

# 2025 Community Health Needs Assessment

Southeast Tarrant County Region





## Southeast Tarrant County Region community hospitals

- **Baylor Scott & White Orthopedic and Spine Hospital - Arlington**
- **Baylor Scott & White Emergency Hospital - Burleson\***
- **Baylor Scott & White Emergency Hospital - Grand Prairie\***
- **Baylor Scott & White Emergency Hospital - Mansfield\***

\*The emergency hospitals operate under the same hospital license.

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



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# Our commitment to the communities we serve

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

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

## Our system includes:



**52**  
hospitals



**1,300**  
care sites



**7,200**  
active physicians

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

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

# Executive summary

Baylor Scott & White Health (BSWH) is committed to understanding and serving the unique health needs of its community. As part of this commitment, BSWH has conducted a comprehensive Community Health Needs Assessment (CHNA) to identify the most pressing health concerns and guide the development of effective, targeted health programs and policies. The assessment was collaboratively executed with input from various community stakeholders, ensuring a comprehensive approach to understanding the health landscape of the region.

The CHNA process involved a robust data collection phase, utilizing primary data sources such as surveys, focus groups and interviews with community members. These methodologies were chosen to ensure a wide range of perspectives could be captured, providing a holistic view of health needs across different demographics and socioeconomic groups within the community.

Key findings from the CHNA indicate a need for enhanced healthcare services and programs that are accessible and effective for the diverse population of Southeast Tarrant County. The organization is dedicated to leveraging the insights gained from this CHNA to inform decision-making and resource allocation. By focusing on data-driven strategies, BSWH aims to improve health outcomes and enhance the quality of life for residents in the Southeast Tarrant County Region. Collaborative efforts with local healthcare providers, community organizations and public health officials will be crucial in the implementation of effective health programs.

In conclusion, the CHNA conducted by BSWH for the Southeast Tarrant County Region is a pivotal step toward fostering a healthier community. The organization remains committed to working diligently with community partners to address the identified health needs through innovative and sustainable health solutions.

# CHNA process

## Introduction

The Southeast Tarrant County Region Community Health Assessment report aims to provide transparency to stakeholders and community members by identifying community needs and how these needs were determined. This report utilizes various types of primary data, including surveys, focus groups, interviews and Metopio, to gather comprehensive insights into the health and well-being of the community. By analyzing these data sources, we can better understand the community's needs and develop targeted programs to address them.

## Survey

“Surveys are an essential tool for collecting data from a specific population to analyze trends, attitudes or opinions using questionnaires or interviews. They can help identify community needs and inform the implementation of programs to address various health issues. Survey questions included health behaviors, mental health and questions about the Southeast Tarrant County Region community. 307 surveys were completed in the Southeast Tarrant County 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.

- United Way of Tarrant County
- Tarrant Area Food Bank
- Fort Worth Housing Authority
- Tarrant County Public Health

## Interviews

Interviews are direct one-on-one conversations where the interviewer seeks in-depth information on the interviewee's views, experience or knowledge on a specific subject. They can help identify community needs and inform the implementation of programs to address various health issues. Four interviews were completed in the Southeast Tarrant County Region.

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

## Metopio (secondary data)

Metopio is a robust platform that offers curated data from public and proprietary sources for information on health behaviors and health risks, health outcomes, healthcare utilization, demographic, and community-level drivers of health like economic, housing, employment and environmental conditions. Data for each indicator is presented by race, ethnicity and gender when the data is available. Metopio was used in this report to provide a comprehensive overview of the health and well-being of the Southeast Tarrant County Region community.

## CHNA process

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



## Approach to identifying and prioritizing significant health needs

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

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

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

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

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

Significant health needs:

- Chronic disease: Includes food access and health behaviors such as healthy eating and exercise, which are highly correlated with chronic disease. Food access received the most votes, and health behaviors tied for the second most voted for health issue.
- Access to care: Although access to care did not receive votes, after thorough discussion, both hospital and community leaders felt the Southeast Tarrant County Region hospitals had more expertise and resources to address behavioral health and socioeconomic factors such as income and access to social support by focusing on access to care. Through care coordination, the BSWH offers several programs and services that address behavioral health and socioeconomic factors, such as social determinant of health screenings and community referrals.

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

1. Chronic disease
2. Access to care

# Demographics

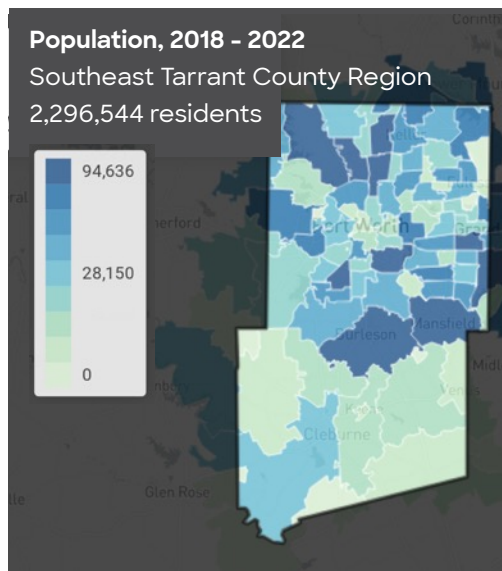
## Overview

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

- **Baylor Scott & White Orthopedic and Spine Hospital - Arlington**
- **Baylor Scott & White Emergency Hospital - Burleson**
- **Baylor Scott & White Emergency Hospital - Grand Prairie**
- **Baylor Scott & White Emergency Hospital - Mansfield**

Baylor Scott & White Orthopedic and Spine Hospital - Arlington operates under a separate license from the emergency hospitals.

The community served by the hospital facilities listed above includes Johnson and Tarrant counties, shown in the map. 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

**2,296,544**



Median household income

**\$72,189**



Median age

**35.3**



% of Spanish primary language

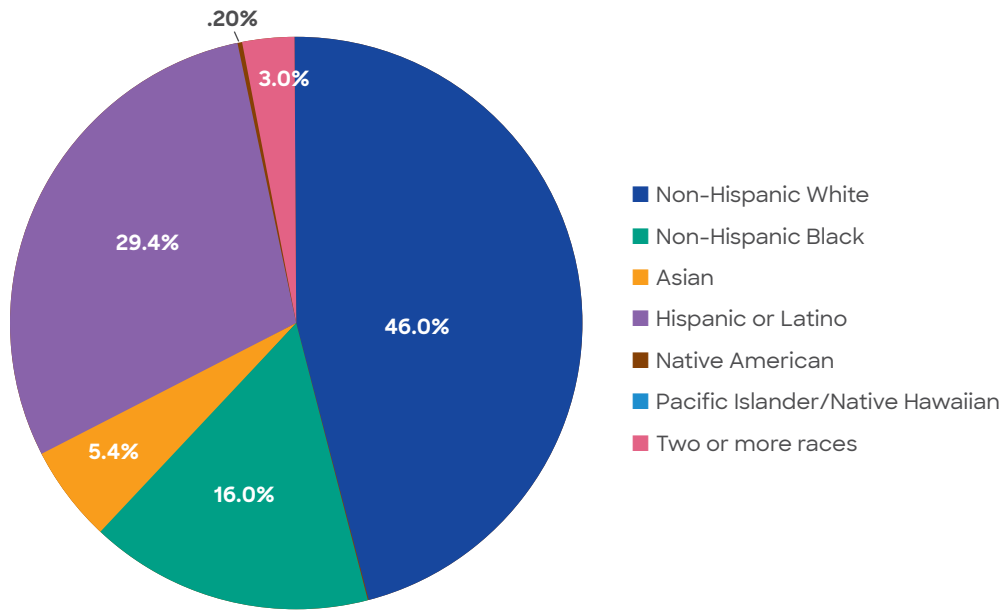
**19.87%**

% of Asian primary languages

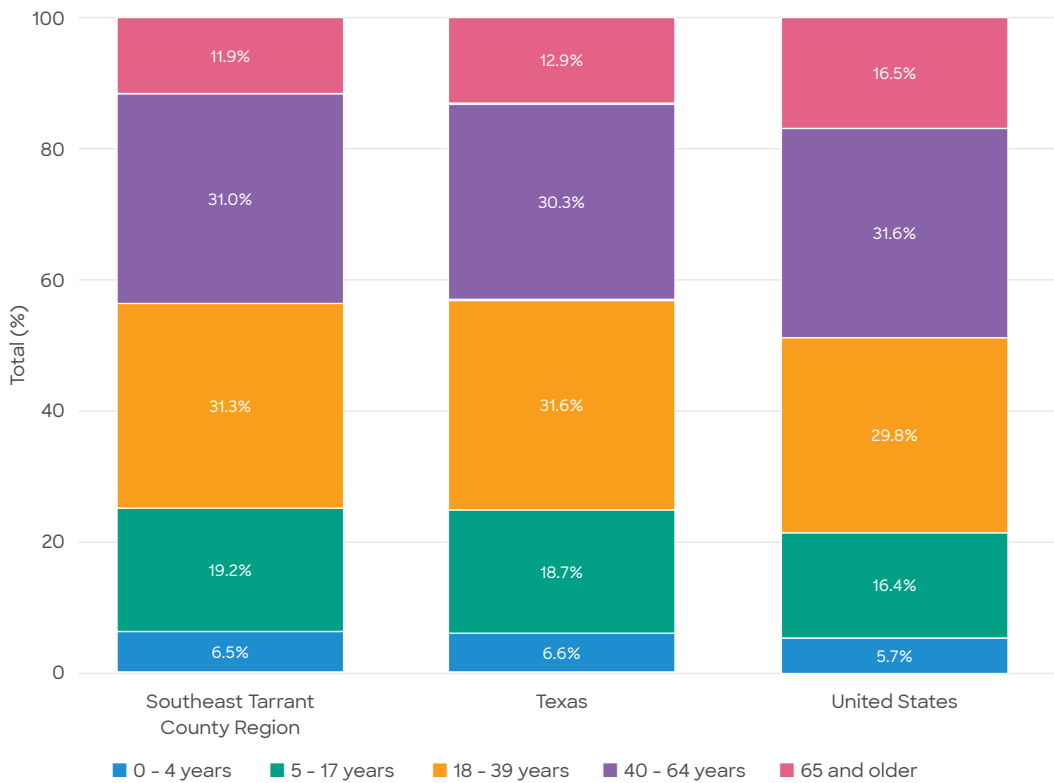
**3.45%**

### Population by race/ethnicity

Southeast Tarrant County Region  
2018 - 2022



### Population by age, 2018 - 2022



# Health needs

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



## Access to care

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## Behavioral health

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## Built environment

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## Chronic disease

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## Food access

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## Health behaviors

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## Housing

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## Maternal and child health

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## Socioeconomic factors

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## Access to care

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

### What we heard from the community

Access to healthcare is a critical determinant of overall well-being, yet many individuals face significant barriers in obtaining the care they need. Transportation challenges, affordability and limited availability of services can prevent people from accessing primary care, mental health support and specialist services. In underserved areas, the lack of mobile clinics and providers who can deliver care in homes exacerbates health disparities. Addressing these issues requires innovative solutions, including expanding telehealth, increasing the number of mobile health providers and improving transportation options for those who are homebound or lack reliable means of getting to appointments.

