

2025 Community Health Needs Assessment

Plano Region





Plano Region community hospitals

- **Baylor Scott & White Medical Center - Plano**
- **Baylor Scott & White The Heart Hospital - Plano**

Approved by: Baylor Scott & White Health - North Texas Operating, Policy and Procedure Board on May 27, 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) Plano Region is committed to enhancing the health and wellness of the communities it serves. As part of this commitment, BSWH Plano Region has conducted a comprehensive Community Health Needs Assessment (CHNA) to identify and address the most pressing health needs within the Plano Region. This executive summary provides an overview of the methodology used in the assessment, key findings and the strategic implications for healthcare provision in the region.

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

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

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

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

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

CHNA process

Introduction

The Community Health Assessment for the Plano Region involved a comprehensive analysis using various types of primary data, including claims data and Metopio. This assessment aimed to identify the community's health needs and was conducted in collaboration with community partners. The primary data types utilized in this report are claims data and Metopio, which provided valuable insights into the health behaviors, risks and outcomes of the community.

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. 537 surveys were completed in the Plano Region. To ensure surveys included feedback from diverse and underserved populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations.

Focus group

Focus groups have offered an in-depth qualitative insight into the community's perceptions and attitudes toward health and social issues. By engaging small groups in discussions, these sessions help uncover nuanced understandings of the community's challenges and needs. The insights gained from focus groups are instrumental in shaping the approach and design of community programs, ensuring they resonate well with community values and expectations. Two focus groups were completed in the Plano Region (one in English and one in Spanish). To ensure focus groups provided information from diverse populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations. The hospitals also considered written input received on their most recently conducted CHNA and subsequent implementation strategies if provided. The assessment is available for public comment or feedback on the report findings by going to the BSWH website (BSWHealth.com/CommunityNeeds) or by emailing CommunityHealth@BSWHealth.org.

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

- Denton County Public Health
- North Texas Food Bank
- Boys and Girls Club of Collin County
- Metro Dallas Homeless Alliance
- The North Texas Health Foundation

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. Three interviews were completed in the Plano Region. Those invited included internal Baylor Scott & White leaders and community health team members from the Plano Region.

Metopio (secondary data)

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

CHNA process

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



Approach to identifying and prioritizing significant health needs

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

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

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

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

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

Significant health needs:

- Access to care
- Food access

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

1. Access to care
2. Food access

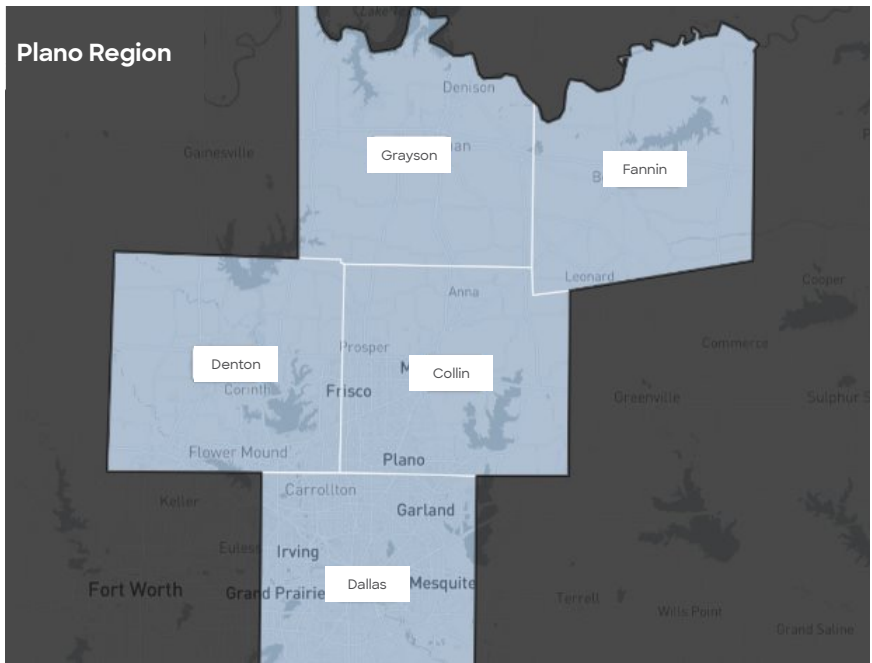
Demographics

Overview

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

- **Baylor Scott & White Medical Center - Plano**
- **Baylor Scott & White The Heart Hospital - Plano**

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



Total population

4,771,136



Median household income

\$79,287



Median age

35.5



% of Spanish primary language

21.84%

% of Asian primary languages

5.97%

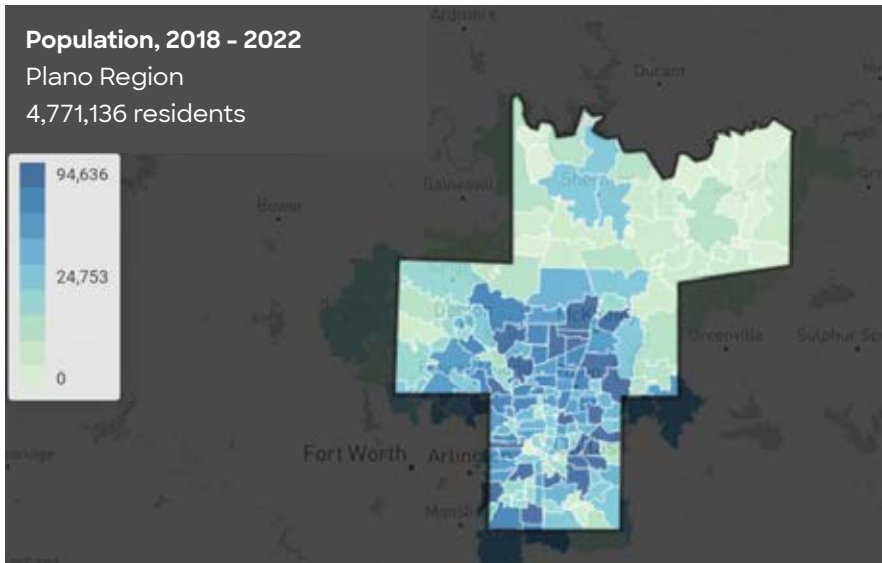
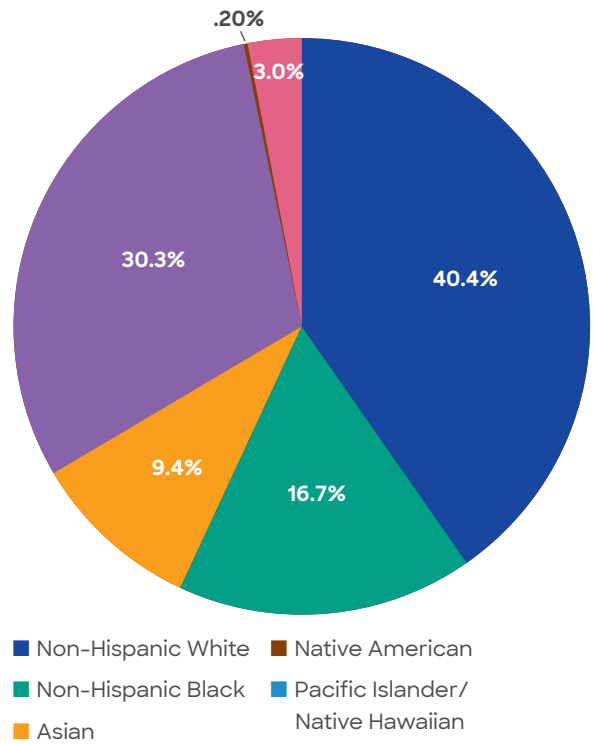
Race/ethnicity

The Plano Region exhibits a diverse racial and ethnic composition, with significant representation from Non-Hispanic White, Hispanic or Latino, and Asian populations. The implications of these demographics include the potential for cultural diversity and the need for tailored healthcare services that address the specific health concerns of these various racial and ethnic groups.

Comparatively, the Plano Region has a higher proportion of Non-Hispanic White and Asian residents compared to the benchmark places, while the Hispanic or Latino population is more prominent in the Texas benchmark. This suggests that the Plano Region may require targeted resources and programs to address the unique healthcare needs of its diverse population, particularly in areas related to language accessibility and culturally sensitive care.

Population by race/ethnicity

Plano Region, 2018 - 2022

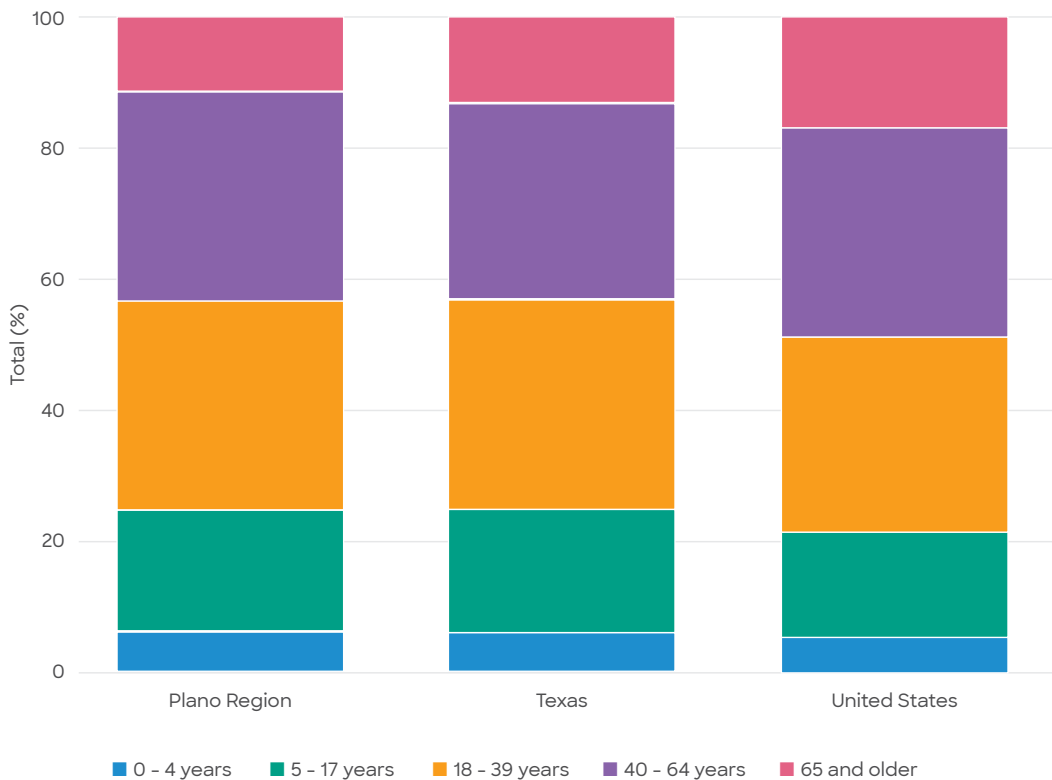


Age distribution

The age distribution in the Plano Region skews towards the 18 – 39 years and 40 – 64 years age groups, indicating a relatively young to middle-aged population. This demographic profile may have implications for healthcare services, including the need for preventive care, family planning and support for chronic disease management.

