



Waco-McLennan County 2023

Contributors

LaShonda Malrey-Horne, Director of Public Health

Stephanie Alvey, Assistant Director of Public Health

Christina Tuell, Program Evaluator

Dana Carpenter, Health Equity, Promotion & Prevention Manager

Alexis Grasso, Public Health Fellow

Allie Steed, Graduate Assistant

April Snyder, Administrative Services Supervisor

Arnold Martinez, Public Health Fellow

Austin Reynoso, Community Health Ambassador

Cesar Medina, Epidemiologist

Christy Perkins, Health Education Specialist

Cindy Murphey, Public Health Nursing Manager

Clare Paul, Senior Public Information & Communication Specialist

Courtney Restivo Wollard, Health Planner

Erin Cleary, Graduate Assistant

Jourdan Milton, Graduate Assistant

Karen Gaytan, Community Health Worker

Karen Mason, Administrative Services

Keerthi Godala, Graduate Assistant

Kodi Arnold, Health Education Specialist

Laurel Churchman, Public Health Program Manager

Lisa Baker, Public Health Fellow

Madysen Cordova, Graduate Assistant

Mariana Little, Epidemiologist

Melina Suarez, Community Health Ambassador

Noemi Moreno, Epidemiologist

Teresa Wills, Environmental Health Manager

Trinity Nguyen, Graduate Assistant

Vaidehi Shah, Senior Epidemiologist

Vannessa Hernandez, Health Education Specialist

Suggested Citation:

Malrey-Horne, L., Tuell, C., Carpenter, D., et. al., (2023). Community Health Needs Assessment, 2023. Waco, TX. Waco-McLennan County Public Health District.

Table of Contents

Letter from the Director	4
Executive Summary	5
List of Tables and Figures	8
Introduction	12
Secondary Data Analysis	13
Demographics	13
Socioeconomic Characteristics	16
Health Resource Availability	23
Health Insurance	24
Quality of Life	26
Behavioral Risk Factors	30
CASPER: Methodology, Results & Discussion	60
Methodology	60
Results and Discussion	61
Community Survey: Methodology, Results & Discussion	80
Methodology	80
Results and Discussion	81
CASPER and Community Survey Discussion	104
Focus Group: Methodology, Results & Discussion	109
Methodology	109
Results and Discussion	110
Key Informant: Methodology, Results & Discussion	120
Methodology	120
Results and Discussion	120
Conclusion	123
Strategies	123
Limitations	124
Recommendations	125
References	128
Acknowledgments	132
Appendix A	133
CASPER Survey	134
CASPER Handouts	142
Appendix B: CASPER Consent Form	144
Appendix C: Community Survey	146
Appendix D: Community Survey Flyer	159
Appendix E: Protocols from Focus Groups	161
Appendix F: Protocols from Key Informants	167

Letter from the Director

The Waco-McLennan County Public Health District has worked diligently over the last year to compile the Community Health Needs Assessment (CHNA). This document is a living tool to be used by our community members and leaders to understand the health of the community. The community's health is often measured by the physical, mental, and social well-being of the people who live there. It is becoming widely recognized that various factors such as socioeconomic status, education, the built environment, and people's ability to obtain healthcare can directly impact the quality of life and the economy of the community. The information presented in this document was collected in multiple ways, including a door-to-door survey conducted in October 2022, an online survey that allowed community members to give additional input, focus groups, and key informant interviews. By directly gathering information from the community, we were able to understand exactly what the needs are and what your hard-working public health team can do to make your life easier. Our goal, here at the Health District, is to make the healthy choice the easy choice for every community member in McLennan County. We do that by offering equitable public health programs and services that are easily accessible to everyone.



The results of the Community Health Needs Assessment were unsurprising and highlighted some of the things we already knew were issues within our community. We will use this information to expand our services and work closely with our partners, including Waco Family Medicine, Ascension Providence Hospital, and Baylor Scott & White Medical Center – Hillcrest to positively impact our community's health outcomes.

I would like to thank the staff of the Health Equity, Promotion, and Prevention Division, who spearheaded this assessment. This team of public health professionals is committed to promoting healthy communities and ensuring that the Health District has data that can drive the programming within McLennan County. We will continue to work hard at protecting the health of the public, preventing the spread of disease, and promoting public health best practices.

The Medical Reserve Corps, Healthy Women and Children Coalition, and the Live Well Waco Coalition offer community members a way to be involved in the work and program development of the Health District. Please feel free to email us at HealthDistrict@wacotx.gov if you are interested in participating or for more information.

I wish you all health and wellness for years to come and look forward to helping make McLennan County the healthiest county to live, play, and work in Texas.

LaShonda M. Mahoney-Horne

Executive Summary

The Waco-McLennan County Public Health District completed a Community Health Needs Assessment (CHNA), which aims to understand the health needs and priorities of the community and develop strategies to address them effectively. Due to the COVID-19 pandemic, the CHNA was delayed by one year. This summary provides an overview of the essential findings and recommendations identified as a result of the assessment.

The CHNA was designed to actively involve stakeholders, community organizations, and community members to foster collaboration and ensure their perspectives were central to the assessment process. Therefore, the CHNA utilized a mixed-methods approach consisted of four parts: a Community Assessment for Public Health Emergency Response (CASPER), a community survey, focus groups, and key informant interviews. The CASPER methodology involved the selection of representative households through a three-stage cluster sampling process, and face-to-face interviews were conducted to gather household-level data. The Centers for Disease Control and Prevention (CDC) publishes the guidelines and standards for the CASPER data methodology. The door-to-door data collection was offered in English and Spanish. The community survey was available online and on paper in English and Spanish and aimed to reach community members throughout McLennan County. The CASPER and community survey covered demographics, access to care, dental health, community health needs, the COVID-19 pandemic, emergency preparedness, vaccine hesitancy, and mental health. Additionally, focus groups and key informant interviews provided valuable perspectives from community leaders and community members. Focus groups collected data on participants' perspectives and lived experiences regarding health needs in their communities. Key informant interviews were conducted with those identified as individuals who play an essential role as community leaders. Detailed discussion of the methodology and results are available in the report.

Top Health Issues

The top health issues of Waco-McLennan County were determined using the four data sets:

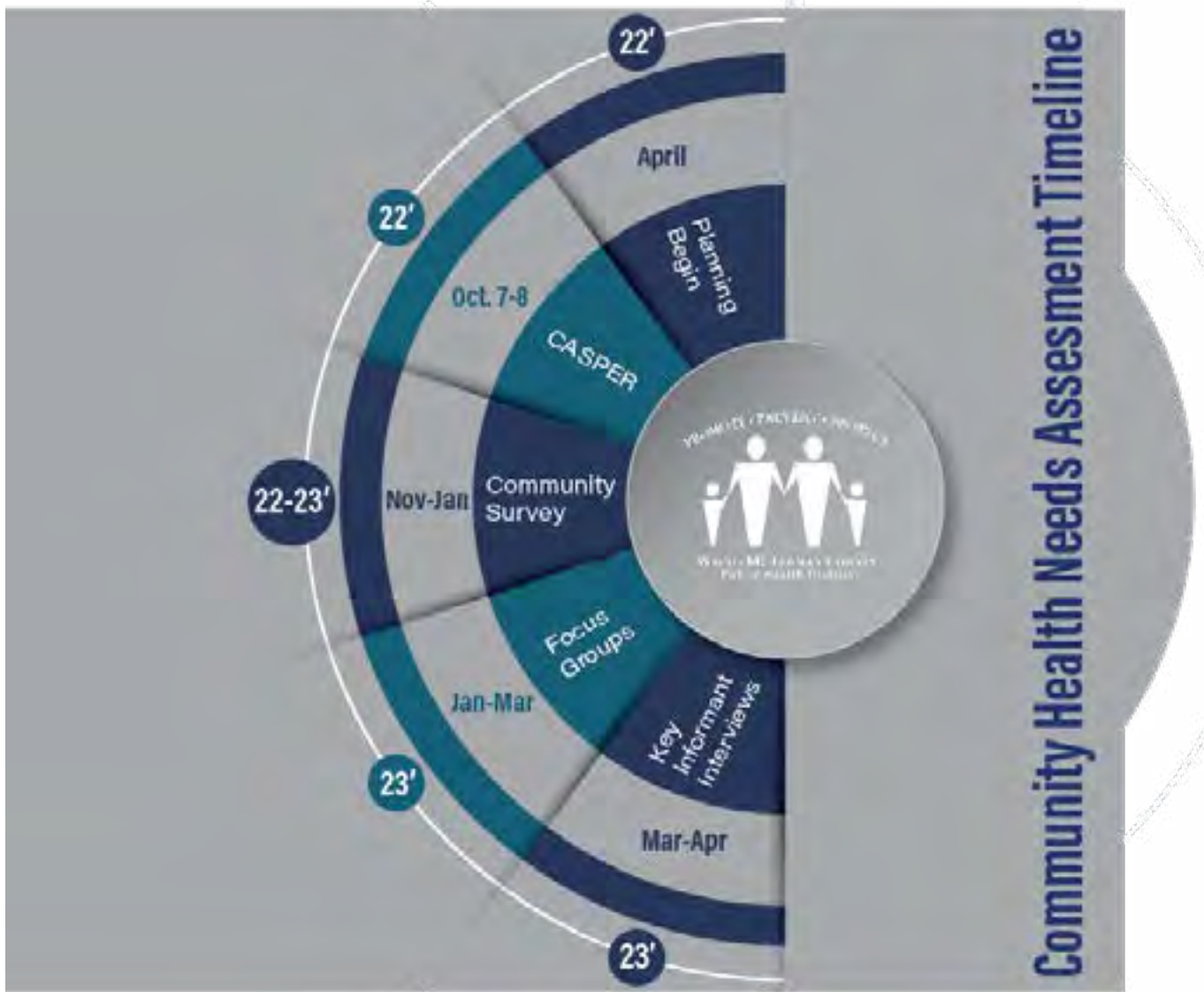
1. Community member's responses to the CASPER
2. Community member's responses to the Community Survey
3. Overarching themes from the Focus Groups
4. Overarching themes from the Key Informant Interviews

TOP HEALTH ISSUES			
CASPER	COMMUNITY SURVEY	FOCUS GROUPS	KEY INFORMANT INTERVIEWS
Mental Health	Mental Health	Mental Health	Lack of Access to Care
Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus	Mental Health
Obesity	Obesity	Obesity	Chronic Health Conditions
High Blood Pressure	Aging Issues	Heart Conditions	-
Aging Issues	Women's Health	Drug Abuse	-

Mental health and chronic conditions were identified as a top issue from all collected data sources. While mental health has long been an issue, there has been a shift in the general willingness to discuss it openly since the COVID-19 pandemic. Chronic conditions like obesity, diabetes, and heart health remain as challenges.

The Health District has worked to offer innovative, evidence-based solutions to support community members navigating chronic conditions. Over the last three years, the Health District has partnered with the Live Well Waco Coalition to host Let's Walk Waco, an eight-week walking challenge. Additionally, the Health District receives grant funds to offer educational opportunities for healthy lifestyles. The 2021-2022 Prevent T2 course, which is a year-long diabetes prevention and management course, saw great success with 100% of participants achieving either a lowered A1C score or weight loss.

Strikingly, only the key informant interviews identified access to care as a top issue. The CASPER revealed that most households did not have issues accessing care (85%). The community survey showed that most individuals did not have challenges accessing medical care within the last year (73%). For those who did have barriers to accessing care, cost was the most cited reason. The key informant interviews provided community stakeholders' perspectives, highlighting the importance of not solely relying on stakeholders to identify priorities for the community.



Recommendations

Based on the information collected through the CHNA, the Health District has identified key strategies to support the work moving forward. These strategies include fostering collaborative dialogues, forming strategic partnerships, and giving special attention to school-based health initiatives. Moreover, the findings underscore the importance of evaluating diverse outcome measures, tackling issues related to limited access and structural racism, and equipping individuals with the skills to navigate the healthcare system effectively. Adopting a comprehensive approach is essential, considering the broader social determinants of health and actively involving the community in decision-making processes.

The results have led to a few focus areas that the Health District may explore during the development of the Community Health Improvement Plan:

- Mental Health Initiatives
- Diabetes Prevention Programs
- Community Wellness Centers
- Mobile Health Units
- Culturally Competent Healthcare
- Data-Informed Decision-Making
- Youth and School Initiatives
- Public-Private Partnerships

The pressing need to prioritize mental health and well-being cannot be overstated. The assessment's findings highlight the prevalence of mental health challenges across all age groups, particularly among children and youth. The implications are clear: without effective intervention, the long-term impact of these challenges on our community's health and productivity could be substantial.

Addressing chronic diseases is a top priority because they pose a considerable health problem in our community. These diseases create higher costs for healthcare and make life less enjoyable. The CHNA shows that we need to do specific things to help people make healthier choices, find better food, and do regular exercise. Things like community gardens, teaching people about health, and rewarding healthy choices can help everyone be healthier.

Equitable access to healthcare remains a vital concern, especially for vulnerable populations. The CHNA results emphasize the importance of eliminating barriers that hinder access to healthcare, such as language and cultural differences. Collaborations with local healthcare providers can facilitate the creation of culturally sensitive care models, ensuring that every community member receives the necessary medical attention, regardless of their background or circumstances.

These priorities align with the strategic initiatives presented in the 2019 Strategic Plan and support making the healthy choice the easy choice. The next part of the process is taking what we learned through the CHNA and developing the Community Health Improvement Plan (CHIP) to address health needs in the community.

List of Tables and Figures

Tables		
Table 1	Demographic Characteristics of McLennan County and Texas	14
Table 2	Population Change in McLennan County and Texas, 2010–2020	15
Table 3	Population Projection in McLennan County and Texas from 2020 and 2060	15
Table 4	Language Spoken at Home (Ages 5 and over) in McLennan County and Texas	16
Table 5	Median Household Income by Race/Ethnicity in the Past 12 Months in McLennan County and Texas	17
Table 6	Household Income in the Past 12 Months in McLennan County and Texas	17
Table 7	Percentage of Community Members Living Below the Federal Poverty Line (FPL) in McLennan County and Texas	19
Table 8	Percentage of Civilian Workforce Unemployed in McLennan County and Texas, 2022	20
Table 9	Educational Attainment of Population Ages 25 and Older in McLennan County and Texas	22
Table 10	Provider Access in McLennan County and Texas, 2020–2022	23
Table 11	Self-Reported Health of Adults in McLennan County and Texas, 2020	27
Table 12	Disability Characteristics in McLennan County and Texas	28
Table 13	Social and Civic Engagement in McLennan County and Texas	30
Table 14	Mental Health Indicators in McLennan County and Texas, 2016–2020	30
Table 15	Mental Health Hospitalizations in McLennan County and Texas, 2020–2021	34
Table 16	Adult Obesity in McLennan County and Texas	40
Table 17	Grocery Store Access in McLennan County, 2015	41
Table 18	Healthy Eating Environment Indicators in McLennan County and Texas	41
Table 19	Food Stamps and Supplemental Nutrition Assistance Program (SNAP) in McLennan County and Texas	43
Table 20	Physical Inactivity and Access to Exercise Opportunities in McLennan County and Texas	44
Table 21	Age-Adjusted Mortality Rates for the Top Five Causes of Death in McLennan County and Texas, 2020	48
Table 22	Questionnaire Response Rates, 2022 McLennan County CHNA CASPER	61
Table 23	Household Structures, 2022 McLennan County CHNA CASPER	61
Table 24	Race/Ethnicity of Survey Respondents, 2022 McLennan County CHNA CASPER	62
Table 25	Language of Survey Recipients, 2022 McLennan County CHNA CASPER	62
Table 26	Access to Care, 2022 McLennan County CHNA CASPER	63
Table 27	Access to Dental Care, 2022 McLennan County CHNA CASPER	63
Table 28	Perceived Strengths of the Community, 2022 McLennan County CHNA CASPER	64
Table 29	Perceived Challenges of the Community, 2022 McLennan County CHNA CASPER	65
Table 30	Community Services to Improve, 2022 McLennan County CHNA CASPER	66
Table 31	Most Important Health Issues in our Community, 2022 McLennan County CHNA CASPER	67

Table 32	Preventative Care and the COVID-19 Pandemic, 2022 McLennan County CHNA CASPER	68
Table 33	Child Physical Activity and the COVID-19 Pandemic, 2022 McLennan County CHNA CASPER	69
Table 34	Barriers to Emergency Communication, 2022 McLennan County CHNA CASPER	70
Table 35	Actions for Emergency Preparedness, 2022 McLennan County CHNA CASPER	71
Table 36	Disaster or Emergency Evacuation, 2022 McLennan County CHNA CASPER	72
Table 37	Main Source of Emergency Information, 2022 McLennan County CHNA CASPER	72
Table 38	Source of Health Information, 2022 McLennan County CHNA CASPER	73
Table 39	Vaccine Hesitancy, 2022 McLennan County CHNA CASPER	74
Table 40	Access to Mental Health Care, 2022 McLennan County CHNA CASPER	76
Table 41	Mental Health Stigma, 2022 McLennan County CHNA CASPER	77
Table 42	Health District Services, 2022 McLennan County CHNA CASPER	78
Table 43	Priority Zip Code Response Rate, 2022 CHNA Community Survey	81
Table 44	Race/Ethnicity, 2022 CHNA Community Survey	82
Table 45	Access to Care, 2022 CHNA Community Survey	83
Table 46	Barriers to Accessing Care by Priority Zip Code	84
Table 47	Dental Health, 2022 CHNA Community Survey	84
Table 48	Community Strengths, 2022 CHNA Community Survey	86
Table 49	Community Challenges, 2022 CHNA Community Survey	88
Table 50	Community Improvements, 2022 CHNA Community Survey	90
Table 51	Community Health Issues, 2022 CHNA Community Survey	91
Table 52	Vaccine Hesitancy for Children, 2022 CHNA Community Survey	92
Table 53	Vaccine Hesitancy for Adults, 2022 CHNA Community Survey	93
Table 54	Flu Vaccine Hesitancy in Children, 2022 CHNA Community Survey	94
Table 55	Flu Vaccine Hesitancy in Adults, 2022 CHNA Community Survey	95
Table 56	COVID-19 Vaccine Hesitancy among Children, 2022 CHNA Community Survey	96
Table 57	COVID-19 Vaccine Hesitancy among Adults, 2022 CHNA Community Survey	97
Table 58	Mental Health Access, Need of Services, 2022 CHNA Community Survey	98
Table 59	Mental Health Stigma, 2022 CHNA Community Survey	99
Table 60	Mental Health Status, 2022 CHNA Community Survey	101
Table 61	Health-Related Information, 2022 CHNA Community Survey	102
Table 62	Health District Services, 2022 CHNA Community Survey	103
Table 63	Similar Questions Asked in the CASPER and Community Survey	104
Table 64	Strengths in Your Neighborhood or Community	105
Table 65	Biggest Neighborhood or Community Challenges	106
Table 66	Neighborhood or Community Services to See More of or Improved	107
Table 67	Most Important Health Issues in Our Community	108
Table 68	Focus Groups	109
Table 69	Things that Help You Be Healthy in Your Community	111
Table 70	Barriers to Being Healthy in Your Community	113
Table 71	Impact of Race/Ethnicity on Your Health	115
Table 72	Most Important Health Issues Facing Your Community	116

Table 73	Community Resources that Address Health-Related Issues	117
Table 74	Impact COVID-19 Pandemic Had on Your Life/Community	118
Table 75	Recommended Improvements for Community Health	119
Table 76	Top Health Issues	125
Figures		
Figure 1	Household Income Distribution in McLennan County	18
Figure 2	Percentage Living Below the Federal Poverty Line by Race/Ethnicity in McLennan County and Texas, 2017–2021	19
Figure 3	Percentage of Unemployed Workers in McLennan County and Texas, 2011–2021	21
Figure 4	Educational Attainment of Population Ages 25 and Older in McLennan County and Texas	22
Figure 5	Preventable Hospital Stays in McLennan County and Texas, 2012–2020	24
Figure 6	Preventable Hospital Stays by Race/Ethnicity in McLennan County and Texas, 2020	24
Figure 7	Percentage of Population without Insurance by Race/Ethnicity in McLennan County and Texas, 2021	25
Figure 8	Percentage of Population without Insurance for Children and Persons over 65 in McLennan County and Texas, 2021	25
Figure 9	Percentage of Households without Insurance by Household Income in McLennan County and Texas, 2021	26
Figure 10	Percentage of Individuals without Insurance by Educational Attainment Level in McLennan County and Texas, 2021	26
Figure 11	Percent Increase in Household Income, Rent, and Home Values in McLennan County and Texas, 2017–2021	29
Figure 12	Percentage of Individuals Who Spent 30% or More of Income on Housing in McLennan County and Texas, 2021	29
Figure 13	Age-Adjusted Suicide Mortality Rate by Five-Year Rolling Average in McLennan County, 2014–2020	32
Figure 14	Age-Adjusted Suicide Mortality Rate by Gender in McLennan County and Texas, 2019–2020	33
Figure 15	Percentage of Infants Born with Low Birth Weight in McLennan County and Texas	35
Figure 16	Percentage of Preterm Births in McLennan County and Texas, 2010–2020	36
Figure 17	Percentage of Preterm Births by Race/Ethnicity in McLennan County and Texas, 2020	36
Figure 18	Infant Mortality Rate in McLennan County and Texas, 2011–2019	37
Figure 19	Teen Birth Rate by Year in McLennan County and Texas, 2010–2020	38
Figure 20	Teen Birth Rate by Race/Ethnicity in McLennan County and Texas, 2020	38
Figure 21	Percentage of Teens Who Received Early Prenatal Care by Race/Ethnicity, 2022	39
Figure 22	Percentage of Adults Who Received Early Prenatal Care by Race/Ethnicity, 2022	40
Figure 23	Percentage of Population with Food Insecurity by Race/Ethnicity in McLennan County and Texas, 2021	42
Figure 24	Percentage of Individuals with Access to Exercise Opportunities by Year in McLennan County and Texas, 2016–2021	44

Figure 25	Percentage of Adults Smoking in McLennan County and Texas, 2020	45
Figure 26	Percentage of Adults Drinking Excessively in McLennan County and Texas, 2020	46
Figure 27	Liquor Store Density in McLennan County and Texas, 2015–2021	47
Figure 28	Age-Adjusted Heart Disease Mortality Rate by Year in McLennan County and Texas, 2014–2020	49
Figure 29	Age-Adjusted Heart Disease Mortality Rate by Gender in McLennan County and Texas, 2020	49
Figure 30	Age-Adjusted Heart Disease Mortality Rate by Race/Ethnicity in McLennan County and Texas, 2020	50
Figure 31	Age-Adjusted Cancer Incidence Rates by Cancer Type in McLennan County and Texas, 2015–2019	51
Figure 32	Age-Adjusted All-Cancer Mortality Rate by Year in McLennan County and Texas, 2014–2020	52
Figure 33	Age-Adjusted All-Cancer Mortality Rate by Gender in McLennan County and Texas, 2020	52
Figure 34	Age-Adjusted All-Cancer Mortality Rate by Race/Ethnicity in McLennan County and Texas, 2020	53
Figure 35	Seven-Day Average Number of COVID-19 Cases Reported in McLennan County, 2020–2023	54
Figure 36	Number of Fatalities Reported Due to COVID-19, 2020–2023	55
Figure 37	Seven-Day Average Number of Persons Admitted in the Hospital with Laboratory-Confirmed COVID-19, 2020–2023	55
Figure 38	Primary and Secondary Rates by Year of Syphilis Diagnosis in McLennan County and Texas, 2011–2018	56
Figure 39	Total Syphilis Diagnosis Rates in McLennan County and Texas, 2022	57
Figure 40	Chlamydia Diagnosis Rates by Year in McLennan County and Texas, 2011–2018	57
Figure 41	Gonorrhea Diagnosis Rates by Year in McLennan County and Texas, 2011–2018	58
Figure 42	Total HIV Diagnosis Rates by Year in McLennan County and Texas, 2011–2019	58
Figure 43	Total AIDS Diagnosis Rates by Year in McLennan County and Texas, 2011–2019	59
Figure 44	Total TB Diagnosis Rates by Year in McLennan County and Texas, 2015–2019	59

Introduction

The Waco-McLennan County Public Health District (WMCPHD) aims to create the healthiest county in Texas where all people can live, work, play, and thrive. The mission is to improve the health and well-being of the community members and environment of our county. This work is exemplified through the core values of excellence, equity, accountability, commitment, and empowerment. One way WMCPHD ensures it is reaching the vision is by completing a Community Health Needs Assessment (CHNA). The CHNA gathers data, engages the community, identifies health needs, prioritizes actions, and guides strategies for improving the overall health and well-being of McLennan County. The WMCPHD follows a three-year cycle for CHNAs. The COVID-19 pandemic, which began in spring 2020, and the ongoing public health response to the pandemic disrupted the cycle. In April 2022 WMCPHD began the planning phase of the CHNA, data was collected October 2022 through April 2023, the final report completed in November 2023, and the report published in June 2024.

As we delve into this CHNA, we emphasize the importance of active community engagement. We understand that the true experts on the health needs of our community are the community members themselves. Their insights, concerns, and aspirations will play a central role in shaping the findings and recommendations of this assessment. Our team understands that factors outside of a community member's control, such as social determinants of health (SDOH), can create health disparities across all races, ethnicities, genders, geographic areas, and socioeconomic statuses. Local public health entities, like the WMCPHD, are committed to addressing health issues that can significantly impact health outcomes.

This report is more than just a document; it is a call to action. It is an invitation to all stakeholders, from local government entities and healthcare providers to community-based organizations and dedicated individuals, to work collectively toward achieving better health outcomes for our community. The journey we embark upon is one of shared responsibility, shared purpose, and shared progress. Let the findings of this CHNA illuminate the path to a healthier and more equitable future for all who call our community home. Together, we will chart a course toward improved well-being and a brighter, healthier tomorrow.



Secondary Data Analysis

In addition to collecting primary data, secondary data was analyzed. This section is broken down into ten sections to better understand the current status of the county: demographics; socioeconomic characteristics; health resource availability; health insurance; quality of life; behavioral risk factors; social and mental health; maternal and child health; death, illness, and injury; and communicable diseases.

Demographics¹

As Central Texas, specifically McLennan County, continues attracting more community members, the population has grown significantly. In fact, McLennan County's population has increased by 11% in the last ten years, nearly keeping pace with the impressive 17% growth rate experienced statewide in Texas. This population surge may have profound implications for the county's availability of crucial resources and health-related services.

This section has been organized into four key subtopics to provide a comprehensive understanding of this phenomenon, each shedding light on various aspects of McLennan County's population dynamics: demographic distribution, population change, population projection, and languages spoken at home.



Demographic Distribution²

In McLennan County, a noteworthy reflection of demographic similarity with the broader Texan population becomes evident through an almost symmetrical gender distribution, with 51% of the community members being female and 49% male, as outlined in Table 1. This closely aligns with the gender composition of the entire state, where the division between females and males is evenly distributed at 50% each. Delving deeper into the county's population, about 28% is 19 years or younger and 16% is 65 and older. This illuminates the importance of considering the needs and services required to support the well-being of the county's youth and aging populations as they grow.



In 2022, McLennan County boasts a higher percentage of White and Black/African American individuals compared to the statewide demographics, as detailed in Table 1. The county's population primarily comprised individuals identifying as White only, constituting the majority at 59%. The next most substantial group was categorized as Black/African American individuals at 13% and Asian Americans at 2%. Notably, in McLennan County, approximately 28% of individuals identified as Hispanic, a figure that contrasts with the statewide statistic for Texas, where 40% of the population identifies as Hispanic. This divergence underscores that McLennan County's demographic profile differs from the broader Texan population.

Table 1: Demographic Characteristics of McLennan County and Texas

	McLennan County		Texas	
	Population	Percent	Population	Percent
Sex				
Male	131,783	49%	15,021,141	50%
Female	135,053	51%	15,008,431	50%
Age				
Under 5 years	16,097	6%	1,881,718	6%
5 to 9 years	20,239	8%	2,070,802	7%
10 to 14 years	16,153	6%	2,173,132	7%
15 to 19 years	21,415	8%	2,160,735	7%
20 to 24 years	29,559	11%	2,145,802	7%
25 to 34 years	33,305	13%	4,329,357	14%
35 to 44 years	33,549	13%	4,238,922	14%
45 to 54 years	27,128	10%	3,687,865	12%
55 to 59 years	14,343	5%	1,641,396	6%
60 to 64 years	14,005	5%	1,662,758	6%
65 to 74 years	24,719	9%	2,461,155	8%
75 to 84 years	12,102	5%	1,191,925	4%
85 years and over	4,222	2%	384,005	1%
Race				
White	156,596	59%	14,293,026	48%
Black/African American (B/AA)	35,619	13%	3,620,288	12%
American Indian/Alaska Native (AI/AN)	1,133	<1%	247,149	<1%
Asian	4,147	2%	1,638,936	6%
Native Hawaiian and other Pacific Islander	215	<1%	35,954	<1%
Other Race	9,152	3%	3,033,865	10%
Two or more races	59,972	23%	7,160,354	24%
Ethnicity				
Hispanic or Latino	73,586	28%	12,070,642	40%
Not Hispanic or Latino	193,250	72%	17,958,930	60%

Data Source: US Census Bureau 2022

Population Change²

During the decade from 2010 to 2020, McLennan County and its individual cities experienced diverse population changes. While McLennan County itself saw a 10% population increase, individual cities displayed varying trends, with Hewitt, Robinson, and Gholson reporting notable growth, while Mart and Hallsburg witnessed declines. These shifts in population, ranging from a 26% decrease in Mart to a 16% increase in Robinson, offer a snapshot of demographic dynamics in the county's different regions during this period.

Table 2: Population Change in McLennan County and Texas, 2010–2020

Population Change from 2010 to 2020			
	2010	2020	Percent Change
Texas	25,145,561	29,145,505	14%
McLennan County	234,906	260,529	10%
Axtell	4,012	4,348	8%
Bellmead	9,901	10,494	6%
Beverly Hills	1,995	1,878	-6%
Bruceville-Eddy	1,475	1,413	-4%
China Spring	5,106	5,900	13%
Elm Mott	6,533	6,673	2%
Gholson	1,061	1,250	15%
Hallsburg	507	419	-21%
Hewitt	13,549	16,026	15%
Lacy Lakeview	6,489	6,988	7%
Leroy	337	354	5%
Lorena	1,691	1,785	5%
Mart	2,209	1,748	-26%
McGregor	4,957	5,321	7%
Moody	1,371	1,376	0%
Riesel	1,007	1,062	5%
Robinson	10,509	12,443	16%
Ross	283	245	-16%
Valley Mills	1,203	1,229	2%
Waco	124,805	138,486	10%
West	2,807	2,531	-11%
Woodway	8,452	9,383	10%

Data Source: US Census Bureau 2010 and 2020

Population Projection³

From 2020 to 2060, both McLennan County and Texas are projected to experience significant population growth. McLennan County is expected to see a 27% increase in its population, reaching an estimated 354,573 by 2060. Similarly, Texas is projected to grow by 34% during this period, with its population anticipated to reach approximately 44,391,658 in 2060. These projections reflect the potential for substantial demographic changes and expanding communities in both the county and the state over the coming decades.

Table 3: Population Projection in McLennan County and Texas from 2020 and 2060

Population Projection	2020	2060	Percent Change
McLennan County	260,579	354,573	27%
Texas	29,145,505	44,391,658	34%

Data Source: The Texas Demographic Center Vintage 2022 Population Projections

Languages Spoken at Home²

While McLennan County does not have the same language diversity as the broader state or country, 20% of community members speak a language other than English. This multiculturalism presents opportunities for cross-cultural understanding and engagement, fostering a vibrant and inclusive community where different languages and cultures contribute to the area's social fabric and vitality. Efforts to promote language inclusivity and support multilingual communication within the county can enhance community cohesion and facilitate access to services for non-English-speaking community members.

Table 4: Language Spoken at Home (Ages 5 and over) in McLennan County and Texas

Languages Spoken at Home	McLennan County		Texas	
	Count	Percent	Count	Percent
Speak only English	193,462	80%	17,460,783	65%
Speak a language other than English	47,274	20%	9,442,575	35%

Data Source: United States Census Bureau 2021

Socioeconomic Characteristics⁴

Socioeconomic characteristics, encompassing factors such as poverty, education, median household income, and unemployment, serve as pivotal determinants that significantly impact an individual's overall health and well-being. Together, these indicators collectively form an individual's socioeconomic status (SES). According to the American Psychological Association, socioeconomic status is a consistent and reliable predictor of a vast array of outcomes across the lifespan, including physical and psychological health.

Extensive research has illuminated the profound influence of SES on overall human functioning, encompassing not only physical but also mental health. The ripple effects of low SES and its associated factors, such as reduced educational attainment, economic hardship, and compromised health, extend beyond the individual to shape the fabric of our society. The repercussions are evident in the widening disparities in health distribution, resource allocation, and overall quality of life, a trend that is not confined to the United States but resonates globally.



Median Household Income²

Analyzing the relationship between median household income, educational attainment, and employment rates unveils a multifaceted narrative. Regions with higher median household incomes tend to exhibit a pattern of greater educational achievement among their community members, along with lower unemployment rates. This connection extends to improved healthcare accessibility, often facilitated by employer-sponsored insurance, contributing to enhanced health outcomes in such areas.

As of 2021, McLennan County reported a median household income of \$64,320, which stands below the state median of \$72,284 (as illustrated in Table 5). Notably, income disparities are intertwined with factors such as

race and educational attainment. In contrast, those from Black/African American backgrounds find themselves near the lower end of the spectrum, with a median income of \$45,116 in McLennan County. The data paints a nuanced picture where White populations boast median household incomes surpassing the county's overall figure. At the same time, the Hispanic and Black/African American groups report median household incomes falling below the countywide average.

Table 5: Median Household Income by Race/Ethnicity in the Past 12 Months in McLennan County and Texas

Median Income in the Past 12 Months (in 2022 Inflation-Adjusted Dollars)	McLennan County	Texas
	Estimate	Estimate
Median Household Income	\$64,320	\$72,284
Stratified by Race and Ethnicity		
White	\$74,975	\$82,032
Black/African American (B/AA)	\$45,116	\$55,759
Other Race	\$55,726	\$57,114
Hispanic (of any race)	\$52,961	\$60,504

Data Source: United States Census Bureau 2022

Household Income Distribution²

Delving into the socioeconomic landscape of McLennan County, we find a diverse spectrum of household incomes that tell a compelling story. Approximately 26% of households in this county earn modest annual incomes of less than \$35,000, highlighting the financial challenges a significant portion of the population faces.

In contrast, 30% of McLennan County households maintain a financial standing, with annual earnings exceeding the \$100,000 mark. Furthermore, there is a notable middle ground: approximately 18% of households fall within the income range of \$50,000 to \$74,999.

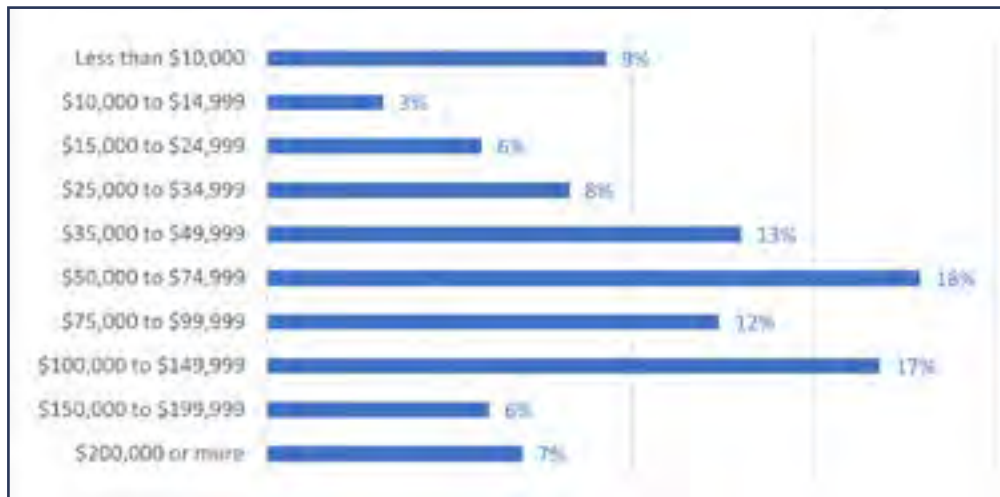
Zooming out to see the bigger picture, we discover that the majority, encompassing 57% of McLennan County households, earn less than \$75,000 annually. In comparison, 49% of households across Texas have surpassed this threshold, indicating differing economic dynamics between McLennan County and the broader Texas landscape.

Table 6: Household Income in the Past 12 Months in McLennan County and Texas

Household Income in the Past 12 Months (in 2022 Inflation-Adjusted Dollars)	McLennan County	Texas
	Percentage	Percentage
Less than \$10,000	9%	6%
\$10,000 to \$14,999	3%	4%
\$15,000 to \$24,999	6%	7%
\$25,000 to \$34,999	8%	8%
\$35,000 to \$49,999	13%	11%
\$50,000 to \$74,999	18%	17%
\$75,000 to \$99,999	12%	13%
\$100,000 to \$149,999	17%	16%
\$150,000 to \$199,999	6%	9%
\$200,000 or more	7%	11%

Data Source: United States Census Bureau 2022

Figure 1: Household Income Distribution in McLennan County



Data Source: United States Census Bureau 2022

Poverty²

When we examine the socioeconomic landscape of McLennan County, we uncover a noteworthy contrast with the broader Texas scenario. A significant 16% of McLennan County's community members find themselves living below the federal poverty line (FPL), which stands in contrast to the state's lower rate of 14% (as illustrated in Table 7).

Delving deeper into specific demographic groups, we discover that 10% of seniors aged 65 and older in McLennan County are facing poverty, a figure that, while concerning, remains lower than the 12% poverty rate observed in Texas for the same age group.



Among the population (aged 18 to 64) in McLennan County, 21% of individuals with any form of disability are living in poverty. This statistic, although only slightly higher than the 20% poverty rate in Texas, underscores the unique challenges faced by this group within the county.

The challenges of poverty also touch the lives of McLennan County's youth, with 19% of children under the age of 18 living below the poverty line. While this figure is the same as the statewide rate of 19%, it highlights the pressing need for targeted support and

initiatives aimed at improving the well-being of the county's youngest community members.

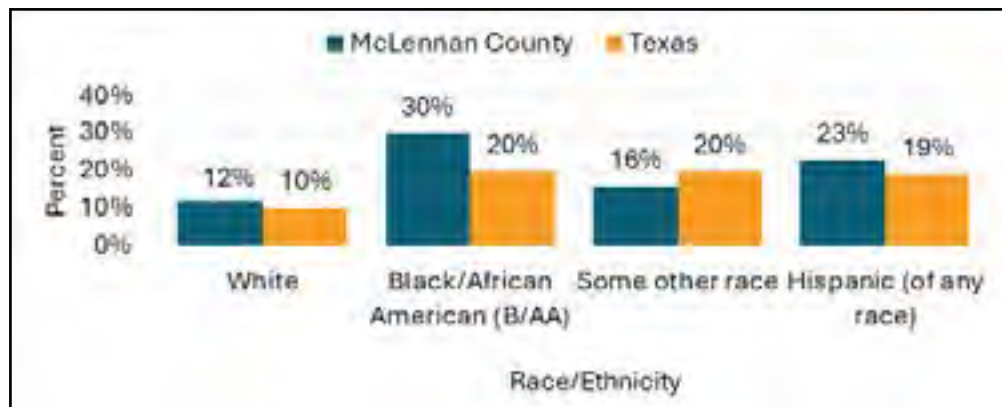
Table 7: Percentage of Community Members Living Below the Federal Poverty Line (FPL) in McLennan County and Texas

Poverty Status	McLennan County	Texas
	Percent	Percent
People living Below FPL	16%	14%
Age		
Children under 18 Living Below FPL	19%	19%
People 65+ Living Below FPL	10%	12%
Race and Ethnicity		
White	12%	10%
Black/African American (B/AA)	30%	20%
Some Other Race	16%	20%
Hispanic (of any race)	23%	19%
Educational Attainment		
Less Than High School Graduate	26%	24%
High School Graduate	14%	15%
Some College, associate degree	9%	10%
Bachelor's degree or higher	3%	5%
Employment Status		
Employed	7%	7%
Unemployed	30%	29%

Data Source: United States Census Bureau 2022

When we delve into the fabric of McLennan County's demographics, a picture of economic disparities comes to light. In contrast to the statewide poverty rate of 14% in Texas, McLennan County consistently reports higher percentages of community members living below the federal poverty line (FPL) across most racial and ethnic groups (as illustrated in Figure 2).

Figure 2: Percentage Living Below the Federal Poverty Line by Race/Ethnicity in McLennan County and Texas, 2017–2021



Data Source: United States Census Bureau 2022

Among the diverse tapestry of racial and ethnic communities in McLennan County, several stand out with elevated poverty rates. Notably, 30% of the Black population, 23% of Hispanics, and 16% of those identifying as some other race, find themselves struggling with poverty, all surpassing the countywide average of 16% (Table

7). It is particularly alarming to note that the Black/African American population faces a substantially higher poverty rate than any other racial or ethnic group within the county.

On the other hand, the White population in McLennan County experiences a comparatively lower poverty rate of 12%, while those identifying as other race reports a poverty rate of 16%, both below the countywide average (Figure 2). However, it's crucial to recognize that, even with these variations, all community members in McLennan County, except those identifying as White, contend with higher poverty rates than the statewide figure of 14% for Texas as a whole.

This contrast between McLennan County and Texas as a whole underscores the urgent need for targeted strategies and equitable interventions to address the multifaceted challenges faced by various racial and ethnic communities within the county.

Unemployment⁵

When we shift our focus to the employment landscape, we find that McLennan County has the same unemployment rate as Texas. Approximately 4% of the workforce in McLennan County and Texas, consisting of individuals aged 16 and older, currently struggle with unemployment (Table 8).

Table 8: Percentage of Civilian Workforce Unemployed in McLennan County and Texas, 2022

Employment Status	McLennan County	Texas
	Percent	Percent
Unemployment rate for People 16+	4%	4%
Race and Ethnicity		
White	4%	4%
Black/African American (B/AA)	6%	7%
Some Other Race	N*	5%
Hispanic (of any race)	3%	5%
Educational Attainment		
Less Than High School Graduate	4%	5%
High School Graduate	3%	5%
Some College, associate degree	4%	4%
Bachelor's degree or higher	1%	2%
With a disability	8%	8%
Poverty Status		
Below Poverty Level	13%	16%
At or above Poverty Level	3%	3%

Data Source: United States Census Bureau 2022

Note: *N - The estimate or margin of error cannot be displayed because there were an insufficient number of sample cases in the selected geographic area.

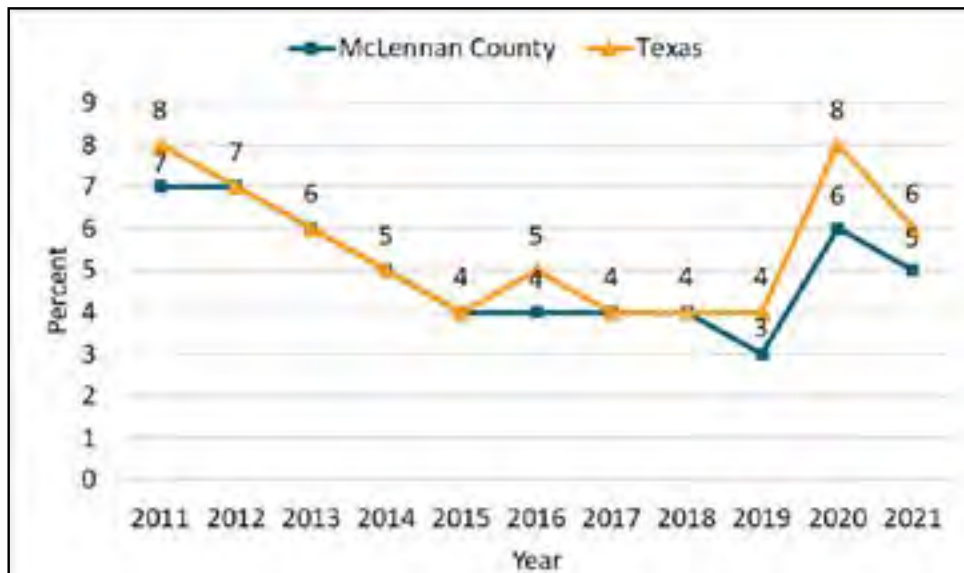
Delving into the demographics of unemployment, a higher percentage of unemployed veterans in McLennan County (7%) than the statewide figure of 6%. This discrepancy suggests the need for targeted efforts to support and reintegrate veterans into the workforce within the county.

Examining the employment trends in McLennan County over the years, we discern a notable pattern. During the

period from 2016 to 2021 (as depicted in Figure 3), the county consistently boasted lower unemployment rates among its civilian workforce when contrasted with the state of Texas as a whole.

However, it's essential to note a subtle shift in this trend. In 2016, McLennan County reported an enviable 4% unemployment rate, a figure that modestly increased to 5% by 2021, with a peak of 6% in the year 2020. On the other hand, Texas experienced a slightly different trajectory, with a peak unemployment rate of 8% in 2020. Nonetheless, the statewide unemployment rate ranged between 5% in 2016 and 6% in 2021, demonstrating relative stability. The 2019 COVID-19 pandemic may have impacted the 2020 and 2021 unemployment rates.

Figure 3: Percentage of Unemployed Workers in McLennan County and Texas, 2011–2021



Data Source: County Health Rankings 2020

Educational Attainment²

Taking a closer look at the educational landscape in McLennan County reveals a diverse tapestry of academic achievements (Table 9). A significant 88% of the county's community members have reached the milestone of at least a high school diploma or higher (as depicted in Figure 4), underscoring a commitment to educational attainment within the community.

Moreover, when we examine the population aged 25 and older, we find that 62% of McLennan County community members have ventured beyond high school, either acquiring college credits or participating in higher education, which is the same as the state of Texas. This reflects a strong dedication to lifelong learning and skill development within the county and state.

However, it's crucial to acknowledge the range of educational experiences. Approximately 8% of McLennan County community members have engaged in some high school education but haven't secured a diploma, while roughly one in four have earned their high school diploma (26%). Another one in four community members possess some college experience but haven't yet attained a degree (27%).

When we delve deeper into the spectrum of educational achievements, 8% of McLennan County community members have reached the milestone of an associate degree, while one in six proudly holds a bachelor's degree

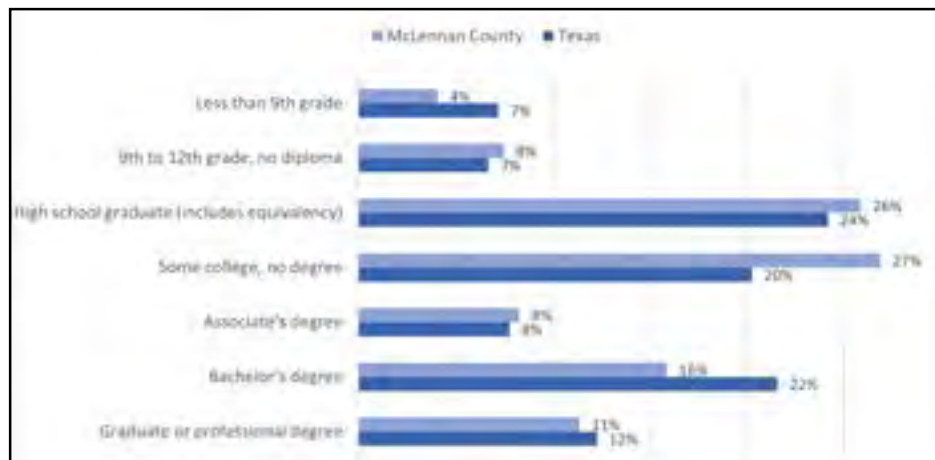
(16%). Remarkably, one in nine community members has ascended to the pinnacle of educational attainment, in either a master's or doctoral degree (11%).

Table 9: Educational Attainment of Population Ages 25 and Older in McLennan County and Texas

Educational Attainment	McLennan County	Texas
	Percent	Percent
Population 25 years and over		
Less than 9th grade	4%	7%
9th to 12th grade, no diploma	8%	7%
High school graduate (includes equivalency)	26%	24%
Some college, no degree	27%	20%
Associate degree	8%	8%
Bachelor's degree	16%	22%
Graduate or professional degree	11%	12%
Race and Ethnicity		
White		
High school graduate or higher	93%	93%
Bachelor's degree or higher	35%	40%
Black/African American (B/AA)		
High school graduate or higher	84%	92%
Bachelor's degree or higher	16%	29%
Some Other Race		
High school graduate or higher	71%	65%
Bachelor's degree or higher	6%	14%
Hispanic (of any race)		
High school graduate or higher	74%	72%
Bachelor's degree or higher	9%	19%

Data Source: United States Census Bureau 2022

Figure 4: Educational Attainment of Population Ages 25 and Older in McLennan County and Texas



Data Source: United States Census Bureau 2022

Health Resource Availability

In this section, provider access, preventable hospitalization, and health insurance will be discussed and evaluated. If any of these are skipped or delayed, it can possibly lead to poor health outcomes.

Provider Access⁶

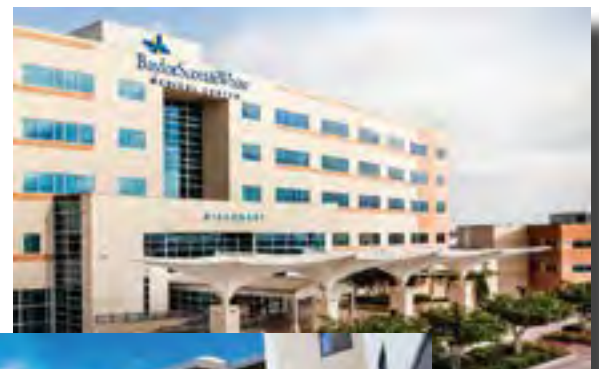
When there is enough access to healthcare (Table 10), people are more likely to seek help, which can help their health issues long-term. Increased access to healthcare providers can also help reduce health disparities. The data reported should be interpreted with carefulness, as the average may be skewed by high-population areas with substantial medical centers in the area.

