Region 10 Healthcare Partnership

2017 Community Health Needs Assessment Report

FINAL

June 16, 2017

Table of Contents

EXECUTIVE SUMMARY

BACKGROUND

The Texas Healthcare Transformation and Quality Improvement Program, an 1115 Medicaid Waiver, is managed by the Texas Health and Human Services Commission. The State is divided into 20 Regional Healthcare Partnerships, each of which designs and implements a plan to transform healthcare in its geographic area. The Region 10 Healthcare Partnership (RHP 10) is comprised of nine counties in north Texas: Ellis, Erath, Hood, Johnson, Navarro, Parker, Somervell, Tarrant, and Wise. JPS Health Network serves as the anchor entity for RHP 10 and is responsible for conducting a community health needs assessment (CHNA) for the region. In 2017, JPS Health Network partnered with Health Resources in Action (HRiA), a non-profit public health organization, to **conduct a CHNA to gain a greater understanding of the health issues facing RHP 10 residents, how those needs are currently being addressed, and where there are opportunities to address these needs in the future.**

Previous CHNA

In 2013, JPS Health Network conducted a RHP 10 CHNA to identify and prioritize health issues. The 2013 CHNA informed the region's program planning and provided a foundation for each RHP 10 provider to implement programs that address the identified needs in their community. As a result of the key findings from the 2013 CHNA, JPS Health Network identified the following three priority areas, each of which aligned with identified community health needs: behavioral health and palliative care, community focused and care coordination, and specialized services.

Purpose and Geographic Scope

The 2017 CHNA builds upon the 2013 CHNA to further advance community efforts and priority topic areas within RHP 10. This report describes the process and findings from the 2017 CHNA, which aimed to:

- Examine the current health status of Ellis, Erath, Hood, Johnson, Navarro, Parker, Tarrant, Somervell, and Wise counties, and compare these rates to state indicators
- Explore current health priorities—as well as new and emerging health concerns—among residents within the social context of their communities
- Identify community strengths, resources, and gaps in services to set programming, funding, and policy priorities
- Compare to the 2013 CHNA to identify areas of improvement and continued areas of focus

PROCESS AND METHODS

The CHNA employed a participatory approach so that the process was informed by diverse perspectives and used a social determinants of health framework, recognizing that multiple factors affect a community's health. As part of this effort, JPS Health Network sought input from a 30-member Advisory Committee, as well as RHP 10 providers, at several stages of the assessment.

- To develop a social, economic, and health portrait of the community served by RHP 10, existing quantitative data were drawn from national, state, county, and local sources (e.g., U.S. Census, Texas Department of State Health Services, etc.).
- Similar to 2013 CHNA methods, an online survey was conducted to understand provider perceptions of health issues in the region (n=145 respondents; 33% response rate).
- Quantitative data was supplemented by **11 focus groups and 22 interviews conducted with over 100 individuals from across RHP 10 in March 2017** to understand participants' perceptions

of their communities, health needs and assets, and suggestions for future programming and services to address these issues.

- Additionally, a review of programs was done to assess the existing health services landscape in the region.

FINDINGS

The following provides a brief overview of key findings that emerged from this assessment:

Demographics

The health of a community is associated with numerous factors including the demographic distribution of age, race/ethnicity, educational attainment, income, and employment status, among others. Who lives in a community is significantly related to the rates of health behaviors and outcomes of the area.

- *Population:* According to the U.S. Census, Region 10 had a total population of over 2.5 million between 2011 and 2015. While populations in all counties are projected to increase from 2010 to 2030, Parker and Ellis counties had the highest projected percent increases in population size (88% and 78%, respectively). Focus group and interview participants also shared personal observations of population growth.

- *Age Distribution:* Focus group and interview participants described the region as comprised of a mix of age groups, with aging adults, young families, and middle age persons. While just over a third of residents were age 45 years and older in Texas overall, 52% of Hood County's population was age 45 years and older and Somervell and Parker Counties had 45% and 43% of their respective populations that were age 45 years and older. American Community Survey data indicates that Somervell and Parker Counties have also experienced the greatest increase in their aging adult population (65 years and older) (22.6% and 20.5%, respectively).

> *"[We are] growing fast, constantly growing. There are neighborhoods you drive through and six months later, they have a different look and dynamic."*
>
> –Focus Group Participant

- *Racial and Ethnic Diversity:* All counties in the region have higher proportions of White residents compared to Texas overall. In Tarrant, Ellis, and Navarro counties, about a quarter of residents identified as Hispanic and about 1 in 10 residents identified as Black. In contrast, residents of the other counties in the region had populations that were at least three-quarters White.

- *Educational Attainment:* While numerous participants noted that the school systems in the region are strong and there is good access to higher education, some participants shared that in some communities, specifically Navarro and Tarrant Counties, more needs to be done to enhance education access. Quantitative data shows that educational attainment was higher among residents of Parker County (62.1%), Tarrant County (61.4%), and Hood County (60.0%) than for Texas overall (56.8%) based upon the proportion of residents with at least some college or greater education attainment. In contrast, Navarro County had the lowest proportion of residents with at least some college (46.8%).

- *Income, Poverty, and Employment:* Focus group and interview participants alike reported that the region includes both wealthier and lower income individuals and expressed concerns about the uneven distribution of income. Quantitative data illustrates the economic diversity of the region. In Texas, 14.5% of adults had incomes below the 100% poverty line; at the county level, this proportion was generally lower for most of the counties within the region. However, the proportions of adults living in poverty were higher in Navarro County (16.9%) and Erath County (24.6%).

Social and Physical Environment
In addition to who lives in a community, a community's health is associated with what resources and services are available (e.g., safe green space, access to healthy foods). The section below provides an overview of the region's social and physical environment to provide greater context when discussing the community's health.

- ***Transportation:*** Concerns about transportation were discussed in nearly every focus group and interview. While buses exist in some counties and Tarrant County has a small light rail system, these services were viewed as inadequate for the region's communities. Participants reported substantial wait times for these services, requirements that rides be scheduled far in advance, and long travel times. Quantitative data demonstrates that the vast majority of residents across the region (over 80%), as well as residents statewide, used a car alone to commute to work.

> *"Transportation for everyone is a problem. This is a rural community, if you don't have your own working vehicle, there is no other transportation."*
>
> *- Interview Participant*

- ***Housing:*** Concerns about affordable housing and housing expenses in the community was reported by numerous participants. According to some participants, housing costs comprise a large part of spending for lower income households, leaving few resources for other needs, such as health care, medicines, or nutritious food. About one in five homeowners in Texas spent 35% or more of their income on their mortgage (21.3%), while nearly two in five renters in Texas spent 35% or more of their income on rent (39.5%). Somervell County had higher proportions of homeowners that were cost burdened (25.6%) than the state and the other counties in the region. Erath and Hood counties had higher proportions of renters that were cost burdened (48.8% and 43.0%, respectively) than the state and other counties in the region.

- ***Access to Healthy Food:*** Availability of healthy food varied across counties, according to participants. The higher cost of healthy food was identified as a barrier to healthy eating, with lower income people often choosing cheaper, fast food options. Food security, especially among aging adults and children, was also raised as an issue in several focus groups. Across the region, rates of food insecurity varied within a narrow range of 15 to 16% for most counties (Ellis, Hood, Johnson, Parker, Somervell, and Wise) but were higher in Navarro County (19.4%), Erath County (19.3%), and Tarrant County (18.1%), compared to 17% of residents statewide.

- ***Crime and Safety:*** Few participants spoke about crime in the community, although a couple of participants shared concerns about sexual and interpersonal violence, including child abuse and neglect. Family violence incidence rate in the region ranged from 197.0 incidents per 100,000 population in Wise County to 1,116.7 incidents per 100,000 population in Navarro County, where residents were nearly twice as likely to report family violence incidents compared to other counties. Johnson County had the highest sexual assault rate (86.9 incidents per 100,000 population), followed by Tarrant County (83.2 incidents per 100,000 population), and Navarro County (76.9 per 100,000); all of which surpassed the state rate of 67.8 incidents per 100,000 population.

Community Strengths and Resources
When asked about community strengths, participants identified several assets including **strong healthcare systems, generous residents, and collaborative organizations.**

> *"Despite being a more rural community, we do have health care services in the area. The services we have are good. Obviously, this may not be accessible to everyone though."*
>
> *– Interview Participant*

- ***Environmental Scan of External Programs:*** A review of existing programs and services reveals numerous organizations already working on key health issues in the region. The topic areas of aging adults, mental health, and substance abuse well represented in the region's service landscape. Areas where there appears to be limited programming include chronic diseases and related-risk factors, such as obesity. Fewer services were provided across multiple counties or to the North

Texas region; Navarro and Somervell Counties were particularly lacking in services. Most services are based in county-seats and other cities with larger populations. There also appear to be few city and county government led programs; most services represented in this scan are provided by community based and religious organizations and healthcare networks. It is important to note that the environmental scan is not a comprehensive list of all organizations in the region.

Health Conditions

This section of the report provides an overview of leading health conditions in the region by examining incidence and mortality data as well as discussing the pressing concerns that community stakeholders identified during in-depth conversations.

- *Perceived Community Health:* In the 2017 provider survey, respondents were asked how they would generally describe the health of the community to which they provide services; 43.2% of respondents perceived the health of said communities as 'Good' while 41.7% stated that they were 'Fair.' 2017 survey respondents identified mental health/behavioral health, access to primary care, access to specialty care, obesity/overweight, and substance use and abuse as the five health issues with the largest impact on the community.

- *Mortality:* Statewide, the leading causes of mortality in 2015 were heart disease, cancer, and cerebrovascular diseases, which was largely consistent across the counties in the region. However, Alzheimer's disease was among the three most common causes of mortality in Ellis, Hood, and Navarro counties. Further, the chronic lower respiratory diseases category was among the three most common causes of mortality in Johnson County, as were unintentional injuries in Parker and Wise counties.

- *Chronic Diseases and Related Risk Factors:* High rates of chronic diseases – especially diabetes, obesity, hypertension, and heart disease—were identified as a concern for the region in interviews and focus groups.
  - *Obesity:* Participants saw high rates of chronic disease in the region linked to obesity. According to the Texas Behavioral Risk Factor Surveillance Survey (BRFSS), reported overweight or obesity among adults in the region to range from 61.7% in Hood County to 74.9% in Wise County, compared to 66.9% statewide.
  - *Diabetes:* Diabetes in the region was also mentioned as a particular concern among participants because of its high prevalence, its impact on comorbidities, and the costs associated with the disease. About 11% of Texas adults reported being diagnosed with diabetes. Within the region, Wise County had the highest proportion of adults reporting a diabetes diagnosis (19.3%) – nearly double that of the state – followed by Johnson County (16.7%).
  - *Healthy Eating and Physical Activity:* Focus group and interview participants saw obesity and chronic disease as a consequence of a multitude of personal and systemic challenges; they attributed these trends to sedentary lifestyles and poor food choices. According to the 2011-2015 Texas BRFSS, nearly one in five Tarrant County adults reported meeting the daily fruits and vegetables intake recommendations (18.4%), which was the highest proportion reported region-wide and exceeded that reported statewide (16.3%). In contrast, Hood County reported the lowest proportion of adults meeting daily fruit and vegetable recommendations (8.5%). Additionally, less than half of the adult population in all counties across the region reported to have met the aerobic recommendations; this ranged from a low of 32.6% in Parker County to a high of 46.4% in Johnson County, compared to 45.2% statewide.

- o *Heart Disease:* According to the National Center for Health Statistics, the age-adjusted statewide rate of heart disease mortality was 171.6 deaths per 100,000 population in 2015 – the highest reported since 2013. The only counties across the region to have rates lower than that reported statewide were Hood and Tarrant (159.4 deaths and 157.6 deaths per 100,000 population, respectively). Navarro County reported the highest rate of heart disease mortality at 208.1 per 100,000 population.

Heart Disease Mortality Rate per 100,000 Population, by Texas and Counties, 2015
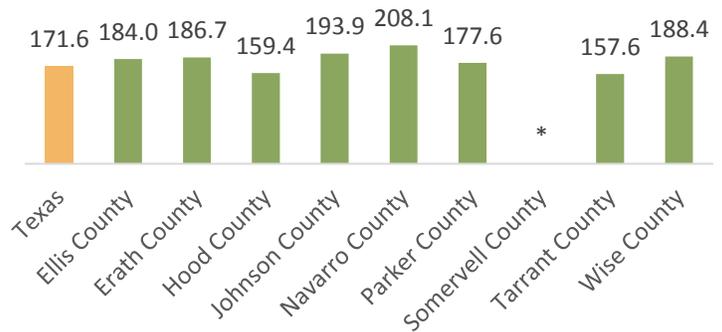
DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, 2015
NOTE: Asterisk (*) denotes where data not available due to insufficient sample sizes to calculate rate or data not shown due to confidentiality constraints; Includes ICD-10 codes I00-I09, I11, I13, I20-I51

- o *Hypertension:* More than two out of five (41.5%) Johnson County adults reported having had high blood pressure between 2011 and 2015 –higher than any other county in the region. In contrast, Erath County had the lowest proportion of adults reporting having had high blood pressure (20.9%), compared to 38.4% statewide.
- o *Asthma:* High rates of asthma were also reported by some participants to be an issue in the region. Between 2011 and 2015, Hood County (16.5%), Navarro County (14.7%), and Wise County (13.9%) had nearly double the statewide proportion of adults with asthma (7.2%).
- **Cancer:** While cancer is the second leading cause of death in the region, it did not emerge as a community concern among interview and focus group participants.
  - o *Cancer Incidence and Mortality:* In 2013, the age-adjusted cancer incidence rate ranged from 340.6 new cases of all-site cancer per 100,000 population in Erath County to 452.6 cases per 100,000 population in Johnson County, compared to 399.4 cases per 100,000 population statewide. The all-site, age-adjusted rate of cancer mortality for the state of Texas was 156.4 deaths per 100,000 population in 2013. Across the region, this ranged from 112.4 cancer deaths per 100,000 population in Erath County to 189.9 cancer deaths per 100,000 population in Johnson County.
    - In 2013, the age-adjusted breast cancer incidence rate ranged from 71.0 new cases per 100,000 population in Wise County to 157.9 per 100,000 population in Navarro County.
    - Across the region, the prostate cancer incidence rate in Johnson, Tarrant, and Ellis Counties exceeded the 2013 statewide rate (107.9 incident cases, 104.2 incident cases, and 97.2 incident cases per 100,000 population, respectively). In contrast, Navarro County reported the lowest incidence rate of prostate cancer across the region.
    - In 2013, the age-adjusted colorectal cancer incidence rate across the region ranged from 25.5 incident cases per 100,000 population in Parker County to 50.0 incident cases per 100,000 population in Navarro County, compared to 37.4 cases per 100,000 population statewide. The 2013 age-adjusted colorectal cancer mortality rate in Johnson County was nearly two times that observed statewide (28.2 and 14.5 colorectal cancer deaths per 100,000 population, respectively). Notably, all the remaining counties in the region also exceeded the statewide rate in 2013.
    - Across the region, the 2013 age-adjusted rate of lung cancer incidence ranged from 55.1 cases per 100,000 population in Navarro County to 72.6 cases per 100,000 population in Hood County. Notably, in 2013, every county for which data were available in the region

exceeded the statewide age-adjusted rate of 52.7 incident cases of lung cancer per 100,000 population. A similar pattern is observed for lung cancer mortality in the region
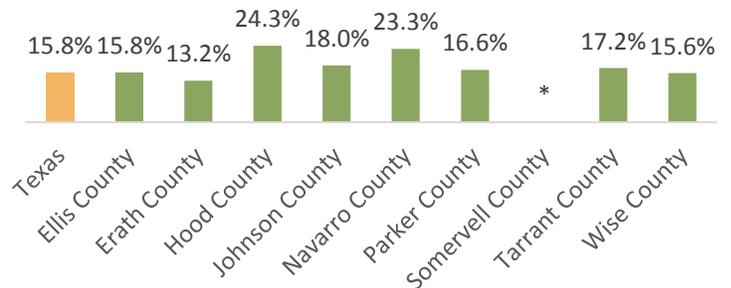
- **Behavioral Health:** Behavioral health—mental health and substance use concerns—were identified in nearly every focus group and interview as a concern for the region. Lack of behavioral health services is a substantial challenge in the region according to numerous participants who shared that the region has insufficient numbers of behavioral health providers of all kinds. As a result, participants reported, there are long wait lists for services and many untreated residents.

> *"Addiction, especially significant substance abuse disorders, have seemingly become more prevalent. Our treatment resources are woefully inadequate in the area."*
>
> – Interview Participant

  - *Mental Health:* Participants shared that while high rates of stress, anxiety, and depression exist in the community, so do more acute mental health issues. According to data from 2011 through 2015, nearly one in four Hood County adults reported a depressive disorder diagnosis –the highest proportion in the region (24.3%); this was almost twice the proportion of adults reporting the same in Erath County (13.2%), which had the lowest proportion in the region.

  - *Substance Abuse:* Participants also identified rising rates of substance abuse in the region including alcohol, opioids, marijuana, synthetic drugs, and prescription drugs.

Percent Adults Reported Depressive Disorder Diagnosis, by Texas and Counties, 2011-2015

Texas 15.8% | Ellis County 15.8% | Erath County 13.2% | Hood County 24.3% | Johnson County 18.0% | Navarro County 23.3% | Parker County 16.6% | Somervell County * | Tarrant County 17.2% | Wise County 15.6%

    - The rate of opioid-related poison control calls was substantially higher in Hood County than any other county in the region (62.1 calls per 100,000 population) and over three-times greater than that reported statewide (18.8 calls per 100,000 population).
    - High rates of smoking, especially among aging adults and lower income residents, was also noted as a health challenge by participants. Approximately one in every five adults in Navarro (21.4%), Johnson (21.2%), Erath (21.0%), Hood (20.8%), and Parker (20.7%) counties reported current smoking status between 2011 and 2015.

- **Violence, Injury, and Trauma:** Although not a prevalent theme in focus groups and interviews, one person noted that trauma related to motor vehicle and motorcycle accidents is a concern in Hood County. Tarrant County (29.9 accidental deaths per 100,000 population) was the only county from across the region to report an age-adjusted unintentional injury mortality rate lower than that reported statewide in 2015 (37.4 accidental deaths per 100,000 population). Wise and Navarro counties had the highest age-adjusted mortality rates due to unintentional injury in the region (63.3 accidental deaths and 61.6 accidental deaths per 100,000 population, respectively).

- **Maternal and Child Health:** Several participants noted that various counties in the region lack accessible OBGYN care, especially providers who take Medicaid, which was described as leading to long wait times for care. Lack of access to prenatal care was mentioned by several participants.

  - *Prenatal Care.* Less than half of the 2014 births in Navarro County were reported to have had prenatal care (48.6%) –lower than the statewide proportion (61.6%) and lowest across the region. Most of the counties in the region reported a proportion of 2014 births with no prenatal care during any trimester that was lower than that reported statewide (5.2%). However, in

Tarrant County, the proportion of 2014 births with no prenatal care during any trimester was 6.0% -- five times that reported in Somervell County (1.2%).

- o *Smoking During Pregnancy.* Aside from Tarrant County, in 2014 all of the remaining counties in the region reported higher proportions of exposure to cigarette use during pregnancy than was observed statewide (3.9%). This proportion was greatest in Hood County (14.7%)
- o *Birth Outcomes.* Only Navarro County reported a proportion of premature births (15.8%) in 2014 greater than the statewide average (12.3%). Similarly, among counties in the region, Navarro County also reported a greater proportion of low birth weight infants in 2014 (8.9%) than that observed statewide (8.2%).
- o *Teen Births.* Of the counties in the region, Navarro and Johnson exceeded the statewide proportion of 2.8% in 2014 (3.3% and 3.0%, respectively).
- o *Infant Mortality:* Several participants reported that infant mortality in the region is high, especially for lower income and African American women. In 2014, Hood County reported the highest infant mortality rate across the region at 12.1 infant deaths per 1,000 live births –more than twice the 2014 statewide rate (5.8 infant deaths per 1,000 live births). Other counties in the region had similarly elevated rates of infant mortality in 2014 including Erath, Parker, and Johnson counties (11.3, 10.5, and 9.4 infant deaths per 1,000 live births, respectively).

Infant Mortality Rate per 1,000 Live Births, by Texas and Counties, 2014
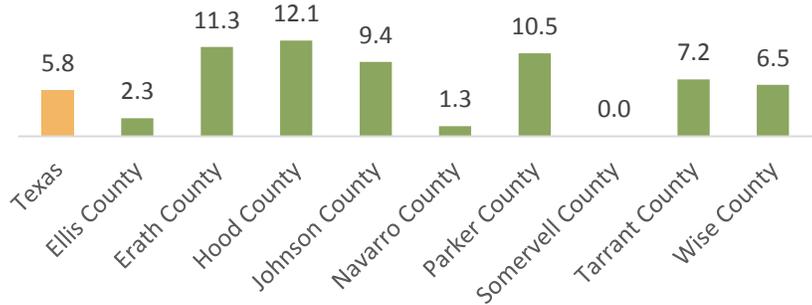
DATA SOURCE: Texas Department of State Health Services, Center for Health Statistics, Texas Health Data, Vital Statistics Annual Report, 2014

- **Communicable Diseases:** Communicable diseases are not as prevalent as chronic diseases in the region, but they do disproportionately affect vulnerable population groups. Focus group and interview participants had few concerns or comments about communicable disease apart from the perceived increase in sexually transmitted infections.
  - o *Sexually Transmitted Infections.* Concerns about high STI rates were mentioned by a couple of participants. In 2015, the rate of chlamydia cases across the region ranged from a low of 206.0 cases per 100,000 population in Somervell County to a high of 498.7 cases per 100,000 population in Navarro County, compared to 487.3 cases of chlamydia per 100,000 population statewide. In 2015, the rate of gonorrhea cases across the region ranged from a low of 34.3 cases per 100,000 population in Somervell County to a high of 229.7 cases per 100,000 population in Navarro County, which was above the statewide rate of 136.7 cases per 100,000 population.
  - o *Vaccine-Preventable Diseases:* Across the state 39.0% of aging adults did not receive a flu shot. Across the region, the proportion of aging adults who did not receive a flu shot ranged from 32.2% in Ellis County to nearly half in Hood County (48.1%).
- **Oral Health:** A few participants identified dental health concerns as a health challenge for the region, especially for aging adults and lower income residents. According to 2011-2015 Texas BRFSS data, greater than half of Texas adults reported dental visits in the year prior to survey

administration (58.4%); across the region this ranged from 48.1% of adults in Hood County to 69.2% of adults in Parker County.

Access and Coordination

When asked about healthcare services in the community, focus group and interview participants generally spoke positively about services. Participants pointed to their smaller, local hospitals, which they saw as providing high quality care to residents, strong EMS systems, and local family practice providers, some of whom still make house calls.

- *Health Care Access:* Respondents to the 2017 provider survey perceived routine specialty care, substance abuse services, and mental health/behavioral health care as the services that were the most challenging to access for low-income patients. The barrier most often identified by survey respondents in 2017 was lack of transportation, followed by insurance problems, and cost of care/co-pays. Focus group and interview participants also shared that some residents face barriers to accessing health care that include the availability of providers, lack of insurance, cost, transportation, navigation challenges, and for some, language accessibility.
  - One in every five Texas residents reported to have no health insurance in 2015. This was largely consistent across the region as well, which ranged from 15.6% of residents uninsured in Parker County to 21.6% of residents uninsured in Erath County.
  - Approximately half of 2017 provider survey respondents reported that their patients do not have one person or place they think of as their personal doctor, nurse practitioners, or health care provider office/practice. Among these survey respondents, insurance problems (including lack of coverage or not enough coverage) was the number one cited reason explaining why, followed by a lack of transportation.
  - While some participants pointed to a growing number of specialists and specialty practices in local hospitals, others reported that substantial shortages exist, and patients experience long wait times for specialty care or have to travel to the metroplex. Participants described a need for providers in areas such as psychiatry, oral health, geriatrics, and maternal and child health. In 2015, the state of Texas reported a rate of 102 mental health providers per 100,000 population. Across the region, only Tarrant, Hood, and Erath counties approached that rate (98, 91, and 90 mental health providers per 100,000 population, respectively). Somervell and Wise counties reported substantially lower rates (12 and 16 mental health providers per 100,000 population, respectively).

Rate of Mental Health Providers per 100,000 Population, by Texas and Counties, 2015

Texas	Ellis County	Erath County	Hood County	Johnson County	Navarro County	Parker County	Somervell County	Tarrant County	Wise County
102	67	90	91	66	58	48	12	98	16

DATA SOURCE: Centers for Medicare and Medicaid Services, National Provider Identification, as cited by County Health Rankings, as cited by Community Commons, 2015

  - The 2017 provider surveys also explored perceptions of care coordination and co-management for low-income patients in the region. In 2017, a majority of survey respondents perceived the co-management of patients with both mental health and medical conditions between primary care physicians and mental health professionals to be very/somewhat ineffective.
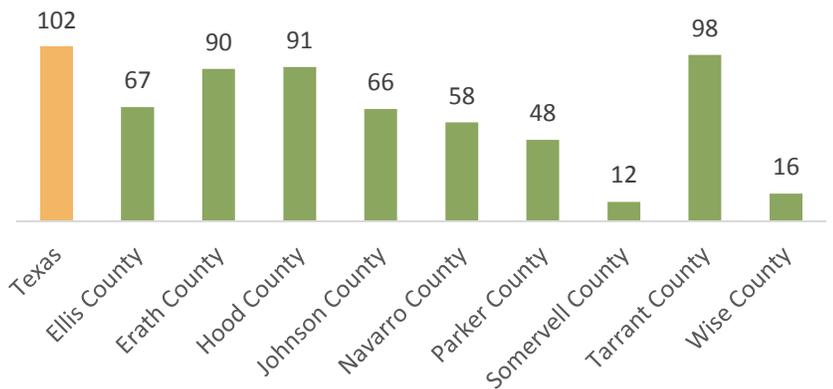
Community Suggestions for Services and Programs

When asked about suggested services and programs in the community, several themes emerged among focus group and interview participants. These included: expand behavioral health services, more wellness programming, enhance access to healthcare services, address the social determinants of health, and a one stop information source. When asked to identify the top five priority areas to address in the future for their respective communities, survey respondents most often selected increasing the number of mental health providers in the community, followed by providing more public transportation to area health and medical services.

Health Needs of the Community

Through a review of secondary data, a provider survey, and discussions with community stakeholders, this assessment report provides an overview of the social and economic environment of the community served by RHP 10, health conditions and behaviors that most affect the population, and perceived strengths and gaps in the current environment. The following table presents the identified health needs of the community (listed in the order in which they appear in the report) that emerged from this synthesis of quantitative and qualitative data.

Area of Need	Identified Needs
Social Determinants of Health	• Poverty • Transportation • Housing • Access to Healthy Food

Health Conditions	• Chronic Disease Prevention and Management
	  o Obesity
	  o Diabetes
	  o Cardiovascular (Heart Disease and Stroke)
	  o Respiratory (Asthma)
	• Cancer (Lung)
	• Behavioral Health
	  o Mental health
	  o Substance abuse
	• Maternal and Child Health
	  o Infant mortality
	  o Prenatal care

Access and Coordination	• Access to Health Care
	  o Insurance coverage/cost
	  o Lack of primary and specialty care providers (mental health, substance abuse, dental, etc.)
	  o Care coordination and integration

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INTRODUCTION

Overview of Region 10 Healthcare Partnership

In 2011, Texas received approval from the federal Center for Medicare and Medicaid Services (CMS) to operate an 1115 Medicaid Waiver known as Texas Healthcare Transformation and Quality Improvement Program. The program is managed by the Texas Health and Human Services Commission. The State is divided into 20 Regional Healthcare Partnerships (RHPs). Each RHP, with leadership and coordination from an Anchor entity, designs and implements a plan to transform healthcare in its geographic area.

Region 10 is comprised of nine counties in north Texas: Ellis, Erath, Hood, Johnson, Navarro, Parker, Somervell, Tarrant, and Wise. The Region 10 Healthcare Partnership (RHP 10) is the result of a shared commitment by the Region's providers to a community-oriented, regional health care delivery system focused on the triple aims of improving the experience of care for patients and their families, improving the health of the region and reducing the cost of care without compromising quality. Inclusively, the region is responsible for the implementation of 125 active Delivery System Reform Incentive Payment (DSRIP) projects. Common threads shared across projects in the region focus on behavioral healthcare, access to primary and specialty care, chronic care management, health promotion and disease prevention, as well as helping patients with complex needs navigate the healthcare system.

JPS Health Network serves as the anchor entity for RHP 10 and provides oversight to the DSRIP projects. As the anchor entity, JPS Health Network is responsible for conducting a community health needs assessment (CHNA) for RHP 10. A comprehensive CHNA examines multiple factors of health that can identify community-wide health issues and facilitate data-informed strategies in programming and partnerships.

In 2017, JPS Health Network conducted a community health needs assessment (CHNA) to gain a greater understanding of the health issues facing RHP 10 residents, how those needs are currently being addressed, and where there are opportunities to address these needs in the future. In addition to identifying broad health issues across the nine-county partnership, a separate assessment was also conducted for Tarrant County—the most populated county within the RHP 10 service area, see 2017 CHNA Report. The following assessment covers the nine counties of RHP 10.

Previous CHNA

In 2013, JPS Health Network conducted a RHP 10 CHNA to identify and prioritize health issues. The 2013 CHNA informed the region's program planning. As a result of the key findings from the 2013 CHNA, the following three priority areas emerged, each of which aligned with identified community health needs: behavioral health and palliative care, community focused and care coordination, and specialized services.

Since the 2013 CHNA, RHP 10 has provided a variety of services and programming via DSRIP projects to address these specific needs in the community. For an overview of the health priorities and programming identified in the previous CHNA, please see the 2013 RHP 10 Plan:

## Purpose and Geographic Scope of the Assessment

JPS Health Network partnered with Health Resources in Action (HRiA), a non-profit public health organization, to conduct the 2017 RHP 10 CHNA. The 2017 CHNA builds upon the 2013 process to further advance community efforts and priority topic areas within RHP 10. This report describes the process and findings from this effort to achieve the following goals:

- Examine the current health status of Ellis, Erath, Hood, Johnson, Navarro, Parker, Tarrant, Somervell, and Wise counties, and compare these rates to state indicators
- Explore the current health priorities—as well as new and emerging health concerns—among residents within the social context of their communities
- Identify community strengths, resources, and gaps in services to set programming, funding, and policy priorities
- Compare to the 2013 CHNA to identify areas of improvement and continued areas of focus

Definition of the Community Served by Regional Health Partnership 10

For this CHNA, the community served by RHP 10 was defined as the populations residing in Ellis, Erath, Hood, Johnson, Navarro, Parker, Tarrant, Somervell, and Wise counties.

Figure 1. Map of RHP 10 Service Area
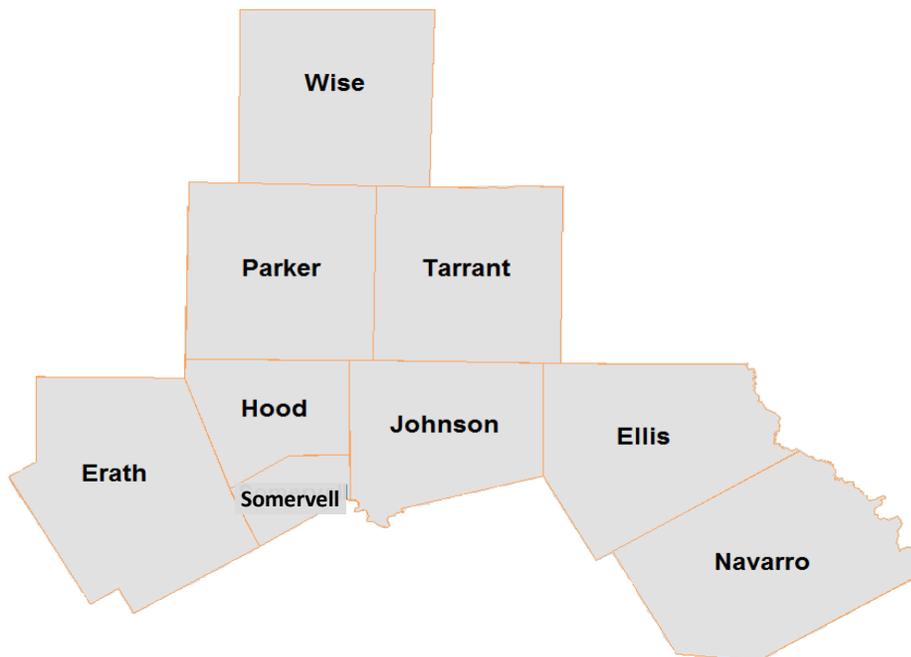
DATA SOURCE: Map courtesy of JPS Health Network

PROCESS AND METHODS

The following section describes how data for the CHNA was compiled and analyzed, as well as the broader lens used to guide this process. This CHNA defines health in its broadest sense, recognizing that multiple factors—from lifestyle behaviors (e.g., diet and exercise), to clinical care (e.g., access to medical services), to social and economic factors (e.g., employment opportunities)—affect a community's health. The beginning discussion of this section describes the larger social determinants of health framework which helped guide this overarching process.

Approach and Community Engagement Process

The CHNA employed a participatory approach so that the process was informed by diverse perspectives. This approach helps guide the methods and questions so they are salient to the community and aid in building support and buy-in at the community level for both the assessment and subsequent planning processes. As part of this effort, JPS Health Network sought input from a 30-member Advisory Committee – that included local health department representation – at several stages of the assessment (Appendix A). The Advisory Committee participated in a kick-off meeting to brainstorm a list of potential stakeholders, followed by a presentation of preliminary findings to inform the report. A steering committee of JPS Health Network staff was engaged in bi-weekly conference calls and e-mails throughout assessment planning and implementation, finalized the list of potential stakeholders for interviews and focus groups and gave feedback on data collection instruments. Additionally, RHP 10 providers were engaged in the process via monthly virtual meetings.

Social Determinants of Health Framework

It is important to recognize that multiple factors affect health and that there is a dynamic relationship between people and their environments. Where and how we live, work, play, and learn are interconnected factors that are critical to consider. That is, not only do people's genes and lifestyle behaviors affect their health, but health is also influenced by more upstream factors such as employment status and quality of housing. The social determinants of health framework addresses the distribution of wellness and illness among a population—its patterns, origins, and implications. While the data we can access is often a snapshot of a population in time, the people represented by that data have lived their lives in ways that are constrained and enabled by economic circumstances, social context, and government policies. Building on this framework, this assessment utilizes data to discuss who is healthiest and least healthy in the community as well as to examine the larger social and economic factors associated with good and ill health.

The following diagram provides a visual representation of this relationship, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors such as employment status and educational opportunities (Figure 2). This report provides information on many of these factors, as well as reviews key health outcomes among the residents of RHP 10.

Figure 2. Social Determinants of Health Framework
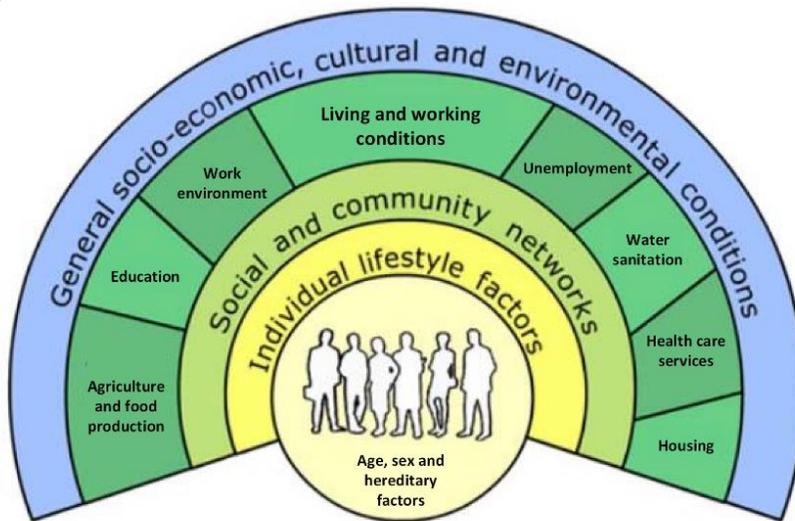
SOURCE: Dahlgren & Whitehead 1991.

Review of Secondary Data

To develop a social, economic, and health portrait of the community served by RHP 10 through a social determinants of health framework, existing data was drawn from national, state, county, and local sources. Sources of data included, but were not limited to, the U.S. Census, U.S. Bureau of Labor Statistics, and Texas Department of State Health Services. Types of data included self-report of health behaviors from large, population-based surveys such as the Behavioral Risk Factor Surveillance System (BRFSS), public health disease surveillance data, as well as vital statistics based on birth and death records.

BRFSS data for Texas and the nine counties of RHP 10 presented throughout the report was provided by the Texas Department of State Health Services. The Texas BRFSS is administered annually via telephone (landline and cellphone since 2011) throughout the calendar year (from January to December). Survey data was weighted by the CDC, accounting for the probability of selection and the distribution of the adult population in Texas. The survey included a question asking for the respondent's county of residence – if a respondent did not answer the question, no county was assigned for that response and they were only included at the state-level analysis.

Interviews and Focus Groups

While social and epidemiological data can provide a helpful portrait of a community, it does not tell the whole story. It is critical to understand people's health issues of concern, their perceptions of the health of their community, perceived strengths and assets of the community, and the vision they have for the future of their community. Secondary data was supplemented by focus groups and interviews. In total, **eleven focus groups and twenty-two interviews were conducted with 107 individuals from across RHP 10 in March 2017** (3 focus groups and 11 interviews were conducted as part of the Tarrant County CHNA).

Twenty-two interviews were conducted with individuals representing a number of sectors including business, hospitals or health care, housing, local universities, law enforcement, and substance abuse.

Focus group and interview discussions explored participants' perceptions of their communities, health needs and assets, and suggestions for future programming and services to address these issues.

A semi-structured moderator's guide was used across all discussions to ensure consistency in the topics covered. Each focus group and interview was facilitated by a trained moderator, and detailed notes were taken during conversations. On average, focus groups lasted 90 minutes and included 8-12 participants, while interviews lasted approximately 30-60 minutes. Participants in the focus groups were engaged by JPS Health Network staff and partners.

Qualitative Analyses
The collected qualitative information was coded and then analyzed thematically for main categories and sub-themes. Analyses identified key themes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. While community differences are noted where appropriate, analyses emphasized findings common across RHP 10. Selected paraphrased quotes – without personal identifying information – are presented in the narrative of this report to further illustrate points within topic areas.