When compared to the benchmark places, the Plano Region has a higher proportion of residents in the 18 – 39 years age group, aligning closely with the Texas benchmark. This suggests a need for targeted health initiatives focused on issues relevant to this demographic, such as reproductive health, mental wellness and substance abuse prevention. Additionally, the relatively high representation of the 40 – 64 years age group indicates a potential demand for services related to age-related health conditions and preventive care for this segment of the population.

Population by age, 2018 - 2022



Health needs

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



Access to care

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Behavioral health

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Built environment

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Chronic disease

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Food access

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Health behaviors

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Housing

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Maternal and child health

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Socioeconomic factors

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Access to care

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

What we heard from the community

Access to care is a critical issue affecting community health, as highlighted in the provided excerpts. The challenges faced by individuals in accessing appropriate healthcare services, navigating insurance complexities and securing transportation to medical facilities are evident. Additionally, the lack of affordable healthcare options, including low-cost or no-cost vaccines, and limited access to specialists contribute to the disparities in healthcare access within the community.

Community members express concerns about the difficulties in finding primary care physicians, scheduling specialist appointments and receiving adequate follow-up care. Language barriers further hinder the understanding of symptoms and conditions, emphasizing the need for accessible translation services. Furthermore, the excerpts underscore the need for increased resources, such as nurse navigators, clinics and community centers, to address the healthcare access challenges faced by vulnerable populations.

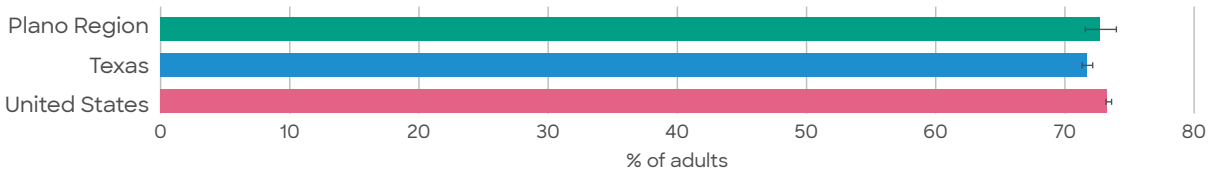
One individual shared, “I don’t have access to health at this moment, because I don’t have the means to pay for it,” reflecting the financial barriers to healthcare. Another highlighted the need for virtual healthcare services to reach those lacking access in their local communities. These testimonies emphasize the urgency of addressing the multifaceted barriers to healthcare access and the importance of providing equitable care to all members of the community.

Topic	Plano Region	Texas	United States
Dentists per capita <i>dentists per 100,000 residents, 2024</i>	138.7	102.7	105.2
Internet access <i>% of households, 2022</i>	95.87 ±0.36	93.82 ±0.21	93.59 ±0.10
Medicaid coverage <i>% of residents, 2022</i>	713.44 ±0.44	16.86 ±0.22	21.23 ±0.09
Mental health providers per capita <i>providers per 100,000 residents, 2024</i>	360.2	332.3	602.7
No vehicle available <i>% of households</i>	5.29 ±0.35	5.39 ±0.15	8.27 ±0.05

Visited doctor for routine checkup

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

Visited doctor for routine checkup, 2022



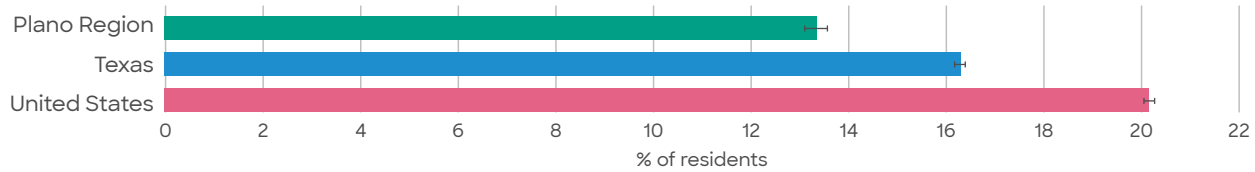
Routine checkups are an essential aspect of maintaining good health, and the data reflects varying rates of adherence to this practice across different regions. Texas has the highest percentage of individuals who visited the doctor for routine checkups at 74.04%, followed closely by the Plano Region at 73.57% and Texas at 72.34%. This indicates a generally high level of awareness and commitment to preventive healthcare in these areas. The impact of routine checkups on the community is evident in the proactive approach to maintaining health and preventing potential health issues.

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

Medicaid coverage

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

Medicaid coverage, 2018 - 2022



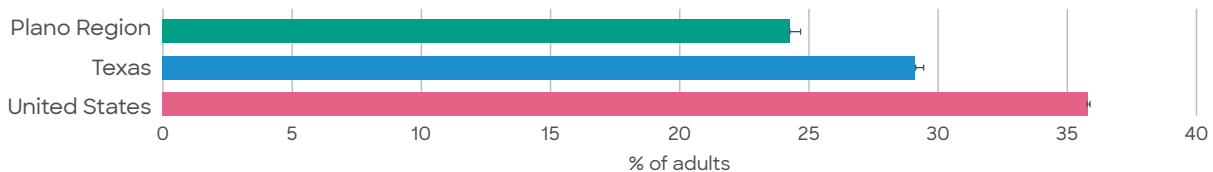
Medicaid coverage varies across different regions, with the Plano Region at 13.24%, Texas at 16.31% and the United States at 20.4%. The data suggests that the Plano Region has the lowest Medicaid coverage among the three, while the United States has the highest. This indicates a disparity in Medicaid coverage between the Plano Region and the national average, highlighting potential challenges in access to healthcare for the community.

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

Public health insurance

Percentage of residents covered by public insurance such as Medicare, Medicaid, VA Health Care or means-tested public health insurance.

Public health insurance, 2018 - 2022



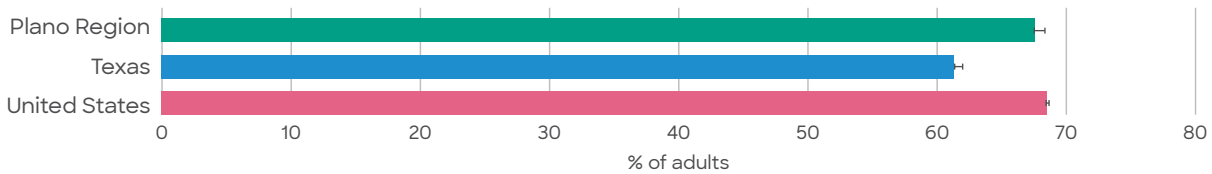
Public health insurance coverage varies across different regions, with the Plano Region having the lowest coverage at 23.94%, compared to Texas at 28.68% and the United States at 35.87%. This suggests a disparity in access to public health insurance, with the Plano Region lagging behind both the state and national averages. This could potentially impact the community's overall health and well-being.

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

Private health insurance

Percentage of residents covered by private health insurance, such as employer-provided health insurance, direct-purchase (ACA exchanges) or TRICARE.

Private health insurance, 2018 - 2022



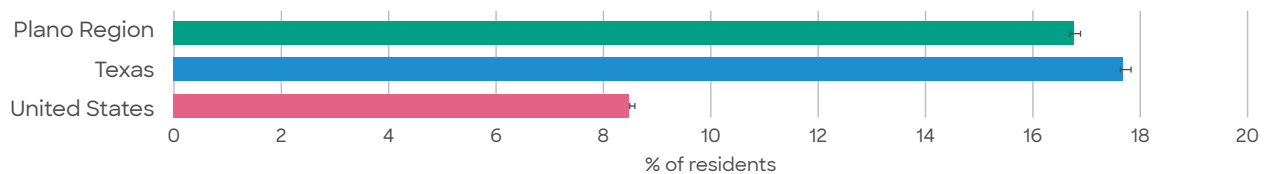
Private health insurance coverage in the Plano Region is reported at 66.56%, slightly lower than the national average of 67.6% and higher than the state average of 62.51%. This suggests that the community in Plano may have relatively good access to private health insurance compared to the rest of Texas, but there is still room for improvement in order to align with the national average.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Tables S2703, S2701 and B27010)

Uninsured rate

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

Uninsured rate, 2018 - 2022



The data on uninsured rates reveals significant disparities across different regions. Plano Region has an uninsured rate of 16.79%, compared to 17.58% in Texas and 8.68% in the United States. These numbers highlight the varying levels of access to healthcare and the potential impact on the respective communities.

