

TEXAS HEALTH RESOURCES

All Regions

APPENDICES

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Appendix A. Collin Region

TEXAS HEALTH RESOURCES

COLLIN REGION

APPENDICES

Secondary Data Methodology

Secondary Data Sources

The main source for the secondary data, or data that has been previously collected, is the community indicator database maintained by Conduent Healthy Communities Institute. The following is a list of both local and national data sources used in Texas Health Resources Collin County regional Community Health Needs Assessment report.

Data Sources

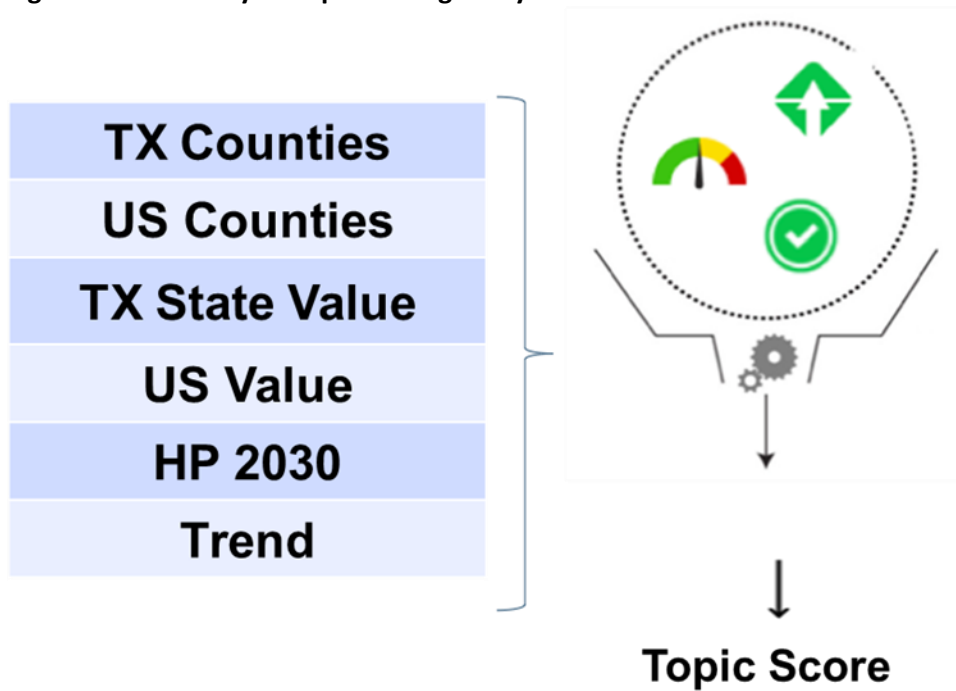
- American Community Survey
- American Lung Association
- CDC - PLACES
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- County Health Rankings
- Feeding America
- Healthy Communities Institute
- National Cancer Institute
- National Center for Education Statistics
- National Environmental Public Health Tracking Network
- Texas Department of Family and Protective Services
- DFWHC Foundation Regional Data, Q1-Q4, 2017-2019. DFWHC Foundation, Irving Texas. October 15, 2021,

- Texas Education Agency
- Texas Department of Health Services
- U.S Bureau of Labor Statistics
- U.S. Census - County Business Patterns
- U.S. Census Bureau – Small Area Health Insurance Estimates
- U.S. Department of Agriculture – Food Environment Atlas
- U.S. Environmental Protection Agency
- United for ALICE

Secondary Data Scoring

HCI's Data Scoring Tool (Figure 1A) was used to systematically summarize multiple comparisons in order to rank indicators based on highest need. For each indicator, the community value was compared to a distribution of Texas and US counties, state and national values, Healthy People 2030, and significant trends were noted. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities and changes in methodology over time. The comparison scores were summarized for each indicator, and indicators were then grouped into topic areas for a systematic ranking of community health needs.

Figure 1A: Summary of Topic Scoring Analysis



Index of Disparity

An important part of the CHNA process is to identify health disparities, the needs of vulnerable populations and unmet health needs or gaps in services. There were several ways in which subpopulation disparities were examined by county. For secondary data health indicators, the Index of Disparity tool was utilized to see if there were large, negative, and concerning differences in indicator values between each subgroup data value and the overall county value. The Index of Disparity was run for each county, and the indicators with the highest race or ethnicity index value were found.

Health Equity Index

Every community can be described by various social and economic factors that can contribute to disparities in health outcomes. Conduent HCI's Health Equity Index (formerly SocioNeeds[®] Index) considers validated indicators related to income, employment, education, and household environment to identify areas at highest risk for experiencing health inequities.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic needs correlated with preventable hospitalizations and premature death.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Health Equity Index, with darker coloring associated with higher relative need.

Food Insecurity Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in outcomes and opportunities to thrive. Conduent HCI's Food Insecurity Index considers validated indicators related to income, household environment and well-being to identify areas at highest risk for experiencing food insecurity.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest food insecurity, which is correlated with household and community measures of food-related financial stress such as Medicaid and SNAP enrollment.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Food Insecurity Index, with darker coloring associated with higher relative need.

Mental Health Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in mental health outcomes. Conduent HCI's Mental Health Index considers validated indicators related to access to care, physical health status, transportation, employment and household environment to identify areas at highest risk for experiencing poor mental health.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic and health needs correlated with self-reported poor mental health.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Mental Health Index, with darker coloring associated with higher relative need.

Data Considerations

Several limitations of data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, data availability varies by health topic. Some topics contain a robust set of secondary data indicators, while others may have a limited number of indicators or limited subpopulations covered by those specific indicators. Data scores represent the relative community health need according to the secondary data for each topic and should not be considered a comprehensive result on their own. In addition, these scores reflect the secondary data results for the population as a whole and do not represent the health or socioeconomic need that is much greater for some subpopulations. Moreover, many of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to best represent the population at large, these measures are subject to instability, especially for smaller populations. The Index of Disparity is also limited by data availability, where indicator data varies based on the population groups and service areas being analyzed.

Race or ethnic and Special Population Groupings

The secondary data presented in this report derive from multiple sources, which may present race and ethnicity data using dissimilar nomenclature. For consistency with data sources throughout the report, subpopulation data may use different terms to describe the same or similar groups of community members.

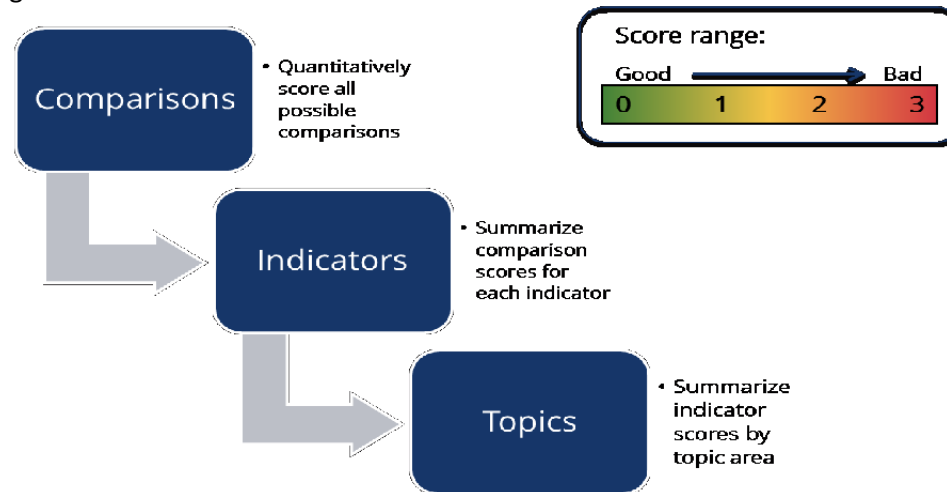
Zip Codes and Zip Code Tabulation Areas

This report presents both Zip Code and Zip Code Tabulation Area (ZCTA) data. Zip Codes, which were created by the U.S. Postal Service to improve mail delivery service, are not reported in this assessment as they may change, include P.O. boxes or cover large unpopulated areas. This assessment cover ZCTAs or Zip Code Tabulation Areas which were created by the U.S. Census Bureau and are generalized representations of Zip Codes that have been assigned to census blocks.

Demographics for this report are sourced from the United States Census Bureau, which presents ZCTA estimates. Tables and figures in the Demographics section of this report reference Zip Codes in title (for purposes of familiarity) but show values of ZCTAs. Data from other sources are labeled as such.

Secondary Data Scoring Detailed Methodology

Data Scoring is done in three stages:



For every indicator available, each county in the Hospital Service Area is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic. Secondary data for this report are up to date as of November 1, 2021.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.

Comparison to Values: State, National, and Targets

The county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2030 (HP2030) goals. Healthy People 2030 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

County Data Scoring Indicators Results

Collin County Indicator Scores

SCORE	ALCOHOL & DRUG USE	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Adults who Binge Drink	<i>percent</i>	16.7			16.4	2018		3
1.75	Age-Adjusted ER Rate due to Opioid Use	<i>ER visits/ 10,000 population 18+ years</i>	2.2		0.7		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Opioid Use	<i>hospitalizations/ 10,000 population 18+ years</i>	0.3		0.1		2017-2019		16
1.56	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	28.3	28.3	25.7	27	2015-2019		6
1.25	Age-Adjusted ER Rate due to Substance Use	<i>ER visits/ 10,000 population 18+ years</i>	9.7		20.6		2017-2019		16
1.25	Age-Adjusted Hospitalization Rate due to Substance Use	<i>hospitalizations/ 10,000 population 18+ years</i>	0.9		1.2		2017-2019		16
1.06	Liquor Store Density	<i>stores/ 100,000 population</i>	6.5		6.9	10.5	2019		18
1.00	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	7.8		12.1	22.8	2017-2019		4

0.33	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	7.3		10.6	21	2017-2019		6
SCORE	CANCER	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.58	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	127.2		112.8	125.9	2013-2017		9
2.47	Cancer: Medicare Population	<i>percent</i>	8.7		7.6	8.4	2018		5
1.50	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	94.5		94	104.5	2013-2017		9
1.33	Colon Cancer Screening	<i>percent</i>	65.4	74.4		66.4	2018		3
1.33	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	10.6		11	11.8	2013-2017		9
1.22	Cervical Cancer Screening: 21-65	<i>Percent</i>	84.3	84.3		84.7	2018		3
1.14	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	402.3		407.7	448.7	2013-2017		9
0.94	Mammogram in Past 2 Years: 50-74	<i>percent</i>	76.2	77.1		74.8	2018		3
0.75	Adults with Cancer	<i>percent</i>	5.9			6.9	2018		3
0.64	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	16.3	15.3	19.8	20.1	2013-2017		9
0.61	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	4.4		9.2	7.6	2013-2017		9

0.44	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	10.6	8.9	13.9	13.7	2013-2017	9
0.36	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	30.8		37.6	38.4	2013-2017	9
0.25	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	15	16.9	17.6	19	2013-2017	Black (41.3) White (15.8) 9
0.11	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	123.6	122.7	148. 8	155.5	2013-2017	9
0.11	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	27.3	25.1	34.1	38.5	2013-2017	9
0.08	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	42.5		50.6	58.3	2013-2017	9

SCORE	CHILDREN'S HEALTH	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	56		34	23	2019		7
1.50	Children with Health Insurance	<i>percent</i>	92		87.3	94.3	2019		1
1.33	Children with Low Access to a Grocery Store	<i>percent</i>	3.8				2015		20
0.92	Projected Child Food Insecurity Rate	<i>percent</i>	16.7		23.6		2021		7
0.92	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	4.5	8.7	9.1		2020		12
0.67	Child Food Insecurity Rate	<i>percent</i>	13.3		19.6	14.6	2019		7

SCORE	COMMUNITY	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Solo Drivers with a Long Commute	percent	46.5		38.9	37	2015-2019		6
2.67	Median Household Gross Rent	dollars	1389		1045	1062	2015-2019		1
2.67	Median Monthly Owner Costs for Households without a Mortgage	dollars	859		514	500	2015-2019		1
2.67	Mortgaged Owners Median Monthly Household Costs	dollars	2194		1606	1595	2015-2019		1
2.36	Social Associations	membership associations/ 10,000 population	6.4		7.5	9.3	2018		6
2.31	Mean Travel Time to Work	minutes	28.9		26.6	26.9	2015-2019		1
1.97	Linguistic Isolation	percent	5.1		7.7	4.4	2015-2019		1
1.56	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	28.3	28.3	25.7	27	2015-2019		6

									Black (1.9) White (0.8) Asian (1.9) AIAN (0) NHPI (6.6) Mult (3) Other (0.9) Hispanic (0.9)	
1.44	Workers Commuting by Public Transportation	<i>percent</i>	1.1	5.3	1.4	5	2015-2019			1
1.25	Female Population 16+ in Civilian Labor Force	<i>percent</i>	62.7		57.8	58.3	2015-2019			1
1.25	Homeownership	<i>percent</i>	61.1		54.9	56.2	2015-2019			1
1.25	Persons with Health Insurance	<i>percent</i>	87.5	92.1	79.3		2019			19
1.08	Social Worker Rate	<i>workers/ 100,000 population</i>	69.2		82.7		2020			13
1.08	Workers who Drive Alone to Work	<i>percent</i>	80.9		80.5	76.3	2015-2019			1
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	0.6				2015			20
1.00	Voter Turnout: Presidential Election	<i>percent</i>	66.4		58.8		2016			15
0.92	Persons with an Internet Subscription	<i>percent</i>	93.5		84.2	86.2	2015-2019			1
0.92	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	4.5	8.7	9.1		2020			12

0.83	Households with One or More Types of Computing Devices	<i>percent</i>	97.9	91	90.3	2015-2019	1	
0.81	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	6.8	10.1	13	11.3	2017-2019	4
0.81	Total Employment Change	<i>percent</i>	4.2	2.9	1.6	2018-2019	18	
0.64	Population 16+ in Civilian Labor Force	<i>percent</i>	68.1	61	59.6	2015-2019	1	
0.53	People 25+ with a High School Degree or Higher	<i>percent</i>	93.8	83.7	88	2015-2019	1	
0.50	Households with an Internet Subscription	<i>percent</i>	92.9	82.1	83	2015-2019	1	
0.33	Median Housing Unit Value	<i>dollars</i>	315300	2E+05	2E+05	2015-2019	1	
0.08	Children Living Below Poverty Level	<i>percent</i>	7	20.9	18.5	2015-2019	Black (9.7) White (3.4) Asian (3.7) AIAN (4.4) NHPI (2.2) Mult (6.6) Other (22.8) Hispanic (17.5)	1
0.08	Median Household Income	<i>dollars</i>	96913	61874	62843	2015-2019	1	

0.08	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	52.3		29.9	32.1	2015-2019		1
0.08	Per Capita Income	<i>dollars</i>	44548		3127	3410	2015-2019		1
0.08	Single-Parent Households	<i>percent</i>	15.5		26.3	25.5	2015-2019		1
0.00	People Living Below Poverty Level	<i>percent</i>	6.3	8	14.7	13.4	2015-2019	Black (7.6) White (4.3) Asian (5.8) AIAN (9.1) NHPI (4.5) Mult (7.1) Other (14.8) Hisp (12.9)	1

SCORE	DIABETES	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Age-Adjusted ER Rate due to Diabetes	<i>ER visits/ 10,000 population 18+ years</i>	16.5		9.4		2017-2019		16
1.75	Age-Adjusted ER Rate due to Type 2 Diabetes	<i>ER visits/ 10,000 population 18+ years</i>	14.7		8.6		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Diabetes	<i>hospitalizations/ 10,000 population 18+ years</i>	11.6		5.3		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	<i>hospitalizations/ 10,000 population 18+ years</i>	8.6		4		2017-2019		16
0.97	Diabetes: Medicare Population	<i>percent</i>	24.9		28.8	27	2018		5
0.64	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	9.2		22	21.5	2017-2019		4

SCORE	ECONOMY	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.67	Median Household Gross Rent	dollars	1389		1045	1062	2015-2019		1
2.67	Median Monthly Owner Costs for Households without a Mortgage	dollars	859		514	500	2015-2019		1
2.67	Mortgaged Owners Median Monthly Household Costs	dollars	2194		1606	1595	2015-2019		1
2.50	Food Insecure Children Likely Ineligible for Assistance	percent	56		34	23	2019		7
2.00	WIC Certified Stores	stores/ 1,000 population	0.1				2016		20
1.86	SNAP Certified Stores	stores/ 1,000 population	0.4				2017		20
1.75	Mortgaged Owners Spending 30% or More of Household Income on Housing	percent	27.6		26.5	26.5	2019		1
1.42	Renters Spending 30% or More of Household Income on Rent	percent	43.5		47.8	49.6	2015-2019		1
1.36	Size of Labor Force	persons	583416				44348		17

	Female Population 16+ in Civilian Labor Force	<i>percent</i>	62.7	57.8	58.3	2015-2019	1
1.25	Homeownership	<i>percent</i>	61.1	54.9	56.2	2015-2019	1
1.14	Overcrowded Households	<i>percent of households</i>	2.4	4.8		2015-2019	1
1.14	Students Eligible for the Free Lunch Program	<i>percent</i>	22.1			2019-2020	10
1.00	Food Insecurity Rate	<i>percent</i>	11.1	14.1	10.9	2019	7
1.00	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	71.2	56		2018	22
1.00	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	22.1	30		2018	22
1.00	Households that are Below the Federal Poverty Level	<i>percent</i>	6.6	14		2018	22
1.00	Low-Income and Low Access to a Grocery Store	<i>percent</i>	2.3			2015	20

0.92	Projected Child Food Insecurity Rate	<i>percent</i>	16.7	23.6		2021		7
0.92	Projected Food Insecurity Rate	<i>percent</i>	13.1	16.5		2021		7
0.81	People 65+ Living Below Poverty Level	<i>percent</i>	7.1	10.6	9.3	2015-2019	Black (10.1) White (6.3) Asian (8.6) AIAN (14.2) NHPI (0) Mult (6.4) Other (13.6) Hisp (10.8)	1
0.81	Total Employment Change	<i>percent</i>	4.2	2.9	1.6	2018-2019		18
0.69	Severe Housing Problems	<i>percent</i>	12.9	17.4	18	2013-2017		6
0.69	Unemployed Workers in Civilian Labor Force	<i>percent</i>	5.1	6.7	6.1	44348		17
0.67	Child Food Insecurity Rate	<i>percent</i>	13.3	19.6	14.6	2019		7
0.64	Households with Cash Public Assistance Income	<i>percent</i>	0.8	1.4	2.4	2015-2019		1
0.64	Population 16+ in Civilian Labor Force	<i>percent</i>	68.1	61	59.6	2015-2019		1

0.36	People Living 200% Above Poverty Level	<i>percent</i>	82.9	65.7	69.1	2015-2019		1
0.33	Median Housing Unit Value	<i>dollars</i>	315300	2E+05	2E+05	2015-2019		1
0.08	Children Living Below Poverty Level	<i>percent</i>	7	20.9	18.5	2015-2019	Black (9.7) White (3.4) Asian (3.7) AIAN (4.4) NHPI (2.2) Mult (6.6) Other (22.8) Hispanic (17.5)	1
0.08	Families Living Below Poverty Level	<i>percent</i>	4.4	11.3	9.5	2015-2019	Black (6.8) White (2.7) Asian (3.8) AIAN (6.6) NHPI (3) Mult (7.1) Other (10.2) Hispanic (11.5)	1
0.08	Median Household Income	<i>dollars</i>	96913	61874	62843	2015-2019		1
0.08	Per Capita Income	<i>dollars</i>	44548	31277	34103	2015-2019		1
0.08	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	9.5	23.2	26.1	2015-2019		1

0.00	People Living Below Poverty Level	<i>percent</i>	6.3	8	14.7	13.4	2015-2019	Black (7.6)	1
								White (4.3)	

SCORE	EDUCATION	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.69	Student-to-Teacher Ratio	<i>students/ teacher</i>	14.8				2019-2020		10
1.14	High School Drop Out Rate	<i>percent</i>	1.2		1.9		2019	Black (2) White (0.8) Asian (0.3) AIAN (2.7) PI (0) Mult (0.8) Hispanic (2.3)	14
0.61	Infants Born to Mothers with <12 Years Education	<i>percent</i>	6.2		17.4	13.3	2017	Black (3.7) White (2.1) Other (2.3) Hispanic (22.2)	13
0.53	People 25+ with a High School Degree or Higher	<i>percent</i>	93.8		83.7	88	2015-2019		1
0.08	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	52.3		29.9	32.1	2015-2019		1

SCORE	ENVIRONMENTAL HEALTH	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.19	Asthma: Medicare Population	percent	5.4		4.9	5	2018		5
2.14	Fast Food Restaurant Density	restaurants/ 1,000 population	0.9				2016		20
2.00	WIC Certified Stores	stores/ 1,000 population	0.1				2016		20
1.86	SNAP Certified Stores	stores/ 1,000 population	0.4				2017		20
1.83	Grocery Store Density	stores/ 1,000 population	0.1				2016		20
1.75	Annual Ozone Air Quality		F				2017-2019		2
1.64	Number of Extreme Precipitation Days	days	39				2016		11
1.50	Farmers Market Density	markets/ 1,000 population	0				2018		20
1.36	Months of Mild Drought or Worse	months per year	5				2016		11
1.36	Number of Extreme Heat Days	days	5				2016		11
1.36	Number of Extreme Heat Events	events	2				2016		11
1.36	PBT Released	pounds	369.9				2019		21
1.36	Recognized Carcinogens Released into Air	pounds	105.6				2019		21

1.33	Children with Low Access to a Grocery Store	<i>percent</i>	3.8			2015	20
1.17	Daily Dose of UV Irradiance	<i>Joule per square meter</i>	3218	3538		2015	11
1.17	People with Low Access to a Grocery Store	<i>percent</i>	12.7			2015	20
1.14	Overcrowded Households	<i>percent of households</i>	2.4	4.8		2015-2019	1
1.08	Weeks of Moderate Drought or Worse	<i>weeks per year</i>	3			2016	11
1.06	Liquor Store Density	<i>stores/ 100,000 population</i>	6.5	6.9	10.5	2019	18
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	0.6			2015	20
1.00	Low-Income and Low Access to a Grocery Store	<i>percent</i>	2.3			2015	20
1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	0.9			2015	20
1.00	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1			2016	20
0.75	Adults with Current Asthma	<i>percent</i>	8	9.2		2018	3

0.69	Severe Housing Problems	<i>percent</i>	12.9	17.4	18	<i>2013-2017</i>	6
0.67	Access to Exercise Opportunities	<i>percent</i>	90.1	80.5	84	<i>2020</i>	6
0.53	Food Environment Index		8.4	5.9	7.8	<i>2021</i>	6

HEALTH CARE ACCESS & QUALITY		UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Adults who have had a Routine Checkup	percent	74.1			76.7	2018		3
1.58	Adults without Health Insurance	percent	16.5			12.2	2018		3
1.50	Children with Health Insurance	percent	92		87.3	94.3	2019		1
1.33	Adults with Health Insurance	percent	85.9		75.5	87.1	2019		1
1.33	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	76.2		88.6		2020		6
1.25	Persons with Health Insurance	percent	87.5	92.1	79.3		2019		19
1.08	Social Worker Rate	workers/ 100,000 population	69.2		82.7		2020		13
0.92	Adults who Visited a Dentist	percent	69.1			66.5	2018		3
0.67	Mental Health Provider Rate	providers/ 100,000 population	123.6		120.9		2020		6
0.33	Dentist Rate	dentists/ 100,000 population	68.6		59.6		2019		6
0.33	Primary Care Provider Rate	providers/ 100,000 population	101.4		60.9		2018		6

SCORE	HEART DISEASE & STROKE	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.75	Atrial Fibrillation: Medicare Population	percent	9		7.8	8.4	2018		5
2.50	Hyperlipidemia: Medicare Population	percent	55.2		49.5	47.7	2018		5
2.08	Adults who Have Taken Medications for High Blood Pressure	percent	73.4			75.8	2017		3
2.08	Hypertension: Medicare Population	percent	60.9		59.9	57.2	2018		5
1.92	Ischemic Heart Disease: Medicare Population	percent	27.8		29	26.8	2018		5
1.75	Age-Adjusted ER Rate due to Hypertension	ER visits/ 10,000 population 18+ years	28.2		10.5		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Hypertension	hospitalizations/ 10,000 population 18+ years	0.4		0.1		2017-2019		16
1.69	Stroke: Medicare Population	percent	4.1		4.2	3.8	2018		5
0.94	High Blood Pressure Prevalence	percent	29.6	27.7		32.4	2017		3

0.92	Cholesterol Test History	<i>percent</i>	83.6			81.5		2017		3
0.92	High Cholesterol Prevalence: Adults 18+	<i>percent</i>	32.3			34.1		2017		3
0.86	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	34.1	33.4	40.2	37.2		2017-2019		4
0.86	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	46.9		70.1			2018		11
0.75	Adults who Experienced a Stroke	<i>percent</i>	2.4			3.4		2018		3
0.75	Adults who Experienced Coronary Heart Disease	<i>percent</i>	5			6.8		2018		3
0.64	Heart Failure: Medicare Population	<i>percent</i>	11.7		15.6	14		2018		5
0.06	Age-Adjusted Death Rate due to Coronary Heart Disease	<i>deaths/ 100,000 population</i>	64.6	71.1	93	90.5		2017-2019		4

**IMMUNIZATIONS
& INFECTIOUS**

SCORE	DISEASES	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	<i>hospitalizations/ 10,000 population 18+ years</i>	0.3		0.1		2017-2019		16
1.64	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	9.8		15.7		2018		13
1.42	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	1.6		4.3	2	24-Sep-21		8
1.33	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	89.2		163.6	179.1	2018		13
1.28	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	2.6	1.4	4.3		2015-2019		13
1.22	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	3		8.8	10.8	2018		13
1.14	Overcrowded Households	<i>percent of households</i>	2.4		4.8		2015-2019		1
1.06	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	284.5		508.2	539.9	2018		13
0.89	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	10.6		11.8	13.8	2017-2019		4

0.69	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	32.3	47.1	51.4	24-Sep-21	8
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SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.72	Mothers who Received Early Prenatal Care	percent	65.9		60.5	77.3	2017		13
1.22	Preterm Births	percent	10.9	9.4	12.2		2017		13
1.11	Babies with Very Low Birth Weight	percent	1.1			1.4	2015	Black (2.66393442) White (0.88834697) Other (1.11111111) Hispanic (0.88062622)	13
0.94	Teen Births	percent	0.6		2.1	3.1	2017	Black (1.1) White (0.4) Other (0) Hispanic (1.5)	13
0.81	Infant Mortality Rate	deaths/ 1,000 live births	4	5	5.6	5.9	2015		13
0.61	Infants Born to Mothers with <12 Years Education	percent	6.2		17.4	13.3	2017	Black (3.7) White (2.1) Other (2.3) Hispanic (22.2)	13
0.50	Babies with Low Birth Weight	percent	7.2		8.2	8.1	2015		13
SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

2.42	Depression: Medicare Population	<i>percent</i>	19.5	18.2	18.4	2018	5	
2.25	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	12.3	12.6	10.8	2018	5	
1.75	Age-Adjusted Hospitalization Rate due to Adult Mental Health	<i>hospitalizations/ 10,000 population 18+ years</i>	2.2	1.7		2017-2019	16	
1.25	Age-Adjusted ER Rate due to Adult Mental Health	<i>ER visits/ 10,000 population 18+ years</i>	4.3	8.9		2017-2019	16	
0.81	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	11.4	12.8	13.5	14.1	2017-2019	4
0.75	Poor Mental Health: 14+ Days	<i>percent</i>	10.6		12.7	2018	3	
0.67	Frequent Mental Distress	<i>percent</i>	10.6	11.6	13	2018	6	
0.67	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	123.6	120. 9		2020	6	

SCORE	OLDER ADULTS	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Osteoporosis: Medicare Population	percent	8.2		6.8	6.6	2018		5
2.75	Atrial Fibrillation: Medicare Population	percent	9		7.8	8.4	2018		5
2.50	Hyperlipidemia: Medicare Population	percent	55.2		49.5	47.7	2018		5
2.47	Cancer: Medicare Population	percent	8.7		7.6	8.4	2018		5
2.42	Depression: Medicare Population	percent	19.5		18.2	18.4	2018		5
2.25	Alzheimer's Disease or Dementia: Medicare Population	percent	12.3		12.6	10.8	2018		5
2.19	Asthma: Medicare Population	percent	5.4		4.9	5	2018		5
2.08	Chronic Kidney Disease: Medicare Population	percent	24.6		26.7	24.5	2018		5
2.08	Hypertension: Medicare Population	percent	60.9		59.9	57.2	2018		5

2.08	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	35.6	34.2	33.5	2018	5
1.92	Ischemic Heart Disease: Medicare Population	<i>percent</i>	27.8	29	26.8	2018	5
1.69	Stroke: Medicare Population	<i>percent</i>	4.1	4.2	3.8	2018	5
1.42	Adults 65+ who Received Recommended Preventive Services: Males	<i>percent</i>	30.4		32.4	2018	3
1.33	Colon Cancer Screening	<i>percent</i>	65.4	74.4	66.4	2018	3
1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	0.9			2015	20
0.97	Diabetes: Medicare Population	<i>percent</i>	24.9	28.8	27	2018	5
0.92	Adults 65+ who Received Recommended Preventive Services: Females	<i>percent</i>	31.8		28.4	2018	3

0.81	People 65+ Living Below Poverty Level	<i>percent</i>	7.1	10.6	9.3	2015-2019	Black (10.1) White (6.3) Asian (8.6) AIAN (14.2) NHPI (0) Mult (6.4) Other (13.6) Hisp (10.8)	1
0.75	Adults 65+ with Total Tooth Loss	<i>percent</i>	8.9		13.5	2018		3
0.75	Adults with Arthritis	<i>percent</i>	20.4		25.8	2018		3
0.64	COPD: Medicare Population	<i>percent</i>	8.3	11.2	11.5	2018		5
0.64	Heart Failure: Medicare Population	<i>percent</i>	11.7	15.6	14	2018		5

SCORE	ORAL HEALTH	UNITS	COLLIN COUNTY	HP203	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Age-Adjusted ER Rate due to Dental Problems	<i>ER visits/ 10,000 population</i>	18.3		11.1		2017-2019		16
1.33	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	10.6		11	11.8	2013-2017		9
0.92	Adults who Visited a Dentist	<i>percent</i>	69.1			66.5	2018		3

0.75	Adults 65+ with Total Tooth Loss	<i>percent</i>	8.9	13.5	<i>2018</i>	3
0.33	Dentist Rate	<i>dentists/ 100,000 population</i>	68.6	59.6	<i>2019</i>	6

SCORE	OTHER CONDITIONS	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Osteoporosis: Medicare Population	percent	8.2		6.8	6.6	2018		5
2.08	Chronic Kidney Disease: Medicare Population	percent	24.6		26.7	24.5	2018		5
2.08	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35.6		34.2	33.5	2018		5
0.75	Adults with Arthritis	percent	20.4			25.8	2018		3
0.75	Adults with Kidney Disease	Percent of adults	2.3			3.1	2018		3

SCORE	PHYSICAL ACTIVITY	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.14	Fast Food Restaurant Density	restaurants/ 1,000 population	0.9				2016		20
2.00	WIC Certified Stores	stores/ 1,000 population	0.1				2016		20
1.86	SNAP Certified Stores	stores/ 1,000 population	0.4				2017		20
1.83	Grocery Store Density	stores/ 1,000 population	0.1				2016		20
1.50	Farmers Market Density	markets/ 1,000 population	0				2018		20

1.33	Children with Low Access to a Grocery Store	<i>percent</i>	3.8			2015		20
1.17	People with Low Access to a Grocery Store	<i>percent</i>	12.7			2015		20
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	0.6			2015		20
1.00	Low-Income and Low Access to a Grocery Store	<i>percent</i>	2.3			2015		20
1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	0.9			2015		20
1.00	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1			2016		20
0.67	Access to Exercise Opportunities	<i>percent</i>	90.1	80.5	84	2020		6
0.53	Food Environment Index		8.4	5.9	7.8	2021		6

SCORE	PREVENTION & SAFETY	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
0.69	Severe Housing Problems	<i>percent</i>	12.9		17.4	18	2013-2017		6
0.33	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	7.3		10.6	21	2017-2019		6
0.28	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	26.5	43.2	38.7	48.9	2017-2019		4

SCORE	RESPIRATORY DISEASES	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.19	Asthma: Medicare Population	<i>percent</i>	5.4		4.9	5	2018		5
1.75	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	<i>hospitalizations/ 10,000 population 18+ years</i>	0.3		0.1		2017-2019		16
1.42	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	1.6		4.3	2	24-Sep-21		8
1.28	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	2.6	1.4	4.3		2015-2019		13
0.89	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	10.6		11.8	13.8	2017-2019		4
0.83	Adults who Smoke	<i>percent</i>	11.8	5		15.5	2018		3
0.75	Adults with COPD	<i>Percent of adults</i>	4.6			6.9	2018		3
0.75	Adults with Current Asthma	<i>percent</i>	8			9.2	2018		3
0.69	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	32.3		47.1	51.4	24-Sep-21		8
0.64	COPD: Medicare Population	<i>percent</i>	8.3		11.2	11.5	2018		5

0.11	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	27.3	25.1	34.1	38.5	2013-2017		9
0.08	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	42.5		50.6	58.3	2013-2017		9

SEXUALLY TRANSMITTED INFECTIONS

SCORE		UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.64	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	9.8		15.7		2018		13
1.33	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	89.2		163.6	179.1	2018		13
1.22	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	3		8.8	10.8	2018		13
1.06	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	284.5		508.2	539.9	2018		13

WELLNESS & LIFESTYLE

SCORE		UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.25	Insufficient Sleep	<i>percent</i>	35	31.4	34.4	35	2018		6
0.94	High Blood Pressure Prevalence	<i>percent</i>	29.6	27.7		32.4	2017		3
0.75	Poor Physical Health: 14+ Days	<i>percent</i>	9.6			12.5	2018		3
0.50	Frequent Physical Distress	<i>percent</i>	9.3		11.6	11	2018		6

SCORE	WOMEN'S HEALTH	UNITS	COLLIN COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.58	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	127.2		112. 8	125.9	2013-2017		9
1.22	Cervical Cancer Screening: 21-65	<i>Percent</i>	84.3	84.3		84.7	2018		3
0.94	Mammogram in Past 2 Years: 50-74	<i>percent</i>	76.2	77.1		74.8	2018		3
0.64	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	16.3	15.3	19.8	20.1	2013-2017		9
0.61	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	4.4		9.2	7.6	2013-2017		9

Collin County Data Sources

Key	Source Title
1	American Community Survey
2	American Lung Association
3	CDC - PLACES
4	Centers for Disease Control and Prevention
5	Centers for Medicare & Medicaid Services
6	County Health Rankings
7	Feeding America
8	Healthy Communities Institute
9	National Cancer Institute
10	National Center for Education Statistics
11	National Environmental Public Health Tracking Network
12	Texas Department of Family and Protective Services
13	DFWHC Foundation Regional Data, Q1-Q4, 2017-2019. DFWHC Foundation, Irving Texas. October 26, 2021
14	Texas Education Agency
15	Texas Secretary of State
16	THR Texas Department of Health Services
17	U.S. Bureau of Labor Statistics
18	U.S. Census - County Business Patterns
19	U.S. Census Bureau - Small Area Health Insurance Estimates
20	U.S. Department of Agriculture - Food Environment Atlas
21	U.S. Environmental Protection Agency
22	United For ALICE

Collin County Topic Scores

Health and Quality of Life Topics	Score
Other Conditions	1.72
Older Adults	1.66
Diabetes	1.44
Heart Disease & Stroke	1.37
Mental Health & Mental Disorders	1.32
Sexually Transmitted Infections	1.31
Physical Activity	1.31
Environmental Health	1.31
Children's Health	1.31
Alcohol & Drug Use	1.30
Immunizations & Infectious Diseases	1.24
Women's Health	1.20
Community	1.13
Health Care Access & Quality	1.10
Economy	1.04
Oral Health	1.02
Maternal, Fetal & Infant Health	0.99
Respiratory Diseases	0.95
Cancer	0.93
Wellness & Lifestyle	0.86
Education	0.81
Prevention & Safety	0.43

Community Input Assessment Tools

Key Informant Interview Guide and Questions

INTRODUCTION

HCI Facilitator: Introduce yourself and any others on the team

OPENING SCRIPT: TEXAS HEALTH RESOURCES (THR) has invited you to take part in this Key Informant Interview because of your content expertise and your experience working in the community. Our work on behalf of THR is focused on understanding what health issues and challenges impact the residents of **COLLIN** County and how to improve their overall health. The insights and perspectives collected in this interview will provide important information that will ultimately be combined with the results of a key informant interviews, focus groups, and data analysis of state and national indicators. These data components will be compiled into a comprehensive report outlining the health needs in the Southern Region which includes **COLLIN** County. The final reports will be completed in the summer of 2022.

CONFIDENTIALITY: For this interview, we will be taking notes on your responses, your names will not be associated with any direct quotes. Your identity will be kept confidential.

1. To begin, could you please tell us a little about the organization you work for and the geographic location it serves?

- a. (only probe if necessary) What is your organization's mission? What are the top priority health issues that your organization addresses?*
- b. (only ask if not clear) Does your organization provide direct care, operate as an advocacy organization, or have another role in the community?*
- c. Which geographic location(s) does your organization serve? (to help us understand or confirm relevant service areas)*

2. Considering the impact of Covid-19, what would you consider the top 5 health issues exacerbated by the pandemic in COLLIN county?

- a. What are the possible solutions to improve the health issues you've described?*
- b. What solutions have your organization/agency put in place or considered to help improve the health issues you described?*
- c. How can Texas Health support these health improvement efforts?*

- 3. Along the same lines, what would you consider the top 5 socioeconomic needs exacerbated by the pandemic in [County Name/Zip code]?**
 - a. What are the possible solutions to improve the socioeconomic needs you've described?*
 - b. What specific solutions have your organization/agency put in place or considered to help improve the socioeconomic issues you described?*
 - c. How can Texas Health support these socioeconomic improvement efforts?*

- 4. Thinking about the solutions you described to address the health and socioeconomic needs, to what extent does your organization/agency have what it needs to deliver these services/resources in the community effectively?**
 - a. How do aspects of this community's [County Name/Zip code] infrastructure (i.e., physical environment, policies, partnerships) help or hinder your ability to deliver the services/resources you described?*
 - b. How can Texas Health support the success of these services/resources?*

- 5. How can community leaders, community-based organizations, and health care systems work collaboratively to address this community's [County Name/Zip codes] health and socioeconomic?**
 - a. To your knowledge, what strategies have been used in the past to drive collaboration across these partners? What worked, what didn't, and why?*
 - b. What challenges/barriers should Texas Health anticipate in its efforts to work with community leaders and members to address the health and socioeconomic needs in this community?*
 - c. How can Texas Health proactively address these challenges/barriers?*

- 6. Finally, what do you consider the best practices that are currently going on to improve the health and socio-economic needs in this community [County/Zip codes]?**

- 7. What is the most crucial message/feedback you want Texas Health to take away from this interview?**
 - a. Is there anything else you would like to add about any of the topics we've discussed or other areas that we didn't discuss but you think are essential?*

CLOSING SCRIPT: Thank you so much for your time and participation today. In terms of next steps, we will be collecting and analyzing the data for this needs assessment over the next few months. The final report will be available to everyone who participated, as well as the general public. If you have additional comments or thoughts after our conversation today, please feel free to reach out to *Eileen Aguilar* or *Oge/Sika*.

HCI Facilitator: Send a follow-up email to the key informant, thanking them for their time and make sure to include a link to the survey!

Focus Group Guide and Questions

INTRODUCTION

{Introduce Yourself and Others on the Team}

{“Let’s get started...”}

Opening Script: Thank you for taking the time to speak with us to support the Texas Health Resources (THR) Community Health Needs Assessment. We anticipate that this discussion will last no more than 60 minutes. You have been invited to take part in this focus group because of your experience living and/or working in Collin County. The focus of our Community Health Needs Assessment is how to improve health in the community and understand what challenges residents are facing. We are going to ask a series of questions related to health issues in the community. We hope to get through as many questions as possible and hear each of your perspectives as much as time allows.

For this discussion group, I will invite you to share as much or little as you feel comfortable sharing with the others in the group. The results of this assessment will be made available to the public. We will be taking notes on your responses, but your names will not be associated with any direct quotes. Your identity will be kept confidential, so please share your honest opinions.

SHOW SLIDES (if applicable)--We do have a few ground rules for this virtual discussion that I would like to review with you. It is important that everyone has a chance to be heard, so we ask that only one person talks at a time (most important ground rule for today). You may use the “raise hand” functions when you have something to say [*give instructions and test*]. We may also call on you to sure ensure everyone has a chance to speak but if you have nothing to share, please just say “pass”.

You may want to mute yourself when you are not speaking to cut down on background noise [*give instructions and test mute/unmute*]. Finally, please respect the opinions of others, as the point of the discussion is to collect various points of view. And remember, there are no right or wrong answers, so please share freely and openly. Does anyone have any questions before we get started?

Okay, let’s get started by going around and introducing ourselves. Please tell everyone your first name, what community you live in, and if you are interested in sharing, your involvement in the community (could be your job or volunteer work for example).

{Introductions}

Thank you for introducing yourselves. Now we will get started with our discussion.

COVID-19 QUESTION

1. **We know that COVID-19 has significantly impacted everyone’s lives. What have you seen as the biggest challenges in XXXXX County during the pandemic?**

[Probe 1: Which groups of people are having the hardest time right now?]

[Probe 2: How have you seen these challenges being addressed, if at all?]

[Probe 3: What programs have addressed COVID related issues? What has worked?]

[Probe 4: What hasn’t been effective and, in your opinion, why?]

GENERAL HEALTH QUESTIONS

2. **What would you say are the top three health related problems that people in your community are facing that you would like to change or improve?**

[Probe 1: Why do you think these are the most important health issues?

[Probe 2: What would you do to address these problems?]

[Probe 3: What else is needed to address these problems? Examples could be specific policies, programs, or services.]

- 3. What might prevent someone from accessing care for the health challenges identified above?**

[Examples could include lack of transportation, lack of health insurance coverage, doctor's office hours, language, or cultural barriers, etc.]

- 4. Are there specific groups in your community that are most impacted by the health issues or challenges discussed earlier (2-3)? Which groups are these?**

[Probe: Are these health challenges different if the person is a particular age, or gender, race, or ethnicity? Or lives in a certain part of the county for example?]

- 5. From the health issues and challenges we've just discussed, which do you think can be addressed in the next three years?**

[Probe 1: How do you think these health issues can be addressed?]

[Probe 2: Are some of these issues more urgent or important than others? If so, why?]

- 6. In 2019, Depression and anxiety among adults 18+ were identified as important health issues in your community. Do you know of any programs or services that are available in your community to address this issue?**

[Prompt: Have you or someone you know benefited from these programs or services? If so, what do you think has worked? What do you think can be improved?]

- 7. What resources are currently available for residents in your community for the identified health/social determinant problem/s we've discussed today?**

[Probe 1: Are there specific community organizations or agencies that you see taking a strong leadership role for improving the health of particular groups in your community?]

[Probe 2: Do you see residents taking advantage of them? Why or why not?]

[Probe 3: What additional programs and resources do you think are needed to best meet the needs of residents in _____ County?]

[Probe 4: Are you aware of any THR-Community Health Improvement program(s) in your community?]

CLOSING QUESTION

- 8. Can you think of any other ways we could improve the health of residents in the community that we have not already talked about today?**

[Probe: Is there anything else you would like to add that we haven't discussed?]

CONCLUSION

{Review the summary points and key takeaways from discussion}

{Check if note taker needs any clarification}

CLOSURE SCRIPT: Thank you very much for your time and willingness to share your experiences with us today. We will include your comments in our data to describe how health can be improved for residents in your community. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

Listening Session Questions

1. Name of the organization you represent.
2. What region/county/counties do your organization provide direct services to? (select all that apply)
 - a. Dallas County
 - b. Rockwall County
 - c. Collin County
 - d. Parker County
 - e. Denton County
 - f. Wise County
 - g. Collin County
 - h. Ellis County
 - i. Erath County
 - j. Henderson County
 - k. Johnson County
 - l. Kaufman County
3. In 2019, Texas Health Resources (THR) identified behavioral health, chronic disease prevention and management, access, awareness, health literacy and navigation as its priority areas. Are you aware of any THR programs, initiatives, resources, specifically addressing any of these priorities in your community?
4. What is THR doing well within the behavioral health, chronic disease prevention and management, access, health literacy and navigation areas? Feel free to address one or all priorities.
5. What are areas of opportunity within these priority areas? Feel free to address one or all priorities.
6. What can THR do to improve the awareness of its Community Health Needs Assessment (CHNA) findings and implementation strategies?
7. Texas Health Resources is currently developing its 2022 CHNA reports and have identified these preliminary issues for the following regions:

Southern Region

Healthcare Access & Quality (lack of/limited insurance, delay in care)

Mental Health (depression, anxiety, isolation)

Abuse/Violence (domestic violence, child abuse, intimate partner violence)

Substance Abuse (isolation leading to increased substance use and addiction)

Denton/Wise Region-

Mental Health (increased need for adolescents, anxiety, lack of behavioral health services)

Access to healthcare services (Provider shortages, language barriers, uninsured/underinsured)

COVID-19 Impact (mental health, trust in healthcare system, delay in services)

Food insecurity (lack of food, access to healthy foods, food deserts)

Tarrant/Parker Region-

Chronic conditions (heart disease, diabetes)

COVID-19 Impact (Mental Health/Substance abuse, isolation, financial issues, delay in care, food insecurity)

Health Behaviors (fear, stigma towards vaccine)

Healthcare Access & Quality (Lack of providers, lack of bilingual providers, uninsured/underinsured)

Dallas/Rockwall Region-

Access to care (delay in care, uninsured, underinsured)

Mental Health (isolation, depression exacerbated by COVID-19)

Financial/Economic impact (unemployment, housing insecurity)

Food insecurity (lack of healthy foods, lack of food)

Collin Region-

Access to care (delay in services, high deductibles, affordability of insurance, knowledge of where to get care)

Mental Health (stigma in accessing care, cultural barriers, anxiety)

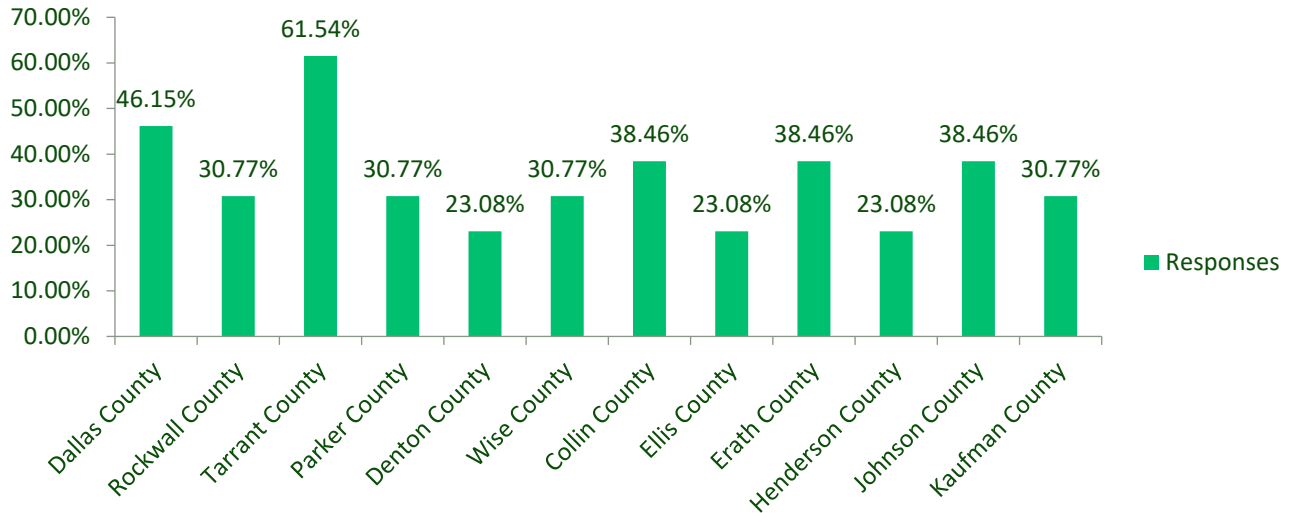
Economic/financial issues (difficulty paying rent/utilities, unemployment, loss of jobs)

Housing (lack of affordable housing, discrimination)

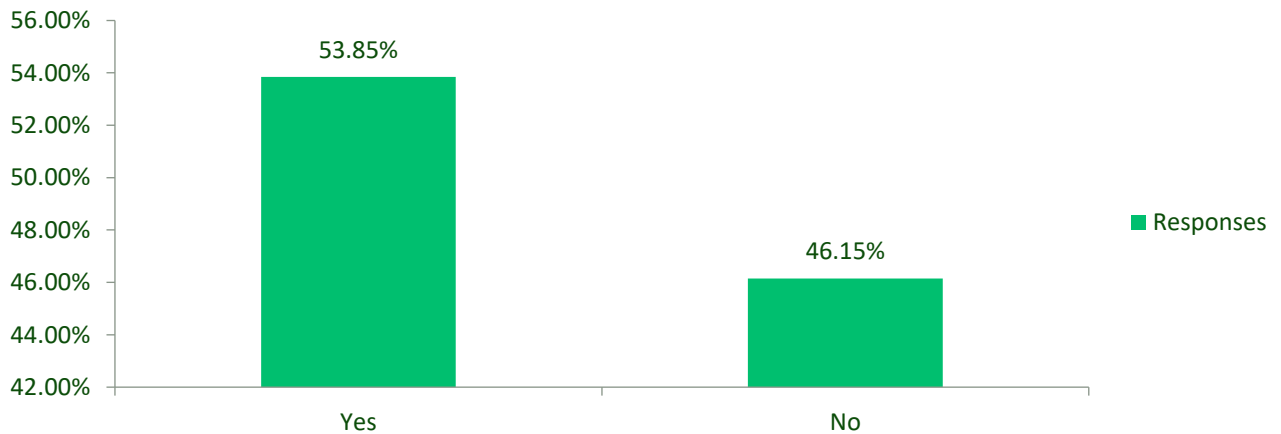
7a. How can THR prioritize these health topics that have surfaced as issues in the region?

Listening Session Results

Question #2-What region/county/counties do your organization provide direct services to?



Question #3-Are you aware of any THR programs, initiatives, resources, specifically addressing any of these priorities in your community?



Question #4-What is THR doing well within the behavioral health, chronic health, chronic disease prevention & management, access, health literacy, and navigation areas?

- While there is some generalized awareness of THR efforts, there is not sufficient publicity of these efforts to elicit significant engagement from the public.

- I navigate the Plano Up program funded by THR focusing on anxiety and depression in youth in the 75074 zip. Beyond Blue is another program funded by THR to address mental health in the senior population in the 75069 zip

- The Community Impact program and its regional councils are a great model to impact health priorities.

- It's hard to say due to the Pandemic really. THR has been sending email and reminders to people to do their screenings, testing and seeing their Dr, even telemedicine

- Their willingness to fund organizations that promote access and health literacy is awesome.

- Excellent work with chronic disease prevention and management. Also, good initiative with mental health in rural areas. Doing a good job of bringing these topics, education, and interventions to the people and communities THR serves.

- THR's Community Impact team has done a great job at leveraging relations with community leaders, nonprofits, thought leaders to strengthen efforts to improve health outcomes that are negatively impacted by the social determinants of health. They are also using data to drive their decision and to measure positive improvements in the areas of exercise, health and chronic disease prevention.

- Connect deeper to faith-based organizations, and schools where the under-resource families are nearest and partner with other foundations to strengthen the ability to sustain efforts.

Q5- Are there areas of opportunity within these priority areas? Feel free to address

- Behavioral health partnerships between THR, JPS, and the City of Arlington would be good way to have a meaningful impact on this issue. A formalized partnership with COA/Fire PH unit, Mission Arlington, School Districts, UTA school of Nursing and Social Work, JPS, TCPH and MCA could result in a cost effective and impactful approach to many of these issues.

- I feel mental health is still a large concern. However, I feel healthcare is out of reach for many people even for those with the ability to pay. Living expenses have increased to the point where many people cannot afford to maintain their physical or mental well-being

- There are many opportunities to impact health outcomes - particularly chronic disease- through increased awareness and support of patients affected by memory decline. This can include those at risk for cognitive decline (diverse communities are at higher risk, as are those

who have comorbidities) and create opportunities for early detection—also, outcomes related to caregiver health.

- With the start of the Pandemic in March 2020, people have not seen their health care providers as they should, thus causing now two years later, many, many additional medical problems.

- Behavioral health is an awesome place to start. We need to train paraprofessionals to go into the neighborhood.

- Health literacy training for health care and service providers would enhance THR's current efforts within chronic disease management.

Question 6- What can THR do to improve the awareness of its Community Health Needs Assessment findings and implementation strategies?

-Partner directly with the City of Arlington Office of Communications

-Present to city and nonprofits the results of the assessment. Many citizens have no idea of the health status of our city.

- More programs focused on prevention and mobile solutions. We have to realize that many people cannot get to appointments even with coverage. Housing, food and transportation costs

- Increasing channels of communication, implementing practical action steps and a starting point for those needing the services, enhanced relationship building with community partners.

- Send them to community orgs as well as posting on their website. If both of these were done, I would recommend a way to ensure that all orgs doing any social service-related work get notified of the CHNA and implementation plan.

- Work directly with Community-Based Organizations (CBOs) , such as the Alzheimer's Association or Area Agency on Aging, to promote these results and how a partnership with the CBO will impact the health outcomes. Continue to provide grants to CBOs to ensure that community support continues for all those in need.

- Perhaps THR can advertise the CHNA can run local ads on television and radio.

- As we emerge from the Pandemic, continue to reach those who are not connected by smart phones and emails

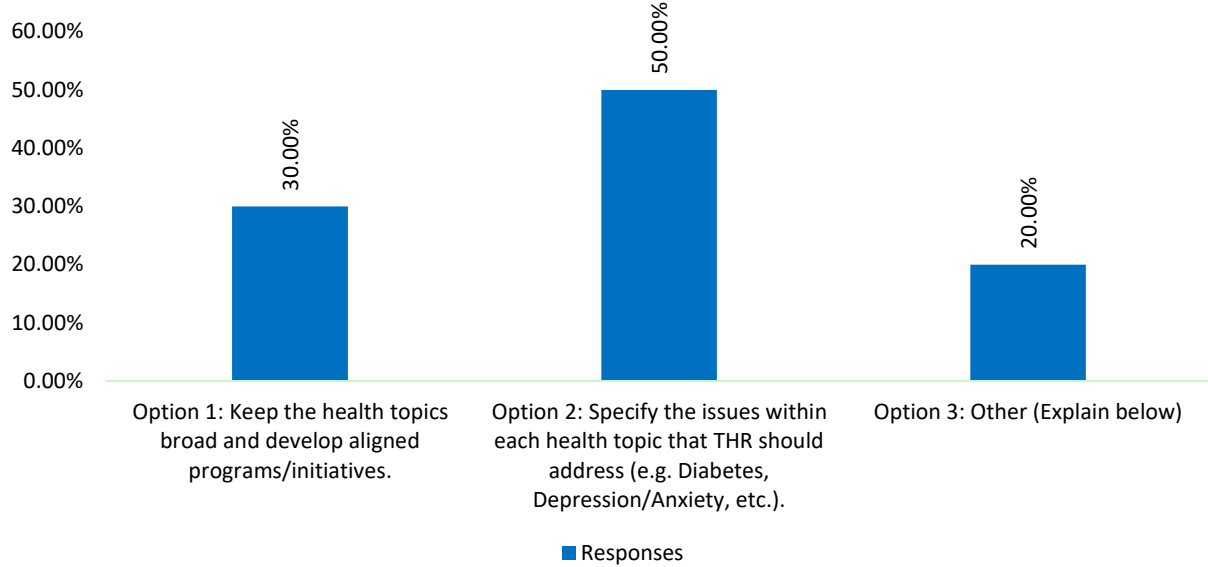
- A spot on the major networks or continuous radio spots would help.

- Personally, I think that THR does a great job of disseminating CHNA findings. They and Cook are regional leaders in that work. I'm not sure if THR already works closely with rural Extension

services to disseminate findings and implement programming. If not, that may be another avenue. Also, engaging FQHC's in CHNA implementation strategies is important.

- Take the information out to the community who are impacted the most. (Churches, Schools, Stores, barbershops, beauty shops and perhaps convenience store.

Question #7-How can THR prioritize these health topics that have surfaced as issues in the region?



Community Resource and Partner List

This highlights existing resources that organizations are currently using and available widely in the community. It also highlights community partners who were involved during the collection process for this CHNA.

Community Resource List

- Area Agency on Aging
- Beyond Blue Grant
- Branch Baptist Church
- Carevide Farmersville Family Medical Center
- City on a Hill
- Collin County Assistance Center
- Collin County Mental Health Mental Retardation Center
- Community Health Impact Leadership Council for Collin County: Beyond Blue Grant
- Community Lifeline Center
- CoServ Electric
- Douglas Community Clinic
- Food for Kids Initiative
- Hillcrest Animal Rescue to provide dog/cat food to food banks
- Julia's Center
- Life Path
- North Texas Food Bank
- One Month Away Programs
- Plano UP Program
- Serve Denton
- The Hope Clinic of McKinney
- TXU Energy Foundation
- United Methodist Church runs through Farmersville Outreach Alliance
- VFW programs
- 211

Community Partner List

- Branch Baptist Church
- Collin County Mental Health Mental Retardation Center
- Community Lifeline Center

Appendix B. Dallas/Rockwall Region

TEXAS HEALTH RESOURCES

DALLAS/ROCKWALL REGION

APPENDICES

Secondary Data Methodology

Secondary Data Sources

The main source for the secondary data, or data that has been previously collected, is the community indicator database maintained by Conduent Healthy Communities Institute. The following is a list of both local and national data sources used in Texas Health Resources Dallas County and Rockwall County regional Community Health Needs Assessment report.

Data Sources

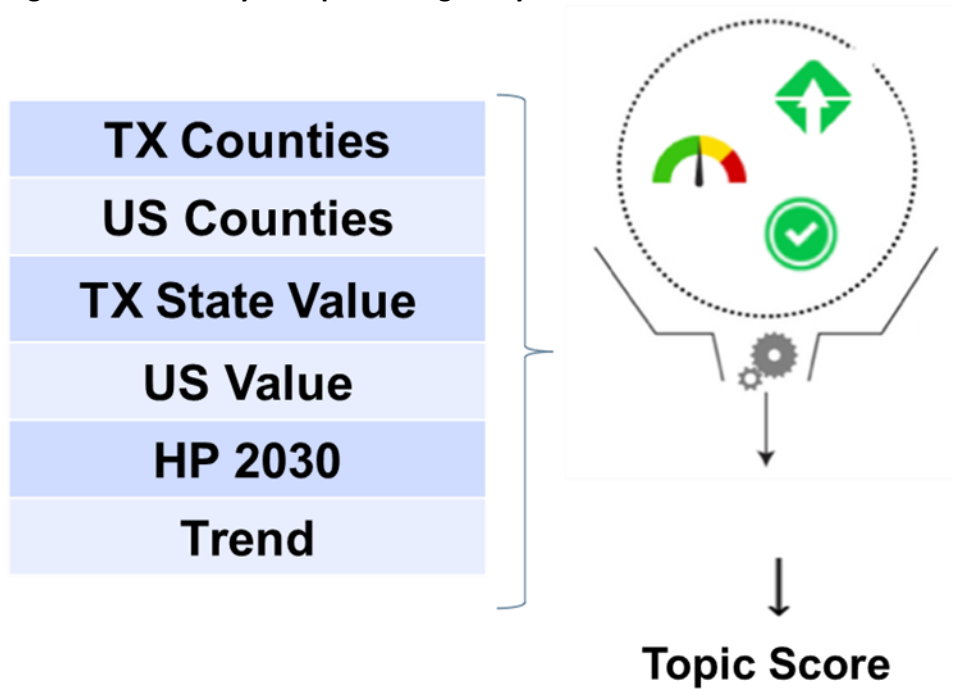
- American Community Survey
- American Lung Association
- CDC - PLACES
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- County Health Rankings
- Feeding America
- Healthy Communities Institute
- National Cancer Institute
- National Center for Education Statistics
- National Environmental Public Health Tracking Network
- Texas Department of Family and Protective Services
- DFWHC Foundation Regional Data, Q1-Q4, 2017-2019. DFWHC Foundation, Irving Texas. October 15, 2021,

- Texas Education Agency
- Texas Department of Health Services
- U.S Bureau of Labor Statistics
- U.S. Census - County Business Patterns
- U.S. Census Bureau – Small Area Health Insurance Estimates
- U.S. Department of Agriculture – Food Environment Atlas
- U.S. Environmental Protection Agency
- United for ALICE

Secondary Data Scoring

HCI's Data Scoring Tool (Figure 1A) was used to systematically summarize multiple comparisons in order to rank indicators based on highest need. For each indicator, the community value was compared to a distribution of Texas and US counties, state and national values, Healthy People 2030, and significant trends were noted. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities and changes in methodology over time. The comparison scores were summarized for each indicator, and indicators were then grouped into topic areas for a systematic ranking of community health needs.

Figure 1A: Summary of Topic Scoring Analysis



Index of Disparity

An important part of the CHNA process is to identify health disparities, the needs of vulnerable populations and unmet health needs or gaps in services. There were several ways in which subpopulation disparities were examined by county. For secondary data health indicators, the Index of Disparity tool was utilized to see if there were large, negative, and concerning differences in indicator values between each subgroup data value and the overall county value. The Index of Disparity was run for each county, and the indicators with the highest race or ethnicity index value were found.

Health Equity Index

Every community can be described by various social and economic factors that can contribute to disparities in health outcomes. Conduent HCI's Health Equity Index (formerly SocioNeeds[®] Index) considers validated indicators related to income, employment, education, and household environment to identify areas at highest risk for experiencing health inequities.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic needs correlated with preventable hospitalizations and premature death.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Health Equity Index, with darker coloring associated with higher relative need.

Food Insecurity Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in outcomes and opportunities to thrive. Conduent HCI's Food Insecurity Index considers validated indicators related to income, household environment and well-being to identify areas at highest risk for experiencing food insecurity.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest food insecurity, which is correlated with household and community measures of food-related financial stress such as Medicaid and SNAP enrollment.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Food Insecurity Index, with darker coloring associated with higher relative need.

Mental Health Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in mental health outcomes. Conduent HCI's Mental Health Index considers validated indicators related to access to care, physical health status, transportation, employment and household environment to identify areas at highest risk for experiencing poor mental health.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic and health needs correlated with self-reported poor mental health.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Mental Health Index, with darker coloring associated with higher relative need.

