Texas Health Resources

System Report

2022 Community Health Needs Assessment

Texas Health Resources®

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Executive Summary

Introduction & Purpose

Texas Health Resources is pleased to present its 2022 Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the process and methods used to identify and prioritize significant health needs, at a system level, for 25 of Texas Health's wholly owned, non-profit and joint venture hospitals, as federally required by the Affordable Care Act.

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

Acknowledgements

The development of Texas Health's CHNA was a collective effort that included Texas Health employees, community-serving organizations, and community members from within areas of focus that gave us input and knowledge of issues and solutions and those who share our commitment to improve health and quality of life. The 2022 CHNA planning effort pushed Texas Health beyond our traditional primary service area in an effort to directly impact prioritized health needs in areas of the community with greatest health needs. This was an integral step to ensuring our ability to understand the needs of the community and develop programs and services that will positively impact the health and well-being of those we serve.

Letter from Our CEO

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

Texas Health develops a Community Health Needs Assessment every three years to help us build programs that meet the specific needs of our communities. We collect data through key informant interviews, which included in-depth interviews with community leaders and residents, and focus groups to obtain a better understanding of the community needs.

Behavioral health, chronic disease, access to health services, and health care navigation and literacy continue to be prevailing issues in the communities served by Texas Health.

That is why instead of turning our focus elsewhere, we are diving deeper into these issues to address the health disparities and social and environmental conditions that affect overall health and well-being.

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

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

The 2022 CHNA report highlights the community voice and represents our vision — partnering with you for a lifetime of health and well-being. Because we believe that collaboration is at the core of every solution.

By working together, we continue to make a difference.

Sincerely,

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

David Tesmer, MPA
Chief Community &
Public Policy Officer
Texas Health Resources

Regional Leadership Councils

Texas Health Community Impact Leadership Councils represent five unique regions in the Texas Health service area; Collin, Dallas/Rockwall, Tarrant/Parker, Denton-Wise, and Southern (Ellis, Erath, Hood, Johnson, and Kaufman counties). Texas Health Community Impact Leadership Councils are comprised of community leaders responsible for recommending outcome-driven programs and collaborations. The Texas Health Community Impact Board was created to serve as a system-wide strategic advisory group as well as a fiduciary board, who in 2022 was responsible for allocating $8.0 million dollars across all five regions.

Texas Health Community Impact brings together agencies from different sectors — education, healthcare, government, grassroots organizations and others — to make measurable change in communities where social determinants of health contribute to poor overall health. These investments are designed to improve the health of the most vulnerable and underserved. Efforts are currently focused on connecting people to appropriate resources that help address behavioral health and food insecurity, which the pandemic exacerbated. The Texas Health Community Impact Board allocates funding to the Leadership Councils based on the regional strategic plans. The Texas Health Community Impact Leadership Councils award the grants to specific projects. The following organizations are represented on the Texas Health Community Impact Leadership Councils. These organizations were actively engaged in the prioritization process for each region.

Tarrant/Parker Region

Arlington Tomorrow Foundation
Bachman Lake Together
Byrne Construction
Charles Schwab
Community Enrichment Center
Higher Praise Family Church
Leadership Fort Worth
Mt. Olive Baptist Church
Tarrant County College
United Way Tarrant County
Weatherford ISD

Collin Region

City of McKinney
City of Plano
Collin College
Collin County Commissioner
First Baptist Church
Independent Financial
Junior League of Collin
McKinney Sheriff Department
Paul Quinn College
Southern Methodist University
Stonebridge United Methodist Church
Toyota

Dallas/Rockwall

CCR & Associates
City of Dallas
Collin College
Comerica Bank
Communities Foundation of Texas
Fischer & Company
International Leadership of Texas
The Senior Source

Southern

City of Cleburne
City of Mabank
Compassion Counseling Center
Erath County Senior Citizens, Inc. dba Meals on Wheels of Erath County
H-E-B Grocery
Interim HealthCare Granbury
Kaufman County
Meals on Wheels North Central Texas
Oakdale and Hannibal United Methodist Churches
Pinnacle Bank
Southwestern Adventist University
Specialized Fleet Services
Texas A&M AgriLife
Texas Veterans Commission
The University of Texas at Arlington
Tri-County Ford
Trinity Valley Electric Cooperative

Denton-Wise

1st Refuge Ministries
City of Lewisville
Cultivar Capital
Denton County Defense Office
Denton County Public Health
Environments for Health Architecture
Maximus
Medlin Insurance
St. Andrew Presbyterian Church
Texas Woman's University
United Way Denton County
University of North Texas
Wise County Sherriff's Office

Consultants

Texas Health commissioned Conduent Healthy Communities Institute (HCI) to support report preparation for its 2022 CHNA. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent Healthy Communities Institute, please visit https://www.conduent.com/community-population-health. The following HCI team members were involved in the development of this report: Eileen Aguilar, MS – Public Health Consultant: Margaret Mysz, MPH – Community Data Analyst; Olivia Dunn – Community Data Analyst; Samreen Fathima, MPH – Research Associate; Clarice Pan – Research Assistant, Gautami Shikare, Research Assistant, MPH and Dari Goldman, MPH – Senior Project Specialist.

Introduction

Texas Health Resources Health System

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

With a service area that consists of 16 counties and more than 7 million people, the system is committed to providing quality, coordinated care through its Texas Health Physicians Group and 29 hospital locations under the banners of Texas Health Presbyterian, Texas Health Arlington Memorial, Texas Health Harris Methodist, and Texas Health Huguley. Texas Health access points and services, ranging from acute-care hospitals and trauma centers to outpatient facilities and home health and preventive services, provide the full continuum of care for all stages of life. The system has more than 4,100 licensed hospital beds, 6,400 physicians with active staff privileges and more than 25,000 employees. For more information about Texas Health, call 1-877-THR-WELL, or visit www.TexasHealth.org.

Mission

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

Vision

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

Values

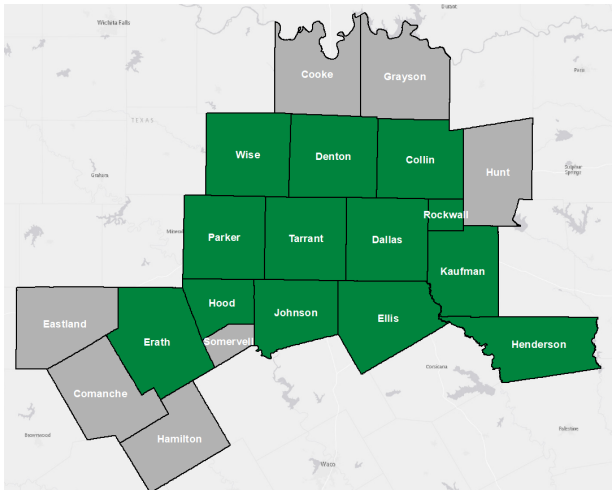
- *Respect* Respecting the dignity of all persons, fostering a corporate culture characterized by teamwork, diversity and empowerment.
- *Integrity* Conduct corporate and personal lives with integrity; relationships based on loyalty, fairness, truthfulness and trustworthiness.
- *Compassion* Sensitivity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

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

Texas Health Resources Service Area

Headquartered in Arlington, Texas, Texas Health serves the fourth-largest metropolitan region in the United States: the Dallas-Fort Worth Metroplex. The health care system includes 16 wholly owned hospitals and 10 joint-venture facilities, and a network of physician practices that serve 20 counties. Figure 1 shows the service area counties of the 26 Texas Health facilities included in the assessment. The counties presented in green represent counties that have been highlighted though the 2022 CHNA prioritization process for initial program implementation.

FIGURE 1. TEXAS HEALTH SERVICE AREA COUNTIES



Texas Health Facility

For the purpose of this CHNA, special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services and input from the community. The following is a list of the 26 Texas Health facilities included in this assessment categorized into their respective regions.

TEXAS HEALTH FACILITIES

Collin Region

Texas Health Frisco
Texas Health Center for Diagnostics and Surgery Plano
Texas Health Presbyterian Allen
Texas Health Presbyterian Plano

Denton-Wise Region

Texas Health Flower Mound
Texas Health Presbyterian Denton

Southern Region

Texas Health Harris Methodist Cleburne
Texas Health Harris Methodist Stephenville
Texas Health Presbyterian Kaufman
Texas Health Mansfield

Tarrant/Parker Region

Texas Health Arlington
Texas Health Harris Methodist Alliance
Texas Health Harris Methodist Azle
Texas Health Harris Methodist Fort Worth
Texas Health Harris Methodist Hurst-Euless-Bedford
Texas Health Harris Methodist Southwest Fort Worth
Texas Health Heart and Vascular Arlington
Texas Health Huguley Hospital Fort Worth South
Texas Health Southlake
Texas Health Specialty Hospital Fort Worth
USMD Arlington
USMD Fort Worth
Texas Health Mansfield

Dallas/Rockwall Region

Texas Institute of Surgery at Texas Health Presbyterian Dallas
Texas Health Presbyterian Dallas
Texas Health Presbyterian Rockwall

Texas Health Priority Areas for FY 2022-2025 are:

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

Impact Since Last CHNA

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

The previous Texas Health CHNA was conducted in 2019. The priority areas were:

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

Texas Health Resources built upon efforts from the previous 2019 CHNA to directly target communities and populations who disproportionally experience the prioritized health challenges identified above. Of the activities implemented, the most notable are detailed below:

Behavioral Health

• *Texas Health Community Impact:* In 2019, Texas Health launched the Texas Health Community Impact initiative to address behavioral health issues and the barriers to social determinants of health for individuals residing in Texas Health designated high-need ZIP codes. Through this initiative, Texas Health has awarded over $10M to community-based organizations to date. The aim of this Texas Health initiative is to advance the prevention and management of social, physical, and behavioral health in underserved communities, with the goal of reducing health disparities and improving health equity. The initiative calls on agencies from different sectors — education, healthcare, government, grassroots organizations, and others — to unite against the CHNA identified health and social issues.

Chronic Disease Prevention and Management

• *Evidence Based Programs – Chronic Disease Self-Management Program (CDSMP); Diabetes Self-Management Program (DSMP); Chronic Pain Self-Management Program (CPSMP) and A Matter of Balance (AMOB):* Texas Health began offering the Evidence Based Programs in 2013, in collaboration with local community partners to address the chronic disease prevention and management priority identified in the (CHNA). These nationally recognized programs enable participants to build the self-confidence and motivation they need to manage the challenges of living with a chronic disease. Participants are adults experiencing chronic health conditions such as hypertension, arthritis, heart disease, stroke, lung disease, and diabetes. Initially, the program workshops were exclusively in-person; however, telephonic, virtual, and guided self-study formats were adopted in 2020 to maintain safe distancing due to the onset of the COVID-19 pandemic. These formats continued to be the most prevalent in 2021, due to the ongoing COVID-19 pandemic. With the assistance of the local Area Agencies on Aging, eight CDSMP workshops and 18 CDSMP guided self-study formats; 15 DSMP workshops and 12 DSMP guided self-study formats; six CPSMP workshops and four CPSMP guided self-study; and 17 AMOB workshops were offered to community members.

• *Clinic Connect:* Historically, Texas Health has funded the work of local community health clinics in our mission to improve the health of the people in the communities we serve. In 2016, Texas Health launched Clinic Connect, a streamlined process for receiving and evaluating funding requests from clinics that reach vulnerable populations and serve as outpatient resources for our acute care hospitals. The goal of Clinic Connect is to create a collaborative relationship with local non-profit community-based clinics by providing financial support, educational opportunities, information sharing, and expanded services to improve healthcare access and quality for underserved, vulnerable populations. Clinics receiving funds are required to report on specific process and outcome measures, including percentage of diabetic patients whose A1c levels are less than nine percent and the percentage of patients with blood pressure under control. Texas Health Resources awarded over $350,000 to community clinics across the Metroplex in 2021.

• *Wellness for Life — Mobile Health Program:* The Wellness for Life mobile health teams deliver preventive and chronic disease management services traveling across the greater Dallas-Fort/Worth (DFW) area to reach medically underserved communities. The team of family nurse practitioners, registered nurses, community health workers and mammography technologists provide prevention and early detection services, and teach evidence-based practices in partnership with community-based health clinics and organizations. Utilizing state-of-the-art mobile health vehicles, the medical team delivers essential healthcare services at churches, schools, grocery stores, community centers and public parks. The ethnically and culturally diverse healthcare team creates a welcoming environment which fosters trusting relationships. In 2021, Texas Health improved access to care by delivering the following healthcare services to community members: 10,882 COVID-19 vaccine doses, 1,772 screening mammograms, 177 cervical exams, and 68 colon kits.

• *Healthy Education Lifestyle Program (HELP):* The Healthy Education Lifestyle Program (HELP) is an innovative way of delivering diabetes and hypertension management for uninsured populations. Every HELP visit is comprised of three key components: an individual visit with a mid-level practitioner, including necessary lab testing; an education session by the nurse to increase health literacy; and social determinants of health support. HELP provides program participants with ongoing health coaching and education resources to support patients learning to effectively manage their chronic disease and to encourage them to take an active role in reducing the negative toll their chronic conditions will otherwise take on their lives. The monthly office visits ensure those who are uninsured gain access to lab tests and medications necessary to help them effectively self-manage their disease. HELP has seen impressive results, including improvement in individual bio-metric scores. In 2021, HELP was able to serve 1,475 individuals across the system.

Access, Health Literacy, and Navigation

• *Health to Housing Program: A Pathway to Healing Collaborative:* In partnership with Austin Street Center and City Square Housing, Texas Health launched the Health to Housing program in September 2020 to provide medical respite care to homeless adults discharged from Texas Health Dallas (THD). Using a three-pronged approach, patients receive medical services such as medication management, wound care, blood pressure screening, physical therapy; case management services such as job training, connection to supplemental benefits; and appropriate housing solutions. Since launching in September 2020, the Health to Housing program has served over 57 homeless individuals.

