2023 Community Health Needs Assessment

JPS Health Network
Fort Worth, Texas

Dear Community Partner,

In 2023, JPS Health Network completed its Community Health Needs Assessment (CHNA). The CHNA provides an understanding of the health and social needs of the communities served by JPS. The data includes primary and secondary data as well as a collection of voices directly from the community. Based on data collection and analysis, JPS was able to understand the disadvantage of being medically underserved, low- income, and minority impacts our communities health needs significantly. The CHNA allows JPS to prioritize these needs and focus on the highest priorities to best serve our community.

Our mission at JPS is to transform healthcare delivery for the communities we serve, and we're committed to collaborating with community members, healthcare providers, and other partners to achieve this goal. We look forward to working with our partners to better understand our community as we can continue to develop innovative programs and services that offer education and resources for preventing illnesses and promoting well-being. Thank you for your continued support and contributions toward improving this process.

Thank you for reading the 2023 CHNA report. I hope that this will give more insight into what JPS is doing to promote health and wellness in our community. We welcome feedback on how we can continue to improve. If you have any questions, contact us at **CHNA@jpshealth.org**.

Karen Duncan

Dr. Karen Duncan, President & CEO

Acknowledgements

This Community Health Needs Assessment (CHNA) represents the culmination of work completed by multiple individuals and groups. Members of the leadership team from JPS Health Network (JPS) have served an integral role in making this comprehensive assessment possible. JPS would like to extend its gratitude to all the focus groups participants, key community health leaders, and community members who provided information used in the development of this assessment. In addition, JPS would specifically like to thank the following members of the CHNA Steering Committee who provided their time and knowledge throughout the entirety of this process:

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Joy Parker	Vice President, Network Operations
Nisha Patel	Director, Strategy and Business Development
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Table of Contents

Introduction

About JPS and its Community

JPS Health Network is a tax-supported health care system that provides medical services to the 2.2 million residents of Tarrant County in North Texas. In October 1877, future Fort Worth mayor John Peter Smith deeded five acres of land at what is now 1500 S. Main Street to provide a place where individuals from Fort Worth and Tarrant County "could have the best of medical care."

Since its opening in 1906, JPS has served the needs of the families in Tarrant County, working to improve health status and access to healthcare. Despite the presence of disparities that may impact health outcomes, JPS has maintained a long-term vision to promote a lasting, coordinated solution for serving the healthcare needs of Tarrant County, particularly underserved populations.

The network includes John Peter Smith Hospital, a 582-bed acute care hospital in Fort Worth, and more than 25 community-based clinics. John Peter Smith Hospital houses Tarrant County's first Level I Trauma Center, the only psychiatric emergency center in the county, and the nation's largest family medicine residency program. The network provides employment to more than 7,200 people. To learn more about JPS, visit ***www.jpshealthnet.org***.

Tarrant County is home to several high-quality health systems and medical programs, as well as numerous community-based organizations that provide social services. However, many residents face challenges accessing these resources for a variety of reasons. Tarrant County is the third-largest county in Texas, following Harris County and neighboring Dallas County. With the population expected to grow by nearly 123,000 people over the next five years, it is also one of the fastest growing counties in the U.S. The county's diverse population includes native Texans and a large international community, highlighting a need for complex and culturally competent care delivery. While the county's median income ($75,052) is higher than the Texas average ($69,529), approximately one in ten families live below the federal poverty level. As one of the nation's only purely public safety net hospitals, JPS has traditionally served a higher proportion of uninsured patients and those enrolled in public programs compared to other local hospitals.

Our Mission, Vision, and Values

Our **mission** is to transform healthcare delivery for the communities we serve.

Our **vision** is to be a regional and national leader in improving the patient and family experience, the quality and outcomes of population health, and access to care.

Our **values** are trust, mutual respect, excellence, integrity, accountability, and teamwork.

To further illustrate its commitment to health and well-being of the community, JPS Health's Community Health Needs Assessment (CHNA) Steering Committee completed this CHNA to understand and document the greatest health needs currently faced by Tarrant County residents.

CHNA Purpose and Process Overview

JPS maintains a deep commitment to the residents of Tarrant County and the surrounding areas. Through its system of acute, ambulatory, and mobile providers, JPS delivers a range of innovative programs and services to provide education and resources to prevent illness, maintain health, and improve the overall well-being of the community. The purpose of this CHNA is to better understand, quantify and articulate the health and social needs of the communities served by JPS. Additionally, JPS will assemble a three-year implementation plan to enhance community health, with a particular focus on health inequities or disparities.

A substantial amount of information was reviewed during this planning process and the Steering Committee has been careful to ensure that a variety of sources were used to deliver a comprehensive report. Assessment methods included secondary data as well as primary data that were collected to hear directly from community members. Although unique to the community served by the organization, the sources and methodologies used to develop this report comply with the current standards and requirements for nonprofit hospital organizations delineated in IRS Section 501(r)(3). Key objectives of this CHNA include:

- Identify the health needs of the community served.
- Understand racial and geographic health disparities that exist across the community served by collecting and evaluating quantitative data for multiple indicators, including demographics, socioeconomic status, health status, health behaviors, and social determinants of health.
- Understand the significant health needs of medically underserved, low-income and minority populations in the community.
- Understand what is needed to help residents maintain and/or improve their health within JPS' scope of services.
- Prioritize the needs of the community and clarify or focus on the highest priorities that can be appropriately addressed by JPS.
- Describe resources potentially available to address the significant health needs identified through the CHNA.
- Make the CHNA results publicly available online through JPS' website.

There are ten phases in the CHNA process. Results of the first seven phases are discussed throughout this assessment; the development of a community health implementation plan to address the identified health priorities and subsequent phases will take place in the near future.

Summary of Prior CHNA Implementation Strategies

A CHNA is an ongoing process that begins with the evaluation of the previous CHNA. In 2020, JPS completed its previous assessment. Associated implementation strategies focused on four priority areas, with a unifying, high-level objective created to address each.

