

Texas Health Resources — Tarrant/Parker Region

Texas Health Harris Methodist Southwest Fort Worth



2019 Community Health Needs Assessment



Table of Contents

Executive Summary	3
Introduction & Purpose	3
Acknowledgements	3
Introduction	5
Texas Health Resources Health System	5
Tarrant/Parker Region for Texas Health Resources	6
Facility Description	6
Impact Since Last CHNA	7
Community Feedback	8
Methodology	9
Overview	9
Building on 2016 CHNA Process	9
Overview of Multi-tiered Zip Code Prioritization	10
<i>SocioNeeds Index</i>	10
<i>Tarrant/Parker Zip Code Prioritization</i>	10
Demographics	11
Population	12
Social and Economic Determinants of Health	15
Tarrant/Parker Health Care Utilization	18
Prioritization Process	20
<i>Initial Zip Code Prioritization</i>	21
<i>Windshield Surveys</i>	21
<i>Community Readiness Assessments</i>	22
<i>Community Focus Groups</i>	24
Prioritization Results	26
<i>Prioritization to Final Zip Codes and Health Priorities</i>	26
<i>Photovoice Project</i>	28
<i>Tarrant/Parker PhotoVoice Project Findings</i>	28
Data Limitations	30
Opportunities for On-Going Work and Future Impact	31
Disparities and Barriers	32
Looking Ahead	32
Conclusion	33
Appendices Summary	34



Executive Summary

Introduction & Purpose

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

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

Acknowledgements

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

Leadership Letter

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

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

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

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

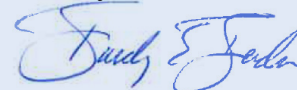
In this report, we're going to share our approach to how we have moved towards addressing challenges by focusing on solutions.

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

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

By working together, we continue to make a difference.

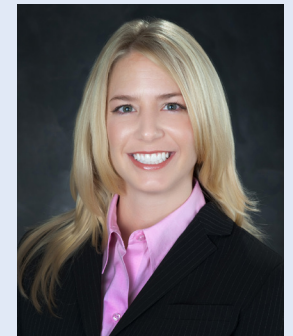
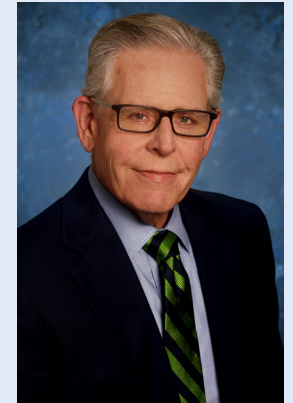
Sincerely,



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



Becky Tucker, MHA, MBA, President,
Texas Health Southwest



Community Benefit Leadership and Team



Catherine Oliveros, DrPH,
VP Community Health
Improvement



Marsha Ingle, BS, MA, CHES,
Sr. Director Community
Health Improvement



Joy Griffin, RN, BSN,
Director, Community Health
Improvement



Beth Harrison, BBA, Program
Manager, Community Health
Improvement



Kayla Fair, DrPH, Program
Manager, Community Health
Improvement



Melanie Nieswadomy,
LCSW, Program Manager,
Community Health
Improvement



Kimberlin Moore, MSN, RN,
Program Manager, Community
Health Improvement



Roselyn Cedeno Davila,
MS, Gunnin Fellow



Tonychris Nnaka, MPH, BSN,
RN, CPH, Gunnin Fellow

Texas Health Community Impact Leadership Council

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

- Azle ISD
- Broadie's Aircraft
- City of Bedford
- Emergency Medicine Consultants Ltd.
- Fort Worth South, Inc.
- Higginbotham Insurance Agency
- Higher Praise Family Church
- KPMG
- Private Wealth Solutions, Inc.
- Parker County Hospital District
- Tarrant County College
- Tarrant Transit Alliance
- The Abbey Church
- Thos. S. Byrne, Inc.
- United Way of Tarrant County
- Urban Theory
- Z's Café & Catering

Community Research Support

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

Consultants

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

Introduction

Texas Health Resources Health System

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

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

Mission

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

Vision

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

Values

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

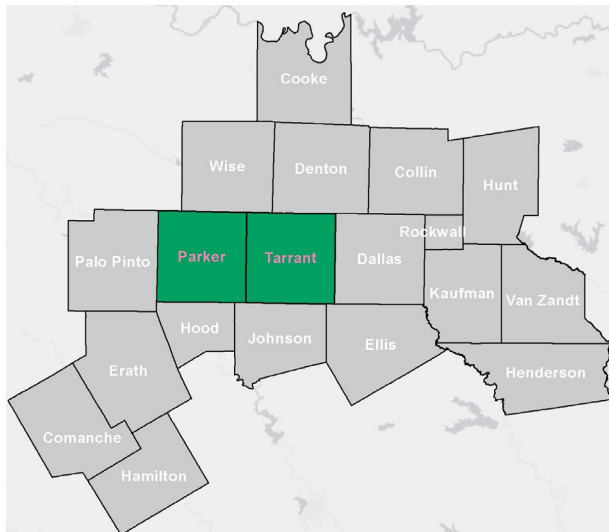
Texas Health Resources is moving beyond episodic sick care, by focusing on anticipating consumers' needs, and offering affordable and personalized products and experiences as the organization seeks to meet consumers' health and well-being needs for their lifetime. Texas Health has elevated the needs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



Tarrant/Parker Region for Texas Health Resources

This main portion of this report covers the population and geographic area for Texas Health Community Impact Tarrant/Parker Region. Tarrant County (<http://www.tarrantcounty.com>) is an urban county located in the north central part of Texas. Fort Worth serves as the county seat to a county population of approximately 2 million citizens according to the 2018 U.S. Census Record, a population increase of 15.1% since the 2010 Census. Parker County (<https://www.parkercountytx.com/>) lies to the west of Tarrant County and has a smaller population of approximately 138,000 citizens according to the 2018 U.S. Census Record. This is a population increase of 18.3% since the 2010 Census. Tarrant/Parker is comprised of a total of 73 zip codes (64 in Tarrant County and nine in Parker County). The map in Figure 1 highlights the Tarrant/Parker Region among the other counties that fall into the Texas Health service area. For the purpose of this CHNA, special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services and input from the community.

FIGURE 1. TARRANT AND PARKER COUNTY MAP



Facility Description

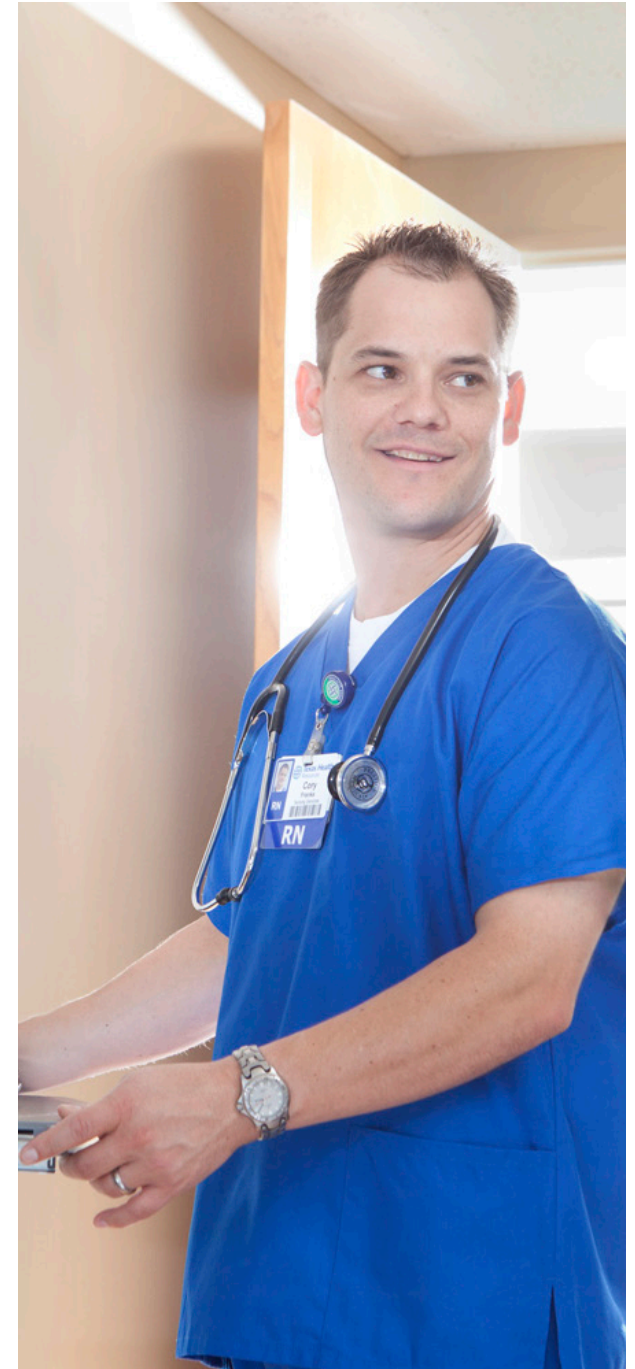
Texas Health Harris Methodist Hospital Southwest Fort Worth serves the communities of Fort Worth, Benbrook, Crowley, Aledo and Granbury with advanced medical treatments and an experienced staff that provides compassionate care. With a mission of improving the health of the people in the communities we serve, Texas Health Southwest Fort Worth and the physicians on its medical staff are committed to your well-being and the health and wellness of your family.

Texas Health Southwest Fort Worth offers:

- Asthma Care
- Breast Care
- Emergency Department
- Heart and Vascular
- Imaging
- Orthopedics
- Pain Management
- Rehabilitation
- Respiratory Care
- Urology
- Women and Infants Care
- YMCA Wellness Center

Texas Health Southwest Fort Worth is certified by the Joint Commission for the hospital's heart failure program, and is also certified as a Cycle IV Chest Pain Center. The hospital has a designation from the American College of Radiology as a Breast Imaging Center of Excellence.