• *YES Dallas:* The YES Dallas Initiative is a truly collaborative project aimed at reducing the barriers to physical activity by providing middle school age children in the Pleasant Grove community of Dallas with sports and nutritional resources to promote health and overall wellness. Texas Health and collaborators will increase the participation of at least 130 socio-economically disadvantaged youth in sports. The grant provides access to nutrition education, physical literacy resources, athletic training, and community education both in-person and virtually. To date this program has served over 99 adolescents.

• *Texas Health Community Vaccination Program:* Texas Health Community COVID-19 Vaccination launched in January 2021 in response to Texas Health's aim to provide equitable care with the understanding the individuals in medically underserved communities may have limited access to the COVID-19 Vaccine. The Mobile Health team included COVID-19 vaccination in its services. Partnering with approximately 74 community-based organizations, and with grant support from the Communities Foundation of Texas (CFT) and the Human Resources Services Administration (HRSA), Texas Health administered 10,878 COVID-19 Vaccines to 6,013 individuals across 210 community clinics, in addition to educating 6,310 individuals and raising awareness of the COVID-19 vaccine.

• *Texas Health Sexual Assault Nurse Examiner Program:* The Sexual Assault Nurse Examiner (SANE) program provides compassionate and comprehensive care for patients who have experienced sexual assault. Part of the SANE department is the Safety and Well-Being Prevention Program (SWBPP) which offers violence prevention education, awareness and professional development programs to schools, businesses, and community organizations across the system. SWBPP focuses on protective and risk factors that bring awareness to violence. Topics of the classes include dynamics of a healthy relationship, teen dating violence, digital abuse and web safety, human trafficking awareness, bystander intervention training, gender socialization and violence, awareness training for parents, trauma informed response, sexual assault, and complexities of child abuse among others. To date, SANE has delivered over 69 community presentations and outreach events to more than 2,672 individuals and provided clinical services to over 776 victims of sexual assault.

• *Faith Community Nursing:* Faith Community Nursing (FCN) is a system-wide program offered by Texas Health to link faith communities with health-related resources that focus on holistic care including body, mind, and spirit. Program emphasis is placed on prevention and wellness through education, coaching, advocacy, and coordination of healthcare. Through the strong relationships with faith organizations (churches, synagogues, mosques), the FCN program can reach people outside of the traditional hospital or clinic setting to provide education and resources that help improve the health and well-being of individuals across North Texas. FCN promotes wellness, prevention, and wholeness before, during and after disease. The program also creates safe and sacred places for healing and advocates for compassion, mercy and dignity at Christian, Jewish and Muslim congregations. In 2021, the FCN program worked with 106 congregations (reaching 131,322 people) and 297 volunteer nurses and lay health promoters to serve communities across North Texas. Flu vaccinations were given to 5,180 uninsured and high-risk community members who may not otherwise have received preventative care. In addition, over $1.7 million in health-related cost savings and avoidance was recorded by the congregations we work with. Savings included healthcare dollars and the cost to provide for social determinants of health. Due to COVID-19, FCNs also supported faith communities with consultation and implementation of infection prevention measures and COVID vaccine education and information. Additionally, the FCN team provided nursing leadership for five of the Texas Health COVID Vaccine Clinics that vaccinated thousands of North Texas residents.

Blue Zones Project

Blue Zones Project is a community-led well-being improvement initiative that focuses on changing the environment around us to make healthy choices easier. In early 2019, Blue Zones Project work moved under the umbrella of North Texas Healthy Communities (NTHC), the community outreach arm of Texas Health that focuses on the delivery of community benefit through well-being improvement initiatives. NTHC continues to work to sustain Blue Zones Project's momentum while expanding support into high-need schools, faith communities, worksites and neighborhoods identified by Texas Health's CHNA.

During the pandemic, Blue Zones shifted its focus to address pandemic-related needs in underserved communities by distributing food, developing vaccination awareness campaigns, and promoting community vaccination clinics. Since the last CHNA, this program has engaged over 365 participating organizations and served over 95,000 individuals.

Community Feedback

The 2022 Texas Health Resources CHNA reports and Implementation Strategies were made available to the public via the website https://www.texashealth.org/community-engagement/community-health-improvement-chi/community-health-needs-assessment. In order to collect comments or feedback, a unique email was used: THRCHNA@texashealth.org. No comments had been received on the preceding CHNA via the email at the time this report was written.

Methodology

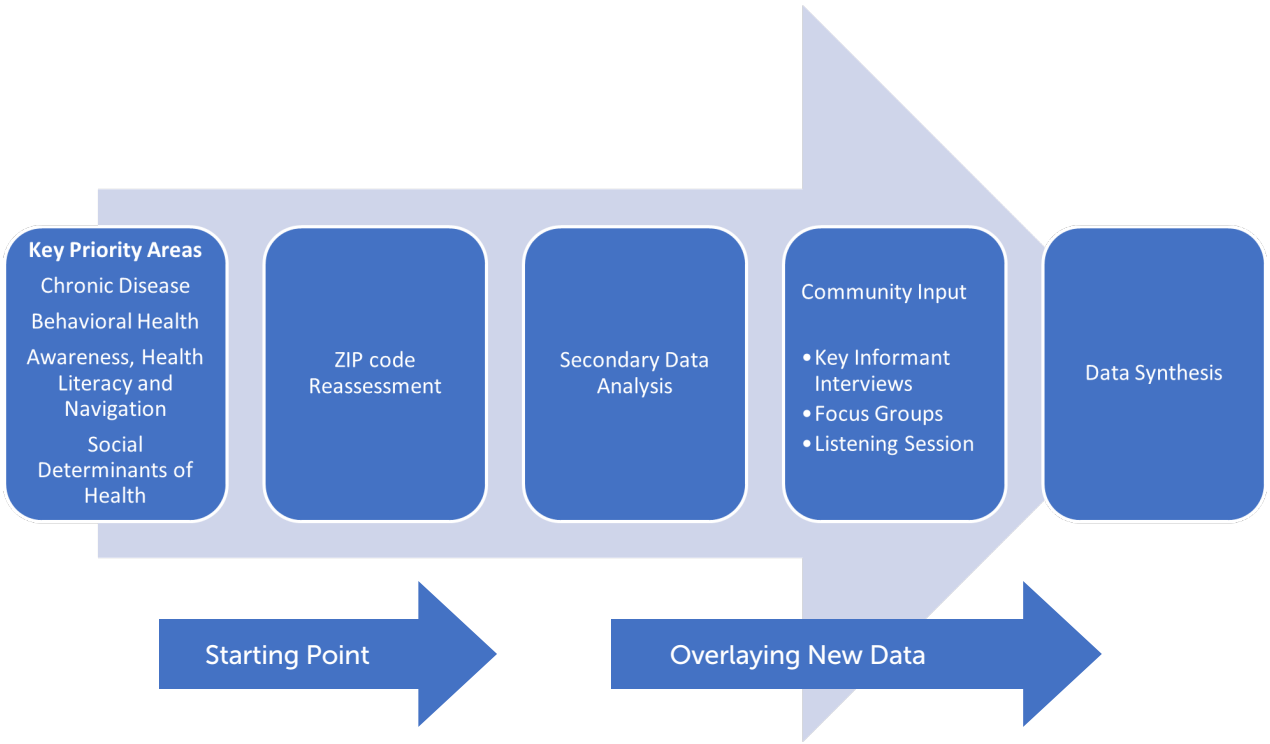
Overview

Two types of data were used in this assessment: primary and secondary data. Primary data are data collected directly from main sources in the community. Primary data used were obtained through focus groups, and key informant interviews. Secondary data are health indicator data that have been collected by public sources such as government health departments. Secondary data used are listed in Appendix A.

Building on 2019 CHNA Process

For the 2022 CHNA process, Texas Health built on key findings and achievements from the 2019 CHNA process and Implementation Strategy. This process included over 463 ZIP codes within the Texas Health primary and secondary service areas. In Figure 2, Texas Health, with the support of five regional community councils, utilized primary and secondary data to narrow the geography down to 56 prioritized ZIP codes. These communities were experiencing disproportionate health outcomes in the areas of Chronic Disease, Behavioral Health and Awareness, and Health Literacy and Navigation.

FIGURE 2. CHNA TIERED PROCESS



Overview of ZIP Code Reassessment

The ZIP code reassessment included the Conduent HCI project team reviewing, analyzing, and synthesizing the Health Equity Index, a tool developed by Conduent Healthy Communities Institute. This tool measures socioeconomic need and seven key indicators available for 20 counties (Collin, Comanche, Dallas, Denton, Eastland, Ellis, Erath, Henderson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, Wise, Cooke, Somervell, Grayson, and Hamilton), which includes 463 ZIP codes that receives services through Texas Health hospitals and joint ventures. The following indicators were used to reassess and determine Texas Health priority ZIP codes for its 2022 cycle:

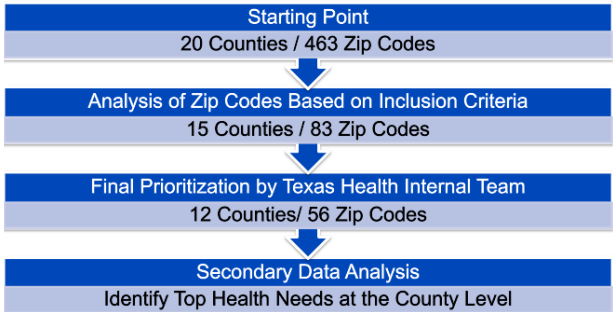
- Demographics
- Median household income
- Percent of uninsured adults
- Percent of people living below the poverty level (200 percent)
- Unemployment rate
- Percent receiving SNAP assistance
- Educational attainment for adults 25+ with a high school degree

Data was analyzed at the ZIP code level when available. Findings from the analysis were used to identify 15 counties and 83 priority ZIP codes for the 2022 CHNA process.

CHNA Process and Texas Health ZIP Code Prioritization

The Community Health Needs Assessment process began with reviewing 15 counties and 83 ZIP codes. HCI analyzed the ZIP codes based on the HCI inclusion criteria and Texas Health Resources reviewed the data, ranked the ZIP codes and a final prioritization list was created with 12 counties and 56 ZIP codes. Figure 3 illustrates the methodology. From the 56 ZIP codes, regional ZIP codes were identified and assessed.

FIGURE 3. METHODOLOGY OVERVIEW



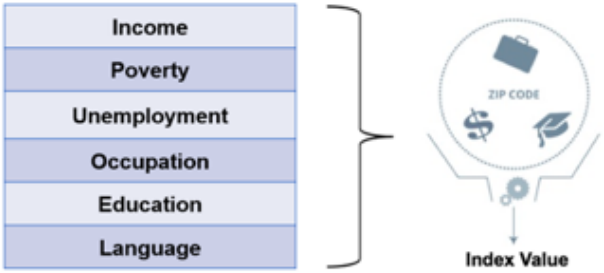
Overview of Multi-tiered ZIP Code Prioritization

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

Health Equity Index

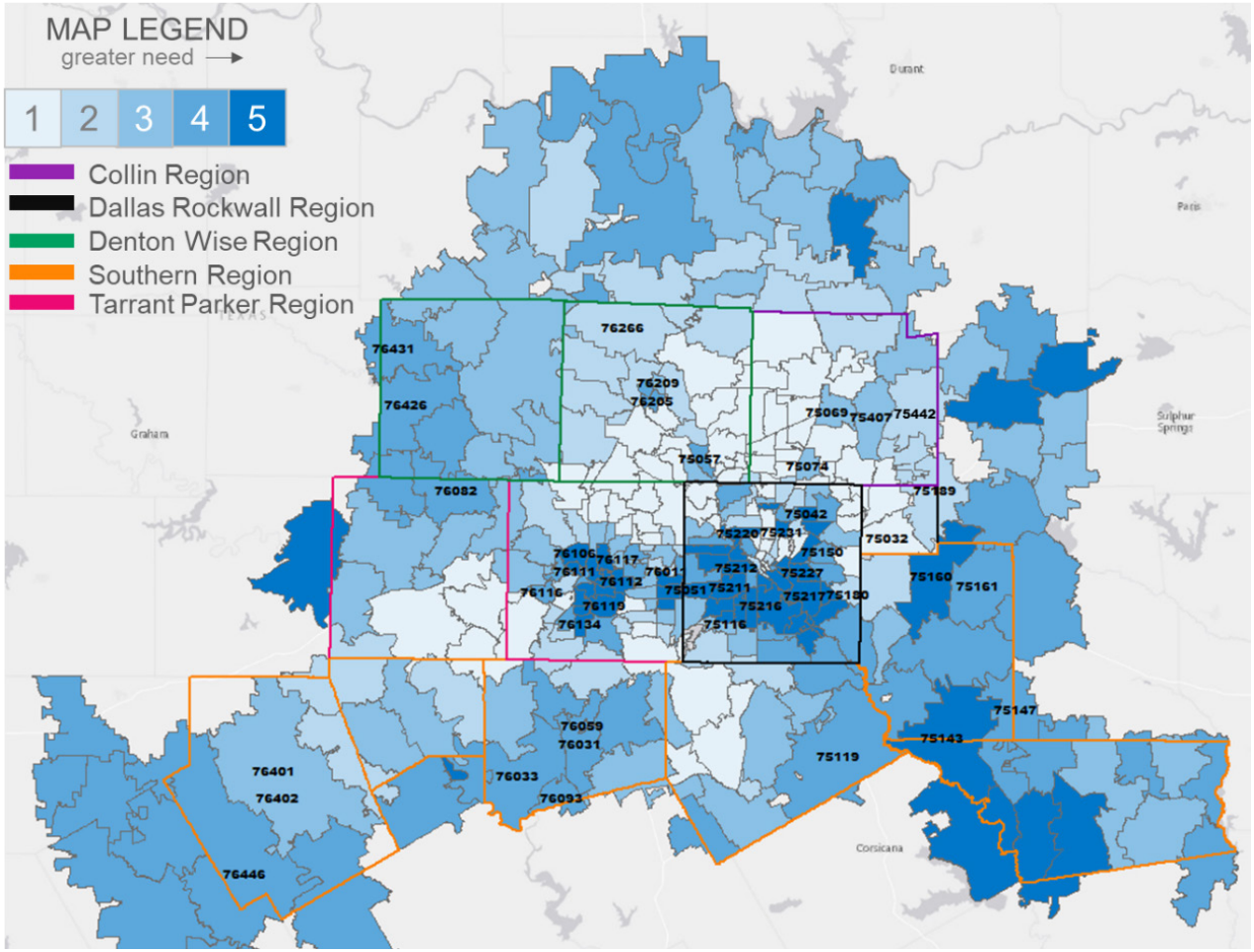
Figure 4 is an illustration of the Health Equity Index (HEI) which incorporates estimates for six different social and economic determinants of health that are associated with poor health outcomes. The data, which cover income, poverty, unemployment, occupation, educational attainment, and linguistic barriers, are then standardized and averaged to create one composite index value for every ZIP code in the United States. The areas must have a population of at least 200. ZIP codes have index values ranging from zero to 100, where higher values are estimated to have the highest socioeconomic need and are correlated with poor health outcomes including preventable hospitalizations and premature death.

