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Tarrant County Hospital District/JPS Health Network

2020 Community Health Needs Assessment

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Introduction

About JPS and Our Community

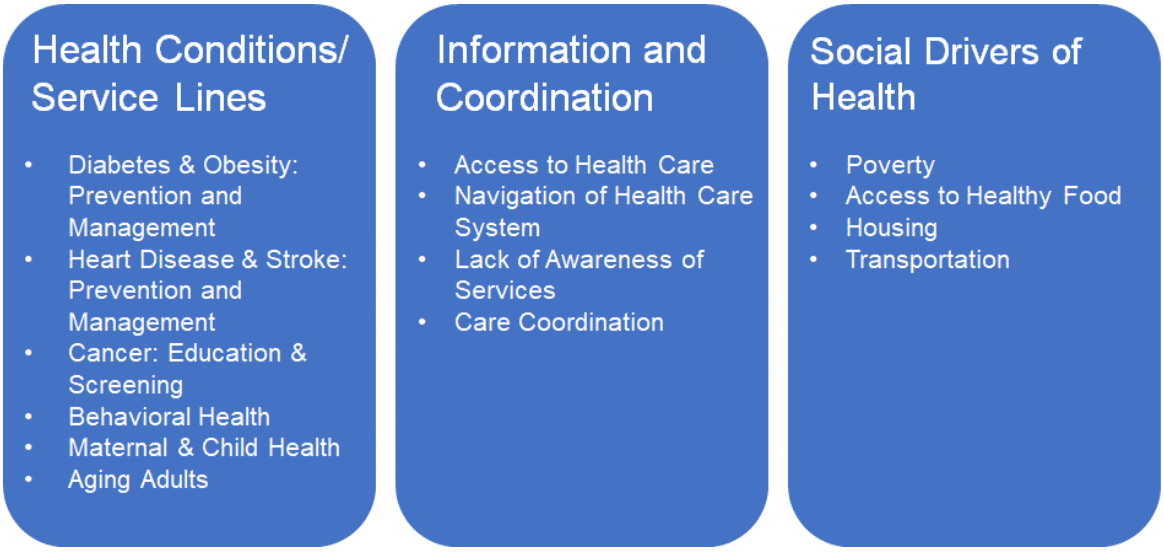
JPS Health Network is the tax-supported health care system that provides medical services to the 2.1 million residents of Tarrant County in North Texas. The network includes John Peter Smith Hospital, a 573 bed acute care hospital in Fort Worth, and more than 40 community-based clinics. John Peter Smith Hospital is home to Tarrant County's first and only Level 1 Trauma Center, the only psychiatric emergency services site in the county, and the largest family medicine residency program in the nation. The network provides employment to more than 6,000 people. For more information on JPS visit www.jpshealthnet.org.

JPS Health Network also serves as the anchor institution for the Texas 1115 Medicaid Waiver Regional Health Partnership 10 (RHP 10) and provides oversight to the Delivery System Reform Incentive Payment (DSRIP) programs. RHP 10 is comprised of nine counties - Ellis, Erath, Hood, Johnson, Navarro, Parker, Somervell, Tarrant, and Wise counties. More information on RHP 10 can be viewed online at http://www.rhp10txwaiver.com.

Although Tarrant County is home to several high-quality health systems and medical programs, and to numerous community-based organizations that provide social services, there continues to be vulnerable residents that are challenged in accessing these resources. The reasons for this are varied. The county's diverse population include both native Texans and a large international community that speak more than 125 languages requiring more complex and culturally competent care delivery. While the county's median income, $68,831, is higher than the Texas average, $63,025, the percentage of families living below federal poverty level is 9.1%. This results in the Tarrant County inpatient payer mix for the uninsured and publicly insured (Uninsured, Medicare, Medicaid, and Other Government Programs such as JPS Connection) reaching 51% (JPS serves a higher share of this payer mix at 63%). Additionally, a recent study published by UT Southwestern Medical Center calculated and mapped Texas life expectancy, by gender and race/ethnicity, down to the ZIP Code showing the shortest life expectancy of 66.7 years in the 76104 ZIP Code (Fort Worth) in Tarrant County.

Since JPS opened in 1906, the network has served the needs of the families in Tarrant County, working to improve health status and access to health care. Despite the aforementioned disparities that are recognized to impact health outcomes, JPS has maintained a long-term vision to promote a lasting, coordinated solution for serving the healthcare needs of Tarrant County, especially the underserved.

Since we issued our last community health needs assessment (CHNA) three years ago, JPS has made great progress in collaborating with RHP 10 participants and other community partners to address many of the significant concerns identified in 2017. Our efforts to improve overall health included, but were not limited to, the following key areas:



An evaluation of the impact of our prior Implementation Plan activities addressing these key areas is detailed in Appendix A.

CHNA Purpose

JPS is deeply committed to the residents of Tarrant County and the surrounding areas. Through our system of acute, ambulatory, and mobile providers, JPS delivers a range of innovative programs and services intended to educate and provide resources to prevent illness, maintain health, and improve the overall well-being of the community. JPS has completed this Community Health Needs Assessment (CHNA) in order to update our understanding of the needs of local community members and the

conditions that influence their well-being. Additionally, JPS will assemble a three-year plan to enhance community health, especially in areas identified as high disparity neighborhoods.

> *"Our Community Health Needs Assessment will be a collaboration between JPS, local government and other county officials, area community-based service organizations, and those we partner to serve. Together we intend to align implementation activities, across multiple clinical, mental, and social drivers that impact health, with the goal of holistically improving the health of the Tarrant County community, with a focus on the most vulnerable and at-risk populations."*

This CHNA is conducted in the spirit of the vision described above and to also meet the requirements of the Patient Protection and Affordable Care Act of 2010 (H.R. 3590) for not-for-profit hospitals by:

- Defining the community served
- Assessing the health needs of our community by collecting and evaluating quantitative data for multiple indicators of demographics, socioeconomic status, health status, health behaviors, and social drivers of health
- Obtaining input regarding local health needs from community members, public health experts and other persons representing the broad interests of medically underserved, low-income, and minority populations
- Completing a health needs prioritization
- Evaluating the impact of the actions that were taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- Describing the process and methodologies used
- Making the CHNA results publicly available online

"We can't move another step until we know the needs of the community and what's coming on the horizon."

- Community Stakeholder

CHNA Process/Methods

We engaged Premier, Inc., to partner with JPS to complete the CHNA using a transparent and collaborative approach over a six-month period. Our CHNA process reviewed a broad range of economic, environmental, behavioral, clinical, and social elements that contribute to health needs and identifies top health and health related needs in the community. A CHNA Advisory Group, comprised of JPS health system leadership, with diverse experience and perspectives was key to providing insight, context, guidance, and making decisions that supported the completion of the CHNA.

In addition, experienced community leaders from approximately 33 organizations representing medically underserved, low-income, and minority populations provided input into the development of our CHNA. Another 100 JPS patients and Tarrant County community members documented their opinions and concerns in an online survey. All this information was analyzed to identify community issue areas and then prioritized to identify the significant health needs for which JPS has prepared an Implementation Plan to address.

Quantitative Data and Data Limitations/Gaps

To better understand the overall needs in our community, JPS reviewed quantitative data from a variety of published sources (national, state, and regional) including numerous indicators for demographic, socioeconomic status, health status, and social drivers of health. A variety of credible data were sourced and include, but are not limited to, Nielsen Claritas, Healthy North Texas Dashboard, Texas Behavioral Risk Factor Surveillance System (BRFSS), Texas Cancer Registry, and the Tarrant County Department of Health. Data indicators were compared to county or state data, as available.

One notable limitation of this study is that data was not always published on an annual basis; meaning that some data estimates are more recent than others creating inconsistency in time periods. Additionally, public data sources were not consistently available by ZIP Code in order to assess the sub-county at more geographically focused levels. Furthermore, a selection of indicators (e.g., mental health and substance use) are limited due to privacy requirements creating challenges for assessing disparities. Similarly, self-reported statistics are estimated to be underreported due to the stigma of these and other health issues. In consideration of these limitations, the process of identifying health needs was based on both the quantitative and qualitative analyses.

Qualitative Data

While quantitative data is helpful in providing a portrait of the community, it does not provide a complete picture nor can it be put into context without resident's input on their concerns and perceived strengths and weaknesses of community health services. Therefore, JPS obtained broad community input regarding local health needs, existing resources, and innovative ideas to address those needs.

Throughout the course of completing this CHNA, JPS obtained input from community members and leaders who represent the broad interests of our community, including Cook Children's Health Care

System, Fort Worth City Council, Fort Worth Chambers, the United Way of Tarrant County, Tarrant County Public Health Department, and many other local health experts and community advocates who serve as the voice of Tarrant County residents. Through these existing relationships, JPS engaged a wide variety of community representatives to validate the quantitative data collected on our community and provide qualitative input on our community's health needs. Community input was provided by invited participants rather than chosen based on random sampling technique; participants were invited because their comments represented the underserved, low-income, minority, and chronically ill populations – the objective of this study. Each community leader added to this report by providing valuable insights and feedback for the CHNA. A list of organizations who participated in the development of our CHNA is provided in the Acknowledgement section of this report.

Feedback was collected through interviews with local stakeholders, community-based organization focus groups, and a CHNA survey for patients and the community at large. Public health experts and representatives of medically underserved, low-income, and minority populations were included in interviews and focus groups.

These four forms of data collection were utilized to obtain community input for this CHNA:

Appendix B provides more detailed findings specific to each of the data collection forums. Common themes across each forum include concerns about access to health care and resources and about how COVID-19 (the current coronavirus pandemic) has deeply impacted the community, especially around basic needs, clinical care delays, and mental health and wellness.

Written Comments on Most Recently Adopted CHNA and Implementation Plan

JPS has not received written comments regarding our 2017-2019 CHNA nor our 2017-2019 Implementation Plan.

Report Availability and Comment

The 2020 CHNA and associated Implementation Plan can be found on the JPS website at https://www.jpshealthnet.org/about-jps/public-information.

Your feedback on this 2020 report is welcomed. Please address written comments on the CHNA, the Implementation Plan, or requests for a copy of these documents to: chna@jpshealth.org.

Acknowledgements

This CHNA includes a comprehensive quantitative and qualitative assessment of critical factors that affect overall health and wellness in our community. Our findings represent work completed over the past six months by our team, strategic advisors, and community partners. We would like to recognize our partners for their commitment to developing a CHNA that best identifies the needs of our community and positions JPS to support the promotion of health care equity in the future:

- **Premier, Inc**., a nationally recognized healthcare consulting organization that specializes in advisory services and identifying community needs for underserved populations. Consultants from Premier served as strategic advisors to our team and helped facilitate the CHNA process across our many partners who participated in this initiative.

- **JPS leaders, staff, and physicians, local government and other county officials, and area community-based service organizations,** that provided their input through interviews, meetings, focus groups and surveys, including the following:

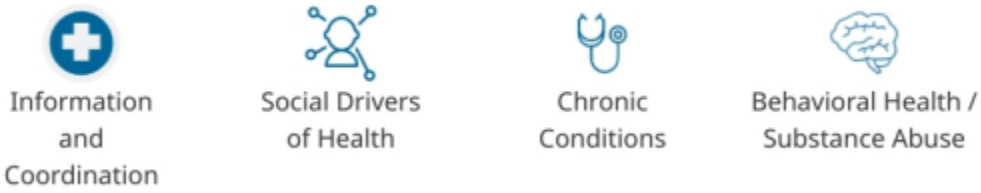
- 6 Stones
- ACH Child and Family Services
- Alzheimer's Association
- American Cancer Society
- American Heart Association
- Area Agency on Aging/UWTC
- Asian Health and Wellness Coalition
- Catholic Charities Fort Worth
- Coalition for Aging LGBT – Tarrant County
- Colorfulworld Foundation
- Cook Children's Health Care System
- Fort Worth AYA Oncology
- Fort Worth City Council Representative
- Fort Worth Hispanic Chamber of Commerce
- Fort Worth ISD
- Fort Worth Metropolitan Black Chamber of Commerce
- Healthy Start/UNT Health Science Center
- Healthy Tarrant County Collaboration
- Hispanic Wellness Coalition
- JPS Geriatric Services
- JPS Health Network
- JPS Oncology and Infusion Center
- JPS/Acclaim Physicians Group
- MedStar Mobile Healthcare

- MHMR of Tarrant County
- Moncrief Cancer Institute
- North Texas Area Community Health Centers
- Presbyterian Night Shelter
- Tarrant Area Food Bank
- Tarrant County Homeless Coalition
- Tarrant County Public Health
- United Way of Tarrant County
- UNT Health Science Center, Center for Geriatrics

Significant Health Needs

Through this CHNA, we analyzed data and obtained input from our community members and leaders to identify specific areas of concern. We identified significant health needs based on a review of published quantitative health status data specific to our community and qualitative data inputs collected throughout the CHNA process. Our assessment included consideration of the relative size of the issue, how important an issue was to the community, how much of an opportunity there was for an impact to be made, and how sustainable an effort and investment would be over the next three years. Where available, the health indicators were evaluated for geographical or racial disparity and measured against comparison data.

Based upon this methodology, the following four priorities were identified:



The methodology for the prioritization model used to determine the above priorities is detailed in Appendix C.

Defined Community

Overview

In 1959 the Tarrant County Hospital District was created to give JPS financial stability to support our public hospital mission. JPS' community is, therefore, defined by the borders of Tarrant County. Most of the ZIP Codes represented in the county are associated with the incorporated cities of Fort Worth and Arlington, but the county spans urban, suburban and rural areas. The map (figure 1) and list of ZIP Codes (table 1) provided below illustrate the network's overall service area.

Despite being a large county, the community is still growing. While younger on average, the 65+ age cohort has the biggest projected growth. Tarrant County is diverse because of a large international population and the non-White population outnumbers the White population. Anecdotally, there are over 125 different languages spoken in Tarrant County with English and Spanish being the most common.

Figure 1. Map of Tarrant County

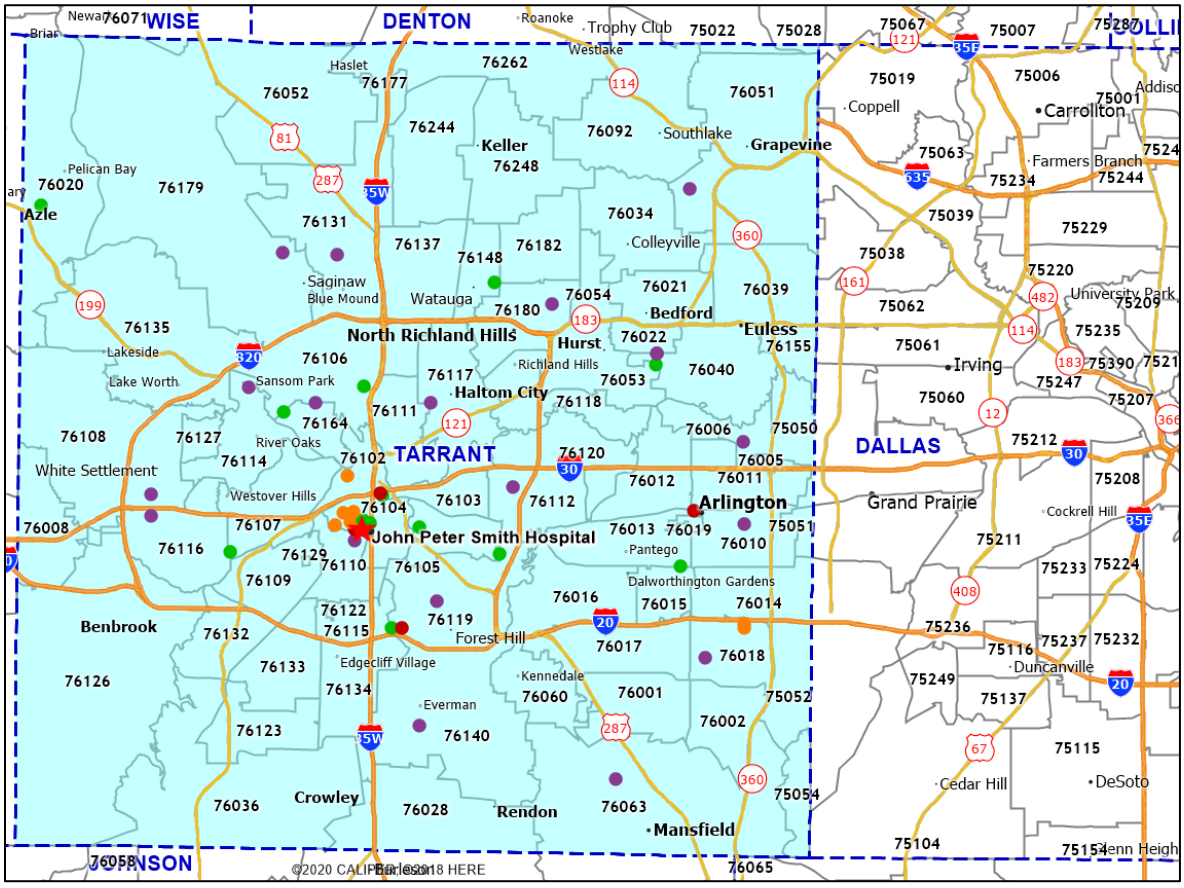


Table 1. List of ZIP Codes in Tarrant County

ZIP	Primary City	ZIP	Primary City	ZIP	Primary City
75050	Grand Prairie	76060	Kennedale	76130	Fort Worth
75051	Grand Prairie	76063	Mansfield	76131	Fort Worth
75052	Grand Prairie	76092	Southlake	76132	Fort Worth
75054	Grand Prairie	76094	Arlington	76133	Fort Worth
75261	Dallas	76095	Bedford	76134	Fort Worth
76001	Arlington	76096	Arlington	76135	Fort Worth
76002	Arlington	76098	Azle	76136	Fort Worth
76003	Arlington	76099	Grapevine	76137	Fort Worth
76004	Arlington	76101	Fort Worth	76140	Fort Worth
76005	Arlington	76102	Fort Worth	76147	Fort Worth
76006	Arlington	76103	Fort Worth	76148	Fort Worth
76007	Arlington	76104	Fort Worth	76150	Fort Worth
76008	Aledo	76105	Fort Worth	76155	Fort Worth
76010	Arlington	76106	Fort Worth	76161	Fort Worth
76011	Arlington	76107	Fort Worth	76162	Fort Worth
76012	Arlington	76108	Fort Worth	76163	Fort Worth
76013	Arlington	76109	Fort Worth	76164	Fort Worth
76014	Arlington	76110	Fort Worth	76166	Fort Worth
76015	Arlington	76111	Fort Worth	76177	Fort Worth
76016	Arlington	76112	Fort Worth	76179	Fort Worth
76017	Arlington	76113	Fort Worth	76180	North Richland Hills
76018	Arlington	76114	Fort Worth	76181	Fort Worth
76019	Arlington	76115	Fort Worth	76182	North Richland Hills
76020	Azle	76116	Fort Worth	76185	Fort Worth
76021	Bedford	76117	Haltom City	76191	Fort Worth
76022	Bedford	76118	Fort Worth	76192	Fort Worth
76028	Rendon	76119	Fort Worth	76193	Fort Worth
76034	Colleyville	76120	Fort Worth	76195	Fort Worth
76036	Crowley	76121	Fort Worth	76196	Fort Worth
76039	Euless	76122	Fort Worth	76197	Fort Worth
76040	Euless	76123	Fort Worth	76198	Fort Worth
76051	Grapevine	76124	Fort Worth	76199	Fort Worth
76052	Haslet	76126	Fort Worth	76244	Keller
76053	Hurst	76127	Naval Air Station	76248	Keller
76054	Hurst	76129	Fort Worth	76262	Roanoke

Population

JPS serves the 2.1 million residents of Tarrant County. About 57% of our community lives in Arlington or Fort Worth, with the remaining population residing in other areas of the county. Despite being a large community, the county is still growing with 7% population growth predicted over the next 5 years (table 2).

Table 2. Tarrant County Estimated Total Population, CY 2020

ZIP Codes Corresponding to Tarrant County	Primary Cities	2020 Population Estimate	2020 Population as % of Total	2025 Population Projection	% 5-Year Growth
76101, 76102, 76103, 76104, 76105, 76111, 76112, 76113, 76115, 76118, 76119, 76120, 76121, 76122, 76123, 76124, 76126, 76130, 76132, 76133, 76134, 76136, 76140, 76147, 76155, 76161, 76162, 76163, 76166, 76181, 76185, 76191, 76192, 76193, 76195, 76196, 76197, 76198, 76199, 76148, 76177, 76106, 76107, 76108, 76109, 76110, 76114, 76116, 76129, 76131, 76135, 76137, 76150, 76164, 76179	Fort Worth	956,284	40.2	1,021,806	6.9
76001, 76002, 76003, 76004, 76005, 76006, 76007, 76010, 76011, 76012, 76013, 76014, 76015, 76016, 76017, 76018, 76019, 76094, 76096	Arlington	408,106	17.1	431,927	5.8
75050, 75051, 75052, 75054	Grand Prairie	206,754	8.7	222,887	7.8
76021, 76022, 76095, 76040, 76039, 76053, 76054	Hurst-Euless-Bedford	163,627	2.2	173,498	6.0
76244, 76248	Keller	124,792	5.2	136,956	9.7
76063	Mansfield	79,754	3.3	87,050	9.1
76028	Rendon	76,132	3.2	82,330	8.1
76180, 76182	North Richland Hills	69,646	2.9	74,335	6.7
76051, 76099	Grapevine	53,416	2.2	57,284	7.2
75261	DFW Airport	0	0.0	0	0.0
76008, 76020, 76098, 76034, 76036, 75261, 76117, 76052, 76060, 76127, 76262, 76092	Aledo, Azle, Colleyville, Crowley, Haltom City, Haslet, Kennedale, Naval Air Station/ JRB, Roanoke, Southlake	243,165	10.2	262,903	8.1
ZIP Code Total		**2,381,676**		**2,550,976**	**7.1**
Tarrant County		**2,114,867**		**2,263,687**	**7.0**
Texas		**29,321,473**		**31,265,392**	**6.6**
U.S.		**330,342,293**		**341,132,738**	**3.3**

Age and Gender Distribution

Age and gender help us understand who lives in our community and informs planning for needed health services. Generally, younger populations need more preventive services and health education, while older populations are more likely to need cancer care, chronic disease services, and higher acuity health care.

- 49% of our residents are male and 51% are female (table 3).
- Our community is slightly younger, with only 12.0% of the population aged 65+ compared to Texas, 13.2%. However, this could be changing as the age 65+ cohort is projected to be the fastest growing in the community, 25.4%, over the next five years. This will likely continue to create a demand for cancer care, chronic disease programs, and geriatric related services (internal medicine, cardiovascular services, endocrinology, gastroenterology, neurosciences, oncology, orthopedics, ophthalmology, physical medicine and rehabilitation, pulmonary medicine, rheumatology, and urology).
- The age 15-44 cohort represents 42% of the community's total population. This suggests that the elective sub-specialty care and obstetrics and gynecology will continue to be needed.
- The age 0-14 cohort represents 21.5% of the total service area population; therefore, pediatric services will also be needed.

Table 3. Tarrant County Estimated Population by Age Group and Gender, CY 2020

Age Group	Tarrant County 2020 Population Estimate	Tarrant County 2020 Population as % of Total	Tarrant County 2020–2025 % 5 Year Growth	Texas 2020 Population as % of Total	Texas 2020–2025 % 5 Year Growth	U.S. 2020 Population as % of Total	U.S. 2020–2025 % 5 Year Growth
Tarrant County	**2,114,867**	**100.0**	**7.0**	**100.0**	**6.6**	**100.0**	**3.3**
0-14 Years	455,147	21.5	2.3	21.4	2.9	18.5	0.4
15-17 Years	94,358	4.5	6.5	4.4	6.6	3.9	3.5
18-44 Years	793,175	37.5	4.7	37.4	4.3	35.6	1.4
45-64 Years	517,974	24.5	5.8	23.7	5.5	25.4	-0.5
65+ Years	254,213	12.0	25.4	13.2	21.3	16.6	16.1
Males	**1,035,527**	**49.0**	**7.1**	**49.7**	**6.6**	**49.3**	**3.3**
0-14 Years	232,054	22.4	2.5	10.9	3.0	9.4	0.4
15-17 Years	47,898	4.6	6.2	2.2	6.4	2.0	3.3
18-44 Years	391,868	37.8	5.5	19.0	4.8	18.0	1.9
45-64 Years	252,101	24.3	5.2	11.6	5.3	12.4	-0.4
65+ Years	111,606	10.8	26.9	5.9	21.7	7.4	16.6
Females	**1,079,340**	**51.0**	**7.0**	**50.3**	**6.7**	**50.7**	**3.2**
0-14 Years	223,093	20.7	2.2	10.5	2.9	9.0	-0.5
15-17 Years	46,460	4.3	6.9	2.1	6.7	1.9	15.6
18-44 Years	401,307	37.2	3.9	18.4	3.8	17.6	3.2
45-64 Years	265,873	24.6	6.5	12.1	5.6	13.0	0.4
65+ Years	142,607	13.2	24.3	7.3	20.9	9.2	3.3

Data Source: Environics Analytics, 2020; Numbers subject to rounding

Race and Ethnic Distribution

Race and ethnicity help us understand the need for healthcare services as well as cultural factors that influence how care is delivered. Hispanics and African Americans tend to have higher incidence rates of diabetes, heart disease, and obesity, and both these populations are projected to grow. This suggests that cardiovascular services, endocrinology, gastroenterology, and orthopedics will continue to be needed.

- The percentage of the Non-White population in Tarrant County, 55.4%, is slightly lower than the Texas average, 59.7% (table 4).
- The county's non-White population, 55.4%, outnumbers the White population, 44.6%, and is comprised of Hispanics, 30.2%, followed by African Americans, 16.7% and Asians, 5.8%.
- Future growth in Tarrant County is projected for all non-White populations, but White non-Hispanic residents are predicted to decline -1.8%.

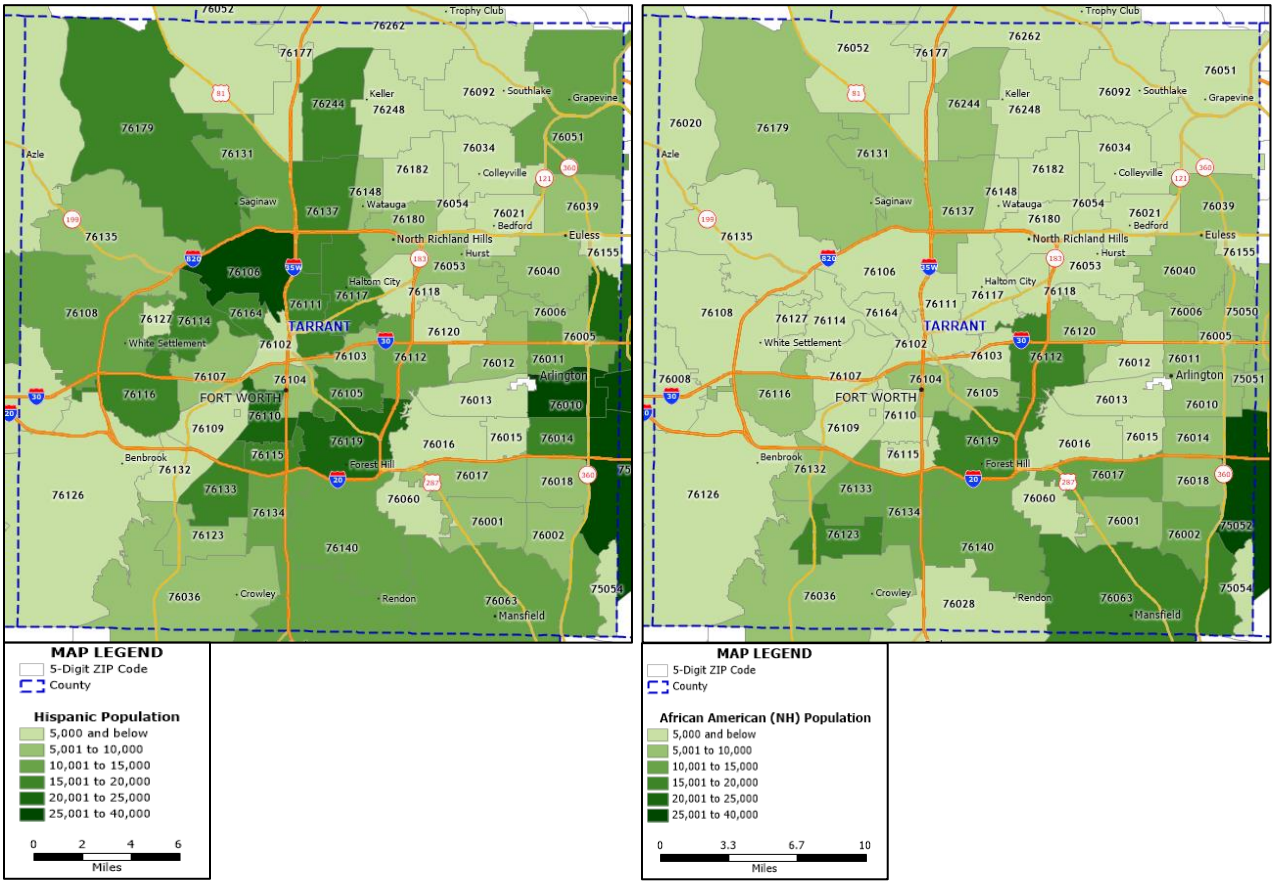
Table 4. Tarrant County Estimated Population by Race/Ethnicity Cohort, CY 2020

Race/Ethnicity Cohort	Tarrant County 2020 Population Estimate	Tarrant County 2020 Population as % of Total	Tarrant County 2020–2025 % 5 Year Growth	Texas 2020 Population as % of Total	Texas 2020–2025 % 5 Year Growth	U.S. 2020 Population as % of Total	U.S. 2020–2025 % 5 Year Growth
Tarrant County	**2,114,867**	**100.0**	**7.0**	**100.0**	**6.6**	**100.0**	**3.3**
White Non-Hispanic (NH)	943,804	44.6	-1.8	40.3	-0.5	59.3	-0.7
Hispanic/Latino	639,166	30.2	13.4	40.7	11.1	19.0	10.6
African American NH	352,531	16.7	14.1	11.8	8.3	12.4	4.2
Native Hawaiian/Asian Pacific Islander NH	123,709	5.8	17.2	5.1	19.5	6.0	13.1
Other/Multiple Race NH	48,238	2.3	18.0	1.8	17.7	2.6	12.1
American Indian/Alaskan Native NH	7,419	0.4	1.1	0.3	5.6	0.7	3.8

Data Source: Environics Analytics, 2020

The Hispanic population tends to reside in Northwest and Southeast, while the African American population tends to reside in South and Southeast portions of the county (figure 2). This trend is important to understand because of geographical inequalities in resources and resulting health outcomes.

Figure 2. Map of Estimated Population by Hispanic/Latino and African American Non-Hispanic (NH) Cohorts, CY2020



Foreign Born and Spoken Languages

Linguistically isolated households may be challenged in accessing care and resources that are available to fluent English speakers. The language barrier may prevent access to transportation, medical, and social services as well as limit employment and schooling opportunities. Importantly, linguistically isolated households may not understand critical notifications such as recent communications and direction for safe practices during the COVID-19 pandemic. The large number of community members that are foreign born and speak English as a second language also reflect a need for providers to better understand the cultural factors and potential barriers around care delivery.

- Approximately 84% of the people in Tarrant County are U.S. citizens (table 5), but almost 30% speak a non-English language (table 6). English as a second language has an impact on the understanding of health information (diagnosis, treatment, and medications).
- Anecdotally, there are over 125 different languages spoken in Tarrant County with English and Spanish being the most common. Other languages spoken by residents include Vietnamese, Arabic, French, Congolese, and Burmese.

- The map (figure 3) below illustrates the highest percentage of households in which every member aged 14 years or older has some difficulty speaking English are 76164, 37.1%, and 76106, 34.4%. In comparison, ZIP Code 76104 reported a value of 10.8%.

"Health literacy is meeting people where they are and communicating in a way that can be understood."

- Community Stakeholder

Table 5. Tarrant County Estimated Population Foreign Born, 2014-2018

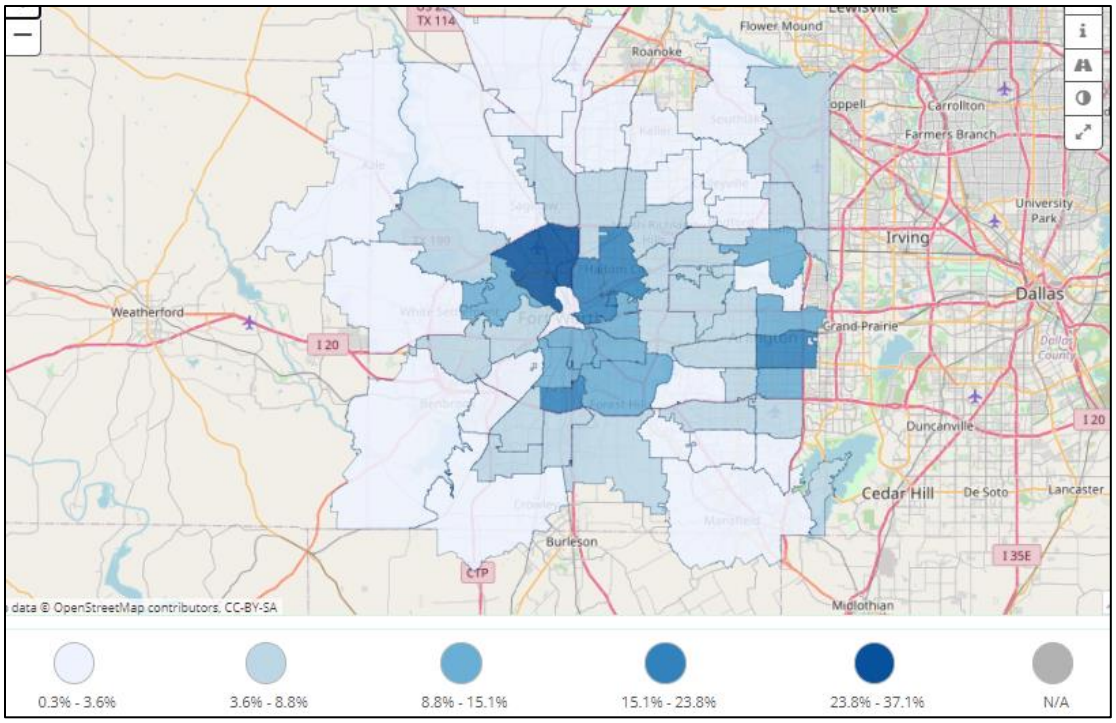
Population	Source	Tarrant County Population	Texas Population	U.S. Population
Foreign Born	HealthyNTX, 2014-2018	16.0%	17.0%	13.5%

Table 6. Tarrant County Estimated Population Age 5+ by Language Spoken at Home, CY 2020

Language Cohort	Source	Tarrant County % of 2020 Population	Texas % of 2020 Population	U.S. % of 2020 Population
English Only	Environics Analytics, 2020	70.6	62.1	76.5
Spanish		3.5	3.2	3.8
Asian/Pacific Islander		2.2	2.3	4.0
Indo-European		22.8	31.8	15.0
Other		0.9	0.5	0.8

Note: Numbers subject to rounding.

Figure 3. Map of Linguistic Isolation, 2014-2018



Data Source: Healthy North Texas, 2014-2018

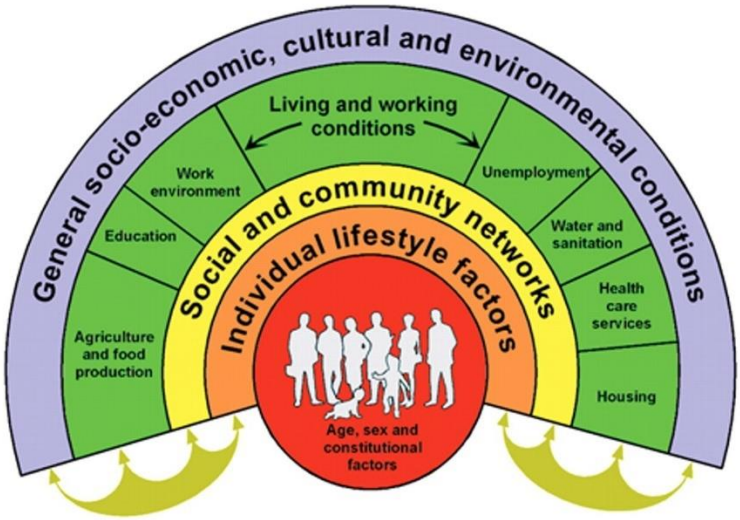
Social Drivers of Health

Overview

The World Health Organization defines social determinants of health (also known as social drivers of health) as "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life." This means that it is important to recognize that multiple drivers affect health and that there is a direct relationship between people and their environments. We know that genes and lifestyle (what we eat, how much physical activity we get, etc.) affect health, but physical and mental health are also influenced by daily factors such as level of stress, economic status, employment status and quality of housing.

The social drivers of health framework addresses the distribution of wellness and illness among a population—its patterns, origins, and implications. While the data to which we have access is often a snapshot of a population in time, the people represented by that data have lived their lives in ways that are limited and enabled by economic circumstances, social context, and government policies. The following diagram (figure 4) provides a visual representation of this relationship, showing how individual lifestyle factors, which are closest to health outcomes, are influenced by more distant factors such as employment status and educational opportunities.

Figure 4. The Dahlgren-Whitehead rainbow model illustration of health determinants



Source: Dahlgren and Whitehead, 1991.

Building on this framework, the indicators described on the following pages illustrate the daily challenges our community face, and the impact these factors have on health status. This information will help us define appropriate interventions for elevating the health status of our communities and population.

Disparity

JPS Health Network was founded to serve the healthcare needs of underserved or vulnerable populations, and identify approaches that improve health outcomes and reduce health disparities for these populations. HealthyPeople.gov notes that while the term disparities is often understood to mean racial or ethnic disparities, there are many dimensions of disparity (race, ethnicity, gender, age, socioeconomic status, geographic location, etc.). These may all play a role in the ability to achieve good health and a community health assessment and the resulting improvement plan must take these differences into consideration.

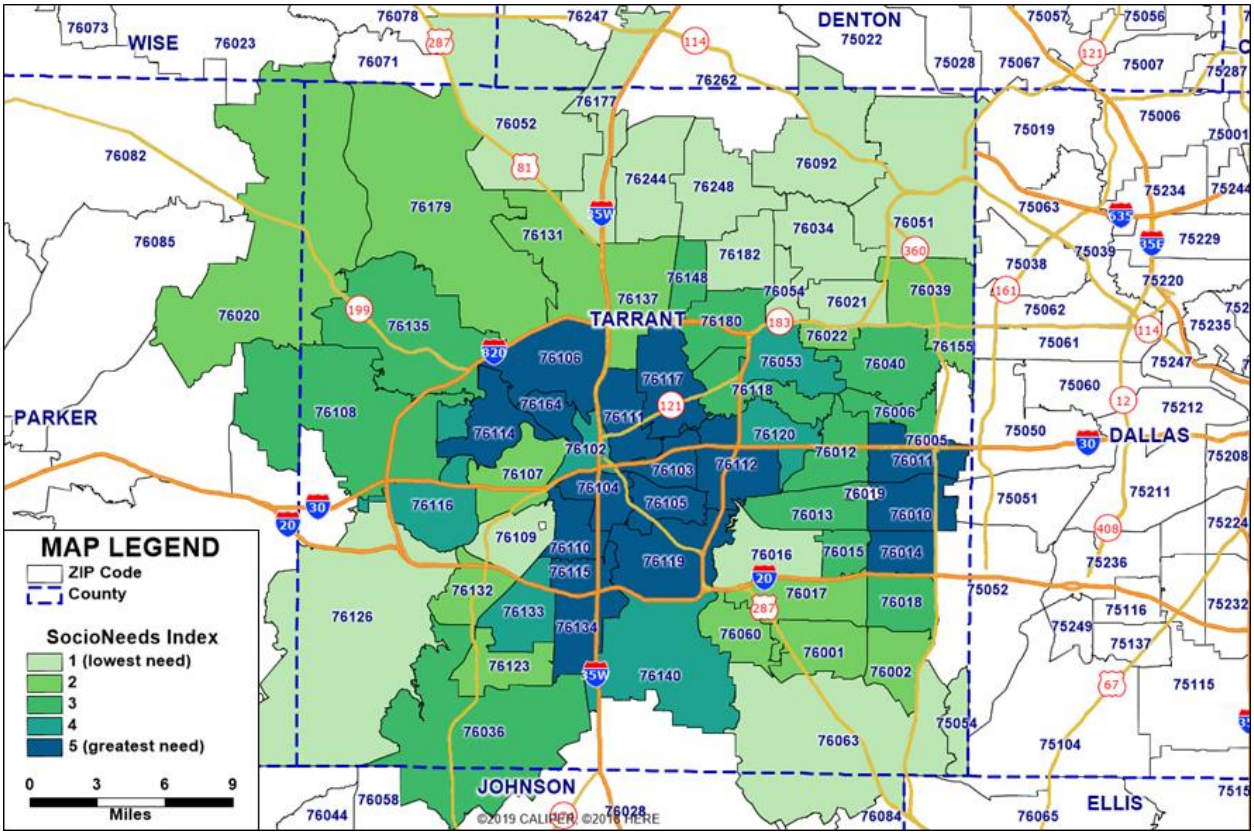
Social and economic factors are well known to be strong drivers of health outcomes. In our community there are big differences between the health of those with resources and those with less. Understanding these differences can be used to advocate for policy change, inform clinical interventions, and improve community health and eliminate health inequity. To help find the areas of highest need in our Tarrant County community, two studies were reviewed, the 'SocioNeeds Index' and 'The Life Expectancy by ZIP Code in Texas'.

The SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. All ZIP Codes in Tarrant County (figure 5) were given an Index Value ranked from 1 (low need) to 5 (high need). This index combines the multiple socioeconomic indicators listed below into a single combined

value. The greatest areas of need were identified to be in the Central and Southeastern parts of the County.

- Average Household Income
- Families Below Poverty
- Percent of Civilian Labor Force Unemployed
- Percent of Employed Civilian Population in White Collar Occupation
- Population 25+ with a High School Degree or Higher
- Population 5+ that Speaks Only English at Home

Figure 5. SocioNeeds Index Map, 2020

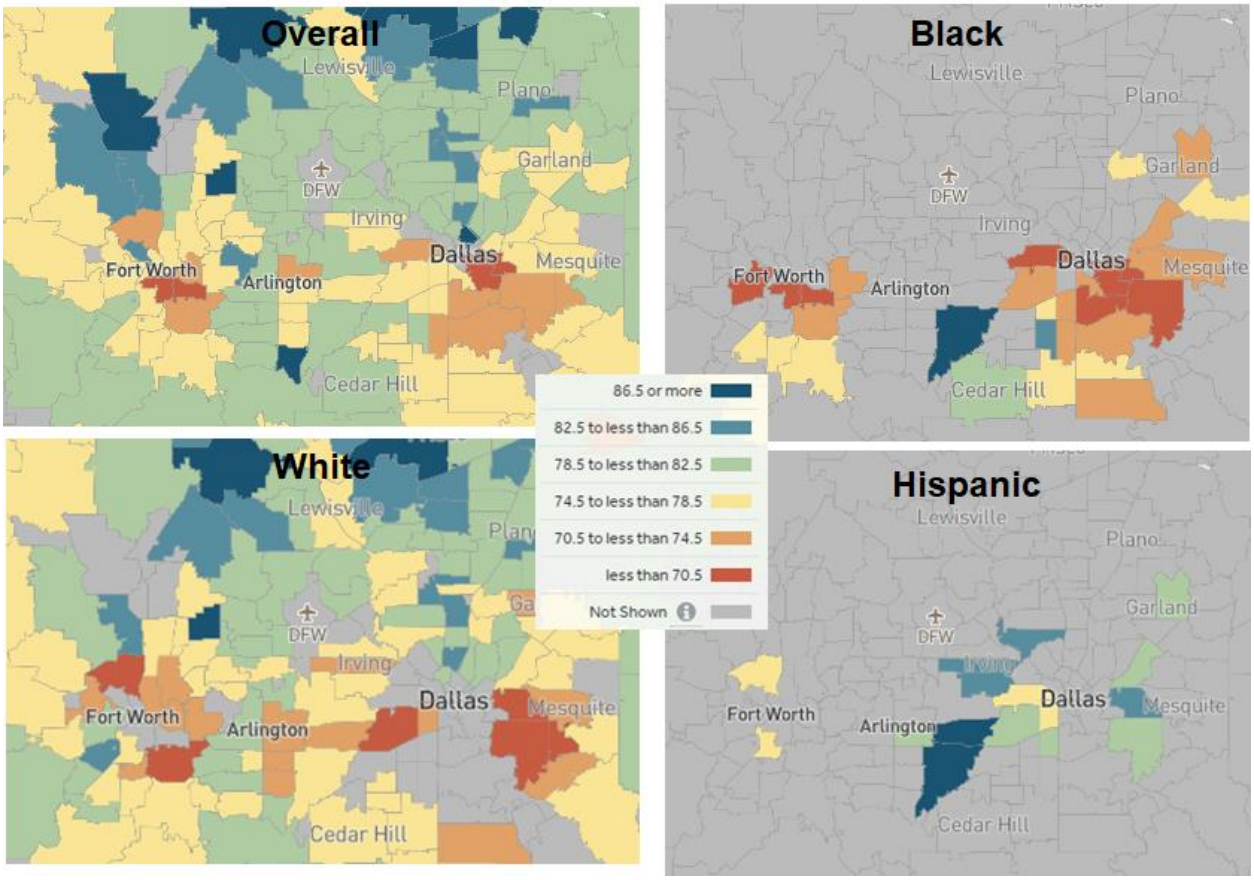


Source: Conduent Healthy Communities Institute, Environics Analytics, Maptitude

In 2020, a study 'The Life Expectancy by ZIP Code in Texas' was published. The study calculated life expectancy at the ZIP Code and county levels for males and females, and for three race/ethnicity groups: non-Hispanic Whites, Blacks (regardless of ethnicity), and White Hispanics. The study showed that there are great differences in average life expectancy depending on race/ethnicity, sex, and geography. When broken out by both sex and race/ethnicity, the highest ZIP-Code-level estimates were seen for Hispanic males (96.7 years) and white females (93.0 years). The lowest ZIP-Code-level life expectancy estimates were seen among black males (62.9 years) and white males (63.8 years).

The average life expectancy, based upon the 2015 data, was 78.8 years in the U.S. In Tarrant County, the average years of life was estimated to be 78.7, but Hispanics averaged higher and Black averaged lower (figure 6).

Figure 6. Life Expectancy by ZIP Code in Tarrant County, 2005-2014



Source: https://www.texashealthmaps.com/lfex
Life expectancy data are not displayed if a ZIP Code or county had 1) fewer than 400 deaths in the relevant population group over the entire study period or 2) a difference in the 95% confidence interval lower and upper bounds of more than 4 years.

In Tarrant County, based upon a SocioNeeds Index Score of 5, there were 16 ZIP Codes evaluated to have the greatest needs (table 7). These ZIP Codes comprise more than 20% of the county's population and also include 76104 (the ZIP Code having the lowest average life expectancy in the state).

"There is no lack of resources and expertise and technology, but the problem is the inequitable distribution of the resources."

- Community Stakeholder

Table 7. List of ZIP Codes in Tarrant County with the greatest needs and life expectancy by race/ethnicity

Zip Code	City	% of Tarrant County 2020 Population	SocioNeeds Score	Life Expectancy Total Population	Life Expectancy Black Population	Life Expectancy Hispanic Population	Life Expectancy White Population
76104	Fort Worth	0.8	5	66.7	66.8	N/A	N/A
76105	Fort Worth	1.0	5	70.3	66.8	N/A	N/A
76106	Fort Worth	1.6	5	72.6	N/A	75.3	61.7
76119	Fort Worth	2.0	5	73.4	71.8	N/A	64.6
76103	Fort Worth	0.6	5	74.1	N/A	N/A	70.5
76011	Arlington	0.9	5	74.5	N/A	N/A	73.2
76112	Fort Worth	1.7	5	75.1	73.1	N/A	74.3
76114	Fort Worth	1.2	5	75.1	N/A	N/A	73.3
76111	Fort Worth	1.0	5	75.4	N/A	N/A	71.3
76117	Haltom City	1.4	5	75.6	N/A	N/A	73.6
76115	Fort Worth	0.9	5	75.7	N/A	N/A	71.9
76014	Arlington	1.6	5	75.8	N/A	N/A	74.4
76110	Fort Worth	1.4	5	76.5	N/A	77.0	74.6
76010	Arlington	2.5	5	77.1	N/A	81.6	73.7
76134	Fort Worth	1.1	5	77.1	74.9	N/A	76.6
76164	Fort Worth	0.7	5	83.1	N/A	N/A	N/A
Tarrant County Average		20.6	N/A	78.7	76.5	84.4	78.4
Texas Average		N/A	N/A	78.5	75.3	81.2	78.1

Appendix D includes additional detail on select indicators for Tarrant County by race/ethnicity or sub-county geographies.

Income, Poverty, and Employment

Household income and income distribution are essential components of understanding a community's level of access to healthcare services. In general, economically disadvantaged communities typically lack sufficient health insurance coverage, may not always receive adequate preventative healthcare, and lack other necessary programs and resources for health and wellness.

