

Texas Health Resources — Dallas/Rockwall Region

Texas Health Presbyterian Rockwall

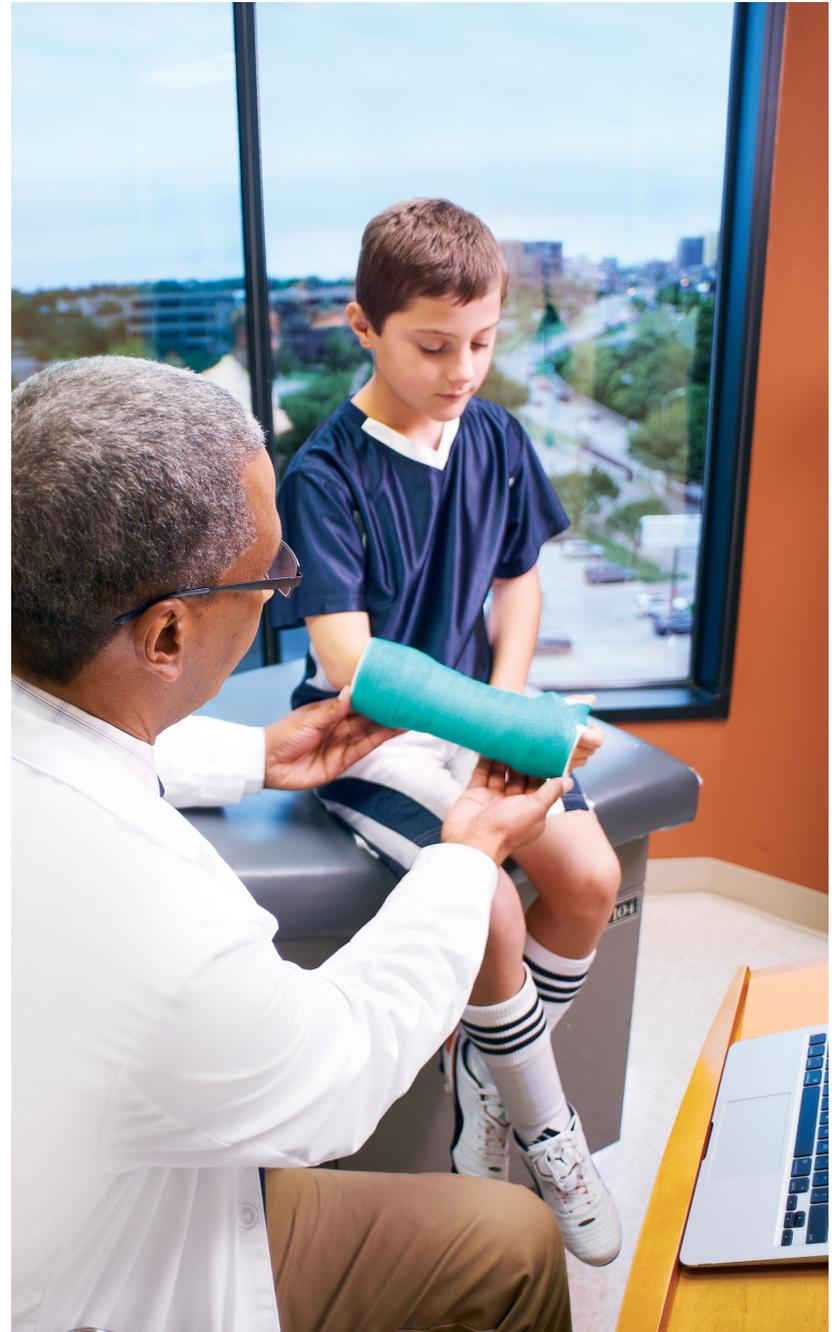


2019 Community Health Needs Assessment



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Executive Summary

Introduction & Purpose

Texas Health Resources is pleased to present its 2019 Community Health Needs Assessment (CHNA) for the Dallas/Rockwall Region in the Dallas/Fort Worth area. This CHNA report provides an overview of the process and methods used to identify and prioritize significant health needs across the Dallas/Rockwall Region's service area, as federally required by the Affordable Care Act.

The purpose of this CHNA is to offer a deeper understanding of the health needs in the Dallas/Rockwall Region's service area and guide Texas Health's planning efforts to address needs in actionable ways and with community engagement. Findings from this report will be used to identify and develop efforts to address disparities, improve health outcomes, and focus on social determinants of health in order to improve the health and quality of life of residents in the community.

Acknowledgements

The development of Texas Health's CHNA was a collective effort that included Texas Health employees, community-serving organizations, and community members from within areas of focus that provided input and knowledge of issues and solutions and those who share in the commitment to improve health and quality of life. The 2019 CHNA planning effort pushed Texas Health beyond the traditional primary service area in an effort to directly impact prioritized health needs in areas of the community with greatest health needs. This was an integral step to ensuring an ability to understand the needs of the community and develop programs and services that will positively impact the health and well-being of those being served.

Leadership Letter

Improving the health and well-being of our communities is a journey, not a race.

We develop a Community Health Needs Assessment every three years to help us build programs that meet the specific needs of our communities. We collect data through windshield surveys, community readiness assessments, and in-depth interviews with community leaders and residents to obtain a better understanding of their needs.

Behavioral health, chronic disease, access to health services, and health care navigation and literacy continue to be prevailing issues in the communities we've targeted.

That's why instead of turning our focus elsewhere, we're diving deeper into these issues to address the health disparities and social and environmental conditions that affect overall health.

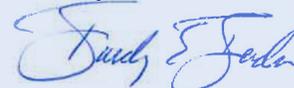
In this report, we're going to share our approach to how we have moved towards addressing challenges by focusing on solutions.

You'll see the prevailing issues we've identified in various communities— issues like depression, high blood pressure and lack of insurance. We've also explored the social determinants driving those negative health outcomes, such as isolation and lack of public transportation and access to healthy food.

The 2019 CHNA report highlights the community voice and represents our vision – partnering with you for a lifetime of health and well-being. Because we believe that collaboration is at the core of every solution.

By working together, we continue to make a difference.

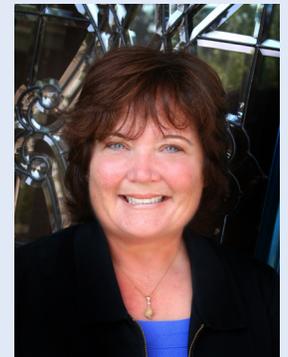
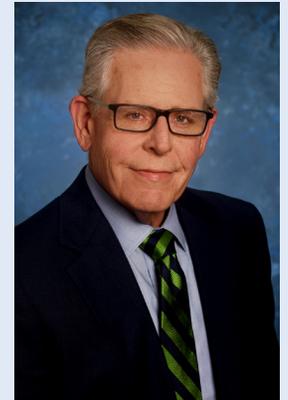
Sincerely,



Barclay Berdan, FACHE,
Chief Executive Officer,
Texas Health Resources



Cindy Perrin, RN, FACHE,
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Texas Health Community Impact Leadership Council

The following organizations are represented on the Dallas/Rockwall Texas Health Community Impact (TCHI) Leadership Council. These individuals were actively engaged in the prioritization process for the region.

- Arlington-Mansfield YMCA
- CCR & Associates
- Cigna
- Communities Foundation of Texas
- Ernst & Young
- Fee, Smith, Sharp & Vitullo, LLP
- Fischer & Company
- International Leadership of Texas
- Literacy Achieves
- Preston Hollow Presbyterian Church
- Scheef & Stone, LLP
- St. Barnabas Presbyterian Church
- Texas Woman's University
- The Senior Source
- Toyota Motor North America

Community Research Support

Texas Health would like to recognize Jonathon Fite from the Professional Development Institute at University of North Texas and Dr. Marcy Paul, from University of North Texas Health Science Center for their support with Focus Group and PhotoVoice implementation.

Consultants

Texas Health Resources commissioned Conduent Healthy Communities Institute (HCI) to support report preparation for its 2019 CHNA. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent Healthy Communities Institute, please visit <https://www.conduent.com/community-population-health>. The following HCI team members were involved in the development of this report: Ashley Wendt, MPH – Public Health Consultant, Courtney Kaczmarzsky, MPH – Public Health Consultant, Zack Flores – Project Coordinator, Margaret Mysz, MPH – Research Associate, Monica Duque, MPH – Research Associate, and Liora Fiksel – Research Assistant.

Introduction

Texas Health Resources Health System

Texas Health Resources is a faith-based, nonprofit health system that cares for more patients in North Texas than any other provider.

With a service area that consists of 16 counties and more than 7 million people, the system is committed to providing quality, coordinated care through its Texas Health Physicians Group and 26 hospital locations under the banners of Texas Health Presbyterian, Texas Health Arlington Memorial, Texas Health Harris Methodist, and Texas Health Huguley. Texas Health access points and services, ranging from acute-care hospitals and trauma centers to outpatient facilities and home health and preventive services, provide the full continuum of care for all stages of life. The system has more than 4,000 licensed hospital beds, 6,200 physicians with active staff privileges and more than 25,000 employees. For more information about Texas Health, call 1-877-THR-WELL, or visit www.TexasHealth.org.

Mission

To improve the health of the people in the communities we serve.

Vision

Partnering with you for a lifetime of health and well-being.

Values

- **Respect** Respecting the dignity of all persons, fostering a corporate culture characterized by teamwork, diversity and empowerment.
- **Integrity** Conduct corporate and personal lives with integrity; relationships based on loyalty, fairness, truthfulness and trustworthiness.
- **Compassion** Sensitivity to the whole person, reflective of God's compassion and love, with particular concern for the poor.
- **Excellence** Continuously improving the quality of service through education, research, competent and innovative personnel, effective leadership and responsible stewardship of resources.

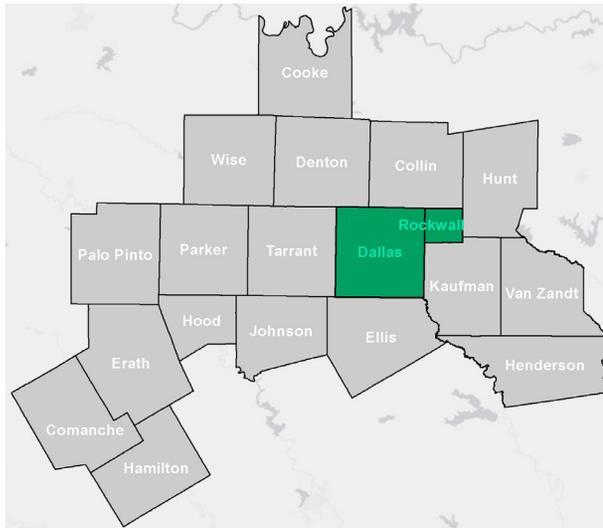
Texas Health Resources is moving beyond episodic sick care, by focusing on anticipating consumers' needs, and offering affordable and personalized products and experiences as the organization seeks to meet consumers' health and well-being needs for their lifetime. Texas Health has elevated the needs and preferences of consumers as the unifying voice that focuses every aspect of the organization.