Provider Survey
Similar to 2013 CHNA methods, an online survey was conducted to understand provider perceptions of health issues in the region. The 2017 provider survey built upon the 2013 survey, which collected qualitative data and feedback on access to care, care coordination, and community health; 2013 and 2017 survey results were compared where possible. JPS Health Network distributed the survey to RHP 10 providers via an e-mail list server over a period of two weeks (end of March to early April). A total of 145 respondents completed the 2017 survey (33% response rate), compared to 191 respondents in 2013. Due to the sample size, results are presented for the region overall rather than by county.

As illustrated in Figure 3, most 2017 survey respondents served residents of Tarrant County (54.5%), followed by Wise County (28.0%). In the 2013 survey, Tarrant County was also the most represented county on the provider survey (39.0%), followed by Ellis County (30.0%).
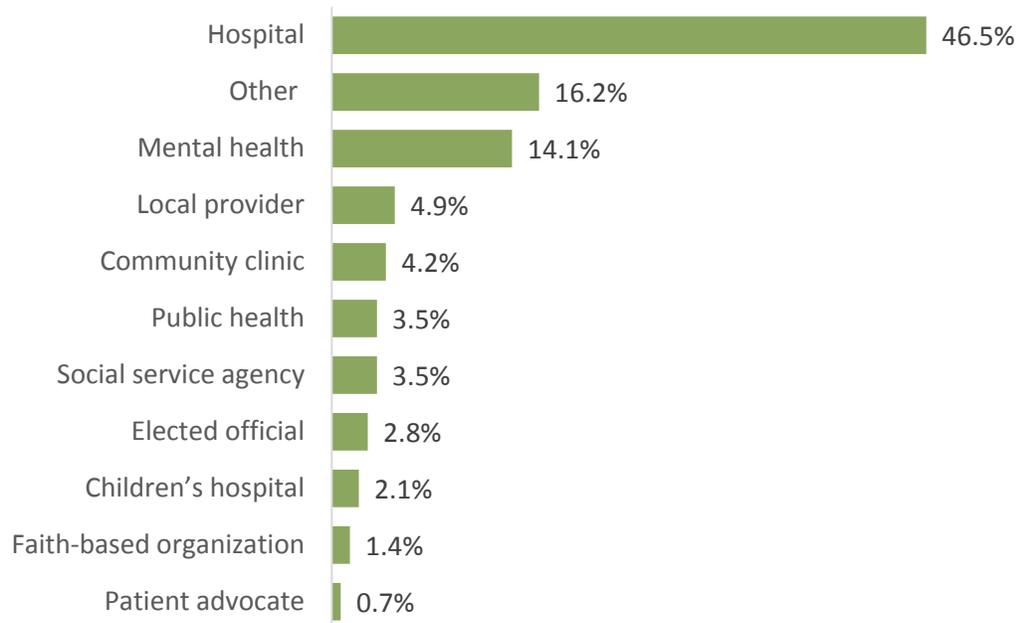
Figure 3. Counties Served by Survey Respondents, 2017 (N=143)
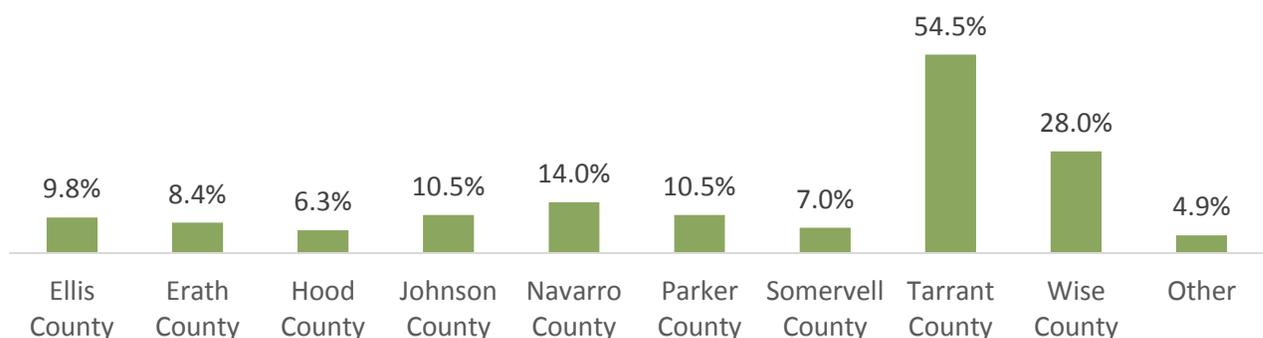
DATA SOURCE: RHP 10 Community Health Needs Assessment Provider Survey, 2017

Figure 4 shows that nearly half of survey respondents reported employment at a hospital (46.5%). The second most common response regarding types of organizations represented by survey respondents was, 'Other' (16.2%), which included academic institutions, behavioral health centers, and skilled nursing facilities, among others. While 14.1% of respondents reported representing a mental health organization in 2017, 35% of respondents reported the same in the 2013 survey.

Figure 4. Types of Organizations Represented by Survey Respondents, 2017 (N=142)

DATA SOURCE: RHP 10 Community Health Needs Assessment Provider Survey, 2017

Table 1 shows the distribution of provider survey respondents by demographic characteristics. The majority of survey respondents identified as women (70.2%), White, non-Hispanic (81.1%), and reported a graduate or professional degree (73.2%). The greatest proportion of respondents were between the ages of 50 and 64 years (38.9%), followed by ages 40 to 49 years (29.2%).

Table 1. Survey Respondents' Characteristics, 2017

	Percent
Gender (N=114)	
Male	29.8%
Female	70.2%
Age (N=113)	
Under 18 years old	0.0%
18-24 years old	0.0%
25-29 years old	4.4%
30-39 years old	17.7%
40-49 years old	29.2%
50-64 years old	38.9%
65-74 years old	8.0%
75 years old or over	1.8%

Race/Ethnicity (N=111)	
White, non-Hispanic	81.1%
Black or African American, non-Hispanic	7.2%
Hispanic or Latino, any race	6.3%
American Indian or Alaska Native, non-Hispanic	0.9%
Asian, non-Hispanic	1.8%
Two or more races, non-Hispanic	2.7%
Educational Attainment (N=112)	
Less than high school	0.0%
High school graduate/GED	1.8%
Some college	5.4%
Associate's degree or technical/vocational degree or certificate	6.3%
College graduate	13.4%
Graduate or professional degree	73.2%

DATA SOURCE: RHP 10 Community Health Needs Assessment Provider Survey, 2017

Environmental Scan of External Programs

A review of programs was done to assess the existing health services landscape in RHP 10. The health topics represented in this environmental scan align with the topics covered in the CHNA and include: aging, cancer, chronic disease, food, physical activity and obesity, violence, injury, and trauma, mental health, substance use, homelessness, maternal and child health, oral health, tobacco use, communicable disease, and immunizations. Programs were identified through interviews and focus groups conducted as part of the qualitative data collection described earlier. Additional programs were found through organizational reviews done online. The purpose of the environmental scan is to highlight existing areas of service and identify gaps and opportunities for growth. A detailed list of all programs identified during the environmental scan process can be found in Appendix B. The environmental scan is not a comprehensive list of all organizations in the region. Please note that a separate environmental scan was conducted as part of the Tarrant County CHNA.

Limitations

As with all data collection efforts, there are several limitations related to the data that should be acknowledged. A number of secondary data sources were drawn upon for quantitative data in creating this report. Although all the sources used for this purpose (e.g., U.S. Census, Texas Department of State Health Services) are considered highly credible, sources may use different methods and assumptions when conducting analyses. Additionally, due to the collection of data from multiple sources, data presented in this report covers a variety of time periods. Therefore, figures and tables may not be directly comparable with each other. It should also be noted that for the secondary data analyses, in several instances, county level data was not available due to small sample sizes.

While efforts were made to engage a diverse cross-section of individuals, the interview and focus group findings, as well as provider survey results, represent a sub-set of community stakeholders and may be limited in their generalizability. While the interviews, focus groups, and provider survey conducted for this assessment provide valuable insights, results are not statistically representative of a larger population due to small sample sizes and non-random sampling techniques. Lastly, it is important to note that data was collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

FINDINGS

Demographics

The health of a community is associated with numerous factors including the demographic distribution of age, race/ethnicity, educational attainment, income, and employment status, among others. Who lives in a community is significantly related to the rates of health behaviors and outcomes of the area.

> *"[We are] growing fast, constantly growing. There are neighborhoods you drive through and six months later, they have a different look and dynamic."* –Focus Group Participant

Focus group and interview participants described the region as comprised of a mix of age groups, with aging adults, young families, and middle age persons. A prominent theme across focus groups and interviews was the substantial growth of the region, spurred in part by the recent expansion of the Tollway. According to participants, this has led to expanded tourism and substantial housing and commercial development, as well as an influx of new residents from other states and the metroplex area. Growing density in traditionally rural parts of the region, such as Parker and Wise Counties, was also noted by participants.

There are many reasons the region is attractive, according to focus group and interview participants, including proximity to Fort Worth, good schools and amenities, and a strong sense of community. The downside, participants shared, is that traffic has increased and services have been stretched and, according to some, infrastructure has not kept up. A few participants expressed concerns about rapid growth: *"we don't want to be swallowed up. We don't want to become another suburb of Dallas. But it's getting hard because growth happens so quickly."*

Population

According to the U.S. Census, Region 10 had a total population of over 2.5 million between 2011 and 2015 (Table 2). Tarrant County was the most populated county in the Region with 1.9 million residents, while Somervell County was the smallest with less than 9,000 residents. While populations in all counties are projected to increase from 2010 to 2030, Parker and Ellis counties had the highest projected percent increases in population size (88% and 78%, respectively).

Table 2. Total Population, by Texas and Counties, 2011-2015

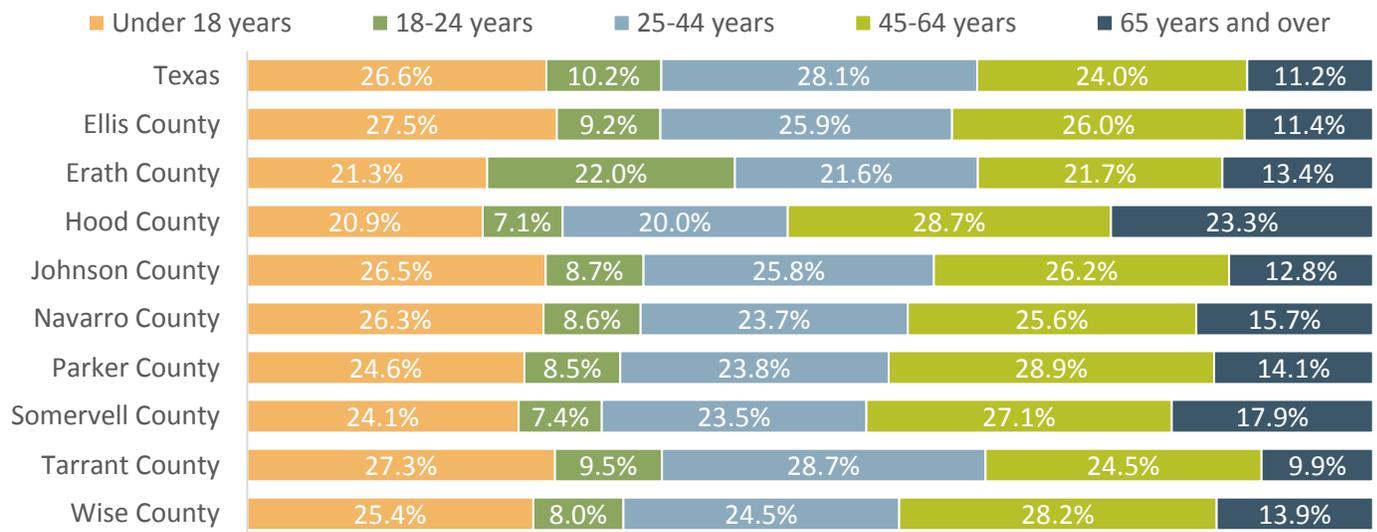| Geography	Population
Texas	26,538,614
Region 10	2,559,631
Ellis County	157,058
Erath County	40,039
Hood County	53,171
Johnson County	155,450
Navarro County	48,118
Parker County	121,418
Somervell County	8,608
Tarrant County	1,914,526
Wise County	61,243

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015

Age Distribution

Participants reported that the region attracts young families because of the schools but also has a vibrant aging adult community, particularly in towns like Granbury and Ennis, who enjoy access to lakes and recreational facilities. Concerns about meeting the needs of a rapidly growing aging adult population emerged in a few conversations. As one participant observed, *"I am not sure our system is ready for the need [as the boomer population ages]. The sheer numbers are overwhelming – the resources aren't there."*

Figure 5 shows the age distribution of residents for each county within the region between 2011 and 2015. Several counties had relatively older populations. While just over a third of residents were age 45 years and older in Texas overall, 52% of Hood County's population was age 45 years and older and Somervell and Parker Counties had 45% and 43% of their respective populations that were age 45 years and older. Erath County had a comparatively younger population, which could be because Tarleton State University has a campus in Stephenville (65% of students live off campus[1]). Nearly one-quarter of Erath County residents were between the ages of 18 and 24, the largest proportion of young adult residents in the region. Comparing 2006-2010 and 2011-2015 American Community Survey data indicates that Somervell and Parker Counties have experienced the greatest increase in their aging adult population (65 years and older) (22.6% and 20.5%, respectively) (data not shown).

Figure 5. Age Distribution, by Texas and Counties, 2011-2015

County	Under 18 years	18-24 years	25-44 years	45-64 years	65 years and over
Texas	26.6%	10.2%	28.1%	24.0%	11.2%
Ellis County	27.5%	9.2%	25.9%	26.0%	11.4%
Erath County	21.3%	22.0%	21.6%	21.7%	13.4%
Hood County	20.9%	7.1%	20.0%	28.7%	23.3%
Johnson County	26.5%	8.7%	25.8%	26.2%	12.8%
Navarro County	26.3%	8.6%	23.7%	25.6%	15.7%
Parker County	24.6%	8.5%	23.8%	28.9%	14.1%
Somervell County	24.1%	7.4%	23.5%	27.1%	17.9%
Tarrant County	27.3%	9.5%	28.7%	24.5%	9.9%
Wise County	25.4%	8.0%	24.5%	28.2%	13.9%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015

Racial and Ethnic Diversity

At the county level, quantitative data demonstrates that all counties in the region have higher proportions of residents identified as White compared to Texas overall (Figure 6). Tarrant County was most like the state with approximately half of residents identified as White compared to 44% of Texans overall. Interview and focus group participants stated that Tarrant County has a very diverse population, including Asians, African Americans, Hispanics, and a growing number of refugees. Navarro was also mentioned as a county with substantial racial and ethnic diversity. In Tarrant, Ellis, and Navarro counties, about a quarter of residents identified as Hispanic and about 1 in 10 residents identified as

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[1] https://www.usnews.com/best-colleges/tarleton-3631/student-life

Black. In contrast, residents of the other counties in the region had populations that were at least three-quarters White; these ranged from a high of 86% in Hood County to a low of 75% in Johnson County.
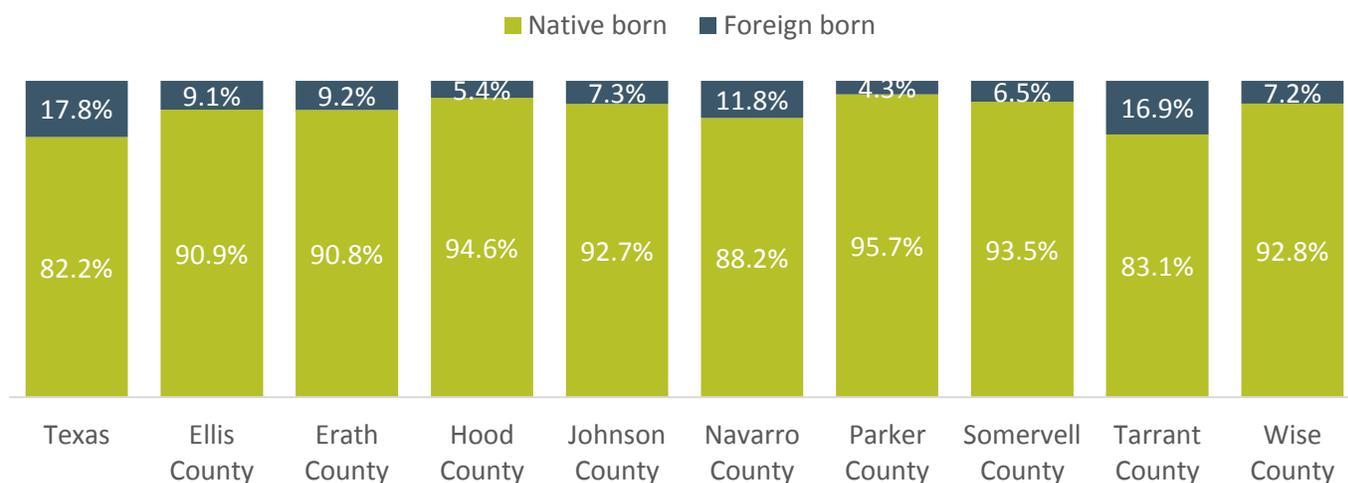
Figure 6. Racial and Ethnic Distribution, by Texas and Counties, 2011-2015

Legend: ■ Black or African American, alone   ■ Hispanic or Latino, any race   ■ Asian, alone   ■ White, alone   ■ Other

County	Black	Hispanic	Asian	White	Other
Texas	11.6%	38.4%	4.2%	43.8%	1.9%
Ellis County	8.8%	24.7%	0.6%	63.9%	2.1%
Erath County	1.4%	19.9%	0.7%	76.2%	1.7%
Hood County	0.8%	11.4%	0.6%	85.6%	1.7%
Johnson County	2.5%	19.5%	0.8%	74.6%	2.6%
Navarro County	13.3%	25.2%	0.7%	58.4%	2.4%
Parker County	1.7%	11.2%	0.6%	84.5%	2.0%
Somervell County	0.6%	19.2%		79.2%	1.0%
Tarrant County	15.1%	27.6%	4.9%	49.8%	2.6%
Wise County	1.2%	18.2%	0.4%	78.2%	2.1%
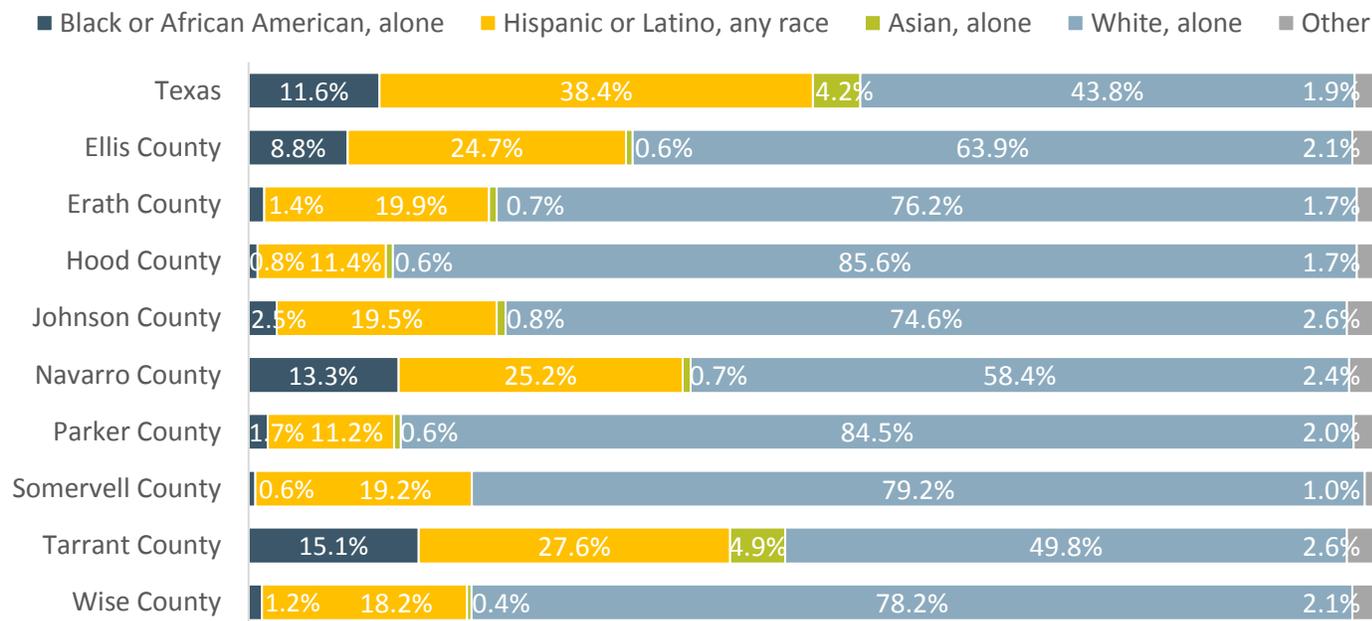
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015

Figure 7 presents data regarding the nativity of residents in the region. Tarrant County had a similar proportion of foreign born residents as the state (16.9% and 17.8%, respectively) and a proportion that was higher than other counties in the region. The lowest proportions of foreign born residents were observed in Hood County (5.4%) and Parker County (4.3%). It is important to note that this data likely undercounts undocumented residents as it is challenging to collect accurate data on this population.

Figure 7. Nativity, by Texas and Counties, 2011-2015

Legend: ■ Native born   ■ Foreign born

	Texas	Ellis County	Erath County	Hood County	Johnson County	Navarro County	Parker County	Somervell County	Tarrant County	Wise County
Foreign born	17.8%	9.1%	9.2%	5.4%	7.3%	11.8%	4.3%	6.5%	16.9%	7.2%
Native born	82.2%	90.9%	90.8%	94.6%	92.7%	88.2%	95.7%	93.5%	83.1%	92.8%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015

According to U.S. Census data, over a third of Texans spoke a language other than English at home (35.0%), this is a higher proportion than was observed for any county in the region (Figure 8). Within the region, Tarrant County had the highest proportion of residents that spoke a language other than English (28.0%) followed by Navarro County (22%), Erath County (19.3%) and Ellis County (19.0%). Hood County and Parker County had the lowest proportions of residents that spoke a language other than English (10.3% and 8.8%, respectively).

Figure 8. Percent Population 5 Years and Over Who Speak a Language Other Than English at Home, by Texas and Counties, 2011-2015
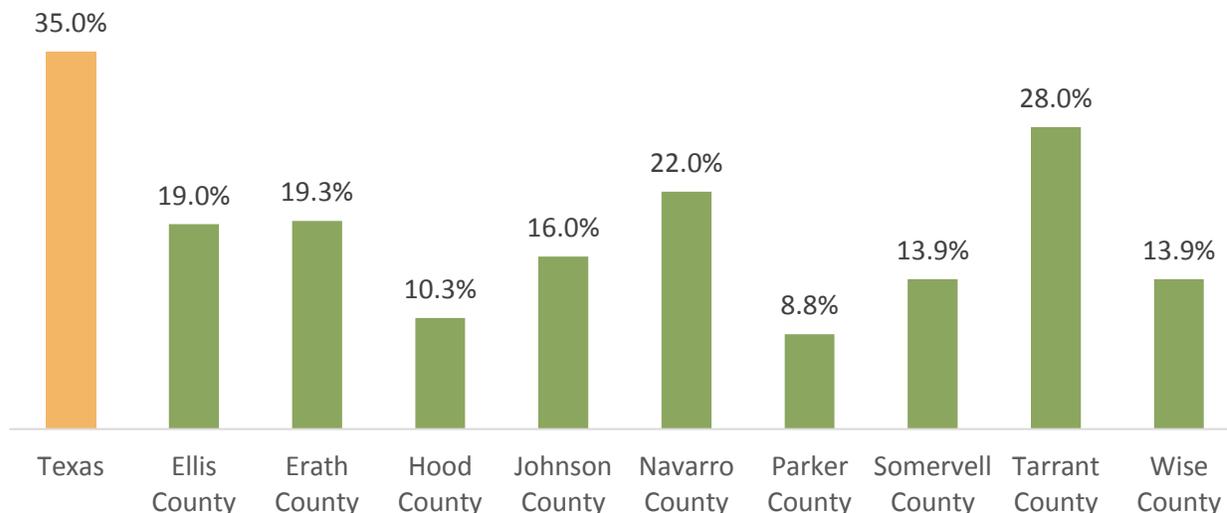
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015

Educational Attainment

> *"[The school system is] highly recognized and students go on to be successful in competitive colleges and universities."* –Focus Group Participant

Perspectives on the region's schools differed across participants. While numerous participants noted that the school systems in the region are strong and there is good access to higher education, some participants shared that in some communities, specifically Navarro and Tarrant Counties, more needs to be done to enhance education access.

Quantitative data shows that educational attainment (Figure 9) was higher among residents of Parker County (62.1%), Tarrant County (61.4%), and Hood County (60.0%) than for Texas overall (56.8%) based upon the proportion of residents with at least some college or greater education attainment. Wise County had one of the lowest proportions of residents with at least some college (47.4%); however it had a relatively low proportion of residents with less than a High School Diploma (15.9%). In contrast, Navarro County had the lowest proportion of residents with at least some college (46.8%) and the highest proportion of residents with less than a High School Diploma (22.6%).

Figure 9. Educational Attainment, by Texas and Counties, 2011-2015

Legend: ■ Less than HS Diploma ■ HS Diploma ■ Some College/ Associate's ■ Bachelor's or Higher

County	Less than HS Diploma	HS Diploma	Some College/ Associate's	Bachelor's or Higher
Texas	18.1%	25.2%	29.2%	27.6%
Ellis County	15.4%	29.7%	33.7%	21.2%
Erath County	15.7%	27.1%	30.7%	26.6%
Hood County	11.6%	28.4%	34.5%	25.5%
Johnson County	16.8%	31.7%	34.3%	17.4%
Navarro County	22.6%	30.5%	31.1%	15.7%
Parker County	11.0%	26.9%	35.7%	26.4%
Somervell County	18.1%	26.3%	32.9%	22.7%
Tarrant County	14.8%	23.8%	31.1%	30.3%
Wise County	15.9%	36.8%	30.8%	16.6%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015

Income, Poverty, Employment

> *"The growth [in the region] is a strength. It brings job opportunities…especially jobs in the professional fields – like the medical field."* - Interview Participant

> *"There are people in the zip code 76049 who are the most concentrated number of millionaires in Texas, and then you have 76048 where you have indigents who don't have the resources."* – Focus Group Participant

> *"We have the same issues as most large, metropolitan areas. There is a segment of the population that struggles."* - Interview Participant

Focus group and interview participants alike reported that the region includes both wealthier and lower income individuals. Median household income data is presented in Figure 10 and illustrates the economic diversity of the region. Six of the nine counties in the region had median household incomes that were higher than the state's median of $53,207. Parker County ($67,288) and Ellis County ($62,465) were notably higher than the state and higher than the other counties in the region. In contrast, the median household income in both Erath County ($41,416) and Navarro County ($41,505) were the lowest in the region and notably below the state median household income.

Figure 10. Median Household Income, by Texas and Counties, 2011-2015
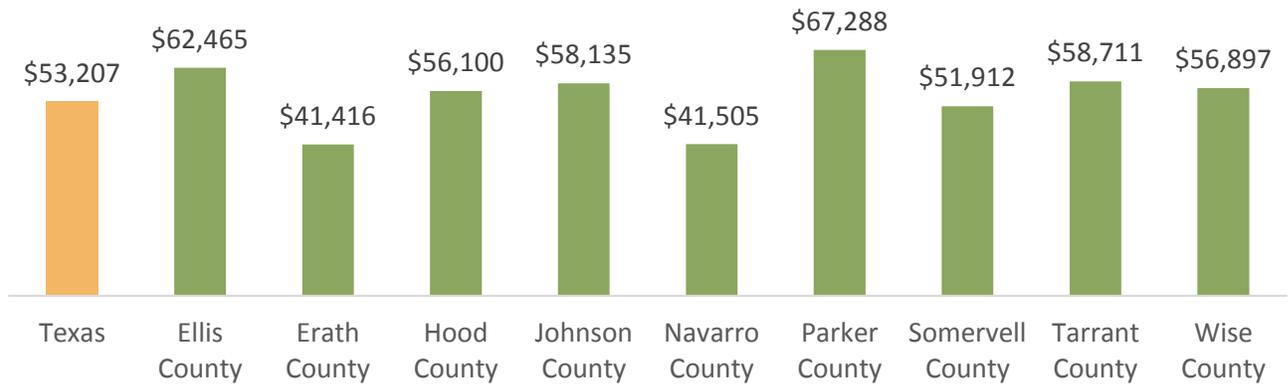
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015

Some participants raised concerns about rising rates of poverty as evidenced by a high number of school-aged children who receive free or reduced lunch, increased use of food programs by families in some communities, and a growing homeless population. As one focus group participant shared, *"we're seeing more people from the lower socioeconomic status. Lots of cars parked outside of what used to be nicer homes, now have wrecks in the yards. It is hard to find middle and upper-middle class people here anymore."* The distribution of income was mentioned as a community concern by several participants. As one person described, *"there is a large part of the population that is wealthy, they live in the lake/golf communities. And at the same time there is extreme poverty in some of the outlying areas. I would say we have a bifurcated population, large group at both end of the income scale, without a lot in the middle."*

In Texas, 14.5% of adults had incomes below the 100% poverty line (Figure 11). At the county level, this proportion was generally lower for most of the counties within the region. However, the proportions of adults living in poverty were higher in Navarro County (16.9%) and Erath County (24.6%). This high rate in Erath County may be partially explained by its large young adult (age 18 to 24) population and the county's low median household income.

Figure 11. Percent Population 18 Years and Over Living Below the 100% Poverty Level, by Texas and Counties, 2011-2015
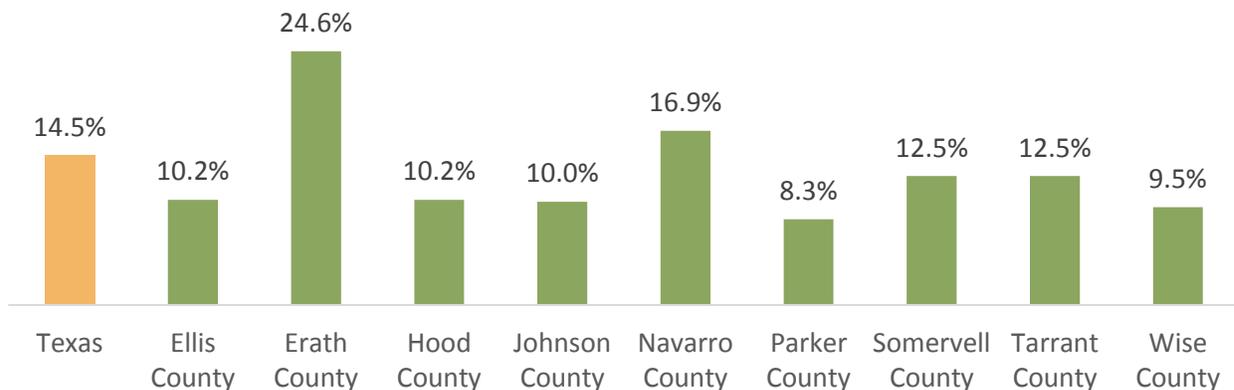
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015

Overall, participants shared that the region largely enjoys relatively low unemployment and that economic growth, including new businesses, has occurred recently in many communities. As one participant stated, *"we've had really strong employment numbers and the economic development prospect has been very strong."* However, participants also observed that not all regions have benefitted from this growth. Navarro County, for example, was seen as having little industry, and lower paying jobs; one participant shared that Corsicana has experienced an exodus of companies. Fluctuations in the energy industry have also affected the region; according to participants from Johnson County, the migration of fracking companies to other states has contributed to economic downturn and empty hotel space in that county. While some industries have brought higher-paying jobs to the region, participants also noted that many lower-paying blue collar and service jobs also exist. These workers, participants shared, face additional challenges including lack of affordable childcare and public transportation.

According to the U.S. Bureau of Labor Statistics, similar rates of unemployment were experienced across the nine counties and statewide; Somervell (5.0%) and Wise (4.6%) Counties had higher rates of unemployment compared to the State (Figure 12). Data from the U.S. Bureau of Labor Statistics demonstrates consistent downward trends in the unemployment rate between 2011 and 2015 for all counties in the region (data not shown).

Figure 12. Unemployment Rate, by Texas and Counties, 2015

Texas	Ellis County	Erath County	Hood County	Johnson County	Navarro County	Parker County	Somervell County	Tarrant County	Wise County
4.5%	4.0%	3.9%	4.5%	4.4%	4.3%	4.2%	5.0%	4.2%	4.6%
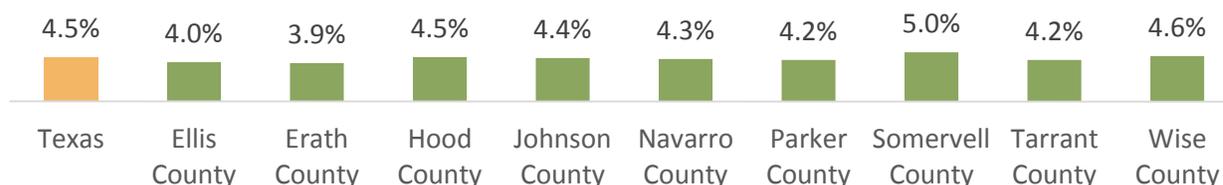
DATA SOURCE: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics, 2015

Social and Physical Environment

In addition to who lives in a community, a community's health is associated with what resources and services are available (e.g., safe green space, access to healthy foods). Understanding these contextual factors can help identify the facilitators and barriers to health in a community. For example, healthy foods may not be accessible if the public transportation system is limited. The section below provides an overview of the region's social and physical environment to provide greater context when discussing the community's health.

Transportation

> *"Transportation for everyone is a problem. This is a rural community, if you don't have your own working vehicle, there is no other transportation."* - Interview Participant

Concerns about transportation were discussed in nearly every focus group and interview. As one participant summed up, *"the public transportation is pitiful here. It's woefully inadequate."* While buses exist in some counties and Tarrant County has a small light rail system, these services were viewed as inadequate for the region's communities. Participants reported substantial wait times for these services, requirements that rides be scheduled far in advance, and long travel times. Other transit options were reported to be expensive or unlicensed. Rural, aging adult, and low income residents, in particular, were

reported to face considerable challenges relative to transportation. As one person summed up, *"it's just not a functional system and people have problems getting around."*

Quantitative data demonstrates that the vast majority of residents across the region (over 80%), as well as residents statewide, used a car alone to commute to work (Figure 13). Similar to the state, approximately one in ten residents from each county commuted to work via carpool, while less than 1% of residents in each county used public transportation.

Figure 13. Means of Transportation to Work for Population 16 Years and Over, by Texas and Counties, 2011-2015

■ Car, Truck, or Van - Alone   ■ Car, Truck, or Van - Carpool   ■ Public Transportation   ■ Other

County	Car, Truck, or Van - Alone	Car, Truck, or Van - Carpool
Texas	80.2%	10.8%
Ellis County	81.6%	12.0%
Erath County	80.7%	11.3%
Hood County	82.7%	9.1%
Johnson County	84.7%	8.8%
Navarro County	81.6%	11.9%
Parker County	82.9%	10.5%
Somervell County	84.1%	12.9%
Tarrant County	82.9%	10.0%
Wise County	82.1%	10.9%
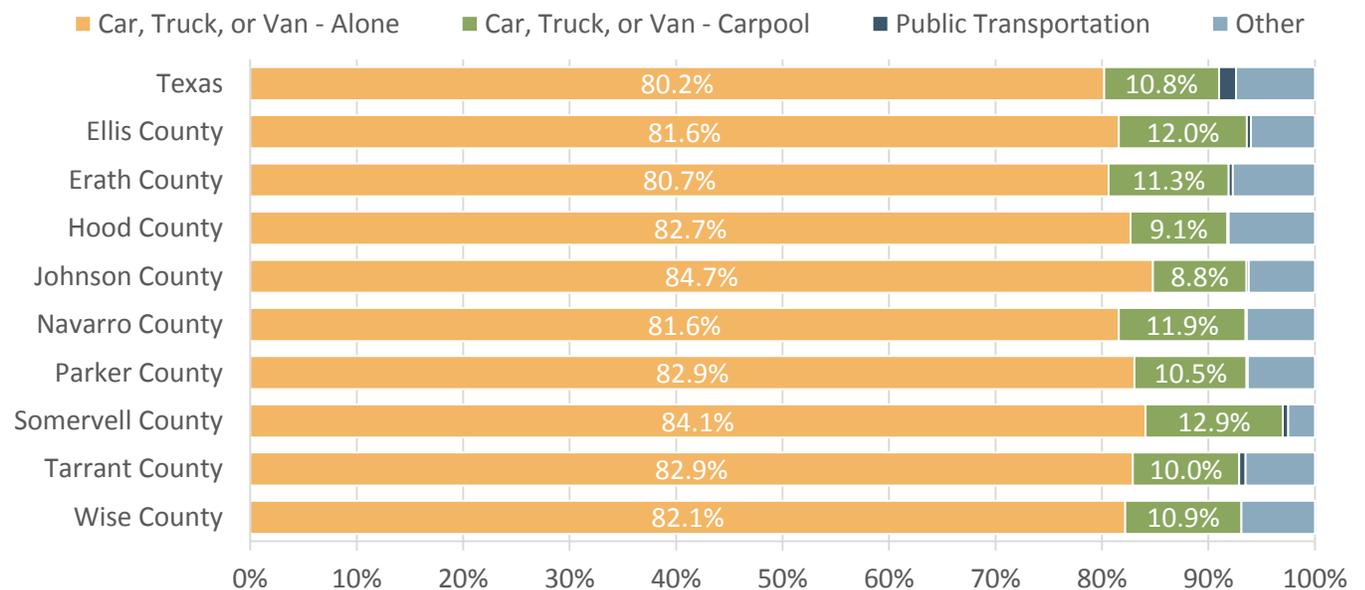
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015

Housing

> *"Good housing is a problem here. Housing is not readily available for most people."* - Interview Participant

> *"There may be housing at the very low end and then at the very high end, but not much in the middle that moderate income residents can afford/want to live in."* - Interview Participant

> *"[Housing] has become a huge, huge factor in social vitality, economic livelihood, and the health of the poorest participants of our community."* – Interview Participant

Concerns about affordable housing and housing expenses in the community was reported by numerous participants. While housing construction has accompanied the region's growth, participants reported that this housing is out of reach for many middle and lower income residents, especially in areas such as Ellis and Hood counties. As one person summarized, *"affordable housing for the lower income is a challenge. I don't care where you're at, but trying to find a place to rent in this area is difficult to find. To find something under $1,000 is amazing."*

According to the U.S. Census, the majority of housing across the region, as well as statewide, was owner-occupied (data not shown). Wise, Parker, and Hood County had the highest proportions of owner-occupied housing units in the region (78.0%, 77.7% and 76.8%, respectively). Erath County had the highest proportion of renter-occupied housing units (40.2%), followed by Tarrant County (39.1%) and Navarro County (33.5%). Median monthly housing costs in Ellis, Parker, and Tarrant County were slightly higher than those statewide (Figure 14) for both owners and renters. In contrast, Erath and Navarro County each had median monthly housing costs that were lower than the other counties in the region and the state overall.

