare and nutritious food becomes a daily challenge. The availability of affordable and efficient transportation options, as well as the presence of grocery stores with fresh produce, are key components in improving overall health outcomes.

Topic	North and West Emergency Region	Texas	United States
Drive alone to work <i>% of workers 16 years and older, 2022</i>	67.80 ±0.74	71.17 ±0.29	68.66 ±0.09
Environmental Burden Index <i>2022</i>	45.28	46.03	48.70
Green space proximity <i>% of area, 2022</i>	43.52	6.06	20.62
Internet access <i>% of households, 2022</i>	96.38 ±0.39	93.82 ±0.21	93.59 ±0.10
Lifetime inhalation cancer risk <i>lifetime risk per million, 2019</i>	27.1	20.9	16.1

Green space proximity

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

Green space proximity significantly influences the quality of life and environmental health in communities. In the North Texas Region, specifically within cities such as Lucas, Carrollton, Celina and Plano, there is a marked variation in the accessibility to green areas, with the proportion of areas within a mile of green space ranging from as low as about 1% to 100%. This disparity highlights the uneven distribution of green spaces, which plays a crucial role in community health by providing necessary recreational areas and contributing to the environmental well-being of the area.

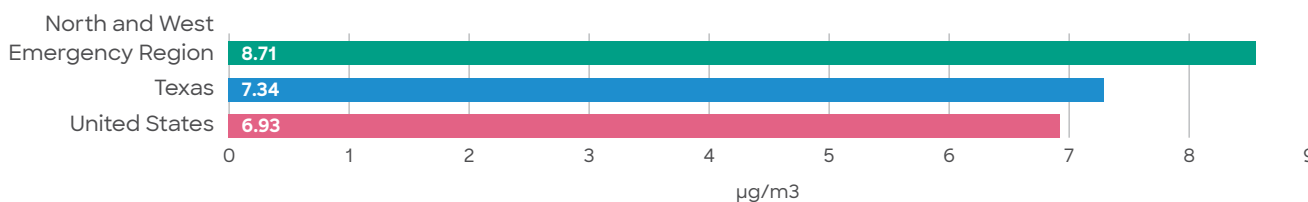


Data sources: Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index

Particulate matter (PM 2.5) concentration

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

Particulate matter (PM 2.5) concentration, 2020



Particulate matter concentrations, specifically PM 2.5, vary significantly across different regions in the United States, highlighting the uneven exposure to air pollution. The North and West Emergency Region reports the highest concentration at approximately 8.71, followed by Texas with 7.34 and the national average standing at 6.93. These disparities in particulate matter concentration can have profound impacts on community health, exacerbating respiratory and cardiovascular conditions and necessitating targeted public health responses to mitigate risks, especially in the more affected areas.

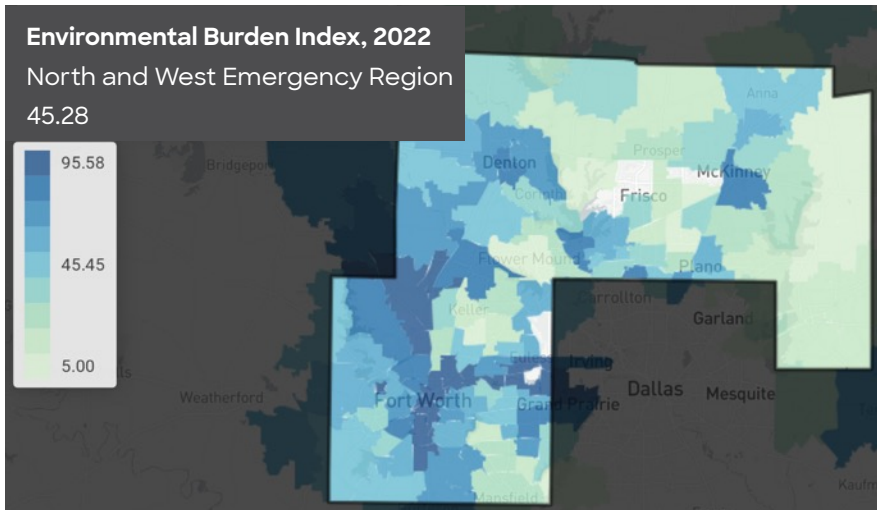
Data sources: Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening (EJSCREEN)

Environmental Burden Index

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

The Environmental Burden Index (EBI) in 2022 revealed varying levels of environmental stress across several ZIP codes in Texas, indicating disparities in exposure to pollutants and poor air quality. Focusing on Dallas-Fort Worth and surrounding

areas, the data shows that ZIP codes like 76104 in Fort Worth and 76040 in Euless experience exceptionally high environmental burdens with values over 90, suggesting significant exposure to harmful environmental factors. This high environmental burden likely affects community health, necessitating targeted interventions to mitigate negative impacts on residents' well-being and to enhance overall environmental conditions in these heavily burdened areas.



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



Chronic disease

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

What we heard from the community

Chronic diseases, such as diabetes, heart disease and mental health disorders, are significant public health concerns that disproportionately affect diverse and underserved populations. These conditions often require ongoing management, education and access to preventive care. In many communities, factors like food deserts, limited access to healthcare facilities and financial hardship exacerbate the challenges of managing chronic diseases.

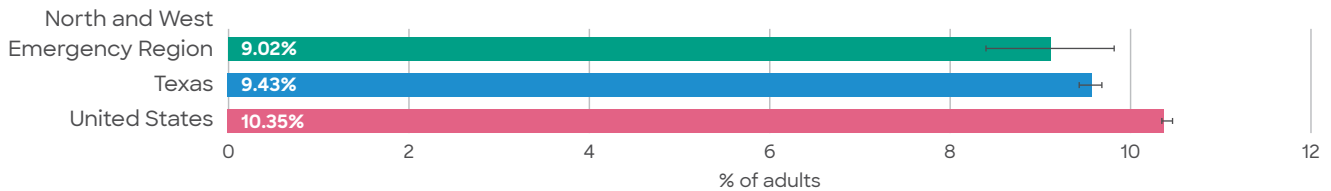
Community members have expressed concerns about the rising prevalence of chronic diseases, particularly diabetes and heart-related conditions. Access to healthy food is a critical factor in managing chronic diseases, yet many underserved areas lack fresh produce options. One person noted, “The grocery stores and convenience stores ... don’t have fresh produce sections,” illustrating the difficulty of maintaining a healthy diet in food deserts.

