2025 Community Health Needs Assessment

Brazos Valley Region

BaylorScott&White
HEALTH

Brazos Valley Region community hospitals

- **Baylor Scott & White Medical Center – Brenham**
- **Baylor Scott & White Medical Center – College Station**

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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

BSWH is committed to improving the health and well-being of the Brazos Valley Region through a comprehensive Community Health Needs Assessment (CHNA). This assessment serves as a foundational document, guiding our efforts and enabling targeted health interventions that cater to the specific needs of our community. This executive summary encapsulates the key findings and methodologies employed in our latest CHNA.

BSWH Brazos Valley CHNA operates within the Brazos Valley Region, an area characterized by diverse demographics and varying health service needs. As a health organization, our mission is to deliver comprehensive healthcare services while addressing the unique challenges faced by our community. The CHNA is instrumental in our strategic planning, ensuring that our resources and initiatives are aligned with the actual health requirements of the population we serve.

The methodology for this CHNA was rigorously designed to ensure comprehensive data collection and analysis. Primary data was gathered through surveys, focus groups and interviews. These instruments were developed to capture a wide range of health indicators and to garner both quantitative and qualitative insights into the health status and needs of the community. This approach ensures a balanced view that supports effective decision-making and prioritization of health initiatives.

While this CHNA did not initially set out with predefined health themes,

the analysis of the collected data highlighted several key areas of concern that require focused attention. The process was meticulously carried out, ensuring that every stage—from data collection to analysis—was guided by principles of objectivity and professionalism. The findings from this CHNA are presented without bias, providing a clear and concise overview of the health landscape in the Brazos Valley Region.

The insights derived from our CHNA are intended to serve as a reliable resource for healthcare providers, policymakers and other stakeholders in the community. By presenting these findings in a professional and authoritative manner, we aim to foster a collaborative environment where BSWH can ensure strategic utilization of community resources and health planning. This is essential for initiating community-wide health improvements and for planning future health services that are both effective and equitable. Please submit any inquiries, comments or opportunities regarding this document to **CommunityHealth@BSWHealth.org**.

In conclusion, the BSWH Brazos Valley CHNA is more than just an assessment; it is a roadmap for enhancing health outcomes in our community. We are committed to using this document to guide our actions, inform our strategies and engage with our community partners in meaningful ways to create a healthier Brazos Valley Region.

CHNA process

Introduction

In the process of developing a comprehensive Community Health Assessment for the Brazos Valley 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. 220 surveys were completed in the Brazos Valley Region. To ensure surveys included feedback from diverse and underserved populations, BSWH collaborated with community organizations and institutions, including local health departments, serving low-income and vulnerable populations.

Focus group

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

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

- Brazos County Health Department
- Bryan-College Station Prenatal Clinic
- Brazos Valley Health Coalition
- Health for All
- United Way of Brazos Valley

- Brazos Valley Food Bank
- Brenham Pregnancy Center
- American Heart Association - Brazos Valley
- NAMI Brazos Valley
- Project Unity

Interviews

Interviews with stakeholders and community members provide a detailed exploration of individual experiences and expert opinions. This personalized form of data collection helps to gather in-depth feedback on existing services and unmet needs within the community. The rich, qualitative data from interviews complements the broader insights from surveys and focus groups, enabling a more comprehensive strategy for community health improvement. Three interviews were completed in the Brazos Valley Region. Those invited included internal Baylor Scott & White leaders and community health team members from the Brazos Valley Region.

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:

Define the community
▼
Assess the community
▼
Identify "significant needs" and "prioritize"
▼
Document in written report
▼
CHNA board approvals
▼
Make CHNA widely available on website
▼
Written implementation strategy
▼
Implementation strategy board approval
▼
Make implementation strategy widely available on website
▼
Act on strategy, measure and report

Approach to identifying and prioritizing significant health needs

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

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

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

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

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

Significant health needs:

- Access to care
- Non-medical drivers of health

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. Non-medical drivers of health: These are the social determinants of health that are correlated with and root causes of many poor health outcomes. Non-medical drivers of health include but are not limited to food insecurity and housing.

2. Access to care

Demographics

Overview

The Brazos Valley Region, located in the heart of Texas, is an area known for its diverse population and dynamic socioeconomic landscape. It serves as a hub for education, agriculture and healthcare, influenced largely by its proximity to major universities and robust agricultural industries. This region's demographic profile provides insights into its community structure, highlighting the unique challenges and opportunities for healthcare and policy planning.

BSWH owns and operates numerous individually licensed hospital facilities serving the residents of North and Central Texas. The Brazos Valley Region is home to two of these hospitals with overlapping communities, including:

• **Baylor Scott & White Medical Center - Brenham**

• **Baylor Scott & White Medical Center – College Station**

The community served by the hospital facilities listed above is Austin, Brazos, Burleson, Grimes, Robertson, Waller and Washington counties, shown in the map below. BSWH has at least one hospital facility or a provider-based clinic in each of these counties, and together, they comprise where more than 70% of the admitted patients live, according to the hospital facilities' inpatient admissions over the 12-month period of FY 22. All of the collaborating hospital facilities included in a joint CHNA report define their communities to be the same for the purposes of the CHNA report.

Brazos Valley Region

Robertson
Brazos
Grimes
Burleson
Washington
Waller
Austin
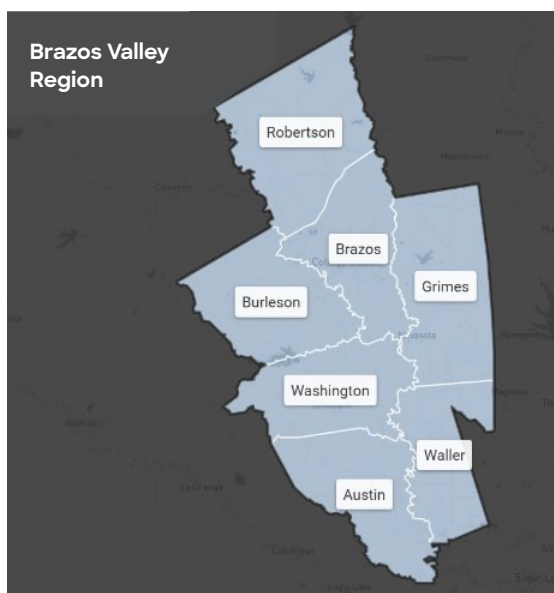
Total population
244,703

Median household income
$65,000

Median age
31.9

% of Spanish primary language
31.9%

% of Asian primary languages
3.81%

Age distribution

In the Brazos Valley Region, the age distribution shows a significant proportion of the population in the 18 – 39 years age group, accounting for approximately 39.96%. This is indicative of a youthful population, potentially linked to local educational institutions and early career professionals. The data suggests that healthcare services focused on reproductive health, mental health and early career stress management could be significant.

Comparing this with the state of Texas and the United States, the Brazos Valley Region has a higher concentration of young adults than both the state average of 31.56% and the national average of 29.80%. This youthful demographic emphasizes the need for policies and health services that cater specifically to the needs of young adults, including sexual health, mental health services and career guidance, which could be pivotal in shaping the region's future demographic trends.

Race/ethnicity

The racial and ethnic composition of the Brazos Valley Region is predominantly Non-Hispanic White (54.47%), followed by Hispanic or Latino (25.90%), and Non-Hispanic Black (13.44%). The diversity is notable and suggests that cultural competence in healthcare and educational services is essential for effective community engagement and service delivery.
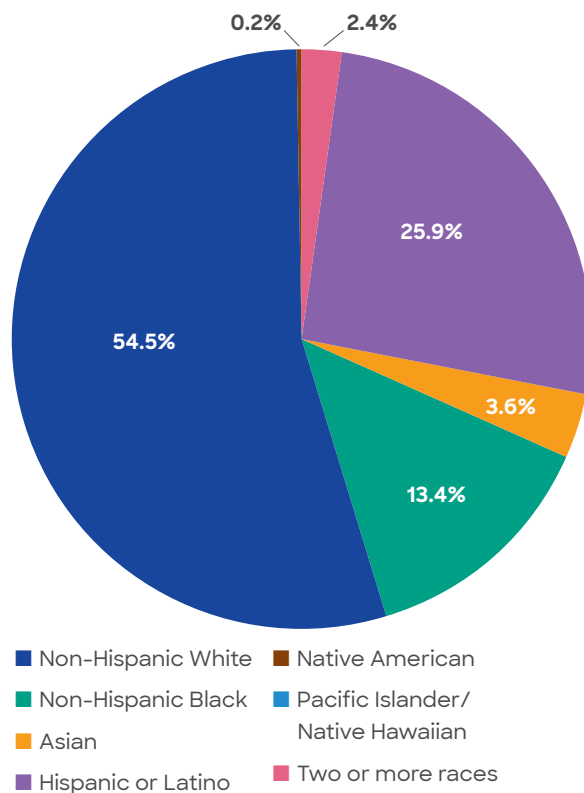
When compared to Texas and the United States, the Brazos Valley Region has a higher percentage of Non-Hispanic Whites compared to the state average of 40.24% and a lower percentage compared to the national average of 59.11%. The proportion of Hispanic or Latino residents is above the national average of 18.73% but below the Texas average of 40.01%, highlighting a significant Hispanic community that might benefit from bilingual services and culturally tailored health programs. The racial and ethnic makeup underlines the importance of targeted health initiatives and community programs that address the specific needs of these demographic groups.

Population by race/ethnicity
Brazos Valley Region, 2018 – 2022

Legend:
- Non-Hispanic White
- Non-Hispanic Black
- Asian
- Hispanic or Latino
- Native American
- Pacific Islander/Native Hawaiian
- Two or more races

Gender distribution

The gender distribution in the Brazos Valley Region is fairly balanced, with a slight male predominance: 51.03% male and 48.97% female. This balance suggests that gender-specific health services, such as women's health and men's health initiatives, should be equally prioritized to address the unique health concerns of each gender effectively.

Comparatively, the gender ratio in Brazos Valley is consistent with state and national figures, with Texas having 50.62% females and the United States having 51.01% females. This suggests that the gender-related health and social policies developed in the Brazos Valley Region can be modeled on successful programs at the state and national levels, ensuring they are comprehensive and inclusive.

Health needs

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

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Health behaviors
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Housing
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Maternal and child health
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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 healthcare access and quality in communities. Issues such as transportation difficulties, limited medical care in certain areas and financial constraints are major barriers preventing individuals from receiving timely and adequate healthcare. The challenges are particularly pronounced for vulnerable populations, including the elderly, people with disabilities and those with low income. The lack of healthcare providers and resources in rural and underserved areas exacerbates these problems, leading to long wait times for medical appointments and a shortage of specialists. Additionally, socioeconomic disparities contribute to difficulties in managing chronic diseases, accessing mental health services and obtaining necessary health insurance coverage.

The community voices highlight various challenges, such as the lengthy waitlists for medical services, the high costs of healthy foods compared to less nutritious options and the struggle to access primary care. These issues are compounded by inadequate public transportation, which affects the ability to reach healthcare facilities. Furthermore, the community mentions the difficulties faced by the elderly in adapting to digital platforms for healthcare, the challenges in securing affordable housing and the barriers faced by individuals with criminal backgrounds in accessing certain services.

Specific quotes from the community illustrate the direct impact of socioeconomic factors on health: "Transportation, lack thereof, of getting people to medical appointments" and "food disparity, so people needing to have healthier diets." Another community member mentioned, "There's not medical care within their counties or it's very limited," highlighting the geographic disparities in healthcare access. These testimonials underscore the urgent need for targeted interventions to address these socioeconomic barriers and improve health outcomes across different community segments.

Topic	Brazos Valley Region	Texas	United States
Any higher education rate *% of residents, 2022*	70.76 ±3.80	61.96 ±0.33	63.55 ±0.10
Below 200% of poverty level *% of residents, 2022*	37.74 ±3.27	31.86 ±0.41	28.36 ±0.11
College graduation rate *% of residents, 2022*	45.81 ±3.01	33.94 ±0.25	35.66 ±0.08
Firearm-related mortality *deaths per 100,000, 2022*	15.0 ±3.9	15.3 ±0.4	14.2 ±0.1
Hardship Index *score*	56.3	54.5	50.0

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**
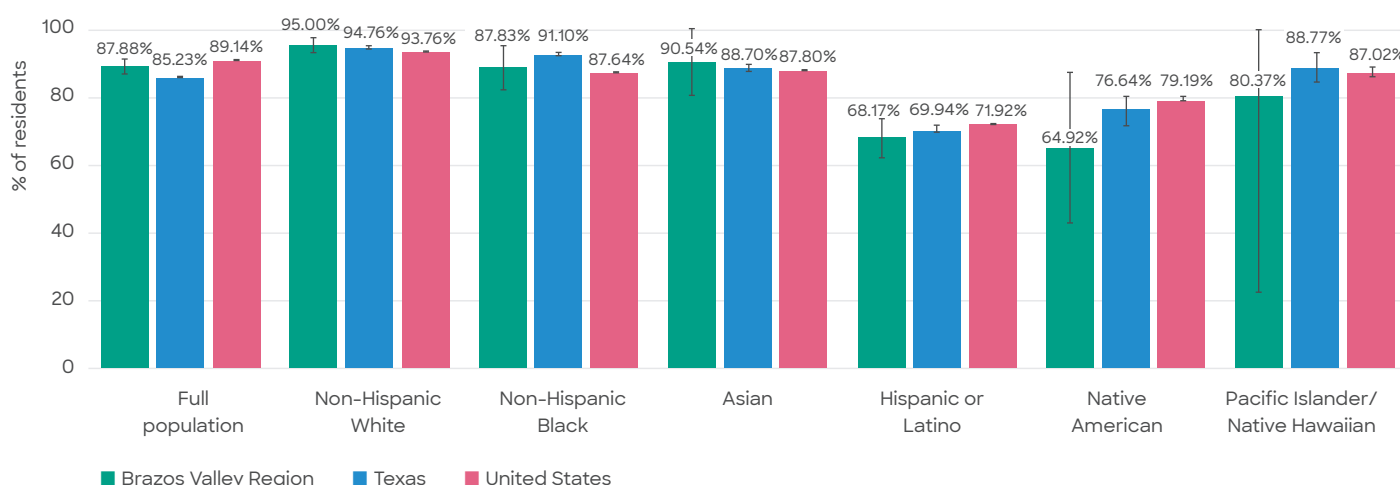
Graduation rates across various racial and ethnic groups in the Brazos Valley Region, Texas and the United States highlight significant disparities that warrant attention. In the Brazos Valley Region, Hispanic or Latino and Native American students graduate at much lower rates of 68.17% and 64.92%, respectively, compared to 87.88% of the full population, suggesting targeted interventions could be beneficial. These disparities in educational attainment are likely impacting community cohesion and economic opportunities, emphasizing the need for tailored educational programs and community support to boost graduation rates among these groups. Addressing these educational gaps is crucial for enhancing the socioeconomic fabric of the community and ensuring equal opportunities for all its members.