FIGURE 4. HEALTH EQUITY INDEX



The map in Figure 5 highlights HEI values for ZIP codes across the 20 counties within the Texas Health service area. Darker shades of blue indicate a higher index value and thus higher levels of need within those ZIP codes. As shown, many of the highest need ZIP codes are concentrated within Tarrant and Dallas Counties. The final prioritized ZIP codes across the five regions are also illustrated.

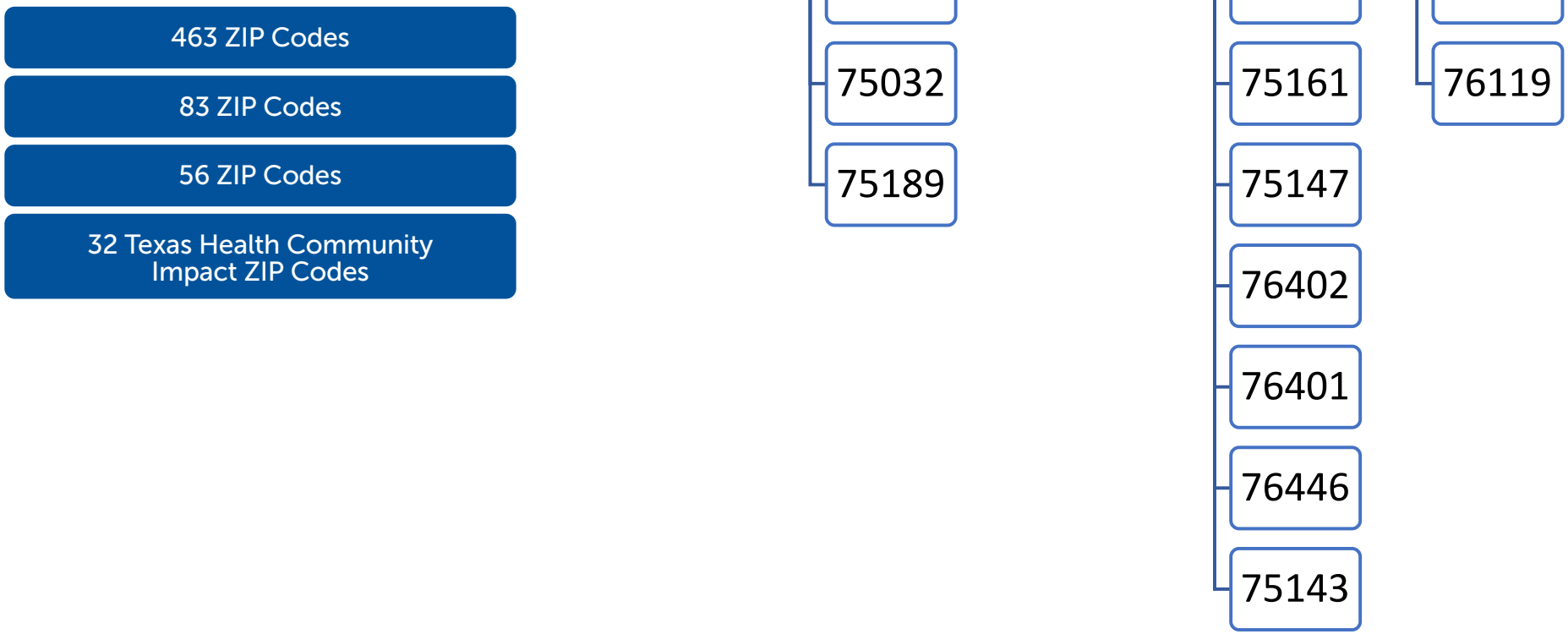
FIGURE 5: HEALTH EQUITY INDEX MAP BY ZIP CODE



Texas Health ZIP Code Prioritization

During the 2021-2022 CHNA process, Texas Health initiated the prioritization process by considering all 463 ZIP codes across the 20 counties that comprise the service area. ZIP codes were ranked on perceived need and identified need per the Health Equity Index (a measure of socioeconomic need). The initial ranking yielded 56 priority ZIP codes across the five regions This triggered an extensive data review and complementary data gathering, including secondary data, key informant interviews, and focus groups. The Texas Health Community Impact Leadership Councils reviewed available data for the 56 ZIP codes and narrowed the scope to 32 community impact ZIP codes. The diagram in Figure 6 summarizes the overall ZIP code narrowing/prioritization process for the 2022 CHNA process.

FIGURE 6. TEXAS HEALTH 2022 CHNA ZIP CODE PRIORITIZATION



Demographics

The following section highlights the demographic profiles of the twelve counties that contain the 56 prioritized ZIP codes that resulted from the Prioritization Process described earlier.

The demographics of a community significantly impact its health profile. Different race/ethnic, age, and socioeconomic groups have unique needs and require different approaches to health improvement efforts. All demographic estimates are sourced from the U.S. Census Bureau's 2015-2019 American Community Survey unless otherwise indicated. Some data within this section is presented at the county level while other data is presented at the ZIP code level. It should be noted that county level data can sometimes mask what could be going on at the ZIP code level in many communities. This rationale was behind Texas Health's decision to zoom in the scope and consideration to the ZIP code for the 2022 CHNA. This allowed for a better understanding and an increased potential to address disparities that were showing up within a given ZIP code, but not at the broader county level.

Population

According to the U.S. Census Bureau's 2015-2019 American Community Survey, the total population of the twelve Texas Health service area counties prioritized though the 2022 CHNA process is 7,599,977. Table 1 shows the population breakdown for the prioritized ZIP codes within these counties.

TABLE 1: POPULATION BY ZIP CODE

COUNTY	ZIP CODE	TOTAL POPULATION ESTIMATE
Collin	75069	37,892
	75074	52,259
	75407	17,978
	75442	9,308
Dallas	75042	39,183
	75051	40,923
	75116	19,867
	75150	60,671
	75180	23,941
	75203	17,367
	75211	77,570
	75212	26,720
	75216	53,327
	75217	89,163
	75220	42,009
	75224	37,592
	75227	59,924
	75231	40,371
	75233	17,280
Denton	75057	14,960
	76201	28,601
	76205	21,326
	76209	25,689
	76266	16,112
Ellis	75119	28,598
Erath	76401	30,003
	76402	953
	76446	7,709
Henderson	75143	14,510
Johnson	76031	17,668
	76033	26,081
	76059	5,601
	76093	1,792
Kaufman	75147	6,636
	75160	25,525
	75161	6,529
Parker	76082	20,194
Rockwall	75032	33,080
	75189	29,135
Tarrant	76010	60,097
	76011	22,622
	76103	15,486
	76104	18,344
	76105	22,179
	76106	39,900
	76110	31,926
	76111	22,531
	76112	42,572
	76115	21,319
	76116	50,506
	76117	31,068
	76119	52,070
	76134	26,151
	76164	15,488
Wise	76426	12,351
	76431	3,630

Age

As shown in Figure 7, Denton, Erath, Henderson, Parker, and Wise counties have a smaller proportion of residents under 18 years old compared to the state value, 25.5 percent. The proportion of residents under 18 years old is 24.3 percent in Denton County; 20.7 percent in Erath County; 21.3 percent in Henderson County; 24.7 percent in Parker and Wise counties. Dallas, Ellis, Johnson, Kaufman, Rockwall, and Tarrant counties have a larger proportion of residents under 18 years compared to Texas and the U.S. The proportion of residents under 18 years old is 25.8 percent in Dallas County; 26.5 percent in Ellis County; 25.9 percent in Johnson County; 27.9 percent in Kaufman County; 26.6 percent in Rockwall County; and 26.0 percent in Tarrant County. Collin County's proportion of residents under the age of 18 (25.6 percent) is similar to Texas. Cells highlighted in orange in Figure 7 are reflective of values that fall above the state value. Cells in green contain values that are similar to or the same as the state value. Those cells highlighted in blue indicate that the value falls below the state value.

Figure 7 also illustrates the proportion of the population of adults over 65 years. Collin, Dallas, Denton, Kaufman, and Tarrant counties have a smaller proportion of older adults compared to Texas (12.9 percent) and the U.S. (16.5 percent). The proportion of residents over 65 years is 11.3 percent in Collin County; 11.1 percent in Dallas County; 10.5 percent in Denton County; 11.8 percent in Kaufman County; and 11.6 percent in Tarrant County. Ellis, Erath, Henderson, Johnson, Parker, and Wise counties all have a larger proportion of older adults 65 years and older compared to the Texas value. The proportion of residents 65 years and older is 13.1 percent in Ellis County; 14.7 percent in Erath County; 22.4 percent in Henderson County; 14.3 percent in Johnson County; 15.6 percent in Parker County; and 15.1 percent in Wise County.

Additionally, as shown in Figure 7, Collin, Denton, Erath, Henderson, Johnson, Parker, Rockwall, and Wise counties have a smaller proportion of residents under five years of age compared to 6.9 percent of Texas. The proportion of residents under 5 years is 6.1 percent in Collin, Denton, Parker, and Rockwall counties; 5.7 percent in Erath County; 5.4 percent in Henderson County; 6.6 percent in Johnson County; and 6.2 percent in Wise County. Dallas County (7.3 percent) and Kaufman County (7.2 percent) have a higher proportion of residents under 5 than both Texas and the U.S. values. Ellis County (6.7 percent) and Tarrant County (6.8 percent) have similar proportions of the population under five as the state of Texas (6.9 percent).

FIGURE 7: COUNTY AGE DISTRIBUTION

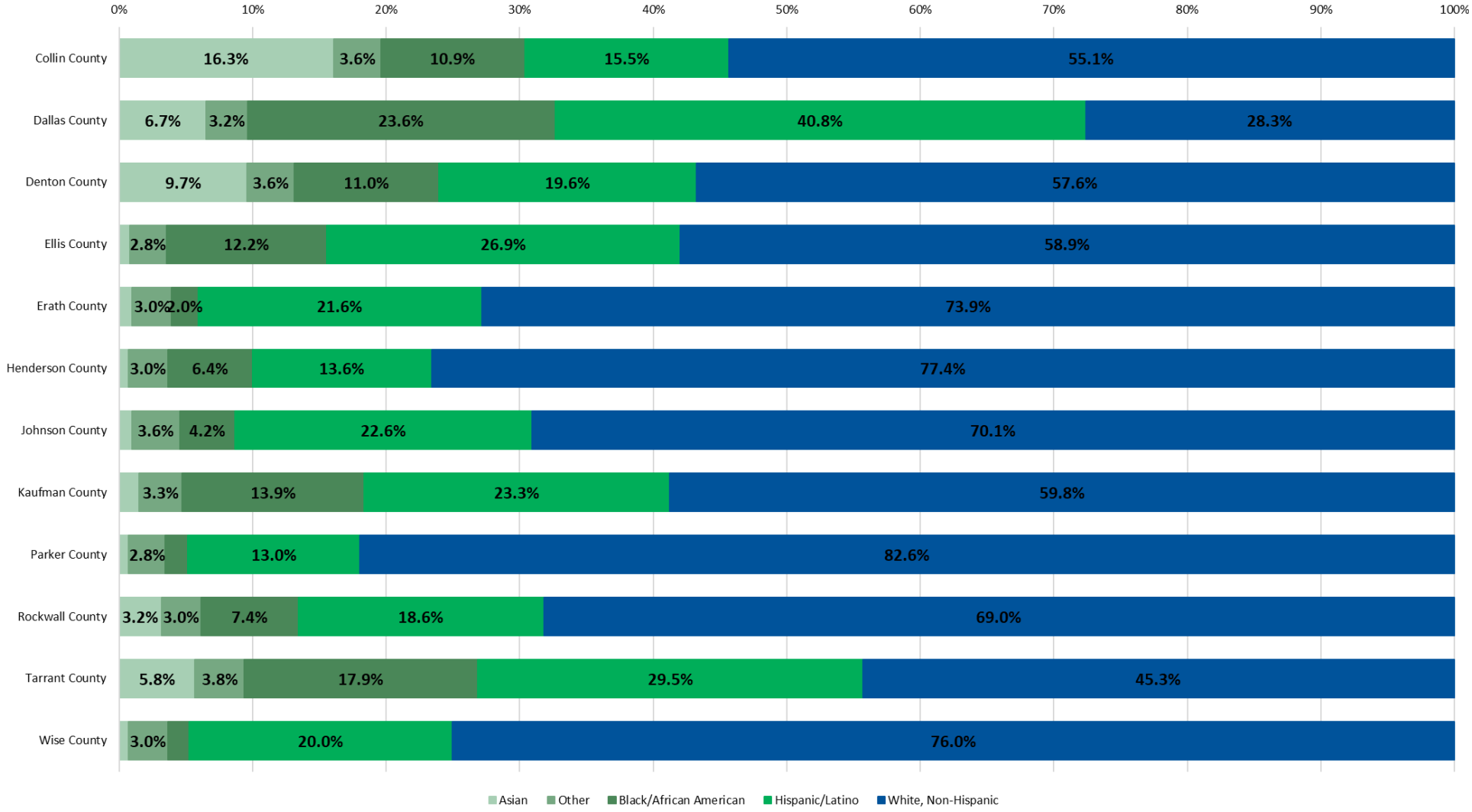
	Population Under 5	Population Under 18	Population Over 65
Collin County	6.1%	25.6%	11.3%
Dallas County	7.3%	25.8%	11.1%
Denton County	6.1%	24.3%	10.5%
Ellis County	6.7%	26.5%	13.1%
Erath County	5.7%	20.7%	14.7%
Henderson County	5.4%	21.3%	22.4%
Johnson County	6.6%	25.7%	14.3%
Kaufman County	7.2%	27.9%	11.8%
Parker County	6.1%	24.7%	15.6%
Rockwall County	6.1%	26.6%	12.8%
Tarrant County	6.8%	26.0%	11.6%
Wise County	6.2%	24.7%	15.1%
Texas	6.9%	25.5%	12.9%
U.S.	6.0%	22.3%	16.5%

Race/Ethnicity

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

Figure 8 shows the racial composition of residents per county in the Texas Health service area

FIGURE 8: RACE/ETHNICITY



Collin County: The racial make-up of residents in Collin County is comprised of 55.1 percent of residents who identify as White, Non-Hispanic; 15.5 percent who identify as Hispanic or Latino (of any race); 10.9 percent who identify as Black or African American; 16.3 percent who identify as Asian; and 3.6 percent who identify as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".

