

Texas Health Resources — Tarrant/Parker and Southern Regions

Texas Health Huguley Hospital



2022 Community Health Needs Assessment



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Executive Summary

Introduction & Purpose

Texas Health Resources is pleased to present its 2022 Community Health Needs Assessment (CHNA) for the Tarrant/Parker and Southern Regions in the Dallas/Fort Worth area. This CHNA report provides an overview of the process and methods used to identify and prioritize significant health needs across the Tarrant/Parker and Southern Region's service areas 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's planning efforts to address needs in actionable ways and with community engagement. Findings from this report will be used to identify and develop efforts to address disparities, improve health outcomes, and focus on social determinants of health to improve the health and quality of life of residents in the community.

Acknowledgments

The development of Texas Health's CHNA was a collective approach 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 improving health and quality of life. The 2022 CHNA planning effort pushed Texas Health beyond our traditional primary service area to directly impact prioritized health needs in areas of the community with the 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 CHNA every three years to help us build programs that meet the specific needs of our communities. We collect data through windshield surveys, community readiness assessments, and in-depth interviews with community leaders and residents to obtain a better understanding of their needs.

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

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

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

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

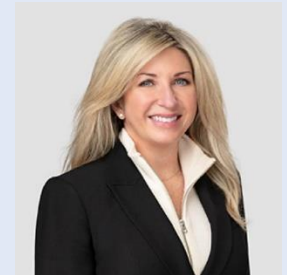
The 2022 CHNA report highlights the community voice and represents our vision — partnering with you for a lifetime of health and well-being. Because we believe that collaboration is at the core of every solution.

By working together, we continue to make a difference.

Sincerely,



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



Penny Johnson, MBA
President/CEO
Texas Health Huguley
Hospital

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. In the Tarrant/Parker Region, \$2.0 million was allocated and in the Southern Region \$1.5 million was allocated.

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 Tarrant/Parker Leadership Council, as well as the Texas Health Community Impact Southern Leadership Council. These organizations were actively engaged in the prioritization process for the regions.

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

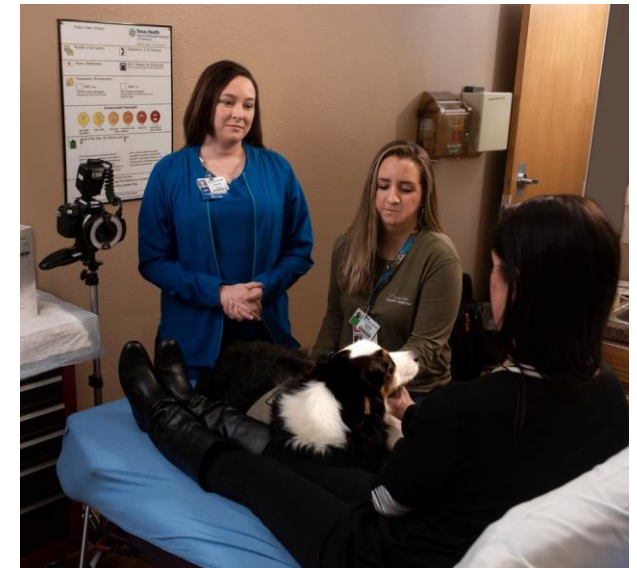
Southern Region

- 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
- Tri-County Ford
- Trinity Valley Electric Cooperative
- The University of Texas at Arlington

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.

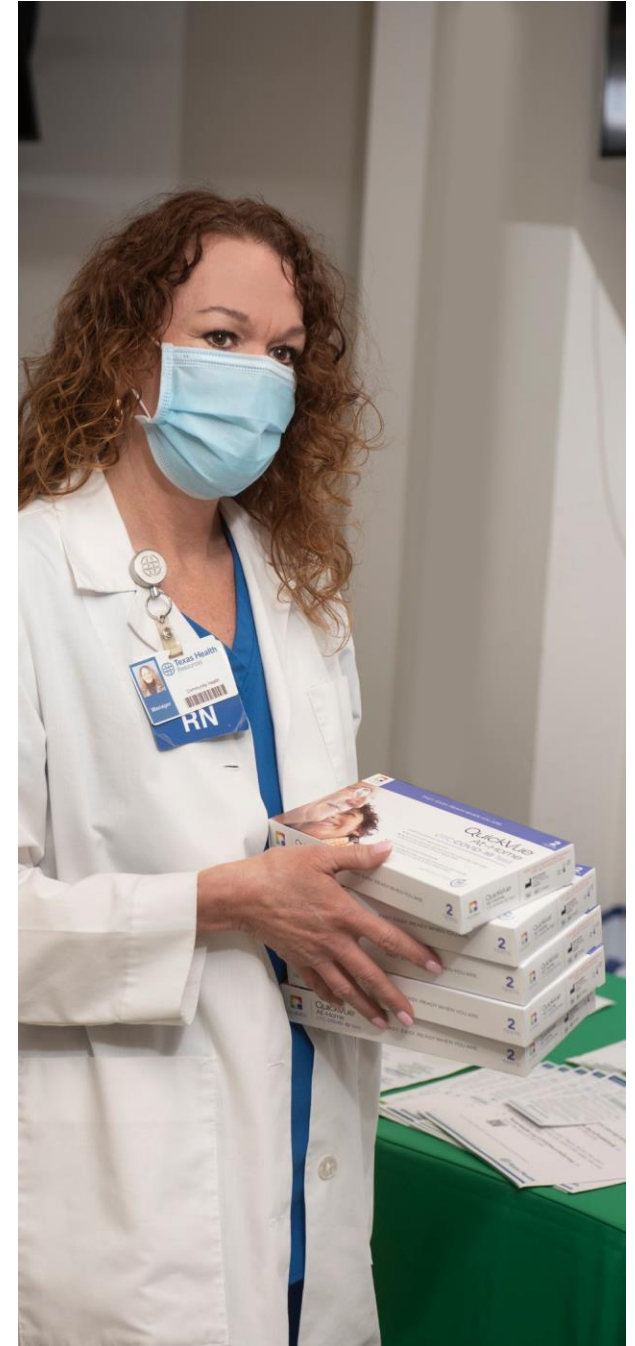
Vision

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.



Tarrant/Parker Region of Texas Health Resources

This section covers the population and geographic area for the Tarrant/Parker Region. Tarrant County is an urban county located in the north central part of Texas. Fort Worth serves as the county seat with a county population of approximately 2.1 million citizens according to the 2021 U.S. Census¹, a population growth of 0.8 percent since 2020. Tarrant County is home to a diverse mix of cultures and heritage. Parker County lies to the west of Tarrant County and has a population of 156,764 according to the 2021 U.S. Census², a population growth of 5.8 percent since 2020. The map in Figure 1 highlights the Tarrant/Parker Region.

Southern Region of Texas Health Resources

This section covers the population and geographic area for the Southern Region.

Ellis County lies to the east of Johnson County and has a population of approximately 202,678 citizens according to the 2021 U.S. Census Record³. This is a population increase of 5.3 percent since the 2020 Census⁴. Waxahachie serves as the county seat. Ellis County is the most populated county in the Southern Region.

Erath County is a rural county located in the north central part of Texas. Stephenville serves as the county seat to a county population of approximately 43,378 citizens according to the 2021 U.S. Census Record, a population increase of 2 percent since the 2020 Census⁵. Erath County is the least populated county in this region⁶.

Henderson County has a population of approximately 83,667 citizens according to the 2021 U.S. Census Record. This is a population increase of 1.8 percent since the 2020 Census⁷. The county seat is Athens.

Hood County has a population of approximately 64,222 citizens according to the 2021 U.S. Census Record. This is a population increase of 4.3 percent since the 2020 Census. The county seat is Granbury⁸.

Johnson County has a population of approximately 187,280 citizens according to the 2021 U.S. Census Record. This is a population increase of 4.1 percent since the 2020 Census⁹. Cleburne serves as the county seat. Johnson is the second most populated county in the Southern Region¹⁰.

Kaufman County lies to the east of Ellis County. It has a population of approximately 157,768 citizens. This is a population increase of 8.6 percent since the 2020 Census¹¹. Kaufman is the fastest growing county in the region. The City of Kaufman serves as the county seat¹². The map in Figure 2 highlights the Southern Region.

1. Tarrant County, Texas. (2022). About Tarrant County. www.tarrantcounty.com/en/administration/staff/economic-development-coordinator/demographics.html
2. Parker County, Texas. (2022). The State of Texas County of Parker. <https://www.parkercountytx.com/219/County-Facts>
3. United States Census Bureau. (2022). QuickFacts. <https://www.census.gov/quickfacts/fact/table/elliscountytexas,TX,PST045221>
4. Ellis County, Texas. (2022). Our History. Demographics. <https://www.co.ellis.tx.us/64/Demographics>
5. United States Census Bureau. (2022). QuickFacts. <https://www.census.gov/quickfacts/fact/table/erathcountytexas,TX,US,PST045221>
6. Erath County, Texas. (2022). County Information. <https://www.co.erath.tx.us/>
7. United States Bureau. (2022). Quickfacts. <https://www.census.gov/quickfacts/fact/table/hendersoncountytexas/PST045221>
8. United States Bureau. (2022). Quickfacts. <https://www.census.gov/quickfacts/fact/table/hoodcountytexas/PST045221>
9. United States Census Bureau. (2022). QuickFacts. <https://www.census.gov/quickfacts/fact/table/johnsoncountytexas,erathcountytexas,TX,US/PST045221>
10. Johnson County, Texas. (2022). Historical Commission. <https://www.johnsoncountytexas.org/home>
11. United States Census Bureau. (2022). QuickFacts. <https://www.census.gov/quickfacts/fact/table/kaufmancountytexas,elliscountytexas,TX,PST045221>
12. Kaufman County, Texas. (2022). Welcome to Kaufman County. <https://www.kaufmancounty.net/>

FIGURE 1. TEXAS HEALTH SERVICE AREA COUNTIES: TARRANT/PARKER REGION

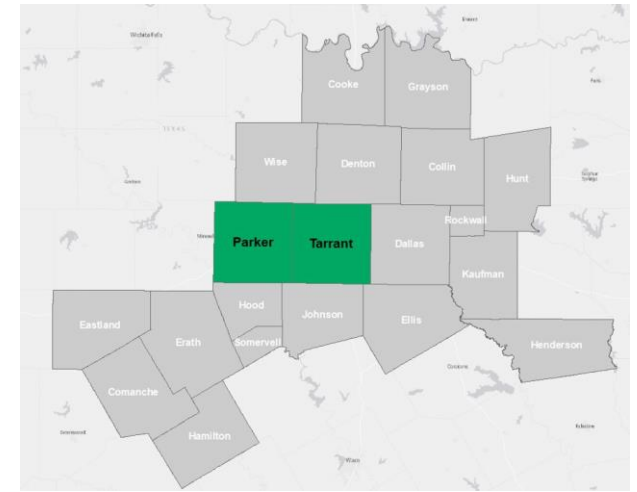
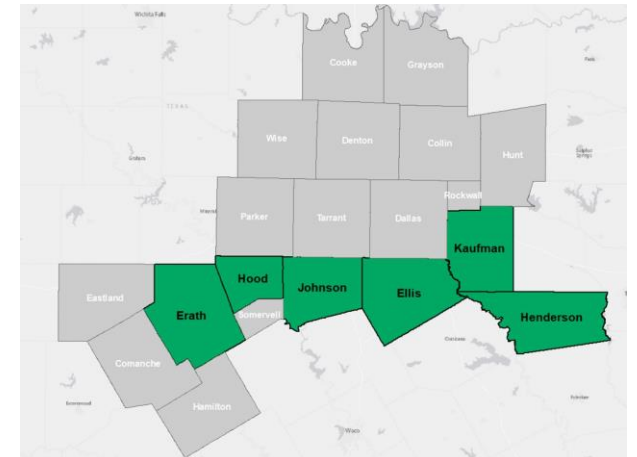


FIGURE 2. TEXAS HEALTH SERVICE AREA COUNTIES: SOUTHERN REGION



Facility Description

Texas Health Huguley Hospital

Operated by AdventHealth, Texas Health Huguley Hospital Fort Worth South is the largest not-for-profit Protestant healthcare organization in the U.S. In 2012, Texas Health Resources and Adventist Health System formed a partnership to own Texas Health Huguley Hospital, with Adventist Health System managing the daily operations of the hospital. As a member of Adventist Health System, Texas Health Huguley is operated in a tradition of healthcare that recognizes that total health is achieved through the proper balance of physical, mental, social and spiritual well-being. Describing the facility of Texas Health Huguley is easy. We are a 291-bed acute care hospital located on I-35W in south Fort Worth. The hospital includes a medical intensive care unit, a cardiovascular critical care unit,

a progressive care unit, open heart surgery center and behavioral health. We have an accredited bone and joint program, Diabetes Center, Chest pain center, and an award-winning emergency department available 24 hours a day, seven days a week. More than 350 primary care and specialty physicians provide a wide range of inpatient and outpatient services. Describing the spirit of Texas Health Huguley is much more challenging. It is also much more important. We are people from many faiths and cultures, united to relieve suffering and bring healing to people. Our mission is to extend the healing ministry of Christ, to care for the whole person, body, mind and spirit. We treat everyone — patients, their families, and staff — with dignity, respect and compassion. It is visible in the concern of our caring nurses, the dedication of our physicians, the comfort of our chaplains and the attentiveness of our staff. Throughout our organization, you will find an atmosphere of collaboration and cooperation.

As community members, we recognize the relationship between the community and health care. Our mobile health services bus travels to outlying communities to reach those who may not have access to a healthcare provider. We partner with local schools, churches and businesses to educate and inspire wellness. Also located on the Texas Health Huguley campus are:

- Center for Cancer and Blood Disorders
- Center for Wound Care and Hyperbaric Medicine
- Emery J. Lilge Hospice House
- Heritage Place Retirement Community at Huguley
- Huguley Nursing and Rehab Center
- Texas Health Huguley Surgery Center
- Texas Health Huguley Imaging Center
- Texas Health Huguley Fitness Center



Impact Since Last CHNA

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

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

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

Texas Health built upon efforts from the 2019 CHNA to directly target communities and populations who disproportionately experience the prioritized health challenges identified above. Of the activities implemented, the most notable are detailed on the next page.



Behavioral Health

· *Texas Health Community Impact:* 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 4 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 2019 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

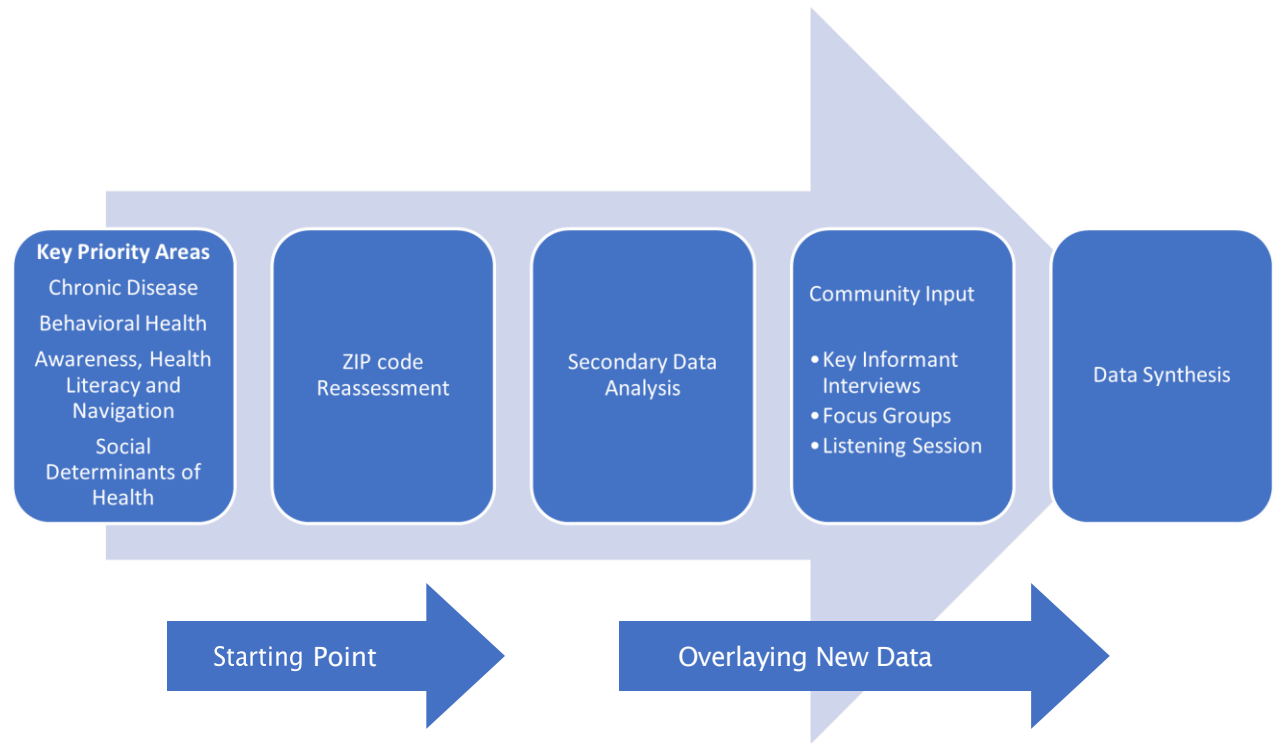
Overview

Two types of data were used in this assessment: primary and secondary data. Primary data is data collected directly from main sources in the community. Primary data was obtained through focus groups and key informant interviews. Secondary data is health indicator data that has been collected by public sources such as government health departments. Secondary data used is 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 3, Texas Health, with the support of five Texas Health Community Impact Leadership 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 3. 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:

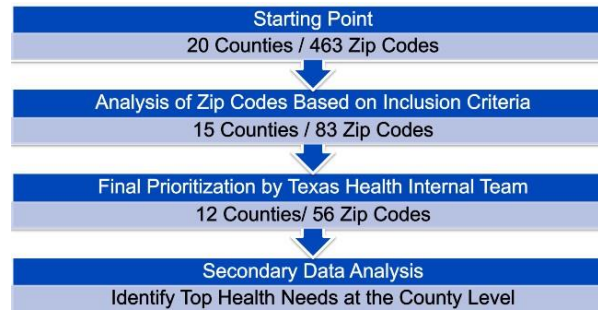
- Demographics
- Median household income
- Percent of uninsured adults
- Percent of people living below the poverty level (200 percent)
- Unemployment rate
- Percent receiving SNAP assistance
- Educational attainment for adults 25+ with a high school degree

Data were 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 CHNA process began with reviewing the 15 counties and 83 ZIP codes. HCI analyzed the ZIP codes based on the HCI inclusion criteria and Texas Health reviewed those data and ranks of the ZIP codes and the final prioritization list was created with twelve counties and 56 ZIP codes. Figure 4 illustrates how the 12 counties and 56 ZIP codes were identified.

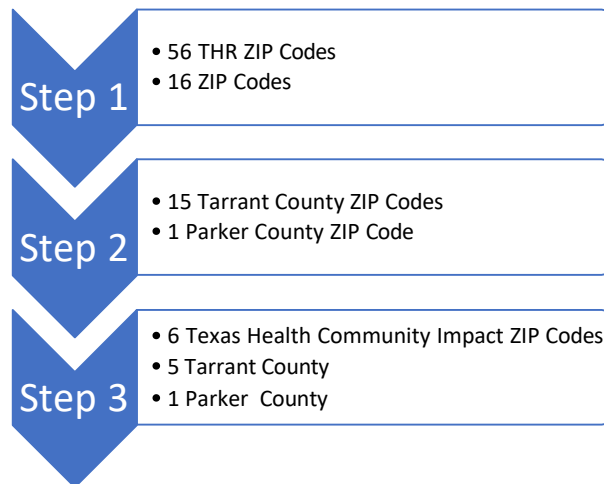
FIGURE 4. METHODOLOGY OVERVIEW



Tarrant/Parker ZIP Code Prioritization

The Tarrant/Parker Region is comprised of 16 prioritized ZIP codes: 15 in Tarrant County and one in Parker County. ZIP codes were ranked on perceived and identified need per the Health Equity Index (a measure of socioeconomic need). The results yielded 16 ZIP codes from which six community impact ZIP codes were identified. The diagram in Figure 5 summarizes the overall ZIP code prioritization process for the 2022 CHNA.

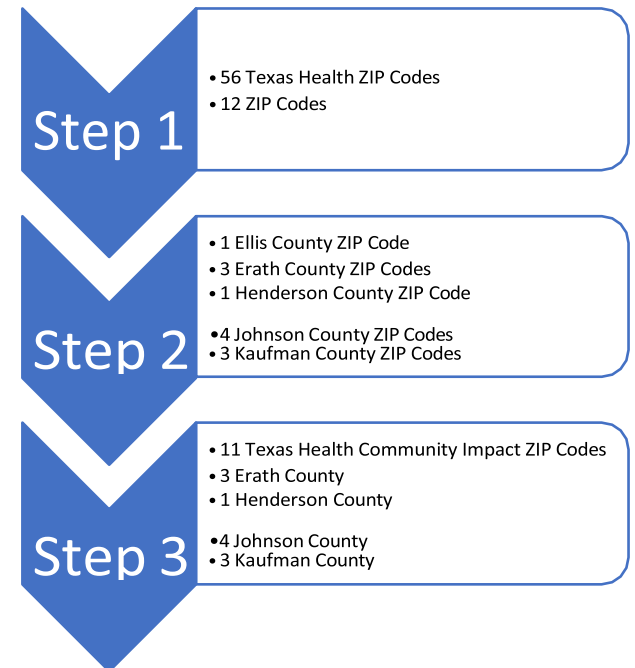
FIGURE 5. TARRANT/PARKER ZIP CODE PRIORITIZATION



Southern ZIP Code Prioritization

The Southern Region is comprised of 12 prioritized ZIP codes: One in Ellis County, three in Erath County, one in Henderson County, four in Johnson County, and three in Kaufman County. ZIP codes were ranked on perceived need and identified need per the Health Equity Index (a measure of socioeconomic need). The results yielded the 12 ZIP codes from which 11 community impact ZIP codes were identified. The 11 ZIP codes will be the target areas Texas Health Community Impact Leadership Council of Southern Region will focus their work on for the next three years and receive funds to address health priorities identified in the process. An extensive data review and data gathering, including key data indicators were conducted in these areas. The diagram in Figure 6 summarizes the overall ZIP code prioritization process for the 2022 CHNA.

