East Texas Human Needs Network

2023 Comprehensive Community Needs Assesment

July 17, 2023

Dear Community Partners,

I'm immensely grateful for the collaboration between The University of Texas at Tyler School of Medicine, School of Health Professions and the East Texas Human Needs Network. It is truly an honor to witness the transformative power that can be achieved when we come together as a community and forge strong partnerships in pursuit of a common goal.

As founding dean of the School of Medicine, one of our core values has always been community. We firmly believe that by prioritizing the needs of our community, we not only fulfill our duty as health care professionals but also cultivate a stronger and healthier future for all. This collaboration with ETHNN has provided us with a remarkable opportunity to make a lasting impact on the well-being of East Texas.

The survey results on Smith County, presented through our partnership, have shed light on the pressing needs of our community. With this valuable data at our disposal, we can now work collectively to enhance the quality of health care services and expand access to vital resources.

Our partnership with ETHNN signifies our commitment to addressing the health disparities that prevail in East Texas. By joining forces, we are forging a path towards equitable health care, empowering individuals and transforming lives. Together, we have the power to unlock a brighter future for East Texas, where significant strides are made in improving the well-being of our community.

I would like to express my deepest appreciation to all the dedicated individuals and organizations involved in this collaboration. Your unwavering commitment to serving the needs of our community has been nothing short of inspiring. It is through your passion, dedication and shared vision that we are able to bring about real change and create a positive impact on the lives of those we serve.

As we move forward, I invite each and every one of you to continue fostering partnerships, embracing collaboration and championing the cause of community well-being. Together, we can achieve remarkable outcomes that will resonate for generations to come.

Thank you for your ongoing support and for joining us on this transformative journey. Let us continue to work hand in hand, embodying the spirit of unity and service, as we shape a brighter and healthier future for East Texas.

Sincerely,

Brigham C. Willis, MD, MEd, FAAP
Founding Dean, School of Medicine
The University of Texas at Tyler

07/10/2023

East Texas Human Needs Network
Jackie Clay, CEO
PO Box 7042
Tyler, Texas 75711

Dear Ms. Clay,

I am writing to express my heartfelt gratitude and appreciation on behalf of the School of Health Professions (SHP) for the exceptional collaboration we have had with your organization and the School of Medicine in the development of the Community Health Needs Assessment report for Northeast Texas.

As the newly appointed Dean of the School of Health Professions, (SHP) I was so happy to see the report on the health status of Northeast Texas on my very first day in March! As a public health professional, I know how important these data are for developing programs and initiatives to help our communities become healthier. I was even happier that faculty in the SHP and the Medical School were able to collaborate with the East Texas Human Needs Network to produce the report. University-Community partnerships are so important in community health as they allow for better understanding of community needs and methods for reducing the impact of the social determinants of health on outcomes.

The data presented in the report will help us understand the most important and changeable determinants of health and will help us work with our community partners to develop appropriate interventions in each community. This partnership will lead not only to interventions to improve health but will also help researchers develop proposals for important work to further understand not only the needs of our region, but also to discover the "problem behind the problem".

I and many of my colleagues are committed to community based participatory work, and this collaboration will help us find the community partners we need to better serve our region. I am so excited to get started! We have a lot of work ahead, but I am confident we can make a difference in the health of Northeast Texas! Thanks so much for all of your work!

Sincerely,

Theresa Byrd, Dr.PH, MPH, RN
Dean
Ut Tyler School of Health Professions

Authors

East Texas Human Needs Network

- Jackie Clay, MSSW, Chief Executive Officer

University of Texas at Tyler

- Yordanos Tiruneh, MPhil, PhD
- Michael Morris, MPH, PhD
- Kimberly Elliott, MPH, PhD
- Ruchi Rachmale, M.D.
- Ankita Aggarwal, M.D.
- Dalia Nessim, M.D.
- Peter Pendergrass, M.D.
- Jessica Escareno, MPH, PhD
- Karan Singh, PhD

Acknowledgements

We would like to express our deepest gratitude to all the survey participants for taking the time to complete the survey for all the organizations that served as data collection sites. We would also like to thank all the volunteers who dedicated their time to collecting data at multiple sites in Tyler. In addition, we would like to thank the following stakeholders for their support in the conduct, preparation, and dissemination of results of the Comprehensive Community Needs Assessment.

- Brigham C. Willis, MD, MEd, FAAP, Dean, School of Medicine, Endowed Professor of Medical Education, UT Tyler
- Theresa Byrd, DrPH, Dean, School of Health Professions, UT Tyler
- Carolyn Morales, PhD - Associate Dean, Belonging & Community Engagement / Assistant Professor Medical Education, School of Medicine, UT Tyler
- Elizabeth Newsom, Marketing and Communication Specialist, Health Affairs, UT Tyler
- Eman Nabulsi, M.S., UT Tyler
- Nicholas Sims-Rhodes, M.S., UT Tyler

Contents

Executive Summary

About East Texas Human Needs Network:

East Texas Human Needs Network (ETHNN) was founded in September 2012 to draw social services providers into working relationships as an effective network. The network was built by combining community organizing skills with collaborative leadership, and by helping organize the diverse and creative ideas of numerous contributors without centralizing power and decision-making.

We are a network of over 100 individuals, organizations and institutions committed to working together to provide more effective and efficient services to people who lack the necessities of life. Our members represent public, private, and faith-based organizations as well as interested members of our community. Membership is inclusive and free of charge. We are guided by collaborative governance and controlled by consensus - each member agrees to contribute whatever resources they can to conduct action to address the common problem.

ETHNN Structure:

ETHNN has six standing councils and one task force, each council has two co-chairs.

- Education Council
- Employment Council
- Healthcare Council
- Housing Council
- Transportation Council
- Behavioral Health Council
- Economic Well-being Task Force

ETHNN's Mission:

The mission of ETHNN is to strengthen services to meet diverse human needs through the collaboration of individuals and organizations. ETHNN accomplishes this mission by conducting the following activities:

- ETHNN provides a single, coordinated, inclusive planning effort as well as develops and manages the Comprehensive Community Needs Assessment (CCNA) process to ensure that ETHNN members have a common tool for planning and collaborative efforts.
- ETHNN fosters and promotes comprehensive, cohesive, and coordinated approaches to education, employment, housing, behavioral health, healthcare, transportation, and economic well-being for low-income and vulnerable populations.
- ETHNN identifies and prioritizes the service needs of low-income and vulnerable populations, and gaps within the service area.
- ETHNN partners for the planning and development efforts of other local networks to develop long- term solutions to address these needs and gaps.
- ETHNN develops goals and specific action steps to address identified needs throughout the service area.
- ETHNN advocates for necessary funding at the county, state, and federal level to address the needs of the community.
- ETHNN participates in the development and support of public policy to assist low income and vulnerable populations in Tyler and Smith County, Texas.
- ETHNN educates the public and advocates for low income and vulnerable populations and for support of those agencies that help people in need.

Comprehensive Community Needs Assessment Goals:

Our work is guided by the results of the CCNA, which we conduct every three years. Understanding the nature, extent, and effects of poverty are vital to the well-being of our community today and in the future. The goals of the CCNA are to:

- Identify and prioritize current needs of impoverished and vulnerable individuals in Smith County, TX.
- Identify current services considering identified needs.
- Identify opportunities to respond to the needs of impoverished and vulnerable individuals in our community.
- Identify opportunities for agency networking and collaborative programming that address identified needs.
- Provide data for program design and evaluation.
- Provide data to demonstrate how funding requests address identified community needs.
- Educate the community at large, local and state government, and philanthropic community about identified needs.
- Advocate on behalf of those who do not have a voice.

2023 CCNA Findings:

Top 10 Overall Community Needs

Type of Community Need	Percent
Not being able to pay my bills every month	37.4%
Prescription medications	32.5%
Dental care	29.3%
Primary adult health care	28.2%
Paying for utilities	26.1%
Affordable housing	25.0%
Medical equipment/devices/prosthetics	24.7%
Gasoline	24.7%
Vehicle/car	24.5%
Healthcare expenses	23.1%

Top 10 Overall Financial Needs

Type of Financial Need	Percent
Not being able to pay bills every month	37.4%
Healthcare expenses	23.1%
Bad credit	19.9%
Past due bills	16.9%
Car insurance	14.8%
Budgeting	12.9%
Bills currently in collection	12.1%
Need assistance to make a living	11.8%
Renters insurance	8.1%
Getting help with bank account	4.3%

Top 10 Community Problems

Type of Problem	Percent
Speeding	44.4%
Homelessness	42.9%
Drug abuse	37.8%
Driving under the influence (DUI)	36.9%
Public drunkenness	33.2%
Underaged drinking	33.1%
Internet safety	31.3%
Identity theft	30.9%
Gun violence	30.1%
Child sex predators	29.0%

Behavioral Health

About 27% of survey participants reported heavy drinking (5 or more drinks in a day (males) or 4 or more drinks in a day (females) at least once in the last 12 months. Daily drinking was reported by 3.5% of respondents. Over a third (36%) of the participants reported use of tobacco products (like cigarettes, cigars, snuff, chew, and electronic cigarettes) in the past 12 months; about 26% are daily users of tobacco products. Daily use of prescription drugs for non-medical reasons was reported by about 3% of respondents and some use in the last 12 months was reported by another 4% of the participants. Recreational drugs (such as marijuana, bath salts, meth, etc.) were used at least once by 14.4% of survey participants. Almost 5% of the participants admitted daily use of recreational drugs. This number is high considering that the survey was administered by an interviewer and thus could be affected by social desirability bias.

Over two thirds (68.1%) of respondents experienced some level of stress - feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time and 47% have been continually worried or anxious about a number of events or activities in your daily life over the last several months. Thirty-six percent of survey participants reported feeling down, depressed, or hopeless in the last two weeks and 13% had thoughts that they would be better off dead or hurting themselves in some way.

Methods

The Smith County Comprehensive Community Needs Assessment (CCNA) presented in this report is based on original survey data collected by 16 ETHNN volunteers at 11 separate locations around Smith County between January 10th and May 17th, 2023. Data collection locations were chosen based on their being an ETHNN partner and their providing services targeted to socio-economically disadvantaged segments of the community. Locations included governmental organizations, not-for-profit social services organizations, and faith based charitable organizations.

Survey participants

Respondents to the survey were community members of both sexes recruited from the 11 data collection sites between January and May 2023. CCNA volunteers, trained on the needs assessment and data collection procedures, recruited participants. Participation in the survey was voluntary. A $20 Brookshire's (a local grocery store) gift card was given for participation in the survey. Respondents were included in the survey if they were residents of Northeast Texas and are above 18 years of age. A total of 376 survey responses were included in the analysis. The baseline characteristics of the respondents are provided in the Results section below.

Study design

The study was a cross-sectional survey administered using Qualtrics web-based survey platform. Potential participants at the selected survey sites were approached by CCNA volunteers who explained the purpose of the survey and invited them to take part in the survey. Hence this was a convenience sampling and the CCNA results are not representative of Smith County or of the clientele served by the data collection sites. The CCNA was approved by the Institutional Review Board of the University of Texas at Tyler Health Science Center (IRB# 2022-169) and verbal consent was obtained from each respondent.

The survey

The survey questionnaire was developed in English and translated into Spanish. Both the English and Spanish surveys were reviewed by the study team as well as relevant community stakeholders using the following methods. (i) Two Community Scientists groups (a group of community members who are trained to appraise a research project from the community's standpoint) provided thorough feedback on the survey questions. (ii) Multiple community organizations who work in partnership with ETHNN discussed the survey questions, length, and incentive amount and provided insightful feedback.

The survey had several parts. The first part of the survey determined socio-demographic characteristics (i.e., age, gender, education, language used at home). Various economic, social, and health needs were assessed in subsequent parts, including: (a) Income and financial wellbeing (i.e. employment, financial needs, and government assistance, (c) characteristics of the respondents' living situation (i.e. housing condition, utilities, food insecurity, access to telephone, internet, and transportation), (d) other social needs (child and adult dependent care, legal needs, neighborhood safety) and (e) healthcare needs and health related characteristics (i.e. insurance, disability, primary care physician, COVID-19 vaccine, physical activity, mental health, substance use). The surveys were administered by the volunteers both in English (365) and Spanish (11).

Results

General Demographics

The majority (77.9%) of respondents resided in Tyler with 22.1% from other towns. Women comprised roughly 2/3 of respondents (65.2% female – 34.3% male – 0.27% other). Of respondents, 48% were white, 38% were African American, and 14% listed their race as other (including multiracial, American Indian, Asian, and others).

Non-Hispanics were the majority (80%) with 20% being Hispanic. There were no differences in gender distributions of respondents by race, but among Hispanic respondents there was a higher prevalence of women (74%) as compared to non-Hispanics (64%). The mean age of respondents was 48.29 years old, and the oldest participant was 88 years old.

There were no differences in mean age between white and black respondents (49.0 years compared to 49.7 years), but among persons indicating other racial heritages, the mean age was 41.7 years. This appears to largely reflect that Hispanic/Latino respondents in this survey consider themselves to be a separate racial group. This interpretation is consistent with data on respondent's ethnicity which indicate that Hispanics (40.7 years) were substantially younger than non-Hispanics (50.2 years). Respondents indicated that English was the primary language spoken in the home (86%) with 10% indicating that they spoke both English and Spanish in the home and 4% speaking only Spanish.

Survey respondents were primarily from Tyler, Tx (77.9%).