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

Any higher education rate

Residents 25 or older with any post-secondary education, including less than one year.
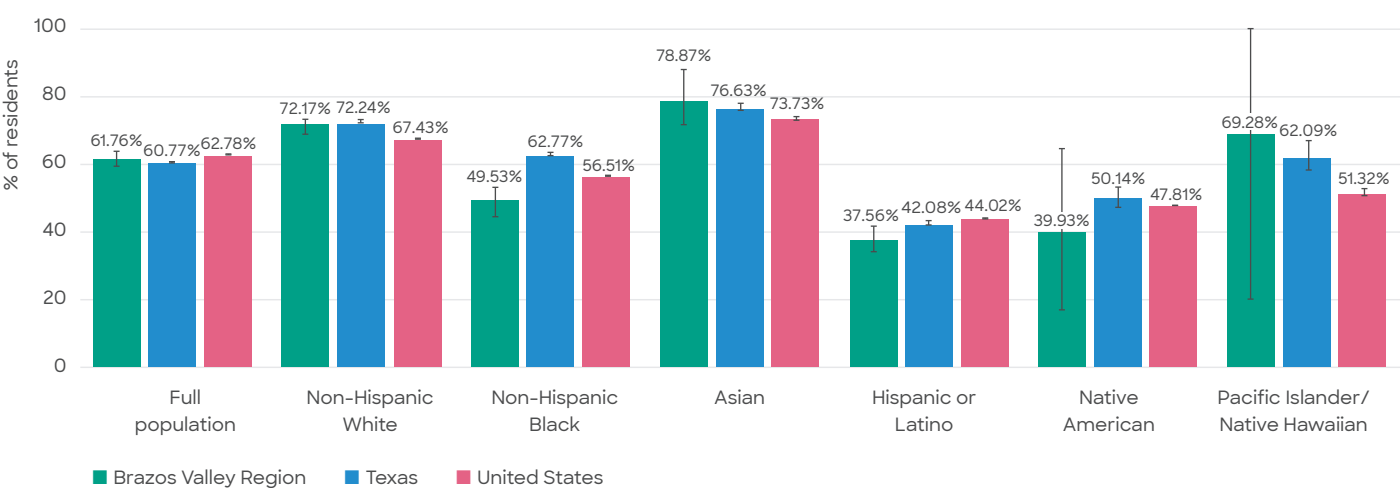
Any higher education rate, 2018 – 2022

	%
Brazos Valley Region	61.76%
Texas	60.77%
United States	62.78%
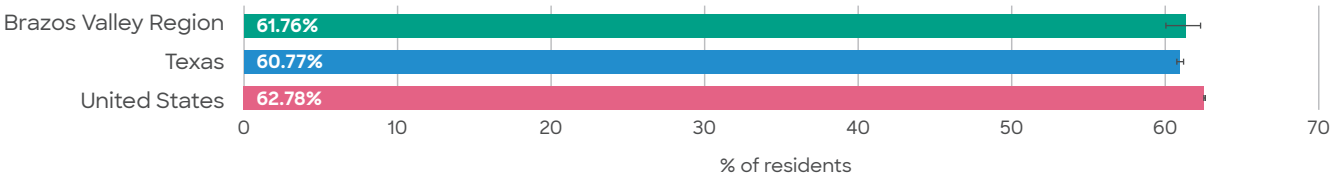
% of residents

The pursuit of higher education is a critical indicator of regional development and personal advancement. In the Brazos Valley Region, the rate of residents who have attained any form of higher education stands at 61.76%, slightly surpassing Texas' overall rate of 60.77% but still trailing behind the United States average of 62.78%. This data suggests a moderate alignment with national educational standards, yet highlights a potential area for targeted improvement initiatives to enhance educational attainment and, consequently, the socioeconomic fabric of the community. Investing in educational programs could significantly bolster the local workforce and economic stability, fostering a more robust community environment.

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

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

|	Brazos Valley Region	Texas	United States
Full population	61.76%	60.77%	62.78%
Non-Hispanic White	72.17%	72.24%	67.43%
Non-Hispanic Black	49.53%	62.77%	56.51%
Asian	78.87%	76.63%	73.73%
Hispanic or Latino	37.56%	42.08%	44.02%
Native American	39.93%	50.14%	47.81%
Pacific Islander/ Native Hawaiian	69.28%	62.09%	51.32%

The disparity in higher education attainment rates across different racial and ethnic groups in the Brazos Valley Region, Texas and the United States reveals significant challenges and opportunities for targeted educational support. In the Brazos Valley, Non-Hispanic Whites and Asians have higher education rates of approximately 72% and 79%, respectively, surpassing other groups like Hispanic or Latino and Native American populations, who have rates around 38% and 40%. This trend is consistent with state and national figures, though the region shows a particular need for enhanced educational outreach and support for its Hispanic, Native American and Black communities to bridge these gaps. Addressing these disparities is crucial for the socioeconomic development of the community, ensuring that all demographic groups have equal access to higher education opportunities and the benefits they bring.

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**
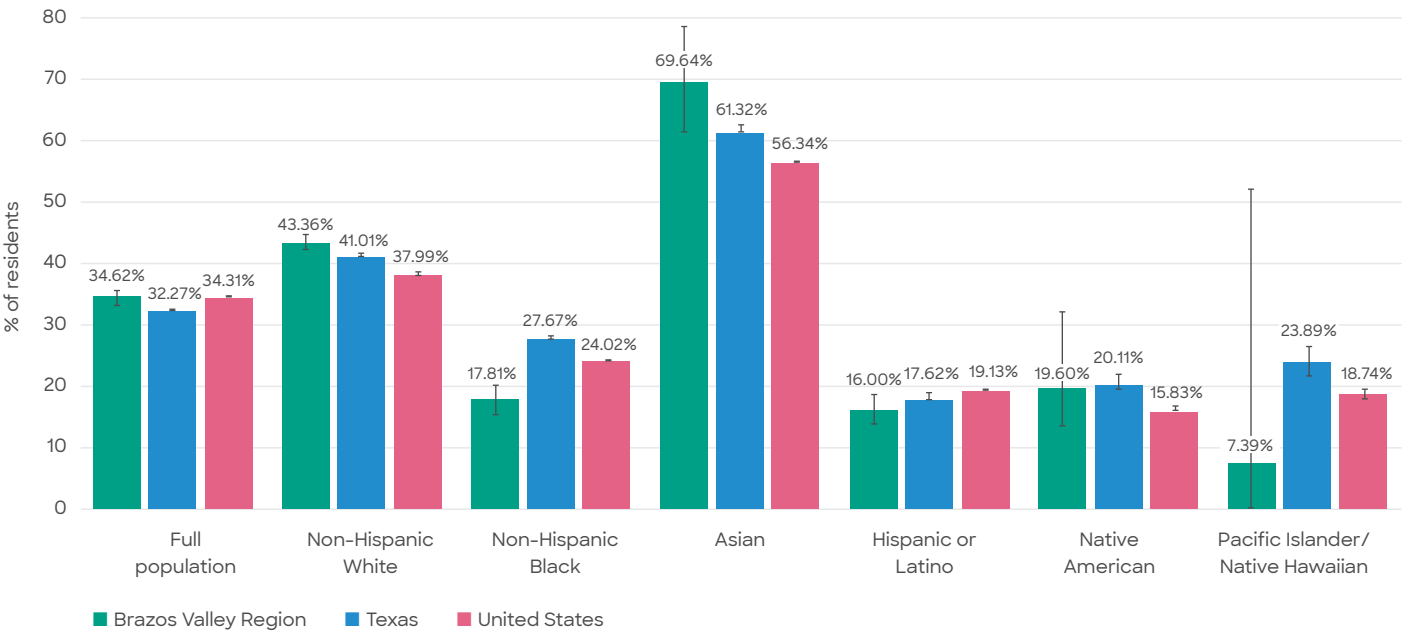
The Brazos Valley Region exhibits a diverse range of college graduation rates across different racial and ethnic groups, suggesting targeted educational strategies might be necessary. Notably, Asians have the highest graduation rate at 69.64%, significantly surpassing both state and national averages. However, disparities exist, as Non-Hispanic Blacks and Hispanics in the region graduate at rates of 17.81% and 16.0%, respectively, both of which are below the corresponding rates in Texas and the United States. Addressing these educational gaps is crucial for enhancing community development and ensuring equal opportunities for all demographic segments.

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

Preschool enrollment

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

Preschool enrollment (3 – 4 years), 2018 – 2022


% of toddlers ages 3 – 4
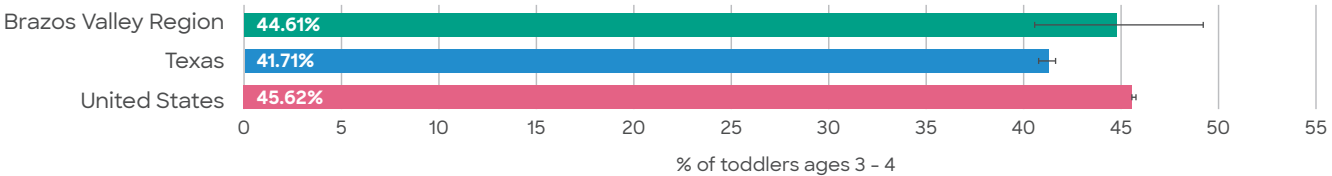
Preschool enrollment trends reveal significant insights into early childhood education across different regions. In the Brazos Valley Region, the enrollment rate stands at approximately 44.61%, slightly higher than Texas' average of 41.71% but lower than the national average in the United States at 45.62%. This discrepancy underscores the varying accessibility and prioritization of preschool education, which can have profound impacts on the educational foundations and future academic success of children in these areas. Addressing these variances is crucial for ensuring equitable educational opportunities and fostering community development.

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**

score
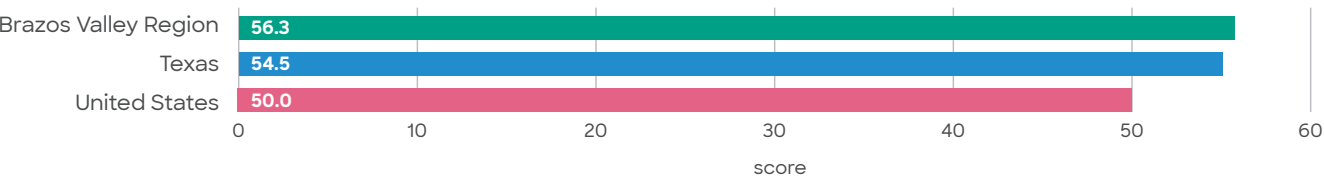
The Hardship Index presents a meaningful snapshot of the challenges faced by different regions, with data indicating a disparity in hardship levels across the Brazos Valley Region, Texas and the United States. The Brazos Valley Region, with a Hardship Index of 56.3, experiences slightly tougher conditions compared to the statewide index of Texas at 54.47 and notably more severe than the national average of 50. This differential suggests that the community in Brazos Valley may face unique socioeconomic challenges that require targeted interventions to alleviate hardship and improve quality of life. Addressing these issues effectively could lead to significant enhancements in community well-being and resource allocation tailored to the specific needs of the region.

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

Median household income

Income in the past 12 months.

Median household income by race/ethnicity, 2018 - 2022
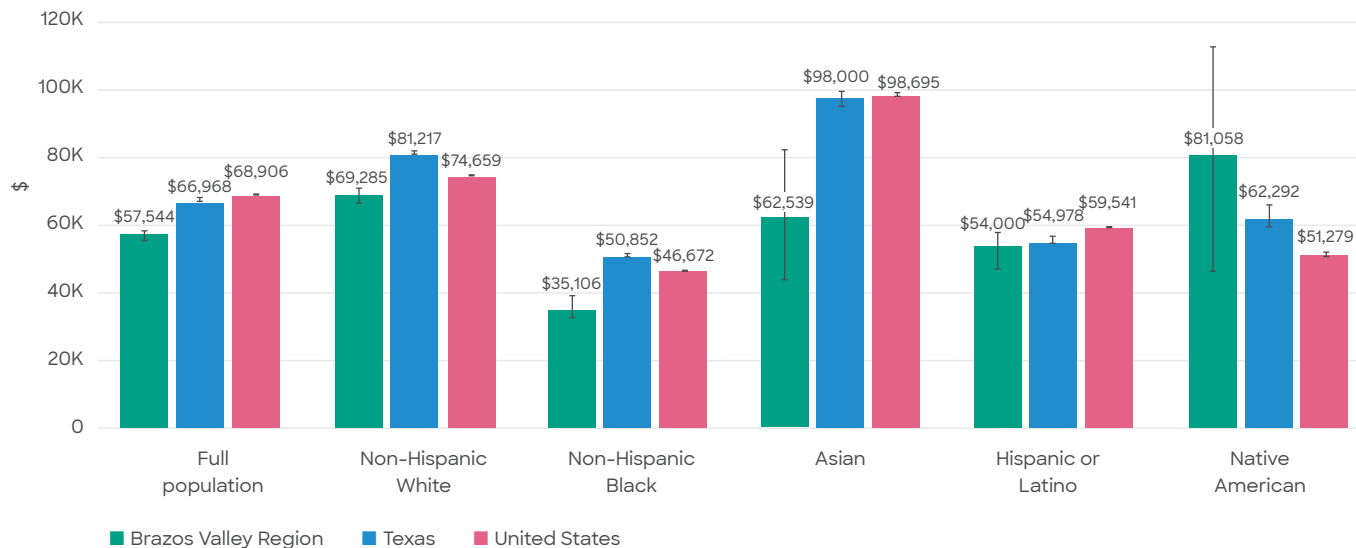
The median household income across different racial and ethnic groups in the Brazos Valley Region shows marked variance when compared with Texas and the United States. Notably, Non-Hispanic Whites in the region earn approximately $69,285, which is lower than the Texas average but still higher than the national figure. In contrast, Non-Hispanic Blacks in the region face significant economic disparities, earning about $35,106, which is substantially less than their counterparts in Texas and across the nation. These income variations highlight pressing issues of economic inequality that could impact access to resources and opportunities for diverse communities within the region. Addressing these disparities is crucial for fostering a more equitable community where all residents can thrive.

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


% of residents 16 and older

The labor force participation rates in the Brazos Valley Region, Texas and the United States reveal significant regional variations that could influence local economies and workforce development strategies. At 60.24%, the Brazos Valley Region's participation rate is notably lower than both the Texas average of 65.13% and the national average of 63.47%, suggesting a potential underutilization of labor resources in this area. This disparity might impact community initiatives and economic planning, underscoring the need for targeted policies to enhance workforce engagement and economic growth in the region.

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**
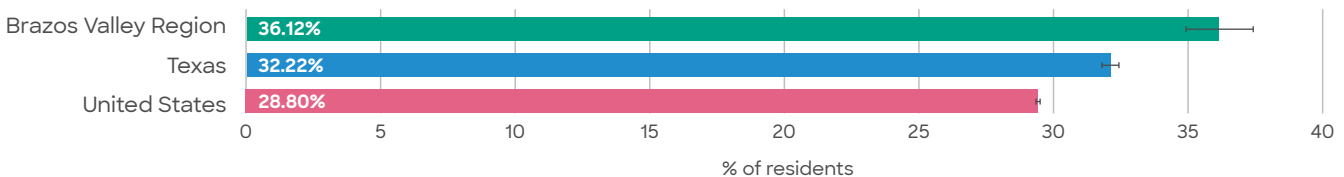
% of residents

The economic challenge of living below 200% of the poverty level is significantly pronounced in the Brazos Valley Region, with 36.12% of its residents falling into this category, compared to 32.22% in Texas and 28.8% nationally. This elevated percentage highlights a critical area of concern for the Brazos Valley, as living below this threshold can severely limit access to essential services and opportunities, impacting overall community health and economic stability. Addressing this issue with targeted support and policies could greatly enhance the well-being of affected populations, fostering a more robust and equitable community environment.