Figure 14. Median Monthly Housing Costs, by Texas and Counties, 2011-2015
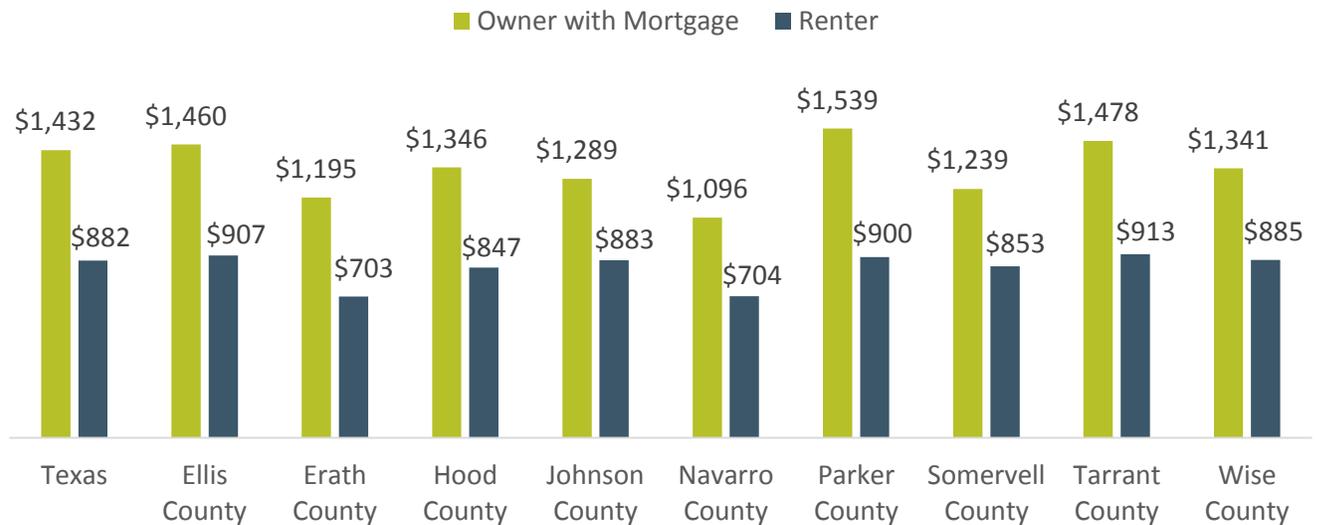
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015

According to some participants, housing costs comprise a large part of spending for lower income households, leaving few resources for other needs, such as health care, medicines, or nutritious food. Others observed that the high cost of housing contributes to homelessness in the region. As one person stated, *"there are a lot of homeless youth in our community; it's going to escalate as the community grows."*

Data related to the burden of housing costs among homeowners and renters is presented in Figure 15. About one in five homeowners in Texas spent 35% or more of their income on their mortgage (21.3%), while nearly two in five renters in Texas spent 35% or more of their income on rent (39.5%). Somervell County had higher proportions of homeowners that were cost burdened (25.6%) than the state and the other counties in the region. Erath and Hood counties had higher proportions of renters that were cost burdened (48.8% and 43.0%, respectively) than the state and other counties in the region. Otherwise, most counties in the region had rates of housing cost burden for homeowners and renters that were on par or lower than the state.

Figure 15. Percent Housing Units Where Occupant Monthly Costs 35% or More of Income, by Texas and Counties, 2011-2015
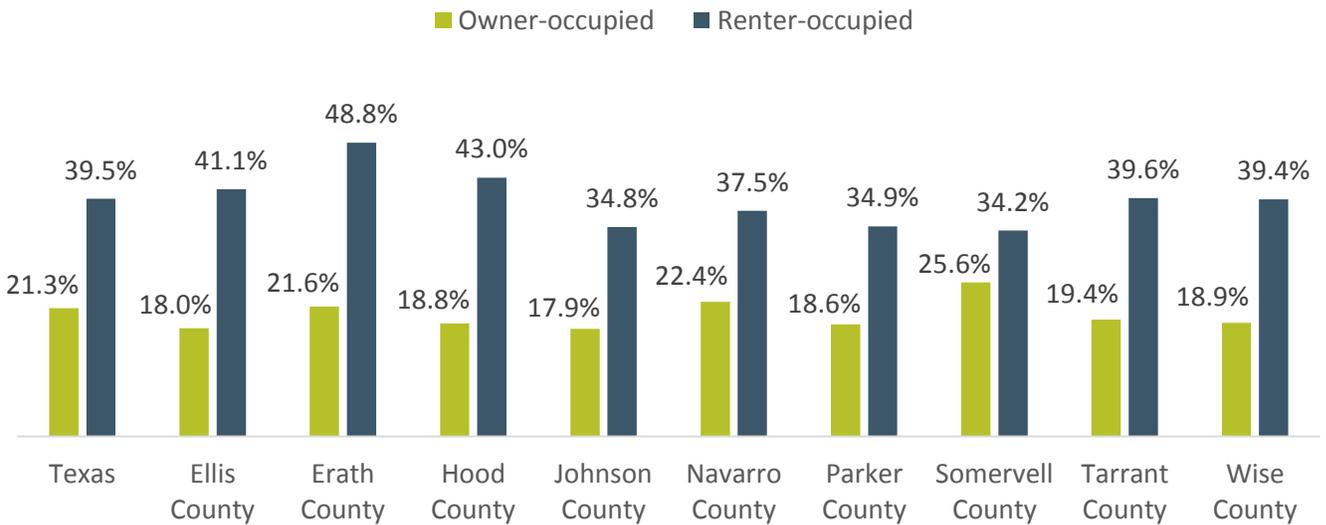
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015

Access to Healthy Food and Physical Activity

> *"We have the most fast food restaurants in a small town, but you need to go to Ft Worth for fine dining. It is a healthy food desert. Subway and Panda Express is about the healthiest eating we have here."* – Focus Group Participant

Availability of healthy food varied across counties, according to participants. Participants from Johnson and Tarrant counties, for example, reported a lack of grocery stores and a prevalence of convenience stores and fast food. As one focus group participant from Tarrant County explained, *"If you go to some neighborhoods, you don't have any sit down, fully cooked from fresh produce meals available. All you have are the ABC in a box and the Burger King."*

The higher cost of healthy food was also identified as a barrier to healthy eating, with lower income people often choosing cheaper, fast food options. As one person stated, *"it's cheaper to go to Whataburger than nutritious food."*

According to USDA data in 2015, nearly one-quarter of low-income Texans had low food access (24.6%), defined as not having access to a supermarket or large grocery store. Ellis, Parker and Tarrant Counties each has comparable rates of low food access among their low-income residents (25.6%, 24.7% and 25.7%, respectively) (Figure 16). Erath County had a markedly high proportion of low-income residents with low food access (48.8%) that was double the state rate. In contrast, Wise County had a rate that was less than half the state rate and none of Somervell County low-income residents were identified with low food access.

Figure 16. Percent Low Income Population with Low Food Access, by Texas and Counties, 2015

Figure 17 provides data on the rates of grocery stores and supermarkets across the region. Somervell County had nearly three times the number of grocery stores and supermarkets per 100,000 residents than the other counties in the region (35.3 per 100,000). Otherwise, the rate of grocery stores and supermarkets ranged from a low of 6.8 per 100,000 residents in Parker County to a high of 15.2 per 100,000 in Wise County.

Figure 17. Rate of Grocery Stores and Supermarkets per 100,000 Population, by Texas and Counties, 2014

Data on access to farmer's markets, which was defined as living within a 3-mile radius in urban areas and a 10-mile radius in rural areas, is presented in Figure 18. A majority of Navarro county residents (60.1%) lived near a farmer's market in 2016, while approximately 30-40% of residents in Ellis, Johnson, and Tarrant counties lived near a farmer's market. However, there were no farmer's markets located within Erath, Hood, Somervell, and Wise counties, thus no residents were defined as living near one in 2016.

Figure 18. Percent Population Living Near Farmer's Market, by Counties, 2016

	44.1%	0.0%	0.0%	32.4%	60.1%	5.2%	0.0%	30.3%	0.0%
	Ellis County	Erath County	Hood County	Johnson County	Navarro County	Parker County	Somervell County	Tarrant County	Wise County
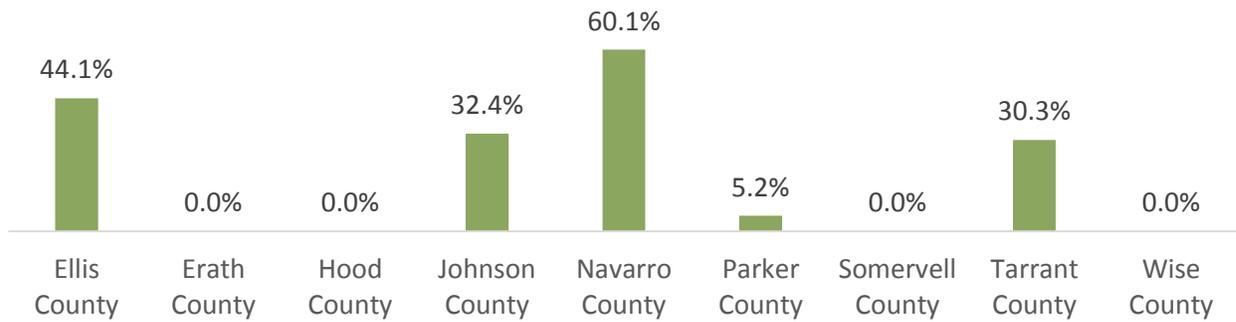
DATA SOURCE: U.S. Department of Agriculture, Agriculture Marketing Service, as cited by Community Commons, 2016

Figure 19 provides data on the rate of convenience stores across the region. Somervell County had nearly four times the number of convenience stores per 100,000 residents than most of the other counties in the region (23.6 per 100,000). Tarrant County and Ellis County also had comparatively higher rates (13.4 per 100,000 and 9.4 per 100,000, respectively) than other counties in the region. Otherwise, the rate of convenience store in the region were about half that of the state and ranged from a low of 1.7 per 100,000 residents in Wise County to a high of 5.9 per 100,000 in Hood County.

Figure 19. Rate of Convenience Stores per 100,000 Population, by Texas and Counties, 2014

10.9	9.4	5.3	5.9	5.3	4.2	3.4	23.6	13.4	1.7
Texas	Ellis County	Erath County	Hood County	Johnson County	Navarro County	Parker County	Somervell County	Tarrant County	Wise County
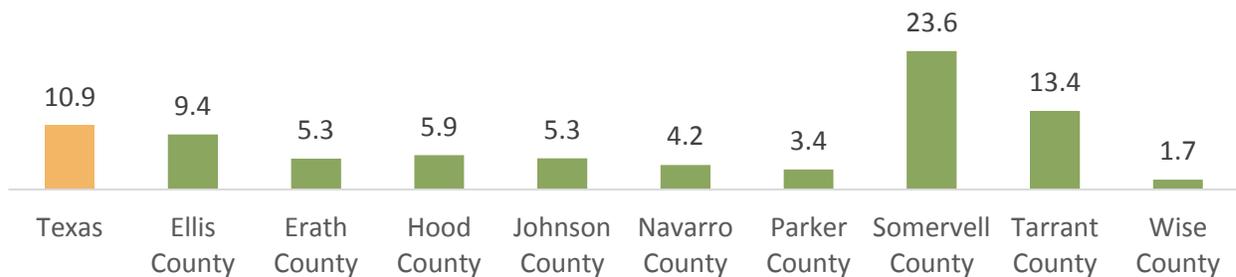
DATA SOURCE: U.S. Census Bureau, County Business Patterns, as cited by Community Commons, 2014
NOTE: State data directly calculated from the U.S. Census Bureau

The rate of fast food restaurants per 100,000 residents are presented in Figure 20. Somervell County had the highest rate of 94.2 per 100,000 residents, followed by Erath County (89.7 per 100,000), Hood County (82.1 per 100,000) and Tarrant County (81.5 per 100,000); all of which exceeded the state rate of 75.8 per 100,000. The other counties in the region had lower rates of fast food restaurants than that of the state. These ranged from a low of 60.9 per 100,000 in Wise County to 71.8 per 100,000 in Parker County.
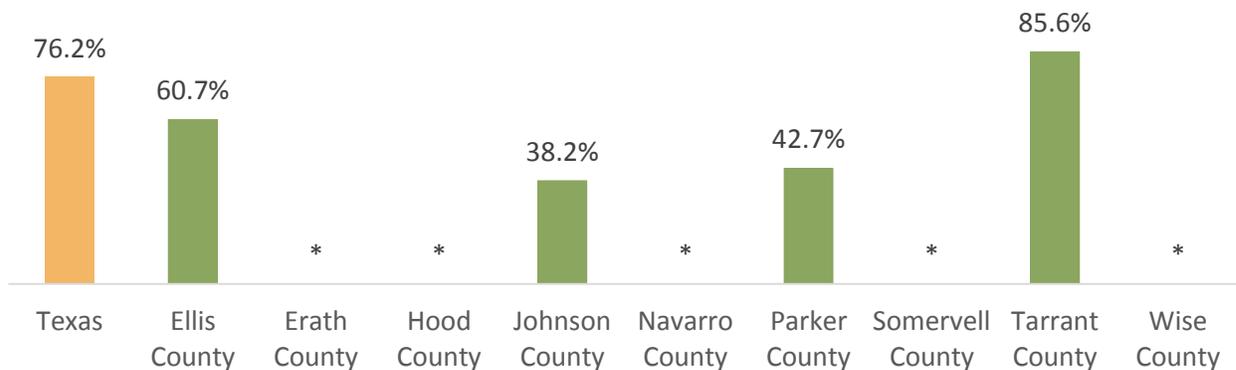
Figure 20. Rate of Fast Food Restaurants per 100,000 Population, by Texas and Counties, 2014
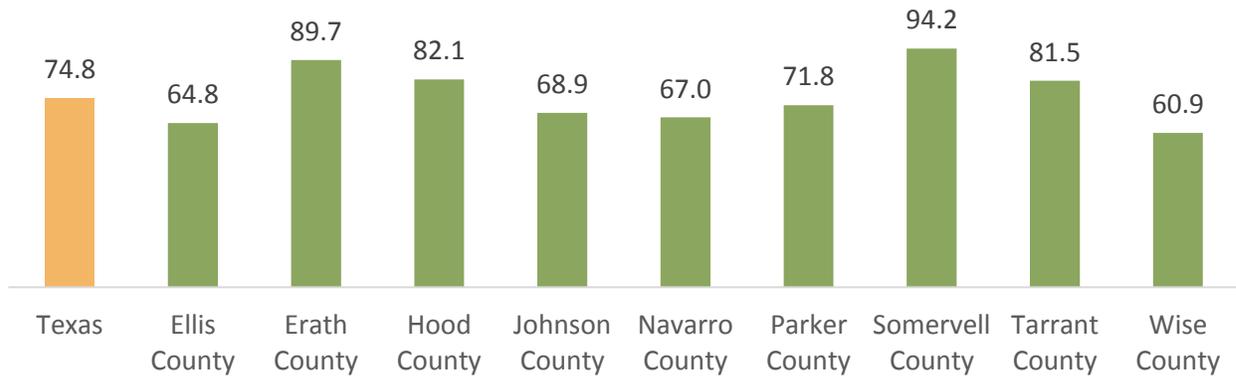
DATA SOURCE: U.S. Census Bureau, County Business Patterns, as cited by Community Commons, 2014

Food security, especially among aging adults and children, was raised as an issue in several focus groups. Participants reported that participation in food bank and Meals on Wheels programs has increased in recent years, as has the number of students participating in free and reduced lunch programs. As one participant explained, *"we hear stories [about] making choices, which bill do I pay and how do I make sure that I get [enough food]."* In response, participants shared, the number of food pantries offered by senior centers and churches has been growing.

Food insecurity was experienced by 17.0% of Texans in 2014 (Figure 21). Across the region, rates varied within a narrow range of 15 to 16% for most counties (Ellis, Hood, Johnson, Parker, Somervell, and Wise) but were higher in Navarro County (19.4%), Erath County (19.3%), and Tarrant County (18.1%). Upon further analyses of this data by age, we see that approximately one in four Texans under 18 years old was food insecure in 2014 (Figure 22). There was little variation in this rate across the individual counties in the region, apart from Navarro County which did have a higher proportion of residents under 18 years old being food insecure (29.3%) compared to the other counties.

Figure 21. Percent Total Population Food Insecure, by Texas and Counties, 2014
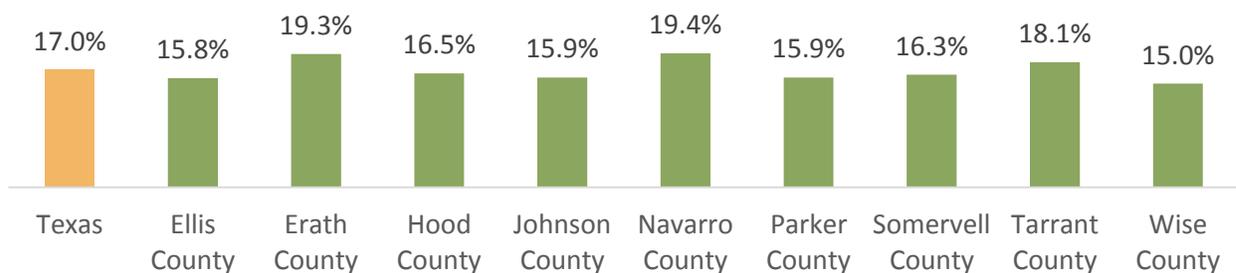
DATA SOURCE: Feeding America, Map the Meal Gap, 2014

Figure 22. Percent Population Under 18 Years Old Food Insecure, by Texas and Counties, 2014

Texas	Ellis County	Erath County	Hood County	Johnson County	Navarro County	Parker County	Somervell County	Tarrant County	Wise County
25.6%	24.1%	26.8%	26.5%	25.8%	29.3%	25.1%	25.8%	24.8%	24.6%
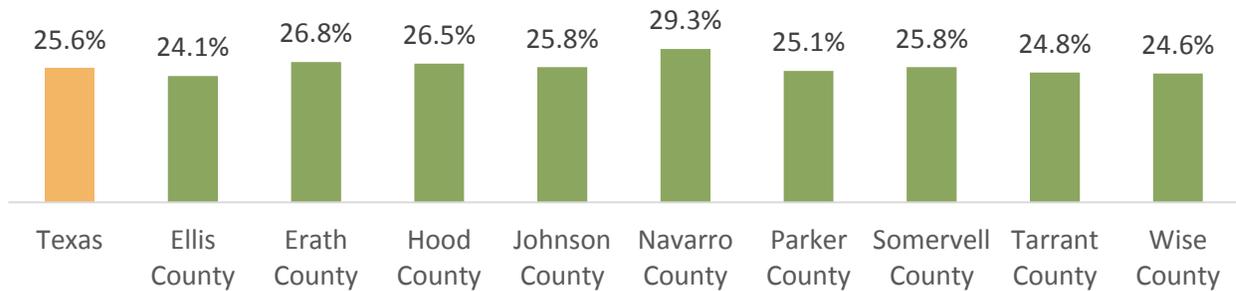
DATA SOURCE: Feeding America, Map the Meal Gap, 2014

Supplemental Nutrition Assistance Program (SNAP) data for 2011-2015 shows that for most counties in the region, between 8 and 12% of households had received SNAP benefits in the prior year. These proportions are slightly below the state level of 13.4%. In contrast, Navarro County had nearly twice as many households receiving SNAP benefits (20.3%) as the other counties in the region. This is consistent with the finding of higher rates of food insecurity among residents of Navarro County.

Figure 23. Percent Households Receiving SNAP Benefits, by Texas and Counties, 2011-2015
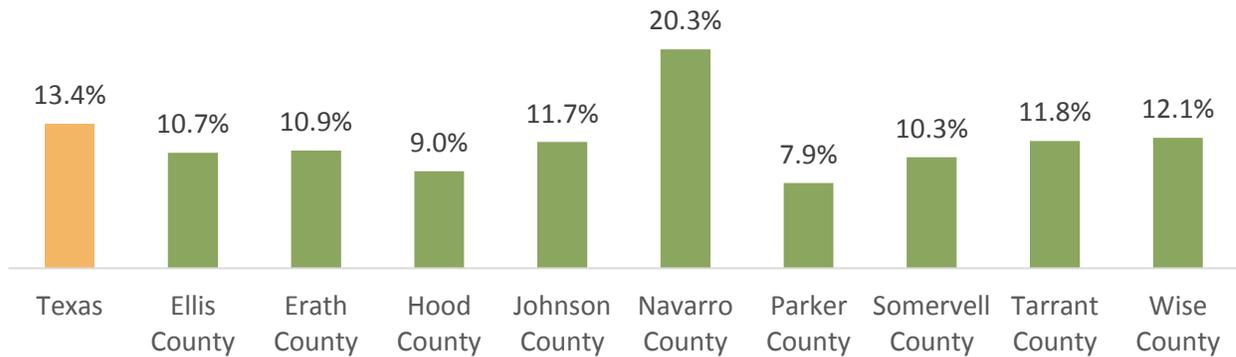
Texas	Ellis County	Erath County	Hood County	Johnson County	Navarro County	Parker County	Somervell County	Tarrant County	Wise County
13.4%	10.7%	10.9%	9.0%	11.7%	20.3%	7.9%	10.3%	11.8%	12.1%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015

Access to opportunities for physical activity was reported by participants to be varied across the region. While participants shared that some communities have safe parks, trails, and walkways, they indicated that these opportunities do not exist in all neighborhoods. Participants cited additional barriers to physical activity including lack of sidewalks in some areas and poor quality of sidewalks in others.

According to U.S. Census data, the rate of recreation and fitness facilities per 100,000 residents (Figure 24) was fairly consistent across the region. The majority of counties in the region had rates that ranged between 6.0 per 100,000 in Johnson and Parker counties and 8.7 per 100,000 in Ellis County and were on par with the state rate of 8.1 per 100,000. However, Wise County has a markedly lower rate of only 1.7 recreation and fitness facilities per 100,000 residents and no such facilities existed in Somervell County, which had a rate of 0.0 per 100,000.

Figure 24. Rate of Recreation and Fitness Facilities per 100,000 Population, by Texas and Counties, 2014

Texas	Ellis County	Erath County	Hood County	Johnson County	Navarro County	Parker County	Somervell County	Tarrant County	Wise County
8.1	8.7	7.9	7.8	6.0	6.3	6.0	0.0	7.5	1.7
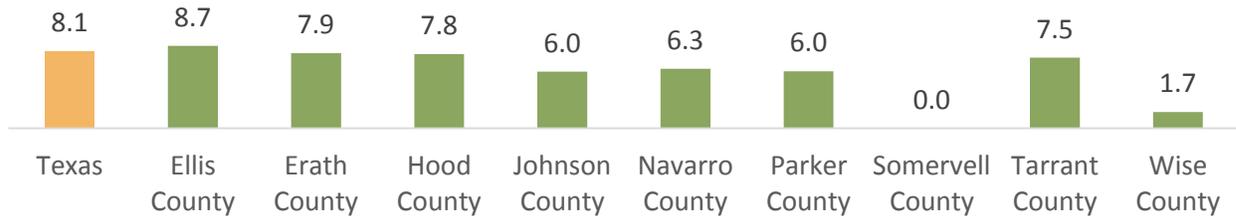
DATA SOURCE: U.S. Census Bureau, County Business Patterns, as cited by Community Commons, 2014

Self-reported data related to neighborhood access to physical activity was available at the state level and for a subset of counties in the region (Figure 25). While over two-thirds of Texans overall reported having neighborhood access to physical activity, far fewer residents of both Johnson and Parker counties reported having access in their neighborhoods (38.2% and 42.7%, respectively). However a very high proportion of Tarrant County residents (85.6%) and the majority of Ellis County residence reported having access (60.7%).

Figure 25. Percent Adults Reported to Have Neighborhood Access to Physical Activity, by Texas and Counties, 2011-2015

Texas	Ellis County	Erath County	Hood County	Johnson County	Navarro County	Parker County	Somervell County	Tarrant County	Wise County
76.2%	60.7%	*	*	38.2%	*	42.7%	*	85.6%	*

DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTES: "Neighborhood Access to Physical Activity" as defined as access to sidewalks, shoulders of the road, trails or parks where one can safely walk, run, or bike; Asterisk (*) denotes where data not available due to small sample sizes

Crime and Safety

Few participants spoke about crime in the community, although a couple mentioned concerns about crime and violence in the region. As one person from Navarro stated, *"I know we are ranked in the top ten [in the] State on crime. Not sure why that is."* A couple of participants shared that sexual and interpersonal violence, including child abuse and neglect, was high in the region. In one focus group concerns about human trafficking arose.

Crime rates are detailed in Table 3. Tarrant County (391.9 violent crimes per 100,000 population) and Navarro County (367.2 violent crimes per 100,000 population) were only slightly below the state rate of 410.5 violent crimes per 100,000 population. All other counties in the region had violent crime rates that were well below the state rate. Similarly, Tarrant and Navarro counties had higher rates of property crime (3,078.9 and 2,933.7 property crimes per 100,000 population, respectively) than the other counties in the region and the state (2,822.8 property crimes per 100,000 population).

Table 3. Violent and Property Crime Rates per 100,000 Population, by Texas and Counties, 2015

Geography	Violent Crime	Property Crime
Texas	410.5	2,822.8
Ellis County	125.8	1,703.5
Erath County	147.0	1,506.4
Hood County	168.8	1,810.2
Johnson County	227.7	1,693.6
Navarro County	367.2	2,933.7
Parker County	150.4	1,283.9
Somervell County	171.2	867.6
Tarrant County	391.9	3,078.9
Wise County	131.4	1,126.2

DATA SOURCE: Texas Department of Public Safety, Crime in Texas, Texas Crime Report, 2015
NOTE: Violent crime includes murder, robbery, and assault; and property crime includes burglary, larceny, and auto theft

In 2015, the family violence incidence rate in the region ranged from 197.0 incidents per 100,000 population in Wise County to 1,116.7 incidents per 100,000 population in Navarro County. All counties in the region, except for Navarro county, had a lower incidence rate of family violence than Texas overall (709.4 incidents per 100,000 population). Residents in Navarro County were nearly twice as likely to report family violence incidents compared to all other counties.

Figure 26. Family Violence Incidence Rate per 100,000 Population, by Texas and Counties, 2015
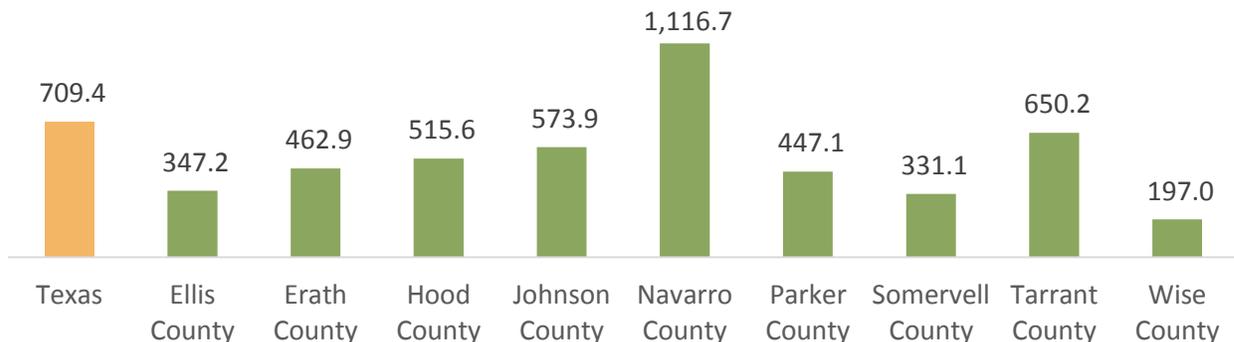
DATA SOURCE: Texas Department of Public Safety, Crime in Texas, Texas Crime Report, 2013-2015

According to the Texas Department of Public Safety, sexual assault rates varied widely throughout the region in 2015. Johnson County had the highest sexual assault rate (86.9 incidents per 100,000 population), followed by Tarrant County (83.2 incidents per 100,000 population), and Navarro County (76.9 per 100,000); all of which noticeably surpassed the state rate of 67.8 incidents per 100,000 population. The other counties in the region reported lower rates of sexual assault incidents than the state of Texas overall.

Figure 27. Sexual Assault Incidence Rate per 100,000 Population, by Texas and Counties, 2015
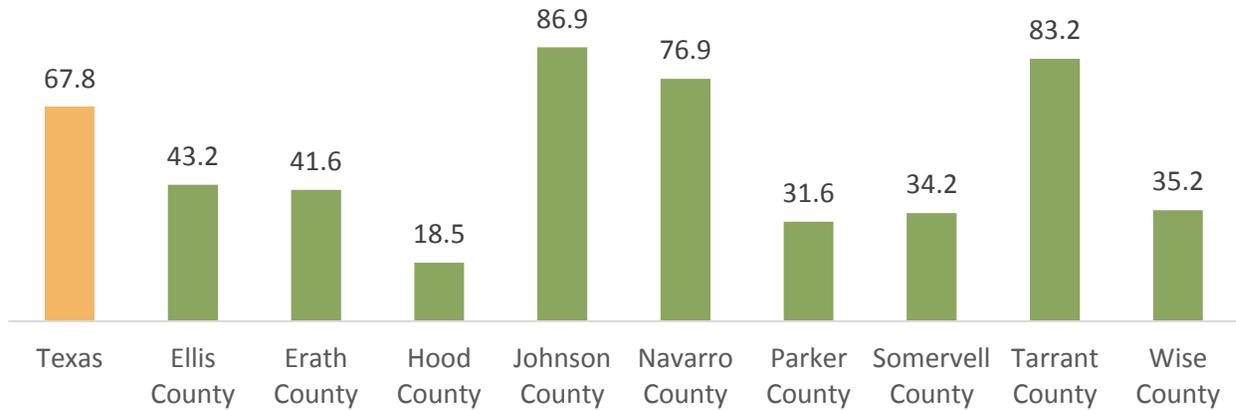
DATA SOURCE: Texas Department of Public Safety, Crime in Texas, Texas Crime Report, 2013-2015

Community Strengths and Resources

When asked about community strengths, participants identified several assets, including strong healthcare systems, generous residents, and collaborative organizations.

Health and Related Services

> *"Another strength is that despite being a more rural community, we do have health care services in the area. The services we have are good. Obviously, this may not be accessible to everyone though."*
> – Interview Participant

> *"The clinics have been huge in terms of access to care and we need to continue to foster that."*
> – Interview Participant

Interview and focus group participants noted that the region is rich in high-quality health care services. They mentioned larger healthcare systems such as JPS Health Network, Cooks Children's Hospital, Baylor Medical Center, and Texas Health Resources. Several counties also have local hospitals which were described by participants as key to addressing the health needs of residents. For example, as one person from Johnson noted, *"this hospital [Texas Health Harris Methodist Hospital Cleburne] is an asset in this area. There are a lot of towns similar in size that don't have anything like this."* Participants praised the high quality care in these smaller facilities and shared that in recent years, many have expanded their specialty services in areas such as trauma care, cardiology, oncology, and obstetrics.

Several providers, however, expressed concerns about the ability to maintain these local healthcare resources, especially in the face of competition from larger healthcare systems and a rapidly changing healthcare landscape. They described challenges these providers face in recruiting physicians, attracting patients, and meeting growing need for specialty care. As one person explained, *"every 20 miles there's another town and another hospital. Here, every place has a hospital, so I feel like we fight for patients. If they get mad at us, they can go down the road."*

Generous Residents

> *"Small town and people are very neighborly in terms of coming together to help one another."*
> – Interview Participant

> *"Overall our community has a willingness to serve when needs arise. And we have a good sense of place. People seem to come back here, it's got a hominess to it."* – Focus Group Participant

> *"The sense of helping each other seems to be pretty prevalent across the county. I see that as a strength."* – Interview Participant

A prominent theme across focus groups and interviews was the close and generous communities comprising the region. Participants used words such as *"close knit," "helpful," "people care,"* and *"friendly"* when describing their communities. As one person observed, *"we don't view each other as strangers; we view each other as friends and neighbors."* Participants shared several examples of community support including generosity during a tornado last year, successful fundraising efforts for benevolent groups, and community member volunteerism. This spirit, numerous participants explained, has remained even as the region's population has expanded. As one person from Hood County

explained, *"it's a very giving community. People are so supportive and kind. It's grown so much, but this nature has still maintained."*

Collaborative Organizations

> *"One of the best things about this community is that there is a core group of committed individuals (like the fire chief) that are very dedicated to promoting health and wellness. We work well together with, partner well together with the groups like the fire department and EMS. There is a good group that are striving really hard to make sure that things get accomplished."*
> – Focus Group Participant

> *"The social agencies [in Tarrant and Fort Worth] work well together and government officials also work well."* – Interview Participant

Closely tied to the perceived generosity of community members, according to many participants, is the high level of collaboration among those working in the community. As one participant from Tarrant County shared, *"[we have] amazing partners working together so you don't have a hundred representatives running around in a hundred different directions."* Focus group and interview participants shared examples of collaborative work across sectors such as law enforcement and EMS and social services and health, and between cities and counties. As one person stated, *"people gather together to look at options and opportunities to ensure people have what they need around here."*

Environmental Scan of External Programs

A review of existing programs and services reveals numerous organizations already working on key health issues in the region. Appendix B provides a detailed listing and description of each of these programs and services, which were identified through the interviews, focus groups, and searches through web pages and organizational reports. Many of the organizations represented in this scan are non-traditional health service providers. For example, many health-related programs are run by churches or other community based organizations. This type of service provision was most seen through food banks and other services for people experiencing food insecurity. Figure 28 presents the number of health-related organizations or programs focusing on each topic area by county. The environmental scan is not a comprehensive list of all organizations in the region. Please note that a separate environmental scan was conducted as part of the Tarrant County CHNA.

The topic areas of aging adults, mental health, and substance abuse are well represented in the region's service landscape. The services identified are primarily focused on providing secondary and tertiary services for diseases or for social determinants of health, such as food insecurity and homelessness, rather than prevention; this was especially true for the non-traditional service providers, such as churches, and these services were primarily provided on the local and county-wide levels. Fewer services were provided across multiple counties or to the North Texas region; Navarro and Somervell counties were particularly lacking in services. Most services are based in county-seats and other cities with larger populations. There also appear to be few city and county government led programs; most services represented in this scan are provided by community based and religious organizations and healthcare networks. While there are services specifically for aging adults and for children and their families, most services are focused on addressing needs rather than specific populations.

In addition to identifying what health needs are being met in the region, the environmental scan helps to identify gaps in service and areas for potentially strengthening existing partnerships or programs.

Examples of areas where there appears to be limited programming include chronic diseases and related-risk factors, such as obesity, and communicable diseases, including immunizations. There are some chronic disease programs available through health care networks, particularly for diabetes, but there are few community-level chronic disease programs; this includes prevention, disease management, and mitigation. While health care providers presumably offer communicable disease prevention and treatment services, there were few programs in these counties that offered these services.

Figure 28. Number of Identified Health-related Organizations/Programs in RHP 10, by Topic Area

	Ellis	Erath	Hood	Johnson	Navarro	Parker	Somervell	Tarrant	Wise
Aging Adults	●	●	◐	●	●	◐	◐	●	●
Cancer Services	◔	◔	◔	◔	○	◐	◔	●	◐
Chronic Diseases	◔	◔	○	○	○	○	○	●	○
Food Insecurity	◐	◐	◐	◔	○	◔	○	◐	●
Obesity	◔	○	◔	◔	○	○	○	◐	○
Violence, Injury, & Trauma	◐	◐	◐	◐	◔	◐	○	◐	◐
Mental Health	◐	◐	●	●	●	●	◔	●	●
Substance Abuse	◐	◐	◐	●	◐	◐	◔	◐	◐
Homelessness	◔	○	◔	◔	○	○	○	●	◔
Oral Health	◔	○	◔	○	○	◔	○	◐	○
Communicable Disease	◔	○	○	○	○	○	○	◐	○
Immunizations	◔	○	○	○	○	○	○	◐	○
Health Care	◐	●	◐	◐	◐	◐	◐	●	◐
Maternal & Child Health	◐	◐	●	◐	◐	◐	◐	●	◐

NOTE: 0 services identified = ○; 1-2 services identified = ◔; 3-6 services identified = ◐; 7-12 services identified = ●

Health Conditions

This section of the report provides an overview of leading health conditions in the region by examining self-reported behaviors, incidence rates, hospitalization rates, and mortality-rate data, as well as discussing the pressing concerns that stakeholders identified during interviews, focus groups, and the survey. Similar to the 2013 CHNA results, chronic diseases and their risk factors—specifically obesity, diabetes, and cardiovascular disease— were mentioned in the majority of focus groups and interviews. Mental health and substance use were also prevalent themes, with many participants attributing the perceived increase to unaddressed trauma, stress, and poverty.

Perceived Community Health

In the 2017 provider survey, respondents were asked how they would generally describe the health of the community to which they provide services. As shown in Figure 29, 43.2% of respondents perceived the health of said communities as 'Good' while 41.7% stated that they were 'Fair.'

Figure 29. Survey Respondents' Perceptions of the Health of the Community, 2017 (N=139)
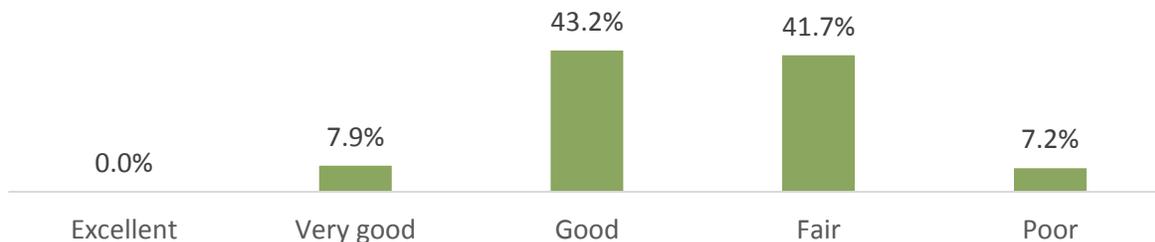
DATA SOURCE: RHP 10 Community Health Needs Assessment Provider Survey, 2017

When asked to identify the five health issues with the largest impact on the community in which they provide services, 2017 survey respondents most often reported mental health/behavioral health (77.1%), followed by access to primary care (56.3%), access to specialty care (54.9%), obesity/overweight (54.2%), and substance use and abuse (47.2%) (Figure 30).

