

2025 Community Health Needs Assessment

Waco-McLennan Region





Waco-McLennan Region community hospital

- **Baylor Scott & White Medical Center - Hillcrest**

Approved by: Baylor Scott & White Health - Central Texas Operating, Policy and Procedure Board on May 16, 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 Medical Center – Hillcrest, located in the Waco-McLennan Region, completed its latest Community Health Needs Assessment (CHNA). This assessment is pivotal in identifying the health needs within the community that Baylor Scott & White – Hillcrest serves. By aligning its resources and strategies with the community’s needs, BSWH is committed to enhancing health outcomes and the overall well-being of its residents.

The CHNA process employed by Baylor Scott & White – Hillcrest included a comprehensive collection of primary data through surveys, focus groups and interviews, along with an analysis of existing claims data. This multisource approach ensures a robust understanding of the health landscape in the Waco-McLennan area. The primary data collection was meticulously planned and executed to gather insights directly from the community, ensuring that the voices of the residents are heard and considered in the healthcare planning process.

The Waco-McLennan Region, as defined for the purposes of this CHNA, includes diverse populations with varying healthcare needs. This area is characterized by a mix of urban and rural communities, each with unique challenges and health service requirements. Understanding these nuances is crucial for Baylor Scott & White – Hillcrest in tailoring its health programs and interventions.

Through the CHNA, several key areas were examined; however, specific health needs have been prioritized based on the aggregated data and community feedback. These priorities will be addressed in the subsequent implementation strategy, which will detail how Baylor Scott & White – Hillcrest plans to allocate resources and develop programs to meet these identified needs. The strategy will focus on measurable outcomes to ensure that the interventions are effective and provide the maximum benefit to the community.

Baylor Scott & White – Hillcrest is dedicated to maintaining transparency and accountability throughout this process. The findings of the CHNA are made available to the public and all stakeholders to ensure collective understanding and support for the proposed health initiatives. This open communication fosters a collaborative environment where community partners can come together to achieve common health goals.

In conclusion, the CHNA conducted by Baylor Scott & White – Hillcrest is a critical tool in understanding and addressing the health needs of the Waco-McLennan Region. The commitment to a data-driven, community-focused approach in health planning exemplifies BSWH's dedication to its mission of providing exemplary care for all residents. The next steps involve detailed planning and implementation of health programs that are responsive to the findings of this assessment, with ongoing evaluation to adapt and optimize health outcomes continuously.

CHNA process

Introduction

In the process of developing a comprehensive Community Health Assessment for the Waco area, various types of primary data have been utilized to accurately gauge community needs and health priorities. This assessment involved the coordination of multiple data sources, including surveys, focus groups, interviews and analysis using the Metopio platform.

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

Focus groups

Focus groups have offered an in-depth qualitative insight into the community's perceptions and attitudes toward health and social issues. By engaging small groups in discussions, these sessions help uncover nuanced understandings of the community's challenges and needs. The insights gained from focus groups are instrumental in shaping the approach and design of community programs, ensuring they resonate well with community values and expectations. Two in-person focus groups were completed in the Waco Region. To ensure surveys included feedback from diverse and underserved populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations. 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:

- Meals on Wheels Waco
- Texas AHEC East
- Better at Last
- Hispanic Chamber
- Waco Family Medicine
- Prosper Waco
- World Hunger Relief
- Mission Waco
- Waco ISD
- Central Texas Food Bank
- YMCA of Central Texas
- Waco-McLennan Public Health District

Interviews

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

Metopio (secondary data)

While primarily relying on primary data types, this report also incorporates secondary data from Metopio, a platform that curates data related to health behaviors, outcomes and various socioeconomic indicators. Metopio’s data aids in benchmarking and contextualizing the primary data findings, offering a comparative perspective that enhances the understanding of where the community stands in relation to broader regional or national trends.

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:

- Behavioral health
- Maternal and child health

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

1. Behavioral health
2. Maternal and child health

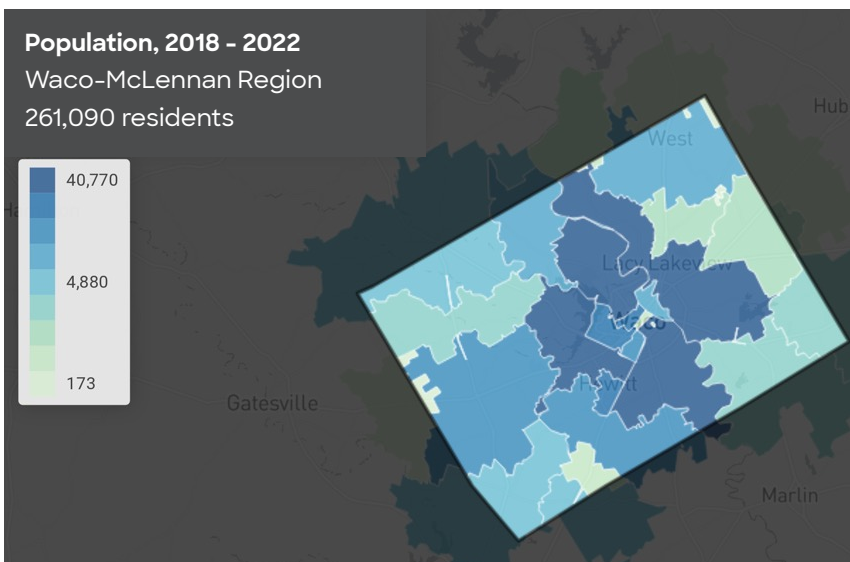
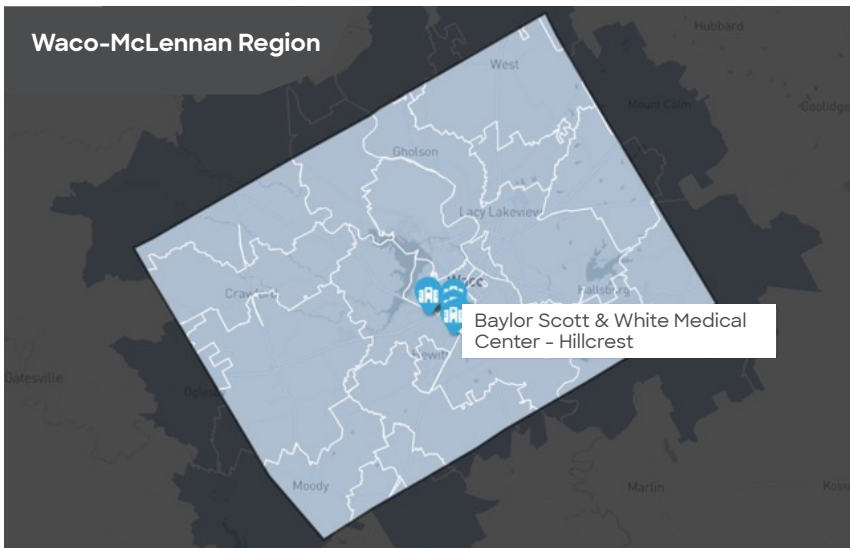
Demographics

Overview

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

- **Baylor Scott & White Medical Center - Hillcrest**

The community served by the hospital listed above is McLennan County, shown in the map below. BSWH has at least one hospital facility or a provider-based clinic in this county, and it comprises 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

268,583



Median household income

\$63,888



Median age

34.0



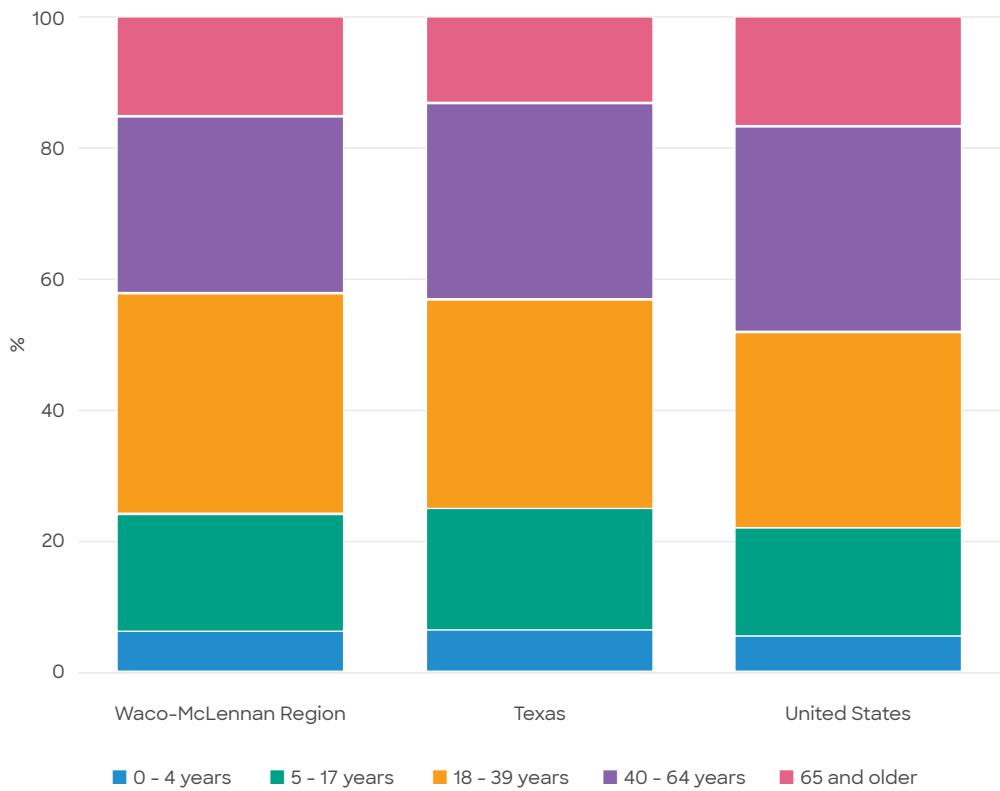
% of Spanish primary language

18.02%

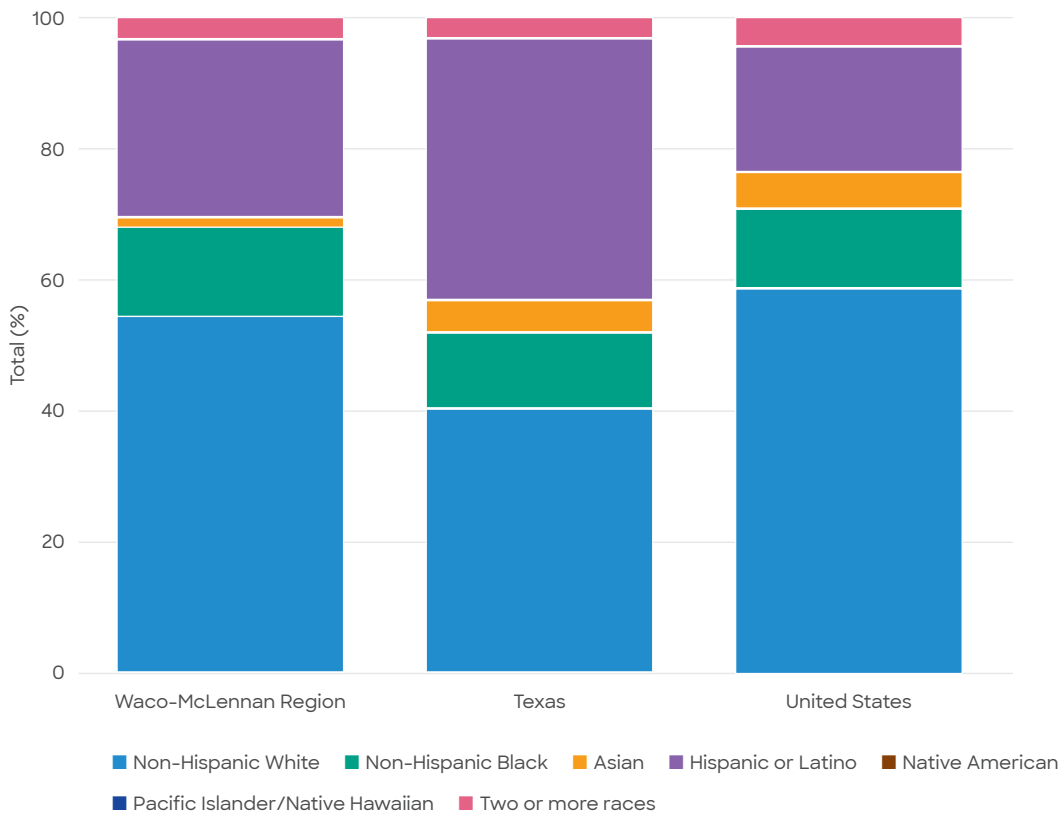
% of Asian primary languages

1.00%

Population by age, 2018 - 2022



Population by race/ethnicity, 2018 - 2022



Health needs

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



Access to care

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Behavioral health

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Built environment

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Chronic disease

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Food access

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Health behaviors

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Housing

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Maternal and child health

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Socioeconomic factors

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Access to care

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

What we heard from the community

Access to care is a critical issue that significantly impacts community health, as highlighted by the diverse range of challenges expressed by community members. These challenges include limited access to inpatient mental health facilities, shortage of primary care physicians, lack of transportation for patients and affordability barriers for essential healthcare services. Additionally, the community faces disparities in access to healthy foods, exercise options and education about nutrition. The lack of access to medical weight loss management, mental healthcare and clinical licensed social workers further compounds the existing healthcare disparities. There are also concerns about the limited availability of healthcare providers, particularly for certain demographic and socioeconomic groups.