Dallas County: The racial composition of residents in Dallas County consists of 28.3 percent of residents identifying as White, Non-Hispanic; 40.8 percent as Hispanic or Latino (of any race); 23.6 percent as Black or African American; 6.7 percent as Asian; and 3.2 percent as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".

Denton County: The racial composition of residents in Denton County consists of 57.6 percent of residents identifying as White, Non-Hispanic; 19.6 percent as Hispanic or Latino (of any race); 11.0 percent as Black or African American; 9.7 percent as Asian; and 3.6 percent as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".

Ellis County: Ellis County has a racial composition of 58.9 percent of residents identifying as White, Non-Hispanic; 26.9 percent as Hispanic or Latino (of any race); 12.2 percent as Black or African American; 0.8 percent as Asian; and 2.8 percent as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".

Erath County: The racial composition of residents in Erath County is made-up of 73.9 percent of residents identifying as White, Non-Hispanic; 21.6 percent as Hispanic or Latino (of any race); 2.0 percent as Black or African American; 1.0 percent as Asian; and 3.0 percent as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".

Henderson County: The racial composition of residents in Henderson County is made-up of 77.4 percent of residents identifying as White, Non-Hispanic; 13.6 percent as Hispanic or Latino (of any race); 6.4 percent as Black or African American; 0.7 percent as Asian; and 3.0 percent as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".

Johnson County: Johnson County has a racial composition of 70.1 percent of residents identifying as White, Non-Hispanic; 22.6 percent as Hispanic or Latino (of any race); 4.2 percent as Black or African American; 1.0 percent as Asian; and 3.6 percent as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".

Kaufman County: Kaufman County has a racial composition of 59.8 percent of residents identifying as White, Non-Hispanic; 23.3 percent as Hispanic or Latino (of any race); 13.9 percent as Black or African American; 1.5 percent as Asian; and 3.3 percent as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".

Parker County: The racial make-up of Parker County is comprised of 82.6 percent of residents identifying as White, Non-Hispanic; 13.0 percent as Hispanic or Latino (of any race); 1.7 percent as Black or African American; 0.7 percent as Asian; and 2.8 percent as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".

Rockwall County: The racial composition of residents in Rockwall County consists of 69.0 percent of residents identifying as White, Non-Hispanic; 18.6 percent as Hispanic or Latino (of any race); 7.4 percent as Black or African American; 3.2 percent as Asian; and 3.0 percent as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".

Tarrant County: Tarrant County has a racial composition of 45.3 percent of residents identifying as White, Non-Hispanic; 29.5 percent as Hispanic or Latino (of any race); 17.9 percent as Black or African American; 5.8 percent as Asian; and 3.8 percent as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".

Wise County: Wise County has a racial composition of 76.0 percent of residents identifying as White, Non-Hispanic; 20.0 percent as Hispanic or Latino (of any race); 1.6 percent as Black or African American; 0.7 percent as Asian; and 3.0 percent as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race" or "Two or more races".

Language

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

Figure 9 shows the proportion of residents by county in the Texas Health service area who speak a language other than English at home. Dallas County is the only county with a larger proportion of residents who speak a language other than English at home (43.5 percent) compared to 35.5 percent in Texas and 21.6 percent in the U.S. The proportion of residents who speak a language other than English at home is 28.7percent in Collin County; 23.5 percent in Denton County; 18.0 percent in Ellis County; 15.8 percent in Erath County; 10.7 percent in Henderson County; 15.8 percent in Johnson County; 17.1 percent in Kaufman County; 9.0 percent in Parker County; 16.4 percent in Rockwall County; 29.0 percent in Tarrant County; and 16.0 percent in Wise County. Cells highlighted in orange in Figure 9 are reflective of values that fall above the state value. Those cells highlighted in blue indicate values that fall below the state value.

Dallas County in the only county with a larger proportion of residents with difficulty speaking English (10.8 percent) compared to the state of Texas (7.7 percent). The proportion of residents who have difficulty speaking English is 5.1 percent in Collin County; 3.4 percent in Denton County; 2.7 percent in Ellis County; 1.5 percent in Erath County; 1.7 percent in Henderson County; 2.7 percent in Johnson County; 2.5 percent in Kaufman County; 2.0 percent in Parker County; 1.6 percent in Rockwall County; 6.3 percent in Tarrant County; and 4.3 percent in Wise County.

FIGURE 9: LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME

	Language other than English Spoken at Home	Difficulty Speaking English
Collin County	28.7%	5.1%
Dallas County	43.5%	10.8%
Denton County	23.5%	3.4%
Ellis County	18.0%	2.7%
Erath County	15.8%	1.5%
Henderson County	10.7%	1.7%
Johnson County	15.8%	2.7%
Kaufman County	17.1%	2.5%
Parker County	9.0%	2.0%
Rockwall County	16.4%	1.6%
Tarrant County	29.0%	6.3%
Wise County	16.0%	4.3%
Texas County	35.5%	7.7%
U.S. County	21.6%	4.4%

As shown in Table 2, many prioritized ZIP codes within Dallas and Tarrant counties have a higher proportion of residents who speak a language other than English at home or have difficulty speaking English than their respective counties and Texas. Cells highlighted in orange in Table 2 are reflective of values that fall above the state value. Those cells highlighted in blue indicate values that fall below the state value and those highlighted in green are similar to the state value.

TABLE 2: POPULATION WITH LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME AND DIFFICULTY SPEAKING ENGLISH BY ZIP CODE

COUNTY	ZIP CODE	LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME	DIFFICULTY SPEAKING ENGLISH
Collin	75069	33.9%	8.2%
	75074	45.7%	11.3%
	75407	24.8%	4.6%
	75442	16.5%	2.0%
Dallas	75042	67.9%	21.5%
	75051	62.2%	27.1%
	75116	40.4%	13.4%
	75150	42.9%	6.2%
	75180	53.1%	15.8%
	75203	49.9%	14.7%
	75211	74.9%	35.5%
	75212	62.6%	17.8%
	75216	38.1%	15.4%
	75217	64.9%	14.2%
	75220	75.5%	32.7%
	75224	58.2%	13.7%
	75227	57.4%	13.4%
	75231	49.4%	17.7%
	75233	51.3%	15.2%
Denton	75057	40.3%	4.1%
	76201	21.8%	4.9%
	76205	25.1%	4.1%
	76209	26.7%	3.5%
	76266	13.9%	0.8%
Ellis	75119	33.1%	6.9%
Erath	76401	12.8%	1.4%
	76402	24.9%	NA
	76446	30.5%	3.4%
Henderson	75143	10.7%	0.9%
Johnson	76031	21.4%	4.9%
	76033	14.9%	3.8%
	76059	32.3%	6.8%
	76093	12.1%	4.8%
Kaufman	75147	4.6%	1.1%
	75160	22.2%	3.6%
	75161	9.8%	2.8%
Parker	76082	9.8%	1.2%
Rockwall	75032	20.1%	2.1%
	75189	19.4%	2.3%
Tarrant	76010	62.3%	23.1%
	76011	37.6%	12.8%
	76103	44.7%	9.5%
	76104	46.2%	11.4%
	76106	73.7%	33.0%
	76105	54.9%	15.4%
	76110	57.6%	14.9%
	76111	65.1%	21.0%
	76112	26.4%	7.5%
	76115	71.1%	19.2%
	76116	21.4%	4.2%
	76117	52.4%	15.3%
	76119	43.3%	14.7%
	76134	36.5%	5.0%
	76164	81.6%	36.5%
Wise	76426	24.8%	8.2%
	76431	10.2%	1.5%

This is an important consideration for the effectiveness of services and outreach efforts, which may be more effective if conducted in languages other than English alone.

For all the counties highlighted across the Texas Health service area, English is the predominant language spoken followed by Spanish. Table 3 highlights the languages spoken by the largest percentages of the population within these counties.

TABLE 3: PREDOMINANT LANGUAGE SPOKEN BY COUNTY

COUNTY	ENGLISH (%)	SPANISH (%)	OTHER (%)
Collin County	71.3%	11.6%	Indo-European (6.8%), Asian/Pacific Islander (8.4%)
Dallas County	56.5%	35.1%	-
Denton County	76.5%	13.5%	-
Ellis County	82.0%	16.9%	-
Erath County	84.2%	14.2%	-
Henderson County	89.3%	9.5%	-
Johnson County	84.2%	13.9%	-
Kaufman County	82.9%	15.2%	-
Parker County	91.0%	7.9%	-
Rockwall County	83.6%	12.0%	-
Tarrant County	71.0%	21.2%	-
Wise County	84.0%	15.2%	-

Social and Economic Determinants of Health

This section explores the social determinants of health of the counties that contain the 56 prioritized ZIP codes that resulted from the Texas Health prioritization process described earlier. Social determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life[1]. It should be noted that county level data can sometimes mask what could be going on at the ZIP code level in many communities. While indicators maybe strong at the county level, ZIP code level analysis can reveal disparities.

1. Office of Disease Prevention and Health Promotion. (2014). *Healthy People 2020: Social Determinants of Health.* Retrieved from Healthy People 2020: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

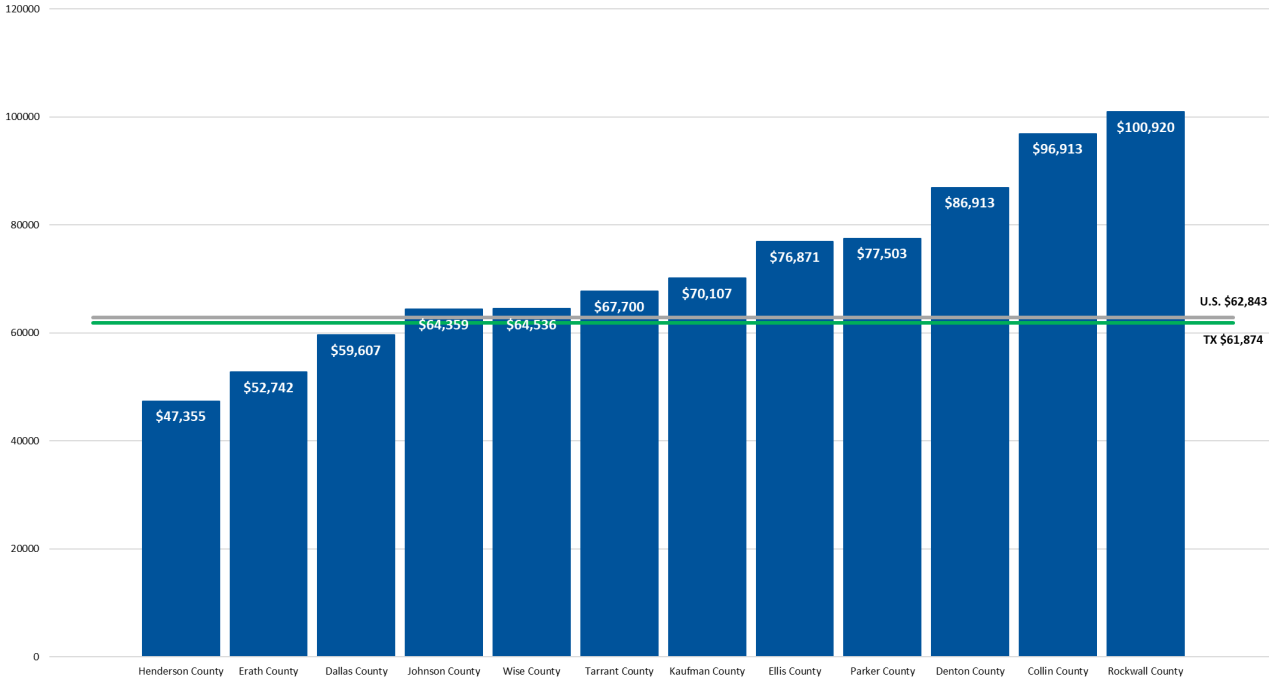
Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work[2].

Figure 10 shows that nine of the 12 counties of Texas Health Resources are above both the state and national values for Median Household Income. Dallas, Erath, and Henderson counties fall below the state and national values.