Figure x. Gender Distribution of Respondents

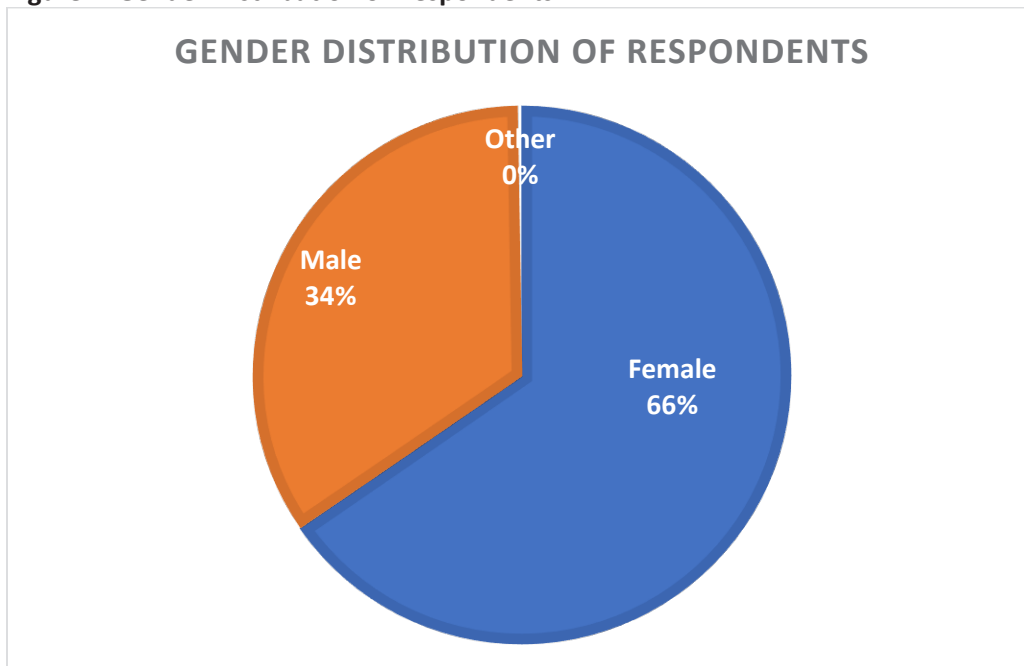**Figure x. Race Distribution of Respondents**

RACE DISTRIBUTION OF RESPONDENTS

Other
14%

White
48%

African
American
38%
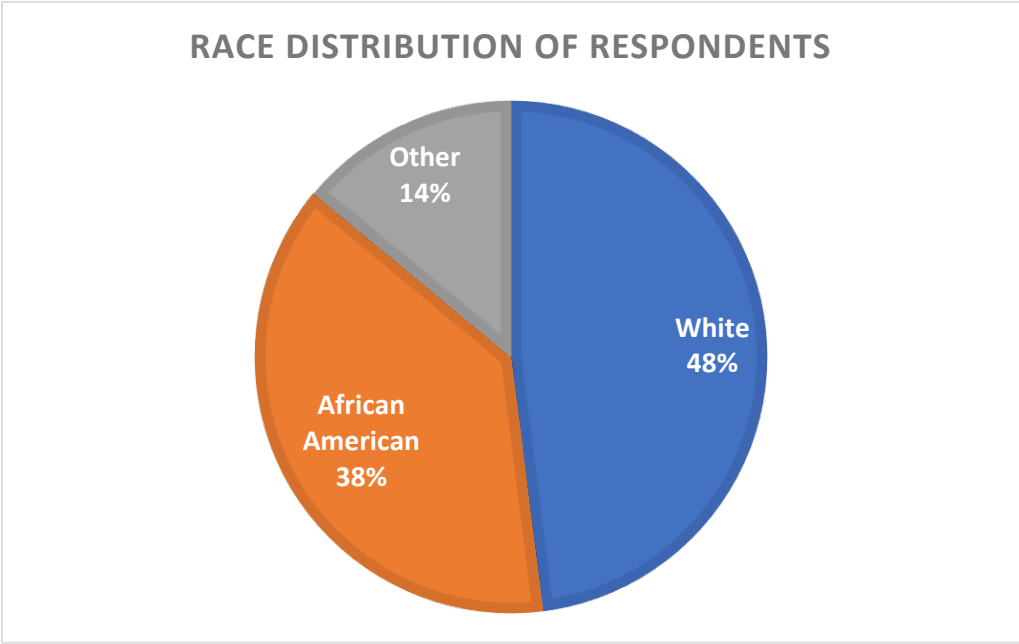
Figure x. Ethnicity Distribution of Respondents

Ethnicity Distribution of Respondents

Hispanic
20.3%

Non-Hispanic
79.7%
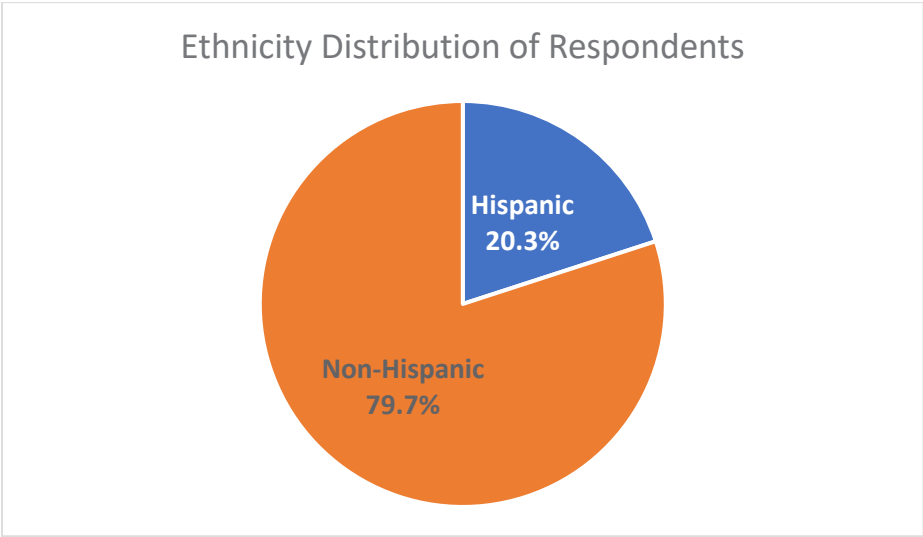
Figure x. Respondents' Distribution of Race by Gender
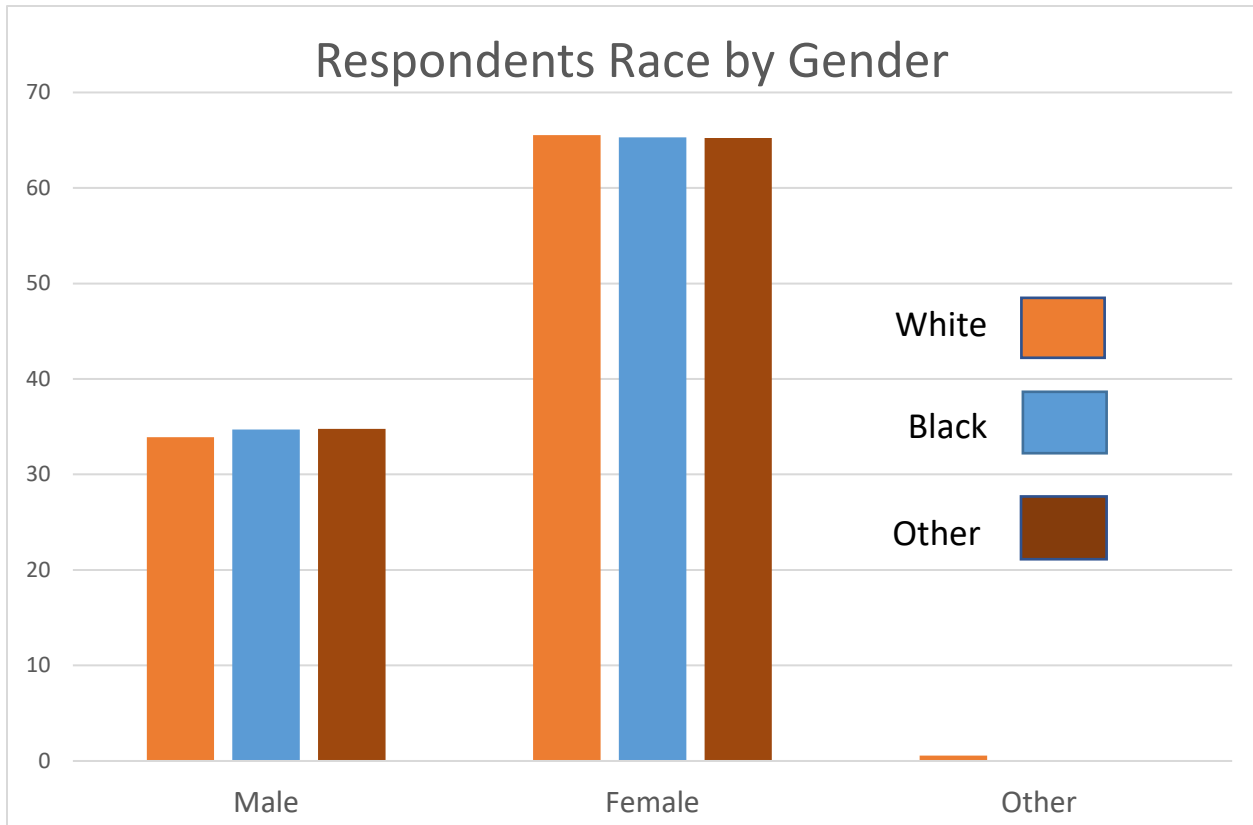
CCNA respondents were primarily English speakers (86.1%) with the remaining persons speaking either Spanish (4%) or both Spanish and English (9.6%).

Most CCNA respondents reported as single (42.4%). Approximately one quarter of the respondents were married (25.9%) followed by divorced participants (16%). The remaining participants were either widowed (6.9%), living with a partner (5.9%) or separated (2.9%).

Figure x. Respondents' Marital Status
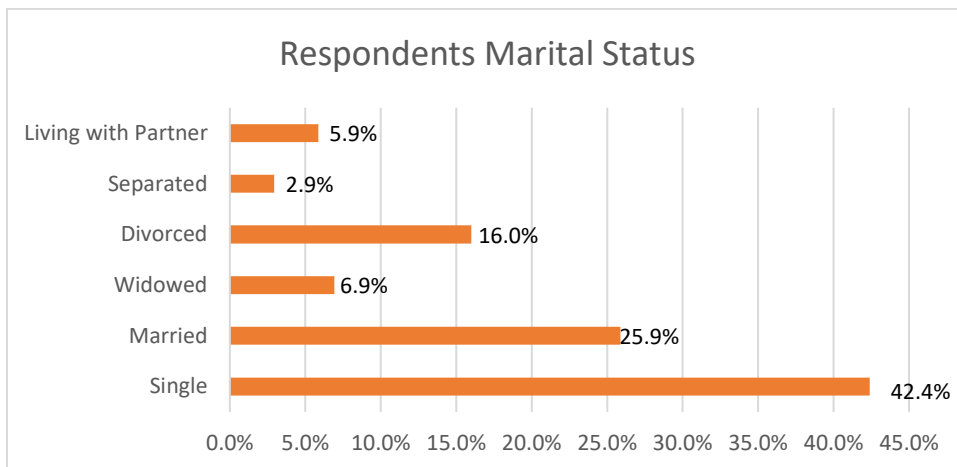
Figure x. Respondents' Towns of Residence

Respondent Towns of Residence

Other
22.1%

Tyler
77.9%
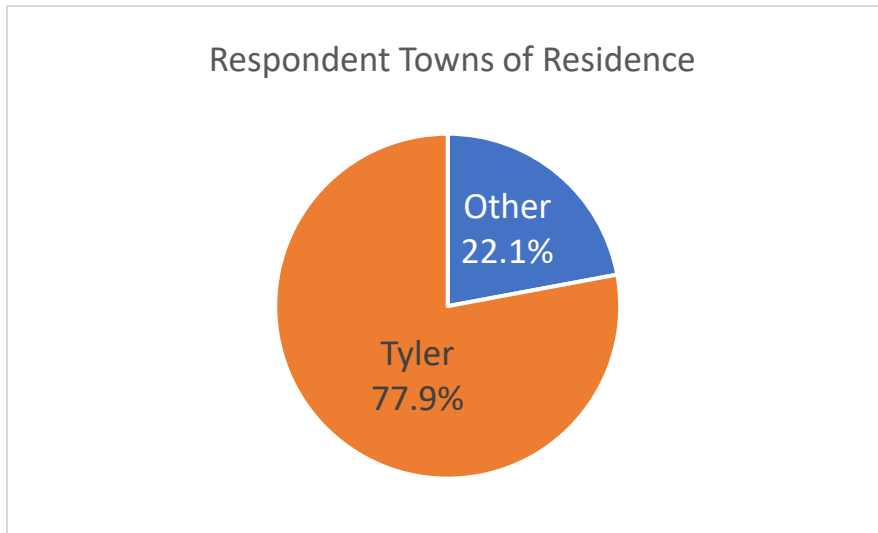
Overall Community Needs

Respondents to the CCNA indicated that assistance with financial issues is a constant theme across each of the sectors covered in the assessment. Whether those financial concerns are with paying for housing, monthly bills, utilities, transportation expenses, or healthcare-related expenses, eight of the Top 10 overall community needs are financial in origin. Three of the top four needs identified by community members are healthcare-related, including the two non-financially related items among the Top 10: access to dental care and access to adult primary care.

Top 10 Overall Community Needs Identified

Type of Community Need	Percent %
1. Not being able to pay my bills every month	37.4
2. Prescription medications	32.5
3. Dental care	29.3
4. Primary adult health care	28.2
5. Paying for utilities	26.1
6. Affordable housing	25.0
7. Medical equipment/devices/prosthetics	24.7
8. Gasoline	24.7
9. Vehicle/car	24.5
10. Healthcare expenses	23.1

Employment

About 44% of our respondents were employed full-time or part-time while 17.3% were unemployed, 21.3% were out of the labor force (retired, student, or homemaker), and 12% were unable to work (disabled). Forty-two percent of respondents indicated that they had at least one job assistance need.

Figure x. Reported Employment Status for Respondents

Employment Status

Category	Percent
Other	4.9%
Unable to Work	12%
Not in Labor Market	21.3%
Out of Work	17.3%
Employed (Full or Part Time)	44.5%
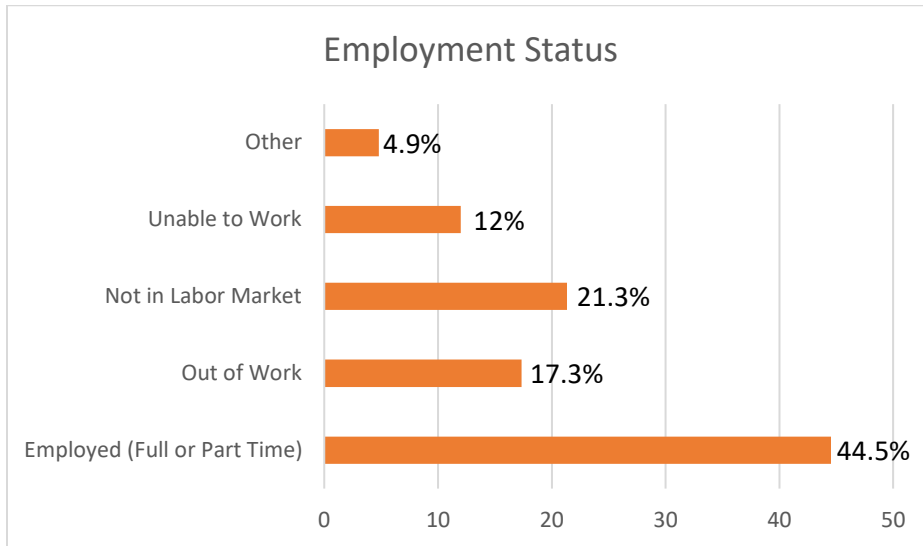
The top 10 employment and/or work-related needs identified by survey participants are presented in the table below. The top three needs were job skills training, work clothes, and equipment needed for work such as a computer.

Table x. The Top 10 Employment and Work-Related Needs

Employment Related Need	Percent %
1. Job skills training	16.5
2. Work clothes	15.4
3. Need of equipment	14.6
4. Job Interviewing skills	13.0
5. Resume writing	12.2
6. Career assessment	10.9
7. Internet access	10.1
8. Career information options	9.0
9. Job search strategies	7.5
10. Other	3.5

Education

Almost 30% of participants are high school graduates while 22.3% had less than High School Diploma 24% had some college or technical school education, and 22.3% had an Associate, Bachelor, or Graduate degree.