Data Considerations

Several limitations of data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, data availability varies by health topic. Some topics contain a robust set of secondary data indicators, while others may have a limited number of indicators or limited subpopulations covered by those specific indicators. Data scores represent the relative community health need according to the secondary data for each topic and should not be considered a comprehensive result on their own. In addition, these scores reflect the secondary data results for the population as a whole and do not represent the health or socioeconomic need that is much greater for some subpopulations. Moreover, many of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to best represent the population at large, these measures are subject to instability, especially for smaller populations. The Index of Disparity is also limited by data availability, where indicator data varies based on the population groups and service areas being analyzed.

Race or ethnic and Special Population Groupings

The secondary data presented in this report derive from multiple sources, which may present race and ethnicity data using dissimilar nomenclature. For consistency with data sources throughout the report, subpopulation data may use different terms to describe the same or similar groups of community members.

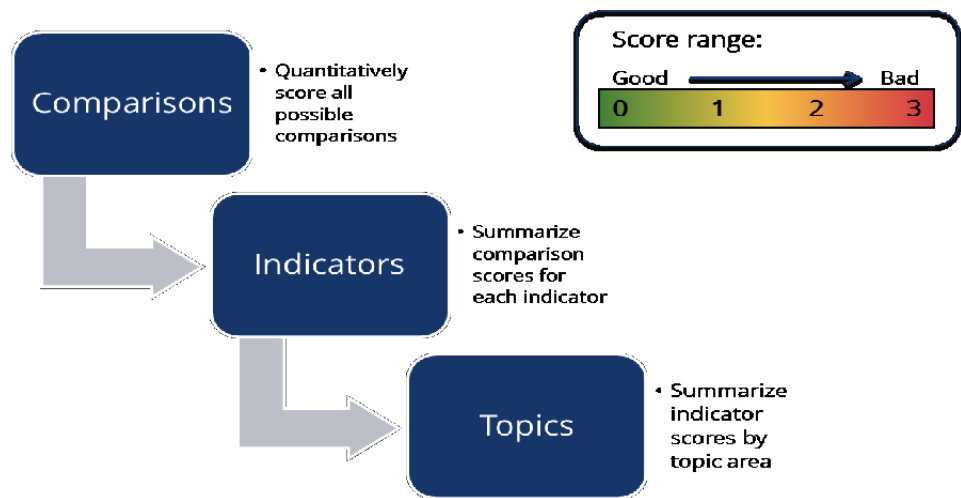
Zip Codes and Zip Code Tabulation Areas

This report presents both Zip Code and Zip Code Tabulation Area (ZCTA) data. Zip Codes, which were created by the U.S. Postal Service to improve mail delivery service, are not reported in this assessment as they may change, include P.O. boxes or cover large unpopulated areas. This assessment cover ZCTAs or Zip Code Tabulation Areas which were created by the U.S. Census Bureau and are generalized representations of Zip Codes that have been assigned to census blocks.

Demographics for this report are sourced from the United States Census Bureau, which presents ZCTA estimates. Tables and figures in the Demographics section of this report reference Zip Codes in title (for purposes of familiarity) but show values of ZCTAs. Data from other sources are labeled as such.

Secondary Data Scoring Detailed Methodology

Data Scoring is done in three stages:



For every indicator available, each county in the Hospital Service Area is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic. Secondary data for this report are up to date as of November 1, 2021.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.

Comparison to Values: State, National, and Targets

The county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2030 (HP2030) goals. Healthy People 2030 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

County Data Scoring Indicators Results

Dallas County Indicator Scores

SCORE	ALCOHOL & DRUG USE	UNITS	DALLAS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.94	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	30.6	28.3	25.7	27	2015-2019		7
1.92	Adults who Binge Drink	<i>percent</i>	17.4			16.4	2018		4
1.75	Age-Adjusted ER Rate due to Opioid Use	<i>ER visits/ 10,000 population 18+ years</i>	3.5		0.7		2017-2019		17
1.75	Age-Adjusted ER Rate due to Substance Use	<i>ER visits/ 10,000 population 18+ years</i>	32.2		20.6		2017-2019		17
1.75	Age-Adjusted Hospitalization Rate due to Opioid Use	<i>hospitalizations/ 10,000 population 18+ years</i>	0.3		0.1		2017-2019		17
1.75	Age-Adjusted Hospitalization Rate due to Substance Use	<i>hospitalizations/ 10,000 population 18+ years</i>	1.4		1.2		2017-2019		17
1.50	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	15.7		12.1	22.8	2017-2019		5
1.39	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	13		10.6	21	2017-2019		7
1.39	Liquor Store Density	<i>stores/ 100,000 population</i>	7.4		6.9	10.5	2019		19

SCORE	CANCER	UNITS	DALLAS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.33	Colon Cancer Screening	percent	56.2	74.4		66.4	2018		4
1.97	Cancer: Medicare Population	percent	8.4		7.6	8.4	2018		6
1.94	Cervical Cancer Screening: 21-65	Percent	80.3	84.3		84.7	2018		4
1.86	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	19.6	16.9	17.6	19	2013-2017	Black (35.4) White (17.6) Hispanic (14.1)	10
1.81	Breast Cancer Incidence Rate	cases/ 100,000 females	118.8		112. 8	125. 9	2013-2017		10
1.69	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	21.2	15.3	19.8	20.1	2013-2017		10
1.64	All Cancer Incidence Rate	cases/ 100,000 population	421.1		407. 7	448. 7	2013-2017		10
1.44	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	14.7	8.9	13.9	13.7	2013-2017		10
1.39	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	11.1		11	11.8	2013-2017		10
1.36	Prostate Cancer Incidence Rate	cases/ 100,000 males	98.4		94	104. 5	2013-2017		10
1.33	Cervical Cancer Incidence Rate	cases/ 100,000 females	9.1		9.2	7.6	2013-2017		10
1.28	Mammogram in Past 2 Years: 50-74	percent	71.2	77.1		74.8	2018		4

1.19	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	38.2		37.6	38.4	2013-2017		10
0.83	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	149.9	122.7	148.8	155.5	2013-2017		10
0.75	Adults with Cancer	<i>percent</i>	5.4			6.9	2018		4
0.42	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	49.2		50.6	58.3	2013-2017		10
0.33	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	32.3	25.1	34.1	38.5	2013-2017	Black (42.6) White (36.7) API (16.1) Hisp (12.9)	10

SCORE	CHILDREN'S HEALTH	UNITS	DALLAS COUNTY	HP2030	TX	U.S.	MEASUREMEN T PERIOD	HIGH DISPARITY*	Source
1.83	Child Food Insecurity Rate	<i>percent</i>	20.3		19.6	14.6	2019		8
1.83	Children with Health Insurance	<i>percent</i>	83		87.3	94.3	2019		1
1.75	Projected Child Food Insecurity Rate	<i>percent</i>	24.9		23.6		2021		8
1.72	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	9.8	8.7	9.1		2020		13
1.50	Children with Low Access to a Grocery Store	<i>percent</i>	4.6				2015		21
1.50	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	28		34	23	2019		8

SCORE	COMMUNITY	UNITS	DALLAS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Solo Drivers with a Long Commute	percent	43.2		38.9	37	2015-2019		7
2.67	Median Monthly Owner Costs for Households without a Mortgage	dollars	596		514	500	2015-2019		1
2.64	Homeownership	percent	45.8		54.9	56.2	2015-2019		1
2.58	Persons with Health Insurance	percent	74.9	92.1	79.3		2019		20
2.42	Mean Travel Time to Work	minutes	27.7		26.6	26.9	2015-2019		1
2.36	Linguistic Isolation	percent	10.8		7.7	4.4	2015-2019		1
2.36	Single-Parent Households	percent	30.5		26.3	25.5	2015-2019		1
2.33	Median Household Gross Rent	dollars	1105		104 5	106 2	2015-2019		1
2.19	Social Associations	membership associations/ 10,000 population	7.4		7.5	9.3	2018		7
2.17	Mortgaged Owners Median Monthly Household Costs	dollars	1600		160 6	159 5	2015-2019		1
1.94	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	30.6	28.3	25.7	27	2015-2019		7
1.75	Children Living Below Poverty Level	percent	23.3		20.9	18.5	2015-2019		1

1.72	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	9.8	8.7	9.1		2020	13
1.67	People Living Below Poverty Level	<i>percent</i>	15.4	8	14.7	13.4	2015-2019	1
1.67	Voter Turnout: Presidential Election	<i>percent</i>	58.3		58.8		2016	16
1.58	People 25+ with a High School Degree or Higher	<i>percent</i>	79.3		83.7	88	2015-2019	1
1.58	Persons with an Internet Subscription	<i>percent</i>	82.2		84.2	86.2	2015-2019	1
1.58	Workers who Drive Alone to Work	<i>percent</i>	78.8		80.5	76.3	2015-2019	1
1.47	Total Employment Change	<i>percent</i>	2.1		2.9	1.6	2018-2019	19
1.33	Households with an Internet Subscription	<i>percent</i>	81.3		82.1	83	2015-2019	1
1.22	Workers Commuting by Public Transportation	<i>percent</i>	2.6	5.3	1.4	5	2015-2019	Black (5.5) White (1.8) Asian (2) AIAN (2.2) NHPI (0) Mult (1.7) Other (2.1) Hisp (1.7) 1
1.17	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	11.2	10.1	13	11.3	2017-2019	5
1.14	Social Worker Rate	<i>workers/ 100,000 population</i>	91.5		82.7		2020	14

1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.2			2015		21
1.00	Households with One or More Types of Computing Devices	<i>percent</i>	90.4	91	90.3	2015-2019		1
1.00	Median Housing Unit Value	<i>dollars</i>	174900	2E+05	2E+05	2015-2019		1
0.97	Population 16+ in Civilian Labor Force	<i>percent</i>	65.5	61	59.6	2015-2019		1
0.92	Median Household Income	<i>dollars</i>	59607	61874	62843	2015-2019		1
0.69	Female Population 16+ in Civilian Labor Force	<i>percent</i>	61.5	57.8	58.3	2015-2019		1
0.58	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	31.5	29.9	32.1	2015-2019		1
0.58	Per Capita Income	<i>dollars</i>	32653	31277	34103	2015-2019		1

SCORE	DIABETES	UNITS	DALLAS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Age-Adjusted ER Rate due to Diabetes	<i>ER visits/ 10,000 population 18+ years</i>	46.4		9.4		2017-2019		17
1.75	Age-Adjusted ER Rate due to Type 2 Diabetes	<i>ER visits/ 10,000 population 18+ years</i>	43.2		8.6		2017-2019		17

1.75	Age-Adjusted Hospitalization Rate due to Diabetes	<i>hospitalizations/10,000 population 18+ years</i>	22.9	5.3		2017-2019	17
1.75	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	<i>hospitalizations/10,000 population 18+ years</i>	17.9	4		2017-2019	17
1.64	Diabetes: Medicare Population	<i>percent</i>	28.4	28.8	27	2018	6
1.58	Age-Adjusted Death Rate due to Diabetes	<i>deaths/100,000 population</i>	19.9	22	21.5	2017-2019	5

SCORE	ECONOMY	UNITS	DALLAS COUNTY	HP203 0	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.67	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	596		514	500	2015-2019		1
2.64	Homeownership	<i>percent</i>	45.8		54.9	56.2	2015-2019		1
2.33	Median Household Gross Rent	<i>dollars</i>	1105		104	106	2015-2019		1
2.17	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1600		160	159	2015-2019		1

							Black (18.5) White (6.1) Asian (14.2) AIAN (15.1) NHPI (0) Mult (17.1) Other (16.5) Hisp (16.9)	
2.14	People 65+ Living Below Poverty Level	<i>percent</i>	11.1	10.6	9.3	2015-2019		1
2.14	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.6			2017		21
2.14	Students Eligible for the Free Lunch Program	<i>percent</i>	68.3			2019-2020		11
2.11	Mortgaged Owners Spending 30% or More of Household Income on Housing	<i>percent</i>	31.7	26.5	26.5	2019		1
2.08	Severe Housing Problems	<i>percent</i>	21.3	17.4	18	2013-2017		7
2.00	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1			2016		21
1.86	Overcrowded Households	<i>percent of households</i>	6.7	4.8		2015-2019		1
1.83	Child Food Insecurity Rate	<i>percent</i>	20.3	19.6	14.6	2019		8
1.75	Children Living Below Poverty Level	<i>percent</i>	23.3	20.9	18.5	2015-2019		1
1.75	Projected Child Food Insecurity Rate	<i>percent</i>	24.9	23.6		2021		8

1.69	Unemployed Workers in Civilian Labor Force	<i>percent</i>	6.4		6.7	6.1	<i>Jun-21</i>	18
1.67	Food Insecurity Rate	<i>percent</i>	14		14.1	10.9	<i>2019</i>	8
1.67	People Living Below Poverty Level	<i>percent</i>	15.4	8	14.7	13.4	<i>2015-2019</i>	1
1.58	Families Living Below Poverty Level	<i>percent</i>	12.1		11.3	9.5	<i>2015-2019</i>	1
1.58	People Living 200% Above Poverty Level	<i>percent</i>	61.8		65.7	69.1	<i>2015-2019</i>	1
1.58	Projected Food Insecurity Rate	<i>percent</i>	16.7		16.5		<i>2021</i>	8
1.50	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	28		34	23	<i>2019</i>	8
1.50	Low-Income and Low Access to a Grocery Store	<i>percent</i>	7				<i>2015</i>	21
1.50	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	46.5		47.8	49.6	<i>2015-2019</i>	1
1.47	Total Employment Change	<i>percent</i>	2.1		2.9	1.6	<i>2018-2019</i>	19
1.36	Households with Cash Public Assistance Income	<i>percent</i>	1.6		1.4	2.4	<i>2015-2019</i>	1
1.36	Size of Labor Force	<i>persons</i>	1385007				<i>Jun-21</i>	18

1.33	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	28.1	30		2018	23
1.17	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	59.4	56		2018	23
1.17	Households that are Below the Federal Poverty Level	<i>percent</i>	12.5	14		2018	23
1.00	Median Housing Unit Value	<i>dollars</i>	174900	2E+05	2E+05	2015-2019	1
0.97	Population 16+ in Civilian Labor Force	<i>percent</i>	65.5	61	59.6	2015-2019	1
0.92	Median Household Income	<i>dollars</i>	59607	61874	62843	2015-2019	1
0.69	Female Population 16+ in Civilian Labor Force	<i>percent</i>	61.5	57.8	58.3	2015-2019	1
0.58	Per Capita Income	<i>dollars</i>	32653	31277	34103	2015-2019	1
0.58	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	23.2	23.2	26.1	2015-2019	1

SCORE	EDUCATION	UNITS	DALLAS COUNTY	HP2030 TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.42	High School Drop Out Rate	percent	10	1.9		2019	Black (11.7) White (6.7) Asian (2.8) AIAN (16.2) PI (28.6) Mult (15.6) Hisp (10.5)	15
1.97	Student-to-Teacher Ratio	students/ teacher	15.7			2019-2020		11
1.94	Infants Born to Mothers with <12 Years Education	percent	20.3	17.4	13.3	2017	Black (14.7) White (5.9) Other (11.6) Hisp (30.5)	14
1.58	People 25+ with a High School Degree or Higher	percent	79.3	83.7	88	2015-2019		1
0.58	People 25+ with a Bachelor's Degree or Higher	percent	31.5	29.9	32.1	2015-2019		1
SCORE	ENVIRONMENTAL HEALTH	UNITS	DALLAS COUNTY	HP2030 TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.14	Fast Food Restaurant Density	restaurants/ 1,000 population	0.9			2016		21
2.14	SNAP Certified Stores	stores/ 1,000 population	0.6			2017		21
2.08	Asthma: Medicare Population	percent	5.7	4.9	5	2018		6

2.08	Severe Housing Problems	<i>percent</i>	21.3	17.4	18	2013-2017	7
2.00	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1			2016	21
1.92	PBT Released	<i>pounds</i>	5394.5			2019	22
1.89	Annual Particle Pollution		3			2017-2019	2
1.86	Overcrowded Households	<i>percent of households</i>	6.7	4.8		2015-2019	1
1.75	Annual Ozone Air Quality	<i>grade</i>	F			2017-2019	2
1.64	Number of Extreme Precipitation Days	<i>days</i>	40			2016	12
1.50	Children with Low Access to a Grocery Store	<i>percent</i>	4.6			2015	21
1.50	Farmers Market Density	<i>markets/ 1,000 population</i>	0			2018	21
1.50	Grocery Store Density	<i>stores/ 1,000 population</i>	0.2			2016	21
1.50	Low-Income and Low Access to a Grocery Store	<i>percent</i>	7			2015	21
1.39	Liquor Store Density	<i>stores/ 100,000 population</i>	7.4	6.9	10.5	2019	19
1.36	Number of Extreme Heat Events	<i>events</i>	2			2016	12
1.36	Recognized Carcinogens Released into Air	<i>pounds</i>	44442.7			2019	22

1.33	People with Low Access to a Grocery Store	<i>percent</i>	16.6			2015	21
1.19	Food Environment Index		7.2	5.9	7.8	2021	7
1.17	Adults with Asthma	<i>percent</i>	10.7	10.9	13.3	2012	3
1.17	Daily Dose of UV Irradiance	<i>Joule per square meter</i>	3269	353	8	2015	12
1.17	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1			2016	21
1.08	Adults with Current Asthma	<i>percent</i>	9.2		9.2	2018	4
1.08	Number of Extreme Heat Days	<i>days</i>	5			2016	12
1.08	Weeks of Moderate Drought or Worse	<i>weeks per year</i>	1			2016	12
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.2			2015	21
1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	1.3			2015	21
0.50	Access to Exercise Opportunities	<i>percent</i>	96.3	80.5	84	2020	7

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	DALLAS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.58	Persons with Health Insurance	percent	74.9	92.1	79.3		2019		20
2.08	Adults who have had a Routine Checkup	percent	72			76.7	2018		4
2.08	Adults without Health Insurance	percent	28.7			12.2	2018		4
1.92	Adults who Visited a Dentist	percent	54			66.5	2018		4
1.83	Adults with Health Insurance	percent	70.8		75.5	87.1	2019		1
1.83	Children with Health Insurance	percent	83		87.3	94.3	2019		1
1.14	Social Worker Rate	workers/ 100,000 population	91.5		82.7		2020		14
0.50	Mental Health Provider Rate	providers/ 100,000 population	157		120.9		2020		7
0.50	Primary Care Provider Rate	providers/ 100,000 population	69.5		60.9		2018		7
0.33	Dentist Rate	dentists/ 100,000 population	86.8		59.6		2019		7
0.33	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	113.8		88.6		2020		7
SCORE	HEART DISEASE & STROKE	UNITS	DALLAS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

2.28	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	47.2	33.4	40.2	37.2	2017-2019	5
2.14	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	115.4		70.1		2018	12
2.08	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	73.1			75.8	2017	4
2.03	Stroke: Medicare Population	<i>percent</i>	4.4		4.2	3.8	2018	6
1.97	Hyperlipidemia: Medicare Population	<i>percent</i>	50		49.5	47.7	2018	6
1.81	Hypertension: Medicare Population	<i>percent</i>	60.5		59.9	57.2	2018	6
1.75	Age-Adjusted ER Rate due to Hypertension	<i>ER visits/ 10,000 population 18+ years</i>	50.3		10.5		2017-2019	17
1.75	Age-Adjusted Hospitalization Rate due to Hypertension	<i>hospitalizations/ 10,000 population 18+ years</i>	0.4		0.1		2017-2019	17
1.75	Cholesterol Test History	<i>percent</i>	79.3			81.5	2017	4
1.47	Heart Failure: Medicare Population	<i>percent</i>	15.3		15.6	14	2018	6
1.31	Atrial Fibrillation: Medicare Population	<i>percent</i>	7.6		7.8	8.4	2018	6
1.17	High Blood Pressure Prevalence	<i>percent</i>	33.2	27.7		32.4	2017	4

0.97	Ischemic Heart Disease: Medicare Population	<i>percent</i>	25.3	29	26.8	2018	6	
0.92	Adults who Experienced a Stroke	<i>percent</i>	3.3		3.4	2018	4	
0.92	Adults who Experienced Coronary Heart Disease	<i>percent</i>	6.3		6.8	2018	4	
0.92	High Cholesterol Prevalence: Adults 18+	<i>percent</i>	34		34.1	2017	4	
0.67	Age-Adjusted Death Rate due to Coronary Heart Disease	<i>deaths/ 100,000 population</i>	86.1	71.1	93	90.5	2017-2019	5

**IMMUNIZATIONS &
INFECTIOUS**

SCORE	DISEASES	UNITS	DALLAS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.67	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	283.8		163.6	179.1	2018		14
2.39	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	720.9		508.2	539.9	2018		14
2.39	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	14.3		8.8	10.8	2018		14
1.86	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	30.7		15.7		2018		14
1.86	Overcrowded Households	<i>percent of households</i>	6.7		4.8		2015-2019		1
1.75	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	<i>hospitalizations/ 10,000 population 18+ years</i>	0.2		0.1		2017-2019		17
1.67	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	6.2	1.4	4.3		2015-2019		14
1.47	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	2.1		4.3	2	21-Sep-21		9
1.28	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	12.5		11.8	13.8	2017-2019		5
0.69	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	34.1		47.1	51.4	21-Sep-21		9

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	DALLAS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.31	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	6.8	5	5.6	5.9	2015		14
2.22	Mothers who Received Early Prenatal Care	<i>percent</i>	54.6		60.5	77.3	2017		14
1.94	Infants Born to Mothers with <12 Years Education	<i>percent</i>	20.3		17.4	13.3	2017	Black (14.7) White (5.9) Other (11.6) Hisp (30.5)	14
1.89	Babies with Low Birth Weight	<i>percent</i>	8.4		8.2	8.1	2015		14
1.89	Babies with Very Low Birth Weight	<i>percent</i>	1.6			1.4	2015	Black (2.94561057) White (0.98073151) Other (0.85967831) Hisp (1.43109908)	14
1.42	Preterm Births	<i>percent</i>	11.5	9.4	12.2		2017		14
1.17	Teen Births	<i>percent</i>	2.2		2.1	3.1	2017	Black (2.7) White (0.4) Other (0.3) Hisp (3.1)	14

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	DALLAS COUNTY	HP2030 TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source	
2.42	Depression: Medicare Population	percent	19.8	18.2	18.4	2018		6	
2.33	Alzheimer's Disease or Dementia: Medicare Population	percent	13.4	12.6	10.8	2018		6	
1.75	Age-Adjusted ER Rate due to Adult Mental Health	ER visits/ 10,000 population 18+ years	15.6	8.9		2017-2019		17	
1.75	Age-Adjusted Hospitalization Rate due to Adult Mental Health	hospitalizations/ 10,000 population 18+ years	2.4	1.7		2017-2019		17	
1.42	Poor Mental Health: 14+ Days	percent	13.6		12.7	2018		4	
1.33	Frequent Mental Distress	percent	13.3	11.6	13	2018		7	
1.14	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	11.6	12.8	13.5	14.1	2017-2019	Black (5.8) White (14.3) API (5.8) Hisp (6.2)	5
0.50	Mental Health Provider Rate	providers/ 100,000 population	157	120.9		2020		7	

SCORE	OLDER ADULTS	UNITS	DALLAS COUNTY	HP2030 TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Osteoporosis: Medicare Population	percent	7.6	6.8	6.6	2018		6
2.75	Chronic Kidney Disease: Medicare Population	percent	28.8	26.7	24.5	2018		6
2.42	Depression: Medicare Population	percent	19.8	18.2	18.4	2018		6
2.33	Alzheimer's Disease or Dementia: Medicare Population	percent	13.4	12.6	10.8	2018		6
2.33	Colon Cancer Screening	percent	56.2	74.4	66.4	2018		4
2.14	People 65+ Living Below Poverty Level	percent	11.1	10.6	9.3	2015-2019	Black (18.5) White (6.1) Asian (14.2) AIAN (15.1) NHPI (0) Mult (17.1) Other (16.5) Hisp (16.9)	1
2.08	Adults 65+ who Received Recommended Preventive Services: Males	percent	22.4		32.4	2018		4
2.08	Asthma: Medicare Population	percent	5.7	4.9	5	2018		6
2.03	Stroke: Medicare Population	percent	4.4	4.2	3.8	2018		6

1.97	Cancer: Medicare Population	<i>percent</i>	8.4	7.6	8.4	2018	6
1.97	Hyperlipidemia: Medicare Population	<i>percent</i>	50	49.5	47.7	2018	6
1.97	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	35.8	34.2	33.5	2018	6
1.92	Adults 65+ who Received Recommended Preventive Services: Females	<i>percent</i>	23.6		28.4	2018	4
1.81	Hypertension: Medicare Population	<i>percent</i>	60.5	59.9	57.2	2018	6
1.64	Diabetes: Medicare Population	<i>percent</i>	28.4	28.8	27	2018	6
1.58	Adults 65+ with Total Tooth Loss	<i>percent</i>	16.1		13.5	2018	4
1.47	Heart Failure: Medicare Population	<i>percent</i>	15.3	15.6	14	2018	6
1.31	Atrial Fibrillation: Medicare Population	<i>percent</i>	7.6	7.8	8.4	2018	6
1.00	COPD: Medicare Population	<i>percent</i>	10.2	11.2	11.5	2018	6
1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	1.3			2015	21
0.97	Ischemic Heart Disease: Medicare Population	<i>percent</i>	25.3	29	26.8	2018	6

SCORE	ORAL HEALTH	UNITS	DALLAS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
0.75	Adults with Arthritis	percent	20.2			25.8	2018		4
1.92	Adults who Visited a Dentist	percent	54			66.5	2018		4
1.75	Age-Adjusted ER Rate due to Dental Problems	ER visits/ 10,000 population	45.6		11.1		2017-2019		17
1.67	Adults who have had Permanent Teeth Extracted	percent	45.7		42.8	44.5	2012		3
1.58	Adults 65+ with Total Tooth Loss	percent	16.1			13.5	2018		4
1.39	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	11.1		11	11.8	2013-2017		10
0.33	Dentist Rate	dentists/ 100,000 population	86.8		59.6		2019		7

SCORE	OTHER CONDITIONS	UNITS	DALLAS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Osteoporosis: Medicare Population	percent	7.6		6.8	6.6	2018		6
2.75	Chronic Kidney Disease: Medicare Population	percent	28.8		26.7	24.5	2018		6
1.97	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35.8		34.2	33.5	2018		6

0.92	Adults with Kidney Disease	<i>Percent of adults</i>	3.1		3.1		2018		4
0.75	Adults with Arthritis	<i>percent</i>	20.2		25.8		2018		4

SCORE	PHYSICAL ACTIVITY	UNITS	DALLAS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.14	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.9				2016		21
2.14	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.6				2017		21
2.00	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016		21
1.50	Children with Low Access to a Grocery Store	<i>percent</i>	4.6				2015		21
1.50	Farmers Market Density	<i>markets/ 1,000 population</i>	0				2018		21
1.50	Grocery Store Density	<i>stores/ 1,000 population</i>	0.2				2016		21
1.50	Low-Income and Low Access to a Grocery Store	<i>percent</i>	7				2015		21
1.33	People with Low Access to a Grocery Store	<i>percent</i>	16.6				2015		21
1.19	Food Environment Index		7.2		5.9	7.8	2021		7
1.17	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1				2016		21

1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.2			2015		21
1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	1.3			2015		21
0.50	Access to Exercise Opportunities	<i>percent</i>	96.3	80.5	84	2020		7

SCORE	PREVENTION & SAFETY	UNITS	DALLAS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.08	Severe Housing Problems	percent	21.3		17.4	18	2013-2017		7
1.39	Death Rate due to Drug Poisoning	deaths/ 100,000 population	13		10.6	21	2017-2019		7
0.72	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	38.6	43.2	38.7	48.9	2017-2019		5

SCORE	RESPIRATORY DISEASES	UNITS	DALLAS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.08	Asthma: Medicare Population	percent	5.7		4.9	5	2018		6
1.75	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	hospitalizations/ 10,000 population 18+ years	0.2		0.1		2017-2019		17
1.67	Tuberculosis Incidence Rate	cases/ 100,000 population	6.2	1.4	4.3		2015-2019		14
1.47	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	2.1		4.3	2	21-Sep-21		9
1.28	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	12.5		11.8	13.8	2017-2019		5
1.17	Adults who Smoke	percent	16.4	5		15.5	2018		4
1.17	Adults with Asthma	percent	10.7		10.9	13.3	2012		3

1.08	Adults with Current Asthma	<i>percent</i>	9.2		9.2		2018		4
1.00	COPD: Medicare Population	<i>percent</i>	10.2		11.2	11.5	2018		6
0.75	Adults with COPD	<i>Percent of adults</i>	6.2			6.9	2018		4
0.69	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	34.1		47.1	51.4	21-Sep-21		9
0.42	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	49.2		50.6	58.3	2013-2017		10
0.33	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	32.3	25.1	34.1	38.5	2013-2017	Black (42.6) White (36.7) API (16.1) Hisp (12.9)	10

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	DALLAS COUNTY	HP203 0	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
	2.67		Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	283.8		163.6	179.1	2018		14
2.39	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	720.9		508.2	539.9	2018		14
2.39	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	14.3		8.8	10.8	2018		14
1.86	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	30.7		15.7		2018		14

SCORE	WELLNESS & LIFESTYLE	UNITS	DALLAS COUNTY	HP203 0	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
	1.92		Insufficient Sleep	<i>percent</i>	36.9	31.4	34.4	35	2018		7
1.67	Frequent Physical Distress	<i>percent</i>	12.9		11.6	11	2018		7
1.17	High Blood Pressure Prevalence	<i>percent</i>	33.2	27.7		32.4	2017		4
1.08	Poor Physical Health: 14+ Days	<i>percent</i>	12.7			12.5	2018		4

SCORE	WOMEN'S HEALTH	UNITS	DALLAS COUNTY	HP203 0	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
	1.94		Cervical Cancer Screening: 21-65	<i>Percent</i>	80.3	84.3		84.7	2018		4
1.81	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	118.8		112.8	125.9	2013-2017		10

1.69	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	21.2	15.3	19.8	20.1	2013-2017	10
1.33	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	9.1		9.2	7.6	2013-2017	10
1.28	Mammogram in Past 2 Years: 50-74	<i>percent</i>	71.2	77.1		74.8	2018	4

Dallas County Data Sources

Key	Source Title
1	American Community Survey
2	American Lung Association
3	Behavioral Risk Factor Surveillance System
4	CDC - PLACES
5	Centers for Disease Control and Prevention
6	Centers for Medicare & Medicaid Services
7	County Health Rankings
8	Feeding America
9	Healthy Communities Institute
10	National Cancer Institute
11	National Center for Education Statistics
12	National Environmental Public Health Tracking Network
13	Texas Department of Family and Protective Services
14	DFWHC Foundation Regional Data, Q1-Q4, 2017-2019. DFWHC Foundation, Irving Texas. October 19, 2021
15	Texas Education Agency
16	Texas Secretary of State
17	THR Texas Department of Health Services
18	U.S. Bureau of Labor Statistics
19	U.S. Census - County Business Patterns
20	U.S. Census Bureau - Small Area Health Insurance Estimates
21	U.S. Department of Agriculture - Food Environment Atlas
22	U.S. Environmental Protection Agency
23	United For ALICE

Dallas County Topic Sources

Health and Quality of Life Topics	Score
Sexually Transmitted Infections	2.33
Other Conditions	1.86
Older Adults	1.84
Maternal, Fetal & Infant Health	1.83
Immunizations & Infectious Diseases	1.80
Diabetes	1.70
Education	1.70
Children's Health	1.69
Alcohol & Drug Use	1.68
Community	1.65
Economy	1.61
Women's Health	1.61
Mental Health & Mental Disorders	1.58
Heart Disease & Stroke	1.52
Environmental Health	1.48
Wellness & Lifestyle	1.46
Oral Health	1.44
Physical Activity	1.42
Prevention & Safety	1.40
Cancer	1.39
Health Care Access & Quality	1.37
Respiratory Diseases	1.14

Rockwall County Indicator Scores

SCORE	ALCOHOL & DRUG USE	UNITS	ROCKWALL COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
3.00	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	35	28.3	25.7	27	2015-2019		6
2.25	Adults who Binge Drink	<i>percent</i>	18.1			16.4	2018		3
1.75	Age-Adjusted ER Rate due to Opioid Use	<i>ER visits/ 10,000 population 18+ years</i>	3		0.7		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Opioid Use	<i>hospitalizations/ 10,000 population 18+ years</i>	0.6		0.1		2016-2018		16
1.25	Age-Adjusted ER Rate due to Substance Use	<i>ER visits/ 10,000 population 18+ years</i>	10.2		20.6		2017-2019		16
1.25	Age-Adjusted Hospitalization Rate due to Substance Use	<i>hospitalizations/ 10,000 population 18+ years</i>	0.7		1.2		2017-2019		16
1.17	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	11.6		12.1	22.8	2017-2019		4
1.06	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	10.3		10.6	21	2017-2019		6

0.75	Liquor Store Density	<i>stores/ 100,000 population</i>	2.9	6.9	10.5	2019	18
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SCORE	CANCER	UNITS	ROCKWA LL COUNTY	HP203 0	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARIT Y*	Source
2.17	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	130.8		112.8	125.9	2013-2017		9
2.08	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	14		11	11.8	2013-2017		9
1.86	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	19.8	16.9	17.6	19	2013-2017		9
1.69	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	21	15.3	19.8	20.1	2013-2017		9
1.69	Cancer: Medicare Population	<i>percent</i>	8		7.6	8.4	2018		5
1.33	Colon Cancer Screening	<i>percent</i>	64.7	74.4		66.4	2018		3
1.31	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	407.1		407.7	448.7	2013-2017		9
1.28	Mammogram in Past 2 Years: 50-74	<i>percent</i>	73.4	77.1		74.8	2018		3
1.14	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	50.9		50.6	58.3	2013-2017		9
1.08	Adults with Cancer	<i>percent</i>	6.7			6.9	2018		3

1.08	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	145.9	122.7	148.8	155.5	2013-2017	9
1.00	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	13.9	8.9	13.9	13.7	2013-2017	9
0.89	Cervical Cancer Screening: 21-65	<i>Percent</i>	85.5	84.3		84.7	2018	3
0.58	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	86.7		94	104.5	2013-2017	Black (284.9) White (79.5) Hispanic (84.9) 9
0.33	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	31.2	25.1	34.1	38.5	2013-2017	9
0.08	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	28.4		37.6	38.4	2013-2017	9

SCORE	CHILDREN'S HEALTH	UNITS	ROCKWA LL COUNTY	HP203 0	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARIT Y*	Source
2.50	Food Insecure Children Likely Ineligible for Assistance	percent	64		34	23	2019		7
1.78	Substantiated Child Abuse Rate	cases/ 1,000 children	9.1	8.7	9.1		2020		12
1.67	Children with Low Access to a Grocery Store	percent	6.3				2015		20
1.50	Children with Health Insurance	percent	88.1		87.3	94.3	2019		1
0.92	Projected Child Food Insecurity Rate	percent	16.1		23.6		2021		7
0.50	Child Food Insecurity Rate	percent	12.8		19.6	14.6	2019		7

SCORE	COMMUNITY	UNITS	ROCKWA LL COUNTY	HP203 0	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARIT Y*	Source
3.00	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	35	28.3	25.7	27	2015-2019		6
2.92	Mean Travel Time to Work	minutes	34.4		26.6	26.9	2015-2019		1
2.67	Median Household Gross Rent	dollars	1429		1045	1062	2015-2019		1

2.67	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	792		514	500	<i>2015-2019</i>	1
2.67	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1978		1606	1595	<i>2015-2019</i>	1
2.64	Solo Drivers with a Long Commute	<i>percent</i>	60.8		38.9	37	<i>2015-2019</i>	6
2.47	Social Associations	<i>membership associations/ 10,000 population</i>	7.4		7.5	9.3	<i>2018</i>	6
1.78	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	9.1	8.7	9.1		<i>2020</i>	12
1.69	Persons with Health Insurance	<i>percent</i>	85.1	92.1	79.3		<i>2019</i>	19
1.44	Workers Commuting by Public Transportation	<i>percent</i>	0.8	5.3	1.4	5	<i>2015-2019</i>	1
1.36	Social Worker Rate	<i>workers/ 100,000 population</i>	64.6		82.7		<i>2020</i>	13
1.08	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	8.8	10.1	13	11.3	<i>2017-2019</i>	4
1.08	Workers who Drive Alone to Work	<i>percent</i>	81		80.5	76.3	<i>2015-2019</i>	1

1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1			2015	20
0.97	Female Population 16+ in Civilian Labor Force	<i>percent</i>	60.3	57.8	58.3	2015-2019	1
0.97	Population 16+ in Civilian Labor Force	<i>percent</i>	65.3	61	59.6	2015-2019	1
0.86	Voter Turnout: Presidential Election	<i>percent</i>	69.4	58.8		2016	15
0.83	Households with One or More Types of Computing Devices	<i>percent</i>	97.1	91	90.3	2015-2019	1
0.81	Total Employment Change	<i>percent</i>	3.7	2.9	1.6	2018-2019	18
0.75	Persons with an Internet Subscription	<i>percent</i>	94.9	84.2	86.2	2015-2019	1
0.69	Linguistic Isolation	<i>percent</i>	1.6	7.7	4.4	2015-2019	1
0.53	People 25+ with a High School Degree or Higher	<i>percent</i>	92.7	83.7	88	2015-2019	1

0.50	Households with an Internet Subscription	<i>percent</i>	93.1	82.1	83	2015-2019	1	
0.36	Single-Parent Households	<i>percent</i>	13.6	26.3	25.5	2015-2019	1	
0.33	Median Housing Unit Value	<i>dollars</i>	266200	172500	217500	2015-2019	1	
0.08	Children Living Below Poverty Level	<i>percent</i>	6.2	20.9	18.5	2015-2019	1	
0.08	Homeownership	<i>percent</i>	78.8	54.9	56.2	2015-2019	1	
0.08	Median Household Income	<i>dollars</i>	100920	61874	62843	2015-2019	1	
0.08	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	40.7	29.9	32.1	2015-2019	1	
0.08	Per Capita Income	<i>dollars</i>	42346	31277	34103	2015-2019	1	
0.00	People Living Below Poverty Level	<i>percent</i>	4.7	8	14.7	13.4	2015-2019	1

SCORE	DIABETES	UNITS	ROCKWALL COUNTY	HP203 0	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY *	Source
1.75	Age-Adjusted ER Rate due to Diabetes	ER visits/ 10,000 population 18+ years	17.8		9.4		2017-2019		16
1.75	Age-Adjusted ER Rate due to Type 2 Diabetes	ER visits/ 10,000 population 18+ years	14.8		8.6		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Diabetes	hospitalizations/ 10,000 population 18+ years	12		5.3		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	hospitalizations/ 10,000 population 18+ years	8.4		4		2017-2019		16
0.81	Diabetes: Medicare Population	percent	23.7		28.8	27	2018		5
0.50	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	11.4		22	21.5	2017-2019		4

SCORE	ECONOMY	UNITS	ROCKWALL COUNTY	HP20 30	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY *	Source
2.67	Median Household Gross Rent	dollars	1429		1045	1062	2015-2019		1
2.67	Median Monthly Owner Costs for Households without a Mortgage	dollars	792		514	500	2015-2019		1
2.67	Mortgaged Owners Median Monthly Household Costs	dollars	1978		1606	1595	2015-2019		1
2.50	Food Insecure Children Likely Ineligible for Assistance	percent	64		34	23	2019		7
2.00	SNAP Certified Stores	stores/ 1,000 population	0.4				2017		20
2.00	WIC Certified Stores	stores/ 1,000 population	0.1				2016		20
1.36	Size of Labor Force	persons	54618				44348	#NAME?	17
1.33	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	29.5		30		2018		22

1.17	Low-Income and Low Access to a Grocery Store	<i>percent</i>	3.7			2015		20
1.14	Students Eligible for the Free Lunch Program	<i>percent</i>	22.8			2019-2020		10
1.00	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	64.5	56		2018		22
1.00	Households that are Below the Federal Poverty Level	<i>percent</i>	6	14		2018		22
1.00	Mortgaged Owners Spending 30% or More of Household Income on Housing	<i>percent</i>	24.5	26.5	26.5	2019		1
1.00	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	43.3	47.8	49.6	2015-2019		1

0.97	Female Population 16+ in Civilian Labor Force	<i>percent</i>	60.3	57.8	58.3	2015-2019	1
0.97	Population 16+ in Civilian Labor Force	<i>percent</i>	65.3	61	59.6	2015-2019	1
0.92	Projected Child Food Insecurity Rate	<i>percent</i>	16.1	23.6		2021	7
0.86	Overcrowded Households	<i>percent of households</i>	1.6	4.8		2015-2019	1
0.81	Total Employment Change	<i>percent</i>	3.7	2.9	1.6	2018-2019	18
0.75	Projected Food Insecurity Rate	<i>percent</i>	11.5	16.5		2021	7
0.69	Severe Housing Problems	<i>percent</i>	12.5	17.4	18	2013-2017	6
0.69	Unemployed Workers in Civilian Labor Force	<i>percent</i>	5.2	6.7	6.1	Jun-21	17
0.50	Child Food Insecurity Rate	<i>percent</i>	12.8	19.6	14.6	2019	7
0.50	Food Insecurity Rate	<i>percent</i>	9.6	14.1	10.9	2019	7

0.50	People 65+ Living Below Poverty Level	<i>percent</i>	2.8	10.6	9.3	2015-2019	Black (7.3) White (2.4) Asian (9.2) AIAN (0) NHPI (0) Mult (10.4) Other (20.3) Hispanic (4.3)	1
0.36	Families Living Below Poverty Level	<i>percent</i>	3.8	11.3	9.5	2015-2019	Black (15.5) White (2.4) Asian (7.4) AIAN (0) NHPI (0) Mult (4.2) Other (2.3) Hispanic (6.1)	1
0.36	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	10.8	23.2	26.1	2015-2019		1
0.33	Median Housing Unit Value	<i>dollars</i>	266200	17250 0	21750 0	2015-2019		1

0.08	Children Living Below Poverty Level	<i>percent</i>	6.2	20.9	18.5	<i>2015-2019</i>	1	
0.08	Homeownership	<i>percent</i>	78.8	54.9	56.2	<i>2015-2019</i>	1	
0.08	Households with Cash Public Assistance Income	<i>percent</i>	0.4	1.4	2.4	<i>2015-2019</i>	1	
0.08	Median Household Income	<i>dollars</i>	100920	61874	62843	<i>2015-2019</i>	1	
0.08	People Living 200% Above Poverty Level	<i>percent</i>	85.6	65.7	69.1	<i>2015-2019</i>	1	
0.08	Per Capita Income	<i>dollars</i>	42346	31277	34103	<i>2015-2019</i>	1	
0.00	People Living Below Poverty Level	<i>percent</i>	4.7	8	14.7	13.4	<i>2015-2019</i>	1

SCORE	EDUCATION	UNITS	ROCKWALL COUNTY	HP20 30	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY *	Source
2.00	Student-to-Teacher Ratio	students/teacher	16.3				2019-2020		10
1.00	High School Drop Out Rate	percent	0.4		1.9		2019	Black (0) White (0.3) Asian (1.9) AIAN (0) Mult (0) Hisp (0.8)	14
0.53	People 25+ with a High School Degree or Higher	percent	92.7		83.7	88	2015-2019		1
0.33	Infants Born to Mothers with <12 Years Education	percent	6.7		17.4	13.3	2017	White (2.8) Hisp (19.5)	13
0.08	People 25+ with a Bachelor's Degree or Higher	percent	40.7		29.9	32.1	2015-2019		1

SCORE	ENVIRONMENTAL HEALTH	UNITS	ROCKWALL COUNTY	HP20 30	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY *	Source
2.14	Fast Food Restaurant Density	restaurants/ 1,000 population	0.9				2016		20
2.00	Grocery Store Density	stores/ 1,000 population	0.1				2016		20
2.00	SNAP Certified Stores	stores/ 1,000 population	0.4				2017		20
2.00	WIC Certified Stores	stores/ 1,000 population	0.1				2016		20
1.67	Children with Low Access to a Grocery Store	percent	6.3				2015		20
1.64	Number of Extreme Precipitation Days	days	40				2016		11
1.50	Farmers Market Density	markets/ 1,000 population	0				2018		20
1.50	People with Low Access to a Grocery Store	percent	20.2				2015		20
1.44	Annual Ozone Air Quality	grade	D				2017-2019		2
1.36	Number of Extreme Heat Events	events	2				2016		11
1.36	PBT Released	pounds	4.5				2019		21

1.17	Daily Dose of UV Irradiance	<i>Joule per square meter</i>	3243	3538	2015	11	
1.17	Low-Income and Low Access to a Grocery Store	<i>percent</i>	3.7		2015	20	
1.17	People 65+ with Low Access to a Grocery Store	<i>percent</i>	1.8		2015	20	
1.14	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1		2016	20	
1.08	Number of Extreme Heat Days	<i>days</i>	5		2016	11	
1.08	Weeks of Moderate Drought or Worse	<i>weeks per year</i>	1		2016	11	
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1		2015	20	
0.92	Adults with Current Asthma	<i>percent</i>	8.4	9.2	2018	3	
0.86	Overcrowded Households	<i>percent of households</i>	1.6	4.8	2015-2019	1	
0.75	Liquor Store Density	<i>stores/ 100,000 population</i>	2.9	6.9	10.5	2019	18
0.69	Severe Housing Problems	<i>percent</i>	12.5	17.4	18	2013-2017	6

0.67	Access to Exercise Opportunities	<i>percent</i>	90.2	80.5	84	2020	6
0.53	Food Environment Index		8.5	5.9	7.8	2021	6
0.42	Asthma: Medicare Population	<i>percent</i>	4	4.9	5	2018	5

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	ROCKWALL COUNTY	HP20 30	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY *	Source
1.75	Adults who have had a Routine Checkup	percent	73.9			76.7	2018		3
1.69	Persons with Health Insurance	percent	85.1	92.1	79.3		2019		19
1.58	Adults without Health Insurance	percent	18			12.2	2018		3
1.50	Children with Health Insurance	percent	88.1		87.3	94.3	2019		1
1.36	Social Worker Rate	workers/ 100,000 population	64.6		82.7		2020		13
1.33	Adults with Health Insurance	percent	85.2		75.5	87.1	2019		1
0.92	Adults who Visited a Dentist	percent	67.6			66.5	2018		3
0.89	Dentist Rate	dentists/ 100,000 population	76.3		59.6		2019		6
0.75	Primary Care Provider Rate	providers/ 100,000 population	76.5		60.9		2018		6
0.67	Mental Health Provider Rate	providers/ 100,000 population	128.7		120.9		2020		6
0.67	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	96.3		88.6		2020		6

SCORE	HEART DISEASE & STROKE	UNITS	ROCKWALL COUNTY	HP20 30	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY *	Source
2.58	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	49.4	33.4	40.2	37.2	2017-2019		4
2.14	Atrial Fibrillation: Medicare Population	<i>percent</i>	8.9		7.8	8.4	2018		5
2.08	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	73.8			75.8	2017		3
2.00	Hyperlipidemia: Medicare Population	<i>percent</i>	50.6		49.5	47.7	2018		5
1.75	Age-Adjusted ER Rate due to Hypertension	<i>ER visits/ 10,000 population 18+ years</i>	25.5		10.5		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Hypertension	<i>hospitalizations/ 10,000 population 18+ years</i>	0.7		0.3		2016-2018		16
1.72	Age-Adjusted Death Rate due to Coronary Heart Disease	<i>deaths/ 100,000 population</i>	93.8	71.1	93	90.5	2017-2019		4

1.64	Hypertension: Medicare Population	<i>percent</i>	59.6	59.9	57.2	2018	5
1.58	Ischemic Heart Disease: Medicare Population	<i>percent</i>	26.7	29	26.8	2018	5
1.19	Stroke: Medicare Population	<i>percent</i>	3.8	4.2	3.8	2018	5
1.00	High Blood Pressure Prevalence	<i>percent</i>	31.2	27.7	32.4	2017	3
0.92	Cholesterol Test History	<i>percent</i>	83		81.5	2017	3
0.92	High Cholesterol Prevalence: Adults 18+	<i>percent</i>	33.4		34.1	2017	3
0.86	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	47.4	70.1		2018	11
0.83	Heart Failure: Medicare Population	<i>percent</i>	13.5	15.6	14	2018	5
0.75	Adults who Experienced a Stroke	<i>percent</i>	2.7		3.4	2018	3
0.75	Adults who Experienced Coronary Heart Disease	<i>percent</i>	5.8		6.8	2018	3

SCORE	IMMUNIZATION S & INFECTIOUS DISEASES	UNITS	ROCKWAL L COUNTY	HP20 30	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARIT Y*	Source
1.53	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	51.3		47.1	51.4	21-Sep-21		8
1.47	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	6		15.7		2018		13
1.22	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	4		8.8	10.8	2018		13
0.94	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	12.1		11.8	13.8	2017-2019		4
0.94	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	0.8	1.4	4.3		2015-2019		13
0.89	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	45.7		163.6	179.1	2018		13
0.86	Overcrowded Households	<i>percent of households</i>	1.6		4.8		2015-2019		1
0.69	COVID-19 Daily Average Case- Fatality Rate	<i>deaths per 100 cases</i>	0.5		4.3	2	21-Sep-21		8
0.61	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	169.9		508.2	539.9	2018		13

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	ROCKWALL COUNTY	HP20 30	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY *	Source
1.72	Babies with Low Birth Weight	percent	8.1		8.2	8.1	2015		13
1.72	Babies with Very Low Birth Weight	percent	1.5			1.4	2015		13
1.58	Preterm Births	percent	12.6	9.4	12.2		2017		13
0.94	Mothers who Received Early Prenatal Care	percent	71.2		60.5	77.3	2017		13
0.61	Teen Births	percent	0		2.1	3.1	2017		13
0.53	Infant Mortality Rate	deaths/ 1,000 live births	3.9	5	5.6	5.9	2015		13
0.33	Infants Born to Mothers with <12 Years Education	percent	6.7		17.4	13.3	2017	White (2.8) Hisp (19.5)	13

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	ROCKWALL COUNTY	HP20 30	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY *	Source
2.42	Depression: Medicare Population	percent	19.5		18.2	18.4	2018		5
2.31	Alzheimer's Disease or Dementia: Medicare Population	percent	13.3		12.6	10.8	2018		5
2.14	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	16.3	12.8	13.5	14.1	2017-2019		4
1.25	Age-Adjusted ER Rate due to Adult Mental Health	ER visits/ 10,000 population 18+ years	4.2		8.9		2017-2019		16
1.25	Age-Adjusted Hospitalization Rate due to Adult Mental Health	hospitalizations/ 10,000 population 18+ years	1		1.7		2017-2019		16
1.00	Frequent Mental Distress	percent	12		11.6	13	2018		6
0.92	Poor Mental Health: 14+ Days	percent	11.8			12.7	2018		3
0.67	Mental Health Provider Rate	providers/ 100,000 population	128.7		120.9		2020		6

SCORE	OLDER ADULTS	UNITS	ROCKWALL COUNTY	HP20 30	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY *	Source
2.42	Depression: Medicare Population	percent	19.5		18.2	18.4	2018		5
2.31	Alzheimer's Disease or Dementia: Medicare Population	percent	13.3		12.6	10.8	2018		5
2.14	Atrial Fibrillation: Medicare Population	percent	8.9		7.8	8.4	2018		5
2.00	Hyperlipidemia: Medicare Population	percent	50.6		49.5	47.7	2018		5
1.97	Osteoporosis: Medicare Population	percent	6.6		6.8	6.6	2018		5
1.81	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35		34.2	33.5	2018		5
1.69	Cancer: Medicare Population	percent	8		7.6	8.4	2018		5

1.64	Hypertension: Medicare Population	<i>percent</i>	59.6	59.9	57.2	2018	5
1.58	Adults 65+ who Received Recommended Preventive Services: Males	<i>percent</i>	28.3		32.4	2018	3
1.58	Ischemic Heart Disease: Medicare Population	<i>percent</i>	26.7	29	26.8	2018	5
1.42	Adults 65+ who Received Recommended Preventive Services: Females	<i>percent</i>	28		28.4	2018	3
1.33	Colon Cancer Screening	<i>percent</i>	64.7	74.4	66.4	2018	3
1.19	Stroke: Medicare Population	<i>percent</i>	3.8	4.2	3.8	2018	5
1.17	People 65+ with Low Access to a Grocery Store	<i>percent</i>	1.8			2015	20
1.14	Chronic Kidney Disease: Medicare Population	<i>percent</i>	22.8	26.7	24.5	2018	5

0.83	Heart Failure: Medicare Population	<i>percent</i>	13.5	15.6	14	2018		5
0.81	Diabetes: Medicare Population	<i>percent</i>	23.7	28.8	27	2018		5
0.75	Adults 65+ with Total Tooth Loss	<i>percent</i>	9.7		13.5	2018		3
0.75	Adults with Arthritis	<i>percent</i>	22.3		25.8	2018		3
0.50	COPD: Medicare Population	<i>percent</i>	9.7	11.2	11.5	2018		5
0.50	People 65+ Living Below Poverty Level	<i>percent</i>	2.8	10.6	9.3	2015-2019	Black (7.3) White (2.4) Asian (9.2) AIAN (0) NHPI (0) Mult (10.4) Other (20.3) Hispanic (4.3)	1
0.42	Asthma: Medicare Population	<i>percent</i>	4	4.9	5	2018		5

SCORE	ORAL HEALTH	UNITS	ROCKWAL L COUNTY	HP20 30	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARIT Y*	Source
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2.08	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	14	11	11.8	2013-2017	9
1.75	Age-Adjusted ER Rate due to Dental Problems	<i>ER visits/ 10,000 population</i>	17.2	11.1		2017-2019	16
0.92	Adults who Visited a Dentist	<i>percent</i>	67.6		66.5	2018	3
0.89	Dentist Rate	<i>dentists/ 100,000 population</i>	76.3	59.6		2019	6
0.75	Adults 65+ with Total Tooth Loss	<i>percent</i>	9.7		13.5	2018	3

SCORE	OTHER CONDITIONS	UNITS	ROCKWALL COUNTY	HP20 30	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY *	Source
1.97	Osteoporosis: Medicare Population	percent	6.6		6.8	6.6	2018		5
1.81	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35		34.2	33.5	2018		5
1.14	Chronic Kidney Disease: Medicare Population	percent	22.8		26.7	24.5	2018		5
0.75	Adults with Arthritis	percent	22.3			25.8	2018		3
0.75	Adults with Kidney Disease	Percent of adults	2.5			3.1	2018		3

SCORE	PHYSICAL ACTIVITY	UNITS	ROCKWALL COUNTY	HP20 30	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY *	Source
2.14	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.9				2016		20
2.00	Grocery Store Density	<i>stores/ 1,000 population</i>	0.1				2016		20
2.00	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.4				2017		20
2.00	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016		20
1.67	Children with Low Access to a Grocery Store	<i>percent</i>	6.3				2015		20
1.50	Farmers Market Density	<i>markets/ 1,000 population</i>	0				2018		20
1.50	People with Low Access to a Grocery Store	<i>percent</i>	20.2				2015		20
1.17	Low-Income and Low Access to a Grocery Store	<i>percent</i>	3.7				2015		20
1.17	People 65+ with Low Access to a Grocery Store	<i>percent</i>	1.8				2015		20
1.14	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1				2016		20
1.00	Households with No Car and Low	<i>percent</i>	1				2015		20

	Access to a Grocery Store							
0.67	Access to Exercise Opportunities	<i>percent</i>	90.2	80.5	84	2020		6
0.53	Food Environment Index		8.5	5.9	7.8	2021		6

SCORE	PREVENTION & SAFETY	UNITS	ROCKWALL COUNTY	HP20 30	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY *	Source
1.06	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	10.3		10.6	21	2017-2019		6
0.83	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	28.2	43.2	38.7	48.9	2017-2019		4
0.69	Severe Housing Problems	<i>percent</i>	12.5		17.4	18	2013-2017		6

SCORE	RESPIRATORY DISEASES	UNITS	ROCKWALL COUNTY	HP20 30	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY *	Source
1.53	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	51.3		47.1	51.4	21-Sep-21		8
1.14	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	50.9		50.6	58.3	2013-2017		9
0.94	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	12.1		11.8	13.8	2017-2019		4
0.94	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	0.8	1.4	4.3		2015-2019		13
0.92	Adults with Current Asthma	<i>percent</i>	8.4			9.2	2018		3
0.83	Adults who Smoke	<i>percent</i>	13.9	5		15.5	2018		3
0.75	Adults with COPD	<i>Percent of adults</i>	5.6			6.9	2018		3
0.69	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	0.5		4.3	2	21-Sep-21		8
0.50	COPD: Medicare Population	<i>percent</i>	9.7		11.2	11.5	2018		5
0.42	Asthma: Medicare Population	<i>percent</i>	4		4.9	5	2018		5

0.33	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	31.2	25.1	34.1	38.5	2013-2017	9
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SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	ROCKWALL COUNTY	HP20 30	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY *	Source
			1.47	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	6		15.7		2018		13
1.22	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	4		8.8	10.8	2018		13
0.89	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	45.7		163.6	179.1	2018		13
0.61	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	169.9		508.2	539.9	2018		13

SCORE	WELLNESS & LIFESTYLE	UNITS	ROCKWALL COUNTY	HP20 30	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY *	Source
			1.00	High Blood Pressure Prevalence	<i>percent</i>	31.2	27.7		32.4	2017		3
0.86	Insufficient Sleep	<i>percent</i>	33	31.4	34.4	35	2018		6
0.75	Poor Physical Health: 14+ Days	<i>percent</i>	10.5			12.5	2018		3
0.67	Frequent Physical Distress	<i>percent</i>	10		11.6	11	2018		6

SCORE	WOMEN'S HEALTH	UNITS	ROCKWALL COUNTY	HP20 30	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY *	Source
2.17	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	130.8		112.8	125.9	2013-2017		9
1.69	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	21	15.3	19.8	20.1	2013-2017		9
1.28	Mammogram in Past 2 Years: 50-74	<i>percent</i>	73.4	77.1		74.8	2018		3
0.89	Cervical Cancer Screening: 21-65	<i>Percent</i>	85.5	84.3		84.7	2018		3

Rockwall County Data Sources

Key	Source Title
1	American Community Survey
2	American Lung Association
3	CDC - PLACES
4	Centers for Disease Control and Prevention
5	Centers for Medicare & Medicaid Services
6	County Health Rankings
7	Feeding America
8	Healthy Communities Institute
9	National Cancer Institute
10	National Center for Education Statistics
11	National Environmental Public Health Tracking Network
12	Texas Department of Family and Protective Services
13	DFWHC Foundation Regional Data, Q1-Q4, 2017-2019. DFWHC Foundation, Irving Texas. October 19, 2021
14	Texas Education Agency
15	Texas Secretary of State
16	THR Texas Department of Health Services
17	U.S. Bureau of Labor Statistics
18	U.S. Census - County Business Patterns
19	U.S. Census Bureau - Small Area Health Insurance Estimates
20	U.S. Department of Agriculture - Food Environment Atlas
21	U.S. Environmental Protection Agency
22	United For ALICE

Rockwall County Topic Scores

Health and Quality of Life Topics	Score
Alcohol & Drug Use	1.58
Women's Health	1.51
Mental Health & Mental Disorders	1.50
Children's Health	1.48
Heart Disease & Stroke	1.44
Physical Activity	1.42
Diabetes	1.39
Older Adults	1.36
Other Conditions	1.28
Oral Health	1.28
Environmental Health	1.25
Cancer	1.22
Health Care Access & Quality	1.19
Community	1.18
Maternal, Fetal & Infant Health	1.06
Sexually Transmitted Infections	1.05
Immunizations & Infectious Diseases	1.02
Economy	0.95
Prevention & Safety	0.86
Wellness & Lifestyle	0.82
Respiratory Diseases	0.82
Education	0.79

Community Input Assessment Tools

Key Informant Interview Guide and Questions

INTRODUCTION

HCI Facilitator: Introduce yourself and any others on the team

OPENING SCRIPT: TEXAS HEALTH RESOURCES (THR) has invited you to take part in this Key Informant Interview because of your content expertise and your experience working in the community. Our work on behalf of THR is focused on understanding what health issues and challenges impact the residents of **Dallas/Rockwall Region** and how to improve their overall health. The insights and perspectives collected in this interview will provide important information that will ultimately be combined with the results of a key informant interviews, focus groups, and data analysis of state and national indicators. These data components will be compiled into a comprehensive report outlining the health needs in the Southern Region which includes **Dallas/Rockwall Region**. The final reports will be completed in the summer of 2022.

CONFIDENTIALITY: For this interview, we will be taking notes on your responses, your names will not be associated with any direct quotes. Your identity will be kept confidential.

- 1. To begin, could you please tell us a little about the organization you work for and the geographic location it serves?**
 - a. (only probe if necessary) What is your organization's mission? What are the top priority health issues that your organization addresses?*
 - b. (only ask if not clear) Does your organization provide direct care, operate as an advocacy organization, or have another role in the community?*
 - c. Which geographic location(s) does your organization serve? (to help us understand or confirm relevant service areas)*

- 2. Considering the impact of Covid-19, what would you consider the top 5 health issues exacerbated by the pandemic in TARRANT county?**
 - a. What are the possible solutions to improve the health issues you've described?*
 - b. What solutions have your organization/agency put in place or considered to help improve the health issues you described?*
 - c. How can Texas Health support these health improvement efforts?*

- 3. Along the same lines, what would you consider the top 5 socioeconomic needs exacerbated by the pandemic in [County Name/Zip code]?**
 - a. What are the possible solutions to improve the socioeconomic needs you've described?*
 - b. What specific solutions have your organization/agency put in place or considered to help improve the socioeconomic issues you described?*
 - c. How can Texas Health support these socioeconomic improvement efforts?*

- 4. Thinking about the solutions you described to address the health and socioeconomic needs, to what extent does your organization/agency have what it needs to deliver these services/resources in the community effectively?**
 - a. How do aspects of this community's [County Name/Zip code] infrastructure (i.e., physical environment, policies, partnerships) help or hinder your ability to deliver the services/resources you described?*
 - b. How can Texas Health support the success of these services/resources?*

- 5. How can community leaders, community-based organizations, and health care systems work collaboratively to address this community's [County Name/Zip codes] health and socioeconomic?**
 - a. To your knowledge, what strategies have been used in the past to drive collaboration across these partners? What worked, what didn't, and why?*
 - b. What challenges/barriers should Texas Health anticipate in its efforts to work with community leaders and members to address the health and socioeconomic needs in this community?*
 - c. How can Texas Health proactively address these challenges/barriers?*

- 6. Finally, what do you consider the best practices that are currently going on to improve the health and socio-economic needs in this community [County/Zip codes]?**

- 7. What is the most crucial message/feedback you want Texas Health to take away from this interview?**
 - a. Is there anything else you would like to add about any of the topics we've discussed or other areas that we didn't discuss but you think are essential?*

CLOSING SCRIPT: Thank you so much for your time and participation today. In terms of next steps, we will be collecting and analyzing the data for this needs assessment over the next few months. The final report will be available to everyone who participated, as well as the general public. If you have additional comments or thoughts after our conversation today, please feel free to reach out to *Eileen Aguilar* or *Oge/Sika*.