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

Seniors living alone

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

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

|	% of seniors
Brazos Valley Region	22.32%
Texas	23.86%
United States	26.37%
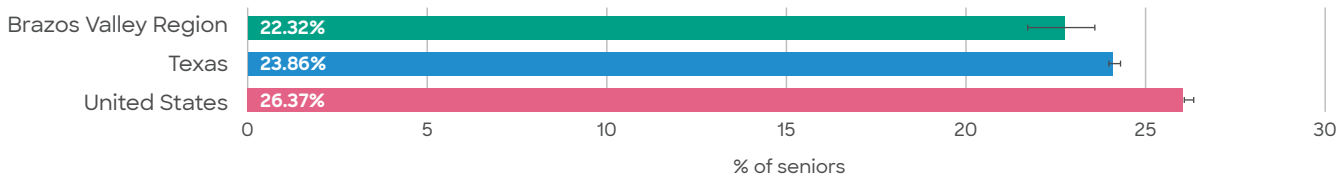
The phenomenon of seniors living alone is becoming increasingly significant, as evidenced by the data across different regions. In the Brazos Valley Region, 22.32% of seniors live alone, which is slightly lower than the Texas average of 23.86% and considerably below the national average of 26.37%. This disparity highlights a potential regional variance in social support structures or housing policies affecting elderly populations. Understanding these differences is crucial for tailoring community services and interventions that support independent living while addressing the isolation that may affect seniors' health and well-being. Addressing this issue effectively can enhance the quality of life for seniors, ensuring they receive the necessary support and resources to live comfortably and securely.

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

Unemployment rate

Percentage of residents 16 and older in the civilian labor force who are actively seeking employment.
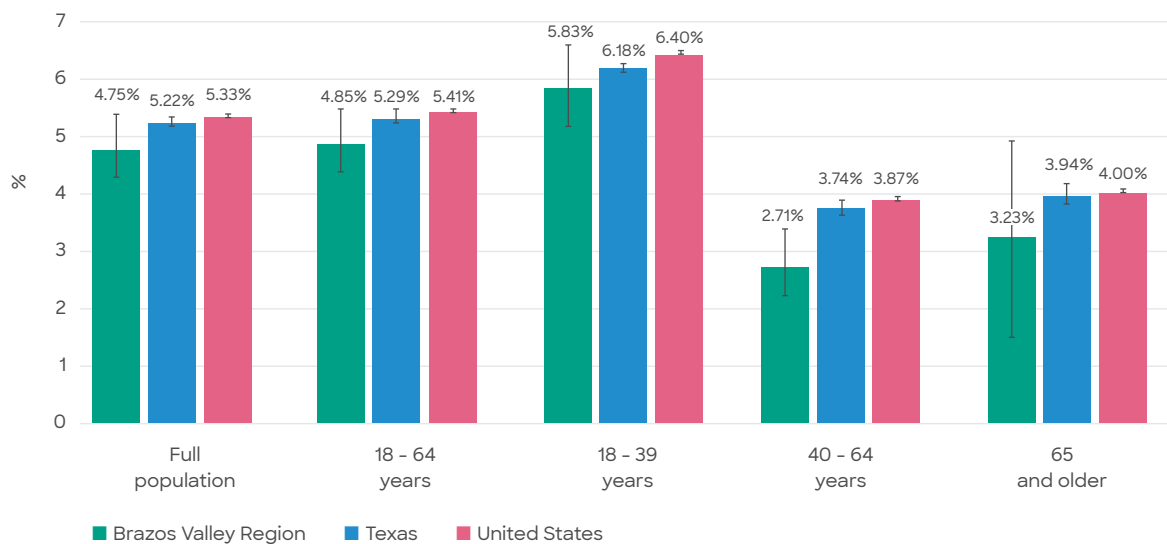
Unemployment rate, 2018 – 2022
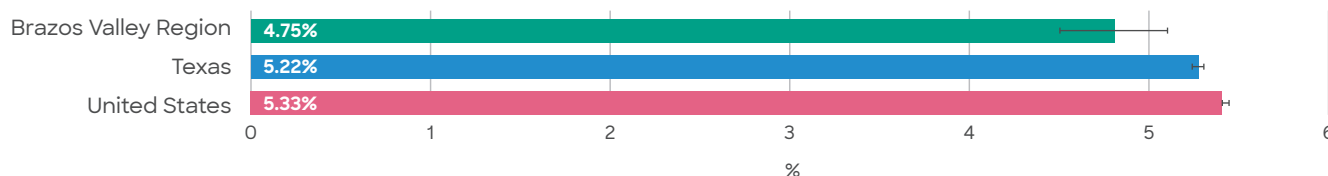
The Brazos Valley Region demonstrates a commendable effort in managing unemployment with a rate of 4.75%, which is notably lower than the statewide rate of 5.22% in Texas and the national average of 5.33% in the United States. This relative success in curbing unemployment may have a positive impact on the community by fostering economic stability and reducing financial stress among residents. Enhanced job opportunities in the region are likely contributing to a more vibrant local economy and increasing overall community well-being. It is vital to continue monitoring these trends and encouraging policies that support job creation and workforce development to sustain and further improve these outcomes.

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

Unemployment rate by age, 2018 – 2022

The Brazos Valley Region showcases a distinct pattern in unemployment rates across different age groups when compared to Texas and the United States overall. Notably, the region has lower unemployment rates for the full population and specifically for those aged 40 - 64 years, indicating a potentially more stable job market for middle-aged adults. However, younger individuals aged 18 - 39 years face higher unemployment rates than their counterparts in Texas and the national average, suggesting challenges in job acquisition for this demographic. Addressing these disparities is crucial for enhancing economic stability and community well-being in the Brazos Valley Region.

Access to care

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

What we heard from the community

Access to care represents a fundamental component of healthcare that determines how easily individuals can obtain necessary medical services. Challenges such as medical deserts, transportation issues and financial barriers are profoundly impacting communities, leading to significant discrepancies in healthcare access. These issues are exacerbated in rural areas and among specific demographics such as the elderly, individuals with disabilities and those requiring mental health services. The long wait times for essential health services, including primary, specialty and mental healthcare, further complicate timely access to care. The problem is also intensified by a shortage of healthcare providers and the inefficacies associated with health insurance coverage and affordability.

Community members have voiced numerous concerns regarding the difficulties in accessing healthcare. They also expressed problems with transportation to medical appointments and the high costs associated with care, particularly for the elderly who struggle with technology and cannot utilize telemedicine options. Additionally, economic factors like rising living costs and inadequate insurance coverage pose substantial hurdles in obtaining necessary medical services. The community has also expressed frustration over the long waiting periods to receive care, which can be detrimental in emergency situations.

Specific examples from the community include statements like: "Transportation, lack thereof, of getting people to medical appointments," and "It's hard anywhere to find affordable mental healthcare." Another significant quote is: "We have a lot of elderly people that live by themselves, and they don't have somebody to help them navigate that, along with not being able to take them, no one to take them either." These quotes underscore the dire need for enhanced access to care and the development of a more robust healthcare infrastructure to support vulnerable populations. Addressing these challenges is critical to improving health outcomes and ensuring equitable access to medical services for all community members.

Topic	Brazos Valley Region	Texas	United States
Dentists per capita *dentists per 100,000 residents, 2024*	71.3	102.7	105.2
Internet access *% of households, 2022*	95.37 ±2.66	93.82 ±0.21	93.59 ±0.10
Medicaid coverage *% of residents, 2022*	11.69 ±1.60	16.86 ±0.22	21.23 ±0.09
Mental health providers per capita *providers per 100,000 residents, 2024*	212.8	332.3	602.7
No vehicle available *% of households*	5.99 ±1.59	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

Brazos Valley Region **73.14%**
Texas **72.34%**
United States **74.04%**

% of adults
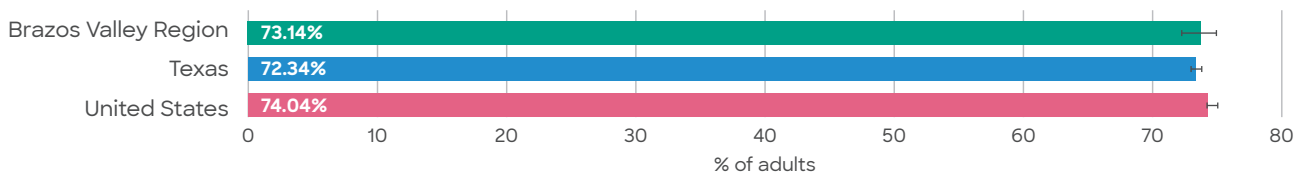
Routine health checkups are a fundamental component of preventive healthcare, and recent data reveals variations in visitation rates across different regions. In the Brazos Valley Region, approximately 73% of individuals have visited doctors for routine checkups, slightly higher than the Texas average of 72% but lower than the national average of 74%. These statistics indicate a relatively consistent engagement with preventive healthcare services across these areas, highlighting the community's awareness and commitment to maintaining health. It is crucial for healthcare providers and policymakers in regions slightly below the national average to enhance access and encourage regular health screenings to align with or surpass national health maintenance benchmarks. This proactive approach can significantly impact community well-being and reduce long-term healthcare costs.

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)

Visited dentist

Percentage of resident adults aged 18 and older who report having been to the dentist or dental clinic in the previous year.

Visited dentist, 2022

|	% of adults
Brazos Valley Region	53.76%
Texas	54.06%
United States	61.22%
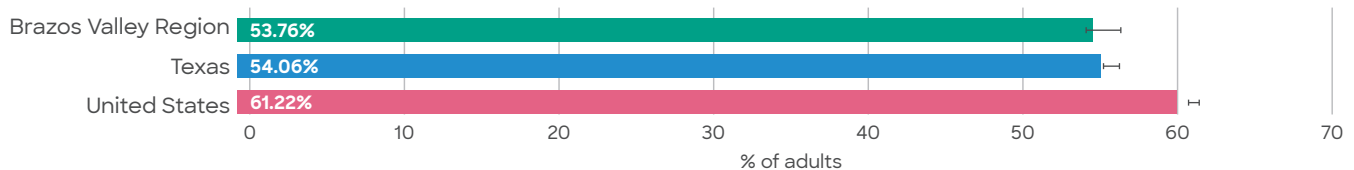
In Texas, notably within the Brazos Valley Region, approximately 54% of individuals have visited a dentist, a figure that closely mirrors the statewide average but is notably lower than the national rate of 61%. This discrepancy highlights a potential regional gap in dental healthcare access or utilization, which could have broader implications for public health in the area. Addressing this gap is crucial for improving overall health outcomes and ensuring equal access to dental care for all residents, as dental health is a critical component of general health and well-being.

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))

Medicaid coverage

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

Medicaid coverage, 2018 – 2022

|	% of residents
Brazos Valley Region	13.47%
Texas	16.31%
United States	20.40%
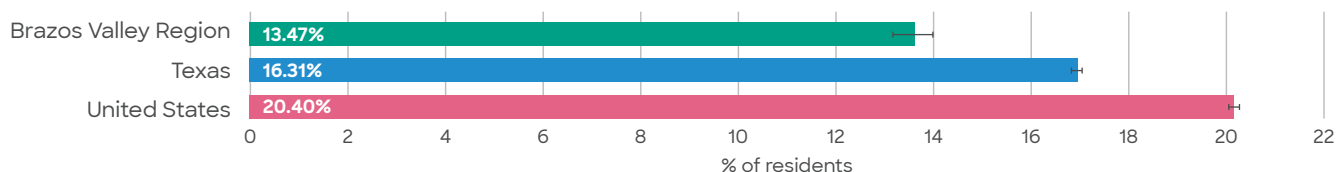
Medicaid coverage is a crucial aspect of healthcare access that significantly affects community well-being. In the Brazos Valley Region, only 13.47% of the population benefits from Medicaid coverage, which is lower than the Texas average of 16.31% and notably less than the national figure of 20.4%. This discrepancy highlights a potential gap in healthcare accessibility and suggests areas for improvement in policy and community support systems to enhance healthcare equity across different regions. Addressing these coverage disparities is instrumental in promoting better health outcomes and ensuring that all community members have access to necessary medical services.

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

No vehicle available

Percentage of occupied households with no vehicles available.

No vehicle available, 2018 - 2022

|	%
Brazos Valley Region	5.04%
Texas	5.25%
United States	8.33%

% of households
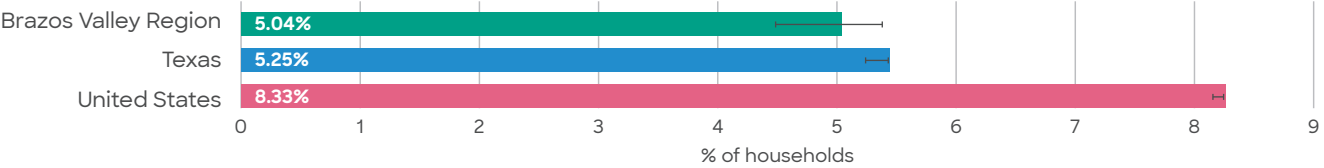
The availability of vehicles significantly affects community mobility and access to essential services. In the Brazos Valley Region, only 5.04% of the population lacks access to a vehicle, which is slightly lower than the statewide average in Texas at 5.25% and considerably lower than the national average of 8.33% in the United States. This lower incidence in the Brazos Valley suggests relatively better access to transportation compared to the broader state and national contexts, which can enhance community engagement and access to employment, healthcare and educational opportunities. It's crucial for policymakers to maintain and possibly enhance transportation options to ensure that these levels do not deteriorate, thereby supporting the ongoing development and well-being of the community.

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

Primary care providers (PCP) per capita

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

Primary care providers (PCP) per capita, 2021

|	
Brazos Valley Region	80.3
Texas	77.6
United States	89.6

physicians per 100,000 residents
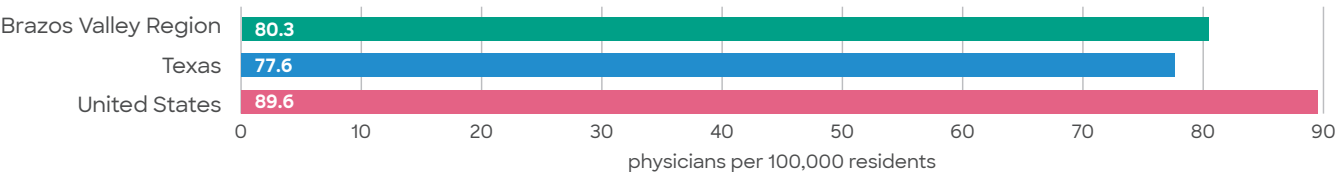
The provision of primary care providers (PCP) per capita in the Brazos Valley Region slightly exceeds that of Texas as a whole but falls behind the national average in the United States. With 80.25 PCPs per capita, the Brazos Valley Region is slightly above Texas' 77.65 but below the United States' 89.64, suggesting a need for targeted initiatives to boost healthcare access in this area. Enhancing the availability of primary care services in Brazos Valley could lead to improved community health outcomes and reduce healthcare disparities in comparison to broader national standards.