2. Robert Wood Johnson Foundation. Health, Income, and Poverty. https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html

FIGURE 10: MEDIAN HOUSEHOLD INCOME



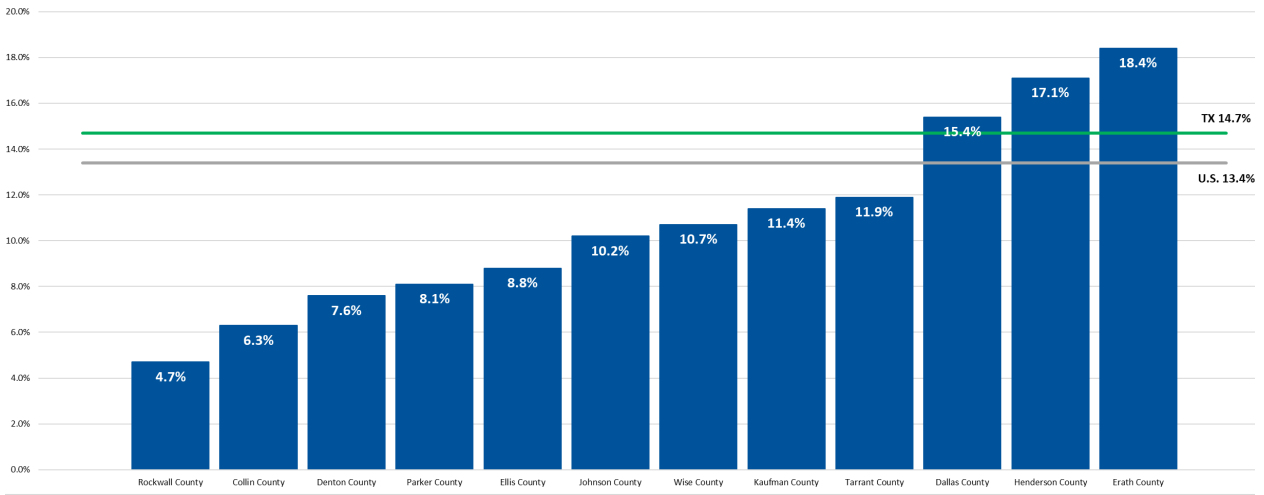
Poverty

The Census Bureau sets federal poverty thresholds every year and varies by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower quality schools and decreased business survival[3].

Figure 11 shows that Dallas, Erath, and Henderson counties fare worse than all other counties prioritized by Texas Health. Additionally, they have higher percentages of poverty than the state and national values.

3. Office of Disease Prevention and Health Promotion. "Poverty | Healthy People 2020." *Healthypeople.gov*, 2014, www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/poverty.

FIGURE 11: PEOPLE LIVING BELOW THE POVERTY LEVEL



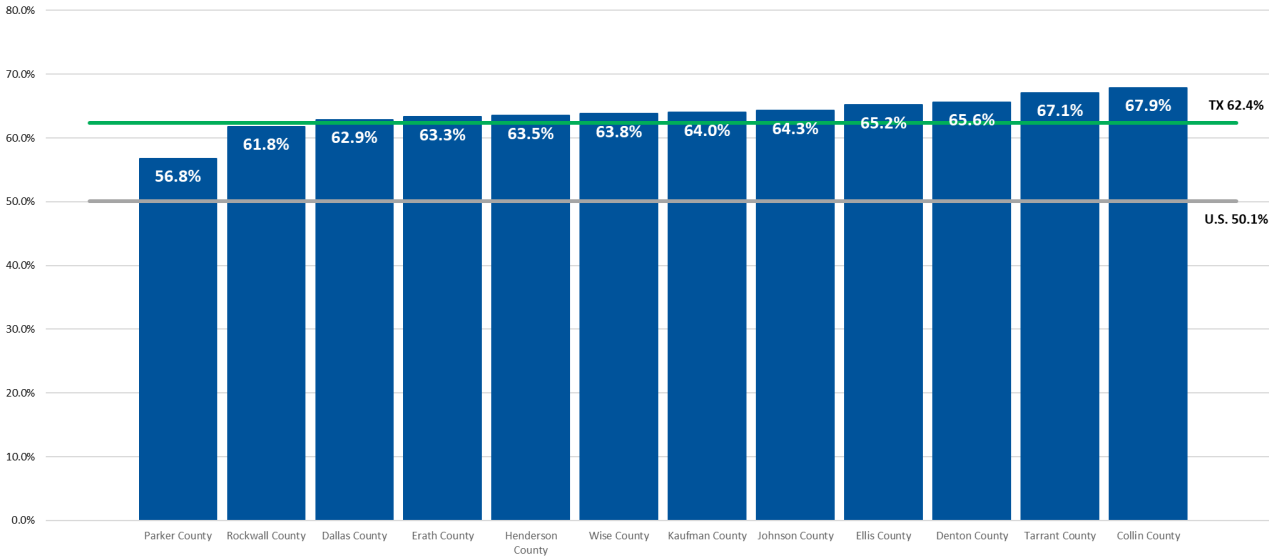
Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food[4].

Figure 12 shows that all 12 counties prioritized by Texas Health have higher percentages of households with children receiving SNAP than the national value. Meanwhile, Rockwall and Parker counties have a lower percentage than the state level.

4. USDA. "Supplemental Nutrition Assistance Program (SNAP) | USDA-FNS." Usda.gov, 2018, www.fns.usda.gov/snap/supplemental-nutrition-assistance-program.

FIGURE 12: HOUSEHOLDS WITH CHILDREN RECEIVING SNAP



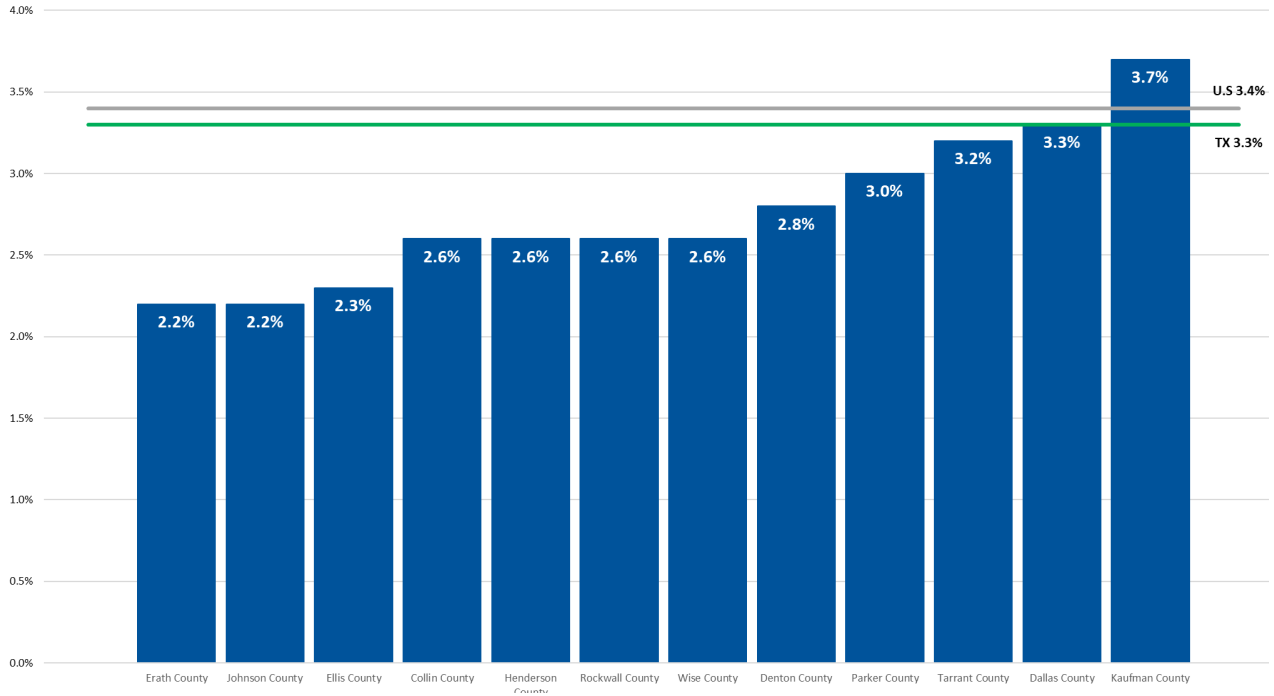
Unemployment

The unemployment rate is a key indicator of the local economy. Unemployment occurs when local businesses are not able to supply enough appropriate jobs for local employees and/or when the labor force is not able to supply appropriate skills to employers. A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals are likely to feel severe economic strain and mental stress. Unemployment is also related to access to health care, as many individuals receive health insurance through their employer. A high unemployment rate places strain on financial support systems, as unemployed persons qualify for unemployment benefits and food stamp programs.[5]

Figure 13 shows that Kaufman County has a higher percentage of unemployed workers than the state and national value.

5. U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/employment

FIGURE 13: UNEMPLOYED WORKERS (16+) IN THE CIVILIAN LABOR FORCE



Education

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs[6].

Figure 14 shows that Dallas County and Henderson County have a lower percentage of people 25 years or older with a high school degree or higher as compared to the state, national, and all other county values prioritized by Texas Health.

Figure 15 shows that 50 percent of counties prioritized by Texas Health have percentages higher than both the state and national values for people 25 years or older with a bachelor's degree or higher

6. Robert Wood Johnson Foundation, Education and Health. https://www.rwjf.org/en/library/research/2011/05/education-matters-for-health.html

FIGURE 14: PEOPLE 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER

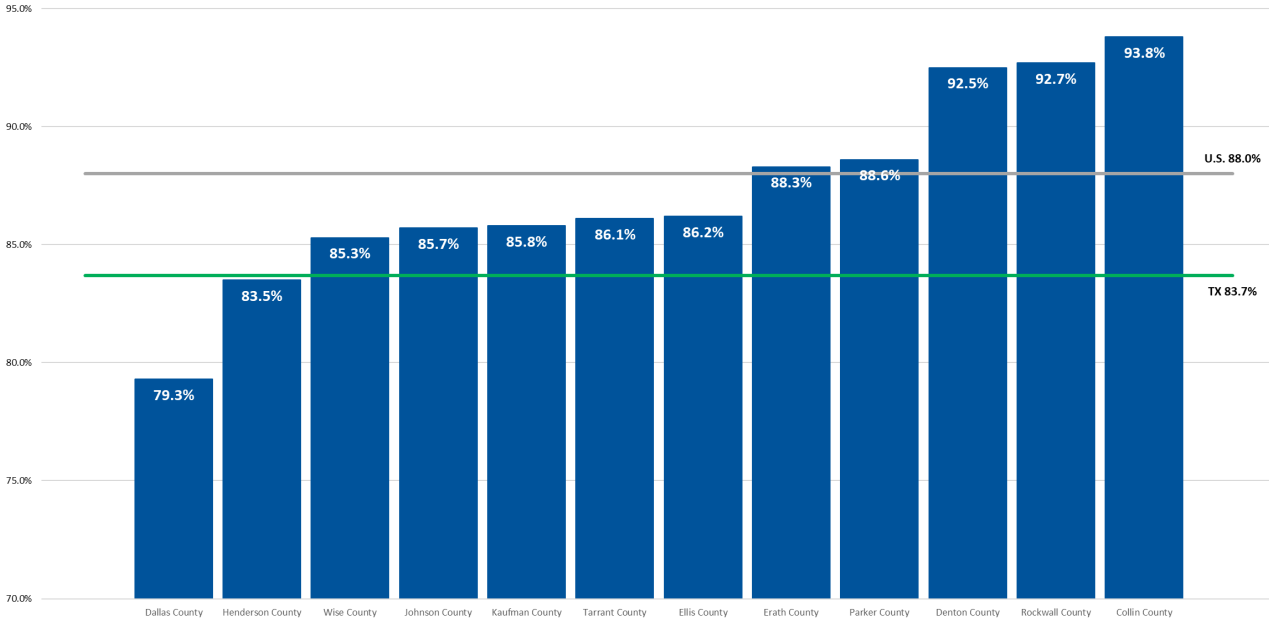
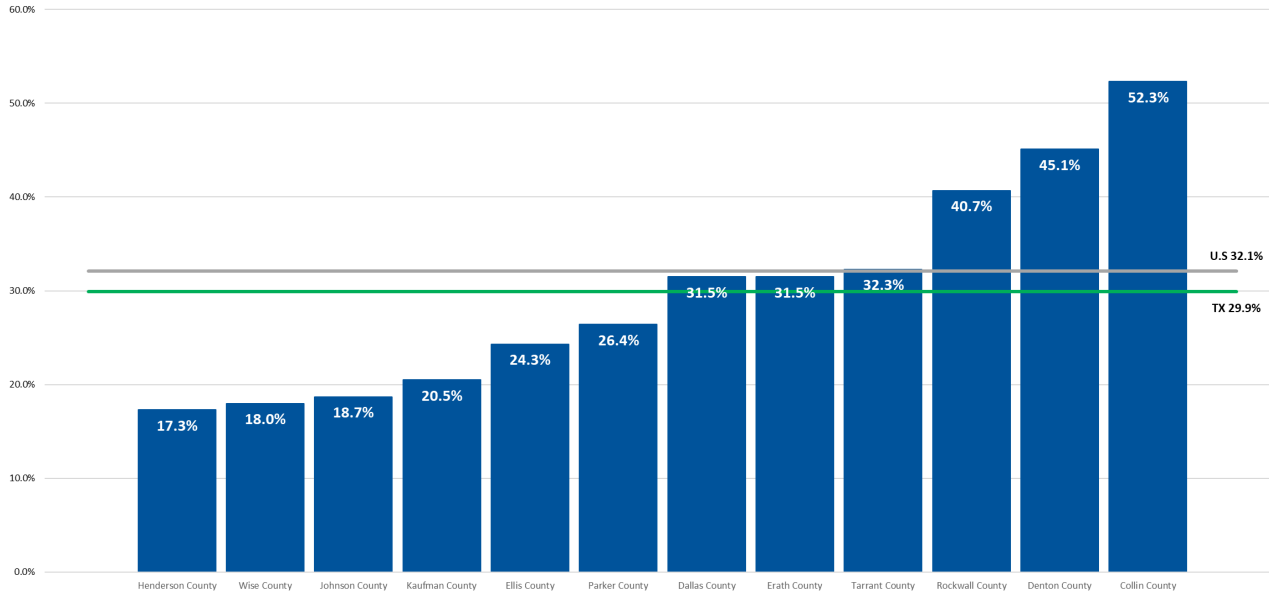


