Community Health Needs Assessment
McLennan County

Ascension Providence

May 2019

Ascension Providence

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Background

Ascension Providence, formerly known as Providence Health Services of Waco, is a 501(c)(3) nonprofit organization with a long-standing history of serving Central Texas, not only as a health care provider, but as a leader and advocate for improving the health of the population as a whole.

Ascension Providence partnered with Proper Waco (a collective impact initiative focused on addressing education, health and financial security issues that face the Greater Waco community), Baylor Scott & White, the Waco-McLennan County Public Health District, and Family Health Center (a Federally-Qualified Health Center) to carry out this Community Health Needs Assessment (CHNA) through The Center for Community Research and Development (CCRD) at Baylor University.

Because Ascension Providence associates participated in the development of the Assessment, the Internal Revenue Service allows health care entities to work collaboratively, and the report, along with the supplemental information incorporated herein, meets the federal legal requirements set forth for the Community Health Needs Assessments, Ascension Providence opted to adopt this report as the Ascension Providence Community Health Needs Assessment for McLennan County.

Ascension Providence's Mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and words.

Ascension Seton's philosophy is that "We serve each person as a Christian would serve Christ Himself. As a caring community, we respect the dignity and needs of one another." Our values include the following:

Dedication: Affirming the hope and joy of our ministry
Reverence: Respect and compassion for the dignity and diversity of life
Wisdom: Integrating excellence and stewardship
Integrity: Inspiring trust through personal leadership
Service to the Poor: Generosity of spirit, especially for the persons most in need
Creativity: Courageous innovation

What is a Community Health Needs Assessment?

A Community Health Needs Assessment (CHNA) is a tool used to identify and prioritize health issues and develop targeted interventions to build healthier communities. A CHNA provides important information to policymakers, public health leaders, health care providers and the general public about the overall health status of a community and the unmet needs or challenges that warrant further attention and resources.

This CHNA provides a snapshot of local health care needs in McLennan County and helps inform Ascension Providence's decisions about how to best serve the community.

Why do a Community Health Needs Assessment?

A CHNA is used to gather diverse perspectives, mobilize resources and target those resources to areas of greatest need identified by the community and validated by data.

The 2010 Patient Protection and Affordable Care Act further reinforced the importance of community health needs assessments by requiring hospitals designated as tax exempt 501(c)(3) nonprofit organizations to complete an assessment every three years.

This CHNA is intended to meet the requirements for community benefit planning and reporting established in, but not limited to: Texas Health and Safety Code Chapter 311 and Internal Revenue Code Section 501(r).

How did we define the community?

This CHNA addresses the health care needs of McLennan County. McLennan County is the focus of this CHNA because it is Ascension Providence's primary service area and offers a comprehensive continuum of care to the greater Waco community. Ascension Providence Hospital is located in McLennan County.

CHNA – Providence
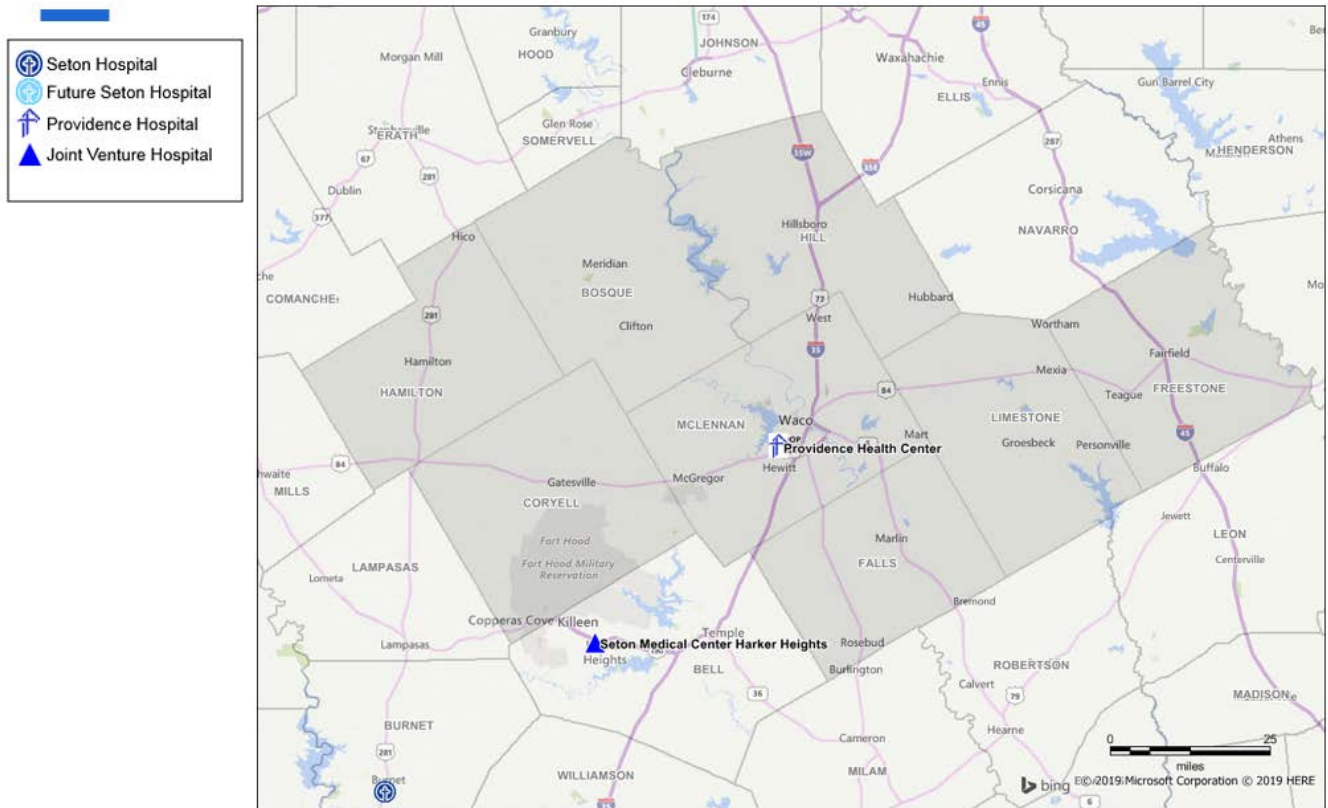
Ascension Providence recognizes it takes the entire community, working together, to improve the health and the wellbeing of individuals.

Developing this CHNA was a collaborative effort. Ascension Providence wishes to acknowledge and thank the many organizations, individuals and experts who participated in the 2019 CHNA process. We appreciate your partnership and look forward to working together to improve the health of the communities we share.

Approval

This CHNA was prepared by Ascension Providence through the assessment, incorporated herein, completed by the Center for Community Research and Development at Baylor University in Waco, Texas. This CHNA was formally adopted by the Ascension Providence Board on June 21, 2019.

Appendix One: County Health Rankings from Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

- ◐ Top 5% of US counties
- ◐ Top 25% of US counties
- ◐ Average
- ◐ Bottom 25% of US counties
- ◐ Bottom 5% of US counties

Comparison of McLennan County to Texas and US
Mental and Behavioral Health

	Texas	US		McLennan County
Suicide mortality rate per 100,000 age adjusted	6.2	13.0	◐	11.1
Poor mental health days avg past 30 days age adjusted	3.4	3.8	◐	3.8
Depression prevalence	17.0%	16.7%	◐	18.3%
Mental health providers per 100,000	98.8	370.4	◐	137.5

Data pulled June 2018

Comparison of McLennan County to Texas and US
Coordination of Care

	Texas	US		McLennan County
Residents living in a HPSA	16.8%	33.1%	◐	100.0%
Adults without health insurance	23.3%	13.0%	◐	21.8%
Children without health insurance	10.0%	5.0%	◐	9.0%
Primary care physicians per 100,000	59.9	75.8	◐	70.0
Preventable hospital stays per 1,000 Medicare enrollees	53.2	49.0	◐	48.3
General dentists per 100,000	55.9	67.6	◐	52.0
No dental exam past 12 months age 18+	37.4%	30.2%	◐	47.7%
Infant mortality w/in 1 yr per 1,000 live births	5.8	6.0	◐	7.0
Child mortality deaths < 18 per 100,000	51.5	50.0	◐	64.2
Mammography screening % Medicare age 67-69	57.9%	63.0%	◐	59.9%

Data pulled June 2018

Comparison of McLennan County to Texas and US
Chronic Diseases

	Texas	US		McLennan County
Diabetes prevalence	9.7%	10.0%	◐	9.4%
Diabetes incidence	8.5	No Data		8.7
Obesity prevalence	28.4%	28.0%	◐	30.6%
Physical inactivity % age 20+ no leisure time physical activity	24.3%	23.0%	◐	25.9%

Data pulled June 2018

Appendix Two: Summary of Community Health Resources

The chart below provides a high-level overview of the health care resources available in McClennan County, including acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers and other services that address the social determinants of health such as transportation, affordable housing and poverty. Many of the facilities and organizations listed below are potential resources to address the health needs identified in this CHNA. In addition to the resources listed below, the following government resources are available in each Texas county: Women, Infant and Children (WIC) nutrition program, Texas Health and Human Services Commission programs, Texas Workforce Commission, Texas Mental Health and Mental Retardation (MHMR) offices.

As part of the CHNA process, Ascension Providence along with community partners identified resources that currently support health. This list is not meant to be exhaustive.

Acute Care	Primary & Specialty Care	Mental Health	Other Resources
Ascension Providence Hospital	Providence Clinics (multiple locations & specialties)	Providence DePaul Center & DePaul Clinic	Waco Family Abuse Center
Baylor Scott & White Hillcrest	Baylor Scott & White Clinics (multiple locations & specialties)	Heart of Texas Region Mental Health Mental Retardation (HOT MHMR)	Serenity Now Programs
	Family Health Center (multiple locations)	Klaras Center for Families	MCH Family Solutions Program
		Abounding Aspirations	Health Outcomes through Prevention and Early Support (HOPES)
		The Center for Children and Families	Compassion Ministries
		Family Counseling & Children's Services	CareNet

		Lake Shore Center for Psychological Services	Caritas
		Pathway Counseling Center	Mission Waco
		Waco Psychological Associates	Salvation Army
		Freedom Reins Counseling	Shepherd's Heart
		Journey Counseling	Meals on Wheels
		Jamie's Place	Faith Health Waco
		Meridell Achievement Center	McLennan County Community Health Worker Program
		STARRY Counseling	Providence Dispensary of Hope
		Cenikor	Area Agency on Aging
			Workforce Solutions
			Economic Opportunities Advancement Corporation (EOAC)
			Waco Housing Authority
			Good Health Card through Family Health Center
			My Brother's Keeper
			McLennan County Health Department

Appendix Three: Evaluation of Impact of Actions Since 2016 CHNA

Ascension Providence conducted its last CHNA for McLennan County in 2016. The CHNA identified the following prioritized needs for FY 2016-FY 2018.

1. Health Concerns and Risks
2. Access and Affordability
3. Wellness and Prevention

Ascension Providence has worked to address these needs in McLennan County. The table below includes a summary of the impact Ascension Providence has made on these community needs over the past three years.

Ascension Providence made the previous CHNA reports available online. The public was invited to submit comments via email. No comments were received on the 2016 CHNA.

Ascension Providence Hospital

Prioritized Need	Strategy	Actual Impact
Health Concerns and Risks	Provide Diabetes education to activate and empower patients to gain knowledge and make lifestyle changes supporting management of diabetes.	• Health Fair for TRANE associates—72 completed Diabetes Risk screening and education, 17 identified as at risk and referred to Diabetes Prevention Program (DPP) • Diabetes Screening and education at West VFW—28 screened, 23 identified as at risk and referred to DPP • Health Fair for Cargill associates—61 screened, 15 identified as at risk and referred to DPP • World Diabetes Day Event—82 screened and educated, 21 identified as at risk and referred to DPP • Partner with Faith Health Waco to provide diabetes education resources • Partnership with local YMCA—referring patients at risk for Diabetes to their Diabetes Prevention Program • Post-education PAID score improvement average of 13.19 February 2018-February 2019
	Provide Telepsychiatry for patients requiring assessment. Delivered through Delivery System Reform Incentive Payment Program (DSRIP)	• DY3. Telepsychiatry equipment and access was provided to all contracted ER providers of service. Completed 1182 total tele psych consults. • DY4 DePaul Center equipment and access in place. Completed 1934 total tele psych consults. • DY5 PHC Med/Surg equipment and access implemented. 2038 total tele psych consults. • Regional Contracted Provider Meeting hosted at Providence Summer of 2016.

Access and Affordability	Design, Develop and deliver a Medical Mission at Home in Waco, TX	Held second Medical Mission at Home in Waco on January 27, 2018. • 817 participants • 2292 encounters • 525 volunteers
	Assist the Waco-McLennan County Public Health District in the implementation of the Community Health Worker Initiative.	Community Health Worker Referral Data 356 referrals received (as of December 3, 2018) with 25 to Providence Hospital
Wellness and Prevention	Raise funds for Pink Partners to provide low cost mammograms	• FY17 - $45,035.10 • FY18 – $32,325.86 • FY19 - $34,666.94
	Increase awareness of Pink Partner fund and the importance of early detection.	• FY17 – participated in 6 community events and visited with 827 people about early detection and Pink Partner Fund. • FY18 – participated in 4 events/502 people educated • FY19 – 9 events to date/730 people educated.
	Provide services for 100 patients annually through Pink Partner Fund	• FY17 – 112 people served • FY18- 197 people served • FY19 (to date) – 137 people served • Much of the participation comes from referrals to Pink Partner Fund from Family Health Center and other health organizations who have a high number of self-pay patients.
	Increase access to healthier food and beverage options.	To positively affect purchasing behaviors, all fit beverages, entrees, and snacks are priced lower than their unfit counter parts (e.g. a regular bottled soda is priced at 1.79, where as a no calorie/no sugar soda is 1.59.) • Vending: 32% fit offerings, we're up 7.4% in offerings v 2016 • Bottled Beverages: 66% are fit, up 6.4% in offering v 2016 • Snacks: 54 % of snacks are fit; up 9% in purchase rate v 2016 • Entrées: 66% are fit, purchasing up 7.2% v last year At Ascension Providence, since 2016 we have been able to positively impact purchasing of FIT food and beverage items by increasing sales of these items by 7.3%.

Waco-McLennan County Community Health Needs Assessment 2018-2019

Center for Community Research and Development

baylor.edu/ccrd

Executive Summary

The Center for Community Research and Development (CCRD) conducted the 2018-2019 Community Health Needs Assessment (CHNA) of Waco-McLennan County residents using mixed-mode survey (web, telephone, paper) and comparing the results with local health measures and a recent health needs focus group. Based on these comparison, three broad needs were identified as consistently appearing in our data.

Access to Healthcare

Nearly 8 percent of respondents indicated that they had had a problem accessing a health care professional in the past 12 months. Those between the ages 25 and 44 or living in the east or central portions of the county were most likely to have indicated such a problem. Consistent health insurance coverage was also an issue. About 7 percent of respondents indicated not having health insurance at the time they took the survey. Those reporting health insurance coverage disruption were also more likely to have indicated trouble in accessing a health care professional and were less likely to seek help from a Mental Health Practitioner. Access also emerged in the focus groups as a major need. County health data showed high rates of uninsured and over-reliance on emergency rooms for healthcare.

Lifestyle and Healthy Behaviors

Physical health measurements showed that respondent's overall health was negatively associated with health insurance disruption. Findings on physical activity among respondents showed that more than 20 percent do no physical activity during a typical week. Findings for healthy eating habits were also pertinent, as 54 percent of respondents reported they consume less than the federally recommended minimum amount of fruit per day. In addition, 73 percent reported they consume less than the federally recommended minimum amount of vegetables per day. Only 13 percent of respondents indicated that they are smokers. Of those who do smoke, most smoke between 1 and 11 cigarettes per day. Lower income levels were associated with a greater likelihood of smoking. Focus group participants mentioned the local challenges of ensuring an adequate diet (suggesting grocery delivery for food stamp purchases) and a need to focus more on "behavioral healthcare." Local health data show an obesity rate of 30% and a "Food Environment Index" lower than the state average.

Women's Health

Survey responses showed that insurance possession and education level are relevant indicators for having had a well-woman exam in the past 12 months. Consistently insured respondents were more than twice as likely as the uninsured to have received a well-woman exam in the last 12 months. Those with a college degree or higher were also twice as likely as those with less than a high school degree to have received a well-woman exam in the last 12 months. Age at first pregnancy was shown to differ by race/ethnicity. The focus groups identified insufficient healthcare for pregnant teens. Local health statistics confirm women's health as a need, including high proportions of births to teens compounded by racial and ethnic disparities.

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Background of the Community Health Needs Assessment

Partners in McLennan County have a tradition of collecting data and information from the community to help determine what is needed and what will work best to address specific needs dating back to 2001. The purpose and goal of each assessment is to provide partner agencies and community members a comprehensive and unbiased assessment of McLennan County regarding health risk factors, issues in accessing care, and insight for future programming. The 2018-19 Community Health Needs Assessment was conducted within the context of prior CHNA survey findings, current McLennan County health indicators, recent insights from Baylor Scott and White Focus Groups, and recent demographic data from the U.S. Census Bureau.

I. History of CHNA in McLennan County

The Center for Community Research and Development (CCRD) partnered with the community to conduct the last CHNA in 2016. The report discovered three major health needs addressing: access to health coverage/care; obesity and lifestyle issues; and women's health.

I.I *Access to Health Coverage/Care*

Access to affordable health care is a core focus of all stakeholders in the health care industry. In 2016, a number of issues were discovered that limit the residents of McLennan County to affordable health care. First, it was found that county residents had a higher uninsured rate, compared to the nation and the state of Texas. The 2016 report also found that county residents were more likely to have lost their health care in the previous year, compared to national data (Berchick, Hood, and Barnett, 2018).

Second, McLennan County has a higher than average reliance on government assistance for health care. Most notable was that 41 percent of county children were covered by CHIP or Medicaid. While more than 1 in 10 residents reported problems with access to health care, cost and transportation were the most frequently reported barriers. This would also explain why the county had a higher than average routine check-up rate; 30 percent of county residents had not had a regular check-up in the previous 12 months. County residents also use the ER with great frequency—25 percent of county residents had been to the ER at least once in the prior year, and 5 percent reported using the ER as their primary care outlet. Significant racial/ethnic disparities were also found in the previous report regarding certain access measures. For example, African American residents were 160 percent less likely to have health insurance compared to White residents. Moreover, Hispanic residents were 460 percent less likely to have health insurance than White residents.

Additional data from CMS support the findings. Figure 1 shows that compared to White residents, ER visits are twice as likely among African Americans in McLennan County, and 50 percent more likely among Hispanics.

Figure 1. Emergency Department visit rate by race for McLennan County and at the State level
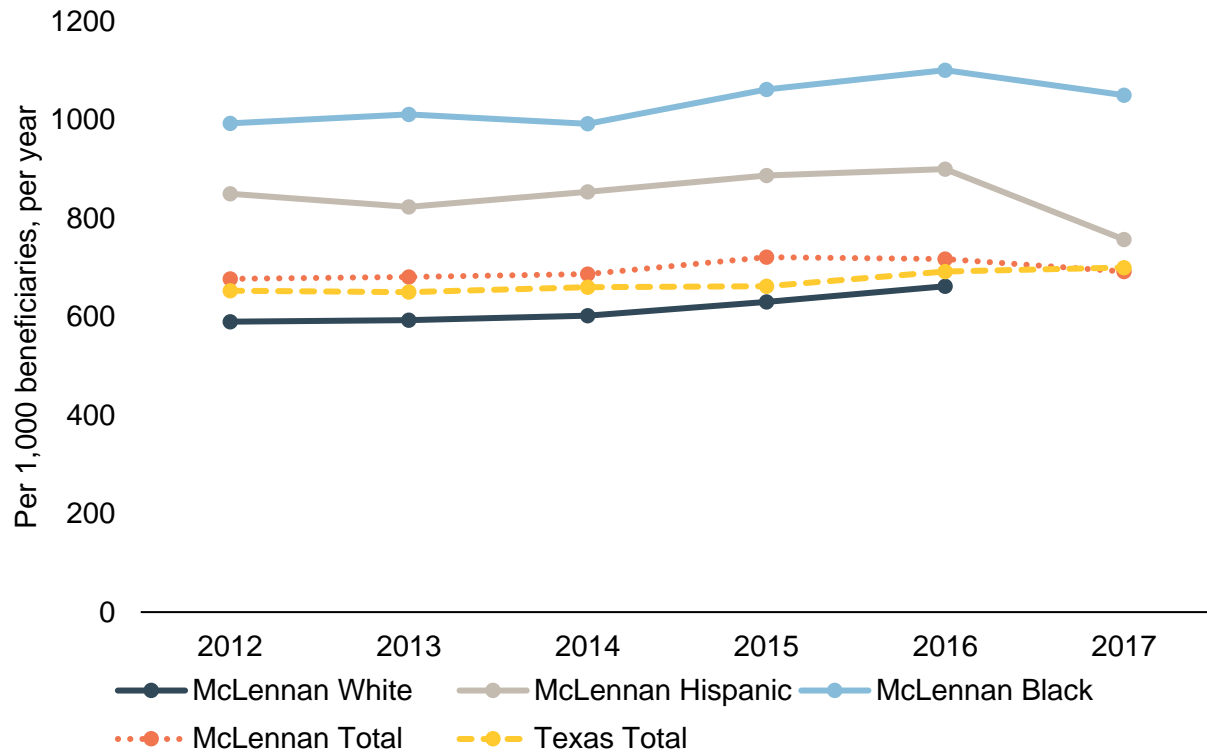
I.II *Unhealthy Lifestyles*

While Americans are a relatively unhealthy population, the situation is more pronounced in McLennan County where 2011 community level data showed that 29 percent of residents were officially obese, as reported by the University of Madison Wisconsin (2015) in the County Health Rankings & Roadmaps.