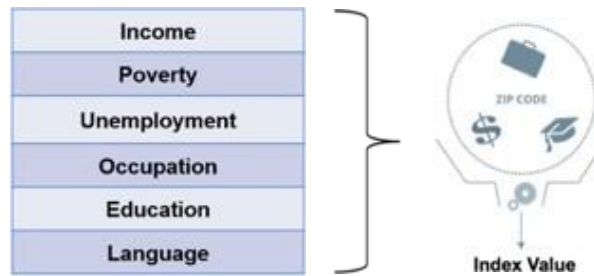
FIGURE 6. SOUTHERN ZIP CODE PRIORITIZATION



Health Equity Index

Figure 7 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 covers 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 7. HEALTH EQUITY INDEX



The map in Figure 8 highlights HEI values for ZIP codes across the Tarrant/Parker Region. Darker shades of blue indicate a higher index value and thus higher levels of need within those ZIP codes. As shown in Table 1, many of the highest need ZIP codes fall within Tarrant County.



FIGURE 8: TARRANT/PARKER REGIONAL HEI MAP

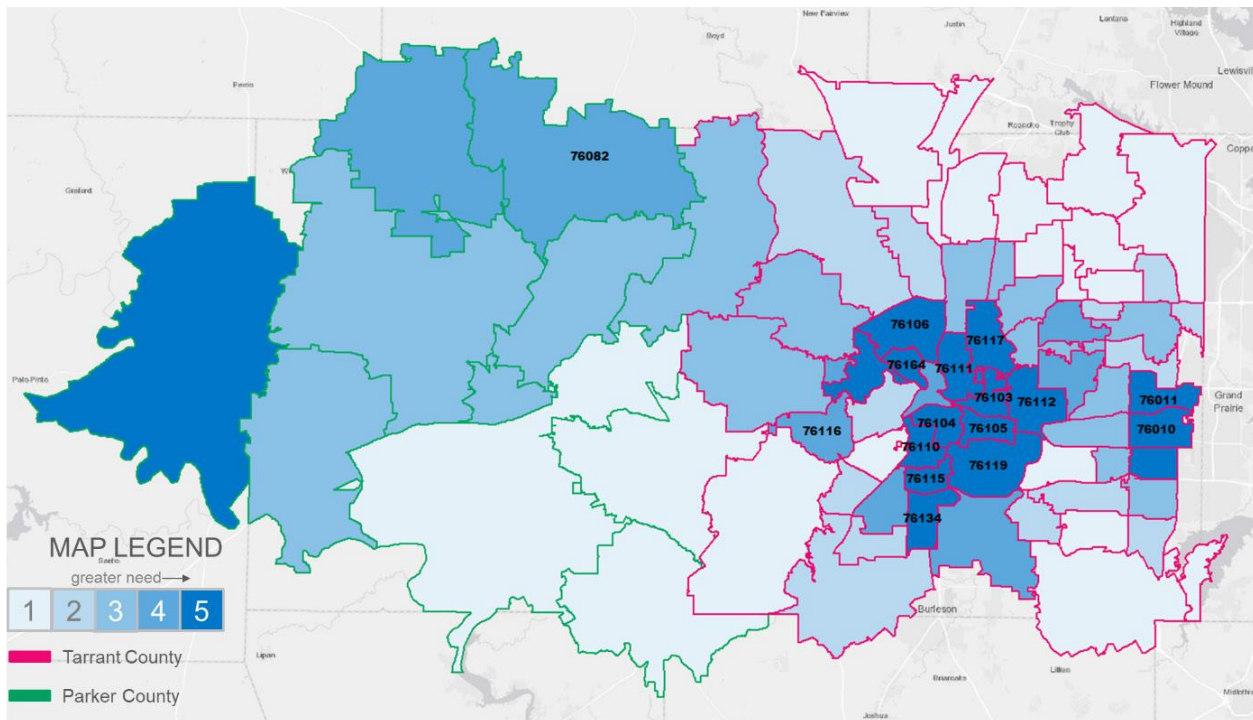


TABLE 1. HEI VALUES FOR PRIORITIZED ZIP CODES

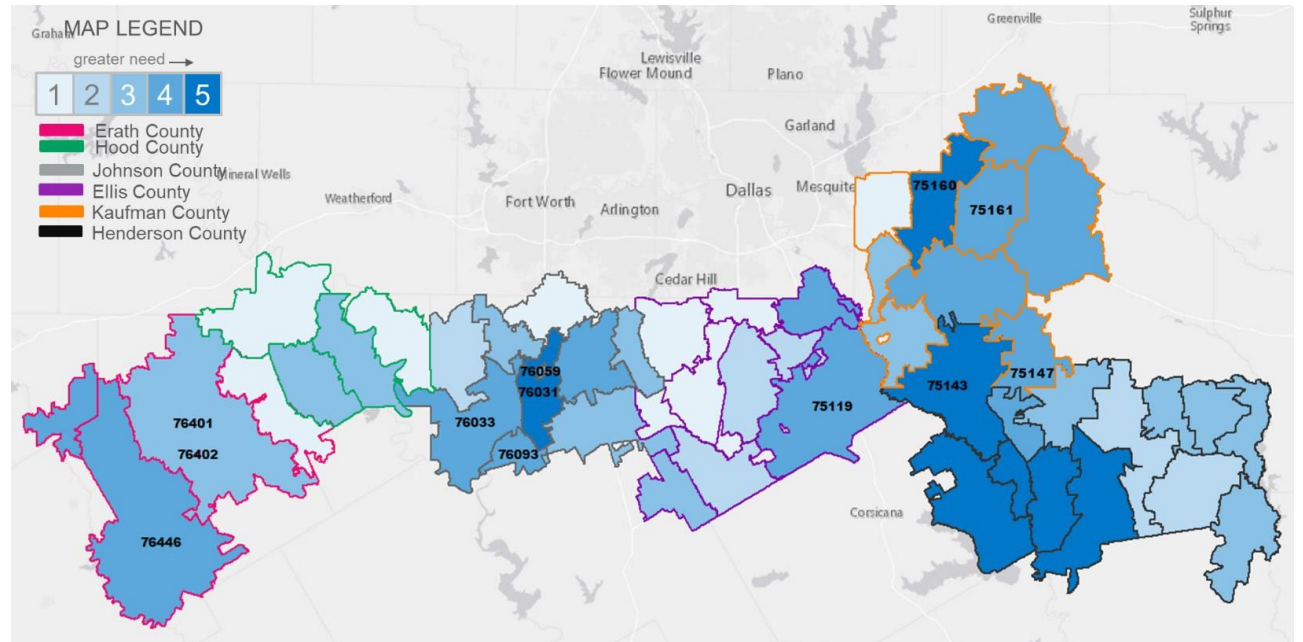
COUNTY	ZIP CODE	HEI VALUE
Tarrant	76010	98.1
	76011	88.7
	76103	95.9
	76104	97.3
	76105	98.9
	76106	98.5
	76110	93.2
	76111	95.1
	76112	86.6
	76115	98.4
	76116	71.5
	76117	89.4
	76119	97.9
	76134	86
76164	98.8	
Parker	76082	62

The map in Figure 9 highlights HEI values for ZIP codes across the Southern Region. Darker shades of blue indicate a higher index value and thus higher levels of need within those ZIP codes. As shown in Table 2 many of the prioritized ZIP codes are also identified as highest need ZIP codes within the region.

TABLE 2. HEI VALUES FOR PRIORITIZED ZIP CODES

COUNTY	ZIP CODE	HEI VALUE
Ellis	75119	72.2
Erath	76401	58
	76402	26.1
	76446	77.3
Henderson	75143	85.7
Johnson	76031	79.6
	76033	67.3
	76059	75.8
	76093	76.3
Kaufman	75147	70.6
	75160	80.7
	75161	73.5

FIGURE 9. SOUTHERN REGION HEI MAP



Demographics

The following section explores the demographic profile of the Texas Health the Tarrant/Parker and Southern Region service areas. It is important to understand the demographics of a community because it can significantly impact its health profile. Communities are becoming more diverse with different races and ethnicities, gender identities, ages, and socioeconomic groups. Each component has its own unique needs and requires varied approaches to health improvement efforts¹³. All demographic estimates are sourced from American Community Survey one-year (2019) or five-year (2015-2019) estimates unless otherwise indicated.



13. National Academies Press (US); 2008. Institute of Medicine (US) Roundtable on Health Disparities. Challenges and Successes in Reducing Health Disparities: Workshop Summary. <https://www.ncbi.nlm.nih.gov/books/NBK215371/> DOI: 10.17226/12154

Population

Tarrant/Parker Region

According to the U.S. Census Bureau's 2015-2019 American Community Survey, the Tarrant/Parker Region had a combined population of 2,245,393. Table 3 below shows the population breakdown for the prioritized ZIP codes within the Tarrant/Parker Region. ZIP codes 76010 and 76119 are the most heavily populated ZIP codes in the region and both are located in Tarrant County.

TABLE 3. POPULATION ESTIMATES FOR PRIORITIZED ZIP CODES IN THE TARRANT AND PARKER REGION

COUNTY	ZIP CODE	TOTAL POPULATION ESTIMATE
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	
Parker	76082	20,194



Southern Region

According to the U.S. Census Bureau's 2015-2019 American Community Survey, the Southern Region had a combined population of 686,875. Table 4 shows the population breakdown for the prioritized ZIP codes within the Southern Region. 76401 in Erath County and 75119 in Ellis County are the most heavily populated prioritized ZIP codes in the region.

TABLE 4. POPULATION ESTIMATES FOR PRIORITIZED ZIP CODES IN THE SOUTHERN REGION

COUNTY	ZIP CODE	TOTAL POPULATION ESTIMATE	
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	

Age

Tarrant/Parker Region

As shown in Figure 10, 24.7 percent of Parker County and 26.0 percent of Tarrant County are under 18 years old. The Tarrant/Parker Region has a similar proportion of residents under 18 compared to the state (25.5 percent) and a higher proportion compared to the nation (22.3 percent).

Figure 11 illustrates that 15.6 percent of the population in Parker County and 11.6 percent of the population in Tarrant County are adults over the age of 65. Tarrant County has a smaller proportion of older adults compared to the State of Texas (12.9 percent) and the U.S. (16.5 percent), while Parker County's proportion of residents over 65 years is larger than the proportion in Texas, while lesser when compared to U.S.

Figure 12 shows that Parker County has a smaller proportion of residents under five years old (6.1 percent) compared to Texas (6.9 percent) and a similar proportion compared to the U.S. (6.0 percent). Tarrant County has a similar proportion of residents under 5 years old (6.8 percent) compared to Texas and a larger proportion compared to the U.S.

FIGURE 10. POPULATION UNDER AGE 18

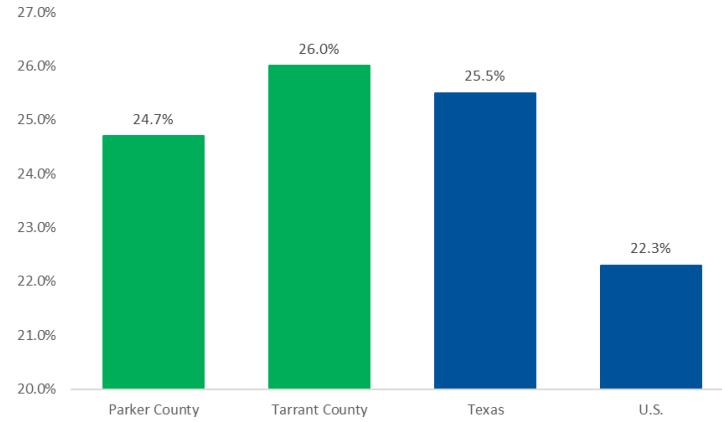


FIGURE 11. POPULATION OVER AGE 65

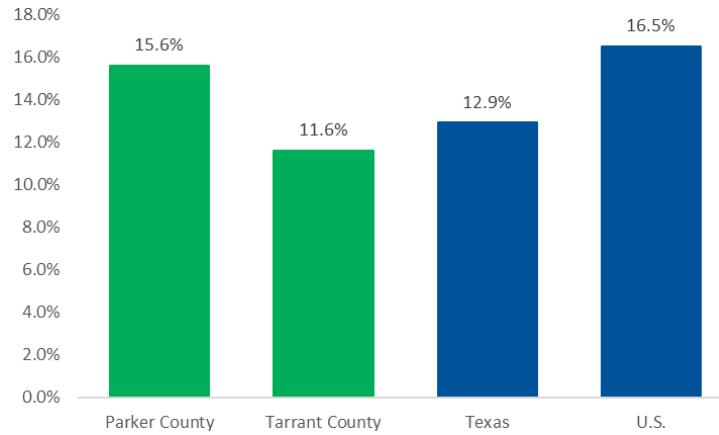
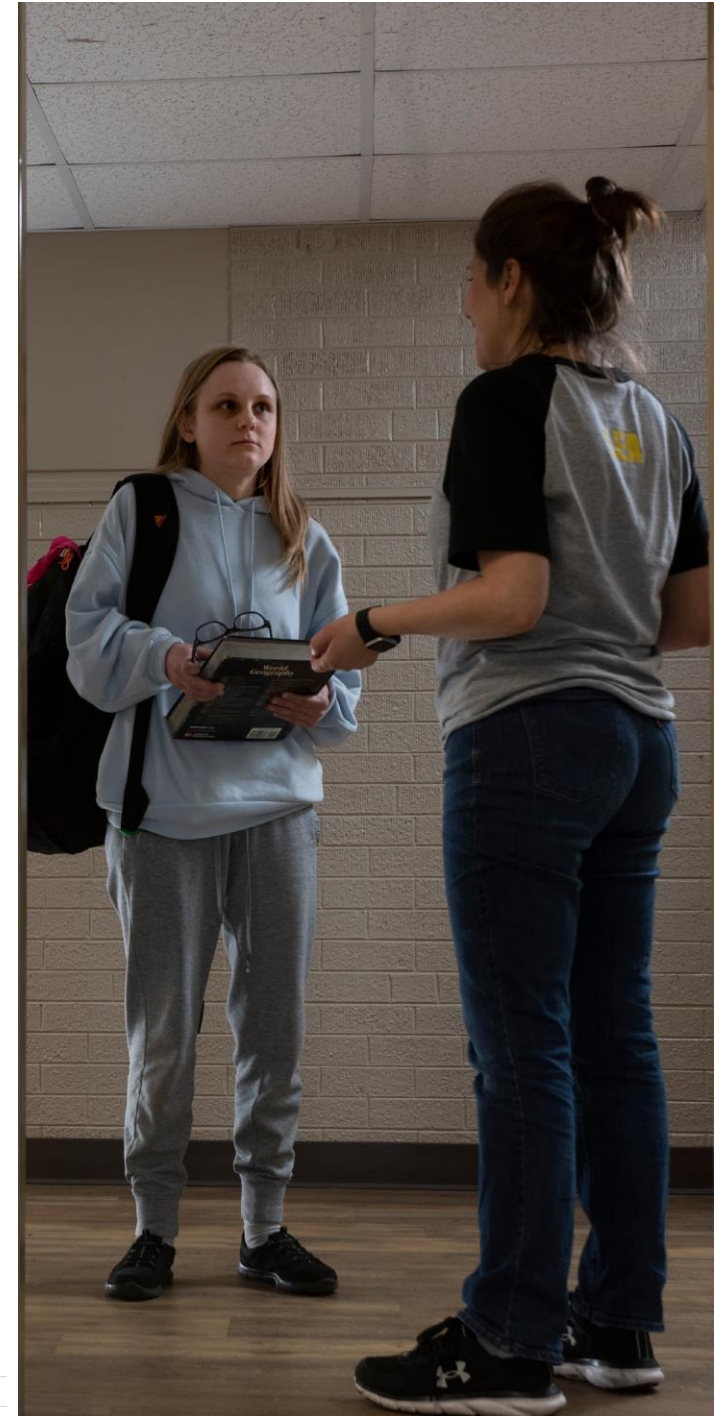
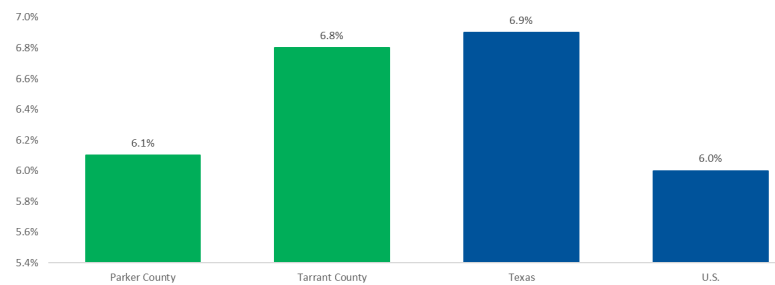


FIGURE 12. POPULATION UNDER AGE 5



Southern Region

As shown in Figure 13, 25.9 percent of Johnson County, 26.5 percent of Ellis County, and 27.9 percent of Kaufman County are under 18 years which are higher proportions compared to the state (25.5 percent) and nation (22.3 percent). Johnson County (25.9 percent) has a similar proportion of residents under 18 compared to the state (25.5 percent).

Figure 14 illustrates that 11.8 percent of the population in Kaufman County is over 65, compared to Texas (12.9 percent) and the U.S. (16.5 percent). The population over 65 in Hood, Henderson, Earth and Johnson County are higher (25.0 percent, 22.4 percent, 14.7 percent and 14.3 percent respectively), than the overall Texas value. Ellis County (13.1 percent) has a similar proportion of the population over 65 as Texas.

Figure 15 shows that Johnson County and Ellis County have a similar proportion of residents under age five years old (6.6 percent and 6.7 percent, respectively) compared to Texas (6.9 percent) and a similar proportion compared to the U.S. (6.0 percent). Kaufman County has a higher proportion (7.2 percent). Erath, Henderson and Hood have a smaller percentage of the population under age five (5.7 percent, 5.4 percent and 5.4 percent respectively) compared to Texas and the U.S.