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



Behavioral health

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

What we heard from the community

Behavioral health encompasses a wide array of mental health and substance abuse challenges that significantly impact individuals and communities, as highlighted by the provided quotes. The excerpts shed light on the critical need for mental health resources, particularly for college students, young women who have been exploited and trafficked, and individuals with drug addiction. The lack of access to psychiatric help, medication management and grant funding for mental health initiatives presents significant challenges. Additionally, the community members emphasize the importance of addressing the issue of mental health, demystifying it and promoting holistic well-being by integrating mental and physical healthcare.

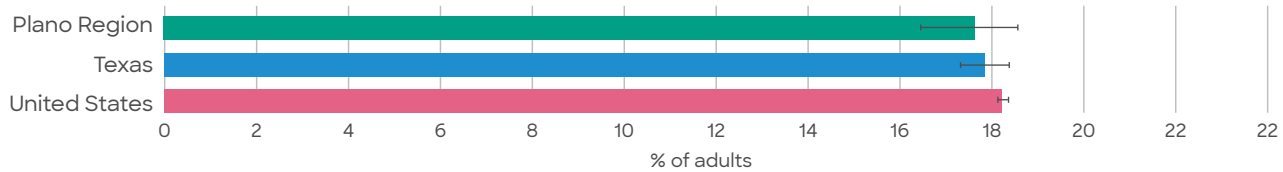
Community members express concerns about the acuity of mental health issues, including suicidal ideation and extreme acuity for vulnerable individuals. The community also recognizes the importance of behavioral health education and outpatient programs to address the prevailing mental health conditions, including depression, anxiety and substance abuse.

Topic	Plano Region	Texas	United States
Binge drinking <i>% of adults, 2022</i>	17.54 ±1.31	17.86 ±0.63	18.58 ±0.20
Depression <i>% of adults, 2022</i>	19.72 ±1.25	21.82 ±0.63	22.53 ±0.20
Poor self-reported mental health <i>% of adults, 2022</i>	16.00 ±0.79	17.83 ±0.40	17.35 ±0.12
Psychiatry physicians per capita <i>physicians per 100,000 residents, 2024</i>	19	17	28

Binge drinking

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

Binge drinking, 2022



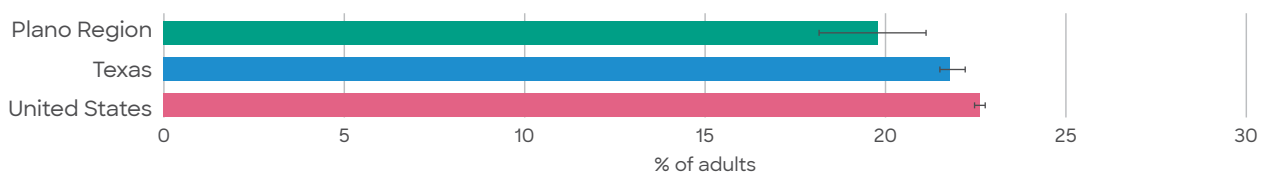
Binge drinking has a noticeable impact on the Plano Region, with a rate of 17.54% compared to the state average of 17.86% and the national average of 18.58%. This suggests that Plano has a slightly lower binge drinking rate than both Texas and the United States as a whole.

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

Depression

Prevalence of depression among adults 18 years and older.

Depression, 2022



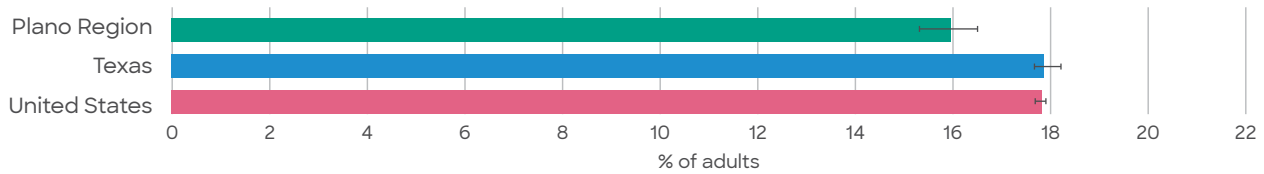
Depression rates vary across different regions, with the Plano Region reporting the lowest rate at 19.72%, followed by Texas at 21.82% and the United States at 22.53%. The data suggests that there is a notable difference in depression prevalence between these areas, with the Plano Region having the lowest reported rates.

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

Poor self-reported mental health

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

Poor self-reported mental health, 2022



Poor self-reported mental health is a pressing issue that affects communities across different regions. In the Plano Region, the percentage of individuals reporting poor mental health stands at 16.0%, slightly lower than the state average of 17.83% in Texas and the national average of 17.35% in the United States.

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



Built environment

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

What we heard from the community

The built environment significantly influences community health by shaping access to healthcare, housing and essential services. The excerpts shed light on the challenges faced by individuals, such as transportation barriers, inadequate housing for recovery and teenage homelessness. Moreover, language barriers and financial limitations hinder access to healthcare, highlighting disparities in healthcare access and the need for culturally competent services.

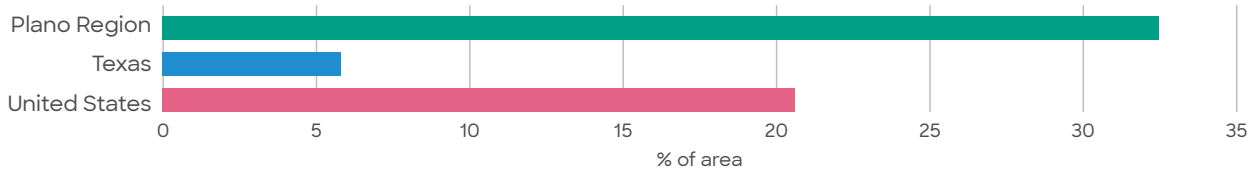
Community members express gratitude for local partners and advocate for the provision of comprehensive community services. The involvement of faith-based organizations and community centers in healthcare initiatives is highlighted, emphasizing the importance of collaborative efforts to address the diverse health needs of the population. One individual emphasizes the need for virtual healthcare services to address access challenges, especially for individuals experiencing homelessness.

Topic	Plano Region	Texas	United States
Drive alone to work <i>% of workers 16 years and older, 2022</i>	66.63 ±0.71	71.17 ±0.29	68.66 ±0.09
Environmental Burden Index <i>2022</i>	46.26	46.03	48.70
Green space proximity <i>% of area, 2022</i>	32.22	6.06	20.62
Internet access <i>% of households, 2022</i>	95.87 ±0.36	93.82 ±0.21	93.59 ±0.10
Lifetime inhalation cancer risk <i>lifetime risk per million, 2019</i>	23.8	20.9	16.1

Green space proximity

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

Green space proximity, 2022



Green space proximity varies across different regions, with the Plano Region having the highest at 32.22, followed by the United States at 20.62 and Texas at 6.06. This suggests that the Plano Region has a significantly higher accessibility to green spaces compared to the state of Texas and the overall United States. The impact of this proximity on the community could be reflected in higher levels of physical activity, better mental well-being and overall improved quality of life.

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

Walkability Index

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

Walkability Index, 2022



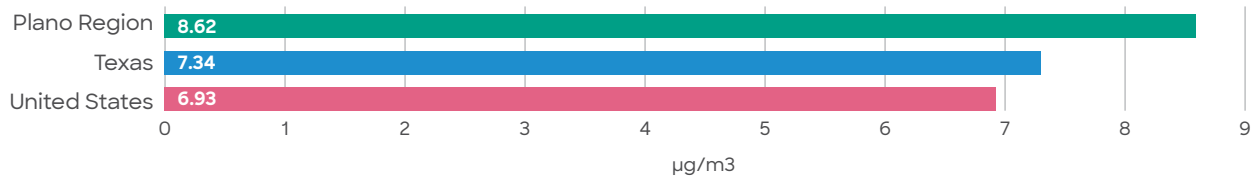
The Walkability Index of the Plano Region is notably higher at 10.4 compared to the state average of 8.81 and the national average of 9.5. This suggests that the Plano Region has a particularly high level of walkability, potentially indicating well-connected neighborhoods, pedestrian-friendly infrastructure and accessible amenities. This could positively impact the community by promoting physical activity, reducing traffic congestion and enhancing overall quality of life.

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

Particulate matter (PM 2.5) concentration

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

Particulate matter (PM 2.5) concentration, 2020



Particulate matter (PM 2.5) concentration levels in the Plano Region are higher at 8.62 compared to the state average of 7.34 and the national average of 6.93.

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



Chronic disease

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

What we heard from the community

Chronic disease encompasses a wide range of health challenges, including obesity, cancer, hypertension, stroke, diabetes and mental health issues, that significantly impact the community's well-being. The provided excerpts shed light on the prevalence of chronic conditions and the associated barriers to accessing healthcare services, medication and specialized care. Additionally, the quotes underscore the importance of addressing food insecurity, behavioral health, and the need for enhanced health education and preventive care initiatives.

Community members express concerns about the lack of access to healthcare, medication management and follow-up care for chronic conditions like stroke, diabetes and hypertension. They also highlight challenges related to mental health, substance abuse, and the increasing rates of anxiety and depression among younger individuals. Moreover, the excerpts emphasize the significance of addressing food insecurity and access to healthy foods as critical components of chronic disease management.

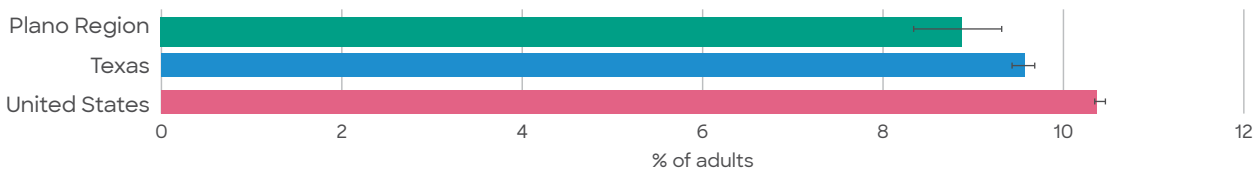
One individual shared, "Chronic disease is hard. It's really hard when you're sitting at home, and you have a symptom or two or three, and you don't really have a physician," underscoring the challenges faced by individuals in accessing timely healthcare services for chronic conditions.