The data also show that McLennan County residents have a premature death rate (before age 75) 15 percent higher than the Texas state rate, and 47 percent higher than the top performing counties in the nation. In the 2016 CHNA, it was found that nearly half of county residents reported 0 physical activity in a typical week. Only 16 percent of McLennan County residents reported getting the Health and Human Services weekly recommended amount of exercise (180+minutes moderate exercise), compared to 23 percent of all Americans (Blackwell and Clarke, 2018). In addition, 18 percent of McLennan County residents are completely sedentary (do not walk at least 10 minutes per day). Half of county residents reported eating less than half a cup of fruits and vegetables per day (daily recommendation is 2.5 cups). Moreover, an estimated 6 percent of McLennan County residents eat the daily recommendation of fruits and vegetables, compared to 11 percent of all Americans. About 20 percent of county residents reported daily cigarette smoking activity. This rate is 50 percent higher than the top performing 'low smoking counties' in the United States (14 percent smokers), according to the University of Wisconsin's Population Health Institute.

I.III *Women's Health*

The final area where a significant need for improvement was identified was women's health. In McLennan County, 26 percent of women had never had a well-woman exam, including an estimated half of Hispanic women in the county. Women in the county reported a dearth of information about well-woman needs. Only 56 percent of women in the county report that they have received well-woman information from a health care provider, while many others looked to other sources, such as the internet. An alarming 25 percent of McLennan County women reported having no information or knowledge about well-woman exams.

In the study, only 36 percent of women had a mammogram in the previous year, and 10 percent of women over 40 had a 5-year gap since their last mammogram. Significantly, less than half of Hispanic women in the county have ever had a mammogram. Of McLennan County women who have had children, 26 percent were pregnant before their 18th birthday. Moreover, community-level data show that in 2015 the birth rate for teenage mothers (15-19) was 43 percent greater for McLennan County (53 per 1,000 live births) than for the state of Texas, and that this disparity is race/ethnic specific. The teen birth rate was 22 per 1,000 for White women, 53 per 1,000 for African American women and 54 per 1,000 for Hispanic women, according to the University of Wisconsin Population Health Institute. Access to prenatal care and teen pregnancy are predictors of low birth babies (under 2,500 grams). The community-level data show that the low birth rate in McLennan County is 8 percent, but very race specific. Low birth weight for White and Hispanic babies was 7 percent, while for African Americans the rate was 14 percent, twice the national average.

Teams of health professionals and community members reacted to the 2016 information and coordinate programming and activities in an effort to impact the three areas outlined above.

II. McLennan County Health Indicators

In accord with the 2016 CHNA findings for McLennan County, recent government data indicate that the county lags behind the rest of the country in healthcare access, health behaviors, and women's health measures. Moreover, compared to white Americans residing in McLennan County, racial minorities tend to fare worse on these measures. These findings are detailed below.

II.I *Access to Health Care*

According to the data collected by the Centers for Medicare & Medicaid Services, many emergency room visits occur due to lack of health insurance coverage or inability to access a primary care physician for medical treatment and preventative care. While McLennan County's overall rate of ER visits is comparable to that of the state and country, the rate among Black and Hispanic residents is substantially higher. In 2017, the county rate was 692 ER visits per 1,000 Medicare recipients, compared to 700 for the state of Texas and 691 for the country as a whole. However, the rates for black and Hispanic recipients in McLennan County were 1050 and 757, respectively.

These gaps have been consistent for several years, going back to 2012. While the rates for all groups were on the rise during this period, it is worth noting that there was a slight decline between 2016 and 2017, with the sharpest drop occurring among Hispanics. It is not yet clear whether this trend will continue into the future. What is clear from the data at this time is that the ER visit rate in McLennan County is slightly higher than both the state and country averages and that racial minorities have the highest rates. This could indicate decreased access to health care among non-white populations.

II.II *Unhealthy Lifestyles*

McLennan County residents rank poorly on a number of individual health measures as well. For the past eight years (since 2012), the county adult obesity rate has consistently hovered around 30 percent, never rising or falling more than one percentage point. The city of Waco has an even higher rate at 37 percent. McLennan County's poor record in the area of healthy lifestyles is also reflective in its physical activity rate. In 2019, 24 percent of adults did not report any engagement in leisure-time physical activity, which is the lowest rate in eight years. Furthermore, residents of McLennan County may also experience limited access to healthy foods.

In 2019, the county's Food Environment Index score was only 5.5, according to the University of Wisconsin Population Health Institute, a figure that is smaller than in Texas overall and substantially smaller than the top-performing counties in the United States (8.7). The Food Environment Index is a score ranging from 0 to 10 and measures several different factors related to food choices, health and well-being and community characteristics. Other food-related metrics

tell a similar story. Estimates for the city of Waco indicate that as many as 91 percent of residents had limited access to healthy foods, according to New York University's City Health Dashboard.

II.III *Women's Health*

McLennan County pregnancy and childbirth-related measures indicate that women face particular health and healthcare challenges and that non-white women may be especially vulnerable. There is some good news in this area as well, as the teen birth rate decreased from about 49 teen births per 1,000 teen girls in 2010 to 33 in 2015. However, while this decrease was seen across all racial groups, a substantial gap remains between white and non-white teen mothers. The most recent data indicates that the birth rate for white teen girls between the ages of 15 and 19 is about 21 births per 1,000 teens. This rate is more than twice as high for both black and Hispanic teens, at 52 and 48, respectively. Racial disparities also exist among adult mothers in McLennan County. About 67 percent of white mothers who gave birth in 2015 had received prenatal care in their first trimester, compared to only 49 percent of black mothers and 54 percent of Hispanic mothers.

Newborn birthweight rates in McLennan County also reflect racial disparity. These rates have been decreasing in recent years, but a substantial racial gap remains, particularly between white and black mothers. In 2015, about 63 out of 1,000 white newborns had low birthweights compared to 150 out of 1,000 black newborns. From 2011 to 2014, low birthweights occurred among Hispanic newborns at a rate in between those of white and black babies, but then dropped substantially in 2015. This is the most recent available data at this time, so it remains to be seen if this positive trend will continue. What is clear is that several measures of maternal and neonatal health are improving, but persistent gaps remain between whites and racial minorities in McLennan County.

III. Focus Group Summary

The Baylor Scott and White focus groups, undertaken with key stakeholders, reinforce both the findings of the 2016 CHNA survey and recent McLennan County Health Indicators, especially in regard to health care access. The full report is available for reference in Appendix 8. When focus group participants were asked about health barriers in McLennan County, several themes related to healthcare access emerged. These include language and cultural barriers, education-related barriers, costs, availability, and transportation.

III.I *Language/Culture barriers*

On problems in McLennan County, one stakeholder noted the "lack of education/information and being able to understand it; cultural barriers; language issues." Another noted that health issues were, "Poverty driven-lack of trust in African American communities." The undocumented population is also seen as a community health issue because many providers will not see them,

Medicaid expansion has not been brought to Texas, and that there is limited availability at the free clinics who will see undocumented.

III.II *Education-related barriers*

Another community health barrier is McLennan County's lower level of post-secondary education. This creates several problems, including poor diet, living in deteriorated housing and neighborhoods (which are food deserts), misunderstanding and mistrusting the health system, and poor health literacy (i.e. importance of diet, exercise, annual check-ups, etc.). When asked about important health concerns, one participant replied, "Diet. Education and people not understanding what a healthy diet is. Affordability; [people don't know that] healthy food is cheaper than frozen or canned." Another participant said, "Health education. In poor [neighborhoods] health is not valued." Some also identified a technology gap that frustrates the older generation. "[Too much emphasis on] social media hasn't reached a lot of the population; the older population is still leery. The younger population use[s] portals and online access."

III.III *Costs*

In regard to costs and access to medication, clinic fees and insurance are common themes. One participant said that a major frustration was medication. "[There is] no source for affordable supplies. Not [many] resources…Insulin for diabetics is very expensive. [Also], inhalers for COPD patients. A lot of people just can't afford it." Another cost issue was raised in reference to after hour clinics: "There are [clinics], but [they are] not open 24 hours [and] they don't cover [the] uninsured or [those who] don't have payment." Another commented that, 'Copays deter utilization."

III.IV *Availability*

Some participants were displeased with the health resources available in the county. One participant noted, "There are several clinics, but there's not enough. [They are] full when trying to schedule appointments…New patients can be [made to] wait up to a month." Another commented that there is a "lack of trust for the medical profession." One participant noted, "[We need a] hospital-based food pantry to help receive healthy foods."

III.V *Transportation*

Finally, transportation concerns were also raised. As one respondent noted, "[The] African American and Hispanic populations [are] impacted more due to lack of public transportation." Another touched on the same issue: "Transportation. Patients can't get to their appointments…A few agencies [are] working to provide it, but [are] not there yet. Public transportation only covers Waco proper; the outer areas have no access."

The question of healthcare access is in many ways a question that hinges on race/ethnicity, socio-economic status, and education. In the end, as one respondent said, an underlying issue is that every member of the community needs, "To be seen as a person, regardless of economic status or ethnic group. To be treated from an equitable standpoint; make sure providers are providing quality care to everyone."

IV. Demographic Data for McLennan County

As a final source of background information for the 2018-19 CHNA, demographic data on McLennan County from the U.S. Census Bureau was examined. According to the data, McLennan County lies near the Texas state average for percent male/female and high school degree attainment among adults. However, compared with state averages, bachelor's degree attainment and income levels in the county are lower and the unemployment rate and poverty rate are higher. The county also contains greater percentages of White and African American/Black residents (and lower percentages of Hispanic/Latino residents) than the state of Texas as a whole. When considering the city of Waco, many of the state comparisons are starker. More detail is given to each area below. All data was taken from the U.S. Census Bureau.

IV.I *Education*

McLennan County is slightly above the state average for high school educational attainment but below the state average for bachelor's degree attainment. In McLennan County, 84 percent of adults have received a high school degree (compared to 83 percent of all Texans). The figure is lower for the city of Waco; only 80 percent have a high school degree. Only 23 percent of McLennan County and Waco residents have a bachelor's degree. In contrast, 29 percent of adult Texans have obtained a bachelor's degree.

IV.II *Race/Ethnicity*

Approximately 57 percent of McLennan County residents identify as White, compared to the state average of 43 percent. The city of Waco has a significantly higher proportion of African American/Black residents (21 percent) when compared to McLennan County as a whole (14 percent). Both the county and city averages are above the state average of African American/Black residents, which is 12 percent. McLennan County and Waco also have an average Hispanic/Latino population below the state average of 39 percent. In McLennan County, the average percentage of Hispanic/Latino residents is 26 percent. As for Waco, the average percent of Hispanic/Latino residents is 32 percent.

IV.III *Gender and Age*

The Texas state average by gender according to the U.S. Census is approximately 50 percent for males, and 50 percent for females. McLennan County is slightly below the state average for males, at 49 percent, and slightly above the state average for females, at 51 percent. The City of Waco's median age is 29. This figure is below both the median age in McLennan County and the median age in Texas, which are 33 and 34, respectively.

IV.IV *Household Income, Unemployment Rate, and Poverty Level*

McLennan County's medium household income of $46,262 is below the state average of $57,051. The City of Waco's median household income of $36,004 is below both the state and the county's median income. The unemployment rate for the City of Waco is higher than that of the county and state. Waco's unemployment rate is 6 percent, while the county rate of unemployment is 5 percent and the state unemployment rate is 6 percent. Only 16 percent of Texas residents are below the poverty level, according to the U.S. Census. About 19 percent of McLennan County's residents are below the poverty level, and nearly 27 percent of Waco residents are below the poverty level.

Data Collection for the 2018-19 CHNA Survey

Because of the findings outlined above, and the availability of reliable secondary sources, the CCRD set out to assess the overall health practices and health care needs of Waco-McLennan County residents with a focus on access, healthy lifestyles, and women's health concerns. The questions in the 2018-19 CHNA survey were developed using prior survey models and through dialogue between CCRD researchers and the CHNA team, made up of administrators from the Waco-McLennan County Public Health District, Family Health Center, Ascension Providence Healthcare Network, Baylor Scott & White Hillcrest Medical Center, and the collective impact initiative Prosper Waco. The rationale for the methods used to conduct the 2018-19 CHNA survey, a description of the data collection process, and a demographic description of the sample follow.

I. Rationale for Data Collection Methods

In prior CHNA surveys, the sole or primary means of data collection was accomplished through Random Digit Dial (RDD) telephone surveys. However, in recent years, the effectiveness of RDD has been challenged (Steeh et al. 2001; Curtin, Pressor, & Singer 2005; Kohut et al. 2012; Fowler et al. 2016; Williams & Brick 2018), especially in relation to issues surrounding survey bias and non-response. RDD tends to under-sample the young and persons of color. Call-screening has also proliferated (both among land-line and cell-phone users), due in part to the erosion of public trust and more sophisticated caller identification technology (Dillman, Smyth, & Christian 2014; Singer 2016; Tourangeau 2017). Public distrust affects nearly all types of surveying, but other survey methods also pose their own unique challenges. For example, web-based surveys tend to under sample the elderly, the less-educated, persons of color, and respondents from low-income households (Mariano & Lewis 2017). In sum, no single survey method is without its challenges. Utilizing mixed-method surveying is ultimately advantageous because it can minimize or offset the weaknesses inherent within a single survey method.

These factors have caused survey method researchers to become proponents of mixed-mode surveying (Dillman et al. 2014; Battaglia et al. 2016; Biemer et al. 2018; Patrick et al. 2018). Within this framework, address-based sampling has become more common, especially surveying in which initial contact with a potential respondent is made by mail. The physical aspect of a mail request serves as a first step to legitimize a survey in the eyes of a potential respondent. Subsequent requests for survey completion can then be made by mail, phone, or web, capitalizing on the need for survey completion convenience. Address-based sampling also allows for responses to be geographically linked to a place, which enables more robust final analyses by zip code, school zones, Census tracts, etc.

With these considerations as a backdrop, CCRD researchers conducted a mixed-mode survey in 2018 for the CHNA. While overall survey response was lower than in previous iterations, demographic characteristics show close alignment with U.S. Census Bureau data for McLennan County. In addition to the mixed-mode surveys, the identification of local healthcare needs also relied on other quantitative available measure described on pages 4 and 5 as well as qualitative response to a series of focus groups described on page 5 and summarized in Appendix 8.

II. Description of Data Collection Process

II.I *Questionnaire*

Stakeholders and healthcare professionals began meeting in February of 2018 to discuss the content of the survey instrument. Question selection was based on three criteria:

(1) if the question was asked in a previous CHNA, changes were minimal to allow for accurate comparison;

(2) new questions were modelled after the Behavior Risk Factor Surveillance System Questionnaire as well as other questionnaire sources;

(3) if reliable secondary data sources were available in a timely manner, the decision was made to probe further into the topic rather than ask the surface-level question.

Respondents were asked questions pertaining to access to healthcare, wellness practices, risks and diagnoses, as well as a variety of standard health indicators. The survey contained 78 questions and the average completion time was approximately 10-12 minutes. Each question in the survey is actionable, meaning that there is an organization, city department, or working group that will use the information to improve health outcomes in the Waco-McLennan County area.

The instrument was created using the Qualtrics software and designed to be administered by telephone and self-completion over the web. A print version was created to assist in face-to-face interviewing. Care was taken to incorporate the Spanish-speaking population in McLennan County by ensuring a Spanish translation of the survey was available as well as Spanish speaking interviewers. The instrument was translated by Welocalize from Maryland and reviewed by local Spanish speakers to ensure the correct dialect was used.

II.II *Sample and Phone Interviews*

Data were collected from September 1, 2018 to November 23, 2018. An original address- based sample of over 15,000 potential respondents was obtained through the Marketing Systems Group, in coordination with Prosper Waco. Respondents were contacted by mail, web, phone, and in person.

A first wave of post cards introducing the survey was sent to the entire sample on September 1, 2019. Respondents were directed to take the survey on the web (using a unique identifier) or over the phone by calling the CCRD during regular business hours. Instructions in Spanish were also included. Follow-up postcards were sent to those who did not respond on October 26, 2019 and again on November 6, 2019. Paper copies of the survey were not sent by mail, primarily due to cost constraints. Web contact was also made with respondents via multiple emails and web advertising. Facebook advertising yielded 25 engagements, 23 engagements came from the search bar on Android cell phones, three engagements came from a CHNA article on the KXXV site, and 2 engagements came from a link on Instagram. As with the postcards, web

communication directed respondents to either complete the online version of the survey using a unique identifier or to call the CCRD and complete the survey with staff over the phone.

Respondents were contacted by phone using a Computer Assisted Telephone Interviewing (CATI) system. The CATI technology, when linked to the Qualtrics software, allowed for automated data entry directly upon completion of a phone interview. The CCRD call center was utilized by interviewers for survey administration on the dates of September 17-20, 24-27, 29, October 1-4, 8-11, 29-30, and November 5-8. Several steps were taken to ensure the quality of the phone interviews and included (1) intensive training sessions completed by each interviewer; (2) continual monitoring of phone interviews by CCRD research analysts; (3) daily review of work, interviewing procedures, and results by the CCRD staff; and (4) calling during times established in previous studies to minimize non-response. The final means used to contact respondents in this mixed-mode survey was door-to-door interviewing, which took place on October 13, 2018 and October 27, 2018.

II.III *Fieldwork*

While many of the interviewers had previously participated in administrating the survey by phone, a separate training was still required for all those going into the field. Groups of approximately 6-10 interviewers were paired with at least one CCRD research analyst and were assigned routes in various neighborhoods. The County's Community Health Workers (CHW) also participated in the training, and accompanied the interviewers during the face-to-face sessions, in order to establish a better rapport with the individuals that were being interviewed.

A total of 884 homes were visited. CCRD staff were all equipped with proper knowledge on appropriate safety procedures and maintained frequent cell phone communication with all involved during the duration of the interviews. The neighborhoods and streets chosen for surveying were determined, with the aid of Prosper Waco, by under-represented zip codes within the greater Waco area and McLennan County. An effort at probability sampling was made by identifying "seed households"—obtained through the initial address-based sample—and then assigning interviewers systematic routes around these seed households whereby every third household was contacted.

II.IV *Reporting*

The report analyzes the responses of collected from McLennan County adult residents who completed the survey. The dataset contains 1,004 cases, which were completed by web, phone, and face-to-face. Demographic characteristics of this sample closely resemble those available through external sources such as the United States Census. The CHNA survey questions have been analyzed based on standard demographic variables, which include age, gender, race, marital status, household size, number of children, level of education, and household income. Questions within each section of this report are presented as they were read to the respondents by the interviewers. Overall frequencies and cross-tabulations, as necessary, are provided for each question, and question summaries discuss factors that are significantly related to each individual question.

III. Demographic Description of the Sample

The characteristics of the sample closely resemble the McLennan County population in numerous ways. Characteristics of interest include age, race/ethnicity, income, education, marital status, household structure, and employment. These variables are used analytically in subsequent sections. Additionally, the sample included respondents from all geographic regions of McLennan County. Zip code distribution of respondents is outline in Table 1 below. Notably, 35 percent of survey responses came from zip codes identified in previous CHNA reports as "highest need" areas (76704, 76705, 76706, 76707).

Table 1. Zip Code Distribution of Respondents

City	Zip Code	Percentage
Eddy, TX	76524	0.6
Moody/Lorena, TX	76557	0.8
Oglesby, TX	76561	0.1
Axtell, TX	76624	0.6
Bruceville, TX	76630	0.2
China Springs, TX	76633	2.3
Crawford, TX	76638	0.7
Elm Mott, TX	76640	1.4
Hewitt, TX	76643	6.6
Lorena, TX	76655	3.6
McGregor, TX	76657	4.2
Mart, TX	76664	1.6
Riesel, TX	76682	1.2
Valley Mills, TX	76689	1.0
Waco/West, TX	76691	3.4
Waco, TX	76701	0.3
Waco, TX	76704	4.3
Waco/Lacy Lakeview, TX	76705	9.5
Waco/Robinson, TX	76706	12.1
Waco, TX	76707	9.1
Waco, TX	76708	9.3
Waco, TX	76710	11.5
Waco, TX	76711	1.8
Waco/Woodway, TX	76712	13.5
Waco/Baylor, TX	76798	0.1

In regard to race and ethnicity, the 2018 CHNA asked "Do you describe your main racial or ethnic group as: (choose all that apply)", and the categories were "Hispanic or Latino", "White or Anglo", "Black or African American", "Asian American" or "Something else?". Thus, respondents were able to select more than one option. To recode this into one variable, all respondents who selected "Hispanic/Latino" as at least one of their options were coded as Hispanic. This group included 92

respondents, seven of whom also chose "White/Anglo" and one of whom also chose "Something else." Respondents who only selected White/Anglo, Black/African American and Asian American were coded as White (73 percent), Black (11 percent), and Asian American (1 percent) respectively. The final race/ethnicity category used in the 2018 CHNA analysis was "Other race or multiracial" (3 percent). Respondents who chose multiple non-Hispanic options or who selected "Something else" were coded in this category. This group also included those who chose both Black and White, or both Asian American and White, among others. The most common volunteered response from those who chose "Something else" was American Indian or Native American.