Figure x. Respondent's Level of Education

Respondent Education

Category	Percent
Other	1.6%
More than Bachelor's degree	5.85%
Bachelor's Degree	9.57%
Associate's degree	6.91%
Some College or Technical School	23.94%
High School Graduate	29.79%
< High School Graduate	22.34%
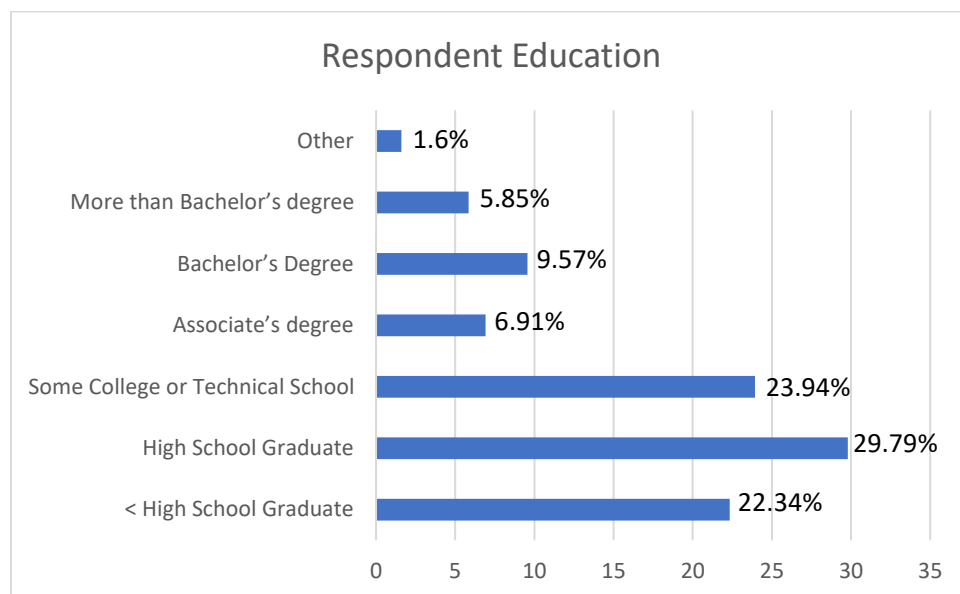
The most commonly mentioned education related needs were largely resource related such as tuition (13.0), school supplies (10.6%), and school clothes (9.6%). It is of note that the third most referenced need was basic education for adults.

Table x. Top 10 Education Related Needs

Education Related Need	Percent %
1. Tuition (School, College, Trade School)	13.0
2. School supplies, books, etc.	10.6
3. Adult Basic Education	10.1
4. School clothes	9.6
5. GED/High School Diploma	9.6
6. Adult Education (i.e. computer classes)	8.8
7. Vocational/trade training for job	8.0
8. Child's behavior concern	6.7
9. Child's standardized exams STARR	5.6

Housing

An estimated 29.2% of the sample did not have steady housing at the time of the survey or they have housing but were worried about losing their place to live in the future. The average number of people living with the respondent ranges from 1 to 12 people. The mean number of people living with the respondent was 4.2. About a third (33%) of the sample live in a household with five or more people. Hispanic respondents were more likely to live in households with larger family size. No statistically significant difference was observed in household size by race. Paying for utilities, finding affordable housing, and getting help with rental/mortgage were the top three most identified housing needs by the respondents.

Respondent Has Steady Housing

I do not have a steady place to live — 19.7%
I worried about losing my place to live — 9.5%
I have a steady place to live — 70.8%
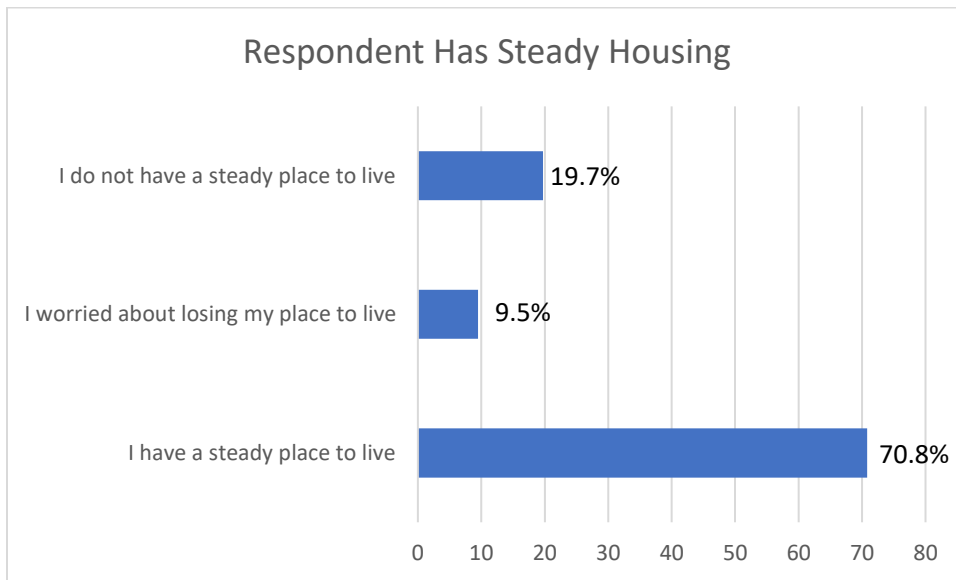
Figure x. Common Housing Related Needs

Common Housing Related Needs

Other medical accommodations — 6%
Handicap access — 7%
Pet friendly environment — 8%
Safe housing/neighborhood — 8%
Help with repairs — 6%
Furniture or household goods — 18%
Help with rent/mortgage — 21%
Affordable housing — 25%
Paying for utilities — 26%
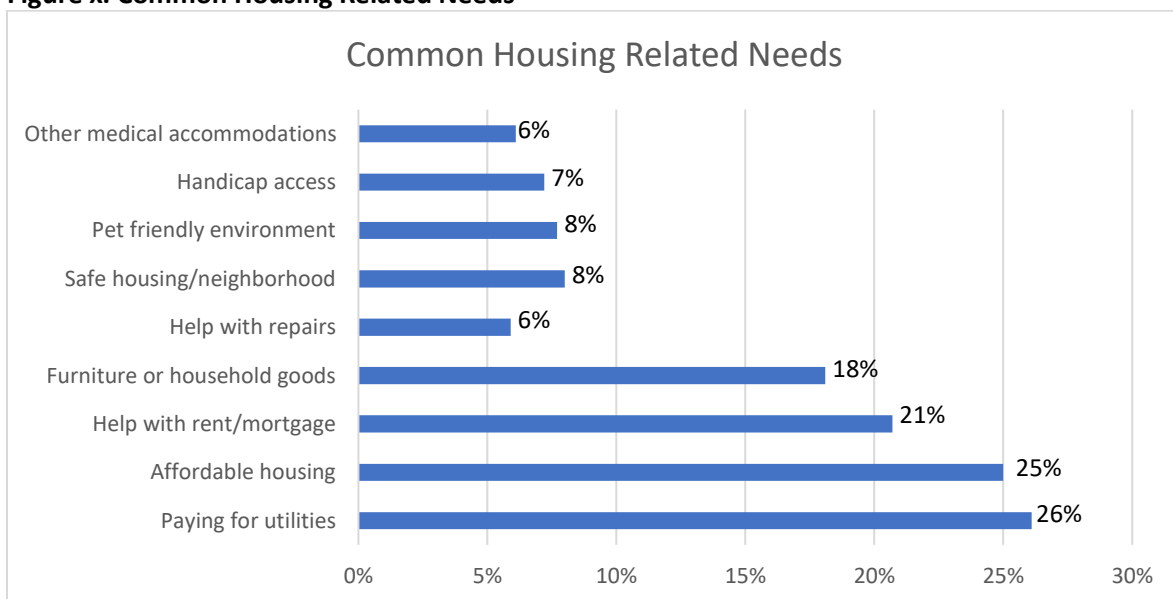
Transportation

Lacking reliable transportation was reported by 28.7% of the participants as a major issue that kept people from making their medical appointments, meetings, work, or from getting things needed for daily living. The top transportation related needs identified by respondents are presented below. Approximately one quarter of our respondents identified needing gasoline (24.7%) or needing a vehicle (24.5%) as their top transportation-related needs. Needing assistance with bus tickets (17.6%) and attaining a driver's license school (15.2%) were the next most common needs identified by survey respondents.

Figure x. Top 10 Most Common Transportation-Related Needs

Most Comon Transportation Related Needs

Category	Percentage
Transportation for someone with disability	4%
Information about bus routes/services	4%
Vehicle inspection	8%
Vehicle registration	9%
Auto repairs	10%
Auto Insurance	14%
Driver's License	15%
Bus tickets	18%
Vehicle/car	25%
Gasoline	25%
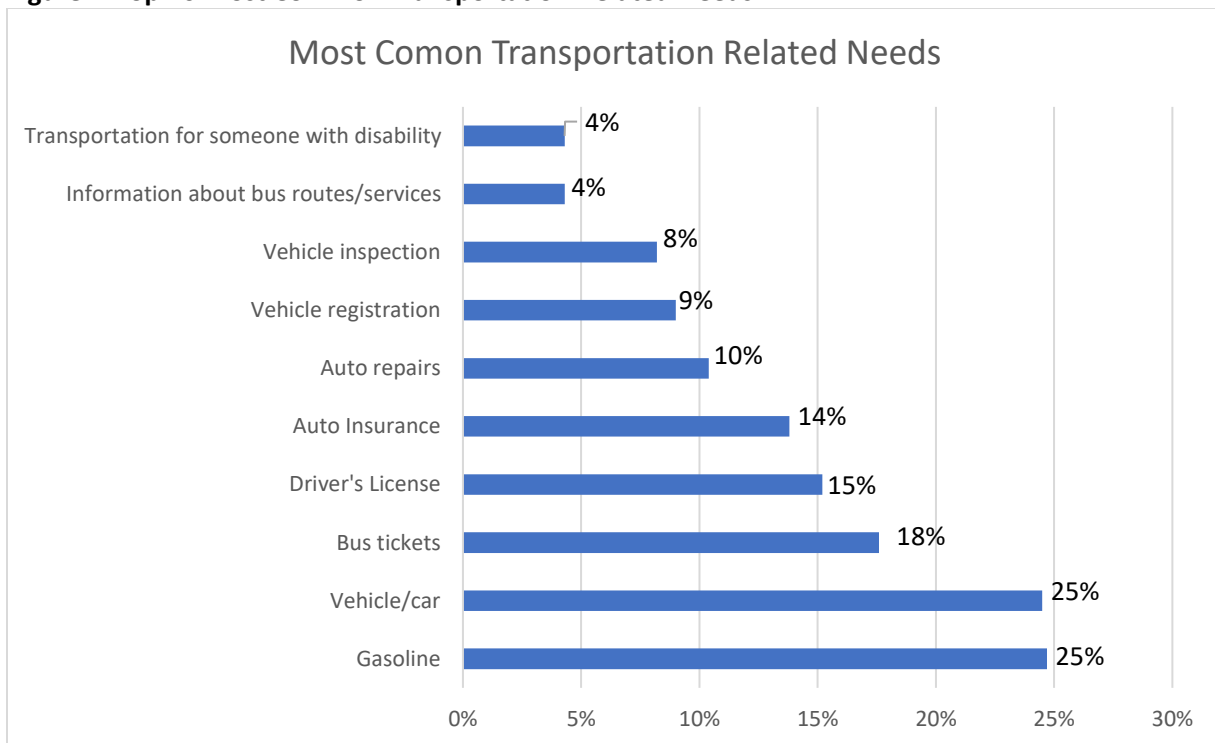
Health

Accessing prescription medication topped the list of healthcare needs among respondents to the CCNA. Access to dental care (29.3%), primary care services for adults (28.2%), and accessing medical equipment/devices/prosthetics (24.7%) all were cited as needs by a quarter or more of respondents.

Figure x. 10 Most Common Health-Related Needs

Most Common Health-Related Needs

Need	Percentage
Tobacco/smoking cessation programs	6%
Substance abuse programs	6%
STI/HIV care	9%
Vision/eye care	11%
Nutrition and/or exercise programs	19%
Long-term disability/rehabilitation services	21%
Medical equipment/devices/prosthetics	25%
Primary adult health care	28%
Dental care	29%
Prescription medications	33%
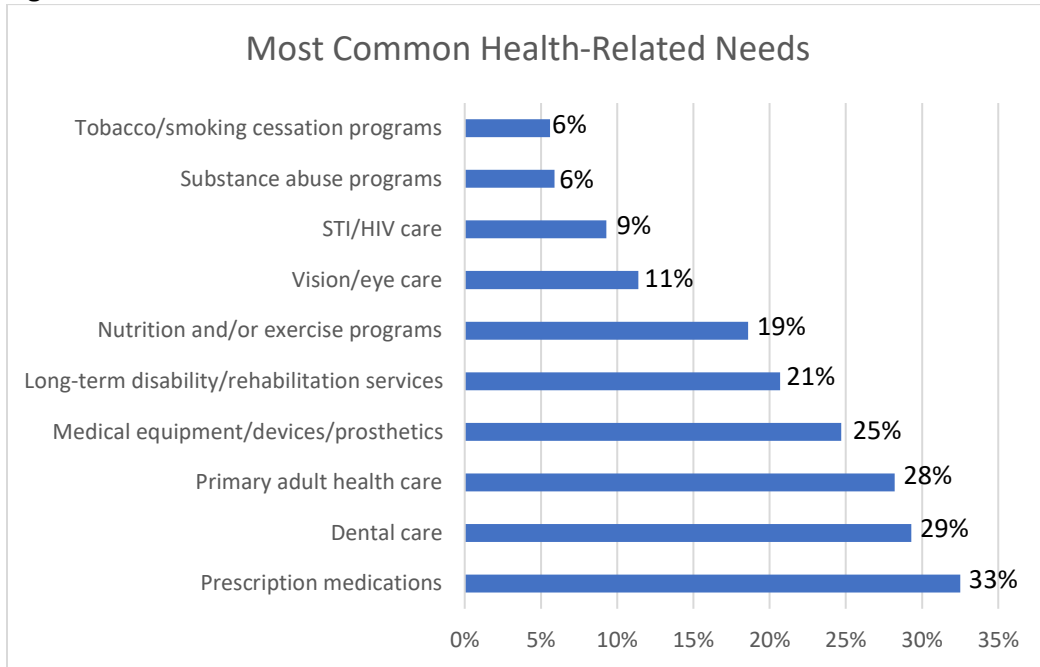
Self-Rated Health Status

A majority of respondents positively reported their health as either good (39.6%), very good (17.3), or excellent (8%). Whereas, approximately one third of the respondents reported their health as fair (28.7%) or poor (4.8%).

