

2025 Community Health Needs Assessment

Tyler Region





Tyler Region community hospital

- **Baylor Scott & White Texas Spine & Joint Hospital**

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



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Our commitment to the communities we serve

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

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

Our system includes:



52
hospitals



1,300
care sites



7,200
active physicians

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

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

Executive summary

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

The Tyler Region, characterized by its diverse demographic profile and unique health challenges, forms the primary service area for this CHNA. The region encompasses a wide range of socioeconomic backgrounds, making it imperative to address health disparities and ensure equitable access to healthcare services for all community members.

The CHNA process was guided by a robust methodological framework that leveraged both primary and secondary data sources. This approach ensures a comprehensive understanding of the health landscape of the Tyler Region. Our methodology included an extensive review of existing health data, complemented by insights gathered through direct community engagement initiatives. These efforts provided a well-rounded perspective on the prevailing health issues and unmet needs within the community.

BSWH Tyler Region remains dedicated to its mission of providing exemplary care to every patient, with a strategic focus on addressing the specific health needs identified in this CHNA. We are grateful for the opportunity to serve the Tyler Region and look forward to our continued partnership with local stakeholders to foster a healthier community.

CHNA process

Introduction

The Tyler Region Community Health Assessment was conducted to identify the health needs of the community and develop strategies to address them. This assessment involved collaboration with various community partners and utilized several types of primary data, including claims data and Metopio, a platform providing curated data on various health and community indicators. The assessment aimed to gather comprehensive insights into the health behaviors, outcomes and socioeconomic factors affecting the Tyler Region.

Survey

Surveys have been a critical source of primary data for this report, gathering opinions, behaviors and demographic information from a broad segment of the community. This method allows us to identify trends and common concerns that might not be visible through smaller, qualitative studies. The data collected from surveys helps in designing targeted interventions that are responsive to the expressed needs and preferences of the community population. To ensure surveys included feedback from diverse and underserved populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations.

Focus groups

Focus groups involve a small group of people discussing a topic under the guidance of a moderator, providing insights into their perceptions, opinions and attitudes. They can help identify community needs and inform the implementation of programs to address various health-related challenges. One focus group was completed in the Tyler Region. To ensure focus groups provided information from diverse populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations.

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

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

- East Texas Crisis Center
- East Texas Food Bank
- Anderson County Housing Authority
- Salvation Army
- Northeast Texas Public Health District

Metopio (secondary data)

Metopio is a robust platform that offers curated data from public and proprietary sources, providing comprehensive information on health behaviors, health risks, health outcomes and community-level drivers of health. This platform was utilized in the report to supplement the primary data collected from focus groups, offering a broader context for understanding the health challenges faced by the Tyler Region community.

CHNA process

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



Approach to identifying and prioritizing significant health needs

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

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

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

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

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

Significant health needs:

- Food access
- Access to care

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

1. Food access
2. Access to care

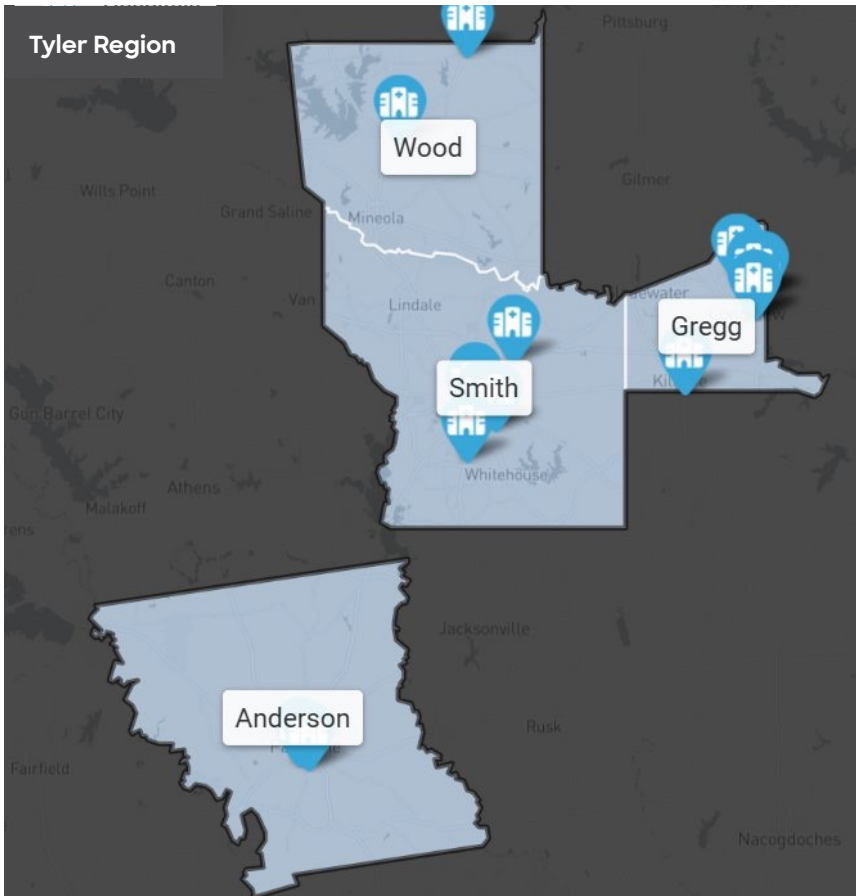
Demographics

Overview

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

- **Baylor Scott & White Texas Spine & Joint Hospital**

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



Total population

466,793



Median household income

\$67,443



Median age

38.3



% of Spanish primary language

12.21%

% of Asian primary languages

0.86%

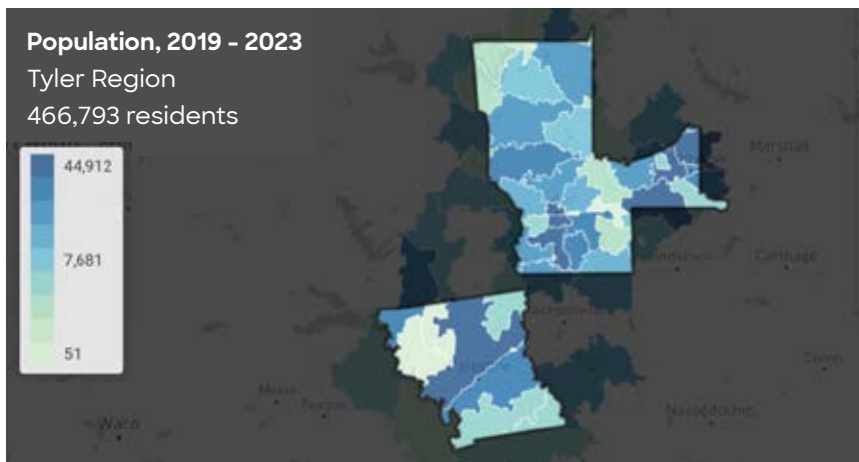
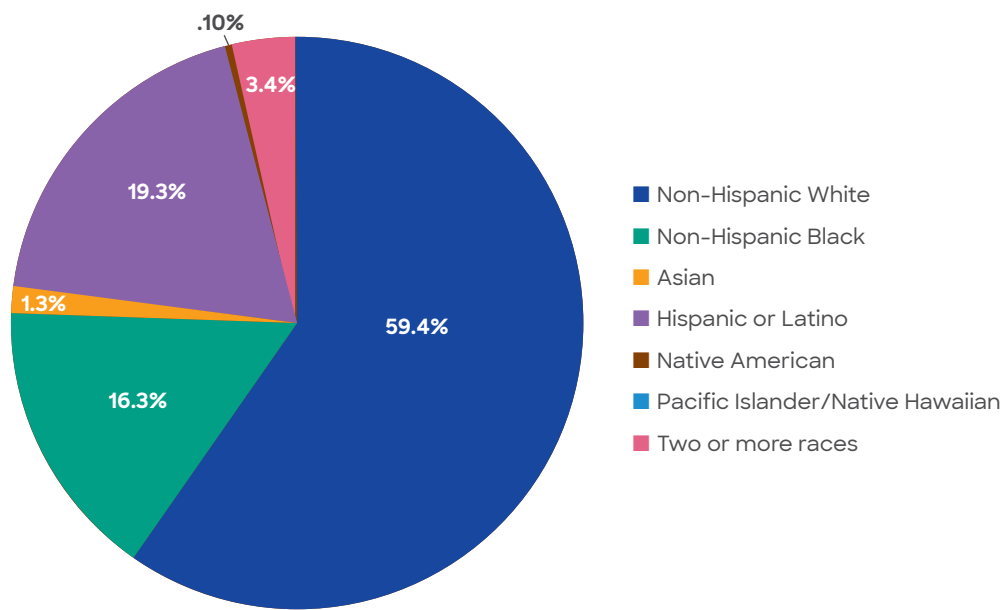
Race/ethnicity

In the Tyler Region, the racial and ethnic composition is marked by a majority of 59.42% Non-Hispanic Whites, followed by significant percentages of Hispanic or Latino (19.35%) and Non-Hispanic Blacks (16.31%) and smaller proportions of Asians (1.31%), Native Americans (0.16%), Pacific Islanders (0.06%), and those identifying with two or more races (3.39%). This diversity underscores the need for culturally competent health services and educational programs that are inclusive of all community members.

When compared to Texas and the United States, the Tyler Region has a higher proportion of Non-Hispanic Whites and Non-Hispanic Blacks but has fewer Hispanics and Asians. Texas, for example, has nearly equal proportions of Non-Hispanic Whites and Hispanics, both close to 40%, which is significantly different from the Tyler Region. Such demographic differences emphasize the importance of region-specific strategies in healthcare, education and economic development to cater to the unique composition of the Tyler Region.