Dallas/Rockwall Region for Texas Health Resources

This main portion of this report covers the population and geographic area for Texas Health Community Impact Dallas/Rockwall Region. Dallas County (<https://www.dallascounty.org/>) is an urban county located in the north central part of Texas. The city of Dallas serves as the county seat to a county population of approximately 2,637,772 citizens according to the 2018 U.S. Census Record, a population increase of 11.5% since the 2010 Census. Rockwall County (<https://www.rockwallcountytexas.com/>) lies to the Northeast of Dallas County and has a smaller population of approximately 150,657 citizens according to the 2018 U.S. Census Record. This is a population increase of 28.5% since the 2010 Census. The map in Figure 1 highlights the Dallas/Rockwall Region among the other counties that fall into the Texas Health service area. For the purpose of this CHNA, special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services and input from the community.

FIGURE 1. DALLAS AND ROCKWALL COUNTY MAP



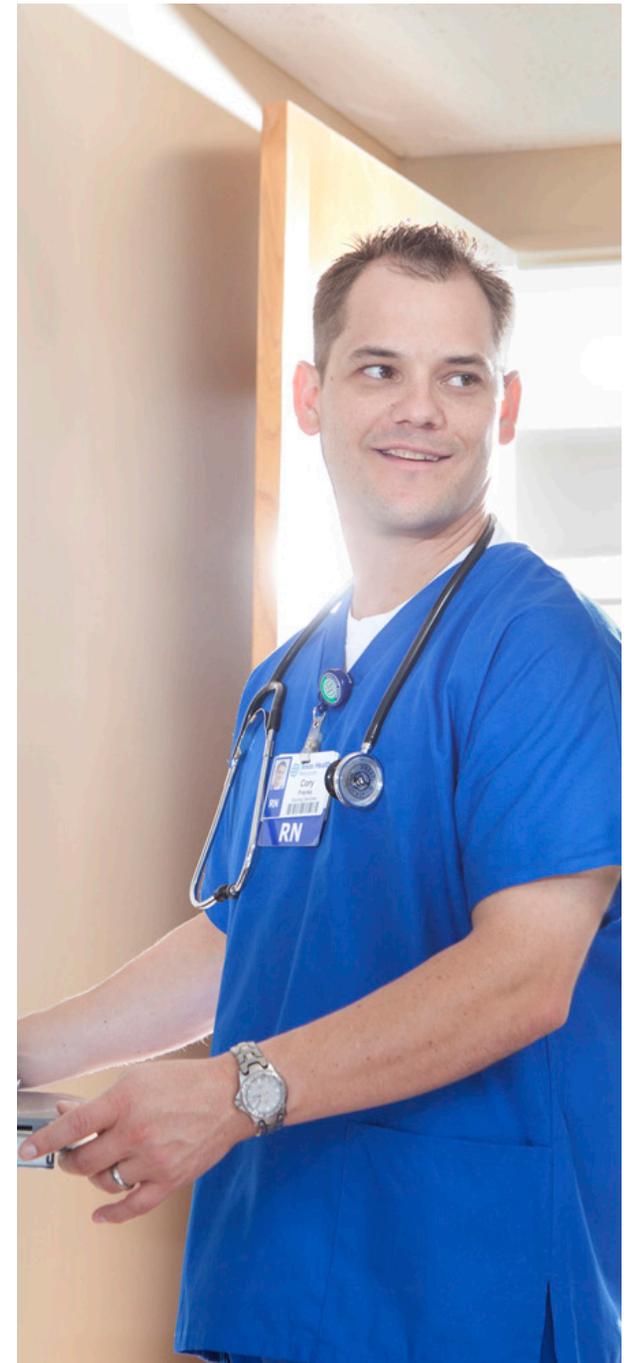
Facility Description

Located on 33 acres in the heart of Rockwall, Texas Health Presbyterian Rockwall offers 50 inpatient beds for acute medical and surgical needs, advanced medical technology and comprehensive services focused on quality patient care and safety, close to home.

The hospital serves as the cornerstone of a campus designed to expand to meet area growth and evolving community health needs. The campus includes a 40,000 square foot medical office building, an Outpatient Imaging Center, Women's Imaging and Breast Center, Wound Care Clinic, Bariatric Clinic and ancillary medical office buildings.

Additionally, Texas Health Rockwall is proud to offer a separate full-service emergency room for those communities in and around North Rockwall and Southern Collin County, with the same high-quality, compassionate emergency care that is provided at its primary campus ER on Horizon Road. Located at 2265 N. Lakeshore Drive, this 24/7 emergency room offers 11 patient rooms, on-site imaging and lab, as well as an observation unit.

Texas Health Rockwall is a joint venture owned by Texas Health Resources and physicians dedicated to the community.



Impact Since Last CHNA

The CHNA process should be viewed as a three-year cycle. An important part of that cycle is revisiting the progress made on priority topics from previous CHNAs. By reviewing the actions taken to address priority areas and evaluating the impact of these actions in the community, an organization can better focus and target its efforts during the next CHNA cycle.

The previous Texas Health CHNA was conducted in 2016. The priority areas in FY17-19 were:

- Behavioral Health
- Chronic Disease
- Awareness, Health Literacy and Navigation

Texas Health Resources built upon efforts from the previous 2016 CHNA to directly target communities and populations who disproportionately experience the prioritized health challenges identified above. Of the activities implemented, the most notable are detailed on the next page:



Behavioral Health

- **Texas Health Community Impact:** Texas Health Community Impact (THCI) is a data driven initiative that positions Texas Health to serve as a convener, funder and catalyst. Community-driven representatives serve on the THCI Board and regional TCHI Leadership Councils and play an important role in defining strategy for community health improvement efforts. As part of Community Impact, Texas Health awards cross-sector collaborative grants that address local needs focused on behavioral health and social determinants of health through innovative and disruptive models.
- **Evidence-based Programs:** Texas Health launched a system-wide approach to addressing behavioral health by leveraging internal and external partnerships to implement evidence-based programs. Two of the initial evidence-based programs were in partnership with faith communities and schools to implement an evidence-based program called Mental Health First Aid (MHFA). As a part of this initiative, Texas Health also funded the Program to Encourage Active, Rewarding Lives (PEARLS). Both initiatives are described more fully below.
- **Mental Health First Aid (MHFA):** Texas Health launched a system-wide approach to addressing behavioral health by leveraging external partners with faith communities and schools to implement an evidence-based program called Mental Health First Aid. The goal of MHFA is to reduce stigma associated with mental health by increasing the ability to identify people with symptoms of mental illness and refer them to the appropriate level of care.
- **Program to Encourage Active, Rewarding Lives (PEARLS):** PEARLS is a national program to reduce depression in socially isolated seniors. This program brings high quality mental health care into community-based settings that reach vulnerable older adults. Texas Health is implementing PEARLS in collaboration as a part of THCI in targeted zip codes.
- **Texas Health Faith Community Nursing (FCN):** The goal of Faith Community Nursing is to reduce stigma associated with mental health issues in congregational settings. Integration of spiritual care and mental health awareness is crucial to better address community behavioral health needs. Through the FCN program, communities of faith are able to provide proactive care and improve connections to community services.

Chronic Disease Prevention & Management (including Exercise, Nutrition and Weight)

- **Medicaid 1115 Waiver:** Texas Health continues to address the treatment and management of chronic conditions (Diabetes, Congestive Heart Failure, Hypertension, and Hyperlipidemia) in underserved populations through programs provided under the Delivery System Reform Incentive Payment (DSRIP) Medicaid 1115 Waiver.
 - » HELP or Healthy Education Lifestyle Program is a disease management program designed to improve access to high quality care for vulnerable and underserved populations. HELP has successfully addressed access for uninsured populations and simultaneously addressed social determinants of health through community partnerships.

Awareness, Health Literacy, Navigation

- **Clinic Connect:** Clinic Connect is a collaboration between Texas Health entities and local community clinics aimed at connecting vulnerable populations seen at Texas Health facilities to community based medical homes. Funds provided by Texas Health help support operational costs for partner clinics and ensures timely navigation for patients to needed services. This program addresses awareness, literacy and navigation through grants awarded to community clinics.
- **Mobile Health Program (MHP):** Professionally staffed and fully equipped mobile health vehicles travel to neighborhoods and communities addressing the challenges of access to health care, cultural isolation, language barriers, and lack of transportation. MHP provides disease prevention information, screening, and early detection services, along with education and referral resources.
- **Blue Zones Project:** Blue Zones Project Fort Worth is a community-wide well-being improvement initiative to help make healthy choices easier for everyone in the Fort Worth area. As of January 2019, this project now falls under the umbrella of Texas Health Resources.

Community Feedback

The 2016 Texas Health Resources Community Health Needs Assessment Reports and Implementation Strategies were made available to the public via the website <https://www.texashealth.org/community-engagement/community-health-improvement-chi/community-health-needs-assessment>. In order to collect comments or feedback, a unique email was used: THRCHNA@texashealth.org. No comments had been received on the preceding CHNA via the email at the time this report was written.

Methodology

Overview

The following section explores the data collection and prioritization process for the 2019 Texas Health CHNA. There were two types of data used in this assessment: primary and secondary data. Primary data are data that have been collected for the purposes of this community assessment. Primary data were obtained through windshield surveys, focus groups, PhotoVoice and key informant interviews. Secondary data are health indicator data that have been collected by public sources such as government health departments.

Building on 2016 CHNA Process

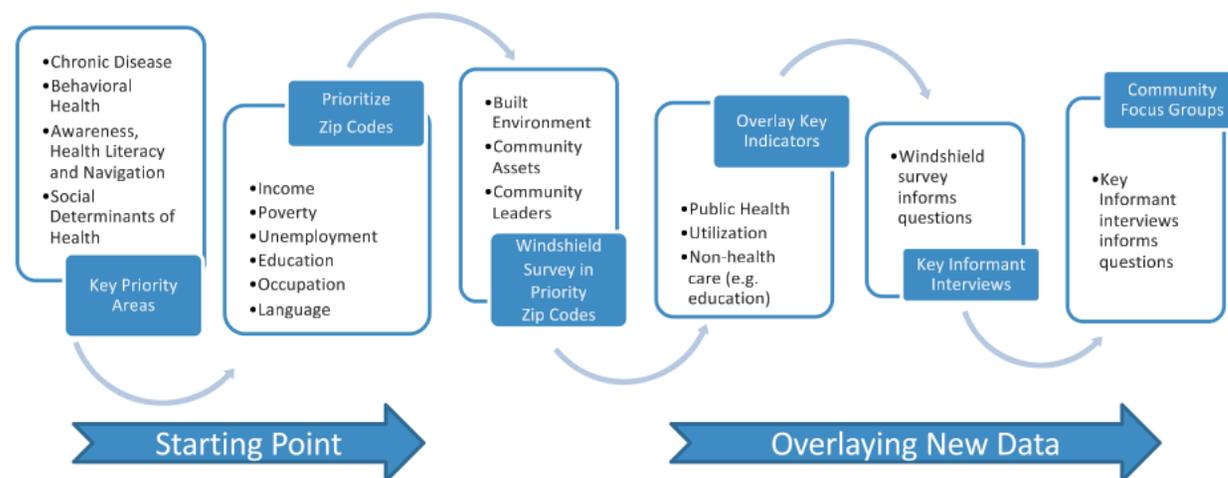
For the 2019 CHNA process, Texas Health built on key findings and achievements from the 2016 CHNA process and Implementation Strategy. This process included casting a wide net of consideration over all 401 zip codes within and alongside Texas Health's primary and secondary service areas. Through the tiered process summarized in the diagram in Figure 2, Texas Health, with the support of five regional community councils, utilized primary and secondary data to narrow the geography down to 16 prioritized zip codes where communities were experiencing disproportionate health outcomes in the areas of Chronic Disease, Behavioral Health, and Awareness, Health Literacy and Navigation.