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

Uninsured rate

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

Uninsured rate by race/ethnicity, 2018 – 2022
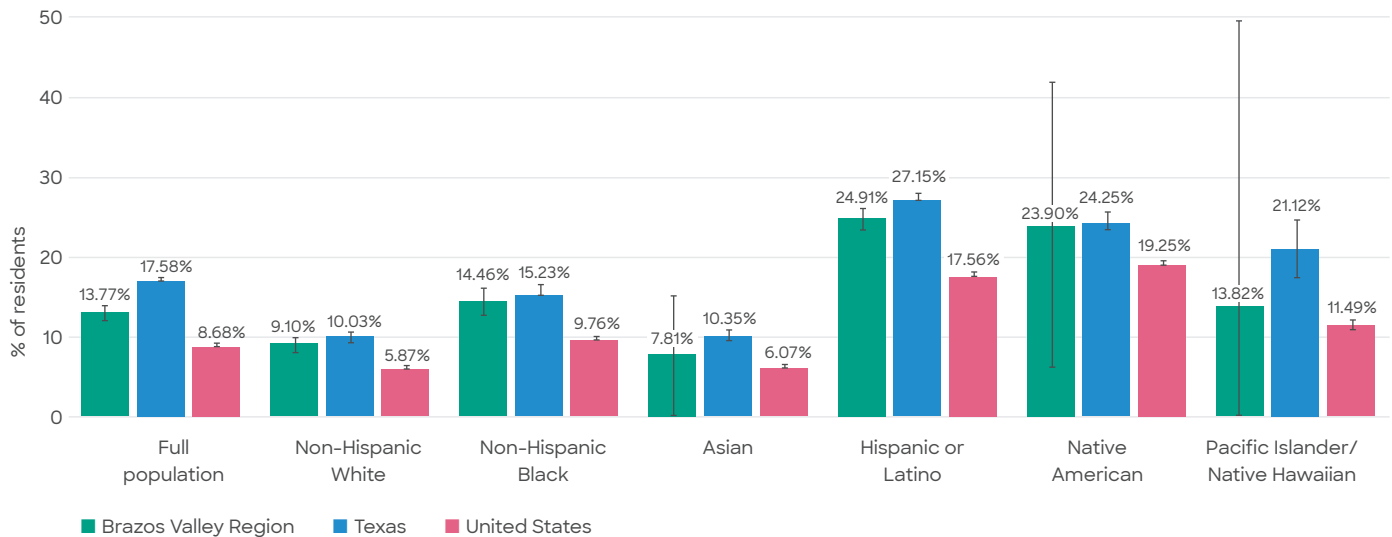
The uninsured rate across different races and ethnicities reveals notable disparities in healthcare access, particularly when comparing the Brazos Valley Region, Texas and the United States. In the Brazos Valley, Hispanic or Latino and Native American populations face significantly higher uninsured rates at approximately 25% and 24%, respectively, compared to the national averages of 18% and 19%. This disparity highlights a critical need for targeted healthcare policies and interventions to address the inequities affecting these communities and improve their access to essential medical services. Addressing the high uninsured rates among these groups is crucial for enhancing community health outcomes and ensuring equitable healthcare access for all residents.

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, particularly mental health and substance use, is critically impacting communities, with a pressing need for expanded services and resources. The demand for mental health services is on the rise, as indicated by long waiting lists and a shortage of specialized providers like pediatric mental health professionals. Issues such as methamphetamine use are prevalent, with treatment options scarce and the community grappling with the long-term effects on affected children. Moreover, the impact of COVID-19 has exacerbated mental health issues, leading to what some describe as "mental ripple effects" affecting families and school environments.

Community feedback underscores the severe challenges in accessing mental healthcare, with specific emphasis on the scarcity of affordable options and the long wait times for treatment. There is a notable gap in services for children under 18, and therapies such as DBT and CBT are highlighted as particularly lacking. The community also faces challenges in recruiting mental health professionals, which exacerbates the situation, leaving many needs unmet and leading to overwhelmed existing providers.

Direct community quotes illustrate the acute need for more comprehensive mental health services: "It's difficult for the kiddos under 18 to get a mental health care" and "we have really long waits to get new patients in, and our 2 counselors only see adults." Another quote, "We are swamped with methamphetamine use," highlights the specific challenges related to substance use within the community. These insights demonstrate the urgent need for enhanced mental health services and resources to address both general and specific community needs effectively.

Topic	Brazos Valley Region	Texas	United States
Binge drinking *% of adults, 2022*	17.66 ±1.79	17.86 ±0.63	18.58 ±0.20
Depression *% of adults, 2022*	23.09 ±1.81	21.82 ±0.63	22.53 ±0.20
Drug overdose mortality *deaths per 100,000, 2022*	9.09 ±3.19	18.24 ±0.41	32.57 ±0.17
Mental health providers *providers, 2024*	772	89,851	1,946,128
Poor self-reported mental health *% of adults, 2022*	18.16 ±0.91	17.83 ±0.40	17.35 ±0.12

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
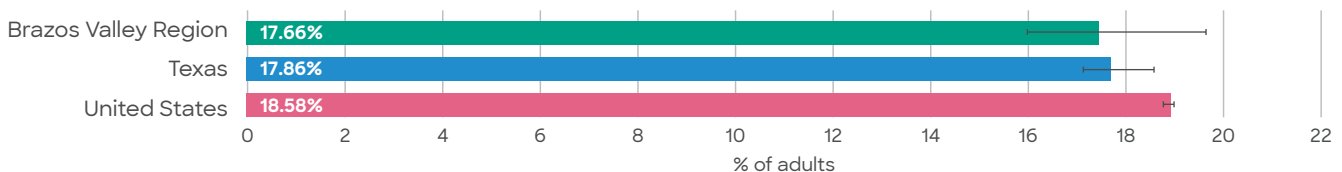
Binge drinking remains a notable public health concern across various regions, with the Brazos Valley Region, Texas and the United States all reporting significant rates. Specifically, the Brazos Valley Region exhibits a slightly lower prevalence of binge drinking at 17.66% compared to Texas at 17.86% and the United States at 18.58%. This data underscores the ongoing need for targeted interventions and community awareness programs aimed at reducing binge drinking and its associated health risks. Addressing binge drinking effectively can enhance community health, reduce healthcare costs and improve overall quality of life for residents.

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

Depression

Prevalence of depression among adults 18 years and older.

Depression, 2022
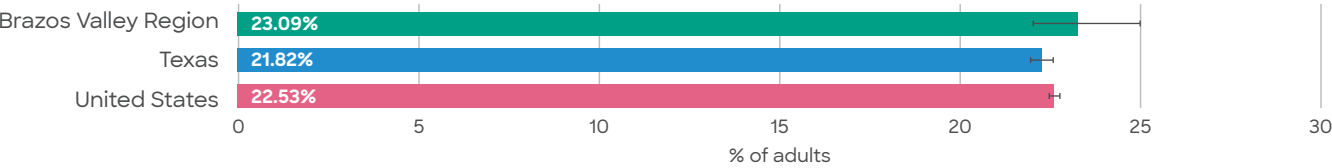
Depression rates in the Brazos Valley Region slightly exceed those of Texas and the entire United States, indicating a particular need for enhanced mental health resources and interventions in this area. The prevalence of depression in the region, at approximately 23%, suggests significant impacts on community well-being and productivity, necessitating targeted support and awareness programs. Addressing this issue effectively requires a concerted effort from local health authorities to implement strategies that can alleviate the burden of depression on the community.

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

Drug overdose mortality

Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

Drug overdose mortality remains a pressing public health issue, notably in the Brazos Valley Region of Texas, where death rates due to drug poisoning have been recorded from 2018 to 2022. The data indicates a range of mortality rates across different counties within this region, with Robertson County experiencing the highest rate at approximately 15.2 deaths per 100,000 residents and Brazos County the lowest at about 7.5. This variation highlights the uneven impact of the opioid crisis and other drug-related issues across closely situated communities. Addressing these disparities is crucial for community health initiatives and resource allocation to mitigate the consequences of drug overdose effectively.

Drug overdose mortality, 2018 – 2022
Brazos Valley Region: 9.79 ±1.12 deaths per 100,000
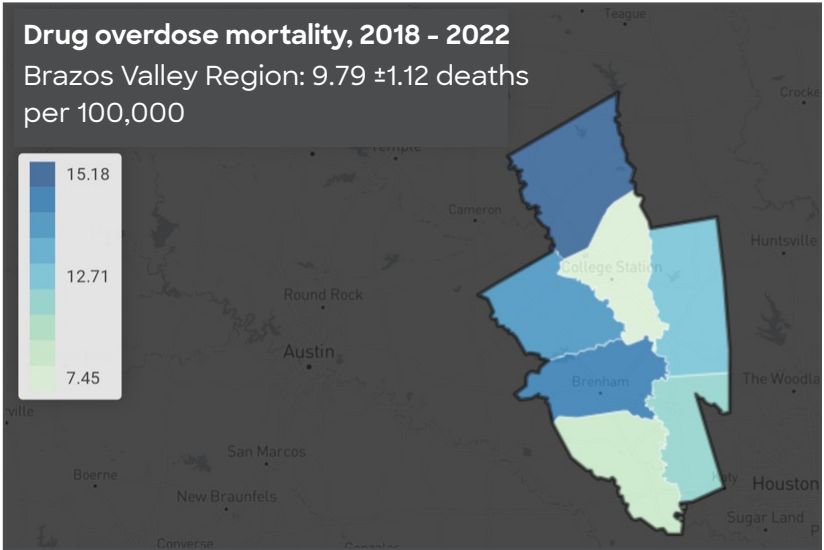
Data sources: Chicago Department of Public Health (Epidemiology Department: Chicago community area level) (Only in IL), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)

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

Region	% of adults
Brazos Valley Region	18.16%
Texas	17.83%
United States	17.35%

% of adults
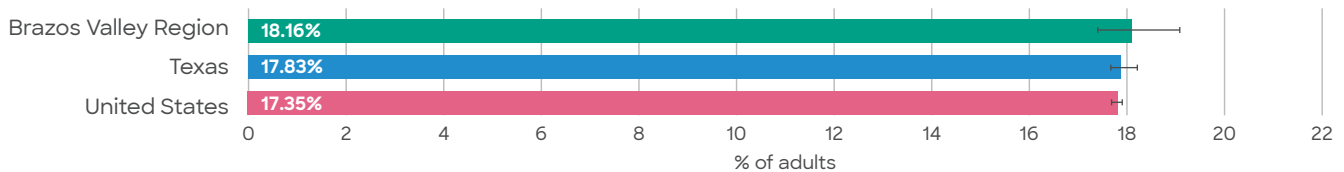
The mental health landscape across different regions indicates a pressing concern, particularly in the Brazos Valley Region, where the prevalence of poor self-reported mental health stands at 18.16%, slightly higher than both the Texas average of 17.83% and the national figure at 17.35%. This marginal yet significant difference underscores the potential stressors and mental health challenges unique to the Brazos Valley community. Addressing these issues effectively necessitates targeted mental health services and community support programs to improve the overall well-being and resilience of the residents.

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 access to healthcare services, particularly in rural areas described as "medical deserts." Challenges include lack of transportation for medical appointments, limited nearby medical facilities, and inadequate support for vulnerable populations such as the elderly, disabled and those with mental health issues. The limitations in the built environment lead to underserved communities facing significant barriers to receiving adequate healthcare, including long wait times for services and lack of specialized care providers.

Community members highlight several specific issues, including the struggle to find affordable mental healthcare, the shift in drug use trends impacting treatment availability and technological barriers for the elderly in using virtual health services. There is a noted difficulty in accessing care for children under 18, and the lack of insurance among people with disabilities exacerbates their challenges. The excerpts also mention the introduction of mobile clinics and ride-share programs as potential solutions to improve healthcare access in remote areas.

"It's hard anywhere to find affordable mental healthcare," states one community member, emphasizing the universal challenge of accessing such services. Another discusses the logistical challenges: "For major life events like heart attack, we're still looking at an hour drive, or a helicopter ride." These direct quotes underline the critical need for improved healthcare infrastructure and services tailored to meet the specific needs of these communities. The discussion of potential solutions like mobile clinics and ride-sharing highlights the community's proactive steps towards addressing these significant issues.

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

| Region	Value
Brazos Valley Region	6.59
Texas	8.81
United States	9.50
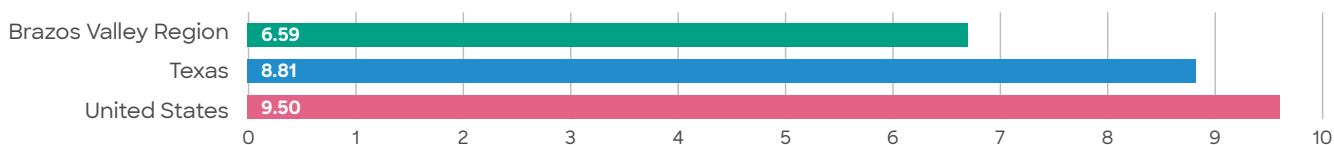
The walkability of a region influences the quality of life for its residents by determining how easily they can access essential services, recreation and social opportunities on foot. The Brazos Valley Region has a walkability index of 6.59, which is lower than both the Texas state average of 8.81 and the national average of 9.5, suggesting potential areas for improvement to enhance pedestrian infrastructure and connectivity. Enhancing walkability can lead to healthier communities, reduced environmental impact and increased social interactions among residents.

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

Lifetime inhalation cancer risk

Estimated lifetime risk of developing cancer as a result of inhaling carcinogenic compounds in the environment, per million people.

Lifetime inhalation cancer risk, 2019

Region	% of adults
Brazos Valley Region	21.6
Texas	20.9
United States	16.1
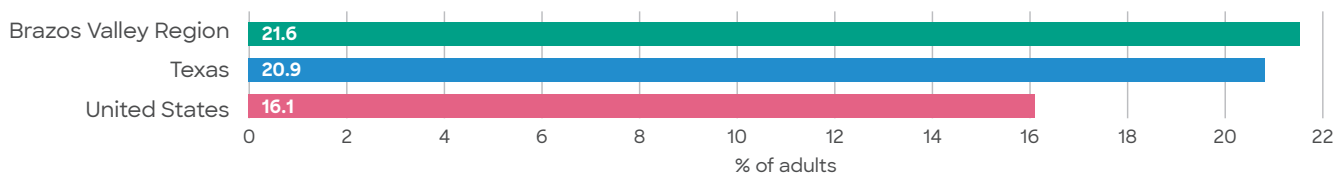
The data reveals a concerning trend in the lifetime inhalation cancer risk across different regions, with the Brazos Valley Region exhibiting a notably higher risk at 21.58 compared to Texas and the United States, at 20.89 and 16.07, respectively. This elevated risk not only highlights a significant public health issue but also underscores the need for targeted interventions and policies to mitigate exposure and enhance community health and safety. Effective strategies could include stricter environmental regulations and increased public awareness programs to reduce the inhalation cancer risk and protect the well-being of the community.
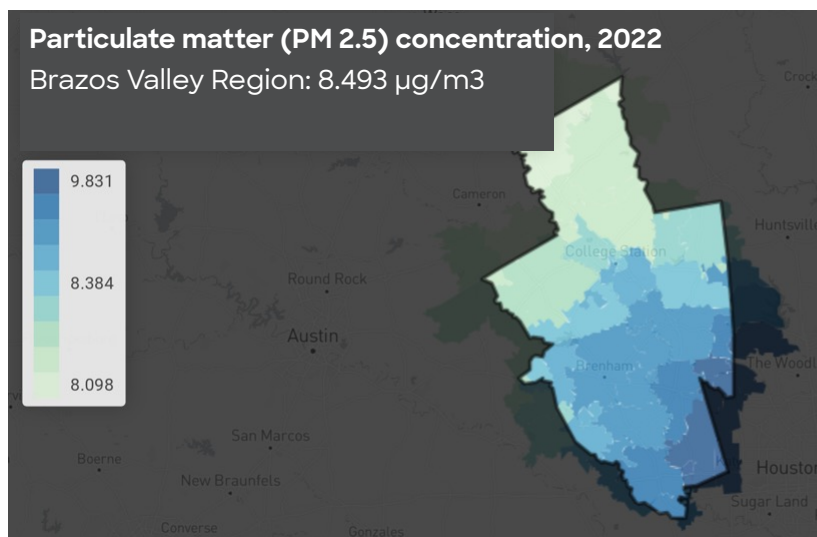
Data sources: Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening (via National-Scale Air Toxics Assessment (NATA, before 2017) and Air Toxics Screening Assessment (after 2017))

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 is a critical environmental concern, particularly due to its ability to penetrate deep into the lungs and facilitate various health issues. This assessment focuses on various locations within Texas, including Milano, Praesel and Conroe, among others, where annual average concentrations were measured and reported. The data reveals that places like Katy and Houston exhibited higher concentrations approaching or exceeding 9.5 µg/m3, suggesting a significant environmental challenge. The impact of elevated PM 2.5 levels in these communities can lead to increased health risks, emphasizing the need for targeted interventions and continuous monitoring to mitigate adverse effects on public health.

