

Corpus Christi - Nueces County

# COMMUNITY HEALTH ASSESSMENT

---

# 2025



CITY OF  
**CORPUS  
CHRISTI**



CORPUS CHRISTI - NUECES COUNTY  
**PUBLIC HEALTH  
DISTRICT**



# TABLE OF CONTENTS

Executive Summary	3
Introduction	4
Purpose of the Assessment	4
Community Being Assessed	4
Assessment Process	4
Main Objectives of the CHA	5
Commitment to the Community	5
Data Sources	7
Survey	7
Focus Groups	7
Interviews	7
Metopio	7
Contact Information	8
Demographics Report	9
Significant Health Needs	10
Significant Health Needs Prioritized	11
Chronic Disease	11
Access to Care	18
Maternal and Child Health	25
Health Behaviors	30
Other Significant Health Needs	36
Behavioral Health	36
Socio-economic Factors	42
Food Access	46
Housing	49
Prioritization	52
Data Sources	53
Appendix	

# EXECUTIVE SUMMARY

The Corpus Christi - Nueces County Public Health District is proud to present the findings of its recent Community Health Assessment (CHA) for Nueces County, Texas. This assessment is pivotal in identifying the paramount health needs of the community, thereby guiding interventions and resource allocation to improve public health outcomes.

The primary objective of this CHA is to equip healthcare providers, policymakers, and community stakeholders with crucial data to inform decision-making and prioritize health service provision in the most effective manner. Through collaboration with local entities and careful analysis of comprehensive data sets, this report aims to offer a clear and unbiased perspective on the health challenges facing Nueces County.

In conducting this CHA, the Corpus Christi - Nueces County Public Health District engaged in a systematic collection of primary health data. This approach ensured a robust framework for assessing the health needs within the community, facilitating an objective evaluation of key health indicators.

The following health themes were prioritized during the assessment:

- **Chronic Diseases:** High prevalence rates of diabetes, hypertension, and obesity were noted. These conditions are significant contributors to mortality and morbidity in Nueces County and require continued focus for prevention and management.
- **Access to Care:** Barriers to accessing healthcare, including lack of insurance, financial constraints, and transportation issues, were identified. Improving access to healthcare services is imperative to address disparities and improve health outcomes.
- **Maternal and Child Health:** Community feedback highlighted the need for ensuring that pregnant individuals and children have access to necessary health services including counseling, referrals, mental health services, and developmental screenings. There were several mentions of the importance of educating caregivers to sustain healthy lifestyles at home.
- **Health Behaviors:** There is a need to boost preventive care utilization to mitigate the impact of chronic diseases and improve general health status. Educating the community about the importance of regular health screenings is crucial.

The methodology employed in this CHA included the use of both qualitative and quantitative data sources to ensure a comprehensive understanding of the health landscape in Nueces County. Stakeholder interviews, community surveys, and focus groups played a significant role in gathering firsthand insights, while secondary data from reputable sources provided a broader context of health trends and outcomes.

The findings from this assessment are intended to guide strategic health planning and interventions that are responsive to the identified needs. Stakeholders are encouraged to utilize this report as a foundational tool in the collective effort to enhance health outcomes and quality of life for all residents in the community.

# INTRODUCTION

## PURPOSE OF THE ASSESSMENT

This assessment was conducted to identify key health needs and priorities in the Nueces County community and guide future health improvement efforts. By understanding the unique health challenges and opportunities within this community, we aim to develop targeted strategies that promote health equity and improve overall well-being.

## COMMUNITY BEING ASSESSED

The assessment focuses on Nueces County. Nueces County, Texas, located in the southern part of the state, serves as a vibrant community with a diverse demographic profile. With a predominantly Hispanic population and a wide age range distribution, it is unique in terms of community health needs and services. The county includes Corpus Christi, a major urban center, influencing the demographic and economic landscape. The remainder of the county is primarily rural, which can lead to challenges accessing medical care, healthy food, and social services. Understanding the demographics of Nueces County is crucial for tailoring community health initiatives and services to meet the specific needs of its residents.

## ASSESSMENT PROCESS

Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 is a framework Corpus Christi – Nueces County Public Health District followed for conducting the Community Health Assessment. It emphasizes a community-based approach to identify, prioritize, and address current public health issues. MAPP 2.0 engages the entire local public health system, which ensures a thorough evaluation of the community’s health through the three-phase process:

### Phase 1: Building the foundation.

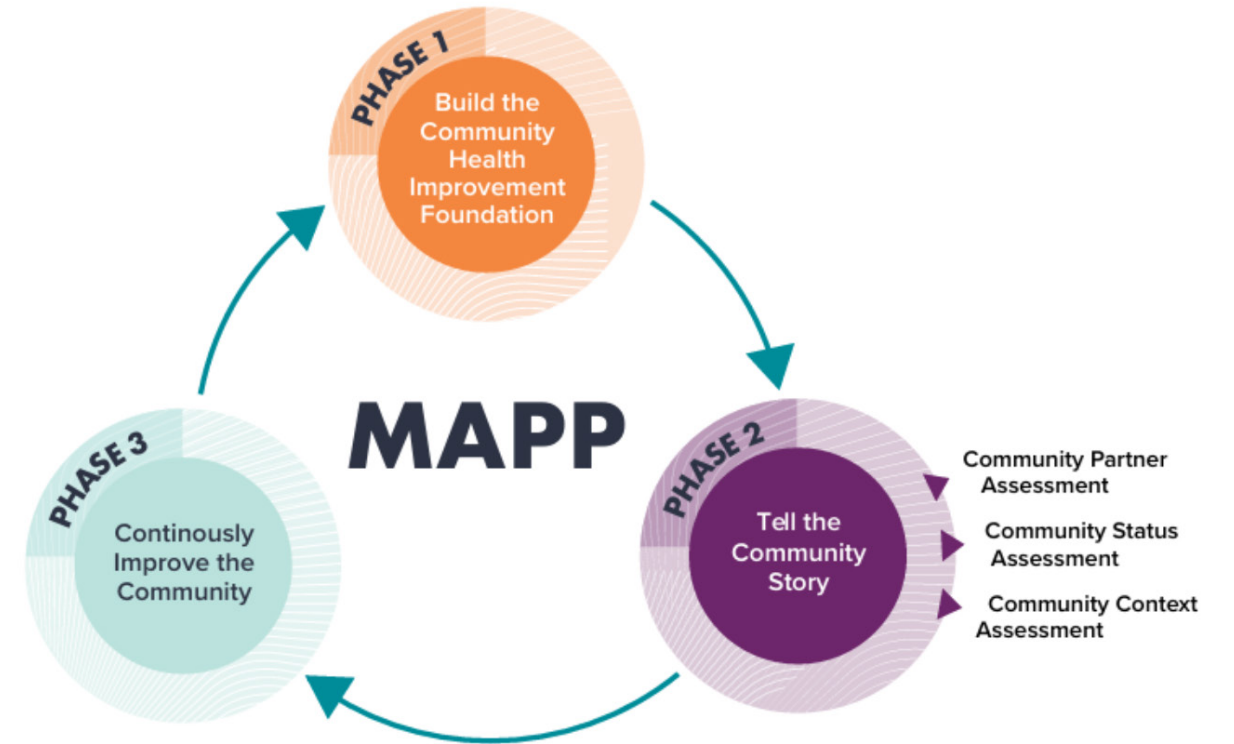
As the first Community Health Assessment process for the Corpus Christi – Nueces County Public Health District, preparing for this cycle included forming a steering committee, identifying community members and partners to engage, and evaluating resources available and needed.

### Phase 2: Telling the community story.

Using MAPP 2.0’s three streamlined assessments, we combined hard numbers with lived experience. The Community Status Assessment highlighted stark disparities in health conditions and outcomes across ZIP codes; the Community Context Assessment—built on community partner interviews and community member focus groups—revealed root causes such as affordability and access challenges; and the Community Partners Assessment surfaced potential resources and gaps in addressing health challenges. Integrating these data allowed us to frame problems as system-level challenges rather than isolated symptoms.

### Phase 3: Continuously improving the community.

With a shared evidence base, we prioritized three strategic issues which will be leveraged to write a Community Health Improvement Plan (CHIP) with SMARTIE objectives.



## MAIN OBJECTIVES OF THE CHA

The core goals of this Community Health Assessment are to:

- Identify unmet health needs within the community.
- Address health disparities and inequities.
- Support strategic planning for health improvement initiatives.
- Foster collaboration among community organizations and leaders.

## COMMITMENT TO THE COMMUNITY

This report reflects our ongoing commitment to health equity and community engagement. By working together with residents, community organizations, and leaders, we strive to be a catalyst for positive change, addressing the complex societal factors that impact health outcomes. Health concerns and evolving social conditions have underscored the urgency of this work, and we remain dedicated to breaking down barriers to health and promoting a healthier future for all.



# DATA SOURCES

## SURVEY

Nearly 1,000 community member surveys were completed between August and December of 2024. Surveys were available online and on paper, and offered in English and Spanish, with additional languages available upon request. The full survey questionnaire can be found in Appendix A.

## FOCUS GROUPS

The focus groups in this assessment covered various topics, including access to care, health behaviors, and socio-economic factors. Six focus groups were conducted, involving a diverse range of participants who provided valuable insights into the community's health needs and challenges.

## INTERVIEWS

Interviews offer in-depth information on individuals' views, experiences, and knowledge regarding specific health topics. They are beneficial for understanding the personal experiences of community members and identifying specific barriers to accessing healthcare. Fourteen interviews were conducted, providing detailed insights into the health behaviors, maternal and child health, and socio-economic factors affecting Nueces County residents.

## METOPPIO

Metopio is a robust platform that offers curated data from public and proprietary sources on health behaviors, health risks, health outcomes, healthcare utilization, and community-level drivers of health. This data is presented by race, ethnicity, and gender when available. Metopio was used in this report to provide additional context and support the findings from the primary data sources, helping to identify broader trends and disparities within the community.

The following partners and organizations contributed and assisted in data collection:

- Focus Groups: South Texas Area Health Education Center, South Texas Family Planning & Health Corporation, Mission of Mercy, Corpus Christi Housing Authority, Driscoll Health Plan, Project H.O.P.E.
- Key Informants: Corpus Christi Police Department, Corpus Christi Fire Department, United Way of the Coastal Bend, Coastal Bend Food Bank, Corpus Christi Literacy Council, Texas A&M University - Corpus Christi Health Center, Mother Theresa Shelter, CASA of the Coastal Bend, Coastal Bend Health Education Center, Council on Addiction & Drug Abuse, Women's & Men's Health Services, City of Corpus Christi Emergency Medical Services, Texas A&M Agrilife Extension Service, Coastal Bend Wellness Foundation
- Community Survey Outreach: CHRISTUS Spohn Health System, Driscoll Children's Hospital CHAMPions program

# CONTACT INFORMATION

For more information or to get involved, please contact us at:

Corpus Christi – Nueces County Public Health District 1702 Horne Rd. Corpus Christi, TX 78416  
 (361) 826-7200 yourpublichealth@corpuschristitx.gov

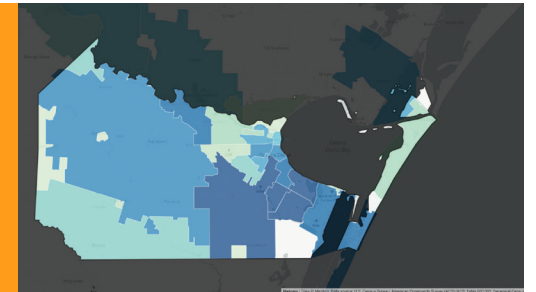
We encourage community members and partners to reach out and collaborate with us in our ongoing efforts to improve community health. Together, we can make a difference.

# DEMOGRAPHICS REPORT

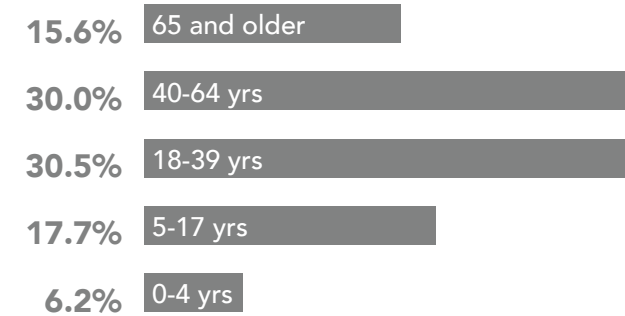
## Population

Nueces County, TX, 2019-2023

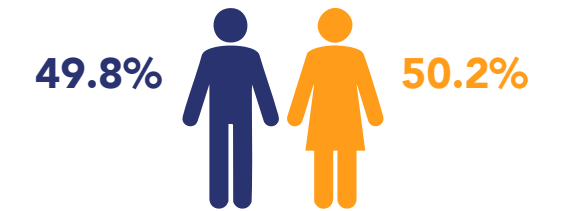
# 352,829



## Age



## Sex



## Life Expectancy



## Disability



Category	White	Black	Asian	Hispanic or Latino	Native American	Pacific Islander/ Native Hawaiian	Two or more races
Nueces County, TX	29.96	3.74	2.32	62.24	0.13	0.02	1.6
Texas	40.06	11.95	5.27	39.6	0.15	0.08	2.88
United States	58.46	12.09	5.78	19.09	0.53	0.17	3.89

Source: ACS, 2019-2023

# SIGNIFICANT HEALTH NEEDS

Significant health needs were identified through the analysis of survey responses, focus group discussions, stakeholder interviews, and secondary data, providing a comprehensive understanding of the key health issues facing Nueces County residents.

- Chronic Disease
- Access to Care
- Maternal and Child Health
- Health Behaviors
- Behavioral Health
- Socio-economic Factors
- Food Access
- Housing

# SIGNIFICANT NEEDS PRIORITIZED

- Chronic Disease
- Access to Care
- Maternal and Child Health
- Health Behaviors

**“The obesity rate is so high right now that it’s creating health issues.”**  
– **Community Partner**

# CHRONIC DISEASE

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

# COMMUNITY INPUT

Community health services play a crucial role in managing these conditions through preventive care, treatment, and education programs. However, disparities in healthcare access and social determinants of health, such as food and housing insecurity, further complicate the landscape, necessitating tailored interventions to address these challenges effectively.

Across Nueces County, there is a pressing need for comprehensive health services that address chronic conditions. Focus group participants described concerns about inadequate health services, especially for chronic conditions like diabetes and heart disease, which are prevalent in certain demographics in Nueces County.

Nueces County Community Health Survey respondents, 38.8 percent ranked diabetes as one of the top health challenges in their community, and 34.9 percent ranked obesity as one of the top health challenges in their community.



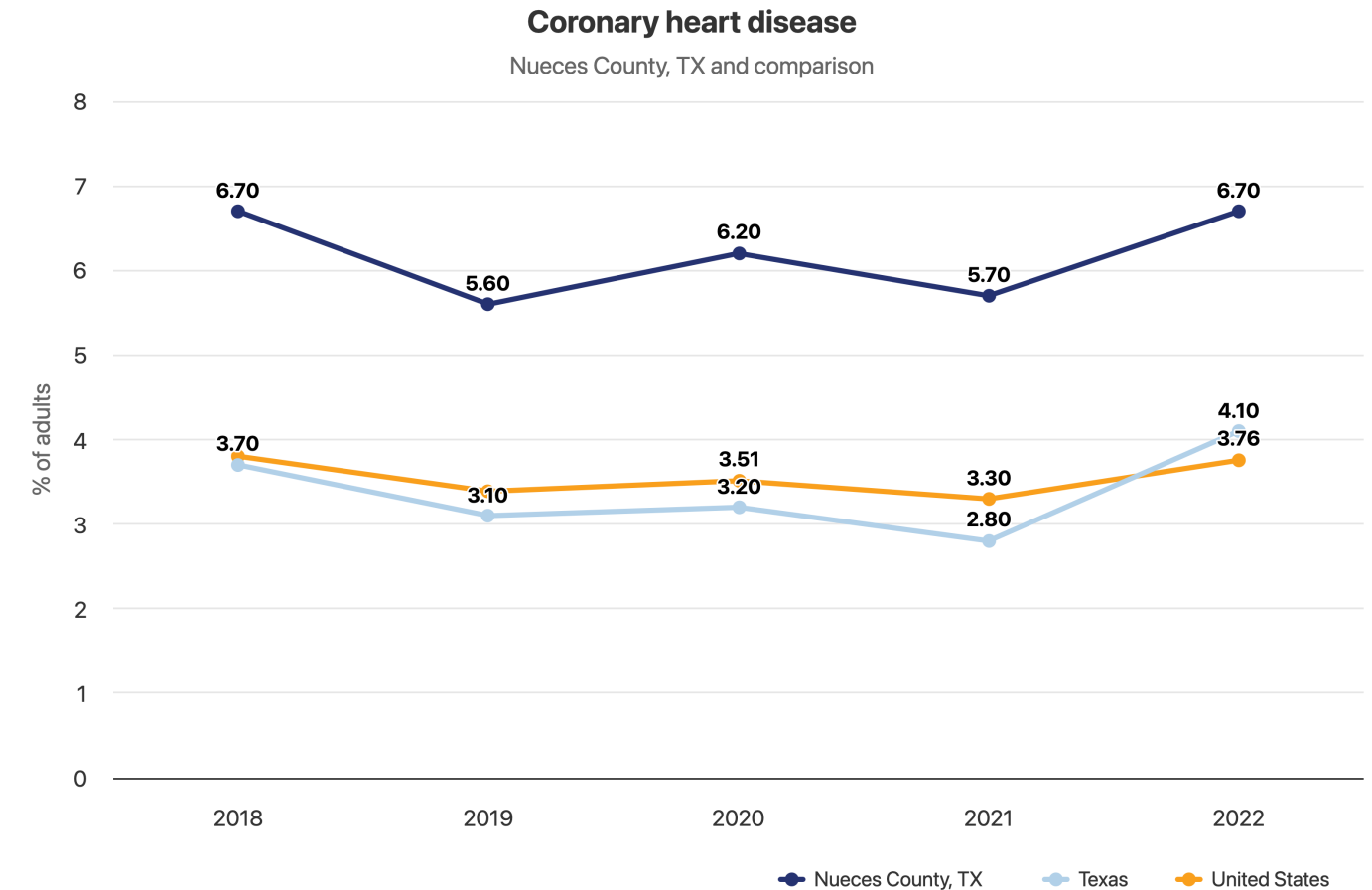
The table below shows the rates of various chronic conditions in Nueces County, compared to state and national averages. Nueces County experiences a higher rate of chronic obstructive pulmonary disease (COPD), coronary heart disease, diabetes, diagnosed stroke, high blood pressure, and obesity, when compared to state and national averages.

Topic	Nueces County, TX	Texas	United States
Chronic kidney disease <i>% of adults, 2021</i>	3.3	3.3	3.3
Chronic obstructive pulmonary disease (COPD) <i>% of adults, 2022</i>	6.40	4.80	5.48
Coronary heart disease <i>% of adults, 2022</i>	6.70	3.10	3.40
Current asthma <i>% of adults, 2022</i>	9.60	8.40	9.88
Diagnosed diabetes <i>% of adults, 2022</i>	15.5	13.4	10.8
Diagnosed stroke <i>% of adults, 2022</i>	3.40	3.10	2.91
Have ever had cancer <i>% of adults, 2022</i>	5.70	5.20	6.64
High blood pressure <i>% of adults, 2022</i>	33.10	30.80	31.14
Obesity <i>% of adults, 2022</i>	44.0	34.2	32.6

Source: CDC PLCES, BRFSS, 2021-2022

## Coronary heart disease

Coronary heart disease rates in Nueces County, Texas, stand out as particularly high at 6.7%, surpassing both the state average of 6.27% and the national rate of 5.82% in 2022. This indicates a significant health challenge for the community, likely influencing local healthcare priorities and resource allocation.



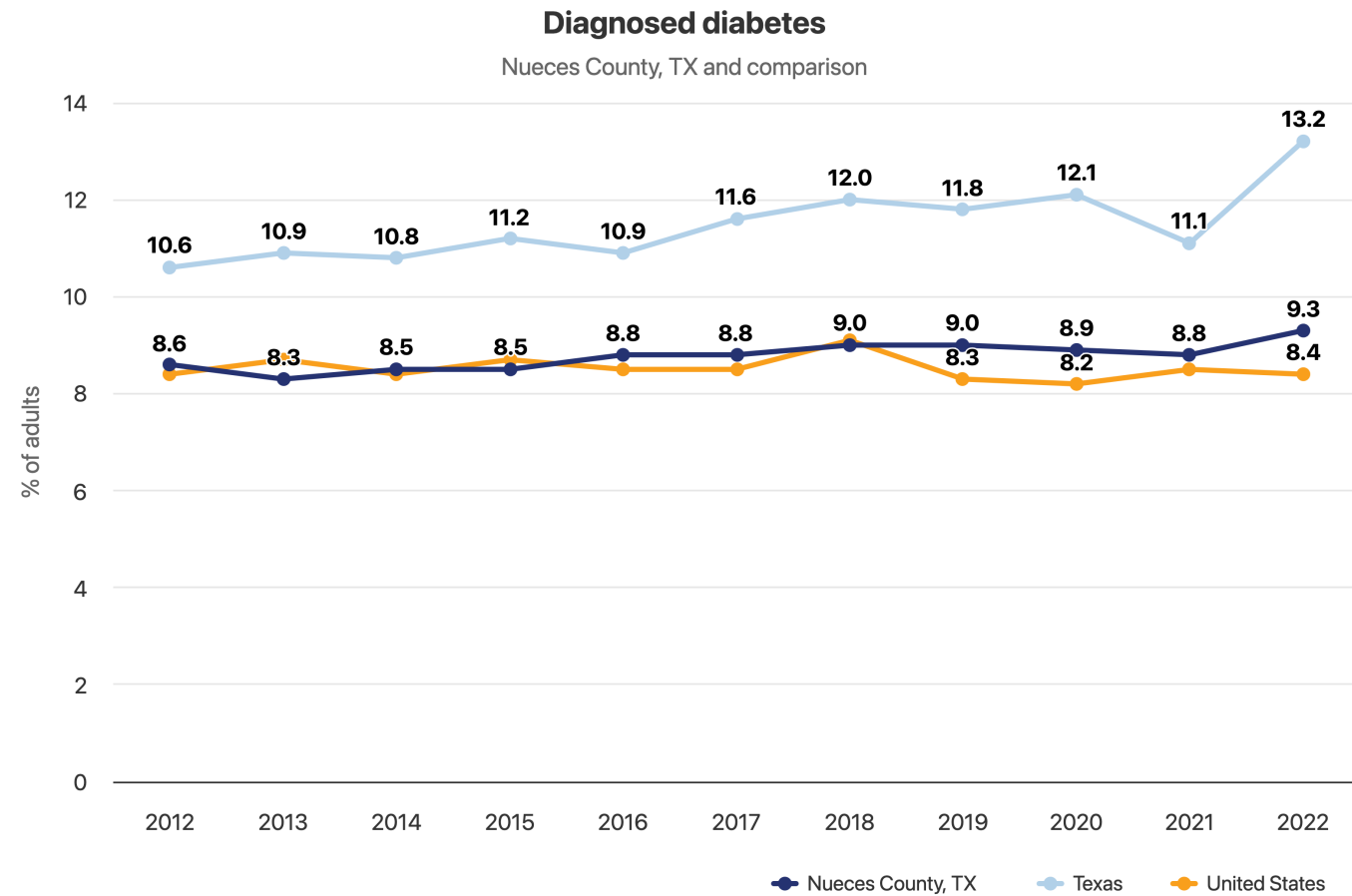
Created on Metopio | [metop.io/i/q7xf3u55](https://metop.io/i/q7xf3u55) | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract), Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA)

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

Data for zips, tracts and smaller layers are raw.