FIGURE 15: PEOPLE 25+ WITH A BACHELOR'S DEGREE OR HIGHER



Transportation

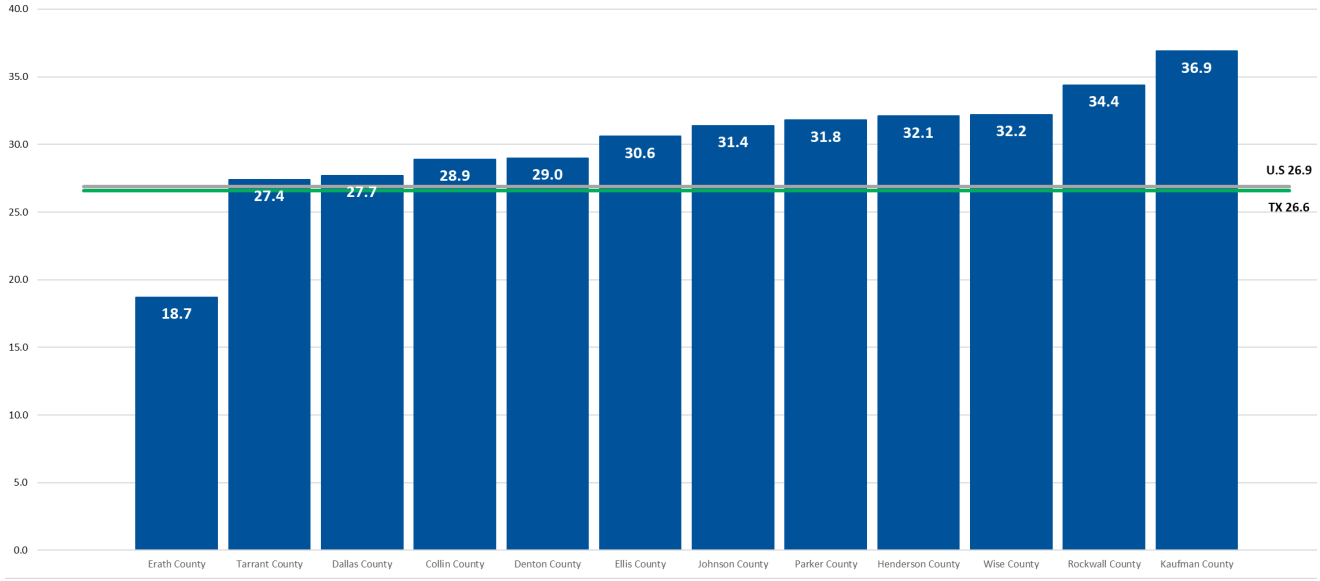
Lengthy commutes cut into workers' free time and can contribute to health problems such as headaches, anxiety, and increased blood pressure[7]. Longer commutes require workers to consume more fuel, which is both expensive for workers and damaging to the environment[8].

Figure 16 shows that Erath County has a lower mean travel time to work than both the state and national values. All other counties have longer commute times to work.

7. Hoehner, Christine M., et al. "Commuting Distance, Cardiorespiratory Fitness, and Metabolic Risk." American Journal of Preventive Medicine, vol. 42, no. 6, June 2012, pp. 571–578, 10.1016/j.amepre.2012.02.020.

8. Shapiro RJ, H. K. (2002). Conserving energy and preserving the environment: The role of public transportation. *American Public Transportation Association.*

FIGURE 16: MEAN TRAVEL TIME TO WORK (IN MINUTES)



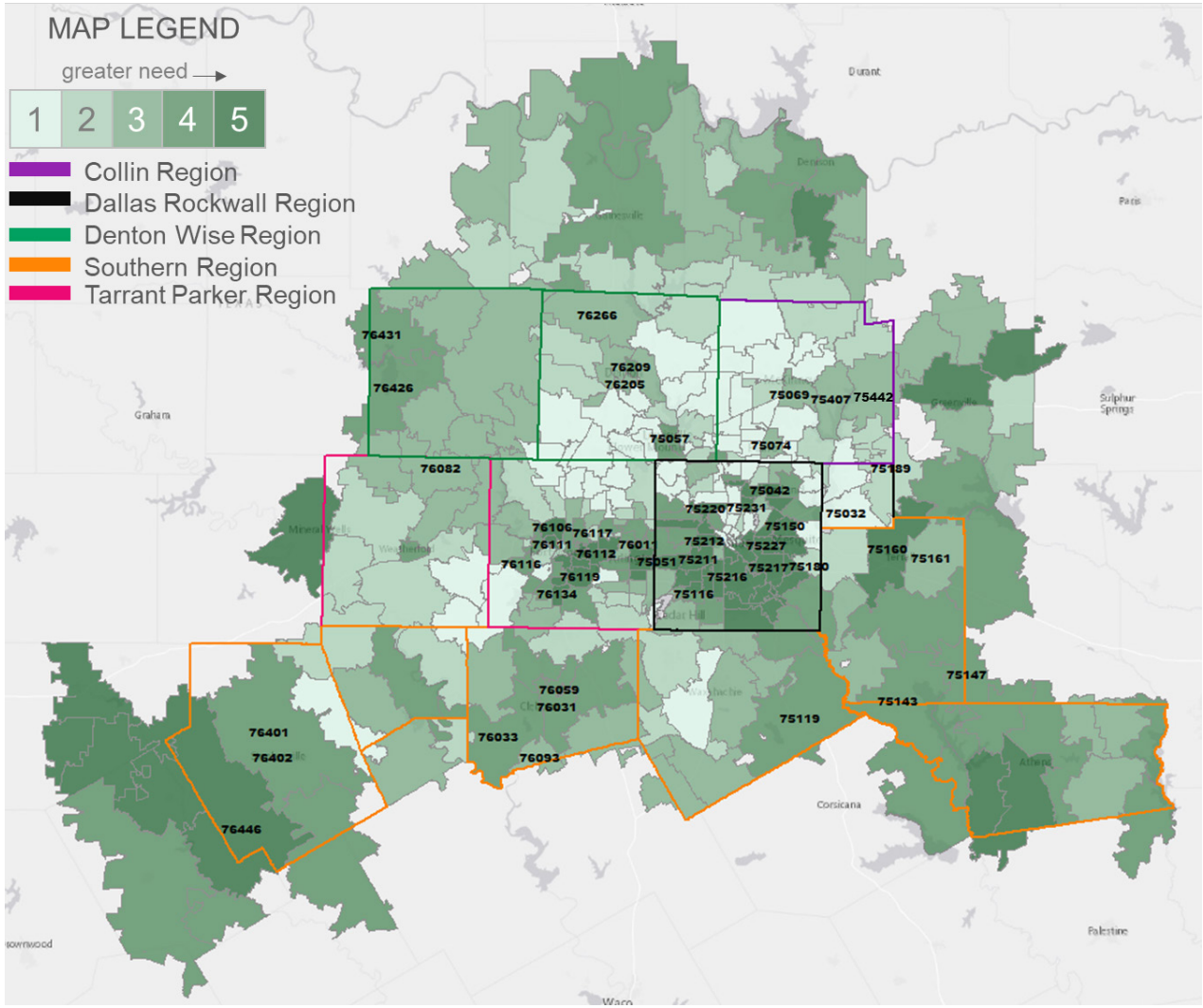
Food Insecurity Index

Food insecurity is defined as a lack of consistent access to enough food for every person in a household to live an active and healthy life[9]. Food Insecurity was selected as a focus area in the Texas Health service areas, and it was a top concern in the key informant interview and focus groups. Some barriers to accessing healthy foods include rising cost of food, living in poverty, unemployment and limited or no access to healthy affordable food, also known as food deserts In some of the 2021-2022 focus groups, participants indicated that because of the COVID-19 pandemic, accessing food was even more challenging for older adults/seniors, low-income families, people experiencing homelessness and Hispanic/Latino populations.

Conduent's Food Insecurity Index (FII) estimates areas of low food accessibility correlated with social and economic hardship. In this index, ZIP codes are ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 17. As shown, most of the prioritized ZIP codes in this region are identified as having the highest economic and social burden for the area. This affects many ZIP codes within Dallas and Tarrant counties along with many located within the Southern Region.

9. Feeding America. (2022). What is food Insecurity?. https://www.feedingamerica.org/hunger-in-america/food-insecurity

FIGURE 17: TEXAS HEALTH RESOURCES SYSTEM LEVEL FOOD INSECURITY INDEX



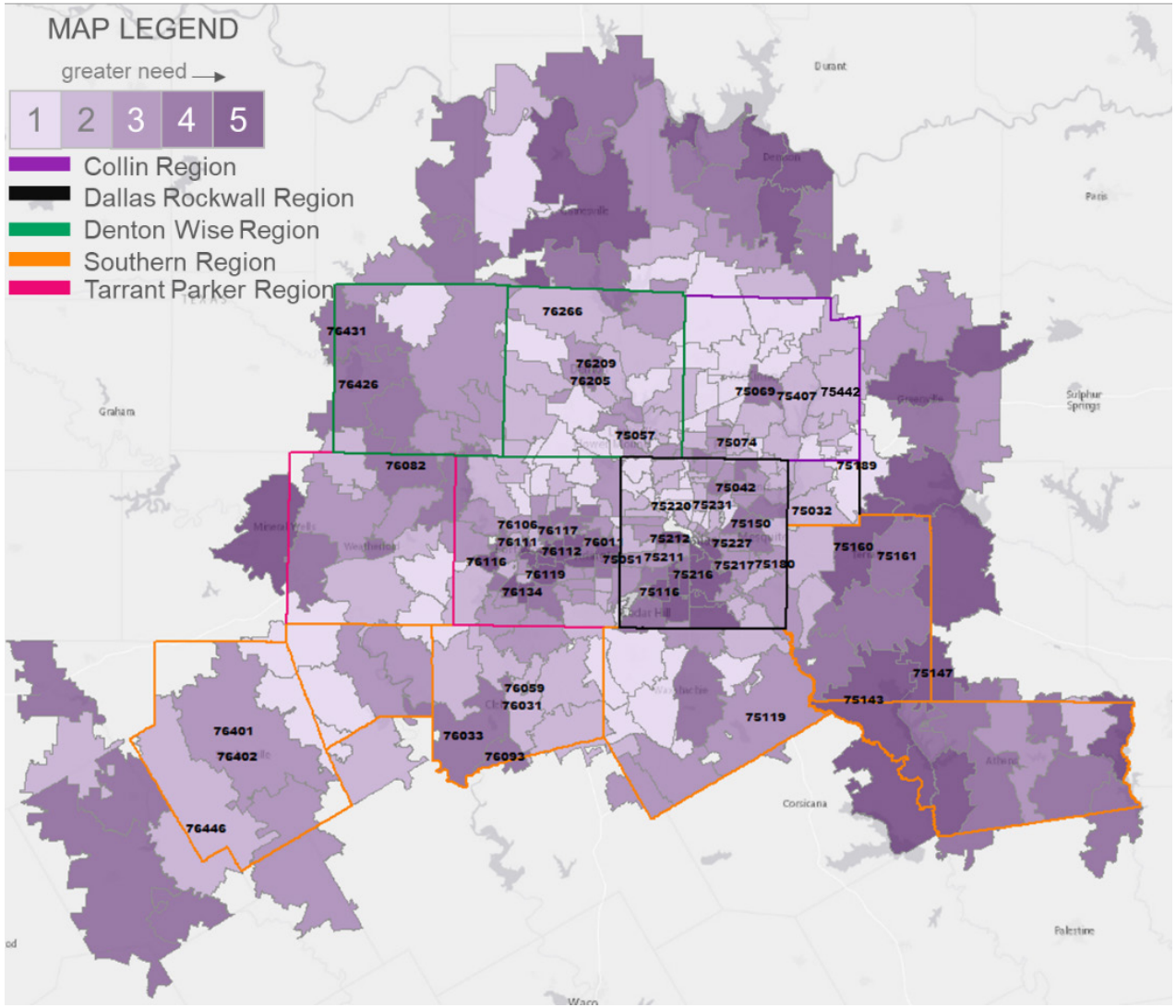
Mental Health Index

Mental Health: HCI's Mental Health Index

It is important to note that Mental Health can be affected by a variety of socioeconomic factors including income, social support, socioeconomic status, gender identity, disability status, and stress caused by structural racism and other systemic barriers[10]. Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. Based on the MHI, in 2021, ZIP codes are ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 18. As shown, many of the highest-need ZIP codes in this region are located in Henderson, Kaufman, Wise, Tarrant, and Dallas counties and affect many of the prioritized ZIP codes. The Mental Health Index can be used in addition to the data shown to help direct mental health resources within the region.

10. World Health Organization. (2014). Social Determinants of Mental Health. Geneva: WHO. https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf

FIGURE 18: TEXAS HEALTH RESOURCES SYSTEM LEVEL MENTAL HEALTH INDEX



Primary Methodology

Community Key Informant Interviews

Key informant interviews (KIIs) were conducted with leaders and staff from organizations that provide services directly to the community and officials that represent governmental and non-governmental entities. Interviewees invited to participate were recognized as having expertise in public health, special knowledge of community health needs, representing the broad interests of the community served by the hospital, and/or being able to speak to the needs of medically underserved or vulnerable populations. Spanning all Texas Health regions, 41 individuals agreed to participate in the KII process. The following organizations participated in the interviews.