HCI Facilitator: Send a follow-up email to the key informant, thanking them for their time and make sure to include a link to the survey!

Focus Group Guide and Questions

INTRODUCTION

{Introduce Yourself and Others on the Team}

{“Let’s get started...”}

Opening Script: Thank you for taking the time to speak with us to support the Texas Health Resources (THR) Community Health Needs Assessment. We anticipate that this discussion will last no more than 60 minutes. You have been invited to take part in this focus group because of your experience living and/or working in Dallas/Rockwall County. The focus of our Community Health Needs Assessment is how to improve health in the community and understand what challenges residents are facing. We are going to ask a series of questions related to health issues in the community. We hope to get through as many questions as possible and hear each of your perspectives as much as time allows.

For this discussion group, I will invite you to share as much or little as you feel comfortable sharing with the others in the group. The results of this assessment will be made available to the public. We will be taking notes on your responses, but your names will not be associated with any direct quotes. Your identity will be kept confidential, so please share your honest opinions.

SHOW SLIDES (if applicable)--We do have a few ground rules for this virtual discussion that I would like to review with you. It is important that everyone has a chance to be heard, so we ask that only one person talks at a time (most important ground rule for today). You may use the “raise hand” functions when you have something to say [*give instructions and test*]. We may also call on you to sure ensure everyone has a chance to speak but if you have nothing to share, please just say “pass”.

You may want to mute yourself when you are not speaking to cut down on background noise [*give instructions and test mute/unmute*]. Finally, please respect the opinions of others, as the point of the discussion is to collect various points of view. And remember, there are no right or wrong answers, so please share freely and openly. Does anyone have any questions before we get started?

Okay, let’s get started by going around and introducing ourselves. Please tell everyone your first name, what community you live in, and if you are interested in sharing, your involvement in the community (could be your job or volunteer work for example).

{Introductions}

Thank you for introducing yourselves. Now we will get started with our discussion.

COVID-19 QUESTION

1. **We know that COVID-19 has significantly impacted everyone’s lives. What have you seen as the biggest challenges in XXXXX County during the pandemic?**

[Probe 1: Which groups of people are having the hardest time right now?]

[Probe 2: How have you seen these challenges being addressed, if at all?]

[Probe 3: What programs have addressed COVID related issues? What has worked?]

[Probe 4: What hasn’t been effective and, in your opinion, why?]

GENERAL HEALTH QUESTIONS

2. **What would you say are the top three health related problems that people in your community are facing that you would like to change or improve?**

[Probe 1: Why do you think these are the most important health issues?

[Probe 2: What would you do to address these problems?]

[Probe 3: What else is needed to address these problems? Examples could be specific policies, programs, or services.]

- 3. What might prevent someone from accessing care for the health challenges identified above?**

[Examples could include lack of transportation, lack of health insurance coverage, doctor's office hours, language, or cultural barriers, etc.]

- 4. Are there specific groups in your community that are most impacted by the health issues or challenges discussed earlier (2-3)? Which groups are these?**

[Probe: Are these health challenges different if the person is a particular age, or gender, race, or ethnicity? Or lives in a certain part of the county for example?]

- 5. From the health issues and challenges we've just discussed, which do you think can be addressed in the next three years?**

[Probe 1: How do you think these health issues can be addressed?]

[Probe 2: Are some of these issues more urgent or important than others? If so, why?]

- 6. In 2019, Depression and anxiety among adults 18+ were identified as important health issues in your community. Do you know of any programs or services that are available in your community to address this issue?**

[Prompt: Have you or someone you know benefited from these programs or services? If so, what do you think has worked? What do you think can be improved?]

- 7. What resources are currently available for residents in your community for the identified health/social determinant problem/s we've discussed today?**

[Probe 1: Are there specific community organizations or agencies that you see taking a strong leadership role for improving the health of particular groups in your community?]

[Probe 2: Do you see residents taking advantage of them? Why or why not?]

[Probe 3: What additional programs and resources do you think are needed to best meet the needs of residents in _____ County?]

[Probe 4: Are you aware of any THR-Community Health Improvement program(s) in your community?]

CLOSING QUESTION

- 8. Can you think of any other ways we could improve the health of residents in the community that we have not already talked about today?**

[Probe: Is there anything else you would like to add that we haven't discussed?]

CONCLUSION

{Review the summary points and key takeaways from discussion}

{Check if note taker needs any clarification}

CLOSURE SCRIPT: Thank you very much for your time and willingness to share your experiences with us today. We will include your comments in our data to describe how health can be improved for residents in your community. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

Listening Session Questions

1. Name of the organization you represent.
2. What region/county/counties do your organization provide direct services to? (select all that apply)
 - a. Dallas County
 - b. Rockwall County
 - c. Tarrant County
 - d. Parker County
 - e. Denton County
 - f. Wise County
 - g. Collin County
 - h. Ellis County
 - i. Erath County
 - j. Henderson County
 - k. Johnson County
 - l. Kaufman County
3. In 2019, Texas Health Resources (THR) identified behavioral health, chronic disease prevention and management, access, awareness, health literacy and navigation as its priority areas. Are you aware of any THR programs, initiatives, resources, specifically addressing any of these priorities in your community?
4. What is THR doing well within the behavioral health, chronic disease prevention and management, access, health literacy and navigation areas? Feel free to address one or all priorities.
5. What are areas of opportunity within these priority areas? Feel free to address one or all priorities.
6. What can THR do to improve the awareness of its Community Health Needs Assessment (CHNA) findings and implementation strategies?
7. Texas Health Resources is currently developing its 2022 CHNA reports and have identified these preliminary issues for the following regions:

Southern Region

Healthcare Access & Quality (lack of/limited insurance, delay in care)

Mental Health (depression, anxiety, isolation)

Abuse/Violence (domestic violence, child abuse, intimate partner violence)

Substance Abuse (isolation leading to increased substance use and addiction)

Denton/Wise Region-

Mental Health (increased need for adolescents, anxiety, lack of behavioral health services)

Access to healthcare services (Provider shortages, language barriers, uninsured/underinsured)

COVID-19 Impact (mental health, trust in healthcare system, delay in services)

Food insecurity (lack of food, access to healthy foods, food deserts)

Tarrant/Parker Region-

Chronic conditions (heart disease, diabetes)

COVID-19 Impact (Mental Health/Substance abuse, isolation, financial issues, delay in care, food insecurity)

Health Behaviors (fear, stigma towards vaccine)

Healthcare Access & Quality (Lack of providers, lack of bilingual providers, uninsured/underinsured)

Dallas/Rockwall Region-

Access to care (delay in care, uninsured, underinsured)

Mental Health (isolation, depression exacerbated by COVID-19)

Financial/Economic impact (unemployment, housing insecurity)

Food insecurity (lack of healthy foods, lack of food)

Collin Region-

Access to care (delay in services, high deductibles, affordability of insurance, knowledge of where to get care)

Mental Health (stigma in accessing care, cultural barriers, anxiety)

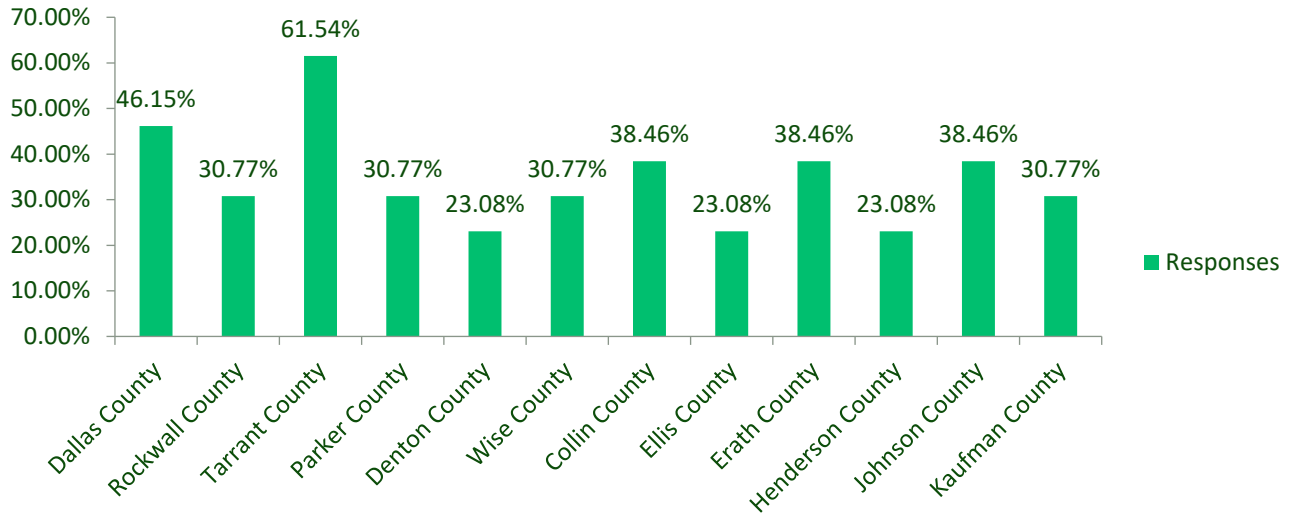
Economic/financial issues (difficulty paying rent/utilities, unemployment, loss of jobs)

Housing (lack of affordable housing, discrimination)

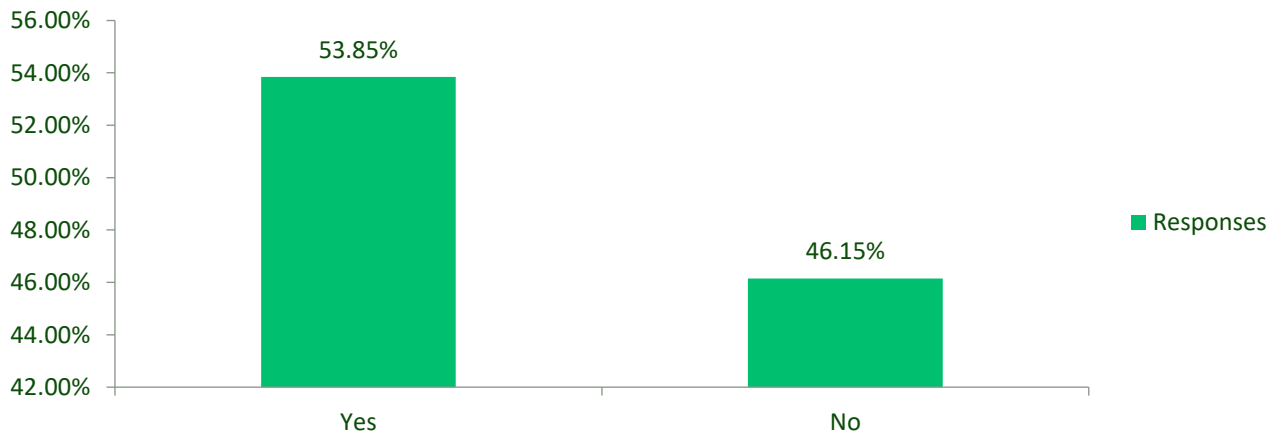
7a. How can THR prioritize these health topics that have surfaced as issues in the region?

Listening Session Results

Question #2-What region/county/counties do your organization provide direct services to?



Question #3-Are you aware of any THR programs, initiatives, resources, specifically addressing any of these priorities in your community?



Question #4-What is THR doing well within the behavioral health, chronic health, chronic disease prevention & management, access, health literacy, and navigation areas?

- While there is some generalize awareness of THR efforts, there is not sufficient publicity of these efforts to elicit significant engagement from the public.

-I navigate the Plano Up program funded by THR focusing on anxiety and depression in youth in the 75074 zip. Beyond Blue is another program funded by THR to address mental health in the senior population in the 75069 zip

- The Community Impact program and its regional councils are a great model to impact health priorities.

- It's hard to say due to the Pandemic really. THR has been sending email and reminders to people to do their screenings, testing and seeing their Dr, even telemedicine

- Their willingness to fund organizations that promote access and health literacy is awesome.

- Excellent work with chronic disease prevention and management. Also, good initiative with mental health in rural areas. Doing a good job of bringing these topics, education, and interventions to the people and communities THR serves.

- THR's Community Impact team has done a great job at leveraging relations with community leaders, nonprofits, thought leaders to strengthen efforts to improve health outcomes that are negatively impacted by the social determinants of health. They are also using data to drive their decision and to measure positive improvements in the areas of exercise, health and chronic disease prevention.

- Connect deeper to faith-based organizations, and schools where the under-resource families are nearest and partner with other foundations to strengthen the ability to sustain efforts.

Q5- Are there areas of opportunity within these priority areas? Feel free to address

-Behavioral health partnerships between THR, JPS, and the City of Arlington would be good way to have a meaningful impact on this issue. A formalized partnership with COA/Fire PH unit, Mission Arlington, School Districts, UTA school of Nursing and Social Work, JPS, TCPH and MCA could result in a cost effective and impactful approach to many of these issues.

- I feel mental health is still a large concern. However, I feel healthcare is out of reach for many people even for those with the ability to pay. Living expenses have increased to the point where many people cannot afford to maintain their physical or mental well-being

- There are many opportunities to impact health outcomes - particularly chronic disease- through increased awareness and support of patients affected by memory decline. This can include those at risk for cognitive decline (diverse communities are at higher risk, as are those

who have comorbidities) and create opportunities for early detection—also, outcomes related to caregiver health.

- With the start of the Pandemic in March 2020, people have not seen their health care providers as they should, thus causing now two years later, many, many additional medical problems.

- Behavioral health is an awesome place to start. We need to train paraprofessionals to go into the neighborhood.

- Health literacy training for health care and service providers would enhance THR's current efforts within chronic disease management.

Question 6- What can THR do to improve the awareness of its Community Health Needs Assessment findings and implementation strategies?

-Partner directly with the City of Arlington Office of Communications

-Present to city and nonprofits the results of the assessment. Many citizens have no idea of the health status of our city.

- More programs focused on prevention and mobile solutions. We have to realize that many people cannot get to appointments even with coverage. Housing, food and transportation costs

- Increasing channels of communication, implementing practical action steps and a starting point for those needing the services, enhanced relationship building with community partners.

- Send them to community orgs as well as posting on their website. If both of these were done, I would recommend a way to ensure that all orgs doing any social service-related work get notified of the CHNA and implementation plan.

- Work directly with Community-Based Organizations (CBOs) , such as the Alzheimer's Association or Area Agency on Aging, to promote these results and how a partnership with the CBO will impact the health outcomes. Continue to provide grants to CBOs to ensure that community support continues for all those in need.

- Perhaps THR can advertise the CHNA can run local ads on television and radio.

- As we emerge from the Pandemic, continue to reach those who are not connected by smart phones and emails

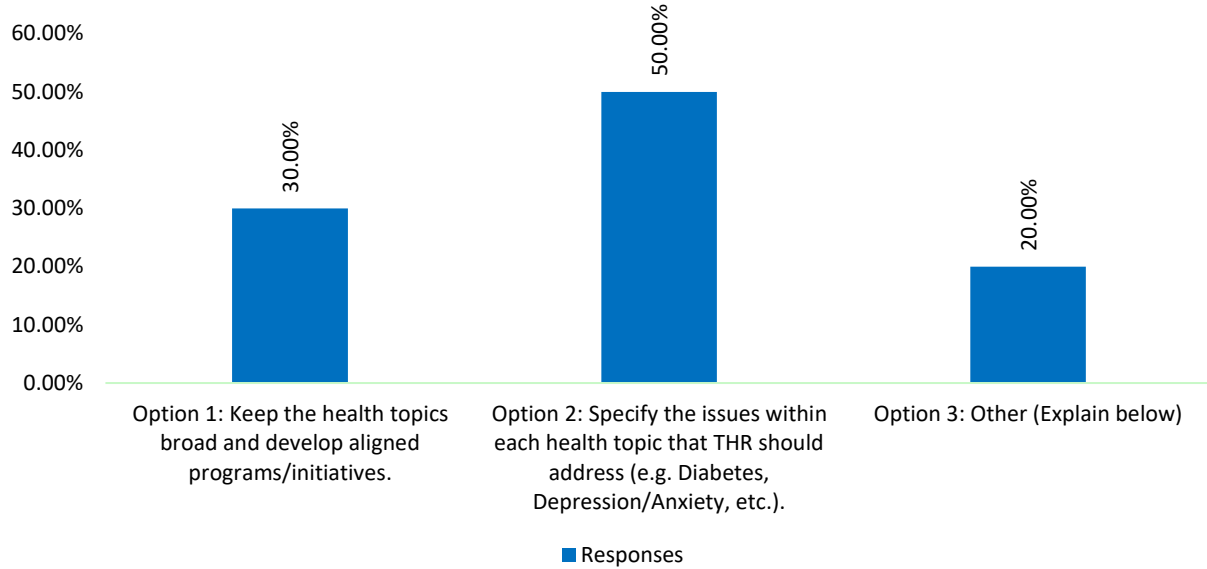
- A spot on the major networks or continuous radio spots would help.

- Personally, I think that THR does a great job of disseminating CHNA findings. They and Cook are regional leaders in that work. I'm not sure if THR already works closely with rural Extension

services to disseminate findings and implement programming. If not, that may be another avenue. Also, engaging FQHC's in CHNA implementation strategies is important.

- Take the information out to the community who are impacted the most. (Churches, Schools, Stores, barbershops, beauty shops and perhaps convenience store.

Question #7-How can THR prioritize these health topics that have surfaced as issues in the region?



Community Resource and Partner List

This highlights existing resources that organizations are currently using and available widely in the community. It also highlights community partners who were identified during the collection process for this CHNA.

Community Resource List

Austin City Center
Baylor Scott & White Medical Center - Lake Pointe
Bonton Farms
Brother Bill's
Care Center
Center for Integrative Counseling and Psychology
Chamber of Commerce
Compassion Center
Concilio
Dallas Community Center
Dallas Homelessness Collaborative run by Our Calling, Dallas Hunger Solutions, Metro Dallas Homeless Alliance
Dallas Hunger Initiative
Dallas YMCA
Dallas Area Rape Crisis Center
Food to Families program
Food to Families program
Grace Clinic
Healing Hands Ministries
Helping Hands
Inspired Vision
Lifesavers Foundation
Literacy Achieves
Los Barrios Unidos Community Clinic
Mission East Dallas
MLK Health
North Texas Food Bank
Northwest Community Center
Parkland Transgender clinic
Parkland's DeHaro-Saldivar Health Center
Pleasant Grove Food Pantry
PRISM health of North Texas
PRISM health of North Texas
Safer Dallas Better Dallas- The SANE Initiative
Salvation Army
Texas A&M AgriLife researchers and extension
The Turning Point
Vickery Meadows
West Dallas Multipurpose Center

Community Partner List

Alzheimer's Association
Austin City Center

Blue Zones
Bonton Farms
Bridge Association (outreach to rehabilitate)
City of Fort Worth Northside Community Center
Community Action Agency
Cooper Street YMCA
Cornerstone Assistance Network: free vision/dental services by referral only for low-income folks
Dallas Area Rape Crisis Center
Dental health Arlington
Eastside Ministries
Galvin Clinic
Inspiring body of Christ Dallas
John Peter Smith Hospital: satellite clinics to bring services to people and increase access
Lake Point Church
Literacy Achieves
Mission Oak Cliff
Rockwall County
Safer Dallas, Better Dallas
Texas Health Hospital Rockwall
Texas Women's Foundation

Appendix C. Denton-Wise Region

Denton-Wise Region

TEXAS HEALTH RESOURCES
APPENDICES

Secondary Data Methodology

Secondary Data Sources

The main source for the secondary data, or data that has been previously collected, is the community indicator database maintained by Conduent Healthy Communities Institute. The following is a list of both local and national data sources used in Texas Health Resources Denton County and Wise County regional Community Health Needs Assessment report.

Data Sources

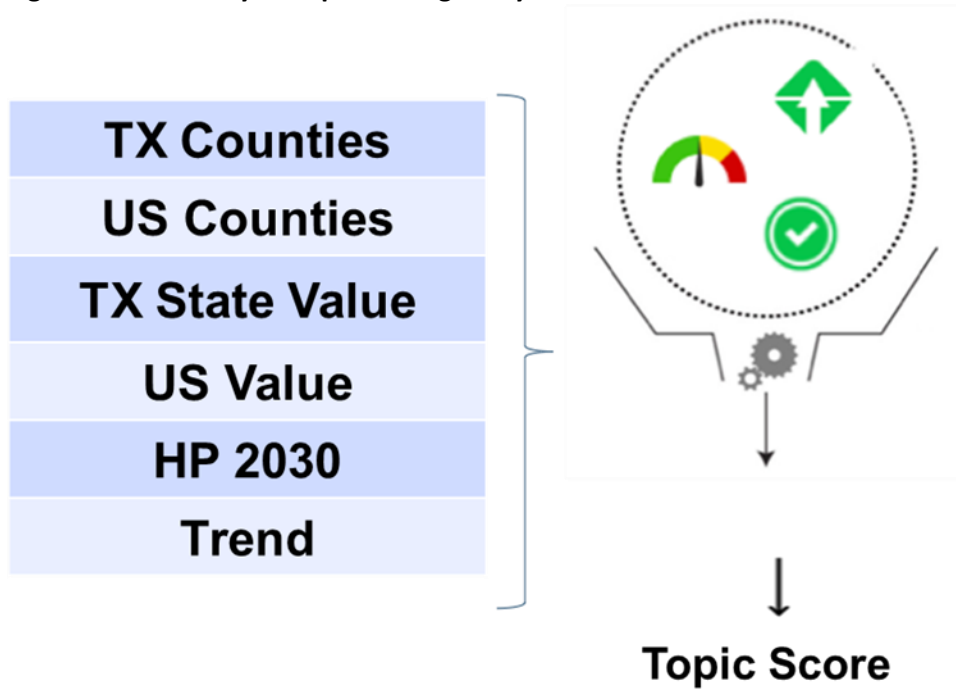
- American Community Survey
- American Lung Association
- CDC - PLACES
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- County Health Rankings
- Feeding America
- Healthy Communities Institute
- National Cancer Institute
- National Center for Education Statistics
- National Environmental Public Health Tracking Network
- Texas Department of Family and Protective Services
- DFWHC Foundation Regional Data, Q1-Q4, 2017-2019. DFWHC Foundation, Irving Texas. October 15, 2021,

- Texas Education Agency
- Texas Department of Health Services
- U.S Bureau of Labor Statistics
- U.S. Census - County Business Patterns
- U.S. Census Bureau – Small Area Health Insurance Estimates
- U.S. Department of Agriculture – Food Environment Atlas
- U.S. Environmental Protection Agency
- United for ALICE

Secondary Data Scoring

HCI's Data Scoring Tool (Figure 1A) was used to systematically summarize multiple comparisons in order to rank indicators based on the highest need. For each indicator, the community value was compared to a distribution of Texas and US counties, state and national values, Healthy People 2030, and significant trends were noted. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities and changes in methodology over time. The comparison scores were summarized for each indicator, and indicators were then grouped into topic areas for a systematic ranking of community health needs.

Figure 1A: Summary of Topic Scoring Analysis



Index of Disparity

An important part of the CHNA process is to identify health disparities, the needs of vulnerable populations and unmet health needs or gaps in services. There were several ways in which subpopulation disparities were examined by county. For secondary data health indicators, the Index of Disparity tool was utilized to see if there were large, negative, and concerning differences in indicator values between each subgroup data value and the overall county value. The Index of Disparity was run for each county, and the indicators with the highest race or ethnicity index value were found.

Health Equity Index

Every community can be described by various social and economic factors that can contribute to disparities in health outcomes. Conduent HCI's Health Equity Index (formerly SocioNeeds[®] Index) considers validated indicators related to income, employment, education, and household environment to identify areas at highest risk for experiencing health inequities.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic needs correlated with preventable hospitalizations and premature death.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Health Equity Index, with darker coloring associated with higher relative need.

Food Insecurity Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in outcomes and opportunities to thrive. Conduent HCI's Food Insecurity Index considers validated indicators related to income, household environment and well-being to identify areas at highest risk for experiencing food insecurity.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest food insecurity, which is correlated with household and community measures of food-related financial stress such as Medicaid and SNAP enrollment.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Food Insecurity Index, with darker coloring associated with higher relative need.

Mental Health Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in mental health outcomes. Conduent HCI's Mental Health Index considers validated indicators related to access to care, physical health status, transportation, employment and household environment to identify areas at highest risk for experiencing poor mental health.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic and health needs correlated with self-reported poor mental health.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Mental Health Index, with darker coloring associated with higher relative need.

Data Considerations

Several limitations of data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, data availability varies by health topic. Some topics contain a robust set of secondary data indicators, while others may have a limited number of indicators or limited subpopulations covered by those specific indicators. Data scores represent the relative community health need according to the secondary data for each topic and should not be considered a comprehensive result on their own. In addition, these scores reflect the secondary data results for the population as a whole and do not represent the health or socioeconomic need that is much greater for some subpopulations. Moreover, many of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to best represent the population at large, these measures are subject to instability, especially for smaller populations. The Index of Disparity is also limited by data availability, where indicator data varies based on the population groups and service areas being analyzed.

Race or ethnic and Special Population Groupings

The secondary data presented in this report derive from multiple sources, which may present race and ethnicity data using dissimilar nomenclature. For consistency with data sources throughout the report, subpopulation data may use different terms to describe the same or similar groups of community members.

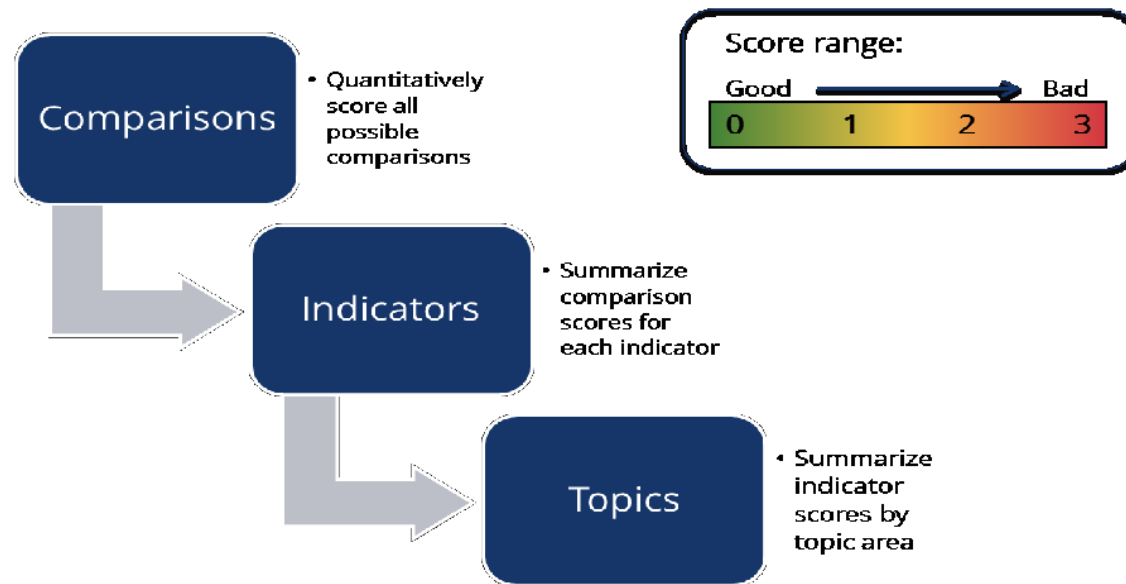
Zip Codes and Zip Code Tabulation Areas

This report presents both Zip Code and Zip Code Tabulation Area (ZCTA) data. Zip Codes, which were created by the U.S. Postal Service to improve mail delivery service, are not reported in this assessment as they may change, include P.O. boxes or cover large unpopulated areas. This assessment cover ZCTAs or Zip Code Tabulation Areas which were created by the U.S. Census Bureau and are generalized representations of Zip Codes that have been assigned to census blocks.

Demographics for this report are sourced from the United States Census Bureau, which presents ZCTA estimates. Tables and figures in the Demographics section of this report reference Zip Codes in title (for purposes of familiarity) but show values of ZCTAs. Data from other sources are labeled as such.

Secondary Data Scoring Detailed Methodology

Data Scoring is done in three stages:



For every indicator available, each county in the Hospital Service Area is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic. Secondary data for this report are up to date as of November 1, 2021.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.

Comparison to Values: State, National, and Targets

The county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2030 (HP2030) goals. Healthy People 2030 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by the direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, the availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After the exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to a lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. The resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

County Data Scoring Indicators Results

Denton County Indicator Scores

SCORE	ALCOHOL & DRUG USE	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.25	Adults who Binge Drink	<i>percent</i>	19.8			16. 4	2018		3
1.75	Age-Adjusted ER Rate due to Opioid Use	<i>ER visits/ 10,000 population 18+ years</i>	1.8		0.7		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Opioid Use	<i>hospitalizations/ 10,000 population 18+ years</i>	0.2		0.1		2017-2019		16
1.25	Age-Adjusted ER Rate due to Substance Use	<i>ER visits/ 10,000 population 18+ years</i>	9.1		20.6		2017-2019		16
1.25	Age-Adjusted Hospitalization Rate due to Substance Use	<i>hospitalizations/ 10,000 population 18+ years</i>	0.8		1.2		2017-2019		16
1.00	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	7.7		12.1	22. 8	2017-2019		4
0.92	Liquor Store Density	<i>stores/ 100,000 population</i>	6.9		6.9	10. 5	2019		18
0.78	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	22.9	28.3	25.7	27	2015-2019		6
0.61	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	7.5		10.6	21	2017-2019		6

SCORE	CANCER	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.47	Cancer: Medicare Population	percent	8.4		7.6	8.4	2018		5
2.31	Breast Cancer Incidence Rate	cases/ 100,000 females	127		112.8	126	2013-2017		9
1.86	Prostate Cancer Incidence Rate	cases/ 100,000 males	103.6		94	105	2013-2017		9
1.83	Colon Cancer Screening	percent	60.6	74.4		66.4	2018		3
1.50	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	10.9		11	11.8	2013-2017		9
1.47	All Cancer Incidence Rate	cases/ 100,000 population	408.5		407.7	449	2013-2017		9
1.28	Cervical Cancer Screening: 21-65	Percent	84	84.3		84.7	2018		3
0.94	Mammogram in Past 2 Years: 50-74	percent	74.8	77.1		74.8	2018		3
0.89	Cervical Cancer Incidence Rate	cases/ 100,000 females	6.1		9.2	7.6	2013-2017		9
0.75	Adults with Cancer	percent	5.7			6.9	2018		3
0.69	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	17.5	15.3	19.8	20.1	2013-2017		9
0.58	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	15.6	16.9	17.6	19	2013-2017		9
0.44	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	10.9	8.9	13.9	13.7	2013-2017		9

0.33	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	30.8	25.1	34.1	5	38.	2013-2017	9
0.25	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	46.7		50.6	3	58.	2013-2017	9
0.11	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	129.6	122.7		8	148.	2013-2017	9
0.08	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	31.8		37.6	4	38.	2013-2017	9

SCORE	CHILDREN'S HEALTH	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	53		34	23	2019		7
1.50	Children with Health Insurance	<i>percent</i>	90.3		87.3	3	2019	94.	1
1.50	Children with Low Access to a Grocery Store	<i>percent</i>	5.2				2015		20
1.33	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	7.4	8.7	9.1		2020		12
0.92	Projected Child Food Insecurity Rate	<i>percent</i>	17.5		23.6		2021		7
0.67	Child Food Insecurity Rate	<i>percent</i>	13.8		19.6	6	2019	14.	7

SCORE	COMMUNITY	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Solo Drivers with a Long Commute	percent	47.6		38.9	37	2015-2019		6
2.67	Median Household Gross Rent	dollars	1218		104	106	2015-2019		1
2.67	Median Monthly Owner Costs for Households without a Mortgage	dollars	773		514	500	2015-2019		1
2.67	Mortgaged Owners Median Monthly Household Costs	dollars	2015		160	159	2015-2019		1
2.64	Social Associations	membership associations/ 10,000 population	5.6		7.5	9.3	2018		6
2.31	Mean Travel Time to Work	minutes	29		26.6	26.9	2015-2019		1
1.72	Workers Commuting by Public Transportation	percent	0.8	5.3	1.4	5	2015-2019	Black (1.6) White (0.6) Asian (1) AIAN (2.8) NHPI (4.2) Mult (1.4) Other (1) Hisp (1)	1
1.69	Persons with Health Insurance	percent	86.6	92.1	79.3		2019		19
1.36	Social Worker Rate	workers/ 100,000 population	69.3		82.7		2020		13
1.33	Substantiated Child Abuse Rate	cases/ 1,000 children	7.4	8.7	9.1		2020		12

1.19	Workers who Drive Alone to Work	<i>percent</i>	80.4		80.5	76. 3	2015-2019	1
1.17	Voter Turnout: Presidential Election	<i>percent</i>	63.9		58.8		2016	15
1.03	Linguistic Isolation	<i>percent</i>	3.4		7.7	4.4	2015-2019	1
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	0.7				2015	20
0.92	Female Population 16+ in Civilian Labor Force	<i>percent</i>	66.4		57.8	58. 3	2015-2019	1
0.92	Persons with an Internet Subscription	<i>percent</i>	93.3		84.2	86. 2	2015-2019	1
0.83	Households with One or More Types of Computing Devices	<i>percent</i>	97.1		91	90. 3	2015-2019	1
0.81	Total Employment Change	<i>percent</i>	4.3		2.9	1.6	2018-2019	18
0.78	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	22.9	28.3	25.7	27	2015-2019	6
0.69	Homeownership	<i>percent</i>	61.2		54.9	56. 2	2015-2019	1
0.67	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	6.7	10.1	13	11. 3	2017-2019	4
0.64	Population 16+ in Civilian Labor Force	<i>percent</i>	69.8		61	59. 6	2015-2019	1
0.53	People 25+ with a High School Degree or Higher	<i>percent</i>	92.5		83.7	88	2015-2019	1

0.50	Households with an Internet Subscription	<i>percent</i>	91.9		82.1	83	2015-2019		1
0.33	Median Housing Unit Value	<i>dollars</i>	277800		2E+05	###	2015-2019		1
0.08	Children Living Below Poverty Level	<i>percent</i>	8.4		20.9	18. 5	2015-2019	Black (14.2) White (4.4) Asian (7.4) AIAN (6) NHPI (0) Mult (7.1) Other (12.3) Hispanic (15.6)	1
0.08	Median Household Income	<i>dollars</i>	86913		61874	###	2015-2019		1
0.08	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	45.1		29.9	32. 1	2015-2019		1
0.08	Per Capita Income	<i>dollars</i>	41153		31277	###	2015-2019		1
0.08	Single-Parent Households	<i>percent</i>	17.8		26.3	25. 5	2015-2019		1
0.06	People Living Below Poverty Level	<i>percent</i>	7.6	8	14.7	13. 4	2015-2019	Black (11.2) White (5.5) Asian (7.9) AIAN (8.7) NHPI (15.4) Mult (8.2) Other (10.8) Hispanic (12.6)	1

SCORE	DIABETES	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREME NT PERIOD	HIGH DISPARITY*	Sour ce
1.75	Age-Adjusted ER Rate due to Diabetes	<i>ER visits/ 10,000 population 18+ years</i>	19.1		9.4		2017-2019		16
1.75	Age-Adjusted ER Rate due to Type 2 Diabetes	<i>ER visits/ 10,000 population 18+ years</i>	17		8.6		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Diabetes	<i>hospitalizations/ 10,000 population 18+ years</i>	13.9		5.3		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	<i>hospitalizations/ 10,000 population 18+ years</i>	10.3		4		2017-2019		16
0.83	Diabetes: Medicare Population	<i>percent</i>	25.2		28.8	27	2018		5
0.36	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	15.6		22	21.5	2017-2019		4

SCORE	ECONOMY	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREME NT PERIOD	HIGH DISPARITY*	Sour ce
2.67	Median Household Gross Rent	dollars	1218		1045	1062	2015-2019		1
2.67	Median Monthly Owner Costs for Households without a Mortgage	dollars	773		514	500	2015-2019		1
2.67	Mortgaged Owners Median Monthly Household Costs	dollars	2015		1606	1595	2015-2019		1
2.50	Food Insecure Children Likely Ineligible for Assistance	percent	53		34	23	2019		7
2.00	WIC Certified Stores	stores/ 1,000 population	0.1				2016		20
1.86	SNAP Certified Stores	stores/ 1,000 population	0.3				2017		20
1.64	Renters Spending 30% or More of Household Income on Rent	percent	45.3		47.8	49.6	2015-2019		1
1.17	Low-Income and Low Access to a Grocery Store	percent	4.3				2015		20
1.14	Students Eligible for the Free Lunch Program	percent	27.7				2019-2020		10
1.00	Food Insecurity Rate	percent	11.3		14.1	10.9	2019		7

1.00	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	68.2	56		2018	22
1.00	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	24.5	30		2018	22
1.00	Households that are Below the Federal Poverty Level	<i>percent</i>	7.3	14		2018	22
0.92	Female Population 16+ in Civilian Labor Force	<i>percent</i>	66.4	57.8	58.3	2015-2019	1
0.92	Projected Child Food Insecurity Rate	<i>percent</i>	17.5	23.6		2021	7
0.92	Projected Food Insecurity Rate	<i>percent</i>	13.5	16.5		2021	7
0.86	Overcrowded Households	<i>percent of households</i>	2.3	4.8		2015-2019	1
0.86	Severe Housing Problems	<i>percent</i>	13.7	17.4	18	2013-2017	6
0.81	Total Employment Change	<i>percent</i>	4.3	2.9	1.6	2018-2019	18
0.69	Homeownership	<i>percent</i>	61.2	54.9	56.2	2015-2019	1
0.69	Unemployed Workers in Civilian Labor Force	<i>percent</i>	5.2	6.7	6.1	Jun-21	17
0.67	Child Food Insecurity Rate	<i>percent</i>	13.8	19.6	14.6	2019	7

								Black (6.1) White (4.6) Asian (5.5) AIAN (9.7) NHPI (0) Mult (1.8) Other (11.4) Hisp (7.9)	
0.64	People 65+ Living Below Poverty Level	<i>percent</i>	5.1	10.6	9.3	2015-2019			1
0.64	Population 16+ in Civilian Labor Force	<i>percent</i>	69.8	61	6	2015-2019	59.		1
0.50	Mortgaged Owners Spending 30% or More of Household Income on Housing	<i>percent</i>	23.5	26.5	5	2019	26.		1
0.36	Households with Cash Public Assistance Income	<i>percent</i>	0.9	1.4	2.4	2015-2019			1
0.33	Median Housing Unit Value	<i>dollars</i>	277800	2E+ 05	### #	2015-2019			1
0.08	Children Living Below Poverty Level	<i>percent</i>	8.4	20.9	5	2015-2019	18.	Black (14.2) White (4.4) Asian (7.4) AIAN (6) NHPI (0) Mult (7.1) Other (12.3) Hisp (15.6)	1

0.08	Families Living Below Poverty Level	<i>percent</i>	4.6		11.3	9.5	2015-2019	Black (7.8) White (2.8) Asian (4.9) AIAN (10.5) NHPI (0) Mult (7.2) Other (8.2) Hispanic (10.1)	1
0.08	Median Household Income	<i>dollars</i>	86913		618	###	2015-2019		1
0.08	People Living 200% Above Poverty Level	<i>percent</i>	80.7		65.7	69. 1	2015-2019		1
0.08	Per Capita Income	<i>dollars</i>	41153		312	###	2015-2019		1
0.08	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	13.6		23.2	26. 1	2015-2019		1
0.06	People Living Below Poverty Level	<i>percent</i>	7.6	8	14.7	13. 4	2015-2019	Black (11.2) White (5.5) Asian (7.9) AIAN (8.7) NHPI (15.4) Mult (8.2) Other (10.8) Hispanic (12.6)	1

SCORE	EDUCATION	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREME NT PERIOD	HIGH DISPARITY*	Source
1.69	Student-to-Teacher Ratio	<i>students/ teacher</i>	14.5				2019-2020		10
1.67	High School Drop Out Rate	<i>percent</i>	2.2		1.9		2019	Black (2.8) White (1.3) Asian (1.5) AIAN (5.5) PI (0) Mult (2.8) Hisp (3.9)	14
0.61	Infants Born to Mothers with <12 Years Education	<i>percent</i>	8.4		17.4	13.3	2017	Black (4.1) White (2.4) Other (5.6) Hisp (24.2)	13
0.53	People 25+ with a High School Degree or Higher	<i>percent</i>	92.5		83.7	88	2015-2019		1
0.08	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	45.1		29.9	32.1	2015-2019		1

SCORE	ENVIRONMENTAL HEALTH	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREME NT PERIOD	HIGH DISPARITY*	Source
2.19	Asthma: Medicare Population	percent	5.4		4.9	5	2018		5
2.00	Grocery Store Density	stores/ 1,000 population	0.1				2016		20
2.00	WIC Certified Stores	stores/ 1,000 population	0.1				2016		20
1.86	SNAP Certified Stores	stores/ 1,000 population	0.3				2017		20
1.81	Fast Food Restaurant Density	restaurants/ 1,000 population	0.7				2016		20
1.75	Annual Ozone Air Quality	Grade	F				2017-2019		2
1.64	Number of Extreme Precipitation Days	days	38				2016		11
1.50	Children with Low Access to a Grocery Store	percent	5.2				2015		20
1.50	Farmers Market Density	markets/ 1,000 population	0				2018		20
1.36	Months of Mild Drought or Worse	months per year	5				2016		11
1.36	Number of Extreme Heat Events	events	1				2016		11
1.36	Recognized Carcinogens Released into Air	pounds	26.4				2019		21
1.33	People with Low Access to a Grocery Store	percent	18.6				2015		20

1.17	Daily Dose of UV Irradiance	<i>Joule per square meter</i>	3277	353 8	2015	11
1.17	Low-Income and Low Access to a Grocery Store	<i>percent</i>	4.3		2015	20
1.17	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1		2016	20
1.08	Number of Extreme Heat Days	<i>days</i>	2		2016	11
1.08	PBT Released	<i>pounds</i>	137.2		2019	21
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	0.7		2015	20
1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	1.4		2015	20
0.92	Adults with Current Asthma	<i>percent</i>	8.5	9.2	2018	3
0.92	Liquor Store Density	<i>stores/ 100,000 population</i>	6.9	6.9 10. 5	2019	18
0.86	Overcrowded Households	<i>percent of households</i>	2.3	4.8	2015-2019	1
0.86	Severe Housing Problems	<i>percent</i>	13.7	17.4 18	2013-2017	6
0.53	Food Environment Index		8.2	5.9 7.8	2021	6
0.50	Access to Exercise Opportunities	<i>percent</i>	94.5	80.5 84	2020	6

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEAS. PERIOD	HIGH DISPARITY*	Source
2.00	Primary Care Provider Rate	providers/ 100,000 population	54		60.9		2018		6
1.92	Adults who have had a Routine Checkup	percent	73.6			76.7	2018		3
1.75	Adults without Health Insurance	percent	18.8			12.2	2018		3
1.69	Persons with Health Insurance	percent	86.6	92.1	79.3		2019		19
1.50	Children with Health Insurance	percent	90.3		87.3	94.3	2019		1
1.36	Social Worker Rate	workers/ 100,000 population	69.3		82.7		2020		13
1.33	Adults with Health Insurance	percent	85.7		75.5	87.1	2019		1
1.33	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	67.9		88.6		2020		6
1.25	Adults who Visited a Dentist	percent	66.3			66.5	2018		3
0.83	Dentist Rate	dentists/ 100,000 population	57.6		59.6		2019		6
0.83	Mental Health Provider Rate	providers/ 100,000 population	118.6		120.9		2020		6
SCORE	HEART DISEASE & STROKE	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.47	Hyperlipidemia: Medicare Population	percent	53.3		49.5	47.7	2018		5

2.08	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	71.9			75.8	2017	3
1.92	Hypertension: Medicare Population	<i>percent</i>	59.3	59.9		57.2	2018	5
1.81	Atrial Fibrillation: Medicare Population	<i>percent</i>	8.4	7.8	8.4		2018	5
1.75	Age-Adjusted ER Rate due to Hypertension	<i>ER visits/ 10,000 population 18+ years</i>	27.4		10.5		2017-2019	16
1.75	Age-Adjusted Hospitalization Rate due to Hypertension	<i>hospitalizations/ 10,000 population 18+ years</i>	0.6		0.1		2017-2019	16
1.36	Stroke: Medicare Population	<i>percent</i>	3.9	4.2	3.8		2018	5
1.11	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	37.2	33.4	40.2	37.2	2017-2019	4
1.00	Ischemic Heart Disease: Medicare Population	<i>percent</i>	26.3		29	26.8	2018	5
0.94	High Blood Pressure Prevalence	<i>percent</i>	29.7	27.7		32.4	2017	3
0.92	Cholesterol Test History	<i>percent</i>	81.9			81.5	2017	3
0.92	High Cholesterol Prevalence: Adults 18+	<i>percent</i>	31.9			34.1	2017	3
0.75	Adults who Experienced a Stroke	<i>percent</i>	2.4			3.4	2018	3

0.75	Adults who Experienced Coronary Heart Disease	<i>percent</i>	5.1		6.8		2018		3
0.58	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	41.9		70.1		2018		11
0.36	Heart Failure: Medicare Population	<i>percent</i>	12.2		15.6	14	2018		5
0.28	Age-Adjusted Death Rate due to Coronary Heart Disease	<i>deaths/ 100,000 population</i>	61.1	71.1	93	90.5	2017-2019		4

SCOR E	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	DENTON COUNTY	HP203 0	TX	U.S.	MEASUREME NT PERIOD	HIGH DISPARITY*	Source
1.75	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	<i>hospitalizations/ 10,000 population 18+ years</i>	0.2		0.1		2017-2019		16
1.64	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	10.4		15.7		2018		13
1.42	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	2.5	1.4	4.3		2015-2019		13
1.14	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	0.7		3	1.6	17-Sep-21		8
1.08	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	2.6		8.8	10.8	2018		13
1.06	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	89.9		163.6	179	2018		13

0.97	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	49.3	59.9	2	17-Sep-21	8	
0.92	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	279	508.	2	540	2018	13
0.86	Overcrowded Households	<i>percent of households</i>	2.3	4.8		2015-2019	1	
0.33	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	9.5	11.8	8	13.	2017-2019	4

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREME NT PERIOD	HIGH DISPARITY*	Source	
1.72	Babies with Very Low Birth Weight	<i>percent</i>	1.4			1.4	2015	Black (3.69989722) White (1.32068452) Hispanic (1.09135004)	13	
1.56	Babies with Low Birth Weight	<i>percent</i>	7.9		8.2	8.1	2015		13	
1.28	Mothers who Received Early Prenatal Care	<i>percent</i>	67.4		60.5	77.	3	2017	13	
1.03	Preterm Births	<i>percent</i>	9.8	9.4	12.2			2017	13	
0.94	Teen Births	<i>percent</i>	0.9		2.1	3.1		2017	Black (1) White (0.4) Other (0) Hispanic (2.3)	13
0.61	Infants Born to Mothers with <12 Years Education	<i>percent</i>	8.4		17.4	13.	3	2017	Black (4.1) White (2.4) Other (5.6) Hispanic (24.2)	13

0.53	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	3.5	5	5.6	5.9	2015	13	
SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.97	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	12.2		12.6	10.8	2018	5	
1.83	Depression: Medicare Population	<i>percent</i>	18.9		18.2	18.4	2018	5	
1.25	Age-Adjusted ER Rate due to Adult Mental Health	<i>ER visits/ 10,000 population 18+ years</i>	3.3		8.9		2017-2019	16	
1.25	Age-Adjusted Hospitalization Rate due to Adult Mental Health	<i>hospitalizations/ 10,000 population 18+ years</i>	0.8		1.7		2017-2019	16	
1.14	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	11.9	12.8	13.5	14.1	2017-2019	4	
0.92	Poor Mental Health: 14+ Days	<i>percent</i>	11.8			12.7	2018	3	
0.83	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	118.6		120.9		2020	6	
0.67	Frequent Mental Distress	<i>percent</i>	11.6		11.6	13	2018	6	
SCORE	OLDER ADULTS	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.75	Osteoporosis: Medicare Population	<i>percent</i>	7.3		6.8	6.6	2018	5	

2.47	Cancer: Medicare Population	<i>percent</i>	8.4	7.6	8.4	2018	5
2.47	Hyperlipidemia: Medicare Population	<i>percent</i>	53.3	49.5	47.7	2018	5
2.19	Asthma: Medicare Population	<i>percent</i>	5.4	4.9	5	2018	5
2.08	Chronic Kidney Disease: Medicare Population	<i>percent</i>	24.9	26.7	24.5	2018	5
2.08	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	35.3	34.2	33.5	2018	5
1.97	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	12.2	12.6	10.8	2018	5
1.92	Hypertension: Medicare Population	<i>percent</i>	59.3	59.9	57.2	2018	5
1.83	Colon Cancer Screening	<i>percent</i>	60.6	74.4	66.4	2018	3
1.83	Depression: Medicare Population	<i>percent</i>	18.9	18.2	18.4	2018	5
1.81	Atrial Fibrillation: Medicare Population	<i>percent</i>	8.4	7.8	8.4	2018	5
1.58	Adults 65+ who Received Recommended Preventive Services: Males	<i>percent</i>	29		32.4	2018	3
1.36	Stroke: Medicare Population	<i>percent</i>	3.9	4.2	3.8	2018	5

1.25	Adults 65+ who Received Recommended Preventive Services: Females	<i>percent</i>	29.5		28.4	2018		3
1.00	Ischemic Heart Disease: Medicare Population	<i>percent</i>	26.3	29	26.8	2018		5
1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	1.4			2015		20
0.83	Diabetes: Medicare Population	<i>percent</i>	25.2	28.8	27	2018		5
0.75	Adults 65+ with Total Tooth Loss	<i>percent</i>	9.6		13.5	2018		3
0.75	Adults with Arthritis	<i>percent</i>	20.8		25.8	2018		3
0.64	People 65+ Living Below Poverty Level	<i>percent</i>	5.1	10.6	9.3	2015-2019	Black (6.1) White (4.6) Asian (5.5) AIAN (9.7) NHPI (0) Mult (1.8) Other (11.4) Hisp (7.9)	1
0.36	Heart Failure: Medicare Population	<i>percent</i>	12.2	15.6	14	2018		5
0.25	COPD: Medicare Population	<i>percent</i>	10.1	11.2	11.5	2018		5

SCORE	ORAL HEALTH	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Age-Adjusted ER Rate due to Dental Problems	<i>ER visits/ 10,000 population</i>	25		11.1		2017-2019		16
1.50	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	10.9		11	11.8	2013-2017		9
1.25	Adults who Visited a Dentist	<i>percent</i>	66.3			66.5	2018		3
0.83	Dentist Rate	<i>dentists/ 100,000 population</i>	57.6		59.6		2019		6
0.75	Adults 65+ with Total Tooth Loss	<i>percent</i>	9.6			13.5	2018		3

SCORE	OTHER CONDITIONS	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.75	Osteoporosis: Medicare Population	<i>percent</i>	7.3		6.8	6.6	2018		5
2.08	Chronic Kidney Disease: Medicare Population	<i>percent</i>	24.9		26.7	24.5	2018		5
2.08	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	35.3		34.2	33.5	2018		5
0.75	Adults with Arthritis	<i>percent</i>	20.8			25.8	2018		3
0.75	Adults with Kidney Disease	<i>Percent of adults</i>	2.3			3.1	2018		3

SCORE	PHYSICAL ACTIVITY	UNITS	DENTON COUNTY	HP2030 TX U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.00	Grocery Store Density	stores/ 1,000 population	0.1		2016		20
2.00	WIC Certified Stores	stores/ 1,000 population	0.1		2016		20
1.86	SNAP Certified Stores	stores/ 1,000 population	0.3		2017		20
1.81	Fast Food Restaurant Density	restaurants/ 1,000 population	0.7		2016		20
1.50	Children with Low Access to a Grocery Store	percent	5.2		2015		20
1.50	Farmers Market Density	markets/ 1,000 population	0		2018		20
1.33	People with Low Access to a Grocery Store	percent	18.6		2015		20
1.17	Low-Income and Low Access to a Grocery Store	percent	4.3		2015		20
1.17	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1		2016		20
1.00	Households with No Car and Low Access to a Grocery Store	percent	0.7		2015		20
1.00	People 65+ with Low Access to a Grocery Store	percent	1.4		2015		20
0.53	Food Environment Index		8.2	5.9 7.8	2021		6

0.50	Access to Exercise Opportunities	<i>percent</i>	94.5	80.5	84	2020		6	
SCORE	PREVENTION & SAFETY	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
0.86	Severe Housing Problems	<i>percent</i>	13.7		17.4	18	2013-2017		6
0.61	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	7.5		10.6	21	2017-2019		6
0.56	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	26.6	43.2	38.7	48.9	2017-2019		4
SCORE	RESPIRATORY DISEASES	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.19	Asthma: Medicare Population	<i>percent</i>	5.4		4.9	5	2018		5
1.75	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	<i>hospitalizations/ 10,000 population 18+ years</i>	0.2		0.1		2017-2019		16
1.42	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	2.5	1.4	4.3		2015-2019		13
1.14	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	0.7		3	1.6	17-Sep-21		8
0.97	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	49.3		59.9	59.2	17-Sep-21		8

0.92	Adults with Current Asthma	<i>percent</i>	8.5			9.2	2018	3
0.83	Adults who Smoke	<i>percent</i>	13.8	5		15.5	2018	3
0.75	Adults with COPD	<i>Percent of adults</i>	5.1			6.9	2018	3
0.33	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	9.5		11.8	13.8	2017-2019	4
0.33	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	30.8	25.1	34.1	38.5	2013-2017	9
0.25	COPD: Medicare Population	<i>percent</i>	10.1		11.2	11.5	2018	5
0.25	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	46.7		50.6	58.3	2013-2017	9

SEXUALLY

SCORE	TRANSMITTED INFECTIONS	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREME NT PERIOD	HIGH DISPARITY*	Source
1.64	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	10.4		15.7		2018		13
1.08	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	2.6		8.8	10.8	2018		13
1.06	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	89.9		163.6	179	2018		13
0.92	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	279		508.2	540	2018		13

SCORE	WELLNESS & LIFESTYLE	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREME NT PERIOD	HIGH DISPARITY*	Source
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0.94	High Blood Pressure Prevalence	<i>percent</i>	29.7	27.7	32.4	2017	3
0.86	Insufficient Sleep	<i>percent</i>	33.5	31.4	34.4	2018	6
0.75	Poor Physical Health: 14+ Days	<i>percent</i>	10		12.5	2018	3
0.67	Frequent Physical Distress	<i>percent</i>	10		11.6	2018	6

SCORE	WOMEN'S HEALTH	UNITS	DENTON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.31	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	127		112.8	126	2013-2017		9
1.28	Cervical Cancer Screening: 21-65	<i>Percent</i>	84	84.3		84.7	2018		3
0.94	Mammogram in Past 2 Years: 50-74	<i>percent</i>	74.8	77.1		74.8	2018		3
0.89	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	6.1		9.2	7.6	2013-2017		9
0.69	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	17.5	15.3	19.8	20.1	2013-2017		9

Denton County Sources

Key	Source Title
1	American Community Survey
2	American Lung Association
3	CDC - PLACES
4	Centers for Disease Control and Prevention
5	Centers for Medicare & Medicaid Services
6	County Health Rankings
7	Feeding America
8	Healthy Communities Institute
9	National Cancer Institute
10	National Center for Education Statistics
11	National Environmental Public Health Tracking Network
12	Texas Department of Family and Protective Services
13	Texas Department of State Health Services
14	Texas Education Agency
15	Texas Secretary of State DFWHC Foundation Regional Data, Q1-Q4, 2017-2019.
16	DFWHC Foundation, Irving Texas. October 15, 2021
17	U.S. Bureau of Labor Statistics
18	U.S. Census - County Business Patterns
19	U.S. Census Bureau - Small Area Health Insurance Estimates
20	U.S. Department of Agriculture - Food Environment Atlas
21	U.S. Environmental Protection Agency
22	United For ALICE

Denton County Topic Scores

Health and Quality of Life Topics	Score
Other Conditions	1.68
Older Adults	1.51
Health Care Access & Quality	1.44

Children's Health	1.40
Diabetes	1.37
Physical Activity	1.34
Environmental Health	1.30
Alcohol & Drug Use	1.28
Mental Health & Mental Disorders	1.23
Women's Health	1.22
Heart Disease & Stroke	1.22
Oral Health	1.22
Sexually Transmitted Infections	1.18
Immunizations & Infectious Diseases	1.12
Community	1.11
Maternal, Fetal & Infant Health	1.10
Cancer	1.05
Economy	0.96
Respiratory Diseases	0.93
Education	0.92
Wellness & Lifestyle	0.81
Prevention & Safety	0.68

Wise County Indicator Scores

SCORE	ALCOHOL & DRUG USE	UNITS	WISE COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Adults who Binge Drink	percent	16.8			16.4	2018		2

1.75	Age-Adjusted ER Rate due to Opioid Use	<i>ER visits/ 10,000 population 18+ years</i>	1.2		0.7		2017-2019	15
1.50	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	<i>Deaths per 100,000 population</i>	15.7		12.1	22.8	2017-2019	3
1.25	Age-Adjusted ER Rate due to Substance Use	<i>ER visits/ 10,000 population 18+ years</i>	8.5		20.6		2017-2019	15
1.25	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	13.2		10.6	21	2017-2019	5
1.00	Liquor Store Density	<i>stores/ 100,000 population</i>	8.6		6.9	10.5	2019	17
0.94	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	24.2	28.3	25.7	27	2015-2019	5

SCOR E	CANCER	UNITS	WISE COUNTY	HP203 0	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.75	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	72.1		50.6	58.3	2013-2017		8
2.72	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	55.1	25.1	34.1	38.5	2013-2017		8
2.58	Cancer: Medicare Population	<i>percent</i>	8.4		7.6	8.4	2018		4

2.56	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	181.4	122.7	148.8	155.5	2013-2017	8
2.47	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	28.5	15.3	19.8	20.1	2013-2017	8
2.11	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	16.5	8.9	13.9	13.7	2013-2017	8
2.03	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	43.7		37.6	38.4	2013-2017	8
1.94	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	14.1		11	11.8	2013-2017	8
1.92	All Cancer Incidence Rate	<i>cases/ 100,000 population</i>	431.4		407.7	448.7	2013-2017	8
1.61	Mammogram in Past 2 Years: 50-74	<i>percent</i>	69.7	77.1		74.8	2018	2
1.50	Colon Cancer Screening	<i>percent</i>	62.3	74.4		66.4	2018	2
1.44	Cervical Cancer Screening: 21-65	<i>Percent</i>	82.2	84.3		84.7	2018	2
1.25	Adults with Cancer	<i>percent</i>	7.2			6.9	2018	2
1.03	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	18.5	16.9	17.6	19	2013-2017	8

0.69	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	103.2		112.8	125.9	2013-2017	8
0.36	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	71.8		94	104.5	2013-2017	8

SCORE	CHILDREN'S HEALTH	UNITS	WISE COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.17	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	35		34	23	2019		6
2.06	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	14.6	8.7	9.1		2020		11
1.83	Child Food Insecurity Rate	<i>percent</i>	19.8		19.6	14.6	2019		6
1.83	Children with Health Insurance	<i>percent</i>	84.6		87.3	94.3	2019		1
1.75	Projected Child Food Insecurity Rate	<i>percent</i>	23.7		23.6		2021		6
1.00	Children with Low Access to a Grocery Store	<i>percent</i>	1.6				2015		19

SCORE	COMMUNITY	UNITS	WISE COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	Mean Travel Time to Work	<i>minutes</i>	32.2		26.6	26.9	2015-2019		1
2.64	Solo Drivers with a Long Commute	<i>percent</i>	48.4		38.9	37	2015-2019		5

2.47	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	30.3	10.1	13	11.3	2017-2019	3
2.25	Female Population 16+ in Civilian Labor Force	<i>percent</i>	52.3		57.8	58.3	2015-2019	1
2.06	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	14.6	8.7	9.1		2020	11
2.00	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	488		514	500	2015-2019	1
2.00	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1544		1606	1595	2015-2019	1
1.97	Persons with Health Insurance	<i>percent</i>	78.4	92.1	79.3		2019	18
1.97	Workers who Drive Alone to Work	<i>percent</i>	82.3		80.5	76.3	2015-2019	1
1.94	Workers Commuting by Public Transportation	<i>percent</i>	0.2	5.3	1.4	5	2015-2019	Black (0) White (0.2) Asian (0) AIAN (0) NHPI (0) Mult (0) Other (3.1) Hisp (0.3) 1

1.75	Social Associations	<i>membership associations/ 10,000 population</i>	10	7.5	9.3	2018	5
1.72	Median Household Gross Rent	<i>dollars</i>	966	1045	1062	2015-2019	1
1.64	Linguistic Isolation	<i>percent</i>	4.3	7.7	4.4	2015-2019	1
1.64	Population 16+ in Civilian Labor Force	<i>percent</i>	58	61	59.6	2015-2019	1
1.58	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	18	29.9	32.1	2015-2019	1
1.58	Persons with an Internet Subscription	<i>percent</i>	80.9	84.2	86.2	2015-2019	1
1.50	Households with an Internet Subscription	<i>percent</i>	77.9	82.1	83	2015-2019	1
1.25	Social Worker Rate	<i>workers/ 100,000 population</i>	54.7	82.7		2020	12
1.19	Voter Turnout: Presidential Election	<i>percent</i>	63.3	58.8		2016	14
1.17	Median Housing Unit Value	<i>dollars</i>	170300	172500	217500	2015-2019	1
1.08	People 25+ with a High School Degree or Higher	<i>percent</i>	85.3	83.7	88	2015-2019	1