## Diagnosed diabetes

Diagnosed diabetes rates in Nueces County have increased from 8.6% of the population in 2012 to 9.3% of the population in 2022. During the same time period, the Texas average has also increased, from 10.6% in 2012 to 13.2% in 2022. The United State average remains lower, at 8.4%.



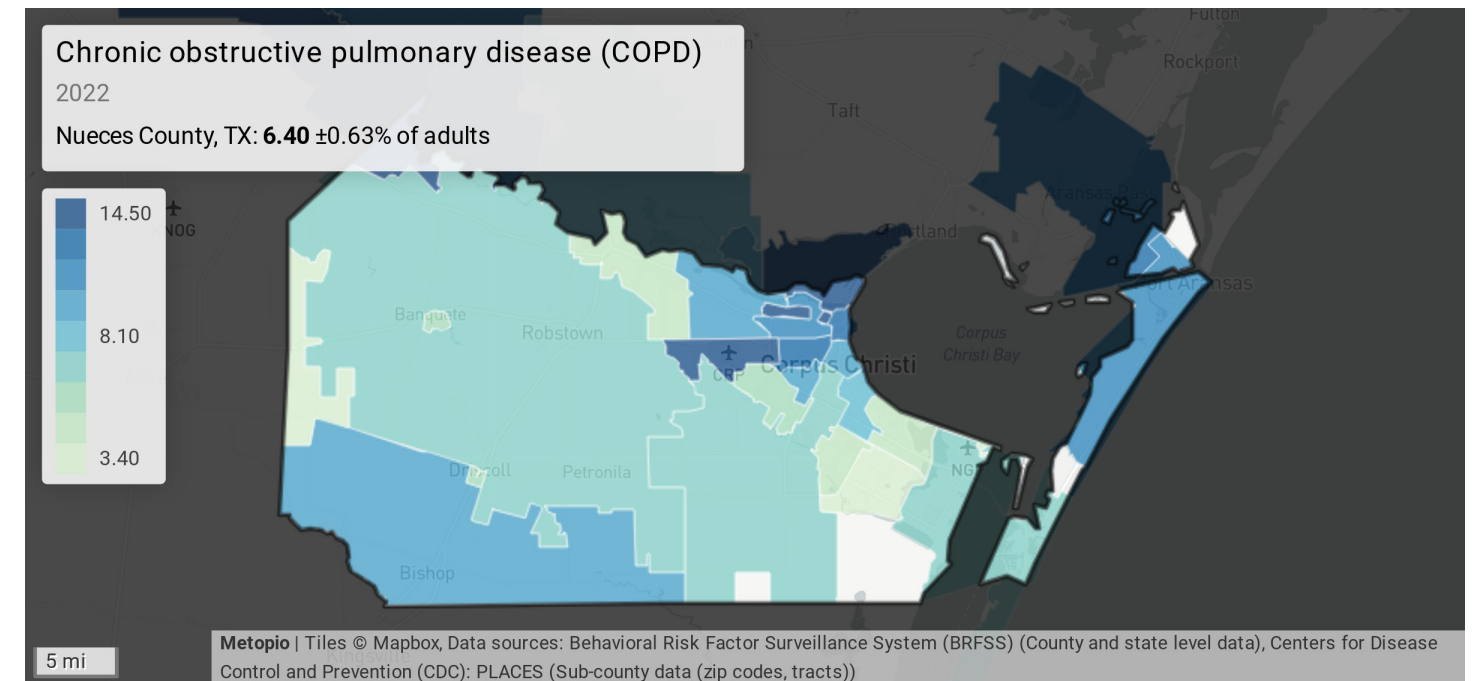
Created on Metopio | [metop.io/i/k4zxeuwa](https://metop.io/i/k4zxeuwa) | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract), Diabetes Atlas (County and state level data before 2017)

Diagnosed diabetes: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have diabetes, other than diabetes during pregnancy. Data for counties and states are age-adjusted.

Data for zips, tracts and smaller layers are raw.

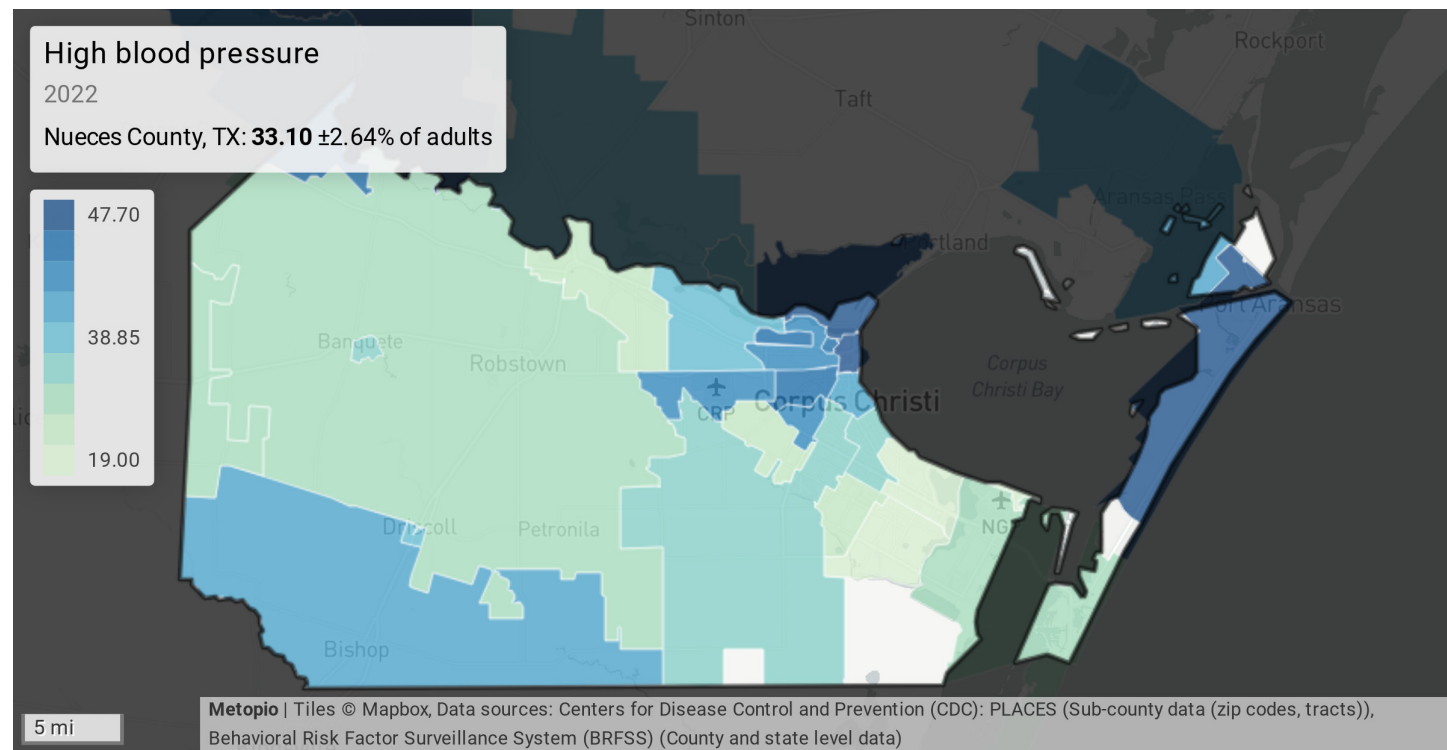
## Chronic obstructive pulmonary disease (COPD)

Chronic obstructive pulmonary disease (COPD) significantly impacts communities within Texas, particularly in Corpus Christi and its surrounding areas. The prevalence of COPD among adults in these regions varies, with zip codes like 78402 in Corpus Christi reporting a high of 14.5% of adults diagnosed, in contrast to lower rates of 3.4% in areas such as zip code 78419.



## High blood pressure

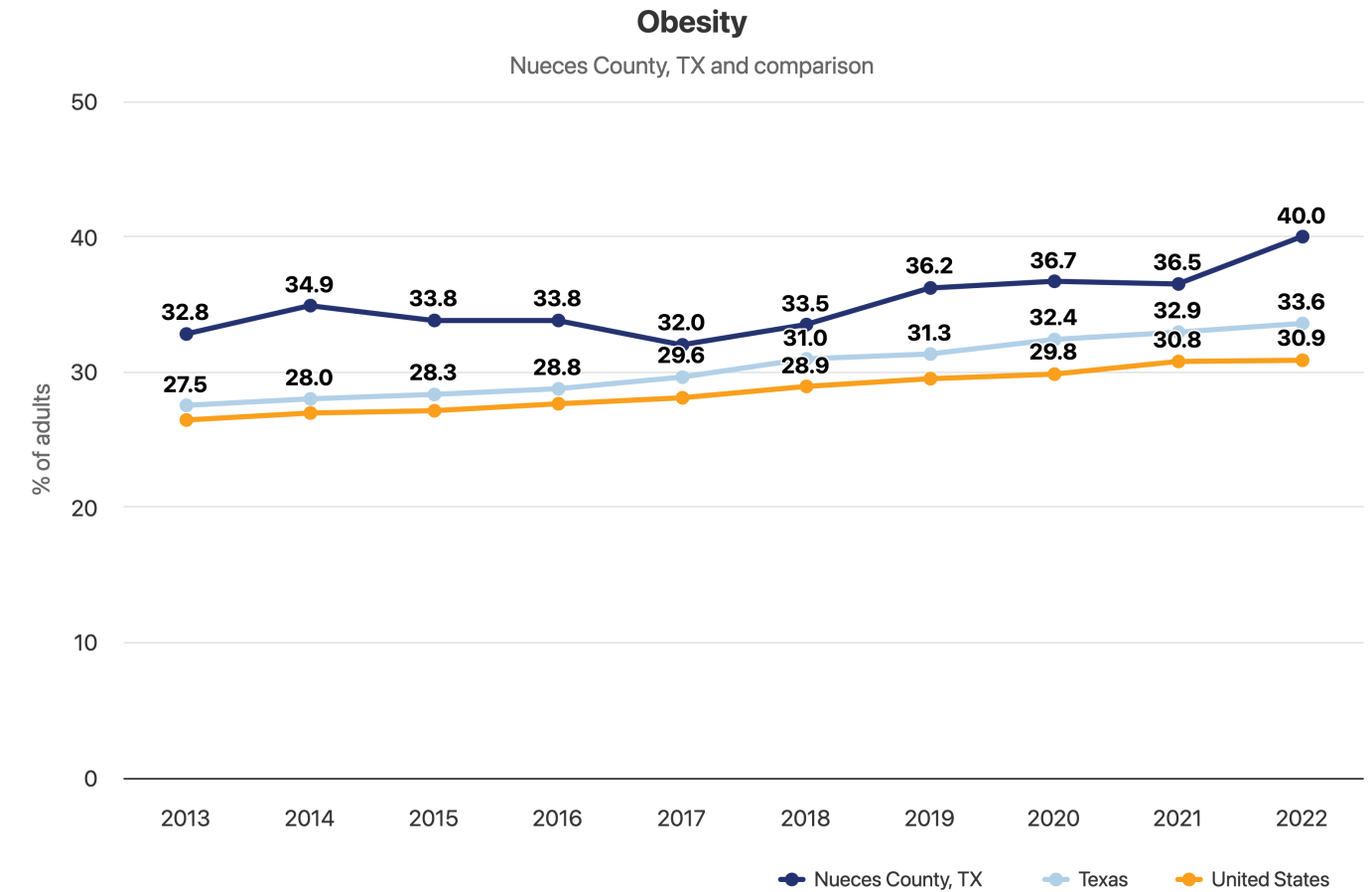
High blood pressure remains a significant public health issue, particularly in the Corpus Christi area and surrounding locales within Texas. Data from 2022 reveals that areas such as Corpus Christi's zip code 78402 experience high rates, with 47.7% of adults reporting hypertension, contrasting sharply with other zip codes within the same city, like 78419, where only 19% report the same. This variation highlights the interplay of socioeconomic, environmental, and healthcare access factors impacting these communities.



## Obesity

Obesity rates in Nueces County, TX stand out at 40%, higher than both the state average for Texas at approximately 33.6% and the national average in the United States at around 30.9% in 2022. Addressing obesity effectively in Nueces County is not only vital for improving individual health outcomes but also for reducing the broader economic and healthcare burdens associated with obesity-related conditions.

Obesity is defined as a body mass index (BMI)  $\geq 30.0$  kg/m<sup>2</sup> calculated from self-reported weight and height.



Created on Metopio | [metop.io/i/suzzqjkk](https://metop.io/i/suzzqjkk) | Data sources: Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA), Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract)

Obesity: Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI)  $\geq 30.0$  kg/m<sup>2</sup> calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

# ACCESS TO CARE

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

**“I think people underestimate transportation and the ability to take time off work as a barrier to accessing services.”**  
 – Community Member

# COMMUNITY INPUT

Community member focus groups uncovered a multitude of difficulties related to accessing care, with individuals noting the absence of low-barrier services such as respite places for basic needs, challenges with transportation, and financial hurdles due to uninsured status or high costs of services. Specific barriers highlighted include the lack of insurance, high costs, and transportation issues, which collectively hinder the effective delivery of healthcare services to those in need. Community members expressed the need for more providers willing to accept Medicaid and for healthcare services to be extended beyond conventional hours and locations. Furthermore, disparities in health insurance coverage and the complexity of healthcare systems contribute to the difficulty many face in navigating and accessing necessary care.

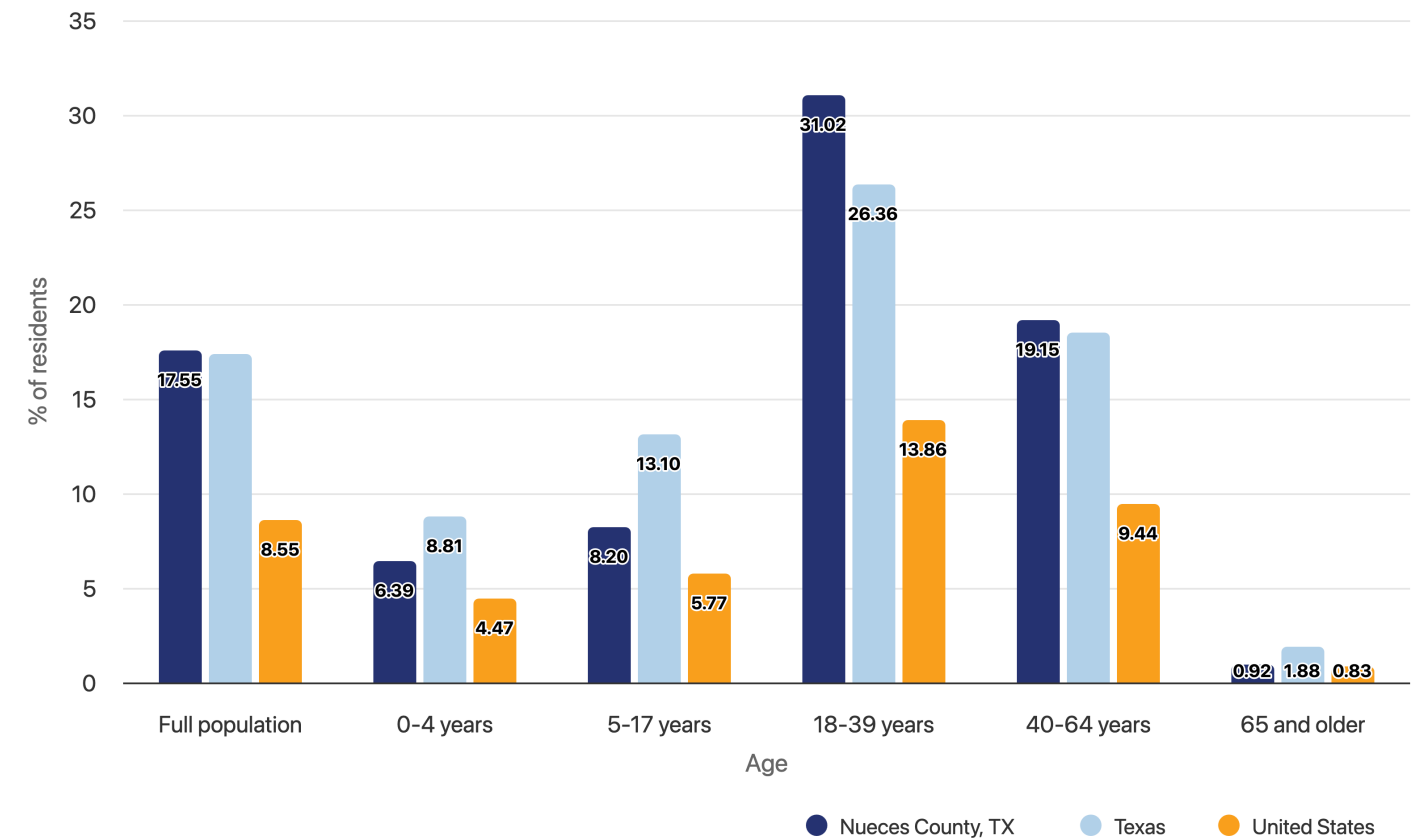
Nueces County Community Health Survey respondents, 28.3 percent reported delaying one or more doctor’s appointment in the past 12 months. The most common reasons for delaying care were lack of time, cost of care, and lack of transportation.

# Uninsured rate

The uninsured rate in Nueces County, TX is higher across all age groups compared to the United States averages. Notably, 31.02% of 18-39 year-olds in Nueces County are uninsured, which is more than double the state average and over twice the national average. This trend indicates a critical need for improved healthcare coverage in the county, particularly among younger adults.

**Uninsured rate by Age, 2019-2023**

Nueces County, TX and comparison

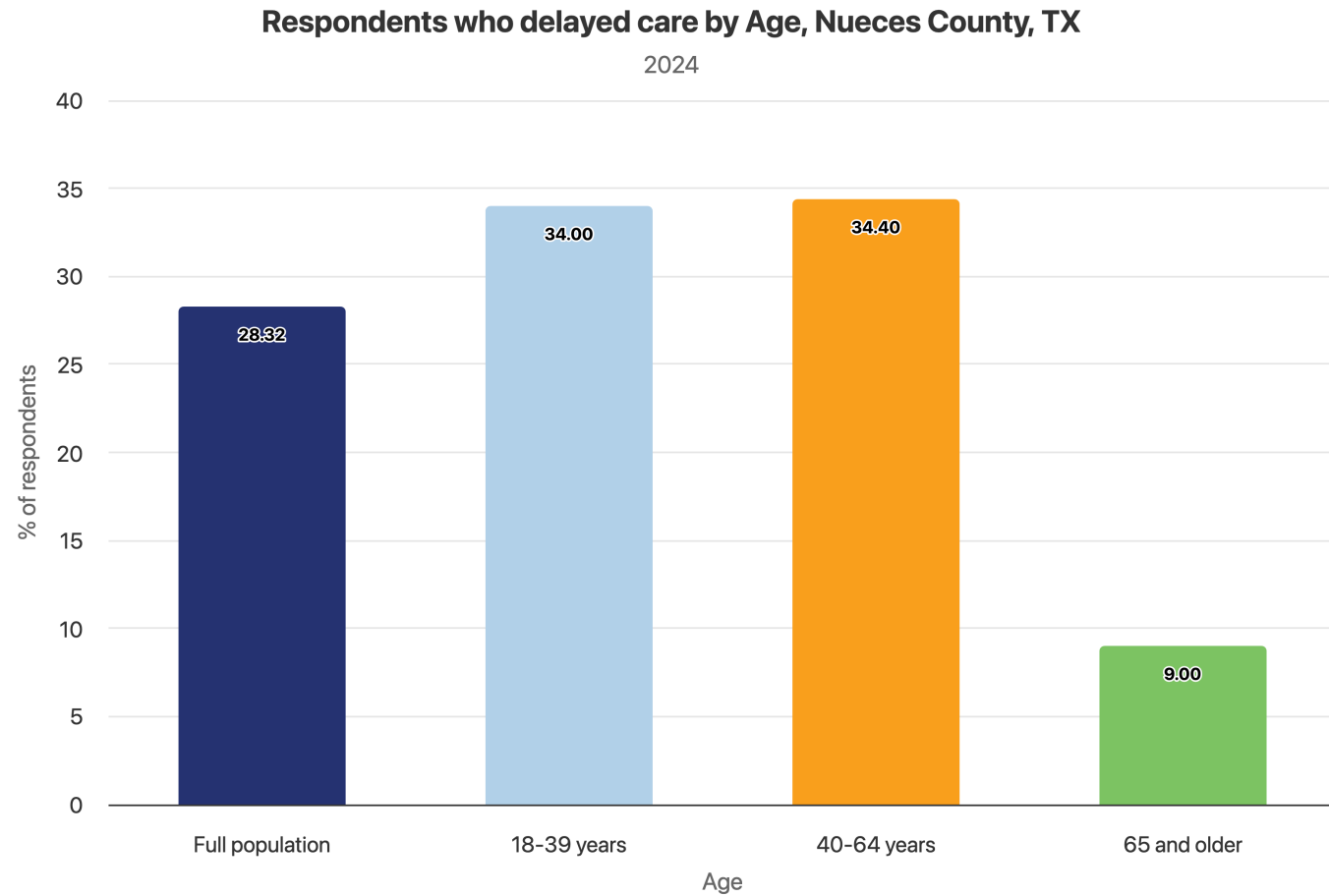


Created on Metopio | [metop.io/i/tzgmyp4s](https://metop.io/i/tzgmyp4s) | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/27001)

Uninsured rate: Percent of residents without health insurance (at the time of the survey).