Population by race/ethnicity

Tyler Region, 2019 - 2023

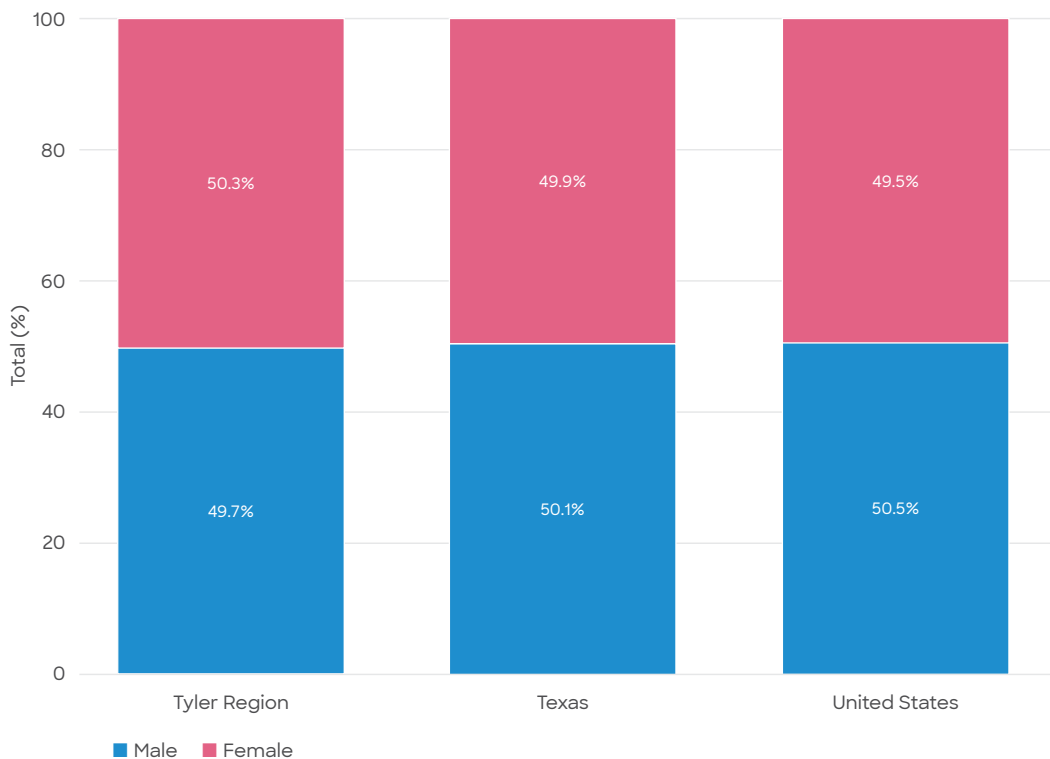


Gender distribution

The gender distribution in the Tyler Region is balanced, with 49.71% females and 50.29% males. This nearly equal distribution suggests that gender-specific health and social programs could be implemented symmetrically to benefit all residents equally.

Comparatively, the gender balance in the Tyler Region is quite similar to that of the broader state of Texas and the United States, both of which also report a near-even split between male and female populations. This similarity indicates that gender-related demographic trends in Tyler are reflective of larger patterns observed at the state and national levels, which could simplify the adaptation of successful gender-targeted programs from these areas to the Tyler Region.

Population by sex, 2019 - 2023

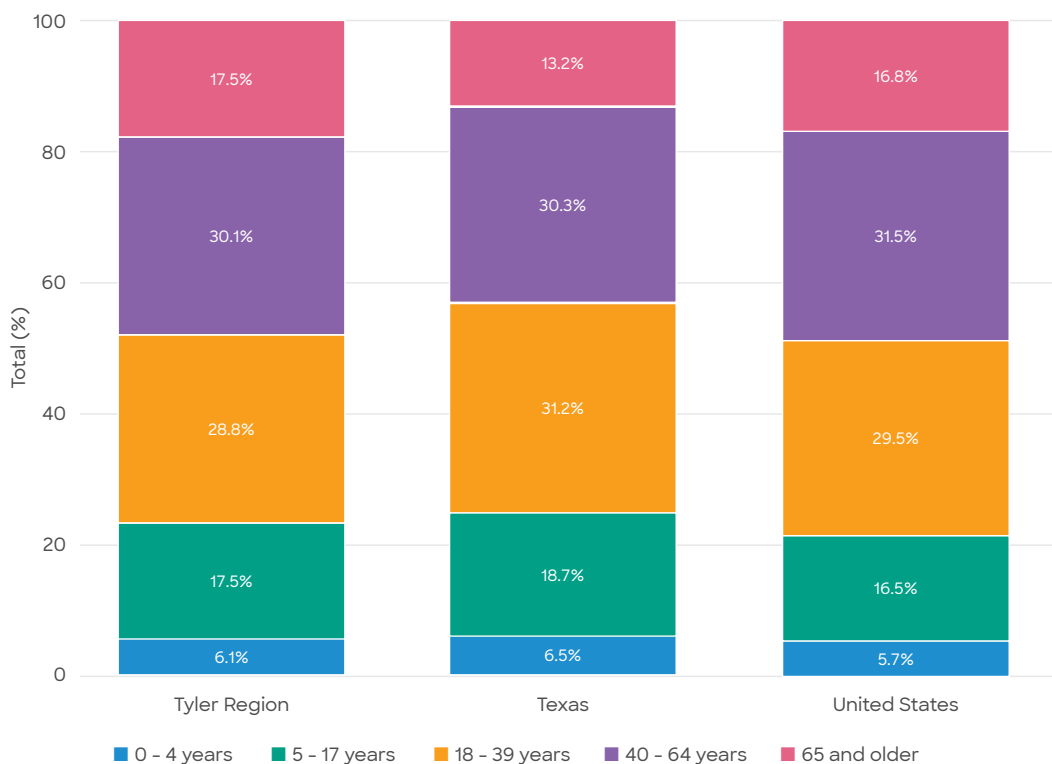


Age distribution

The age distribution in the Tyler Region ranges widely, with 6.10% of the population under 4 years, 17.50% between 5 and 17 years, 28.76% between 18 and 39 years, 30.12% between 40 and 64 years, and 17.52% aged 65 and older. This spread indicates a substantial need for diversified services ranging from education for younger residents to healthcare for older adults.

When compared to Texas and the United States, the Tyler Region has a higher proportion of adults aged 65 and older, which is notable compared to the state's 13.18% and the national figure of 16.84%. This demographic trend suggests a potential higher demand for senior services and healthcare facilities in Tyler compared to other regions, highlighting the importance of strategic planning in public health and community services to address the needs of an aging population.

Population by age, 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.



Access to care

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Behavioral health

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Built environment

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Chronic disease

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Food access

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Health behaviors

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Housing

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Maternal and child health

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Socioeconomic factors

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Access to care

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

What we heard from the community

Challenges highlighted in the community include difficulties with Medicaid access, complications in obtaining specialty care for uninsured individuals and significant language barriers that deter non-English speakers from seeking care. Many community members face long wait times for treatment and a lack of bilingual healthcare providers. Additionally, practical issues such as expensive housing, insufficient public transport and limited internet access further hinder the accessibility of healthcare services. These barriers often force individuals to rely on emergency services for care, which is not an optimal or sustainable solution for long-term healthcare needs.

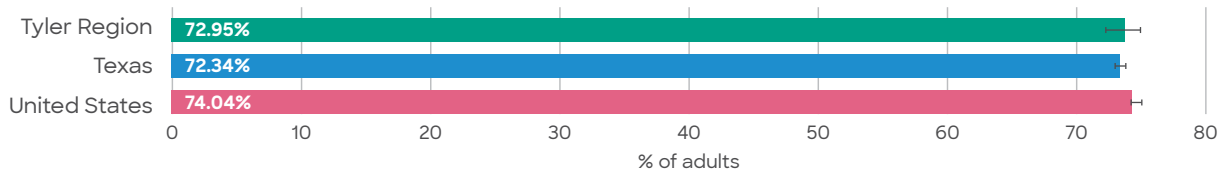
One community member noted, “A lot of services that are needed are not as easily accessed by people that utilize Medicaid, because we don’t have Medicaid expansion.” Another mentioned, “When our patients need specialty care, that’s when it gets really complicated, because if they’re uninsured, then there’s a lot of red tape with hospitals and finding a way for them to afford the specialty care.” These statements underscore the need for systemic changes to improve healthcare access and affordability.

Topic	Tyler Region	Texas	United States
Dentists per capita <i>dentists per 100,000 residents, 2024</i>	95.3	102.7	105.2
Internet access <i>% of households, 2023</i>	92.97 ±1.62	95.12 ±0.20	94.77 ±0.09
Medicaid coverage <i>% of residents, 2023</i>	17.74 ±1.58	16.20 ±0.20	21.31 ±0.10
Mental health providers per capita <i>providers per 100,000 residents, 2024</i>	299.0	332.3	602.7
No vehicle available <i>% of households</i>	4.74 ±1.02	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



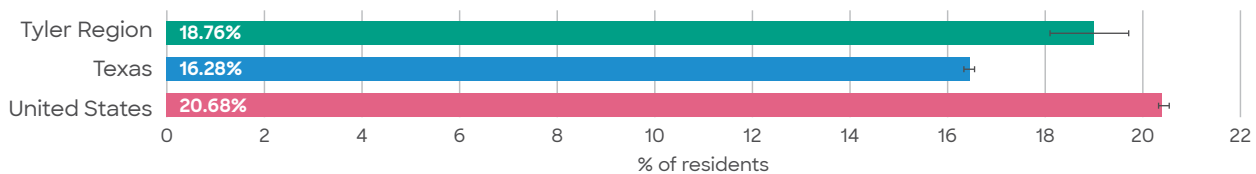
Routine checkups are a fundamental component of preventive healthcare, and recent data shows that the participation rates are closely aligned across different regions. Specifically, the Tyler Region has a participation rate of approximately 73%, closely mirroring Texas at 72.3% but slightly lagging behind the national average of 74%. Enhancing community engagement in routine health checkups is crucial for the early detection and management of potential health issues, ultimately reducing long-term healthcare costs and improving quality of life for residents.