Topic	North and West Emergency Region	Texas	United States
Chronic kidney disease <i>% of adults, 2021</i>	2.8 ±0.1	3.1 ±0.1	2.9 ±0.0
Chronic obstructive pulmonary disease (COPD) <i>% of adults, 2022</i>	5.28 ±0.30	6.23 ±0.16	6.37 ±0.05
Coronary heart disease <i>% of adults, 2022</i>	5.38 ±0.27	6.27 ±0.15	5.82 ±0.05
Current asthma <i>% of adults, 2022</i>	9.02 ±0.54	9.43 ±0.27	10.35 ±0.09
Diagnosed diabetes <i>% of adults</i>	11.1 ±0.7	13.4 ±0.4	10.8 ±0.1

Current asthma

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

Current asthma, 2022



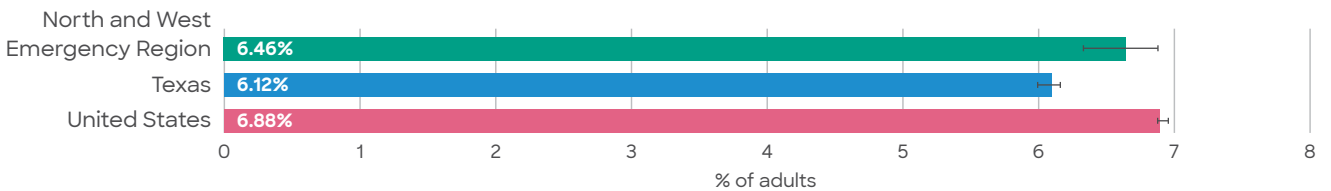
Asthma remains a significant public health concern, affecting various regions across the United States with varying severity. In the North and West Emergency Region, the prevalence of current asthma stands at approximately 9.02%, slightly lower than in Texas, where the rate is about 9.43%. Notably, both of these figures are under the national average, which is currently at 10.35%.

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

Have ever had cancer

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

Have ever had cancer, 2022



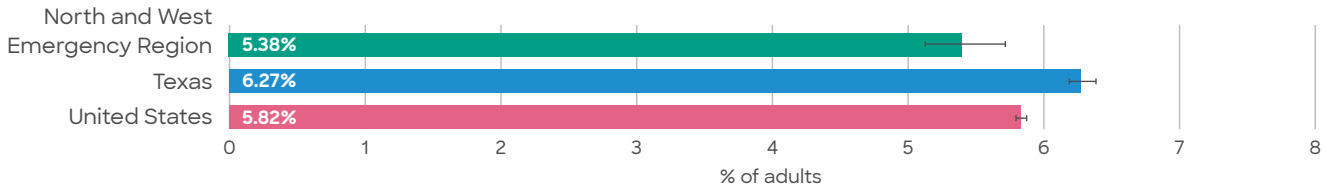
Cancer prevalence varies significantly across different regions in the United States, underscoring the importance of tailored healthcare strategies. In the North and West Emergency Region, 6.46% of individuals have reported having had cancer, compared to 6.12% in Texas and a slightly higher rate of 6.88% nationally.

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



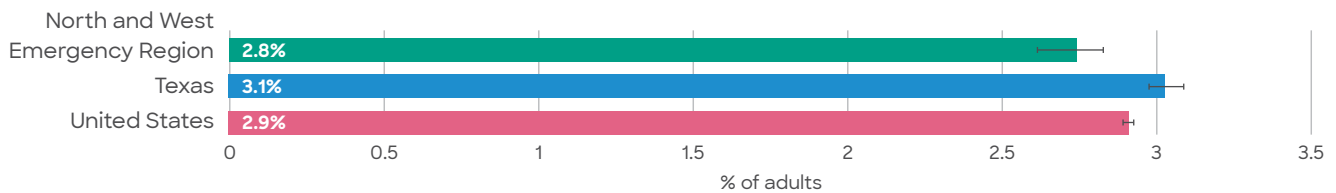
Coronary heart disease (CHD) presents varying challenges across different regions in the United States, reflecting localized public health landscapes. In particular, Texas reports a CHD rate of 6.27%, which is notably higher than the national average of 5.82% and the North and West Emergency Region’s rate of 5.38%.

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

Chronic kidney disease

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

Chronic kidney disease, 2021



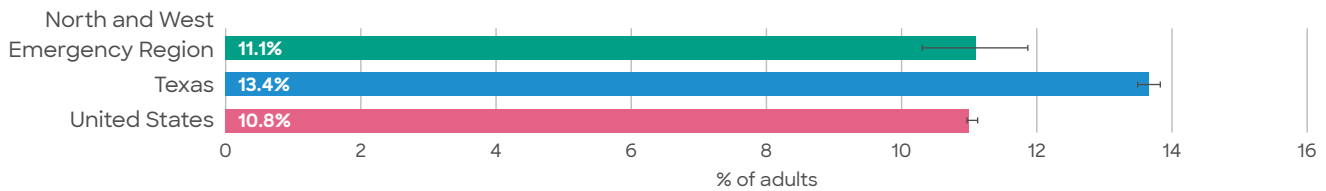
Chronic kidney disease (CKD) presents varying challenges across different regions in the United States, reflecting a pressing need for targeted healthcare strategies. For instance, Texas reports a CKD prevalence rate of 3.09%, slightly higher than the national average of 2.85%, while the North and West Emergency Region observes a lower rate at 2.77%.

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

Diagnosed diabetes

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

Diagnosed diabetes, 2022



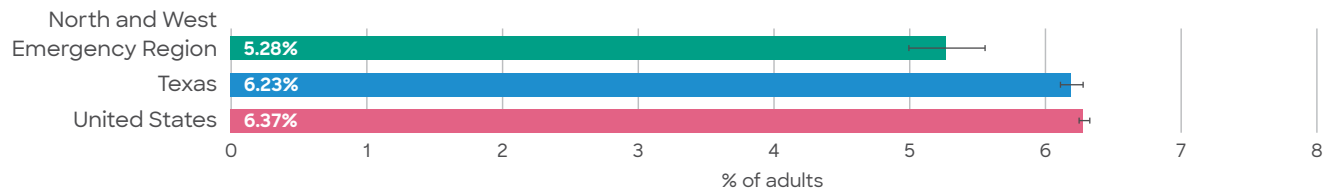
Diabetes is a significant public health issue that varies in prevalence across different regions of the United States. In the North and West Emergency Region, the diagnosed diabetes rate stands at approximately 11.12%, which is above the national average of 10.84% and below the Texas average of 13.37%.