Table 10: Provider Access in McLennan County and Texas, 2020–2022

Provider to Patient Ratio	McLennan County	Texas
	Ratio	Ratio
Ratio of Population to Primary Care Physicians	1,290:1	1,640:1
Ratio of Population to Dentists	1,750:1	1,610:1
Ratio of Population to Mental Health Providers	530:1	690:1
Ratio of Population to Primary Care Providers other than Physicians	1,090:1	970:1

Data Source: County Health Rankings 2023

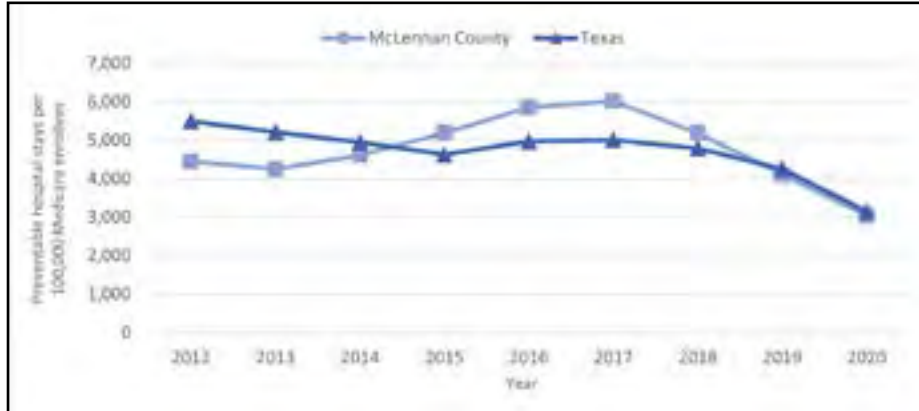
In McLennan County there is one Primary Care Doctor for every 1,290 residents. Statewide there is one Primary Care Doctor for every 1,640 Texans. Overall, there is a need for more doctors, however, McLennan County has a slightly better rate. The rate does not show accessibility, as most providers are concentrated within the City of Waco. Opposite of primary care doctors, McLennan County has a higher ratio residents to dentists (1,750:1) than the state (1,610:1). Increasing the number of dentists in the county, may improve access to dental care. There is one mental health provider for every 530 community members of McLennan County, while the ratio for Texas is 690 people to one. The increasing need for mental health providers is evident with the primary data collected in this report. Lastly, the ratio of population to physicians other than primary care providers is higher in McLennan County (1,090:1) compared to Texas (970:1) indicating that McLennan County has a need for specialty care providers, like surgeons, pediatricians, oncologists, dermatologists, and gastroenterologists.



Preventable Hospitalizations⁶

In 2020, there were 3,040 preventable hospital stays per 100,000 fee-for-service Medicare enrollees in McLennan County (Figures 5 & 6). This is lower than the rate in Texas (3,151 per 100,000 fee-for-service Medicare enrollees). Additionally, the rate of preventable hospital stays in both McLennan County and Texas has continued to fall since 2018. However, with more primary care physicians within McLennan County, the number of preventable hospital stays in McLennan County can continue to fall and ensure that it stays below the number of preventable hospital stays in Texas.

Figure 5: Preventable Hospital Stays in McLennan County and Texas, 2012–2020



Data Source: County Health Rankings 2023

When considering race, preventable hospital stays in McLennan County were on par with Texas. Although Black/African American and Hispanic preventable hospital stays were higher in Texas than McLennan County.

Figure 6: Preventable Hospital Stays by Race/Ethnicity in McLennan County and Texas, 2020



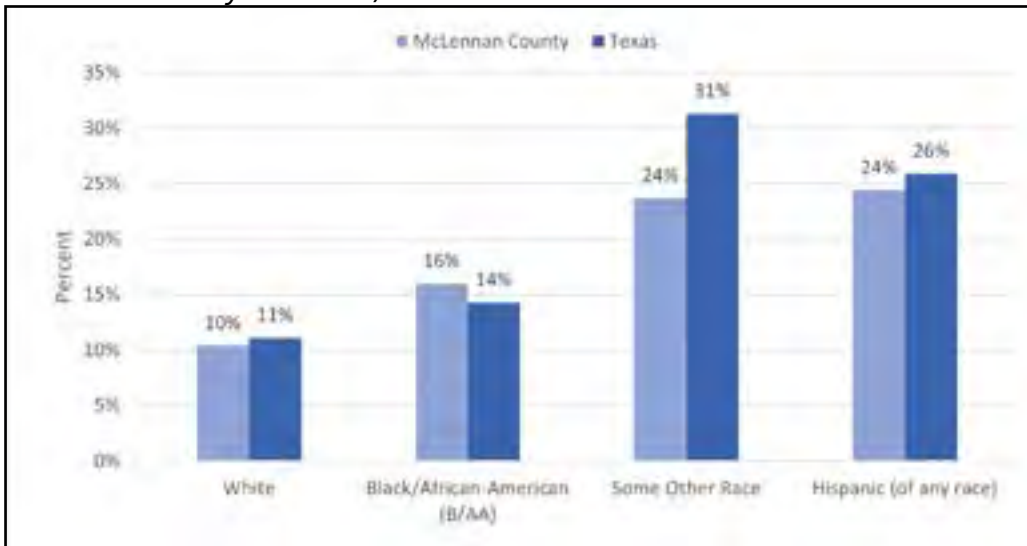
Data Source: County Health Rankings 2023

Health Insurance²

Shown in Figure 7 is the percentage of the population without health insurance by race/ethnicity. In Texas 31% and in McLennan County 24% of some other races are uninsured. The Hispanic population without insurance accounted for 24% in McLennan County and 26% in Texas. In Texas 14% of Black/African American (B/AA) and 16% in McLennan County are uninsured. Lastly, in Texas 11% and in McLennan County 10% that are White are uninsured. While most race/ethnic groups in McLennan County have a lower rate of uninsured compared to Texas, the B/AA ethnic group has a slightly higher rate of uninsured individuals, meaning community members in this group may need more help getting insured.



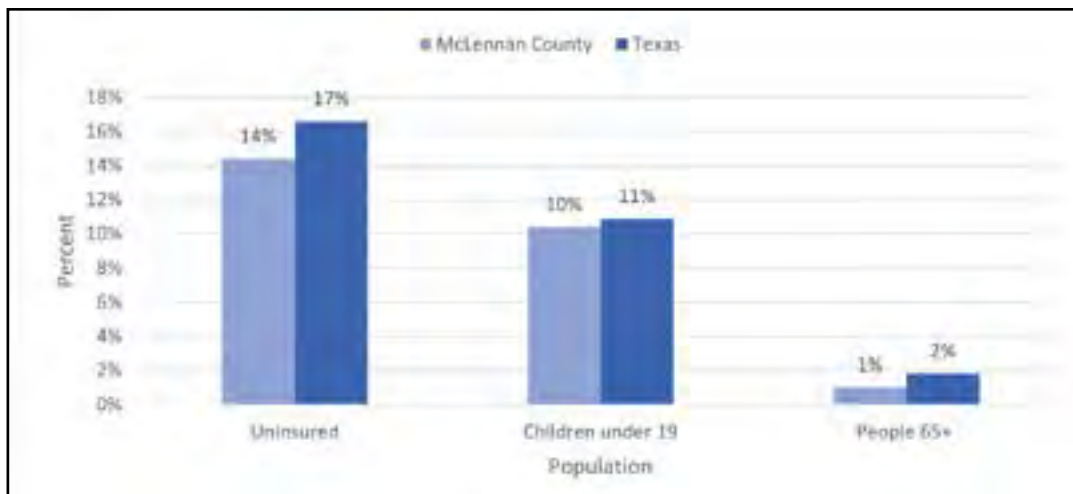
Figure 7: Percentage of Population without Insurance by Race/Ethnicity in McLennan County and Texas, 2021



Data Source: United States Census Bureau 2022

Figure 8 shows the total population without health insurance and compares it to children under 19 and people over 65 in McLennan County and Texas. In McLennan County, 10% of children do not have health insurance as compared to 11% in Texas.

Figure 8: Percentage of Population without Insurance for Children and Persons over 65 in McLennan County and Texas, 2021

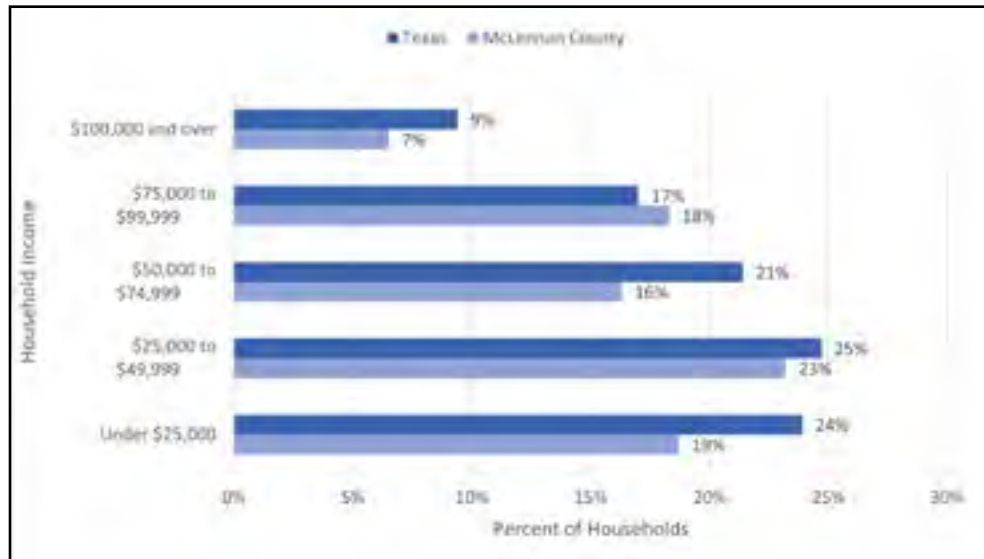


Data Source: United States Census Bureau 2022

Figure 9 shows the population without health insurance by household income levels in McLennan County and Texas. In McLennan County, 19% of households with a household income under \$25,000 do not have health insurance, compared to 24% in Texas. Across income levels, there are individuals without insurance coverage. Those with average income (\$59,781) have the highest number of uninsured (23% McLennan County, 25% Texas).



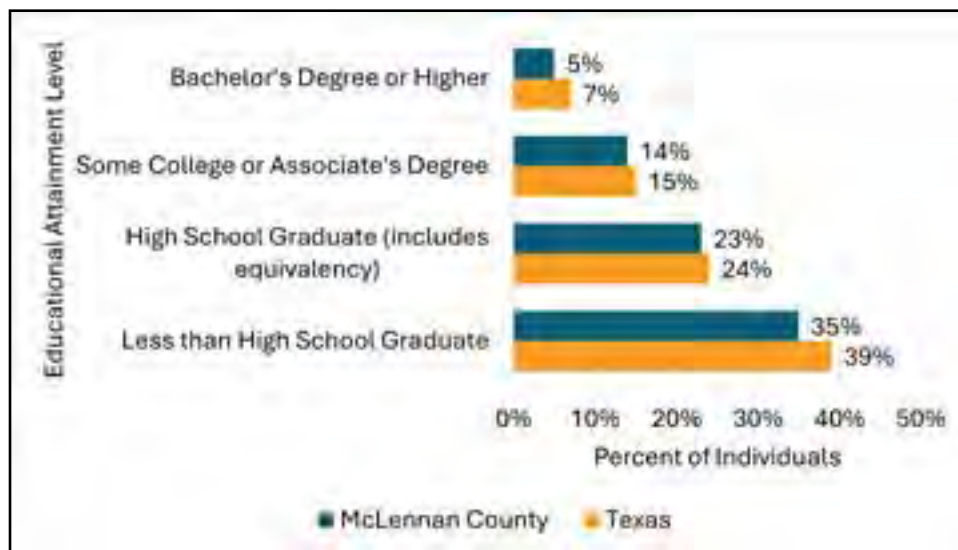
Figure 9: Percentage of Households without Insurance by Household Income in McLennan County and Texas, 2021



Data Source: United States Census Bureau 2022

Figure 10 displays adults (ages 26 and older) without health insurance across the levels of education attainment in McLennan County and Texas. In McLennan County, 35% of the population with less than a high school diploma does not have health insurance, compared to 39% in Texas. The percentage of people uninsured increases as the level of educational attainment declines.

Figure 10: Percentage of Individuals without Insurance by Educational Attainment Level in McLennan County and Texas, 2022



Data Source: United States Census Bureau 2022

Quality of Life⁷⁻⁹

Quality of Life (QOL) is a health outcome that highlights well-being within a community. QOL includes important components of health such as physical, mental, social, and emotional health, and factors, such as the social determinants of health (SDOH) impact it. Social conditions or structural conditions such as

transportation, housing, and economic stability are a few examples of the social determinants of health and how it relates to the quality of life. Therefore, this data enables public health and health professionals to better understand how its community members perceive their own health and to create strategies to enhance the well-being of the community.

Data in this section describe individual quality of life indicators (self-reported physical and mental health status) and community level indicators (disability, housing, social/civic engagement) in McLennan County.



Self-Reported Health⁷⁻⁸

Poor physical and mental health days are quality of life measures, and it is important to examine them within McLennan County to identify areas of improvement for well-being and satisfaction of community members' health. To understand how healthy the community is, we checked how many days people self-reported feeling physically or mentally unwell on average. If there were a lot of days reported as unhealthy in either category, we considered that part of health to be poor.

Physical health was measured by survey responses that asked respondents whether they thought of their physical health as "not good" within the past thirty days. In this same survey question, respondents were asked to reflect upon their physical illness and injury to answer. In McLennan County, the average number of poor physical health days was 3.9 (Table 11). This was higher than the Texas state average of 2.9.

In addition to physical health status, mental health status was determined by survey responses about whether respondents considered their mental health as "not good" in the past 30 days. This survey also asked the respondent to consider stress, problems with emotion, and depression. Like the physical health trend in McLennan County, poor mental health days were higher at 4.8 than the Texas average of 4.2. Based on the data captured by these survey responses, efforts to improve physical and mental health days in McLennan County are needed to enhance these health status elements.

Table 11: Self-Reported Health of Adults in McLennan County and Texas, 2020

Self Reported Health of Adults	McLennan County	Texas
Poor Physical Health Days	3.9	2.9
Poor Mental Health Days	4.8	4.2

Data Source: County Health Rankings 2023

Disability¹⁰

According to the Centers of Disease Control and Prevention (CDC), a disability is a condition of the body or mind (impairment) that affects individual tasks/activities in the environment around them and/or their participation in life situations. Through learning McLennan County's disability characteristics, it can aid in improving quality of life since studies have shown those who have a disability have poorer health overall than those who do not have a disability.

In McLennan County, there is a slightly higher percentage of individuals living with disabilities than in Texas. In contrast to the percentage of individuals with disability within the state of Texas, McLennan County had a higher percentage of males with disability (14%), as shown in Table 12. However, disability characteristics remained the same between McLennan County and Texas for females (13%). In addition to sex characteristics, the breakdown of age characteristics within the county were higher than Texas for those people ages 18 to 64 (22% vs 20%) and 65+ (81% vs 76%). Additionally, for race/ethnicity, Texas had higher percentages of disability for those who identified as Hispanic of any race (11% vs 9%) than McLennan County.

Based upon the data, disability is higher in McLennan County than Texas. Therefore, it becomes important to be inclusive of those who are disabled to improve the quality of life since those with a disability may already experience poorer health.

Table 12: Disability Characteristics in McLennan County and Texas

Disability Characteristics	McLennan County	Texas
	Percent with Disability	Percent with Disability
Sex		
Male	14%	12%
Female	13%	13%
Age		
Children under 17	6%	7%
18-64	22%	20%
People 65+	81%	76%
Race and Ethnicity		
White	15%	14%
Black/African American (B/AA)	14%	14%
Some Other Race	14%	11%
Hispanic (of any race)	9%	11%

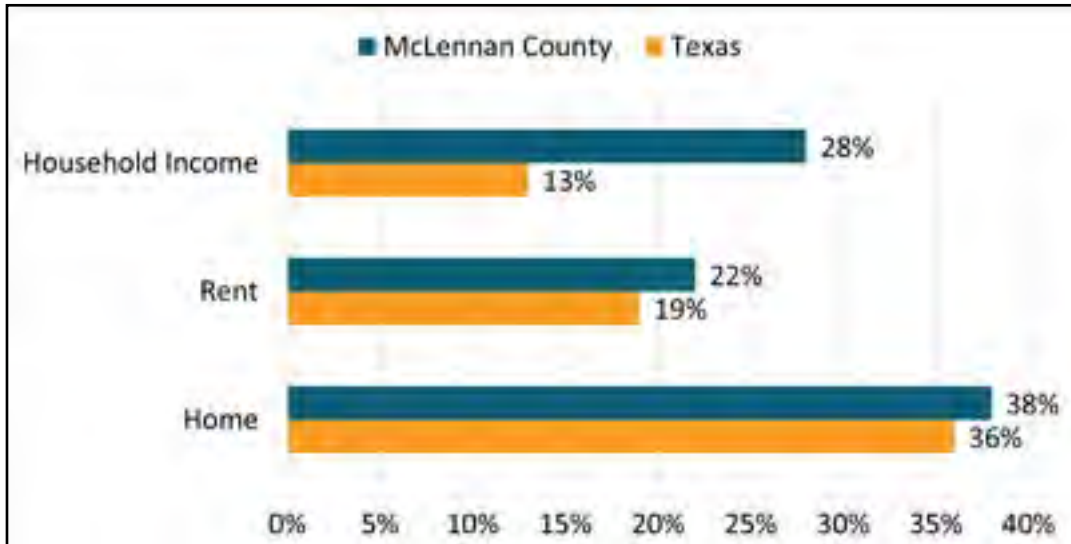
Data Source: United States Census Bureau 2022

Housing¹¹⁻¹⁵

Housing is a social determinant of health that influences health outcomes, like quality of life. McLennan County had a 28% increase in household income from 2017 to 2021, as shown in Figure 11. Statewide, the increase was 13% for the same period. During this timeframe, rental costs in McLennan County increased by 22%, and the cost of buying a home increased by 38% for the same period. These increases were greater than the statewide increases, 19% for rent and 36% for the value of a home.



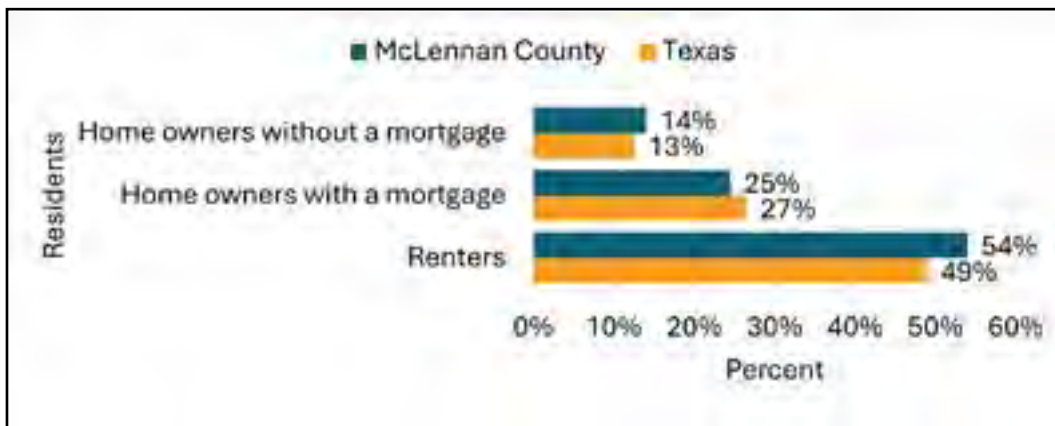
Figure 11: Percent Increase in Household Income, Rent, and Home Values in McLennan County and Texas, 2017–2021



Data Source: American Community Survey, 2017–2021

Additionally, a particular aspect of housing that affects quality of life is housing instability. This instability may affect physical health and healthcare access, especially if individuals are spending more than 30% of their income on housing. Of the community members who spend more than 30% of their income on housing, homeowners without a mortgage (14%) and renters (54%) had higher percentages in McLennan County than in Texas. However, Texas had a higher percentage of homeowners with a mortgage (27%) who spend more than 30% of their income on housing than McLennan County. This may lead to individuals being cost-burdened with less money to spend on basic necessities. Furthermore, downstream effects such as overcrowding, or multiple families living in a single residence, has been shown to affect the risk of infectious diseases, mental health, stress levels, relationships, and sleep.

Figure 12: Percentage of Individuals Who Spent 30% or More of Income on Housing in McLennan County and Texas, 2021



Data Source: United States Census Bureau 2022

Although these measures reveal a higher number of McLennan County community members spending more than 30% on their housing for homeowners without a mortgage and renters, the 2022 City of Waco Strategic Housing Plan recognized this problem, especially with a growing population rate. Housing goals were set

in place by the City of Waco to plan for supplying affordable housing, reinvesting in neglected housing and households, and using financial resources to support lower income households. By addressing and setting these housing goals, it will also aim to improve the quality of life in communities within McLennan County.

Social and Civic Engagement¹⁶⁻¹⁷

According to County Health Rankings (2023), little interaction and contact with community is shown in conjunction with increased morbidity and premature mortality. In addition to interaction within a community, trust was found to be a crucial factor in the likelihood of self-reported responses for health status. For example, in areas where there were higher levels of social trust, the likelihood of having a poor or fair health status was lower. For McLennan County, the number of member associations was higher per 10,000 at 11.1 than Texas associations (Table 13). This is especially important given that social connectedness has also been shown to be influential in improved quality of life, especially with components such as the ability to have resilience from stress, anxiety, and depression.

Table 13: Social and Civic Engagement in McLennan County and Texas

Social Engagement	McLennan County	Texas
Number of member associations per 10,000	11.1	7.4

Data Source: County Health Rankings 2023

Behavioral Risk Factors

Social and Mental Health

The well-being of a community reflects its physical, social, and mental health. In the following sections, we will explore the landscape of social and mental health in our community. By conducting a thorough analysis of these aspects, we can identify the specific needs of our community, advocate for meaningful policy changes, and work toward creating a more supportive and mentally healthy environment for all.

Mental Health Indicators¹⁸⁻²⁰

The data variables presented in Table 14 are crucial for understanding and explaining various aspects of mental health in McLennan County and Texas. This information is vital for developing targeted mental health programs, support services, and preventive measures to enhance the overall well-being of the community.

Table 14: Mental Health Indicators in McLennan County and Texas, 2016–2020

Mental Health Indicators	McLennan County	Texas
	Percent	Percent
Alcohol-Impaired Driving Deaths ¹	18%	25%
Drug Overdose Mortality Rate ^{2**}	15*	14*
Violent Crime Rate ³	466*	447*
Firearm Fatality Rate ^{4***}	18*	14*
Homicide Rate ^{4****}	9*	8*
Depression Among the Medicare Population ⁵	21%	18%

Data Sources: County Health Rankings 2016–2020¹, CDC Wonder 2020², Uniformed Crime Reporting – FBI/CDC Wonder 2020³, CDC Wonder⁴, Centers for Medicare and Medicaid Services⁵

Notes: *per 100,000 population

**Includes deaths with ACD-10 codes commonly grouped as drug poisoning (overdose) (X40–X44, X60–X64, X85, or Y10–Y14)

***Includes deaths commonly grouped as firearm-related deaths (U01.4, W32–W34, X72–X74, X93–X95, Y22–Y24, Y35.0, Y36.4)

****Includes deaths commonly grouped as homicide (X85–Y09, Y87.1, U01, U02)

Alcohol-impaired driving deaths highlight the role of alcohol in traffic-related fatalities. It indicates the extent to which alcohol abuse and impaired driving contribute to accidents and fatalities. High rates suggest a higher risk of alcohol-related mental health issues like addiction, depression, and anxiety.

In McLennan County, 18% of driving-related fatalities are attributed to alcohol impairment, which is lower than the Texas average of 25%. Drug overdoses can directly result from substance abuse and addiction, which are often linked to mental health disorders. Monitoring this rate provides insights into the prevalence of substance abuse-related mental health challenges. McLennan County experiences a drug overdose mortality rate of 15, while Texas reports a similar rate of 14. This suggests that both areas are facing challenges related to drug overdoses.

High levels of violent crime can contribute to stress, anxiety, and post-traumatic stress disorder (PTSD) among the population. A high violent crime rate is often indicative of an environment that can negatively impact mental health. McLennan County has a higher violent crime rate at 466 compared to Texas, which reports a rate of 447. This indicates that McLennan County experiences a higher incidence of violent crimes.

The firearm fatality rate indicates the impact of gun violence on a community. Exposure to or experience of gun violence can result in long-lasting mental health issues, including PTSD, anxiety, and depression. McLennan County has a higher firearm fatality rate of 18 compared to Texas, which reports a rate of 14. This suggests a higher prevalence of firearm-related fatalities in McLennan County.

Homicides have a profound impact on both victims' families and communities. The trauma and loss associated with homicides can lead to a range of mental health issues for those affected. McLennan County's homicide rate is 9, slightly higher than Texas, which reports a rate of 8. This indicates that McLennan County faces a slightly elevated risk of homicides.

Depression is a common and significant mental health concern, especially among older adults. This variable reflects the prevalence of depression among older individuals, helping policymakers and healthcare providers tailor mental health services to this demographic. Among the Medicare population, 21% in McLennan County are reported to experience depression, which is higher than the state average of 18%. This suggests a higher prevalence of depression among the older population in McLennan County.

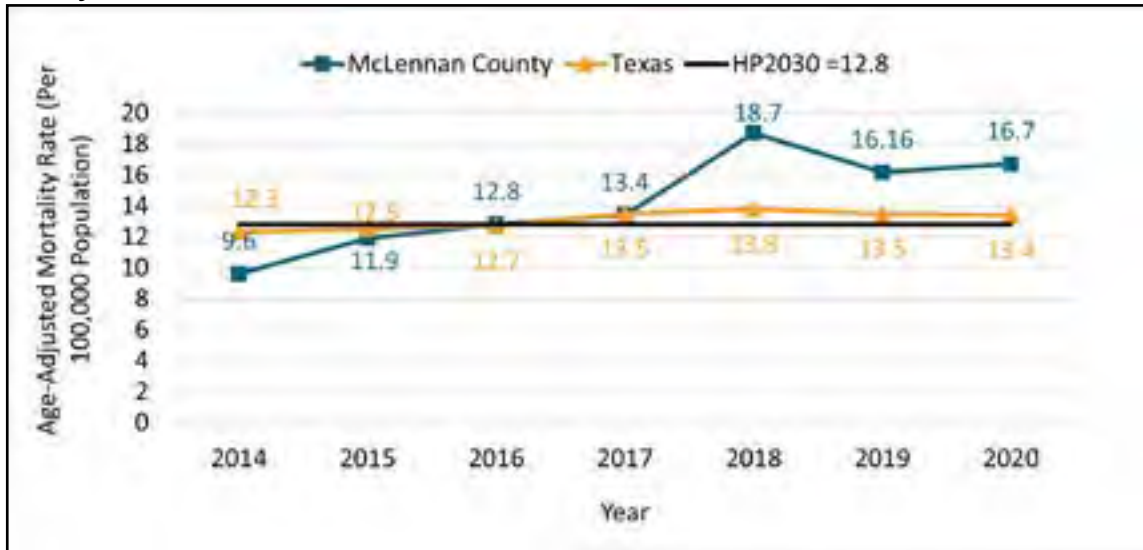


Suicide Mortality²¹⁻²²

Suicide stands as a significant and preventable public health concern within the United States. The Centers for Disease Control and Prevention reports that in 2021, there were 48,183 recorded suicides in the United States,

averaging approximately one life lost every eleven minutes. It is essential to acknowledge that the number of individuals grappling with suicidal thoughts or making suicide attempts surpasses these tragic statistics. During the same year, an estimated 12.3 million US adults seriously contemplated suicide, with 3.5 million individuals formulating a plan for a suicide attempt, and 1.7 million undertaking actual suicide attempts. These numbers underscore the urgency of addressing mental health and suicide prevention on a broader scale.

Figure 13: Age-Adjusted Suicide Mortality Rate by Five-Year Rolling Average in McLennan County, 2014-2020



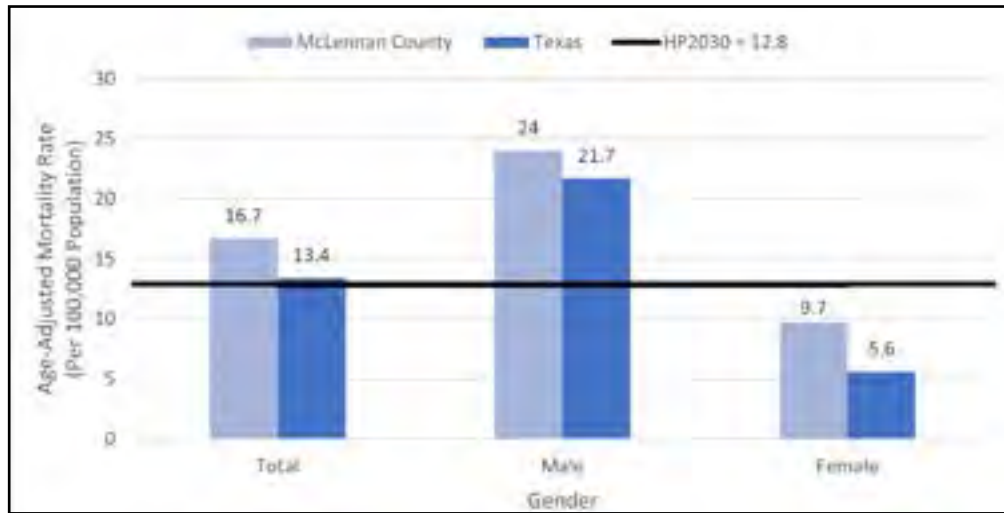
Data Source: CDC Wonder, 2014-2021

Note: Includes deaths with ICD-10 codes commonly grouped as intentional self-harm (suicide) (*U03, X60-X84, Y87.0)

Figure 13 presents data on the age-adjusted suicide mortality rate in McLennan County (per 100,000) for the total population as compared to the state of Texas, with a Healthy People 2030 target rate of 12.8. In 2014, the age-adjusted suicide mortality rate was 9.6 in McLennan County, which was notably lower than the Texas rate of 12.3 but still below the HP2030 target. Subsequent years witnessed fluctuations in the rates. The data underscores the importance of continued efforts to reduce suicide rates and promote mental health well-being in both the county and the state.



Figure 14: Age-Adjusted Suicide Mortality Rate by Gender in McLennan County and Texas, 2019–2020



Data Source: CDC Wonder, 2014–2021

Note: Includes deaths with ICD-10 codes commonly grouped as international self-harm (suicide) (*U03, X60-X84, Y87.0)

Figure 14 provides data on the age-adjusted suicide mortality rate (per 100,000) for both the total population and disaggregated by gender. The age-adjusted suicide mortality rate for the total population stands at 16.7 per 100,000 for McLennan County. When considering males specifically, the age-adjusted suicide mortality rate is notably higher at 24 per 100,000. This indicates that males have a significantly elevated risk of suicide mortality compared to the overall population. In contrast, the age-adjusted suicide mortality rate for females is lower at 9.7 per 100,000. This rate underscores that females exhibit a lower risk of suicide mortality compared to both the total population and their male counterparts. Overall, the data highlights a substantial gender disparity in suicide mortality, with males experiencing a significantly higher rate compared to females and the total population. Understanding these gender-based differences is crucial for tailoring effective mental-health and suicide-prevention strategies.

Mental Health Hospitalizations²³⁻²⁴

Mental health hospitalizations data offers a compelling glimpse into the burden of mental health issues within a specific region. It reflects the number of individuals who require inpatient care due to severe mental health conditions. A higher rate of hospitalizations suggests a more significant demand for mental health services and may indicate a need for improved access to mental healthcare, early intervention, and prevention strategies. Table 15 provides insights into the rates of mental health hospitalizations in McLennan County compared to Texas, categorized by adult and pediatric mental health issues.

In McLennan County, the rate of hospitalizations due to adult mental health stands at 67 per 100,000 population. In contrast, based on Table 15, the state of Texas reports a lower rate of 35 per 100,000 population for hospitalizations related to adult mental health.

For pediatric mental health hospitalizations in McLennan County, the rate is 40 per 100,000 population. The state of Texas reports a lower rate of 31 per 100,000 population for pediatric mental health-related hospitalizations.

These statistics highlight variations in mental health hospitalization rates between McLennan County and the state of Texas. It's important to consider the underlying factors contributing to these differences, such as access

to mental health services, prevalence of mental health issues, and the effectiveness of local healthcare systems. These insights can inform targeted interventions to improve mental health services and reduce hospitalization rates in the community.

Table 15: Mental Health Hospitalizations in McLennan County and Texas, 2020–2021

Mental Health Hospitalizations	McLennan County	Texas
Due to Adult Mental Health	67	35
Due to Pediatric Mental Health	40	31

Data Source: Texas Health Data, United States Census Bureau 2022

Note: Hospitalizations include adjustment disorders; anxiety disorders; attention deficit conduct and disruptive behavior disorders; delirium, dementia, amnesic and other cognitive disorders; disorders usually diagnosed in infancy, childhood, or adolescence; mood disorders; personality disorders; schizophrenia and other psychotic disorders; and impulse control disorders not elsewhere classified.

Maternal and Child Health²⁵⁻²⁶

A mother’s prenatal care heavily determines the health outcomes of infants and children, who compose an especially vulnerable population. Safe motherhood begins before conception with proper nutrition and a healthy lifestyle. Planned pregnancy, appropriate prenatal care, prevention of complications when possible, and early and effective treatment of complications when they occur are all essential elements of maternal care.



Prioritizing maternal health can help address:

- **Low Birth Weight:** Addressing low birth weight is vital to ensuring the health and well-being of newborns, as it can have lasting implications for their development and future health.
- **Preterm Birth:** Reducing the rate of preterm births is a critical goal, as premature birth can lead to health issues for infants and increased healthcare costs.
- **Infant and Child Mortality:** Lowering infant and child mortality rates is crucial to improving maternal and child health, reflecting the success of comprehensive care programs.
- **Teen Birth Rate:** Reducing the teen birth rate benefits both mothers and their children, allowing young parents to pursue education and careers.
- **Prenatal Care:** Ensuring access to prenatal care services is essential, as it enhances the prospects of healthy pregnancies and births, benefiting both mothers and infants.

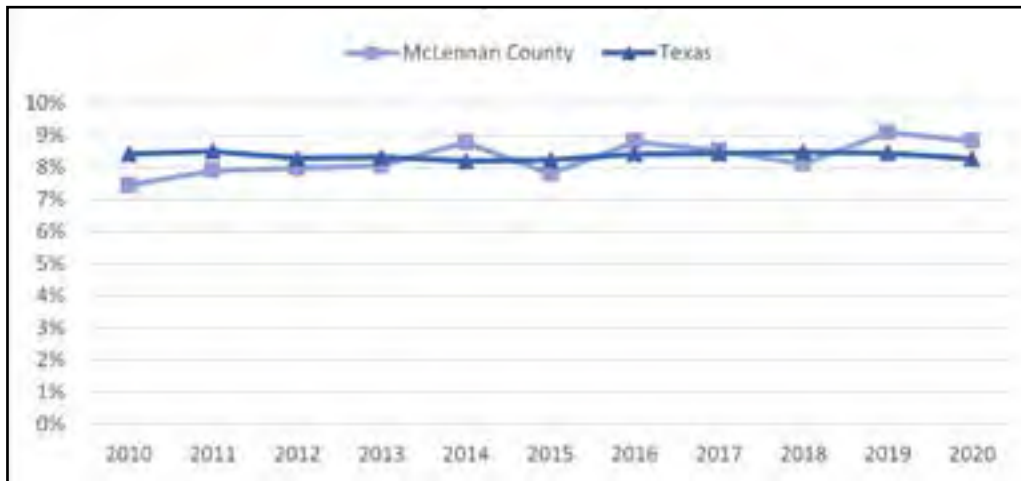
This, in turn, leads to the birth of healthy infants and cultivates a supportive environment to address the needs of mothers, infants, and families.

Low Birth Weight²⁷⁻³⁰

Babies born with low birth weight, typically defined as weighing less than 2,500 grams (5.5 pounds) at birth, are more likely to face health challenges and may require specialized medical care in neonatal intensive care units. Low birth weight is often the result of either premature birth, where the baby is born before completing a full-term pregnancy, or fetal growth restriction, which occurs when the baby doesn’t reach its expected size in the womb. These factors are influenced by a combination of the mother’s health, genetics, and prenatal care.

From 2010 to 2020, McLennan County experienced varying trends in the prevalence of infants born with low birth weight. This suggests fluctuations in the health and prenatal care of expectant mothers within the county, which may have contributed to these changing trends. In contrast, the state of Texas displayed a consistent trend during the same period. Analyzing these trends can provide valuable insights into local healthcare practices and maternal health, helping to identify areas where targeted interventions or support may be needed to ensure better health outcomes for infants born with low birth weight (Figure 15).

Figure 15: Percentage of Infants Born with Low Birth Weight in McLennan County and Texas



Data Source: Texas Health Data

A premature baby is one who is born too early, before 37 weeks of pregnancy. Each year, about 1 in 10 babies in the United States is born prematurely. Premature babies may not be fully developed at birth. They may have more health problems and may need to stay in the hospital longer than babies born later.

Over the eleven year period from 2010 to 2020, McLennan County's preterm birth rates displayed mild variations, while the state of Texas maintained a relatively consistent trend. Specifically, the percentage of preterm births in McLennan County saw a slight reduction, declining from 12.5% in 2014 to 11.5% in 2020 (Figure 16).

It's worth noting that McLennan County and the state of Texas routinely reported preterm birth rates above the Healthy People 2030 target, which is set at 9.4%. This persistent discrepancy emphasizes the ongoing challenge of preterm births in these regions. To address this issue and enhance maternal and infant health, targeted interventions and healthcare initiatives are crucial to reduce preterm birth rates and improve health outcomes for both mothers and their newborns.



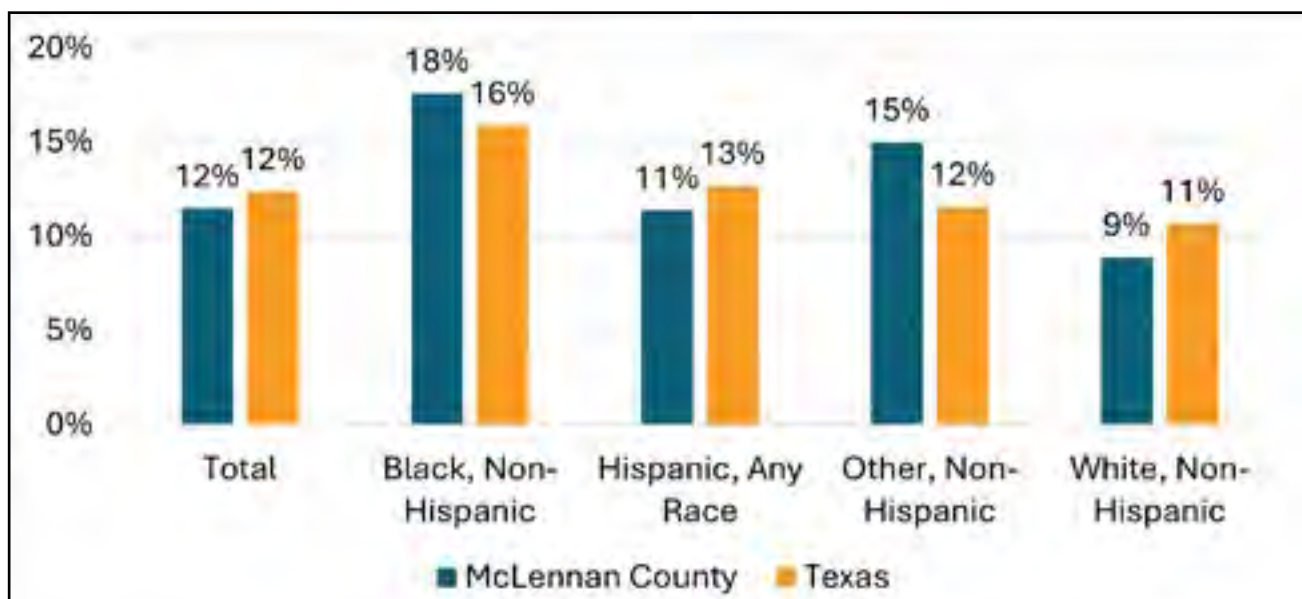
Figure 16: Percentage of Preterm Births in McLennan County and Texas, 2010–2020



Data Source: Texas Health Data

In 2020, preterm birth rates within McLennan County exhibited disparities across racial and ethnic groups in comparison to the state of Texas (Figure 17). The percentages of preterm births in the Black and other, non-Hispanic populations in McLennan County were markedly higher than their counterparts in Texas. The Black population had the highest preterm birth rate, standing at 18%, while the other, non-Hispanic population followed at 15%. In contrast, the White population in McLennan County experienced a lower rate of preterm births at 9%, in comparison to Texas, where the rate was slightly higher at 11%. These variations underscore the importance of considering racial and ethnic disparities in maternal and infant health, underscoring the need for dedicated efforts to tackle these disparities within the county.

Figure 17: Percentage of Preterm Births by Race/Ethnicity in McLennan County and Texas, 2020



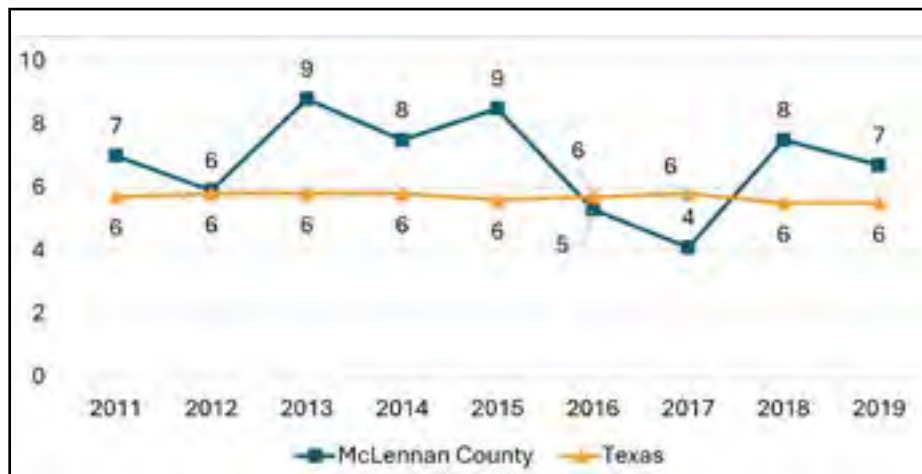
Data Source: Texas Health Data

Infant and Child Mortality^{6,32}

As per the County Health Rankings, the infant mortality rate stands as a critical and frequently employed indicator in assessing the overall health of a community. This rate reflects the number of infants who do not survive the first year of life, making it a vital measure of a community's healthcare system and the well-being of its community members. Figure 18 reflects the comparison of the infant mortality rate in McLennan County and Texas.

The leading causes of infant mortality are multifaceted, reflecting a range of health challenges. These include congenital disabilities, which are present at birth and often necessitate specialized care; preterm delivery; low birth weight; sudden infant death syndrome (SIDS), a phenomenon that is still being studied extensively; and maternal complications during pregnancy, which may have repercussions for both the mother and the infant. These causes collectively emphasize the importance of comprehensive healthcare and maternal support systems to enhance the chances of infant survival and well-being, reflecting the broader health of the community.

Figure 18: Infant Mortality Rate in McLennan County and Texas, 2011-2019



Data Source: Texas Health Data

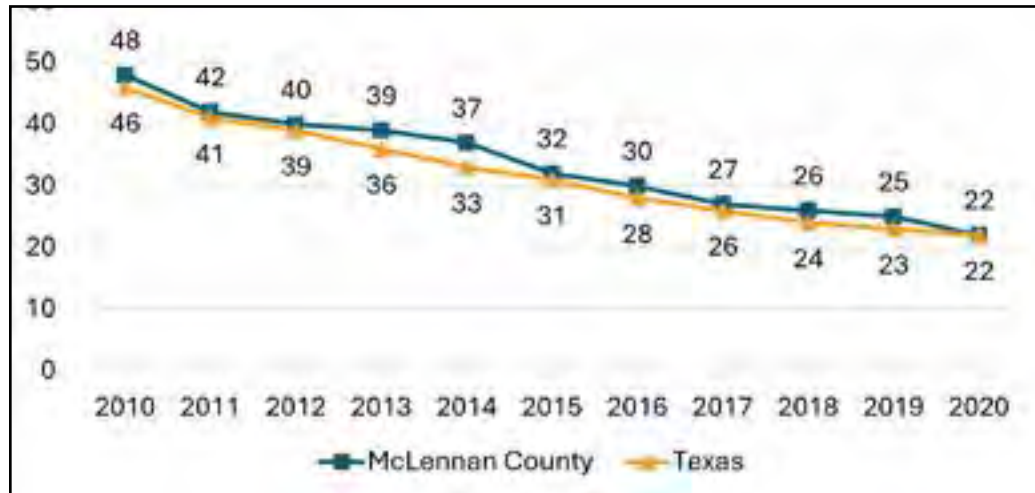
Teen Birth Rate³³⁻³⁴

As demonstrated in Figure 19, the birth rate among women aged 15 to 19 in McLennan County and the state of Texas declined substantially from 2014 to 2020. This decline reflects a positive trend in adolescent health and reproductive education. In 2020, the teen birth rate in McLennan County significantly decreased to 22 births per 1,000 females aged 15 to 19, marking a substantial reduction compared to the 2014 rate, which stood at 37 births per 1,000 females in the same age group. Among the White population, McLennan County has lower teen birth rates than Texas (Figure 20). However, the teen birth rates of the Black (41 per 1,000) and Hispanic (31 per 1,000 females) populations in McLennan County are higher than the overall county rate (22 per 1,000). The Black population experiences a much higher rate in McLennan County than in Texas.



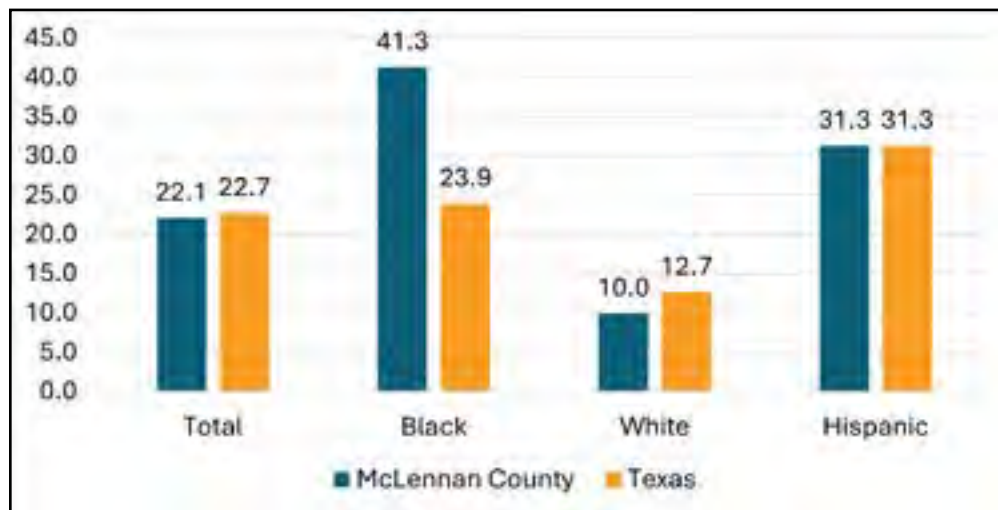
The decrease in the teen birth rate is a significant development with implications for the health and well-being of both young mothers and their infants. It highlights the effectiveness of educational initiatives, access to contraception, and community support systems in promoting responsible family planning and reducing adolescent pregnancies. This trend is not only a reflection of improved adolescent health but also contributes to broader social and economic outcomes by allowing young parents to pursue education and career opportunities.

Figure 19: Teen Birth Rate by Year in McLennan County and Texas, 2010–2020



Data Source: Texas Health Data

Figure 20: Teen Birth Rate by Race/Ethnicity in McLennan County and Texas, 2020



Data Source: Texas Health Data, United States Census Bureau 2022

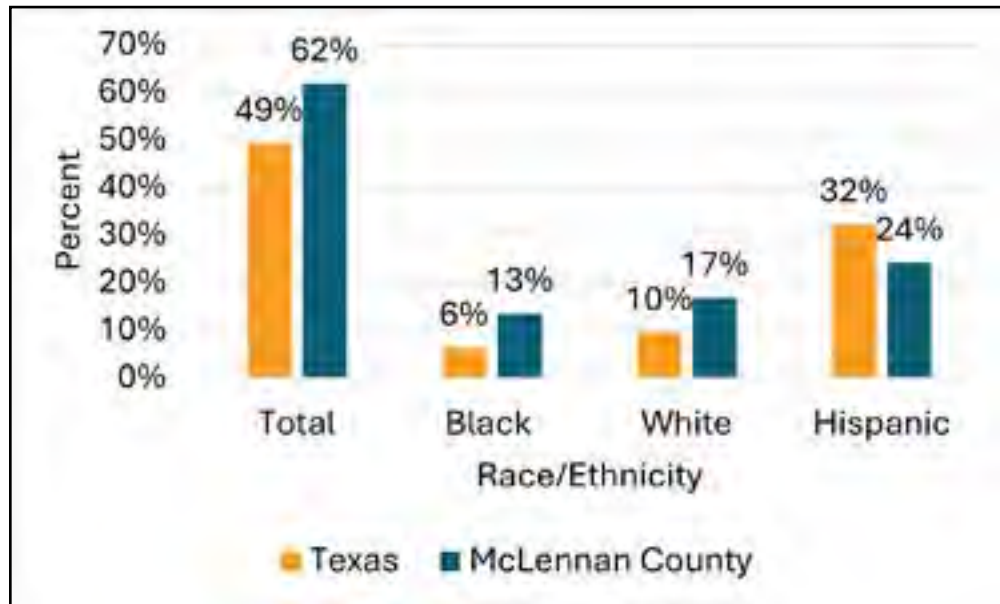
Prenatal Care³⁴⁻³⁵

Babies born to mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care. Early prenatal care (i.e., care in the first trimester of a pregnancy) allows women and their healthcare providers to identify and, when possible, treat

or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development.