Community members have expressed frustration over the difficulties in accessing healthcare services, particularly for those without reliable transportation. One individual noted, “Transportation right now has that big effect. You know folks can’t make it to their PCP or follow-up appointments,” highlighting the direct impact of transportation barriers on health outcomes. Others pointed to the challenges faced by vulnerable populations, such as seniors and those living in poverty, who struggle to access care due to financial hardship and limited mobility. The lack of affordable and accessible healthcare options, especially for the underinsured, further compounds these issues and contributes to a widening health gap.

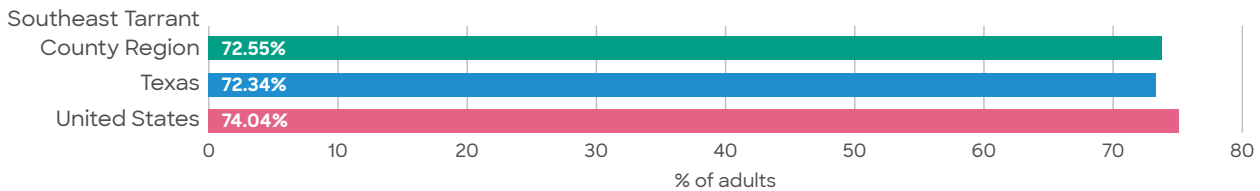
The need for more accessible healthcare services is evident in the community’s concerns about affordability and availability. One person stated, “Affordability and accessibility of transportation is a major barrier to accessing services,” emphasizing how financial constraints limit individuals’ ability to seek care. Another individual pointed out, “I’ve had multiple community members say, I’ve tried to book an appointment with my primary care provider, and I can’t get in for months,” illustrating the long wait times and limited availability of healthcare providers.

Topic	Southeast Tarrant County Region	Texas	United States
<b>Dentists per capita</b> <i>dentists per 100,000 residents, 2024</i>	117.3	102.7	105.2
<b>Internet access</b> <i>% of households, 2022</i>	94.87 ±0.58	93.82 ±0.21	93.59 ±0.10
<b>Medicaid coverage</b> <i>% of residents, 2022</i>	13.92 ±0.67	16.86 ±0.22	21.23 ±0.09
<b>Mental health providers per capita</b> <i>providers per 100,000 residents, 2024</i>	365.8	332.3	602.7
<b>No vehicle available</b> <i>% of households</i>	4.23 ±0.45	5.39 ±0.15	8.27 ±0.05

## Visited doctor for routine checkup

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

### Visited doctor for routine checkup, 2022



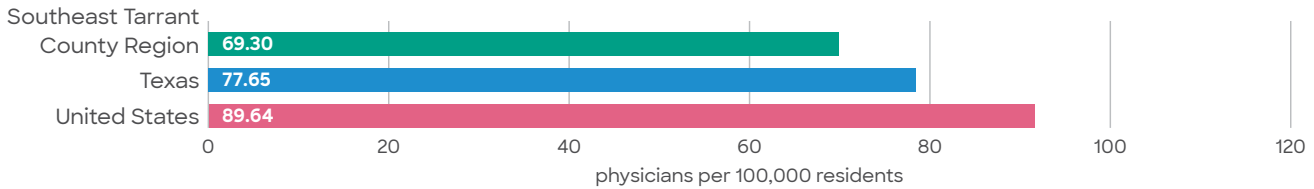
Routine health checkups are essential for maintaining public health, and recent data shows how frequently individuals in different regions are engaging in this preventive measure. In the Southeast Tarrant County Region, about 72.55% of the population visited a doctor for a routine checkup, closely aligning with Texas’ statewide average of 72.34% but slightly lower than the national average of 74.04%.

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

# Primary care providers (PCP) per capita

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

## Primary care providers (PCP) per capita, 2021



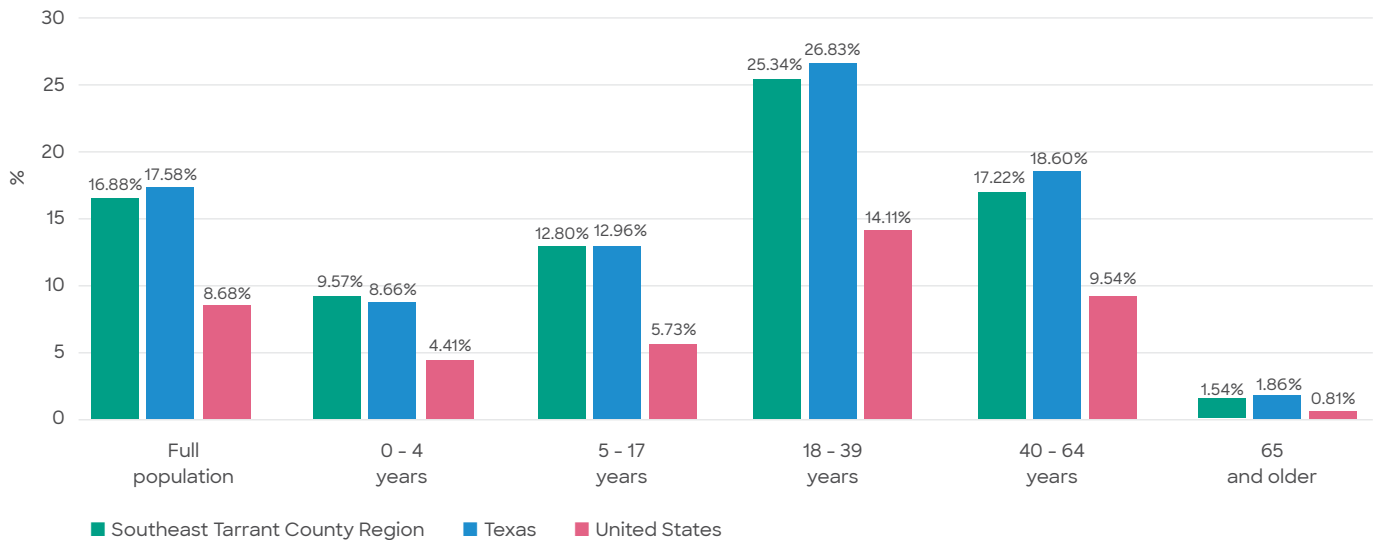
The availability of primary care providers (PCP) per capita varies significantly across regions, indicating disparities in access to basic healthcare services. In the Southeast Tarrant County Region, there are approximately 69.3 PCPs per capita, which is lower than the Texas state average of 77.65 and considerably below the national average of 89.64.

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

# Uninsured rate

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

## Uninsured rate by age, 2018 - 2022



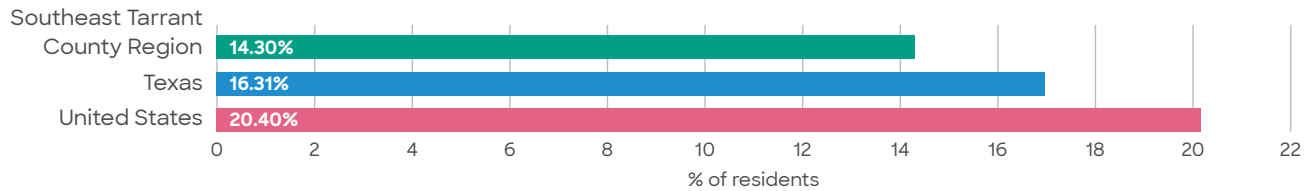
The uninsured rate in the Southeast Tarrant County Region reveals a significant challenge, as it exceeds national averages across all age groups. Particularly striking is the 18 - 39 age bracket, where 25.34% lack insurance compared to 14.11% nationally, highlighting a critical gap in healthcare coverage for young adults. Addressing this disparity is crucial for community well-being, as adequate health insurance is fundamental to accessing necessary medical services and preventive care.

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

# Medicaid coverage

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

## Medicaid coverage, 2018 - 2022



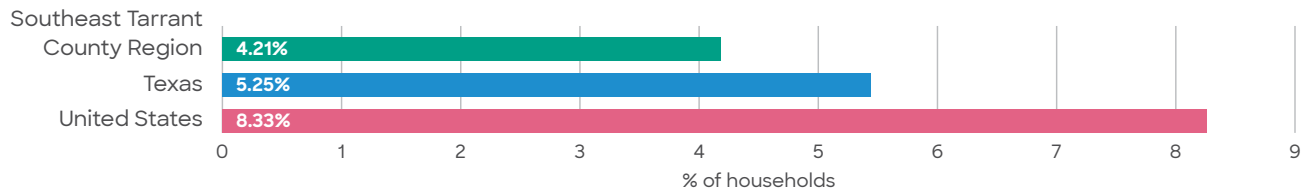
Medicaid coverage varies notably across different regions in the United States, reflecting diverse community health needs and policy implementations. In the Southeast Tarrant County Region, Medicaid coverage stands at 14.3%, notably lower than the Texas state average of 16.31% and significantly below the national average of 20.4%.

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

# No vehicle available

Percentage of occupied households with no vehicles available.

## No vehicle available, 2018 - 2022



Issues of transportation accessibility are particularly pressing in the Southeast Tarrant County Region and Texas, where the percentage of households without a vehicle available stands at 4.21% and 5.25%, respectively, compared to a higher rate of 8.33% in the United States.

**Data sources:** U.S. Census Bureau: American Community Survey (ACS) (Table B25044)



# 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.

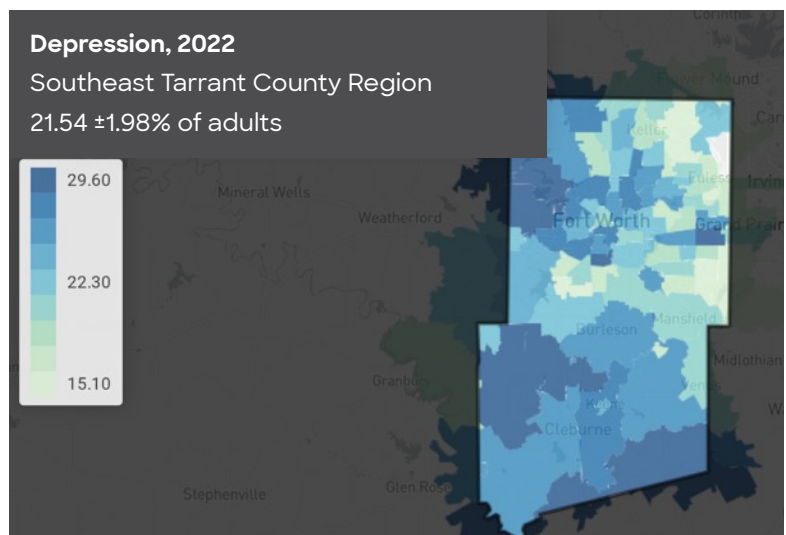
Topic	Southeast Tarrant County Region	Texas	United States
<b>Binge drinking</b> <i>% of adults, 2022</i>	17.16 ±1.94	17.86 ±0.63	18.58 ±0.20
<b>Depression</b> <i>% of adults, 2022</i>	21.54 ±1.98	21.82 ±0.63	22.53 ±0.20
<b>Poor self-reported mental health</b> <i>% of adults, 2022</i>	19.93 ±1.52	17.83 ±0.40	17.35 ±0.12
<b>Psychiatry physicians per capita</b> <i>physicians per 100,000 residents, 2024</i>	16	17	28

## Depression

Prevalence of depression among adults 18 years and older.

Depression remains a significant public health concern, particularly in various communities within Texas, where adult prevalence rates vary notably. The data encompasses several areas, including Flower Mound, Grand Prairie, Arlington and Fort Worth, with depression rates ranging from 15.1% to 29.6% among adults.