Similarly, in the 2013 survey, the top five issues identified by respondents as having the most impact on the health of the population were behavioral health, substance abuse, insufficient access to primary care and prevention, insufficient/ineffective patient educational materials and resources, and insufficient use of existing clinics. Of note, the response options in the 2013 survey varied slightly from those provided in the 2017 survey.

Figure 30. Survey Respondents' Perceptions of Top Health Issues with the Largest Impact on the Community, 2017 (N=144)

Health Issue	Percentage
Mental health/behavioral health	77.1%
Access to primary care	56.3%
Access to specialty care	54.9%
Obesity/overweight	54.2%
Substance use and abuse	47.2%
Diabetes	42.4%
Aging health concerns	33.3%
High blood pressure/hypertension	25.0%
Heart disease/heart attacks	24.3%
Dental/oral health	18.8%
Cancer	18.1%
Other	11.1%
Asthma	7.6%
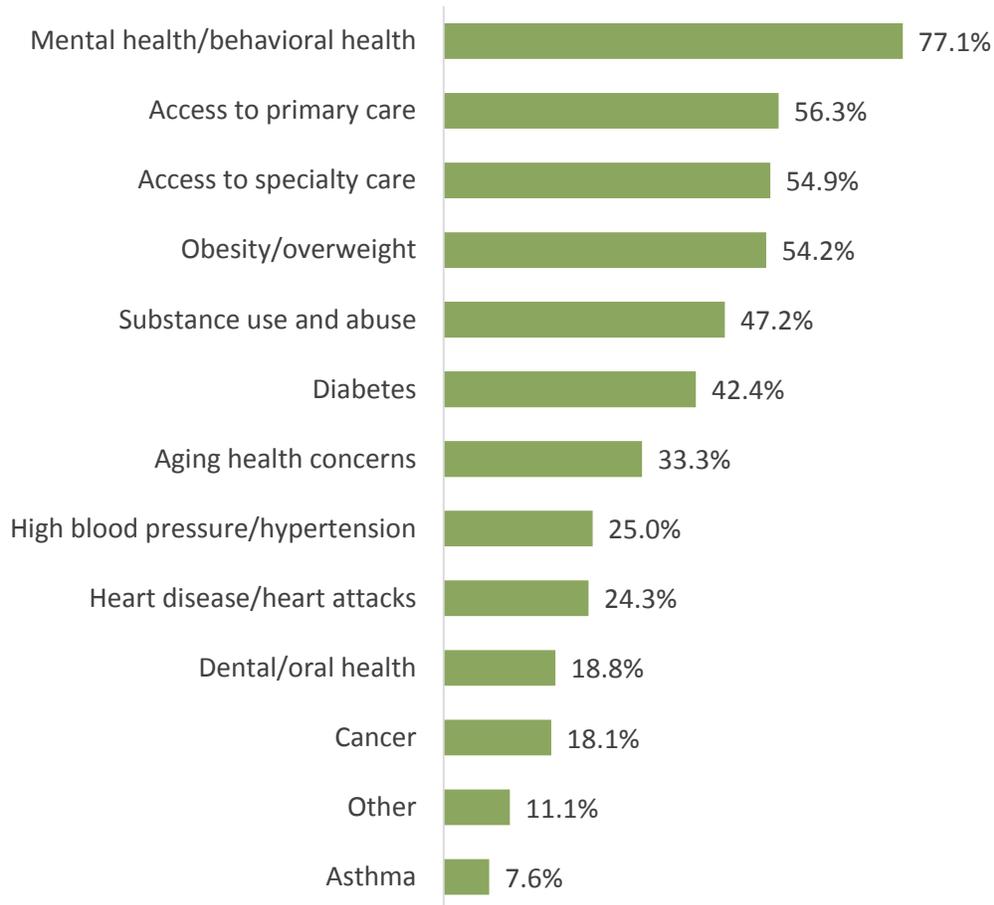
DATA SOURCE: RHP 10 Community Health Needs Assessment Provider Survey, 2017

Leading Causes of Mortality

As illustrated in Figure 31, in 2015, Navarro County had the highest rate of age-adjusted overall mortality in the region at 984.5 deaths per 100,000 population. Notably, Tarrant County was the only county in the region with an age-adjusted overall mortality rate lower than the statewide average (730.1 and 745.0 deaths per 100,000 population, respectively).

Overall, statewide all-cause mortality rates have been decreasing over time (from 751.6 per 100,000 population in 2013). Regionally, only in Hood County have the all-cause mortality rates been increasing (from 770.0 per 100,000 population in 2013). By contrast, the remaining counties have not exhibited observable patterns in the three-year trend data.

Statewide, the leading causes of mortality in 2015 were heart disease, cancer, and cerebrovascular diseases, which was largely consistent across the counties in the region. However, Alzheimer's disease was among the three most common causes of mortality in Ellis, Hood, and Navarro counties. Further, the chronic lower respiratory diseases category was among the three most common causes of mortality in Johnson County, as were unintentional injuries in Parker and Wise counties (data not shown).

Figure 31. Age-Adjusted Overall Mortality Rate per 100,000 Population, by Texas and Counties, 2015
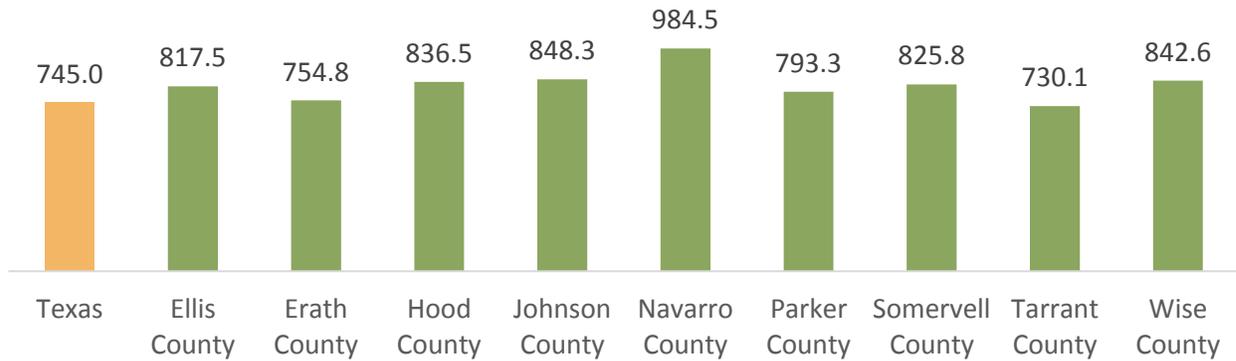
DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, 2015

Premature Mortality

The County Health Rankings calculates *years of potential life lost*, or premature death, as deaths prior to the age of 75. As such, each death occurring before 75 years of age is summed and presented as an age-adjusted rate per 100,000 population, standardized to the 2000 US population.[2] Between 2011 and 2013, Navarro County had 8,000 years of potential life lost before age 75 per 100,000 population -the highest, age-adjusted rate in the region (Figure 32). Navarro County was joined by Somervell, Johnson, Wise, and Hood counties in exceeding the statewide rate of 6,600 years of potential life lost per 100,000 population.

Figure 32. Premature Mortality, Years of Potential Life Lost Before Age 75 per 100,000 Population, by Texas and Counties, 2011-2013
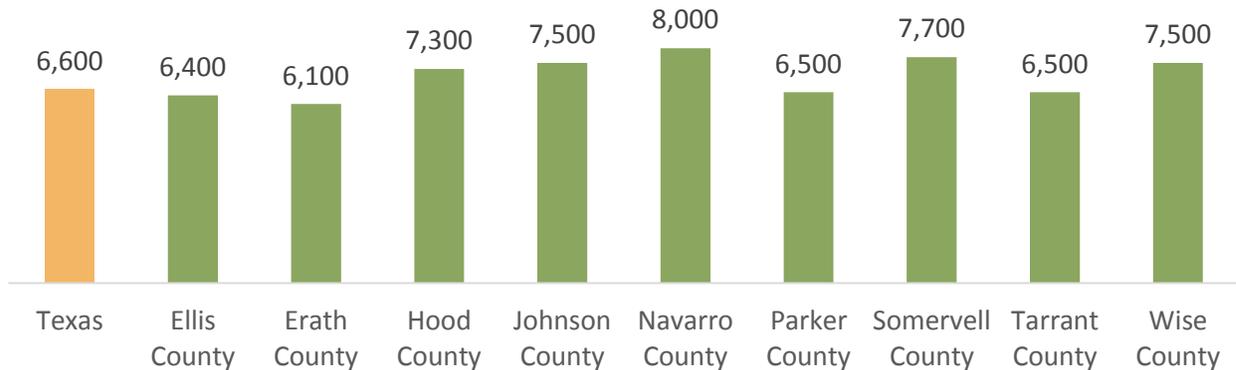
DATA SOURCE: National Vital Statistics System, National Center for Health Statistics - Mortality Files, as cited by County Health Rankings, 2011-2013

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[2] National Vital Statistics System, National Center for Health Statistics - Mortality Files, as cited by County Health Rankings, 2016

Chronic Diseases and Related Risk Factors

> *"Everybody seems to have diabetes or at risk for diabetes. It's a rampant thing that's going on. When it's cheaper to buy a hamburger at some place than it is a salad, there's something wrong."* – Interview Participant

> *"We have a fine-tuned machine of trauma delivery here in Texas. If someone has a rotten foot and needs amputation [because of diabetes], they'll get an amputation. It's the management of chronic diseases that's the problem."* – Focus Group Participant

> *"If my financial situation requires me to buy a bag of chips and a Kool Aid, I can't take care of myself. The general wealth of our community affects the health of our community."* – Focus Group Participant

High rates of chronic diseases were identified as a concern for the region in interviews and focus groups. Diabetes in the region was mentioned as a particular concern because of its prevalence, its impact on comorbidities, and the costs associated with the disease. As one focus group participant noted: *"[Diabetes is] huge, and on the rise."* Hypertension and heart disease were also identified as health conditions of concern to residents.

Participants identified lack of knowledge about chronic diseases and how to manage them as a substantial issue in the community. They attributed this to a lack of consistent messaging and inaccessibility of programs focused on prevention. As one person observed, *"clients may know they have hypertension but don't know how to deal with it. Maybe they don't have the capacity or someone hasn't taking the time to explain."* Some mentioned a lack of health education and life skills classes in schools. At the same time, focus group and interview participants acknowledged that broader systemic issues make it difficult for residents to engage in healthy lifestyles. A few participants saw this epidemic as a consequence of a health system that emphasizes cure over prevention and provides little follow up care after serious health issues arise.

When asked about existing programs to address chronic disease, participants shared numerous examples, many of them educational programming. They mentioned the Blue Zones Project in Fort Worth,[3] diabetes programming by Texas AgriLife and local hospitals, cooking classes at food banks, and meal programs at senior centers. At the community level, some communities were reported to hold community fitness events as weight loss programs, and school and community gardens. Childhood obesity was described as a focus of efforts by the "Big Tent" collaborative, the Health Care coalition sponsored by Cook's Children's Hospitals, and school-based messaging campaigns such as "Re-think the Drink" to reduce consumption of sugary beverages by children and youth.

The challenge, according to participants, is getting residents to utilize prevention services. Providers of prevention education noted, however, how difficult it is to provide this education, citing high no show rates for programs such as diabetes education. As one person stated, *"we try to do prevention, but there is so much apathy."*

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[3] https://fortworth.bluezonesproject.com

Obesity

Participants saw high rates of chronic disease in the region linked to obesity. Rising rates of obesity among children and youth were of concern to several participants, such as one participant who stated, *"I see the high rates of childhood obesity and it extends into adulthood."* Using data from 2011 and 2015, the Texas Behavioral Risk Factor Surveillance Survey reported overweight or obesity among adults in the region to range from 61.7% in Hood County to 74.9% in Wise County (Figure 33). By comparison, the Texas-wide proportion of adults reporting overweight or obesity was 66.9%.

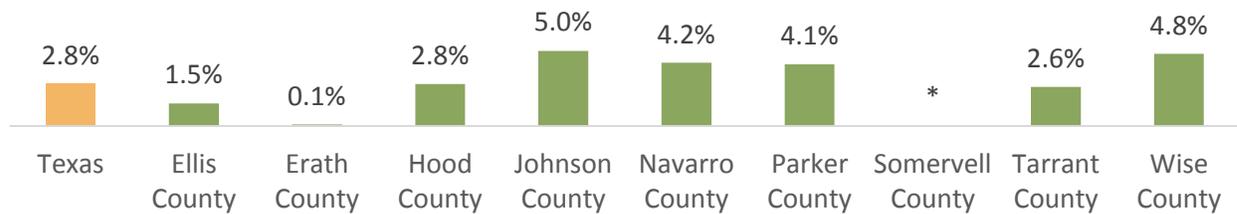**Figure 33. Percent Adults Reported to be Overweight or Obese, by Texas and Counties, 2011-2015**
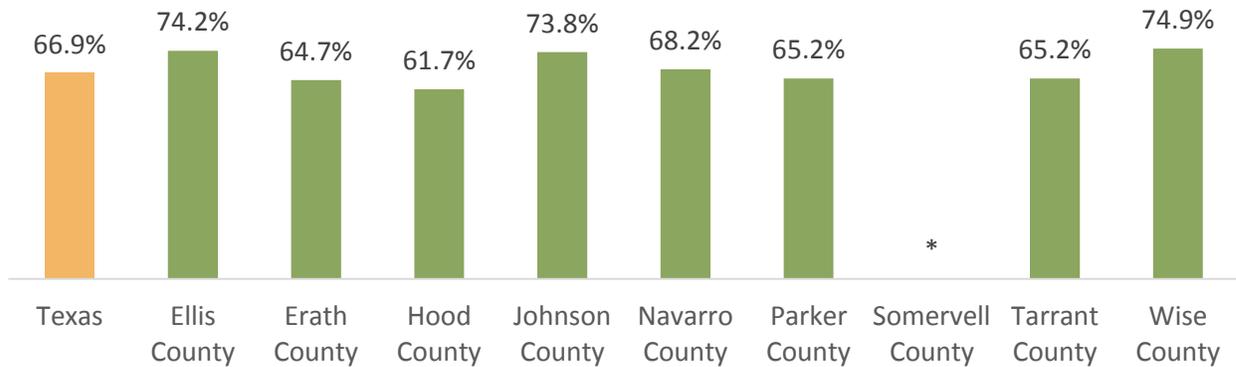
DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

Diabetes

As illustrated in Figure 34, 10.9% of Texas adults reported being diagnosed with diabetes. Within the region, Wise County had the highest proportion of adults reporting a diabetes diagnosis (19.3%), followed by Johnson County (16.7%). Erath County had the lowest reported prevalence of diabetes in the region at 4.3%.

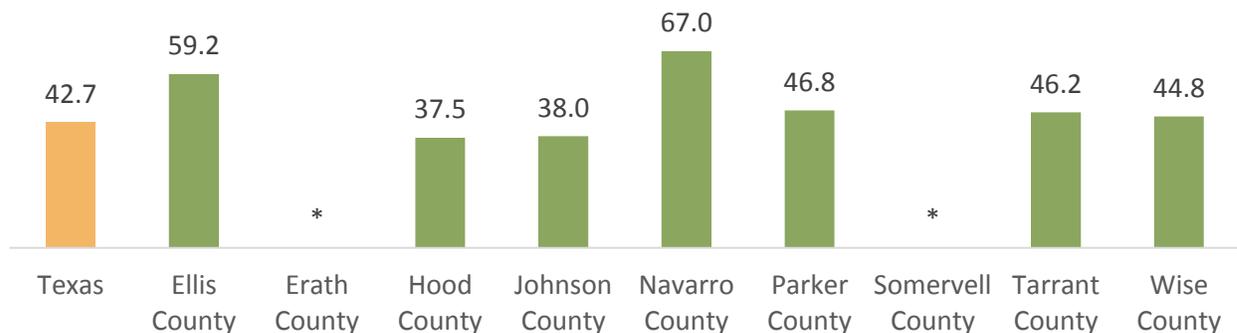**Figure 34. Percent Adults Reported to Have Been Diagnosed with Diabetes, by Texas and Counties, 2011-2015**
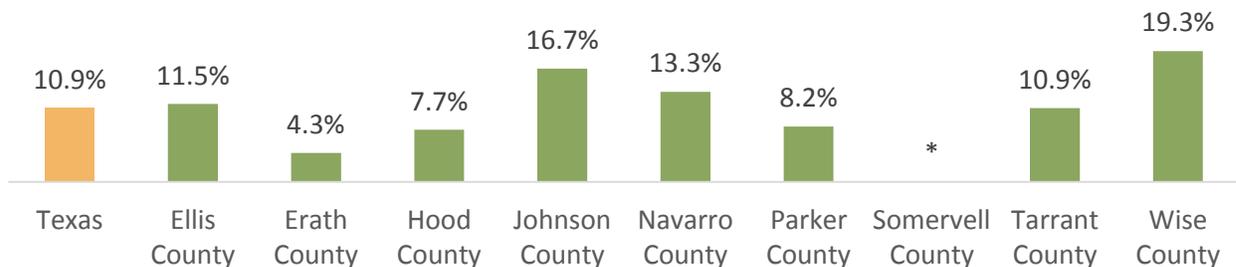
DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

Quantitative data shows that the age-adjusted diabetes mortality rate ranged from 16.7 deaths per 100,000 population in Ellis County to 28.9 deaths per 100,000 population in Hood County (Figure 35). Apart from Hood County, the only other county in the region to exceed the statewide rate on this indicator was Tarrant County (22.4 deaths per 100,000 population). Interestingly, trend data suggests that while the Hood County age-adjusted diabetes mortality rate increased from 22.9 deaths per 100,000 population in 2014, it decreased in Tarrant County from 23.0 deaths per 100,000 population over the same time period.

Figure 35. Age-Adjusted Diabetes Mortality Rate per 100,000 Population, by Texas and Counties, 2015
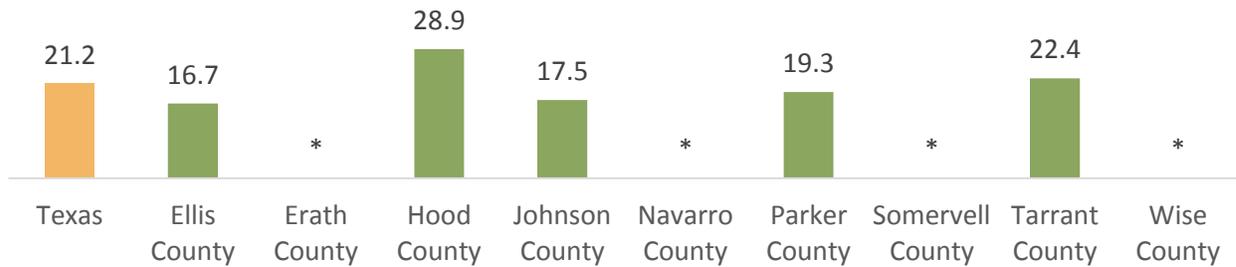

DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, 2015
NOTES: Asterisk (*) denotes where data not available due to insufficient sample sizes to calculate rate or data not shown due to confidentiality constraints; Includes ICD-10 codes E10-E14

Healthy Eating and Physical Activity

"What we put in our bodies is a big issue in this community." – Focus Group Participant

Focus group and interview participants saw obesity and chronic disease as a consequence of a multitude of personal and systemic challenges. They attributed these trends to sedentary lifestyles and poor food choices. Lack of awareness of the importance of healthy eating and time and knowledge about how to cook healthy meals were also identified as barriers to healthy eating. They also identified the high cost and inaccessibility of healthy food in some communities. As one person explained, *"When you can get Taco Bell breakfast for $0.99 and fill you up. If I give you money, are you going to buy a piece of fruit or something that will fill you up?"* Food offerings at worksites also contribute to unhealthy food choices according to participants.

According to the 2011-2015 Texas Behavioral Risk Factor Surveillance Survey, nearly one in five Tarrant County adults reported meeting the daily fruits and vegetables intake recommendations (18.4%) (Figure 36). This was the highest proportion reported region-wide and exceeded that reported statewide (16.3%). By contrast, Hood County reported the lowest proportion of adults meeting daily fruit and vegetable recommendations (8.5%).

Figure 36. Percent Adults Reported to Consume Fruits and Vegetables Five or More Times per Day, by Texas and Counties, 2011-2015
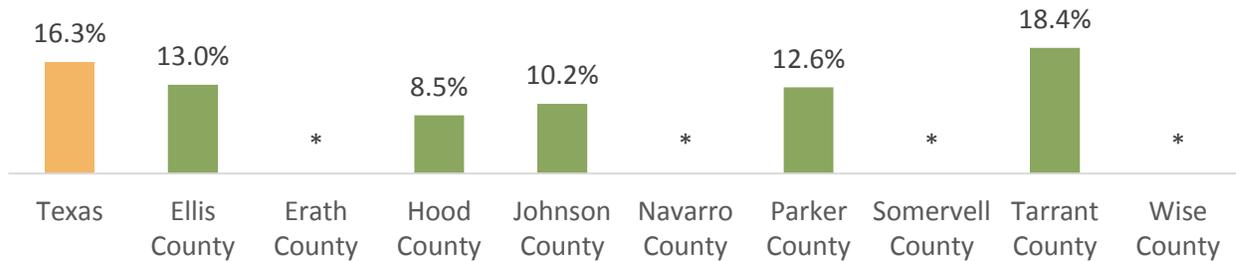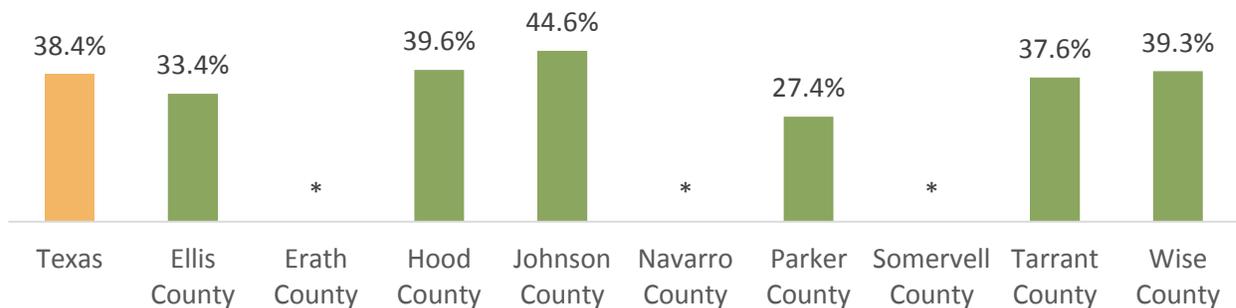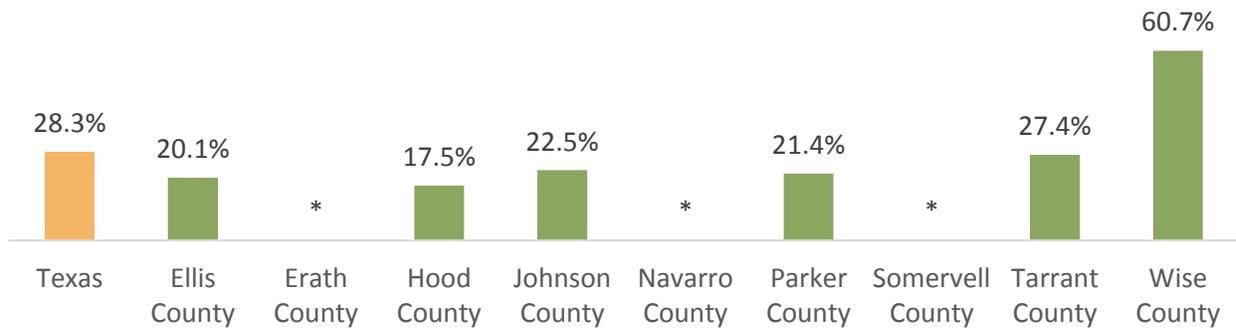

DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

Greater than half of the adult population in all counties across the region reported participating in leisure time physical activity (Figure 37). This ranged from a low of 59.5% in Hood County to a high of 82.2% in Erath County. For comparative purposes, the statewide proportion of adults who reported participation in leisure time physical activity was 71.8%.

Figure 37. Percent Adults Reported to Participate in Leisure Time Physical Activity, by Texas and Counties, 2011-2015
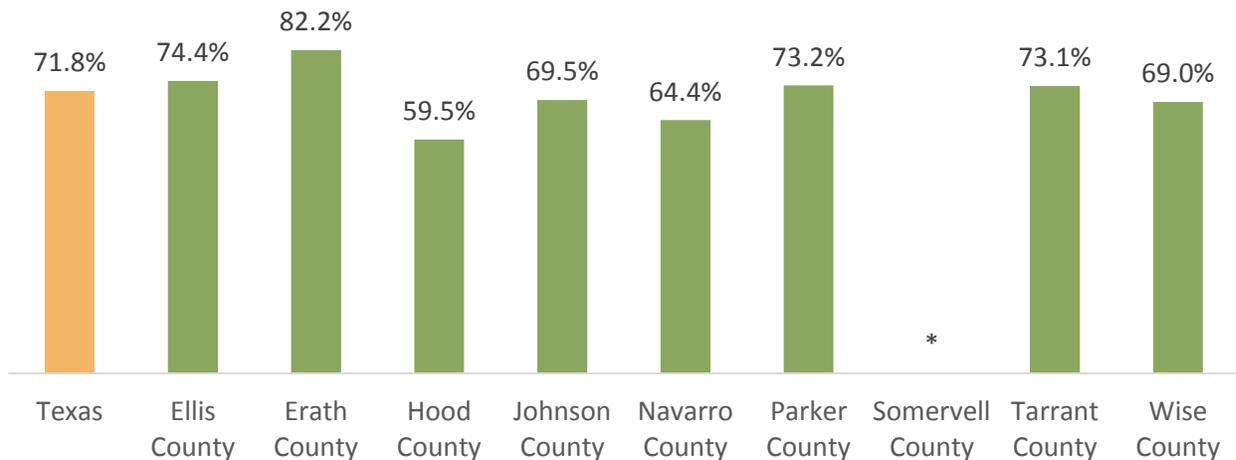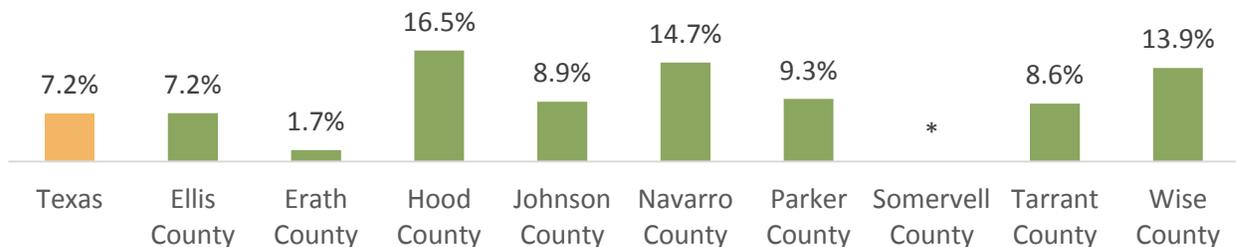

DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

As illustrated in Figure 38, less than half of the adult population in all counties across the region reported to have met the aerobic recommendations. This ranged from a low of 32.6% in Parker County to a high of 46.4% in Johnson County. In fact, Johnson was the only county in the region to have exceeded the statewide proportion of 45.2%.

34

Figure 38. Percent Adults Reported to Have Met Aerobic Recommendations, by Texas and Counties, 2011-2015
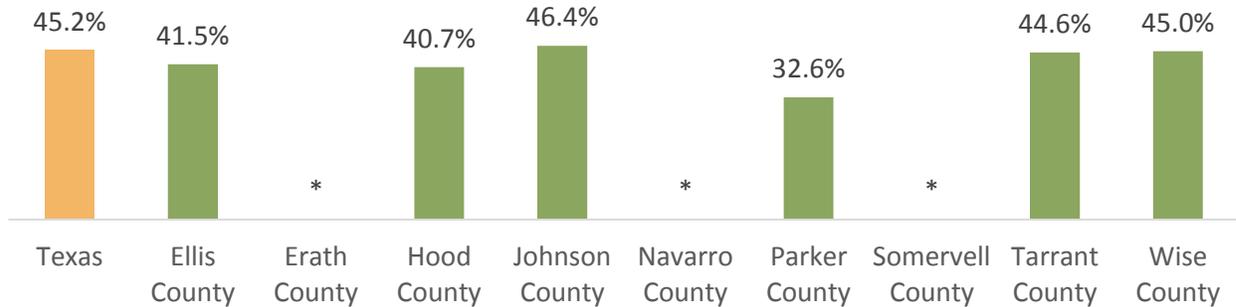
DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

Heart Disease and Stroke

According to the National Center for Health Statistics, the age-adjusted statewide rate of heart disease mortality was 171.6 deaths per 100,000 population in 2015 – the highest reported since 2013 (Figure 39). The only counties across the region to have rates lower than that reported statewide were Hood and Tarrant (159.4 deaths and 157.6 deaths per 100,000 population, respectively). Navarro County reported the highest rate of heart disease mortality at 208.1 per 100,000 population. Trend data suggests that across the region, heart disease mortality rates have been consistently trending downwards in Tarrant County; however, there are no observable patterns in trends for the remaining counties.

Figure 39. Age-Adjusted Heart Disease Mortality Rate per 100,000 Population, by Texas and Counties, 2015
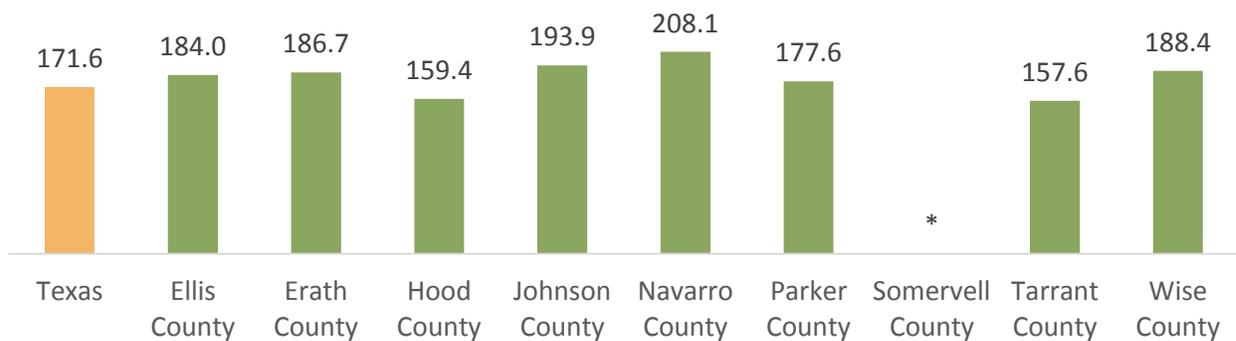
DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, 2015
NOTE: Asterisk (*) denotes where data not available due to insufficient sample sizes to calculate rate or data not shown due to confidentiality constraints; Includes ICD-10 codes I00-I09, I11, I13, I20-I51

Using data from the Texas Behavioral Risk Factor Surveillance Survey, Figure 40 illustrates that the prevalence of heart attacks in Wise County was nearly three times that reported statewide (11.5% and 4.0%, respectively). It was also substantially higher than that reported among other counties in the region, with the next highest at 6.4% of Johnson County adults.

Figure 40. Percent Adults Reported to Have Had a Heart Attack, by Texas and Counties, 2011-2015
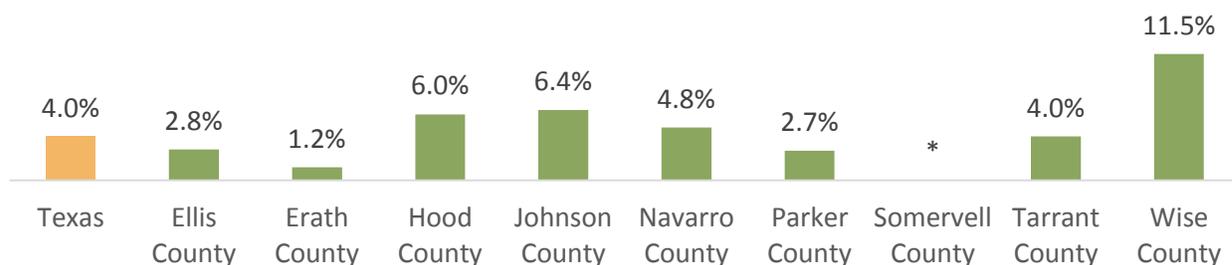
DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

As illustrated in Figure 41, Wise County was observed to have a prevalence of coronary heart disease that was more than three times that reported statewide (12.2% and 3.7%, respectively). It was again also substantially higher than that reported among other counties in the region, with the next highest at 5.3% of Hood County adults.

Figure 41. Percent Adults Reported to Have Coronary Heart Disease, by Texas and Counties, 2011-2015
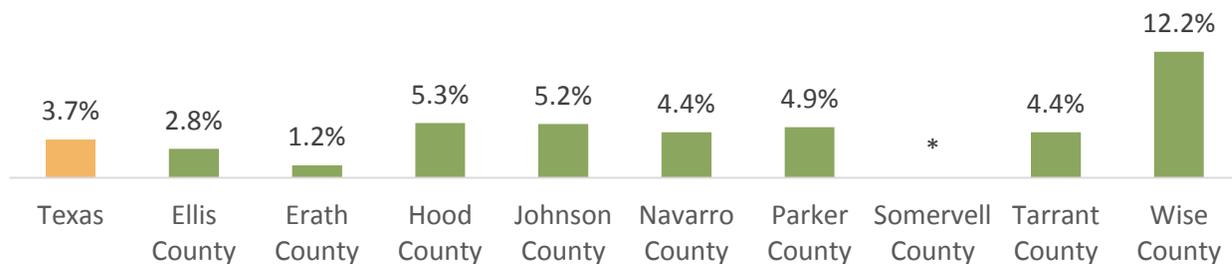
DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

At nearly twice that reported statewide (2.8%), Johnson County had the highest prevalence of stroke across the region (5.0%), followed closely by Wise County (4.8%) (Figure 42). By contrast, Erath County reported a prevalence of just 0.1%.

Figure 42. Percent Adults Reported to Have Had Stroke, by Texas and Counties, 2011-2015

Texas	Ellis County	Erath County	Hood County	Johnson County	Navarro County	Parker County	Somervell County	Tarrant County	Wise County
2.8%	1.5%	0.1%	2.8%	5.0%	4.2%	4.1%	*	2.6%	4.8%

DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

Figure 43 illustrates the age-adjusted cerebrovascular disease mortality rate in counties across the region as well as the statewide average. Hood County reported 37.5 cerebrovascular disease deaths per 100,000 population while Navarro County reported 67.0 cerebrovascular disease deaths per 100,000 population—the lowest and highest in the region, respectively. Notably, Navarro County has consistently reported the highest age-adjusted cerebrovascular disease mortality rate in the region since 2013.

Figure 43. Age-Adjusted Cerebrovascular Disease Mortality Rate per 100,000 Population, by Texas and Counties, 2015

Texas	Ellis County	Erath County	Hood County	Johnson County	Navarro County	Parker County	Somervell County	Tarrant County	Wise County
42.7	59.2	*	37.5	38.0	67.0	46.8	*	46.2	44.8

DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, 2015
NOTES: Asterisk (*) denotes where data not available due to insufficient sample sizes to calculate rate or data not shown due to confidentiality constraints; Includes ICD-10 codes I60-I69

As depicted in Figure 44, 41.5% of Johnson County adults reported having had high blood pressure between 2011 and 2015 –higher than any other county from across the region. In contrast, Erath County had the lowest proportion of adults reporting having had high blood pressure (20.9%) compared to a statewide average of 38.4%.

Figure 44. Percent Adults Reported to Have Had High Blood Pressure, by Texas and Counties, 2011-2015
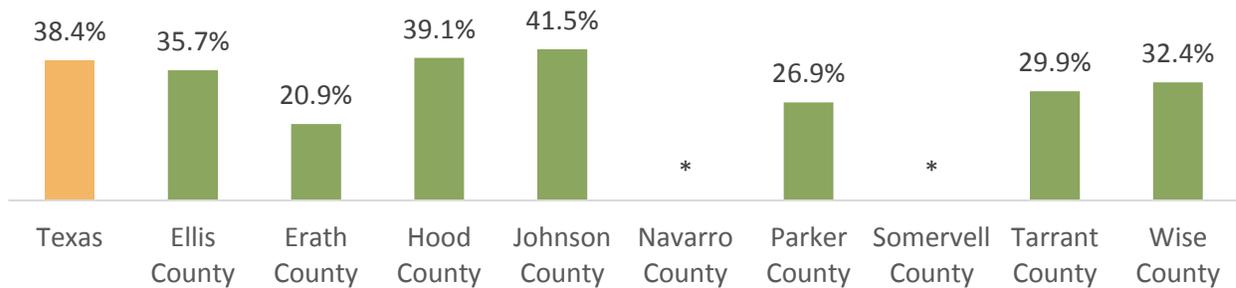
DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

Between 2011 and 2015, Johnson County also reported the highest proportion of adults ever having had high blood cholesterol among the counties in the region for which data was available (Figure 45). By contrast, Parker reported the lowest proportion of adults ever having had high blood pressure in the region (27.4%).

Figure 45. Percent Adults Reported to Have Ever Had High Blood Cholesterol, by Texas and Counties, 2011-2015

DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

As illustrated by Figure 46, Wise County had a substantially greater proportion of adults reported to have not had a blood cholesterol check within the past five years compared to other counties from across the region. In fact, the Wise County proportion was more than two times that reported statewide and it was the only county in the region to exceed the statewide proportion (60.7% and 28.3%, respectively).

Figure 46. Percent Adults Reported to Have Not Had Blood Cholesterol Checked in Past Five Years, by Texas and Counties, 2011-2015

DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

Asthma

High rates of asthma were also reported by some participants to be an issue in the region. As one person shared, *"this area was known as the Land of Bad Air. The [Native Americans] wouldn't settle here because of the air. They would trade here, but they didn't live here."* The statewide proportion of adults reported to currently have had asthma between 2011 and 2015 was 7.2% (Figure 47). Hood County (16.5%), Navarro County (14.7%), and Wise County (13.9%) had nearly double the statewide proportion of adults with asthma.