Figure x. Self-Rated Health Status

SELF-REPORTED HEALTH RATING

	Percentage
EXCELLENT	8.0%
VERY GOOD	17.3%
GOOD	39.6%
FAIR	28.7%
POOR	4.8%
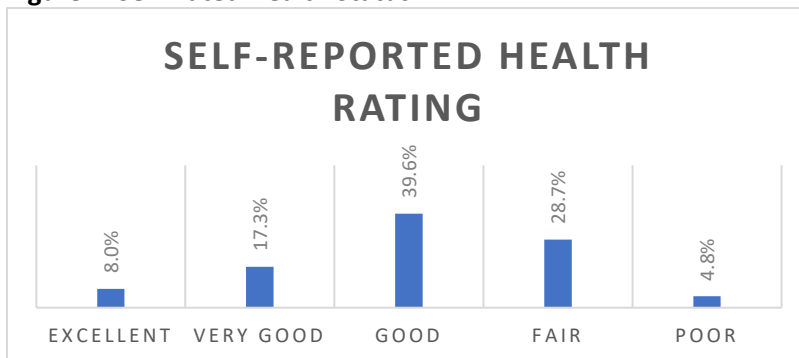
Disabilities

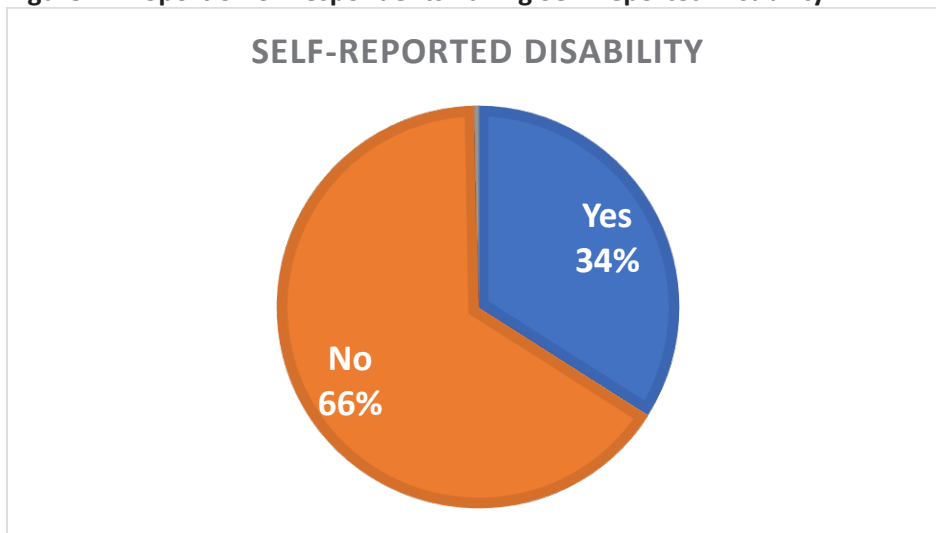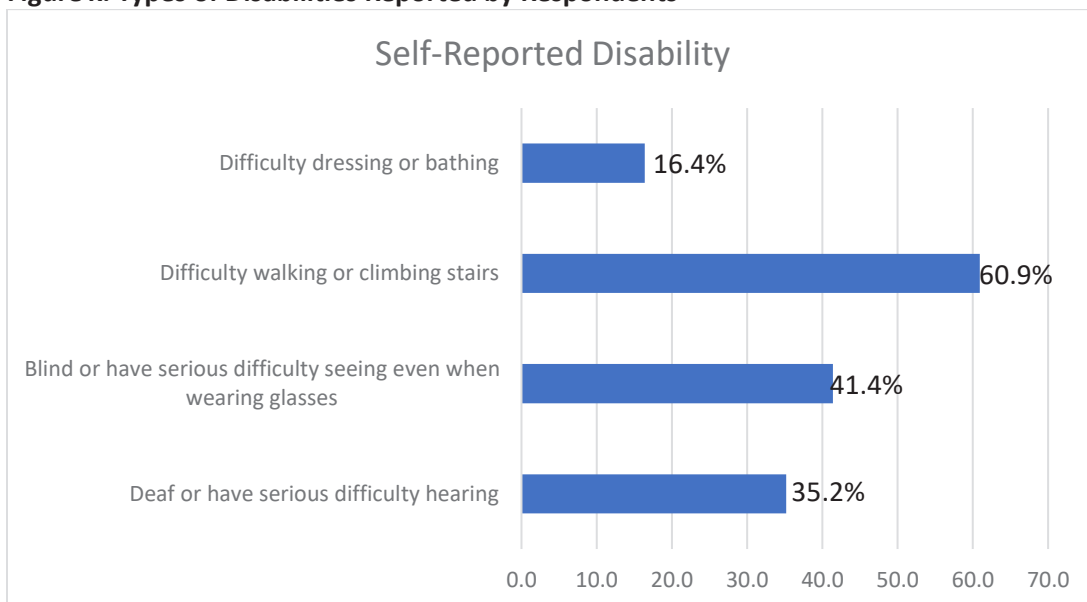Thirty-four percent of the respondents had at least one type of disability. Among those reporting a disability, the most common issue was difficulty in walking (60.9%), followed by difficulty seeing (41.4%), difficulty hearing (35.2%), and difficulty with dressing and bathing themselves (16.4%).

Figure x. Proportion of Respondents having Self-Reported Disability

SELF-REPORTED DISABILITY

Yes
34%

No
66%

Figure x. Types of Disabilities Reported by Respondents

Self-Reported Disability

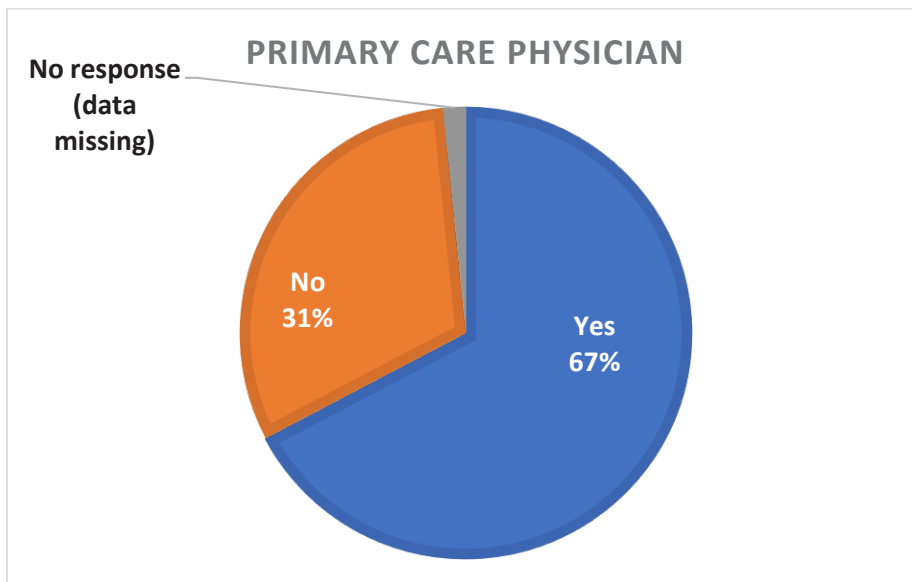|	
Difficulty dressing or bathing	16.4%
Difficulty walking or climbing stairs	60.9%
Blind or have serious difficulty seeing even when wearing glasses	41.4%
Deaf or have serious difficulty hearing	35.2%

0.0 10.0 20.0 30.0 40.0 50.0 60.0 70.0
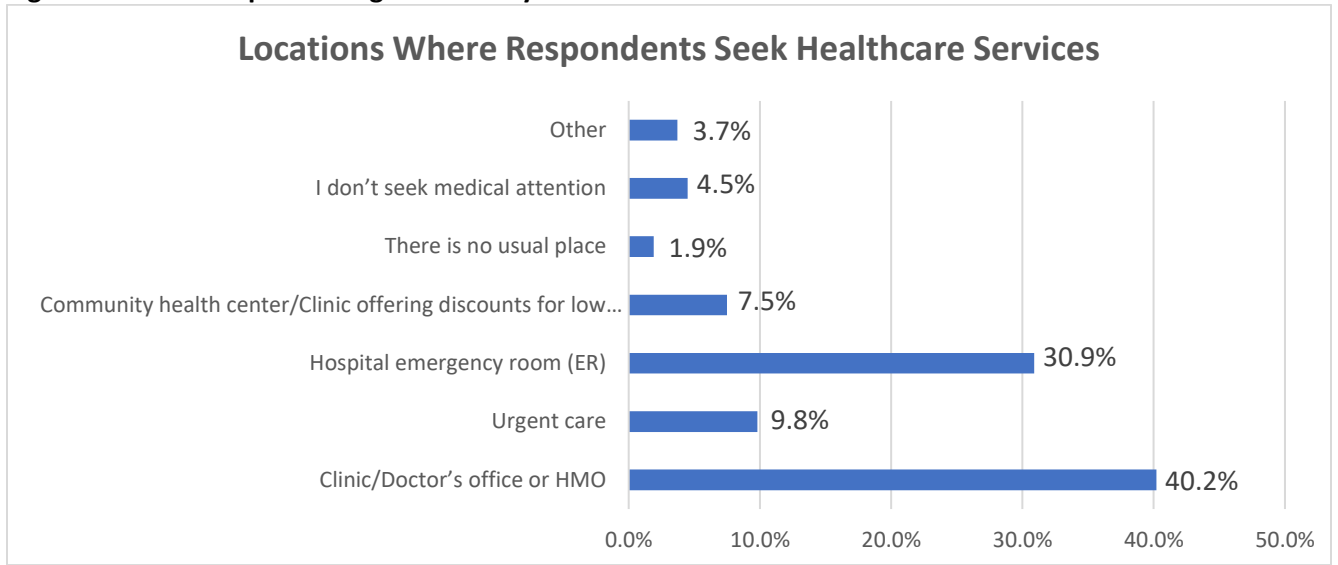
Routine Healthcare

Nearly one-third (31.1%) of the respondents indicated that they had no regular primary care physician. Almost half (47.7%) indicated that their normal place to go for care when they are sick is a doctor's office (40.2%) or safety net clinic (i.e., Family Circle of Care 3.5% and Bethesda 4.0%), and 40% of the respondents routinely utilize hospital emergency departments (30.1%) or urgent care centers (9.8%) as their normal place of care. Nearly two-thirds of respondents (60.6%) indicated that they had received the COVID-19 vaccine.

Over two-thirds of respondents (72.1%) reported that they were able to get needed medical care while the remaining respondents (26.3%) stated that over the last year, they were unable to get the medical care that they needed. The most common reasons were that they could not afford it (10.1%) or that they were uninsured (9.8%). Similarly, a quarter of respondents indicated that they were unable to get needed medications (25.0%) or to access needed dental services (25.0%). Most of the respondents (69.2%) reported that they had a medical check-up less than a year ago. Conversely, 4% of the respondents reported that they had not had a check-up in 5 years of more and 1.6% of the respondents reported that they have never had a check-up.

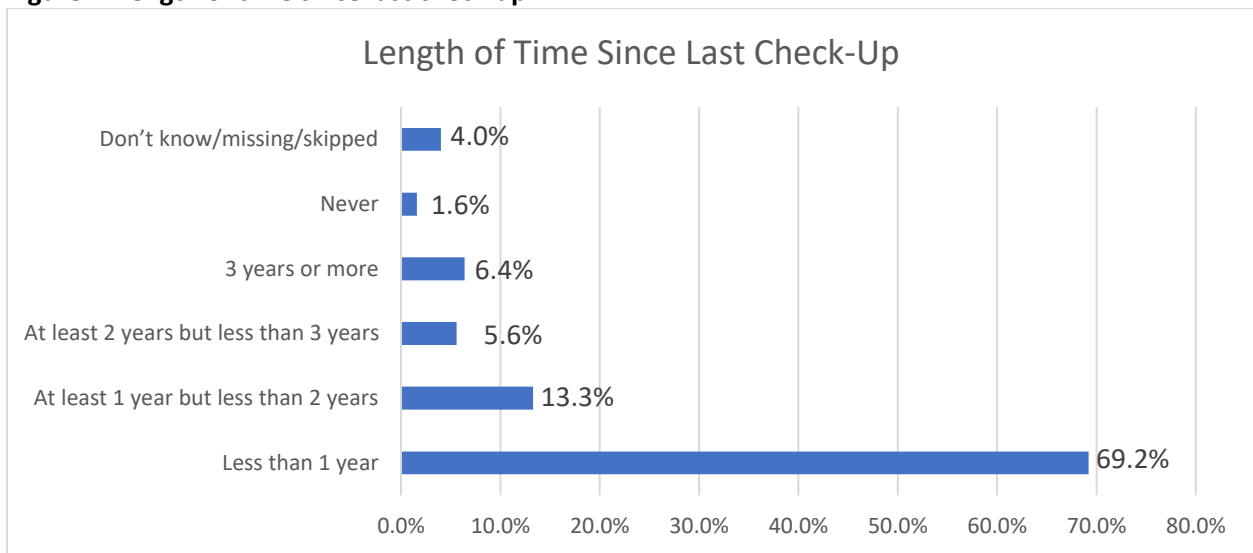**Figure x. Having a Primary Care Physician**

21

Figure x. Where Respondents go when they are sick

Locations Where Respondents Seek Healthcare Services

Location	Percent
Other	3.7%
I don't seek medical attention	4.5%
There is no usual place	1.9%
Community health center/Clinic offering discounts for low…	7.5%
Hospital emergency room (ER)	30.9%
Urgent care	9.8%
Clinic/Doctor's office or HMO	40.2%

Table x. Length of time since last check-up

Length of Time	Percent %
Less than 1 year	69.2
At least 1 year but less than 2 years	13.3
At least 2 years but less than 3 years	5.6
3 years or more	6.4
Never	1.6
Don't know/missing/skipped	4.0

Figure x. Length of time since last check-up

Length of Time Since Last Check-Up

Length of Time	Percent
Don't know/missing/skipped	4.0%
Never	1.6%
3 years or more	6.4%
At least 2 years but less than 3 years	5.6%
At least 1 year but less than 2 years	13.3%
Less than 1 year	69.2%

Figure x. In the last year, was there a time when you needed medical care but were not able to get it?

UNABLE TO GET NEEDED MEDICAL CARE

2%

Yes
26%

No
72%
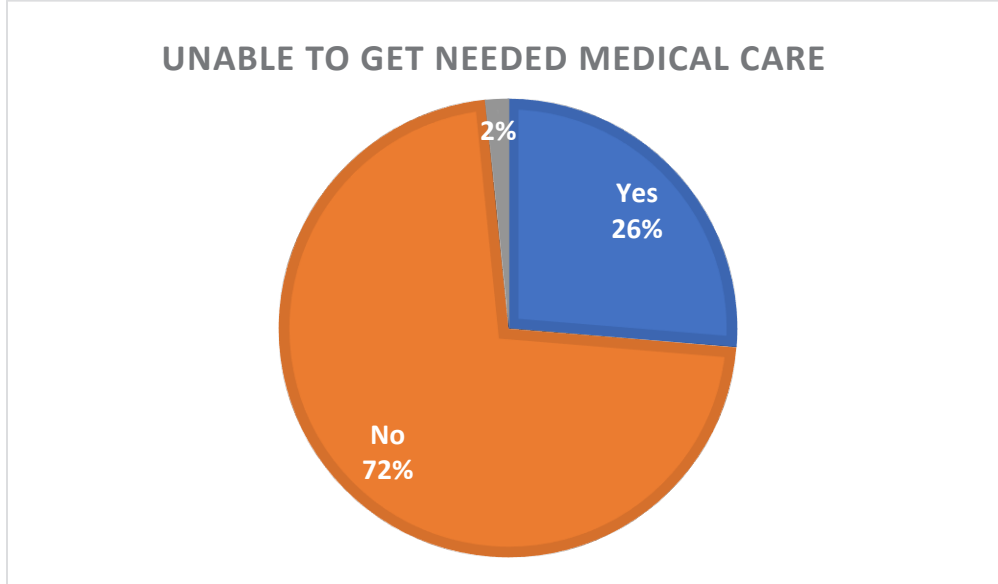
Table x. Reasons for not getting medical care.