FIGURE 13. POPULATION UNDER AGE 18

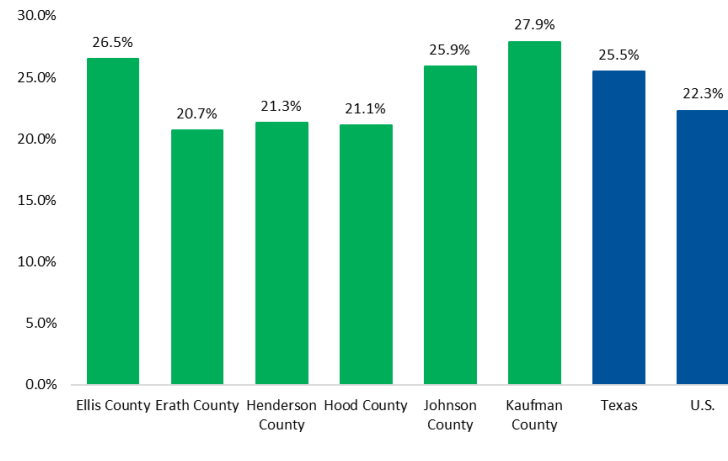


FIGURE 14. POPULATION OVER AGE 65

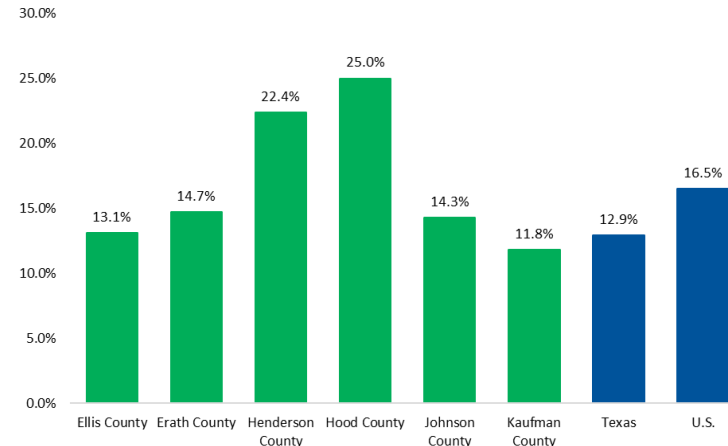
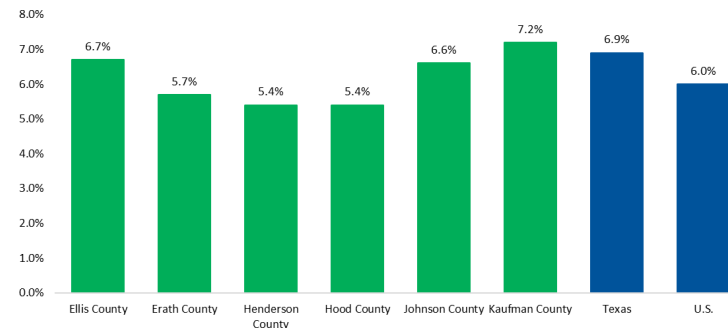


FIGURE 15. POPULATION UNDER AGE 5



Race/Ethnicity

Tarrant/Parker Region

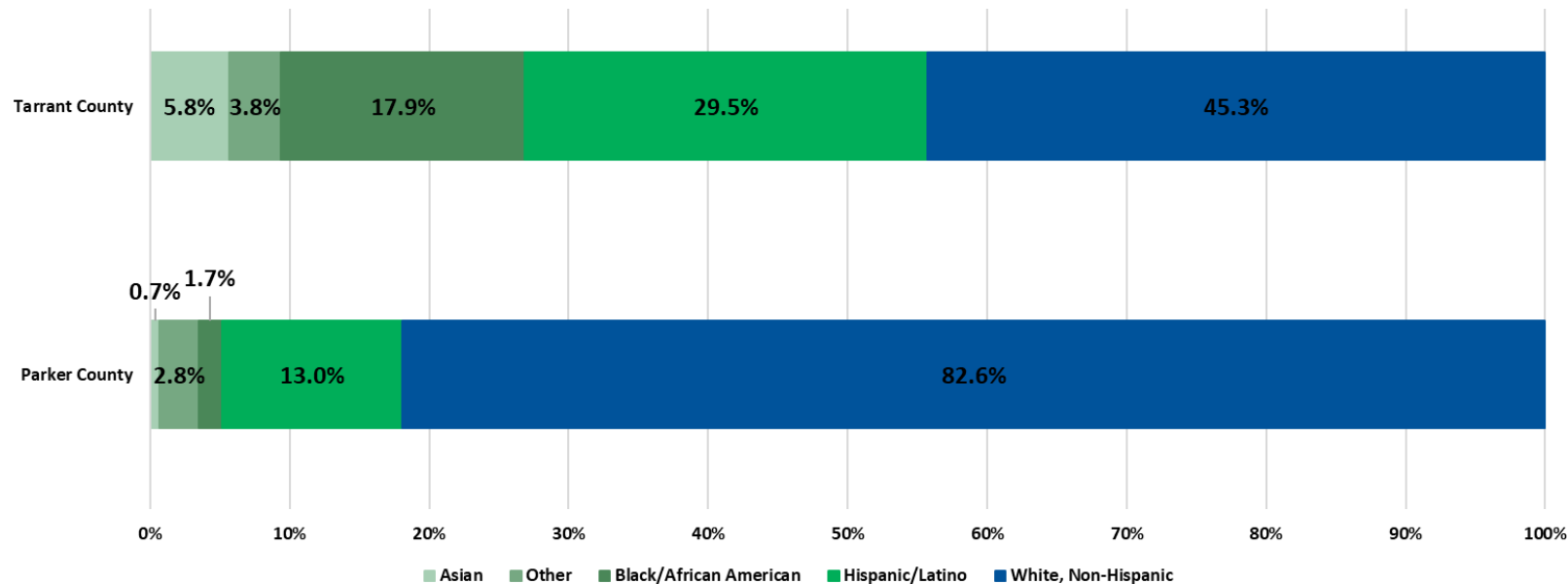
The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, healthcare and childcare. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income,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

Figure 16 shows the racial composition of residents in Parker County and Tarrant County. Parker County has a racial composition with 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".

Tarrant County has a racial composition with 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".



FIGURE 16. RACE/ETHNICITY OF THE TARRANT/PARKER REGION

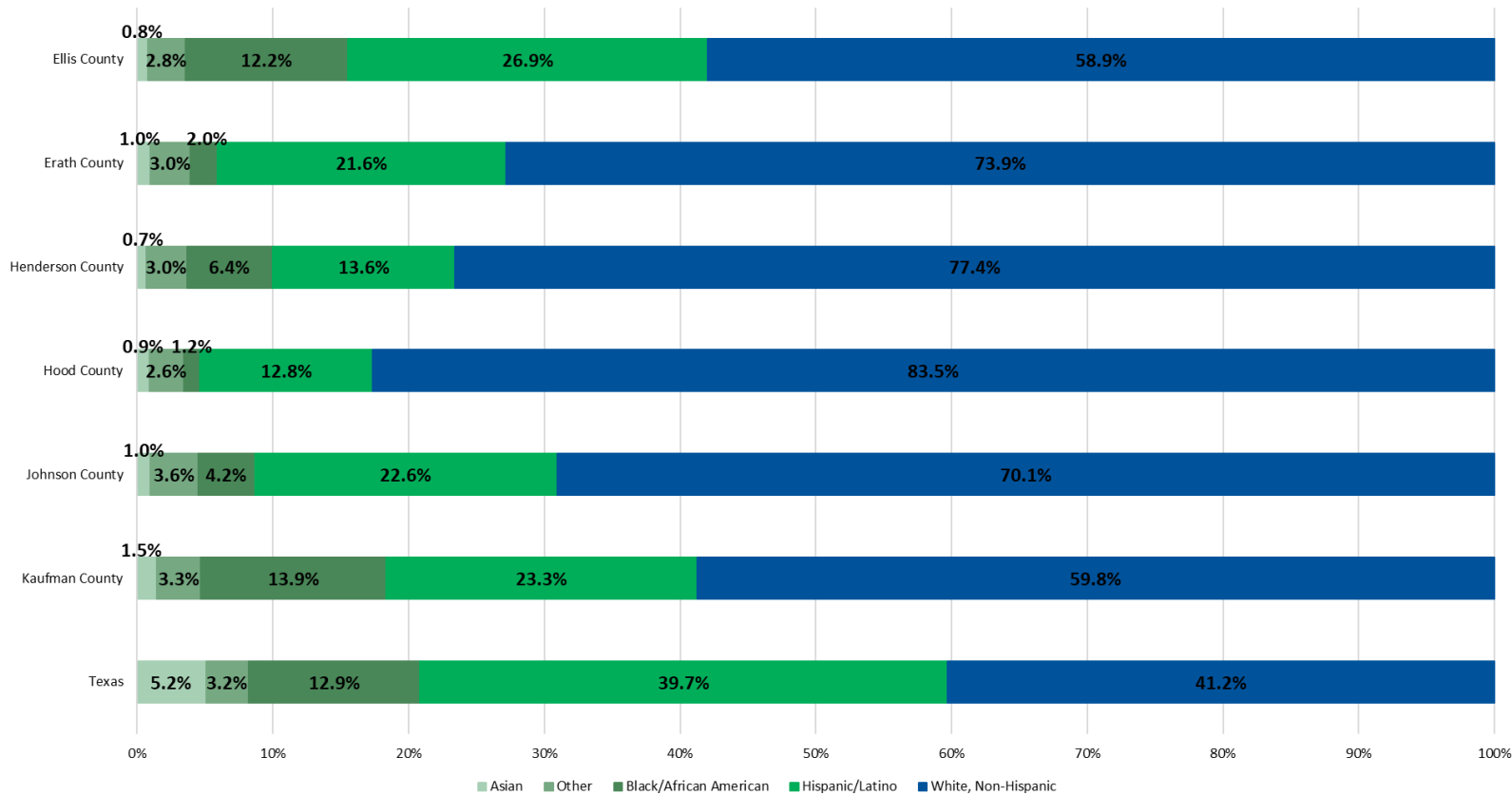


Southern Region

Figure 17 shows the racial and ethnic composition of residents in each county within the Southern Region. Compared to other counties within the Southern Region, Henderson County (77.4 percent) and Hood County (83.5 percent) have a higher percentage of residents identifying as White, Non-Hispanic. Ellis County (26.9 percent) and Kaufman County (23.3 percent) have the highest percentage of residents identifying as Hispanic/Latino. Additionally, Ellis (12.2 percent) and Kaufman (13.9 percent) counties have the highest percentage of residents identifying as Black/African American in the region.



FIGURE 17. RACE/ETHNICITY OF COUNTIES WITHIN THE SOUTHERN REGION



Language

Tarrant/Parker Region

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

FIGURE 18. POPULATION (AGE 5+) THAT SPEAKS A LANGUAGE OTHER THAN ENGLISH AT HOME

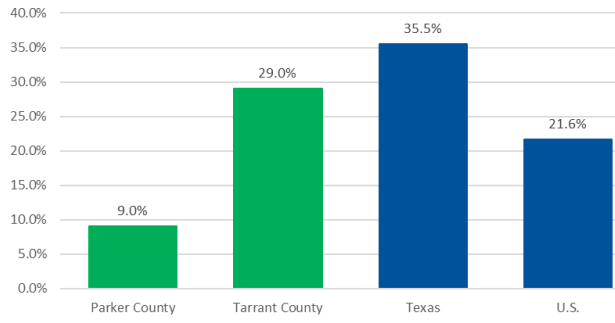


Figure 18 shows the proportion of residents in the Tarrant/Parker Region who speak a language other than English at home. Both Parker County (9.0 percent) and Tarrant County (29.0 percent) have a lower percentage of residents who speak a language other than English at home compared to Texas (35.5 percent). As shown in Table 5, ZIP codes 76106 and 76164 in Tarrant County have the largest proportion of residents who speak a language other than English at home (81.6 percent and 73.7 percent, respectively). In these ZIP codes, 81.2 percent and 71.3 percent, respectively, speak Spanish at home. This is an important consideration as services and outreach efforts may be more effective if conducted in the native language of the recipient/patient/respondent.

As shown in Table 6, ZIP codes 76106 (33.0 percent) and 76164 (36.5 percent) in Tarrant County have larger portions of their populations who have difficulty speaking English. Tarrant County (6.3 percent) and Parker County (2.0 percent) have a smaller proportion of residents with difficulty speaking English compared to the state of Texas (7.7 percent).

TABLE 5. POPULATION (AGE 5+) WHO SPEAKS A LANGUAGE OTHER THAN ENGLISH AT HOME BY PRIORITIZED ZIP CODE

COUNTY	ZIP CODE	PERCENT POPULATION THAT SPEAKS A LANGUAGE OTHER THAN ENGLISH AT HOME	PERCENT POPULATION THAT SPEAKS SPANISH AT HOME
HOME			
Tarrant	76010	62.3%	53.8%
	76011	37.6%	31.9%
	76103	44.7%	41.3%
	76104	46.2%	42.2%
	76105	54.9%	52.7%
	76106	73.7%	71.3%
	76110	57.6%	55.5%
	76111	65.1%	62.8%
	76112	26.4%	22.6%
	76115	71.1%	67.0%
	76116	21.4%	17.1%
	76117	52.4%	40.5%
76119	43.3%	35.8%	
76134	36.5%	33.4%	
76164	81.6%	81.2%	
Parker	76082	9.8%	9.0%

TABLE 6. POPULATION (AGE 14+) WITH DIFFICULTY SPEAKING ENGLISH BY PRIORITIZED ZIP CODE

COUNTY	ZIP CODE	PERCENT POPULATION WITH DIFFICULTY SPEAKING ENGLISH
Tarrant	76010	23.1%
	76011	12.8%
	76103	9.5%
	76104	11.4%
	76105	15.4%
	76106	33.0%
	76110	14.9%
	76111	21.0%
	76112	7.5%
	76115	19.2%
	76116	4.2%
	76117	15.3%
	76119	14.7%
	76134	5.0%
	76164	36.5%
Parker	76082	1.2%



Southern Region

Figure 19 shows the proportion of residents who speak a language other than English at home. Ellis, Erath, Henderson, Hood, Johnson and Kaufman (18.0 percent, 15.8 percent, 10.7 percent, 9.4 percent, 15.8 percent, and 17.1 percent respectively) have a lower percentage of residents who speak a language other than English at home compared to Texas (35.5 percent). As shown in Table 7, ZIP codes 75119 in Ellis County and 76059 in Johnson County have the largest proportion of residents who speak a language other than English at home (33.1 percent and 32.3 percent, respectively). In these ZIP codes, 31.9 percent and 22.4 percent, respectively, speak Spanish at home. 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.

FIGURE 19. POPULATION (AGE 5+) WHO SPEAKS A LANGUAGE OTHER THAN ENGLISH AT HOME

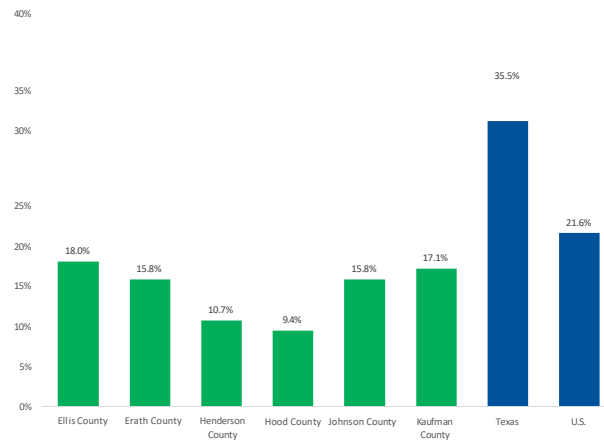


TABLE 7. POPULATION (AGE 5+) WHO SPEAKS A LANGUAGE OTHER THAN ENGLISH AT HOME BY PRIORITIZED ZIP CODE

COUNTY	ZIP CODE	PERCENT POPULATION THAT SPEAKS A LANGUAGE OTHER THAN ENGLISH AT HOME	PERCENT POPULATION THAT SPEAKS SPANISH AT HOME
Ellis	75119	33.1%	31.9%
Erath	76401	12.8%	11.8%
	76402	24.9%	19.6%
	76446	30.5%	26.7%
Henderson	75143	10.7%	9.9%
Johnson	76031	21.4%	21.3%
	76033	14.9%	13.7%
	76059	32.3%	22.4%
	76093	12.1%	11.9%
Kaufman	75147	4.6%	2.7%
	75160	22.2%	21.2%
	75161	9.8%	8.0%

As shown in Table 8, ZIP codes 76059 and 75119 in Ellis and Johnson Counties have larger portions of their populations who have difficulty speaking English at home (6.9 percent and 6.8 percent, respectively).

TABLE 8. POPULATION (AGE 14+) WITH DIFFICULTY SPEAKING ENGLISH BY ZIP CODE

COUNTY	ZIP CODE	PERCENT POPULATION WITH DIFFICULTY SPEAKING ENGLISH
Ellis	75119	6.9%
Erath	76401	1.4%
	76402	N/A
	76446	3.4%
Henderson	75143	0.9%
Johnson	76031	4.9%
	76033	3.8%
	76059	6.8%
	76093	4.8%
Kaufman	75147	1.1%
	75160	3.6%
	75161	2.8%



Social and Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health in the Tarrant/Parker and Southern Regional service areas. Social determinants of health 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 life¹⁴.

14. 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 work¹⁵.

FIGURE 20. MEDIAN HOUSEHOLD INCOME

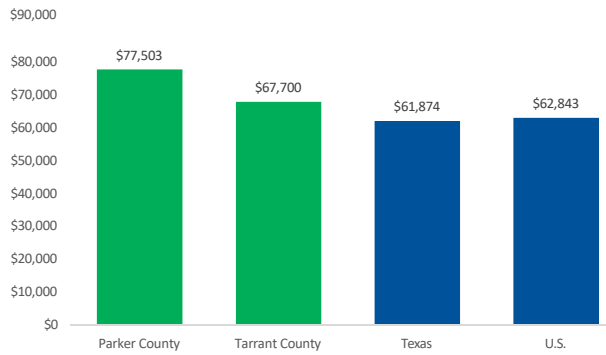


Figure 20 shows the median household income of Parker County is \$77,503 and that of Tarrant County is slightly lower at \$67,700. Both counties have higher median household incomes than the state of Texas (\$61,874) and the U.S. (\$62,843).

15. 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>

16. 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 21. MEDIAN HOUSEHOLD INCOME

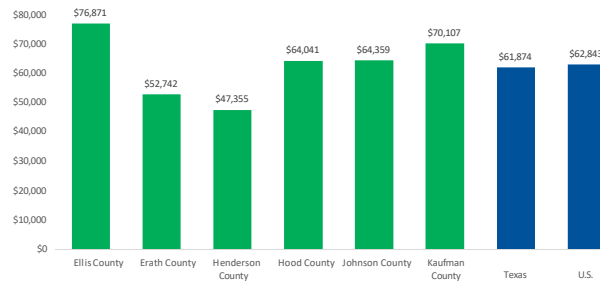


Figure 21 shows that Ellis County (\$76,871) and Kaufman County (\$70,107) have the highest median household income in the Southern Region. Both Erath County (\$52,742) and Henderson County (\$47,355) have lower median household incomes than both Texas state (\$61,874) and the U.S. (\$62,843) and are the lowest in the Southern Region.

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.¹⁶

Figure 22 shows the percentage of people living below the poverty level for Tarrant County (11.9 percent) and Parker County (8.1 percent). Both values are lower than the state of Texas value (14.7 percent) and the U.S. value of (13.4 percent).

FIGURE 22. PEOPLE LIVING BELOW POVERTY LEVEL

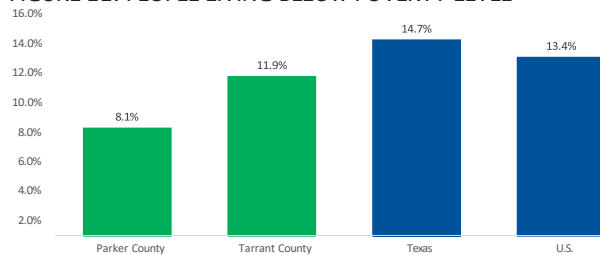
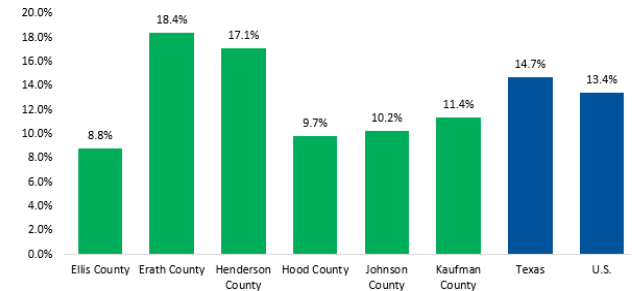


Figure 23 shows the percentage of people living below the poverty level in the Southern Region. Erath County (18.4 percent) and Henderson County (17.1 percent) are higher than the Texas state value (14.7 percent) and the U.S. value (13.4 percent). Ellis, Hood, Johnson and Kaufman Counties (8.8 percent, 9.7 percent, 10.2 percent and 11.4 percent respectively) show values lower than the state of Texas and the U.S.

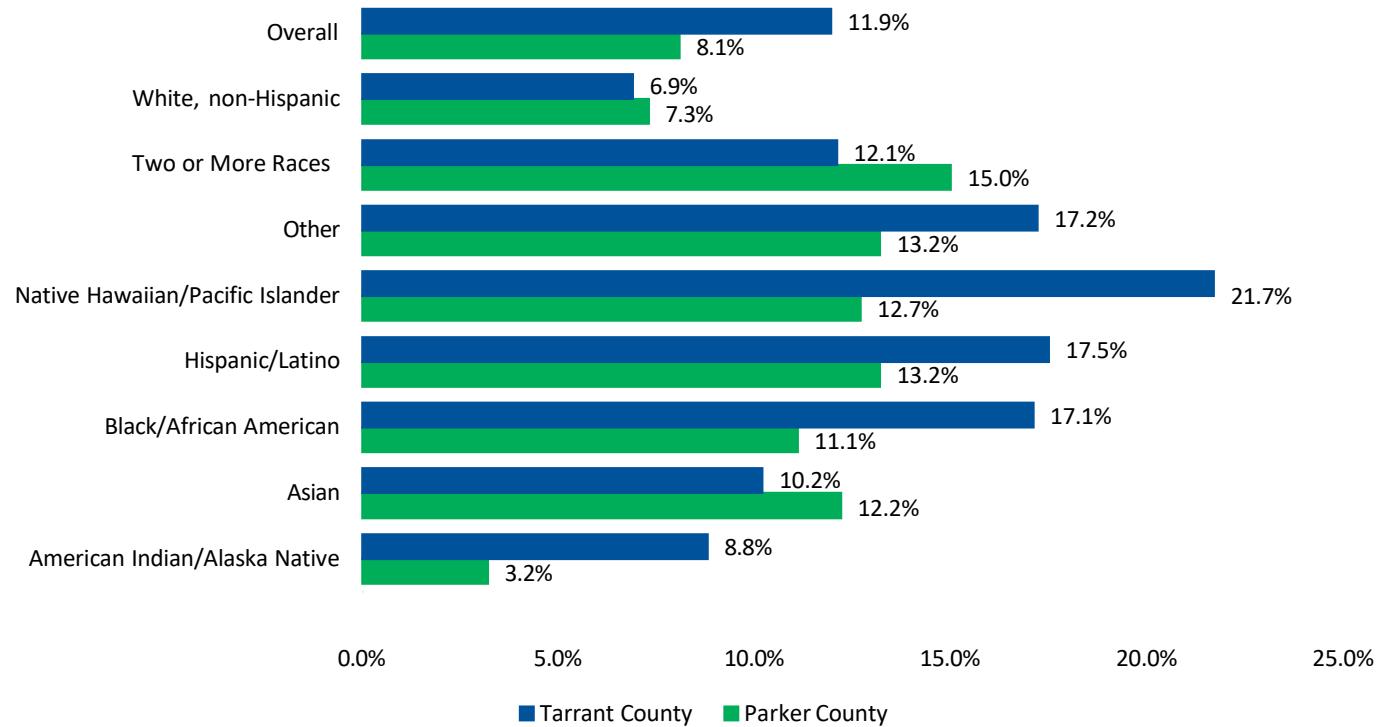
FIGURE 23. PEOPLE LIVING BELOW POVERTY LEVEL



Tarrant/Parker Region

Figure 24 shows the percentage of people living below the poverty level by race/ethnicity. The Hispanic/Latino, Black/African American, American Indian/Alaska Native, and Other race/ethnicity groups of Tarrant County have higher percentages of people living below the poverty level than in Parker County. White, Native Hawaiian/Pacific Islander, Asian, and Two or More Race/Ethnicity groups in Parker County have lower percentages of people living below poverty level than in Tarrant County.