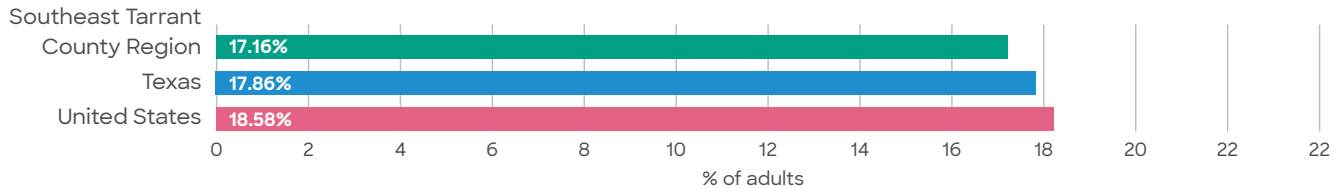
**Data sources:** Centers for Disease Control and Prevention (CDC): PLACES



# 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



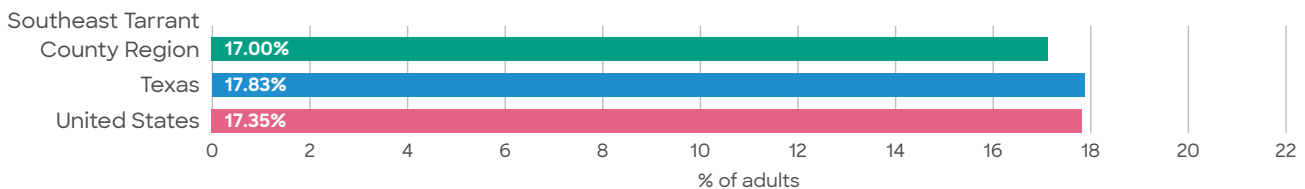
Binge drinking rates across different regions highlight significant public health concerns, with the Southeast Tarrant County Region registering slightly lower at 17.16% compared to the Texas average of 17.86% and the national rate of 18.58%. This data suggests that while the region is performing better than the broader averages, the impact of binge drinking remains a critical issue, affecting community health and safety.

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

# Poor self-reported mental health

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

## Poor self-reported mental health, 2022



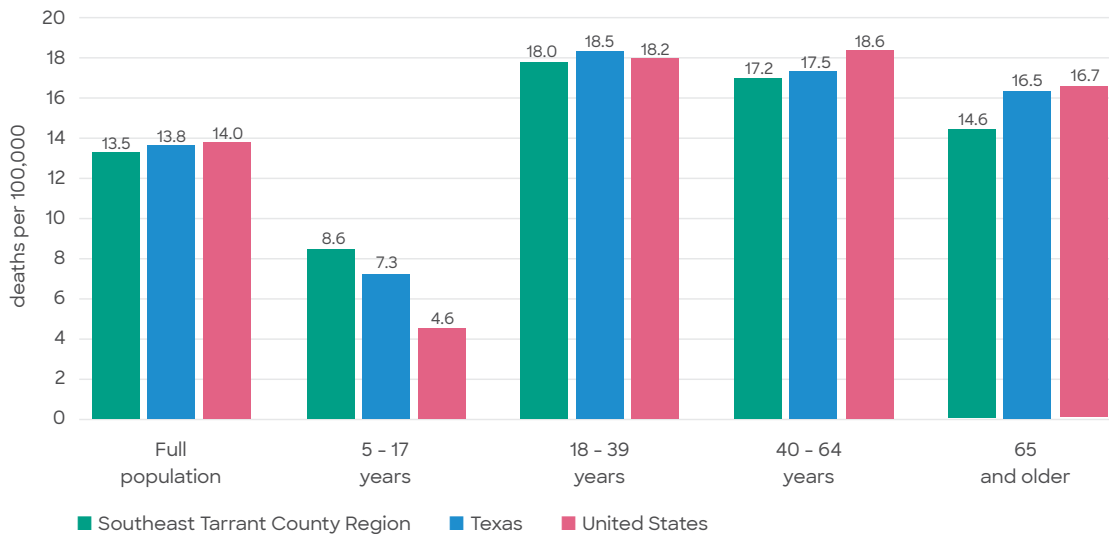
Poor self-reported mental health is a significant concern, as evidenced by similar rates across the Southeast Tarrant County Region, Texas and the United States, with figures around 17%. These statistics suggest a widespread issue that impacts individuals and communities similarly across different regions, highlighting the need for broad-based mental health initiatives and support systems.

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

# Suicide mortality

Deaths per 100,000 residents due to suicide (ICD-10 codes \*U03, X60-X84, Y87.0). In the United States, decisions about whether deaths are listed as suicides on death certificates are usually made by a coroner or medical examiner. The definition of suicide is “death arising from an act inflicted upon oneself with the intent to kill oneself.”

## Suicide mortality by age, 2018 - 2022



Suicide mortality rates reveal significant insight into community health across various age groups in Southeast Tarrant County compared to broader state and national figures. Particularly, the region shows a higher suicide rate among individuals aged 5 - 17 years at 8.63, compared to Texas’ 7.33 and the national rate of 4.55, indicating a critical area for targeted mental health interventions. Across other age brackets, while Southeast Tarrant County’s figures are consistently close to or slightly below Texas and national averages.

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



# Built environment

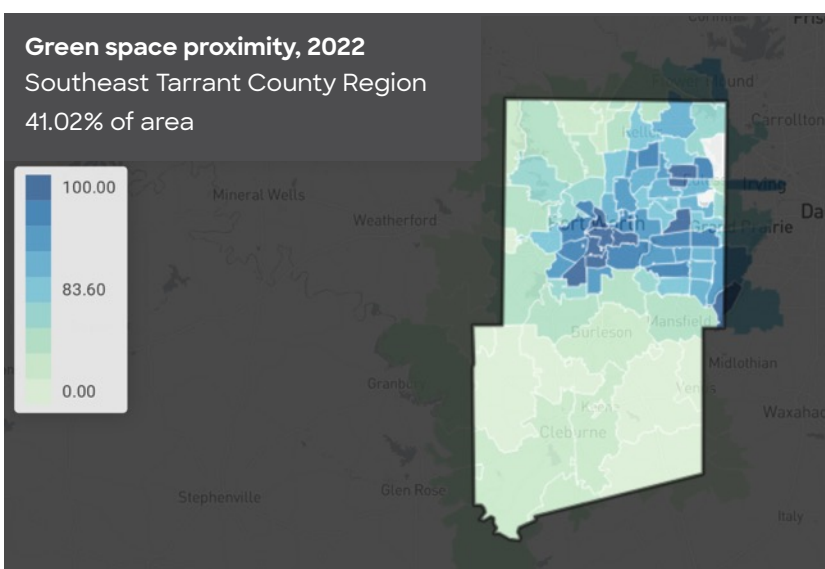
The built environment refers to the human-made surroundings in which people live, work and play. It encompasses buildings, streets, parks, transportation systems and other infrastructure, as well as levels of environmental pollution and hazards. Aspects of the built environment significantly influence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

Topic	Southeast Tarrant County Region	Texas	United States
<b>Drive alone to work</b> <i>% of workers 16 years and older, 2022</i>	72.15 ±1.12	71.17 ±0.29	68.66 ±0.09
<b>Environmental Burden Index</b> <i>2022</i>	54.27	46.03	48.70
<b>Green space proximity</b> <i>% of area, 2022</i>	41.02	6.06	20.62
<b>Internet access</b> <i>% of households, 2022</i>	94.87 ±0.58	93.82 ±0.21	93.59 ±0.10
<b>Lifetime inhalation cancer risk</b> <i>lifetime risk per million, 2019</i>	27.8	20.9	16.1

## Green space proximity

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

In the Dallas-Fort Worth area of Texas, a detailed examination of green space proximity reveals a significant variation in access across different ZIP codes. Notably, areas like 75054 (Grand Prairie) and 76110 (Fort Worth) enjoy 100% proximity to green spaces, suggesting that every part of these areas is within 1 mile of a green space. This accessibility likely enhances local community health and well-being, providing ample opportunities for recreation and relaxation. Conversely, places like 76044 (Godley) and 76035 (Cresson) show nearly no green space within a mile, which might limit outdoor activity options for residents and underscore a need for targeted green infrastructure development to promote healthier, more engaged communities.

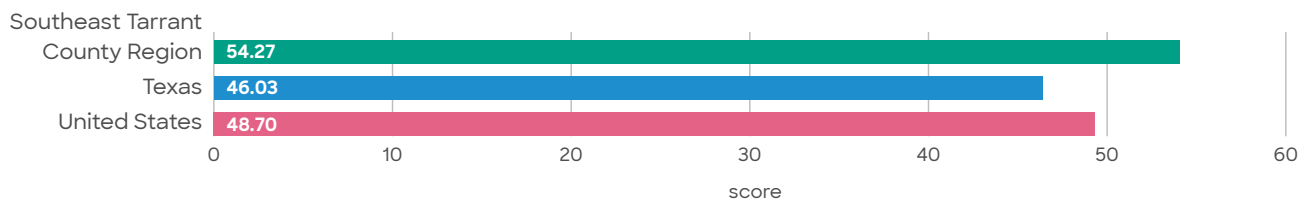


**Data sources:** Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index

## Environmental Burden Index

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

### Environmental Burden Index, 2022



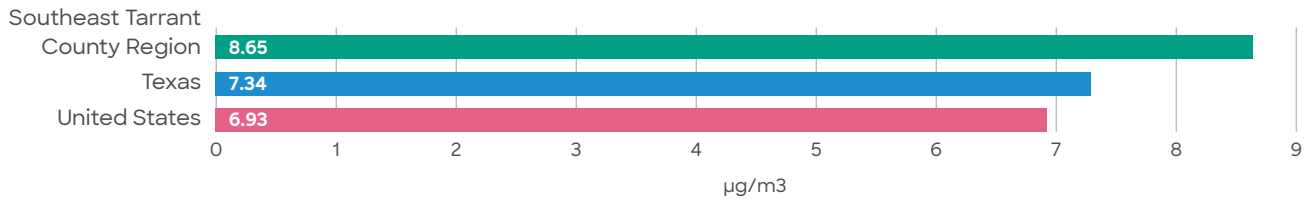
The Southeast Tarrant County Region faces a significantly higher Environmental Burden Index at 54.27 compared to both the state of Texas and the national average, which are 46.03 and 48.7, respectively. This elevated index indicates a pressing need for targeted environmental interventions and policies to mitigate the impact on the community’s health and 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



The Southeast Tarrant County Region exhibits a notably higher concentration of particulate matter (PM 2.5) than both the statewide average in Texas and the national average in the United States. This elevated level of air pollutants could pose significant health risks to the community, potentially exacerbating respiratory issues and other related health conditions.