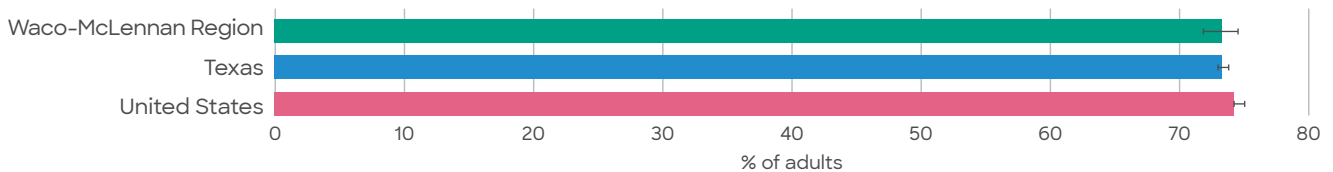
Community members express the need for more accessible healthcare services, including inpatient mental health beds, prenatal care and education about nutrition. They emphasize the importance of addressing demographic and socioeconomic disparities in access to care, as well as the provision of comprehensive support for individuals with diverse healthcare needs. These insights highlight the urgency of implementing interventions to enhance access to care and promote health equity within the community.

Topic	Waco-McLennan Region	Texas	United States
Dentists per capita <i>dentists per 100,000 residents, 2024</i>	84.0	102.7	105.2
Internet access <i>% of households, 2022</i>	90.94 ±2.16	93.82 ±0.21	93.59 ±0.10
Medicaid coverage <i>% of residents, 2022</i>	18.35 ±1.86	16.86 ±0.22	21.23 ±0.09
Mental health providers per capita <i>providers per 100,000 residents, 2024</i>	379.0	332.3	602.7
No vehicle available <i>% of households</i>	5.48 ±1.30	5.39 ±0.15	8.27 ±0.05

Visited doctor for routine checkup

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

Visited doctor for routine checkup, 2022



Routine checkups are essential for maintaining good health and preventing potential health issues. The data shows that the average percentage of people in the Waco-McLennan Region who visited the doctor for routine checkups is 71.8%, slightly lower than the state average of 72.34% and the national average of 74.04%. This indicates a potential area for improvement in promoting regular preventive healthcare in the Waco-McLennan Region.

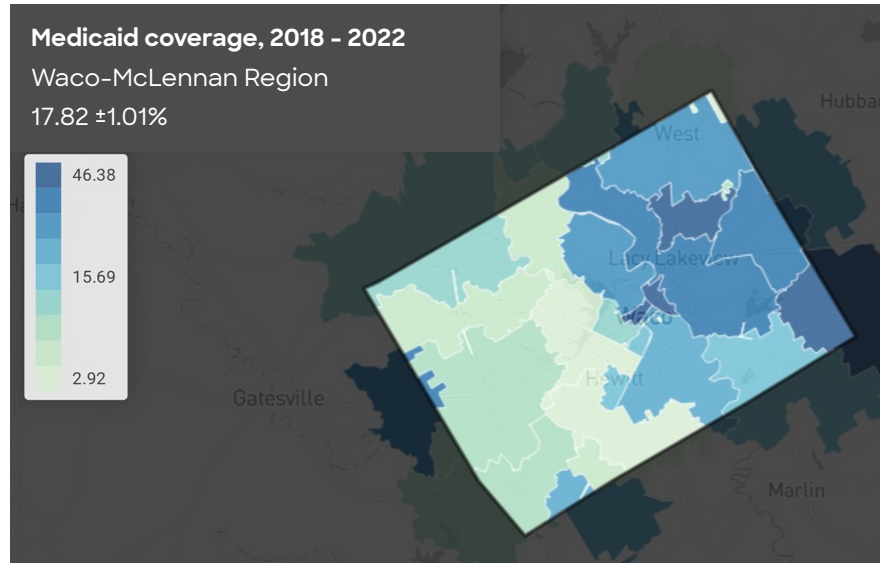
Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (ZIP codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

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 plays a crucial role in providing healthcare access to residents meeting certain income limits and eligibility standards. In the map, we are focusing on Medicaid coverage within the cities and towns of McLennan County, TX.

The data reveals significant variation in Medicaid coverage across the area, with some areas having low coverage rates around 5 - 10% and others reaching as high as 40 - 50%. These disparities highlight the unequal distribution of healthcare access and the potential impact on the well-being of the community.



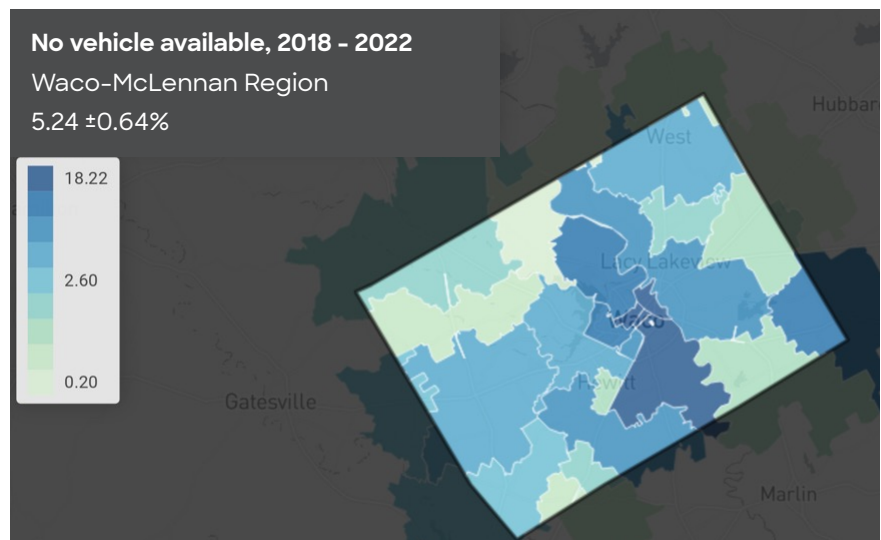
Data sources: U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701 and B27010)

No vehicle available

Percentage of occupied households with no vehicles available.

No vehicle available is a crucial aspect of household mobility, and the data from the American Community Survey (ACS) reveals that the percentage of occupied households with no vehicles available varies across different areas. In the city of Waco, TX, the percentage ranges from as low as 3% to as high as 18%, indicating disparities in access to transportation within the community.

Additionally, the data highlights that rural areas such as Mart, TX, and Leroy, TX, also experience higher percentages of households with no vehicles available, which can significantly impact residents' ability to access essential services and opportunities.

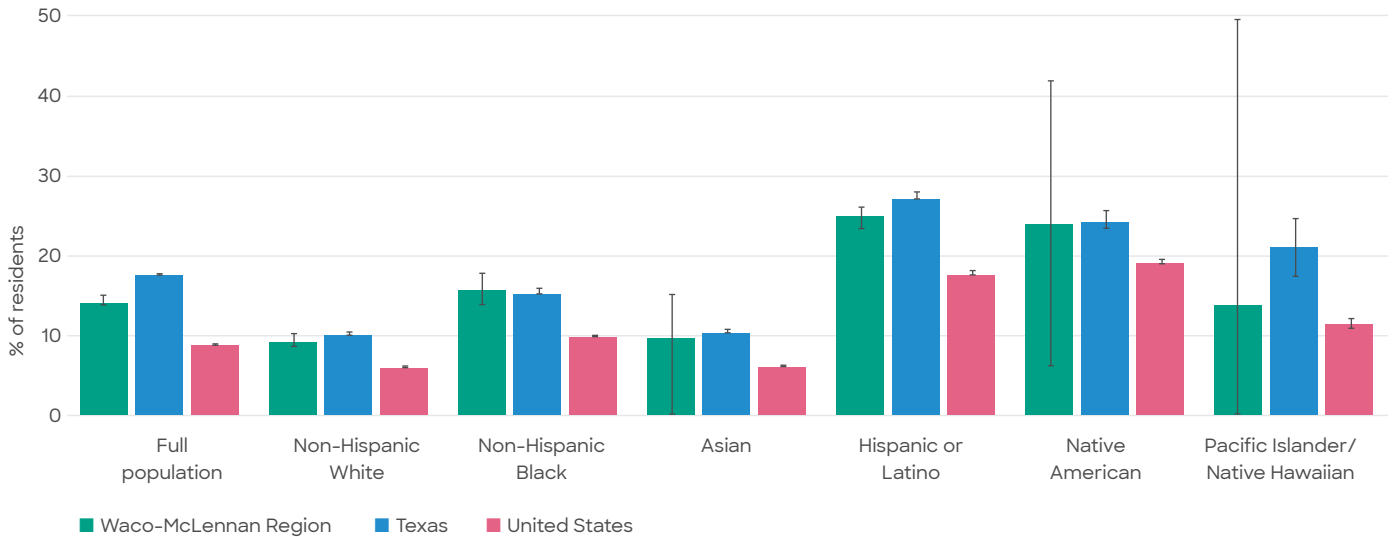


Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B25044)

Uninsured rate

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

Uninsured rate by race/ethnicity, 2018 - 2022



The uninsured rate varies significantly across different racial and ethnic groups in the Waco-McLennan Region, Texas and the United States. While the uninsured rate for the full population is 14.15% in the Waco-McLennan Region, it is notably higher for Hispanic or Latino individuals at 23.77% and even higher for Pacific Islander/Native Hawaiian individuals at 74.05%. This suggests a disparity in access to healthcare coverage, particularly for these minority groups, which may have significant implications for their overall health and well-being. The uninsured rates for Native American individuals also show a notable disparity, especially in comparison to the national average. It is important to address these disparities and work toward ensuring equitable access to healthcare for all members of the community.

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



Behavioral health

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

What we heard from the community

Behavioral health encompasses a wide spectrum of mental health and substance use issues that significantly impact community well-being. The provided quotes shed light on the pressing need for comprehensive behavioral health support, including mental health resources, inpatient beds and psychiatry residency programs. The community members express concerns about the high prevalence of anxiety, depression and trauma among children, emphasizing the need for mental health support in schools and clinics. Additionally, the closure of inpatient mental health facilities, increased emergency department visits for mental health crises and challenges in accessing care for substance use issues are highlighted.

Community members express the need for accessible mental healthcare, especially for children and teachers. They stress the impact of limited resources on crisis management and the closure of essential behavioral health facilities. Transportation barriers for the senior population and the increasing responsibility of primary care doctors in treating behavioral health issues are also mentioned.

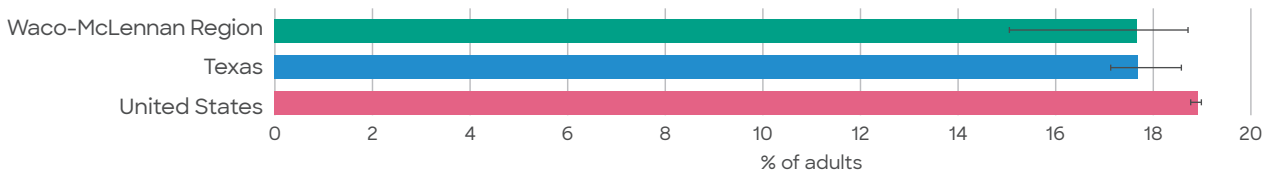
Direct quotes from community members reflect their concerns about the lack of mental health support for children and the impact of facility closures. One individual mentions, “Our kids need mental health support,” emphasizing the need for targeted interventions. Another quote highlights the community’s struggle with the closure of inpatient mental health facilities, stating, “We recently had an inpatient mental health facility close in our market.” These quotes underscore the urgent need for accessible and comprehensive behavioral health services in the community.

Topic	Waco-McLennan Region	Texas	United States
Binge drinking <i>% of adults, 2022</i>	17.80 ±2.90	17.86 ±0.63	18.58 ±0.20
Depression <i>% of adults, 2022</i>	24.70 ±3.06	21.82 ±0.63	22.53 ±0.20
Poor self-reported mental health <i>% of adults, 2022</i>	19.80 ±1.59	17.83 ±0.40	17.35 ±0.12
Psychiatry physicians per capita <i>physicians per 100,000 residents, 2024</i>	14	17	28

Binge drinking

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

Binge drinking, 2022



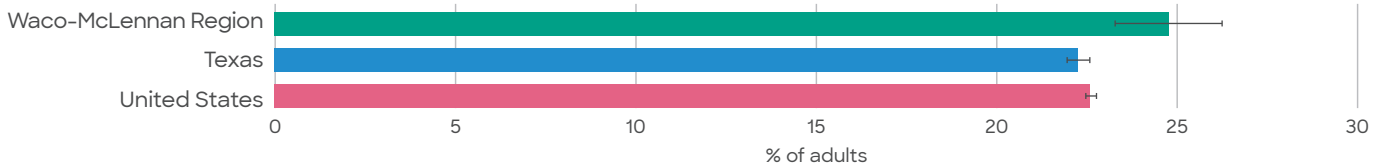
Binge drinking rates in the Waco-McLennan Region are slightly lower than the state and national averages, with 17.8% of adults reporting this behavior. While Texas and the United States have rates of 17.86% and 18.58%, respectively, the region’s comparatively lower rate suggests a potential positive impact on the community’s overall health and well-being. This data underscores the need for targeted interventions and community-specific strategies to address binge drinking behaviors in the region.

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

Depression

Prevalence of depression among adults 18 years and older.