In McLennan County, the percentage of teen and adult mothers receiving early prenatal care was equal to or exceeded that of Texas across most racial and ethnic groups. Among teen mothers in McLennan County, there were variations among racial and ethnic groups, as indicated in Figure 21. The percentage of Black teen mothers receiving early prenatal care (13%) was higher than Texas' (6%).

Figure 21: Percentage of Teens Who Received Early Prenatal Care by Race/Ethnicity, 2022



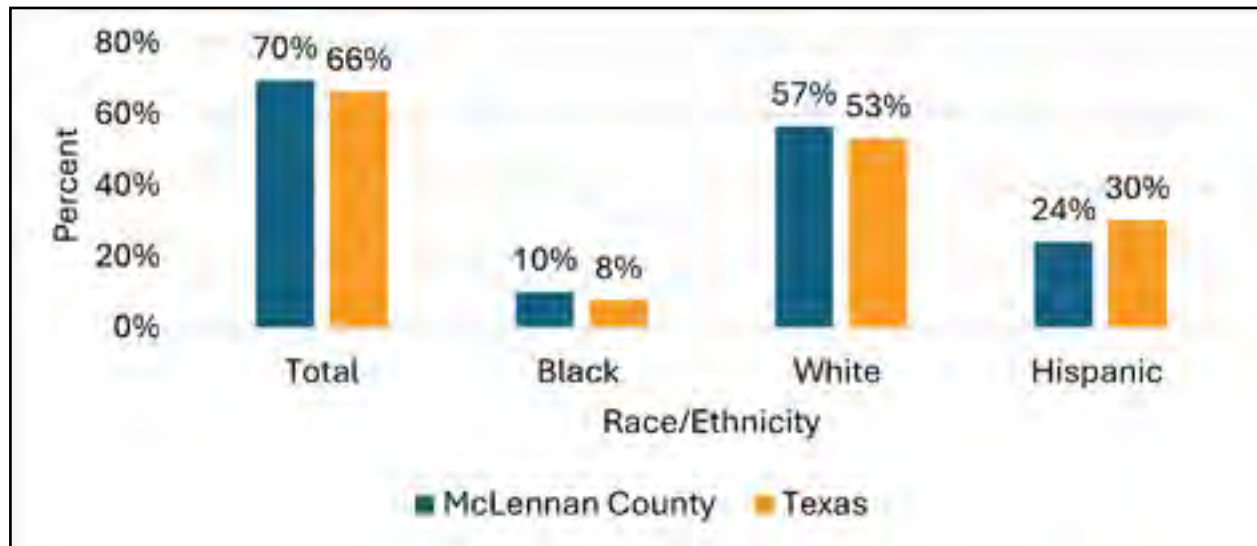
Data Source: CDC Wonder

This data highlights the effectiveness of prenatal care programs in McLennan County in ensuring that both teen and adult mothers receive early care, contributing to healthier pregnancies and births. It also highlights the importance of continued efforts to address variations among different racial and ethnic groups in accessing early prenatal care.

A parallel pattern is observed among adult mothers in McLennan County, reflecting a consistent trend, with the percentages of Hispanic (24%) and Black (10%) mothers who received early prenatal care being lower than the county's overall rate of 70%.



Figure 22: Percentage of Adults Who Received Early Prenatal Care by Race/Ethnicity, 2022



Data Source: CDC Wonder

Furthermore, it's important to note that the rate of teen mothers who received early prenatal care was consistently lower compared to that of adult mothers across all racial and ethnic groups. This disparity emphasizes the need for targeted efforts to ensure that teen mothers have access to early prenatal care, in line with the county's broader goal of supporting healthier pregnancies and births among all expectant mothers.

Behavioral Health Risk Factors

Behavioral health risk factors are things we do that may affect mental, emotional, or physical well-being. These behaviors include tobacco, alcohol, and drug use, unhealthy eating habits, physical activity, and sleep habits. Understanding and dealing with these risk factors is essential to take care of our mental health and have a better overall life. This section will explore eating habits, physical activity, tobacco use, and alcohol use.

Obese and Overweight Adults^{6, 36-38}

The percentage of adults who are overweight or obese tells us about a community's overall health. Obesity is a common, serious, and costly health problem that's on the rise in the United States, affecting families, healthcare costs, productivity, and even military readiness, according to the CDC. Overweight people have a body mass index (BMI) between 25.0 and 29.9, while obese people have a BMI of 30.0 or higher. Being overweight or obese increases the risk of serious health problems like high blood pressure, diabetes, heart disease, and more. In McLennan County, the number of obese adults has gone up from 31% in 2014 to 36% in 2023. This was slightly higher than the state average for most of the time, but it matched the Texas rate at around 36% in 2018 and about 35% in 2023 (Table 16).

Table 16: Adult Obesity in McLennan County and Texas

	McLennan County	Texas
Adult Obesity	35%	36%

Data Source: County Health Rankings 2023

Healthy Eating Environment³⁸⁻⁴⁰

Living in a city or area where the nearest grocery store is over one mile away is considered having low access to grocery stores. Limited access is considered more than ten miles away from a grocery store. Table 17 illustrates grocery access in McLennan County.

Table 17: Grocery Store Access in McLennan County, 2015

Grocery Store Access	McLennan County
	Percent
People with Low Grocery Store Access	39%
People with Low Income and Low Access to Grocery Store	20%
Households with No Car and Low Grocery Store Access	4%

Data Source: US Department of Agriculture – Food Access Research Atlas, 2015

McLennan County's healthy eating environment, as depicted by various indicators in Table 18, reveals important insights in comparison to the state of Texas. The Food Environmental Index stands at 6 for both, signifying no significant deviation. However, access to healthy foods in McLennan County is limited, with 17% of the population having restricted access, while in Texas, this figure is notably lower at 8%. Food insecurity is another important metric, and in this regard, McLennan County aligns closely with the state, experiencing a 14% food insecurity rate (Figure 23).



Table 18: Healthy Eating Environment Indicators in McLennan County and Texas

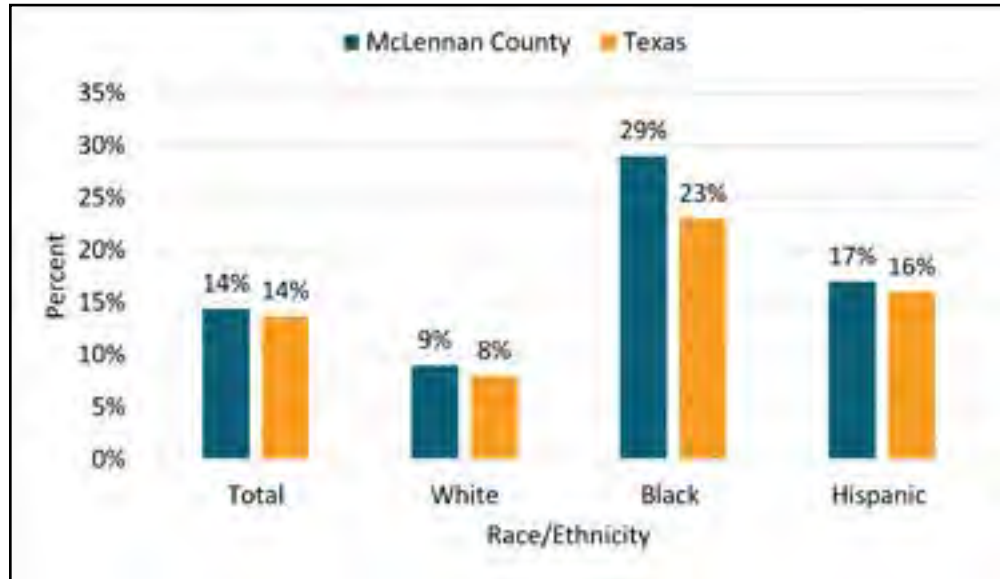
Healthy Eating Environment	McLennan County	Texas
Food Environmental Index ¹	6	6
Limited Access to Healthy Foods ¹	17%	8%
Food Insecurity ²	14%	14%
Child Food Insecurity ²	20%	18%
SNAP Authorized Retailer Rate* ³	<1	-
Fast Food Restaurants Rate* ⁴	6	-
Grocery Store Rate* ⁴	<1	-

Data Sources: County Health Rankings, 2019–2020¹; Feeding America, 2021²; US Department of Agriculture – Food Environmental Atlas, 2017³; US Department of Agriculture – Food Environmental Atlas, 2016⁴

Note: *per 100,000 population

Child food insecurity, however, slightly differs, with McLennan County at 20% and Texas at 18%. McLennan County demonstrates an exceptionally low SNAP Authorized Retailer Rate, at less than 1 per 100,000 population, whereas this data is not available for Texas. The county has a rate of 6 fast food restaurants per 100,000 people but less than 1 grocery store per 100,000. These figures raise questions about the accessibility and availability of healthy food options in McLennan County.

Figure 23: Percentage of Population with Food Insecurity by Race/Ethnicity in McLennan County and Texas, 2021



Data Source: Feeding America, 2021

The Supplemental Nutrition Assistance Program (SNAP)⁴¹⁻⁴³

The Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, is a federal assistance program in the United States. It provides eligible low-income individuals and families with financial assistance to purchase food and groceries. SNAP benefits are distributed through an electronic benefit transfer (EBT) card, which can be used like a debit card at authorized retail stores, including supermarkets, grocery stores, and some farmers' markets.

The program's primary goal is to alleviate hunger and improve the nutritional intake of people facing economic hardship. SNAP eligibility is determined based on factors like income, household size, and expenses. Participants receive monthly benefits to help them afford a basic, healthy diet.



SNAP plays a critical role in reducing food insecurity and poverty by offering a safety net for individuals and families in need. It's administered by the United States Department of Agriculture (USDA) and operates in all fifty states, the District of Columbia, and US territories.

In McLennan County, the Food Stamps/Supplemental Nutrition Assistance Program provides assistance to a considerable portion of the population (Table 19). Approximately 13%, totaling 12,540 households, participate in the program. Among these households, 27% have at least one member aged 60 years or over, while 73% do not. Furthermore, 57% of households receiving SNAP benefits have children under 18 years, with the remaining 43%

having no children in this age group. In terms of poverty status, 49% of SNAP recipient households are below the poverty level, while 51% are at or above it.

Looking at the racial and ethnic composition of SNAP beneficiaries in McLennan County, 22% are White, 39% are Black/African American, 5% identify as some other race, and 46% are Hispanic (of any race). When considering disability status, 37% of households receiving SNAP have one or more people with a disability, and 64% do not.

These statistics underscore the vital role of SNAP in supporting a diverse group of households in McLennan County, especially those with low incomes, children, older members, and individuals with disabilities. The program serves as a crucial resource for addressing food insecurity and improving the well-being of vulnerable populations within the community.

Table 19: Food Stamps and Supplemental Nutrition Assistance Program (SNAP) in McLennan County and Texas

Food Stamps/Supplemental Nutrition Assistance Program (SNAP)	McLennan County		Texas	
	Count	Percent	Count	Percent
Households	12,540	13%	1,334,856	12%
With one or more people in the household 60 years and over	3,335	27%	437,794	33%
No people in the household 60 years and over	9,205	73%	897,062	67%
With children under 18 years	7,164	57%	802,708	60%
No children under 18 years	5,376	43%	532,148	40%
Poverty Status in the Last 12 months				
Below Poverty Level	6,190	49%	581,608	44%
At or above Poverty Level	6,350	51%	753,248	57%
Race and Ethnicity				
White	2,747	22%	439,579	33%
Black/African-American (B/AA)	4,930	39%	282,835	21%
Some Other Race	614	5%	176,394	13%
Hispanic (of any race)	5,820	46%	696,072	52%
Disability Status				
With one or more people with a disability	4,578	37%	577,577	43%
With no persons with a disability	7,962	64%	757,279	52%

Data Source: United States Census Bureau, 2022 ACS 1-Year Estimates

Physical Activity^{6,44-45}

Adults who don't get regular physical activity are at a higher risk of serious health problems like obesity, heart disease, diabetes, colon cancer, and high blood pressure. Physical activity also helps improve your mood and sleep. The American College of Sports Medicine recommends that adults aim for twenty to sixty minutes of physical activity three to five times a week to boost heart health and body composition. They also suggest adding strength and flexibility training to your exercise routine. In McLennan County and Texas, the percentage of adults who aren't physically active has stayed pretty much the same from 2014 to 2020 (Table 20). In 2020, about 27% of adults in McLennan County and 25% in Texas weren't getting regular physical activity or exercise.

Table 20: Physical Inactivity and Access to Exercise Opportunities in McLennan County and Texas

	McLennan County	Texas
Physical Inactivity	27%	25%
Access to Exercise Opportunities	72%	82%

Data Source: County Health Rankings, 2023

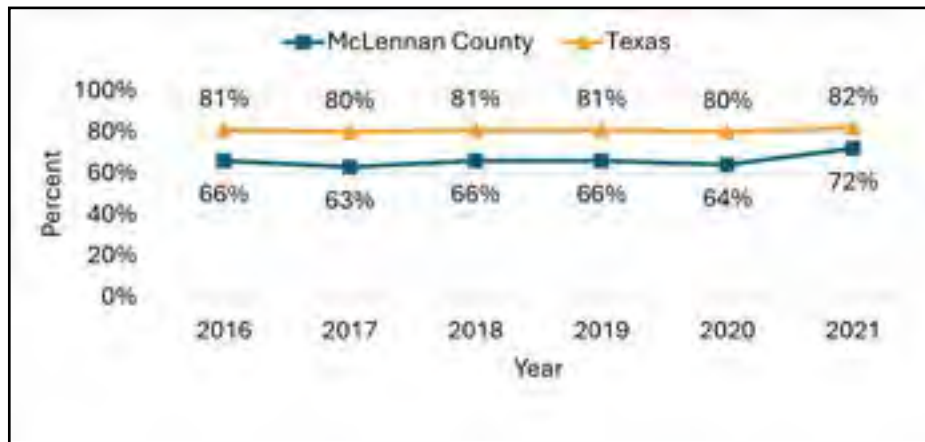
Access to Exercise Opportunities^{6,44-45}

Proximity to places where people can engage in physical activities, such as parks, recreational areas, and green spaces, has a significant impact on the overall health of a community and can encourage higher levels of physical activity. Regular physical activity offers a multitude of benefits, including enhanced cognitive function, weight management, reduced disease risk, increased bone and muscle strength, and improved daily functioning. Furthermore, a consistent exercise regimen lowers the risk of developing cardiovascular diseases, type 2 diabetes, metabolic syndrome, and certain types of cancers.



Analyzing the period from 2016 to 2021, it becomes evident that both McLennan County and the state of Texas have seen similar trends in terms of access to exercise opportunities, as illustrated in Figure 24. Throughout this timeframe, the percentage of community members living near locations suitable for physical activity remained relatively constant for both the county and the state. However, it's worth noting that as of 2021, McLennan County had a slightly lower proportion of community members with access to exercise opportunities (72%) compared to the statewide figure of 82%.

Figure 24: Percentage of Individuals with Access to Exercise Opportunities by Year in McLennan County and Texas, 2016–2021



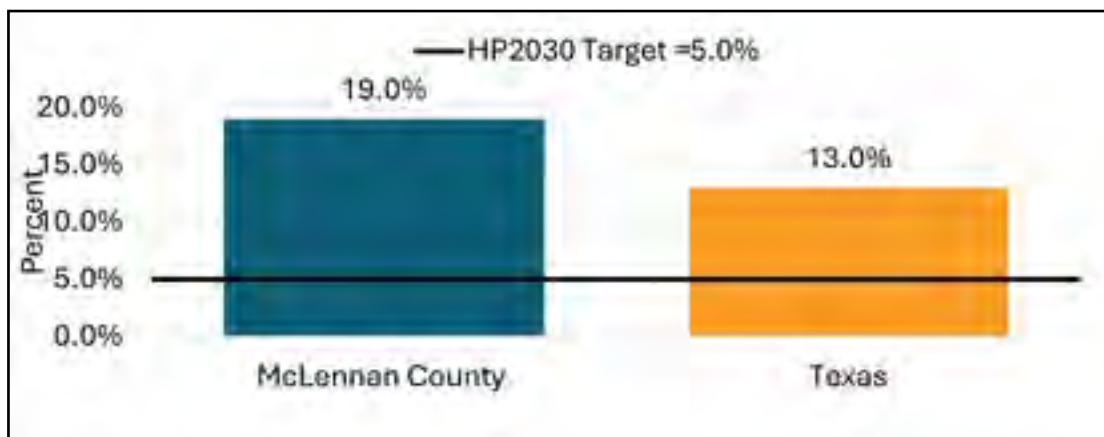
Data Source: County Health Rankings, 2023

Tobacco Use^{6,46}

In McLennan County, the high rate of smoking among adults aged 18 and older is a concerning issue. It's at 19%, which is higher than the state average of 13% (as seen in Figure 25). Both Texas and McLennan County have smoking rates that are way above the national Healthy People 2030 goal of 5%. These numbers highlight the urgent need for specific and thorough public health campaigns designed to reduce smoking in our community.

Smoking is a major health risk, and it's not just a personal problem; it affects public health too. It's linked to serious conditions like heart disease, lung cancer, and breathing problems. To make our community healthier, it's crucial that we address the high rate of smoking in McLennan County. By figuring out the reasons behind the high smoking rates, we can work toward better health for our community members and align our efforts with the national Healthy People 2030 goals for a smoke-free future.

Figure 25: Percentage of Adults Smoking in McLennan County and Texas, 2020



Data Source: County Health Rankings, 2023

Alcohol Use

This section assesses local alcohol consumption patterns and their health consequences, including binge drinking and related issues. It examines the presence and proximity of alcohol retail outlets in the community, considering their influence on alcohol consumption. The evaluation encompasses alcohol policies and regulations, community attitudes, and perceptions regarding alcohol. The goal is to provide insights into alcohol-related challenges and identify areas for intervention. This comprehensive assessment guides the development of evidence-based policies and interventions to address excessive drinking and promote community health.

Drinking Excessively^{6,46}

Excessive Drinking measures the percentage of a county's adult population that reports binge or heavy drinking in the past thirty days. Binge drinking is defined as a woman consuming more than four alcoholic drinks during a single occasion or a man consuming more than five alcoholic drinks during a single occasion. Heavy drinking is

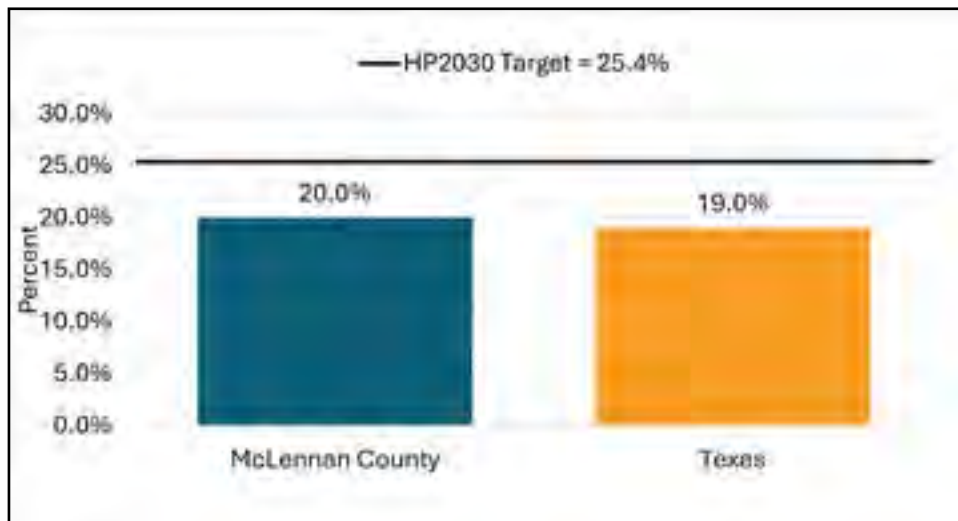


defined as a woman drinking more than one drink on average per day or a man drinking more than two drinks on average per day.

In 2020, the rate of excessive drinking among adults aged 18 and older showed a striking similarity between McLennan County and the state of Texas. In the county, it stood at 20%, while in the state, it was slightly lower at 19% (as illustrated in Figure 26). Importantly, both Texas and McLennan County have excessive drinking rates that fall below the national Healthy People 2030 target of 25.4%.

This finding indicates that, in terms of excessive drinking, our county is in line with the state average, and both are making positive strides toward healthier drinking habits compared to the national target. Nonetheless, it's essential to maintain awareness of the importance of responsible drinking behavior and to continue promoting initiatives that support a culture of moderation and well-being in our community.

Figure 26: Percentage of Adults Drinking Excessively in McLennan County and Texas, 2020



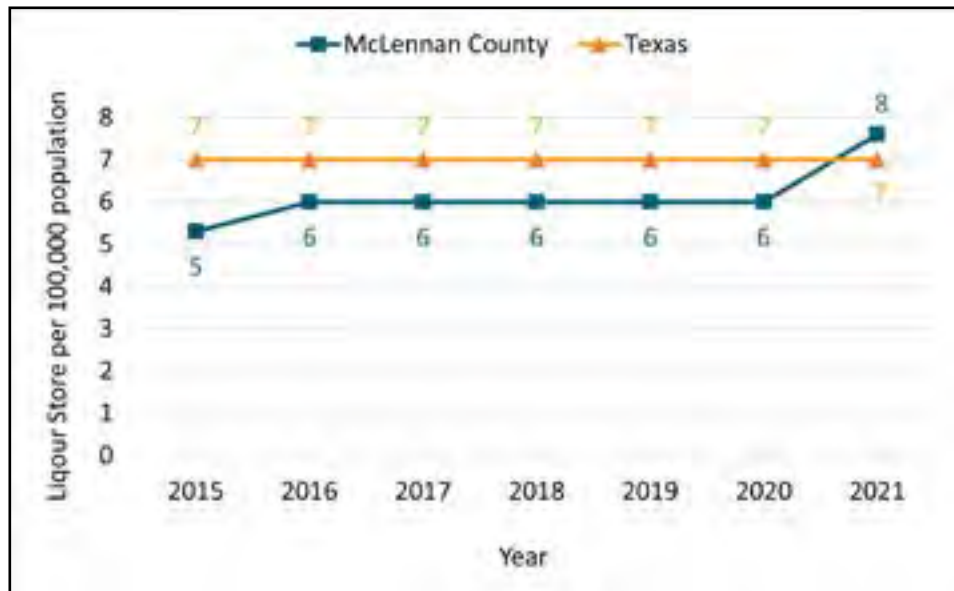
Data Source: County Health Rankings, 2020

Alcohol Retailers Rate⁴⁷

In the year 2021, McLennan County exhibited a density of liquor stores at a rate of 8 per 100,000 people (as represented in Figure 27), slightly surpassing Texas, which had a rate of 7 per 100,000 people. This data emphasizes that, at the time, the county had a slightly higher concentration of liquor stores per capita compared to the statewide average. Understanding the prevalence of liquor stores is crucial as it can have implications for alcohol consumption patterns, accessibility, and public health in our community.



Figure 27: Liquor Store Density in McLennan County and Texas, 2015–2021



Data Source: County Business Patterns, 2015–2021

Death, Illness, and Injury

Leading Causes of Death⁴⁸

Mortality (rates of death within a population) and morbidity (rates of incidence and prevalence of disease) measure health status in a community. In 2020, the top ten causes of death in McLennan County were:

1. Heart Disease
2. Cancer
3. COVID-19
4. Alzheimer's Disease
5. Chronic Lower Respiratory Disease (COPD)
6. Cerebrovascular Disease
7. Unintentional Injuries
8. Diabetes Mellitus
9. Chronic Liver Disease and Cirrhosis
10. Parkinson's Disease

For all causes of death, McLennan County had a higher age-adjusted mortality rate (935 deaths per 100,000 population) than Texas (862 deaths per 100,000 population).

When it comes to the age-adjusted mortality rates for specific diseases, we discover notable distinctions between McLennan County and Texas. In McLennan County, the rates for Alzheimer's disease and Parkinson's disease surpass those of Texas. Specifically, the age-adjusted mortality rate for Alzheimer's disease is 53 per 100,000 population in McLennan County, while Texas reports a lower rate of 45 per 100,000 population. For Parkinson's disease, McLennan County records a rate of 16 per 100,000 population, which exceeds Texas's rate of 11 per 100,000 population. Coronavirus disease (COVID-19) became the third leading cause of death in Texas and McLennan County in 2020, the first year of the global pandemic. In 2020, heart disease was the leading cause of death in both McLennan County and Texas. These statistics underscore the unique health challenges faced by community members in the county.

The year 2020 brought a profound shift in the leading causes of death due to the emergence of the global COVID-19 pandemic. In both McLennan County and Texas, COVID-19 rapidly became the third leading cause of death, marking the first year of this health crisis. Despite this significant shift, heart disease retained its long-standing position as the leading cause of death in both McLennan County and Texas in 2020.

Table 21 displays the age-adjusted mortality rates for the top five causes of death in McLennan County compared to Texas for the year 2020. In most categories, McLennan County exhibited slightly higher rates compared to the state. Heart disease saw a mortality rate of 183 in McLennan County, marking a 5% elevated rate in the county. Similarly, cancer had a rate of 161, signifying a 15% increase. COVID-19, however, had a slightly lower mortality rate in McLennan County (102) than in Texas (105), demonstrating a 2% lower rate. In contrast, Alzheimer’s disease and Chronic Lower Respiratory diseases had notably higher mortality rates in McLennan County, representing 17% and 25% higher rates, respectively. When considering all causes, McLennan County had a mortality rate of 935, indicating an 8% elevated rate in the county. These statistics underscore the variations in mortality rates for these top causes of death between McLennan County and the state of Texas in 2020.



Table 21: Age-Adjusted Mortality Rates for the Top Five Causes of Death in McLennan County and Texas, 2020

Age Adjusted Mortality Rates for Top Five causes of death: McLennan County vs Texas (2020)	McLennan County	Texas	Rate Difference	% Higher Rate in McLennan County
Heart Disease	183	174	9	5%
Cancer	161	140	21	15%
COVID-19	102	105	-3	-2%
Alzheimer’s Disease	53	45	8	17%
Chronic Lower Respiratory Diseases (COPD)	45	36	9	25%
All Causes	935	862	73	8%

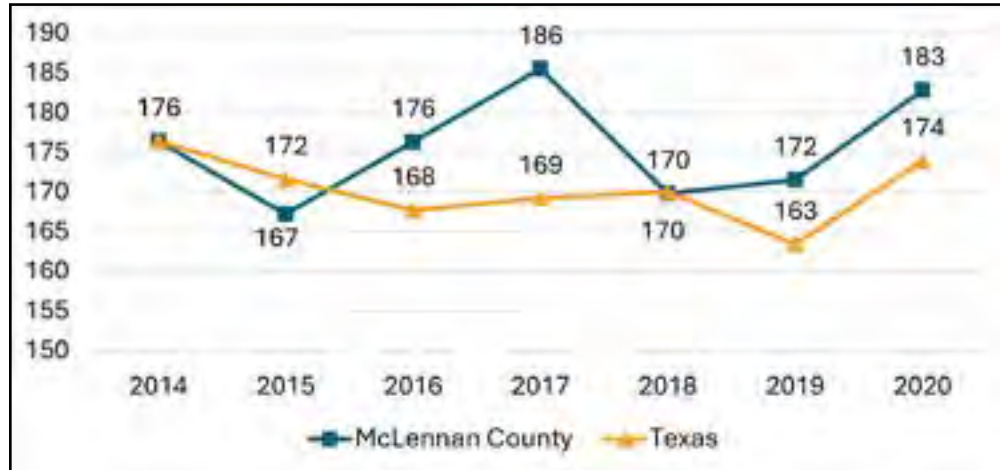
Data Source: CDC Wonder

Heart Disease⁴⁸⁻⁴⁹

From 2014 to 2020, McLennan County had a different age-adjusted heart disease mortality rate than Texas (Figure 28). While the mortality rate due to heart disease in Texas steadily decreased over these seven years, dropping in a positive direction, McLennan County experienced a concerning rise in this statistic. In 2014, the heart disease mortality rate in McLennan County stood at 176 per 100,000 population. Yet, by 2020, this rate had increased to 183 per 100,000 population (Figure 28).

Tracking the trajectory of heart disease mortality rates from 2014 to 2020 unveils an intriguing contrast between McLennan County and the state of Texas. During this period, McLennan County reported different age-adjusted heart disease mortality rates than Texas.

Figure 28: Age-Adjusted Heart Disease Mortality Rate by Year in McLennan County and Texas, 2014–2020

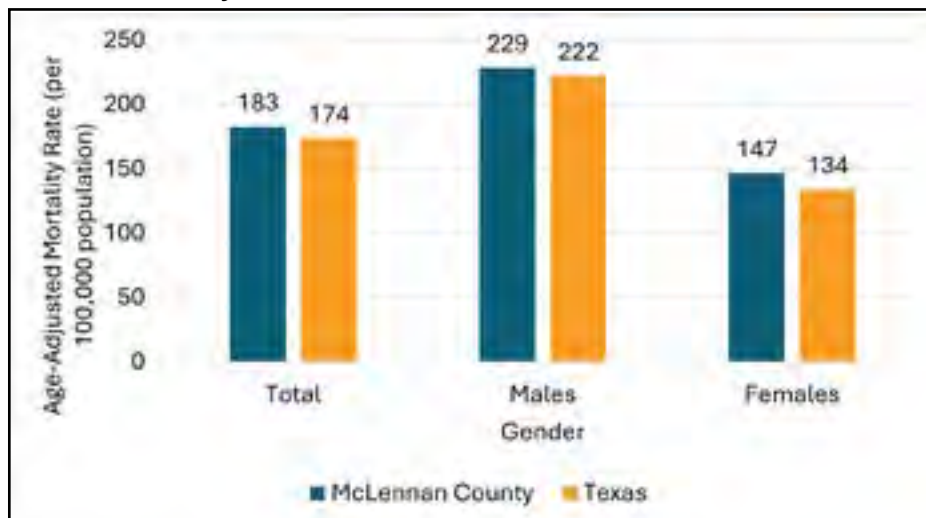


Data Source: CDC Wonder

Note: Includes deaths with ICD Codes commonly grouped as heart disease (I0D, I09, I11, I13, I20, I51)

In McLennan County, males face a heart disease mortality rate of 229 per 100,000 population, which is higher than the rate for males in Texas, which stands at 222 per 100,000 population. Similarly, females in McLennan County report a heart disease mortality rate of 147 per 100,000 population, surpassing the rate for females in Texas, which is 134 per 100,000 population (Figure 29).

Figure 29: Age-Adjusted Heart Disease Mortality Rate by Gender in McLennan County and Texas, 2020



Data Source: CDC Wonder

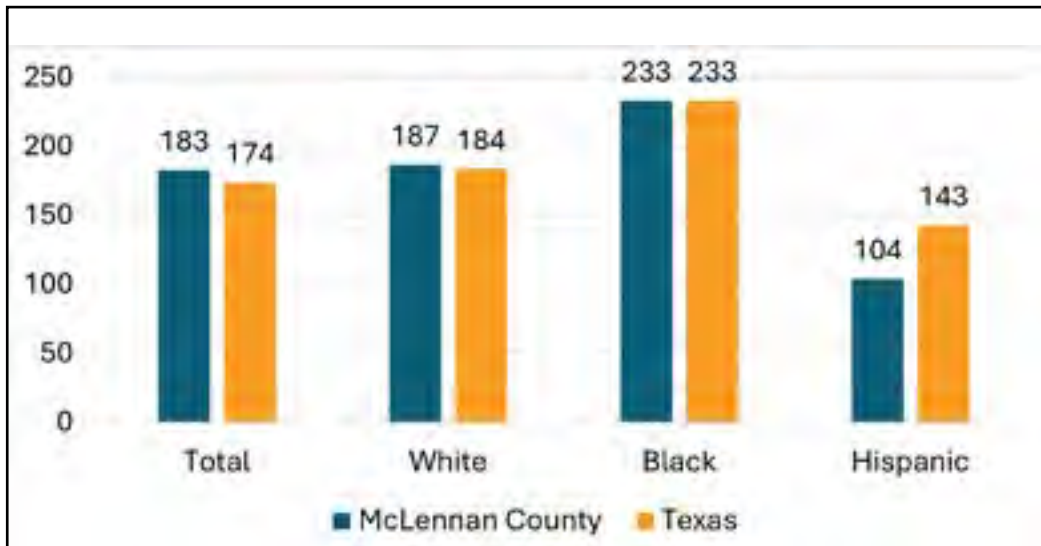
Note: Includes deaths with ICD-10 codes commonly grouped as heart disease (I00-I09, I11, I13, I20-I51)

When we examine heart disease mortality rates, an intriguing pattern emerges when comparing males and females in McLennan County to their counterparts in Texas (as depicted in Figure 29). It becomes evident that both males and females in McLennan County experience higher age-adjusted heart disease mortality rates when compared to males and females in Texas.



McLennan County and Texas had similar profiles regarding age-adjusted heart disease mortality rates based on race/ethnicity (Figure 30). Among the different racial and ethnic groups, the Black population reports the highest heart disease mortality rate in both McLennan County and Texas, with 233 deaths per 100,000 population in each region. Following closely are the White population, with mortality rates of 187 in McLennan County and 184 in Texas, and the Hispanic population, with rates of 104 in McLennan County and 143 in Texas. These statistics highlight consistent patterns in heart disease mortality rates based on race and ethnicity between McLennan County and the state of Texas.

Figure 30: Age-Adjusted Heart Disease Mortality Rate by Race/Ethnicity in McLennan County and Texas, 2020



Data Source: CDC Wonder

Note: Includes deaths with ICD-10 codes commonly grouped as heart disease (I00-I09, I11, I13, I20-I51)

Addressing these disparities in heart disease mortality across racial and ethnic groups remains a critical area of focus to ensure equitable health outcomes for all community members.

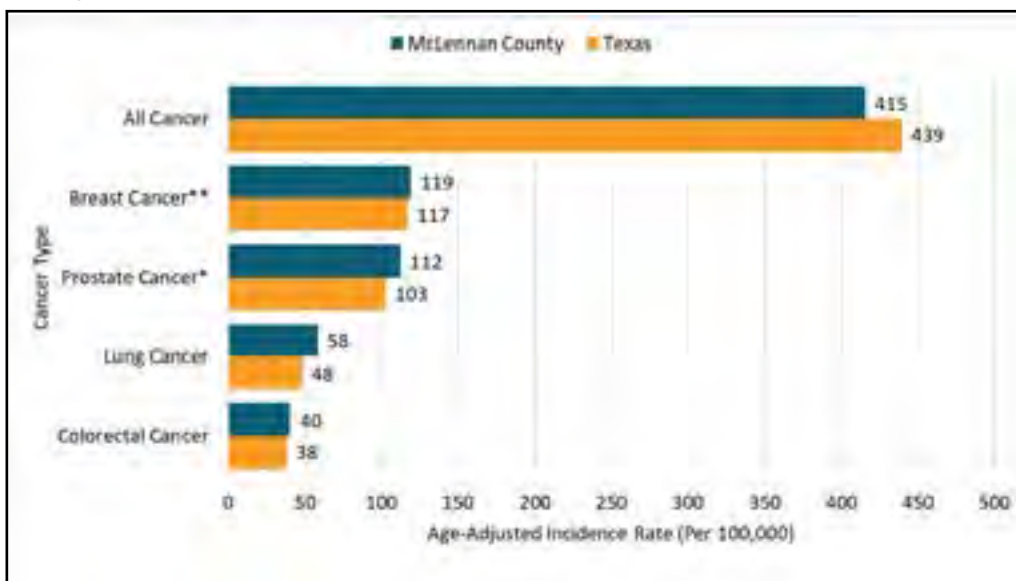


Cancer^{48,50-53}

The National Cancer Institute (NCI) defines cancer as “a term used to describe diseases in which abnormal cells divide without control and can invade other tissues.” According to the NCI, there are over 100 types of cancer, but breast, colon, lung, pancreatic, prostate, and rectal cancer lead to the most significant number of annual deaths. Cancer risk factors include but are not limited to age, alcohol use, tobacco use, a poor diet, certain hormones, and sun exposure. Certain risk factors (i.e., age) are unavoidable, but reducing exposure to others, such as alcohol use and sun exposure, may decrease the risk for some cancers.

The age-adjusted cancer incidence rate, which describes newly diagnosed cases, was lower in McLennan County (415 per 100,000 population) than in Texas (439 per 100,000 population) (Figure 31). Of all cancer types, breast cancer had the highest incidence rate in McLennan County (119 per 100,000 females), followed by prostate cancer (112 per 100,000 males). The incidence rate was higher in McLennan County than in Texas (117 newly diagnosed breast cancer cases per 100,000 females and 103 newly diagnosed prostate cancer cases per 100,000 males). Both lung and colorectal cancer incidence rates were higher in McLennan County than in Texas.

Figure 31: Age-Adjusted Cancer Incidence Rates by Cancer Type in McLennan County and Texas, 2015–2019



Data Source: State Cancer Profiles, 2015–2019

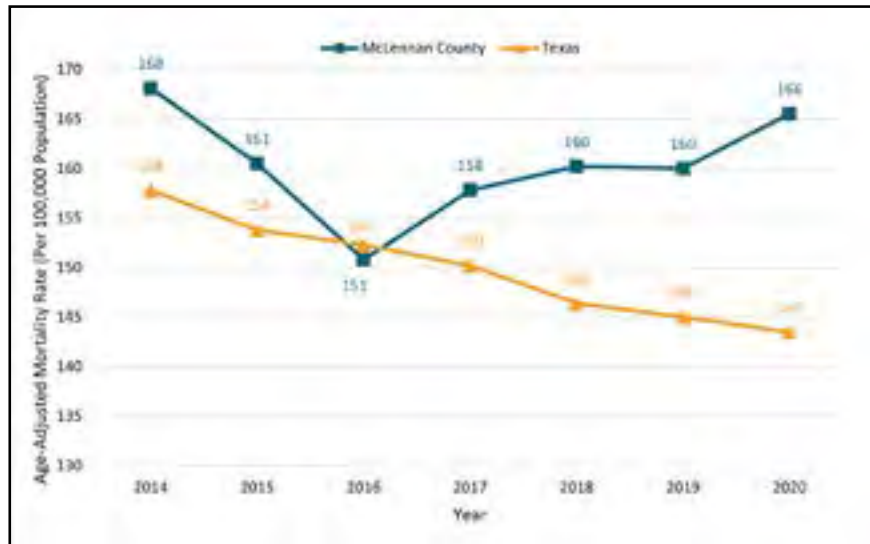
Notes: *Age-Adjusted Incidence Rate (per 100,000 Males)

**Age Adjusted Incidence Rate (per 100,000 Females)

From 2016 to 2020, the age-adjusted all-cancer mortality rate in McLennan County has risen, while the rate in Texas steadily decreased (Figure 32). In McLennan County, the 2014 rate was 168 deaths per 100,000 population, dropping to 151 per 100,000 by 2016. Since 2016, this rate has risen to 166 per 100,000 population in 2020.



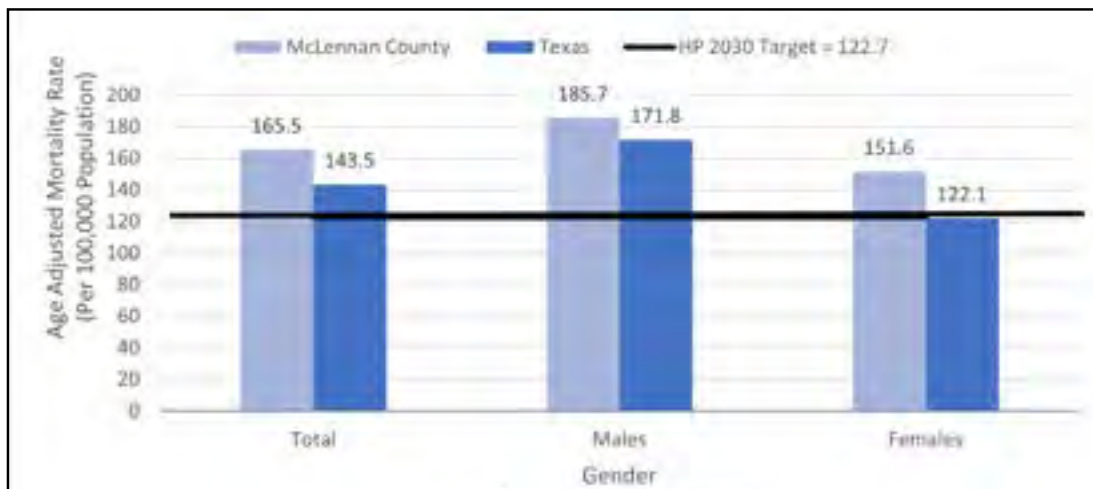
Figure 32: Age-Adjusted All-Cancer Mortality Rate by Year in McLennan County and Texas, 2014–2020



Data Source: CDC Wonder, 2014–2020

Males and females in McLennan County had higher age-adjusted all-cancer mortality rates (186 and 152 deaths per 100,000 population, respectively) compared to males and females in Texas (172 and 122 deaths per 100,000 population, respectively) (Figure 33). Only the age-adjusted all-cancer mortality rates for females in Texas were below the Healthy People 2030 target of 123 deaths per 100,000 population.

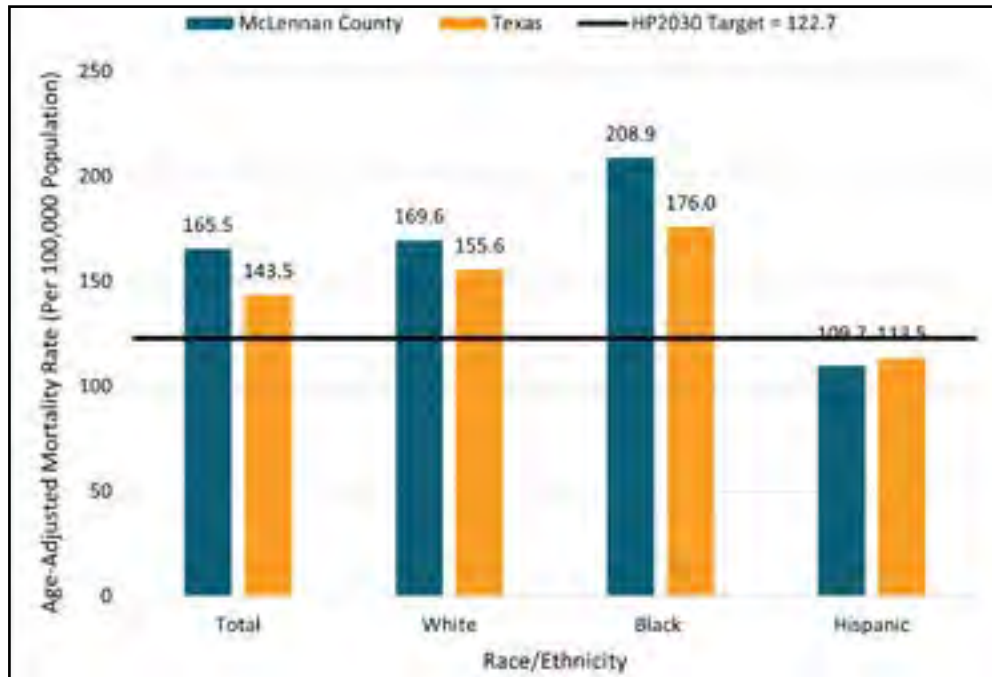
Figure 33: Age-Adjusted All-Cancer Mortality Rate by Gender in McLennan County and Texas, 2020



Data Source: CDC Wonder, 2020

McLennan County and Texas had differing trends in age-adjusted all-cancer mortality rates based on race/ethnicity (Figure 34). The Black population had the highest mortality rate in McLennan County (209 per 100,000), followed by the White population (170 per 100,000) population. In Texas, the Black population had the highest rate (176), followed by the White population (156). The Hispanic population had the second lowest rates (110 in McLennan County and 114 in Texas). The rates for Hispanic populations in McLennan County and Texas were below the Healthy People 2030 target of 123 deaths per 100,000 population.

Figure 34: Age-Adjusted All-Cancer Mortality Rate by Race/Ethnicity in McLennan County and Texas, 2020



Data Source: CDC Wonder, 2020

COVID-19⁵⁵

Coronavirus Disease 2019 (COVID-19) is a highly contagious viral illness caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus was first identified in Wuhan, China, in December 2019 and quickly spread to become a global pandemic. COVID-19 primarily spreads through respiratory droplets when an infected person coughs, sneezes, or talks, and it can also spread by touching surfaces contaminated with the virus and then touching the face.

The disease can range from mild or asymptomatic to severe or fatal, with symptoms including fever, cough, difficulty breathing, loss of taste or smell, fatigue, and muscle aches. Severe cases can lead to acute respiratory distress syndrome (ARDS) and organ failure.



Governments and health organizations worldwide implemented various measures to slow the virus's spread, including lockdowns, social distancing, mask mandates, and widespread vaccination campaigns. Several vaccines were developed and authorized for emergency use, helping to reduce the severity of the disease and the number of cases.

COVID-19 significantly impacted public health, economies, and daily life, prompting research into treatments, the development of vaccines, and discussions about preparedness for future pandemics. The pandemic continues to evolve as new variants of the virus emerge, requiring ongoing vigilance and public health efforts.

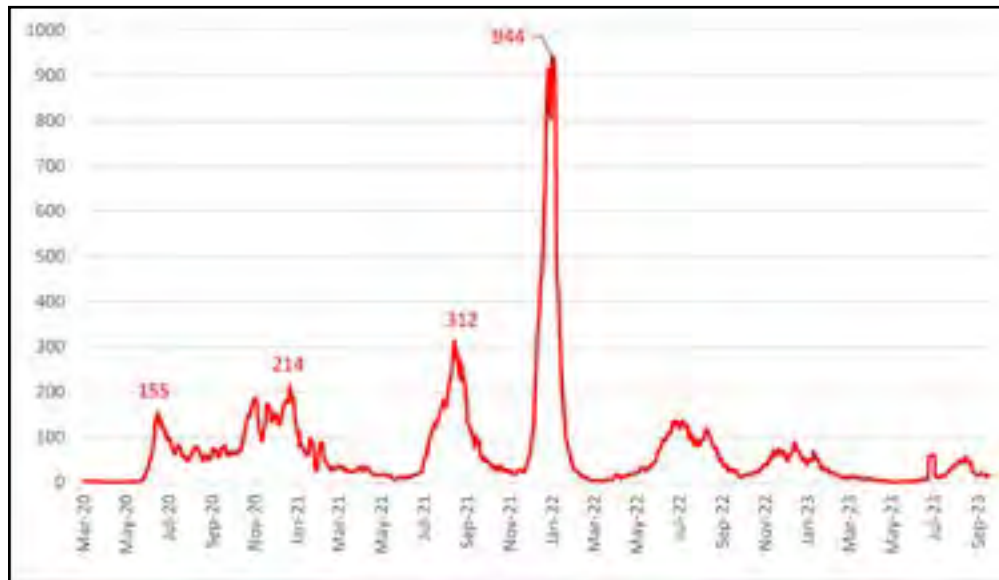
Case Counts

The seven-day average number of COVID-19 cases is a statistical measure used to smooth out daily fluctuations in reported case numbers and provide a more stable and informative picture of the COVID-19 pandemic's progression. This metric is essential for understanding trends and assessing the current state of the pandemic.

Figure 35 illustrates the successive waves that have characterized the COVID-19 pandemic since its inception in 2020. The initial Alpha wave was succeeded by the notably severe Delta wave from July to September 2021, which marked the most intense phase of the pandemic, resulting in the highest reported fatalities (Figure 36) and placing an overwhelming burden on hospital capacity (Figure 37). Subsequently, the Omicron wave emerged in January 2022, marked by an exponential surge in case numbers. It is noteworthy that, despite the high case count, the Omicron wave did not exhibit the same disease severity as the Delta wave. Following the substantial Omicron wave, we have observed intermittent small waves involving subvariants of Omicron, none of which have approached the exponential scale witnessed during the Delta or Omicron waves.