## Chart of Respondents who delayed care

Among Nueces County Community Health Survey respondents, 28.32% reported delaying needed care at some point in the last 12 months. Respondents aged 40-64 and 18-39 reported the highest rates of delayed care at 34.4% and 34.0%, respectively. The most common reason survey respondents said they delayed care was “lack of time.”

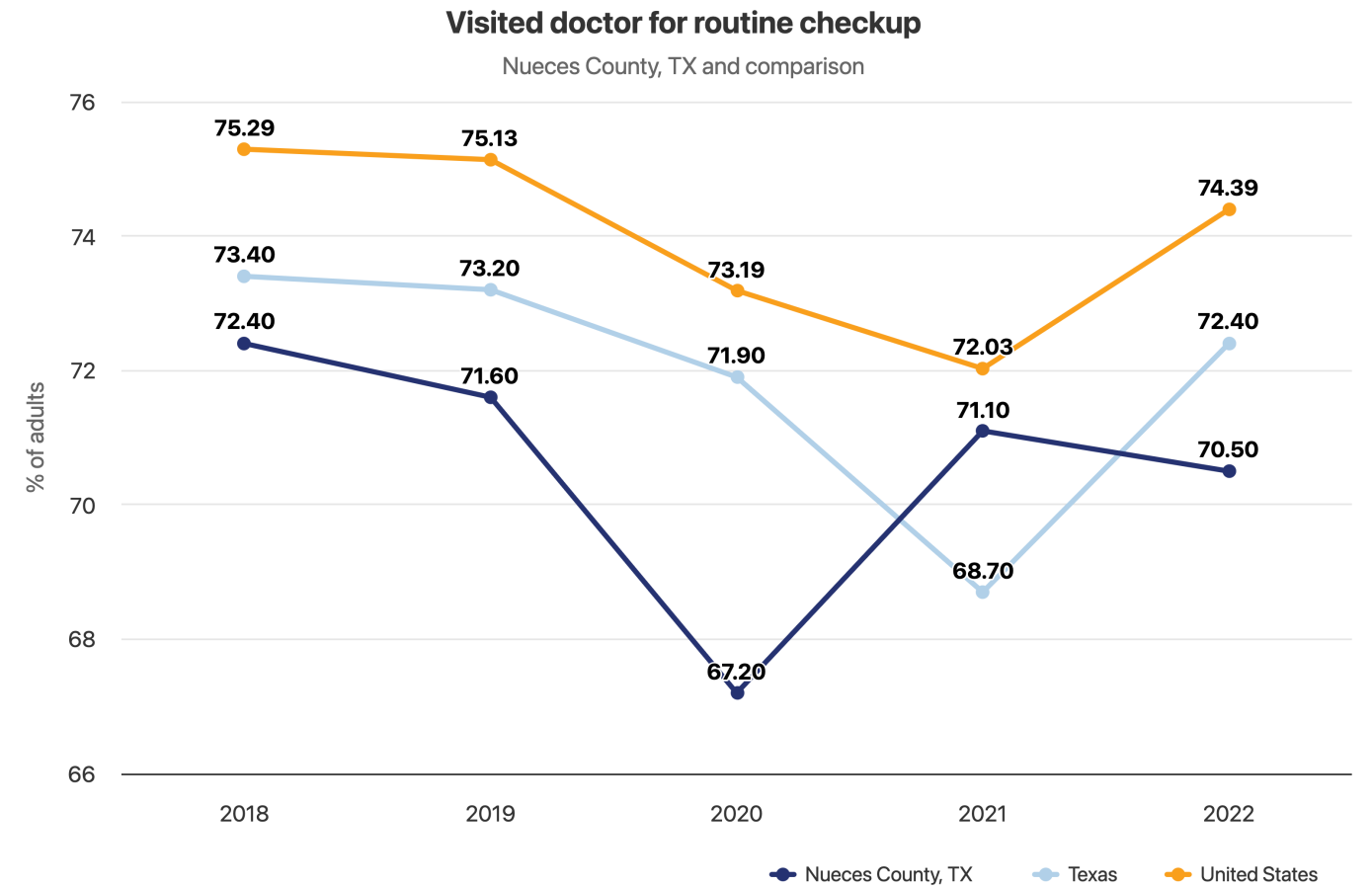


Created on Metopio | [metop.io/i/wk3mzk9s](https://metop.io/i/wk3mzk9s) | Data source: Corpus Christi - Nueces County Community Health Survey

Respondents who delayed care: Percentage of survey respondents who marked “Yes” when asked: “In the past 12 months, have you missed or delayed one or more doctor’s appointments?”

## Visited doctor for routine checkup

The percentage of people visiting a doctor for routine checkups in Nueces County, TX, was 70.5% in 2022, slightly below the Texas average of 72.4% and the United States average of 74.39%. The county’s rate has fluctuated over the years, with a peak of 72.4% in 2018 and a low of 67.2% in 2020. This trend indicates a need for continued focus on healthcare accessibility and routine medical care in the region.

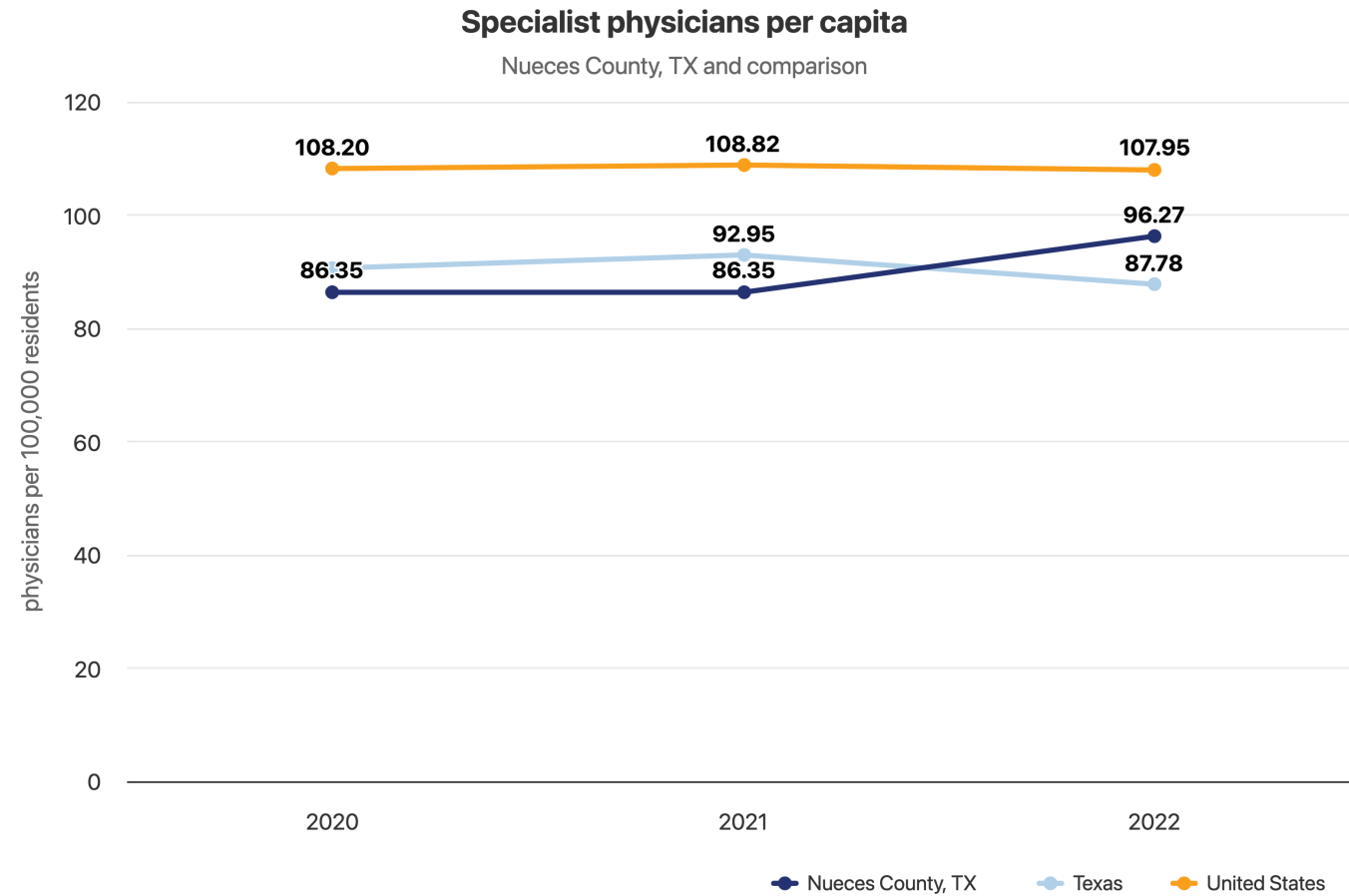


Created on Metopio | [metop.io/i/78vr5pfm](https://metop.io/i/78vr5pfm) | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract), Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA)

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

## Specialist physicians per capita

Specialist physicians per capita in Nueces County, TX have increased from 86.35 in 2021 to 96.27 in 2022, surpassing the Texas average but remaining below the national average.



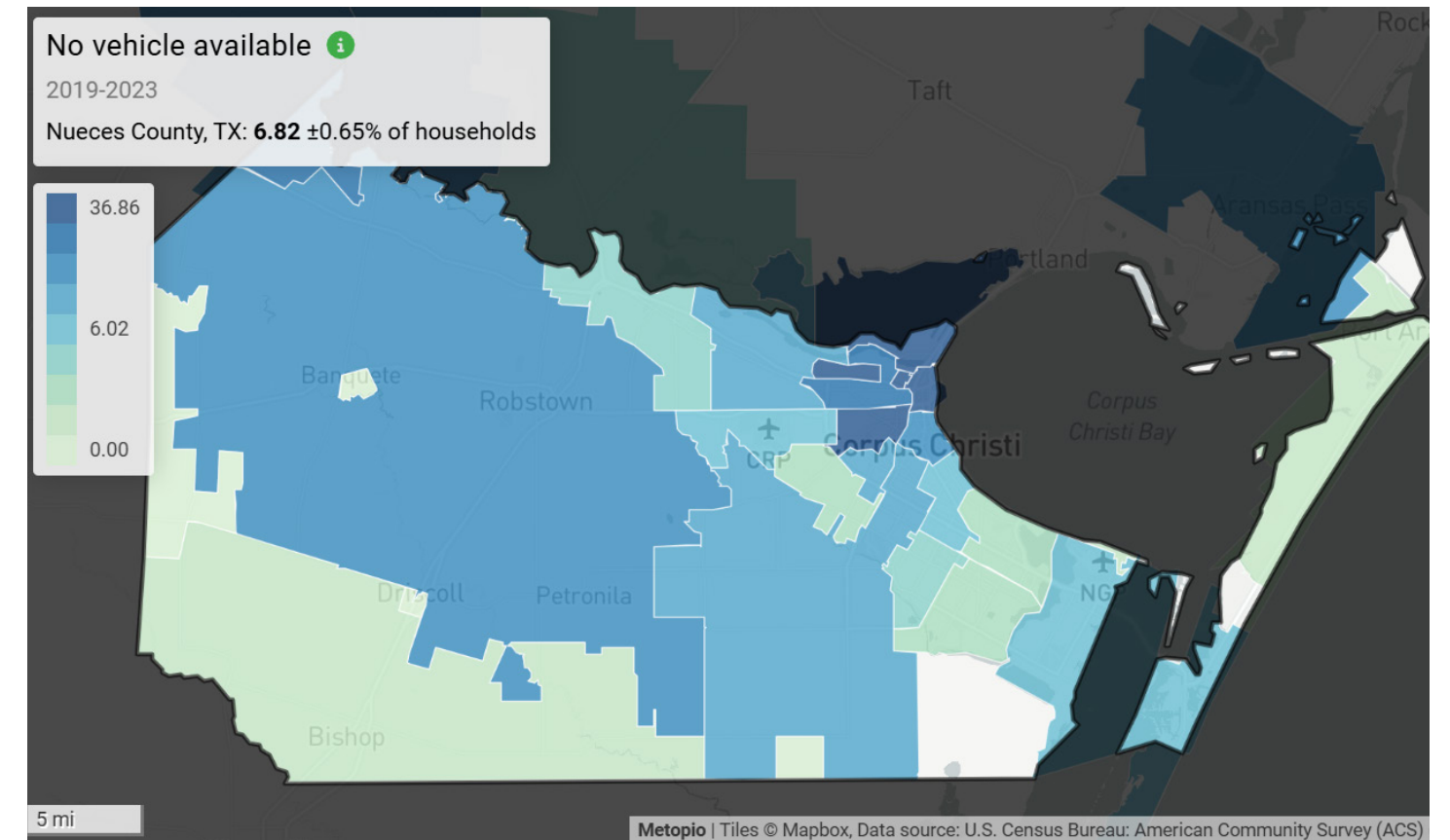
Created on Metopio | [metop.io/i/yj9zmvmr](https://metop.io/i/yj9zmvmr) | Data source: Health Resources & Services Administration: Area Health Resources Files (AHRF)

(From the AMA Masterfiles via the HRSA Primary Care Service Area data (TS\_DOC))

Specialist physicians per capita: Number of physicians in clinically active specialist physicians per 100,000 residents.

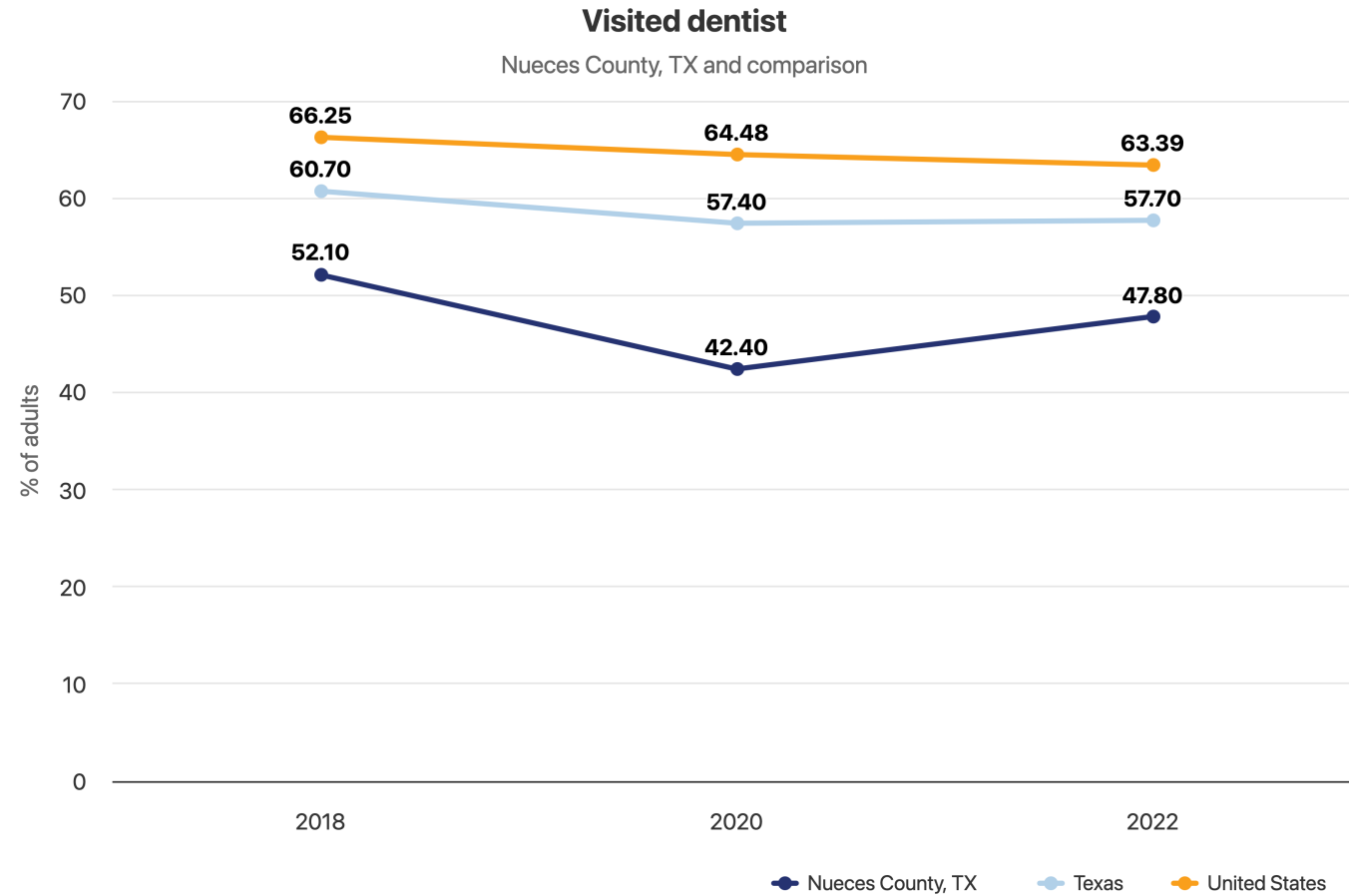
## No vehicle available

The data represents the percentage of occupied households with no personal vehicles available in various areas of Nueces County, TX, from 2019 to 2023. The percentages range from 0.0% in some areas to as high as 36.85% in others, indicating significant variation in vehicle availability across different neighborhoods.



## Visited dentist

The percentage of people who visited the dentist in Nueces County, TX, was 47.8% in 2022, which is lower than the Texas state average of 57.7% and the United States average of 63.39%.



Created on Metopio | [metop.io/i/6fqwd8tf](https://metop.io/i/6fqwd8tf) | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA), Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract)

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

# MATERNAL AND CHILD HEALTH

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

## COMMUNITY INPUT

The community feedback highlights a diverse array of services provided to support maternal and child health, such as immunizations, birth control, laboratory testing, and nutrition education. There is emphasis on ensuring that pregnant individuals and children have access to necessary health services including counseling, referrals, and developmental screenings. There were several mentions of the importance of educating caregivers to sustain healthy lifestyles at home. The need for increased mental health services for children, especially post-COVID, is also a recurring theme.

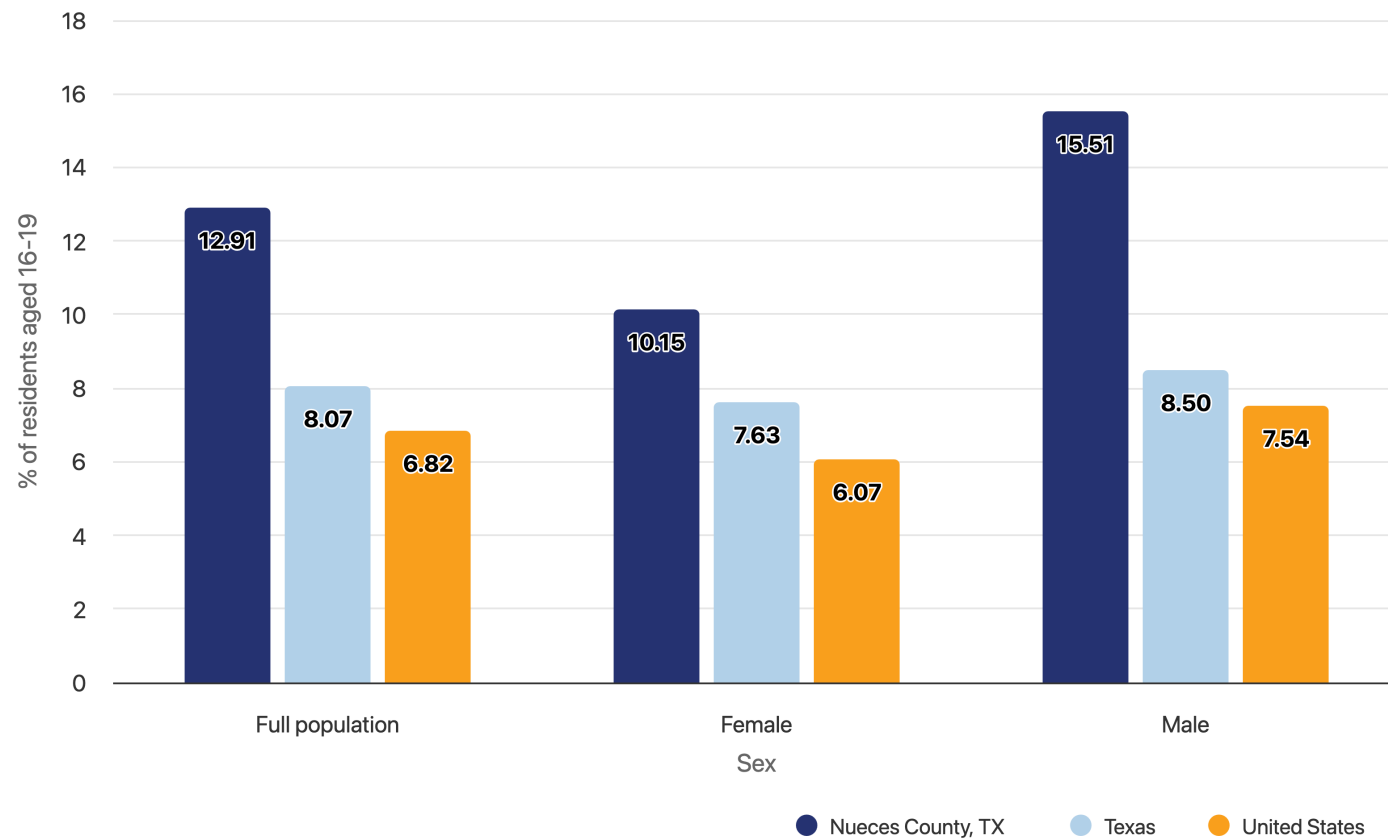


## Opportunity youth

Opportunity youth is defined as the percent of residents aged 16-19 who are neither working nor enrolled in school. Opportunity youth rates in Nueces County, TX are significantly higher compared to both Texas and the national average, indicating a critical area for intervention. In Nueces County, 12.91% of the full population falls under this category, compared to 8.07% in Texas and 6.82% in the United States. The discrepancy is more pronounced among males, with Nueces County recording 15.51% compared to 8.5% in Texas and 7.54% nationally.

