



Centered in Care
Powered by Pride



Tarrant County Hospital District/JPS Health Network

2020 Community Health Needs Assessment

Implementation Plan

Adopted by the JPS Board of Managers, February 11, 2021

Table of Contents

About JPS and Our Community	3
CHNA Process/Methods Highlights	4
Defined Community	4
Identifying the Geographical Areas of Highest Need	5
Community Health Needs Identified in the 2020 CHNA	7
Significant Health Needs the Hospital Will Address	8
Information and Coordination	8
Social Drivers of Health	10
Chronic Conditions	12
Behavioral Health and Substance Abuse	14
Evaluation of Impact	16
Needs the Hospital Will Not Address	16
Report Availability and Comment	16

About JPS and Our Community

Since opening in 1906, the JPS Health Network has evolved from a single hospital to the health care system that today provides medical services to the 2.1 million residents of Tarrant County in North Texas. The tax-supported system 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. In the last year, JPS translated 112 different languages to serve over 1 million patients, treated over 131,000 people through the emergency department (ED), and delivered 4,300 babies. 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) program. RHP 10 is comprised of nine counties - Ellis, Erath, Hood, Johnson, Navarro, Parker, Somervell, Tarrant, and Wise. 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 impact to health outcomes are immense and the reasons for this are varied and complex. For this reason, JPS has maintained a long-term vision to promote a lasting, coordinated solution for serving the healthcare needs of Tarrant County, especially the underserved.

JPS has completed a Community Health Needs Assessment (CHNA) in accordance with the Patient Protection and Affordable Care Act. More importantly, the CHNA has been used to update our understanding of the health needs of our local community and assembled this 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."

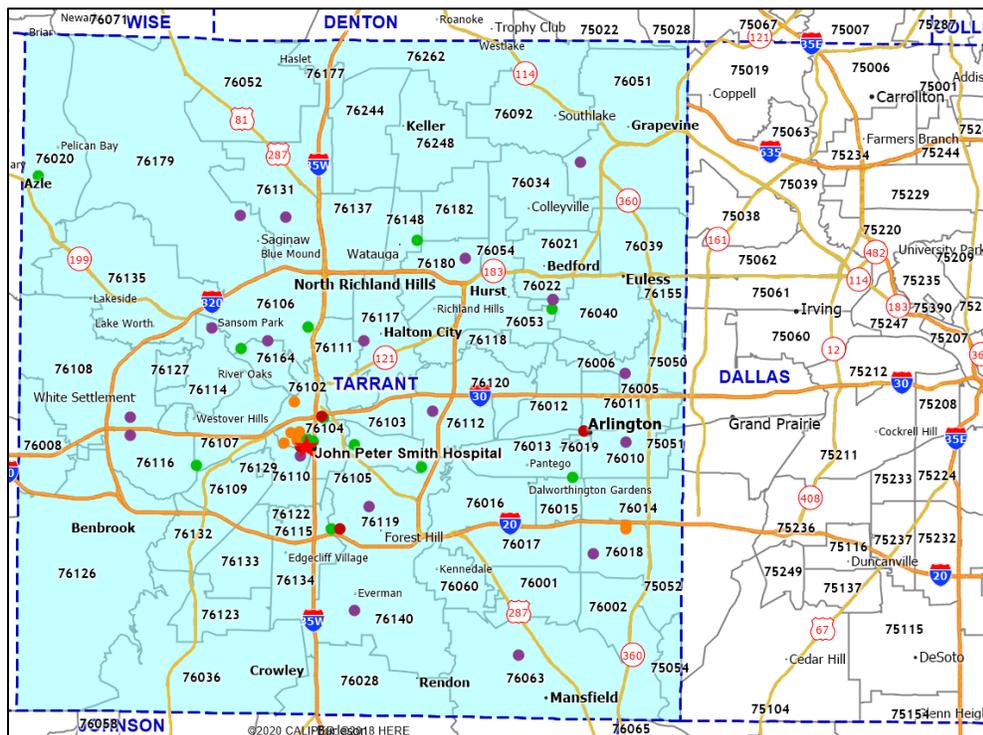
CHNA Process/Methods Highlights

JPS partnered with Premier, Inc. to complete the CHNA using a transparent and collaborative approach over a six-month period. Our CHNA process reviewed a broad range of quantitative indicators inclusive 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, clinicians, and public health experts 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 this Implementation Plan to address.

Defined Community

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 provided below illustrates the network's overall service area.



Despite being a large county, our 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. 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. This trend is important to understand because of geographical inequalities in resources and resulting health outcomes.