1.08	Per Capita Income	<i>dollars</i>	29418		31277	34103	2015-2019	1
1.03	Total Employment Change	<i>percent</i>	2.6		2.9	1.6	2018-2019	17
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.4				2015	19
0.94	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	24.2	28.3	25.7	27	2015-2019	5
0.83	Households with One or More Types of Computing Devices	<i>percent</i>	91.2		91	90.3	2015-2019	1
0.69	Children Living Below Poverty Level	<i>percent</i>	16.3		20.9	18.5	2015-2019	Black (4.5) White (11.6) Asian (0) AIAN (0) NHPI (0) Mult (4.9) Other (0.9) Hispan (29.7) 1
0.61	People Living Below Poverty Level	<i>percent</i>	10.7	8	14.7	13.4	2015-2019	1

0.42	Median Household Income	<i>dollars</i>	64536	61874	62843	2015-2019	1
0.36	Homeownership	<i>percent</i>	70.3	54.9	56.2	2015-2019	1
0.36	Single-Parent Households	<i>percent</i>	17.1	26.3	25.5	2015-2019	1

SCORE	DIABETES	UNITS	WISE COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.97	Diabetes: Medicare Population	<i>percent</i>	28.8		28.8	27	2018		4
1.75	Age-Adjusted ER Rate due to Diabetes	<i>ER visits/ 10,000 population 18+ years</i>	21.2		9.4		2017-2019		15
1.75	Age-Adjusted ER Rate due to Type 2 Diabetes	<i>ER visits/ 10,000 population 18+ years</i>	19.4		8.6		2017-2019		15
1.75	Age-Adjusted Hospitalization Rate due to Diabetes	<i>hospitalizations/ 10,000 population 18+ years</i>	11.7		5.3		2017-2019		15
1.75	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	<i>hospitalizations/ 10,000 population 18+ years</i>	7.5		4		2017-2019		15
0.64	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	18.4		22	21.5	2017-2019		3

SCORE	ECONOMY	UNITS	WISE COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.25	Female Population 16+ in Civilian Labor Force	percent	52.3		57.8	58.3	2015-2019		1
2.25	Mortgaged Owners Spending 30% or More of Household Income on Housing	percent	32		26.5	26.5	2019		1
2.17	Food Insecure Children Likely Ineligible for Assistance	percent	35		34	23	2019		6
2.00	Median Monthly Owner Costs for Households without a Mortgage	dollars	488		514	500	2015-2019		1
2.00	Mortgaged Owners Median Monthly Household Costs	dollars	1544		1606	1595	2015-2019		1
1.86	SNAP Certified Stores	stores/ 1,000 population	0.6				2017		19
1.83	Child Food Insecurity Rate	percent	19.8		19.6	14.6	2019		6
1.83	Food Insecurity Rate	percent	14.4		14.1	10.9	2019		6

1.75	Projected Child Food Insecurity Rate	<i>percent</i>	23.7	23.6		2021	6
1.72	Median Household Gross Rent	<i>dollars</i>	966	1045	1062	2015-2019	1
1.67	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	33	30		2018	21
1.64	Population 16+ in Civilian Labor Force	<i>percent</i>	58	61	59.6	2015-2019	1
1.58	Projected Food Insecurity Rate	<i>percent</i>	16.7	16.5		2021	6
1.50	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1			2016	19
1.47	Overcrowded Households	<i>percent of households</i>	3.9	4.8		2015-2019	1
1.42	Severe Housing Problems	<i>percent</i>	13.5	17.4	18	2013-2017	5
1.33	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	56	56		2018	21

1.31	Students Eligible for the Free Lunch Program	<i>percent</i>	39.8				2019-2020	9
1.17	Median Housing Unit Value	<i>dollars</i>	170300	17250 0	21750 0		2015-2019	1
1.17	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	44.4	47.8	49.6		2015-2019	1
1.08	Per Capita Income	<i>dollars</i>	29418	31277	34103		2015-2019	1
1.03	Total Employment Change	<i>percent</i>	2.6	2.9	1.6		2018-2019	17
1.03	Unemployed Workers in Civilian Labor Force	<i>percent</i>	5.9	6.7	6.1	Jun-21		16
1.00	Households that are Below the Federal Poverty Level	<i>percent</i>	11	14			2018	21
1.00	Low-Income and Low Access to a Grocery Store	<i>percent</i>	1.8				2015	19

0.69	Children Living Below Poverty Level	<i>percent</i>	16.3		20.9	18.5	2015-2019	Black (4.5) White (11.6) Asian (0) AIAN (0) NHPI (0) Mult (4.9) Other (0.9) Hisp (29.7)	1
0.69	Households with Cash Public Assistance Income	<i>percent</i>	1.3		1.4	2.4	2015-2019		1
0.61	People Living Below Poverty Level	<i>percent</i>	10.7	8	14.7	13.4	2015-2019		1
0.58	People Living 200% Above Poverty Level	<i>percent</i>	70		65.7	69.1	2015-2019		1
0.53	Families Living Below Poverty Level	<i>percent</i>	8.2		11.3	9.5	2015-2019	Black (7.5) White (6) Asian (0) AIAN (1.7) NHPI (0) Mult (2.2) Other (0.7) Hisp (20.1)	1
0.42	Median Household Income	<i>dollars</i>	64536		61874	62843	2015-2019		1
0.36	Homeownership	<i>percent</i>	70.3		54.9	56.2	2015-2019		1

0.36	People 65+ Living Below Poverty Level	<i>percent</i>	7	10.6	9.3	2015-2019	1
0.36	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	10.2	23.2	26.1	2015-2019	1

SCORE	EDUCATION	UNITS	WISE COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.25	High School Drop Out Rate	<i>percent</i>	3.3		1.9		2019	Black (0) White (2.9) Asian (0) AIAN (0) PI (0) Mult (0) Hispanic (4.5)	13
1.58	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	18		29.9	32.1	2015-2019		1
1.36	Student-to-Teacher Ratio	<i>students/ teacher</i>	13.2				2019-2020		9
1.08	People 25+ with a High School Degree or Higher	<i>percent</i>	85.3		83.7	88	2015-2019		1
0.50	Infants Born to Mothers with <12 Years Education	<i>percent</i>	12.8		17.4	13.3	2017	White (7) Other (0) Hispanic (29)	12

SCORE	ENVIRONMENTAL HEALTH	UNITS	WISE COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
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2.50	Access to Exercise Opportunities	<i>percent</i>	38.4	80.5	84	2020	5
2.33	Asthma: Medicare Population	<i>percent</i>	5.4	4.9	5	2018	4
1.86	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.6			2017	19
1.81	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0			2016	19
1.64	Number of Extreme Precipitation Days	<i>days</i>	43			2016	10
1.58	Adults with Current Asthma	<i>percent</i>	9.3		9.2	2018	2
1.50	Farmers Market Density	<i>markets/ 1,000 population</i>	0			2018	19
1.50	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.6			2016	19
1.50	Grocery Store Density	<i>stores/ 1,000 population</i>	0.2			2016	19
1.50	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1			2016	19
1.47	Overcrowded Households	<i>percent of households</i>	3.9	4.8		2015-2019	1
1.42	Severe Housing Problems	<i>percent</i>	13.5	17.4	18	2013-2017	5
1.36	Months of Mild Drought or Worse	<i>months per year</i>	3			2016	10

1.36	PBT Released	pounds	0				2019		20
1.36	Recognized Carcinogens Released into Air	pounds	2243				2019		20
1.00	Children with Low Access to a Grocery Store	percent	1.6				2015		19
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.4				2015		19
1.00	Liquor Store Density	stores/ 100,000 population	8.6	6.9	10.5		2019		17
1.00	Low-Income and Low Access to a Grocery Store	percent	1.8				2015		19
1.00	People 65+ with Low Access to a Grocery Store	percent	0.8				2015		19
1.00	People with Low Access to a Grocery Store	percent	6				2015		19
0.97	Food Environment Index		7.8	5.9	7.8		2021		5
0.75	Daily Dose of UV Irradiance	Joule per square meter	3294	3538			2015		10

SCOR	HEALTH CARE			HP203		MEASUREMEN	HIGH	Sour
E	ACCESS & QUALITY	UNITS	WISE COUNTY	0	TX	T PERIOD	DISPARITY*	ce

2.17	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	39.5		60.9		2018	5
2.06	Dentist Rate	<i>dentists/ 100,000 population</i>	27.2		59.6		2019	5
1.97	Persons with Health Insurance	<i>percent</i>	78.4	92.1	79.3		2019	18
1.92	Adults who have had a Routine Checkup	<i>percent</i>	73.4		76.7		2018	2
1.83	Adults with Health Insurance	<i>percent</i>	74.6		75.5	87.1	2019	1
1.83	Children with Health Insurance	<i>percent</i>	84.6		87.3	94.3	2019	1
1.75	Adults who Visited a Dentist	<i>percent</i>	56.8		66.5		2018	2
1.75	Adults without Health Insurance	<i>percent</i>	22.7		12.2		2018	2
1.67	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	30		120.9		2020	5
1.33	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	75.7		88.6		2020	5
1.25	Social Worker Rate	<i>workers/ 100,000 population</i>	54.7		82.7		2020	12

SCOR E	HEART DISEASE & STROKE	UNITS	WISE COUNTY	HP203 0	TX	U.S.	MEASUREMEN T PERIOD	HIGH DISPARITY*	Sour ce
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2.92	Hypertension: Medicare Population	<i>percent</i>	66.4	59.9	57.2	2018	4	
2.64	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.6	7.8	8.4	2018	4	
2.64	Stroke: Medicare Population	<i>percent</i>	5.6	4.2	3.8	2018	4	
2.50	Ischemic Heart Disease: Medicare Population	<i>percent</i>	34.4	29	26.8	2018	4	
2.47	Heart Failure: Medicare Population	<i>percent</i>	18.2	15.6	14	2018	4	
2.31	Hyperlipidemia: Medicare Population	<i>percent</i>	51.5	49.5	47.7	2018	4	
1.94	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	42.9	33.4	40.2	37.2	2017-2019	3
1.92	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	75.2		75.8	2017	2	
1.75	Age-Adjusted ER Rate due to Hypertension	<i>ER visits/ 10,000 population 18+ years</i>	19.7	10.5		2017-2019	15	

1.75	Age-Adjusted Hospitalization Rate due to Hypertension	<i>hospitalizations/ 10,000 population 18+ years</i>	1.2		0.3		2016-2018	15
1.72	Age-Adjusted Death Rate due to Coronary Heart Disease	<i>deaths/ 100,000 population</i>	94.6	71.1	93	90.5	2017-2019	3
1.67	High Blood Pressure Prevalence	<i>percent</i>	36.3	27.7		32.4	2017	2
1.58	Adults who Experienced Coronary Heart Disease	<i>percent</i>	7.9			6.8	2018	2
1.42	Cholesterol Test History	<i>percent</i>	80.4			81.5	2017	2
1.42	High Cholesterol Prevalence: Adults 18+	<i>percent</i>	36.6			34.1	2017	2
1.25	Adults who Experienced a Stroke	<i>percent</i>	3.6			3.4	2018	2
0.86	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	45.2		70.1		2018	10

SCOR E **IMMUNIZATIONS & INFECTIOUS DISEASES**

UNITS **WISE COUNTY** **HP203 0** **TX** **U.S.** **MEASUREMEN T PERIOD** **HIGH DISPARITY*** **Sour ce**

1.67	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	1.8		3	1.6	17-Sep-21		7
1.50	COVID-19 Daily Average Incidence Rate	cases per 100,000 population	58.3		59.9	59.2	17-Sep-21		7
1.47	Overcrowded Households	percent of households	3.9		4.8		2015-2019		1
1.22	Syphilis Incidence Rate	cases/ 100,000 population	2.9		8.8	10.8	2018		12
1.08	Tuberculosis Incidence Rate	cases/ 100,000 population	0.9	1.4	4.3		2015-2019		12
0.86	HIV Diagnosis Rate	cases/ 100,000 population	0		15.7		2018		12
0.75	Chlamydia Incidence Rate	cases/ 100,000 population	161		508.2	539.9	2018		12
0.75	Gonorrhea Incidence Rate	cases/ 100,000 population	43.9		163.6	179.1	2018		12
0.67	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	11.9		11.8	13.8	2017-2019		3
SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	WISE COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Babies with Very Low Birth Weight	percent	1.6			1.4	2015		12

1.44	Mothers who Received Early Prenatal Care	<i>percent</i>	64.6		60.5	77.3	2017		12
1.11	Teen Births	<i>percent</i>	2		2.1	3.1	2017	White (0) Other (0) Hispanic (0)	12
0.97	Preterm Births	<i>percent</i>	9.2	9.4	12.2		2017		12
0.78	Babies with Low Birth Weight	<i>percent</i>	6.1		8.2	8.1	2015		12
0.53	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	2.4	5	5.6	5.9	2015		12
0.50	Infants Born to Mothers with <12 Years Education	<i>percent</i>	12.8		17.4	13.3	2017	White (7) Other (0) Hispanic (29)	12

MENTAL HEALTH

SCORE	SCOR E	& MENTAL DISORDERS	UNITS	WISE COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.42		Depression: Medicare Population	<i>percent</i>	19.7		18.2	18.4	2018		4
2.31		Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	18.7	12.8	13.5	14.1	2017-2019		3
2.31		Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	12.8		12.6	10.8	2018		4
1.83		Frequent Mental Distress	<i>percent</i>	14.7		11.6	13	2018		5

1.75	Poor Mental Health: 14+ Days	<i>percent</i>	14.3		12.7		2018	2
1.67	Mental Health Provider Rate	<i>providers/100,000 population</i>	30		120.9		2020	5
1.25	Age-Adjusted ER Rate due to Adult Mental Health	<i>ER visits/ 10,000 population 18+ years</i>	2.4		8.9		2017-2019	15

SCORE	OLDER ADULTS	UNITS	WISE COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Hypertension: Medicare Population	<i>percent</i>	66.4		59.9	57.2	2018		4
2.64	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.6		7.8	8.4	2018		4
2.64	COPD: Medicare Population	<i>percent</i>	16.4		11.2	11.5	2018		4
2.64	Osteoporosis: Medicare Population	<i>percent</i>	7.8		6.8	6.6	2018		4
2.64	Stroke: Medicare Population	<i>percent</i>	5.6		4.2	3.8	2018		4
2.58	Cancer: Medicare Population	<i>percent</i>	8.4		7.6	8.4	2018		4
2.58	Chronic Kidney Disease: Medicare Population	<i>percent</i>	27		26.7	24.5	2018		4

2.50	Ischemic Heart Disease: Medicare Population	<i>percent</i>	34.4	29	26.8	2018	4
2.47	Heart Failure: Medicare Population	<i>percent</i>	18.2	15.6	14	2018	4
2.42	Depression: Medicare Population	<i>percent</i>	19.7	18.2	18.4	2018	4
2.33	Asthma: Medicare Population	<i>percent</i>	5.4	4.9	5	2018	4
2.31	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	12.8	12.6	10.8	2018	4
2.31	Hyperlipidemia: Medicare Population	<i>percent</i>	51.5	49.5	47.7	2018	4
2.31	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	37.2	34.2	33.5	2018	4
1.97	Diabetes: Medicare Population	<i>percent</i>	28.8	28.8	27	2018	4

1.92	Adults 65+ who Received Recommended Preventive Services: Females	percent	24.6		28.4	2018	2
1.92	Adults 65+ who Received Recommended Preventive Services: Males	percent	24.6		32.4	2018	2
1.58	Adults 65+ with Total Tooth Loss	percent	15.3		13.5	2018	2
1.50	Colon Cancer Screening	percent	62.3	74.4	66.4	2018	2
1.25	Adults with Arthritis	percent	26.3		25.8	2018	2
1.00	People 65+ with Low Access to a Grocery Store	percent	0.8			2015	19
0.36	People 65+ Living Below Poverty Level	percent	7	10.6	9.3	2015-2019	1

SCORE	ORAL HEALTH	UNITS	WISE COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.06	Dentist Rate	dentists/ 100,000 population	27.2		59.6		2019		5
1.94	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	14.1		11	11.8	2013-2017		8

1.75	Adults who Visited a Dentist	percent	56.8		66.5	2018	2
1.75	Age-Adjusted ER Rate due to Dental Problems	ER visits/ 10,000 population	26.9	11.1		2017-2019	15
1.58	Adults 65+ with Total Tooth Loss	percent	15.3		13.5	2018	2

SCORE	OTHER CONDITIONS	UNITS	WISE COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	Osteoporosis: Medicare Population	percent	7.8		6.8	6.6	2018		4
2.58	Chronic Kidney Disease: Medicare Population	percent	27		26.7	24.5	2018		4
2.31	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	37.2		34.2	33.5	2018		4
1.25	Adults with Arthritis	percent	26.3			25.8	2018		2
0.92	Adults with Kidney Disease	Percent of adults	3.1			3.1	2018		2

SCORE	PHYSICAL ACTIVITY	UNITS	WISE COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Access to Exercise Opportunities	percent	38.4		80.5	84	2020		5

1.86	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.6	2017	19
1.81	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0	2016	19
1.50	Farmers Market Density	<i>markets/ 1,000 population</i>	0	2018	19
1.50	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.6	2016	19
1.50	Grocery Store Density	<i>stores/ 1,000 population</i>	0.2	2016	19
1.50	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1	2016	19
1.00	Children with Low Access to a Grocery Store	<i>percent</i>	1.6	2015	19
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.4	2015	19
1.00	Low-Income and Low Access to a Grocery Store	<i>percent</i>	1.8	2015	19
1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	0.8	2015	19
1.00	People with Low Access to a Grocery Store	<i>percent</i>	6	2015	19

0.97	Food Environment Index		7.8		5.9	7.8	2021	5
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SCORE	PREVENTION & SAFETY	UNITS	WISE COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.56	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	65.7	43.2	38.7	48.9	2017-2019		3
1.42	Severe Housing Problems	<i>percent</i>	13.5		17.4	18	2013-2017		5
1.25	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	13.2		10.6	21	2017-2019		5

SCORE	RESPIRATORY DISEASES	UNITS	WISE COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.75	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	72.1		50.6	58.3	2013-2017		8
2.72	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	55.1	25.1	34.1	38.5	2013-2017		8
2.64	COPD: Medicare Population	<i>percent</i>	16.4		11.2	11.5	2018		4
2.33	Asthma: Medicare Population	<i>percent</i>	5.4		4.9	5	2018		4
1.83	Adults who Smoke	<i>percent</i>	18.9	5		15.5	2018		2

1.67	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	1.8		3	1.6	17-Sep-21	7
1.58	Adults with COPD	<i>Percent of adults</i>	8.3			6.9	2018	2
1.58	Adults with Current Asthma	<i>percent</i>	9.3			9.2	2018	2
1.50	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	58.3		59.9	59.2	17-Sep-21	7
1.08	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	0.9	1.4	4.3		2015-2019	12
0.67	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	11.9		11.8	13.8	2017-2019	3

SEXUALLY

SCORE	TRANSMITTED INFECTIONS	UNITS	WISE COUNTY	HP203 0	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.22	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	2.9		8.8	10.8	2018		12
0.86	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	0		15.7		2018		12
0.75	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	161		508.2	539.9	2018		12
0.75	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	43.9		163.6	179.1	2018		12

WELLNESS & LIFESTYLE

SCORE	WELLNESS & LIFESTYLE	UNITS	WISE COUNTY	HP203 0	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
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1.83	Frequent Physical Distress	<i>percent</i>	13.1		11.6	11	2018	5
1.67	High Blood Pressure Prevalence	<i>percent</i>	36.3	27.7		32.4	2017	2
1.58	Poor Physical Health: 14+ Days	<i>percent</i>	14			12.5	2018	2
1.42	Insufficient Sleep	<i>percent</i>	35.6	31.4	34.4	35	2018	5

SCORE	WOMEN'S HEALTH	UNITS	WISE COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.47	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	28.5	15.3	19.8	20.1	2013-2017		8
1.61	Mammogram in Past 2 Years: 50-74	<i>percent</i>	69.7	77.1		74.8	2018		2
1.44	Cervical Cancer Screening: 21-65	<i>Percent</i>	82.2	84.3		84.7	2018		2
0.69	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	103.2		112.8	125.9	2013-2017		8

Wise County Data Sources

Key	Source Name
1	American Community Survey
2	CDC - PLACES
3	Centers for Disease Control and Prevention
4	Centers for Medicare & Medicaid Services
5	County Health Rankings
6	Feeding America
7	Healthy Communities Institute
8	National Cancer Institute
9	National Center for Education Statistics
10	National Environmental Public Health Tracking Network
11	Texas Department of Family and Protective Services
12	Texas Department of State Health Services
13	Texas Education Agency
14	Texas Secretary of State
15	DFWHC Foundation Regional Data, Q1-Q4, 2017-2019. DFWHC Foundation, Irving Texas. October 15, 2021
16	U.S. Bureau of Labor Statistics
17	U.S. Census - County Business Patterns
18	U.S. Census Bureau - Small Area Health Insurance Estimates
19	U.S. Department of Agriculture - Food Environment Atlas
20	U.S. Environmental Protection Agency
21	United For ALICE

Wise County Topic Scores

Health and Quality of Life Topics	Score
Older Adults	2.13
Other Conditions	1.94
Mental Health & Mental Disorders	1.93
Heart Disease & Stroke	1.93
Respiratory Diseases	1.85
Oral Health	1.82
Cancer	1.81
Health Care Access & Quality	1.78
Children's Health	1.77
Prevention & Safety	1.74
Wellness & Lifestyle	1.63
Diabetes	1.60
Women's Health	1.55
Community	1.46
Environmental Health	1.41
Physical Activity	1.40
Education	1.35
Alcohol & Drug Use	1.35
Economy	1.28
Immunizations & Infectious Diseases	1.11
Maternal, Fetal & Infant Health	1.01
Sexually Transmitted Infections	0.90

Community Input Assessment Tools

Key Informant Interview Guide and Questions

INTRODUCTION

HCI Facilitator: Introduce yourself and any others on the team

OPENING SCRIPT: TEXAS HEALTH RESOURCES (THR) has invited you to take part in this Key Informant Interview because of your content expertise and your experience working in the community. Our work on behalf of THR is focused on understanding what health issues and challenges impact the residents of **DENTON/WISE** County and how to improve their overall health. The insights and perspectives collected in this interview will provide important information that will ultimately be combined with the results of a key informant interviews, focus groups, and data analysis of state and national indicators. These data components will be compiled into a comprehensive report outlining the health needs in the Southern Region which includes **DENTON/WISE** County. The final reports will be completed in the summer of 2022.

CONFIDENTIALITY: For this interview, we will be taking notes on your responses, your names will not be associated with any direct quotes. Your identity will be kept confidential.

1. To begin, could you please tell us a little about the organization you work for and the geographic location it serves?

- a. (only probe if necessary) What is your organization's mission? What are the top priority health issues that your organization addresses?*
- b. (only ask if not clear) Does your organization provide direct care, operate as an advocacy organization, or have another role in the community?*
- c. Which geographic location(s) does your organization serve? (to help us understand or confirm relevant service areas)*

2. Considering the impact of Covid-19, what would you consider the top 5 health issues exacerbated by the pandemic in DENTON/WISE county?

- a. What are the possible solutions to improve the health issues you've described?*
- b. What solutions have your organization/agency put in place or considered to help improve the health issues you described?*
- c. How can Texas Health support these health improvement efforts?*

- 3. Along the same lines, what would you consider the top 5 socioeconomic needs exacerbated by the pandemic in [County Name/Zip code]?**
 - a. What are the possible solutions to improve the socioeconomic needs you've described?*
 - b. What specific solutions have your organization/agency put in place or considered to help improve the socioeconomic issues you described?*
 - c. How can Texas Health support these socioeconomic improvement efforts?*

- 4. Thinking about the solutions you described to address the health and socioeconomic needs, to what extent does your organization/agency have what it needs to deliver these services/resources in the community effectively?**
 - a. How do aspects of this community's [County Name/Zip code] infrastructure (i.e., physical environment, policies, partnerships) help or hinder your ability to deliver the services/resources you described?*
 - b. How can Texas Health support the success of these services/resources?*

- 5. How can community leaders, community-based organizations, and health care systems work collaboratively to address this community's [County Name/Zip codes] health and socioeconomic?**
 - a. To your knowledge, what strategies have been used in the past to drive collaboration across these partners? What worked, what didn't, and why?*
 - b. What challenges/barriers should Texas Health anticipate in its efforts to work with community leaders and members to address the health and socioeconomic needs in this community?*
 - c. How can Texas Health proactively address these challenges/barriers?*

- 6. Finally, what do you consider the best practices that are currently going on to improve the health and socio-economic needs in this community [County/Zip codes]?**

- 7. What is the most crucial message/feedback you want Texas Health to take away from this interview?**
 - a. Is there anything else you would like to add about any of the topics we've discussed or other areas that we didn't discuss but you think are essential?*

CLOSING SCRIPT: Thank you so much for your time and participation today. In terms of next steps, we will be collecting and analyzing the data for this needs assessment over the next few months. The final report will be available to everyone who participated, as well as the general public. If you have additional comments or thoughts after our conversation today, please feel free to reach out to *Eileen Aguilar* or *Oge/Sika*.

HCI Facilitator: Send a follow-up email to the key informant, thanking them for their time and make sure to include a link to the survey!

Focus Group Guide and Questions

INTRODUCTION

{Introduce Yourself and Others on the Team}

{“Let’s get started...”}

Opening Script: Thank you for taking the time to speak with us to support the Texas Health Resources (THR) Community Health Needs Assessment. We anticipate that this discussion will last no more than 60 minutes. You have been invited to take part in this focus group because of your experience living and/or working in Denton/Wise County. The focus of our Community Health Needs Assessment is how to improve health in the community and understand what challenges residents are facing. We are going to ask a series of questions related to health issues in the community. We hope to get through as many questions as possible and hear each of your perspectives as much as time allows.

For this discussion group, I will invite you to share as much or little as you feel comfortable sharing with the others in the group. The results of this assessment will be made available to the public. We will be taking notes on your responses, but your names will not be associated with any direct quotes. Your identity will be kept confidential, so please share your honest opinions.

SHOW SLIDES (if applicable)--We do have a few ground rules for this virtual discussion that I would like to review with you. It is important that everyone has a chance to be heard, so we ask that only one person talks at a time (most important ground rule for today). You may use the “raise hand” functions when you have something to say [*give instructions and test*]. We may also call on you to sure ensure everyone has a chance to speak but if you have nothing to share, please just say “pass”.

You may want to mute yourself when you are not speaking to cut down on background noise [*give instructions and test mute/unmute*]. Finally, please respect the opinions of others, as the point of the discussion is to collect various points of view. And remember, there are no right or wrong answers, so please share freely and openly. Does anyone have any questions before we get started?

Okay, let’s get started by going around and introducing ourselves. Please tell everyone your first name, what community you live in, and if you are interested in sharing, your involvement in the community (could be your job or volunteer work for example).

{Introductions}

Thank you for introducing yourselves. Now we will get started with our discussion.

COVID-19 QUESTION

1. **We know that COVID-19 has significantly impacted everyone’s lives. What have you seen as the biggest challenges in XXXXX County during the pandemic?**

[Probe 1: Which groups of people are having the hardest time right now?]

[Probe 2: How have you seen these challenges being addressed, if at all?]

[Probe 3: What programs have addressed COVID related issues? What has worked?]

[Probe 4: What hasn’t been effective and, in your opinion, why?]

GENERAL HEALTH QUESTIONS

2. **What would you say are the top three health related problems that people in your community are facing that you would like to change or improve?**

[Probe 1: Why do you think these are the most important health issues?

[Probe 2: What would you do to address these problems?]

[Probe 3: What else is needed to address these problems? Examples could be specific policies, programs, or services.]

- 3. What might prevent someone from accessing care for the health challenges identified above?**

[Examples could include lack of transportation, lack of health insurance coverage, doctor's office hours, language, or cultural barriers, etc.]

- 4. Are there specific groups in your community that are most impacted by the health issues or challenges discussed earlier (2-3)? Which groups are these?**

[Probe: Are these health challenges different if the person is a particular age, or gender, race, or ethnicity? Or lives in a certain part of the county for example?]

- 5. From the health issues and challenges we've just discussed, which do you think can be addressed in the next three years?**

[Probe 1: How do you think these health issues can be addressed?]

[Probe 2: Are some of these issues more urgent or important than others? If so, why?]

- 6. In 2019, Depression and anxiety among adults 18+ were identified as important health issues in your community. Do you know of any programs or services that are available in your community to address this issue?**

[Prompt: Have you or someone you know benefited from these programs or services? If so, what do you think has worked? What do you think can be improved?]

- 7. What resources are currently available for residents in your community for the identified health/social determinant problem/s we've discussed today?**

[Probe 1: Are there specific community organizations or agencies that you see taking a strong leadership role for improving the health of particular groups in your community?]

[Probe 2: Do you see residents taking advantage of them? Why or why not?]

[Probe 3: What additional programs and resources do you think are needed to best meet the needs of residents in _____ County?]

[Probe 4: Are you aware of any THR-Community Health Improvement program(s) in your community?]

CLOSING QUESTION

- 8. Can you think of any other ways we could improve the health of residents in the community that we have not already talked about today?**

[Probe: Is there anything else you would like to add that we haven't discussed?]

CONCLUSION

{Review the summary points and key takeaways from discussion}

{Check if note taker needs any clarification}

CLOSURE SCRIPT: Thank you very much for your time and willingness to share your experiences with us today. We will include your comments in our data to describe how health can be improved for residents in your community. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

Listening Session Questions

1. Name of the organization you represent.
2. What region/county/counties do your organization provide direct services to? (select all that apply)
 - a. Dallas County
 - b. Rockwall County
 - c. Denton/Wise County
 - d. Parker County
 - e. Denton County
 - f. Wise County
 - g. Denton/Wise County
 - h. Ellis County
 - i. Erath County
 - j. Henderson County
 - k. Johnson County
 - l. Kaufman County
3. In 2019, Texas Health Resources (THR) identified behavioral health, chronic disease prevention and management, access, awareness, health literacy and navigation as its priority areas. Are you aware of any THR programs, initiatives, resources, specifically addressing any of these priorities in your community?
4. What is THR doing well within the behavioral health, chronic disease prevention and management, access, health literacy and navigation areas? Feel free to address one or all priorities.
5. What are areas of opportunity within these priority areas? Feel free to address one or all priorities.
6. What can THR do to improve the awareness of its Community Health Needs Assessment (CHNA) findings and implementation strategies?
7. Texas Health Resources is currently developing its 2022 CHNA reports and have identified these preliminary issues for the following regions:

Southern Region

Healthcare Access & Quality (lack of/limited insurance, delay in care)

Mental Health (depression, anxiety, isolation)

Abuse/Violence (domestic violence, child abuse, intimate partner violence)

Substance Abuse (isolation leading to increased substance use and addiction)

Denton/Wise Region-

Mental Health (increased need for adolescents, anxiety, lack of behavioral health services)

Access to healthcare services (Provider shortages, language barriers, uninsured/underinsured)

COVID-19 Impact (mental health, trust in healthcare system, delay in services)

Food insecurity (lack of food, access to healthy foods, food deserts)

Tarrant/Parker Region-

Chronic conditions (heart disease, diabetes)

COVID-19 Impact (Mental Health/Substance abuse, isolation, financial issues, delay in care, food insecurity)

Health Behaviors (fear, stigma towards vaccine)

Healthcare Access & Quality (Lack of providers, lack of bilingual providers, uninsured/underinsured)

Dallas/Rockwall Region-

Access to care (delay in care, uninsured, underinsured)

Mental Health (isolation, depression exacerbated by COVID-19)

Financial/Economic impact (unemployment, housing insecurity)

Food insecurity (lack of healthy foods, lack of food)

Denton/Wise Region-

Access to care (delay in services, high deductibles, affordability of insurance, knowledge of where to get care)

Mental Health (stigma in accessing care, cultural barriers, anxiety)

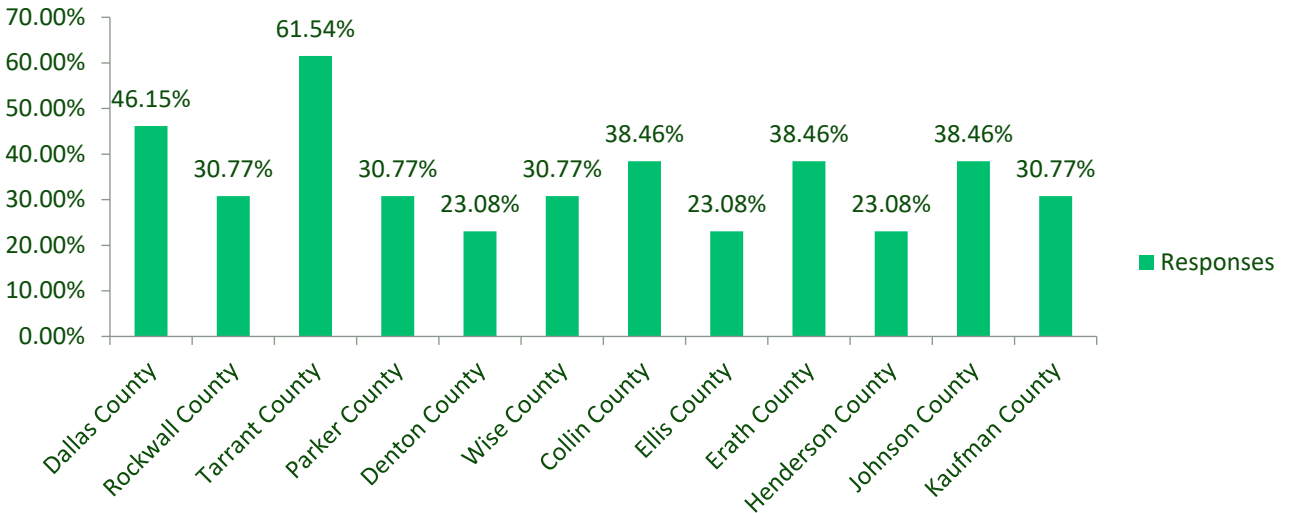
Economic/financial issues (difficulty paying rent/utilities, unemployment, loss of jobs)

Housing (lack of affordable housing, discrimination)

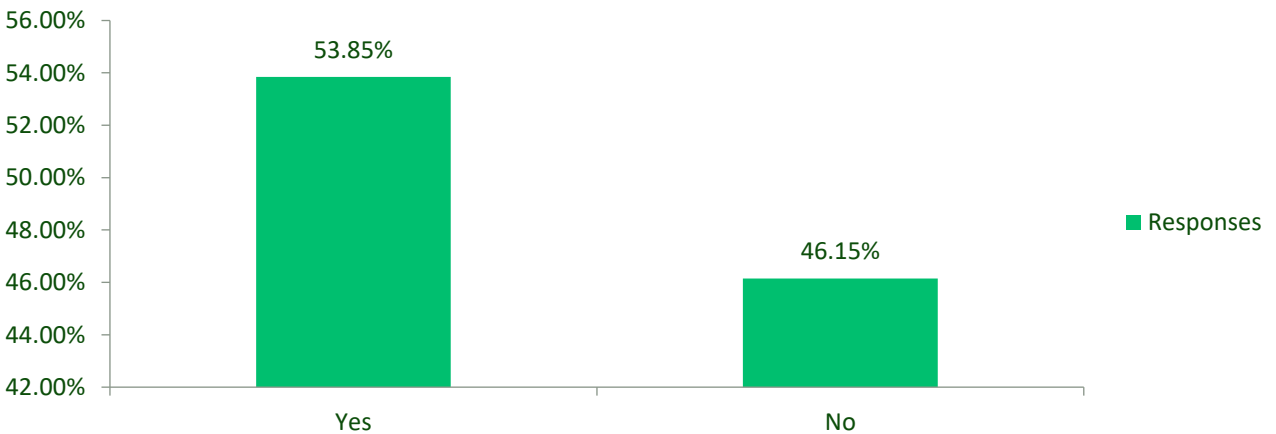
7a. How can THR prioritize these health topics that have surfaced as issues in the region?

Listening Session Results

Question #2-What region/county/counties do your organization provide direct services to?



Question #3-Are you aware of any THR programs, initiatives, resources, specifically addressing any of these priorities in your community?



Question #4-What is THR doing well within the behavioral health, chronic health, chronic disease prevention & management, access, health literacy, and navigation areas?

- While there is some generalize awareness of THR efforts, there is not sufficient publicity of these efforts to elicit significant engagement from the public.

- I navigate the Plano Up program funded by THR focusing on anxiety and depression in youth in the 75074 zip. Beyond Blue is another program funded by THR to address mental health in the senior population in the 75069 zip

- The Community Impact program and its regional councils are a great model to impact health priorities.

- It's hard to say due to the Pandemic really. THR has been sending email and reminders to people to do their screenings, testing and seeing their Dr, even telemedicine

- Their willingness to fund organizations that promote access and health literacy is awesome.

- Excellent work with chronic disease prevention and management. Also, good initiative with mental health in rural areas. Doing a good job of bringing these topics, education, and interventions to the people and communities THR serves.

- THR's Community Impact team has done a great job at leveraging relations with community leaders, nonprofits, thought leaders to strengthen efforts to improve health outcomes that are negatively impacted by the social determinants of health. They are also using data to drive their decision and to measure positive improvements in the areas of exercise, health and chronic disease prevention.

- Connect deeper to faith-based organizations, and schools where the under-resource families are nearest and partner with other foundations to strengthen the ability to sustain efforts.

Q5- Are there areas of opportunity within these priority areas? Feel free to address

-Behavioral health partnerships between THR, JPS, and the City of Arlington would be good way to have a meaningful impact on this issue. A formalized partnership with COA/Fire PH unit, Mission Arlington, School Districts, UTA school of Nursing and Social Work, JPS, TCPH and MCA could result in a cost effective and impactful approach to many of these issues.

- I feel mental health is still a large concern. However, I feel healthcare is out of reach for many people even for those with the ability to pay. Living expenses have increased to the point where many people cannot afford to maintain their physical or mental well-being

- There are many opportunities to impact health outcomes - particularly chronic disease- through increased awareness and support of patients affected by memory decline. This can include those at risk for cognitive decline (diverse communities are at higher risk, as are those

who have comorbidities) and create opportunities for early detection—also, outcomes related to caregiver health.

- With the start of the Pandemic in March 2020, people have not seen their health care providers as they should, thus causing now two years later, many, many additional medical problems.

- Behavioral health is an awesome place to start. We need to train paraprofessionals to go into the neighborhood.

- Health literacy training for health care and service providers would enhance THR's current efforts within chronic disease management.

Question 6- What can THR do to improve the awareness of its Community Health Needs Assessment findings and implementation strategies?

-Partner directly with the City of Arlington Office of Communications

-Present to city and nonprofits the results of the assessment. Many citizens have no idea of the health status of our city.

- More programs focused on prevention and mobile solutions. We have to realize that many people cannot get to appointments even with coverage. Housing, food and transportation costs

- Increasing channels of communication, implementing practical action steps and a starting point for those needing the services, enhanced relationship building with community partners.

- Send them to community orgs as well as posting on their website. If both of these were done, I would recommend a way to ensure that all orgs doing any social service-related work get notified of the CHNA and implementation plan.

- Work directly with Community-Based Organizations (CBOs) , such as the Alzheimer's Association or Area Agency on Aging, to promote these results and how a partnership with the CBO will impact the health outcomes. Continue to provide grants to CBOs to ensure that community support continues for all those in need.

- Perhaps THR can advertise the CHNA can run local ads on television and radio.

- As we emerge from the Pandemic, continue to reach those who are not connected by smart phones and emails

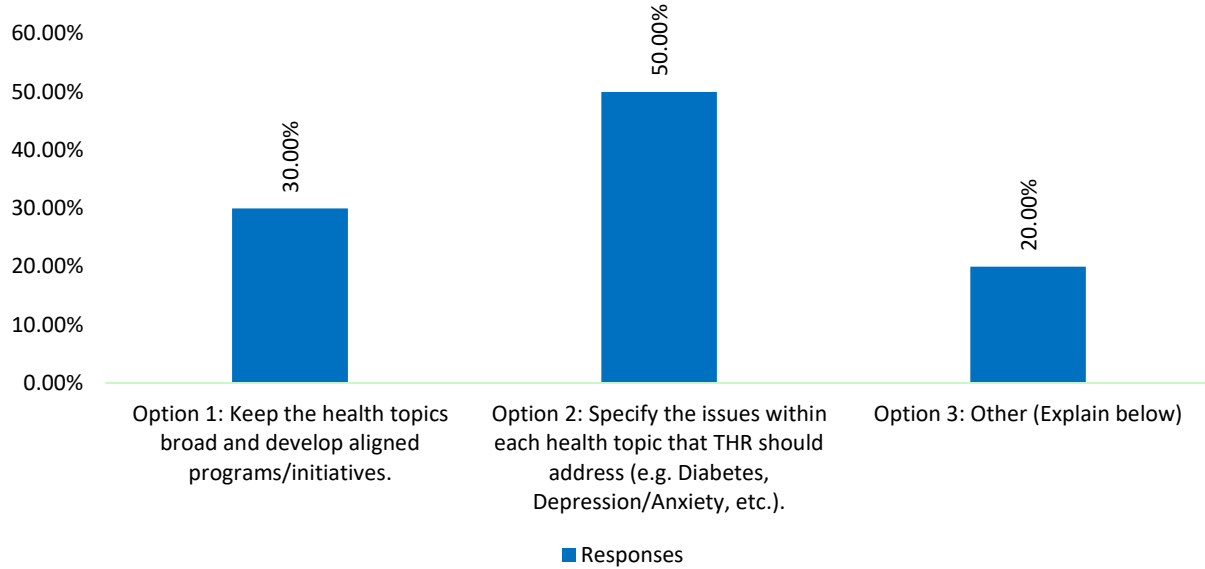
- A spot on the major networks or continuous radio spots would help.

- Personally, I think that THR does a great job of disseminating CHNA findings. They and Cook are regional leaders in that work. I'm not sure if THR already works closely with rural Extension

services to disseminate findings and implement programming. If not, that may be another avenue. Also, engaging FQHC's in CHNA implementation strategies is important.

- Take the information out to the community who are impacted the most. (Churches, Schools, Stores, barbershops, beauty shops and perhaps convenience store.

Question #7-How can THR prioritize these health topics that have surfaced as issues in the region?



Community Resource and Partner List

This highlights existing resources that organizations are currently using and available widely in the community. It also highlights potential community partners who were identified during the qualitative data collection process for this CHNA.

Community Resource and Partner List

Denton

- Lewisville ISD Counseling Center
- Lewisville ISD Community Health Clinic (located at elementary school)
- Children's Advocacy Center for North Texas
- Children's Advocacy Center Movement
- First Refuge
- National school nutrition grant in schools (food trucks, lunch for families)
- Texas Motor Speedway Vaccination Clinic (COVID-19)
- Local Government support (County Judge)

Wise

- Helen Farabee Center
- TAPS (transportation system)
- Healthy Wise County workgroup convened by Wise Health System
- United Way
- County health care system
- ECHO-Wise County Community Coalition
- Dialysis Center-Wise Health System

Community Partner List

Denton

- Children's Advocacy Center for North Texas
- Lewisville ISD

Wise

- County Judge
- Texas Health Community Impact Board - Denton and Wise County
- TAPS Transportation

Appendix D. Southern Region

TEXAS HEALTH RESOURCES

SOUTHERN REGION

APPENDICES

Secondary Data Methodology

Secondary Data Sources

The main source for the secondary data, or data that has been previously collected, is the community indicator database maintained by Conduent Healthy Communities Institute. The following is a list of both local and national data sources used in Texas Health Resources Southern Region Community Health Needs Assessment.

Data Sources

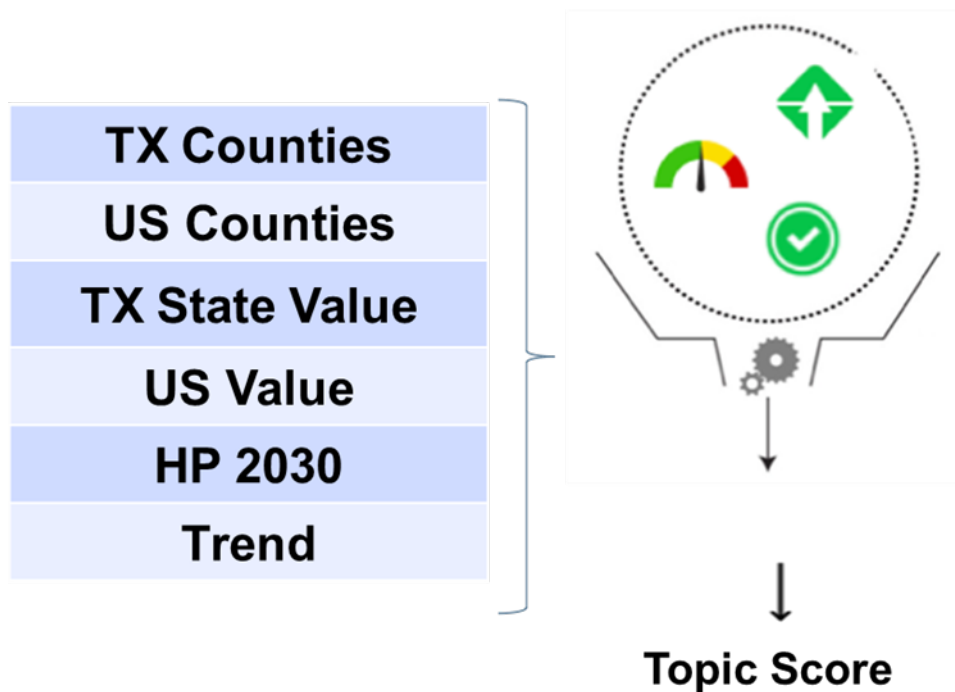
- American Community Survey
- American Lung Association
- CDC - PLACES
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- County Health Rankings
- Feeding America
- Healthy Communities Institute
- National Cancer Institute
- National Center for Education Statistics
- National Environmental Public Health Tracking Network
- Texas Department of Family and Protective Services
- DFWHC Foundation Regional Data, Q1-Q4, 2017-2019. DFWHC Foundation, Irving Texas. October 15, 2021,

- Texas Education Agency
- Texas Department of Health Services
- U.S Bureau of Labor Statistics
- U.S. Census - County Business Patterns
- U.S. Census Bureau – Small Area Health Insurance Estimates
- U.S. Department of Agriculture – Food Environment Atlas
- U.S. Environmental Protection Agency
- United for ALICE

Secondary Data Scoring

HCI's Data Scoring Tool (Figure 1A) was used to systematically summarize multiple comparisons in order to rank indicators based on highest need. For each indicator, the community value was compared to a distribution of Texas and US counties, state and national values, Healthy People 2030, and significant trends were noted. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities and changes in methodology over time. The comparison scores were summarized for each indicator, and indicators were then grouped into topic areas for a systematic ranking of community health needs. This was completed for each county within the Southern Region.

Figure 1A: Summary of Topic Scoring Analysis



Index of Disparity

An important part of the CHNA process is to identify health disparities, the needs of vulnerable populations and unmet health needs or gaps in services. There were several ways in which subpopulation disparities were examined by county. For secondary data health indicators, the Index of Disparity tool was utilized to see if there were large, negative, and concerning differences in indicator values between each subgroup data value and the overall county value. The Index of Disparity was run for each county, and the indicators with the highest race or ethnicity index value were found.

Health Equity Index

Every community can be described by various social and economic factors that can contribute to disparities in health outcomes. Conduent HCI's Health Equity Index (formerly SocioNeeds[®] Index) considers validated indicators related to income, employment, education, and household environment to identify areas at highest risk for experiencing health inequities.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic needs correlated with preventable hospitalizations and premature death.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Health Equity Index, with darker coloring associated with higher relative needs.

Food Insecurity Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in outcomes and opportunities to thrive. Conduent HCI's Food Insecurity Index considers validated indicators related to income, household environment, and well-being to identify areas at the highest risk for experiencing food insecurity.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest food insecurity, which is correlated with household and community measures of food-related financial stress such as Medicaid and SNAP enrollment.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Food Insecurity Index, with darker coloring associated with higher relative needs.

Mental Health Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in mental health outcomes. Conduent HCI's Mental Health Index considers validated indicators related to access to care, physical health status, transportation, employment, and household environment to identify areas at the highest risk for experiencing poor mental health.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic and health needs correlated with self-reported poor mental health.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Mental Health Index, with darker coloring associated with higher relative needs.

Data Considerations

Several limitations of data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, data availability varies by health topic. Some topics contain a robust set of secondary data indicators, while others may have a limited number of indicators or limited subpopulations covered by those specific indicators. Data scores represent the relative community health need according to the secondary data for each topic and should not be considered a comprehensive result on their own. In addition, these scores reflect the secondary data results for the population as a whole and do not represent the health or socioeconomic need that is much greater for some subpopulations. Moreover, many of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to best represent the population at large, these measures are subject to instability, especially for smaller populations. The Index of Disparity is also limited by data availability, where indicator data varies based on the population groups and service areas being analyzed.

Race or ethnic and Special Population Groupings

The secondary data presented in this report derive from multiple sources, which may present race and ethnicity data using dissimilar nomenclature. For consistency with data sources throughout the report, subpopulation data may use different terms to describe the same or similar groups of community members.

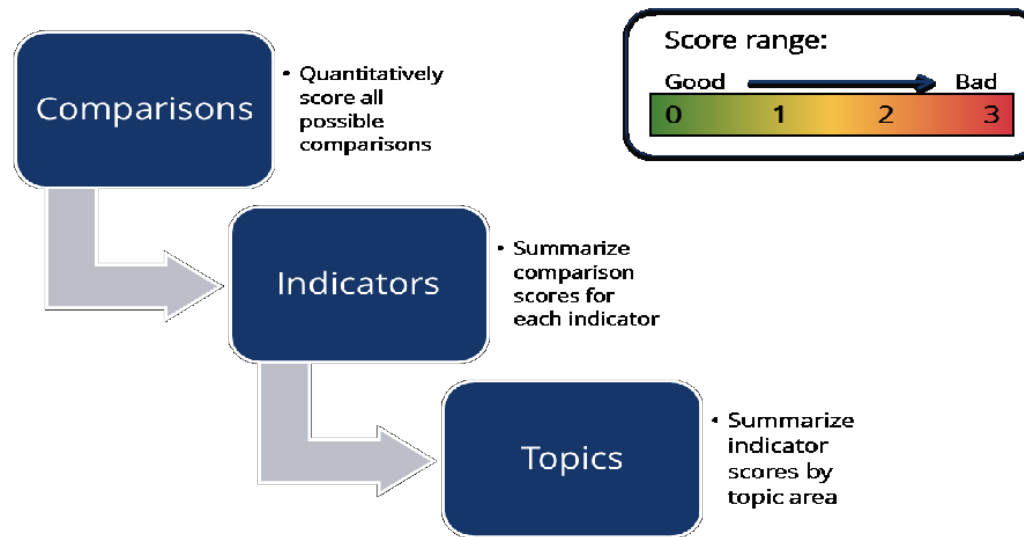
Zip Codes and Zip Code Tabulation Areas

This report presents both Zip Code and Zip Code Tabulation Area (ZCTA) data. Zip Codes, which were created by the U.S. Postal Service to improve mail delivery service, are not reported in this assessment as they may change, include P.O. boxes or cover large unpopulated areas. This assessment cover ZCTAs or Zip Code Tabulation Areas which were created by the U.S. Census Bureau and are generalized representations of Zip Codes that have been assigned to census blocks.

Demographics for this report are sourced from the United States Census Bureau, which presents ZCTA estimates. Tables and figures in the Demographics section of this report reference Zip Codes in title (for purposes of familiarity) but show values of ZCTAs. Data from other sources are labeled as such.

Secondary Data Scoring Detailed Methodology

Data Scoring is done in three stages:



For every indicator available, each county in the Hospital Service Area is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic. This was completed separately for each county within the Southern Region (Ellis, Erath, Johnson, Kaufman, Hood, and Henderson counties). An aggregate score for each topic was calculated using the average for each topic score across all counties. Secondary data for this report are up to date as of November 1, 2021.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.

Comparison to Values: State, National, and Targets

The county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2030 (HP2030) goals. Healthy People 2030 goals are national objectives for improving the health of the nation set by the Department of Health and

Human Services' (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, the availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After the exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to a lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

County Data Scoring Indicators Results

Southern Region (Ellis, Erath, Henderson, Hood, Johnson, Kaufman) Topic Scores

Ellis County

Health and Quality of Life Topics	Score
Alcohol & Drug Use	1.23
Cancer	1.66
Children's Health	1.48
Community	1.28
Diabetes	1.48
Economy	1.07
Education	1.32
Environmental Health	1.44
Health Care Access & Quality	1.56
Heart Disease & Stroke	1.53
Immunizations & Infectious Diseases	1.49
Maternal, Fetal & Infant Health	1.35
Mental Health & Mental Disorders	1.68
Older Adults	1.59
Oral Health	1.41
Other Conditions	1.51
Physical Activity	1.53

Prevention & Safety	0.79
Respiratory Diseases	1.49
Sexually Transmitted Infections	1.29
Wellness & Lifestyle	1.25
Women's Health	1.71

SCORE	ALCOHOL & DRUG USE	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Age-Adjusted ER Rate due to Opioid Use	ER visits/ 10,000 population 18+ years	1.7		0.7		2017-2019		16
1.61	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	28.5	28.3	25.7	27	2015-2019		6
1.58	Adults who Binge Drink	percent	16.1			16.4	2018		3
1.25	Age-Adjusted ER Rate due to Substance Use	ER visits/ 10,000 population 18+ years	14.2		20.6		2017-2019		16
1.25	Age-Adjusted Hospitalization Rate due to Substance Use	hospitalizations/ 10,000 population 18+ years	0.7	1.2	1.9		2017-2019		16
1.00	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Deaths per 100,000 population	10.2		12.1	22.8	2017-2019		4
0.75	Death Rate due to Drug Poisoning	deaths/ 100,000 population	9.1		10.6	21	2017-2019		6
0.61	Liquor Store Density	stores/ 100,000 population	1.6		6.9	10.5	2019		18

SCORE	CANCER	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.25	Cancer: Medicare Population	percent	7.9		7.6	8.4	2018		5
2.22	Cervical Cancer Incidence Rate	cases/ 100,000 females	10.1		9.2	7.6	2013-2017		9
2.17	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	21.2	16.9	17.6	19	2013-2017		9
2.11	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	16.2	8.9	13.9	13.7	2013-2017		9
2.08	All Cancer Incidence Rate	cases/ 100,000 population	444.9		407.7	448.7	2013-2017		9

2.03	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	42.7		37.6	38.4	2013-2017	9
1.81	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.2	15.3	19.8	20.1	2013-2017	9
1.81	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	118.7		112.8	125.9	2013-2017	9
1.61	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	12.8		11	11.8	2013-2017	9
1.50	Colon Cancer Screening	<i>percent</i>	63.1	74.4		66.4	2018	3
1.44	Cervical Cancer Screening: 21-65	<i>Percent</i>	83	84.3		84.7	2018	3
1.36	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	56.9		50.6	58.3	2013-2017	9
1.33	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	38.9	25.1	34.1	38.5	2013-2017	9
1.28	Mammogram in Past 2 Years: 50-74	<i>percent</i>	71.9	77.1		74.8	2018	3
1.17	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	163.2	122.7	148.8	155.5	2013-2017	9
1.08	Adults with Cancer	<i>percent</i>	6.3			6.9	2018	3
1.03	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	93.8		94	104.5	2013-2017	9

SCORE	CHILDREN'S HEALTH	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	48		34	23	2019		7
1.83	Children with Low Access to a Grocery Store	<i>percent</i>	7				2015		20
1.50	Children with Health Insurance	<i>percent</i>	87.6		87.3	94.3	2019		1
1.17	Child Food Insecurity Rate	<i>percent</i>	16.8		19.6	14.6	2019		7
1.08	Projected Child Food Insecurity Rate	<i>percent</i>	20.4		23.6		2021		7

0.78	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	7.5	8.7	9.1		2020		12
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SCORE	COMMUNITY	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Mean Travel Time to Work	<i>minutes</i>	30.6		26.6	26.9	2015-2019		1
2.64	Solo Drivers with a Long Commute	<i>percent</i>	47.2		38.9	37	2015-2019		6
2.50	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	553		514	500	2015-2019		1
2.50	Workers Commuting by Public Transportation	<i>percent</i>	0.2	5.3	1.4	5	2015-2019	Black (0.2) White (0.3) Asian (0) AIAN (0) NHPI (0) Mult (0) Other (0) Hisp (0)	1
2.33	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1663		1606	1595	2015-2019		1
2.31	Total Employment Change	<i>percent</i>	-0.1		2.9	1.6	2018-2019		18
2.17	Median Household Gross Rent	<i>dollars</i>	1054		1045	1062	2015-2019		1
1.92	Persons with Health Insurance	<i>percent</i>	81.1	92.1	79.3		2019		19
1.86	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	14.6	10.1	13	11.3	2017-2019		4
1.69	Workers who Drive Alone to Work	<i>percent</i>	81.7		80.5	76.3	2015-2019		1
1.64	Social Associations	<i>membership associations/ 10,000 population</i>	8.8		7.5	9.3	2018		6
1.61	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	28.5	28.3	25.7	27	2015-2019		6

1.25	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	24.3		29.9	32.1	2015-2019	1
1.25	Social Worker Rate	<i>workers/ 100,000 population</i>	58.5		82.7		2020	13
1.19	Voter Turnout: Presidential Election	<i>percent</i>	62.1		58.8		2016	15
1.08	Persons with an Internet Subscription	<i>percent</i>	90		84.2	86.2	2015-2019	1
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.4				2015	20
0.97	Population 16+ in Civilian Labor Force	<i>percent</i>	64.4		61	59.6	2015-2019	1
0.92	People 25+ with a High School Degree or Higher	<i>percent</i>	86.2		83.7	88	2015-2019	1
0.83	Households with an Internet Subscription	<i>percent</i>	88		82.1	83	2015-2019	1
0.83	Households with One or More Types of Computing Devices	<i>percent</i>	94.4		91	90.3	2015-2019	1
0.83	Median Housing Unit Value	<i>dollars</i>	191400		172500	217500	2015-2019	1
0.78	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	7.5	8.7	9.1		2020	12
0.75	Linguistic Isolation	<i>percent</i>	2.7		7.7	4.4	2015-2019	1
0.69	Female Population 16+ in Civilian Labor Force	<i>percent</i>	60.6		57.8	58.3	2015-2019	1
0.58	Per Capita Income	<i>dollars</i>	32571		31277	34103	2015-2019	1
0.36	Homeownership	<i>percent</i>	69.1		54.9	56.2	2015-2019	1
0.11	People Living Below Poverty Level	<i>percent</i>	8.8	8	14.7	13.4	2015-2019	1
							Black (17) White (5.7) Asian (5.3) AIAN (13.8) NHPI (27) Mult (14.7) Other (11.5) Hisp (13.4)	

0.08	Children Living Below Poverty Level	<i>percent</i>	13	20.9	18.5	2015-2019	1
0.08	Median Household Income	<i>dollars</i>	76871	61874	62843	2015-2019	1
0.08	Single-Parent Households	<i>percent</i>	17.6	26.3	25.5	2015-2019	1

SCORE	DIABETES	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Age-Adjusted ER Rate due to Diabetes	<i>ER visits/ 10,000 population 18+ years</i>	44.7		9.7		2017-2019		16
1.75	Age-Adjusted ER Rate due to Type 2 Diabetes	<i>ER visits/ 10,000 population 18+ years</i>	41.1		8.6		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Diabetes	<i>hospitalizations/ 10,000 population 18+ years</i>	23		5.3		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	<i>hospitalizations/ 10,000 population 18+ years</i>	16.9		4		2017-2019		16
1.50	Diabetes: Medicare Population	<i>percent</i>	28.4		28.8	27	2018		5
0.36	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	15.8		22	21.5	2017-2019		4

SCORE	ECONOMY	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	48		34	23	2019		7
2.50	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	553		514	500	2015-2019		1
2.33	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1663		1606	1595	2015-2019		1
2.31	Total Employment Change	<i>percent</i>	-0.1		2.9	1.6	2018-2019		18
2.17	Median Household Gross Rent	<i>dollars</i>	1054		1045	1062	2015-2019		1

2.00	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1			<i>2016</i>	20
1.86	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.5			<i>2017</i>	20
1.64	Households with Cash Public Assistance Income	<i>percent</i>	1.6	1.4	2.4	<i>2015-2019</i>	1
1.50	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	46.6	47.8	49.6	<i>2015-2019</i>	1
1.47	Overcrowded Households	<i>percent of households</i>	3.7	4.8		<i>2015-2019</i>	1
1.33	Low-Income and Low Access to a Grocery Store	<i>percent</i>	6.3			<i>2015</i>	20
1.31	Students Eligible for the Free Lunch Program	<i>percent</i>	42			<i>2019-2020</i>	10
1.17	Child Food Insecurity Rate	<i>percent</i>	16.8	19.6	14.6	<i>2019</i>	7
1.08	Projected Child Food Insecurity Rate	<i>percent</i>	20.4	23.6		<i>2021</i>	7
1.03	Severe Housing Problems	<i>percent</i>	14.1	17.4	18	<i>2013-2017</i>	6
1.00	Food Insecurity Rate	<i>percent</i>	11.5	14.1	10.9	<i>2019</i>	7
1.00	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	65.9	56		<i>2018</i>	22
1.00	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	26.8	30		<i>2018</i>	22
1.00	Households that are Below the Federal Poverty Level	<i>percent</i>	7.3	14		<i>2018</i>	22
0.97	Population 16+ in Civilian Labor Force	<i>percent</i>	64.4	61	59.6	<i>2015-2019</i>	1
0.92	Projected Food Insecurity Rate	<i>percent</i>	13.7	16.5		<i>2021</i>	7
0.83	Median Housing Unit Value	<i>dollars</i>	191400	172500	217500	<i>2015-2019</i>	1

0.69	Female Population 16+ in Civilian Labor Force	<i>percent</i>	60.6		57.8	58.3	<i>2015-2019</i>		1
0.58	Per Capita Income	<i>dollars</i>	32571		31277	34103	<i>2015-2019</i>		1
0.58	Unemployed Workers in Civilian Labor Force	<i>percent</i>	4.8		5.9	5.5	<i>May-21</i>		17
0.50	Mortgaged Owners Spending 30% or More of Household Income on Housing	<i>percent</i>	21.9		26.5	26.5	<i>2019</i>		1
0.36	Homeownership	<i>percent</i>	69.1		54.9	56.2	<i>2015-2019</i>		1
0.11	People Living Below Poverty Level	<i>percent</i>	8.8	8	14.7	13.4	<i>2015-2019</i>	Black (17) White (5.7) Asian (5.3) AIAN (13.8) NHPI (27) Mult (14.7) Other (11.5) Hisp (13.4)	1
0.08	Children Living Below Poverty Level	<i>percent</i>	13		20.9	18.5	<i>2015-2019</i>		1
0.08	Families Living Below Poverty Level	<i>percent</i>	6.8		11.3	9.5	<i>2015-2019</i>	Black (14.4) White (4.4) Asian (0) AIAN (14.5) NHPI (100) Mult (10.4) Other (7.6) Hisp (11.4)	1
0.08	Median Household Income	<i>dollars</i>	76871		61874	62843	<i>2015-2019</i>		1
0.08	People 65+ Living Below Poverty Level	<i>percent</i>	5.4		10.6	9.3	<i>2015-2019</i>	Black (8.1) White (4.3) Asian (0) AIAN (0) NHPI (100) Mult (23.5) Other (9.6) Hisp (12.7)	1
0.08	People Living 200% Above Poverty Level	<i>percent</i>	77.8		65.7	69.1	<i>2015-2019</i>		1