Opened in 1987, Texas Health Southwest is conveniently located two miles south of Interstate 20 on Harris Parkway, one block east of Bryant Irvin Road.



Impact Since Last CHNA

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

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

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

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



Behavioral Health

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

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

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

Awareness, Health Literacy, Navigation

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

Community Feedback

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

Methodology

Overview

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

Building on 2016 CHNA Process

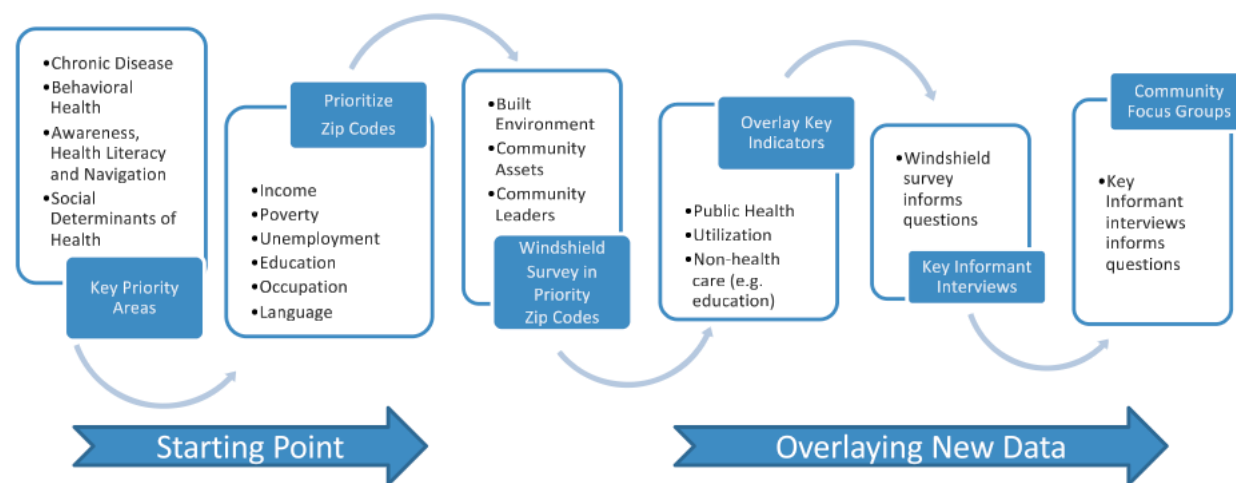
For the 2019 CHNA process, Texas Health built on key findings and achievements from the 2016 CHNA process and Implementation Strategy. This process included casting a wide net of consideration over all 401 zip codes within and alongside Texas Health's primary and secondary service areas. Through the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

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

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



FIGURE 2. 2019 CHNA DATA COLLECTION PROCESS



Overview of Multi-tiered Zip Code Prioritization

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

SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® (SNI) to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health — income, poverty, unemployment, occupation, educational attainment, and linguistic barriers — that are associated with poor health outcomes including preventable hospitalizations and premature death. Figure 3 summarizes the SocioNeeds Index process.

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

FIGURE 3. SOCIONEEDS INDEX

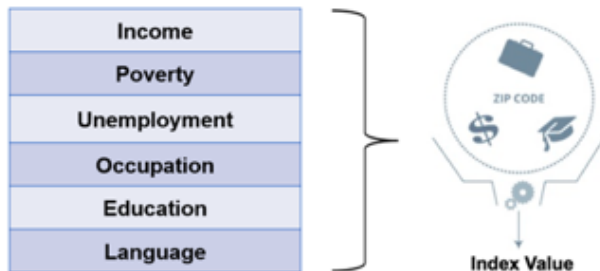
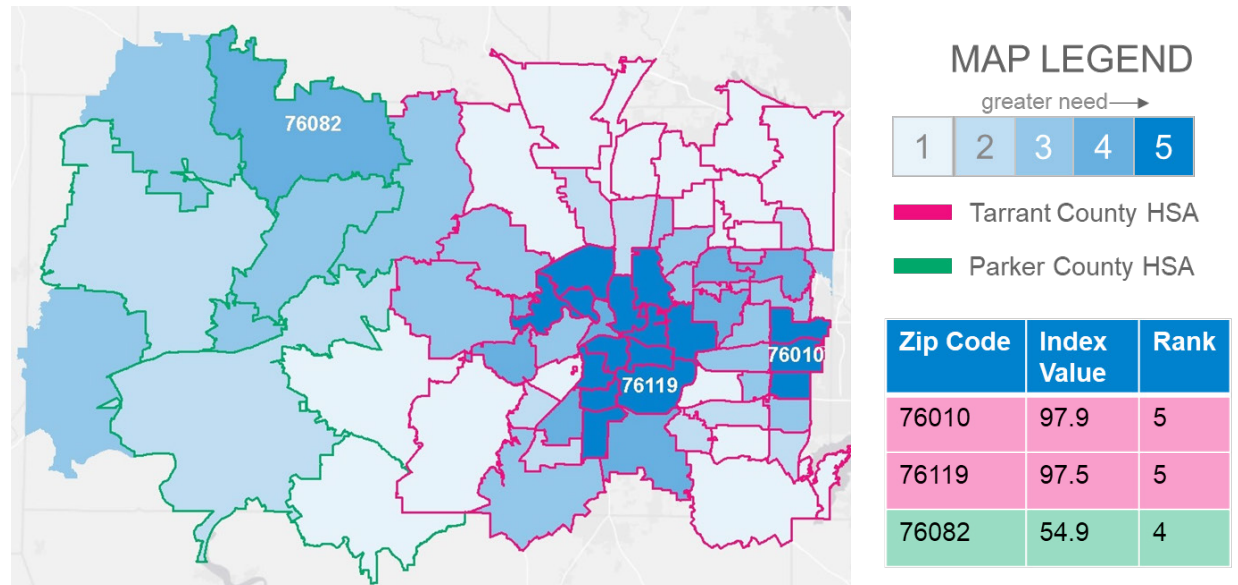


FIGURE 4. TARRANT/PARKER REGIONAL MAP



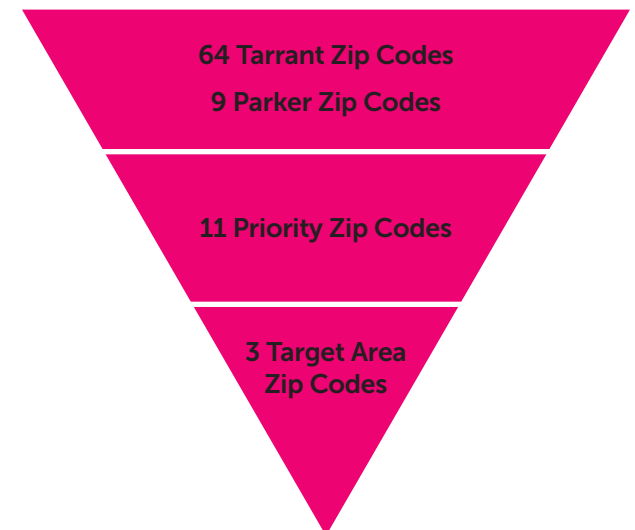
The map in Figure 4 highlights SNI values for zip codes across the Tarrant/Parker Region. Darker shades of blue indicate a higher index value and thus higher levels of need within those zip codes. Additionally, this map highlights the hospital service area (HSA) for each county. As shown, many of the highest need zip codes fall within Tarrant County. The final three prioritized zip codes within the region are also illustrated. All three of the prioritized zip codes in this region fall within the HSA.

Tarrant/Parker Zip Code Prioritization

The Texas Health Community Impact Tarrant/Parker Region is comprised of 73 zip codes (64 in Tarrant County and nine in Parker County). Zip codes were ranked on perceived need and identified need per the SocioNeeds Index (a measure of socioeconomic need). The initial ranking yielded 11 zip codes (nine in Tarrant County and two in Parker County) and triggered an extensive data review and complementary data gathering, including a windshield survey, community readiness assessment that included key informant interviews, and focus groups. The TCHI Leadership

Council reviewed available data for the 11 zip codes and narrowed the scope to three: 76010 and 76119 in Tarrant County and 76082 in Parker County. The diagram in Figure 5 summarizes the overall zip code narrowing/prioritization process for the 2019 CHNA process.

FIGURE 5. ZIP CODE PRIORITIZATION



Demographics

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

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



Population

According to the U.S. Census Bureau's 2013-2017 American Community Survey, the Tarrant/Parker Region had a combined population of 2,109,638. Table 1 below shows the population breakdown for the prioritized zip codes within the Tarrant/Parker Region. Both prioritized zip codes in Tarrant County are more heavily populated than that of zip code 76082 in Parker County.

TABLE 1. POPULATION BY ZIP CODE

COUNTY	ZIP CODE	TOTAL POPULATION ESTIMATE
Tarrant	76119	48,380
	76010	57,813
Parker	76082	18,030

Age

As shown in Figure 6, 24.7% of Parker County and 26.9% of Tarrant County is under 18 years old. Tarrant County has a higher proportion of residents under 18 compared to the state and national values, 26.0% and 22.6%, respectively. Parker County has a lower proportion of residents under 18 years compared to Texas.

Figure 7 illustrates that 14.8% of the population in Parker County and 10.5% 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 (12.3%) and the U.S. (15.6%), while Parker County's proportion of residents over 65 years is larger than then the proportion in Texas.

Figure 8 shows that Parker County has a smaller proportion of residents under 5 years old (6.1%) compared to Texas (7.2%) and a similar proportion compared to the U.S. (6.1%). Tarrant County has a similar proportion of residents under 5 years old (7.2%) compared to Texas and a larger proportion compared to the U.S.