Reasons for not getting medical care	Percent (%)
My symptoms got better	16.2
Could not get a ride	20.2
I forgot	5.1
I could not afford to go	38.4
I did not have health insurance	37.4
I could not get childcare	4.0
I had to work	15.2
I was afraid I might have a serious condition	4.0
I do not like going to the hospital/clinic/doctor	7.1
Other	15.2

Figure x. In the last year, were you unable to get needed prescription medication?
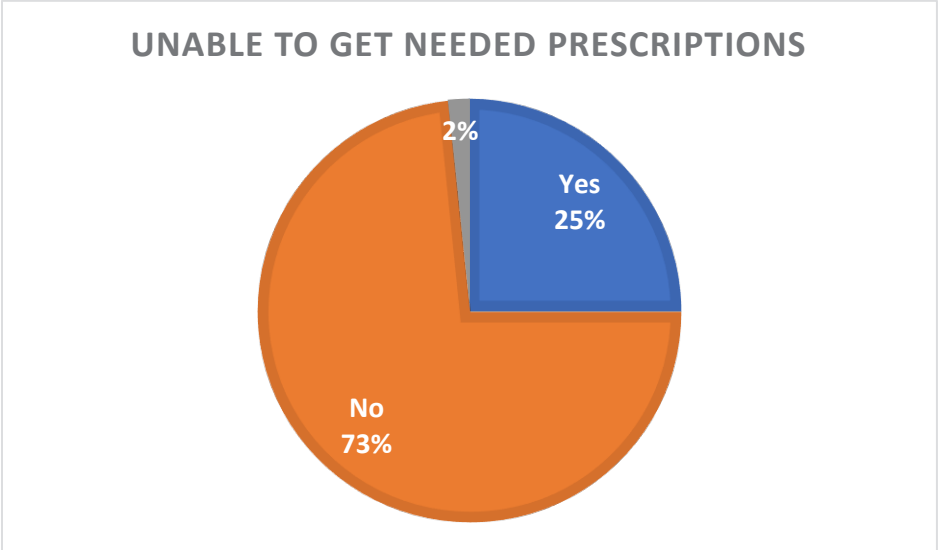
UNABLE TO GET NEEDED PRESCRIPTIONS

2%

Yes
25%

No
73%

Figure x. In the last year, were you unable to get needed dental care?

UNABLE TO GET NEEDED DENTAL CARE

Yes
25%

No
73%

Figure x. Have you received the COVID-19 vaccine?

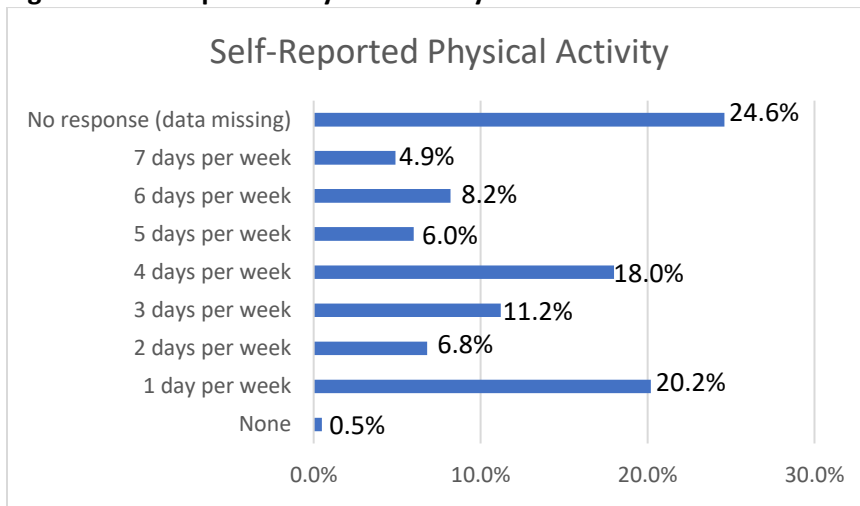RECEIVED THE COVID-19 VACCINE

Missing 1%

No
38%

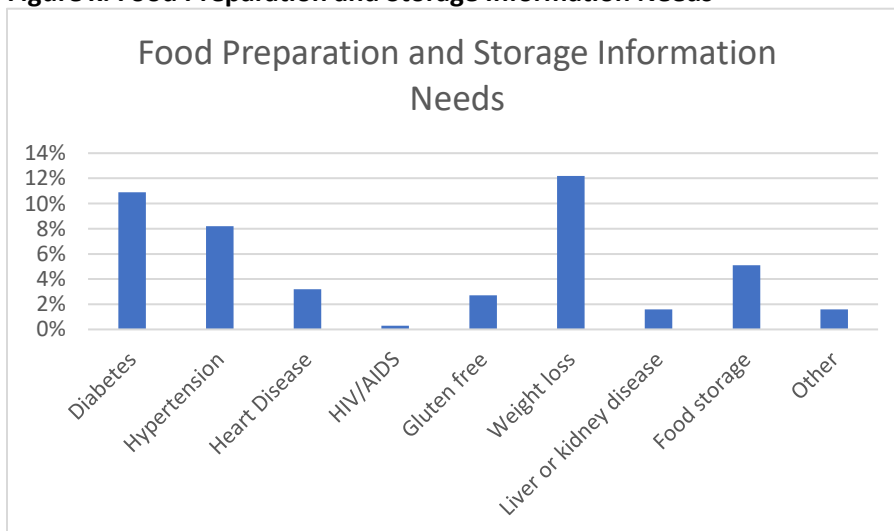Yes
61%
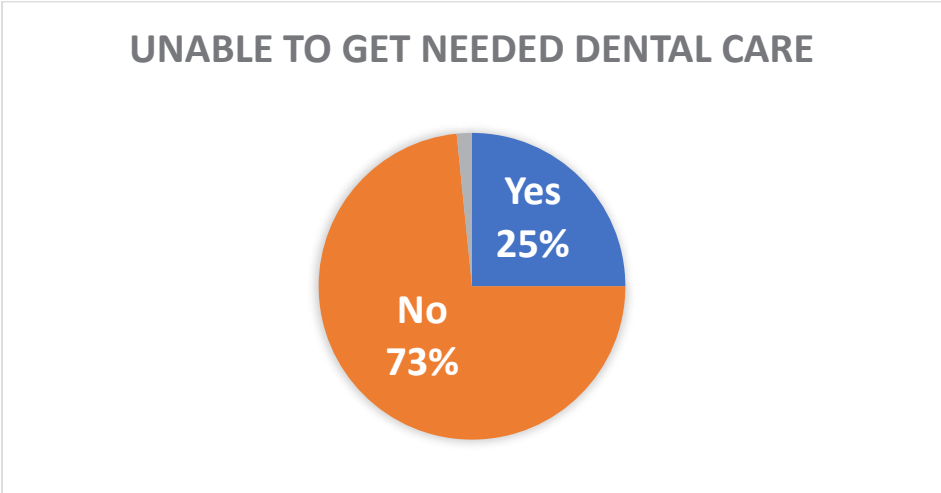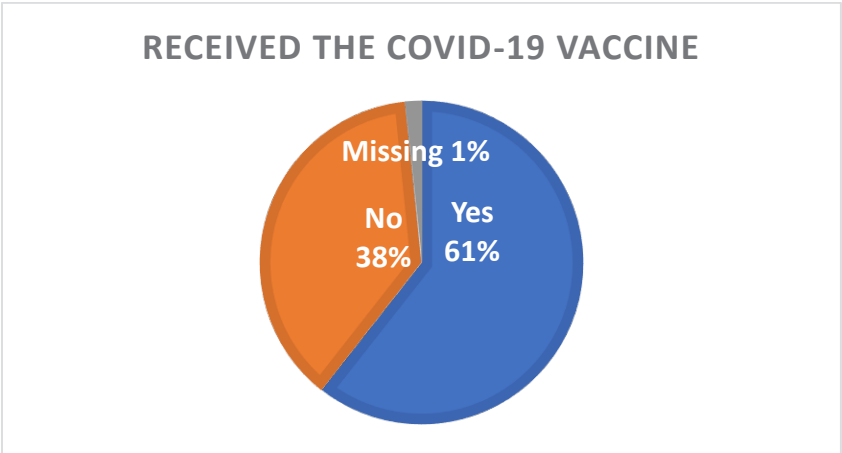
Physical Activity and Nutrition

Nearly half (48.3%) of respondents indicated that they engage in moderately strenuous exercise 3 or more times per week, with less than one percent saying they do not exercise at all. Among those reporting that they participate in moderate exercise, over 40% indicate that they exercise 30 minutes or less per session.

The top five information needs included, diet information for weight loss (12.2%), management of chronic diseases (diabetes 10.9%, hypertension 8.2%, heart disease 3.2%) and food storage (5.1%) completing the top five grouping.

Figure x. Self-Reported Physical Activity

Self-Reported Physical Activity

Category	Percentage
No response (data missing)	24.6%
7 days per week	4.9%
6 days per week	8.2%
5 days per week	6.0%
4 days per week	18.0%
3 days per week	11.2%
2 days per week	6.8%
1 day per week	20.2%
None	0.5%

Figure x. Food Preparation and Storage Information Needs

Food Preparation and Storage Information Needs

Behavioral Health

About 27% of survey participants reported heavy drinking (5 or more drinks in a day for males or 4 or more drinks in a day for females) at least once in the last 12 months. Daily drinking was reported by 3.5%. Over a third (36%) of the participants reported use of tobacco products (like cigarettes, cigars, snuff, chew, and electronic cigarettes) in the past 12 months; about 26% are daily users of tobacco products. Daily use of prescription drugs for non-medical reasons was reported by about 3% and some use in the last 12 months was reported by another 4% of the participants. Recreational drugs (such as marijuana, bath salts, meth, etc.) were used at least once by 14.4% of survey participants. Almost 5% of the participants admitted daily use of recreational drugs. This number is high considering that the survey was administered by an interviewer and thus could possibly be affected by social desirability bias.

Over two thirds (68.1%) of respondents experienced some level of stress - feels tense, restless, nervous, or anxious, or is unable to sleep at night because his or her mind is troubled all the time and 47% have been continually worried or anxious about a number of events or activities in your daily life over the last several months. Thirty-six percent of survey participants reported feeling down, depressed, or hopeless in the last two weeks and 13% had thoughts that they would be better off dead or hurting themselves in some way.

Depression

Over a fifth (22%) of the participants had moderate to severe depression. Most of the participants did not have depression (62%) or have a mild depression (17%). These measures were based on the PHQ-9 scale which provides measures for depression based on 9 questions.

Figure x. Levels of Depression Based on PHQ-9
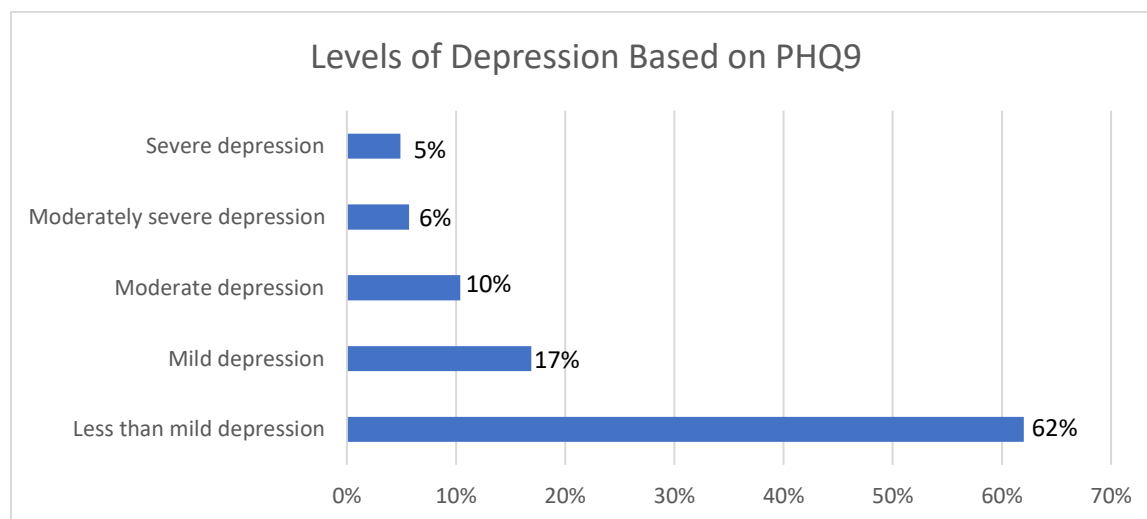
Anxiety

Anxiety scores were calculated using the Generalized Anxiety Disorder (GAD) 7-item tool. Anxiety scores were fairly close with 55.3% of respondents scoring as having anxiety and 44.7% of respondents scoring as not having anxiety.

In terms of the levels of anxiety, just over half of respondents were scored as having minimal anxiety (55.3%) followed by mild anxiety (21.8%), severe anxiety (13.1%) and moderate anxiety (9.8%).

Figure x. Prevalence of Anxiety based on GAD-7 Scores

PREVALENCE OF ANXIETY BASED ON GAD-7

Yes
45%

No
55%
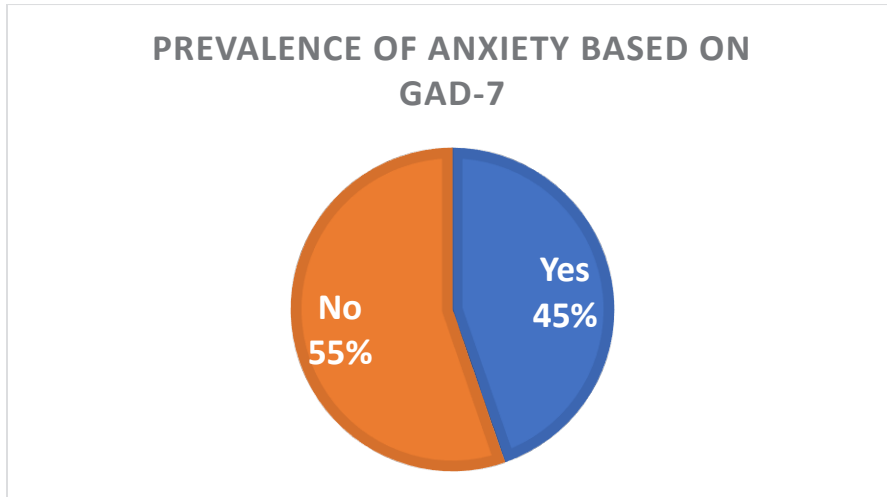
Figure x. Levels of Anxiety Based on GAD-7 Scores

Levels of Anviety Based on GAD-7 Scores

- Severe anxiety: 13%
- Moderate anxiety: 10%
- Mild anxiety: 22%
- Minimal anxiety: 55%

(0% 10% 20% 30% 40% 50% 60%)
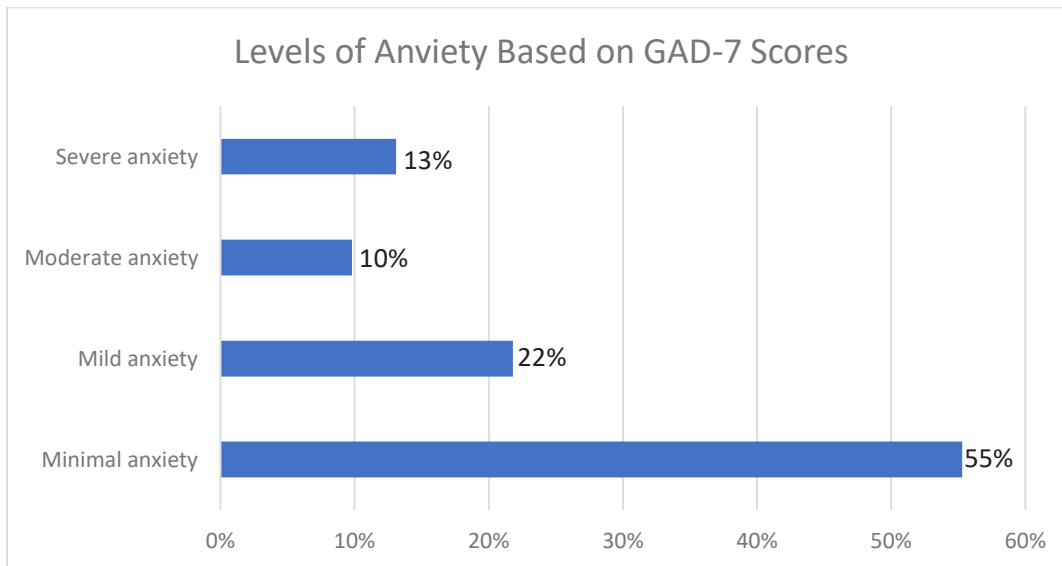
Economic Well Being

The most common financial need identified by respondents was not being able to pay bills every month (37.4%), followed by healthcare expenses (23.1%) and bad credit (19.9%). Having past due bills (16.9%) and having car insurance (14.8%) rounded out the top five most common financial needs.