0.08	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	12.8		23.2	26.1	2015-2019		1
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SCORE	EDUCATION	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.97	High School Drop Out Rate	<i>percent</i>	3.4		1.9		2019	Black (3.9) White (3.1) Asian (0) AIAN (14.3) PI (25) Mult (3.6) Hisp (3.6)	14
1.97	Student-to-Teacher Ratio	<i>students/ teacher</i>	15.2				2019-2020		10
1.25	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	24.3		29.9	32.1	2015-2019		1
0.92	People 25+ with a High School Degree or Higher	<i>percent</i>	86.2		83.7	88	2015-2019		1
0.50	Infants Born to Mothers with <12 Years Education	<i>percent</i>	12.2		17.4	13.3	2017	Black (7.9) White (5.9) Hisp (24.6)	13

SCORE	ENVIRONMENTAL HEALTH	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.00	Grocery Store Density	<i>stores/ 1,000 population</i>	0.1				2016		20
2.00	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016		20
1.86	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.5				2017		20
1.83	Access to Exercise Opportunities	<i>percent</i>	66		80.5	84	2020		6
1.83	Children with Low Access to a Grocery Store	<i>percent</i>	7				2015		20
1.75	Asthma: Medicare Population	<i>percent</i>	5		4.9	5	2018		5
1.72	Annual Ozone Air Quality		D				2017-2019		2
1.72	Annual Particle Pollution		B				2017-2019		2
1.67	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.6				2016		20

1.67	People with Low Access to a Grocery Store	percent	23.7			2015	20
1.64	Number of Extreme Precipitation Days	days	43			2016	11
1.64	PBT Released	pounds	112140.5			2019	21
1.64	Recognized Carcinogens Released into Air	pounds	169958.2			2019	21
1.47	Overcrowded Households	percent of households	3.7	4.8		2015-2019	1
1.36	Number of Extreme Heat Events	events	2			2016	11
1.33	Farmers Market Density	markets/ 1,000 population	0.0			2018	20
1.33	Low-Income and Low Access to a Grocery Store	percent	6.3			2015	20
1.33	People 65+ with Low Access to a Grocery Store	percent	2.1			2015	20
1.33	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1			2016	20
1.17	Daily Dose of UV Irradiance	Joule per square meter	3294	3538		2015	11
1.08	Adults with Current Asthma	percent	9.2	9.2		2018	3
1.08	Number of Extreme Heat Days	days	5			2016	11
1.08	Weeks of Moderate Drought or Worse	weeks per year	1			2016	11
1.03	Severe Housing Problems	percent	14.1	17.4	18	2013-2017	6
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.4			2015	20
0.69	Food Environment Index		7.8	5.9	7.8	2021	6
0.61	Liquor Store Density	stores/ 100,000 population	1.6	6.9	10.5	2019	18

SCORE FAMILY PLANNING UNITS ELLIS COUNTY HP2030 TX U.S. MEASUREMENT PERIOD HIGH DISPARITY* Source

0.94	Teen Births	<i>percent</i>	1.4		2.1	3.1	2017	Black (0) White (0.9) Other (0) Hisp (2)	13
0.50	Infants Born to Mothers with <12 Years Education	<i>percent</i>	12.2		17.4	13.3	2017	Black (7.9) White (5.9) Hisp (24.6)	13

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
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1.92	Adults who have had a Routine Checkup	<i>percent</i>	72.4			76.7	2018		3
1.92	Adults without Health Insurance	<i>percent</i>	23.8			12.2	2018		3
1.92	Persons with Health Insurance	<i>percent</i>	81.1	92.1	79.3		2019		19
1.75	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	42.4		60.9		2018		6
1.50	Adults with Health Insurance	<i>percent</i>	78.5		75.5	87.1	2019		1
1.50	Children with Health Insurance	<i>percent</i>	87.6		87.3	94.3	2019		1
1.42	Adults who Visited a Dentist	<i>percent</i>	61.3			66.5	2018		3
1.33	Dentist Rate	<i>dentists/ 100,000 population</i>	33.6		59.6		2019		6
1.33	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	66		120.9		2020		6
1.33	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	57.9		88.6		2020		6
1.25	Social Worker Rate	<i>workers/ 100,000 population</i>	58.5		82.7		2020		13

SCORE	HEART DISEASE & STROKE	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
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2.58	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	52.3	33.4	40.2	37.2	2017-2019		4
2.03	Stroke: Medicare Population	<i>percent</i>	4.3		4.2	3.8	2018		5

1.97	Hyperlipidemia: Medicare Population	<i>percent</i>	49.9		49.5	47.7	2018	5
1.92	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	74.5			75.8	2017	3
1.81	Atrial Fibrillation: Medicare Population	<i>percent</i>	8.3		7.8	8.4	2018	5
1.81	Hypertension: Medicare Population	<i>percent</i>	60.3		59.9	57.2	2018	5
1.75	Age-Adjusted ER Rate due to Hypertension	<i>ER visits/ 10,000 population 18+ years</i>	54.9		10.5		2017-2019	16
1.75	Age-Adjusted Hospitalization Rate due to Hypertension	<i>hospitalizations/ 10,000 population 18+ years</i>	0.3		0.1		2017-2019	16
1.67	High Blood Pressure Prevalence	<i>percent</i>	35.8	27.7		32.4	2017	3
1.42	Cholesterol Test History	<i>percent</i>	80.5			81.5	2017	3
1.25	High Cholesterol Prevalence: Adults 18+	<i>percent</i>	35.6			34.1	2017	3
1.22	Age-Adjusted Death Rate due to Coronary Heart Disease	<i>deaths/ 100,000 population</i>	84.1	71.1	93	90.5	2017-2019	4
1.17	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	61.7		70.1		2018	11
0.92	Adults who Experienced a Stroke	<i>percent</i>	3.2			3.4	2018	3
0.92	Adults who Experienced Coronary Heart Disease	<i>percent</i>	6.3			6.8	2018	3
0.92	Heart Failure: Medicare Population	<i>percent</i>	15		15.6	14	2018	5
0.86	Ischemic Heart Disease: Medicare Population	<i>percent</i>	26.2		29	26.8	2018	5

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.47	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	86.8		77.1	62.2	3-Sep-21		8
1.81	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	1.1		1.7	1	3-Sep-21		8
1.75	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	<i>hospitalizations/ 10,000 population 18+ years</i>	0.3		0.1		2017-2019		16
1.64	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	10.6		15.7		2018		13
1.56	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	12.6		11.8	13.8	2017-2019		4
1.47	Overcrowded Households	<i>percent of households</i>	3.7		4.8		2015-2019		1
1.22	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	111.5		163.6	179.1	2018		13
1.22	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	4.5		8.8	10.8	2018		13
1.08	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	380.6		508.2	539.9	2018		13
0.67	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.2	1.4	4.3		2015-2019		13
SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.31	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	9.4	5	5.6	5.9	2015		13
1.89	Babies with Very Low Birth Weight	<i>percent</i>	1.7			1.4	2015	Black (7.8125) Other (0) Hisp (1.75695461)	13

1.56	Babies with Low Birth Weight	percent	7.8		8.2	8.1	2015	Black (17.7083333) White (6.4516129) Hisp (7.61346998)	13
1.33	Mothers who Received Early Prenatal Care	percent	60.6		60.5	77.3	2017		13
0.94	Preterm Births	percent	10.5	9.4	12.2		2017		13
0.94	Teen Births	percent	1.4		2.1	3.1	2017	Black (0) White (0.9) Other (0) Hisp (2)	13
0.50	Infants Born to Mothers with <12 Years Education	percent	12.2		17.4	13.3	2017	Black (7.9) White (5.9) Hisp (24.6)	13

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Depression: Medicare Population	percent	20.7		18.2	18.4	2018		5
1.97	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	15.2	12.8	13.5	14.1	2017-2019		4
1.97	Alzheimer's Disease or Dementia: Medicare Population	percent	11.9		12.6	10.8	2018		5
1.50	Frequent Mental Distress	percent	13.5		11.6	13	2018		6
1.33	Mental Health Provider Rate	providers/ 100,000 population	66		120.9		2020		6
1.25	Age-Adjusted ER Rate due to Adult Mental Health	ER visits/ 10,000 population 18+ years	5.2		8.9		2017-2019		16
1.25	Age-Adjusted Hospitalization Rate due to Adult Mental Health	hospitalizations/ 10,000 population 18+ years	0.7		1.7		2017-2019		16
1.25	Poor Mental Health: 14+ Days	percent	13.4			12.7	2018		3

SCORE	OLDER ADULTS	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Depression: Medicare Population	percent	20.7		18.2	18.4	2018		5
2.75	Chronic Kidney Disease: Medicare Population	percent	27.8		26.7	24.5	2018		5
2.25	Cancer: Medicare Population	percent	7.9		7.6	8.4	2018		5
2.03	Stroke: Medicare Population	percent	4.3		4.2	3.8	2018		5
1.97	Alzheimer's Disease or Dementia: Medicare Population	percent	11.9		12.6	10.8	2018		5
1.97	Hyperlipidemia: Medicare Population	percent	49.9		49.5	47.7	2018		5
1.81	Atrial Fibrillation: Medicare Population	percent	8.3		7.8	8.4	2018		5
1.81	Hypertension: Medicare Population	percent	60.3		59.9	57.2	2018		5
1.81	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	34.8		34.2	33.5	2018		5
1.75	Asthma: Medicare Population	percent	5		4.9	5	2018		5
1.58	Adults 65+ who Received Recommended Preventive Services: Females	percent	25.9			28.4	2018		3
1.58	Adults 65+ who Received Recommended Preventive Services: Males	percent	27			32.4	2018		3
1.50	Colon Cancer Screening	percent	63.1	74.4		66.4	2018		3
1.50	Diabetes: Medicare Population	percent	28.4		28.8	27	2018		5
1.47	COPD: Medicare Population	percent	11.3		11.2	11.5	2018		5
1.33	People 65+ with Low Access to a Grocery Store	percent	2.1				2015		20

1.31	Osteoporosis: Medicare Population	<i>percent</i>	5.7	6.8	6.6	2018	5
0.92	Adults 65+ with Total Tooth Loss	<i>percent</i>	12.4		13.5	2018	3
0.92	Heart Failure: Medicare Population	<i>percent</i>	15	15.6	14	2018	5
0.86	Ischemic Heart Disease: Medicare Population	<i>percent</i>	26.2	29	26.8	2018	5
0.75	Adults with Arthritis	<i>percent</i>	23		25.8	2018	3
0.08	People 65+ Living Below Poverty Level	<i>percent</i>	5.4	10.6	9.3	2015-2019	Black (8.1) White (4.3) Asian (0) AIAN (0) NHPI (100) Mult (23.5) Other (9.6) Hisp (12.7)

SCORE	ORAL HEALTH	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Age-Adjusted ER Rate due to Dental Problems	<i>ER visits/ 10,000 population</i>	59		11.1		2017-2019		16
1.61	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	12.8		11	11.8	2013-2017		9
1.42	Adults who Visited a Dentist	<i>percent</i>	61.3			66.5	2018		3
1.33	Dentist Rate	<i>dentists/ 100,000 population</i>	33.6		59.6		2019		6
0.92	Adults 65+ with Total Tooth Loss	<i>percent</i>	12.4			13.5	2018		3

SCORE	OTHER CONDITIONS	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.75	Chronic Kidney Disease: Medicare Population	<i>percent</i>	27.8		26.7	24.5	2018		5
1.81	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	34.8		34.2	33.5	2018		5

1.31	Osteoporosis: Medicare Population	<i>percent</i>	5.7	6.8	6.6	2018	5
0.92	Adults with Kidney Disease	<i>Percent of adults</i>	2.9		3.1	2018	3
0.75	Adults with Arthritis	<i>percent</i>	23		25.8	2018	3

SCORE	PHYSICAL ACTIVITY	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.00	Grocery Store Density	<i>stores/ 1,000 population</i>	0.1				2016		20
2.00	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016		20
1.86	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.5				2017		20
1.83	Access to Exercise Opportunities	<i>percent</i>	66		80.5	84	2020		6
1.83	Children with Low Access to a Grocery Store	<i>percent</i>	7				2015		20
1.67	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.6				2016		20
1.67	People with Low Access to a Grocery Store	<i>percent</i>	23.7				2015		20
1.33	Farmers Market Density	<i>markets/ 1,000 population</i>	0				2018		20
1.33	Low-Income and Low Access to a Grocery Store	<i>percent</i>	6.3				2015		20
1.33	People 65+ with Low Access to a Grocery Store	<i>percent</i>	2.1				2015		20
1.33	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1				2016		20
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.4				2015		20
0.69	Food Environment Index		7.8		5.9	7.8	2021		6

SCORE	PREVENTION & SAFETY	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
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1.03	Severe Housing Problems	<i>percent</i>	14.1		17.4	18	2013-2017	6
0.75	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	9.1		10.6	21	2017-2019	6
0.58	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	35.7	43.2	38.7	48.9	2017-2019	4

SCORE	RESPIRATORY DISEASES	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.47	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	86.8		77.1	62.2	3-Sep-21		8
1.81	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	1.1		1.7	1	3-Sep-21		8
1.75	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	<i>hospitalizations/ 10,000 population 18+ years</i>	0.3		0.1		2017-2019		16
1.75	Asthma: Medicare Population	<i>percent</i>	5		4.9	5	2018		5
1.67	Adults who Smoke	<i>percent</i>	17.5	5		15.5	2018		3
1.56	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	12.6		11.8	13.8	2017-2019		4
1.47	COPD: Medicare Population	<i>percent</i>	11.3		11.2	11.5	2018		5
1.36	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	56.9		50.6	58.3	2013-2017		9
1.33	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	38.9	25.1	34.1	38.5	2013-2017		9
1.08	Adults with Current Asthma	<i>percent</i>	9.2			9.2	2018		3
0.92	Adults with COPD	<i>Percent of adults</i>	6.7			6.9	2018		3
0.67	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.2	1.4	4.3		2015-2019		13

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.64	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	10.6		15.7		2018		13

1.22	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	111.5	163.6	179.1	2018	13
1.22	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	4.5	8.8	10.8	2018	13
1.08	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	380.6	508.2	539.9	2018	13

SCORE	WELLNESS & LIFESTYLE	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.67	High Blood Pressure Prevalence	<i>percent</i>	35.8	27.7		32.4	2017		3
1.42	Insufficient Sleep	<i>percent</i>	35	31.4	34.4	35	2018		6
1.00	Frequent Physical Distress	<i>percent</i>	11.6		11.6	11	2018		6
0.92	Poor Physical Health: 14+ Days	<i>percent</i>	12			12.5	2018		3

SCORE	WOMEN'S HEALTH	UNITS	ELLIS COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.22	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	10.1		9.2	7.6	2013-2017		9
1.81	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.2	15.3	19.8	20.1	2013-2017		9
1.81	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	118.7		112.8	125.9	2013-2017		9
1.44	Cervical Cancer Screening: 21-65	<i>Percent</i>	83	84.3		84.7	2018		3
1.28	Mammogram in Past 2 Years: 50-74	<i>percent</i>	71.9	77.1		74.8	2018		3

Erath County

Health and Quality of Life Topics	Score
Physical Activity	1.74
Prevention & Safety	1.73
Children's Health	1.73
Mental Health & Mental Disorders	1.69
Health Care Access & Quality	1.65
Maternal, Fetal & Infant Health	1.58
Environmental Health	1.54
Oral Health	1.52
Respiratory Diseases	1.46
Immunizations & Infectious Diseases	1.45
Economy	1.45
Cancer	1.43
Diabetes	1.39
Sexually Transmitted Infections	1.35
Women's Health	1.35
Community	1.34
Wellness & Lifestyle	1.33
Heart Disease & Stroke	1.29
Education	1.18
Older Adults	1.16
Alcohol & Drug Use	1.04
Other Conditions	0.93

SCORE	ALCOHOL & DRUG USE	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.25	Adults who Binge Drink	percent	18.3			16.4	2018		2
1.25	Age-Adjusted ER Rate due to Substance Use	ER visits/ 10,000 population	11.3		20.6		2017-2019		15
0.75	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	18.9	28.3	25.7	27	2015-2019		5
0.61	Death Rate due to Drug Poisoning	deaths/ 100,000 population	7.9		10.6	21	2017-2019		5
0.36	Liquor Store Density	stores/ 100,000 population	2.4		6.9	10.5	2016		17

SCORE	CANCER	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.17	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	39.1	25.1	34.1	38.5	2013-2017		8
2.11	Cervical Cancer Screening: 21-65	Percent	79	84.3		84.7	2018		2
1.97	Cancer: Medicare Population	percent	7.8		7.6	8.4	2018		4
1.83	Colon Cancer Screening	percent	60.9	74.4		66.4	2018		2
1.72	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	14.5	8.9	13.9	13.7	2013-2017		8
1.67	Mammogram in Past 2 Years: 50-74	percent	69.1	77.1		74.8	2018		2
1.64	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	56.1		50.6	58.3	2013-2017		8
1.56	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	11.5		11	11.8	2013-2017		8
1.31	Colorectal Cancer Incidence Rate	cases/ 100,000 population	37.2		37.6	38.4	2013-2017		8
1.31	Prostate Cancer Incidence Rate	cases/ 100,000 males	93.9		94	104.5	2013-2017		8
1.22	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	147.6	122.7	148.8	155.5	2013-2017		8
1.08	Breast Cancer Incidence Rate	cases/ 100,000 females	115.5		112.8	125.9	2013-2017		8
1.03	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	20.1	16.9	20.4	22.3	2007-2011		8
0.97	All Cancer Incidence Rate	cases/ 100,000 population	392.7		407.7	448.7	2013-2017		8
0.75	Adults with Cancer	percent	6.1			6.9	2018		2
0.53	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	13.7	15.3	19.8	20.1	2013-2017		8

SCORE	CHILDREN'S HEALTH	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
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2.22	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	20.1	8.7	9.1		2020		11
1.83	Children with Low Access to a Grocery Store	<i>percent</i>	7.9				2015		19
1.83	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	31		34	23	2019		6
1.50	Child Food Insecurity Rate	<i>percent</i>	18.2		19.6	14.6	2019		6
1.25	Projected Child Food Insecurity Rate	<i>percent</i>	21.6		23.6		2021		6
SCORE	COMMUNITY	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	Homeownership	<i>percent</i>	47.4		54.9	56.2	2015-2019		1
2.56	Workers Commuting by Public Transportation	<i>percent</i>	0	5.3	1.4	5	2015-2019		1
2.47	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	28.8	10.1	13	11.3	2017-2019		3
2.22	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	20.1	8.7	9.1		2020		11
2.14	Persons with Health Insurance	<i>percent</i>	76.3	92.1	79.3		2019		18
2.00	People Living Below Poverty Level	<i>percent</i>	18.4	8	14.7	13.4	2015-2019	in (0) AIAN (7.6) NHPI (68.2) Mult (	1
1.83	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	467		514	500	2015-2019		1
1.69	Workers who Drive Alone to Work	<i>percent</i>	81.5		80.5	76.3	2015-2019		1
1.67	Female Population 16+ in Civilian Labor Force	<i>percent</i>	54		57.8	58.3	2015-2019		1
1.67	Median Household Gross Rent	<i>dollars</i>	911		1045	1062	2015-2019		1
1.50	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	2.4				2015		19
1.50	Social Worker Rate	<i>workers/ 100,000 population</i>	67.4		82.7		2020		12
1.47	Population 16+ in Civilian Labor Force	<i>percent</i>	58.9		61	59.6	2015-2019		1
1.42	Median Household Income	<i>dollars</i>	52742		61874	62843	2015-2019		1
1.42	Per Capita Income	<i>dollars</i>	27639		31277	34103	2015-2019		1
1.42	Persons with an Internet Subscription	<i>percent</i>	83.4		84.2	86.2	2015-2019		1
1.42	Social Associations	<i>membership associations/ 10,000 population</i>	10.8		7.5	9.3	2018		5
1.39	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1387		1606	1595	2015-2019		1
1.33	Households with an Internet Subscription	<i>percent</i>	81.2		82.1	83	2015-2019		1
1.17	Median Housing Unit Value	<i>dollars</i>	159900		172500	217500	2015-2019		1

1.17	Voter Turnout: Presidential Election	percent	64.5		58.8		2016		14
0.86	People 25+ with a Bachelor's Degree or Higher	percent	31.5		29.9	32.1	2015-2019		1
0.83	Households with One or More Types of Computing Devices	percent	92.9		91	90.3	2015-2019		1
0.75	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	18.9	28.3	25.7	27	2015-2019		5
0.64	Solo Drivers with a Long Commute	percent	19.5		38.9	37	2015-2019		5
0.58	People 25+ with a High School Degree or Higher	percent	88.3		83.7	88	2015-2019		1
0.50	Mean Travel Time to Work	minutes	18.7		26.6	26.9	2015-2019		1
0.42	Children Living Below Poverty Level	percent	16.1		20.9	18.5	2015-2019	i) Asian (0) AIAN (0) Mult (56.5) Oth	1
0.42	Linguistic Isolation	percent	1.5		7.7	4.4	2015-2019		1
0.36	Total Employment Change	percent	5.1		2.9	1.6	2018-2019		17
0.08	Single-Parent Households	percent	13.8		26.3	25.5	2015-2019		1

SCORE	DIABETES	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Age-Adjusted ER Rate due to Diabetes	ER visits/ 10,000 population 18+ years	28.5		9.4		2017-2019		15
1.75	Age-Adjusted ER Rate due to Type 2 Diabetes	ER visits/ 10,000 population 18+ years	26.1		8.6		2017-2019		15
1.75	Age-Adjusted Hospitalization Rate due to Diabetes	hospitalizations/ 10,000 population 18+ years	14.7		5.3		2017-2019		15
1.75	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	hospitalizations/ 10,000 population 18+ years	12.3		4		2017-2019		15
0.81	Diabetes: Medicare Population	percent	24		28.8	27	2018		4
0.50	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	18.1		22	21.5	2017-2019		3

SCORE	ECONOMY	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	Homeownership	percent	47.4		54.9	56.2	2015-2019		1
2.36	Severe Housing Problems	percent	20.9		17.4	18	2013-2017		5
2.00	Households that are Below the Federal Poverty Level	percent	21.4		14		2018		21
2.00	Low-Income and Low Access to a Grocery Store	percent	16.4				2015		19
2.00	People Living Below Poverty Level	percent	18.4	8	14.7	13.4	2015-2019	in (0) AIAN (7.6) NHPI (68.2) Mult (	1
2.00	Persons with Disability Living in Poverty (5-year)	percent	28.5		23.2	26.1	2015-2019		1

2.00	WIC Certified Stores	stores/ 1,000 population	0.1			2016	19
1.97	Renters Spending 30% or More of Household Income on Rent	percent	49.1	47.8	49.6	2015-2019	1
1.83	Food Insecure Children Likely Ineligible for Assistance	percent	31	34	23	2019	6
1.83	Food Insecurity Rate	percent	14.8	14.1	10.9	2019	6
1.83	Median Monthly Owner Costs for Households without a Mortgage	dollars	467	514	500	2015-2019	1
1.67	Female Population 16+ in Civilian Labor Force	percent	54	57.8	58.3	2015-2019	1
1.67	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	percent	50.9	56		2018	21
1.67	Median Household Gross Rent	dollars	911	1045	1062	2015-2019	1
1.58	Projected Food Insecurity Rate	percent	16.9	16.5		2021	6
1.53	SNAP Certified Stores	stores/ 1,000 population	0.7			2017	19
1.50	Child Food Insecurity Rate	percent	18.2	19.6	14.6	2019	6
1.47	Population 16+ in Civilian Labor Force	percent	58.9	61	59.6	2015-2019	1
1.42	Median Household Income	dollars	52742	61874	62843	2015-2019	1
1.42	Per Capita Income	dollars	27639	31277	34103	2015-2019	1
1.39	Mortgaged Owners Median Monthly Household Costs	dollars	1387	1606	1595	2015-2019	1
1.33	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	27.7	30		2018	21
1.25	People Living 200% Above Poverty Level	percent	63.1	65.7	69.1	2015-2019	1
1.25	Projected Child Food Insecurity Rate	percent	21.6	23.6		2021	6
1.19	Students Eligible for the Free Lunch Program	percent	46			2019-2020	9
1.17	Median Housing Unit Value	dollars	159900	172500	217500	2015-2019	1
1.03	Overcrowded Households	percent of households	3.2	4.8		2015-2019	1
0.58	Families Living Below Poverty Level	percent	8.7	11.3	9.5	2015-2019	1
0.58	People 65+ Living Below Poverty Level	percent	9	10.6	9.3	2015-2019	1
0.50	Households with Cash Public Assistance Income	percent	0.6	1.4	2.4	2015-2019	1
0.42	Children Living Below Poverty Level	percent	16.1	20.9	18.5	2015-2019	1
0.42	Unemployed Workers in Civilian Labor Force	percent	4.6	5.9	5.5	May-21	16
0.36	Total Employment Change	percent	5.1	2.9	1.6	2018-2019	17

SCORE	EDUCATION	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.42	High School Drop Out Rate	percent	10.6		1.9		2019		13
1.36	Student-to-Teacher Ratio	students/ teacher	13.3				2019-2020		9
0.86	People 25+ with a Bachelor's Degree or Higher	percent	31.5		29.9	32.1	2015-2019		1
0.67	Infants Born to Mothers with <12 Years Education	percent	13.4		17.4	13.3	2017		12
0.58	People 25+ with a High School Degree or Higher	percent	88.3		83.7	88	2015-2019		1
SCORE	ENVIRONMENTAL HEALTH	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.36	Severe Housing Problems	percent	20.9		17.4	18	2013-2017		5
2.00	Access to Exercise Opportunities	percent	64.5		80.5	84	2020		5
2.00	Grocery Store Density	stores/ 1,000 population	0.1				2016		19
2.00	Low-Income and Low Access to a Grocery Store	percent	16.4				2015		19
2.00	People with Low Access to a Grocery Store	percent	36.1				2015		19
2.00	WIC Certified Stores	stores/ 1,000 population	0.1				2016		19
1.83	Children with Low Access to a Grocery Store	percent	7.9				2015		19
1.83	People 65+ with Low Access to a Grocery Store	percent	4.8				2015		19
1.69	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8				2016		19
1.64	Number of Extreme Precipitation Days	days	43				2016		10
1.64	PBT Released	pounds	0.1				2019		20
1.64	Recognized Carcinogens Released into Air	pounds	71449.1				2019		20
1.58	Adults with Current Asthma	percent	9.5			9.2	2018		2
1.53	SNAP Certified Stores	stores/ 1,000 population	0.7				2017		19
1.50	Farmers Market Density	markets/ 1,000 population	0				2018		19
1.50	Households with No Car and Low Access to a Grocery Store	percent	2.4				2015		19
1.47	Daily Dose of UV Irradiance	Joule per square meter	3468		3538		2015		10
1.42	Food Environment Index		6.5		5.9	7.8	2021		5
1.36	Number of Extreme Heat Days	days	10				2016		10

1.36	Number of Extreme Heat Events	events	1				2016		10
1.33	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2016		19
1.08	Weeks of Moderate Drought or Worse	weeks per year	1				2016		10
1.03	Overcrowded Households	percent of households	3.2		4.8		2015-2019		1
0.42	Asthma: Medicare Population	percent	4.2		4.9	5	2018		4
0.36	Liquor Store Density	stores/ 100,000 population	2.4		6.9	10.5	2016		17

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.14	Persons with Health Insurance	percent	76.3	92.1	79.3		2019		18
2.08	Adults who have had a Routine Checkup	percent	71.8			76.7	2018		2
2.00	Primary Care Provider Rate	providers/ 100,000 population	54.2		60.9		2018		5
1.75	Adults without Health Insurance	percent	22.6			12.2	2018		2
1.58	Adults who Visited a Dentist	percent	58.2			66.5	2018		2
1.50	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	53.9		88.6		2020		5
1.50	Social Worker Rate	workers/ 100,000 population	67.4		82.7		2020		12
1.17	Mental Health Provider Rate	providers/ 100,000 population	100.7		120.9		2020		5
1.11	Dentist Rate	dentists/ 100,000 population	56.2		59.6		2019		5

SCORE	HEART DISEASE & STROKE	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.28	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	130.8	71.1	93	90.5	2017-2019		3
2.22	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	44	33.4	40.2	37.2	2017-2019		3
2.08	Adults who Have Taken Medications for High Blood Pressure	percent	73.1			75.8	2017		2
2.08	Cholesterol Test History	percent	75.4			81.5	2017		2
1.75	Age-Adjusted ER Rate due to Hypertension	ER visits/ 10,000 population 18+ years	28.1		10.5		2017-2019		15
1.69	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	83.1		70.1		2018		10
1.47	Atrial Fibrillation: Medicare Population	percent	7.9		7.8	8.4	2018		4

1.14	Hypertension: Medicare Population	percent	55.6	59.9	57.2	2018	4
1.08	Adults who Experienced Coronary Heart Disease	percent	6.9		6.8	2018	2
1.00	High Blood Pressure Prevalence	percent	30.7	27.7	32.4	2017	2
0.92	Adults who Experienced a Stroke	percent	3.1		3.4	2018	2
0.92	High Cholesterol Prevalence: Adults 18+	percent	33.4		34.1	2017	2
0.81	Hyperlipidemia: Medicare Population	percent	41.4	49.5	47.7	2018	4
0.69	Heart Failure: Medicare Population	percent	13	15.6	14	2018	4
0.25	Ischemic Heart Disease: Medicare Population	percent	23.7	29	26.8	2018	4
0.25	Stroke: Medicare Population	percent	2.8	4.2	3.8	2018	4

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.39	Chlamydia Incidence Rate	cases/ 100,000 population	610.2		508.2	539.9	2018		12
2.25	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	1.4		1.7	1	3-Sep-21		7
1.81	COVID-19 Daily Average Incidence Rate	cases per 100,000 population	70.1		77.1	62.2	3-Sep-21		7
1.33	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	14.3		11.8	14.2	2016-2018		3
1.28	Tuberculosis Incidence Rate	cases/ 100,000 population	2.9	1.4	4.3		2015-2019		12
1.22	Gonorrhea Incidence Rate	cases/ 100,000 population	131.9		163.6	179.1	2018		12
1.03	HIV Diagnosis Rate	cases/ 100,000 population	2.4		15.7		2018		12
1.03	Overcrowded Households	percent of households	3.2		4.8		2015-2019		1
0.75	Syphilis Incidence Rate	cases/ 100,000 population	0		8.8	10.8	2018		12

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.47	Infant Mortality Rate	deaths/ 1,000 live births	11.2	5	5.6	5.9	2015		12
2.00	Babies with Very Low Birth Weight	percent	2.3		1.4	1.4	2013		12
1.92	Mothers who Received Early Prenatal Care	percent	59.8		60.5	77.3	2017		12
1.75	Babies with Low Birth Weight	percent	8.5		8.2	8.1	2015		12
1.28	Teen Births	percent	2.1		2.1	3.1	2017	White (0) Other (0) Hisp (0)	12

0.97	Preterm Births	<i>percent</i>	8.6	9.4	12.2		2017		12
0.67	Infants Born to Mothers with <12 Years Education	<i>percent</i>	13.4		17.4	13.3	2017		12

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.17	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	18.1	12.8	12.4	13.2	2014-2016		3
2.08	Poor Mental Health: 14+ Days	<i>percent</i>	15.3			12.7	2018		2
2.00	Frequent Mental Distress	<i>percent</i>	14.8		11.6	13	2018		5
1.67	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	11.6		12.6	10.8	2018		4
1.47	Depression: Medicare Population	<i>percent</i>	17.7		18.2	18.4	2018		4
1.25	Age-Adjusted ER Rate due to Adult Mental Health	<i>ER visits/ 10,000 population 18+ years</i>	4.5		8.9		2017-2019		15
1.17	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	100.7		120.9		2020		5

SCORE	OLDER ADULTS	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.97	Cancer: Medicare Population	<i>percent</i>	7.8		7.6	8.4	2018		4
1.92	Adults 65+ who Received Recommended Preventive Services: Females	<i>percent</i>	24.8			28.4	2018		2
1.92	Adults 65+ who Received Recommended Preventive Services: Males	<i>percent</i>	24.5			32.4	2018		2
1.83	Colon Cancer Screening	<i>percent</i>	60.9	74.4		66.4	2018		2
1.83	People 65+ with Low Access to a Grocery Store	<i>percent</i>	4.8				2015		19
1.67	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	11.6		12.6	10.8	2018		4
1.58	Adults 65+ with Total Tooth Loss	<i>percent</i>	15.3			13.5	2018		2
1.47	Atrial Fibrillation: Medicare Population	<i>percent</i>	7.9		7.8	8.4	2018		4
1.47	Depression: Medicare Population	<i>percent</i>	17.7		18.2	18.4	2018		4
1.31	Osteoporosis: Medicare Population	<i>percent</i>	5.9		6.8	6.6	2018		4
1.17	COPD: Medicare Population	<i>percent</i>	10.8		11.2	11.5	2018		4
1.14	Hypertension: Medicare Population	<i>percent</i>	55.6		59.9	57.2	2018		4
0.92	Chronic Kidney Disease: Medicare Population	<i>percent</i>	17.9		26.7	24.5	2018		4
0.81	Diabetes: Medicare Population	<i>percent</i>	24		28.8	27	2018		4

0.81	Hyperlipidemia: Medicare Population	percent	41.4	49.5	47.7	2018		4
0.75	Adults with Arthritis	percent	23.1		25.8	2018		2
0.75	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	32.9	34.2	33.5	2018		4
0.69	Heart Failure: Medicare Population	percent	13	15.6	14	2018		4
0.58	People 65+ Living Below Poverty Level	percent	9	10.6	9.3	2015-2019	Asian (0) AIAN (0) NHPI (0) Mult (6)	1
0.42	Asthma: Medicare Population	percent	4.2	4.9	5	2018		4
0.25	Ischemic Heart Disease: Medicare Population	percent	23.7	29	26.8	2018		4
0.25	Stroke: Medicare Population	percent	2.8	4.2	3.8	2018		4

SCORE	ORAL HEALTH	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Age-Adjusted ER Rate due to Dental Problems	ER visits/ 10,000 population	54.7		11.1		2017-2019		15
1.58	Adults 65+ with Total Tooth Loss	percent	15.3			13.5	2018		2
1.58	Adults who Visited a Dentist	percent	58.2			66.5	2018		2
1.56	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	11.5		11	11.8	2013-2017		8
1.11	Dentist Rate	dentists/ 100,000 population	56.2		59.6		2019		5

SCORE	OTHER CONDITIONS	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.31	Osteoporosis: Medicare Population	percent	5.9		6.8	6.6	2018		4
0.92	Adults with Kidney Disease	Percent of adults	2.8			3.1	2018		2
0.92	Chronic Kidney Disease: Medicare Population	percent	17.9		26.7	24.5	2018		4
0.75	Adults with Arthritis	percent	23.1			25.8	2018		2
0.75	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	32.9		34.2	33.5	2018		4

SCORE	PHYSICAL ACTIVITY	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.00	Access to Exercise Opportunities	percent	64.5		80.5	84	2020		5
2.00	Grocery Store Density	stores/ 1,000 population	0.1				2016		19
2.00	Low-Income and Low Access to a Grocery Store	percent	16.4				2015		19
2.00	People with Low Access to a Grocery Store	percent	36.1				2015		19
2.00	WIC Certified Stores	stores/ 1,000 population	0.1				2016		19

1.83	Children with Low Access to a Grocery Store	percent	7.9				2015	19
1.83	People 65+ with Low Access to a Grocery Store	percent	4.8				2015	19
1.69	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8				2016	19
1.53	SNAP Certified Stores	stores/ 1,000 population	0.7				2017	19
1.50	Farmers Market Density	markets/ 1,000 population	0				2018	19
1.50	Households with No Car and Low Access to a Grocery Store	percent	2.4				2015	19
1.42	Food Environment Index		6.5	5.9	7.8		2021	5
1.33	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2016	19

SCORE	PREVENTION & SAFETY	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.36	Severe Housing Problems	percent	20.9		17.4	18	2013-2017		5
2.22	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	54.4	43.2	38.7	48.9	2017-2019		3
0.61	Death Rate due to Drug Poisoning	deaths/ 100,000 population	7.9		10.6	21	2017-2019		5

SCORE	RESPIRATORY DISEASES	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.25	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	1.4		1.7	1	3-Sep-21		7
2.17	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	39.1	25.1	34.1	38.5	2013-2017		8
1.81	COVID-19 Daily Average Incidence Rate	cases per 100,000 population	70.1		77.1	62.2	3-Sep-21		7
1.64	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	56.1		50.6	58.3	2013-2017		8
1.58	Adults with Current Asthma	percent	9.5			9.2	2018		2
1.33	Adults who Smoke	percent	17	5		15.5	2018		2
1.33	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	14.3		11.8	14.2	2016-2018		3
1.28	Tuberculosis Incidence Rate	cases/ 100,000 population	2.9	1.4	4.3		2015-2019		12
1.17	COPD: Medicare Population	percent	10.8		11.2	11.5	2018		4
1.08	Adults with COPD	Percent of adults	7.1			6.9	2018		2

0.42	Asthma: Medicare Population	<i>percent</i>	4.2	4.9	5	2018	4		
SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.39	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	610.2		508.2	539.9	2018		12
1.22	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	131.9		163.6	179.1	2018		12
1.03	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	2.4		15.7		2018		12
0.75	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	0		8.8	10.8	2018		12
SCORE	WELLNESS & LIFESTYLE	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.83	Frequent Physical Distress	<i>percent</i>	13.4		11.6	11	2018		5
1.42	Insufficient Sleep	<i>percent</i>	36	31.4	34.4	35	2018		5
1.08	Poor Physical Health: 14+ Days	<i>percent</i>	12.7			12.5	2018		2
1.00	High Blood Pressure Prevalence	<i>percent</i>	30.7	27.7		32.4	2017		2
SCORE	WOMEN'S HEALTH	UNITS	ERATH COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.11	Cervical Cancer Screening: 21-65	<i>Percent</i>	79	84.3		84.7	2018		2
1.67	Mammogram in Past 2 Years: 50-74	<i>percent</i>	69.1	77.1		74.8	2018		2
1.08	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	115.5		112.8	125.9	2013-2017		8
0.53	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	13.7	15.3	19.8	20.1	2013-2017		8

Henderson County

Health and Quality of Life Topics	Score
Women's Health	2.07
Wellness & Lifestyle	2.04
Mental Health & Mental Disorders	1.99
Cancer	1.98
Other Conditions	1.97
Respiratory Diseases	1.88
Oral Health	1.86
Heart Disease & Stroke	1.85
Older Adults	1.83
Children's Health	1.81
Prevention & Safety	1.81
Health Care Access & Quality	1.78
Community	1.77
Maternal, Fetal & Infant Health	1.76
Economy	1.70
Physical Activity	1.67
Immunizations & Infectious Diseases	1.61
Education	1.60
Alcohol & Drug Use	1.59
Environmental Health	1.48
Sexually Transmitted Infections	1.41
Diabetes	1.20

SCORE	ALCOHOL & DRUG USE	UNITS	HENDERSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.17	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	28.9	28.3	25.7	27	2015-2019		5
	Age-Adjusted Drug and Opioid-Involved								
1.83	Overdose Death Rate	Deaths per 100,000 population	24.5		12.1	22.8	2017-2019		3
1.67	Liquor Store Density	stores/ 100,000 population	12.1		6.9	10.5	2019		17
1.56	Death Rate due to Drug Poisoning	deaths/ 100,000 population	18.7		10.6	21	2017-2019		5
	Age-Adjusted ER Rate due to Substance								
1.25	Use	ER visits/ 10,000 population 18+ years	4.1		20.6		2017-2019		15
1.08	Adults who Binge Drink	percent	14.8			16.4	2018		2

SCORE	CANCER	UNITS	HENDERSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	All Cancer Incidence Rate	cases/ 100,000 population	495.6		407.7	448.7	2013-2017		8
2.67	Cervical Cancer Incidence Rate	cases/ 100,000 females	14.4		9.2	7.6	2013-2017		8
	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	86.1		50.6	58.3	2013-2017		8
	Oral Cavity and Pharynx Cancer Incidence								
2.39	Rate	cases/ 100,000 population	17.4		11	11.8	2013-2017		8
2.33	Mammogram in Past 2 Years: 50-74	percent	67	77.1		74.8	2018		2
2.19	Colorectal Cancer Incidence Rate	cases/ 100,000 population	47.3		37.6	38.4	2013-2017		8
2.08	Adults with Cancer	percent	8.5			6.9	2018		2
	Age-Adjusted Death Rate due to Lung								
2.00	Cancer	deaths/ 100,000 population	50.8	25.1	34.1	38.5	2013-2017		8
2.00	Colon Cancer Screening	percent	59.6	74.4		66.4	2018		2
	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	170.6	122.7	148.8	155.5	2013-2017		8
1.94	Cervical Cancer Screening: 21-65	Percent	80.8	84.3		84.7	2018		2
1.81	Breast Cancer Incidence Rate	cases/ 100,000 females	118.2		112.8	125.9	2013-2017		8
	Age-Adjusted Death Rate due to Breast								
1.58	Cancer	deaths/ 100,000 females	18.2	15.3	19.8	20.1	2013-2017		8
	Age-Adjusted Death Rate due to Colorectal								
1.50	Cancer	deaths/ 100,000 population	15.2	8.9	13.9	13.7	2013-2017		8
1.50	Prostate Cancer Incidence Rate	cases/ 100,000 males	94.4		94	104.5	2013-2017		8
1.47	Cancer: Medicare Population	percent	7.6		7.6	8.4	2018		4
	Age-Adjusted Death Rate due to Prostate								
0.81	Cancer	deaths/ 100,000 males	12.3	16.9	17.6	19	2013-2017		8

SCORE	CHILDREN'S HEALTH	UNITS	HENDERSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Child Food Insecurity Rate	percent	25.1		19.6	14.6	2019		6
2.08	Projected Child Food Insecurity Rate	percent	29		23.6		2021		6
1.94	Substantiated Child Abuse Rate	cases/ 1,000 children	18.3	8.7	9.1		2020		11
1.67	Children with Health Insurance	percent	85.8		87.3	94.3	2019		1
	Children with Low Access to a Grocery								
1.67	Store	percent	6.1				2015		19
	Food Insecure Children Likely Ineligible for								
1.00	Assistance	percent	22		34	23	2019		6

SCORE	COMMUNITY	UNITS	HENDERSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Mean Travel Time to Work	minutes	32.1		26.6	26.9	2015-2019		1
2.92	Solo Drivers with a Long Commute	percent	43.9		38.9	37	2015-2019		5
2.64	Population 16+ in Civilian Labor Force	percent	48.9		61	59.6	2015-2019		1

2.47	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	29.3	10.1	13	11.3	2017-2019		3
2.36	Children Living Below Poverty Level	percent	27.1		20.9	18.5	2015-2019	Asian (7.5) AIAN (0) NHPI (0) Mult (	1
2.36	Female Population 16+ in Civilian Labor Force	percent	46.6		57.8	58.3	2015-2019		1
2.31	Total Employment Change	percent	-0.5		2.9	1.6	2018-2019		17
2.25	Workers who Drive Alone to Work	percent	82.5		80.5	76.3	2015-2019		1
2.17	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvemen	28.9	28.3	25.7	27	2015-2019		5
2.14	Persons with Health Insurance	percent	76.8	92.1	79.3		2019		18
2.00	People 25+ with a Bachelor's Degree or Higher	percent	17.3		29.9	32.1	2015-2019		1
1.94	Substantiated Child Abuse Rate	cases/ 1,000 children	18.3	8.7	9.1		2020		11
1.83	Households with No Car and Low Access to a Grocery Store	percent	3.3				2015		19
1.83	Households with One or More Types of Computing Devices	percent	84.7		91	90.3	2015-2019		1
1.83	People Living Below Poverty Level	percent	17.1	8	14.7	13.4	2015-2019	ian (8.4) AIAN (3.1) NHPI (0) Mult (	1
1.75	Median Household Income	dollars	47355		61874	62843	2015-2019		1
1.67	Households with an Internet Subscription	percent	75.4		82.1	83	2015-2019		1
1.61	Workers Commuting by Public Transportation	percent	0.5	5.3	1.4	5	2015-2019	Asian (0) AIAN (0) NHPI (0) Mult (C	1
1.58	Per Capita Income	dollars	26121		31277	34103	2015-2019		1
1.58	Persons with an Internet Subscription	percent	79.2		84.2	86.2	2015-2019		1
1.53	People 25+ with a High School Degree or Higher	percent	83.5		83.7	88	2015-2019		1
1.50	Median Housing Unit Value	dollars	108500		172500	217500	2015-2019		1
1.36	Homeownership	percent	56.1		54.9	56.2	2015-2019		1
1.36	Voter Turnout: Presidential Election	percent	58.9		58.8		2016		14
1.33	Mortgaged Owners Median Monthly Household Costs	dollars	1190		1606	1595	2015-2019		1
1.25	Social Worker Rate	workers/ 100,000 population	49.3		82.7		2020		12
1.22	Median Household Gross Rent	dollars	785		1045	1062	2015-2019		1
1.14	Social Associations	membership associations/ 10,000 population	10.8		7.5	9.3	2018		5
1.06	Median Monthly Owner Costs for Households without a Mortgage	dollars	418		514	500	2015-2019		1
0.69	Linguistic Isolation	percent	1.7		7.7	4.4	2015-2019		1
0.42	Single-Parent Households	percent	20.4		26.3	25.5	2015-2019		1

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SCORE	DIABETES	UNITS	COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.58	Diabetes: Medicare Population	percent	26.3		28.8	27	2018		4
1.25	Age-Adjusted ER Rate due to Diabetes	ER visits/ 10,000 population 18+ years	6.5		9.4		2017-2019		15
1.25	Age-Adjusted ER Rate due to Type 2 Diabetes	ER visits/ 10,000 population 18+ years	5.7		8.6		2017-2019		15
1.25	Age-Adjusted Hospitalization Rate due to Diabetes	hospitalizations/ 10,000 population 18+ years	4.3		5.3		2017-2019		15
1.25	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	hospitalizations/ 10,000 population 18+ years	2.9		4		2017-2019		15
0.64	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	18.3		22	21.5	2017-2019		3

HENDERSON

SCORE	ECONOMY	UNITS	COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	Population 16+ in Civilian Labor Force	percent	48.9		61	59.6	2015-2019		1

2.50	Child Food Insecurity Rate	percent	25.1	19.6	14.6	2019		6
2.50	Food Insecurity Rate	percent	17	14.1	10.9	2019		6
2.36	Children Living Below Poverty Level	percent	27.1	20.9	18.5	2015-2019	Asian (7.5) AIAN (0) NHPI (0) Mult (	1
2.36	Female Population 16+ in Civilian Labor Force	percent	46.6	57.8	58.3	2015-2019		1
2.31	Total Employment Change	percent	-0.5	2.9	1.6	2018-2019		17
2.08	Projected Child Food Insecurity Rate	percent	29	23.6		2021		6
2.08	Projected Food Insecurity Rate	percent	19.4	16.5		2021		6
2.03	People Living 200% Above Poverty Level	percent	59.1	65.7	69.1	2015-2019		1
2.03	Persons with Disability Living in Poverty (5-year)	percent	30.3	23.2	26.1	2015-2019		1
2.00	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	percent	45.6	56		2018		21
2.00	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	36.1	30		2018		21
1.97	Students Eligible for the Free Lunch Program	percent	61.5			2019-2020		9
1.83	Households that are Below the Federal Poverty Level	percent	18.3	14		2018		21
1.83	Low-Income and Low Access to a Grocery Store	percent	12.3			2015		19
1.83	People Living Below Poverty Level	percent	17.1	8	14.7	2015-2019	ian (8.4) AIAN (3.1) NHPI (0) Mult (	1
1.81	Renters Spending 30% or More of Household Income on Rent	percent	48.6	47.8	49.6	2015-2019		1
1.75	Median Household Income	dollars	47355	61874	62843	2015-2019		1
1.58	Families Living Below Poverty Level	percent	12	11.3	9.5	2015-2019	) Asian (12.2) AIAN (0) Mult (12.8) |	1
1.58	Per Capita Income	dollars	26121	31277	34103	2015-2019		1
1.53	SNAP Certified Stores	stores/ 1,000 population	0.7			2017		19
1.50	Median Housing Unit Value	dollars	108500	172500	217500	2015-2019		1
1.50	WIC Certified Stores	stores/ 1,000 population	0.1			2016		19
1.36	Homeownership	percent	56.1	54.9	56.2	2015-2019		1
1.33	Mortgaged Owners Median Monthly Household Costs	dollars	1190	1606	1595	2015-2019		1
1.31	Overcrowded Households	percent of households	3	4.8		2015-2019		1
1.22	Median Household Gross Rent	dollars	785	1045	1062	2015-2019		1
1.19	Households with Cash Public Assistance Income	percent	1.5	1.4	2.4	2015-2019		1
1.14	People 65+ Living Below Poverty Level	percent	9.1	10.6	9.3	2015-2019	3.5) Asian (0) AIAN (0) Mult (12.9) C	1
1.06	Median Monthly Owner Costs for Households without a Mortgage	dollars	418	514	500	2015-2019		1
1.03	Severe Housing Problems	percent	13.9	17.4	18	2013-2017		5
1.00	Food Insecure Children Likely Ineligible for Assistance	percent	22	34	23	2019		6
0.92	Unemployed Workers in Civilian Labor Force	percent	5.4	5.9	5.5	May-21		16
0.50	Mortgaged Owners Spending 30% or More of Household Income on Housing	percent	23.5	26.5	26.5	2019		1

SCORE	EDUCATION	UNITS	HENDERSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.00	People 25+ with a Bachelor's Degree or Higher	percent	17.3		29.9	32.1	2015-2019		1
1.64	Student-to-Teacher Ratio	students/ teacher	13.9				2019-2020		9

1.53	People 25+ with a High School Degree or Higher	percent	83.5	83.7	88	2015-2019	1
1.50	Infants Born to Mothers with <12 Years Education	percent	18.7	17.4	13.3	2017	12
1.31	High School Drop Out Rate	percent	1.3	1.9		2019	e (1.6) Asian (0) AIAN (0) PI (0) Mu

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SCORE	ENVIRONMENTAL HEALTH	UNITS	COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.00	Access to Exercise Opportunities	percent	62.9		80.5	84	2020		5
2.00	People 65+ with Low Access to a Grocery Store	percent	5.6				2015		19
1.97	Grocery Store Density	stores/ 1,000 population	0.1				2016		19
1.83	Households with No Car and Low Access to a Grocery Store	percent	3.3				2015		19
1.83	Low-Income and Low Access to a Grocery Store	percent	12.3				2015		19
1.81	Fast Food Restaurant Density	restaurants/ 1,000 population	0.7				2016		19
1.75	Adults with Current Asthma	percent	9.8			9.2	2018		2
1.67	Children with Low Access to a Grocery Store	percent	6.1				2015		19
1.67	Liquor Store Density	stores/ 100,000 population	12.1		6.9	10.5	2019		17
1.67	People with Low Access to a Grocery Store	percent	27.3				2015		19
1.64	Months of Mild Drought or Worse	months per year	7				2016		10
1.64	Number of Extreme Precipitation Days	days	32				2016		10
1.64	PBT Released	pounds	12.4				2019		20
1.58	Food Environment Index		6.4		5.9	7.8	2021		5
1.53	SNAP Certified Stores	stores/ 1,000 population	0.7				2017		19
1.50	WIC Certified Stores	stores/ 1,000 population	0.1				2016		19
1.36	Number of Extreme Heat Events	events	1				2016		10
1.36	Weeks of Moderate Drought or Worse	weeks per year	13				2016		10
1.33	Farmers Market Density	markets/ 1,000 population	0				2018		19
1.31	Overcrowded Households	percent of households	3		4.8		2015-2019		1
1.17	Daily Dose of UV Irradiance	Joule per square meter	3319		3538		2015		10
1.08	Number of Extreme Heat Days	days	2				2016		10
1.08	Recognized Carcinogens Released into Air	pounds	3850				2019		20
1.03	Severe Housing Problems	percent	13.9		17.4	18	2013-2017		5
1.00	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2016		19
0.08	Asthma: Medicare Population	percent	3.2		4.9	5	2018		4

			HENDERSON						
SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Primary Care Provider Rate	providers/ 100,000 population	30.4		60.9		2018		5
2.14	Persons with Health Insurance	percent	76.8	92.1	79.3		2019		18
2.08	Adults who Visited a Dentist	percent	52.1			66.5	2018		2
1.94	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	49.6		88.6		2020		5
1.92	Adults without Health Insurance	percent	23.6			12.2	2018		2
1.83	Adults with Health Insurance	percent	69.5		75.5	87.1	2019		1
1.67	Children with Health Insurance	percent	85.8		87.3	94.3	2019		1
1.58	Adults who have had a Routine Checkup	percent	74.8			76.7	2018		2
1.33	Dentist Rate	dentists/ 100,000 population	35.1		59.6		2019		5
1.33	Mental Health Provider Rate	providers/ 100,000 population	56.8		120.9		2020		5

1.25	Social Worker Rate	workers/ 100,000 population	49.3	82.7			2020		12
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SCORE	HEART DISEASE & STROKE	UNITS	HENDERSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
3.00	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	151.8	71.1	93	90.5	2017-2019		3
2.25	Adults who Experienced a Stroke	percent	4.7			3.4	2018		2
2.25	Adults who Experienced Coronary Heart Disease	percent	10.2			6.8	2018		2
2.25	High Cholesterol Prevalence: Adults 18+	percent	40.1			34.1	2017		2
2.00	High Blood Pressure Prevalence	percent	40.3	27.7		32.4	2017		2
2.00	Ischemic Heart Disease: Medicare Population	percent	30.6		29	26.8	2018		4
1.97	Atrial Fibrillation: Medicare Population	percent	8.6		7.8	8.4	2018		4
1.97	Hyperlipidemia: Medicare Population	percent	50.2		49.5	47.7	2018		4
1.97	Hypertension: Medicare Population	percent	61.4		59.9	57.2	2018		4
1.86	Heart Failure: Medicare Population	percent	16.6		15.6	14	2018		4
1.69	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	79.9		70.1		2018		10
1.42	Cholesterol Test History	percent	81			81.5	2017		2
1.36	Stroke: Medicare Population	percent	3.9		4.2	3.8	2018		4
1.33	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	40.9	33.4	40.2	37.2	2017-2019		3
1.25	Age-Adjusted ER Rate due to Hypertension	ER visits/ 10,000 population 18+ years	6.6		10.5		2017-2019		15
1.08	Adults who Have Taken Medications for High Blood Pressure	percent	79.3			75.8	2017		2

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	HENDERSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.36	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	1.9		1.7	1	3-Sep-21		7
2.14	COVID-19 Daily Average Incidence Rate	cases per 100,000 population	80.3		77.1	62.2	3-Sep-21		7
1.89	Gonorrhea Incidence Rate	cases/ 100,000 population	166.5		163.6	179.1	2018		12
1.72	Tuberculosis Incidence Rate	cases/ 100,000 population	3.7	1.4	4.3		2015-2019		12
1.47	HIV Diagnosis Rate	cases/ 100,000 population	8.5		15.7		2018		12
1.31	Overcrowded Households	percent of households	3		4.8		2015-2019		1
1.28	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	12.9		11.8	13.8	2017-2019		3
1.22	Syphilis Incidence Rate	cases/ 100,000 population	1.2		8.8	10.8	2018		12
1.06	Chlamydia Incidence Rate	cases/ 100,000 population	322		508.2	539.9	2018		12

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	HENDERSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.75	Infant Mortality Rate	deaths/ 1,000 live births	10	5	5.6	5.9	2015		12
2.06	Teen Births	percent	2.9		2.1	3.1	2017	ack (0) White (2.6) Other (0) Hisp (	12
1.89	Babies with Very Low Birth Weight	percent	1.6			1.4	2015	ack (0) White (1.73501577) Other (	12
1.78	Mothers who Received Early Prenatal Care	percent	59.9		60.5	77.3	2017		12
1.50	Infants Born to Mothers with <12 Years Education	percent	18.7		17.4	13.3	2017		12
1.22	Preterm Births	percent	10.7	9.4	12.2		2017		12
1.11	Babies with Low Birth Weight	percent	7.5		8.2	8.1	2015		12

			HENDERSON						
SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.47	Depression: Medicare Population	percent	20.3		18.2	18.4	2018		4
2.42	Alzheimer's Disease or Dementia: Medicare Population	percent	12.5		12.6	10.8	2018		4
2.33	Frequent Mental Distress	percent	16.2		11.6	13	2018		5
2.08	Poor Mental Health: 14+ Days	percent	15			12.7	2018		2
2.03	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	21.5	12.8	13.5	14.1	2017-2019		3
1.33	Mental Health Provider Rate	providers/ 100,000 population	56.8		120.9		2020		5
1.25	Age-Adjusted ER Rate due to Adult Mental Health	ER visits/ 10,000 population 18+ years	1		8.9		2017-2019		15
			HENDERSON						
SCORE	OLDER ADULTS	UNITS	COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	COPD: Medicare Population	percent	18.6		11.2	11.5	2018		4
2.47	Depression: Medicare Population	percent	20.3		18.2	18.4	2018		4
2.42	Alzheimer's Disease or Dementia: Medicare Population	percent	12.5		12.6	10.8	2018		4
2.31	Osteoporosis: Medicare Population	percent	7		6.8	6.6	2018		4
2.08	Adults with Arthritis	percent	32.2			25.8	2018		2
2.00	Colon Cancer Screening	percent	59.6	74.4		66.4	2018		2
2.00	Ischemic Heart Disease: Medicare Population	percent	30.6		29	26.8	2018		4
2.00	People 65+ with Low Access to a Grocery Store	percent	5.6				2015		19
1.97	Atrial Fibrillation: Medicare Population	percent	8.6		7.8	8.4	2018		4
1.97	Hyperlipidemia: Medicare Population	percent	50.2		49.5	47.7	2018		4
1.97	Hypertension: Medicare Population	percent	61.4		59.9	57.2	2018		4
1.97	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	36.3		34.2	33.5	2018		4
1.92	Adults 65+ who Received Recommended Preventive Services: Males	percent	23.7			32.4	2018		2
1.92	Adults 65+ with Total Tooth Loss	percent	18.6			13.5	2018		2
1.86	Heart Failure: Medicare Population	percent	16.6		15.6	14	2018		4
1.75	Adults 65+ who Received Recommended Preventive Services: Females	percent	25.4			28.4	2018		2
1.58	Diabetes: Medicare Population	percent	26.3		28.8	27	2018		4
1.47	Cancer: Medicare Population	percent	7.6		7.6	8.4	2018		4
1.42	Chronic Kidney Disease: Medicare Population	percent	22.8		26.7	24.5	2018		4
1.36	Stroke: Medicare Population	percent	3.9		4.2	3.8	2018		4
1.14	People 65+ Living Below Poverty Level	percent	9.1		10.6	9.3	2015-2019	1.5) Asian (0) AIAN (0) Mult (12.9) C	1
0.08	Asthma: Medicare Population	percent	3.2		4.9	5	2018		4
			HENDERSON						
SCORE	ORAL HEALTH	UNITS	COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.39	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	17.4		11	11.8	2013-2017		8
2.08	Adults who Visited a Dentist	percent	52.1			66.5	2018		2
1.92	Adults 65+ with Total Tooth Loss	percent	18.6			13.5	2018		2

1.58	Age-Adjusted ER Rate due to Dental Problems	ER visits/ 10,000 population	11.9	11.1		2017-2019	15
1.33	Dentist Rate	dentists/ 100,000 population	35.1	59.6		2019	5

			HENDERSON COUNTY					
SCORE	OTHER CONDITIONS	UNITS	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.31	Osteoporosis: Medicare Population	percent	7	6.8	6.6	2018		4
2.08	Adults with Arthritis	percent	32.2		25.8	2018		2
2.08	Adults with Kidney Disease	Percent of adults	3.9		3.1	2018		2
1.97	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	36.3	34.2	33.5	2018		4
1.42	Chronic Kidney Disease: Medicare Population	percent	22.8	26.7	24.5	2018		4

			HENDERSON COUNTY					
SCORE	PHYSICAL ACTIVITY	UNITS	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.00	Access to Exercise Opportunities	percent	62.9	80.5	84	2020		5
2.00	People 65+ with Low Access to a Grocery Store	percent	5.6			2015		19
1.97	Grocery Store Density	stores/ 1,000 population	0.1			2016		19
1.83	Households with No Car and Low Access to a Grocery Store	percent	3.3			2015		19
1.83	Low-Income and Low Access to a Grocery Store	percent	12.3			2015		19
1.81	Fast Food Restaurant Density	restaurants/ 1,000 population	0.7			2016		19
1.67	Children with Low Access to a Grocery Store	percent	6.1			2015		19
1.67	People with Low Access to a Grocery Store	percent	27.3			2015		19
1.58	Food Environment Index		6.4	5.9	7.8	2021		5
1.53	SNAP Certified Stores	stores/ 1,000 population	0.7			2017		19
1.50	WIC Certified Stores	stores/ 1,000 population	0.1			2016		19
1.33	Farmers Market Density	markets/ 1,000 population	0			2018		19
1.00	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1			2016		19

			HENDERSON COUNTY					
SCORE	PREVENTION & SAFETY	UNITS	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.83	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	67.4	43.2	38.7	48.9	2017-2019	3
1.56	Death Rate due to Drug Poisoning	deaths/ 100,000 population	18.7	10.6	21		2017-2019	5
1.03	Severe Housing Problems	percent	13.9	17.4	18		2013-2017	5

			HENDERSON COUNTY					
SCORE	RESPIRATORY DISEASES	UNITS	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	COPD: Medicare Population	percent	18.6	11.2	11.5	2018		4
2.50	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	86.1	50.6	58.3	2013-2017		8
2.36	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	1.9	1.7	1	3-Sep-21		7
2.17	Adults who Smoke	percent	20.5	5	15.5	2018		2
2.14	COVID-19 Daily Average Incidence Rate	cases per 100,000 population	80.3	77.1	62.2	3-Sep-21		7
2.08	Adults with COPD	Percent of adults	10.3		6.9	2018		2
2.00	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	50.8	25.1	34.1	38.5	2013-2017	8