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



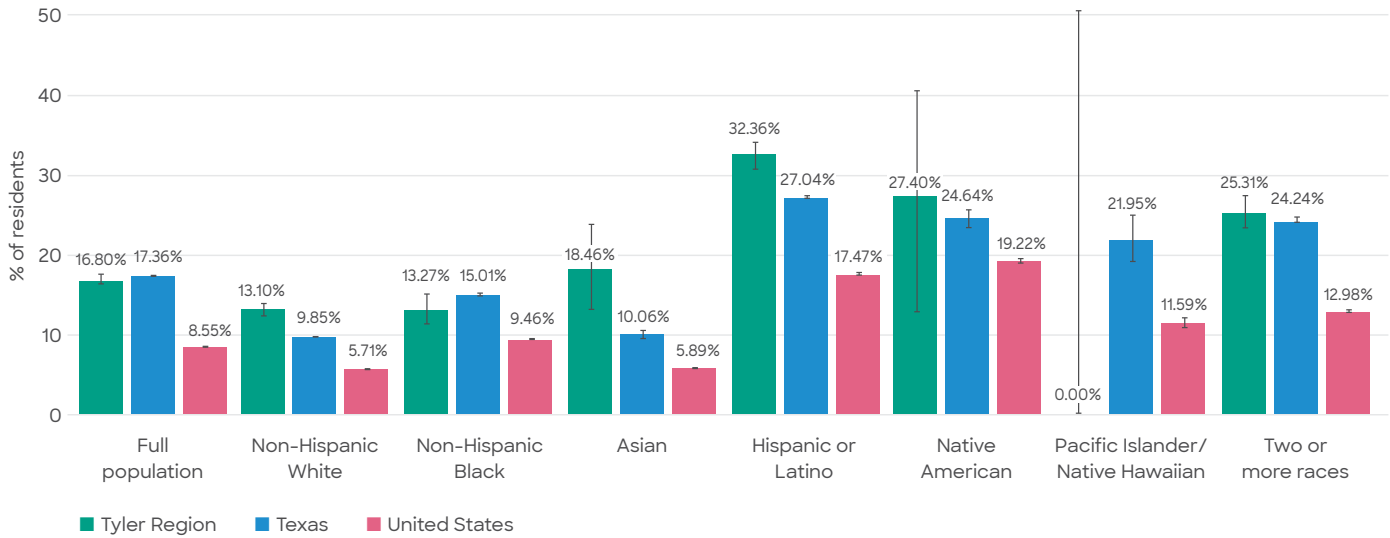
Medicaid coverage varies significantly across different regions, reflecting localized healthcare needs and policies. The Tyler Region shows a lower Medicaid coverage rate at 18.76% compared to the national average of 20.68%, highlighting potential gaps in healthcare access for its residents.

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

Uninsured rate

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

Uninsured rate by race/ethnicity, 2019 - 2023



In the Tyler Region, disparities in the uninsured rate across different racial and ethnic groups highlight significant challenges in healthcare access. For instance, Hispanic or Latino individuals face an uninsured rate of 32.36%, which is notably higher than the Texas average of 27.04% and more than double the national average of 17.47%.

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.

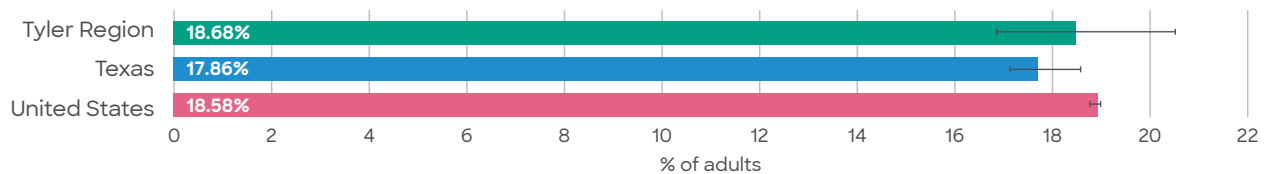
What we heard from the community

Behavioral health is a critical area that addresses various mental health needs within communities, particularly for vulnerable populations such as children and those depending on Medicaid. Community members have voiced specific concerns regarding the availability of psychiatric help, the long waiting times for mental health support and the scarcity of bilingual counselors, which further complicates access to necessary care for non-English speaking individuals.

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



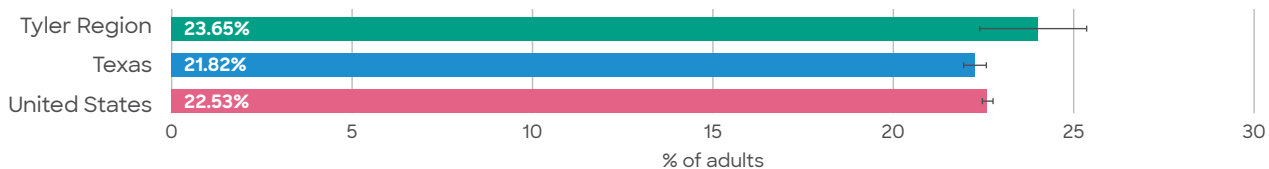
Binge drinking rates in the Tyler Region slightly exceed the national average, with 18.68% of adults engaging in such behavior compared to 18.58% nationally.

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

Depression

Prevalence of depression among adults 18 years and older.

Depression, 2022

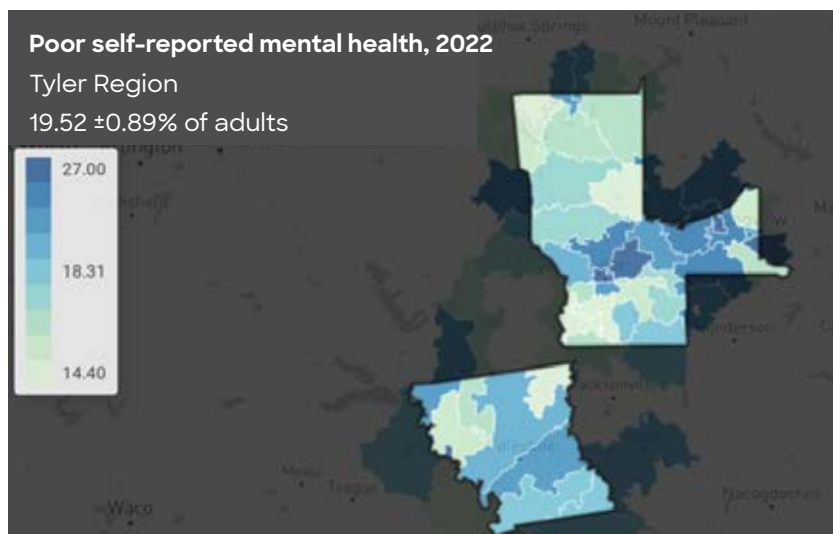


Depression rates in the Tyler Region stand out at 23.65%, slightly higher than both the state of Texas and the national average, which are 21.82% and 22.53%, respectively. This indicates a particular challenge for the Tyler community in addressing mental health concerns.

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.



In 2022, a significant portion of adults in various Texas ZIP codes reported poor mental health, with at least 14 days in the past month where their mental health was not good. These findings highlight areas such as Tyler, where the percentage of adults reporting poor mental health peaks at 27%, suggesting a critical need for enhanced mental health services and community support structures. The prevalence of poor mental health in these communities indicates a substantial impact on their well-being and productivity, necessitating interventions and resources to improve mental health outcomes.

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



Built environment

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

What we heard from the community

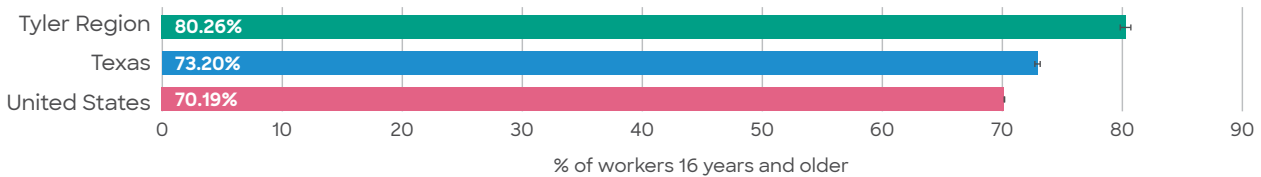
The built environment significantly influences community health by affecting how people access health services, nutritious food and other essential resources. Issues related to transportation, housing affordability and internet access are crucial determinants of a community’s health outcomes. Lack of transportation can impede access to healthcare services and limit employment opportunities, exacerbating health disparities. Affordable housing is integral to ensuring that all community members can live in safe, stable environments that support their health. Moreover, the availability of healthy food options is closely linked to the geographic and economic factors dictated by the built environment. One community member stated, “Transportation is a barrier in accessing services,” expressing how critical mobility is for health and accessing resources.

Topic	Tyler Region	Texas	United States
Drive alone to work <i>% of workers 16 years and older, 2019 - 2023</i>	80.26 ±0.83	71.65 ±0.28	69.18 ±0.06
Environmental Burden Index <i>2024</i>	46.48	49.50	50.25
Green space proximity <i>% of area, 2024</i>	18.28	11.07	44.94
Internet access <i>% of households, 2023</i>	92.97 ±1.62	95.12 ±0.20	94.77 ±0.09
Lifetime inhalation cancer risk <i>lifetime risk per million, 2019</i>	31.0	20.9	16.1

Drive alone to work

Percentage of workers 16 and older who commute to work using a car, truck or van (not including carpool).