The health categories of Behavioral Health, Chronic Disease, as well as Awareness, Health Literacy and Navigation were prioritized during the 2016 Texas Health CHNA. During secondary data analysis, over 100 community indicators covering more than 20 topics in the areas of health, social determinants of health, and

quality of life were considered. These data were primarily derived from state and national public secondary data sources. Under the Behavioral Health category, the key health indicators of concern that were considered were Depression, Substance Abuse, and Alzheimer's Disease. For Chronic Disease, the indicators of concern were Obesity, Food Insecurity, Access to Exercise Opportunities, and the Built Food Environment. Finally, related to Awareness, Health Literacy and Navigation, the top indicators of concern were Low Provider Rates and Low Rates of Health Insurance Coverage. These indicators are still relevant for the 2019 CHNA as Texas Health continues to build on the work initiated in 2016. For full and complete findings from the 2016 CHNA and up-to-date health indicators by county, please refer to the Appendix documents.



FIGURE 2. 2019 CHNA DATA COLLECTION PROCESS



Overview of Multi-tiered Zip Code Prioritization

For the initial prioritization process, zip codes across the Dallas/Rockwall Region were ranked on perceived need and identified need per the SocioNeeds Index described below. In contrast to previous CHNA prioritization processes, zip codes that did not fall within the hospital service area for this region were included in the analysis. This allowed for identification of zip codes within these communities, regardless of their hospital provider, that are considered “highest need.” Thus, this process allowed Texas Health to extend the scope of this project to the larger community and broaden the impact of their interventions.

SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® (SNI) to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health — income, poverty, unemployment, occupation, educational attainment, and linguistic barriers — that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within each county are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within each county, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Figure 3 summarizes the SocioNeeds Index process.

FIGURE 3. SOCIONEEDS INDEX

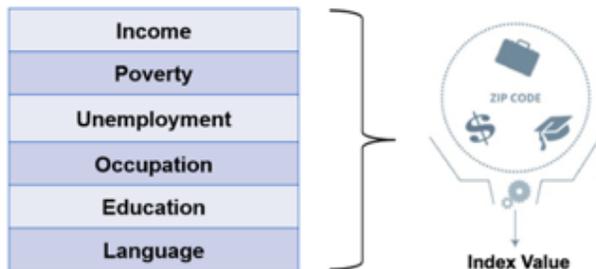
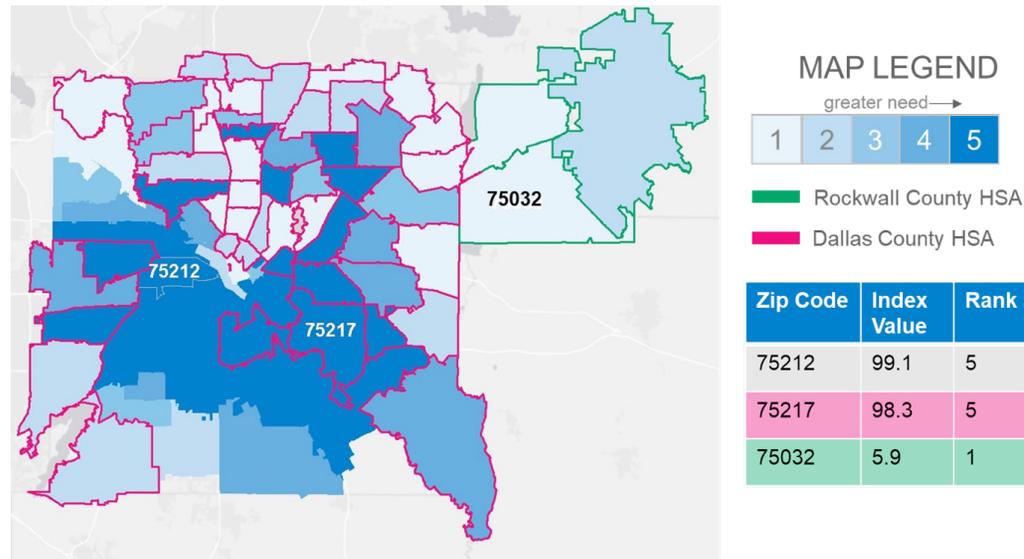


FIGURE 4. DALLAS/ROCKWALL REGIONAL MAP



The map in Figure 4 highlights SNI values for zip codes across the Dallas/Rockwall Region. Darker shades of blue indicate a higher index value and thus higher levels of need within those zip codes. Additionally, this map highlights the hospital service area (HSA) for each county. As shown, many of the areas of highest need fall within Dallas County and are located around and to the south of the Dallas metropolitan area. The final three prioritized zip codes within the region are also illustrated. Two of the prioritized zip codes in this region fall within the HSA, while one falls outside.

Dallas/Rockwall Counties Zip Code Prioritization

The Texas Health Community Impact Dallas/Rockwall Region is comprised of 165 zip codes (161 in Dallas County and four in Rockwall County). The Community Health Needs Assessments conducted in 2016 served as the base data source for the 17 identified priority zip codes ranked by the Texas Health Community Impact Dallas/Rockwall TCHI Leadership Council. Zip codes were ranked based on perceived need (i.e. personal experience) and identified need as per the SocioNeeds

Index (a measure of socioeconomic need). The initial ranking yielded 13 zip codes (ten in Dallas County and three in Rockwall County) and triggered an extensive data review and complementary data gathering, including a windshield survey, community readiness assessment, and one-on-one meetings with local organizations. The TCHI Leadership Council reviewed available data for the 13 zip codes and narrowed the scope to three: 75212 and 75217 in Dallas County and 75032 in Rockwall County. The diagram below summarizes the Zip Code narrowing/prioritization process.

FIGURE 5. ZIP CODE PRIORITIZATION



Demographics

The following section explores the demographic profiles of the Dallas/Rockwall Region. The demographics of a community significantly impact its health profile. Different race/ethnicity, age, and socioeconomic groups have unique needs and require different approaches to health improvement efforts. All demographic estimates are sourced from the U.S. Census Bureau's 2013-2017 American Community Survey unless otherwise indicated.

Some data within this section is presented at the county level while other data is presented at the zip code level. It should be noted that county level data can sometimes mask what could be going on at the zip code level in many communities. This rationale was behind Texas Health's decision to zoom in the scope and consideration to the zip code for the 2019 CHNA. This allowed for a better understand and an increased potential to address disparities that were showing up within a given zip code, but not at the broader county level.



Population

According to the U.S. Census Bureau's 2013-2017 American Community Survey, the Dallas/Rockwall Region had a combined population of 2,642,627. Table 1 below shows the population breakdown for the prioritized zip codes within the Dallas/Rockwall Region.

TABLE 1. POPULATION BY ZIP CODE

COUNTY	ZIP CODE	TOTAL POPULATION ESTIMATE
Dallas	75212	26,120
	75217	85,249
Rockwall	75032	31,399

Age

As shown in Figure 6, 26.8% of Dallas County and 27.7% of Rockwall County's population is under 18 years old. Both counties have a higher proportion of residents under 18 compared to the state and national values, 26.0% and 22.6%, respectively.

Figure 7 illustrates that 10.0% of the population in Dallas County and 11.7% of the population in Rockwall County are adults over the age of 65. These proportions of older adults are smaller compared to the State of Texas (12.3%) and the U.S. (15.6%).

Figure 8 illustrates that Dallas County and Rockwall County both have a proportion of residents under five years of age (7.6%, 6.3%) that is larger to the state of Texas (7.2%) and the U.S. (6.1%).

FIGURE 6. POPULATION UNDER 18

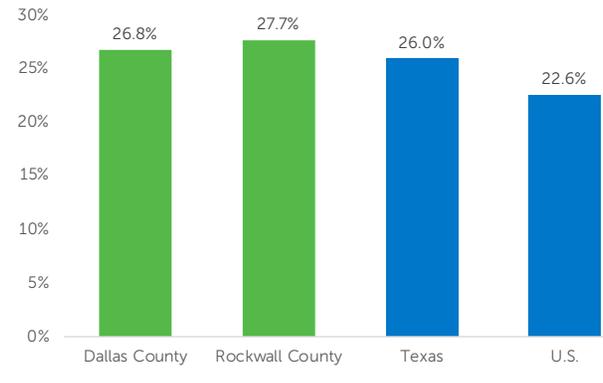


FIGURE 7. POPULATION OVER 65

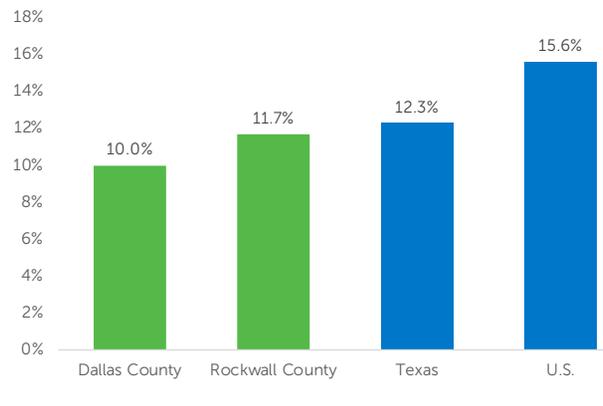
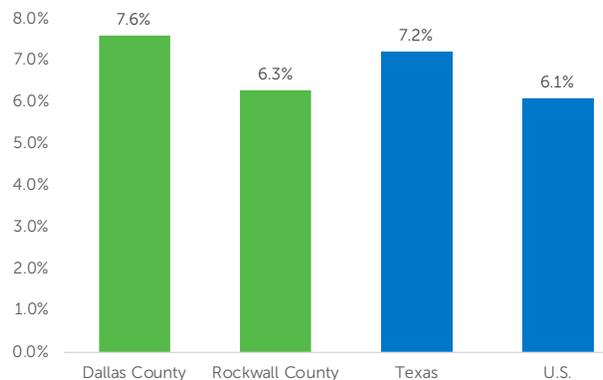


