2025 Community Health Needs Assessment

Sherman Region

Baylor Scott & White HEALTH

Sherman Region community hospital

- **Baylor Scott & White Surgical Hospital at Sherman**

Approved by: Baylor Scott & White Health - North Texas Operating, Policy and Procedure Board on May 27, 2025.
Posted to **BSWHealth.com/CommunityNeeds** on June 30, 2025.

Baylor Scott & White HEALTH

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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) Sherman Region is committed to understanding and addressing the unique health needs of the Sherman Region through its systematic Community Health Needs Assessment (CHNA). As part of our ongoing dedication to serving the health interests of our community, this CHNA report aims to identify the key health priorities that will guide our community benefit initiatives over the next few years.

The CHNA for BSWH Sherman Region involved a comprehensive collection of data through surveys, focus groups and interviews, ensuring a wide range of input from various stakeholders within the community. This rigorous methodology underscores our commitment to developing a deep understanding of the local health landscape, which is crucial for deploying effective health interventions.

The primary focus of this assessment was to engage with the community to gather firsthand insights that complement the data-driven aspects of the CHNA. This combination of qualitative and quantitative data collection allows us to address health disparities comprehensively and prioritize resource allocation efficiently.

While specific health themes were not predefined in this cycle of the CHNA, the process was designed to uncover any pressing health issues through stakeholder and community input directly. The findings from this assessment will inform our strategic priorities and implementation strategies moving forward. This approach ensures that our actions are responsive to the current health needs of the Sherman Region, adhering to our mission to promote the well-being of all individuals in the communities we serve.

In conclusion, the CHNA for BSWH Sherman Region lays the groundwork for targeted health interventions that are deeply informed by community needs and stakeholder insights. Through continued collaboration with local organizations and residents, BSWH Sherman Region is dedicated to enhancing health outcomes and reducing health disparities in our community. We anticipate that the actionable insights derived from this report will lead to significant health improvements, demonstrating our ongoing commitment to the health and vitality of the Sherman Region.

CHNA process

Introduction

In the Sherman Region, a comprehensive Community Health Assessment was conducted in collaboration with community partners to identify and address pressing health needs. This assessment utilized various primary data sources, including surveys, focus groups and interviews, along with secondary data from Metopio. The primary data provided valuable insights into the community's health behaviors, access to care and socioeconomic factors affecting overall health.

Survey

Surveys are essential for collecting data from a broad population, allowing for the analysis of trends, attitudes and opinions. They can help identify specific health needs and guide the implementation of targeted programs. To ensure surveys included feedback from diverse and underserved populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations.

Focus groups

Focus groups involve small group discussions guided by a moderator to gain insights into participants' perceptions, opinions and attitudes. They are useful for exploring community members' views on health challenges and potential solutions. One focus group was conducted, involving discussions on mental health, access to healthcare services and community-oriented solutions. To ensure focus groups provided information from diverse populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations. The hospitals also considered written input received on their most recently conducted CHNA and subsequent implementation strategies if provided. The assessment is available for public comment or feedback on the report findings by going to the BSWH website (BSWHealth.com/ CommunityNeeds) or by emailing CommunityHealth@BSWHealth.org

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

- Boys and Girls Club of Sherman
- Sherman Center of Commerce
- United Way of Grayson County
- Texoma Community Center
- Grayson County Health Department

Interviews

Interviews provide in-depth information through direct one-on-one conversations, allowing for detailed exploration of individuals' views and experiences. Two interviews were conducted, offering insights into community health challenges and potential areas for support.

Metopio (secondary data)

Metopio is a robust platform that offers curated data from public and proprietary sources, providing information on health behaviors, health risks, health outcomes, healthcare utilization and community-level drivers of health. It was used in this report to supplement the primary data and provide a broader context for the community's health needs.

CHNA process

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

Approach to identifying and prioritizing significant health needs

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

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

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

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

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

Significant health needs:

- Access to care
- Non-medical drivers of health: These are the social determinants of health that are correlated with and root causes of many poor health outcomes. Non-medical drivers of health include but are not limited to food insecurity and housing, which were two of the issues tied for the most votes for health needs of the Sherman community.

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

1. Access to care
2. Non-medical drivers of health: These are the social determinants of health that are correlated with and root causes of many poor health outcomes. Non-medical drivers of health include but are not limited to food insecurity and housing, which were two of the issues tied for the most votes for health needs of the Sherman community.

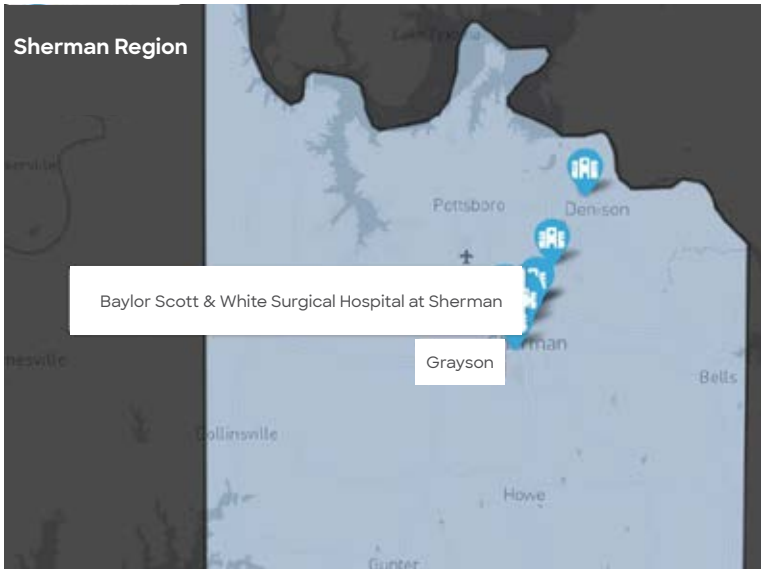
Demographics

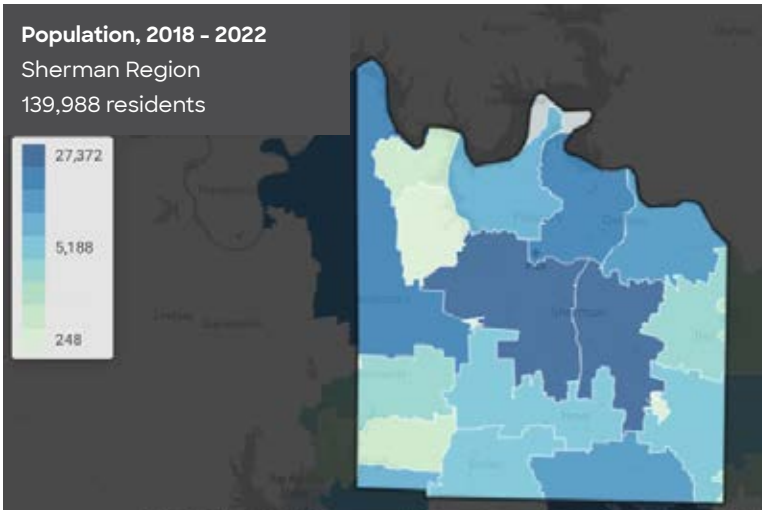
Overview

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

- **Baylor Scott & White Surgical Hospital at Sherman**

The community served by the hospital facility listed above includes Grayson County, shown in the map below. BSWH has at least one hospital facility or a provider-based clinic in this county. The community served was based on the contiguous ZIP codes within the associated counties that made up where more than 70% of the admitted patients live, according to the hospital facilities' inpatient admissions over the 12-month period of FY 22.





Total population
139,988

Median household income
$70,455

Median age
39.4

% of Spanish primary language
9.42%

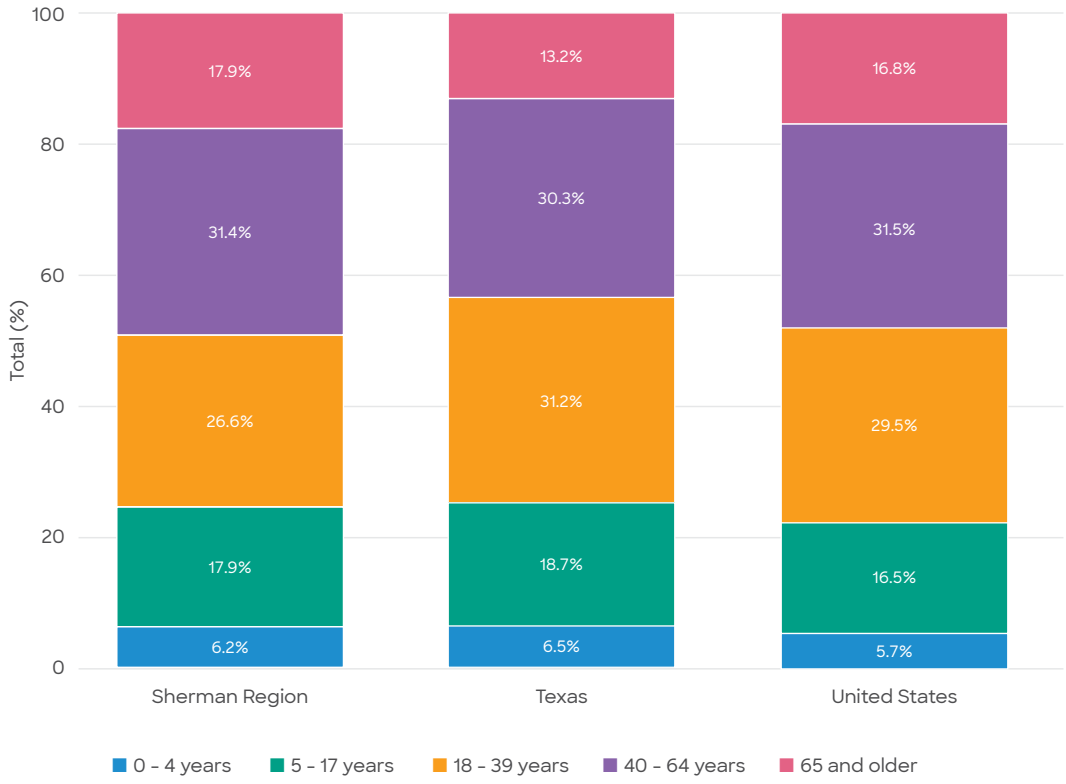
% of Asian primary languages
0.79%

Age distribution in Sherman Region

In the Sherman Region, the population age distribution shows a smaller percentage of young adults aged 18 – 39 years compared to state and national figures, with 26.6% in Sherman versus 31.2% in Texas and 29.5% across the United States. Conversely, there is a higher percentage of residents aged 40 – 64 years in Sherman (31.4%) compared to both Texas (30.3%) and the national average (31.5%). The demographic data suggests a mature working-age population that could influence local policies, especially in workforce development and adult health services.

When compared to Texas and the United States, Sherman Region displays a unique age structure. The proportion of elderly (65 and older) in Sherman is higher than in Texas but aligns more closely with the national average, suggesting a potential demand for increased healthcare and senior services. The relatively lower percentage of young adults could impact local educational and employment strategies, aiming to retain or attract younger populations to balance the demographic scale and support the region's economic sustainability.

Population by age, 2019 - 2023



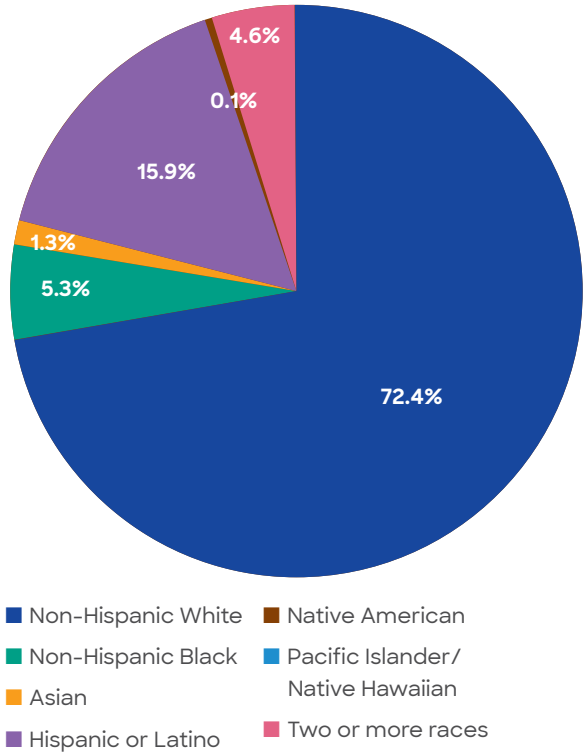
Racial and ethnic composition of Sherman Region

The racial and ethnic composition of the Sherman Region is predominantly Non-Hispanic White, making up approximately 72.4% of the population, which is significantly higher than the Texas average of 40.1% and closely mirrors the national figure of 58.5%. The Hispanic or Latino population in Sherman constitutes about 15.9%, which is less than half of the state's percentage (39.6%) but closer to the national average of 19.1%. This demographic structure highlights the relative homogeneity in Sherman compared to the more diverse racial makeup of Texas.