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



## Chronic disease

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

### What we heard from the community

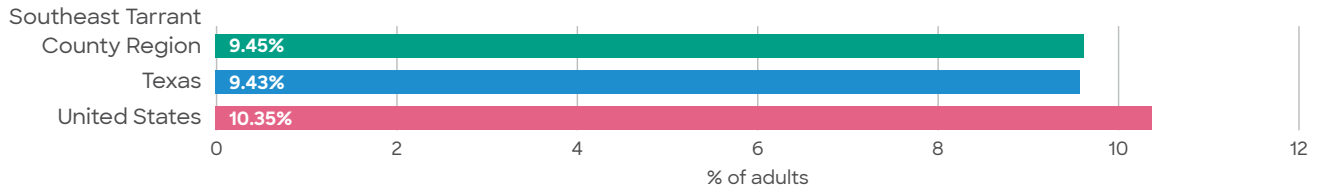
Chronic diseases, such as diabetes, heart disease and obesity, are significant health concerns in the community, affecting individuals across diverse backgrounds. Access to healthy foods is a major barrier for many individuals, particularly in low-income neighborhoods. One person pointed out, “The grocery stores and convenience stores they have available in those underserved areas don’t have fresh produce sections.” This lack of access to fresh fruits and vegetables contributes to higher rates of obesity and related health issues. Additionally, financial constraints play a significant role in limiting healthy eating options needed to manage chronic conditions, as noted by another community member: “A lot of people can’t afford to eat healthy.”

Topic	Southeast Tarrant County Region	Texas	United States
<b>Chronic kidney disease</b> <i>% of adults, 2021</i>	3.0 ±0.2	3.1 ±0.1	2.9 ±0.0
<b>Chronic obstructive pulmonary disease (COPD)</b> <i>% of adults, 2022</i>	6.22 ±0.51	6.23 ±0.16	6.37 ±0.05
<b>Coronary heart disease</b> <i>% of adults, 2022</i>	5.85 ±0.43	6.27 ±0.15	5.82 ±0.05
<b>Current asthma</b> <i>% of adults, 2022</i>	9.45 ±0.85	9.43 ±0.27	10.35 ±0.09
<b>Diagnosed diabetes</b> <i>% of adults</i>	12.4 ±1.1	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



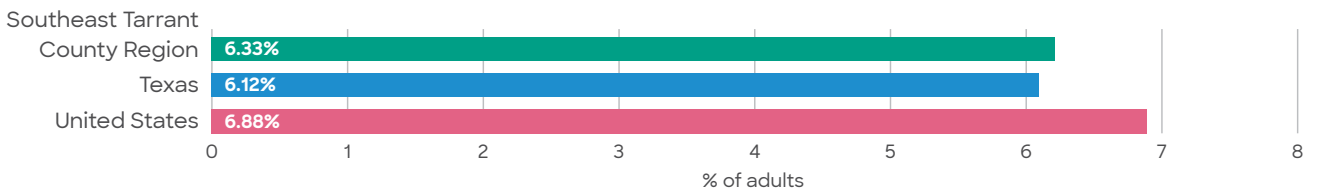
Asthma prevalence in the Southeast Tarrant County Region closely mirrors that of Texas but is slightly lower than the national average, indicating a relatively standard management of the condition within the region. However, the impact of asthma on the community is significant, affecting daily activities and healthcare systems, necessitating targeted public health strategies and enhanced medical support to improve quality of life for people with asthma.

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

# Have ever had cancer

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

## Have ever had cancer, 2022



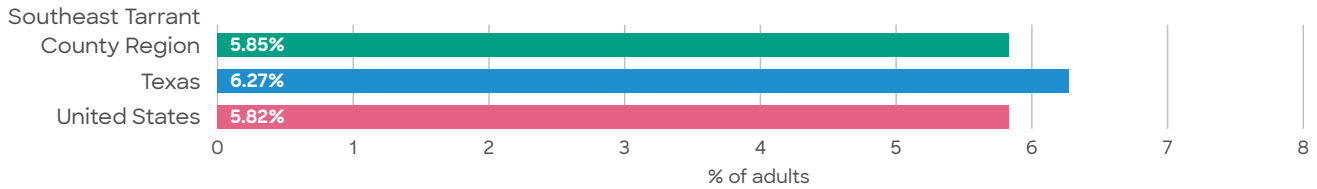
The prevalence of individuals who have had cancer varies noticeably across different regions, reflecting unique environmental and genetic factors that might influence these rates. In the Southeast Tarrant County Region, the percentage stands at 6.33%, slightly higher than Texas’ overall rate of 6.12% but lower than the national average of 6.88%. This variance underscores the need for region-specific health interventions and policies to effectively address and manage cancer’s impact on local communities. It highlights the importance of tailored healthcare services and cancer awareness programs that cater to the specific needs and challenges of each community to improve early detection and treatment outcomes.

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

# Coronary heart disease

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

## Coronary heart disease, 2022



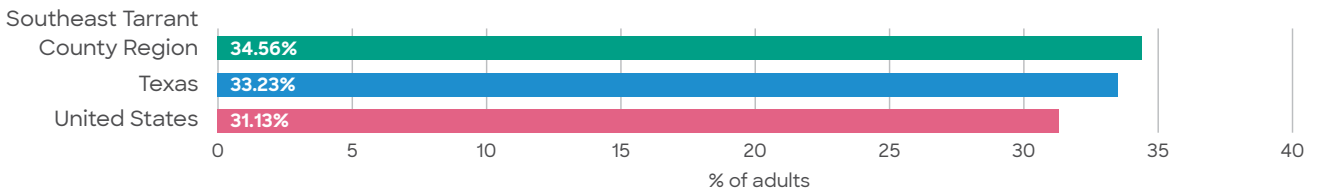
Coronary heart disease rates reveal significant regional differences and a notable impact on communities across the Southeast Tarrant County Region, Texas and the United States. Southeast Tarrant County Region has a slightly lower incidence rate of 5.85 compared to Texas at 6.27, but both are above the national average of 5.82.

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

# High cholesterol

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

## High cholesterol, 2021



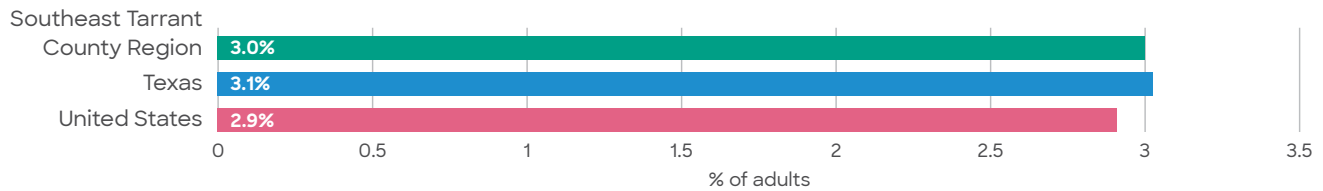
High cholesterol continues to be a significant health concern, particularly in areas like the Southeast Tarrant County Region, where the prevalence is notably higher at approximately 34.6%, compared to Texas at 33.2% and the national average of 31.1%. This elevated rate in the region could impact community health by increasing the risk of cardiovascular diseases, which necessitates targeted health interventions and educational programs to manage and prevent high cholesterol effectively. Addressing this issue with appropriate healthcare resources and public health strategies is crucial for improving the overall well-being of the community.

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

# Chronic kidney disease

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

## Chronic kidney disease, 2021



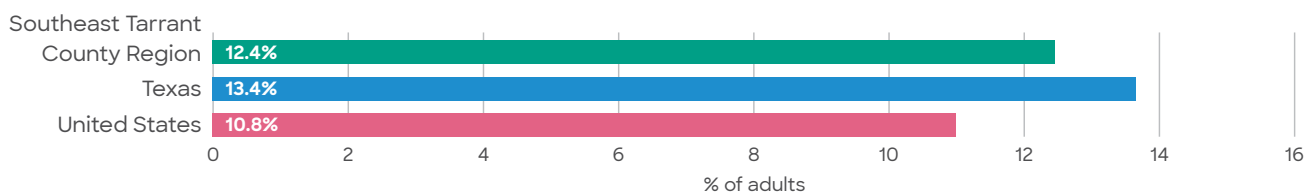
Chronic kidney disease presents a persistent public health challenge across different regions, including the Southeast Tarrant County Region, Texas and the entire United States. In the Southeast Tarrant County Region, the prevalence of chronic kidney disease is slightly lower at 2.99% compared to Texas as a whole, which stands at 3.09%, while the national average is 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



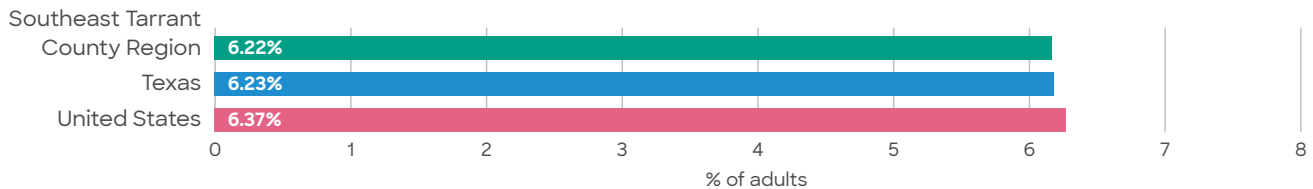
Diabetes presents a significant health challenge across various regions, particularly highlighting differences in diagnosis rates. In the Southeast Tarrant County Region, the rate of diagnosed diabetes stands at approximately 12.4%, slightly below the Texas state average of 13.4%, yet higher than the national average of 10.8%.

**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



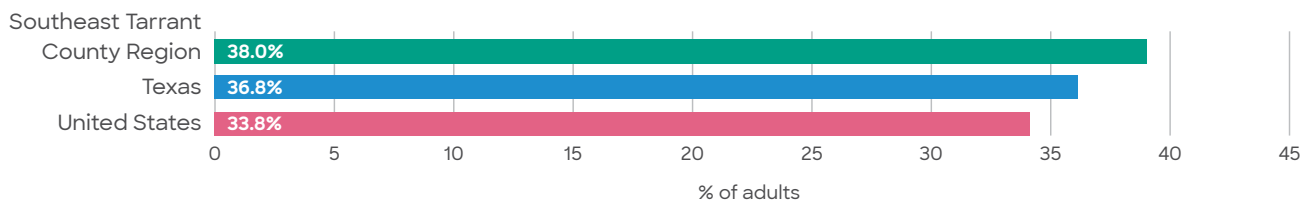
Chronic obstructive pulmonary disease (COPD) prevalence in the Southeast Tarrant County Region closely mirrors Texas state levels, indicating a shared regional health challenge. With both figures slightly below the national average, it suggests effective localized strategies might be in play, though there remains a need for enhanced public health interventions to further reduce the impact. The slight differentiation from the United States average highlights an opportunity for healthcare improvements and community support programs aimed at reducing COPD incidence and enhancing the quality of life for affected individuals.

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

# Obesity

Percentage of resident adults aged 18 and older who are obese (have a body mass index (BMI)  $\geq 30.0$  kg/m<sup>2</sup> calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

## Obesity, 2022



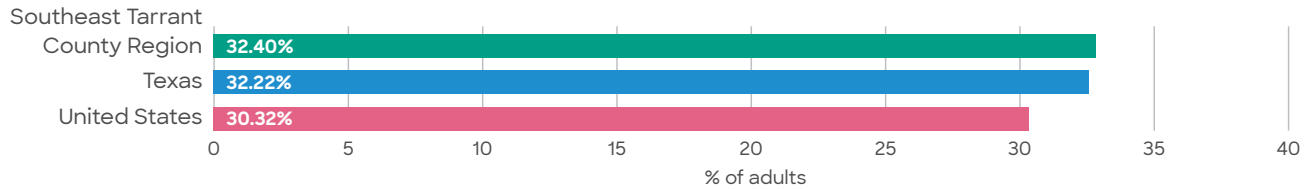
Obesity rates in the Southeast Tarrant County Region are notably higher at 38.01% compared to both the Texas state average of 36.76% and the national average of 33.83%. This significant discrepancy highlights a critical health challenge within the region that could have profound implications on community well-being and healthcare systems. Addressing this issue effectively requires targeted public health initiatives and policies aimed at promoting healthier lifestyles and improving access to nutritional education and physical activity opportunities.