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

Chronic obstructive pulmonary disease (COPD)

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

Chronic obstructive pulmonary disease (COPD), 2022



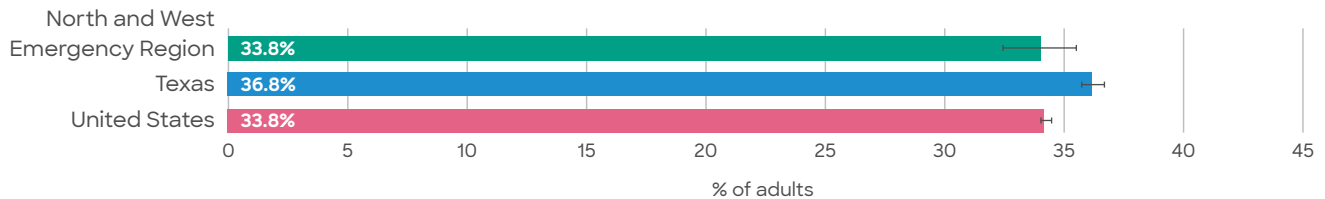
Chronic obstructive pulmonary disease (COPD) presents varying challenges across different regions in the United States, with Texas and the national average showing higher prevalence rates than the North and West Emergency Region. Texas reports a COPD rate of 6.23%, and the national average is 6.37%, while the North and West Emergency Region has a notably lower rate at 5.28%.

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

Obesity

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

Obesity, 2022



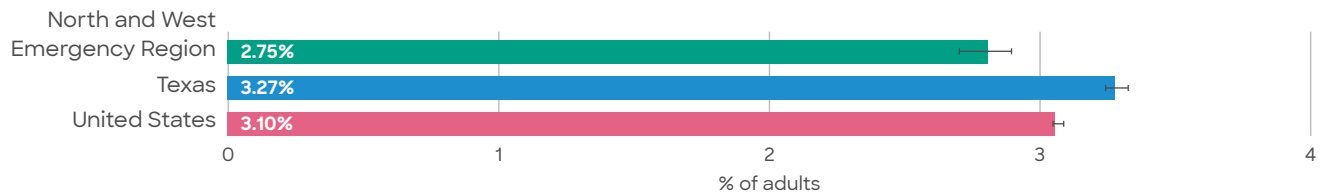
Obesity remains a significant health concern across various regions, with approximately one-third of North and West Emergency Region residents experiencing obesity. Addressing this issue effectively requires a comprehensive strategy that includes education, access to nutritious foods and opportunities for physical activity to improve the overall health and well-being of the affected populations.

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

Diagnosed stroke

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

Diagnosed stroke, 2022



Stroke rates across different regions highlight significant variances in public health challenges. The North and West Emergency Region reports a stroke diagnosis rate of 2.75%, slightly below the national average of 3.1% and the Texas average of 3.27%.

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



Food access

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

What we heard from the community

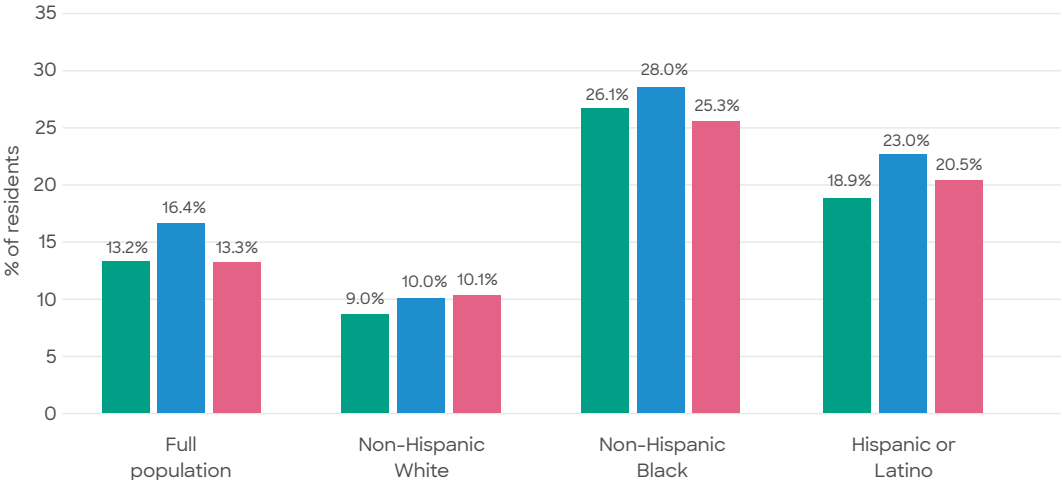
Food access is a fundamental determinant of health, yet many communities face significant barriers to obtaining nutritious meals. In areas like West Fort Worth, food insecurity remains a pressing challenge, with certain neighborhoods classified as food deserts. Limited grocery store availability, high prices due to inflation and a lack of fresh produce in local markets contribute to the difficulty of accessing healthy foods. These challenges disproportionately affect underserved populations, where residents often struggle to afford proper nutrition.

Topic	North and West Emergency Region	Texas	United States
Food insecurity <i>% of residents, 2022</i>	13.2	16.4	13.3
Food stamps (SNAP) <i>% of households, 2022</i>	6.64 ±0.47	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>	75.09 ±2.15	61.70 ±0.61	58.90 ±0.23
Low food access <i>% of residents, 2019</i>	64.34	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



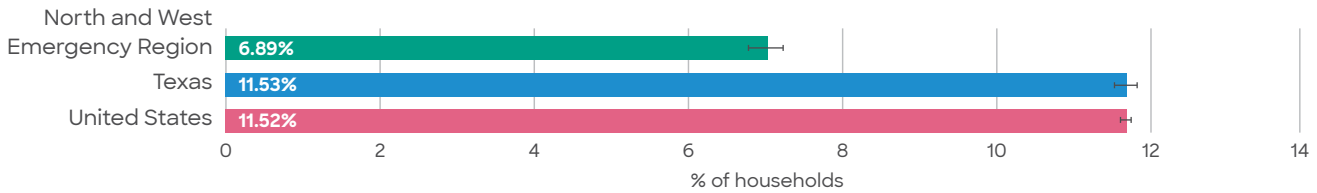
Food insecurity remains a critical challenge affecting diverse communities across the United States, with particularly high rates observed among various racial and ethnic groups. In the North and West Emergency Region and Texas, Non-Hispanic Black populations face the most severe food insecurity, with rates of 26.08% and 28%, respectively, higher than the national average of 25.3%. Addressing food insecurity in these communities is essential, as it plays a fundamental role in ensuring overall health and well-being, contributing to economic stability and educational outcomes.