FIGURE 6. POPULATION UNDER 18

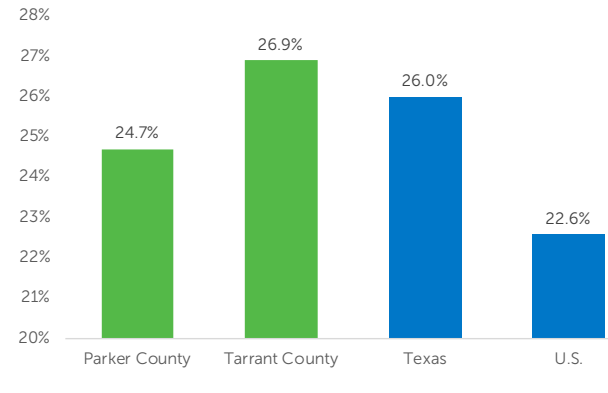


FIGURE 7. POPULATION OVER 65

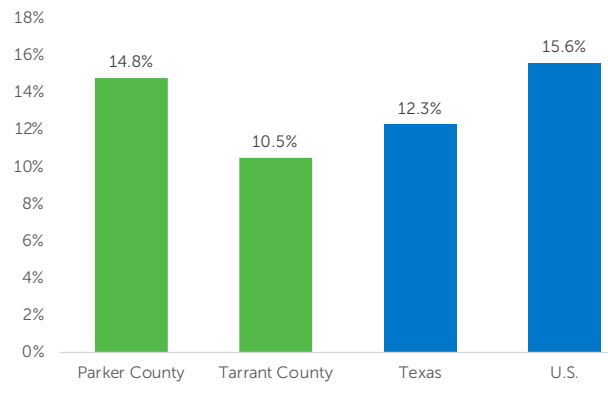
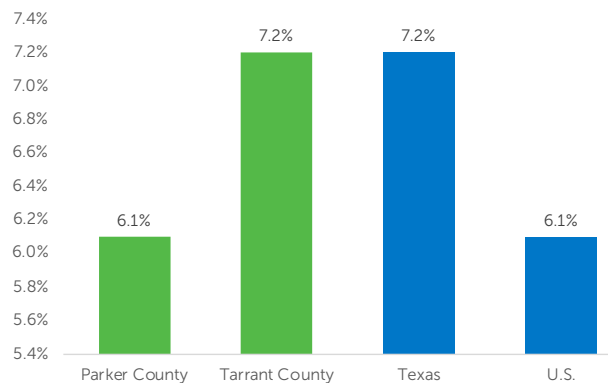


FIGURE 8. POPULATION UNDER 5



Race/Ethnicity

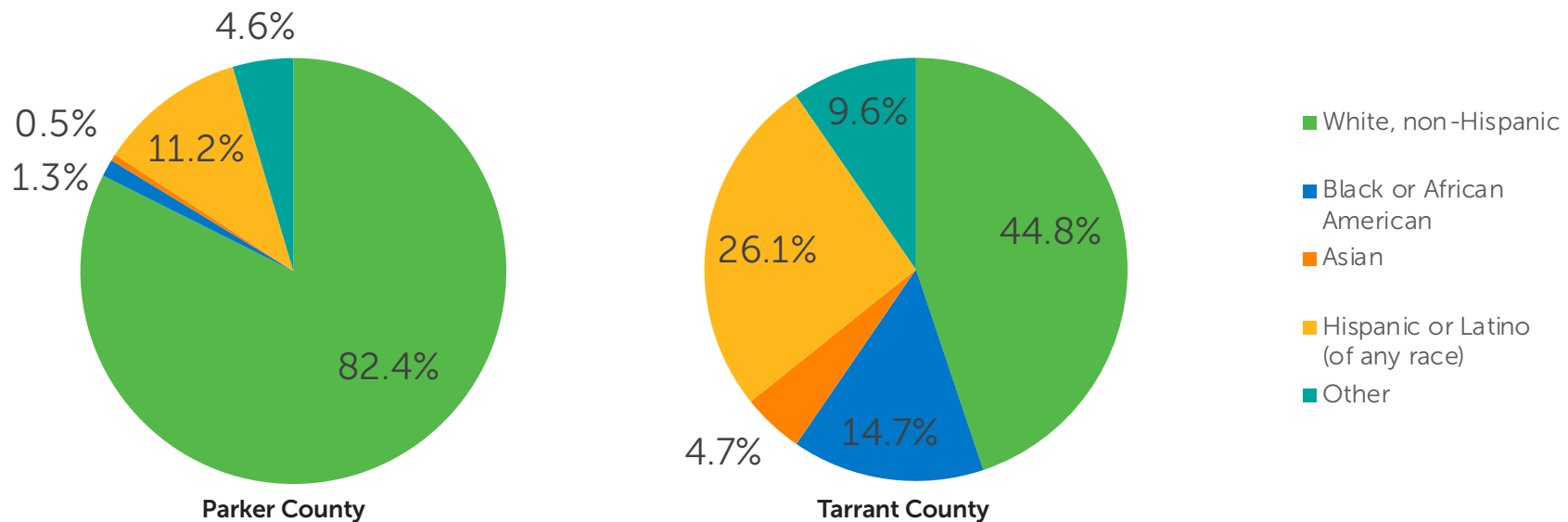
The race and ethnicity composition of a population are important in planning for future community needs, particularly for schools, businesses, community centers, health care and childcare. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income,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

Figure 9 shows the racial composition of residents in Parker County and Tarrant County. Parker County has a racial composition with 82.4% of residents identifying as White; 11.2% as Hispanic or Latino (of any race); 1.3% as Black or African American; 0.5% as Asian; and 4.6% 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 44.8% of residents identifying as White; 26.1% as Hispanic or Latino (of any race); 14.7% as Black or African American; 4.7% as Asian; and 9.6% as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".



FIGURE 9. RACE/ETHNICITY



Language

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

FIGURE 10. LANGUAGE OTHER THAN ENGLISH AT HOME

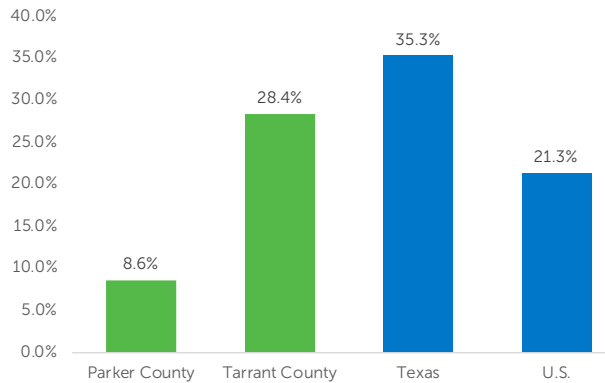


TABLE 2. POPULATION WITH LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME BY ZIP CODE

COUNTY	ZIP CODE	LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME
Tarrant	76119	41.0%
	76010	63.9%
Parker	76082	8.1%

Figure 10 shows the proportion of residents in the Tarrant/Parker Region who speak a language other than English at home. In Parker County, 8.6% of residents speak a language other than English at home. In Tarrant County, 28.4% of residents speak a language other than English at home. These proportions of residents are compared to 35.3% in Texas and 21.3% in the U.S. For both Tarrant and Parker, English is the predominant language spoken followed by Spanish. In Tarrant County, 71.64% of residents identify English as their primary language, while 21.04% speak Spanish. In Parker County, 91.45% of residents speak English as their primary language, while 7.59% speak Spanish. As shown in



Table 2, the two prioritized zip codes in Tarrant County have a larger proportion of residents who speak a language other than English at home than Parker County, Texas, and the U.S. This is an important consideration for the effectiveness of services and outreach efforts, which may be more effective if conducted in languages other than English alone.

TABLE 3. POPULATION WITH DIFFICULTY SPEAKING ENGLISH BY ZIP CODE

COUNTY	ZIP CODE	DIFFICULTY SPEAKING ENGLISH
Tarrant	76119	21.80%
	76010	34.50%
Parker	76082	2.10%

As shown in Table 3, the two prioritized zip codes in Tarrant County have larger portions of their populations who have difficulty speaking English. Tarrant County has a smaller proportion of residents with difficulty speaking English (12.3%) compared to the state of Texas (14.1%). However, shown in Table 3, over a fifth of residents in zip code 76119 and over a third of residents in zip code 76010 have difficulty speaking English.

Social Determinants of Health

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

Income

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

FIGURE 11. MEDIAN HOUSEHOLD INCOME

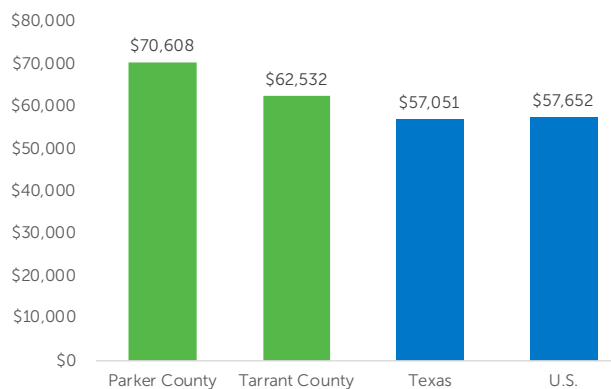


Figure 11 shows the median household income of Parker County is \$70,608 and that of Tarrant County is slightly lower at \$62,532. Both counties show values higher than

both the Texas state value of \$57,051 and the U.S. value of \$57,652.

Poverty

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

Figure 12 shows the percentage of people living below the poverty level for Tarrant County (13.5%) and Parker County (9.2%). Both values are lower than the Texas state value (16%) and the U.S. value of (14.6%).

Figure 13 shows the percentage of people living below the poverty level by race/ethnicity. The Hispanic, Black,

Asian, American Indian, and other race/ethnicity groups of Tarrant County have higher percentages of people living below poverty level than in Parker County. In comparison, the White, Native Hawaiian, and Two or More Race/Ethnicity groups in Parker County have higher percentages of people living below poverty level than in Tarrant County.