Comparatively, the Sherman Region has a lower representation of Non-Hispanic Black and Asian populations than both the state and national averages. This demographic pattern has implications for cultural diversity and minority representation in local governance and community planning. The predominance of the Non-Hispanic White population could influence local cultural programs, educational curricula, and community health initiatives to ensure inclusivity and address the needs of minority groups effectively.

Population by race/ethnicity

Sherman Region, 2019 – 2023



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.

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Access to care

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

What we heard from the community

The theme of access to care critically addresses the challenges and complexities surrounding the availability of healthcare services within a community. This theme encompasses a broad range of issues, including the scarcity of healthcare providers, the bureaucratic hurdles of insurance and payment systems, and the logistical challenges of transportation. These barriers significantly impede the ability of community members to receive timely and appropriate healthcare, which in turn affects community health outcomes. The importance of addressing these barriers cannot be overstated, as they impact mental health services, chronic disease management and emergency care.

Community members have voiced multiple concerns regarding their struggles with accessing care. They point out the difficulties in obtaining mental healthcare, the lack of bilingual healthcare professionals, especially counselors of color, and the complex insurance qualifications that limit their options to either high-cost self-pay scenarios or restrictive provider lists under Medicaid and Medicare. The lack of integrated healthcare models and the existence of silos within the healthcare system also hinder effective care coordination and continuity. These issues are compounded in rural areas where lower salaries for healthcare workers and fewer healthcare facilities exacerbate the problem of access.

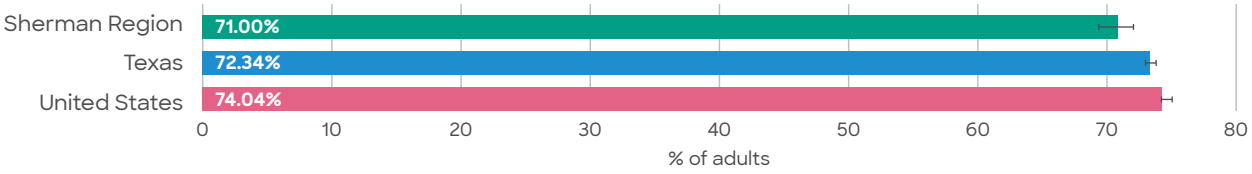
Specific quotes from community members highlight their frustrations and the dire need for improvements in the healthcare system. One person mentioned, “Even when there are providers, the access to the provider is complex,” underscoring the bureaucratic and logistical hurdles faced by patients. Another stated, “We really struggle with being able to have bilingual counselors of color,” pointing out the significant gaps in culturally competent care. Moreover, the comment, “If you don’t have a car, you can’t get to the doctor, and you’re having to call the ambulance for everything,” vividly illustrates the impact of transportation barriers on healthcare accessibility. These direct accounts emphasize the critical need for systemic changes to enhance access to healthcare services across the community.

Topic	Sherman Region	Texas	United States
Dentists per capita *dentists per 100,000 residents, 2024*	76.6	102.7	105.2
Internet access *% of households, 2023*	93.09 ±2.28	95.12 ±0.20	94.77 ±0.09
Medicaid coverage *% of residents, 2023*	11.95 ±2.29	16.20 ±0.20	21.31 ±0.10
Mental health providers per capita *providers per 100,000 residents, 2024*	233.0	332.3	602.7
No vehicle available *% of households*	3.15 ±1.43	5.46 ±0.16	8.44 ±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



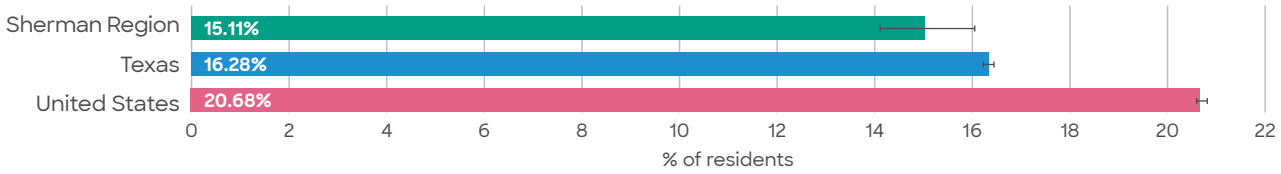
Routine health checkups are fundamental to maintaining community health, and recent data reveals varying levels of engagement across different regions. In the Sherman Region, approximately 71% of the population visited a doctor for a routine checkup, slightly lower than Texas at 72.34% and the United States overall at 74.04%. These statistics suggest a relatively consistent adherence to health checkups, though there is room for improvement to reach and maintain higher engagement levels. Enhanced access and awareness initiatives could further bolster these percentages, ultimately contributing to better overall health outcomes in these communities.

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

Medicaid coverage

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

Medicaid coverage, 2019 - 2023



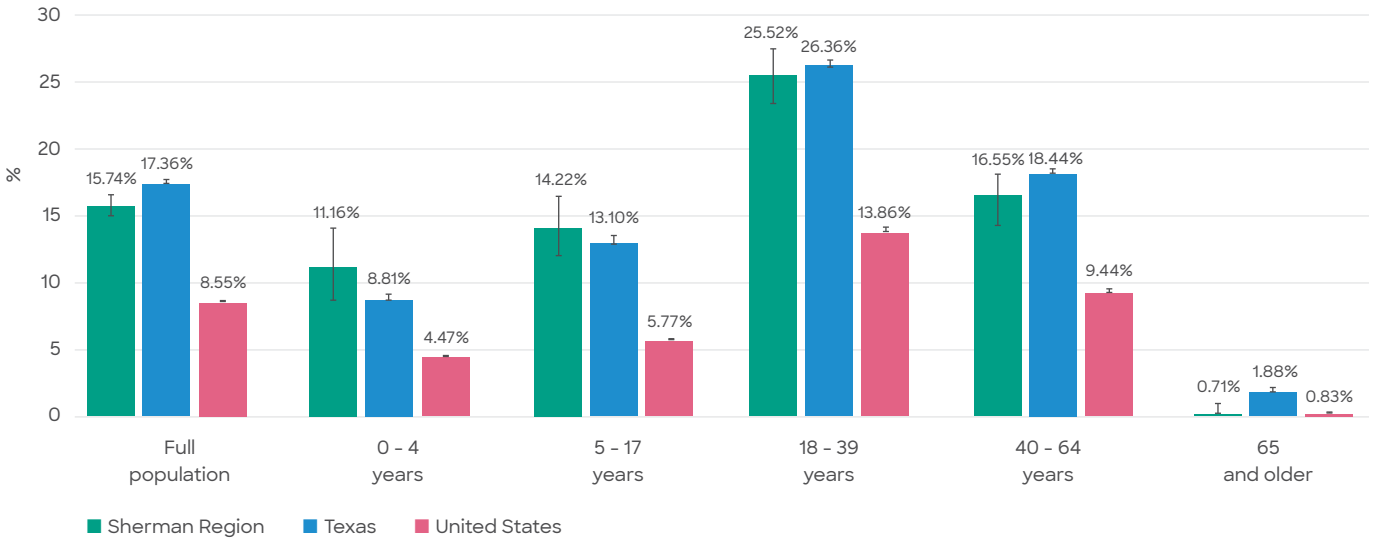
Medicaid coverage varies significantly across different regions, reflecting disparities in access to healthcare services. The Sherman Region and Texas report lower Medicaid coverage at 15.11% and 16.28%, respectively, compared to the national average of 20.68% in the United States. These differences highlight the need for targeted policies to improve healthcare accessibility and equity, particularly in areas with lower coverage rates. Addressing these disparities is crucial for enhancing the health and well-being of the community, ensuring that all individuals have the necessary support and resources to receive adequate medical care.

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

Uninsured rate

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

Unemployment rate by age, 2018 - 2022



The uninsured rate in the Sherman Region highlights significant disparities when compared to both Texas and national averages, particularly impacting different age groups. For example, young adults aged 18 – 39 in the Sherman Region face an uninsured rate of 25.52%, which is markedly higher than the national average of 13.86% but closely aligns with the Texas average. This elevated uninsured rate among young adults and other age groups in the region could hinder access to essential healthcare services, potentially leading to adverse health outcomes. Addressing these discrepancies is crucial for improving community health and ensuring equitable access to medical care across all demographics.

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

Behavioral health

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

What we heard from the community

Behavioral health is a critical aspect of community health, addressing the mental and emotional well-being of individuals. Access to these services is notably challenging, with significant disparities evident between different geographic locations, such as Oklahoma and Texas counties. The complexity of accessing providers, the sheer lack of available professionals, and systemic issues like poor integration between mental and primary healthcare significantly hinder effective service delivery. These barriers are compounded by social determinants such as transportation and social isolation, which further restrict access to necessary care. The need for bilingual counselors and culturally competent care also remains a significant gap in service provision.

Community feedback indicates a pervasive difficulty in accessing mental healthcare, with problems such as navigating the healthcare system, ineffective referrals and inadequate community support being prominent. The excerpts reflect a community in need of improved mental health services, better integration with primary care and more comprehensive support systems. There is a stark need for more inpatient and outpatient services, and the lack of cross-sharing between healthcare providers is a major obstacle to effective care.

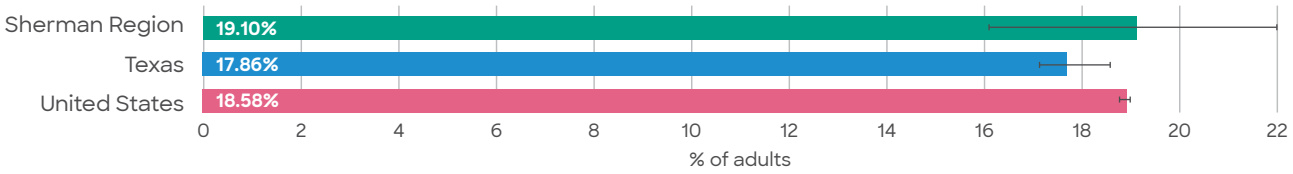
Specifically, community members have voiced concerns such as “Access to mental health care is really a difficult challenge” and “The issue is lack of providers.” Another poignant statement was “Integrated healthcare models are a lost opportunity that might bring the best outcomes.” These direct quotes underscore the critical gaps and the community’s plea for enhanced mental health services and support systems, highlighting the urgency and importance of addressing these issues to improve behavioral health infrastructure and outcomes.

Topic	Sherman Region	Texas	United States
Binge drinking *% of adults, 2022*	19.10 ±2.90	17.86 ±0.63	18.58 ±0.20
Depression *% of adults, 2022*	26.10 ±3.15	21.82 ±0.63	22.53 ±0.20
Poor self-reported mental health *% of adults, 2022*	19.90 ±1.51	17.83 ±0.40	17.35 ±0.12
Psychiatry physicians per capita *physicians per 100,000 residents, 2024*	4	17	28

Binge drinking

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

Binge drinking, 2022



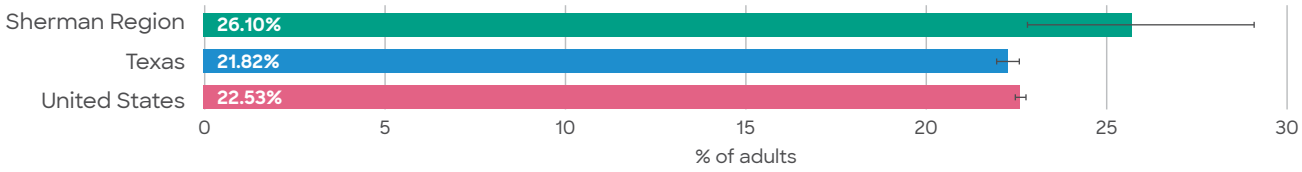
Binge drinking rates across various regions indicate significant public health concerns, with the Sherman Region reporting the highest prevalence at 19.1%. Compared to the national average of 18.58% and Texas' 17.86%, the Sherman Region's figure underscores a pressing need for targeted interventions and community awareness programs. Addressing binge drinking can lead to improved health outcomes and a reduction in alcohol-related incidents, reinforcing the importance of community-specific strategies to mitigate these rates.

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

Depression

Prevalence of depression among adults 18 years and older.

Depression, 2022

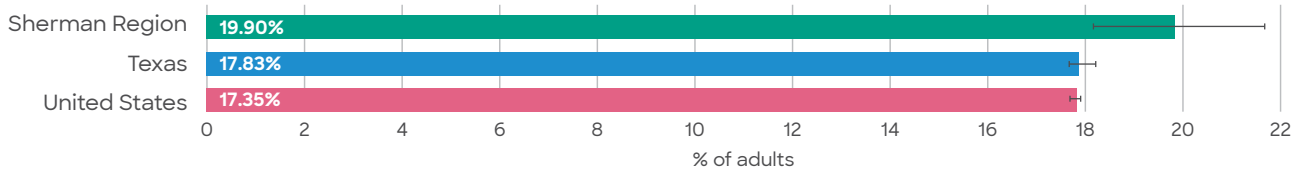


Data sources: Centers for Disease Control and Prevention (CDC): PLACES

Poor self-reported mental health

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

Poor self-reported mental health, 2022



The Sherman Region is experiencing higher rates of poor self-reported mental health at 19.9%, surpassing both the state of Texas and the national average, which stand at 17.83% and 17.35%, respectively. This discrepancy underscores a critical need for targeted mental health interventions and resources in the Sherman Region to address the community's elevated mental health challenges. Enhanced support structures and awareness programs could significantly mitigate the impact of mental health issues on the community's overall well-being and productivity.