Below are the priority areas and their associated objectives for the 2020 JPS CHNA:

Information and Coordination

Social Drivers of Health

Chronic Conditions

Behavioral Health/ Substance Abuse

2020 Priority	Objectives
Information and Coordination	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.
Social Drivers of Health	Increase the identification of non-medical patient needs; improve referrals, navigation, and access to social service and community-based resources.
Chronic Conditions	Improve the well-being of adults in Tarrant County through chronic disease prevention and management; promote disease prevention and improve treatment compliance.
Behavioral Health/Substance Abuse	Increase access to quality behavioral health and substance abuse services for residents throughout Tarrant County through outreach efforts and partnerships.

See below for highlights of the activities undertaken by JPS over the past three years to address each priority need area.

Information and Coordination

- JPS launched virtual on demand and telehealth appointments to improve access for patients needing primary, specialty and behavioral health care.
- Community Health clinic hours were expanded in several locations to meet the needs of the community. Community Health clinic volumes have increased year-over-year.
- Community Health also maintains a 24/7 telephonic nurse triage line for established patients seeking care by a JPS provider.
- Efforts to serve the community and maintain access during the COVID-19 pandemic included: implementation of telehealth programs, development of a COVID-19 clinic for patients with ongoing symptoms post-discharge, and administration of over 100,000 COVID-19 vaccines throughout Tarrant County.
- JPS has increased its focus on chronic disease and preventive care, resulting in positive outcomes for patients with diabetes, hypertension and cardiovascular disease, increased rates of breast and colon screening, and improved patient outcomes due to depression screening and management to remission.
- In collaboration with Tarrant County Public Health (TCPH), provided Mpox (monkeypox) vaccines and testing to the public.
- Connected Care and Engagement Program (CCE): Designed to assist in onboarding new JPS Connection members to their benefits, empower them to manage their health by using their JPS patient-centered medical home, reduce

care fragmentation, improve patient engagement continuity of care, and provide resources to address social determinants of health. JPS has completed more than 5,000 net new onboarding CCE appointments since 2020.

- Utilized Bamboo Health (formerly Patient Ping) to capture patients that have had a health encounter outside of the JPS system to help facilitate opportunities to improve continuity of care and reduce fragmentation.

Social Drivers of Health

- JPS has increased patient enrollment in medical assistance programs (such as JPS Connection) that increase access to care for socioeconomically marginalized populations.
- Primary care, behavioral health and case management services have been made available to patients experiencing homelessness. JPS has worked to lessen the disease burden of depression among patients with charity insurance.
- The JPS Health and Wellness Program takes non-clinical approaches to improving health, preventing disease, and reducing health disparities by addressing social, behavioral, environmental, economic, and medical determinants of health. This program provides health education to the community, while leveraging community collaboration and partnerships.
- JPS began building a Community Health Worker (CHW) Program to help address Health-Related Social Needs (HRSNs) for community members and patients. CHWs assist with navigating health and social services and provide personalized health education to promote disease self-management. CHWs also provide care coordination, navigation, and health education alongside referrals to community partners (food bank, rental assistance programs, housing support etc.).
- To more accurately track trends in disparities, nursing teams continued to advocate for patient data to be stratified by age, race and other demographic variables.
- Advanced equitable drug prescribing for JPS patients.
- A study called Patient-Centered Hypertension Care to Improve Black Maternal Outcomes (PATCH) aims to engage Black maternity patients in focus groups and implement systematic screening of social determinants of health among all pregnant women receiving care at JPS.
- JPS has collaborated with TCPH and Texas Vaccines for Children to promote bidirectional sharing of vaccination records.
- Implementation of screening tool for social determinants of health: Patients with a positive screening are provided corresponding community-based resources and/or referred to an outpatient social worker who works closely with them to ensure the patient can access the necessary resources to help them adhere to their recommended care plan and reach their highest level of health.
- Collaboration with Tarrant Area Food Bank (TAFB) for implementation of the TAFB Red Bus to provide real-time assistance for food insecurity and enrollment in long-term benefits.
- Additional resources for the community included Uber Health for transportation needs, mobile mammography services at medical homes, discounted vision assessments and glasses through Better Hope Better Vision, medical navigation for those experiencing homelessness being housed at Casa Esperanza, and cooking classes for the Como community.

Chronic Conditions

- JPS launched Remote Patient Monitoring in March of 2022 with its most vulnerable COVID-19 patients. The

program was expanded to chronic disease management patients within 90 days.

- Pharmacy Voucher Resource Center: A centralized process to assist patients that require chronic disease maintenance medication or life sustaining medication with finding resources to afford their prescription medications. The center receives and processes more than 3,000 phone calls/encounter each month.
- Remote patient monitoring program for Rising Risk/Chronic Disease Management, to stop or even reverse disease progression while simultaneously blocking/interrupting the flow of rising risk patients into the highest risk/complex population, and identify SDoH needs and direct care resources.
- Complex Care Management for the highest-risk patients, to improve patient health status, reduce the need for hospital care, identify SDoH needs and direct resources. JPS provided case management services to more than 10,000 patients, with fewer than 4% being readmitted to the hospital, and less than 2% visiting the emergency department while enrolled in the program.
- Developed and implemented a robust Post-Acute Case Management service that launched in April 2021 for JPS Connection members receiving home health, hospice, skilled nursing facility, recuperative care, and inpatient rehab services. From fiscal year (FY) 2020 through the first quarter of FY 2022, this service helped JPS decrease length of stay in this population from 30 days to 17, reduce emergency department visits from 33 to 13, and reduce inpatient admissions from 31 to 10.
- Additional services to address chronic health conditions at JPS include educational classes to address conditions like diabetes, heart failure or hypertension, health screenings at medical homes and community events, and a prostate cancer screening event in collaboration with Moncrief.

Behavioral Health/Substance Abuse

- JPS has implemented a number of initiatives to improve access to behavioral health services, including: telehealth access; expanded hours and locations for new patient intake; additional services for children and adolescents, including the child/adolescent discharge clinic to accommodate timely follow-up after discharge from Trinity Springs Pavilion or the Psychiatric Emergency Center; expansion of the therapy team, inpatient team and Call Center to address demand; Depression Remission Goals and monitoring for JPS Connect patients; depression monitoring across the ambulatory setting; new clinics under development at Las Vegas Trail and Southwest Medical Home; improving psychiatric bed throughput to improve availability; new trauma-informed psychoeducation curriculum for group therapy; improving access and efficiency of services; and continuing to plan and design for a new Psychiatric Emergency Center.
- Addiction medicine initiatives carried out include substance use screenings, referrals and opioid overdose-reversing drugs (Narcan) for patients upon discharge as well as collaborations with community partners to access residential treatment for substance abuse and detoxification.