FIGURE 12. PEOPLE LIVING BELOW POVERTY LEVEL

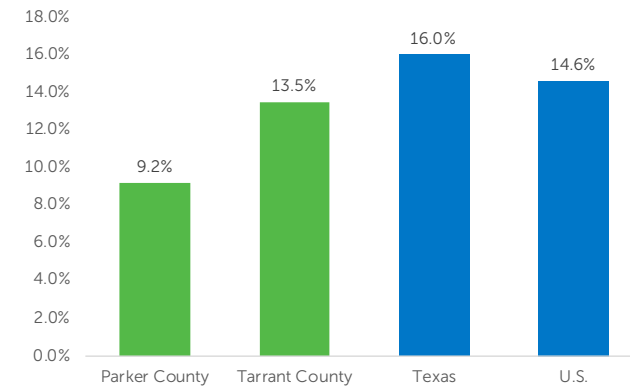
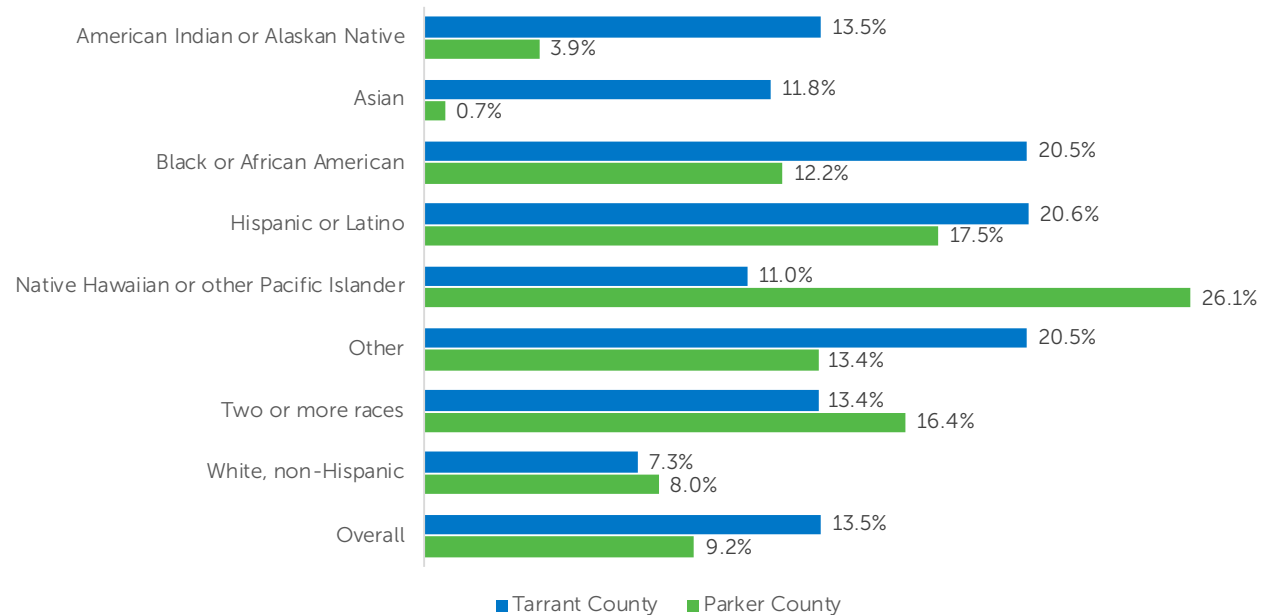


FIGURE 13. PEOPLE LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY





Food Insecurity

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

FIGURE 14. HOUSEHOLDS RECEIVING SNAP WITH CHILDREN

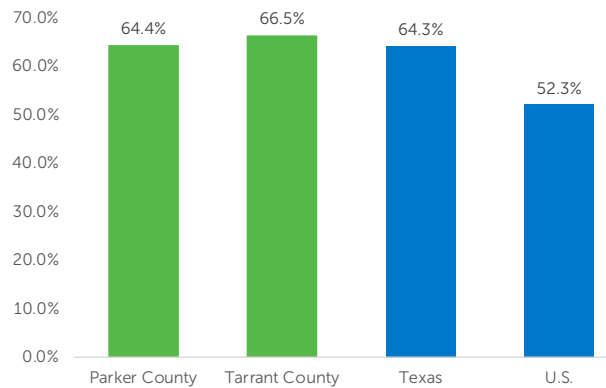


Figure 14 shows the percentage of households receiving food stamps/SNAP benefits with children under 18 years old. Tarrant County (66.5%) and Parker County (64.4%) both have slightly higher percentages than both the Texas state value (64.3%) and the U.S. value (52.3%).

Unemployment

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

FIGURE 15. UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE

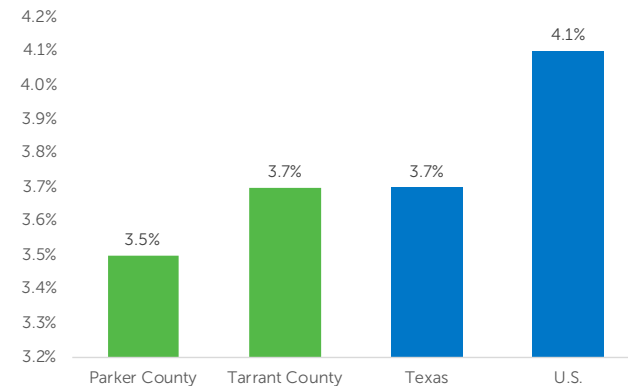


Figure 15 shows the percentage of unemployed workers in the civilian labor force. The percentage in Tarrant County (3.7%) is the same as the Texas state value (3.7%) but lower than the U.S. value (4.1%). Parker County (3.5%) is lower than both the Texas state value and the U.S. value.

Education

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



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

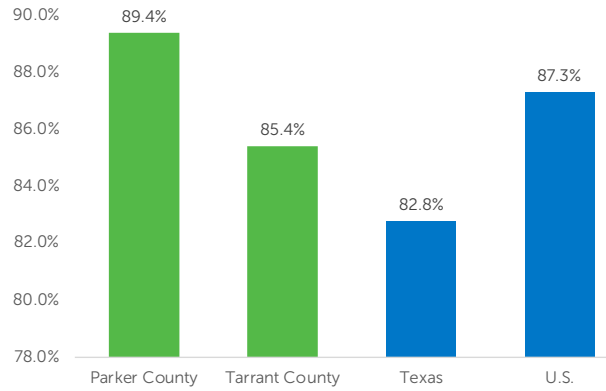


Figure 16 shows the percentage of people 25 years or older who have a high school degree or higher. Both Tarrant County (85.4%) and Parker County (89.4%) are higher than the Texas state value (82.8%), but only Parker County is higher than the U.S. value (87.3%).

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

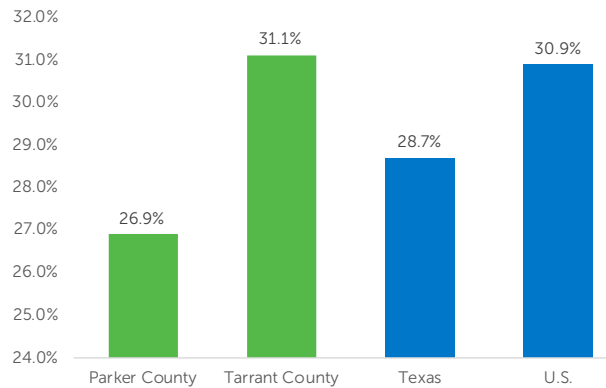


Figure 17 shows the percentage of people 25 years or older who have a bachelor's degree or higher. While Tarrant County (31.1%) is higher than both the Texas state value (28.7%) and the U.S. value (30.9%), Parker County (26.9%) is lower than all three comparisons.

Transportation

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

FIGURE 18. MEAN TRAVEL TIME TO WORK (MINUTES)

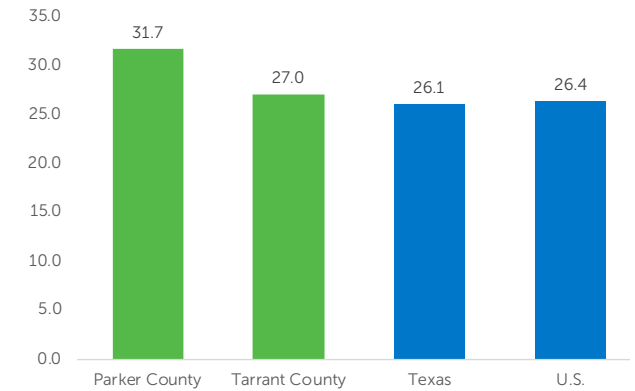
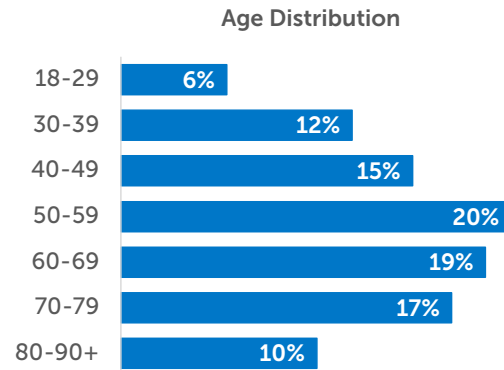


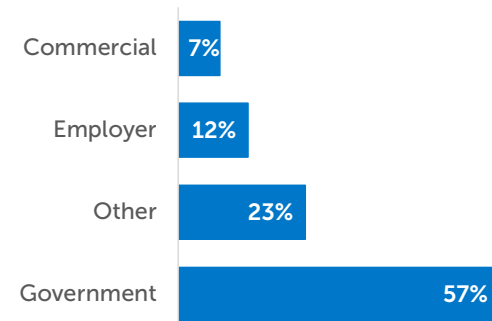
Figure 18 shows the mean travel time to work for Parker County (31.7 minutes) and Tarrant County (27 minutes). Both counties are higher than the Texas state value (26.1 minutes) and the U.S. value (26.4 minutes).