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

Particulate matter (PM 2.5) concentration, 2022
Brazos Valley Region: 8.493 µg/m3

9.831

8.384

8.098

Chronic disease

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

What we heard from the community

Chronic disease management is a critical issue in healthcare, especially in areas described as medical deserts where access to care is significantly limited. The lack of transportation and long wait times for medical appointments exacerbate the difficulty in managing chronic conditions effectively. The problem is compounded by the scarcity of medical services within certain counties, resulting in extensive waitlists for essential healthcare providers. Mental health services, specialty care and pain management clinics are particularly affected, with the elderly population facing additional challenges such as adapting to virtual appointments and accessing health education. The situation demands urgent attention to improve healthcare accessibility and management of chronic diseases.

The community's struggle with chronic disease management is evident from the numerous challenges highlighted by residents. These include the long wait times for accessing mental health services and the difficulties faced by individuals under 18 in obtaining necessary care. Substance use treatment is also scarce, complicating the community's ability to address these issues comprehensively. Furthermore, the lack of sufficient primary care providers in some communities and the high costs associated with emergency medical services, like helicopter rides, place a significant financial and logistical burden on residents requiring urgent care for chronic conditions.

Specifically, community feedback suggests a dire need for effective healthcare service delivery. One individual noted the frustration shared by both patients and medical professionals: "It's really frustrating for the medical professionals as well to tell us these things." Another mentioned the practical challenges for the elderly: "They don't know how to do virtual appointments; they don't drive anymore." These quotes underscore the critical gaps in healthcare services that exacerbate the difficulties in managing chronic diseases, particularly for vulnerable populations in rural or underserved areas. It is imperative to address these issues by increasing the availability of healthcare providers and enhancing the accessibility and affordability of care.

Topic	Brazos Valley Region	Texas	United States
Chronic kidney disease *% of adults, 2021*	3.1 ±0.1	3.1 ±0.1	2.9 ±0.0
Chronic obstructive pulmonary disease (COPD) *% of adults, 2022*	6.91 ±0.29	6.23 ±0.16	6.37 ±0.05
Coronary heart disease *% of adults, 2022*	6.47 ±0.26	6.27 ±0.15	5.82 ±0.05
Current asthma *% of adults, 2022*	9.77 ±0.60	9.43 ±0.27	10.35 ±0.09
Diagnosed diabetes *% of adults*	12.6 ±0.7	13.4 ±0.4	10.8 ±0.1

Current asthma

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

Current asthma, 2022
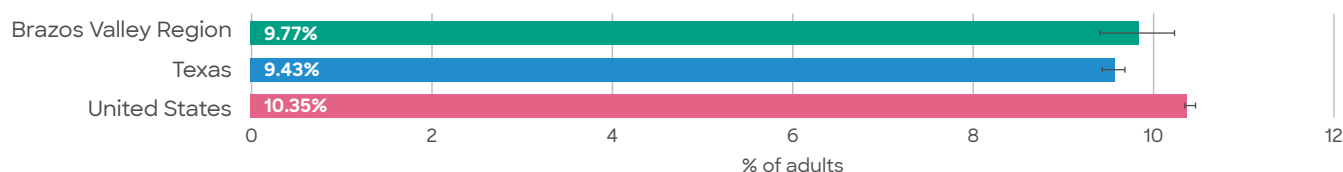
Asthma remains a significant public health issue in the Brazos Valley Region, where its prevalence slightly undercuts the national average but surpasses that of Texas. With 9.77% of its population affected, compared to 9.43% in Texas and 10.35% across the United States, the region faces unique challenges that impact community health and healthcare resource allocation. Addressing asthma effectively requires tailored community health strategies and enhanced public health infrastructure to improve outcomes and reduce disparities in asthma care. This approach not only mitigates health risks but also strengthens community resilience against chronic respiratory conditions.

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

Have ever had cancer

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

Have ever had cancer, 2022

|	
Brazos Valley Region	6.64%
Texas	6.12%
United States	6.88%

% of adults
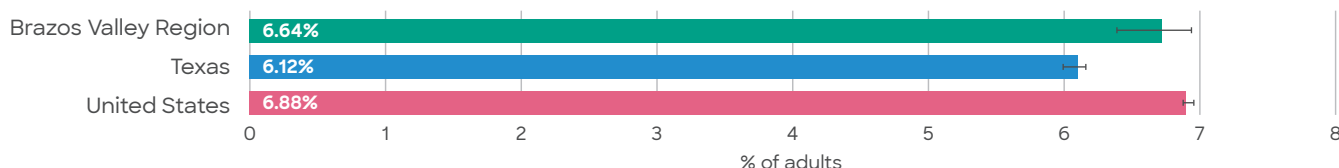
The prevalence of cancer experiences varies notably across different regions, reflecting distinct health landscapes. In the Brazos Valley Region, 6.64% of the population reports having had cancer, slightly higher than the Texas state average of 6.12% but below the national rate of 6.88% in the United States. These statistics not only highlight regional disparities in health experiences but also underscore the importance of tailored healthcare strategies and resources to address specific community needs effectively. Addressing cancer prevalence with targeted interventions can significantly impact community health and quality of life, emphasizing the need for ongoing research and resource allocation.

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

|	
Brazos Valley Region	6.47%
Texas	6.27%
United States	5.82%

% of adults
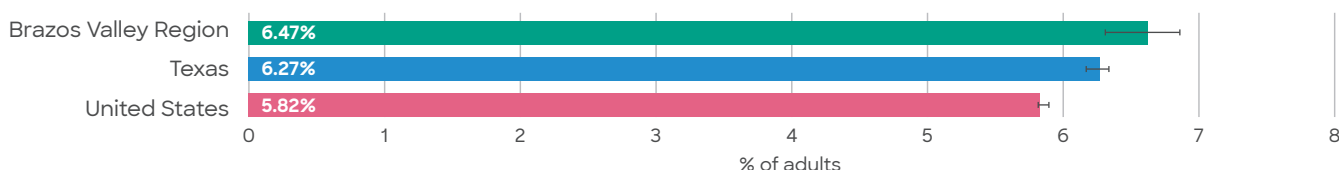
Coronary heart disease (CHD) presents a significant health challenge across different regions, with the Brazos Valley Region showing a higher incidence rate compared to both the Texas state average and the United States. Specifically, Brazos Valley reports a CHD rate of 6.47%, notably higher than Texas at 6.27% and the national rate of 5.82%. This elevated rate in Brazos Valley could imply a greater burden of heart disease on local healthcare resources and might necessitate targeted public health interventions to manage and mitigate CHD risk factors effectively within the community. Addressing these disparities is crucial for improving health outcomes and enhancing the quality of life for residents in the Brazos Valley 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)

High cholesterol

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

High cholesterol, 2021

|	
Brazos Valley Region	32.54%
Texas	33.23%
United States	31.13%

% of adults
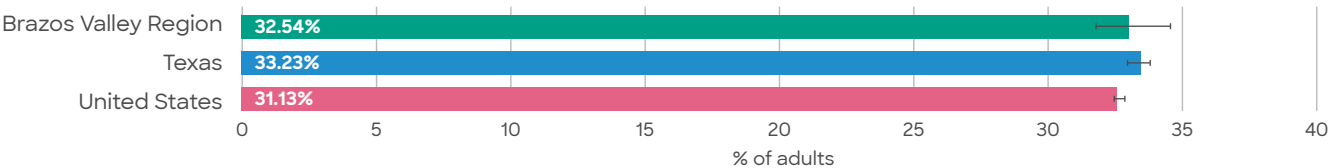
High cholesterol remains a significant health concern across different regions, impacting community well-being and healthcare systems. In the Brazos Valley Region, the prevalence of high cholesterol stands at 32.54%, closely mirroring the national average of 31.13% but slightly below Texas' average of 33.23%. These figures underscore the need for targeted healthcare strategies and public health initiatives to address and manage high cholesterol effectively, aiming to reduce associated health risks and improve community health outcomes 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)

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

|	
Brazos Valley Region	3.1%
Texas	3.1%
United States	2.9%

% of adults
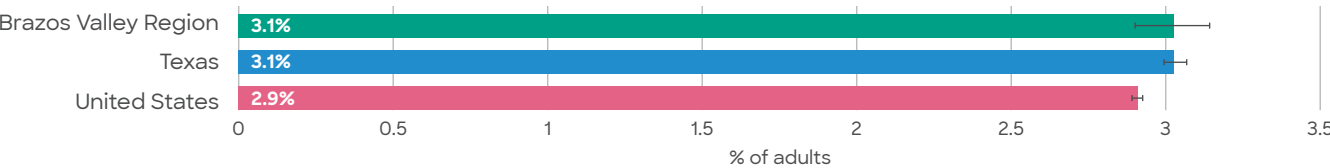
Chronic kidney disease (CKD) presents a subtle yet significant health challenge across different regions, with Brazos Valley Region reporting a prevalence rate of 3.06%, slightly lower than Texas at 3.09%, but higher than the national average of 2.85%. This data suggests a marginally higher burden of CKD in Texas compared to the broader United States, indicating potential regional disparities in health outcomes or access to care. Addressing CKD effectively in these communities could involve enhancing healthcare infrastructure, increasing awareness and promoting preventive measures tailored to the local demographic and environmental factors. Such strategic interventions are crucial for improving long-term health outcomes and reducing the impact of chronic kidney disease on the community.

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

Diagnosed diabetes

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

Diagnosed diabetes, 2022

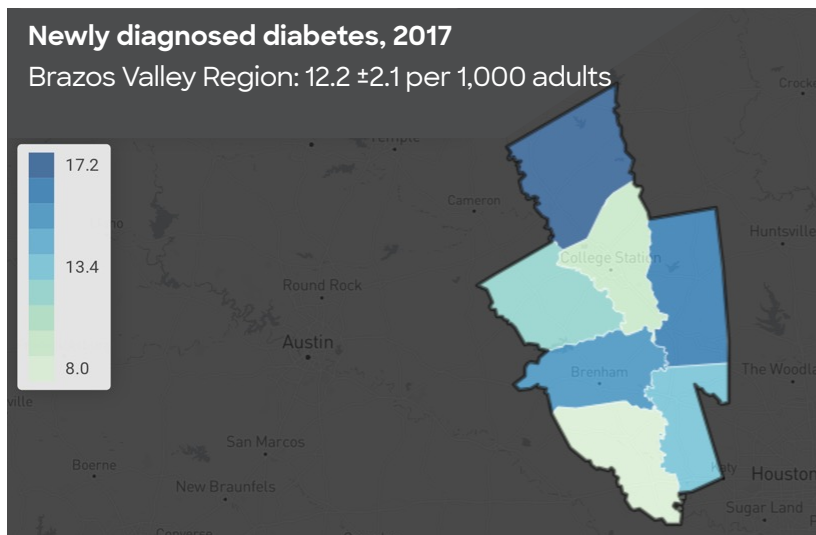|	
Brazos Valley Region	12.6%
Texas	13.4%
United States	10.8%

% of adults
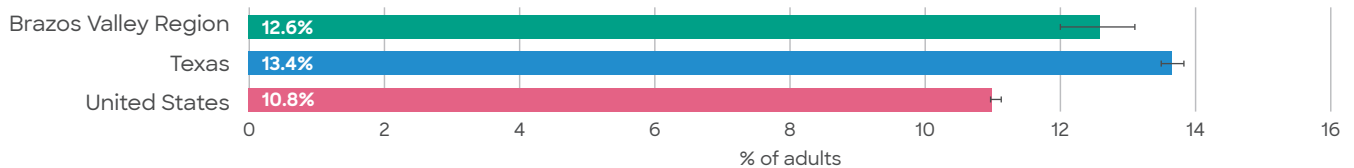
Diagnosed diabetes prevalence varies significantly across different regions, reflecting diverse health challenges. The Brazos Valley Region reports a diabetes rate of approximately 12.6%, which is notably lower than the Texas state average of 13.4% but still higher than the national average of 10.8%. This discrepancy highlights the heightened impact of diabetes on the community's health in Texas compared to the broader U.S., necessitating targeted interventions and healthcare strategies to manage and mitigate the disease effectively. It is crucial to tailor public health policies to address these regional variations and improve health outcomes across the community.

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

Newly diagnosed diabetes

Percentage of resident adults aged 18 and older who report having been diagnosed with diabetes in the past year.

Newly diagnosed diabetes, 2017

Brazos Valley Region **12.2%**

United States **6.6%**

per 1,000 adults

Newly diagnosed diabetes, 2017
Brazos Valley Region: 12.2 ±2.1 per 1,000 adults

17.2

13.4

8.0
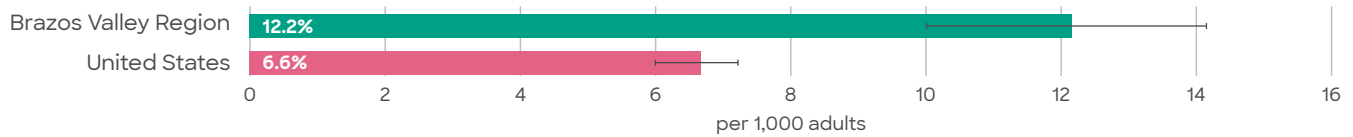
Newly diagnosed diabetes rates in the Brazos Valley Region of Texas vary significantly, highlighting a critical public health concern. In 2017, the region, which includes counties such as Austin, Brazos, Burleson, Grimes, Robertson, Waller and Washington, reported diabetes diagnoses ranging from 8.0 to 17.2 per 1,000 adults. The higher rates in counties like Robertson and Grimes suggest localized health challenges that may impact community resources and healthcare provisioning. Addressing these disparities is crucial for improving overall health outcomes and reducing the burden of diabetes on the affected communities.