- The community's median income, $68,831, is higher than the Texas average, $63,025, and an increase of almost $10,000 from our last CHNA report. The percent of families living below federal poverty level, 9.1%, is lower than the Texas average, 11.6% (table 8). The same trend holds for families with children and people age 65+.

- Although the unemployment rate, 3.1%, was tracking about the same as the Texas average, 3.4%, COVID-19 impacted job loss significantly in the Spring of 2020. Per the U.S. Bureau of

Labor Statistics, the April 2020 rates worsened to 13.1% for Tarrant and 13.5% for Texas. In August 2020, rates were still high at 6.5% for Tarrant and 6.8% for Texas.

- Many of Tarrant County's sixteen ZIP Codes with the greatest needs, illustrated in the map below, have a 2014-2018 median household income in the range of $27,471-$54,142 (figure 7). ZIP Code 76104 was among the lowest, averaging $27,471.

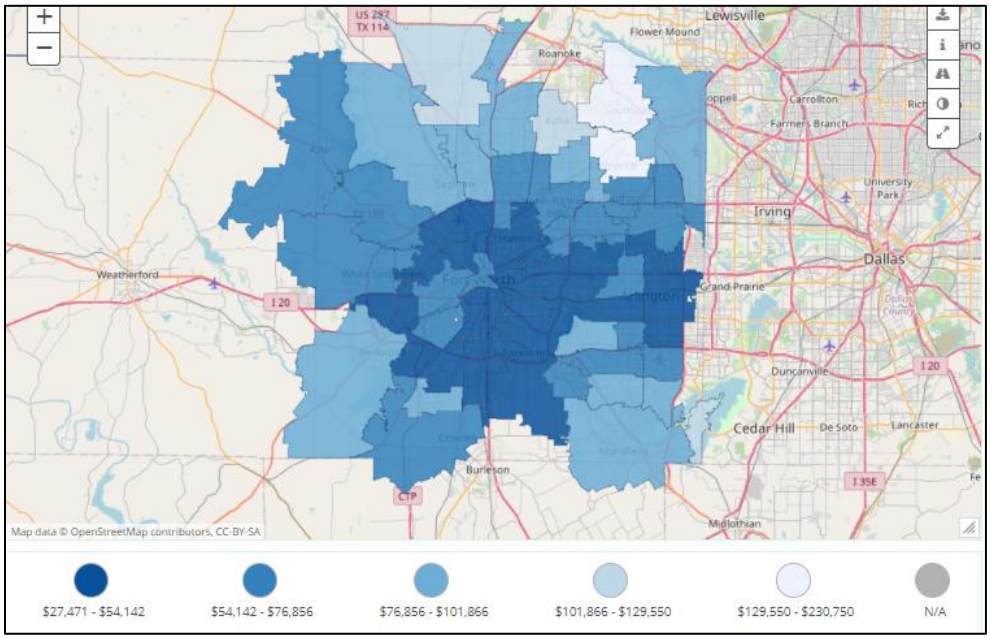
"We now have diversity and inclusion, but we still don't have economic equity."
- Community Stakeholder

Table 8. Income, Poverty, and Employment

Indicator	Source	Tarrant County	Texas Population	U.S. Population
Median Household Income	Environics Analytics, 2020	$68,831	$63,025	$65,228
Percent of Population with Household Income <100% of Federal Poverty Level (FPL)	Environics Analytics, 2020	9.1	11.6	9.8
Percent of Families with Children <100% of FPL	Environics Analytics, 2020	7.6	9.0	7.2
Percent of People Age 65+ Living Below FPL	HealthyNTX, 2014-2018	8.3	10.7	9.3
Percent of People Living 200Percent of above Poverty Level	Community Commons; US Census Bureau, ACS, 2014-2018	68.7	64.6	68.1
Percent of Civilian Population Age 16+ Unemployed	Environics Analytics, 2020	3.1	3.4	3.5
Percent of households receiving general assistance and TANF (Excludes SSI or SNAP)	HealthyNTX, 2018-2019	53.9	56.0	41.2
Percent of Families with Single Parent - Mother	Environics Analytics, 2020	6.7	7.0	6.7
Percent of Families with Single Parent - Father	Environics Analytics, 2020	3.4	3.4	3.1

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Figure 7. Median Household Income, 2014-2018



Data Source: Healthy North Texas, 2014-2018

Educational Attainment

Education is an important indicator because it impacts the level at which a person can read and understand clinical, and sometimes complex, health information. While these trends are indicative of a population with higher rates of literacy that may not have issues with reading written materials supplied by their healthcare provider, it is important to recognize that there are still differences across the county and harm could be done in assuming everyone has the same literacy level. Therefore, it is good practice to identify diverse and alternative ways to communicate with community members in order to ensure understanding and that they are engaged in healthcare issues and treatment plans to achieve better health outcomes.

- Educational attainment in Tarrant County was more favorable than Texas and 61.2% of the population achieved some college (an associates or bachelors degree) (table 9).
- Black residents, 25.6%, were less likely to have attained a bachelors degree than both the Tarrant County, 31.1%, and Texas, 29.3%, averages. Hispanic residents, 13.3%, reported an even lower percentage of bachelor attainment.

Table 9. Educational Attainment

Indicator	Source	Tarrant County	Texas Population	U.S. Population
% Population Age 25+ with Some High School, No Diploma or Less	Environics Analytics, 2020	7.8	8.4	7.0
% Population Age 25+ with High School Degree (or GED)	Environics Analytics, 2020	85.2	83.3	87.8
% Population Age 25+ with Associate's Degree or Some College	Environics Analytics, 2020	30.1	28.9	28.9
% Population Age 25+ with Bachelors Degree or Higher	Environics Analytics, 2020	31.1	29.3	31.6
Percent of people 25+ with a Bachelors Degree or Higher - Asian	HealthyNTX, 2014-2018	42.3	29.3	31.5
Percent of people 25+ with a Bachelors Degree or Higher - Black	HealthyNTX, 2014-2018	25.6	29.3	31.5
Percent of people 25+ with a Bachelors Degree or Higher - Hispanic	HealthyNTX, 2014-2018	13.3	29.3	31.5
Percent of people 25+ with a Bachelors Degree or Higher - White Non-Hispanic	HealthyNTX, 2014-2018	39.8	29.3	31.5

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Food Environment & Food Insecurity

Routine hunger can lead to undernourishment and malnutrition, impacting both short-term and longer-term health issues. Food insecurity can also accelerate the development of new diseases or worsen existing diseases. The high concentration of corner stores, liquor stores, and fast-food chains that offer limited food options make it difficult for residents to make healthy choices. Counterintuitively, food insecurity can co-exist with obesity if inexpensive foods that are high in fat and sugar but low in nutritional quality are frequently eaten. Households that are low-income typically also lack "food security". While select neighborhoods identified as "food deserts" have received attention and resources (such as Stop Six in Fort Worth or the Blue Zones Project[1]), residents in other neighborhoods that are deemed to have sufficient resources may still go hungry.

- The overall Tarrant County 'Food Environment Index' (a measure that combines the percentage of the population that is low-income and has low access to a grocery store and the percentage of the food insecure population) is better than the Texas average (table 10).

[1] "Blue Zones Project Partners with others to enhance Stop Six". *Blue Zones Project*. info.bluezonesproject.com/stop-six. Accessed 26 October 2020.

- The percent of the population that has experienced food insecurity, 13.9%, is lower than the Texas average, 15.0% (table 11).
- The indicator for the percentage of food insecure children living above FPL and ineligible for nutrition assistance, 28.0%, demonstrate that there are residents hungry and in need that do not necessarily quality for help.
- There are known inequalities across geographies of lower economic status as can be seen among the sixteen ZIP Codes of greater need (table 12) where the percentage getting help from SNAP are highly Hispanic and Black (where race was known).
- The economic impact of COVID-19 has created new households, previously unfamiliar with food insecurity, that have found themselves needing support from the Tarrant Area Food Bank, churches, and other local pantries.

"As a result of many being unemployed [because of COVID-19] "food insecurity is large concern."

- Community Stakeholder

Table 10. Food Environment

Indicator	Source	Tarrant County	Texas Population	U.S. Population
Food Environment Index	HealthyNTX, 2018	7.0	6.0	7.6
Children with Low Access to a Grocery Store	HealthyNTX, 2015	0.1	N/A	N/A
Grocery Store Density (per 100,000 population)	HealthyNTX, 2014	0.1	N/A	N/A
Farmer's Market Density (per 100,000 population)	HealthyNTX, 2016	0.01	N/A	0.03
Fast Food Restaurant Density (per 100,000 population)	HealthyNTX, 2014	0.8	N/A	N/A
Liquor Store Density (per 100,000 population)	HealthyNTX, 2016	5.4	7.0	10.6

Notes: County will be compared to U.S. when State data is not available; Food Enviornment Index combines two measures of food access: percentage of population that is low-income and has low access to a grocery store, and the percentage of food insecure population

Indicates statistic is more favorable than the Texas statistic by more than five percent	Indicates statistic is within five percent of the Texas statistic	Indicates statistic is less favorable than the Texas statistic by more than five percent

Table 11. Food Insecurity

Indicator	Source	Tarrant County	Texas Population	U.S. Population
Percent of population that experienced food insecurity	HealthyNTX, 2018	13.9	15.0	11.5
Percent of children under age 18 living in households that experienced food insecurity	HealthyNTX, 2018	19.8	21.6	15.2
Percent persons receiving SNAP benefits	Community Commons; US Census Bureau, ACS, 2014-2018	10.8	12.2	12.2
Students eligible for Free Lunch Program	HealthyNTX, 2018-2019	53.9	56.0	41.2
Percent of food insecure children living above FPL and ineligible for nutrition assistance	HealthyNTX, 2018	28.0	22.0	25.0

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Table 12. Feeding Texas Hunger Statistics for Tarrant County ZIP codes identified with the greatest needs

Zip Code	City	% Living in Food Insecure Homes	% of Children Living in Food Insecure Homes	% of Eligible Population Receiving SNAP Benefits	% of SNAP Recipients - Black	% of SNAP Recipients - White	% of SNAP Recipients - Other or Unknown	% of SNAP Recipients - Hispanic
76104	Fort Worth	Not Available	Not Available	75.1	48.7	16.9	34.4	30.7
76105	Fort Worth			70.7	45.3	18.3	36.4	39.8
76106	Fort Worth			57.1	9.2	31.6	59.2	73.2
76119	Fort Worth			75.7	46.6	17.3	36.1	28.1
76103	Fort Worth			67.4	32.6	27.0	40.4	39.0
76011	Arlington			63.7	36.3	29.4	34.3	37.9
76112	Fort Worth			78.5	58.9	18.3	22.8	19.3
76114	Fort Worth			52.2	3.2	51.7	45.1	52.8
76111	Fort Worth			55.3	8.1	39.6	52.3	62.5
76117	Haltom City			55.1	6.3	53.0	40.7	45.4
76115	Fort Worth			55.7	17.9	30.9	51.2	61.3
76014	Arlington			71.3	38.6	25.2	36.2	29.4
76110	Fort Worth			51.9	6.3	35.7	58.0	72.4
76010	Arlington			57.0	19.2	33.9	46.9	55.2
76134	Fort Worth			78.3	51.9	20.1	28.0	25.5
76164	Fort Worth			52.6	2.9	31.4	65.7	81.5
Tarrant County Average		18.5	25.5	N/A	N/A	N/A	N/A	N/A
Texas Average		15.0	21.6	N/A	N/A	N/A	N/A	N/A

Data Source: Feed Texas 2019 (ZIP Code and County), Feeding America 2018 (State)

Housing and Homelessness

Good physical and mental health is influenced by a healthy home. In contrast, poor quality, inadequate housing contributes to multiple health problems and injuries. Residential crowding can also be detrimental to health, as exhibited in communities across the country with high density rates. Also, the job losses driven by COVID-19 have created housing insecurity at a level not previously experienced in Tarrant County, creating deeper issues for historically impoverished communities and new concerns for numerous other residents.

- While the indicator values are about that same as the Texas average, 55.8% of Tarrant County residents are home owners, almost half of residents, 47.8%, spend more than 30% of their monthly income on rent and housing, and 17.3% of households are living with severe housing problems (table 13).
- There are those who are less fortunate and have no home to call their own. The rate of homelessness in Tarrant County is 9.6 per 10,000 population, less favorable than the Texas average, 9.0.
- In 2019, 36% of Tarrant County persons experiencing homelessness are female, 14% are children under the age of 18, 8% are veterans, and 1.6% are chronically homeless.
- Based upon the Tarrant County Homeless Coalition 2020 report, the population of persons experiencing homelessness is declining, but in context to being the 15th largest county, we have the 57th largest population of persons experiencing homelessness (figure 8).
- The included heat maps represent areas across our community with concentrated numbers of persons experiencing homelessness. The red areas illustrate the most densely populated areas (figure 9).

"More clients are seeking shelter [and housing resources since the start of COVID]."
—Community Stakeholder

Table 13. Housing and Homelessness

Indicator	Source	Tarrant County	Texas Population	U.S. Population
Percent of housing units occupied by homeowners	HealthyNTX, 2014-2018	55.8	54.9	56.1
Percent of households spending >30% of income on rent	HealthyNTX, 2014-2018	47.8	47.9	50.2
Median monthly owner costs for households without a mortgage	HealthyNTX, 2014-2018	$589	$500	$490
Percent of households with severe housing problems	HealthyNTX, 2012-2016	17.3	17.7	19.0
Rate of homeless per 10,000 population	Texas Tribune; Homeless in Texas, Dec. 23, 2019	9.6	9.0	17.0
Percent of homeless and living unsheltered	(County Source) Tarrant County Homeless Coalition (TCHC) State of the Homeless Annual Report, 2019 (State Source) HUD Continuum of Care Report TX, 2019	27.6	43.4	N/A
Percent of homeless and living in an emergency shelter		62.3	42.4	N/A
Percent of homeless and living in transitional housing		10.1	14.2	N/A
Percent of homeless who are male		64.0	63.3	N/A
Percent of homeless who are female		36.0	36.4	N/A
Percent of homeless who are children under age 18		14.0	16.4	N/A
Percent of homeless who are veterans		8.0	7.0	N/A
Chronic Homeless		1.6	13.6	N/A

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Figure 8. Homeless Populations in the 15 Largest Cities Across The United States[2]

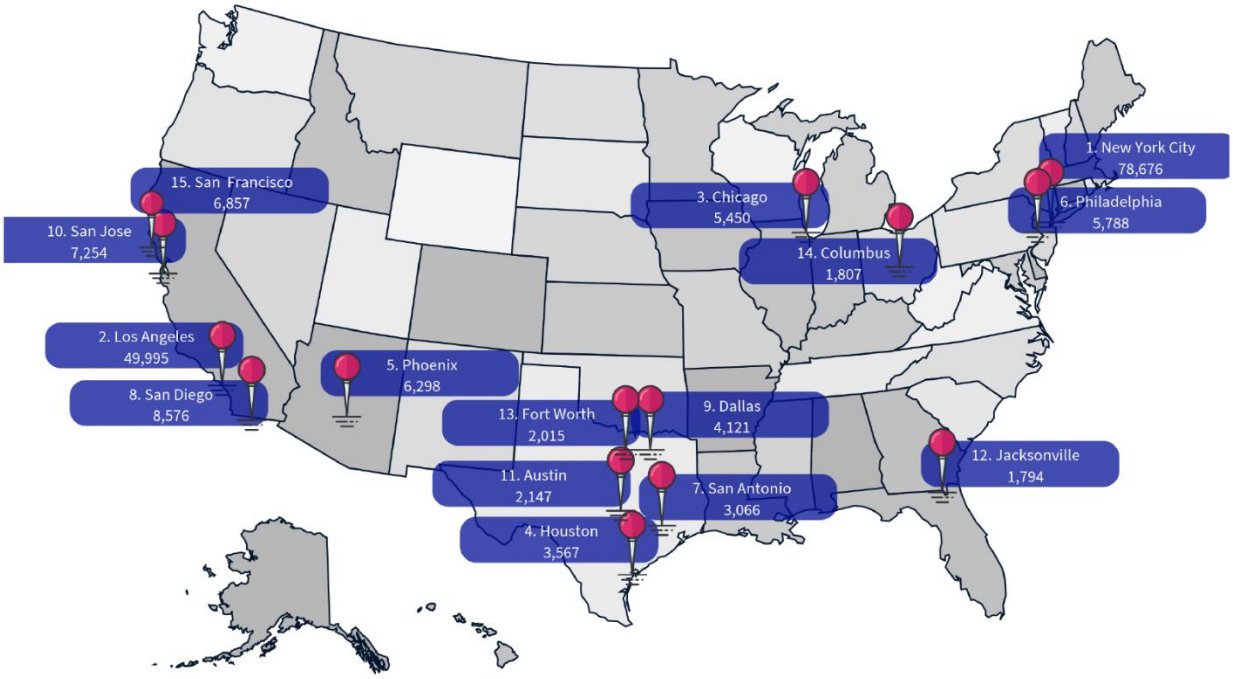
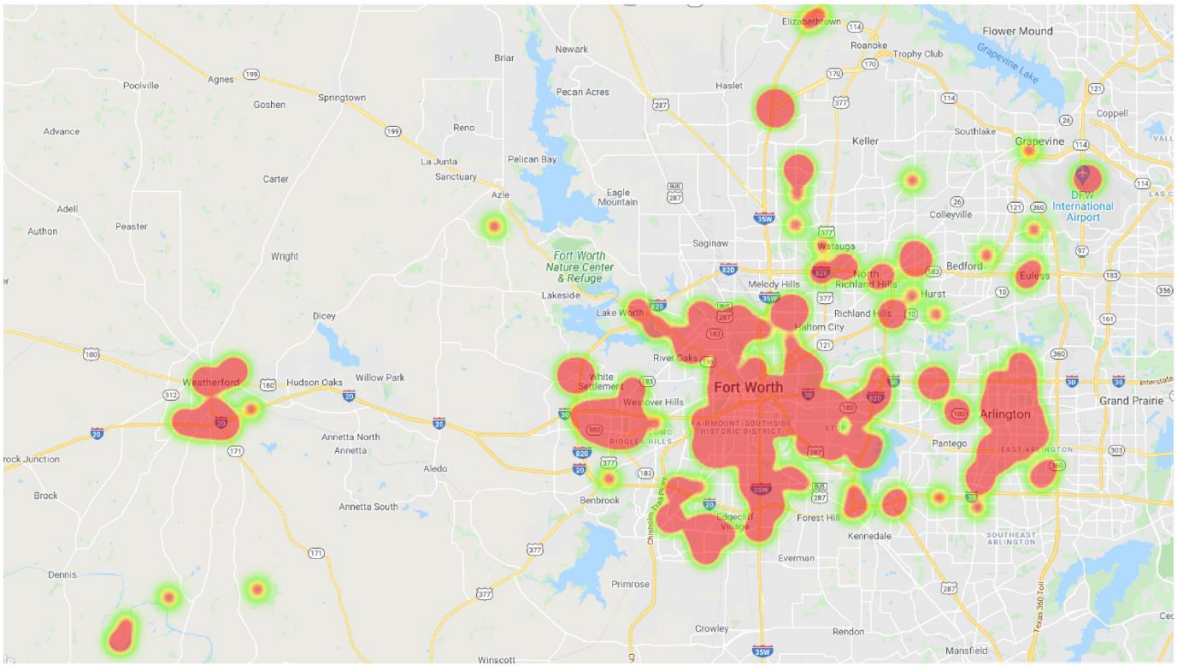


Figure 9. 2020 Homeless Count Geographic Distribution[2]



Note: This heat map represents the geographic areas with concentrated numbers of homeless. The red areas illustrate the most densely populated areas

[2] Tarrant County Homeless Coalition. “State of the Homeless Report 2020”.

Transportation

Reliable transportation is important just to meet basic daily needs, traveling to a daily job, regularly accessing grocery stores and food options, and occasionally transporting to a medical or social service appointment. This is especially important in large geographic expanses such as Tarrant County, where conveniently accessible options are limited in the more rural areas. However, as previously mentioned even urban neighborhoods such as Stop Six lack accessible resources and one of the county's largest cities, Arlington, lacks a public transportation system.

- In Tarrant County, the estimated average travel time to work is 30 minutes (table 14).
- The percentage of households with no vehicle, 4.2%, is lower than the Texas average, 5.1%. However, this does not mean that the vehicle owned is safe nor reliable and can meet daily needs.
- A smaller portion of Tarrant County workers overall, 0.5%, use public transportation in comparison to the Texas average, 1.4%. Black residents of the county have a higher use, 1.3%.

"Transportation is a big inequity and need in our community. The city of Arlington doesn't even have a public transportation system."

—Community Stakeholder

Table 14. Transportation

Indicator	Source	Tarrant County	Texas Population	U.S. Population
% Households with No Vehicle	Environics Analytics, 2020	4.2	5.1	8.4
Estimated Average Travel Time to Work (minutes)	Environics Analytics, 2020	30.0	29.0	29.0
% Workers (Age 16+) Commuting by Public Transportation	Environics Analytics, 2020	0.5	1.4	5.0
% Workers (Age 16+) Commuting by Public Transportation - Asian	HealthyNTX, 2014-2018	0.5	1.4	5.0
% Workers (Age 16+) Commuting by Public Transportation - Black	HealthyNTX, 2014-2018	1.3	1.4	5.0
% Workers (Age 16+) Commuting by Public Transportation - Hispanic	HealthyNTX, 2014-2018	0.4	1.4	5.0
% Workers (Age 16+) Commuting by Public Transportation - White, non-Hispanic	HealthyNTX, 2014-2018	0.5	1.4	5.0

Indicates statistic is more favorable than the Texas statistic by more than five percent	Indicates statistic is within five percent of the Texas statistic	Indicates statistic is less favorable than the Texas statistic by more than five percent

Physical & Social Environment

Where our community lives influences how they live. Access to healthy food, green space, and space for safe physical activity impacts our quality of life, years of healthy life lived, and long-term health disparities. Additionally, none of the other social drivers of health community issues can be fully understood in isolation of the environment we live in; unfortunately, the social and physical environments may be the most difficult to change.

- The percentage of Tarrant County residents with access to a park or recreational facility is the same or better than U.S. values (table 15). However, these indicators do not illustrate how safe residents perceive these spaces or that high Texas summer temperatures can limit outdoor activities.
- Annual ozone air quality is within the worst 25th quartile. This can cause residents to be harmed by air pollutants that result in respiratory diseases such as chronic obstructive lung disease and lung cancer.
- The crime and violence indicators appear to be more favorable in comparison to the Texas averages, except for child abuse (table 16). However, more work can be done to make it easier for our residents to lead quality lives and have good health.
- The social environment indicators suggest that there are more Tarrant County residents with access to internet and computing devices, however because of known disparities this doesn't necessarily reflect that every student has a laptop, nor that every senior citizen is trained on how to use their smart phone (table 17).

Table 15. Parks, Recreation, and Air Quality

Indicator	Source	Tarrant County	Texas Population	U.S. Population
Percentage of individuals who live reasonably close to a park or recreational facility	HealthyNTX, 2020	93.9	80.5	84.0
Recreation and Fitness Facilities (per 1,000 population)	HealthyNTX, 2014	0.07	N/A	0.06
Parkland per 1,000 residents by city - Arlington	The Trust for Public Land, 2020*	12.5	N/A	13.0
Parkland per 1,000 residents by city - Fort Worth	The Trust for Public Land, 2020*	14.3	N/A	13.0
Annual Ozone Air Quality	HealthyNTX, 2016-2018	Worst 25th Quartile	N/A	N/A

Note: County will be compared to U.S. when State data is not available

*U.S. data is the median of all cities reported

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Table 16. Crime and Violence

Indicator	Source	Tarrant County	Texas Population	U.S. Population
Violent Crime Rate (per 100,000 population)	Community Commons; FBI Uniform Crime Reports, 2014-2016	32.1	38.3	48.3
Substantiated Child Abuse Rate (per 1,000 children)	HealthyNTX, 2017	10.5	8.5	9.1
Percentage of high school students who experienced unwanted sexual violence	(State) Texas Youth Risk Behavior Survey, 2019 (County) Ft. Worth, TX High School Survey, 2019	9.7	10.0	N/A
Percentage of students who experienced physical dating violence		6.7	8.3	N/A
Percentage of students who carried a weapon on school property (such as a gun, knife, or club)		2.4	3.3	N/A
Percentage of students who were threatened or injured with a weapon on school property (such as a gun, knife, or club)		6.3	6.7	N/A
Percentage of students who were in a physical fight		22.6	23.5	N/A

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Table 17. Social Media, computers, and internet

Indicator	Source	Tarrant County	Texas Population	U.S. Population
Percentage of households with internet subscription	HealthyNTX, 2014-2018	84.7	79.6	80.9
Percentage of households with 1+ computing devices	HealthyNTX, 2014-2018	93.1	89.2	88.8
Percentage of students who were bullied on school property	(State) Texas Youth Risk Behavior Survey, 2019 (County) Ft. Worth, TX High School Survey, 2019	11.3	14.3	N/A
Percentage of students who were bullied electronically via texting or social media		9.6	12.2	N/A

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Access to Healthcare in Our Community

Overview

Access to comprehensive, coordinated, quality health care services is essential for promoting and maintaining health, preventing and managing disease, reducing the possibility of premature death, and achieving health equity. HealthyPeople.gov states that access to health services means "the timely use of personal health services to achieve the best health outcomes" and requires three distinct steps 1) gaining entry into the health care system (usually through insurance coverage), 2) accessing a location where needed health care services are provided (geographic availability), and 3) finding a health care provider whom the patient trusts and can communicate with (personal relationship)[3].

Tarrant County is home to several of the area's top hospitals, providers, and academic facilities. However, access to these organizations is not consistently distributed equitably across the population. In Tarrant County, it is not uncommon to see large disparities where areas of wealth and first-class healthcare providers are located next to neighborhoods where low-income residents lack basic access to healthcare and have poor health outcomes. While access varies person to person there are some systemic issues that must be addressed within the county.

- A lack of comprehensive healthcare coverage for all residents of Tarrant County.
    - Texas Medicaid did not expand.
    - There is unprecedented health care coverage loss due to COVID-19.
- Physicians shortages exist, especially among primary care and medical specialties. There are limited numbers of healthcare providers that serve the uninsured and fewer that are able to care for residents in their language and understand their culture.
- There is an absence of comprehensive, multi-disciplinary healthcare, treatment planning, and coordination across the care continuum.
- Despite COVID-19 very recently accelerating telemedicine options, there is still a lack of providers meeting the community where they are – in homes and in neighborhoods - for front line interventions.

Health Insurance Coverage

Health insurance coverage is a key component to accessing primary care, specialty care, and other clinical services that contribute to one's health status. The Patient Protection and Affordable Care Act (ACA) has been important to our community since it was signed into law in 2010. Unfortunately, Texas opted to not expand Medicaid, so some county residents continue to be uninsured. Also, a health insurance card alone does not guarantee access to high quality, affordable healthcare services. Further

[3]" Access to health services". *HealthyPeople.gov*. www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed 26 October 2020.

complicating coverage is that the typical offering of plan networks and service coverage can be confusing to residents without sufficient health literacy.

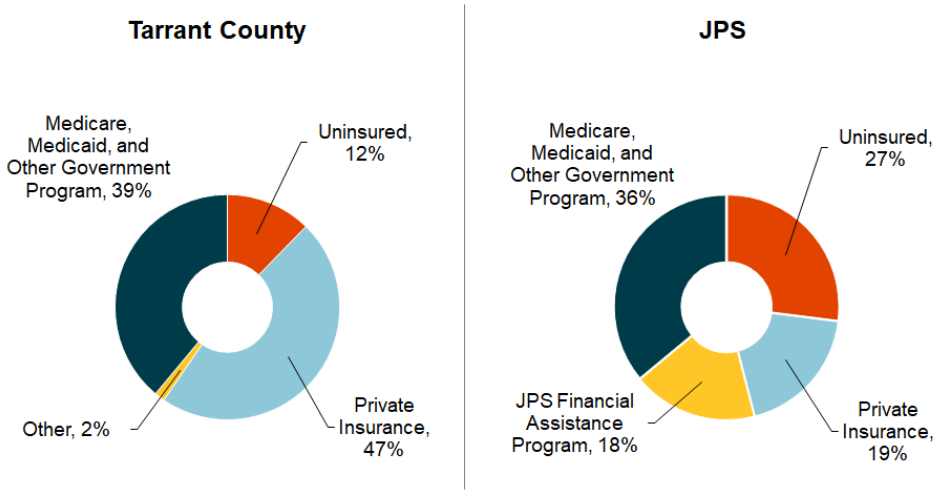
- Tarrant County's adult residents have health insurance, 77%, in an amount similar to the state, 76%, Texas has a much lower percentage than the U.S. average, 87.5% (table 18).
- When race/ethnicity is considered the Hispanic adult population reports a lower percentage of insurance coverage, 60.9%, but the Black population is about the same, 78.5%, and the White-Non Hispanic adult population, 86.3%, percentage is much higher.
- Due to Medicaid and other programs, Tarrant County's children are insured at a much higher percentage, 89.2%.
- While Hispanic children again report a lower percentage, 83.1%, Asian children, 93.9%, and Black children, 93.3%, are insured above the county average.
- Of Tarrant County inpatients, 12% are uninsured, 47% have employment-based insurance and 39% have Medicare, Medicaid or another government program (figure 10).

Table 18. Health Insurance, by Race/Ethnicity

Indicator	Source	Tarrant County	Texas Population	U.S. Population
Percentage of adults with health insurance - Overall	HealthyNTX, 2018	77.0	76.0	87.5
Percentage of adults with health insurance -Asian		76.9	76.0	87.5
Percentage of adults with health insurance -Black		78.5	76.0	87.5
Percentage of adults with health insurance - Hispanic		60.9	76.0	87.5
Percentage of adults with health insurance -White Non-Hispanic		86.3	76.0	87.5
Percentage of health insured children -Overall	HealthyNTX, 2018	89.2	88.8	94.8
Percentage of health insured children -Asian		93.9	88.8	94.8
Percentage of health insured children -Black		93.3	88.8	94.8
Percentage of health insured children -Hispanic		83.1	88.8	94.8
Percentage of health insured children -White Non-Hispanic		92.9	88.8	94.8

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Figure 10. Inpatient Health Insurance Payer Mix



Health Professional Shortage Areas and Medically Underserved Areas

The federal government defines a Health Professional Shortage Area (HPSA) as an area, facility, or population group with a shortage of primary care physicians as defined by a population-to-primary care physician ratio greater than 3,500:1. For purposes of this CHNA, the federal government defines primary care as the following specialties: family practice, geriatrics, internal medicine, pediatrics, and psychiatry. Other factors considered include the poverty rate, infant mortality rate, fertility rate, and indicators of scarce capacity to meet area need.

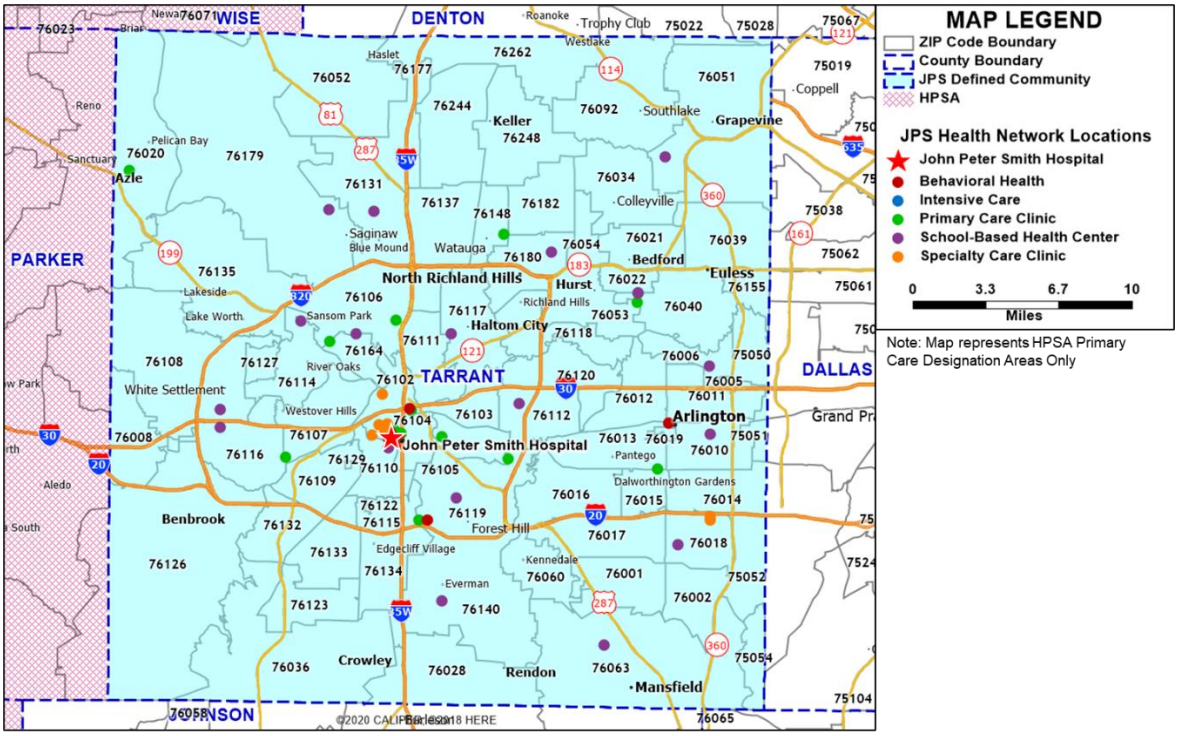
A Medically Underserved Area (MUA) is defined as an area, facility, or population group with an Index of Medical Underservice (IMU) less than or equal to 62 out of 100. The IMU is calculated by taking into consideration the ratio of primary medical care physicians per 1,000 population, infant mortality rate, percentage of the population with an income below the FPL, and the percentage of people age 65 or older. These factors are converted to weighted values and then summed to obtain an IMU score for a particular area.

- Sections of Tarrant County are designated as a MUA (figure 12), but not a HPSA (figure 11), indicating that there may be areas that do not have enough primary care providers. Maps illustrating this fact follow.

"In Fort Worth there are a lot of areas that do not have many options for health care."

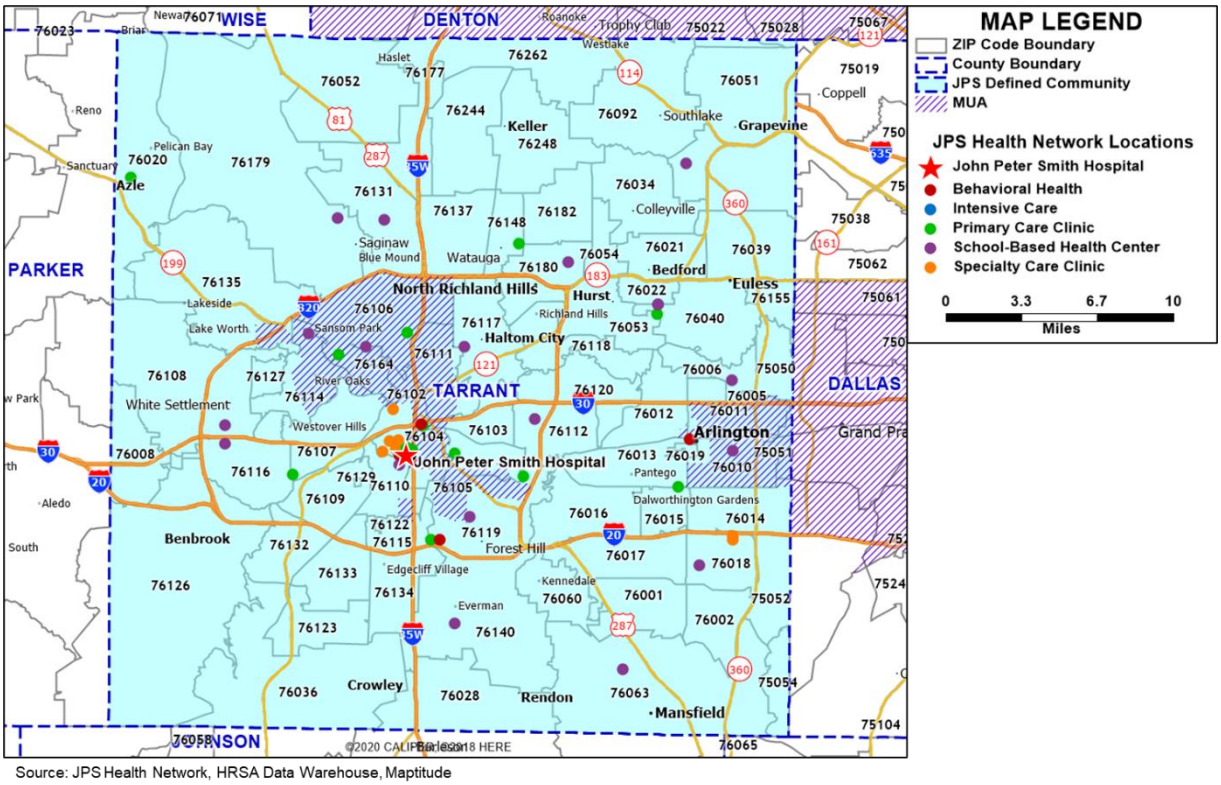
—Community Stakeholder

Figure 11. Health Professional Shortage Area



Source: JPS Health Network, HRSA Data Warehouse, Maptitude

Figure 12: Medically Underserved Area



Source: JPS Health Network, HRSA Data Warehouse, Maptitude

Tarrant County Physicians

JPS completed a study in mid-2020 to identify physician need in our community. Based upon this recent physician need study, Tarrant County has a lower than needed supply across primary care specialties that are critical for effective care coordination and managing the health and wellness of our community and medical specialties. These shortages make timely access to high quality and affordable healthcare challenging, even before COVID-19 strained the system this year.

- The study showed a county shortage of 376 full-time equivalent (FTE) physicians trained in primary, and medical and surgical specialties, combined (table 19).
- The largest shortages were found to exist in medical specialties of psychiatry, cardiology, hematology/oncology and endocrinology.
- There were also substantial primary care shortages of internal medicine and pediatrics—specialties.
- Although surgical specialties showed a surplus overall, there is a shortage of general surgeons.

Table 19. Physician Need Study, 2020

Physician Specialty	Total Existing FTE Supply	Estimated Area Physician Need	Estimated Net (Need)/Supply
Primary Care	**1,723**	**1,892**	**(169)**
Family Practice	658	617	41
Internal Medicine	499	659	(161)
Obstetrics and Gynecology	258	249	9
Pediatrics	308	367	(59)
Medical Specialty Care	**930**	**1,139**	**(209)**
Psychiatry	139	281	(142)
Cardiology	139	163	(23)
Hematology/Oncology	68	86	(18)
Endocrinology	29	47	(18)
Other	555	562	(8)
Surgical Specialty Care	**631**	**629**	**2**
General Surgery	143	159	(16)
Other	488	470	18
Total Physician Specialties	**3,284**	**3,660**	**(376)**

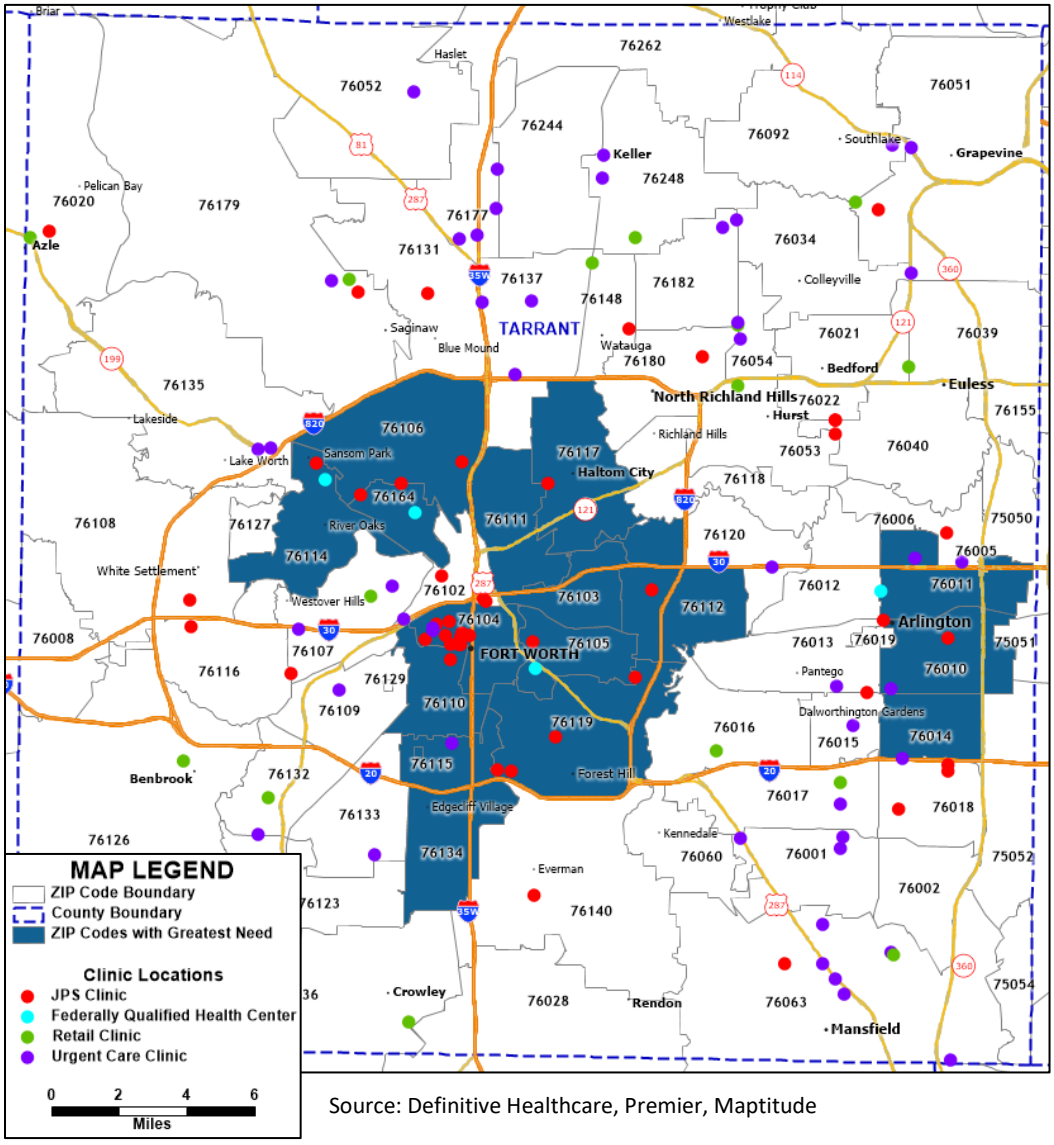
Source: Premier's Physician Need Study, 2020

Local Clinics

Having a medical home and a usual source of care is an important contributor to health and well-being, since these resources can enhance access to primary preventative care, alleviate health issues during a medical event, and improve overall continuity of care. In addition to numerous clinics operated by JPS across the county, there are four Federally Qualified Health Centers (FQHCs) that provide care to many uninsured and underinsured residents. Alternative sites of care such as retail health centers (CVS, Walmart, etc.) and urgent care clinics (some are not for profit such as Cook Children's and Baylor Scott & White, and others belong to for profit companies like HCA Healthcare) also have a role in ensuring that the community is able to obtain care as needed.

- Approximately 51% of the clinics are located in Fort Worth and 33% of the clinics (JPS, FQHCs and several urgent care centers) are located in a ZIP Code of greatest need (figure 13).

Figure 13. Locations for Tarrant County JPS Clinics, FQHCs, Retail Health Centers, and Urgent Care Clinics



Source: Definitive Healthcare, Premier, Maptitude

Acute Care Inpatient and Emergency Department

Tarrant County is served by JPS, the only ACS certified Level 1 Trauma Center in the county, and several other well-known and high-quality health systems including Cook Children's Health Care System. While patients may opt to leave the county for care, Tarrant County's 29 facilities are more than equipped to provide comprehensive and excellent care for the community.

- The county is estimated to have 2.4 licensed acute care beds per 1,000 population (table 20). In comparison, this is the same as the U.S., 2.4, and slightly more than the Texas average, 2.2.
- It is notable that John Peter Smith Hospital, Cook Children's Medical Center and four other area acute care hospitals are located in the 76104 ZIP code – which is one of the communities of greatest need and the ZIP Code with the lowest life expectancy in the state of Texas (figure 14).
- Although JPS is the only ACS certified Level 1 Trauma Center in the county, there are other facilities that can support lower levels of trauma (table 21). Together these facilities work to provide immediate care to patients with serious injuries.
- There are fewer rates of hospitalizations, per 1,000 population, in Tarrant County, 92.1, compared to Texas, 97.0, and the U.S., 105.0 (table 22). Half of the hospitalizations are for deliveries, circulatory, respiratory and musculoskeletal conditions.
- Similarly, there are also fewer rates of emergency department visits per 1,000 population, in the county, 396.7, compared to Texas, 429.0, and the U.S., 439.0 (table 23).

"Area hospitals are a great strength, some like JPS are second to none."

"[Tarrant County] has one of the best medical communities and health services anywhere."

- Community Stakeholders

Table 20. Tarrant County Licensed Acute Care Hospital Beds per 1,000 population

Short Term Acute Care Hospitals	Facilities	Licensed Beds	Licensed Acute Care Beds per 1,000 Population
Baylor Scott & White Health	8	914	N/A
Cook Children's Health Care System	1	444	
HCA Medical City Healthcare	4	1,020	
John Peter Smith Hospital	1	542	
Methodist Health System	2	308	
Texas Health Resources	9	1,792	
Other	4	91	
Tarrant County	29	5,111	2.4
Texas	492	65,634	2.2
U.S	N/A	N/A	2.4

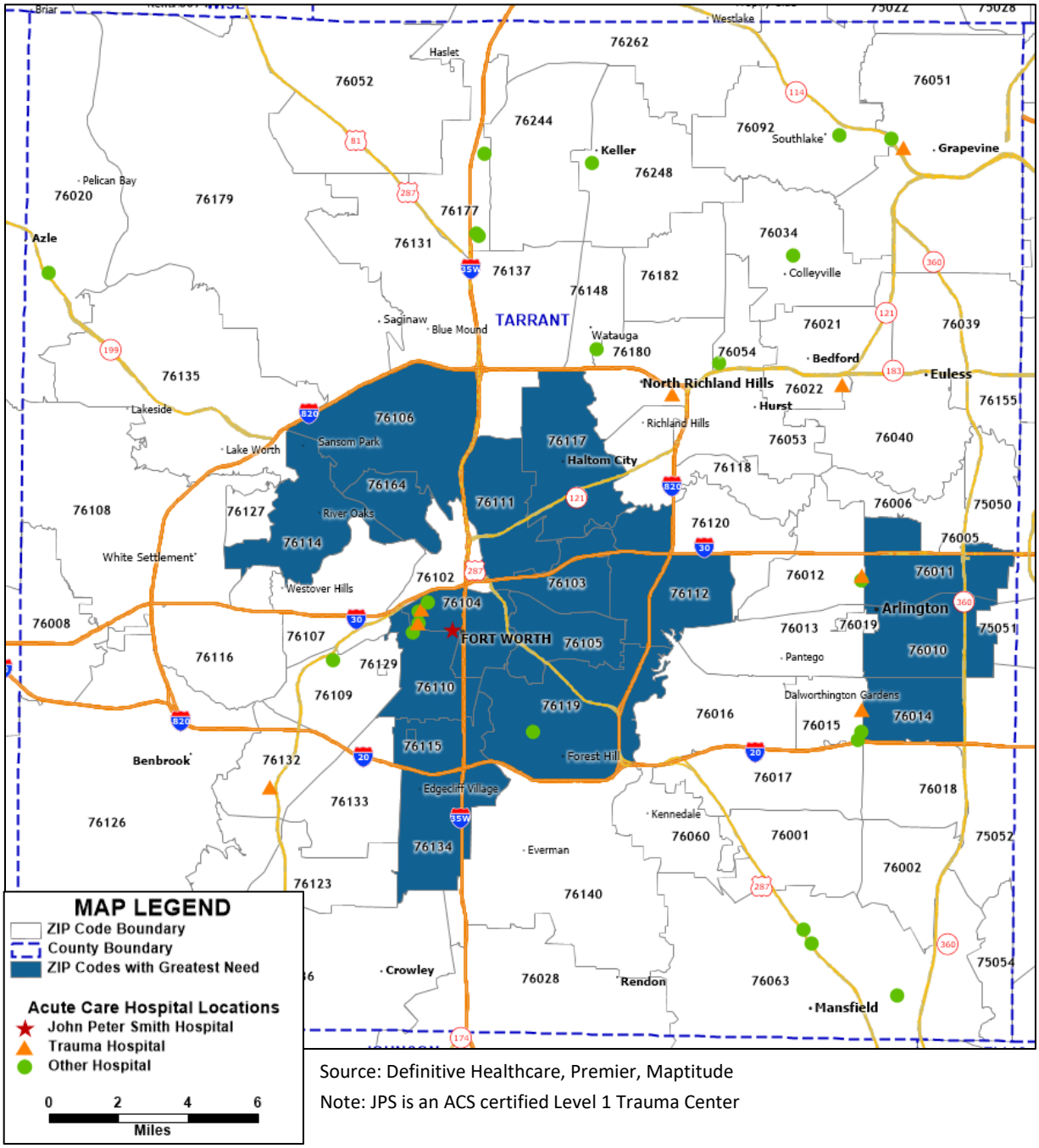
Source: Definitive Health for Texas; KFF Hospital Beds per 1,000 Population by Ownership Type for U.S.