Tarrant/Parker Health Care Utilization

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



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

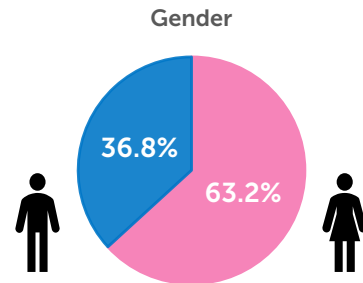


*Categories for health insurance include the following: 1) Government: Champus, Medicare (types A, B, C, Risk), Medicaid, Other Federal, and VA plans; 2) Employer: HMO, POS, PPO, Worker's Comp; 3) Commercial: Blue Cross Blue Shield, Commercial; and 4) Other: Unknown, Indemnity, and Liability, and Other Non-Federal Program.

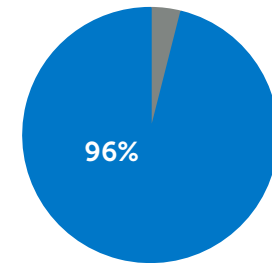
Community Impact Zip Code 76119

A total of 7,172 total unique patients residing in the 76119 priority zip code were seen in a hospital setting between 2016-2018. Of these, 96% of patients stayed within the zip code's service area for care. The majority (67%) of these patients identified as Black/African American, 63.2% were female, and 39% were 50-69 years old. Most patients (57%) used government insurance to pay for their medical expenses. Eighty percent of all patients had a history of hypertension.

Of all patient encounters (17,213), 73% were seen at the Texas Health Harris Methodist Fort Worth Facility. Only 0.4% of encounters were seen at a Non-Texas Health facility. This high number of encounters compared to the number of unique patients suggests that individuals may be overutilizing the emergency department and underutilizing other health care settings, such as urgent care and primary care providers

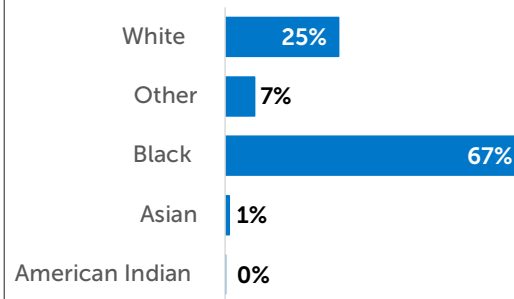


80% of all patients had a history of hypertension

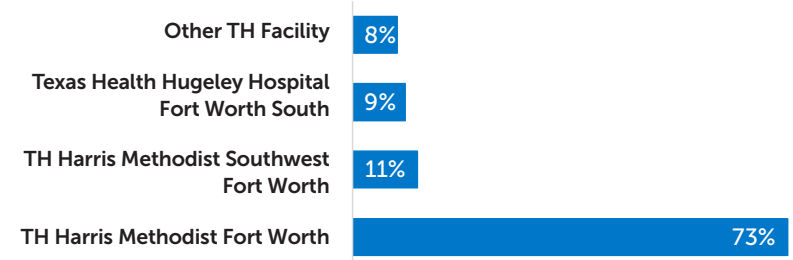


96% of patients stayed within their Region for care

The Majority of Patients Identified as Black



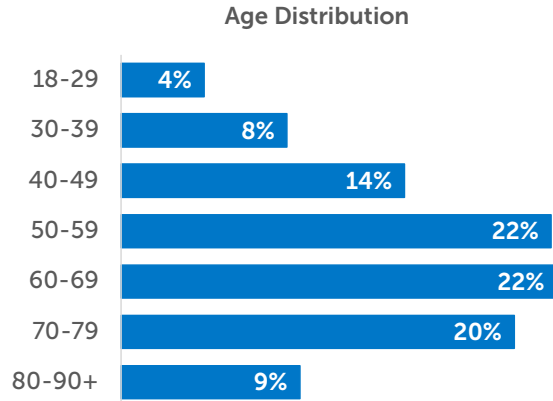
TH Harris Methodist Fort Worth saw 73% of Encounters for 76119. Only 0.4% of Encounters from this Zip Code were seen at a Non-TH Facility



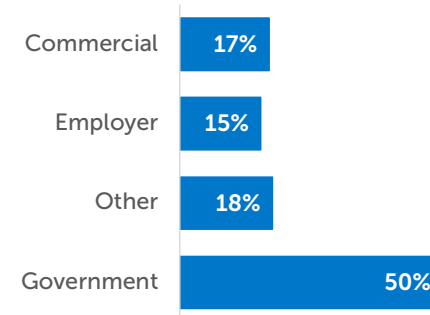
Community Impact Zip Code 76082

A total of 4,485 unique patients residing in the 76082 priority zip code were seen in a hospital setting between 2016-2018. Of these, 77% of patients stayed within the zip code's service area for care. The majority (95%) of these patients identified as White, 52.9% were female, and 44% were 50-69 years old. Most patients (50%) used government insurance to pay for their medical expenses. Eighty-two percent of all patients had a history of hypertension.

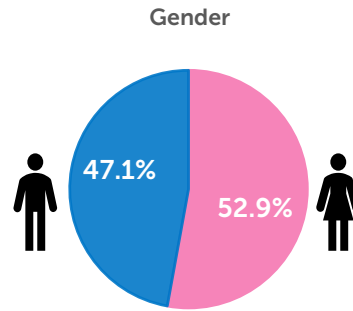
Of all patient encounters (8,562), 58% were seen at the Texas Health Harris Methodist Azle Facility. An additional 19% of encounters were seen at Wise Regional Health System.



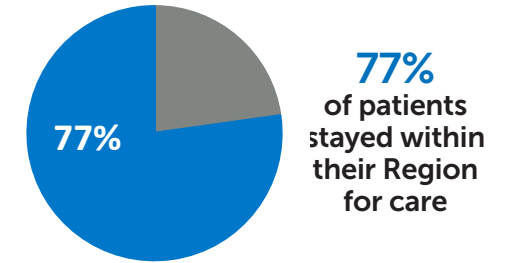
The Majority of Patients used Government Health Insurance to Pay for Medical Expenses



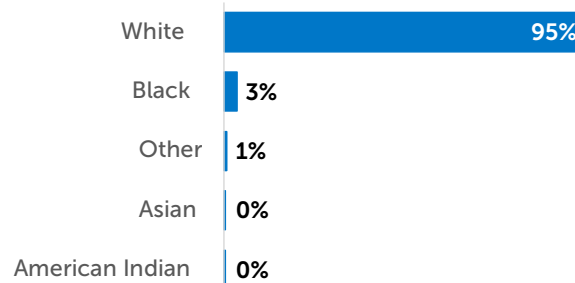
*Categories for health insurance include the following:
 1) Government: Champus, Medicare (types A, B, C, Risk), Medicaid, Other Federal, and VA plans;
 2) Employer: HMO, POS, PPO, Worker's Comp;
 3) Commercial: Blue Cross Blue Shield, Commercial;
 and 4) Other: Unknown, Indemnity, and Liability, and Other Non-Federal Program.



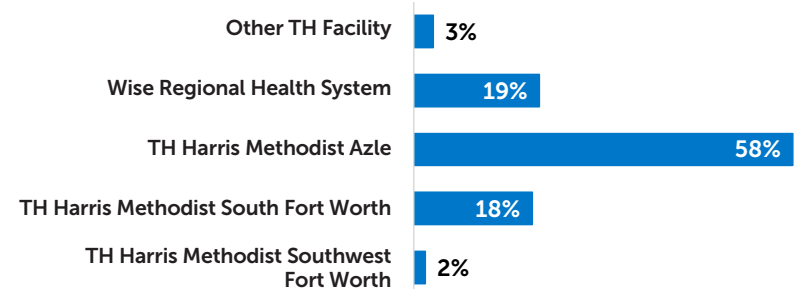
82% of all patients had a history of **hypertension**



The Majority of Patients Identified as White

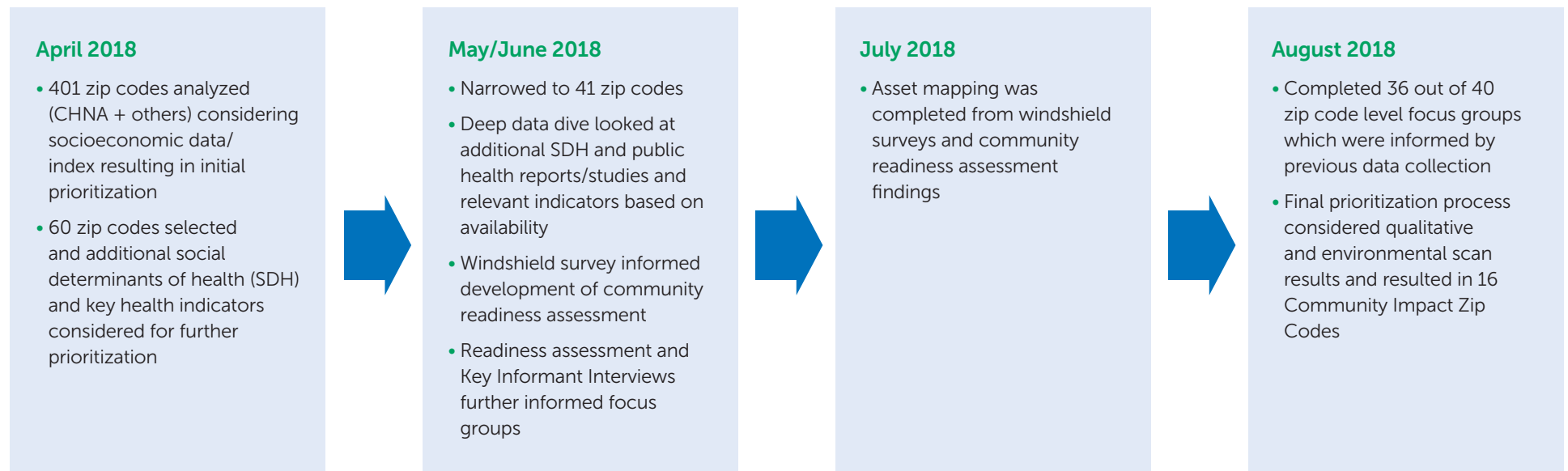


TH Harris Methodist Azle saw 58% of Encounters for 76082. 19% of Encounters from this Zip Code were seen at Wise Regional Health System



Prioritization Process

FIGURE 19. TEXAS HEALTH RESOURCES 2019 CHNA PRIORITIZATION PROCESS



Initial Zip Code Prioritization

To identify high-need zip codes within and outside the Texas Health service area and to narrow the focal area from 401 zip codes across 12 counties to 60 zip codes, Texas Health utilized the SocioNeeds Index as well as other sociodemographic data and key health indicators. Of the 60 zip codes across the 12-county area that were considered, 22 of them were high priority zip codes from the Tarrant/Parker Region. The health needs and potential for impact were considered for these zip codes and the region's TCHI Leadership Council voted on a smaller subset of 11 target zip codes for further exploration and consideration. Within these 11 target zip codes, extensive qualitative data were then collected. Windshield surveys, a community readiness assessment, and focus groups were vital components of this CHNA process to capture and integrate community voices and feedback. Figure 19 illustrates the 2019 CHNA Prioritization Process.