**Opportunity youth by Sex, 2019-2023**

Nueces County, TX and comparison



Created on Metopio | [metop.io/i/gya3e21v](https://metop.io/i/gya3e21v) | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B14005)

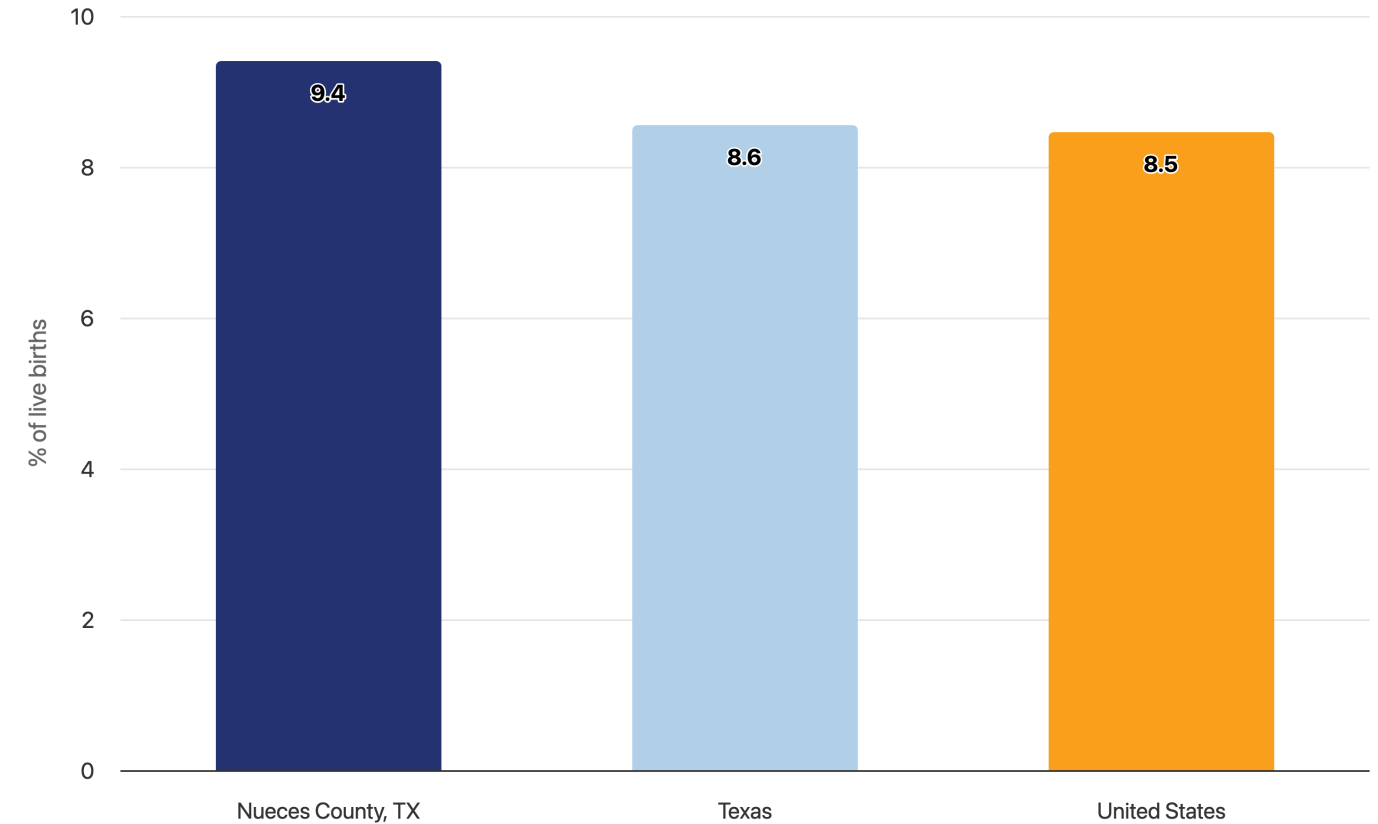
Opportunity youth: Percent of residents aged 16-19 who are neither working nor enrolled in school.

## Low birth weight

Low birth weight remains a critical indicator of maternal and infant health. In Nueces County, Texas, the percentage of low birth weight stands at 9.4%, notably higher than both the state average of 8.56% and the national average of 8.46%. This disparity suggests a significant local health challenge, potentially indicating issues related to prenatal care, maternal health, or socio-economic factors that might be more pronounced in this region than in Texas or the broader United States.

**Low birth weight, 2020-2022**

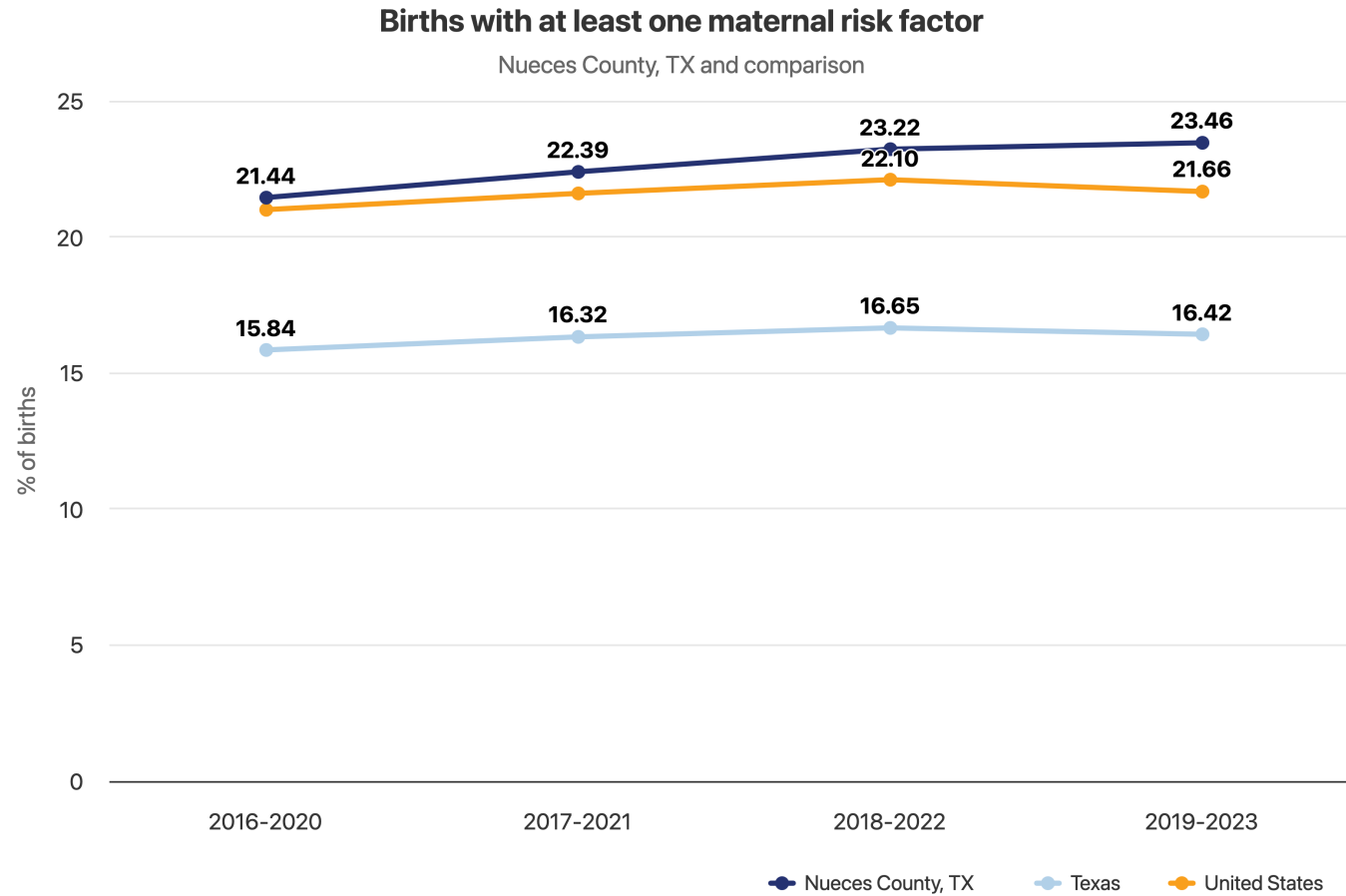
Nueces County, TX and comparison



Created on Metopio | [metop.io/i/36wvr7yr](https://metop.io/i/36wvr7yr) | Data sources: State public health departments (via KIDS COUNT, <https://datacenter.kidscount.org>), Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) (3-year data), Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Nativity (NVSS-N) (Via CDC Wonder Health Low birth weight: Percent of live births with a birth weight of less than 2,500 grams (5 lbs. 8 oz), Infants may be low birth weight because of inadequate interuterine growth or premature birth. Risk factors include sociodemographic and behavioral characteristics, such as low income and tobacco use during pregnancy. Data for this topic can be very sparse, different states are available for different time periods.

## Births with at least one maternal risk factor

The percentage of births with at least one maternal risk factor (including Chronic Hypertension, Eclampsia, Diabetes, Tobacco use, or Pregnancy-associated hypertension) in Nueces County, TX, has consistently been higher than both the state and national averages from 2019 to 2023. Specifically, Nueces County reported 23.46% in 2019-2023, compared to Texas' 16.42% and the United States' 21.66%. This trend indicates a significant local health concern that exceeds broader regional and national patterns.



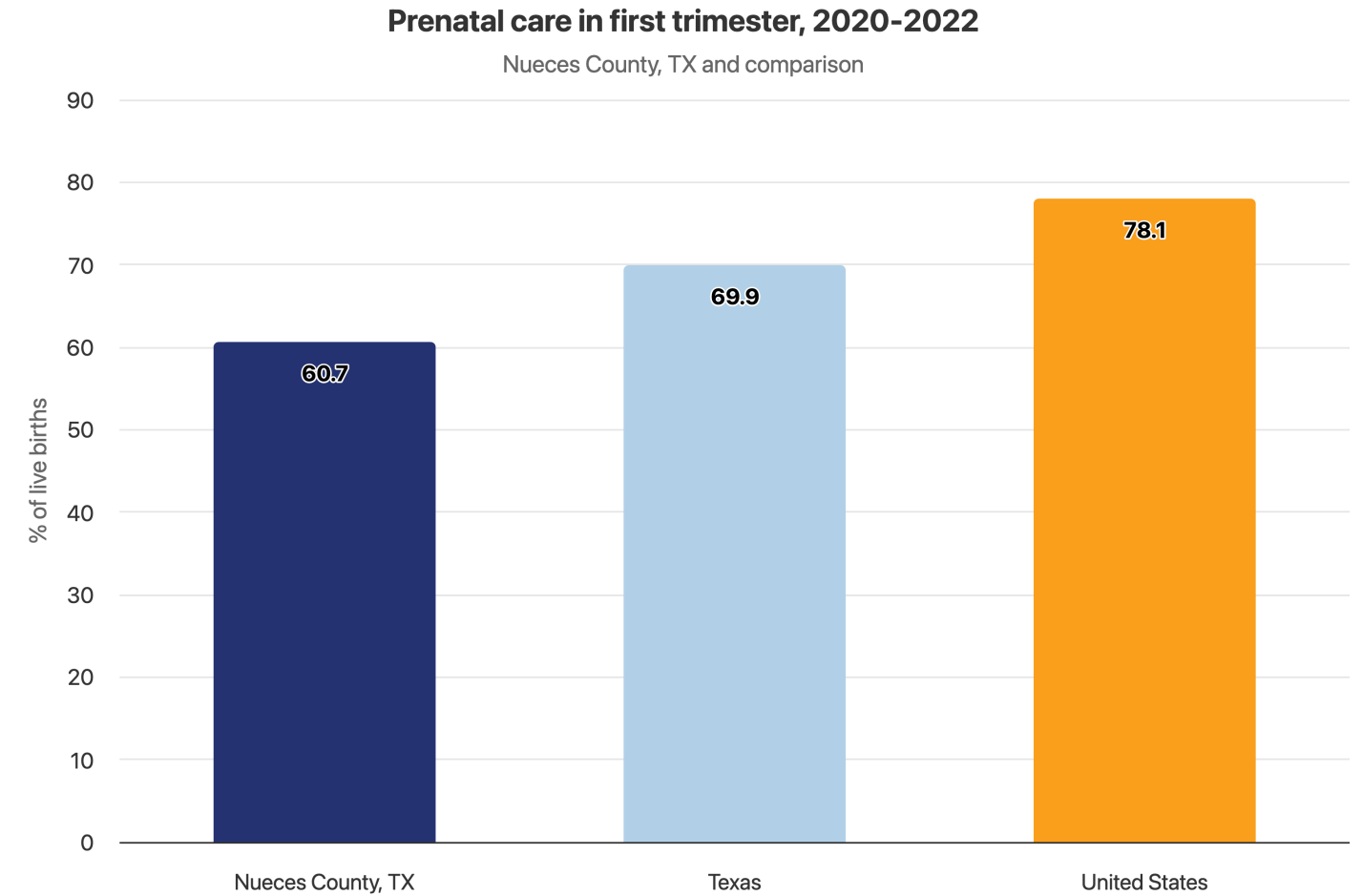
Created on Metopio | [metop.io/i/ttu62280](https://metop.io/i/ttu62280) | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (via CDC Wonder; 5 year data)

Births with at least one maternal risk factor: Births where the mother has at least one of the following conditions:

Chronic Hypertension, Eclampsia, Diabetes, Tobacco use, or Pregnancy-associated hypertension

## Prenatal care in first trimester

Prenatal care in the first trimester is a critical health indicator. In Nueces County, TX, 60.7% of live births received first trimester prenatal care, which is lower than the state and national averages.



Created on Metopio | [metop.io/i/99w8sxn5](https://metop.io/i/99w8sxn5) | Data source: Health Resources & Services Administration: Maternal and Child Health Bureau

(MCHB)

Prenatal care in first trimester: Estimated percentage of live births with first trimester prenatal care.

# HEALTH BEHAVIORS

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

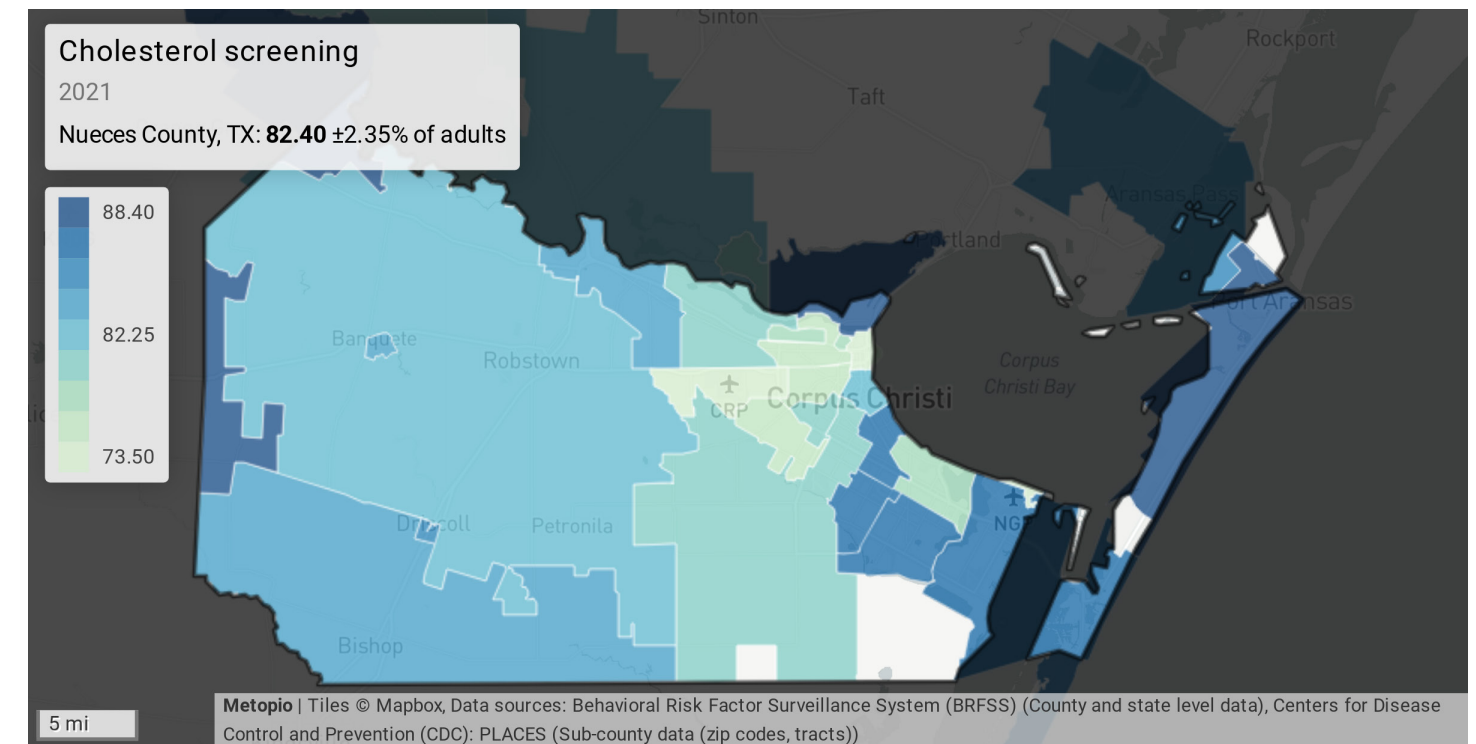
## COMMUNITY INPUT

Community members are actively engaged in various health behavior initiatives aimed at improving their health and well-being. These include programs for diabetes management, STI testing, nutrition education, and mental health services. There is a significant emphasis on providing accessible healthcare services to underserved populations, including those without insurance. Services such as free birth control, food pantries, and transportation assistance for medical appointments are crucial. Educational efforts are also highlighted, with programs targeting literacy in health-related areas such as disease prevention, healthy eating, and the importance of vaccinations before school entry.



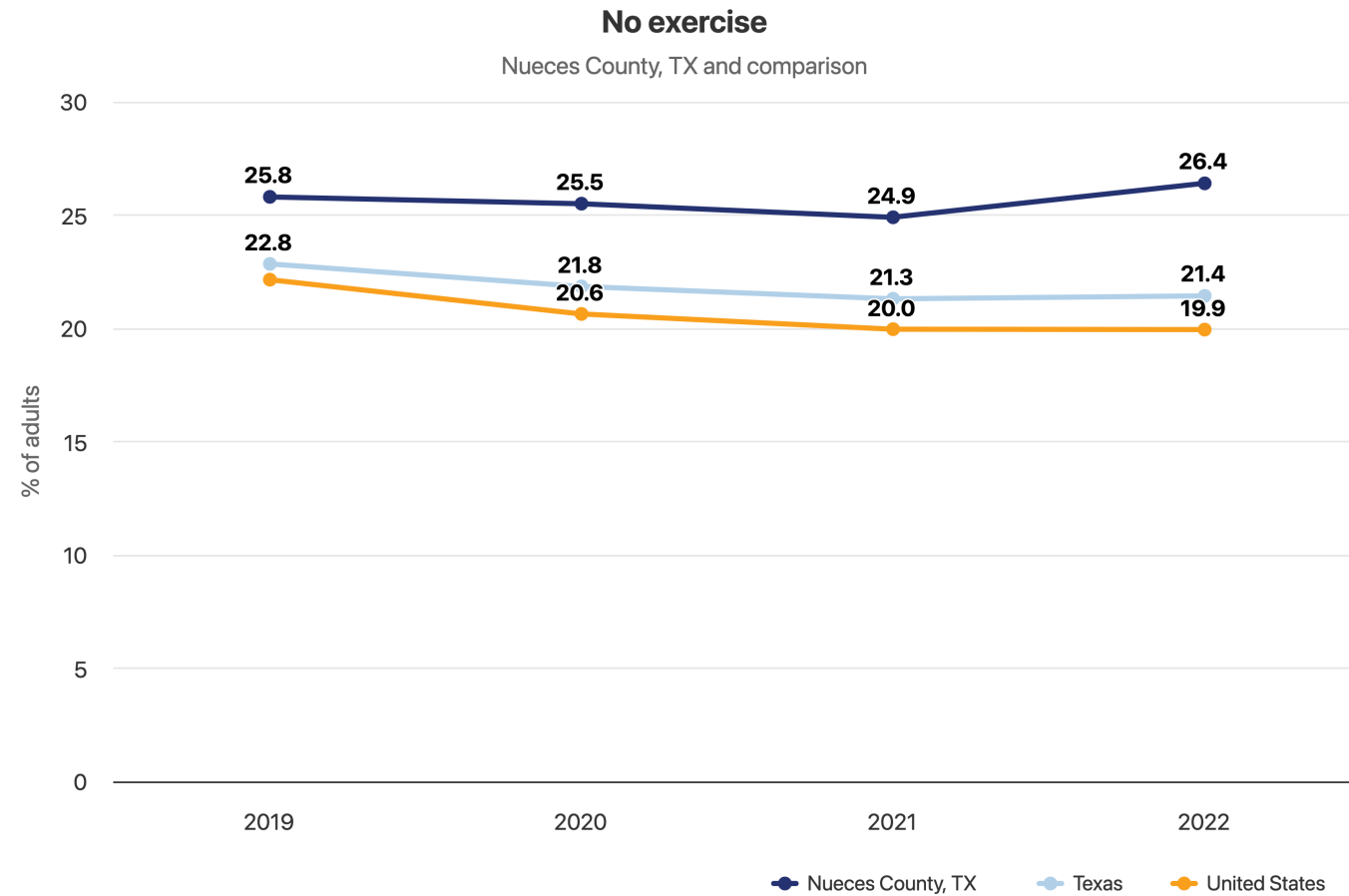
## Cholesterol screening

Cholesterol screening is a crucial preventive measure that helps individuals manage the risk of cardiovascular diseases. In the Corpus Christi area and its surrounding cities, like Bishop, and Driscoll, there's a notable variation in screening rates among adults. For example, in 2021, Corpus Christi itself showed disparities ranging from as high as 88.4% in the 78373 zip code to a low of 73.5% in the 78406 area. This uneven distribution indicates a need for targeted public health initiatives to increase awareness and access to cholesterol screening services, which are essential for reducing the burden of heart disease in the community.