Table 21. Tarrant County Trauma Centers

Tarrant County Hospital	Trauma Designation
Baylor Scott & White All Saints Medical Center - Fort Worth	State Trauma Center - Level III
Baylor Scott & White Medical Center - Grapevine	ACS Trauma Center - Level II
Cook Childrens Medical Center	ACS Pediatric Trauma Center - Level II
John Peter Smith Hospital	ACS Trauma Center - Level I
Medical City Arlington	ACS Trauma Center - Level II
Medical City North Hills	State Trauma Center - Level III
Texas Health Arlington Memorial	State Trauma Center - Level IV
Texas Health HEB	State Trauma Center - Level III
Texas Health Southwest Fort Worth	State Trauma Center - Level II

Source: Definitive Health

Figure 14. Tarrant County Acute Care Hospitals



Source: Definitive Healthcare, Premier, Maptitude

Note: JPS is an ACS certified Level 1 Trauma Center

Table 22. Inpatient Discharges by Medical Diagnostic Category (MDC) and payer

Rank	MDC_Group	Total Discharges
1	Pregnancy, Childbirth And Puerperium	26,997
2	Newborn And Other Neonates (Perinatal Period)	25,442
3	Circulatory System	22,883
4	Respiratory System	15,869
5	Musculoskeletal System And Connective Tissue	15,133
6	Digestive System	14,250
7	Infectious and Parasitic Diseases and Disorders	11,850
8	Nervous System	11,351
9	Kidney And Urinary Tract	10,094
10	Mental Diseases and Disorders	7,078
11	Endocrine, Nutritional And Metabolic System	7,051
12	Hepatobiliary System And Pancreas	6,042
13	Skin, Subcutaneous Tissue And Breast	4,068
14	Injuries, Poison And Toxic Effect of Drugs	3,057
15	Blood & Blood Forming Organs and Immunological Disorders	2,635
16	Alcohol/Drug Use or Induced Mental Disorders	1,654
17	Factors Influencing Health Status	1,581
18	Myeloproliferative DDs (Poorly Differentiated Neoplasms)	1,387
19	Ear, Nose, Mouth And Throat	1,358
20	Female Reproductive System	1,348
21	Multiple Significant Trauma	490
22	Male Reproductive System	453
23	Human Immunodeficiency Virus Infection	275
24	Eye	216
25	Burns	129
	Unknown	2,070
	2019 Discharge Mix for Tarrant County Residents	194,761
	Tarrant County Discharge Rate per 1,000 population	92.1
	Texas Admissions per 1,000 population	97.0
	U.S. Admissions per 1,000 population	105.0

Source: DFWHC Inpatient Data, 2019 (Tarrant County); KFF, 2018 (Texas and U.S.)

Table 23. Emergency Room Utilization, by Visit Level

Emergency Admissions	Emergency Department Treat & Release					Emergency Department Total
	Critical Acuity	High Acuity	Low Acuity	No Acuity	Total	
120,853	0.4%	83.4%	15.8%	0.3%	718,167	839,020
Tarrant County, Reported Emergency Room Visits per 1,000 Population						396.7
Texas, Emergency Room Visits per 1,000 Population						429.0
U.S., Emergency Room Visits per 1,000 Population						439.0

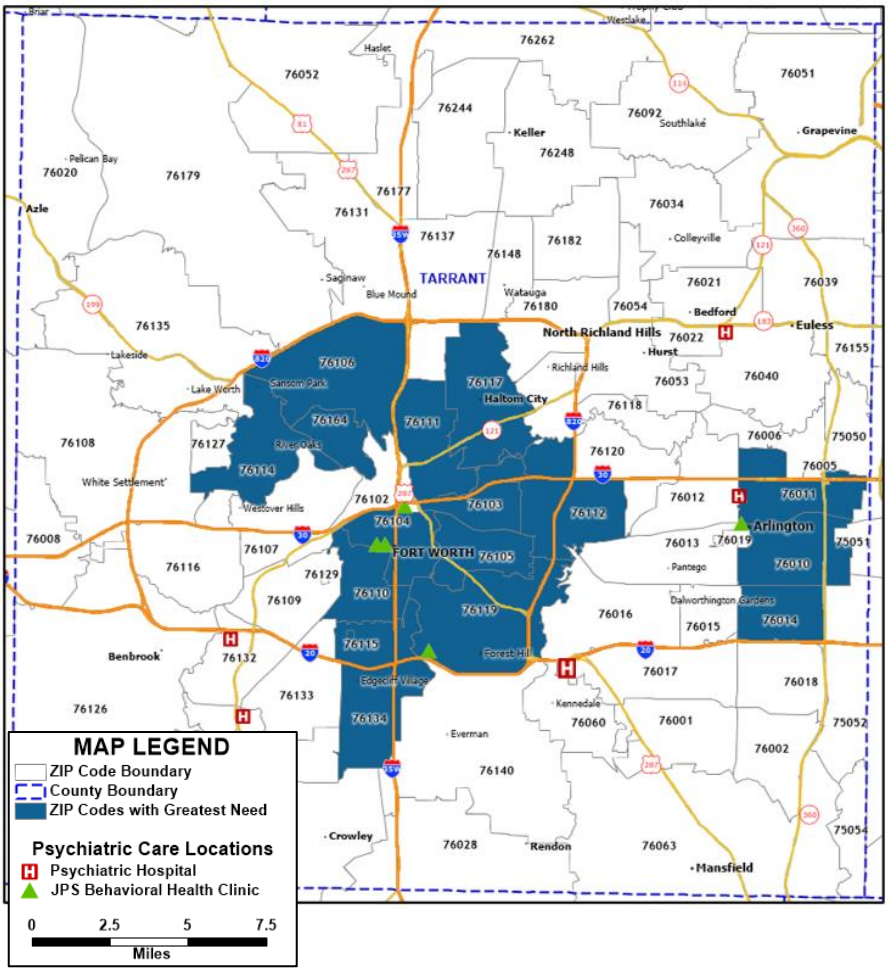
Source: DFWHC Inpatient Data, 2019 (Tarrant County); KFF. 2018 (Texas and U.S.)

Behavioral Health Facilities

Health has historically been defined quite narrowly, but more recently holistic views encompass that health is a combination of physical, mental, social, and emotional well-being. Mental health can influence physical health and vice versa, therefore both should be thought of as essential services on a continuum of care.

- There are five psychiatric hospitals in Tarrant County and the JPS Health Network provides a full array of behavioral health services that include inpatient services at Trinity Springs Pavilion, emergency behavioral health services at JPS Psychiatric Emergency Center, and outpatient services at several JPS outpatient clinics (figure 15).

Figure 15. Tarrant County Psychiatric Hospitals



Source: Definitive Healthcare, Premier, Maptitude

Post-Acute Care Facilities

Accessing high quality, post-acute care services including skilled nursing, home health, rehabilitation services, and long-term care is a challenge across the country and in Tarrant County based upon lack of supply despite a growth in demand. Seniors age 65+ are most impacted since Medicare is the primary payer for the four traditional post-acute care settings: long-term acute care hospitals, inpatient rehabilitation facilities, skilled nursing facilities (SNFs), and home health agencies.

- While the 'CMS Quality Star Ratings' may vary over the quarterly reporting periods, there is a larger number of SNFs reported to be of higher quality (ratings of 4 or 5 stars) located within Tarrant County, 45.9%, compared to Texas, 28.6% (table 24).
- However, there are also low scoring (ratings of 1 or 2) SNFs within the county.
- In addition to the 74 SNFs, there are 7 Rehabilitation and 6 Long-Term Care Hospitals in Tarrant County and 24.1% of these post-acute facilities are located in communities of greatest need (figure 16).

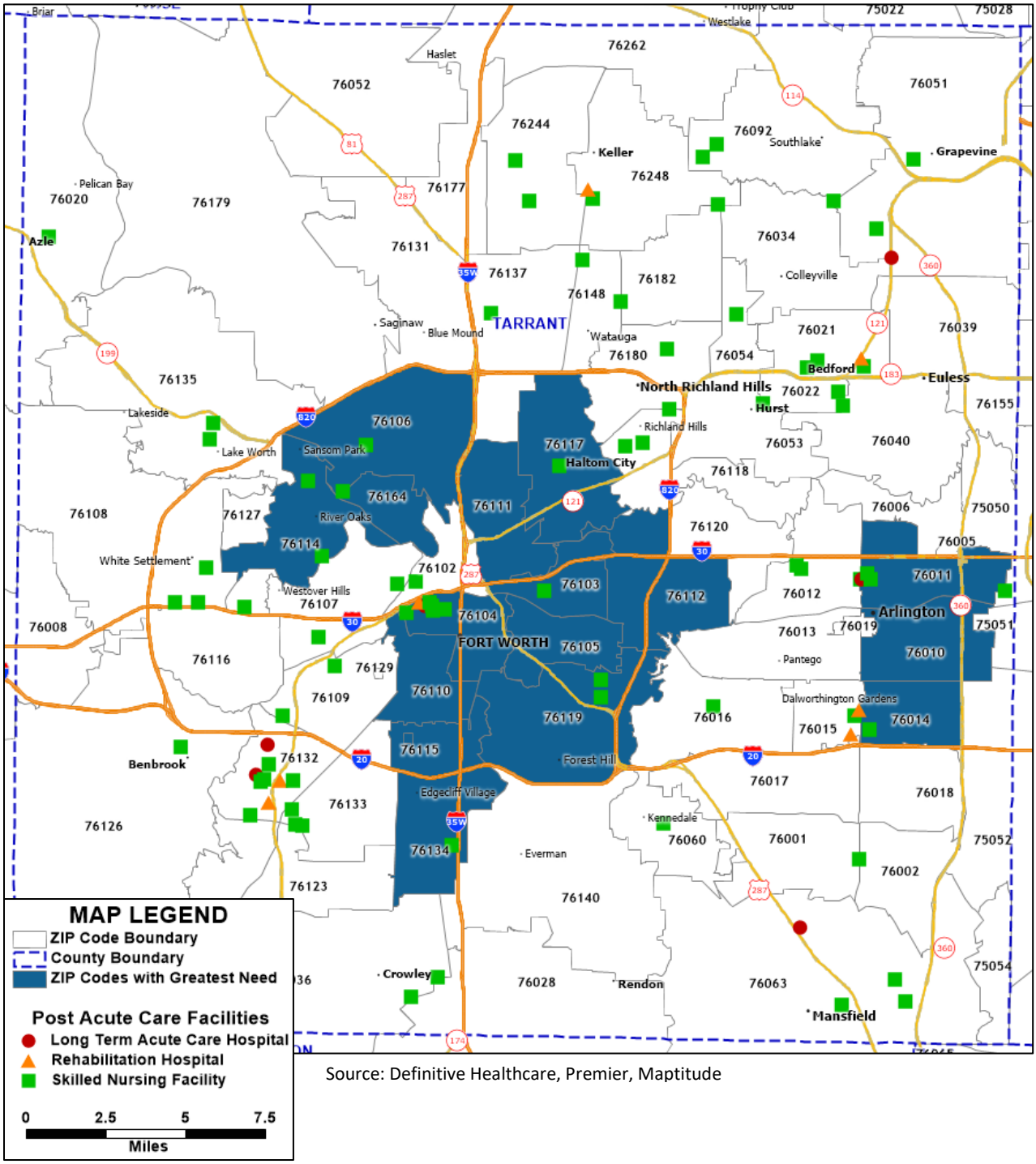
Table 24. Skilled Nursing Facility Count, by CMS Quality Star Rating

Location	1 Star (Low Score)	2 Stars	3 Stars	4 Stars	5 Stars (High Score)	Total SNFs	Percent 4 or 5 Stars
Fort Worth	9	5	4	4	11	33	45.5%
Arlington	1	1	4		4	10	40.0%
Bedford				2	2	4	100.0%
Grapevine	1			2		3	66.7%
Keller		1		1	1	3	66.7%
Mansfield	1		1	1		3	33.3%
Crowley					2	2	100.0%
Hurst		1		1		2	50.0%
Lake Worth	1	1				2	0.0%
North Richland Hills		1	1			2	0.0%
Southlake		1	1			2	0.0%
White Settlement		1	1			2	0.0%
Azle			1			1	0.0%
Benbrook				1		1	100.0%
Euless				1		1	100.0%
Kennedale			1			1	0.0%
Richland Hills				1		1	100.0%
Watauga		1				1	0.0%
Tarrant County	13	13	14	14	20	74	45.9%
Texas	366	268	218	194	148	1,194	28.6%

Source: CMS Nursing Home Compare as of 06/24/2020

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Figure 16. Tarrant County Rehabilitation and Long-Term Acute Hospitals, and SNFs



Source: Definitive Healthcare, Premier, Maptitude

Care Coordination

Tarrant County residents seek care from a variety of health providers – physicians, FQHCs or community clinics, school health centers, hospitals, post-acute providers, etc. Feedback received from our community indicates that despite the health provider community being extremely cooperative and invested in coordination of care, it remains challenging to coordinate care across the Tarrant County health continuum. There was discussion of the community benefiting from investments in formal care coordination infrastructure (technology and collaboration) and the reduction of avoidable admissions/visits and better health outcomes.

In addition, health related social needs are so integrated into health outcomes that having a coordinated system across both clinical and social services would help improve the overall health of the community. Suggestions such as educators, resource navigators, and a single point of contact for all community resources were mentioned as improvement opportunities.

"Tarrant County is in its infancy of data available to drive implementation and improvement."

"Biggest need is lack of information, not just specific to COVID-19 resources, but all programs that are available."

"Need to find ways to ensure there is medical record sharing and that everyone [that needs to be] is involved in care and discharge plans."

"There is a lack of knowledge of available services in the area."

"It would be great to have a one number to connect to for help."

- Community Stakeholders

Health Status and Health Behaviors

Overview

JPS' mission to transform healthcare delivery for the community served, drives our role as a safety net provider and we work with our community partners to address the unmet health needs of the Tarrant County community. Studies, including those mentioned earlier in our CHNA, show that communities that are socioeconomically disadvantaged (often lacking in basic resources such as access to healthy food, safe places to exercise, and geographically convenient clinics) have unhealthy behaviors and the worst health outcomes. Underserved communities also tend to be comprised of non-White populations, and Hispanics and African Americans tend to have higher rates of diabetes, heart disease, and obesity. The data indicators that follow illustrate the opportunities that continue to exist to build health equity and improve the overall health status of our community.

"It's hard to talk about a healthy community, when the community doesn't understand what healthy is."

"[There is need for] better education on common health problems, especially why lifestyle changes / following medical advice is important to avoid long-term negative consequences".

- Community Stakeholders

Self-Reported Health Status

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey that collects data about U.S. residents (adults and children) regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Data is collected for all 50 states and some states like Texas also collect information by county.

- Tarrant County community members recognize their own health challenges, 25.9% self-reported their health as either fair or poor (table 25).
- With percentages higher than the Texas average, Tarrant County adults had been diagnosed with or told by their doctor they have diabetes, 14.3%, heart disease, 4.5%, and asthma, 16.8%.
- The percent of adults who reported being obese, 36.3% is about the same as the Texas average, 34.8%.
- The percent of students that are obese, 21.3%, is higher than the state, 16.9%.

- The percentages of adults with no physical activity in the past month, 24.9%, nor consumed adequate daily amounts of fruits and vegetables, 75.5%, were about the same as the Texas. averages, 24.4%, and 76.1% respectively.
- The percentages of students with regular weekly activity, 19.0%, was better compared to Texas, 20.1%, although fewer students failed to eat vegetables on a weekly basis, 12.2%, compared to the state, 11.5%.

Table 25: Self-Reported Status

Indicator	Source	Tarrant County	Texas Population	U.S. Population
Percent of adults reporting their health to be fair or poor	Texas Behavioral Risk Factor Surveillance System, 2018	25.9	19.1	N/A
Percent of adults who consider their general health condition to be good, very good, or excellent		74.1	80.9	N/A
Percent of adults ever diagnosed with diabetes		14.3	12.6	N/A
Percent of adults ever diagnosed with high blood pressure		33.7	34.5	N/A
Percent of adults who've been told by a doctor they have angina or heart disease		4.5	3.8	N/A
Percent of adults who have been told by a doctor that they have asthma		16.8	13.8	N/A
Percent of adults who are obese (BMI ≥ 30.0)		36.3	34.8	N/A
Percent of adults (age 18+) with no physical activity in the past month	County Health Rankings, 2016	24.9	24.4	23.0
Percent adults with inadequate fruit / vegetable consumption	Community Commons; CDC, 2005-2009	75.5	76.1	75.7
Percent of students who had obesity (BMI ≥ 95th percentile)	(County) Ft. Worth, TX High School Survey (State) Texas Youth Risk Behavior Survey, 2019	21.3	16.9	N/A
Percentage of students who did not participate in at least 60 minutes of physical activity weekly		19.0	20.1	N/A
Percentage of students who drank one or more sodas per day during the past 7 days		15.2	19.5	N/A
Percentage of students who ate fruit or drank 100% fruit juices 2 or more times per day		23.4	23.6	N/A
Percentage of students who did not eat vegetables during the past 7 days		12.2	11.5	N/A

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Behavioral Health and Substance Abuse

As noted previously, mental health can influence physical health and vice versa, thus behavioral health must be considered a vital aspect of overall health and wellness. Unfortunately, insurance does not consistently cover mental health, rarely covers addiction services and paying out of pocket for these services can be enormously expensive. These challenges are further compounded in underserved communities where individuals are faced with economic and social disparities and in non-White communities where there may be a greater stigma related to recognizing a problem and asking for help.

Additionally, the coronavirus pandemic (COVID-19) and the resulting economic recession have negatively affected people already suffering from mental illness and substance use disorders and created a new population of people in distress. A KFF poll conducted in July 2020, reported 53% of adults in the U.S. reported that their mental health has been negatively impacted due to worry and stress over the coronavirus, much higher when compared to 32% reported in March 2020. KFF reported mental health and wellbeing impacts inclusive of difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic conditions (12%), due to worry and stress over the coronavirus.[4]

- In 2018 (pre-COVID), the adult population in Tarrant County, self-reported higher percentages, compared to the state, for major depression, 23.1%, (Texas 16.5%), poor mental health for more than 5 days in the prior year, 23.8%, (Texas 20.4%), and mental health interfering with usual activities for 5 or more days, 17.7%, (Texas 13.2%) (table 26).
- The percentage of students who had a suicide attempt, 3.9%, was higher than the state, 3.4%.
- The substance abuse indicators reviewed for the overall county, illustrate a same as or better than Texas average with the exception of the percentage of student cocaine use, 5.1%, (Texas 4.8%) (table 27). Variation could be expected if data were available at the sub-county level.

"The community is under-resourced in mental health and we don't talk about isolation that has been imposed [during COVID-19]."

"There are not enough beds, not enough OP capacity to handle the volume [of mental health current need]."

"Lack of hospital beds in the community for children in crisis specifically those with autism spectrum disorder ("ASD") and Intellectual Developmental Disability (IDD)."

- Community Stakeholders

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[4] Nirmita Panchal, et. al. "The Implications of COVID-19 for Mental Health and Substance Use". *Coronavirus (COVID-19). KFF,* www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use. 21 August 2020.

Table 26: Behavioral Health

Indicator	Source	Tarrant County	Texas Population	U.S. Population
Percent of adults at risk for major depression	Texas Behavioral Risk Factor Surveillance System, 2018	23.1	16.5	N/A
Percent of adults who reported poor mental health for 5 or more days		23.8	20.4	N/A
Percent of adults who reported poor physical or mental health kept from doing usual activities for 5 or more days		17.7	13.2	N/A
Percentage of students who felt so sad or hopeless it interfered with usual activities	(County) Ft. Worth, TX High School Survey (State) Texas Youth Risk Behavior Survey, 2019	33.5	38.3	N/A
Percentage of students who seriously considered attempting suicide		14.8	18.9	N/A
Percentage of students who had a suicide attempt resulting in injury, poisoning, or overdose that required treatment		3.9	3.4	N/A

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Table 27: Substance Abuse

Indicator	Source	Tarrant County	Texas Population	U.S. Population
Percent of adults who binge drink	Texas Behavioral Risk Factor Surveillance System, 2018	15.4	17.4	N/A
Percent of adults who are current smokers		11.7	14.4	N/A
Percent of adults who are current e-cigarette users		5.2	5.2	N/A
Percentage of students who had their first drink of alcohol before age 13 years	(County) Ft. Worth, TX High School Survey (State) Texas Youth Risk Behavior Survey, 2019	16.9	17.0	N/A
Percentage of students who currently drank alcohol		22.4	27.8	N/A
Percentage of students who currently smoked cigarettes daily		0.3	0.6	N/A
Percentage of students who currently used electronic vapor products daily		2.4	4.8	N/A
Percentage of students who currently used marijuana		18.5	17.7	N/A
Percentage of students who ever took prescription pain medicine without a prescription or differently than prescribed		15.0	16.6	N/A
Percentage of students who ever used cocaine		5.1	4.8	N/A
Percentage of students who ever used ecstasy (aka "MDMA")		3.6	4.0	N/A

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Preventive Care

The Patient Protection and Affordable Care Act (ACA), signed into law in 2010, mandated that preventive care services be available at minimal to no charge when insured persons visit a medical provider. Many with health insurance coverage are not aware of these services and therefore do not take advantage of immunizations and vaccines that prevent infections and screenings for chronic conditions (high blood pressure, high cholesterol, pap smears for women, and prostate tests for men). There are many other community residents that do not have coverage for these services and need to be directed to low or no cost settings where these preventive services can be obtained. Regardless of coverage, community education for these services and resulting health benefits (preventing illness or early diagnosis and treatment to avoid a worse outcome) is not only necessary but also lowers the cost of care for more serious conditions and improves the health of the community.

- The adult population self-reported higher percentages of not receiving medical care in the past 12 months, 28.2%, compared to Texas 26.2%. Adults also reported delaying care due to high cost or no insurance, 18.4%, in percentages higher than Texas, 16.8 (table 28).
- While adult flu vaccines were reported, 28.9%, in percentages higher than Texas, 26.4%, education is needed to communicate the importance of immunizations so that a much greater portion of the community receives flu and other vaccines that protect public health.
- The percent of adults who reported not seeing a dentist within the past year, 59.0% is about the same as the Texas average, 58.8%.
- The percent of students who reported not seeing a dentist within the past year, 63.0%, is lower than the state, 66.9%.

Table 28: Obtaining usual physical and oral care

Indicator	Source	Tarrant County	Texas Population	U.S. Population
% of Adults with delay/no medical care in past 12 months	Texas Behavioral Risk Factor Surveillance System, 2018	28.2	26.2	N/A
% of Adults with delay/no care due to cost or no insurance		18.4	16.8	N/A
% of Adults without usual source of care		29.8	31.8	N/A
% of Adults vaccinated for influenza		28.9	26.4	N/A
% of Women ages 21-65 years who had a Pap smear within the past 3 years		82.1	77.1	N/A
% of Women ages 50-74 years who had a mammogram within the past 2 years		73.8	74.9	N/A
% of Adults who did not see a dentist or go to a dental clinic in the past year	HealthyNTX, 2018	59.0	58.8	67.2
% of Students who saw a dentist during the past 12 months	(County) Ft. Worth, TX High School Survey	63.0	66.9	N/A
% of Students who never saw a dentist	(State) Texas Youth Risk Behavior Survey, 2019	2.4	2.7	N/A

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Chronic Disease

The Center for Disease Control and Prevention (CDC) has documented that chronic diseases are the leading cause of death and disability in the United States and drivers of the nation's $3.5 trillion in annual health care costs. They estimate that 6 in 10 adults in the United States have at least one chronic disease and 4 in 10 have two or more chronic conditions. The CDC has also identified four lifestyle risk factors that increase risk for chronic conditions: (1) tobacco use, (2) poor nutrition, (3) lack of physical activity, and (4) excessive alcohol use.[5] So, a change to healthier choices can potentially prevent or lower the impact of chronic disease.

- Tarrant County has a statistically lower percentage compared to Texas for adults with high blood pressure and ever having a heart attack, but statistically higher for high blood cholesterol (table 29).
- For the remainder of the indicators, Tarrant County is not statistically different than the Texas percentage.

[5] The Center for Disease Control and Prevention. *National Center for Chronic Disease Prevention and Health Promotion*. www.cdc.gov/chronicdisease/about/index.htm. Accessed 27 October 2020.

- Of the county's sub-geographies (table 29):
    - Boundaries can be viewed in Appendix D, Tarrant County Department of Health, Chronic Condition Maps (ZIP Codes 76104 and 76105 are in Central).
    - The Central region reports a higher percentage compared to the Tarrant County percentage on all the indicators with the exception of high blood cholesterol, stroke, depression, and overweight adults.
- Seniors age 65+ had less favorable rates compared to the state for several chronic conditions – asthma, cancer, chronic kidney disease, and mental health related disorders such as Alzheimer's/Dementia, depression and schizophrenia/psychosis (table 30).

"[Continued education is needed for] chronic disease self-management, healthy foods and nutrition and preventive services."

—Community Stakeholder

Table 29: Chronic Disease by sub-county, 2019/2020

Indicator	Central	NE	NW	SE	SW	Tarrant County 2019/2020	Texas Population 2019	U.S. Population 2018
% adults aged 18+ with Arthritic Conditions	17.2	17.4	17.5	15.6	19.8	17.1	20.0	24.1
% adults aged 18+ with High Blood Pressure	34.3	25.2	28.1	27.1	27.2	27.8	30.8	N/A
% adults aged 18+ with High Blood Cholesterol	26.7	32.7	23.5	26.3	30.2	27.9	20.9	N/A
% adults aged 18+ with Heart Disease	8.2	4.4	4.6	3.4	6.2	4.7	5.6	N/A
% adults aged 18+ with Previous Heart Attack	6.6	3.0	3.3	2.3	3.7	3.1	3.9	N/A
% adults aged 18+ with Previous Stroke	3.2	1.2	4.9	3.7	4.2	3.6	3.5	N/A
% adults aged 45+ with Cognitive Decline	7.4	5.0	13.6	8.3	5.7	7.2	N/A	N/A
% adults aged 18+ with Depression	13.9	19.1	20.3	18.7	19.3	17.4	17.2	N/A
% adults aged 18+ with Diabetes	15.2	8.0	8.6	12.9	8.3	10.3	11.8	9.8
% adults aged 18+ with Pre-Diabetes	9.4	6.1	8.2	9.2	10.8	8.9	N/A	N/A
% adults aged 18+ with Overweight BMI	27.8	37.2	37.0	32.5	37.7	34.3	35.5	66.2
% adults aged 18+ with Obesity	40.5	32.2	33.9	42.2	28.1	34.7	33.9	31.0
% adults aged 18+ with Asthma	15.7	6.8	15.2	8.7	8.8	10.1	12.1	9.5
% adults aged 18+ with COPD, Emphysema or Chronic Bronchitis	10.8	3.0	3.9	2.7	2.9	4.2	5.0	6.2

Source: Tarrant County Department of Health, BRFSS 2019/2020 (County and State); CDC 2018 (U.S.)
Note: Sub-county boundaries can be viewed in Appendix D, Tarrant County Department of Health, Chronic Condition Maps

Table 30: Chronic Disease for Senior's Age 65+

Indicator	Source	Tarrant County	Texas Population	U.S. Population
Alzheimer's Disease/Dementia Prevalence Age 65+	CMS, Chronic Conditions Prevalence : All Fee-for-Service Beneficiaries, 2017	14.4	12.8	10.8
Asthma Disease Prevalence Age 65+		6.3	5.0	5.1
Cancer Prevalence Age 65+		8.6	7.5	8.2
Chronic Kidney Disease Prevalence Age 65+		28.0	26.4	24.0
COPD Prevalence Age 65+		11.1	11.4	11.7
Depression Prevalence Age 65+		21.1	17.9	17.9
Diabetes Prevalence Age 65+		28.6	29.1	27.2
Heart Failure Prevalence Age 65+		15.0	15.6	13.9
Hyperlipidemia Prevalence Age 65+		42.1	43.1	40.7
Hypertension Prevalence Age 65+		60.5	59.9	57.1
Ischemic Heart Disease Prevalence Age 65+		27.1	29.3	26.9
Osteoperosis Prevalence Age 65+		7.1	6.8	6.4
Schizophrenia/Other Psychotic Disorders Prevalence Age 65+		3.3	2.9	3.1
Stroke Prevalence Age 65+		4.2	4.3	3.8

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Cancer

According to the National Cancer Institute, in 2020, an estimated 1,806,590 new cases of cancer will be diagnosed in the U.S. and many people will die from the disease. The most common cancers (listed in descending order according to estimated new cases in 2020) are breast cancer, lung and bronchus cancer, prostate cancer, colon and rectum cancer, melanoma of the skin, bladder cancer, non-Hodgkin lymphoma, kidney and renal pelvis cancer, endometrial cancer, leukemia, pancreatic cancer, thyroid cancer, and liver cancer.[6]

Cancer affects patients and their families across our community and is often exacerbated by other chronic conditions such as high blood pressure, obesity, and diabetes. While screening for cancers can be affordable and lifesaving, those without comprehensive health coverage often have difficulty accessing care providers or paying for cancer treatment which can be prohibitively expensive. In addition to clinical care of the patient, there is additional need for psycho-social support for newly diagnosed patients and increased emotional support for patients and families/caregivers as they cope with the disease. While cancer identified in the early stages has a higher likelihood of survival, the Tarrant County late stage cancer cases are higher for several cancer types suggesting that education, and increased access to more timely diagnosis is needed.

- The Tarrant County cancer incidence rate per 100,000 population for "all cancer", 437.7, is less favorable compared to the state, 407.7 (table 31).
    - County rates are only more favorable compared to Texas for cervical and liver cancer.

[6] Understanding Cancer: Cancer Statistics. *National Cancer Institute*. www.cancer.gov/about-cancer/understanding/statistics. Accessed 27 October 2020.

    - The White population has an even higher rate of "all cancer", 470.3, followed by the Black population, 460.4. The Hispanic population is much lower, 324.9.
    - The black population has high rates of female breast, cervical and prostate cancers.
    - Although the Black population has a comparably less favorable rate of female breast cancer, 129.2, compared to Texas, 120.5, the female breast cancer rate is worst for the White population, 134.4.
- The age-adjusted cancer death rates per 100,000 population for "all cancer" in Tarrant County, 153.4, is about the same compared to Texas, 151.1 (table 32).
    - Black, 182.7, and White Non-Hispanic,161.2, cancer death rates are about the same as the state, but the Hispanic death rate, 104.8, is more favorable than the Texas rate.
    - As with cancer incidence, the Black population has much higher rates of death for female breast, cervical and prostate cancer.
- The community also has a less favorable than state average rate of age-adjusted late stage cancer cases for bladder, female breast, Leukemia, lung and pancreas types (table 33).

Table 31: Cancer Incidence – continued on next page

Age-Adjusted Invasive Cancer Incidence Rates, per 100,000 pop, All Stages	Source	Tarrant County	Texas Population	U.S. Population
All Cancer	Cancer Rates Info TX, 2013-2017	437.7	407.7	448.7
All Cancer – Black (Non-Hispanic)	Cancer Rates Info TX, 2013-2017*	460.4	437.5	457.3
All Cancer – Hispanic	Cancer Rates Info TX, 2013-2017	324.9	340.8	344.8
All Cancer – White (Non-Hispanic)	Cancer Rates Info TX, 2013-2017	470.3	441.3	465.7
Bladder	Cancer Rates Info TX, 2013-2017	17.4	15.1	20.0
Breast (Female)	Cancer Rates Info TX, 2013-2017	122.1	112.8	125.9
Breast (Female) – Black (Non-Hispanic)	Cancer Rates Info TX, 2013-2017*	129.2	120.5	127.0
Breast (Female) – Hispanic	Cancer Rates Info TX, 2013-2017	79.8	90.0	94.2
Breast (Female) – White (Non-Hispanic)	Cancer Rates Info TX, 2013-2017	134.4	124.9	131.6
Cervix (Female)	Cancer Rates Info TX, 2013-2017	8.2	9.2	7.6
Cervix (Female) – Black (Non-Hispanic)	Cancer Rates Info TX, 2013-2017*	10.2	9.3	9.0
Cervix (Female) – Hispanic	Cancer Rates Info TX, 2013-2017	10.8	11.5	9.5
Cervix (Female) – White (Non-Hispanic)	Cancer Rates Info TX, 2013-2017	7.3	8.5	9.6

Table 31: Cancer Incidence – continued from prior page

Age-Adjusted Invasive Cancer Incidence Rates, per 100,000 pop, All Stages	Source	Tarrant County	Texas Population	U.S. Population
Colon & Rectum	Cancer Rates Info TX, 2013-2017	36.9	37.6	38.4
Colon & Rectum – Black (Non-Hispanic)	Cancer Rates Info TX, 2013-2017*	46.2	47.1	45.2
Colon & Rectum – Hispanic	Cancer Rates Info TX, 2013-2017	29.8	36.0	33.7
Colon & Rectum – White (Non-Hispanic)	Cancer Rates Info TX, 2013-2017	37.4	37.8	33.1
Kidney	Cancer Rates Info TX, 2013-2017	19.7	18.9	16.8
Leukemia	Cancer Rates Info TX, 2013-2017	15.5	14.0	14.2
Liver	Cancer Rates Info TX, 2013-2017	9.3	10.4	N/A
Lung & Bronchus	Cancer Rates Info TX, 2013-2017	55.2	50.6	58.3
Lung & Bronchus – Black (Non-Hispanic)	Cancer Rates Info TX, 2013-2017*	60.1	61.0	61.5
Lung & Bronchus – Hispanic	Cancer Rates Info TX, 2013-2017	23.4	26.5	29.5
Lung & Bronchus – White (Non-Hispanic)	Cancer Rates Info TX, 2013-2017	61.2	59.6	53.0
Melanoma	Cancer Rates Info TX, 2013-2017	18.8	13.1	22.3
Non-Hodgkin Lymphoma	Cancer Rates Info TX, 2013-2017	18.9	17.3	19.3
Pancreatic	Cancer Rates Info TX, 2013-2017	13.6	12.4	12.9
Prostate (Male)	Cancer Rates Info TX, 2013-2017	103.5	94.0	104.5
Prostate (Male) – Black (Non-Hispanic)	Cancer Rates Info TX, 2013-2017*	174.4	155.0	169.9
Prostate (Male) – Hispanic	Cancer Rates Info TX, 2013-2017	78.0	76.2	84.7
Prostate (Male) – White (Non-Hispanic)	Cancer Rates Info TX, 2013-2017	100.7	94.0	95.8

* U.S. Rate is for years 2013-2016

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Table 32: Cancer Mortality – continued on next page

Age-Adjusted Cancer Death Rates, per 100,000 pop, All Stages	Source	Tarrant County	Texas Population	U.S. Population
All Cancer	State Cancer Profiles, 2014-2018	153.4	151.1	N/A
All Cancer – Black (Includes Hispanic)		182.7	178.8	177.5
All Cancer – Hispanic		104.8	118.8	110.8
All Cancer – White (Non-Hispanic)		161.2	158.9	160.2
Breast (Female)		20.9	19.8	20.1
Breast (Female) – Black (Includes Hispanic)		34.5	28.1	27.3
Breast (Female) – Hispanic		11.4	15.2	13.8
Breast (Female) – White (Non-Hispanic)		20.5	20.6	20.1
Cervix (Female)		2.5	2.9	2.2
Cervix (Female) – Black (Includes Hispanic)		5.0	3.7	3.3
Cervix (Female) – Hispanic		3.4	3.4	2.6
Cervix (Female) – White (Non-Hispanic)		1.9	2.6	2.0

Table 32: Cancer Mortality – continued from prior page

Age-Adjusted Cancer Death Rates, per 100,000 pop, All Stages	Source	Tarrant County	Texas Population	U.S. Population
Colon & Rectum	State Cancer Profiles, 2014-2018	13.5	13.9	13.7
Colon & Rectum – Black (Includes Hispanic)		18.3	19.9	18.0
Colon & Rectum – Hispanic		11.8	12.5	10.9
Colon & Rectum – White (Non-Hispanic)		13.5	13.9	13.6
Liver & Bile Duct		7.5	8.3	6.6
Lung & Bronchus		37.4	34.1	38.5
Lung & Bronchus – Black (Includes Hispanic)		41.9	41.1	40.1
Lung & Bronchus – Hispanic		13.7	16.7	16.8
Lung & Bronchus – White (Non-Hispanic)		41.7	40.8	41.7
Prostate (Male)		18.9	17.6	19.0
Prostate (Male) – Black (Includes Hispanic)		34.7	32.9	37.4
Prostate (Male) – Hispanic		15.0	14.5	15.6
Prostate (Male) – White (Non-Hispanic)		18.1	17.3	17.9

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Table 33: Cancer Late Stage Cases

Age-Adjusted Cancer Cases, per 100,000 pop, Late Stage	Source	Tarrant County	Texas Population	U.S. Population
All Cancer	State Cancer Profiles, 2013-2017	N/A	N/A	N/A
Bladder		2.0	1.7	2.4
Breast (Female)		41.3	37.4	42.0
Cervix (Female)		4.0	4.3	3.6
Colon & Rectum		20.5	20.8	21.6
Kidney & Renal Pelvis		5.2	5.4	4.8
Leukemia		15.4	13.7	14.0
Liver & Bile Duct		4.5	4.5	3.6
Lung & Bronchus		39.2	33.7	40.7
Melanoma of the Skin		2.9	3.0	3.1
Non-Hodgkin Lymphoma		10.0	10.0	12.1
Pancreas		10.4	8.7	9.9
Prostate (Male)		18.0	18.9	21.1

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Mortality

A key indicator for the health of a community includes mortality rates which reflects a wide variety of factors such as socioeconomic status, social drivers of health, violence, and timely access to health care. In the previously mentioned 2015 Life Expectancy Study by ZIP Code in Texas, the Tarrant County community averaged a life expectancy of 78.7 years slightly higher compared to Texas, 78.5 years, but slightly better compared to the U.S., 78.8 years (table 7).

- For the overall county, the age-adjusted diabetes specific mortality rate, 22.1, is less favorable compared to Texas, 20.9 (table 34).
- The age-adjusted stroke specific death rate, 46.4, is also less favorable compared to Texas 41.2.
- In addition to diabetes and stroke, attention should also be placed upon vaccine preventable illnesses (flu and pneumonia) and suicides that are equal to the Texas average.

Table 34: Mortality

Indicator	Source	Tarrant County	Texas Population	U.S. Population
Age-adjusted diabetes-specific death rate (per 100,000 population)	HealthyNTX, 2016-2018	22.1	20.9	21.3
Age-adjusted heart attack-specific death rate (per 100,000 population, Age 35+)		44.1	70.1	N/A
Age-adjusted coronary heart disease-specific death rate (per 100,000 population)		82.1	170.8	94.8
Age-adjusted stroke-specific death rate (per 100,000 population)		46.4	41.2	37.3
Age-adjusted influenza and pneumonia-specific death rate (per 100,000 population)		12.0	11.8	14.2
Age-adjusted motor vehicle traffic collisions-specific death rate (per 100,000 population)		9.7	13.3	11.1
Age-Adjusted death rate due to suicide (per 100,000 population)		13.2	13.2	13.9
Age-Adjusted drug poisoning death rate (per 100,000 population)		9.7	10.4	21.0

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Sexually Transmitted Diseases

Sexually Transmitted Diseases (STDs) are infections that are transmitted primarily through sexual activity and are largely preventable, but that could result in irreversible conditions. STDs left untreated can

create harmful complications. Basic education to help the community understand that these infections can spread easily and how best to minimize risk would further improve overall rates.

- The Tarrant County community reports a more favorable percentage of students who were not tested for a STD, 81.3, compared to Texas, 90.5, (table 35).
- The annual new cases of HIV, chlamydia, and gonorrhea compared to the state are also more favorable.
- However, there is a higher incidence of syphilis in Tarrant County, 9.4, compared to Texas, 7.6.

Table 35: Sexually Transmitted Infections

Indicator	Source	Tarrant County	Texas Population	U.S. Population
Percentage of students who were not tested for a sexually transmitted disease (STD) other than HIV, such as chlamydia or gonorrhea	(County) Ft. Worth, TX High School Survey (State) Texas Youth Risk Behavior Survey, 2019	81.3	90.5	N/A
Incidence of HIV among adolescents and adults ages 13+ years (annual new cases per 100,000 population)	County Health Rankings, 2017	320.7	374.8	N/A
Incidence of chlamydia (annual new cases per 100,000 population)	County Health Rankings, 2017	419.8	535.4	N/A
Incidence of gonorrhea (annual new cases per 100,000 population)	HealthyNTX, 2017	134.3	160.2	N/A
Incidence of syphilis (primary and secondary) (annual new cases per 100,000 population)	HealthyNTX, 2017	9.4	7.6	N/A

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Maternal and Infant Health

The health status and choices a mother makes during pregnancy can affect not only her own health, but the long-term well-being of her baby. Therefore, infant health begins earlier than birth and nutrition, vitamins, and early, routine prenatal care are important. The risk factors related to pregnancy, such as hypertension, anemia, and gestational diabetes are influenced disparately by socioeconomic status and race and more often affect the Black population.

- In Tarrant County, the maternal health indicators that compare less favorably to the state are birth defects per 10,000 live births, 831.5, (Texas, 573.8), and infant mortality rate per 1,000 live births, 6.2, (Texas, 5.7) (table 36).
- The Hispanic population reports a higher rate of teen births, 3.9, compared to the county, 2.4.
- The Black population reports the least favorable rate in the county, for several indicators:
    - Babies with low birth weight, 13.4, (county, 8.3).

- Mothers who received early prenatal care, 52.4, (county, 59.3).
- Pre-term births, 14.2, (county, 10.6).

- While the detailed data is not available by race, the Tarrant County Public Health published a Maternal Obesity and Diabetes in Tarrant County Data Brief that reported "Hispanic and Other/Multiracial residents had significantly higher percentages of live births to mothers with diabetes each year from 2008-2017."[7]
- Similarly, Tarrant County Public Health reported that "Non-Hispanic Black residents consistently had higher infant mortality rates than all other race/ethnicity groups in Tarrant County, but this rate decreased significantly from 2007 to 2016 (13.6 vs. 9.3 deaths per 1,000 live births).[8]

Table 36: Maternal and Infant Health

Indicator	Source	Black	Hispanic	Other	White	Tarrant County	Texas Population	U.S. Population
Babies with Low Birth Weight	HealthyNTX, 2015	13.4	7.3	9.1	6.8	8.3	8.2	8.1
Mothers who received early prenatal care	HealthyNTX, 2015	52.4	N/A	59.6	71.9	59.3	59.7	77.0
Pre-term births	HealthyNTX, 2015	14.2	10.3	9.3	9.5	10.6	11.7	N/A
Teen births	HealthyNTX, 2014	3.1	3.9	N/A	0.9	2.4	2.8	4.3
Pre-term birth rate (live births before 37 weeks gestation)	Tarrant County Public Health Data Brief, 2018	N/A	N/A	N/A	N/A	10.5	10.8	10.0
Birth defects per 10,000 live births	Tarrant County Public Health Data Brief, 2012-2014	N/A	N/A	N/A	N/A	831.5	573.8	N/A
Percent of live births to mothers with diabetes	Tarrant County Public Health Data Brief, 2014	N/A	N/A	N/A	N/A	5.8	6.1	7.3
Infant mortality rate (per 1,000 live births)	Tarrant County Public Health Data Brief, 2016	N/A	N/A	N/A	N/A	6.2	5.7	5.8

Note: Rates by Race/Ethnicity were not detailed for Texas

Statistic is more favorable than the Texas statistic by more than five percent	Statistic is within five percent of the Texas statistic	Statistic is less favorable than the Texas statistic by more than five percent

Coronavirus (COVID-19)

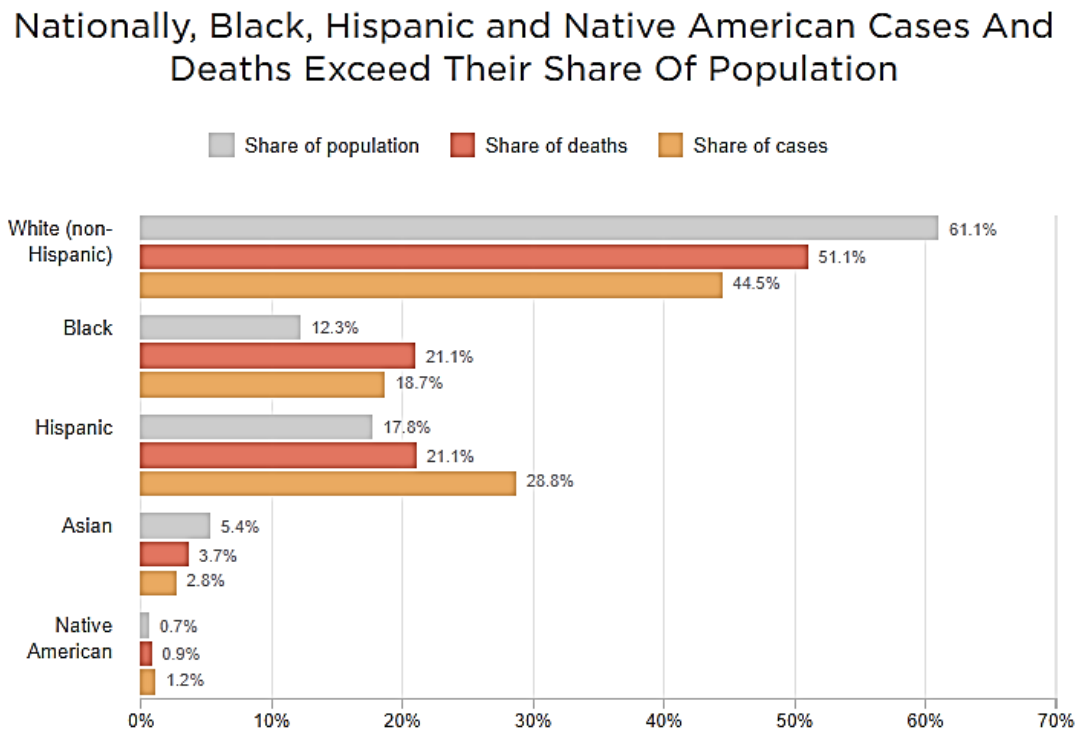
The coronavirus pandemic (COVID-19) is being recognized as revealing long-established inequities by race/ethnicity and socioeconomic status. Multiple studies and analyses since the start of the pandemic have confirmed that COVID-19 cases and deaths were disproportionately higher in Black, Hispanic and Native American populations. Factoring into the less favorable outcomes is the greater likelihood that Black and Hispanic families reside in poorer communities, with limited medical and social resources, and are more deeply impacted by the COVID-19 loss of employment and health insurance.

[7] Data Brief: Maternal Obesity and Diabetes in Tarrant County. *Tarrant County Public Health*. 29 March 2020, www.tarrantcounty.com/content/dam/main/public-health/PH%20DOCUMENTS/Epi/Data%20Briefs/2019/2019.03_Data%20Brief_Maternal_Obesity_and_Diabetes.pdf.

[8] Data Brief: Infant Mortality in Tarrant County. *Tarrant County Public Health*. 29 September 2020, access.tarrantcounty.com/content/dam/main/public-health/PH%20DOCUMENTS/Epi/Data%20Briefs/2019/2019-09_Data_Brief_%20Infant_Mortality.pdf.

Scientific American published that the U.S. has exceeded 200,000 COVID-19 deaths and documented nearly 7 million confirmed cases, making COVID-19 the third biggest cause of deaths trailing heart disease and cancer (as of September 23, 2020). It has killed more people than stroke, chronic lower respiratory disease, Alzheimer's, diabetes, kidney disease or influenza. Despite some fluctuation, the disease has remained in the third deadliest spot since the week of May 4 to 9, 2020.[9] Black, Hispanic and Native American populations have experienced a higher proportion of COVID-19 cases, hospitalizations and in some cases deaths (figure 17).

Figure 17. Nationally, Black, Hispanic and Native American Cases and Deaths Exceed Their Share Of Population[10]



Note: Data as of September 20. Shares represent the share of cases and deaths with race or ethnicity identified. Hispanic and Latino case and death counts are from states that classify this as an ethnicity, rather than a race, in line with the designation found in the American Community Survey.

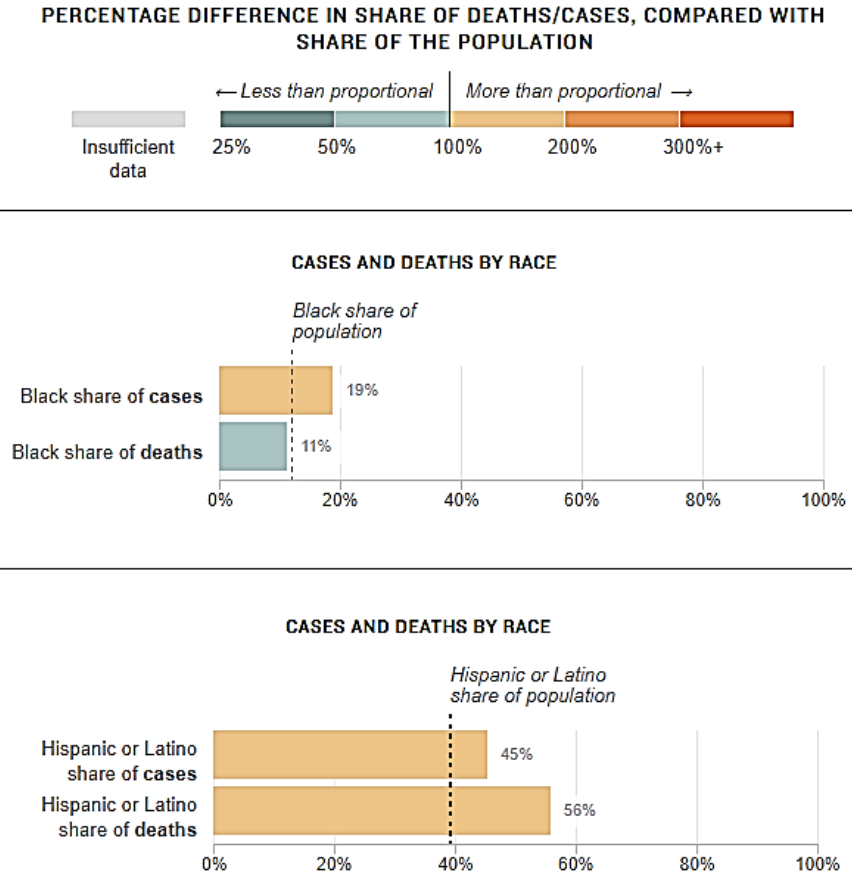
Source: COVID Tracking Project; 2018 American Community Survey five-year estimates from the U.S. Census Bureau

[9] Youyou Zhou and Gary Stix. Health. "COVID-19 Is Now the Third Leading Cause of Death in the U.S." *Scientific American*, 8 October, 2020, www.scientificamerican.com/article/covid-19-is-now-the-third-leading-cause-of-death-in-the-u-s1.