In terms of the respondents' gender identity, 39 percent of respondents identified as male, 61 percent as female and less than 1 percent as "Something else."

Regarding their age, the sample had a higher concentration of older adults, as 39 percent of the respondents were 65 years old or older. Almost one quarter of the respondents (23 percent) were between the ages of 55 and 64. Conversely, only 3 percent of the sample were less than 25 years old. As for income, 20 percent of the people had a household income between $50,000 and $75,000, which is the highest concentration of respondents in any income bracket. The second highest concentration was in the $100,000 to $200,000 income category (18 percent).

For education, only 7 percent of respondents answered that they were currently enrolled in school. Within this group, 35 percent were enrolled part-time and 65 percent were enrolled full-time. Another question inquired about the highest grade of school that respondents had completed. The highest concentration of respondents in any education bracket indicated they were a "College Graduate" with 25 percent. The second highest was "Post-college Graduate" with 19 percent.

In terms of marital status, 59 percent of respondents reported being married, 14 percent reported being widowed and 13 percent said they had never been married. In terms of the composition of households, 41 percent of respondents said they lived in households with two people. Another 22 percent responded that they lived in households with one person and 22 percent said that they lived alone in their households.

Regarding employment, the highest concentration of responses was in the category of "Retired" (39 percent). Nearly the same number of respondents (38 percent) indicated that they were currently employed full-time and 9 percent indicated that they were employed part-time. Unemployed participants represent 7 percent of the sample, divided between 3 percent who were actively seeking employment and 4 percent who were not actively seeking employment.

Main Findings of the CHNA Survey

After compiling the data from the 2018-19 survey, researchers at the CCRD grouped the main findings under the following three categories: access to health care and services, lifestyle and healthy behavior, and women's health. While the survey included some new questions, as explained above, these categories are grouped this way to enable comparisons and cross-analysis, both to previous CHNA reports and to other health indicators for McLennan County.

I. Access to Healthcare and Services

As reflected in the focus group summary, access to health care and services remains a concern for the Waco-McLennan County area. Three main findings were evident in this area and include access to health care professionals generally, inconsistent health insurance coverage (or lack thereof), and some implications of health insurance disruption.

I.I *Access to Health Care Professionals*

Easy access to health care professionals was identified as a need in prior iterations of the CHNA and in the focus groups. Survey respondents also reported having problems accessing health care professionals. While the majority of respondents in the survey indicated no problems in this area, about 8 percent of respondents did report having a problem accessing a health care professional in the past 12 months.

Table 2. Problem accessing health care professional
In the past 12 months, have you had a problem accessing a health care professional?

Response	N	Percentage
Yes	61	7.9
No	707	92.1

This question was broken down further by age and geographic location. The most defining characteristic of respondents who reported problems accessing health care professionals was the age of the respondent. Among those who answered "Yes" to having a problem accessing a health care professional in the past 12 months, the age group most affected was between 35 and 44 years old (15 percent), followed by the group between 25 and 34 years old (13 percent).

Table 3. Problem accessing health care professional by age
In the past 12 months, have you had a problem accessing a health care professional?

		Yes		No	
		N	Percentage	N	Percentage
Age	Less than 25	1	5.9	16	94.1
	25-34	7	13.2	46	86.8
	35-44	11	15.1	62	84.9
	45-54	6	7.2	77	92.8
	55-64	11	7.8	130	82.2
	65+	14	5.9	222	94.1

The following map of McLennan County shows a geographical distribution of those who answered "Yes" to the question of having had a problem accessing a health care professional in the past 12 months, defined by zip code. The east and central portions of the county showed the highest rates of experiencing problems accessing health care.

Figure 2. Inhabitants of East and Central McLennan County experience the most problems accessing health care
During the past 12 months, have you had a problem accessing a health care professional?
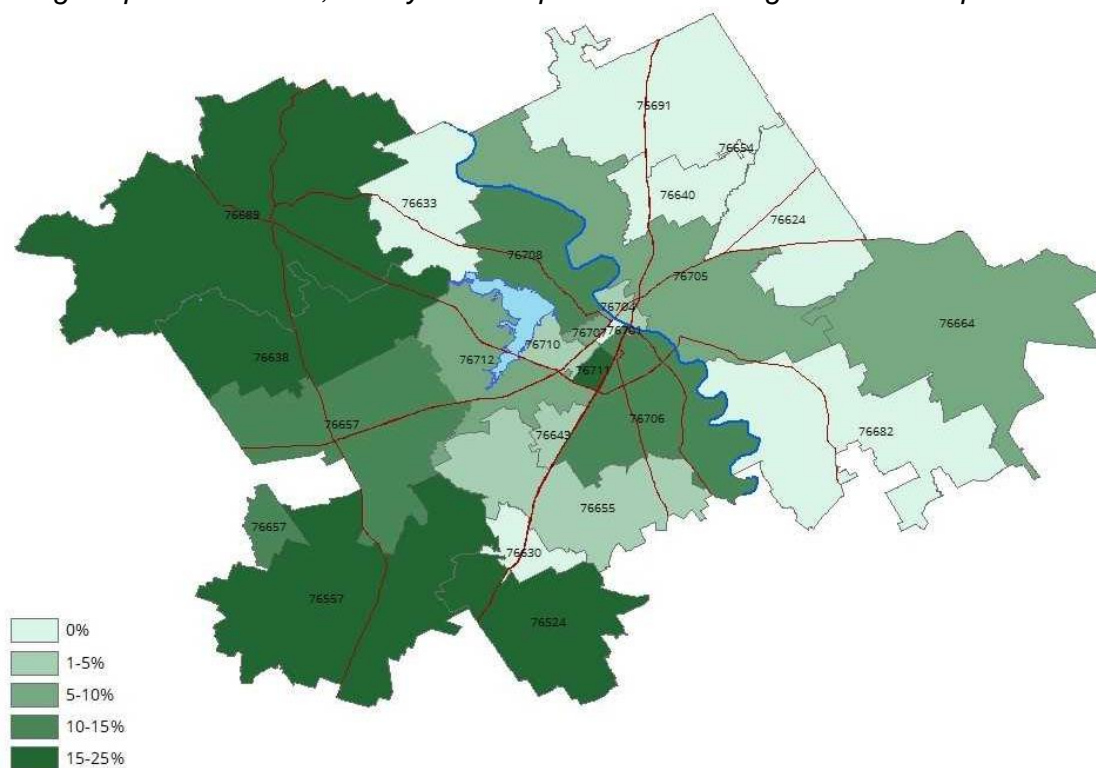
I.II *Health Insurance Coverage*

Health care access often hinges on possession of health insurance. In the U.S., health insurance is most often provided through an employer or union. Table 4 shows that this bears out in McLennan County as well, as 40 percent of survey respondents listed this as their primary means of health insurance. The second highest form of health insurance among respondents was Medicare (35 percent). About 7 percent of respondents reported not having health insurance.

Table 4. Health Insurance source and coverage
*Is your **health insurance** primarily…*

Response	N	Percentage
Through your or someone's work or union (including HMO)	306	40.1
Bought directly by yourself or a family member	76	9.9
Medicare	268	35.1
Medicaid or public aid	27	3.5
Other source	33	4.3
I do not currently have health insurance	54	7.1

While having insurance is important, it is also necessary to understand the portion of the population that experiences inconsistent access to health insurance or interruptions in insurance coverage. Out of all respondents, 11 percent reported having some type of insurance interruption in the last 12 months. Figure 3 shows the geographical distribution within McLennan County.

Respondents who had experienced a health insurance disruption over the previous 12 months tend to cluster in socioeconomically disadvantaged areas of the Waco-McLennan County. This can be observed in the northeastern part of the county, especially in zip code 76624. The area includes the city of Axtell and is adjacent to zip codes 76640 and 76705, both of which report moderate levels of health care interruption. Important landmarks in those zip codes include the cities of Lacy Lakeview and Bellmead as well as Texas State Technical College's Waco Campus. Another zip code where respondents report high levels of health insurance interruption is 76657 and includes the cities of McGregor and Moody.

Figure 3. NE McLennan County experienced the most health insurance interruptions
During the past 12 months, was there any time that you did not have health insurance?
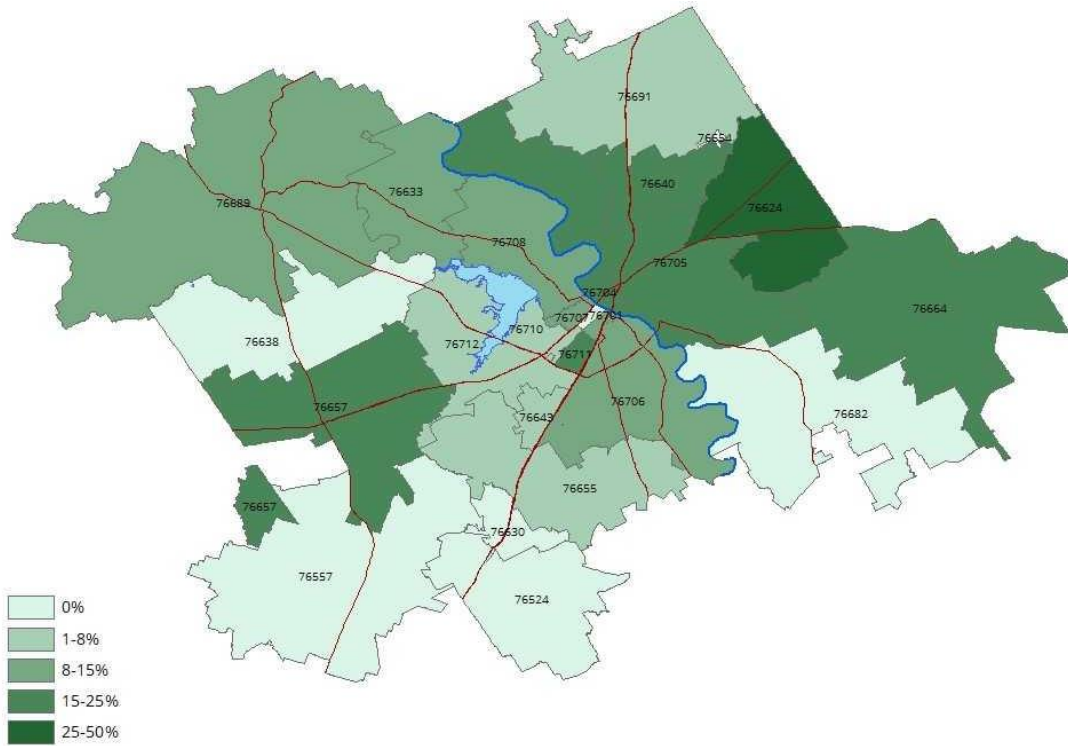
In addition to geography, other respondent characteristics are associated with lack of health insurance and interruptions in coverage. These include age, race/ethnicity, socio-economic status, education level, and marital status. If found to be relevant, statistical significance is noted in each case.

I.II.I *Health Insurance Disruption according to Age*

Respondents who experienced health insurance disruption in the previous 12 months tend to be younger in age. Among the respondents who are 65 or older, only 3 percent reported health insurance disruption. In comparison, 35 percent among those who are 25 years old or younger experience health insurance disruption.

Figure 4. Younger Respondents have More Disruption in Health Insurance Coverage
During the past 12 months, was there any time that you did not have health insurance?

Age	Percent
18 - 24	35%
25 - 34	30%
35 - 44	15%
45 - 54	14%
55 - 64	10%
65 or over	3%
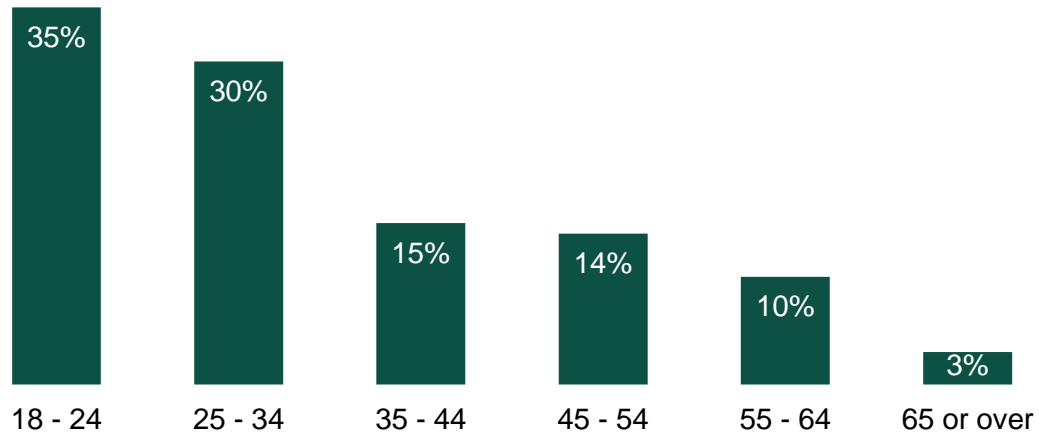
I.II.II *Health Insurance Disruption according to Race/Ethnicity*

Another disparity exists when examining the responses by race. Between a fifth and a quarter of Hispanics and African Americans did not have health insurance over the past 12 months (26 percent and 21 percent, respectively). Among White respondents, only 7 percent went without health insurance, as shown in Figure 4. A subsequent statistical analysis shows that there is a significant difference in experiencing health insurance disruptions between the White and Hispanic respondents ($p<.001$), as well as the White and Black respondents ($p<.01$). This suggests that race plays an important role in an individual's ability to obtain consistent health insurance coverage.

Figure 5. Hispanic and African American respondents are more likely to experience a disruption in health insurance
During the past 12 months, was there any time that you did not have health insurance?

Race/Ethnicity	Percent
White	7%
Hispanic	26%
African American	21%
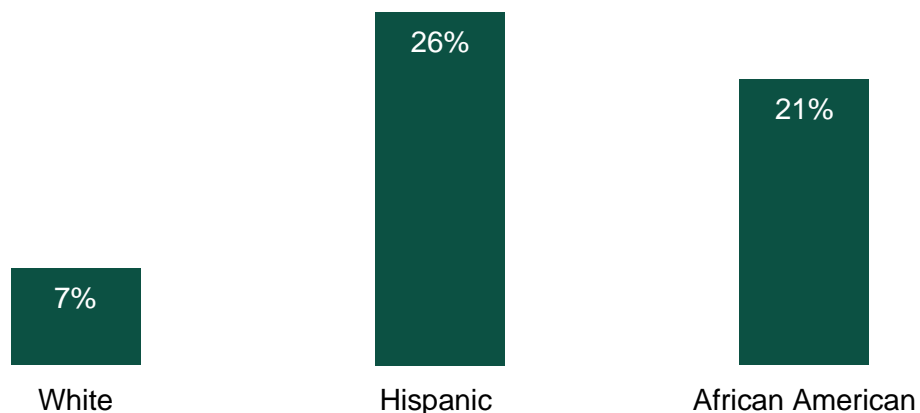
I.II.III *Health Insurance Disruption according to Socio-Economic Status*

The median earnings for full-time, year-round workers in McLennan County is $37,419 according to the most recent U.S. Census 5-year estimates. About 17 percent of CHNA survey respondents who reported an average income of less than $35,000 reported a disruption in the coverage as compared to 3 percent of respondents with an average income over $75,000, as reflected in Figure 6. A subsequent statistical analysis illustrates a significant difference ($p<.001$) in experiencing a health insurance disruption between respondents who have an annual household income higher than $75,000 and those whose annual household income is less than $35,000.

Figure 6. Respondents with lower income levels have greater disruptions in health insurance coverage
During the past 12 months, was there any time that you did not have health insurance?

Less than $35,000	$35,000 to $75,000	$75,000 and Higher
17%	11%	3%
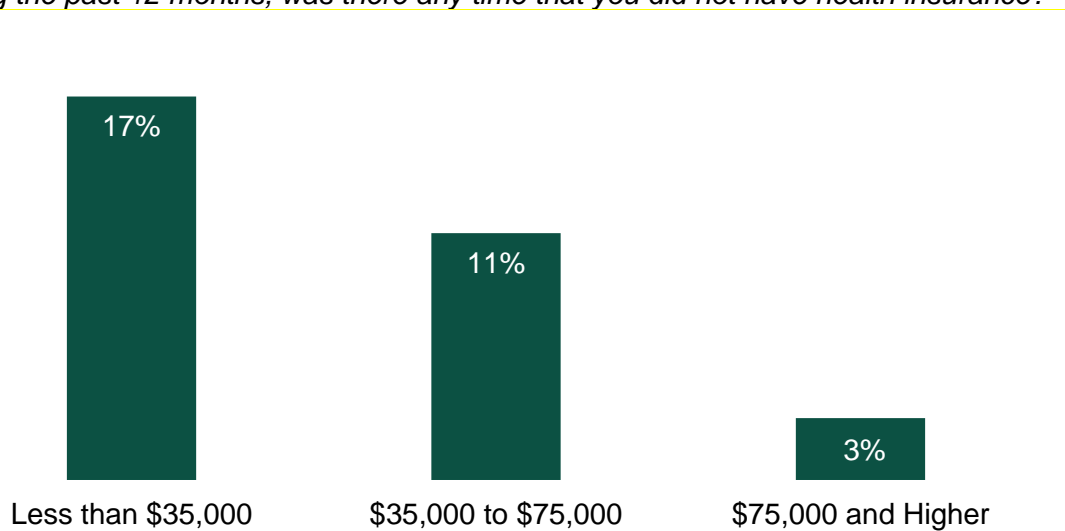
I.II.IV *Health Insurance Disruption according to Education*

Among those who have a college or post-college degree, only 6% reported experiencing an insurance disruption in the previous 12 months. Among those who had some college education but had not graduated, 14% had this issue. Among those who had less than a high school education, 25% had experienced a health insurance disruption. A subsequent statistical analysis showed a significant difference ($p<.001$) in experiencing a health insurance disruption between college and post-college graduates and those who did not graduate from college.

Figure 7. Lower Levels of Formal Education are Associated with Disruption in Health Insurance Coverage
During the past 12 months, was there any time that you did not have health insurance?

25%	13%	14%	6%
Less than High School	High School Graduate or GED	Some College or Trade School	College Graduate or Above
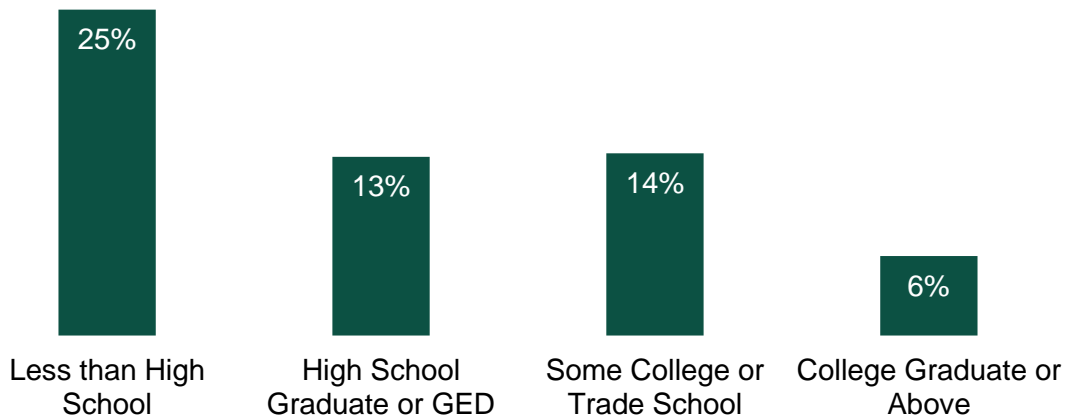
I.II.V *Health Insurance Disruption according to Marital Status*

Among married respondents, only 9 percent reported health insurance disruption during the previous 12 months. In comparison, 12 percent of divorced respondents, 21 percent of respondents who had never been married, and 30 percent of separated respondents reported insurance disruptions.

Figure 8. Marital Status is a Key Predictor of Insurance Disruption
During the past 12 months, was there any time that you did not have health insurance?

30%	21%	12%	9%	8%
Separated	Never Been Married	Divorced	Married	Widowed
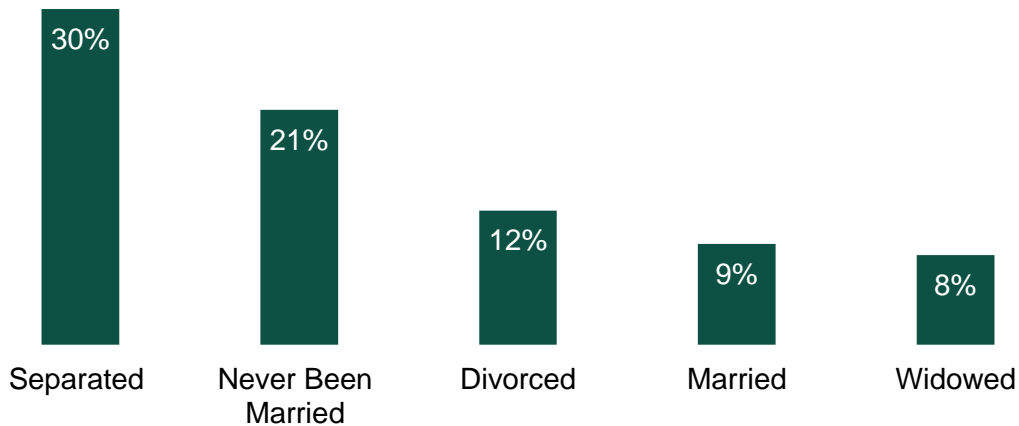
I.III *Implications of Health Insurance Disruption*

Disruption in health insurance coverage is further correlated with health care access and with Emergency Room (ER) visits. Respondents who experienced an insurance disruption were approximately five times more likely to report a problem accessing a health care professional, as shown in Figure 9. Of those who had experienced an insurance disruption, 28 percent had problems accessing a health care professional in the previous 12 months. Among the consistently insured respondents, only 5 percent had problems accessing a health care professional.