1.75	Adults with Current Asthma	percent	9.8		9.2	2018		2
1.72	Tuberculosis Incidence Rate	cases/ 100,000 population	3.7	1.4	4.3	2015-2019		12
1.28	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	12.9		11.8 13.8	2017-2019		3
0.08	Asthma: Medicare Population	percent	3.2		4.9 5	2018		4

		HENDERSON							
SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.89	Gonorrhea Incidence Rate	cases/ 100,000 population	166.5		163.6	179.1	2018		12
1.47	HIV Diagnosis Rate	cases/ 100,000 population	8.5		15.7		2018		12
1.22	Syphilis Incidence Rate	cases/ 100,000 population	1.2		8.8	10.8	2018		12
1.06	Chlamydia Incidence Rate	cases/ 100,000 population	322		508.2	539.9	2018		12

		HENDERSON							
SCORE	WELLNESS & LIFESTYLE	UNITS	COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.17	Frequent Physical Distress	percent	14.4		11.6	11	2018		5
2.08	Poor Physical Health: 14+ Days	percent	16.1			12.5	2018		2
2.00	High Blood Pressure Prevalence	percent	40.3	27.7		32.4	2017		2
1.92	Insufficient Sleep	percent	37.7	31.4	34.4	35	2018		5

		HENDERSON							
SCORE	WOMEN'S HEALTH	UNITS	COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.67	Cervical Cancer Incidence Rate	cases/ 100,000 females	14.4		9.2	7.6	2013-2017		8
2.33	Mammogram in Past 2 Years: 50-74	percent	67	77.1		74.8	2018		2
1.94	Cervical Cancer Screening: 21-65	Percent	80.8	84.3		84.7	2018		2
1.81	Breast Cancer Incidence Rate	cases/ 100,000 females	118.2		112.8	125.9	2013-2017		8
1.58	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	18.2	15.3	19.8	20.1	2013-2017		8

Hood County

Health and Quality of Life Topics	Score
Other Conditions	2.07
Older Adults	1.78
Women's Health	1.74
Children's Health	1.71
Cancer	1.65
Physical Activity	1.63
Mental Health & Mental Disorders	1.56
Heart Disease & Stroke	1.53
Prevention & Safety	1.53
Respiratory Diseases	1.47
Environmental Health	1.47
Health Care Access & Quality	1.44
Wellness & Lifestyle	1.40
Oral Health	1.36
Community	1.35
Alcohol & Drug Use	1.31
Education	1.31
Maternal, Fetal & Infant Health	1.30
Diabetes	1.25
Economy	1.18
Immunizations & Infectious Diseases	1.08
Sexually Transmitted Infections	1.06

SCORE	ALCOHOL & DRUG USE	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Age-Adjusted ER Rate due to Opioid Use	visits/ 10,000 population 18+ y	1.1		0.7		2017-2019		16
1.58	Adults who Binge Drink	percent	16.2			16.4	2018		3
1.56	Death Rate due to Drug Poisoning	deaths/ 100,000 population	15		10.6	21	2017-2019		6
1.50	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	deaths per 100,000 population	19.1		12.1	22.8	2017-2019		4
1.25	Age-Adjusted ER Rate due to Substance Use	visits/ 10,000 population 18+ y	4.8		20.6		2017-2019		16
0.78	Liquor Store Density	stores/ 100,000 population	6.5		6.9	10.5	2019		18
0.75	Alcohol-Impaired Driving Deaths	driving deaths with alcohol in	19.6	28.3	25.7	27	2015-2019		6
SCORE	CANCER	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.47	Cancer: Medicare Population	percent	9.1		7.6	8.4	2018		5
2.25	Adults with Cancer	percent	9.1			6.9	2018		3
2.25	Cervical Cancer Incidence Rate	cases/ 100,000 females	12.7		9.2	7.6	2013-2017		9
1.94	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	44.3	25.1	34.1	38.5	2013-2017		9
1.89	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	12.7		11	11.8	2013-2017		9
1.86	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	20.4	16.9	17.6	19	2013-2017		9
1.81	All Cancer Incidence Rate	cases/ 100,000 population	438.4		407.7	448.7	2013-2017		9
1.81	Breast Cancer Incidence Rate	cases/ 100,000 females	120.9		112.8	125.9	2013-2017		9
1.75	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	19.7	15.3	19.8	20.1	2013-2017		9
1.69	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	62.5		50.6	58.3	2013-2017		9
1.64	Prostate Cancer Incidence Rate	cases/ 100,000 males	98.6		94	104.5	2013-2017		9
1.44	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	158.8	122.7	148.8	155.5	2013-2017		9
1.44	Cervical Cancer Screening: 21-65	Percent	83.1	84.3		84.7	2018		3
1.44	Mammogram in Past 2 Years: 50-74	percent	70.3	77.1		74.8	2018		3
1.33	Colon Cancer Screening	percent	65	74.4		66.4	2018		3
0.94	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	13.5	8.9	13.9	13.7	2013-2017		9
0.08	Colorectal Cancer Incidence Rate	cases/ 100,000 population	33.6		37.6	38.4	2013-2017		9
SCORE	CHILDREN'S HEALTH	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.17	Food Insecure Children Likely Ineligible for Assistance	percent	37		34	23	2019		7
1.94	Substantiated Child Abuse Rate	cases/ 1,000 children	18	8.7	9.1		2020		12
1.67	Children with Low Access to a Grocery Store	percent	6.6				2015		20
1.50	Child Food Insecurity Rate	percent	17.9		19.6	14.6	2019		7
1.25	Projected Child Food Insecurity Rate	percent	21.9		23.6		2021		7
SCORE	COMMUNITY	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Solo Drivers with a Long Commute	percent	53		38.9	37	2015-2019		6
2.64	Mean Travel Time to Work	minutes	33.6		26.6	26.9	2015-2019		1
2.47	Workers who Drive Alone to Work	percent	86.8		80.5	76.3	2015-2019		1
2.36	Female Population 16+ in Civilian Labor Force	percent	46.2		57.8	58.3	2015-2019		1
2.31	Population 16+ in Civilian Labor Force	percent	52.3		61	59.6	2015-2019		1

2.22	Workers Commuting by Public Transportation	percent	0.2	5.3	1.4	5	2015-2019	Asian (0) AIAN (0) NHPI (100) Multi	1
2.17	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	19.3	10.1	13	11.3	2017-2019		4
2.00	Median Household Gross Rent	dollars	961		1045	1062	2015-2019		1
2.00	Mortgaged Owners Median Monthly Household Costs	dollars	1477		1606	1595	2015-2019		1
1.94	Substantiated Child Abuse Rate	cases/ 1,000 children	18	8.7	9.1		2020		12
1.72	Median Monthly Owner Costs for Households without a Mortgage	dollars	476		514	500	2015-2019		1
1.47	Social Associations	ship associations/ 10,000 pop	9.8		7.5	9.3	2018		6
1.36	People 25+ with a Bachelor's Degree or Higher	percent	26.4		29.9	32.1	2015-2019		1
1.36	Persons with Health Insurance	percent	82.2	92.1	79.3		2019		19
1.36	Social Worker Rate	workers/ 100,000 population	69.9		82.7		2020		13
1.17	Households with No Car and Low Access to a Grocery Store	percent	1.6				2015		20
1.17	Linguistic Isolation	percent	2.6		7.7	4.4	2015-2019		1
1.08	Persons with an Internet Subscription	percent	87.5		84.2	86.2	2015-2019		1
1.00	Voter Turnout: Presidential Election	percent	68.5		58.8		2016		15
0.86	People 25+ with a High School Degree or Higher	percent	89.4		83.7	88	2015-2019		1
0.83	Households with an Internet Subscription	percent	85.4		82.1	83	2015-2019		1
0.83	Households with One or More Types of Computing Devices	percent	92.4		91	90.3	2015-2019		1
0.83	Median Housing Unit Value	dollars	193500		172500	217500	2015-2019		1
0.75	Alcohol-Impaired Driving Deaths	driving deaths with alcohol ir.	19.6	28.3	25.7	27	2015-2019		6
0.69	Median Household Income	dollars	64041		61874	62843	2015-2019		1
0.53	Children Living Below Poverty Level	percent	14.5		20.9	18.5	2015-2019		1
0.44	People Living Below Poverty Level	percent	9.7	8	14.7	13.4	2015-2019		1
0.36	Homeownership	percent	64.9		54.9	56.2	2015-2019		1
0.36	Single-Parent Households	percent	15.7		26.3	25.5	2015-2019		1
0.36	Total Employment Change	percent	5.6		2.9	1.6	2018-2019		18
0.25	Per Capita Income	dollars	35606		31277	34103	2015-2019	!12) AIAN (83167) NHPI (279498) N	1

SCORE	DIABETES	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.42	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	izations/ 10,000 population 1.	4		4		2017-2019		16
1.36	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	22.3		22	21.5	2017-2019		4
1.25	Age-Adjusted ER Rate due to Diabetes	visits/ 10,000 population 18+ y	4.8		9.4		2017-2019		16
1.25	Age-Adjusted ER Rate due to Type 2 Diabetes	visits/ 10,000 population 18+ y	4.5		8.6		2017-2019		16
1.25	Age-Adjusted Hospitalization Rate due to Diabetes	izations/ 10,000 population 1.	4.8		5.3		2017-2019		16
0.97	Diabetes: Medicare Population	percent	24.7		28.8	27	2018		5

SCORE	ECONOMY	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.36	Female Population 16+ in Civilian Labor Force	percent	46.2		57.8	58.3	2015-2019		1
2.31	Population 16+ in Civilian Labor Force	percent	52.3		61	59.6	2015-2019		1
2.31	Renters Spending 30% or More of Household Income on Rent	percent	49.7		47.8	49.6	2015-2019		1

2.17	Food Insecure Children Likely Ineligible for Assistance	percent	37	34	23	2019	7		
2.00	Median Household Gross Rent	dollars	961	1045	1062	2015-2019	1		
2.00	Mortgaged Owners Median Monthly Household Costs	dollars	1477	1606	1595	2015-2019	1		
2.00	WIC Certified Stores	stores/ 1,000 population	0.1			2016	20		
1.72	Median Monthly Owner Costs for Households without a Mortgage	dollars	476	514	500	2015-2019	1		
1.67	Food Insecurity Rate	percent	13.5	14.1	10.9	2019	7		
1.67	Low-Income and Low Access to a Grocery Store	percent	9.8			2015	20		
1.53	SNAP Certified Stores	stores/ 1,000 population	0.8			2017	20		
1.50	Child Food Insecurity Rate	percent	17.9	19.6	14.6	2019	7		
1.47	Students Eligible for the Free Lunch Program	percent	45.2			2019-2020	10		
1.33	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	28.7	30		2018	22		
1.25	Projected Child Food Insecurity Rate	percent	21.9	23.6		2021	7		
1.25	Projected Food Insecurity Rate	percent	15.9	16.5		2021	7		
1.17	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	percent	60.6	56		2018	22		
1.08	Unemployed Workers in Civilian Labor Force	percent	5.5	5.9	5.5	May-21	17		
1.03	Overcrowded Households	percent of households	2.9	4.8		2015-2019	1		
1.00	Households that are Below the Federal Poverty Level	percent	10.7	14		2018	22		
0.97	Severe Housing Problems	percent	13	17.4	18	2013-2017	6		
0.83	Median Housing Unit Value	dollars	193500	172500	217500	2015-2019	1		
0.69	Median Household Income	dollars	64041	61874	62843	2015-2019	1		
0.64	People 65+ Living Below Poverty Level	percent	5.1	10.6	9.3	2015-2019	ian (0) AIAN (0) NHPI (21.7) Mult (C) 1		
0.53	Children Living Below Poverty Level	percent	14.5	20.9	18.5	2015-2019	1		
0.44	People Living Below Poverty Level	percent	9.7	8	14.7	13.4	2015-2019	1	
0.36	Families Living Below Poverty Level	percent	6.8	11.3	9.5	2015-2019	an (0) AIAN (0) NHPI (100) Mult (3.) 1		
0.36	Homeownership	percent	64.9	54.9	56.2	2015-2019	1		
0.36	Households with Cash Public Assistance Income	percent	0.8	1.4	2.4	2015-2019	1		
0.36	Total Employment Change	percent	5.6	2.9	1.6	2018-2019	18		
0.25	People Living 200% Above Poverty Level	percent	73.4	65.7	69.1	2015-2019	1		
0.25	Per Capita Income	dollars	35606	31277	34103	2015-2019	12) AIAN (83167) NHPI (279498) M 1		
0.08	Persons with Disability Living in Poverty (5-year)	percent	15.4	23.2	26.1	2015-2019	1		
SCORE	EDUCATION	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.81	High School Drop Out Rate	percent	2.3		1.9		2019	ite (1.7) Asian (0) AIAN (0) PI (0) M	14
1.69	Student-to-Teacher Ratio	students/ teacher	14.9				2019-2020		10
1.36	People 25+ with a Bachelor's Degree or Higher	percent	26.4		29.9	32.1	2015-2019		1
0.86	People 25+ with a High School Degree or Higher	percent	89.4		83.7	88	2015-2019		1
0.83	Infants Born to Mothers with <12 Years Education	percent	14		17.4	13.3	2017		13
SCORE	ENVIRONMENTAL HEALTH	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source

2.00	People 65+ with Low Access to a Grocery Store	percent	7.9				2015		20
2.00	WIC Certified Stores	stores/ 1,000 population	0.1				2016		20
1.97	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8				2016		20
1.97	Grocery Store Density	stores/ 1,000 population	0.1				2016		20
1.86	Asthma: Medicare Population	percent	4.9	4.9	5		2018		5
1.83	People with Low Access to a Grocery Store	percent	32.8				2015		20
1.67	Access to Exercise Opportunities	percent	72.7	80.5	84		2020		6
1.67	Children with Low Access to a Grocery Store	percent	6.6				2015		20
1.67	Low-Income and Low Access to a Grocery Store	percent	9.8				2015		20
1.64	Number of Extreme Precipitation Days	days	50				2016		11
1.64	Recognized Carcinogens Released into Air	pounds	13.9				2019		21
1.53	SNAP Certified Stores	stores/ 1,000 population	0.8				2017		20
1.50	Farmers Market Density	markets/ 1,000 population	0				2018		20
1.44	Annual Ozone Air Quality		D				2017-2019		2
1.36	Number of Extreme Heat Days	days	4				2016		11
1.36	Number of Extreme Heat Events	events	1				2016		11
1.33	Daily Dose of UV Irradiance	Joule per square meter	3397	3538			2015		11
1.19	Food Environment Index		7.3	5.9	7.8		2021		6
1.17	Households with No Car and Low Access to a Grocery Store	percent	1.6				2015		20
1.08	Adults with Current Asthma	percent	8.9		9.2		2018		3
1.08	Weeks of Moderate Drought or Worse	weeks per year	1				2016		11
1.03	Overcrowded Households	percent of households	2.9	4.8			2015-2019		1
1.03	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2016		20
0.97	Severe Housing Problems	percent	13	17.4	18		2013-2017		6
0.78	Liquor Store Density	stores/ 100,000 population	6.5	6.9	10.5		2019		18

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.94	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	47.1		88.6		2020		6
1.75	Adults without Health Insurance	percent	19.4			12.2	2018		3
1.75	Primary Care Provider Rate	providers/ 100,000 population	47.9		60.9		2018		6
1.42	Adults who have had a Routine Checkup	percent	76.6			76.7	2018		3
1.36	Persons with Health Insurance	percent	82.2	92.1	79.3		2019		19
1.36	Social Worker Rate	workers/ 100,000 population	69.9		82.7		2020		13
1.25	Adults who Visited a Dentist	percent	62.7			66.5	2018		3
1.17	Mental Health Provider Rate	providers/ 100,000 population	95.7		120.9		2020		6
1.00	Dentist Rate	dentists/ 100,000 population	51.9		59.6		2019		6

SCORE	HEART DISEASE & STROKE	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	Hyperlipidemia: Medicare Population	percent	56.3		49.5	47.7	2018		5
2.58	Atrial Fibrillation: Medicare Population	percent	8.9		7.8	8.4	2018		5
2.25	High Cholesterol Prevalence: Adults 18+	percent	40.2			34.1	2017		3
2.00	High Blood Pressure Prevalence	percent	39.8	27.7		32.4	2017		3
1.97	Heart Failure: Medicare Population	percent	15.9		15.6	14	2018		5
1.92	Adults who Experienced Coronary Heart Disease	percent	9.1			6.8	2018		3
1.81	Hypertension: Medicare Population	percent	61		59.9	57.2	2018		5

1.58	Adults who Experienced a Stroke	percent	4		3.4		2018		3
1.25	Age-Adjusted ER Rate due to Hypertension	visits/ 10,000 population 18+ y	8.6		10.5		2017-2019		16
1.19	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	36.3	33.4	40.2	37.2	2017-2019		4
1.08	Adults who Have Taken Medications for High Blood Pressure	percent	79.7		75.8		2017		3
1.03	Age-Adjusted Death Rate due to Heart Attack	hs/ 100,000 population 35+ y	61.3		70.1		2018		11
1.03	Stroke: Medicare Population	percent	3.7		4.2	3.8	2018		5
0.97	Ischemic Heart Disease: Medicare Population	percent	26		29	26.8	2018		5
0.92	Cholesterol Test History	percent	83.9		81.5		2017		3
0.33	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	81	71.1	93	90.5	2017-2019		4

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.14	COVID-19 Daily Average Incidence Rate	cases per 100,000 population	77.8		77.1	62.2	3-Sep-21		8
1.33	HIV Diagnosis Rate	cases/ 100,000 population	5		15.7		2018		13
1.06	Chlamydia Incidence Rate	cases/ 100,000 population	269.3		508.2	539.9	2018		13
1.03	Overcrowded Households	percent of households	2.9		4.8		2015-2019		1
1.00	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	0.6		1.7	1	3-Sep-21		8
0.94	Syphilis Incidence Rate	cases/ 100,000 population	1.7		8.8	10.8	2018		13
0.94	Tuberculosis Incidence Rate	cases/ 100,000 population	0.7	1.4	4.3		2015-2019		13
0.92	Gonorrhea Incidence Rate	cases/ 100,000 population	66.1		163.6	179.1	2018		13
0.33	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	7.9		11.8	13.8	2017-2019		4

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.31	Infant Mortality Rate	deaths/ 1,000 live births	7.4	5	5.6	5.9	2015		13
2.00	Babies with Very Low Birth Weight	percent	1.7		1.5	1.5	2007		13
1.58	Mothers who Received Early Prenatal Care	percent	63		60.5	77.3	2017		13
0.97	Preterm Births	percent	9.1	9.4	12.2		2017		13
0.83	Infants Born to Mothers with <12 Years Education	percent	14		17.4	13.3	2017		13
0.78	Babies with Low Birth Weight	percent	6.2		8.2	8.1	2015		13
0.61	Teen Births	percent	0		2.1	3.1	2017		13

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.31	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	21	12.8	13.5	14.1	2017-2019		4
1.97	Alzheimer's Disease or Dementia: Medicare Population	percent	12.1		12.6	10.8	2018		5
1.83	Depression: Medicare Population	percent	19.3		18.2	18.4	2018		5
1.50	Frequent Mental Distress	percent	13.8		11.6	13	2018		6
1.25	Age-Adjusted ER Rate due to Adult Mental Health	visits/ 10,000 population 18+ y	1.4		8.9		2017-2019		16
1.17	Mental Health Provider Rate	providers/ 100,000 population	95.7		120.9		2020		6
0.92	Poor Mental Health: 14+ Days	percent	12.5		12.7		2018		3

SCORE	OLDER ADULTS	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	Hyperlipidemia: Medicare Population	percent	56.3		49.5	47.7	2018		5

2.64	Osteoporosis: Medicare Population	percent	7.6	6.8	6.6	2018	5		
2.64	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	41.7	34.2	33.5	2018	5		
2.58	Atrial Fibrillation: Medicare Population	percent	8.9	7.8	8.4	2018	5		
2.47	Cancer: Medicare Population	percent	9.1	7.6	8.4	2018	5		
2.31	COPD: Medicare Population	percent	14	11.2	11.5	2018	5		
2.00	People 65+ with Low Access to a Grocery Store	percent	7.9			2015	20		
1.97	Alzheimer's Disease or Dementia: Medicare Population	percent	12.1	12.6	10.8	2018	5		
1.97	Heart Failure: Medicare Population	percent	15.9	15.6	14	2018	5		
1.92	Adults with Arthritis	percent	30.8		25.8	2018	3		
1.86	Asthma: Medicare Population	percent	4.9	4.9	5	2018	5		
1.83	Depression: Medicare Population	percent	19.3	18.2	18.4	2018	5		
1.81	Hypertension: Medicare Population	percent	61	59.9	57.2	2018	5		
1.75	Adults 65+ who Received Recommended Preventive Services: Males	percent	26.2		32.4	2018	3		
1.42	Adults 65+ who Received Recommended Preventive Services: Females	percent	28.2		28.4	2018	3		
1.42	Chronic Kidney Disease: Medicare Population	percent	22.8	26.7	24.5	2018	5		
1.33	Colon Cancer Screening	percent	65	74.4	66.4	2018	3		
1.03	Stroke: Medicare Population	percent	3.7	4.2	3.8	2018	5		
0.97	Diabetes: Medicare Population	percent	24.7	28.8	27	2018	5		
0.97	Ischemic Heart Disease: Medicare Population	percent	26	29	26.8	2018	5		
0.92	Adults 65+ with Total Tooth Loss	percent	12.9		13.5	2018	3		
0.64	People 65+ Living Below Poverty Level	percent	5.1	10.6	9.3	2015-2019	ian (0) AIAN (0) NHPI (21.7) Mult (C) 1		
SCORE	ORAL HEALTH	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.89	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	12.7		11	11.8	2013-2017		9
1.75	Age-Adjusted ER Rate due to Dental Problems	ER visits/ 10,000 population	12.1		11.1		2017-2019		16
1.25	Adults who Visited a Dentist	percent	62.7			66.5	2018		3
1.00	Dentist Rate	dentists/ 100,000 population	51.9		59.6		2019		6
0.92	Adults 65+ with Total Tooth Loss	percent	12.9			13.5	2018		3
SCORE	OTHER CONDITIONS	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	Osteoporosis: Medicare Population	percent	7.6		6.8	6.6	2018		5
2.64	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	41.7		34.2	33.5	2018		5
1.92	Adults with Arthritis	percent	30.8			25.8	2018		3
1.75	Adults with Kidney Disease	Percent of adults	3.5			3.1	2018		3
1.42	Chronic Kidney Disease: Medicare Population	percent	22.8		26.7	24.5	2018		5
SCORE	PHYSICAL ACTIVITY	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.00	People 65+ with Low Access to a Grocery Store	percent	7.9				2015		20
2.00	WIC Certified Stores	stores/ 1,000 population	0.1				2016		20
1.97	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8				2016		20
1.97	Grocery Store Density	stores/ 1,000 population	0.1				2016		20

1.83	People with Low Access to a Grocery Store	percent	32.8				2015		20
1.67	Access to Exercise Opportunities	percent	72.7	80.5	84		2020		6
1.67	Children with Low Access to a Grocery Store	percent	6.6				2015		20
1.67	Low-Income and Low Access to a Grocery Store	percent	9.8				2015		20
1.53	SNAP Certified Stores	stores/ 1,000 population	0.8				2017		20
1.50	Farmers Market Density	markets/ 1,000 population	0				2018		20
1.19	Food Environment Index		7.3	5.9	7.8		2021		6
1.17	Households with No Car and Low Access to a Grocery Store	percent	1.6				2015		20
1.03	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2016		20
SCORE	PREVENTION & SAFETY	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.06	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	53.6	43.2	38.7	48.9	2017-2019		4
1.56	Death Rate due to Drug Poisoning	deaths/ 100,000 population	15		10.6	21	2017-2019		6
0.97	Severe Housing Problems	percent	13		17.4	18	2013-2017		6
SCORE	RESPIRATORY DISEASES	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.31	COPD: Medicare Population	percent	14		11.2	11.5	2018		5
2.14	COVID-19 Daily Average Incidence Rate	cases per 100,000 population	77.8		77.1	62.2	3-Sep-21		8
1.94	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	44.3	25.1	34.1	38.5	2013-2017		9
1.86	Asthma: Medicare Population	percent	4.9		4.9	5	2018		5
1.75	Adults with COPD	Percent of adults	8.5			6.9	2018		3
1.69	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	62.5		50.6	58.3	2013-2017		9
1.17	Adults who Smoke	percent	16	5		15.5	2018		3
1.08	Adults with Current Asthma	percent	8.9			9.2	2018		3
1.00	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	0.6		1.7	1	3-Sep-21		8
0.94	Tuberculosis Incidence Rate	cases/ 100,000 population	0.7	1.4	4.3		2015-2019		13
0.33	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	7.9		11.8	13.8	2017-2019		4
SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.33	HIV Diagnosis Rate	cases/ 100,000 population	5		15.7		2018		13
1.06	Chlamydia Incidence Rate	cases/ 100,000 population	269.3		508.2	539.9	2018		13
0.94	Syphilis Incidence Rate	cases/ 100,000 population	1.7		8.8	10.8	2018		13
0.92	Gonorrhea Incidence Rate	cases/ 100,000 population	66.1		163.6	179.1	2018		13
SCORE	WELLNESS & LIFESTYLE	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.00	High Blood Pressure Prevalence	percent	39.8	27.7		32.4	2017		3
1.33	Frequent Physical Distress	percent	11.9		11.6	11	2018		6
1.25	Poor Physical Health: 14+ Days	percent	13.7			12.5	2018		3
1.03	Insufficient Sleep	percent	34.3	31.4	34.4	35	2018		6
SCORE	WOMEN'S HEALTH	UNITS	HOOD COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.25	Cervical Cancer Incidence Rate	cases/ 100,000 females	12.7		9.2	7.6	2013-2017		9
1.81	Breast Cancer Incidence Rate	cases/ 100,000 females	120.9		112.8	125.9	2013-2017		9
1.75	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	19.7	15.3	19.8	20.1	2013-2017		9

1.44	Cervical Cancer Screening: 21-65	<i>Percent</i>	83.1	84.3	84.7	2018	3
1.44	Mammogram in Past 2 Years: 50-74	<i>percent</i>	70.3	77.1	74.8	2018	3

Johnson County

Health and Quality of Life Topics	Score
Women's Health	1.95
Older Adults	1.94
Other Conditions	1.94
Cancer	1.81
Heart Disease & Stroke	1.80
Diabetes	1.74
Respiratory Diseases	1.74
Mental Health & Mental Disorders	1.74
Health Care Access & Quality	1.73
Oral Health	1.66
Children's Health	1.53
Education	1.51
Physical Activity	1.50
Environmental Health	1.46
Wellness & Lifestyle	1.46
Community	1.40
Immunizations & Infectious Diseases	1.38
Maternal, Fetal & Infant Health	1.23
Alcohol & Drug Use	1.23
Sexually Transmitted Infections	1.21
Prevention & Safety	1.14
Economy	1.09

SCORE	ALCOHOL & DRUG USE	UNITS	JOHNSON			U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
			COUNTY	HP2030	TX				
1.92	Adults who Binge Drink	percent	17.7			16.4	2018		3
1.75	Age-Adjusted ER Rate due to Opioid Use	ER visits/ 10,000 population 18+ years	2.7		0.7		2017-2019		16
1.58	Age-Adjusted Hospitalization Rate due to Substance Use	hospitalizations/ 10,000 population 18+ years	1.3		1.2		2017-2019		16
1.25	Age-Adjusted ER Rate due to Substance Use	ER visits/ 10,000 population 18+ years	15.3		20.6		2017-2019		16
1.22	Death Rate due to Drug Poisoning	deaths/ 100,000 population	11.1		10.6	21	2017-2019		6
1.17	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Deaths per 100,000 population	12.1		12.1	22.8	2017-2019		4
0.61	Liquor Store Density	stores/ 100,000 population	1.8		7	10.6	2017		18
0.33	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	20.5	28.3	25.7	27	2015-2019		6

SCORE	CANCER	UNITS	JOHNSON			U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
			COUNTY	HP2030	TX				
2.75	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	27.5	15.3	19.8	20.1	2013-2017		9
2.31	All Cancer Incidence Rate	cases/ 100,000 population	463.3		407.7	448.7	2013-2017		9
2.25	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	177.7	122.7	148.8	155.5	2013-2017		9
2.25	Cancer: Medicare Population	percent	7.8		7.6	8.4	2018		5
2.14	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	20.9	16.9	17.6	19	2013-2017		9
2.08	Breast Cancer Incidence Rate	cases/ 100,000 females	118.6		112.8	125.9	2013-2017		9
2.03	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	68.4		50.6	58.3	2013-2017		9
2.00	Colon Cancer Screening	percent	59.6	74.4		66.4	2018		3
1.89	Cervical Cancer Incidence Rate	cases/ 100,000 females	8.4		9.2	7.6	2013-2017		9
1.83	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	47.5	25.1	34.1	38.5	2013-2017		9
1.61	Mammogram in Past 2 Years: 50-74	percent	69.4	77.1		74.8	2018		3
1.61	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	12.7		11	11.8	2013-2017		9
1.50	Prostate Cancer Incidence Rate	cases/ 100,000 males	98.6		94	104.5	2013-2017		9
1.44	Cervical Cancer Screening: 21-65	Percent	82.5	84.3		84.7	2018		3
1.17	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	14	8.9	13.9	13.7	2013-2017		9
1.08	Adults with Cancer	percent	6.8			6.9	2018		3
0.75	Colorectal Cancer Incidence Rate	cases/ 100,000 population	37.4		37.6	38.4	2013-2017		9

SCORE	CHILDREN'S HEALTH	UNITS	JOHNSON			U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
			COUNTY	HP2030	TX				
2.06	Substantiated Child Abuse Rate	cases/ 1,000 children	12.3	8.7	9.1		2020		12
1.67	Children with Health Insurance	percent	85.7		87.3	94.3	2019		1
1.67	Children with Low Access to a Grocery Store	percent	6				2015		20
1.33	Child Food Insecurity Rate	percent	17.5		19.6	14.6	2019		7
1.25	Projected Child Food Insecurity Rate	percent	21.5		23.6		2021		7

1.17	Food Insecure Children Likely Ineligible for Assistance	percent	24	34	23	2019			7
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SCORE	COMMUNITY	UNITS	JOHNSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Mean Travel Time to Work	minutes	31.4		26.6	26.9	2015-2019		1
2.92	Solo Drivers with a Long Commute	percent	56.2		38.9	37	2015-2019		6
2.75	Workers who Drive Alone to Work	percent	87.7		80.5	76.3	2015-2019		1
2.31	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	17.7	10.1	13	11.3	2017-2019		4
2.31	Social Associations	membership associations/ 10,000 population	7.4		7.5	9.3	2018		6
2.22	Workers Commuting by Public Transportation	percent	0.1	5.3	1.4	5	2015-2019	Black (0.9) White (0.1) Asian (0) AIAN (0) NHPI (0) Mult (0) Other (0) Hisp (0)	1
2.06	Substantiated Child Abuse Rate	cases/ 1,000 children	12.3	8.7	9.1		2020		12
2.00	Median Household Gross Rent	dollars	1008		1045	1062	2015-2019		1
1.86	People 25+ with a Bachelor's Degree or Higher	percent	18.7		29.9	32.1	2015-2019		1
1.81	Persons with Health Insurance	percent	79.8	92.1	79.3		2019		19
1.72	Median Monthly Owner Costs for Households without a Mortgage	dollars	475		514	500	2015-2019		1
1.67	Mortgaged Owners Median Monthly Household Costs	dollars	1384		1606	1595	2015-2019		1
1.67	Social Worker Rate	workers/ 100,000 population	58.8		82.7		2020		13
1.33	Households with No Car and Low Access to a Grocery Store	percent	1.8				2015		20
1.31	Population 16+ in Civilian Labor Force	percent	60.4		61	59.6	2015-2019		1
1.25	Per Capita Income	dollars	28579		31277	34103	2015-2019		1
1.19	Voter Turnout: Presidential Election	percent	62.8		58.8		2016		15
1.17	Median Housing Unit Value	dollars	155400		172500	217500	2015-2019		1
1.08	People 25+ with a High School Degree or Higher	percent	85.7		83.7	88	2015-2019		1
1.08	Persons with an Internet Subscription	percent	87.9		84.2	86.2	2015-2019		1
1.03	Linguistic Isolation	percent	2.7		7.7	4.4	2015-2019		1
1.03	Total Employment Change	percent	2.6		2.9	1.6	2018-2019		18
0.92	Female Population 16+ in Civilian Labor Force	percent	56.4		57.8	58.3	2015-2019		1
0.83	Households with an Internet Subscription	percent	85.9		82.1	83	2015-2019		1
0.83	Households with One or More Types of Computing Devices	percent	92.4		91	90.3	2015-2019		1
0.53	Children Living Below Poverty Level	percent	14.6		20.9	18.5	2015-2019	Black (16.6) White (11.3) Asian (3.8) AIAN (5) NHPI (0) Mult (6.6) Other (1.8) Hisp (22.7)	1
0.42	Median Household Income	dollars	64359		61874	62843	2015-2019		1
0.42	Single-Parent Households	percent	22.6		26.3	25.5	2015-2019		1
0.36	Homeownership	percent	67.8		54.9	56.2	2015-2019		1
0.33	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	20.5	28.3	25.7	27	2015-2019		6
0.17	People Living Below Poverty Level	percent	10.2	8	14.7	13.4	2015-2019		1

SCORE	DIABETES	UNITS	JOHNSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
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1.97	Diabetes: Medicare Population	percent	29.1	28.8	27	2018	5
1.75	Age-Adjusted ER Rate due to Diabetes	ER visits/ 10,000 population 18+ years	46.7	9.4		2017-2019	16
1.75	Age-Adjusted ER Rate due to Type 2 Diabetes	ER visits/ 10,000 population 18+ years	40.9	8.6		2017-2019	16
1.75	Age-Adjusted Hospitalization Rate due to Diabetes	hospitalizations/ 10,000 population 18+ years	27.4	5.3		2017-2019	16
1.75	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	hospitalizations/ 10,000 population 18+ years	19.7	4		2017-2019	16
1.47	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	21.7	22	21.5	2017-2019	4

SCORE	ECONOMY	UNITS	JOHNSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.00	Median Household Gross Rent	dollars	1008		1045	1062	2015-2019		1
1.86	SNAP Certified Stores	stores/ 1,000 population	0.7				2017		20
1.72	Median Monthly Owner Costs for Households without a Mortgage	dollars	475		514	500	2015-2019		1
1.69	Households with Cash Public Assistance Income	percent	2		1.4	2.4	2015-2019		1
1.67	Mortgaged Owners Median Monthly Household Costs	dollars	1384		1606	1595	2015-2019		1
1.64	Renters Spending 30% or More of Household Income on Rent	percent	45.3		47.8	49.6	2015-2019		1
1.50	Low-Income and Low Access to a Grocery Store	percent	7.4				2015		20
1.50	WIC Certified Stores	stores/ 1,000 population	0.1				2016		20
1.47	Overcrowded Households	percent of households	4		4.8		2015-2019		1
1.33	Child Food Insecurity Rate	percent	17.5		19.6	14.6	2019		7
1.33	Food Insecurity Rate	percent	12.9		14.1	10.9	2019		7
1.33	Students Eligible for the Free Lunch Program	percent	44				2019-2020		10
1.31	Population 16+ in Civilian Labor Force	percent	60.4		61	59.6	2015-2019		1
1.25	Per Capita Income	dollars	28579		31277	34103	2015-2019		1
1.25	Projected Child Food Insecurity Rate	percent	21.5		23.6		2021		7
1.25	Projected Food Insecurity Rate	percent	15.3		16.5		2021		7
1.17	Food Insecure Children Likely Ineligible for Assistance	percent	24		34	23	2019		7
1.17	Median Housing Unit Value	dollars	155400		172500	217500	2015-2019		1
1.03	Total Employment Change	percent	2.6		2.9	1.6	2018-2019		18
1.00	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	percent	65		56		2018		22
1.00	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	25.1		30		2018		22
1.00	Households that are Below the Federal Poverty Level	percent	9.9		14		2018		22
0.92	Female Population 16+ in Civilian Labor Force	percent	56.4		57.8	58.3	2015-2019		1
0.86	People Living 200% Above Poverty Level	percent	69.2		65.7	69.1	2015-2019		1

0.75	Unemployed Workers in Civilian Labor Force	percent	5.1	5.9	5.5	May-21			17
0.69	Severe Housing Problems	percent	12.3	17.4	18	2013-2017			6
0.53	Children Living Below Poverty Level	percent	14.6	20.9	18.5	2015-2019	Black (16.6) White (11.3) Asian (3.8) AIAN (5) NHPI (0) Mult (6.6) Other (1.8) Hisp (22.7)		1
0.53	Families Living Below Poverty Level	percent	7.6	11.3	9.5	2015-2019	Black (8.1) White (6.5) Asian (14.1) AIAN (8.8) NHPI (0) Mult (2.5) Other (4.9) Hisp (13)		1
0.50	Mortgaged Owners Spending 30% or More of Household Income on Housing	percent	20.7	26.5	26.5	2019			1
0.42	Median Household Income	dollars	64359	61874	62843	2015-2019			1
0.36	Homeownership	percent	67.8	54.9	56.2	2015-2019			1
0.36	People 65+ Living Below Poverty Level	percent	5.5	10.6	9.3	2015-2019	Black (10.1) White (5) Asian (13.3) AIAN (0) Mult (5.9) Other (0) Hisp (8.9)		1
0.36	Persons with Disability Living in Poverty (5-year)	percent	16.3	23.2	26.1	2015-2019			1
0.17	People Living Below Poverty Level	percent	10.2	8	14.7	13.4	2015-2019		1

SCORE	EDUCATION	UNITS	JOHNSON COUNTY			U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
			COUNTY	HP2030	TX				
2.25	High School Drop Out Rate	percent	4		1.9		2019	14	
1.86	People 25+ with a Bachelor's Degree or Higher	percent	18.7		29.9	32.1	2015-2019	1	
1.69	Student-to-Teacher Ratio	students/ teacher	14.6				2019-2020	10	
1.08	People 25+ with a High School Degree or Higher	percent	85.7		83.7	88	2015-2019	1	
0.67	Infants Born to Mothers with <12 Years Education	percent	13.7		17.4	13.3	2017	White (8.3) Other (13.9) Hisp (26.7)	

SCORE	ENVIRONMENTAL HEALTH	UNITS	JOHNSON COUNTY			U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
			COUNTY	HP2030	TX				
2.36	Asthma: Medicare Population	percent	6		4.9	5	2018	5	
1.86	SNAP Certified Stores	stores/ 1,000 population	0.7				2017	20	
1.83	Access to Exercise Opportunities	percent	70.6		80.5	84	2020	6	
1.83	Grocery Store Density	stores/ 1,000 population	0.1				2016	20	
1.81	Fast Food Restaurant Density	restaurants/ 1,000 population	0.7				2016	20	
1.75	Annual Ozone Air Quality	Grade	F				2017-2019	2	
1.67	Children with Low Access to a Grocery Store	percent	6				2015	20	
1.64	Number of Extreme Precipitation Days	days	48				2016	11	
1.64	PBT Released	pounds	2900.1				2019	21	
1.64	Recognized Carcinogens Released into Air	pounds	51098.5				2019	21	
1.58	Adults with Current Asthma	percent	9.3			9.2	2018	3	
1.50	Low-Income and Low Access to a Grocery Store	percent	7.4				2015	20	
1.50	People with Low Access to a Grocery Store	percent	22.2				2015	20	
1.50	WIC Certified Stores	stores/ 1,000 population	0.1				2016	20	
1.47	Overcrowded Households	percent of households	4		4.8		2015-2019	1	
1.36	Number of Extreme Heat Events	events	1				2016	11	
1.33	Farmers Market Density	markets/ 1,000 population	0				2018	20	
1.33	Households with No Car and Low Access to a Grocery Store	percent	1.8				2015	20	

1.33	People 65+ with Low Access to a Grocery Store	percent	2.6				2015		20
1.19	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2016		20
1.17	Daily Dose of UV Irradiance	Joule per square meter	3360	3538			2015		11
1.08	Number of Extreme Heat Days	days	3				2016		11
0.86	Food Environment Index		7.6	5.9	7.8		2021		6
0.69	Severe Housing Problems	percent	12.3	17.4	18		2013-2017		6
0.61	Liquor Store Density	stores/ 100,000 population	1.8	7	10.6		2017		18

SCORE HEALTH CARE ACCESS & QUALITY									
SCORE		UNITS	JOHNSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.08	Adults who have had a Routine Checkup	percent	71.9			76.7	2018		3
2.08	Adults who Visited a Dentist	percent	53.6			66.5	2018		3
1.92	Adults without Health Insurance	percent	24.8			12.2	2018		3
1.89	Primary Care Provider Rate	providers/ 100,000 population	43.8		60.9		2018		6
1.81	Persons with Health Insurance	percent	79.8	92.1	79.3		2019		19
1.67	Adults with Health Insurance	percent	75.5		75.5	87.1	2019		1
1.67	Children with Health Insurance	percent	85.7		87.3	94.3	2019		1
1.67	Social Worker Rate	workers/ 100,000 population	58.8		82.7		2020		13
1.61	Dentist Rate	dentists/ 100,000 population	39.3		59.6		2019		6
1.33	Mental Health Provider Rate	providers/ 100,000 population	76.2		120.9		2020		6
1.33	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	58.6		88.6		2020		6

SCORE HEART DISEASE & STROKE									
SCORE		UNITS	JOHNSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.47	Hyperlipidemia: Medicare Population	percent	52.7		49.5	47.7	2018		5
2.42	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	176.7		70.1		2018		11
2.25	Hypertension: Medicare Population	percent	62.9		59.9	57.2	2018		5
2.22	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	107.5	71.1	93	90.5	2017-2019		4
2.14	Atrial Fibrillation: Medicare Population	percent	8.8		7.8	8.4	2018		5
2.11	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	46.6	33.4	40.2	37.2	2017-2019		4
2.03	Stroke: Medicare Population	percent	4.3		4.2	3.8	2018		5
1.92	Adults who Have Taken Medications for High Blood Pressure	percent	74.3			75.8	2017		3
1.86	Heart Failure: Medicare Population	percent	17.1		15.6	14	2018		5
1.75	Age-Adjusted ER Rate due to Hypertension	ER visits/ 10,000 population 18+ years	41		10.5		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Hypertension	hospitalizations/ 10,000 population 18+ years	0.3		0.1		2016-2018		16
1.58	Cholesterol Test History	percent	80			81.5	2017		3
1.50	High Blood Pressure Prevalence	percent	35.3	27.7		32.4	2017		3
1.36	Ischemic Heart Disease: Medicare Population	percent	28.9		29	26.8	2018		5
1.25	High Cholesterol Prevalence: Adults 18+	percent	35.8			34.1	2017		3
1.08	Adults who Experienced Coronary Heart Disease	percent	7.2			6.8	2018		3

0.92	Adults who Experienced a Stroke	percent		3.4		3.4		2018			3
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SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	JOHNSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source	
1.75	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	hospitalizations/ 10,000 population 18+ years		0.4		0.1		2017-2019		16
1.58	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population		13.4		11.8	13.8	2017-2019		4
1.50	Tuberculosis Incidence Rate	cases/ 100,000 population		1.5	1.4	4.3		2015-2019		13
1.47	HIV Diagnosis Rate	cases/ 100,000 population		9.3		15.7		2018		13
1.47	Overcrowded Households	percent of households		4		4.8		2015-2019		1
1.33	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases		0.9		1.7	1	3-Sep-21		8
1.31	COVID-19 Daily Average Incidence Rate	cases per 100,000 population		60.6		77.1	62.2	3-Sep-21		8
1.22	Gonorrhea Incidence Rate	cases/ 100,000 population		101		163.6	179.1	2018		13
1.22	Syphilis Incidence Rate	cases/ 100,000 population		2.3		8.8	10.8	2018		13
0.92	Chlamydia Incidence Rate	cases/ 100,000 population		322.1		508.2	539.9	2018		13

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	JOHNSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source	
2.33	Mothers who Received Early Prenatal Care	percent		59.5		60.5	77.3	2017		13
1.50	Infant Mortality Rate	deaths/ 1,000 live births		5.7	5	5.6	5.9	2015		13
1.25	Babies with Very Low Birth Weight	percent		0.7		1.4		2015	Black (0) White (0.78740157)	13
1.03	Preterm Births	percent		10.1	9.4	12.2		2017		13
0.94	Teen Births	percent		1.8		2.1	3.1	2017	Black (0) White (1.6) Other (0) Hisp (2.5)	13
0.92	Babies with Low Birth Weight	percent		5.9		8.2	8.1	2015		13
0.67	Infants Born to Mothers with <12 Years Education	percent		13.7		17.4	13.3	2017	White (8.3) Other (13.9) Hisp (26.7)	13

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	JOHNSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source	
2.64	Depression: Medicare Population	percent		22.6		18.2	18.4	2018		5
2.03	Alzheimer's Disease or Dementia: Medicare Population	percent		13.3		12.6	10.8	2018		5
1.97	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population		15.5	12.8	13.5	14.1	2017-2019		4
1.83	Frequent Mental Distress	percent		14.4		11.6	13	2018		6
1.58	Poor Mental Health: 14+ Days	percent		14.2		12.7		2018		3
1.33	Mental Health Provider Rate	providers/ 100,000 population		76.2		120.9		2020		6
1.25	Age-Adjusted ER Rate due to Adult Mental Health	ER visits/ 10,000 population 18+ years		5.1		8.9		2017-2019		16
1.25	Age-Adjusted Hospitalization Rate due to Adult Mental Health	hospitalizations/ 10,000 population 18+ years		0.9		1.7		2017-2019		16

SCORE	OLDER ADULTS	UNITS	JOHNSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source	
2.75	Chronic Kidney Disease: Medicare Population	percent		28.9		26.7	24.5	2018		5
2.64	Depression: Medicare Population	percent		22.6		18.2	18.4	2018		5

2.47	Hyperlipidemia: Medicare Population	percent	52.7	49.5	47.7	2018	5
2.47	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	37.9	34.2	33.5	2018	5
2.36	Asthma: Medicare Population	percent	6	4.9	5	2018	5
2.31	Osteoporosis: Medicare Population	percent	7	6.8	6.6	2018	5
2.25	Cancer: Medicare Population	percent	7.8	7.6	8.4	2018	5
2.25	Hypertension: Medicare Population	percent	62.9	59.9	57.2	2018	5
2.17	COPD: Medicare Population	percent	14.4	11.2	11.5	2018	5
2.14	Atrial Fibrillation: Medicare Population	percent	8.8	7.8	8.4	2018	5
2.03	Alzheimer's Disease or Dementia: Medicare Population	percent	13.3	12.6	10.8	2018	5
2.03	Stroke: Medicare Population	percent	4.3	4.2	3.8	2018	5
2.00	Colon Cancer Screening	percent	59.6	74.4	66.4	2018	3
1.97	Diabetes: Medicare Population	percent	29.1	28.8	27	2018	5
1.86	Heart Failure: Medicare Population	percent	17.1	15.6	14	2018	5
1.75	Adults 65+ who Received Recommended Preventive Services: Females	percent	25		28.4	2018	3
1.75	Adults 65+ who Received Recommended Preventive Services: Males	percent	25.2		32.4	2018	3
1.36	Ischemic Heart Disease: Medicare Population	percent	28.9	29	26.8	2018	5
1.33	People 65+ with Low Access to a Grocery Store	percent	2.6			2015	20
1.25	Adults 65+ with Total Tooth Loss	percent	14.6		13.5	2018	3
1.25	Adults with Arthritis	percent	26.5		25.8	2018	3
0.36	People 65+ Living Below Poverty Level	percent	5.5	10.6	9.3	2015-2019	Black (10.1) White (5) Asian (13.3) AIAN (0) Mult (5.9) Other (0) Hisp (8.9)

SCORE	ORAL HEALTH	UNITS	JOHNSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.08	Adults who Visited a Dentist	percent	53.6			66.5	2018		3
1.75	Age-Adjusted ER Rate due to Dental Problems	ER visits/ 10,000 population	87.9		11.1		2017-2019		16
1.61	Dentist Rate	dentists/ 100,000 population	39.3		59.6		2019		6
1.61	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	12.7		11	11.8	2013-2017		9
1.25	Adults 65+ with Total Tooth Loss	percent	14.6			13.5	2018		3

SCORE	OTHER CONDITIONS	UNITS	JOHNSON COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.75	Chronic Kidney Disease: Medicare Population	percent	28.9		26.7	24.5	2018		5
2.47	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	37.9		34.2	33.5	2018		5
2.31	Osteoporosis: Medicare Population	percent	7		6.8	6.6	2018		5
1.25	Adults with Arthritis	percent	26.5			25.8	2018		3
0.92	Adults with Kidney Disease	Percent of adults	3			3.1	2018		3

SCORE	PHYSICAL ACTIVITY	UNITS	JOHNSON			MEASUREMENT PERIOD	HIGH DISPARITY*	Source
			COUNTY	HP2030	TX				U.S.
1.86	SNAP Certified Stores	stores/ 1,000 population	0.7			2017		20
1.83	Access to Exercise Opportunities	percent	70.6		80.5	2020	84	6
1.83	Grocery Store Density	stores/ 1,000 population	0.1			2016		20
1.81	Fast Food Restaurant Density	restaurants/ 1,000 population	0.7			2016		20
1.67	Children with Low Access to a Grocery Store	percent	6			2015		20
1.50	Low-Income and Low Access to a Grocery Store	percent	7.4			2015		20
1.50	People with Low Access to a Grocery Store	percent	22.2			2015		20
1.50	WIC Certified Stores	stores/ 1,000 population	0.1			2016		20
1.33	Farmers Market Density	markets/ 1,000 population	0			2018		20
1.33	Households with No Car and Low Access to a Grocery Store	percent	1.8			2015		20
1.33	People 65+ with Low Access to a Grocery Store	percent	2.6			2015		20
1.19	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1			2016		20
0.86	Food Environment Index		7.6	5.9	7.8	2021		6

SCORE	PREVENTION & SAFETY	UNITS	JOHNSON			MEASUREMENT PERIOD	HIGH DISPARITY*	Source
			COUNTY	HP2030	TX				U.S.
1.50	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	46.1	43.2	38.7	2017-2019	48.9	4
1.22	Death Rate due to Drug Poisoning	deaths/ 100,000 population	11.1		10.6	2017-2019	21	6
0.69	Severe Housing Problems	percent	12.3		17.4	2013-2017	18	6

SCORE	RESPIRATORY DISEASES	UNITS	JOHNSON			MEASUREMENT PERIOD	HIGH DISPARITY*	Source
			COUNTY	HP2030	TX				U.S.
2.36	Asthma: Medicare Population	percent	6		4.9	2018	5	5
2.17	COPD: Medicare Population	percent	14.4		11.2	2018	11.5	5
2.03	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	68.4		50.6	2013-2017	58.3	9
1.83	Adults who Smoke	percent	19	5		2018	15.5	3
1.83	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	47.5	25.1	34.1	2013-2017	38.5	9
1.75	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	hospitalizations/ 10,000 population 18+ years	0.4		0.1	2017-2019		16
1.58	Adults with COPD	Percent of adults	7.7			2018	6.9	3
1.58	Adults with Current Asthma	percent	9.3			2018	9.2	3
1.58	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	13.4		11.8	2017-2019	13.8	4
1.50	Tuberculosis Incidence Rate	cases/ 100,000 population	1.5	1.4	4.3	2015-2019		13
1.33	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	0.9		1.7	3-Sep-21	1	8
1.31	COVID-19 Daily Average Incidence Rate	cases per 100,000 population	60.6		77.1	3-Sep-21	62.2	8

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	JOHNSON			MEASUREMENT PERIOD	HIGH DISPARITY*	Source
			COUNTY	HP2030	TX				U.S.

1.47	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	9.3	15.7		2018		13
1.22	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	101	163.6	179.1	2018		13
1.22	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	2.3	8.8	10.8	2018		13
0.92	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	322.1	508.2	539.9	2018		13

SCORE WELLNESS & LIFESTYLE		UNITS	JOHNSON COUNTY			HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.67	Frequent Physical Distress	<i>percent</i>	12.8		11.6	11		2018		6	
1.50	High Blood Pressure Prevalence	<i>percent</i>	35.3	27.7		32.4		2017		3	
1.42	Insufficient Sleep	<i>percent</i>	35.5	31.4	34.4	35		2018		6	
1.25	Poor Physical Health: 14+ Days	<i>percent</i>	13.4			12.5		2018		3	

SCORE WOMEN'S HEALTH		UNITS	JOHNSON COUNTY			HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.75	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	27.5	15.3	19.8	20.1		2013-2017		9	
2.08	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	118.6		112.8	125.9		2013-2017		9	
1.89	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	8.4		9.2	7.6		2013-2017		9	
1.61	Mammogram in Past 2 Years: 50-74	<i>percent</i>	69.4	77.1		74.8		2018		3	
1.44	Cervical Cancer Screening: 21-65	<i>Percent</i>	82.5	84.3		84.7		2018		3	

Kaufman County

Health and Quality of Life Topics	Score
Cancer	1.87
Oral Health	1.86
Women's Health	1.79
Mental Health & Mental Disorders	1.78
Respiratory Diseases	1.76
Health Care Access & Quality	1.66
Children's Health	1.64
Older Adults	1.61
Diabetes	1.6
Heart Disease & Stroke	1.6
Immunizations & Infectious Diseases	1.56
Alcohol & Drug Use	1.54
Community	1.43
Wellness & Lifestyle	1.42
Physical Activity	1.41
Prevention & Safety	1.38
Environmental Health	1.34
Sexually Transmitted Infections	1.32
Education	1.3
Other Conditions	1.29
Economy	1.28
Maternal, Fetal & Infant Health	1.26

SCORE	ALCOHOL & DRUG USE	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.92	Adults who Binge Drink	percent	17.6			16.4	2018		3
1.78	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	29.6	28.3	25.7	27	2015-2019		6
1.75	Age-Adjusted ER Rate due to Opioid Use	ER visits/ 10,000 population 18+ years	2.1		0.7		2017-2019		16
1.56	Death Rate due to Drug Poisoning	deaths/ 100,000 population	14.7		10.6	21	2017-2019		6
1.50	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Deaths per 100,000 population	15.3		12.1	22.8	2017-2019		4
1.28	Liquor Store Density	stores/ 100,000 population	8.1		6.9	10.5	2019		18
1.25	Age-Adjusted ER Rate due to Substance Use	ER visits/ 10,000 population 18+ years	11		20.6		2017-2019		16
1.25	Age-Adjusted Hospitalization Rate due to Substance Use	hospitalizations/ 10,000 population 18+ years	0.7		1.1		2017-2019		16

SCORE	CANCER	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.67	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	17.4		11	11.8	2013-2017		9
2.58	Breast Cancer Incidence Rate	cases/ 100,000 females	131.5		112.8	125.9	2013-2017		9
2.56	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	182.1	122.7	148.8	155.5	2013-2017		9
2.42	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	51.6	25.1	34.1	38.5	2013-2017		9
2.31	All Cancer Incidence Rate	cases/ 100,000 population	465.2		407.7	448.7	2013-2017		9
2.19	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	74.5		50.6	58.3	2013-2017		9
2.11	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	17.4	8.9	13.9	13.7	2013-2017		9
2.03	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	21.9	16.9	17.6	19	2013-2017		9

1.83	Colon Cancer Screening	percent	60.1	74.4	66.4	2018	3		
1.81	Colorectal Cancer Incidence Rate	cases/ 100,000 population	41.3		37.6	38.4	2013-2017	9	
1.78	Cervical Cancer Incidence Rate	cases/ 100,000 females	9.4		9.2	7.6	2013-2017	9	
1.61	Mammogram in Past 2 Years: 50-74	percent	69.4	77.1	74.8	2018	3		
1.53	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	20.7	15.3	19.8	20.1	2013-2017	9	
1.44	Cervical Cancer Screening: 21-65	Percent	83.1	84.3	84.7	2018	3		
1.08	Adults with Cancer	percent	6.3		6.9	2018	3		
1.03	Cancer: Medicare Population	percent	7.3		7.6	8.4	2018	5	
0.86	Prostate Cancer Incidence Rate	cases/ 100,000 males	89.3		94	104.5	2013-2017	Black (169.6) White (87)	9

SCORE	CHILDREN'S HEALTH	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Food Insecure Children Likely Ineligible for Assistance	percent	40		34	23	2019		7
1.89	Substantiated Child Abuse Rate	cases/ 1,000 children	12	8.7	9.1		2020		12
1.50	Child Food Insecurity Rate	percent	18		19.6	14.6	2019		7
1.50	Children with Health Insurance	percent	90.2		87.3	94.3	2019		1
1.42	Projected Child Food Insecurity Rate	percent	22		23.6		2021		7
1.00	Children with Low Access to a Grocery Store	percent	2.3				2015		20

SCORE	COMMUNITY	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Mean Travel Time to Work	minutes	36.9		26.6	26.9	2015-2019		1
2.92	Solo Drivers with a Long Commute	percent	58.7		38.9	37	2015-2019		6
2.50	Median Monthly Owner Costs for Households without a Mortgage	dollars	558		514	500	2015-2019		1
2.33	Mortgaged Owners Median Monthly Household Costs	dollars	1656		1606	1595	2015-2019		1

								Black (0.2) White (0.1) Asian (0) AIAN (1.2) NHPI (0) Mult (0) Other (0) Hisp (0.2)	
2.22	Workers Commuting by Public Transportation	<i>percent</i>	0.2	5.3	1.4	5	2015-2019		1
2.03	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	18.6	10.1	13	11.3	2017-2019		4
2.00	Median Household Gross Rent	<i>dollars</i>	1044		1045	1062	2015-2019		1
1.89	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	12	8.7	9.1		2020		12
1.86	Social Associations	<i>membership associations/ 10,000 population</i>	7.9		7.5	9.3	2018		6
1.78	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	29.6	28.3	25.7	27	2015-2019		6
1.69	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	20.5		29.9	32.1	2015-2019		1
1.69	Workers who Drive Alone to Work	<i>percent</i>	81.9		80.5	76.3	2015-2019		1
1.47	Total Employment Change	<i>percent</i>	2.3		2.9	1.6	2018-2019		18
1.44	Persons with Health Insurance	<i>percent</i>	82.9	92.1	79.3		2019		19
1.42	Persons with an Internet Subscription	<i>percent</i>	83.8		84.2	86.2	2015-2019		1
1.36	People 25+ with a High School Degree or Higher	<i>percent</i>	85.8		83.7	88	2015-2019		1
1.33	Households with an Internet Subscription	<i>percent</i>	81.4		82.1	83	2015-2019		1
1.33	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	2				2015		20
1.25	Per Capita Income	<i>dollars</i>	28634		31277	34103	2015-2019		1
1.19	Social Worker Rate	<i>workers/ 100,000 population</i>	75.9		82.7		2020		13
1.19	Voter Turnout: Presidential Election	<i>percent</i>	61		58.8		2016		15
1.03	Linguistic Isolation	<i>percent</i>	2.5		7.7	4.4	2015-2019		1
1.00	Median Housing Unit Value	<i>dollars</i>	178300		172500	217500	2015-2019		1
0.97	Population 16+ in Civilian Labor Force	<i>percent</i>	63		61	59.6	2015-2019		1

0.83	Households with One or More Types of Computing Devices	<i>percent</i>	91.5		91	90.3	2015-2019		1
0.69	Single-Parent Households	<i>percent</i>	22.5		26.3	25.5	2015-2019		1
0.61	People Living Below Poverty Level	<i>percent</i>	11.4	8	14.7	13.4	2015-2019		1
0.53	Children Living Below Poverty Level	<i>percent</i>	14.4		20.9	18.5	2015-2019	Black (27.9) White (6.7) Asian (4.4) AIAN (29.2) Mult (0.8) Other (32.3) Hispanic (24.1)	1
0.42	Female Population 16+ in Civilian Labor Force	<i>percent</i>	60.6		57.8	58.3	2015-2019		1
0.36	Homeownership	<i>percent</i>	70.3		54.9	56.2	2015-2019		1
0.08	Median Household Income	<i>dollars</i>	70107		61874	62843	2015-2019		1

SCORE	DIABETES	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Age-Adjusted ER Rate due to Diabetes	<i>ER visits/ 10,000 population 18+ years</i>	29.8		9.4		2017-2019		16
1.75	Age-Adjusted ER Rate due to Type 2 Diabetes	<i>ER visits/ 10,000 population 18+ years</i>	26.1		8.6		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Diabetes	<i>hospitalizations/ 10,000 population 18+ years</i>	17.7		5.3		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	<i>hospitalizations/ 10,000 population 18+ years</i>	12.4		4		2017-2019		16
1.64	Diabetes: Medicare Population	<i>percent</i>	27.6		28.8	27	2018		5
0.97	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	19.1		22	21.5	2017-2019		4

SCORE	ECONOMY	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
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2.50	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	40	34	23	2019	7
2.50	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	558	514	500	2015-2019	1
2.33	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1656	1606	1595	2015-2019	1
2.31	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	49.9	47.8	49.6	2015-2019	1
2.14	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.6			2017	20
2.00	Median Household Gross Rent	<i>dollars</i>	1044	1045	1062	2015-2019	1
2.00	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1			2016	20
1.92	Students Eligible for the Free Lunch Program	<i>percent</i>	47.4			2019-2020	10
1.61	Mortgaged Owners Spending 30% or More of Household Income on Housing	<i>percent</i>	27.2	26.5	26.5	2019	1
1.50	Child Food Insecurity Rate	<i>percent</i>	18	19.6	14.6	2019	7
1.47	Total Employment Change	<i>percent</i>	2.3	2.9	1.6	2018-2019	18
1.42	Projected Child Food Insecurity Rate	<i>percent</i>	22	23.6		2021	7
							Black (25.3) White (7.8) Asian (23.4) AIAN (0) NHPI (100) Mult (21.3) Other (78.8) Hisp (15.3)
1.36	People 65+ Living Below Poverty Level	<i>percent</i>	10.1	10.6	9.3	2015-2019	1
1.33	Food Insecurity Rate	<i>percent</i>	12.9	14.1	10.9	2019	7
1.33	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	29.1	30		2018	22
1.31	Overcrowded Households	<i>percent of households</i>	3.3	4.8		2015-2019	1
1.25	Per Capita Income	<i>dollars</i>	28634	31277	34103	2015-2019	1
1.25	Projected Food Insecurity Rate	<i>percent</i>	15.3	16.5		2021	7