[10] Daniel Wood. "Coronavirus by the Numbers: As Pandemic Deaths Add Up, Racial Disparities Persist — And In Some Cases Worsen.". *NPR*, 23 September 2020, www.npr.org/sections/health-shots/2020/09/23/914427907/as-pandemic-deaths-add-up-racial-disparities-persist-and-in-some-cases-worsen.

In Texas, Black persons have a higher share of COVID-19 cases compared with their percentage of the population, however they have a slightly lower share of deaths (figure 18). Hispanics have a higher share of both cases and resulting deaths compared with their percentage of the population.

Figure 18. Cases and Deaths Are Disproportionate To Their Population Size In Most States - Texas[11]



Note: Texas d*ata as of Sept. 20. Each map shows a state or territory if 10 or more cases or deaths, by race, are reported in that state. The percentage represents the ratio of a race or ethnicity's share of cases or deaths with known race or ethnicity to its share of the state's population. Hispanic and Latino case and death counts are from states that classify this as an ethnicity, rather than a race, in line with the designation found in the American Community Survey.*
Source: *COVID Tracking Project; 2018 American Community Survey five-year estimates from the U.S. Census Bureau*

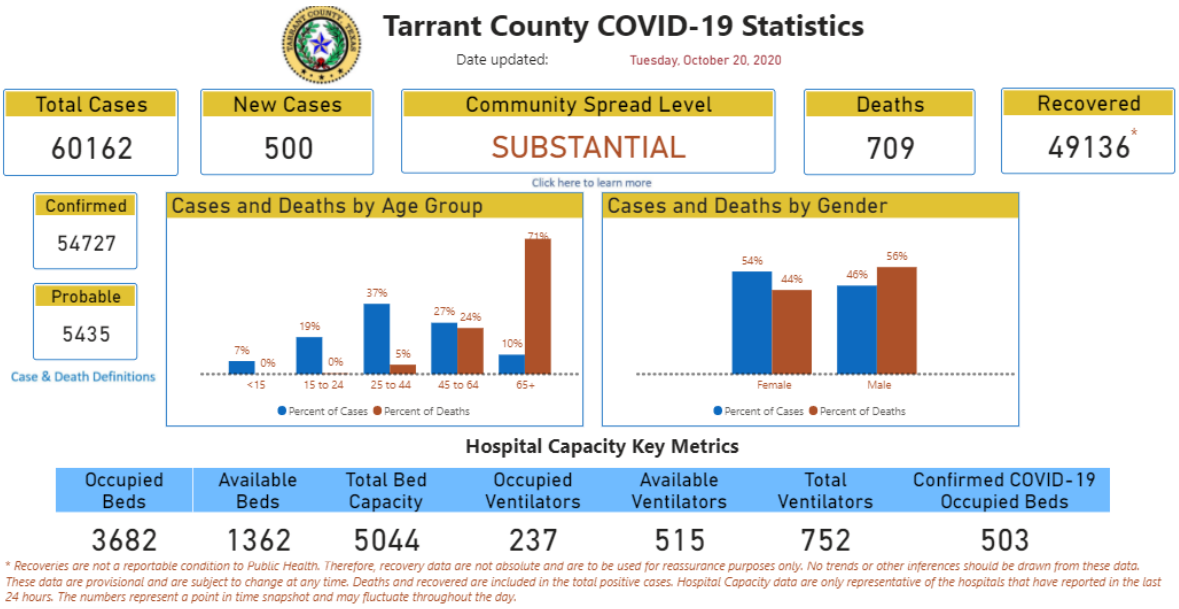
[11] Daniel Wood and Connie Hanzhang Jin. "Coronavirus by the Numbers: As Pandemic Deaths Add Up, Racial Disparities Persist — And In Some Cases Worsen.". *NPR*. 23 September 2020, www.npr.org/sections/health-shots/2020/09/23/914427907/as-pandemic-deaths-add-up-racial-disparities-persist-and-in-some-cases-worsen.

In Tarrant County, the community spread has been identified as "substantial" and to-date (October 20, 2020) there have been a total of 60,162 cases and 709 deaths (figure 19). The four zip codes reporting 750-999 cases, over the last 30 days, are 76106, 76111, 76164, and 76177. Many of the ZIP Codes identified to be of most need in Tarrant County are reporting 500+ cases over the last 30 days and 76119 and 76106 each have a death rate per 100,000 higher than the Tarrant average (figure 20).

"COVID-19 exposed a lot of weaknesses in the [health] system" and [during COVID] the biggest issue is fear."

- Community Stakeholder

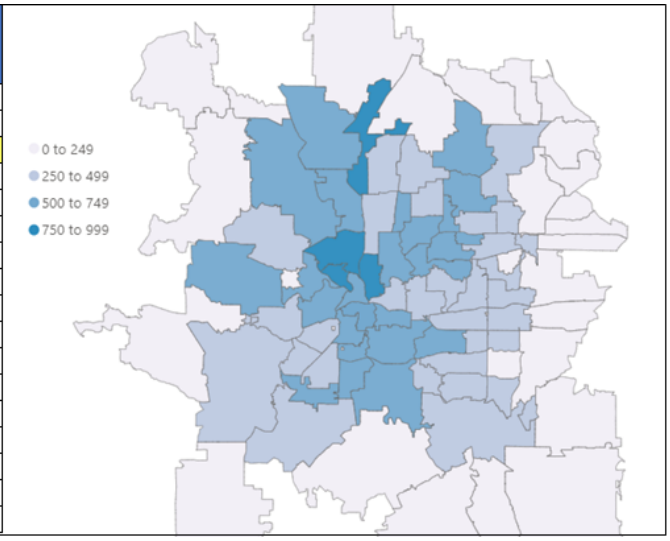
Figure 19. Tarrant County COVID-19 Statistics – Summary Statistics[12]



[12] "Tarrant County COVID-19 Statistics". *Tarrant County Texas*. 20 October 2020, www.tarrantcounty.com/en/public-health/disease-control---prevention/coronaviruas.html.

Figure 20. Tarrant County COVID-19 Statistics - Rate of Cases per 100,000 Residents for the Last 30 Days and Tarrant County ZIP Codes of Most Need[12]

Zip Code	City	Cases	Deaths	Case Rate Over Last 30 Days	Death Rate per 100,000
76119	Fort Worth	2,357	38	500-749	50
76106	Fort Worth	2,164	35	750-999	46
Tarrant County		60,162	709	N/A	34
76134	Fort Worth	891	21	500-749	28
76104	Fort Worth	862	19	500-749	25
76010	Arlington	2,090	19	250-499	25
76112	Fort Worth	1,127	16	250-499	21
76011	Arlington	763	15	250-499	20
76103	Fort Worth	501	14	250-499	18
76110	Fort Worth	1,351	13	500-749	17
76111	Fort Worth	951	12	750-999	16
76114	Fort Worth	979	10	500-749	13
76115	Fort Worth	853	10	500-749	13
76105	Fort Worth	906	9	500-749	12
76014	Arlington	1,186	9	250-499	12
76117	Haltom City	998	8	500-749	11
76164	Fort Worth	808	5	750-999	7



Key Health Policy Impact

Overview

The healthcare policy environment contributes to community-wide health improvement or conversely to its challenges. In addition to quantitative and qualitative data, this CHNA also includes a review of several policies that could have a potential impact on the health status of our community. This selection of policies focuses on existing challenges faced by our community before the unprecedented COVID-19 pandemic began. We recognize that our environment—and the policies that shape our healthcare delivery system—will be heavily impacted by today's pandemic and could potentially shift priorities and increase the number of public policy conversations. For this reason, the below selection is considered a snapshot in time.

"Policy drives a lot of change and helps solve massive issues."

—Community Stakeholder

Texas 1115 Waiver – Delivery System Reform Incentive Payment (DSRIP) Program

Potential Impact: Potential unfavorable impact on Texas residents insured by Medicaid as the discontinuation of this program could result in the removal of programs due to the inability to sustain projects and partnerships.

Texas health care safety net providers have pursued health care delivery reform during the past 9 years through two sequential Medicaid 1115 Transformation Waivers. The Texas DSRIP program in which participating providers receive supplemental Medicaid payments for designing and implementing delivery system reforms is currently in its second version of DSRIP and ninth year of the waiver (ending 2021). Underlying DSRIP are the Triple Aim objectives of improving population health and patient experience while containing or lowering costs in the Medicaid and low-income uninsured (MLIU) population.

DSRIP has created regional collaborations, flexible innovative design, numerous measures of success and encouraged a variety of projects that have moved Texas safety net providers closer to Triple Aim achievement. The uncertainty around the post-DSRIP proposal and whether Texas' Performing Provider Systems would allow health systems and networks to continue investing in transformative clinical initiatives for the Medicaid population is a concern.

Due to the ongoing public health emergency brought on by the coronavirus pandemic, Texas applied for a $2.49 billion funding extension, in October 2020, to extend the current 1115 Healthcare Transformation Waiver.

America's Essential Hospitals Funding Reductions

Potential Impact: Potential unfavorable impact upon the financial stability of essential hospitals that provide safety net care to millions of low-income working families, the uninsured, and other vulnerable people in numerous communities across the U.S.

As the foundation of our health care safety net, essential hospitals share a mission to ensure all people, especially the vulnerable, can access high-quality care. This mission means essential hospitals shoulder a disproportionate share of unreimbursed care. So, essential hospitals rely on various federal programs, which when reduced or eliminated, threaten the ability of these hospitals to provide lifesaving services. Due the coronavirus pandemic (COVID-19) and the rising numbers of uninsured and associated cost pressures, financial cuts would accelerate the financial instability.

A few of these programs follow:

- Medicaid disproportionate share hospital (DSH) payments are anticipated to sustain a $4 billion cut—a third of all program funding without intervention by Congress.
- The 340B Drug Pricing Program is critical to essential hospitals. However, the Centers for Medicare & Medicaid Services (CMS) reduced Medicare Part B Drug payments to 340B hospitals in 2018, 2019 and 2020. Concurrently, Congress has proposed policy changes in the 'prescription drug pricing bill' that could significantly reduce reimbursement for 340B covered safety net hospitals.
- CMS published the proposed Medicaid Fiscal Accountability Regulation (MFAR), which would severely limit how states pay for their share of Medicaid spending and could limit flexibility states now have to finance and structure Medicaid to serve vulnerable populations. (In September 2020, CMS Administrator Seema Verma announced that CMS would suspend finalizing MFAR. The hospital community and states strongly urged CMS to withdraw the proposed rule, particularly while they respond to the COVID-19 pandemic. However, CMS is asking probing questions to certain states, so it is possible that the Administration could move forward separately to advance elements of MFAR).

Public Charge Rule

Potential Impact: Potential unfavorable impact on U.S. residents with a green card or those who may apply for one. These individuals may potentially forego healthcare in fear of losing citizenship status.

On January 27, 2020, the US Supreme Court ruled that the Department of Homeland Security (DHS) can now implement their new rule relating to the "public charge" ground of inadmissibility (grounds of inadmissibility are reasons that a person could be denied a green card, visa, or admission into the United

States). DHS announced that the rule will go into effect on February 24, 2020. However, a stay was issued on July 29, 2020 that prevented DHS from enforcing the public charge final rule during a national health emergency for the coronavirus pandemic (COVID-19). On Sept. 11, 2020, the U.S. Court of Appeals for the Second Circuit issued a decision that allowed DHS to resume implementing the Public Charge Ground of Inadmissibility final rule nationwide. Most recently, on November 2, 2020, a federal judge has struck down the public charge rule, declaring it should immediately be vacated nationwide. This controversial rule is likely to see ongoing legal battle.

Under longstanding policy, the federal government could deny an individual entry into the US or adjustment to legal permanent resident status (i.e., a green card) if determined likelihood to become a public charge. However, the new rule allows officials to consider use of certain previously excluded programs, including non-emergency Medicaid for non-pregnant adults, the Supplemental Nutrition Assistance Program (SNAP), and several housing programs, in public charge determinations. The changes create new barriers to getting a green card or immigrating to the US and will likely lead to decreases in participation in Medicaid and other programs among immigrant families and their primarily US-born children beyond those directly affected by the new policy. Decreased participation in these programs would contribute to more uninsured individuals and negatively affect the health and financial stability of families and the growth and healthy development of their children.

Affordable Care Act (ACA) Challenge

Potential Impact: Potential unfavorable impact on an estimated 20 million+ people across the U.S. that could become uninsured and/or more lose protections against discrimination for pre-existing conditions, should the ACA be repealed.

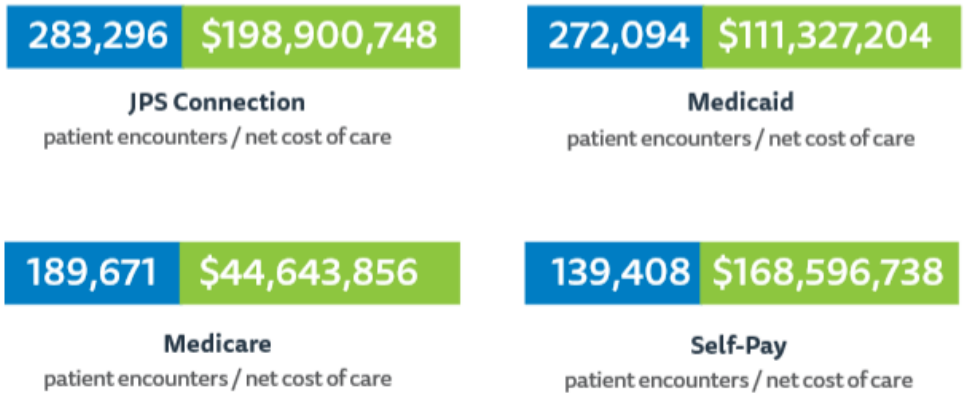
A group of states challenged the ACA on the grounds that the individual mandate with $0 penalty was not a tax and therefore unconstitutional. A Federal Judge in Texas agreed with this reasoning and ruled that the individual mandate is unconstitutional without a tax penalty and that the law should be struck down. The U.S. Court of Appeals for the Fifth Circuit held that the mandate was indeed unconstitutional, but sent the case back to the District Court judge to determine more specifically which provisions of the ACA were "inseverable" from the mandate and thus should be invalidated with it.

The case, *California v. Texas* (known as *Texas v. U.S.* in the lower courts), is now before the U.S. Supreme Court, which is awaiting oral argument on November 10, 2020. If the ACA were ruled unconstitutional, health insurers could refuse coverage or otherwise discriminate against patients who have preexisting conditions. Additionally, it would mean that roughly 20 million people who obtained insurance after the ACA was implemented could lose it. Due to the economic crisis originating from the coronavirus pandemic (COVID-19) very recently driving millions of people onto coverage programs supported by the ACA, estimates suggest that another 3 million more people stand to lose coverage from the health care repeal lawsuit.

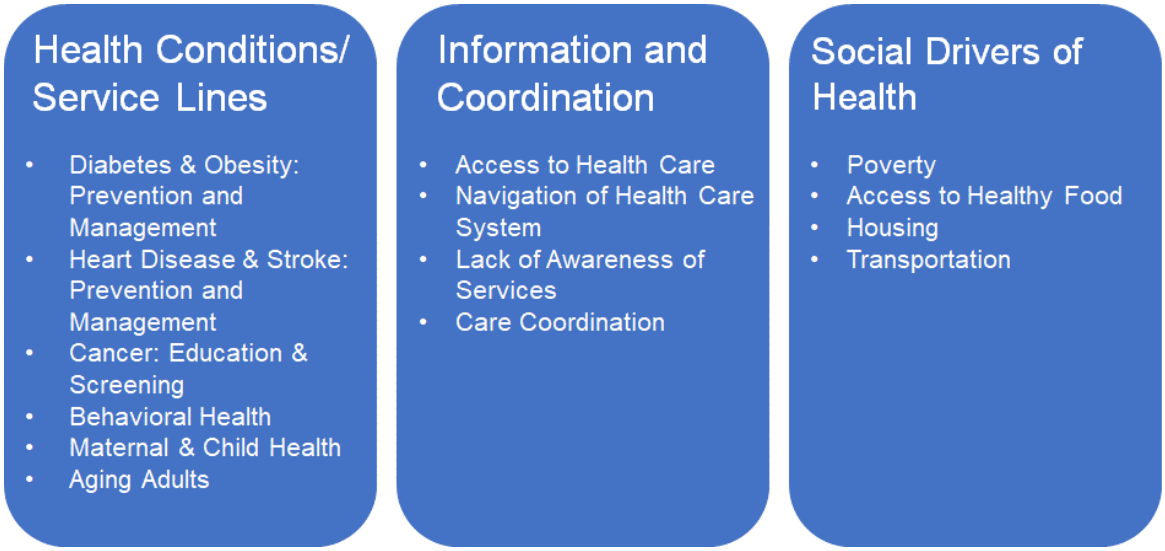
The ACA also made other sweeping changes to the healthcare system, including: expanding Medicaid/Medi-Cal eligibility for low-income adults; requiring private insurance, Medicare, and Medicaid/Medi-Cal expansion coverage of preventive services with no cost sharing; phasing out the Medicare prescription drug "donut hole" coverage gap; establishing new national initiatives to promote public health, care quality, and delivery system reforms; and authorizing a variety of tax increases to finance these changes. All of these provisions could be overturned if the trial court's decision is upheld.

Appendix A: Evaluation of Implementation Plan Action for Previous CHNA

At JPS, we are mindful of our responsibility as a safety net provider and steward of public dollars. JPS Health Network offers JPS Connection, a financial assistance program for persons residing in Tarrant County, to ensure needed care is delivered. In fiscal year 2018 alone, JPS provided over 884,000 patient encounters to community members that were underinsured or uninsured. We have emphasized these traditionally underserved community members in the work we have undertaken over the last three years.



In response to our previous 2017 Community Health Needs Assessment, JPS Health Network leadership focused on the following three major areas to have the largest impact on community members' health and well-being:



Each of JPS Health Network's focus areas in response to the 2017 CHNA and associated Implementation Plan included several approaches or tactics. An overview of these tactics are listed below along with a

description of the JPS Health Network community health improvement efforts impact of each over the past three years.

1. Health Conditions/Service Lines

a. Diabetes & Obesity: Prevention and Management

- Standardized best-practice diabetic foot exam screening and education for all providers
- Education on evidence-based diabetes management protocols and treatment to all providers and staff
- Expanded dietitian services in outpatient clinics to provide nutrition education for diabetic patients
- Added additional diabetes educators and implemented 1:1 diabetes education in outpatient clinics
- Developed order set and clinical decision support tool in the EMR with multidisciplinary clinical group to include all evidence-based clinical care items for the improved management of diabetic patients
- Expanded chronic disease self-management education classes
- Reviewed and updated outpatient Case Management enrollment criteria for patients in efforts to reduce unnecessary Emergency Department and hospital admissions
- Developed diabetes management treatment protocol in outpatient setting utilizing evidence based guidelines
- These prior activities in combination lowered the percentage of JPS diabetic patients with an HbA1c < 9.0% 32.89% in 2017 to 28.71% in 2019
- JPS increased the percentage of diabetic patients whose blood pressure was managed at a value lower than 140/90 from 68.26% to 74.77%

b. Heart Disease & Stroke: Prevention and Management

- Partnered with American Heart Association Target: Blood Pressure Program to standardize blood pressure measurement techniques for clinical staff
- Implemented AHA Get With The Guidelines – Heart Failure program for improving care by promoting consistent adherence to the latest scientific treatment guidelines
- Chosen as a healthcare partner to participate in the AHA Rise Above Heart Failure: North Texas Patient Engagement Pilot Program intended to improve heart failure care and prevent avoidable re-hospitalizations
- Reviewed and updated outpatient Case Management enrollment criteria for patients in efforts to reduce Emergency Department and hospital admissions
- Developed clinical decision support Best Practice Advisory (BPA) in EMR for evidence-based statin therapy to reduce the risk of cardiovascular events

- Multidisciplinary team of providers and nurses updated After Visit Summary to include clear communication regarding post discharge follow up needs
- Partnered with the AHA Texas Hypertension Control Movement – North Texas Regional Collaborative
- Developed Heart Failure Utilization Task Force to focus on reducing avoidable heart failure admissions
- Implemented Heart Failure Care Coordination program to follow up with heart failure patients and provide medical support and education
- Increased the percentage of patients diagnosed with hypertension or a cardiac disease whose blood pressure was managed at a value lower than 140/90 from 68.10% to 75.43%
- Increased the percentage of patients who were at moderate or high risk for a cardiovascular event (as measured by the ASCVD risk score) that were taking statin medications from 62.96% to 67.19%

c. Cancer: Education and Screening

- Participated in the 4th Annual Healthy Lives Matter Prostate Cancer Screening event at Moncrief Cancer Institute where 238 men completed a PSA screening
- Provided education on healthy eating and decreasing risk of colorectal cancer to over 2,500 individuals at the Senior Synergy event and 2,800 individuals at the Empowering Seniors event
- Opened the new JPS Oncology and Infusion Center to expand access to high quality cancer treatment and allow more capacity for earlier detection resulting in better outcomes
- Standardized operational workflows in outpatient clinics around cancer screenings
- Implemented pre-visit planning process to engage patients overdue for cancer screenings
- Implemented mini huddle process in clinic to proactively plan for cancer screenings
- Partnered with external organizations to provide additional access to breast cancer screenings
- Implemented mobile mammography initiative which allowed us to provide mammograms to women experiencing homelessness
- Increased the percentage of women who were screened for cervical cancer from 65.33% to 69.04%
- Increased the percentage of women who were screened for breast cancer from 60.39% to 65.34%
- Increased the percentage of patients who were screened for colorectal cancer from 41.34% to 49.7%

d. Behavioral Health

- Expanded to all day walk in clinic for medication management appointments
- Expanded same day intake appointments for new patients to behavioral health services
- Expanded hours at Behavioral Health call center
- Created patient navigator role to assist patients with right care, right time, and direct to community resources
- Developed a virtual behavioral health consultation program as a resource to JPS providers to better support patients
- Created access for geriatric psych services
- Successfully implemented telehealth behavioral health services to expand patient access
- Added peer support specialists and transition coordinators to facilitate transitions from inpatient psychiatric services to the community to ensure connection to appropriate resources
- Recruited and hired new Director of Psychological Services to perform psychological services needs assessment and develop short and long-term strategy for the division
- Working to refine, enhance, and expand:
  - Trauma-related psychological assessments including resource/staffing analysis
  - Inpatient Psychological Assessments
  - Outpatient Neuropsychological Services
- Expanded child/adolescent services, including the recruitment of 3 child and adolescent psychiatrists, and 1 Advanced Practice Provider specializing in Child and Adolescent Care
- Developed collaborated with Stanford University, intramural research teams at the National Institute of Drug Abuse, the National Institute of Mental Health and UT Southwestern Medical Center
- Achieved Association of Psychology and Postdoctoral and Internship Centers (APPIC) Accreditation for Psychology Doctoral Internship
- Initiated Accreditation of an Advanced Practice Fellowship for PAs and NPs
- Enhanced depression screening workflow and tool in EMR
- Implemented standardized alcohol screening tool and counseling process
- Developed standardized counseling templates for provider documentation
- Developed depression registry in EMR to engage patients to follow up care as needed
- Developed a referral workflow in EMR to connect patients to appropriate care in timely manner
- Developed work queue in EMR to connect patients with Schizophrenia to primary care provider
- Standardized suicide screening process to all sites

- Increased the percentage of patients who achieved depression remission within 6 months of the positive PHQ-9 (Depression Screening) score from 0.27% to 21.9%
- Increased the percentage of patients who were screened and tested positive for depression that were given an appropriate care plan from 44.98% to 59.71%
- Increased the percentage of patients who were screened and tested positive for unhealthy alcohol use and received appropriate counseling from 58.44% to 90.05%
- Increased the percentage of patients who were screened and identified as having suicide risk that were connected with the appropriate care from 51.62% to 89.95%
- Reduced the rate of ED utilization for Behavioral Health conditions from .9468 to .5042
- Reduced the rate of ED utilization for Substance Abuse conditions from .3555 to .2776

e. Maternal and Child Health

- Partnered with the Infant Health Network to address infant mortality through STD education and services referral
- Partnered with the Mothers and Infants Nurturing Together (MINT) Program to provided lactation consultant services
- Partnered with the TCoBCo (Tarrant County Breastfeeding Coalition) to provide education and awareness on the important of breastfeeding at the Big Latch event
- Established JPS Breastfeeding Home Visits program to provide lactation home visits and education support on breastfeeding practices for a successful experience
- Initiated the One Key Question initiative which uses an evidence-based screening tool to assess pregnancy intention
- Implemented behavioral health and intimate partner violence screenings into maternal health appointments
- Pediatric department incorporated depression screening on mother's presenting for newborn appointments
- Implemented early entry to prenatal care initiative to connect pregnant mothers with prenatal care within the first trimester
- Expanded postpartum access by increasing the number of postpartum appointments
- Implemented Prenatal Substance Abuse Disorder screenings and increased screening rate to 96.33%

f. Aging Adults

- Established a Welcome to Medicare clinic
- Served clinical focus and trained residents in how to conduct the Welcome to Medicare visit; Particularly useful for educating our older adults transitioning from JPS Connections to Medicare

- Operationalized our Provider Home Visiting Program that makes house calls to older adults meeting the CMS definition of a homebound individual
- Hospital received TJC Disease Specific Certification in Geriatric Delirium
- Hospital Emergency Department became accredited from the American College of Emergency Physicians, a Level III Geriatric friendly Emergency Department
- JPS members served on the Advisory Council for United Way's Area Agency on Aging (AAA)
- Increased the number of Geriatric Resource Nurses (GRNs) in the hospital by 200%
- Confusion Assessment Method Compliance Percentage in the hospital increased from 43.3% to 94.9%
- Delirium Intervention Utilization within 6 Hours in the hospital increased from 80.4% to 90.8%
- Delirium Patient Days in the hospital decreased from 20.3 to 12.59

2. Information & Coordination

- Increased access to primary care services for the community through the opening of the Northeast Medical Home; In fiscal year 2019, over 12,800 patients were served
- Implemented navigation services into the Outpatient Case Management (OPCM) Complex Care Management program which assists over 4,000 patients annually in understanding the services that are offered and when and how to access the appropriate care needed
- Enhanced the Care Management program to optimize warm handoffs from inpatient to outpatient care

3. Social Drivers of Health

- Implemented partnership with Uber Health to provide transportation to medical appointments for patients
- Partnered with Sid Richardson Foundation to provide a meal token redeemable at the Taste Project restaurant for patients experiencing food insecurity due to medication costs
- Partnered with the Tarrant County Homeless Coalition to connect persons experiencing homelessness to housing resources
- Partnered with Casa De Esperanza to provide permanent supportive housing for 119 clients

Appendix B: Community Input

For this CHNA, JPS applied a community-engagement approach that involved collecting feedback data from a variety of community leaders and residents to support the comprehensive assessment of the health status of our communities. Each community stakeholder added to our CHNA study by providing context and insight into the publicly available data for Tarrant County and incorporating feedback and preferences for community improvement. Feedback represented the Tarrant County community's interests, especially public health experts, and the medically underserved, low-income, and minority populations.

These four forms of data collection were utilized to obtain community input for this CHNA. The community issues and concerns mentioned most frequently have been summarized below.

Top Community Issues and Concerns

Interviews 	Top Issues 1. Access and Systemic Issues ○ Education and navigation ○ Disparities and systemic racism ○ Insurance 2. Basic Needs ○ Food insecurity ○ Affordable housing and homelessness ○ Transportation ○ Employment, due to COVID job loss 3. Chronic Disease ○ Health literacy and education ○ Prevalence of specific health conditions ○ Poor outcomes and socioeconomic disparities
Focus Groups 	1. Top Health Issues ○ Access to Insurance ○ Access to Health Care ○ Mental Health 2. Top Social Concerns ○ Emotional Support ○ Technology ○ Food Insecurity ○ Income Insecurity & Homelessness ○ Transportation

Survey 	1. Top Three Ranked Health Issues ○ Mental health ○ Access to primary care ○ Access to specialty care tied with obesity 2. Top Three Ranked Social Concerns ○ Housing/ homelessness ○ Safety ○ Food security
Written Comments 	JPS has not received written comments regarding our 2017-2019 CHNA nor our 2017-2019 Implementation Plan.

Themes

Stakeholders were asked how they envision "a healthy community". They defined "a healthy community" as needing to be viewed as a whole, considering families not just the individual and a holistic approach including a combination of physical, mental and social well-being. There was recognition that there is individual responsibility for one's own health, but that there are also existing systemic disparities that are huge barriers. Furthermore, there was much discussion of social needs that must be acknowledged, addressed and incorporated into care delivery, in addition to the clinical.

"When the least among us are truly served."

"Advantages for one population is given to all."

"Everyone in community has access to care (prevention, primary, specialty)."

"Community health begins outside the walls of the hospital."

"Not just quantity, but quality of life."

- Community Stakeholders

Stakeholders were also asked about community strengths. Top mentions were the willingness of the community to help one another and that there are consequential resources available in the community.

"I like the community, the cost of living, and medically we have one of the best [array of] health systems anywhere."

"Fort Worth is a close-knit community and people are working alongside one another to improve the health of the community."

There is a lot of economic disparity, but "there are a lot of organizations who are targeting the underserved community."

"We have the support of elected officials."

"Really great Public Department of Health."

"Tarrant County tends to want to help each other, if they know they can or how."
- Community Stakeholders

Discussion themes from interviews and focus groups included the impact of COVID-19 as well as pre-existing issues and concerns.

- Tarrant County is a diverse and evolving community.
    - Tarrant County's geography spans urban, suburban, and rural communities and a diversity in race and ethnicity. There is significant need for cultural competencies, health literacy, and a strategic approach to prioritizing clinical and social needs.
- The community is dealing with inequality and disparities.
    - There are not enough resources to provide the same services equally to everyone and the rationing of these services are not always delivered to those with the most need, but instead to those who are able to afford it.
    - Despite the presence of multiple health systems in Tarrant, the uninsured do not have the same options as other county residents and participants discussed that more needed to be done for this population.
- Transition care to where people are.
    - There is interest in encouraging more home visits by clinical and ancillary professionals to those unable to obtain care otherwise and in multiple areas of the county lacking

conveniently located resources and accessible transportation this approach is more necessary.

- Foundational education for community members is needed.
    - Health literacy and navigation are especially important when community members may not understand western medicine, may not speak English as a primary language, and do not know how to navigate available resources. It is necessary to help the community access preventive and educational resources that eliminate or reduce the need.
- JPS cannot do it all, alone.
    - There is recognition of the significant role which JPS plays in the community, but it is essential to better integrate clinical and social needs among multiple different agencies focused across many different issue areas that can be leveraged for their own unique expertise and resources.
- There is opportunity for improved coordination.
    - Despite the health provider community being extremely cooperative and invested in coordination of care, it remains challenging to coordinate care across the Tarrant County health continuum due to lack of formal infrastructure (technology and strategy).
- COVID-19 has impacted systems of care and health care delivery.
    - Patients are delaying care due to loss of health insurance or fear of COVID-19 (prevention, screening and emergency care), thus presenting with later stage and serious illness as a result.
    - While the behavioral health system was already at capacity, there is an increase in anxiety and depression due to isolation and fear.
- COVID-19 has seriously deepened basic needs in the community.
    - Existing disparities have been revealed and employment loss has resulted in a new volume of need. Many residents are in financial distress leading to a cascading effect of need in other areas such as health insurance, medical prescriptions, food/meals, and housing and are finding it challenging to navigate the health and social service system.

Methods

Interviews

Interview participants were identified and scheduled by JPS. Those interviewed represented the Tarrant County community's interests, especially public health experts, and the medically underserved, low-income, and minority populations. Premier facilitated telephone interviews, in English, from August 17 - September 2, 2020.

- These interviews were intended to obtain opinion and comment from local leaders and stakeholders about the community, our health needs, available services and when services are not accessible, the population health initiatives currently underway at JPS and in the community as well as how these initiatives have been performing (i.e. benefiting the area residents).

- The information collected in these interviews were used to validate the quantitative data, provide context, and inform the 2020-2022 CHNA and Implementation Plan.

Focus Groups

JPS identified, invited and scheduled volunteer participants comprised of community leaders representing local area organizations (direct care providers, conveners of community agencies, social service providers, etc.) to attend four focus groups scheduled between September 9th – 16th .

- Four focus groups were convened around specific providers and community agencies that serve the residents of Tarrant County focusing upon aging adults, behavioral health, cancer care, and community services.
- Two Premier facilitators used a discussion guide (focused broadly upon community health and well-being outside the walls of JPS) to lead each of the approximately ninety-minute sessions in English. Due to COVID-19, sessions were conducted telephonically.
- Session rules were set forth at the beginning of the meeting to ensure that participants would speak one at a time so everyone could hear, the importance of giving everyone an opportunity to speak, that any identifiable information would be kept confidential and handled in accordance with HIPAA, etc.
- Findings were summarized without attribution of comments to specific individuals, in order to protect participant confidentiality. All quotes from focus group sessions have been de-identified to maintain the confidentiality of contributors.
- The Focus Group Guides are available upon request.

Survey

JPS identified approximately 1,000 current or previous patients residing within Tarrant County and emailed invitations to respond to the survey. In addition, JPS also utilized our social media platforms to request survey participation more broadly among the community. Tarrant County Health Department also sent survey invitations to its contacts. Premier administered a Community Health Needs Survey over ten days in September, 2020.

- The survey was administered in English and Spanish, via SurveyMonkey, and defined the community as residents of Tarrant County, Texas.
- A total of 111 responses were received from approximately 44 zip codes in Tarrant County, but only 102 surveys were eligible for analysis.
- Weighted averages were utilized to score quantifiable values and free text was documented where applicable.
- The CHNA survey instrument is available upon request.

Appendix C: Significant Health Needs – Prioritization and Available Resources

Prioritization Summary

Recognizing that economic opportunities, environmental factors, health care infrastructure, and social networks are all key drivers of health, JPS is focused on improving the health of our community. Through this CHNA, we analyzed data and obtained input from our community members and leaders to identify the major issue areas.

From these issue areas, we identified significant health needs based upon a review of published quantitative health status data specific to our community and qualitative data inputs collected throughout the CHNA process. Our assessment included consideration of the relative size of the issue, how important an issue was to the community, and how much of an opportunity there was for an impact to be made. The following six criteria were utilized in the prioritization model:

- **Magnitude** – sized the percentage of the population affected by the issue areas in comparison to the County percentages across 158 quantitative indicators collected from regional and national sources
- **Agreement** – reviewed whether other area hospital CHNAs identified the issue as significant to the Tarrant County community and if they opted to prioritize for intervention
- **Relevance** – assessed the community opinion of the issue areas being a significant health need through a composite score based upon interviews, focus groups, and the CHNA Survey
- **Alignment** – considered alignment with strategic priorities currently undertaken, by JPS, in collaboration with other community partners
- **Effectiveness** – evaluated the degree of significant change the intervention may result in, due to evidence based activity or other opportunity to address
- **Feasibility** – weighed the degree to which a potential intervention could be financially sustained for three or more years, due to available investment and involved community partners

The data was scored based upon each of the six criteria and resulted in the final significant health needs for which we will address specific improvement activities. The selected initiatives and resulting Implementation Plan were reviewed and approved by senior leaders in the context of our organizational mission, our clinical strengths, and partnerships. These final priorities were also reviewed and approved by senior leaders and the Board of Directors.

1. Information and Coordination
2. Social Drivers of Health
3. Chronic Conditions
4. Behavioral Health and Substance Abuse

Resources to Address Significant Needs

Potential community resources to address healthcare disparities were identified through market research and information received from interviews and meetings with the community. Specific resources potentially available to address the identified significant health needs are listed in the table below. This is not intended to be a comprehensive list of every available community resource, so for additional online tools please refer to Tarrant Cares at https://tarrant.tx.networkofcare.org, United Way of Tarrant County at https://www.unitedwaytarrant.org/2-1-1/, or the JPS Health Network at https://www.jpshealthnet.org/contact-us.

Significant Health Needs	Community Resources
Information and Coordination	• General Acute Care Hospitals ○ Baylor Scott & White All Saints Medical Center ○ Baylor Scott & White Andrews Women's Hospital ○ Baylor Scott & White Emergency Hospital - Colleyville ○ Baylor Scott & White Emergency Hospital - Keller ○ Baylor Scott & White Emergency Hospital - Mansfield ○ Baylor Scott & White Medical Center Grapevine ○ Baylor Scott & White Orthopedic and Spine Hospital – Arlington ○ Baylor Scott & White Surgical Hospital - Fort Worth ○ Cook Children's Medical Center ○ JPS Health Network ○ Medical City Alliance ○ Medical City Arlington ○ Medical City Forth Worth ○ Medical City North Hills ○ Methodist Mansfield Medical Center ○ Methodist Southlake Hospital ○ Saint Camillus Medical Center ○ Texas Health Alliance ○ Texas Health Arlington Memorial ○ Texas Health Harris Methodist Azle ○ Texas Health Clearfork ○ Texas Health Harris Methodist Fort Worth ○ Texas Health Heart and Vascular Arlington ○ Texas Health Harris Methodist HEB

Significant Health Needs	Community Resources
	○ Texas Health Southlake ○ Texas Health Harris Methodist Southwest Fort Worth ○ Trusted Medical Centers – Mansfield ○ USMD Hospital at Arlington ○ Wise Health Surgical Hospital at Parkway • FQHCs ○ North Texas Area Community Health Center - Arlington ○ North Texas Area Community Health Center - Northside ○ North Texas Area Community Health Center - Southeast • Asian Health and Wellness Coalition • Caring Place • Cook Children's Oral Health Coalition • Cornerstone Assistance Network • Dental Health for Arlington • Grace Grapevine Community Clinic • Healing Shepherd Clinic/Union Gospel Mission • Hispanic Wellness Coalition • JPS International Health Clinic • JPS Outpatient Health Centers • MedStar Mobile Healthcare • Mission Arlington • Open Arms Health Clinic • Tarrant County Public Health Clinics • University of North Texas Health Science Center • VA Fort Worth Outpatient Clinic
Social Drivers of Health	• General Support ○ 6 Stones ○ Area Agency on Aging/United Way Tarrant County ○ Coalition for Aging LGBT- Tarrant County ○ Catholic Charities Fort Worth ○ North Central Texas Area Agency on Aging ○ Northside InterCommunity Agency, Good Work's Program • Food ○ Christ Lutheran Senior Share

Significant Health Needs	Community Resources
	○ Meals on Wheels of Tarrant County ○ Tarrant Area Food Bank ○ Tarrant County Public Health Department, Live a More Colorful Life ○ Women, Infants and Children (WIC) program ○ YMCA of Metropolitan Fort Worth and Arlington - Mansfield Area • Homelessness ○ ACH Child and Family Services - Youth Shelter ○ Arlington Housing Authority - Homelessness Services ○ Arlington Life Shelter ○ Beautiful Feet Ministries ○ Broadway Baptist Church ○ Catholic Charities Street Outreach Services (S.O.S.) ○ Center for Transforming Lives ○ Community Enrichment Center ○ Cornerstone Assistance Network ○ DRC Community Solutions to End Homelessness ○ Feed by Grace ○ First Street Methodist Mission ○ Fort Worth Housing Solutions ○ Haltom city Housing Authority ○ MHMR Path Team ○ Presbyterian Night Shelter of Tarrant County ○ Salvation Army, Mabee Center ○ Samaritan House ○ Tarrant County Hands of Hope ○ Tarrant County Homeless Coalition ○ True Worth Place – A Presbyterian Night Shelter Enterprise ○ Union Gospel Mission ○ VA Fort Worth Homeless Veterans Program • Transportation for Seniors and Persons with Disabilities ○ Call A Ride of Southlake (CARS) ○ Catholic Charities Fort Worth ○ Handitran ○ HEB Transit

Significant Health Needs	Community Resources
	○ MHMR Tarrant ○ Mid-Cities Care Corps ○ MITS Paratransit ○ My Ride Tarrant ○ Northeast Transportation for Seniors (NETS) ○ Ride2Work ○ Social Transportation for Seniors (STS) ○ Trinity Metro • Violence, Injury and Trauma ○ Brighter Tomorrows ○ One Safe Place ○ Safe Haven ○ The Women's Center Tarrant County ○ Trauma Support Services of North Texas
Chronic Disease	• American Diabetes Association • American Heart Association • Better Breathers Club • Blue Zones Project Fort Worth • Colorfulworld Foundation • Healthy Aging and Independent Living, Meals on Wheels • Chronic Disease Self-Management Program: Health For Me • Sickle Cell Disease Association • Southwestern Diabetic Foundation, Inc. • Tarrant County Diabetes Collaboration • Tarrant County Public Health, Division of Chronic Disease Prevention • United Way Tarrant County • YMCA of Metropolitan Fort Worth Diabetes Prevention
Behavioral Health and Substance Abuse	• Hospitals ○ Mesa Springs Hospital ○ Millwood Hospital ○ Perimeter Behavioral Hospital of Arlington ○ Texas Health Springwood Behavioral Health Hospital HEB ○ WellBridge Fort Worth

Significant Health Needs	Community Resources
	• Alzheimer's Association, North Central Texas Chapter • Boys and Girls Club of Fort Worth • Challenge Tarrant County • Jordan Elizabeth Harris Foundation • JPS Psychiatric Emergency Center • JPS Behavioral Health Inpatient Services at Trinity Springs Pavilion • JPS Behavioral Health Outpatient Clinics • Lena Pope Counseling and Support Services • LOSS team • Mental Health America of Greater Tarrant County • Mental Health Connection of Tarrant County • My Health My Resources (MHMR) Tarrant County • MHMR 24 Hour Crisis Hotline • MHMR Tarrant County Community Addiction Services • National Cancer Institute (Tobacco Cessation Support) • Recovery Resource Council • Santa Fe Youth Services • Tarrant County Public Health Commission: Live Tobacco Free • The Council on Alcohol and Drug Abuse

Appendix D: Tarrant County Data by Race/Ethnicity or Sub-County

Tarrant County Department of Health, Leading Causes of Death

Leading causes of death among Tarrant County residents by race/ethnicity, 2016[13]

Rank	Hispanic n (%, rate)	Non-Hispanic Black n (%, rate)	Non-Hispanic White n (%, rate)	Other/Multiracial n (%, rate)
1	Cancer 247 (18.7, 92.5)	Cancer 445 (23.8, 188.4)	Heart Disease 2,056 (21.9, 167.0)	Cancer 87 (26.4, 89.4)
2	Heart Disease 217 (16.4, 96.0)	Heart Disease 411 (22.0, 199.0)	Cancer 2,035 (21.7, 163.5)	Heart Disease 56 (17.0, 65.0)
3	Accidents 115 (8.7, 25.3)	Stroke 113 (6.1, 59.3)	Chr Lower Resp Dis 588 (6.3, 48.3)	Stroke 28 (8.5, 32.4)
4	Stroke 101 (7.7, 49.2)	Accidents 96 (5.1, 30.9)	Alzheimer's Disease 564 (6.0, 47.4)	Accidents 16 (4.8, @)
5	Diabetes Mellitus 68 (5.2, 27.9)	Diabetes Mellitus 76 (4.1, 32.4)	Stroke 529 (5.6, 43.8)	Chr Lower Resp Dis 13 (3.9, @)
6	Chr Liver Dis & Cirrhosis 58 (4.4, 18.1)	Chr Lower Resp Dis 70 (3.8, 37.3)	Accidents 412 (4.4, 39.7)	Nephritis, etc. 13 (3.9, @)
7	Assault (Homicide) 36 (2.7, 6.1)	Alzheimer's Disease 59 (3.2, 42.6)	Diabetes Mellitus 258 (2.8, 20.5)	Suicide 11 (3.3, @)
8	Alzheimer's Disease 36 (2.7, 25.2)	Nephritis, etc. 53 (2.8, 29.5)	Suicide 199 (2.1, 18.8)	Diabetes Mellitus 10 (3.0, @)
9	Cond.in Perinatal Period 35 (2.7, 4.2)	Hypertension 37 (2.0, 18.1)	Septicemia 195 (2.1, 15.7)	
10	Nephritis, etc. 33 (2.5, 13.3)	Assault (Homicide) 35 (1.9, 9.8)	Chr Liver Dis & Cirrhosis 173 (1.8, 13.4)	

n = number of deaths; % = percentage of total deaths for that demographic category rate per 100,000 population age-adjusted to 2000 U.S. standard population; @ = numerator too small for rate calculation
--- = less than ten deaths not reported to protect confidentiality
Data source: Centers for Disease Control and Prevention, National Center for Health Statistics

[13] Leading Causes of Death among Tarrant County Residents, 2016. *Tarrant County Public Health Division of Epidemiology and Health Information*. access.tarrantcounty.com/content/dam/main/public-health/PH%20DOCUMENTS/Epi/Leading%20Causes%20of%20Death%20Reports/2016_Tarrant_County_Leading_Causes_of_Death.pdf.

Tarrant County Department of Health, Chronic Condition Data 2019-2020[14]

Chronic Conditions by Tarrant County – with confidence intervals, 2019-2020

BRFSS 2019/2020	Diagnosed with some form of arthritis			Diagnosed with High Blood Pressure			Diagnosed with High Blood Cholesterol		
	Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval	
		Lower Limit	Upper Limit		Lower Limit	Upper Limit		Lower Limit	Upper Limit
County Total	**17.1**	**14.4**	**20.2**	**27.8**	**25.2**	**30.6**	**27.9**	**25.0**	**30.9**
Central	17.2	10.3	27.2	34.3	25.9	43.9	26.7	19.2	35.8
NE	17.4	11.8	24.9	25.2	20.6	30.4	32.7	26.6	39.4
NW	17.5	12.0	24.9	28.1	22.0	35.0	23.5	18.1	29.8
SE	15.6	10.7	22.3	27.1	21.5	33.6	26.3	20.4	33.3
SW	19.8	12.8	29.2	27.2	21.5	33.8	30.2	23.2	38.3

	Diagnosed with Heart Disease			Ever Had a Heart Attack			Ever Had a Stroke		
	Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval	
		Lower Limit	Upper Limit		Lower Limit	Upper Limit		Lower Limit	Upper Limit
County Total	**4.7**	**4.0**	**5.7**	**3.1**	**2.6**	**3.8**	**3.6**	**2.6**	**4.9**
Central	8.2	4.9	13.4	6.6	3.6	11.7	3.2	1.8	5.8
NE	4.4	2.9	6.5	3.0	1.9	4.6	1.2	0.7	2.1
NW	4.6	3.0	6.8	3.3	2.0	5.5	4.9	2.6	8.9
SE	3.4	2.3	5.1	2.3	1.4	3.7	3.7	2.3	6.0
SW	6.2	4.0	9.4	3.7	2.4	5.6	4.2	1.6	10.5

	Cognitive Decline Among Adults Age			Depression in Adults Age 18+			Diagnosed with Diabetes Age 18+		
	Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval	
		Lower Limit	Upper Limit		Lower Limit	Upper Limit		Lower Limit	Upper Limit
County Total	**7.2**	**5.2**	**9.8**	**17.9**	**15.1**	**21.0**	**10.3**	**8.6**	**12.3**
Central	7.4	3.2	16.7	13.9	8.5	22.1	15.2	9.9	22.7
NE	5.0	2.3	10.8	19.1	14.2	25.3	8.0	5.8	11.1
NW	13.6	7.0	24.8	20.3	14.5	27.5	8.6	6.4	11.4
SE	8.3	4.2	15.7	18.7	12.6	26.7	12.9	8.7	18.9
SW	5.7	3.1	10.1	19.3	12.8	28.1	8.3	4.9	13.6

	Diagnosed with Pre-Diabetes			Overweight (BMI 25.0-29.9) in Adults			Obesity (BMI>/= 30.0) in Adults 18+		
	Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval	
		Lower Limit	Upper Limit		Lower Limit	Upper Limit		Lower Limit	Upper Limit
County Total	**8.9**	**7.0**	**11.2**	**34.3**	**31.2**	**37.4**	**34.7**	**31.6**	**38.0**
Central	9.4	5.0	17.1	27.8	19.0	38.8	40.5	30.2	51.7
NE	6.1	3.9	9.3	37.2	30.8	44.0	32.2	26.0	39.0
NW	8.2	4.5	14.5	37.0	30.0	44.7	33.9	27.1	41.4
SE	9.2	5.9	14.1	32.5	27.0	38.6	42.2	35.5	49.1
SW	10.8	5.7	19.4	37.7	29.8	46.4	28.1	21.6	35.7

	Asthma			Diagnosed with COPD, Emphysema or		
	Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval	
		Lower Limit	Upper Limit		Lower Limit	Upper Limit
County Total	**10.1**	**8.0**	**12.7**	**4.2**	**3.3**	**5.4**
Central	15.7	9.2	25.6	10.8	5.2	21.1
NE	6.8	3.5	13.0	3.0	1.5	5.9
NW	15.2	9.6	23.2	3.9	2.5	6.0
SE	8.7	4.7	15.4	2.7	1.8	4.0
SW	8.8	5.2	14.5	2.9	1.8	4.7

[14]Tarrant County Public Health, Behavioral Risk Factor Surveillance Survey, 2019-2020.

