



Request *for* Proposals

2027-2028 Grant Cycle

Texas Health Community Impact
Denton-Wise-Parker Region

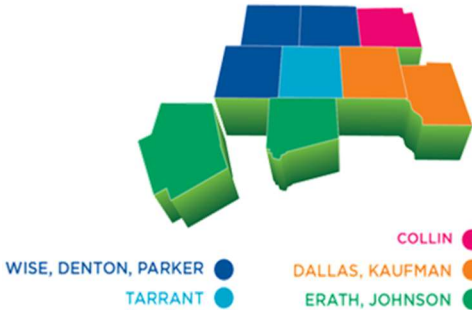
TEXAS HEALTH COMMUNITY IMPACT FUNDING OPPORTUNITY

FUNDING OPPORTUNITY:	Texas Health Community Impact 2027-2028 Grant Cycle
REGION:	DENTON-WISE-PARKER
RFP RELEASE DATE:	April 13, 2026
DEADLINE FOR QUESTIONS:	May 4, 2026, by 5 p.m. Central Daylight Time (CDT)
APPLICATION DEADLINE:	May 29, 2026, by 11:59 p.m. CDT
TOTAL FUNDING AVAILABLE:	\$800,000
NUMBER OF AWARDS:	Up to 4
PROJECT PERIOD:	Jan. 1, 2027, to Dec. 31, 2028

ABOUT TEXAS HEALTH

As the health system that cares for more North Texans than any other provider, Texas Health Resources is committed to delivering support through programs and services that help lead to measurable and sustainable community improvements. We serve as a catalyst to transform lives by investing in the vision of a healthier future for our communities. We believe where you live should not play a major role in your health and well-being. Texas Health Community Health Improvement works to proactively address health disparities and the social and environmental conditions that affect overall health.

Texas Health Community Impact invests in community health and well-being through grantmaking and strategic collaborations. From data-driven, home-grown regional strategies to technical assistance, we offer creative grant opportunities to support North Texas organizations with a mutual desire to transform health and well-being in innovative ways. Our outcomes-focused approach seeks to address health disparities identified as non-medical drivers of health in specific ZIP codes. Texas Health's aim is to help identify and innovatively address the root cause of health disparities before they develop into poor health outcomes. Considered upstream, these approaches combat poor health outcomes by implementing solutions to reduce the negative impact of non-medical drivers of health.



Proposed solutions should align with the following guiding principles:

- Leverage data to identify needs and measure progress
- Drive equitable opportunities for optimal health
- Meet people where they live, work, play and pray
- Care for the whole person
- Pursue solutions that are efficient, innovative and sustainable

For the 2027-2028 grant cycle, Texas Health is investing a total of \$5 million in grants across its five regions, which span nine counties. Groups seeking to work collaboratively on innovative upstream approaches to address priorities identified in each region are encouraged to apply for this competitive funding opportunity.

KEY REQUIREMENTS

The Texas Health Community Impact grant program is committed to fostering innovative, collaborative and strategically aligned initiatives that address critical health challenges in our communities. This outlines the standardized requirements for applicants seeking funds during the 2027-2028 grant cycle, emphasizing the importance of innovation as defined by the Public Health Accreditation Board. By setting clear expectations for project design, collaboration and sustainability. Texas Health aims to support impactful solutions that reduce health disparities and improve outcomes in high-needs ZIP codes.

Innovation

Texas Health has adopted the Public Health Innovation definition, as outlined by the Public Health Accreditation Board (PHAB).⁴

Public Health Innovation
As described by the PHAB, public health innovation refers to the creation and implementation of a novel process, policy, product, program or system leading to improvements that impact health.

Tenets of public health innovation include the following:

- ✓ It is an ongoing, systematic process that can generate incremental or radical change.
- ✓ It requires both collaboration and co-production with people with lived experience who will be affected by the results of the innovation.
- ✓ It is an open process lending itself to adaptation or replication.

Strategic Alignment

Applicants are expected to detail how proposed initiatives adequately respond to the regional priorities and fulfills the requirement to serve the targeted ZIP code areas.