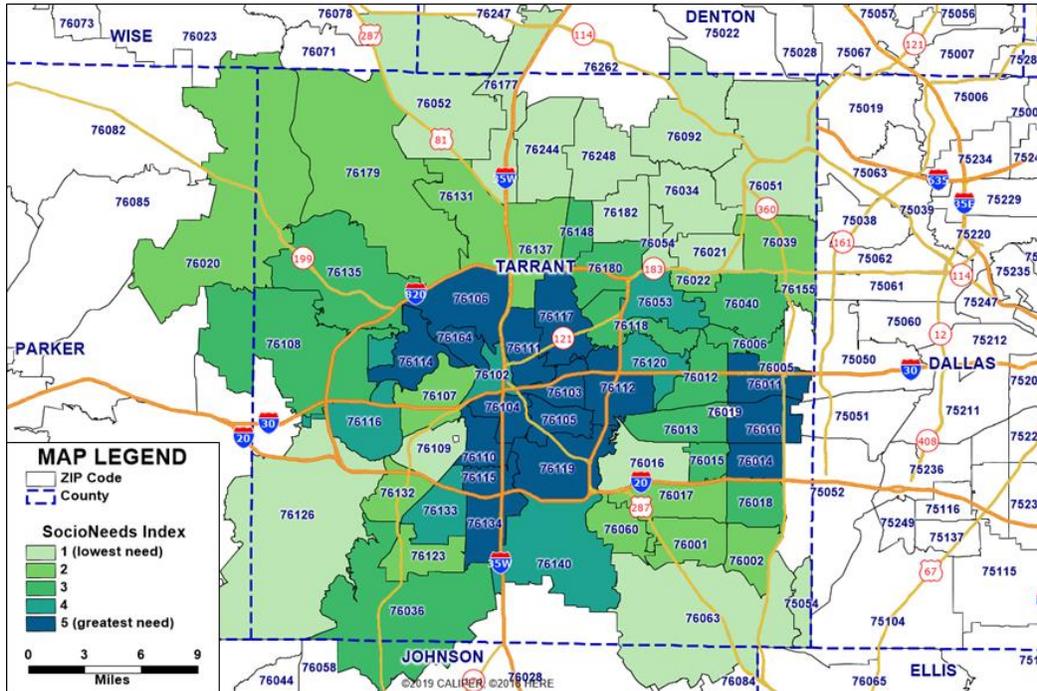
Identifying the Geographical Areas of Highest Need

Social and economic factors are well known to be strong drivers of health outcomes. Understanding these differences across our community can help JPS advocate for policy change, inform clinical interventions, and improve community health and eliminate health inequity. To help identify 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’.

1. The SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. All ZIP Codes in Tarrant County 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 (SocioNeeds Index Map, 2020).
 - 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
2. ‘The Life Expectancy by ZIP Code in Texas’ report was published in 2020. 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. Based upon the 2015 data, the average life expectancy in the U.S. was 78.8 years, and in Tarrant County was 78.7 years. However, Tarrant County Hispanics averaged higher and Blacks averaged lower.

Based upon a SocioNeeds Index Score of 5, there were 16 Tarrant County ZIP Codes evaluated to have the greatest needs. These ZIP Codes comprise more than 20% of the county’s population and also include 76104 which is the ZIP Code having the lowest average life expectancy in Texas (Tarrant County ZIP Codes with the greatest needs and life expectancy by race/ethnicity).

SocioNeeds Index Map, 2020



Source: Conduent Healthy Communities Institute, Environics Analytics, Maptitude

Tarrant County ZIP Codes 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

Source: Environics Analytics, Conduent Healthy Communities Institute, [Life Expectancy by ZIP Code in Texas](#)

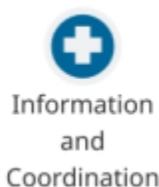
Community Health Needs Identified in the 2020 CHNA

The JPS Health Network was founded to serve the healthcare needs of underserved or vulnerable populations, identify approaches that improve health outcomes, and reduce health disparities for these populations. Recognizing that economic opportunities, environmental factors, health care infrastructure, and social networks are all key drivers of health, JPS completed the 2020 CHNA to better understand the overall health needs and improve health equity in 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 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 four priorities were reviewed and approved by senior leaders and the Board of Directors.



Significant Health Needs the Hospital Will Address

Information and Coordination

Statement of Need

As detailed in JPS Health Network's Community Health Needs Assessment:

23% percent of Tarrant County residents lack health insurance, and 9.1% of families living in Tarrant county live below the Federal Poverty Level. However, as evidenced in Healthy People 2020, health insurance coverage is not the only barrier to accessing health care services. Lack of availability of services and a usual source of care is associated with poorer health outcomes and high health care costs due to higher rates of hospitalization and less frequent use of preventive services. Additionally, the lack of access to a usual source of care creates delays in receiving appropriate care and decreases the ability to obtain preventive services.