## No physical activity or exercise

Nueces County, TX, demonstrates a higher percentage of residents not engaging in physical activity compared to both the state and national averages, with 34.4% of its population inactive, in contrast to 27.64% in Texas and 23.68% across the United States in 2022. This elevated rate of inactivity could have significant implications for community health, potentially leading to higher instances of lifestyle-related diseases such as obesity, diabetes, and heart disease, which places additional strain on local healthcare systems and economic stability.

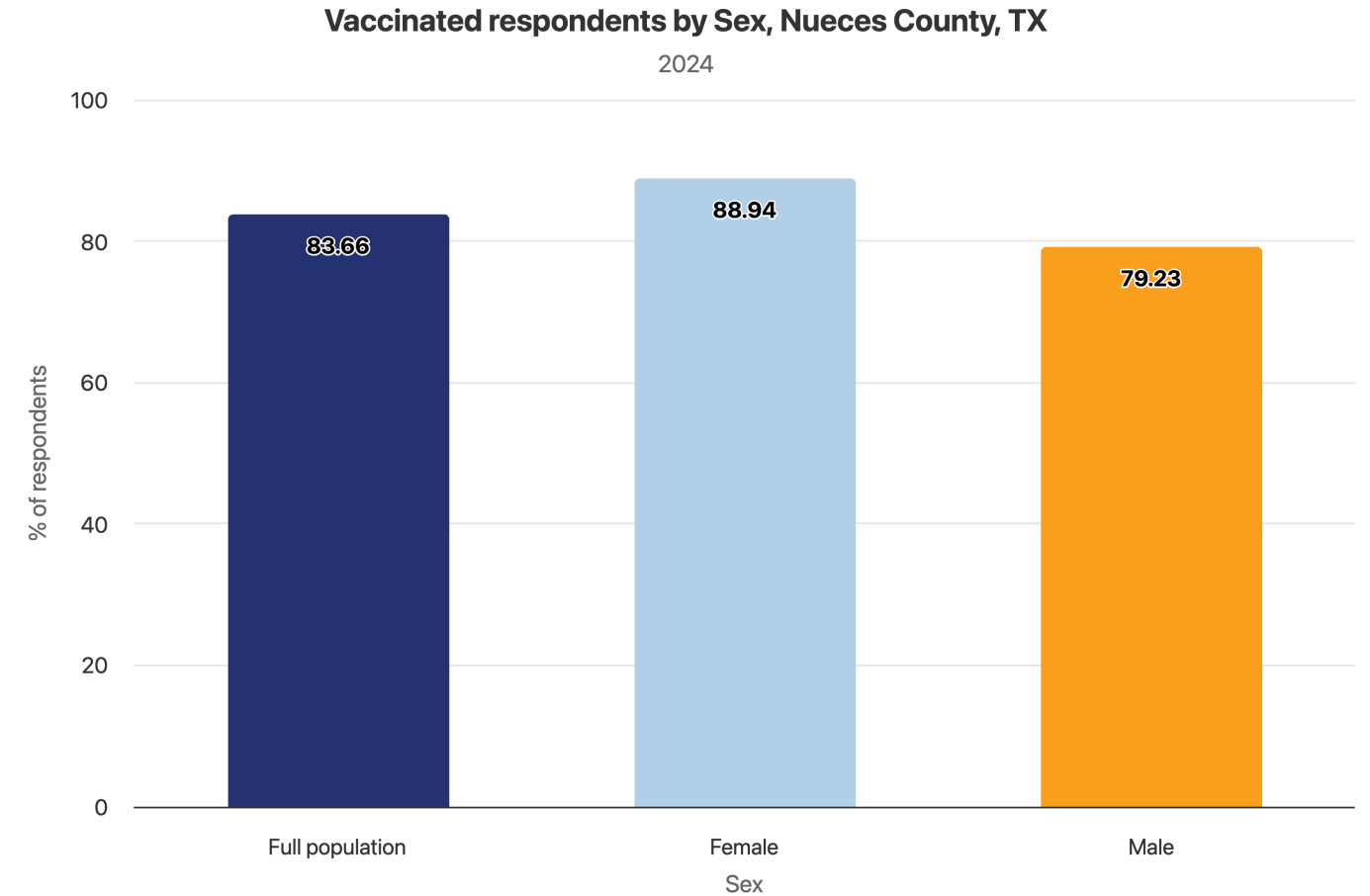


Created on Metopio | [metop.io/i/n174dzc](https://metop.io/i/n174dzc) | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract), Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA)

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

## Chart of Vaccinated respondents

In Nueces County, 83.66% of Nueces County Community Health Survey respondents reported being up to date on all required vaccinations for their age. This rate was higher among the female population at 88.94% compared to the male population at 79.23%. Respondents were most likely to report receiving vaccines at a pharmacy.

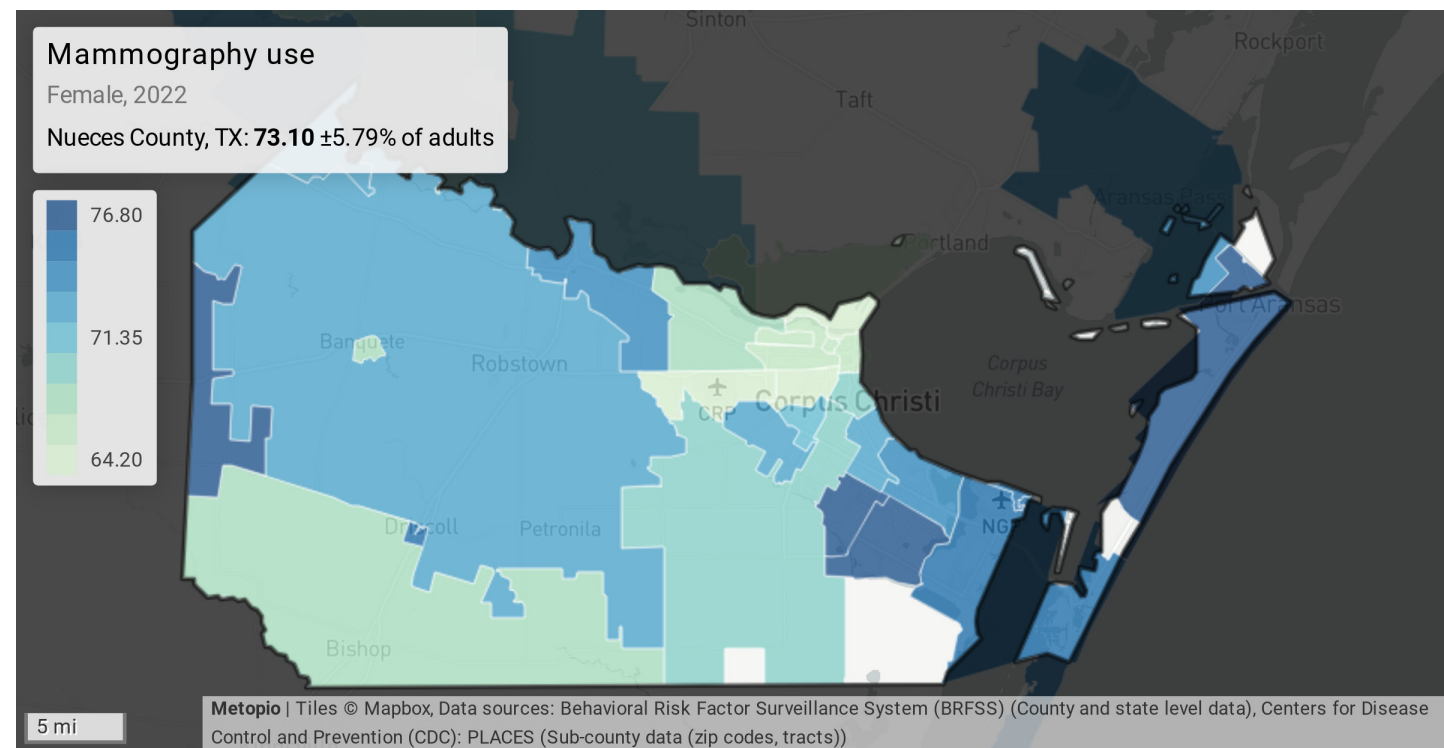


Created on Metopio | [metop.io/i/moujgh9s](https://metop.io/i/moujgh9s) | Data source: Corpus Christi-Nueces County Community Health Survey

Vaccinated respondents: Percentage of survey respondents who marked “Yes” when asked: “Are you up to date on all recommended vaccines or immunizations for your age?”

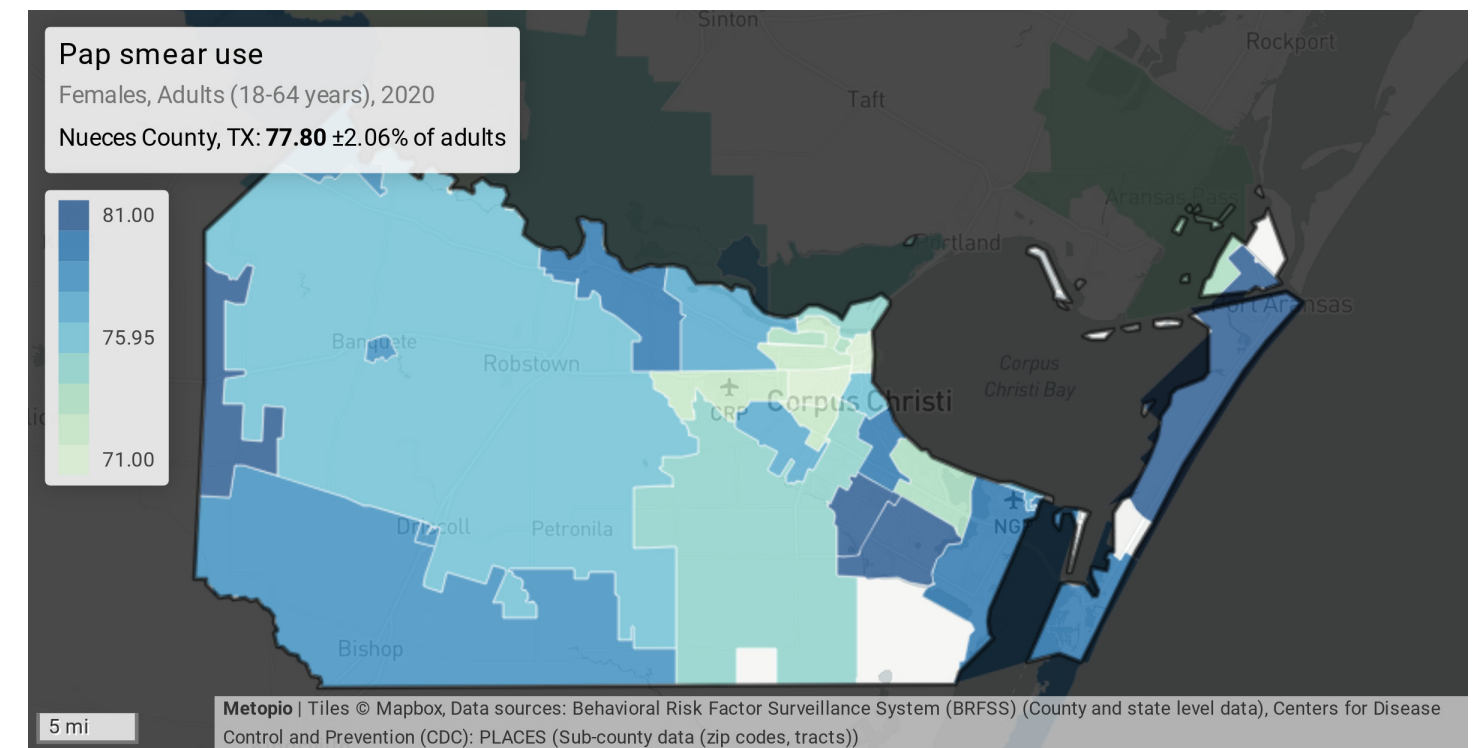
## Mammography use

Focusing on Nueces County, with a specific look at Corpus Christi and its surrounding areas, data from 2022 shows that the percentage of women reporting mammograms within the last two years ranges broadly from about 64% to 77%. This variation suggests the need for targeted health interventions that can enhance mammography rates and, consequently, early detection of breast cancer, thereby potentially improving outcomes for women in these communities.



## Pap Smear use

Pap smear screening is a critical preventive measure for cervical cancer, particularly among women aged 21-65. This data from various zip codes in and around Corpus Christi, Texas, reveals a generally high adherence to this preventive practice, with participation rates ranging from approximately 71% to 81% in 2020. These figures illustrate a robust engagement with cervical health initiatives in this region, underscoring the impact of awareness and access to healthcare services on community health outcomes. Such widespread utilization of Pap smears can significantly contribute to early detection and treatment of cervical cancer, enhancing the overall well-being of the female population in the Corpus Christi area..





## OTHER SIGNIFICANT HEALTH NEEDS

- Behavioral Health
- Socioeconomic Factors
- Food Access
- Housing

## BEHAVIORAL HEALTH

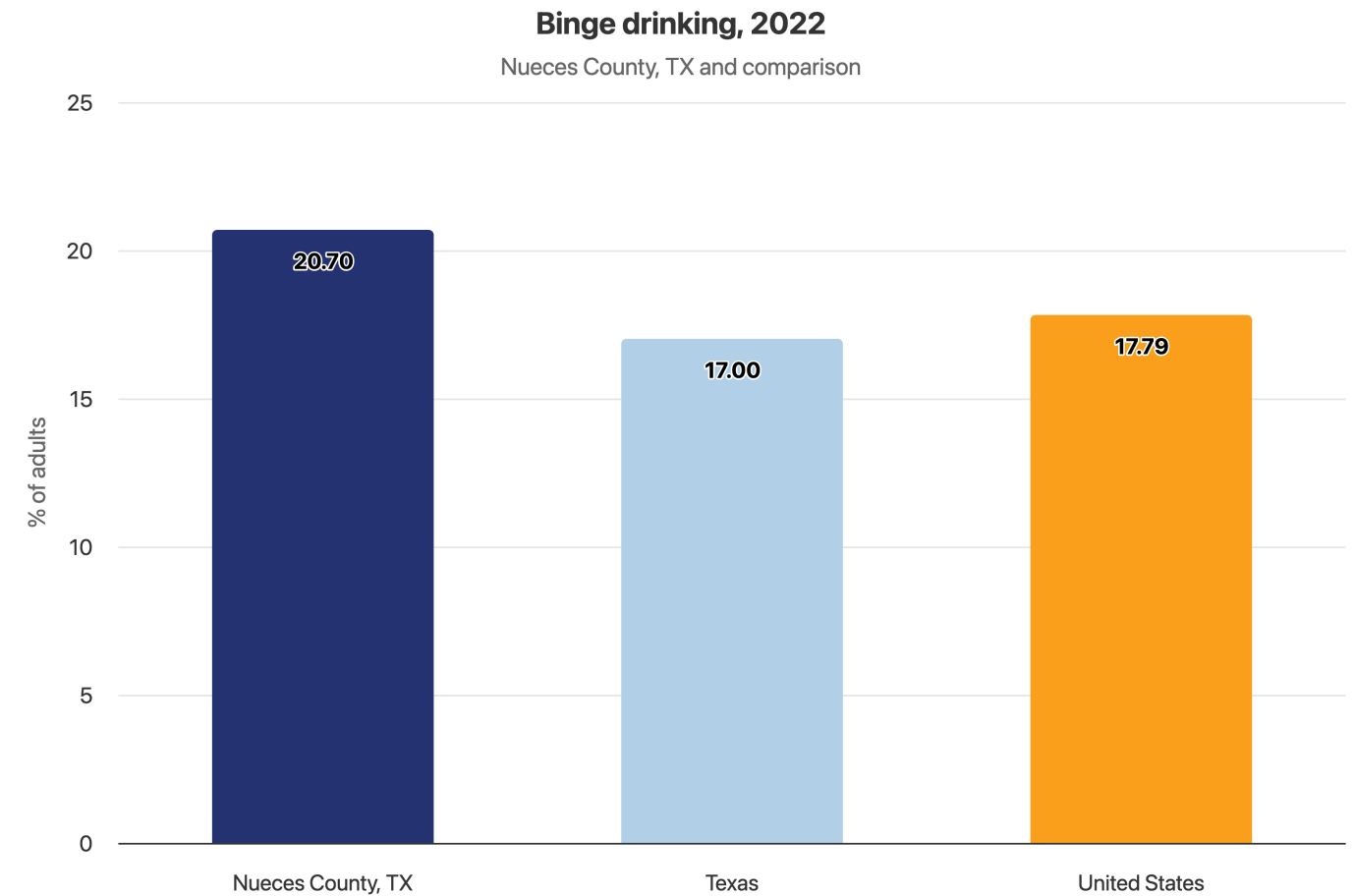
Includes the prevalence of mental health disorders and access to mental health services, addressing issues like depression and anxiety, and other disorders, as well as substance abuse such as addiction to drugs and alcohol.

## COMMUNITY INPUT

Community feedback reveals a gap in mental health services for children and those with substance use disorders. The impact of the pandemic has intensified isolation and mental health issues, leading to calls for expanding access to mental health care and improving the recognition of trauma's effects on mental health. Community partners described the needed integration of mental health services into broader health departments and systems, and the creation of specific roles like crisis intervention officers in order to move towards a more structured approach to managing these challenges.

## Binge drinking

Binge drinking in Nueces County, TX, surpasses both the state and national averages, with a rate of 20.7%, compared to 17.00% in Texas and 17.79% in the United States. This indicates a significant public health concern that could impact community safety, health care costs, and overall quality of life.

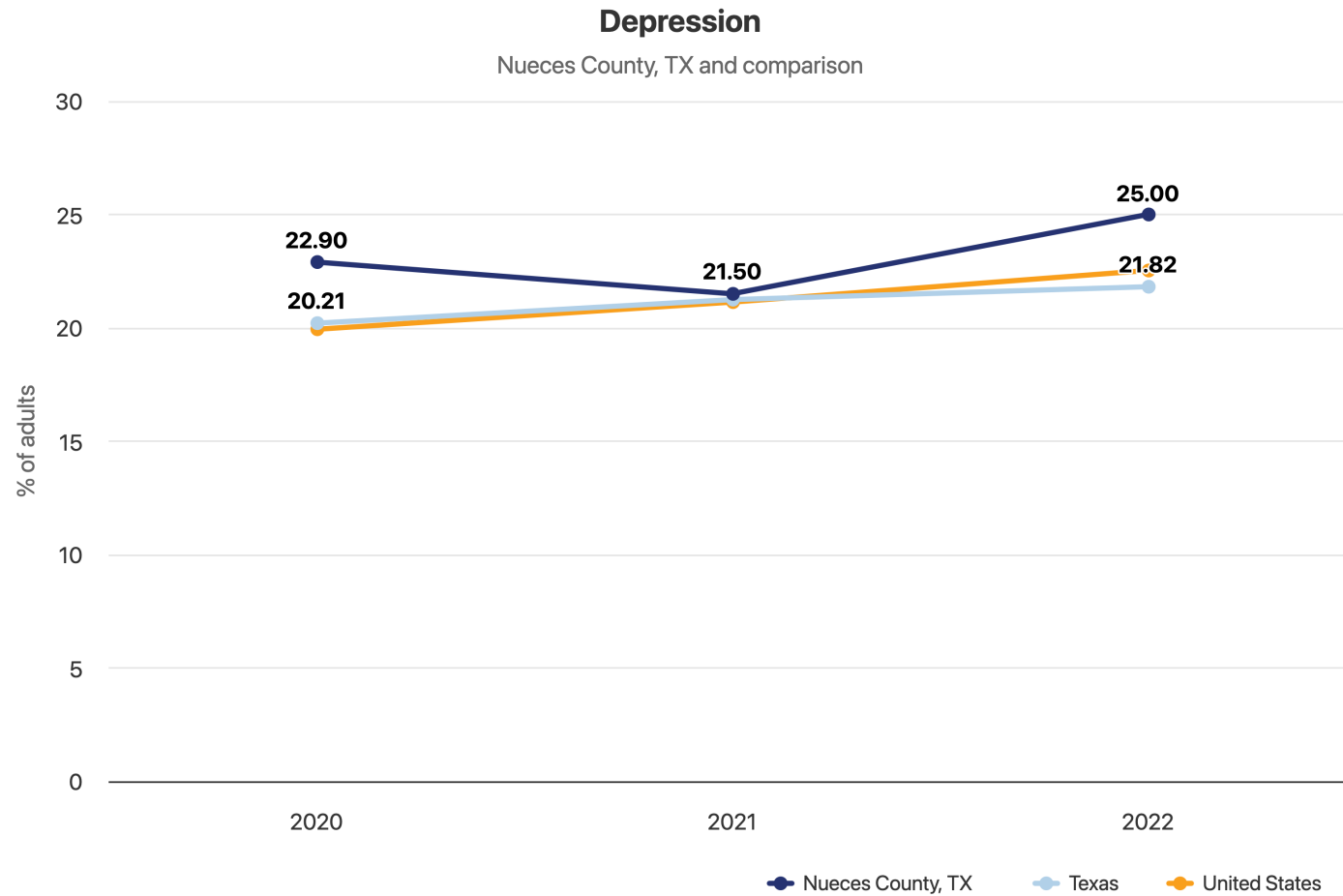


Created on Metopio | [metop.io/i/fipirty1](https://metop.io/i/fipirty1) | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (for state and MSA), Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract)

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

## Depression

Depression rates in Nueces County, TX, stand at 25%, which is higher than the state and national averages. This suggests a significant mental health burden specific to the local community, potentially requiring additional mental health resources.