Data sources: Feeding America: Map the Meal Gap

Food stamps (SNAP)

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

Food stamps (SNAP), 2018 - 2022



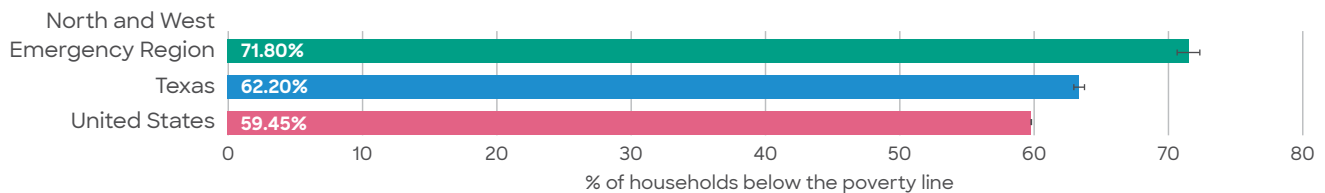
Food stamps, or SNAP benefits, play a significant role in providing nutritional support across different regions of the United States. In the North and West Emergency Region, approximately 6.89% of the population relies on food stamps, which is lower compared to Texas, where 11.53% of the population utilizes this aid, matching closely with the national average of 11.52%.

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

Households in poverty not receiving food stamps (SNAP)

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

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



The challenge of poverty remains a significant issue in certain regions of the United States, notably impacting their access to crucial support systems like food stamps (SNAP). In the North and West Emergency Region, 71.8% of households living in poverty do not receive SNAP benefits, a figure that stands well above the national average of 59.45% and Texas, where the percentage is 62.2%. This disparity highlights the need for interventions to ensure that vulnerable populations in these areas receive the aid necessary to combat food insecurity and improve overall community health and well-being.

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



Health behaviors

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

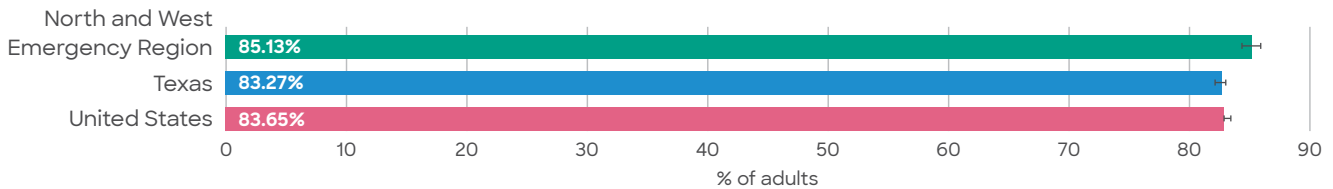
What we heard from the community

Health behaviors play a crucial role in the overall well-being of communities, directly influencing the prevalence of chronic diseases, mental health and access to healthcare services. Key factors include diet, physical activity, maternal health and disease prevention education. Addressing health behaviors requires not only improving access to healthy foods and healthcare but also simplifying medical information for better public understanding. Community initiatives, such as health fairs and partnerships with organizations like Silver Sneakers, aim to increase awareness and accessibility to health resources. However, economic barriers, such as food insecurity and affordability, hinder many individuals from adopting healthier lifestyles.

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 reveal significant insights into public health engagement across different regions. In the North and West Emergency Region, an impressive 85.13% of the population participates in cholesterol screenings, slightly higher than both Texas at 83.27% and the overall United States average of 83.65%.

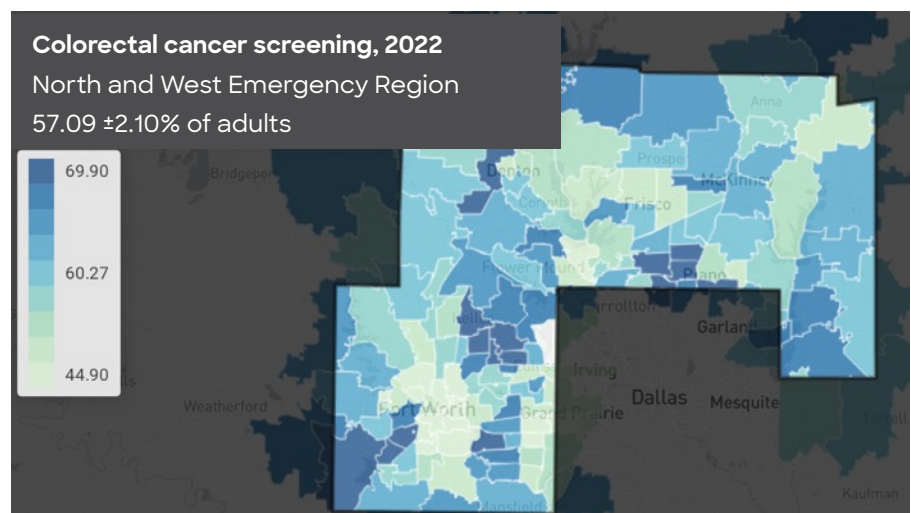
Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts))

Colorectal cancer screening

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

Colorectal cancer screening is a critical preventive health measure that significantly influences community health

outcomes. The data from various ZIP codes across Texas, including major cities like Dallas, Fort Worth, Arlington and Plano, reveal a varied uptake in screening rates, ranging from as low as 44.9% to as high as 69.9%. These numbers not only reflect the community's engagement with health services but also highlight areas where increased awareness and accessibility could potentially enhance screening rates and reduce the incidence of colorectal cancer.



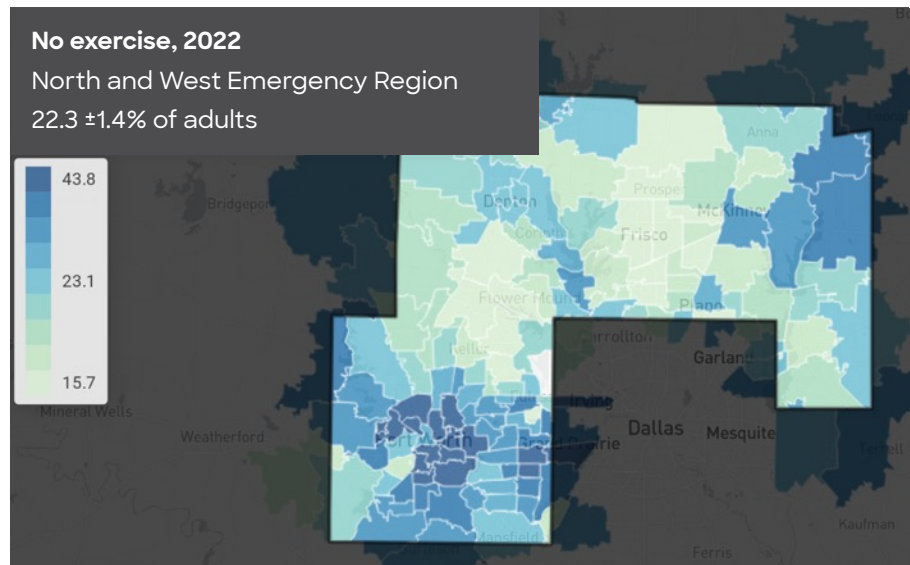
Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

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?”