FIGURE 8. POPULATION UNDER 5



Race/Ethnicity

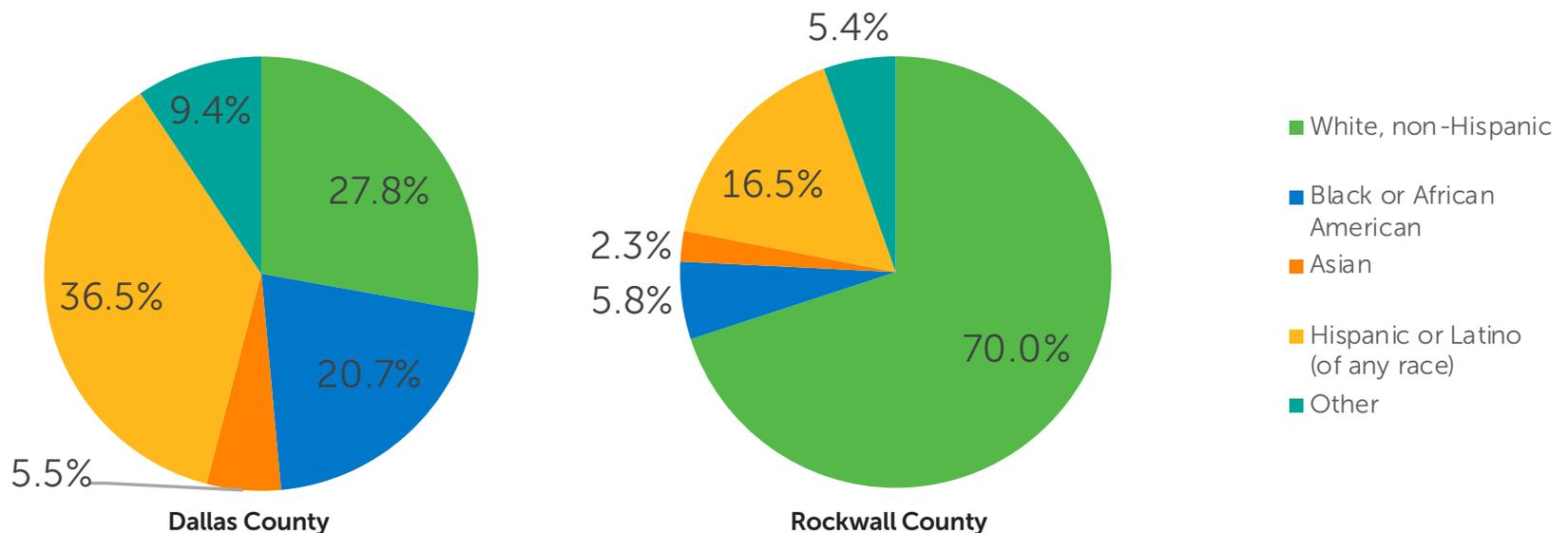
The race and ethnicity composition of a population are important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income, and poverty.

Figure 9 shows the racial composition of residents in the Dallas County with 27.8% of residents identifying as White; 36.5% as Hispanic or Latino (of any race); 20.7% as Black or African American; 5.5% as Asian; and 9.4% as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".

Rockwall County has a racial composition with 69.9% of residents identifying as White; 16.5% as Hispanic or Latino (of any race); 5.8% as Black or African American; 2.3% as Asian; and 5.4% as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".



FIGURE 9. RACE/ETHNICITY



Language

Language is an important factor to consider for outreach efforts to ensure that community members are aware of available programs and services.

FIGURE 10. LANGUAGE OTHER THAN ENGLISH AT HOME

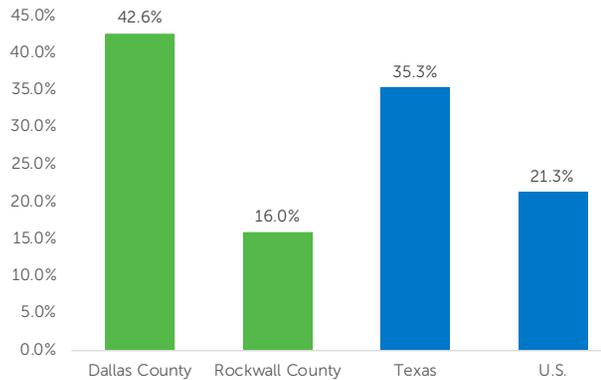


TABLE 2. POPULATION WITH LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME BY ZIP CODE

COUNTY	ZIP CODE	LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME
Dallas	75212	60.6%
	75217	63.0%
Rockwall	75032	19.5%

Figure 10 shows the proportion of residents in the Dallas/Rockwall Region who speak a language other than English at home. Almost 43% of residents in Dallas County and 16% of residents in Rockwall County speak a language other than English at home as compared to 35.3% in Texas and 21.3% in the U.S. For both Dallas and Rockwall, English is the predominant language spoken followed by Spanish. In Dallas County, 57.39% of residents identify English as their primary language, while 34.79% speak Spanish. An additional 1.18% of residents in Dallas County speak Vietnamese. In Rockwall County, 84.05% of residents speak English as their primary language, while 11.75% speak Spanish.



As shown in Table 2, the prioritized zip codes in Dallas County, 75212 and 75217, have a larger proportion of residents compared to Dallas County, with 60.6% and 63.0% of residents who speak a language other than English at home. The prioritized zip code in Rockwall County, 75032, also has a larger proportion compared to Rockwall County, with almost 20% of residents who speak a language other than English. This is an important consideration for the effectiveness of services and outreach efforts, which may be more effective if conducted in languages other than English alone.

TABLE 3. POPULATION WITH DIFFICULTY SPEAKING ENGLISH BY ZIP CODE

COUNTY	ZIP CODE	DIFFICULTY SPEAKING ENGLISH
Dallas	75212	30.1%
	75217	27.0%
Rockwall	75032	7.4%

As shown in Table 3, Dallas County has a larger proportion of residents with difficulty speaking English (21.2%) compared to the state of Texas (14.2%). The proportion of residents who have difficulty speaking English is 5.3% in Rockwall County. In both Dallas and Rockwall counties, the prioritized zip codes 75212, 75217 and 75032 have a larger proportion of residents with difficulty speaking English (30.1%, 27.0%, 7.4%) than their respective counties.

Social Determinants of Health

This section explores the social determinants of health in the Dallas/Rockwall Region's service area. Social determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. It should be noted that county level data can sometimes mask what could be going on at the zip code level in many communities. While indicators maybe strong at the county level, zip code level analysis can reveal disparities.

Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Areas with higher median household incomes also have higher home values, and their residents enjoy more disposable income.

FIGURE 11. MEDIAN HOUSEHOLD INCOME

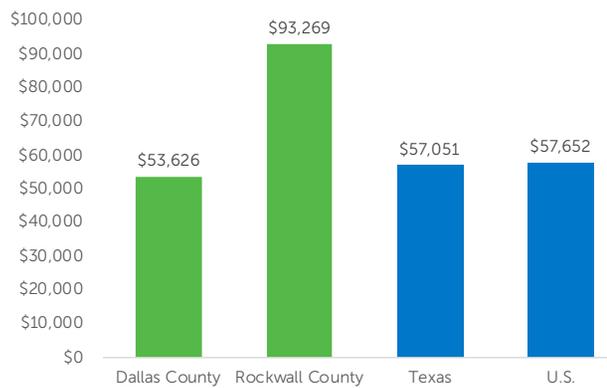


Figure 11 shows the median household income of Rockwall County (\$93,269) and Dallas County (\$53,626). While Rockwall County is higher than both the Texas state value (\$57,051) and the U.S. value (\$57,652), Dallas County is lower than all three.

Poverty

The Census Bureau sets federal poverty thresholds every year and varies by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower quality schools and decreased business survival.

Figure 12 shows the percentage of people living below the poverty level for Dallas County (17.7%) and Rockwall County (5.8%). Dallas County has higher percentages than both the Texas state value (16%) and the U.S.

value (14.6%) while Rockwall County has much lower percentages than all three.

Figure 13 shows the percentage of people living below the poverty level by race/ethnicity. Dallas County percentages are higher for all race/ethnicity groups available for comparison to Rockwall County.

FIGURE 12. PEOPLE LIVING BELOW POVERTY LEVEL

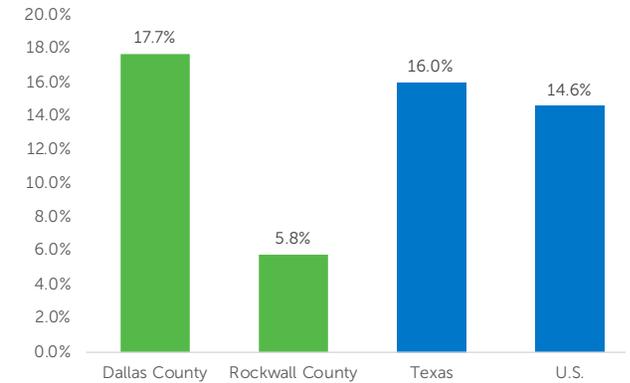
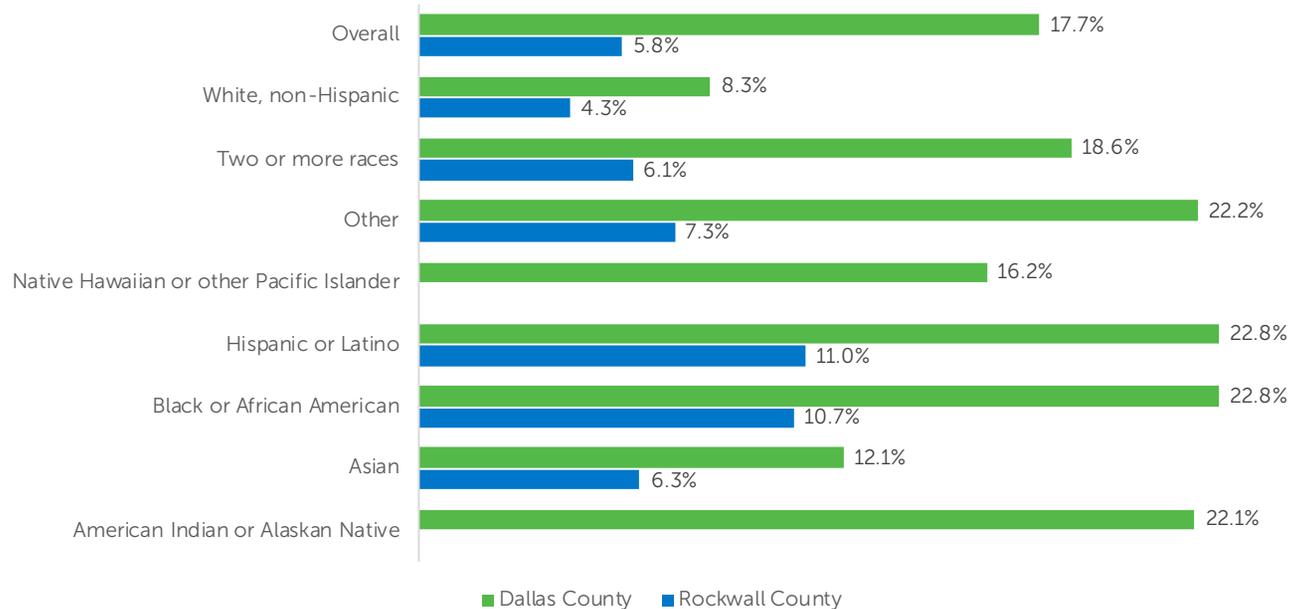