Proposed projects are expected to:

- ✓ Focus on reducing the negative impact of non-medical drivers of health for the populations in high-needs ZIP codes.
- ✓ Incorporate innovative solutions to improve health in communities with worsening health outcomes.
- ✓ Have a solid implementation plan that considers cultural sensitivities and addresses community needs.
- ✓ Clearly demonstrate the level of involvement and contributions from collaborators, including deliverables and budgetary commitments.
- ✓ Identify opportunities for Texas Health to engage through volunteering.



The diagram illustrates the spectrum of innovation levels on a scale from 0 to 5. A grey banner labeled 'INNOVATION' spans across three colored blocks: green (Incremental), blue (Radical), and orange (Disruptive). Above the blocks, three descriptions are provided: 'Making novel incremental changes to services to increase the reach of a program or to target a new population' (above Incremental), 'Repurposing a service in a new way to have a greater impact' (above Radical), and 'A new model or idea to transform or revolutionize the sector or industry' (above Disruptive). The y-axis on the right is labeled 0, 1, 2, 3, 4, 5.

Collaboration



Collaboration means working together to address systemic problems with the community at the center. According to the National Network for Collaboration, approaches that “bring individuals, agencies, organizations and community members” together to generate solutions for current and emerging problems collectively are at the core of collaboration.

Collaborative approaches integrate service offerings, building meaningful connections between agencies to eliminate gaps in community services. As indicated in Figure A, collaboration involves multiple organizations aligning efforts and working collectively toward a shared goal.

INDIVIDUAL ACTIONS

- One or more organizations working in silos
- No communication with others
- Does not qualify for this funding



ISOLATED IMPACTS

- Separate business objectives
- Little time together
- Poor communication
- Distant



COORDINATED EFFORT

- Shared goals and objectives
- Strong communication among collaborative organizations
- Dedicated time
- Close



Figure A. Visual representation of what Texas Health Community Impact means by collaboration as a coordinated effort.
Adapted from Collective Impact at UC San Diego



Promoting Sustainability



Texas Health also focuses on improving the potential for sustainability, by ensuring applicants clearly understand the evaluation requirements, offering personalized technical assistance and supporting the efforts of our third-party evaluation in strengthening data collection and reporting.

By adhering to these standardized requirements, applicants can ensure their proposals reflect the core values that drive the Texas Health Community Impact. Our shared commitment to addressing non-medical drivers of health, fostering meaningful partnerships and promoting sustainability will help create lasting improvements in the communities we serve. Together, we can advance health outcomes and build a foundation for impactful, data-driven solutions that endure beyond the grant cycle.

DENTON-WISE-PARKER-SPECIFIC CONTENT

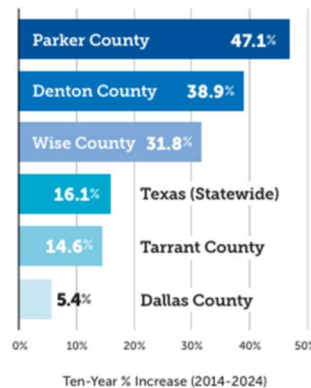


Denton, Wise and Parker counties are among Texas’s fastest-growing communities. North Texans relocate to these counties in search of a lower density lifestyle, more affordable housing, and stronger community connection. The pandemic’s “donut effect” has accelerated migration from dense urban cores to suburban areas, forcing a massive, permanent shift in regional service delivery systems.¹ Population growth trends for Denton, Wise and Parker counties show the “donut effect” across each county. Rapid population growth of over 31% in each county, over the past decade, has strained infrastructure and reduced access to non-medical drivers of health (NMDoH).

This dispersal impacts NMDoH, as revealed in the 2025 Texas Health Community Health Needs Assessment (CHNA). The rapid increase of people into an area without a corresponding increase in access points strains existing resources to the breaking point. NMDoH shapes nearly every aspect of daily life by influencing access to quality food and affordable housing, while also contributing to social isolation and transportation insecurity. These barriers reduce people’s ability to reliably reach work, school, healthcare and places of worship. Each county must strengthen and better integrate its behavioral health and chronic disease strategies to address these gaps and create concrete, sustainable access solutions.

The Denton, Wise and Parker Region has chosen to focus on increasing access to high quality resources for the following NMDoH:

Ten-Year Population Growth by Area
2014-2024



High Quality Health Care

These counties lack the county hospital systems of Dallas and Tarrant counties and have very few free or low-cost clinics available to uninsured residents.