Physical inactivity among adults is a significant health concern that impacts various communities across

Texas, particularly evident from the data extracted from a series of ZIP codes. These areas, encompassing cities like Plano, Arlington and Fort Worth, show a varying percentage of adults who report no engagement in physical activities—ranging from as low as 15.7% in parts of Frisco to a high of 43.8% in certain areas of Fort Worth. This discrepancy highlights the profound impact that lifestyle and environmental factors might have on community health.



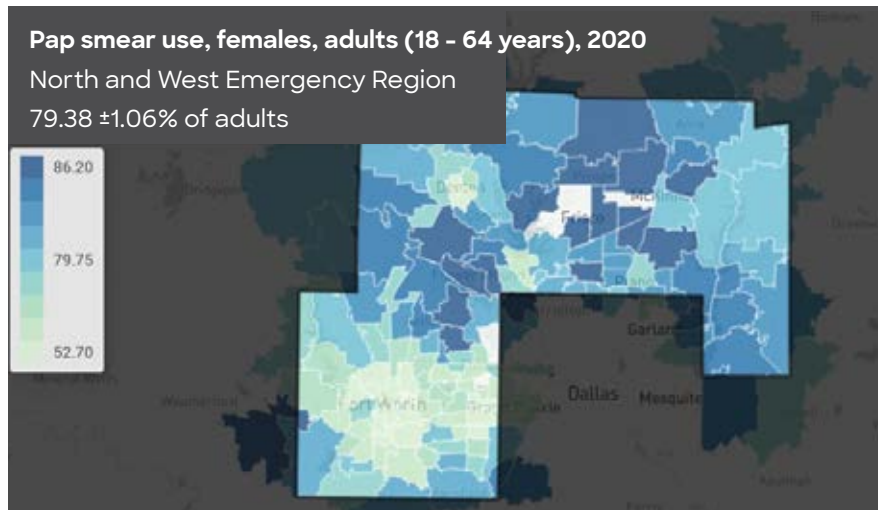
Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts)), Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data prior to 2019)

Pap smear use

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

Pap smear use among women aged 21 - 65 in various ZIP codes across Texas plays a crucial role in the early detection and prevention of cervical cancer. These places, predominantly

situated in the Dallas-Fort Worth metropolitan area and surrounding regions, exhibit varying percentages of Pap smear utilization, with figures generally ranging from 68.2% to 86.2%. Higher rates of screening in areas like Prosper and lower rates in parts of Arlington highlight disparities that may influence community health outcomes.

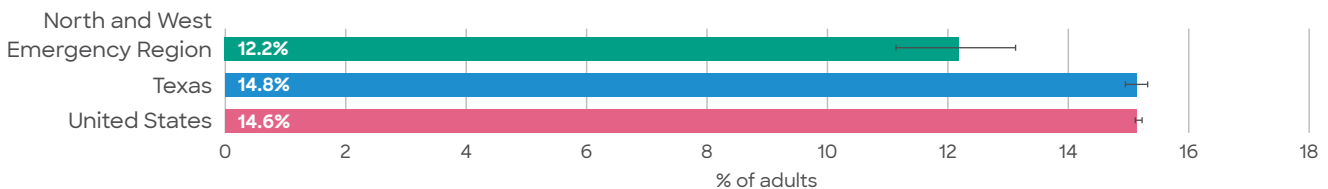


Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (ZIP codes, tracts))

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 cigarette smoking rate showcases distinct regional variations across the United States. In the North and West Emergency Region, the rate stands at approximately 12%, which is lower than the state and national averages of about 15%.

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

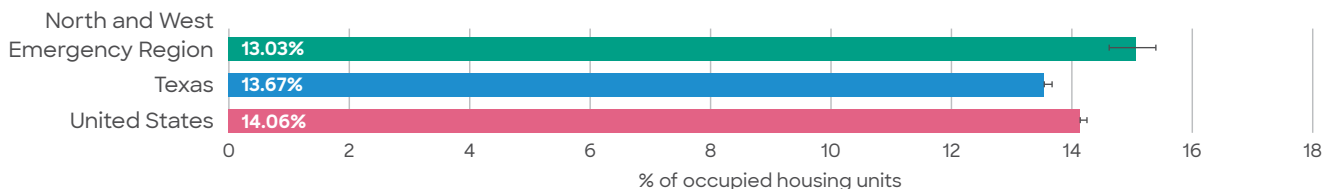
Housing stability is a critical determinant of health, influencing not only physical well-being but also mental and emotional stability. In communities with limited access to affordable housing, individuals often face increased stress, food insecurity and health disparities. The lack of adequate housing directly impacts vulnerable populations, including low-income families, single mothers and those living in food deserts. The community’s concerns highlight several key issues related to housing stability and its impact on health. A significant concern is the lack of affordable housing and the prevalence of poverty, which affects access to basic needs such as food, healthcare and education.

Topic	North and West Emergency Region	Texas	United States
Crowded housing <i>% of occupied housing units, 2022</i>	3.75 ±0.33	5.05 ±0.15	3.45 ±0.03
Eviction rate <i>% of renter-occupied households, 2018</i>	2.87	2.62	2.12
Housing cost burden <i>% of occupied housing units, 2022</i>	33.71 ±0.90	32.76 ±0.34	31.48 ±0.06
Owner occupied <i>% of occupied housing units</i>	63.00 ±0.61	62.47 ±0.25	65.18 ±0.18
Severe housing cost burden <i>% of occupied housing units</i>	14.42 ±0.64	14.92 ±0.22	14.96 ±0.05

Severe housing cost burden

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

Severe housing cost burden, 2018 - 2022



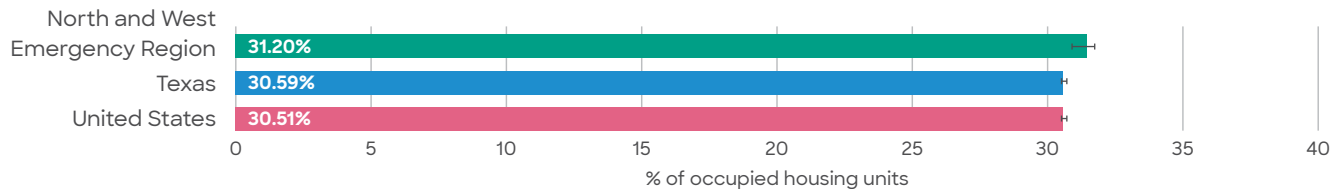
The severe housing cost burden presents a pressing challenge across various regions in the United States, with notable impacts on communities at both local and national levels. In the North and West Emergency Region, 13.03% of households face severe housing costs, slightly lower than the figures reported in Texas and the national average, which stand at 13.67% and 14.06%, respectively.