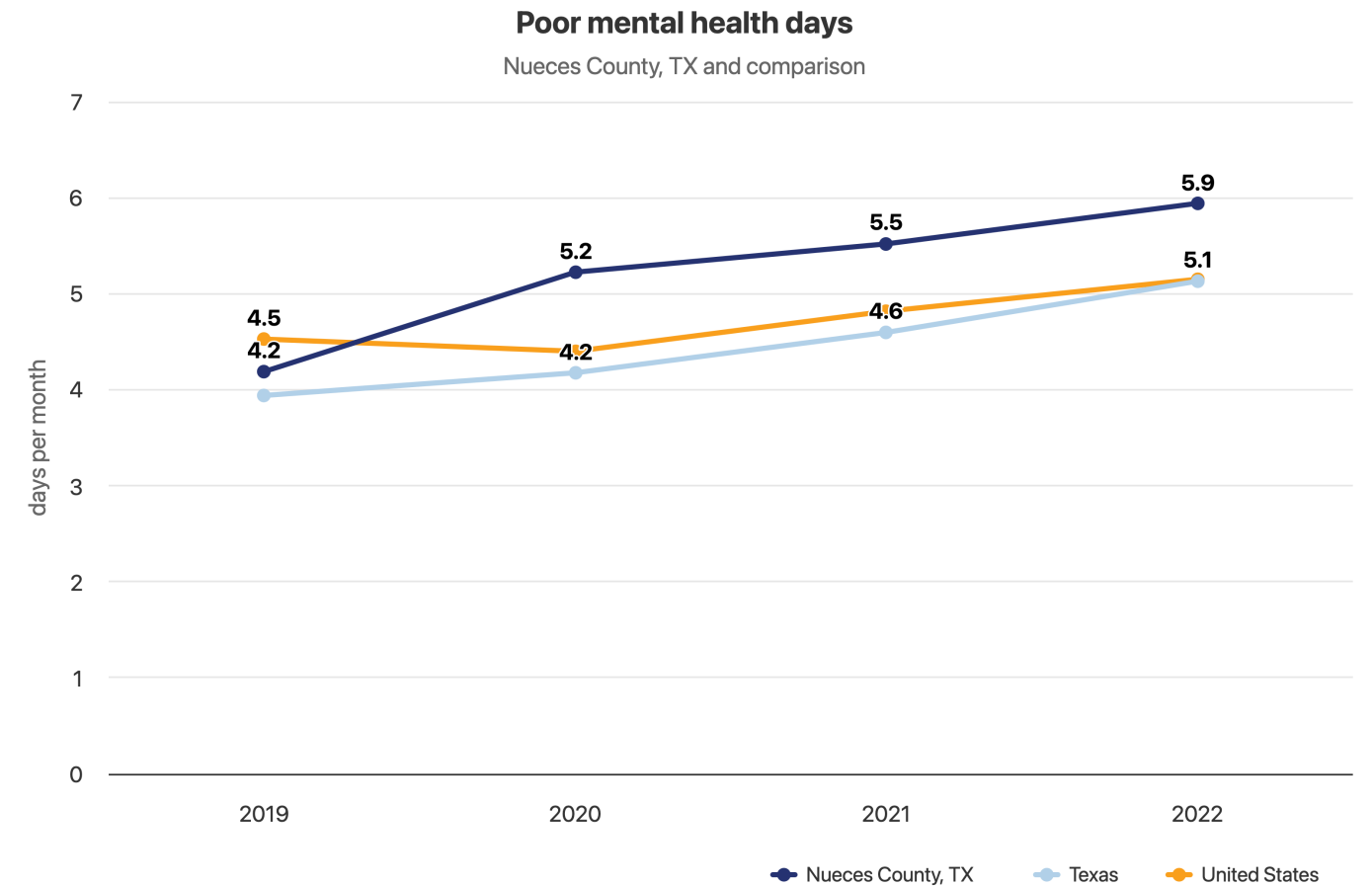


Created on Metopio | [metop.io/i/sjqy29yw](https://metop.io/i/sjqy29yw) | Data source: Centers for Disease Control and Prevention (CDC): PLACES (for county, zip code, and census tract)

Depression: Prevalence of depression among adults 18 years and older

## Poor mental health days

Residents of Nueces County, TX experience more poor mental health days on average compared to the broader Texas and United States averages, reporting about 5.9 mentally unhealthy days in the past 30 days, on average.

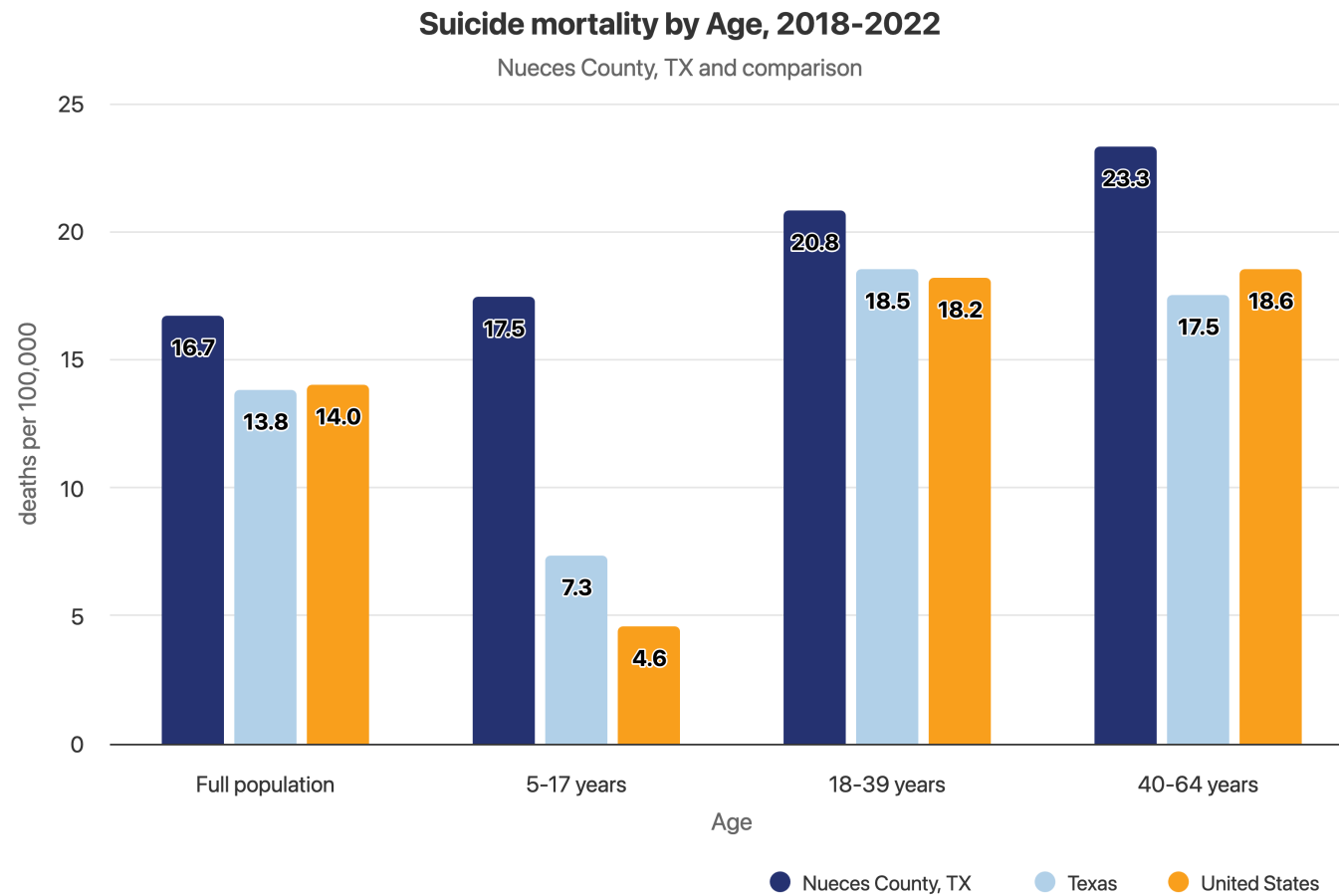


Created on Metopio | [metop.io/i/ay2rbzd3](https://metop.io/i/ay2rbzd3) | Data sources: Behavioral Risk Factor Surveillance System (BRFSS) (Pre-2017 data), University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from BRFSS)

Poor mental health days: Number of mentally unhealthy days, during the past thirty days, among adults aged 18 and older.

## Suicide mortality

Suicide mortality rates in Nueces County, TX, reveal a concerning trend across various age groups, particularly when compared to broader Texas and national averages. Notably, the rate for the 5-17 age group in Nueces County stands at 17.46 per 100,000, significantly higher than the state average of 7.33 and the national average of 4.55. This elevated rate in younger populations may indicate specific local challenges in mental health services or community support structures.



Created on Metopio | [metop.io/i/v3mm3mp](https://metop.io/i/v3mm3mp) | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)

*Suicide mortality: Deaths per 100,000 residents due to suicide (ICD-10 codes \*U03, X60-X84, Y87.0). In the United States, decisions about whether deaths are listed as suicides on death certificates are usually made by a coroner or medical examiner. The definition of suicide is "death arising from an act inflicted upon oneself with the intent to kill oneself."*



## SOCIO-ECONOMIC FACTORS

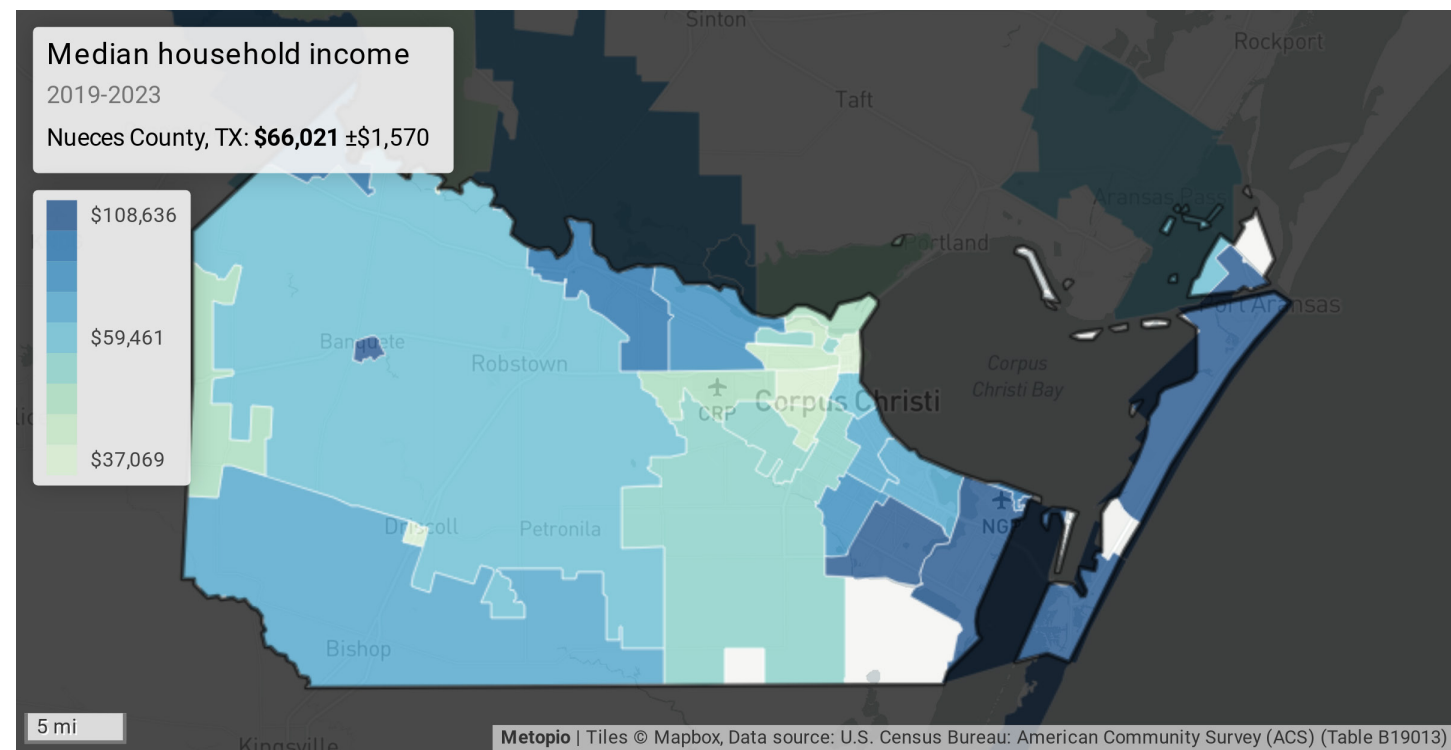
Education and graduation rates, income, employment, and other socio-economic indicators have a strong impact on a community's overall health and well-being.

## COMMUNITY INPUT

Socio-economic factors significantly influence community health by impacting access to essential services such as healthcare, nutrition, and housing. These factors create barriers that disproportionately affect the underprivileged sectors of the community, leading to a cycle of poverty and health disparities. Community members described difficulty in obtaining stable employment for individuals with criminal records or those working in informal economies. Community members were vocal about the struggles related to socio-economic barriers that hinder their access to necessary services. Issues such as food insecurity, lack of affordable housing, and the high cost of healthcare without adequate insurance coverage are prevalent. Many individuals face difficulties in navigating systems to access social services like SNAP benefits, Medicare, or Medicaid, often exacerbated by logistical challenges like transportation or the availability of services only during standard work hours. These problems are compounded for vulnerable populations, including the homeless, older adults, and those with chronic health conditions, who often rely heavily on community support programs.

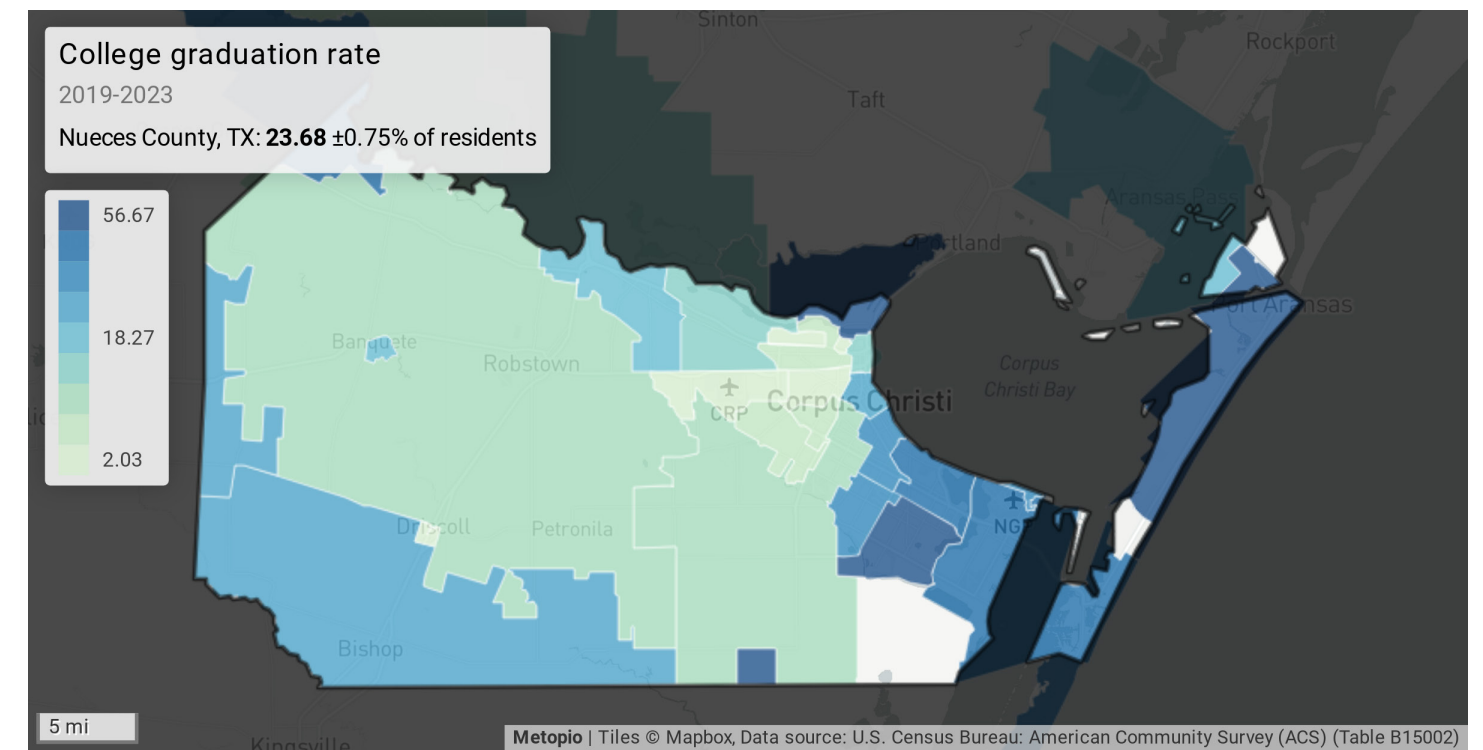
## Median household income

Median household income significantly varies across the locales within and around Corpus Christi, Texas, reflecting diverse economic conditions. In this region, household incomes range from as low as about \$37,000 in Driscoll and certain areas of Corpus Christi to a high of around \$108,000 in Banquete. This variation in income levels highlights the economic disparities that can exist even within closely situated communities, impacting access to resources, educational opportunities, and overall quality of life.



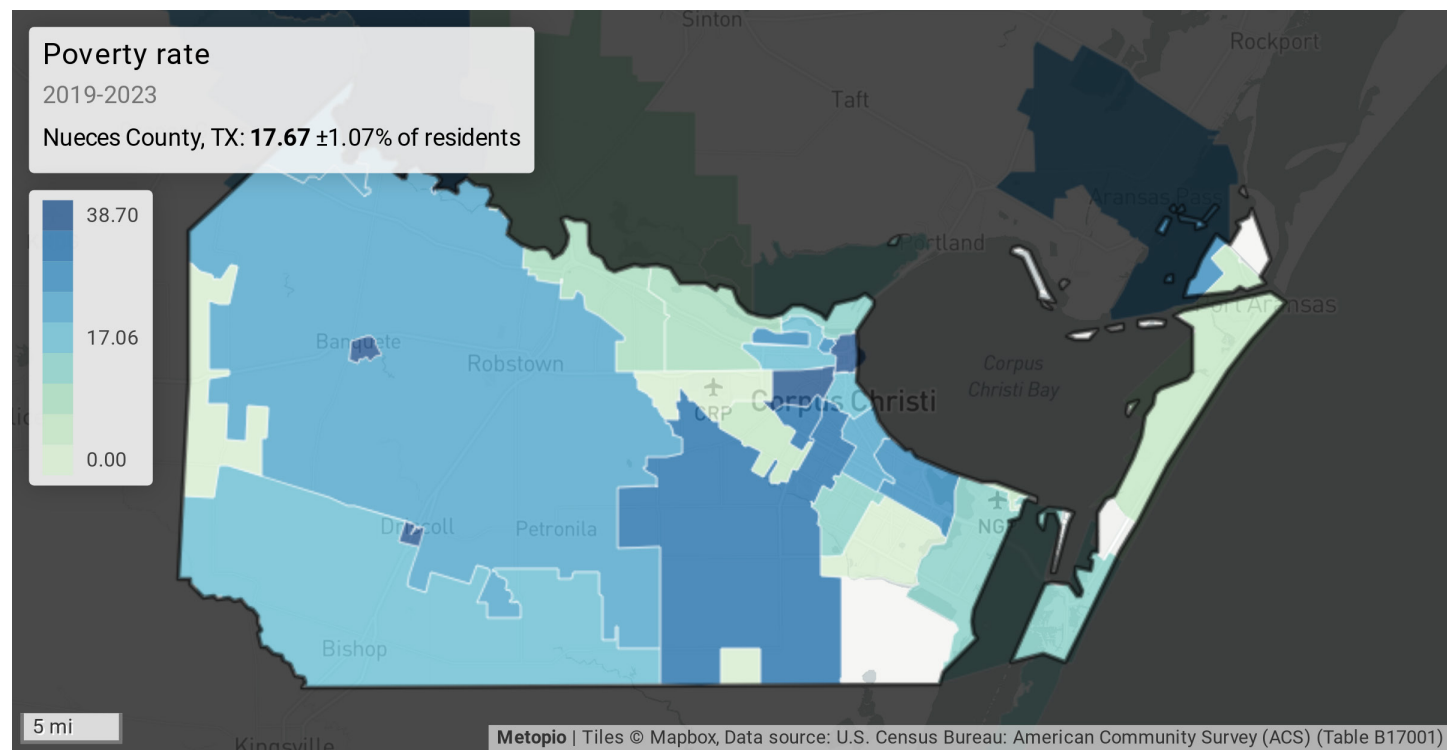
## College graduation rate

College graduation rates in the Corpus Christi, Texas area and its surrounding communities reveal significant disparities, with percentages ranging broadly from as low as about 2% in parts of Corpus Christi to over 56% in other areas. The variance in college graduation rates across these regions indicates differing access to educational opportunities, which can profoundly impact local economies and social structures by influencing employment rates and community development.