**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))

# High blood pressure

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

## High blood pressure, 2022



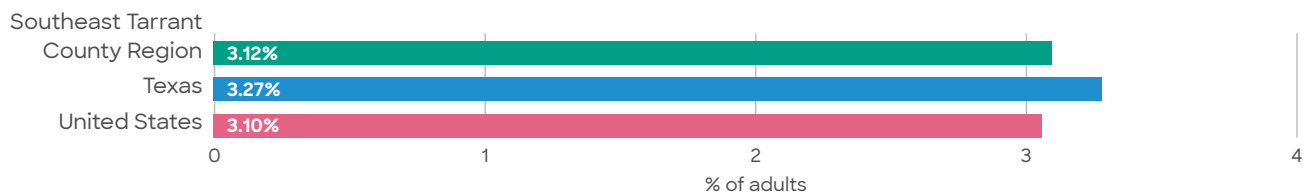
High blood pressure remains a significant health concern, with the Southeast Tarrant County Region exhibiting a slightly higher prevalence rate of 32.4% compared to the state of Texas at 32.22% and the national average of 30.32%. This elevated rate in Southeast Tarrant County underscores the need for targeted health interventions and awareness programs to manage and reduce the impact of high blood pressure on the community. Such strategic health initiatives could significantly contribute to improving overall community well-being and reducing the long-term health costs associated with hypertension.

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

# Diagnosed stroke

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

## Diagnosed stroke, 2022



Stroke incidence across different regions shows some variation, with the Southeast Tarrant County Region slightly lagging behind the state average of Texas but surpassing the United States' overall rate. In Texas, the diagnosed stroke rate stands at 3.27%, marginally higher than the national average of 3.1% and just above Southeast Tarrant County's rate of 3.12%. These figures underline the need for targeted health interventions and resources in Southeast Tarrant County to address stroke prevention and management effectively, aligning with broader state and national health strategies. Such disparities in stroke rates can significantly impact community health outcomes, necessitating robust healthcare planning and preventive measures specific to regional needs.

**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 remains a critical concern in many communities, particularly in areas classified as food deserts. Limited availability of grocery stores and fresh produce makes it difficult for residents to maintain a healthy diet. This issue is exacerbated by rising inflation, which has made nutritious food less affordable for low-income households. Ensuring proper nutrition is essential not only for individual well-being but also for addressing broader public health challenges. Community organizations and local governments play a vital role in bridging the gap by providing resources such as food pantries, nutrition education and partnerships with local farms. Increasing access to healthy foods, particularly in underserved areas, is essential for improving overall health outcomes.

Many community leaders emphasize the importance of education on nutrition as a key component of addressing food insecurity. In areas like West Fort Worth, where food deserts are prevalent, residents struggle to find affordable, healthy food options. Local initiatives, such as sourcing food directly from farms and offering discounted produce bundles, aim to alleviate some of the financial burdens associated with healthy eating. However, the ongoing challenge of inflation continues to impact residents' ability to afford nutritious meals. Strengthening partnerships with non-profits, grocery stores and local farms is crucial for ensuring that everyone has access to the food they need.

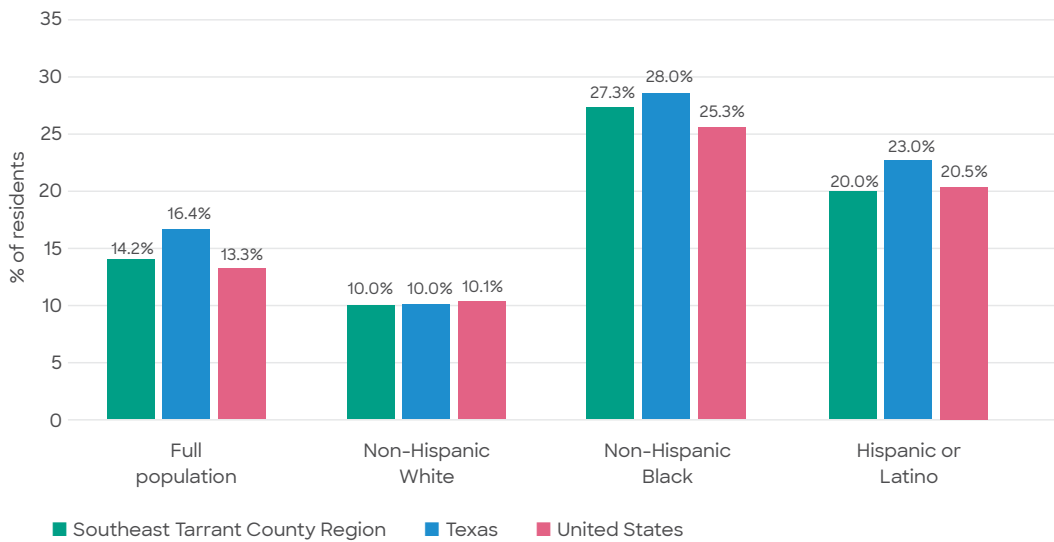
One person noted, "Both affordability with inflation is a big problem," pointing to the financial barriers that make it difficult for many families to eat healthily. Additionally, the comment "There's also some significant food deserts and some underserved populations" underscores the disparities in food access across different neighborhoods. These statements reflect the urgent need for interventions that not only increase the availability of healthy food but also address the financial difficulties that prevent residents from accessing it. By focusing on both education and affordability, communities can work toward reducing food insecurity and promoting better health outcomes for all residents.

Topic	Southeast Tarrant County Region	Texas	United States
<b>Food insecurity</b> <i>% of residents, 2022</i>	14.2	16.4	13.3
<b>Food stamps (SNAP)</b> <i>% of households, 2022</i>	9.23 ±0.76	12.04 ±0.23	12.38 ±0.06
<b>Households in poverty not receiving food stamps (SNAP)</b> <i>% of households below the poverty line, 2022</i>	70.39 ±2.99	61.70 ±0.61	58.90 ±0.23
<b>Low food access</b> <i>% of residents, 2019</i>	66.60	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



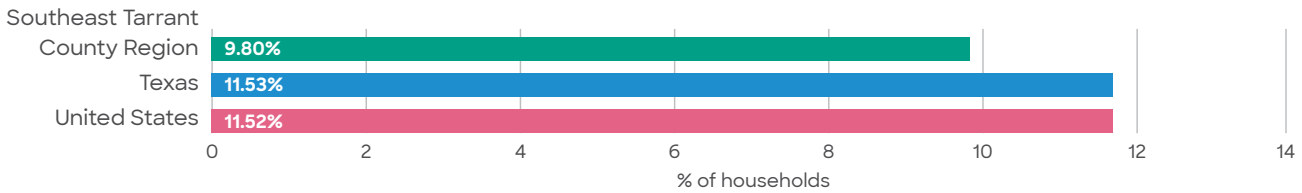
Food insecurity in Southeast Tarrant County reflects significant racial disparities, with Non-Hispanic Black residents experiencing the highest rates at 27.29% compared to 28% in Texas and 25.3% in the United States. This regional issue impacts the community by exacerbating existing socioeconomic challenges, particularly among minority groups who face higher risks of food-related hardships.

**Data sources:** Feeding America: Map the Meal Gap

# Food stamps (SNAP)

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

## Food stamps (SNAP), 2018 - 2022



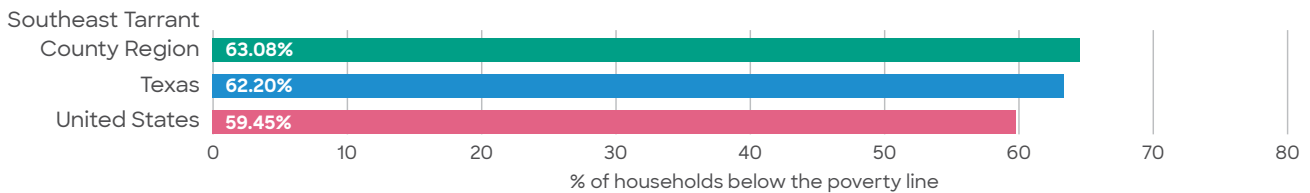
The utilization of food stamps (SNAP) varies significantly across different regions and scales, reflecting varied economic conditions and needs. In the Southeast Tarrant County Region, the usage of food stamps stands at 9.8%, which is slightly lower than the Texas state average of 11.53% and the national average of 11.52%.

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

# Households in poverty not receiving food stamps (SNAP)

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

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



A significant portion of households in poverty across different regions are not receiving benefits from the Supplemental Nutrition Assistance Program (SNAP). In the Southeast Tarrant County Region, 63.08% of households in poverty are not aided by SNAP, slightly higher than the Texas state average of 62.2% and notably above the national rate of 59.45%. This disparity highlights a critical gap in SNAP coverage that could lead to severe implications for food security and overall community health in these areas.

**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 are crucial determinants of overall well-being, influencing both physical and mental health outcomes. Community members express concerns about various health behaviors, including mobility, nutrition, mental health and access to healthcare services. One recurring theme is the need for better education and resources to promote healthier lifestyles, particularly in diverse populations with specific health challenges like diabetes and heart disease. Access to healthy foods, maternal healthcare and mental health resources are also highlighted as key areas for improvement. Addressing these health behaviors requires community engagement and increased accessibility to necessary services.

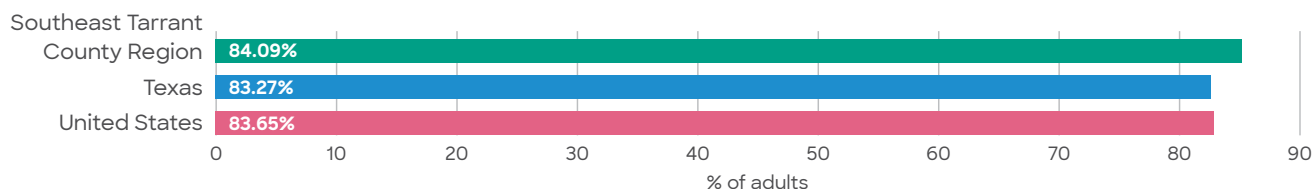
Community members emphasize the importance of simplifying health information to make it more accessible. There is a strong demand for resources related to mental health, nutritional education and mobility support, especially for individuals recovering from injuries or managing chronic conditions. The rising costs of healthy food and healthcare services, exacerbated by inflation, are seen as significant barriers to improving health behaviors. Additionally, there is a call for more community events, health fairs and dedicated speakers to raise awareness about these issues. Ensuring that resources are available and affordable to all, regardless of income or background, is a key concern. The quote, “I think sometimes breaking that down to the public in a simpler fashion would be more beneficial,” reflects the need for clearer communication and education about health behaviors. These insights stress the importance of not only providing resources but also ensuring that they are easily understood and accessible to all members of the community.