Topic	Plano Region	Texas	United States
Chronic kidney disease <i>% of adults, 2021</i>	2.9 ±0.1	3.1 ±0.1	2.9 ±0.0
Chronic obstructive pulmonary disease (COPD) <i>% of adults, 2022</i>	5.25 ±0.28	6.23 ±0.16	6.37 ±0.05
Coronary heart disease <i>% of adults, 2022</i>	5.64 ±0.29	6.27 ±0.15	5.82 ±0.05
Current asthma <i>% of adults, 2022</i>	8.77 ±0.54	9.43 ±0.27	10.35 ±0.09
Diagnosed diabetes <i>% of adults</i>	11.8 ±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



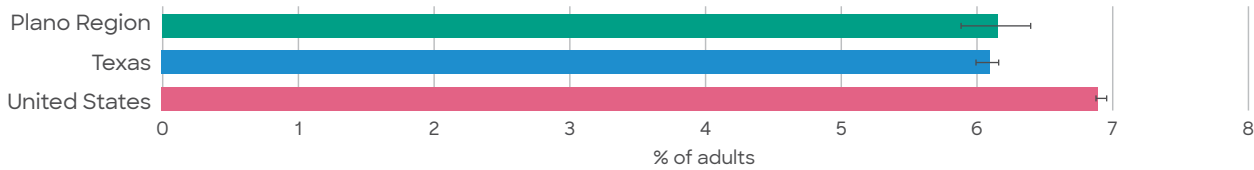
Asthma prevalence varies across different regions, with the Plano Region reporting the lowest rate at 8.77%, followed by Texas at 9.43% and the United States at 10.35%. These numbers indicate a slightly lower prevalence of current asthma in the Plano Region compared to the state and national averages.

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

Have ever had cancer

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

Have ever had cancer, 2022



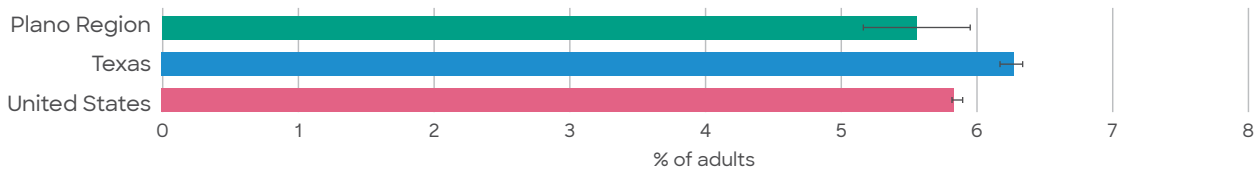
Cancer prevalence varies across different regions, with the Plano Region reporting a lower rate at 6.18% compared to the United States at 6.88%. Texas is the lowest at 6.12%. These numbers highlight the nuanced impact of cancer on communities, emphasizing the need for targeted interventions and support systems tailored to specific regions.

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

Coronary heart disease

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

Coronary heart disease, 2022



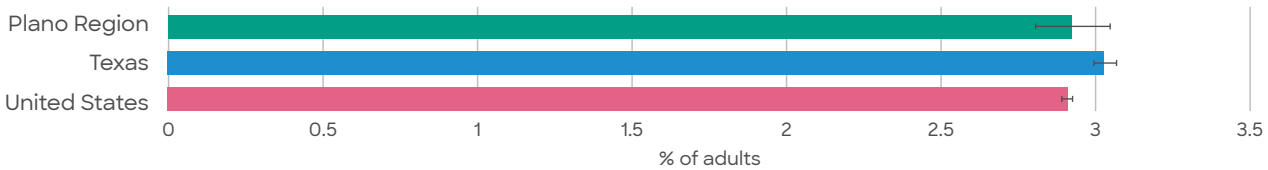
Coronary heart disease has varying prevalence across different regions, as evident from the data. The Plano Region has the lowest rate of 5.64, followed by the United States at 5.82 and Texas at 6.27.

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



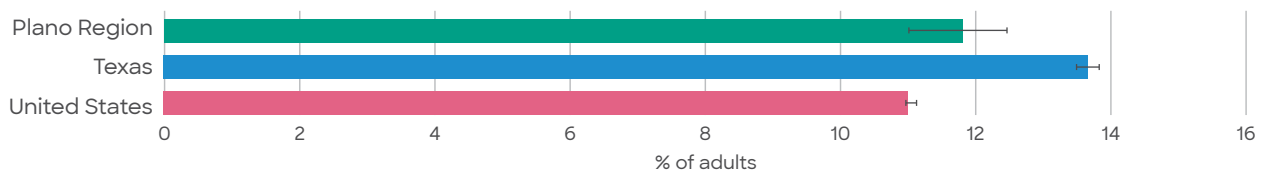
Chronic kidney disease has varying prevalence across different regions, as indicated by the chart. In the Plano Region, the prevalence stands at 2.92, slightly lower than the state average of 3.09 in Texas and slightly higher than the national average of 2.85.

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



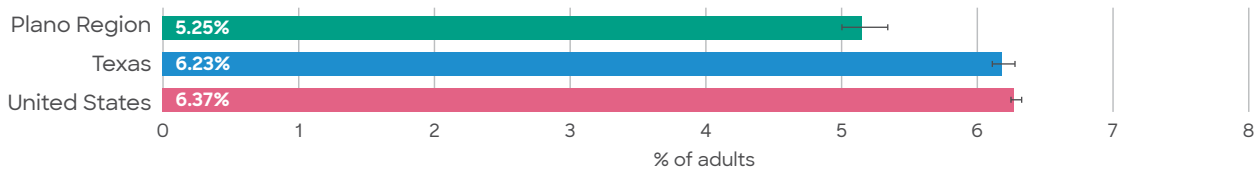
Diagnosed diabetes rates vary across different regions, with the Plano Region at 11.75%, Texas at 13.37% and the United States at 10.84%. The data suggests that the prevalence of diagnosed diabetes is higher in Texas compared to the national average, with the Plano Region falling in between.

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



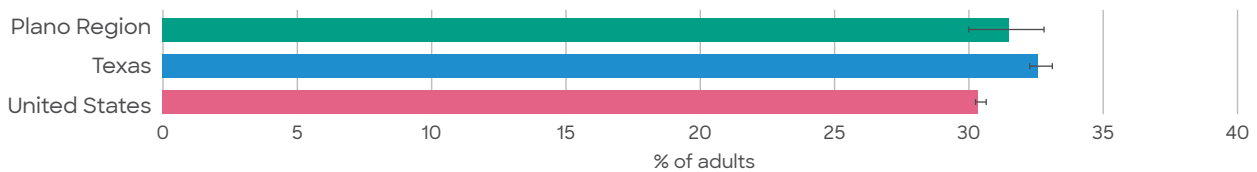
Chronic obstructive pulmonary disease (COPD) is a significant public health concern, and the data reveals varying prevalence rates across different geographic areas. The chart indicates that the Plano Region has the lowest COPD prevalence at 5.25%, followed by Texas at 6.23% and the United States at 6.37%.

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

High blood pressure

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

High blood pressure, 2022



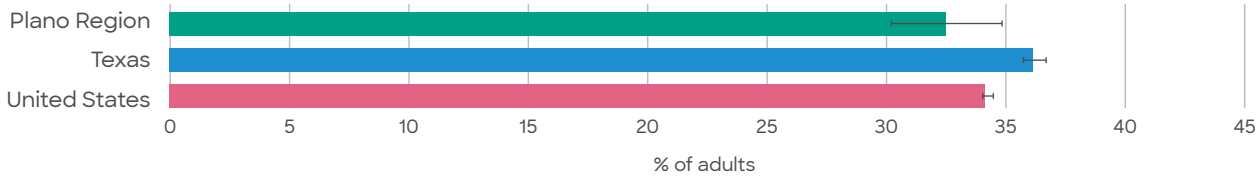
High blood pressure is a significant health concern, and the data highlights varying prevalence rates across different regions. The Plano Region has a high blood pressure rate of 31.55%, followed closely by the United States at 30.32%, while Texas has the highest rate at 32.22%.

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

Obesity

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

Obesity, 2022



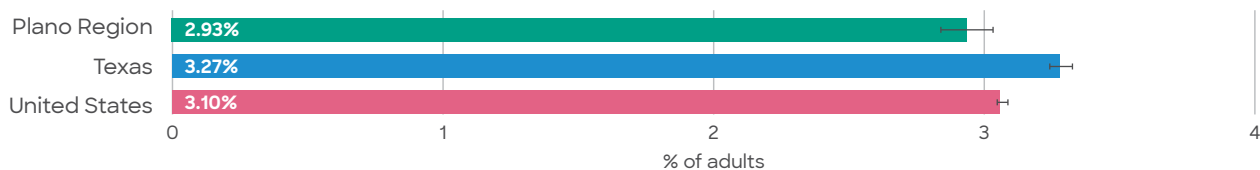
Obesity rates vary across different regions, and the chart highlights this disparity. The Plano Region has the lowest obesity rate at 32.72%, while Texas and the United States have higher rates at 36.76% and 33.83%, respectively.

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

Diagnosed stroke

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

Diagnosed stroke, 2022



Diagnosed stroke rates vary across different regions, with the Plano Region reporting the lowest rate at 2.93, followed by the United States at 3.1 and Texas at 3.27. The data suggests that the impact of diagnosed stroke is relatively lower in the Plano Region compared to the state of Texas and the entire United States.

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



Food access

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

What we heard from the community

Food access is a critical determinant of community health, influencing the overall well-being of individuals and families. The provided excerpts shed light on the challenges faced by community members in accessing affordable and nutritious food, as well as the importance of addressing food insecurity as a top health issue. The quotes also emphasize the significance of initiatives such as food banks and community centers in providing essential support to those in need.