FIGURE 13. PEOPLE LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY





Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

FIGURE 14. HOUSEHOLDS RECEIVING SNAP WITH CHILDREN

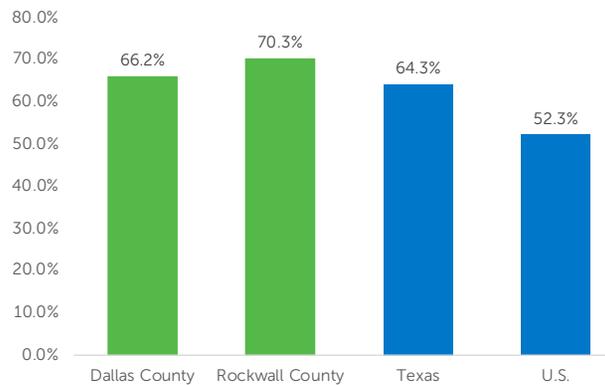


Figure 14 shows the percentage of households receiving food stamps/SNAP benefits with children under 18 years old. Both Dallas County (66.2%) and Rockwall County (70.3%) are slightly higher than the Texas state value (64.3%) and the U.S. value (52.3%).

Unemployment

The unemployment rate is a key indicator of the local economy. Unemployment occurs when local businesses are not able to supply enough appropriate jobs for local employees and/or when the labor force is not able to supply appropriate skills to employers. A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals are likely to feel the severe economic strain and mental stress. Unemployment is also related to access to health care, as many individuals receive health insurance through their employer. A high unemployment rate places strain on financial support systems, as unemployed persons qualify for unemployment benefits and food stamp programs.

FIGURE 15. UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE

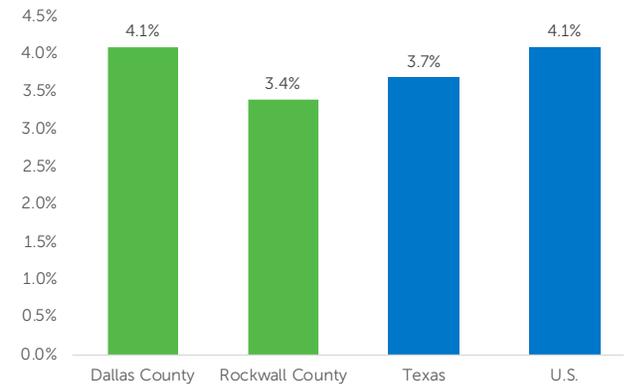


Figure 15 shows the percentage of unemployed workers in the civilian labor force. Dallas County (4.1%) is higher than the Texas state value (3.7%) and equal to the U.S. value (4.1%). Rockwall County (3.4%) is slightly lower than both the Texas state value and the U.S. value.

Education

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.



FIGURE 16. PEOPLE 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER

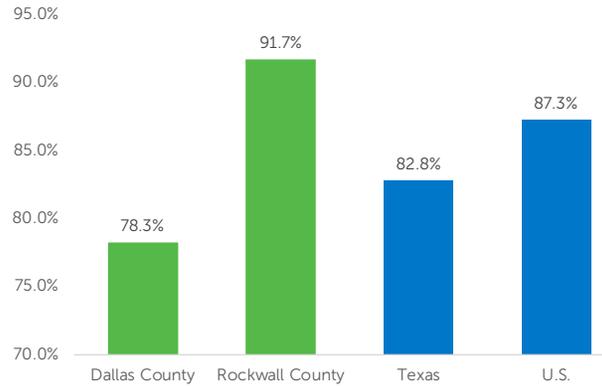


Figure 16 shows the percentage of people 25 years or older who have a high school degree or higher. Dallas County (78.3%) is lower than both the Texas state value (82.8%) and the U.S. value (87.3%). Rockwall County (91.7%) is higher than all three.

FIGURE 17. PEOPLE 25+ WITH A BACHELOR'S DEGREE OR HIGHER

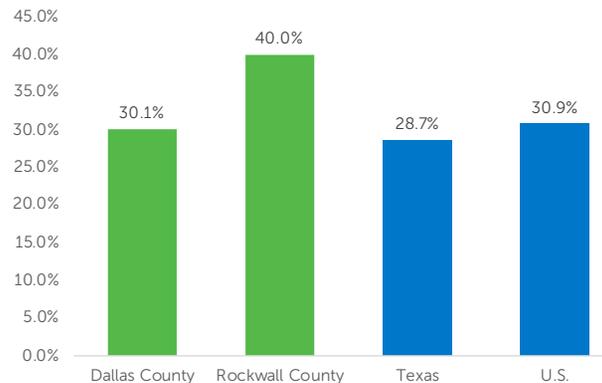


Figure 17 shows the percentage of people 25 years or older who have a bachelor's degree or higher. Dallas County (30.1%) is slightly higher than the Texas state value (28.7%) and slightly lower than the U.S. value (30.9%). Rockwall County (40.0%) is higher than Dallas County, the Texas state value, and the U.S. value.

Transportation

Lengthy commutes cut into workers' free time and can contribute to health problems such as headaches, anxiety, and increased blood pressure. Longer commutes require workers to consume more fuel, which is both expensive for workers and damaging to the environment.

FIGURE 18. MEAN TRAVEL TIME TO WORK (MINUTES)

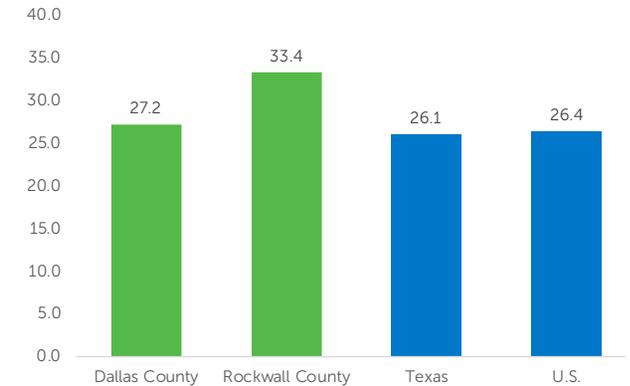


Figure 18 shows the mean travel time to work for Rockwall County (33.4 minutes) and Dallas County (27.2 minutes). Both counties are higher than the Texas state value (26.1 minutes) and the U.S. value (26.4 minutes).

Dallas/Rockwall Health Care Utilization

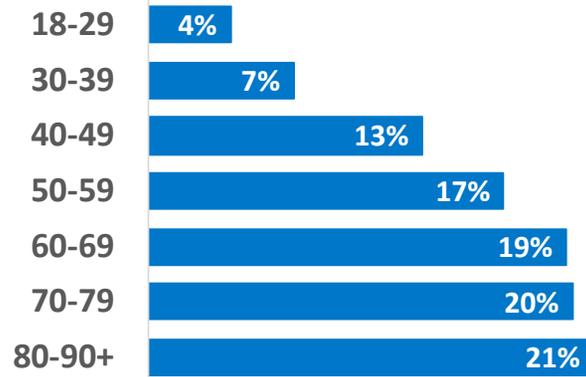
Texas Health patient utilization data were analyzed at the zip code level based on patients' resident zip code listed in discharge summaries. Patients who were discharged from a Texas Health affiliated facility that services the patient's resident zip code were considered to have stayed within their region for care. The information below highlights relevant utilization data for community impact zip codes in this region.

Community Impact Zip Code 75032

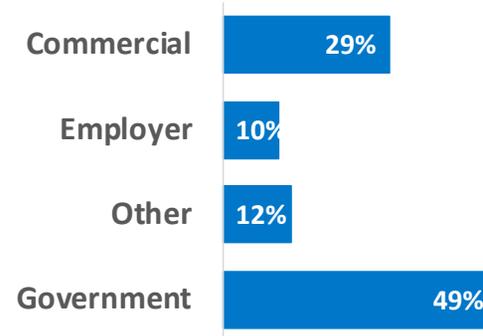
A total of 4,546 unique patients residing in the 75032 priority zip code were seen in a hospital setting between 2016-2018. Seventy-four percent of these patients stayed within the zip code's service area for care. The majority (53%) of these patients identified as Other race/ethnicity, 53.2% were female, and 21% were 80-90+ years old. Most patients (49%) used government insurance to pay for their medical expenses. Eighty-one percent of all patients had a history of hypertension.

Of all patient encounters (14,118), 78% were seen at the Texas Health Presbyterian Hospital Rockwall facility. This high number of encounters compared to the number of unique patients suggests that individuals may be overutilizing the emergency department and underutilizing other health care settings, such as urgent care and primary care providers.