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

Built environment

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

What we heard from the community

The built environment significantly influences public health outcomes by affecting accessibility to essential services such as healthcare, food and education. Lack of adequate transportation infrastructure is a critical barrier, as noted in various community feedback, which highlights the absence of reliable public transport and the high cost of alternatives like Uber in certain areas. Housing issues also emerge as a predominant concern, with high costs and unsafe living conditions in low-cost accommodations severely impacting the ability to meet other basic needs. Additionally, the geographical isolation of some rural areas exacerbates these challenges, making it difficult to access physical and mental health services, which are further complicated by long wait lists and inadequate cross-sector collaboration in healthcare provision.

Community members report multiple instances where the built environment directly hampers their well-being. For example, expensive and unsafe housing diverts financial resources from other essential uses, such as healthcare and nutrition, while inadequate transportation options lead to missed medical appointments and limited access to food supplies. This environment creates a cascading effect on mental and physical health, particularly affecting vulnerable populations who lack the means to overcome these barriers.

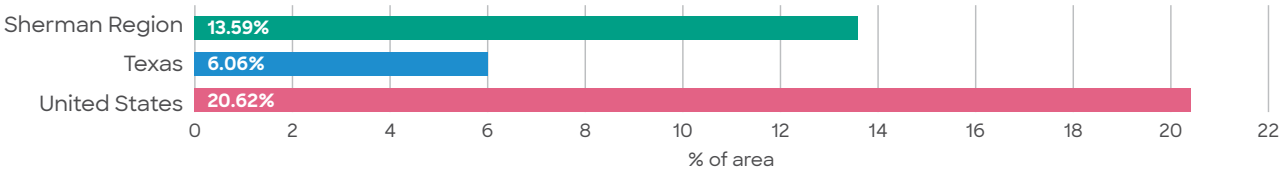
Quotes such as “The utter lack of public transport in any real way up here, transportation is, at least for us, we see as being a huge social determinant of health” and “If you miss the school bus as a child, and your mom and dad don’t have a car, you’re not going to get your meals that day, and you’re not going to see your teachers. You’re not going to go to a safe place” vividly illustrate the direct impact of the built environment on daily living and health. These testimonies underscore the urgent need for targeted interventions to improve transportation and housing within these communities to enhance overall health outcomes and quality of life.

Topic	Sherman Region	Texas	United States
Drive alone to work *% of workers 16 years and older, 2023*	75.11 ±1.68	71.65 ±0.28	69.18 ±0.06
Environmental Burden Index *2022*	57.61	46.03	48.70
Green space proximity *% of area, 2022*	13.59	6.06	20.62
Internet access *% of households, 2023*	93.09 ±2.28	95.12 ±0.20	94.77 ±0.09
Lifetime inhalation cancer risk *lifetime risk per million, 2019*	20.0	20.9	16.1

Green space proximity

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

Green space proximity, 2022



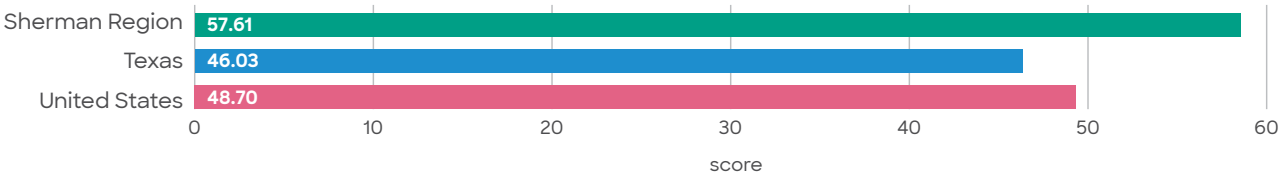
The proximity to green spaces varies significantly across regions in the United States, impacting community health and wellness. For example, Sherman Region residents enjoy an average proximity of 13.59 miles to green spaces, which is better than in Texas, where it is 6.06 miles, but much less compared to the national average of 20.62 miles. This disparity highlights the importance of urban planning and the need for equitable access to green spaces, which are vital for mental and physical health. Ensuring closer and more equitable access to green areas could greatly enhance community well-being and social cohesion across different regions.

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



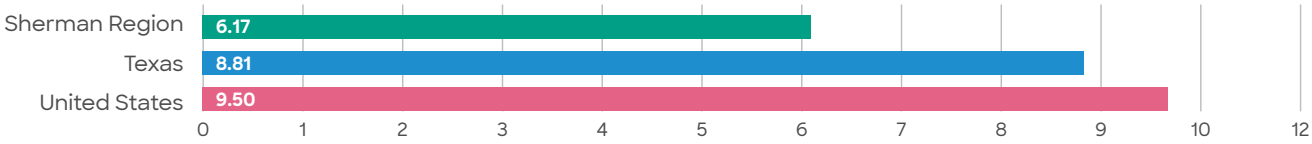
The Sherman Region exhibits a notably higher Environmental Burden Index at 57.61 compared to both Texas and the United States as a whole, which stand at 46.03 and 48.7, respectively. This elevated index indicates a significant environmental impact on the community, highlighting a potential need for targeted environmental policies and interventions to mitigate adverse effects and enhance public health. Addressing these challenges with effective strategies could substantially improve the quality of life for residents and set a precedent for surrounding areas to follow, promoting broader environmental and community well-being.

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

Walkability Index

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

Walkability Index, 2022



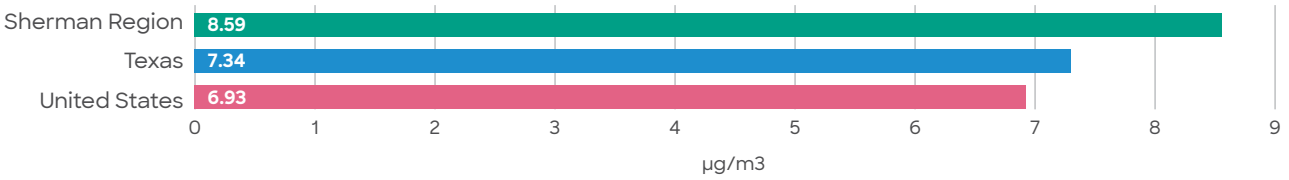
Walkability in various regions significantly impacts community health and lifestyle. The Sherman Region has a Walkability Index of 6.17, which is lower compared to Texas at 8.81 and the United States average of 9.5. This lower index suggests that Sherman may face challenges in ensuring accessible and safe pedestrian environments, which could influence public health, local economies and environmental sustainability. Improving walkability in Sherman could lead to enhanced community well-being and more vibrant social interactions.

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 Sherman Region, with a particulate matter (PM 2.5) concentration of 8.59, demonstrates a higher pollution level compared to the statewide average in Texas at 7.34 and the national average in the United States at 6.93. This elevated level of air pollutants in the Sherman Region could potentially lead to increased health risks for its residents, including respiratory issues and cardiovascular diseases. Addressing this disparity in air quality is crucial for improving public health and ensuring environmental justice for the community.

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

Chronic disease

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

What we heard from the community

Chronic diseases pose significant challenges to community health, requiring comprehensive strategies to manage and mitigate their impact. The excerpts highlight various chronic conditions, including cancer, obesity, eating disorders and the complications arising from poor dental health, which can exacerbate other chronic conditions. Mental health issues such as depression, anxiety and high suicide rates are also prevalent, further complicating the management of physical health conditions. The community faces barriers to accessing adequate healthcare, particularly for those without reliable transportation, emphasizing the need for better healthcare infrastructure and services.

Community members are vocal about the intersection of mental and physical health challenges, particularly how chronic conditions can be worsened by factors like dental infections. There is a clear need for integrated health services that address both mental and physical aspects of health. The lack of accessibility to healthcare professionals and facilities exacerbates these issues, making it difficult for residents to receive the care they need. This includes challenges in obtaining care for eating disorders, which require both mental health and physical health interventions.

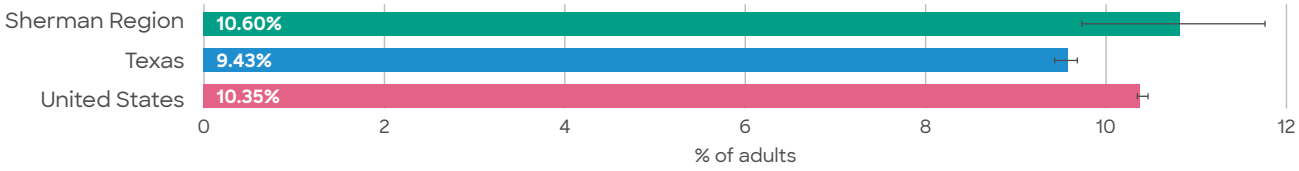
One quote explains, “It’s hard to get mental health care for eating disorders. It’s hard to get physical health care for eating disorders,” highlighting the difficulty in accessing comprehensive care. Another states, “If you don’t have a car, you can’t get to the doctor, and you’re having to call the ambulance for everything,” which underscores the logistical challenges faced by community members in accessing necessary health services. These direct quotes illustrate the critical gaps in healthcare provision and accessibility.

Topic	Sherman Region	Texas	United States
Chronic kidney disease *% of adults, 2021*	2.8 ±0.3	3.1 ±0.1	2.9 ±0.0
Chronic obstructive pulmonary disease (COPD) *% of adults, 2022*	8.00 ±0.76	6.23 ±0.16	6.37 ±0.05
Coronary heart disease *% of adults, 2022*	6.70 ±0.67	6.27 ±0.15	5.82 ±0.05
Current asthma *% of adults, 2022*	10.60 ±1.09	9.43 ±0.27	10.35 ±0.09
Diagnosed diabetes *% of adults*	11.8 ±1.5	13.4 ±0.4	10.8 ±0.1

Current asthma

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

Current asthma, 2022



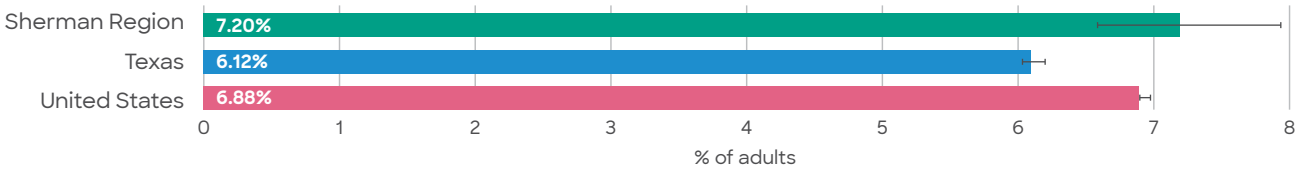
Asthma prevalence varies significantly across different regions, highlighting the importance of tailored public health strategies. In the Sherman Region, the current asthma prevalence is 10.6%, which is slightly higher than the national average of 10.35% and notably higher than Texas’ average of 9.43%. This discrepancy suggests that the Sherman Region may face unique environmental or socioeconomic challenges that exacerbate asthma conditions.

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

Have ever had cancer

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

Have ever had cancer, 2022



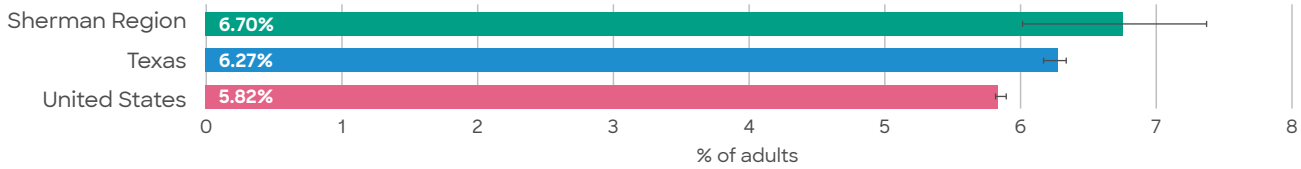
The incidence of cancer varies significantly across different regions, reflecting the diverse health landscapes within the United States. In the Sherman Region, 7.2% of the population has experienced cancer, a figure that surpasses both the Texas state average of 6.12% and the national average of 6.88%. These statistics underline the greater impact of cancer on the Sherman community.

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

Coronary heart disease

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

Coronary heart disease, 2022



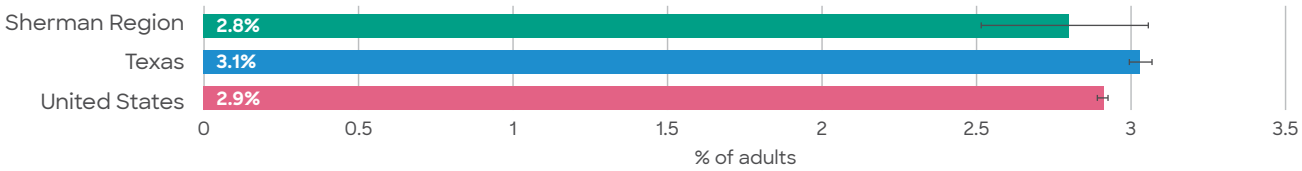
Coronary heart disease (CHD) prevalence in the Sherman Region significantly exceeds both state and national averages, indicating a critical health challenge for the local community. The Sherman Region reports a CHD rate of 6.7% compared to 6.27% in Texas and 5.82% across the United States.