Healthy, Affordable Food

Improving the quality of food available at food assistance centers and increasing access to food assistance centers particularly for people in remote locations.

Safe, Affordable Transportation

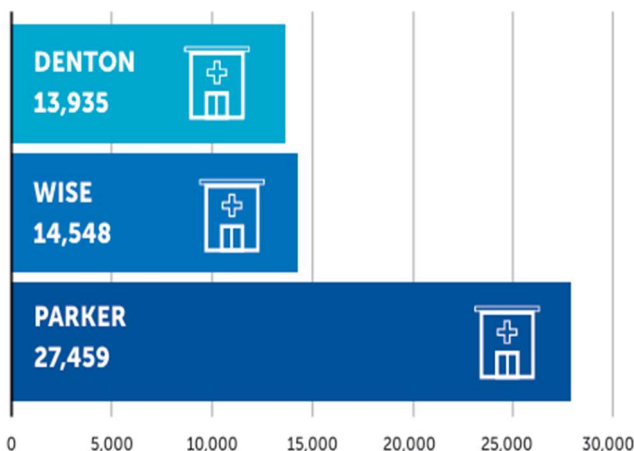
None of these counties have good or plentiful options for public transportation, especially for people living outside the cities.

Connectedness

Numerous census tracts within Denton, Wise and Parker counties report disturbances due to social isolation and loneliness, lack of emotional or social support and a finite number of mental health providers.

Estimated Number of Uninsured Adults

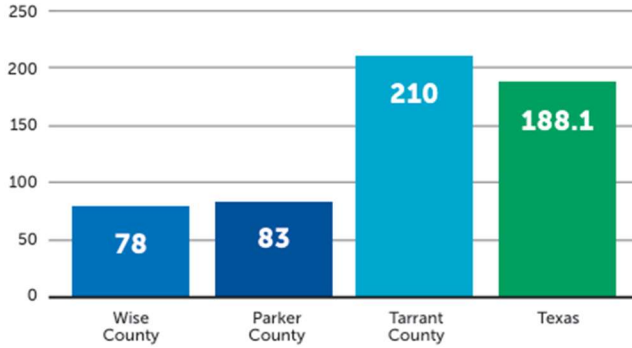
Per Free or Low-Cost Clinic



The 2025 Texas Health CHNA highlights a critical, growing, and underserved population in Denton, Wise and Parker counties. As these areas grow, the “donut effect” is creating a compounded crisis; rising number of uninsured residents facing limited provider access and a stagnant safety net of free or low-cost care. Denton County has experienced a drastic decline in primary care providers, leveling off at 54 providers per 100,000 residents, since 2018.² This reduction, driven in part by physician burnout, mirrors trends across the region and has contributed to all three counties being designated as Medically Underserved Areas.³ Access to mental health services is especially limited. Parker County has only 83 mental health providers per 100,000 residents, far below levels needed to support a rapidly growing population.⁴ For many Parker County residents, care is

DENTON-WISE-PARKER-SPECIFIC CONTENT (continued)

Mental Health Provider Rates per 100,000 (2025)⁴
Wise, Parker, Tarrant vs. Texas



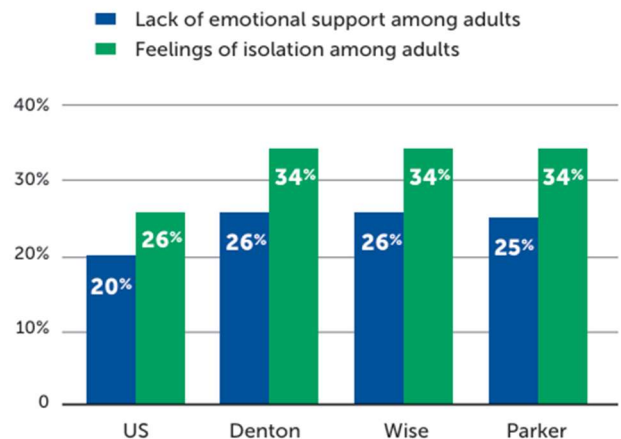
simply out of reach without traveling to Tarrant County- often requiring more than an hour of travel time each way, followed by additional trips for lab work, imaging, and pharmacy services. These access barriers have real consequences; Parker County’s suicide rate has risen to 17%, significantly higher than the national and state benchmark of 13% and above the rate in neighboring Tarrant County. This disparity underscores the urgent need for expanded local behavioral health resources. In Wise County, the situation has been further strained by the 2023 takeover of Wise Regional Health System by Hospital Corporation of America (HCA).⁵ Following the acquisition, several local primary

care offices, including those offering sliding-scale services for low-income residents, were closed. These closures eliminated essential access points for residents who were already struggling to secure affordable, nearby care.