Topic	Southeast Tarrant County Region	Texas	United States
<b>Cholesterol screening</b> <i>% of adults, 2021</i>	84.09 ±1.86	83.27 ±0.67	83.65 ±0.20
<b>Cigarette smoking rate</b> <i>% of adults, 2022</i>	14.8 ±1.3	14.8 ±0.4	14.6 ±0.1
<b>Colorectal cancer screening</b> <i>% of adults, 2022</i>	55.96 ±3.23	54.64 ±1.07	58.85 ±0.32
<b>Mammography use</b> <i>% of female adults, 2022</i>	78.73 ±4.01	73.79 ±1.55	75.65 ±0.45
<b>No exercise</b> <i>% of adults</i>	26.2 ±2.3	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



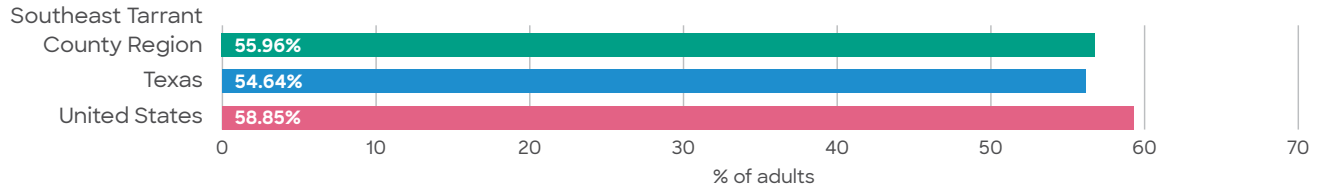
Cholesterol screening rates reveal a commitment to community health across various regions, with the Southeast Tarrant County Region slightly outperforming the overall Texas and United States averages. The Southeast Tarrant County screening rate is 84.09% compared to Texas at 83.27% and the national average at 83.65%.

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

# Colorectal cancer screening

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

## Colorectal cancer screening, 2022



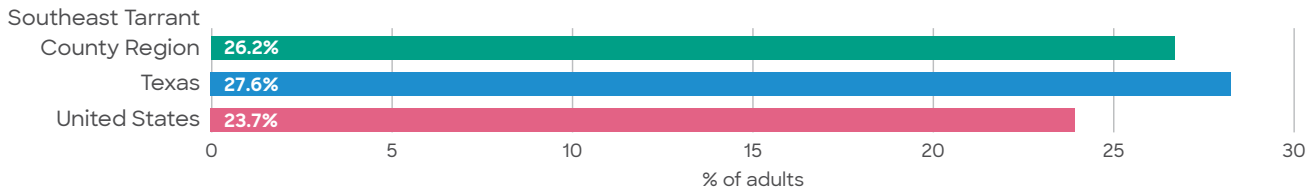
Colorectal cancer screening rates reveal significant insights into public health priorities and disparities within different regions. In the Southeast Tarrant County Region, 55.96% of the population is screened for colorectal cancer, slightly higher than the Texas state average of 54.64% but lower than the national average of 58.85%.

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

# No exercise

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

## No exercise, 2022



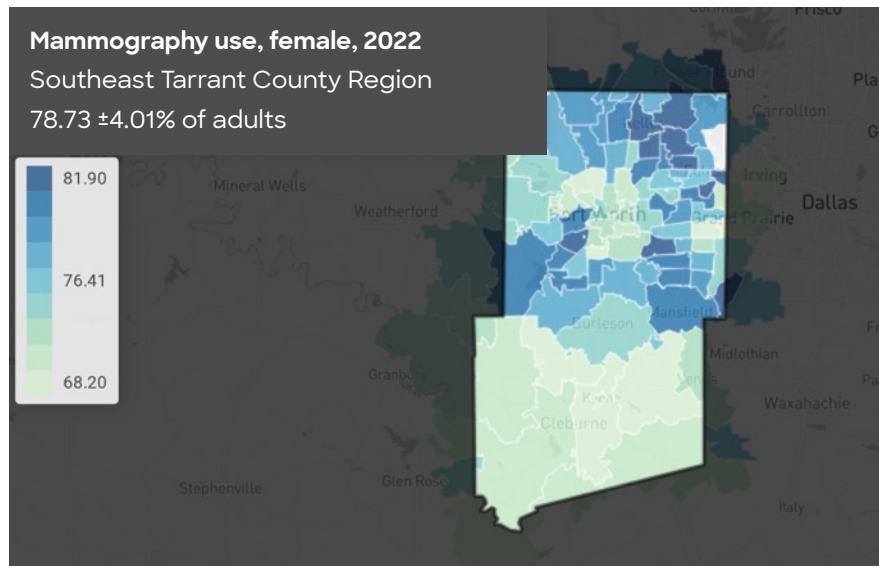
In the Southeast Tarrant County Region, Texas and the entire United States, no exercise rates present a significant public health concern. Specifically, 26.22% of Southeast Tarrant County’s population, 27.64% of Texas and 23.68% of the national population report not engaging in exercise. This lack of physical activity is particularly impactful in these areas, potentially leading to increased health issues, such as obesity and chronic diseases, which can burden the healthcare system and reduce overall community well-being.

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

# 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 women aged 50 - 74 in various parts of Texas showcases noteworthy participation in preventive healthcare practices. Data from areas including Flower Mound, Grand Prairie, Irving, Arlington and Fort Worth indicate a mammography use rate ranging from 68.2% to 81.9%, reflecting a proactive approach to breast cancer screening in these communities.

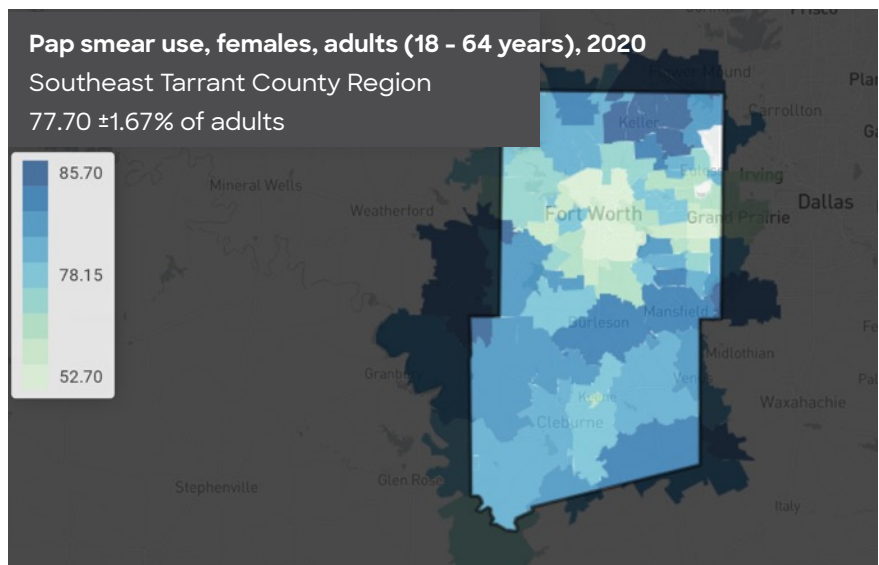


**Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (ZIP codes, tracts))

# 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 usage among adult females aged 21 - 65 in various Texas locales plays a crucial role in the early detection and prevention of cervical cancer. Focusing on areas like Flower Mound, Grand Prairie, Irving, Arlington and Fort Worth, the data reveals a generally high adherence to recommended Pap smear screening guidelines, with percentages mainly ranging from the mid-70s to mid-80s.

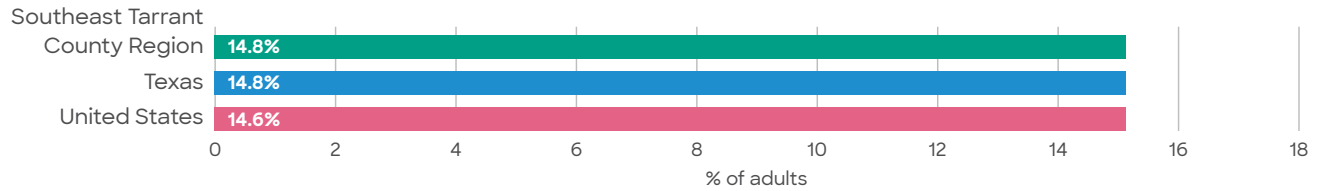


**Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC); PLACES (Sub-county data (ZIP codes, tracts))

# 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 across different regions reflect varying public health challenges and community behaviors. In the Southeast Tarrant County Region, the smoking rate stands at 14.84%, slightly above the Texas state average of 14.8% and the national average of 14.61%. Addressing the smoking rate in the community can lead to improved overall health outcomes and reduce the burden of smoking-related diseases.

**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

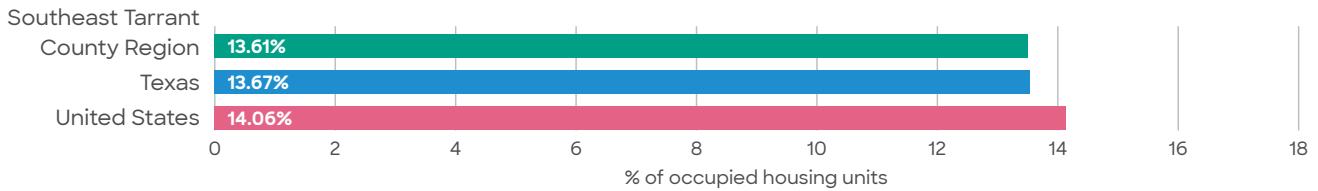
The community’s access to housing is closely intertwined with its overall well-being, as stable housing is a cornerstone of health, education and economic security. The lack of affordable housing, particularly for low-income families and individuals living in poverty, contributes to a cycle of instability that can lead to poor health outcomes. Addressing these issues requires not only immediate assistance, such as temporary housing and nutrition support, but also long-term solutions that promote economic stability and equitable access to essential services.

Topic	Southeast Tarrant County Region	Texas	United States
<b>Crowded housing</b> <i>% of occupied housing units, 2022</i>	4.34 ±0.48	5.05 ±0.15	3.45 ±0.03
<b>Eviction rate</b> <i>% of renter-occupied households, 2018</i>	3.34	2.62	2.12
<b>Housing cost burden</b> <i>% of occupied housing units, 2022</i>	34.93 ±1.26	32.76 ±0.34	31.48 ±0.06
<b>Housing insecurity</b> <i>% of adults, 2022</i>	16.1 ±1.3	16.9 ±0.5	—
<b>Owner occupied</b> <i>% of occupied housing units</i>	61.62 ±0.85	62.47 ±0.25	65.18 ±0.18

# Severe housing cost burden

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

## Severe housing cost burden, 2018 - 2022



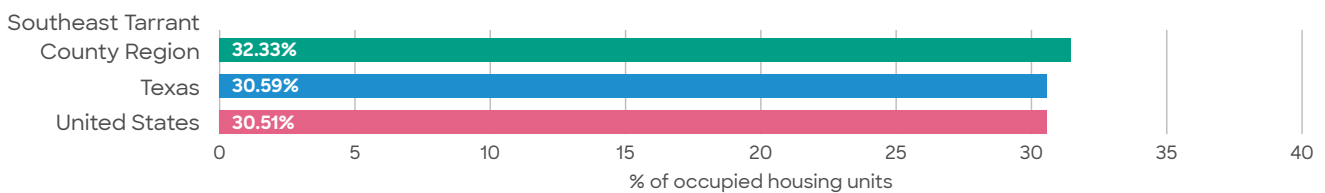
Severe housing cost burden remains a pressing concern across different regions, reflecting significant stress on household budgets. The Southeast Tarrant County Region, Texas and the United States experience a severe housing cost burden of 13.61%, 13.67% and 14.06%, respectively, indicating a widespread challenge that transcends local boundaries. This burden not only strains financial resources but also impacts community stability and economic diversity.