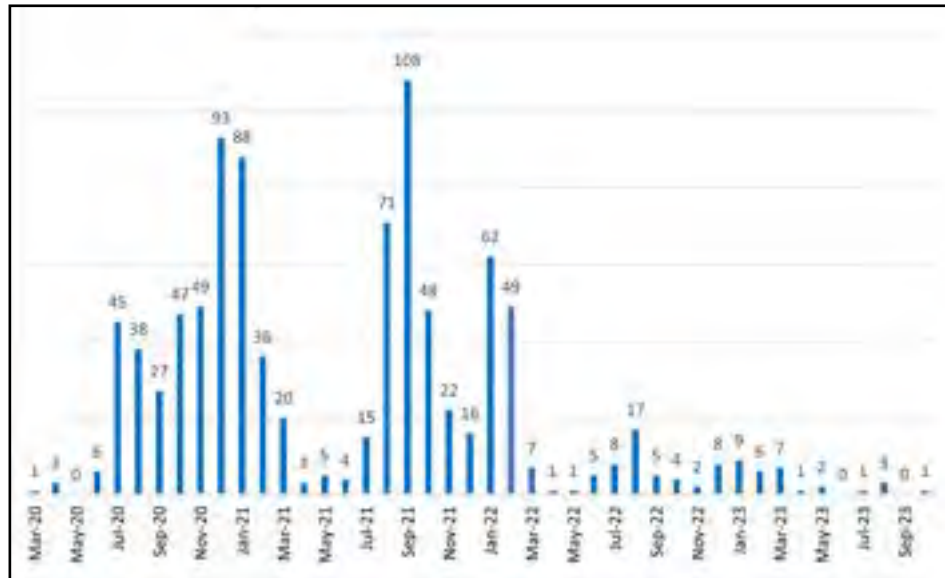


Figure 35: Seven-Day Average Number of COVID-19 Cases Reported in McLennan County, 2020–2023



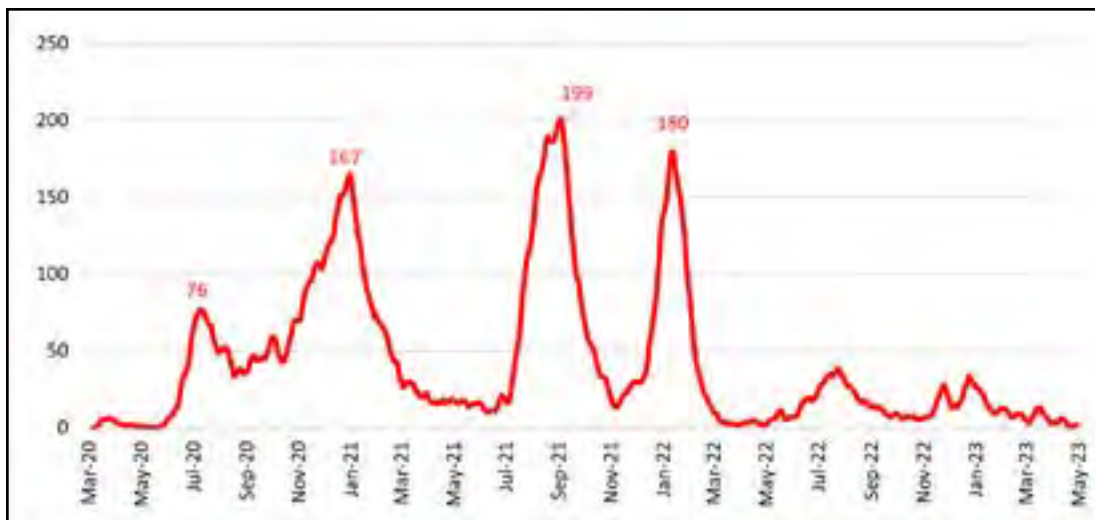
Data Source: Waco-McLennan County Public Health District

Figure 36: Number of Fatalities Reported Due to COVID-19, 2020–2023



Data Source: Waco-McLennan County Public Health District

Figure 37: Seven-Day Average Number of Persons Admitted in the Hospital with Laboratory-Confirmed COVID-19, 2020–2023



Data Source: Waco-McLennan County Public Health District

Communicable Disease

Infectious diseases like sexually transmitted infections (STIs) and tuberculosis (TB) are significant global challenges with far-reaching health, economic, and social consequences. Combating these diseases requires a multifaceted approach involving healthcare systems, government initiatives, and community engagement to reduce their impact and prevalence.

Sexually Transmitted Infections (STIs)⁵⁶

STIs are infections primarily transmitted through sexual contact. They include diseases like HIV/AIDS, syphilis, gonorrhea, chlamydia, and herpes. STIs can have severe health consequences, including infertility, cancer, and even death if left untreated. They also carry a social stigma, impacting individuals' mental health and well-being.

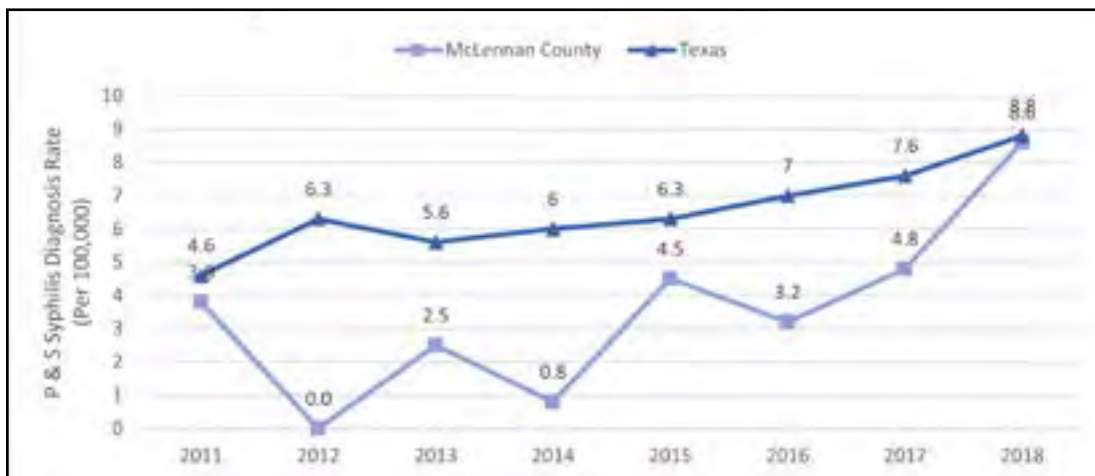
Syphilis⁵⁶

Syphilis is a sexually transmitted infection (STI) that can cause serious health problems without treatment. Infection develops in stages (primary, secondary, latent, and tertiary). Each stage can have different signs and symptoms.

From 2011 to 2018, the annual syphilis rates in McLennan County consistently remained below those of Texas. Diagnostic rates declined from 2011 to 2014. However, they reversed from 2014 to 2018, signifying an upward trend. This shift led to a twofold increase in rates over the entire period, rising from 14 to 26 cases per 100,000 inhabitants between 2011 and 2018.

From 2011 to 2018, the annual rates of primary and secondary syphilis in McLennan County consistently remained lower than the rates in Texas overall (Figure 38). It's noteworthy that only in 2011 and 2018 did the county's rates for primary and secondary diagnoses nearly equal or surpass the state's diagnosis rates. Figure 39 shows the 2022 rate of syphilis is lower in McLennan County than the state.

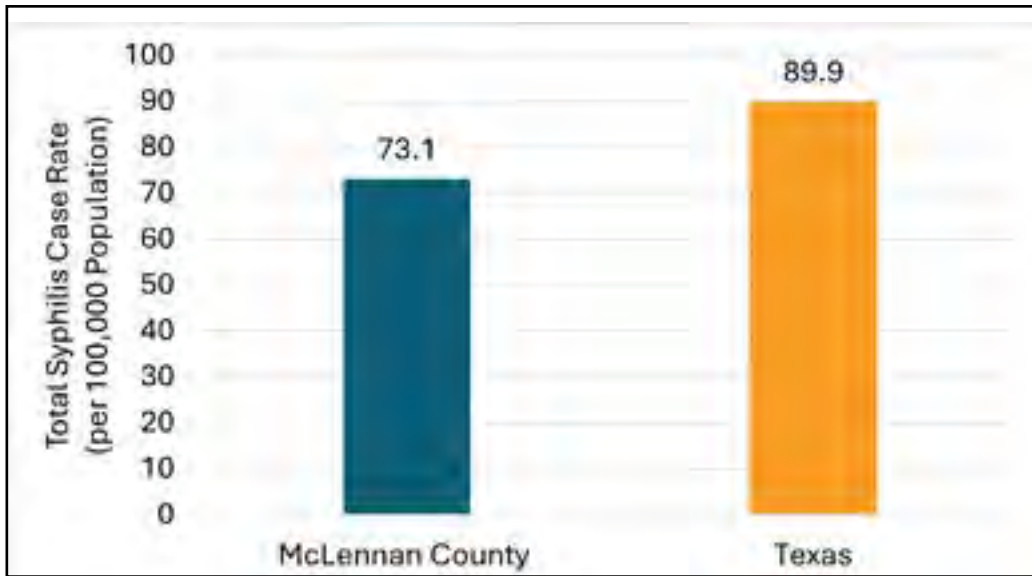
Figure 38: Primary and Secondary Rates by Year of Syphilis Diagnosis in McLennan County and Texas, 2011–2018



Data Source: 2018 Texas STD Surveillance Report



Figure 39: Total Syphilis Diagnosis Rates in McLennan County and Texas, 2022

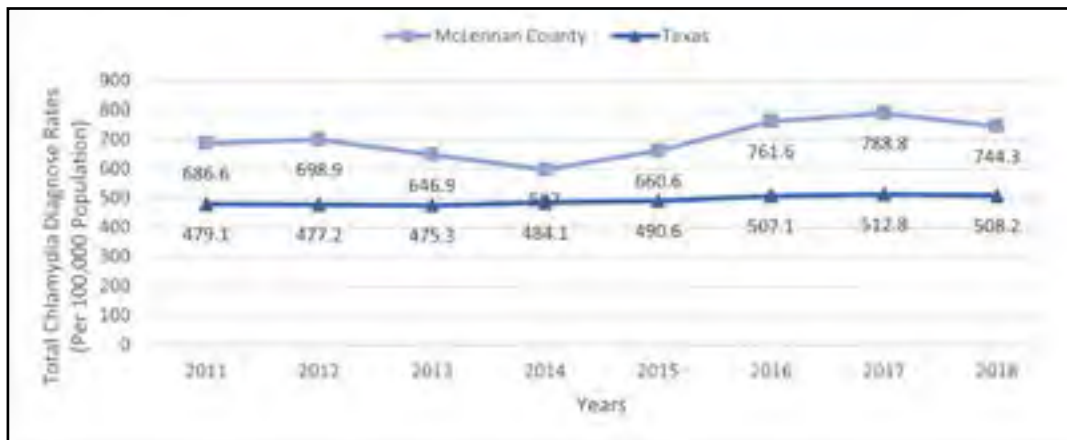


Data Source: Texas Department of Health Services, CDC

Chlamydia⁵⁶

Chlamydia is a common sexually transmitted infection (STI) that can cause infection among both men and women. It can cause permanent damage to a woman’s reproductive system, which can make it difficult or impossible to get pregnant later. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb). From 2011 to 2018, McLennan County surpassed Texas’s total chlamydia diagnosis rates every year (Figure 40).

Figure 40: Chlamydia Diagnosis Rates by Year in McLennan County and Texas, 2011–2018



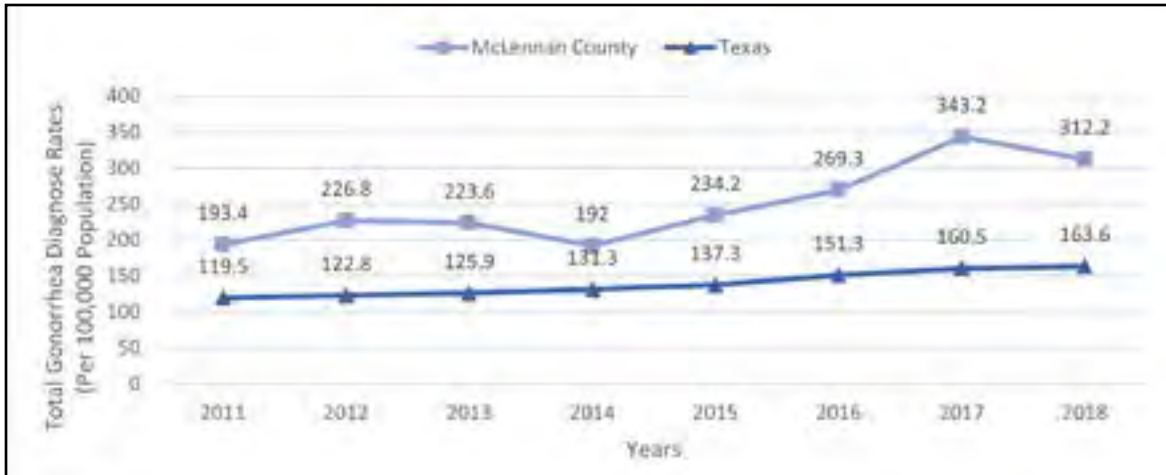
Data Source: 2018 Texas STD Surveillance Report

Gonorrhea⁵⁶

Gonorrhea is an STI that can cause infection in the genitals, rectum, and throat. It is very common, especially among young people aged 15 to 24 years. Gonorrhea is contracted by having vaginal, anal, or oral sex with someone who has gonorrhea. A pregnant person with gonorrhea can give the infection to their baby during

childbirth. From 2011 to 2018, McLennan County surpassed Texas's total gonorrhea diagnosis rates yearly, with the highest year being 2017 (Figure 41).

Figure 41: Gonorrhea Diagnosis Rates by Year in McLennan County and Texas, 2011-2018



Data Source: Texas Department of State Health Services, 2011-2018

HIV and AIDS⁵⁷⁻⁵⁸

HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). There is currently no effective cure. Once people get HIV, they have it for life. But with proper medical care, HIV can be controlled. People with HIV who get effective HIV treatment can live long, healthy lives and protect their partners.

When people with HIV don't get treatment, they typically progress through three stages. But HIV treatment can slow or prevent progression of the disease. With advances in HIV treatment, progression to Stage 3 (AIDS) is less common today than in the early years of HIV.

From 2010 to 2019, McLennan County's rates of HIV diagnosis have been lower than that of Texas's rate (per 100,000), except 2017 (Figure 42).

Figure 42: Total HIV Diagnosis Rates by Year in McLennan County and Texas, 2011-2019



Data Source: Texas Department of State Health Services, 2011-2019

From 2010 to 2019, McLennan County's rates of AIDS diagnosis were lower overall than that of Texas, with a sharp increase from 2012 to 2013, from a rate of 6 to 8 per 100,000, then a sharp decrease from 2013 to 2014, from 8 to 4 per 100,000, decreasing by 50% (Figure 43).

Figure 43: Total AIDS Diagnosis Rates by Year in McLennan County and Texas, 2011-2019



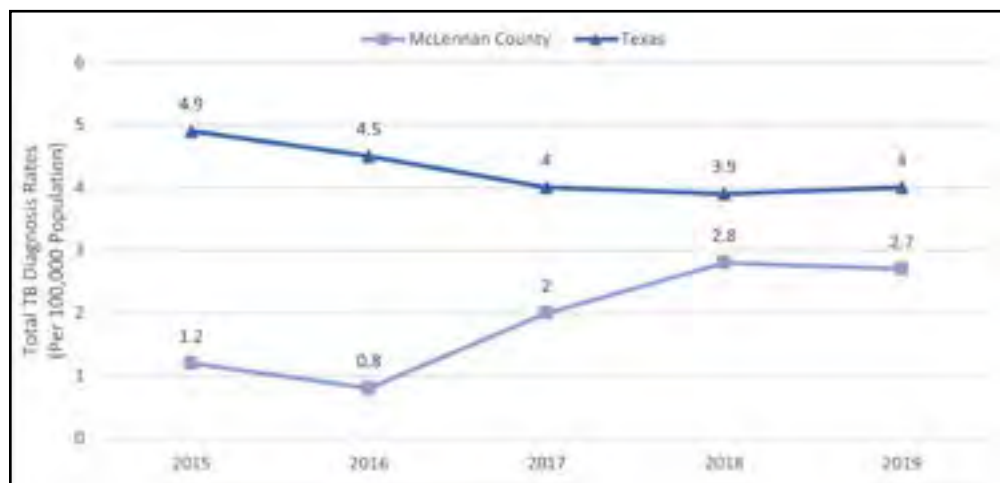
Data Source: Texas Department of State Health Services, 2011-2019

Tuberculosis⁵⁹

Tuberculosis (TB) is caused by a bacterium called mycobacterium tuberculosis. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidneys, spine, and brain. Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not treated properly, TB disease can be fatal.

From 2015 to 2019, McLennan County's rates of total TB diagnosis were lower than Texas each year, with an upward trend beginning in 2016 and tapering off in 2019 (Figure 44).

Figure 44: Total TB Diagnosis Rates by Year in McLennan County and Texas, 2015-2019



Data Source: Texas Department of State Health Services, 2011-2019

CASPER: Methodology, Results & Discussion

The Community Health Needs Assessment relied on four strategies to collect data: CASPER, community survey, focus groups, and key informant interviews.

Methodology

Waco-McLennan County Public Health District (WMCPHD), with technical assistance from the Texas Department of State Health Services, conducted a CASPER (Community Assessment for Public Health Emergency Response) in McLennan County on October 7-8, 2022. The CASPER, a type of rapid needs assessment coined by the CDC, is known for providing generalizable and timely data at a low cost, reported in simple format. A traditional CASPER comprises thirty clusters and seven interviews completed per cluster ($n=210$). Modifications are allowed as needed and approved and must be described as such. With a minimum of 80% completion ($n=168$), the information is considered representative of the sampled population. More detailed information about conducting a CASPER and the methodology used can be found in the CASPER Toolkit published by the CDC.

A four-page questionnaire consisting of twenty-seven questions was developed, which included questions on household demographics, access to care, dental health, community health needs, the COVID-19 pandemic, emergency preparedness, vaccine hesitancy, and mental health (Appendix A). The modified CASPER three-stage cluster sampling methodology was used to select a representative sample of households to be interviewed. The sampling frame was defined as all occupied households ($n=4,110$) within McLennan County, according to the 2010 US Census. At the time of the CASPER, the 2020 Census data had not released the Geographic Information Systems (GIS) files. The CASPER was modified to better ensure adequate representation of rural areas and communities outside of Waco proper.

In the first stage of sampling, using the GIS, the county was divided into urban and rural areas. Census blocks are the most used cluster guidelines for CASPERs in the United States because they are predefined, nonoverlapping, and geocoded with known population data. The urban and rural blocks were aggregated by joining two to four neighboring census blocks. The decision to choose two to four neighboring blocks was based on the geographical shapes in the ArcGIS layer. Aggregation was to have at least twenty-five households in each cluster to increase the probability of reaching an 80% completion rate.

In the second sampling stage, sixteen clusters were randomly selected from urban areas, and fourteen clusters were randomly selected from rural areas. The 16:14 ratio was decided based on the proportion of urban and rural census blocks in the county.

The third stage was systematic random sampling. Each cluster's starting point was randomly generated. Teams were instructed to interview the randomly generated households first and then move to their right in a snake-like pattern to complete seven surveys per cluster. The n th house to the right of the randomly generated house was to be chosen to attempt the interview. The number n was determined by dividing the number of households in each cluster by seven. If the calculated n was more than seven, then seven was used as n . It was determined to use seven as the n because seventeen clusters had an n bigger than twelve (17-71). Counting so many homes when in the field is extremely challenging and time-consuming.

The goal for the interview teams was to complete 210 total interviews (thirty clusters with seven households interviewed). Three-person interview teams (including one Spanish speaker) were assigned one to two clusters.

Multiple street-level, topographical, and Google Earth paper maps were generated for each selected cluster to aid interview teams in navigating their designated area. Teams made three attempts at each selected household before replacing the household with a new one. Thirteen clusters had additional zoomed-in maps for ease of navigation.

On Friday, October 7, 2022, the CASPER workgroup team provided a three-hour Just-in-Time training to the interview teams on the overall purpose of CASPER, review of household selection methods, survey questionnaire content, interview techniques, safety tips, and logistics.

Eighteen teams were working October 7-8, 2022. On Friday, October 7, 2022, the teams conducted interviews between approximately 2:00 p.m. and 6:00 p.m. Central Time, while on October 8, 2022, they interviewed between 10:00 a.m. and 5:00 p.m. All potential households approached were asked for verbal consent using the consent form (Appendix B).

Teams also provided public health informational materials to all likely respondents and interested persons (e.g., community members who approached CASPER interview teams to ask questions). Each household that completed the survey was given a \$50 gift card to a local grocery store. Eligible respondents were 18 years old or older, resided in the selected household, and were present in the home. Responses were not accepted through monitored doorbell systems, like the Ring.

Results and Discussion

The interview teams attempted to collect 210 interviews over two days, and 185 household interviews were completed, achieving a completion rate of 88%. Among the houses approached, interviews were completed in 30% of them. When considering households with an eligible participant who answered the door, 57% of them conducted an interview. Before adding an additional house to the pool, three attempts were made. Second attempts were made after completing the first attempt at all seven households, and the third attempt was at the end of the day or the next day.

Table 22: Questionnaire Response Rates, 2022 McLennan County CHNA CASPER

Questionnaire Response	Percent	Rate	Description
Completion ¹	88%	185/210	Total completed/Total goal
Cooperation ²	57%	185/327	Total completed/Total contact made
Response ³	30%	185/615	Total completed/Total selected

Notes: Percentage of surveys completed compared to the goal of 210¹

Percentage of surveys completed compared to total number of contacted households that were eligible and willing to participate²

Percentage of surveys completed compared to all randomly selected households³

Demographics

Regarding the type of housing, most respondents (81%) lived in single-family homes, while 19% resided in apartments or condos (Table 23).

Table 23: Household Structures, 2022 McLennan County CHNA CASPER

Housing Structure Type	Frequency (n=185)	Percent
Single Family Home	150	81%
Apartment/Condo	35	19%

The average household size was three, with households ranging from one to nine individuals. A significant portion of households (83%) had at least one person between ages 18 and 64. In comparison, 35% had a community member who was 65 years or older.

Regarding the racial and ethnic composition, 28% of households identified as African American, 74% as White, 4% as Asian, and 3% as American Indian/Alaska Native. Regarding ethnicity, 70% identified as non-Hispanic or non-Latino, while 30% identified as Hispanic or Latino (Table 24). English was the primary language spoken in 91% of households, with Spanish being the primary language in 9% (Table 25).

Table 24: Race/Ethnicity of Survey Respondents, 2022 McLennan County CHNA CASPER

Race	Frequency (n=185)	Unweighted Percent
White	136	74%
Black or African American	51	28%
Asian	7	4%
American Indian/ Alaska Native	6	3%
Native Hawaiian or Pacific Islander	0	0%
Don't know	5	3%
Prefer not to answer	2	1%
Ethnicity		
Hispanic or Latino	56	30%
Not Hispanic or Latino	129	70%
Don't know	0	0%
Prefer not to answer	0	0%

Table 25: Language of Survey Respondents, 2022 McLennan County CHNA CASPER

	Frequency (n=185)	Unweighted Percent
English	169	91%
Spanish	16	9%

When comparing the demographic data from the CASPER to the most recent US Census estimates for McLennan County, it was found that the average household size was similar. However, the CASPER sample had a higher representation of community members aged 65 and over (35%) than the county population (15% based on Census estimates). The CASPER sample also had a higher proportion of African American and Hispanic or Latino individuals compared to the general population in McLennan County.

The CASPER announcement was primarily distributed through social media streams, local news, radio, flyers, and word of mouth. However, almost 86% of the respondents had yet to hear about CASPER before its execution, which suggests that alternative advertising strategies should be considered to reach a larger population in future CASPERs. Understanding the most effective communication channels for community engagement is essential for successfully implementing future CASPERs and public health initiatives.

Access to Care

A significant majority (86%) of respondents did not encounter difficulties accessing healthcare services within the past year.

Among those who reported facing challenges (14%), cost-related concerns (20%) were cited as the primary barrier to healthcare access. Transportation (16%), difficulties finding healthcare providers (16%), long wait times (16%), insurance processing issues (8%), and the impact of COVID-19 (8%) were identified as additional factors that hindered individuals' ability to seek timely healthcare.

These findings highlight the importance of addressing cost and transportation barriers, which can significantly impede individuals from reaching healthcare facilities and receiving timely medical care.

Table 26: Access to Care, 2022 McLennan County CHNA CASPER

<i>"In the past year, have you or anyone in your household had an issue going to the doctor?"</i>		
	Frequency (n=185)	Percent
Have had an issue going to the doctor	25	14%
Have not had an issue going to the doctor	160	86%
If yes, why?		
Cost	5	20%
Lack of transportation	4	16%
Long wait times	4	16%
No insurance or underinsurance	2	8%
Provider doesn't accept my insurance	0	0%
Unable to find childcare	0	0%
Unable to get off work	0	0%
Had COVID	2	8%
Unable to find provider	4	16%
Insurance processing issues	2	8%
Other options	4	8%

Dental Health

Most households (79%) had at least one member who received a routine dental exam or teeth cleaning within the past year, suggesting high dental care utilization (Table 27). Over one-fifth (21%) reported that no one in their household had received dental care, highlighting a potential gap in a significant population's access to routine dental services. Of the households who did not access dental services in the past year, they were typically households with one to two people between the ages of 18 to 64 years old. While race varied, they were non-Hispanic/Latino households. It is essential to address the barriers preventing these households from accessing dental care, such as affordability, awareness, or availability of dental services. Efforts should be made to promote oral health education, improve access to affordable dental care, and ensure equitable distribution of dental services to improve overall oral health outcomes.

Table 27: Access to Dental Care, 2022 McLennan County CHNA CASPER

<i>"In the past year, have you or anyone in your household had a routine dental exam or teeth cleaning?"</i>		
	Frequency (n=185)	Unweighted Percent
Yes	146	79%
No	38	21%
Don't Know	1	<1%

Community Strengths

Respondents identified several key factors when asked about the strengths of their neighborhood or community (Table 28). The top choices included:

- A good place to raise children (62%)
- A clean environment (51%)
- Access to healthcare (42%)
- Good schools (38%)
- Positive relationships between different races and ethnic groups (36%)

These findings highlight the importance placed on family-friendly environments, cleanliness, healthcare accessibility, education quality, and social cohesion within the community. Understanding these strengths allows policymakers and community leaders to prioritize initiatives that maintain and enhance these aspects, such as implementing family support programs, improving environmental sustainability measures, expanding healthcare services, bolstering educational resources, and fostering diversity and inclusion efforts. By building upon these strengths, communities can create an environment that promotes their community members' well-being, inclusivity, and overall satisfaction.

Table 28: Perceived Strengths of the Community, 2022 McLennan County CHNA CASPER

"What are the 'strengths' in your neighborhood or community?"		
	Frequency (n=185)	Percent
Good place to raise children	115	62%
Clean environment	94	51%
Access to healthcare (e.g., family doctor)	77	42%
Good schools	71	38%
Good relationships between different race/ethnic groups	66	36%
Low crime/safe neighborhoods	65	35%
Community resources (e.g., nonprofits, libraries, food pantries)	60	32%
Parks and recreation	41	22%
Good jobs and healthy economy	39	21%
Access to public transportation	33	18%
Arts and cultural events	31	17%
Religious or spiritual values	28	15%
Affordable housing	27	15%
Health behaviors and lifestyles	14	8%
Low adult death and disease rates	5	3%
Prepared for natural and man-made disasters and other emergencies	5	3%
Not applicable - new to area	3	2%
None of the above	1	1%

Community Challenges

Households also identified the top challenges in their neighborhood (Table 29):

- Drug use (9%)
- Health issues (8%)
- Lack of exercise (9%)
- Motor vehicle crash injuries (9%)
- Poor eating habits (9%)

These findings shed light on the pressing concerns related to substance abuse, overall health, sedentary lifestyles, road safety, and unhealthy eating behaviors within the community. Addressing these challenges requires a multifaceted approach, including implementing effective substance abuse prevention and rehabilitation programs, promoting public health initiatives, encouraging physical activity and healthy lifestyle choices, improving road safety measures, and raising awareness about nutrition and healthy eating habits. By tackling these challenges head-on, communities can work toward creating a healthier, safer, and more thriving environment for their community members.

Table 29: Perceived Challenges of the Community, 2022 McLennan County CHNA CASPER

<i>"What are the biggest 'challenges' in your neighborhood or community?"</i>		
	Frequency (n=185)	Percent
Drug use	34	9%
Health issues	31	8%
Lack of exercise	35	9%
Motor vehicle crash injuries	33	9%
Poor eating habits	33	9%
No challenges	36	10%
Tobacco use	29	8%
Access to basic needs	23	6%
Domestic violence	18	5%
Feeling isolated or alone	17	5%
Excessive drinking	18	5%
Violent crime and deaths	14	4%
Teenage pregnancy	15	4%
Sex trafficking	11	3%
Not applicable - new to area	10	3%
Child abuse	6	2%
Public transportation	5	1%
Other - Republicans, diversity, teen petty crime, dogs	4	1%
Don't know	2	1%
Suicide/intentional harm	2	1%
Infant death	1	<1%
Lack of roads/sidewalks	2	1%
Rape/sexual assault	0	0%

Community Improvements

The top choices for community improvements (Table 30) included:

- Affordable housing (37%)
- Positive youth activities (25%)
- Road safety (24%)
- Addressing homelessness (23%)
- Childcare options (22%)



These findings emphasize the importance of addressing housing affordability, providing engaging activities for young individuals, tackling homelessness, expanding childcare facilities, and enhancing road safety measures within the community. Responding to these needs requires collaborative efforts from policymakers, community organizations, and stakeholders to develop affordable housing initiatives, establish youth programs, implement homelessness prevention and support services, increase access to quality childcare, and invest in road infrastructure and safety education. By focusing on these service improvements, neighborhoods and communities can enhance the quality of life, promote social well-being, and address the specific needs of their community members.

These findings emphasize the importance of addressing housing affordability, providing engaging activities for young individuals, tackling homelessness, expanding childcare facilities, and enhancing road safety measures within the community. Responding to these needs requires collaborative efforts from policymakers, community organizations, and stakeholders to develop affordable housing initiatives, establish youth programs, implement homelessness prevention and support services, increase access to quality childcare, and invest in road infrastructure and safety education. By focusing on these service improvements, neighborhoods and communities can enhance the quality of life, promote social well-being, and address the specific needs of their community members.

Table 30: Community Services to Improve, 2022 McLennan County CHNA CASPER

"Which services would you like to see more of or improved in your neighborhood or community?"		
	Frequency (n=185)	Percent
Affordable housing	68	37%
Positive youth activities	47	25%
Road safety	45	24%
Addressing homelessness	43	23%
Childcare options	41	22%
Counseling/mental health services/support groups	41	22%
Healthy food choices	41	22%
Services for seniors	40	22%
Parks, trails, community centers	34	18%
Services for people with disabilities	34	18%
Transportation options	32	17%
More jobs	31	17%
Help finding services	22	12%
Services for people who are homebound	15	8%
Communication and services during emergencies	14	8%
Efforts to address racism	11	6%
Culturally appropriate health services	8	4%
None	5	3%
Low-cost health services	4	2%

Community Health Issues

In the survey, households were asked to identify the top five significant health issues in their neighborhoods and communities (Table 31).

- Mental health issues, encompassing anxiety, depression, hopelessness, and anger (45%)
- Diabetes (37%)
- Obesity (34%)
- High blood pressure (32%)
- Aging issues (30%)

These findings underscore the importance of prioritizing mental health services and support within the community and addressing chronic conditions such as diabetes, obesity, and high blood pressure. By focusing on preventive measures, awareness campaigns, access to healthcare, and promoting healthy lifestyles, communities can work toward addressing these health issues effectively. Furthermore, considering the impact of aging issues emphasizes the need for appropriate healthcare and support systems for older adults. By acknowledging and addressing these health concerns, communities can strive toward creating a healthier and more supportive environment for their community members.

Table 31: Most Important Health Issues in Our Community, 2022 McLennan County CHNA CASPER

"What are the most important health issues in our community?"		
	Frequency (n=185)	Percent
Mental health issues (e.g., anxiety, depression, hopelessness, anger, etc.)	84	45%
Diabetes	69	37%
Obesity/overweight	62	34%
High blood pressure	59	32%
Aging issues (e.g., Alzheimer's disease, hearing loss, memory loss, arthritis)	55	30%
Cancer	50	27%
Heart disease/heart attack	41	22%
Infectious/contagious disease (e.g., flu, pneumonia, food poisoning, COVID, etc.)	35	19%
Female/women's health	33	18%
Chronic pain	32	17%
Dental health (including tooth pain)	29	16%
Early sexual activity	21	11%
Other infectious diseases (e.g., hepatitis, TB)	19	10%
Respiratory/lung disease (e.g., asthma, COPD)	15	8%
Stroke	13	7%
Sexually transmitted infections (STIs)	8	4%
None	7	4%
Injuries	5	3%
Other - drugs, access to care, planned parenthood	19	10%
HIV/AIDS	4	2%
Don't know	7	4%

Pandemic Impact

During the survey, households were asked about the impact of the COVID-19 pandemic on their lives, specifically regarding preventative care check-ups and children's physical activity. The results indicate that most respondents (63%) did not miss their check-ups — however, a notable proportion experienced disruptions in their healthcare routine. These findings are consistent with previous results showing access to healthcare is a strength of the community. Approximately 24% reported missing medical check-ups, 22% reported missing dental check-ups, and 13% reported missing routine eye exams. The survey did not explore what schedule if any of the household received medical check-ups, dental check-ups, and routine eye exams.

Table 32: Preventative Care and the COVID-19 Pandemic, 2022 McLennan County CHNA CASPER

"Have you or someone in your household missed or skipped any of the following PREVENTIVE care check-ups because of the COVID-19 pandemic?"				
	Frequency (n=185)	Unweighted Percent	Projected number of Households	Weighted Percent (95% CI)
Yes, medical	36	20%	973	24% (15 - 32%)
Yes, dental	35	19%	890	22% (15 - 28%)
Yes, vision	20	11%	540	13% (6 - 20%)
No, we did not	127	69%	-	63% (56 - 70%)
Prefer not to answer	2	1%	-	1% (0 - 3%)
Other (please specify)	0	0%	-	-



Table 32 shows about a quarter of community members reported they missed a medical, dental, or vision appointment due to the COVID-19 pandemic. Factors such as restricted access to healthcare facilities, concerns about exposure to the virus, and limitations on nonessential healthcare services likely contributed to these missed appointments. The exploration of alternative options, such as telehealth consultations, may help to maintain essential healthcare services during such situations. It is also necessary to communicate and educate individuals about the safety measures implemented within healthcare settings to alleviate concerns and encourage regular check-ups. Increasing access and use of telehealth and regular communications during nonemergency times may help them be successful during emergencies.

The pandemic also influenced school-age children’s routines and physical activity. Some children rely on recess for most of their physical activity. While K-12 school continued during the height of the pandemic, it was virtual, which posed a challenge for an active recess. Among the respondents, 21% reported that their child(ren) maintained the same physical activity on an average day as before the COVID-19 pandemic. Additionally, 13% mentioned that their child(ren) engaged in more physical activity on an average day compared to the pre-pandemic period. On the other hand, a small percentage of respondents (7%) reported that their child(ren) participated in less physical activity than before the pandemic.

Table 33: Child Physical Activity and the COVID-19 Pandemic, 2022 McLennan County CHNA CASPER

<i>“The amount of physical activity my child(ren) now gets on an average day is... (skip, if they answered no to having children)”</i>		
	Frequency (n=185)	Percent
Less than before the pandemic	13	7%
The same as before the pandemic	39	21%
More than before the pandemic	24	13%
Missing	1	<1%
No response	108	58%

These findings suggest that the impact of the pandemic on children’s physical activity levels varied among the surveyed households. While a significant portion of children maintained or increased their physical activity, a smaller proportion experienced a decrease. Factors influencing these variations could include changes in routine, access to facilities and organized activities, availability of outdoor spaces, and individual family circumstances. This survey did not explore the reasons for the change in activity levels; further exploration may be needed.

Physical activity remains crucial for children’s overall health and well-being. Families, communities, and educational institutions need to continue encouraging and providing opportunities for physical activity while adhering to safety guidelines. Additionally, awareness campaigns and resources supporting at-home physical activities can benefit families navigating restrictions or limited access to traditional sports and recreational options. Exploring and educating on these options during nonemergency times may support maintained or increased physical activity during emergencies.



Readiness for Disaster or Emergency Events

The survey explored households' readiness for disaster or emergency events, specifically evacuation plans, communication sources, and barriers to communication.

Communication Barriers

The results revealed that most respondents (76%) did not report common barriers that could hinder communication during an emergency (Table 34). However, those who faced specific challenges in this regard require additional resources and targeted campaigns. Approximately 11% of respondents indicated that either they themselves or someone in their household had impaired hearing, highlighting the need for accommodations and accessible communication methods, such as visual or tactile alerts, during emergencies. Furthermore, 6% reported difficulty understanding English, emphasizing the importance of multilingual resources and translation services to ensure effective communication with diverse populations. Additionally, 5% said developmental or cognitive challenges could impact communication, underscoring the need for targeted support and clear communication strategies that cater to individuals with such challenges. Developing materials to support these communities may also benefit those without these needs; this would be a step toward adopting universal design principles. These design principles support creating materials and resources that are usable by a wide range of people regardless of age, size, or ability.

Table 34: Barriers to Emergency Communication, 2022 McLennan County CHNA CASPER

"Do you or anyone in your household have any of the following that could be barriers to effective communication during an emergency?"		
	Frequency (n=185)	Percent
Impaired hearing (e.g., hearing loss, deafness, hard of hearing, etc.)	20	11%
Impaired vision (e.g., blurred vision, vision loss, night blindness, generalized haze, etc.)	17	9%
Developmental/cognitive difficulty (e.g., autism, Down syndrome, etc.)	9	5%
Difficulty understanding written material (e.g., dyslexia, reading disorders, etc.)	8	4%
Difficulty understanding English (e.g., English as a second language learner, etc.)	11	6%
None of the above	140	76%

These findings emphasize the importance of inclusive emergency communication strategies. It is crucial for emergency management agencies and community organizations to consider and address the diverse needs and potential barriers faced by individuals and households during emergencies. This may involve providing accessible communication tools, language assistance services, and targeted support for those with hearing impairments or cognitive difficulties. By addressing these barriers, communities can enhance their emergency preparedness and response efforts, ensuring that critical information reaches all individuals, regardless of their communication challenges.

Preparedness

The assessment of households' readiness for emergencies also included evaluating the actions taken by households to prepare for such events. The results demonstrate both areas of preparedness and opportunities for improvement. A significant percentage of respondents (71%) reported they store copies of important

documents in a safe location, indicating a proactive approach toward safeguarding crucial paperwork that may be needed during or after an emergency.

Furthermore, more than half of the respondents (52%) reported they had created an emergency supply kit, which includes essential items such as water, food, flashlights, extra batteries, and a first aid kit. This report reveals a moderate level of preparedness for having necessary supplies readily available.

Additionally, 48% of respondents reported creating an emergency list of phone numbers and contacts, while 41% had identified an evacuation route. These actions demonstrate the importance of increasing awareness of household communication and evacuation planning needs during emergencies. However, there are areas for potential improvement. A considerable portion of the population (59%) reported needing to create a list of medical conditions and current medicines, which could be crucial information for emergency responders.

Table 35: Actions for Emergency Preparedness, 2022 McLennan County CHNA CASPER

<i>"Which of the following actions has your household taken to be prepared for an emergency?"</i>		
	Frequency (n=185)	Percent
Created an emergency list of phone numbers and contacts	88	48%
Created a list of medical conditions and current medicines	76	41%
Created an emergency supply kit (includes supplies like water, food, flashlights, extra batteries, first aid kit, other supplies)	96	52%
Created an emergency kit for pets (includes food, water, leash, poop bags, toys, vaccination records)	39	21%
Identified an evacuation route	76	41%
Stored copies of important documents in a safe location	131	71%
None of the above	23	12%

These findings highlight the need for further efforts to promote emergency preparedness and encourage households to take additional steps in planning for various aspects of emergencies, which may involve educational campaigns, community workshops, and resources that guide creating comprehensive emergency plans, including medical information, and addressing any gaps in preparedness. By enhancing preparedness levels, communities can become more resilient and better equipped to handle emergencies, ensuring the safety and well-being of their community members.

Evacuation Plans

The survey inquired about households' planned evacuation destinations in the event of a disaster or emergency. Among the respondents, 38% reported that they would evacuate to a relative's house (family), indicating the significance of social support networks during emergencies. Furthermore, 14% mentioned that they would evacuate to a hotel or motel, emphasizing the need for coordination with hospitality establishments to accommodate evacuees. Additionally, 12% expressed their intention to seek refuge at American Red Cross facilities, churches, or community shelters, highlighting the importance of establishing and maintaining these resources. Moreover, 7% indicated their preference to evacuate to storm shelters, demonstrating the need for accessible and well-maintained shelter facilities.

Notably, 17% of respondents reported uncertainty about their evacuation destination. This percentage of respondents uncertain about their evacuation destination presents an opportunity for the Emergency Preparedness team to enhance awareness, provide guidance, and collaborate with community partners to ensure that appropriate evacuation options are available and adequately staffed.

Approximately less than 2% of the respondents reported having no evacuation plan or not planning to evacuate, underscoring the need for targeted education and preparedness campaigns to emphasize the importance of evacuation and encourage individuals to have a plan in place. By doing so, the reliance on emergency response resources can be optimized, and first responders can be strategically deployed to assist those with genuine needs during emergencies.

Table 36: Disaster or Emergency Evacuation, 2022 McLennan County CHNA CASPER

<i>"Where would your household go if you had to evacuate due to a disaster or emergency?"</i>		
	Frequency (n=185)	Percent
American Red Cross, church, or community shelter	23	12%
Hotel or motel	25	14%
Storm shelter (e.g., tornadoes)	13	7%
Vehicle/RV	13	7%
Would not evacuate	4	<2%
Family	71	38%
Don't know	31	17%
<i>If would not evacuate, then why?</i>		
Concern about leaving property	1	25%
Concern about personal safety	1	25%
Other	2	50%

By utilizing this information, the Health District Preparedness team can strengthen community partnerships, refine emergency response plans, and work toward ensuring that suitable evacuation options are available to meet the community's needs during disasters or emergencies.

Communication Sources

During the survey, respondents were asked about their household's primary source of information regarding disaster or emergency events, such as tornadoes, flash flooding, wildfires, and bad weather (Table 37). The results revealed that the most frequently cited source of information was television (38%). Text messages and cell phone alerts were the second most common source (25%). Internet and online news platforms were reported as the primary sources by 20% of respondents, while social media accounted for 14%.

Table 37: Main Source of Emergency Information, 2022 McClennan County CHNA CASPER

<i>"What is your household's main source of information about a disaster or emergency event, such as tornadoes, flash flooding, wildfires, bad weather, etc.?"</i>		
	Frequency (n=185)	Percent
TV	70	38%
Newspaper	0	0%
Radio	2	1%
Internet/online news	36	20%
Family/friends/word of mouth	6	3%
Social media	25	14%
Church/place of worship	-	-
Text message/cell phone alert	46	25%
Other (please specify)	-	-

These findings indicate that television remains a significant and trusted source of information during emergencies. Its widespread accessibility and ability to reach a broad audience make it a valuable tool for disseminating critical updates and instructions. Additionally, the prevalence of text messages and cell phone alerts highlights the importance of mobile communication in delivering immediate and targeted information to individuals. Improving awareness of phone and text message alerts can increase the effectiveness during an emergency.

The presence of the Internet and online news platforms as primary sources suggests the increasing reliance on digital channels for timely updates during emergencies. Public health authorities and emergency management agencies should prioritize maintaining accurate and up-to-date information on their websites and collaborating with online news sources to ensure the public can access reliable information. Furthermore, social media platforms play a role in disseminating information, yet to a lesser extent than other sources. However, their ability to reach a broad audience and facilitate information-sharing among community members should be noticed. Public health agencies can leverage social media platforms to engage with the public, address concerns, and provide accurate updates during emergencies.



The assessment focused on how households have historically received health-related information. The findings revealed that slightly over half of the households (54%) relied on Internet/online news as their primary source of information. Almost half of the households reported TV as the primary source (47%), while family/friends/word of mouth ranked as the third most used source (36%). Other sources included doctors/hospitals/clinics (27%) and social media (33%).

Table 38: Source of Health Information, 2022 McLennan County CHNA CASPER

"How has your household received health related information in the past?"		
	Frequency (n=185)	Percent
TV	87	47%
Newspaper	23	12%
Radio	19	10%
Internet/online news	100	54%
Family/friends/word of mouth	67	36%
Social media	61	33%
Church/place of worship	26	14%
Doctor/hospitals/clinics	50	27%
Health Department/Waco-McLennan County Public Health District	27	15%
Texas Department of State Health Services (Texas DSHS)	19	10%
Centers for Disease Control and Prevention (CDC)	28	15%
Other	5	3%

These results highlight the evolving landscape of information consumption, with a significant portion of households relying on Internet/online news for health-related information. The accessibility and convenience of online platforms have made them a popular choice for obtaining medical updates and advice. The continued prominence of television as a source of health information indicates its enduring influence and ability to reach a broad audience.

Family, friends, and word of mouth also significantly disseminate health information, underscoring the importance of interpersonal communication and trusted networks. This also highlights the importance of a robust Community Health Worker program rooted in and from the community. A considerable proportion of respondents reported seeking health information directly from healthcare providers, such as doctors, hospitals, and clinics, highlighting healthcare professionals' continued relevance as trusted sources of information. Additionally, using social media as a source of health information indicates the growing influence of online platforms in shaping health-related knowledge and behaviors. It must be noted that the survey results show a significant representation of respondents aged 65 years or older. This demographic may be less active on social media than younger age groups.

Public health agencies should consider a multifaceted approach that utilizes various channels to ensure effective communication. This approach includes providing reliable information through Internet/online news platforms, collaborating with television networks to reach a broad audience, leveraging interpersonal networks for word-of-mouth dissemination, and engaging with healthcare providers to ensure accurate and up-to-date information is shared.

Household Vaccine Hesitancy

During the COVID-19 pandemic, vaccine hesitancy emerged as a significant concern. Households were surveyed regarding the importance of vaccinations for children and adults to gain insights into this issue of vaccine hesitancy (Table 39). The question did not specify types of vaccines, but rather focused on recommended vaccines. Results indicated that most households (86%) agreed on the importance of vaccines, indicating a positive inclination toward vaccination and an understanding of their crucial role in safeguarding public health. However, a small portion of households (7%) believed that vaccines are unimportant. Vaccine skepticism or concerns about vaccine safety may underlie this perspective. Addressing such concerns through clear and evidence-based information is crucial to dispel misconceptions and promote vaccine acceptance. Nationally, the COVID-19 pandemic affected routine vaccinations since school was virtual and routine office visits were missed during the height of the pandemic. Public health efforts have been made to close the gap by providing education and developing new strategies to make getting vaccines easier.

A small percentage of households (4%) declined to answer the question, which may reflect varying reasons such as personal beliefs, privacy concerns, or a lack of knowledge. Respect for individual autonomy and providing accurate information are vital in engaging with individuals and addressing their concerns.

Table 39: Vaccine Hesitancy, 2022 McLennan County CHNA CASPER

<i>"Do you think it is important to get recommended vaccines for children and adults?"</i>		
	Frequency (n=185)	Percent
Yes	159	86%
No	13	7%
Don't know	6	3%
Prefer not to answer	7	4%

Implementing targeted educational campaigns that emphasize the importance of vaccines and provide transparent information about their safety and efficacy to combat vaccine hesitancy is essential. Engaging with communities, healthcare providers, and trusted sources can help foster trust and address specific vaccination-related concerns. By promoting vaccine confidence and addressing concerns through evidence-based information and community engagement, public health efforts can overcome vaccine hesitancy and ensure widespread acceptance of vaccinations to protect individuals and communities from vaccine-preventable diseases.

Mental Health Services

Utilization of Mental Health Services

Households were asked about their need for counseling or treatment for mental health in the previous year (Table 40). The results showed that almost two-thirds of households did not require counseling or treatment during that period. Among those who expressed a need for mental health support (32%), the majority (81%) reported receiving treatment from various sources.



Table 40: Access to Mental Health Care, 2022 McLennan County CHNA CASPER

"In the last year, have you or someone in your household had a need for counseling and/or treatment for mental health?"		
	Frequency (n=185)	Percent
Yes	59	32%
No	122	66%
Don't know	2	1%
Prefer not to answer	1	1%
If yes, did you receive treatment?		
Yes	48	81%
No	10	17%
Don't know	0	0%
Prefer not to answer	1	2%
If yes, where was treatment received?		
Emergency room	0	0%
Primary doctor	17	35%
Mental health practitioner (e.g., counselor, therapist, or social worker)	33	69%
MHMR (now known as Heart of Texas Behavioral Health Network)	2	4%
EAP (employee assistance program)	1	2%
Don't know	0	0%
Prefer not to answer	0	0%
If no, why was treatment not received?		
Do not need treatment	2	18.2%
Financial reasons (too expensive, not covered by insurance)	1	9.1%
No insurance	1	9.1%
Not enough time	1	9.1%
Not sure where to go	1	9.1%
Difficulty finding an available appointment	0	0.0%
I haven't had the chance to go but I plan to	1	9.1%
I have my own support system (family, friends, etc.)	1	9.1%
Don't know	0	0.0%
Prefer not to answer	1	9.1%
Other - afraid of getting locked up/no availability of veteran service	2	18.2%

The high percentage of households who did not need mental health services could be attributed to an understanding of why people need mental health services and when to seek help. The University of Rochester Medical Center explains the top five reasons to seek help are when thoughts, emotions, or behaviors are out of control, struggling with life's painful challenges, use of alcohol or drugs interferes with health, confused or fraught with emotions, or feel that life is no longer worth living. These feelings are often part of a gradual build. Seeking mental health services when "things feel fine" can better prepare individuals for when the help is needed. Messaging campaigns promoting the use of mental health resources when not in crisis may increase usage when people need it and when they think they don't.

Stigma Associated with Mental Health

Households were asked to provide their opinion on the statement: “Most people think less of a person who has received mental health treatment.” They were asked to rate their agreement or disagreement using a Likert scale ranging from “strongly agree” to “strongly disagree.” The results revealed important insights into the perceptions of mental health stigma among respondents (Table 41).

Table 41: Mental Health Stigma, 2022 McLennan County CHNA CASPER

How much do you agree with the following statement?		
<i>“Most people think less of a person who has received mental health treatment.”</i>		
	Frequency (n=185)	Unweighted Percent
Strongly agree	17	9%
Agree	62	34%
Disagree	64	35%
Strongly disagree	23	12%
Don't Know	11	6%
Prefer not to answer	7	4%

Only 34% of the households agreed with the statement, indicating that they hold negative attitudes, or stigma, toward individuals who have received mental health treatment. On the other hand, 35% of households disagreed with the statement, suggesting that they did not have such negative judgments. Furthermore, the data showed that 9% of respondents strongly agreed with the statement, indicating a higher level of concern regarding the stigma associated with mental health treatment. Conversely, 12% strongly disagreed, implying a firm belief that people do not generally think less of those who have received mental health treatment.

Mental health became a focal conversation during the COVID-19 pandemic. More resources became available virtually, and discussions about struggles and challenges of isolation became mainstream. This along with the ongoing local and national efforts to destigmatize mental health over the previous decades could attribute to the shift in perception about seeking mental health treatment.

These findings also highlight the ongoing issue of mental health stigma and the diversity of opinions within the community. While a significant portion of respondents agreed with the statement, it is promising to see a considerable percentage who disagreed or strongly disagreed, indicating that attitudes toward mental health treatment may evolve and become more accepting.