Windshield Surveys

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

TABLE 4. WINDSHIELD KEY SURVEY FINDINGS FOR PRIORITIZED ZIP CODES

TARRANT COUNTY ZIP CODE 76010	TARRANT COUNTY ZIP CODE 76119	PARKER COUNTY ZIP CODE 76082
Challenges:		
<ul style="list-style-type: none"> • Tobacco and alcohol advertisements are notable • No grocery store; only small corner stores • Older homes and neighborhoods; little new construction • Few sidewalks and limited space to walk safely 	<ul style="list-style-type: none"> • Tobacco and alcohol advertisements are notable • Limited grocery stores • Older apartments, mobile home parks, and multi-family dwellings in neighborhoods; little new construction • Few sidewalks and limited space to walk safely 	<ul style="list-style-type: none"> • Very rural area • Resources available, including grocery stores and parks, but centralized — residents outside of town have limited access
Strengths:		
<ul style="list-style-type: none"> • 11 identified Faith Communities, many of which offer Spanish church services 	<ul style="list-style-type: none"> • 56 identified Faith Communities, opportunities for partnership 	<ul style="list-style-type: none"> • 20 identified Faith Communities, opportunities for partnership
<ul style="list-style-type: none"> • 8 parks and/or open public areas • 2 recreation and 2 senior centers, one of which has a meal program 	<ul style="list-style-type: none"> • 12 parks and/or open spaces • 2 community centers with low-cost annual membership 	<ul style="list-style-type: none"> • 3 parks and/or open spaces, multiple motocross parks and RV/Camping sites • 2 senior centers
<ul style="list-style-type: none"> • Health and Wellness: Texas Behavioral Health, Texas Health Behavioral Hospital, Millwood Hospital 	<ul style="list-style-type: none"> • Health and Wellness: Guinn Healthcare Technologies, MHMR, JPS Health Center, Fort Worth VA Outpatient Clinic, Family Resources Center, Fort Worth Community Health Center (primary care) 	<ul style="list-style-type: none"> • Health and Wellness: Springtown Family Health Center, Faith Community Clinic, Outreach Health Services, Wellspring Counseling Center

Community Readiness Assessments

A Community Readiness Assessment Report was designed based on the Community Readiness Model developed by the Tri-Ethnic Center for Prevention Research at Colorado State University¹. The process includes: identifying the issue, defining “community”, conducting “key informant” interviews, and scoring the interviews to determine the readiness level. Based on population size for small counties, a minimum of four key informants were interviewed and for counties with a larger population, a minimum of six key informants were interviewed. Interviews were conducted by phone or in person and included a series of approximately 25 to 43 questions and lasted from 30 to 60 minutes each. Across the nine zip codes from Tarrant County, ten key informants were interviewed. Parker County was not included in the readiness report due to a small number of key informants. Table 5 highlights the variety of individuals who participated as key informants. All key informants have worked in one or various targeted zip codes for an average of six and a half years. The key informants currently work for non-profit organizations, churches, hospitals and the city. The key health issues the interviews focused on were identified during the 2016 CHNA process: mental health and chronic diseases including arthritis, cancer, diabetes, hypertension, and pulmonary diseases. The questions addressed five dimensions of the community readiness from the identified issues. The five dimensions of the community readiness included:

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

TABLE 5. KEY INFORMANTS INTERVIEWED (KII)

PROFESSIONAL TITLE OF KII	NUMBER OF KIIs
President & CEO	1
Director of Client Services	1
City Council	2
Director of Programs	1
Division Manager	1
City Manager	2
Manager of Wellness for Life Mobile Health	1
Pastor	1

Interviews were scored individually and then a total value was calculated in order to determine the community readiness level. Interviews were scored one at a time by two scorers with no previous knowledge of the key informants and of the identified community.

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

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

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

“ I need to be able to have food on the table, groceries in the fridge, and a roof over my head; and there’s a lot of effort in taking care of that functional thing.”

“ The administration of our health care system is broken. We have to stay up on our health ourselves.”

“ People live alone, and they’re depressed, so they stay home and don’t get out.”

Tarrant County — Zip Code 76010

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

FIGURE 20. OVERALL STAGE OF READINESS SCORE FOR TARRANT COUNTY

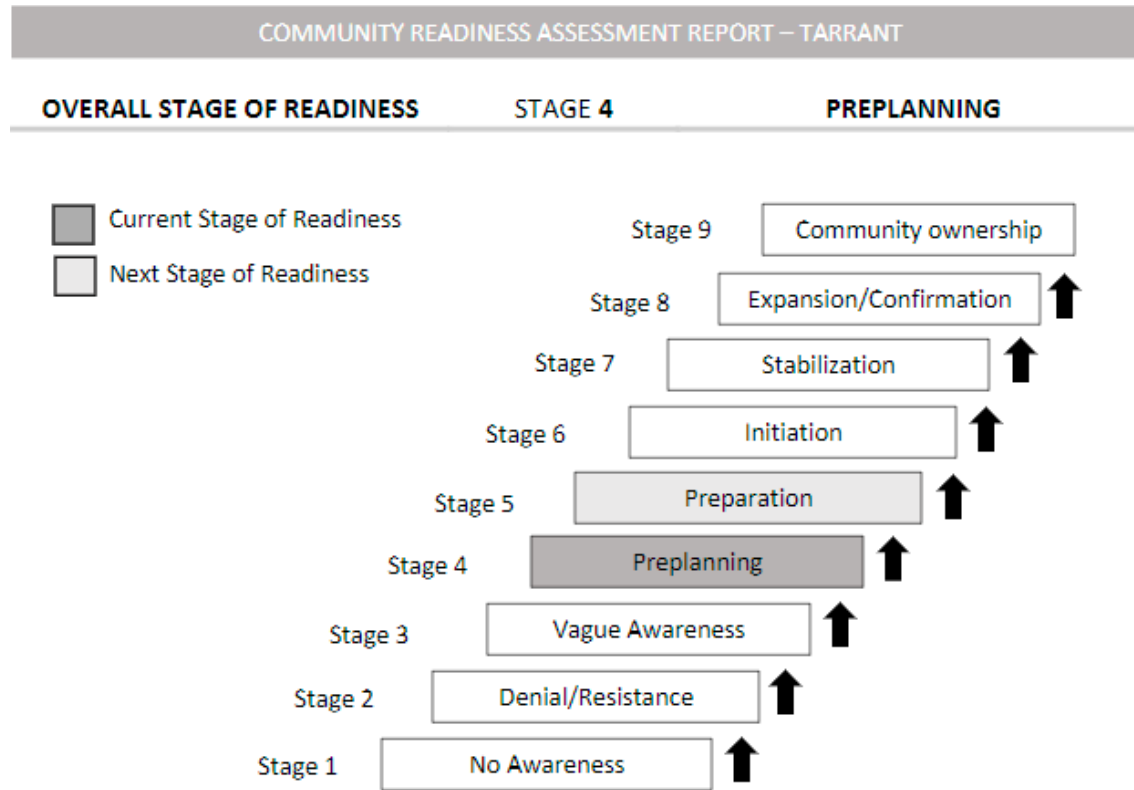
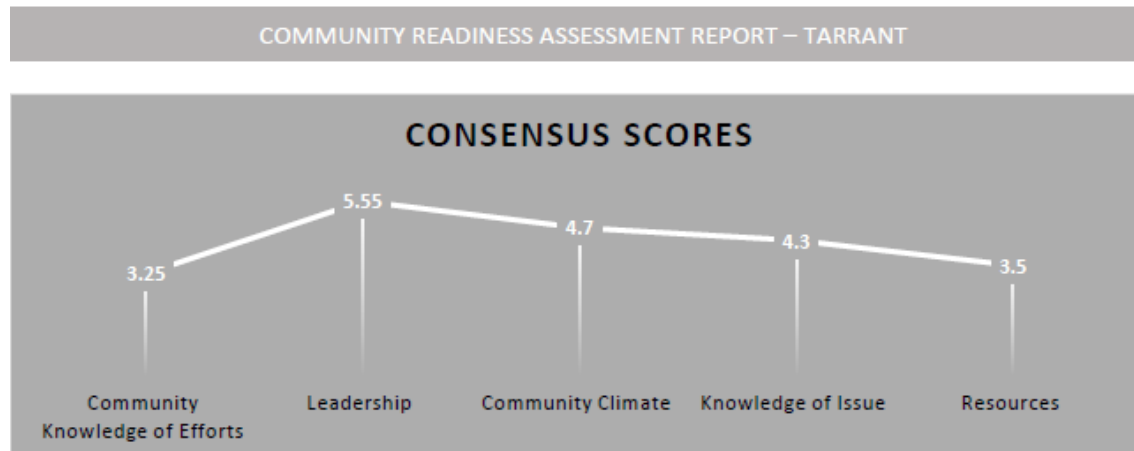


FIGURE 21. READINESS DIMENSIONS — CONSENSUS SCORES FOR TARRANT COUNTY



“It’s a shame there’s more liquor stores than quality food stores in this area.”