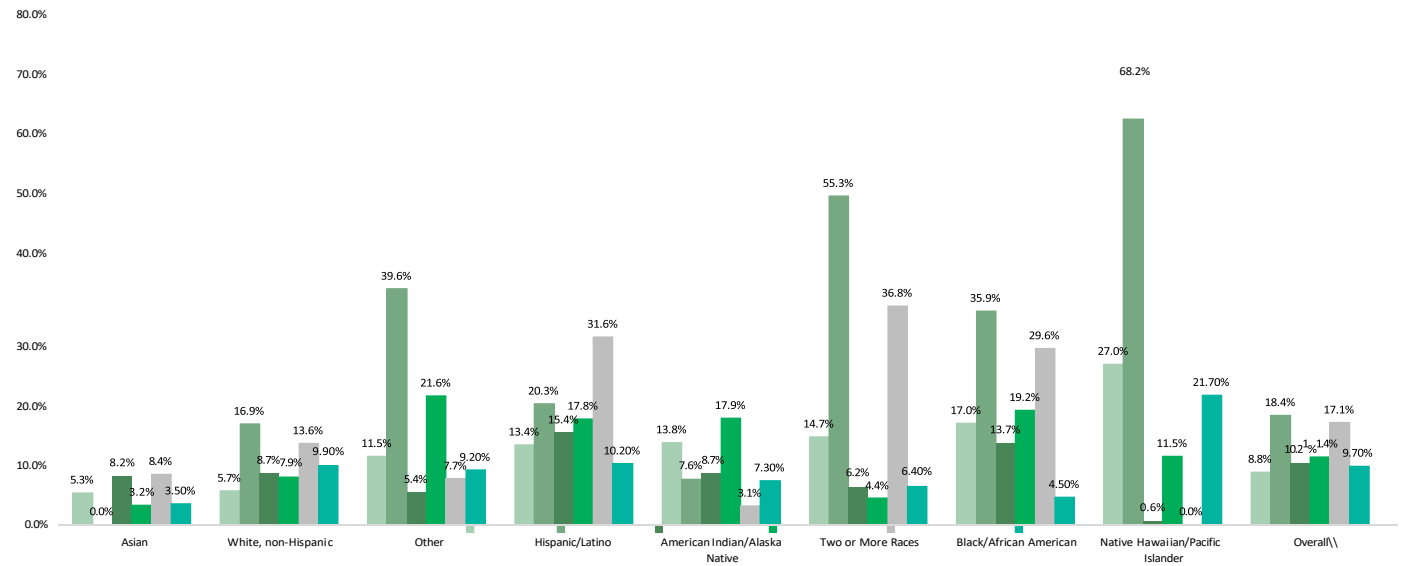
FIGURE 24. PEOPLE LIVING BELOW THE POVERTY LEVEL BY RACE/ETHNICITY



Southern Region

Figure 25 shows the percentage of people living below the poverty level by race/ethnicity. People identifying as Native Hawaiian/Pacific Islander, Other Race, Two or More Races or Black/African American generally have the highest poverty rates in the region, particularly in Erath County.

FIGURE 25. PEOPLE LIVING BELOW THE POVERTY LEVEL BY RACE/ETHNICITY



Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food¹⁷.

FIGURE 26. HOUSEHOLDS WITH CHILDREN RECEIVING SNAP

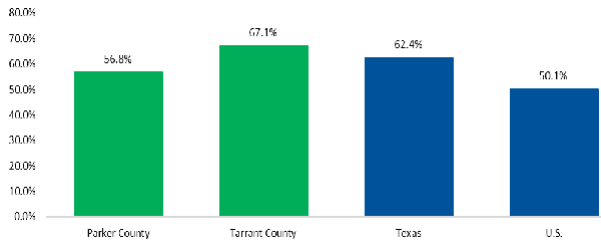


Figure 26 shows the percentage of households with children under 18 years old receiving food stamps/SNAP benefits in the Tarrant/Parker Region. Tarrant County (67.1 percent) and Parker County (56.8 percent) both have slightly higher percentages than both the Texas state value (62.4 percent) and the U.S. value (50.1 percent).

FIGURE 27. HOUSEHOLDS WITH CHILDREN RECEIVING SNAP

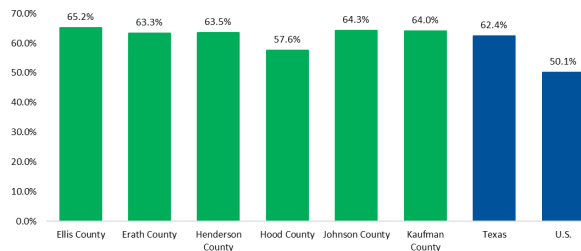


Figure 27 shows the percentage of households with children under 18 years old receiving food stamps/SNAP benefits in the Southern Region. Ellis (65.2 percent), Erath (63.3 percent), Henderson (63.5

percent), Johnson (64.3 percent), and Kaufman (64.0 percent) counties have slightly higher percentages than both the Texas state value (62.4 percent) and U.S. value (50.1 percent).

Hood County (57.6 percent) has a lower value than the Texas state value and U.S. value.

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 healthcare, 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.¹⁸

Figure 28 shows the percentage of unemployed workers in the civilian labor force in the Tarrant/Parker Region. The percentage in Tarrant County (3.2 percent) and Parker County (3.0 percent) are similar to both the state of Texas value (3.3 percent) and the U.S. value (3.4 percent).

FIGURE 28. UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE

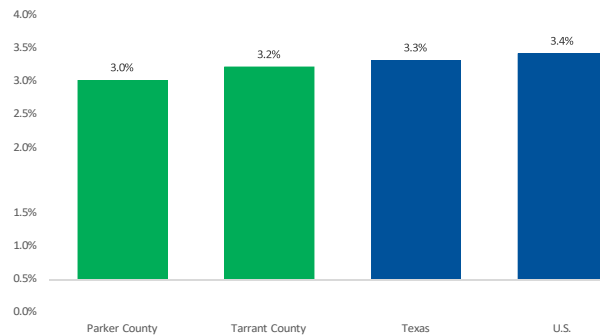
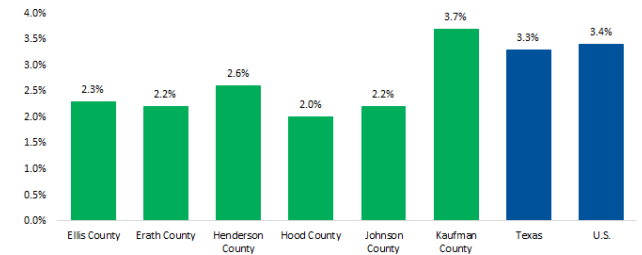


Figure 29 shows the percentage of unemployed workers in the civilian labor force in the Southern Region. The percentage in Kaufman County (3.7 percent) is higher than both the Texas state (3.3 percent) and U.S. value (3.4 percent). Ellis, Erath, Henderson, Hood and Johnson Counties (2.3 percent, 2.2 percent, 2.6 percent, 2.0 percent and 2.2 percent respectively) are lower than the state of Texas value (3.3 percent) and the U.S. value (3.4 percent).

FIGURE 29. UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE



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

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

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.¹⁹

Figure 30 shows the percentage of People 25 Years or Older with a High School Degree or Higher. Both Tarrant County (86.1 percent) and Parker County (88.6 percent) are higher than the state of Texas value (83.7 percent), but only Parker County is higher than the U.S. value (88.0 percent).

FIGURE 30. PEOPLE AGE 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER

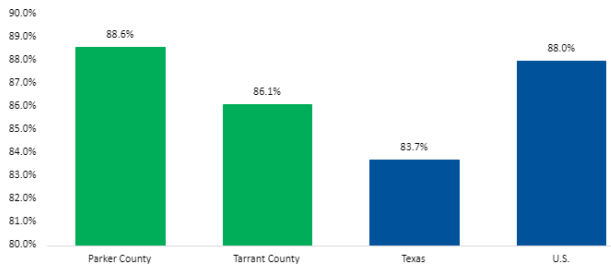


Figure 31 shows the Percentage of People 25 Years or Older with a Bachelor’s Degree or Higher. While Tarrant County (32.3 percent) is higher than the state of Texas value (29.9 percent) and similar to the U.S. value (32.1 percent), Parker County (26.4 percent) is lower than all three comparisons.

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

FIGURE 31. PEOPLE AGE 25+ WITH A BACHELOR’S DEGREE OR HIGHER

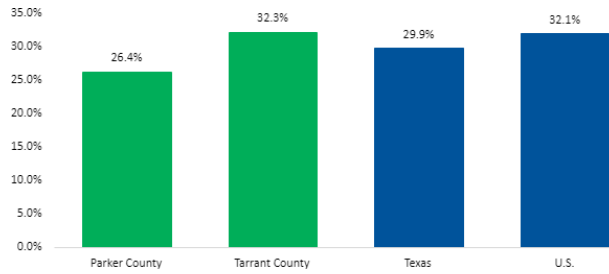


Figure 32 shows the percentage of People 25 Years or Older with a High School Degree or Higher. Ellis, Erath, Hood, Johnson and Kaufman Counties (86.2 percent, 88.3 percent, 89.4 percent, 85.7 percent and 85.8 percent respectively) are higher than the state of Texas value (83.7 percent) but Henderson County is lower than the state of Texas value (83.5 percent).

FIGURE 32. PEOPLE AGE 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER

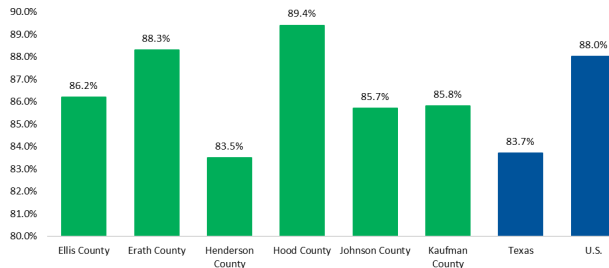
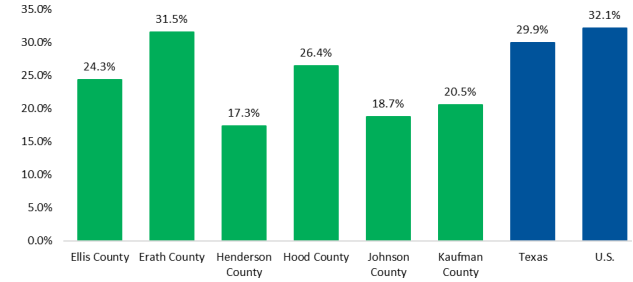


Figure 33 shows the Percentage of People 25 Years or Older with a Bachelor’s Degree or Higher. While Erath County (31.5 percent) is higher than the state of Texas value (29.9 percent), it is lower than the U.S. value (32.1 percent). Ellis, Henderson, Hood, Johnson and Kaufman Counties (24.3 percent, 17.3 percent, 26.4 percent, 18.7 percent, and 20.5 percent respectively) are lower than both the state of Texas value and U.S. value.

FIGURE 33. PEOPLE AGE 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 pressure²⁰. Longer commutes require workers to consume more fuel, which is both expensive for workers and damaging to the environment²¹.

Figure 34 shows the mean travel time to work for Parker County (31.8 minutes) and Tarrant County (27.4 minutes). Both counties are higher than the state of Texas value (26.6 minutes) and the U.S. value (26.9 minutes).

FIGURE 34. MEAN TRAVEL TIME TO WORK (MINUTES)

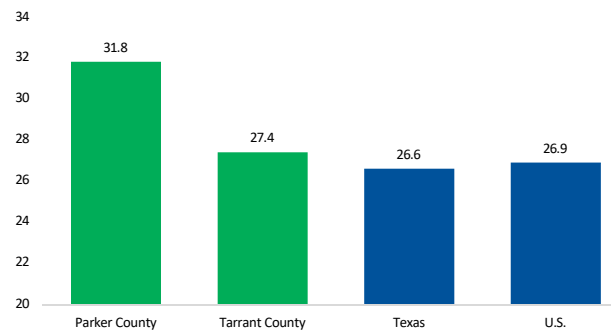
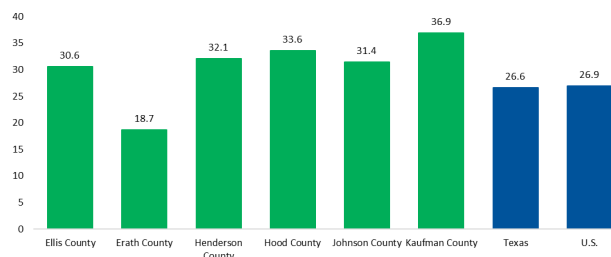


Figure 35 shows the mean travel time to work for Ellis County (30.6 minutes), Erath County (18.7 minutes), Henderson County (32.1 minutes), Hood County (33.6 minutes), Johnson County (31.4 minutes) and Kaufman County (36.9 minutes) in the Southern Region are higher than the state of Texas value (26.6 minutes) and the U.S. value (26.9 minutes). Residents in Erath County (18.7 minutes) have the shortest commute time in the region.

FIGURE 35. MEAN TRAVEL TIME TO WORK (MINUTES)



20. 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.

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

Tarrant/Parker and Southern Healthcare Utilization

Texas Health patient utilization data were provided by DFWHC Foundation and analyzed by HCI at the ZIP code level based on patients' resident ZIP code listed in discharge summaries²². Age-adjusted rates were calculated using the 2010 Census Standard Population estimates and data are available for ZIP codes if case counts are above 10 and population is greater than 300 for the 2017-2019 three-year rolling time period. The information below highlights relevant utilization data for this region, with community impact ZIP codes highlighted. Rates are calculated per 10,000 population.

22. DFWHC Foundation Regional Data, Q1-Q4, 2017-2019. DFWHC Foundation, Irving Texas. October 19, 2021



Tarrant/Parker Region

Figure 36 shows the Age-Adjusted emergency room (ER) Visit Rate due to Diabetes for the region by ZIP code. Table 9 shows the highest rates are within Tarrant County and the community impact ZIP code 76119 has the highest rate in the region

FIGURE 36. AGE-ADJUSTED ER VISIT RATE DUE TO DIABETES

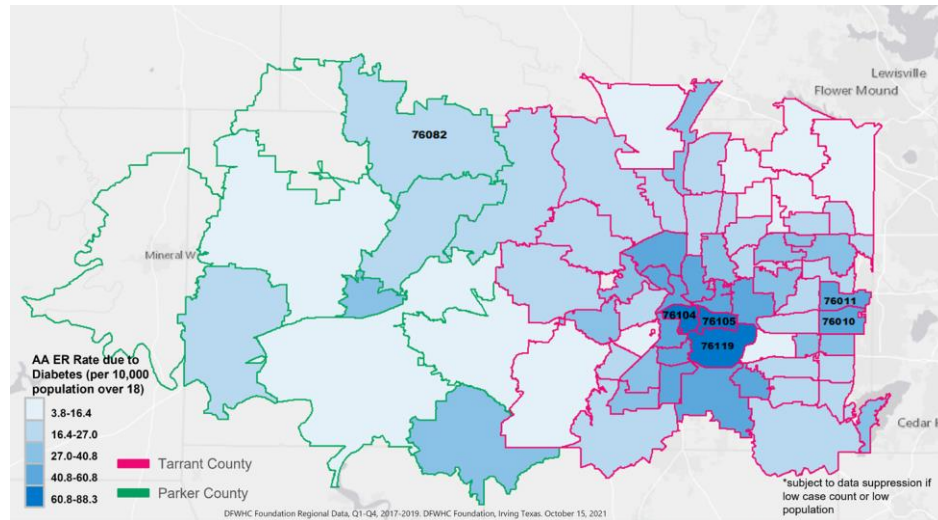


TABLE 9. AGE-ADJUSTED EMERGENCY ROOM VISIT RATES DUE TO DIABETES

COUNTY	ZIP CODE	RATE (PER 10,000 POP OVER 18)
Tarrant	76010	42.0
	76011	52.1
	76104	88.3
	76105	87.2
	76119	74.3
Parker	76082	25.5

Figure 37 shows the Age-Adjusted ER Visit Rate due to Type 2 Diabetes for the region by ZIP code. Table 10 shows the highest rates are within Tarrant County, and the community impact ZIP code 76119 has the highest rate in the region.

FIGURE 37. AGE-ADJUSTED ER VISIT RATE DUE TO TYPE 2 DIABETES

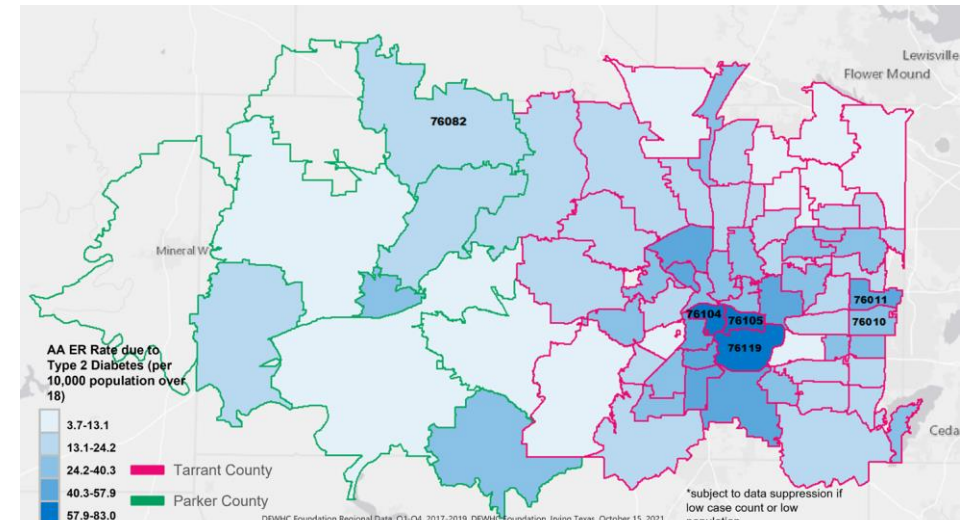


TABLE 10. AGE-ADJUSTED ER VISIT RATES DUE TO TYPE 2 DIABETES

COUNTY	ZIP CODE	RATE (PER 10,000 POP OVER 18)
Tarrant	76010	23.7
	76011	49.0
	76104	83.0
	76105	81.8
	76119	70.5
Parker	76082	38.9

Figure 38 shows the Age-Adjusted ER Visit Rate due to Hypertension for the region by ZIP code. Table 11 shows the highest rates are within Tarrant County, and the community impact ZIP code 76119 has the highest rate in the region.

FIGURE 38. AGE-ADJUSTED ER VISIT RATE DUE TO HYPERTENSION

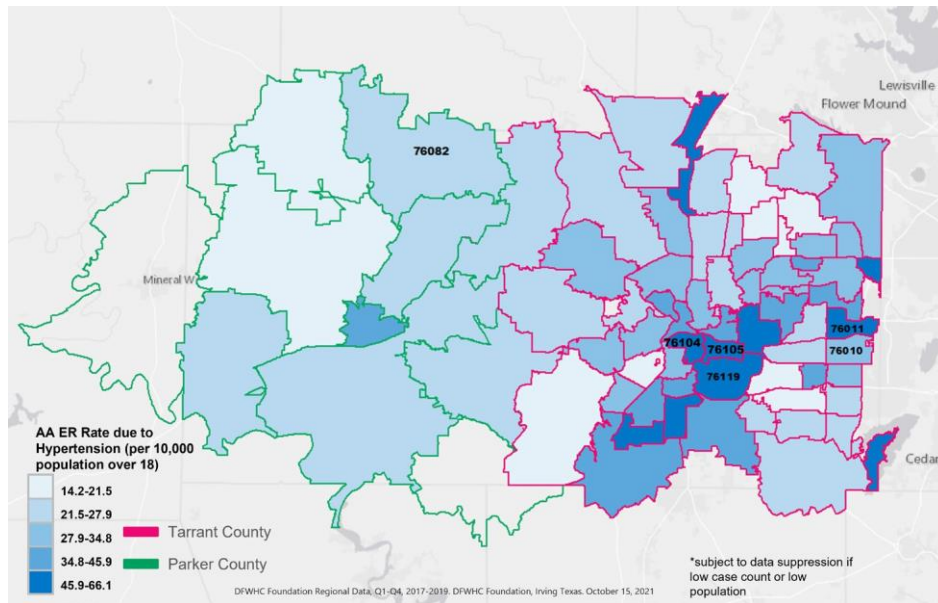


TABLE 11. AGE-ADJUSTED ER VISIT RATES DUE TO HYPERTENSION

COUNTY	ZIP CODE	RATE (PER 10,000 POP OVER 18)
Tarrant	76010	25.8
	76011	51.4
	76104	66.1
	76105	58.5
	76119	62.6
Parker	76082	33.0

Figure 39 shows the Age-Adjusted ER Visit Rate due to Adult Mental Health for the region by ZIP code. Table 12 shows the highest rates are within Tarrant County and the community impact ZIP code 76119 has one of the highest rates in the region. Many ZIP codes within this region have missing data for the 2017-2019 time period due to low case counts.