The top 10 most common needs are listed in ranked order in the table below.

Table x. 10 Most Common Financial Needs

Type of Financial Need	Percent %
1. Not being able to pay bills every month	37.4
2. Healthcare expenses	23.1
3. Bad credit	19.9
4. Past due bills	16.9
5. Car insurance	14.8
6. Budgeting – getting the most from your money and prioritizing	12.9
7. Bills currently in collection	12.1
8. Need assistance to make a living	11.8
9. Renters insurance	8.1
10. Getting help with bank account	4.3

Figure x. Most Common Financial Needs
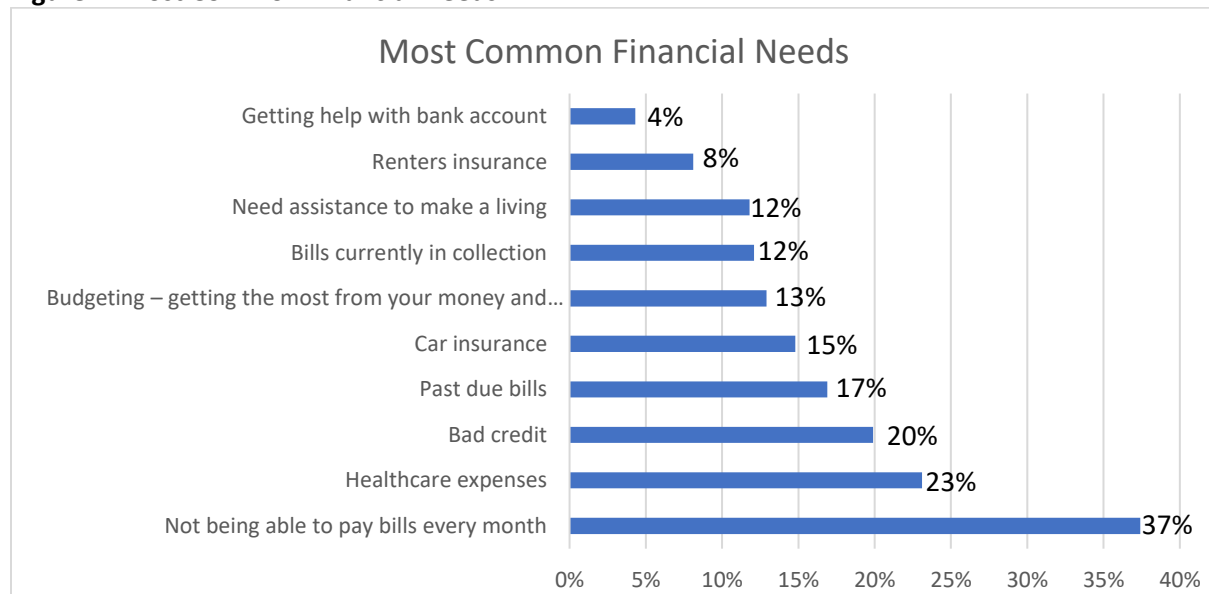
Income

Approximately a third of respondents reported that their income was <$10,000. In fact, responses indicate that almost 70% of the respondents have a household income less than $29,999. Only 6% reported a household income of more than $80,000. The rest of the respondents fell between $30,000 and $79,000.

A little less than half of the respondents said their income came from wages from employment (43%), while a quarter were receiving income from social security (25.1%). Finally, 13% reported no income at all.

Figure x. Respondents Annual Household Income
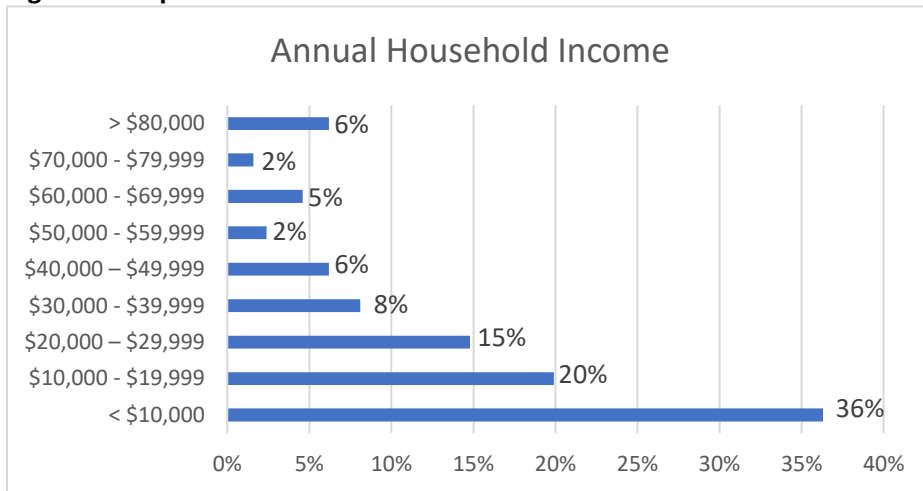
Figure x. Respondents Sources of Income
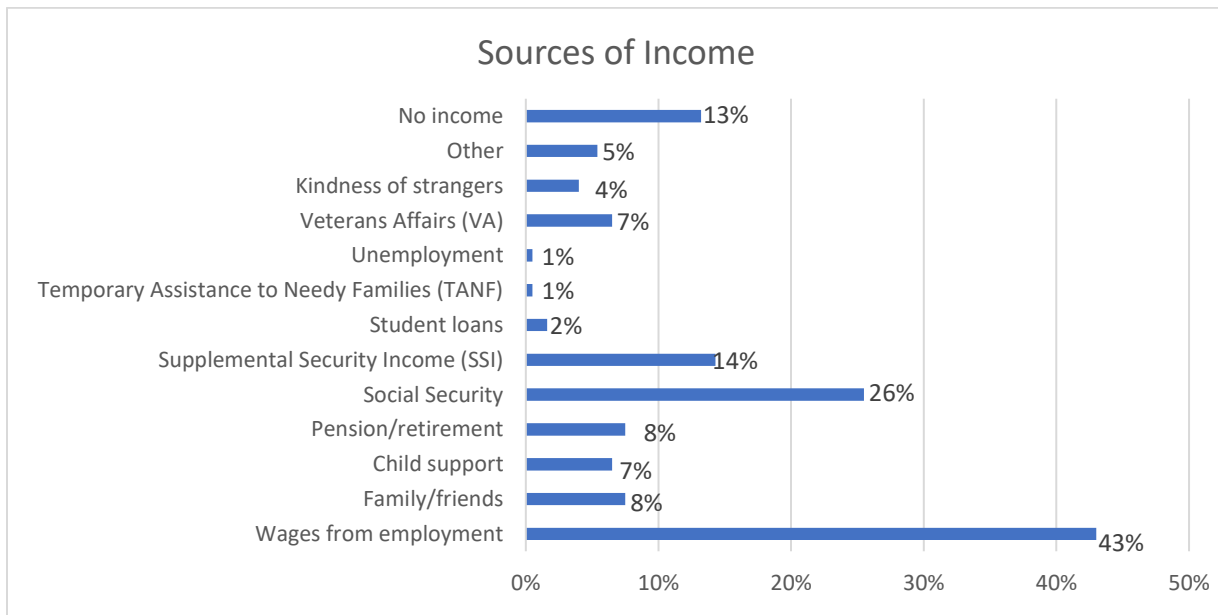
Government Assistance Programs

A little less than half of respondents (47.7%) stated that they or someone in their household received food stamps, followed by WIC (17.7%) (Special Supplemental Nutrition Program for Women, Infants, and Children) at 14.6%. Section 8 housing (14.6%) rounded out the top 3 government assistance programs as per the respondents.

Figure x. Respondents Benefiting from Government Assistance Programs
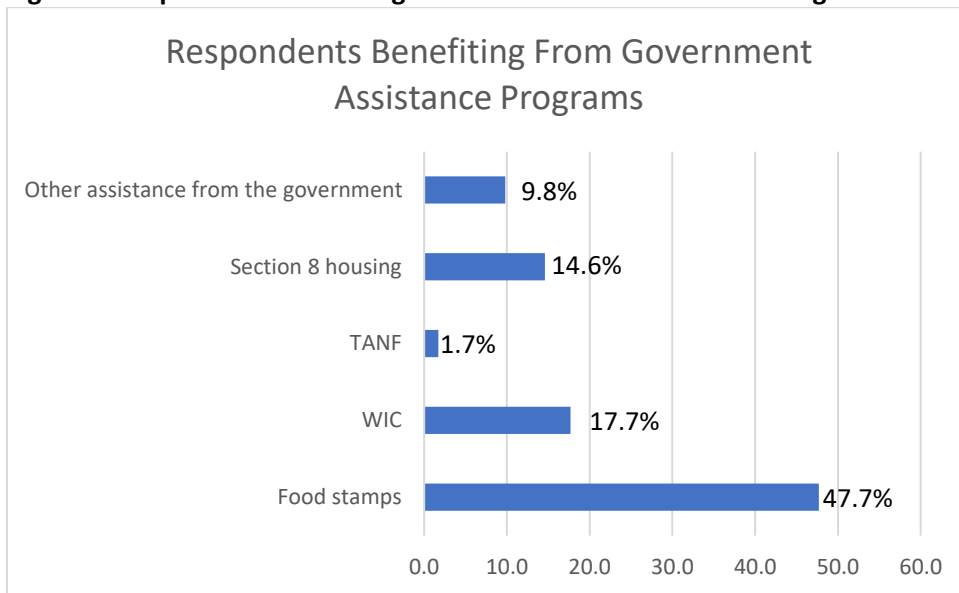
Home Utilities

Approximately three quarters of respondents (75.9%) reported that they had not received any threats to have their electric, gas, oil or water shut off. The proportion of respondents who had received threats to have these utilities shut off was significantly smaller (22.2%). Approximately 2% of respondents had already had one of those services shut off.

Most respondents had telephone access (92.8%). Among those with telephone access, most used cell phones (94.7%) followed by home phones (12.6%) and work phones (8%). A majority of respondents had access to the internet at home (73%).

Figure x. Respondents Access to Utilities
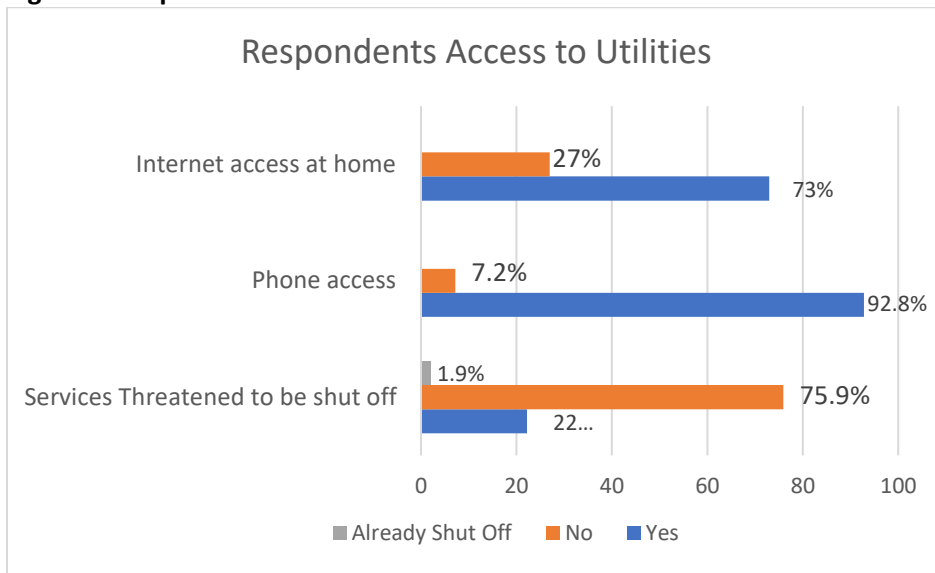
Figure x. Respondents' Telephone Access
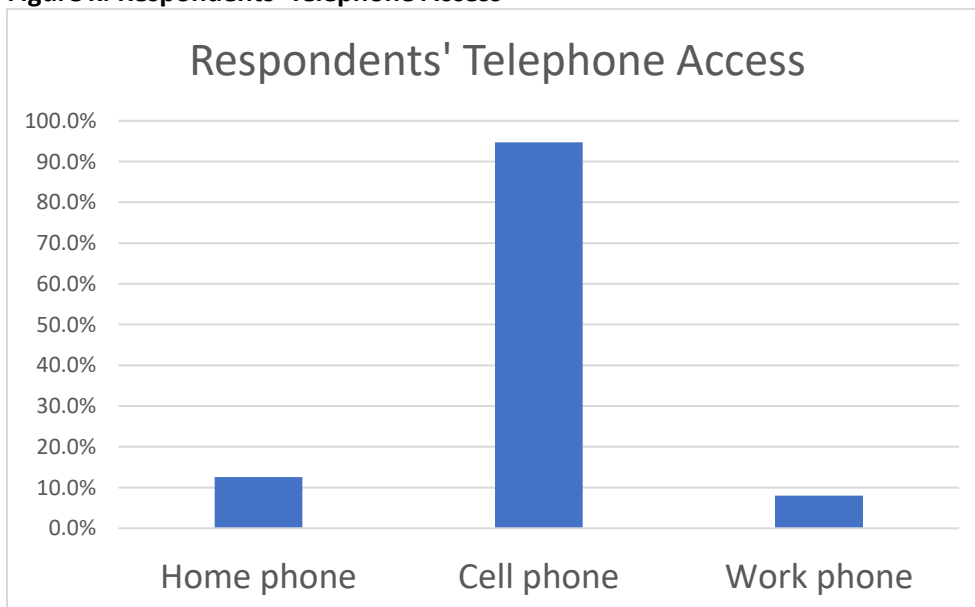
Food Insecurity

A quarter of respondents indicated that they often worry that food will run out before they have money to buy more (25%). When considering those who often or sometimes worry about running out of food, the percentage rises to more than half (57.1%) of respondents having worried during the last year while 43% reported that this type of worry was never true for them.