Tarrant County Department of Health, Chronic Condition Data 2015[15]

Chronic Conditions by Tarrant County – with confidence intervals, 2015

BRFSS 2015	Diagnosed with some form of arthritis			Diagnosed with High Blood Pressure			Diagnosed with High Blood Cholesterol		
	Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval	
		Lower Limit	Upper Limit		Lower Limit	Upper Limit		Lower Limit	Upper Limit
County Total	**20.8**	**19.1**	**22.5**	**30.1**	**28.1**	**32.2**	**33.3**	**31.1**	**35.6**
Central	24.5	19.3	30.5	40.3	33.1	47.9	39.3	31.4	47.9
NE	22.2	18.3	26.7	26.4	22.4	30.8	35.6	30.8	40.8
NW	18.5	15.5	21.8	28.3	24.4	32.5	30.9	26.6	35.7
SE	20.4	16.9	24.3	29.2	24.9	34.0	30.0	25.8	34.7
SW	22.9	19.2	27.1	32.3	27.8	37.0	37.5	32.3	43.1

	Diagnosed with Heart Disease			Ever Had a Heart Attack			Ever Had a Stroke		
	Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval	
		Lower Limit	Upper Limit		Lower Limit	Upper Limit		Lower Limit	Upper Limit
County Total	**5.9**	**5.1**	**6.9**	**4.1**	**3.4**	**4.9**	**2.5**	**2.0**	**3.2**
Central	8.7	6.3	12.1	5.6	3.7	8.4	4.8	2.9	7.7
NE	6.0	4.3	8.5	4.2	2.7	6.5	1.5	1.0	2.4
NW	5.1	3.8	6.8	3.5	2.5	4.8	2.4	1.4	4.2
SE	5.2	3.6	7.3	3.5	2.2	5.5	2.3	1.4	3.8
SW	6.6	4.6	9.4	4.6	3.0	7.0	3.8	2.4	6.1

	Cognitive Decline Among Adults Age			Depression in Adults Age 18+			Diagnosed with Diabetes Age 18+		
	Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval	
		Lower Limit	Upper Limit		Lower Limit	Upper Limit		Lower Limit	Upper Limit
County Total	**11.8**	**9.4**	**14.8**	**17.4**	**15.7**	**19.3**	**10.6**	**9.4**	**11.9**
Central	15.2	8.3	26.4	21.8	16.2	28.7	14.9	11.1	19.6
NE	11.4	6.0	20.4	14.8	11.5	19.0	7.5	5.5	10.2
NW	16.5	11.3	23.6	15.3	12.3	18.8	10.6	8.3	13.4
SE	11.1	7.0	17.2	18.5	14.6	23.1	11.7	9.0	15.0
SW	10.5	6.3	17.0	21.0	17.1	25.6	11.2	8.7	14.4

	Diagnosed with Pre-Diabetes			Overweight (BMI 25.0-29.9) in Adults			Obesity (BMI>/= 30.0) in Adults 18+		
	Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval	
		Lower Limit	Upper Limit		Lower Limit	Upper Limit		Lower Limit	Upper Limit
County Total	**7.7**	**6.2**	**9.5**	**36.4**	**34.0**	**38.9**	**29.6**	**27.4**	**31.8**
Central	10.3	6.0	17.1	32.3	25.1	40.4	38.7	31.0	47.0
NE	7.9	4.9	12.5	34.6	29.6	39.9	29.9	25.1	35.1
NW	8.3	4.9	13.7	39.4	34.5	44.4	29.6	25.4	34.2
SE	5.8	3.5	9.6	38.3	33.2	43.7	28.1	23.7	32.9
SW	10.2	6.4	15.7	33.3	28.2	38.8	31.9	27.1	37.1

	Current Asthma			Diagnosed with COPD, Emphysema or		
	Weighted Percentage	95% Confidence Interval		Weighted Percentage	95% Confidence Interval	
		Lower Limit	Upper Limit		Lower Limit	Upper Limit
County Total	**9.3**	**8.0**	**10.9**	**6.0**	**5.1**	**7.0**
Central	12.1	7.7	18.6	8.6	5.9	12.4
NE	10.1	7.3	13.8	4.3	3.0	6.2
NW	8.5	6.0	11.8	6.7	5.0	8.9
SE	8.7	6.0	12.5	5.2	3.6	7.6
SW	8.6	6.2	11.9	6.8	4.6	9.9

[15] Tarrant County Behavioral Risk Factor Surveillance System, Data Book 2015. *Tarrant County Public Health*. access.tarrantcounty.com/content/dam/main/public-health/PH%20DOCUMENTS/Epi/BRFSS%20Reports/2015_TC_BRFSS_Report_FINAL.pdf.

Chronic Conditions by Tarrant County and Sub County Regions, 2015

Indicator	Central	NE	NW	SE	SW	Tarrant County	Texas Population	U.S. Population
% adults aged 18+ with Arthritic Conditions	24.5	22.2	18.5	20.4	22.9	20.8	20.0	24.7
% adults aged 18+ with High Blood Pressure	40.3	26.4	28.3	29.2	32.3	30.1	29.5	32.0
% adults aged 18+ with High Blood Cholesterol	39.3	35.6	30.9	30.0	37.5	33.3	36.1	36.5
% adults aged 18+ with Heart Disease	8.7	6.0	5.1	5.2	6.6	5.9	6.1	6.4
% adults aged 18+ with Previous Heart Attack	5.6	4.2	3.5	3.5	4.6	4.1	4.3	4.3
% adults aged 18+ with Previous Stroke	4.8	1.5	2.4	2.3	3.8	2.5	3.0	3.0
% adults aged 45+ with Cognitive Decline	15.2	11.4	16.5	11.1	10.5	11.8	N/A	N/A
% adults aged 18+ with Depression	21.8	14.8	15.3	18.5	21.0	17.4	16.1	17.6
% adults aged 18+ with Diabetes	14.9	7.5	10.6	11.7	11.2	10.6	11.4	10.5
% adults aged 18+ with Pre-Diabetes	10.3	7.9	8.3	5.8	10.2	7.7	N/A	N/A
% adults aged 18+ with Overweight BMI	32.3	34.6	39.4	38.3	33.3	36.4	36.3	35.7
% adults aged 18+ with Obesity	38.7	29.9	29.6	28.1	31.9	29.6	32.4	28.9
% adults aged 18+ with Asthma	12.1	10.1	8.5	8.7	8.6	9.3	7.6	8.8
% adults aged 18+ with COPD, Emphysema or Chronic Bronchitis	8.6	4.3	6.7	5.2	6.8	6.0	5.1	6.3

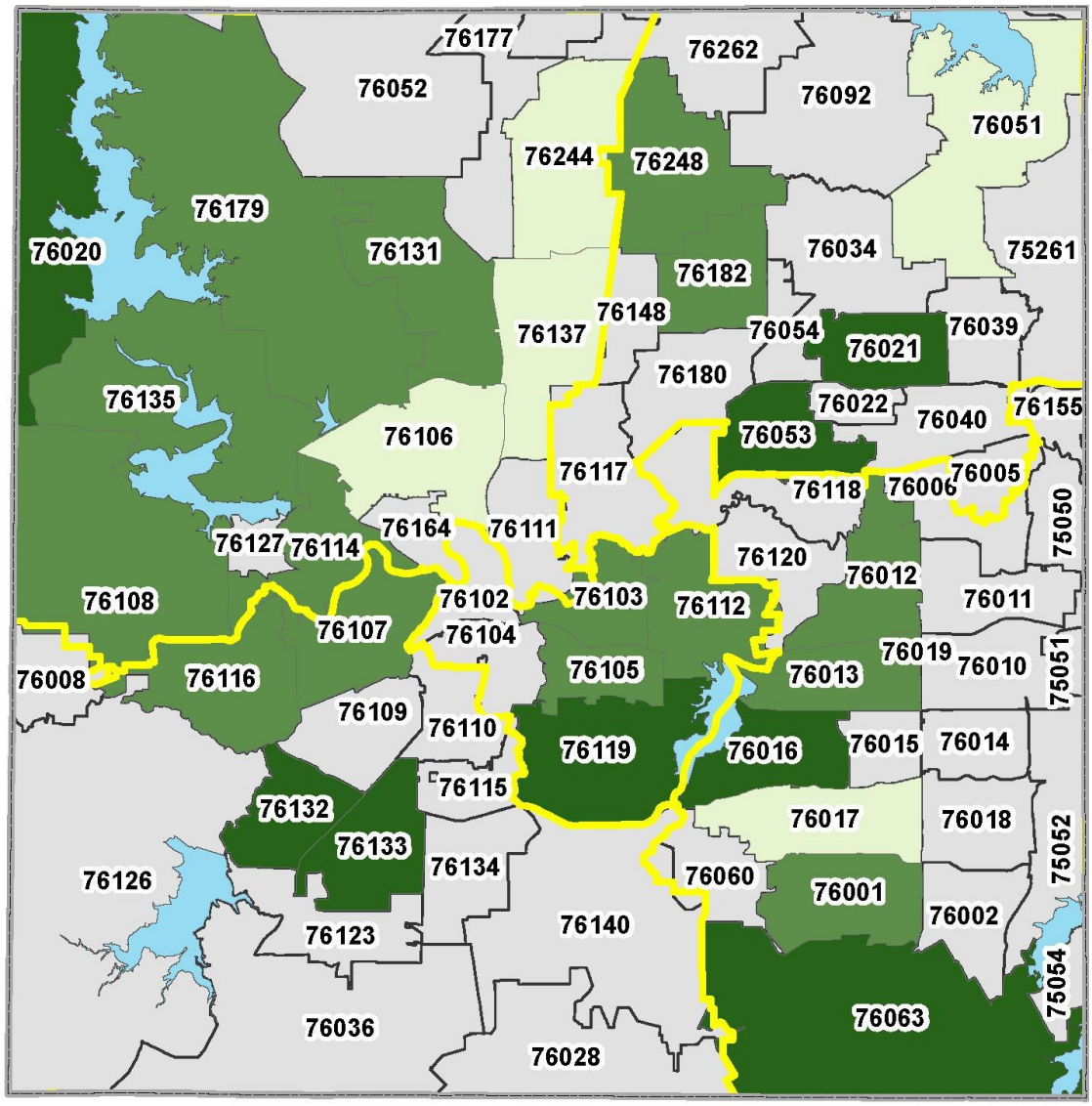
Source: Tarrant County Department of Health, BRFSS 2015

Chronic Disease by Race/Ethnicity, 2015

Indicator	Hispanic	NH Asian	NH Black	NH White	Other/ Muti-Racial	Tarrant County	Texas Population	U.S. Population
% adults aged 18+ with Arthritic Conditions	10.1	N/A	26.1	24.9	20.7	20.8	20.0	24.7
% adults aged 18+ with High Blood Pressure	24.7	14.6	39.8	31.2	22.6	30.1	29.5	32.0
% adults aged 18+ with High Blood Cholesterol	25.7	21.4	30.0	37.7	38.9	33.3	36.1	36.5
% adults aged 18+ with Heart Disease	2.9	N/A	7.2	7.0	8.6	5.9	6.1	6.4
% adults aged 18+ with Previous Heart Attack	1.9	N/A	4.1	5.0	N/A	4.1	4.3	4.3
% adults aged 18+ with Previous Stroke	0.7	N/A	6.1	2.4	N/A	2.5	3.0	3.0
% adults aged 45+ with Cognitive Decline	6.1	N/A	23.2	10.7	N/A	11.8	N/A	N/A
% adults aged 18+ with Depression	14.2	N/A	17.5	19.7	22.1	17.4	16.1	17.6
% adults aged 18+ with Diabetes	12.4	N/A	15.8	8.6	7.2	10.6	11.4	10.5
% adults aged 18+ with Pre-Diabetes	7.5	N/A	10.8	6.5	N/A	7.7	N/A	N/A
% adults aged 18+ with Overweight BMI	43.0	23.4	33.7	35.3	30.5	36.4	36.3	35.7
% adults aged 18+ with Obesity	29.9	N/A	38.0	28.1	31.7	29.6	32.4	28.9
% adults aged 18+ with Asthma	4.8	N/A	12.8	10.6	15.4	9.3	7.6	8.8
% adults aged 18+ with COPD, Emphysema or Chronic Bronchitis	2.7	N/A	6.5	7.4	9.0	6.0	5.1	6.3

Source: Tarrant County Department of Health, BRFSS 2015

ARTHRITIS
AMONG TARRANT COUNTY ADULTS AGED 18 YEARS AND OLDER BY ZIP CODE, 2015

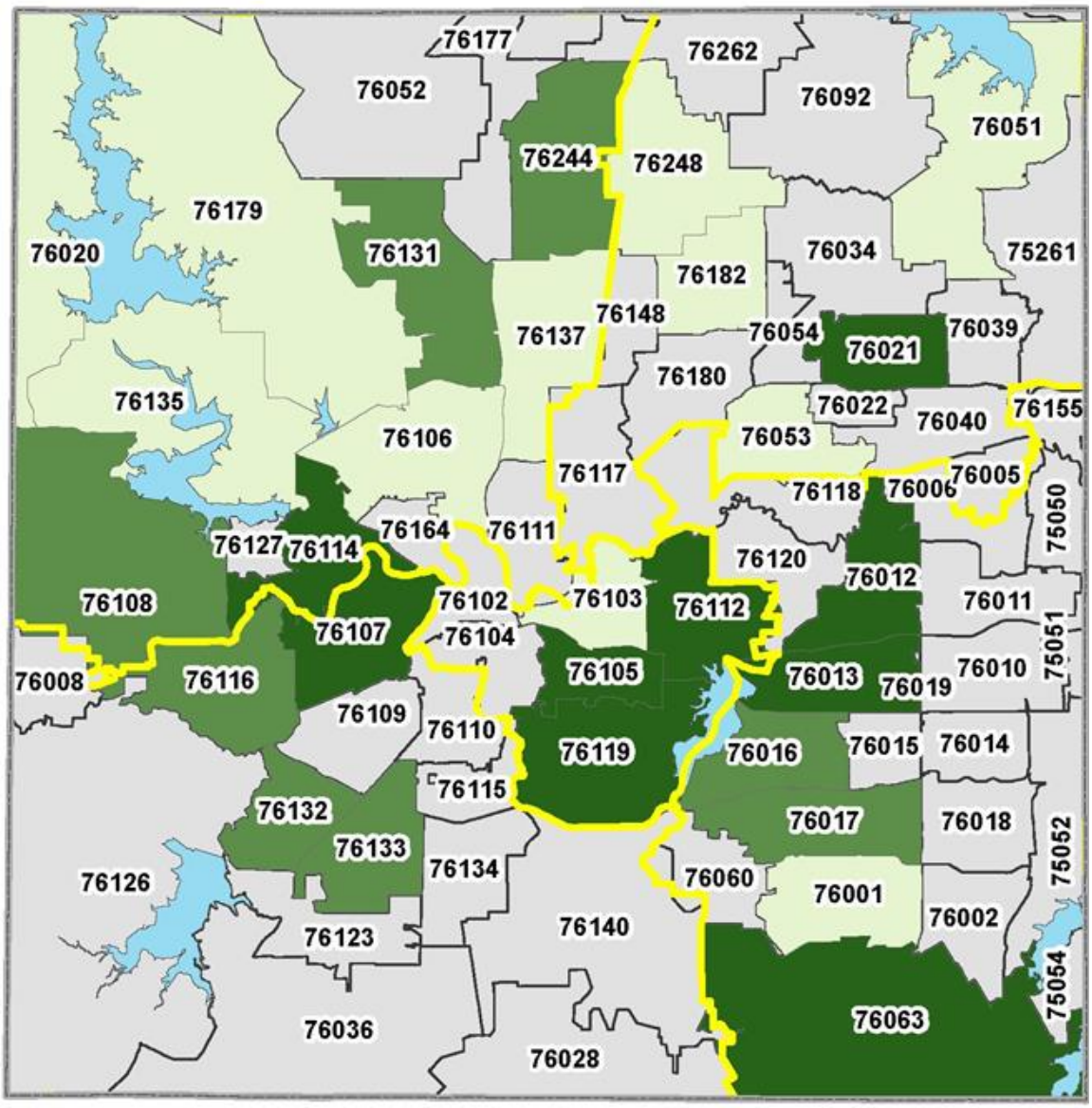


Percentage

- 7.4% - 12.4%
- 12.5% - 24.8%
- 24.9% - 37.6%
- Sample size too small for reliable estimate
- Subcounty Area
- Water

HIGH BLOOD PRESSURE

AMONG TARRANT COUNTY ADULTS AGED 18 YEARS AND OLDER BY ZIP CODE, 2015

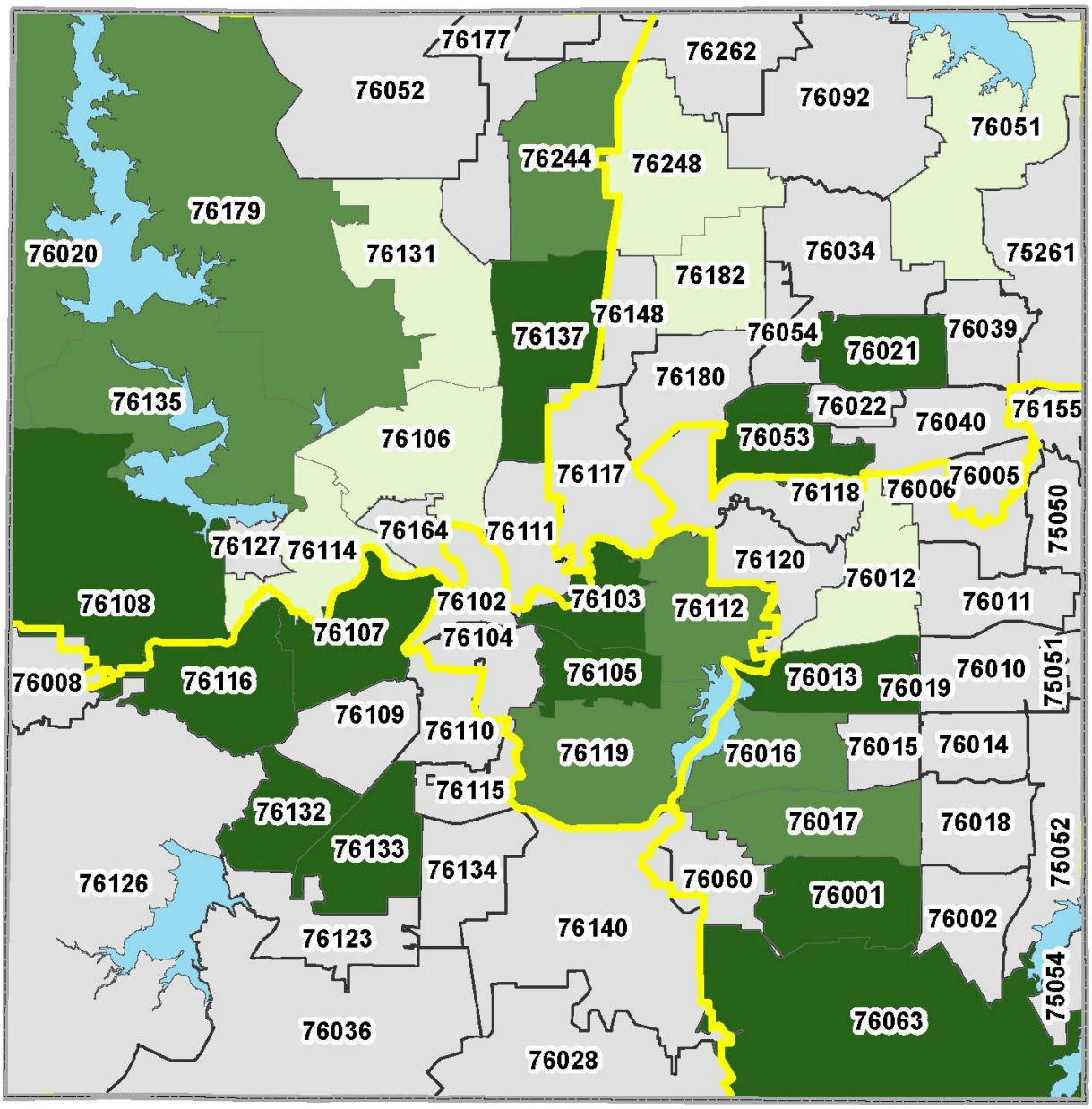


Percentage

- 20.2% - 26.4%
- 26.5% - 35.2%
- 35.3% - 46.2%
- Sample size too small for reliable estimate
- Subcounty Area
- Water

DEPRESSIVE DISORDERS

AMONG TARRANT COUNTY ADULTS AGED 18 YEARS AND OLDER BY ZIP CODE, 2015

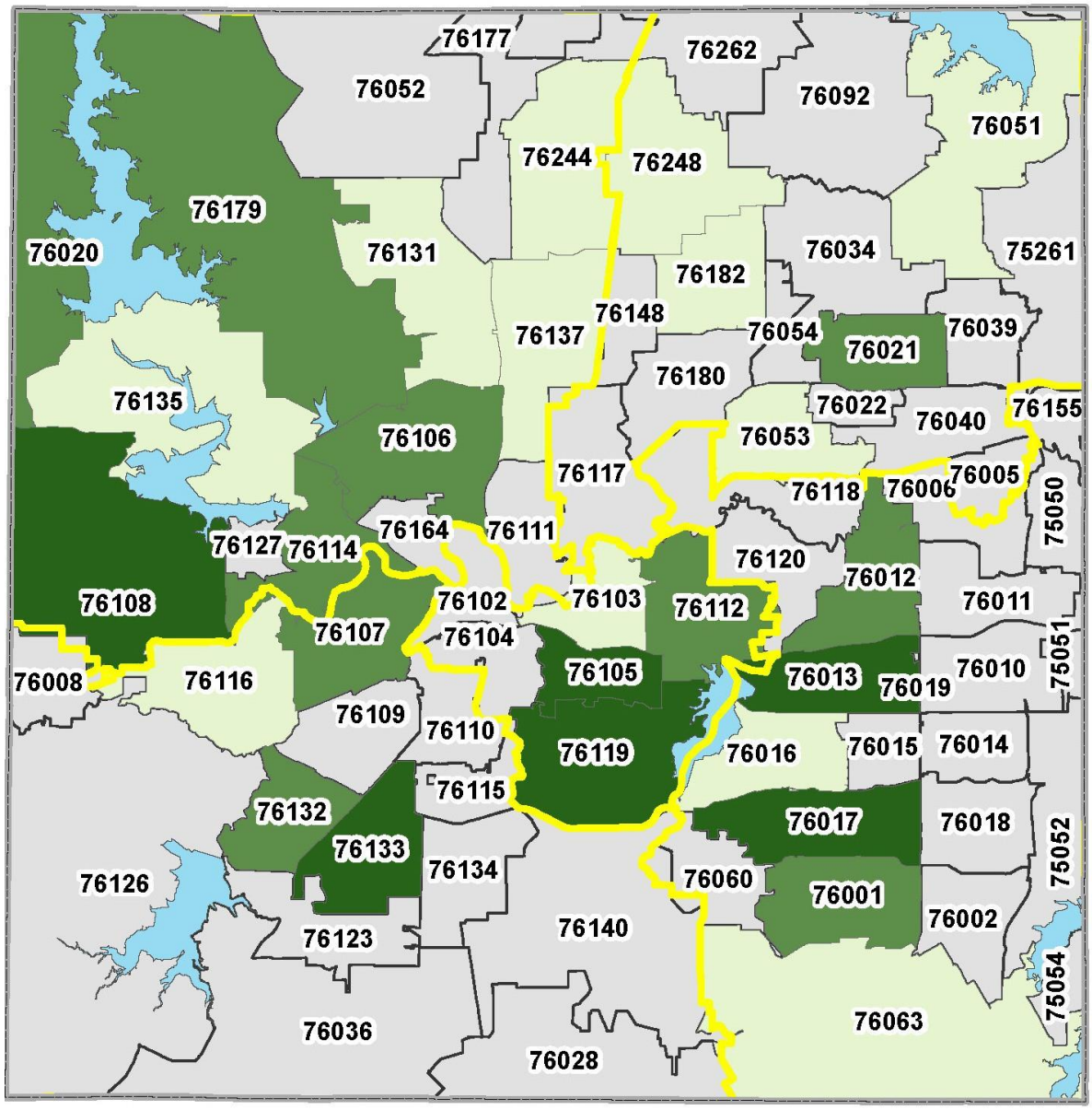


Percentage

- 7.7% - 13.1%
- 13.2% - 20.7%
- 20.8% - 30.8%
- Sample size too small for reliable estimate
- Subcounty Area
- Water

DIABETES

AMONG TARRANT COUNTY ADULTS AGED 18 YEARS AND OLDER BY ZIP CODE, 2015

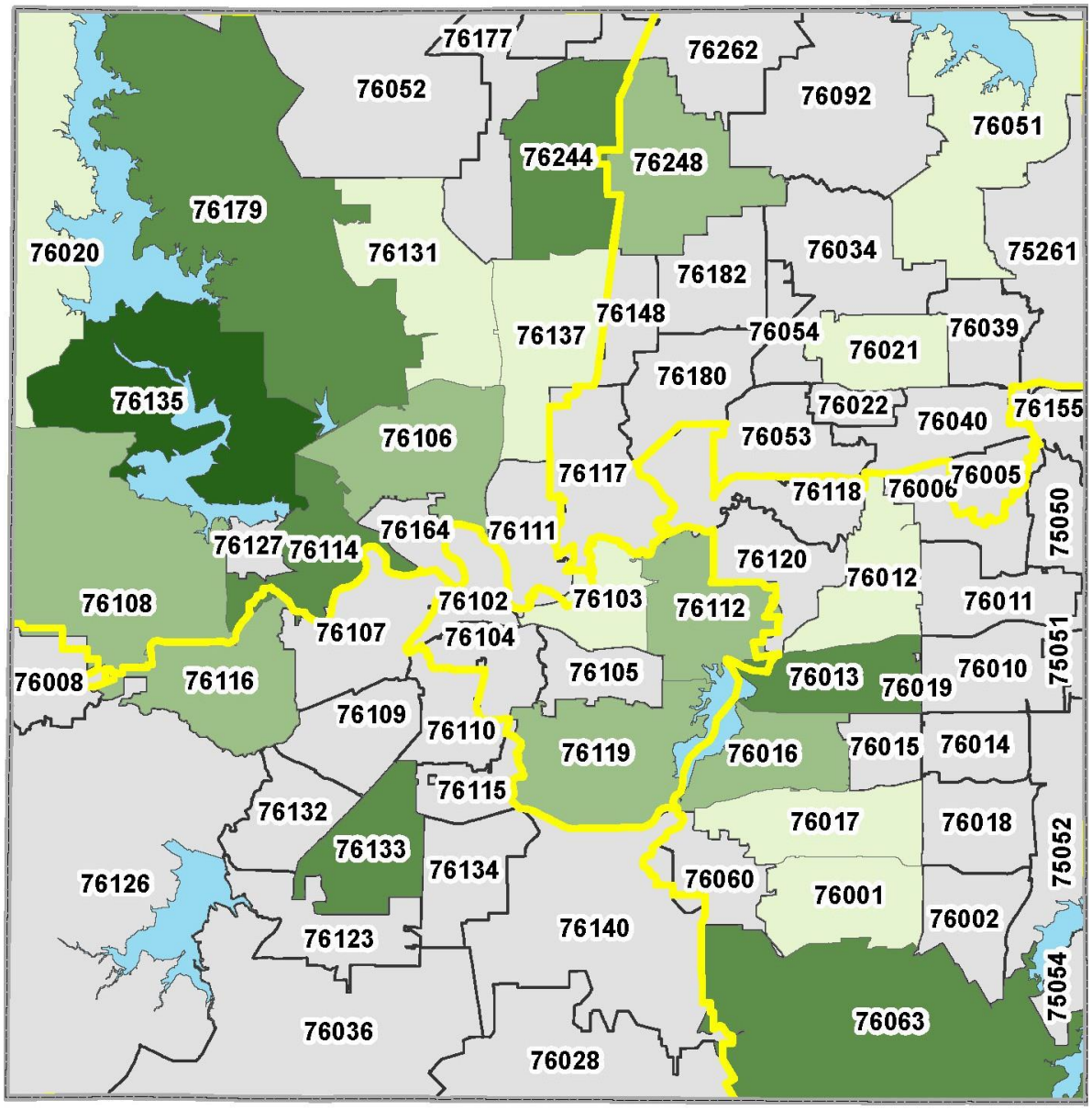


Percentage

- 2.5% - 8.1%
- 8.2% - 16.2%
- 16.3% - 24.6%
- Sample size too small for reliable estimate
- Subcounty Area
- Water

OVERWEIGHT OR OBESITY (BMI ≥ 25.0)

AMONG TARRANT COUNTY ADULTS AGED 18 YEARS AND OLDER BY ZIP CODE, 2015

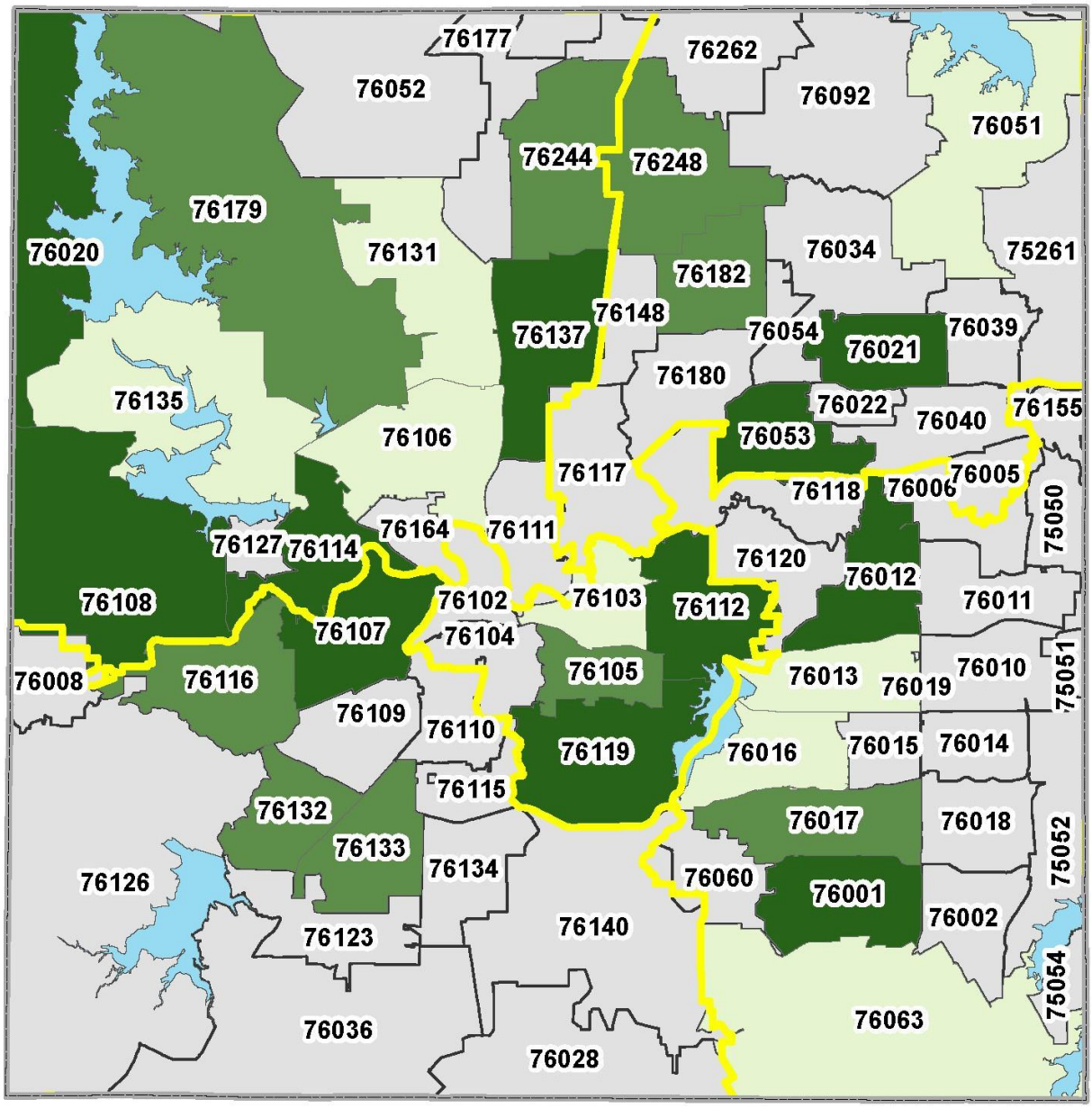


Percentage

- 55.0% - 61.0%
- 61.1% - 68.7%
- 68.8% - 78.3%
- 78.4% - 87.3%
- Sample size too small for reliable estimate
- Subcounty Area
- Water

CURRENT ASTHMA

AMONG TARRANT COUNTY ADULTS AGED 18 YEARS AND OLDER BY ZIP CODE, 2015



Percentage

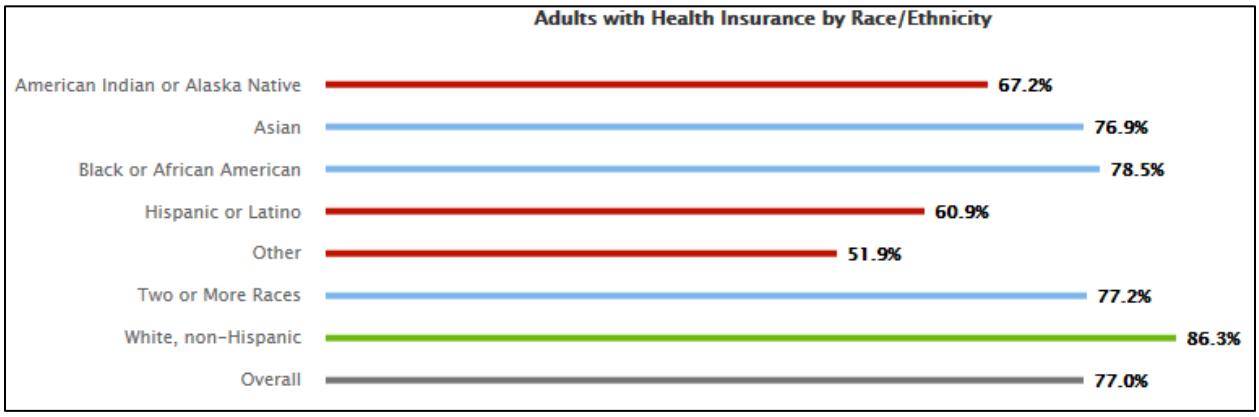
- 1.5% - 6.0%
- 6.1% - 10.1%
- 10.2% - 14.6%
- Sample size too small for reliable estimate
- Subcounty Area
- Water

Select Healthy North Texas Disparities Dashboard and Maps[16]

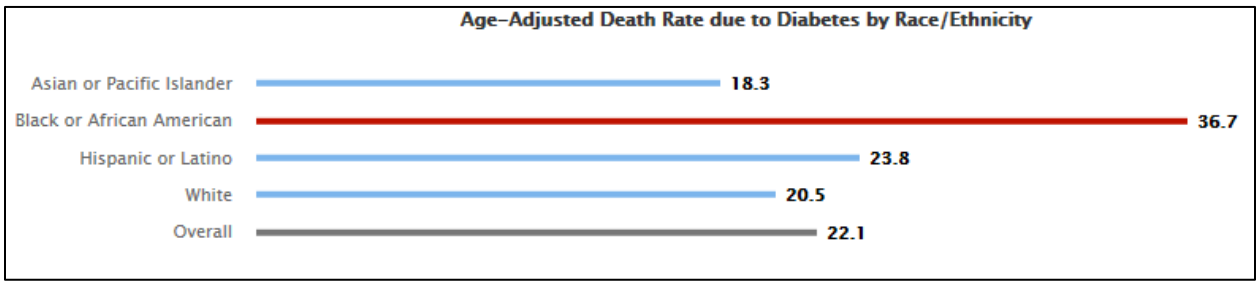
Legend:

- Significantly **better** than the overall value
- Significantly **worse** than the overall value
- Significantly **different** than the overall value
- No significant difference with the overall value
- No data on significance available

2018

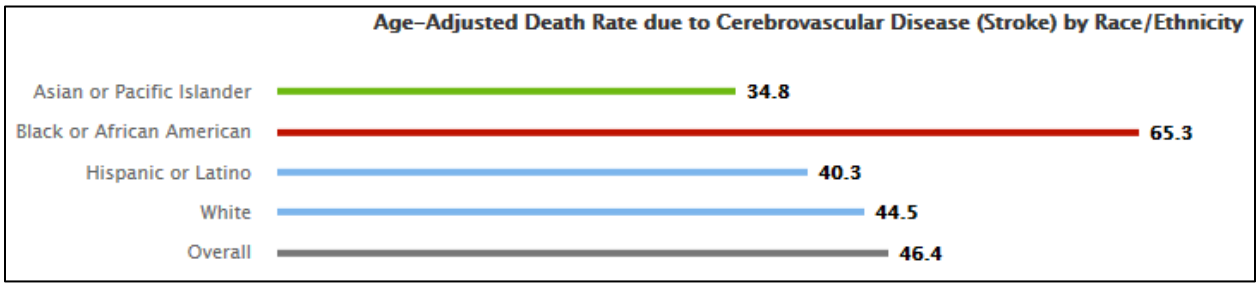


2016-2018

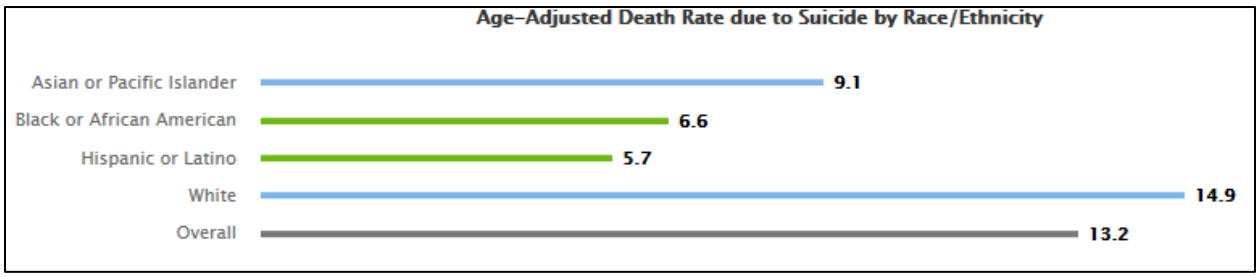


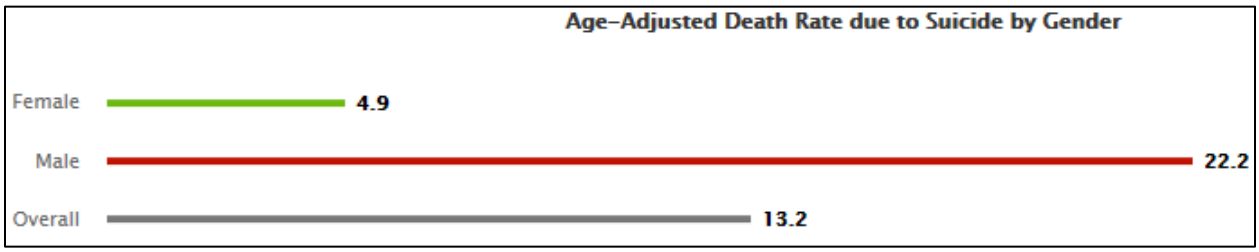
[16] Healthy North Texas Disparity Dashboard and Community Health Indicators. *Dallas-Fort Worth Hospital Council Foundation*. www.healthyntexas.org. Accessed 9 October 2020.

2016-2018

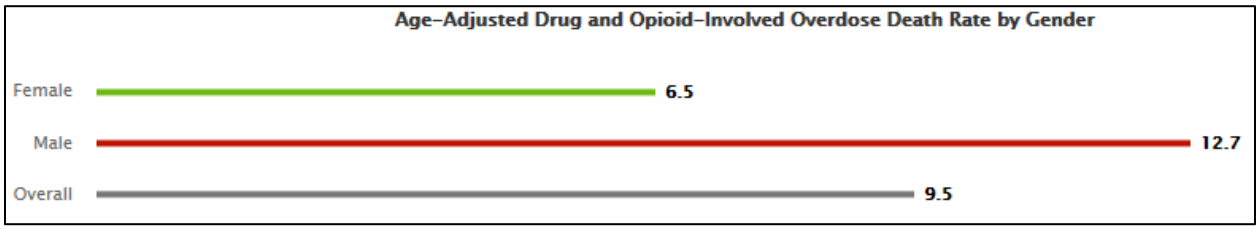


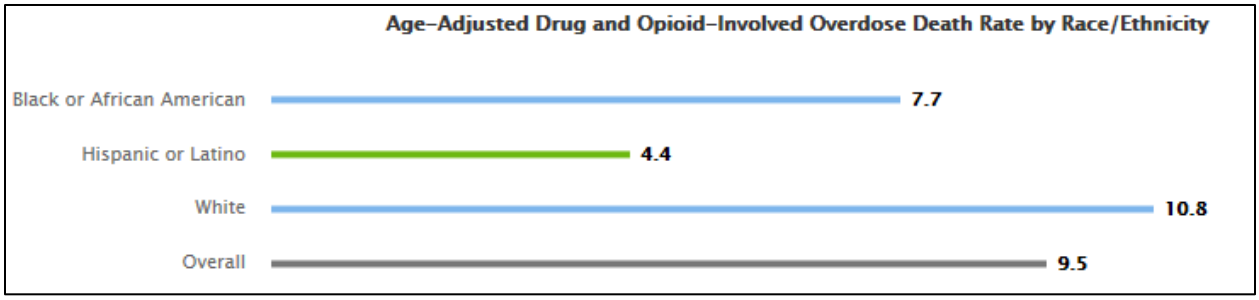
2016-2018



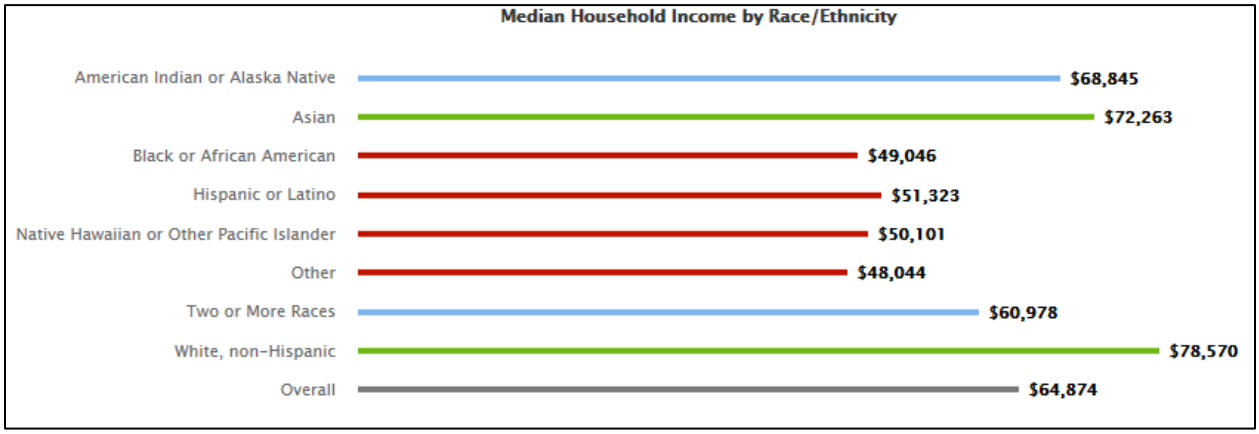


2016-2018

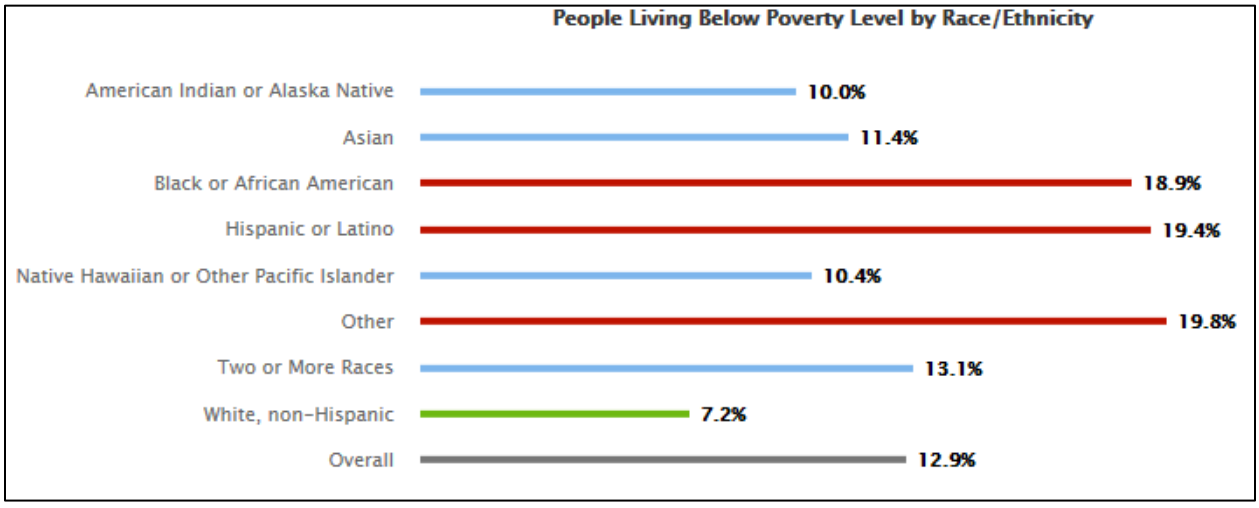




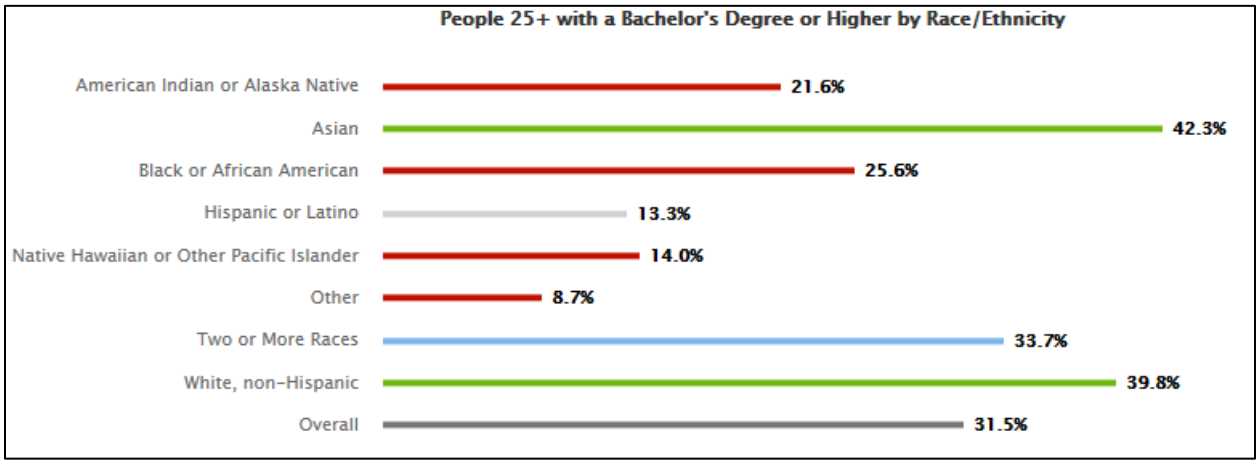
2014-2018

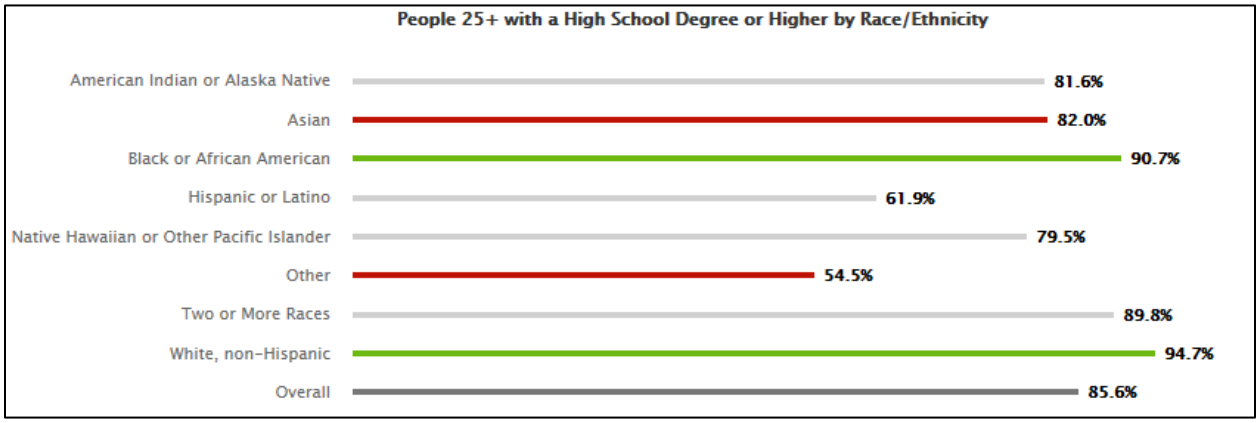


2014-2018



2014-2018

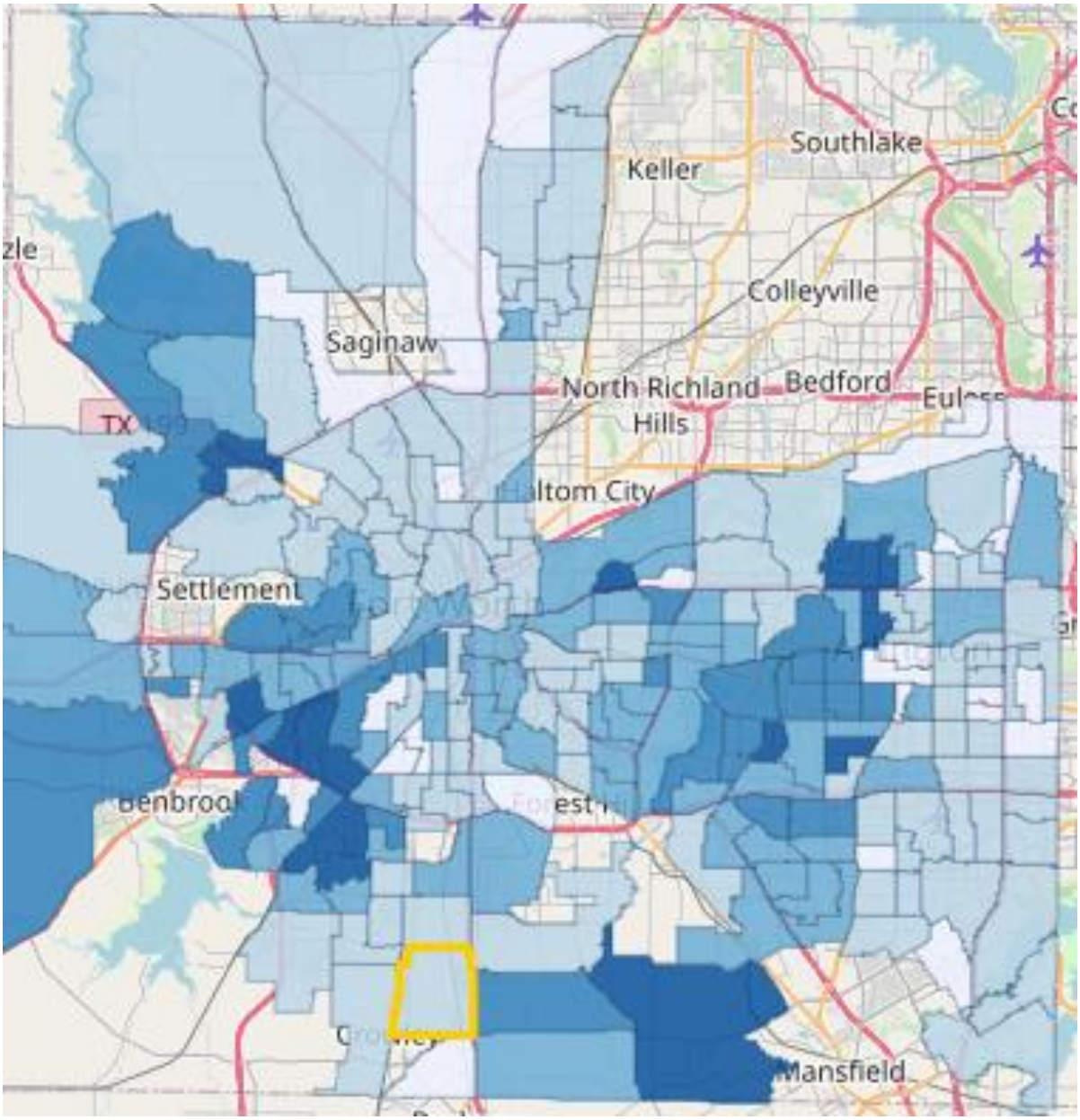

People 25+ with a Bachelor's Degree or Higher by Race/Ethnicity
American Indian or Alaska Native
21.6%
Asian
42.3%
Black or African American
25.6%
Hispanic or Latino
13.3%
Native Hawaiian or Other Pacific Islander
14.0%
Other
8.7%
Two or More Races
33.7%
White, non-Hispanic
39.8%
Overall
31.5%