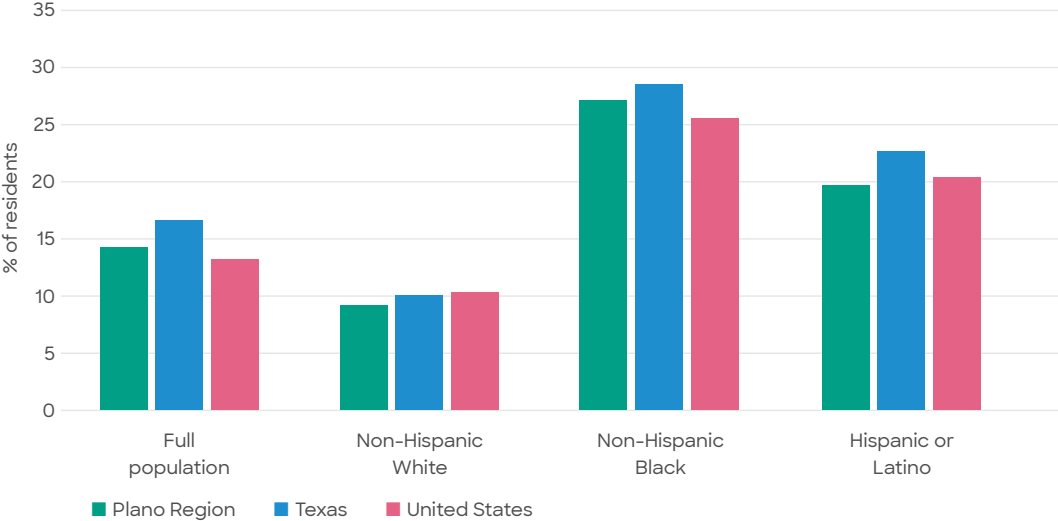
Community members express concerns about the lack of understanding about nutrition, limited access to healthcare and the need for assistance in navigating complex resource systems. They highlight the impact of housing costs, depression and access to medication on food security and overall health. Additionally, there are mentions of reluctance to follow available resources, indicating potential barriers to engaging with support programs.

Topic	Plano Region	Texas	United States
Food insecurity <i>% of residents, 2022</i>	14.2	16.4	13.3
Food stamps (SNAP) <i>% of households, 2022</i>	8.17 ±0.46	12.04 ±0.23	12.38 ±0.06
Households in poverty not receiving food stamps (SNAP) <i>% of households below the poverty line, 2022</i>	72.12 ±1.72	61.70 ±0.61	58.90 ±0.23
Low food access <i>% of residents, 2019</i>	57.87	56.97	50.24

Food insecurity

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

Food insecurity by race/ethnicity, 2022



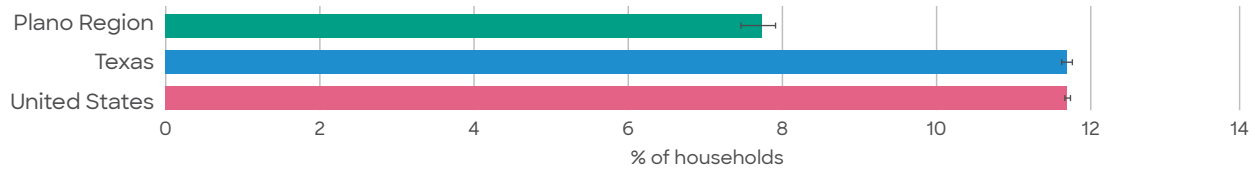
Food insecurity is a pressing issue that affects communities across the globe. In the context of race and ethnicity, the data for the Plano Region in Texas and the United States highlights disparities in food insecurity. Non-Hispanic Black and Hispanic or Latino populations experience significantly higher rates of food insecurity compared to the full population and Non-Hispanic White individuals. Specifically, the data shows that Non-Hispanic Black individuals experience the highest levels of food insecurity, followed by Hispanic or Latino individuals, emphasizing the disproportionate impact of food insecurity on these communities.

Data sources: Feeding America: Map the Meal Gap

Food stamps (SNAP)

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

Food stamps (SNAP), 2018 - 2022



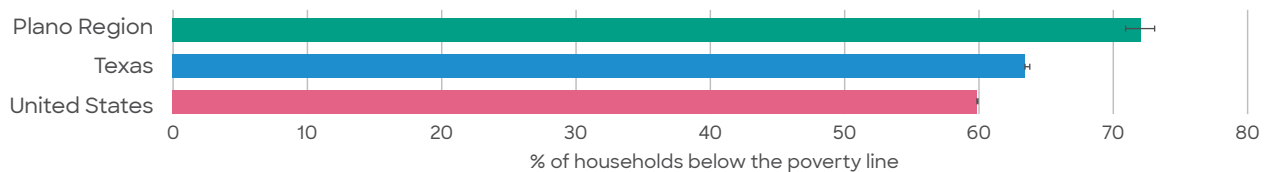
Food stamps (SNAP) play a crucial role in providing assistance to individuals and families in need. The chart reveals that the Plano Region has a lower percentage of people receiving food stamps (7.59%) compared to the state of Texas (11.53%) and the United States as a whole (11.52%). This indicates potential variations in economic conditions and access to resources within these areas. The impact of SNAP on the community is evident in these disparities, highlighting the differing levels of support and need across regions.

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



Region has the highest percentage at 73.18%, followed by Texas at 62.2% and the United States at 59.45%. This suggests that there is a significant disparity in SNAP participation among households in poverty, particularly in the Plano Region, which may have implications for food security and access to essential resources.

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



Health behaviors

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

What we heard from the community

Health behaviors encompass a wide range of factors that significantly influence community well-being, including nutrition, exercise, mental health, substance abuse and preventive care. The provided excerpts shed light on the challenges related to excessive sugar consumption leading to obesity, inadequate access to healthcare resources and lack of health literacy among community members. These issues also extend to mental health, substance abuse and the impact of social determinants of health on vulnerable populations.

Community members express concerns about the lack of understanding about nutrition, limited access to dental care and vaccines, and the need for culturally competent care. Additionally, the excerpts highlight the significance of addressing health disparities, providing behavioral health education and increasing access to outpatient programs to tackle concerning trends such as substance abuse, depression and anxiety.

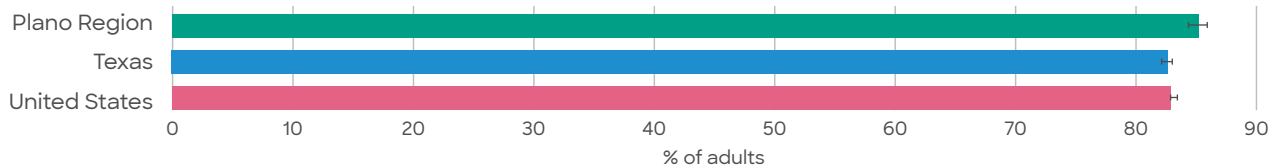
One individual emphasizes, “Providing virtual services for patients who don’t have access in their local communities,” underlining the need for innovative solutions to bridge healthcare access gaps. Another quote reflects the challenge of reluctance to follow healthy behaviors and the consequences of not adhering to medication regimens, emphasizing the importance of education and awareness in promoting healthier lifestyles within the community.

Topic	Plano Region	Texas	United States
Cholesterol screening <i>% of adults, 2021</i>	84.98 ±1.32	83.27 ±0.67	83.65 ±0.20
Cigarette smoking rate <i>% of adults, 2022</i>	12.0 ±0.8	14.8 ±0.4	14.6 ±0.1
Colorectal cancer screening <i>% of adults, 2022</i>	55.27 ±2.13	54.64 ±1.07	58.85 ±0.32
Mammography use <i>% of female adults, 2022</i>	75.67 ±3.01	73.79 ±1.55	75.65 ±0.45
No exercise <i>% of adults</i>	24.2 ±1.4	27.6 ±0.8	23.7 ±0.2

Cholesterol screening

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

Cholesterol screening, 2021



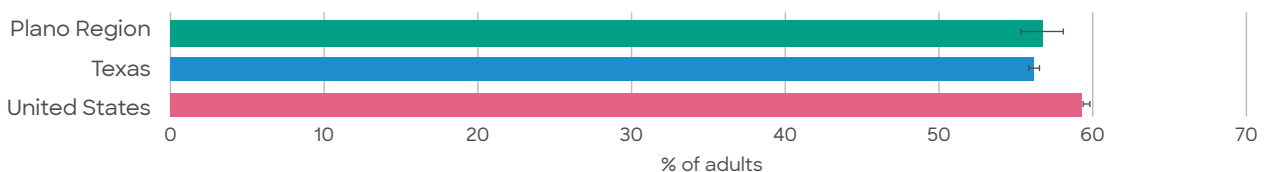
Cholesterol screening rates in the Plano Region are notably higher at 84.98% compared to the state average of 83.27% and the national average of 83.65%. This indicates a positive trend in the region’s proactive approach to managing cardiovascular health. The impact of these higher screening rates could potentially lead to better awareness and early detection of cholesterol-related health issues, ultimately contributing to improved 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))

Colorectal cancer screening

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

Colorectal cancer screening, 2022



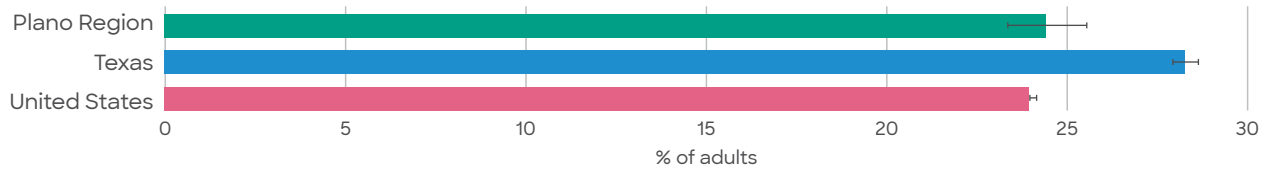
Colorectal cancer screening rates vary across different regions, with the Plano Region at 55.27%, Texas at 54.64% and the United States at 58.85%. The data suggests that there is a need for targeted interventions to improve screening rates, particularly in the Plano Region and Texas, to align with the national average and improve overall public health outcomes.