Depression, 2022



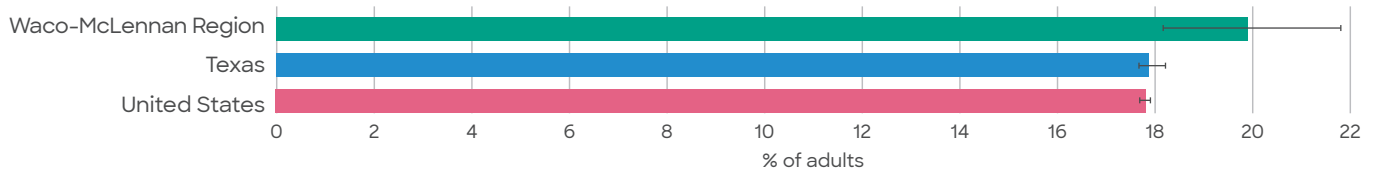
Depression rates vary across different geographical areas, as evidenced by the data. The Waco-McLennan Region has the highest depression rate at 24.7%, compared to Texas at 21.82% and the United States at 22.53%. These figures shed light on the specific challenges faced by individuals in the Waco-McLennan Region and emphasize the need for targeted mental health support in that area.

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

Poor self-reported mental health

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

Poor self-reported mental health, 2022



Poor self-reported mental health is a significant concern in the Waco-McLennan Region, with a rate of 19.8%, which is higher than the state average of 17.83% and the national average of 17.35%. This indicates a pressing need for targeted mental health support and resources in the local community to address this issue and improve overall well-being.

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 impacts community health, encompassing factors such as access to healthcare, healthy foods, transportation and affordable housing. The excerpts highlight challenges related to healthcare access, including a shortage of family medicine physicians, barriers to surgeries due to high BMI and limited transportation options for patients. Moreover, disparities in access to healthy foods and opportunities for physical activity, such as exercise deserts, contribute to adverse health outcomes within the community.

Community members express concerns about housing affordability, the need for low-income housing initiatives and the impact of urban development on affordable housing options. Additionally, the closure of behavioral health facilities and the lack of mental health resources in the wake of increased demand underscore the importance of addressing mental health services within the built environment.

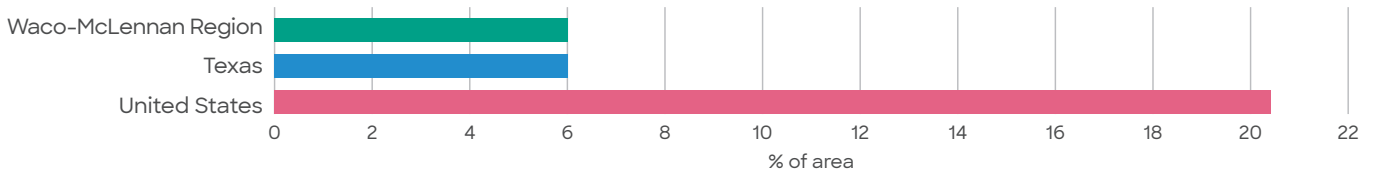
One individual emphasizes, “Mission Waco did a big kind of food desert operation here to address food insecurities,” highlighting community efforts to mitigate food insecurities. The quotes shed light on the need for collaborative initiatives, improved infrastructure and affordable housing options to foster a healthier built environment for all community members.

Topic	Waco-McLennan Region	Texas	United States
Drive alone to work <i>% of workers 16 years and older, 2022</i>	76.75 ±2.90	71.17 ±0.29	68.66 ±0.09
Environmental Burden Index <i>2022</i>	51.49	46.03	48.70
Green space proximity <i>% of area, 2022</i>	6.11	6.06	20.62
Internet access <i>% of households, 2022</i>	90.94 ±2.16	93.82 ±0.21	93.59 ±0.10
Lifetime inhalation cancer risk <i>lifetime risk per million, 2019</i>	20.4	20.9	16.1

Green space proximity

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

Green space proximity, 2022



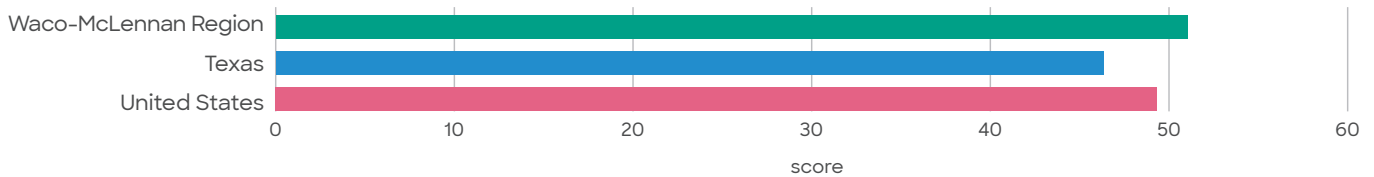
Green space proximity plays a crucial role in the well-being of communities. The chart reveals that the Waco-McLennan Region and Texas have a significantly lower green space proximity at 6.11 and 6.06, respectively, compared to the national average of 20.62 for the United States. This suggests that residents in these areas may have limited access to natural spaces, potentially impacting their overall quality of life and environmental sustainability.

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

Environmental Burden Index

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

Environmental Burden Index, 2022



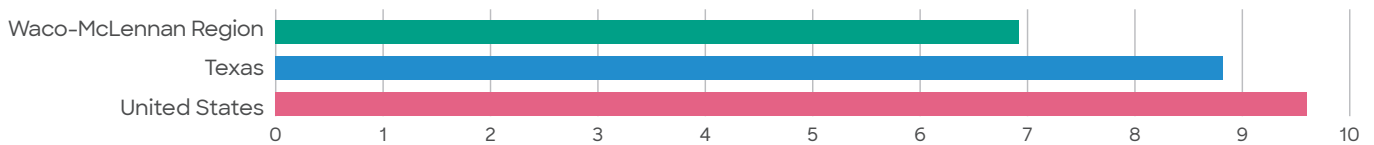
The Environmental Burden Index (EBI) provides valuable insights into the environmental impact on communities. The data reveals that the Waco-McLennan Region has the highest Environmental Burden Index at 51.49, surpassing both the state of Texas at 46.03 and the United States at 48.7. This suggests that the Waco-McLennan Region faces a relatively higher environmental burden compared to the state and national averages, highlighting the need for targeted environmental initiatives and interventions to mitigate its impact on the community.

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

Walkability Index

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

Walkability Index, 2022



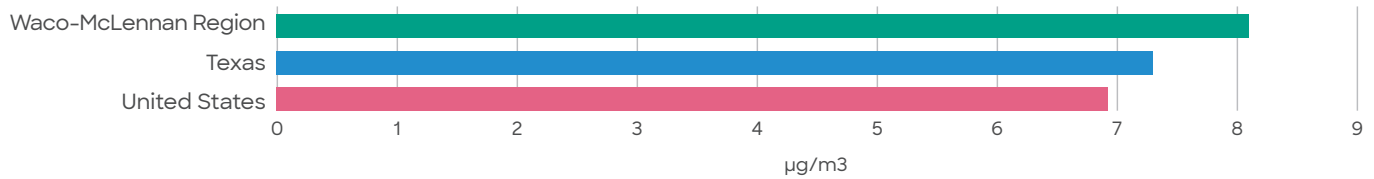
The Walkability Index reveals significant disparities in walkability across different regions. While the United States boasts a high index of 9.5, the Waco-McLennan Region in Texas lags behind at 6.87, with Texas itself scoring 8.81. This suggests that there is a notable variance in walkability standards within the state and nationwide, potentially impacting accessibility and public health.

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

Particulate matter (PM 2.5) concentration

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

Particulate matter (PM 2.5) concentration, 2020



The particulate matter (PM 2.5) concentration in the Waco-McLennan Region is 8.23, which is slightly higher than the state average of 7.34 and the national average of 6.93. This indicates that the region may be experiencing higher levels of air pollution compared to the rest of Texas and the United States. The impact of this higher concentration on the community’s respiratory health and overall well-being should be carefully examined and addressed.

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



Chronic disease

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

What we heard from the community

Chronic diseases, particularly obesity and diabetes, significantly impact the community's health, with prevalent challenges related to access to healthy foods, education on nutrition and physical activity. The excerpts emphasize the need for comprehensive interventions to address these challenges, including the provision of medical weight loss management and access to nutritious foods in food deserts. Additionally, the high prevalence of diabetes, heart disease and obesity, especially among the Hispanic population, underscores the urgency of targeted healthcare initiatives to address these chronic conditions.

The community also faces significant barriers in accessing healthcare services, with concerns about underinsurance, housing affordability and limited access to primary care. Furthermore, the excerpts highlight the need for mental health and substance use support, especially for economically disadvantaged student populations, indicating a broad spectrum of behavioral health needs within the community.

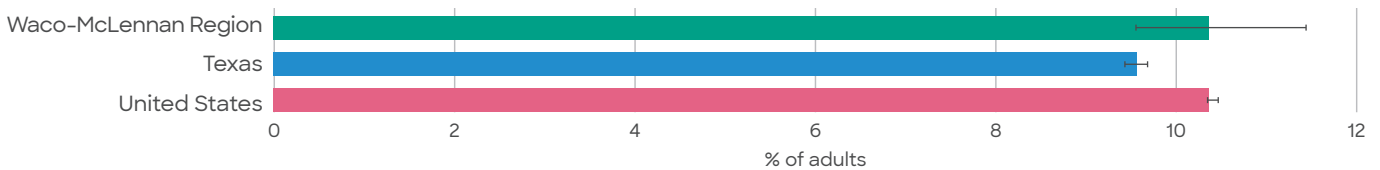
It is evident that the community is grappling with food insecurity, healthcare access and disparities in chronic disease management, necessitating a holistic approach that encompasses education, nutrition, access to care and support for mental health. The professional tone of the excerpts lends credibility and authority to the community's health concerns, reinforcing the urgency of addressing these issues through targeted interventions and equitable development to promote overall community well-being.

Topic	Waco-McLennan Region	Texas	United States
Chronic kidney disease <i>% of adults, 2021</i>	3.2 ±0.3	3.1 ±0.1	2.9 ±0.0
Chronic obstructive pulmonary disease (COPD) <i>% of adults, 2022</i>	7.70 ±0.67	6.23 ±0.16	6.37 ±0.05
Coronary heart disease <i>% of adults, 2022</i>	6.80 ±0.63	6.27 ±0.15	5.82 ±0.05
Current asthma <i>% of adults, 2022</i>	10.40 ±1.05	9.43 ±0.27	10.35 ±0.09
Diagnosed diabetes <i>% of adults</i>	13.5 ±1.5	13.4 ±0.4	10.8 ±0.1

Current asthma

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

Current asthma, 2022



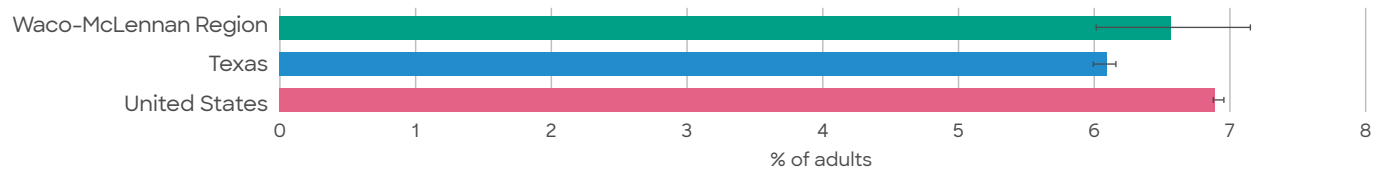
Asthma prevalence varies across different regions, with the Waco-McLennan Region reporting a current asthma rate of 10.4%, slightly higher than the state average of 9.43% in Texas and the national average of 10.35%. This indicates that the Waco-McLennan Region has a relatively higher prevalence of asthma compared to the state and national averages, highlighting the need for targeted interventions and resources to address this health issue within the community.

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

Have ever had cancer

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

Have ever had cancer, 2022



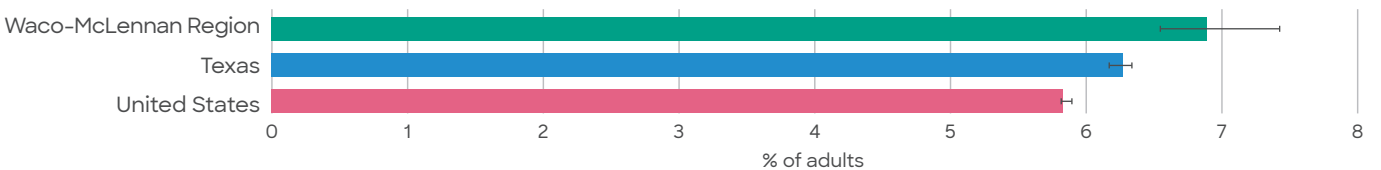
Cancer prevalence varies across different regions, with the Waco-McLennan Region reporting a lower rate of 6.6% compared to the state of Texas at 6.12% and the United States at 6.88%. This indicates a potential difference in the impact of cancer within these areas, with the Waco-McLennan Region having a comparatively lower prevalence. It is important to further investigate the factors contributing to this disparity and assess the community-specific initiatives for cancer prevention and treatment.

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

Coronary heart disease

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

Coronary heart disease, 2022



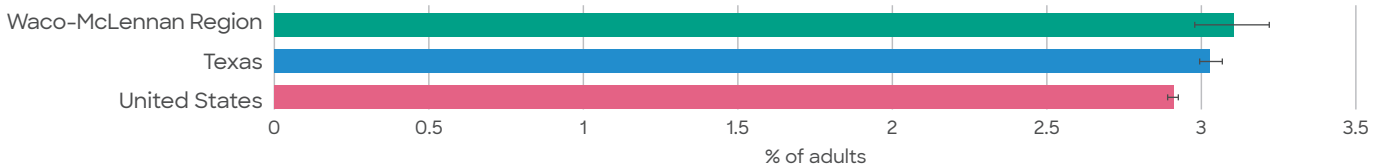
Coronary heart disease has a significant impact on communities, as reflected in the data. The chart indicates that the Waco-McLennan Region has a coronary heart disease rate of 6.8%, which is slightly higher than the state average of 6.27% and the national average of 5.82%. This suggests a localized issue that warrants further investigation and targeted interventions to improve community health.