Figure 9. Insurance disruption is associated with difficulties in accessing a health care professional
Percent of respondents who had problems accessing health care professionals
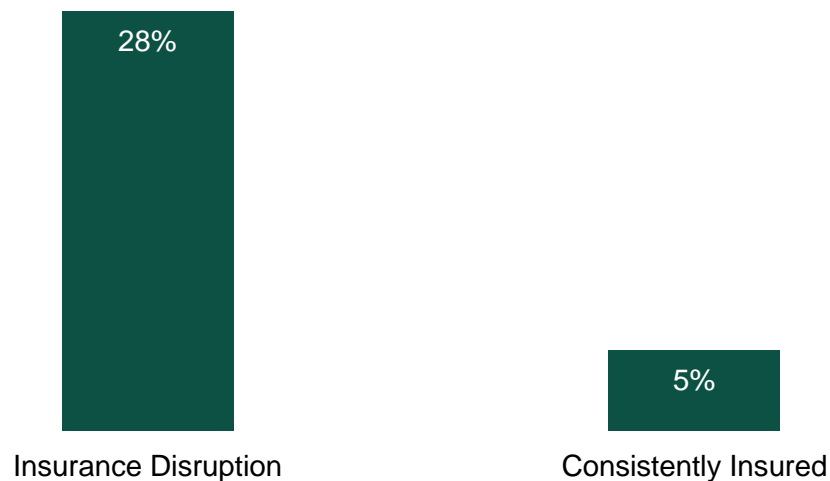
Another comparison concerns the likelihood of respondents to seek out specialized help for mental health issues. Among the individuals who answered the question about mental health, it is possible to observe in Figure 10 that those who have experienced an insurance disruption over the past 12 months are less likely to seek help from a Mental Health Practitioner (only 37 percent) than those who have not experienced an insurance disruption (50 percent).

Figure 10. Insurance disruption is associated with a lower likelihood of seeking help from a Mental Health Practitioner
Have you ever sought treatment for behavioral or emotional health at the following...?

36.8%

Insurance Disruption

50.2%

Consistently Insured
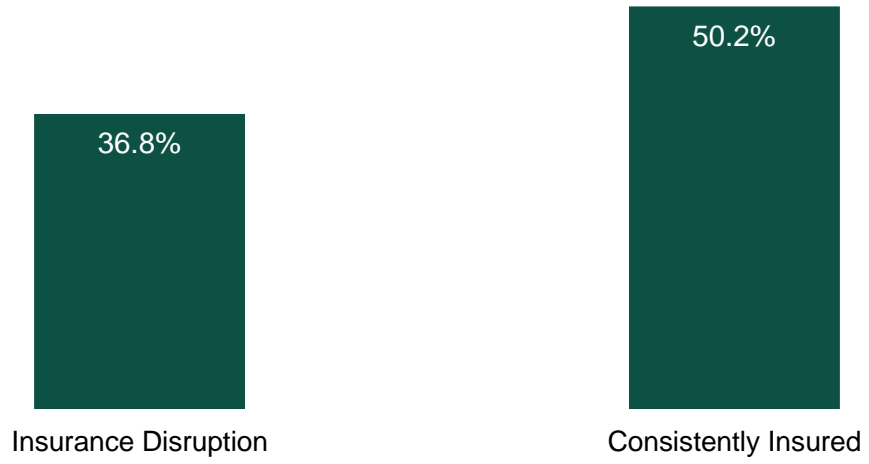
II. Lifestyle and Healthy Behavior

Following access to health care and services, the second main category of findings relate to the lifestyles and healthy behaviors of McLennan County residents. In concert with prior CHNA data and current health indicators for the county, this area continues to be of importance. The 2018-19 CHNA survey results are sub-divided below into findings related to overall quality of health, physical activity, healthy eating habits, and smoking habits.

II.I. *Overall Quality of Health*

Self-reported health has been recognized as the best indicator to predict overall quality of health (Idler & Benyamini, 1997). Following international and national guidelines, respondents were asked to define their general health within one of five categories. In the table 5, the majority of respondents self-reported their health as "Very Good" (33 percent) or "Good" (32 percent). Only about 15 percent respondents reported their health as "Fair" and about 4 percent reported their health as "Poor."

Table 5. Self-reported Health
Would you say that in general your health is...?

Response	N	Percentage
Excellent	118	15.4
Very Good	253	33.1
Good	250	32.7
Fair	114	14.9
Poor	30	3.9

However, among respondents who reported their health as either "Fair" or "Poor", there was a higher likelihood of having suffered insurance disruption. This was the case for approximately 20 percent in each of those two groups. Contrarily, less than 10 percent of those who rated their health as "very good" or "excellent" had experienced insurance disruption. This highlights an unfortunate truth in the community, namely that those with the greatest needs tend to have the fewest resources.

Figure 11. Worse Self-reported Health is associated with experiencing Insurance Disruption over the previous 12 months

"Yes" answers to question "During the past 12 months, was there any time that you did not have health insurance?"
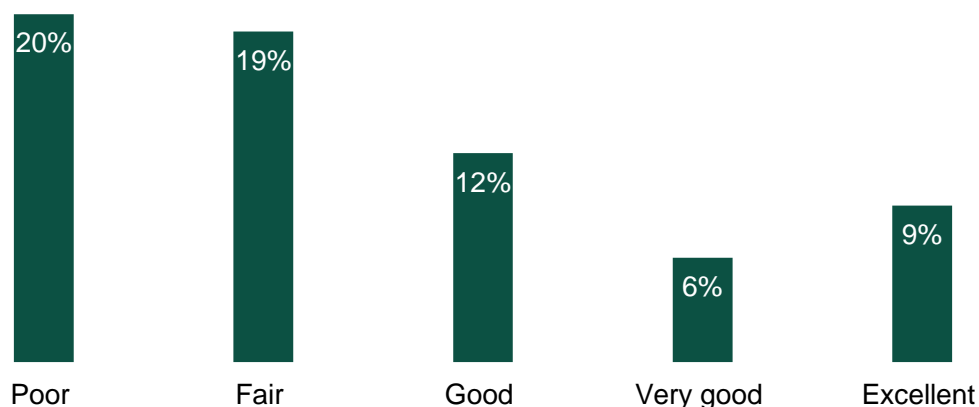
II.II. *Physical Activity*

The survey contained several questions related to the physical activity of McLennan County residents. These included the number of days in which respondents engaged in physical activity *during the week prior to taking the survey*, as well as the number of days respondents said they engaged in physical activity *during a typical week*. Physical activity was defined for respondents as activity where their heart beat faster and they breathed harder than normal for 30 minutes or more. Also included were questions about the type of physical activity respondents performed and the place in which they performed such activities.

For the week prior to taking the survey, 28 percent of respondents answered that they had performed physical activities on 0 days. The second and third most common answers were 2 or 3 days, selected by about 16 percent and 15 percent of respondents, respectively.

Table 6. Physical activity in the **previous week**
How many days during the past week have you performed physical activity where your heart beats faster and you are breathing harder than normal for 30 minutes or more?

Response	N	Percentage
0 days	208	27.8
1 day	81	10.8
2 days	117	15.7
3 days	109	14.6
4 days	59	7.9
5 days	62	8.3
6 days	28	3.7
7 days	83	11.1

When asked about a typical week, 22 percent of respondents answered they do not perform physical activities. 17.3 percent answered that they perform exercise activities 3 days in a typical

week and 13.5 percent responded that they perform these types of activities 2 days in a typical week.

Table 7. Physical activity in a **typical week**
How many days in a typical week do you perform activities as this?

Response	N	Percentage
0 days	165	22.2
1 day	69	9.3
2 days	100	13.5
3 days	128	17.3
4 days	72	9.7
5 days	83	11.2
6 days	30	4.0
7 days	95	12.8

These numbers are broken down further by geography in the Figure 12. The figure shows the average number of days that respondents from each McLennan County zip code perform physical activities in a typical week.

Figure 12. Physical activity rates do not vary widely by zip code
*How many days in a **typical week** do you perform physical activities?*
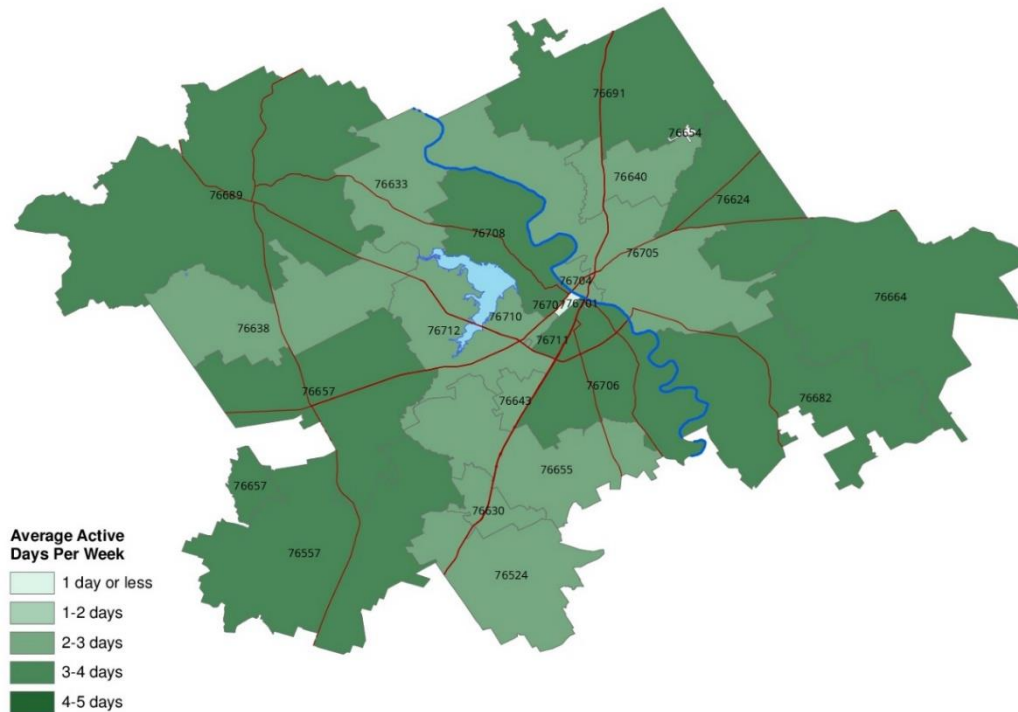
A further question asked respondents to identify the type of physical activities they usually perform. Respondents could select all answers that applied to them. Walking was selected by the

highest percentage. More than three quarters of respondents selected this form of activity (76 percent). Weight Lifting was the second most common type of physical activity, chosen by 18 percent of respondents.

Table 8. **Type** of physical activity performed
When you are physically active, what type of activity do you usually perform? (Please choose all that apply)

Response	N	Percentage
Walking	551	76.3
Jogging/running	114	15.8
Weight Lifting	130	18.0
Dancing	58	8.0
Team Sports	31	4.3
Group Exercise Classes	82	11.4
Other (please specify)	232	32.1

In terms of the places where respondents are physically active, respondents could also choose all answered that applied to them. Almost 51 percent of respondents answered that they were physically active in local parks. About 20 percent answered that they use a gym for physical activity.

Table 9. Location for usual exercise
*When you are physically active, **where** do you usually exercise?*

Response	N	Percentage
YMCA	55	7.9
Gym	138	19.7
Local park	354	50.6
Church	37	5.3
Work	98	14.0
School	22	3.1
Other (please specify)	88	12.6

II.III. *Healthy Eating Habits*

Results from questions about general nutrition and healthy eating habits are also relevant in assessing the health needs of McLennan County residents. The survey asked respondents about their consumption of fruits and vegetables. Following federal guidelines, the quantities for this question were put in terms of cups and included some clarification for individuals who consume these foods in liquid form. Roughly 54 percent consume less than the federally recommended minimum of 1 and ½ to 2 cups of fruit per day (Centers for Disease Control and Prevention, 2017).

Table 10. Daily consumption of **fruit**

About how many cups of fruits (including 100 pure fruit juice) do you eat or drink each day?

Response	N	Percentage
None	70	9.4
1/2 cup or less	145	19.4
1/2 cup to 1 cup	185	24.8
1 to 2 cups	208	27.8
2 to 3 cups	92	12.3
3 to 4 cups	30	4.0
4 or more cups	17	2.3

The results for vegetables showed similar results regarding the most common answers, although nearly 73 percent indicated they consume less than the federally recommended minimum of 2 to 3 cups of vegetables per day (Centers for Disease Control and Prevention, 2017).

Table 11. Daily consumption of **vegetables**
About how many cups of vegetables (including 100 pure vegetable juice) do you eat or drink each day?

Response	N	Percentage
None	32	4.3
1/2 cup or less	84	11.3
1/2 cup to 1 cup	178	23.9
1 to 2 cups	248	33.2
2 to 3 cups	139	18.6
3 to 4 cups	47	6.3
4 or more cups	18	2.4

II.IV. *Smoking Habits*

The last area of survey data with pertinent results to the lifestyle and healthy behavior of residents of McLennan County concerns smoking habits. A number of questions in the survey focused on the consumption of tobacco.

Respondents were asked how often they smoke cigarettes, with three options for response: "Every day," "Some days," and "Not at all." About 8 percent of respondents answered that they smoke every day and 5 percent said that they smoke some days. The vast majority (87 percent) of respondents said they do not smoke at all. The geographic distribution of those who indicated they do smoke is further plotted by zip codes in McLennan County, shown in Figure 13.

Figure 13. Highest percentages of smokers are in N and W parts of McLennan County
How often do you smoke cigarettes? (Percent who answered "Everyday" or "Some days")
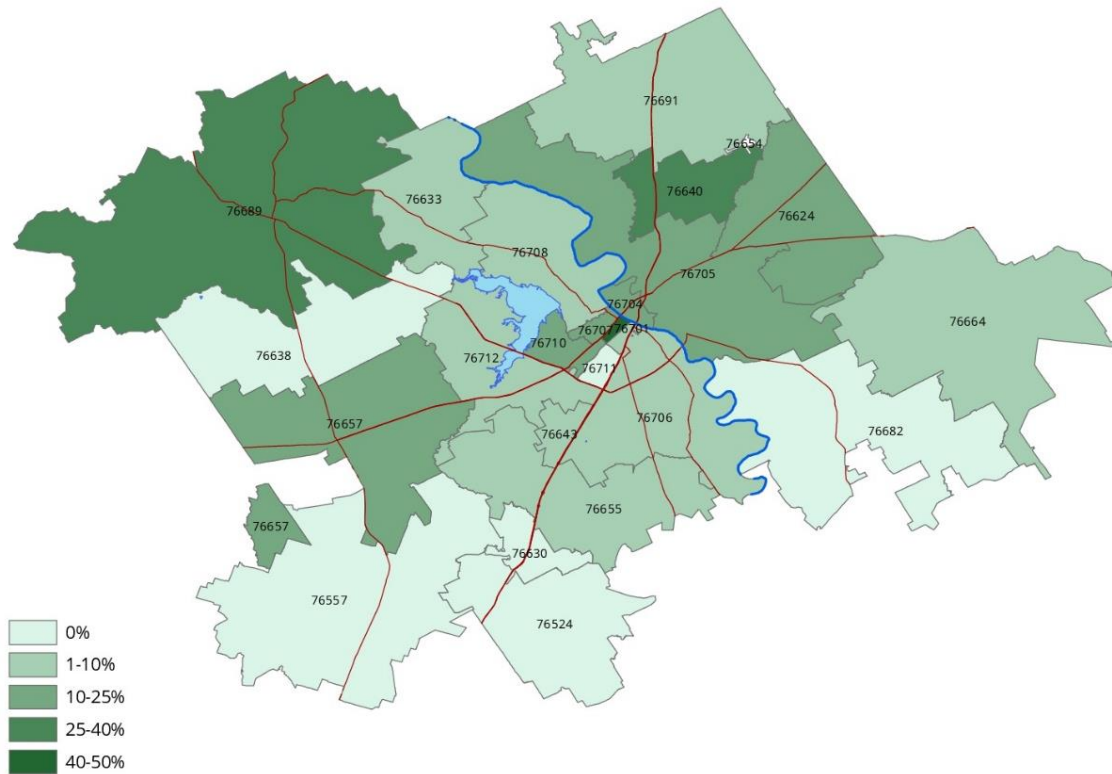
Next, respondents were asked exactly how many cigarettes a day they smoke (respondents who had previously indicated that they did not smoke at all were not asked this question). Table 12 shows that 25 percent of respondents who answered this question smoke 3 to 5 cigarettes per day. About 68 percent of responses fell between smoking 1 and 11 cigarettes a day. These same respondents were also asked whether they had tried to quit smoking for 1 day or longer in the last 12 months. Exactly 50 percent of them replied "Yes"—that they had tried to stop smoking.

Table 12. Daily Consumption of cigarettes
*On average, how many **cigarettes** a day do you smoke?*

Response	N	Percentage
0	3	3.4
Less than 1	1	1.1
1 to 2	12	13.8
3 to 5	22	25.3
6 to 9	13	14.9
10 to 11	12	13.8
12 to 15	6	6.9
16 to 20	11	12.6
More than 20	7	8.0

The data on smoking habits also showed that those who do smoke are clustered among those with lower income levels. Among those with annual household incomes of $35,000 or less, 19 percent said they smoke "every day" or "some days." In contrast, of those whose annual household income is $75,000 or higher, only 7 percent said they smoke "every day" or "some days."

Figure 14. Higher Income Levels are Associated with Less Smoking

■ Smoke Everyday   ■ Smoke Some Days
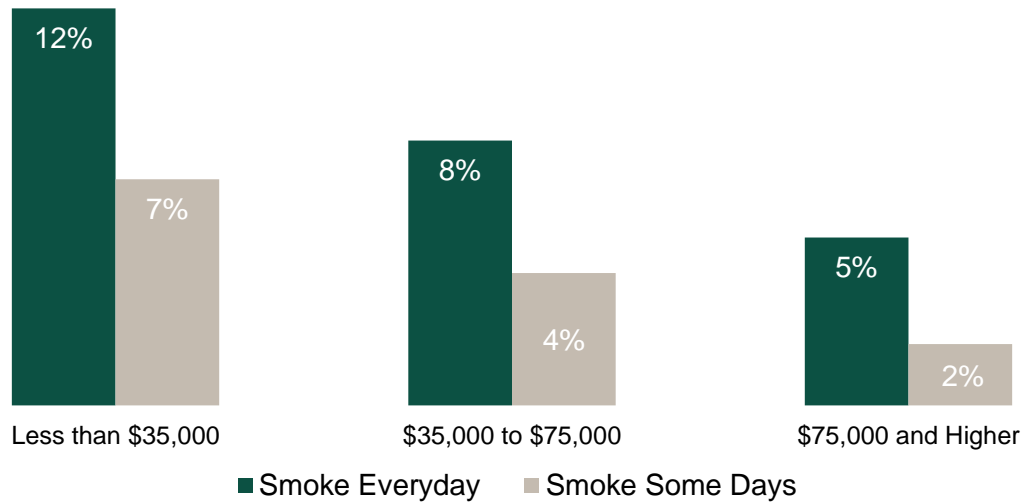
III. Women's Health

The third and final group of findings from the 2018-19 CHNA survey are concentrated on the topic of women's health. As with access to health care and lifestyle/healthy behaviors, concerns in this area had surfaced in the community prior to conducting this survey. Results from the data gathered in the survey show that consistent health insurance coverage and higher education levels are associated with a greater likelihood of having had a well-woman exam. Results are also shown regarding questions pertaining to the current and preferred places/methods of receiving information about a well-woman exam and female health services. Lastly, age at first pregnancy can be seen to differ by race/ethnicity.

III.I. *Well-woman Exams*

Approximately two thirds of respondents answered that they have received a well-woman exam in the previous 12 months (67 percent).

Table 13. Well-woman exam in previous year
Have you received a well-woman exam in the past 12 months?

Response	*N*	*Percentage*
Yes	279	66.9
No	138	33.1

A significant difference in the percentage of female respondents who received well-woman exams was found in relation to their health insurance coverage status. Respondents who did not experience an insurance disruption in the previous 12 months, were more than twice as likely to have received a well-woman exam than those who experienced disruption in health coverage.