For additional discussion of current priority needs and description of the data that supports those priorities, please see Chapter 3.

Report Structure

The outline below provides detailed information about each section of the report.

1. *Methodology* – The methodology chapter provides an overall summary of how the priority health need areas were selected as well as how information was collected and incorporated into the development of this CHNA, including study limitations.
2. *Defined Community* – This chapter details the demographic data (such as age, sex, and race) and socioeconomic data of Tarrant County residents. This chapter also describes the impact of health disparities among sub-

populations and sub-geographic areas throughout the county.

3. *Priority Need Areas* – This chapter describes each identified priority health need areas for Tarrant County and summarizes the primary and secondary data that support these prioritizations.
4. *Community Assets and Resources* – This chapter documents existing health resources currently available to the Tarrant County community.
5. *Next Steps* – This chapter briefly summarizes the next steps that will occur to address the priority health need areas discussed throughout this document.

In addition, the appendices discuss the data used during the development of this report in detail, including:

1. *County Demographic and Socioeconomic Detail* – Information regarding the population characteristics (such as age, sex, and race) of Tarrant County is presented in Appendix 1.
2. *Detailed Secondary Data Findings* – Secondary data measures and findings used in the prioritization process are presented in Appendix 2.
3. *Detailed Primary Data Findings* – Summaries of new data findings from community and key leader surveys, as well as focus groups are presented in Appendix 3.
4. *Detailed Resources and Community Assets* – A detailed summary of existing health resources available within Tarrant County.

Report Availability and Comment

The 2023 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 2023 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**.

Summary Findings: JPS Service Area of Tarrant County Priority Health Need Areas

JPS partnered with Ascendient Healthcare Advisors to complete the CHNA using a transparent and collaborative approach. Throughout the CHNA process, a broad range of economic, environmental, behavioral, clinical, and social indicators were used to identify the community's top health and social needs. A CHNA Steering Committee, comprised of board members from across the JPS health system, withw diverse experience and perspectives was key to providing insight, context, guidance, and decision-making in support of the report's development.

Also, experienced community leaders from over 40 organizations representing medically underserved, low-income, and minority populations provided input into the development of our CHNA. In addition, nearly 1,600 JPS patients and other Tarrant County community members documented their opinions and concerns in a web-based survey. Information gathered from these stakeholders was analyzed to identify areas of community disparity and prioritized to identify significant health needs for which JPS will address through its implementation plan.

To achieve the study objectives, both primary and secondary data were collected and reviewed. Primary data included information gathered from key community leaders and community members via web-based surveys and virtual focus groups. Secondary data included information regarding Tarrant County's demographics, health and healthcare resources, behavioral health, disease trends, and county rankings. The data collection and analysis process began in July 2023 and continued through to the development of this document in September 2023.

Given the size of Tarrant County, both in geography and population, significant variations in demographics and health needs exist within the region. At the same time, consistent needs are present across the whole county and thus

serve as the foundation for determining priority health needs at the county level. This document will discuss the priority health need areas for Tarrant County, as well as how the severity of those needs might vary across racial and geographic sub-groups based on the information obtained and analyzed during this process.

Through the prioritization process discussed in this document, the CHNA Steering Committee identified Tarrant County's priority health need areas from a list of over 100 potential health needs. Please note that the final priority need areas were not ranked in any hierarchical order of importance, and each need will be addressed within the scope of services. After analysis of all relevant data and discussions with the CHNA Steering Committee, the following three focus areas have been identified as priorities for the 2023 CHNA:

1. **Behavioral Health**
2. **Access to Care**
3. **Social Determinants of Health**

The process used to prioritize findings in this assessment is discussed later in the report. It is important to note that health, healthcare, and associated community needs rarely exist in a vacuum. Instead, they are very much interrelated with each other, with improvements in one driving advancements within another. As such, although it was necessary for this process to separate the various areas for purposes of measuring need, the interrelationship should be acknowledged as improvement initiatives are considered going forward.

Further, many health needs are the result of underlying societal and socioeconomic factors. Many studies show that factors such as income, education, and the physical environment affect the health status of individuals and communities. This CHNA acknowledges that linkage and focuses on identifying and documenting the greatest health needs as they present themselves today.

Lastly, JPS believes that some of the most effective strategies will be those that involve support and collaboration with community organizations and residents. Following the dissemination of this CHNA, JPS will use it to guide the development of an implementation plan that can be used to ensure the priority need areas are being addressed in the most efficient, effective, and equitable way. Importantly, JPS intends to leverage key ongoing initiatives for each priority need area. As detailed further in Chapter 5, the implementation plan will be comprised of actionable objectives through which progress can be measured.

Chapter 1: Methodology

Study Design

A multi-step process was used to assess the community needs, challenges, and opportunities for the JPS Service Area, which encompasses Tarrant County. Multiple sources, including primary and secondary data sources, were incorporated throughout the study to paint a more complete picture of the community's health needs. While the CHNA Steering Committee viewed the primary and secondary data equally, there were instances where one provided more compelling evidence of community health needs than the other. In these instances, the health needs identified were discussed based on the applicable data gathered. Multiple methodologies were utilized to identify key areas of need, including analysis of data, content analysis of community feedback, and engagement with community leaders and partners.

Over the course of the CHNA process, the Steering Committee met three times to review data, evaluate trends, and prioritize health needs for Tarrant County. Members of the Steering Committee served as a sounding board for data findings and insights regarding JPS patients and the larger community, encouraged community and key leader participation in the surveys, and provided recommendations for potential focus group areas and additional data sources. Additional data were collected through primary surveys of community members and key community stakeholders and review of a range of secondary data sources, detailed below. Prioritization was set through a polling exercise at the conclusion of the third Steering Committee meeting.