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

Chronic kidney disease

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

Chronic kidney disease, 2021



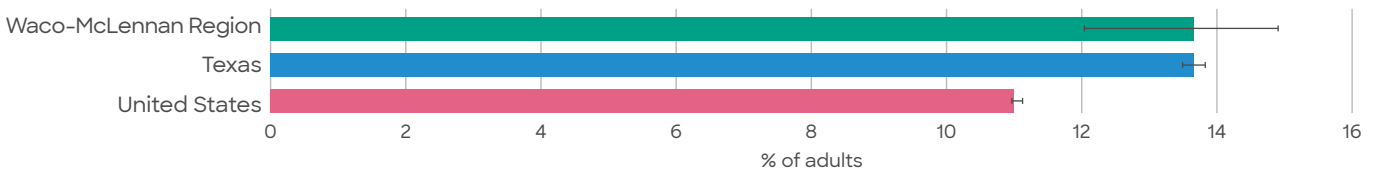
Chronic kidney disease has a significant impact on the community, as reflected in the chart. The Waco-McLennan Region has the highest prevalence of chronic kidney disease at 3.2%, followed closely by Texas at 3.09%, both exceeding the national average of 2.85%. These numbers highlight the urgent need for targeted interventions and healthcare resources in these areas to address the burden of chronic kidney disease.

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

Diagnosed diabetes

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

Diagnosed diabetes, 2022



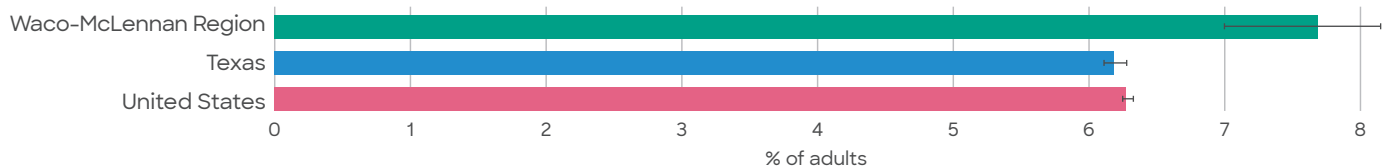
Diagnosed diabetes rates vary across different regions, with the Waco-McLennan Region in Texas having the highest rate at 13.5%, followed closely by the state of Texas at 13.37%. In comparison, the national average for the United States is lower at 10.84%. These figures highlight the regional disparities in diagnosed diabetes prevalence and underscore the need for targeted interventions and healthcare resources in these areas.

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



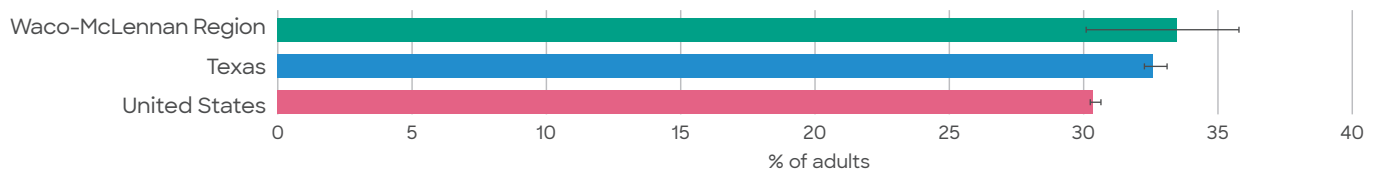
Chronic obstructive pulmonary disease (COPD) has a significant impact on communities, as evidenced by the data. In the Waco-McLennan Region, the COPD rate stands at 7.7%, which is higher than the state average of 6.23% and the national average of 6.37%. This indicates a particular need for targeted interventions and support for individuals with COPD in this 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))

High blood pressure

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

High blood pressure, 2022



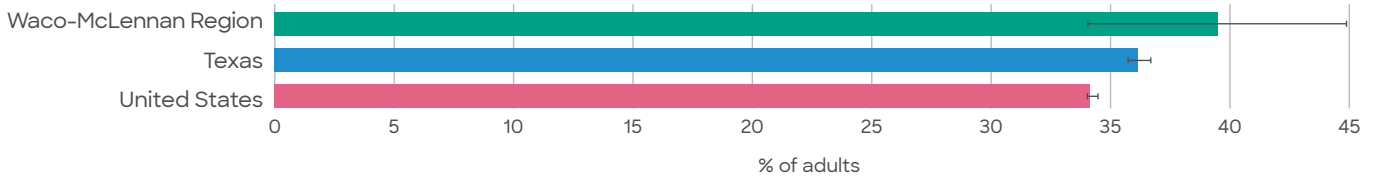
High blood pressure is a significant health concern, and the data reveals that the Waco-McLennan Region has a higher prevalence of high blood pressure compared to the state of Texas and the United States. With a rate of 33.2%, it is evident that this region may require targeted interventions and resources to address this issue and improve community health. The impact of high blood pressure on the community could be substantial, leading to a higher risk of cardiovascular diseases and placing a greater burden on healthcare resources.

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



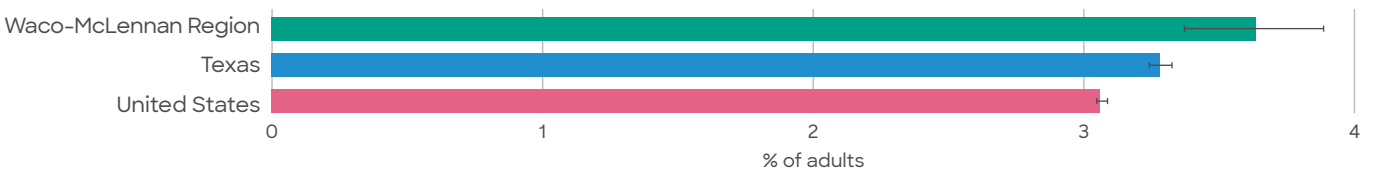
Obesity rates in the Waco-McLennan Region are notably higher than both the state of Texas and the national average, with a rate of 39.0%. This indicates a concerning trend that requires further investigation and targeted intervention to address the impact of obesity on the community. It's crucial to implement strategies that promote healthier lifestyles and access to nutritional resources in the region to combat this health issue.

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



The data on diagnosed stroke rates reveals that the Waco-McLennan Region has a higher rate of 3.6 compared to the state of Texas at 3.27 and the national average of 3.1. This suggests that the Waco-McLennan Region may have specific health challenges or risk factors contributing to a higher incidence of diagnosed strokes. Additionally, the impact of this higher rate on the community could be significant, requiring targeted public health interventions to address and reduce the prevalence of stroke in 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, encompassing the availability and affordability of healthy foods for individuals of all ages. The excerpts highlight the prevalence of food deserts, limited access to nutritious produce and the challenges faced by individuals in obtaining healthy meals. Additionally, the lack of transportation to grocery stores and healthcare appointments compounds the issue, contributing to food insecurity within the community.

Community members express concerns about the hunger experienced by school-going children and the need for comprehensive initiatives to address food insecurity. The excerpts also underscore the importance of tailored meal options for specific dietary needs, such as low-sodium diabetic meals, and the necessity for culturally sensitive food programs to support diverse ethnic groups within the community.

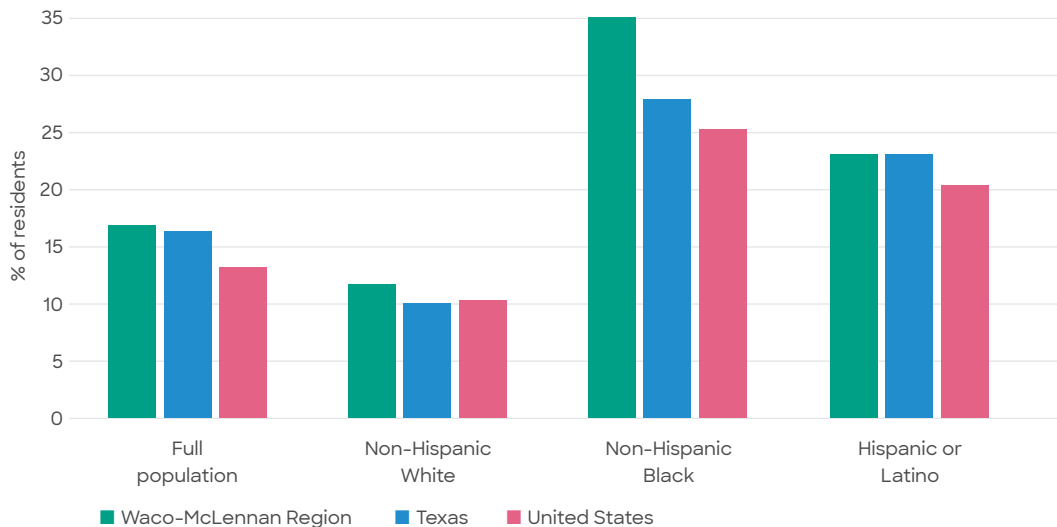
One individual mentions, “Individuals in your community are having trouble getting healthy foods affording healthy foods,” shedding light on the widespread challenges faced by community members in accessing and affording nutritious meals. The provided quotes collectively emphasize the urgent need for collaborative efforts, such as food banks, subsidized meal programs and educational initiatives, to address food insecurity and improve food access for all members of the community.

Topic	Waco-McLennan Region	Texas	United States
Food insecurity <i>% of residents, 2022</i>	16.9	16.4	13.3
Food stamps (SNAP) <i>% of households, 2022</i>	13.24 ±2.25	12.04 ±0.23	12.38 ±0.06
Households in poverty not receiving food stamps (SNAP) <i>% of households below the poverty line, 2022</i>	60.81 ±6.62	61.70 ±0.61	58.90 ±0.23
Low food access <i>% of residents, 2019</i>	60.49	56.97	50.24

Food insecurity

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

Food insecurity by race/ethnicity, 2022



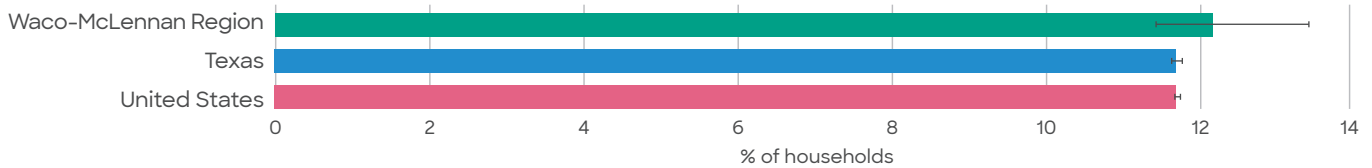
Food insecurity is a pressing issue that affects communities across different regions. In the Waco-McLennan Region in Texas, the data reveals significant disparities in food insecurity rates among different racial and ethnic groups. Non-Hispanic Black individuals experience the highest levels of food insecurity, with rates of 35.0%, 28.0% and 25.3%, compared to Non-Hispanic White individuals at 12.0%, 10.0% and 10.07% and Hispanic or Latino individuals at 23.0%, 23.0% and 20.49% across the region, indicating a critical need for targeted interventions to address this disparity and support the affected communities.

Data sources: Feeding America: Map the Meal Gap

Food stamps (SNAP)

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

Food stamps (SNAP), 2018 - 2022



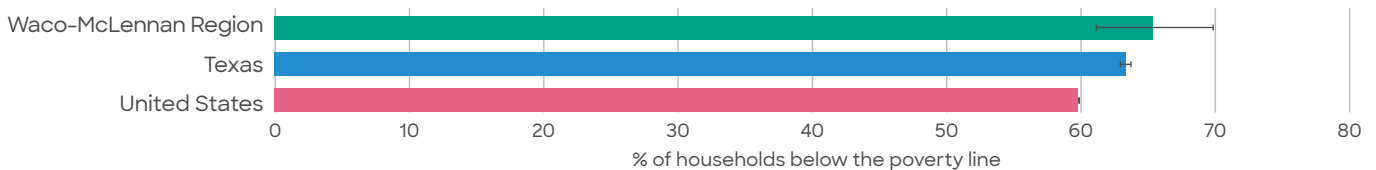
Food stamps, also known as SNAP, play a crucial role in providing assistance to individuals and families in need. The data shows that the Waco-McLennan Region has a slightly higher food stamp participation rate at 12.27%, compared to the state of Texas at 11.53% and the national average of 11.52%. This indicates that the Waco-McLennan Region may have specific economic or social factors contributing to a higher reliance on food stamp assistance. Additionally, it highlights the importance of addressing local challenges and providing support to the community in accessing essential resources.

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

Households in poverty not receiving food stamps (SNAP)

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

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



The data on households in poverty not receiving food stamps (SNAP) reveals that the Waco-McLennan Region has the highest percentage at 65.95%, followed by Texas at 62.2% and the United States at 59.45%. This suggests a concerning trend of a significant portion of impoverished households not benefiting from SNAP assistance in these areas, indicating potential gaps in access to essential support services.

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



Health behaviors

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

What we heard from the community

Health behaviors encompass a wide range of factors that influence individuals' daily choices and routines, impacting their overall well-being. The provided excerpts shed light on the significance of promoting healthy habits and addressing barriers to accessing essential healthcare services. The community's health needs are diverse, spanning from the need for education about nutrition and physical activity to the challenges of managing chronic conditions and addressing mental health concerns.