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

Housing cost burden

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

Housing cost burden, 2018 - 2022



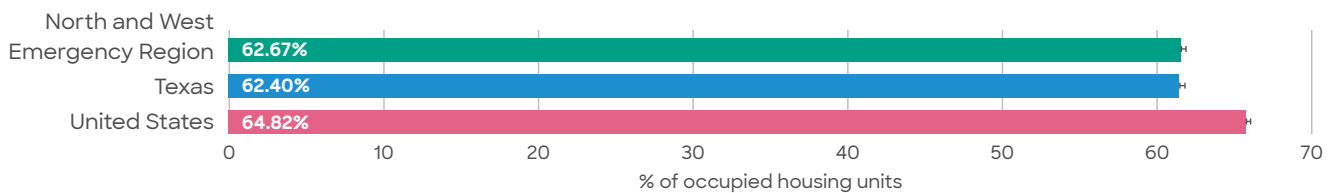
The burden of housing costs remains a significant concern across various regions, with more than 30% of the population in places like the North and West Emergency Region, Texas, and the broader United States feeling the strain. This consistent pressure on households to allocate a substantial portion of their income toward housing not only impacts individual financial stability but also affects community cohesion and economic diversity. Addressing this issue is crucial for ensuring that all members of the community have access to affordable housing, which is fundamental to improving the overall quality of life and economic health of these areas.

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

Owner occupied

The distribution of owner-occupied homes serves as a critical indicator of economic stability and community engagement across different regions. Data reveals that the North and West Emergency Region and Texas have similar rates of owner-occupied homes, at approximately 62.7% and 62.4%, respectively, which are slightly lower than the national average of 64.8%.

Owner occupied, 2018 - 2022



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



Maternal and child health

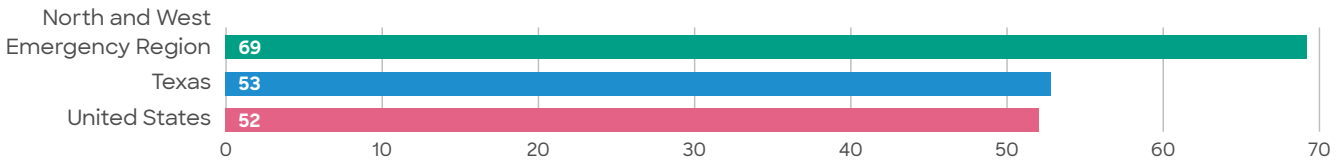
Focuses on the well-being of mothers, infants, children and adolescents, addressing factors such as prenatal care, maternal health outcomes, child development, immunization rates and access to pediatric healthcare services.

Topic	North and West Emergency Region	Texas	United States
Births to women without partners present <i>% of births, female, 2022</i>	17.45 ±3.93	26.55 ±1.76	23.63 ±0.40
Child Opportunity Index 3.0 <i>2017 - 2021</i>	69	53	52
Child care center ratio <i>children / care center enrollment, 2023</i>	8	10	11
Grandparents responsible for grandchildren <i>% of residents age 30+, 2022</i>	0.92 ±0.08	1.32 ±0.07	0.99 ±0.01
Mortality among young adults <i>%, 2010 - 2015</i>	0.7 ±0.0	0.8 ±0.00	0.8 ±0.0

Child Opportunity Index 3.0

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

Child Opportunity Index 3.0, 2017 - 2021



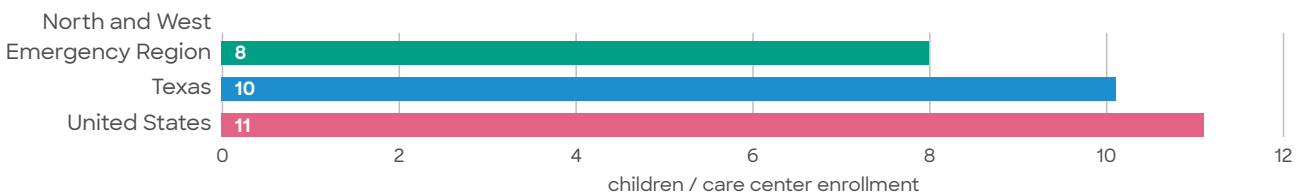
The Child Opportunity Index 3.0 offers a revealing glimpse into the varied opportunities available to children across different regions in the United States. For instance, the North and West Emergency Region scores significantly higher, with a value of 68.86, compared to Texas and the national average, both hovering around 52.

Data sources: DiversityDataKids.org: Child Opportunity Index 3.0

Child care center ratio

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

Child care center ratio, 2023



Child care center ratios vary significantly across different regions in the United States, highlighting discrepancies in child care accessibility and quality. In the North and West Emergency Region, the ratio stands at 8.11, notably lower than the national average of 10.93 and lower than Texas’ ratio of 10.19. These variations indicate the potential impact on community development and family support systems, with lower ratios generally suggesting better child care quality and increased access for families.

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



Socioeconomic factors

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

What we heard from the community

The socioeconomic factors influencing community health are critical, particularly in areas like West Fort Worth and the 76104 ZIP code, where food deserts and transportation barriers significantly impact residents' well-being. Transportation affordability remains a major obstacle, especially for homebound individuals and seniors, preventing them from accessing medical care and essential services. Strengthening partnerships with local schools and non-profits is essential to addressing these challenges and improving overall community health.