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

# Housing cost burden

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

## Housing cost burden, 2018 - 2022



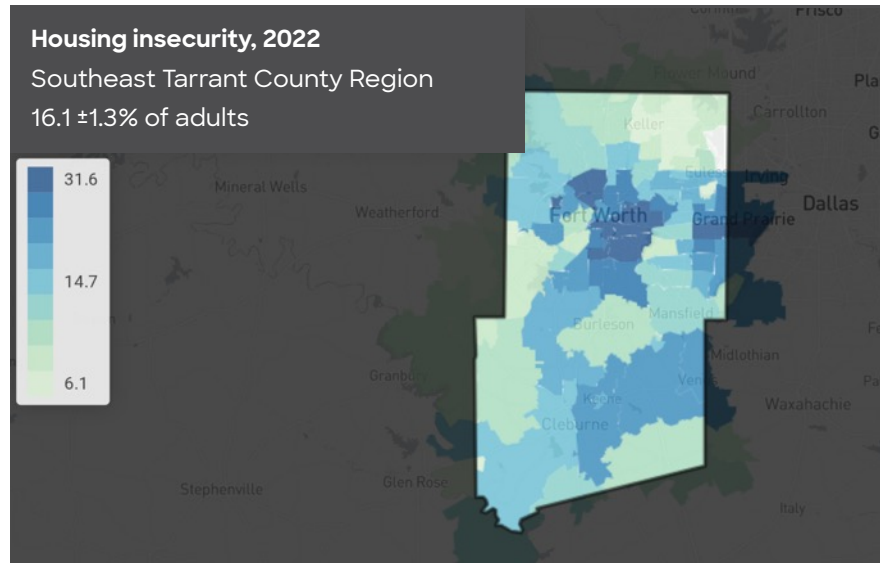
The Southeast Tarrant County Region exhibits a higher housing cost burden compared to both the state of Texas and the broader United States, with a rate of 32.33% compared to 30.59% and 30.51%, respectively. This elevated burden can significantly affect the financial stability and overall quality of life of the community, potentially limiting access to other essential needs and services.

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

# Housing insecurity

The percentage of adults who were not able to pay mortgage, rent or utility bill in the past 12 months.

Housing insecurity is a pressing issue across several ZIP codes in Texas, particularly within the diverse communities of Fort Worth, Arlington, Irving and the surrounding areas. Data reveals a significant variance in the percentage of adults unable to pay for mortgage, rent or utility bills, with figures ranging from as low as 6.1% in affluent areas like Colleyville to a high of 31.6% in parts of Fort Worth. These figures not only illustrate the geographical disparities within the region but also highlight the broader economic impacts on these communities, affecting local stability and growth. Understanding and addressing the root causes of such disparities is essential for fostering community resilience and ensuring equitable access to housing.

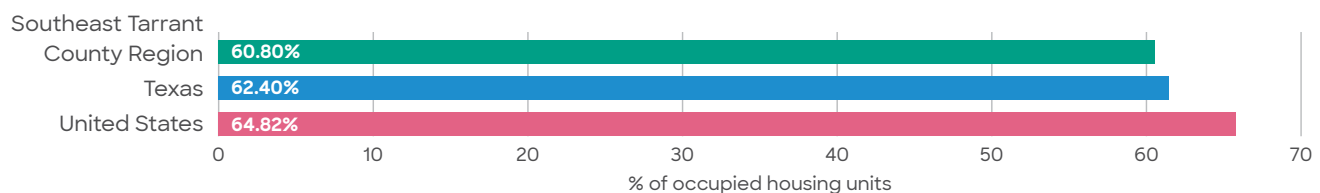


**Data sources:** Centers for Disease Control and Prevention (CDC): PLACES, Behavioral Risk Factor Surveillance System (BRFSS), U.S. Census Bureau: American Community Survey (ACS)

# Owner occupied

Homeownership rates vary slightly among Southeast Tarrant County, Texas and the United States, indicating differing local housing dynamics and economic conditions. The Southeast Tarrant County Region has a homeowner rate of approximately 61%, which is slightly lower than Texas at 62% and the national average of about 65%. This disparity may reflect unique regional challenges or opportunities influencing residents' ability to own homes, which could have significant impacts on community stability and economic health. Addressing these discrepancies is crucial for fostering equitable economic growth and enhancing community well-being in Southeast Tarrant County.

## Owner occupied, 2018 - 2022



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



# Maternal and child health

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

## What we heard from the community

Maternal and child health is a critical component of community well-being, influencing both immediate family dynamics and long-term societal health outcomes. Access to quality maternal healthcare, mental health support and resources for vulnerable populations is vital for ensuring the health and stability of mothers and children. Addressing disparities in healthcare access, particularly for those living in poverty or without insurance, is essential for improving health outcomes in underserved communities.

Community members have expressed concerns about the barriers to accessing maternal healthcare, especially for those living in poverty or without adequate insurance. There is a strong emphasis on the need for mental health support, as well as resources for single mothers struggling to provide stable housing for their families. Education on chronic disease management, particularly diabetes and nutrition, is also seen as a critical area for improving overall health within diverse populations. Collaborating with schools and community organizations is viewed as a key strategy for expanding outreach and support services.

Topic	Southeast Tarrant County Region	Texas	United States
<b>Births to women without partners present</b> <i>% of births, female, 2022</i>	26.40 ±6.20	26.55 ±1.76	23.63 ±0.40
<b>Child Opportunity Index 3.0</b> <i>2017 - 2021</i>	56	53	52
<b>Child care center ratio</b> <i>children / care center enrollment, 2023</i>	11	10	11
<b>Grandparents responsible for grandchildren</b> <i>% of residents age 30+, 2022</i>	1.20 ±0.22	1.32 ±0.07	0.99 ±0.01
<b>Infant mortality</b> <i>deaths per 1,000 live births, 2021</i>	6.1	5.4	5.7

## 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



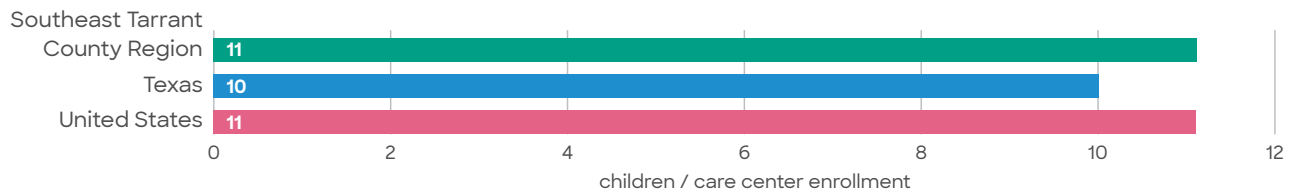
The Child Opportunity Index 3.0 underscores the Southeast Tarrant County Region’s relative advantage in child development opportunities compared to both Texas and the United States as a whole, with an index score of 56.43 compared to 52.62 and 52.16, respectively. This higher score suggests better conditions for children in terms of education, health and economic opportunities within the region, indicating a potentially stronger foundation for their future growth and development.

**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



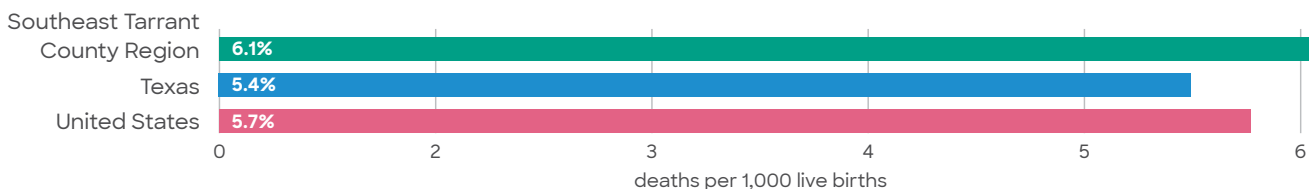
Child care center ratios reflect the accessibility and quality of early childhood education, a fundamental component for community development. In the Southeast Tarrant County Region, the ratio stands at 10.56 children per center, slightly higher than the Texas state average of 10.19 but lower than the national average of 10.93. This indicates a relatively better staffing situation in local centers compared to the broader United States, potentially contributing to more personalized attention and enhanced learning environments for children.

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

# Infant mortality

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

## Infant mortality, 2021



Infant mortality in the Southeast Tarrant County Region stands slightly above both Texas and the United States averages, with a rate of 6.14 compared to 5.43 and 5.69, respectively. This discrepancy underscores the critical need for targeted healthcare interventions and support systems within the region to mitigate the factors contributing to higher infant mortality rates. Addressing these disparities is paramount for enhancing community health outcomes and ensuring equitable access to essential health services for all families.

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



# Socioeconomic factors

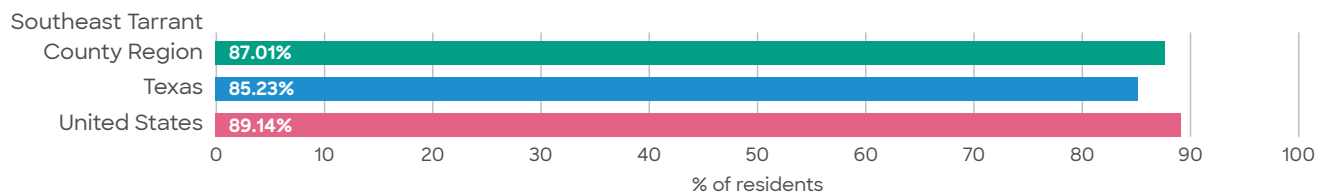
Education and graduation rates, income, employment, safety, and other socioeconomic indicators have a strong impact on a community’s overall health and well-being.

Topic	Southeast Tarrant County Region	Texas	United States
<b>Any higher education rate</b> <i>% of residents, 2022</i>	63.10 ±1.17	61.96 ±0.33	63.55 ±0.10
<b>Below 200% of poverty level</b> <i>% of residents, 2022</i>	27.87 ±1.40	31.86 ±0.41	28.36 ±0.11
<b>College graduation rate</b> <i>% of residents, 2022</i>	33.60 ±0.79	33.94 ±0.25	35.66 ±0.08
<b>Hardship Index</b> <i>score</i>	48.0	54.5	50.0
<b>High school graduation rate</b> <i>% of residents</i>	87.16 ±1.36	86.11 ±0.40	89.63 ±0.12

## High school graduation rate

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

### High school graduation rate, 2018 - 2022



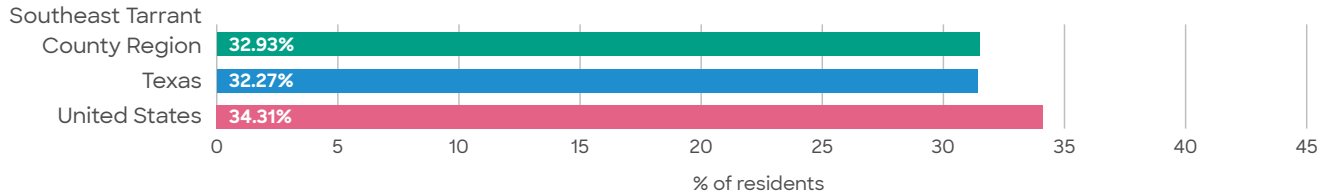
The Southeast Tarrant County Region’s high school graduation rate surpasses that of Texas as a whole but falls short of the national average. This discrepancy highlights the need for targeted educational strategies and resources to bridge the gap and enhance the community’s educational attainment, supporting broader socioeconomic benefits.