Transportation barriers remain a major deterrent to accessing care in Denton, Wise and Parker counties. Each county continues to face significant restrictions and limited availability of medical transportation services, leaving thousands of residents without reliable options for reaching essential care. Commercial ridesharing is rarely available in Wise and Parker counties, creating additional barriers for those who cannot drive. Even in Denton County, one of the region’s fastest growing “donut effect” communities, transportation services reach only a small share of residents, leaving thousands without a dependable way to access essential care. For those living outside the city of Denton, the situation is even more urgent: medical transportation must be scheduled far in advance and offers almost no flexibility for time-sensitive appointments, creating delays that can directly worsen health outcomes. As the population continues to grow rapidly, these gaps are not only widening, but they are also outpacing Denton, Wise and Parker Counties’ ability to respond.

According to AARP 2026 data, a substantial number of Americans over sixty-five face health risks from social disconnection, with one-third experiencing loneliness and 20% living in isolation.⁶ The reported findings are greater in Denton, Wise and Parker counties, a region that experienced the “donut effect.” Those who moved away from the major cities lost access to opportunities for connection they once had. The 2025 Texas Health CHNA reinforces these patterns. In the table to the right, both Denton and Wise counties exceed the national benchmark for indicators related to isolation and emotional support, signaling significant gaps in social connection across the service area. Internal Texas Health NMDoH screening data also identified personal safety measures closely tied to social support and vulnerability—as the highest-risk domain in Denton, Wise and Parker counties. The evidence

Social Support Measures by County⁷



Higher lack of emotional support typically leads to less favorable health outcomes.

DENTON-WISE-PARKER-SPECIFIC CONTENT (continued)

highlights a critical requirement for creative approaches to bolster social ties, foster mutual trust, and design spaces that encourage significant interaction among older adults.⁷

Projects like Help, Hand and Hope in Parker County illustrate the power of trust, proximity, and long-term presence in a community. After years of building strong local relationships and establishing a central, accessible location, the project achieved its goals and significantly strengthened Springtown’s safety net. With support from THCI grants, Help, Hand and Hope was able to establish the Center of Hope Springtown, further expanding essential services for residents. In Denton, Wise and Parker counties, there is critical need for bold, collaborative proposals that expand access to care and address NMDoH through meaningful engagement of community voices. This type of cross-sector collaboration is essential to meeting the scale of challenges created by the “donut effect,” which has rapidly increased population growth without a corresponding increase in resources. As service organizations in the counties are stretched beyond capacity, it is imperative to invest in additional resources that can support the growing number of residents who now face limited access to essential services.

Evaluation and Impact

The Denton-Wise-Parker Region Leadership Council’s goal is to increase access to resources that address NMDoH, such as access to high quality health care, healthy and affordable food, safe and affordable transportation, and connectedness that will require careful tracking to measure success. Proposals should have strong goals and SMART objectives. Below are some examples of goals and measurement tools that might be appropriate:

- Improve the Duke Social Support Index score of a community to measure the connectedness of a community,
- Increase the percentage of people who report on visiting their primary care provider in the last 12 months,
- Increase the percentage of people who report they are nutritionally secure,
- Improve the Transportation Barriers Index (TBI) score of a community.

Examples of tools that can be used to measure progress include:

■ Outcome measures
■ Output measures

Social Isolation Connectedness	Access to Care	Transportation
Duke Social Support Index (DSSI)	Access to Care Survey (AHRQ CAHPS Items)	Transportation Barriers Index (TBI)
PROMIS Social Isolation/ Social Relationships Measures	Primary Care Utilization Tracking (EHR or Program Records)	GIS Based Access Mapping (Geographic Information Systems)
UCLA Loneliness Scale (Short Form)	Patient Activation Measure (PAM-13)	Ride Utilization & Missed Appointment Tracking

The THCI team will lead the organization and tracking of outcomes over time, ensuring that community activities are translated into clear, measurable results. A well-designed evaluation framework provides the data needed to understand whether strategies are effective, who is benefiting, and where adjustments are required to improve impact. With reliable data, grantees can demonstrate success, communicate meaningful outcomes to stakeholders, and build a strong foundation for long-term sustainability.