FIGURE 39. AGE-ADJUSTED ER VISIT RATE DUE TO ADULT MENTAL HEALTH

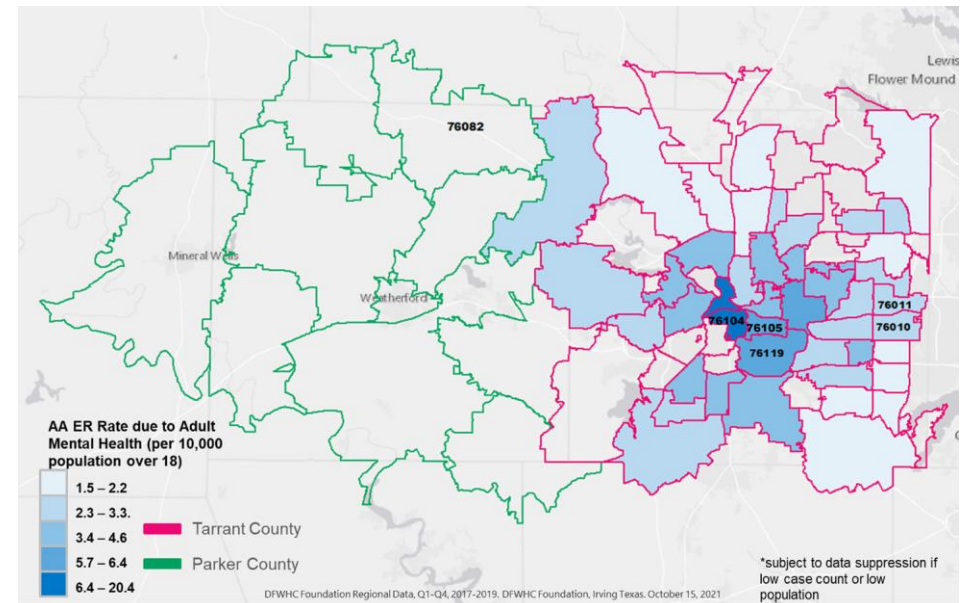


TABLE 12. AGE-ADJUSTED ER VISIT RATES DUE TO ADULT MENTAL HEALTH

COUNTY	ZIP CODE	RATE (PER 10,000 POP OVER 18)
Tarrant	76010	3.0
	76011	2.6
	76104	18.1
	76105	6.4
	76119	6.2
Parker	76082	N/A

Southern Region

Figure 40 shows the Age-Adjusted emergency room (ER) Visit Rate due to Diabetes for the region by ZIP code. The highest rates are within Ellis County. Table 13 shows the Texas Health Community Impact ZIP code 76031 has among the highest rates in the region.

FIGURE 40. AGE-ADJUSTED ER VISIT RATE DUE TO DIABETES

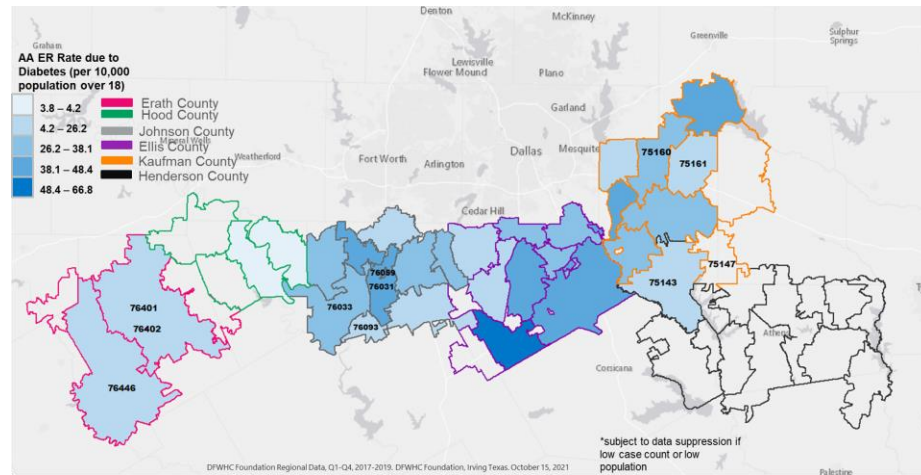


TABLE 13. AGE-ADJUSTED EMERGENCY ROOM VISIT RATES DUE TO DIABETES

COUNTY	COMMUNITY IMPACT ZIP CODE	AA ER VISIT RATE (PER 10,000 POP)
Erath	76401	20.5
	76402	N/A
	76446	25.8
Johnson	76031	48.4
	76033	33.9
	76059	41.1
	76093	24.4
Henderson	75143	18.3
Kaufman	75147	N/A
	75160	31.5
	75161	26.2

Figure 41 shows the Age-Adjusted ER Visit Rate due to Type 2 Diabetes for the region by ZIP code. The highest rates are within Ellis and Johnson counties. Table 14 shows that Texas Health Community Impact ZIP code 76031 has among the highest rates in the region.

FIGURE 41. AGE-ADJUSTED ER VISIT RATE DUE TO TYPE 2 DIABETES

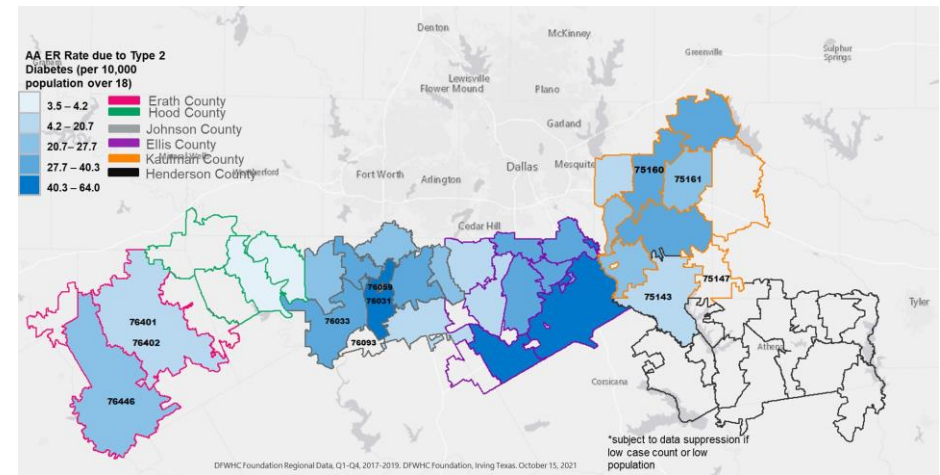


TABLE 14. AGE-ADJUSTED ER VISIT RATES DUE TO TYPE 2 DIABETES

COUNTY	COMMUNITY IMPACT ZIP CODE	AA ER VISIT RATE (PER 10,000 POP)
Erath	76401	18.4
	76402	N/A
	76446	24.6
Johnson	76031	43.9
	76033	29.7
	76059	29.6
	76093	N/A
Henderson	75143	16.4
Kaufman	75147	N/A
	75160	30.2
	75161	23.6

Figure 42 shows the Age-Adjusted ER Visit Rate due to Hypertension for the region by ZIP code. The highest rates are within Ellis and Johnson counties and, as shown in Table 15, Texas Health Community Impact ZIP code 76059 has among the highest rates in the region.

FIGURE 42. AGE-ADJUSTED ER VISIT RATE DUE TO HYPERTENSION

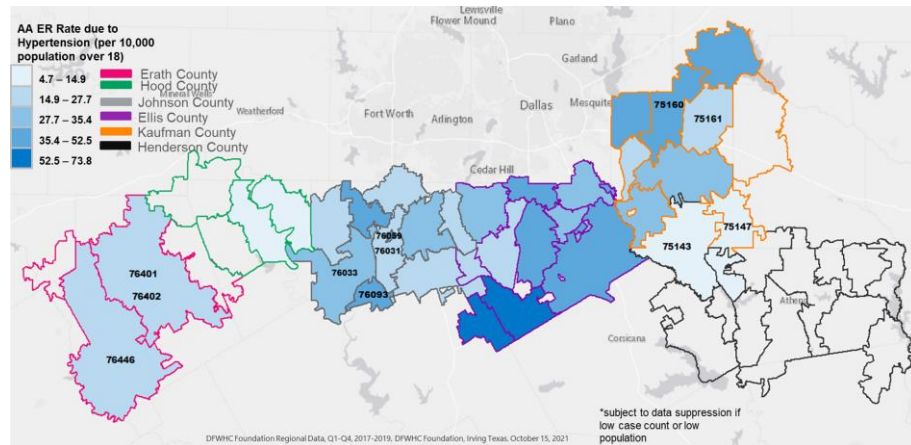


TABLE 15. AGE-ADJUSTED ER VISIT RATES DUE TO HYPERTENSION

COUNTY	COMMUNITY IMPACT ZIP CODE	AA ER VISIT RATE (PER 10,000 POP)
Erath	76401	22.9
	76402	N/A
	76446	19.2
Henderson	75143	14.9
	75161	27.5
Johnson	76031	27.7
	76033	35.4
	76059	39.3
	76093	39.4
Kaufman	75147	8.9
	75160	38.7
	75161	27.5

Figure 43 shows the Age-Adjusted ER Visit Rate due to Adult Mental Health for the region by ZIP code. Figure 16 shows that the Texas Health Community Impact ZIP code 76401 in Erath County has an age-adjusted rate of 3.3 ER visits due to Adult Mental Health. Many ZIP codes within this region have missing data for the 2017-2019 time period due to low case counts.

FIGURE 43. AGE-ADJUSTED ER VISIT RATE DUE TO ADULT MENTAL HEALTH

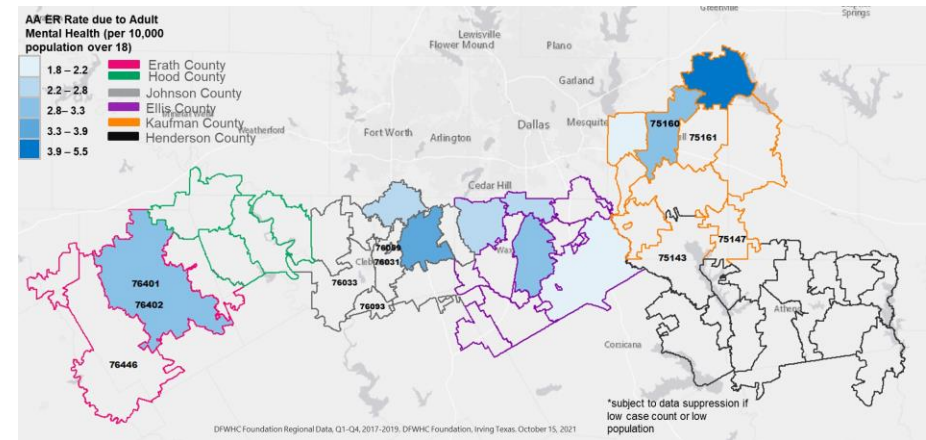


TABLE 16. AGE-ADJUSTED ER VISIT RATES DUE TO ADULT MENTAL HEALTH

COUNTY	COMMUNITY IMPACT ZIP CODE	AA ER VISIT RATE (PER 10,000 POP)
Erath	76401	3.3
	76402	N/A
	76446	N/A
Henderson	75143	N/A
Johnson	76031	N/A
	76033	N/A
	76059	N/A
	76093	N/A
Kaufman	75147	N/A
	75160	3.1
	75161	N/A

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 across all regions, the 41 KIIs took place from October 2021 through March 2022. Each of the interviews were 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.

The 41 KIIs took place 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 Agrilife Extension	Texas Health Hospital Rockwall
Johnson County Family Crisis Center	Wise County
Lakepointe Church	YMCA Tarrant

Key Informant Analysis Results

Transcripts captured during the KIIs were uploaded to the web-based qualitative data analysis tool, Dedoose²³. 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 including 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.

23. 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

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 from November 2021 through May 2022 across all regions. In the Tarrant/Parker Region, there were three focus groups conducted, two English-speaking groups and one Spanish-speaking group. In the Southern Region, there were seven focus groups conducted, three English-speaking groups, one Spanish-speaking, two bilingual (English and Spanish), and one Marshallese group. Table 17 shows the Tarrant/Parker Region focus groups completed and Table 18 shows the Southern Region focus groups completed. 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.

TABLE 17. THE TARRANT/PARKER REGION FOCUS GROUP COMPLETED

NUMBER OF SESSIONS	FACILITATION LANGUAGE	TOTAL COMMUNITY PARTICIPANTS
2	English	11
1	Spanish	5

TABLE 18. SOUTHERN REGION FOCUS GROUPS

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

An array of residents and employees from the Tarrant/Parker and the Southern 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 19 illustrates the top themes from the Tarrant/Parker Region analysis of the transcripts:

TABLE 19. KEY INFORMANT INTERVIEWS & FOCUS GROUP THEMES — THE TARRANT/PARKER REGION

TOP HEALTH CONCERNS/ISSUES	SOCIAL DETERMINANTS OF HEALTH	IMPACTED POPULATIONS
Healthcare Access and Quality Lack of insurance/underinsured, transportation barriers, lack of providers—specifically bilingual, dentists, mental health providers, lack of education in different languages	Food Insecurity/food accessibility Housing Transportation Lack of or limited insurance	Black/African Americans: not serviced as well as others due to discrimination/bias/racism Groups experiencing abuse: women/children, sexual assault victims
Mental Health & Mental Disorders Isolation accelerated health conditions in the elderly population (dementia, more falls, more anxiety), suicide increase amongst teenagers and young Hispanic men, lack of availability of affordable counseling resources, substance abuse disorder treatment programs	Economic instability/ Employment Language barriers	Hispanic/Latino population Low-income families Migrant/Immigrant/Refugee/ Undocumented populations: fear of government in seeking care/services Older adults
Chronic Conditions Heart conditions: hypertension, high blood pressure due to stress, diabetes		People experiencing homelessness Uninsured/underinsured/coverage gap groups: low-income families making too much money to qualify for Medicaid, but can't afford insurance
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		

Table 20 illustrates the top themes from the Southern Region analysis of the transcripts:

TABLE 20. KEY INFORMANT INTERVIEWS & FOCUS GROUP THEMES — SOUTHERN REGION

TOP HEALTH CONCERNS/ISSUES	SOCIAL DETERMINANTS OF HEALTH	IMPACTED POPULATIONS
<p>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 accepts their insurance; financial barriers—lack of insurance/underinsured, high costs, provider not accepting Medicaid; language/cultural barriers contribute to mistrust</p> <p>Mental Health & Mental Disorders: Lack of providers—psychiatrists, school counselors, SANE exam providers; long waiting lists</p> <p>Chronic Conditions: Diabetes, heart conditions: hypertension, high blood pressure due to stress</p> <p>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</p>	<p>Food Insecurity/food accessibility</p> <p>Housing</p> <p>Transportation</p> <p>Lack of or limited insurance</p> <p>Economic instability/employment</p> <p>Language barriers</p> <p>Lack of access to space for Physical Activity (parks, community centers)</p>	<p>Black/African Americans: not serviced as well as others due to discrimination/bias/racism</p> <p>Groups experiencing abuse: women/children, sexual assault victims</p> <p>Single parent households</p> <p>Non-English speaking populations</p> <p>Homeless population</p> <p>Older adults</p> <p>Individuals living in rural areas</p> <p>Low-income families/groups that don’t qualify for Medicaid “coverage gap”</p>



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 13 participants completed the online survey and two attended the follow-up session. Table 21 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 21. LISTENING SESSION ORGANIZATIONS-ALL REGIONS

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

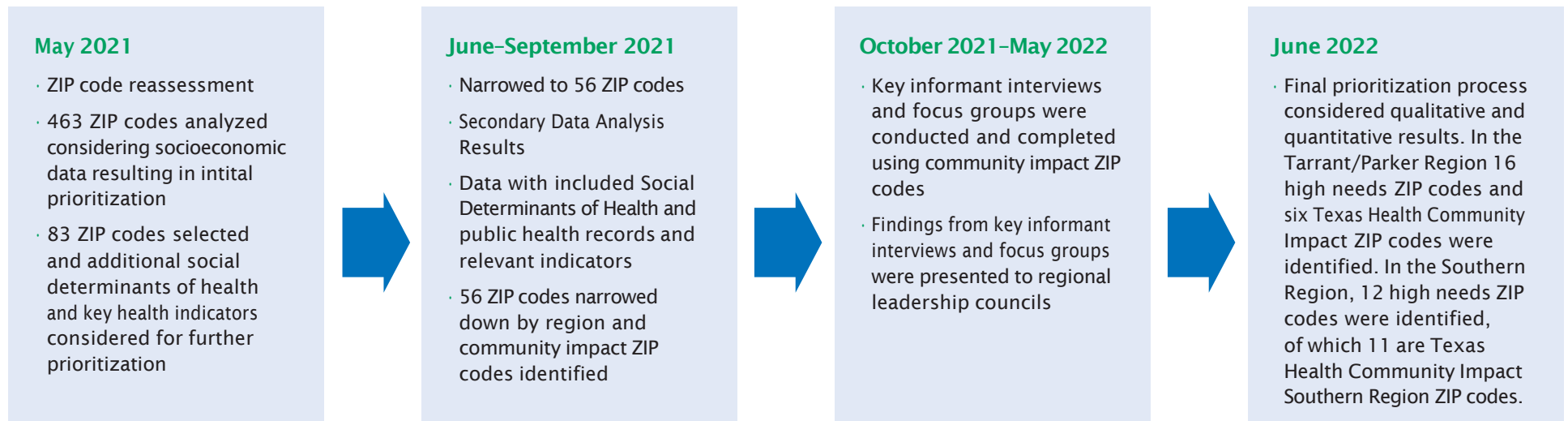


Prioritization Process

Initial ZIP Code Prioritization

To identify high-need ZIP codes within and outside of the Texas Health Resources service areas and to narrow the focal area from 463 ZIP codes across 12 counties to 83 ZIP codes, then to 56 ZIP codes, Texas Health utilized the SocioNeeds Index® Suite as well as other socio-demographic data and key health indicators. Of the 56 ZIP codes across the 12-county area that were considered, 16 of them were identified as high priority ZIP codes and of those, six were identified as the community impact ZIP codes from the Tarrant/Parker Region. In the Southern Region, 12 ZIP codes were identified as high need and of those, 11 were identified for the Texas Health Community Impact Southern Region efforts. Figure 44 demonstrates the prioritization steps.

FIGURE 44. 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

Tarrant/Parker Region

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 this region, the six ZIP codes that were chosen as the final target areas were 76010, 76011, 76104, 76105, and 76119 in Tarrant County and 76082 in Parker County. Each of the ZIP codes identified falls within Texas Health service area. 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 Council for the Tarrant/Parker Region in selecting issues that fell within the prioritized health areas of Awareness, Health Literacy and Navigation, Behavioral Health, or Chronic Disease. They also considered any social determinants of health that may contribute to these issues. Based on these considerations, the Texas Health Community Impact Leadership Council for the Tarrant/Parker Region elected to focus on Access to Healthcare, Chronic Disease, and Access to Healthy Foods focusing on low-income communities across all six ZIP codes. Table 22 lists the target ZIP codes and health priority areas.

TABLE 22. HEALTH PRIORITY AREAS IN THE TARRANT/PARKER REGION

COUNTY	ZIP CODE	HEALTH PRIORITY AREA
Tarrant	76010	• Access to Healthcare, including access to mental health services
	76011	
	76104	• Chronic Disease
	76105	
	76119	
Parker	76082	• Food Insecurity/Access to Healthy Foods

Health Priority Areas

The following section provides a deeper look into each health priority to understand how findings from the primary and secondary data led to the health topic becoming a significant need. Texas Health partners with several community-based organizations (CBOs) across the region. The Texas Health Community Impact Leadership Councils are comprised of key leaders from these CBOs, who have an understanding of the community needs and are valued and trusted by residents, leaders, faith communities, and organizations. With their input, we can better understand each region's health needs to design and implement upstream solutions. The priorities are presented below.

Access to Healthcare

Access to Healthcare was selected as a priority area for the Tarrant/Parker Region. Healthcare access and quality is the connection between people's access to care, understanding of health services, and their own health²⁴. Access to healthcare was identified as a top concern in the Tarrant/Parker Region KII and focus groups. One of the most common problems in gaining access to health services was lack of transportation. Some barriers identified in the primary data collection are listed below.

Barriers

- Aging populations not able to access medical services due to lack of transportation
- Difficult for individuals/families to go to doctor appointments/follow-ups due to one vehicle homes or no vehicles
- Lack of financial resources (cost) to gain access to public transportation services
- Lack of public transportation in rural areas
- Underinsured, uninsured
- Low income populations

24. Centers for Disease Control and Prevention (2022). Social Determinants of Health. [cdc.gov/socialdeterminants/about.html](https://www.cdc.gov/socialdeterminants/about.html)

Mental Health

Improving quality of life in adults 18+ by improving access to mental health services is another focus of the Tarrant/Parker Region. Mental Health and Mental Health Disorders are terms used in a spectrum of health conditions which are each distinct yet often co-occurring and overlapping²⁵. Mental Health was identified as a top health concern impacting the Tarrant/Parker Region by key informants and focus group participants. Mental health was discussed throughout a variety of health issues. Some challenges/barriers are listed below.

Barriers

- 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

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 barriers²⁶. Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. 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. 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 25. As shown in table 14, the highest need ZIP codes in this region are located mostly in Tarrant County. The Mental Health Index can be used in addition to the KIIs and focus group data shown to help direct mental health resources within the region.