Community members express the need for cultural competency, trusted relationships with healthcare providers and access to physicians who can provide personalized care. Additionally, the excerpts underscore the impact of housing affordability on people's ability to access nutritious foods and maintain a healthy lifestyle. Furthermore, concerns about substance use, mental health support for children and teachers, and the prevalence of food insecurity highlight the multifaceted nature of health behavior challenges within the community.

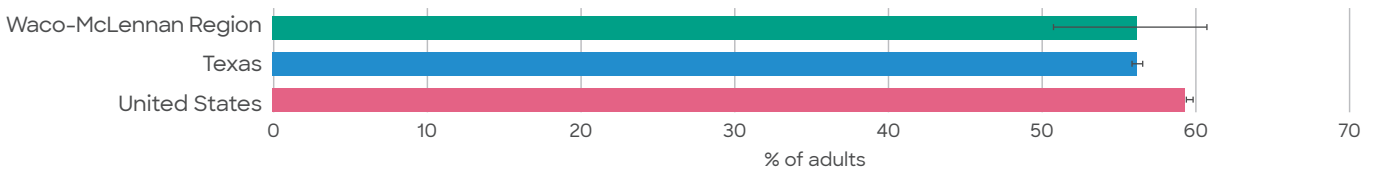
One individual emphasized, "They just need to complete some of the extra cultural competencies that we have in our tuition," highlighting the importance of integrating cultural considerations into health education. Another quote mentioned, "Our kids are hungry. They come to school hungry," emphasizing the pressing need for addressing food insecurity among children. These excerpts underscore the urgency of implementing initiatives that promote healthy behaviors and facilitate access to essential healthcare resources within the community.

Topic	Waco-McLennan Region	Texas	United States
Cholesterol screening <i>% of adults, 2021</i>	82.20 ±2.60	83.27 ±0.67	83.65 ±0.20
Cigarette smoking rate <i>% of adults, 2022</i>	18.4 ±1.7	14.8 ±0.4	14.6 ±0.1
Colorectal cancer screening <i>% of adults, 2022</i>	55.70 ±4.41	54.64 ±1.07	58.85 ±0.32
Mammography use <i>% of female adults, 2022</i>	72.50 ±6.25	73.79 ±1.55	75.65 ±0.45
No exercise <i>% of adults</i>	28.2 ±3.6	27.6 ±0.8	23.7 ±0.2

Colorectal cancer screening

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

Colorectal cancer screening, 2022



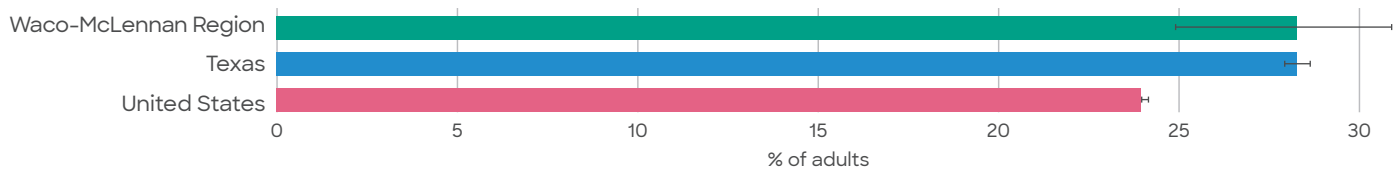
Colorectal cancer screening rates vary across different regions, with the Waco-McLennan Region at 55.7%, Texas at 54.64% and the United States at 58.85%. These numbers indicate that the screening rates in the Waco-McLennan Region and Texas are slightly lower than the national average, highlighting the need for targeted interventions to improve screening rates in these areas.

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

No exercise

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

No exercise, 2022



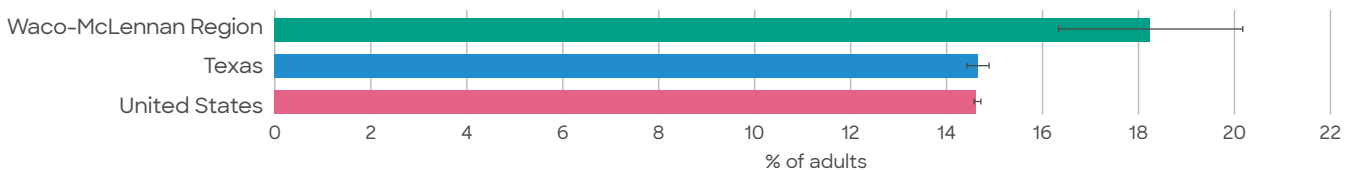
Physical inactivity is a pressing issue that impacts communities across the globe. The chart reveals that the Waco-McLennan Region and Texas have higher rates of physical inactivity, with 28.2% and 27.64%, respectively, compared to the national average of 23.68%. This highlights the urgent need for targeted interventions and initiatives to promote physical activity and improve the overall health and well-being of these specific regions.

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

Cigarette smoking rate

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

Cigarette smoking rate, 2022

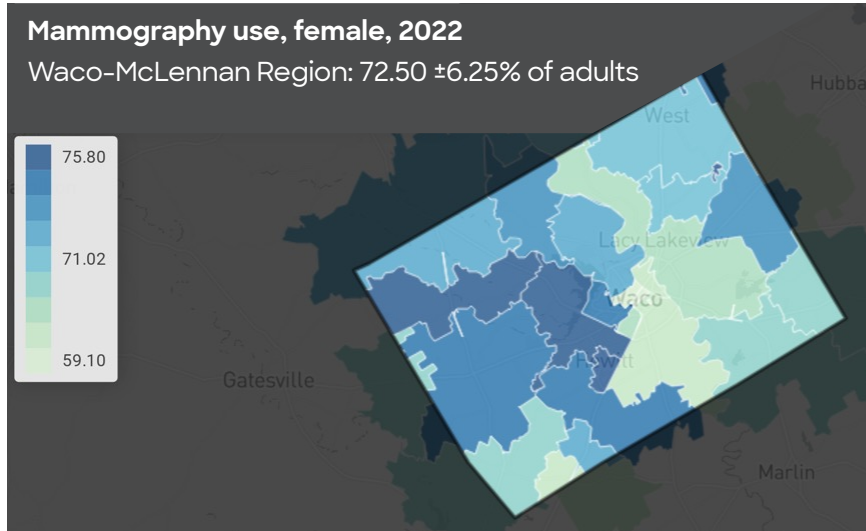


Cigarette smoking rates vary across different regions, with the Waco-McLennan Region having the highest rate at 18.4%, followed by Texas at 14.8% and the United States at 14.61%. These numbers indicate that the Waco-McLennan Region has a higher prevalence of cigarette smoking compared to both the state of Texas and the entire United States. The impact of this higher smoking rate in the Waco-McLennan Region may lead to increased health risks and healthcare costs for the community.

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

Mammography use

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

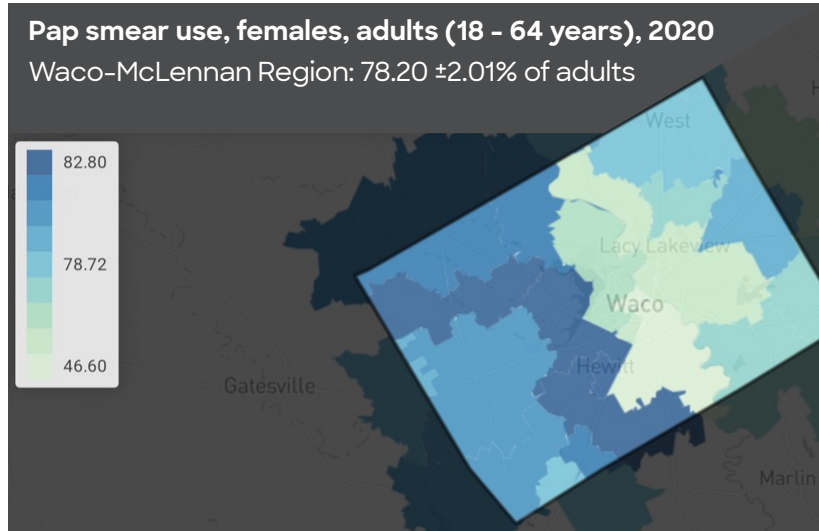


Mammography use among female adults aged 50 - 74 years in the ZIP code areas of the Waco-McLennan Region is relatively high, with an average of 70.8% of women reporting having had a mammogram within the previous two years. Specifically, the ZIP code 76712 in Waco, TX, stands out with the highest reported mammography use at 75.8%, while the ZIP code 76798 in Waco, TX, has the lowest reported usage at 59.1%. This data indicates a positive impact on the community's proactive approach to breast health and early detection in the specified age group within the Waco-McLennan 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))

Pap smear use

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



Pap smear use among adult females (18 - 64 years) is an important aspect of preventive healthcare for cervical cancer. The data from the Behavioral Risk Factor Surveillance System (BRFSS) and PLACES at the sub-county level in Texas reveals varying levels of Pap smear utilization. In the Waco, TX, area, the percentage of adult females aged 21 - 65 years who report having had a Pap smear within the previous three years ranges from 46.6% to 81.3%, with some areas showing higher rates of utilization than others. The data underscores the need for targeted interventions to improve access and awareness about the importance of regular Pap smears for cervical cancer prevention in the community.

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



Housing

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

What we heard from the community

Housing plays a critical role in community health, encompassing access to healthy food, safe and affordable housing, and childcare. The excerpts shed light on the challenges faced by individuals in accessing essential resources, such as transportation for healthcare appointments and grocery shopping, especially in areas with high poverty and economic disadvantage. The impact of high housing costs, eviction rates and food insecurity directly translates into poorer socioeconomic and health outcomes, including housing instability and homelessness.

Community members express concerns about the lack of affordable housing options, increasing housing prices in low-income areas and the struggle to find suitable housing. Additionally, initiatives to address these challenges, such as low-income housing programs and partnerships with local organizations, are highlighted. There is also a focus on addressing food insecurity and funding to provide meals for individuals facing housing instability.

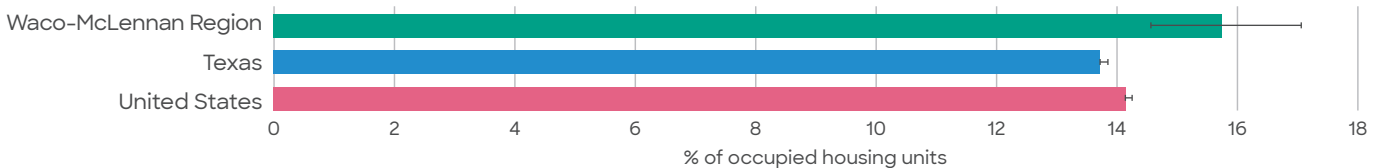
Direct quotes from the excerpts emphasize the urgency of addressing housing challenges, such as, “Our kids are hungry. They come to school hungry, and for a lot of them, we are their meal source.” Another quote reflects the struggle to find affordable housing, stating, “All the renovation that’s happened in downtown Waco is great, but kind of leaves a gap for affordable housing options for others in the community.” These quotes underscore the need for sustainable solutions to address housing instability and food insecurity within the community.

Topic	Waco-McLennan Region	Texas	United States
Crowded housing <i>% of occupied housing units, 2022</i>	2.27 ±0.86	5.05 ±0.15	3.45 ±0.03
Eviction rate <i>% of renter-occupied households, 2018</i>	1.80	2.62	2.12
Housing cost burden <i>% of occupied housing units, 2022</i>	33.82 ±3.64	32.76 ±0.34	31.48 ±0.06
Owner occupied <i>% of occupied housing units</i>	60.65 ±2.46	62.47 ±0.25	65.18 ±0.18
Severe housing cost burden <i>% of occupied housing units</i>	16.09 ±2.48	14.92 ±0.22	14.96 ±0.05

Severe housing cost burden

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

Severe housing cost burden, 2018 - 2022



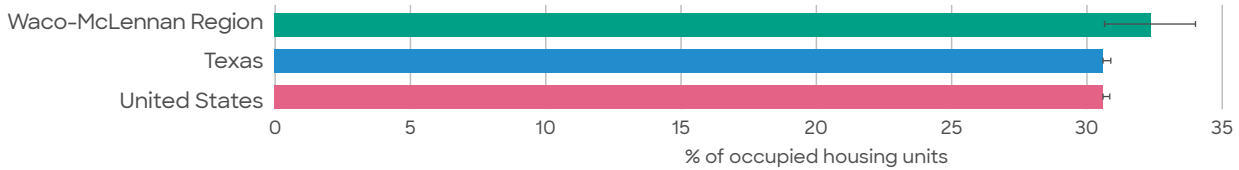
Severe housing cost burden has a significant impact on communities, and the data reflects this. The Waco-McLennan Region has the highest severe housing cost burden at 15.78%, surpassing both the state of Texas at 13.67% and the national average of 14.06%. This indicates a pressing issue in the Waco-McLennan Region, where a larger proportion of residents face challenges in affording housing compared to the state and national averages.