1.17	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	59.3	56		2018		22
1.17	Low-Income and Low Access to a Grocery Store	<i>percent</i>	4			2015		20
1.00	Households that are Below the Federal Poverty Level	<i>percent</i>	11.6	14		2018		22
1.00	Median Housing Unit Value	<i>dollars</i>	178300	172500	217500	2015-2019		1
0.97	Households with Cash Public Assistance Income	<i>percent</i>	1.3	1.4	2.4	2015-2019		1
0.97	Population 16+ in Civilian Labor Force	<i>percent</i>	63	61	59.6	2015-2019		1
0.86	Families Living Below Poverty Level	<i>percent</i>	8.8	11.3	9.5	2015-2019	Black (14.8) White (5.9) Asian (0) AIAN (0) NHPI (0) Mult (4.3) Other (18.5) Hispanic (16.3)	1
0.86	Severe Housing Problems	<i>percent</i>	13.1	17.4	18	2013-2017		6
0.75	Unemployed Workers in Civilian Labor Force	<i>percent</i>	5.2	5.9	5.5	May 2021		17
0.61	People Living Below Poverty Level	<i>percent</i>	11.4	8	14.7	13.4	2015-2019	1
0.58	People Living 200% Above Poverty Level	<i>percent</i>	71.4	65.7	69.1	2015-2019		1
0.53	Children Living Below Poverty Level	<i>percent</i>	14.4	20.9	18.5	2015-2019	Black (27.9) White (6.7) Asian (4.4) AIAN (29.2) Mult (0.8) Other (32.3) Hispanic (24.1)	1
0.53	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	19.9	23.2	26.1	2015-2019		1

0.42	Female Population 16+ in Civilian Labor Force	<i>percent</i>	60.6	57.8	58.3	2015-2019	1
0.36	Homeownership	<i>percent</i>	70.3	54.9	56.2	2015-2019	1
0.08	Median Household Income	<i>dollars</i>	70107	61874	62843	2015-2019	1

SCORE	EDUCATION	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.83	Student-to-Teacher Ratio	<i>students/ teacher</i>	15.6				2019-2020		10
1.69	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	20.5		29.9	32.1	2015-2019		1
1.36	People 25+ with a High School Degree or Higher	<i>percent</i>	85.8		83.7	88	2015-2019		1
1.14	High School Drop Out Rate	<i>percent</i>	1.2		1.9		2019	Black (3.4) White (0.8) Asian (0) AIAN (0) PI (0) Mult (3.6) Hisp (1)	14
0.50	Infants Born to Mothers with <12 Years Education	<i>percent</i>	12.4		17.4	13.3	2017	Black (8.8) White (7.6) Hisp (23.8)	13

SCORE	ENVIRONMENTAL HEALTH	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.17	Access to Exercise Opportunities	<i>percent</i>	58.7		80.5	84	2020		6
2.14	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.6				2017		20
2.00	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016		20
1.83	Grocery Store Density	<i>stores/ 1,000 population</i>	0.1				2016		20
1.64	Number of Extreme Precipitation Days	<i>days</i>	43				2016		11
1.58	Adults with Current Asthma	<i>percent</i>	9.3			9.2	2018		3
1.56	Annual Ozone Air Quality	<i>grade</i>	B				2017-2019		2
1.50	Farmers Market Density	<i>markets/ 1,000 population</i>	0.008				2018		20
1.36	Number of Extreme Heat Days	<i>days</i>	10				2016		11
1.36	Number of Extreme Heat Events	<i>events</i>	1				2016		11

1.33	Fast Food Restaurant Density	restaurants/ 1,000 population	0.6			2016	20
1.33	Households with No Car and Low Access to a Grocery Store	percent	2			2015	20
1.33	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1			2016	20
1.31	Overcrowded Households	percent of households	3.3	4.8		2015-2019	1
1.28	Liquor Store Density	stores/ 100,000 population	8.1	6.9	10.5	2019	18
1.17	Low-Income and Low Access to a Grocery Store	percent	4			2015	20
1.08	Recognized Carcinogens Released into Air	pounds	191.3			2019	21
1.08	Weeks of Moderate Drought or Worse	weeks per year	4			2016	11
1.03	Asthma: Medicare Population	percent	4.3	4.9	5	2018	5
1.03	Daily Dose of UV Irradiance	Joule per square meter	3243	3538		2015	11
1.00	Children with Low Access to a Grocery Store	percent	2.3			2015	20
1.00	People 65+ with Low Access to a Grocery Store	percent	1			2015	20
1.00	People with Low Access to a Grocery Store	percent	8.4			2015	20
0.86	Severe Housing Problems	percent	13.1	17.4	18	2013-2017	6
0.58	Food Environment Index		7.7	5.9	7.8	2021	6

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.22	Primary Care Provider Rate	providers/ 100,000 population	28.8		60.9		2018		6
1.92	Adults who have had a Routine Checkup	percent	73.2			76.7	2018		3
1.92	Adults without Health Insurance	percent	24			12.2	2018		3
1.89	Dentist Rate	dentists/ 100,000 population	39.7		59.6		2019		6

1.67	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	51.4		88.6		2020	6
1.58	Adults who Visited a Dentist	<i>percent</i>	57.2		66.5		2018	3
1.50	Adults with Health Insurance	<i>percent</i>	82		75.5	87.1	2019	1
1.50	Children with Health Insurance	<i>percent</i>	90.2		87.3	94.3	2019	1
1.44	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	91.8		120.9		2020	6
1.44	Persons with Health Insurance	<i>percent</i>	82.9	92.1	79.3		2019	19
1.19	Social Worker Rate	<i>workers/ 100,000 population</i>	75.9		82.7		2020	13

SCORE	HEART DISEASE & STROKE	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.44	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	50.5	33.4	40.2	37.2	2017-2019		4
2.31	Hyperlipidemia: Medicare Population	<i>percent</i>	51		49.5	47.7	2018		5
2.28	Age-Adjusted Death Rate due to Coronary Heart Disease	<i>deaths/ 100,000 population</i>	130.2	71.1	93	90.5	2017-2019		4
2.08	Adults who Have Taken Medications for High Blood Pressure	<i>percent</i>	73.9			75.8	2017		3
1.97	Hypertension: Medicare Population	<i>percent</i>	61.8		59.9	57.2	2018		5
1.86	Stroke: Medicare Population	<i>percent</i>	4.2		4.2	3.8	2018		5
1.75	Age-Adjusted ER Rate due to Hypertension	<i>ER visits/ 10,000 population 18+ years</i>	37.8		10.5		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Hypertension	<i>hospitalizations/ 10,000 population 18+ years</i>	0.8		0.3		2016-2018		16
1.69	Heart Failure: Medicare Population	<i>percent</i>	15.7		15.6	14	2018		5
1.58	Cholesterol Test History	<i>percent</i>	80			81.5	2017		3
1.33	High Blood Pressure Prevalence	<i>percent</i>	34.2	27.7		32.4	2017		3
1.14	Atrial Fibrillation: Medicare Population	<i>percent</i>	7.4		7.8	8.4	2018		5
1.08	High Cholesterol Prevalence: Adults 18+	<i>percent</i>	34.6			34.1	2017		3

1.08	Ischemic Heart Disease: Medicare Population	<i>percent</i>	28.2		29	26.8	2018	5
1.03	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	59		70.1		2018	11
0.92	Adults who Experienced a Stroke	<i>percent</i>	3.3			3.4	2018	3
0.92	Adults who Experienced Coronary Heart Disease	<i>percent</i>	6.7			6.8	2018	3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	96.5		70.4	56.5	September 10 2021		8
1.97	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	1.7		2.4	1.3	September 10 2021		8
1.58	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	13.6		11.8	13.8	2017-2019		4
1.50	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	383.3		508.2	539.9	2018		13
1.33	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	9.3		15.7		2018		13
1.31	Overcrowded Households	<i>percent of households</i>	3.3		4.8		2015-2019		1
1.28	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	2.6	1.4	4.3		2015-2019		13
1.22	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	117.4		163.6	179.1	2018		13
1.22	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	3.9		8.8	10.8	2018		13

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.14	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	6.5	5	5.6	5.9	2015		13
1.78	Mothers who Received Early Prenatal Care	<i>percent</i>	59.4		60.5	77.3	2017		13
1.56	Preterm Births	<i>percent</i>	11.5	9.4	12.2		2017		13
1.11	Babies with Very Low Birth Weight	<i>percent</i>	1.1			1.4	2015		13

0.94	Teen Births	percent	1.6	2.1	3.1	2017	Black (0) White (1.4) Other (0) Hispanic (2.3)	13
0.78	Babies with Low Birth Weight	percent	7	8.2	8.1	2015		13
0.50	Infants Born to Mothers with <12 Years Education	percent	12.4	17.4	13.3	2017	Black (8.8) White (7.6) Hispanic (23.8)	13

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Depression: Medicare Population	percent	21.1		18.2	18.4	2018		5
2.14	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	17.3	12.8	13.5	14.1	2017-2019		4
1.97	Alzheimer's Disease or Dementia: Medicare Population	percent	12.1		12.6	10.8	2018		5
1.67	Frequent Mental Distress	percent	14.2		11.6	13	2018		6
1.58	Poor Mental Health: 14+ Days	percent	14.2			12.7	2018		3
1.44	Mental Health Provider Rate	providers/ 100,000 population	91.8		120.9		2020		6
1.25	Age-Adjusted ER Rate due to Adult Mental Health	ER visits/ 10,000 population 18+ years	0.4		1.7		2017-2019		16
1.25	Age-Adjusted Hospitalization Rate due to Adult Mental Health	hospitalizations/ 10,000 population 18+ years	0.8		1.9		2016-2018		16

SCORE	OLDER ADULTS	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Depression: Medicare Population	percent	21.1		18.2	18.4	2018		5
2.31	Hyperlipidemia: Medicare Population	percent	51		49.5	47.7	2018		5
2.08	Chronic Kidney Disease: Medicare Population	percent	26.3		26.7	24.5	2018		5
1.97	Alzheimer's Disease or Dementia: Medicare Population	percent	12.1		12.6	10.8	2018		5

1.97	Hypertension: Medicare Population	<i>percent</i>	61.8	59.9	57.2	2018	5
1.92	Adults 65+ who Received Recommended Preventive Services: Females	<i>percent</i>	24.5		28.4	2018	3
1.92	Adults 65+ who Received Recommended Preventive Services: Males	<i>percent</i>	24.3		32.4	2018	3
1.86	Stroke: Medicare Population	<i>percent</i>	4.2	4.2	3.8	2018	5
1.83	Colon Cancer Screening	<i>percent</i>	60.1	74.4	66.4	2018	3
1.75	COPD: Medicare Population	<i>percent</i>	13.2	11.2	11.5	2018	5
1.69	Heart Failure: Medicare Population	<i>percent</i>	15.7	15.6	14	2018	5
1.67	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	34.9	34.2	33.5	2018	5
1.64	Diabetes: Medicare Population	<i>percent</i>	27.6	28.8	27	2018	5
1.42	Adults 65+ with Total Tooth Loss	<i>percent</i>	15		13.5	2018	3
							Black (25.3) White (7.8) Asian (23.4) AIAN (0) NHPI (100) Mult (21.3) Other (78.8) Hisp (15.3)
1.36	People 65+ Living Below Poverty Level	<i>percent</i>	10.1	10.6	9.3	2015-2019	1
1.14	Atrial Fibrillation: Medicare Population	<i>percent</i>	7.4	7.8	8.4	2018	5
1.08	Ischemic Heart Disease: Medicare Population	<i>percent</i>	28.2	29	26.8	2018	5
1.03	Asthma: Medicare Population	<i>percent</i>	4.3	4.9	5	2018	5
1.03	Cancer: Medicare Population	<i>percent</i>	7.3	7.6	8.4	2018	5
1.00	People 65+ with Low Access to a Grocery Store	<i>percent</i>	1			2015	20
0.92	Adults with Arthritis	<i>percent</i>	24		25.8	2018	3
0.86	Osteoporosis: Medicare Population	<i>percent</i>	5.5	6.8	6.6	2018	5

SCORE	ORAL HEALTH	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.67	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	17.4		11	11.8	2013-2017		9
1.89	Dentist Rate	<i>dentists/ 100,000 population</i>	39.7		59.6		2019		6
1.75	Age-Adjusted ER Rate due to Dental Problems	<i>ER visits/ 10,000 population</i>	37.5		11.1		2017-2019		16
1.58	Adults who Visited a Dentist	<i>percent</i>	57.2			66.5	2018		3
1.42	Adults 65+ with Total Tooth Loss	<i>percent</i>	15			13.5	2018		3

SCORE	OTHER CONDITIONS	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.08	Chronic Kidney Disease: Medicare Population	<i>percent</i>	26.3		26.7	24.5	2018		5
1.67	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	34.9		34.2	33.5	2018		5
0.92	Adults with Arthritis	<i>percent</i>	24			25.8	2018		3
0.92	Adults with Kidney Disease	<i>Percent of adults</i>	2.9			3.1	2018		3
0.86	Osteoporosis: Medicare Population	<i>percent</i>	5.5		6.8	6.6	2018		5

SCORE	PHYSICAL ACTIVITY	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.17	Access to Exercise Opportunities	<i>percent</i>	58.7		80.5	84	2020		6
2.14	SNAP Certified Stores	<i>stores/ 1,000 population</i>	0.6				2017		20
2.00	WIC Certified Stores	<i>stores/ 1,000 population</i>	0.1				2016		20
1.83	Grocery Store Density	<i>stores/ 1,000 population</i>	0.1				2016		20
1.50	Farmers Market Density	<i>markets/ 1,000 population</i>	0				2018		20
1.33	Fast Food Restaurant Density	<i>restaurants/ 1,000 population</i>	0.6				2016		20
1.33	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	2				2015		20
1.33	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1				2016		20

1.17	Low-Income and Low Access to a Grocery Store	percent	4				2015	20
1.00	Children with Low Access to a Grocery Store	percent	2.3				2015	20
1.00	People 65+ with Low Access to a Grocery Store	percent	1				2015	20
1.00	People with Low Access to a Grocery Store	percent	8.4				2015	20
0.58	Food Environment Index		7.7	5.9	7.8		2021	6

SCORE	PREVENTION & SAFETY	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.72	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	48.1	43.2	38.7	48.9	2017-2019		4
1.56	Death Rate due to Drug Poisoning	deaths/ 100,000 population	14.7		10.6	21	2017-2019		6
0.86	Severe Housing Problems	percent	13.1		17.4	18	2013-2017		6

SCORE	RESPIRATORY DISEASES	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	COVID-19 Daily Average Incidence Rate	cases per 100,000 population	96.5		70.4	56.5	September 10 2021		8
2.42	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	51.6	25.1	34.1	38.5	2013-2017		9
2.19	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	74.5		50.6	58.3	2013-2017		9
1.97	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	1.7		2.4	1.3	September 10 2021		8
1.83	Adults who Smoke	percent	18.7	5		15.5	2018		3
1.75	COPD: Medicare Population	percent	13.2		11.2	11.5	2018		5
1.58	Adults with Current Asthma	percent	9.3			9.2	2018		3
1.58	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	13.6		11.8	13.8	2017-2019		4

1.28	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	2.6	1.4	4.3		2015-2019	13
1.08	Adults with COPD	<i>Percent of adults</i>	7.1			6.9	2018	3
1.03	Asthma: Medicare Population	<i>percent</i>	4.3		4.9	5	2018	5

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.50	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	383.3		508.2	539.9	2018		13
1.33	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	9.3		15.7		2018		13
1.22	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	117.4		163.6	179.1	2018		13
1.22	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	3.9		8.8	10.8	2018		13

SCORE	WELLNESS & LIFESTYLE	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.58	Insufficient Sleep	<i>percent</i>	36.2	31.4	34.4	35	2018		6
1.50	Frequent Physical Distress	<i>percent</i>	12.8		11.6	11	2018		6
1.33	High Blood Pressure Prevalence	<i>percent</i>	34.2	27.7		32.4	2017		3
1.25	Poor Physical Health: 14+ Days	<i>percent</i>	13.1			12.5	2018		3

SCORE	WOMEN'S HEALTH	UNITS	KAUFMAN COUNTY	HP2030	Texas	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.58	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	131.5		112.8	125.9	2013-2017		9
1.78	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	9.4		9.2	7.6	2013-2017		9
1.61	Mammogram in Past 2 Years: 50-74	<i>percent</i>	69.4	77.1		74.8	2018		3
1.53	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.7	15.3	19.8	20.1	2013-2017		9
1.44	Cervical Cancer Screening: 21-65	<i>Percent</i>	83.1	84.3		84.7	2018		3

Community Input Assessment Tools

Key Informant Interview Guide and Questions

INTRODUCTION

HCI Facilitator: Introduce yourself and any others on the team

OPENING SCRIPT: TEXAS HEALTH RESOURCES (THR) has invited you to take part in this Key Informant Interview because of your content expertise and your experience working in the community. Our work on behalf of THR is focused on understanding what health issues and challenges impact the residents of **Southern Region** and how to improve their overall health. The insights and perspectives collected in this interview will provide important information that will ultimately be combined with the results of a key informant interviews, focus groups, and data analysis of state and national indicators. These data components will be compiled into a comprehensive report outlining the health needs in the Southern Region which includes **Southern Region**. The final reports will be completed in the summer of 2022.

CONFIDENTIALITY: For this interview, we will be taking notes on your responses, your names will not be associated with any direct quotes. Your identity will be kept confidential.

1. To begin, could you please tell us a little about the organization you work for and the geographic location it serves?

- a. (only probe if necessary) What is your organization's mission? What are the top priority health issues that your organization addresses?*
- b. (only ask if not clear) Does your organization provide direct care, operate as an advocacy organization, or have another role in the community?*
- c. Which geographic location(s) does your organization serve? (to help us understand or confirm relevant service areas)*

2. Considering the impact of Covid-19, what would you consider the top 5 health issues exacerbated by the pandemic in Southern Region?

- a. What are the possible solutions to improve the health issues you've described?*
- b. What solutions have your organization/agency put in place or considered to help improve the health issues you described?*
- c. How can Texas Health support these health improvement efforts?*

- 3. Along the same lines, what would you consider the top 5 socioeconomic needs exacerbated by the pandemic in [County Name/Zip code]?**
 - a. What are the possible solutions to improve the socioeconomic needs you've described?*
 - b. What specific solutions have your organization/agency put in place or considered to help improve the socioeconomic issues you described?*
 - c. How can Texas Health support these socioeconomic improvement efforts?*

- 4. Thinking about the solutions you described to address the health and socioeconomic needs, to what extent does your organization/agency have what it needs to deliver these services/resources in the community effectively?**
 - a. How do aspects of this community's [County Name/Zip code] infrastructure (i.e., physical environment, policies, partnerships) help or hinder your ability to deliver the services/resources you described?*
 - b. How can Texas Health support the success of these services/resources?*

- 5. How can community leaders, community-based organizations, and health care systems work collaboratively to address this community's [County Name/Zip codes] health and socioeconomic?**
 - a. To your knowledge, what strategies have been used in the past to drive collaboration across these partners? What worked, what didn't, and why?*
 - b. What challenges/barriers should Texas Health anticipate in its efforts to work with community leaders and members to address the health and socioeconomic needs in this community?*
 - c. How can Texas Health proactively address these challenges/barriers?*

- 6. Finally, what do you consider the best practices that are currently going on to improve the health and socio-economic needs in this community [County/Zip codes]?**

- 7. What is the most crucial message/feedback you want Texas Health to take away from this interview?**
 - a. Is there anything else you would like to add about any of the topics we've discussed or other areas that we didn't discuss but you think are essential?*

CLOSING SCRIPT: Thank you so much for your time and participation today. In terms of next steps, we will be collecting and analyzing the data for this needs assessment over the next few months. The final report will be available to everyone who participated, as well as the general public. If you have additional comments or thoughts after our conversation today, please feel free to reach out to *Eileen Aguilar* or *Oge/Sika*.

HCI Facilitator: Send a follow-up email to the key informant, thanking them for their time and make sure to include a link to the survey!

Focus Group Guide and Questions

INTRODUCTION

{Introduce Yourself and Others on the Team}

{“Let’s get started...”}

Opening Script: Thank you for taking the time to speak with us to support the Texas Health Resources (THR) Community Health Needs Assessment. We anticipate that this discussion will last no more than 60 minutes. You have been invited to take part in this focus group because of your experience living and/or working in Southern Region. The focus of our Community Health Needs Assessment is how to improve health in the community and understand what challenges residents are facing. We are going to ask a series of questions related to health issues in the community. We hope to get through as many questions as possible and hear each of your perspectives as much as time allows.

For this discussion group, I will invite you to share as much or little as you feel comfortable sharing with the others in the group. The results of this assessment will be made available to the public. We will be taking notes on your responses, but your names will not be associated with any direct quotes. Your identity will be kept confidential, so please share your honest opinions.

SHOW SLIDES (if applicable)--We do have a few ground rules for this virtual discussion that I would like to review with you. It is important that everyone has a chance to be heard, so we ask that only one person talks at a time (most important ground rule for today). You may use the “raise hand” functions when you have something to say [*give instructions and test*]. We may also call on you to sure ensure everyone has a chance to speak but if you have nothing to share, please just say “pass”.

You may want to mute yourself when you are not speaking to cut down on background noise [*give instructions and test mute/unmute*]. Finally, please respect the opinions of others, as the point of the discussion is to collect various points of view. And remember, there are no right or wrong answers, so please share freely and openly. Does anyone have any questions before we get started?

Okay, let’s get started by going around and introducing ourselves. Please tell everyone your first name, what community you live in, and if you are interested in sharing, your involvement in the community (could be your job or volunteer work for example).

{Introductions}

Thank you for introducing yourselves. Now we will get started with our discussion.

COVID-19 QUESTION

1. **We know that COVID-19 has significantly impacted everyone’s lives. What have you seen as the biggest challenges in XXXXX County during the pandemic?**

[Probe 1: Which groups of people are having the hardest time right now?]

[Probe 2: How have you seen these challenges being addressed, if at all?]

[Probe 3: What programs have addressed COVID related issues? What has worked?]

[Probe 4: What hasn’t been effective and, in your opinion, why?]

GENERAL HEALTH QUESTIONS

2. **What would you say are the top three health related problems that people in your community are facing that you would like to change or improve?**

[Probe 1: Why do you think these are the most important health issues?

[Probe 2: What would you do to address these problems?]

[Probe 3: What else is needed to address these problems? Examples could be specific policies, programs, or services.]

- 3. What might prevent someone from accessing care for the health challenges identified above?**

[Examples could include lack of transportation, lack of health insurance coverage, doctor's office hours, language, or cultural barriers, etc.]

- 4. Are there specific groups in your community that are most impacted by the health issues or challenges discussed earlier (2-3)? Which groups are these?**

[Probe: Are these health challenges different if the person is a particular age, or gender, race, or ethnicity? Or lives in a certain part of the county for example?]

- 5. From the health issues and challenges we've just discussed, which do you think can be addressed in the next three years?**

[Probe 1: How do you think these health issues can be addressed?]

[Probe 2: Are some of these issues more urgent or important than others? If so, why?]

- 6. In 2019, Depression and anxiety among adults 18+ were identified as important health issues in your community. Do you know of any programs or services that are available in your community to address this issue?**

[Prompt: Have you or someone you know benefited from these programs or services? If so, what do you think has worked? What do you think can be improved?]

- 7. What resources are currently available for residents in your community for the identified health/social determinant problem/s we've discussed today?**

[Probe 1: Are there specific community organizations or agencies that you see taking a strong leadership role for improving the health of particular groups in your community?]

[Probe 2: Do you see residents taking advantage of them? Why or why not?]

[Probe 3: What additional programs and resources do you think are needed to best meet the needs of residents in _____ County?]

[Probe 4: Are you aware of any THR-Community Health Improvement program(s) in your community?]

CLOSING QUESTION

- 8. Can you think of any other ways we could improve the health of residents in the community that we have not already talked about today?**

[Probe: Is there anything else you would like to add that we haven't discussed?]

CONCLUSION

{Review the summary points and key takeaways from discussion}

{Check if note taker needs any clarification}

CLOSURE SCRIPT: Thank you very much for your time and willingness to share your experiences with us today. We will include your comments in our data to describe how health can be improved for residents in your community. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

Listening Session Questions

1. Name of the organization you represent.
2. What region/county/counties do your organization provide direct services to? (select all that apply)
 - a. Dallas County
 - b. Rockwall County
 - c. Southern Region
 - d. Parker County
 - e. Denton County
 - f. Wise County
 - g. Southern Region
 - h. Ellis County
 - i. Erath County
 - j. Henderson County
 - k. Johnson County
 - l. Kaufman County
3. In 2019, Texas Health Resources (THR) identified behavioral health, chronic disease prevention and management, access, awareness, health literacy and navigation as its priority areas. Are you aware of any THR programs, initiatives, resources, specifically addressing any of these priorities in your community?
4. What is THR doing well within the behavioral health, chronic disease prevention and management, access, health literacy and navigation areas? Feel free to address one or all priorities.
5. What are areas of opportunity within these priority areas? Feel free to address one or all priorities.
6. What can THR do to improve the awareness of its Community Health Needs Assessment (CHNA) findings and implementation strategies?
7. Texas Health Resources is currently developing its 2022 CHNA reports and have identified these preliminary issues for the following regions:

Southern Region

Healthcare Access & Quality (lack of/limited insurance, delay in care)

Mental Health (depression, anxiety, isolation)

Abuse/Violence (domestic violence, child abuse, intimate partner violence)

Substance Abuse (isolation leading to increased substance use and addiction)

Denton/Wise Region-

Mental Health (increased need for adolescents, anxiety, lack of behavioral health services)

Access to healthcare services (Provider shortages, language barriers, uninsured/underinsured)

COVID-19 Impact (mental health, trust in healthcare system, delay in services)

Food insecurity (lack of food, access to healthy foods, food deserts)

Tarrant/Parker Region-

Chronic conditions (heart disease, diabetes)

COVID-19 Impact (Mental Health/Substance abuse, isolation, financial issues, delay in care, food insecurity)

Health Behaviors (fear, stigma towards vaccine)

Healthcare Access & Quality (Lack of providers, lack of bilingual providers, uninsured/underinsured)

Dallas/Rockwall Region-

Access to care (delay in care, uninsured, underinsured)

Mental Health (isolation, depression exacerbated by COVID-19)

Financial/Economic impact (unemployment, housing insecurity)

Food insecurity (lack of healthy foods, lack of food)

Denton/Wise Region-

Access to care (delay in services, high deductibles, affordability of insurance, knowledge of where to get care)

Mental Health (stigma in accessing care, cultural barriers, anxiety)

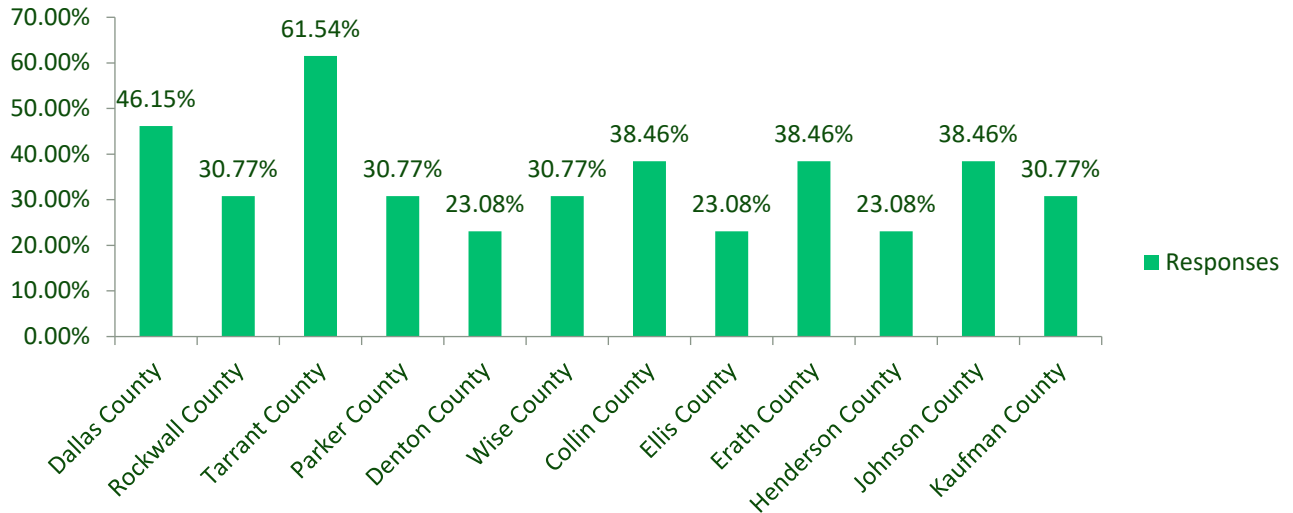
Economic/financial issues (difficulty paying rent/utilities, unemployment, loss of jobs)

Housing (lack of affordable housing, discrimination)

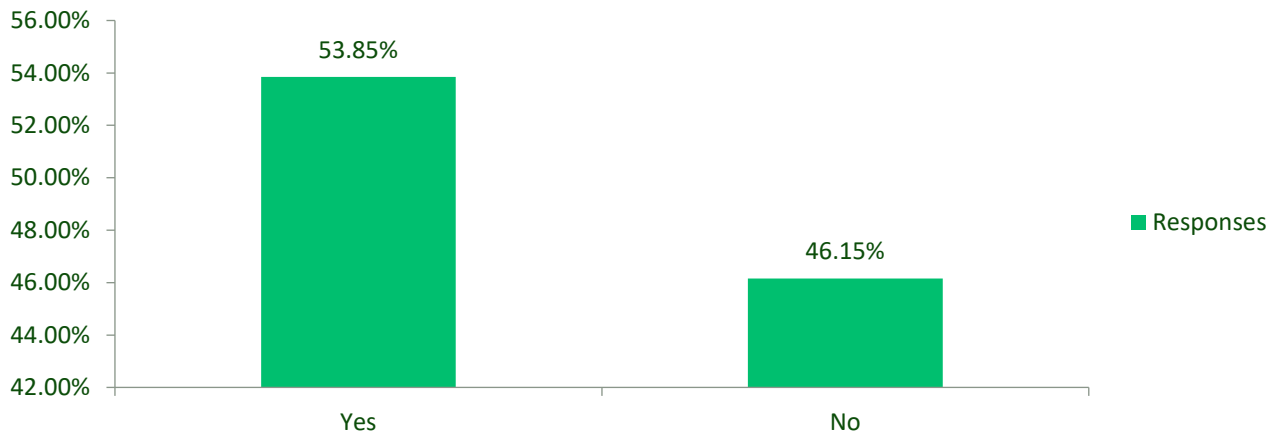
7a. How can THR prioritize these health topics that have surfaced as issues in the region?

Listening Session Results

Question #2-What region/county/counties do your organization provide direct services to?



Question #3-Are you aware of any THR programs, initiatives, resources, specifically addressing any of these priorities in your community?



Question #4-What is THR doing well within the behavioral health, chronic health, chronic disease prevention & management, access, health literacy, and navigation areas?

- While there is some generalize awareness of THR efforts, there is not sufficient publicity of these efforts to elicit significant engagement from the public.

-I navigate the Plano Up program funded by THR focusing on anxiety and depression in youth in the 75074 zip. Beyond Blue is another program funded by THR to address mental health in the senior population in the 75069 zip

- The Community Impact program and its regional councils are a great model to impact health priorities.

- It's hard to say due to the Pandemic really. THR has been sending email and reminders to people to do their screenings, testing and seeing their Dr, even telemedicine

- Their willingness to fund organizations that promote access and health literacy is awesome.

- Excellent work with chronic disease prevention and management. Also, good initiative with mental health in rural areas. Doing a good job of bringing these topics, education, and interventions to the people and communities THR serves.

- THR's Community Impact team has done a great job at leveraging relations with community leaders, nonprofits, thought leaders to strengthen efforts to improve health outcomes that are negatively impacted by the social determinants of health. They are also using data to drive their decision and to measure positive improvements in the areas of exercise, health and chronic disease prevention.

- Connect deeper to faith-based organizations, and schools where the under-resource families are nearest and partner with other foundations to strengthen the ability to sustain efforts.

Q5- Are there areas of opportunity within these priority areas? Feel free to address

-Behavioral health partnerships between THR, JPS, and the City of Arlington would be good way to have a meaningful impact on this issue. A formalized partnership with COA/Fire PH unit, Mission Arlington, School Districts, UTA school of Nursing and Social Work, JPS, TCPH and MCA could result in a cost effective and impactful approach to many of these issues.

- I feel mental health is still a large concern. However, I feel healthcare is out of reach for many people even for those with the ability to pay. Living expenses have increased to the point where many people cannot afford to maintain their physical or mental well-being

- There are many opportunities to impact health outcomes - particularly chronic disease- through increased awareness and support of patients affected by memory decline. This can include those at risk for cognitive decline (diverse communities are at higher risk, as are those

who have comorbidities) and create opportunities for early detection—also, outcomes related to caregiver health.

- With the start of the Pandemic in March 2020, people have not seen their health care providers as they should, thus causing now two years later, many, many additional medical problems.

- Behavioral health is an awesome place to start. We need to train paraprofessionals to go into the neighborhood.

- Health literacy training for health care and service providers would enhance THR's current efforts within chronic disease management.

Question 6- What can THR do to improve the awareness of its Community Health Needs Assessment findings and implementation strategies?

-Partner directly with the City of Arlington Office of Communications

-Present to city and nonprofits the results of the assessment. Many citizens have no idea of the health status of our city.

- More programs focused on prevention and mobile solutions. We have to realize that many people cannot get to appointments even with coverage. Housing, food and transportation costs

- Increasing channels of communication, implementing practical action steps and a starting point for those needing the services, enhanced relationship building with community partners.

- Send them to community orgs as well as posting on their website. If both of these were done, I would recommend a way to ensure that all orgs doing any social service-related work get notified of the CHNA and implementation plan.

- Work directly with Community-Based Organizations (CBOs) , such as the Alzheimer's Association or Area Agency on Aging, to promote these results and how a partnership with the CBO will impact the health outcomes. Continue to provide grants to CBOs to ensure that community support continues for all those in need.

- Perhaps THR can advertise the CHNA can run local ads on television and radio.

- As we emerge from the Pandemic, continue to reach those who are not connected by smart phones and emails

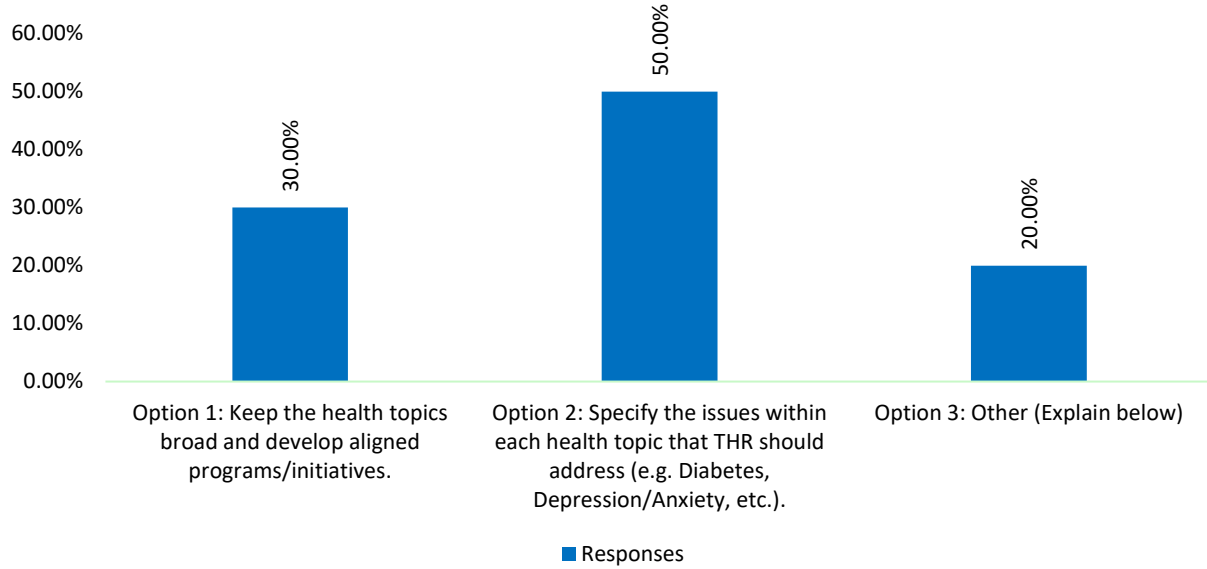
- A spot on the major networks or continuous radio spots would help.

- Personally, I think that THR does a great job of disseminating CHNA findings. They and Cook are regional leaders in that work. I'm not sure if THR already works closely with rural Extension

services to disseminate findings and implement programming. If not, that may be another avenue. Also, engaging FQHC's in CHNA implementation strategies is important.

- Take the information out to the community who are impacted the most. (Churches, Schools, Stores, barbershops, beauty shops and perhaps convenience store.

Question #7-How can THR prioritize these health topics that have surfaced as issues in the region?



Community Resource and Partner List

This highlights existing resources that organizations are currently using and available widely in the community. It also highlights community partners involved in this process for this CHNA.

Community Resource

Assessment Intervention and Referral Services (AIRS)
Crazy 8 Ministries, PROMISES, Open Door (Faith-based organizations)
Erath County Community Bridges
Family Resource Center
Johnson County family/youth counseling
Kemp Connect
Kinship Navigator Program
Seven Points Rehabilitation
Stephenville Senior Center
Stillwaters Rehabilitation
The Center at Kaufman
THR/Superior Health partnership expanding programs for chronic diseases
United Way
211

Community Partner List

Christian Help Center
City of Ennis
Cleburne Fire Department
Cross Timbers Family Services
Erath County Extension
Johnson County Family Crisis Center
North Texas Behavioral Health Authority
Paluxy River Children's Advocacy Center
Senior Connect
Texas Department of State Health Service

Appendix E. Tarrant/Parker Region

Texas Health Resources

Tarrant/Parker Region

Appendices

Secondary Data Methodology

Secondary Data Sources

The main source for the secondary data, or data that has been previously collected, is the community indicator database maintained by Conduent Healthy Communities Institute. The following is a list of both local and national data sources used in Texas Health Resources Tarrant County and Parker County regional Community Health Needs Assessment report.

Data Sources

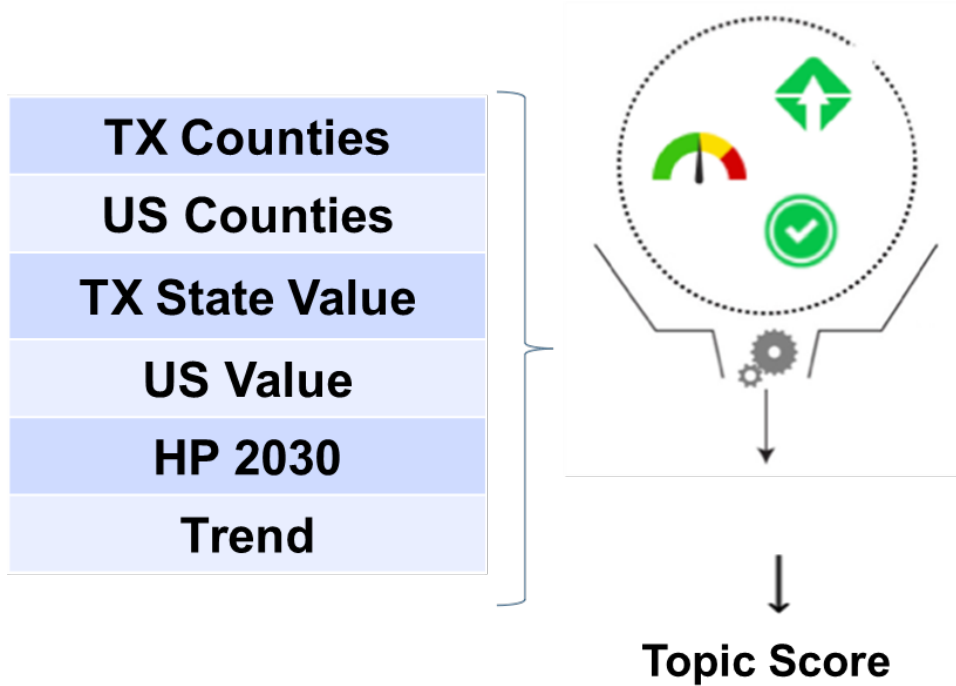
- American Community Survey
- American Lung Association
- CDC - PLACES
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- County Health Rankings
- Feeding America
- Healthy Communities Institute
- National Cancer Institute
- National Center for Education Statistics
- National Environmental Public Health Tracking Network
- Texas Department of Family and Protective Services
- DFWHC Foundation Regional Data, Q1-Q4, 2017-2019. DFWHC Foundation, Irving Texas. October 15, 2021,

- Texas Education Agency
- Texas Department of Health Services
- U.S Bureau of Labor Statistics
- U.S. Census - County Business Patterns
- U.S. Census Bureau – Small Area Health Insurance Estimates
- U.S. Department of Agriculture – Food Environment Atlas
- U.S. Environmental Protection Agency
- United for ALICE

Secondary Data Scoring

HCI's Data Scoring Tool (Figure 1A) was used to systematically summarize multiple comparisons in order to rank indicators based on highest need. For each indicator, the community value was compared to a distribution of Texas and US counties, state and national values, Healthy People 2030, and significant trends were noted. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities and changes in methodology over time. The comparison scores were summarized for each indicator, and indicators were then grouped into topic areas for a systematic ranking of community health needs.

Figure 1A: Summary of Topic Scoring Analysis



Index of Disparity

An important part of the CHNA process is to identify health disparities, the needs of vulnerable populations and unmet health needs or gaps in services. There were several ways in which subpopulation disparities were examined by county. For secondary data health indicators, the Index of Disparity tool was utilized to see if there were large, negative, and concerning differences in indicator values between each subgroup data value and the overall county value. The Index of Disparity was run for each county, and the indicators with the highest race or ethnicity index value were found.

Health Equity Index

Every community can be described by various social and economic factors that can contribute to disparities in health outcomes. Conduent HCI's Health Equity Index (formerly SocioNeeds[®] Index) considers validated indicators related to income, employment, education, and household environment to identify areas at the highest risk for experiencing health inequities.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic needs correlated with preventable hospitalizations and premature death.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Health Equity Index, with darker coloring associated with higher relative need.

Food Insecurity Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in outcomes and opportunities to thrive. Conduent HCI's Food Insecurity Index considers validated indicators related to income, household environment and well-being to identify areas at highest risk for experiencing food insecurity.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest food insecurity, which is correlated with household and community measures of food-related financial stress such as Medicaid and SNAP enrollment.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Food Insecurity Index, with darker coloring associated with higher relative needs.

Mental Health Index

Every community can be described by various health, social, and economic factors that can contribute to disparities in mental health outcomes. Conduent HCI's Mental Health Index considers validated indicators related to access to care, physical health status, transportation, employment, and household environment to identify areas at highest risk for experiencing poor mental health.

How is the index value calculated?

The national index value (from 0 to 100) is calculated for each zip code, census tract, and county in the U.S. Communities with the highest index values are estimated to have the highest socioeconomic and health needs correlated with self-reported poor mental health.

What do the ranks and colors mean?

Ranks and colors help to identify the relative level of need within a community or service area. The national index value for each location is compared to all other similar locations within the community area to assign a relative rank (from 1 to 5) locally. These ranks are used to color the map and chart for the Mental Health Index, with darker coloring associated with higher relative need.

Data Considerations

Several limitations of data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, data availability varies by health topic. Some topics contain a robust set of secondary data indicators, while others may have a limited number of indicators or limited subpopulations covered by those specific indicators. Data scores represent the relative community health need according to the secondary data for each topic and should not be considered a comprehensive result on their own. In addition, these scores reflect the secondary data results for the population as a whole and do not represent the health or socioeconomic need that is much greater for some subpopulations. Moreover, many of the secondary data indicators included in the findings are collected by survey, and though specific methods are used to best represent the population at large, these measures are subject to instability, especially for smaller populations. The Index of Disparity is also limited by data availability, where indicator data varies based on the population groups and service areas being analyzed.

Race or ethnic and Special Population Groupings

The secondary data presented in this report derive from multiple sources, which may present race and ethnicity data using dissimilar nomenclature. For consistency with data sources throughout the report, subpopulation data may use different terms to describe the same or similar groups of community members.

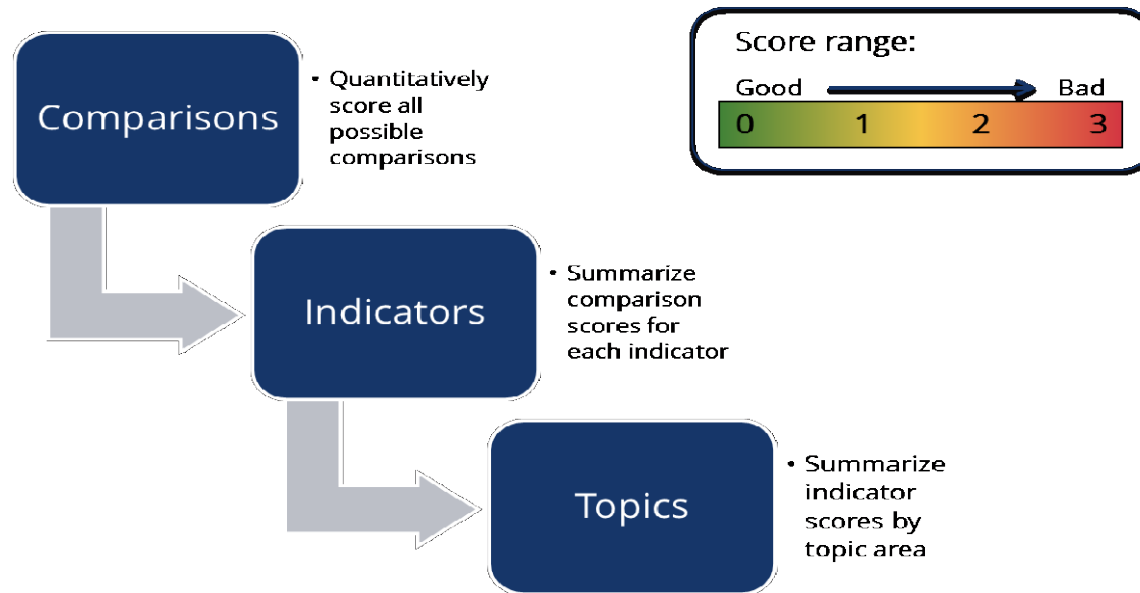
Zip Codes and Zip Code Tabulation Areas

This report presents both Zip Code and Zip Code Tabulation Area (ZCTA) data. Zip Codes, which were created by the U.S. Postal Service to improve mail delivery service, are not reported in this assessment as they may change, include P.O. boxes or cover large unpopulated areas. This assessment cover ZCTAs or Zip Code Tabulation Areas which were created by the U.S. Census Bureau and are generalized representations of Zip Codes that have been assigned to census blocks.

Demographics for this report are sourced from the United States Census Bureau, which presents ZCTA estimates. Tables and figures in the Demographics section of this report reference Zip Codes in title (for purposes of familiarity) but show values of ZCTAs. Data from other sources are labeled as such.

Secondary Data Scoring Detailed Methodology

Data Scoring is done in three stages:



For every indicator available, each county in the Hospital Service Area is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic. Secondary data for this report are up to date as of November 1, 2021.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.

Comparison to Values: State, National, and Targets

The county is compared to the state value, the national value, and target values. Target values include the nation-wide Healthy People 2030 (HP2030) goals. Healthy People 2030 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

County Data Scoring Indicators Results

Tarrant County Indicator Scores

SCORE	ALCOHOL & DRUG USE	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.92	Adults who Binge Drink	percent	17.1			16.4	2018		4
1.75	Age-Adjusted ER Rate due to Opioid Use	ER visits/ 10,000 population 18+ years	2.6		0.7		2017-2019		17
1.75	Age-Adjusted Hospitalization Rate due to Opioid Use	hospitalizations/ 10,000 population 18+ years	0.2		0.1		2017-2019		17
1.75	Age-Adjusted Hospitalization Rate due to Substance Use	hospitalizations/ 10,000 population 18+ years	1.6		1.2		2017-2019		17
1.42	Age-Adjusted ER Rate due to Substance Use	ER visits/ 10,000 population 18+ years	20.3		20.6		2017-2019		17
1.00	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Deaths per 100,000 population	9.6		12.1	22.8	2017-2019		5
0.89	Liquor Store Density	stores/ 100,000 population	5.3		6.9	10.5	2019		19
0.33	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	21.1	28.3	25.7	27	2015-2019		7
0.33	Death Rate due to Drug Poisoning	deaths/ 100,000 population	8.9		10.6	21	2017-2019		7

SCORE	CANCER	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.47	Cancer: Medicare Population	percent	8.5		7.6	8.4	2018		6
2.25	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	20.9	15.3	19.8	20.1	2013-2017	Black (34.5) White (20.5) API (9) Hisp (11.4)	10
2.25	Breast Cancer Incidence Rate	cases/ 100,000 females	122.1		112.8	125.9	2013-2017		10
1.83	Colon Cancer Screening	percent	60.1	74.4		66.4	2018		4
1.81	All Cancer Incidence Rate	cases/ 100,000 population	437.7		407.7	448.7	2013-2017		10
1.72	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	12.1		11	11.8	2013-2017		10
1.58	Prostate Cancer Incidence Rate	cases/ 100,000 males	103.5		94	104.5	2013-2017	Black (171.5) White (100.7) API (53.2) Hisp (78)	10
1.44	Cervical Cancer Screening: 21-65	Percent	82.8	84.3		84.7	2018		4
1.36	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	18.9	16.9	17.6	19	2013-2017	Black (34.7) White (18.1) Hisp (15)	10
1.28	Cervical Cancer Incidence Rate	cases/ 100,000 females	8.2		9.2	7.6	2013-2017		10
1.28	Mammogram in Past 2 Years: 50-74	percent	71.2	77.1		74.8	2018		4
1.00	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	153.4	122.7	148.8	155.5	2013-2017		10

0.86	Colorectal Cancer Incidence Rate	<i>cases/ 100,000 population</i>	36.9		37.6	38.4	2013-2017	10
0.83	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	37.4	25.1	34.1	38.5	2013-2017	10
0.75	Adults with Cancer	<i>percent</i>	5.9			6.9	2018	4
0.75	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	55.3		50.6	58.3	2013-2017	10
0.67	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	13.5	8.9	13.9	13.7	2013-2017	10

SCORE	CHILDREN'S HEALTH	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.17	Food Insecure Children Likely Ineligible for Assistance	<i>percent</i>	37		34	23	2019		8
1.89	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	11.5	8.7	9.1		2020		13
1.83	Children with Low Access to a Grocery Store	<i>percent</i>	7.1				2015		21
1.67	Child Food Insecurity Rate	<i>percent</i>	18.4		19.6	14.6	2019		8
1.50	Children with Health Insurance	<i>percent</i>	88.4		87.3	94.3	2019		1
1.42	Projected Child Food Insecurity Rate	<i>percent</i>	22.9		23.6		2021		8

SCORE	COMMUNITY	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.75	Solo Drivers with a Long Commute	percent	42.6		38.9	37	2015-2019		7
2.67	Median Monthly Owner Costs for Households without a Mortgage	dollars	609		514	500	2015-2019		1
2.47	Social Associations	membership associations/ 10,000 population	6.8		7.5	9.3	2018		7
2.33	Median Household Gross Rent	dollars	1095		1045	1062	2015-2019		1
2.33	Mortgaged Owners Median Monthly Household Costs	dollars	1658		1606	1595	2015-2019		1
2.25	Mean Travel Time to Work	minutes	27.4		26.6	26.9	2015-2019		1
1.89	Substantiated Child Abuse Rate	cases/ 1,000 children	11.5	8.7	9.1		2020		13
1.75	Workers Commuting by Public Transportation	percent	0.6	5.3	1.4	5	2015-2019	Black (1.2) White (0.4) Asian (0.5) AIAN (1.1) NHPI (0.8) Mult (0.3) Other (0.4) Hispanic (0.4)	1
1.69	Linguistic Isolation	percent	6.3		7.7	4.4	2015-2019		1
1.64	Persons with Health Insurance	percent	81.1	92.1	79.3		2019		20
1.47	Total Employment Change	percent	2.2		2.9	1.6	2018-2019		19
1.42	Workers who Drive Alone to Work	percent	82		80.5	76.3	2015-2019		1

1.36	Homeownership	<i>percent</i>	55.8	54.9	56.2	2015-2019	1	
1.33	Voter Turnout: Presidential Election	<i>percent</i>	62	58.8		2016	16	
1.25	Single-Parent Households	<i>percent</i>	26.2	26.3	25.5	2015-2019	1	
1.08	Persons with an Internet Subscription	<i>percent</i>	88.8	84.2	86.2	2015-2019	1	
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.3			2015	21	
1.00	Median Housing Unit Value	<i>dollars</i>	188500	172500	217500	2015-2019	1	
0.97	Female Population 16+ in Civilian Labor Force	<i>percent</i>	61.1	57.8	58.3	2015-2019	1	
0.97	Population 16+ in Civilian Labor Force	<i>percent</i>	64.8	61	59.6	2015-2019	1	
0.92	People 25+ with a High School Degree or Higher	<i>percent</i>	86.1	83.7	88	2015-2019	1	
0.86	Social Worker Rate	<i>workers/ 100,000 population</i>	118.2	82.7		2020	14	
0.83	Households with an Internet Subscription	<i>percent</i>	87.1	82.1	83	2015-2019	1	
0.83	Households with One or More Types of Computing Devices	<i>percent</i>	94.4	91	90.3	2015-2019	1	
0.58	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	9.7	10.1	13	11.3	2017-2019	5

								Black (24.2) White (6.9) Asian (11.6) AIAN (7.9) NHPI (26.4) Mult (13.6) Other (25.8) Hispanic (24.1)	
0.58	Children Living Below Poverty Level	<i>percent</i>	17.1		20.9	18.5	2015-2019		1
0.58	Per Capita Income	<i>dollars</i>	33292		31277	3410 3	2015-2019		1
0.42	Median Household Income	<i>dollars</i>	67700		61874	6284 3	2015-2019		1
0.42	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	32.3		29.9	32.1	2015-2019		1
0.33	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	21.1	28.3	25.7	27	2015-2019		7
0.33	People Living Below Poverty Level	<i>percent</i>	11.9	8	14.7	13.4	2015-2019	Black (17.1) White (6.9) Asian (10.2) AIAN (8.8) NHPI (21.7) Mult (12.1) Other (17.2) Hispanic (17.5)	1

SCORE	DIABETES	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Age-Adjusted ER Rate due to Diabetes	ER visits/ 10,000 population 18+ years	37.8		9.4		2017-2019		17
1.75	Age-Adjusted ER Rate due to Type 2 Diabetes	ER visits/ 10,000 population 18+ years	33.9		8.6		2017-2019		17
1.75	Age-Adjusted Hospitalization Rate due to Diabetes	hospitalizations/ 10,000 population 18+ years	23.3		5.3		2017-2019		17
1.75	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	hospitalizations/ 10,000 population 18+ years	17.1		4		2017-2019		17
1.50	Diabetes: Medicare Population	percent	28.5		28.8	27	2018		6
1.36	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	22.2		22	21.5	2017-2019		5

SCORE	ECONOMY	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.67	Median Monthly Owner Costs for Households without a Mortgage	dollars	609		514	500	2015-2019		1
2.33	Median Household Gross Rent	dollars	1095		1045	1062	2015-2019		1
2.33	Mortgaged Owners Median Monthly Household Costs	dollars	1658		1606	1595	2015-2019		1
2.17	Food Insecure Children Likely Ineligible for Assistance	percent	37		34	23	2019		8
2.00	WIC Certified Stores	stores/ 1,000 population	0.1				2016		21
1.86	SNAP Certified Stores	stores/ 1,000 population	0.6				2017		21
1.67	Child Food Insecurity Rate	percent	18.4		19.6	14.6	2019		8
1.64	Renters Spending 30% or More of Household Income on Rent	percent	47.5		47.8	49.6	2015-2019		1
1.64	Students Eligible for the Free Lunch Program	percent	53.4				2019-2020		11
1.53	Unemployed Workers in Civilian Labor Force	percent	6.3		6.7	6.1	Jun-21		18
1.50	Food Insecurity Rate	percent	13		14.1	10.9	2019		8
1.50	Low-Income and Low Access to a Grocery Store	percent	8				2015		21
1.47	Total Employment Change	percent	2.2		2.9	1.6	2018-2019		19

1.42	Projected Child Food Insecurity Rate	percent	22.9	23.6		2021	8
1.42	Severe Housing Problems	percent	16.8	17.4	18	2013-2017	7
1.36	Homeownership	percent	55.8	54.9	56.2	2015-2019	1
1.36	Overcrowded Households	percent of households	4.4	4.8		2015-2019	1
1.36	Size of Labor Force	persons	1092124			Jun-21	18
1.28	Mortgaged Owners Spending 30% or More of Household Income on Housing	percent	26.3	26.5	26.5	2019	1
1.25	Projected Food Insecurity Rate	percent	15.7	16.5		2021	8
1.14	People 65+ Living Below Poverty Level	percent	8.4	10.6	9.3	2015-2019	Black (15.9) White (5.9) Asian (9.9) AIAN (9.1) NHPI (42.9) Mult (9.1) Other (11.1) Hispanic (16) 1
1.03	Households with Cash Public Assistance Income	percent	1.4	1.4	2.4	2015-2019	1
1.00	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	percent	63.6	56		2018	23
1.00	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	25.5	30		2018	23

1.00	Households that are Below the Federal Poverty Level	<i>percent</i>	10.9	14		2018		23
1.00	Median Housing Unit Value	<i>dollars</i>	188500	17250	2175		2015-2019	1
0.97	Female Population 16+ in Civilian Labor Force	<i>percent</i>	61.1	57.8	58.3		2015-2019	1
0.97	Population 16+ in Civilian Labor Force	<i>percent</i>	64.8	61	59.6		2015-2019	1
0.58	Children Living Below Poverty Level	<i>percent</i>	17.1	20.9	18.5		2015-2019	1
0.58	Families Living Below Poverty Level	<i>percent</i>	8.9	11.3	9.5		2015-2019	1
0.58	People Living 200% Above Poverty Level	<i>percent</i>	69.8	65.7	69.1		2015-2019	1
0.58	Per Capita Income	<i>dollars</i>	33292	31277	3410		2015-2019	1
0.42	Median Household Income	<i>dollars</i>	67700	61874	6284		2015-2019	1

0.33	People Living Below Poverty Level	percent	11.9	8	14.7	13.4	2015-2019	Black (17.1) White (6.9) Asian (10.2) AIAN (8.8) NHPI (21.7) Mult (12.1) Other (17.2) Hisp (17.5)	1
0.25	Persons with Disability Living in Poverty (5-year)	percent	19.7		23.2	26.1	2015-2019		1
SCORE	EDUCATION	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.14	High School Drop Out Rate	percent	5.7		1.9		2019		15
1.69	Student-to-Teacher Ratio	students/ teacher	15.3				2019-2020		11
1.00	Infants Born to Mothers with <12 Years Education	percent	14.9		17.4	13.3	2017	Black (9.6) White (5.6) Other (9.5) Hisp (28.4)	14
0.92	People 25+ with a High School Degree or Higher	percent	86.1		83.7	88	2015-2019		1
0.42	People 25+ with a Bachelor's Degree or Higher	percent	32.3		29.9	32.1	2015-2019		1

SCORE	ENVIRONMENTAL HEALTH	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.36	Asthma: Medicare Population	percent	5.9		4.9	5	2018		6
2.14	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8				2016		21
2.00	WIC Certified Stores	stores/ 1,000 population	0.1				2016		21
1.86	SNAP Certified Stores	stores/ 1,000 population	0.6				2017		21
1.83	Children with Low Access to a Grocery Store	percent	7.1				2015		21
1.83	Grocery Store Density	stores/ 1,000 population	0.1				2016		21
1.75	Annual Ozone Air Quality		F				2017-2019		2
1.67	People with Low Access to a Grocery Store	percent	25.6				2015		21
1.64	Number of Extreme Precipitation Days	days	38				2016		12
1.64	PBT Released	pounds	3331.2				2019		22
1.64	Recognized Carcinogens Released into Air	pounds	504208.5				2019		22
1.58	Adults with Current Asthma	percent	9.3			9.2	2018		4
1.50	Farmers Market Density	markets/ 1,000 population	0				2018		21
1.50	Low-Income and Low Access to a Grocery Store	percent	8				2015		21
1.42	Severe Housing Problems	percent	16.8		17.4	18	2013-2017		7

1.36	Months of Mild Drought or Worse	<i>months per year</i>	4			2016	12
1.36	Number of Extreme Heat Days	<i>days</i>	5			2016	12
1.36	Number of Extreme Heat Events	<i>events</i>	2			2016	12
1.36	Overcrowded Households	<i>percent of households</i>	4.4	4.8		2015-2019	1
1.33	People 65+ with Low Access to a Grocery Store	<i>percent</i>	2.4			2015	21
1.25	Annual Particle Pollution		A			2017-2019	2
1.19	Food Environment Index		7.4	5.9	7.8	2021	7
1.17	Adults with Asthma	<i>percent</i>	10.8	10.9	13.3	2012	3
1.17	Daily Dose of UV Irradiance	<i>Joule per square meter</i>	3309	3538		2015	12
1.17	Recreation and Fitness Facilities	<i>facilities/ 1,000 population</i>	0.1			2016	21
1.08	Weeks of Moderate Drought or Worse	<i>weeks per year</i>	1			2016	12
1.00	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	1.3			2015	21
0.89	Liquor Store Density	<i>stores/ 100,000 population</i>	5.3	6.9	10.5	2019	19
0.50	Access to Exercise Opportunities	<i>percent</i>	93.9	80.5	84	2020	7

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.92	Adults who have had a Routine Checkup	percent	73.1			76.7	2018		4
1.92	Adults without Health Insurance	percent	24.7			12.2	2018		4
1.67	Adults with Health Insurance	percent	78.2		75.5	87.1	2019		1
1.64	Persons with Health Insurance	percent	81.1	92.1	79.3		2019		20
1.50	Children with Health Insurance	percent	88.4		87.3	94.3	2019		1
1.42	Adults who Visited a Dentist	percent	60.6			66.5	2018		4
1.11	Primary Care Provider Rate	providers/ 100,000 population	58.8		60.9		2018		7
0.86	Social Worker Rate	workers/ 100,000 population	118.2		82.7		2020		14
0.83	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	88		88.6		2020		7
0.67	Dentist Rate	dentists/ 100,000 population	60.4		59.6		2019		7
0.67	Mental Health Provider Rate	providers/ 100,000 population	131.8		120.9		2020		7