Data sources: Diabetes Atlas

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

|	% of adults
Brazos Valley Region	6.91%
Texas	6.23%
United States	6.37%
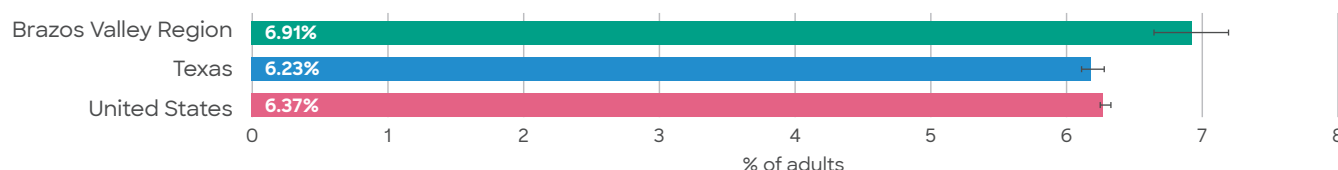
Chronic obstructive pulmonary disease (COPD) presents a slightly more prevalent health concern in the Brazos Valley Region at 6.91% compared to the overall rates in Texas and the United States, which are 6.23% and 6.37%, respectively. This higher prevalence underlines the need for targeted health interventions and resources in the Brazos Valley to manage and mitigate the impact of COPD on its community. Addressing this health disparity is crucial for improving the quality of life and reducing the healthcare burden associated with chronic respiratory conditions.

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

	% of adults
Brazos Valley Region	33.62%
Texas	32.22%
United States	30.32%
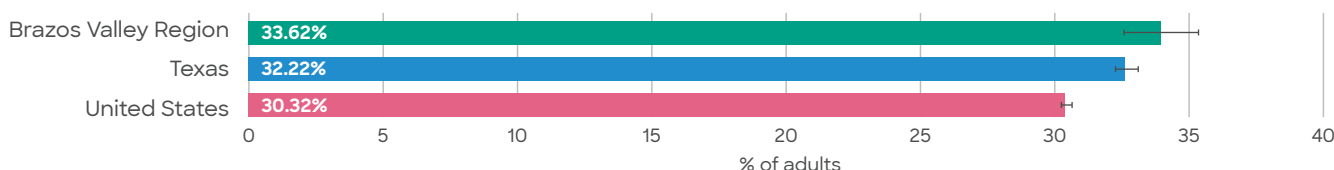
High blood pressure remains a significant public health concern, particularly in the Brazos Valley Region, where the prevalence is notably higher at 33.62% compared to both the state of Texas and the national average, which stand at 32.22% and 30.32%, respectively. This elevated rate in the region could imply a greater burden on local healthcare systems and potentially higher risks of related health issues among the community. Addressing this issue effectively requires targeted health interventions and increased awareness programs to mitigate the impact of high blood pressure on the community's overall 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)

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

| Region	% of adults
Brazos Valley Region	37.9%
Texas	36.8%
United States	33.8%

% of adults
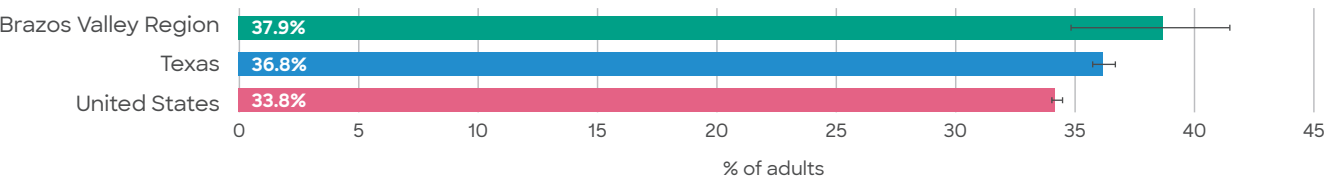
Obesity remains a significant health challenge across the United States, with the Brazos Valley Region showing a notably high prevalence at 37.93%, compared to Texas at 36.76% and the national average of 33.83%. This elevated rate underscores the urgent need for targeted health interventions and policies in the region to address the impact of obesity on community health and resources. Effective strategies could include enhancing public health education, improving access to nutritious foods and increasing opportunities for physical activity to mitigate the health and economic burdens associated with obesity.

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

Region	% of adults
Brazos Valley Region	3.39%
Texas	3.27%
United States	3.10%

% of adults
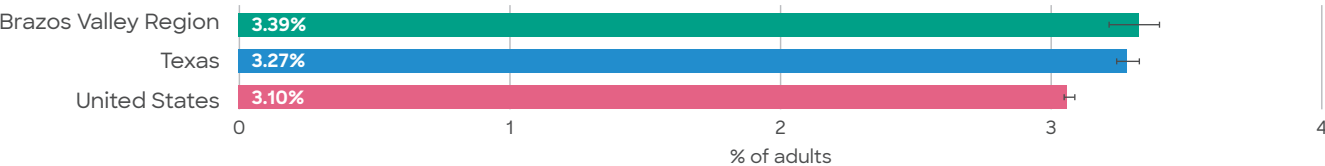
Stroke prevalence in the Brazos Valley Region slightly exceeds that of Texas as a whole and is notably higher than the national average in the United States. This indicates a specific regional challenge that could have significant implications for local healthcare services and resource allocation. Addressing this issue effectively requires targeted healthcare interventions and increased awareness programs to mitigate the impact of strokes on the community and improve overall public health outcomes.

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

Food access

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

What we heard from the community

Food access is a critical component of community health, involving the availability and affordability of nutritious food options for all community members. The theme of food access is closely intertwined with other systemic issues such as medical deserts, transportation difficulties and housing affordability. These factors collectively influence the ability of individuals, especially vulnerable populations like young pregnant women, the elderly and those with small children, to obtain necessary healthcare and nutrition. The challenge extends beyond mere availability to include the economic aspects of food choices, where healthier options are often more expensive compared to less nutritious alternatives.

The community members have voiced concerns about the scarcity of medical services in certain areas, termed as medical deserts, and the long wait times for available services. They also highlight the difficulties in accessing mental healthcare and the overall affordability of housing, which directly impacts their ability to maintain a healthy lifestyle. Moreover, the concept of mobile clinics is mentioned as a potential solution to reach underserved areas, reflecting a community-driven approach to addressing these healthcare access issues.

Specifically, one community member noted, "It's just access to healthy food, because typically a salad is more expensive than a McDonald's hamburger." Another mentioned, "We do not currently have any programs, and maybe something that the group may want to consider in the near future." These statements underscore the need for targeted interventions to improve food access and make healthy food options more affordable and accessible. The introduction of initiatives like Gather and Grace, which offers free meals, is a step toward addressing food insecurity in the community.

Topic	Brazos Valley Region	Texas	United States
Food insecurity *% of residents, 2022*	16.1	16.4	13.3
Food stamps (SNAP) *% of households, 2022*	8.22 ±1.61	12.04 ±0.23	12.38 ±0.06
Households in poverty not receiving food stamps (SNAP) *% of households below the poverty line, 2022*	85.25 ±3.24	61.70 ±0.61	58.90 ±0.23
Low food access *% of residents, 2019*	47.12	56.97	50.24

Food insecurity

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

Food insecurity by race/ethnicity, 2022
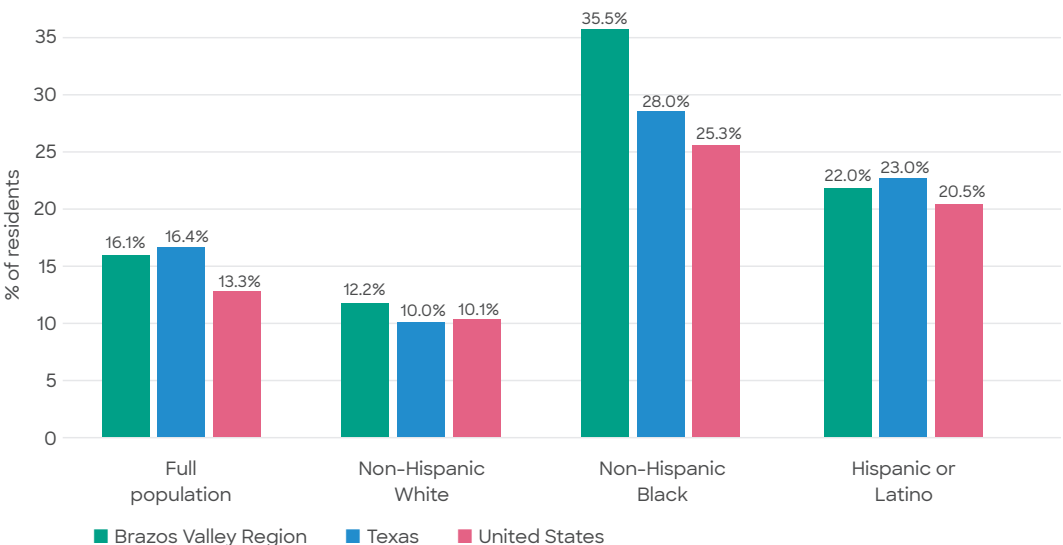
Food insecurity remains a critical issue across the United States, and it disparately impacts different racial and ethnic groups. In the Brazos Valley Region, approximately 16% of the full population faces food insecurity, a rate that is slightly higher than the national average. Particularly notable is the rate among Non-Hispanic Blacks at about 36%, which is significantly higher than both state and national levels. This disparity suggests a pressing need for targeted interventions to address the underlying causes of food insecurity in these communities, improving access to nutritious food and reducing socioeconomic inequalities. Addressing these issues effectively will not only support the health and well-being of these communities but also contribute to the overall economic stability of the region.

Data sources: Feeding America: Map the Meal Gap

Food insecurity (0 - 17 years), 2022
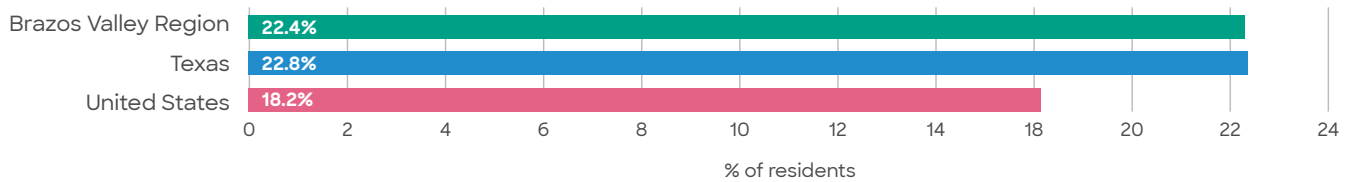
Food insecurity remains a critical issue, with varying impacts across different regions. In the Brazos Valley Region, the rate of food insecurity is approximately 22.41%, slightly lower than the statewide Texas rate of 22.8% but significantly higher than the national average of 18.22%. This discrepancy highlights the particular challenges faced by the Brazos Valley in ensuring that all residents have reliable access to sufficient and nutritious food. Addressing these disparities is vital for improving community health and well-being, necessitating targeted interventions that consider the unique socioeconomic factors contributing to food insecurity in the region.

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) by race/ethnicity, 2018 - 2022
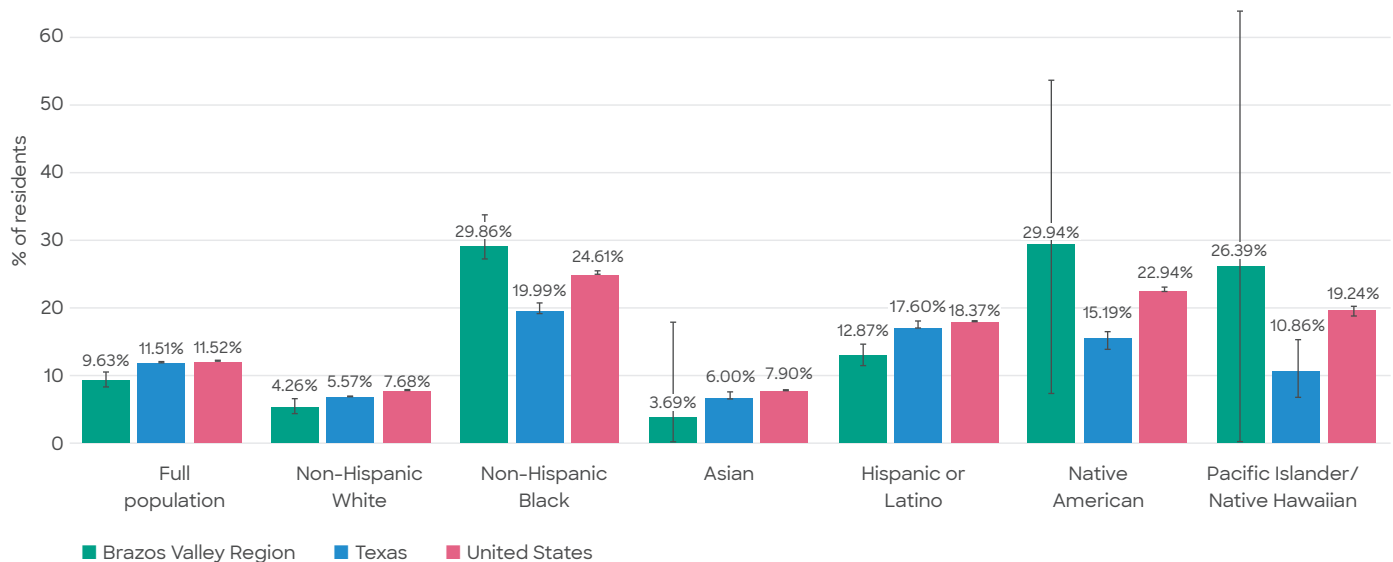
Food stamps usage, as represented by SNAP data, reveals significant disparities across racial and ethnic groups within the Brazos Valley Region, compared to Texas and the United States. Notably, Non-Hispanic Black and Native American communities in the region utilize SNAP at rates substantially higher than their counterparts statewide and nationally, with 29.86% and 29.94%, respectively. This pattern underscores the pressing economic challenges these groups face, impacting their access to sufficient nutrition and overall welfare. Addressing these disparities is crucial for fostering equitable community development and ensuring that all residents have the resources necessary for a healthy life.

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

Households in poverty not receiving food stamps (SNAP)

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

Households in poverty not receiving food stamps (SNAP), 2018 – 2022
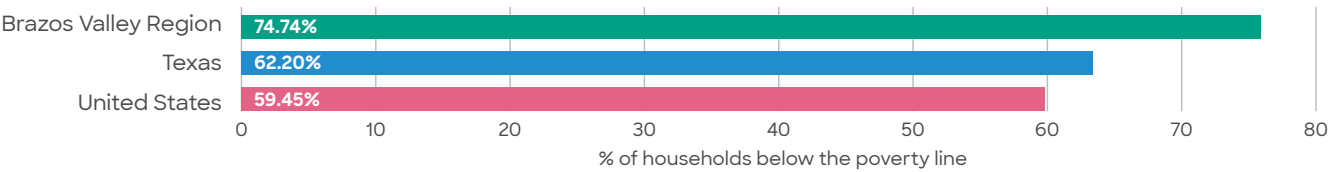
In the Brazos Valley Region, a significant 74.74% of households living in poverty do not receive food stamps (SNAP), which is notably higher compared to the statewide average in Texas at 62.2% and the national average in the United States at 59.45%. This discrepancy highlights a substantial gap in assistance, potentially exacerbating poverty and limiting access to necessary food resources in the region. Addressing this issue is crucial for improving the welfare of affected communities and ensuring equitable access to food security measures.