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

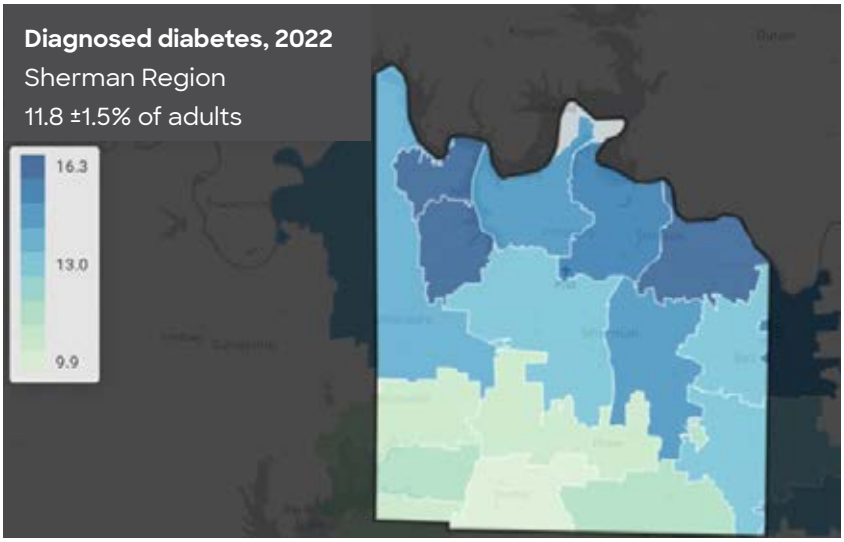


Chronic kidney disease presents varying challenges across different regions, reflecting distinct public health landscapes. In the Sherman Region, the prevalence is 2.8%, slightly lower than in Texas as a whole, where it stands at 3.09%. This contrasts with the national average of 2.85% in the United States, indicating a somewhat heavier burden on the Texas community.

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.



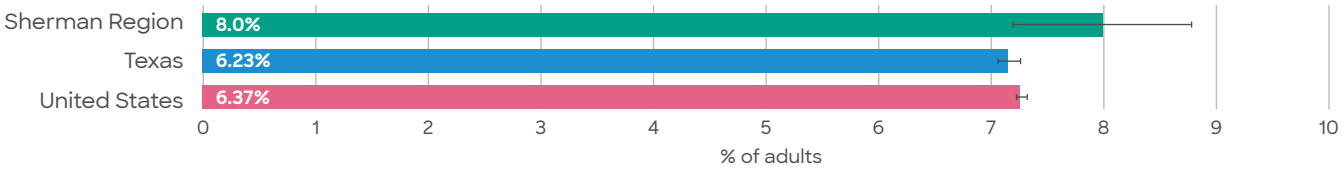
Diagnosed diabetes significantly impacts adult populations across various regions, with a notable focus on the counties around Denison and Sherman in Texas. Data reveals that the percentage of adults diagnosed with diabetes ranges from 9.9% in Anna to 16.3% in Sherwood Shores, underscoring a considerable variation within close geographical confines. This prevalence poses a substantial challenge to public health in these areas, necessitating targeted healthcare interventions and community support programs to manage and mitigate the effects of diabetes on the affected populations.

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

Chronic obstructive pulmonary disease (COPD)

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

Chronic obstructive pulmonary disease (COPD), 2022



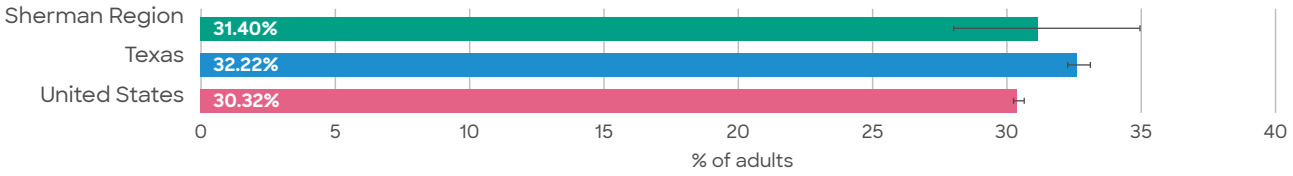
Chronic obstructive pulmonary disease (COPD) presents a significant health concern, with varying impacts across different regions in the United States. Specifically, the Sherman Region reports a COPD prevalence rate of 8%, which is notably higher than the national average of 6.37% and the state average in Texas at 6.23%. This elevated rate in the Sherman Region suggests a more pressing health challenge and underscores the need for targeted healthcare interventions and resources to manage and mitigate COPD's impact on this community. Addressing such disparities is crucial for improving overall community health and ensuring equitable access to necessary medical care for those affected by COPD.

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

High blood pressure

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

High blood pressure, 2022



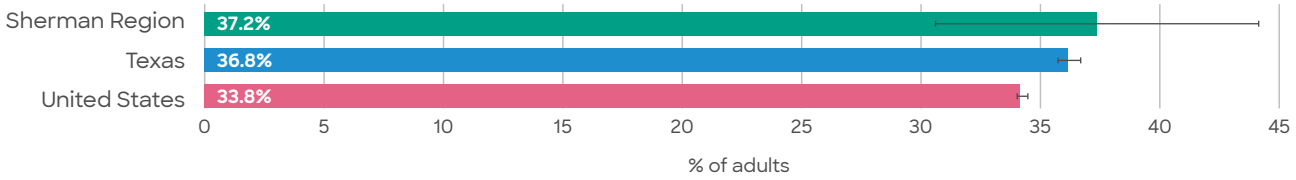
High blood pressure is a significant public health concern in the United States, with varying impacts across different regions. The data reveals that, in comparison to the national average of 30.32%, both the Sherman Region and Texas report higher rates, at 31.4% and 32.22%, respectively. Addressing these disparities with targeted health interventions and increased public health funding is crucial to mitigate the impact of high blood pressure and improve community well-being.

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

Obesity

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

Obesity, 2022



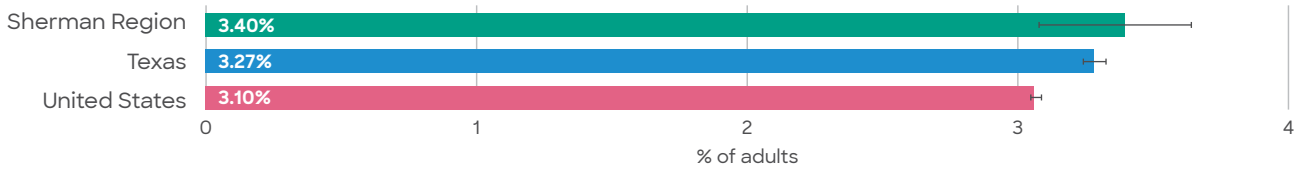
Obesity rates in the Sherman Region are notably higher at 37.2% compared to both Texas and the broader United States, which stand at 36.76% and 33.83%, respectively. This elevated rate in the Sherman Region highlights a critical public health issue that may have significant implications on the community's overall well-being and healthcare resources. Addressing this challenge effectively requires targeted public health interventions and sustained community engagement to promote healthier lifestyles and mitigate the long-term impacts of obesity on the local population.

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

Diagnosed stroke

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

Diagnosed stroke, 2022



Stroke incidence is notably higher in the Sherman Region at 3.4% compared to the broader Texas state and the United States, which report rates of 3.27% and 3.1%, respectively. This elevated rate in Sherman suggests a critical need for targeted healthcare strategies and community support systems to better manage and prevent strokes within this area. Addressing this disparity effectively can improve overall community health outcomes and reduce long-term healthcare costs by focusing on prevention, early detection and comprehensive care for those at risk.

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

Food access

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

What we heard from the community

Food access is a critical component of community health, influencing nutritional status, chronic disease prevalence and general well-being among populations. In various communities, despite ongoing efforts and programs aimed at improving food security, there remains a significant gap in ensuring consistent access to nutritious food for all residents. Many community organizations, including United Way and Grand Central Station, have developed programs such as food pantries and backpack meal services to address this issue. However, challenges such as transportation and the quality of food provided (often non-fresh, prepackaged items) continue to hinder the effectiveness of these initiatives. Furthermore, innovative approaches like recipe cards at food distribution centers attempt to educate and assist individuals in making healthier food choices.

Community members and organizations have identified both successes and ongoing challenges in the realm of food access. Programs like backpack meals for children and meal services provided by local partners highlight positive steps toward mitigating food insecurity. Yet, the reliance on food pantries and the logistical issues related to transportation underscore the persistent barriers to achieving comprehensive food security. The feedback from the community emphasizes the need for more integrated and sustainable solutions to ensure consistent access to nutritious food, particularly focusing on the quality and freshness of the food provided.

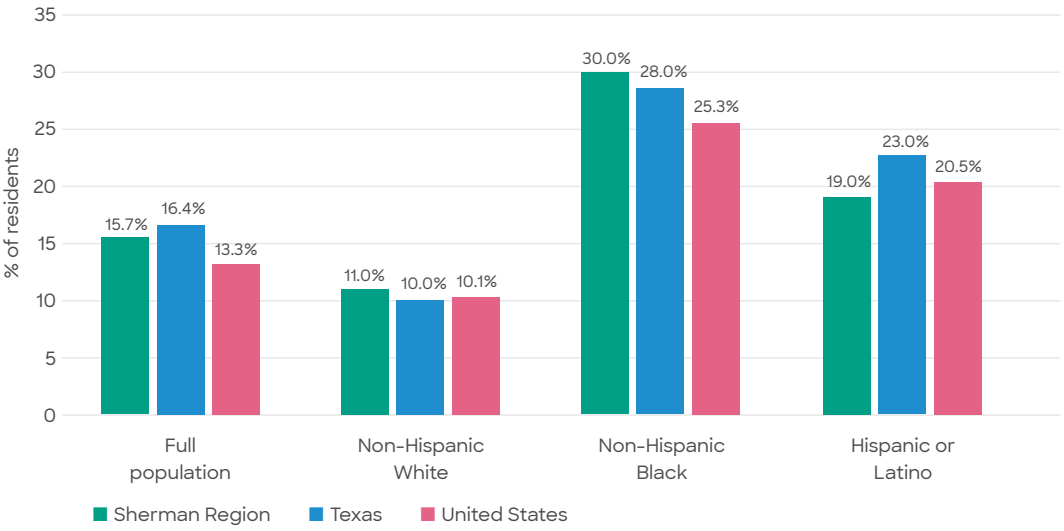
One community member noted, “Transportation is, at least for us, we see as being a huge social determinant of health because it contributes to food insecurity.” Another mentioned the innovative approach at a local market depot: “At the Market Depot, which is part of Grand Central Station (Sherman), they have little recipe cards, and then in the recipe would say, like, this is healthy, because … when you would grocery shop, all the labels would be tagged that this is what you need for your recipe.” These insights reflect the community’s awareness of the multifaceted nature of food insecurity issues and their desire for practical, health-oriented solutions that address not just access but also the nutritional quality of food available to them.

Topic	Sherman Region	Texas	United States
Food insecurity *% of residents, 2022*	15.7	16.4	13.3
Food stamps (SNAP) *% of households, 2023*	8.45 ±2.73	11.25 ±0.18	12.22 ±0.06
Households in poverty not receiving food stamps (SNAP) *% of households below the poverty line, 2023*	71.68 ±13.15	64.82 ±0.71	59.36 ±0.25
Low food access *% of residents, 2019*	37.53	56.97	50.24

Food insecurity

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

Food insecurity by race/ethnicity, 2022



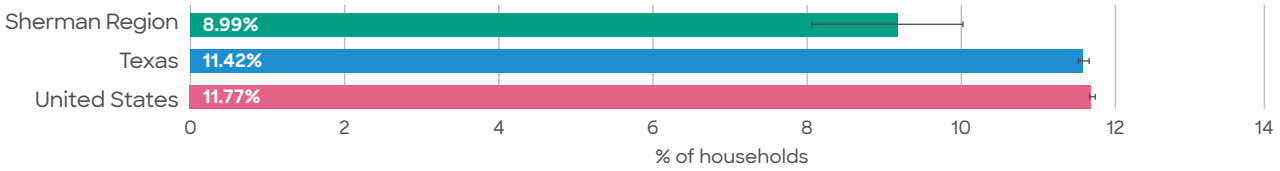
Food insecurity remains a pressing issue, with its impacts varying significantly across different racial and ethnic groups in the Sherman Region, Texas and the United States. In Sherman, 15.7% of the full population faces food insecurity, which is slightly lower than Texas' 16.4% but higher than the national average of 13.3%. Notably, the Non-Hispanic Black population experiences the highest rates of food insecurity at 30% in Sherman, compared to 28% in Texas and 25.3% nationally.