Specifically, the following data types were collected and analyzed:

Primary Data

Community engagement and feedback were obtained through focus group meetings, key leader web survey, and a broad community web survey. Significant input and direction were also leveraged from the CHNA Steering Committee. All stakeholders were asked to provide their feedback about the factors that influence the health status of the Tarrant County community. The data were aggregated by source (i.e., Key Leaders and Community Members) and then analyzed to understand the current perceived health needs of Tarrant County. Thanks to the hard work of dedicated staff, partners, and volunteers, JPS was able to gather an abundance of primary data to gain a better understanding of the health needs in the community and the role that community stakeholders play in helping the residents of Tarrant County lead healthy, happy lives.

JPS distributed its community survey to patients via its electronic medical record system. Overall survey results indicated a high individual response rate from underserved populations, including the uninsured population, those enrolled in public health insurance programs (i.e. Medicaid and Medicare), community members with lower educational attainment, and those who are unemployed. The Key Leader Survey was distributed via email to leaders from a variety of organizations representing geographies throughout Tarrant County. Key leaders included, but were not limited to, nonprofit partners, government officials, healthcare providers, school/university/other academic partners, first responders, business leaders, and childcare providers. In addition, three focus groups gathered information from community stakeholders who provided insight into the health needs of Tarrant County's vulnerable populations, including the JPS Patient Advisory Board, Tarrant County Public Health, and University of North Texas Health Science Center Community Advisory Board. Leveraging these sources, the CHNA Steering Committee was able to incorporate input from 65 key leaders and nearly 1,600 Tarrant County residents.

Recognizing that language barriers may present challenges in accessing healthcare and understanding health-related information, JPS offered the survey in Spanish, as well as English, to facilitate engagement with community members who may have limited English proficiency. Approximately 10% of respondents utilized the Spanish-language survey option.

For more information regarding specific questions asked as part of the focus groups and surveys, please refer to Appendix 3.

Secondary Data

Key sources for secondary data on Tarrant County included numerous public data sources related to demographics, social and economic determinants of health, environmental health, health status and disease trends, mental/behavioral health trends, and modifiable health risks, as well as internal data made available by JPS. Key information sources leveraged during this process included:

- *County Health Rankings*, developed in partnership by Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute;
- *The Opportunity Atlas*, developed in partnership by the U.S. Census Bureau, Harvard University, and Brown University;
- *The National Equity Atlas*, developed in partnership by PolicyLink and the USC Equity Research Institute;
- *Minority Health Social Vulnerability Index*, developed by the U.S. Department of Health and Human Services Office of Minority Health;
- *Food Access Research Atlas*, developed by the U.S. Food and Drug Administration;
- *UNC Health Literacy Data Map*, developed by the University of North Carolina at Chapel Hill;
- American Foundation for Suicide Prevention;
- *Heat and Health Tracker*, developed by the CDC National Environmental Public Health Tracking Network;
- *State of Air Report Card*, developed by the American Lung Association;
- *American Community Survey*, developed by the U.S. Census Bureau;
- Texas state data and local Tarrant County data from the Texas Department of State Health Services, Tarrant County Public Health and Healthy North Texas Community Collaborative;
- Review of prior Tarrant County Hospital District/JPS Health Network CHNA; and
- Needs assessments from various state and local organizations, including the 2023-2028 Texas State Health Plan, Regional Health Partnership (RHP) for RHP 10, Cook Children's Health Care System, Baylor Scott & White West Fort Worth Hospitals and Southeast Tarrant County Hospitals, Texas Health Resources Tarrant/Parker Region, and Methodist Health System Mansfield and Southlake Medical Centers. While HCA Medical City Healthcare – Fort Worth/North Texas is not required to and does not conduct a CHNA, their community impact programs were reviewed.

For more information regarding data sources, please refer to Appendix 2.

Comparisons

The secondary data collected throughout the process are only relevant if compared to a benchmark, goal, comparative geography, or trend over time. In other words, without the ability to evaluate Tarrant County against another measure, it would be impossible to determine how it is performing relative to other, similar counties. For the 2023 CHNA, each data measure was compared to outside data as available, including the following:

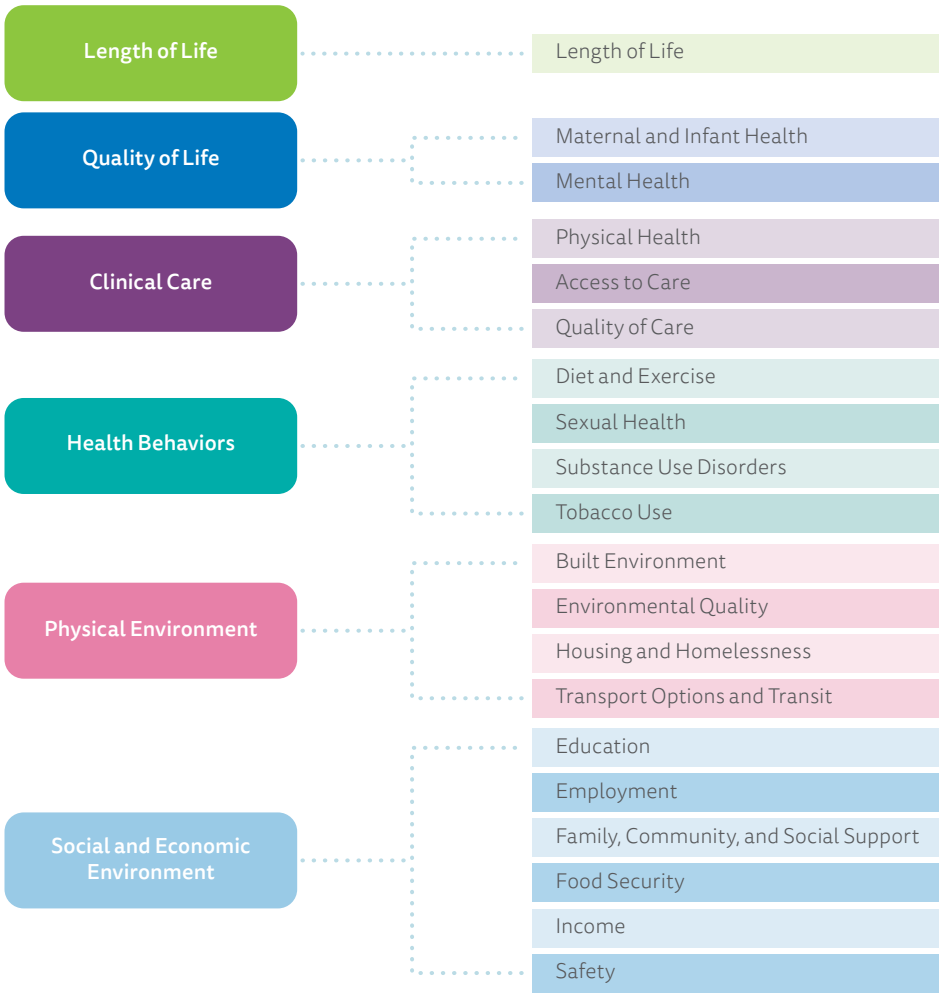
- Comparable Texas Counties: Tarrant County is one of 11 counties that make up the Dallas-Fort Worth metroplex

region – the economic and cultural hub of North Texas. For the purposes of this analysis, Dallas County has been identified as a peer county for comparison, due to the two counties' relatively similar population density and demographic makeup.