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

Health behaviors

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

What we heard from the community

Health behaviors are actions taken by individuals or communities that affect health outcomes, such as participating in flu drives, walk-in clinics, educational programs and virtual health services. These behaviors can significantly impact community health by addressing preventive measures, improving access to healthcare and enhancing the quality of life for different population groups. The excerpts reveal a community engaged in various activities aimed at promoting health through education, direct interaction with healthcare providers, and the use of digital technologies to expand healthcare access. The focus on mental health, especially among the pediatric and elderly populations, underscores the growing need for specialized services and resources in this area.

Community members are actively participating in and benefiting from programs like Walk with a Doc, where they receive health education and engage in physical activity. Educational initiatives targeting mental health, sexually transmitted diseases and nutritional practices are highlighted as pivotal components of community health endeavors. The integration of licensed social workers and therapists into primary care settings is also emphasized as a crucial step toward providing comprehensive mental healthcare. Challenges such as food disparities and the need for broader vaccine education are identified as areas requiring immediate attention and improvement.

Specifically, one community member noted, "We really do not have many resources here in Brenham at all, for pediatric mental health support," highlighting a critical gap in healthcare provision. Another stated, "There is a high demand and high need for sexually transmitted disease services," pointing out the urgent requirement for targeted health services. These quotes reflect the community's perspective on the current health challenges and the essential services needed to address them effectively. By enhancing educational programs and expanding access to health providers, the community can better meet the diverse needs of its members and improve overall health outcomes.

Topic	Brazos Valley Region	Texas	United States
Cholesterol screening *% of adults, 2021*	82.42 ±1.91	83.27 ±0.67	83.65 ±0.20
Cigarette smoking rate *% of adults, 2022*	15.8 ±0.8	14.8 ±0.4	14.6 ±0.1
Colorectal cancer screening *% of adults, 2022*	54.96 ±2.54	54.64 ±1.07	58.85 ±0.32
Mammography use *% of female adults, 2022*	72.14 ±3.92	73.79 ±1.55	75.65 ±0.45
No exercise *% of adults*	26.7 ±1.9	27.6 ±0.8	23.7 ±0.2

Cholesterol screening

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

Cholesterol screening, 2021
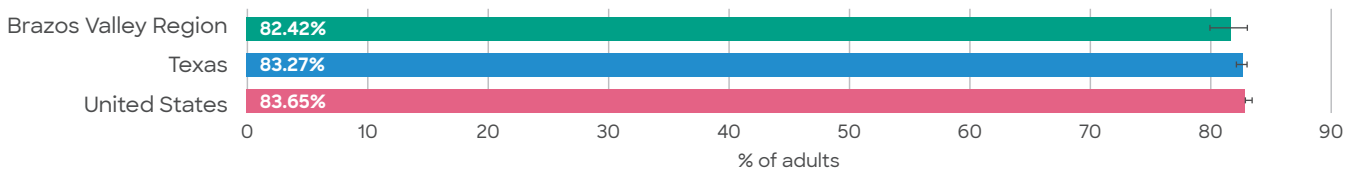
Cholesterol screening rates across the Brazos Valley Region, Texas and the United States show minimal variance, highlighting a consistent approach to this vital health checkup. In the Brazos Valley Region, 82.42% of the population undergoes cholesterol screening, slightly lower than Texas' 83.27% and the national average of 83.65%. This small disparity suggests that while the Brazos Valley Region is nearly on par with broader state and national efforts, there is still room for targeted improvement to enhance community health outcomes and align more closely with national standards. Increasing screening rates can lead to earlier detection of cholesterol-related issues, potentially reducing the incidence of cardiovascular diseases and improving overall public health 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))

Colorectal cancer screening

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

**Colorectal cancer screening, 2022**
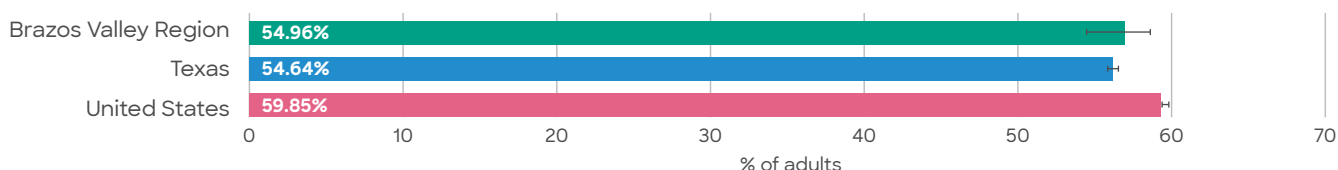
Colorectal cancer screening rates reveal insightful disparities across different regions, emphasizing the need for targeted health interventions. In the Brazos Valley Region and Texas, screening rates are approximately 55%, slightly lower than the national average of 59%. This gap highlights a critical area for community health improvement, suggesting a potential lack of awareness or access to preventive healthcare services. Enhancing screening programs in these areas could significantly mitigate the impact of colorectal cancer, promoting early detection and increasing treatment success rates.

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

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
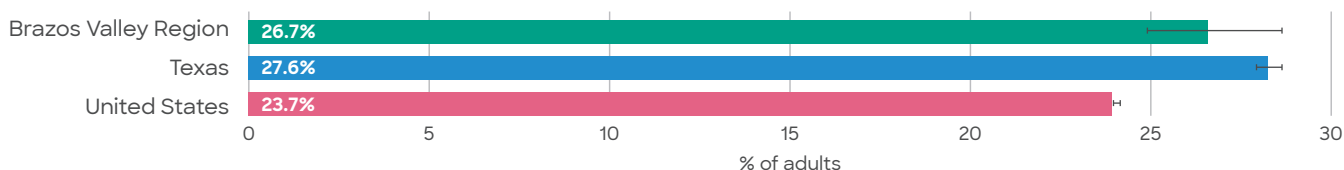
Across various regions, the lack of regular exercise continues to be a considerable issue, with data showing a significant portion of populations not engaging in physical activity. Specifically, the Brazos Valley Region has a no-exercise rate of approximately 27%, slightly lower than Texas' 28% but higher than the national average of about 24%. This disparity highlights a need for targeted health interventions and policies to encourage more physical activity, which could substantially benefit community health by reducing the risk of chronic diseases and improving overall well-being. Addressing this through community programs and infrastructure could lead to significant public health improvements in these areas.

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

Mammography use

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

Mammography use, female, 2022
Brazos Valley Region: 72.14 ±3.92% of adults
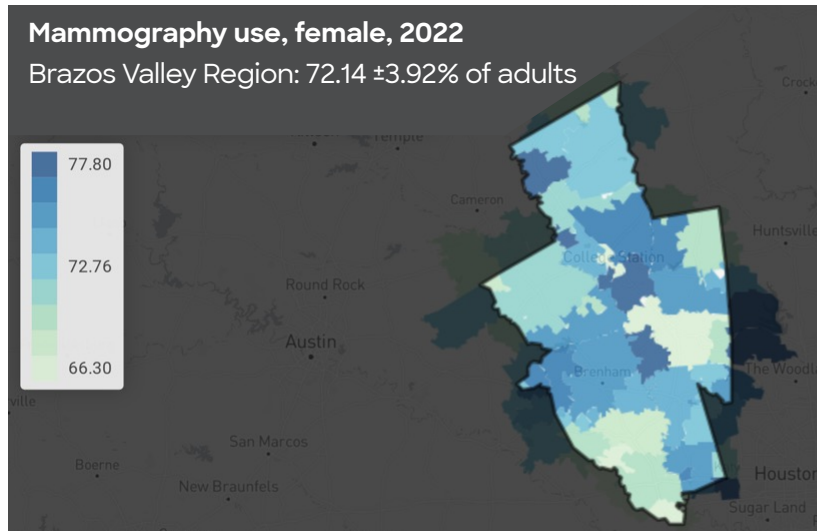
Mammography use among women aged 50 – 74 in various Texas locations underscores the community's commitment to preventive healthcare. Specifically, the data reflects mammography rates from ZIP codes within Texas, revealing a range of utilization from 66.3% in Bryan to 77.8% in Montgomery. This indicates a generally good adherence to recommended mammography screenings, which plays a crucial role in early detection of breast cancer, thereby significantly impacting the health outcomes and quality of life for the community's female population.

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, females, adults (18 – 64 years), 2020
Brazos Valley Region: 78.94 ±1.39% of adults
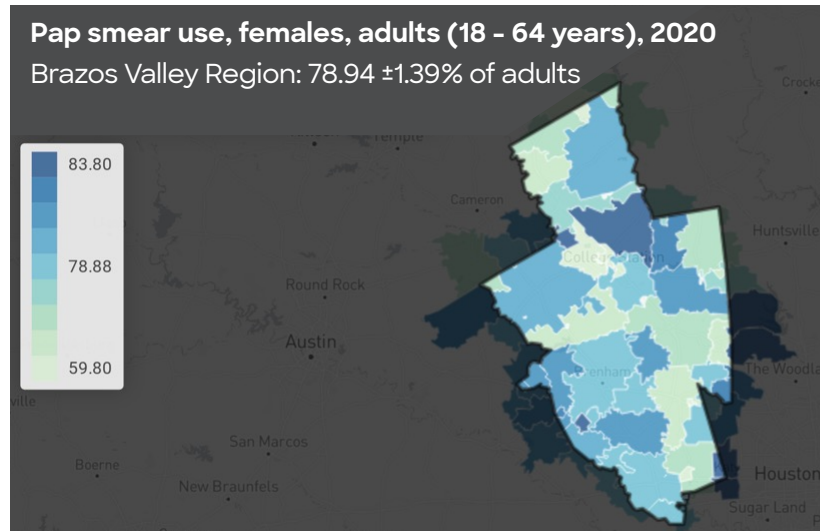
Pap smear use among females aged 21 – 65 in various Texan locales indicates a proactive approach to cervical cancer detection and prevention. The data reveals a range of participation, with areas like Katy (83.8%) and Montgomery (82.5%) showing high compliance, contrasting with lower rates in places such as College Station (59.8%). This variation underscores the impact of local health initiatives and the importance of community engagement in promoting regular health screenings, which are crucial for early detection and effective management of health issues within these communities.

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

Cigarette smoking rate

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

Cigarette smoking rate, 2022
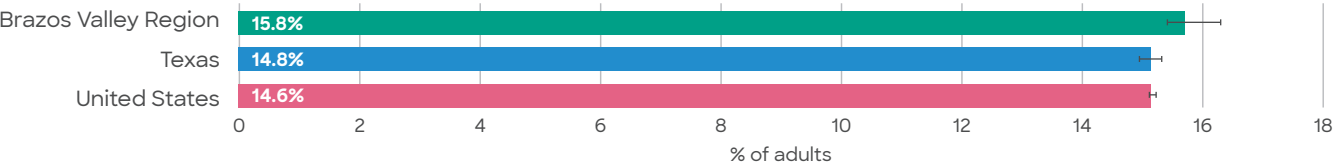
The Brazos Valley Region exhibits a concerning trend in cigarette smoking rates, standing at 15.82%, which is higher than both the state of Texas and the national average, at 14.8% and 14.61%, respectively. This elevated rate could have significant health implications for the community, potentially increasing the burden on local healthcare services and affecting overall public health. Addressing this issue with targeted smoking cessation programs and community health initiatives could be crucial in reducing these rates and improving the health landscape of the region.

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

Housing

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

What we heard from the community

The issue of housing significantly impacts community health, as it influences the stability, safety and overall well-being of residents. The challenge of finding adequate housing is compounded by high demand and low supply, particularly for affordable units. The elderly population faces specific difficulties, with rapid fill rates in age-appropriate housing and financial struggles to keep up with rent. Additionally, the problem of homelessness and transient populations further exacerbates the housing crisis, highlighting the need for safe, accessible housing options for all community members.

Community members report severe challenges in securing housing due to high demand and insufficient supply, particularly in affordable segments. Landlords' reluctance to participate in housing programs and the challenge of meeting rental or mortgage payments with stagnant salaries are significant barriers. The situation is exacerbated by external investment, driving up prices beyond the reach of many residents. Furthermore, people with criminal backgrounds face additional hurdles, as their housing options are severely limited, impacting their ability to find safe and stable living conditions.

Specific excerpts from community members shed light on the dire housing situation: "We have 4000 people on our waiting list, and trying to get landlords to participate is very challenging" and "The housing that's for the elderly fills up very rapidly, but they can't keep up with the rent." Another poignant observation notes, "We are seeing a little bit more of that transient population … people just wanting kind of a safe place to sit in our lobby, which is challenging for us." These testimonies underscore the urgent need for a comprehensive approach to address the housing crisis, ensuring safe and affordable options are available to accommodate the diverse needs of the community.

Topic	Brazos Valley Region	Texas	United States
Crowded housing *% of occupied housing units, 2022*	3.52 ±1.34	5.05 ±0.15	3.45 ±0.03
Eviction rate *% of renter-occupied households, 2018*	0.44	2.62	2.12
Housing cost burden *% of occupied housing units, 2022*	39.20 ±3.15	32.76 ±0.34	31.48 ±0.06
Housing insecurity *% of adults, 2022*	16.5 ±0.9	16.9 ±0.5	–
Owner occupied *% of occupied housing units*	45.67 ±1.99	62.47 ±0.25	65.18 ±0.18

Severe housing cost burden

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

Severe housing cost burden, 2018 – 2022
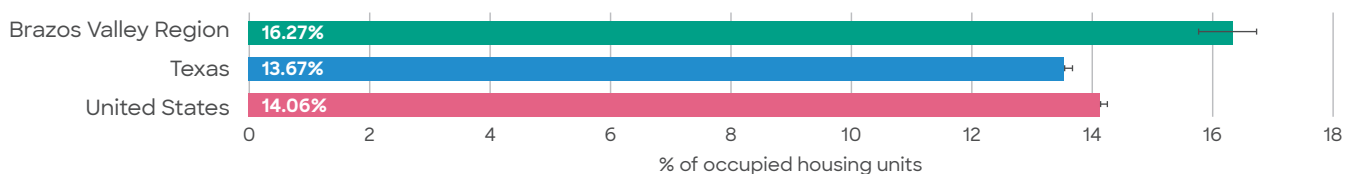
The Brazos Valley Region faces a significant challenge with 16.27% of its population experiencing severe housing cost burden, which is notably higher than both the state of Texas and the national average, at 13.67% and 14.06%, respectively. This elevated burden in the region suggests a pressing need for targeted interventions to alleviate financial pressures on households, potentially improving overall community stability and economic health. Addressing this issue is crucial for enhancing the quality of life and reducing the stress associated with unaffordable housing costs among residents.

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

Housing cost burden

Households spending more than 30% of their income on housing are considered housing cost burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay but do not include insurance or building fees.
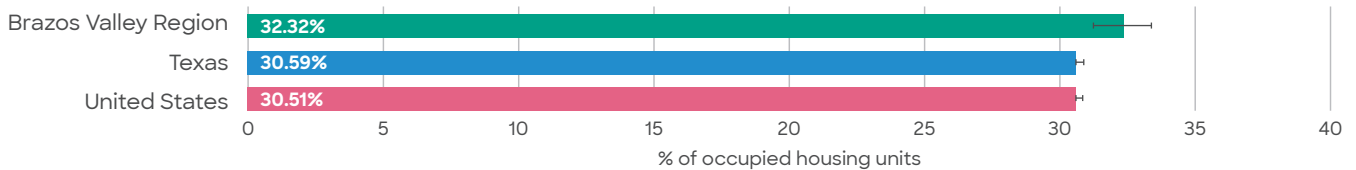
Housing cost burden, 2018 – 2022

The housing cost burden in the Brazos Valley Region is notably higher at 32.32% than the statewide average in Texas and the national figure in the United States, which are 30.59% and 30.51%, respectively. This elevated burden can significantly impact the community, potentially limiting residents' ability to invest in other essential areas like healthcare, education or savings. Addressing this discrepancy is crucial for enhancing the overall economic stability and quality of life for the residents of Brazos Valley.