FIGURE 45: THE TARRANT/PARKER REGION: MENTAL HEALTH INDEX

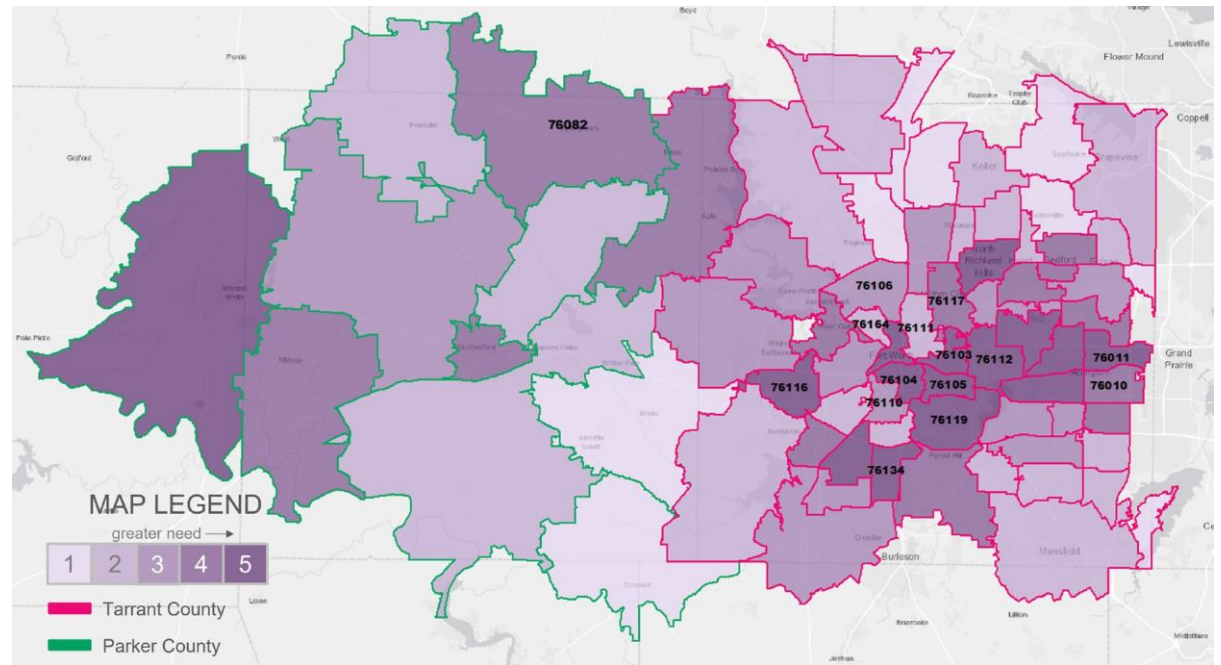


TABLE 23. TARRANT/PARKER REGION PRIORITIZED ZIP CODES: MENTAL HEALTH INDEX VALUES

COUNTY	ZIP CODE	MHI VALUE
Tarrant	76010	48.4
	76011	67.8
	76103	69.7
	76104	78.4
	76105	70.2
	76106	32.2
	76110	35.4
	76111	25.1
	76112	86.7
	76115	27.7
	76116	81.0
	76119	83.9
	76134	68.5
76164	26.4	
Parker	76082	47.9

25. SAMHSA. (2022). Co-Occurring Disorders and Other Health Conditions. <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/co-occurring-disorders>

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

Chronic Disease

Chronic diseases include conditions that last one year or longer and require on-going medical attention or limit activities of daily living or both²⁷. Chronic conditions (high blood pressure, diabetes) are focus areas for the Tarrant/Parker Region and were top concerns in the KII and focus groups. Some findings identified are listed in Table 24.

TABLE 24: KEY FINDINGS FROM PRIMARY DATA

HIGH BLOOD PRESSURE	DIABETES
<ul style="list-style-type: none"> Heart conditions: Hypertension, high blood pressure due to stress Heart Disease/ High Blood Pressure exacerbated by COVID-19 Language-not able to speak English, health provider not able to communicate in same language (Spanish) Lack of access to technology-not having access to computers/ technology Low income 	<ul style="list-style-type: none"> Diabetes management-affecting minority communities (African American and Hispanic populations) Diabetes management compounding low-income populations, language(difficulty access services in Spanish) barriers, technology access, generational cycle of poor nutrition and weight management Cost of insulin (unaffordable or inaccessible) Lack of access to medical support and educational materials

27. About Chronic Diseases, 2022

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

Food Insecurity/Access to Healthy Foods

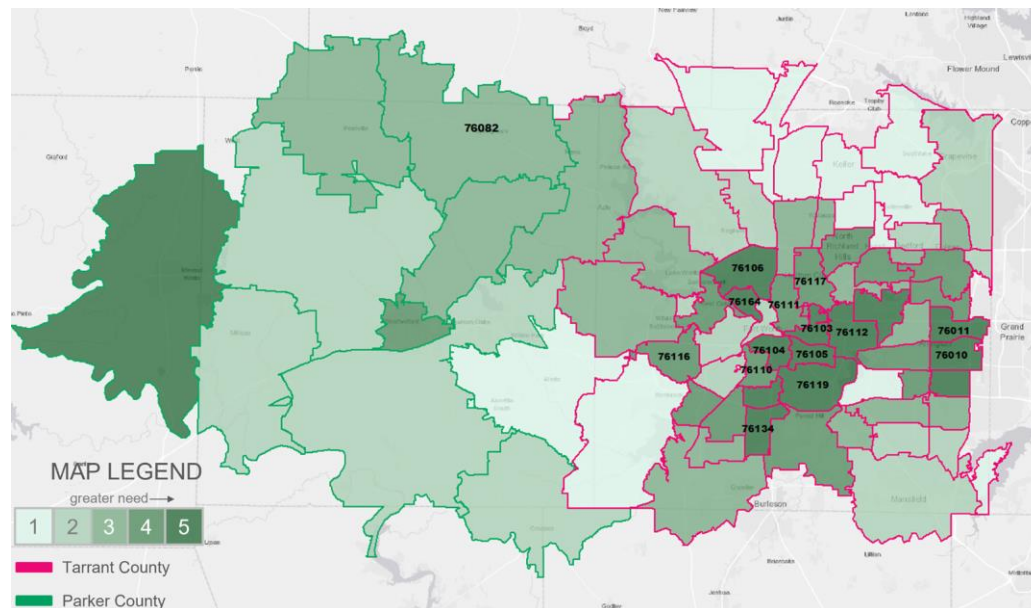
Food insecurity is defined as a lack of consistent access to enough food for every person in a household to live an active, healthy life²⁸. Food Insecurity was selected as a focus area in the Tarrant/Parker Region and was a top concern in the KIIs and focus groups. Many communities face barriers to accessing food due to living in food deserts, rising cost of food, poverty, unemployment, or low income. 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 46. As shown in Table 25, most of the prioritized ZIP codes in this region are identified as having the highest economic and social burden for the area. This affects Tarrant County more than Parker County.

TABLE 25. FOOD INSECURITY INDEX VALUES FOR TARRANT/PARKER REGION

COUNTY	ZIP CODE	FII VALUE
Tarrant	76010	95
	76011	90.8
	76103	86.3
	76104	94.6
	76105	96.8
	76106	91.1
	76110	69.3
	76111	67.8
	76112	89.6
	76115	94.8
	76116	73.3
	76117	71.5
	76119	94
76134	83	
76164	84.8	
Parker	76082	48.8

FIGURE 46. FOOD INSECURITY INDEX MAP



Southern Region

Texas Health worked with the Texas Health Community Impact Southern Leadership Council in selecting issues that fell within the prioritized health areas of Awareness, Health Literacy and Navigation, Behavioral Health, or Chronic Disease. They also considered any social determinants of health that may contribute to these issues. Based on these considerations, Texas Health Community Impact Leadership Council for the Southern Region elected to focus on healthcare access and navigation and mental health across the 11 ZIP codes. Table 26 summarizes the Health Priority Areas within each ZIP code.

TABLE 26. HEALTH PRIORITY AREAS IN THE SOUTHERN REGION

COUNTY	ZIP CODE	HEALTH PRIORITY AREA
Erath	76401	· Healthcare Access & Navigation
	76402	
	76446	· Mental Health
Henderson	75143	
Johnson	76031	
	76033	
	76059	
	76093	
Kaufman	75147	
	75160	
	75161	

Health Priority Areas

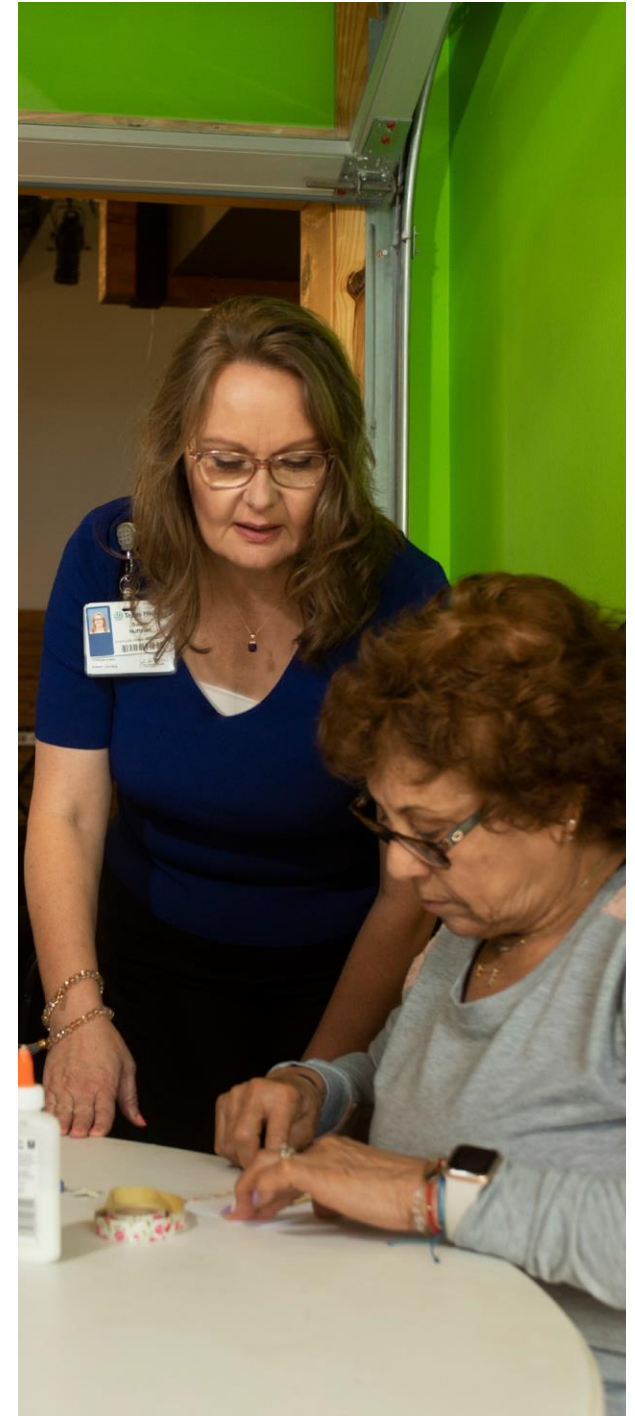
The following section provides a deeper look into each health priority to understand how findings from the primary and secondary data led to the health topic becoming a significant need. The Texas Health partners with several community-based organizations (CBOs) across the region. The Texas Health Community Impact Leadership Council are comprised of key leaders from these CBOs, who have an understanding of the community needs and are valued and trusted by residents, leaders, faith communities, and organizations. With their input, we can better understand each region's health needs to design and implement upstream solutions. The priorities are presented below.

Healthcare Access and Quality

Healthcare access is the connection between people's access to care, understanding of health services, and their own health²⁹. Access to healthcare was identified as a top concern in the Southern Region through KII and focus groups. One of the most common problems in gaining access to healthcare services was lack of or limited insurance. Other barriers identified in the primary data collection are listed below.

- Due to the pandemic, delay in care
- Lack of resources to help with the cost of medications
- Lack of communication between healthcare and community leadership
- Lack of transportation (bus passes, patient navigation program)
- Need for psychiatric services for those without insurance
- Lack of clinics in rural areas
- More education/training in the community: CPR, mental health, COVID-19 vaccines

29. Centers for Disease Control and Prevention (2022). Social Determinants of Health. [cdc.gov/socialdeterminants/about.html](https://www.cdc.gov/socialdeterminants/about.html)



Mental Health

Mental Health and Mental Health Disorders are terms used for a spectrum of health conditions which are each distinct yet often co-occurring and overlapping. Mental Health and Mental Disorders were identified as a top health concern impacting Southern Region communities by key informants and focus group participants. Mental health was discussed throughout a variety of health issues. Some challenges/barriers are listed below.

- Isolation led to severe depression and anxiety (past childhood experiences exacerbate PTSD anxiety)
- Isolation led to an increase in substance abuse and addiction
- Increased amount of duress due to social isolation (increase in teen suicide, youth anxiety, depression, older adults dealing with isolation)
- Aging related issues like isolation, dementia, unintentional injuries/falls, balance has become worse
- Need for a mental health virtual assessment before being sent to hospital

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 barriers³⁰. Conduent's Mental Health Index (MHI) is a measure of socioeconomic and health factors correlated with self-reported poor mental health. 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. 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 47. As shown in Table 27, the highest need ZIP codes in this region are located mostly in Henderson and Kaufman counties. The Mental Health Index can be used in addition to the data shown below to help direct mental health

FIGURE 47: SOUTHERN REGION: MENTAL HEALTH INDEX

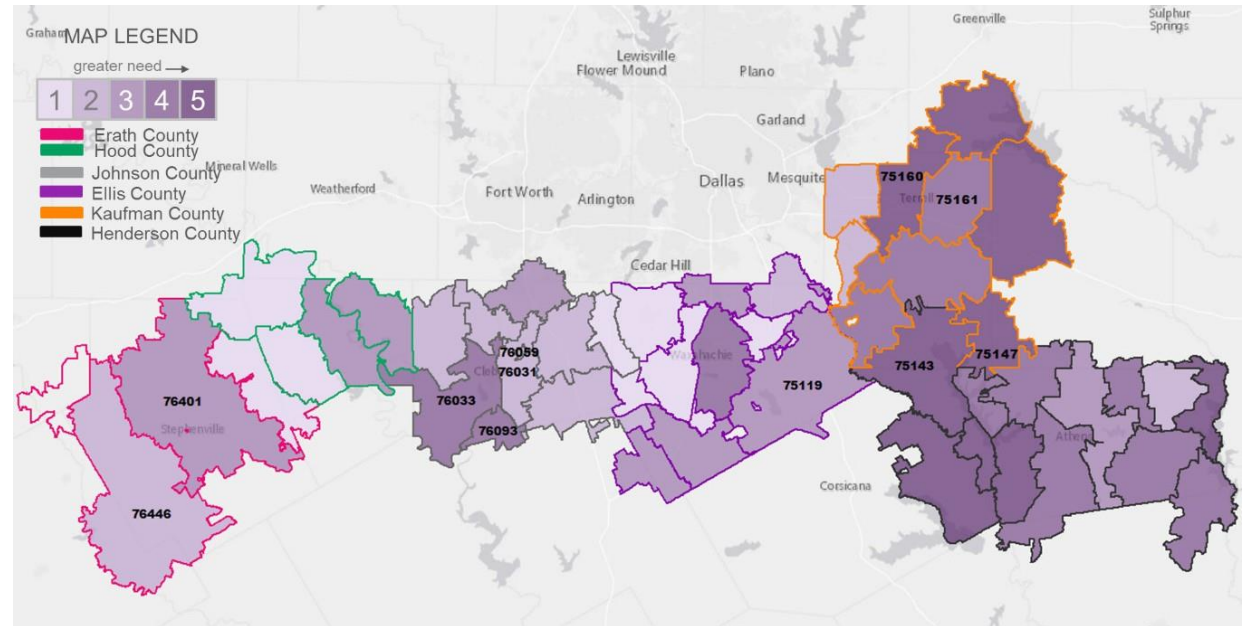


TABLE 27. SOUTHERN REGION PRIORITIZED ZIP CODES: MENTAL HEALTH INDEX VALUES

COUNTY	ZIP CODE	MHI VALUE
Ellis	75119	29.8
Erath	76401	33.2
	76402	N/A
	76446	15.7
Henderson	75143	77.5
Johnson	76031	19.0
	76033	51.5
	76059	15.5
	76093	46.3
Kaufman	75147	68.0
	75160	86.2
	75161	62.0

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

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. KII 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 outlines opportunities for on-going work in the Tarrant/Parker and Southern Regions as well as potential for future impact.



Tarrant/Parker Region

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. Responses included:

- Advocacy
 - » More advocacy at federal/state level to bring greater awareness to create more funding & solutions for dementia
 - » Support for public school funding: voting on four bond packages to strengthen public schools
 - » Increased involvement with state/federal legislative policy (if Texas Health is working in these spaces, they need to have a voice at the table in Austin and in D.C. that is loud and not overlooked)
- Partnerships
 - » Establishing partnerships to facilitate/offer internships in medical field; identify educational institutions to prepare individuals for medical field jobs
 - » Partnership with community center to connect people with services (vaccines, mental health counseling, mammograms, services for diabetics)
 - » Partnering for health fair type events at Tarrant County College campuses (educational sessions, trainings, informational sessions, blood pressure checks/screenings)
- Funding
 - » Funds to hire community health worker/additional social workers to do resource navigation—prescription enrollment, programming
 - » Funding professional positions at non-profits i.e. grant administrator
 - » Financing postcards with clinic advertised in Spanish and English, resources to do a mailing to promote events, translating materials to Spanish

- Community Education
 - » Educational literature materials to send to colleges to distribute amongst staff
 - » Health trainings/sessions at monthly meetings (college can host events for health education sessions with Texas Health as a partner/educator i.e. breast cancer awareness month)
 - » Diabetes educational materials
 - » Health fairs, on-site nutritional classes, educational workshop, farmers market
- Mobile Care Units
 - » Stationed one to two days on each college campus
 - » Bringing mobile clinics near central community points to reduce barriers/increase trust (i.e. Hispanic community utilizes specific supermarkets)
 - » Pop-up clinics within community centers, renting space in places already in these neighborhoods (churches, non-profit buildings)

Disparities and Barriers

Significant community health disparities were assessed in both the primary and secondary data collection processes as described in the Social and Economic Determinants of Health section of this report. Potential disparities in the Tarrant/Parker Region 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:

- Challenges with transportation, including personal access to vehicles and public transportation
- Affordable housing, lack of affordable options, increasing prices/rent with increase in wages
- Delay in care/access to health services, unaffordable costs of medications, loss of insurance due to unemployment, language, difficulty accessing services in Spanish)
- Lack of local healthy foods sources, food deserts
- 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 towards our goal of building healthier communities.



Southern Region

Solutions

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

Access to Care

- Resources to help with cost of medication
- Better/more open communication between healthcare and community leaders
- Addressing transportation needs (bus passes, patient navigation program)
- Opening clinics in rural areas
- Mental health virtual assessments (clients get sent to the hospital, Texas Health Huguley Hospital, and they end up doing the virtual meeting anyways with the psychiatrist so it would help if you had access to that first instead of having to send clients to the hospital)

Community Education

- Education/training in the community: CPR, mental health education, COVID-19 vaccine

Provider capacity

- Availability of psychiatric services for those without insurance
- Local SANE nurse: minimize waiting time for nurse to travel from Fort Worth to Stephenville to do SANE exam
- Funding for staffing counseling positions, assisting with community outreach support to increase awareness (i.e., what is consent, what is sexual assault, demographics it effects, better understanding of victim behavior, why people don't report, why cases aren't prosecuted when they should be)
- Train staff to identify abuse in the hospitals through screenings
- Provide trauma-informed care: to identify how the client got to where they are rather than focusing on the current situation/problem
- More mental health providers and dentists

Disparities and Barriers

Significant community health disparities are assessed in both the primary and secondary data collection processes. Potential disparities in the Southern Region include people below the poverty level, people age 25+ with a bachelor's degree or higher, and mean travel times to work. The percentage of people living below poverty level in Erath and Henderson counties is higher than other counties within the region and the Texas state value. However, poverty rates vary by race or ethnicity for all counties within the Southern Region. 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:

- Difficulties navigating the health system "health literacy"
- Challenges with transportation
- Affordable housing, loss of employment led to loss of income, which led to inability to keep up with rent/mortgage
- Financial barriers: lack of or limited health insurance, costs associated with treatment "out of pocket expenses," loss of insurance due to loss of employment from pandemic, providers not accepting Medicaid, people that don't qualify for Medicaid in the coverage gap (making enough money that they don't qualify but can't afford insurance)
- Technology, internet barriers, not having access to the internet and/or technology (computers, laptops)
- Language barriers & cultural barriers leading to mistrust of the health system

- Health system capacity problems: staffing shortages, limited services available, provider shortages, limited availability of clinic hours, months-long waiting lists
- Childcare, unaffordable daycare for families leading to inability to work
- Built environment: food insecurity/food deserts & lack of access to healthy foods
- Discrimination and systemic racism have led to the current health inequities communities are experiencing

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 towards our goal of building healthier communities.