- State of Texas: As part of the process, the CHNA Steering Committee determined that comparisons with the state of Texas in total would be appropriate. While certain differences exist, the geographic overlap creates similarities that increase the meaningfulness of comparisons.
- Trends Analysis: Data measures were also viewed with regard to performance over time and whether the measure has improved or worsened compared to the prior CHNA timeframe.

Prioritization Process Overview and Results

The process of determining the priority health needs for the 2023 CHNA began with the collection and analysis of hundreds of data points. All individual data measures from both primary and secondary sources were gathered, analyzed, and interpreted. In order to combine data points into more easily discussable categories, all individual data measures were grouped into six categories and twenty corresponding focus areas based on "common themes," which are shown in the graphic below. These focus areas are detailed further in Appendix 2.

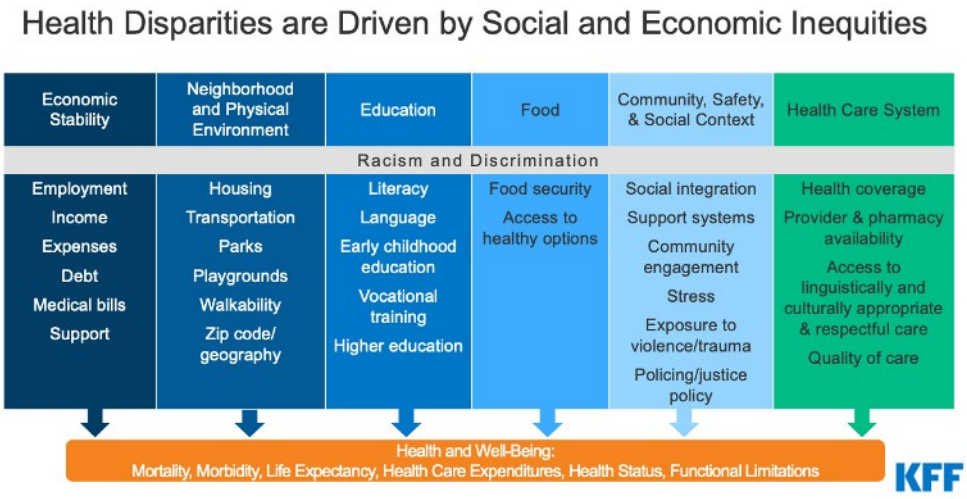


Given the large number of individual data measures that were collected, analyzed, and interpreted throughout this process to develop the twenty categories, it was not feasible to make each of them a priority. The CHNA Steering Committee took into consideration focus areas with data measures of high need or worsening performance, priorities from the primary data, and JPS's ability to impact the need to help determine which health needs should be prioritized. Following the aggregation of the primary and secondary data into the focus areas detailed in Appendix 2, members of the CHNA Steering Committee were then polled to evaluate and prioritize the health needs of Tarrant County while considering the following factors:

- Size and scope of the health need;
- Severity and intensity of the health need;
- Estimated feasability and effectiveness of possible interventions;
- Health disparities associated with the need; and
- Importance the community places on addressing the need.

Throughout the process, the Steering Committee also considered Healthy People 2030's "Social Determinants of Health and Health Equity," which are described in the graphic that follows.

Recognizing the impact of social determinants of health on health disparities and inequities in the community was a key consideration for the Steering Committee throughout the CHNA process. The graphic below describes the way various social and economic inequities may impact health and well-being.



Study Limitations

The development of a CHNA is a lengthy and time-consuming process. As such, more recent data may have been made available after the collection and analysis period of this process. Secondary data are typically available at a lag

time of one to three years from the data occurrence. One limitation in the data analyses process is the staleness of the data which may not depict the most recent occurrences experienced within the community. Given the staleness of secondary data, the CHNA Steering Committee attempted to compensate for these limitations through the collection of primary data, including focus groups and web-based surveys targeted to community members and key leaders in the community. Additionally, the CHNA Steering Committee provided information regarding more recent local conditions, including health and social needs, that may be impacting Tarrant County residents. Secondary data are also limited regarding availability by demographic cohorts such as sex, age, race, and ethnicity, and many public data sources are not consistently available by ZIP Code to assess the sub-county at more geographically focused levels. Where possible, though, data were viewed at the ZIP code and more granular census tract levels.

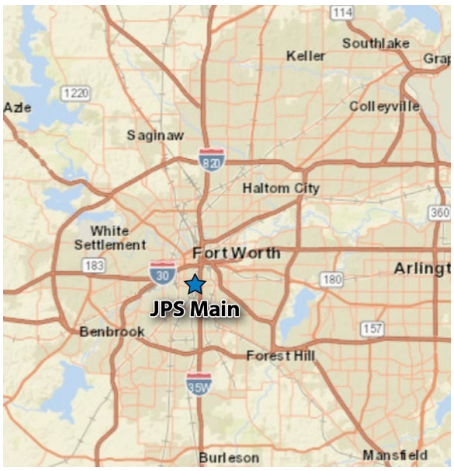
Given the size of Tarrant County in both population and geography, this study was limited in its capacity to fully capture health disparities and health needs across racial and ethnic lines. Additionally, there may be gaps in information for particular sub-segments of the population. Many of the available data sets do not necessarily isolate historically underserved populations including the uninsured, low-income persons, and/or certain minority groups. In addition, certain indicators (e.g. mental health or substance use) are limited by privacy requirements or reliant on individuals' self-reporting of conditions, which may lead to underreporting of certain metrics. In an effort to capture a more holistic and culturally competent point of view of needs in the county despite the lack of available data, attempts were made to include underserved sub-segments of the Tarrant County population through primary data-gathering. For example, to better capture input from Tarrant County's diverse populations (discussed further in Chapter 2), the community web survey was distributed in Spanish.