Figure 15. Distribution of women who received a well-woman exam in the previous 12 months, according to their insurance disruption in the same period

Experienced insurance disruption — 34%

Did not experience insurance disruption — 71%
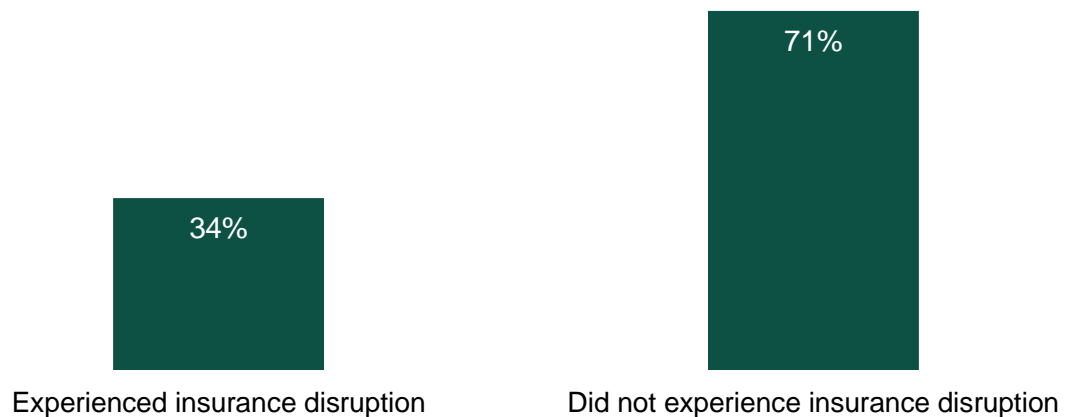
In addition, higher levels of education are associated with a greater likelihood of having had a well-woman exam. As Figure 16 shows, those with a college degree or higher are nearly twice as likely to have had a well-woman exam as those with less than a high school education. A subsequent statistical analysis showed a significant difference ($p<.01$) in receiving well-woman exams between these two groups as well.

Figure 16. Higher Levels of Formal Education are Associated with Greater Likelihood of Well-Woman Exams
Have you received a well-woman exam in the past 12 months?
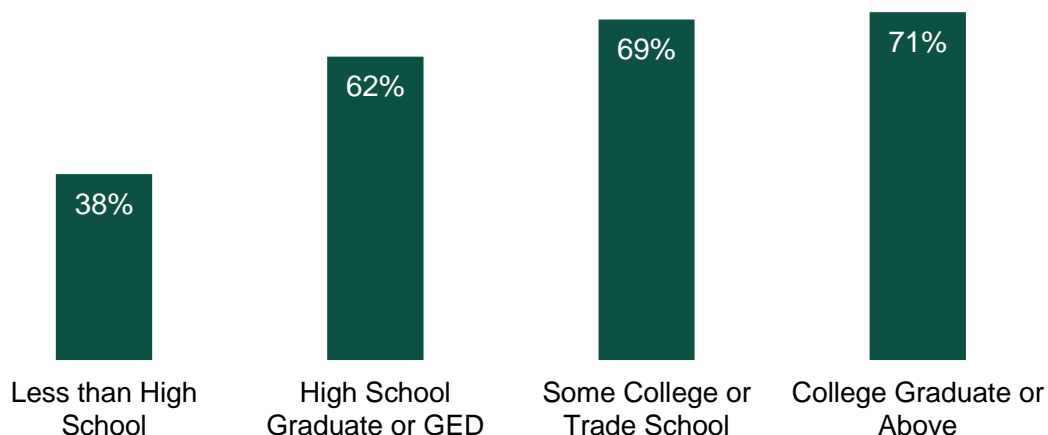
Separate questions in the survey also asked respondents to identify where they currently receive female health services and where they prefer to receive information about them. For the preferred source of female health services, results are shown in Table 14. Respondents were able to select all the answers that applied to them. The most selected answer was "General or Family Physician", which was chosen by 44 percent of those who answered this question. The second most common answer was "Private Gynecologist" (39 percent).

Table 14. Preferred Sources for Female Health Services
*What is your **preferred source** for female health services? (check all)*

Response	N	Percentage
Planned Parenthood	29	6.0
Health Department Clinic	20	4.1
Urgent Care Clinic	21	4.3
School Health Clinic	12	2.5
Family Health Center / Heart of Texas Community Center / Community Clinic Option	64	13.1
Private Gynecologist	188	38.6
General or Family Physician	212	43.5
Emergency Room	32	6.6
Other (Please Specify)	7	1.4

III.II. *Information about Well-woman Exams*

As for where respondents currently receive information about well-woman exams, the most selected answer was at a health care provider's office (76 percent). The second most chosen answer was the internet (14 percent) and the third most chosen option was "family members/friends" (13 percent). Nearly 13 percent of respondents to the question indicated that they are not currently receiving information about well-woman exams.

Table 15. Current source of information about well-woman exams
*Where are you **currently receiving information** about well-woman exams? (check all that apply)*

Response	N	Percentage
Church	9	2.2
Television	33	8.0
School	6	1.5
Social media	36	8.8
Pharmacy	29	7.1
Pamphlets	26	6.3
Radio	11	2.7
Health care provider's office	314	76.4
Internet	56	13.6
Family members / Friends	52	12.7
Another source? (please specify)	18	4.4
Not receiving information	53	12.9

Preferences for where to receive information about a well-woman exam did not differ significantly from where respondents indicated they currently receive information. The majority (81 percent) prefer to receive such information from their health care provider. However, Table 16 shows that respondents seem to be open to a variety of informational sources.

Table 16. Preferred source of information about well-woman exams
*How would you **prefer to receive information** about a well-woman exam? (check all that apply)*

Response	N	Percentage
Church	20	5.1
Television	29	7.4
School	7	1.8
Social media	39	9.9
Pharmacy	40	10.2
Pamphlets	50	12.7
Radio	12	3.0
Health care provider's office	317	80.5
Internet	74	18.8
Family members / Friends	56	14.2
Another source? (please specify)	21	5.3

III.III. *Age at First Pregnancy*

Finally, regarding pregnancy, 83 percent of female respondents answered that they had been pregnant at least once. The most common age at which female respondents had their first pregnancy was between 20 and 24 years old (37 percent). The second most common age was at 19 years old or less (31 percent).

Figure 17. Age at First Pregnancy
What was the age when you had your first pregnancy?
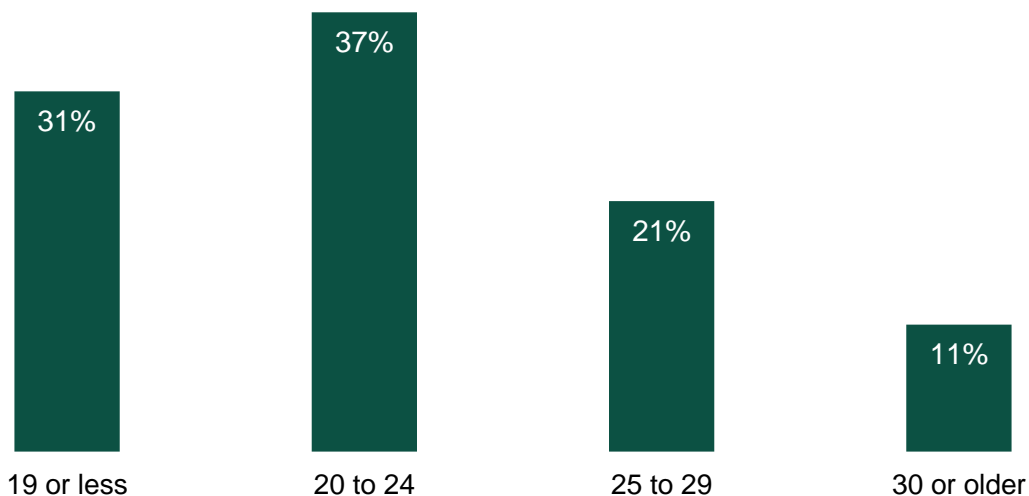
The age at first pregnancy differs by race/ethnicity. As can be seen in Table 17, whites tend to have a higher mean age at first pregnancy in all age groups that had a robust participation in the sample. The mean age at first pregnancy for Hispanics or Latinos is slightly higher than it is for black or African Americans.

Table 17. Mean Age of First Pregnancy for main Racial/Ethnic categories according to Age Group
What was the age when you had your first pregnancy?

Respondent Age Group	White or Anglo		Hispanic or Latino		Black or African American	
	Mean	N	Mean	N	Mean	N
Less than 25	.	.	.	.	18.0	2
25 to 34	21.9	7	22.8	5	20.3	9
35 to 44	23.7	27	22.0	9	30.0	1
45 to 54	24.1	35	19.3	4	22.2	9
55 to 64	24.5	51	20.3	4	20.0	9
65 or over	22.3	92	21.2	10	20.7	10

A Prioritized List of Waco/McLennan County Health Care Needs

The Center for Community Research and Development (CCRD) conducted the 2018-2019 Community Health Needs Assessment (CHNA) survey of Waco-McLennan County residents and compared the results with quantitative local health measures and a recent qualitative health needs focus group. We compared the results from all three data sources looking for consistency among the findings (i.e., similar findings in all three data sources). Based on these comparisons, three broad needs were identified as significant or glaring health needs that were validated by mixed mode survey, local county and city health statistics, and a focus group of health care providers.

We identify three areas of need based on our method of triangulation.

- The first is access to health care. Nearly 8 percent of respondents indicated that they had had a problem accessing a health care professional in the past 12 months. Those reporting health insurance coverage disruption were more likely to have indicated trouble in accessing a health care professional and were less likely to seek help from a Mental Health Practitioner. The county level data show high rates of uninsured and an over-reliance on emergency rooms for healthcare. These are particularly problematic for non-White residents of McLennan County. Access, especially due to lack of transportation, also emerged in the focus groups as a major need.

- Women's health issues are our second priority. The CHNA survey indicates well-woman check-up rates are low among some groups in the county (non-White women, less educated women). This is a priority that can be readily addressed through outreach programs designed to help women get access to these appointments. The community level data show women related issues, such as age at first pregnancy, teenage pregnancy, low birth weights and less prenatal care. The focus groups identified insufficient healthcare for pregnant teens as a concern.

- The third area of priority is the general lifestyle issues that are germane to all communities. This is an ongoing and persistent issue in most communities that requires a longer-term effort to change people's habits. The CHNA data show low levels of reported exercise and fruit/vegetable intake. The county level indicators show issues with obesity and Type II diabetes rates. The focus group participants expressed concern about the lack of knowledge regarding proper nutrition. Focus group participants also mentioned the local challenges of ensuring an adequate diet (suggesting grocery delivery for food stamp purchases) and a need to focus more on "behavioral healthcare."

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CCRD Description and Services

Mission

The Center for Community Research and Development (CCRD) was established at Baylor University in 1979 as a multidisciplinary entity with a mission of engaging Baylor faculty and students in applied social research to improve the local quality of life. Over time, the CCRD has broadened its focus engaging in local, state, and national research. The CCRD is linked with Baylor's Sociology Ph.D. track in Community Analytics. Our research remains multidisciplinary and many of the CCRD's projects retain a local quality of life focus.

Facilities

The CCRD suite of offices encompasses the 2nd floor of the Leuschner Building -7th and James Baptist Church at 602 James Avenue- directly behind Waco Hall on the Baylor Campus. The Center houses research faculty members, doctoral students, and an undergraduate group of Sociology interns. CCRD also maintains and manages its own ten-station call center.

Fees

The CCRD is a non-profit service center for the community and University. Fees charged for research projects represent actual costs for services and enable the CCRD to be self-supporting.

Services

The CCRD is equipped to undertake a wide variety of projects for organizations, businesses, industries, and governmental agencies. Services include:

Mail Surveys	Data collection and analysis
Telephone Surveys	Sampling designs
Internet Surveys	Focus groups
Questionnaire design	Seminars on community issues
Needs assessments	Mock juries and jury consulting
Program planning and evaluation	Face to face interviews
Impact assessments	School demography
Population studies and projections	GIS mapping

Selected Previous Clients

The CCRD has served a varied clientele on a large number of issues.
Representative projects include:

- **Telephone surveys** for the City of Waco, Southwestern Bell, the *Waco Tribune-Herald*, Houston Profile
- **Site location research** for the Perryman Group, American Airlines
- **Needs assessments** for the Baptist General Convention of Texas, the United Way, HOTCOG
- **Population projections** for the Heart of Texas Council of Governments, Heritage House
- **Focus groups** for Creative Education Institute, Baylor University, EEOC, City of Waco, the United Way
- **Mail-out surveys** for Hillcrest Baptist Medical Center, the City of Woodway, Baptist General Convention of Texas
- **Intercept surveys** for Richland Mall, the Texas Ranger Museum, the Dr. Pepper Museum
- **Mock juries** and **change of venue** research for Amarillo, Dallas and Waco law firms
- **Program assessments** for the McLennan County Youth Collaboration, Waco Police Department
- **Door-to-door surveys** for the Waco Housing Authority, Mission Waco, Drug Prevention Resources
- **Voter exit interviews** for the Dallas Independent School District
- **Institutional evaluation** for San Marcos Baptist Academy, the BGCT Education Commission. Baptists in Scouting, Baylor University, Waco Independent School District
- **Program development** for the Cooper Foundation, the Junior League, MHMR
- **Face to Face interviews** for Waco Public Improvement District (PID), Downtown Waco

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Appendix 1: Frequency Tables

1. Would you say that in general your health is...?
Table 1.1 - Self-rated health

	N	Percentage
Excellent	118	15.4
Very Good	253	33.1
Good	250	32.7
Fair	114	14.9
Poor	30	3.9

2. Is your health insurance primarily...?
Table 2.1 - Source of health insurance

	N	Percentage
Through your or someone's work or union (including HMO)	306	40.1
Bought directly by yourself or a family member	76	9.9
Medicare	268	35.1
Medicaid or public aid	27	3.5
Other source	33	4.3
I do not currently have health insurance	54	7.1

Table 2.2.– Health Insurance Breakdown according to Age Group

		Less than 25	25 to 34	35 to 44	45 to 54	55 to 64	65 or over
Through your or someone's work or union (including HMO)	**N**	3	31	48	57	71	35
	Pct	1.2	12.7	19.6	23.3	29.0	14.3
Bought directly by yourself or a family member	**N**	5	2	6	9	21	16
	Pct	8.5	3.4	10.2	15.3	35.6	27.1
Medicare	**N**	0	1	2	7	22	166
	Pct	0.0	0.5	1.0	3.5	11.1	83.8
Medicaid or public aid	**N**	3	5	1	2	5	7
	Pct	13.0	21.7	4.3	8.7	21.7	30.4
Other source	**N**	2	0	6	3	11	9
	Pct	6.5	0.0	19.4	9.7	35.5	29.0
I do not currently have health insurance	**N**	4	15	8	4	10	2
	Pct	9.3	34.9	18.6	9.3	23.3	4.7

3. During the past 12 months, was there any time that you did not have health insurance?
Table 3.1 - Did not have health insurance in past 12 months

	N	**Percentage**
Yes	85	11.1
No	684	88.9

Table 3.2 - Did not have health insurance in past 12 months by demography

		Yes		No		
		N	Pct	N	Pct	Total
Age	Less than 25	6	35.3	11	64.7	17
	25-34	16	29.6	38	70.4	54
	35-44	11	15.1	62	84.9	73
	45-54	12	14.5	71	85.5	83
	55-64	14	9.9	127	90.1	141
	65+	7	3.0	229	97.0	236
Gender	Male	24	8.4	261	91.6	285
	Female	55	12.5	384	87.5	439
	Something else	1	33.3	2	66.7	3
Race	Hispanic or Latino	23	25.6	67	74.4	90
	White or Anglo	37	7.0	489	93.0	526
	Black or African American	17	20.7	65	79.3	82
	Asian American	0	0.0	4	100.0	4
	Something else	2	9.5	19	90.5	21
Marital status	Married	37	8.7	388	91.3	425
	Widowed	8	8.1	91	91.9	99
	Divorced	11	12.0	81	88.0	92
	Separated	3	30.0	7	70.0	10
	Never been married	20	21.1	75	78.9	95
Household size	1	12	7.8	141	92.2	153
	2	16	5.3	272	94.4	288
	3	19	17.8	88	82.2	107
	4 or more	31	20.7	119	79.3	150
Education	8th grade or less	6	31.6	13	68.4	19
	Some of high school	7	20.6	27	79.4	34
	High school graduate or GED	14	13.5	90	86.5	104
	Technical, trade or business school	4	11.1	32	88.9	36
	Some of college	22	16.2	114	83.8	136
	Associate degree	8	10.5	68	89.5	76
	College graduate	7	3.9	172	96.1	179
	Post-college graduate (MA)	12	8.6	127	91.4	139
Household income	Less than $10,000	3	8.6	32	91.4	35
	$10,000-$24,999	17	24.3	53	75.7	70
	$25,000-$34,999	13	15.3	72	84.7	85
	$35,000-$49,999	12	12.1	87	87.9	99
	$50,000-$74,999	13	10.4	112	89.6	125
	$75,000-$99,999	5	6.6	71	93.4	76
	$100,000-$199,999	1	0.9	112	99.1	113
	$200,000+	0	0	25	100	25
Health insurance	Insured	39	5.5	671	94.5	710
	Uninsured	46	78.0	13	22.0	59

4. In the past 12 months, have you had a problem accessing a health care professional?

Table 4.1 - Problem accessing health care professional

	N	Percentage
Yes	61	7.9
No	707	92.1

Table 4.2 - Problem accessing health care professional, demographic breakdown

		Yes		No		
		N	Pct	N	Pct	Total
Age	Less than 25	1	5.9	16	94.1	17
	25-34	7	13.2	46	86.8	53
	35-44	11	15.1	62	84.9	73
	45-54	6	7.2	77	92.8	83
	55-64	11	7.8	130	82.2	141
	65+	14	5.9	222	94.1	236
Gender	Male	21	7.4	264	92.6	285
	Female	39	8.9	399	91.1	438
	Something else	1	33.3	2	66.7	3
Race	Hispanic or Latino	13	14.4	77	85.6	90
	White or Anglo	39	7.4	486	92.6	525
	Black or African American	6	7.3	76	92.7	82
	Asian American	0	0.0	4	100.0	4
	Something else	3	14.3	18	85.7	21
Marital status	Married	36	8.5	388	91.5	424
	Widowed	7	7.1	92	92.9	99
	Divorced	6	6.5	86	93.5	92
	Separated	3	30.0	7	70.0	10
	Never been married	8	8.4	87	91.6	95
Household size	1	15	9.8	138	90.2	153
	2	17	5.9	271	94.1	288
	3	10	9.3	97	90.7	107
	4 or more	17	11.4	132	88.6	149
Education	8th grade or less	2	10.5	17	89.5	19
	Some of high school	4	11.8	30	88.2	34
	High school graduate or GED	11	10.6	93	89.4	104
	Technical, trade or business school	5	13.9	31	86.1	36
	Some of college	10	7.4	126	92.6	136
	Associate degree	0	0.0	75	100.0	75
	College graduate	15	8.4	164	91.6	179
	Post-college graduate (MA)	14	10.1	125	89.9	139
Household income	Less than $10,000	2	5.7	33	94.3	35
	$10,000-$24,999	9	12.9	61	87.1	70
	$25,000-$34,999	9	10.6	76	89.4	85
	$35,000-$49,999	7	7.1	92	92.9	99
	$50,000-$74,999	12	9.6	113	90.4	125
	$75,000-$99,999	5	6.6	71	93.4	76
	$100,000-$199,999	5	4.4	108	95.6	113
	$200,000+	2	8.0	23	92.0	25
Health insurance	Insured	46	6.5	663	93.5	709
	Uninsured	15	25.4	44	74.6	59

5. What was the nature of the problem?
Table 5.1 - Nature of problem accessing health care professional

	N	Percentage
Lack of transportation	7	13.5
Wait time before appointment or wait time in office	10	19.2
Unable to get off work	1	1.9
Cost	9	17.3
Provider doesn't accept my insurance	8	15.4
Other (please specify)*	17	32.7

6. Because of any impairment or health problem, do you need assistance in handling your routine needs, such as household chores, business, shopping, or getting around?
Table 6.1 - Assistance with routine needs

	N	Percentage
Yes	77	10.4
No	666	89.6

Table 6.2 - Assistance with routine needs, demographic breakdown

		Yes		No		Total
		N	Pct	N	Pct	
Age	Less than 25	0	0.0	15	100.0	15
	25-34	2	3.9	49	96.1	51
	35-44	6	8.6	64	91.4	70
	45-54	2	2.5	79	97.5	81
	55-64	15	10.8	124	89.2	139
	65+	39	16.5	197	83.5	236
Gender	Male	24	8.7	252	91.3	276
	Female	51	11.9	376	88.1	427
	Something else	0	0.0	3	100.0	3
Race	Hispanic or Latino	9	10.8	74	89.2	83
	White or Anglo	47	9.0	474	91.0	521
	Black or African American	18	24.7	55	75.3	73
	Asian American	0	0.0	4	100.0	4
	Something else	1	4.8	20	95.2	21
Marital status	Married	31	7.6	379	92.4	410
	Widowed	23	23.5	75	76.5	98
	Divorced	13	14.4	77	85.6	90
	Separated	3	30.0	7	70.0	10
	Never been married	5	5.5	86	94.5	91
Household size	1	25	16.4	127	83.6	152
	2	29	10.3	252	89.7	281
	3	7	6.8	96	93.2	103
	4 or more	12	8.5	129	91.5	141
Education	8th grade or less	5	26.3	14	73.7	19
	Some of high school	8	25.0	24	75.0	32
	High school graduate or GED	15	15.3	83	84.7	98
	Technical, trade or business school	7	20.0	28	80.0	35
	Some of college	16	12.3	114	87.7	130
	Associate degree	9	12.3	64	87.7	73
	College graduate	6	3.4	171	96.6	177
	Post-college graduate (MA)	9	6.6	127	93.4	136
Household income	Less than $10,000	9	26.5	25	73.5	34
	$10,000-$24,999	19	27.1	51	72.9	70
	$25,000-$34,999	9	11.0	73	89.0	82
	$35,000-$49,999	7	7.1	91	92.9	98
	$50,000-$74,999	8	6.6	114	93.4	122
	$75,000-$99,999	6	8.2	67	91.8	73
	$100,000-$199,999	5	4.4	108	95.6	113
	$200,000+	2	8.0	23	92.0	25
Health insurance	Insured	69	10.1	617	89.9	686
	Uninsured	8	14.0	49	86.0	57

7. How many days during the past week have you performed physical activity where your heart beats faster and your breathing harder than normal for 30 minutes or more?