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

No exercise

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

No exercise, 2022



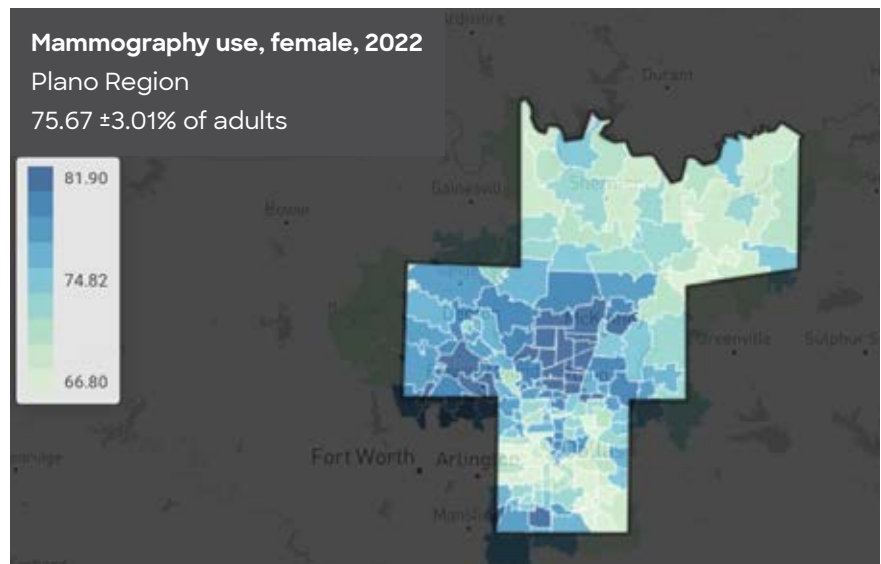
Physical inactivity is a significant concern, as reflected in the data for no exercise. The Plano Region has a rate of 24.24%, while Texas and the United States have rates at 27.64% and 23.68%, respectively.

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

Mammography use

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

Mammography use among female adults in the state of Texas is relatively high, with an average of 75.9% of residents aged 50 - 74 years reporting having had a mammogram within the previous two years. The data from the map shows that the use of mammography varies across different ZIP codes



and tracts within Texas, with rates ranging from 66.8% to 81.3%. This indicates that access to and utilization of mammography services may differ significantly within the state, highlighting potential disparities in healthcare access and awareness. This variation in mammography use across different areas could have a significant impact on the early detection and treatment of breast cancer within the community, emphasizing the need for interventions and resources to ensure equitable access to preventive healthcare services.

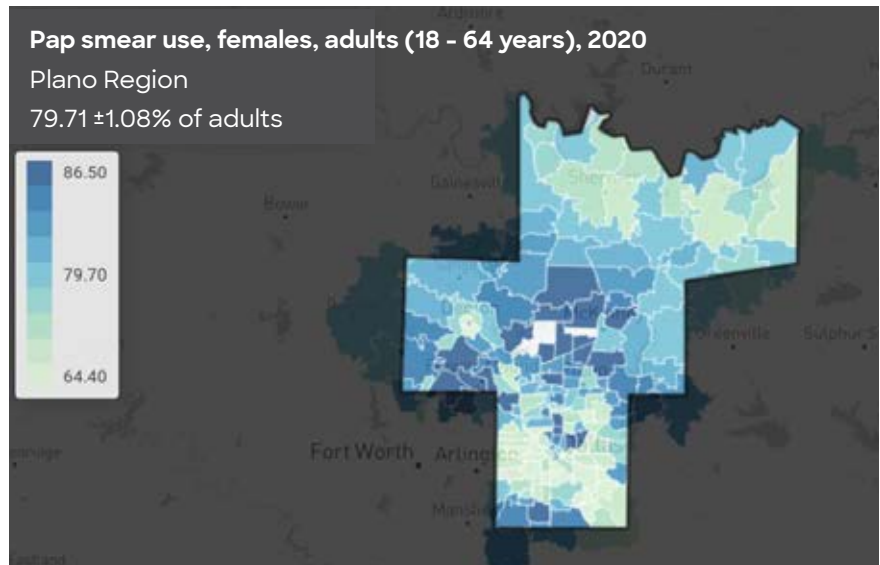
Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts))

Pap smear use

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

Pap smear use among adult females (aged 21 – 65 years) in the ZIP codes of Texas is relatively high, with an average of 80.3% of women reporting having had a Pap smear within the previous three years for the

detection and prevention of cervical cancer. The data from the Behavioral Risk Factor Surveillance System (BRFSS) and PLACES indicates that areas such as Flower Mound, Southlake and Argyle have particularly high rates of Pap smear utilization, with percentages exceeding 83%. This suggests a positive impact on the community’s health and well-being, as regular Pap smear screenings are crucial for the early detection and prevention of cervical cancer, ultimately leading to better health outcomes.

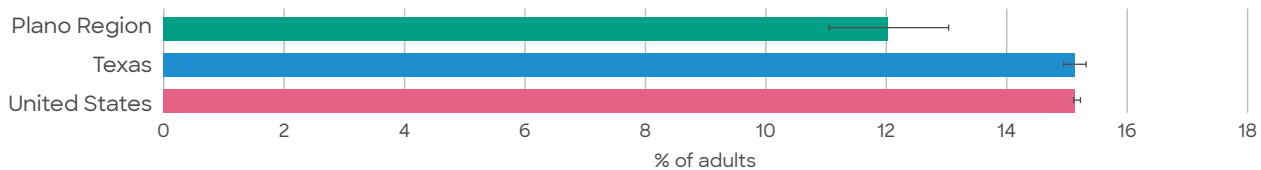


Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (ZIP codes, tracts))

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



Cigarette smoking rates vary across different regions, with the Plano Region having the lowest rate at 12.04%, followed by Texas at 14.8% and the United States at 14.61%. This indicates that the Plano Region has a relatively lower prevalence of cigarette smoking compared to the state and national averages, suggesting potentially healthier lifestyle choices in that area. The impact of such lower smoking rates may contribute to a healthier community with reduced risks of smoking-related health issues.

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

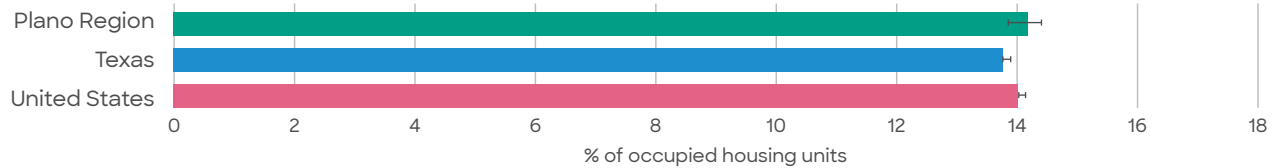
Housing plays a critical role in community health, impacting individuals’ well-being and access to essential resources. The provided quotes shed light on the challenges faced by community members, including the burden of high housing expenses, lack of affordable options and the impact of unstable housing on healthcare access. These issues are compounded for vulnerable populations, including homeless individuals and those with limited access to healthcare coverage. Community members express concerns about the limited availability of safe and affordable housing, especially for individuals transitioning from recovery or those experiencing homelessness. The excerpts underscore the need for temporary housing solutions, autonomy and support services to ensure a stable living environment, particularly for those with complex health needs. One quote emphasizes the intersection of housing with healthcare access, stating, “Their access to healthcare is limited, and yet they have a stroke or something happened, and they’re stuck here because we can’t discharge a patient if it’s not safe for them.” These testimonies highlight the urgent need for interventions that address housing insecurity and its impact on overall community health.

Topic	Plano Region	Texas	United States
Crowded housing <i>% of occupied housing units, 2022</i>	4.94 ±0.36	5.05 ±0.15	3.45 ±0.03
Eviction rate <i>% of renter-occupied households, 2018</i>	1.67	2.62	2.12
Housing cost burden <i>% of occupied housing units, 2022</i>	35.32 ±0.88	32.76 ±0.34	31.48 ±0.06
Owner occupied <i>% of occupied housing units</i>	56.59 ±0.54	62.47 ±0.25	65.18 ±0.18
Severe housing cost burden <i>% of occupied housing units</i>	15.92 ±0.57	14.92 ±0.22	14.96 ±0.05

Severe housing cost burden

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

Severe housing cost burden, 2018 - 2022



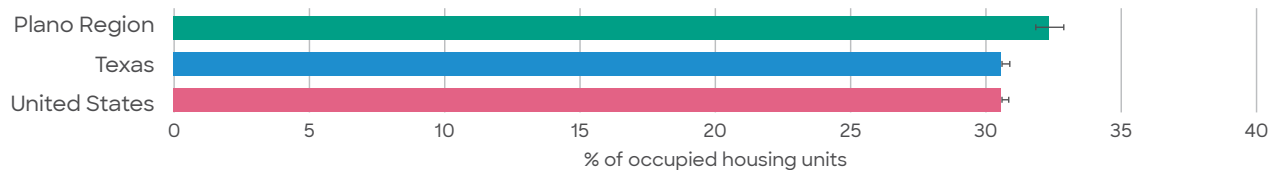
Severe housing cost burden is a pressing issue that affects many communities. In the Plano Region, 14.34% of residents experience severe housing cost burden, slightly higher than the Texas average of 13.67% and the national average of 14.06%.