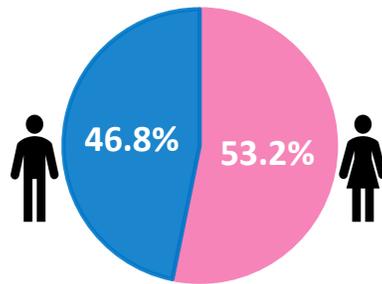
Age Distribution



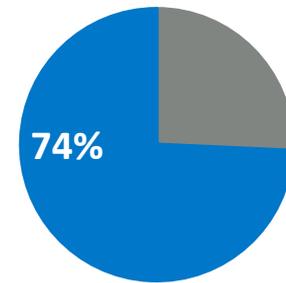
The Majority of Patients used Government Health Insurance to Pay for Medical Expenses



Gender

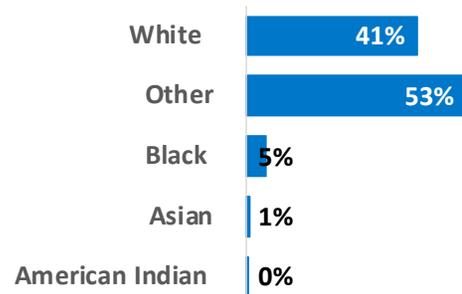


81% of all patients had a history of hypertension

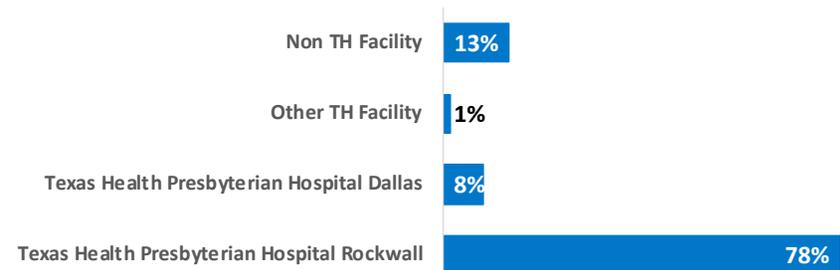


74% of patients stayed within their Region for care

The Majority of Patients Identified as Other

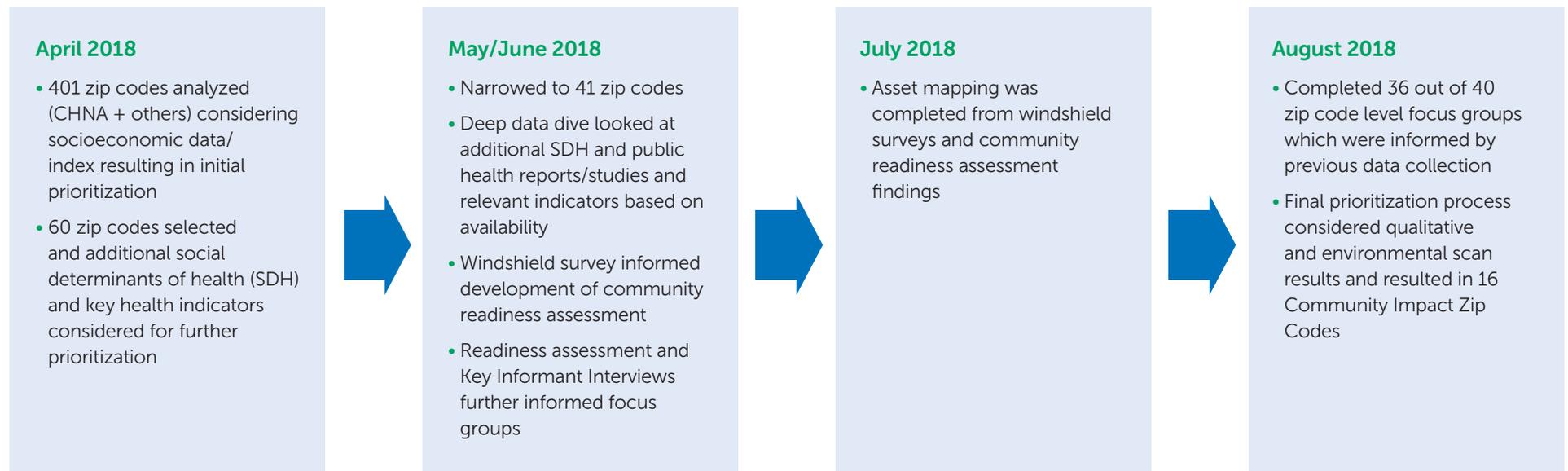


TH Presbyterian Hospital Rockwall saw 78% of Encounters for 75032. 13% of all Encounters were seen at a Non-TH Facility.



Prioritization Process

FIGURE 19. TEXAS HEALTH RESOURCES 2019 CHNA PRIORITIZATION PROCESS



Initial Zip Code Prioritization

To identify high-need zip codes within and outside the Texas health service area and to narrow the focal area from 401 zip codes across 12 counties to 60 zip codes, Texas Health utilized the SocioNeeds Index as well as other sociodemographic data and key health indicators. Of the 60 zip codes across the 12-county area that were considered, 13 of them were high priority zip codes from the Dallas/Rockwall Region. The health needs and potential for impact were considered for these zip codes and extensive qualitative data were collected. Windshield surveys, a community readiness assessment, and focus groups were vital components of this CHNA process to capture and integrate community voices and feedback. Figure 19 illustrates the 2019 CHNA Prioritization Process.

Windshield Surveys

The systematic input of neighborhood and communities was collected through windshield surveys. Master-level fellows, part of the Gunnin Fellowship, and the Community Health Impact team implemented the survey in each of the high priority zip codes. The survey consisted of ten items related to the environment and available resources in the environment. The ten topic areas observed were: neighborhood boundaries, housing conditions, use of open spaces, shopping areas, access to food, schools, religious facilities, human services, mode of transportation, protective services, and overall neighborhood life within the community interest. Pictures taken during this process were used to support written observation. The windshield surveys identified strengths and challenges in the area, which in turn helped determine the questions asked in the community readiness assessments. The key findings for the three prioritized zip codes are summarized below in Table 4. Potential partner organizations were also identified through the windshield survey process and are listed in the Appendix. The identification of key partner organizations supported focus group efforts and was vital for planning next steps in the implementation of programs and services.

TABLE 4. WINDSHIELD KEY SURVEY FINDINGS FOR PRIORITIZED ZIP CODES

DALLAS COUNTY ZIP CODE 75212	DALLAS COUNTY ZIP CODE 75217	ROCKWALL COUNTY ZIP CODE 75032
Challenges:		
<ul style="list-style-type: none"> • No access to mental and behavioral health treatment • Lacking resources to promote greater participation in existing counseling services <ul style="list-style-type: none"> » Need for advanced diagnostic and treatment services 	<ul style="list-style-type: none"> • No access to mental and behavioral health treatment • No structured counseling programs in community organizations <ul style="list-style-type: none"> » Few Substance Use Disorder (SUD) recovery programs 	<ul style="list-style-type: none"> • Few nonprofit organizations to address the needs of underserved communities • Lack of public transportation system • No formal substance abuse recovery programs <ul style="list-style-type: none"> » Behavioral health facilities serve the insured for outpatient services primarily
Strengths:		
<ul style="list-style-type: none"> • At least 18 faith communities offering counseling and resources (financial, material, emotional, etc.) 	<ul style="list-style-type: none"> • 50+ faith communities offering counseling and resources (financial, material, emotional, etc.) 	<ul style="list-style-type: none"> • At least 10 faith communities offering counseling and resources (financial, material, emotional, etc.)
<ul style="list-style-type: none"> • At least 2 multipurpose recreation centers for activities and education to improve quality of life 	<ul style="list-style-type: none"> • At least 3 multipurpose recreation centers for activities and education to improve quality of life 	<ul style="list-style-type: none"> • Only 1 identified recreation center accessible to underserved communities for activities and education to improve quality of life
<ul style="list-style-type: none"> • Access to 2 free and reduced primary care clinics offering depression screenings and basic counseling 	<ul style="list-style-type: none"> • No free or reduced-cost primary care clinics identified in this zip code 	<ul style="list-style-type: none"> • No free or reduced-cost primary care clinics identified in this zip code

Community Readiness Assessments

A Community Readiness Assessment Report was designed based on the Community Readiness Model developed by the Tri-Ethnic Center for Prevention Research at Colorado State University¹. The process includes: identifying the issue, defining “community”, conducting “key informant” interviews, and scoring the interviews to determine the readiness level. Based on population size for small counties, a minimum of four key informants were interviewed and for counties with a larger population, a minimum of six key informants were interviewed. Interviews were conducted by phone or in person and included a series of approximately 25 to 43 questions and lasted from 30 to 60 minutes each. Across the target ten zip codes from Dallas County, six key informants were interviewed. Table 5 highlights the variety of individuals who participated as key informants. All key informants have worked in one or various targeted zip codes for an average of seven years. Currently, the key informants work for non-profit organizations, churches, hospital, and the city. The key health issues the interviews focused on were identified during the 2016 CHNA process: mental health and chronic diseases, including arthritis, cancer, diabetes, hypertension, and pulmonary diseases. The questions addressed five dimensions of the community readiness from the identified issues. The five dimensions of the community readiness included:

- **Community Knowledge of Efforts** How much does the community know about the current programs and activities?
- **Leadership** What is leadership’s attitude toward addressing the issue?
- **Community Climate** What is the community’s attitude toward addressing the issue?
- **Community Knowledge of the Issue** How much does the community know about the issue?
- **Resources** What are the resources that are being used or could be used to address the issue?

TABLE 5. KEY INFORMANTS INTERVIEWED (KII)

PROFESSIONAL TITLE OF KII	NUMBER OF KIIs
Executive Directors	3
Director of Community Engagement	1
Director	1
Center Manager	1

Interviews were scored individually and then a total value was calculated in order to determine the community readiness level. Interviews were scored one at a time by two scorers with no previous knowledge of the key informants and of the identified community. A full community readiness assessment was not completed for Rockwall County due to the small number of key informant participants.

Based on specific interview questions, regarding specific dimensions, each dimension could receive a score level from one to nine according to the scale. Scores then are averaged for each dimension and the final score is averaged across the five dimensions. The final score gives the specific stage of readiness for this issue in the community being addressed. Readiness levels for an issue can increase, decrease and vary based on the issue, the intensity, and appropriateness of community efforts, and external events. Figures 20 and 21 highlight the Overall Stage of Readiness Score and Readiness Dimensions for Dallas County. Dallas County’s current stage of readiness is four.

At **stage four**, the following applies:

- Some community members have at least heard about local efforts, but know little about them.
- Leadership and community members acknowledge that this issue is a concern in the community and that something has to be done to address it.
- Community members have limited knowledge about the issue.
- There are limited resources that could be used for further efforts to address the issue.

// Food, access, and housing as well as mental health are areas of opportunity for Texas Health Resources in the community.”

// There are opportunities. Leaders would use them if they know about it.”

// Community efforts are very fragmented. If others would pool resources, we can have much [greater] effort.”