Table 7.1 - Days of physical activity in the past week

	N	Percentage
0 days	208	27.8
1 day	81	10.8
2 days	117	15.7
3 days	109	14.6
4 days	59	7.9
5 days	62	8.3
6 days	28	3.7
7 days	83	11.1

8. How many days in a typical week do you perform activities as this?
Table 8.1 - Days of physical activity on average

	N	Percentage
0 days	165	22.2
1 day	69	9.3
2 days	100	13.5
3 days	128	17.3
4 days	72	9.7
5 days	83	11.2
6 days	30	4.0
7 days	95	12.8

9. When you are physically active, what type of activity do you usually perform? (Please choose all that apply.)
Table 9.1 - Kinds of physical activity performed

	N	Percentage
Walking	551	76.3
Jogging/running	114	15.8
Weight Lifting	130	18.0
Dancing	58	8.0
Team Sports	31	4.3
Group Exercise Classes	82	11.4
Other (please specify)	232	32.1

10. When you are physically active, where do you usually exercise? (choose all that apply)

Table 10.1 – Places where physical activity is performed

	N	Percentage
YMCA	55	7.9
Gym	138	19.7
Local park	354	50.6
Church	37	5.3
Work	98	14.0
School	22	3.1
Other (please specify)	88	12.6

11. About how many cups of fruits (including 100 pure fruit juice) do you eat or drink each day?

Table 11.1 – Daily consumption of fruits

	N	Percentage
None	70	9.4
1/2 cup or less	145	19.4
1/2 cup to 1 cup	185	24.8
1 to 2 cups	208	27.8
2 to 3 cups	92	12.3
3 to 4 cups	30	4.0
4 or more cups	17	2.3

12. About how many cups of vegetables (including 100 pure vege juice) do you eat or drink each day?

Table 12.1 - Daily consumption of vegetables

	N	Percentage
None	32	4.3
1/2 cup or less	84	11.3
1/2 cup to 1 cup	178	23.9
1 to 2 cups	248	33.2
2 to 3 cups	139	18.6
3 to 4 cups	47	6.3
4 or more cups	18	2.4

13. Have you smoked at least 100 cigarettes in your entire life?
Table 13.1 – Respondents who have smoked at least 100 cigarettes in their entire life

	N	Percentage
Yes	260	34.7
No	490	65.3

14. How often do you smoke cigarettes?
Table 14.1 – Frequency of smoking cigarettes

	N	Percentage
Everyday	60	8.2
Some days	33	4.5
Not at all	637	87.3

15. On average, how many cigarettes a day do you smoke?
Table 15.1 - Daily consumption of cigarettes

	N	Percentage
0	3	3.4
Less than 1	1	1.1
1--2	12	13.8
3--5	22	25.3
6--9	13	14.9
10--11	12	13.8
12--15	6	6.9
16--20	11	12.6
more than 20	7	8.0

16. During the past 12 months, have you tried to quit smoking for 1 day or longer?
Table 16.1 – Respondents who have tried to quit smoking for 1 day or longer

	N	Percentage
Yes	58	50.0
No	58	50.0

17. Have you ever used an electronic cigarette, even just one time in your life?
Table 17.1 – Use of electronic cigarettes, at least once in their lifetime

	N	Percentage
Yes	93	12.7
No	638	87.3

18. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Table 18.1 – Days during the past 30 days when the respondents' mental health was not good

	N	Percentage
0	243	40.5
1--5	221	36.8
6--10	43	7.2
11--20	33	5.5
21-30	60	10

19. Have you ever asked your doctor about treatment for behavioral or emotional health?

Table 19.1 – Respondents who have asked their doctor about treatment for behavioral or emotional health

	N	Percentage
Yes	222	30.4
No	509	69.6

20. Have you ever sought treatment for behavioral or emotional health at the following… (check all that apply)

Table 20.1 – Places at which respondents have sought for behavioral or emotional health treatment

	N	Percentage
ER	15	5.1
Primary care physician	163	55.3
Mental health practitioner (counselor or social worker)	126	42.7
Somewhere else	21	7.1

21. Have you been told by a health professional that you have any of the following….

Table 21.1 – Specific diagnoses received by respondents from a health professional

	N	Percentage
Heart attack	53	7.5
Stroke	37	5.3
Hypertension or high blood pressure	352	48.2
High cholesterol	308	42.7

22. Do you have a landline at home?
Table 22.1 – Respondents who have a landline telephone at home

	N	Percentage
Yes	225	43.4
No	294	56.6

23. Do you have a cell phone?
Table 23.1 – Respondents who have a cellphone at home

	N	Percentage
Yes	626	94.7
No	35	5.3

24. Did I reach you on a CELL OR LANDLINE?
Table 24.1 – Type of telephone through which Respondents were reached

	N	Percentage
Cell	71	33.3
Landline	142	66.7

25. Does your cellphone have access to the internet?
Table 25.1 – Access to the internet on respondents' cellphone

	N	Percentage
Yes	600	85
No	106	15

26. Do you have high-speed internet access in your home?
Table 26.1 – Access to the high-speed internet in respondents' home

	N	Percentage
Yes	604	82.7
No	126	17.3

Table 26.2.– Internet Access Breakdown according to Age Group

		Less than 25	25 to 34	35 to 44	45 to 54	55 to 64	65 or over
Yes	N	16	46	66	72	120	178
	Percent	3.2%	9.2%	13.3%	14.5%	24.1%	35.7%
No	N	1	8	7	12	20	58
	Percent	0.9%	7.5%	6.6%	11.3%	18.9%	54.7%

27. How often do you use the internet to access health information?
Table 27.1 – Use of internet by respondents' to access health information

	N	Percentage
Several times a day	67	9.3
Once a day	64	8.9
Once a week	172	23.9
Once a month or less	302	41.9
Never	116	16.1

28. How often do you use birth control?
Table 28.1.- Frequency of use birth control

	N	Percentage
Never	553	82.0
Rarely	16	2.4
Sometimes	19	2.4
Always	89	13.2

29. What is your current method of birth control? (check all that apply)
29.1.– Type of birth control

	N	Percentage
Condoms	50	9.1
Birth control pills	33	6.0
Birth control patch	1	0.2
Birth control implant	4	0.7
Birth control vaginal ring	0	0
Birth control shot	2	0.4
IUD	18	3.3
Tubal ligation or partner's vasectomy	117	21.2
Something else	18	3.3

30. Why are you not currently using a method of birth control? (check all that apply)
30.1.– Reason for not currently using a method of birth control

	N	Percentage
I am not sexually active	151	44.4
My partner and I are trying to get pregnant	14	4.1
My partner and I are unable to get pregnant	143	42.1
I cannot afford birth control	3	0.9
I do not want to use birth control	36	10.6
Another reason?	14	4.1

31. Do you describe your main racial or ethnic group as: (check all that apply)
31.1.– Main racial or ethnic group

	N	Percentage
White or Anglo	527	72.5
Hispanic or Latino	92	12.7
Black or African American	83	11.4
Asian American	4	0.6
Something else	21	2.9

32. How do you describe your gender identity?
32.1.– Gender Identity

	N	Percentage
Male	286	39.
Female	442	60.5
Something else	3	0.4

33. What is the language spoken MOST often in your home?
33.1.– Reason for not currently using a method of birth control

	N	Percentage
English	674	92.2
Spanish	41	5.6
Something else	16	2.2

34. Age
34.1.– Respondents' age

	N	Percentage
Less than 25	17	2.8
25—34	54	8.9
35—44	73	12.0
45—54	84	13.9
55—64	142	23.4
65 or over	236	38.9

35.- Income
35.1.– Respondents' income

	N	Percentage
Less than $10,000	35	5.5
$10,000 to $25,000	71	11.3
$25,000 to $35,000	85	13.5
$35,000 to $50,000	100	15.8
$50,000 to $75,000	125	19.8
$75,000 to $100,000	77	12.2
$100,000 to $200,000	113	17.9
More than $200,000	25	4.0

36. What is the highest grade of school you ever completed?
36.1.– Respondents' highest grade of school completed

	N	Percentage
8th Grade or less	21	2.9
Part of High School	34	4.7
High School graduate or GED	105	14.4
Technical, trade or business school	36	5.0
Part of College	136	18.7
Associate's Degree	76	10.5
College Graduate	179	24.6
Post-college Graduate (e.g. MA)	140	19.3

37. What is your marital status? Are you now...
33.1.– Current marital status

	N	Percentage
Married	426	58.8
Widowed	99	13.7
Divorced	93	12.8
Separated	10	1.4
Never been married	96	13.3

38. What is the number of people living in the household?
38.1.– Members of the household

	N	Percentage
1 person	154	21.9
2 people	288	41.0
3 people	108	15.4
4 people, or more	152	21.7

39. Are you currently enrolled in school? (the total number of DG8.2 not match the N of yes here)
39.1.– Respondent's current enrollment in school

	N	Percentage
Yes	53	7.3
No	672	92.7

40. Are you a full-time or part-time student? (if answered yes to DG8.1)
40.1.– Type of school enrollment

	N	Percentage
Full-time	44	64.7
Part-time	24	35.3

41. Which of the following best describes your current employment situation?
41.1.– Current employment situation

	N	Percentage
I am currently employed full-time	277	38.5
I am currently employed part-time	65	9.0
I am unemployed, actively seeking employment	22	3.1
I am unemployed, not actively seeking employment	29	4.0
I am retired	281	39.1
Something else?	45	6.3

42. How many years have you lived in the McLennan County area?
42.1.– Years lived in McLennan County

	N	Percentage
0--1	19	2.70
1--5	86	10.1
6---10	46	6.50
11---20	101	3.20
21--30	97	0.1
31--40	107	14.80
41--50	77	10.84
51 or more	191	24.81

43. How many of your close friends live in your community?
43.1.– Number of friends who live in the respondents' community

	N	Percentage
None	76	10.5
A few	202	27.9
Some	94	13.0
About half	57	7.9
Most	182	25.1
All or nearly all	114	15.7

44. How much of your family live in your community?
44.1.– Number of family members who live in the respondents' community

	N	Percentage
None	167	23.0
A few	180	24.8
Some	104	14.3
About half	63	8.7
Most	130	17.9
All or nearly all	82	11.3

45. What is your preferred source for female health service? (check all that apply)
45.1.– Preferred source for female health service

	N	Percentage
Planned Parenthood	29	6.0%
Health Department Clinic	20	4.1%
Urgent Care Clinic	21	4.3%
School Health Clinic	12	2.5%
Family Health Center / Heart of Texas Community Center / Community Clinic Option	64	13.1%
Private Gynecologist	188	38.6%
General or Family Physician	212	43.5%
Emergency Room	32	6.6%
Another place?	7	3.0%

46. Have you received a well-woman exam in the past 12 months?
46.1.– Respondents' who have received a well-woman exam

	N	Percentage
Yes	279	66.9
No	138	33.1

46.2.– Demography of respondents' who have received a well-woman exam

		Yes		No		
		N	Pct	N	Pct	Total
Age	Less than 25	4	44.4	5	55.6	9
	25-34	23	63.9	13	36.1	36
	35-44	25	58.1	18	41.9	43
	45-54	34	65.4	18	34.6	52
	55-64	52	71.2	21	28.8	73
	65+	96	69.6	42	30.4	138
Race	Hispanic or Latino	28	54.9	23	45.1	51
	White or Anglo	207	68.8	94	31.2	301
	Black or African American	33	66	17	34	50
	Asian American	1	33.3	2	66.7	3
	Something else	9	90	1	10	10
Marital status	Married	163	74.4	56	25.6	219
	Widowed	42	61.8	26	38.2	68
	Divorced	44	62	27	38	71
	Separated	2	0.72	4	2.90	6
	Never been married	24	50	24	50	48
Household size	1	60	59.4	41	40.6	101
	2	104	72.2	40	27.8	144
	3	43	71.7	17	28.3	60
	4 or more	56	61.5	35	38.5	91
Education	8th grade or less	3	30	7	70	10
	Some of high school	8	42.1	11	57.9	19
	High school graduate or GED	34	61.8	21	38.2	55
	Technical, trade or business school	14	73.7	5	26.3	19
	Some of college	67	68.4	31	31.6	98
	Associate degree	39	69.6	17	30.4	56
	College graduate	63	70	27	30	90
	Post-college graduate (MA)	49	72.1	19	27.9	68
Household income	Less than $10,000	10	40.0	15	60.0	25
	$10,000-$24,999	24	51.1	23	48.9	47
	$25,000-$34,999	38	67.9	18	32.1	56
	$35,000-$49,999	31	58.5	22	41.5	53
	$50,000-$74,999	58	74.4	20	25.6	78
	$75,000-$99,999	31	75.6	10	24.4	41
	$100,000-$199,999	47	78.3	13	21.7	60
	$200,000+	4	57.1	3	42.9	7
Health insurance	Insured	259	71.3	104	28.7	363
	Uninsured	17	34	33	66	50

47. Where are you currently receiving information about well-woman exams? (check all that apply)

47.1.– Place where respondents currently receive information about well-woman exams

	N	Percentage
Church	9	2.2
Television	33	8.0
School	6	1.5
Social media	36	8.8
Pharmacy	29	7.1
Pamphlets	26	6.3
Radio	11	2.7
Healthcare provider's office	314	76.4
Internet	56	13.6
Family members / Friends	52	12.7
Another source? (please specify)	18	4.4
Not receiving information	53	12.9

48. How would you prefer to receive information about well-woman exam? (check all that apply)

48.1.– Place where respondents currently receive information about well-woman exams

	N	Percentage
Church	20	5.1
Television	29	7.4
School	7	1.8
Social media	39	9.9
Pharmacy	40	10.2
Pamphlets	50	12.7
Radio	12	3.0
Healthcare provider's office	317	80.5
Internet	74	18.8
Family members / Friends	56	14.2
Another source? (please specify)	21	5.3

49. Have you ever been pregnant?

49.1.– Respondents who have been pregnant

	N	Percentage
Yes	354	82.9
No	73	17.1

50. What was the age when you had your first pregnancy?

50.1.– Respondents' age of first pregnancy

	N	Percentage
Less than 17	39	11.4
18-21	119	34.7
22-25	96	28.0
26-30	65	19.0
31 or older	24	7.0

Appendix 2: Open-ended Questions

Answers to open-ended question: When you are physically active, what do you usually do for exercise?

Gardening/Farm Work (54)
Bicycle/Elliptical (34)
Chores/Errands/Cleaning/Housework (32)
Stretching/yoga (9)
Aquatics (7)
Physical Therapy (7)
Work (7)
Job (6)
Aerobics/Cardio (3)
Body-weight exercises (3)
CrossFit (3)
Hike w/ weighted ruck (3)
Playing/caring for kids (3)
Wii Fit (3)
Basketball (2)
Bingo and dominos (2)
Go to church (2)
Golf (2)
I'm in a wheelchair (2)
Tennis (2)
Treadmill (2)
Volunteer (2)

Always going stuff (1)
Curves (1)
DailyBurn (1)
Day care (1)
Driving a truck (1)
Gymnastics (1)
I had a stroke, can't walk (1)
Jazzercise (1)
Kayaking (1)
Kickboxing (1)
Online videos (1)
Pilates (1)
Resistance training (1)
Ribbon twirling (1)
Riding horses (1)
Skating (1)
Stairmaster (1)
Veterans club (1)
Walking (1)
Washing the car (1)
Zumba (1)
Weight lifting (2)

Answers to open-ended question: When you are physically active, where do you usually exercise?

Home (154)
Neighborhood (12)
Waco Mall/Walmart/HEB (10)
Gym/Fitness Center (8)
Farm (7)
Outdoors/park (6)
Streets (6)
None (4)
Community center (3)

Ascension Providence Cardiac Rehab (2)
Tennis club (2)
Background (1)
Baylor SLC (1)
Camp Gladiator Outdoor Fitness (1)
Cycling Studio (1)
Different places (1)
Football game (1)
Friend's house (1)

Dam (3)
Golf course (3)
Senior center (3)
Work (3)
Yoga studio (3)
CrossFit (2)
Doctor's office/hospital (2)

I had a stroke (1)
Jazzercise (1)
Mountains (1)
Orange Theory (1)
Rehab (1)
Curves (2)

Answers to open-ended question: Treatment for behavior health

Have not sought treatment (14)
Doctor (2)
Marriage Counselor (2)
Psychiatrist (2)
Brene Brown Curriculum (1)
Church (1)
Crisis center (1)
Inpatient hospital (1)
Lawyer (1)
MHMR (1)
Online (1)
Perimenopausal (1)
Self (1)
VA (1)

Answers to open-ended question: What is your birth control?

Old age/menopause (52)
Hysteramtic (9)
Abstinence (6)
Vasectomy (4)
None (3)
Coitus interruptus (2)
Does not apply (2)
Widowed (2)
Diaphragm (1)
Don't need it (1)

Man (1)
Married with kids (1)
Natural family planning (1)
No prostate (1)
No uterus (1)
Not sexually active (1)
Plan B (1)
Pull-out method (1)
Snip (1)
Hormone replacement (1)

Answers to open-ended question: Why not birth control?

Age (24)
Menopause (8)
Hysterectomy (7)
Don't need it (5)
Vasectomy (4)
For women only (3)
Marriage (3)
Erectile dysfunction (1)
N/a (1)
Natural planning (1)
Religion (1)
Want husband to get vasectomy (1)
Widowed (1)
Wife is pregnant (1)

Answers to open-ended question: Employment

Disabled (8)
Part-time (7)
Self-employed (7)
Home-maker (5)
Retired (2)
Contract work (1)

Appendix 3: Confidentiality Agreement

Center for Community Research and Development
Baylor University
One Bear Place, #97131
Waco, Texas 76798
(254) 710-3811

CONFIDENTIALITY AGREEMENT

  I, _____, am acting as an employee or agent of the BAYLOR CENTER FOR COMMUNITY RESEARCH AND DEVELOPMENT (hereinafter "BCCRD") and its clients in providing services as a researcher and interviewer in a mail, telephone, and face-to-face survey. I understand and acknowledge that the matter presented to me involves a real lawsuit, that absolute confidentiality is essential to all parties involved, and that I am agreeing that I will not disclose to anyone any of the information, discussions, presentation, materials, research, data, or my participation in this research project.

  In exchange for the research and educational opportunities and the monetary and/or other compensation I will receive for my observation, participation and services, I agree to the following:

1. I will keep confidential any and all information, impressions, opinions, data, recordings, calculations, conclusions or observations I might have compiled, prepared, or learned through this research and will not disclose such information, impressions, opinions, or observations to any other individual or entity.

2. I agree not to repeat any facts, dates, locations, names of any parties, data, recordings, calculations, conclusions, opinions, impressions, observations, or any other information learned from what I have seen or heard in this matter to any individual or entity.

3. I will not take or keep any notes, documents, or other materials with me after the research is completed, and instead will leave all such notes, documents and other materials with BCCRD.

4. If I am contacted or approached by any person or entity concerning the activities or services of BCCRD or myself in connection with BCCRD, I will disclose nothing and I will immediately contact BCCRD at the following telephone number, (254) 710-3811, and inform BCCRD of the contact and the name and any other information concerning the person or entity that approached or contacted me.

  I further understand that all information that I have received and recorded, and all impressions, opinions, data, recordings, calculations, conclusions, and observations I have are protected from disclosure to other individuals by privilege and that I am permanently obligated to keep all such information, impressions, opinions and observations confidential.

  I further understand that this is a valid, binding and enforceable contract and that if I breach this contract by making any disclosure, I can and will be held liable to BCCRD and its clients.

  SIGNED this _____ day of September 2018.

_____   _____
Signature in cursive.   *Please print your full, legal name*

Appendix 4: Postcard Sent to Sample

Dear

This is a reminder that your residence has been randomly selected for the **2018 Community Health Needs Assessment** (CHNA) for Waco-McLennan County. This study is conducted by the Center for Community Research & Development at Baylor University in partnership with other community agencies.

Because we have not yet received a response from you, in the following weeks an interviewer from Baylor University will be in your neighborhood conducting interviews. The interviewer will wear a name badge upon arrival. Please have an adult (age+18) in your household take the survey. *Si usted habla español, visite el sitio web.* At the end of the survey, you will have the opportunity to enter a drawing to win one of sixty $50 gift cards.

If you prefer, you are welcome to take the survey online at **www.2018CHNA.org** or by phone at **254-710-8211** between the hours of 8AM-12PM Monday-Friday.