Figure x. Worried about running out of food

WORRIED ABOUT RUNNING OUT OF FOOD

Often true 25%

Sometimes true 32%

Never true 43%

Legal Needs

Fifteen percent (15%) of respondents reported having legal needs, including public benefits for healthcare and disability, family and domestic issues, housing and property, and civil rights issues.

Figure x. Respondents Having Legal Needs

HAVING LEGAL NEEDS

Yes
15%

No
85%
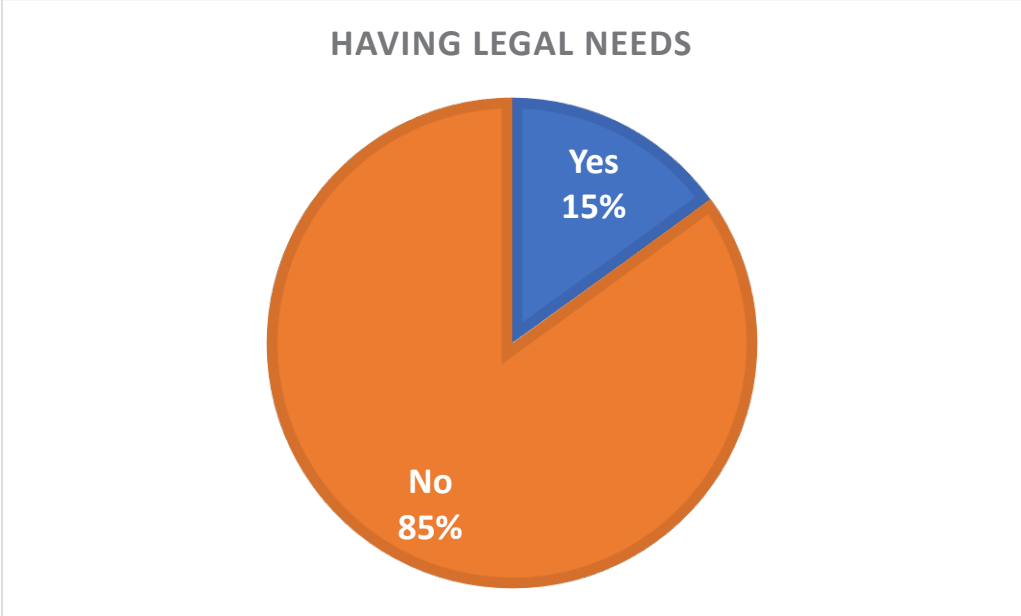
Family, Childcare and Adult Dependent Care

Just over one third of respondents reported having minor children in their care (35.8%) while most did not (64.2%). Among those with minor children in their care, approximately one third of them were either single mothers (37.6%) or part of a two-parent household (36.1%). Other types of living situations with minor children included, raising children with other family members besides parents (6.8%), single dads (4.5%) and other unspecified family structures (6%).

Most respondents who had minor children in their care reported that they care for their children themselves (69.9%) followed by those who relied on family (29.3%) or daycare services (12%) for childcare. A smaller portion of recipients reported that their children were old enough to be left alone (6.8%) while others relied on churches (5.3%) and friends (5.3%). Only a very small portion of recipients reported that they had to leave their minor children alone (0.8%).

Approximately two-thirds of recipients reported that they did not need help with childcare (67.7%). Other recipients reported needing childcare help such as daycare (17.3%), before/after school care (13.5%), or help in the evening hours due to a work shift schedule (6%). Only 1.5% or respondents reported needing help with caring for a child with special needs.

Figure x. Minor Children Under Respondents' Care

MINOR CHILDREN UNDER RESPONDENT'S CARE

Yes 36%

No 64%
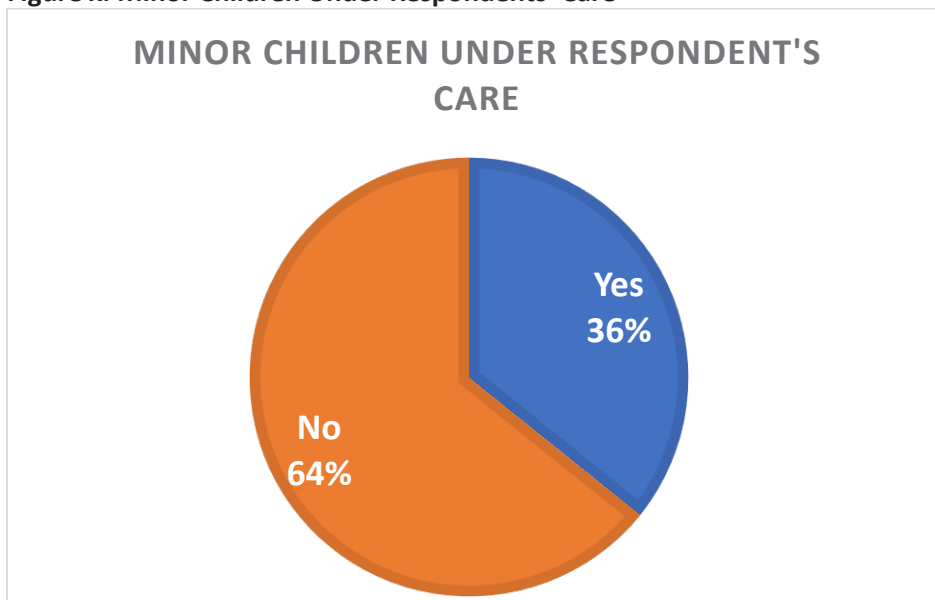
Table x. If you have children or other dependents under your care, what is your family situation?

Family Type	Percent %
Single mom	37.6
Single dad	4.5
Two parents	36.1
Raising own children and children of others	3.8
Raising children of other family members (I am a grandparent, aunt, etc.)	6.8
Raising someone else's children, not family	0.8
Foster parent	0.0
Shared custody	3.0
Other	6.0
No response (data missing)	1.4

Table x. Who provides your childcare? (Participants checked all that applied)

Who provides childcare	Percent %
Self	69.9
Friends	5.3
Family	29.3
Church	5.3
Daycare	12.0
Children are old enough to leave alone	6.8
Have to leave children alone	0.8
Before and/or after school on campus	2.3
Other	5.3

Figure x. Childcare Needs

Types of Childcare Needs

- I do not need help with childcare — 68%
- Other — 5%
- Evening hours due to work shift schedule — 6%
- Care for child with special needs — 2%
- Before/after school care — 14%
- Daycare — 17%
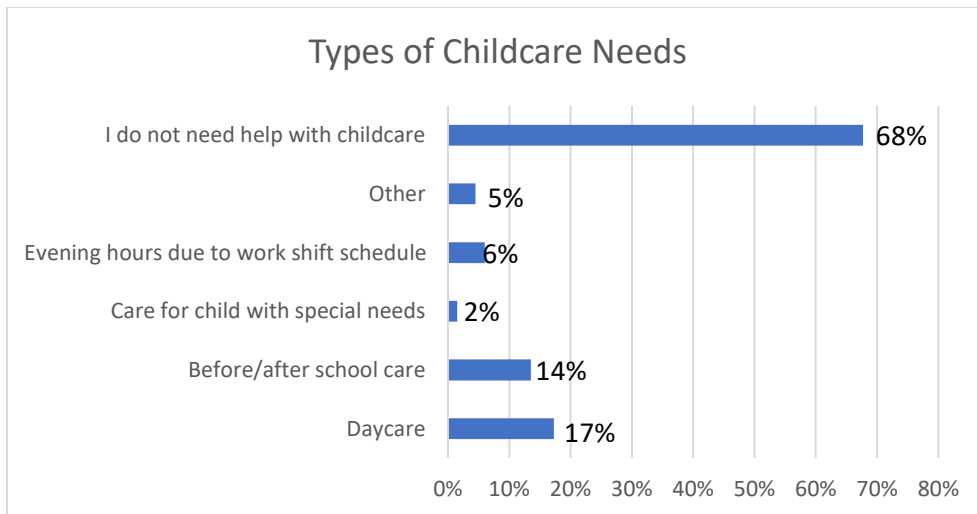
Adult Dependent Care

Respondents who had adult dependents used multiple sources of care concurrently. Among respondents who reported having an adult dependent, an overwhelming majority provided the care themselves (89.2%) followed by a dependence on other family for adult dependent care (40.5%). A smaller proportion of respondents reported that they depended on friends (16.2%) or the church (13.5%) for help with adult dependent care. Other recipients reported that their adult dependent could be left alone safely (8.1%) or that they had no other choice but to leave their adult dependent alone (5.4%).

Figure x. Sources of Adult Dependent Care
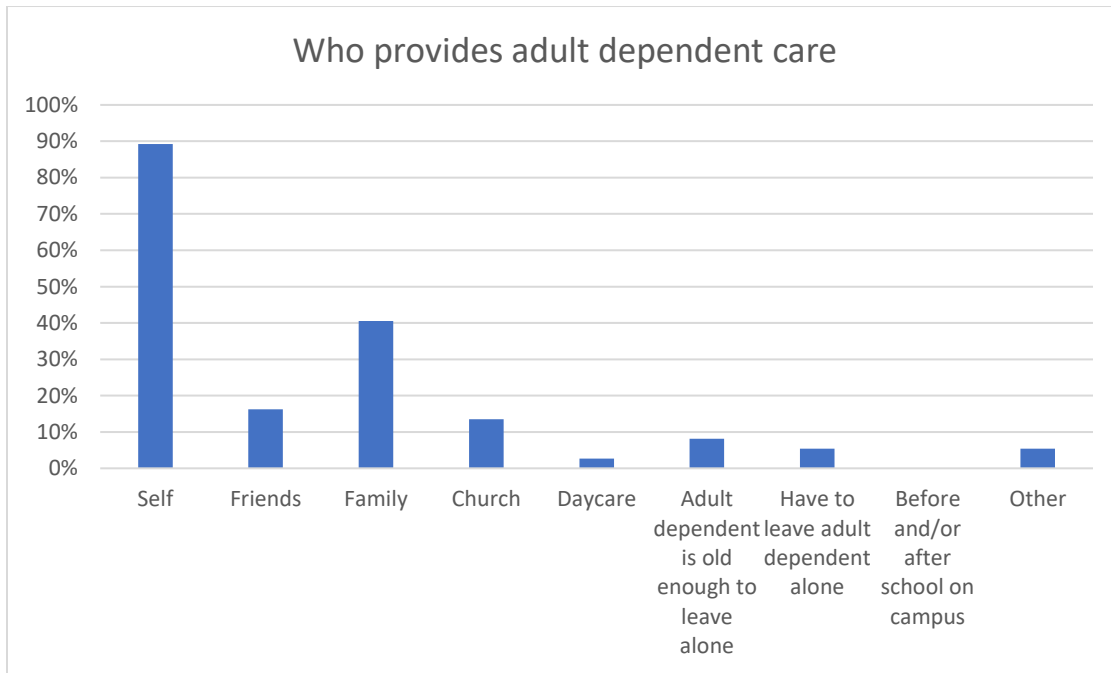
Figure x. Adult Dependent Care Needs
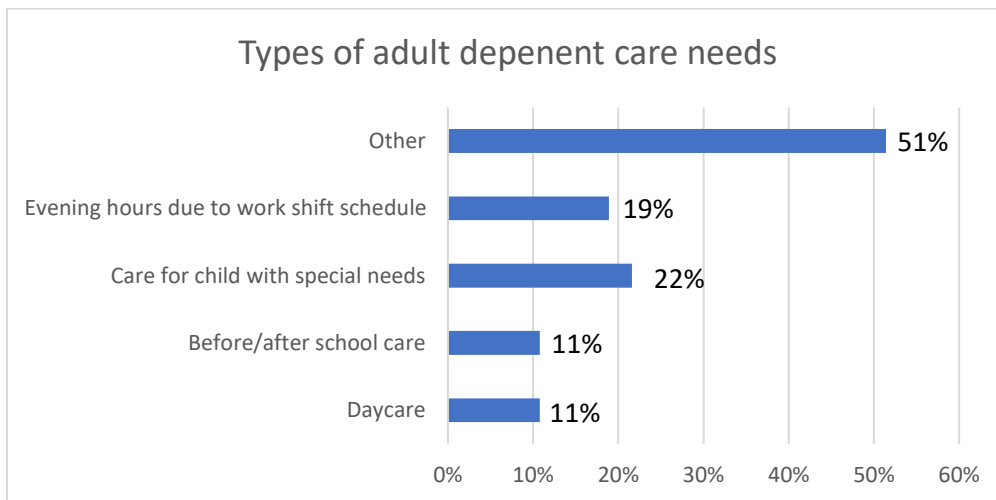
General Community Problems

Speeding was listed as being one of the chief problems in the community as identified by 44%. This was followed by homelessness (43%) as the second most frequently cited problem facing Smith County. The next four top rated problems were all substance use related (drug abuse, DUI, public drunkenness and underage drinking). Internet safety (31%) and related issues of identity theft (31%) as well as child sex predators represented (29%) were also rated problems. Gun violence (30%) was also among the most referenced community problems.