SCORE	HEART DISEASE & STROKE	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.39	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	46.4	33.4	40.2	37.2	2017-2019		5
2.08	Adults who Have Taken Medications for High Blood Pressure	percent	72.3			75.8	2017		4
1.83	Hyperlipidemia: Medicare Population	percent	49.7		49.5	47.7	2018		6
1.75	Age-Adjusted ER Rate due to Hypertension	ER visits/ 10,000 population 18+ years	38.5		10.5		2017-2019		17
1.75	Age-Adjusted Hospitalization Rate due to Hypertension	hospitalizations/ 10,000 population 18+ years	0.5		0.1		2017-2019		17
1.67	Hypertension: Medicare Population	percent	60.2		59.9	57.2	2018		6
1.64	Atrial Fibrillation: Medicare Population	percent	8.1		7.8	8.4	2018		6
1.42	Cholesterol Test History	percent	80.6			81.5	2017		4
1.33	High Blood Pressure Prevalence	percent	33.9	27.7		32.4	2017		4
1.25	High Cholesterol Prevalence: Adults 18+	percent	35			34.1	2017		4
1.25	Stroke: Medicare Population	percent	4.1		4.2	3.8	2018		6
1.19	Heart Failure: Medicare Population	percent	15		15.6	14	2018		6

1.00	Ischemic Heart Disease: Medicare Population	percent	26.5	29	26.8	2018	6	
0.92	Adults who Experienced a Stroke	percent	3.1		3.4	2018	4	
0.92	Adults who Experienced Coronary Heart Disease	percent	6.2		6.8	2018	4	
0.58	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	44.1	70.1		2018	12	
0.11	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	76.8	71.1	93	90.5	2017-2019	5

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.39	Syphilis Incidence Rate	cases/ 100,000 population	13.6		8.8	10.8	2018		14
2.00	COVID-19 Daily Average Incidence Rate	cases per 100,000 population	54.9		47.1	51.4	21-Sep-21		9
1.75	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	hospitalizations/ 10,000 population 18+ years	0.3		0.1		2017-2019		17
1.64	HIV Diagnosis Rate	cases/ 100,000 population	13.2		15.7		2018		14
1.56	Gonorrhea Incidence Rate	cases/ 100,000 population	154		163.6	179.1	2018		14
1.50	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	12.1		11.8	13.8	2017-2019		5

1.42	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	459.1		508.2	539.9	2018		14
1.36	Overcrowded Households	<i>percent of households</i>	4.4		4.8		2015-2019		1
1.17	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	3.3	1.4	4.3		2015-2019		14
1.14	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	1.2		4.3	2	21-Sep-21		9

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.83	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	6.2	5	5.6	5.9	2015		14
1.78	Mothers who Received Early Prenatal Care	<i>percent</i>	59.2		60.5	77.3	2017		14
1.61	Babies with Low Birth Weight	<i>percent</i>	8.3		8.2	8.1	2015		14
1.56	Preterm Births	<i>percent</i>	11.6	9.4	12.2		2017		14
1.28	Babies with Very Low Birth Weight	<i>percent</i>	1.4			1.4	2015		14
1.00	Infants Born to Mothers with <12 Years Education	<i>percent</i>	14.9		17.4	13.3	2017	Black (9.6) White (5.6) Other (9.5) Hispanic (28.4)	14
0.67	Teen Births	<i>percent</i>	1.7		2.1	3.1	2017	Black (1.9) White (0.7) Other (0.5) Hispanic (2.8)	14

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.64	Depression: Medicare Population	percent	20.8		18.2	18.4	2018		6
2.19	Alzheimer's Disease or Dementia: Medicare Population	percent	13.4		12.6	10.8	2018		6
1.50	Frequent Mental Distress	percent	13.8		11.6	13	2018		7
1.42	Poor Mental Health: 14+ Days	percent	13.9			12.7	2018		4
1.25	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	13	12.8	13.5	14.1	2017-2019	Black (6.5) White (14.8) API (8.8) Hisp (6)	5
1.25	Age-Adjusted ER Rate due to Adult Mental Health	ER visits/ 10,000 population 18+ years	7.5		8.9		2017-2019		17
1.25	Age-Adjusted Hospitalization Rate due to Adult Mental Health	hospitalizations/ 10,000 population 18+ years	1.6		1.7		2017-2019		17
0.67	Mental Health Provider Rate	providers/ 100,000 population	131.8		120.9		2020		7

SCORE	OLDER ADULTS	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.75	Chronic Kidney Disease: Medicare Population	percent	28.2		26.7	24.5	2018		6
2.64	Depression: Medicare Population	percent	20.8		18.2	18.4	2018		6
2.47	Cancer: Medicare Population	percent	8.5		7.6	8.4	2018		6
2.36	Asthma: Medicare Population	percent	5.9		4.9	5	2018		6
2.19	Alzheimer's Disease or Dementia: Medicare Population	percent	13.4		12.6	10.8	2018		6
1.97	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	36		34.2	33.5	2018		6
1.83	Colon Cancer Screening	percent	60.1	74.4		66.4	2018		4
1.83	Hyperlipidemia: Medicare Population	percent	49.7		49.5	47.7	2018		6
1.75	Adults 65+ who Received Recommended Preventive Services: Females	percent	25.2			28.4	2018		4
1.75	Adults 65+ who Received Recommended Preventive Services: Males	percent	25.9			32.4	2018		4
1.69	Osteoporosis: Medicare Population	percent	6.6		6.8	6.6	2018		6
1.67	Hypertension: Medicare Population	percent	60.2		59.9	57.2	2018		6

1.64	Atrial Fibrillation: Medicare Population	<i>percent</i>	8.1	7.8	8.4	2018		6
1.50	Diabetes: Medicare Population	<i>percent</i>	28.5	28.8	27	2018		6
1.33	People 65+ with Low Access to a Grocery Store	<i>percent</i>	2.4			2015		21
1.25	Adults 65+ with Total Tooth Loss	<i>percent</i>	14		13.5	2018		4
1.25	Stroke: Medicare Population	<i>percent</i>	4.1	4.2	3.8	2018		6
1.19	Heart Failure: Medicare Population	<i>percent</i>	15	15.6	14	2018		6
1.14	People 65+ Living Below Poverty Level	<i>percent</i>	8.4	10.6	9.3	2015-2019	Black (15.9) White (5.9) Asian (9.9) AIAN (9.1) NHPI (42.9) Mult (9.1) Other (11.1) Hispanic (16)	1
1.03	COPD: Medicare Population	<i>percent</i>	10.7	11.2	11.5	2018		6
1.00	Ischemic Heart Disease: Medicare Population	<i>percent</i>	26.5	29	26.8	2018		6
0.75	Adults with Arthritis	<i>percent</i>	22.4		25.8	2018		4

SCORE	ORAL HEALTH	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Age-Adjusted ER Rate due to Dental Problems	ER visits/ 10,000 population	48.6		11.1		2017-2019		17
1.72	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	12.1		11	11.8	2013-2017		10
1.50	Adults who have had Permanent Teeth Extracted	percent	42.9		42.8	44.5	2012		3
1.42	Adults who Visited a Dentist	percent	60.6			66.5	2018		4
1.25	Adults 65+ with Total Tooth Loss	percent	14			13.5	2018		4
0.67	Dentist Rate	dentists/ 100,000 population	60.4		59.6		2019		7

SCORE	OTHER CONDITIONS	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.75	Chronic Kidney Disease: Medicare Population	percent	28.2		26.7	24.5	2018		6
1.97	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	36		34.2	33.5	2018		6
1.69	Osteoporosis: Medicare Population	percent	6.6		6.8	6.6	2018		6
0.92	Adults with Kidney Disease	Percent of adults	2.8			3.1	2018		4
0.75	Adults with Arthritis	percent	22.4			25.8	2018		4

SCORE	PHYSICAL ACTIVITY	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.14	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8				2016		21
2.00	WIC Certified Stores	stores/ 1,000 population	0.1				2016		21
1.86	SNAP Certified Stores	stores/ 1,000 population	0.6				2017		21
1.83	Children with Low Access to a Grocery Store	percent	7.1				2015		21
1.83	Grocery Store Density	stores/ 1,000 population	0.1				2016		21
1.67	People with Low Access to a Grocery Store	percent	25.6				2015		21
1.50	Farmers Market Density	markets/ 1,000 population	0				2018		21
1.50	Low-Income and Low Access to a Grocery Store	percent	8				2015		21
1.33	People 65+ with Low Access to a Grocery Store	percent	2.4				2015		21
1.19	Food Environment Index		7.4		5.9	7.8	2021		7
1.17	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2016		21
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.3				2015		21
0.50	Access to Exercise Opportunities	percent	93.9		80.5	84	2020		7

SCORE	PREVENTION & SAFETY	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.42	Severe Housing Problems	percent	16.8		17.4	18	2013-2017		7
0.56	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	32	43.2	38.7	48.9	2017-2019		5
0.33	Death Rate due to Drug Poisoning	deaths/ 100,000 population	8.9		10.6	21	2017-2019		7

SCORE	RESPIRATORY DISEASES	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.36	Asthma: Medicare Population	percent	5.9		4.9	5	2018		6
2.00	COVID-19 Daily Average Incidence Rate	cases per 100,000 population	54.9		47.1	51.4	21-Sep-21		9
1.75	Age-Adjusted Hospitalization Rate due to Immunization-Preventable Pneumonia and Influenza	hospitalizations/ 10,000 population 18+ years	0.3		0.1		2017-2019		17
1.58	Adults with Current Asthma	percent	9.3			9.2	2018		4
1.50	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	12.1		11.8	13.8	2017-2019		5
1.17	Adults who Smoke	percent	15.6	5		15.5	2018		4
1.17	Adults with Asthma	percent	10.8		10.9	13.3	2012		3
1.17	Tuberculosis Incidence Rate	cases/ 100,000 population	3.3	1.4	4.3		2015-2019		14
1.14	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	1.2		4.3	2	21-Sep-21		9

1.03	COPD: Medicare Population	<i>percent</i>	10.7		11.2	11.5	2018		6
0.83	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	37.4	25.1	34.1	38.5	2013-2017		10
0.75	Adults with COPD	<i>Percent of adults</i>	6.2			6.9	2018		4
0.75	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	55.3		50.6	58.3	2013-2017		10

SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.39	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	13.6		8.8	10.8	2018		14
1.64	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	13.2		15.7		2018		14
1.56	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	154		163.6	179.1	2018		14
1.42	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	459.1		508.2	539.9	2018		14

SCORE	WELLNESS & LIFESTYLE	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.67	Frequent Physical Distress	<i>percent</i>	12.9		11.6	11	2018		7
1.33	High Blood Pressure Prevalence	<i>percent</i>	33.9	27.7		32.4	2017		4
1.25	Poor Physical Health: 14+ Days	<i>percent</i>	12.9			12.5	2018		4
0.86	Insufficient Sleep	<i>percent</i>	33	31.4	34.4	35	2018		7

SCORE	WOMEN'S HEALTH	UNITS	TARRANT COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.25	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.9	15.3	19.8	20.1	2013-2017	Black (34.5) White (20.5) API (9) Hisp (11.4)	10
2.25	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	122.1		112.8	125.9	2013-2017		10
1.44	Cervical Cancer Screening: 21-65	<i>Percent</i>	82.8	84.3		84.7	2018		4
1.28	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	8.2		9.2	7.6	2013-2017		10
1.28	Mammogram in Past 2 Years: 50-74	<i>percent</i>	71.2	77.1		74.8	2018		4

Tarrant County Sources

Key	Source Title
1	American Community Survey
2	American Lung Association
3	Behavioral Risk Factor Surveillance System
4	CDC - PLACES
5	Centers for Disease Control and Prevention
6	Centers for Medicare & Medicaid Services
7	County Health Rankings
8	Feeding America
9	Healthy Communities Institute
10	National Cancer Institute
11	National Center for Education Statistics
12	National Environmental Public Health Tracking Network
13	Texas Department of Family and Protective Services
14	DFWHC Foundation Regional Data, Q1-Q4, 2017-2019. DFWHC Foundation, Irving Texas. October 15, 2021
15	Texas Education Agency
16	Texas Secretary of State
17	THR Texas Department of Health Services
18	U.S. Bureau of Labor Statistics
19	U.S. Census - County Business Patterns
20	U.S. Census Bureau - Small Area Health Insurance Estimates
21	U.S. Department of Agriculture - Food Environment Atlas
22	U.S. Environmental Protection Agency
23	United For ALICE

Tarrant County Topic Scores

Health and Quality of Life Topics	Score
Sexually Transmitted Infections	1.75
Children's Health	1.75
Women's Health	1.70
Older Adults	1.68
Diabetes	1.64
Other Conditions	1.62
Immunizations & Infectious Diseases	1.59
Mental Health & Mental Disorders	1.52
Physical Activity	1.50
Environmental Health	1.47
Cancer	1.42
Maternal, Fetal & Infant Health	1.39
Oral Health	1.39
Heart Disease & Stroke	1.36
Respiratory Diseases	1.32
Community	1.30
Health Care Access & Quality	1.29
Economy	1.29
Wellness & Lifestyle	1.28
Alcohol & Drug Use	1.24
Education	1.23
Prevention & Safety	0.77

Parker County Indicator Scores

SCORE	ALCOHOL & DRUG USE	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.92	Adults who Binge Drink	percent	17.2			16.4	2018		3
1.75	Age-Adjusted ER Rate due to Opioid Use	ER visits/ 10,000 population 18+ years	2.9		0.7		2017-2019		16
1.25	Age-Adjusted ER Rate due to Substance Use	ER visits/ 10,000 population 18+ years	14.2		20.6		2017-2019		16
1.25	Age-Adjusted Hospitalization Rate due to Substance Use	hospitalizations/ 10,000 population 18+ years	1.1		1.2		2017-2019		16
1.00	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Deaths per 100,000 population	9.5		12.1	22.8	2017-2019		4
0.89	Liquor Store Density	stores/ 100,000 population	3.5		6.9	10.5	2019		18
0.72	Alcohol-Impaired Driving Deaths	percent of driving deaths with alcohol involvement	17.5	28.3	25.7	27	2015-2019		6
0.61	Death Rate due to Drug Poisoning	deaths/ 100,000 population	9.2		10.6	21	2017-2019		6

SCORE	CANCER	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.75	Cancer: Medicare Population	percent	8.9		7.6	8.4	2018		5
2.50	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	14		11	11.8	2013-2017		9
2.39	Cervical Cancer Incidence Rate	cases/ 100,000 females	10.2		9.2	7.6	2013-2017		9
2.31	All Cancer Incidence Rate	cases/ 100,000 population	455.9		407.7	448.7	2013-2017		9
2.17	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	67.7		50.6	58.3	2013-2017		9
2.03	Breast Cancer Incidence Rate	cases/ 100,000 females	130.1		112.8	125.9	2013-2017		9

1.75	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	23.1	15.3	19.8	20.1	2013-2017	9
1.72	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	14	8.9	13.9	13.7	2013-2017	9
1.67	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	44.6	25.1	34.1	38.5	2013-2017	9
1.61	Mammogram in Past 2 Years: 50-74	percent	69.8	77.1		74.8	2018	3
1.58	Adults with Cancer	percent	7.3			6.9	2018	3
1.50	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	164.6	122.7	148.8	155.5	2013-2017	9
1.50	Colon Cancer Screening	percent	61.7	74.4		66.4	2018	3
1.28	Cervical Cancer Screening: 21-65	Percent	84	84.3		84.7	2018	3
1.17	Prostate Cancer Incidence Rate	cases/ 100,000 males	91.6		94	104.5	2013-2017	9
1.03	Colorectal Cancer Incidence Rate	cases/ 100,000 population	37.5		37.6	38.4	2013-2017	9
0.25	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	13.1	16.9	17.6	19	2013-2017	9

SCORE	CHILDREN'S HEALTH	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Food Insecure Children Likely Ineligible for Assistance	percent	41		34	23	2019		7
2.06	Substantiated Child Abuse Rate	cases/ 1,000 children	14.9	8.7	9.1		2020		12
1.50	Children with Health Insurance	percent	90.8		87.3	94.3	2019		1
1.50	Children with Low Access to a Grocery Store	percent	4.5				2015		20
1.08	Projected Child Food Insecurity Rate	percent	19.6		23.6		2021		7
1.00	Child Food Insecurity Rate	percent	15.9		19.6	14.6	2019		7

SCORE	COMMUNITY	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.36	Mean Travel Time to Work	minutes	31.8		26.6	26.9	2015-2019		1
2.36	Solo Drivers with a Long Commute	percent	50.7		38.9	37	2015-2019		6
2.33	Median Monthly Owner Costs for Households without a Mortgage	dollars	545		514	500	2015-2019		1
2.33	Mortgaged Owners Median Monthly Household Costs	dollars	1750		1606	1595	2015-2019		1
2.31	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	19.8	10.1	13	11.3	2017-2019		4
2.06	Substantiated Child Abuse Rate	cases/ 1,000 children	14.9	8.7	9.1		2020		12
2.00	Median Household Gross Rent	dollars	1027		1045	1062	2015-2019		1
1.97	Workers who Drive Alone to Work	percent	83.6		80.5	76.3	2015-2019		1
1.92	People 25+ with a Bachelor's Degree or Higher	percent	26.4		29.9	32.1	2015-2019		1
1.78	Workers Commuting by Public Transportation	percent	0.3	5.3	1.4	5	2015-2019	Black (0.7) White (0.3) Asian (0) AIAN (0) NHPI (0) Mult (0.3) Other (0) Hispanic (0)	1
1.64	Persons with Health Insurance	percent	82.7	92.1	79.3		2019		19
1.47	Female Population 16+ in Civilian Labor Force	percent	55.6		57.8	58.3	2015-2019		1

1.33	Households with No Car and Low Access to a Grocery Store	<i>percent</i>	2				2015	20
1.31	Population 16+ in Civilian Labor Force	<i>percent</i>	59.6	61	59.6		2015-2019	1
1.25	Social Worker Rate	<i>workers/ 100,000 population</i>	58.3	82.7			2020	13
1.19	Social Associations	<i>membership associations/ 10,000 population</i>	9.7	7.5	9.3		2018	6
1.14	People 25+ with a High School Degree or Higher	<i>percent</i>	88.6	83.7	88		2015-2019	1
1.08	Persons with an Internet Subscription	<i>percent</i>	88.2	84.2	86.2		2015-2019	1
0.97	Linguistic Isolation	<i>percent</i>	2	7.7	4.4		2015-2019	1
0.86	Voter Turnout: Presidential Election	<i>percent</i>	66.6	58.8			2016	15
0.83	Households with an Internet Subscription	<i>percent</i>	85.4	82.1	83		2015-2019	1
0.83	Households with One or More Types of Computing Devices	<i>percent</i>	94.4	91	90.3		2015-2019	1
0.72	Alcohol-Impaired Driving Deaths	<i>percent of driving deaths with alcohol involvement</i>	17.5	28.3	25.7	27	2015-2019	6
0.67	Median Housing Unit Value	<i>dollars</i>	214200	172500	217500		2015-2019	1
0.64	Homeownership	<i>percent</i>	69.7	54.9	56.2		2015-2019	1
0.36	Single-Parent Households	<i>percent</i>	14.4	26.3	25.5		2015-2019	1
0.25	Per Capita Income	<i>dollars</i>	35142	31277	34103		2015-2019	1
0.25	Total Employment Change	<i>percent</i>	3.9	2.9	1.6		2018-2019	18
0.11	People Living Below Poverty Level	<i>percent</i>	8.1	8	14.7	13.4	2015-2019	1
0.08	Children Living Below Poverty Level	<i>percent</i>	10.1	20.9	18.5		2015-2019	1
0.08	Median Household Income	<i>dollars</i>	77503	61874	62843		2015-2019	1

SCORE	DIABETES	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.75	Age-Adjusted ER Rate due to Diabetes	<i>ER visits/ 10,000 population 18+ years</i>	24		9.4		2017-2019		16
1.75	Age-Adjusted ER Rate due to Type 2 Diabetes	<i>ER visits/ 10,000 population 18+ years</i>	20.8		8.6		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Diabetes	<i>hospitalizations/ 10,000 population 18+ years</i>	16.7		5.2		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Type 2 Diabetes	<i>hospitalizations/ 10,000 population 18+ years</i>	12.4		4		2017-2019		16
1.50	Diabetes: Medicare Population	<i>percent</i>	27.2		28.8	27	2018		5
1.14	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	19.4		22	21.5	2017-2019		4

SCORE	ECONOMY	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Food Insecure Children Likely Ineligible for Assistance	percent	41		34	23	2019		7
2.33	Median Monthly Owner Costs for Households without a Mortgage	dollars	545		514	500	2015-2019		1
2.33	Mortgaged Owners Median Monthly Household Costs	dollars	1750		1606	1595	2015-2019		1
2.00	Median Household Gross Rent	dollars	1027		1045	1062	2015-2019		1
2.00	WIC Certified Stores	stores/ 1,000 population	0.1				2016		20
1.86	SNAP Certified Stores	stores/ 1,000 population	0.4				2017		20
1.67	Households with Cash Public Assistance Income	percent	1.9		1.4	2.4	2015-2019		1
1.47	Female Population 16+ in Civilian Labor Force	percent	55.6		57.8	58.3	2015-2019		1
1.31	Population 16+ in Civilian Labor Force	percent	59.6		61	59.6	2015-2019		1
1.28	Mortgaged Owners Spending 30% or More of Household Income on Housing	percent	25.7		26.5	26.5	2019		1
1.17	Food Insecurity Rate	percent	12.5		14.1	10.9	2019		7
1.17	Low-Income and Low Access to a Grocery Store	percent	5.3				2015		20
1.17	Overcrowded Households	percent of households	2.7		4.8		2015-2019		1
1.14	Students Eligible for the Free Lunch Program	percent	29.6				2019-2020		10
1.08	Projected Child Food Insecurity Rate	percent	19.6		23.6		2021		7

1.08	Projected Food Insecurity Rate	<i>percent</i>	14.7	16.5		2021		7	
1.00	Child Food Insecurity Rate	<i>percent</i>	15.9	19.6	14.6		2019	7	
1.00	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	<i>percent</i>	63.3	56			2018	22	
1.00	Households that are Asset Limited, Income Constrained, Employed (ALICE)	<i>percent</i>	26.6	30			2018	22	
1.00	Households that are Below the Federal Poverty Level	<i>percent</i>	10.1	14			2018	22	
1.00	Severe Housing Problems	<i>percent</i>	13.3	17.4	18		2013-2017	6	
0.83	Renters Spending 30% or More of Household Income on Rent	<i>percent</i>	40.8	47.8	49.6		2015-2019	1	
0.81	People 65+ Living Below Poverty Level	<i>percent</i>	7.4	10.6	9.3		2015-2019	Black (0) White (7) Asian (0) AIAN (10.2) NHPI (100) Mult (21.8) Other (49.4) Hisp (13.3)	1
0.69	Unemployed Workers in Civilian Labor Force	<i>percent</i>	5.2	6.7	6.1		Jun-21	17	
0.67	Median Housing Unit Value	<i>dollars</i>	214200	172500	217500		2015-2019	1	
0.64	Homeownership	<i>percent</i>	69.7	54.9	56.2		2015-2019	1	
0.36	Families Living Below Poverty Level	<i>percent</i>	5.6	11.3	9.5		2015-2019	Black (6.8) White (5) Asian (7.9) AIAN (2.2) NHPI (35.3) Mult (2.8) Other (17) Hisp (10.8)	1

0.25	Per Capita Income	<i>dollars</i>	35142		31277	34103	2015-2019	1
0.25	Total Employment Change	<i>percent</i>	3.9		2.9	1.6	2018-2019	18
0.11	People Living Below Poverty Level	<i>percent</i>	8.1	8	14.7	13.4	2015-2019	1
0.08	Children Living Below Poverty Level	<i>percent</i>	10.1		20.9	18.5	2015-2019	1
0.08	Median Household Income	<i>dollars</i>	77503		61874	62843	2015-2019	1
0.08	People Living 200% Above Poverty Level	<i>percent</i>	77.2		65.7	69.1	2015-2019	1
0.08	Persons with Disability Living in Poverty (5-year)	<i>percent</i>	13.4		23.2	26.1	2015-2019	1

SCORE	EDUCATION	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.92	People 25+ with a Bachelor's Degree or Higher	percent	26.4		29.9	32.1	2015-2019		1
1.81	High School Drop Out Rate	percent	2.3		1.9		2019	Black (5.6) White (2.5) Asian (0) AIAN (0) Mult (0) Hisp (1.8)	14
1.69	Student-to-Teacher Ratio	students/ teacher	14.7				2019-2020		10
1.14	People 25+ with a High School Degree or Higher	percent	88.6		83.7	88	2015-2019		1
0.33	Infants Born to Mothers with <12 Years Education	percent	7.6		17.4	13.3	2017	White (4.4) Hisp (25.8)	13

SCORE	ENVIRONMENTAL HEALTH	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.17	Access to Exercise Opportunities	percent	52.6		80.5	84	2020		6
2.08	Asthma: Medicare Population	percent	6.1		4.9	5	2018		5
2.00	Grocery Store Density	stores/ 1,000 population	0.1				2016		20
2.00	WIC Certified Stores	stores/ 1,000 population	0.1				2016		20
1.86	SNAP Certified Stores	stores/ 1,000 population	0.4				2017		20
1.81	Fast Food Restaurant Density	restaurants/ 1,000 population	0.7				2016		20
1.64	Number of Extreme Precipitation Days	days	41				2016		11
1.50	Children with Low Access to a Grocery Store	percent	4.5				2015		20
1.50	Farmers Market Density	markets/ 1,000 population	0				2018		20
1.44	Annual Ozone Air Quality	Grade	D				2017-2019		2
1.36	Number of Extreme Heat Days	days	7				2016		11
1.36	PBT Released	pounds	1183.1				2019		21
1.33	Households with No Car and Low Access to a Grocery Store	percent	2				2015		20
1.33	People 65+ with Low Access to a Grocery Store	percent	2.5				2015		20
1.33	People with Low Access to a Grocery Store	percent	17.6				2015		20
1.19	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2016		20
1.17	Low-Income and Low Access to a Grocery Store	percent	5.3				2015		20
1.17	Overcrowded Households	percent of households	2.7		4.8		2015-2019		1
1.08	Adults with Current Asthma	percent	8.9			9.2	2018		3

1.08	Weeks of Moderate Drought or Worse	<i>weeks per year</i>	1			2016	11
1.03	Daily Dose of UV Irradiance	<i>Joule per square meter</i>	3331	3538		2015	11
1.00	Severe Housing Problems	<i>percent</i>	13.3	17.4	18	2013-2017	6
0.89	Liquor Store Density	<i>stores/ 100,000 population</i>	3.5	6.9	10.5	2019	18
0.69	Food Environment Index		7.9	5.9	7.8	2021	6

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.92	Adults who have had a Routine Checkup	<i>percent</i>	73.5			76.7	2018		3
1.89	Primary Care Provider Rate	<i>providers/ 100,000 population</i>	41.9		60.9		2018		6
1.75	Adults without Health Insurance	<i>percent</i>	19.2			12.2	2018		3
1.75	Dentist Rate	<i>dentists/ 100,000 population</i>	35.7		59.6		2019		6
1.67	Non-Physician Primary Care Provider Rate	<i>providers/ 100,000 population</i>	42.7		88.6		2020		6
1.64	Persons with Health Insurance	<i>percent</i>	82.7	92.1	79.3		2019		19
1.50	Adults with Health Insurance	<i>percent</i>	80.1		75.5	87.1	2019		1
1.50	Children with Health Insurance	<i>percent</i>	90.8		87.3	94.3	2019		1
1.33	Mental Health Provider Rate	<i>providers/ 100,000 population</i>	55.3		120.9		2020		6
1.25	Adults who Visited a Dentist	<i>percent</i>	61.9			66.5	2018		3
1.25	Social Worker Rate	<i>workers/ 100,000 population</i>	58.3		82.7		2020		13

SCORE	HEART DISEASE & STROKE	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Atrial Fibrillation: Medicare Population	percent	9.3		7.8	8.4	2018		5
2.42	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	47	33.4	40.2	37.2	2017-2019		4
2.31	Ischemic Heart Disease: Medicare Population	percent	31.1		29	26.8	2018		5
1.97	Hyperlipidemia: Medicare Population	percent	50.1		49.5	47.7	2018		5
1.86	Stroke: Medicare Population	percent	4.2		4.2	3.8	2018		5
1.81	Hypertension: Medicare Population	percent	60.8		59.9	57.2	2018		5
1.75	Adults who Have Taken Medications for High Blood Pressure	percent	76			75.8	2017		3
1.75	Age-Adjusted ER Rate due to Hypertension	ER visits/ 10,000 population 18+ years	29.9		10.5		2017-2019		16
1.75	Age-Adjusted Hospitalization Rate due to Hypertension	hospitalizations/ 10,000 population 18+ years	0.5		0.1		2017-2019		16
1.72	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	96.6	71.1	93	90.5	2017-2019		4
1.42	High Cholesterol Prevalence: Adults 18+	percent	36.4			34.1	2017		3
1.33	Heart Failure: Medicare Population	percent	14.7		15.6	14	2018		5
1.25	Cholesterol Test History	percent	81.6			81.5	2017		3
1.17	High Blood Pressure Prevalence	percent	33.5	27.7		32.4	2017		3
1.08	Adults who Experienced Coronary Heart Disease	percent	7.2			6.8	2018		3

1.00	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	51.1	70.1		2018	11
0.92	Adults who Experienced a Stroke	<i>percent</i>	3.2		3.4	2018	3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	16.1		11.8	13.8	2017-2019		4
1.97	COVID-19 Daily Average Case-Fatality Rate	<i>deaths per 100 cases</i>	3.7		4.3	2	21-Sep-21		8
1.36	COVID-19 Daily Average Incidence Rate	<i>cases per 100,000 population</i>	46.3		47.1	51.4	21-Sep-21		8
1.22	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	1.4		8.8	10.8	2018		13
1.22	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.1	1.4	4.3		2015-2019		13
1.17	Overcrowded Households	<i>percent of households</i>	2.7		4.8		2015-2019		1
1.03	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	2.2		15.7		2018		13
0.92	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	72.3		163.6	179.1	2018		13
0.33	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	213.2		508.2	539.9	2018		13

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.83	Preterm Births	percent	11.6	9.4	12.2		2017		13
1.39	Mothers who Received Early Prenatal Care	percent	69.2		60.5	77.3	2017		13
1.11	Babies with Very Low Birth Weight	percent	1.2			1.4	2015	White (1.39002453) Other (0) Hispanic (0)	13
0.94	Teen Births	percent	0.9		2.1	3.1	2017	Black (0) White (0) Other (0) Hispanic (0)	13
0.78	Babies with Low Birth Weight	percent	6.5		8.2	8.1	2015		13
0.75	Infant Mortality Rate	deaths/ 1,000 live births	4.7	5	5.6	5.9	2015		13
0.33	Infants Born to Mothers with <12 Years Education	percent	7.6		17.4	13.3	2017	White (4.4) Hispanic (25.8)	13

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.47	Alzheimer's Disease or Dementia: Medicare Population	percent	13.6		12.6	10.8	2018		5
1.97	Depression: Medicare Population	percent	19.3		18.2	18.4	2018		5
1.58	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	17.2	12.8	13.5	14.1	2017-2019		4
1.50	Frequent Mental Distress	percent	13.5		11.6	13	2018		6
1.33	Mental Health Provider Rate	providers/ 100,000 population	55.3		120.9		2020		6
1.25	Age-Adjusted ER Rate due to Adult Mental Health	ER visits/ 10,000 population 18+ years	3.3		8.9		2017-2019		16
1.25	Age-Adjusted Hospitalization Rate due to Adult Mental Health	hospitalizations/ 10,000 population 18+ years	0.8		1.7		2017-2019		16

1.25	Poor Mental Health: 14+ Days	<i>percent</i>	13			12.7	2018		3
SCORE	OLDER ADULTS	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.92	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.3		7.8	8.4	2018		5
2.75	Cancer: Medicare Population	<i>percent</i>	8.9		7.6	8.4	2018		5
2.58	Chronic Kidney Disease: Medicare Population	<i>percent</i>	27.5		26.7	24.5	2018		5
2.47	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	13.6		12.6	10.8	2018		5
2.33	COPD: Medicare Population	<i>percent</i>	14.9		11.2	11.5	2018		5
2.31	Ischemic Heart Disease: Medicare Population	<i>percent</i>	31.1		29	26.8	2018		5
2.14	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	36.7		34.2	33.5	2018		5
2.08	Asthma: Medicare Population	<i>percent</i>	6.1		4.9	5	2018		5
1.97	Depression: Medicare Population	<i>percent</i>	19.3		18.2	18.4	2018		5
1.97	Hyperlipidemia: Medicare Population	<i>percent</i>	50.1		49.5	47.7	2018		5
1.97	Osteoporosis: Medicare Population	<i>percent</i>	6.6		6.8	6.6	2018		5
1.86	Stroke: Medicare Population	<i>percent</i>	4.2		4.2	3.8	2018		5
1.81	Hypertension: Medicare Population	<i>percent</i>	60.8		59.9	57.2	2018		5
1.58	Adults 65+ who Received Recommended Preventive Services: Females	<i>percent</i>	26			28.4	2018		3

1.58	Adults 65+ who Received Recommended Preventive Services: Males	percent	27.4		32.4	2018		3
1.50	Colon Cancer Screening	percent	61.7	74.4	66.4	2018		3
1.50	Diabetes: Medicare Population	percent	27.2	28.8	27	2018		5
1.33	Heart Failure: Medicare Population	percent	14.7	15.6	14	2018		5
1.33	People 65+ with Low Access to a Grocery Store	percent	2.5			2015		20
1.08	Adults with Arthritis	percent	25.8		25.8	2018		3
0.92	Adults 65+ with Total Tooth Loss	percent	12.5		13.5	2018		3
0.81	People 65+ Living Below Poverty Level	percent	7.4	10.6	9.3	2015-2019	Black (0) White (7) Asian (0) AIAN (10.2) NHPI (100) Mult (21.8) Other (49.4) Hispanic (13.3)	1

SCORE	ORAL HEALTH	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	14		11	11.8	2013-2017		9
1.75	Age-Adjusted ER Rate due to Dental Problems	ER visits/ 10,000 population	48.1		11.1		2017-2019		16
1.75	Dentist Rate	dentists/ 100,000 population	35.7		59.6		2019		6
1.25	Adults who Visited a Dentist	percent	61.9			66.5	2018		3
0.92	Adults 65+ with Total Tooth Loss	percent	12.5			13.5	2018		3

SCORE	OTHER CONDITIONS	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.58	Chronic Kidney Disease: Medicare Population	percent	27.5		26.7	24.5	2018		5
2.14	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	36.7		34.2	33.5	2018		5
1.97	Osteoporosis: Medicare Population	percent	6.6		6.8	6.6	2018		5
1.08	Adults with Arthritis	percent	25.8			25.8	2018		3
0.92	Adults with Kidney Disease	Percent of adults	2.8			3.1	2018		3

SCORE	PHYSICAL ACTIVITY	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.17	Access to Exercise Opportunities	percent	52.6		80.5	84	2020		6
2.00	Grocery Store Density	stores/ 1,000 population	0.1				2016		20
2.00	WIC Certified Stores	stores/ 1,000 population	0.1				2016		20
1.86	SNAP Certified Stores	stores/ 1,000 population	0.4				2017		20
1.81	Fast Food Restaurant Density	restaurants/ 1,000 population	0.7				2016		20
1.50	Children with Low Access to a Grocery Store	percent	4.5				2015		20
1.50	Farmers Market Density	markets/ 1,000 population	0				2018		20
1.33	Households with No Car and Low Access to a Grocery Store	percent	2				2015		20
1.33	People 65+ with Low Access to a Grocery Store	percent	2.5				2015		20
1.33	People with Low Access to a Grocery Store	percent	17.6				2015		20
1.19	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2016		20

1.17	Low-Income and Low Access to a Grocery Store	percent	5.3				2015		20
0.69	Food Environment Index		7.9	5.9	7.8		2021		6

SCORE	PREVENTION & SAFETY	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.22	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	46.4	43.2	38.7	48.9	2017-2019		4
1.00	Severe Housing Problems	percent	13.3		17.4	18	2013-2017		6
0.61	Death Rate due to Drug Poisoning	deaths/ 100,000 population	9.2		10.6	21	2017-2019		6

SCORE	RESPIRATORY DISEASES	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.50	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	16.1		11.8	13.8	2017-2019		4
2.33	COPD: Medicare Population	percent	14.9		11.2	11.5	2018		5
2.17	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	67.7		50.6	58.3	2013-2017		9
2.08	Asthma: Medicare Population	percent	6.1		4.9	5	2018		5
1.97	COVID-19 Daily Average Case-Fatality Rate	deaths per 100 cases	3.7		4.3	2	21-Sep-21		8
1.67	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	44.6	25.1	34.1	38.5	2013-2017		9
1.50	Adults who Smoke	percent	17.2	5		15.5	2018		3
1.36	COVID-19 Daily Average Incidence Rate	cases per 100,000 population	46.3		47.1	51.4	21-Sep-21		8
1.25	Adults with COPD	Percent of adults	7.3			6.9	2018		3
1.22	Tuberculosis Incidence Rate	cases/ 100,000 population	1.1	1.4	4.3		2015-2019		13

1.08	Adults with Current Asthma	<i>percent</i>	8.9		9.2		2018		3
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SCORE	SEXUALLY TRANSMITTED INFECTIONS	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.22	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	1.4		8.8	10.8	2018		13
1.03	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	2.2		15.7		2018		13
0.92	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	72.3		163.6	179.1	2018		13
0.33	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	213.2		508.2	539.9	2018		13

SCORE	WELLNESS & LIFESTYLE	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.25	Insufficient Sleep	<i>percent</i>	34.7	31.4	34.4	35	2018		6
1.17	High Blood Pressure Prevalence	<i>percent</i>	33.5	27.7		32.4	2017		3
1.00	Frequent Physical Distress	<i>percent</i>	11.4		11.6	11	2018		6
0.92	Poor Physical Health: 14+ Days	<i>percent</i>	12.3			12.5	2018		3

SCORE	WOMEN'S HEALTH	UNITS	PARKER COUNTY	HP2030	TX	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.39	Cervical Cancer Incidence Rate	<i>cases/ 100,000 females</i>	10.2		9.2	7.6	2013-2017		9
2.03	Breast Cancer Incidence Rate	<i>cases/ 100,000 females</i>	130.1		112.8	125.9	2013-2017		9
1.75	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	23.1	15.3	19.8	20.1	2013-2017		9
1.61	Mammogram in Past 2 Years: 50-74	<i>percent</i>	69.8	77.1		74.8	2018		3
1.28	Cervical Cancer Screening: 21-65	<i>Percent</i>	84	84.3		84.7	2018		3

Parker County Sources

Key	Source Title
1	American Community Survey
2	American Lung Association
3	CDC - PLACES
4	Centers for Disease Control and Prevention
5	Centers for Medicare & Medicaid Services
6	County Health Rankings
7	Feeding America
8	Healthy Communities Institute
9	National Cancer Institute
10	National Center for Education Statistics
11	National Environmental Public Health Tracking Network
12	Texas Department of Family and Protective Services
13	DFWHC Foundation Regional Data, Q1-Q4, 2017-2019. DFWHC Foundation, Irving Texas. October 15, 2021
14	Texas Education Agency
15	Texas Secretary of State
16	THR Texas Department of Health Services
17	U.S. Bureau of Labor Statistics
18	U.S. Census - County Business Patterns
19	U.S. Census Bureau - Small Area Health Insurance Estimates
20	U.S. Department of Agriculture - Food Environment Atlas
21	U.S. Environmental Protection Agency
22	United For ALICE

Parker County Topic Scores

Health and Quality of Life Topics	Score
Older Adults	1.85
Women's Health	1.81
Respiratory Diseases	1.74
Other Conditions	1.74
Cancer	1.72
Heart Disease & Stroke	1.67
Oral Health	1.63
Children's Health	1.61
Diabetes	1.61
Health Care Access & Quality	1.59
Mental Health & Mental Disorders	1.58
Physical Activity	1.53
Environmental Health	1.42
Education	1.38
Immunizations & Infectious Diseases	1.30
Community	1.24
Alcohol & Drug Use	1.17
Wellness & Lifestyle	1.09
Economy	1.04
Maternal, Fetal & Infant Health	1.02
Prevention & Safety	0.94
Sexually Transmitted Infections	0.88

Community Input Assessment Tools

Key Informant Interview Guide and Questions

INTRODUCTION

HCI Facilitator: Introduce yourself and any others on the team

OPENING SCRIPT: TEXAS HEALTH RESOURCES (THR) has invited you to take part in this Key Informant Interview because of your content expertise and your experience working in the community. Our work on behalf of THR is focused on understanding what health issues and challenges impact the residents of Tarrant/Parker County and how to improve their overall health. The insights and perspectives collected in this interview will provide important information that will ultimately be combined with the results of a key informant interviews, focus groups, and data analysis of state and national indicators. These data components will be compiled into a comprehensive report outlining the health needs in the Southern Region which includes Tarrant/Parker County. The final reports will be completed in the summer of 2022.

CONFIDENTIALITY: For this interview, we will be taking notes on your responses, your names will not be associated with any direct quotes. Your identity will be kept confidential.

1. To begin, could you please tell us a little about the organization you work for and the geographic location it serves?

- a. (only probe if necessary) What is your organization's mission? What are the top priority health issues that your organization addresses?*
- b. (only ask if not clear) Does your organization provide direct care, operate as an advocacy organization, or have another role in the community?*
- c. Which geographic location(s) does your organization serve? (to help us understand or confirm relevant service areas)*

2. Considering the impact of Covid-19, what would you consider the top 5 health issues exacerbated by the pandemic in TARRANT county?

- a. What are the possible solutions to improve the health issues you've described?*
- b. What solutions have your organization/agency put in place or considered to help improve the health issues you described?*
- c. How can Texas Health support these health improvement efforts?*

- 3. Along the same lines, what would you consider the top 5 socioeconomic needs exacerbated by the pandemic in [County Name/Zip code]?**
 - a. What are the possible solutions to improve the socioeconomic needs you've described?*
 - b. What specific solutions have your organization/agency put in place or considered to help improve the socioeconomic issues you described?*
 - c. How can Texas Health support these socioeconomic improvement efforts?*

- 4. Thinking about the solutions you described to address the health and socioeconomic needs, to what extent does your organization/agency have what it needs to deliver these services/resources in the community effectively?**
 - a. How do aspects of this community's [County Name/Zip code] infrastructure (i.e., physical environment, policies, partnerships) help or hinder your ability to deliver the services/resources you described?*
 - b. How can Texas Health support the success of these services/resources?*

- 5. How can community leaders, community-based organizations, and health care systems work collaboratively to address this community's [County Name/Zip codes] health and socioeconomic?**
 - a. To your knowledge, what strategies have been used in the past to drive collaboration across these partners? What worked, what didn't, and why?*
 - b. What challenges/barriers should Texas Health anticipate in its efforts to work with community leaders and members to address the health and socioeconomic needs in this community?*
 - c. How can Texas Health proactively address these challenges/barriers?*

- 6. Finally, what do you consider the best practices that are currently going on to improve the health and socio-economic needs in this community [County/Zip codes]?**

- 7. What is the most crucial message/feedback you want Texas Health to take away from this interview?**
 - a. Is there anything else you would like to add about any of the topics we've discussed or other areas that we didn't discuss but you think are essential?*

CLOSING SCRIPT: Thank you so much for your time and participation today. In terms of next steps, we will be collecting and analyzing the data for this needs assessment over the next few months. The final report will be available to everyone who participated, as well as the general public. If you have additional comments or thoughts after our conversation today, please feel free to reach out to *Eileen Aguilar* or *Oge/Sika*.

HCI Facilitator: Send a follow-up email to the key informant, thanking them for their time and make sure to include a link to the survey!

Focus Group Guide and Questions

INTRODUCTION

{Introduce Yourself and Others on the Team}

{“Let’s get started...”}

Opening Script: Thank you for taking the time to speak with us to support the Texas Health Resources (THR) Community Health Needs Assessment. We anticipate that this discussion will last no more than 60 minutes. You have been invited to take part in this focus group because of your experience living and/or working in Rockwall County. The focus of our Community Health Needs Assessment is how to improve health in the community and understand what challenges residents are facing. We are going to ask a series of questions related to health issues in the community. We hope to get through as many questions as possible and hear each of your perspectives as much as time allows.

For this discussion group, I will invite you to share as much or little as you feel comfortable sharing with the others in the group. The results of this assessment will be made available to the public. We will be taking notes on your responses, but your names will not be associated with any direct quotes. Your identity will be kept confidential, so please share your honest opinions.

SHOW SLIDES (if applicable)--We do have a few ground rules for this virtual discussion that I would like to review with you. It is important that everyone has a chance to be heard, so we ask that only one person talks at a time (most important ground rule for today). You may use the “raise hand” functions when you have something to say [*give instructions and test*]. We may also call on you to sure ensure everyone has a chance to speak but if you have nothing to share, please just say “pass”.

You may want to mute yourself when you are not speaking to cut down on background noise [*give instructions and test mute/unmute*]. Finally, please respect the opinions of others, as the point of the discussion is to collect various points of view. And remember, there are no right or wrong answers, so please share freely and openly. Does anyone have any questions before we get started?

Okay, let’s get started by going around and introducing ourselves. Please tell everyone your first name, what community you live in, and if you are interested in sharing, your involvement in the community (could be your job or volunteer work for example).

{Introductions}

Thank you for introducing yourselves. Now we will get started with our discussion.

COVID-19 QUESTION

1. **We know that COVID-19 has significantly impacted everyone’s lives. What have you seen as the biggest challenges in XXXXX County during the pandemic?**

[Probe 1: Which groups of people are having the hardest time right now?]

[Probe 2: How have you seen these challenges being addressed, if at all?]

[Probe 3: What programs have addressed COVID related issues? What has worked?]

[Probe 4: What hasn’t been effective and, in your opinion, why?]

GENERAL HEALTH QUESTIONS

2. **What would you say are the top three health related problems that people in your community are facing that you would like to change or improve?**

[Probe 1: Why do you think these are the most important health issues?

[Probe 2: What would you do to address these problems?]

[Probe 3: What else is needed to address these problems? Examples could be specific policies, programs, or services.]

- 3. What might prevent someone from accessing care for the health challenges identified above?**

[Examples could include lack of transportation, lack of health insurance coverage, doctor's office hours, language, or cultural barriers, etc.]

- 4. Are there specific groups in your community that are most impacted by the health issues or challenges discussed earlier (2-3)? Which groups are these?**

[Probe: Are these health challenges different if the person is a particular age, or gender, race, or ethnicity? Or lives in a certain part of the county for example?]

- 5. From the health issues and challenges we've just discussed, which do you think can be addressed in the next three years?**

[Probe 1: How do you think these health issues can be addressed?]

[Probe 2: Are some of these issues more urgent or important than others? If so, why?]

- 6. In 2019, Depression and anxiety among adults 18+ were identified as important health issues in your community. Do you know of any programs or services that are available in your community to address this issue?**

[Prompt: Have you or someone you know benefited from these programs or services? If so, what do you think has worked? What do you think can be improved?]

- 7. What resources are currently available for residents in your community for the identified health/social determinant problem/s we've discussed today?**

[Probe 1: Are there specific community organizations or agencies that you see taking a strong leadership role for improving the health of particular groups in your community?]

[Probe 2: Do you see residents taking advantage of them? Why or why not?]

[Probe 3: What additional programs and resources do you think are needed to best meet the needs of residents in _____ County?]

[Probe 4: Are you aware of any THR-Community Health Improvement program(s) in your community?]

CLOSING QUESTION

- 8. Can you think of any other ways we could improve the health of residents in the community that we have not already talked about today?**

[Probe: Is there anything else you would like to add that we haven't discussed?]

CONCLUSION

{Review the summary points and key takeaways from discussion}

{Check if note taker needs any clarification}

CLOSURE SCRIPT: Thank you very much for your time and willingness to share your experiences with us today. We will include your comments in our data to describe how health can be improved for residents in your community. Please remember, your name will not be connected to any of the comments you made today. Please let us know if you have any questions or concerns about this.

Listening Session Questions

1. Name of the organization you represent.
2. What region/county/counties do your organization provide direct services to? (select all that apply)
 - a. Dallas County
 - b. Rockwall County
 - c. Tarrant County
 - d. Parker County
 - e. Denton County
 - f. Wise County
 - g. Collin County
 - h. Ellis County
 - i. Erath County
 - j. Henderson County
 - k. Johnson County
 - l. Kaufman County
3. In 2019, Texas Health Resources (THR) identified behavioral health, chronic disease prevention and management, access, awareness, health literacy, and navigation as its priority areas. Are you aware of any THR programs, initiatives, resources, specifically addressing any of these priorities in your community?
4. What is THR doing well within the behavioral health, chronic disease prevention and management, access, health literacy and navigation areas? Feel free to address one or all priorities.
5. What are areas of opportunity within these priority areas? Feel free to address one or all priorities.
6. What can THR do to improve the awareness of its Community Health Needs Assessment (CHNA) findings and implementation strategies?
7. Texas Health Resources is currently developing its 2022 CHNA reports and have identified these preliminary issues for the following regions:

Southern Region

Healthcare Access & Quality (lack of/limited insurance, delay in care)

Mental Health (depression, anxiety, isolation)

Abuse/Violence (domestic violence, child abuse, intimate partner violence)

Substance Abuse (isolation leading to increased substance use and addiction)

Denton/Wise Region-

Mental Health (increased need for adolescents, anxiety, lack of behavioral health services)

Access to healthcare services (Provider shortages, language barriers, uninsured/underinsured)

COVID-19 Impact (mental health, trust in healthcare system, delay in services)

Food insecurity (lack of food, access to healthy foods, food deserts)

Tarrant/Parker Region-

Chronic conditions (heart disease, diabetes)

COVID-19 Impact (Mental Health/Substance abuse, isolation, financial issues, delay in care, food insecurity)

Health Behaviors (fear, stigma towards vaccine)

Healthcare Access & Quality (Lack of providers, lack of bilingual providers, uninsured/underinsured)

Dallas/Rockwall Region-

Access to care (delay in care, uninsured, underinsured)

Mental Health (isolation, depression exacerbated by COVID-19)

Financial/Economic impact (unemployment, housing insecurity)

Food insecurity (lack of healthy foods, lack of food)

Collin Region-

Access to care (delay in services, high deductibles, affordability of insurance, knowledge of where to get care)

Mental Health (stigma in accessing care, cultural barriers, anxiety)

Economic/financial issues (difficulty paying rent/utilities, unemployment, loss of jobs)

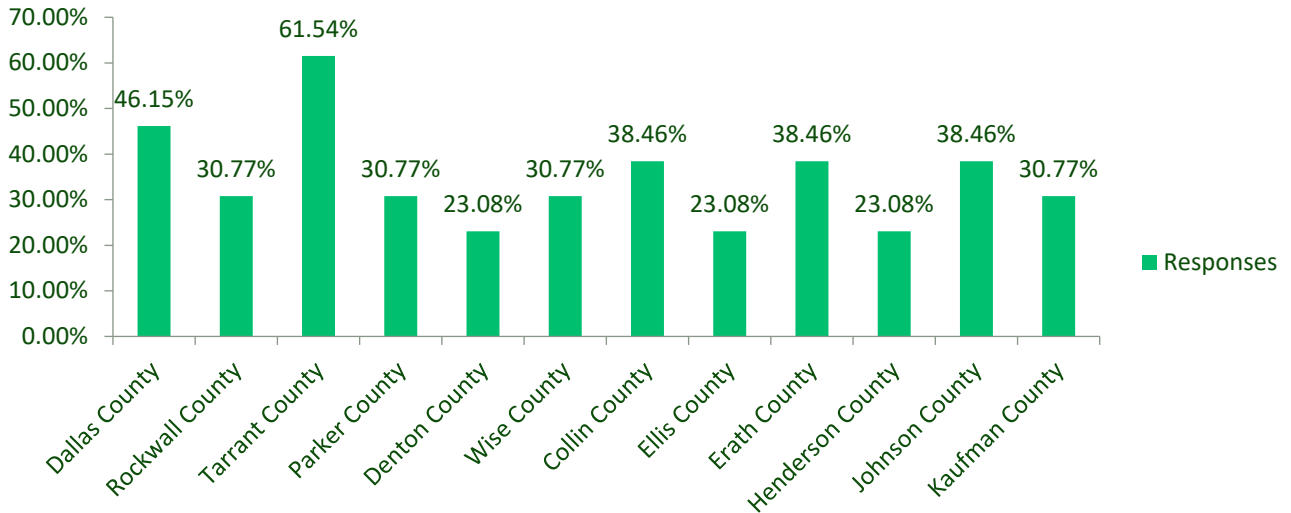
Housing (lack of affordable housing, discrimination)

How can THR prioritize these health topics that have surfaced as issues in the region?

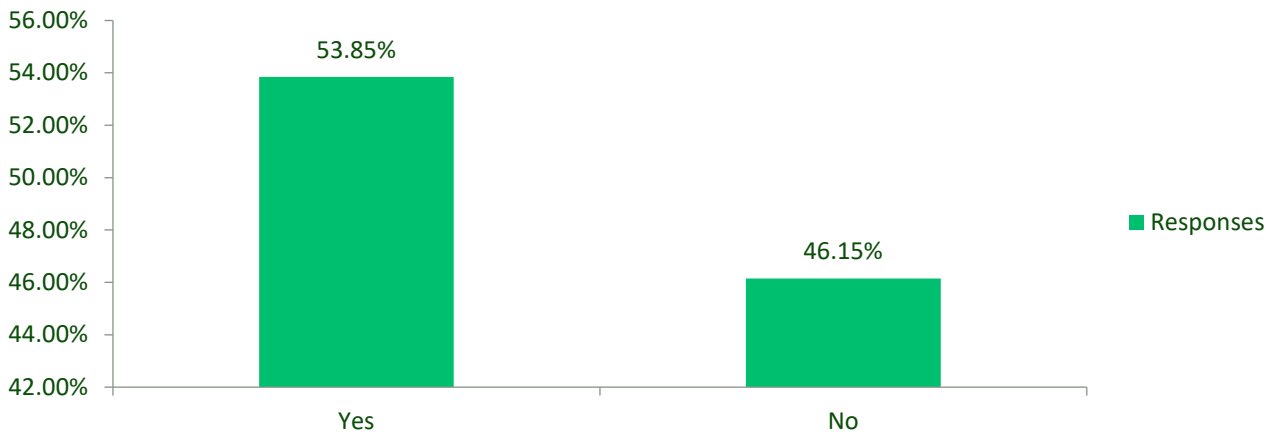
8. This survey is part one of a listening session that will be conducted by Texas Health Resources to further the conversation. We have outlined some dates and times in April for this session. Please select your preferred options. An invitation will be sent on the date/time most selected. What day/time is best for you to meet (online) in April?

Listening Session Results

Question #2-What region/county/counties do your organization provide direct services to?



Question #3-Are you aware of any THR programs, initiatives, resources, specifically addressing any of these priorities in your community?



Question #4-What is THR doing well within the behavioral health, chronic health, chronic disease prevention & management, access, health literacy, and navigation areas?

- While there is some generalized awareness of THR efforts, there is not sufficient publicity of these efforts to elicit significant engagement from the public.

- I navigate the Plano Up program funded by THR focusing on anxiety and depression in youth in the 75074 zip. Beyond Blue is another program funded by THR to address mental health in the senior population in the 75069 zip

- The Community Impact program and its regional councils are a great model to impact health priorities.

- It's hard to say due to the Pandemic really. THR has been sending email and reminders to people to do their screenings, testing and seeing their Dr, even telemedicine

- Their willingness to fund organizations that promote access and health literacy is awesome.

- Excellent work with chronic disease prevention and management. Also, good initiative with mental health in rural areas. Doing a good job of bringing these topics, education, and interventions to the people and communities THR serves.

- THR's Community Impact team has done a great job at leveraging relations with community leaders, nonprofits, thought leaders to strengthen efforts to improve health outcomes that are negatively impacted by the social determinants of health. They are also using data to drive their decision and to measure positive improvements in the areas of exercise, health and chronic disease prevention.

- Connect deeper to faith-based organizations, and schools where the under-resource families are nearest and partner with other foundations to strengthen the ability to sustain efforts.

Q5- Are there areas of opportunity within these priority areas? Feel free to address

- Behavioral health partnerships between THR, JPS, and the City of Arlington would be good way to have a meaningful impact on this issue. A formalized partnership with COA/Fire PH unit, Mission Arlington, School Districts, UTA school of Nursing and Social Work, JPS, TCPH and MCA could result in a cost effective and impactful approach to many of these issues.

- I feel mental health is still a large concern. However, I feel healthcare is out of reach for many people even for those with the ability to pay. Living expenses have increased to the point where many people cannot afford to maintain their physical or mental well-being

- There are many opportunities to impact health outcomes - particularly chronic disease- through increased awareness and support of patients affected by memory decline. This can include those at risk for cognitive decline (diverse communities are at higher risk, as are those

who have comorbidities) and create opportunities for early detection—also, outcomes related to caregiver health.

- With the start of the Pandemic in March 2020, people have not seen their health care providers as they should, thus causing now two years later, many, many additional medical problems.

- Behavioral health is an awesome place to start. We need to train paraprofessionals to go into the neighborhood.

- Health literacy training for health care and service providers would enhance THR's current efforts within chronic disease management.

Question 6- What can THR do to improve the awareness of its Community Health Needs Assessment findings and implementation strategies?

-Partner directly with the City of Arlington Office of Communications

-Present to city and nonprofits the results of the assessment. Many citizens have no idea of the health status of our city.

- More programs focused on prevention and mobile solutions. We have to realize that many people cannot get to appointments even with coverage. Housing, food and transportation costs

- Increasing channels of communication, implementing practical action steps and a starting point for those needing the services, enhanced relationship building with community partners.

- Send them to community orgs as well as posting on their website. If both of these were done, I would recommend a way to ensure that all orgs doing any social service-related work get notified of the CHNA and implementation plan.

- Work directly with Community-Based Organizations (CBOs) , such as the Alzheimer's Association or Area Agency on Aging, to promote these results and how a partnership with the CBO will impact the health outcomes. Continue to provide grants to CBOs to ensure that community support continues for all those in need.

- Perhaps THR can advertise the CHNA can run local ads on television and radio.

- As we emerge from the Pandemic, continue to reach those who are not connected by smart phones and emails

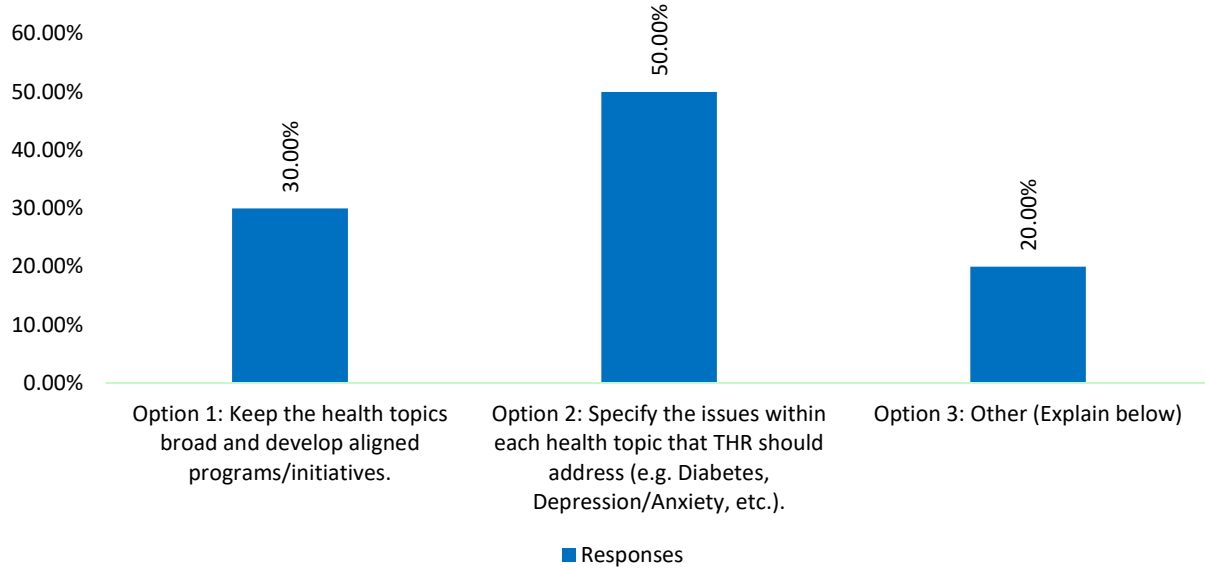
- A spot on the major networks or continuous radio spots would help.

- Personally, I think that THR does a great job of disseminating CHNA findings. They and Cook are regional leaders in that work. I'm not sure if THR already works closely with rural Extension

services to disseminate findings and implement programming. If not, that may be another avenue. Also, engaging FQHC's in CHNA implementation strategies is important.

- Take the information out to the community who are impacted the most. (Churches, Schools, Stores, barbershops, beauty shops and perhaps convenience store.

Question #7-How can THR prioritize these health topics that have surfaced as issues in the region?



Community Resource and Partner List

This highlights existing resources that organizations are currently using and available widely in the community. It also highlights community partners who were involved in the process for this CHNA.

Community Resource List

Alzheimer's Association

Blue Zones

Bridge Association (outreach to rehabilitate)

City of Fort Worth Northside Community Center

Community Action Agency

Cornerstone Assistance Network: free vision/dental services by referral only for low-income folks Dental health Arlington

Eastside Ministries

Galvin Clinic

Inspiring body of Christ Dallas

John Peter Smith Hospital: satellite clinics to bring services to people and increase access

JPS

Mansfield Mission Center

Meals on Wheels

Mesa Springs (Hemp Hill Hospital district, 287)

North Texas Community Foundation

Oak Street Health

Parker County Center of Hope

Presbyterian Night Shelter

Project Transformation

Promise House in Dallas

Safe Harbor

SafeHaven of Tarrant County

Tarrant County Food Bank

Texas Department of Human Services

Texas Health has been providing COVID vaccines on a small-scale clinic at McCray, Bethlehem Center

United Community Centers

Unity Council in Arlington

Well Care assists people signing up for Medicare

Women's Center of Tarrant County Rape Crisis & Victims Services

YMCA

Community Partner List

Alzheimer's Association
Arlington Police Department
Community Center
Cornerstone Assistance
Network
Eastside Ministries
Mansfield Mission Center
Meadowbrook Poly UMC
Parker County Center of Hope
SafeHaven of Tarrant County
Tarrant County College
YMCA