Use this number when you take the survey:

Your voluntary participation is critical for the success of future health initiatives in Waco-McLennan County.

The 2018 CHNA team thanks you for your time.

Baylor University
Center for Community Research & Development
One Bear Place #97131
Waco, Texas 76798

SHARE YOUR VOICE & IMPROVE COMMUNITY HEALTH!

Appendix 5: Web Invitation for WAC

From:

Sent:

Subject: 2018 Community Health Needs Assessment Survey Invitation

"Dear Mr. or Ms. [Last name],

We are writing to ask for your help with the 2018 Community Health Needs Assessment of Waco McLennan County. You are part of a random sample of Waco-McLennan County residents chosen to complete a brief health and well-being survey. A goal of this survey is to understand the health needs and concerns of citizens of the local community, and to help local organizations better serve you.

This survey is conducted by Waco-McLennan County Public Health District, Baylor Scott and White Medical Center-Hillcrest, Providence, Family Health Center, Prosper Waco, and the Center for Community Research and Development at Baylor University.

The survey should only take about 10 minutes to complete. At the end of the survey, you can choose to enter a drawing to win one of sixty $50 gift cards.

To begin the survey, simply click on this link:

www.2018CHNA.org

This survey is confidential. Your participation is voluntary. Should you have any questions or comments please contact Yingling Liu, the lead researcher, at the Center for Community and Research Development, (254)-710-8619 or Yingling_liu1@baylor.edu.

We have been conducting this survey for over a decade to better understand the changing health and well-being of residents in Waco-McLennan County, and appreciate your valued opinion with this year's survey.

With best regards,

Dr. Larry Lyon
Director of Center for Community Research and Development
Dean of Graduate School
Baylor University

Appendix 6: Copy of the Instrument's English Version

127 (Fall 2018 – CHNA)

Waco-McLennan County Resident,

  You were randomly selected to participate in a survey about residents' health. The information you provide will be used to aid local hospitals and the public health district with their community outreach programs as well as guide community conversations about health.

  Please have an adult (age 18 or over) in your household complete the questionnaire. Your responses are voluntary and will be kept confidential. You do not have to answer any questions that make you feel uncomfortable.

  If you have any questions or complaints about this survey, please contact Yingling Liu by telephone at 254-710-8619 or by email at yingling_liu1@baylor.edu. You may also contact the Office of the Vice Provost for Research at 254-710-1438.
  The survey should take about 10 minutes to complete.

  Confidentiality will be maintained to the degree permitted. Your participation in this paper survey involves risks which could include illegal interception of the data by another party. If you are concerned about your data security, please contact the researcher to schedule a time to complete a telephone survey with the same questions.

  At the end of the survey, you will be asked to provide your email address to enter a drawing to win one of sixty $50 gift card. The drawing will be conducted by staff at the Center for Community Research and Development at the end of study which will be on or about, December 1, 2018. The study staff will contact you if your name is drawn.
  By continuing with this survey, you are providing consent for your opinions to be used to greatly add to our understanding about the health and well-being of our fellow residents.

Are you 18 years old or older?
- ☉   Yes
- ☉   No

What is the <u>unique identification number</u> that is found on the post card you received or your <u>full address</u>?
_____

Next, let's discuss your healthy behaviors and activity level.

HL1
How many days during the past week have you performed physical activity where your heart beats faster and your breathing harder than normal for 30 minutes or more?
- ○ 0
- ○ 1 day
- ○ 2 days
- ○ 3 days
- ○ 4 days
- ○ 5days
- ○ 6 days
- ○ 7 days

HL2
How many days in a typical week do you perform activities as this?
- ○ 0
- ○ 1 day
- ○ 2 days
- ○ 3 days
- ○ 4 days
- ○ 5days
- ○ 6 days
- ○ 7 days

HL3
When you are physically active, what type of activity do you usually perform? (Please choose all that apply)
- ○ Walking
- ○ Jogging/running
- ○ Weight lifting
- ○ Dancing
- ○ Team sports
- ○ Group exercise
- ○ Something else (Please specify)

_____

HL4
When you are physically active, where do you usually exercise? (Please choose all that apply)
- ○ YMCA
- ○ GYM
- ○ Local Park/your neighborhood
- ○ Church
- ○ Work
- ○ School
- ○ Somewhere else? (please Specify)

_____

HL5
About how many cups of fruits (including 100% pure fruit juice) do you eat or drink each day?
- ○ None
- ○ ½ cup or less
- ○ ½ cup to 1 cup
- ○ 1 to 2 cups
- ○ 2 to 3 cups
- ○ 3 to 4 cups
- ○ 4 cups or more cups

HL6
About how many cups of vegetables (including 100% pure vegetable juice) do you eat or drink each day?
- ○ None
- ○ ½ cup or less
- ○ ½ cup to 1 cup
- ○ 1 to 2 cups
- ○ 2 to 3 cups
- ○ 3 to 4 cups
- ○ 4 cups or more cups

Let's begin by asking you a few questions about your general health.

GEN1

Would you say that in general your health is...?
- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor

GEN2

Is your health insurance primarily...?
- ○ Through your or someone's work or union (including HMO)
- ○ Bought directly by yourself or a family member
- ○ Medicare
- ○ Medicaid or public aid
- ○ Other source
- ○ I do not currently have health insurance

GEN3

During the past 12 months, was there any time that you did not have health insurance?
- ○ Yes
- ○ No

GEN4

In the past 12 months, have you had a problem accessing a health care professional?
- ○ Yes
- ○ No

Read The Question Below **Only If** In The Past 12 Months, The Respondent Said "**Yes**" They Have A Problem Accessing A Heath Care Provider:

GEN5

What was the nature of the problem?
- ○ Lack of Transportation
- ○ Wait time before appointment or wait time in office
- ○ Unable to find childcare
- ○ Unable to get off work
- ○ Cost
- ○ Provider doesn't accept my insurance
- ○ anything else (please specify)

_____

GEN6.

Because of any impairment or health problem, do you need assistance in handling your ROUTINE needs, such as household chores, business, shopping, or getting around?
- ○ Yes
- ○ No

HL7
Have you smoked at least 100 cigarettes in your entire life?
- ○ Yes
- ○ No

HL8
How often do you smoke cigarettes? (Skip to H11)
- ○ Everyday
- ○ Somedays
- ○ Not at all

Read This Question Only If The Respondent Answered "Everyday" or "Somedays"

HL9
On average, how many cigarettes a day do you smoke? (1 pack equal 20 cigarettes)
_____

Read This Question Only If The Respondent Answered "Everyday" or "Somedays"

HL10
During the past 12 months, have you tried to quit smoking for 1 day or longer?

- ○ Yes
- ○ No

HL11
Have you ever used an electronic cigarette, even just one time in your life?
- ○ Yes
- ○ No

Next, let's discuss mental and emotional health.

MH1
Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(Please write a time frame from 1 to 30 days)
_____

MH2
Have you ever asked your doctor about treatment for behavioral or emotional health?
- ○ Yes
- ○ No

MH3
Have you ever sought treatment for behavioral or emotional health at the following...? (Please choose all that apply)
- ○ Emergency room
- ○ Primary care physician
- ○ Mental health practitioner (Counselor or social worker)
- ○ Somewhere else? (please specify)
_____

Next, let's discuss commonly diagnosed health conditions.

Have you been told by a health professional that you have any of the following...?

	Yes	No
Had a Heart Attack (HRT Bank_1)	○	○
Had a Stroke (HRT Bank_2)	○	○
Hypertension or High Blood Pressure (HRT Bank_3)	○	○
High Cholesterol (HRT Bank_4)	○	○

Now let's discuss technology use

TECH1

Do you have a landline at home?
- ○ Yes
- ○ No

TECH2

Do you have a cell phone?
- ○ Yes
- ○ No

<mark>Read This Question **Only If** The Respondent Answered "**Yes**""</mark>

TECH3

Does your cellphone have access to the internet?
- ○ Yes
- ○ No

TECH4

Do you have high-speed internet access in your home?
- ○ Yes
- ○ No

TECH5

How often do you use the internet to access health information?
- ○ Several times a day
- ○ About once a day
- ○ About once a week
- ○ About once a month or less
- ○ Never

Next, we will discuss family planning.

FP1

How often do you use birth control?
- ○ Never
- ○ Rarely
- ○ Sometimes
- ○ Always

FP2

What is your current method of birth control (check all that apply?)
- ○ Condoms
- ○ Birth control pills
- ○ Birth control patch (Orthro Evra)
- ○ Birth control implant (Implanon)
- ○ Birth control vaginal ring (Nuva Ring)
- ○ Birth control shot (Depo-Provera)
- ○ IUD (Mirena)
- ○ Tubal ligation or partner's vasectomy
- ○ I am not using a form of birth control
- ○ Something else?

_____

Read This Question **Only If** The Respondent Answered "**I am not using a form of Birth Control**""

FP3

Why are you not currently using a method of birth control (check all that apply)?
- ○ I am not sexually active
- ○ My partner and I are trying to get pregnant
- ○ My partner and I are unable to get pregnant
- ○ I cannot afford birth control
- ○ I do not want to use birth control
- ○ Another reason?

_____

We'd like to ask you a few questions about yourself to be sure we are getting information from all kinds of people in this survey.

DG1

Do you describe your main racial or ethnic group as: (Choose all that apply)
- ○ Hispanic or Latino
- ○ White or Anglo
- ○ Black or African American
- ○ Asian American
- ○ Something else? (please specify)

_____

DG2

How do you describe your gender identity?
- ○ Male
- ○ Female
- ○ Something else? (please specify)

_____

DG13.0

Are you under the age of 45?
- ○ Yes (Go to under 35)
- ○ No (Go to under 55)

DG13.1

Are you under the age of 35?
- ○ Yes (Go to under 25)
- ○ No (Go to Language Que)

DG13.2

Are you under the age of 25?
- ○ Yes (Go to Language Que)
- ○ No (Go to Language Que)

DG13.3

Are you under the age of 55?
- ○ Yes (Go to Language Que)
- ○ No (Go to under 65)

Are you under the age of 65?
- ○ Yes (Go to Language Que)
- ○ No (Go to over 65)

Are you over the age of 65?
- ○ Yes (Go to Language Que)
- ○ No (Go to Language Que)

DG3

What is the language spoken MOST often in your home?
- ○ English
- ○ Spanish
- ○ Something else? (please specify)

_____

DG4.0

What is your annual household income?
Is it less than $35,000
- ○ Yes (Go to Less than $25,000)
- ○ No (Go to $50,000)

DG4.2
Less than $25,000
- ○ Yes (Go to Less than $10,000)
- ○ No (Go to Edu Question)

DG4.1
Less than $10,000
- ○ Yes (Go to Edu Question)
- ○ No (Go to Edu Question)

DG4.3
Less than $50,000
- ○ Yes (Go to Edu Question)
- ○ No (Go to Less than $75,000)

DG4.4
Less than $75,000
- ○ Yes (Go to Edu Question)
- ○ No (Go to Less than $100,000)

DG4.5
Less than $100,000
- ○ Yes (Go to Edu Question)
- ○ No (Go to Less than $200,00)

DG4.6
Less than $200,000
- ○ Yes (Go to Edu Question)
- ○ No (Go to Edu Question)

DG5

What is the highest grade of school you ever completed?
- ○ 8th Grade or less
- ○ Some of high school
- ○ High School graduate or GED
- ○ Technical, trade or business school
- ○ Some of college
- ○ Associate degree
- ○ College Graduate
- ○ Post-college Graduate (e.g. MA)

DG6

What is your marital status? Are you now...
- ○ Married
- ○ Widowed
- ○ Divorced
- ○ Separated
- ○ Never been married

DG7

What is the number of people living in the household?

_____

DG8.1

Are you currently enrolled in school?
- ○ Yes
- ○ No (Go to Employment Que)

DG8.2

Are you a full-time or part-time student?
- ○ Full-time
- ○ Part-time

DG9

Which of the following best describes your current employment situation?
- ○ I am currently employed full-time
- ○ I am currently employed part-time
- ○ I am unemployed, actively seeking employment
- ○ I am unemployed, not actively seeking employment
- ○ I am retired
- ○ Something else?

_____

DG10

How many years have you lived in the McLennan County area?

_____

DG11

How many of your close friends live in your community?
- ○ None
- ○ A few
- ○ Some
- ○ About half
- ○ Most

- ○ All or nearly all

DG12

How much of your family lives in this area?
- ○ None
- ○ A few
- ○ Some
- ○ About half
- ○ Most
- ○ All or nearly all

SNA

We are hoping to get an understanding about the social networks here in McLennan County. For the next three questions, please respond with the first and last names of the person that come to mind of someone who lives in the area.

If you have health questions, who do you turn to for advice? (First Name and Last Name.)

_____

If you have a problem, that you cannot fix, who do you reach out to? (First Name and Last Name)

_____

Name one person in this area you trust. (First and Last Name)

_____

Next, we would like to as you about female health services. (Only ask if respondents are female)

FH1
What is your preferred source for female health services? (Select All That apply)

- ○ Planned Parenthood
- ○ Health Department Clinic
- ○ Urgent Care Clinic
- ○ School Health Clinic
- ○ Family Health Center/ Heart of Texas Community Center/Community Clinic Option
- ○ Private Gynecologist
- ○ General or Family Physician
- ○ Emergency Room
- ○ Another place? (Please Specify)
  _____

FH2
Have you received a well-woman exam in the past 12 months? A well-woman exam should occur at the frequency your physician recommends and could include: comprehensive physical exam, breast exam, pelvic exam, discussion of lifestyle, work, family health history, listing of medications, herbs and supplements, as well as an evaluation for the need of a mammogram or STI testing.

- ○ Yes
- ○ No

FH3
Where are you currently receiving information about well-woman exams?(Select All That apply)

- ○ Church (1)
- ○ Television (9)
- ○ School (2)
- ○ Social Media (10)
- ○ Pharmacy (3)
- ○ Pamphlets (11)
- ○ Radio (12)
- ○ Healthcare Provider's Office (4)
- ○ Internet (5)
- ○ Family Members/Friends (6)
- ○ Another source? (please specify) (7)
  _____
- ○ Not receiving information (8)

FH4
How would you prefer to receive information about well-woman exam? (Select All That apply)

- ○ Church (1)
- ○ Television (9)
- ○ School (2)
- ○ Social Media (10)
- ○ Pharmacy (3)
- ○ Pamphlets (11)
- ○ Radio (12)
- ○ Healthcare Provider's Office (4)
- ○ Internet (5)
- ○ Family Members/Friends (6)
- ○ Another source? (please specify) (7)
  _____

FH5 Have you ever been pregnant?

- ○ Yes
- ○ No

FH6 What was the age when you had your first pregnancy?

_____

WAC

At this time, the survey is completed. If you would like to provide your email address in order to enter a drawing to win one of sixty $50 gift card, please click to move onto the next page.

This information will be collected in a separate survey.

This information will not be stored with your responses. The drawing will be conducted by the staff at the Center for Community Research and Development at the end of the study, which will be on or about December 1, 2018.

The staff will contact you if your name is drawn.

Name:	
Email:	

Thank you for your time and efforts to greatly add to our understanding about the health and well-being of our fellow residents.

Appendix 7: Copy of the Instrument's Spanish Version

127 (Otoño 2018 – CHNA)

Estimado/a habitante del Condado de Waco-McLennan,
Usted ha sido seleccionado/a al azar para participar en una encuesta sobre la salud de los habitantes. La información que proporcione se utilizará para ayudar a los hospitales locales y al distrito de salud pública con sus programas de alcance comunitario como también para guiar conversaciones comunitarias sobre la salud.

Por favor, que haya un adulto (18 años o mayor) en su hogar para completar el cuestionario. Sus respuestas son voluntarias y serán resguardadas confidencialmente. Usted no tiene que responder preguntas que lo hagan sentir incómodo/a.

Si tiene preguntas o quejas sobre esta encuesta, por favor contacte a Yingling Liu por teléfono al 254-710-8619 o por correo electrónico a yingling_liu1@baylor.edu. También puede contactar a la oficina del Vicerrector de Investigaciones al 254-710-1438.

Completar la encuesta debería tomar alrededor de 10 minutos.

La confidencialidad se mantendrá al grado permitido por la tecnología utilizada. Su participación en esta encuesta en papel implica un riesgo como la intercepción de los datos. Si tiene inquietudes sobre la seguridad de sus datos, por favor contacte al investigador para programar una hora en que pueda completar una encuesta telefónica con las mismas preguntas.

Al final de la encuesta, se le pedirá que proporcione su correo electrónico para ingresar a un sorteo para ganar una tarjeta de regalo de $50. El sorteo lo llevará a cabo el personal en el Center for Community Research and Development (Centro para el Desarrollo y la Investigación Comunitaria) al final del estudio que será alrededor del 1 de diciembre del 2018. El personal del estudio se comunicará con usted si es seleccionado.

Al continuar con esta encuesta, está proporcionando consentimiento para que se usen sus opiniones para enriquecer enormemente nuestro entendimiento sobre la salud y el bienestar de nuestros habitantes.

¿Es usted mayor de 18 años?
- ○ Sí
- ○ No

¿Cuál es el numero de identificación único que se encuentra en la postal que usted recibió o su dirección completa?
_____

Me gustaría comenzar haciéndole algunas preguntas sobre su salud en general.

GEN1

¿Diría que en general su salud es...?

- ☉ Excelente
- ☉ Muy buena
- ☉ Buena
- ☉ Regular
- ☉ Mala

GEN2

Su seguro médico es principalmente..

- ☉ A través de su trabajo o sindicato, o del trabajo o sindicato de alguien más (incluyendo a la Organización de Mantenimiento de Salud (HMO, por sus siglas en inglés)
- ☉ Pagado directamente por usted o un miembro de la familia
- ☉ Medicare
- ☉ Medicaid or ayuda pública
- ☉ Otra fuente
- ☉ Actualmente, no tengo un seguro médico

GEN3

Durante los últimos 12 meses, ¿hubo algún momento en el que usted no haya tenido seguro médico?

- ☉ Sí

- ☉ No

GEN4

En los últimos 12 meses, ¿ha tenido problemas para acceder a un Profesional de la salud?

- ☉ Sí (Pase a pregunta GEN5)
- ☉ No (Pase a pregunta GEN6)

Responda esta pregunta solamente si respondió 'Sí' a la pregunta GEN4 sobre tener problemas para acceder a un profesional de la salud.

GEN5

¿Cuál fue la naturaleza del problema?

- ☉ Falta de transporte
- ☉ Tiempo de espera antes de la cita o tiempo de espera en el consultorio
- ☉ No pudo encontrar a alguien que cuidara sus niños
- ☉ No pudo salir del trabajo
- ☉ El costo
- ☉ El profesional de salud no acepta mi seguro
- ☉ Otra (por favor, especifique)
  _____

GEN6.

A causa de alguna discapacidad o problema de salud, ¿necesita ayuda para encargarse de sus necesidades DE RUTINA, como las tareas domésticas, negocios, compras o trasladarse?

- ☉ Sí
- ☉ No

A continuación, me gustaría preguntarle sobre su nivel de actividades y comportamientos saludables.

HL1
¿Cuántos días durante la última semana ha realizado actividad física, durante 30 minutos o más, donde su corazón latiera más fuerte y su respiración fuera más fuerte de lo normal?
- ○ 0
- ○ 1 dia
- ○ 2 dias
- ○ 3 dias
- ○ 4 dias
- ○ 5 dias
- ○ 6 dias
- ○ 7 dias

HL2
¿Cuántos días en una semana típica realiza actividades como esa?
- ○ 0
- ○ 1 dia
- ○ 2 dias
- ○ 3 dias
- ○ 4 dias
- ○ 5 dias
- ○ 6 dias
- ○ 7 dias

HL3
Cuando hace actividad física, ¿qué clase de actividad suele realizar? (Por favor, seleccione todas las que apliquen)
- ○ Caminar
- ○ Trotar/correr
- ○ Levantar pesas
- ○ Bailar
- ○ Deportes en equipo
- ○ Clases de ejercicios en grupo
- ○ Otra (por favor, especifique
_____

HL4
Cuando hace actividad física, ¿dónde suele hacer ejercicio? (Por favor, seleccione todas las que apliquen)
- ○ YMCA
- ○ Gimnasio
- ○ Parque local/ mi barrio
- ○ Iglesia
- ○ Trabajo
- ○ Escuela
- ○ Otra (Por favor, especifique)
_____

HL5
¿Alrededor de cuántas tazas de fruta (incluyendo jugo de fruta 100% puro) come o bebe cada día?
- ○ Ninguna
- ○ ½ taza o menos
- ○ ½ taza a 1 taza
- ○ 1 taza a 2 tazas
- ○ 2 tazas a 3 tazas
- ○ 3 tazas a 4 tazas
- ○ 4 tazas o más tazas

HL6
¿Alrededor de cuántas tazas de vegetales (incluyendo jugo de vegetales 100% puro) come o bebe cada día?
- ○ Ninguna
- ○ ½ taza o menos
- ○ ½ taza a 1 taza
- ○ 1 taza a 2 tazas
- ○ 2 tazas a 3 tazas
- ○ 3 tazas a 4 tazas
- ○ 4 tazas o más tazas

HL7
¿Ha fumado al menos 100 cigarrillos en toda su vida? (5 paquetes equivalen a 100 cigarrillos)
○   Sí
○   No

HL8
¿Con cuánta frecuencia fuma cigarrillos?
○   Todos los días
○   Algunos días
○   Nunca (por favor ve a H11)

Responda la pregunta HL9 solamente si respondió 'Todos los días' o "Algunos días" a la pregunta HL8

HL9
En promedio, ¿cuántos cigarrillos fuma por día en la actualidad? (1 paquete equivale a 20 cigarrillos) indefinido
_____

Responda la pregunta HL10 solamente si respondió ' 'Todos los días' o "Algunos días" a la pregunta HL9

HL10
Durante los últimos 12 meses, ¿ha tratado de dejar de fumar durante un día o más?