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

Housing cost burden

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

Housing cost burden, 2018 - 2022



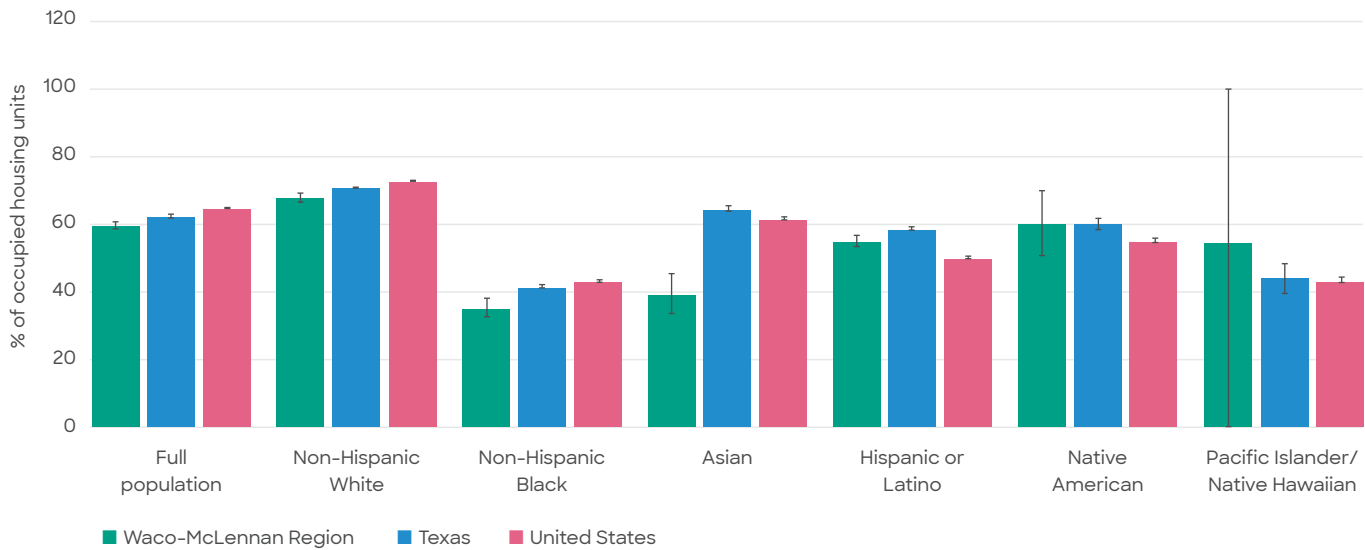
Housing cost burden is a significant issue impacting communities across different regions. The chart reveals that in the Waco-McLennan Region, the housing cost burden is at 32.24%, slightly higher than the state average of 30.59% and the national average of 30.51%. This indicates that residents in Waco-McLennan are facing a relatively higher financial strain due to housing costs compared to the rest of Texas and the United States.

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

Owner occupied

The data on owner-occupied housing by race/ethnicity in Waco-McLennan Region, Texas and the United States reveals interesting insights into the distribution of homeownership across different demographic groups. Non-Hispanic Whites have the highest rates of owner-occupied housing across all three regions, with percentages ranging from 68.07% to 72.68%. In contrast, Non-Hispanic Blacks and Hispanics or Latinos consistently have lower rates, indicating potential disparities in homeownership. The data also shows varying trends for the Asian, Native American and Pacific Islander/Native Hawaiian populations, suggesting diverse homeownership patterns within these communities. Overall, the data highlights the disparities in owner-occupied housing rates among different racial and ethnic groups, calling for a closer examination of the factors contributing to these variations and their impact on the respective communities.

Owner occupied by race/ethnicity, 2018 - 2022



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



Maternal and child health

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

What we heard from the community

Maternal and child health encompasses a wide range of healthcare needs and challenges related to prenatal care, child development, nutrition and access to pediatric healthcare services. The excerpts highlight concerns such as high rates of economically disadvantaged student populations, lack of emphasis on exercise and nutrition in schools, and the need for mental health support for children. Additionally, the importance of prenatal care and maternal health outcomes is emphasized, with insights into high-risk deliveries and programs aimed at supporting young mothers.

Community members express the need for access to school-based clinics, online healthcare services and nutritional education programs to address the prevailing health issues affecting children. The excerpts also shed light on the significance of partnerships and programs focused on maternal education, early childhood development and addressing hunger among school-going children.

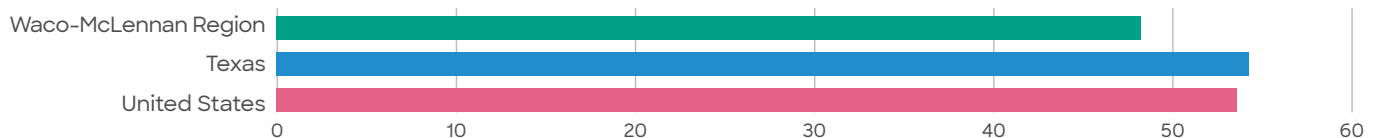
One individual mentioned, “Our kids are hungry. They come to school hungry, and for a lot of them, we are their meal source.” This quote underscores the critical need for addressing food insecurity among children, while another excerpt highlights the impact of partnerships in identifying and supporting high-risk mothers during pregnancy. These testimonials underscore the urgency of implementing comprehensive healthcare initiatives to improve maternal and child health outcomes within the community.

Topic	Waco-McLennan Region	Texas	United States
Births to women without partners present <i>% of births, female, 2022</i>	27.38 ±17.53	26.55 ±1.76	23.63 ±0.40
Child Opportunity Index 3.0 <i>2017 - 2021</i>	47	53	52
Child care center ratio <i>children / care center enrollment, 2023</i>	9	10	11
Grandparents responsible for grandchildren <i>% of residents age 30+, 2022</i>	1.78 ±0.71	1.32 ±0.07	0.99 ±0.01
Mortality among young adults <i>%, 2010 - 2015</i>	0.7 ±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



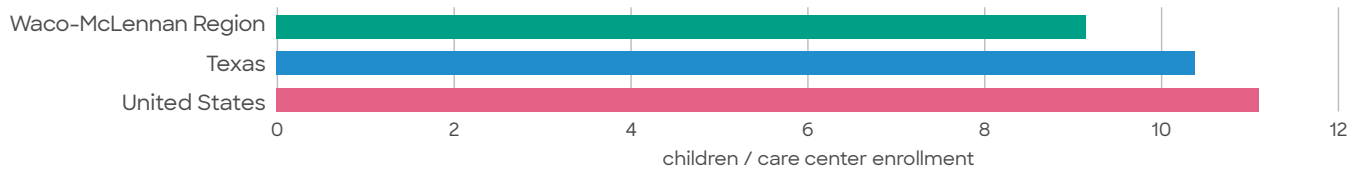
The Child Opportunity Index 3.0 reveals that the Waco-McLennan Region has a Child Opportunity Index of 47.05, which is lower than both the state of Texas at 52.62 and the national average of 52.16. This suggests that there may be disparities in access to resources and opportunities for children in the Waco-McLennan Region compared to the rest of Texas and the United States. The impact of this disparity on the community could be significant, potentially affecting the overall well-being and future prospects of children in the region.

Data sources: DiversityDataKids.org: Child Opportunity Index 3.0

Child care center ratio

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

Child care center ratio, 2023

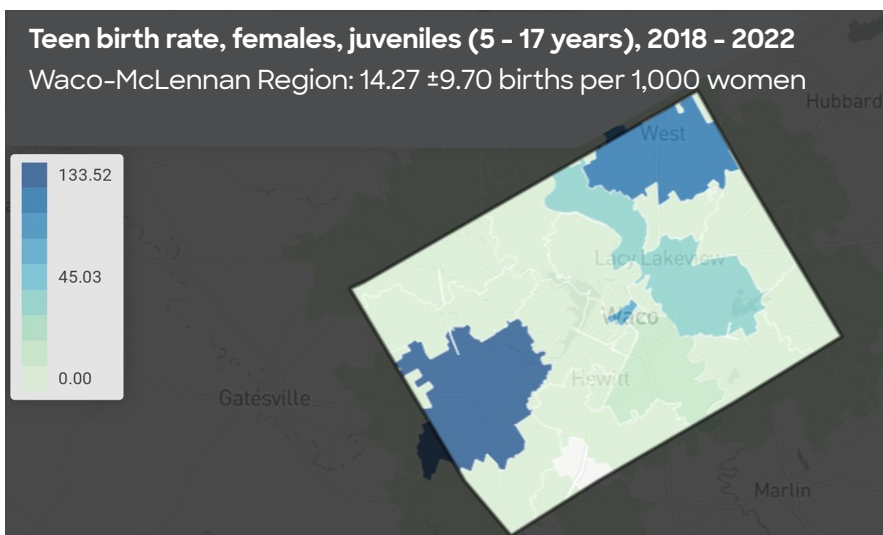


Child care center ratios vary across different regions, with the Waco-McLennan Region having the lowest ratio at 9.07, followed by Texas at 10.19 and the United States at 10.93. This suggests that the Waco-McLennan Region may have better access to child care facilities compared to the state and national averages, potentially indicating a positive impact on the community’s accessibility to child care services.

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

Teen birth rate

Women aged 15 - 19 with a birth in the past year, per 1,000 women aged 15 - 19. Does not include births to women below age 15.



Teen birth rates in the selected areas of Texas have shown significant variation, with some areas reporting no teen births, while others have rates as high as 133.5 per 1,000 women aged 15 - 19. The data from the American Community Survey (ACS) for 2018 - 2022 indicates that Waco, TX, specifically ZIP code 76707, has the highest teen birth rate at 53.98 per 1,000 women aged 15 - 19, while several other ZIP codes reported no teen births during this period. This data highlights the localized nature of the issue and the need for targeted interventions to address teen pregnancy within these communities.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B13002)



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 significantly influence community health, encompassing issues such as access to education, healthy food, healthcare and affordable housing. The provided quotes shed light on the challenges faced by individuals in accessing essential resources and services, particularly those from lower socioeconomic backgrounds. These challenges include food insecurity, lack of affordable housing, limited access to primary care, and disparities in education and healthcare opportunities.

Community members express concerns about the affordability of healthy foods, lack of education about nutrition, and barriers to accessing healthcare and insurance. Additionally, the excerpts highlight the impact of high poverty rates on the community's overall well-being, with a focus on the prevalence of chronic conditions such as diabetes among certain demographic groups.

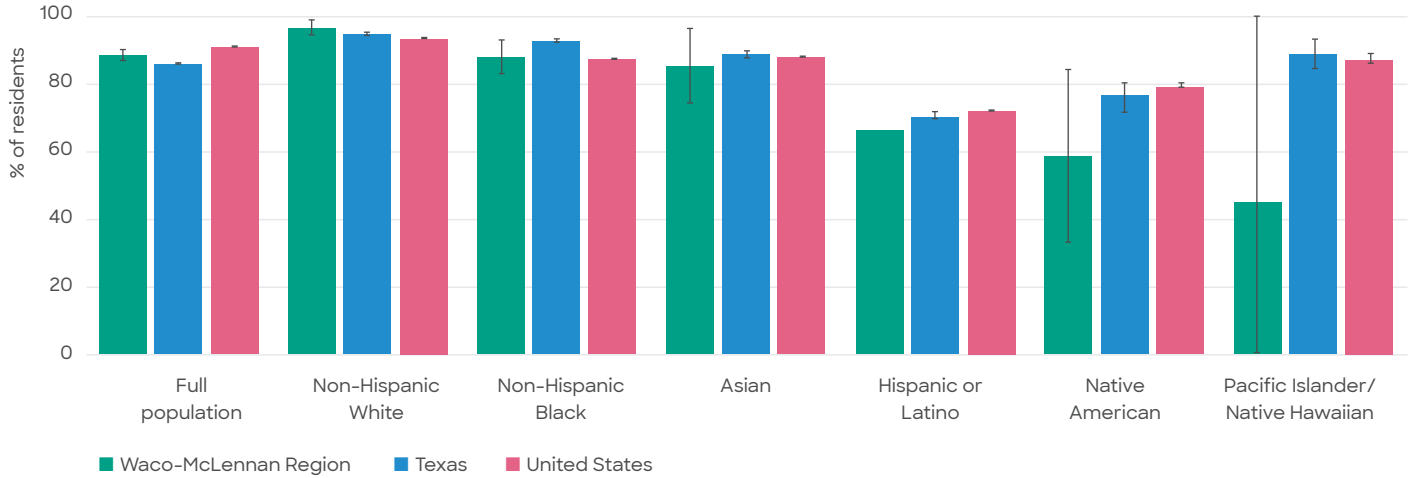
One individual shares, "We need to really prioritize our users. And by extension, our senior centers," emphasizing the need to address the unique requirements of different population segments. Another quote mentions, "A big challenge is food insecurity, especially recently and just the funding to provide meals to those individuals," underscoring the urgent need for interventions to alleviate food insecurity and support vulnerable community members.