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

Housing insecurity

The percentage of adults who were not able to pay mortgage, rent or utility bill in the past 12 months.
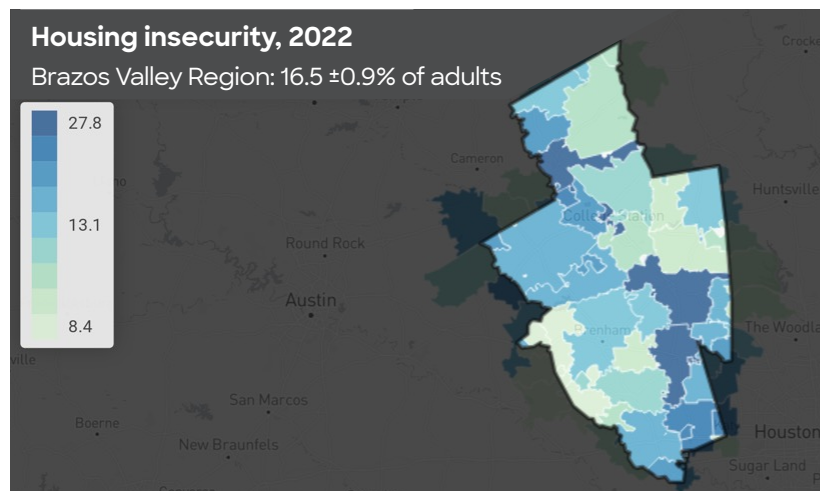
Housing insecurity remains a critical issue across various communities in Texas, as evidenced by recent data showing a significant percentage of adults unable to meet essential housing payments in the past year. Focusing specifically within the state, places like College Station and Bryan exhibit particularly high rates, with figures reaching up to 27.8%. This data highlights the pressing need for enhanced support structures and interventions to address the impact of housing insecurity on community stability and individual well-being in these areas.

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

Maternal and child health

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

What we heard from the community

Maternal and child health is a critical area of focus that addresses the healthcare needs of mothers, newborns and children. It is essential for the prevention of maternal and infant mortality, the promotion of healthy pregnancy outcomes, and the support of child development and well-being. In the provided excerpts, community members discuss the challenges faced by young pregnant women and mothers of small children, particularly in accessing mental health services and support for substance-exposed newborns. The lack of pediatric mental health resources, especially in areas outside major cities, underscores an urgent need for targeted health interventions.

The community members highlight several specific challenges within the realm of maternal and child health. These include the difficulty of accessing mental healthcare for children, the impact of maternal substance abuse on newborns, and the financial barriers to obtaining necessary health services for both mothers and children. Nonprofits play a vital role in supporting pregnant women and new mothers, especially those who are unable to afford healthcare. However, the overall scarcity of resources, particularly in mental healthcare for the pediatric population, is a significant concern that requires immediate attention.

One community member specifically mentions, "We're dealing with not just the cocaine born children, but the meth born children and the deficits coming from that." Another notes the challenges in accessing mental healthcare: "It's difficult for the kiddos under 18 to get mental healthcare ... Those are sorely needed." Additionally, a significant insight from the excerpts is the geographic and financial barriers to accessing pediatric mental health services, as described: "The closest is like really a Temple or a Houston and then maybe even those providers that are in the area ... It's all cash self-pay so very limited." These direct quotes emphasize the critical gaps in health services that impact maternal and child health, necessitating comprehensive strategies to enhance accessibility and affordability of care.

Topic	Brazos Valley Region	Texas	United States
Births to women without partners present *% of births, female, 2022*	24.47 ±19.25	26.55 ±1.76	23.63 ±0.40
Child Opportunity Index 3.0 *2017 – 2021*	54	53	52
Childcare center ratio *children I care center enrollment, 2023*	8	10	11
Grandparents responsible for grandchildren *% of residents age 30+, 2018 – 2022*	1.50 ±0.27	1.32 ±0.07	0.99 ±0.01
Infant mortality *deaths per 1,000 live births, 2021*	4.8	5.4	5.7

Child Opportunity Index 3.0

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

Child Opportunity Index 3.0, 2017 – 2021
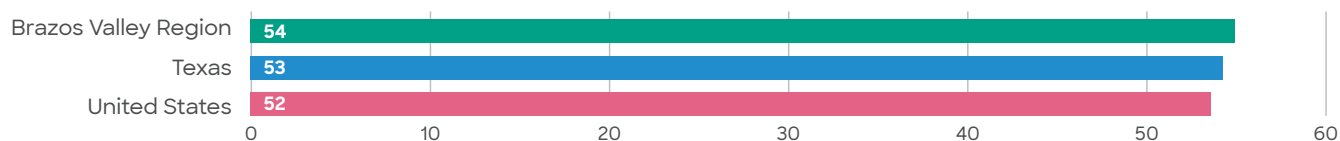
The Child Opportunity Index 3.0 offers a revealing glimpse into the disparities and opportunities available to children across different regions. In the Brazos Valley Region, the index score stands at 53.84, slightly higher than both the Texas state average of 52.62 and the national average of 52.16. This indicates that children in the Brazos Valley Region have marginally better opportunities compared to their peers statewide and nationally, which can have significant implications for their development and future success. Addressing these disparities is crucial for fostering equitable growth and ensuring that all children have access to the resources needed to thrive.

Data sources: DiversityDataKids.org: Child Opportunity Index 3.0

Opportunity youth

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

Opportunity youth, 2018 – 2022

Brazos Valley Region	5.12%
Texas	8.26%
United States	6.94%

% of residents aged 16 – 19
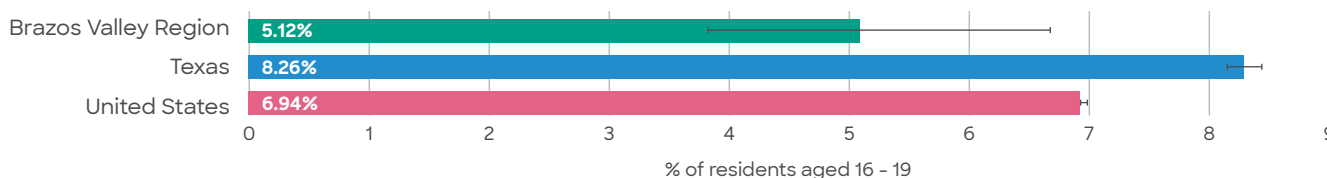
Opportunity youth—young individuals not in education, employment or training—represent a critical demographic to understand in terms of social and economic impact. In the Brazos Valley Region, the percentage of opportunity youth stands at approximately 5.12%, which is lower than the statewide average in Texas at 8.26% and below the national average of 6.94%. This comparative advantage suggests that the region may be more successful in engaging its youth in productive activities, which could lead to more robust economic development and community stability over time. Addressing the needs of opportunity youth is crucial for fostering long-term societal benefits, including reduced dependency on social services and increased contribution to economic growth.

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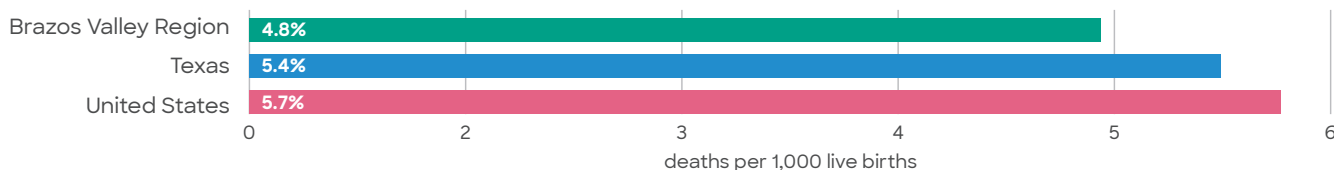
Infant mortality

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

Infant mortality, 2021

Brazos Valley Region	4.8%
Texas	5.4%
United States	5.7%

deaths per 1,000 live births

Infant mortality rates in the Brazos Valley Region are notably lower than both the Texas and United States averages, indicating some successful health interventions or underlying factors that may be unique to the region. While Texas reports an infant mortality rate of about 5.43 and the national average stands at 5.69, Brazos Valley outperforms with a rate of 4.8. This lower rate in the Brazos Valley Region highlights the effectiveness of local healthcare systems and community initiatives in safeguarding infant health. Addressing these disparities and understanding the successful strategies in the Brazos Valley can guide improvements in infant care practices statewide and nationally.

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

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 rate, females, juveniles (5 – 17 years), 2018 – 2022
Brazos Valley Region: 9.84 ±9.45 births per 1,000 women
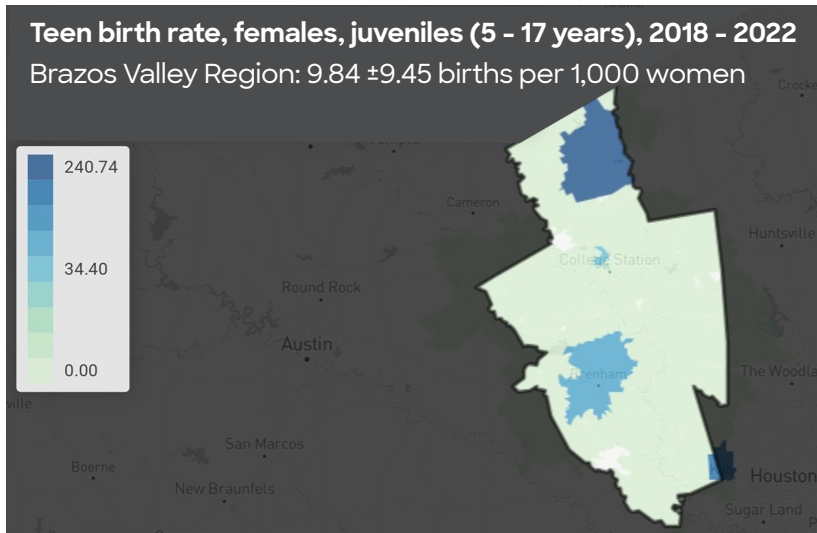
The teen birth rate among females aged 15 – 19 in various locations across Texas provides an enlightening snapshot of reproductive trends within this demographic. These places, including cities such as Katy, Bryan, Brenham, College Station and Franklin, among others, demonstrate a wide range of teen birth rates, from zero in most areas to as high as approximately 241 per 1,000 in Franklin, TX. This variance highlights regional differences in teen pregnancy, potentially influenced by factors such as access to education and healthcare services. Understanding these patterns is crucial as they have significant implications on local health services and educational needs, impacting community planning and resource allocation to support teen health and prevent unplanned pregnancies.

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

2022 – 2025 evaluation of impact

2022 CHNA health priorities: access to mental healthcare, access to primary care, obesity

Health priority	Action/tactic	Outcomes
• Access to primary care • Obesity	Community health improvement services and education: • Provide free community education sessions on benefits of annual checkups in primary care through programs like Walk with a Doc, community health fairs and health events. • Host annual community health fair to offer screenings and health education information.	• 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 and vaccinations to aid in prevention efforts at the primary care level. • Brenham: $106,000; over 340 people served • College Station: $342,000; over 3,000 people served
• Access to primary care • Access to mental healthcare • Obesity	Cash and in-kind contributions: • Cash and in-kind contributions to other not-for-profit community organizations that address obesity, access to care and mental health. • In-kind medical supply and equipment donations to local non-profits supporting healthcare programs Partners: • Community clinics like Health For All and the Brazos Valley Prenatal Clinic	• Improved access to care for underinsured. • Improved health outcomes. Other non-profit organizations are better able to help patients at a first touch point rather than having to send them to the hospital for care. • Brenham: $49,000; over 800 people served • College Station: $247,000; over 4,000 people served
• Access to primary care • Access to mental healthcare	Charity care: • Provide free and/or discounted care to financially or medically indigent patients as outlined in the financial assistance policy.	• Increased access to primary care and/or specialty care for indigent persons regardless of their ability to pay. • Brenham: $4.9 million • College Station: $27.8 million

Health priority	Action/tactic	Outcomes
• Access to mental healthcare	• Refer appropriate mental health services both internally and externally.	• Increased access to mental health services. • Clinic – Referred over 500 patients to mental health and community support services.
• Obesity	• Implement clinic weight loss program.	• Decreased obesity weights among program participants; improved overall health and wellness. • Clinic – Over 100 individuals participated in the clinic's weight loss program.

Existing resources

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

- Aggieland Pregnancy Outreach
- Austin County Representative
- Blinn College
- Brazos County Health Department
- Brazos Valley Center for Independent Living
- Brazos Valley Council of Governments
- Bryan-College Station Prenatal Clinic
- Brazos Valley Food Bank, Inc.
- Brazos Valley Health Coalition
- Bryan ISD
- Burleson Health Resource Center
- Camp for All
- City of Bryan
- City of College Station
- College Station ISD

- Faith Mission/Washington County Clinic
- Family Promise of Bryan-College Station
- Grimes County
- Health For All
- HealthPoint
- MHMR Authority of Brazos Valley
- Brenham Pregnancy Center
- Robertson County Representative
- Scotty's House – Brazos Valley Child Advocacy Center
- Sexual Assault Resource Center
- Unbound Now BCS
- United Way of Greater Houston-Waller Center
- United Way of The Brazos Valley, Inc.
- Washington County Health Department

Identification of significant health needs and prioritization

Following data collection, the next step in the Community Health Needs Assessment process is to identify signficant 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 signficant health needs and prioritize those needs. The following criteria were noted when voting:

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

The voting results are shown below:

Health issue	Voting
Socioeconomic factors	33%
Maternal and child health	7%
Health behaviors	7%
Behavioral health	7%
Built environment	0%
Housing	13%
Access to care	20%
Chronic disease	0%
Food access	13%

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

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

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

1. **Non-medical drivers of health:** These are the social determinants of health that are correlated with and root causes of many poor health outcomes. Non-medical drivers of health include but are not limited to socioeconomic factors, food insecurity and housing, which were the first and third most voted for health needs in the Brazos Valley community (see voting results table above).

2. **Access to care**

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.

- **Health behaviors:** Many health behaviors are highly correlated with the health needs identified in the CHNA. Hospital and community leaders indicated that health behaviors will be incorporated in strategies focusing on the prioritized health needs. In addition, the hospital implements many programs and initiatives that aim to improve health behaviors within the community, including community screenings, nutrition education and primary care services.

- **Maternal and child health:** Maternal and child health was not selected as a priority due to the many services and programs offered by the hospital and partner organizations. In addition, the hospital provides financial support to several community organizations that support and address the needs of mothers and their children.

- **Behavioral health:** The hospital will address behavioral health through the access to care health priority, which will include access to mental health and substance use services.

- **Built environment:** The hospital will address built environment issues through the non-medical drivers of health priority, which are highly correlated with built environment issues such as community walkability and safety and housing conditions.

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 Bodies on April 16 and May 16, 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**.

BaylorScott&White
HEALTH