○   Sí
○   No

HL11
¿Alguna vez ha utilizado un cigarrillo electrónico, aunque sea una sola vez en toda su vida?
○   Sí
○   No

MH0 A continuación, le voy a hacer algunas preguntas sobre salud mental y emocional

MH1
Ahora pensando en su salud mental, la cual incluye estrés, depresión y problemas con emociones, ¿durante cuántos días en los últimos 30 días no fue buena su salud mental?

(Por favor, ingrese la cantidad de días, de 1 a 30)
_____

MH2

¿Alguna vez le ha preguntado a su médico sobre tratamiento para su salud emocional o del comportamiento?

○   Sí
○   No

MH3
¿Alguna vez ha buscado tratamiento para la salud emocional o del comportamiento en los siguientes lugares...? (Por favor, seleccione todas las que apliquen)

○   Sala de emergencias
○   Médico de cabecera
○   Profesional de la salud mental (terapeuta o trabajador social)
○   Otra? (Por favor, especifique)

_____

¿Un profesional de salud le ha dicho que tiene alguno de los siguientes?

	Sí	No
Infarto (HRT Bank_1)	○	○
Derrame cerebral (HRT Bank_2)	○	○
Hipertension o presión arterial alta (HRT Bank_3)	○	○
Colesterol alto (HRT Bank_4)	○	○

A continuación, hablemos sobre uso de tecnología

TECH1
¿Usted tiene un teléfono fijo en su hogar?

○ Sí
○ No

TECH2
¿Usted tiene un celular?
○ Sí
○ No

Responda la pregunta TECH3 solamente si respondió 'Sí' a la pregunta TECH2

TECH3
¿Su celular tiene acceso a internet?
○ Sí
○ No

TECH4
¿Tiene acceso a Internet de alta velocidad en su casa?
○ Sí
○ No

TECH5
¿Con qué frecuencia usa internet para acceder a información de salud?
○ Varias veces al día
○ Aproximadamente una al día
○ Aproximadamente una vez a la semana
○ Una vez al mes o con menos frecuencia
○ Nunca

A continuación, le voy a preguntar sobre planificación familiar.

FP1

¿Con qué frecuencia usa anticonceptivos?
- ⊙ Nunca
- ⊙ Casi nunca
- ⊙ A veces
- ⊙ Siempre

FP2

¿Cuál es su método actual de anticonceptivos (marque todas las opciones ques apliguen?

- ⊙ Presevativos
- ⊙ Pildoras anticonceptivas
- ⊙ Parche anticonceptivo (Orthro Evra) Implante anticonceptivo (Implanon)
- ⊙ Anillo Vaginal anticonceptivo (Nuva Ring)

- ⊙ Inyección anticonceptive (Depo-Provera)
- ⊙ DIU (Mirena)
- ⊙ Ligadura de trompas o vasectomía
- ⊙ No estoy usando métodos anticonceptivos
- ⊙ ¿Alguna otra opción?

_____

Responda la pregunta FP3 solamente si respondió "No estoy usando ningún método anticonceptivo"

FP3

¿Por qué no está usando actualmente un método anticonceptivo? (Marque todas las opciones que apliquen)

- ⊙ No soy sexualmente activa
- ⊙ Mi pareja y yo intentamos concebir

- ⊙ Mi pareja y yo no podemos concebir

- ⊙ No puedo pager los anticonceptivos
- ⊙ No quiero usar anticonceptivos
- ⊙ ¿Algún otro motivo?

_____

Nos gustaría hacerle algunas preguntas sobre usted para asegurarnos de que obtenemos información de toda clase de personas en esta encuesta.

DG1

¿Cómo describiría su principal grupo racial o étnico? (Por favor, seleccione todas las que apliquen)

- ⊙ Hispano or Latino
- ⊙ Blanco o Anglosajón
- ⊙ Negro o Afroamericano
- ⊙ Asiático americano
- ⊙ ¿Alguna otra opción? (por favor, especifique)

_____

DG2

¿Cómo describe su identidad de género?
- ⊙ Masculino
- ⊙ Femenino
- ⊙ ¿Alguna otra opción? (por favor, especifique)

_____

DG13.0

¿Es su edad menos de 45?
- ⊙ Sí (Pase a la pregunta DG13.1 de menos de 35 años a continuación)
- ⊙ No (Pase a la pregunta DG13.3 de menos de 55 años a continuación)

DG13.1

¿Menos de 35 años?
- ⊙ Sí (Pase a la pregunta DG13.2 de menos de 25 años a continuación)
- ⊙ No (Pase a la pregunta DG3 sobre Lenguaje en la página 7)

DG13.2

¿Menos de 25 años?
- ⊙ Sí (Pase a la pregunta DG3 sobre Lenguaje en la página 7)
- ⊙ No (Pase a la pregunta DG3 sobre Lenguaje en la página 7)

DG13.3

¿Menos de 55 años?
- ⊙ Sí (Pase a la pregunta DG3 sobre Lenguaje en la página 7)
- ⊙ No (Pase a la pregunta sobre menos de 65 años en la página 7)

¿Menos de 65 años?
- ◯ Sí (Pase a la pregunta DG3 sobre Lenguaje)
- ◯ No (Pase a la pregunta sobre más de 65 años)

¿Más de 65 años?
- ◯ Sí
- ◯ No

DG3
¿Cuál es el idioma que se habla con MÁS
frecuencia en su hogar?
- ◯ Inglés
- ◯ Español
- ◯ ¿Alguna otra opción? (por favor, especifique)

_____

DG4.0
¿Es el ingreso anual de todos los miembros de su
hogar (en total) menos de $35.000?
- ◯ Sí (Pase a la pregunta DG4.2 de menos de 25.000)
- ◯ No (Pase a la pregunta DG4.3 de menos de 50.000)

DG4.2
¿Y menos de $25.000?
- ◯ Sí (Pase a la pregunta DG4.1 de menos de 10.000)
- ◯ No (Pase a la pregunta DG5 sobre Educacion en esta página)

DG4.1
¿Es menos de $10.000?
- ◯ Sí (Pase a la pregunta DG5 sobre Educacion en esta página)
- ◯ No (Pase a la pregunta DG5 sobre Educacion en esta página)

DG4.3
¿Y menos de $50.000?
- ◯ Sí (Pase a la pregunta DG5 sobre Educacion en esta página)
- ◯ No (Pase a la pregunta DG4.4 de menos de 75.000)

DG4.4
¿Es menos de $75.000?
- ◯ Sí (Pase a la pregunta DG5 sobre Educacion en esta página)
- ◯ No (Pase a la pregunta DG4.5 de menos de 100.000)

DG4.5
¿Diría que es menos de de $100.000?
- ◯ Sí (Pase a la pregunta DG5 sobre Educacion en esta página)
- ◯ No (Pase a la pregunta DG4.6 de menos de 200.000)

DG4.6
¿Y menos de de $200.000?
- ◯ Sí (Pase a la pregunta DG5 sobre Educacion en esta página)
- ◯ No (Pase a la pregunta DG5 sobre Educacion en esta página)

DG5
¿Cuál es el grado más alto de escuela al que ha asistido?
- ◯ Octavo grado o menos
- ◯ Parte de la escuela secundaria
- ◯ Graduado de la escuela secundaria o GED
- ◯ Escuela de negocios, de formación profesional o técnica
- ◯ Parte de la Universidad
- ◯ Grado asociado
- ◯ Graduado de la Universidad
- ◯ Postgrado Universitario

DG6
¿Cuál es su estado civil? Ahora está...
- ◯ Casado/a
- ◯ Viudo/a
- ◯ Divorciado/a
- ◯ Separado/a
- ◯ Nunca se ha casado

DG7
¿Cantidad de personas que viven en la casa?

_____

DG8.1
¿Se encuentra inscrito en alguna escuela actualmente?
- ◯ Sí (Pase a la pregunta DG8.2)
- ◯ No (Pase a la pregunta DG9)

DG8.2
¿Es un estudiante a tiempo completo o medio tiempo?
- ◯ Tiempo completo
- ◯ Medio tiempo

DG9
¿Cuál de las siguientes opciones describe mejor su
situación laboral actual?
- ◯ Actualmente, trabajo a tiempo completo
- ◯ Actualmente, trabajo medio tiempo
- ◯ Estoy desempleado, busco activamente empleo
- ◯ Estoy desempleado, no busco activamente empleo   I
- ◯ Estoy jubilado
- ◯ ¿Alguna otra opción? (por favor, especifique)

_____

DG10
¿Cuántos años ha vivido en el área del condado de
McLennan?

_____

DG11

¿Cuántos amigos íntimos viven en su comunidad?
- ◯   Ninguno
- ◯   Unos pocos
- ◯   Algunos
- ◯   Aproximadamente la mitad
- ◯   La mayoría

- ◯   Todos o casi todos

DG12

¿Cuántos miembros de su familia viven en esta área?
- ◯   Ninguno
- ◯   Unos pocos
- ◯   Algunos
- ◯   Aproximadamente la mitad
- ◯   La mavoría
- ◯   Todos o casi todos

SNA

Esperamos poder entender las redes sociales aquí en el condado de McLennan. Para las siguientes tres preguntas, por favor responda con el primer nombre que se le venga a la mente de alguien que viva en el área.

Si tiene preguntas sobre la salud, ¿a quién acude para que lo aconseje? [NOMBRE y APELLIDO]

_____

Si tiene un problema que no puede solucionar, ¿a quién acude? [NOMBRE y APELLIDO]

_____

Nombre una persona de confianza en esta área. [NOMBRE y APELLIDO]

_____

A continuacion, nos gustaría preguntarle sobre servicios de salud femenina. (Sección Salud Femenina)

FH1

¿Cuál es su organización preferida para los servicios de salud femenina? (Por favor, seleccione todas las que apliquen)

- ○ Planned Parenthood
- ○ Clínica del departamento de salud
- ○ Centro de urgencias
- ○ Clínica de salud escolar
- ○ Opción del Centro de salud familiar/Centro médico Comunitario Heart of Texas/Clínica comunitaria
- ○ Ginecólogo privado
- ○ Médico de familia o general
- ○ Sala de emergencias
- ○ Otra (por favor, especifique)

_____

FH2

¿Ha recibido un examen ginecológico completo en los últimos 12 meses? El examen ginecológico completo debería llevarse a cabo con la frecuencia que recomiende su médico y puede incluir: examen físico completo, examen de mamas, examen pélvico, diálogo sobre el estilo de vida, el trabajo, el historial clínico familiar, lista de medicamentos, hierbas y suplementos, como también una evaluación para la necesidad de una mamografía o prueba de ITS.

- ○ Sí
- ○ No

FH3

Actualmente, ¿dónde recibe información sobre los exámenes ginecológicos completos?

- ○ De la Iglesia (1)
- ○ Television (2)
- ○ Escuela (3)
- ○ Redes sociales (4)
- ○ Farmacia (11)
- ○ Folletos (5)
- ○ Radio (6)
- ○ Médicos (4)
- ○ Internet (8)
- ○ Familiares/Amigos (10)
- ○ Otra (por favor, especifique) (9)

_____

- ○ No recibe información (8)

FH4

¿Cómo preferiría recibir información sobre los exámenes ginecológicos? (Seleccione todas las que apliquen)

- ○ De la Iglesia (1)
- ○ Television (2)
- ○ Escuela (3)
- ○ Redes sociales (4)
- ○ Farmacia (11)
- ○ Folletos (5)
- ○ Radio (6)
- ○ Médicos (7)
- ○ Internet (8)
- ○ Familiares/Amigos (10)
- ○ Otra (por favor, especifique) (9)

_____

FH5 ¿Alguna vez ha estado embarazada?

- ○ Sí
- ○ No

FH6 ¿Qué edad tenía cuando quedó embarazada por primera vez?

_____

WAC

En este momento, la encuesta está completa. ¿Le gustaría darnos su dirección de email para poder participar en un sorteo de una gift card de 50 dólares?

Esta información no será guardada con sus respuestas. Dado que aproximadamente 10.000 personas participan del estudio, su probabilidad de ganar son 6 de 100. La selección de los ganadores será realizada por el personal del Centro de Investigación y Desarrollo de la Comunidad (CCRD en inglés) final del estudio, la cual se realizará en o alrededor del 1 de Diciembre de 2018.

Le gustaría darnos su dirección de email para poder participar en un sorteo de una gift card de 50 dólares?

Name:	
Email:	

Gracias por su tiempo y su esfuerzo para mejorar nuestro entendimiento sobre la salud y el bienestar de nuestros residentes.

IBM Watson Health™

OVERVIEW

Baylor Scott & White Health engaged IBM Watson Health to conduct a series of focus groups to assess the perception of the health needs in the Texas communities they serve. Participants were invited to participate based on their involvement with public health or their work with medically underserved, chronic disease, low-income or minority populations. Participation was also sought from community leaders, other healthcare organizations, and other healthcare providers, including physicians.

The focus groups were facilitated by a team from IBM Watson Health and conducted in three parts. The sessions started with the entire group providing a description of the community and determining an overall health score. During the second part, participants were divided into smaller groups (if overall number of participants allowed) for more detailed discussions. The group then came back together for a final exercise. Discussions were oriented around the following questions:

1. Describe the community and score the current health status on a scale of 1-5 (1 worst – 5 best).
2. Identify the factors for the score and separate into strengths and weaknesses.
3. Discuss the underlying barriers to health that contribute to the weaknesses.
4. Discuss community strengths that can create opportunities for improving health.
5. Identify and rank the criteria for prioritization.

The McLennan County focus group was held in Waco and included thirteen participants. The group included health agency representatives, providers, local business, law enforcement and representatives from various community service organizations. Most of the participants worked with at-risk populations; the group at-large serve low- income populations, minorities, the medically under-served, and populations with chronic diseases.

COMMUNITY HEALTH NEEDS & PRIORITIES DISCUSSION SUMMARY

This focus group included organizations serving Waco and McLennan counties. Participants described the community as very family-oriented with high growth but retained its small-town feel. There was both racial and economic diversity; the uneven distribution of wealth created disparity between the wealthy and the poor, leaving the community lacking a sizable middle class. The group discussed the changes in the community fueled by the growth and the convergence of urban, farming, and bedroom communities. Recently, the area achieved some progress in addressing community needs through its Prosper Waco collaborative focusing on health, wealth, and education.

The participants discussed challenges by low-income residents to access to healthcare services, even those provided for free. There was no single point of coordination for a patient's interaction the healthcare system, leaving patients under-served and services underutilized. The group said that more specialized health providers

were needed, especially behavioral health providers and services. Public transportation was limited within Waco and scarce in rural areas of the county, which exacerbated access to medical providers. The group discussed an opportunity to address the community's health needs by creating a health information exchange to assist with referrals and facilitate follow-up across the continuum of care. Another opportunity is to improve access to public transportation by funding Waco rapid transit or rideshare services. Participants felt community health needs should be prioritized with the most consideration to vulnerable populations, magnitude of the need/issue, and whether the issue is a root cause of other needs in the community.

The top health needs of the community selected by the group are: cost of care, communication and coordination, and transportation and access.

Cost of Care

The participants noted the cost of insurance was prohibitive for low income populations. If they utilized the ER, they likely do not have funds for continuing primary care, medications, or specialists. Low income families lacked access and ability to pay for healthy foods. Some health and social services for low income populations were available only during working hours, making them inaccessible to the working population who may not be able to afford to take time away from work or have childcare.

Communication and Coordination

According to the focus group, the community services seemed very siloed and those services were sometimes unaware of one another, which contributed to duplicated services and a lack of coordination. Participants believed there was no single point of coordination for healthcare consumers. Trust was a problem for minority populations, especially undocumented residents. While Title V provided access to healthcare for undocumented mothers and children, many were reluctant to apply or renew. There was a shortage of providers of color; some Black and Hispanic families may relate to, or more likely to trust, providers of the same race/ethnicity.

Transportation and Access

Public transportation was limited in McLennan County, which resulted in lower access to healthcare for low income and rural populations. Participants said there were gaps for some medical specialties. Physicians had a great deal of autonomy, and some imposed their values on their patients, e.g., restricting access to birth control. Reproductive health services were in short supply. There was also a shortage of inpatient psychiatry beds for the uninsured population, and outpatient behavioral health providers didn't always accept insurance.

FOCUS GROUP DISCUSSION DETAIL

These are additional details and comments captured during the focus group participant discussions.

EXERCISE 1A: HOW WOULD YOU DESCRIBE THIS COMMUNITY?

Participants described this community:
- family oriented
- engaged leadership, having launched Prosper Waco, a collective impact initiative
- growing city with a small-town feel
- convergence of urban, farming, and bedroom communities

◊   Waco's population was 250K during the day and 30K at night
- diverse racially and economically
  ◊   there were large populations of low- and high-income residents, but not many middle class
- philanthropic
- active
- lack of transportation.

EXERCISE 1B: HOW DO YOU DESCRIBE THE HEALTH OF THIS COMMUNITY ON A SCALE OF 1-5 (1 WORST – 5 BEST)?

Overall community health score given by the group was 2.7.

Score	5	4	3	2.5	2	1
Participants	0	0	9	1	3	0

EXERCISE 3: WHAT ARE THE BARRIERS TO GOOD HEALTH IN THIS COMMUNITY?

Participants discussed these barriers:

- families with insufficient funds for insurance, copayments or medications, transportation to healthcare providers, healthy food, running water, flooring for their homes, or other means of promoting health
- no local care/resources for the uninsured population
- scarce behavioral healthcare providers
- lacking medical specialists, especially rheumatologists, dermatologist, otolaryngologists
- lack of care coordination after acute episodes
- lack of funding for ongoing primary care to decrease ER usage
- physicians may impose their social values on patients, e.g., refusing birth control
- no services for pregnant teens
- public transportation was unavailable or inconvenient
- lack of racial/ethnic diversity in providers
- fear of deportation on the part of the undocumented population prevented them from applying for financial assistance or healthcare programs, and from accessing services
- insufficient access to healthy food; there were food deserts in Waco, and some lacked sufficient home refrigeration.

Each person voted for what they consider to be the 3 greatest BARRIERS, ranked according to votes.

Challenge	Score
Cost of care especially for low income and/or uninsured families	13
Access to mental health services	10
Absence or inconvenience of public transportation	7

EXERCISE 4: COMMUNITY PARTNERSHIPS AND OPPORTUNITIES

- Transportation:
  ◊   provide funding for Waco rapid transit

- ◊ expand rideshare, provide bus vouchers
- ◊ expand Curbside Grocery delivery to food stamps
- ◊ provide home visitation services.
- Improve/facilitate access to care:
  - ◊ create a health information exchange that would make it easier to make referrals and follow-up, especially for outpatient clinic
  - ◊ dedicate staff in provider offices to help patients navigate services relative to their insurance
  - ◊ utilize telemedicine to bring providers within reach
  - ◊ incentivize local employers to offer insurance
  - ◊ not-for-profit providers should become more benevolent, less business focused.
- Behavioral healthcare:
  - ◊ implement the Colorado State Innovation Model of connecting primary care and mental health care at every encounter
  - ◊ have behavior health providers and police share non-PHI data to connect patients with appropriate resources.

Each person voted for what they consider to be the 3 greatest OPPORTUNITIES, ranked according to votes.

Opportunity	Score
Health information exchange to help with referrals and follow-up across the continuum of care	6
Improve access to public transportation by funding Waco rapid transit and/or rideshare services	6
Dedicated staff to help navigate insurance, in- and out-of-network providers	4
Not-for-profit providers should become more benevolent, less business focused	4

EXERCISE 5: HOW TO PRIORITIZE THE NEEDS TO BE ADDRESSED

In discussion about criteria for prioritizing the needs of the community, the group added the one criterion to the common criteria put forth for prioritization:

- momentum (building on the momentum of existing efforts)

Each person voted for the top criteria to be used for prioritization of this communities identified needs.

Top Criteria for Prioritization	Weight
Vulnerable Populations	13
Magnitude	10
Root Cause	5

EXERCISE 6: BEHAVIORAL HEALTH

Participants noted these gaps in the mental/behavioral health services continuum:

- low income/uninsured populations could not afford outpatient services or medications
- Insufficient inpatient psych beds, and none for uninsured patients

- hospitals lacked funding for staff/security guards to attend to patients in crisis; Waco Police officers guarded patients
- shortage of behavioral health providers; to some degree, this was being addressed via telemedicine.

PARTICIPATING ORGANIZATIONS

Representatives from the following organizations participated in the focus group:

- Inner Peace Outer Beauty Salon & Spa
- Heart of Texas Region MHMR
- Family Abuse Center
- Waco Police Department
- Family Health Center
- Caritas of Waco
- United Way of Waco-McLennan County
- Waco-McLennan County Public Health District
- BSW Hillcrest Nurse-Family Partnership
- Carter Blood Care