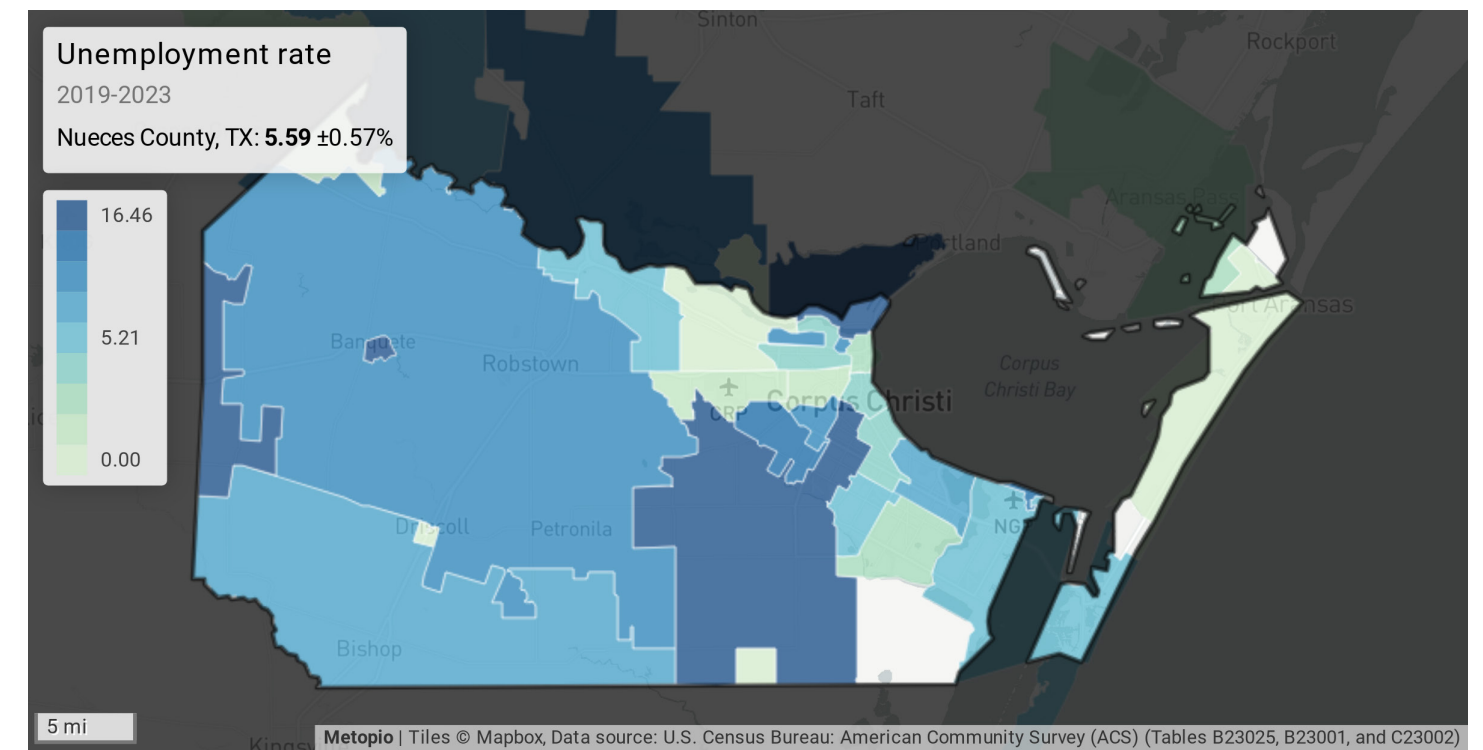
## Poverty rate

The exploration of poverty rates across different zip codes in the Corpus Christi area and its surrounding regions reveals significant disparities. Concentrated within Nueces County in Texas, these areas exhibit poverty levels ranging widely from as low as 0% in unspecified locales to a concerning high of nearly 39% in Driscoll.



## Unemployment rate

The unemployment rate within various locations in and around Corpus Christi, Texas, reflects a diverse economic landscape from 2019 to 2023, with differing levels of joblessness among its residents. In particular, areas such as Banquete and parts of Corpus Christi itself exhibit significant variations, with Banquete facing a high unemployment rate of approximately 16.5%, while some zip codes within Corpus Christi show lower or negligible rates.



# FOOD ACCESS

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

# COMMUNITY INPUT

Food access is a critical issue that reflects the overall health and wellbeing of communities, particularly those in underserved areas. Many community members struggle with food insecurity, which is exacerbated by a variety of factors including affordability, availability, and accessibility of nutritious food.

The community's feedback supports the widespread use and essential nature of food pantries, with many individuals relying heavily on these resources to meet their nutritional needs. Despite the availability of these pantries, there are significant obstacles such as transportation, storage, and the rising cost of food that hinder effective utilization.

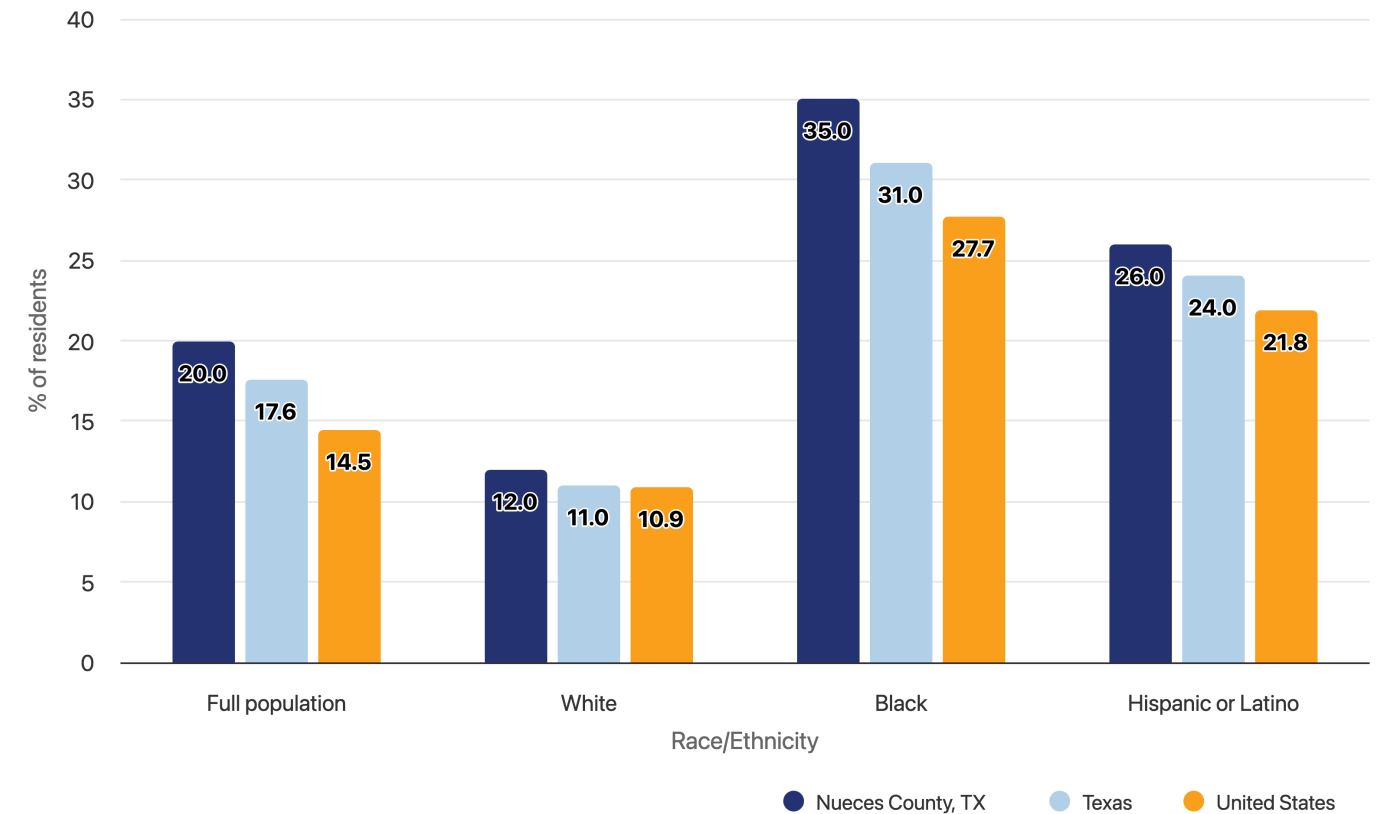


# Food insecurity

Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. Food insecurity in Nueces County, TX, is higher across all racial and ethnic groups compared to Texas and the United States as a whole. The Non-Hispanic Black population in Nueces County faces the highest rate of food insecurity at 35%, surpassing state and national averages. Hispanic or Latino and the full population also experience elevated rates.

**Food insecurity by Race/Ethnicity, 2023**

Nueces County, TX and comparison



Created on Metopio | [metop.io/i/gpag5zz6](https://metop.io/i/gpag5zz6) | Data source: Feeding America: Map the Meal Gap

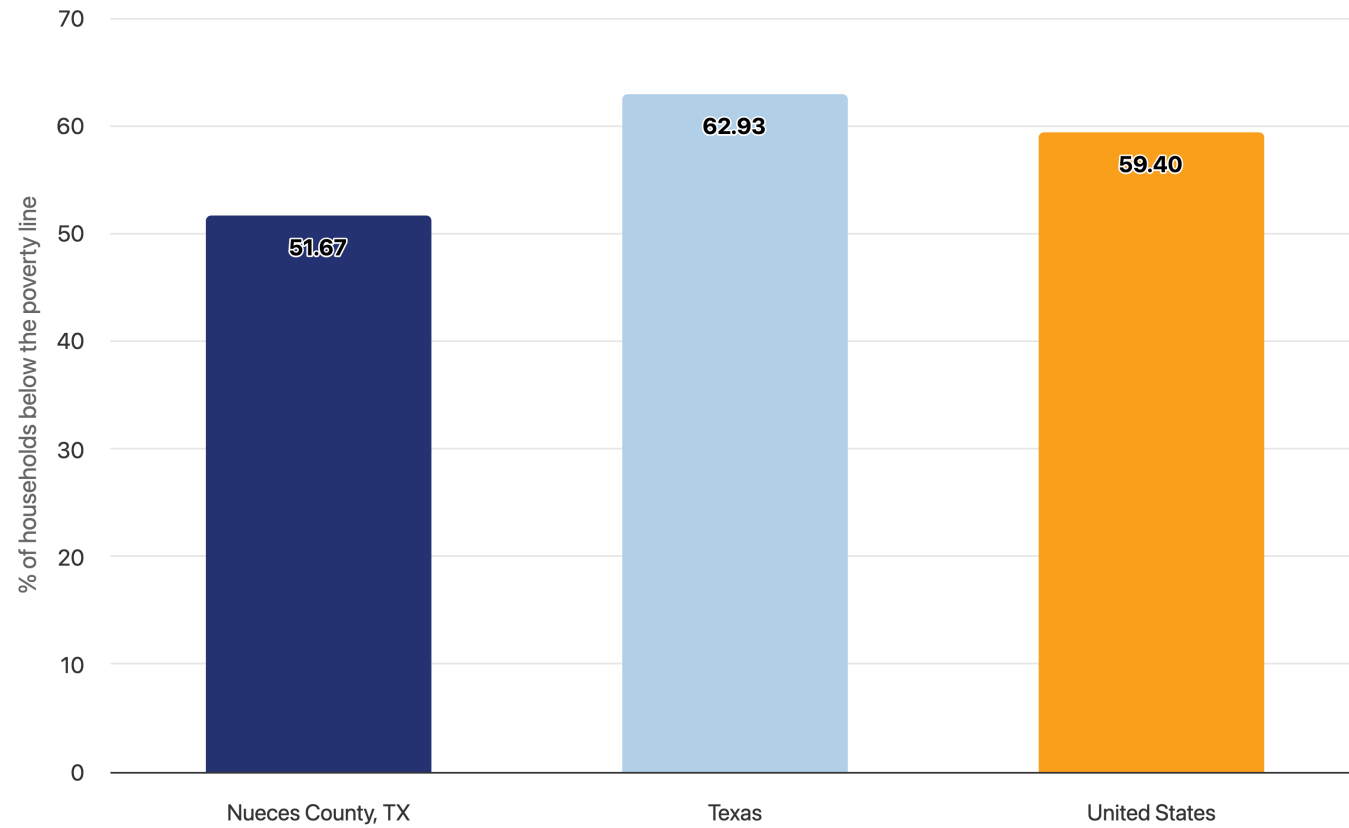
Food insecurity: Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. 2020 data is a projection based on 11.5% national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

## Households in poverty not receiving food stamps (SNAP)

In Nueces County, TX, a significant 51.67% of households in poverty are not receiving food stamps (SNAP), which is lower than the Texas state average of 62.93% and the national average of 59.4%.

Households in poverty not receiving food stamps (SNAP), 2019-2023

Nueces County, TX and comparison



Created on Metopio | [metop.io/i/rzwn3k1n](https://metop.io/i/rzwn3k1n) | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B22003)

Households in poverty not receiving food stamps (SNAP): Percent of households with income in the past 12 months below the poverty level who did not receive food stamps/SNAP in the past 12 months.

## HOUSING

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

**“If you are not living in safe and stable housing, you can’t really expect people to be picking up their medications and exercising.”**  
– Community Member

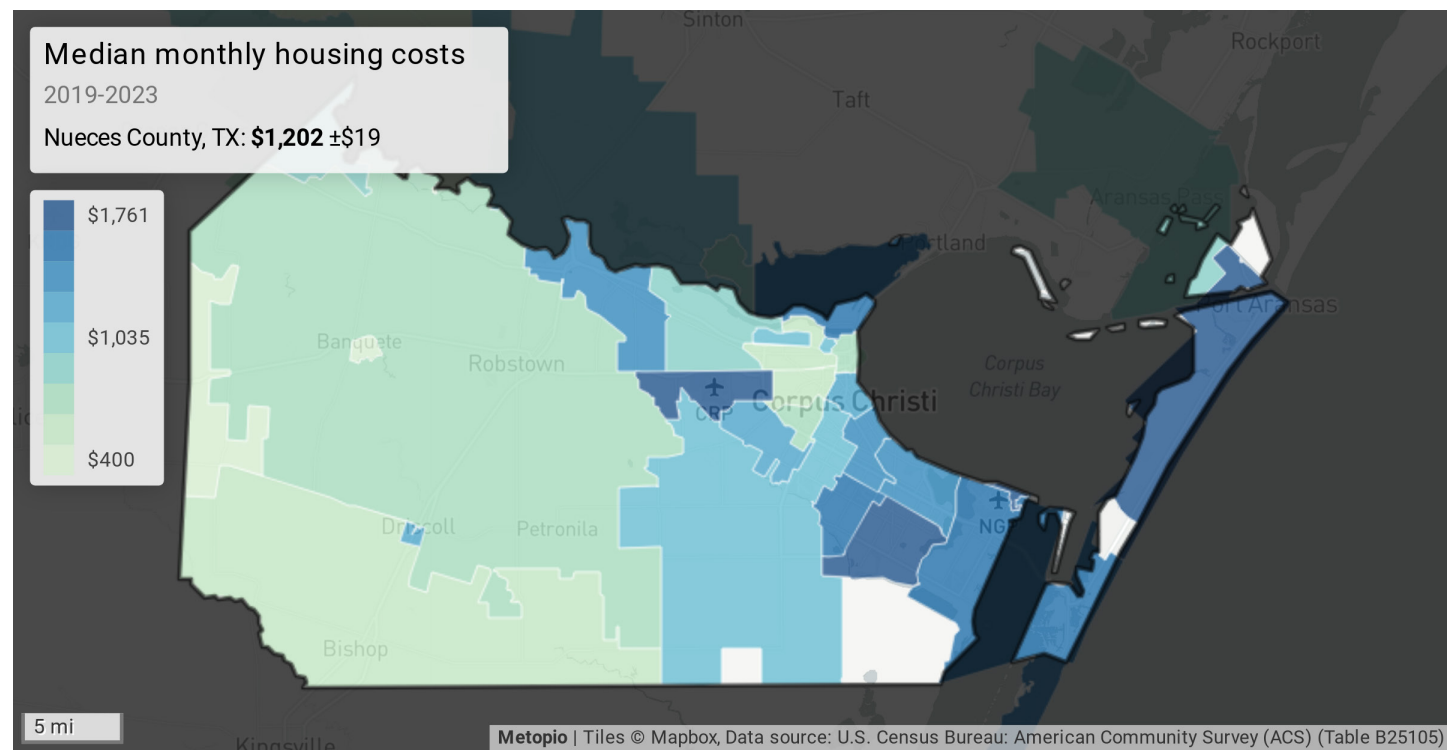
## COMMUNITY INPUT

Housing is a critical determinant of health, impacting not only physical health through shelter and safety but also mental health by influencing stability and access to care. Community members have voiced various concerns, ranging from the immediate hazards of inadequate housing like pest infestations and unsafe structures to systemic issues like the lengthy waits for housing placement and the scarcity of affordable housing options. Findings show the importance of holistic approaches to address these issues, which should include not only housing but also accompanying support services.



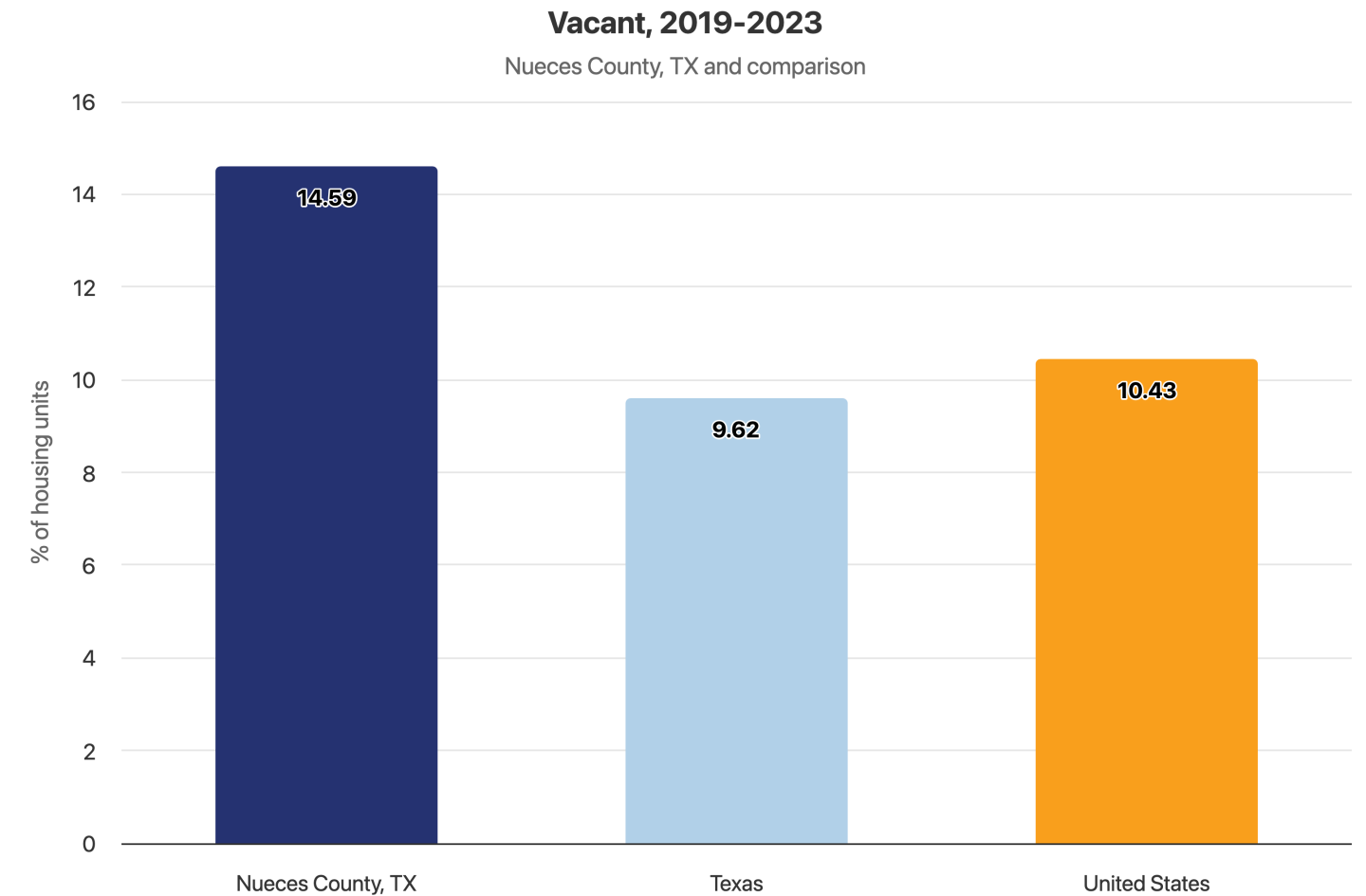
## Median monthly housing costs

Housing costs serve as a significant indicator of economic stability and quality of life in communities. In Nueces County, Texas, median monthly housing costs vary considerably, with Corpus Christi displaying the most significant range, from about \$400 in some zip codes to approximately \$1761 in others. This variation highlights the economic disparities within the area, impacting residents' access to affordable housing and influencing community development and planning.