Summary

The Denton-Wise-Parker Region has \$800,000 to support up to four collaborative, innovative initiatives to increase access to non-medical drivers of health in underserved ZIP Codes:



County	ZIP Code	City
Denton	76205	Denton
Denton	76209	Denton
Wise	76426	Bridgeport
Wise	76431	Chico
Parker	76020	Azle
Parker	76082	Springtown
Parker	76086	Weatherford



EXPECTATIONS OF AWARD RECIPIENTS

Fulfill Memorandum of Understanding (MOU) Requirements. Lead applicants of awarded collaboratives and Texas Health will execute an MOU detailing the following:

- Project Goals, Deliverables and Outcomes
- Data Sharing Agreement
- Payment Terms
- Reporting Requirements
- Terms and Conditions
- Texas Health Grant Promotion Expectations

Lead applicants serve as the direct point of contact with Texas Health Community Impact – i.e. signs the MOU, responds to requests, presents on progress. The lead applicant also coordinates with collaborators to ensure progress and resolve conflicts and administers funding payments to collaborators.

Engage with Texas Health Community Impact. Lead applicants and respective collaborators should engage with Texas Health in the following ways:

- Receiving technical assistance from the Texas Health Program Manager — including but not limited to regular touch base calls (and as needed), guidance on budget changes or project adjustments, and connections to enhance outcomes.
- Fulfilling communication requirements.
- Participating in learning opportunities either convened or facilitated by Texas Health.
- Hosting at least one site visit to highlight progress to key stakeholders associated with Texas Health.
- Presenting the collaborative approach and/or results at meetings convened by or with Texas Health.

ELIGIBILITY

Project Implementation. Applicants must demonstrate the ability to begin implementing activities within four months of the execution of the MOU. Exceptions may be considered on a case-by-case basis.

Prior Applicants. Organizations that applied for a previous Texas Health Community Impact grant cycle and were not awarded are eligible to apply.

Not Eligible. Organizations previously funded as lead agency for two cycles are not eligible to apply. **Existing or proposed programs with funding directed to Texas Health are not eligible for this opportunity.**

The following is a non-exclusive list of potential lead organizations that may be eligible to apply:

- State, county, city or township governments
- Independent school districts
- Public housing authorities
- Public or state-controlled institutions of higher education
- Nonprofits with a 501(c)(3) IRS status

Healthcare systems, individual hospitals or hospital districts can be part of a collaboration but cannot serve as the lead applicant.

FUNDING EXCLUSIONS

The following expenses are not allowable:

- Indirect costs exceeding 10% of the total collaborative direct costs. Indirect costs are expenses that do not relate to a specific intervention or service such as overhead, utilities, accounting and rent support.
- Endowments or capital campaigns.
- Capital expenses, construction projects and purchase of large equipment. Mission-critical equipment purchases may be considered and must be approved by Texas Health.
- Fundraising activities or event sponsorships.
- Direct delivery of reimbursable healthcare services.
- Grants or scholarships to individuals.
- Advertising reimbursement of pre-award costs.
- Lobbying activities, including publicity or propaganda, preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.

PROPOSAL SUBMISSION

2027-2028 Grant Cycle Proposal Timeline

Date(s)	Activity	Details
April 13, 2026	RFP Released	Proposals submitted through the Texas Health Resources Grants e-Portal at https://www.texashealth.org/Apply
April 13 – May 4, 2026	Q&A Period	Questions will be accepted by the Texas Health team during this period via THCI-grants@texashealth.org . Please include your proposal title and region in the subject line. Questions will not be accepted after 5 p.m. CDT on May 4. Webinars will also be available regionally. Additional information can be found at NULLwww.TexasHealth.org/THCI-RFP .
May 29, 2026	Submission Deadline 11:59 p.m. CDT	The submission period will close at 11:59 p.m. CDT on May 29, 2026 . Proposals will not be accepted after the deadline. <i>Applicants are responsible for familiarizing themselves with the e-Portal to avoid missing the deadline.</i>
June 1 – Dec. 1, 2026	Review Process	All submissions will be reviewed, and applicants may be asked to respond to clarifying questions about their proposals.
Dec. 18, 2026	Grant Award and Onboarding Process Begins	Notification of grant awards is expected to occur by Dec. 18, 2026. Recipients of grant awards will be required to attend an onboarding session and meet with their assigned Texas Health Program Manager in Jan. 2027.