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

Housing cost burden

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

Housing cost burden, 2018 - 2022



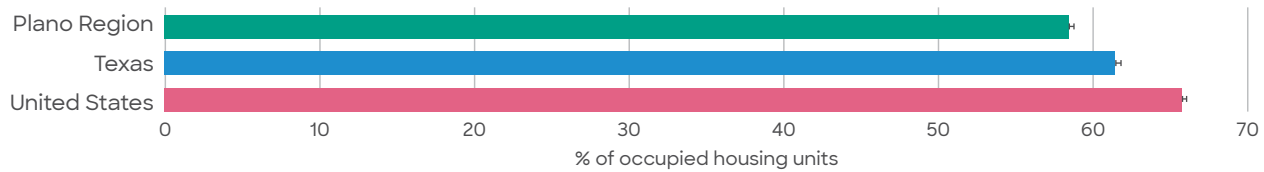
Housing cost burden is a significant issue affecting communities, and the chart provides insight into the specific impact in different regions. The Plano Region has the highest housing cost burden at 32.84%, surpassing both the state and national averages of 30.59% and 30.51%, respectively.

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

Owner occupied

The data on owner-occupied homes reveals that the Plano Region has the lowest percentage at 57.03%, while Texas and the United States have higher rates at 62.4% and 64.82%, respectively. This suggests that the Plano Region has a lower proportion of owner-occupied homes compared to the state and national averages. The impact of this trend on the community could indicate a higher prevalence of rental properties or a different demographic composition.

Owner occupied, 2018 - 2022



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



Maternal and child health

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

What we heard from the community

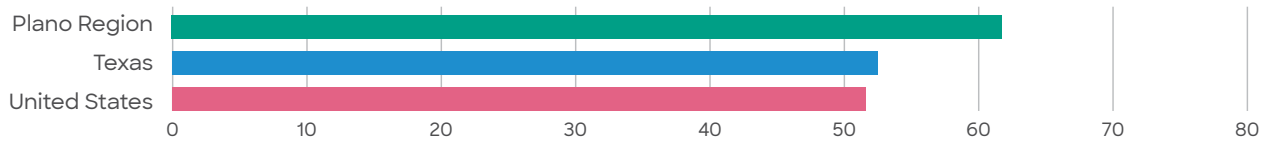
Maternal and child health encompasses a wide range of issues affecting women and children, including access to healthcare, vaccinations, mental health resources and support for vulnerable populations. The provided excerpts shed light on challenges related to healthcare access, insurance coverage and understanding Medicaid among immigrant communities. Additionally, it highlights the need for low-cost or no-cost vaccines and the impact of an inadequate healthcare system on the well-being of students and young women vulnerable to exploitation and trafficking. Transportation, housing and transitional support for homeless and at-risk youth emerge as critical concerns affecting maternal and child health.

Topic	Plano Region	Texas	United States
Births to women without partners present <i>% of births, female, 2022</i>	21.11 ±3.74	26.55 ±1.76	23.63 ±0.40
Child Opportunity Index 3.0 <i>2017 - 2021</i>	61	53	52
Child care center ratio <i>children / care center enrollment, 2023</i>	9	10	11
Grandparents responsible for grandchildren <i>% of residents age 30+, 2022</i>	1.11 ±0.14	1.32 ±0.07	0.99 ±0.01
Mortality among young adults <i>%, 2010 - 2015</i>	0.7 ±0.0	0.8 ±0.00	0.8 ±0.0

Child Opportunity Index 3.0

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

Child Opportunity Index 3.0, 2017 - 2021



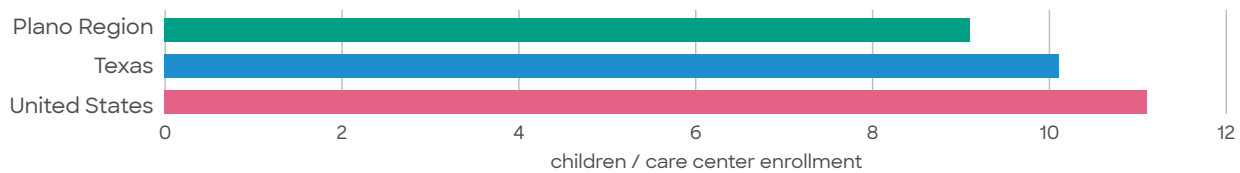
The Child Opportunity Index 3.0 reveals that the Plano Region has a significantly higher score of 61.2 compared to Texas and the United States, which have scores of 52.62 and 52.16, respectively. This suggests that the Plano Region provides better opportunities and resources for children compared to the state and national averages. The impact of this higher score on the community could mean improved access to education, healthcare and other essential resources for children, potentially leading to better outcomes and well-being.

Data sources: DiversityDataKids.org: Child Opportunity Index 3.0

Child care center ratio

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

Child care center ratio, 2023



Child care center ratios vary across different regions, with the Plano Region having the lowest ratio at 8.95, followed by Texas at 10.19 and the United States at 10.93. This suggests that the Plano Region has a relatively higher availability of child care centers compared to the state and national averages, potentially indicating better access to child care services for families in the area.

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



Socioeconomic factors

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

What we heard from the community

Socioeconomic factors have a profound impact on community health, influencing access to healthcare, housing and resources for vulnerable populations. The excerpts highlight the challenges related to healthcare access, mental health services, and resources for underprivileged individuals and families. Additionally, they underscore the pressing need for increased support for those with disabilities, mental illness or addiction issues, as well as initiatives targeting low-income families and communities.

Community members express concerns about the high cost of living, limited access to healthcare, and the impact of socioeconomic disparities on mental health and access to medication. They also emphasize the need for more resources to address food insecurity, support homeless populations and provide education on social determinants of health. Furthermore, the excerpts shed light on the struggles faced by individuals who are unable to afford necessary healthcare and medications, illustrating the critical need for enhanced support systems and affordable healthcare options.

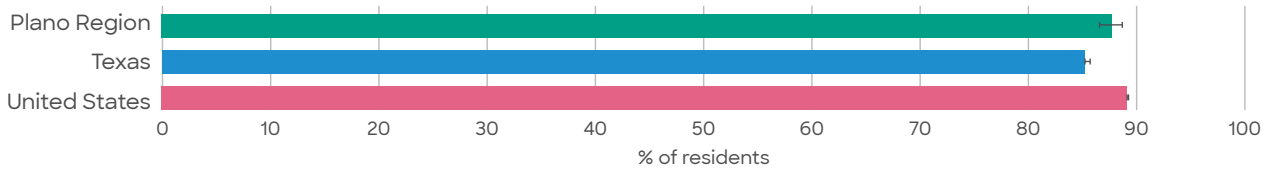
One individual shares, "Housing, the cost of living, depression, access to food, and access to medication are challenges related to health in the community." This quote encapsulates the multifaceted impact of socioeconomic factors on community health, emphasizing the need for comprehensive interventions that address the complex interplay between socioeconomic disparities and health outcomes.

Topic	Plano Region	Texas	United States
Any higher education rate <i>% of residents, 2022</i>	67.72 ±0.80	61.96 ±0.33	63.55 ±0.10
Below 200% of poverty level <i>% of residents, 2022</i>	26.04 ±0.94	31.86 ±0.41	28.36 ±0.11
College graduation rate <i>% of residents, 2022</i>	42.81 ±0.60	33.94 ±0.25	35.66 ±0.08
Hardship Index <i>score</i>	45.2	54.5	50.0
High school graduation rate <i>% of residents</i>	87.62 ±0.94	86.11 ±0.40	89.63 ±0.12

High school graduation rate

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

High school graduation rate, 2018 - 2022



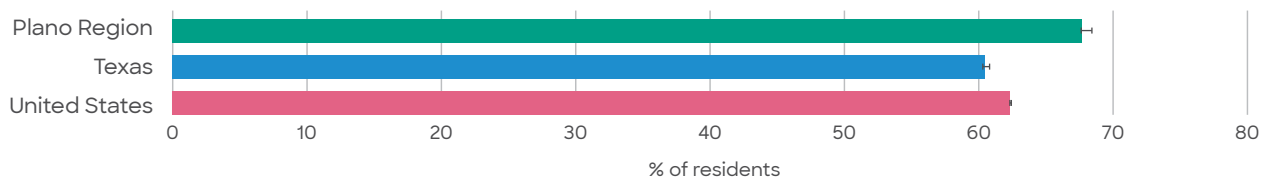
High school graduation rates vary across different regions, with the Plano Region at 86.7%, Texas at 85.23% and the United States at 89.14%. The data highlights a slightly lower graduation rate in Texas compared to the national average, while the Plano Region falls in between the two.

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

Any higher education rate

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

Any higher education rate, 2018 - 2022



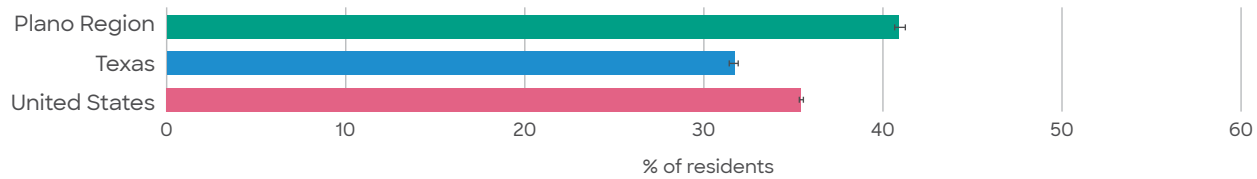
Higher education rates vary across different regions, with the Plano Region leading at 66.65%, followed by Texas at 60.77% and the United States at 62.78%. The data highlights the significant emphasis on higher education in these areas, potentially indicating a strong commitment to academic advancement and skill development within the community.