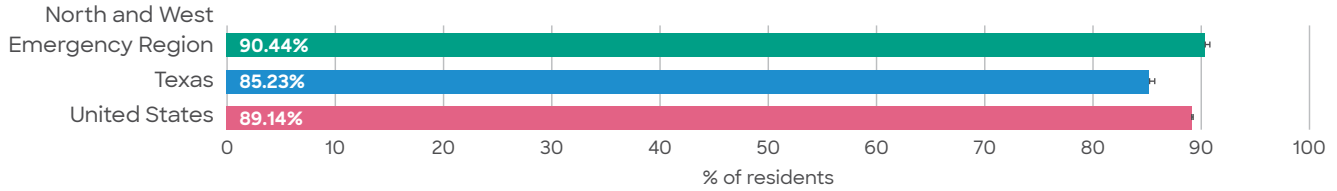
The rising cost of living and inflation further exacerbate food insecurity, making it difficult for families to afford proper nutrition. Transportation remains a significant barrier, as many individuals struggle to reach medical appointments or outpatient care. Community members emphasize the need for better communication between agencies to close referral loops and ensure that those in need receive the support they require. There is also a growing concern about mental health, particularly among low-income and underinsured populations.

Topic	North and West Emergency Region	Texas	United States
Any higher education rate <i>% of residents, 2022</i>	71.24 ±0.86	61.96 ±0.33	63.55 ±0.10
Below 200% of poverty level <i>% of residents, 2022</i>	21.74 ±0.89	31.86 ±0.41	28.36 ±0.11
College graduation rate <i>% of residents, 2022</i>	43.50 ±0.61	33.94 ±0.25	35.66 ±0.08
Hardship Index <i>score</i>	37.3	54.5	50.0
High school graduation rate <i>% of residents</i>	90.74 ±0.98	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



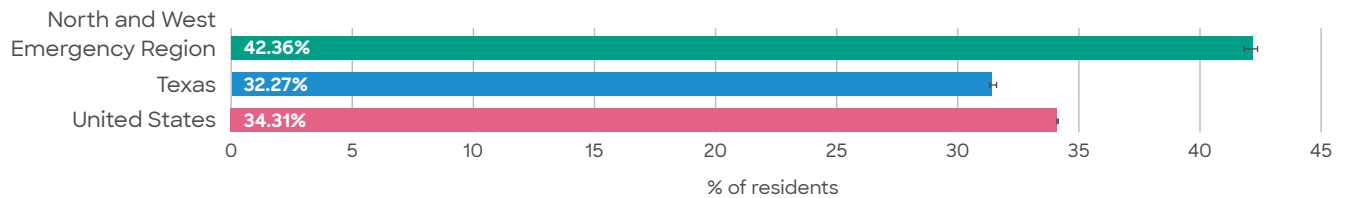
Graduation rates across different regions highlight varying educational outcomes, with the North and West Emergency Region achieving a 90.44% high school graduation rate, surpassing both the national average of 89.14% and Texas' rate of 85.23%.

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



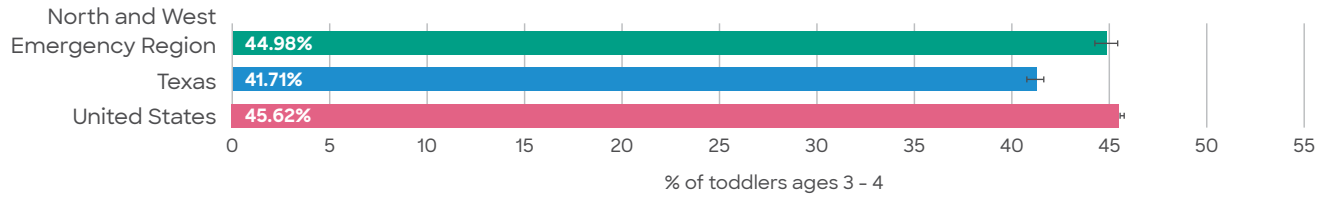
The college graduation rates across different regions show notable variances, particularly highlighting the North and West Emergency Region's relatively higher rate of 42.36% compared to the national average of 34.31% and Texas' lower rate of 32.27%.

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



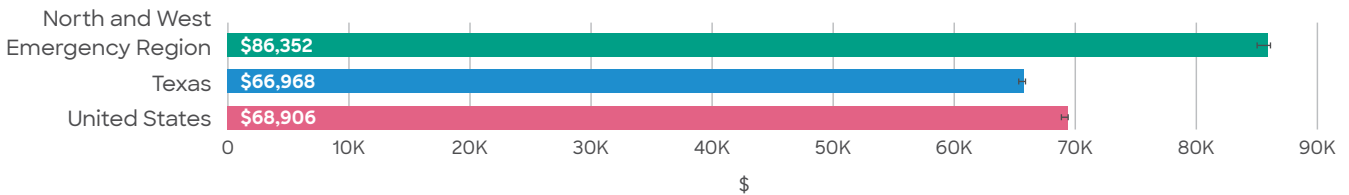
Preschool enrollment rates vary across different regions of the United States, reflecting unique regional educational challenges and opportunities. In the North and West Emergency Region, enrollment stands at approximately 45%, slightly lower than the national average of about 46%. Texas shows a further reduced rate at roughly 42%.

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

Median household income

Income in the past 12 months.

Median household income, 2018 - 2022



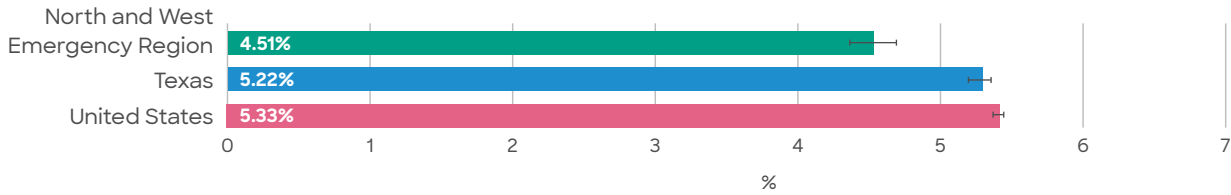
Household income levels significantly vary across different regions in the United States, with the North and West Emergency Region reporting a notably higher median income of approximately \$86,352 compared to the Texas and the national averages, which stand at around \$66,968 and \$68,906, respectively.

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

Unemployment rate

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

Unemployment rate, 2018 - 2022



The unemployment rates across different regions and states highlight the varied economic landscapes and challenges faced by communities. In the North and West Emergency Region, the unemployment rate stands at approximately 4.51%, which is notably lower than the national average of 5.33% and lower than Texas at 5.22%. This suggests a relatively healthier job market in the North and West Emergency Region.