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), 2019 - 2023



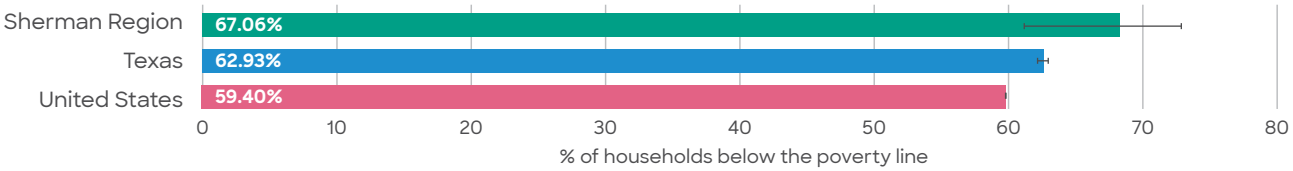
The reliance on food stamps (SNAP) indicates a significant level of economic challenge within the Sherman Region, Texas and across the United States, with the Sherman Region having a slightly lower percentage of 8.99% compared to the national average of 11.77%. This disparity highlights the varying economic conditions and the impact of socioeconomic policies on community welfare. Addressing these discrepancies is crucial to fostering equitable growth and ensuring that all community members have access to necessary resources for sustenance and improved quality of life.

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), 2019 - 2023



The Sherman Region faces a significant challenge as 67.06% of its households in poverty do not receive food stamps (SNAP), a rate higher than both Texas and the United States at 62.93% and 59.4%, respectively. This discrepancy highlights a pressing need for targeted interventions to address food insecurity among the poorest households, ensuring that assistance reaches those most in need. Effective strategies could involve raising awareness about SNAP eligibility and streamlining the application process to bolster community support and improve access to necessary resources.

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

Health behaviors

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

What we heard from the community

Health behaviors encompass a variety of actions and decisions made by individuals that directly impact their physical and mental health. Community members face significant barriers in accessing healthcare services due to transportation difficulties and workforce shortages in the healthcare sector. The lack of accessibility to both physical and mental healthcare for conditions such as eating disorders is particularly highlighted. Additionally, there is the pressing issue of long waitlists for Medicaid providers, which exacerbates the challenge of receiving timely medical attention. These barriers hinder the effective management of common health needs, such as obesity-related issues and preventable conditions, affecting overall community health.

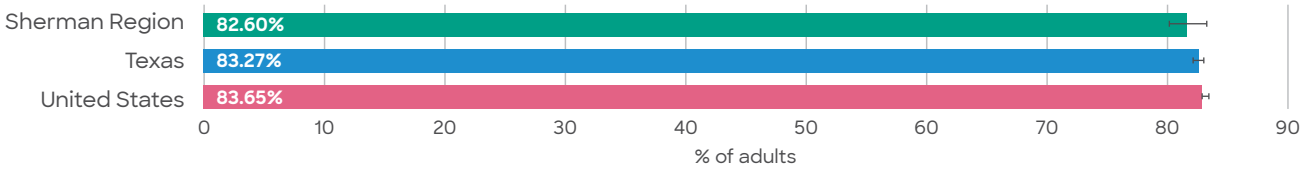
Community members express concerns about the difficulties in accessing care, especially for vulnerable populations like low-income children and families facing trauma. Organizations like United Way and Grand Central Station are taking steps to mitigate these issues by providing food security through backpack meals and daily meals, which also address some social determinants of health. However, the community still struggles with the broader implications of health behaviors, including the need for transportation to access healthcare services and the importance of preventive care. The mention of initiatives like providing Uber rides for doctor visits reflects innovative approaches being adopted to tackle these challenges.

Topic	Sherman Region	Texas	United States
Cholesterol screening *% of adults, 2021*	86.60 ±2.39	83.27 ±0.67	83.65 ±0.20
Cigarette smoking rate *% of adults, 2022*	18.4 ±1.8	14.8 ±0.4	14.6 ±0.1
Colorectal cancer screening *% of adults, 2022*	55.40 ±4.24	54.64 ±1.07	58.85 ±0.32
Mammography use *% of female adults, 2022*	69.30 ±6.71	73.79 ±1.55	75.65 ±0.45
No exercise *% of adults*	26.5 ±3.6	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



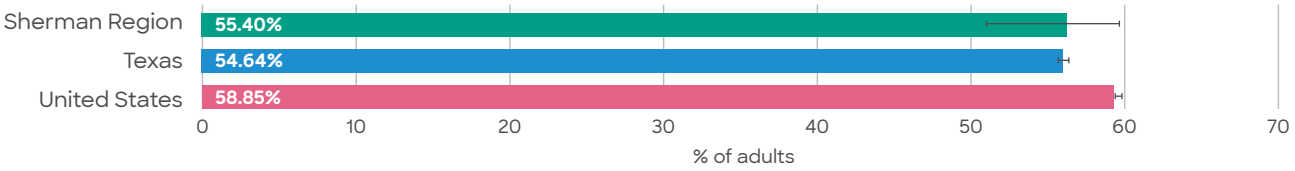
Cholesterol screening rates across various regions highlight the importance of proactive health management initiatives. In the Sherman Region, the screening rate stands at 82.6%, slightly below the Texas average of 83.27% and the national average of 83.65%. This slight lag suggests a need for targeted health education and outreach programs in the Sherman Region to boost community awareness and participation in cholesterol screenings, which are vital for the early detection and prevention of heart-related illnesses. Enhancing these rates can significantly contribute to the overall health and well-being of the community, reducing long-term healthcare costs and improving quality of life for residents.

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



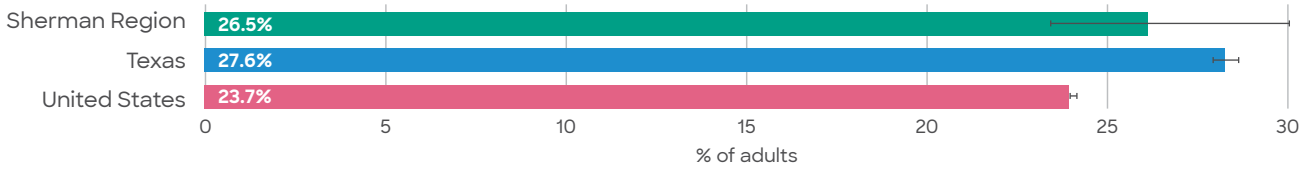
Colorectal cancer screening rates reveal significant insights into public health priorities and resource allocation across different regions. In the Sherman Region, 55.4% of the population participates in colorectal cancer screening, slightly higher than Texas' overall rate of 54.64%, but still below the national average of 58.85%. These figures underscore the need for health education and intervention programs to enhance screening rates and, consequently, early detection and treatment effectiveness in these communities.

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

No exercise

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

No exercise, 2022



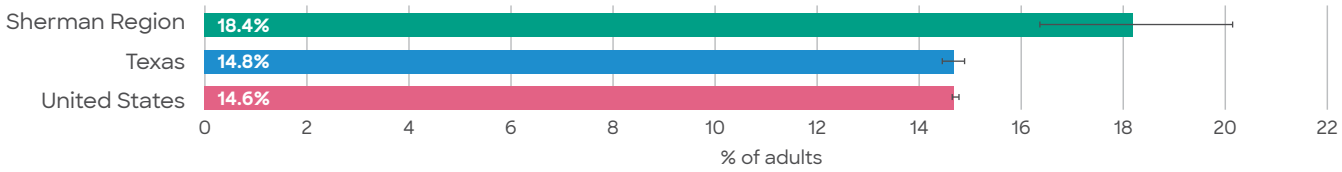
The prevalence of inactivity in different regions highlights significant challenges in public health. In the Sherman Region, 26.5% of the population reports no exercise, slightly lower than Texas at 27.64%, and both are above the national average of 23.68%. This lack of physical activity can have profound impacts on community health, potentially leading to increased rates of obesity, heart disease and other lifestyle-related conditions. Addressing this issue through community programs and public health initiatives could be crucial in improving overall health outcomes.

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

Cigarette smoking rate

Percentage of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Age-standardized.

Cigarette smoking rate, 2022

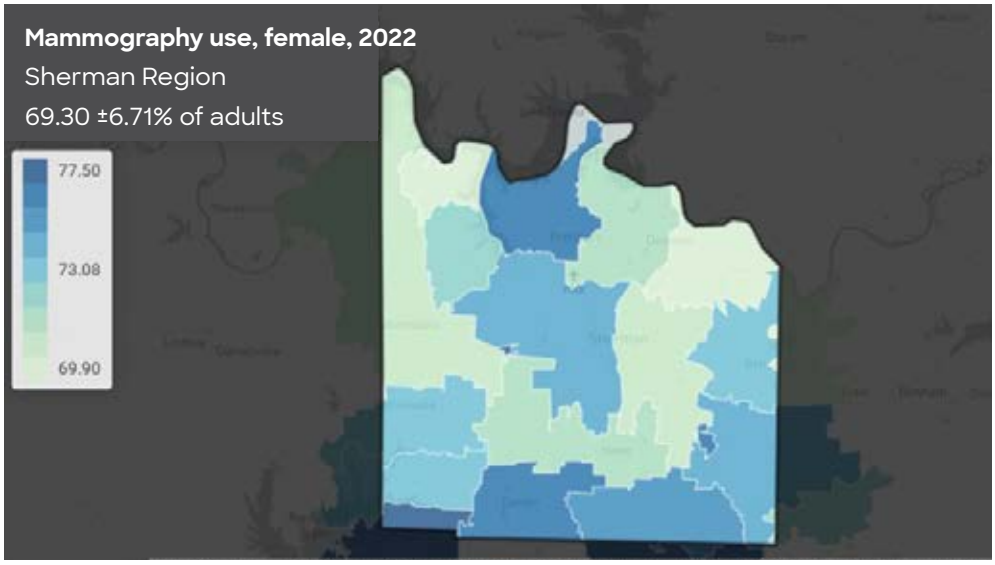


The Sherman Region stands out with a notably higher cigarette smoking rate of 18.4% compared to Texas and the national average, which are 14.8% and 14.61%, respectively. This elevated rate could have significant implications for public health in the region, potentially straining healthcare resources and increasing the prevalence of smoking-related illnesses. Addressing this issue with targeted health education and smoking cessation programs could be crucial for improving community health and reducing the long-term healthcare costs associated with tobacco use.

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

Mammography use

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

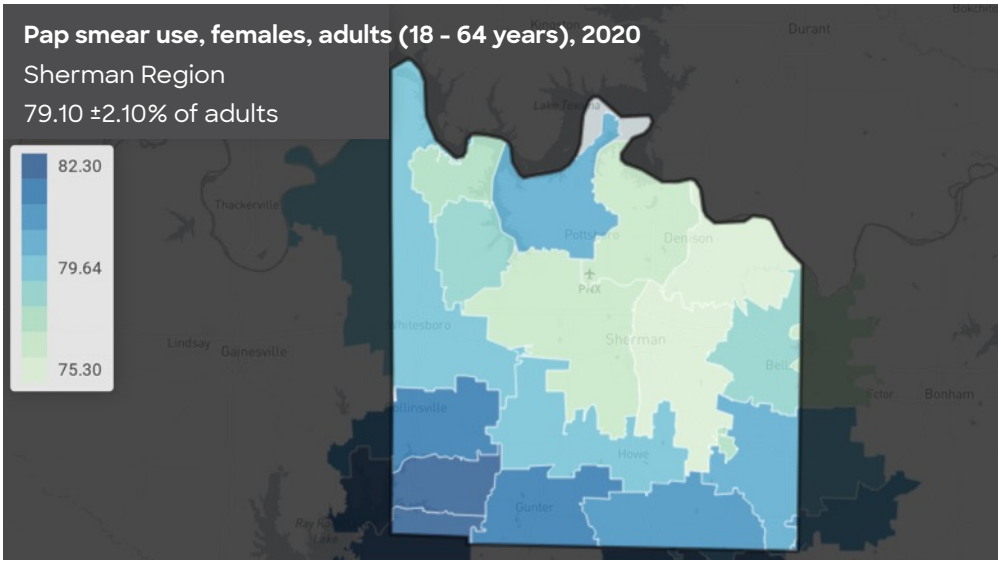


Mammography use among women aged 50 – 74 in various parts of Texas reflects a crucial aspect of preventive healthcare. The data from Denison, Gunter, Sherman and several other ZIP codes within the state show a percentage range of mammography utilization from approximately 70% to 78%. This uniform participation across different locales highlights the community's awareness and proactive approach to breast cancer screening, which is instrumental in the early detection and management of the disease. The consistent mammography rates across these areas suggest a well-disseminated importance of this preventive measure, potentially leading to better health outcomes for the community.

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

Pap smear use

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



Pap smear use among adult females aged 21 – 65 in Texas exhibits significant adherence to preventive health practices, crucial for the early detection and prevention of cervical cancer. Focusing on several ZIP codes within cities like Denison, Sherman and Whitesboro, the percentages range broadly from about 75% to 82%, indicating a commendable level of community health engagement in these areas. This data underscores the impact of such preventive measures on community health, suggesting a well-informed female population about the importance of regular cervical cancer screening, which plays a vital role in maintaining public health standards and reducing the burden of this disease on the healthcare system.