➔ PROPOSALS MUST BE SUBMITTED THROUGH [HTTPS://WWW.TEXASHEALTH.ORG/APPLY](https://www.texashealth.org/apply)

- NEW USERS: PLEASE CLICK ON “CREATE NEW ACCOUNT” TO COMPLETE THE REGISTRATION PROCESS AND ACCESS THE APPLICATION.
- LATE SUBMISSIONS WILL NOT BE ACCEPTED.

THE LEAD APPLICANT SUBMITS ONE PROPOSAL ON BEHALF OF THE COLLABORATIVE.

Frequently Asked Questions (FAQs)

- Questions regarding this RFP will be accepted via email to THCI-Grants@TexasHealth.org until **5 p.m. CDT on May 4, 2026**. Please use the email subject line “*RFP Questions*” and indicate which Denton-Wise-Parker(s) you are inquiring about.
- Information about previously funded projects can be found on our website: [Texashealth.org/Community-Impact](https://www.texashealth.org/community-impact)
- A Q&A section on the Texas Health Community Impact website will be updated **May 1 and May 10**: www.TexasHealth.org/THCI-RFP
- Denton-Wise-Parker-specific webinars will take place between **April 14 and April 24**. Visit www.TexasHealth.org/THCI-RFP to register or watch a recording.

PROPOSAL QUESTIONS

1. Quick Pitch (900-character maximum w/ spaces)

Please summarize your proposed project. This section should grab the reviewer’s attention and make them want to read more. Be succinct but thorough. Identify the non-medical driver(s) of health you are focusing on, what you intend to do, which collaborators are involved, and how this is innovative.

2. Responsiveness to Regional Priorities (2,000-character maximum w/ spaces)

Explain why your proposal is responsive to this RFP. Include relevant data points to support the need for your proposed project and describe who will benefit from your efforts (i.e., demographic details of target group(s) served, community descriptors). Provide an original answer. Please do not copy RFP details.

3. Proposed Project

- a. Describe your proposed project and the anticipated impact on the targeted community. (1,200 characters w/ spaces)
- b. Which aspects are innovative, spell out what is unique and explain how it differs from what currently exists (refer to the Innovation section on page 2). (2,000 characters w/ spaces)
- c. Provide concrete insights that support the viability of this proposed project. Why do you think this will work? (1,000 characters w/ spaces)
- d. Detail participant recruitment efforts (include potential relationships outside of the collaborative or others who may be involved). Recruitment is essential because it can lead to success or derail the plan. Describe opportunities, barriers, and anything else that may be relevant. (2,100 characters w/ spaces)

4. Collaborative Capacity & Qualifications

- a. Complete the Role & Responsibilities table in the e-Portal form. List the Key Personnel for each collaborator, indicate their time commitment (% of time), and their primary function. Key personnel are individuals who are essential to implementing and carrying out the responsibilities of the project. Key personnel roles may include project coordinator, director, and/or manager.
- b. Be explicit as to why the collaborative is uniquely qualified to do this work and why the chosen lead organization is the ideal choice to lead the collaborative. (2,000 characters w/ spaces)
- c. How will the lead organization ensure accountability from the collaborators. Be specific (1,300 characters w/ spaces).