## Vacant homes

Nueces County, TX, exhibits a significantly higher vacancy rate at 14.59% compared to the Texas state average of 9.62% and the national average of 10.43%. This could be indicative of economic challenges or shifts in population dynamics within the county, impacting community development and housing market stability.



Created on Metopio | [metop.io/i/qw3u91pf](https://metop.io/i/qw3u91pf) | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B25002)

Vacant: Percent of housing units (apartments, houses, etc that have no one living in them).

# PRIORITIZATION

On May 20, 2025, community leaders reviewed the Community Health Assessment (CHA) results and collaboratively determined the priority health issues for the Community Health Improvement Plan (CHIP).

The session began with a presentation outlining the top health needs identified through both quantitative and qualitative data collection. These themes included access to care, health behaviors, food access, housing, behavioral health (mental health and substance use), maternal and child health, chronic disease, and socio-economic factors.

Following the presentation, participants engaged in discussion regarding the presented data, and any additional data needed in order to prioritize. Additional data was shared following the presentation, and participants were asked to rank the top health needs using an online survey. Each health need was assigned a score from 1-100, with higher scores indicating a higher need. The results are shown below:

Opinion	Score
Chronic Disease	89
Access to Care	71
Maternal and Child Health	68
Health Behaviors	68
Behavioral Health	48
Socioeconomic Factors	32
Food Access	24
Housing	0

The following four health areas were approved as priority areas to address:

- Chronic Disease
- Access to Care
- Maternal and Child Health
- Health Behaviors

The results of this prioritization process will shape the strategic direction of the CHIP, fostering equity-driven initiatives and strengthening local partnerships to improve health outcomes across the community.

# DATA SOURCES

The following is a list of datasets used during the analysis of secondary data. All datasets were accessed via the Metopio platform. A URL for each dataset is available upon request.

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

The Environmental Justice Index uses data from the U.S. Census Bureau, the U.S. Environmental Protection Agency, the U.S. Mine Safety and Health Administration, and the U.S. Centers for Disease Control and Prevention to rank the cumulative impacts of environmental injustice on health for every census tract. Census tracts are subdivisions of counties for which the Census collects statistical data. The EJI ranks each tract on 36 environmental, social, and health factors and groups them into three overarching modules and ten different domains.

## Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry–SVI Data

The CDC/ATSDR Social Vulnerability Index (CDC/ATSDR SVI) uses 16 U.S. census variables to help local officials identify communities that may need support before, during, or after disasters.

## U.S. Census Bureau: American Community Survey (ACS)

The American Community Survey (ACS) is an ongoing survey of U.S. households and residents that provides a wide variety of information. It replaces the long-form Census questionnaire and is administered to 1 in 38 U.S. households each year. Responses from multiple years can be aggregated to provide information about very small geographies.

## Health Resources & Services Administration: Area Health Resources Files (AHRF)

This dataset provides current as well as historic data for more than 6,000 variables for each of the nation’s counties, as well as state and national data. It contains information on health facilities, health professions, measures of resource scarcity, health status, economic activity, health training programs, and socioeconomic and environmental characteristics.

## Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation’s premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. BRFSS completes more than 400,000 adult interviews each year, making it the largest continuously conducted health survey system in the world.

## Chain Store Guide: Chain Store Guide

Updated November 2024.

### **University of Wisconsin Population Health Institute: County Health Rankings**

County Health Rankings help us understand what influences how long and how well we live. They provide measures of the current overall health (health outcomes) of each county in all 50 states and the District of Columbia.

### **Diabetes Atlas**

The CDC's Diabetes Atlas contains data about diabetes, obesity, and physical activity. This data is modeled using data from the Behavioral Risk Factor Surveillance System (BRFSS).

### **Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014)**

Cigarette smoking prevalence in US counties: 1996-2012. Population Health Metrics, 2014, Volume 12, Number 1, Page 1

### **Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening**

The Environmental Protection Agency's EJScreen tool provides data on measures of environmental justice.

### **The Eviction Lab at Princeton University: Estimating Eviction Prevalence across the United States**

Gromis, Ashley, Ian Fellows, James R. Hendrickson, Lavar Edmonds, Lillian Leung, Adam Porton, and Matthew Desmond. Estimating Eviction Prevalence across the United States. Princeton University Eviction Lab. <https://data-downloads.evictionlab.org/#estimating-eviction-prevalance-across-us/>. Deposited May 13, 2022.

### **US Department of Agriculture (USDA) – Economic Research Service: Food and Nutrition Service**

### **US Department of Agriculture (USDA) – Economic Research Service: Food Environment Atlas**

Food environment factors—such as store/restaurant proximity, food prices, food and nutrition assistance programs, and community characteristics—interact to influence food choices and diet quality. These interactions are complex and more research is needed to identify causal relationships and effective policy interventions.

### **Health Resources & Services Administration: Health Professional Shortage Areas (HPSA)**

Data on the geographic, population, and facility HPSA designations throughout the United States.

### **Centers for Disease Control and Prevention (CDC): Heat and Health Tracker**

The Centers for Disease Control and Prevention launched the Heat & Health Tracker to provide timely, local-level, heat and health information to the public.

### **Department of Homeland Security (DHS): HIFLD Open Data**

This site provides National foundation-level geospatial data within the open public domain that can be useful to support community preparedness, resiliency, research, and more.

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

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

### **University of Texas System: Infant Mortality in Communities Across Texas**

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

### **Kids Count: Kids Count**

KIDS COUNT is a national and state-by-state project of the Annie E. Casey Foundation to provide data and track the well-being of children in the United States.

### **Feeding America: Map the Meal Gap**

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

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

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

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

### **Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus**

The National Center's vision is a future free of HIV, viral hepatitis, STDs, and TB.

### **Centers for Disease Control and Prevention (CDC): National Environmental Public Health Tracking Network**

The National Environmental Public Health Tracking Network (Tracking Network) brings together health data and environmental data from national, state, and city sources and provides supporting information to make the data easier to understand.

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

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

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

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

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

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

**Bureau of Labor Statistics (BLS): Occupational Employment and Wage Statistics (OEWS) Survey**

The Occupational Employment and Wage Statistics (OEWS) program produces employment and wage estimates annually for nearly 800 occupations.

**Centers for Disease Control and Prevention (CDC): PLACES**

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

**Centers for Medicare & Medicaid Services (CMS): Provider of Services Files**

The POS file contains data on characteristics of hospitals and other types of healthcare facilities, including the name and address of the facility and the type of Medicare services the facility provides, among other information. The data are collected through the Centers for Medicare & Medicaid Services (CMS) Regional Offices. The file contains an individual record for each Medicare-approved provider and is updated quarterly. The data is an invaluable resource to a variety of stakeholders, including researchers and application developers.

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

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

**State public health departments**

**U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration (SAMHSA)**

The Substance Abuse and Mental Health Services Administration (SAMHSA) works to improve substance abuse and mental health treatment services to those who are most in need of them.

**The University of Wisconsin Population Institute**

**2020 County Health Rankings & Roadmaps.**

**United for Alice: United Way ALICE Data**

Every two years, United For ALICE conducts a study of financial hardship at the national level in order to better understand economic disparity within and across states, to track changes over time, and

# APPENDIX

## CORPUS CHRISTI-NUECES COUNTY CHA

1) Do you live in Nueces County?

Yes

No

2) Are you 18 years of age or older?

Yes

No

### Demographics

3) What is your home zip code? If you aren't sure, put the ZIP code where you typically spend the night.\*

Agua Dulce 78330

Banquete 78339

Bishop 78343

Chapman Ranch 78347

Driscoll 78351

Port Aransas 78373

Robstown 78380

Corpus Christi 78401

Corpus Christi 78402

Corpus Christi 78404

Corpus Christi 78405

Corpus Christi 78406

Corpus Christi 78407

Corpus Christi 78408

Corpus Christi 78409

Corpus Christi 78410

Corpus Christi 78411

Corpus Christi 78412

Corpus Christi 78413

Corpus Christi 78414

Corpus Christi 78415

Corpus Christi 78416

Corpus Christi 78417

Corpus Christi 78418

Corpus Christi 78419

Corpus Christi 78470

Corpus Christi 78471

Corpus Christi 78473

Corpus Christi 78474

Corpus Christi 78475

Corpus Christi 78476

Corpus Christi 78477

Corpus Christi 78478

4) What is your age? \_\_\_\_\_

5) What is your race/ethnicity? Select all that apply.

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino/a

Middle Eastern/Arab American or Persian

Native Hawaiian or Other Pacific Islander

White

Prefer not to answer

Other - Write In: \_\_\_\_\_

6) What languages are spoken in your home? Select all that apply.

English

Spanish

Other: \_\_\_\_\_

7) Are you or someone in your household living with a disability that's been confirmed by a doctor?

Yes

No

8) What is the disability? Please select all that apply.

Hearing

Vision

Behavioral

Cognitive

Mobility

Independent living

Prefer not to answer

Other - Write In: \_\_\_\_\_

9) What sex were you assigned at birth?

Male

Female

Prefer not to answer

10) What is your gender identity?

Female/Woman

Male/Man

Transgender

Non-binary

Gender fluid

Something else

Prefer not to answer

11) What is your sexual orientation?

Straight

Gay or lesbian

Bisexual

Asexual

Something else

I don't know

Prefer not to answer

12) What is your marital status?

Married

Divorced

Widowed

Separated

A member of an unmarried couple

A member of a civil union

Single

Prefer not to answer

13) What is the highest level of education you have completed?

Less than high school graduation

High school diploma

GED

Some college or technical school

Associate's degree

Bachelor's degree

Graduate or professional degree

Prefer not to answer

14) What is your current employment status?

Employed (full-time)

Employed (part-time)

Self-employed

Unemployed

Full-time student

Unable to work

Out of work for 1 year or more

Out of work for less than 1 year

Stay-at-home parent/spouse

Disabled

Retired

Prefer not to answer

**15) What is your yearly household income? This is the total income of all the people in the home who financially help. Total before taxes are taken out.**

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

**16) What are your current living arrangement?**

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

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

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

**18) What type of support did you receive? (Select all that apply)**

- Domestic Violence Services
- Food Pantry
- Housing or Shelter
- Clothing
- Medical
- Financial
- Other - Write In: \_\_\_\_\_

**19) Besides Utilities, what other City or County services do you use (select all that apply)?**

- Health Services
- Public Libraries
- Parks and Recreation
- Buses and Public Transit
- Animal Care Services
- Other (write in): \_\_\_\_\_

**20) How many children under the age of 18 live in your household?**

**If none, please enter 0.** \_\_\_\_\_

**21) On average, how much physical activity do your children get each day?**

- 0-30 minutes
- 30 minutes-1 hour
- 1-2 hours
- 3+ hours

**22) On average, how many servings of fruits and vegetables does your child(ren) eat daily? (A serving would equal one medium apple or a half cup of cooked broccoli. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen, or canned.)**

- Less than 1 a day
- 1-2 servings
- 2-3 servings
- 4-5 servings or more

**23) In the past year, did you have access to affordable and quality childcare?**

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

**24) What were the reasons you did not have access to affordable and quality childcare (select all that apply)?**

- Too expensive
- Inconvenient location
- Inconvenient times
- Lack of transportation
- Poor quality
- Other (please describe): \_\_\_\_\_

## Tell us about your health

### 25) How would you rate your overall health?

- Not Healthy
- Somewhat Healthy
- Healthy
- Very Healthy
- Not Sure

### 26) Do you have a doctor or clinic where you go for regular medical care?

- Yes
- No
- Not sure

### 27) In the past year, how often did you go to the doctor?

- Never
- Once a year
- Twice a year
- More than twice a year

### 28) In the past 12 months, have you missed or delayed one or more doctor's appointments?

- Yes
- No

### 29) What limited you from attending medical or therapy appointments in the past 12 months? Select all that apply.

- Cost of Care
- Lack of time
- Lack of transportation
- Clinic or urgent care was not open when I needed care
- Lack of insurance
- I did not think I needed to go
- Fear of pain, side effects, or bad results
- I do not know when the clinic is open
- I do not know where I can get care
- Can't find a provider who understands my language or culture
- Other - Write In: \_\_\_\_\_

### 30) What are the reasons you do not have a doctor or clinic? Select all that apply.

- Cost of Care
- Lack of time
- Lack of transportation
- Clinic or urgent care was not open when I needed care
- Lack of insurance
- I did not think I needed to go
- Fear of pain, side effects, or bad results
- I do not know when the clinic is open
- I do not know where I can get care
- Can't find a provider who understands my language or culture
- Wait times are too long
- Previous doctor retired
- Other - Write In: \_\_\_\_\_

### 31) Do you have a dentist that you go to for dental care?

- Yes
- No

### 32) In the past year, how often did you go to the dentist?

- Never
- Once a year
- Twice a year
- More than twice a year

### 33) What is the main source of your health care coverage?

- A plan through an employer or union (including through another person's employer)
- A plan that you or another family member buys on your own
- Nueces County Health Card
- Medicare
- Medicaid or other state program
- TRICARE (formerly CHAMPUS), VA, or Military
- Alaska Native, Indian Health Service, Tribal Health Services
- I don't have any
- Other - Write In: \_\_\_\_\_

### 34) In the past 12 months have you used telemedicine (phone, video, Zoom) for an appointment?

- Yes
- No

### 35) Do you prefer telemedicine over in-person?

- Yes
- No
- No preference

**36) What is the best way to contact you regarding the latest information on public health?**

- Social media
- Reverse Alert (Text)
- Email
- TV/News
- Other - Write In: \_\_\_\_\_

**37) What is the best social media platform to contact you? Select all that apply.**

- Facebook
- X (Twitter)
- TikTok
- YouTube
- Other: \_\_\_\_\_

**38) Has a doctor or nurse ever told you that you had/have any of the following health conditions? Select all that apply.**

- High blood pressure
- High cholesterol
- Angina or coronary heart disease
- A stroke
- A heart attack
- Diabetes
- Prediabetes or borderline diabetes
- COPD
- Asthma
- Arthritis
- Cancer
- Depressive disorder
- Kidney disease
- Prefer not to answer
- None of the above
- Other - Write In: \_\_\_\_\_

---

## Immunizations

**39) Where do you get the latest information regarding vaccines and immunizations?**

- Health Department
- CDC Website
- Friends/Family
- TV/Radio
- Online search engine
- Social Media
- Provider Office Staff
- Other - Write In: \_\_\_\_\_

**40) Are you up to date on all recommended vaccines or immunizations for your age?**

- Yes
- No
- Don't know/not sure

**41) Where do you get your vaccines or immunizations?**

- Health Department
- Private Provider
- Pharmacy
- Other - Write In: \_\_\_\_\_

**42) What limits you from being up to date on all recommended vaccines or immunizations?**

**Select all that apply.**

- I do not have health insurance
- I do not have funds for vaccines or immunizations
- I do not have transportation
- I do not have a regular doctor or clinic
- I do not want to be vaccinated
- Other - Write In: \_\_\_\_\_

---

## Diet and Physical Activity

**43) How many servings of fruits and vegetables do you eat daily? (A serving would equal one medium apple or a half cup of cooked broccoli. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen, or canned.)**

- Less than 1 a day
- 1-2 servings
- 2-3 servings
- 4-5 servings or more

**44) What limits you from eating the recommended 4-5 servings of fruits and vegetables daily? Please select all that apply.**

- The store(s) near me don't sell fresh fruits and vegetables
- The quality of fresh fruits and vegetables where I shop is poor
- Fresh fruits and vegetables are too expensive where I shop
- The store(s) where I use my EBT/SNAP benefits does not sell fresh fruits and vegetables
- I don't have transportation to get to a store that sells fresh fruits and vegetables
- I prefer to buy groceries other than fruits and vegetables
- I don't like fruits and vegetables
- Other - Write In: \_\_\_\_\_

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

- 5 or more times per week
- 3-4 times per week
- 1-2 times per week
- Not at all

**46) What limits you from getting the recommended 30 minutes of physical activity 5 days a week? Select all that apply.**

- I don't have time
- It's not important to me
- I don't have access to an exercise facility
- I don't have child care while I exercise
- I can't afford the fees to exercise
- I have a physical disability
- I have a health condition that limits me
- Other - Write In: \_\_\_\_\_

**47) In the past 12 months, how often did you or someone in your household use the parks, playgrounds, and/or sports fields in your neighborhood?**

- Once a week or more
- Several times a month
- At least once a month
- A few times a year
- Never
- There aren't any parks or playgrounds in my neighborhood
- I use parks outside my neighborhood

**48) Why don't you use parks, neighborhoods, playgrounds, and/or sports fields in your neighborhood?**

Write In: \_\_\_\_\_

## Substance Use

**49) How often do you currently:**

	Every Day	Most days a week	Once a week	Not at all
Smoke cigarettes				
Use e-cigarettes or vape				
Use chewing tobacco, snuff, snus, or ZYN				

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

- None
- 1-3 days per week
- 4-6 days per week
- Every day

**51) Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?** \_\_\_\_\_

**52) In the past 12 months, have you ever taken a prescription pain medication such as oxycodone or Vicodin?**

- Yes
- No

**53) When you took prescription pain relievers in the past 12 months, did you ever, even once, take more than the recommended dose? This includes taking a higher dosage or taking it more often than directed.**

- Yes
- No

**54) Do you know how to use Narcan?**

- Yes
- No
- I don't know what Narcan is

**55) During the past 12 months was there any time when you or someone in your household wanted substance use treatment or counseling but didn't get it?**

- Yes
- No

**56) What limited you or someone in your household from receiving treatment or counseling? Select all that apply.**

- Cost of care
- Lack of time
- Lack of transportation
- Negative effect on my life
- Lack of insurance
- Did not know where to go
- Privacy concern
- Fear of being sent to a rehab facility
- Can't find a counselor who understands my language or culture
- Tried but put on a waitlist
- No virtual options available
- Other - Write In: \_\_\_\_\_

---

## Sexual Health

**57) Are you sexually active?**

- Yes
- No
- Prefer not to answer

**58) Where do you get tested for STDs/HIV?**

- Health Department
- Coastal Bend Wellness Foundation
- South Texas Family Planning
- Women's and Men's Health Services
- Private provider
- Other: \_\_\_\_\_
- I don't get tested
- Prefer not to answer

**59) How frequently do you get tested for STDs/HIV?**

- About every 3 months
- About every 6 months
- About every year
- Whenever I have symptoms
- Other: \_\_\_\_\_
- Prefer not to answer

**60) If you use condoms, where do you get them?**

- Health Department
- Coastal Bend Wellness Foundation
- South Texas Family Planning
- Store
- Other: \_\_\_\_\_
- I do not use condoms
- Prefer not to answer

**61) Where do you get your sexual health education?**

- Health Department
- CDC
- Family and Friends
- Doctor
- Online
- Other: \_\_\_\_\_
- Prefer not to answer

---

## TB

**62) Have you ever needed a Tuberculosis (TB) screening?**

- Yes
- No

**63) What was the reason for needing your most recent Tuberculosis (TB) screening?**

- I was exposed
- Required screening (ie for work, school, immigration etc.)
- Other: \_\_\_\_\_
- Prefer not to answer

**64) Where did you get your most recent Tuberculosis (TB) screening?**

- Health Department
- Private Provider
- School or University
- Other: \_\_\_\_\_

## Mental Health

**65) During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?**

- Yes  
 No

**66) Did any of the following limit you from getting mental health counseling or treatment? Select all that apply.**

- Cost of care  
 Lack of time  
 Lack of transportation  
 Negative effect on my life  
 Did not know where to go  
 Privacy concern  
 Fear of being sent to a mental health facility  
 Can't find a counselor who understands my language or culture  
 Tried but put on a waitlist  
 No virtual options available  
 Other - Write In: \_\_\_\_\_
- 

## Environment

**67) Do you or anyone in your household have asthma?**

- Yes  
 No  
 Don't know/not sure

**68) How often do you use insect spray or repellent, outdoors, to protect yourself from mosquitoes, fleas, ticks and other insects that transmit diseases like West Nile Disease, Typhus Fever and Dengue?**

- Never  
 Rarely  
 Sometimes  
 Often  
 Always

## Your Neighborhood

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

- Adult mental health (depression, anxiety, obsessive compulsive disorder, schizophrenia, post-traumatic stress disorder, etc.)  
 Adolescent mental health (depression, anxiety, obsessive compulsive disorder, schizophrenia, post-traumatic stress disorder, etc.)  
 Adolescent health (access to vaccines, childhood obesity, bullying, etc.)  
 Alzheimer's and dementia  
 Autoimmune diseases (multiple sclerosis, celiac disease, lupus, rheumatoid arthritis, etc.)  
 Cancers  
 Chronic pain  
 Dental problems  
 Diabetes  
 Family planning support (contraceptive services, pregnancy testing, preconception health services, etc.)  
 Hearing and vision loss  
 Heart disease (high blood pressure, stroke)  
 Infectious diseases (tuberculosis or TB, flu, COVID-19)  
 Lung disease (asthma, chronic obstructive pulmonary disease or COPD)  
 Maternal/newborn health (preterm birth, gestational diabetes, maternal hypertension)  
 Motor vehicle crash injuries  
 Obesity  
 Preventable injuries (falls, concussions, etc.)  
 Sexually Transmitted Infections STIs and STDs (chlamydia, gonorrhea, hepatitis, syphilis), including human immunodeficiency virus (HIV), and acquired immunodeficiency syndrome (AIDS)  
 Substance misuse  
 Women's health  
 Other (Please specify): \_\_\_\_\_

**70) Other than those issues included in the previous question, are there any additional issues that you feel affect the health of your community?**

---

---

---

---



CITY OF  
**CORPUS  
CHRISTI**



CORPUS CHRISTI - NUECES COUNTY  
**PUBLIC HEALTH  
DISTRICT**