Drive alone to work, 2019 - 2023



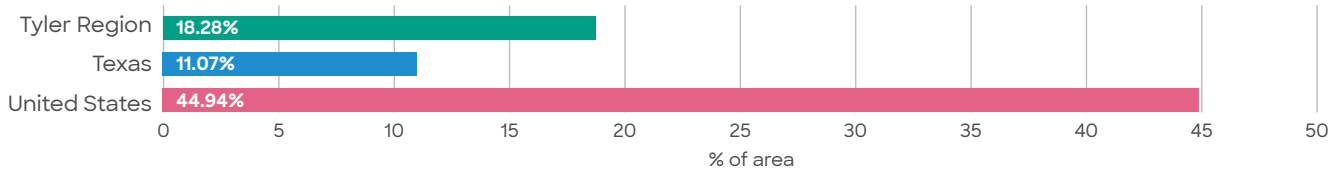
The reliance on driving alone to work is particularly high in the Tyler Region, where 80.26% of the population commutes by this method, compared to 73.2% in Texas and 70.19% across the United States. This significant difference suggests a potential lack of robust public transportation options or a cultural preference for personal vehicle use in the Tyler Region. The higher rate of solo driving impacts the community by increasing traffic congestion and contributing to environmental pollution.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B08301)

Green space proximity

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

Green space proximity, 2024



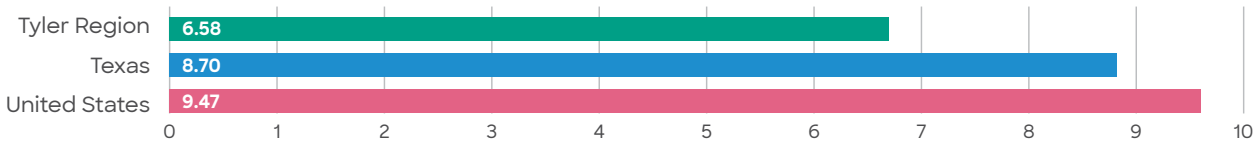
Green space proximity significantly varies across different regions, reflecting distinct environmental and urban planning priorities. The Tyler Region, with an average green space proximity of 18.28%, falls well below the national average of 44.94%, indicating a potential area for improvement in making natural spaces more accessible to its residents.

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, 2024



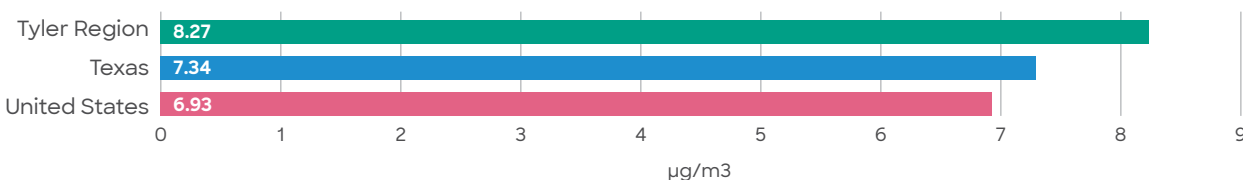
The Walkability Index, a measure of how friendly an area is to walking, reveals significant variation across different regions, reflecting the accessibility and infrastructure in place to support pedestrian movement. In comparison to the national average of 9.47, the Tyler Region scores noticeably lower at 6.58, suggesting room for improvement in pedestrian infrastructure and amenities. This disparity highlights the potential impact on the Tyler community, where enhancing walkability could lead to increased physical activity, reduced environmental impact and greater social interaction among residents.

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

Particulate matter (PM 2.5) concentration

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

Particulate matter (PM 2.5) concentration, 2020



Particulate matter (PM 2.5) concentrations provide a clear indication of air quality. In the Tyler Region, the levels are notably higher than both the state of Texas and the national average. With a concentration of 8.27 in Tyler compared to 7.34 in Texas and 6.93 across the United States, these figures suggest potential air quality concerns specific to the Tyler area. Elevated particulate matter can have significant health impacts, contributing to respiratory issues and other health problems within 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 disease management is a critical component of public health, focusing on conditions that are long-lasting and require ongoing medical attention or limit activities of daily living. Diabetes, particularly, stands out as a prevalent chronic disease that affects a significant portion of the population, including both adults and children. The effective tracking and management of these conditions are paramount to prevent their progression into more severe health issues, thereby reducing the burden on healthcare systems and improving patient outcomes.

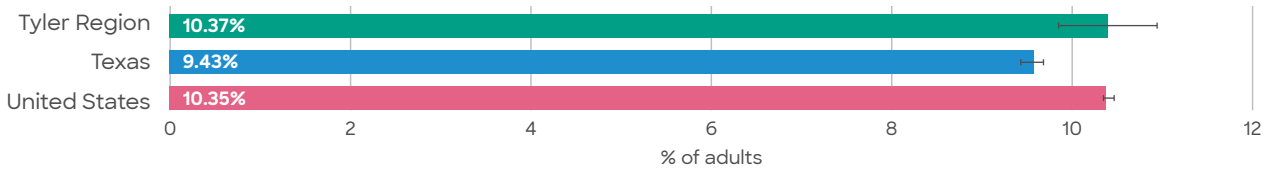
According to the quotes, there is a notable emphasis on patients with diabetes and pre-diabetes within the community, highlighting the need for continuous monitoring and intervention to manage these conditions effectively. One community member points out, “A lot of our patients are diabetic, pre-diabetic,” which underscores the widespread prevalence of diabetes in the community.

Topic	Tyler Region	Texas	United States
Chronic kidney disease <i>% of adults, 2021</i>	3.1 ±0.2	3.1 ±0.1	2.9 ±0.0
Chronic obstructive pulmonary disease (COPD) <i>% of adults, 2022</i>	7.53 ±0.43	6.23 ±0.16	6.37 ±0.05
Coronary heart disease <i>% of adults, 2022</i>	6.61 ±0.38	6.27 ±0.15	5.82 ±0.05
Current asthma <i>% of adults, 2022</i>	10.37 ±0.65	9.43 ±0.27	10.35 ±0.09
Diagnosed diabetes <i>% of adults</i>	12.6 ±0.9	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



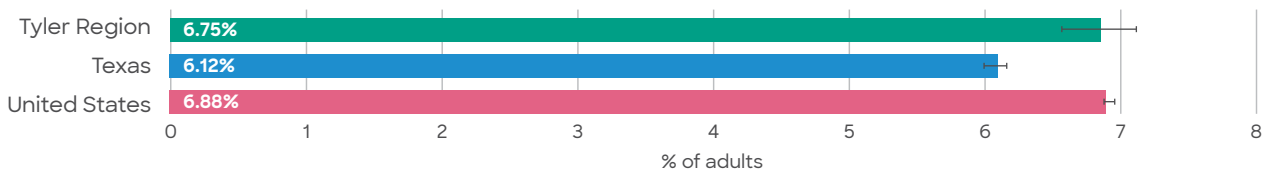
The prevalence of current asthma varies subtly yet significantly across different regions, reflecting localized environmental and healthcare dynamics. In the Tyler Region, the percentage of individuals with current asthma stands at 10.37%, slightly higher than the national average of 10.35% and noticeably surpassing Texas’ rate of 9.43%.

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

Have ever had cancer

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

Have ever had cancer, 2022



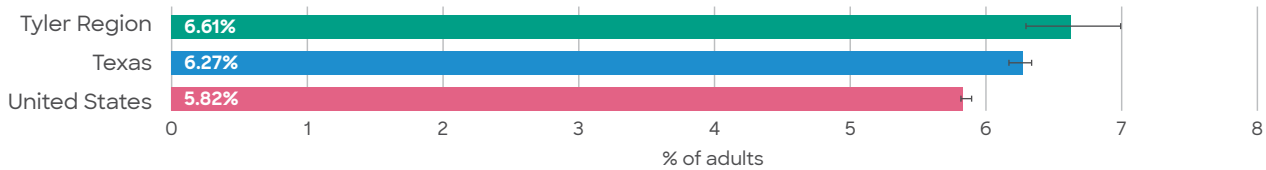
Cancer’s prevalence varies slightly across different regions, reflecting its uneven impact on communities. In the Tyler Region, 6.75% of the population has had cancer, slightly above the national average of 6.88% and notably higher than the Texas state average of 6.12%.

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



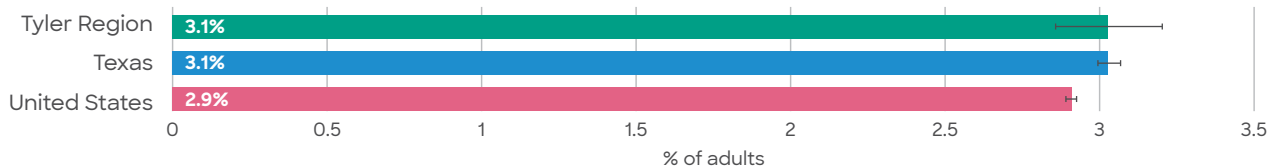
Coronary heart disease (CHD) rates in the Tyler Region notably surpass both the state of Texas and the national average, revealing a critical area for public health focus. At 6.61%, Tyler’s CHD prevalence is higher than Texas at 6.27% and the United States at 5.82%, indicating a localized health challenge that might stem from lifestyle, environmental factors or healthcare access disparities.

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



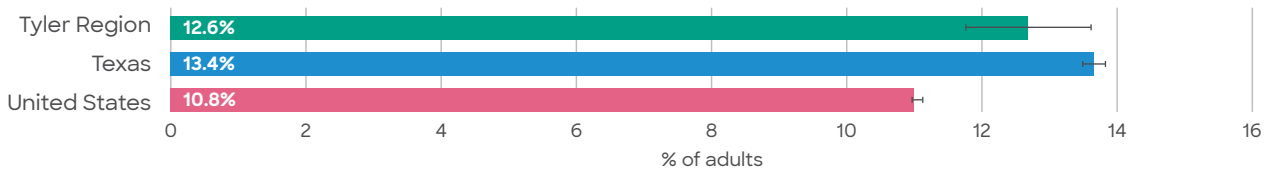
Chronic kidney disease shows a slightly higher prevalence in the Tyler Region and Texas as a whole, compared to the national average in the United States. With rates at 3.07% and 3.09%, respectively, both exceed the United States’ benchmark of 2.85%, suggesting regional variances in health outcomes and potentially access to healthcare services.