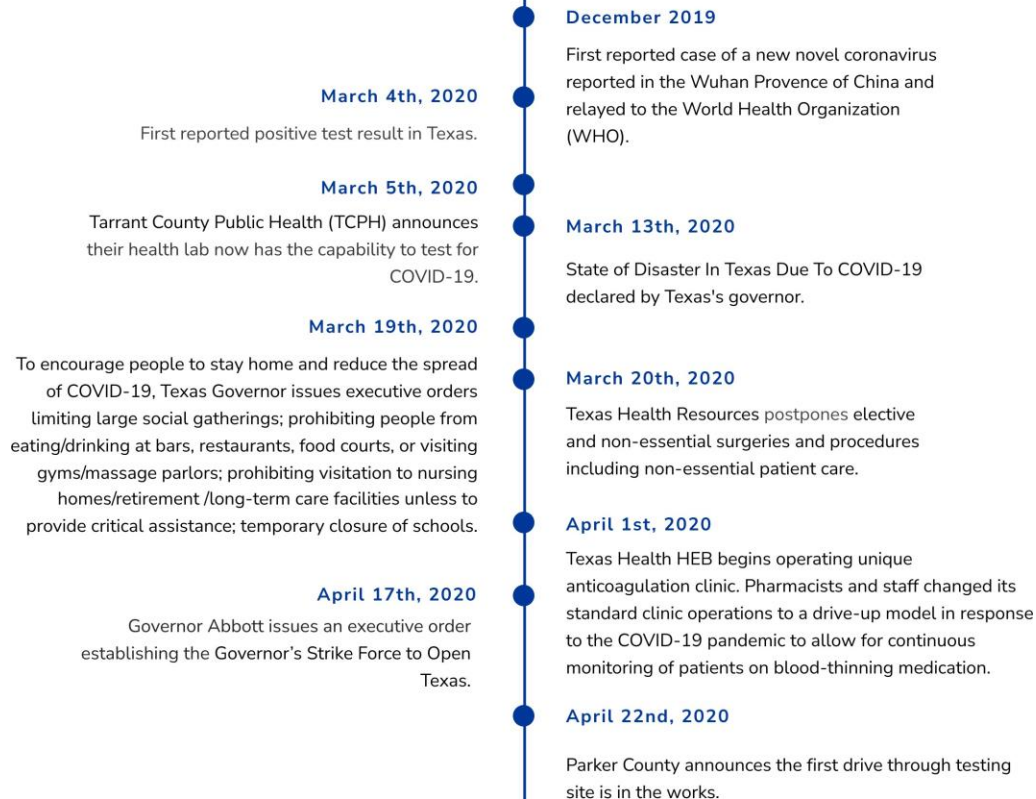


COVID-19 Snapshot

COVID-19 Community Impact Timeline

COVID-19 Community Impact Timeline:

COVID - 19



Sources

- <https://www.who.int/>
- <https://www.tarrantcounty.com/en/public-health/news/2020.html>
- <https://www.parkercountytx.com/470/COVID-19-News>
- <https://gov.texas.gov>
- <https://www.businessinsider.com/coronavirus-pandemic-timeline-history-major-events-2020-3>

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](#)³¹. 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 System service area. These data were collected from October 2021 to May 2022. Findings are reported on the next page.

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

Unemployment Rates

For the Tarrant/Parker Region, unemployment rates rose between March and April 2020 when stay-at-home orders were first announced. Illustrated in Figure 48, as counties began slowly reopening some businesses in late 2020, the unemployment rate gradually began to decrease. As of early 2022, unemployment rates have stabilized and are close to pre-pandemic rates. When unemployment rates rise, there is a potential impact on health insurance coverage and healthcare access if jobs that are lost include employer-sponsored healthcare.

For the Southern Region, unemployment rates rose between March and April 2020 when stay-at-home orders were first announced. As illustrated in Figure 49, as counties began slowly reopening some businesses in late 2020, the unemployment rate gradually began to decrease. As of early 2022, unemployment rates have stabilized and are close to pre-pandemic rates. When unemployment rates rise, there is a potential impact on health insurance coverage and healthcare access if jobs that are lost include employer-sponsored healthcare.

FIGURE 48: UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE, JAN 2020 – FEB 2022

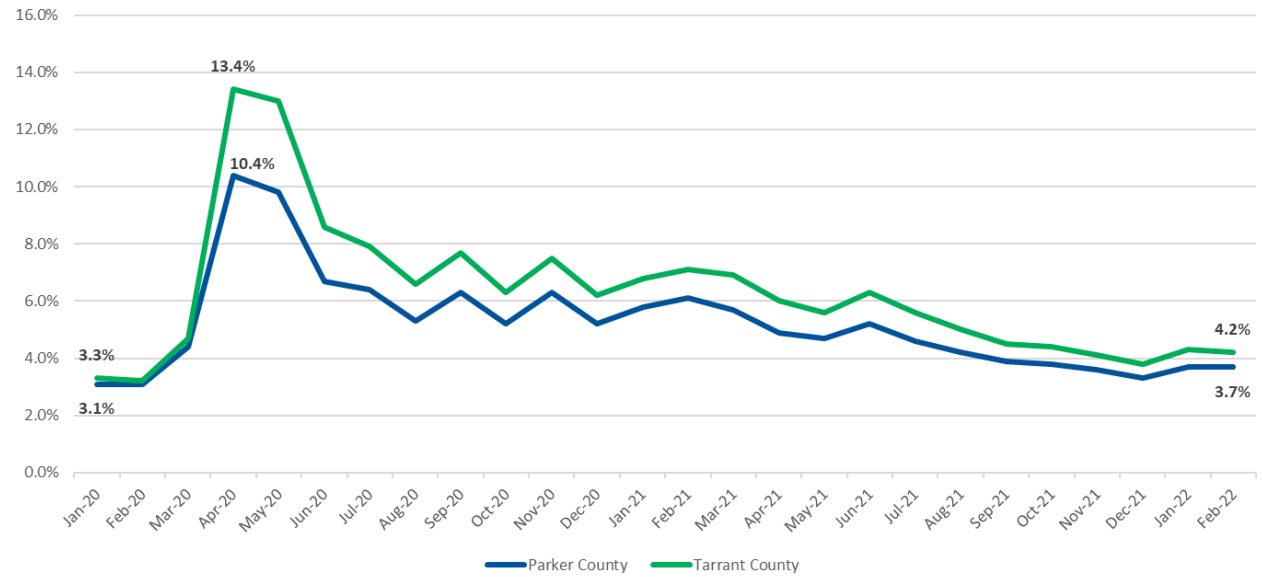
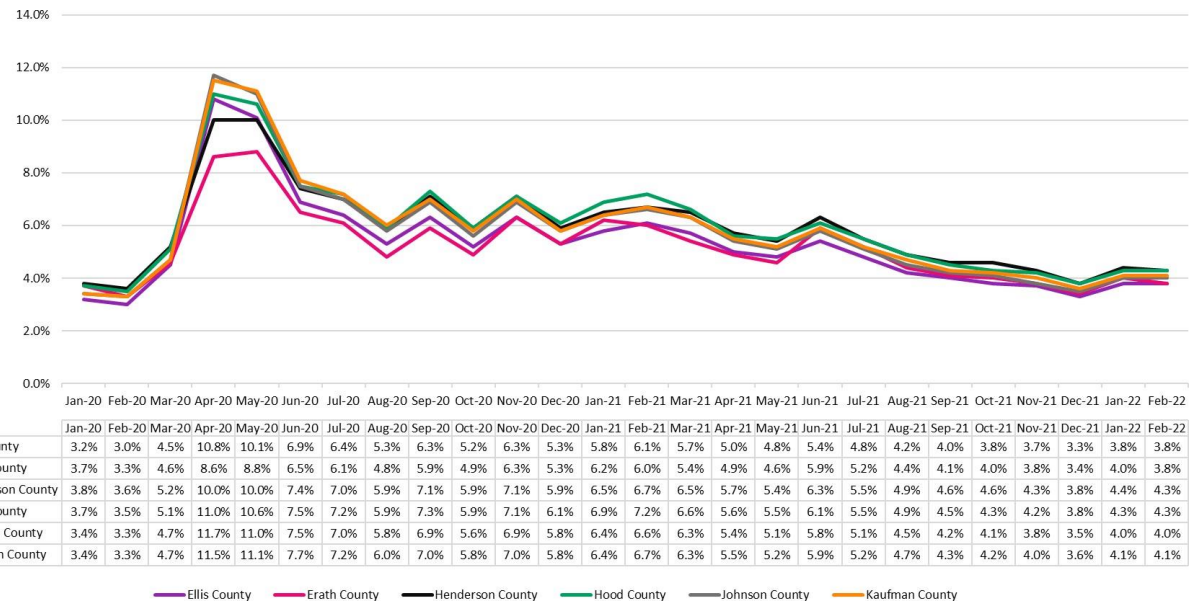


FIGURE 49: UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE, JAN 2020 – FEB 2022



COVID-19 Cases and Deaths in Texas

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

Tarrant/Parker and Southern Regions Community Feedback

Both KII and focus group sessions included questions to capture insights and perspectives on the health needs of the Tarrant/Parker and Southern Regions. Participants were specifically asked about the biggest challenges their households were currently facing during COVID-19.

Key Informant Interviews and Focus Group Input

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

Tarrant/Parker Region

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 Healthcare System**
 - » Affects access to care as people are reluctant to trust hospitals (misinformation from Facebook, radio and news sources), politicization of the pandemic

COVID-19 Socioeconomic Challenges

- **Childcare:** unaffordable daycare for families leads to inability to work (parents choosing between childcare or work)
- Technology/internet barriers
- Transportation
- **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
 - » Lack of affordable options
 - » Increasing housing prices/rent without increase in wages



Southern Region

COVID-19 Impact or Challenges

· Mental Health/Substance Abuse

- » Isolation led to depression and anxiety (past childhood experiences exacerbate PTSD anxiety)
- » Isolation led to an increase in substance abuse and addiction
- » Increased amount of duress due to social isolation (increase in teen suicide, youth anxiety, depression, older adults dealing with isolation)
- » Aging related issues like isolation, dementia, unintentional injuries/falls, balance has become worse

· Delay in Care/Access to Healthcare

- » Health system capacity problems: hospitals full of COVID-19 patients so other emergencies and services were delayed
- » Delay in care led to exacerbation of chronic conditions
- » Delay in accessing preventative healthcare

· Violence/Abuse

- » Abuse/neglect: domestic violence, child abuse, intimate partner violence all worsened in severity
- » More need for protective orders, lethality increased, and cases presented more severely at the hospital
- » COVID-19 exacerbated the trauma children were facing because of abuse
- » Domestic violence & child abuse is of greater concern due to COVID-19/social environment at home

COVID-19 Socioeconomic Challenges

- Childcare: Unaffordable daycare for families leads to inability to work (parents choosing between childcare or work)
- Food insecurity/food accessibility: Food deserts, rising cost of food

- Financial/economic impacts:
 - » Unemployment led to loss of health insurance/loss of income
- Housing:
 - » Limited affordable options which COVID-19 exacerbated (i.e. Cannot afford rent/mortgage evictions)

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>

- » Tarrant County, Texas: <https://www.tarrantcounty.com/en/public-health/disease-control---prevention/COVID-19.html>
- » Parker County COVID-19 Updates: <https://www.parkercountytx.com/456/COVID-19-Update>
- » Earth County Environmental Health Department: <https://co.erath.tx.us/199/Environmental-Health>
- » Ellis County Texas: <https://www.co.ellis.tx.us/766/COVID-19>
- » Henderson County: <https://www.henderson-county.com/>
- » Hood County: <https://co.hood.tx.us/772/Infectious-Diseases>
- » Kaufman County: <https://www.kaufmancounty.net/county-government/covid-19-information/>
- » Johnson County: <http://www.cleburne.net/1250/Coronavirus-COVID-19>

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 the Texas Health 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 the Texas Health Community Impact Leadership Council of the Tarrant/Parker and Southern Regions 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 implement additional programming in new areas. These ongoing strategic conversations will allow Texas Health to build stronger community cross sector collaborations and make smarter, more targeted investments to improve the health of the people in the communities we serve.

Conclusion

The CHNA for the Tarrant/Parker and Southern Regions utilized a comprehensive set of secondary data indicators to measure the health and quality of life needs for the Tarrant/Parker and Southern Regions primary service areas 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 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

The following support document is an addendum specific to Texas Health Huguley and Texas Health Hospital Mansfield. It includes how the Hospitals defined their community, additional data sources and asset inventories specific to the communities served and finalized priorities.

D. AdventHealth Addendum



AdventHealth Addendum to the
2022 Community Health Needs Assessment
for
Texas Health Huguley Hospital Fort Worth South
And Texas Health Hospital Mansfield

December 2022

Texas Health Huguley Hospital Fort Worth South

Texas Health Huguley, Inc. dba Texas Health Huguley Hospital Fort Worth South (THH) was organized in 2012 as a joint venture hospital between Texas Health Resources (THR) and Adventist Health System Sunbelt Healthcare Corporation, dba AdventHealth (AH). THR owns 51% of the membership of THH with AH owning the remaining 49%. AH manages the daily operation of THH.

In this document, the hospital is referred to as “Texas Health Huguley.” Texas Health Huguley is a 291-bed acute care hospital located on I-35W in south Fort Worth in Tarrant County. It primarily serves Johnson and part of Tarrant Counties. Hospital services include a level 4 emergency department, medical & cardiac intensive care units, a progressive care unit, open heart surgery center, a women’s center, general surgery, orthopedics & spine surgery, lab, imaging, wound care and hyperbaric services and behavioral health services.

Texas Health Hospital Mansfield Hospital

Texas Health Hospital Mansfield (THHM) is owned by Texas Health Huguley, Inc. and therefore operates as a part of the joint venture between Texas Health Resources and AdventHealth. Texas Health Hospital Mansfield believes that total health is achieved through a balance of physical, mental, social, and spiritual well-being.

Texas Health Hospital Mansfield includes a licensed 59-bed acute care hospital and an 80,000 square foot medical staff office building that houses primary care and specialty practices, as well as an outpatient center offering lab, therapy, and imaging services. Hospital services include an emergency department, cardiovascular, orthopedics, general surgery, and women’s services.

This 2022 CHNA is the first for THHM. References in the regional CHNA to “building upon the 2019 CHNA” reflects THR’s historical process for completing a system-wide assessment.

Community Health Needs Assessments

A Community Health Needs Assessment (CHNA) is conducted every three years — including 2022 — to serve the communities as well as fulfill IRS requirements for not-for-profit hospitals. A Community Health Plan (CHP) designed to meet the CHNA identified needs is also part of the process; the 2023-2025 CHPs for THH and THHM will be posted on the AdventHealth website prior to May 15, 2023.

2022 THR Regional Community Health Needs Assessment

Texas Health Huguley and Texas Health Hospital Mansfield are included in a regional CHNA in cooperation with THR and Conduent Healthy Communities Institute (HCI), a healthy communities consulting firm. This addendum to the regional CHNA focuses specifically on the more defined communities that Texas Health Huguley and Texas Health Hospital Mansfield serve and is intended to be a joint CHNA between these two collaborating hospital organizations. For purposes of this CHNA, both Texas Health Huguley and Texas Health Hospital Mansfield define their communities to be the same. As discussed below, the prioritized health needs identified in the regional CHNA were refined and distinguished in order to focus on the more specific needs of the communities served by both Texas Health Huguley and Texas Health Hospital Mansfield. In addition to the information discussed in the regional CHNA, this addendum provides information on additional data sources and asset inventories specifically relevant to Texas Health Huguley and Texas Health Hospital Mansfield.

For the CHNA, the Texas Health Community Impact Leadership Councils were comprised of community leaders responsible for selecting issues in prioritized health areas, recommending outcome driven programs and collaborators. The five councils represent each of the five regions in the Texas Health service area defined as Collin, Dallas/Rockwall, Tarrant/Parker, Denton-Wise, and Southern, which includes (Ellis, Erath, Hood, Johnson and Kaufman counties). In addition, the Texas Health Community Impact Board serves as a system-wide strategic advisory group and fiduciary board that, in 2022, allocated \$8.0 million dollars for community health improvement efforts in the THR service area.

The regional CHNA identified the following priority health needs for the Tarrant/Parker and Southern regions: mental health, chronic disease, food insecurity/access to healthy foods, and access to healthcare and navigation. Texas Health Huguley and Texas Health Hospital Mansfield serve portions of both regions.

Based on the data from the regional CHNA and from Texas Health Huguley's and Texas Health Hospital Mansfield's combined primary service area (PSA), the priorities for both hospitals are mental health, chronic disease/high blood pressure, food insecurity and health care access and quality. More information on these priorities can be found in the data section below.

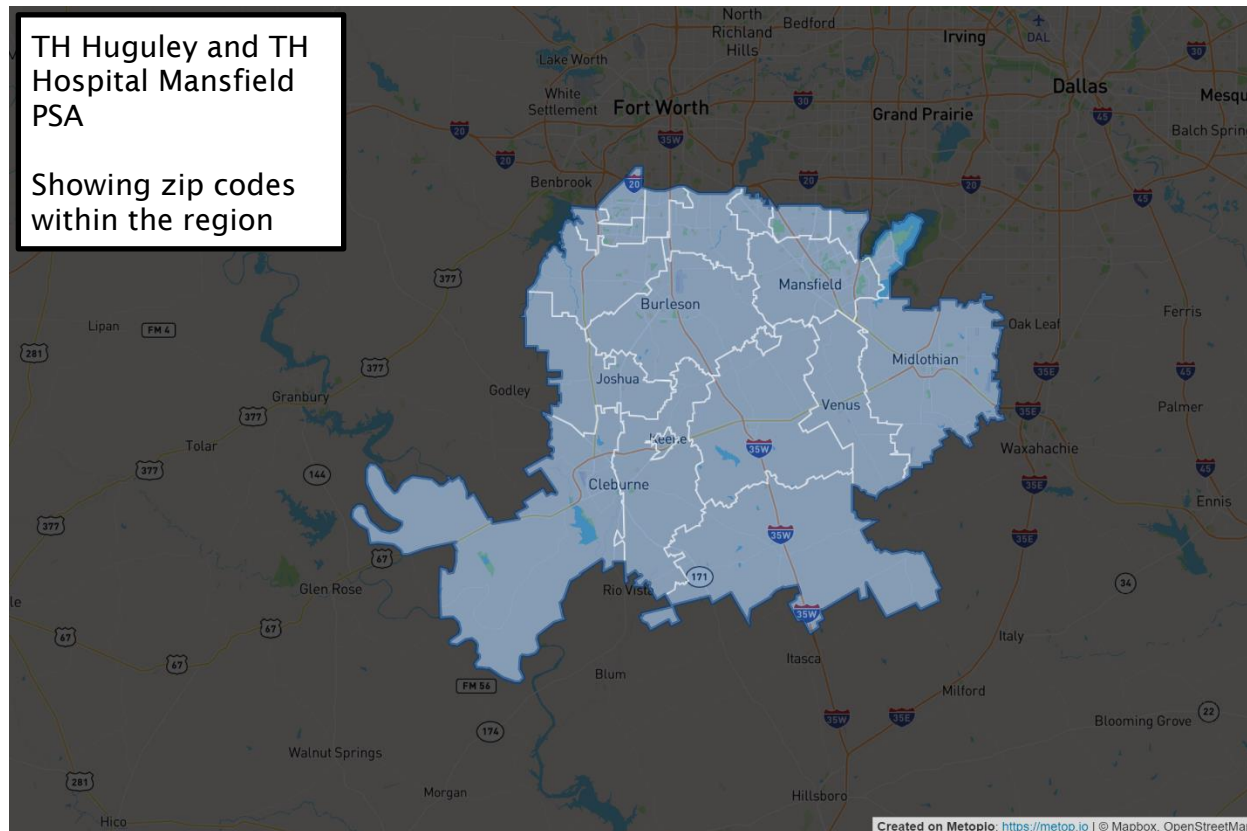
The CHNA is posted on the Texas Health Huguley website: www.texashealthhuguley.org, the Texas Health Hospital Mansfield website: www.texashealthmansfield.org, as well as the AdventHealth website: www.adventhealth.com/community-health-needs-assessments

Texas Health Huguley and Texas Health Hospital Mansfield Primary Service Area (PSA)

THR uses a system/regional approach to the CHNA, allowing for a full look at the conditions surrounding each facility and community.

In addition, AdventHealth looks at the specific Primary Service Area (PSA) for each of the hospitals in its 51-facility system. The PSA is defined as the zip codes from which 75-80% of a hospital's patients come.

The combined PSA for Texas Health Huguley and Texas Health Hospital Mansfield includes zip codes 75054, 76001, 76002, 76009, 76028, 76031, 76033, 76036, 76050, 76058, 76059, 76060, 76061, 76063, 76065, 76084, 76097, 76123, 76133, 76134, 76140, and 76163. These zip codes are primarily part of Johnson, Tarrant and Ellis counties.



Hospital Utilization Data for the Texas Health Huguley and Texas Health Hospital Mansfield

Texas Health Huguley and Texas Health Hospital Mansfield looked at hospital utilization data from 2019 – 2021. Data was for uninsured or self-pay patients who visited the hospital for emergency department, inpatient or outpatient services. The top ten diagnosis codes were provided by the AdventHealth finance team.