People 25+ with a High School Degree or Higher by Race/Ethnicity
American Indian or Alaska Native
81.6%
Asian
82.0%
Black or African American
90.7%
Hispanic or Latino
61.9%
Native Hawaiian or Other Pacific Islander
79.5%
Other
54.5%
Two or More Races
89.8%
White, non-Hispanic
94.7%
Overall
85.6%

Adults with Cancer (2017)

http://www.healthyntexas.org/indicators/index/view?indicatorId=5669&localeTypeId=4&localeFilterId=2794

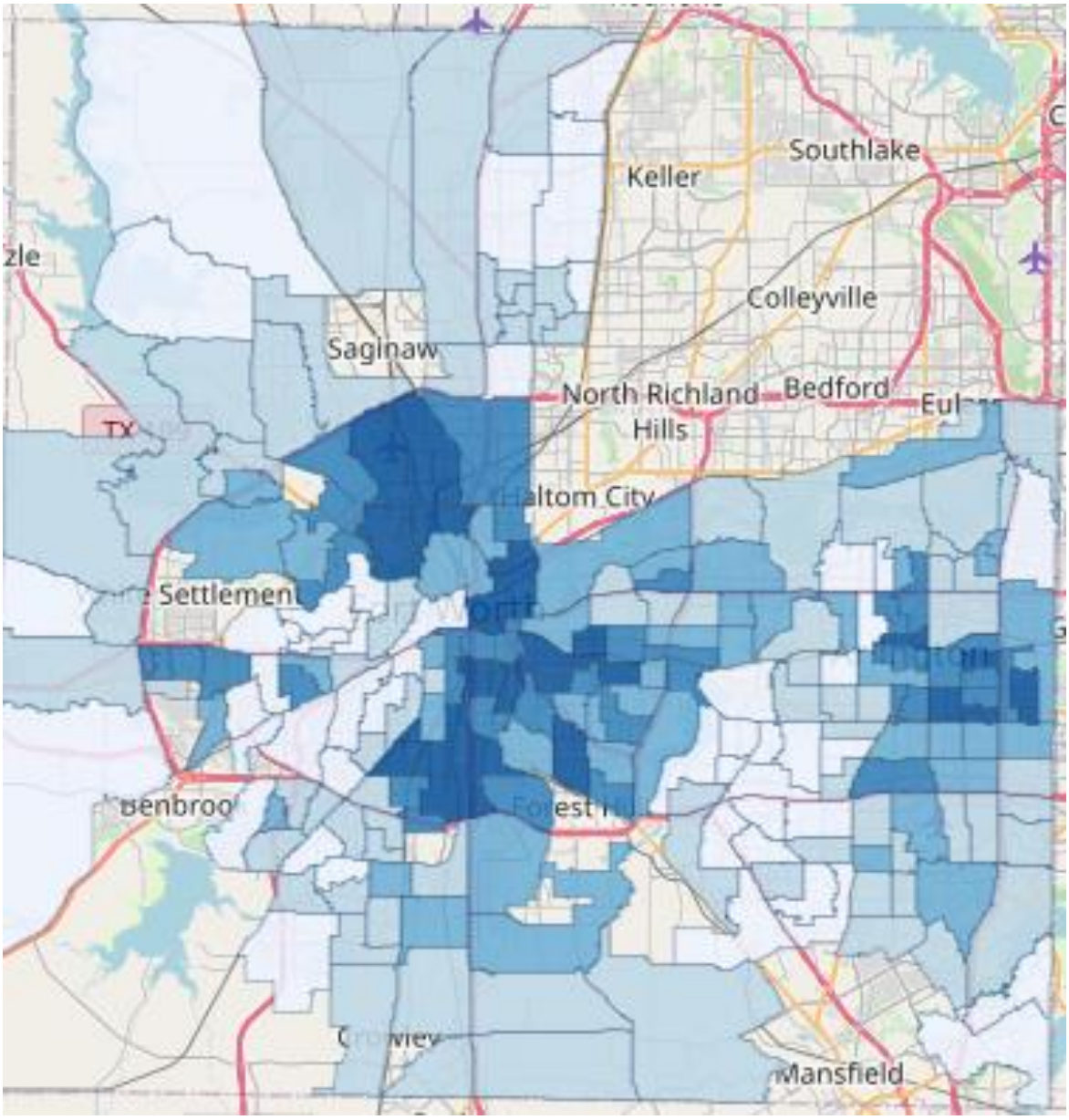
This indicator shows the percentage of adults aged 18 and over who have ever been told by a health professional that they have any type of cancer, except skin cancer.



Colon Cancer Screening (2016)

http://www.healthyntexas.org/indicators/index/view?indicatorId=2335&localeTypeId=4&localeFilterId=2794

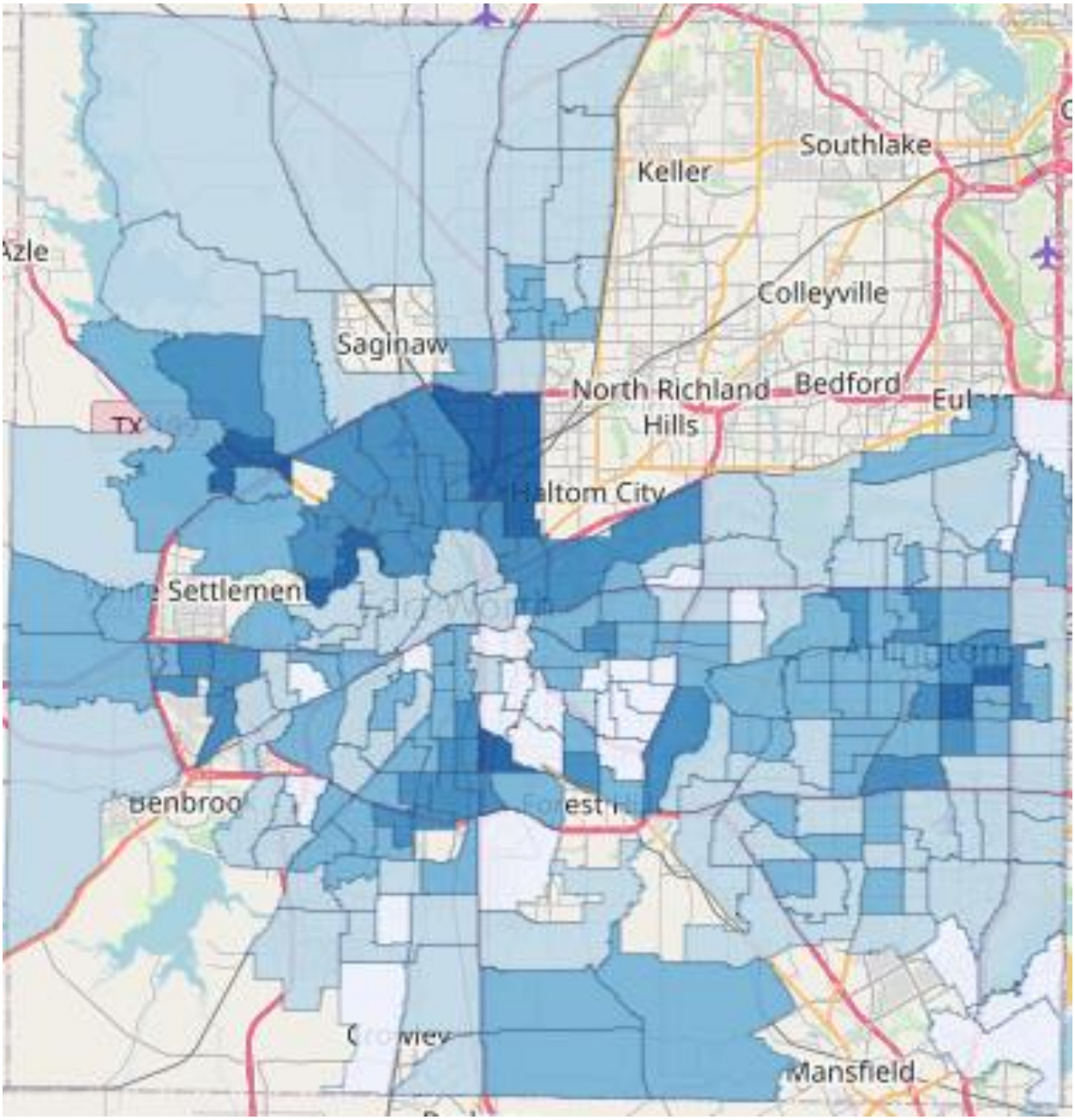
This indicator shows the percentage of respondents aged 50-75 who have had either a fecal occult blood test in the past year, a sigmoidoscopy in the past five years AND a fecal occult blood test in the past three years, or a colonoscopy exam in the past ten years.



Mammogram in Past 2 Years: 50-74 (2016)

http://www.healthyntexas.org/indicators/index/view?indicatorId=2333&localeTypeId=4&localeFilterId=2794

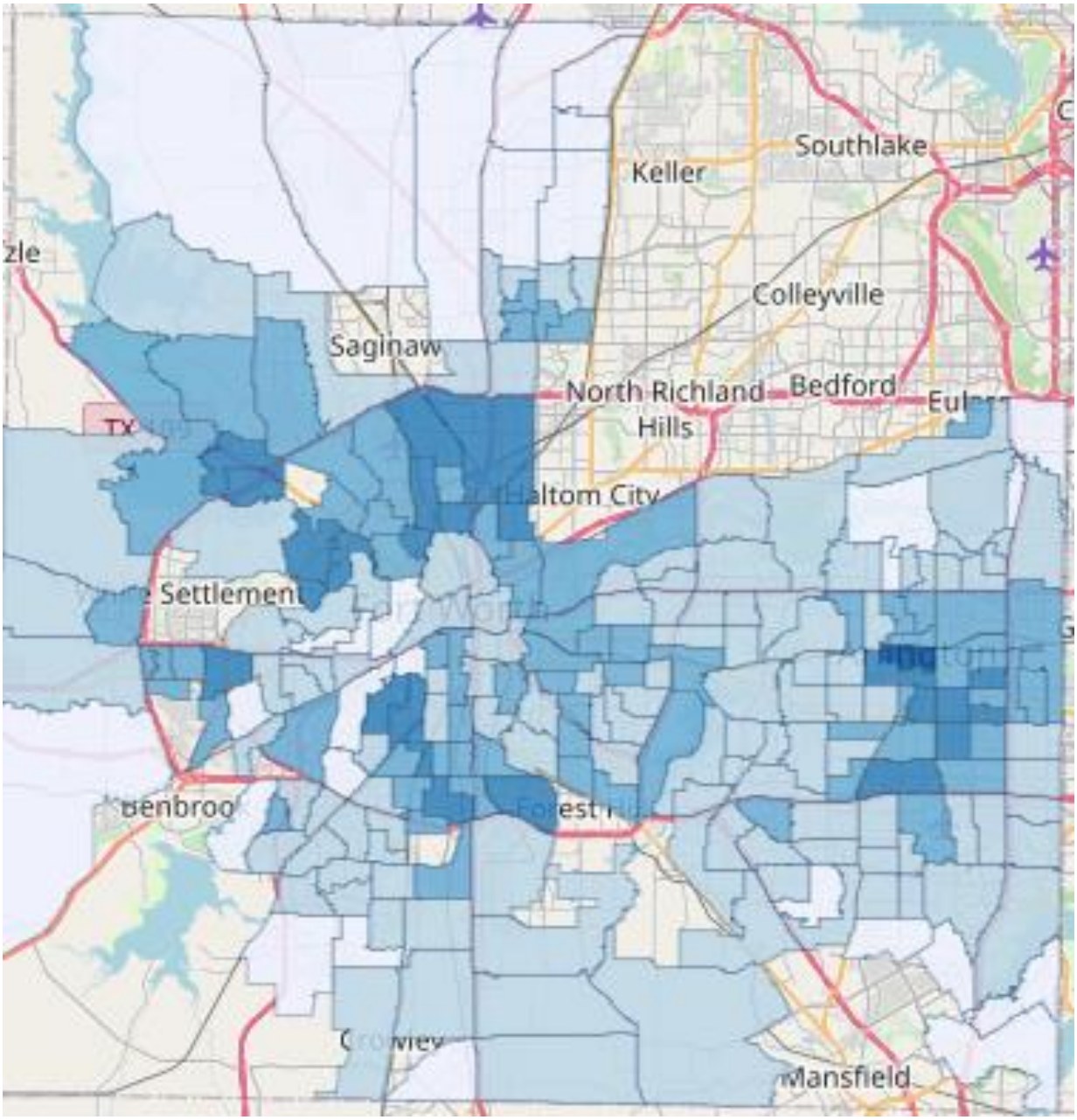
This indicator shows the percentage of women aged 50-74 who have had a mammogram in the past two years.



Pap Test in Past 3 Years: 21-65 (2016)

http://www.healthyntexas.org/indicators/index/view?indicatorId=2334&localeTypeId=4&localeFilterId=2794

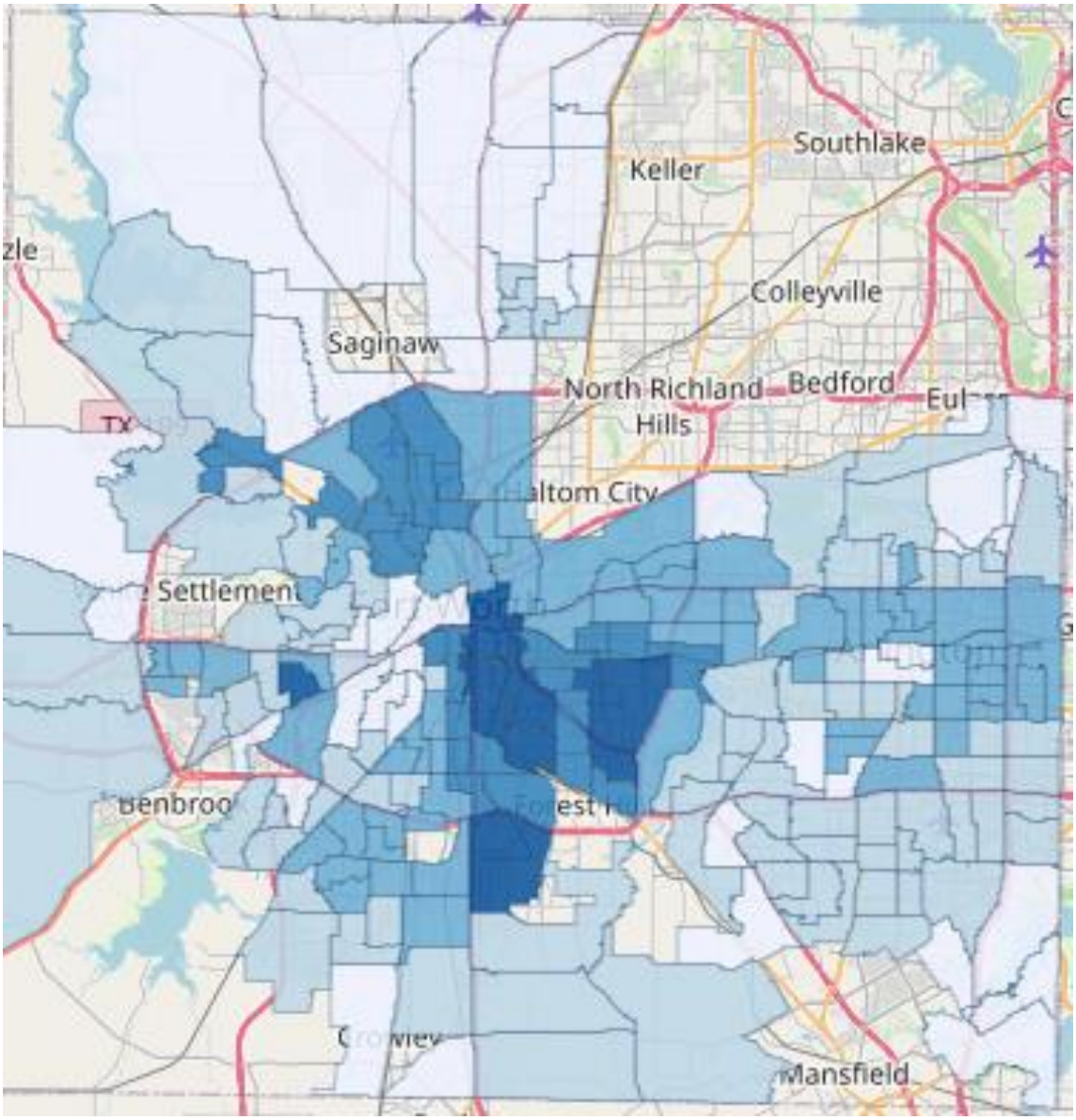
This indicator shows the percentage of women ages 21-65 who have had a Pap smear in the past three years.



Adults with Diabetes (2017)

http://www.healthyntexas.org/indicators/index/view?indicatorId=81&localeTypeId=4&localeFilterId=2794

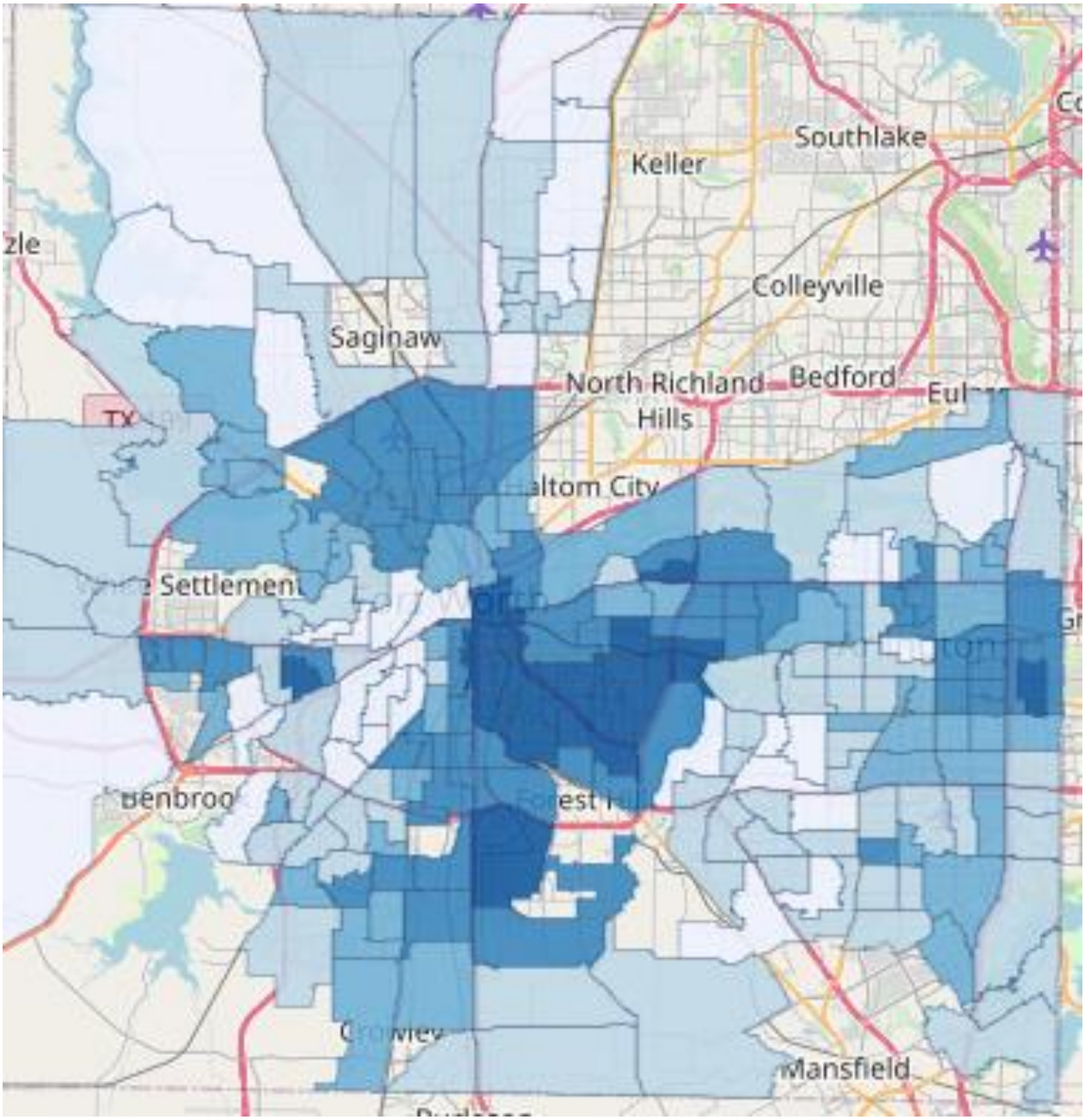
This indicator shows the percentage of adults who have ever been diagnosed with diabetes.



Adults who are Obese (2017)

http://www.healthyntexas.org/indicators/index/view?indicatorId=54&localeTypeId=4&localeFilterId=2794

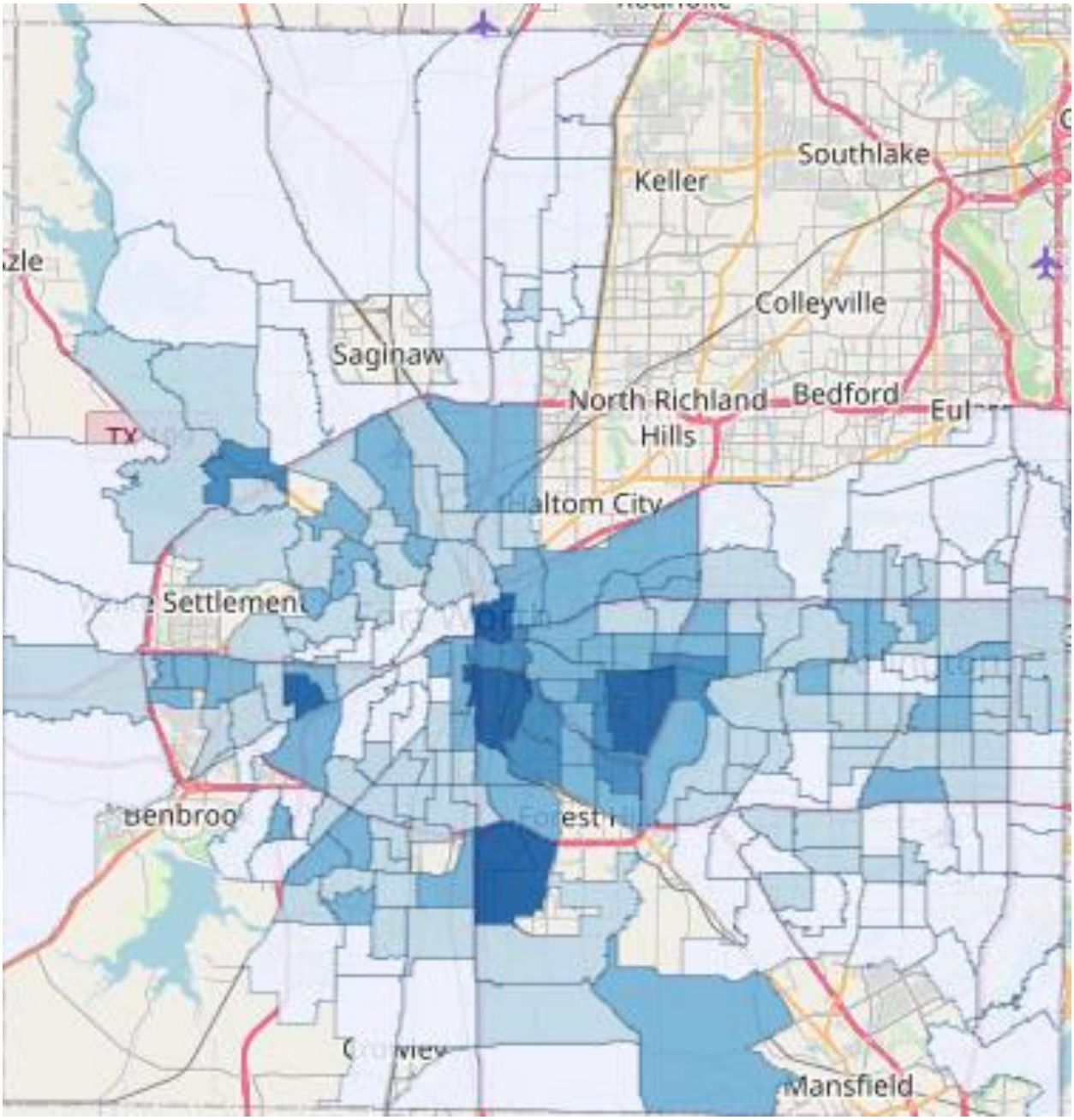
This indicator shows the percentage of adults aged 18 and older who are obese according to the Body Mass Index (BMI). The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units (BMI = Weight (Kg)/[Height (m) ^ 2]). A BMI >=30 is considered obese.



Adults who Experienced a Stroke (2017)

http://www.healthyntexas.org/indicators/index/view?indicatorId=2820&localeTypeId=4&localeFilterId=2794

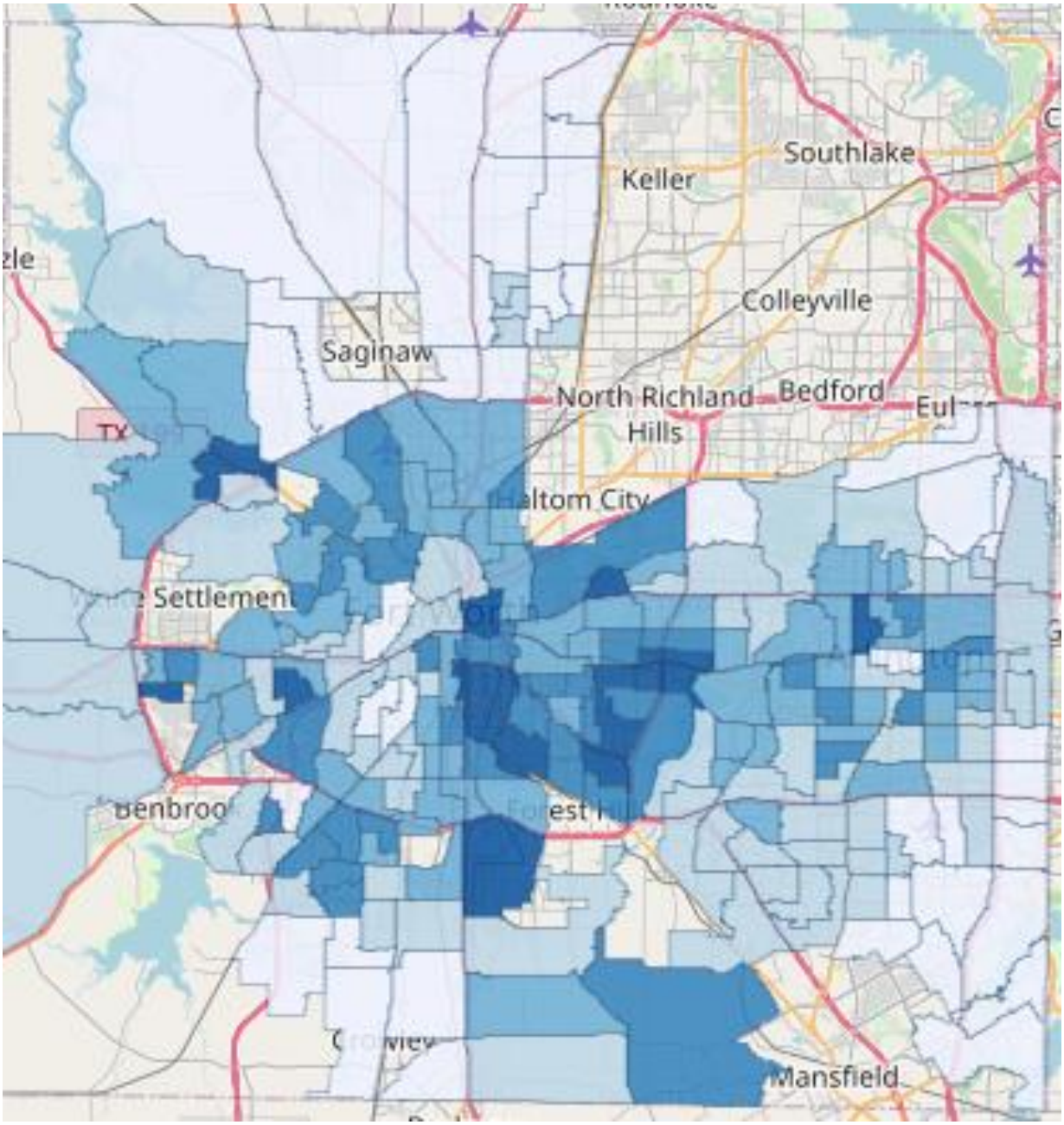
This indicator shows the percentage of adults who have ever been told by a health care provider that they had a stroke.



Adults who Experienced Coronary Heart Disease (2017)

http://www.healthyntexas.org/indicators/index/view?indicatorId=2819&localeTypeId=4&localeFilterId=2794

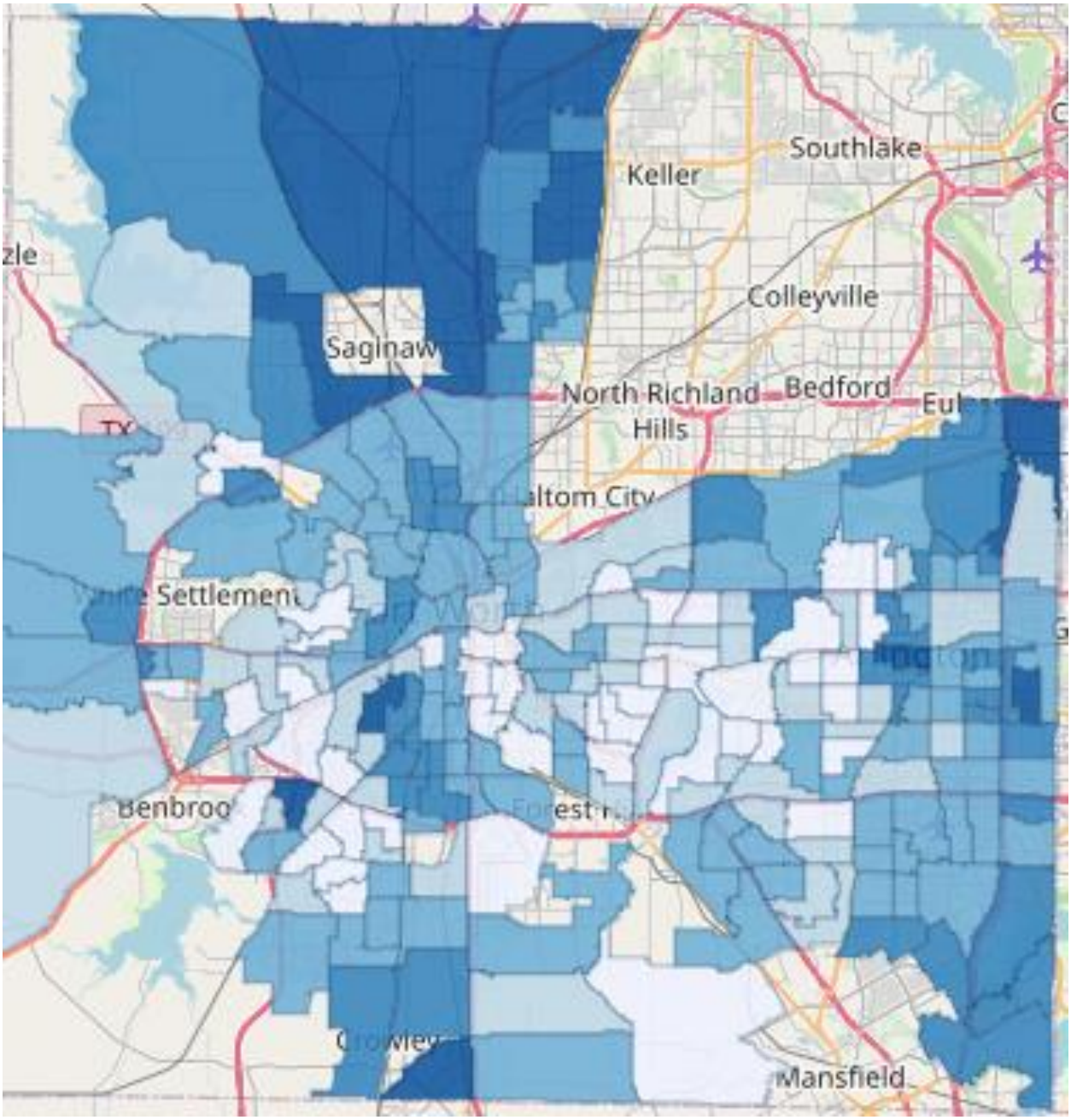
This indicator shows the percentage of adults who have ever been told by a health care provider that they had coronary heart disease.



Adults who Have Taken Medications for High Blood Pressure (2017)

http://www.healthyntexas.org/indicators/index/view?indicatorId=5681&localeTypeId=4&localeFilterId=2794

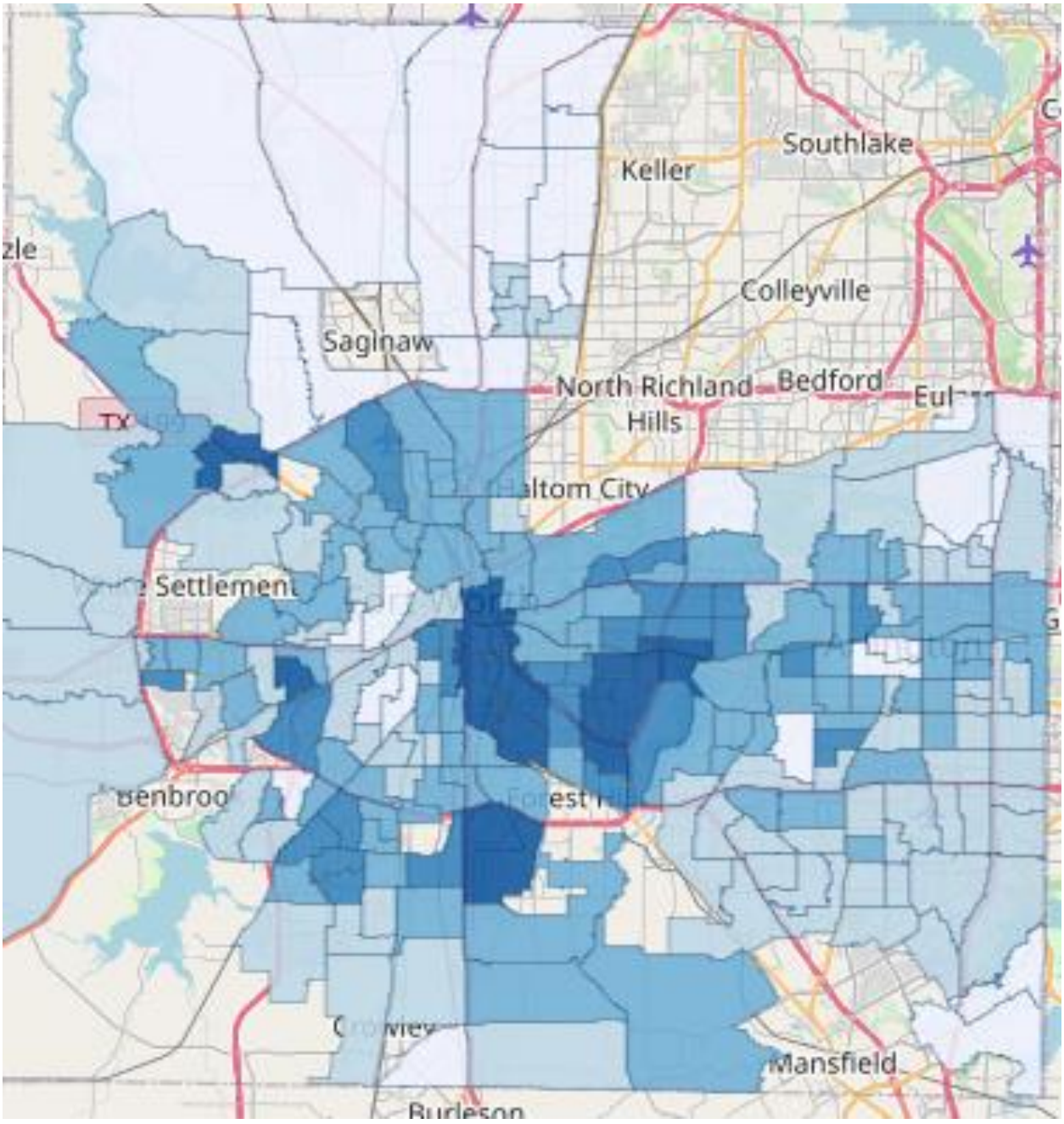
This indicator shows the percentage of adults aged 18 or over with high blood pressure who report taking medications for high blood pressure.



High Blood Pressure Prevalence (2017)

http://www.healthyntexas.org/indicators/index/view?indicatorId=253&localeTypeId=4&localeFilterId=2794

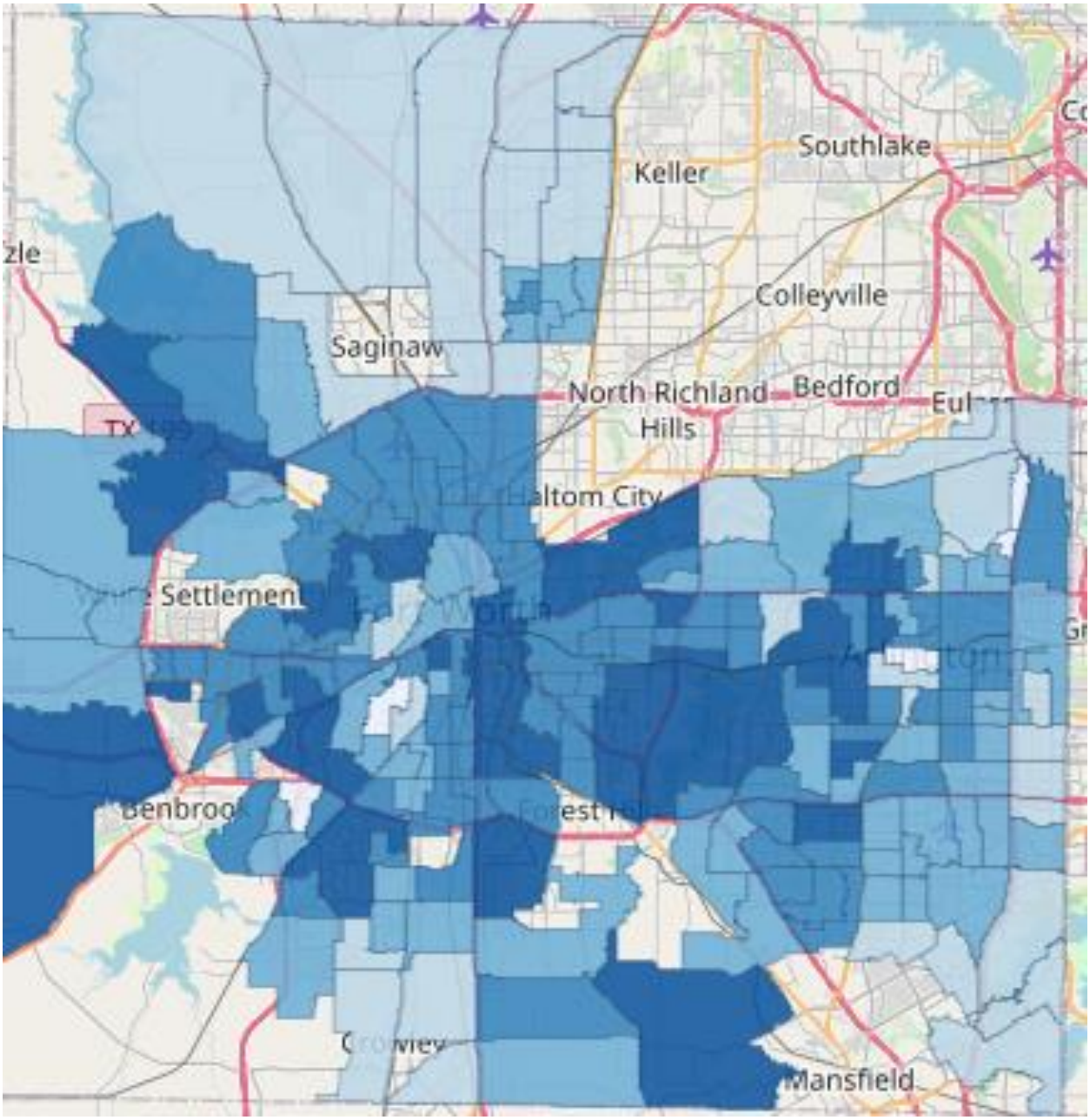
This indicator shows the percentage of adults who have been told they have high blood pressure. Normal blood pressure should be less than 120/80 mm Hg for an adult. Blood pressure above this level (140/90 mm Hg or higher) is considered high (hypertension).



High Cholesterol Prevalence: Adults 18+ (2017)

http://www.healthyntexas.org/indicators/index/view?indicatorId=5677&localeTypeId=4&localeFilterId=2794

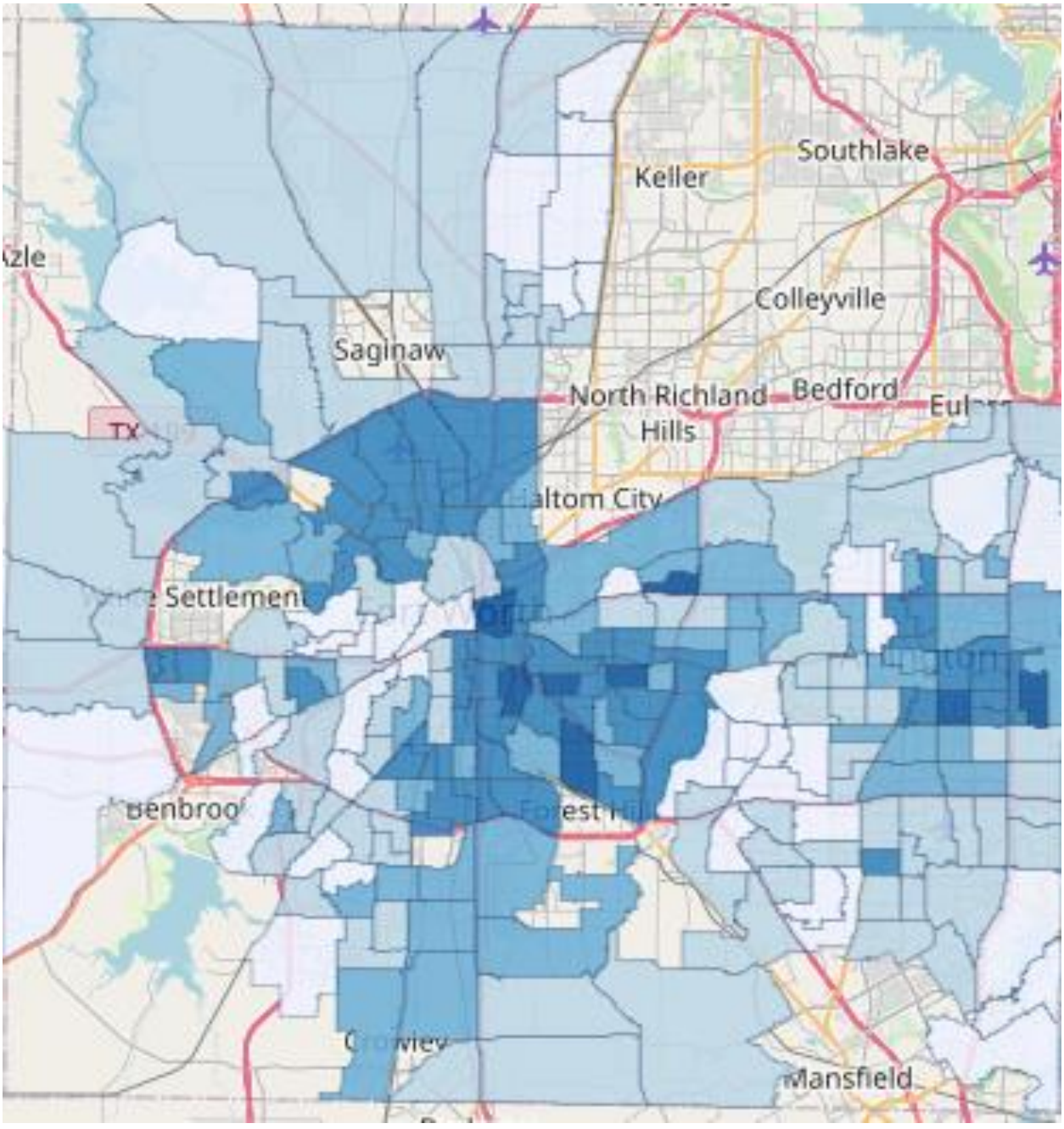
This indicator shows the percentage of adults ages 18 and older who have had their blood cholesterol checked within the past five years and have been told by a health care provider that it is high.