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

Diagnosed diabetes

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

Diagnosed diabetes, 2022



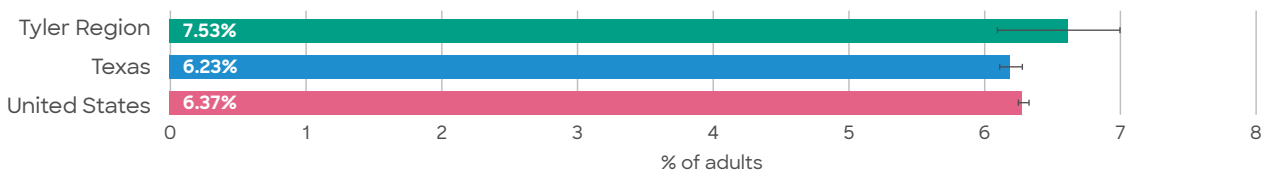
Diabetes remains a significant public health issue, with diagnosed rates varying notably across regions. In the Tyler Region, the rate of diagnosed diabetes stands at 12.6%, which is slightly lower than the Texas state average of 13.37% but still higher than the national average of 10.84%.

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



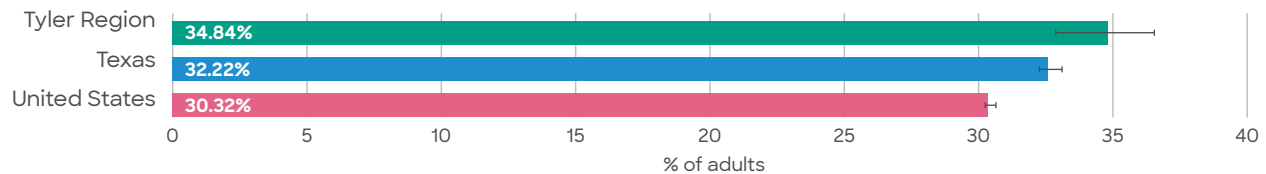
Chronic obstructive pulmonary disease (COPD) poses a significant health challenge, particularly in the Tyler Region, where prevalence rates are notably higher at 7.53% compared to both the state of Texas at 6.23% and the national average of 6.37%. Addressing this disparity is crucial for improving community health outcomes and reducing the burden of this disease on local healthcare systems.

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

High blood pressure

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

High blood pressure, 2022



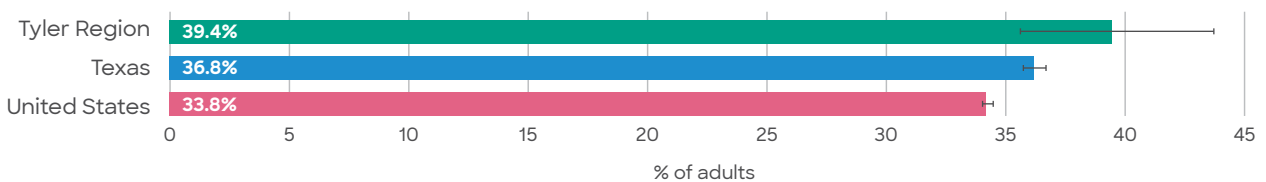
High blood pressure is a significant health concern that impacts numerous communities with varying severity. In the Tyler Region, the prevalence of high blood pressure stands at 34.84%, which is notably higher than both the Texas state average of 32.22% and the national average of 30.32%.

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



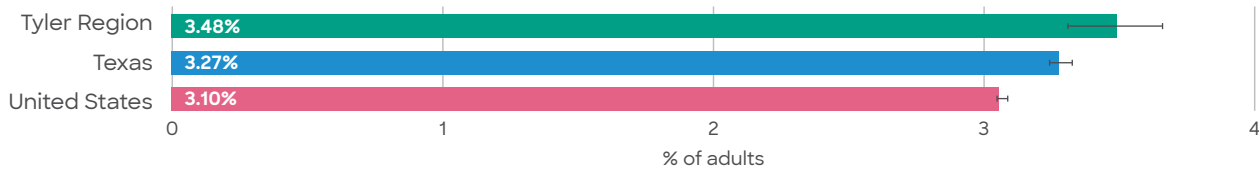
Obesity rates in the Tyler Region are notably higher than both the state of Texas and the national average, indicating a significant local health challenge. At 39.36%, this prevalence surpasses Texas' overall rate of 36.76% and the United States rate of 33.83%, underscoring a critical need for targeted intervention and community health initiatives in Tyler.

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 prevalence in the Tyler Region stands at 3.48%, which is notably higher than both the state of Texas and the national average, at 3.27% and 3.1%, respectively. This data suggests that the Tyler community may face unique health challenges or environmental factors contributing to this elevated rate. Addressing these disparities is crucial for community health officials to tailor interventions and improve stroke prevention and care strategies effectively within the region.

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



Food access

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

What we heard from the community

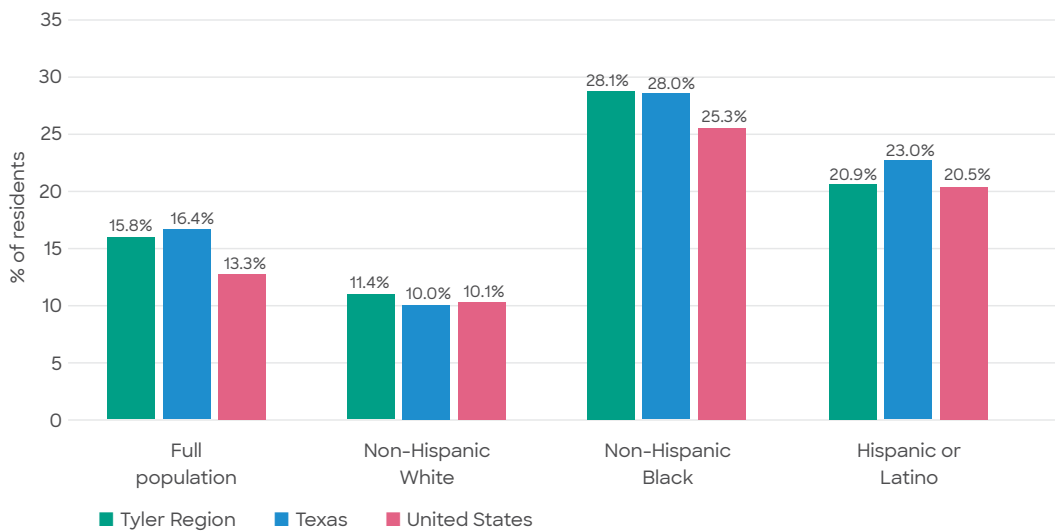
Food access is a critical determinant of community health, particularly in areas where residents face significant barriers to obtaining fresh and nutritious foods. The lack of proximity to grocery stores, combined with economic constraints, forces many individuals and families to rely on processed or fast foods, which are often less nutritious. This situation is exacerbated by the fact that many families are working multiple jobs, leaving them with little time or energy to seek out healthier meal options. The impact of inadequate food access is profound, affecting dietary habits and, consequently, the overall health of the community, including increased risks of obesity, diabetes and other diet-related health issues.

One community member mentioned, “Having access to healthy food is a problem, affording healthy food,” reflecting the dual challenge of availability and affordability. Another noted, “Families are working multiple jobs, and it’s just really hard for them to stay on top of everything,” which underscores the impact of economic and time constraints on healthy eating habits. These insights from the community are pivotal in understanding the barriers to food access and formulating effective strategies to address these challenges through policy changes, community programs and support systems that promote better food environments.

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



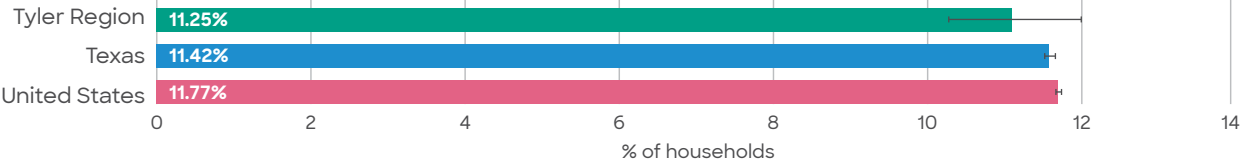
Food insecurity remains a significant challenge across various regions and ethnic groups, as highlighted by the data from Tyler Region, Texas and the United States. In the Tyler Region, the prevalence of food insecurity among the full population is approximately 15.83%, which is slightly lower than the Texas average of 16.4% but higher than the national average of 13.3%. Notably, Non-Hispanic Black individuals face the highest levels of food insecurity at 28.07% in Tyler, closely mirroring the state and national figures.

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 utilization of food stamps, known as the Supplemental Nutrition Assistance Program (SNAP), reveals telling trends about economic reliance across different regions. In the Tyler Region, 11.25% of the population relies on SNAP, slightly below the Texas state average of 11.42% and the national average of 11.77%.

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



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 range of activities and lifestyle choices that significantly influence individual and community health outcomes. These behaviors include dietary choices, engagement in physical activity and the utilization of health services, such as mental health counseling and chronic disease management. In the context of community health, addressing health behaviors can lead to improved management of chronic diseases like diabetes, better mental health support and overall enhanced well-being. Effective interventions in health behaviors require not only the availability of healthcare services but also education on lifestyle modifications and access to culturally and linguistically appropriate care providers.

Community members have access to a variety of health services aimed at improving health behaviors, including chronic disease programs for diabetes management, mental health services integrated within primary care, and counseling services for both adults and children.