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

Housing

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

What we heard from the community

The theme of housing addresses the critical issues related to the availability, affordability and safety of housing within communities. As depicted in the excerpts, many individuals struggle with the high costs of housing, which drain resources from other essential areas of life. The lack of affordable housing options forces individuals and families to inhabit unsafe conditions, such as poor electrical systems and places without running water, resembling third-world country conditions. This situation is aggravated by a rising population, which does not match the traditional demographic profile of the area, requiring new solutions for a changing populace. Additionally, the issue of residential segregation by age and family status in government-funded housing undermines potential community support systems.

Community members are expressing significant distress over housing affordability and safety. The high costs associated with housing are pushing middle-income families to financial limits, and in some cases, leading to displacement. The unsafe living conditions in low-cost housing options like certain motels or apartments are particularly concerning. Residents are trapped in a cycle of temporary solutions, such as using short-term lodging repeatedly because they cannot afford permanent housing. There is also a mention of efforts by local authorities to improve the situation by acquiring more land and seeking grant funding to increase housing availability.

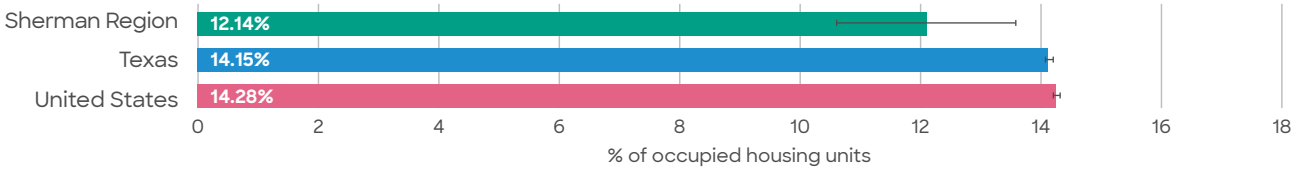
One community member noted, “Housing is sucking all the resources out of the ability to do any of those other things for low resource individuals, even higher resource individuals.” Another stated, “The city has been slowly closing down some of these places, and people are getting angry.” A further insight was shared, “Am I going to be evicted when I get home like that really plays a huge part in your mental illness and well-being as well.” These quotes illustrate the profound impact that housing instability and unsuitability have on individuals’ financial stability and mental health, highlighting the urgent need for comprehensive and inclusive housing solutions.

Topic	Sherman Region	Texas	United States
Crowded housing *% of occupied housing units, 2023*	3.93 ±1.90	4.82 ±0.15	3.51 ±0.03
Eviction rate *% of renter-occupied households, 2018*	0.00	2.62	2.12
Housing cost burden *% of occupied housing units, 2023*	33.54 ±4.46	33.38 ±0.35	31.86 ±0.07
Owner occupied *% of occupied housing units, 2023*	66.13 ±3.03	62.59 ±0.29	65.24 ±0.19
Severe housing cost burden *% of occupied housing units*	13.33 ±3.11	15.41 ±0.24	15.12 ±0.06

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, 2019 - 2023

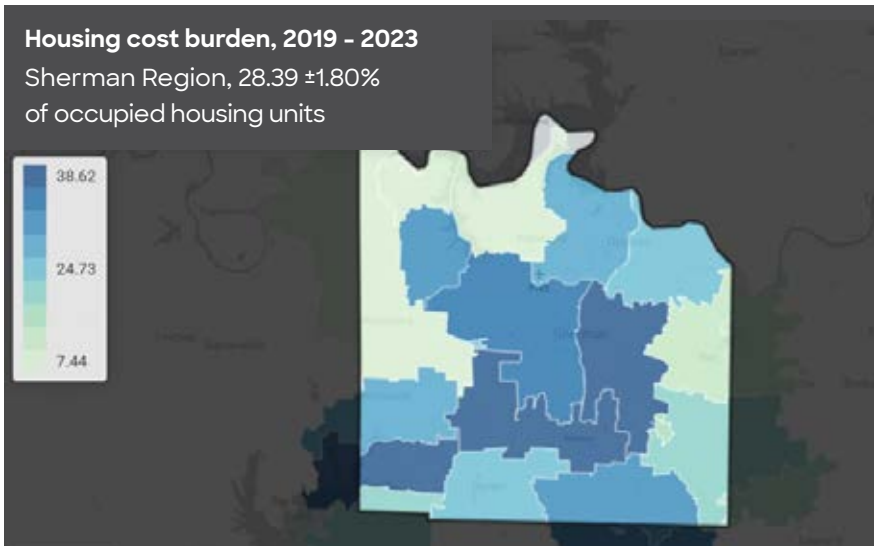


Severe housing cost burden remains a critical issue impacting communities across the United States, with data indicating varied levels of burden in different regions. The Sherman Region reports a lower severe housing cost burden at 12.14%, compared to Texas at 14.15% and the national average of 14.28%, suggesting more favorable housing affordability in this locale. This discrepancy highlights the need for policy interventions and support mechanisms to alleviate the financial stress associated with housing costs in areas with higher burdens, thereby enhancing community stability and well-being.

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 is a significant issue affecting various communities within Texas, particularly in areas denoted by specific ZIP codes. This assessment, based on data from the American Community Survey from 2019 – 2023, identifies places like Sherman with a notable percentage of households (over 35%) spending more than 30% of their income on housing costs. These figures highlight the economic challenges faced by residents, impacting their standard of living and potentially restricting funds available for other essential needs. It is crucial for policymakers and community planners to address these disparities to improve housing affordability and overall community well-being in these areas.

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

Maternal and child health

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

What we heard from the community

Maternal and child health is a critical area of public health that focuses on the health provisions and interventions for mothers and their children. This theme emphasizes the importance of early childhood development, parental education and healthcare accessibility to ensure the well-being of both children and their caregivers. Initiatives such as United Way's involvement with families of young children, including those who are in challenging situations like incarceration, highlight the targeted efforts to stabilize and support these vulnerable groups. Programs that provide curriculum support to prepare children for kindergarten and parental training underscore the proactive steps taken to address early childhood education and health.

Community efforts as described include a variety of supportive interventions, such as partnerships with local law enforcement and healthcare providers to advocate for incarcerated mothers and their children. Free or reduced-cost sessions, food support through backpack meals, and health interventions targeting obesity and eating disorders are also mentioned. These programs are largely aimed at low-income families, underscoring the socioeconomic disparities in access to healthcare and nutritional support. The need for donations and support for resources like diaper banks further illustrates the ongoing requirements to maintain and expand these critical services.

Topic	Sherman Region	Texas	United States
Births to women without partners present *% of births, female, 2023*	13.16 ±12.93	28.27 ±1.19	24.36 ±0.45
Child Opportunity Index 3.0 *2017 - 2021*	53	53	52
Child care center ratio *children I care center enrollment, 2023*	9	10	11
Grandparents responsible for grandchildren *% of residents age 30+, 2019 - 2023*	1.61 ±0.52	1.34 ±0.06	0.99 ±0.02
Mortality among young adults *%, 2010 - 2015*	0.9 ±0.2	0.8 ±0.00	0.8 ±0.0

Child Opportunity Index 3.0

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

Child Opportunity Index 3.0, 2017 - 2021

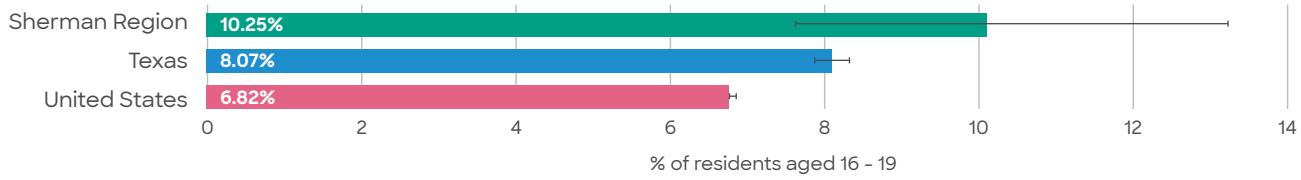
The Child Opportunity Index 3.0 reveals that the Sherman Region slightly surpasses both Texas and the national average in providing opportunities for children, scoring 53.3 compared to Texas' 52.62 and the United States' 52.16. This data suggests that children in the Sherman Region potentially have more access to resources that contribute to their development and well-being than their counterparts in the broader state and national context. Addressing disparities in child opportunity is crucial for fostering equitable growth and ensuring that all children have the foundation to thrive, promoting the overall health of the community.

Data sources: DiversityDataKids.org: Child Opportunity Index 3.0

Opportunity youth

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

Opportunity youth, 2019 - 2023



Opportunity youth rates in the Sherman Region significantly exceed those of Texas and the entire United States, standing at 10.25% compared to 8.07% and 6.82%, respectively. This disparity highlights a critical challenge for the Sherman Region, suggesting a greater proportion of young people disconnected from both education and the workforce, which may impact community economic health and social stability. Addressing this issue effectively requires targeted interventions and support systems to reintegrate these young individuals into productive pathways, thus enhancing their potential contributions to society and reducing long-term socioeconomic costs.

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

Socioeconomic factors

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

What we heard from the community

Socioeconomic factors play a pivotal role in shaping the health and well-being of communities, particularly influencing access to healthcare, nutrition and stable living conditions. These factors include income levels, employment status and access to essential services, which collectively affect the ability of individuals and families to maintain good health and manage chronic conditions. The excerpts highlight the challenges faced by low-income families, older adults, disabled individuals and those living in rural areas. Issues such as affordability of housing, access to transportation, and the availability of free or reduced-cost medical services are emphasized as significant barriers to health equity.

Community members express concerns about the rising cost of living, including housing and healthcare, which are not matched by corresponding increases in wages. This economic strain contributes to difficulties in accessing necessary medical care and maintaining stable housing. Many individuals in the community rely on grants and donations to receive health services, underscoring the financial vulnerabilities that impact their health. The lack of sufficient mental health providers and challenges related to transportation further exacerbate the situation for those in rural or underfunded areas.

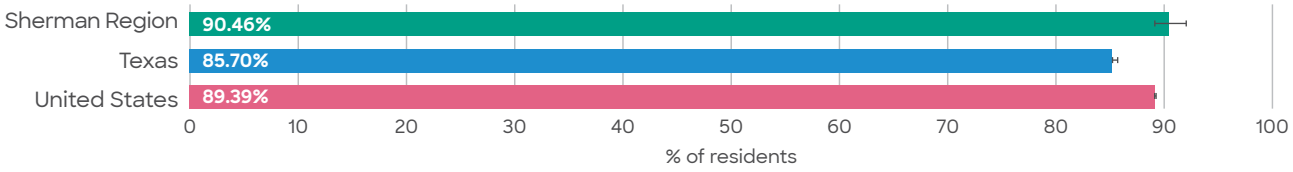
Specific quotes from the community members highlight these challenges vividly. One member mentioned, "We have a number of clients where many of their chronic conditions are fueled by or made much worse by infections in their mouth and teeth that haven't been taken care of." Another noted, "People are moving out. They cannot afford to live in our region, and so that's a concern for people that are long, you know, generational members of our community." These statements reflect the socioeconomic issues that hinder the ability of community members to lead healthy lives and access necessary services.

Topic	Sherman Region	Texas	United States
Any higher education rate *% of residents, 2023*	56.71 ±4.10	62.11 ±0.31	63.84 ±0.10
Below 200% of poverty level *% of residents, 2023*	30.50 ±4.88	31.26 ±0.40	28.24 ±0.11
College graduation rate *% of residents, 2023*	25.67 ±2.63	34.24 ±0.22	36.16 ±0.08
Hardship Index *score, 2019 - 2023*	50.0	54.8	48.4
High school graduation rate *% of residents*	89.55 ±4.97	86.34 ±0.36	89.78 ±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, 2019 - 2023



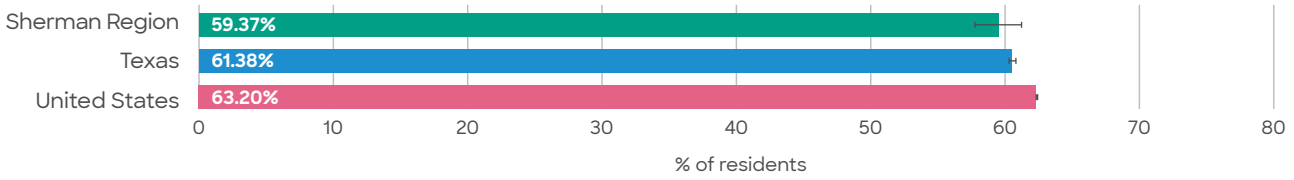
The Sherman Region outperforms the national average with a high school graduation rate of 90.46%, indicating a notably effective educational framework when compared to the overall United States rate of 89.39% and Texas at 85.7%. This achievement not only reflects the strength of Sherman's educational policies but also suggests a positive impact on community development and workforce readiness, potentially leading to better employment opportunities and economic prosperity in the region.