Topic	Waco-McLennan Region	Texas	United States
Any higher education rate <i>% of residents, 2022</i>	62.53 ±3.60	61.96 ±0.33	63.55 ±0.10
Below 200% of poverty level <i>% of residents, 2022</i>	34.66 ±3.91	31.86 ±0.41	28.36 ±0.11
College graduation rate <i>% of residents, 2022</i>	27.35 ±2.28	33.94 ±0.25	35.66 ±0.08
Hardship Index <i>score</i>	57.7	54.5	50.0
High school graduation rate <i>% of residents</i>	88.39 ±4.09	86.11 ±0.40	89.63 ±0.12

High school graduation rate

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

High school graduation rate by race/ethnicity, 2018 - 2022



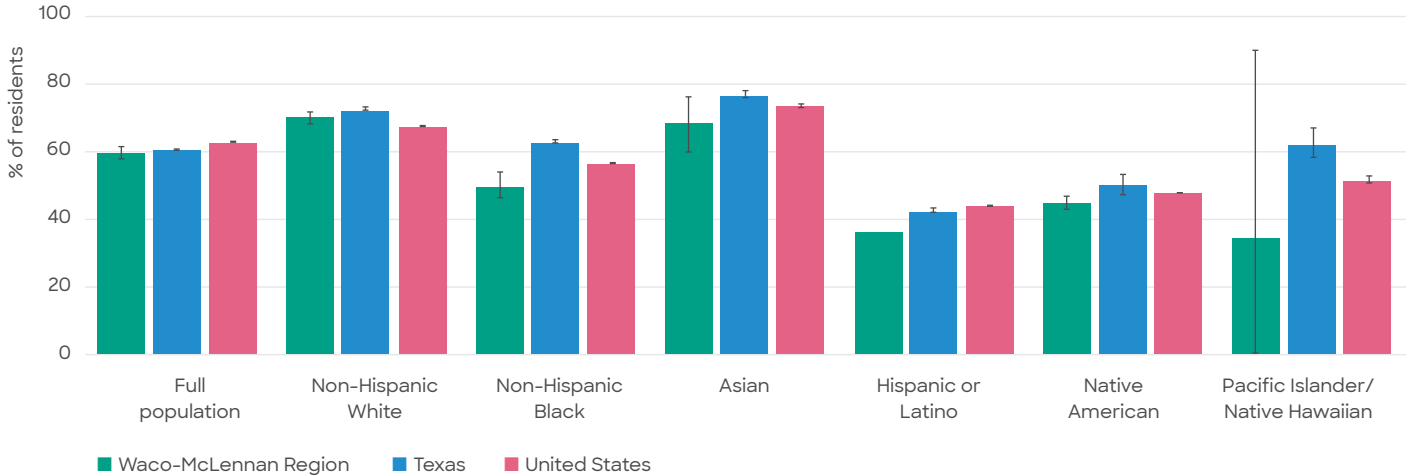
High school graduation rates vary across different racial and ethnic groups, as evidenced by the data for the Waco-McLennan Region, Texas and the United States. Non-Hispanic White students consistently have the highest graduation rates, with over 93% across all regions. On the other hand, Hispanic or Latino and Native American students have significantly lower graduation rates, at around 66% and 58%, respectively, in the Waco-McLennan Region. The data highlights the disparities in educational outcomes based on race and ethnicity, emphasizing the need for targeted support and resources to address these inequities.

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

Any higher education rate

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

Any higher education rate by race/ethnicity, 2018 - 2022



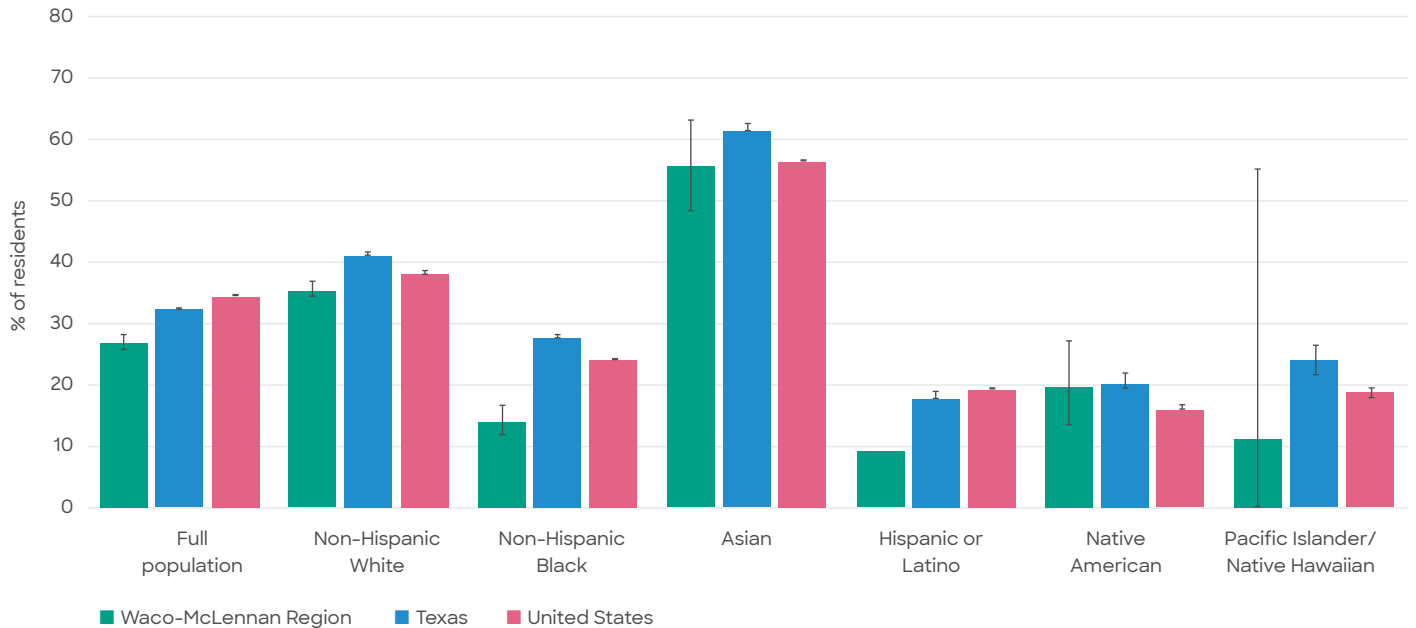
Higher education attainment rates vary across different racial and ethnic groups, as depicted in the chart. In the Waco-McLennan Region, the overall population has shown a gradual increase in higher education attainment, reaching 62.78%. However, disparities exist, with Non-Hispanic White and Asian populations consistently having higher rates compared to Hispanic or Latino, Native American, and Pacific Islander/Native Hawaiian populations. The impact of these disparities on the community may lead to unequal access to opportunities and resources, potentially perpetuating socioeconomic gaps.

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 by race/ethnicity, 2018 - 2022

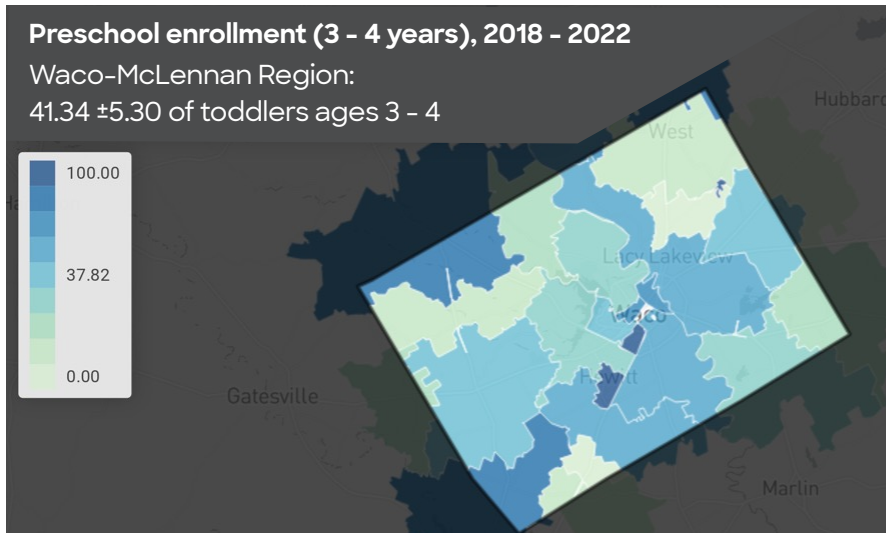


The college graduation rate data for race/ethnicity in the Waco-McLennan Region, Texas and the United States reveals significant disparities. Non-Hispanic White individuals consistently have the highest graduation rates across all areas, while Hispanic or Latino and Non-Hispanic Black individuals consistently have the lowest rates. The impact of these disparities on the community is substantial, contributing to unequal access to economic opportunities and perpetuating social inequities. This highlights the urgent need for targeted interventions to address the barriers faced by minority groups in accessing higher education and achieving equitable outcomes.

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

Preschool enrollment

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



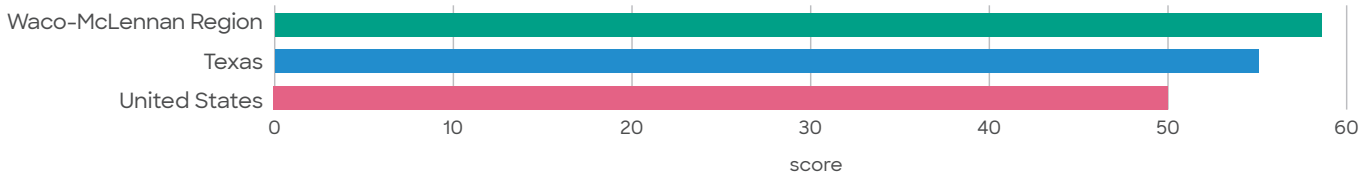
Preschool enrollment for 3- and 4-year-olds in the cities and towns of Bruceville-Eddy, Moody, McGregor, Abbott, Aquilla, Hallsburg, China Spring, Crawford, Ross, Hewitt, Leroy, Robinson, Mart, Mount Calm, Riesel, Valley Mills, West and various areas of Waco, TX, varies widely, ranging from 0% to 100%. This data from the American Community Survey (ACS) highlights the significant disparity in preschool enrollment rates among different areas within the same region. The impact of such disparities on the overall community, including potential implications for early childhood education and development, is substantial and warrants further investigation and targeted interventions.

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

Hardship Index

The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes. See technical notes for details.

Hardship Index, 2018 - 2022



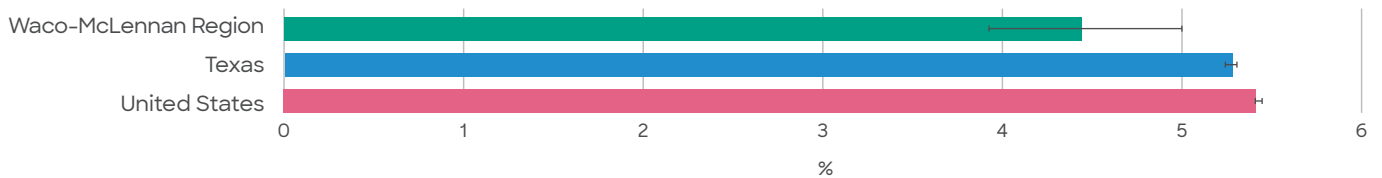
The Hardship Index data reveals that the Waco-McLennan Region has a Hardship Index of 57.65, which is higher than both the state average of 54.47 and the national average of 50.0. This suggests that the region is experiencing higher levels of economic and social challenges compared to the state and national levels, indicating a greater need for targeted support and intervention to improve the community’s well-being.

Data sources: U.S. Census Bureau: American Community Survey (ACS) (Calculated by Metopio)

Unemployment rate

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

Unemployment rate, 2018 - 2022



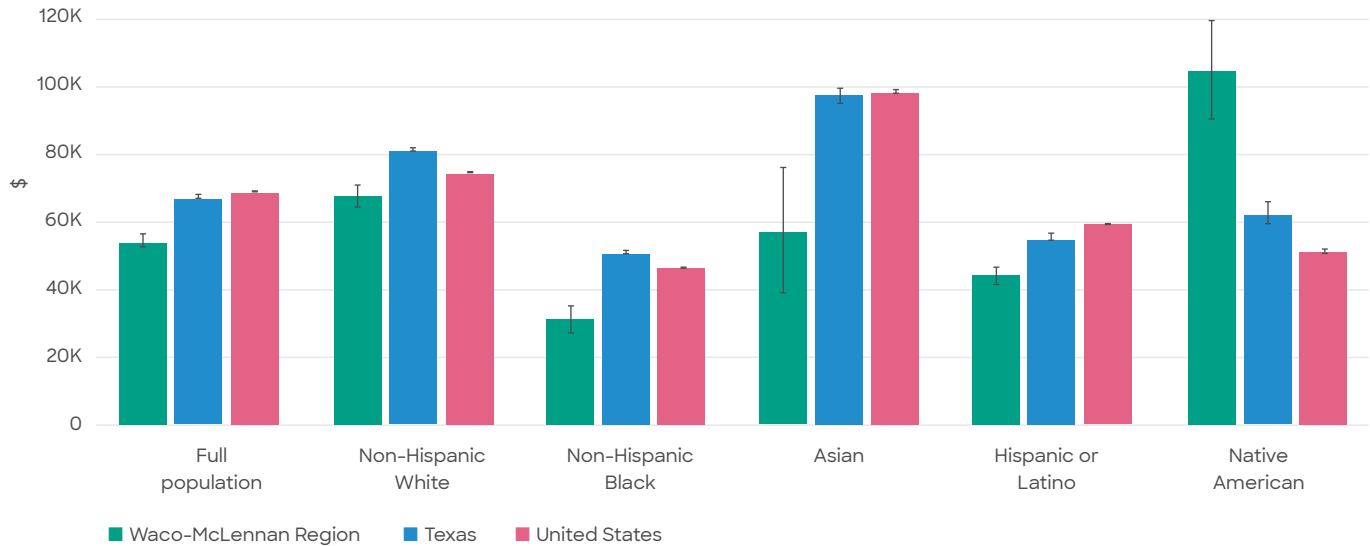
The unemployment rates for the Waco-McLennan Region, Texas and the United States are 4.41%, 5.22% and 5.33%, respectively. This indicates that the Waco-McLennan Region has a lower unemployment rate compared to both Texas and the United States, suggesting a relatively healthier job market in the region. The impact of this lower unemployment rate could mean greater economic stability and improved quality of life for the community.

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

Median household income

Income in the past 12 months.