Reducing mental health stigma requires continued efforts to educate the public, challenge misconceptions, and foster a compassionate and supportive society. By promoting open dialogue, sharing personal stories, and increasing awareness of the benefits of mental health treatment, we can work toward dismantling stigma and ensuring that individuals feel supported and encouraged to seek the help they need.

Health District Services

To better understand community awareness of the WMCPHD's services, respondents were asked about the services they utilized at the WMCPHD (Table 42). The survey revealed that a little less than half of the respondents (42%) reported using immunization services, indicating a significant utilization of this community resource. Birth and death certificates were also frequently utilized, with 42% of respondents saying they used the service. These findings underscore the importance of these services in the community and a need to try

alternative methods to increase awareness of other services offered. Community awareness of services offered by the Health District is an indicator of knowledge of resources to make the easy choice the healthy choice. Sharing about the services can also help community members prepare for future needs. The Health District maintains the lofty goal of increasing awareness so every person in McLennan County knows about the Health District and services offered.

Table 42: Health District Services, 2022 McLennan County CHNA CASPER

"Have you or anyone in your household used any of the following services offered by the Health District?"		
	Frequency (n=185)	Unweighted Percent
Immunizations	75	41%
Birth/Death Certificates	73	40%
None of the above	54	29%
WIC (Women, Infants, and Children)	31	17%
Food permits and restaurant inspections (e.g., food trucks, concession stands)	15	8%
TB services	7	4%
Septic system complaint	5	3%
Childcare inspections	6	3%
Health Education programs (e.g. diabetes, blood pressure)	5	3%
Pool/spa inspections	2	1%
Don't know	3	2%
Prefer not to answer	1	1%
STI/HIV services	1	1%

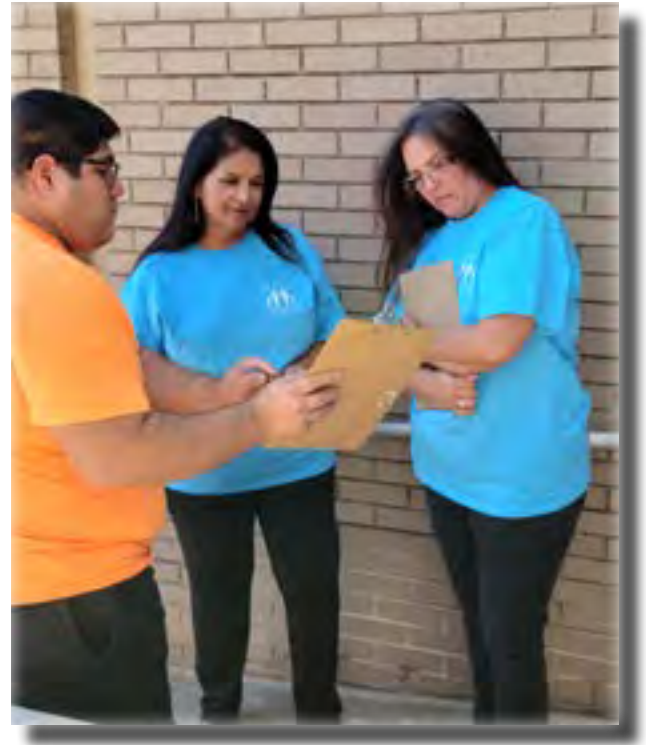
The Women, Infants, and Children (WIC) program was reported to be used by 17% of respondents, indicating a moderate level of engagement with this resource. Nationally, 45% of all infants born are eligible for the WIC program (2018). The coverage rate, the number of those eligible who receive benefits, is 56.9% nationally. In the state of Texas, 58.9% are eligible, and of those eligible, 54.8% receive services. Although the data is not available by county, the available data indicates there is a need in McLennan County to increase awareness of the program to potentially increase the coverage rate. Awareness and stigma might contribute to the lower rates of use of the program.

Food permits and restaurant inspections were accessed by 8% of respondents, showing a smaller but still notable proportion. The usage of certain services was relatively low, with less than 10% of respondents reporting utilization. These included TB (tuberculosis) services, septic tank complaints, pool and spa inspections, and STI/HIV services. These findings suggest the potential for increased awareness and promotion of these services within the community.



It is worth noting that more than a quarter of the respondents (29%) did not use any of the mentioned services. This finding may indicate various factors, such as lack of awareness, accessibility challenges, or individual preferences regarding Health District services utilization.

The CASPER results provide valuable insights into utilizing different public health services within the community. This information can inform decision-making, resource allocation, and outreach efforts to increase awareness and accessibility of important public health services. By addressing barriers and promoting the availability of these services, we can strive to enhance the overall health and well-being of the community.



Community Survey: Methodology, Results & Discussion

Methodology

The second phase of data collection for the WMCPHD Community Health Needs Assessment (CHNA) was the community survey, which ran from November 2022 until mid-January 2023, online and paper in English and Spanish (Appendix C). This survey aimed to identify the health needs from the community members' perspective with a representative sample providing accurate, applicable data. Initially, the community survey was open for six weeks; however, the end date was extended by an additional month so more outreach and advertising could be completed to reach as many community members as possible. The results from the community survey in conjunction with the results from the CASPER were used to help guide the topics and questions asked in the next steps of the CHNA data collection: the focus groups and key informant interviews. The survey questions were adapted from the 2015 and 2018 McLennan County Community Health Needs surveys, along with some questions from the Williamson County and Cities Public Health District 2022 Community Health Assessment Survey. The survey consisted of twenty-five questions. Since the CASPER was used as the framework for the survey development, several questions were changed from asking about the household to asking about individual experience. The next section of this report explores the similarities and differences in questions and results.

The CHNA survey was disseminated through several methods, including media distribution, convenience sampling, and physical distribution. Links to the electronic survey in English and Spanish were available for the duration of the survey period on the Health District website. Organizations, such as Transformation Waco, Prosper Waco, Mission Waco, Texas A&M

AgriLife Extension, Family Abuse Center, Midway ISD, Waco Family Medicine, and Waco ISD included links to the survey in press releases, newsletters, emails, and on their social media. Flyers and posts were placed on the Health District's Facebook, Twitter, and Instagram pages, the City of Waco's Facebook and Instagram accounts, and the internal employee portal. The flyer also ran in the City of Waco water bill, which is distributed via mail and email to all community members using the City of Waco water utilities. The flyers encouraged all community members of McLennan County to complete the survey.

In addition to electronic distribution, paper flyers promoting the electronic survey with a QR code and link were placed (Appendix D) throughout the county in coffee shops, community centers, recreation centers, gas stations, and Waco Family Medicine Clinics. Flyers were also distributed during the City of Waco Christmas



Parade, at other community partner locations, and on parked cars. The Health District recognizes not all community members have access to the Internet nor are all community members comfortable using technology. To capture this population, efforts were made to distribute paper surveys and have tablets available for people to complete the survey at outreach events.

To increase the reach of vulnerable populations, surveying tables were set up during Waco Family Medicine’s weekday, weekend, and after-hours clinics. In partnership with the Meyer Center, surveys were distributed at the Center during the high-traffic periods in the early mornings and afternoons. Surveys were also distributed at the Jubilee Market Health Fair. To capture the diverse staff of the City of Waco, surveys were collected during the annual Employee Appreciation Event. At these events, staff offered to help complete the survey by reading the questions to the person completing the survey or providing a tablet for them to complete the survey. All paper surveys collected were entered electronically for analysis.

The CDC Social Vulnerability Index (SVI) was used to identify zip codes within the City of Waco that may experience more negative effects on health caused by external stresses like disasters or disease outbreaks. The SVI takes into consideration factors like poverty, access to transportation, and housing to identify communities that will most likely need support before, during, and after an event. The community survey collected zip code information to better understand the impact on the five zip codes identified as high need: 76704, 76705, 76706, 76707, and 76711. Additional analysis is needed to identify vulnerable zip codes in McLennan County.

Table 43: Priority Zip Code Response Rate, 2022 CHNA Community Survey

Responses from Priority Zip Codes		
	Frequency	Percent
76704	19	3%
76705	41	6%
76706	54	8%
76707	64	10%
76711	18	3%

Results and Discussion

Demographics

The community survey collected information from those who live, work, and play in McLennan County and were 18 years of age or older. Out of the 653 total surveys collected, 495 responses were community members of McLennan County, providing valuable insights into the local population. Since the Health District has a vision to “create the healthiest county in Texas where all people can live, work, play, and thrive,” all survey responses were included in the analysis. Data analysis revealed that the respondents were predominantly between the ages of 20 and 39, with 28% falling in the 20 to 29 year old age group and 25% in the 30 to 39 year old age group. In terms of gender, most respondents were female, accounting for 65% of the sample, while males represented 32%. Within the subset of McLennan County residents, the age distribution remained consistent, with



24% in the 30 to 39 year old age group, 20% in the 18 to 29 year old age group, and 19% in the 40 to 49 year old age group. Most respondents identified as White or Caucasian, comprising 68% of the sample.

As discussed in the secondary data analysis section, McLennan County has an almost even distribution of male (49%) and female (51%) community members. Table 44 shows the demographics of survey respondents and McLennan County community members.

Table 44: Race/Ethnicity, 2022 CHNA Community Survey

	Community Survey		McLennan County	
	Population	Percent	Population	Percent
Sex				
Male	208	32%	131,783	49%
Female	426	65%	135,053	51%
Race				
White	446	68%	156,596	59%
Black/African American (B/AA)	93	14%	35,619	13%
American Indian/Alaska Native (AI/AN)	14	2%	1,133	<1%
Asian	8	1%	4,147	2%
Native Hawaiian and other Pacific Islander	0	0%	215	<1%
Other Race	-	-	9,152	3%
Two or more races	26	4%	59,972	23%
None/Don't Know/Prefer not to answer	66	10%	-	-
Ethnicity				
Hispanic or Latino	152	23%	73,586	28%
Not Hispanic or Latino	478	73%	193,250	72%

Survey respondents had a similar breakdown as McLennan County community members. Data from the survey can be used to support identifying trends, similarities, and areas to explore further in the county. While it is not an exact representative sample of the county, the data can be used to better understand the needs in the county and in conjunction with other data sets to triangulate outcomes.

Access to Care

The community survey results revealed a significant majority of respondents (73%) reported no issues accessing medical care within the past year. As discussed in the CASPER section, the county has a Federally Qualified Health Center (FQHC), indigent care program, and two hospital systems that work diligently to provide care for everyone in McLennan County. Access to care has long been a topic of discussion, encouraging those responsible to explore methods to increase access and what that means. Environmental considerations like sidewalk access, bus stops, and parking have become part of the conversation of access to care.

A quarter of the respondents (25%) who encountered challenges accessing medical care identified cost (38%) as the primary barrier followed by lack of insurance coverage or being underinsured (32%) and long wait times for appointments (31%). Cost of care and insurance are closely related barriers as insurance can reduce the out-of-pocket costs. Since the passage of the Affordable Care Act, the number of insured has increased; however, they may still be underinsured. Having high copays and high deductibles or coverage limits that do not cover the full expense of the claim can lead to being underinsured. Wait times to establish care can range from three

to six months while general appointments can typically be scheduled within a week after care is established. Longer wait times are also experienced with specialists. Long wait times to establish care can lead to increased usage of urgent care and emergency rooms for primary care needs. These barriers can prevent seeking care; more research is needed.



These findings emphasize the need to address barriers such as affordability, insurance coverage, and reducing wait times to enhance access to healthcare services for all community members. While there are low and no-cost care options available to community members, there might be low awareness or additional barriers to accessing the programs. There has been a steady rise in the cost of essential services and goods that might also cause some community members to have to choose between them and medical care.

Table 45: Access to Care, 2022 CHNA Community Survey

<i>"In the past year, have you or anyone in your household had an issue going to the doctor?"</i>		
	Frequency (n=653)	Percent
Yes	164	25%
No	474	73%
Don't know	12	2%
Prefer not to answer	2	<1%
If yes, why?		
Cost	63	38%
No insurance or underinsured	52	32%
Long wait times	51	31%
Lack of transportation	39	24%
Unable to get off work	20	12%
Unable to find provider	12	7%
Provider doesn't accept my insurance	-	-
Unable to find childcare	7	4%
Other options	6	4%
Insurance processing Issues	4	2%

Five zip codes in McLennan County were identified as priority zip codes due to their worse health outcomes: 76704, 76705, 76706, 76707, and 76711. These zip codes have experienced higher rates of chronic conditions and worse health outcomes than surrounding zip codes. More than a third of respondents who experienced challenges accessing care lived within the priority zip codes (Table 46).

Table 46: Barriers to Accessing Care by Priority Zip Code, CHNA Community Survey

Had Issues Going to the Doctor by Priority Zip Code	
	Frequency (n=164)
76704	5
76705	15
76706	10
76707	20
76711	5

Dental Health

Most respondents (61%) had attended a routine dental exam or teeth cleaning in the past year, indicating a positive trend in dental care utilization. More exploration is needed to understand the barriers, if any, for more than one-third of respondents who reported not having had a dental exam or cleaning during the last year (38%). Of those who did not access dental care in the last year, 64% reported a household income less than the median income for McLennan County, \$42,687. Insurance may not be a primary barrier since 24% reported having some form of insurance; although having medical insurance does not mean they have dental insurance. The potential gap in accessing preventive dental services needs to be explored. Maintaining oral health and preventing dental issues is a key part of overall wellness. Efforts should be made to promote the importance of regular dental check-ups and improve access to dental care services, particularly for those who have not received dental exams or cleanings in the past year. By addressing barriers to dental care, such as affordability and awareness, we can work toward improving overall oral health outcomes in the community.



Table 47: Dental Health, 2022 CHNA Community Survey

<i>"In the past year, have you or anyone in your household had a routine dental exam or teeth cleaning?"</i>		
	Frequency (n=653)	Percent
Yes	396	61%
No	245	38%
Don't know	8	1%
Prefer not to answer	1	<1%

Nationally about 64% of adults report receiving a dental exam or cleaning in the last year according to the 2022 National Health Interview Survey. Since the Affordable Care Act, the number of individuals with some insurance coverage has increased; about 12% of adults reported not having insurance coverage. These findings are consistent with the community survey results where about 10% of respondents reported not having insurance coverage.

Community Strengths

Like the CASPER, the community survey asked individuals to identify the strengths of their neighborhood or community (Table 48). Respondents were asked to choose their top five strengths, but the choices were not ranked by most important. The top choices included:

- Access to healthcare (43%)
- Community resources (42%)
- A good place to raise children (38%)
- Parks and recreation (37%)
- Clean environment (35%)

Like the responses from CASPER, access to healthcare (43%) was identified as a strength of the community. When considering the priority zip codes, all respondents who lived in 76707 and 76711 selected access to care as a strength. Similarly, respondents from other priority zip codes acknowledged access to healthcare as a strength: 76704 (37%), 76705 (44%) and 76706 (43%).

Community resources were also identified as strengths, with 42% of respondents emphasizing the benefits of nonprofits, libraries, and food pantries. The availability of outdoor spaces and recreational facilities that promote physical activity, leisure, and community engagement was also highlighted as a community strength. These resources and the schools in McLennan County support the perception that this is a good place to raise children.



Table 48: Community Strengths, 2022 CHNA Community Survey

"What are the 'strengths' in your neighborhood or community?"		
	Frequency (n=653)	Percent
Access to healthcare (e.g., family doctor)	282	43%
Community resources (e.g., nonprofits, libraries, food pantries)	271	42%
Good place to raise children	248	38%
Parks and recreation	242	37%
Clean environment	226	35%
Good schools	193	30%
Religious or spiritual values	184	28%
Low crime/safe neighborhoods	183	28%
Access to public transportation	171	26%
Affordable housing	162	25%
Arts and cultural events	160	25%
Good jobs and healthy economy	156	24%
Good relationships between different race/ethnic groups	149	23%
Health behaviors and lifestyles	108	17%
Low adult death and disease rates	40	6%
Prepared for natural and man-made disasters and other emergencies	38	6%
None	4	1%

Identifying the strengths of the community is the foundation for sustainable change and growth. While communities can experience many challenges, there are always bright spots and strengths in the community. Building on community strengths also builds resilience.

Community Challenges

Every community faces challenges, and the secondary data analysis section of this report has shown what the data indicates the challenges are. The data can help identify priority areas where more funding or awareness is needed. Data-identified priorities are not always consistent with those identified by community members. Understanding the community perspective of the strengths and challenges can help better develop programs and address the needs.

The most prominent challenges (Table 49) reported were

- Drug use (41%)
- Poor eating habits (40%)
- Lack of exercise (37%)
- Health issues (37%)
- Access to basic needs (34%)

The Central Texas Triangle is the area between Dallas/Fort Worth, Houston, and San Antonio, which also encompasses Austin and Waco. Since the triangle is the area between the largest metroplexes in Texas, it is also an area of high concern for illegal activities like human trafficking and the drug trade. The Texas Attorney

General has worked to increase awareness of human trafficking issues and dispel myths. The Drug Enforcement Agency (DEA) has acknowledged the cyclical relationship of substance use and human trafficking. Substance use disorders can lead someone to be more vulnerable to human trafficking. Programs exist in McLennan County to increase awareness about substance use and address the many needs surrounding it. Community members recognizing the challenge drug use presents to the community are integral in being able to develop community-based programs that address drug use. The American Public Health Association has identified substance misuse as a serious public health challenge.

Health issues were identified by 37% of respondents as a significant challenge. This broad category can encompass various health concerns, including chronic diseases, access to healthcare, and overall well-being. More research is needed to understand what community members define as health issues.

Despite parks and recreation being identified as a strength of the community, 37% of respondents mentioned the lack of exercise as a challenge. Additionally, 40% cited poor eating habits as a community challenge. Diet and exercise often go hand in hand. The Health District currently offers programs to support making lifestyle changes, including beginning an exercise regime and learning how to make healthy meals. Making the healthy choice the easy choice continues to drive the work of the Health District.

Lastly, 34% of respondents cited access to basic needs as a significant challenge, including concerns related to housing, food security, transportation, and other essential resources. It indicates that some community members may face difficulties meeting their basic needs, which can impact overall quality of life. While these are the main community challenges identified by community members, they are not the only challenges.



Table 49: Community Challenges, 2022 CHNA Community Survey

"What are the biggest 'challenges' in your neighborhood or community?"		
	Frequency (n=653)	Percent
Drug use	267	41%
Poor eating habits	258	40%
Lack of exercise	244	37%
Health issues	241	37%
Access to basic needs	222	34%
Excessive drinking	171	26%
Feeling isolated or alone	169	26%
Domestic violence	165	25%
Tobacco use	161	25%
Motor vehicle crash injuries/unsafe driving	126	19%
Violent crime and deaths	122	19%
Child abuse	117	18%
Teenage pregnancy	91	14%
Sex trafficking	83	13%
Suicide/intentional harm	71	11%
Rape/sexual assault	43	7%
Infant death	31	5%
<i>The following responses were categorized from the "Specify Other" option</i>		
Affordable housing	10	2%
Other	7	1%
People not taking vaccines, homophobia, Liberals/ Progressives	7	1%
Public transportation	6	1%
Speeding, stealing, motor vehicle burglary, lack of police presence	6	1%
Access to healthcare	5	1%
Lack of mental health services	5	1%
No community parks	5	1%
Lack of roads/sidewalks	4	1%
Homelessness	3	1%
Income/economic inequality	3	1%
Irrelevant responses	3	1%
No challenges	3	1%
Not applicable - new to area	0	0%

Addressing these challenges requires a multifaceted approach involving community organizations, healthcare providers, government agencies, and other stakeholders working collaboratively to develop strategies that promote healthy eating habits, address drug use issues, improve healthcare access, encourage physical activity, and ensure the availability of basic needs for all community members.

Community Improvements

Community improvement opportunities were also explored. Affordable housing (55%) topped the list, which was not unexpected. Inflation across the board has increased essentials like housing and groceries. The Cost-of-Living Index from the Council for Community and Economic Research releases a quarterly cost-of-living report for urban areas in the United States for overall cost of living and grocery cost. While Waco was not listed in the top five most or least expensive cities for any quarter in 2022 or 2023, it did show up in 2022 quarter one and 2023 quarter one for least expensive groceries. However, by the third quarter of 2023, it was no longer listed in the top five least expensive places for grocery items. The increased cost of groceries highlights the overall increase in cost of essentials, reducing available funds for housing and other budget categories.

Another budget category that can unexpectedly skyrocket is health services. About 50% of respondents identified low-cost health services as a priority, underscoring the need for accessible and affordable healthcare options, particularly for individuals and families with limited financial resources.

The unhoused community remains a top concern for community members, with 43% of respondents wanting more services to address homelessness. A comprehensive strategy that provides support, resources, and solutions to individuals experiencing homelessness could benefit the community. The local Salvation Army is exploring options to bring their resources to one central location. In addition to the Salvation Army and Goodwill services, there are also several nonprofits and food pantries that provide support across McLennan County.

Improving services for counseling, mental health, and support groups was mentioned by 40% of respondents. The Health District began exploring the gap in mental health services across McLennan County after receiving grant funds to hire a Mental Health Services Specialist. This exploration paved the way for a partnership with the San Antonio Community Resource Directory (SACRD) to develop the Mental Health Access Program (MHAP). The MHAP helps community members find resources to meet their needs. There is still a need for mental health services and for accessible and quality counseling and support programs to address the mental well-being of community members.

Lastly, 30% of respondents desired improved healthy food choices, suggesting a need for initiatives that promote access to nutritious and affordable food options, particularly in areas where healthy food choices may be limited. This can include more restaurants and fast-food establishments that offer healthier choices and courses that show what the healthy choice is. The Health District strives to make the healthy choice the easy choice. One way we do this is with grant-funded healthy lifestyle courses that range from one session to one year in length.



Table 50: Community Improvements, 2022 CHNA Community Survey

"Which services would you like to see more of or improved in your neighborhood or community?"		
	Frequency (n=653)	Percent
Affordable housing	360	55%
Low-cost health services	326	50%
Addressing homelessness	278	43%
Counseling/mental health services/support groups	259	40%
Childcare options	219	34%
Healthy food choices	193	30%
Efforts to address racism	151	23%
Parks, trails, community centers	132	20%
More jobs	126	19%
Communication and services during emergencies	123	19%
Positive youth activities	123	19%
Road safety	116	18%
Help finding services	114	18%
Services for people with disabilities	113	17%
Culturally appropriate health services	94	14%
Services for seniors	91	14%
Services for people who are homebound	66	10%
<i>The following responses were categorized from the "Specify Other" option</i>		
Transportation options	93	14%
Better schools	3	1%
Sidewalks, bike lanes, and built environment leading to physical activity	3	1%
Stray animals	1	<1%

Community Health Issues

In addition to exploring the community strengths, challenges, and improvements, the survey also asked about community health issues. Mental health, highlighted as a community improvement area, was also a top community health issue. With 51% of respondents recognizing mental health as a significant issue, additional emphasis is needed for increased attention and resources to support mental health services, awareness, and destigmatization efforts in the community.

Chronic conditions like diabetes (43%), obesity (35%) and high blood pressure (28%) emerged as top health issues. The Health District offers a variety of courses to support healthy lifestyle development. In a recent Prevent T2 course, a yearlong diabetes prevention program, all participants achieved the goal of a lower A1C, increased consistent physical activity, and/or maintained weight loss. The health education department also increased the number of cooking demonstrations at local food stores. In partnership with Parks and Recreation and the Live Well Waco Coalition, the Health District hosts an eight-week walking program every fall to build physical activity opportunities and communities. More resources are needed



to promote healthy eating habits, physical activity, and access to resources that support weight management and overall well-being.

Aging-related issues, including Alzheimer’s disease, memory and hearing loss, and arthritis, were recognized as significant by 27% of respondents. In 2022, the Health District began exploring the needs of the aging population in McLennan County and developing an Age-Friendly Action Plan. More information is needed to understand the needs of the aging population.

Women’s health was also acknowledged as an important issue by 29% of respondents. While the survey did not delineate the exact meaning of women’s health, it is typically characterized by healthcare services tailored to the specific needs of women, including reproductive health, maternal care, and preventive screenings. Maternal and infant morbidity and mortality have long been a public health focus with an emphasis on minority populations. The CDC reports maternal mortality rates are increasing in the United States and have been for the past few years. In 2019 there were 20.1 deaths per 100,000 live births, which increased to 23.8 in 2020 and 32.9 in 2021. This increase is consistent with rates in Texas. Uninsured and underinsured mothers, delay in seeking care, and mistrust in doctors contribute to these rates.

Table 51: Community Health Issues, 2022 CHNA Community Survey

<i>“What are the most important health issues in our community?”</i>		
	Frequency (n=653)	Percent
Mental health issues (e.g., anxiety, depression, hopelessness, anger, etc.)	330	51%
Diabetes	283	43%
Obesity/overweight	226	35%
Female/women's health	192	29%
Dental health (including tooth pain)	190	29%
High blood pressure	184	28%
Heart disease/heart attack	177	27%
Aging issues (e.g., Alzheimer’s disease, hearing loss, memory loss, arthritis)	173	27%
Infectious/contagious disease (e.g., flu, pneumonia, food poisoning, COVID, etc.)	164	25%
Early sexual activity	158	24%
Chronic pain	143	22%
Cancer	141	22%
HIV/AIDS	57	9%
Sexually transmitted infections (STIs)	51	8%
Injuries	38	6%
Respiratory/lung disease (e.g., asthma, COPD)	37	6%
Other infectious diseases (e.g., hepatitis, TB)	30	5%
Stroke	18	3%
<i>The following responses were categorized from the “Specify Other” option</i>		
Don’t know	4	1%
Access to care	2	<1%

Vaccine Hesitancy

The findings from the community survey provide valuable insights into the attitudes toward routine vaccinations for children and adults and specific considerations regarding influenza and COVID-19 vaccines. Regarding the importance of routine vaccines for children, a significant majority of respondents agreed (68% strongly agreeing and 26% agreeing) that childhood vaccines were important. The few (4%) who did not think routine vaccines in childhood were important said the most cited concerns were about health risks and vaccine ingredients. While vaccines have been around since the 1800s how they are developed and tested is not typically general knowledge. Individuals experiencing vaccine hesitancy may harbor misconceptions or have specific anxieties related to vaccine safety. The 2019 COVID-19 pandemic illuminated the general mistrust in the health systems and of vaccines. Public health authorities must provide accurate information, dispel myths, and address individual fears through targeted education campaigns to address these misconceptions or anxieties. Investing in educational interventions during nonemergency periods may have an impact on adherence during emergencies. Throughout the COVID-19 pandemic, herd immunity was discussed as a goal of vaccination. Herd immunity is achieved when a significant majority of the population is immune to the disease or condition. To achieve this with vaccinations, 95% of the population needs to be vaccinated. Current beliefs around the importance of routine childhood vaccinations support achieving herd immunity for conditions like measles and chicken pox.

Table 52: Vaccine Hesitancy for Children, 2022 CHNA Community Survey

How much do you agree with the following statement?		
<i>"It is important for children (18 years or younger) to get their routine recommended vaccines (e.g., MMR, DTaP, varicella, pneumonia, polio, hepatitis B)."</i>		
	Frequency (n=653)	Percent
Strongly agree	443	68%
Agree	168	26%
Disagree	14	2%
Strongly disagree	11	2%
Prefer not to answer	16	3%
If you disagree or strongly disagree, why?		
Health risks	3	12%
Ingredients	3	12%
Choice	2	8%
More research	2	8%
Trust	1	4%

A majority (63%) strongly agreed when assessing the importance of vaccines for adults, and 30% agreed. However, it is notable that some respondents who disagreed (3%) or strongly disagreed (2%) emphasized the importance of freedom of choice (19%) when deciding which vaccines to receive, highlighting the significance of respecting individuals' autonomy and providing transparent information to help them make informed decisions about their healthcare. Open and respectful dialogue can address concerns and increase understanding about the benefits of adult vaccinations. Anecdotally, health educators have previously noted adult community members were not aware they needed to receive routine vaccines as adults. More information is needed to understand adult vaccination awareness and rates.

Table 53: Vaccine Hesitancy for Adults, 2022 CHNA Community Survey

How much do you agree with the following statement?		
<i>"It is important for adults to get their routine recommended vaccines (e.g., tetanus, TDaP, hepatitis A, hepatitis B)."</i>		
	Frequency (n=653)	Percent
Strongly agree	414	63%
Agree	193	30%
Disagree	22	3%
Strongly disagree	10	2%
Prefer not to answer	13	2%
If you disagree or strongly disagree, why?		
Choice	6	19%
Health risks	3	9%
Ingredients	2	6%
Immunity	2	6%
More research	1	3%

Fewer community members found getting the annual flu vaccine important for children (47% strongly agreed and 36% agreed). Of those who did not find the flu vaccine in children important (12%), perceived ineffectiveness was a common belief, followed by freedom of choice. These findings highlight the need for comprehensive education on the importance of flu vaccines, addressing misconceptions regarding effectiveness and promoting informed decision-making. An educational intervention highlighting the timeline of the flu vaccine effectiveness might help general community members understand why getting the vaccine early in the flu season might be the most beneficial. More efforts are needed to increase the annual flu vaccine rates.



Table 54: Flu Vaccine Hesitancy in Children, 2022 CHNA Community Survey

How much do you agree with the following statement?		
<i>"It is important for children (18 years or younger) to get an annual flu vaccine."</i>		
	Frequency (n=653)	Percent
Strongly agree	306	47%
Agree	235	36%
Disagree	61	9%
Strongly disagree	20	3%
Prefer not to answer	28	4%
If you disagree or strongly disagree, why?		
Not effective	19	24%
Not necessary	10	12%
Choice	9	11%
Immunity	7	9%
Never	4	5%
Health risks	3	4%
Ingredients	1	1%
More research	1	1%

Regarding the importance of annual flu vaccines for adults and the pneumonia vaccine for adults aged 60 and older, a majority (52%) strongly agreed and 35% agreed on its importance. Of the 10% who did not find getting these vaccines important, concerns about effectiveness (22%) and freedom of choice (20%) were cited most. There was a slight difference in the number who were willing to get the pneumonia vaccine (6%) but not the flu vaccine, indicating a need for tailored messaging that addresses specific vaccine-related concerns.



Table 55: Flu Vaccine Hesitancy in Adults, 2022 CHNA Community Survey

How much do you agree with the following statement?		
<i>"It is important for adults of all ages to get an annual flu vaccine and adults 60 years or older to also get the pneumonia vaccine."</i>		
	Frequency (n=653)	Percent
Strongly agree	338	52%
Agree	225	35%
Disagree	48	7%
Strongly disagree	16	3%
Prefer not to answer	24	4%
If you disagree or strongly disagree, why?		
Not effective	14	22%
Choice	13	20%
Pneumonia	4	6%
Health risks	3	5%
Other	3	5%
Not necessary	2	3%
Never	1	2%

In the context of COVID-19 vaccines, a substantial percentage of respondents recognized their importance for children and adults. For children, 43% strongly agreed and 30% agreed, while for adults, 48% strongly agreed and 29% agreed. However, concerns about the need for more research (23%), freedom of choice (13%), and perceived effectiveness (9%) were cited as reasons for disagreement. Addressing these concerns requires transparent communication, sharing up-to-date scientific evidence, and providing reassurance about the safety and efficacy of COVID-19 vaccines. Engaging in meaningful conversations, tailoring communication strategies, and providing accurate information are essential for fostering vaccine confidence within the community.



Table 56: COVID-19 Vaccine Hesitancy among Children, 2022 CHNA Community Survey

How much do you agree with the following statement?		
<i>"It is important for children (18 years or younger) to get the COVID-19 vaccines (e.g., primary dose, boosters)."</i>		
	Frequency (n=653)	Percent
Strongly agree	281	43%
Agree	195	30%
Disagree	58	9%
Strongly disagree	59	9%
Prefer not to answer	59	9%
If you disagree or strongly disagree, why?		
More research	27	23%
Choice	15	13%
Not effective	11	9%
Not necessary	10	9%
Health risks	7	6%
Trust	4	3%
Immunity	2	2%
Never	1	1%
Other	1	1%



Table 57: COVID-19 Vaccine Hesitancy among Adults, 2022 CHNA Community Survey

How much do you agree with the following statement?		
<i>"It is important for adults to get the COVID-19 vaccines (e.g., primary dose, boosters)."</i>		
	Frequency (n=653)	Percent
Strongly agree	314	48%
Agree	190	29%
Disagree	47	7%
Strongly disagree	47	7%
Prefer not to answer	54	8%
If you disagree or strongly disagree, why?		
More research	16	17%
Choice	13	14%
Not effective	9	10%
Health risks	5	5%
Not necessary	5	5%
Trust	4	4%
Immunity	2	2%
Ingredients	1	1%
Never	1	1%

Mental Health Services

As discussed in previous sections, mental health is a large part of the conversation, and understanding more of the landscape in McLennan County is needed. The community survey explored the utilization of mental health services and stigma.

Utilization of Mental Health Services

The survey results regarding the need for counseling or treatment for mental health shed light on several significant findings. Many respondents (56%) indicated they did not need counseling or treatment, while 41% acknowledged their need for such support. Among those who expressed a need for counseling or treatment, a significant majority (67%) reported receiving treatment, suggesting that many individuals recognized the importance of seeking professional help for their mental health concerns.

Among those who received treatment, the majority (50%) accessed services from dedicated mental health practitioners such as counselors, therapists, or social workers, highlighting the critical role that mental health specialists play in providing necessary care and support to those in need. Primary care providers and the Heart of Texas Behavioral Health Network were the next leading sources of services. More information is needed to understand if talk therapy or other styles like somatic or EMDR are often used.

The data revealed a concerning gap between the number of individuals who need treatment but have not received it, which accounts for 30% of respondents. Financial constraints were identified as the primary barrier, with 35% of those who did not receive treatment attributing it to economic reasons. More exploration is needed to understand if this is a perceived barrier or a service opportunity. Additionally, 11% reported uncertainty about where to seek treatment. In comparison, 13% expressed a desire to receive treatment but had yet to have the opportunity to do so.

The wording of the question left room for recall bias and misunderstandings. A need for counseling and/or treatment for mental health is not inherently clear or defined the same. Mental health professionals often say everyone needs therapy and services, especially when they are not in crisis. Understanding how community members define *need* in this context may provide more meaning to the data.

Table 58: Mental Health Access, Need of Services, 2022 CHNA Community Survey

<i>"In the last year, have you had a need for counseling and/or treatment for mental health?"</i>		
	Frequency (n=653)	Percent
Yes	268	41%
No	367	56%
Don't know	7	1%
Prefer not to answer	11	2%
If yes, did you receive treatment?		
Yes	180	67%
No	79	30%
Don't know	1	<1%
Prefer not to answer	8	3%
If yes, where was treatment received?		
Mental health practitioner (e.g., counselor, therapist, or social work)	90	50%
Primary doctor	33	18%
MHMR (now known as Heart of Texas Behavioral Health Network)	19	11%
Emergency room	17	9%
EAP (employee assistance program)	6	3%
Prefer not to answer	6	3%
Veterans Affairs	2	1%
None of the above	1	1%
If no, why was treatment not received?		
Financial reasons (too expensive, not covered by insurance)	28	35%
I haven't had the chance to go, but I plan to	10	13%
Not sure where to go	9	11%
Not enough time	8	10%
Difficulty finding an available appointment	6	8%
No insurance	5	6%
Other	5	6%
I have my own support system (family, friends, etc.)	4	5%
Do not need treatment	1	1%
Don't know	0	0%
Prefer not to answer	0	0%

Overall, these findings underscore the importance of addressing the barriers to accessing mental health services, particularly financial constraints and limited awareness of available resources. Understanding and addressing perceived barriers is equally important as addressing identified barriers with mental health. It

is crucial to increase the availability of affordable mental health services and improve understanding of the existing resources within the community to ensure that individuals who need counseling or treatment receive the support they require. By addressing these challenges, communities can work toward bridging the gap between the need for mental health support and the utilization of services.

Stigma Associated with Mental Health

Historically, stigma has been a barrier to accessing mental health services. National campaigns have launched to address stigma and showcase the “look” of those in need of mental health services. Since stigma can be a severe barrier to accessing care, the survey explored attitudes toward mental health and asked a specific question regarding their degree of agreement with the statement, “I think less of a person who has received mental health treatment.” The results indicate that most respondents held positive views, as 53% strongly disagreed and 14% disagreed with the statement, suggesting that a substantial portion of the community does not stigmatize individuals seeking mental health treatment.

Mental health, isolation, and loneliness conversations were mainstreamed during the COVID-19 pandemic, which may have supported this shift in belief. More data is needed to understand the impact of COVID-19 on mental health, but early research shows a positive outcome has increased access to mental health resources. The increase may be attributed to the increase in telehealth services, which also increased comfort in accessing care virtually.

A small percentage of respondents (12% strongly agreed and 16% agreed) expressed agreement with the statement, indicating that there may still be some lingering stigma or misconceptions associated with mental health treatment. These attitudes may contribute to the reluctance of some individuals to seek help or openly discuss their mental health concerns. Integrated healthcare programs have been developed to overcome lingering stigma. Clinics offer a variety of health services, including mental health so the client does not have to disclose to others the type of services they are accessing. The question explored the overt bias that may exist; more information is needed to understand the unconscious or implicit bias that might exist in the community around mental health.

Table 59: Mental Health Stigma, 2022 CHNA Community Survey

How much do you agree with the following statement?		
<i>“I think less of a person who has received mental health treatment.”</i>		
	Frequency (n=653)	Percent
Strongly agree	79	12%
Agree	103	16%
Disagree	93	14%
Strongly disagree	344	53%
Prefer not to answer	32	5%

Some respondents may have felt uncomfortable or uncertain about expressing their views on this sensitive topic despite the anonymity of the survey. Community conversations on mental health may help ease stigma and support open discussions. In addition to stigma, cost and previous negative experiences are common barriers to accessing mental health services. Normalizing a discussion about finding providers who are a good fit may help overcome the bias of a previous bad experience and encourage community members to try again.

Mental Health Status

To better understand the community members' experience with mental health, the survey asked about symptoms they may have experienced over the previous two weeks. Their responses provided valuable insights into the community's prevalence of specific emotional and psychological experiences. While many respondents reported experiencing feeling nervous, anxious, or on edge to a lesser degree (not at all, 39% or several days, 34%), it is essential to acknowledge the significant number of individuals who indicated experiencing these issues more frequently (more than half the days, 12% or nearly every day, 11%). A considerable proportion of the community may occasionally experience these symptoms, which can indicate underlying anxiety or stress. Resources and programs that teach grounding or coping skills can support reducing general anxiety feelings.

The next question focused on the inability to stop or control worrying. Responses revealed that 44% of participants did not experience this issue, while 31% reported experiencing it for several days. These findings highlight the presence of worrying tendencies among a significant number of individuals, with a notable proportion experiencing it more frequently (nearly every day). Worry is a common coping skill of anxiety. Dr. Brene Brown describes worry as the thinking part of anxiety in *Atlas of the Heart*. Understanding emotions and their experience can help community members navigate them efficiently. Offering programs or resources that promote a deeper understanding of anxiety and its related emotions and experiences may support the improved mental health of the community.



The third question addressed the diminished interest or pleasure in doing things, which can indicate low mood or depression. The majority (50%) reported not experiencing this symptom, while 29% experienced it for several days, and 12% experienced it on more than half of the days. These results emphasize the importance of recognizing and addressing feelings of apathy or disinterest, as they may indicate underlying mental health challenges. The final question focused on feelings of sadness, depression, or hopelessness. Most respondents (52%) reported not experiencing these feelings, while 29% indicated experiencing them for several days. These findings suggest that many individuals in the community may occasionally share sadness or hopelessness.

Since the COVID-19 Pandemic, about 90% of US adults believe the country is facing a mental health crisis according to a 2022 KFF/CNN survey. The US Census Bureau Household Pulse data reveals 50% of adults 18 to 24 years old experienced anxiety and depression symptoms in the last year; almost a third of adults overall reported the same. Results in McLennan County are consistent with national averages and cause for concern. There are many possible contributions to the increasing rates including the COVID-19 pandemic, unstable job market, political landscape, and increased social media use.

Table 60: Mental Health Status, 2022 CHNA Community Survey

"Over the last two weeks, how often have you been bothered by the following problems?"		
	Frequency (n=653)	Percent
Feeling nervous, anxious, or on edge		
Not at all	256	39%
Several days	223	34%
More than half the days	76	12%
Nearly every day	74	11%
Prefer not to answer	23	4%
Not being able to stop or control worrying		
Not at all	290	44%
Several days	200	31%
More than half the days	53	8%
Nearly every day	87	13%
Prefer not to answer	21	3%
Little interest or pleasure in doing things		
Not at all	324	50%
Several days	188	29%
More than half the days	77	12%
Nearly every day	40	6%
Prefer not to answer	23	4%
Feeling down, depressed, or hopeless		
Not at all	342	52%
Several days	186	29%
More than half the days	61	9%
Nearly every day	44	7%
Prefer not to answer	20	3%

Overall, the survey results highlight the range of emotional experiences within the community. While most respondents reported milder symptoms or occasional experiences, a notable portion indicated more persistent challenges. These findings underscore the importance of mental health awareness, support, and access to resources within the community. By recognizing and addressing these mental health symptoms, communities can work toward fostering well-being and providing appropriate care and support for individuals experiencing emotional distress.

Access to Health-Related Information

Understanding how the community accesses information is essential to prioritizing communication methods. The findings revealed that a significant majority of respondents (94%) reported to have access to the Internet, indicating a high level of connectivity within the community. Reaching those without access to the Internet or sporadic access can be challenging and requires messaging distributed across multiple platforms.

Accessing health-related news was the most frequently cited source of information on the Internet or online news platforms (63%), followed by television (45%). These traditional and digital media outlets serve as primary channels for individuals to stay informed about health-related topics. Additionally, more than a third of respondents (41%) relied on social media platforms for health-related news or received information through friends, family, or word of mouth (37%). Notably, 28% of respondents identified the Health District as their

source of health-related news, suggesting that other channels play a more prominent role in disseminating information to the community. Further exploration is needed to understand which social media platforms are used for health-related information and which accounts they get the information from.

Table 61: Health-Related Information, 2022 CHNA Community Survey

"How do you get your health-related news?"		
	Frequency (n=653)	Percent
Internet/online news	411	63%
TV	293	45%
Social media	269	41%
Family/friends/word of mouth	240	37%
Health Department/Waco-McLennan County Public Health District	182	28%
Center for Disease Control and Prevention	130	20%
Newspaper	126	19%
Radio	118	18%
Texas Department of State Health Services	93	14%
Text message/cell/phone alert	90	14%
Church/place of worship	62	10%
Healthcare provider	15	2%
Scholarly articles	5	1%
Other	4	1%

Health District Services

The Health District offers many services for the community, from health education and WIC to birth and death certificates. The Health District aims to be a household name across McLennan County. To gauge the progress, community members were asked about utilizing services offered by the Health District. The top three services accessed were birth/death certificates (42%), and immunizations or COVID-19 vaccinations (42%), followed by WIC (17%). The Vital Statistics Department issues birth/death certificates, which are essential in legal documentation and administrative processes for individuals in the community. Health Districts play a crucial role in providing immunization services to protect the community from infectious diseases like COVID-19 and the flu. WIC (Women, Infants, and Children) is a federal program administered by the Health District to support mothers and their children aged 0 to 5 years old in receiving the education and resources they need to thrive.

A substantial proportion of respondents (19%) reported not utilizing any services offered by the Health District. This finding suggests that there may be opportunities for the Health District to enhance its outreach efforts and raise awareness among community members about the diverse range of services available to them.

Table 62: Health District Services, 2022 CHNA Community Survey

"Have you or anyone in your household used any of the following services offered by the Health District?"		
	Frequency (n=653)	Percent
Birth/death certificate	277	42%
Immunizations or COVID-19 vaccinations	274	42%
None of the above	123	19%
WIC (Women, Infants, and Children)	109	17%
Food permits and restaurant inspections (e.g., food trucks, concession stands)	102	16%
Health education programs (e.g., diabetes, high blood pressure)	90	14%
Childcare inspections	80	12%
STI/HIV services	48	7%
TB services	41	6%
Don't know	25	4%
Pool/spa inspections	23	4%
Septic system complaint	17	3%
Prefer not to answer	5	1%

Understanding which services are commonly utilized by the community can inform resource allocation and service planning within the Health District. By identifying the services that are in high demand, the Health District can ensure the availability and accessibility of those services while also exploring ways to promote and increase utilization of other services that may be underutilized.

The community survey provided valuable insights and supported the findings of the CASPER discussed in the previous section.



CASPER and Community Survey Discussion

The first two primary data collection steps of the CHNA, the CASPER, and the community survey were used to develop and prioritize focus areas for the focus groups and key informant interviews. The CASPER focused on the household level of data collection and the community survey on the individual. The table below shows the questions that were similar between the two surveys other than demographic questions.

Table 63: Similar Questions Asked in the CASPER and Community Survey

CASPER	Community Survey
Q10. What are the "strengths" in your neighborhood or community? Select up to 5. Present printout.	Q1. What are the top 5 "strengths" in your neighborhood or community? Rank 1-5, with 1 being the most important.
Q11. What are the biggest "challenges" in your neighborhood or community? Select up to 5. Present printout.	Q2. What are the 5 biggest "challenges" in your neighborhood or community? Rank 1-5, with 1 being the most important.
Q12. Which services would you like to see more of or improved in your neighborhood or community? Select up to 5. Present printout.	Q3. What are the top 5 services you would like to see more of or improved in your neighborhood or community? Rank 1-5, with 1 being the most important.
Q13. What are the most important health issues in our community? Select up to 5. Present printout.	Q4. What are the top 5 most important health issues in our community? Rank 1-5, with 1 being the most important.
Q9. In the past year, have you or anyone in your household had a routine dental exam or teeth cleaning?	Q5. In the past year, have you had a routine dental exam or teeth cleaning? Select only one.
Q7. In the past year, have you or anyone in your household had an issue going to the doctor?	Q6. In the past year, have you had an issue going to the doctor? Select only one.
Q8. If yes, why? Do not read options.	Q7. If yes, why? Check all that apply.
Q23. How much do you agree with the following statement? "Most people think less of a person who has received mental health treatment."	Q16. How much do you agree with the following statement? "I think less of a person who has received mental health treatment."
Q22. In the last year, have you or someone in your household had a need for counseling and/or treatment for mental health?	Q17. In the last year, have you had a need for counseling and/or treatment for mental health? Select only one.
Q22A. If yes, did you receive treatment?	Q18. If yes, did you receive treatment?
Q22A.a. If yes, where was treatment received? Do not read options.	Q19. If yes, where was treatment received? Check all that apply.
Q22A.b. If no, why was treatment not received? Check all that apply. Do not read options.	Q19. If no, why was treatment not received? Check all that apply.
Q18. How has your household received health-related information in the past? Check all that apply.	Q23. How do you get your health-related news? Check all that apply.
Q26. Have you or anyone in your household used any of the following services offered by the Health District? Select all that apply.	Q24. Have you or anyone in your household used any of the following services offered by the Health District? Check all that apply.

The CASPER survey gathered household-level data, while the community survey focused on individual-level information. The tables presented below illustrate the comparison of responses between the two surveys regarding identifying community strengths, challenges, areas for improvement, and health concerns. Both surveys predominantly highlighted three out of the five top choices in common.

Table 64: Strengths in Your Neighborhood or Community

"What are the 'strengths' in your neighborhood or community?"				
	CASPER		Community Survey	
	Frequency (n=185)	Percent	Frequency (n 653)	Percent
Access to healthcare (e.g., family doctor)	77	42%	282	43%
Access to public transportation	33	18%	171	26%
Affordable housing	27	15%	162	25%
Arts and cultural events	31	17%	160	25%
Clean environment	94	51%	226	35%
Community resources (e.g., nonprofits, libraries, food pantries)	60	32%	271	42%
Good jobs and healthy economy	39	21%	156	24%
Good place to raise children	115	62%	248	38%
Good relationships between different race/ethnic groups	66	36%	149	23%
Good schools	71	38%	193	30%
Health behaviors and lifestyles	14	8%	108	17%
Low adult death and disease rates	5	3%	40	6%
Low crime/safe neighborhoods	65	35%	183	28%
Parks and recreation	41	22%	242	37%
Prepared for natural and man-made disasters and other emergencies	5	3%	38	6%
Religious or spiritual values	28	15%	184	28%
None of the above	1	1%	4	1%
Not applicable - new to area	3	2%	-	-



Table 65: Biggest Neighborhood or Community Challenges

"What are the biggest 'challenges' in your neighborhood or community?"				
	CASPER		Community Survey	
	Frequency (n=185)	Percent	Frequency (n 653)	Percent
Access to basic needs	23	6%	222	34%
Child abuse	6	2%	117	18%
Domestic violence	18	5%	165	25%
Drug use	34	9%	267	41%
Excessive drinking	18	5%	171	26%
Feeling isolated or alone	17	5%	169	26%
Health issues	31	8%	241	37%
Infant death	1	<1%	31	5%
Lack of exercise	35	9%	244	37%
Motor vehicle crash injuries/unsafe driving	33	9%	126	19%
Poor eating habits	33	9%	258	40%
Rape/sexual assault	0	0%	43	7%
Sex trafficking	11	3%	83	13%
Suicide/intentional harm	2	1%	71	11%
Teenage pregnancy	15	4%	91	14%
Tobacco use	29	8%	161	25%
Violent crime and deaths	14	4%	122	19%
Lack of roads/sidewalks	2	1%	-	-
Public transportation	5	1%	-	-
No challenges	36	10%	-	-



Table 66: Neighborhood or Community Services to See More of or Improved

"Which services would you like to see more of or improved in your neighborhood or community?"				
	CASPER		Community Survey	
	Frequency (n=185)	Percent	Frequency (n 653)	Percent
Addressing homelessness	43	23%	278	43%
Affordable housing	68	37%	360	55%
Childcare options	41	22%	219	34%
Communication and services during emergencies	14	8%	123	19%
Counseling/mental health services/support groups	41	22%	259	40%
Culturally appropriate health services	8	4%	94	14%
Efforts to address racism	11	6%	151	23%
Healthy food choices	41	22%	193	30%
Help finding services	22	12%	114	18%
Low-cost health services	4	2%	326	50%
More jobs	31	17%	126	19%
Parks, trails, community centers	34	18%	132	20%
Positive youth activities	47	25%	123	19%
Road safety	45	24%	116	18%
Services for people who are homebound	15	8%	66	10%
Services for people with disabilities	34	18%	113	17%
Services for seniors	40	22%	91	14%
Transportation options	32	17%	-	-
None	5	3%	-	-



Table 67: Most Important Health Issues in Our Community

"What are the most important health issues in our community?"				
	CASPER		Community Survey	
	Frequency (n=185)	Percent	Frequency (n 653)	Percent
Aging issues (e.g., Alzheimer's disease, hearing loss, memory loss, arthritis)	55	30%	173	27%
Cancer	50	27%	141	22%
Chronic pain	32	17%	143	22%
Dental health (including tooth pain)	29	16%	190	29%
Diabetes	69	37%	283	43%
Early sexual activity	21	11%	158	24%
Female/women's Health	33	18%	192	29%
Heart disease/heart attack	41	22%	177	27%
High blood pressure	59	32%	184	28%
HIV/AIDS	4	2%	57	9%
Infectious/contagious disease (e.g., flu, pneumonia, food poisoning, COVID, etc.)	35	19%	164	25%
Injuries	5	3%	38	6%
Obesity/overweight	62	34%	226	35%
Other infectious diseases (e.g., hepatitis, TB)	19	10%	30	5%
Respiratory/lung disease (e.g., asthma, COPD)	15	8%	37	6%
Sexually transmitted infections (STIs)	8	4%	51	8%
Stroke	13	7%	18	3%
Mental health issues (e.g., anxiety, depression, hopelessness, anger, etc.)	84	45%	330	51%
Other - drugs, access to care, planned parenthood	19	10%	-	-
Don't know	7	4%	-	-
None	7	4%	-	-



Focus Group: Methodology, Results & Discussion

Methodology

Focus groups have emerged as a powerful tool to gather data that provides rich insights. After completing the CASPER and community survey, preliminary analysis showed areas we needed to understand more. Those areas included things to help and hinder being healthy, important issues, resources, and the impact of COVID-19.