The 41 KIIs took place from October 2021 through March 2022. Each of the 41 interviews was conducted via web conference. The questions focused on the interviewee's background and organization, the biggest perceived health needs and barriers of concern in the community, and the impact of health issues on the populations they serve. A list of the questions asked in the KII can be found in Appendix B.

Alzheimer's Association	Lewisville ISD
Arlington Police Department	Literacy Achieves
Austin City Center	Mansfield Mission Center
Bohan Farms	Meadowbrook Poly UMC
Branch Baptist Church	Mission Oak Cliff
Children's Advocacy Center for North Texas	North Texas Behavioral Health Authority
Christian Help Center	Paluxy River Children's Advocacy Center
City of Ennis	Parker County Center of Hope
Cleburne Fire Department	Rockwall County
Collin County Mental Health Mental Retardation Center	SafeHaven of Tarrant County
Community Lifeline Center	Safer Dallas, Better Dallas
Cooper Street YMCA	Senior Connect
Cornerstone Assistance Network	TAPS Transportation
Cross Timbers Family Services	Tarrant Community Center
Dallas Area Rape Crisis Center	Tarrant County College
Dallas Foundation	Texas Department of State Health Services
Eastside Ministries	Texas Health Community Impact Board
Erath County Extension	Texas Health Hospital Rockwall
Johnson County Family Crisis Center	Wise County
Lakepointe Church	YMCA Tarrant

Key Informant Analysis Results

Transcripts captured during the key informant interviews were uploaded to the web-based qualitative data analysis tool, Dedoose[11]. Interview excerpts were coded by relevant topic areas and key health themes. The approach used to assess the relative importance of the needs discussed in the interviews included the frequency by which a topic was described by the key informant as a barrier or challenge, and the frequency by which a topic was mentioned per interviewee.

Community Focus Groups

Texas Health and Conduent HCI conducted focus groups to gain deeper insight into perceptions, attitudes, experiences, or beliefs held by community members about their health. It is important to note that the information collected in an individual focus group is exclusive to that group and is not representative of other groups. A total of 19 virtual and in-person focus groups were conducted November 2021 through May 2022 across all regions. Table 4 shows the number of focus groups completed, which includes a total of 135 participants. Individuals recruited for focus groups included those who were living in and/or working in the Region. The virtual and in-person focus group sessions lasted 60 minutes.

Community members from all five regions provided insights when facilitators asked a series of nine questions to prompt discussion on top community health issues, barriers/challenges to health, and the impact of COVID-19. Facilitators recorded the sessions and notes from the focus groups and uploaded them to the web-based qualitative data analysis tool, Dedoose. Focus group transcripts were coded using a pre-designed codebook, organized by themes, and analyzed for significant observations. The relative importance of health and/or social need was determined, in part, by the frequency of the topic or issue discussed across all three focus groups. Table 5 illustrates the top themes from all regions analyses of the transcripts:

TABLE 4: COMPLETED FOCUS GROUPS PER REGION

COUNTY	NUMBER OF SESSIONS	FACILITATION LANGUAGE	TOTAL COMMUNITY PARTICIPANTS
Johnson/Ellis Erath Kaufman/Henderson	3	English	23
Kaufman/Henderson	1	Spanish	8
Johnson/ Erath	2	English/Spanish	19
Johnson	1	Marshallese	7
Collin	1	English	8
Collin	1	Spanish	4
Dallas	1	English	3
Dallas	1	Spanish	8
Dallas	1	Burmese	12
Rockwall	1	English	9
Rockwall	1	Spanish	10
Denton-Wise	2	English	8
Tarrant/Parker	2	English	11
Tarrant/Parker	1	Spanish	5

11. Dedoose Version 8.0.35, web application for managing, analyzing, and presenting qualitative and mixed method research data (2018). Los Angeles, CA: Sociocultural Research Consultants, LLC www.dedoose.com

TABLE 5: KEY INFORMANT INTERVIEWS & FOCUS GROUP THEMES — ALL REGIONS

REGION	TOP HEALTH CONCERNS/ISSUES	SOCIAL DETERMINANTS OF HEALTH	IMPACTED POPULATIONS
Tarrant/Parker	**Healthcare Access and Quality:** Maternal mortality (particularly amongst Black women), difficulties affording medication, financial barriers (lack of insurance, copay is too expensive/ coverage not always comprehensive), access to oral healthcare, transportation barriers, fear of government deportation among undocumented population, systemic racism in healthcare so quality is disparate, failure to expand Medicaid in Texas	Transportation	Black/African Americans: not serviced as well as others due to discrimination/bias/racism
	Mental Health & Mental Disorders: Senior isolation/depression which increases risk for dementia, substance use disorder, lack of services in Spanish, lack of affordable counseling resources, mental health crises are met with police response not social workers	Lack of or limited insurance	Groups experiencing abuse: women/ children, sexual assault victims
	Managing Chronic Conditions: Diabetes (cost of insulin unaffordable/inaccessible), hypertension/stress/heart disease	Language barriers	Hispanic/Latino population
	COVID-19 Impact: Delay in care, mental health/substance abuse, violence/abuse (domestic violence, gender-based violence intimate partner violence, child abuse), misinformation & mistrust in healthcare system & politicization of the pandemic	Childcare: unaffordable daycare for families leads to inability to work (parents choosing between childcare or work) Technology/internet barriers Food insecurity/food accessibility: food deserts, rising cost of food Financial/economic impacts: Unemployment led to loss of health insurance/loss of income; Low wage jobs do not offer benefits (health insurance) Housing: Loss of employment led to loss of income, which led to inability to keep up with rent/mortgage payment, led to evictions/ displacement	Low-income families Migrant/Immigrant/Refugee/ Undocumented populations: fear of government in seeking care/services Older adults People experiencing homelessness Uninsured/underinsured/coverage gap groups: low-income families making too much money to qualify for Medicaid, but cannot afford insurance People experiencing homelessness

REGION	TOP HEALTH CONCERNS/ISSUES	SOCIAL DETERMINANTS OF HEALTH	IMPACTED POPULATIONS
Southern	**Healthcare Access and Quality:** Lack of access to specialty care including dentists, vision care, OBGYN; transportation barriers; difficulties navigating health system "health illiteracy" i.e., how to fill out medical paperwork, finding a doctor who take their insurance; financial barriers—lack of insurance/underinsured, high costs, provider not accepting Medicaid; language/cultural barriers contribute to mistrust	Food insecurity/food accessibility	Black/African Americans: not serviced as well as others due to discrimination/ bias/racism
	Mental Health & Mental Disorders	Housing	Groups experiencing abuse: women/ children, sexual assault victims
	Lack of providers: Psychiatrists, school counselors, SANE exam providers; long waiting lists	Transportation Lack of or limited insurance	Single parent households Non-English speaking populations
	Chronic Conditions: Heart conditions: hypertension, high blood pressure due to stress, diabetes	Economic instability/employment	Homeless population
	COVID-19 Impact: Mental health/substance abuse, financial impacts due to employment loss which led to loss of health insurance & childcare needs, delay in care/access to healthcare, food insecurity	Language barriers Lack of access to space for physical activity (parks, community centers)	Older adults Individuals living in rural areas Low-income families/groups that do not qualify for Medicaid "coverage gap"

REGION	TOP HEALTH CONCERNS/ISSUES	SOCIAL DETERMINANTS OF HEALTH	IMPACTED POPULATIONS
Denton-Wise	**Access to Healthcare:** Fragmented health care system, insurance barriers, transportation barriers, lack of providers (no children's hospital in Denton County, no Medical Examiner in Denton County), difficulties navigating insurance/health care system (eligibility), difficult to find providers that take Medicaid & Obamacare, lack of follow up/communication for people who get connected to services	Economic instability/employment (loss of employment led to loss of income/ health insurance)	Children/Adolescents
	Mental Health/Substance Use Disorder: Lack of resources in Wise County, teenagers in crisis coupled with lack of local resources in Wise County leads to waitlists/long wait times, generation trauma and ACE's, gaps in long term care facilities/residential treatment centers for children with serious behavioral issues, no strong inpatient psychiatric care or adolescent outpatient care for mental health	Food insecurity/food accessibility (food deserts)	Victims/survivors of domestic violence and child abuse
	COVID-19 Impact: Delay in care/access to healthcare (provider shortages, difficulty attracting qualified counselors, PCP (Primary Care Physician) conditional on large constraints, loss of income led to healthcare delay), mental health/ substance abuse (increase in suicide attempts, no funding for mental health facilities in Wise County, struggle to get beds for folks in crisis in rural areas), abuse/neglect (child abuse), misinformation/mistrust in healthcare system & politicization of pandemic	Housing (lack of affordable options, increasing prices without increase in wages) Lack of or limited insurance Language barriers Transportation	Hispanic/Latino population Low-income families Veterans Rural communities Incarcerated individuals People with mental health illness/substance use disorder Elderly

REGION	TOP HEALTH CONCERNS/ISSUES	SOCIAL DETERMINANTS OF HEALTH	IMPACTED POPULATIONS
Dallas/Rockwall	**Healthcare Access and Quality:** Lack of access to specialty care including dentists, vision care, OBGYN; transportation barriers; Difficulties navigating health system "health illiteracy" i.e., how to fill out medical paperwork, finding a doctor who take their insurance; financial barriers—lack of insurance/underinsured, high costs, provider not accepting Medicaid; fear/mistrust due to racism, immigration policies, deportation fear	Food insecurity/food accessibility	Black/African Americans: not serviced as well as others due to discrimination/bias/ racism
	Mental Health & Mental Disorders: Lack of psychiatrists/counseling centers to meet the need, cost of care, long wait lists, stigma	Housing	Transgender community
	Chronic Conditions: Heart conditions: hypertension, high blood pressure due to stress, diabetes, obesity	Transportation	Hispanic/Latino population
	Nutrition & Healthy Eating: Unhealthy diet, poor nutrition literacy, availability/affordability of healthy fruits/vegetables i.e. food deserts	Technology/internet barriers	Low-income families
	COVID-19 Impact: Delay in care: chronic conditions worsened, mental health: worsened for those already struggling, lack of inpatient beds, isolation led to severe depression/anxiety, past childhood experiences exacerbate PTSD, abuse/neglect: child abuse, domestic violence, misinformation/politicization of the pandemic: excess COVID-19 morbidity & mortality)	Childcare issues Lack of or limited insurance Economic instability/employment Language barriers	Migrant/Immigrant/Refugee/ Undocumented populations: fear of government in seeking care/services Older adults People experiencing homelessness Uninsured/underinsured/coverage gap groups: low-income families making too much money to qualify for Medicaid, but cannot afford insurance

REGION	TOP HEALTH CONCERNS/ISSUES	SOCIAL DETERMINANTS OF HEALTH	IMPACTED POPULATIONS
Collin	**Healthcare Access and Quality:** Lack of providers specifically bilingual; transportation barriers; technological barriers with scheduling appoints; lack of focus on access to preventative care; financial barriers—lack of insurance/ underinsured, high deductibles, all consequential as people delay care; difficulties navigating health system, where to find care; affordable childcare barriers—prohibits access to care, difficult to find transportation to doctor's visits for entire family	Economic instability/ employment/living in poverty	Low-income families
	Mental Health & Mental Disorders: Substance abuse increases; unhealthy coping habits leading to worse outcomes; stigma & cultural barriers; jail diversion for minor/low level offenses tied to mental illness	Food insecurity (Food deserts)	Rural communities with access to health facilities
	Nutrition & Healthy Eating: Inequitable access to healthy food	Housing	Migrant/Immigrant/Refugee/ Undocumented populations: fear of government in seeking care/services
	COVID-19 Impact: Delay in care, access to healthcare, mental health/ substance abuse, misinformation/mistrust in healthcare system and politization of the pandemic	Lack of or limited insurance Language barriers Transportation Child Care barriers	Older Adults People experiencing homelessness People experiencing mental health crisis Low-income families/groups that do not qualify for Medicaid "coverage gap" (make too much money to qualify for Medicaid, but cannot afford private insurance)

Listening Session

Texas Health and Conduent HCI conducted an online survey with key community stakeholders to capture quantitative data in relation to Texas Health 2019 CHNA and Implementation Plan. Conduent HCI hosted a follow-up virtual discussion with the stakeholders to capture qualitative insights and feedback. Texas Health identified the community partners and extended the invitations for this discussion. Because health and wellness can be influenced by environmental matters existing outside of healthcare, a wide variety of community partners were invited to participate in the listening session. The main goal of the listening session was to determine opportunities to strengthen collaborations within the communities served by Texas Health Resources Health System. A total of thirteen participants completed the online survey and two attended the follow-up session.

A total of 13 participants completed the online survey and two attended the follow-up session. Table 6 lists the 13 organizations who participated in the listening session.