Figure 47. Percent Adults Reported to Currently Have Asthma, by Texas and Counties, 2011-2015

DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

Cancer Incidence and Mortality

   The 2017 Tarrant County CHNA specially examined health behaviors and outcomes across the cancer continuum of care, and when participants were asked about cancer, several reported that they viewed cancer as a concern for residents of Tarrant County (Please see the Tarrant County CHNA Report for additional information). The following section describes cancer incidence and mortality data overall and by cancer type for the leading causes of death. County-level cervical cancer incidence and mortality data, as well as prostate cancer mortality data, is not presented due to small sample sizes

Overall Cancer Incidence and Mortality

In 2013, the age-adjusted cancer incidence rate ranged from 340.6 new cases of all-site cancer per 100,000 population in Erath County to 452.6 per 100,000 population in Johnson County (Figure 48). For comparative purposes, the statewide age-adjusted cancer incidence rate was 399.4 cases per 100,000 population, which has steadily been trending downward from a rate of 427.3 new cases per 100,000 population in 2010. Trend data from across the region suggests that only Tarrant County has mirrored this steady decrease in cancer incidence (from 459.0 new cases per 100,000 population in 2010 to 424.1 new cases per 100,000 population in 2013), while the remaining counties have exhibited no observable pattern.

Figure 48. Age-adjusted Cancer Incidence Rate per 100,000 Population, by Texas and Counties, 2013
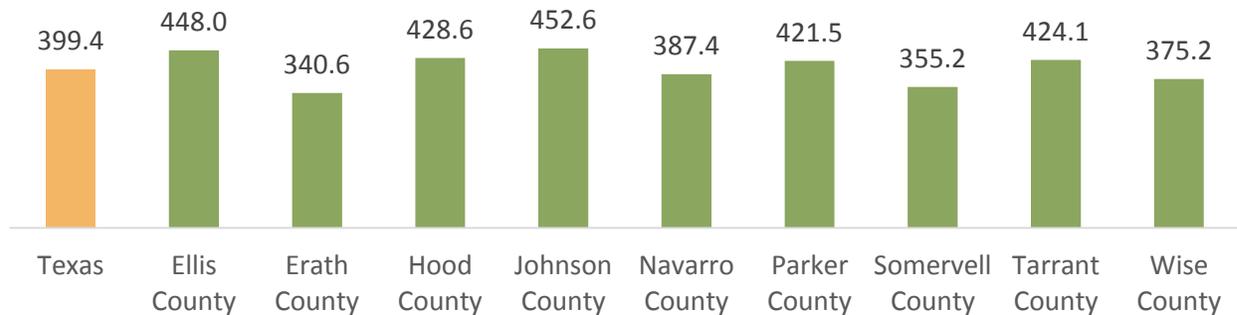
DATA SOURCE: Texas Department of State Health Services, Texas Cancer Registry, 2013

The all-site, age-adjusted rate of cancer mortality for the state of Texas was 156.4 deaths per 100,000 population in 2013 –and trend data suggests that this rate has been steadily decreasing since 2010 from 164.8 deaths per 100,000 population (Figure 49). Across the region, this ranged from 112.4 cancer deaths per 100,000 population in Erath County to 189.9 cancer deaths per 100,000 population in Johnson County.

Figure 49. Age-adjusted Cancer Mortality Rate per 100,000 Population, by Texas and Counties, 2013

Texas	Ellis County	Erath County	Hood County	Johnson County	Navarro County	Parker County	Somervell County	Tarrant County	Wise County
156.4	175.8	112.4	162.2	189.9	167.2	178.2	177.1	156.3	181.5
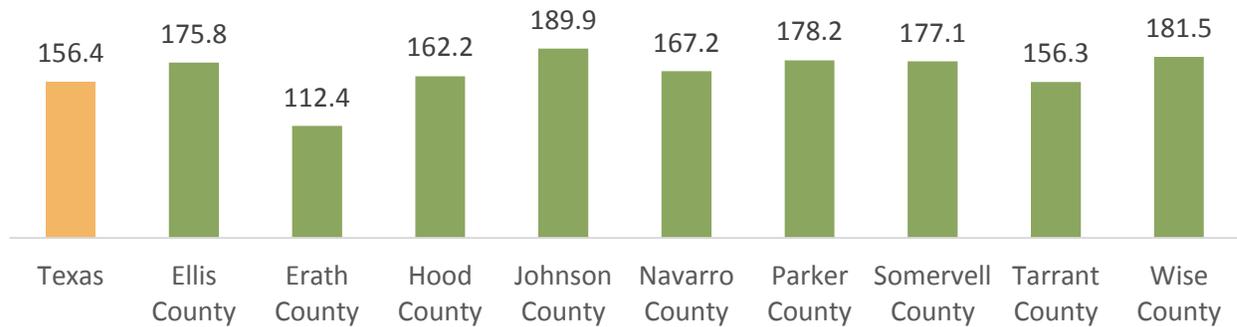
DATA SOURCE: Texas Department of State Health Services, Texas Cancer Registry, 2013

Breast Cancer Incidence and Mortality

In 2013, the age-adjusted breast cancer incidence rate ranged from 71.0 new cases per 100,000 population in Wise County to 157.9 per 100,000 population in Navarro County (Figure 50). Of note, the Wise County rate has been steadily decreasing from 126.2 incident cases per 100,000 in 2010. Similarly, Parker County has observed a steady decrease from 146.2 incident cases per 100,000 population in 2010 to 127.3 incident cases per 100,000 population in 2013. By contrast, the rate in Navarro County appears to be increasing (from 95.4 incident cases per 100,000 population in 2010).

Figure 50. Age-adjusted Female Breast Cancer Incidence Rate per 100,000 Population, by Texas and Counties, 2013
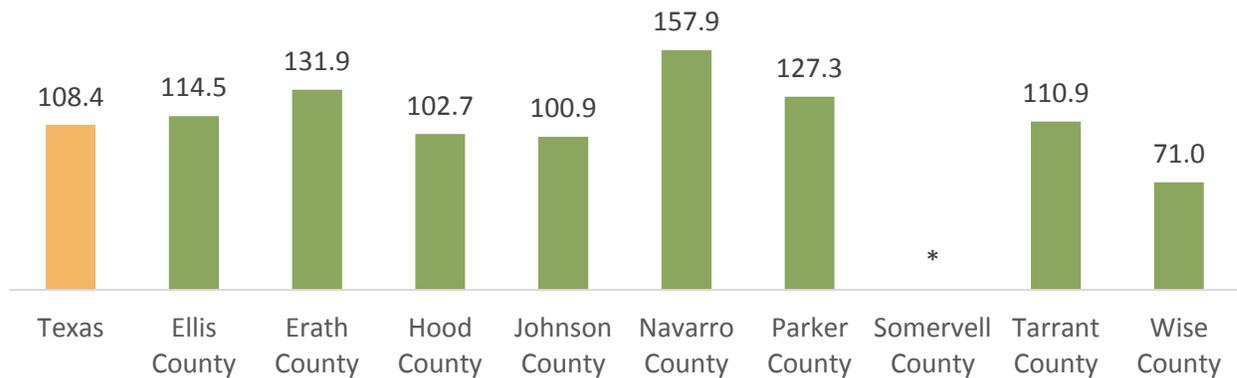
Texas	Ellis County	Erath County	Hood County	Johnson County	Navarro County	Parker County	Somervell County	Tarrant County	Wise County
108.4	114.5	131.9	102.7	100.9	157.9	127.3	*	110.9	71.0

DATA SOURCE: Texas Department of State Health Services, Texas Cancer Registry, 2013
NOTE: Asterisk (*) denotes where data suppressed due to confidentiality or unreliable due to small sample size

Among women diagnosed with breast cancer, the age-adjusted rate of cause-specific mortality for the state of Texas was 20.1 deaths per 100,000 population in 2013, which was largely consistent with the three years prior (Figure 51). Due to insufficient sample size or confidentiality constraints, regional data was only available for Johnson County (18.1 breast cancer deaths per 100,000 population in 2013; exhibiting a downward trend since 2011), Parker County (21.0 breast cancer deaths per 100,000 population; exhibiting no observable trend since 2010), and Tarrant County (20.7 breast cancer deaths per 100,000 population; exhibiting a slightly increasing trend since 2010).

Figure 51. Age-adjusted Female Breast Cancer Mortality Rate per 100,000 Population, by Texas and Counties, 2013
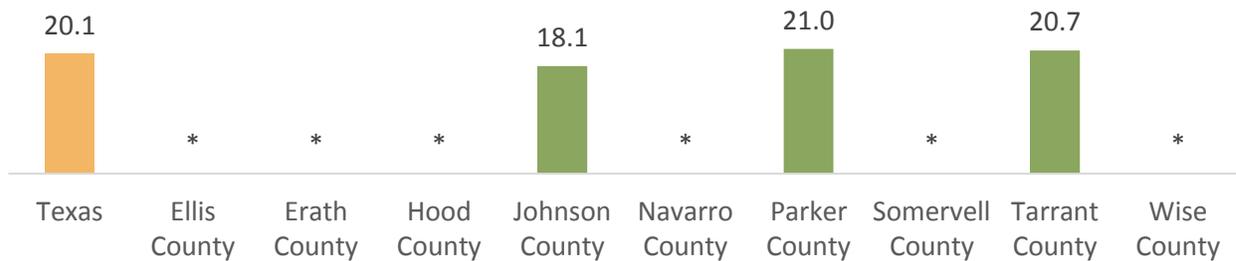
DATA SOURCE: Texas Department of State Health Services, Texas Cancer Registry, 2013
NOTE: Asterisk (*) denotes where data suppressed due to confidentiality or unreliable due to small sample sizes

[Prostate Cancer Incidence]

As illustrated in Figure 52, in 2013 the state of Texas reported an age-adjusted 88.6 incident cases of prostate cancer per 100,000 population. Trend data indicates that this rate has been decreasing since 2010, when there were a reported 111.1 incident cases per 100,000 population statewide. Across the region, the prostate cancer incidence rate in Johnson, Tarrant, and Ellis Counties exceeded the 2013 statewide rate (107.9 incident cases, 104.2 incident cases, and 97.2 incident cases per 100,000 population, respectively). By contrast, Navarro County reported the lowest incidence rate of prostate cancer across the region. Of note, trend data suggests that generally prostate cancer incident rates have been trending downward across the region since 2010, except for in Johnson County (in 2010, reported 97.0 incident cases per 100,000 population).

Figure 52. Age-adjusted Prostate Cancer Incidence Rate per 100,000 Population, by Texas and Counties, 2013
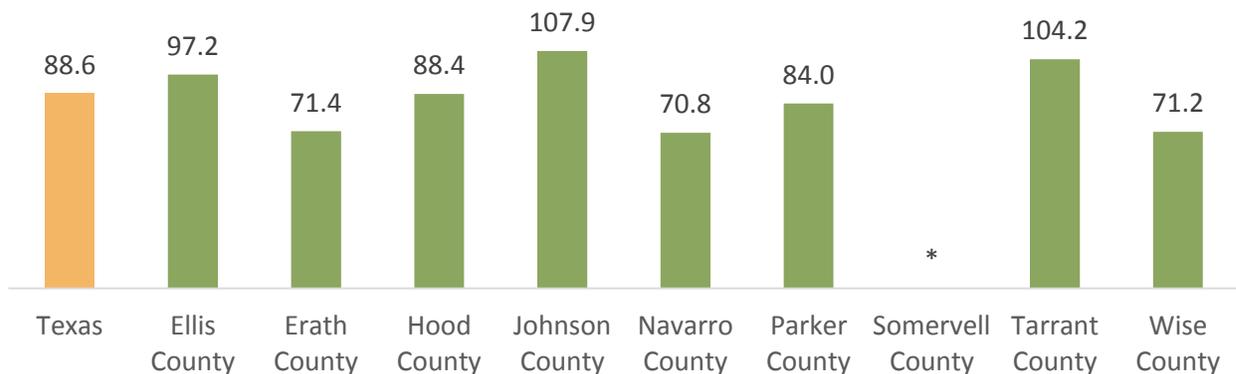
DATA SOURCE: Texas Department of State Health Services, Texas Cancer Registry, 2013
NOTE: Asterisk (*) denotes where data suppressed due to confidentiality or unreliable due to small sample size

In 2013, the age-adjusted colorectal cancer incidence rate across the region ranged from 25.5 incident cases per 100,000 population in Parker County to 50.0 incident cases per 100,000 population in Navarro County (Figure 53). For comparative purposes, the statewide age-adjusted colorectal cancer incidence rate was 37.4 cases per 100,000 population, down from 40.3 incident cases per 100,000 population in 2010. This downward trend in incidence has been largely consistent across the region as well.

Figure 53. Age-adjusted Colorectal Cancer Incidence Rate per 100,000 Population, by Texas and Counties, 2013
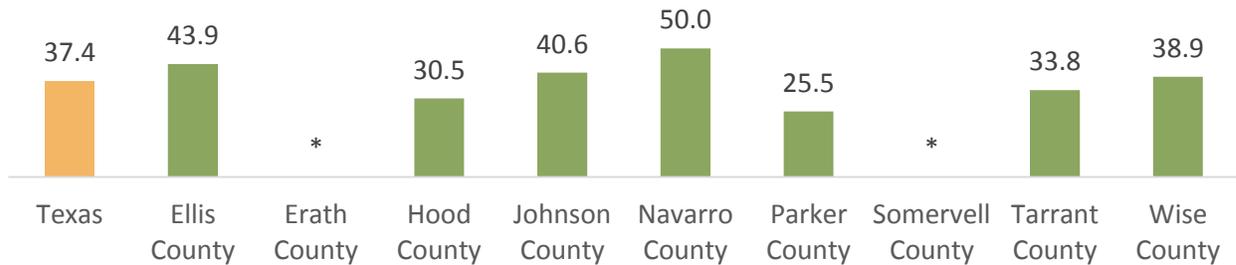
DATA SOURCE: Texas Department of State Health Services, Texas Cancer Registry, 2013
NOTE: Asterisk (*) denotes where data suppressed due to confidentiality or unreliable due to small sample sizes

The 2013 age-adjusted colorectal cancer mortality rate in Johnson County was nearly two times that observed statewide (28.2 and 14.5 colorectal cancer deaths per 100,000 population, respectively) (Figure 54). This was a substantial increase from the years prior as well with mortality rates as low as 13.4 deaths per 100,000 population in 2011. Notably, all the remaining counties in the region also exceeded the statewide rate in 2013.

Figure 54. Age-adjusted Colorectal Cancer Mortality Rate per 100,000 Population, by Texas and Counties, 2013

DATA SOURCE: Texas Department of State Health Services, Texas Cancer Registry, 2013
NOTE: Asterisk (*) denotes where data suppressed due to confidentiality or unreliable due to small sample sizes

Across the region, the 2013 age-adjusted rate of lung cancer incidence ranged from 55.1 cases per 100,000 population in Navarro County to 72.6 cases per 100,000 population in Hood County (Figure 55).

Notably, in 2013, every county for which data were available in the region exceeded the statewide age-adjusted rate of 52.7 incident cases of lung cancer per 100,000 population –this was also true in 2012, and largely true in 2010 (except for Erath and Hood counties) and 2011 (except for Navarro County). A similar pattern is observed for lung cancer mortality in the region (Figure 56).

Figure 55. Age-adjusted Lung Cancer Incidence Rate per 100,000 Population, by Texas and Counties, 2013
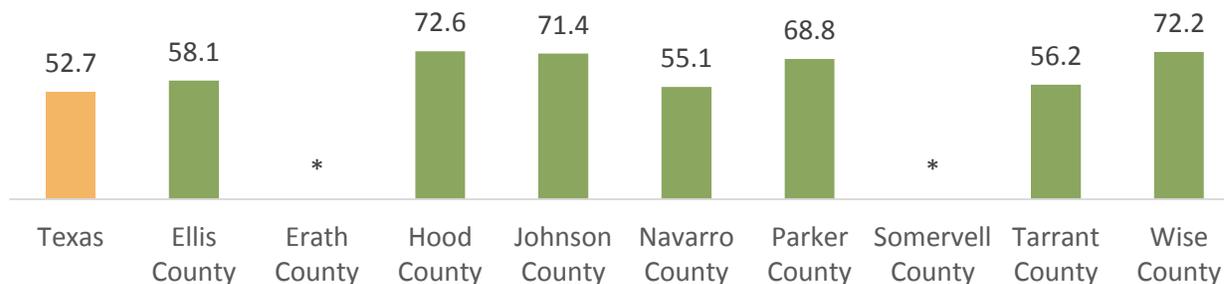
DATA SOURCE: Texas Department of State Health Services, Texas Cancer Registry, 2013
NOTE: Asterisk (*) denotes where data suppressed due to confidentiality or unreliable due to small sample sizes

In 2013, every county in the region for which data was available had an age-adjusted lung cancer mortality rate that exceeded that reported statewide (38.6 lung cancer deaths per 100,000 population) (Figure 56). This was largely true for the three years prior as well. The regional rates ranged from 39.6 lung cancer deaths per 100,000 population in Tarrant County to 53.7 lung cancer deaths per 100,000 population in Wise County.

Figure 56. Age-adjusted Lung Cancer Mortality Rate per 100,000 Population, by Texas and Counties, 2013
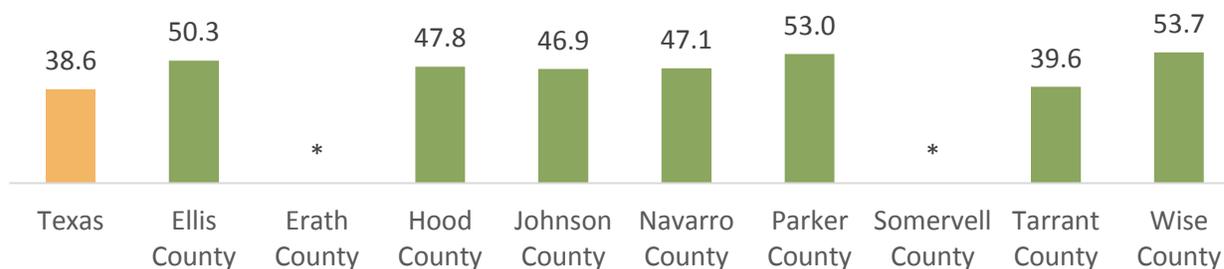
DATA SOURCE: Texas Department of State Health Services, Texas Cancer Registry, 2013
NOTE: Asterisk (*) denotes where data suppressed due to confidentiality or unreliable due to small sample sizes

> *"We have care system that delivers outstanding care for cardiac care for example, but the mental health situation here is at a lower level. There needs to be lots of work done for mental health in this area."* – Focus Group Participant

> *"Behavioral health is a big need, across the spectrum."* – Focus Group Participant

> *"Addiction, especially significant substance abuse disorders, have seemingly become more prevalent. Our treatment resources are woefully inadequate in the area."* – Interview Participant

Behavioral health—mental health and substance use concerns—were identified in nearly every focus group and interview as a concern for the region.

Mental Health

Participants shared that while high rates of stress, anxiety, and depression exist in the community, so do more acute mental health issues. Several groups were seen as particularly vulnerable. Mental health issues among children and youth were of substantial concern, especially stress and anxiety. As one focus group participant shared, *"it's bad. Real bad. From hospital perspective, we're seeing a rise in kids, teenagers having really depressive episodes, suicidal tendencies."* Trauma among the region's veterans and refugees and among victims of sexual abuse, was also reported to be a community health problem. Participants also shared concerns about depression and suicide among elders in the community.

According to 2011-2015 data from the Texas Behavioral Risk Factor Surveillance Survey, 10.2% of Texas adults reported experiencing poor mental health for two or more weeks (Figure 57). Regionally, this indicator of mental health ranged from a low of 4.0% of Wise County adults to a high of 16.6% of Parker County adults.

Figure 57. Percent Adults Reported Poor Mental Health for Two Weeks or More, by Texas and Counties, 2011-2015
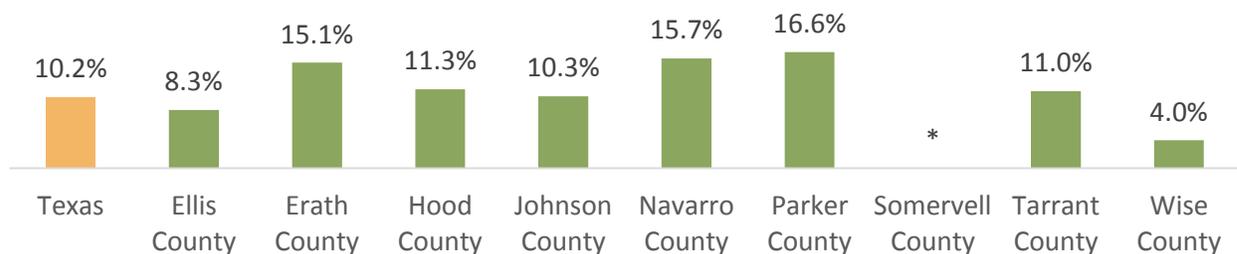

DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

According to data from 2011 through 2015, nearly one in four Hood County adults reported a depressive disorder diagnosis –the highest proportion in the region (24.3%) (Figure 58). This was almost twice the

proportion of adults reporting the same in Erath County (13.2%), which had the lowest proportion in the region.

Figure 58. Percent Adults Reported Depressive Disorder Diagnosis, by Texas and Counties, 2011-2015
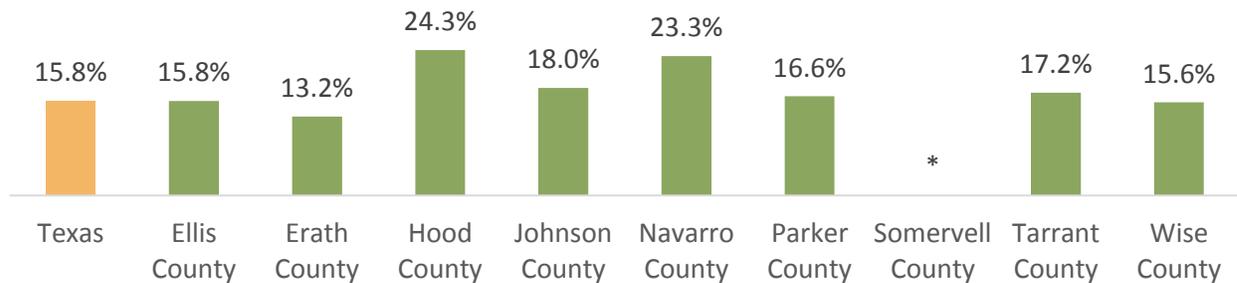
DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTES: Asterisk (*) denotes where data not available due to small sample sizes; Depressive disorders include depression, major depression, dysthymia, or minor depression

Among Medicare and Medicaid beneficiaries statewide, 17.0% were reported to have depression in 2014 (Figure 59). This was largely consistent with what was observed across the region, which ranged from a low of 17.5% of Medicare and Medicaid beneficiaries with depression in Wise County to a high of 21.0% in Johnson County.

Figure 59. Percent Medicare and Medicaid Beneficiaries with Depression, by Texas and Counties, 2014
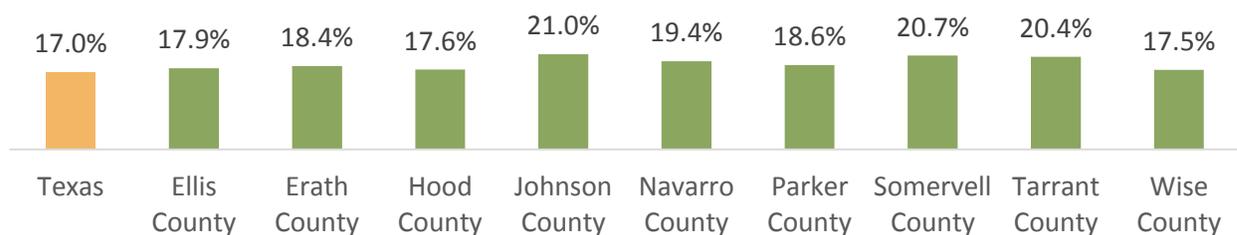
DATA SOURCE: Centers for Medicare and Medicaid Services, Geographic Variation Public Use File, State and County Level Demographic, Cost, Utilization, and Quality Data (All Ages), as cited by Prevention Resource Center Region 3, 2016 Regional Needs Assessment, 2014

The statewide age-adjusted suicide mortality rate in 2015 was 12.5 deaths per 100,000 population – exhibiting a slightly increasing trend from 11.7 suicide deaths per 100,000 population in 2013 (Figure 60). Due to insufficient sample size or confidentiality constraints, regional data was only available for two counties. Notably, in 2015 Parker County reported an age-adjusted rate of suicide that was nearly twice that of Tarrant County (21.0 suicide deaths per 100,000 population and 11.8 suicide deaths per 100,000 population, respectively). By comparison, in 2014 Parker County reported 18.3 suicide deaths per 100,000 population while Tarrant County reported 11.3 suicide deaths per 100,000 population.

Figure 60. Age-Adjusted Suicide Mortality Rate per 100,000 Population, by Texas and Counties, 2015


DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, 2015
NOTES: Asterisk (*) denotes where data not available due to insufficient sample sizes to calculate rate or data not shown due to confidentiality constraints; Includes ICD-10 Codes U03, X60-84, Y87.0

Substance Abuse
Participants also identified rising rates of substance abuse in the region including alcohol, opioids, marijuana, synthetic drugs, and prescription drugs. In rural areas, use of methamphetamines was reported to be prevalent. As one person from Johnson County stated, *"this is the meth capital of Texas."* Participants shared that substance use cuts across socioeconomic groups. As one person shared, *"drugs are prevalent…and it's not just in the low-income communities."* Co-occurring disorders—mental health issues and substance use—were also identified as a concern in the region.

Alcohol Misuse
Summary data from the 2011-2015 Texas Behavioral Risk Factor Surveillance surveys shows that 50.2% of Texas adults reported consuming alcohol in the month prior to survey administration (Figure 61). Across the region, this ranged from a low of 39.9% in Wise County to a high of 57.0% in Hood County. As illustrated in Figure 62, however, fewer adults engaged in binge drinking during that time period. Specifically, while 16.8% of adults statewide reported binge drinking in the month prior to survey administration, regionally this ranged from a low of 11.5% in Wise County to a high of 19.5% in Ellis County.

Figure 61. Percent Adults Reported Alcohol Consumption in Past Month, by Texas and Counties, 2011-2015
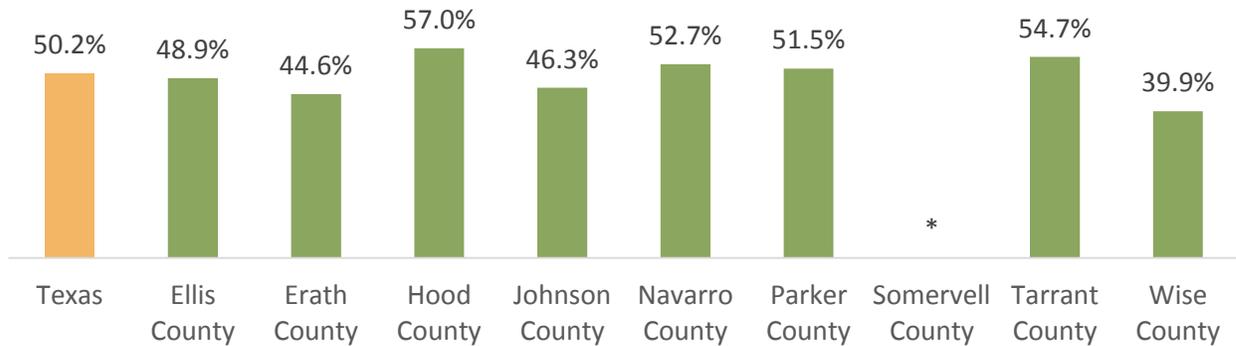
DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

Figure 62. Percent Adults Reported Binge Drinking in Past Month, by Texas and Counties, 2011-2015
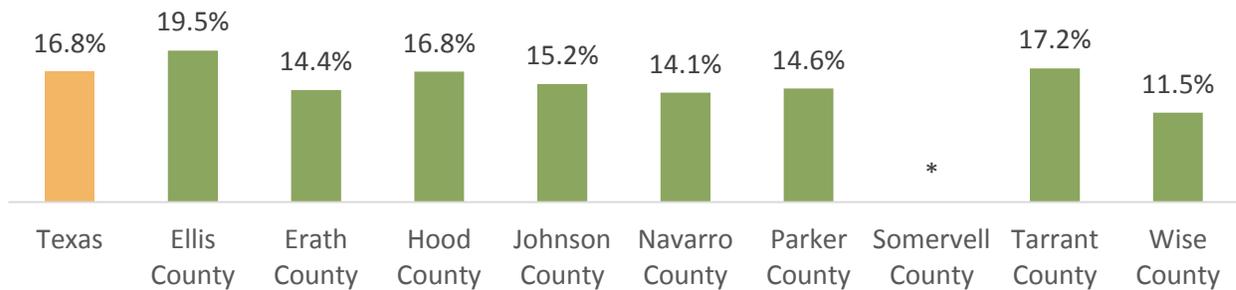
DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

Smoking

High rates of smoking, especially among aging adults and lower income residents, was also noted as a health challenge by participants. Approximately one in every five adults in Navarro (21.4%), Johnson (21.2%), Erath (21.0%), Hood (20.8%), and Parker (20.7%) counties reported current smoking status between 2011 and 2015 (Figure 63). The only county in the region to report a proportion of current adult smokers below the statewide average of 16.5% was Tarrant (15.2%).

Figure 63. Percent Adults Reported to Be Currently Smoking, Texas and County, 2011-2015
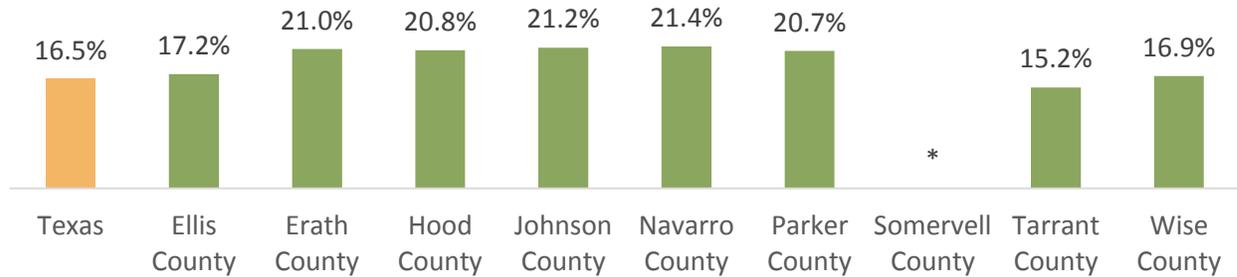
DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

Opioids

As illustrated in Figure 64, the rate of opioid-related poison control calls was substantially higher in Hood County than any other county in the region (62.1 calls per 100,000 population). Further, the 2015 Hood County rate of opioid-related poison control calls was over three-times greater than that reported statewide in that same year (18.8 calls per 100,000 population) and over four-times greater than that reported in Hood County itself in the previous year (15.0 calls per 100,000 population in 2014). Of note, Somervell and Navarro counties also reported relatively high rates (34.9 calls and 33.3 calls per 100,000 population).

Figure 64. Rate of Opioid-related Poison Control Calls per 100,000 Population, by Texas and Counties, 2015
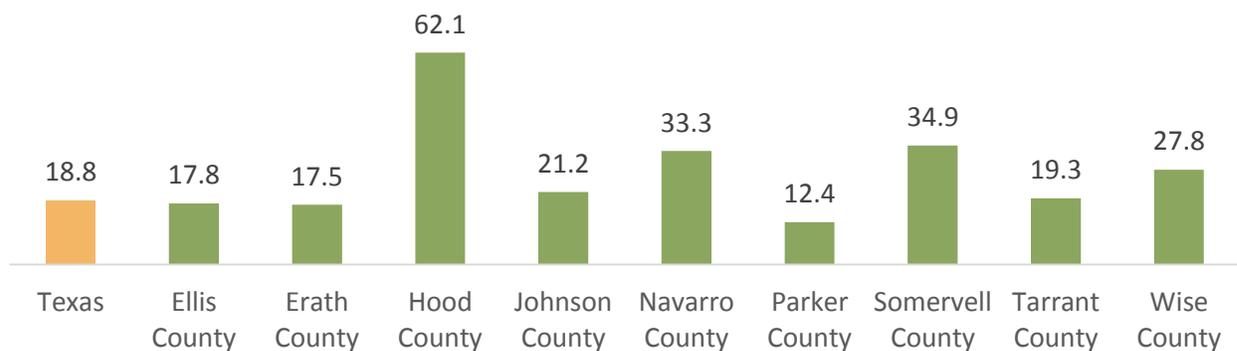
DATA SOURCE: Texas Poison Control Center Network, as cited by Prevention Resource Center Region 3, 2016 Regional Needs Assessment, 2015
NOTE: Rates standardized to 2011-2015 U.S. Census American Community Survey populations

In fiscal year 2015, there was a notable range in the rate of substance use disorder DSHS-funded treatment admissions across the region (Figure 65). Ellis and Navarro counties had, by far, the lowest rates of admissions (10.8 admissions and 24.9 admissions per 100,000 population), while Hood and Johnson counties had the highest (210.6 admissions and 212.9 admissions per 100,000 population).

Figure 65. Substance Use Disorder DSHS-Funded Treatment Admissions Rate per 100,000 Population, by Texas and Counties, FY2015

Texas	Ellis County	Erath County	Hood County	Johnson County	Navarro County	Parker County	Somervell County	Tarrant County	Wise County
138.4	10.8	134.9	210.6	212.9	24.9	121.1	174.3	171.7	122.5
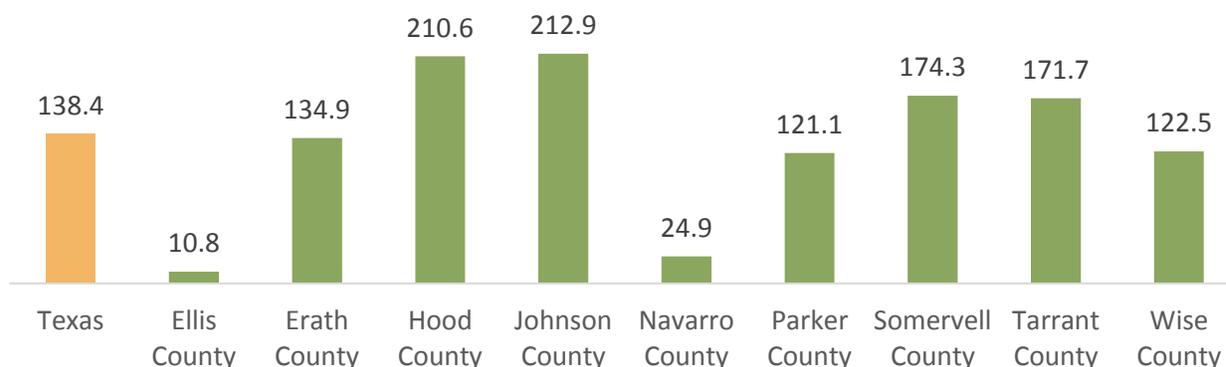
DATA SOURCE: Texas Department of State Health Services, Admissions to Treatment Data, as cited by Prevention Resource Center Region 3, 2016 Regional Needs Assessment, FY2015
NOTE: Rates standardized to 2011-2015 U.S. Census American Community Survey populations

Lack of behavioral health services is a substantial challenge in the region according to numerous participants who shared that the region has insufficient numbers of behavioral health providers of all kinds. Although hospitals such as JPS Health Network, Cook Children's Hospital and Wise Health System as well as community-based organizations such as Mission Arlington, ADAPT, Wise Christian Counsel, SAGE (Substance Abuse, Guidance, and Education), Pecan Valley MHMR, and Narcotics Anonymous/Alcoholics Anonymous provide behavioral health services, these services are seen as insufficient to meet the need. As one person explained, *"Texas has one of the worst rates [number of psychiatrists per population]. Compared to other states, we have one, they have four [psychiatrists]."* As another participant from a rural area echoed, *"we don't have enough mental health providers, clinicians, etc. We have trouble getting physicians to come here. We're in the middle of nowhere."*

As a result, participants reported, there are long wait lists for services and many untreated residents. While more affluent residents were seen as having greater access to mental health services, low-income residents face substantial challenges including transportation and lack of insurance and resources to pay for services out of pocket. Non-English speaking residents face additional challenges according to participants, because most providers only speak English. Additionally, emergency behavioral health services are strained: the state hospital and psychiatric care at hospital ERs were reported to be at capacity.

Focus group and interview participants stated that lack of funding is a substantial barrier to adequate behavioral health care in the region. According to participants, Texas currently ranks 49th among U.S. states in level of funding for behavioral health services. While the Affordable Care Act (ACA) and 1115 Waiver have helped to enhance access, lack of Medicaid expansion in Texas and low reimbursement rates hinder access, especially for lower income residents. As one participant stated, *"we're treading water and the water is rapidly rising and we can't make any progress."*

Violence, Injury, and Trauma

Although not a prevalent theme in focus groups and interviews, one person noted that trauma related to motor vehicle and motorcycle accidents is a concern in Hood County. As illustrated in Figure 66, Tarrant County (29.9 accidental deaths per 100,000 population) was the only county from across the region to report an age-adjusted unintentional injury mortality rate lower than that reported statewide in 2015 (37.4 accidental deaths per 100,000 population). Wise and Navarro counties had the highest age-adjusted mortality rates due to unintentional injury in the region (63.3 accidental deaths and 61.6 accidental deaths per 100,000 population, respectively). Trend data suggests increasing rates of unintentional injury mortality in Ellis County (27.0 accidental deaths per 100,000 population in 2013) and Navarro County (53.8 accidental deaths per 100,000 population in 2013).

Figure 66. Age-Adjusted Unintentional Injury (Accidents) Mortality Rate per 100,000 Population, by Texas and Counties, 2015
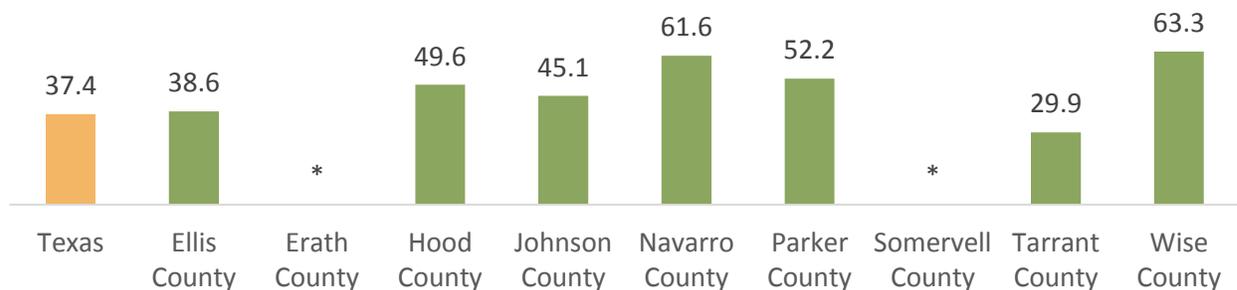
DATA SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, 2015
NOTES: Asterisk (*) denotes where data not available due to insufficient sample sizes to calculate rate or data not shown due to confidentiality constraints; Includes ICD-10 Codes V01-X59, Y85-86

Additionally, all counties in Region 10, except for Navarro county, had a lower incidence rate of motor vehicle crashes than Texas overall (1,954.0 per 100,000 population). As illustrated in Figure 67, there were 2,604 motor vehicle crashes per 100,000 in Navarro County in 2015—far exceeding the state rate of 1,954.0 per 100,000 population.