Waco-McLennan County Public Health District (WMCPHD) conducted four English-speaking focus groups and two Spanish-speaking focus groups, each varying in the number of participants. A total of thirty-four community members participated across McLennan County. The focus groups used a guided conversation style to gain participants' perspectives and lived experiences. Locations and times were selected to ensure priority populations had ample opportunity to engage in the conversation. Flyers were distributed ahead of the focus groups and posted on social media. To help recruit participation, community stakeholders were asked to share the information within their networks and encourage participation. Participants received a Visa gift card for completing the focus group.

Each focus group varied in number of participants, gender, age range, race/ethnicity, and primary language spoken. Various staff members were trained to facilitate a focus group, and an in-depth protocol was developed to provide a consistent experience and ensure informed consent was captured and primary questions were consistently asked. Facilitation materials were translated into Spanish for the two Spanish focus groups. A seventh focus group attempted to capture the East Waco community; however, no confirmation could be made. The table below outlines the focus groups.

Table 68: Focus Groups

Location	Language Hosted	Age Range	Race/Ethnicity	Zip Code of Participants
Bledsoe Miller Recreation Center	English	18-65+	White, Non-Hispanic, and Black, Non-Hispanic	76701, 76704, 76705, 76707, 76708
South Waco Recreation Center	Spanish	36-64	White, Hispanic	76705, 76708
West Independent School District	English	16-64	White, Non-Hispanic	76691
First Baptist Church of Lorena	English	36-65+	White, Hispanic, and White, Non-Hispanic	76705, 76706, 76655, 76630
McGregor Housing Authority	English	65+	White, Non-Hispanic	76657
Alta Vista Elementary	Spanish	18-64	White, Hispanic	76704, 76706, 76707, 76710

Various partners across McLennan County were relied on to hold the focus groups, including local community recreation centers, school districts, churches, and housing authorities. Specific locations were targeted in the north, east, and south areas of the county after determining insufficient data was collected from the CASPER survey and community survey. WMCPHD engaged with community partners through email and cold-calling



to invite partners to serve as host sites within the targeted cities: Waco Proper, McGregor/Crawford, Lorena/Bruceville-Eddy, Hallsburg/Mart, and West. Including the rural perspective was important to have a full picture of the needs of McLennan County. Staff distributed flyers at each location and conducted in-person recruitment to increase participation, including door-to-door campaigns. Information for each focus group was also communicated publicly through the Health District's and partnering organization's social media platforms. WMCPHD staff worked with the organizations to recruit potential participants from January through March, and each participant received a \$25 Visa gift card for their attendance.

Bledsoe Miller Recreation Center

Participants included male and female community members. Before the session date, in-person recruitment at the recreation center in East Waco was conducted in the afternoon during pick-up from the after-school care program. Attendance for the focus group yielded participants primarily from the community experiencing homelessness.

South Waco Recreation Center

Participants included male and female community members. Predominantly Spanish-speaking population was the target population. In-person recruitment, in English and Spanish, consisted of speaking with parents picking up their children from the after-school care program and those attending fitness classes at the recreation center before the session date. A bilingual WMCPHD staff member facilitated the focus group in Spanish.

West Independent School District

Participants included male and female community members. Participants were recruited through the support of the school district by emailing the flyer to the Student Health Advisory Committee (SHAC) members and school district staff. They were encouraged to share with parents frequently. WMCPHD staff also attended the West Health and Safety Fair the day before the focus group to recruit community members directly. Attendance for the focus group included West ISD staff and a family medicine physician; all were community members of West.

First Baptist Church of Lorena

Participants included female community members. Participants were recruited from Lorena and Bruceville-Eddy areas through the food pantry located at the church, and flyers were distributed among church members the week before. Participants included staff and active volunteers of the church.

McGregor Housing Authority

Participants included female community members. Recruitment efforts included posting flyers at local businesses, coffee shops, City Hall, McGregor Chamber of Commerce, and the housing authority business office. Participants included the McGregor Housing Authority staff and community members representing the community's aging population.

Alta Vista Elementary School

Participants included male and female community members. The focus group was held during one of the weekly parent classes at Inspiración. The location was targeted to collect additional data with the Spanish-speaking population in McLennan County.

Results and Discussion

The focus group discussions highlighted various aspects of community health and the challenges faced by the participants in their local area. Participants shared their perspectives on the factors that contribute to a healthy

community, the difficulties in achieving good health, the impact of race and ethnicity on health, and the most significant health issues facing their community. A thematic analysis of the transcripts revealed several key insights that can inform strategies to improve community health and well-being.

Factors Promoting Community Health

The range and breadth of answers uncovered during the discussion about things in the community that help people be healthy illuminated the diverse needs of McLennan County. The presence of parks and recreational areas and community events emerged as a consistent theme across the focus groups. Resources such as churches and nonprofits also contributed to access and ability to lead a healthy community.

Table 69: Things that Help You Be Healthy in Your Community

<i>In your own words, what are the things that help you to be healthy in your community?</i>	
Location	Response
Bledsoe Miller Recreation Center	"I just noticed that they started putting sidewalks in Waco. It's very dangerous to walk around without them. And the disabled have a real hard time with it."
South Waco Recreation Center	"Like where I live, we have a Facebook page and there everyone from the community talks to each other to look after our community; us people we talk in there. For example, we'll ask each other 'Hey, do y'all know this person?' We had never talked in this community. This way we felt like we were helping each other out. By having a common communication."
West Independent School District	"Access to food. Being able to get groceries that are fresh.... I know me and my family would be eating more fast food or take-out orders. But we have grocery store options here."
First Baptist Church of Lorena	"The price of food right now makes it difficult to eat healthy. And in Lorena, there's not just a lot of ways to. We do have a little park down here, but there's really no facilities in the park like you're referencing to workout. It's not that they have to have a workout, but they don't even have a good walking trail or anything like that."
McGregor Housing Authority	"That's a good place you can go walk you know. And of course, we do have our healthcare system here in McGregor. Most people that have insurance usually don't go here; they go other places."
Alta Vista Elementary School	"The social events that they put on like races or where they invite the community to participate in them."

Participants identified local parks and recreational areas as valuable resources for physical activity. These spaces provide opportunities for walking, exercising, and engaging in outdoor activities, promoting physical and mental well-being. A limited number of recreational opportunities were available, especially for children in some areas. Several participants mentioned feeling unsafe in the parks after sunset and emphasized the need for additional lighting.

The importance of open lines of communication within their community, including Facebook groups where community members interact and look out for one another were highlighted. These communication channels foster a sense of community and facilitate assistance and support among community members. These avenues might be beneficial strategies for distributing information. Additionally, participants expressed the need for information about healthy eating habits. They highlighted the value of community events that bring people together.

The presence of community programs, such as Shepherd's Heart, Mission Waco, Salvation Army, Meals on Wheels, Helping Hands, Lions Club, Meyer Center, and food pantries, which provide resources and support, was acknowledged. The expansion of such programs was seen as beneficial to the entire community. In addition, senior care centers and churches were also recognized as essential community resources. Existing programs, such as the Women, Infants, and Children (WIC) program, were seen as beneficial in providing nutrition education and support for families. The Good Health Card was deemed helpful to access healthcare services for those underinsured, uninsured, or facing other financial hardships.

Some areas appreciated the presence of grocery stores, farmers markets, and restaurants that offer healthy food options. In contrast, others noted that they did not have the same access. The importance of nutritious meals for school-going children was acknowledged, especially during the summer when some churches and programs provide meals. Food deserts create health disparities and reduce access to fresh fruits and vegetables.

Challenges to Community Health

The discussion around challenges to community health shed light on access and structural disparities across the community. While some areas praised the accessibility of walking trails and community centers, others noted insufficient walking trails and transportation issues. These obstacles created additional barriers to accessing other services like doctors' appointments and essential resources. Limited access to healthy food options, lack of knowledge about healthy eating, and cultural barriers further compounded the issue.



Table 70: Barriers to Being Healthy in Your Community

From your perspective, what makes it difficult to be healthy in your community?	
Location	Response
Bledsoe Miller Recreation Center	<p>"You just gotta know where to look. But the problem we are having is that people are not updating their information correctly, making it hard to go on stuff online."</p> <p>"I never ever thought about looking at that." [WMCPHD Social Media]</p> <p>"Because I'm diabetic and I still don't know how to eat properly."</p>
South Waco Recreation Center	<p>"Fast food; that we have access to stop anywhere to eat fast food such as pizza, chicken, and everything else. Not having a lot of information on how to eat healthily."</p> <p>"Well diabetes, because we eat, well whatever there is. We get out of work and sometimes arrive somewhere close to home, to eat, because I just pick up something whatever. Even though we know that it's not healthy."</p>
West Independent School District	<p>"...the mental health aspect, having more resources for benevolence or a crisis situation and thinking about what could be done, how to help those people."</p> <p>[regarding accessing health services] "Yeah, it's ridiculous how long it takes to get kids in, and then adults too and then the expense of hearing aids."</p>
First Baptist Church of Lorena	<p>"Just not being educated about choices and eating."</p> <p>"The evictions... Housing. The trailer park here is notorious for evicting people for being one day late on their rent, because they know they can evict them, get them out, and get somebody in there the next day."</p>
McGregor Housing Authority	<p>"I think the biggest thing is a lot of people can't afford transportation out of town to get medical help. So they have to go here and a lot of them walk, actually walk to the doctor's office... because not everybody has the opportunity to go to a specialist or, or anything, you know."</p>
Alta Vista Elementary School	<p>"Even though I understand a little bit, I need a translator because then something might get left out and afterwards, I won't know what's necessary. Many of us need one."</p>

Limited transportation options were identified as a significant barrier to accessing medical care, especially for older adults and individuals without personal transportation. Several participants mentioned that the current City of Waco transit system was difficult to use with a complex route system and inconsistent timings. The issue was exacerbated in rural areas where there may not be local ambulance service or available public transportation. Participants suggested free transportation services supported by county funds or other resources to assist individuals in accessing the healthcare services is needed. The disparity is most prominent in the aging population and those without their own transportation. In addition to access, poor street conditions and inadequate sidewalks were mentioned as barriers to promoting active lifestyles, especially among older adults. Participants emphasized the importance of creating spaces conducive to walking and exercise to enhance the well-being of seniors. The absence of facilities like workout areas and well-maintained walking trails in local parks was highlighted, which made it difficult for community members to engage in physical activity.

The easy availability of fast-food options contributes to unhealthy eating habits and potential health issues such as diabetes. Limited access to healthy food options, mainly due to high prices, was cited as a barrier to eating healthily. Participants also identified a lack of education about healthy eating practices and motivation as significant barriers to maintaining a healthy lifestyle. The Hispanic community expressed a need for nutrition education, access to healthier food options, and inspiration to adopt healthier habits. Cultural factors, such as traditional diets and preferences for fast food, played a role in health challenges. Participants emphasized the need for more culturally tailored health education programs that address the specific needs and preferences of the Hispanic community. Receiving contradicting health information, like if beans and rice are healthy, also presented a challenge to making healthy choices.

Participants highlighted challenges related to accessing healthcare services, including limited availability of appointments, long waiting times, and the cost of healthcare, particularly for uninsured individuals. Lack of transportation and fear of immigration-related issues also hindered access to healthcare. These findings are consistent with the results of the community survey for those who reported having difficulty accessing care.

Impact of Race or Ethnicity on Health

Participants expressed differing views on how their race or ethnicity impacted their ability to be healthy. While some believed that individual choices and preferences, rather than race, influenced their eating habits, others noted that their diet choices – like consuming carb-rich foods – were due to cultural preferences and food traditions. It was acknowledged that everyone, regardless of their race or ethnicity, faced challenges in making healthy choices. The importance of education and access to information on healthy eating, particularly for individuals with chronic conditions like diabetes and heart disease, was emphasized.

Some Hispanic participants acknowledged their traditional diet, which includes carb-rich foods like tortillas, could contribute to weight gain and related health problems. They also mentioned that lack of exercise and a tendency toward drug abuse within their community impacted overall health. Financial constraints were highlighted as a factor that limited access to healthcare and preventive measures.



Table 71: Impact of Race/Ethnicity on Your Health

From your perspective, how does your race or ethnicity impact your ability to be healthy?	
Location	Response
Bledsoe Miller Recreation Center	"I feel like it's been pretty fair as far as race goes. Anyone who needs help with medication, or if they have any health needs, then we know where to go."
South Waco Recreation Center	"They don't have money for counseling but they do have money for alcohol, drugs, but they don't have money for a gym membership or a counselor. But it's also a generational thing too." "Someone can get mad if someone comes from Africa or Mexico coming to live here, trying to work so hard to be where you are now. Because someone who already lives here just says whatever they feel like saying to that person; that's where the violence starts."
West Independent School District	"Our community services, city, school district, we need to have bilingual speakers. Do a good job of looking like our student population." "Excessive drinking, even when it's legal...yeah, that's a community norm."
First Baptist Church of Lorena	"When people do come you know because we have a fair amount of Hispanics that come to their food pantry and then they definitely pick different things than what a Caucasian person would pick up. Not everything different but there are certain things that you know are geared more toward what White people will take and then there's other things that more Hispanics will take."
McGregor Housing Authority	"Yes. I mean, I think instead of our system getting better it's getting worse, because they don't know how to fill out all these forms and work a computer so they just shy away from it, because I don't know what's available out there for them."
Alta Vista Elementary School	"Something that I would like to add is the cost of the basic basket, that also plays a part... well the majority of the Hispanic families, well we are many at home. So that's where this is weighed heavily, the economic part."

Participants expressed how the current political climate made discussions about racism more common, leading to conflicts and tensions within the community. The adverse effects of racism on mental health, including bullying, depression, and suicide, were highlighted. Participants also acknowledged that older generations might have difficulty understanding and addressing mental health concerns due to the cultural norms of their time.

Community Health Issues

Several critical health issues face the community. Mental health, chronic conditions, and substance abuse emerged as prominent concerns. Community members expressed that individuals experiencing mental health challenges can lack appropriate support and resources. The difficulties in accessing mental health services and the complexities of navigating the system were highlighted across focus groups. Participants shared stories of community members navigating mental health issues and the need for better interventions and support to address this growing problem.

The stigma surrounding mental health issues and a lack of awareness and resources contributed to individuals delaying or not seeking help. These findings were consistent with previous data collected. The COVID-19 pandemic further exacerbated mental health challenges; many participants reported an increase in feelings of anxiety and depression. The community recognized the need for increased awareness of and resources for mental health and suggested community initiatives, such as radio programs, to provide information about mental health and combat stigma.

Table 72: Most Important Health Issues Facing Your Community

What do you think are the two most important health issues facing your community? Why?	
Location	Response
Bledsoe Miller Recreation Center	"People that don't have housing are generally in bad health." "There are not enough stores in certain communities."
South Waco Recreation Center	"Sometimes the people didn't used to be able to go see a doctor because they wouldn't see you if you had COVID and you were sick from another thing, they wouldn't allow you access to a general doctor. We didn't have access to many places."
West Independent School District	"...we kind of glossed over our biggest challenges, the mental health piece especially."
First Baptist Church of Lorena	"Diabetes. A lot of people are being diagnosed with it now." "And I was gonna say lung breathing with the air."
McGregor Housing Authority	"There's a lot of mental health." "The elderly and mental health are really more of the issues for McGregor now, because we have an elderly population."
Alta Vista Elementary School	"Diabetes and obesity." "I think that drugs are also a problem. It's affecting our community too closely, and more than anything with our adolescents and kids; before it was a problem that you could only see."

Affordable access to childcare was identified as a crucial need, specifically during mental health programs and activities. Childcare did not emerge in all focus groups and was expected to be a noted barrier in more areas. Nationally, childcare costs have risen and created an affordability barrier.

Chronic conditions like diabetes, heart conditions, and obesity rose as significant health issues facing their community. The increasing prevalence of diabetes and heart disease was a cause for concern among participants, who recognized the need for better education and awareness to address these conditions. The impact of unhealthy eating habits, lack of exercise, and limited access to healthcare services were noted as contributing factors.

Participants identified substance abuse, particularly among the youth, as a significant concern. They noted the link between drug use and the spread of diseases, emphasizing the need for proper disposal of drug paraphernalia to protect the community, particularly children, from harm. Lastly, sexually transmitted infections and cancer were mentioned as prevalent health issues within the community. Syphilis rates are on the rise nationally and in the state of Texas. This is a cause for concern as a rise in syphilis is often followed by a rise in new HIV cases.

Community Resources

Community resources are a pillar to overall success. Focus group participants identified various resources that help the community, and they rely on them. Mission Waco, Family Health Center, and WIC were called out for their support of the community. While discussing the existing resources, some groups also discussed the resources that they need or might be beneficial. The COVID-19 pandemic brought an increase in technology-based health services and illuminated the technology access and ability disparity. Participants noted a lack of technological skills and abilities. Training would be helpful to increase access and comfort. In addition, mobile or traveling clinics were mentioned across the group to improve access to care.

Table 73: Community Resources that Address Health-Related Issues

What resources do you have in the community that seem to be working to address the health-related issues that we talked about?	
Location	Response
Bledsoe Miller Recreation Center	"This meeting." "No, Mission Waco is pretty damn good."
South Waco Recreation Center	"In the Family Health Center, they are helping with a program of the green card that they have been doing for years that's helping the community so they can try to see each other. I also know that sometimes they make events that are free for the kids."
West Independent School District	"There are none...Telehealth has changed that somewhat But you have a computer or a phone savvy."
First Baptist Church of Lorena	"It would be great if we had a medical clinic or some kind of medical plaza, or even just a portable, you know, come once a week, or once a month thing where people could go and get their blood pressure checked." "Have the health department come in and teach classes. It would be Baylor's social worker, school; it'd be great if they could provide maybe a counselor or a social worker to come out here to help with some counseling issues or something like that."
McGregor Housing Authority	"I think the doctor's office, that's the biggest thing that's really about the only thing."
Alta Vista Elementary School	"Well WIC helps me a lot." "Something else that has helped me a lot is the good health card. If not, for example if I didn't have that card, I wouldn't be able to pay for everything that is charged. I think that the prices to go for an appointment or for a medication are exaggerated and that's been elevated by the economy that one has."

Impact of COVID-19

The COVID-19 pandemic impacted more than lungs; the quarantine also brought on feelings of isolation, anxiety and depression. Most participants knew someone who died from COVID-19. A lasting effect participants noted was the increased cost of essential goods and services.

Table 74: Impact COVID-19 Pandemic Had on Your Life/Community

What impact has the COVID-19 pandemic had on your life and/or in the community?	
Location	Response
Bledsoe Miller Recreation Center	<p>"Yeah cause people could have really got sick through there if they had not had that place [warming stations] open because the Salvation Army they were packed in like sardines."</p> <p>"I was homeless, ... So when I had to go buy my own food I couldn't really afford it as much because of COVID because everybody was buying it in bulk, and then when he did have it they boost the price even higher. So like toilet tissue, water was just so expensive."</p>
South Waco Recreation Center	<p>"For many people they had it easy, and well I think that goes back to what I was saying before, that we didn't have much access to go to services or have certain services because of COVID. So, then many people died because of the fear of going to a hospital or fear of what they heard."</p>
West Independent School District	<p>"In my life, I know that five people, three of whom I was close to, COVID killed them. I won't say they passed; they were killed."</p> <p>"People are not okay."</p>
First Baptist Church of Lorena	<p>"I think what we're seeing, or what I'm personally seeing is kind of a trickle-down effect. But the COVID pandemic was the initial start of our increase in everything. Gas. Everything that matters, gas, food. Just the things that you need for daily life. The prices have gotten so high, and COVID I was the initial start of it, but then it's kind of been some other economic decisions that have..."</p>
McGregor Housing Authority	<p>"Another thing is because of the staying home so much. It has created a lot of depression, a lot of mental issues."</p>
Alta Vista Elementary School	<p>"From the fear comes anxiety mental disorder that brings things to your mind."</p> <p>"It's living with paranoia of being okay and suddenly you don't know; your child arrives sick."</p>



Recommendations for Improvement

The insights from the focus group revealed recommendations to improve community health in the area.

Table 75: Recommended Improvements for Community Health

Recommendation	Explanation
Enhancing Access to Healthy Food Options	Efforts should be made to address the high cost of healthy food and increase the availability of fresh produce in local stores. Collaborations with local farmers or establishing community gardens can help improve access to affordable and nutritious food.
Improving Infrastructure	Developing sidewalks, walking trails, and exercise facilities in local parks can encourage physical activity. Investing in transportation systems that provide reliable and affordable options for accessing healthcare services can also improve community health outcomes.
Education and Support	Educating on healthy eating habits, managing chronic conditions, and financial literacy can empower individuals to make informed choices about their health. Collaborating with local churches and community organizations to expand existing programs, such as Shepherd's Heart, can provide valuable resources and support.
Expanding Childcare Service	The establishment of affordable and accessible daycare facilities will enable working parents to pursue employment while ensuring the well-being of their children.

There is a critical need to prioritize implementing culturally tailored health education programs that comprehensively cater to the Hispanic community's specific needs and preferences, including initiatives such as providing educational materials in Spanish, ensuring the availability of language translators, and other relevant measures.

In conclusion, the focus group discussion shed light on various aspects of community health, including factors that promote well-being, challenges faced by community members, the impact of race or ethnicity, and the most significant health issues. The insights gained from this analysis can inform targeted interventions and strategies to improve community health and well-being in the area. By addressing access to healthy food, improving infrastructure, expanding childcare services, providing education and support, and addressing air quality concerns, tangible progress can be made in creating a healthier and more vibrant community.

These findings can inform community leaders, healthcare providers, and policymakers in identifying areas for improvement and developing targeted interventions to enhance the overall health and well-being of the McLennan County community.

Key Informant: Methodology, Results & Discussion

Methodology

The Waco-McLennan County Public Health District conducted five key informant interviews with the McLennan County Local Health Authority and community stakeholders from nonprofits, education, and health.

- Cooper Foundation
- McLennan County Indigent Health Care
- Waco Family Medicine
- Waco Independent School District

Key informants were identified as individuals or organizations who play an essential role as community leaders. Questions were adapted from Williamson County's 2022 Community Health Needs Assessment survey and the results from the first two CHNA quantitative data collection phases – CASPER and online community survey. Key informant interviews were conducted concurrently with focus groups. A protocol guide and consent form were developed using the focus group templates and adapted to reflect the process of key informant interviews.


Ten individuals were contacted to schedule an interview. Reminder emails and phone calls were sent to encourage participation. Five individuals were able to schedule. Interviews were recorded and transcribed using an online software, Otter AI. To ensure accuracy of the information collected, a form of member checking was used. Transcripts were sent to the interviewee for review. Once the key informants completed the transcript review and accepted it as final, the data was used for analysis.

Consent forms were provided to key informants when they confirmed their interview date and time so that it could be reviewed, and consent was confirmed the day of the interview. Upon request, interviewees were allowed to receive the interview questions before the interview. Two key informants emailed follow-up responses to the questions after the interview.

Results and Discussion

Key informant interviews highlighted three critical health issues in McLennan County: (1) lack of access to healthcare and health insurance, (2) mental health and behavioral health, and (3) chronic health conditions. According to the CASPER and community survey conducted preceding the key informant interviews, the top health issues identified were mental health, diabetes, and obesity. Based on the responses provided, it is evident that mental health is consistently viewed as a critical concern, with the participants recognizing the impact of the pandemic on mental well-being. Participants also acknowledged diabetes and obesity as relevant issues due to their prevalence, associated complications, and socioeconomic factors that prohibited them from preventing, managing, or controlling diabetes. Addressing these issues is seen as crucial for improving overall health outcomes.

Limited access to healthcare due to a lack of health insurance was a consistent discussion point. The data emphasizes that Texas ranks last in terms of the percentage of the population with health insurance, leading to adverse health outcomes and delayed diagnosis and treatment. Expanding Medicaid has been identified as a potential solution to improve health outcomes and access to care for low-income individuals. These findings are not consistent with previous data collected for this CHNA.



The data underscores the significance of mental health as a critical health issue in McLennan County, Texas. Texas has consistently ranked poorly regarding mental health conditions and access to care. According to Mental Health America's (MHA) annual ranking, Texas was ranked thirty-eighth overall in 2021, indicating relatively worse mental health conditions and access to care compared to other states. Limited funding, shortage of mental health professionals, and negative societal attitudes toward mental health contribute to the challenges faced by individuals seeking mental healthcare. Addressing mental health stigma, increasing access to mental healthcare, and integrating mental health services into primary care are recognized as opportunities for improvement. Although this is a different perspective, it is consistent with the findings of other data for this CHNA.

While there is no universal solution to address mental health needs, a few strategies emerged from the key informant discussions. Implement systems-level policies prioritizing mental health, such as expanding Medicaid and increasing funding for mental health services. Focus on prevention and early intervention, including addressing adverse childhood experiences. Increase the number of mental health providers and ensure adequate funding for mental health services. Explore partnerships with online therapy platforms to increase access for uninsured or underinsured individuals. Establish community groups and support networks for free mental health services. Collaborate with primary care providers to integrate mental health services and identify and treat mental health issues at a population level. These interventions could improve mental health outcomes.

The prevalence of chronic health conditions, including diabetes, heart-related illnesses, and obesity, is identified as a significant health issue in McLennan County. Despite efforts to provide access to healthy food through food distribution events, chronic health conditions continue contributing to the overall health problem. Management of chronic diseases, including diabetes and asthma, is highlighted as an area that requires attention and improvement.

To combat obesity at a population level, collaborative partnerships among organizations can pool resources to address this pervasive issue comprehensively. Instead of relying solely on short-term fixes like food distribution, emphasis should be placed on skill and knowledge building to instigate sustainable changes. Moreover, interventions must be tailored to address the disparities in obesity rates among different populations, considering cultural factors and actively engaging community leaders in the process. Utilizing existing community resources and involving individuals embedded within these communities can enhance the effectiveness of interventions.

Similarly, addressing diabetes requires concerted efforts on a population scale. Collaboration with organizations and community partners is essential to develop comprehensive strategies for diabetes prevention and management. Prioritizing education and public awareness campaigns can promote prevention measures, while supporting programs that equip healthcare providers with the necessary skills to deliver effective diabetes care is crucial. Strategies to improve access to medical care, such as increasing clinic availability or healthcare professional support, should also be explored. Moreover, ensuring cultural sensitivity and tailoring interventions to meet the specific needs of diverse populations are integral components of successful diabetes prevention and management initiatives.

It is important to note that these strategies should be tailored to the specific needs and characteristics of the community being served. Collaboration, cultural sensitivity, and a focus on long-term change are critical elements in addressing these health issues effectively.

The key informant interviews shed light on issues not identified by community members through other data collection methods. This emphasizes the importance of collecting data from community members and community stakeholders.

In addition to the issues discussed above, there are a few additional perspectives provided by the knowledgeable interviewees:

- **Consideration of Different Outcome Measures:** Depending on how the survey is structured, the identified outcomes of interest may not fully capture certain aspects, such as lack of access or the impact of structural racism. It's important to acknowledge that these factors can significantly influence population health but may not be identified as distinct health needs within the survey framework.
- **Need for Addressing Lack of Access and Structural Racism:** Recognizing that lack of access to healthcare and structural racism are crucial drivers of health disparities, it's essential to prioritize them as pressing needs alongside other mental health and physical health concerns. These factors shape the overall health landscape and should be part of the conversation to drive meaningful change.
- **Empowerment and Health System Navigation:** There is a need to empower individuals to navigate the healthcare system effectively and advocate for themselves. Educating people on managing their healthcare, communicating with healthcare providers, asking questions, and advocating for their health can significantly improve health outcomes and patient experiences.

These perspectives highlight the importance of a comprehensive approach to addressing health issues, considering social determinants of health, and empowering individuals to participate actively in their healthcare journey.



Conclusion

The collaborative efforts outlined in this report demonstrate a collective commitment to address the pressing health needs identified in McLennan County. By engaging in meaningful conversations, forming strategic partnerships, and leveraging community resources, we aim to tackle issues such as mental health, diabetes, obesity, and access to care. The perspectives shared by stakeholders underscore the importance of considering social determinants of health, empowering individuals, and addressing systemic barriers to health equity. While the limitations of our assessment are acknowledged, the insights gained provide a valuable foundation for prioritizing interventions and monitoring progress over time. Moving forward, it is imperative to continue evaluating community needs, adapting strategies accordingly, and working collaboratively to improve the health and well-being of all community members in McLennan County.

Strategies

The Health District can enhance the efforts of other organizations working to address the identified health issues by considering the following strategies:

Collaborative Conversations and Collective Impact

- Engage in collective conversations with organizations working on specific health issues to identify common goals and develop collaborative solutions.
- Actively participate in initiatives and partnerships to address the identified health issues at a population level.
- Share knowledge, expertise, and resources with other organizations to maximize impact and avoid duplication of efforts.

Partnerships with Specific Organizations

- Partner with organizations like Waco Family Medicine and Behavioral Health Network to address mental health, obesity, and diabetes at a population level.
- Explore opportunities to collaborate with local hospitals, healthcare systems, and clinics to enhance diabetes education efforts and improve access to care.
- Leverage the expertise and resources of other organizations to support initiatives and programs related to mental health, obesity, and diabetes prevention.

Community Health Worker Program

- Implement or strengthen a Community Health Worker (CHW) program to provide support services, patient education, and care coordination for individuals affected by mental health, obesity, and diabetes.
- Collaborate with organizations with successful CHW programs to learn from their experiences and best practices.
- Utilize CHWs to connect individuals to existing resources and services within the community.

School-Based Initiatives

- Promote children's access to primary care through partnerships with schools, emphasizing the value of wellness visits and establishing care within primary care settings.
- Engage parents and teachers in education and awareness campaigns about mental health, obesity, and diabetes prevention.



Information Sharing and Community Calendar

- Establish a community calendar or online platform hosted on the Health District's website to share information about events, resources, and services related to health issues.
- Collaborate with other organizations to promote and share the community calendar on their respective websites, ensuring accessibility and easy access to information for the community.

Shift from Handouts to Skills and Knowledge Building

- Focus on long-lasting change by shifting from a mass distribution approach to one emphasizing skill-building, lifestyle alterations, and individualized interventions.
- Invest in individuals and promote behavior change that positively impacts families and communities.

Building solid partnerships, engaging in collective conversations, and leveraging existing resources and expertise within the community will enhance the Health District's efforts to address the identified health issues effectively.

When asked about the impact of the COVID-19 pandemic on the identified issues, there was a consensus that the pandemic has had a significant adverse effect on mental health, exacerbating existing problems and leading to new disorders. Access to mental health resources has become a challenge for many individuals. The pandemic has also affected healthcare access and disrupted positive health behaviors, which may have contributed to the worsening of diabetes and obesity. The long-term effects of COVID-19 on these health issues and the community are still being assessed.

Limitations

Efforts were made to ensure representation of both urban and rural areas. Still, the selection process may not have captured all population segments equally, creating sampling bias. Additionally, the use of census blocks as clusters may not fully account for population heterogeneity within those areas.

All four components relied on voluntary participation, which may introduce self-selection bias. This type of bias can affect the generalizability of results. People who chose to participate may have different characteristics and health needs than those who did not participate, leading to potential underrepresentation or overrepresentation of certain groups or health issues.

The accuracy of the data collected in the CASPER and online surveys depends on the respondents' willingness to provide truthful and accurate information. Response bias may have occurred if participants intentionally or unintentionally provided inaccurate or incomplete responses, leading to potential misrepresentation of health needs and issues.

Although efforts were made to provide the CHNA survey and interviews in English and Spanish, language barriers may have limited participation and introduced language-related biases. Including non-English-speaking participants may have been limited, potentially impacting the representation of specific populations and their health needs.

The data collected through the surveys and interviews relied on participants' recollections of their health status, behaviors, and experiences. Recall bias may have influenced the accuracy and reliability of the information provided, as participants may have difficulty accurately recalling past events or may give socially desirable responses.

The CHNA was conducted in the context of the COVID-19 pandemic, which may have influenced the health needs and issues identified. The pandemic's impact on healthcare access, mental health, and other health determinants may have influenced the survey responses and the overall findings of the CHNA.

The CHNA's findings may not be fully generalizable to the entire population of McLennan County. While efforts were made to obtain a representative sample, the selected households may only partially reflect the county's demographic and socioeconomic diversity. Therefore, caution should be exercised when applying the results to the broader population.

Despite the limitations, the CHNA offers valuable insights into the health needs and issues of the community, providing a foundation for identifying priority areas and informing public health interventions. However, it is essential to recognize that the dynamic nature of community health requires continuous monitoring and evaluation to ensure the continued relevance and effectiveness of the strategies implemented to address the identified health issues. By regularly assessing the community's evolving needs and evaluating the outcomes of interventions, adjustments can be made to improve the impact of public health efforts and better serve the community's health requirements.

Recommendations

Priorities were determined using household responses from the CASPER, community member responses from the community survey, themes from focus groups, and themes from key informant interviews.

Table 76: Top Health Issues

TOP HEALTH ISSUES			
CASPER	COMMUNITY SURVEY	FOCUS GROUPS	KEY INFORMANT INTERVIEWS
Mental Health	Mental Health	Mental Health	Lack of Access to Care
Diabetes Mellitus	Diabetes Mellitus	Diabetes Mellitus	Mental Health
Obesity	Obesity	Obesity	Chronic Health Conditions
High Blood Pressure	Aging Issues	Heart Conditions	-
Aging Issues	Women's Health	Drug Abuse	-

The robust Community Health Needs Assessment process has unveiled an intricate tapestry of health priorities in McLennan County. Merging the diverse perspectives garnered from survey responses, focus group discussions, and key informant interviews, we embark on a comprehensive journey of understanding, addressing, and elevating the health landscape of our community.

This report encapsulates the multifaceted conclusions derived from this assessment and the profound implications of these findings. It offers a comprehensive spectrum of recommendations that promise to propel McLennan County toward a future defined by health, well-being, and resilience.

The pressing need to prioritize mental health and well-being cannot be overstated. The assessment's findings highlight the prevalence of mental health challenges across all age groups, particularly among children and youth. The implications are clear. Without effective intervention, the long-term impact of these challenges on our community's health and productivity could be substantial. Therefore, implementing comprehensive mental health programs, accessible counseling services, and educational initiatives is imperative. By creating a

supportive environment and reducing the stigma associated with mental health, we can empower individuals to seek help and cultivate emotional resilience.

The identified priority of chronic disease management resonates with the increasing health burdens of our community. Chronic diseases contribute significantly to healthcare costs and reduced quality of life. The assessment emphasizes the need for targeted interventions to promote healthy lifestyle choices, improve access to nutritious foods, and encourage regular physical activity. By collaborating with local schools, businesses, and healthcare providers, we can create a community-wide approach to preventive measures. Initiatives such as community gardens, health education campaigns, and incentives for healthy behaviors can pave the way for a healthier population.

Equitable access to healthcare remains a vital concern, especially for vulnerable populations. The assessment's implications emphasize the importance of eliminating barriers that hinder access to healthcare, such as language and cultural differences. It is imperative to enhance outreach efforts, establish community health centers, and provide transportation options for those who struggle to access care. Collaborations with local healthcare providers can facilitate the creation of culturally sensitive care models, ensuring that every community member receives the necessary medical attention, regardless of their background or circumstances.

- Mental Health Initiatives
 - ♦ Embark on a comprehensive mental health awareness campaign to eradicate the stigma surrounding mental health. Establishing mental health education programs in schools and workplaces will equip individuals with the tools to recognize and address their mental health needs.
- Diabetes Prevention Programs
 - ♦ Collaborate with local educational institutions, fitness centers, and community centers to offer educational sessions on diabetes prevention and management. Encourage regular health screenings and provide resources to promote healthier dietary habits.
- Community Wellness Centers
 - ♦ Establishing community wellness centers can serve as pivotal hubs for health education, fitness classes, and mental health support groups. These centers will foster a sense of community, reinforcing that health is a collective endeavor.
- Mobile Health Units
 - ♦ Deploy mobile health units to remote and underserved areas, ensuring that even the most vulnerable can access essential healthcare services and screenings. Work closely with community leaders to maximize reach and impact.
- Culturally Competent Healthcare
 - ♦ Invest in comprehensive training programs for healthcare providers to ensure they can offer culturally sensitive care. Collaborating closely with community organizations will facilitate a deeper understanding of cultural needs.
- Data-Informed Decision-Making
 - ♦ Establish a robust data collection and analysis framework to monitor the progress of implemented initiatives. Regularly evaluating outcomes will empower us to adapt and fine-tune our strategies for maximum effectiveness.
- Youth and School Initiatives
 - ♦ Form partnerships with educational institutions to integrate mental health education into the curriculum. Implement sports and physical activity programs to promote healthy habits among the youth, setting the foundation for a healthier future.

- Public-Private Partnerships
 - ♦ Forge strategic collaborations between public health agencies, private healthcare providers, and community organizations. These alliances can amplify the impact of interventions and ensure efficient resource allocation.

In summation, the Community Health Needs Assessment serves as a clarion call, urging us to direct our efforts toward elevating the health and well-being of all community members of McLennan County. The conclusions drawn from this assessment and the implications present a roadmap to address mental health, chronic diseases, and equitable healthcare access. By embracing the recommended strategies, we can usher in a new era of health, resilience, and prosperity for our community.

The path forward is paved with collective action, partnerships, and an unwavering commitment to the well-being of McLennan County.



References

1. USAFacts. (2023). McLennan County, TX, population by year, race, and more. USAFacts. <https://usafacts.org/data/topics/people-society/population-and-demographics/our-changing-population/state/texas/county/mclennan-county/?endDate=2021-01-01&startDate=2011-01-01>
2. US Census Bureau. (2022). QuickFacts, July 1, 2022 (V2022) – McLennan County, Texas [data table]. Quick Facts. <https://www.census.gov/quickfacts/fact/table/mclennancountytexas,US/PST045220>
3. Texas Demographic Center. (2022). Texas Demographic Center Vintage 2022 population Projection. Texas Demographic Center. <https://demographics.texas.gov/Projections/2022/>
4. American Psychological Association. (2017). Education and socioeconomic status factsheet. American Psychological Association.
5. Labor Force Statistics from the Current Population Survey Overview: US Bureau of Labor Statistics. (2022, December 6). https://www.bls.gov/cps/cps_over.htm
6. McLennan, Texas. (2022). County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/health-data/texas/mclennan?year=2022>
7. Quality of life. (n.d.). County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/health-data/health-outcomes/quality-of-life>
8. Shockey, T. (2017, July 26). Health-related Quality of Life (HRQOL): Variation across occupation groups. Centers for Disease Control and Prevention. <https://blogs.cdc.gov/niosh-science-blog/2017/07/26/hrqol/>
9. Social determinants of health. (2022, December 8). Centers for Disease Control and Prevention. <https://www.cdc.gov/about/sdoh/index.html>
10. Disability and Health Overview. (2020, September 15). Centers for Disease Control and Prevention. <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>
11. Environment, Climate Change, and Health (ECH). (2018, November 23). WHO Housing and health guidelines. <https://www.who.int/publications/i/item/9789241550376>
12. World Health Organization: WHO. (2019, May 30). Social determinants of health. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
13. Healthy People 2030. (n.d.). Housing Instability. Office of Disease Prevention and Health Promotion (ODPHP). <https://health.gov/healthypeople/priorityareas/social-determinants-health/literature-summaries/housing-instability>
14. Waco Strategic Housing Plan. (2022). In City of Waco Housing and Community Development, <https://www.waco-texas.com/Departments/Housing>. Retrieved October 1, 2023, from <https://www.waco-texas.com/files/sharedassets/public/v/2/departments/housing/documents/waco-strategic-housing-plan.pdf>
15. Taylor, L. A. (2018, June 7). Housing and Health: An overview of the literature. <https://www.healthaffairs.org/doi/10.1377/hpb20180313.396577/>
16. Social associations. (n.d.). County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/health-data/health-factors/social-economic-factors/family-and-social-support/social-associations?year=2023>

17. How does social connectedness affect health? (2023, May 8). Centers for Disease Control and Prevention. <https://www.cdc.gov/emotional-wellbeing/social-connectedness/affect-health.htm>
18. National Institute on Alcohol Abuse and Alcoholism (NIAAA). (2024, January 12). Mental health issues: Alcohol use disorder and common co-occurring conditions <https://www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol/mental-health-issues-alcohol-use-disorder-and-common-co-occurring-conditions>
19. Weisburd, D., Cave, B., Nelson, M., White, C., Haviland, A., Ready, J., Lawton, B., & Sikkema, K. J. (2018). Mean streets and mental health: Depression and Post-Traumatic Stress Disorder at crime hot spots. *American Journal of Community Psychology*, 61(3–4), 285–295. <https://doi.org/10.1002/ajcp.12232>
20. Leibbrand, C., Rivara, F. P., & Rowhani-Rahbar, A. (2021). Gun violence exposure and experiences of depression among mothers. *Prevention Science*, 22(4), 523–533. <https://doi.org/10.1007/s11121-020-01202-7>
21. Centers for Disease Control and Prevention. (2023). Suicide Data and Statistics. Suicide Prevention <https://www.cdc.gov/suicide/suicidedata-statistics.html>
22. Healthy People 2030. (n.d.). Reduce the suicide rate. MHMD-01 <https://health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders/reducesuicide-rate-mhmd-01>
23. Chen, J., Bloodworth, R., Novak, P., Cook, B. L., Goldman, H. H., Rendall, M. S., Thomas, S. B., & Reynolds, C. F. (2018). Reducing preventable hospitalization and disparity: association with local Health Department mental health promotion activities. *American Journal of Preventive Medicine*, 54(1), 103–112. <https://doi.org/10.1016/j.amepre.2017.10.011>
24. NAMI: National Alliance on Mental Illness. (2022). Mental health by the numbers <https://www.nami.org/mhstats>
25. Centers for Disease Control and Prevention. (2022). About CDC's Division of Reproductive Health <https://www.cdc.gov/reproductivehealth/drh/about-us/index.htm>
26. General, O. O. T. S. (2020, December 1). Strategies and Action: Improving Maternal Health and Reducing Maternal Mortality and Morbidity. The Surgeon General's Call to Action to Improve Maternal Health - NCBI Bookshelf. <https://www.ncbi.nlm.nih.gov/books/NBK568218/>
27. Cutland, C., Lackritz, E., Moore, T. M., Bardají, A., Chandrasekaran, R., Lahariya, C., Nisar, M. I., Tapia, M. D., Pathirana, J., Kochhar, S., & Muñoz, F. M. (2017). Low birth weight: Case definition & guidelines for data collection, analysis, and presentation of maternal immunization safety data. *Vaccine*, 35(48), 6492–6500. <https://doi.org/10.1016/j.vaccine.2017.01.049>
28. Preterm babies. (2023). March of Dimes. <https://www.marchofdimes.org/find-support/topics/birth/preterm-babies>
29. Preterm labor and birth. (2021). ACOG. <https://www.acog.org/womens-health/faqs/preterm-labor-and-birth>
30. Healthy People 2030. (n.d.). Pregnancy and Childbirth. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth>
31. Office on Women's Health. (2021). Prenatal care. <https://www.womenshealth.gov/a-z-topics/prenatalcare>

32. Centers for Disease Control and Prevention. (n.d.). Infant Mortality, Maternal and Infant Health.| Reproductive Health. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>
33. Teen births. (n.d.). County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/sexual-activity/teen-births?year=2023>
34. The New Public Health (Third Edition). (2014). Safe Motherhood - an overview. ScienceDirect Topics. <https://www.sciencedirect.com/topics/medicine-and-dentistry/safe-motherhood>
35. Office on Women's Health. (2021). Prenatal care. <https://www.womenshealth.gov/a-z-topics/prenatalcare#:~:text=>
36. Centers for Disease Control and Prevention. (2023, February 24). About overweight and obesity. Centers for Disease Control and Prevention. <https://www.cdc.gov/obesity/about-obesity/index.html>
37. Centers for Disease Control and Prevention. (2022, June 3). Defining adult overweight & obesity. Centers for Disease Control and Prevention. <https://www.cdc.gov/obesity/basics/adult-defining.html>
38. Centers for Disease Control and Prevention. (2022, September 24). Health effects of overweight and obesity. Centers for Disease Control and Prevention. <https://www.cdc.gov/healthyweight/effects/index.html>
39. USDA ERS. (2022). Documentation. <https://www.ers.usda.gov/data-products/food-access-researchatlas/documentation/>
40. Centers for Disease Control and Prevention. (2022, September 12). Common, serious, costly. <https://www.cdc.gov/obesity/basics/index.html>
41. US Census Bureau. (2023, October 26). 2022 ACS 1-year estimates. Census.gov. <https://www.census.gov/programs-surveys/acs/technical-documentation/table-and-geography-changes/2022/1-year.html>
42. Center on Budget and Policy Priorities. (2022, June 9). Policy basics: The Supplemental Nutrition Assistance Program(SNAP). <https://www.cbpp.org/research/food-assistance/the-supplemental-nutrition-assistance-program-snap>
43. Food and Nutrition Service US Department of Agriculture. (2022, March 3). Is my store eligible? <https://www.fns.usda.gov/snap/retailer/eligible>
44. Centers for Disease Control and Prevention. (2022, March 16). Parks, recreation and green spaces. Centers for Disease Control and Prevention. <https://www.cdc.gov/physicalactivity/activepeoplehealthynation/everyone-can-be-involved/parks-recreation-and-green-spaces.html>
45. Centers for Disease Control and Prevention. (2023, August 1). Benefits of physical activity. Centers for Disease Control and Prevention. <https://www.cdc.gov/physicalactivity/basics/pa-health/index.htm>
46. Healthy People 2030. (n.d.). Social Determinants of Health. <https://health.gov/healthypeople/priority-areas/social-determinants-health>
47. US Census Bureau. (2023, October 16). County business patterns. Census.gov. <https://www.census.gov/programs-surveys/cbp.html>
48. Underlying Cause of Death, 1999-2020 request form. (n.d.). <https://wonder.cdc.gov/controller/datarequest/D76;jsessionid=DDFEE770F78021E893793DD40DA7>

- 
49. Centers for Disease Control and Prevention. (2022, February 28). Injuries and violence are leading causes of death. Centers for Disease Control and Prevention. <https://www.cdc.gov/injury/wisqars/animated-leading-causes.html>
 50. National Cancer Institute. (n.d.). NCI Dictionary of Cancer terms. <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/cancer>
 51. National Cancer Institute. (n.d.). Common cancer types. <https://www.cancer.gov/types/commoncancers>
 52. National Cancer Institute. (2015). Risk factors for cancer. <https://www.cancer.gov/about-cancer/causes-prevention/risk>
 53. Centers for Disease Control and Prevention. (2023, July 25). What is a mammogram? Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/breast/basic_info/mammograms.htm
 54. State Cancer Profiles Quick Profiles. (2023). <https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statername=texas#t=3>
 55. CDC Museum COVID-19 timeline. (2023, March 15). Centers for Disease Control and Prevention. <https://www.cdc.gov/museum/timeline/covid19.html>
 56. Centers for Disease Control and Prevention. (2022). Sexually Transmitted Diseases Information <https://www.cdc.gov/std/default.htm>
 57. Centers for Disease Control and Prevention. (2022). HIV. <https://www.cdc.gov/hiv/default.html>
 58. Texas DSHS. (2022). HIV/STD program. <https://www.dshs.texas.gov/hivstd>
 59. Tuberculosis (TB)- Basic TB Facts. (2019, June 19). Centers for Disease Control and Prevention. <https://www.cdc.gov/tb/topic/basics/default.htm>

Acknowledgments

The 2023 Community Health Needs Assessment (CHNA) was made possible through the commitment and diligence of local organizations, leaders, public health professionals, and McLennan County Community members. This CHNA was led by the Waco-McLennan County Public Health District, which united with partnerships and community members to gain a comprehensive look into our community's health.

The CHNA Leadership Team sends gratitude to the many individuals who assisted with the CHNA process.