Finally, segments of this CHNA have relied on input from key leader stakeholders and community members through web-based surveys and focus groups. Since it would be unrealistic to gather input from every single member of the community, the participants have offered their best expertise and understanding on behalf of the community for which they are representatives.

Chapter 2: Defined Community

Geography

The Tarrant County Hospital District was developed in 1959 to provide JPS with the financial stability to support its mission as a public hospital. Subsequently, JPS' community is defined by the borders of Tarrant County. Comprised of a mix of urban, suburban and rural geographies, most ZIP Codes within the county are associated with the incorporated cities of Fort Worth and Arlington. The map provided below illustrates the overall service area for JPS. See the table below for a summary of Tarrant County ZIP codes and communities.



Source: Esri 2023

Tarrant County is the third-most populated county in Texas, and the community continues to expand. With the population expected to grow by nearly 123,000 people over the next five years, it is one of the fastest growing counties in the U.S. The county as a whole skews younger (65.6% of residents are ages 45 or younger), however the 65+ age cohort is anticipated to grow the fastest from 2023 to 2028. In 2022, one in six Tarrant County residents were foreign-born, contributing to the county's diversity. In addition, the non-White population (59.1%) is higher than the White population (40.9%).

Zip Code	City
76008	Aledo
76001	Arlington
76002	Arlington
76003	Arlington
76004	Arlington
76005	Arlington
76006	Arlington
76007	Arlington
76010	Arlington
76011	Arlington
76012	Arlington
76013	Arlington

Zip Code	City
76014	Arlington
76015	Arlington
76016	Arlington
76017	Arlington
76018	Arlington
76019	Arlington
76094	Arlington
76096	Arlington
76020	Azle
76021	Bedford
76022	Bedford
76095	Bedford

Zip Code	City
76028	Burleson
76034	Colleyville
76036	Crowley
76039	Euless
76040	Euless
75022	Flower Mound
75028	Flower Mound
76101	Fort Worth
76102	Fort Worth
76103	Fort Worth
76104	Fort Worth

Zip Code	City
76105	Fort Worth
76106	Fort Worth
76107	Fort Worth
76109	Fort Worth
76110	Fort Worth
76111	Fort Worth
76112	Fort Worth
76113	Fort Worth
76114	Fort Worth
76115	Fort Worth
76116	Fort Worth
76118	Fort Worth
76119	Fort Worth
76120	Fort Worth
76121	Fort Worth
76122	Fort Worth
76123	Fort Worth
76124	Fort Worth
76126	Fort Worth
76129	
76130	Fort Worth

Zip Code	City
76131	Fort Worth
76132	Fort Worth
76133	Fort Worth
76134	Fort Worth
76135	Fort Worth
76136	Fort Worth
76137	Fort Worth
76140	Fort Worth
76147	Fort Worth
76148	Fort Worth
76155	Fort Worth
76161	Fort Worth
76162	Fort Worth
76163	Fort Worth
76164	Fort Worth
76179	Fort Worth
76185	Fort Worth
76190	Fort Worth
76191	Fort Worth
76192	Fort Worth
76193	Fort Worth

Zip Code	City
76195	Fort Worth
76196	Fort Worth
76197	Fort Worth
76199	Fort Worth
75053	Grand Prairie
75054	Grand Prairie
76051	Grapevine
76099	Grapevine
76117	Haltom City
76053	Hurst
76054	Hurst
76244	Keller
76248	Keller
76060	Kennedale
76127	Naval Air Station Jrb
76071	Newark
76180	North Richland Hills
76182	North Richland Hills

Population

Population figures discussed throughout this chapter were obtained from Esri, a leading GIS provider that utilizes U.S. Census data projected forward using proprietary methodologies.

JPS serves Tarrant County and its population of nearly 2.2 million. Nearly 63% of the county's population resides in the cities of Arlington or Fort Worth, and the county anticipates 1.1% annual population growth from 2023 to 2028.

2023 Total Population				
	Tarrant County	Dallas County	Texas	United States
Population	2,189,354	2,646,702	30,506,523	337,470,185

Source: Esri 2023

Age and Sex Distribution

Data on age and sex helps health providers understand who lives in the community and informs planning for needed health services. Younger populations are likely to need more preventive services and health education, while older populations may have a need for higher acuity health care and specialized services such as cancer care or chronic disease management. The age distribution of Tarrant County is comparable to that of Dallas County and the State of Texas. All three geographies skew younger than the overall U.S. population.

	Tarrant County	Dallas County	Texas	United States
Percentage below 15	21.1%	20.8%	20.7%	18.0%
Percentage between 15 and 44	42.5%	44.1%	42.1%	39.6%
Percentage between 45 and 64	23.4%	22.3%	22.9%	24.6%
Percentage 65 and older	13.0%	12.9%	14.3%	17.8%

Source: Esri 2023

The population distribution by sex is nearly equal and evenly distributed across Tarrant and Dallas Counties and the state of Texas.

2023 Sex Distribution				
	Tarrant County	Dallas County	Texas	United States
Female	50.7%	50.4%	50.2%	50.6%
Male	49.3%	49.7%	49.8%	49.4%

Source: Esri 2023

Race and Ethnicity

Data on race and ethnicity help us understand the need for healthcare services as well as cultural factors that influence how care is delivered. Overall, there are higher proportions of Black and Asian populations in Tarrant County compared to the state as a whole, although lower than the proportions in neighboring Dallas County.

2023 Racial Distribution								
	Tarrant County		Dallas County		Texas		United States	
White Non-Hispanic	895,209	40.9%	692,336	26.2%	11,764,299	38.6%	191,314,266	56.7%
Black Non-Hispanic	388,570	17.7%	590,642	22.3%	3,690,828	12.1%	40,898,542	12.1%
Asian	145,012	6.6%	198,625	7.5%	1,739,083	5.7%	20,811,620	6.2%
American Indian & Alaska Native	7,260	0.3%	6,747	0.3%	89,854	0.3%	2,284,715	0.7%
Native Hawaiian/ Other Pacific Islander	4,349	0.2%	1,191	0.0%	29,840	0.1%	643,202	0.2%

Source: Esri 2023

Tarrant County's population is just under one-third Hispanic. This is lower than Dallas or the state of Texas, but higher than the U.S. overall.