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

College graduation rate

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

College graduation rate, 2018 - 2022



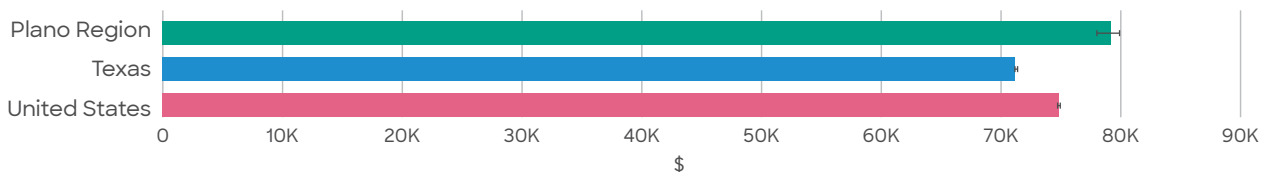
College graduation rates vary across different regions, with the Plano Region having the highest rate at 40.7%, followed by the United States at 34.31% and Texas at 32.27%. This indicates that the Plano Region has a significantly higher college graduation rate compared to the state and national averages, which could reflect the effectiveness of local education initiatives and support systems.

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

Median household income

Income in the past 12 months.

Median household income, 2018 - 2022



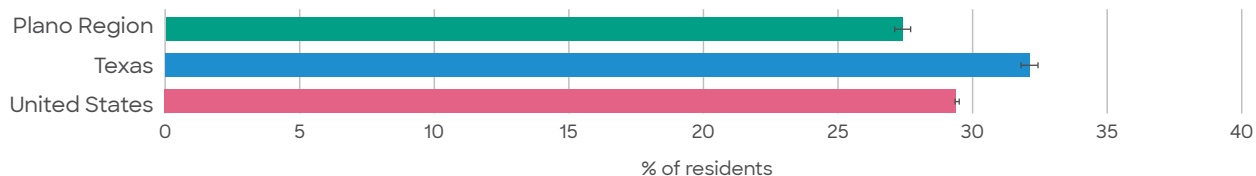
The chart presents median household income data for the Plano Region, Texas and the United States. The Plano Region stands out with a significantly higher median household income of \$79,287.26 compared to \$66,967.52 for Texas and \$68,905.89 for the United States. This indicates a strong economic prosperity in the Plano Region, potentially leading to higher living standards and increased economic stability for its residents.

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

Below 200% of poverty level

Individuals in families that are below 200% of the federal poverty level, past 12 months income.

Below 200% of poverty level, 2018 - 2022



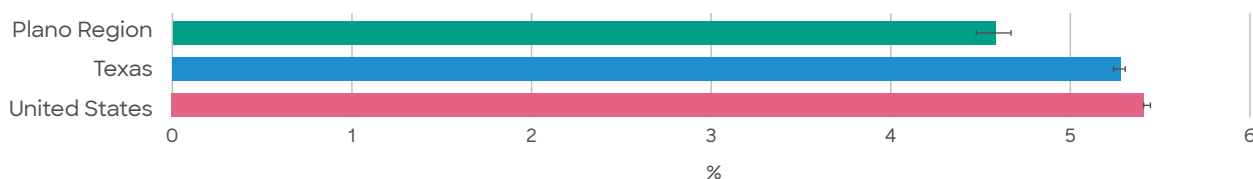
The data on the percentage of people living below 200% of the poverty level reveals interesting insights about the Plano Region, Texas and the United States. The chart indicates that 27.29% of the population in the Plano Region falls below this threshold, while the percentage is slightly higher in Texas at 32.22% and the United States at 28.8%. This suggests that there is a significant disparity in economic well-being between the Plano Region and the state and national averages.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table C17002)

Unemployment rate

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

Unemployment rate, 2018 - 2022



The unemployment rate in the Plano Region is notably lower at 4.58% compared to the state of Texas at 5.22% and the United States at 5.33%. This suggests that the Plano Region has a relatively healthier job market, potentially indicating a stronger local economy and more job opportunities for its residents. The impact of this lower unemployment rate could mean a higher standard of living, increased consumer spending and potentially lower crime rates in the community.

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 mental healthcare, access to primary healthcare providers, food insecurity

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> • Access to mental healthcare • Access to primary healthcare 	<p>Community health improvement services and education:</p> <ul style="list-style-type: none"> • Provide free community education sessions on the benefits of annual checkups in primary care through health and wellness programs, community health fairs, and health events. 	<ul style="list-style-type: none"> • Baylor Scott & White Medical Center – Plano: Provided over \$203,000 in community health improvement services.
<ul style="list-style-type: none"> • Access to mental healthcare • Access to primary healthcare providers • Food insecurity 	<p>Cash and in-kind contributions:</p> <ul style="list-style-type: none"> • Cash and in-kind contributions to other not-for-profit community organizations that address access to primary care, food insecurity and mental healthcare. • In-kind medical supply and equipment donations to local non-profits addressing critical health and social needs of the community. 	<ul style="list-style-type: none"> • Improved access to healthy food and primary and mental healthcare services and resources. • Baylor Scott & White Medical Center – Plano: Distributed over \$217,000 in cash and in-kind donations to local non-profits organizations addressing critical health and social issues. • Baylor Scott & White The Heart Hospital – Plano: Over \$25,000 in cash and in-kind donations to local non-profits organizations addressing critical health and social issues.
<ul style="list-style-type: none"> • Access to mental healthcare • Access to primary healthcare providers • Food insecurity 	<p>Charity care:</p> <ul style="list-style-type: none"> • Provide free and/or discounted care to financially or medically indigent patients as outlined in the financial assistance policy. 	<ul style="list-style-type: none"> • Increased access to primary and mental healthcare for indigent persons regardless of their ability to pay. • Baylor Scott & White Medical Center – Plano: Over \$20 million in charity care provided to un/underinsured and low-income patients.

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> • Access to primary healthcare providers 	<ul style="list-style-type: none"> • Provide opportunities for health professionals to further their education and training to provide quality healthcare services. This includes clinical education and supervision for clinical rotations for medical students, nursing students and other healthcare professions. 	<ul style="list-style-type: none"> • Increased access to quality healthcare. • Baylor Scott & White Medical Center – Plano: Provided over \$1.9 million in health professionals education.

Existing resources

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

- AIM at Melanoma
- Assistance Center of Collin County
- BIND: Brain Injury Network of Dallas
- Boys & Girls Clubs of Collin County
- CASA of Collin County
- Chase Oaks Community Church
- Children’s Advocacy Center of Collin County
- City of Plano
- Church of Jesus Christ of LDS
- Collin College Foundation
- Collin County Charitable Clinics
- Collin County Health Services
- Collin County Homeless Coalition
- Collin County Mental Health Coalition
- Community Lifeline Center
- Family Promise of Collin County
- Frisco Education Foundation
- Frisco Family Services
- Frisco Family YMCA
- GraceToGrow/DBA GraceToChange
- Health Services of North Texas
- Hendrick Scholarship Foundation
- Holy Family School – Believe McKinney
- Hope Clinic McKinney
- Hope’s Door/New Beginnings Center
- John Paul II High School
- Lifepath Systems
- Lucas Christian Academy
- ManeGait Therapeutic Horsemanship
- McKinney Christian Academy
- McKinney Education Foundation
- McKinney Kiwanis Foundation, Inc.
- Meals on Wheels
- Metro Dallas Homeless Alliance (MDHA)
- Minnie’s Food Pantry
- Minuteman Disaster Response
- My Possibilities
- North Central Texas Council of Governments
- North Dallas Community Bible Fellowship – Counseling Center
- North Texas Food Bank
- North Texas Pioneers Rotary Club
- Office of The County Judge – Collin County
- Orphan Outreach
- Plano City Council
- Plano Civic Chorus
- Plano East Rotary Club
- Plano Family YMCA
- Plano Fire-Rescue
- Plano ISD
- Plano ISD Education Foundation
- Plano Masjid: Islamic Association for Collin County
- Plano Metro Rotary Club
- Plano Family YMCA
- Project Access–Collin County
- Saint Francis of Assisi Fall Festival
- Salvation Army
- Society of St. Vincent de Paul of North Texas
- Supporters of Plano Fire-Rescue
- Texas Muslim Women’s Foundation
- The North Texas Family Health Foundation
- The Samaritan Inn
- This Side UP! Family
- Treasured Vessels
- Treasured Vessels Foundation
- United Way Metropolitan Dallas
- Veterans Center of North Texas
- Volunteer McKinney
- Wellness Center for Older Adults
- Wylie Community Christian Care Center

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	0%
Health behaviors	0%
Behavioral health	0%
Built environment	0%
Housing	7%
Access to care	50%
Chronic disease	7%
Food access	35%

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

- 1. Food access**
- 2. Access to care**

Health needs assessed but not identified as significant

- **Socioeconomic factors:** While the hospital recognized the importance and impact socioeconomic factors have on an individual and community's health, there was also consensus around the needs being adequately addressed by partner community organizations. In addition, the hospital provides funding to local community organizations and non-profits that address various socioeconomic factors in the community.
- **Maternal and child health:** Maternal and child health was not selected as a priority due to the many services and programs offered by the hospital and partner organizations. In addition, the hospital provides financial support to several community organizations that support and address the needs of mothers and their children.
- **Health behaviors:** Many health behaviors are highly correlated with the health needs identified in the CHNA. Hospital and community leaders indicated that health behaviors will be incorporated in strategies focusing on the prioritized health needs. In addition, the hospital implements many programs and initiatives that aim to improve health behaviors within the community, including community screenings, nutrition education and primary care services.
- **Chronic disease:** Chronic disease was not selected as a priority; the hospital is committed to decreasing the rate of chronic disease through continuing to address access to care along with health and nutrition. As a healthcare system, Baylor Scott & White Health has several tools and implements clinical programs and initiatives that aim to prevent and successfully manage chronic diseases, including the MyBSWHealth app, which provides healthcare resources, nutrition education and access to care for anyone who has visited a BSWH facility.

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.

Cook County Sheriff's Office of Research

The Office of Research, Operations and Innovation (ROI) was created in 2019 to improve operational efficiencies and services while reducing costs and enhancing customer experiences for all departments and agencies under Cook County government.

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 U.S. cities. The PLACES Project provides model-based population-level analysis and community estimates to all counties, cities, census tracts and ZIP codes across the United States.

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.