“Can we be advocates for our community and help THR [Texas Health Resources] reach the whole community? We need more forums like this, this is just one church out of many.”

Tarrant County — Zip Code 76119

“Sometimes we get depressed about our disease and need a program where we can vent and learn ways not to isolate.”

“Many residents do not have the financial resources to travel into Fort Worth, even Weatherford, for assistance. Many are experiencing generational poverty.”

Parker County — Zip Code 76082

Community Focus Groups

TABLE 6. FOCUS GROUP KEY THEMES FOR PRIORITIZED ZIP CODES - 76010, 76119, 76082

TARRANT COUNTY ZIP CODE 76010	TARRANT COUNTY ZIP CODE 76119	PARKER COUNTY ZIP CODE 76082
<ul style="list-style-type: none"> • Lack of knowledge about benefits available • Transportation is limited • Affordable housing for seniors is needed • Dental care limited 	<ul style="list-style-type: none"> • High number of new HIV diagnoses • Transportation options not available due to cost/wait • Mental health issues very common, but not treated • Affordable housing limited and hard to get 	<ul style="list-style-type: none"> • Drugs are major issue in the community as is suicide amongst teens (specifically teenage girls, related to bullying) • Limited access to specialists and transportation are major issues • Good access to pharmacies and grocery stores – however, cost of food is high, and people must travel to find lower cost foods • Child poverty

A total of 11 focus groups were held in the region. Community focus groups were held in 10 of the zip codes identified as high priority by the Tarrant/Parker TCHI Leadership Council. These focus groups all fell within Tarrant County. An additional focus group was held in Weatherford, Texas within Parker County. Input from community residents was collected through verbal discussions with a facilitator from University of North Texas. Topics of conversation were based upon the data collected from windshield surveys, community readiness surveys, and health data. These topics included access to health services, drivers of chronic disease, and factors that influence depression, addiction, eating habits, and exercise patterns. A total of 133 residents participated. Conducting focus groups also helped identify future potential partnerships and available resources residents are aware of.

While each of the focus groups in the prioritized zip codes identified unique needs and issues in their community, many topics were raised in more than one focus group and some topics came up in all three. Transportation was a universal issue across all zip codes. Participants raised transportation as an issue specifically related to accessing health care services, as well as in their daily life. Limited options for affordable housing was brought up in zip codes 76010 and 76119. The focus group discussions in all three zip codes identified the cost of health insurance coverage as a limiting factor for seeking services. Participants also raised challenges with finding providers in proximity for both primary and specialty care. Substance abuse was a primary issue in zip codes 76010 and 76119, specifically pain medication misuse and addiction. All focus groups acknowledged a need for more health education about preventing and managing chronic diseases in their communities and increased access to healthy foods. Table 6 highlights the key focus group themes for the Tarrant/Parker Region.



The focus group in **Tarrant County — Zip Code 76119**, represented a diverse age range, from under 18 to 65 years old, and identified as Black or African American. The top issues related to Behavioral Health were pain medication misuse or addiction and self-medicating with substances for mental health conditions (anxiety, stress, and depression) rather than seeking treatment. Participants described that there is a stigma in their community regarding seeking treatment for behavioral health issues and recommended improving the types of treatment available to give people more options. Cost of health care and insurance was the top reason people shared for why people choose to ignore symptoms or do not seek services. Participants recommend co-locating services and extending clinic hours to improve access to primary and specialty care providers. Long wait times for appointments also came up as prohibitive when people are seeking timely treatment for Chronic Diseases. There was discussion about increases in HIV diagnoses in the community and a need for more resources to educate people about prevention and managing life with HIV. There was overall agreement that more education about chronic conditions and improved access to health foods would benefit the whole community.

The focus group in **Parker County — Zip Code 76082**, also represented a diverse age range, from under 18 to 65 years old, and identified as White (non-Hispanic). The top issues related to Behavioral Health were substance abuse and addiction, teen mental health, and limited access to providers. Participants shared that bullying in the teen population was a major concern in the community, particularly amongst females. They described that churches in the community are an asset, but more behavioral health providers are needed. The main topics discussed regarding Access to Health Care were the affordability of health insurance and difficulties with seeking specialty care services. Participants shared that in their community, people do not earn high enough salaries to be able to afford adequate health insurance and also do not qualify for Medicare/Medicaid. There was discussion of physical activity and eating healthy foods for preventing chronic diseases. Participants shared that the community needed more exercise facilities and grocery stores with affordable healthy food options.

The focus group in **Tarrant County — Zip Code 76010**, was over age 65 years old, and identified as White and/or Hispanic. The top issues related to Behavioral Health were depression, pain medication addiction, and general fear or anxiety, specifically about getting injured due to a fall. Participants suggested improving programs for Seniors to help people get out more and reduce social isolation as people age. The main topics discussed regarding Access to Health Care were challenges finding and making appointments with specialty physicians such as podiatrists, dentists, and optometrists. They also brought up challenges with being able to afford to pay for primary care visits and medications. Participants suggested having more health care advocates available locally to help support older people navigate the health care system. Related to chronic diseases, participants suggested increasing and improving access to exercise programs as well as health education.

Prioritization Results

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

Prioritization to Final Zip Codes and Health Priorities

In addition to considering the cumulative results of the quantitative and qualitative data collected throughout the CHNA process, the Tarrant/Parker TCHI Leadership Council selected zip codes in their region based on criteria that included: 1) availability of resources, 2) availability of partners, 3) community readiness, 4) impact opportunity and 5) health needs in one or more of the prioritized health areas. In this region, the three zip codes that were chosen as the final target areas were 76010 and 76119 in Tarrant County and 76082 in Parker County. Each of the zip codes identified fall within Texas Health's Health Service Area (HSA). In addition to narrowing down the focus geographically based on evidence and the criteria mentioned above, the council was also tasked with selecting clinical issues that fell within one of the prioritized health areas

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

TABLE 7. TARRANT/PARKER REGION PRIORITIZED ZIP CODES AND HEALTH AREAS

COUNTY	ZIP CODE	HEALTH PRIORITY AREA
Tarrant	76010	Depression and anxiety among adults over the age of 55
	76119	Depression and anxiety among adults 18-64
Parker	76082	Depression and anxiety among adults over the age of 55

Photovoice Project

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

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

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

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

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

TABLE 8. PHOTOVOICE COMMUNITY SOLUTIONS SUMMARY

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



Tarrant/Parker PhotoVoice Project Findings

Community Impact Zip Code 76119

In the Tarrant/Parker Region, Texas Health partnered with the Eunice Activity Center, Higher Praise Family Church, and Cornerstone Community Church for the PhotoVoice Project. In total, 16 participants, all aged 55+, completed the PhotoVoice Project.

In zip code 76119, Photovoice participants were volunteers who convened at the Higher Praise Family Church in Forth Worth. Seven participants attended the initial session and six participants completed the program. All participants identified as African American. Their ages ranged from 41 to 75 years old. One participant completed high school, four participants completed college or technical school, one participant received a master's degree and one is a current doctoral candidate. All participants reported going to a healthcare provider to receive health services regularly, with one participant also going to an ER and mental health counselor regularly. Two participants reported having Medicare, and three participants reported having private insurance. One participant reported having both Medicare and Private insurance.

These participants were asked to photograph and write about:

Photograph and write about what you need to manage your chronic illness.

Photograph and write about things and/or programs your community could offer to improve access to healthy foods

Figure 22 highlights community photos from zip code 76119. Figure 23 illustrates PhotoVoice participant demographic and social determinants of health information.