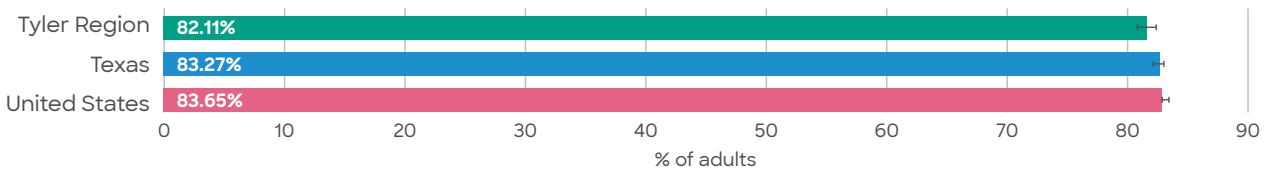
One community partner stated, “We have a huge chronic disease program here. A lot of our patients are diabetic, pre-diabetic,” emphasizing the prevalence of diabetes in the community and the initiatives in place to address it.

Topic	Tyler Region	Texas	United States
Cholesterol screening <i>% of adults, 2021</i>	82.11 ±1.38	83.27 ±0.67	83.65 ±0.20
Cigarette smoking rate <i>% of adults, 2022</i>	17.7 ±1.0	14.8 ±0.4	14.6 ±0.1
Colorectal cancer screening <i>% of adults, 2022</i>	55.55 ±2.46	54.64 ±1.07	58.85 ±0.32
Mammography use <i>% of female adults, 2022</i>	70.20 ±4.01	73.79 ±1.55	75.65 ±0.45
No exercise <i>% of adults</i>	27.4 ±2.2	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



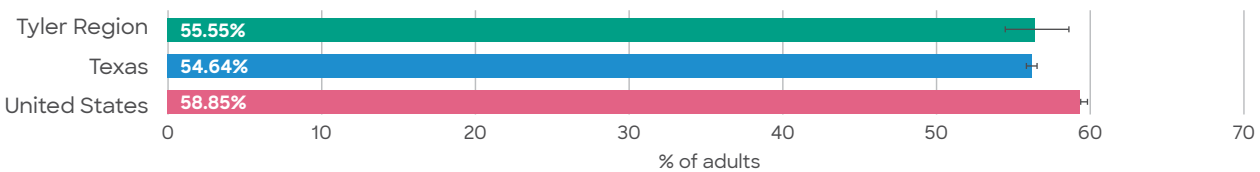
Cholesterol screening rates across the Tyler Region, Texas and the United States show a close range, with Tyler slightly trailing at 82.11% compared to Texas at 83.27% and the national average at 83.65%. Increasing screening rates in the Tyler Region could potentially reduce the impacts of heart disease and related conditions, bolstering overall public health resilience and ensuring a healthier future for its 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



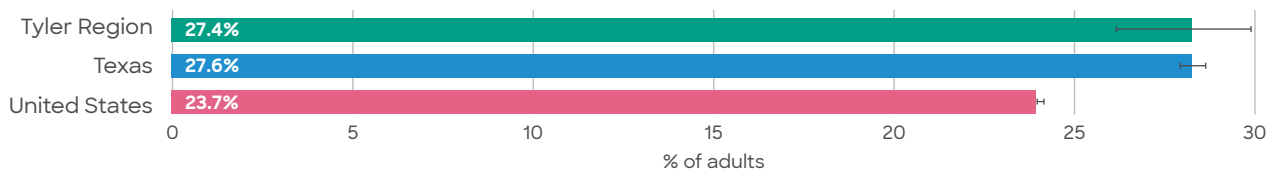
Colorectal cancer screening rates reveal insightful disparities among different regions, indicating a varied focus on healthcare priorities. The Tyler Region in Texas has a screening rate of approximately 55.55%, slightly above the state average of 54.64% but still below the national average of 58.85%. Enhanced screening efforts are crucial in mitigating the impact of colorectal cancer on communities by facilitating early detection and treatment, ultimately contributing to lower morbidity and mortality rates across these populations.

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



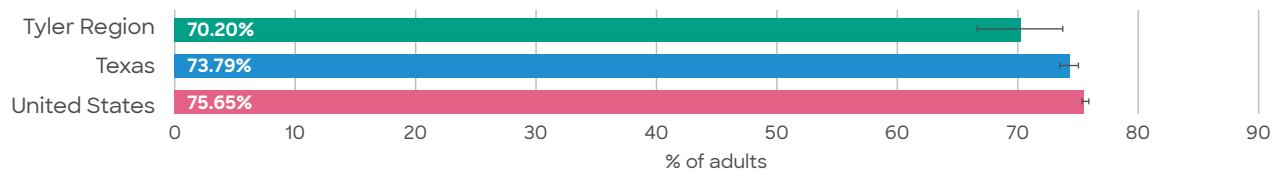
The Tyler Region and Texas report slightly higher rates of no exercise, at approximately 27%, compared to the national average of about 24%. Addressing these variations through targeted public health programs could mitigate health issues linked to inactivity and improve overall well-being in these communities.

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

Mammography use

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

Mammography use (Female), 2022



Mammography use varies across different regions, indicating distinct public health approaches and community awareness levels. In the Tyler Region, mammography usage stands at 70.2%, which is lower compared to the statewide average in Texas at 73.79% and the national average in the United States at 75.65%. This discrepancy highlights potential areas for improvement in healthcare outreach and education in Tyler.

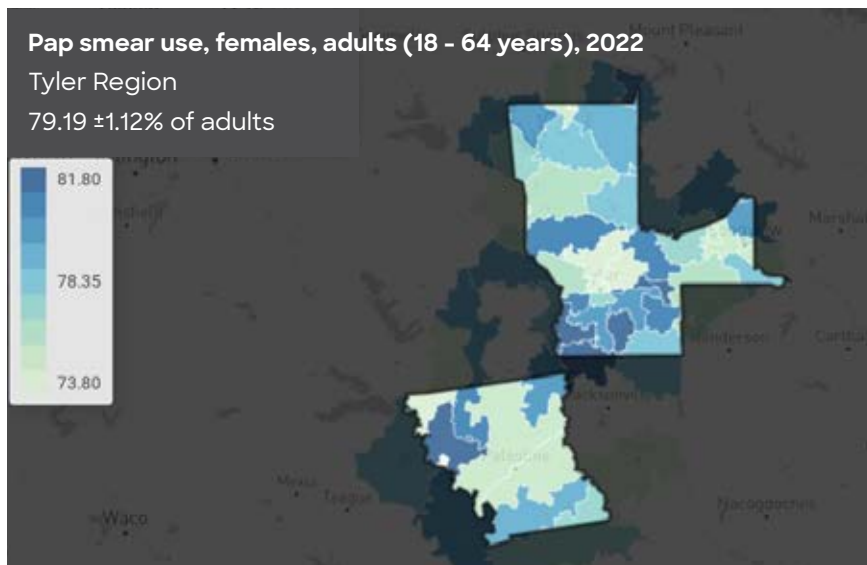
Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts))

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 screenings are a crucial preventive measure for women, aiming to detect and prevent cervical cancer. Focusing on several regions within Texas, including towns like Grand Saline, Tyler and Longview, data from 2020

reveals that the percentage of women aged 21 - 65 who reported having a Pap smear in the past three years varies, ranging from approximately 74% to 82%.

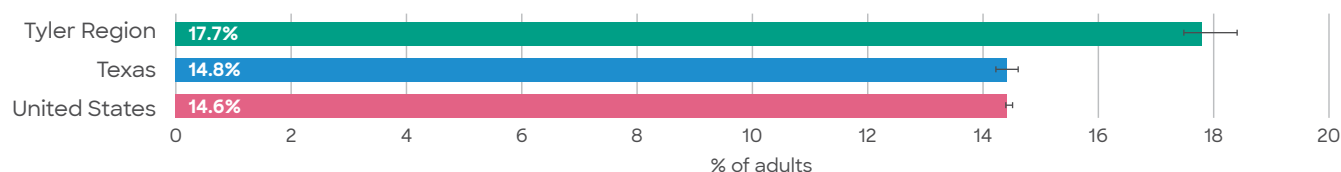


Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts))

Cigarette smoking rate

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

Cigarette smoking rate, 2022



The Tyler Region shows a higher cigarette smoking rate at 17.65% compared to the Texas state average of 14.8% and the national average of 14.61%. This elevated rate may have significant implications for public health in the region, potentially leading to higher incidences of smoking-related illnesses and a greater burden on local healthcare services.

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



Housing

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

What we heard from the community

Housing affordability is a critical issue impacting community health and well-being. The lack of affordable housing options forces individuals and families to make difficult choices between healthcare, groceries and shelter. This situation leads to increased financial stress and can adversely affect mental and physical health. Adequate and affordable housing is essential for stable living conditions, which in turn support better health outcomes.

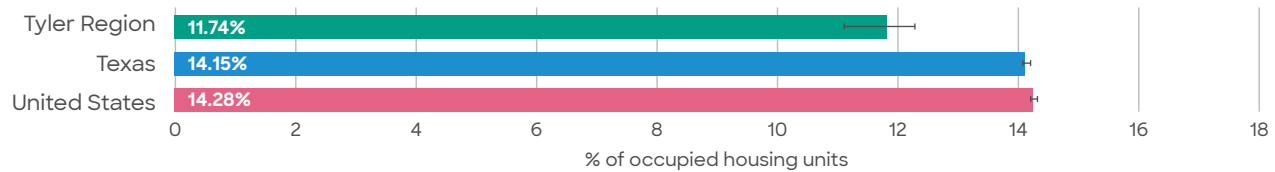
Community members express significant concern over the cost of housing and its direct impact on their ability to afford other necessities, including health insurance. The high cost of living and inflation are exacerbating these issues, with many feeling helpless about the prospects for resolution. One community member pointedly noted, “If they were paying for health insurance through their employer, they’re like, Okay, well, if this is \$300 a month, I’m going to drop it because, you know, it’s better for me to be able to pay rent and buy groceries.”