2023 Ethnic Distribution								
	Tarrant County		Dallas County		Texas		United States	
Hispanic	654,599	29.9%	1,077,169	40.7%	12,103,876	39.7%	65,536,136	19.4%
Non-Hispanic	1,534,755	70.1%	1,569,533	59.3%	18,402,647	60.3%	271,934,049	80.6%

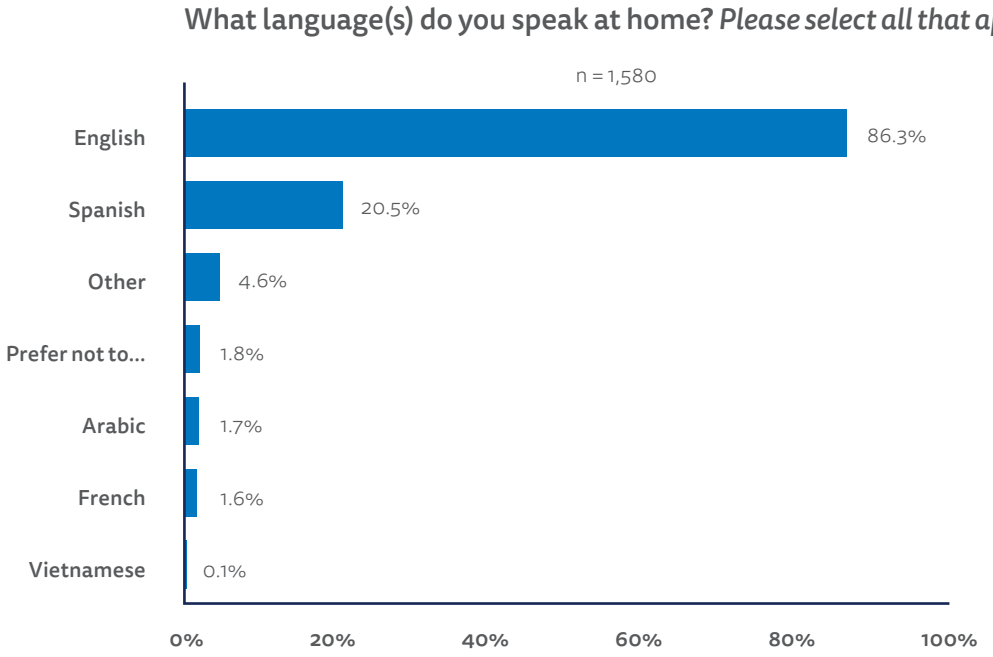
Source: Esri 2023

Linguistically isolated households may be challenged in accessing care and resources that are available to fluent English speakers. Language barriers may hinder 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 proportion of foreign-born individuals residing in Tarrant County is higher than that of the U.S. but comparable to the state of Texas. This measure is also lower than Dallas County.

2017-2021 Population Foreign Born				
	Tarrant County	Dallas County	Texas	United States
Foreign Born	16.3%	24.5%	17.0%	13.6%

Source: Healthy North Texas. Maintained by Conduent Healthy Communities Institute.

The presence of a foreign-born population influences the languages that Tarrant County residents speak at home. According to primary data collected via community surveys (questions detailed in Appendix 3), approximately one in five survey respondents indicated that they regularly speak Spanish at home. The vast majority (86.3%) of respondents indicated speaking English at home.



Source: JPS 2023 CHNA Community Member Survey

Economic Indicators

In addition to demographic data, socioeconomic factors in the community such as income, poverty, and food scarcity play a significant role in identifying healthcare needs. The median household income in Tarrant County is higher than that of Dallas County, the state of Texas, and the U.S.

2023 Median Household Income				
	Tarrant County	Dallas County	Texas	United States
Income	$75,052	$65,583	$69,529	$72,603

Source: Esri 2023

In 2021, approximately one in ten Tarrant County households were below the federal poverty level (FPL). This is lower than the percent of households below the FPL in Dallas County, the state of Texas and the U.S.

2021 Percent of Households Below the Federal Poverty Level				
	Tarrant County	Dallas County	Texas	United States
Percent Below FPL	10.4%	12.8%	13.3%	12.4%

Source: Esri 2023

Similar to the percentage of households below the FPL, approximately 10% of Tarrant County households received Food Stamps/SNAP in 2021. This percentage was comparable with Dallas County and lower than the state of Texas and the United States.

2021 Percent of Households Receiving Food Stamps/SNAP				
	Tarrant County	Dallas County	Texas	United States
Households Receiving Food Stamps/SNAP	74,988	98,947	1,178,059	14,105,231
Total Households	739,804	1,178,059	10,239,341	124,010,992
Percentage of Households receiving Food Stamps/SNAP	10.14%	10.45%	11.51%	11.37%

Source: Esri 2023

Tarrant County is relatively well-educated, with 64.1% of residents having higher than a high school education. Tarrant's proportion of population with a bachelor's degree was slightly higher than that of Dallas County, Texas or the U.S.

2023 Educational Attainment				
	Tarrant County	Dallas County	Texas	United States
Less than 9th Grade	5.4%	9.0%	6.6%	4.1%
Some High School/ No Diploma	6.2%	7.8%	6.6%	5.5%
High School Diploma	20.4%	20.1%	20.9%	22.9%
GED/Alternative Credential	4.0%	3.3%	4.4%	4.1%
Some College/No Diploma	18.7%	16.6%	18.4%	17.7%
Associate's Degree	8.5%	6.6%	8.2%	9.5%
Bachelor's Degree	24.9%	23.2%	22.8%	22.3%
Graduate/ Professional Degree	12.0%	13.4%	12.1%	13.9%

Source: Esri 2023

Unemployment levels in Tarrant County were comparable to Dallas County, Texas and the U.S. across all age groups.