FIGURE 22. COMMUNITY PHOTOS

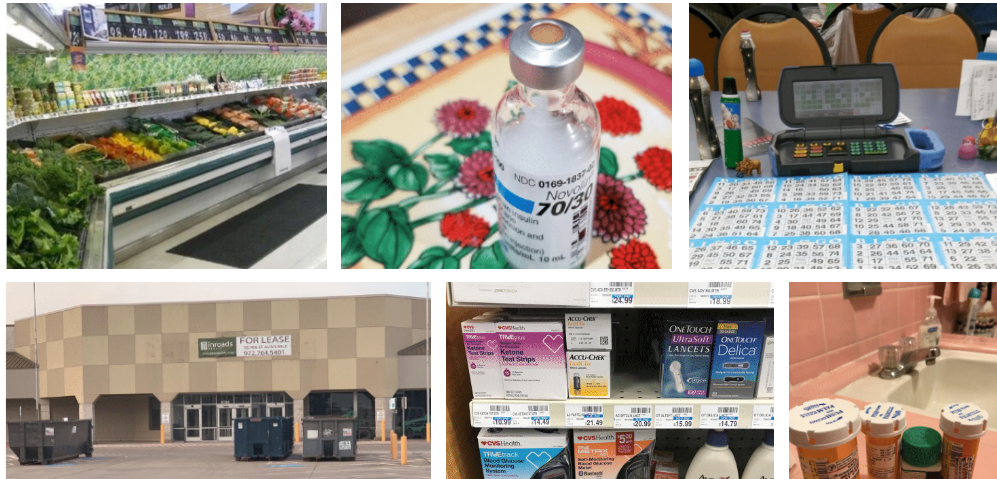
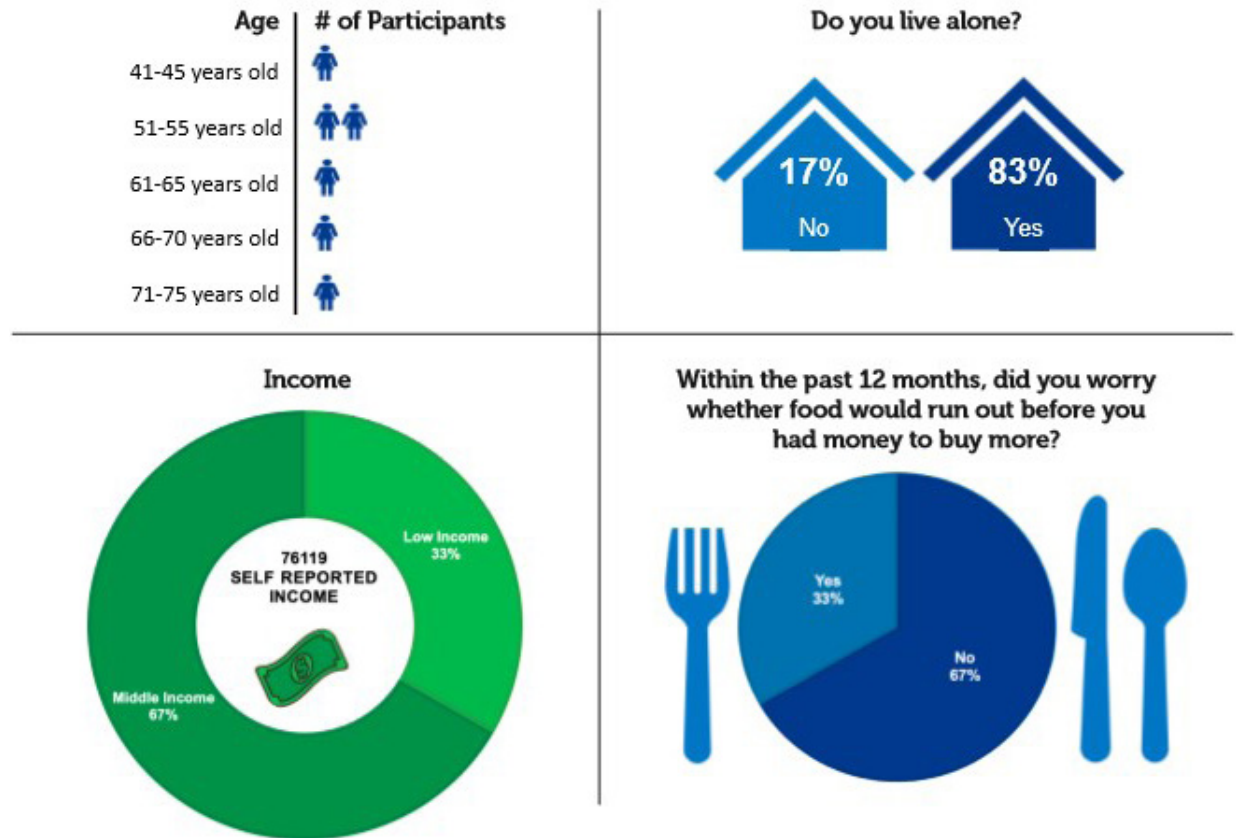


FIGURE 23. PHOTOVOICE PARTICIPANT DEMOGRAPHICS AND SOCIAL DETERMINANTS OF HEALTH



Based on the PhotoVoice projects and session discussions the following theme emerged:

1. A one-stop-shop
2. Community Health Worker Navigators from our own community
3. Congresspeople working toward affordable medication
4. Places to go such as senior citizen community centers and YMCAs that bring people together and offer stimulating activities from Bingo to exercise and informational health classes
5. Access (close by) to healthy and affordable fruits and vegetables and groceries
6. Take abandoned buildings and create community health clinics

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

// The solution is a one-on-one person who can realistically know what is going on and navigate the system with me."

Community Impact Zip Code 76082

In zip code 76082, Photovoice participants were volunteers who convened at the Cornerstone Community Church in Springtown. Six participants attended the initial session and five participants completed the program. Their ages ranged from 41 to 75 years old. One participant completed college or technical school, one attended some college, and three participants completed high school. Four participants reported going to a healthcare provider to receive health services regularly, while one participant reported going to a clinic regularly. Two participants reported having Medicare, and two other participants reported

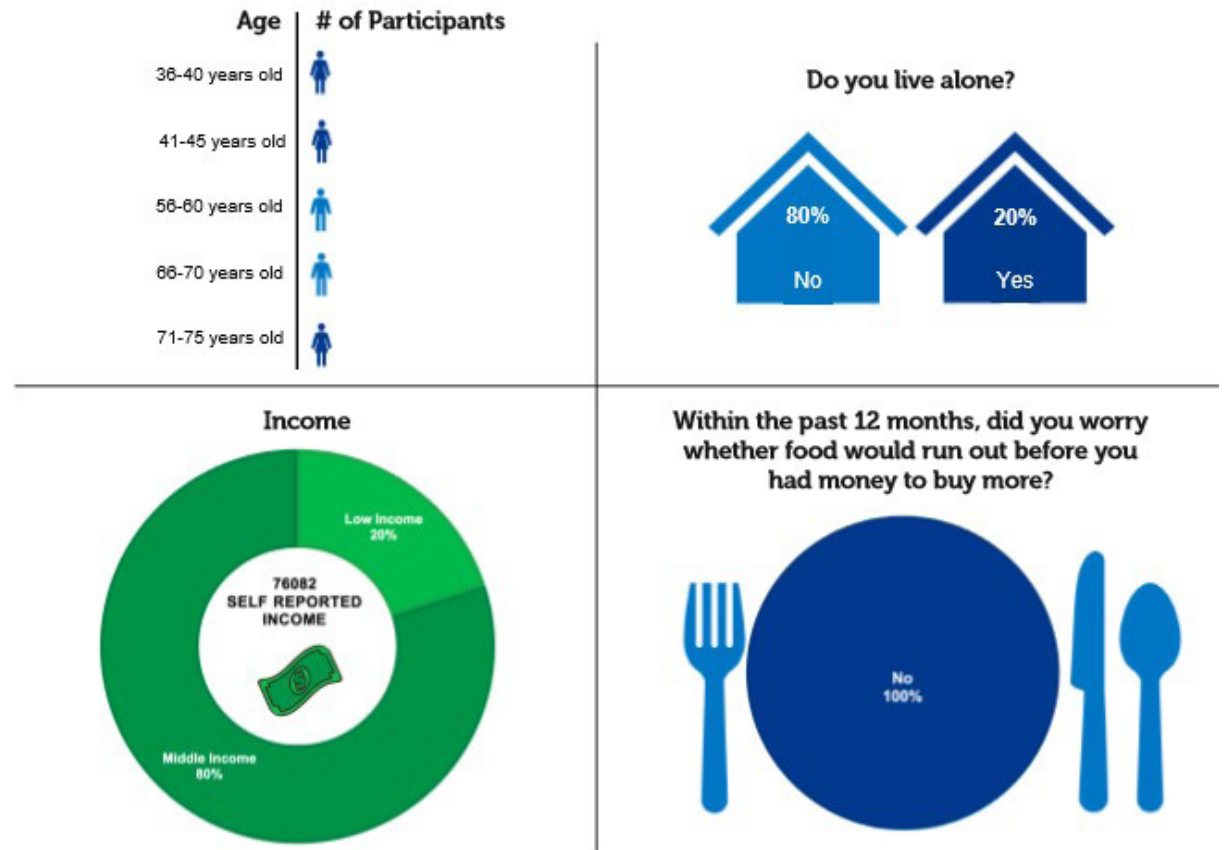
having private insurance. One participant reported being uninsured.

These participants were asked to photograph and write about:

Photograph and write about what you need to help you live a healthy, happy, safe, and independent life?

Figure 24 illustrates PhotoVoice participant demographic and social determinants of health information. Figure 25 highlights community photos from zip code 76082. The results from this community are summarized on the following page:

FIGURE 24. PHOTOVOICE PARTICIPANT DEMOGRAPHICS AND SOCIAL DETERMINANTS OF HEALTH



// Sharing resources among a small group brings people together and brings value to people’s lives.”

- Information and education on building community gardens and raising chickens for healthy eating and exercise.
- Options Connection Center — Community resource hub in an already established building staffed with community health workers, volunteers, and students.
- Community sponsored exercise activities for everyone of all ages and how to manage health conditions.
- Education on health issues impacting our community such as vaping.
- Utilizing the main attraction of football as leverage for resource information and creating community unity

As a result of the PhotoVoice project in 76082, participants have begun a committee to address transportation issues by using their church bus. They are also working to gain buy-in from other churches to collaborate on the initiative.

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

FIGURE 25. COMMUNITY PHOTOS



Data Limitations

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

In addition to general data limitations within this process, there were two other challenges that were faced. Firstly, due to the exploratory nature of work in the zip codes that fell outside Texas Health’s primary service area, there were challenges related to meaningfully engaging with community partners

and stakeholders during qualitative data collection. This impacted the depth of information that was collected from these communities. Moving forward, more work needs to be done to actively engage these communities and develop deeper relationships with community partners and leaders.

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



Opportunities for On-Going Work and Future Impact

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

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

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



Disparities and Barriers

Significant community health disparities are assessed in both the primary and secondary data collection processes. Potential disparities in the Tarrant/Parker Region include people living below the poverty level, percentage of unemployed workers, people 25+ with a bachelor's degree or higher, and mean travel times to work. The percentage of people living below poverty level in the region is lower than both the Texas state value and the national value but differs for both counties based on race and ethnicity. Additionally, the percentage of unemployed workers in the civilian labor force is lower in the Tarrant/Parker Region compared to both state and national values. However, Parker County has a significantly lower percentage of people aged 25+ who have a bachelor's degree or higher, compared to both state and national values. Both Tarrant County and Parker County have longer mean travel times to work than state and national values. 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 and infrastructure, including lack of sidewalks and parks
- Access to providers, both primary and secondary, due to geographic location and clinic hours
- Lack of local healthy foods sources
- Child poverty

In Parker County, zip code 76082 is a rural community and has additional barriers related to the geographic layout of the resources in the county. 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.

Looking Ahead

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



Conclusion

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

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



Appendices Summary

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

A. 2016 Texas Health Resources System-Wide CHNA Report

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

B. Texas Health High Need Zip Codes

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

C. Detailed Methodology and Data Scoring Tables

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



D. Community Data Collection Tools

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

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

E. Community Resources

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

F. Potential Community Partners

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

G. Texas Health Resources PhotoVoice Final Report

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