Topic	Tyler Region	Texas	United States
Crowded housing <i>% of occupied housing units, 2023</i>	4.14 ±1.19	4.82 ±0.15	3.51 ±0.03
Eviction rate <i>% of renter-occupied households, 2018</i>	2.62	2.62	2.12
Housing cost burden <i>% of occupied housing units, 2023</i>	30.31 ±2.70	33.38 ±0.35	31.86 ±0.07
Owner occupied <i>% of occupied housing units, 2023</i>	66.22 ±1.97	62.59 ±0.29	65.24 ±0.19
Severe housing cost burden <i>% of occupied housing units</i>	13.87 ±1.84	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



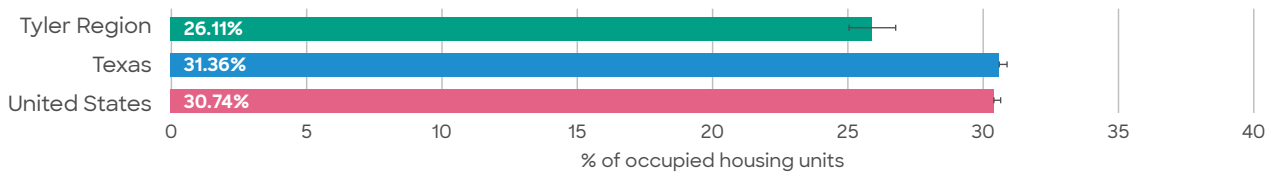
In the Tyler Region, the severe housing cost burden affects a smaller percentage of the population at 11.74% compared to Texas at 14.15% and the national average of 14.28%. This indicates a relatively better housing affordability in the Tyler Region, which might translate into a lesser economic strain on its residents.

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, 2019 - 2023



Housing affordability remains a significant challenge across different regions, but the Tyler Region showcases a slightly better scenario compared to the Texas average and the United States. With a housing cost burden of 26.11%, Tyler is relatively more affordable than the broader state level at 31.36% and the national figure of 30.74%.

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

Owner occupied

The Tyler Region outperforms both Texas and the national average in terms of owner-occupied housing, with a significant 67.89% of homes being owner-occupied compared to 62.56% in Texas and 65.02% in the United States. This higher rate of home ownership in the Tyler Region may contribute to a more stable community environment.

Owner occupied, 2019 - 2023



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



Maternal and child health

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

What we heard from the community

Maternal and child health is a critical area of public health that focuses on the health provisions and services necessary for mothers and children. This health theme is essential for ensuring the well-being and development of the next generation and supporting mothers in their caregiving roles. The challenges in this area often include accessibility to specialized care, linguistic barriers in healthcare provision and the availability of pediatric mental health resources. The need for effective management of chronic diseases like diabetes, especially among pediatric populations, is also highlighted. Furthermore, ensuring that health services are inclusive and accessible to diverse populations, including those requiring bilingual services, is essential for equitable healthcare delivery.

Community members express various concerns about the accessibility and adequacy of maternal and child health services. They point out difficulties in obtaining specialty care for children, especially for those covered by Medicaid, due to the scarcity of local providers accepting this insurance. The lack of bilingual counselors and healthcare providers poses a significant barrier for non-English speaking populations, primarily Spanish speakers, impacting their willingness and ability to seek necessary services. Additionally, the community faces challenges related to chronic disease management in children, highlighting the need for more robust health education and lifestyle intervention programs.

Topic	Tyler Region	Texas	United States
Births to women without partners present <i>% of births, female, 2023</i>	19.82 ±9.90	28.27 ±1.19	24.36 ±0.45
Child Opportunity Index 3.0 <i>2017 - 2021</i>	48	53	52
Child care center ratio <i>children / care center enrollment, 2023</i>	10	10	11
Grandparents responsible for grandchildren <i>% of residents age 30+, 2019 - 2023</i>	1.73 ±0.83	1.34 ±0.06	0.99 ±0.02
Mortality among young adults <i>%, 2010 - 2015</i>	0.9 ±0.1	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



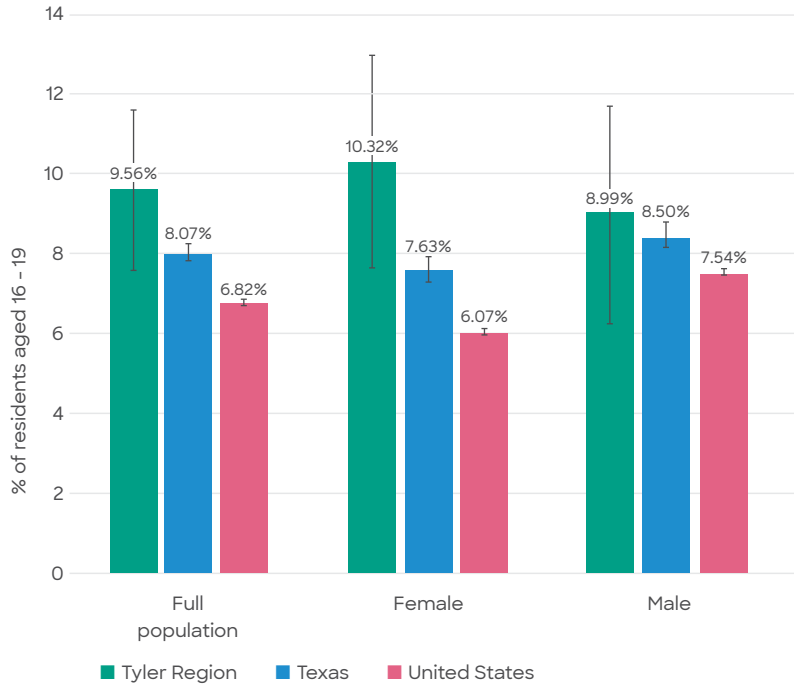
The Child Opportunity Index 3.0 reveals significant disparities in opportunity among children living in the Tyler Region compared to those in the broader Texas area and the United States. With a score of 48.49, children in the Tyler Region face notably lower opportunities than their counterparts in Texas and the national average, which are 52.62 and 52.16, respectively.

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 by sex, 2019 - 2023



The challenge of opportunity youth is particularly pronounced in the Tyler Region compared to Texas and the United States overall. Data reveals that the full population of opportunity youth in Tyler stands at 9.56%, higher than the Texas average of 8.07% and the national figure of 6.82%. This discrepancy is even more acute among females in Tyler, where 10.32% are classified as opportunity youth, compared to 7.63% in Texas and 6.07% nationally.

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 critical role in determining access to healthcare and other essential services within a community. These factors include income levels, employment status, housing stability and insurance coverage, all of which directly influence individuals' ability to obtain necessary medical care and support services. In communities where socioeconomic disparities are pronounced, residents often face significant barriers to accessing healthcare, specialty care, and even basic necessities such as healthy food and reliable transportation. The excerpts indicate a complex interplay between socioeconomic status and health outcomes, with many community members struggling to navigate the healthcare system due to financial constraints and limited resources.

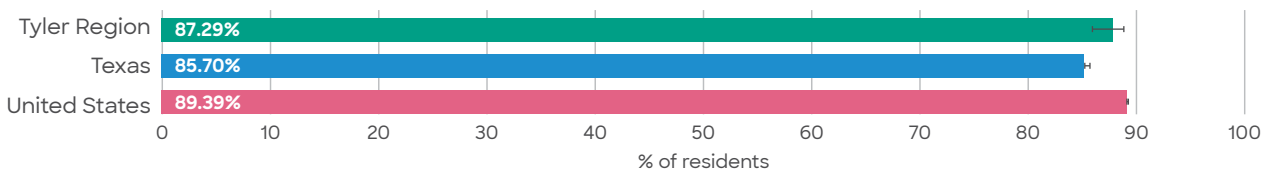
Community members have voiced concerns about the multiple barriers they face due to socioeconomic factors. These include difficulties accessing services due to Medicaid limitations, challenges in obtaining specialty care for uninsured individuals and language barriers that hinder communication with healthcare providers. Additionally, the lack of affordable and reliable transportation often prevents consistent access to healthcare services. Moreover, many individuals are engaged in low-wage jobs that do not offer paid leave, exacerbating their challenges in seeking timely medical care without financial hardship. The high cost of living and inadequate access to affordable housing and healthy food further compound these issues, making it difficult for families to maintain stability and health.

Topic	Tyler Region	Texas	United States
Any higher education rate <i>% of residents, 2023</i>	63.97 ±2.68	62.11 ±0.31	63.84 ±0.10
Below 200% of poverty level <i>% of residents, 2023</i>	34.75 ±3.20	31.26 ±0.40	28.24 ±0.11
College graduation rate <i>% of residents, 2023</i>	26.71 ±1.67	34.24 ±0.22	36.16 ±0.08
Hardship Index <i>score, 2019 - 2023</i>	58.4	54.8	48.4
High school graduation rate <i>% of residents</i>	88.46 ±3.15	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



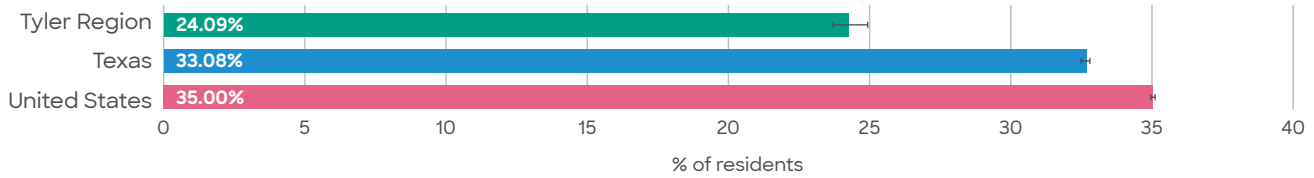
The high school graduation rates reveal significant insights about educational attainment in the Tyler Region compared to both the Texas state average and the national figures. With an 87.29% graduation rate, the Tyler Region slightly surpasses Texas' average of 85.7% but falls short of the United States average of 89.39%.