Poor Mental Health: 14+ Days (2017)

http://www.healthyntexas.org/indicators/index/view?indicatorId=1835&localeTypeId=4&localeFilterId=2794

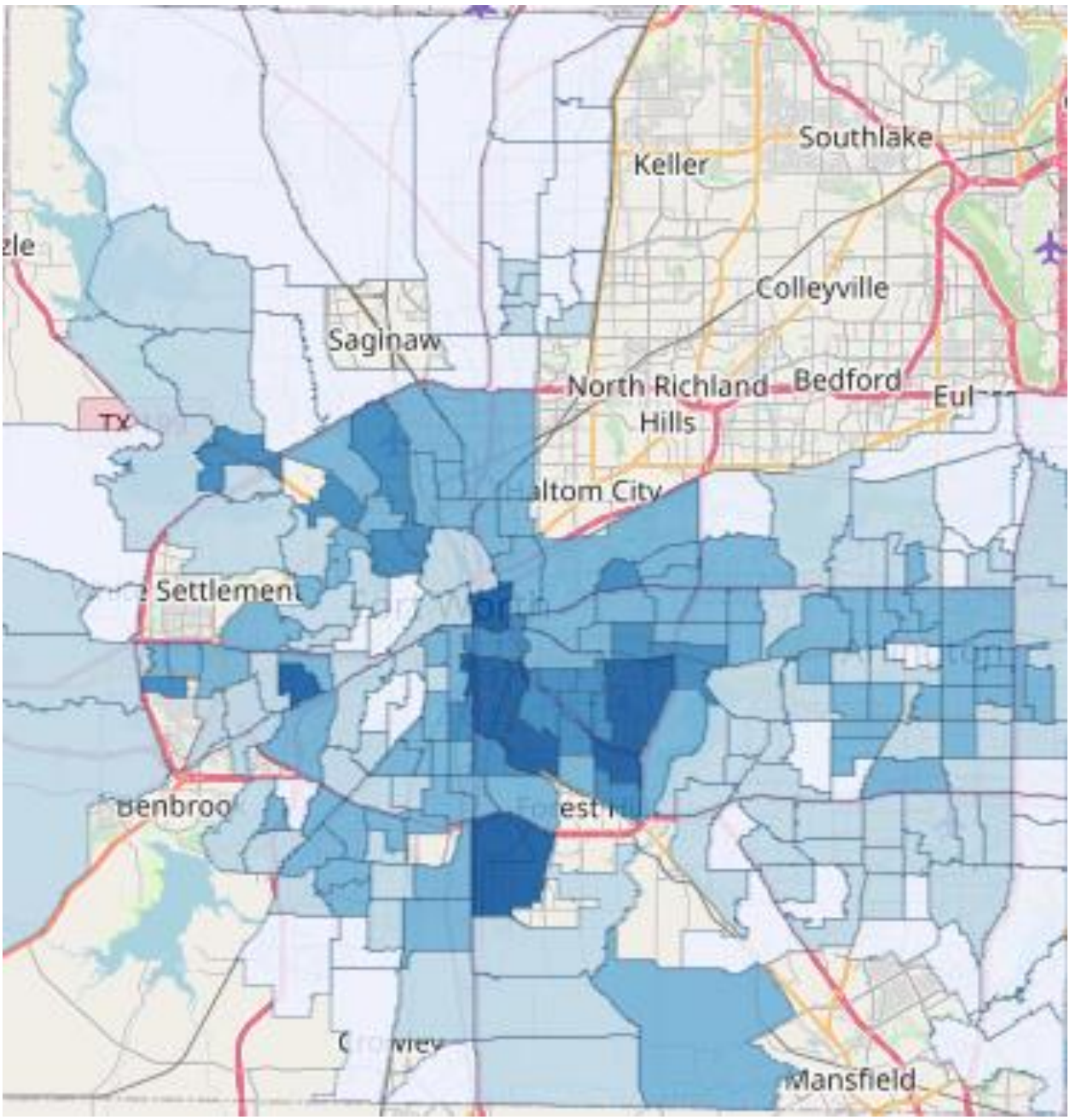
This indicator shows the percentage of adults who stated that their mental health was not good 14 or more days in the past month.



Adults with Kidney Disease (2017)

http://www.healthyntexas.org/indicators/index/view?indicatorId=4147&localeTypeId=4&localeFilterId=2794

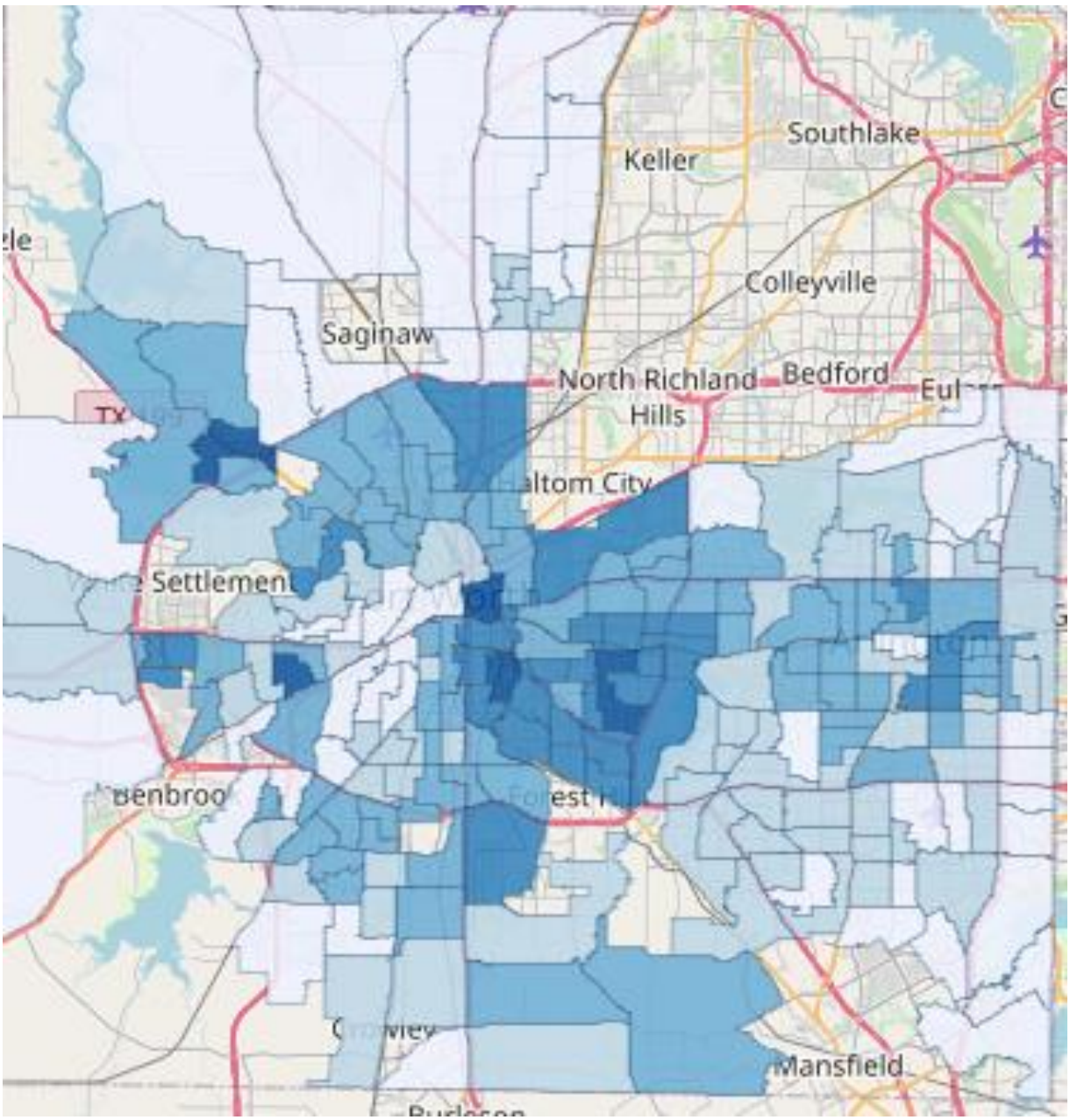
This indicator shows the percentage of adults who have ever been told by a doctor they have kidney disease.



Adults with COPD (2017)

http://www.healthyntexas.org/indicators/index/view?indicatorId=4145&localeTypeId=4&localeFilterId=2794

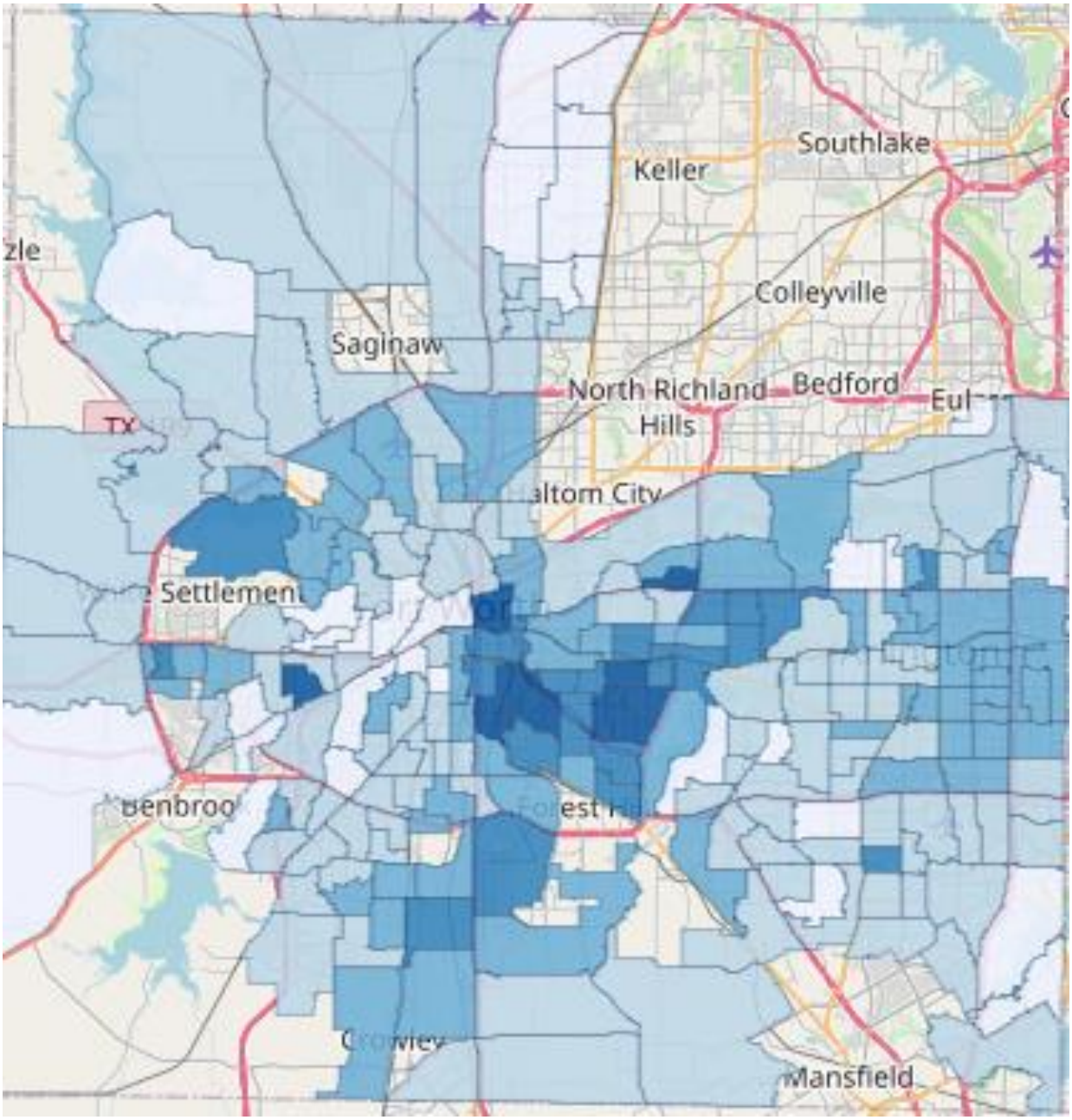
This indicator shows the percentage of adults who have ever been told by a doctor they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.



Adults with Current Asthma (2017)

http://www.healthyntexas.org/indicators/index/view?indicatorId=79&localeTypeId=4&localeFilterId=2794

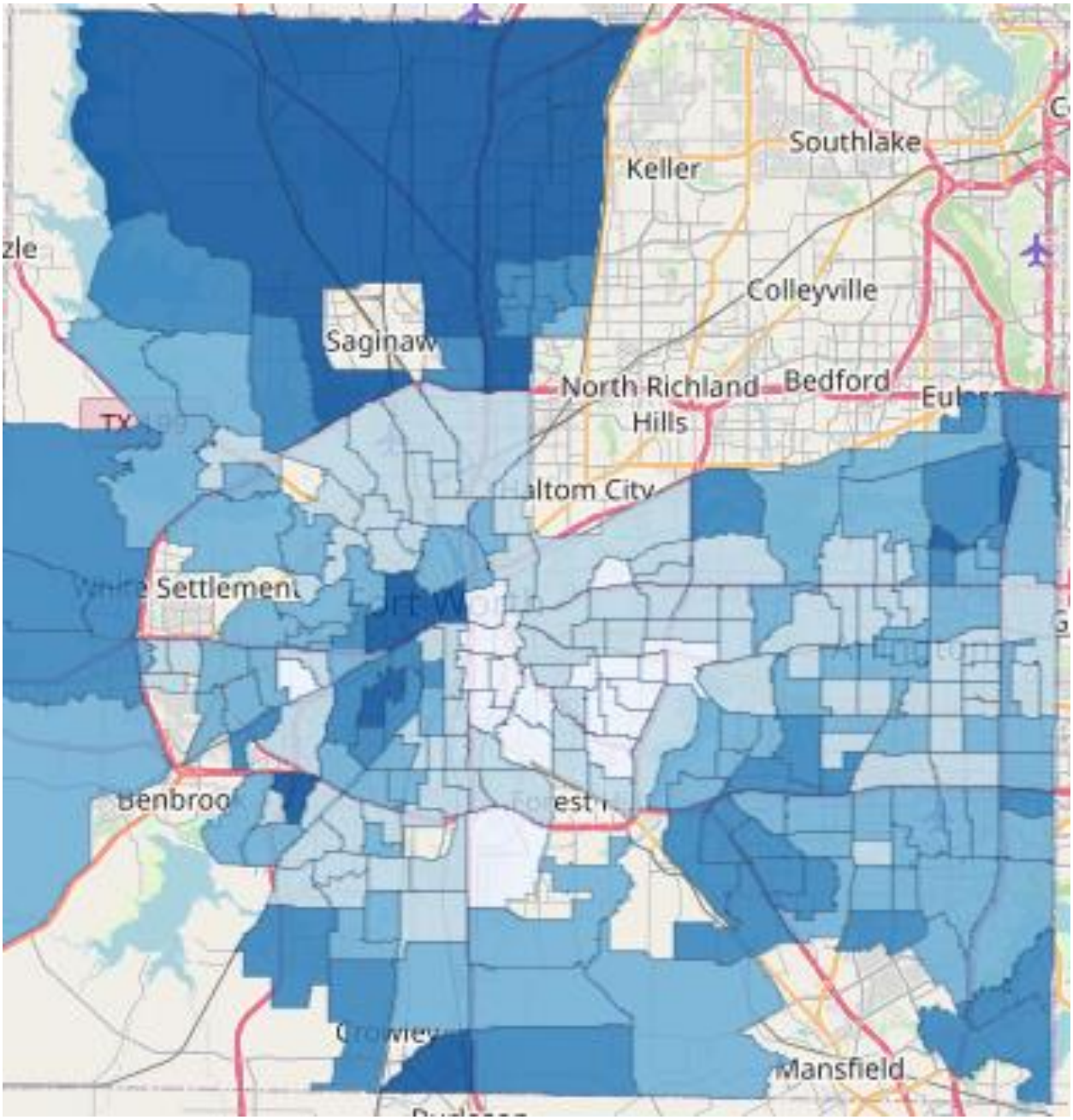
This indicator shows the percentage of adults who have been told by a health care provider that they currently have asthma.



Adults who Binge Drink (2017)

http://www.healthyntexas.org/indicators/index/view?indicatorId=58&localeTypeId=4&localeFilterId=2794

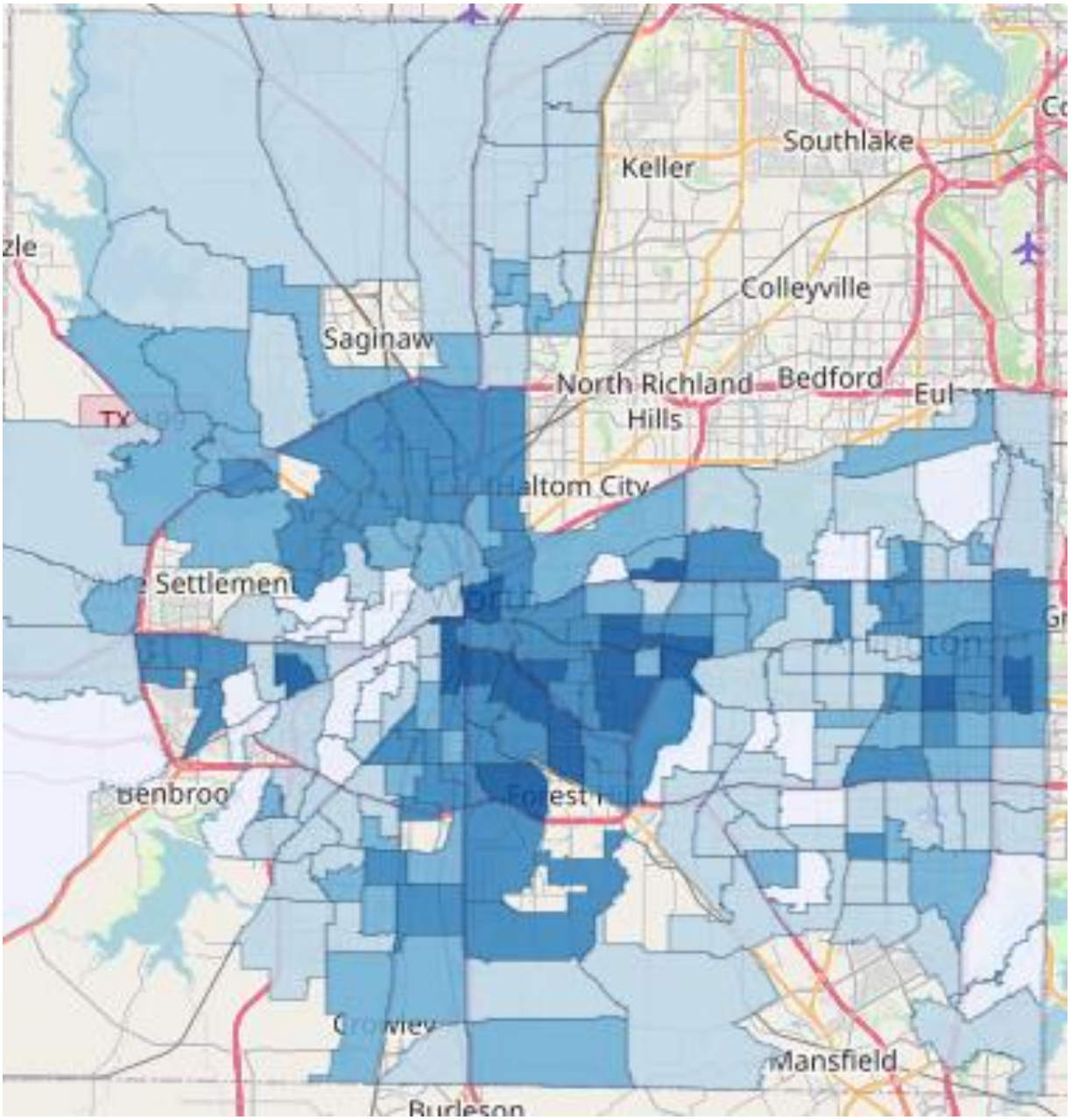
This indicator shows the percentage of adults who reported binge drinking at least once during the 30 days prior to the survey. Male binge drinking is defined as five or more drinks on one occasion, and female binge drinking is four or more drinks on one occasion.



Adults who Smoke (2017)

http://www.healthyntexas.org/indicators/index/view?indicatorId=8&localeTypeId=4&localeFilterId=2794

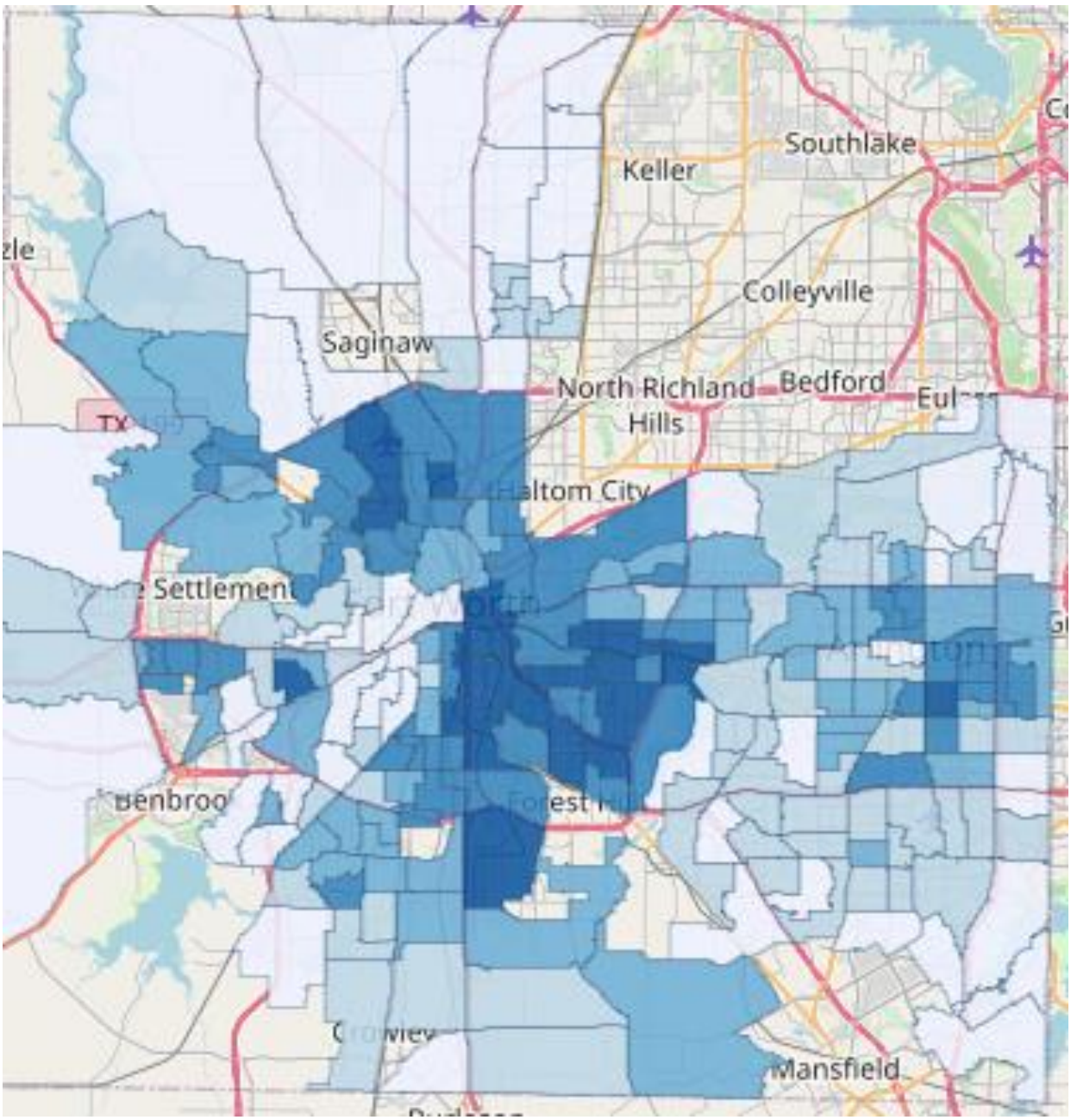
This indicator shows the percentage of adults who currently smoke cigarettes.



Poor Physical Health: 14+ Days (2017)

http://www.healthyntexas.org/indicators/index/view?indicatorId=1836&localeTypeId=4&localeFilterId=2794

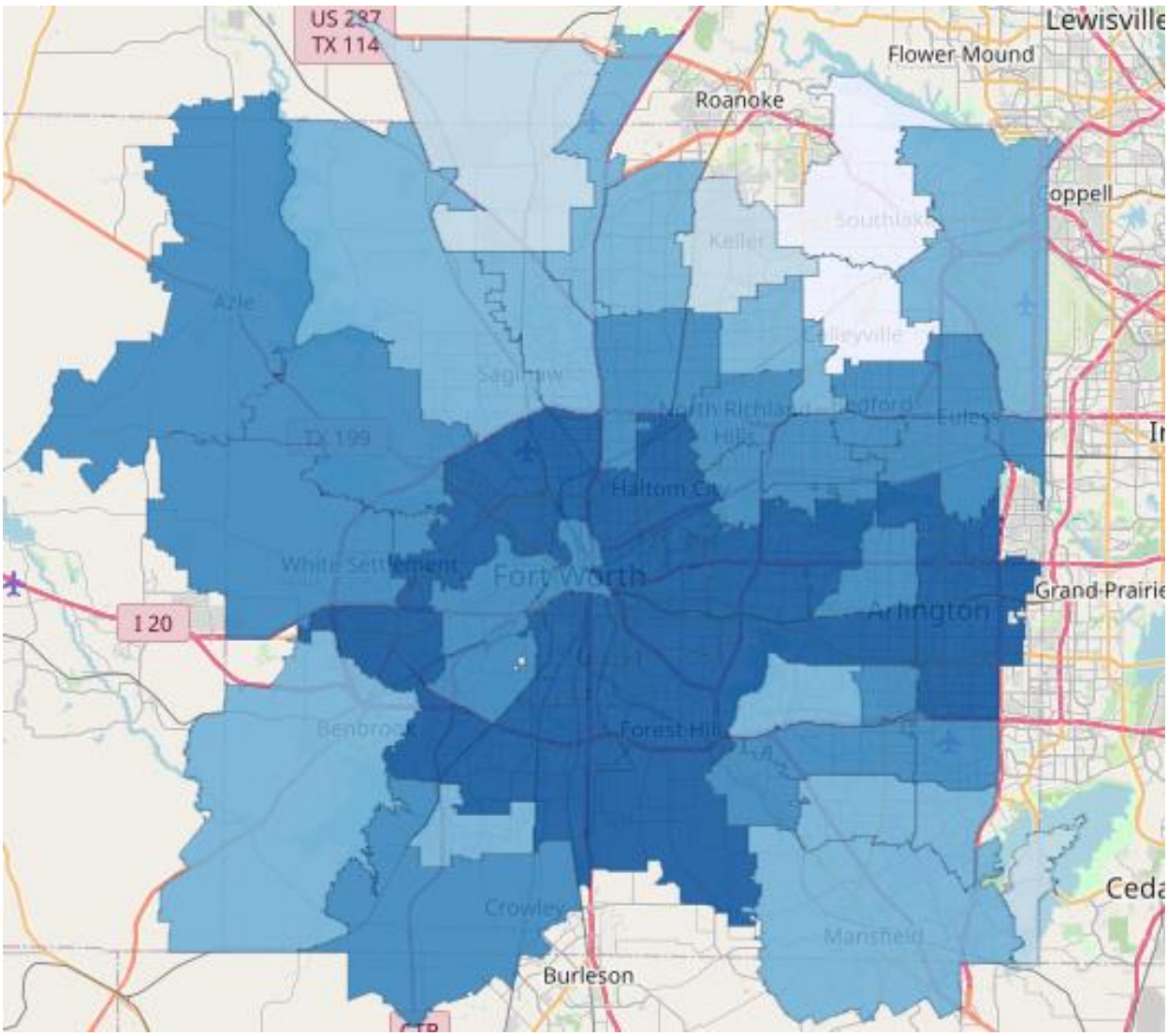
This indicator shows the percentage of adults who stated that their physical health was not good 14 or more days in the past month.



Median Household Income (2014-2018)

http://www.healthyntexas.org/indicators/index/view?indicatorId=315&localeTypeId=3&localeFilterId=2794

This indicator shows the median household income. Household income is defined as the sum of money received over a calendar year by all household members 15 years and older.

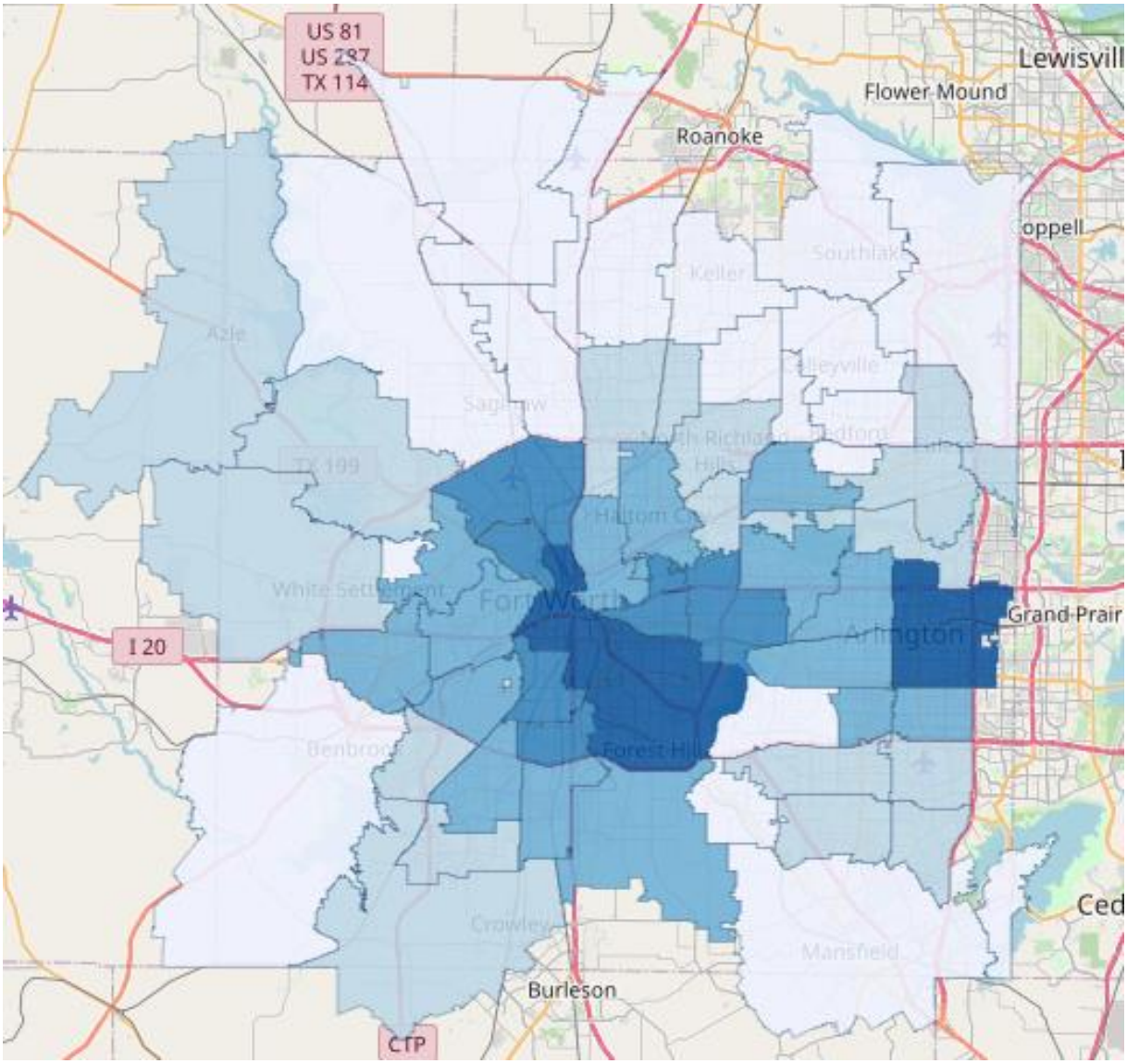


Zip Code	Source	Measurement Period	Dollars
76104	American Community Survey	2014-2018	$27,471
76105	American Community Survey	2014-2018	$29,423
76119	American Community Survey	2014-2018	$34,985
76010	American Community Survey	2014-2018	$36,461
76164	American Community Survey	2014-2018	$36,586
76106	American Community Survey	2014-2018	$36,980
76011	American Community Survey	2014-2018	$37,159
76115	American Community Survey	2014-2018	$37,607
76103	American Community Survey	2014-2018	$40,712
76112	American Community Survey	2014-2018	$42,269
76110	American Community Survey	2014-2018	$46,313
76111	American Community Survey	2014-2018	$46,840
76006	American Community Survey	2014-2018	$47,741
76134	American Community Survey	2014-2018	$47,763

People Living Below Federal Poverty Level (2014-2018)

http://www.healthyntexas.org/indicators/index/view?indicatorId=347&localeTypeId=3&localeFilterId=2794

This indicator shows the percentage of people living below the federal poverty level.

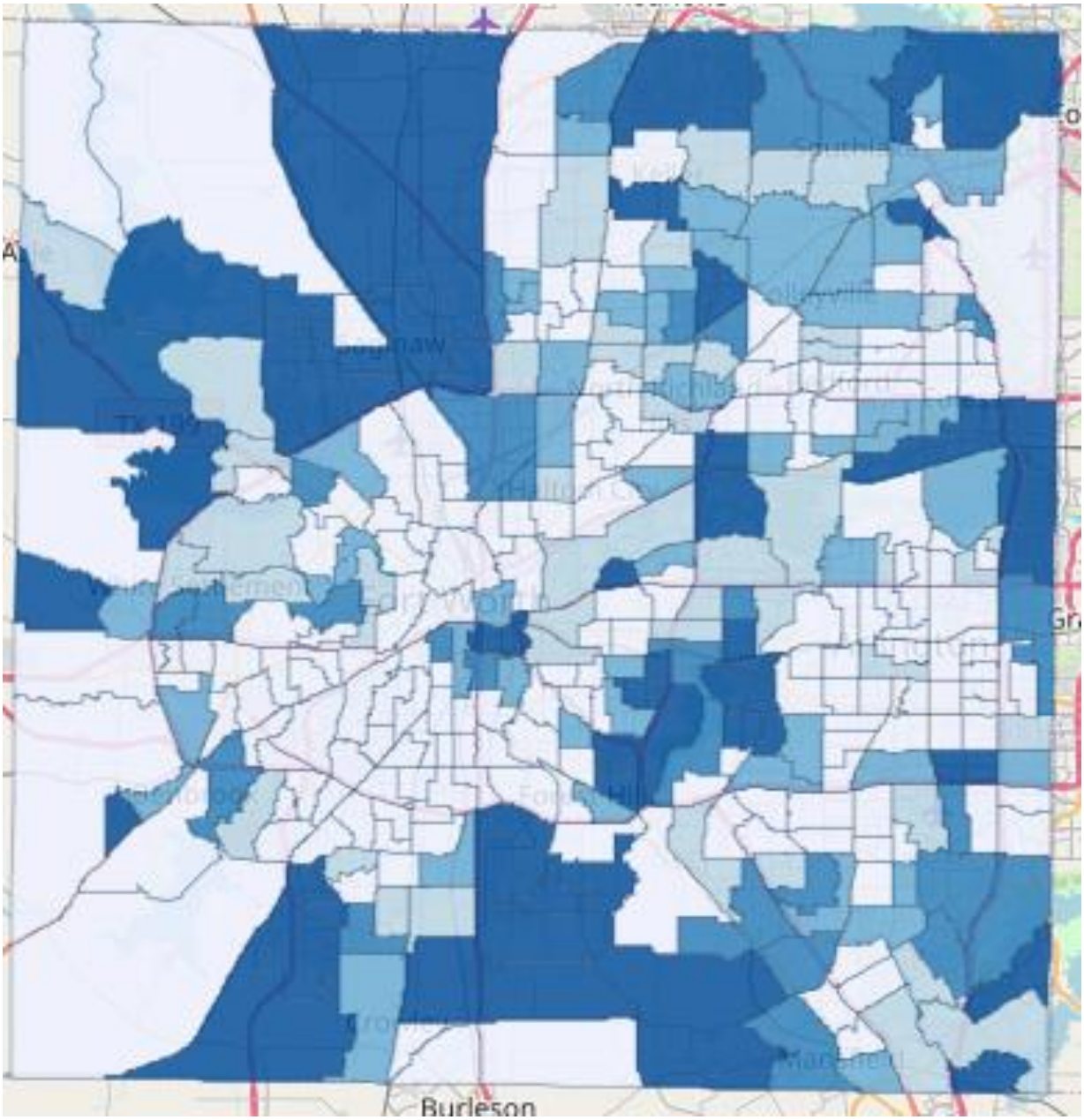


Zip Code	Source	Measurement Period	Percent	
76104	American Community Survey	2014-2018	40.5%	
76105	American Community Survey	2014-2018	36.4%	
76010	American Community Survey	2014-2018	30.2%	
76102	American Community Survey	2014-2018	29.7%	
76119	American Community Survey	2014-2018	29.3%	
76011	American Community Survey	2014-2018	27.7%	
76106	American Community Survey	2014-2018	25.9%	
76164	American Community Survey	2014-2018	25.2%	
76103	American Community Survey	2014-2018	24.9%	
76110	American Community Survey	2014-2018	24.3%	
76115	American Community Survey	2014-2018	22.6%	
76112	American Community Survey	2014-2018	21.8%	
76014	American Community Survey	2014-2018	20.0%	
76111	American Community Survey	2014-2018	20.0%	

People with Low Access to a Grocery Store (2015)

http://www.healthyntexas.org/indicators/index/view?indicatorId=5555&localeTypeId=4&localeFilterId=2794

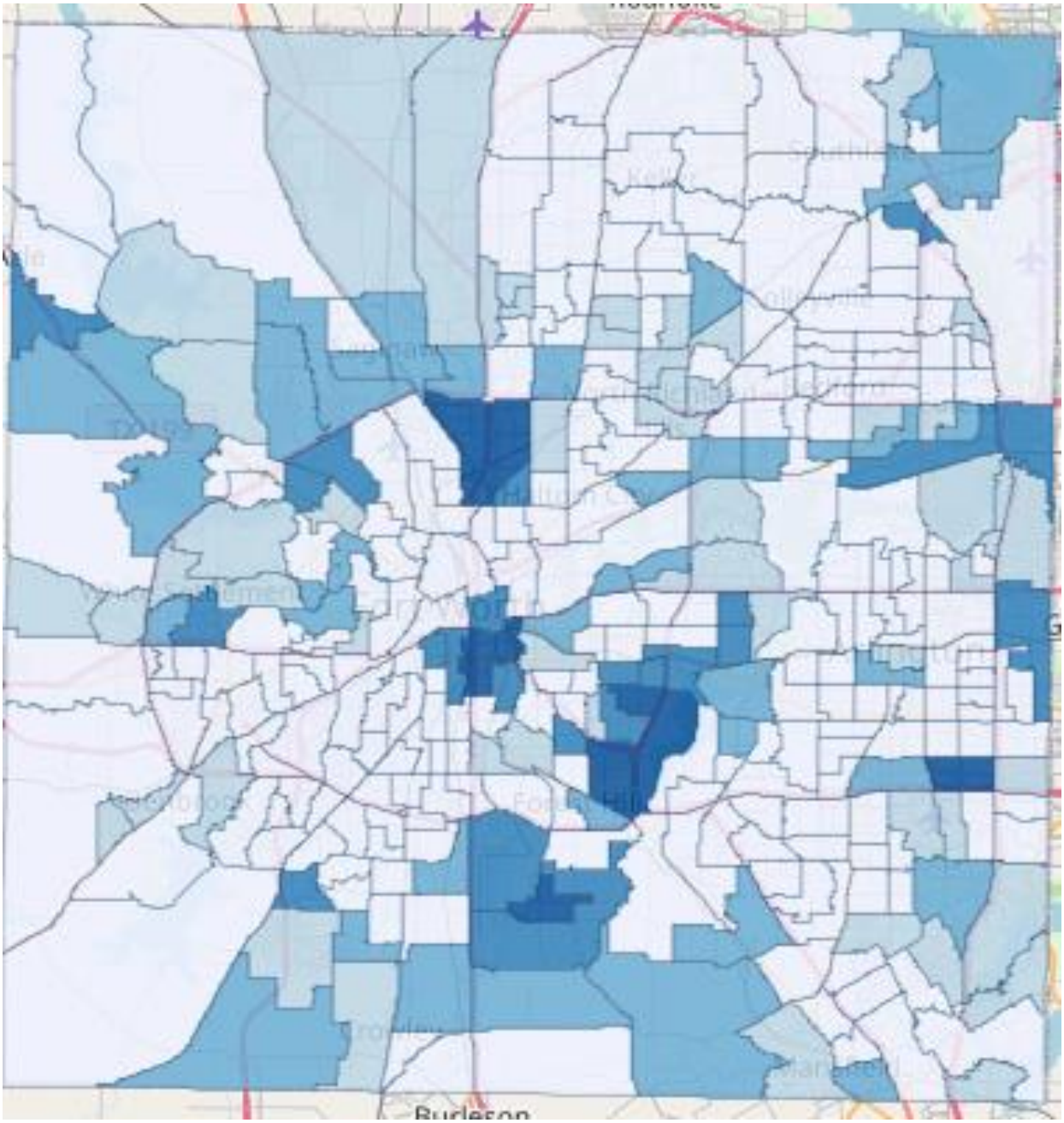
This indicator shows the percentage of individuals living more than one mile from a supermarket or large grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area.



Low-Income and Low Access to a Grocery Store (2015)

http://www.healthyntexas.org/indicators/index/view?indicatorId=300&localeTypeId=4&localeFilterId=2794

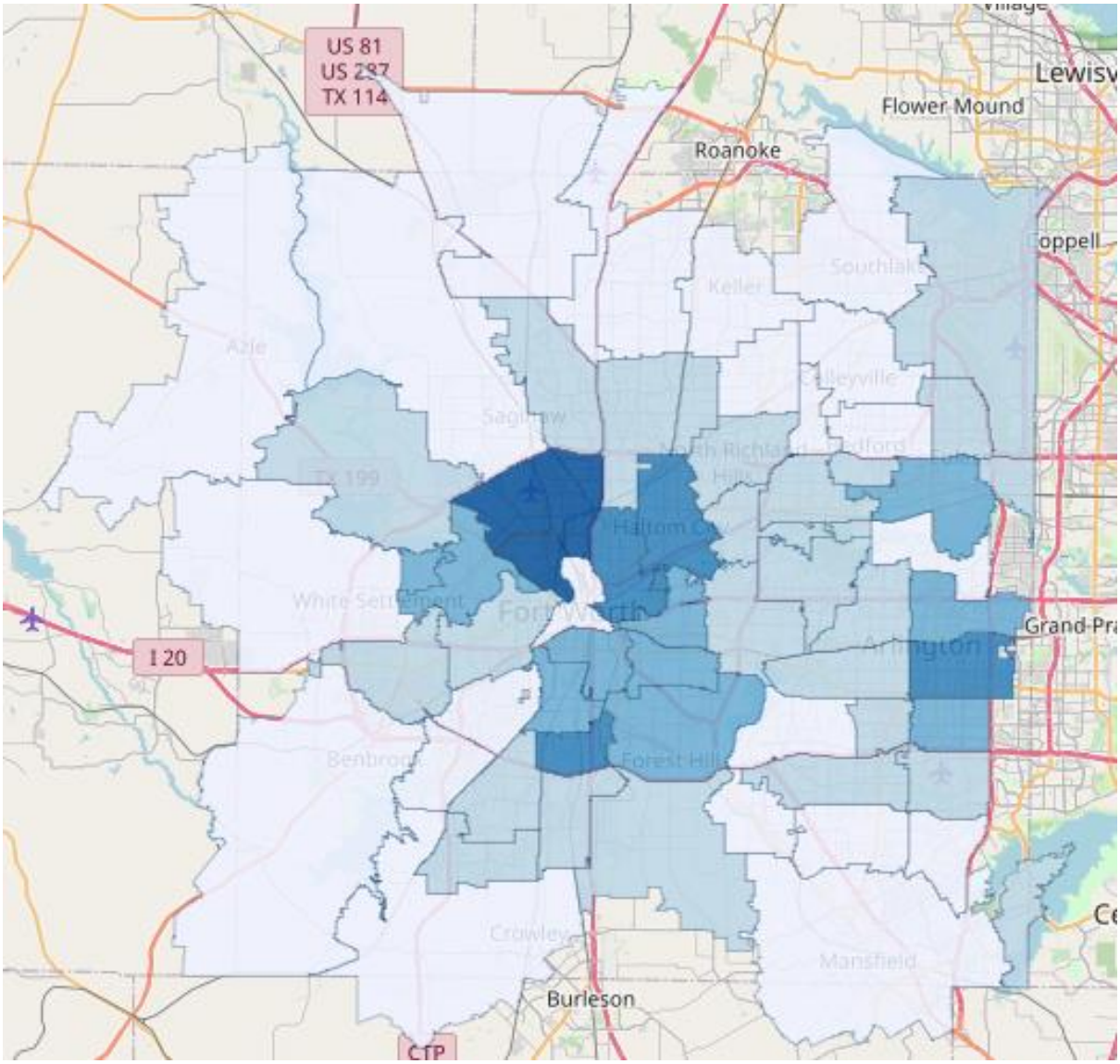
This indicator shows the percentage of the total population in a county that is low income and living more than one mile from a supermarket or large grocery store if in an urban area, and more than 10 miles from a supermarket or large grocery store if in a rural area.



Linguistic Isolation (2014-2018)

http://www.healthyntexas.org/indicators/index/view?indicatorId=297&localeTypeId=3

This indicator shows the percentage of households in which every member aged 14 years or older has some difficulty speaking English.