High-Level Objectives

Through navigation of services and coordination of care, increase the use of primary and evidence-based preventive health care services by adults of all ages; reduce barriers to access for care, especially for the vulnerable and underserved. Coordinate care across the health continuum beginning with prevention and primary medical home.

Expected Impact

Connect the vulnerable and underserved with a medical home that allows them to obtain preventive services and appropriate disease management. Currently, many residents in Tarrant County utilize the Emergency Department for routine care that can be provided more effectively and efficiently in an outpatient setting. Furthermore, many underserved residents seek care only when they are ill and do not obtain preventive services on a consistent basis.

Targeted Populations

Adults in Tarrant County who do not currently have a primary care provider or usual source of care. Many of these adults are underserved and currently use the emergency department as their primary source of care.

Intervention Activities

Increase the number of adults that have a primary care provider and are connected to appropriate evidence-based preventive and disease management services through outreach, navigation, education and community collaboration.

Success Measures

Increase the number of patients who have a medical home and utilize primary and preventive services.
Improve clinical outcomes for underserved adults.

Community Collaborations

- Tarrant County Public Health
- Community-based clinics
- Faith based communities

JPS Programs/Resources

- JPS Community Health Clinics
- JPS Communications Division (in support of health education and promotion)
- JPS Health Outcomes Program
- JPS Care Management Program
- JPS Community Outreach Program
- JPS Connection Program (assistance to Tarrant County residents without health insurance)
- JPS CARES Program (assistance to Tarrant County residents without health insurance and experiencing homelessness)

Social Drivers of Health

Statement of Need

As detailed in JPS Health Network's Community Health Needs Assessment:

There are many economic disparities and situational factors into which people are born, live, work and age that affect their mental and physical health. A number of community members have housing instability, food insecurity, employment and overall economic issues that contribute to poorly managed health conditions. Approximately 9.1% of Tarrant County families are living below the federal poverty level and a number of Tarrant County's sixteen 'ZIP Codes with the greatest needs' have a median household income in the range of \$27,471-\$54,142. 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. The economic impact of COVID-19 has created new households, previously unfamiliar with food insecurity and housing assistance, that have found themselves needing support.

High-Level Objectives

Increase the identification of non-medical patient needs; improve referrals, navigation, and access to social service and community based resources.

Expected Impact

Social and physical determinants affect a wide range of health, functioning, and quality of life outcomes. By connecting individuals with the appropriate resources to address social needs that are key drivers of health status, their overall health and outcomes will improve.

Targeted Populations

Those in the general population who have non-medical and social needs, with an emphasis on underserved populations.

Intervention Activities

Work with community partners to consistently and comprehensively identify and cooperatively address social drivers of health. Expand the implementation and consistent use of an EMR Social Drivers of Health screening tool for patients across the health network. Build new and strengthen existing partnerships with appropriate community based organizations that offer programs and services that reduce health equity challenges, and develop bi-directional referral and communication processes to coordinate needs appropriately.

Success Measures

Increase identification of non-medical and social needs of JPS patients across all points of care within the network. Increase the number of patients with non-medical and social needs who were connected to the appropriate resources.

Community Collaborations

- United Way 2-1-1
- Tarrant County Public Health
- Meals on Wheels of Tarrant County
- Catholic Charities
- Healthy Tarrant County Collaboration
- Tarrant Area Food Bank
- Community agencies and organizations that deliver community-based services
- Community leaders and members

JPS Programs/Resources

- JPS Information Technology Division (supports collection and management of needed data within the electronic health record)
- JPS Health Outcomes Program
- JPS Care Management Program
- JPS Community Outreach Program
- JPS Connection Program
- JPS CARES Program
- JPS Community Health Clinics
- JPS Providers and Staff

Chronic Conditions

Statement of Need

As detailed in JPS Health Network's Community Health Needs Assessment:

Chronic diseases are the leading cause of death and disability in the U.S and drivers of the nation's \$3.5 trillion in annual health care costs. Our community has high rates of high blood cholesterol that can eventually lead to heart disease and hypertension. Our adult age-adjusted mortality rates are higher than the state average for diabetes and stroke. Approximately 33.7% of adults have been diagnosed with high blood pressure and 14.3% of adults have been diagnosed with obesity. More than 25% of adults self-reported their health to be fair or poor. Additionally, COVID-19 has influenced many residents to delay necessary clinical care for fear of entering health care facilities and because of economic insecurity, including job loss and resulting health coverage termination.

High-Level Objectives

Improve the well-being of adults in Tarrant County through chronic disease prevention and management; promote disease prevention and improve treatment compliance.