Additionally, the CHNA Leadership Team is thankful for collaboration opportunities and insight provided by the following organizations:

- Alta Vista Elementary School
- Bledsoe Miller Recreation Center
- City of Waco
- Cooper Foundation
- Family Abuse Center
- First Baptist Church of Lorena
- Jubilee Market Health Fair
- McGregor Housing Authority
- McLennan County Indigent Health Care
- Meyer Center
- Midway Independent School District
- Mission Waco
- Prosper Waco
- South Waco Recreation Center
- Texas A&M AgriLife Extension
- Transformation Waco
- Waco Family Medicine
- Waco Independent School District
- West Independent School District

A special thank you is extended to McLennan County community members who gave their time and feedback through participation in the CASPER, community survey, focus groups, and key informant interviews.



Appendix A

Waco-McLennan County Public Health District - Community Assessment for Public Health Emergency Response (CASPER)

Date: 10 / ___ / 2022

Cluster Number: _____

Team name: _____

Interview Number: _____

Verbal Consent: Yes No

Demographic Information	
Q1. Including yourself, <u>how many</u> people live in your household? ___#___	Q2. Including yourself, <u>how many</u> people living in your household are less than 2 years old? ___#___ 2-17 years? ___#___ 18-64 years? ___#___ 65+ years? ___#___ <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer
Q3. Are you or any member of your household Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	Q4. What race(s) are the members of your household? Check all that apply. <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Native Hawaiian or <input type="checkbox"/> Don't know Other Pacific Islander <input type="checkbox"/> Prefer not to answer
Q5. What language do you speak most often in this household? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	Q6. Does your household have access to the internet? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer
Access to care	
Q7. In the past year, have you or anyone in your household had an issue going to the doctor? <input type="checkbox"/> Yes (go to Q8) <input type="checkbox"/> No (go to Q9) <input type="checkbox"/> Don't know (go to Q9) <input type="checkbox"/> Prefer not to answer (go to Q9)	Q8. If yes, why? DO NOT READ OPTIONS. <input type="checkbox"/> Cost <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Long wait times <input type="checkbox"/> No insurance or underinsured <input type="checkbox"/> Provider doesn't accept my insurance <input type="checkbox"/> Unable to find childcare <input type="checkbox"/> Unable to get off work <input type="checkbox"/> Other (please specify) _____
Dental Health	
Q9. In the past year, have you or anyone in your household had a routine dental exam or teeth cleaning? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	
Community Health Needs	
Q10. What are the "strengths" in your neighborhood or community? Select up to 5. Present printout.	
<input type="checkbox"/> Access to health care (e.g., family doctor) <input type="checkbox"/> Access to public transportation <input type="checkbox"/> Affordable housing <input type="checkbox"/> Arts and cultural events <input type="checkbox"/> Clean environment <input type="checkbox"/> Community resources (e.g., nonprofits, libraries, food pantries) <input type="checkbox"/> Good jobs and healthy economy <input type="checkbox"/> Good place to raise children <input type="checkbox"/> Good relationships between different race/ethnic groups	<input type="checkbox"/> Good schools <input type="checkbox"/> Health behaviors and lifestyles <input type="checkbox"/> Low adult death and disease rates <input type="checkbox"/> Low crime/safe neighborhoods <input type="checkbox"/> Parks and recreation <input type="checkbox"/> Prepared for natural and man-made disasters and other emergencies <input type="checkbox"/> Religious or spiritual values <input type="checkbox"/> Other (please specify) _____

Waco-McLennan County Public Health District - Community Assessment for Public Health Emergency Response (CASPER)

Cluster Number: _____

Interview Number: _____

Q11. What are the biggest “challenges” in your neighborhood or community? **Select up to 5. Present printout.**

- | | | |
|--|---|---|
| <input type="checkbox"/> Access to basic needs | <input type="checkbox"/> Health issues | <input type="checkbox"/> Sex trafficking |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Infant death | <input type="checkbox"/> Suicide/intentional harm |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Drug use | <input type="checkbox"/> Motor vehicle crash injuries | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Excessive drinking | <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Violent crime and deaths |
| <input type="checkbox"/> Feeling isolated or alone | <input type="checkbox"/> Rape/sexual assaults | <input type="checkbox"/> Other (please specify) _____ |

Q12. Which services would you like to see more of or improved in your neighborhood or community?

Select up to 5. Present printout.

- | | | |
|---|---|--|
| <input type="checkbox"/> Addressing homelessness | <input type="checkbox"/> Healthy food choices | <input type="checkbox"/> Road safety |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Help finding services | <input type="checkbox"/> Services for people with disabilities |
| <input type="checkbox"/> Childcare options | <input type="checkbox"/> Low-cost health services | <input type="checkbox"/> Services for people who are homebound |
| <input type="checkbox"/> Communication and services during emergencies | <input type="checkbox"/> More jobs | <input type="checkbox"/> Services for seniors |
| <input type="checkbox"/> Counseling/mental health services/support groups | <input type="checkbox"/> Parks, trails, community centers | <input type="checkbox"/> Transportation options |
| <input type="checkbox"/> Culturally appropriate health services | <input type="checkbox"/> Positive youth activities | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Efforts to address racism | | |

Q13. What are the most important health issues in our community? **Select up to 5. Present printout.**

- | | | |
|---|--|---|
| <input type="checkbox"/> Aging issues (e.g., Alzheimer's disease, hearing loss, memory loss, arthritis) | <input type="checkbox"/> Heart disease/heart attack | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Other infectious diseases (e.g. Hepatitis, TB) |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Respiratory/lung disease (e.g., asthma, COPD) |
| <input type="checkbox"/> Dental health (including tooth pain) | <input type="checkbox"/> Infectious/contagious disease (e.g., flu, pneumonia, food poisoning, COVID, etc.) | <input type="checkbox"/> Sexually transmitted infections (STIs/STDs) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Injuries | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Early sexual activity | <input type="checkbox"/> Mental health issues (e.g., anxiety depression, hopelessness, anger, etc.) | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Female/women health | | |

Pre/Post Pandemic

Q14. Have you or someone in your household missed or skipped any of the following PREVENTIVE care check-ups because of the COVID-19 pandemic? **Check all that apply.**

- | | |
|---|---|
| <input type="checkbox"/> Yes, medical | <input type="checkbox"/> Yes, dental |
| <input type="checkbox"/> Yes, vision | <input type="checkbox"/> No, we did not |
| <input type="checkbox"/> Prefer not to answer | <input type="checkbox"/> Other (please specify) _____ |

Q15. The amount of physical activity my child(ren) now gets on an average day is... **(skip, if they answered no to having children)**

- | |
|--|
| <input type="checkbox"/> Less than before the pandemic |
| <input type="checkbox"/> The same as before the pandemic |
| <input type="checkbox"/> More than before the pandemic |
| <input type="checkbox"/> Not applicable |

Waco-McLennan County Public Health District - Community Assessment for Public Health Emergency Response (CASPER)

Cluster Number: _____

Interview Number: _____

<p>Q16. Do you or anyone in your household have any of the following that could be barriers to effective communication during an emergency? Select all that apply.</p> <p><input type="checkbox"/> Impaired hearing (e.g., hearing loss, deafness, hard of hearing, etc.)</p> <p><input type="checkbox"/> Impaired vision (e.g., blurred vision, vision loss, night blindness, generalized haze, etc.)</p> <p><input type="checkbox"/> Developmental/cognitive difficulty (e.g., autism, down syndrome, etc.)</p> <p><input type="checkbox"/> Difficulty understanding written material (e.g., Dyslexia, reading disorders, etc.)</p> <p><input type="checkbox"/> Difficulty understanding English (e.g., English as a second language learner, etc.)</p> <p><input type="checkbox"/> None of the above</p>	
<p>Q17. What is your household's main source of information about a disaster or emergency event, such as, tornados, flash flooding, wildfires, bad weather, etc.? Select one.</p> <p><input type="checkbox"/> TV</p> <p><input type="checkbox"/> Radio</p> <p><input type="checkbox"/> Family/friends/word of mouth</p> <p><input type="checkbox"/> Text message/cell phone alert</p> <p><input type="checkbox"/> Newspaper</p> <p><input type="checkbox"/> Internet/online news</p> <p><input type="checkbox"/> Social media</p> <p><input type="checkbox"/> Church/place of worship</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p>Q18. How has your household received health related information in the past? Check all that apply.</p> <p><input type="checkbox"/> TV</p> <p><input type="checkbox"/> Radio</p> <p><input type="checkbox"/> Family/friends/word of mouth</p> <p><input type="checkbox"/> Text message/cell phone alert</p> <p><input type="checkbox"/> Newspaper</p> <p><input type="checkbox"/> Internet/online news</p> <p><input type="checkbox"/> Social media</p> <p><input type="checkbox"/> Church/place of worship</p> <p><input type="checkbox"/> Other (please specify) _____</p>
<p>Q19. Which of the following actions has your household taken to be prepared for an emergency? Check all that apply</p> <p><input type="checkbox"/> Created an emergency list of phone numbers and contacts</p> <p><input type="checkbox"/> Created a list of medical conditions and current medicines</p> <p><input type="checkbox"/> Created an emergency supply kit (includes supplies like water, food, flashlights, extra batteries, first aid kit, other supplies)</p> <p><input type="checkbox"/> Created an emergency kit for pets (includes food, water, leash, poop bags, toys, vaccination records)</p> <p><input type="checkbox"/> Stored copies of important documents in a safe location</p> <p><input type="checkbox"/> Identified an evacuation route</p> <p><input type="checkbox"/> None of the above</p>	
<p>Q20. Where would your household go if you had to evacuate due to a disaster or emergency?</p> <p><input type="checkbox"/> American Red Cross, church, or community</p> <p><input type="checkbox"/> Vehicle/RV</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Hotel or motel</p> <p><input type="checkbox"/> Storm shelter (e.g., shelter tornados)</p> <p><input type="checkbox"/> Would not evacuate (go to Q20a)</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p>Q20a. If would not evacuate, then why? DO NOT READ OPTIONS.</p> <p><input type="checkbox"/> Concern about leaving property</p> <p><input type="checkbox"/> Concern about leaving pets</p> <p><input type="checkbox"/> Health problems</p> <p><input type="checkbox"/> Lack of transportation</p> <p><input type="checkbox"/> Nowhere to go</p> <p><input type="checkbox"/> Concern about personal safety</p> <p><input type="checkbox"/> Concern about traffic jams</p> <p><input type="checkbox"/> Inconvenient/expensive</p> <p><input type="checkbox"/> Lack of trust in public officials</p> <p><input type="checkbox"/> Other (please specify) _____</p>
<p>Vaccine Hesitancy</p>	
<p>Q21. Do you think it is important to get recommended vaccines for children and adults?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer</p>	

Waco-McLennan County Public Health District - Community Assessment for Public Health Emergency Response (CASPER)

Cluster Number: _____

Interview Number: _____

Mental Health	
<p>Q22. In the last year, have you or someone in your household had a need for counseling and/or treatment for mental health?</p> <p><input type="checkbox"/> Yes (<i>go to Q22A</i>) <input type="checkbox"/> No (<i>go to Q23</i>)</p> <p><input type="checkbox"/> Don't know (<i>go to Q23</i>) <input type="checkbox"/> Prefer not to answer (<i>go to Q23</i>)</p>	<p>Q22A. If yes, did you receive treatment?</p> <p><input type="checkbox"/> Yes (<i>go to Q22A.a</i>) <input type="checkbox"/> No (<i>go to Q22A.b</i>)</p> <p><input type="checkbox"/> Don't know (<i>go to Q23</i>) <input type="checkbox"/> Prefer not to answer (<i>go to Q23</i>)</p>
<p>Q22A.a. If yes, where was treatment received? DO NOT READ OPTIONS.</p> <p><input type="checkbox"/> Emergency room <input type="checkbox"/> Primary doctor</p> <p><input type="checkbox"/> Mental health (e.g., counselor, therapist, or social worker)</p> <p><input type="checkbox"/> MHMR (now known as Heart of Texas Behavioral Health Network)</p> <p><input type="checkbox"/> EAP (Employee assistance program)</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other (please specify) _____</p>	<p>Q22A.b. If no, why was treatment not received? Check all that apply. DO NOT READ OPTIONS.</p> <p><input type="checkbox"/> Do not need treatment</p> <p><input type="checkbox"/> Financial reasons (too expensive, not covered by insurance)</p> <p><input type="checkbox"/> No insurance</p> <p><input type="checkbox"/> Not enough time</p> <p><input type="checkbox"/> Not sure where to go</p> <p><input type="checkbox"/> Difficulty finding an available appointment</p> <p><input type="checkbox"/> I haven't had the chance to go but I plan to</p> <p><input type="checkbox"/> I have my own support system (family, friends, etc.)</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Prefer not to answer</p> <p><input type="checkbox"/> Other (please specify) _____</p>
<p>Q23. How much do you agree with the following statement? "Most people think less of a person who has received mental health treatment."</p> <p><input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Prefer not to answer</p>	
General Questions	
<p>Q24. Did you or your household hear about this survey prior to us talking to you today?</p> <p><input type="checkbox"/> Yes (<i>go to Q25</i>) <input type="checkbox"/> No (<i>go to Q26</i>)</p> <p><input type="checkbox"/> Don't know (<i>go to Q26</i>)</p>	<p>Q26. Have you or anyone in your household used any of the following services offered by the Health District? Select all that apply.</p> <p><input type="checkbox"/> Birth/death certificate <input type="checkbox"/> Childcare inspections</p> <p><input type="checkbox"/> Food permits and restaurant inspections (e.g., food trucks, concession stands)</p> <p><input type="checkbox"/> Health education programs (e.g., Diabetes, high blood pressure)</p> <p><input type="checkbox"/> Immunizations or COVID-19 vaccinations</p> <p><input type="checkbox"/> Pool/spa inspections</p> <p><input type="checkbox"/> STD/HIV services <input type="checkbox"/> Septic system complaint</p> <p><input type="checkbox"/> WIC <input type="checkbox"/> TB services</p> <p><input type="checkbox"/> Other (please specify) _____</p> <p><input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer</p> <p><input type="checkbox"/> None of the above</p>
<p>Q25. If yes, how did you or your household hear about it? Check all that apply.</p> <p><input type="checkbox"/> Email <input type="checkbox"/> Family/friend/neighbor</p> <p><input type="checkbox"/> Flyers <input type="checkbox"/> Radio</p> <p><input type="checkbox"/> Social media <input type="checkbox"/> Water bill</p> <p><input type="checkbox"/> Website, press release <input type="checkbox"/> Work</p> <p><input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer</p> <p><input type="checkbox"/> Other (please specify) _____</p>	
<p>Q27. If we missed something in the survey, please let us know below.</p> <p><i>Thank you</i></p>	

Submitted online: Yes No

Waco-McLennan County Public Health District - Community Assessment for Public Health Emergency Response (CASPER)

Date: 10 / ___ / 2022

Cluster Number: _____

Team name: _____

Interview Number: _____

Verbal Consent: Yes No

La demografía			
<p>Q1. ¿Cuántas personas viven en su hogar incluyéndolo(la) a usted? # _____</p>	<p>Q2. ¿Además de usted, ¿cuántas personas que viven en su hogar tienen? Menos de 2 años? # _____ 2-17 años? # _____ 18-64 años? # _____ 65+ años o mayor? # _____ <input type="checkbox"/> No sé <input type="checkbox"/> Prefiero no contestar</p>		
<p>Q3. ¿Usted o algún miembro de la familia del hogar es hispano(a) o latino(a)? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No sé <input type="checkbox"/> Prefiero no contestar</p>	<p>Q4. ¿De qué raza(s) son los miembros de la familia del hogar? Marque todas las que correspondan. <input type="checkbox"/> Blanco <input type="checkbox"/> Negro/Afroamericano <input type="checkbox"/> Asiático(a) <input type="checkbox"/> Indio Americano/Nativo de Alaska <input type="checkbox"/> Nativo Hawaiano(a) u otro Isleño del Pacífico <input type="checkbox"/> No sé <input type="checkbox"/> Prefiero no contestar</p>		
<p>Q5. ¿Qué idioma se habla más en su hogar? <input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Otros (Especifique) _____ <input type="checkbox"/> No sé <input type="checkbox"/> Prefiero no contestar</p>	<p>Q6. En su hogar, ¿tienen acceso al internet? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No sé <input type="checkbox"/> Prefiero no contestar</p>		
Acceso a Servicios Médicos			
<p>Q7. En el último año, alguien en su hogar, ¿ha tenido algún problema en acudir al doctor? <input type="checkbox"/> Sí (vaya a Q8) <input type="checkbox"/> No (vaya a Q9) <input type="checkbox"/> No sé (vaya a Q9) <input type="checkbox"/> Prefiero no contestar (vaya a Q9)</p>	<p>Q8. Si dijo, Sí, ¿por qué? (NO LEA LAS OPCIONES) <input type="checkbox"/> Costo <input type="checkbox"/> Transporte <input type="checkbox"/> Tiempo de espera <input type="checkbox"/> No tengo seguro <input type="checkbox"/> Médico no acepta mi seguro <input type="checkbox"/> médico/seguro insuficiente <input type="checkbox"/> No puedo por el trabajo <input type="checkbox"/> No puedo encontrar a alguien que me cuide los niños <input type="checkbox"/> Otros (especifique) _____</p>		
Salud Dental			
<p>Q9. En el último año, usted o alguien en su hogar ¿ha tenido un examen dental o limpieza de dientes? <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> No sé <input type="checkbox"/> Prefiero no contestar</p>			
Necesidades de Salud de la Comunidad			
<p>Q10. ¿Cuáles son los puntos fuertes de su vecindario o comunidad? Elija hasta 5. Presenta la copia impresa.</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> Acceso a los servicios médicos (ejemplo: doctor de la familia) <input type="checkbox"/> Acceso al transporte público <input type="checkbox"/> Viviendas Asequibles <input type="checkbox"/> Eventos de Arte o culturales <input type="checkbox"/> El ambiente alrededor está limpio <input type="checkbox"/> Recursos de la Comunidad (p. ej., grupos sin fines lucrativos, biblioteca, despensas de alimentos) <input type="checkbox"/> Buenos trabajos y economía estable <input type="checkbox"/> G Un buen lugar para criar hijos </td> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> Buena relación con gente de otras razas <input type="checkbox"/> Buenas escuelas <input type="checkbox"/> Hábitos saludables y estilo de vida <input type="checkbox"/> Bajas tasas de mortalidad y enfermedad de adultos <input type="checkbox"/> Bajas tasas de crimen y vecindades seguras <input type="checkbox"/> Parques y área de recreo <input type="checkbox"/> Preparados para desastres naturales o causados por humanos, y otras emergencias <input type="checkbox"/> Valores religiosos o espirituales <input type="checkbox"/> Otros (especifique) _____ </td> </tr> </table>		<input type="checkbox"/> Acceso a los servicios médicos (ejemplo: doctor de la familia) <input type="checkbox"/> Acceso al transporte público <input type="checkbox"/> Viviendas Asequibles <input type="checkbox"/> Eventos de Arte o culturales <input type="checkbox"/> El ambiente alrededor está limpio <input type="checkbox"/> Recursos de la Comunidad (p. ej., grupos sin fines lucrativos, biblioteca, despensas de alimentos) <input type="checkbox"/> Buenos trabajos y economía estable <input type="checkbox"/> G Un buen lugar para criar hijos	<input type="checkbox"/> Buena relación con gente de otras razas <input type="checkbox"/> Buenas escuelas <input type="checkbox"/> Hábitos saludables y estilo de vida <input type="checkbox"/> Bajas tasas de mortalidad y enfermedad de adultos <input type="checkbox"/> Bajas tasas de crimen y vecindades seguras <input type="checkbox"/> Parques y área de recreo <input type="checkbox"/> Preparados para desastres naturales o causados por humanos, y otras emergencias <input type="checkbox"/> Valores religiosos o espirituales <input type="checkbox"/> Otros (especifique) _____
<input type="checkbox"/> Acceso a los servicios médicos (ejemplo: doctor de la familia) <input type="checkbox"/> Acceso al transporte público <input type="checkbox"/> Viviendas Asequibles <input type="checkbox"/> Eventos de Arte o culturales <input type="checkbox"/> El ambiente alrededor está limpio <input type="checkbox"/> Recursos de la Comunidad (p. ej., grupos sin fines lucrativos, biblioteca, despensas de alimentos) <input type="checkbox"/> Buenos trabajos y economía estable <input type="checkbox"/> G Un buen lugar para criar hijos	<input type="checkbox"/> Buena relación con gente de otras razas <input type="checkbox"/> Buenas escuelas <input type="checkbox"/> Hábitos saludables y estilo de vida <input type="checkbox"/> Bajas tasas de mortalidad y enfermedad de adultos <input type="checkbox"/> Bajas tasas de crimen y vecindades seguras <input type="checkbox"/> Parques y área de recreo <input type="checkbox"/> Preparados para desastres naturales o causados por humanos, y otras emergencias <input type="checkbox"/> Valores religiosos o espirituales <input type="checkbox"/> Otros (especifique) _____		

Waco-McLennan County Public Health District - Community Assessment for Public Health Emergency
Response (CASPER)

Cluster Number: _____

Interview Number: _____

<p>Q11. ¿Cuáles son los “desafíos” más grandes a los que se enfrenta su vecindario o comunidad? Elija hasta 5. Presenta la copia impresa.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Acceso a las necesidades básicas</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Problemas de Salud</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Tráfico sexual</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Abuso de niños</td> <td style="border: none;"><input type="checkbox"/> Muerte infantil</td> <td style="border: none;"><input type="checkbox"/> Suicidio/daños intencionados</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Violencia doméstica</td> <td style="border: none;"><input type="checkbox"/> Falta de ejercicio</td> <td style="border: none;"><input type="checkbox"/> Embarazo adolescente</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Uso de drogas</td> <td style="border: none;"><input type="checkbox"/> Accidentes automovilísticos</td> <td style="border: none;"><input type="checkbox"/> Uso de tabaco</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Exceso de alcohol</td> <td style="border: none;"><input type="checkbox"/> Malos hábitos de alimentación</td> <td style="border: none;"><input type="checkbox"/> Crímenes y muertes violentas</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Sentimientos de soledad/aislamiento</td> <td style="border: none;"><input type="checkbox"/> Asaltos sexuales/violación</td> <td style="border: none;"><input type="checkbox"/> Otros (especifique) _____</td> </tr> </table>			<input type="checkbox"/> Acceso a las necesidades básicas	<input type="checkbox"/> Problemas de Salud	<input type="checkbox"/> Tráfico sexual	<input type="checkbox"/> Abuso de niños	<input type="checkbox"/> Muerte infantil	<input type="checkbox"/> Suicidio/daños intencionados	<input type="checkbox"/> Violencia doméstica	<input type="checkbox"/> Falta de ejercicio	<input type="checkbox"/> Embarazo adolescente	<input type="checkbox"/> Uso de drogas	<input type="checkbox"/> Accidentes automovilísticos	<input type="checkbox"/> Uso de tabaco	<input type="checkbox"/> Exceso de alcohol	<input type="checkbox"/> Malos hábitos de alimentación	<input type="checkbox"/> Crímenes y muertes violentas	<input type="checkbox"/> Sentimientos de soledad/aislamiento	<input type="checkbox"/> Asaltos sexuales/violación	<input type="checkbox"/> Otros (especifique) _____			
<input type="checkbox"/> Acceso a las necesidades básicas	<input type="checkbox"/> Problemas de Salud	<input type="checkbox"/> Tráfico sexual																					
<input type="checkbox"/> Abuso de niños	<input type="checkbox"/> Muerte infantil	<input type="checkbox"/> Suicidio/daños intencionados																					
<input type="checkbox"/> Violencia doméstica	<input type="checkbox"/> Falta de ejercicio	<input type="checkbox"/> Embarazo adolescente																					
<input type="checkbox"/> Uso de drogas	<input type="checkbox"/> Accidentes automovilísticos	<input type="checkbox"/> Uso de tabaco																					
<input type="checkbox"/> Exceso de alcohol	<input type="checkbox"/> Malos hábitos de alimentación	<input type="checkbox"/> Crímenes y muertes violentas																					
<input type="checkbox"/> Sentimientos de soledad/aislamiento	<input type="checkbox"/> Asaltos sexuales/violación	<input type="checkbox"/> Otros (especifique) _____																					
<p>Q12. ¿Qué servicios le gustaría ver más seguido o que se mejoren en su vecindario o comunidad? Elija hasta 5. Presenta la copia impresa.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Hacer frente a las personas sin hogar</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Esfuerzos para abordar el racismo</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Seguridad en las carreteras</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Viviendas Asequibles</td> <td style="border: none;"><input type="checkbox"/> Opciones de alimentos saludables</td> <td style="border: none;"><input type="checkbox"/> Servicios para personas discapacitadas</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Opciones para el cuidado de los niños</td> <td style="border: none;"><input type="checkbox"/> Ayuda para encontrar servicios</td> <td style="border: none;"><input type="checkbox"/> Servicios para personas confinadas al hogar</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Comunicación y servicios durante las emergencias</td> <td style="border: none;"><input type="checkbox"/> Servicios médicos económicos</td> <td style="border: none;"><input type="checkbox"/> Servicios para los ancianos</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Consejería/Servicios para la salud mental/Grupos de apoyo</td> <td style="border: none;"><input type="checkbox"/> Más trabajos</td> <td style="border: none;"><input type="checkbox"/> Opciones de transporte</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Servicios médicos culturalmente apropiado</td> <td style="border: none;"><input type="checkbox"/> Parques, senderos, centros comunitarios</td> <td style="border: none;"><input type="checkbox"/> Otros (especifique) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Actividades positivas para los jóvenes</td> <td style="border: none;"></td> </tr> </table>			<input type="checkbox"/> Hacer frente a las personas sin hogar	<input type="checkbox"/> Esfuerzos para abordar el racismo	<input type="checkbox"/> Seguridad en las carreteras	<input type="checkbox"/> Viviendas Asequibles	<input type="checkbox"/> Opciones de alimentos saludables	<input type="checkbox"/> Servicios para personas discapacitadas	<input type="checkbox"/> Opciones para el cuidado de los niños	<input type="checkbox"/> Ayuda para encontrar servicios	<input type="checkbox"/> Servicios para personas confinadas al hogar	<input type="checkbox"/> Comunicación y servicios durante las emergencias	<input type="checkbox"/> Servicios médicos económicos	<input type="checkbox"/> Servicios para los ancianos	<input type="checkbox"/> Consejería/Servicios para la salud mental/Grupos de apoyo	<input type="checkbox"/> Más trabajos	<input type="checkbox"/> Opciones de transporte	<input type="checkbox"/> Servicios médicos culturalmente apropiado	<input type="checkbox"/> Parques, senderos, centros comunitarios	<input type="checkbox"/> Otros (especifique) _____		<input type="checkbox"/> Actividades positivas para los jóvenes	
<input type="checkbox"/> Hacer frente a las personas sin hogar	<input type="checkbox"/> Esfuerzos para abordar el racismo	<input type="checkbox"/> Seguridad en las carreteras																					
<input type="checkbox"/> Viviendas Asequibles	<input type="checkbox"/> Opciones de alimentos saludables	<input type="checkbox"/> Servicios para personas discapacitadas																					
<input type="checkbox"/> Opciones para el cuidado de los niños	<input type="checkbox"/> Ayuda para encontrar servicios	<input type="checkbox"/> Servicios para personas confinadas al hogar																					
<input type="checkbox"/> Comunicación y servicios durante las emergencias	<input type="checkbox"/> Servicios médicos económicos	<input type="checkbox"/> Servicios para los ancianos																					
<input type="checkbox"/> Consejería/Servicios para la salud mental/Grupos de apoyo	<input type="checkbox"/> Más trabajos	<input type="checkbox"/> Opciones de transporte																					
<input type="checkbox"/> Servicios médicos culturalmente apropiado	<input type="checkbox"/> Parques, senderos, centros comunitarios	<input type="checkbox"/> Otros (especifique) _____																					
	<input type="checkbox"/> Actividades positivas para los jóvenes																						
<p>Q13. ¿Cuáles son los problemas de la salud más importantes en nuestra comunidad? Elija hasta 5. Presenta la copia impresa.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Problemas de envejecimiento (p. ej., enfermedad de Alzheimer, pérdida de audición, pérdida de memoria, artritis)-</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Enfermedades del corazón o ataque de corazón-</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Problemas de sobrepeso/obesidad</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Cáncer</td> <td style="border: none;"><input type="checkbox"/> Presión arterial alta</td> <td style="border: none;"><input type="checkbox"/> Otras enfermedades contagiosas (p. ej., Hepatitis, Tuberculosis)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Dolor crónico</td> <td style="border: none;"><input type="checkbox"/> VIH/SIDA</td> <td style="border: none;"><input type="checkbox"/> Enfermedades del Pulmón (p. ej., asma, enfermedad pulmonar obstructiva crónica (EPOC))</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Salud Dental (incluyendo el dolor de dientes)</td> <td style="border: none;"><input type="checkbox"/> Infecciones/Enfermedades contagiosas (p. ej., gripa, neumonía, intoxicación de alimentos, COVID, etc.)</td> <td style="border: none;"><input type="checkbox"/> Enfermedades Sexuales (ETS)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Diabetes</td> <td style="border: none;"><input type="checkbox"/> Lesiones</td> <td style="border: none;"><input type="checkbox"/> Derrame cerebral</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Actividad sexual a temprana edad</td> <td style="border: none;"><input type="checkbox"/> Problemas de salud mental (p. ej., ansiedad, depresión, desesperación, ira, etc.)</td> <td style="border: none;"><input type="checkbox"/> Otros (especifique) _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Salud de las mujeres</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>			<input type="checkbox"/> Problemas de envejecimiento (p. ej., enfermedad de Alzheimer, pérdida de audición, pérdida de memoria, artritis)-	<input type="checkbox"/> Enfermedades del corazón o ataque de corazón-	<input type="checkbox"/> Problemas de sobrepeso/obesidad	<input type="checkbox"/> Cáncer	<input type="checkbox"/> Presión arterial alta	<input type="checkbox"/> Otras enfermedades contagiosas (p. ej., Hepatitis, Tuberculosis)	<input type="checkbox"/> Dolor crónico	<input type="checkbox"/> VIH/SIDA	<input type="checkbox"/> Enfermedades del Pulmón (p. ej., asma, enfermedad pulmonar obstructiva crónica (EPOC))	<input type="checkbox"/> Salud Dental (incluyendo el dolor de dientes)	<input type="checkbox"/> Infecciones/Enfermedades contagiosas (p. ej., gripa, neumonía, intoxicación de alimentos, COVID, etc.)	<input type="checkbox"/> Enfermedades Sexuales (ETS)	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Lesiones	<input type="checkbox"/> Derrame cerebral	<input type="checkbox"/> Actividad sexual a temprana edad	<input type="checkbox"/> Problemas de salud mental (p. ej., ansiedad, depresión, desesperación, ira, etc.)	<input type="checkbox"/> Otros (especifique) _____	<input type="checkbox"/> Salud de las mujeres		
<input type="checkbox"/> Problemas de envejecimiento (p. ej., enfermedad de Alzheimer, pérdida de audición, pérdida de memoria, artritis)-	<input type="checkbox"/> Enfermedades del corazón o ataque de corazón-	<input type="checkbox"/> Problemas de sobrepeso/obesidad																					
<input type="checkbox"/> Cáncer	<input type="checkbox"/> Presión arterial alta	<input type="checkbox"/> Otras enfermedades contagiosas (p. ej., Hepatitis, Tuberculosis)																					
<input type="checkbox"/> Dolor crónico	<input type="checkbox"/> VIH/SIDA	<input type="checkbox"/> Enfermedades del Pulmón (p. ej., asma, enfermedad pulmonar obstructiva crónica (EPOC))																					
<input type="checkbox"/> Salud Dental (incluyendo el dolor de dientes)	<input type="checkbox"/> Infecciones/Enfermedades contagiosas (p. ej., gripa, neumonía, intoxicación de alimentos, COVID, etc.)	<input type="checkbox"/> Enfermedades Sexuales (ETS)																					
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Lesiones	<input type="checkbox"/> Derrame cerebral																					
<input type="checkbox"/> Actividad sexual a temprana edad	<input type="checkbox"/> Problemas de salud mental (p. ej., ansiedad, depresión, desesperación, ira, etc.)	<input type="checkbox"/> Otros (especifique) _____																					
<input type="checkbox"/> Salud de las mujeres																							
Antes/Después de la Pandemia																							
<p>Q14. ¿Usted o alguien de su hogar perdió o dejó de recibir algunos de estos chequeos de atención preventiva por la pandemia del COVID-19? Marque todas las que correspondan.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Sí, médico</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Sí, dental</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Sí, oculista</td> <td style="border: none;"><input type="checkbox"/> No perdimos los chequeos</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Prefiero no contestar</td> <td style="border: none;"><input type="checkbox"/> Otros (especifique) _____</td> </tr> </table>	<input type="checkbox"/> Sí, médico	<input type="checkbox"/> Sí, dental	<input type="checkbox"/> Sí, oculista	<input type="checkbox"/> No perdimos los chequeos	<input type="checkbox"/> Prefiero no contestar	<input type="checkbox"/> Otros (especifique) _____	<p>Q15. La cantidad de ejercicios que mis hijos hacen por día es... (salta, si respondieron que no a tener hijos)</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Menos ejercicio que antes de la pandemia</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tanto ejercicio como antes de la pandemia</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Más ejercicio que antes de la pandemia</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> No es aplicable</td> </tr> </table>	<input type="checkbox"/> Menos ejercicio que antes de la pandemia	<input type="checkbox"/> Tanto ejercicio como antes de la pandemia	<input type="checkbox"/> Más ejercicio que antes de la pandemia	<input type="checkbox"/> No es aplicable												
<input type="checkbox"/> Sí, médico	<input type="checkbox"/> Sí, dental																						
<input type="checkbox"/> Sí, oculista	<input type="checkbox"/> No perdimos los chequeos																						
<input type="checkbox"/> Prefiero no contestar	<input type="checkbox"/> Otros (especifique) _____																						
<input type="checkbox"/> Menos ejercicio que antes de la pandemia																							
<input type="checkbox"/> Tanto ejercicio como antes de la pandemia																							
<input type="checkbox"/> Más ejercicio que antes de la pandemia																							
<input type="checkbox"/> No es aplicable																							

Waco-McLennan County Public Health District - Community Assessment for Public Health Emergency Response (CASPER)

Cluster Number: _____

Interview Number: _____

<p>Q16. ¿Usted o alguien de su hogar tiene alguno de los problemas a continuación que podría ser un obstáculo en la comunicación durante una emergencia? Marque todas las que correspondan.</p> <table border="0"> <tr> <td><input type="checkbox"/> Discapacidad auditiva (p. ej., pérdida auditiva, sordera, dificultades para escuchar, etc.)</td> <td><input type="checkbox"/> Problemas de comprensión de la escritura (p. ej., Dislexia, problemas de lectura, etc.)</td> </tr> <tr> <td><input type="checkbox"/> Discapacidad visual (p. ej., vista borrosa, pérdida de la vista, ceguera por la noche, opacidad general, etc.)</td> <td><input type="checkbox"/> Problemas de comprensión del inglés (p. ej., aprendizaje del inglés como segunda lengua, etc.)</td> </tr> <tr> <td><input type="checkbox"/> Problemas Cognitivos (p. ej., autismo, síndrome de Down, etc.)</td> <td><input type="checkbox"/> Ninguno de arriba</td> </tr> <tr> <td></td> <td><input type="checkbox"/> No es aplicable</td> </tr> </table>		<input type="checkbox"/> Discapacidad auditiva (p. ej., pérdida auditiva, sordera, dificultades para escuchar, etc.)	<input type="checkbox"/> Problemas de comprensión de la escritura (p. ej., Dislexia, problemas de lectura, etc.)	<input type="checkbox"/> Discapacidad visual (p. ej., vista borrosa, pérdida de la vista, ceguera por la noche, opacidad general, etc.)	<input type="checkbox"/> Problemas de comprensión del inglés (p. ej., aprendizaje del inglés como segunda lengua, etc.)	<input type="checkbox"/> Problemas Cognitivos (p. ej., autismo, síndrome de Down, etc.)	<input type="checkbox"/> Ninguno de arriba		<input type="checkbox"/> No es aplicable												
<input type="checkbox"/> Discapacidad auditiva (p. ej., pérdida auditiva, sordera, dificultades para escuchar, etc.)	<input type="checkbox"/> Problemas de comprensión de la escritura (p. ej., Dislexia, problemas de lectura, etc.)																				
<input type="checkbox"/> Discapacidad visual (p. ej., vista borrosa, pérdida de la vista, ceguera por la noche, opacidad general, etc.)	<input type="checkbox"/> Problemas de comprensión del inglés (p. ej., aprendizaje del inglés como segunda lengua, etc.)																				
<input type="checkbox"/> Problemas Cognitivos (p. ej., autismo, síndrome de Down, etc.)	<input type="checkbox"/> Ninguno de arriba																				
	<input type="checkbox"/> No es aplicable																				
<p>Q17. En su hogar, ¿Cuáles son las fuentes principales de información cuando pasa un desastre o evento de emergencia, como los tornados, inundaciones, incendio forestal, mal clima, etc.? Elija uno.</p> <table border="0"> <tr> <td><input type="checkbox"/> Tele</td> <td><input type="checkbox"/> Periódico</td> </tr> <tr> <td><input type="checkbox"/> Radio</td> <td><input type="checkbox"/> Internet</td> </tr> <tr> <td><input type="checkbox"/> Familia/Amigos/De boca a boca</td> <td><input type="checkbox"/> Medios sociales</td> </tr> <tr> <td><input type="checkbox"/> Mensajes de texto/alerta por teléfono celular</td> <td><input type="checkbox"/> Iglesia/Lugar religioso</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Otros (especifique) _____</td> </tr> </table>	<input type="checkbox"/> Tele	<input type="checkbox"/> Periódico	<input type="checkbox"/> Radio	<input type="checkbox"/> Internet	<input type="checkbox"/> Familia/Amigos/De boca a boca	<input type="checkbox"/> Medios sociales	<input type="checkbox"/> Mensajes de texto/alerta por teléfono celular	<input type="checkbox"/> Iglesia/Lugar religioso		<input type="checkbox"/> Otros (especifique) _____	<p>Q18. En su hogar, ¿Cómo ha recibido información sobre la salud en el pasado? Marque todas las que correspondan.</p> <table border="0"> <tr> <td><input type="checkbox"/> Tele</td> <td><input type="checkbox"/> Periódico</td> </tr> <tr> <td><input type="checkbox"/> Radio</td> <td><input type="checkbox"/> Internet</td> </tr> <tr> <td><input type="checkbox"/> Familia/Amigos/De boca a boca</td> <td><input type="checkbox"/> Medios sociales</td> </tr> <tr> <td><input type="checkbox"/> Mensajes de texto/alerta por teléfono celular</td> <td><input type="checkbox"/> Iglesia/Lugar religioso</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Otros (especifique) _____</td> </tr> </table>	<input type="checkbox"/> Tele	<input type="checkbox"/> Periódico	<input type="checkbox"/> Radio	<input type="checkbox"/> Internet	<input type="checkbox"/> Familia/Amigos/De boca a boca	<input type="checkbox"/> Medios sociales	<input type="checkbox"/> Mensajes de texto/alerta por teléfono celular	<input type="checkbox"/> Iglesia/Lugar religioso		<input type="checkbox"/> Otros (especifique) _____
<input type="checkbox"/> Tele	<input type="checkbox"/> Periódico																				
<input type="checkbox"/> Radio	<input type="checkbox"/> Internet																				
<input type="checkbox"/> Familia/Amigos/De boca a boca	<input type="checkbox"/> Medios sociales																				
<input type="checkbox"/> Mensajes de texto/alerta por teléfono celular	<input type="checkbox"/> Iglesia/Lugar religioso																				
	<input type="checkbox"/> Otros (especifique) _____																				
<input type="checkbox"/> Tele	<input type="checkbox"/> Periódico																				
<input type="checkbox"/> Radio	<input type="checkbox"/> Internet																				
<input type="checkbox"/> Familia/Amigos/De boca a boca	<input type="checkbox"/> Medios sociales																				
<input type="checkbox"/> Mensajes de texto/alerta por teléfono celular	<input type="checkbox"/> Iglesia/Lugar religioso																				
	<input type="checkbox"/> Otros (especifique) _____																				
<p>Q19. Cuáles de estas acciones se han tomado en su hogar para prepararse en caso de una emergencia? Marque todas las que correspondan</p> <table border="0"> <tr> <td><input type="checkbox"/> Crear una lista de contactos de emergencia</td> <td><input type="checkbox"/> Preparar un equipo de emergencia para las mascotas (incluyendo agua, comida, correa, bolsas para la caca, juguetes, comprobante de vacunación)</td> </tr> <tr> <td><input type="checkbox"/> Crear una lista de condiciones médicas y medicinas</td> <td><input type="checkbox"/> Copias de documentos importantes guardados en un lugar seguro</td> </tr> <tr> <td><input type="checkbox"/> Preparar un equipo de emergencia (incluyendo cosas como agua, comida, lámparas, baterías, equipo de primeros auxilios, otras herramientas)</td> <td><input type="checkbox"/> Identificaron una ruta de evacuación</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Ninguno de arriba</td> </tr> </table>		<input type="checkbox"/> Crear una lista de contactos de emergencia	<input type="checkbox"/> Preparar un equipo de emergencia para las mascotas (incluyendo agua, comida, correa, bolsas para la caca, juguetes, comprobante de vacunación)	<input type="checkbox"/> Crear una lista de condiciones médicas y medicinas	<input type="checkbox"/> Copias de documentos importantes guardados en un lugar seguro	<input type="checkbox"/> Preparar un equipo de emergencia (incluyendo cosas como agua, comida, lámparas, baterías, equipo de primeros auxilios, otras herramientas)	<input type="checkbox"/> Identificaron una ruta de evacuación		<input type="checkbox"/> Ninguno de arriba												
<input type="checkbox"/> Crear una lista de contactos de emergencia	<input type="checkbox"/> Preparar un equipo de emergencia para las mascotas (incluyendo agua, comida, correa, bolsas para la caca, juguetes, comprobante de vacunación)																				
<input type="checkbox"/> Crear una lista de condiciones médicas y medicinas	<input type="checkbox"/> Copias de documentos importantes guardados en un lugar seguro																				
<input type="checkbox"/> Preparar un equipo de emergencia (incluyendo cosas como agua, comida, lámparas, baterías, equipo de primeros auxilios, otras herramientas)	<input type="checkbox"/> Identificaron una ruta de evacuación																				
	<input type="checkbox"/> Ninguno de arriba																				
<p>Q20. En caso de un desastre o emergencia, ¿a dónde se irían las personas de su hogar, si tuvieran que evacuarse?</p> <table border="0"> <tr> <td><input type="checkbox"/> Cruz Roja, Iglesia, o Refugio de la comunidad</td> <td><input type="checkbox"/> Hotel o motel</td> </tr> <tr> <td><input type="checkbox"/> Carros/Autocaravanas</td> <td><input type="checkbox"/> Refugio de tormentas (p. ej., tornados)</td> </tr> <tr> <td><input type="checkbox"/> No sé</td> <td><input type="checkbox"/> No nos iríamos (vaya a Q20a)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Otros (especifique) _____</td> </tr> </table>	<input type="checkbox"/> Cruz Roja, Iglesia, o Refugio de la comunidad	<input type="checkbox"/> Hotel o motel	<input type="checkbox"/> Carros/Autocaravanas	<input type="checkbox"/> Refugio de tormentas (p. ej., tornados)	<input type="checkbox"/> No sé	<input type="checkbox"/> No nos iríamos (vaya a Q20a)	<input type="checkbox"/>	<input type="checkbox"/> Otros (especifique) _____	<p>Q20a. Si usted no se iría, entonces..., ¿por qué no? NO LEA LAS OPCIONES.</p> <table border="0"> <tr> <td><input type="checkbox"/> Preocupado/a por abandonar mi propiedad</td> <td><input type="checkbox"/> Preocupado/a por mi propia seguridad</td> </tr> <tr> <td><input type="checkbox"/> Preocupado/a por dejar a mis mascotas</td> <td><input type="checkbox"/> Preocupado/a por atascos de tráfico</td> </tr> <tr> <td><input type="checkbox"/> Problemas de Salud</td> <td><input type="checkbox"/> Inconveniente/Caro</td> </tr> <tr> <td><input type="checkbox"/> No tengo transporte</td> <td><input type="checkbox"/> No tengo fe en la gente del gobierno</td> </tr> <tr> <td><input type="checkbox"/> No tengo a dónde ir</td> <td><input type="checkbox"/> Otros (especifique) _____</td> </tr> </table>	<input type="checkbox"/> Preocupado/a por abandonar mi propiedad	<input type="checkbox"/> Preocupado/a por mi propia seguridad	<input type="checkbox"/> Preocupado/a por dejar a mis mascotas	<input type="checkbox"/> Preocupado/a por atascos de tráfico	<input type="checkbox"/> Problemas de Salud	<input type="checkbox"/> Inconveniente/Caro	<input type="checkbox"/> No tengo transporte	<input type="checkbox"/> No tengo fe en la gente del gobierno	<input type="checkbox"/> No tengo a dónde ir	<input type="checkbox"/> Otros (especifique) _____		
<input type="checkbox"/> Cruz Roja, Iglesia, o Refugio de la comunidad	<input type="checkbox"/> Hotel o motel																				
<input type="checkbox"/> Carros/Autocaravanas	<input type="checkbox"/> Refugio de tormentas (p. ej., tornados)																				
<input type="checkbox"/> No sé	<input type="checkbox"/> No nos iríamos (vaya a Q20a)																				
<input type="checkbox"/>	<input type="checkbox"/> Otros (especifique) _____																				
<input type="checkbox"/> Preocupado/a por abandonar mi propiedad	<input type="checkbox"/> Preocupado/a por mi propia seguridad																				
<input type="checkbox"/> Preocupado/a por dejar a mis mascotas	<input type="checkbox"/> Preocupado/a por atascos de tráfico																				
<input type="checkbox"/> Problemas de Salud	<input type="checkbox"/> Inconveniente/Caro																				
<input type="checkbox"/> No tengo transporte	<input type="checkbox"/> No tengo fe en la gente del gobierno																				
<input type="checkbox"/> No tengo a dónde ir	<input type="checkbox"/> Otros (especifique) _____																				
<p>No querer Vacunarse</p>																					
<p>Q21. ¿Cree usted que es importante ponerse las vacunas recomendadas para los niños y adultos?</p> <table border="0"> <tr> <td><input type="checkbox"/> Sí</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> No sé</td> <td><input type="checkbox"/> Prefiero no contestar</td> </tr> </table>		<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No sé	<input type="checkbox"/> Prefiero no contestar																
<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No sé	<input type="checkbox"/> Prefiero no contestar																		

Waco-McLennan County Public Health District - Community Assessment for Public Health Emergency Response (CASPER)

Cluster Number: _____

Interview Number: _____

Salud Mental	
<p>Q22. En el último año, ¿Ha necesitado consultar o ha necesitado tratamiento de salud mental usted o alguien en su hogar?</p> <p><input type="checkbox"/> Sí <i>(vaya a Q22A)</i> <input type="checkbox"/> No <i>(vaya a Q23)</i></p> <p><input type="checkbox"/> No sé <i>(vaya a Q23)</i> <input type="checkbox"/> Prefiero no contestar <i>(vaya a Q23)</i></p>	<p>Q22A. Si dijo sí, ¿recibió tratamiento usted?</p> <p><input type="checkbox"/> Sí <i>(vaya a Q22A.a)</i> <input type="checkbox"/> No <i>(vaya a Q22A.b)</i></p> <p><input type="checkbox"/> No sé <i>(vaya a Q23)</i> <input type="checkbox"/> Prefiero no contestar <i>(vaya a Q23)</i></p>
<p>Q22A.a Si dijo sí, ¿dónde recibió este tratamiento? NO LEA LAS OPCIONES</p> <p>LAS OPCIONES</p> <p><input type="checkbox"/> Sala de Emergencia <input type="checkbox"/> Doctor principal</p> <p><input type="checkbox"/> Practicante profesional de la Salud Mental (p. ej., consejero, terapeuta o trabajador social) <input type="checkbox"/> Servicios para crisis de salud mental (MHMR) (Heart of Texas Behavioral Health Network)</p> <p><input type="checkbox"/> EAP (Programa de asistencia al empleado) <input type="checkbox"/> No sé</p> <p><input type="checkbox"/> Prefiero no contestar <input type="checkbox"/> Otros (especifique) _____</p>	<p>Q22A.b. Si dijo no, ¿por qué no recibió tratamiento? Marque todas las que correspondan. NO LEA LAS OPCIONES.</p> <p><input type="checkbox"/> No necesitaba tratamiento <input type="checkbox"/> Razones financieras (muy caro, el seguro no cubría)</p> <p><input type="checkbox"/> No tengo seguro médico <input type="checkbox"/> No tuve tiempo</p> <p><input type="checkbox"/> No sé a dónde ir <input type="checkbox"/> Es difícil hacer una cita pero tengo el plan de ir</p> <p><input type="checkbox"/> No he tenido chanza, pero tengo el plan de ir <input type="checkbox"/> Tengo mi propio equipo de apoyo (familia, amigos, etc.)</p> <p><input type="checkbox"/> No sé <input type="checkbox"/> Prefiero no contestar</p> <p><input type="checkbox"/> Otros (especifique) _____</p>
<p>Q23. ¿Qué tanto está de acuerdo con la siguiente declaración? “La mayoría de las personas piensan mal de una persona que haya recibido tratamiento para la salud mental”</p> <p><input type="checkbox"/> Totalmente de Acuerdo <input type="checkbox"/> De acuerdo <input type="checkbox"/> No de acuerdo <input type="checkbox"/> Totalmente desacuerdo</p> <p><input type="checkbox"/> No sé <input type="checkbox"/> Prefiero no contestar</p>	
Gen	
<p>Q24. ¿Usted o alguien de su hogar supo de esta encuesta antes de hablar con nosotros?</p> <p><input type="checkbox"/> Sí <i>(vaya a Q25)</i> <input type="checkbox"/> No <i>(vaya a Q26)</i> <input type="checkbox"/> No sé <i>(vaya a Q26)</i></p>	<p>Q26. ¿Ha usado algunos de los servicios que ofrece el Distrito de la Salud usted o alguien de su hogar? Marque todas las que correspondan.</p>
<p>Q25. Si dijo sí, ¿cómo lo supo usted o alguien de su hogar? Marque todas las que correspondan.</p> <p><input type="checkbox"/> Correo electrónico <input type="checkbox"/> Familia/Amigo/Vecino</p> <p><input type="checkbox"/> Volantes <input type="checkbox"/> Radio</p> <p><input type="checkbox"/> Medios Sociales <input type="checkbox"/> Bil de Agua</p> <p><input type="checkbox"/> Página de internet, Noticiero <input type="checkbox"/> Trabajo</p> <p><input type="checkbox"/> No sé <input type="checkbox"/> Otros (especifique) _____</p> <p><input type="checkbox"/> Prefiero no contestar</p>	<p><input type="checkbox"/> Certificado de Nacimiento/Muerte <input type="checkbox"/> Inspección de las guarderías de niños</p> <p><input type="checkbox"/> Permiso para el manejo de comidas o inspecciones de restaurantes (p. ej., Comida de trocas, puestos) <input type="checkbox"/> Programas educativos para la Salud (p. ej., Diabetes, Presión Arterial Alta)</p> <p><input type="checkbox"/> Vacunas o Vacunas de COVID-19 <input type="checkbox"/> Inspección de albercas/spas</p> <p><input type="checkbox"/> Servicios de ETS/VIH <input type="checkbox"/> Quejas del Sistema Séptico</p> <p><input type="checkbox"/> Servicios de TB <input type="checkbox"/> WIC</p> <p><input type="checkbox"/> Otros (especifique) _____ <input type="checkbox"/> No sé</p> <p><input type="checkbox"/> Prefiero no contestar</p>
<p>Q27. Si falta algo que no se menciona en la encuesta, por favor dejen un comentario.</p> <p><i>Thank you</i></p>	