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

Any higher education rate

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

Any higher education rate, 2019 - 2023



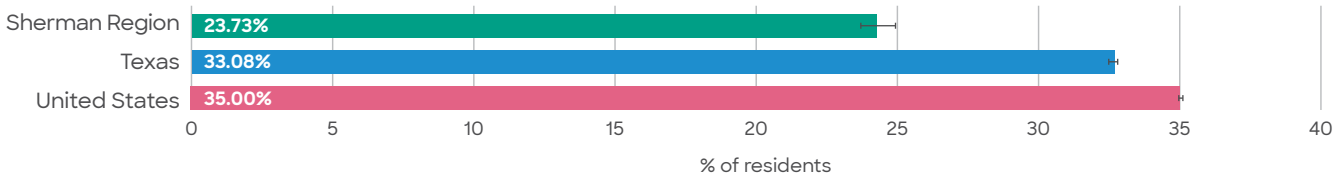
The prevalence of higher education attainment varies across regions, reflecting differing educational and community support structures. In comparison, the Sherman Region exhibits a slightly lower rate of residents with any higher education at 59.37%, compared to Texas at 61.38% and the national average in the United States at 63.2%. This discrepancy underscores the need for targeted educational policies and initiatives in the Sherman Region to elevate its educational outcomes and enhance community development. Addressing this gap is crucial for bolstering the local economy and improving the overall quality of life for its residents.

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

College graduation rate

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

College graduation rate, 2019 - 2023



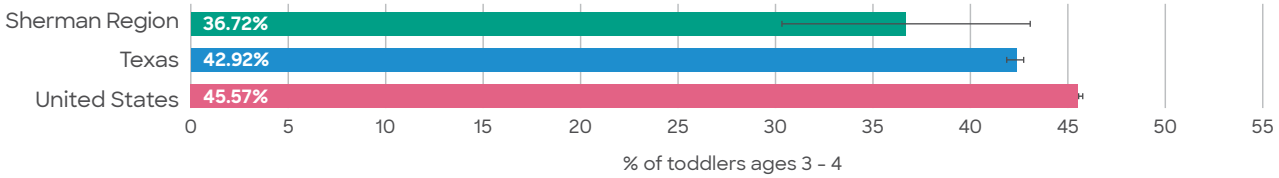
College graduation rates are a critical indicator of educational attainment and socioeconomic mobility within regions. The Sherman Region, with a college graduation rate of approximately 24%, significantly lags behind both the state of Texas and the national average, which are around 33% and 35%, respectively. This disparity suggests that students in the Sherman Region may face unique challenges that hinder their educational progress, impacting long-term economic opportunities and community development. It is crucial for educational policymakers and community leaders to address these barriers and implement targeted programs to enhance educational outcomes and support the Sherman Region's youth.

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), 2019 - 2023



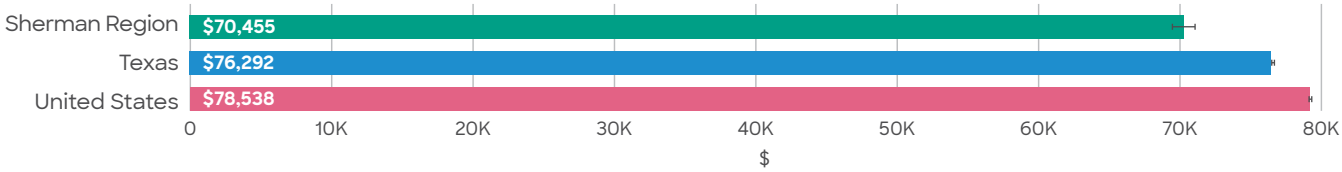
Preschool enrollment varies significantly across different regions, reflecting disparate access to early childhood education. In the Sherman Region, only 36.72% of children are enrolled in preschool, which is notably lower than the Texas state average of 42.92% and the national average of 45.57%. This gap indicates potential challenges in educational readiness and equity for children in the Sherman Region, highlighting the need for targeted interventions to boost preschool accessibility and support educational foundations in these communities.

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

Median household income

Income in the past 12 months.

Median household income, 2019 - 2023



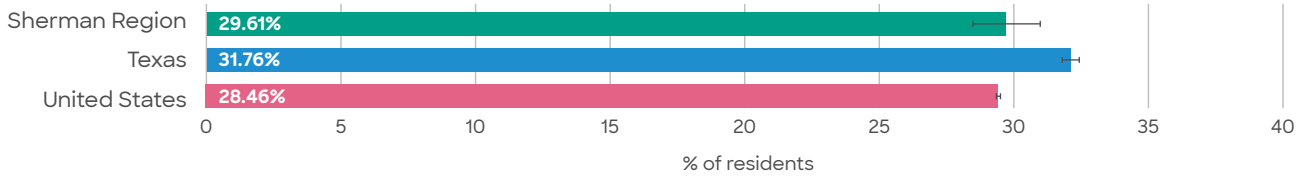
Median household income across different regions illustrates significant economic disparities that directly impact community welfare. In the Sherman Region, the median income stands at approximately $70,455, which is lower than both the Texas state average of $76,292 and the national average of $78,538. This variance could reflect differences in employment opportunities, cost of living or access to resources, which in turn could influence the quality of life and economic stability of residents in these areas. Addressing these disparities is crucial for enhancing equitable economic growth and ensuring that all community members have access to necessary services and opportunities.

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

Below 200% of poverty level

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

Below 200% of poverty level, 2019 - 2023



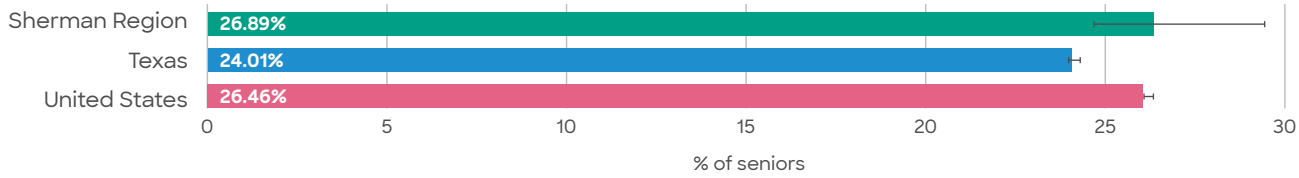
Across the Sherman Region, Texas and the United States, a significant proportion of the population lives below 200% of the poverty level, highlighting ongoing economic challenges. In the Sherman Region, approximately 29.61% of the population falls into this category, slightly lower than Texas at 31.76%, and higher than the national average of 28.46%. This economic status profoundly impacts community access to essential services and overall quality of life, necessitating targeted interventions to alleviate poverty and its associated hardships. Addressing these disparities is crucial for fostering a healthier, more equitable society.

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

Seniors living alone

Percentage of residents aged 65 and older who live alone. Does not include those living in group homes such as nursing homes.

Seniors living alone (65 and older), 2018 - 2022



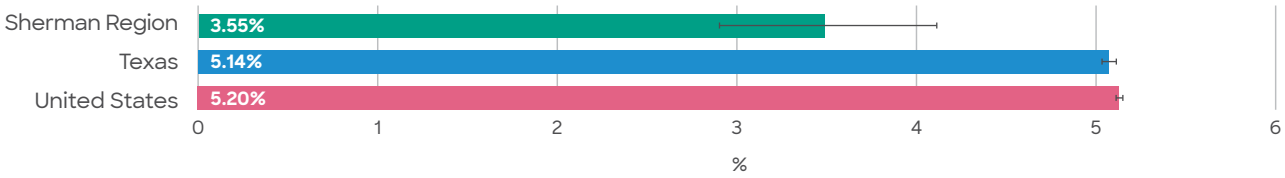
The prevalence of seniors living alone is noteworthy across different regions, indicating a significant aspect of community demographics that warrants attention. In the Sherman Region, approximately 26.89% of seniors live alone, which is slightly higher than the national average of 26.46% in the United States and above Texas' rate of 24.01%. This variance highlights the regional differences and underscores the potential need for targeted support services in areas with higher concentrations of solitary seniors to ensure their safety, health and social needs are adequately met. Addressing the challenges faced by these individuals is crucial for enhancing their quality of life and maintaining the fabric of the community.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B09020)

Unemployment rate

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

Unemployment rate, 2019 - 2023



The unemployment rate in the Sherman Region stands at an impressive 3.55%, distinguishing it from the higher rates observed in Texas at 5.14% and the national average of 5.2%. This lower unemployment rate in Sherman suggests a robust local economy and potentially more effective job creation policies compared to broader state and national levels. The impact of such a low unemployment rate positively resonates through the community, fostering economic stability and enhancing the quality of life for residents by increasing job security and disposable income. Addressing unemployment effectively in other regions could replicate Sherman's success, promoting economic growth and community well-being.

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

2022 - 2025 evaluation of impact

2022 CHNA health priorities: access to primary healthcare providers

Health priority	Action/tactic	Outcomes
• Access to primary healthcare providers	• Partner with Baylor Scott & White Quality Alliance and Baylor Scott & White HealthTexas Providers Network to bring more providers to the community.	• Increased access to healthcare services. • Baylor Scott & White Health Surgical Hospital at Sherman partnered with Baylor Scott & White Quality Alliance and Baylor Scott & White HealthTexas Provider Network to recruit high-quality healthcare providers serving the Sherman community's most critical health needs.
• Access to primary healthcare providers	• Implement the P-Tech program, which trains and prepares high school students for a career in healthcare.	• Increased access to healthcare services. • Baylor Scott & White Surgical Hospital at Sherman partnered with Grayson College and Sherman ISD to implement the Pathways in Technology (P-Tech) program, which prepares high school students for the healthcare sector and provides opportunities to earn multiple healthcare certificates by the time they graduate high school. Within the first four years of program implementation, over 120 students are expected to complete the P-Tech program (Texoma Now, 2022).

Existing resources

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

- Boys and Girls Club of Sherman
- Child and Family Guidance Center of Texoma
- Grayson Crisis Center
- Grayson County Children's Advocacy Center
- Grayson County Health Clinic
- Grayson County Health Department (GCHD)
- Grayson County Shelter
- Grayson ISD
- Meals on Wheels of Texoma
- Sherman Chamber of Commerce
- Sherman ISD
- Texoma Community Center
- Texoma Health
- United Way of Grayson County

Identification of significant health needs and prioritization

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

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

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

The voting results are shown below:

Health issue	Voting
Socioeconomic factors	25%
Maternal and child health	13%
Health behaviors	0%
Behavioral health	0%
Built environment	0%
Housing	25%
Access to care	25%
Chronic disease	13%
Food access	25%

Non-medical drivers of health, also known as social determinants of health (SDOH), are the social, economic and environmental conditions outside of clinical care that significantly influence an individual's overall health and well-being. These include the circumstances in which people are born, grow, live, work and age.

After the voting process, community and hospital leaders reviewed the results and discussed the interconnectedness of food access, housing and socioeconomic factors—all of which fall under the umbrella of non-medical drivers of health. Recognizing the importance of addressing these issues collectively, the group identified and prioritized non-medical drivers of health as a key health need for the Sherman community.

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

1. **Access to care**
2. **Non-medical drivers of health:** These are the social determinants of health that are correlated with and root causes of many poor health outcomes. Non-medical drivers of health include but are not limited to food insecurity and housing, which were two of the issues tied for the most votes for health needs of the Sherman community.

Health needs assessed but not identified as significant

- **Chronic disease:** Chronic disease was not selected as a priority; the hospital is committed to decreasing the rate of chronic disease through continuing to address access to care along with health and nutrition. As a healthcare system, Baylor Scott & White Health has several tools and implements clinical programs and initiatives that aim to prevent and successfully manage chronic diseases, including the MyBSWHealth app, which provides healthcare resources, nutrition education and access to care for anyone who has visited a BSWH facility.
- **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.
- **Behavioral health:** Behavioral health was identified as a health need but not selected as the recommended health priority by hospital and community leaders due to the lack of community partners and the ineffectiveness/availability of behavioral health prevention and treatment programs within the hospital's service area.
- **Health behaviors:** Many health behaviors are highly correlated with the health needs identified in the CHNA. Hospital and community leaders indicated that health behaviors will be incorporated in strategies focusing on the prioritized health needs. In addition, the hospital implements many programs and initiatives that aim to improve health behaviors within the community, including community screenings, nutrition education and primary care services.

Next steps/Implementation Plans

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

Approval and contact information

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

Questions or comments regarding the CHNA can be sent via email to **CommunityHealth@BSWHealth.org**

Data sources

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

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

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

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

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

DiversityDataKids.org: Child Opportunity Index 3.0
The COI is a composite index of children's neighborhood opportunity that contains data for every neighborhood (census tract) in the United States from every year for 2012 through 2021.

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

Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014)
Cigarette smoking prevalence in US counties: 1996-2012. Population Health Metrics, 2014, Volume 12, Number 1, Page 1

Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening
The Environmental Protection Agency's EJScreen tool provides data on measures of environmental justice.

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

US Department of Agriculture (USDA) - Economic Research Service: Food Access Research Atlas
Presents an overview of food access indicators for low-income and other census tracts using different measures of supermarket accessibility

Department of Homeland Security (DHS): HIFLD Open Data
This site provides national foundation-level geospatial data within the open public domain that can be useful to support community preparedness, resiliency, research and more.

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

Metopio
Created by Metopio staff.

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

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

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

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

Appendix

Key Informant Interview Guide

FACILITATION PROTOCOLS

1. Establishing ground rules

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

2. Introductions

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

3. Community strengths

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

4. Health questions

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

(Potential) follow up questions based on health issue selected

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

5. Built environment and social factors

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

(Potential) follow up questions based on community issue

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

6. Action planning

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

7. Next steps

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

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

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

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

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

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

We thank you for your help.