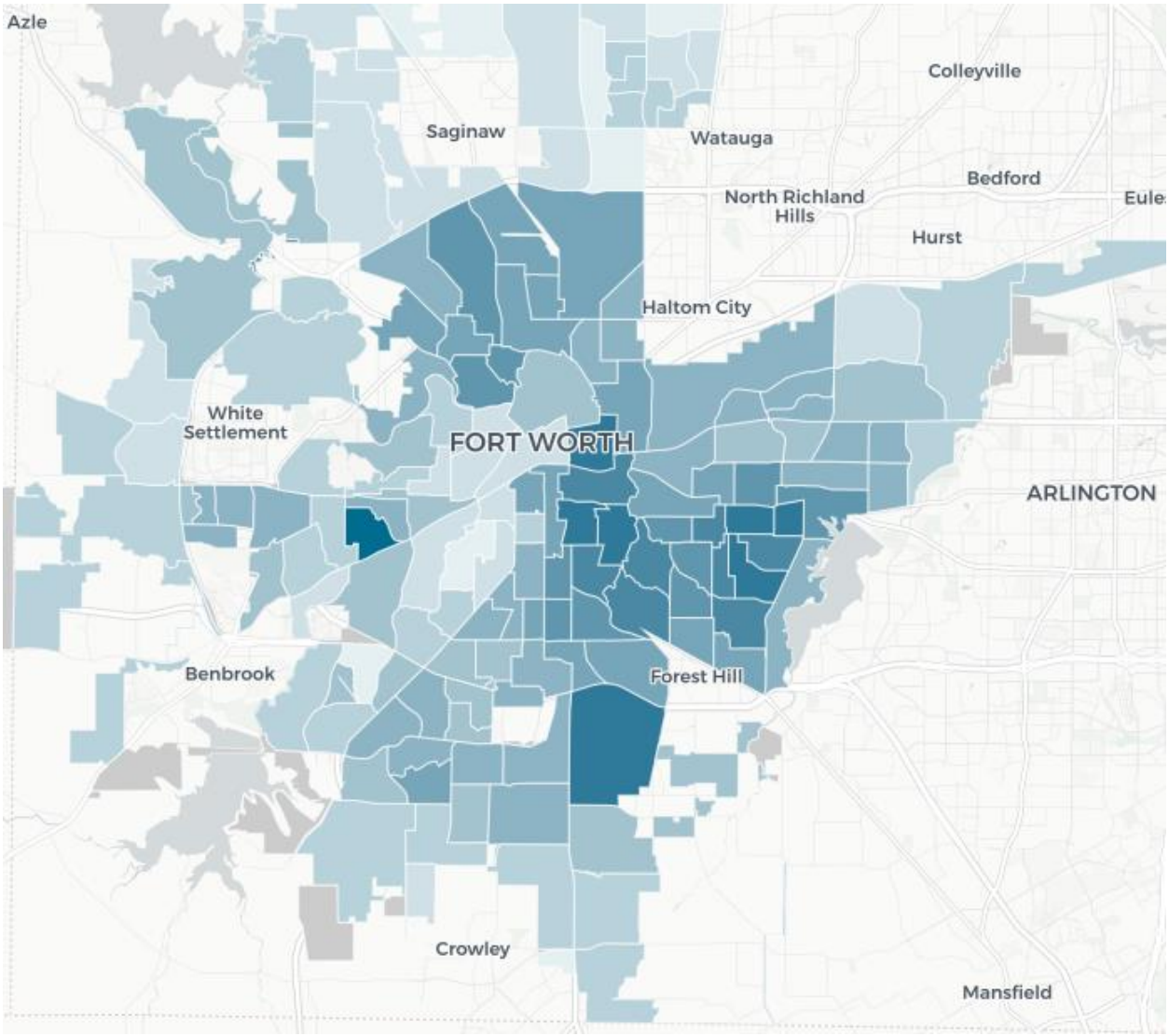
Zip Code	Source	Measurement Period	Percent
76164	American Community Survey	2014-2018	37.1%
76106	American Community Survey	2014-2018	34.4%
76010	American Community Survey	2014-2018	23.8%
76111	American Community Survey	2014-2018	23.5%
76115	American Community Survey	2014-2018	19.4%
76117	American Community Survey	2014-2018	18.0%
76119	American Community Survey	2014-2018	15.1%
76105	American Community Survey	2014-2018	14.3%
76114	American Community Survey	2014-2018	14.2%
76110	American Community Survey	2014-2018	14.0%
76011	American Community Survey	2014-2018	13.3%
76014	American Community Survey	2014-2018	11.5%
76040	American Community Survey	2014-2018	11.2%
76104	American Community Survey	2014-2018	10.8%

Select Fort Worth Maps, City Health Dashboard Maps[17]

Diabetes (2017)

https://www.cityhealthdashboard.com/tx/fort%20worth/metric-detail?metric=37

Diabetes among adults aged ≥18 years (%)



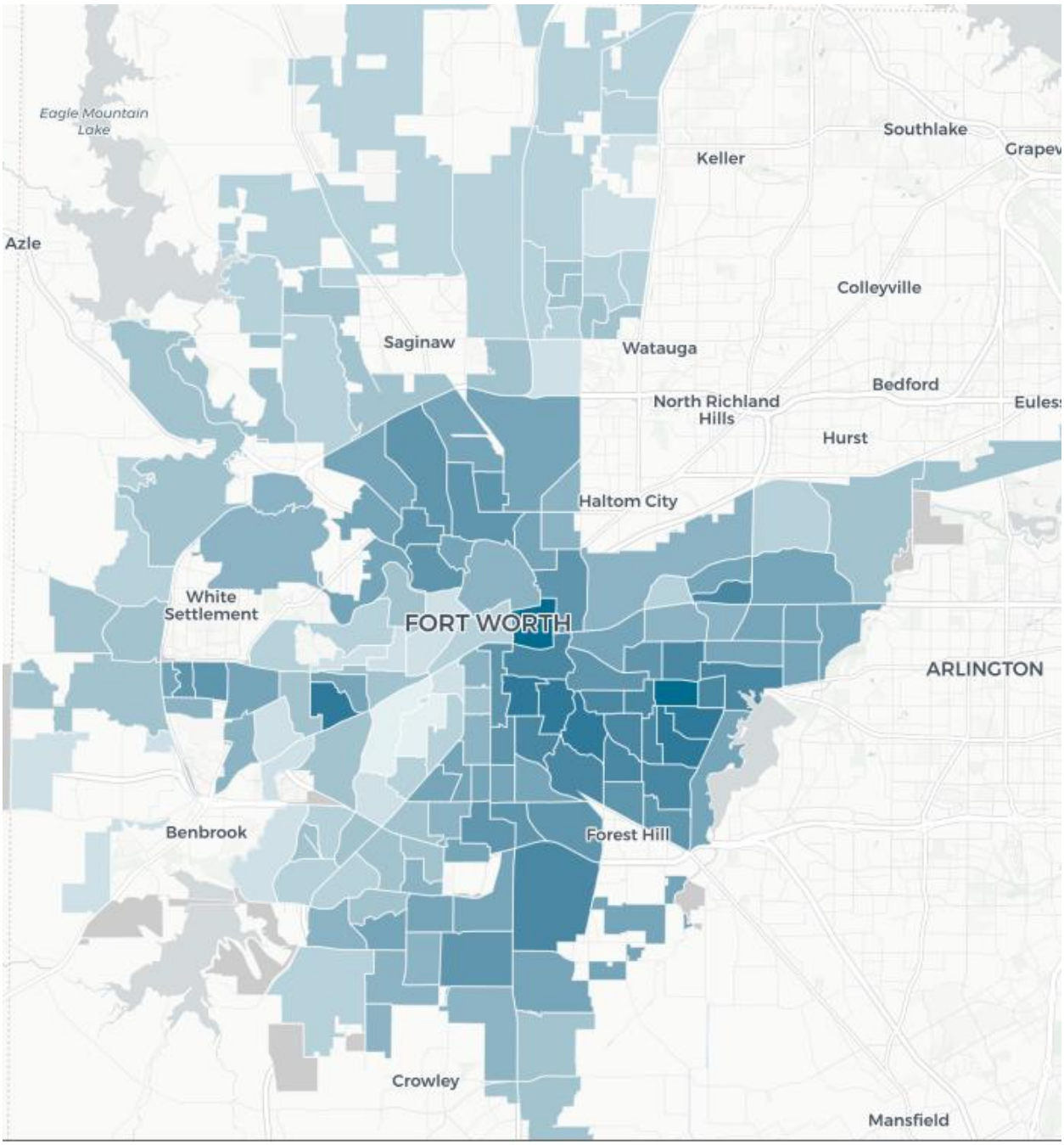
[17] "Explore Health in Your City". *City Health Dashboard for City of Fort Worth*, www.cityhealthdashboard.com. Accessed 20 October 2020.

ZIP Code	Census Tract	Value	Error Margin
76107	1025	24.1%	22.9% - 25.3%
76119	1062.02	22.1%	21.3% - 22.9%
76105	1036.01	21.6%	20.8% - 22.4%
76104	1038	21.4%	20.6% - 22.2%
76102	1017	21.3%	20.6% - 22%
76134	1060.02	21.2%	20.4% - 22%
76112	1036.02	21.2%	20.1% - 22.3%
76104	1235	20.9%	20.1% - 21.7%
76119	1063	20.7%	19.9% - 21.5%
76119	1061.01	20.5%	19.5% - 21.5%
76119	1062.01	20.4%	19.6% - 21.2%
76104	1045.05	20.4%	19.6% - 21.2%
76119	1046.05	20.1%	19.2% - 21%

Obesity (2017)

https://www.cityhealthdashboard.com/tx/fort%20worth/metric-detail?metric=29

Obesity among adults aged ≥18 years (%)



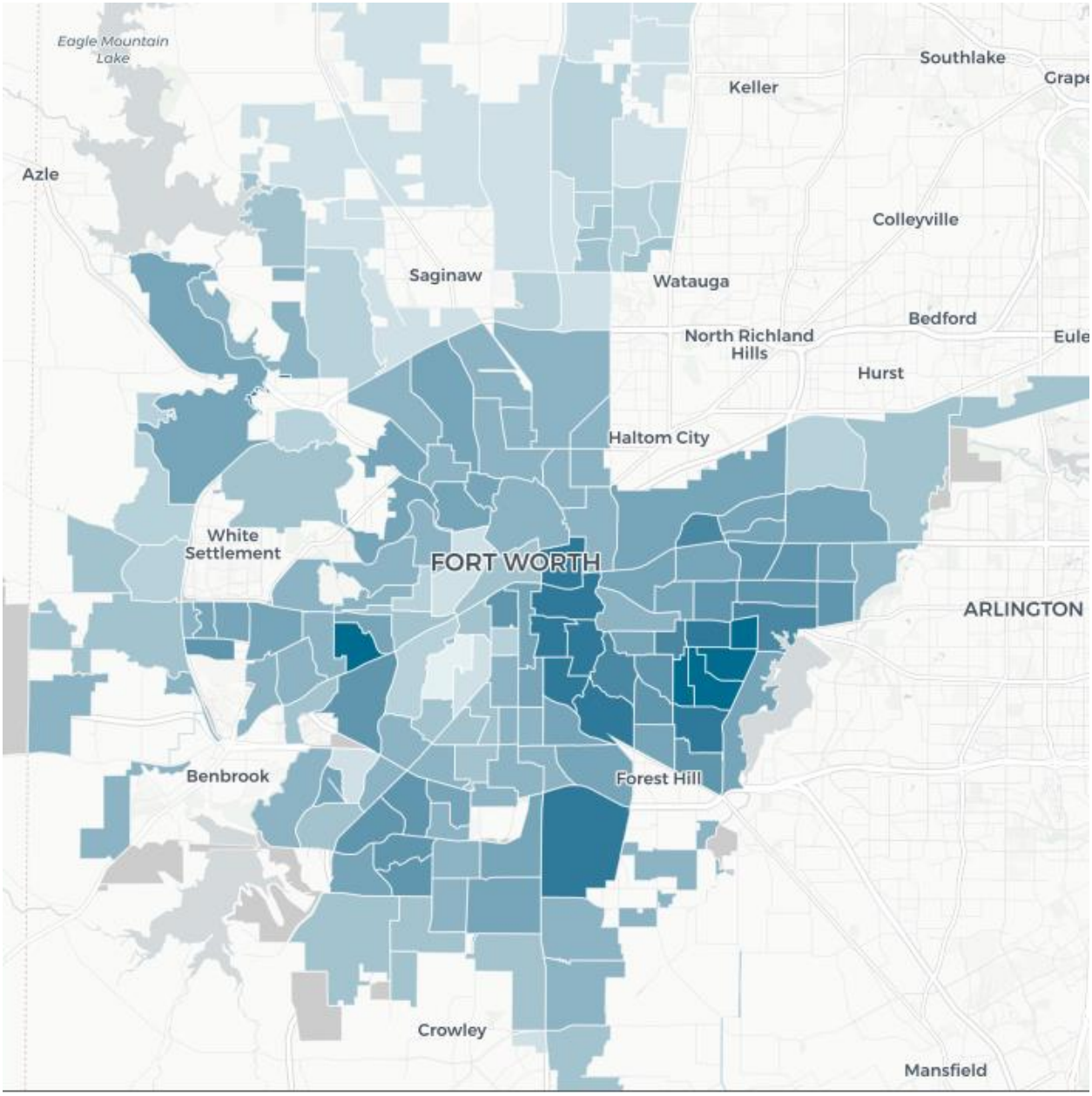
ZIP Code	Census Tract	Value	Error Margin
76105	1036.01	53.1%	52.1% - 54.1%
76102	1017	53%	52.2% - 53.8%
76107	1025	50.6%	49.5% - 51.7%
76119	1063	49.4%	48.6% - 50.2%
76104	1038	49.3%	48.4% - 50.2%
76119	1062.02	49%	48.2% - 49.8%
76104	1235	48.8%	47.9% - 49.7%
76105	1046.04	47.9%	47.1% - 48.7%
76134	1060.02	47.6%	46.8% - 48.4%
76105	1037.01	47.4%	46.4% - 48.4%
76104	1231	47%	46.3% - 47.7%
76105	1037.02	47%	46.1% - 47.9%
76119	1046.02	46.8%	46% - 47.6%
76119	1062.01	46.5%	45.7% - 47.3%
76104	1045.05	46.3%	45.5% - 47.1%

c=29

High Blood Pressure (2017)

https://www.cityhealthdashboard.com/tx/fort%20worth/metric-detail?metric=36

High blood pressure among adults aged ≥18 years (%)

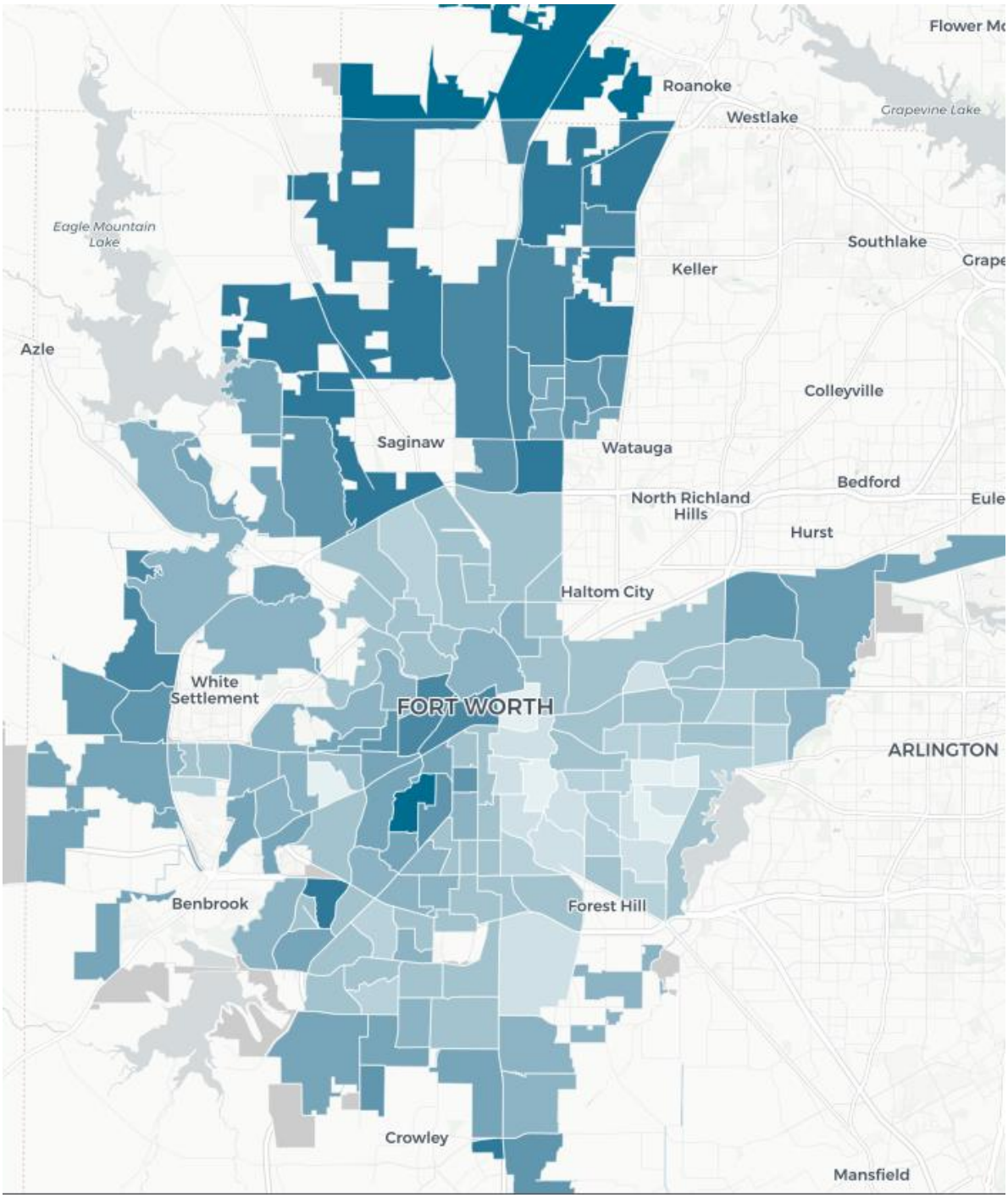


ZIP Code	Census Tract	Value	Error Margin
76107	1025	53.5%	52.5% - 54.5%
76112	1036.02	52%	51.1% - 52.9%
76119	1062.02	51.4%	50.7% - 52.1%
76119	1063	50.7%	49.9% - 51.5%
76119	1062.01	50.4%	49.7% - 51.1%
76135	1104.01	49.7%	48.5% - 50.9%
76134	1060.02	49.2%	48.6% - 49.8%
76105	1036.01	49.1%	48.2% - 50%
76102	1017	48.5%	47.8% - 49.2%
76104	1038	48.3%	47.5% - 49.1%
76104	1045.05	48.1%	47.4% - 48.8%
76119	1046.05	47.8%	47% - 48.6%
76119	1061.01	47.6%	46.8% - 48.4%
76104	1235	47%	46.2% - 47.8%
76104	1231	46.7%	46.1% - 47.3%

Binge Drinking (2017)

https://www.cityhealthdashboard.com/tx/fort%20worth/metric-detail?metric=24

Binge drinking among adults aged ≥ 18 years (%)

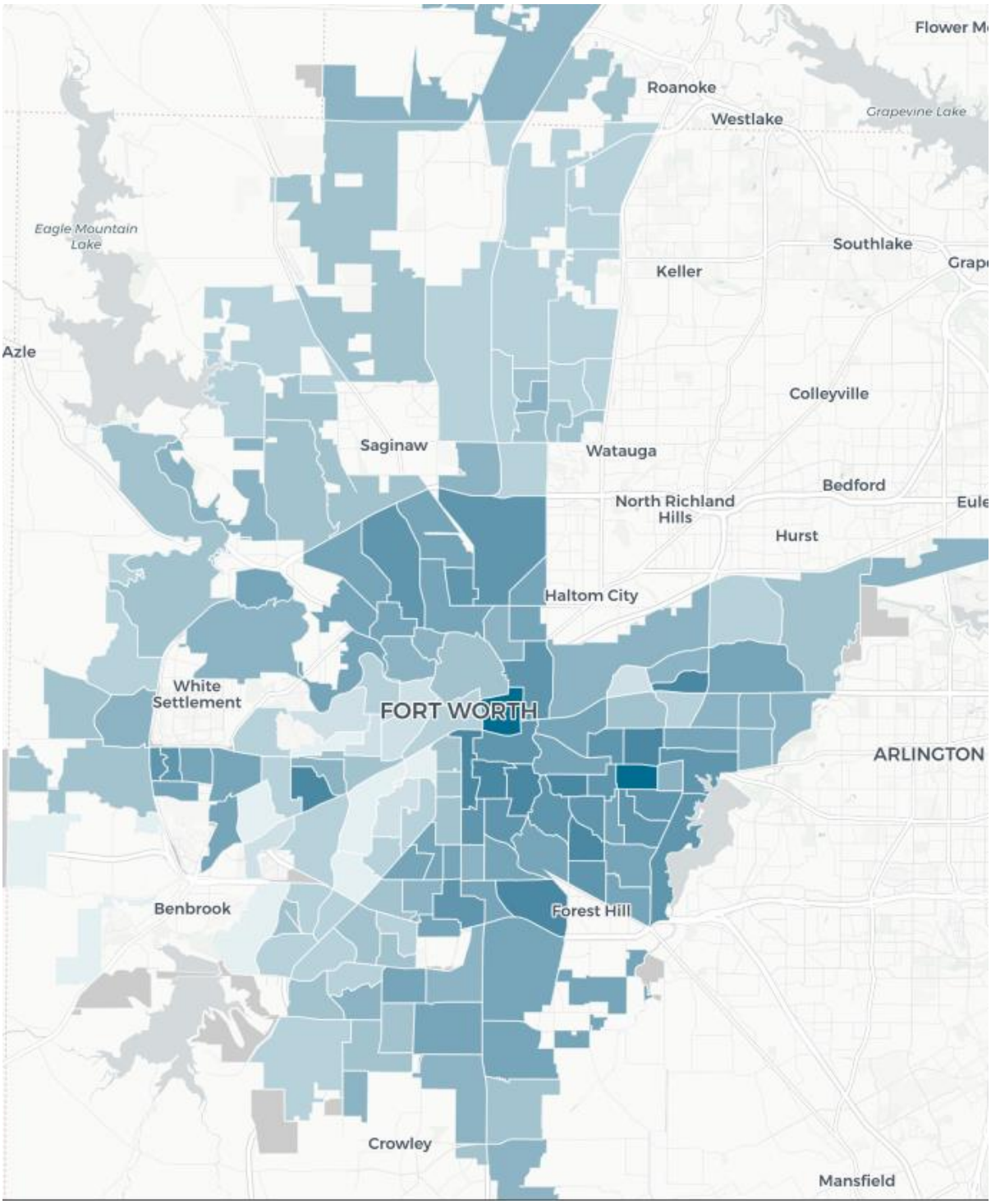


ZIP Code	Census Tract	Value	Error Margin
76262	203.06	25.3%	24.4% - 26.2%
76247	203.08	24.9%	24.2% - 25.6%
76109	1042.01	24.6%	23.4% - 25.8%
76244	1139.28	23.9%	23.2% - 24.6%
76244	1139.27	23.6%	23.1% - 24.1%
76179	1141.04	23.2%	22.5% - 23.9%
76052	1141.03	23.2%	22.7% - 23.7%
76132	1055.14	23.1%	22.5% - 23.7%
76179	1140.08	23%	22.4% - 23.6%
76244	1139.21	23%	22.5% - 23.5%
76028	1110.16	22.9%	22.4% - 23.4%
76137	1050.07	22.9%	22.2% - 23.6%
76102	1233	22.8%	22% - 23.6%
76244	1139.29	22.8%	22.1% - 23.5%
76177	1139.26	22.8%	22.3% - 23.3%

Smoking (2017)

https://www.cityhealthdashboard.com/tx/fort%20worth/metric-detail?metric=22

Current smoking among adults aged ≥18 years (%)

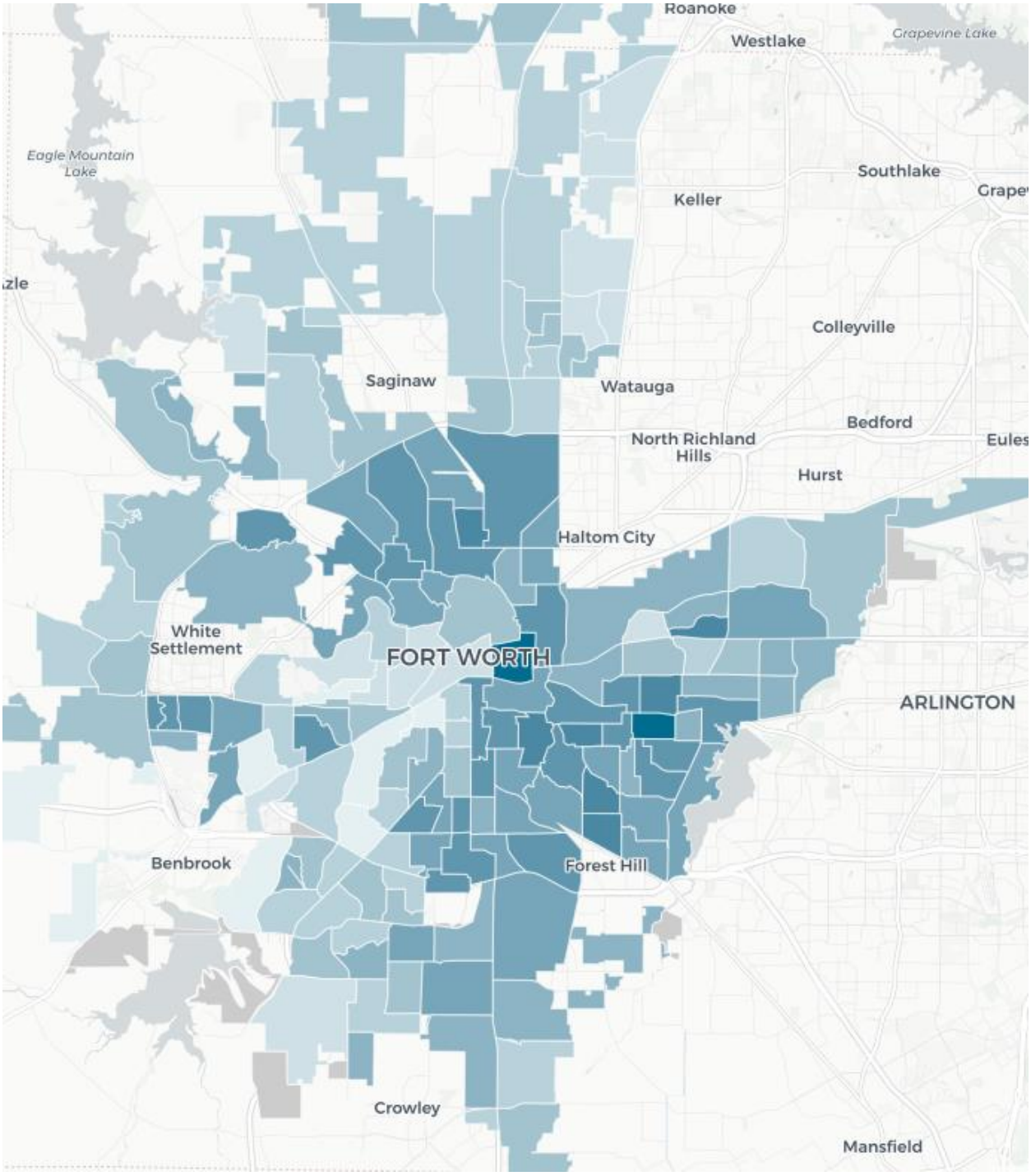


ZIP Code	Census Tract	Value	Error Margin
76102	1017	32.9%	31% - 34.8%
76105	1036.01	32.2%	29.8% - 34.6%
76104	1038	27.7%	25.9% - 29.5%
76119	1046.02	27.1%	25.3% - 28.9%
76119	1059.02	27%	25.3% - 28.7%
76105	1037.01	26.7%	24.5% - 28.9%
76112	1065.16	26.2%	23.8% - 28.6%
76107	1025	25.9%	23.6% - 28.2%
76112	1014.03	25.7%	24.5% - 26.9%
76104	1236	25.6%	24.1% - 27.1%
76104	1235	25.6%	23.6% - 27.6%
76119	1046.03	25.3%	23.3% - 27.3%
76119	1063	25%	23.2% - 26.8%
76119	1062.02	24.9%	23.1% - 26.7%
76105	1046.04	24.9%	23.1% - 26.7%

Frequent Mental Distress (2017)

https://www.cityhealthdashboard.com/tx/fort%20worth/metric-detail?metric=30

Mental health not good for ≥14 days during the past 30 days among adults aged ≥18 years (%)



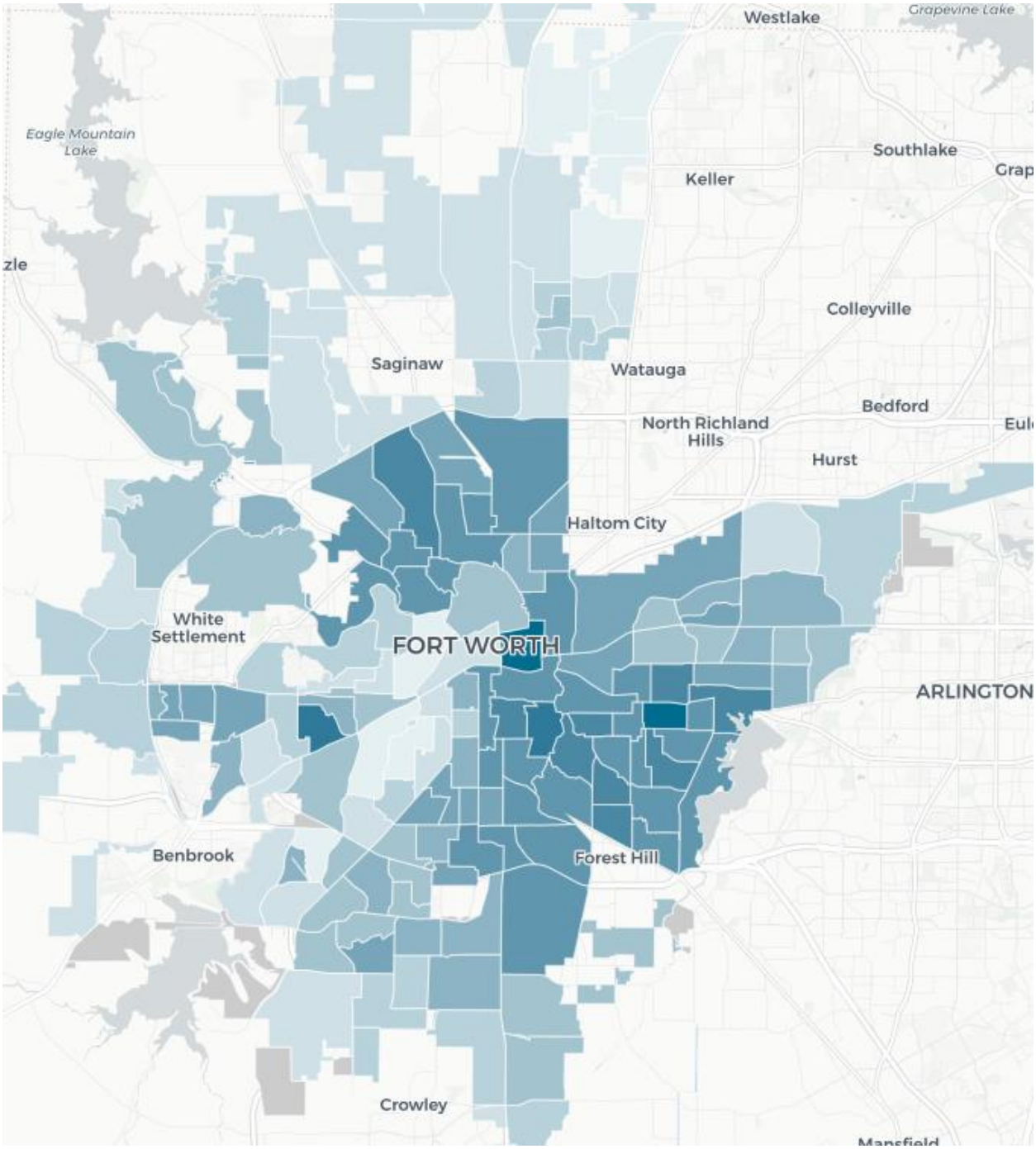
ZIP Code	Census Tract	Value	Error Margin
76105	1036.01	23.7%	22.2% - 25.2%
76102	1017	23.4%	22.2% - 24.6%
76105	1037.01	20.8%	19.3% - 22.3%
76119	1046.02	20.4%	19.2% - 21.6%
76104	1038	20.4%	19.3% - 21.5%
76112	1065.16	19.7%	18.2% - 21.2%
76119	1046.03	19.7%	18.4% - 21%
76112	1014.03	19.3%	18.6% - 20%
76106	1002.01	19.3%	17.7% - 20.9%
76103	1014.02	19%	17.9% - 20.1%
76104	1235	18.9%	17.8% - 20%
76104	1236	18.8%	18% - 19.6%
76135	1066	18.8%	17.2% - 20.4%
76105	1046.04	18.8%	17.8% - 19.8%
76107	1025	18.8%	17.5% - 20.1%

ic=30

Frequent Physical Distress (2017)

https://www.cityhealthdashboard.com/tx/fort%20worth/metric-detail?metric=27

Physical health not good for ≥14 days during the past 30 days among adults aged ≥18 years (%)

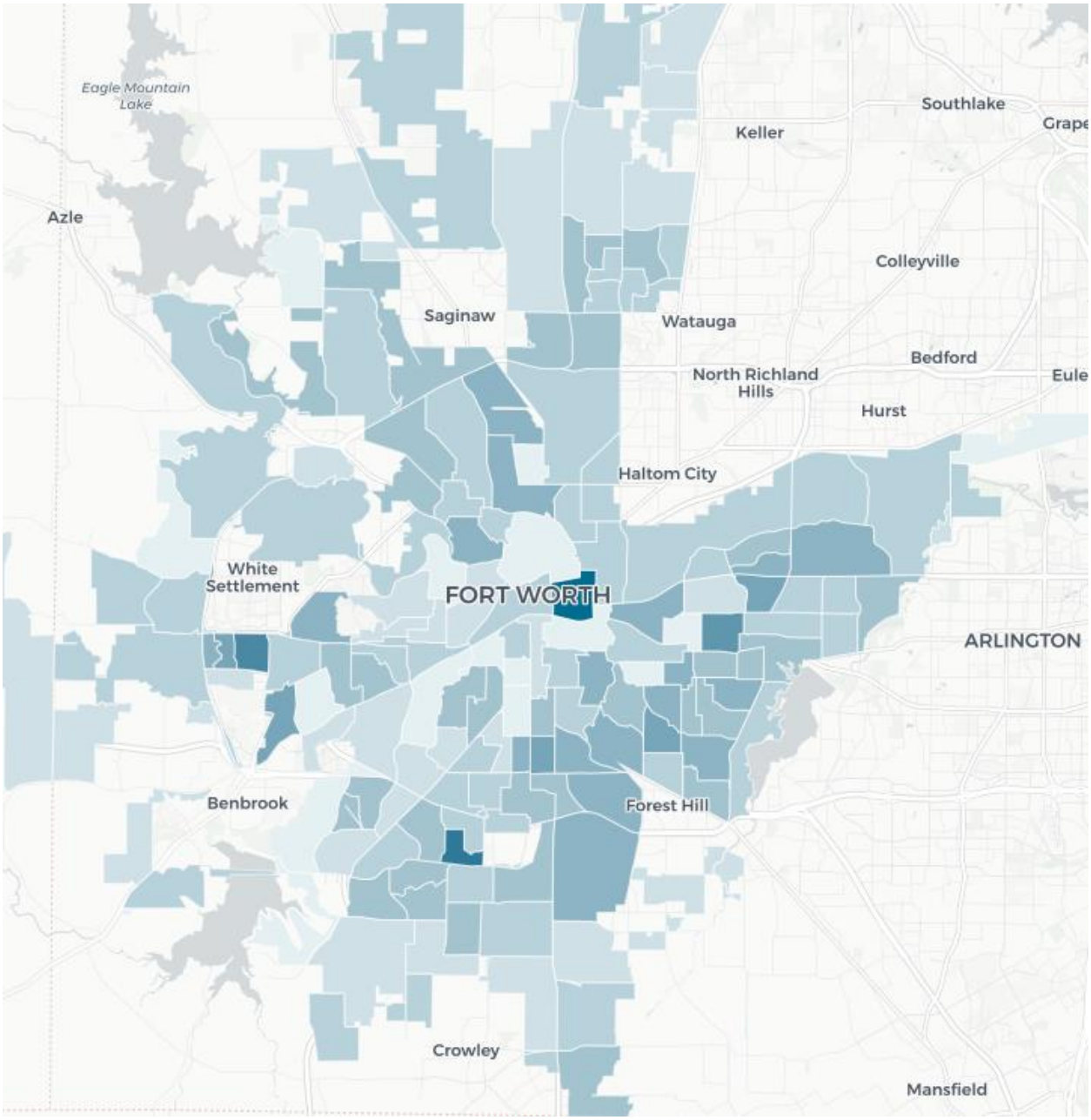


ZIP Code	Census Tract	Value	Error Margin
76102	1017	23.4%	22.2% - 24.6%
76105	1036.01	23%	21.5% - 24.5%
76107	1025	21.7%	19.9% - 23.5%
76104	1038	21%	19.7% - 22.3%
76105	1037.01	20.3%	18.9% - 21.7%
76104	1235	20%	18.7% - 21.3%
76119	1046.02	20%	18.8% - 21.2%
76119	1062.02	19.7%	18.5% - 20.9%
76119	1046.03	19.1%	17.8% - 20.4%
76106	1003	19.1%	18.1% - 20.1%
76112	1014.03	19%	18.2% - 19.8%
76105	1046.04	18.9%	17.8% - 20%
76112	1013.02	18.7%	17.8% - 19.6%
76104	1045.02	18.6%	17.6% - 19.6%
76119	1063	18.5%	17.4% - 19.6%

Unemployment (2018)

https://www.cityhealthdashboard.com/tx/fort%20worth/metric-detail?metric=13

Population aged ≥16 years that is unemployed but seeking work (%)

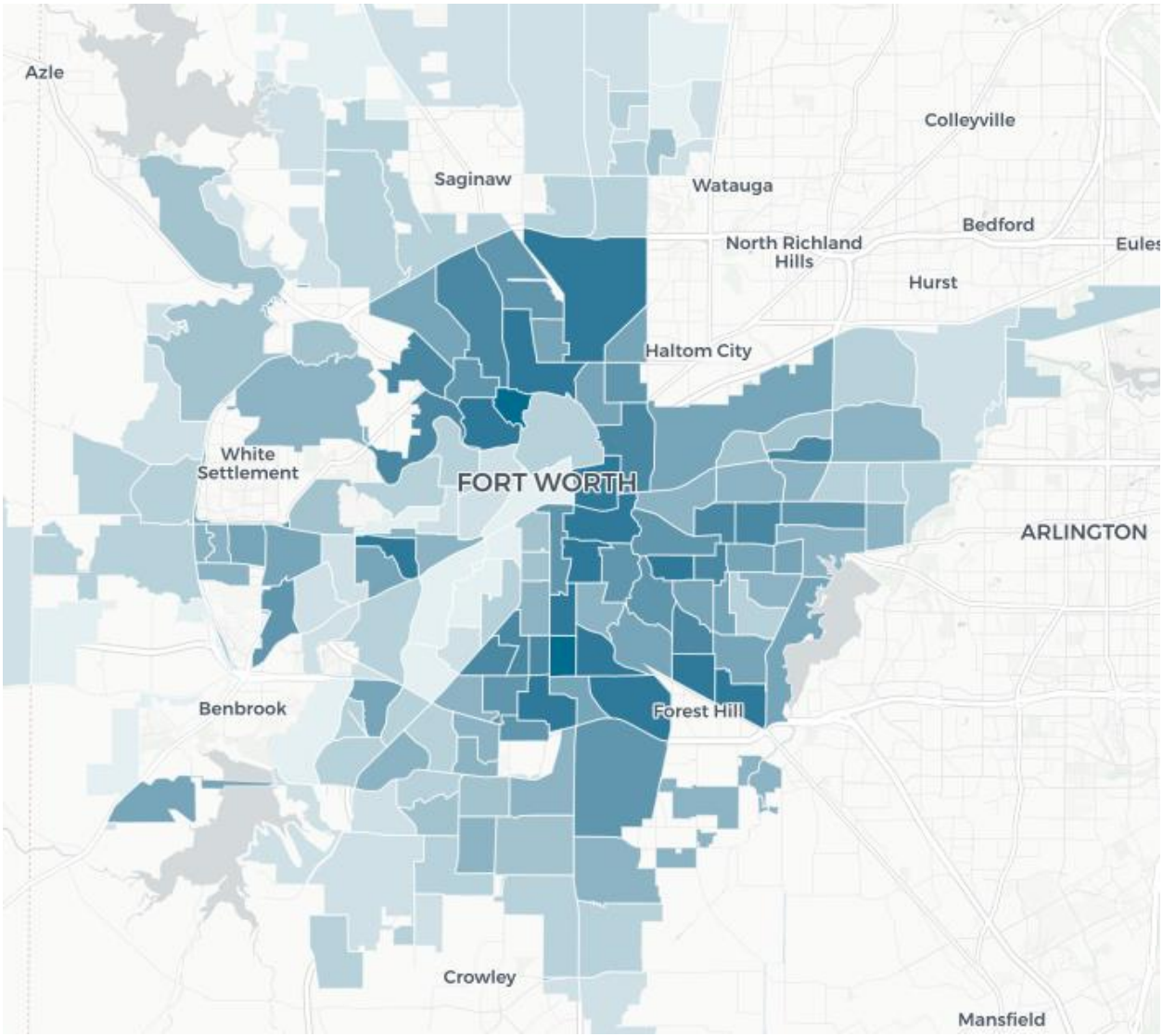


ZIP Code	Census Tract	Value	Error Margin
76102	1017	21.4%	0.9% - 41.9%
76133	1057.03	18.9%	9.5% - 28.3%
76116	1052.01	16%	8.7% - 23.4%
76112	1014.03	13.9%	7.1% - 20.7%
76116	1052.05	12.5%	7.1% - 17.9%
76119	1046.02	11.4%	5.5% - 17.3%
76116	1023.02	11.3%	7.1% - 15.5%
76112	1065.02	11.2%	5.1% - 17.4%
76110	1045.03	11.2%	5.5% - 16.8%
76106	1002.02	10.9%	7.6% - 14.1%
76119	1061.01	10.8%	3.6% - 18%
76116	1230	10.4%	3.8% - 17%
76108	1107.01	10.3%	6.1% - 14.6%
76119	1046.05	10.2%	4.3% - 16%
76119	1046.01	10.2%	3.7% - 16.6%

Uninsured (2018)

https://www.cityhealthdashboard.com/tx/fort%20worth/metric-detail?metric=38

Current lack of health insurance among people aged 0-64 years (%)

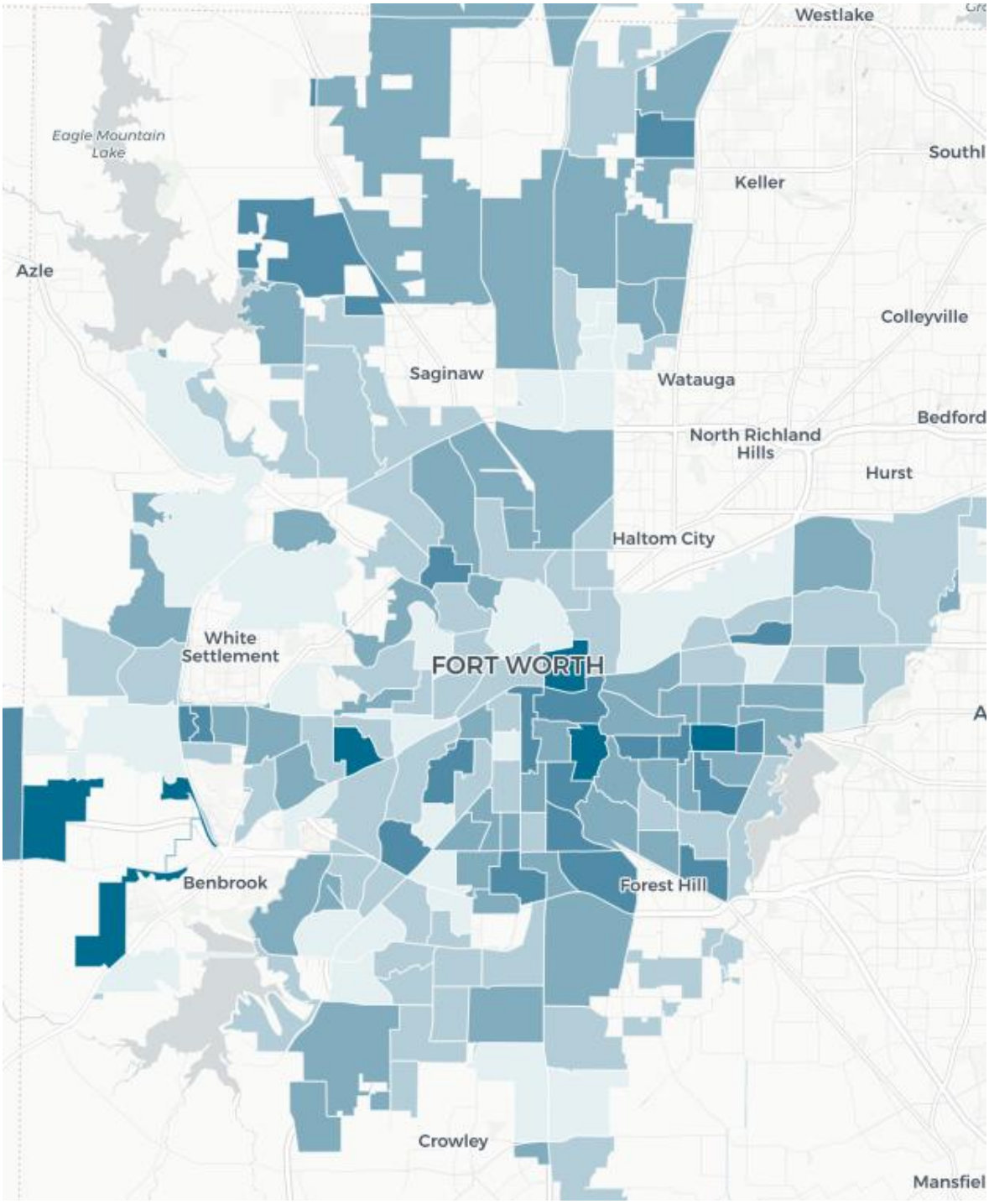


ZIP Code	Census Tract	Value	Error Margin
76164	1009	51.1%	43.6% - 58.6%
76110	1045.03	50.1%	43% - 57.2%
76115	1045.04	45.8%	38.2% - 53.4%
76104	1045.02	45.5%	38.8% - 52.2%
76102	1017	44.9%	36.7% - 53.1%
76106	1002.02	44.9%	39.2% - 50.6%
76161	1050.06	44.3%	32.1% - 56.5%
76107	1026.01	44.3%	36.2% - 52.4%
76104	1231	43.7%	35.8% - 51.6%
76105	1037.01	43.5%	35.6% - 51.5%
76119	1059.02	43.4%	36.8% - 49.9%
76117	1102.02	43.1%	35.6% - 50.7%
76104	1235	42.8%	37.6% - 48%
76119	1046.03	42.7%	36.3% - 49.1%
76119	1061.02	42.2%	31.1% - 53.3%

Income Inequality (2018)

https://www.cityhealthdashboard.com/tx/fort%20worth/metric-detail?metric=16

Households with income at the extremes of the national income distribution (the top 20% or bottom 20%) (index)

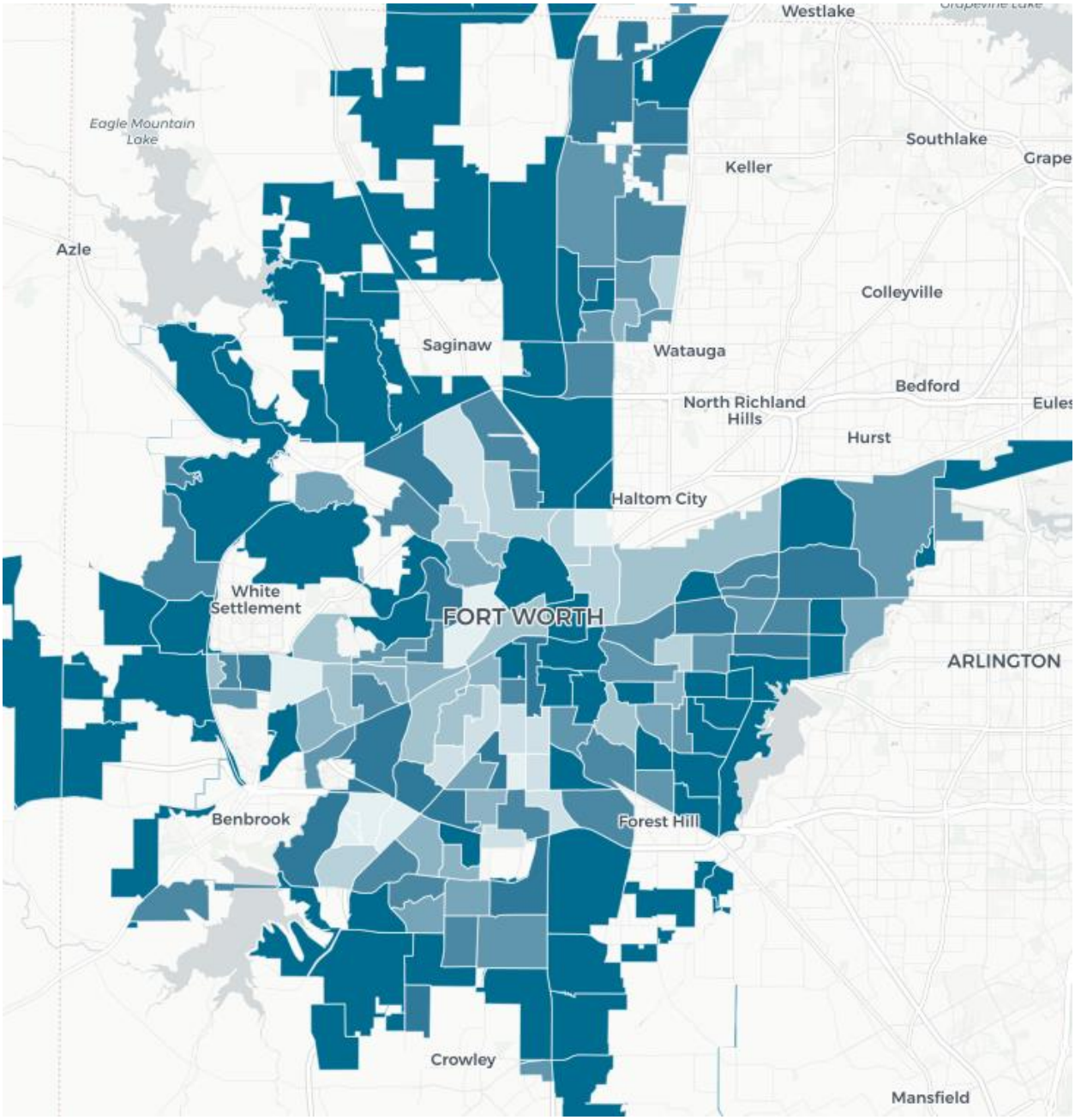


ZIP Code	Census Tract	Value
75261	9800	*
76102	1017	-65.4
76105	1036.01	-65.3
76107	1025	-53.6
76104	1038	-52.5
76104	1231	-46.5
76105	1037.01	-45.9
76119	1059.02	-45.5
76112	1036.02	-42.7
76119	1062.02	-41.9
76112	1065.16	-41.7
76115	1045.04	-41.3
76104	1236	-41.2
76115	1047.02	-39.6
76105	1037.02	-38

Limited Access to Healthy Foods (2015)

https://www.cityhealthdashboard.com/tx/fort%20worth/metric-detail?metric=19

Population living more than ½ mile from the nearest supermarket, supercenter, or large grocery store (%)



ZIP Code	Census Tract	Value	Error Margin
76071	1506.03	100%	100% - 100%
76104	1235	100%	100% - 100%
76104	1234	100%	100% - 100%
76104	1231	100%	100% - 100%
76013	1216.06	100%	100% - 100%
76135	1142.06	100%	100% - 100%
76179	1141.02	100%	100% - 100%
76179	1140.07	100%	100% - 100%
76131	1140.03	100%	100% - 100%
76137	1139.25	100%	100% - 100%
76262	1139.1	100%	100% - 100%
76040	1135.13	100%	100% - 100%