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



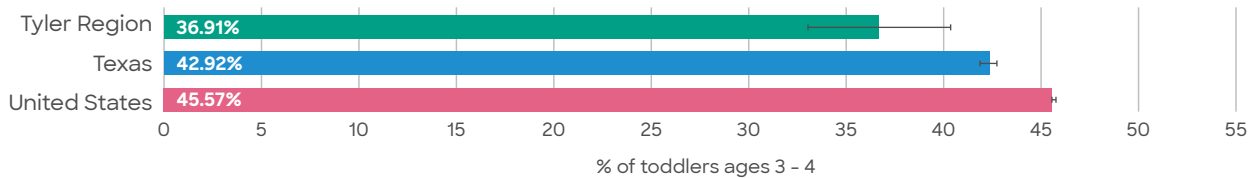
In the Tyler Region, the college graduation rate stands at approximately 24%, significantly lower than the Texas average of 33% and the national average of 35%. Addressing this educational disparity is essential for fostering a more equitable and prosperous future for all residents in the region.

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



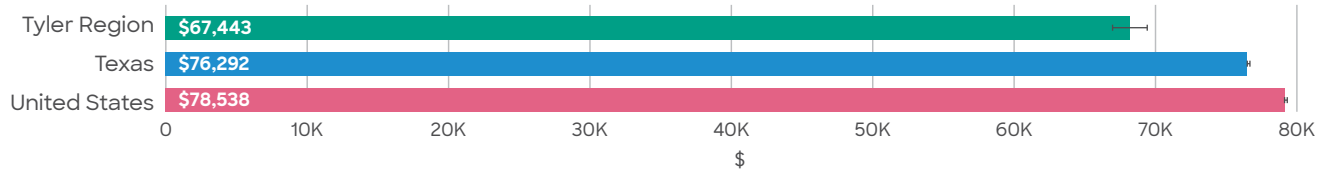
Preschool enrollment is a critical early educational step that varies significantly across different regions. In the Tyler Region, only 36.91% of children are enrolled in preschool, which is lower compared to the state of Texas at 42.92% and the national average in the United States at 45.57%. Improving preschool access in Tyler could potentially bolster educational outcomes and long-term community development, ensuring that children in the region receive the foundational skills necessary for future success.

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



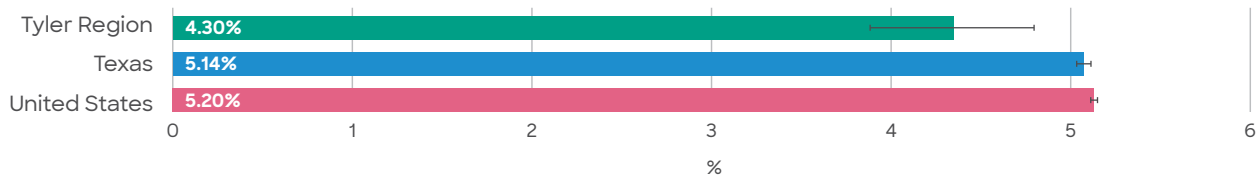
The Tyler Region’s median income is significantly lower than Texas and the national average. This indicates potential economic challenges that may impact local access to resources and overall quality of life. Addressing this income gap could play a crucial role in bolstering local development and ensuring equitable growth compared to statewide and national levels.

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

Unemployment rate

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

Unemployment rate, 2019 - 2023



The unemployment rate in the Tyler Region stands at 4.3%, which is notably lower than the state average of Texas at 5.14% and slightly lower than the national average of 5.2%. This suggests that the Tyler Region is faring better in terms of employment opportunities compared to the broader state and national contexts.

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, food insecurity/access to healthy foods, obesity

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> • Access to primary healthcare providers • Food insecurity/ access to healthy foods • Obesity 	<ul style="list-style-type: none"> • Provide free and/or discounted care, including community referrals, to financially or medically indigent patients. 	<ul style="list-style-type: none"> • Improved access to care and community resources. • Baylor Scott & White Texas Spine & Joint Hospital: Provided over \$513,000 in charity care to un/underinsured and low-income patients.
<ul style="list-style-type: none"> • Food insecurity/ access to healthy foods • Obesity 	<ul style="list-style-type: none"> • Provide referrals to food banks and programs for food-insecure patients. 	<ul style="list-style-type: none"> • Improved access to care and community resources. • Baylor Scott & White Texas Spine & Joint Hospital: Developed and maintained a comprehensive list of local food banks and programs for patient referrals.
<ul style="list-style-type: none"> • Access to primary healthcare providers • Obesity 	<ul style="list-style-type: none"> • Partner with Bethesda Health Clinic to provide healthcare for underserved and uninsured East Texans. 	<ul style="list-style-type: none"> • Improved access to primary and dental care and community resources for underserved populations in East Texas. • Baylor Scott & White Texas Spine & Joint Hospital: Partnered with Bethesda Health Clinic to ensure uninsured and/or low-income Baylor Scott & White patients are referred to and receive care from Bethesda Health Clinic, a clinic providing primary and dental care to underserved East Texans.

Existing resources

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

- ACCESS MHMR
- Alzheimer's Alliance of Smith County
- American Red Cross East Texas Chapter
- Anderson County Housing Authority
- Andrews Center
- ARC of Smith County
- Bethesda Health Clinic
- Children's Advocacy Center of Smith County
- East Texas Aging and Disability Resource Center
- East Texas Crisis Center
- East Texas Food Bank
- Family Outreach and Resource Inc.
- Goodwill of East Texas
- Literacy Council of Tyler
- Longview Community Ministries
- Meals on Wheels
- Methodist Children's Home Family Outreach
- Salvation Army
- Smith County Public Health
- Storehouse Ministries Outreach
- Texas Economic Development Corporation
- Texas Department of Health (Palestine)
- United Way of East Central Texas
- United Way of Smith County
- University of Texas at Tyler
- Wood County Indigent Health Care
- Wood County Veteran's Services
- Workforce Solutions East Texas

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	13%
Maternal and child health	0%
Health behaviors	0%
Behavioral health	13%
Built environment	0%
Housing	0%
Access to care	25%
Chronic disease	13%
Food access	38%

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

1. Food access

2. Access to care

Health needs assessed but not identified as significant

- **Health behaviors:** Many health behaviors are highly correlated with the health needs identified in the CHNA. Hospital and community leaders indicated that health behaviors will be incorporated in strategies focusing on the prioritized health needs. In addition, the hospital implements many programs and initiatives that aim to improve health behaviors within the community, including community screenings, nutrition education and primary care services.
- **Maternal and child health:** Maternal and child health was not selected as a priority due to the many services and programs offered by the hospital and partner organizations. In addition, the hospital provides financial support to several community organizations that support and address the needs of mothers and their children.
- **Socioeconomic factors:** While the hospital recognized the importance and impact socioeconomic factors have on an individual and community's health, there was also consensus around the needs being adequately addressed by partner community organizations. In addition, the hospital provides funding to local community organizations and non-profits that address various socioeconomic factors in the community.

Next steps/Implementation Plans

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

Approval and contact information

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

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

Data sources

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

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

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

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

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

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

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

Behavioral Risk Factor Surveillance System (BRFSS)

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

DiversityDataKids.org: Child Opportunity Index 3.0

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

Diabetes Atlas

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

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

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

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

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

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

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

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

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

Department of Homeland Security (DHS): HIFLD Open Data

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

Feeding America: Map the Meal Gap

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

Metopio

Created by Metopio staff.

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

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

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

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

Centers for Disease Control and Prevention (CDC): PLACES

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

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

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

Appendix

Key Informant Interview Guide

FACILITATION PROTOCOLS

1. Establishing ground rules

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

2. Introductions

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

3. Community strengths

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

4. Health questions

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

(Potential) follow up questions based on health issue selected

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

5. Built environment and social factors

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

(Potential) follow up questions based on community issue

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

6. Action planning

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

7. Next steps

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

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

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

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

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

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

We thank you for your help.

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

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

Chronic diseases

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

Demographics

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

19. What sex were you assigned at birth?

- Male
- Female
- Prefer not to answer

20. What is your gender identity?

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

21. What is your sexual orientation?

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

22. What is your marital status?

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

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

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

24. What is your current employment status?

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

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

- Yes
- No

26. Are you currently working from home?

- Yes
- No
- Hybrid

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

- Yes
- No

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

Your answer is private and confidential.

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

Your home

29. What are your current living arrangements?

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

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

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

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

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

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

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

33. Did you receive any support?

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

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

Immunizations

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

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

- Yes
- No

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

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

Diet and physical activity

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

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

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

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

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

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

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

- Often true
- Sometimes true
- Never true

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

- Yes
- No

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

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

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

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

Substance use

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

- Yes
- No

54. Do you now smoke cigarettes?

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

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

- Yes
- No

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

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

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

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

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

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

- Yes
- No

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

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

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

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

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

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

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

- Yes
- No

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

Cancer screenings

65. Have you ever had a mammogram? (A mammogram is an X-ray of each breast to look for breast cancer.)

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

66. If you answered yes, how long has it been since you had your last mammogram?

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

67. Have you ever had a Pap test?

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

68. If you answered yes, how long has it been since you had your last Pap test?

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

69. An HPV test is sometimes given with the Pap test for cervical cancer screening. Have you ever had an HPV test? (HPV is also known as human papillomavirus.)

- Yes
- No

70. If you answered yes, how long has it been since you had your last HPV test?

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

71. Have you ever had a prostate screening?

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

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

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

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

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

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

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

Mental health

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

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

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

- Hardly ever
- Some of the time
- Often

77. How often do you feel alone?

- Hardly ever
- Some of the time
- Often

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

Your neighborhood

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

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

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

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

85. Do you feel safe in your neighborhood?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you for taking our survey!

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

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