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

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

Chronic diseases

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

Demographics

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

19. What sex were you assigned at birth?
    - ☐ Male
    - ☐ Female
    - ☐ Prefer not to answer
20. What is your gender identity?
    - ☐ Female/woman
    - ☐ Male/man
    - ☐ Transgender
    - ☐ Non-binary
    - ☐ Gender fluid
    - ☐ Something else
    - ☐ Prefer not to answer
21. What is your sexual orientation?
    - ☐ Straight
    - ☐ Gay or lesbian
    - ☐ Bisexual
    - ☐ Asexual
    - ☐ Something else
    - ☐ I don't know
    - ☐ Prefer not to answer
22. What is your marital status?
    - ☐ Married
    - ☐ Divorced
    - ☐ Widowed
    - ☐ Separated
    - ☐ A member of an unmarried couple
    - ☐ A member of a civil union
    - ☐ Single
    - ☐ Prefer not to answer
23. What is the highest level of education you have completed?
    - ☐ Less than high school graduation
    - ☐ Regular high school
    - ☐ GED or alternative credential
    - ☐ Some college or technical school
    - ☐ Associate degree
    - ☐ Bachelor's degree
    - ☐ Graduate or professional degree
    - ☐ Prefer not to answer

24. What is your current employment status?
    - ☐ Employed (full-time)
    - ☐ Employed (part-time)
    - ☐ Self-employed
    - ☐ Not employed
    - ☐ Full-time student
    - ☐ Unable to work
    - ☐ Out of work for 1 year or more
    - ☐ Out of work for less than 1 year
    - ☐ Homemaker
    - ☐ Retired
    - ☐ Prefer not to answer
25. Do you have more than one job? This means more than one employer, not just multiple job sites.
    - ☐ Yes
    - ☐ No
26. Are you currently working from home?
    - ☐ Yes
    - ☐ No
    - ☐ Hybrid
27. In the last 12 months, have you experienced any injuries related to any job you held? Examples of injuries include: sprains, strains or tears, soreness or pain, bruises, cuts or punctures, broken bones, injury to muscles or joints, open wounds, burns, and carpal tunnel syndrome.
    - ☐ Yes
    - ☐ No
28. What is your yearly household income? (By household income, we mean the combined income from everyone living in the household including roommates or those on disability income.) Your answer is private and confidential.
    - ☐ Less than $10,000
    - ☐ $10,001 to $20,000
    - ☐ $20,001 to $30,000
    - ☐ $30,001 to $40,000
    - ☐ $40,001 to $50,000
    - ☐ $50,001 to $75,000
    - ☐ $75,001 to $100,000
    - ☐ $100,001 to $150,000
    - ☐ $150,001 to $200,000
    - ☐ $200,001 or more
    - ☐ Don’t know/not sure
    - ☐ Prefer not to answer

Your home

29. What are your current living arrangements?
    - ☐ Own my home
    - ☐ Rent my home
    - ☐ Live with family/friends
    - ☐ Live in a shelter
    - ☐ Unhoused
    - ☐ Other
    - ☐ Prefer not to answer

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

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

31. In the past year, did you have access to affordable and quality childcare?
    - ☐ Yes
    - ☐ No
    - ☐ I don't know
    - ☐ Not applicable

32. During the past year have you or your child been exposed to a traumatic event or lived through a traumatic experience? (i.e., domestic violence, abuse, neglect or a member of the household being in prison)
    - ☐ Yes
    - ☐ No
    - ☐ I don't know
    - ☐ Prefer not to answer
    - ☐ Not applicable

33. Did you receive any support?
    - ☐ Yes
    - ☐ No
    - ☐ I don't know
    - ☐ Prefer not to answer
    - ☐ Not applicable

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

Immunizations

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

44. Have you received at least one COVID-19 vaccination since September 1, 2022?
    - ☐ Yes
    - ☐ No

45. From the list below, please select the reason(s) you have not received a COVID-19 vaccine. Select all that apply.
    - ☐ I am concerned about possible side effects of a COVID-19 vaccine
    - ☐ I have concerns about the safety of the vaccine
    - ☐ I don't know if the vaccine will protect me
    - ☐ I don't think COVID-19 is a big threat
    - ☐ I already had COVID-19 and have antibodies
    - ☐ I don't believe I am at high risk for COVID-19 complications
    - ☐ I don't believe my friends/family are at high risk for COVID-19 complications
    - ☐ My doctor has not recommended it
    - ☐ I don't trust the government
    - ☐ I don't trust the medical community
    - ☐ I don't have time to get the COVID-19 vaccine
    - ☐ I don't know where to go to get the COVID-19 vaccine or cannot get an appointment
    - ☐ Other—write in: _____

Diet and physical activity

46. On a typical day, how many servings of fruits and/or vegetables do you eat? (A serving would equal one medium apple or a handful of grapes. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned.) Please think about all meals, snacks and food consumed at home and away from home.
    - ☐ None
    - ☐ 1 - 2
    - ☐ 3 - 5
    - ☐ More than 5
    - ☐ I don't know

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

48. What are the reasons it is difficult to get fresh fruits and vegetables? Please select all that apply.
    - ☐ The store(s) within a mile of where I live don't sell fresh fruits and vegetables
    - ☐ The quality of fresh fruits and vegetables where I shop is poor
    - ☐ Fresh fruits and vegetables are too expensive where I shop
    - ☐ The store(s) where I use my EBT/SNAP benefits does not sell fresh fruits and vegetables
    - ☐ I don't have transportation to get to a store that sells fresh fruits and vegetables

49. How true is the following statement: “In the past 12 months, we worried whether our food would run out before we got money to buy more.”
    - ☐ Often true
    - ☐ Sometimes true
    - ☐ Never true
50. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, dance, playing a sport, taking an exercise class, gardening or walking for exercise?
    - ☐ Yes
    - ☐ No
51. If you answered no, why didn’t you exercise in the past month? Select all that apply.
    - ☐ I don’t have time
    - ☐ It’s not important to me
    - ☐ I don’t have access to an exercise facility
    - ☐ I don’t have child care while I exercise
    - ☐ I can’t afford the fees to exercise
    - ☐ I have a physical disability
    - ☐ Other—write in: _____
52. In the past 12 months, how often did you or someone in your household use the parks, playgrounds and/or sport fields in your neighborhood?
    - ☐ Once a week or more
    - ☐ Several times a month
    - ☐ At least once a month
    - ☐ A few times a year
    - ☐ Never

Substance use

53. Have you smoked at least 100 cigarettes (approximately 5 packs) in your entire life?
    - ☐ Yes
    - ☐ No
54. Do you now smoke cigarettes?
    - ☐ Everyday
    - ☐ Most days a week
    - ☐ Once a week
    - ☐ Not at all
55. Have you ever tried an e-cigarette or vaped, even one or two puffs? This would include products like JUUL, Blu and NJOY. (Do not include using electronic vaping products with marijuana or cannabis.)
    - ☐ Yes
    - ☐ No

56. How often do you use e-cigarettes or vape now?
    - ☐ Everyday
    - ☐ Most days a week
    - ☐ Once a week
    - ☐ Not at all

57. Do you currently use chewing tobacco, snuff or snus?
    - ☐ Everyday
    - ☐ Most days a week
    - ☐ Once a week
    - ☐ Not at all
    - ☐ I have never used chewing tobacco, snuff or snus

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

58. Have you ever, even once, tried marijuana or cannabis?
    - ☐ Yes
    - ☐ No

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

60. If you used marijuana or cannabis during the past 30 days, was it usually for ...?
    - ☐ Medical reasons (like to treat or decrease symptoms or health conditions)
    - ☐ Non-medical reasons (like to have fun or fit in)
    - ☐ Both medical and non-medical reasons
    - ☐ Not applicable

61. During the past 30 days, how many days did you have at least one drink of any alcoholic beverage? (One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)
    - ☐ Everyday
    - ☐ Most days
    - ☐ 1 - 2 days per week
    - ☐ None

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

63. In the past 12 months, have you ever taken a prescription pain medication such as oxycodone or hydrocodone that was prescribed to you?
    - ☐ Yes
    - ☐ No

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

Cancer screenings

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

72. If you answered yes, how long has it been since you had your last prostate screening?
    - ☐ LESS THAN 12 months ago
    - ☐ At least 1 year ago but LESS THAN 2 years ago
    - ☐ At least 2 years ago but LESS THAN 4 years ago
    - ☐ 5 or more years ago

73. A colonoscopy checks the entire colon. You are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Have you ever had a colonoscopy?
    - ☐ Yes
    - ☐ No
    - ☐ Not applicable (i.e., not old enough)

74. If you answered yes, how long has it been since you had a colonoscopy?
    - ☐ LESS THAN 12 months ago
    - ☐ At least 1 year ago but LESS THAN 2 years ago
    - ☐ At least 2 years ago but LESS THAN 4 years ago
    - ☐ 5 or more years ago

Mental health

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

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

76. How often do you feel that you lack companionship?
    - ☐ Hardly ever
    - ☐ Some of the time
    - ☐ Often

77. How often do you feel alone?
    - ☐ Hardly ever
    - ☐ Some of the time
    - ☐ Often

78. How would you describe your mental health compared to before the COVID-19 pandemic?
    - ☐ Much better
    - ☐ Somewhat better
    - ☐ About the same
    - ☐ Somewhat worse
    - ☐ Much worse

79. During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?
    - ☐ Yes
    - ☐ No

80. If you didn't get treatment or counseling, was the following a reason why you did not? Select all that apply.
    - ☐ I couldn't afford the cost
    - ☐ I was concerned it might cause my family or community to have a negative opinion of me
    - ☐ I was concerned it might have a negative effect on my job
    - ☐ My health insurance does not cover or pay enough for mental health treatment or counseling
    - ☐ I did not know where to go to get services
    - ☐ I was concerned that the information I gave the counselor might not be kept confidential
    - ☐ I was concerned that I might be committed to a psychiatric hospital or have to take medicine
    - ☐ I tried to get mental health treatment or counseling but was put on a waitlist
    - ☐ I could not find a therapist who was culturally competent
    - ☐ I did not have transportation to get to an appointment
    - ☐ Other—write in: _____
    - ☐ Not applicable

81. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?
    - ☐ Yes
    - ☐ No

Your neighborhood

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

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

84. Would you say that you feel part of your neighborhood?
    - ☐ Strongly agree
    - ☐ Agree
    - ☐ Neither agree or disagree
    - ☐ Disagree
    - ☐ Strongly disagree

85. Do you feel safe in your neighborhood?
    - ☐ Yes, all of the time
    - ☐ Yes, most of the time
    - ☐ Sometimes
    - ☐ No, mostly not
    - ☐ No, never

86. To what extent do you feel like you and your neighbors have the ability to impact your community?
    - ☐ A great extent
    - ☐ Somewhat
    - ☐ A little
    - ☐ Not at all

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

87. The sidewalks in my neighborhood are well-maintained (paved, even and not a lot of cracks).
    - ☐ Strongly agree
    - ☐ Agree
    - ☐ Neither agree nor disagree
    - ☐ Disagree
    - ☐ Strongly disagree
    - ☐ My neighborhood doesn't have sidewalks

88. It is easy to walk, roll or bike to a public transit stop (bus, train) from my home.
    - ☐ Strongly agree
    - ☐ Agree
    - ☐ Neither agree nor disagree
    - ☐ Disagree
    - ☐ Strongly disagree

89. Thinking about where you live (ZIP code, neighborhood), what do you believe are the most important health-related challenges in your community? Please select your top five (5).
    - ☐ Access to prenatal care
    - ☐ Adult mental health (depression, anxiety, obsessive-compulsive disorder, schizophrenia, etc.)
    - ☐ Adolescent mental health (depression, anxiety, obsessive-compulsive disorder, etc.)
    - ☐ Adolescent health (access to vaccines, childhood obesity, bullying, etc.)
    - ☐ Alzheimer's and dementia
    - ☐ Autoimmune diseases (multiple sclerosis, celiac disease, lupus, rheumatoid arthritis, etc.)
    - ☐ Cancers
    - ☐ Chronic pain
    - ☐ Dental problems
    - ☐ Type 2 diabetes (high blood sugar)
    - ☐ Family planning support (contraceptives, pregnancy testing, preconception services, etc.)
    - ☐ Hearing and vision loss
    - ☐ Heart disease (high blood pressure, stroke)
    - ☐ Infectious diseases (tuberculosis or TB, flu, COVID-19)
    - ☐ Lung disease (asthma, chronic obstructive pulmonary disease or COPD)
    - ☐ Maternal/newborn health (preterm birth, gestational diabetes, maternal hypertension)
    - ☐ Motor vehicle crash injuries
    - ☐ Obesity
    - ☐ Preventable injuries (falls, concussions, etc.)
    - ☐ Sexually transmitted infections and STDs (chlamydia, gonorrhea, syphilis, HIV, etc.)
    - ☐ Substance use
    - ☐ Women's health
    - ☐ Other (please specify): _____

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

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

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

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

Thank you for taking our survey!

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

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