Invited community leaders were from the following sectors: education, non-profit, philanthropy, for-profit, and healthcare. At the virtual session, participants provided facilitators with additional feedback when asked questions about the results of the survey, what Texas Health was doing well, areas of opportunities in the priority areas, and what Texas Health could do to improve the awareness of the CHNA to partnering organizations and the community. Appendix B provides the detailed results of the listening session

TABLE 6: LISTENING SESSION ORGANIZATIONS

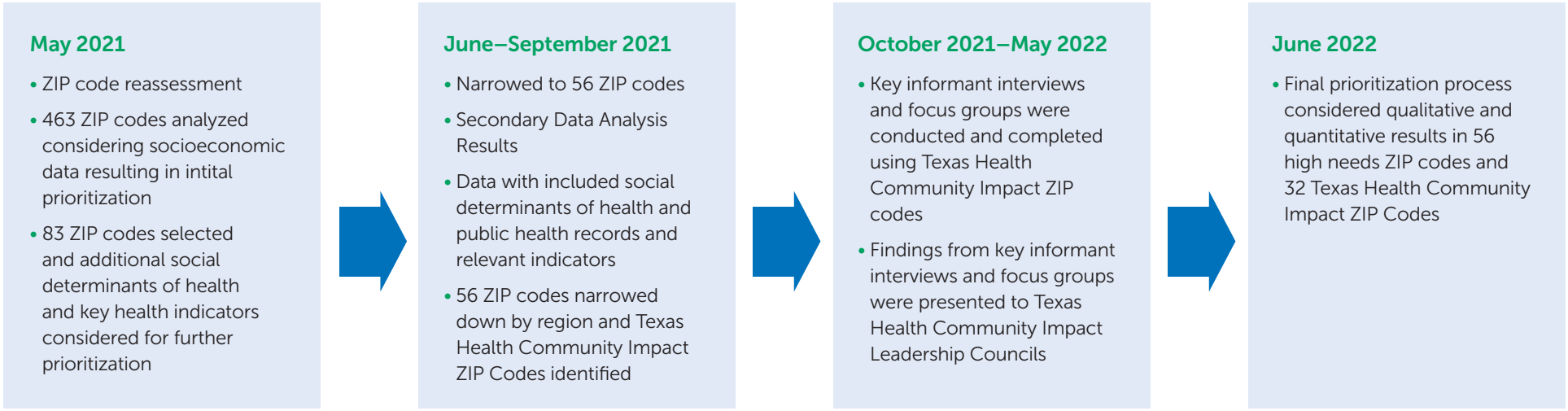
Alzheimer's Association	Lakepointe Church
Assistance Center of Collin County	LVTRise
Catholic Diocese of Fort Worth	STAR Council
CitySquare	Stephenville Medical and Surgical Clinic
Collin College	University of Texas at Arlington
Eastside Ministries	YMCA

Prioritization Process

Initial ZIP Code Prioritization

To identify high-need ZIP codes within and outside the Texas Heath Resource service area and to narrow the focal area from 463 ZIP codes across 12 counties to 83 ZIP codes, then to 56 ZIP codes. Texas Health Resources utilized the SocioNeeds Index as well as other socio-demographic data and key health indicators. Of the 56 ZIP codes across the 12-county area that were considered, 32 of them were identified as high priority ZIP. Figure 19 demonstrates the steps of the prioritization process.

FIGURE 19. TEXAS HEALTH RESOURCES 2022 CHNA PRIORITIZATION PROCESS



Prioritization Results

Texas Health recognizes the role that systems can play in addressing social determinants of health as well as their impact on health outcomes across a broader community. Social determinants were intentionally considered as part of the data collection process with the goal of determining which social determinants of health are present in the community and how they contribute to prioritized health needs. By pinpointing specific ZIP codes to address the social determinants of health that often result in conditions such as chronic disease and premature death, Texas Health is striving to generate community-driven, collaborative solutions that break down traditional silos and address the clinical and social needs of individuals living in North Texas.

Prioritization to Final ZIP Codes and Health Priorities

In addition to considering the cumulative results of the quantitative and qualitative data collected throughout the CHNA process, Texas Health selected ZIP codes in each region based on criteria that included: 1) availability of resources, 2) availability of partners, 3) community readiness, 4) impact opportunity and 5) health needs in one or more of the prioritized health areas. In addition to narrowing down the focus geographically based on evidence and the criteria mentioned above, Texas Health worked with the Texas Health Community Impact Leadership Councils in selecting issues that fell within the prioritized health areas of Behavioral Health, Chronic Disease, or Awareness, Health Literacy and Navigation. They also considered any social determinants of health that may contribute to these issues. Based on these considerations, the Texas Health Community Impact Leadership Councils elected to focus on the following areas. Table 7 highlights the ZIP codes that were chosen and the health priority areas within each ZIP code. These ZIP codes will receive funding to address the health priorities identified below.

TABLE 7: HEALTH PRIORITY AREAS IN ALL REGIONS

COUNTY	ZIP CODE	HEALTH PRIORITY AREA
Tarrant	76010 76011 76104 76105 76119	• Access to Healthcare, including access to mental health services • Chronic Disease • Food Insecurity/ Access to Healthy Foods
Parker	76082	
Erath	76401 76402 76446	• Healthcare Access & Navigation • Mental Health
Johnson	76031 76033 76059 76093	
Henderson	75143	
Kaufman	75147 75160 75161	
Denton	76057 76266	• Access to Healthcare • Behavioral Health and Substance Abuse • Food Insecurity
Wise	76426 76431	
Dallas	75211 75212 75217 75231 75243	• Access to Healthcare • Chronic Disease • Behavioral Health/ Mental Health
Rockwall	75032 75182	
Collin	75069 75074 75407 75442	• Access to Healthcare and Quality of Care • Behavioral Health • Social Determinants of Health

Data Limitations

Conduent HCI made substantial efforts to comprehensively collect and analyze data for this assessment. Although there is a wide range of health and health-related areas, there may be varying scope and depth of secondary data indicators and findings within each topic. Data sources do not all function, analyze and categorize information the same way which may lead to variations in results.

Secondary Data

When analyzing secondary data, some health topic areas have a robust set of indicators, while others may have a limited number of indicators available. Population health and demographic data are often delayed in their release, so data is presented for the most recent years available for any given data source. There is also variability in the geographic level at which data sets are available from census tracts or ZIP codes to statewide or national geographies. Whenever possible, the most relevant localized data is reported. Some datasets are not available for the same time span or at the same level of localization due to variations in geographic boundaries, population sizes, and data collection techniques. The Index of Disparity, used to analyze the secondary data, is also limited by the availability of subpopulation data from the data source. In some instances, there was no subpopulation data for indicators, while a select number of race/ethnic groups had minimal values.

Primary Data

For the primary data, efforts were made to include a wide range of secondary data indicators and community member expertise areas. Key informant Interviews and focus groups were conducted in all five regions of the Dallas/Fort Worth area.

Opportunities for On-Going Work and Future Impact

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

Solutions

This section highlights responses from the KII and focus group participants when asked about ways Texas Health could help to improve the health of residents in their community. Overall responses included:

Access to Care

- Resources to help with cost of medication
- Improved communication between healthcare and community leaders
- Addressing transportation needs (bus passes, patient navigation program)
- Opening clinics in rural areas

Provider Capacity

- Availability of psychiatric services for those without insurance
- Funding for staffing counseling positions, assisting with community outreach support to increase awareness

Advocacy

- More advocacy at the federal/state level to bring greater awareness to create more funding for healthcare workers, support for Medicaid funded/ state-funded detox/residential programs

Partnerships

- Establishing partnerships to facilitate/offer internships in the medical field; identify educational institutions to prepare individuals for medical field jobs

Funding

- Funds to hire community health workers/additional social workers to do
- Financing postcards with clinic advertised in Spanish and English, resources to do a mailing to promote events, translating materials to Spanish

Training

- Cultural competency training for providers
- Funding for licensed counseling for youth programs

Community Education

- Improving community awareness
- Education/training in the community: CPR, mental health education, COVID-19 vaccine
- Build relationships with community organizations, bridge gap in services

Disparities and Barriers

Significant community health disparities were assessed in the primary and secondary data collection processes described in this report's Social and Economic Determinants of Health section. Potential disparities in the many of the regions include people living below the poverty level, households receiving food stamps/ SNAP benefits with children under 18 years old, unemployment, and transportation. Identifying these data-driven disparities at the regional level helps to identify the social and economic disparities that are important to consider during prioritization and will inform future efforts as well. Barriers to health and well-being that community leaders and residents raised across the primary data sources reinforced the findings in the secondary data disparities analysis. The primary barriers included:

- Delay in care/access to health services, unaffordable costs of medications, loss of insurance due to unemployment, language, difficulty accessing services in Spanish, difficulties navigating health system
- Lack of or limited health insurance
- Challenges with transportation, including personal access to vehicles and public transportation
- Affordable housing, lack of affordable options, increasing prices/rent with increase in wages
- Financial barriers, lack of local healthy foods sources, food deserts
- Technology, internet barriers, not having access to the internet and/or technology (computers, laptops)
- Childcare, unaffordable daycare for families leading to inability to work

While there may be resources and services available, they are predominantly centralized, and access is challenging in certain areas. The disparities and challenges highlighted in this section should be viewed as opportunities for impact, which can be integrated within the work Texas Health has initiated. These areas of opportunity will be considered for future investments, collaborations, and strategic plans, moving Texas Health closer to the goal of building healthier communities.

COVID-19 Snapshot

COVID-19 Community Impact Timeline

Introduction

At the time that Texas Health began its CHNA process, the state of Texas and the nation were continuing to deal with the novel coronavirus (COVID-19) pandemic. The process for conducting the assessment remained fundamentally the same. However, there were some adjustments made during the event to ensure the health and safety of those participating.

Pandemic Overview

On March 13, 2020, a U.S. national emergency was declared over the novel coronavirus outbreak first reported in the Wuhan Province of China in December 2019. Officially named COVID-19 by the World Health Organization (WHO), WHO declared COVID-19 a pandemic on March 11, 2020. To learn more about COVID-19 hospitalization, vaccinations, cases, and deaths in Texas, visit *Texas Department of State Health Services*[12]. Upon completion of this report in May 2022, the pandemic continued to be a health crisis across the United States and in most countries.

Community Insights

The CHNA project team looked for additional sources of secondary data and gathered primary data to provide a snapshot of the impact of COVID-19 on the Texas Health Resources Health System service area. These data were collected from October 2021 to May 2022. Findings are reported below.

COVID-19 Cases and Deaths in Texas

For current cases and deaths due to COVID-19 visit: https://dshs.texas.gov/coronavirus/AdditionalData.aspx

Community Feedback

Both KIIs and focus group sessions included questions to capture insights and perspectives on the health needs of Texas Health service areas. Participants were specifically asked about the biggest challenges their households were currently facing during COVID-19.

12. Texas Department of State Health Services. (2022). Texas COVID-19 Data. https://dshs.texas.gov/coronavirus/AdditionalData.aspx

Key Informant Interviews and Focus Group Input

Key informants and focus group participants were asked to identify issues that were currently the biggest challenge for their households because of the COVID-19 pandemic. Data were collected between October 2021 and May 2022. Results below reflect both KIIs and focus group data combined.

COVID-19 Impact or Challenges

- Delay in care/access to healthcare
  - » Overall stress exacerbated chronic conditions (i.e. diabetes, cancer, hypertension)
  - » Unaffordable costs of medication (insulin), loss of insurance due to loss of jobs, language barriers (difficulty accessing services in Spanish)
  - » Existing health disparities exacerbated for already under-resourced communities (immigrants fearful of seeking healthcare, African Americans with comorbidities due to systemic racism in healthcare, low-income families)
- Mental Health/Substance Abuse
  - » Isolation accelerated health conditions in the elderly population (dementia, more falls, more anxiety)
  - » Mental toll of racism on Black/Brown communities
  - » Suicide increases amongst teenagers, and young Hispanic men
  - » Minimal availability of affordable counseling resources, substance use disorder treatment
  - » Increase in anxiety and depression with absence of healthy coping skills

- Violence/Abuse
  - » Domestic violence, gender-based violence intimate partner violence, child abuse
  - » Increase in the frequency and severity of violence leading to serious health consequences for women (issues with pregnancy, traumatic brain injury, death)
  - » Increase in gun violence
  - » Domestic violence transcends social class, but need for shelter intervention exists more amongst those who struggle with housing and are resource deprived
- Misinformation/Mistrust in the Healthcare System
  - » Affects access to care as people are reluctant to trust hospitals (misinformation from Facebook, radio and news sources), the politicization of the pandemic

COVID-19 Socioeconomic Challenges

- Childcare: Unaffordable daycare for families leads to the inability to work (parents choosing between childcare or work)
- Technology/Internet barriers
- Transportation
- Food Insecurity/Food Accessibility: food deserts, the rising cost of food
- Financial/Economic Impacts:
  - » Unemployment led to the loss of health insurance/loss of income
  - » Low wage jobs do not offer benefits (health insurance)
- Housing:
  - » Loss of employment led to loss of income, which led to an inability to keep up with rent/mortgage payments, led to evictions/displacement
  - » Lack of affordable options
  - » Increasing housing prices/rent without an increase in wages

Recommended Data Sources

As local, state, and national data are updated and become available, these data can continue to help inform approaches to meeting existing and developing needs related to the pandemic. Recommended data sources are included below.

National Data Sources

- Center for Disease Control: https://www.cdc.gov/coronavirus/2019-ncov/php/open-america/surveillance-data-analytics.html
- Johns Hopkins Coronavirus Resource Center: https://coronavirus.jhu.edu/us-map
- NACCHO Coronavirus Resources for Health: https://COVID19-naccho.hub.arcgis.com/
- Feeding America (The Impact of the Coronavirus on Local Food Insecurity): https://www.feedingamerica.org/sites/default/files/2020-05/Brief_Local percent20Impact_5.19.2020.pdf

State Data Sources

Data and recommendations from the following websites are updated regularly and may provide additional information on the impact of COVID-19 in the state of Texas and the Texas Health Resources Health System regional service area.

- Texas Department of State Health Services: https://www.dshs.state.tx.us/coronavirus/
  - » Unemployment Rates: https://www.twc.texas.gov/news/texas-unemployment-rate-falls-59-percent-august

Looking Ahead

A total of 56 high-need ZIP codes were initially prioritized across the five Texas Health Regions and will continue to inform the work into the future. The purpose of the deeper dive into 32 community impact ZIP codes during this CHNA process was to purposefully identify areas of impact where place-based programs could be built, grown and replicated. While this strategically focused work is being implemented, Texas Health will continue working with Texas Health Community Impact Leadership Councils to revisit data findings and community feedback in an iterative process. Additional opportunities will be identified to grow and expand existing work in prioritized community impact ZIP codes as well as implementing additional programming in new areas. These on-going strategic conversations will allow Texas Health to build stronger community collaborations and make smarter, more targeted investments to improve the health of the people in the communities we serve.

Conclusion

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

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

Appendices

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

A. Methodology and Data Scoring Tables

B. Community Data Collection Tools

C. Community Resources and Partners