Figure 67. Motor Vehicle Crash Rate per 100,000 Population, by Texas and Counties, 2015
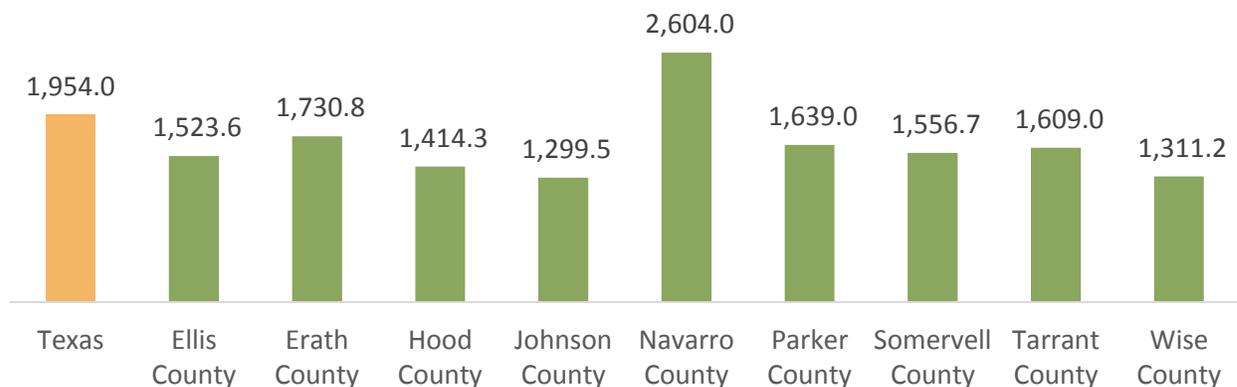
DATA SOURCE: Texas Department of Transportation, Texas Motor Vehicle Crash Statistics, Crashes and Injuries by County, 2015

Maternal and Child Health

Several participants noted that various counties in the region lack accessible OBGYN care, especially providers who take Medicaid, which was described as leading to long wait times for care. Lack of access to prenatal care was mentioned by several participants. As one person shared, *"some OBs don't want to see [pregnant women] until 6 weeks and sometimes I'm seeing 3-4 month pregnant women and have to wait weeks for prenatal care."* As one provider stated: *"30% of women giving birth in this hospital had never had prenatal care."*

Prenatal Care

As illustrated in Figure 68, less than half of the 2014 births in Navarro County were reported to have had prenatal care (48.6%) –lower than the statewide proportion (61.6%) and lowest across the region. Trend data suggests that the percent of births with prenatal care in the first trimester reported in 2014 were largely consistent with that reported since 2012.

Figure 68. Percent Births with Prenatal Care in First Trimester, by Texas and Counties, 2014
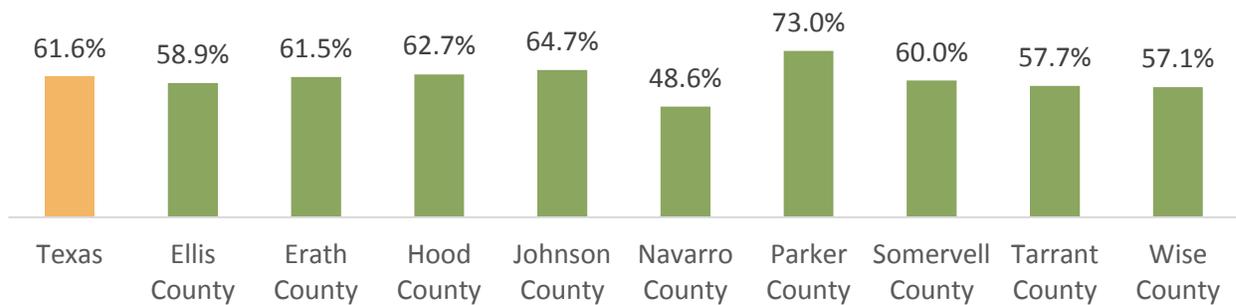
DATA SOURCE: Texas Department of State Health Services, Center for Health Statistics, Texas Health Data, Birth Data (2005-2014), 2014

Most of the counties in the region reported a proportion of 2014 births with no prenatal care during any trimester that was lower than that reported statewide (5.2%) (Figure 69). However, in Tarrant County, the proportion of 2014 births with no prenatal care during any trimester was 6.0% -five times that reported in Somervell County (1.2%). Further, this proportion increased from 5.1% in 2012.

Figure 69. Percent Births with No Prenatal Care During Any Trimester, by Texas and Counties, 2014
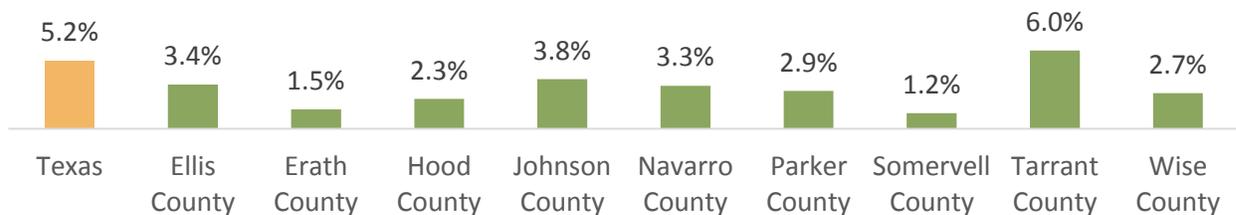
DATA SOURCE: Texas Department of State Health Services, Center for Health Statistics, Texas Health Data, Birth Data (2005-2014), 2014

The Texas Department of State Health Services' Center for Health Statistics reported that in 2014, cigarettes were used during 3.9% of pregnancies statewide –this was down from 4.4% of pregnancies in 2012 (Figure 70). Aside from Tarrant County, in 2014 all of the remaining counties in the region reported higher proportions of exposure to cigarette use during pregnancy than was observed statewide. This proportion was greatest in Hood County (14.7%), though trend data suggests that this decreased from 15.8% in 2012.

Figure 70. Percent Pregnancies Where Cigarette Use Present During Pregnancy, by Texas and Counties, 2014
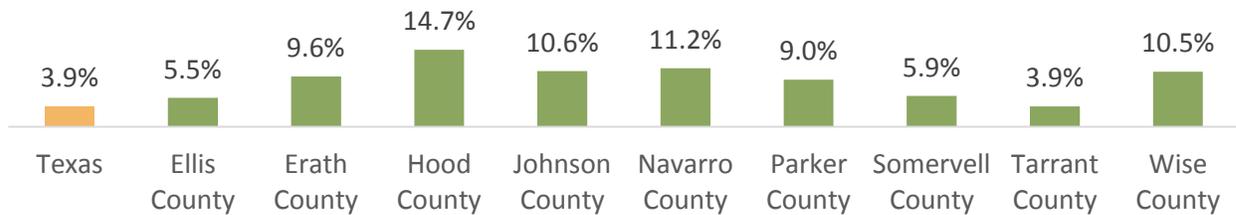
DATA SOURCE: Texas Department of State Health Services, Center for Health Statistics, Texas Health Data, Birth Data (2005-2014), 2014

Birth Outcomes

As shown in Figure 71, in 2014, 12.3% of statewide births were reported as premature, defined as births at less than 37 known weeks of gestation, which was consistent with data from the previous two years. Only Navarro County reported a proportion of premature births (15.8%) in 2014 greater than the statewide average, with trend data suggesting that this proportion increased from 10.1% in 2012. By contrast, Somervell County reported the fewest premature births across the region in 2014 (8.3%), down from 18.1% in the previous year.

Figure 71. Percent Premature Births, by Texas and Counties, 2014
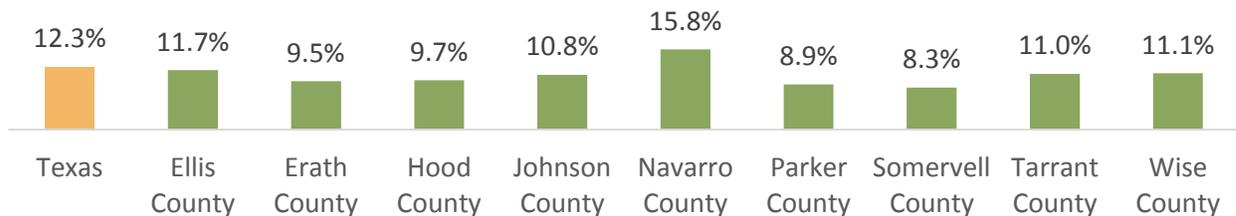
DATA SOURCE: Texas Department of State Health Services, Center for Health Statistics, Texas Health Data, Birth Data (2005-2014), 2014
NOTE: Premature birth is defined as less than 37 known weeks gestation

The statewide average of low birth weight, defined as infant weight less than 2,500 grams at birth, was 8.2% in 2014 -again consistent with the previous two years (Figure 72). Among counties in the region, only Navarro reported a greater proportion of low birth weight infants in 2014 (8.9%) than that observed statewide. By contrast, Somervell County reported the lowest proportion of low birth weight infants (3.5%), down from 12.6% in the previous year.

Figure 72. Percent Low Birth Weight Infants, by Texas and Counties, 2014
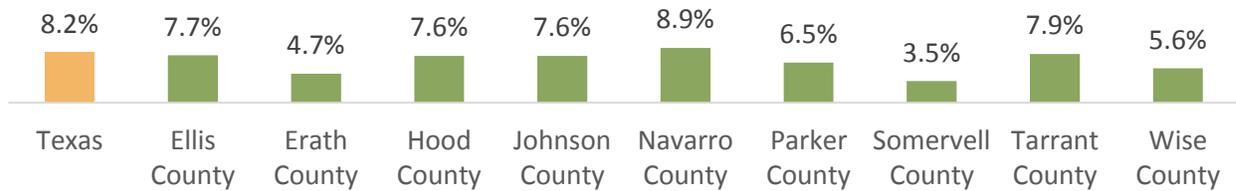
Texas	Ellis County	Erath County	Hood County	Johnson County	Navarro County	Parker County	Somervell County	Tarrant County	Wise County
8.2%	7.7%	4.7%	7.6%	7.6%	8.9%	6.5%	3.5%	7.9%	5.6%

DATA SOURCE: Texas Department of State Health Services, Center for Health Statistics, Texas Health Data, Vital Statistics Annual Report, 2014
NOTE: Low birth weight is defined as less than 2,500 grams

Teen Births

In 2014, the statewide proportion of births to mothers of ages 17 or younger was 2.8%, down from 3.5% in 2012 (Figure 73). Of the counties in the region, Navarro and Johnson exceeded the statewide proportion in 2014 (3.3% and 3.0%, respectively). Trend data suggests that Somervell County observed the greatest decrease in the proportion of births to mothers aged 17 or younger from 4.2% in 2013 to 1.2% in 2014.

Figure 73. Percent Births to Mothers Ages 17 and Younger, by Texas and Counties, 2014
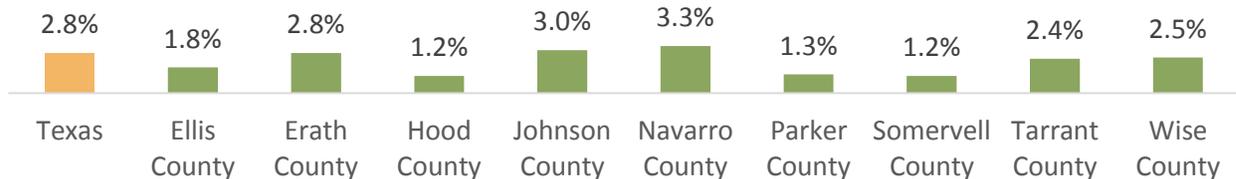
Texas	Ellis County	Erath County	Hood County	Johnson County	Navarro County	Parker County	Somervell County	Tarrant County	Wise County
2.8%	1.8%	2.8%	1.2%	3.0%	3.3%	1.3%	1.2%	2.4%	2.5%

DATA SOURCE: Texas Department of State Health Services, Center for Health Statistics, Texas Health Data, Vital Statistics Annual Report, 2014

Several participants reported that infant mortality in the region is high, especially for lower income and African American women. In 2014, Hood County reported the highest infant mortality rate across the region at 12.1 infant deaths per 1,000 live births –more than twice the 2014 statewide rate (5.8 infant deaths per 1,000 live births) and nearly twice the rate Hood County observed itself in the previous year (6.6 infant deaths per 1,000 live births in 2013) (Figure 74). A sharp increase was also observed for Parker County (from 4.7 per 1,000 live births in 2013 to 10.5 per 1,000 live births in 2014).

Still, other counties in the region had similarly elevated rates of infant mortality in 2014 including Erath, Parker, and Johnson counties (11.3, 10.5, and 9.4 infant deaths per 1,000 live births, respectively). By stark contrast, Somervell County reported an infant mortality rate of zero, down from 10.5 infant deaths per 1,000 live births in the previous year. Wise County also exhibited a sharp drop in infant deaths (from 10.1 per 1,000 live births in 2013 to 6.5 per 1,000 live births in 2014) as did Ellis County (from 6.8 per 1,000 live births in 2013 to 2.3 per 1,000 live births in 2014).

Figure 74. Infant Mortality Rate per 1,000 Live Births, by Texas and Counties, 2014
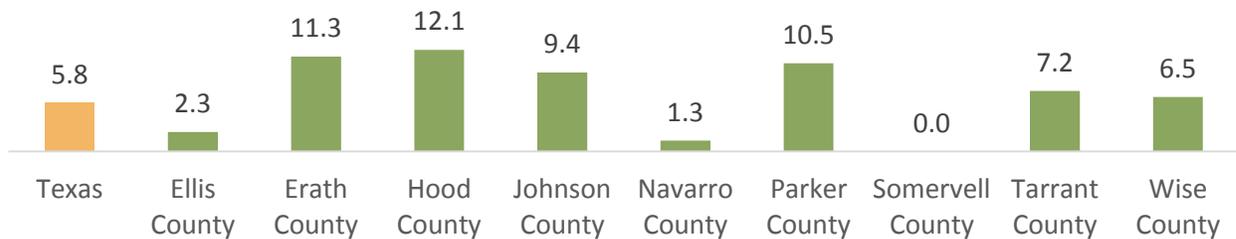
DATA SOURCE: Texas Department of State Health Services, Center for Health Statistics, Texas Health Data, Vital Statistics Annual Report, 2014

Communicable Diseases
Communicable diseases are diseases that can be transferred from person to person. These conditions are not as prevalent as chronic diseases in the region, but they do disproportionately affect vulnerable population groups. Focus group and interview participants had few concerns or comments about communicable disease apart from sexually transmitted infections

As illustrated in Figure 75, the statewide rate of residents living with HIV in 2015 (301.2 residents living with HIV per 100,000 population) was greater than that reported for any county in the region and has been observed as steadily increasing over the previous four years (from 279.9 residents living with HIV per 100,000 population in 2012). The lowest rate of residents living with HIV was reported by Erath County (31.6 per 100,000 population) and the highest rate of residents living with HIV was reported by Tarrant County (254.1 per 100,000 population), which approached the statewide rate. However, the HIV mortality rate in Tarrant County decreased from 2.2 HIV deaths per 100,000 population in 2012 to 1.3 HIV deaths per 100,000 population 2015, while the diagnosis rate remained about the same (data not shown). HIV mortality data was not available for the remaining counties due to small sample sizes.

Figure 75. Rate of Residents Living with HIV per 100,000 Population, by Texas and Counties, 2015
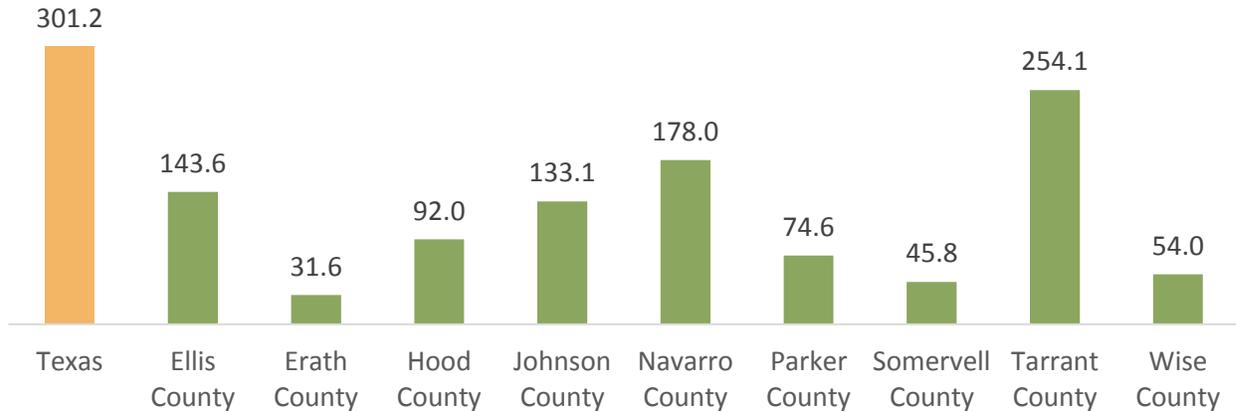
DATA SOURCE: Texas Department of State Health Services, TB/HIV/STD Epidemiology and Surveillance Branch, Texas HIV Surveillance Report, 2015

Sexually Transmitted Infections

Concerns about high STI rates were mentioned by a couple of participants. In 2015, the rate of chlamydia cases across the region ranged from a low of 206.0 cases per 100,000 population in Somervell County to a high of 498.7 cases per 100,000 population in Navarro County (Figure 76). By comparison, the statewide rate for that same year was 487.3 cases of chlamydia per 100,000 population. Notably, since 2014 only Hood County saw a decrease in the rate of chlamydia from 248.6 cases per 100,000 population.

Figure 76. Chlamydia Case Rates per 100,000 Population, by Texas and Counties, 2015
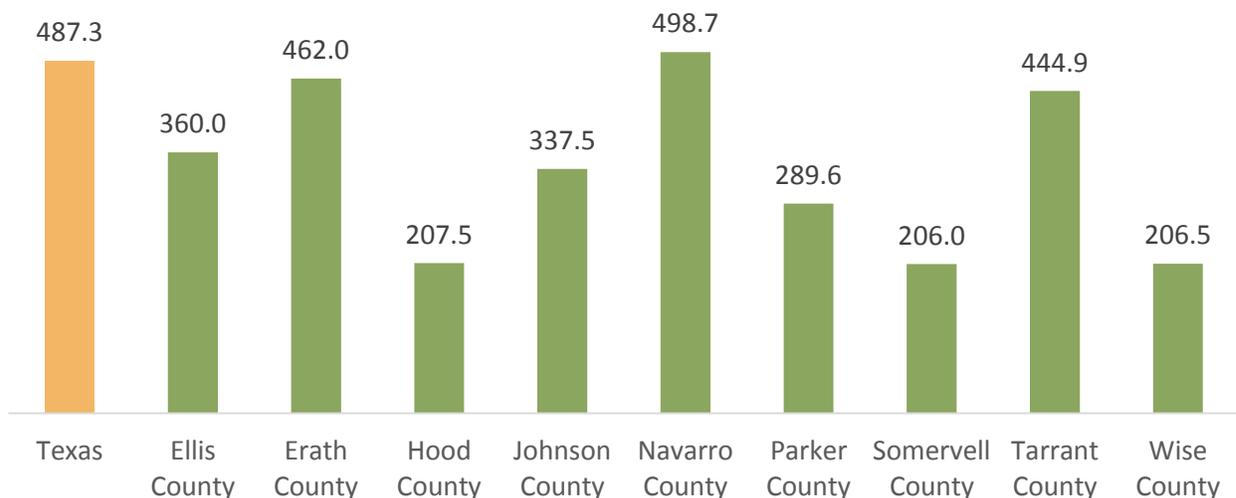
DATA SOURCE: Texas Department of State Health Services, TB/HIV/STD Epidemiology and Surveillance Branch, Texas STD Surveillance Report, 2015

In 2015, the rate of gonorrhea cases across the region ranged from a low of 34.3 cases per 100,000 population in Somervell County to a high of 229.7 cases per 100,000 population in Navarro County (Figure 77). Notably, Navarro and Tarrant County (145.4 cases per 100,000 population) reported substantially higher rates of gonorrhea in 2015 than any other county in the region. Further, the gonorrhea rate in Navarro County was nearly twice that which it reported in the previous year (122.8 cases per 100,000 population in 2014).

Figure 77. Gonorrhea Case Rates per 100,000 Population, by Texas and Counties, 2015
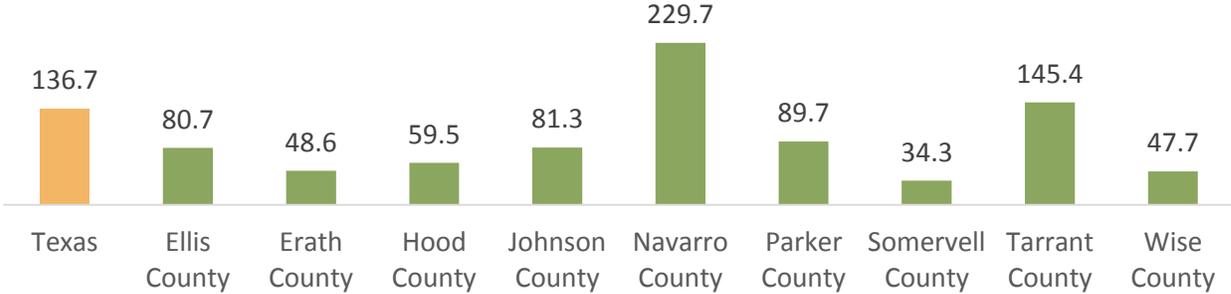
DATA SOURCE: Texas Department of State Health Services, TB/HIV/STD Epidemiology and Surveillance Branch, Texas STD Surveillance Report, 2015

As illustrated in Figure 78, the 2015 statewide rate of syphilis (30.6 cases per 100,000 population) was greater than that reported for any county in the region. Only Tarrant County (23.6 per 100,000 population) approached the statewide rate and has done so since 2012. By contrast, the lowest syphilis rates were reported by Erath and Somervell counties (both 0.0 cases per 100,000 population).

Figure 78. Syphilis Case Rates per 100,000 Population, by Texas and Counties, 2015
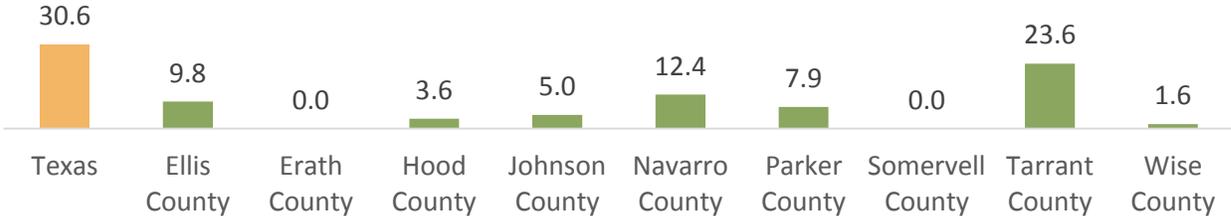
DATA SOURCE: Texas Department of State Health Services, TB/HIV/STD Epidemiology and Surveillance Branch, Texas STD Surveillance Report, 2015

Using data from 2011 through 2015, Figure 79 illustrates the proportion of adults aged 65 years and older who reported not receiving a flu shot in the year prior to survey administration. Across the state 39.0% of aging adults did not receive a flu shot. Across the region, the proportion of aging adults who did not receive a flu shot ranged from 32.2% in Ellis County to nearly half in Hood County (48.1%).

Figure 79. Percent Adults 65+ Reported No Flu Shot in Past Year, by Texas and Counties, 2011-2015
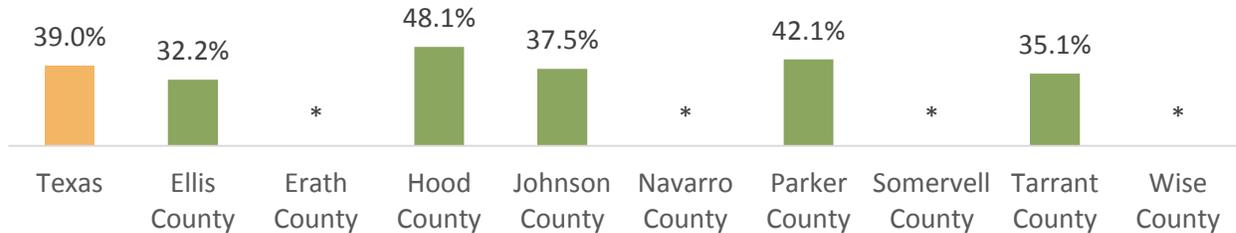
DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

Statewide, there were 13.0 influenza and pneumonia deaths per 100,000 population in 2015; trend data show a decrease from 14.4 deaths per 100,000 population in 2013 (data not shown). Due to insufficient sample size and confidentiality constraints, regional data was only available for Johnson County (13.9 deaths per 100,000 population) and Tarrant County (12.1 deaths per 100,000 population).

Oral Health

A few participants identified dental health concerns as a health challenge for the region, especially for aging adults and lower income residents. Legislation in 2012 expanding Medicaid payment to dentists was perceived to have a positive impact on dental health; however, participants reported that this increase was subject to change with each budget cycle and lack of funding for dental services is a challenge.

As illustrated in Figure 80, greater than half of Texas adults reported dental visits in the year prior to survey administration (58.4%). Across the region this ranges from 48.1% of adults in Hood County to 69.2% of adults in Parker County.

Figure 80. Percent Adults Reported Dental Visit in Past Year, by Texas and Counties, 2011-2015
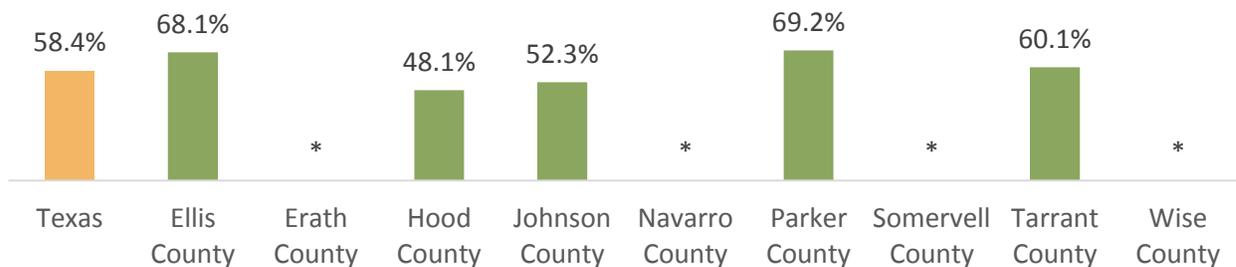
DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

Access and Coordination

When asked about healthcare services in the community, focus group and interview participants generally spoke positively about services. Participants pointed to their smaller, local hospitals, which they saw as providing high quality care to residents, strong EMS systems, and local family practice providers, some of whom still make house calls.

Health Care Access

Focus group and interview participants acknowledged that while the region has many medical services, barriers exist and services are not available equally to everyone. Access to care was described as a challenge particularly in rural areas and for low-income and uninsured patients. As one participant stated, *"health care in general can be a challenge for anyone living in poverty in Texas."*

Respondents to the 2017 provider survey perceived routine specialty care, substance abuse services, and mental health/behavioral health care as the services that were the most challenging to access for low-income patients (Figure 81). By contrast, emergency care services were most often cited as very easy to access for this population.

Similarly, in the 2012 provider survey, most respondents perceived the following services are difficult or very difficult to access for their low-income patients: routine specialty care (70.0% and 43.0%, respectively), mental/behavioral health care (39.0% and 60.0%, respectively); and substance abuse services (41.0% and 43.0%, respectively). Further, respondents largely perceived emergency care as very easy (18.0%) or easy (60.0%) to access for low-income patients.

Figure 81. Survey Respondents' Perceived Ease of Access to Services in Community for Low Income Patients, 2017

Legend: ■ Very easy ■ Easy ■ Hard ■ Very hard

Service	Very easy	Easy	Hard	Very hard
Emergency care services	27.5%	62.5%	10.0%	
Urgent care services	14.2%	48.3%	30.0%	7.5%
Pediatric/Well-child services	5.1%	53.0%	40.2%	1.7%
Prenatal care	3.4%	48.3%	44.8%	3.4%
Routine hospital services	3.4%	43.7%	49.6%	3.4%
Routine primary/preventive care	2.5%	29.4%	51.3%	16.8%
Routine specialty care	1.7%	14.3%	44.5%	39.5%
Substance abuse services	0.9%	18.8%	44.4%	35.9%
Mental health/behavioral health care	0.8%	18.5%	47.9%	32.8%

DATA SOURCE: RHP 10 Community Health Needs Assessment Provider Survey, 2017

Survey respondents were also asked to report on barriers faced by their low-income patients in accessing health care in the community. As illustrated in Figure 82, the barrier most often reported by survey respondents in 2017 was lack of transportation (91.9%), followed by insurance problems (including lack of coverage or not enough coverage; 78.0%), and cost of care/co-pays (70.7%). In the 2012 provider survey, the top three barriers for access to all types of care for low-income patients were (1) lack of coverage/financial hardship, (2) difficulty navigating the system/lack of awareness of available resources, and (3) lack of capacity (e.g., insufficient number of providers/extended wait times). Of note, the response options provided for the 2013 survey were not identical to those provided on the 2017 survey.

Figure 82. Survey Respondents' Perceived Issues Making it Harder for Low Income Patients to Access Health Care in Community, 2017 (N=123)

Barrier	Percent
Lack of transportation	91.9%
Insurance problems/lack of coverage/not enough coverage	78.0%
Cost of care/co-pays	70.7%
Don't know what type of services are available	65.0%
Long waits for appointments	51.2%
Lack of evening and weekend services	46.3%
Afraid due to immigration status	40.7%
Language problems/cannot communicate with provider or office staff	36.6%
Afraid to have health check-up	34.1%
No available provider near them	32.5%
Scheduling appointments	31.7%
Discrimination/unfriendliness of provider or office staff	12.2%
Other	4.1%

DATA SOURCE: RHP 10 Community Health Needs Assessment Provider Survey, 2017

Focus group and interview participants also shared that some residents face barriers to accessing health care that include the availability of providers, lack of insurance, cost, transportation, navigation challenges, and for some, language accessibility.

Health Insurance and Cost

> *"We have a wonderful new health industry in Wise County. What we have a problem here is lack of affordable insurance. Lack of affordable health insurance is the biggest problem for people. Health care is here, we just don't have the money to pay for it."* – Interview Participant

> *"Some people cannot afford insurance at all and then there are a lot of types of insurance that still cost too much to get care because of the very high deductibles. That's why it's hard to convince younger people they need to get insurance. Too much out of pocket cost."* – Focus Group Participant

Despite passage of the ACA, obtaining health insurance was identified as a challenge for some residents, especially the high cost of health insurance. As one person stated, *"If someone has food stamps they shouldn't have to spend $5,000 on food before they can use it. Same with insurance. Premiums are very high and people have to pay thousands before it kicks in."* Additionally, participants shared, Texas has not adopted Medicaid expansion, which leaves a large number of working poor uninsured. Lack of insurance and underinsurance has a substantial negative long-term impact on health, according to participants, because people will not seek preventative care.

As shown in Figure 83, one in every five Texas residents were reported to have no health insurance in 2015. This was largely consistent across the region as well, which ranged from 15.6% of residents uninsured in Parker County to 21.6% of residents uninsured in Erath County.

Figure 83. Percent Population with No Health Insurance, by Texas and Counties, 2011-2015

Texas	Ellis County	Erath County	Hood County	Johnson County	Navarro County	Parker County	Somervell County	Tarrant County	Wise County
20.6%	18.1%	21.6%	16.7%	20.9%	21.2%	15.6%	20.8%	19.3%	18.3%
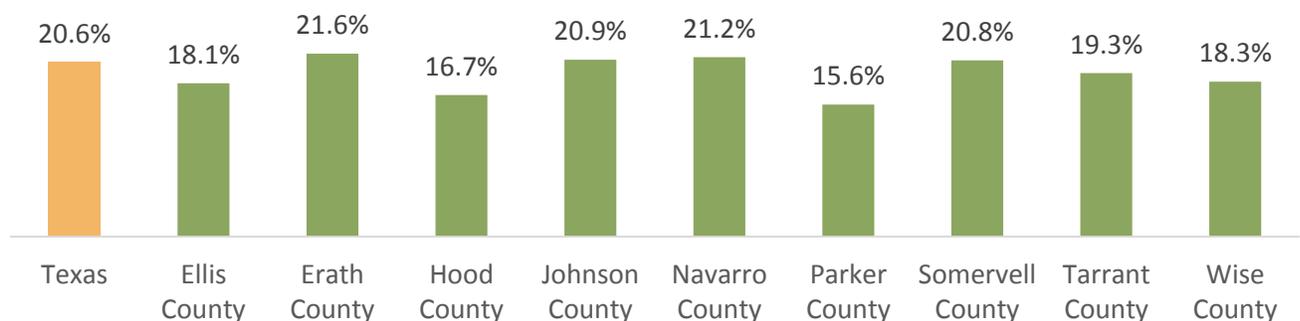
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015

In addition to the cost of insurance, other costs associated with accessing healthcare were also reported to be a challenge for some residents in the region. These costs include high deductibles and co-pays, some of which were reported to have increased since passage of the ACA. The consequence, several shared, is that people decide not to get health care. As one person stated: *"there's a large population of those who have insurance but are basically uninsured because of the high deductibles, etc. It's hard for people to reach their deductibles."*

Related to this, according to participants, is the high cost of medication, especially for those with chronic conditions or mental health conditions. While participants mentioned that there are supports for medication access—such as the Center for Hope, The Hospital District, and Manna—many lower income residents face barriers accessing medication due to cost. As one focus group participant explained, *"we're sort of lost when we see the same person come back to the ER four or five times in one month and their basic thing is 'I don't have money for medicine.'"* Aging adults and those working with aging adults in Tarrant County reported that the cost of and access to home health care is a concern for the aging population. Home health care, which is often critical to keeping aging adults living independently in their homes, was described as expensive, especially for those with an income slightly too high to qualify for Medicaid support.

Transportation

> *"We have folks in care who can't make appointments because there isn't an adequate transit system. And that's everywhere. It's not about the expense or affordability, it's about the coordination and availability."* – Focus Group Participant

Transportation is another barrier to accessing healthcare according to participants. Participants stated that the lack of public transportation options often means long trips to make health appointments, and sometimes missed appointments. As one person explained, *"transportation is huge. If you can't get to a doctor's appointment, you put it on the back burner."* Transportation is particularly challenging for patients who require regular medical care, such as those who are having chemotherapy treatments or dialysis.

Navigating Healthcare

Numerous participants stated that navigating health insurance and the health system can be challenging for individuals. Aging adults again were singled out by participants as residents who face substantial challenges in navigating enrollment deadlines, understanding all the components of Medicare (Parts A, B, and D), and negotiating paperwork to get equipment like a walker or apply for home health care. As one participant stated, *"even for the well-educated older population, it is still not an easy system to navigate."*

According to focus group and interview participants, the barriers to health care access described above have led to increased use of emergency departments for health issues that are not emergent. As one person stated, *"things that should be managed outside the ER are not."* Another shared a similar view saying, *"people don't have the ability to a call doctor and be seen when they need to. PCP's are too busy, etc. When they are too busy, people end up in the ER."*

Provider Availability and Healthcare Utilization

> *"I think the biggest issue is primary care physicians. They are completely overloaded and it's very hard to get in to see a doctor."* – Interview Participant

Focus group and interview participants identified shortages of primary and specialty care providers as a challenge for the region. Lack of primary care physicians (PCP) was reported to be a challenge in some parts of the region. While some towns, like Granbury, have a good number of providers, finding a PCP was described as more difficult in other areas. According to participants, rural communities in particular have a hard time attracting physicians. As one person explained, *"it is not easy to find someone who wants a rural practice and has a family who has rural values."* Participants noted that community health centers are at capacity, and lack of such providers leads to long wait times for appointments for the medically underserved. As one person described Hood County, *"we have no indigent care in this county. We have a hospital that has a family practice clinic, but they're limited…they're full all the time. They don't have the resources."*

According to the 2011-2015 Texas Behavioral Risk Factor Surveillance survey, approximately one in every three Texas adults had no personal doctor or health care provider (32.8%) (Figure 84). Across the region, only Parker County (33.2%) exceeded this statewide proportion. By contrast, Wise 16.8% of Wise County adults reported no personal doctor or health care provider. The proportion of adults reported to have not had a routine check-up in the year prior to survey administration in the region ranged from 27.9% in Hood County to 37.2% in Johnson County, compared to 35.1% statewide (Figure 85).