Texas Health Huguley - Hospital Utilization Data		
<i>Timeframe: 2019 - 2021</i>		
<i>Patient Type: Uninsured or Self-pay</i>		
<i>Encounter Type: Emergency Department, Inpatient, Outpatient</i>		
Primary ICD-10 Code	Description	Count of Encounter
R07.9	Chest pain, unspecified	715
N30.00	Acute cystitis without hematuria	697
R10.9	Unspecified abdominal pain	620
R07.89	Other chest pain	517
J06.9	Acute upper respiratory infection, unspecified	393
R51	Headache	333
J10.1	Influenza due to other identified influenza virus with other respiratory manifestations	331
N39.0	Urinary tract infection, site not specified	298
Z53.21	Procedure and treatment not carried out due to patient leaving prior to being seen by health care provider	285
I10	Essential (primary) hypertension	285
Grand Total		4474

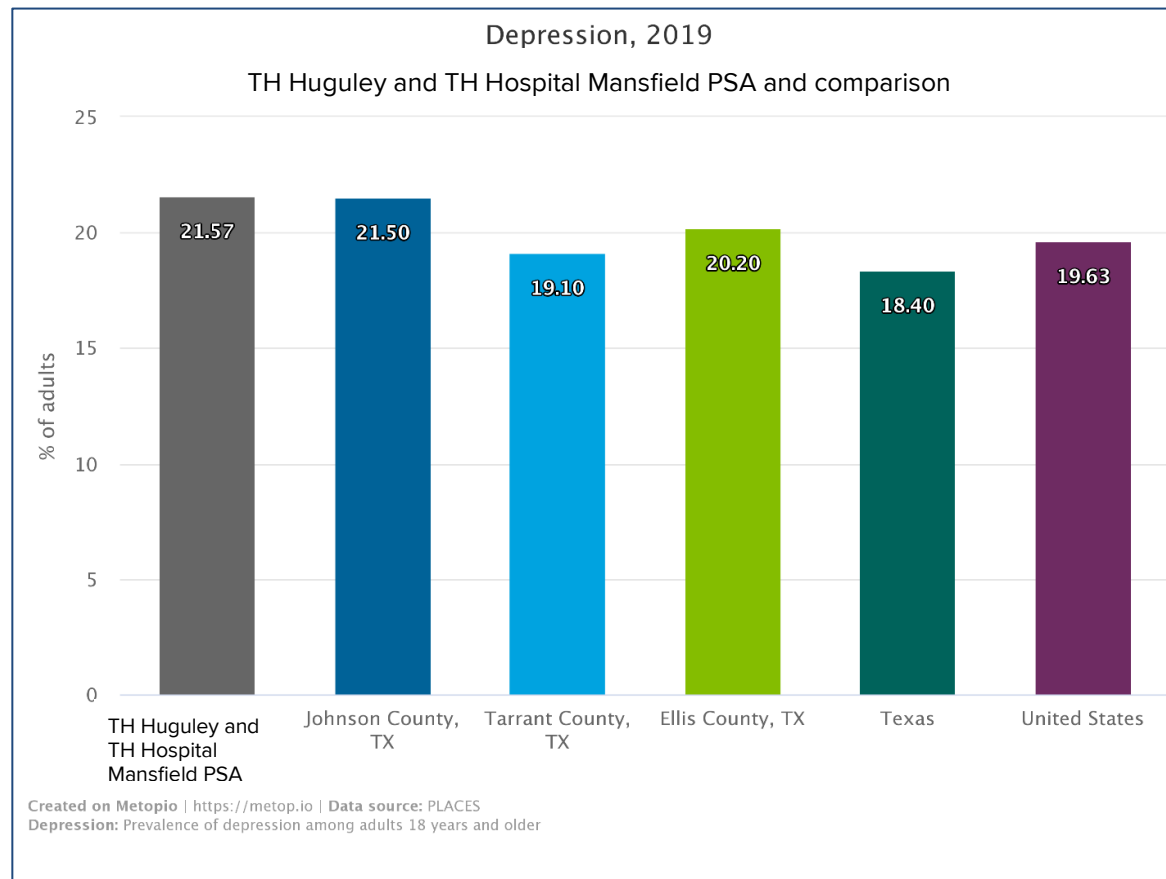
Texas Health Hospital Mansfield - Hospital Utilization Data		
<i>Timeframe: 2019 - 2021</i>		
<i>Patient Type: Uninsured or Self-pay</i>		
<i>Encounter Type: Emergency Department, Inpatient, Outpatient</i>		
Primary ICD-10 Code	Description	Count of Encounter
Z23	Encounter for immunization	72
R07.9	Chest pain, unspecified	47
U07.1	COVID-19	45
R10.9	Unspecified abdominal pain	41
R11.2	Nausea with vomiting, unspecified	32
J06.9	Acute upper respiratory infection, unspecified	29
R07.89	Other chest pain	27
Z38.00	Single liveborn infant, delivered vaginally	26
R51.9	Headache, unspecified	24
J02.9	Acute pharyngitis, unspecified	23
Grand Total		366

PSA Secondary Data

Texas Health Huguley and Texas Health Hospital Mansfield also looked at secondary data from state and national data sources. This included data on health conditions, social determinants of health and health behaviors. After reviewing the data, the highest community needs that emerged were mental health, high blood pressure, food insecurity and health care access and quality.

Mental Health

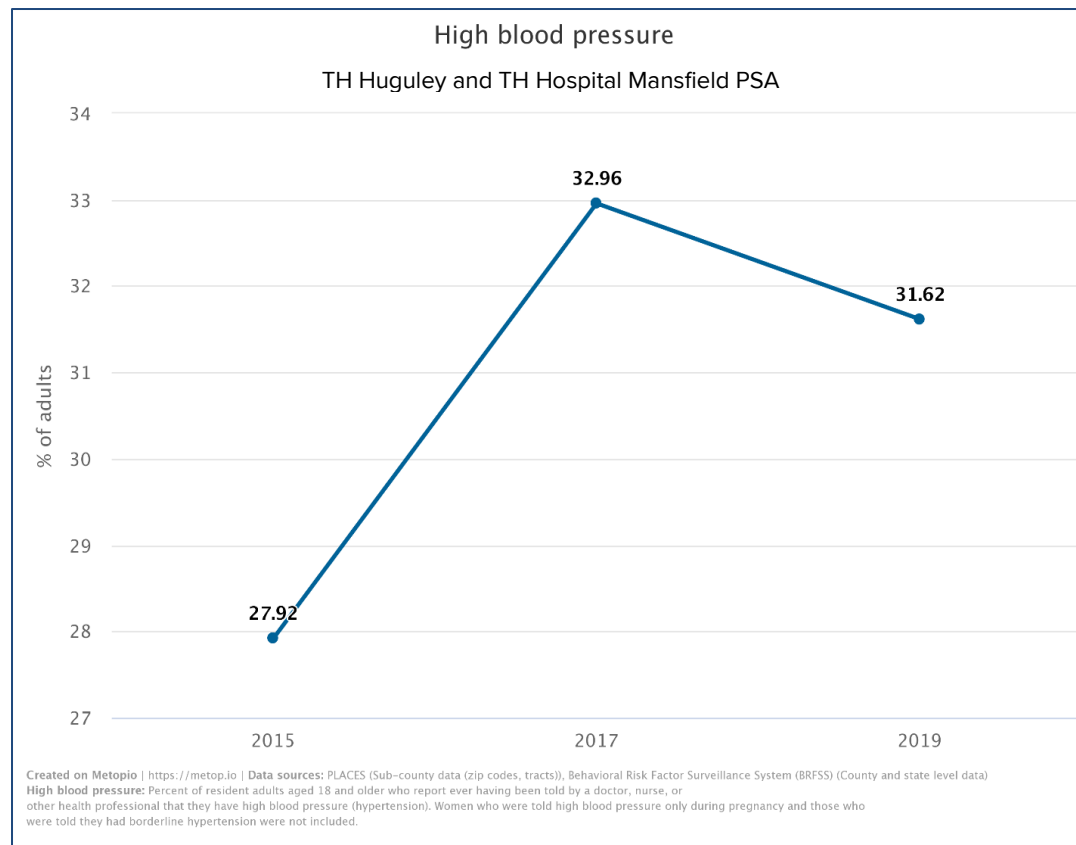
Mental illnesses are conditions that affect a person's thinking, feeling, mood or behavior, such as depression, anxiety, bipolar disorder, or schizophrenia. Such conditions may be occasional or long-lasting (chronic) and affect someone's ability to relate to others and function each day. In Texas Health Huguley's and Texas Health Hospital Mansfield's PSA, 21.6% of adults have depression which is higher than both the state (18.4%) and national (19.6%) rates. Additionally, 14.6% of adults in the community indicated they had poor mental health. Poor mental health is defined as 14 or more days during the past 30 days during which mental health was not good.



Indicator	Texas Health Huguley and Texas Health Hospital Mansfield PSA	Tarrant County	Johnson County	Ellis County	Texas	United States
Mental health providers per capita Providers per 100,000 residents, 2021	97.0	188.4	85.7	82.1	171	381.9
Clinical social workers per capita Physicians per 100,000 residents, 2022	22.01	37.78	18.59	16.56	34.68	86.22
Poor self-reported mental health % of adults, 2019	14.62	13.2	14.7	13.6	13.51	14.37
Depression % of adults, 2019	21.57	19.1	21.5	20.2	18.4	19.63

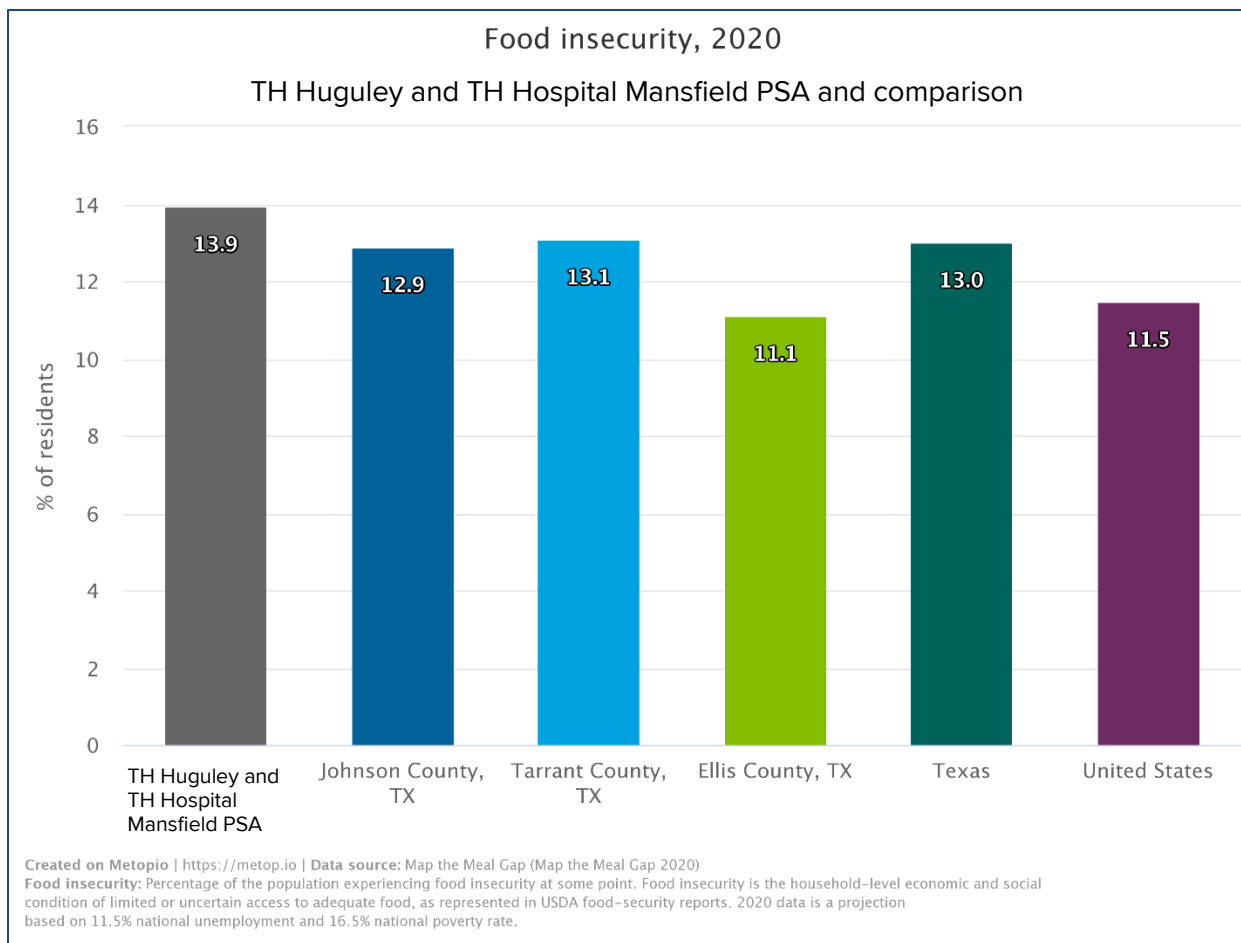
High Blood Pressure

High blood pressure, or hypertension, is when the force of the blood pushing against the walls of your blood vessels is consistently too high. The higher your blood pressure levels, the more risk you have for other health problems, such as heart disease, heart attack, and stroke. In 2019 31.6% of adults had high blood pressure which is slightly lower than the 2017 rate of 33% of adults.



Food Insecurity

Food insecurity is a lack of consistent access to affordable and nutritious food for every person in a household to live an active, healthy life. People who are food insecure may be at an increased risk of negative health outcomes. As of 2020, 13.9% of residents in the community have experienced food insecurity which is higher than the state (13%) and national (11.5%) rates.



Indicator	Texas Health Huguley and Texas Health Hospital Mansfield PSA	Johnson County	Tarrant County	Ellis County	Texas	United States
Food stamps (SNAP) % of households, 2016-2020	9.34	8.98	10.19	7.56	11.49	11.35
Households in poverty not receiving food stamps (SNAP) % of households below the poverty line, 2016-2020	63.33	61.88	59.63	63.73	60.7	58.4
Low food access % of residents, 2019	64.61	34.14	69.37	50.41	56.97	50.24
Food insecurity % of residents, 2020	13.9	12.9	13.1	11.1	13	11.5
Living in food deserts % of residents, 2019	8.24	5.78	8.42	7.18	7.69	10.15

Health Care Access and Quality

Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities. Inadequate health insurance coverage is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health. The PSA has a higher percentage of residents without health insurance (15%) compared to the United States (8.7%). Lack of transportation is another barrier impacting access and can lead to missed or delayed health care appointments and overall poorer health outcomes. Access to a primary care provider or having an established medical home is one way to improve health outcomes because people can see the same provider who is familiar with their medical history and can monitor their personal health over years.

Indicator	Texas Health Huguley and Texas Health Hospital Mansfield PSA	Johnson County	Tarrant County	Ellis County	Texas	United States
Uninsured rate % of residents, 2016-2020	14.95	16.75	16.38	15.67	17.31	8.73
Primary care providers (PCP) per capita Physicians per 100,000 residents, 2011	34.6	50.8	69.3	49.7	74.1	89.1
No vehicle available	3.06	2.26	4.33	2.82	5.24	8.45

The most current public data for the assessment was compiled and sourced from government and public health organizations including:

- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
- Centers for Disease Control and Prevention, PLACES
- Centers for Medicare & Medicaid Services (CMS), National Provider Identifier Files (NPI)
- Feeding America, Map the Meal Gap
- Health Resources & Services Administration (HRSA), American Medical Association Primary Care Physician Data
- US Census Bureau, American Community Survey
- US Department of Agriculture, Economic Research Service, USDA Food Access Research Atlas

Asset Inventory for Texas Health Huguley and Texas Health Hospital Mansfield

In order to target the priorities identified in this CHNA and to avoid duplication, Texas Health Huguley and Texas Health Hospital Mansfield built an asset inventory for its PSA.

In addition to helping set priorities, the inventory will be used to work collaboratively with community partners to develop comprehensive, effective and measurable interventions for the hospital and region.

Top Priorities	Current Community Programs	Current Hospital Programs
Mental Health	<ul style="list-style-type: none"> • Counseling: Lee Counseling Services • Crisis Services: Pecan Valley Centers for Behavioral & Developmental Healthcare • Mental Health Outpatient Services: Texana Center • Military and Veteran Services: Easterseals North Texas • Boots of Honor: Paws for Reflection Ranch • Veteran Services: Pecan Valley Centers for Behavioral and Developmental Healthcare • CK Behavioral Health: CK Family Services • Individual and Couples Counseling: Resource Center 	<ul style="list-style-type: none"> • Full-Day Partial Hospital Program • Half-Day Intensive Outpatient Program • Counseling for Adults with Psychiatric Disorders or Substance Abuse • Comprehensive Inpatient Behavioral Health • Adolescent Behavioral Program

<p>High Blood Pressure</p>	<ul style="list-style-type: none"> • Health Education Program: The Muslim Community Center for Human Services • Pack Health Digital Health Coaching: Pack Health • Telehealth Coaching: Its Time Texas • Cornerstone Charitable Clinic: Cornerstone Assistance Network • Day Program” Evergreen Life Services-North Central Texas • Support Services: Lakes Regional Community Centers 	
<p>Food Insecurity</p>	<ul style="list-style-type: none"> • Seeds of Hope: Steel Hope • Community Services: Field Street Baptist Church • Food Pantry, Clothing and Home Goods: Operation Blessing of Johnson County, Inc. • Food Pantry: Your Harvest House • The Bridge (Food Pantry): Westhill Church of Christ • Meals on Wheels North Central Texas • Food Pantry: Grandview Seventh-Day Adventist Church • Food Pantry: Seed of Love Garden • Basic Needs Assistance: Helping Hands of Ennis • Food Pantry: Manna House 	
<p>Health Care Access and Quality</p>	<ul style="list-style-type: none"> • Medicaid Transportation: Logisticare-Texas Medicaid Ride • Prosper Health Coverage: Foundation Communities • Home and Community Based Services (HCS): Caregiver Inc. • Community Eye Clinic Fort Worth 	<ul style="list-style-type: none"> • Mobile Health Unit provides basic primary care to the underserved in 8 communities in our service area.

	<ul style="list-style-type: none"> • Cataract Clinic Program: Cornerstone Assistance Network • Medical Clinic: Irving Bible Church • Day Programs: Pecan Valley Centers for Behavioral and Developmental Healthcare 	
Housing	<ul style="list-style-type: none"> • Veteran Supportive Services: Endeavors • Homelessness Prevention: Texas Homeless Network • Financial Assistance: Gregg Pearson Foundation • Affordable Homes: Cornerstone Assistance Network • Supported Home Living: Pecan Valley Centers for Behavioral and Developmental Healthcare • Transitional Housing Program: Giving Grace 	
Employment	<ul style="list-style-type: none"> • Veterans Employment Program: Achieve • Career Development and Placement Program: Bridges Training Foundation • Job Seeker Services: Workforce Solutions for North Central Texas • Veteran Support Services: Endeavors • Job Placement: Manpower Group Texas • Workforce Development: Impact Certification Program (WorkFaith) • Workforce Development: Christian Women's Job Corps • Adult Education Program: Cornerstone Assistance Network • Supported Employment: Creative Achievements 	

Priorities for Texas Health Huguley and Texas Health Hospital Mansfield

As noted above, the priorities for the full Texas Health service area are mental health, chronic disease, food insecurity/access to healthy foods, access to healthcare and navigation.

The Board of Directors for Texas Health Huguley and Texas Health Hospital Mansfield reviewed the data from the regional CHNA and from Texas Health Huguley's and Texas Health Hospital Mansfield's PSA. The following criteria were used to further refine the priorities:

- Acuity of the priority
- Hospital expertise and resources for the priority
- Is someone else in the community taking the lead on the priority?
- Does the priority disproportionately impact certain populations? Consider race, ethnicity, age, income and education.
- Has COVID-19 worsened the priority?

Based on this refinement, the Boards determined the priorities for both hospitals to be mental health, chronic disease/high blood pressure, food insecurity and health care access and quality.

A list of board members for Texas Health Huguley and Texas Health Hospital Mansfield are listed below.

Texas Health Huguley Board Members

- Ken Bacon, AdventHealth; Board Chair
- Justin Bond, R.A. Development, Ltd.
- Carlos Craig, Southwestern Union Conference of Seventh Day Adventist
- Dennis Haslam, MD, Medical Staff President
- Kirk King, Texas Health
- Chris Leu, Texas Health
- David Lloyd, Texas Health
- Dallas Owen, Regency Office & Promotional Products
- Ajith Pai, Texas Health
- Ana Patterson, Southwestern Adventist University
- Jason Seiden, MD, Medical Staff President Elect

The Texas Health Huguley board approved the priorities on December 9, 2022.

Texas Health Hospital Mansfield Board Members

- Penny Johnson, Texas Health Hospital Huguley
- Brian Craft, Texas Health Resources
- Buddy Griffith, Seventh Day Adventist Church
- Kevin Homer, Texas Pathology
- Jennifer Schroeder, Texas Health Resources
- Jennifer Stoecker, Mansfield Independent School District
- Dr. Nazia Sultana, Sound Physicians
- Priscilla Sanchez, Community Leader
- RJ Carroll, Community Leader
- Kenneth Rose (non-voting member), Texas Health Hospital Mansfield

The Texas Health Hospital Mansfield board approved the priorities on **December 15, 2022**.

Priorities Not Selected to Addressed

In addition to the priorities noted above, other health priorities were identified but not selected as priorities for action. They are:

Housing

Increased evidence is showing a connection between stable and affordable housing and health. When households are cost burdened or severely cost burdened, they have less money to spend on food, health care and other necessities. Households are considered cost burdened if they spend more than 30% of their income on housing and severely cost burdened if they spend more than 50%. Between 2016 and 2020, 26.7% of households in the PSA were cost burdened. The hospitals did not perceive the ability to have a measurable impact on this issue within the three years allotted for the Community Health Plan with the current resources available to the Hospital at this time.

Employment

Multiple aspects of employment—including job security, the work environment, financial compensation, and job demands—may affect health. Job benefits such as health insurance, paid sick leave, and parental leave can affect the health of employed individuals. People with steady employment are less likely to live in poverty and more likely to be healthy, but many people have trouble finding and keeping a job. The unemployment rate in the PSA is 5% which is lower than the state rate of 5.3% of residents. The hospitals did not perceive the ability to have a measurable impact on this issue within the three years allotted for the Community Health Plan with the current resources available to the Hospital at this time.