5. Measures, Impact & Sustainability

- a. State the goal(s) and/or objectives of the proposed project. Use the SMART (Specific, Measurable, Achievable, Relevant, Timely) format. Be sure to use bullet lists for ease of review. (2,000 characters w/ spaces)
- b. Provide proposed outputs and outcomes for each goal, explain how they will be measured, and how the collaborative will assemble the results of its collective work. Be sure to use bulleted lists for ease of review (3,000 characters w/ spaces). NOTE: Texas Health Community Impact uses a third-party evaluator to assist with data reporting and analysis. Awardees are required to work with the evaluator.
- c. Discuss how sustainability efforts will be integrated throughout the project. Comment on what is envisioned for this project in the future and the relationship with collaborators. Begin with the end in mind – what will happen after the funding cycle concludes? (1,500 characters w/ spaces)

6. Project Promotion & Funder Acknowledgment

- a. Detail the plan to promote the project and build awareness in your area and community from beginning to end. Be specific as to how Texas Health's support will be acknowledged. This should include efforts by the lead organization and collaborators. (2,000 characters w/ spaces)
- b. Describe how Texas Health might engage with the project such as volunteering and sharing expertise. (1,300 characters w/ spaces).

7. Attachments/Uploaded Items

- a. Workbook with budget templates for the lead applicant and collaborators. Template will be available in the e-Portal application form. Download, complete and upload to the application form in the e-Portal.
- b. Letter of Commitment – Include one letter of commitment, describing the collaborators and their commitment to this project. All collaborators must sign.

RESPONSIVENESS

Proposal responsiveness will be assessed using the following criteria:

10% Alignment with Priorities & Strong Collaboration	1. Alignment with Priorities and Strong Collaboration (10%) Strategic alignment with Texas Health Community Impact priorities and community needs. Demonstrated engagement of diverse capable partners in the project plan. A broad focus or an unclear connection to the region's priorities and inexperienced partners will not score highly.
35% Innovation	2. Innovation (35%) Use of innovative or novel practices and approaches. Proposals seeking to continue or simply expand existing services without any defined innovation will not score well.
30% Well-defined Output & Outcome Measures	3. Well-defined Output & Outcome Measures (30%) SMART goals outline expected outputs, outcomes, and demonstrate potential to impact the target community(ies) served. The Management Center has some great resources on writing SMART Goals. Visit their site for more information: https://www.managementcenter.org/resources/7-tips-getting-started-goal-setting/
25% Clear Implementation Plan	4. Clear Implementation Plan (25%) Strong, realistic implementation plan, financial planning, targets, and timeline. Clear vision for how goals and outcomes will be achieved. Demonstrated capacity to launch proposed activities successfully within four months of an executed grant agreement. Evidence of recruitment strategy, collaborators, appropriate staffing, and budget. Proposal identifies several opportunities for funding acknowledgment and dissemination of results.

RIGHT TO REJECT

Texas Health reserves the right to:

- Reject any or all proposals submitted.
- Request additional information from any or all applicant organizations.
- At their sole discretion, conduct discussions with any applicant organization to ensure full understanding of and responsiveness to the RFP requirements.

Applicant organizations will not be reimbursed for the cost of developing or presenting a proposal in response to this RFP. For administrative purposes, proposals must be submitted through Texas Health's e-Portal. Submission of the proposal does not constitute an obligation to fund. All proposals will be reviewed, and finalists determined solely as described in this RFP.

WORKS CITED

1. Stanford Institute for Economic Policy Research (2021). “The donut effect of COVID-19 on cities” (Policy brief) <https://siepr.stanford.edu/publications/working-paper/donect-effect-covid-19-cities>
2. Healthy North Texas (2025, November 30). “Primary Care Provider Rate, Denton County” (Indicator). www.healthyntexas.org/
3. US Health Resources and Services Administration Data Warehouse, MUA Finder Tool. (2026, January 10). <https://data.hrsa.gov/topics/health-workforce/shortage-areas/mua-find>
4. Healthy North Texas (2025, November 30). “Mental Health Provider Rate, Parker County” (Indicator). www.healthyntexas.org/
5. *Becker’s Hospital Review*. (2023, December 1). “HCA buys 3 hospitals in Texas” www.beckershospitalreview.com/hospital-transactions-and-valuation/hca-buys-3-hospitals-in-Texas/
6. AARP. (2026) “Loneliness accelerates aging.” Retrieved January 27, 2026 from www.aarp.org/health/conditions-treatments/loneliness-accelerates-aging/
7. Texas Health Resources. (2025). “2025 Community Health Needs Assessment-Denton Region”. www.texashealth.org/-/media/project/THR/shared/Documents/PDFs/Community-Health/Community-Health-Needs-Assessments-2025/Texas-Health-Denton-2025-CHNA.pdf