Figure x. Top 10 Concerning Community Problems

Community Problems

Problem	Percentage
Child sex predators	29%
Gun violence	30%
Identity theft	31%
Internet safety	31%
Underaged drinking	33%
Public drunkenness	33%
Driving under the influence (DUI)	37%
Drug abuse	38%
Homelessness	43%
Speeding	44%
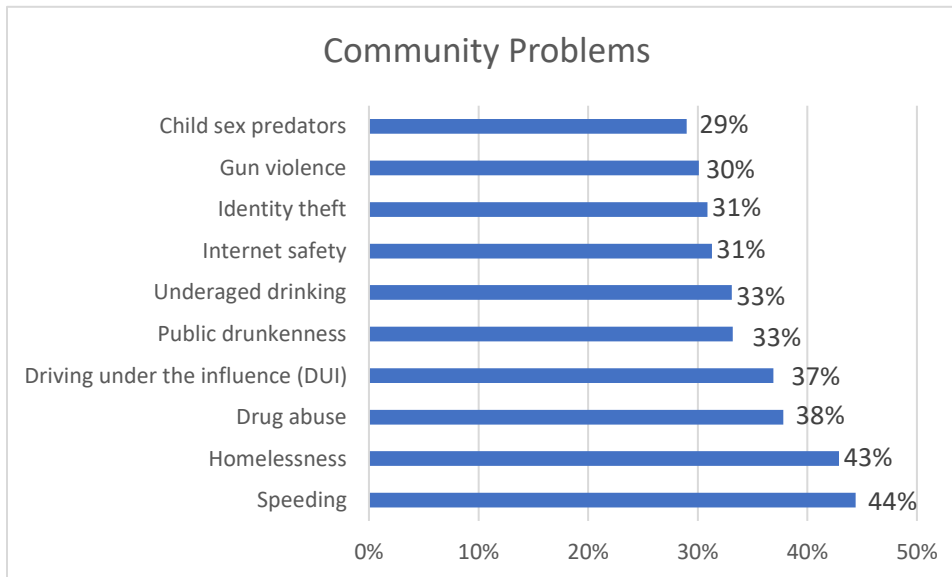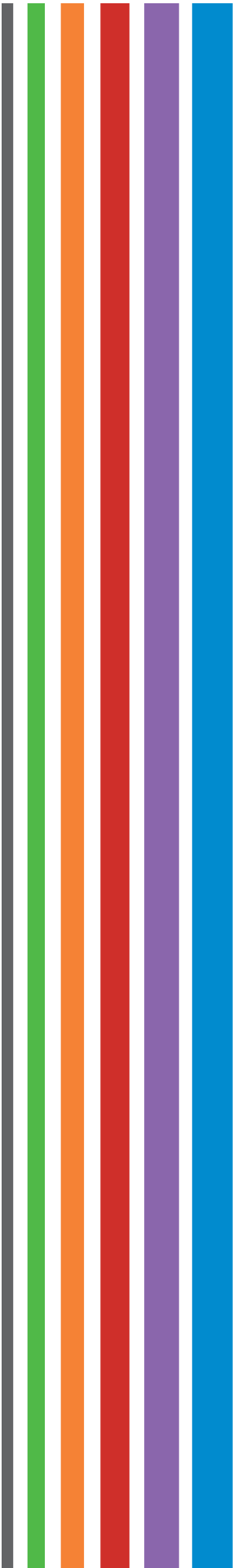
East Texas
Human Needs Network

Demographics

Table x. Respondent Towns of Residence

Town	Percent %
Other	22.1
Tyler	77.9
Total	100.0

Table x. Gender Distribution for Respondents

Gender	Percent %
Male	34.3
Female	65.2
Other	0.3
Data missing	0.2
Total	100

Table x. Race Distribution of Respondents

Race	Percent %
White	48.0
Black	38.4
American Indian	1.1
Asian	0.3
Pacific Islander	0.3
Multiple Race	4.0
Other	8.0
Total	100.0

Table x. Race Distribution of Respondents

Race Categories	Percent %
White	47.9
Black	38.3
Other	13.8
Total	100.0

Key
Frequency
Row Percentage
Column Percentage

Table x. Race of Respondents Stratified by Gender

Race Category	Male	Female	Other
White	59	114	1
	33.91	65.52	0.57
	47.20	47.90	100.00
Black	50	94	0
	34.72	65.28	0.00
	40.00	39.50	0.00
Other	16	30	0
	34.78	65.22	0.00
	12.80	12.61	0.00
Total	125	238	1
	34.34	65.38	0.27
	100.00	100.00	100.00

Key
Frequency
Row Percentage
Column Percentage

Table x. Ethnicity of Respondents stratified by Gender.

Ethnicity	Male	Female	Other
Hispanic	17	48	0
	26.15	73.85	0.00
	13.60	20.17	0.00
Not Hispanic	108	190	1
	36.12	63.55	0.33
	86.40	79.83	100.00
Total	125	238	1
	34.34	65.38	0.27
	100.00	100.00	100.00

Table x. Preferred Language of Respondents

Language	Percent %
English	86.1
Spanish	4.0
Spanish and English	9.6
Other	0.3

Table x. Distribution of Marital Status of Respondents

Marital Status	Percent %
Single	42.4
Married	25.9
Widowed	6.9
Divorced	16.0
Separated	2.9
Living with Partner	5.9

Table x. Reported Employment Status for Respondents

Employment Status	Percent %
Employed (Full or Part Time)	44.5
Out of Work	17.3
Not in Labor Market	21.3
Unable to Work	12.0
Other	4.9
Total	100.0

Key
Frequency
Row Percentage
Column Percentage

Table x. Employment Status by Race

Work Categories	White	Black	Other
Employed (Full or Part Time)	74	67	26
	44.31	40.12	15.57
	41.11	46.53	50.98
Out of Work	25	26	14
	38.46	40.00	21.54
	13.89	18.06	27.45
Not in Labor Market	48	26	6
	60.00	32.50	7.50
	26.67	18.06	11.76
Unable to Work	20	22	3
	44.44	48.89	6.67
	11.11	15.28	5.88
Other	13	3	2
	72.22	16.67	11.11
	7.22	2.08	3.92
Total	180	144	51
	48.00	38.40	13.60
	100.00	100.00	100.00
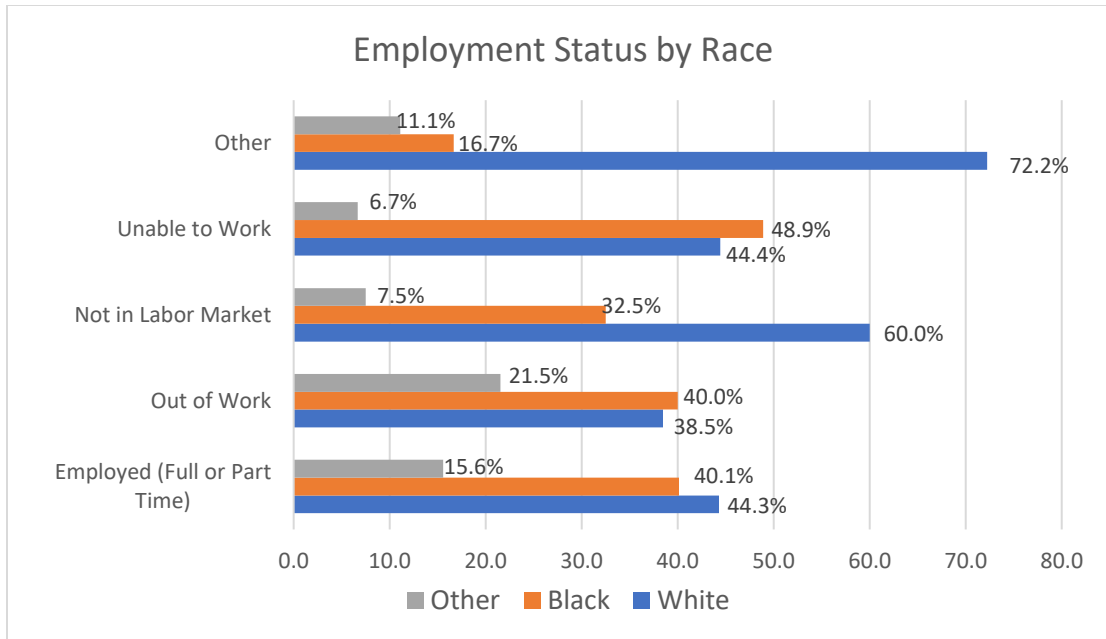
Figure x. Education Attainment Frequency of Respondents.

Education Categories	Percent %
< High School Graduate	22.3
High School Graduate	29.8
Some College or Technical School	23.9
Associate degree	6.9
Bachelor's Degree	9.6
More than Bachelor's degree	5.9
Other	1.6

Housing

Table x. Respondent has a reliable place to live

Current living situation	Percent %
I have a steady place to live	70.8
I worried about losing my place to live	9.5
I do not have a steady place to live	19.7

Table x. Number of people living in the respondent's home

Number of persons	Percent %
One person	25.3
Two persons	7.2
Three persons	18.9
Four persons	14.4
Five or more persons	33.2
Data missing	1.0

Table x. Most Common Housing Related Needs

Type of Need	Percent %
Paying for utilities	26.1
Affordable housing	25.0
Help with rent/mortgage	20.7
Furniture or household goods	18.1
Help with repairs	5.9
Safe housing/neighborhood	8.0
Pet friendly environment	7.7
Handicap access	7.2
Other medical accommodations	6.1

Transportation

Table x. 10 Most Common Transportation Related Needs

Assistance Needed	Percent %
1. Gasoline	24.7
2. Vehicle/car	24.5
3. Bus tickets	17.6
4. Driver's License	15.2
5. Auto Insurance	13.8
6. Auto repairs	10.4
7. Vehicle registration	9.0
8. Vehicle inspection	8.2
9. Information about bus routes/services	4.3
10. Transportation for someone with disability	4.3

Health and Disability

Table x. 10 Most Common Healthcare Needs

Assistance Needed	Percent %
1. Prescription medications	32.5
2. Dental care	29.3

3. Primary adult health care	28.2
4. Medical equipment/devices/prosthetics	24.7
5. Long-term disability/rehabilitation services	20.7
6. Nutrition and/or exercise programs	18.6
7. Vision/eye care	11.4
8. STI/HIV care	9.3
9. Substance abuse programs	5.9
10. Tobacco/smoking cessation programs	5.6

Table x. Self-reported Rating of Health

Health Rating	Percent %
Excellent	8.0
Very good	17.3
Good	39.6
Fair	28.7
Poor	4.8

Table x. Self-reported disability

Reported Disability	Percent %
Yes	34.0
No	65.7
Data missing	0.3

Table x. Self-reported disability type

Disability Type	Percent %
Deaf or have serious difficulty hearing	35.2
Blind or have serious difficulty seeing even when wearing glasses	41.4
Difficulty walking or climbing stairs	60.9
Difficulty dressing or bathing	16.4

Healthcare

Table x. Having a Primary Care Physician

Primary care physician	Percent %
Yes	67.3
No	31.1
No response (data missing)	1.6

Table x. Where do you go when you are sick?

Location of Healthcare Service	Percent
Clinic/Doctor's office or HMO	40.2%
Urgent care	9.8%
Hospital emergency room (ER)	30.9%
Community health center/Clinic offering discounts for low income or uninsured	7.5%
There is no usual place	1.9%
I don't seek medical attention	4.5%
Other	3.7%

Table x. Length of time since last check-up

Length of Time	Percent %
Less than 1 year	69.2
At least 1 year but less than 2 years	13.3
At least 2 years but less than 3 years	5.6
3 years or more	6.4
Never	1.6
Don't know/missing/skipped	4.0

Table x. In the last year, was there a time when you needed medical care but were not able to get it?

Response	Percent %
Yes	26.3
No	72.1
No response (data missing)	1.6

Table x. In the last year, was there a time when you needed a prescription medicine but not able to get it?

Response	Percent %
Yes	25.0

	73.4
No	73.4
No response (data missing)	1.6

Table x. In the last year, was there a time when you needed dental care but could not get it?

Response	Percent %
Yes	25.0
No	73.4
No response (data missing)	1.6

Table x. Have you received the COVID-19 vaccine?

Response	Percent %
Yes	60.6
No	37.8
No response (data missing)	1.6

Table x. In the last 30 days, other than activities you did for work, on average, how many days per week did you engage in moderate exercise (list walking fast, running, jobbing, dancing, swimming, biking)

Number of times per week	Percent %
None	0.5
1 day per week	20.2
2 days per week	6.8
3 days per week	11.2
4 days per week	18.0
5 days per week	6.0
6 days per week	8.2
7 days per week	4.9
No response (data missing)	24.6

Table x. Do you need information on how to cook food for any of these special dietary needs?

Information needs	Percent %
Diabetes	10.9
Hypertension	8.2
Heart Disease	3.2

HIV/AIDS	0.3
Gluten free	2.7
Weight loss	12.2
Liver or kidney disease	1.6
Food storage	5.1
Other	1.6

Behavioral Health

Table x. Depression Scores Based on PHQ-9 Scale

Prevalence of Depression	Percent %
No depression	62.0
Mild depression	16.9
Moderate depression	10.4
Moderately severe depression	5.7
Severe depression	4.9

Table x. Prevalence of Anxiety Based on GAD-7

Response	Percent %
Yes	44.7
No	55.3

Table x. Prevalence of Anxiety Based on GAD-7

Severity of Anxiety	Percent %
Minimal anxiety	55.3
Mild anxiety	21.8
Moderate anxiety	9.8
Severe anxiety	13.1

Economic Well Being

Table x. Annual Household Income

Levels of Income	Percent %

< $10,000	36.3
$10,000 - $19,999	19.9
$20,000 – $29,999	14.8
$30,000 - $39,999	8.1
$40,000 – $49,999	6.2
$50,000 - $59,999	2.4
$60,000 - $69,999	4.6
$70,000 - $79,999	1.6
> $80,000	6.2

Table x. Sources of Income

Sources of Income	Percent %
Wages from employment	43.0
Family/friends	7.5
Child support	6.5
Pension/retirement	7.5
Social Security	25.5
Supplemental Security Income (SSI)	14.3
Student loans	1.6
Temporary Assistance to Needy Families (TANF)	0.5
Unemployment	0.5
Veterans Affairs (VA)	6.5
Kindness of strangers	4.0
Other	5.4
No income	13.2

Table x. During the last calendar year, did you or anyone in your household receive?

Phone Type	Percent %
Food stamps	47.7
WIC	17.7
TANF	1.7
Section 8 housing	14.6
Other assistance from the government	9.8

Table x. In the past 12 months has the electric, gas, oil, or water company threatened to shut off service in your home?

Response	Percent %

Yes	22.2
No	75.9
Already shut off	1.9

Table x. Do you have phone access?

Response	Percent %
Yes	92.8
No	7.2

Table x. What kind of telephone(s) do you have? (respondents choose all that applied)

Phone Type	Percent %
Home phone	12.6
Cell phone	94.7
Work phone	8.0

Table x. Do you have access to the internet at home?

Response	Percent %
Yes	73.0
No	27.0

Table x. Within the past 12 months, you worried that your food would run out before you got money to buy more.

Response	Percent %
Often true	24.9
Sometimes true	32.2
Never true	42.9

Do you have any legal needs?

Having legal needs	Percent %
Yes	15.0
No	85.0

Table x. Do you have minor children (under age 18) under your care?

Having minor children under your care	Percent %
Yes	35.8
No	64.2

Table x. What kind of childcare help do you need?

Types of childcare needs	Percent %
Daycare	17.3
Before/after school care	13.5
Care for child with special needs	1.5
Evening hours due to work shift schedule	6.0
Other	4.5
I do not need help with childcare	67.7

Table x. Who provides care to your adult dependent? (Participants checked all that applied)

Who provides adult dependent care	Percent %
Self	89.2
Friends	16.2
Family	40.5
Church	13.5
Daycare	2.7
Adult dependent is old enough to leave alone	8.1
Have to leave adult dependent alone	5.4
Other	5.4

Physical Activity/Nutrition

Table x. On average, how many minutes did you usually spend exercising at this level on one of those days?

Number of minutes exercised	Percent %
None	0.5
10 minutes per day	20.2
20 minutes per day	9.0
30 minutes per day	11.2
40 minutes per day	21.3
50 minutes per day	6.5
60 minutes per day	1.6
90 minutes per day	14.2
120 or more minutes per day	1.9

General Community Problems

Table x. Top 10 Community Problems

Problem	Percent %
1. Speeding	44.4
2. Homelessness	42.9
3. Drug abuse	37.8
4. Driving under the influence (DUI)	36.9
5. Public drunkenness	33.2
6. Underaged drinking	33.1
7. Internet safety	31.3
8. Identity theft	30.9
9. Gun violence	30.1
10. Child sex predators	29.0

East Texas Human
Needs Network