Expected Impact

Patient education helps empower patients with the knowledge necessary to be actively engaged in their health and ultimately achieve their health goals. Additionally, when patients are engaged in their chronic diseases, their overall health and outcomes improve. By providing individuals with appropriate chronic disease prevention and management education, lifestyle behaviors and treatment compliance will improve, leading to better health outcomes and quality of life.

Targeted Populations

Adults in Tarrant County who have chronic diseases or are at high risk of developing chronic diseases, with an emphasis on underserved populations.

Intervention Activities

Educate and screen individuals in identified zip codes of greatest need to increase early detection of chronic diseases, promote prevention, and improve treatment compliance.

Success Measures

Improve participants' self-efficacy to appropriately utilize chronic disease and prevention management resources. Increase treatment compliance for patients with chronic conditions. Improve the health status of patients with chronic conditions as measured by key health indicators.

Community Collaborations

- American Diabetes Association
- American Heart Association
- Diabetes Collaboration of Tarrant County
- Tarrant Literacy Coalition

JPS Programs/Resources

- JPS Health Outcomes Program
- JPS Information Technology Division
- JPS Care Management Program
- JPS Community Outreach Program
- JPS Community Health Clinics
- JPS Providers and Staff

Behavioral Health and Substance Abuse

Statement of Need

As detailed in JPS Health Network's Community Health Needs Assessment:

Approximately 23.1% of Tarrant County adults self-reported having major depression and the percentage of students who had a suicide attempt, 3.9%, was higher than the state, 3.4%. Interviews and focus groups identified need for addiction medicine counseling, for support for individuals living with Intellectual Developmental Disabilities (IDD) and their families, and an aging population facing isolation, depression and for some Dementia & Alzheimer's. Also, 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.

High-Level Objectives

Increase access to quality behavioral health and substance abuse services for residents throughout Tarrant County through outreach efforts and partnerships.

Expected Impact

Improve the mental and overall health of adults and youth in Tarrant County by connecting individuals in need to appropriate resources and early interventions. Early intervention in mental health and substance abuse enables early detection and treatment of potentially serious conditions.

Targeted Populations

Adults and youth in Tarrant County with behavioral health and substance abuse needs, with an emphasis on underserved populations.

Intervention Activities

Support community behavioral health and substance abuse outreach efforts and partnerships. Work with community partners to assess the need and available resources. Collaborate to develop an appropriate community approach to behavioral health and substance abuse identification, coordination, and treatment.

Success Measures

Increase the number of individuals in need that are connected to appropriate behavioral health and substance abuse services. Improve the mental health and overall health status of adults and youth in Tarrant County with behavioral health and substance abuse needs.

Community Collaborations

- My Health My Resources (MHMR) of Tarrant County
- Challenge of Tarrant County
- DFWHC Foundation Community Health Collaborative
- Millwood Hospital
- Sundance Hospital
- Mesa Springs Hospital
- Wellbridge Hospital
- Mental Health America of Greater Tarrant County
- International Behavioral Health Institute
- Mental Health Connection
- Tarrant County Police Departments
- School Districts
- Tarrant County Mental Health/Probate Court
- NAMI (National Alliance on Mental Illness)
- HHS Center for Elimination of Disproportionality and Disparities
- Jordan Elizabeth Harris Foundation
- MedStar
- Cook Children's Health Care System
- Other Healthcare/Mental Health Providers in Tarrant County
- ACH Child and Family Services
- Presbyterian Night Shelter

JPS Programs/Resources

- JPS Behavioral Health
- JPS Health Outcomes Program
- JPS Care Management Program
- JPS Community Outreach Program
- JPS Community Health Clinics

Evaluation of Impact

For our Implementation Plan, JPS will utilize evidenced-based and promising practices tailored for the needs of our community. JPS will collaborate with partners in the community to address all four priorities and will establish defined metrics to measure performance and progress toward each goal. We will utilize a continuous process improvement approach in monitoring and assessing progress over the next three years. An evaluation of the impact of the hospital's performance toward addressing these significant health needs will be reported in the next scheduled CHNA.

Needs the Hospital Will Not Address

JPS is committed to improving the health of our community and to addressing the significant health needs identified in the 2020 CHNA. The three issue areas rising to the level of significant needs were Information and Coordination, Social Drivers of Health, and Chronic Conditions. An action plan has been developed for each. Due to the importance of Behavioral Health and Substance Abuse to our community and to JPS' mission we have added this issue area to the list of priorities we will address as part of our 2020 implementation plan.

Report Availability and Comment

Please reference our 2020 CHNA for more information on these significant health needs, community profile, and the primary and secondary data sources used to identify those needs. The CHNA and this Implementation Plan are available on the hospital's website at <https://www.jpshealthnet.org/about-jps/public-information>.

Your feedback on this 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.