Figure 84. Percent Adults with No Personal Doctor or Health Care Provider, by Texas and Counties, 2011-2015
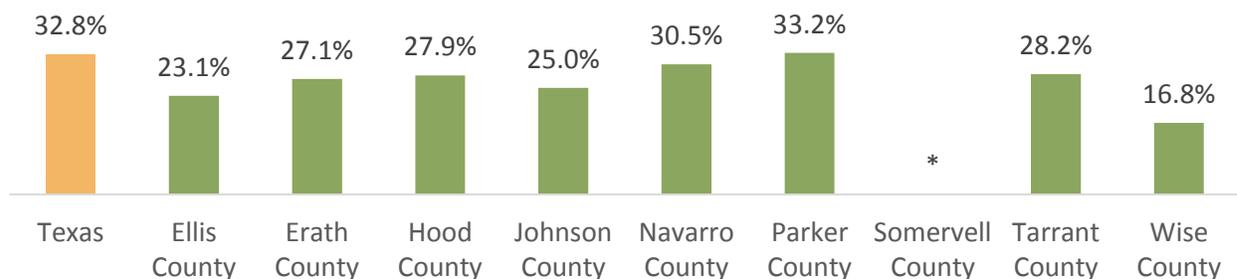
DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

Figure 85. Percent Adults Reported to Have Not Had Routine Check-Up in Past Year, by Texas and Counties, 2011-2015
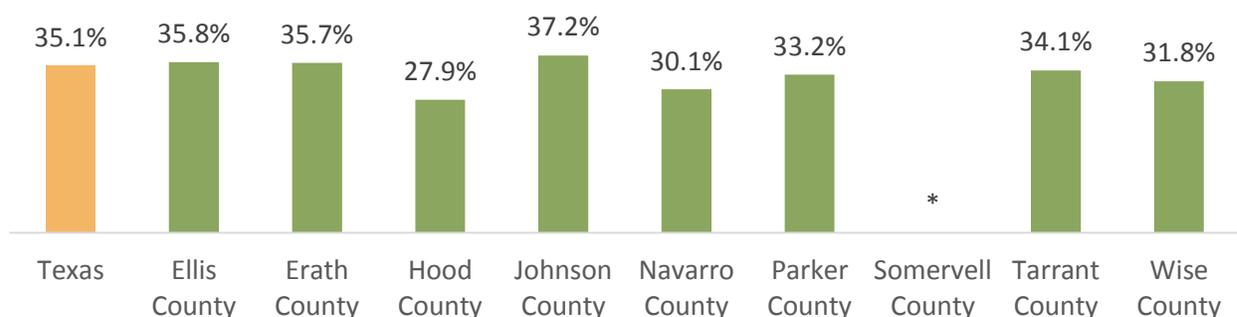
DATA SOURCE: Texas Behavioral Risk Factor Surveillance Survey, 2011-2015
NOTE: Asterisk (*) denotes where data not available due to small sample sizes

Approximately half of 2017 provider survey respondents reported that their patients do not have one person or place they think of as their personal doctor, nurse practitioners, or health care provider office/practice (53.4%). Among these survey respondents, insurance problems (including lack of coverage or not enough coverage) was the number one cited reason explaining why (78.1%), followed by a lack of transportation (67.2%) (Figure 86).

Figure 86. Survey Respondents' Perceived Reasons for Patients Not Having Personal Health Care Provider, 2017 (N=64)

Reason	Percentage
Insurance problems/lack of coverage/not enough coverage	78.1%
Lack of transportation	67.2%
Cost of care/co-pays	64.1%
Don't know what type of services are available	54.7%
Lack of evening and weekend services	46.9%
Long waits for appointments	43.8%
No available provider near them	35.9%
Scheduling appointments	35.9%
Language problems/cannot communicate with provider or office staff	34.4%
Afraid due to immigration status	29.7%
Afraid to have health check-up	20.3%
Discrimination/unfriendliness of provider or office staff	10.9%
Other	7.8%

DATA SOURCE: RHP 10 Community Health Needs Assessment Provider Survey, 2017

Provider survey respondents were also asked to report on the degree to which they agreed or disagreed with several statements related to the accessibility of providers to low-income patients in their respective communities. As shown in Figure 87, approximately one in three survey respondents strongly disagreed (31.3%) and 46.1% disagreed that substance abuse providers were accessible to low-income patients. By contrast, 56.1% of respondents strongly agreed or agreed that community health centers, free clinics, or public clinics were accessible to low-income patients.

Figure 87. Survey Respondents' Perceptions of Accessibility of Providers to Low Income Patients in the Community, 2017

■ Strongly agree ■ Agree ■ Disagree ■ Strongly disagree

Statement	Strongly agree	Agree	Disagree	Strongly disagree
Community health centers, free clinics or public clinics are accessible to low income patients (Located physically nearby and have available appointments).	5.2%	50.9%	35.3%	8.6%
Low income patients are able to choose a primary care provider with whom they can establish and maintain a relationship (as opposed to seeing whoever is available on any given day).	3.4%	24.6%	55.1%	16.9%
Mental health/behavioral health providers are accessible to low income patients (Located physically nearby and have available appointments).	2.6%	28.4%	44.0%	25.0%
Low income patients discharged from the hospital are able to see a primary care provider within 7 days of discharge.	1.8%	26.3%	55.3%	16.7%
Private primary care providers are accessible to low income patients (Located physically nearby and have available appointments).	1.7%	24.4%	51.3%	22.7%
Substance abuse providers are accessible to low income patients (Located physically nearby and have available appointments).	0.9%	21.7%	46.1%	31.3%

DATA SOURCE: RHP 10 Community Health Needs Assessment Provider Survey, 2017

In 2014, Somervell county reported the highest rate of primary care physicians across the region (92 primary care physicians per 100,000 population) and has consistently reported the highest rate by comparison for the previous two years (from 81 per 100,000 population in 2012) (Figure 88). This 2014 rate was greater than twice the rate reported in Navarro County (42 primary care physicians per 100,000 population). Notably, Navarro County reported a drop in the rate of primary care physicians from 52 per 100,000 population in 2013.

Figure 88. Rate of Primary Care Physicians per 100,000 Population, by Texas and Counties, 2014
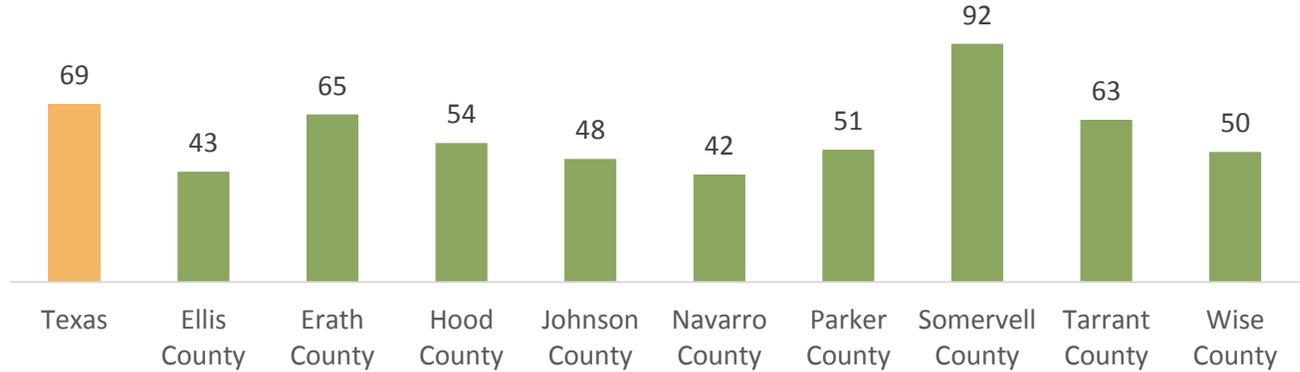
DATA SOURCE: U.S. Department of Health and Human Services, Health Resource and Services Administration, Area Health Resource File, as cited by Community Commons, 2014

Perspectives on the availability of specialty care in the region varied. While some participants pointed to a growing number of specialists and specialty practices in local hospitals, others reported that substantial shortages exist, and patients experience long wait times for specialty care or have to travel to the metroplex. Participants described a need for providers in areas such as psychiatry, oral health, geriatrics, and maternal and child health. Finding specialty care for low income people was reported to be very difficult: *"finding specialist who takes uninsured is nearly impossible. We are on the phone for hours trying to get a specialist to see our medically indigent."*

As illustrated in Figure 89, Texas reported a rate of 54 dentists per 100,000 population in 2015 –up from 52 per 100,000 population in 2013. Across the region, only Tarrant County (55 dentists per 100,000 population) exceeded the 2015 statewide rate and has done so in every year prior. By contrast, Wise County had the lowest 2015 rate with 29 dentists per 100,000 population. Trend data suggests that the rate of dentists has increased substantially in Somervell County from 23 to 34 dentists per 100,000 population in 2015.

Figure 89. Rate of Dentists per 100,000 Population, by Texas and Counties, 2015
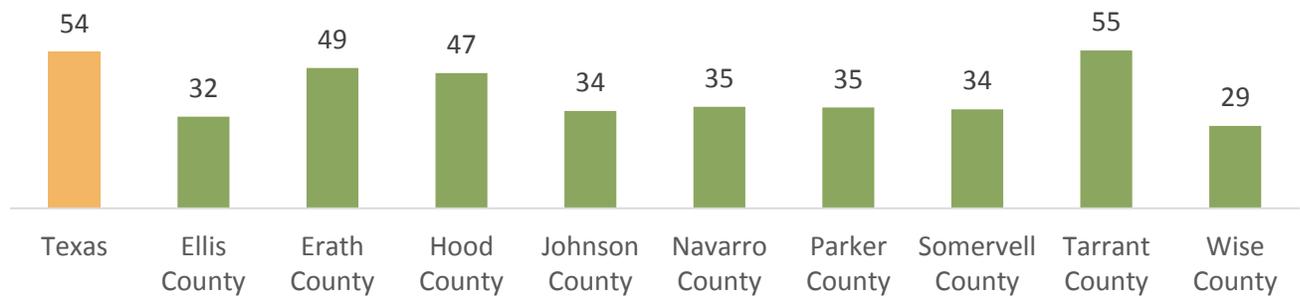
DATA SOURCE: U.S. Department of Health and Human Services, Health Resource and Services Administration, Area Health Resource File, as cited by Community Commons, 2015

In 2015, the state of Texas reported a rate of 102 mental health providers per 100,000 population (Figure 90). Across the region, however, only Tarrant, Hood, and Erath counties approached that rate (98, 91, and 90 mental health providers per 100,000 population, respectively). Notably, Somervell and Wise counties reported substantially lower rates (12 and 16 mental health providers per 100,000 population, respectively).

Figure 90. Rate of Mental Health Providers per 100,000 Population, by Texas and Counties, 2015
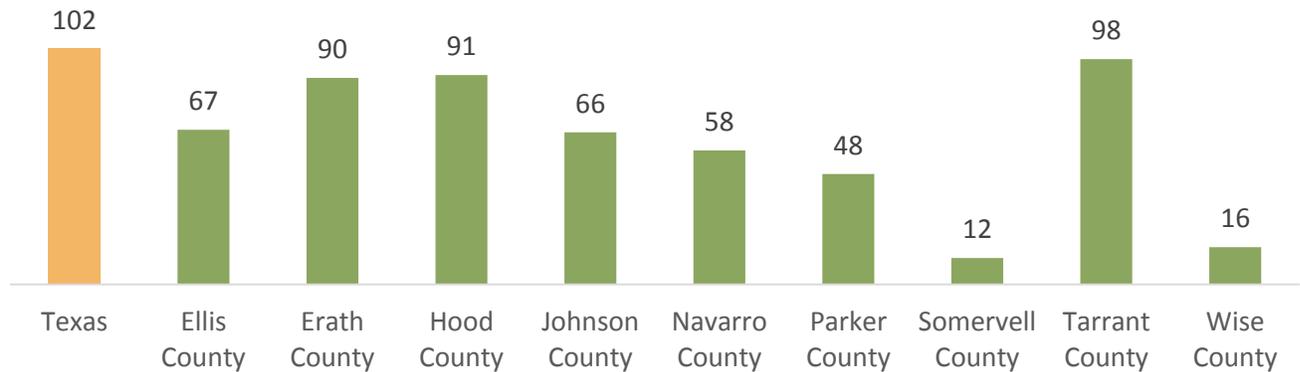
DATA SOURCE: Centers for Medicare and Medicaid Services, National Provider Identification, as cited by County Health Rankings, as cited by Community Commons, 2015

According to numerous participants, low reimbursement for Medicaid and Medicare is one reason for lack of providers, both primary care and specialty, who serve low income individuals. As one focus group participant shared, *"we have to see so many patients per hour just to keep the practice afloat…it's hard on the family practice guys."* Another focus group participant shared a similar thought, saying, *"We can't get specialists in community because they can't live on these reimbursements."* A few participants expressed concern about what this means for the quality of care, especially in smaller neighborhoods and rural areas. As one focus group participant explained, *"Medicaid doesn't reimburse doctors like they would like to and more and more don't take Medicaid. The ones that do take them aren't the best doctors and you're not getting quality care."*

[Care Coordination and Co-Management](#)

The 2012 and 2017 provider surveys also explored perceptions of care coordination and co-management for low-income patients in the region. In 2017, a quarter of survey respondents perceived the co-management of patients with both mental health and medical conditions between primary care physicians and mental health professionals to be very ineffective (25.2%), while an additional 45.9% perceived it to be somewhat ineffective (Figure 91).

Figure 91. Survey Respondents' Perceptions of Care Coordination and Co-Management Activities in the Community, 2017
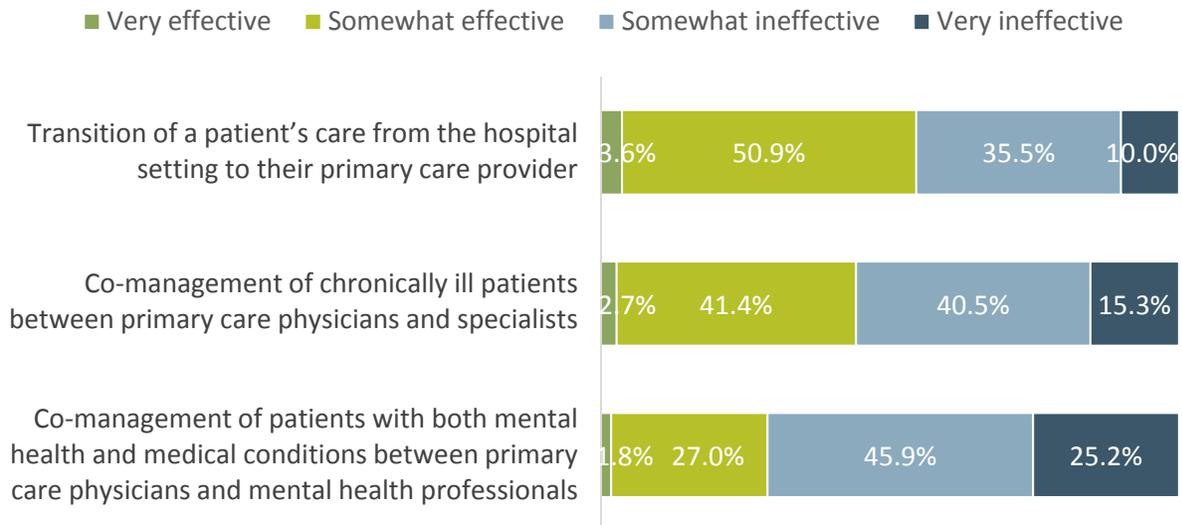
DATA SOURCE: RHP 10 Community Health Needs Assessment Provider Survey, 2017

As illustrated in Figure 92, 67.6% of 2017 provider survey respondents perceived the complexity of coordination for patients with high levels of need and/or with frequent hospital and clinic visits as an issue that made it harder to provide effective care coordination and co-management for low-income patients in their respective communities. Notably, this was cited as the most significant barrier to effective overall care coordination across the counties in the 2013 survey as well.

Fragmented, stand-alone services (64.8%) and lack of staff and time for investment in coordination (62.9%) were the next most often cited challenges to providing effective care coordination and co-management for this population by 2017 provider survey respondents. While lack of staff and time was cited as the second most significant barrier to effective overall care in the 2012 provider survey, fragmented, stand-alone services was only the fifth most often cited barrier.

Figure 92. Survey Respondents' Perceived Issues Making It Harder to Provide Effective Care Coordination and Co-Management for Low Income Patients in the Community, 2017 (N=105)

Issue	Percentage
Complexity of coordination for patients with high levels of need and/or with frequent hospital and clinic visits	67.6%
Fragmented, stand-alone services, rather than an integrated delivery system	64.8%
Lack of staff and time for investment in coordination (at the practice and broader community levels)	62.9%
Practice norms that encourage clinicians to act in silos rather than coordinate with each other	56.2%
No (or few) financial incentives or requirements for care coordination for providers	54.3%
Limited primary care provider involvement in inpatient care	52.4%
Limited financial integration across most providers	49.5%
Limited health IT infrastructure and interoperability	43.8%
Patient self-referrals about which the Patient Centered Medical Home is unaware	29.5%
Misconception regarding privacy laws and limits to information sharing/access (HIPAA)	17.1%
Other	1.9%

DATA SOURCE: RHP 10 Community Health Needs Assessment Provider Survey, 2017

In the 2017 provider survey, respondents were asked to report from which sources they perceived most of their patients' health information came. More than two-thirds respondents perceived their patients received most of their health information from family members (68.3%) or from friends (67.5%) (Figure 93). These findings were consistent with those reported in the 2012 provider survey, where 92.0% of respondents cited friends and family as the primary source of health-related education for their patients. Notably, less than half of respondents (43.3%) to the 2017 provider survey reported patients' primary source of health information as a doctor, nurse or other health care provider.

Figure 93. Survey Respondents' Perceived Patients' Top Health Information Sources, 2017 (N=120)

Source	Percentage
Family members	68.3%
Friends	67.5%
Doctor, nurse, or other health care provider	43.3%
Internet	40.8%
Television, radio, newspaper, or magazines	35.0%
Hospital	26.7%
Neighbors	20.0%
Church/spiritual advisor	15.0%
Pharmacy	5.8%
Other	5.0%
Employer	4.2%
Government	2.5%
Insurance company	1.7%
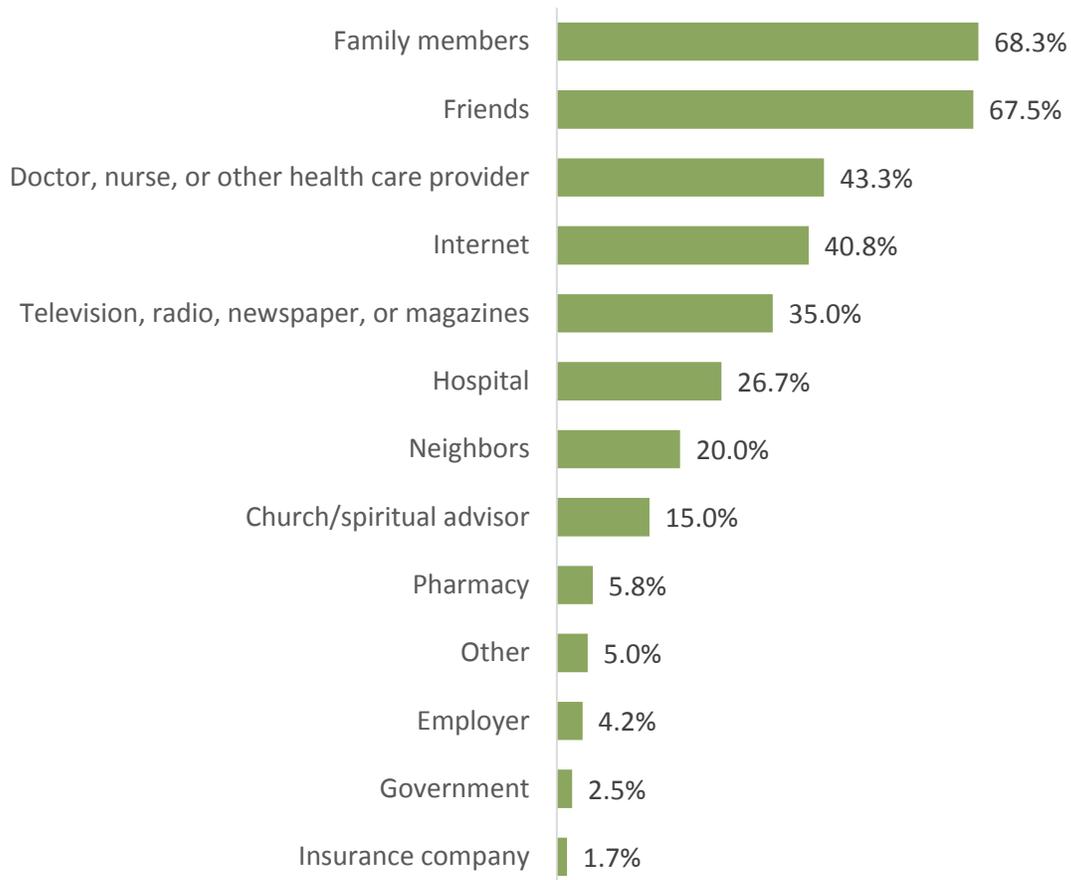
DATA SOURCE: RHP 10 Community Health Needs Assessment Provider Survey, 2017

Community Suggestions for Services and Programs

2017 provider survey respondents were asked to identify the top five priority areas to address in the future for their respective communities. Survey respondents most often selected increasing the number of mental health providers in the community (67.0%), followed by providing more public transportation to area health and medical services (58.0%) (Figure 94).

Figure 94. Survey Respondents' Perceived Top Priority Areas in the Community, 2017 (N=112)

Priority Area	Percentage
Increasing the number of mental health providers in the community	67.0%
Providing more public transportation to area health/medical services	58.0%
Expanding the health/medical services available to low income individuals	50.9%
Providing more drug prevention and treatment services (including opiate overdose prevention)	44.6%
Increasing the health/medical services that are close by and easy to get to.	37.5%
Offering more programs or services focusing on prevention of chronic diseases like heart disease or diabetes	37.5%
Expanding medical specialists in the area (e.g., cancer care, orthopedics, OB/GYN)	33.9%
Offering more programs or services focusing on obesity/weight control	30.4%
Expanding the health/medical services focused on seniors (65+)	25.0%
Increasing the number of services to help the elderly stay in their homes	24.1%
Increasing the number of staff at area health/medical services who speak another language	22.3%
Providing more alcohol treatment services	21.4%
Offering more programs or services focusing on healthy food choices	19.6%
Providing more telehealth services to connect patients to providers via computer and video technology	17.9%
Increasing the number of dental providers in the community	17.9%
Offering more programs or services focusing on physical activity	16.1%
Offering more programs or services to help people quit smoking	13.4%
Other	6.3%

DATA SOURCE: RHP 10 Community Health Needs Assessment Provider Survey, 2017

When focus group and interview participants were asked about suggested services and programs in the community, several themes emerged. These included: expand behavioral health services, more wellness programming, enhance access to healthcare services, address the social determinants of health, and a one stop information source.

Expand Behavioral Health Services

> *"We need more social workers, psychiatrists…people who can really see and work with these people and have the education to make an impact."* – Focus Group Participant

> *"It's really about solving systemic problems that best addresses mental health."* – Focus Group Participant

> *"We need a full array of services…we need outpatient, inpatient, crisis, stabilization, residential options."* – Focus Group Participant

Participants identified behavioral health care access as an important area for the region. The lack of behavioral health providers was discussed in numerous focus groups and interviews and participants recommended more behavioral health specialists of all types. As one person summarized, *"there's a need for more case managers, more social workers, more qualified mental health professionals—even bachelor level ones. We need at least double of what we currently have. Caseloads are too much."* Participants also suggested more in-patient and out-patient beds as well as follow-up behavioral health services in local communities. They advocated for greater attention to the behavioral health needs of refugees, veterans, and young children. They also indicated that more attention should be paid to providing opportunities for aging adults to socialize with others to prevent isolation and depression, and more support for residents with dementia and Alzheimer's. These types of services for lower income individuals were especially seen as essential.

Greater engagement by primary care providers and schools was seen as a key component to addressing behavioral health needs in the region. A couple of participants suggested greater involvement of primary care physicians and pediatricians in screening to identify behavioral health issues early, especially for children and youth. Better sharing of information between hospitals, primary care and mental health providers was also encouraged. As one person stated, *"if one of our clients is admitted to the ER, it would be nice if we got an alert so that we could follow up with the individual."*

School-based programs were also identified as essential for expanding behavioral health services. Participants urged that outreach and education related to behavioral health begin early, in elementary and junior high school. Participants suggested more education for teachers and students about how to identify mental health issues, building on current education around mental health first aid. Supports for parents who have children with mental health or substance use concerns were also considered important. As one person shared, *"parents are asking for resources; it's all families because they don't know where to go, they've never had to deal with that issue."*

According to focus group and interview participants, increased reimbursement rates, as well as state and local funding for services, were considered essential. While Texas has been increasing access to mental health services through the 1115 Waiver, participants indicated that more funding was needed. As one person explained, *"for mental health professionals, dedicating 45 minutes to an hour and making 50 dollars is not going to cover rent. There needs to be state changes for the reimbursement model."*

Finally, participants urged greater attention to education and awareness raising about mental health to address stigma and support families of those with mental conditions. Partnership between local health departments and the local mental health authority was suggested.

More Wellness Programming

> *"We need to find a way to give consistent feedback to patients because on their own they just don't connect the dots about their health very well. And that creates the health issues."* – Interview Participant

Promotion of healthy eating, physical activity, and disease self-management by health care delivery systems and supporting social service organizations was a frequently suggested by interview and focus group participants. Addressing the rising rates of obesity and chronic disease in the region and promoting community health for the long term was considered critical. As one participant observed, *"we cheer when we have a new NICU, but we really need to focus on community wellbeing."*

Participants recommended more education and promotion of healthy lifestyles and prevention of chronic disease. As one focus group participant shared, *"there's a big deficit of knowledge for our patients. In community health there's a big push for preventative health."* Focus group and interview participants suggested more education about chronic disease, especially diabetes, offered in both formal chronic disease self-management classes and workshops and informal ways such as support groups. Programming in different languages was also considered important to reach immigrant and refugee residents. Participants also encouraged that programming begin with younger people, even children. Repeated messaging and one-to-one education was seen as essential, as one person suggested, *"the messaging/education content is there, but it needs delivered more in-depth and with more consistency."* Another person recommended short educational video series on different topics (COPD, diabetes, asthma, healthy food choices) delivered in doctors' offices, clinics, and other community-based venues. Greater promotion of worksite wellness programs and encouraging insurers to add wellness components and incentivize prevention was also mentioned. A few participants recommended active engagement by primary care providers. As one person suggested, *"there needs to be some health care education and not just focus on the 'sick care'. But this requires medical having adequate time to address this."*

Increasing compliance was seen as an important strategy to reduce recurring health problems and costs to individuals and the system. As one person queried, *"how do we help an average person become compliant with their care in order to maintain their health? We just don't have the infrastructure to support people well."* Participants encouraged more follow up with these patients to improve compliance; telemedicine approaches were considered a promising option.

Partnership with schools was seen as critical, to both educate students about healthy eating and to get them to be more active. Suggestions included providing more health education, improving school meals, and introducing more intramural sports into schools for students who don't play competitive athletics. Connecting to parents through schools was also recommended: teaching parents how to care for their children, how to cook healthy food, and the importance of preventative care. As one person stated, *"deeply engrained patterns are very difficult. If we had teaching programs at schools maybe we could help."*

Enhance Access to Healthcare

> *"If reimbursement were different, the situation would dramatically increase."* – Focus Group Participant

> *"We need to get the number of physicians and health professionals we need."* – Focus Group Participant

> *"I would really like to see a bus that comes in about once a month that would be medical. It would be dental, prescription help, vision, whatever the person needs."* – Interview Participant

Participants also envisioned greater access to health care for the future, especially for uninsured and underinsured residents. They recommended more primary care as well as lower cost specialty care, especially for women's health, prenatal care, and behavioral health. Suggestions included modifying hours when health care services are available and opening more satellite clinics. As one focus group participant stated, *"I'd like to see them have clinics that are open late where we don't have to tell patients to go to ER or urgent care center where they can't afford to go."* Changing reimbursement was seen as key—absent this change, participants saw little likelihood that this vision could be sustainably realized.

To reach underserved populations, participants suggested continued expansion of telemedicine approaches to reach rural residents. One person suggested expanding telemedicine to EMS and urgent care services: *"EMS could run basic blood chemistries or other tests and then communicate from the field to providers and then they can direct the patient to the truly appropriate care."* Others encouraged expansion of mobile health services related to screening and other prevention services. As one person explained, *"taking those services to the people, no matter where you are, so they are getting preventative annual checkups. No reason not to because it's there. You're taking away excuse. Keep them out of the hospital."*

To support patients when navigating the complex health care system, several participants recommended patient navigators to help patients manage insurance enrollment and utilization and to obtain information about and referrals to other services. Providing this continuity of care was seen as critical for patients who frequent emergency services. A couple of participants suggested that the community health worker/promotores workforce be expanded. As trusted community members, community health workers were considered critical to connecting hard-to-reach residents with health education and needed services. Another participant suggested that community paramedics could play a similar role: *"train our people [EMS] to go see patient post-discharge; maybe we can close the gap and the disconnect."*

Increase Services for Vulnerable Populations
Focus group and interview participants reported that greater attention should be given to the most vulnerable of community residents, in particular aging adults and newcomer residents. Enhancing support for aging adults and their families was seen as important as the region's population ages. Focus group and interview participants suggested more services to address Alzheimer's and dementia, programs to support caregivers, home visits to ensure aging adults are safe, and legal help for aging adults to manage estate and end of life issues.

Enhanced language access to healthcare and other services, through bilingual providers and interpreters, was mentioned by a couple of interview and focus group participants. Expanded outreach to non-English speaking groups was also considered important and engagement of key community leaders was seen as essential to success. As one person shared, *"I haven't seen a true grassroots effort in the community – door to door – on the Hispanic or African American side. [For Hispanics you need] the matriarch of the block – getting to her and having her spread the word."* Some stressed that the needs of undocumented residents should be addressed.

Address the Social Determinants of Health
Focus group and interview participants stressed the importance of addressing key barriers—transportation, housing, and employment—that prevent residents from achieving optimal health. Participants suggested greater investments in affordable housing and shelters, as well as policies that require the inclusion of affordable units in new developments and expansion in permanent supportive housing options for homeless residents. Participants also recommended more transportation options, such as busses, and greater investment in infrastructure, such as sidewalks and parks, to encourage healthy behavior. However, participants recognized, that substantial leadership and political will is needed to implement these policy changes.

One Stop Information Resource
A few participants recommended that information about available services—health, transportation, prevention, and social services—be more readily accessible to residents. While 211 exists in the region, this service was seen as less effective because it is centralized in Dallas. As one person explained, *"a group or facility that has access to a lot of different things. They can be the central unit and not leaving people to figure it out on their own."* Suggestions included a centralized list of resources – including eligibility and contact information – that is available on line and in print but also through local institutions such as senior centers, health practices, and WIC offices.

Improve Coordination of Services

> *"If we continue to work together as a community we can make great changes."* – Interview Participant

> *"We need leadership in this county to coordinate all efforts…county reps, judges, etc."* – Focus Group Participant

While many participants praised the collaboration across organizations working in the region and saw this as a key strength of the region, they also recommended more coordination, especially in light of limited resources to address community issues. As one participant shared, *"[our issues are] too big for one organization or agency to tackle; we need to come together."* They saw an opportunity to build on existing initiatives, such as the Big Tent collaboration. One person suggested a summit to bring together all providers and others involved in the community. Engagement of key people in the region—such as church leaders—was seen as critical. Engagement of elected officials was also seen as necessary for success. As one person stated, *"it all goes back to funding. Somebody has to pay for it all."*

HEALTH NEEDS OF THE COMMUNITY

Through a review of secondary data, a provider survey, and discussions with community stakeholders, this assessment report provides an overview of the social and economic environment of the community served by RHP 10, health conditions and behaviors that most affect the population, and perceived strengths and gaps in the current environment. The following table presents the identified health needs of the community (listed in the order in which they appear in the report) that emerged from this synthesis of quantitative and qualitative data.

Area of Need	Identified Needs
Social Determinants of Health	- Poverty - Transportation - Housing - Access to Healthy Food
Health Conditions	- Chronic Disease Prevention and Management - Obesity - Diabetes - Cardiovascular (Heart Disease and Stroke) - Respiratory (Asthma) - Cancer (Lung) - Behavioral Health - Mental health - Substance abuse - Maternal and Child Health - Infant mortality - Prenatal care
Access and Coordination	- Access to Health Care - Insurance coverage/cost - Lack of primary and specialty care providers (mental health, substance abuse, dental, etc.) - Care coordination and integration

APPENDIX A. JPS Health Network CHNA Advisory Committee

Name	Title
Community Partners	
RHP 10 Providers	Representatives from local hospitals, social service agencies, etc.
Vinny Taneja	Director, Tarrant County Public Health
Yvette M. Wingate	Health Equity Coordinator, Tarrant County Public Health
Ann Salyer-Caldwell	Deputy Director, Tarrant County Public Health
Melodia Gutierrez	Associate State Director, AARP Texas
Sherry Simon	Vice President, Nutrition and Programs, Meals on Wheels
Don Smith	Vice President, Community Development-Health Director, United Way of Tarrant County, AAA
Ramey Heddins	Assistant Director, MHMR Tarrant County
Frances Villafane	Health Systems Manager, American Cancer Society
Frank Lonergan, M.D.	Primary Care Physician
Richard Young, M.D.	Primary Care Physician
JPS Health Network Core Team	
Amanda English	Manager, Community Outreach
Merianne Roth	Vice President, Chief Strategy Officer
Shelly Corporon	Director, 1115 Medicaid Waiver
Heather Beal	1115 Medicaid Waiver Program Manager
Bonnie McCamey	Manager, Waiver Analytics
Scott Rule	Vice President, Chief of Staff
Wayne Young	Senior Vice President, Behavioral Health
JPS Health Network Internal Stakeholders	
J.R. Labbe	Vice President, Communications & Community Affairs
Frank Rosinia, M.D.	Vice President, Chief Quality Officer
Rohit Ojha, DrPH	Director, Research Institute
Dianna Prachyl	Senior Vice President, Community Health and COO, Acclaim Physician Group
Dawn Zieger	Executive Director, Primary Care and Access Integration
Emil Kalloor	Administrative Fellow
Kyle Sechrist	Director, IT
Sajid Shaikh	Manager, IT Applications
Mona Gaw	Executive Director, Quality
Hope Willis	Manager, Knowledge Management
Kia Jackson	Director, School Based Health Center

APPENDIX B. Environmental Scan of External Programs

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Programs related to aging adults				
AARP Texas	Texas (Office in Dallas)	• Advocacy work for older adults at state and national level • Research on issues pertaining to aging adults in Texas • Hosts workshops and social gatherings for members	Adults 50+	http://states.aarp.org/region/texas/
Alvarado Senior Center	Alvarado - Johnson county	• Senior center with social, recreational, and exercise activities	Aging adults	http://www.cityofalvarado.org/index.asp?SEC=E97A3715-22DE-4977-B0B3-5448D5CD25A5&Type=B_BASIC
Alzheimer's Association, Greater Dallas Chapter	Ellis, Navarro	• 24/7 national helpline for Alzheimer's patients and their caregivers • Referrals to care and other resources • Educational programming for patients and caregivers • Case management and support services for caregivers	Alzheimer's patients and their caregivers	http://www.alz.org/greaterdallas/
Alzheimer's Association, North Central Texas Chapter	Erath, Hood, Johnson, Parker, Somervell, Wise	• 24/7 (national) helpline for Alzheimer's patients and their caregivers • Referrals to care and other resources • Educational programming for patients and caregivers • Case management and support services for caregivers	Alzheimer's patients and their caregivers	http://www.alz.org/northcentraltexas/index.asp
Burleson Senior Activity Center	Burleson - Johnson county	• Senior center with social, recreational, and exercise activities • Health classes and programming	Adults 50+	https://www.burlesontx.com/320/Senior-Activity-Center

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Capital Senior Living - Memories at Good Tree	Erath County - location in Stephenville	• Senior living facility for those with Alzheimer's or dementias • Residential and daily life services, medication management, 24 hour nursing, and exercise programming • Short-term respite care for caregivers or patients with recent hospital stays	Aging adults with early to mild dementias and their caregivers	http://www.capitalsenior.com/goodtree/
Cleburne Senior Center	Cleburne - Johnson county	• Senior center with social activities • Monthly legal aid clinic	Aging adults	http://www.cleburne.net/Index.aspx?NID=901
Corsicana Senior Activity Center	Corsicana - Navarro County	• Senior center with social and recreational activities and a weekly potluck • Educational programming on health, safety, and financials	Aging adults	http://www.cityofcorsicana.com/index.aspx?NID=598
Dublin Senior Citizens Inc	Erath County - location in Dublin	• Senior center with social, recreational, and exercise activities • Weekly pot luck lunch	Adults 55+	http://tarrant.tx.networkofcare.org/family/services/agency.aspx?pid=DublinSeniorCitizensIncSeniorCenterServices_989_5_0
Ennis Golden Circle Activity Center	Ennis - Ellis county	• Senior center with social and recreational activities	Aging adults	
Erath County Senior Citizens, Inc.	Erath County	• Meals on Wheels services for home bound aging adults • Assistance with prescription nutritional supplements and pet food	Seniors (60+)	http://www.erathmow.org/
Experience Works	Erath, Hood, Navarro, Parker, Somervell, Wise	• Employment training for low-income older workers through partnerships with non-profits • Collaborates with employers to create work opportunities for older workers	Aging adults who want to re-enter the work force	http://www.experienceworks.org/site/PageServer?pagename=State_Texas_Home_Map

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Ferris Senior Citizens Center	Ferris - Ellis county	• Senior center with a lunch three times a week • Social and recreational activities following lunch	Aging adults	http://www.ferristexas.gov/index.php/2014-04-07-21-03-55/senior-services
Grand Prairie Family YMCA	Ellis County	• Specialized exercise programs for older adults • Monthly lunch	Adults 55+	https://www.ymcadallas.org/locations/grand_prairie/health_and_wellness/active_older_adults/
Hood County Committee on Aging	Hood County (Center is in Granbury with an additional satellite center in Tolar)	• Meal delivery for home bound aging adults through Meals on Wheels • Weekly lunches for seniors at the center • Senior center with social activities	Seniors	http://www.hoodcountyseniorcenter.org/
Meals on Wheels Johnson and Ellis County	Johnson and Ellis County	• Meal delivery to homebound aging adults and disabled persons • Nutritional services • Pet food deliver • Caregiver support	Homebound seniors and disabled persons and their caregivers	http://www.mowjec.org/
Metroport Meals on Wheels	Wise County	• Home-delivered meals to individuals who are unable to consistently cook or shop for themselves	Individuals who are unable to consistently cook or shop for themselves and who are without a full-time paid caregiver	http://www.metroportmow.org/meals-and-programs/who-we-serve/
Midlothian Senior Citizens Center	Midlothian (Ellis County)	• Social activities • Health screenings • Operates Meals on Wheels program and free lunch services during the week	Adults 50+	http://www.twilighthomenr.com/
Milford Senior Citizens Center	Milford - Ellis county	• Senior center with a daily lunch	Aging adults with early to mild dementias and their caregivers	http://cityofmilfordtx.com/Senior_Citizens_Center.html