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

# College graduation rate

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

## College graduation rate, 2018 - 2022



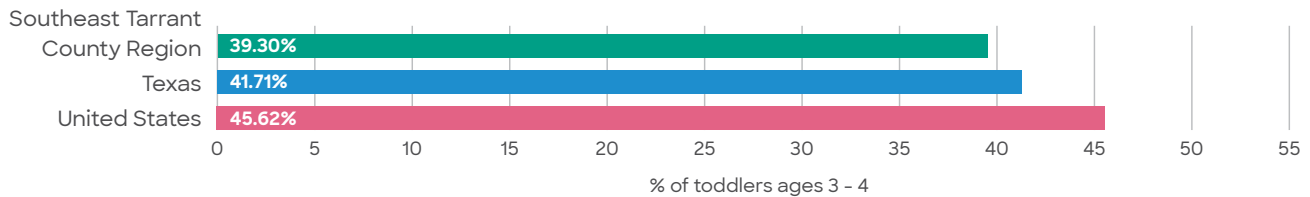
The Southeast Tarrant County Region exhibits a college graduation rate of approximately 33%, which is slightly higher than the Texas state average of 32.3% but falls below the national average of 34.3%. Enhancing educational outcomes in Southeast Tarrant County could significantly impact the community by increasing job opportunities and economic stability, ultimately fostering a more educated and prosperous society.

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

# Preschool enrollment

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

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



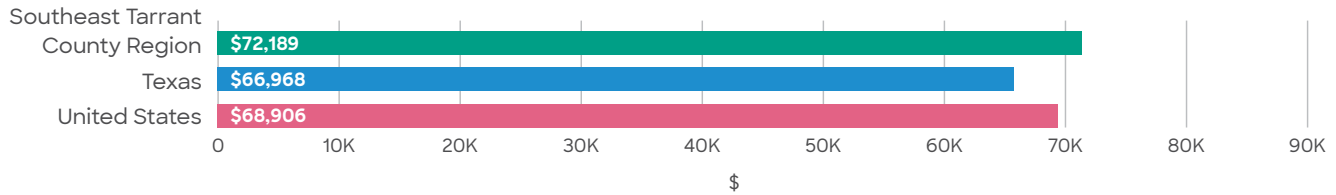
Preschool enrollment is a critical foundation for children's educational and developmental success across different geographical regions. In the Southeast Tarrant County Region, preschool enrollment stands at 39.3%, which is lower compared to the Texas state average of 41.71% and the national average of 45.62%. Addressing this gap is crucial for ensuring equitable access to early education, which can significantly influence the community's future socioeconomic status and overall well-being.

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

# Median household income

Income in the past 12 months.

## Median household income, 2018 - 2022



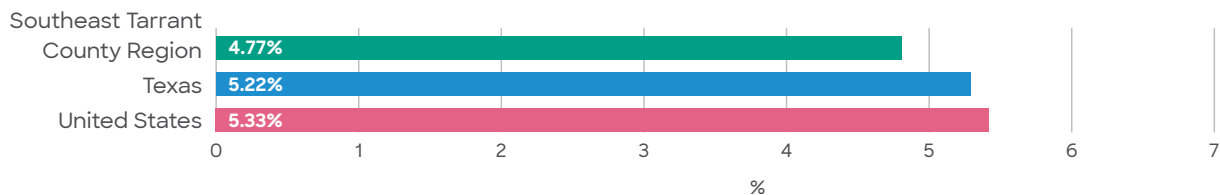
Income levels across different regions highlight variations that may impact community development and resource allocation. In the Southeast Tarrant County Region, the median household income stands at approximately \$72,189, which is higher than both the Texas state average of \$66,968 and the national average of \$68,906. This suggests that households in Southeast Tarrant County might have greater access to economic resources, which can influence the availability and quality of community services and infrastructure.

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

# Unemployment rate

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

## Unemployment rate, 2018 - 2022



The Southeast Tarrant County Region demonstrates a commendable stance in economic health with an unemployment rate of 4.77%, notably lower than both the Texas state average of 5.22% and the national rate of 5.33%. This data underscores the relative economic resilience of the region compared to broader benchmarks. The lower unemployment rate within this locality potentially reflects more robust job opportunities or more effective employment policies, which could contribute positively to community stability and prosperity. Addressing unemployment effectively is crucial as it has a direct impact on the economic and social well-being of the community, influencing everything from consumer spending to social services demand.

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

# 2022 - 2025 evaluation of impact

2022 CHNA health priorities: children uninsured, emergency department use rate, access to primary healthcare providers

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> <li>• Children uninsured</li> <li>• Emergency department use rate</li> <li>• Access to primary healthcare providers</li> </ul>	<ul style="list-style-type: none"> <li>• Provide free and/or discounted care, including community referrals, to financially or medically indigent patients as outlined in the financial assistance policy.</li> </ul>	<ul style="list-style-type: none"> <li>• Improved access to care.</li> <li>• Baylor Scott &amp; White Orthopedic and Spine Hospital – Arlington: Provided over \$1.6 million in charity care.</li> <li>• Baylor Scott &amp; White Emergency Hospital – Burleson: Provided over \$320,000 in charity care.</li> <li>• Baylor Scott &amp; White Emergency Hospital – Grand Prairie: Provided over \$340,000 in charity care.</li> <li>• Baylor Scott &amp; White Emergency Hospital – Mansfield: Provided over \$161,000 in charity care.</li> </ul>

# Existing resources

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

- Arlington Life Shelter
- Brittain Kalish Group
- Coalition for Aging LGBT
- City of Fort Worth – Community Action Partners
- Community Eye Clinic
- Cornerstone Assistance Network
- Crowley House of Hope (Clinic)
- Eastside Ministries of Fort Worth
- Eugene McCray Center
- Fellowship Corner Senior Center
- First United Methodist
- Fort Worth Housing Authority
- Immunization Collaboration of Tarrant County
- The Jewish Federation of Fort Worth & Tarrant County
- JPS Health
- Meals on Wheels
- MedStar
- Mental Health America of Greater Tarrant County
- MHMR Tarrant County
- Mission Arlington Medical Clinic
- Mount Olive Baptist Church
- North Texas Area Community Health Centers
- Nurse Family Partnership of Tarrant County
- One Safe Place
- Parker County Medical Society
- Project Access Tarrant County
- Recovery Resource Council
- Rising Star
- Salvation Army (Mabee Social Service Center)
- Samaritan House
- Tarrant Area Food Bank
- Tarrant County Public Health
- Tarrant County Homeless Coalition
- Tarrant County Reentry Coalition
- Texas Christian University
- Texas Health Arlington Memorial DSRIP Clinic
- Texas Rehabilitation Hospital
- Union Gospel Mission
- United Way of Tarrant County
- UNT Health Science Center SaferCare
- Workforce Solutions for Tarrant County
- YMCA (McDonald Center, Eastside)
- University of Texas at Arlington
- United Way – Northeast Community Investment

# 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	17%
Maternal and child health	0%
Health behaviors	17%
Behavioral health	17%
Built environment	0%
Housing	0%
Access to care	0%
Chronic disease	17%
Food access	33%

Following the voting process, hospital and community leaders reconvened to review the results and explore potential strategies for addressing the top-ranked health issues. During these discussions, they identified strong correlations between access to care, socioeconomic factors and behavioral health—emphasizing the critical need to improve access to care for individuals facing socioeconomic challenges and behavioral health concerns.

After thorough discussion, the group reached a consensus that access to care is a significant health priority, particularly given its close connection to behavioral health and socioeconomic barriers. As a result, they chose to prioritize access to care, with a focused effort on expanding services for those most affected by these factors.

Additionally, leaders examined the link between food access and chronic disease. Through meaningful discussion and feedback, they determined that the most effective way to improve overall health outcomes and address food access would be by prioritizing chronic disease. Research supports this approach, showing that the prevention and management of chronic conditions are closely tied to access to nutritious food (The Institute for Functional Medicine, 2024). The chronic disease priority outlined below will incorporate strategies to improve food access as part of a broader effort to enhance health outcomes and prevent chronic illness.

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

- 1. Chronic disease:** Includes food access and health behaviors such as healthy eating and exercise, which are highly correlated with chronic disease. Food access received the most votes, and health behaviors tied for the second most voted for health issue.
- 2. Access to care:** Although access to care did not receive votes, after thorough discussion, both hospital and community leaders felt the Southeast Tarrant County Region hospitals had more expertise and resources to address behavioral health and socioeconomic factors such as income and access to social support by focusing on access to care. Through care coordination, the BSWH offers several programs and services that address behavioral health and socioeconomic factors, such as social determinant of health screenings and community referrals.

# Health needs assessed but not identified as significant

- **Maternal and child health:** Maternal and child health was not selected as a priority due to the many services and programs offered by the hospital and partner organizations. In addition, the hospital provides financial support to several community organizations that support and address the needs of mothers and their children.
- **Housing:** While the hospital recognized housing as a critical social determinant of health, it is also an issue that several community partners and organizations are addressing in partnership with healthcare systems and hospitals. These community partners and organizations hold expertise in affordable housing and will continue to work with community organizations and institutions to address this critical need. To ensure there is no duplication in efforts, the hospital will leverage and support the local housing efforts to ensure vulnerable communities have access to affordable and safe housing.
- **Built environment:** Health issues correlated with the built environment, such as pollution, were not selected as a priority due to lack of hospital expertise and resources to effectively address this health need. Hospital and community leaders identified other institutions and organizations that had the expertise, resources and responsibility to address these issues and will continue to ensure a clear line of communication with these institutions to identify any opportunities to support local efforts.

## Next steps/Implementation Plans

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

## Approval and contact information

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

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

[CommunityHealth@BSWHealth.org](mailto:CommunityHealth@BSWHealth.org)

# Data sources

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

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

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

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

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

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

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

## **Behavioral Risk Factor Surveillance System (BRFSS)**

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

## **DiversityDataKids.org: Child Opportunity Index 3.0**

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

## **Diabetes Atlas**

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

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

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

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

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

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

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

### **Federal Bureau of Investigation: FBI Crime Data Explorer**

The FBI's Crime Data Explorer (CDE) aims to provide transparency, create easier access, and expand awareness of criminal and noncriminal law enforcement data sharing; improve accountability for law enforcement; and provide a foundation to help shape public policy with the result of a safer nation. Data is shared by individual jurisdictions, which do not always report all of their data to the FBI.

### **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.

### **University of Texas System: Infant Mortality in Communities Across Texas**

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

### **Feeding America: Map the Meal Gap**

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

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

#### **Metopio**

Created by Metopio staff.

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

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

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

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

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

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

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

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

**Centers for Disease Control and Prevention (CDC): PLACES**

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

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

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

# Appendix

## Key Informant Interview Guide

### FACILITATION PROTOCOLS

#### 1. Establishing ground rules

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

#### 2. Introductions

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

#### 3. Community strengths

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

#### 4. Health questions

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

##### **(Potential) follow up questions based on health issue selected**

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

#### 5. Built environment and social factors

- Are you seeing challenges related to Social Determinants of Health? (You may not need to ask this if they've already mentioned these topics as health issues.)
  - Examples include food access, affordable housing, 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](mailto:Survey@Metop.io).