Median household income by race/ethnicity, 2018 - 2022



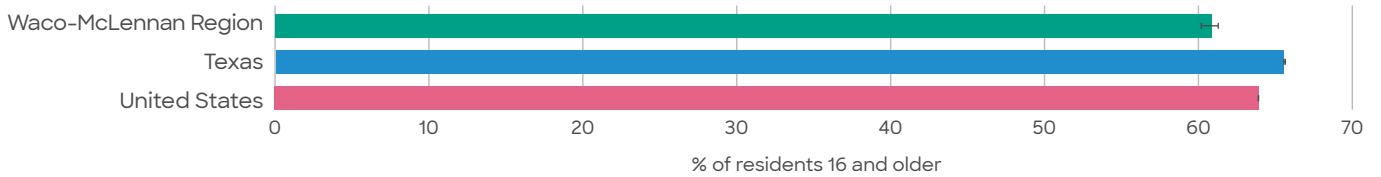
The median household income varies across different racial and ethnic groups in the Waco-McLennan Region, Texas and the United States. Non-Hispanic White households have the highest median income, followed by Asian households, while Non-Hispanic Black and Hispanic or Latino households have significantly lower median incomes. Interestingly, Native American households in the region have the highest median income compared to other racial/ethnic groups, which is an important point to consider when looking at the overall impact of income disparities on the community.

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

Labor force participation

Percentage of residents 16 and older who are currently employed, enlisted in the armed forces or actively seeking employment.

Labor force participation, 2018 - 2022



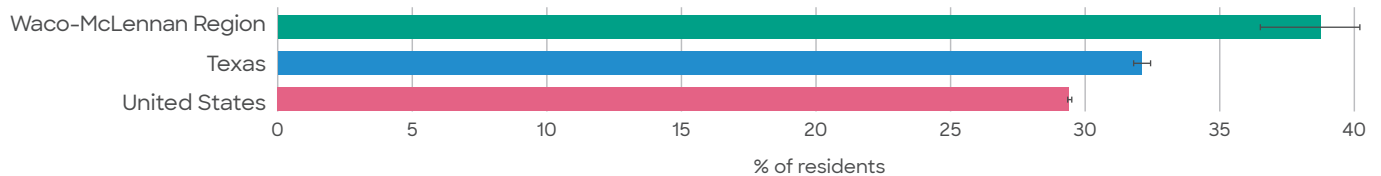
Labor force participation rates in the Waco-McLennan Region, Texas and the United States stand at 61.36%, 65.13% and 63.47%, respectively. This indicates that the labor force participation in the Waco-McLennan Region is slightly lower than the state and national averages, potentially pointing toward unique economic or demographic factors impacting the region. The impact of this lower participation rate on the community could be explored further to understand the potential implications for local employment and economic development.

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

Below 200% of poverty level

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

Below 200% of poverty level, 2018 - 2022



The data reveals that in the Waco-McLennan Region, 38.53% of the population is living below 200% of the poverty level, which is higher than the state average of 32.22% and the national average of 28.8%. This indicates a significant disparity in economic well-being within the region, highlighting the need for targeted intervention and support for the community.

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

2022 – 2025 evaluation of impact

2022 CHNA health priorities: Access to healthcare resources, access to mental healthcare, infant mortality rate, household income/poverty

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> • Access to healthcare resources • Access to mental healthcare • Infant mortality rate 	<p>Community health improvement services and education:</p> <ul style="list-style-type: none"> • Provide free community education sessions on benefits of annual checkups in primary care through community health programs, health fairs and health events. 	<ul style="list-style-type: none"> • Community members became more aware of the importance of regular doctor’s visits to avoid having long-term complications and potentially high ED bills. • Increased access to screenings, vaccinations and health resources. • Hillcrest: \$1.8 million
<ul style="list-style-type: none"> • Access to healthcare resources • Access to mental healthcare • Infant mortality rate • Household income/ poverty 	<p>Cash and in-kind contributions:</p> <ul style="list-style-type: none"> • Cash and in-kind contributions to other not-for-profit community organizations that address access to healthcare resources. • Access to mental healthcare, infant mortality rate and household income/poverty. • In-kind donations include medical supply and equipment donations to local non-profits supporting healthcare programs. <p>Partners:</p> <ul style="list-style-type: none"> • Prosper Waco, Mission Waco, Waco Family Medicine, American Heart Association, The Cover, United Way Waco–McLennan 	<ul style="list-style-type: none"> • Improved access to primary and mental healthcare for un/ underinsured. • Improved health outcomes. Increase in economic resources and opportunities for low-income communities. • Increase capacity of non-profit organizations to help patients at a first touch point rather than having to send them to the hospital for care. • Hillcrest: \$740,421 • Clinic: over \$48,000
<ul style="list-style-type: none"> • Access to healthcare resources • Access to mental healthcare • Infant mortality rate 	<p>Charity care:</p> <ul style="list-style-type: none"> • Provide free and/or discounted care to financially or medically indigent patients as outlined in the financial assistance policy. 	<ul style="list-style-type: none"> • Increased access to primary and mental healthcare and/ or specialty care for indigent people regardless of their ability to pay. • Hillcrest: \$51,035,726 • Clinic: over \$480,000

Health priority	Action/tactic	Outcomes
<ul style="list-style-type: none"> • Access to healthcare resources 	<ul style="list-style-type: none"> • Partner with Waco Family Medicine to train their medical residents, which serve low-income uninsured populations. 	<ul style="list-style-type: none"> • Increased access to primary care for low-income and vulnerable populations. • Clinic: Baylor Scott & White – Hillcrest partnered with Waco Family Medicine residents to provide medical training for community clinic physicians providing care for uninsured and low-income populations.
<ul style="list-style-type: none"> • Access to mental healthcare 	<ul style="list-style-type: none"> • Provide behavioral health services via the MyBSWHealth app. 	<ul style="list-style-type: none"> • Increased access to behavioral/mental healthcare. • Clinic: Over 1,100 mental health appointments made through the MyBSWHealth app.

Existing resources

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

- Baylor Collaborative on Hunger and Poverty/Texas Hunger Initiative
- Caritas of Waco
- Compassion Ministries of Waco
- Family Abuse Center
- Heart of Texas Region MHMR
- Heart of Texas Regional Advisory Council
- HOT AAA
- La Vega ISD
- Meals on Wheels
- Prosper Waco
- Texas Hunger Initiative
- Waco Family Medicine
- Waco ISD
- Waco Police Department
- Waco-McLennan County Public Health District
- African American Chamber
- Bartimaeus Ministries, Inc
- CareNet Pregnancy Center
- Department of Public Health, Baylor University
- Hispanic Chamber
- McLennan Community College
- Mission Waco, Mission World
- Family of Faith Worship Center
- United Way of Waco-McLennan County
- VA Hospital
- YMCA of Central 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

Through a voting process, hospital and community leaders identified behavioral health, maternal health and access to care as the top three health needs in the community. After a second round of voting and discussions with BSWH leadership, the top two significant health needs to be prioritized will be behavioral health and maternal and child health.

Health issue	Voting
Socioeconomic factors	10%
Maternal and child health	20%
Health behaviors	0%
Built environment	0%
Access to care	20%
Behavioral health	30%
Chronic disease	0%
Food access	10%
Housing	10%

Round two voting results

Health issue	Voting
Maternal and child health	54%
Access to care	46%

Through a voting process, the Baylor Scott & White Waco Region team identified behavioral health, maternal health and access to care as the top three health needs in the community. After a second round of voting, the top two significant health needs to be prioritized will be:

1. Behavioral health

2. Maternal and child health

Health needs assessed but not identified as significant

- **Chronic disease:** Chronic disease was not selected as a priority; the hospital is committed to decreasing the rate of chronic disease through continuing to address access to care along with health and nutrition. As a healthcare system, Baylor Scott & White Health has several tools and implements clinical programs and initiatives that aim to prevent and successfully manage chronic diseases, including the MyBSWHealth app, which provides healthcare resources, nutrition education and access to care for anyone who has visited a BSWH facility.
- **Access to care:** While the hospital acknowledges access to care as a critical health issue, the hospital recognized that this need was being addressed through several BSWH initiatives, including the MyBSWHealth app, which provides remote and in-person access to care. BSWH has also made access to care a focus as a healthcare system. Therefore, significant resources have been dedicated to access to care strategy and program development, including health at home resources and tools.
- **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.
- **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 2, 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

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.

US Department of Housing and Urban Development (HUD): Housing Choice Vouchers by Tract

This service provides spatial data and information for Housing Choice Voucher (HCV) recipients.

University of Texas System: Infant Mortality in Communities Across Texas

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

Feeding America: Map the Meal Gap

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

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

Created by Metopio staff.

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

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

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

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

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

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

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

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

Centers for Disease Control and Prevention (CDC): PLACES

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

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

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

Appendix

Key Informant Interview Guide

FACILITATION PROTOCOLS

1. Establishing ground rules

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

2. Introductions

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

3. Community strengths

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

4. Health questions

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

(Potential) follow up questions based on health issue selected

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

5. Built environment and social factors

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

(Potential) follow up questions based on community issue

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

6. Action planning

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

7. Next steps

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

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

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

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

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

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

We thank you for your help.

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

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

Chronic diseases

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

Demographics

11. Are you Hispanic or Latino/a or of Spanish origin?

- Yes
- No

12. Would you say you are? Select all that apply.

- Mexican, Mexican-American or Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino/a or Spanish origin

13. What is your race? Select all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Middle Eastern/Arab American or Persian
- Native Hawaiian or Other Pacific Islander
- White
- Prefer not to answer
- Other—write in: _____

14. Would you say you are? Select all that apply.

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Another Asian origin

15. Is a language other than English spoken in your home?

- Yes
- No

16. What language(s) other than English are spoken in your home? _____

17. Do you or does someone in your household have a disability?

- Yes
- No

18. Would you say the disability is? Select all that apply.

- Hearing
- Vision
- Cognitive
- Ambulatory
- Self-care
- Independent living
- Prefer not to answer

19. What sex were you assigned at birth?

- Male
- Female
- Prefer not to answer

20. What is your gender identity?

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

21. What is your sexual orientation?

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

22. What is your marital status?

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

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

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

24. What is your current employment status?

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

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

- Yes
- No

26. Are you currently working from home?

- Yes
- No
- Hybrid

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

- Yes
- No

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

Your answer is private and confidential.

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

Your home

29. What are your current living arrangements?

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

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

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

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

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

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

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

33. Did you receive any support?

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

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

Immunizations

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

44. Have you received at least one COVID-19 vaccination since September 1, 2022?
- Yes
 - No
45. From the list below, please select the reason(s) you have not received a COVID-19 vaccine. Select all that apply.
- I am concerned about possible side effects of a COVID-19 vaccine
 - I have concerns about the safety of the vaccine
 - I don't know if the vaccine will protect me
 - I don't think COVID-19 is a big threat
 - I already had COVID-19 and have antibodies
 - I don't believe I am at high risk for COVID-19 complications
 - I don't believe my friends/family are at high risk for COVID-19 complications
 - My doctor has not recommended it
 - I don't trust the government
 - I don't trust the medical community
 - I don't have time to get the COVID-19 vaccine
 - I don't know where to go to get the COVID-19 vaccine or cannot get an appointment
 - Other—write in: _____

Diet and physical activity

46. On a typical day, how many servings of fruits and/or vegetables do you eat? (A serving would equal one medium apple or a handful of grapes. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen or canned.) Please think about all meals, snacks and food consumed at home and away from home.
- None
 - 1 - 2
 - 3 - 5
 - More than 5
 - I don't know
47. How easy or difficult is it for you to get fresh fruits and vegetables?
- Very difficult
 - Somewhat difficult
 - Somewhat easy
 - Very easy
48. What are the reasons it is difficult to get fresh fruits and vegetables? Please select all that apply.
- The store(s) within a mile of where I live don't sell fresh fruits and vegetables
 - The quality of fresh fruits and vegetables where I shop is poor
 - Fresh fruits and vegetables are too expensive where I shop
 - The store(s) where I use my EBT/SNAP benefits does not sell fresh fruits and vegetables
 - I don't have transportation to get to a store that sells fresh fruits and vegetables

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

- Often true
- Sometimes true
- Never true

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

- Yes
- No

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

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

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

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

Substance use

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

- Yes
- No

54. Do you now smoke cigarettes?

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

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

- Yes
- No

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

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

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

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

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

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

- Yes
- No

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

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

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

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

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

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

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

- Yes
- No

64. When you took prescription pain relievers in the past 12 months, did you ever, even once, take more than was prescribed for you? This includes taking a higher dosage or taking it more often than directed.

Yes

No

Cancer screenings

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

Yes

No

Not applicable (i.e., not old enough)

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

LESS THAN 12 months ago

At least 1 year ago but LESS THAN 2 years ago

At least 2 years ago but LESS THAN 4 years ago

5 or more years ago

67. Have you ever had a Pap test?

Yes

No

Not applicable (i.e., not old enough)

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

LESS THAN 12 months ago

At least 1 year ago but LESS THAN 2 years ago

At least 2 years ago but LESS THAN 4 years ago

5 or more years ago

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

Yes

No

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

LESS THAN 12 months ago

At least 1 year ago but LESS THAN 2 years ago

At least 2 years ago but LESS THAN 4 years ago

5 or more years ago

71. Have you ever had a prostate screening?

Yes

No

Not applicable (i.e., not old enough)

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

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

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

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

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

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

Mental health

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

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

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

- Hardly ever
- Some of the time
- Often

77. How often do you feel alone?

- Hardly ever
- Some of the time
- Often

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

Your neighborhood

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

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

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

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

85. Do you feel safe in your neighborhood?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Thank you for taking our survey!

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

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