Dallas County – Zip Code 75212

¹ Tri-Ethnic Center for Prevention Research, Colorado State University. Tri-Ethnic Center Community Readiness Handbook, 2nd edition (2014) [PDF file]. Retrieved from: http://tec.wolpe2.natsci.colostate.edu/wp-content/uploads/sites/24/2018/04/CR_Handbook_8-3-15.pdf

FIGURE 20. OVERALL STAGE OF READINESS SCORE FOR DALLAS COUNTY

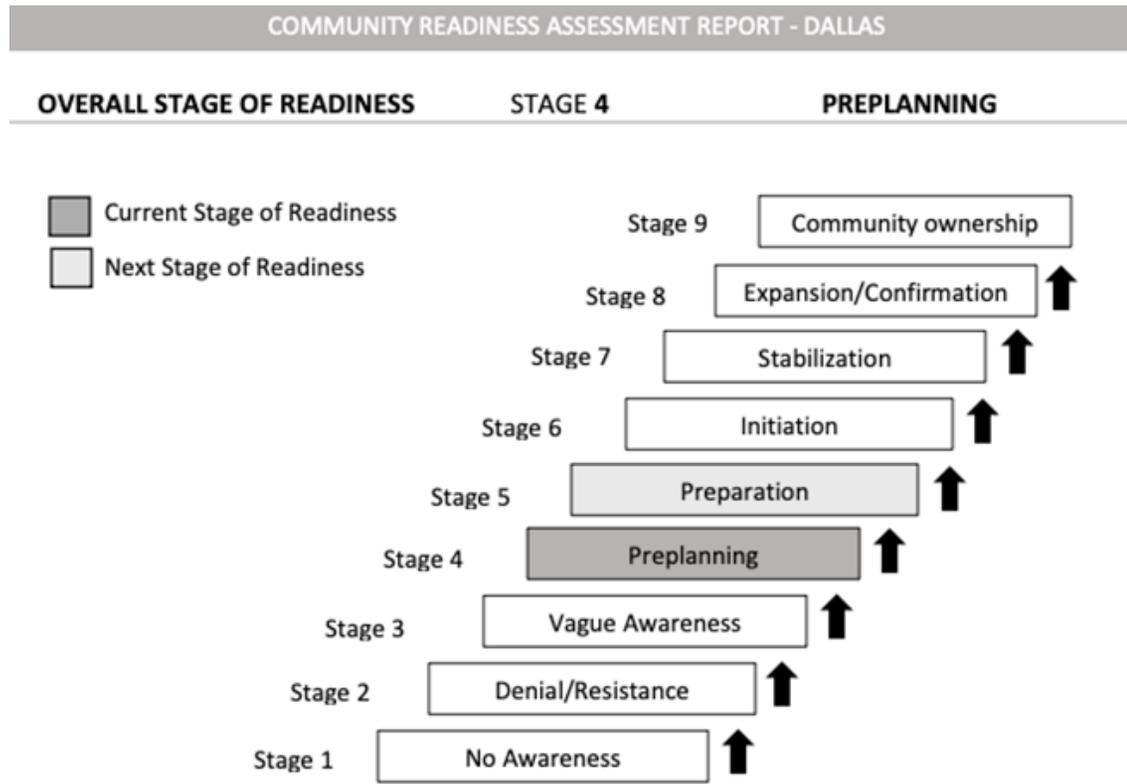
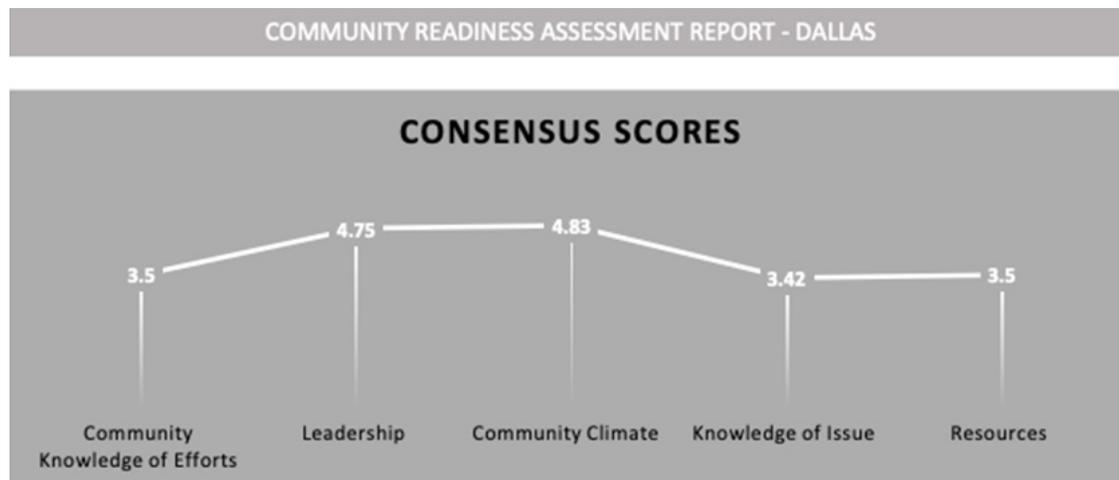


FIGURE 21. READINESS DIMENSIONS — CONSENSUS SCORES FOR DALLAS COUNTY



“ There is a community need for more clinic resources.”

“ Health is not in the top five. They [leadership] don’t see it as a priority.”

“ [You] have to have someone to coordinate resources.”

Dallas County – Zip Code 75217

“ There is a lot of stigma related to mental health, Rockwall ISD has been working to tackle some issues in school, but people generally will deny any issue with mental health.”

“ Having someone out in the community that can go door to door providing education would be of benefit for the underserved.”

“ Culturally relevant resources would be good.”

Rockwall County – Zip Code 75032

Community Focus Groups

TABLE 6. FOCUS GROUP KEY THEMES FOR PRIORITIZED ZIP CODES — 75212, 75217, 75032

DALLAS COUNTY ZIP CODE 75212	DALLAS COUNTY ZIP CODE 75217	ROCKWALL COUNTY ZIP CODE 75032
<ul style="list-style-type: none"> • Timeliness and regular access to healthcare (e.g. waiting for Dr.; time between appointments) • General cost of healthcare • Availability of Food Options (no good restaurant options; no major grocery stores) • Reliable and accessible transportation services 	<ul style="list-style-type: none"> • Cost is a big factor, even with insurance • Mental health issues are common • The community is engaged and wants to be part of the solution; passionate advocates attended 	<ul style="list-style-type: none"> • Immigration/legal status or lack of a Social Security number impedes adults from receiving medical treatment • High copays, deductibles, and drug costs hinder them from receiving the meds or treatment they need • Need more Hispanic/Latino professionals in the area to advocate for them/help them access key services

A total of ten community focus groups were held in 9 zip codes identified as high priority by the Dallas/Rockwall TCHI Leadership Council. Input from community residents was collected through verbal discussions with a facilitator from University of North Texas. Topics of conversation were based upon the data collected from windshield surveys, community readiness surveys, and health data. These topics included access to health services, drivers of chronic disease, and factors that influence depression, addiction, eating habits, and exercise patterns. A total of 120 residents participated. Conducting focus groups also helped identify future potential partnerships and available resources residents are aware of.

While each of the focus groups in the prioritized zip codes identified unique needs and issues in their community, many topics were raised in more than one focus group, and some topics came up in all three. Transportation was a universal issue across all zip codes. Participants raised transportation as an issue specifically related to accessing health care services, as well as in their daily life. Limited options for affordable housing was brought up in zip codes 75212 and 75032. The focus group discussions in all three zip codes identified the cost of health care as a limiting factor for seeking services. Participants also raised challenges with finding providers in proximity for both primary and specialty care. Substance abuse and limited treatment options were primary issues in zip codes 75212 and 75217. All focus groups acknowledged a need for more health education in their communities. Table 6 highlights the key focus group themes for Dallas/Rockwall Region.



Participants in the focus groups in **Dallas County — Zip Code 75212** represented a diverse age range, from age 25 to over 65 years old, and identified as White, Black, or Hispanic. Behavioral health was only discussed in context of depression resulting from increased violence in the community and the community having limited substance abuse treatment programs. Participants shared that instead of programs people rely on their families for help with substance abuse. The main topics discussed regarding access to health care were the affordability of medications, overall costs being too high, difficulties with transportation to clinics, and limited access to specialty care providers. Participants described transportation as infrequent and unreliable impacting their ability to get to health care services. They also shared that long wait times between appointments lead to people going to the emergency department instead of waiting for their next clinic visit. Other issues participants raised were limited availability of healthy food sources and lack of affordable housing.

Participants in the focus groups in **Dallas County — Zip Code 75217** also represented a diverse age range, from under 18 to over 65 years old, and identified as White, Black, Hispanic, and Asian. The top issues related to behavioral health were pain medication misuse or addiction, limited resources, and high amounts of mental health in the community. Participants felt that there are many people dealing with anxiety, stress, and depression. They believe that there are not enough substance abuse treatment options locally and there is a need for grief counseling. Homelessness related to mental health issues was also discussed. Participants raised many barriers and challenges to accessing care; transportation, inadequate insurance, out-of-pocket costs, not enough providers, long wait times for follow up appointments, and limited walk-in care options. There was also concern about the quality of care they receive for chronic diseases and expressed challenges with being able to afford medications. Participants agreed that more education about health provided on-site at clinics would benefit the whole community. They also suggested partnering with youth groups to help treat the entire family.

Participants in the focus groups in **Rockwall County — Zip Code 75032** represented an age range, from 18 to 45 years old, and identified as Hispanic. The top issue related to behavioral health was that people do not share their feelings or emotions for fear that they will be criticized in the community. Participants suggested creating a center with behavioral health counselors, where adults and children feel safe seeking help for mental health issues. The primary issues related to accessing care were immigration or legal status, lack of any nearby medical facilities or services, unreliable public transportation, and high costs of seeking services (co-pays, insurance deductibles, and medications). Participants shared that having more Hispanic/Latino health advocates and more translators in the community would help people with navigating the health care system and related services. Many people forego care because of these challenges and instead seek treatment across the border in Mexico or herbal remedies from flea markets. Participants also described people waiting until they were very sick and eventually seeking services in the Emergency Department. In this zip code, participants felt isolated from other people living in Rockwall County. The rising costs of housing was also raised as a growing issue in the community.

Prioritization Results

Historically, the Texas Health CHNA process has culminated in the selection of prioritized health needs that fall within the system's health service area. For the newest iteration of the CHNA process, Texas Health shifted the approach, recognizing the role that systems can play in addressing social determinants of health as well as their impact on health outcomes across a broader community. Social determinants were intentionally considered as part of the data collection process with the goal of determining which social determinants of health are present in the community and how they contribute to prioritized health needs. By pinpointing specific zip codes to address the social determinants of health that often result in conditions such as chronic disease and premature death, Texas Health is striving to generate community-driven, collaborative solutions that break traditional silos and address the clinical and social needs of individuals living in North Texas.

Prioritization to Final Zip Codes and Health Priorities

In addition to considering the cumulative results of the quantitative and qualitative data collected throughout the CHNA process, the Dallas/Rockwall TCHI Leadership Council selected zip codes in their region based on criteria that included: 1) availability of resources, 2) availability of partners, 3) community readiness, 4) impact opportunity and 5) health needs in one or more of the prioritized health areas. In this region, the three zip codes that were chosen as the final target areas were 75212 and 75217 in Dallas County and 75032 in Rockwall County. Two of the zip codes identified fall within Texas Health's Health Service Area (HSA), 75217 and 75032. Zip Code 752132 is located outside the Texas Health HSA. In addition to narrowing down the focus geographically based on evidence and criteria mentioned above, the council was also tasked with selecting clinical issues

that fell within one of the prioritized health areas of Behavioral Health, Chronic Disease, or Awareness, Health Literacy and Navigation. They also considered any social determinants of health that may contribute to these clinical issues. Based on these considerations, the TCHI Leadership Council elected to focus on Depression within the Behavioral Health category across the three zip codes. Table 7 summarizes the Health Priority Areas within each zip code as well as the target population.