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
North Central Aging and Disability Resource Center	Ellis, Erath, Hood, Johnson, Navarro, Parker, Somervell, and Wise	• Options counseling for locating and accessing community based services • Help with social security programs and health insurance	Aging Adults and people with disabilities of all ages	http://www.nctadrc.org/index.asp
North Central Texas Area Agency on Aging	Ellis, Erath, Hood, Hunt, Johnson, Navarro, Parker, Somervell, and Wise	• Benefits counseling and care coordination • Ombudsperson for nursing home residents • Assistance with nursing home relocation	Adults 60+ and their family caregivers	http://www.nctcog.org/cs/aging/
Parker County Committee on Aging	Parker County (Senior center is in Weatherford)	• Senior center with nutritional, educational, recreational, and social programs and a daily lunch • Meals on Wheels program for homebound seniors • Twice monthly food bank and once a month • Ensure Utility and prescription assistance • Transportation for daily life activities • Case management and resource referrals	Adults 60+	http://www.parkercountyseniorcenter.com/
Red Oak Senior Citizens Center	Red Oak - Ellis county	• Senior center • Parks department supported lunches twice a week	Adults 55+	http://www.redoaktx.org/237/Senior-Information
Rhome Senior Center	Rhome	• Senior center with games, social activities, and a weekly lunch	Aging adults	http://www.cityofrhome.com/CommSenior.html
Senior Connect	Navarro	• Transportation for homebound seniors • Education and support for caregivers • Meal delivery, as well as weekly breakfasts and lunches	Seniors (60+) and their caregivers	https://nohungrysenior.org/index.html

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Somervell County Committee on Aging	Somervell	• Senior center with health screenings, educational, social programs and a daily lunch • Meals on Wheels program for homebound seniors • Medical equipment loaned out • Utility assistance • Transportation for daily life activities • Resource referrals	Adults 60+	https://www.glenrosesccoa.com/
Stephenville Senior Citizens Center	Erath County - location in Stephenville	• Senior center with social, recreational, and educational activities • Some health services available	Aging adults	http://www.stephenvilletx.gov/city-services/senior-citizens-center/
Summit Active Adult Center	Grand Prairie	• Senior center with gym facilities, classes, daily lunch, health classes and more	Adults 50+	http://www.grandfungp.com/thesummit/#amenities
Waxahachie Senior Activity Center	Waxahachie - Ellis county	• Senior center with health screenings, educational, social programs and a full exercise room • Daily lunch • Resource referrals	Adults 50+	http://www.waxahachieseniorcenter.com/
Wise County Committee on Aging	Wise County	• Meal delivery for home bound aging adults through Meals on Wheels	Homebound seniors	http://wisemeals.org/
Programs related to cancer services				
American Cancer Society	Many partners and grantees throughout Texas, have an office in Fort Worth	• Administer grants to community programs • Research and advocacy related to cancer • Connects patients and their families to local and state level resources	Community organizations	https://www.cancer.org/about-us/local/texas.html

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Bridge Breast Network	North Texas	• Cancer screening, diagnostic and treatment services for low income, uninsured, and underinsured patients	Residents of North Texas - may depend on funding and provider availability	http://www.bridgebreast.org/
Cancer Care Services	Tarrant, Hood, and Parker Counties	• Case management and financial support • Services include transportation, nutrition counseling, and emotional and spiritual support groups	Cancer patients and their families	http://cancercareservices.org/
Careity Foundation	Parker, Johnson, and Hood Counties	• Navigation, social worker, nutritional and other support services for cancer patients • Free early detection and connection with a patient coordinator	Cancer patients	http://www.careity.org/
Community Healthcare Center Breast and Cervical Cancer	Wise County	• Breast and cervical cancer screenings for women without health insurance and who are at or below 200% of the federal poverty line	women who meet the eligibility requirement	https://www.chcwf.com/services/breast-and-cervical-cancer/
Live Strong Decatur YMCA	Wise County	• 12-week program run by the YMCA focused on physical activity and well-being for cancer patients	Cancer patients and survivors	http://www.decaturymca.org/adults/health-fitness/wellness-programs
Moncrief Cancer Institute	Wise, Erath, Hood, Johnson, Parker, and Somervell Counties	• Mammography services, either through partnerships with local clinics or through a 18-wheeler set up as a screening clinic • Offer fully funded mammogram for uninsured patients	Women	https://www.moncrief.com/
Planned Parenthood	34 locations in North and Central Texas - including one in Ellis County	• Breast and cervical cancer screenings, in addition to other sexual and reproductive health services • Low and no cost care assistance available for patients without insurance	Community members	https://www.plannedparenthood.org/planned-parenthood-greater-texas

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Raquel's Wings for Life	Wise County	• Free transportation for cancer patients to MD Anderson Cancer Center in Houston	Cancer patients	http://raquelswingsforlife.com/
Solis Women's Health	North Texas	• Breast health clinic network Screening and diagnostic services, like mammography, ultrasound, and biopsy	Anyone seeking screening services	http://www.solismammo.com/
Programs related to chronic disease				
American Diabetes Association	North Texas	• Awareness and fundraising events • Connect people with local diabetes education and services	Community members	http://www.diabetes.org/in-my-community/local-offices/dallas-texas/
Southwestern Diabetic Foundation, Inc.	Open to children globally, located in Whitesboro	• Summer camp for children with Type 1 diabetes • Focus on learning and normalizing diabetes management skills	Children with Type 1 diabetes, age 5-18	https://www.campsweeney.org/
Waxahachie Family YMCA	Ellis County - specifically Waxahachie and Ennis	• 16 one-hour session for adults at high risk for diabetes that cover nutrition, exercise, and more	Adults at high risk for diabetes	https://www.ymcadallas.org/locations/waxahachie/programs/health fitness/wellness/
Diabetes Education Program - Texas Health Stephenville	Erath County	• Center devoted to diabetes self-management for adults with all types of diabetes • Program includes classes, tailored plan, and motivation	Adults with diabetes	https://www.texashealth.org/stephenville/Pages/Services/Diabetes.aspx
Better Breathers - Texas Health Stephenville	Erath County	• Program for patients with chronic lung and heart conditions • Outpatient sessions for 4-6 weeks including classes, exercise, and other activities	People with chronic heart and lung diseases	https://www.texashealth.org/stephenville/pages/better-breathers.aspx

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Programs related to food insecurity				
Alvarado Helping Hands	Alvarado, Grandview, Venus, and Lillian	• Food pantry and food assistance • Nutritional education	Community members	https://www.alvaradohelpinghands.com/
Basic Needs Ministry - Graham Street Church of Christ	Erath County	• Food pantry that serves approximately 40 families • Financial assistance and referrals to other resources available	Families	https://www.gscofc.org/basic-needs
Center of Hope - Hot Meals Program	Parker County	• Free meal services, served Monday - Thursday	Homeless persons and those experiencing poverty	http://www.centerofhopetx.com/z-whatwedo/Hot_Meals.html
Come Eat	Erath County	• Mobile food pantry that also delivers clothing and hygiene products	Community members	http://www.comeeat.com/
First Baptist Church of Bridgeport Food Ministry	Wise County	• Weekly food bank program	Community members	http://www.fbcbridgeport.com/index.php/food-ministry
Granbury First United Methodist Church Food Ministry	Hood County	• Food pantry open 4 days a week and a mobile food pantry • Distributes weekend meals for school aged kids	Community members	http://fumcgranbury.org/food/
Harvest House	Johnson County	• Food pantry that give households food once a month during the school year and twice a month during the summer • Special program providing breakfast and lunch to school age children • Provide assistance with utilities, clothing, and school supplies	Families and school aged children	http://yourharvesthouse.org/

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Helping Hands of Ennis	Ellis County	• Food pantry for families in crisis • Provide clothing and financial assistance	Families - must be able to prove physical address	http://www.helpinghandsofennis.org/DOYOUNEEDHELP.html
Joseph's Locker	Hood County	• Food pantry that also provides clothing and household supplies	Community members	http://www.josephslocker.org/index.html
Loaves and Fishes Food Pantry, First United Methodist Church	Wise County	• Emergency food pantry that provides families with groceries up to four times a year	Community members	https://www.fumcbridgeport.org/serve/serve-through-missions/food-pantry-bridgeport-tx/
Manna Storehouse of Weatherford	Parker County	• Food pantry that families can access every 3 months	Families	https://www.mannastorehouse.org/about-us
New Hope Baptist Church Food Pantry	Wise County	• Monthly food bank for families	Community members	http://www.nhbcboyd.com/connect
Newark Area Food Pantry	Wise and Tarrant County	• Food pantry supported by seven churches, Tarrant Area Food Bank, and the United Way	Individuals and families	http://www.wisecountyunitedway.org/basicneedsagencies/newarkareafoodpantry.html
North Ellis County Outreach	North Ellis County	• Food assistance, as well as help with rent, utilities, and clothes	Residents in 75154 or 75125 zip codes	http://www.necoutreach.org/home.html
Project 44	Hood County	• Organic farm that provides produce to families in need	Families	https://project-44.org/
Southeast Wise County Community Services	Southeast Wise County: Newark, Rhome, Aurora	• Food assistance for people who meet TEXCAP income guidelines	Residents of Newark, Rhome, and Aurora (must provide proof of residency)	http://wisecountyunitedway.org/basicservices/sewisecocommunityser.html

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
The Love Basket	Erath county (located in Dublin)	• Food pantry for those in need	Community members	http://www.erathcountyuw.org/who-we-fund.html
Tolar United Methodist Church	Hood County	• Community food pantry	Community members	http://tolarumc.weebly.com/ministries-and-outreach.html
Trinity Baptist Church - South Wise Services	South Wise County: Aurora, Boonsville, Boyd, Briar, Cottondale, Flatwoods, New Fairview, Paradise, Poolville, Rhome, and Runaway Bay	• Weekly emergency food assistance for individuals and families • Clothing assistance program	Individuals and families experiencing economic hardship	http://www.tbcboyd.com/
Waxahachie Care	Waxahachie and South Ellis County	• Food pantry where clients can pick out their own food • Utility assistance • Money management classes • Referrals for other services	Community members	https://www.waxahachiecare.org/
Wise Area Relief Mission (WARM)	Wise County	• Monthly food pantry • Referrals for nutritional counseling • Provide summer meals for school aged children • Utility and emergency prescription assistance	Households in Wise County that meet federal income guidelines	http://www.warmtx.org/home.aspx
Programs related to obesity				
Agrilife Extension Education in Hood County	Hood County	• Family and consumer science programs provide education nutrition, health, and money management	Families	https://hood.agrilife.org/

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Agrilife Extension Education in Johnson County	Johnson County	• Family and consumer science programs provide education nutrition, health, and money management	Families	https://johnson.agrilife.org/
Agrilife Extension Education in Wise County	Wise County	• Family and consumer science programs provide education nutrition, health, and money management	Families	https://wise.agrilife.org/
Corsicana YMCA	Navarro County	• Gym facilities, exercise classes, and health education • Financial assistance for membership is available	Community members	http://www.corsicanaymca.org/
Decatur YMCA	Wise County	• Gym facilities, exercise classes, and health education • Financial assistance for membership is available	Community members	http://www.decaturymca.org/
Grand Prairie Family YMCA	Ellis County	• Gym facilities, exercise classes, and health education • Financial assistance for membership is available	Community members	https://www.ymcadallas.org/locations/grand_prairie/
Healthy Children Coalition for Parker County	Parker County	• Coalition of community stakeholders focusing on childhood obesity • Support evidence based programming on healthy eating • Working on increasing opportunities for physical activity and healthy eating	Community stakeholders and organizations	https://www.centerforchildrenshealth.org/en-us/Counties/parkercounty/Pages/Parker-County.aspx
Hood County YMCA	Hood County	• Gym facilities, exercise classes, and health education • Financial assistance for membership is available	Community members	http://ymcafw.org/locations/hood-county-ymca/

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Johnson County Alliance for Health Kids	Johnson County	• Coalition of community stakeholders focusing on childhood obesity • Support evidence based programming on healthy eating • Working on increasing opportunities for physical activity and healthy eating	Community stakeholders and organizations	https://www.centerforchildrenshealth.org/en-us/Counties/johnsoncounty/Pages/Johnson-County.aspx
Joshua Community YMCA	Johnson County	• Gym facilities, exercise classes, and health education • Financial assistance for membership is available	Community members	http://ymcafw.org/locations/joshua-ymca/
Waxahachie Family YMCA	Ellis County	• Gym facilities, exercise classes, and health education • Financial assistance for membership is available	Community members	https://www.ymcadallas.org/locations/waxahachie/
Programs related to violence, injury, and trauma				
CASA for Children	Parker County	• Pairs trained volunteer advocates with children who are involved in the child protective system	Children	https://casahopeforchildren.org/
CASA for the Cross Timbers Area, Inc.	Erath County	• Pairs trained volunteer advocates with children who are involved in the child protective system	Children	http://www.casacta.org/index.htm
CASA of Ellis County	Ellis County	• Pairs trained volunteer advocates with children who are involved in the child protective system	Children	http://casaofelliscounty.org/
CASA of Johnson County	Johnson County	• Pairs trained volunteer advocates with children who are involved in the child protective system	Children	http://www.casajohnsoncounty.org/
Child Advocates of Navarro County	Navarro County	• Resources and advocacy for abused children and non-offending caregivers • Education and prevention work, as well as community awareness and outreach activities.	Children and caregivers	http://www.kidadvocates.org/

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Cross Timbers Family Services	Erath County	• Crisis services for adult and child victims of violent crimes • Medical, legal, and judicial support and assistance • Emergency shelter and 24-hour hotline • Information and referrals for additional services	Adults and children	http://ctfshelp.org/home/1933485
Family Crisis Center of Johnson County	Johnson County	• 24-hour family violence and sexual assault crisis intervention, advocacy, and accompaniment, as well as a shelter • Therapeutic services, support groups, and educational groups • Community education and prevention programs	Men, women, and children	http://www.familycrisisjc.org/
Freedom House	Parker County	• Shelter and 24-hour hotline for victims of sexual assault and domestic violence • Crisis counseling and referrals to community services • Court and legal support and advocacy • Child services including education and counseling • Community education and outreach	Victims of domestic and/or sexual violence	http://www.freedomhousepc.org/
Healing Hearts Center	Ellis County and surrounding areas	• A 24-hr crisis hotline for victims of domestic and sexual violence • Advocacy and case management • Support groups and community outreach	Women and children	http://healing-hearts-center.org/

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Hood County for Healthy Children	Hood County	- Awareness raising to prevent child abuse - Create community opportunities related to parenting and child abuse prevention - Supporting evidence based child abuse prevention curriculums	Community stakeholders and organizations	https://www.centerforchildrenshealth.org/en-us/Counties/hoodcounty/Pages/Hood-County.aspx
Hope, Inc.	Erath, Hood, and Parker County	- Shelter for victims of intimate partner violence and sexual assault - Counseling, advocacy, and support services for clients	Victims of domestic and/or sexual violence	http://business.mineralwellstx.com/list/member/hope-inc-mineral-wells-136
Johnson County Children's Advocacy Center	Johnson County	- Advocacy work for victims of child abuse and their non-offending family members - Conduct forensic interviews - Trauma focused therapy for children and families - Provide prevention and safety education	Children and families	https://cacjctx.org/
Mission Granbury	Hood County	- Ada Carey Family Violence Shelter for women who are victims of intimate partner violence and their children 24/hr. crisis phone line - Volunteer-led children advocate program for children involved in the foster system.	Women and children	https://www.missiongranbury.org/
Paluxy River Children's Advocacy Center	Hood County	- Advocacy work for victims of child abuse and their non-offending family members - Services include forensic interviews, prevention education, and parent education	Children and caregivers	http://paluxyrivercac.org/

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
The Ellis County Gingerbread House	Ellis County	• Advocacy and services for children who are victims of abuse and trauma • Provide forensic interviews, medical care, and victims' assistance	Children	http://elliscountygingerbreadhouse.org
Voices Advocating for Children	Wise County	• Emergency shelter for children involved with child protective services • Trains volunteers to be advocates for children involved in the foster system • Volunteers provide transportation and supervision for child custody visitations and for youth who community service requirements	Children and families involved in the child protective services or the juvenile justice system	http://wisecountyunitedway.org/victimsaidagencies/voicesyouthfamilyserv.html
Wise Coalition for Healthy Children	Wise County	• Awareness raising to prevent child abuse • Create community opportunities related to parenting and child abuse prevention • Updating 2-1-1 database to ensure Wise County family services are represented • Host Parent Cafes to provide parenting education and support	Community stakeholders and organizations	https://www.centerforchildrenshealth.org/en-us/Counties/wisecounty/Pages/Wise-County.aspx
Wise Hope Shelter and Crisis Center	Wise, Jack, and Montague Counties	• 24/hr. crisis hotline and shelter for victims of domestic violence and sexual assault • Advocacy and legal assistance • Mental health counseling and support groups • Community education and prevention	Victims of domestic and/or sexual violence	http://www.wisehope.org/

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Programs related to mental health				
Andrews Center Networks/STAR	Navarro and Ellis	• Services for at-risk youth and their families • Skills training, counseling, and case management	Youth 0-17 and their families	http://www.andrewscenter.com/services-programs/networks-star.php
Camp of the Rising Sun	Navarro County	• Free summer camp for students receiving special education services through their schools • Focus on occupational therapy in the camp programming	Children 5-16 who are enrolled in their school's special education program	http://www.campoftherisingsun.org/
Caring Friends Mental Health Support Group	Parker County	• Weekly support groups for people living with mental illness and their loved ones	Community members	http://caringfriends.net/caringfriendssupportgroup_0.php
Community Living Concepts, Inc.	North Texas (main office in Johnson County)	• Residential, in-home, and day programs for individuals with developmental disabilities • Supported employment and residential support • Counseling, therapies, and health care services	Individuals with intellectual disabilities and their caregivers	http://www.clc-coi.org/services/hcs.php
Community Opportunities Inc.	Johnson County	• Day program with skills training, job placement, and social activities for adults with developmental disabilities	Adults with developmental disabilities	http://communityopportunitiesinc.org/
Compassion Counseling Center	Erath County	• Nonprofit counseling center that offers individual, group, family, and couples counseling • Fees are based on a sliding scale	Community members	http://www.compassioncounselingcenter.com/
First Baptist Church Decatur Verdery Counseling Center	Decatur	• Mental health services including counseling and group therapy	Community members	http://www.fbcdecatur.com/verdery-counseling-center
Grief and Loss Center of North Texas	North Texas (office in Dallas)	• Services for those experiencing loss	Community members	http://mygriefandloss.org/

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Helen Farabee Centers: Wise County Center	Wise County	• Treatment and support services for persons with severe mental illness, substance abuse, and persons with intellectual and developmental disabilities	Community members	http://demo152.centersite.org/
Lakes Regional Community Centers	Navarro	• Therapy for adults and children in individual, family, and group settings • Case management and skills training for individuals with intellectual disabilities	Adults and children	http://lakesregional.org/
Lena Pope	Hood (Granbury) and Parker (Weatherford)	• Counseling and support services for children, adolescents, and adults • Partners with Juvenile and Family Drug Courts to provide alternatives to sentencing	Adults and children	https://www.lenapope.org
Lighthouse Center for Counseling	Granbury	• Counseling services with a basis in Christian faith	Community members (doesn't accept Medicare)	http://www.lighthousecenterforcounseling.com/
Logos Counseling	Wise County	• Counseling services provided in individual and group settings, available on a slide fee scale	Youth, Teens, and Adults	http://www.logoscounseling.com/
Made 2 Thrive	Wise County	• Programming for individuals of all ages with special needs • Focus on social activities to combat social isolation and depression.	Individuals with special needs and their families and caregivers	http://www.made2thrive.org/home.html
Mosaic in Corsicana	Navarro	• Day programs and supported home living for people with intellectual disabilities • Case management services • Nursing and respite care	Individuals with intellectual disabilities and their caregivers	http://www.mosaicinfo.org/location/mosaic-corsicana

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
National Alliance on Mental Illness, Tarrant County	Johnson, Parker, Wise	• Free classes and peer support groups for topics relating to mental illness • Provide education and training for parents and teachers • Advocacy for issues relating to mental illness	Community members	http://www.namitarrant.org/
North Texas Behavioral Health Authority	Dallas, Ellis, Hunt, Kaufman, Navarro, and Rockwell Counties	• Local behavioral health authority, operated by the Texas Human Services Commission • Mental health care and substance use disorder treatment for indigent patients • Walk-in crisis clinic in South Dallas and a 24/7 crisis hotline • Assistance connecting patients with ongoing care with qualified providers	Those that meet the guidelines for accessing indigent care	http://www.ntbha.org/index.aspx
Operation Blessing	Johnson County	• Faith based counseling center with a focus on substance use, anger and stress management, and marriage problems	Community members	http://ob-jc.com/about.html
Pecan Valley Centers	Erath, Hood, Johnson, Parker, Somervell, and Palo Pinto County	• Behavioral health services and care • Mobile crisis outreach team that operates 24/7 every day of the year	Community members	http://www.pvmhmr.org/
Project 44	Hood County	• Counseling services for those that cannot typically afford it • Free parenting classes and other groups	Community members	https://project-44.org/

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Rock House	Johnson (Location in Cleburne) and Erath (location in Stephenville),	• Residential, in-home, and day habilitation services for individuals with developmental disabilities • Work support and job skills	Individuals with developmental disabilities	http://lakesregional.org/
Rock House	Erath	• Residential services for adults with developmental disabilities, as well as in-home services • Work support and day services	Adults with developmental disabilities	https://www.rockhousetx.org/
Serenity Place Counseling	Granbury	• Private counseling services, with after hour appointments available	Community members	http://www.serenityplacecounseling.com/
Southern Concepts Inc.	Ellis, Johnson, Hood, Parker, and Navarro	• Group homes and day services for persons with disabilities • Counseling services and programming	Individuals with disabilities	http://www.scitx.net/index.html
Starry Counseling	Erath County	• Counseling services for adults, children, couples, and families • Special program for families with children up to 17 years old to help resolve family conflict	Adults, Children, and Families	http://www.starry.org/
Weatherford Access Center	Parker County	• Short-term outpatient treatment for psychiatric disorders, chemical dependency, and dual diagnosis	Adults 18+	http://www.weatherfordaccess.com/
Wise County Christian Counseling	Wise County	• Counseling services with a basis in Christian faith, provided on a sliding fee scale	Community members	http://www.wiseccc.org/
Ennis Counseling Center	Ennis	• Counseling services including individual, group, and family services • Classes on topics including anger management, dual diagnoses, parenting, and more	Adults and adolescents	http://www.enniscounseling.com/index.html

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Programs related to substance abuse				
180 Center - Foundation of Life Church	Ellis County	• Yearlong residential program for men struggling with substance abuse	Adult men	http://www.foundationoflifechurch.com/homenew/ministries/180-center
Adobe Treatment, Inc.	Johnson County (Outpatient clinic in Joshua)	• Network of substance abuse treatment with both inpatient and outpatient programs	Adults	http://abodetreatment.com/abodewp/
Celebrate Recovery	Wise County	• Weekly recovery group for people going through the recovery process, based in Christian faith	Adults	http://crossroadspeople.com/celebrate-recovery
Cleburne Pecan Valley Center - Tobacco Cessation Program Initiative	Johnson County	• Tobacco cessation counseling, support, and resources	Community members	http://www.pvmhmr.org/poc/view_doc.php?type=doc&id=60322
Glen Rose Pecan Valley Center - Tobacco Cessation Program Initiative	Somervell County	• Tobacco cessation counseling, support, and resources	Community members	http://www.pvmhmr.org/poc/view_doc.php?type=doc&id=60322
Granbury Pecan Valley Center - Tobacco Cessation Program Initiative	Hood county	• Tobacco cessation counseling, support, and resources	Community members	http://www.pvmhmr.org/poc/view_doc.php?type=doc&id=60322
Helen Farabee Centers: Wise County Center	Wise County	• Counseling and treatment for substance use • Help accessing detox and inpatients treatments • Program for youth and families	Adults and youth	http://demo152.centersite.org/poc/view_doc.php?type=doc&id=59494
Helping Open Peoples Eyes (H.O.P.E) Inc.	Navarro and Johnson County	• Substance use programs and reintegration for people involved in the criminal justice system	Adults involved with justice system	http://www.helpingopenpeopleseyes.com/index.html

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Homeward Bound, Inc.	North Texas (offices in Dallas and El Paso)	• Medically supervised detox Residential programs , including ones for people experiencing mental health crisis • Outpatient counseling and treatment services • Residential treatment program specifically for HIV+ patients	Adults	http://www.homewardboundinc.org/
Impact Ennis	Ennis	• Community coalition addressing youth substance abuse	Community members	http://drugprevresources.org/coalitions
Impact Navarro	Navarro	• Community coalition addressing youth substance abuse	Community members	http://drugprevresources.org/coalitions
Impact Waxahachie	Ellis	• Community coalition addressing youth substance abuse	Community members	http://drugprevresources.org/coalitions
Lakes Regional Community Centers	Navarro	• Substance use treatment and counseling for adults and teens (teen program is only in Corsicana) • Outpatient individual and group counseling services • Drug education classes	Adults and teens	http://lakesregional.org/
Light (Living in Good Healthy Treatment)	Erath, Hood, Johnson, Parker, Somervell, and Wise (Office is in Fort Worth)	• Residential and outpatient substance abuse treatment for homeless women who are pregnant or have children • HIV counseling and testing • Job readiness and life skills training	Homeless women who are pregnant or have children	http://services.211texas.org/ResourceView2.aspx?org=72605&agencynum=29210976
REACH Council	Ellis and Johnson County	• Provides drug prevention education and programming	Community members	http://www.reachcouncil.org/index.html
Smoke Free Ellis County	Ellis	• Community coalition addressing youth tobacco use	Community members	http://drugprevresources.org/coalitions

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
STAR Council - Cleburne Office	Johnson county	• Outpatient treatment substance use disorders • Education and prevention programs	Adults 18+ for treatment, community members (particularly young people) for education	http://www.starcouncil.org/
STAR Council - Decatur Office	Wise County	• Outpatient treatment substance use disorders • Education and prevention programs	Adults 18+ for treatment, community members (particularly young people) for education	http://www.starcouncil.org/
STAR Council - Granbury Office	Hood county	• Outpatient treatment substance use disorders • Education and prevention programs	Adults 18+ for treatment, community members (particularly young people) for education	http://www.starcouncil.org/
STAR Council - Mineral Wells Office	Parker county	• Outpatient treatment substance use disorders • Education and prevention programs	Adults 18+ for treatment, community members (particularly young people) for education	http://www.starcouncil.org/
STAR Council - Stephenville Office	Erath County	• Outpatient treatment substance use disorders • Education and prevention programs	Adults 18+ for treatment, community members (particularly young people) for education	http://www.starcouncil.org/
Stephenville Pecan Valley Center - Tobacco Cessation Program Initiative	Erath County	• Tobacco cessation counseling, support, and resources	Community members	http://www.pvmhmr.org/poc/view_doc.php?type=doc&id=60322
Summer Sky Treatment Center	Erath (office is in Stephenville)	• Inpatient and outpatient treatment services for substance abuse • Detoxification services • Programs for family members of those in recovery	Adults	http://www.summersky.us/

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Touchstone Ranch Recovery Center	Erath County and West Central Texas	• Combination of traditional behavioral therapy with equine therapy programs for substance use and mental health disorders • Detoxification services	Adults 18+	http://touchstoneranchrecovery.com/
Weatherford Pecan Valley Center - Tobacco Cessation Program Initiative	Parker County	• Tobacco cessation counseling, support, and resources	Community members	http://www.pvmhmr.org/poc/view_doc.php?type=doc&id=60322
Programs related to homelessness				
Acts 4 Others	Wise County	• Coalition of community members and resources addressing homelessness and poverty • Financial support for rent and utilities for up to 6-months	People living in poverty who are at risk for homelessness	http://www.acts4others.org/
Daniel's Den	Ellis County	• Emergency assistance • Work with clients to access necessary services inside and outside Ellis County • Transitional housing is for women (with or without children) and legally married couples	Women and married couples	http://www.danielsdenelliscounty.org/
Granbury Housing Authority	Granbury	• Subsidized housing and rental assistance for families and individuals that meet eligibility requirements	Families, aging adults (62+) and disabled persons receiving payment benefits	http://www.granburyhousing.org/
Johnson County Christian Lodge	Johnson County	• Shelters for women and families and for single men • Resource center for local assistance programs and counseling services	Homeless individuals and families	http://www.jcclodge.org/
ACROSS	Ennis	• Christian based interim housing for homeless families • Assistance helping connect to services and counseling	Homeless families	http://acrossennis.org/

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Programs related to maternal and child health				
Big Brother Big Sister North Texas	North Texas	• Mentoring services for youth	Youth	http://www.bbbstx.org/site/pp.aspx?c=8rJOK2MGJhLYH&b=6377615
Boys and Girls Club of Hood County	Hood County	• Focus on developing physical, mental, and social health • After-school programing and summer camps.	Children	http://www.bgchoodcounty.org/
Boys and Girls Club of Navarro County	Navarro County	• Focus on developing physical, mental, and social health • After-school programing and summer camps.	Children	http://www.bgcnavarrocounty.org/default.aspx
Countryside Therapy Group	Over 50 counties, including Erath, Somervell, Hood, Wise, Navarro, Johnson, and Parker (Clinic sites are in Stephenville, Mineral Wells, Weatherford, Early)	• Pediatric occupational, physical and speech therapy • Services can be in home, school, day care, or at a clinical site	Children	http://www.ctg4.com/index.html
Early Childhood Intervention of North Central Texas	Ellis, Erath, Hood, Johnson, Navarro, Parker, Somervell, Wise	• Behavioral health services for children with disabilities, 0-36 months • Services include counseling, occupational therapy, and audiology	Children with disabilities, 0-36 months	http://www.mhmrtarrant.org/Services/Early-Childhood-Intervention

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Grand Prairie Well Child Clinic	Grand Prairie	• Monthly clinic for development and health checkups for children from birth to 4	Children 0-4	http://www.gptx.org/city-government/city-departments/environmental-services/environmental-quality/health-clinic
Lake Pointe Granbury	Hood County	• Support, resources, and education for families with children with Autism spectrum disorders • Diagnostic and educational planning support • Pediatric speech and language therapy • Run Lake Pointe Academy, a private therapeutic day school	Children and families	http://www.lakepointegranbury.org/services/
Mentors Care	Ellis County	• Mentoring and support services for at-risk high school students	High school students	http://mentors.care/
MHMR Early Childhood Intervention	Denton, Ellis, Erath, Hood, Johnson, Navarro, Palo Pinto, Parker, Somervell, Tarrant and Wise counties	• Counseling, occupational therapy, audiology and more to children with disabilities aged 0-36 months	Children (0-3) with disabilities and their families	http://www.mhmrtarrant.org/Services/Early-Childhood-Intervention
Salvation Army Waxahachie Corps	Ellis County	• Operate a Boys and Girls Club program after school • Programming includes homework help, reading time, gym time, and more	Kids 5-14	http://www.salvationarmydfw.org/p/Services/350
Texas Baptist Home for Children	Ellis County	• Adoption program for both private adoption and foster to adoption • Foster program licensed by the Texas Dept. of Family and Protective Services • Phone line for pregnant women to discuss options	Community members	http://www.tbhc.org/

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Texas Health Stephenville - Childbirth and Family Education	Erath County - Stephenville, Dublin, Comanche, DeLeon, Hico, Eastland, and Bluff Dale	• Programs for parents and expecting parents • Classes on childbirth, parenting, infant health and safety, and exercising during pregnancy	Parents and expectant parents	https://www.texashealth.org/stephenville/Pages/Services/Women-and-Infant-Services/Childbirth-and-Education-for-Family.aspx
Texas Neighborhood Services	Erath, Hood, Jack, Johnson, Navarro, Parker, Somervell, and Wise Counties	• Head Start program for low-income children and families. • Address early childhood development, education, social and emotional services, nutrition and health services, and more	Pregnant women, families with children under 5 years old, or families with children with IEPs, high risk factors or parents with disabilities who meet poverty guidelines	http://www.txns.org/departments/Childrens-Services.html
Wise Coalition for Healthy Children	Wise County	• Engage community on parent education and childhood development issues • Run "Parent Cafes" that discuss parenting skills	Parents	https://www.centerforchildrenshealth.org/en-us/Counties/wisecounty/Pages/Learn-More-about-Wise-Coalition-for--Healthy-Children.aspx
Programs related to oral health				
Center of Hope - Kingdom Smiles	Parker County	• Financial assistance for clients who are experiencing a dental crisis and have no other way to pay for it • Provides assistance to clients in purchasing dentures	Community members who need emergency dental care and have no other avenue of paying for it	http://www.centerofhopetx.com/z-whatwedo/kingdomsmiles.html
Hope Clinic	Ellis County	• Faith based clinic offering primary care, diabetic care, and behavioral health for medically underserved • Services offered on a sliding scale to patients without insurance	Community members	http://call4hope.org/services/
Ruth's Place Clinic	Hood County	• Provide rural healthcare and dental services for uninsured families	Uninsured families	http://ruthsplace.wixsite.com/ruthsplace

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Programs related to communicable diseases				
Grand Prairie TB Medicine Clinic	Grand Prairie	• Twice monthly clinic for TB patients	TB patients	http://www.gptx.org/city-government/city-departments/environmental-services/environmental-quality/health-clinic
Prism Health North Texas	North Texas (health centers in Dallas)	• Testing for HIV, Syphilis, and Hepatitis C • Medical care for HIV+ patients • Clinical trials for HIV patients • Support groups and psychosocial support	People with HIV or who want to be tested for STIs	http://www.prismhealthntx.org/
Planned Parenthood of Greater Texas	34 locations in North and Central Texas	• Sexually transmitted infections, including HIV rapid testing • Linkages to appropriate care and resources • Risk reduction education • Assistance accessing low or no cost care	Community members	https://www.plannedparenthood.org/planned-parenthood-greater-texas
Programs related to immunizations				
Grand Prairie Immunization Clinic	Grand Prairie	• Weekly immunization clinic for children up to 18 years old	Youth	http://www.gptx.org/city-government/city-departments/environmental-services/environmental-quality/health-clinic
Health Care Resources				
AccelHealth Stephenville	Erath County	• Family and women's health, in addition to a dental clinic • Federally qualified health center	Community members, discounted services available to patients that meet income requirements	https://crosstimbersinc.org/locations/cross-timbers-health-center-stephenville/

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Baylor Family Medical Center at Ellis County	Ellis County	• Primary and urgent care services, as well as lab services and chronic disease management	Community members	http://www.elliscountydocs.com/Pages/home.aspx
Community Healthcare Center	Wise County	• Health center with primary care, behavioral health, and dental services	Community members	https://www.chcwf.com/
Cook Children's - El Chico Trail	Parker County	• Pediatric care, prenatal consultation, and routine gynecological care	Community members	http://www.cookchildrens.org/willowpark/elchicotrail/Pages/default.aspx
Crowley House of Hope	76036 zip code and Crowley ISD (Johnson County)	• Acute and chronic medical services for uninsured patients • Vaccinations for infants and children	Uninsured patients that live in the 76036 or the Crowley ISD	https://crowleyhouseofhope.org//aboutus.html
Department of State Health Services Regions 2&3 Service Region	Ellis, Erath, Hood, Johnson, Navarro, Parker, Somervell, Wise	• Public health clinics that offer a range of services, including sexually transmitted infection testing, indigent health care, and more	Community members	http://www.dshs.texas.gov/region2-3/default.shtm
E. Carlyle Smith, Jr. Health Center	Ellis County (Located in Grand Prairie)	• Primary health care center the accepts public health insurance and sliding fee scale • Women's health clinic	Community members	http://www.parklandhospital.com/phhs/locations/e-carlyle-smith-jr-health-center-3.aspx
Ennis Regional Medical Center	Ennis and Ellis County	• Full service medical center	Community members	http://www.ennisregional.com/
Glen Rose Medical Center	Somervell County	• Multi-service medical center offering patient care, diagnostics, and specialty care • Offer detoxification under anesthesia and medication maintenance therapy	Community members	http://www.glenrosemedicalcenter.com/

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Hope Clinic	Ellis County	• Faith based clinic offering primary care, diabetic care, and behavioral health for medically underserved • Services offered on a sliding scale to patients without insurance	Community members	http://call4hope.org/services/
HOPE Clinic Cleburne	Johnson County	• Low-cost medical and dental care. Including primary care and behavioral health referrals	Low-income, uninsured patients	https://www.hopecliniccleburne.com/contact--us
HOPE Inc.	Erath County	• Sponsors free medical and dental clinic for qualified patients	Patients that meet income requirements	http://tarrant.tx.networkofcare.org/family/services/agency.aspx?pid=HOPEHelpingOtherPeopleEffectivelyIncBasicNeeds_989_5_0
Indigent Health Care Program Wise County	Wise County	• Primary care, health screenings, and inpatient and outpatient hospital services • Services offered to patients through counties and public hospitals	Community members that meet the residency and income requirements	http://wbwct.org/wise-county-resources.html#cihcp
Lake Granbury Medical Center	Hood, Somervell, and Erath	• 73-bed medical facility, including emergency and surgery services	Community members	http://www.lakegranburymedicalcenter.com
Lakeside Physicians	Erath, Hood, and Somervell County	• Physicians network providing internal and family medicine, as well as specialty care and surgery	Community members	http://www.lakesidephysicians.com/lakeside-physicians/physician-practices-home.aspx
Medical Associates of Navarro County	Navarro County	• Medical providers that offer internal and family medicine, OB-GYN services, pediatrics, and specialty care	Community members	http://www.navarro-docs.com/medical-associates-of-navarro-county/physician-practices-home.aspx
Navarro Regional Hospital	Navarro County	• 162 bed acute care facility with outpatient care, emergency, surgical care, and more	Community members	http://www.navarrohospital.com/navarro-regional-hospital/home.aspx

Organization/Program Name	Geographic Area Focus	Program Goals/Services Provided	Audience or Clients	Citation/Link for more Information
Parker County Hospital District	Parker County	• Operate a rural health clinic and emergency medical services	Community members	http://www.parkercountyhd.org/index.html
Ruth's Place Clinic	Hood County	• Provide rural healthcare and dental services for uninsured families	Uninsured families	http://ruthsplace.wixsite.com/ruthsplace
Stephenville Medical and Surgical Clinic	Erath County	• Medical clinic that offers family and internal medicine, general surgery, and specialty care • Operates a community health clinic and an extended hours clinic	Community members	http://smsc.org/
Texas Health Cleburne	Johnson and Somervell County	• Hospital with emergency, specialty, and women and infants care	Community members	https://www.texashealth.org/cleburne/pages/default.aspx
Texas Health Stephenville	Erath County	• Hospital with emergency, inpatient, and outpatient care • Level 4 trauma center	Community members	https://www.texashealth.org/stephenville/Pages/default.aspx
VA North Texas Health Care System	North Texas	• VA health network including a network of community clinics	Veterans	https://www.northtexas.va.gov/index.asp
Wise Health Clinics	Wise County	• Health system with primary care and specialty care clinics • Run a community health clinic that operates on a sliding scale based on income and family size	Community members	https://www.wisehealthclinics.com/
Wise Health System	Wise County	• System of health providers with a hospital, surgical center, and outpatient clinics • Community health clinic that provides primary care on a sliding scale for fees	Community members	https://www.wisehealthsystem.com/