Submitted online: Yes No

Survey Questions: Printout

10. What are the “strengths” in your neighborhood or community? **Select up to 5.**

- Access to health care (e.g., family doctor)
- Access to public transportation
- Affordable housing
- Arts and cultural events
- Clean environment
- Community resources (e.g., nonprofits, libraries, food pantries)
- Good jobs and healthy economy
- Good place to raise children
- Good relationships between different race/ethnic groups
- Good schools
- Health behaviors and lifestyles
- Low adult death and disease rates
- Low crime/safe neighborhoods
- Parks and recreation
- Prepared for natural and man-made disasters and other emergencies
- Religious or spiritual values
- Other (please specify) _____

11. What are the biggest “challenges” in your neighborhood or community? **Select up to 5.**

- Access to basic needs
- Child abuse
- Domestic violence
- Drug use
- Excessive drinking
- Feeling isolated or alone
- Health issues
- Infant death
- Lack of exercise
- Motor vehicle crash injuries
- Poor eating habits
- Rape/sexual assault
- Sex trafficking
- Suicide/intentional harm
- Teenage pregnancy
- Tobacco use
- Violent crime and deaths
- Other (please specify) _____



12. Which services would you like to see more of or improved in your neighborhood or community? **Select up to 5.**

- Addressing homelessness
- Affordable housing
- Childcare options
- Communication and services during emergencies
- Counseling/mental health services/support groups
- Culturally appropriate health services
- Efforts to address racism
- Healthy food choices
- Help finding services
- Low-cost health services
- More jobs
- Parks, trails, community centers
- Positive youth activities
- Road safety
- Services for people with disabilities
- Services for people who are homebound
- Services for seniors
- Transportation options
- Other (please specify) _____

13. What are the most important health issues in our community? **Select up to 5.**

- Aging issues (e.g., Alzheimer's disease, hearing loss, memory loss, arthritis)
- Cancer
- Chronic Pain
- Dental health (including tooth pain)
- Diabetes
- Early sexual activity
- Female/Women Health
- Heart disease/heart attack
- High blood pressure
- HIV/AIDS
- Infectious/contagious disease (e.g., flu, pneumonia, food poisoning, COVID, etc.)
- Injuries
- Mental health issues (e.g., anxiety, depression, hopelessness, anger, etc.)
- Obesity/overweight
- Other infectious diseases (e.g., Hepatitis, TB)
- Respiratory/Lung disease (e.g., asthma, COPD)
- Sexually transmitted infections (STIs/STDs)
- Stroke
- Other (please specify) _____

Survey Questions: Printout

10. ¿Cuáles son los puntos fuertes de su vecindario o comunidad? **Elija hasta 5.**

- | | |
|---|--|
| <input type="checkbox"/> Acceso a los servicios médicos (ejemplo: doctor de la familia) | <input type="checkbox"/> Buenas escuelas |
| <input type="checkbox"/> Acceso al transporte público | <input type="checkbox"/> Hábitos saludables y estilo de vida |
| <input type="checkbox"/> Viviendas Asequibles | <input type="checkbox"/> Bajas tasas de mortalidad y enfermedad de adultos |
| <input type="checkbox"/> Eventos de Arte o culturales | <input type="checkbox"/> Bajas tasas de crimen y vecindades seguras |
| <input type="checkbox"/> El ambiente alrededor está limpio | <input type="checkbox"/> Parques y área de recreo |
| <input type="checkbox"/> Recursos de la Comunidad (p. ej., grupos sin fines lucrativos, biblioteca, despensas de alimentos) | <input type="checkbox"/> Preparados para desastres naturales o causados por humanos, y otras emergencias |
| <input type="checkbox"/> Buenos trabajos y economía estable | <input type="checkbox"/> Valores religiosos o espirituales |
| <input type="checkbox"/> Un buen lugar para criar hijos | <input type="checkbox"/> Otros (especifique) |
| <input type="checkbox"/> Buena relación con gente de otras razas | _____ |

11. ¿Cuáles son los “desafíos” más grandes a los que se enfrenta su vecindario o comunidad? **Elija hasta 5.**

- | | |
|--|--|
| <input type="checkbox"/> Acceso a las necesidades básicas | <input type="checkbox"/> Malos hábitos de alimentación |
| <input type="checkbox"/> Abuso de niños | <input type="checkbox"/> Asaltos sexuales/violación |
| <input type="checkbox"/> Violencia doméstica | <input type="checkbox"/> Tráfico sexual |
| <input type="checkbox"/> Uso de drogas | <input type="checkbox"/> Suicidio/daños intencionados |
| <input type="checkbox"/> Exceso de alcohol | <input type="checkbox"/> Embarazo adolescente |
| <input type="checkbox"/> Sentimientos de soledad/aislamiento | <input type="checkbox"/> Uso de tabaco |
| <input type="checkbox"/> Problemas de Salud | <input type="checkbox"/> Crímenes y muertes violentas |
| <input type="checkbox"/> Muerte infantil | <input type="checkbox"/> Otros (especifique) |
| <input type="checkbox"/> Falta de ejercicio | _____ |
| <input type="checkbox"/> Accidentes automovilísticos | |



12. ¿Qué servicios le gustaría ver más seguido o que se mejoren en su vecindario o comunidad? **Elija hasta 5.**


- | | |
|--|--|
| <input type="checkbox"/> Hacer frente a las personas sin hogar | <input type="checkbox"/> Más trabajos |
| <input type="checkbox"/> Viviendas Asequibles | <input type="checkbox"/> Parques, senderos, centros comunitarios |
| <input type="checkbox"/> Opciones para el cuidado de los niños | <input type="checkbox"/> Actividades positivas para los jóvenes |
| <input type="checkbox"/> Comunicación y servicios durante las emergencias | <input type="checkbox"/> Seguridad en las carreteras |
| <input type="checkbox"/> Consejería/Servicios para la salud mental/Grupos de apoyo | <input type="checkbox"/> Servicios para personas discapacitadas |
| <input type="checkbox"/> Servicios médicos culturalmente apropiado | <input type="checkbox"/> Servicios para personas confinadas al hogar |
| <input type="checkbox"/> Esfuerzos para abordar el racismo | <input type="checkbox"/> Servicios para los ancianos |
| <input type="checkbox"/> Opciones de alimentos saludables | <input type="checkbox"/> Opciones de transporte |
| <input type="checkbox"/> Ayuda para encontrar servicios | <input type="checkbox"/> Otros (especifique) |
| <input type="checkbox"/> Servicios médicos económicos | _____ |

13. ¿Cuáles son los problemas de la salud más importantes en nuestra comunidad? **Elija hasta 5.**

- | | |
|---|---|
| <input type="checkbox"/> Problemas de envejecimiento (p. ej., enfermedad de Alzheimer, pérdida de audición, pérdida de memoria, artritis) | <input type="checkbox"/> Infecciones/Enfermedades contagiosas (p. ej., gripa, neumonía, intoxicación de alimentos, COVID, etc.) |
| <input type="checkbox"/> Cáncer | <input type="checkbox"/> Lesiones |
| <input type="checkbox"/> Dolor crónico | <input type="checkbox"/> Problemas de salud mental (p. ej., ansiedad, depresión, desesperación, ira, etc.) |
| <input type="checkbox"/> Salud Dental (incluyendo el dolor de dientes) | <input type="checkbox"/> Problemas de sobrepeso/obesidad |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Otras enfermedades contagiosas (p. ej., Hepatitis, Tuberculosis) |
| <input type="checkbox"/> Actividad sexual a temprana edad | <input type="checkbox"/> Enfermedades del Pulmón (p. ej., asma, enfermedad pulmonar obstructiva crónica (EPOC)) |
| <input type="checkbox"/> Salud de las mujeres | <input type="checkbox"/> Enfermedades Sexuales (ETS) |
| <input type="checkbox"/> Enfermedades del corazón o ataque de corazón | <input type="checkbox"/> Derrame cerebral |
| <input type="checkbox"/> Presión arterial alta | <input type="checkbox"/> Otros (especifique) _____ |
| <input type="checkbox"/> VIH/SIDA | |



Appendix B



Waco-McLennan County Public Health District
Community Assessment for Public Health Emergency Response

Consent Form

Hello, my name is _____ and this is _____. We are with the Waco-McLennan County Public Health District. We are gathering information about the health and well-being of McLennan County residents by asking randomly selected households to take a survey. The information you provide will be used to help local partners, assist community outreach programs, and guide community conversations about health. If you agree to participate:

- Your answers will be kept private, the survey is voluntary and anonymous
- The survey will take approximately 20 minutes to complete
- If you complete ALL survey questions, you will receive a gift card after completion of the survey

[Surveyor: Wait for respondent to clearly answer YES or NO after each question below]

1. Would you be willing to participate in this survey?
2. Do you live in this home?
 - a. If “no”: Is there someone else who lives in this home that we can speak to?
3. Are you at least 18 years or older?
 - a. If “no”: Is there someone else 18 years or older who lives in this home that we can speak to?

[IF NO TO ANY ABOVE, THANK THEM FOR THEIR TIME]



Appendix C



MCLENNAN COUNTY COMMUNITY SURVEY



Scan here to complete
the survey online

INTRODUCTION

The Waco-McLennan County Public Health District is gathering information to learn about the community's current health status and issues. Your answers will inform how and where resources should be used to best meet community needs. The following survey will take 10-15 minutes to complete.

All responses are anonymous.

COMMUNITY NEEDS

Q1. What are the top 5 “strengths” in your neighborhood or community? **Rank 1 to 5, with 1 being the most important.**

- | | |
|---|--|
| <input type="checkbox"/> Access to health care (e.g., family doctor) | <input type="checkbox"/> Good jobs and a healthy economy |
| <input type="checkbox"/> Access to public transportation | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Health behaviors and lifestyles |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Low adult death and disease rates |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Low crime/safe neighborhoods |
| <input type="checkbox"/> Community resources (e.g., nonprofits, libraries, food pantries) | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Good relationships between different race/ethnic groups | <input type="checkbox"/> Prepared for natural and man-made disasters and other emergencies |
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Other (Please specify) | |
-

Q2. What are the 5 biggest “challenges” in your neighborhood or community? **Rank 1 to 5, with 1 being the most important**

- | | |
|--|---|
| <input type="checkbox"/> Access to basic needs | <input type="checkbox"/> Motor Vehicle Crash Injuries |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Rape/Sexual assaults |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Sex trafficking |
| <input type="checkbox"/> Excessive drinking | <input type="checkbox"/> Suicide/Intentional harm |
| <input type="checkbox"/> Feeling isolated or alone | <input type="checkbox"/> Teenage Pregnancy |
| <input type="checkbox"/> Health Issues | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Infant Death | <input type="checkbox"/> Violent crime and deaths |
| <input type="checkbox"/> Lack of exercise | |
| <input type="checkbox"/> Other (Please specify) | |
-

Q3. What are the top 5 services would you like to see more of or improved in your neighborhood or community? **Rank 1 to 5, with 1 being the most important**

- | | |
|---|--|
| <input type="checkbox"/> Addressing homelessness | <input type="checkbox"/> Low-cost health services |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> More jobs for seniors |
| <input type="checkbox"/> Childcare options | <input type="checkbox"/> Parks, trails, community centers |
| <input type="checkbox"/> Communication and services | <input type="checkbox"/> Positive youth activities |
| <input type="checkbox"/> Counseling/mental health services/support groups | <input type="checkbox"/> Road safety |
| <input type="checkbox"/> Culturally appropriate health | <input type="checkbox"/> Services during emergencies |
| <input type="checkbox"/> Efforts to address racism | <input type="checkbox"/> Services for people who are homebound |
| <input type="checkbox"/> Healthy food choices | <input type="checkbox"/> Services for people with disabilities |
| <input type="checkbox"/> Help finding services | <input type="checkbox"/> Transportation options |
| <input type="checkbox"/> Other (Please specify) | |
-

Q4. What are the 5 most important health issues in our community? **Rank 1 to 5, with 1 being the most important**

- | | |
|---|--|
| <input type="checkbox"/> Aging issues (e.g., Alzheimer's disease, hearing loss, memory loss, arthritis) | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Infectious/contagious disease (e.g., flu, pneumonia, food poisoning) |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Injuries |
| <input type="checkbox"/> Dental health (including tooth pain) | <input type="checkbox"/> Mental health issues (e.g., anxiety, depression, hopelessness, anger, etc.) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Early sexual activity | <input type="checkbox"/> Other infectious diseases (e.g. Hepatitis, TB) |
| <input type="checkbox"/> Female/women health | <input type="checkbox"/> Respiratory/lung disease (e.g., asthma, COPD) |
| <input type="checkbox"/> Heart disease/heart attack | <input type="checkbox"/> Sexually transmitted infections (STIs/STDs) |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Other (Please specify) | |
-

DENTAL HEALTH

Q5. In the past year, have you had a routine dental exam or teeth cleaning? **Select only one**

- Yes
- No
- Don't know
- Prefer not to answer

ACCESS TO CARE

Q6. In the past year, have you had an issue going to the doctor? **Select only one**

- Yes (go to Q7)
- No (go to Q8)
- Don't know (go to Q8)
- Prefer not to answer (go to Q8)

Q7. If yes, why? **Check all that apply**

- Cost
 - Lack of transportation
 - Long wait times
 - No insurance or underinsured
 - Provider doesn't accept my insurance
 - Unable to find childcare
 - Unable to get off work
 - Other (please specify)
-

DEMOGRAPHICS

Q8. What is your age in years? _____

Q9. Are you Hispanic/Latino? **Select only one**

- Yes
- No
- Don't know
- Prefer not to answer

Q10. What is your race? **Check all that apply**

- White
- Black or African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian or Other Pacific Islander
- None of the above
- Don't know
- Prefer not to answer

Q11. Gender: I am _____

Q12. What is your Zip Code? _____

Q13. What is your annual household income? **Select only one**

- Less than \$25,000
- \$25,000-\$50,000
- \$50,000-\$75,000
- \$75,000-\$100,000
- More than \$100,000
- Prefer not to answer

Q14. What is your current employment status? **Select only one**

- Full time
- Part-time
- Working more than one job
- Retired
- Student
- Other (Please specify) _____

Q15. What is your main source of health insurance coverage? **Select only one**

- A plan through your employer
- A plan through your spouse's employer
- A plan you purchased yourself directly from an insurance company
- A plan through the health insurance marketplace
- A plan through your parents
- Medicare
- Medicaid
- I do not have health insurance
- Some other source (Please specify) _____

OPINION

Q16. How much do you agree with the following statement?

	Strongly agree	Agree	Disagree	Strongly disagree	Prefer not to answer
It is important for children (18 years or younger) to get their routine recommended vaccines for children (e.g., MMR, DTaP, Varicella, Pneumonia, Polio, Hepatitis B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you Disagree or Strongly Disagree, why?					
It is important for adults to get their routine recommended vaccines (e.g. Tetanus, TDaP, Hepatitis A, Hepatitis B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you Disagree or Strongly Disagree, why?					
It is important for children (18 years or younger) to get an annual flu vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you Disagree or Strongly Disagree, why?					
It is important for adults of all ages to get an annual flu vaccine and adults 60 years or older to also get the pneumonia vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you Disagree or Strongly Disagree, why?					
It is important for children (18 years or younger) to get the COVID-19 vaccines (e.g., primary dose, boosters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you Disagree or Strongly Disagree, why?					
It is important for adults to get the COVID-19 vaccines (e.g., primary dose, boosters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you Disagree or Strongly Disagree, why?					
I think less of a person who has received mental health treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you Disagree or Strongly Disagree, why?					

MENTAL HEALTH

Q17. In the last year, have you had a need for counseling and/or treatment for mental health? **Select only one**

- Yes (go to Q18)
- No (go to Q21)
- Don't know (go to Q21)
- Prefer not to answer (go to Q21)

Q18. If yes, did you receive treatment? **Select only one**

- Yes (go to Q19)
- No (go to Q20)
- Don't know (go to Q21)
- Prefer not to answer (go to Q21)

Q19. If yes, where was treatment received? **Check all that apply**

- Emergency room
 - Primary doctor
 - Mental health (e.g., counselor, therapist, or social worker)
 - MHMR (now known as Heart of Texas Behavioral Health Network)
 - EAP (Employee assistance program)
 - Don't know
 - Prefer not to answer
 - Other (please specify)
-

Q20. If no, why was treatment not received? **Check all that apply**

- Do not need treatment
 - Financial reasons (too expensive, not covered by insurance)
 - No insurance
 - Not enough time
 - Not sure where to go
 - Difficulty finding an available appointment
 - I haven't had the chance to go but I plan to
 - I have my own support system (family, friends, etc.)
 - Don't know
 - Prefer not to answer
 - Not Applicable
 - Other (please specify)
-

Q21. Over the last 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day	Prefer not to answer
Feeling nervous, anxious, or on edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not being able to stop or control worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL

Q22. Do you have access to the internet? **Select only one**

- Yes
- No
- Don't know
- Prefer not to answer

Q23. How do you get your health-related news? **Check all that apply**

- TV
 - Newspaper
 - Radio
 - Internet/online news
 - Family/friends/word of mouth
 - Social media
 - Church/place of worship
 - Text message/cell/ phone alert
 - Health Department/Waco-McLennan County Health District
 - DSHS
 - CDC
 - Other (please specify)
-

Q24. Have you or anyone in your household used any of the following services offered by the Health District? **Check all that apply**

- Birth/death certificate
 - Childcare inspections
 - Food permits and restaurant inspections (e.g., food trucks, concession stands)
 - Health education programs (e.g., Diabetes, high blood pressure)
 - Immunizations or COVID-19 vaccinations
 - Pool/spa inspections
 - Septic system complaint
 - STD/HIV services
 - TB services
 - WIC
 - Don't know
 - Prefer not to answer
 - None of the above
 - Other (please specify)
-

Q25. Is there anything else that you would like to let us know about.

Thank you for completing the survey.



MCLENNAN COUNTY COMMUNITY SURVEY



Escanear para completar un
cuestionario en línea.

INTRODUCCION

El Condado Waco-McLennan del Distrito Público de Salud está juntando información sobre el estado actual de la salud y los problemas en la comunidad. Sus respuestas nos informarán, cómo y dónde usar los recursos dentro de la comunidad. El cuestionario se tomará entre 10-15 minutos para completar..

Todas las respuestas son anónimas.

NECESIDADES DE LA COMUNIDAD

Q1. ¿Cuáles son las 5 “fortalezas” de su colonia o su comunidad? Clasificarlos del 1 al 5, con el 1 significando el más importante.

- | | |
|--|---|
| <input type="checkbox"/> Acceso a Salud Médico (e.l., doctor de familia) | <input type="checkbox"/> Buenos trabajos y buena economía |
| <input type="checkbox"/> Acceso a transporte publico | <input type="checkbox"/> Buenas Escuelas |
| <input type="checkbox"/> Vivienda Asequible | <input type="checkbox"/> Comportamientos de Salud y estilo de vida |
| <input type="checkbox"/> Eventos culturales o de Arte | <input type="checkbox"/> Bajas tarifas de muerte adulta y enfermedad |
| <input type="checkbox"/> Ambiente Limpio | <input type="checkbox"/> Poco Crimen/ Buena colonia |
| <input type="checkbox"/> Recursos para Comunidad (e.g., organizaciones sin lucros, bibliotecas, dispensa de alimentos) | <input type="checkbox"/> Parques y recreación |
| <input type="checkbox"/> Buena relación con otras raza/etnia en la comunidad | <input type="checkbox"/> Recursos de preparación de diantres naturales o humanos y otras emergencias. |
| <input type="checkbox"/> Buen lugar para criar niños | <input type="checkbox"/> Valores Religiosos o Espirituales |
| <input type="checkbox"/> Otro (Por favor explicar) | |

Q2. . ¿Cuáles 5 “retos” son los más grandes que enfrenta tu colonia o comunidad? **Clasificarlos del 1 al 5, con el 1 significando el más importante.**

- | | |
|---|---|
| <input type="checkbox"/> Acceso a necesidad básicas | <input type="checkbox"/> Accidentes de vehículos |
| <input type="checkbox"/> Abuso de niños | <input type="checkbox"/> Pobre hábitos de comer |
| <input type="checkbox"/> Violencia Doméstica | <input type="checkbox"/> Violacion/Asaltos Sexuales |
| <input type="checkbox"/> Uso de Drogas | <input type="checkbox"/> Tráfico Sexual |
| <input type="checkbox"/> Excesso de tomar alcohol | <input type="checkbox"/> Suicidio/ Daño Intencional |
| <input type="checkbox"/> Sentimientos de soledad o no tener nadie | <input type="checkbox"/> Embarazo adolescente |
| <input type="checkbox"/> Problemas de Salud | <input type="checkbox"/> Uso de Tobacco |
| <input type="checkbox"/> Muerte de Infantes | <input type="checkbox"/> Crímenes Violentos/ Muerte |
| <input type="checkbox"/> Falta de Ejercicio | |
| <input type="checkbox"/> Otros (Por favor de explicar) | |

Q3. ¿Cuáles son tus 5 servicios que quieres ver mejorar más que otros, en tu colonia o comunidad? **Clasificarlos del 1 al 5, con el 1 significando el más importante.**

- | | |
|--|---|
| <input type="checkbox"/> Confrontar gente sin techo | <input type="checkbox"/> Servicios de Salud de costo bajo |
| <input type="checkbox"/> Vivienda Asequible | <input type="checkbox"/> Trabajos para gente de mayor edad |
| <input type="checkbox"/> Opciones para cuidado de niños | <input type="checkbox"/> Parques, caminos, centro de comunidad |
| <input type="checkbox"/> Comunicacion y servicios | <input type="checkbox"/> Actividades Positivas para la Juventud |
| <input type="checkbox"/> Asesoramiento/Servicios de Salud Mental/grupos de soporte | <input type="checkbox"/> Carretera Seguridad |
| <input type="checkbox"/> Salud culturalmente apropiada | <input type="checkbox"/> Servicios durante emergencias |
| <input type="checkbox"/> Esfuerzo para confrontar el Racismo | <input type="checkbox"/> Servicios para gente que no pueden salir de casa |
| <input type="checkbox"/> Opciones de comidas saludables | <input type="checkbox"/> Servicios para gente discapacidad |
| <input type="checkbox"/> Ayuda encontrado servicios | <input type="checkbox"/> Opciones de Transporte |
| <input type="checkbox"/> Otros (Por favor de explicar) | |
-

Q4. ¿Cuáles 5 problemas de salud son los más importantes? **Clasificarlos del 1 al 5, con el 1 significando el más importante.**

- | | |
|---|---|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> VIH/SIDA |
| <input type="checkbox"/> Edad (e.g., Alzheimer's, Pérdida de Oír, Pérdida de memoria, artritis) | <input type="checkbox"/> Infecciosa/Contagioso Enfermedades (e.g., flu, neumonia, comida envenenada) |
| <input type="checkbox"/> Dolor Cronico | <input type="checkbox"/> Lesiones |
| <input type="checkbox"/> Enfermedades Transmitidas Sexual (ITs/ETSs) | <input type="checkbox"/> Problemas de Salud Mental (e.g., ansiedad, depresión, desesperanza, ira, etc.) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesidad/Sobre Peso |
| <input type="checkbox"/> Actividad Sexual en la Juventud | <input type="checkbox"/> Salud de Mujer/Hombre |
| <input type="checkbox"/> Otras Enfermedades Infecciosa (e.g. Hepatitis, TB) | <input type="checkbox"/> Respiratorio/Pulmón Enfermedad (e.g., asthma, COPD) |
| <input type="checkbox"/> Enfermedad del Corazón/Ataque de Corazon | <input type="checkbox"/> Salud Dental (incluyendo dolor de dientes) |
| <input type="checkbox"/> Presión Alta | <input type="checkbox"/> Embolia |
| <input type="checkbox"/> Otros (Por favor de explicar) | |
-

SALUD DENTAL

Q5. En el último año, has tenido una rutina de chequeo dental o limpieza? Seleccione Nomas Una.

- Si
- No
- No Se
- Prefiero no contestar

ACCESO A CUIDADO DE SALUD

Q6. En el último año, has tenido problemas consultando con un doctor? **Seleccione Nomas Una.**

- Si (vaya a Q7)
- No (vaya a Q8)
- No se (vaya a Q8)
- Prefiero no contestar (vaya a Q8)

Q7. Si dijo sí, porque? **Cheque Todos Los Que Aplique.**

- Costo
 - Falta de Transporte
 - Mucho tiempo de espera
 - No tengo seguro o sin seguro
 - Proveedor no acepta mi seguro
 - No puedo encontrar cuidado de niño
 - No puedo salir del trabajo
 - Otros (Por favor de explicar)
-

DEMOGRAFICO

Q8. ¿Cuál es su edad en años? _____

Q9. ¿Eres Hispano/Latino? **Seleccione Nomas Una.**

- Yes
- No
- No se
- Prefiero No Contestar

Q10. Que es tu raza? **Cheque Todos Los Que Aplique.**

- Guero
- Moreno or Africano Americano
- Asiatico
- Americano Indio/Alaska Nativo
- Nativo Hawaiano or Other Pacific Islander
- Ninguno de arriba
- No Se
- Prefiero No Contestar

Q11. Genero: Yo soy _____

Q12 ¿Cuál es su código postal? _____

Q13. ¿Cuánto hace su hogar al año? **Seleccione Nomas Una.**

- menos de \$25,000
- \$25,000-\$50,000
- \$50,000-\$75,000
- \$75,000-\$100,000
- Mas de \$100,000
- Prefiero no contestar

Q14. Estado actual de empleo? **Selecione Nomás Una.**

- Tiempo Completo
- Medio-Tiempo
- Trabajo más de un trabajo
- Retirado
- Estudiante
- Otros (Por favor explique)_____

Q15. Cual es su fuente principal de seguro de salud? **Selecione Nomás Una.**

- Un plan por tu empleador
- Un plan por lado del empleador de pareja
- Un plan que compró de un compañía de seguro
- Un plan por la marqueta de seguro de salud
- Un plan con tus padres
- Medicare
- Medicaid
- Yo no tengo seguro
- Otra fuente (Por favor explique)_____

OPINION

Q16. . ¿Cuánto estás de acuerdo con la siguiente oración?

	Totalment acuerdo	Acuerdo	Discrepar	Totalmente discrepar	Prefiero no contestar
Es importante que los niños (18 años o menor) agarren su vacunas rutinariamente (e.g., MMR, DTaP, Varicella, Pneumonia, Polio, Hepatitis B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Si usted no está de acuerdo o no está de acuerdo totalmente, ¿por qué?					
Es importante que los adultos agarren sus vacunas rutinariamente (e.g. Tetanus, TDaP, Hepatitis A, Hepatitis B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Si usted no está de acuerdo o no está de acuerdo totalmente, ¿por qué?					
Es importante que los niños (18 años o menor) agarren su vacuna contra flu anualmente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Si usted no está de acuerdo o no está de acuerdo totalmente, ¿por qué?					
Es importante que todos los adultos de todas edades agarren su vacuna de flue anualmente y adultos de 60 años o más agarren la vacuna de neumonía	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Si usted no está de acuerdo o no está de acuerdo totalmente, ¿por qué?					
Es importante que los niños (18 años o menor) agarren su vacuna de COVID-19(e.g., dosis primaria, refuerzos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Si usted no está de acuerdo o no está de acuerdo totalmente, ¿por qué?					
Es importante que los adultos agarren su vacunas del COVID-19 (e.g., primera dosis, refuerzos)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Si usted no está de acuerdo o no está de acuerdo totalmente, ¿por qué?					
Pienso menos de una persona que agarrado ayuda de su salud mental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Si usted no está de acuerdo o no está de acuerdo totalmente, ¿por qué?					

MENTAL HEALTH

Q17. En el último año ha tenido que consultar o recibir tratamiento para su salud mental? **Seleccione Nomas Una.**

- Si (vava a Q18)
- No (vava a Q21)
- No se (vava a Q21)
- Prefiero no Contestar (vava a Q21)

Q18. Si dijo si, recibió tratamiento? **Seleccione Nomas Una.**

- Si (vava a Q19)
- No (vava a Q20)
- No se (vava a Q21)
- Prefiero no Contestar (vava a Q21)

Q19. Si dijo sí, donde recibió tratamiento? **Cheque Todos Los Que Aplique.**

- Cuarto de Emergencia
 - Doctor Primario
 - Salud Mental (e.g., counselor, therapist, or social worker)
 - MHMR (ahora conocido Heart of Texas Behavioral Health Network)
 - EAP (Programa de asistencia de Empleado)
 - No se
 - Prefiero No Contestar
 - Otros (Por favor de explicar)
-

Q20. Si dijo no, porque no recibió tratamiento? **Cheque Todos Los Que Aplique.**

- No necesitaba tratamiento
 - Razones Economica (Muy caro, no lo cubria el seguro)
 - No tengo seguro
 - No tengo tiempo
 - No estoy seguro a donde ir
 - Dificultad encontrar una cita
 - No tenido chansa, pero tengo en plan a ir
 - Tengo mi propio sistema de soporte (familia, amigos, etc.)
 - No Se
 - Prefiero no contestar
 - No aplica
 - Otros (Por favor de explicar)
-

Q21. Sobre las últimas semanas, ¿con qué frecuencia te han molestado los siguientes problemas?

	Nada	Unos Días	Más de la mitad de los Días	Casi todos los días	Prefiero no Contestar
Sintiendo nervios, ansiedad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No poder para o control preocupación	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poco interés o placer en hacer cosas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deprimido o Sin Esperanza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL

Q22. ¿Tiene acceso al internet? **Seleccione Nomás Una.**

- Si
- No
- No
- Prefiero no Contestar

Q23. ¿Cómo obtiene sus noticias/información sobre la salud? **Cheque Todos Los Que Aplique.**

- Tele
 - Periodico
 - Radio
 - Internet/Paginas de Noticieros
 - Familia/Amigos/palabra de boca (hablando)
 - Redes Sociales
 - Iglesia/Lugar de rezar
 - Mensaje de texto/Cell/ Alertó de teléfono
 - El Condado Waco-McLennan del Distrito Público de Salud
 - DSHS
 - CDC
 - Otros (Por favor de explicar)
-

Q24. Usted o alguien ha usado los servicios del Distrito de Salud? **Cheque Todos Los Que Aplique.**

- Nacimiento/Muerte Certificado
 - Inspección de cuidado de niños
 - Inspección de comida o restaurante (e.g., toca de comida, puestos de comida)
 - Programas de educaion de salud (e.g., Diabetes, presión alta)
 - Inmunizaciones/ Vacunas de COVID-19
 - Alberca/Spa Inspecciones
 - Queja de Sistema Séptico
 - ETS/VIH Servicios
 - TB Servicios
 - WIC
 - No Se
 - Prefiero No Contestar
 - Ningun de arriba
 - Otros (Por favor de explicar)
-

Q25. ¿Hay algo más que quisiera comentarnos?

Gracias por completar nuestro cuestionario.



Appendix D

**HAVE A
MINUTE?**



**We want your input on
health needs in our community!
Scan to complete survey!**

**You'll be entered
into a drawing for a gift
card!**



Waco-McLennan County Public Health District

**Contact us at (254)447-5481 or healthed@wacotx.com
for more information or a paper copy of the survey.**



@WACOHEALTHDISTRICT

WWW.MCLENNANPHD.ORG



Appendix E

**COMMUNITY HEALTH NEEDS
FOCUS GROUP PROTOCOL**

Focus Group Agenda Total Time: 75 minutes			
Activity	Process	Time	Materials
Opening & participant introductions	<ul style="list-style-type: none"> Participants check-in Moderator/Notetaker introduction Participant's introduction (first names only) 	10 minutes	<ul style="list-style-type: none"> Pens/Pencils Name tags/table tents
Formal Conversations	<ul style="list-style-type: none"> Moderator administers questionnaire Notetaker write participants responses and documents non-verbal observations 	60 minutes	
Closing	<ul style="list-style-type: none"> Moderator closes the session 	5 minutes	

PLANNING A FOCUS GROUP

Purpose of focus groups

The purpose of the focus group is to better understand the health needs in the community. The information learned in the focus groups will be used to inform McLennan County's health services and look for improvements.

Choosing participants

Focus groups will be conducted with 6 to 8 participants who have a unique knowledge and understanding of their communities. These individuals can provide insight into the strengths and weaknesses of their communities. Participants can be reached from a variety of sectors: business, community-based organizations, education, faith-based, government, law, health, and other involved citizens. Obtaining representation from the different sectors and within the county's urban and rural areas will allow the health district to obtain a broad perspective of community attitudes and knowledge about the current health needs.

WMCPHD Revised 01/25/2023

FOCUS GROUP PROTOCOL

Identifying key participants

After identifying key participants, send an invitation approximately two weeks before the date of the session. Include in the email an informational sheet and how to confirm their attendance. A minimum of six key participants is preferred. Recruit additional respondents in the event those declining reduce the recommended number.

Persons responsible for facilitating focus groups

The Waco-McLennan County Health District staff be responsible for conducting the focus groups.

Role of the Moderator

The Moderator provides an introduction and facilitates discussion of each question. The moderator is the key to the success of the discussion. This section outlines the expectation of moderators along with traits of an effective moderator.

Expectations of Moderators		
Before Session	During Session	After Session
<ul style="list-style-type: none"> Be comfortable and familiar with the discussion questions Set up the space: chairs, tables, equipment Set up snacks and drinks Have all materials for ready for discussion: name tags, sign in sheet, note templates 	<ul style="list-style-type: none"> Welcome participants Be mindful of the time. Start the session on time and monitor time to be sure all questions are discussed with the time allotted Explain use of recording device and ask group's permission to record Explain ground rules for discussion and confidentiality Take basic notes to help summarize issues raised or in probing for specifics Remain neutral and elicit participation from everyone 	<ul style="list-style-type: none"> Conduct briefing with Notetaker: Fill any gaps in the notes. Refer to recorded information as needed Decide who will type the written summary from the notes Review typed summary for accuracy and completeness with the Notetaker and amend as needed. (Refer to the recorded information as needed to ensure accuracy.) Provide completed summary to HD Staff members within 5 business days of session.

WMCPHD Revised 01/25/2023

FOCUS GROUP PROTOCOL

Traits of an Effective Moderator

- Communicate clearly in speech and writing
- Make participants feel comfortable and supported
- Clearly explain the purpose of the discussion
- Has adequate knowledge of the topic
- Clarify each question for participants
- Be relatable to the group but also maintain authority
- Facilitate and guide the discussion by:
 - Preventing the domination of discussion by an individual
 - Listen attentively with sensitivity and empathy
 - Maintaining a neutral, impartial role

Moderators need to avoid:

- Talking too much
- Leading participants
- Advocating a particular position or solution
- Appearing judgmental or appearing to approve or support one position

WMCPHD Revised 01/25/2023

4

FOCUS GROUP PROTOCOL

Obtaining permission

Prior to conducting the focus groups, verbal permission will be obtained from each participant indicating their agreement to participate and have the session recorded. The consent form will be provided at time of recruitment and reviewed at the beginning of each focus group session with participants.

NOTE TO MODERATOR: The focus group questionnaire will provide the framework for the group discussion. While there may be other questions asked as a follow-up to responses, the focus groups will center on these main questions.

Focus Group Introduction

The following script will be delivered by the moderator as part of the focus group introduction.

Good morning/afternoon/evening,

I would like to welcome you to our discussion. We appreciate your willingness to take the time to join this discussion about the current health needs of the community. My name is [MODERATOR'S NAME] and I am with Waco-McLennan County Public Health District (WMCPHD).

[NOTETAKER'S NAME] is here to assist in taking notes during the session. Our job is to listen, make sure that everyone has a chance to speak and follow up on any points that are made. We would also like to thank the [HOST LOCATION NAME] for allowing us to hold this discussion here today.

The Waco-McLennan County Public Health District is interested in what can be done to improve the health of McLennan County. In order to do this, the health district needs to better understand community members' views about the health needs that are of most concern to residents. Our purpose is to understand people's perspectives on health and health-related needs from throughout McLennan County and the results will inform what improvements are needed and how to strengthen the services provided.

We will be asking you to reflect on your community and share your views. There are no right or wrong answers. You do not have to agree with anyone else in the room if that is not how you feel. However, please respect everyone's opinions and statements.

Your comments are confidential. A report will be made of the focus group, but no comments will be identified with a specific person. As indicated in our registration information sheet, we plan to take notes and audio record the interview. Your input is important, and we want to make sure we correctly report what you tell us.

Does anyone have any questions?

WMCPHD Revised 01/25/2023

*******BEGIN AUDIO RECORDING AT THIS POINT*******

Before we start- let us go around the room and have each participant tell us the first thing you think of when you hear the word "community."

The opening question is designed more to establish the participation of everyone and involve each participant one at a time in the group discussion. This can be an ice breaker and gets each participant talking.

Question 1		
Activity	Process	Time
Question 1	<p>In your own words, what are the things that help you to be healthy in your community? (e.g. places to buy healthy food, safe places to walk and to exercise, community services and events, access to health care, affordable housing)</p> <p>Standard Probes (utilize as necessary)</p> <ul style="list-style-type: none"> • What do you mean by that? • Can you please tell me a little bit more about that? • Can you give me an example of that? 	10 minutes

WMCPHD Revised 01/25/2023

Question 2		
Activity	Process	Time
Question 2	<p>From your perspective, what makes it difficult to be healthy in your community? (e.g. lack of access to affordable healthcare, few grocery stores with fresh fruits and vegetables, affordable food, lack of transportation, language barriers, substance use, etc.)</p> <p>Standard Probes (utilize as necessary)</p> <ul style="list-style-type: none"> • What do you mean by that? • Can you please tell me a little bit more about that? • Can you give me an example of that? 	10 minutes

Question 3		
Activity	Process	Time
Question 3	<p>From your perspective, how does your race or ethnicity impact your ability to be healthy?</p> <p>Standard Probes (utilize as necessary)</p> <ul style="list-style-type: none"> • What do you mean by that? • Can you please tell me a little bit more about that? • Can you give me an example of that? 	10 minutes

WMCPHD Revised 01/25/2023

Question 4		
Activity	Process	Time
Question 4	<p>What do you think are the two most important health issues facing your community? Why? (e.g. diabetes or cancer, unhealthy food or drug abuse, mental health, violence, or access to care)</p> <p>Standard Probes (utilize as necessary)</p> <ul style="list-style-type: none"> • What do you mean by that? • Can you please tell me a little bit more about that? • Can you give me an example of that? 	10 minutes

Question 5		
Activity	Process	Time
Question 5	<p>What resources do you have in the community that seem to be working to address the health-related issues that we talked about?</p> <p>If none or they don't know:</p> <ol style="list-style-type: none"> How do you think these issues should be fixed? Who should be involved (people or organizations)? <p>Standard Probes (utilize as necessary)</p> <ul style="list-style-type: none"> • What do you mean by that? • Can you please tell me a little bit more about that? • Can you give me an example of that? 	10 minutes

Question 6		
Activity	Process	Time
Question 6	<p>What impact has the COVID-19 pandemic had on your life and/or in the community?</p> <p>If time allows, include follow-up questions:</p> <ol style="list-style-type: none"> How do you think COVID-19 impacted the health challenges that we discussed earlier? What community resources or agencies do you know of that helped support you or others during the pandemic? If so, which organizations have been helpful? <p>Standard Probes (utilize as necessary)</p> <ul style="list-style-type: none"> • What do you mean by that? • Can you please tell me a little bit more about that? • Can you give me an example of that? 	10 minutes

Closing		
Activity	Process	Time
Closing/Wrap Up	<ul style="list-style-type: none"> • Is there anything else you would like to add or feel that we should have talked about? • State the following: <i>We would like to thank you for your participation. Do you have any questions before we end the focus group discussion?</i> <i>(Moderator will respond to any question posed to the group or leader.)</i> • Turn off recorder. 	5 minutes

After the discussion

Thank you for participating in our discussion today. Your responses will be summarized along with those of other community groups in our county that are hosting these sessions. The final results will be shared with (the community) in (date) ... ?

Thank you again to [HOST LOCATION NAME] for hosting this session.



Appendix F

**COMMUNITY HEALTH NEEDS
KEY INFORMANT INTERVIEW PROTOCOL**

Key Informant Interview Agenda Total Time: 30-45 minutes			
Activity	Process	Time	Materials
Opening & participant introduction	<ul style="list-style-type: none"> Participant check-in Interviewer/Notetaker introduction Participant's introduction (first names only) 	5 minutes	<ul style="list-style-type: none"> Pens/Pencils Technological Device with Microsoft Teams
Formal Conversations	<ul style="list-style-type: none"> Interviewer administers questionnaire Notetaker write participants responses and documents non-verbal observations 	30 minutes	<ul style="list-style-type: none"> Recorders
Closing	<ul style="list-style-type: none"> Interviewer closes the session 	5 minutes	

Planning a Key Informant Interview

Purpose of Key Informant Interview

The purpose of key informant interviews is to collect information from a wide range of people—including community leaders, professionals, or residents—who have first-hand knowledge about the community. The information learned in the key informant interviews will be used to inform McLennan County's health services and look for improvements.

Choosing participants

Key informant interviews will be community leaders, professionals, or residents who have a unique knowledge and understanding of their communities. These individuals can provide insight into the strengths and weaknesses of their communities. Participants can be reached from a variety of sectors: business, community-based organizations, education, faith-based, government, law, health, and other involved

WMCPHD Revised 04/06/2023

Key Informant PROTOCOL

citizens. Obtaining representation from the different sectors and within the county's urban and rural areas will allow the health district to obtain a broad perspective of community attitudes and knowledge about the current health needs.

Identifying Key Informants

After identifying key participants, send an invitation approximately one month to two weeks before the date of the session. Include in the email an informational sheet and how to confirm their attendance. A minimum of 5 to 10 key informant interviews is preferred.

Persons responsible for facilitating Key Informant Interviews

The Waco-McLennan County Health District staff be responsible for conducting the key-informant interviews.

Role of the Interviewer

The interviewer provides an introduction and facilitates discussion of each question. The interviewer is the key to the success of the discussion. This section outlines the expectation of Interviewer along with traits of an effective interviewer.

Expectations of Interviewer		
Before Session	During Session	After Session
<ul style="list-style-type: none"> Be comfortable and familiar with the discussion questions 	<ul style="list-style-type: none"> Welcome the participant Be mindful of the time. Start the session on time and monitor time to be sure all questions are discussed with the time allotted Explain use of recording device and ask the participants permission to record Explain ground rules for discussion and confidentiality Take basic notes to help summarize issues raised or in probing for specifics Remain neutral and elicit participation 	<ul style="list-style-type: none"> Conduct briefing with Notetaker: Fill any gaps in the notes. Refer to recorded information as needed Decide who will type the written summary from the notes Review typed summary for accuracy and completeness with the Notetaker and amend as needed (Refer to the recorded information as needed to ensure accuracy.) Provide completed summary to HD Staff members within 5 business days of session

WMCPHD Revised 04/06/2023

Traits of an Effective Interviewer

- Communicates clearly in speech and writing
- Makes participants feel comfortable and supported
- Clearly explains the purpose of the discussion
- Has adequate knowledge of the topic
- Clarifies each question for participants
- Is relatable to the key participant but also maintains authority
- Guides the discussion by:
 - Preventing the domination of discussion by an individual
 - Listening attentively with sensitivity and empathy
 - Maintaining a neutral, impartial role

Interviewers need to avoid:

- Talking too much
- Leading key informant
- Advocating a particular position or solution
- Appearing judgmental or appearing to approve or support one position

Obtaining permission

Prior to conducting the key informant interviews, verbal permission will be obtained from each participant indicating their agreement to participate and have the session recorded. **The consent form will be provided at time of recruitment and reviewed at the beginning of each key informant interview session with participants.**

NOTE TO INTERVIEWER: The key-informant interview questionnaire will provide the framework for the discussion. While there may be other questions asked as a follow-up to responses, the interview will center on these main questions. Allow the interviewee to expand on questions without worry about time. Please be sensitive to the varying beliefs and customs of people residing in underserved communities.

Key-Informant Interviews Introduction

The following script will be delivered by the interviewer as part of the interview introduction.

Good morning/afternoon/evening,

I would like to welcome you to our discussion and appreciate your willingness to take the time to talk about the current health needs of the community. My name is [INTERVIEWER'S NAME] and I am with the Waco-McLennan County Public Health District (WMCPHD). [NOTETAKER'S NAME] is here to assist in taking notes during the session.

The interview will take approximately 30-45 minutes. After this interview, we will write a brief summary of our conversation for internal purposes. A report will be made of the key informant interviews, but no comments will be identified with a specific person. In order to capture the best results, we plan to take notes and audio record the interview. Your input is important, and we want to make sure we correctly report what you tell us.

*--*Read the consent form*-- (Ask if the Interviewee has received and read the consent form. If so, ask they Interviewee gives a verbal consent of "Yes". If not, read the consent form.)*

What questions do you have?

*******BEGIN AUDIO RECORDING AT THIS POINT*******

Question 1		
Activity	Process	Time
Question 1	<p>What do you think are McLennan County's three most critical health issues? (Examples if needed: heart disease, diabetes, substance use, mental health, cancer, asthma, STIs, HIV, etc.)</p> <p>Standard Probes (utilize as necessary)</p> <p>a. PROBE: Why are these the top priorities?</p> <p>b. PROBE: Who do these health issues affect the most? (e.g., age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)</p>	5 minutes

Question 2		
Activity	Process	Time
Question 2	<p>The top health issues identified in the 2022 CASPER Survey and online community survey were mental health, diabetes, and obesity. How important are these issues in your opinion?</p>	5 minutes

WMCPHD Revised 04/06/2023

Question 3		
Activity	Process	Time
Question 3	<p>How has COVID-19 impacted the three critical health issues that were identified in the CASPER and online community survey?</p> <p>Standard Probes (utilize as necessary)</p> <p>a. PROBE: Are there some groups that have been more affected by COVID-19 than others in your community?</p>	5 minutes

Question 4		
Activity	Process	Time
Question 4	<p>Based on your knowledge and expertise, what are the most effective strategies to address the top three health issues that were identified in the CASPER and online community survey?</p> <p>Standard Probes (utilize as necessary)</p> <p>a. PROBE: What are some specific strategies that could help to address disparities between different populations for these health issues?</p>	5 minutes

WMCPHD Revised 04/06/2023

Question 5		
Activity	Process	Time
Question 5	<p>How could the Waco-McLennan County Public Health District possibly partner with or enhance the efforts of organizations that are working to address the issues that were identified?</p> <p>Standard Probes (utilize as necessary)</p> <p>a. PROBE: What are your suggestions for ways to engage and build trust with minority and underserved member community members of McLennan County to address these critical health issues?</p> <p><i>(Examples if needed: incomes below the federal poverty level, underserved populations, ethnic and racial minorities, and limited English proficient residents)</i></p>	5 minutes

Question 6		
Activity	Process	Time
Question 6	<p>Is there anything else you would like to share about the top health issues in McLennan County?</p>	5 minutes

WMCPHD Revised 04/06/2023

Closing		
Activity	Process	Time
Closing/Wrap Up	<ul style="list-style-type: none"> • Thank you for your participation. • Give a summary of next steps... <ul style="list-style-type: none"> ○ Recording will be transcribed by the Waco-McLennan County Public Health District’s Epidemiologists ○ A part of our process includes “member checking”, also known as a participant or respondent validation, to ensure the credibility of our results. You will be able to review and provide any feedback you have when the email is sent to you soon. ○ As a reminder, this project is just one part of the Community Health Needs Assessment (CHNA) that began back in October in McLennan County. Once we have collected the data, conducted our analysis, and interpreted the results we will write up our report and share our findings with you. • Is there anything else you would like to add, or do you have any questions before we turn off the recorder and end the key informant interview? [Allow time for comments] • Turn off recorder. 	5 minutes

***** END AUDIO RECORDING AT THIS POINT*****

After the discussion

Thank you for participating in our discussion today. Your responses will be summarized along with those of other key informant interviews in our county who are participating.


WMCPHD Revised 04/06/2023



Contact

Waco-McLennan County Public Health District
225 W Waco Drive, Waco, TX 76707
(254)750-5450

HealthDistrict@wacotx.gov
www.wacomclennanphd.org

 facebook.com/wacohealthdistrict/

 twitter.com/wacohealthdept

 instagram.com/wacohealthdistrict/



Waco-McLennan
Public Health