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

2022 - 2025 evaluation of impact

2022 CHNA health priorities: access to primary care and Medicare population—emergency department utilization

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> • Access to primary care • Medicare population—emergency department utilization 	Charity care: <ul style="list-style-type: none"> • Provide free and/or discounted care to financially or medically indigent patients as outlined in the financial assistance policy. 	<ul style="list-style-type: none"> • Increased access to primary care and/or specialty care for indigent persons regardless of their ability to pay. • Baylor Scott & White Emergency Hospital - Colleyville: Provided over \$66,000 in charity care. • Baylor Scott & White Emergency Hospital - Keller: Provided over \$132,000 in charity care. • Baylor Scott & White Emergency Hospital - Aubrey: Provided over \$120,000 in charity care. • Baylor Scott & White Emergency Hospital - Murphy: Provided over \$158,000 in charity care. • Baylor Scott & White Emergency Hospital - Rockwall: Provided over \$185,000 in charity care.
<ul style="list-style-type: none"> • Access to primary care • Medicare population—emergency department utilization 	<ul style="list-style-type: none"> • Educate the community on the appropriate use of emergency medical facilities. 	<ul style="list-style-type: none"> • Decreased use of the emergency department for primary care or non-emergency issues. • Baylor Scott & White Emergency Hospitals - Colleyville, Keller, Aubrey, Murphy and Rockwall educated patients on levels of care and proper use of emergency hospitals/departments, primary care and urgent/immediate care.
<ul style="list-style-type: none"> • Access to primary care and Medicare population—emergency department utilization 	<ul style="list-style-type: none"> • Convert electronic medical record software to Epic to improve and streamline medical record communications between hospital and medical facilities. 	<ul style="list-style-type: none"> • Increased access to quality primary and specialty healthcare. • Baylor Scott & White Emergency Hospitals - Colleyville, Keller, Aubrey, Murphy and Rockwall invested \$5 million to convert the electronic medical record system in all emergency hospitals to Epic. The annual expense of the Epic medical record software is over \$900,000.

Existing resources

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

- Area Agency on Aging
- Arlington Life Shelter
- Eastside Ministries of Ft. Worth
- Fort Worth Housing Authority
- Mental Health America of Greater Tarrant County
- Mission Arlington Medical Clinic
- Mount Olive Baptist Church
- North Texas Area Community Health Centers
- Project Access Tarrant County
- Salvation Army (Mabee Social Service Center)
- Tarrant County MHMR
- Tarrant County Public Health
- Union Gospel Mission
- United Way - Northeast Community Investment
- United Way of Tarrant County

Identification of significant health needs and prioritization

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

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

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

The voting results are shown below:

Health issue	Voting
Socioeconomic factors	0%
Maternal and child health	7%
Health behaviors	0%
Behavioral health	13%
Built environment	0%
Housing	7%
Access to care	20%
Chronic disease	27%
Food access	27%

After voting, community and hospital leaders engaged in a discussion of the correlations and health disparities reflected within chronic disease and food access. A central point of conversation was the strong link between food access and chronic disease. Based on thorough discussion and feedback, the decision was made to address food access by identifying chronic disease as a significant and priority health issue, as research demonstrates that effective management and prevention of chronic conditions are closely tied to access to nutritious food (The Institute for Functional Medicine, 2024). The chronic disease priority outlined below will encompass a variety of initiatives and interventions, with a specific focus on improving food access to help prevent and manage chronic disease and improve health outcomes.

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

1. Chronic disease: Includes chronic disease management and prevention, nutrition education, and access to healthy foods, which tied for first place in voting for significant/priority health issues.

2. Access to care

Health needs assessed but not identified as significant

- **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.
- **Maternal and child health:** Maternal and child health was not selected as a priority due to the many services and programs offered by the hospital and partner organizations. In addition, the hospital provides financial support to several community organizations that support and address the needs of mothers and their children.
- **Socioeconomic factors:** While the hospital recognized the importance and impact socioeconomic factors have on an individual and community's health, there was also consensus around the needs being adequately addressed by partner community organizations. In addition, the hospital provides funding to local community organizations and non-profits that address various socioeconomic factors in the community.
- **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.
- **Behavioral health:** Behavioral health was identified as a health need but not selected as a significant health need by hospital and community leaders due to several community partners and institutions working to address mental health and substance use through behavioral health prevention and treatment programs within the hospital's service area.
- **Built environment:** Health issues correlated with the built environment, such as pollution, were not selected as significant due to lack of hospital expertise and resources to effectively address this health need. Hospital and community leaders identified other institutions and organizations that had the expertise, resources and responsibility to address these issues and will continue to ensure a clear line of communication with these institutions to identify any opportunities to support local efforts.

Next steps/Implementation Plans

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

Approval and contact information

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

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

CommunityHealth@BSWHealth.org

Data sources

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

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

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

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

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

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

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

Behavioral Risk Factor Surveillance System (BRFSS)

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

DiversityDataKids.org: Child Opportunity Index 3.0

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

Diabetes Atlas

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

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

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

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

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

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

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

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

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

Department of Homeland Security (DHS): HIFLD Open Data

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

Feeding America: Map the Meal Gap

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

Metopio

Created by Metopio staff

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

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

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

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

Centers for Disease Control and Prevention (CDC): PLACES

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

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

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

Appendix

Key Informant Interview Guide

FACILITATION PROTOCOLS

1. Establishing ground rules

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

2. Introductions

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

3. Community strengths

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

4. Health questions

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

(Potential) follow up questions based on health issue selected

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

5. Built environment and social factors

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

(Potential) follow up questions based on community issue

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

6. Action planning

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

7. Next steps

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

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

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

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

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

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

We thank you for your help.

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

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

Chronic diseases

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

Demographics

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

19. What sex were you assigned at birth?

- Male
- Female
- Prefer not to answer

20. What is your gender identity?

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

21. What is your sexual orientation?

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

22. What is your marital status?

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

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

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

24. What is your current employment status?

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

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

- Yes
- No

26. Are you currently working from home?

- Yes
- No
- Hybrid

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

- Yes
- No

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

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

Your home

29. What are your current living arrangements?

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

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

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

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

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

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

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

33. Did you receive any support?

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

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

Immunizations

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

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

- Yes
- No

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

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

Diet and physical activity

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

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

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

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

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

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

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

- Often true
- Sometimes true
- Never true

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

- Yes
- No

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

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

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

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

Substance use

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

- Yes
- No

54. Do you now smoke cigarettes?

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

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

- Yes
- No

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

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

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

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

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

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

- Yes
- No

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

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

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

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

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

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

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

- Yes
- No

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

Cancer screenings

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

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

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

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

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

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

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

Mental health

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

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

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

- Hardly ever
- Some of the time
- Often

77. How often do you feel alone?

- Hardly ever
- Some of the time
- Often

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

Your neighborhood

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

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

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

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

85. Do you feel safe in your neighborhood?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you for taking our survey!

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

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