TABLE 7. DALLAS/ROCKWALL REGION PRIORITIZED ZIP CODES AND HEALTH AREAS

COUNTY	ZIP CODE	HEALTH PRIORITY AREA
Dallas	75212	Depression among adults 18+
	75217	Depression among adults 18+
Rockwall	75032	Depression among adults 18+

Photovoice Project

PhotoVoice is a form of storytelling that engages community members through photograph and written narrative to identify what they perceive to be assets and challenges to living a healthy life. The PhotoVoice technique is conducted in groups and has three main goals: 1) to encourage people to record and reflect their community's strengths and concerns, 2) to provide a group space to share photographs and narratives and engage in dialogue about the strengths and concerns while learning from each other, and 3) to reach other community stakeholders and policymakers through a community exhibit of final PhotoVoice projects. During the summer and early fall of 2019, 65 community members residing in 12 designated zip codes in the North Texas area participated in PhotoVoice projects. These projects highlighted community strengths, solutions to health problems, and opportunities for collaboration between Texas Health and local communities.

Results from focus groups conducted during the CHNA process influenced the questions developed for the PhotoVoice project. While focus group findings highlighted challenges to leading a healthy life, PhotoVoice questions focused on solutions to those challenges. Ultimately, 12 questions were developed that covered topics ranging from health care, chronic disease, mental illness, seniors, resources, healthy food, as well as some topics specific to teenagers. Questions which best fit focus group results for a prioritized zip code were implemented with participants from that community.

PhotoVoice project results were analyzed using a qualitative thematic coding methodology utilizing intercoder reliability. Two overarching themes highlighted responses from both adult and teen participants. These two overarching themes were:

1. Solutions and opportunities for access to health care services and providers
2. Solutions for overcoming everyday challenges

Table 8 summarizes the overarching community solutions that came up as a result of the PhotoVoice project.

TABLE 8. PHOTOVOICE COMMUNITY SOLUTIONS SUMMARY

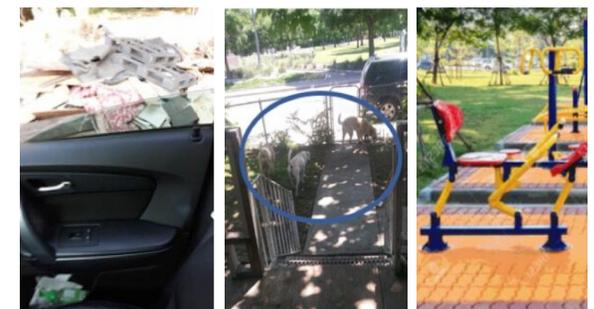
FOCUS GROUP RESULTS	PHOTOVOICE SOLUTIONS
<i>Access to health care services and providers</i>	
Chronic Disease Management	Available resources, information and educational programs at community centers, public libraries, churches, grocery stores, laundromats, and other places people frequent.
Behavioral Health – social isolation and depression	Community centers, more activities (fun, informational, educational), community health workers and navigators, advocates, volunteerism, buddy system, and in-school counselors or referral system.
Healthcare/medical costs	Advocacy, informational meetings.
Resource knowledge	Having resource information available where people frequent – community centers, public libraries, fire stations, and other governmental agencies, schools and the backpack program, places of worship, food pantries, service agencies, public parks, laundromats, restaurants, gas stations. Agencies offering services should be in communities developing relationships with people.
<i>Overcoming everyday challenges</i>	
Transportation	Having hospital and clinics provide transportation for patients. Use church and other agency busses for transportation to healthcare appointments (possibly subsidized by Texas Health Resources, churches, or agencies).
Housing	Abandoned apartment buildings being subsidized and redeveloped into affordable housing.
Healthy food options	Neighborhood and community gardens – neighbors helping neighbors, food pantries collaborating with community centers, further developing Meals on Wheels programs at community centers and other places that encourage socializing activities.



Dallas County PhotoVoice Project Findings

The PhotoVoice project allowed Texas Health to further engage with community members in the Dallas/Rockwall prioritized zip codes to identify what the community perceived to be assets and challenges to living a healthy life. These projects highlighted community strengths, solutions to health problems, and opportunities for collaboration between Texas Health and local communities going forward.

FIGURE 22. COMMUNITY PHOTOS



Data Limitations

A key part of any data collection and analysis process is recognizing potential limitations within the data considered. All forms of data have their own strengths and limitations. Each data source for this CHNA process was evaluated based on these strengths and limitations during data synthesis and should be kept in mind when reviewing this report. For both quantitative and qualitative data, immense efforts were made to include as wide a range of secondary data indicators, key informant experts, and community focus group participants as possible.

In addition to general data limitations within this process, there were two other challenges that were faced. Firstly, due to the exploratory nature of work in the zip codes that fell outside Texas Health's primary service area, there were challenges related to meaningfully engaging with community partners and stakeholders during qualitative data collection. This impacted the depth of information that was collected from these communities. Moving forward, more work needs to be done to actively engage these communities and develop deeper relationships with community partners and leaders.

Additionally, the diversity of this region resulted in unanticipated communication barriers during certain data collection efforts. In some instances, there were insufficient interpreters on site to aid with qualitative data collection. This affected participation within the groups and impacted the robustness of the data collected because participants were uncomfortable with the language barrier. To address this, Texas Health provided additional financial resources to overcome the language barrier. In the future, resources and planning efforts will aim to address these challenges from the start.



Opportunities for On-Going Work and Future Impact

While identifying barriers and disparities are critical components in assessing the needs of a community, it is equally important to understand the social determinants of health and other upstream factors that influence a community's health as well. The challenges and barriers faced by a community must be balanced by identifying practical, community-driven solutions. Together, these factors come together to inform and focus strategies to positively impact a community's health. The following section outlines opportunities for on-going work in the Dallas/Rockwall Region as well as potential for future impact.

"If we are really going to transform health and health care, we must transform systems and communities. This is our opportunity to play a role in upstream issues that impact health and well-being."

— Catherine Oliveros, DrPH, Texas Health's vice president of Community Health Improvement



Disparities and Barriers

Significant community health disparities are assessed in both the primary and secondary data collection processes. Potential disparities in the Dallas/Rockwall Region include people living below the poverty level and education. Dallas County has a higher percentage of people living below the poverty level than the Texas state value, the national value, and its regional counterpart Rockwall County. This disparity is consistent for every race/ethnicity group for these counties. Additionally, the percentage of people 25 years and older who have received a high school degree or higher in Dallas County is lower than the state value, national value, and Rockwall County. Identifying these data-driven disparities at the regional level helps to identify the social and economic disparities that can be improved.

Barriers to health and well-being that community leaders and residents raised across the primary data sources reinforced the findings in the secondary data disparities analysis. The primary barriers included:

- Challenges with transportation, including unreliable public transportation
- Rising costs of housing and finding affordable housing in their communities
- Access to providers, both primary and secondary, due to geographic location
- Limited behavioral health resources
- Long wait times between appointments and lack of walk-in clinics, making the emergency room a more desirable way to get treatment and medical advice
- Lack of healthy food options

In Rockwall County, zip code 75032, community feedback identified additional barriers related to integration with the greater county community and language barriers that were not raised in the other zip code feedback. When there are resources and services available, non-English speaking residents and those who are not U.S. citizens are experiencing a greater burden of challenges accessing those services in this zip code.

The disparities and challenges highlighted in this section should be viewed as opportunities for the impact, which can be integrated within the work Texas Health has initiated. These areas of opportunity will be considered for future investments, collaborations, and strategic plans, moving Texas Health closer towards our goal of building healthier communities.

Looking Ahead

A total of 41 high-need zip codes were initially prioritized across the five Texas Health Regions and will continue to inform the work being done here into the future. The purpose of the deeper dive into 16 community impact zip codes during this CHNA process was to purposefully identify areas of impact where place-based programs could be built, grown and replicated. While this strategically focused work is being implemented, Texas Health will continue working with TCHI Leadership Councils to revisit data findings and community feedback in an iterative process. Additional opportunities will be identified to grow and expand existing work in prioritized community impact zip codes as well as implementing additional programming in new areas. These on-going strategic conversations will allow Texas Health to build stronger community collaborations and make smarter, more targeted investments to improve the health of the people in the communities we serve. Please refer to Appendix for a complete list of the 41 high-need zip codes.



Conclusion

The Community Health Needs Assessment for the Dallas/Rockwall Region utilized a comprehensive set of secondary data indicators to measure the health and quality of life needs for Dallas/Rockwall Region's primary service area and beyond. Furthermore, this assessment was informed by input from knowledgeable and diverse individuals representing the broad interests of the community. Texas Health Resources will review these priorities more closely during the Implementation Strategy development process and design a plan for addressing these prioritized need areas moving forward.

Texas Health Resources invites your feedback on this CHNA report to help inform the next Community Health Needs Assessment process. If you have any feedback or remarks, please send them to THRCHNA@texashealth.org



Appendices Summary

The following support documents are shared separately on the Texas Health Resources Community Health Improvement Website at <https://www.texashealth.org/community-health>

A. 2016 Texas Health Resources System-Wide CHNA Report

For the 2019 CHNA process, Texas Health built on key findings and achievements from the 2016 CHNA process and Implementation Strategy. The health categories of Behavioral Health, Chronic Disease, as well as Awareness, Health Literacy and Navigation were prioritized during the 2016 Texas Health CHNA. These indicators are still relevant for the 2019 CHNA as Texas Health continues to build on the work initiated in 2016. A copy of the 2016 Texas Health System-wide CHNA report has been included as a reference tool.

B. Texas Health High Need Zip Codes

This table highlights the 41 2016 CHNA high need zip codes from across the five Texas Health Regions. The 16 Community Impact zip codes were selected from this larger list of high need zip codes. Texas Health intends to continue to focus on these target zip codes in future work as represented in the 2020-2022 implementation strategy.

C. Detailed Methodology and Data Scoring Tables

A detailed overview of the Conduent HCI data scoring methodology and indicator scoring results from the secondary data analysis.



D. Community Data Collection Tools

Qualitative data collection tools that were vital in capturing community feedback during the 2019 CHNA process:

- Community Readiness Assessment Tool: Kaufman County Sample Document
- Windshield Survey Questionnaire: Sample Document
- IBM Watson Health: Focus Group Exercise
- UNT Focus Group: Facilitator Guide

E. Community Resources

Increased collaboration and broader regional involvement during the 2019 CHNA process established stronger relationships across the Texas Health's Health Service Area. This document highlights existing resources that organizations are currently using and available widely in the community.

F. Potential Community Partners

The tables in this section highlight potential community partners who were identified during the qualitative data collection process within each of the five Texas Health Regions.

G. Texas Health Resources PhotoVoice Final Report

This is the final, comprehensive report for the SOLUTIONS: A PhotoVoice Project that was implemented by Texas Health Resources as part of the 2019 CHNA process.