2023 Unemployment				
	Tarrant County	Dallas County	Texas	United States
Percentage unemployed ages 16 to 24	1.3%	1.1%	1.2%	1.3%
Percentage unemployed ages 25 to 54	2.0%	1.9%	2.2%	2.2%
Percentage unemployed ages 55 to 64	0.3%	0.5%	0.5%	0.6%
Percentage unemployed ages 65 or more	0.2%	0.2%	0.2%	0.2%

Source: Esri 2023

In 2023, the age group in Tarrant County least likely to have health insurance was adults ages 35 to 64. Tarrant County has higher proportions of uninsured individuals across every age group compared to the U.S. but similar levels to Texas. Additionally, Tarrant County has lower proportions of uninsured individuals in every age category compared to Dallas County.

2023 Health Insurance Status				
	Tarrant County	Dallas County	Texas	United States
Percentage uninsured ages 18 or below	3.3%	4.1%	3.2%	1.3%
Percentage uninsured ages 19 to 34	5.9%	7.6%	6.4%	3.2%
Percentage uninsured ages 35 to 64	7.4%	9.4%	7.8%	4.2%
Percentage uninsured ages 65 or more	0.2%	0.3%	0.2%	0.1%

Source: American Community Survey 5-year estimates 2016-2021

Social Determinants of Health

In addition to the considerations noted above, there are many other contributing factors that can either positively or negatively influence an individual's health. JPS recognizes this fact and believes that in order to portray a complete picture of the health-related status of the county it first must address the factors contributing to the health of the community. According to the Centers for Disease Control and Prevention's (CDC) "Social Determinants of Health" from its Healthy People 2030 public health priorities initiative, factors contributing to an individual's health status can include the following:

As seen in the graphic, many of the factors that contribute to health are either not controllable or are societal in nature. As such, health and healthcare organizations need to consider many underlying factors that may impact an individual's health and not simply their current health conditions.

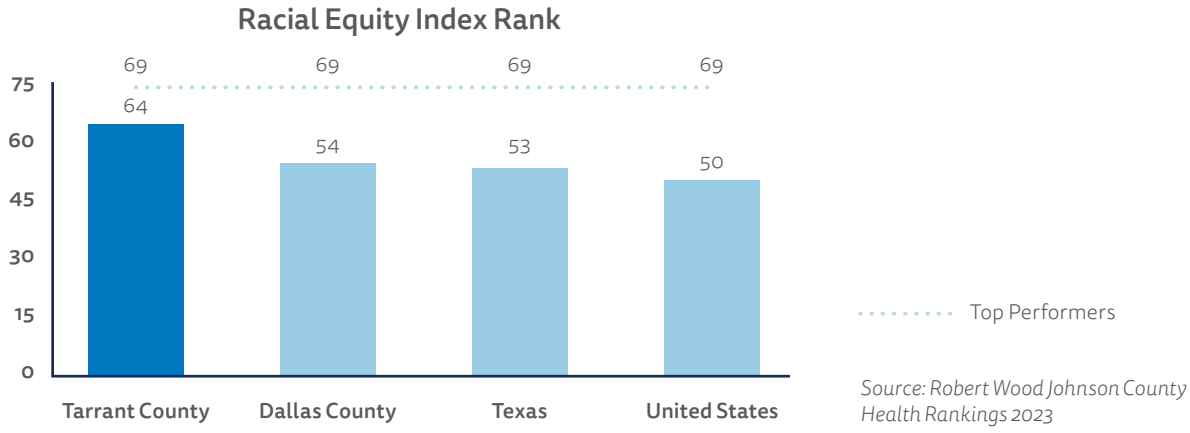
It is widely acknowledged that those with lower income, lower social status and lower levels of education have more difficulty obtaining healthcare services than their higher-resourced counterparts in the community. The inability to access healthcare services contributes to poor health status. Further, members of under-resourced communities can also function under high levels of day-to-day stress which contributes to worse health outcomes, particularly as it relates to mental and behavioral health.

The CHNA Steering Committee collected new data via focus groups and various surveys to ensure that residents and key community health leaders could provide input regarding the needs of their specific communities. An analysis of the racial and geographic disparities that emerged in the information obtained and analyzed during this process is detailed below.

Disparities

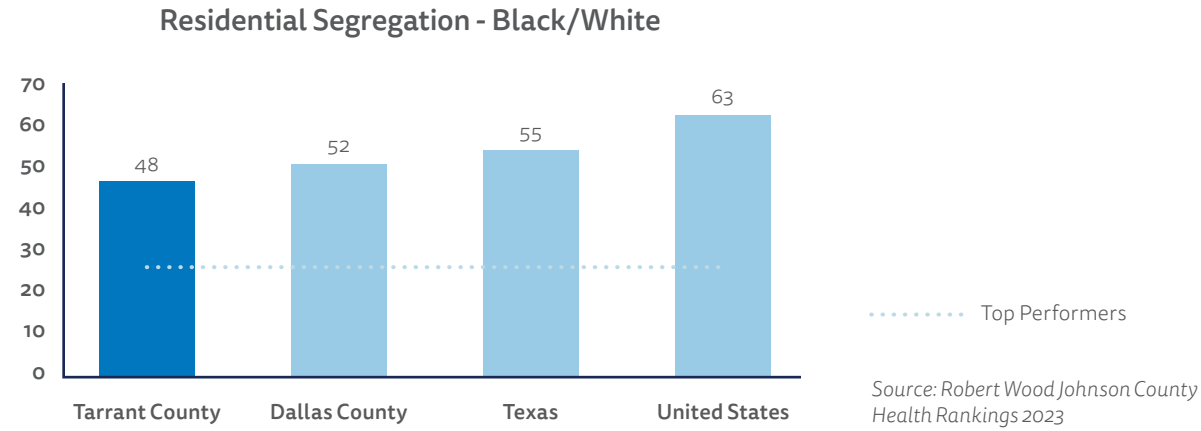
Recognizing that Tarrant County has a high level of diversity, as discussed above, the Steering Committee evaluated factors that may contribute to health disparities in its community. These included racial equity; racial segregation; financial barriers; nutrition; social, behavioral, and economic factors that influence health; and English proficiency.

The Racial Equity Index measures racial disparities in indicators of inclusion and prosperity. Tarrant County performs higher than Dallas County, Texas and the U.S. Note that higher scores indicate better performance on this measure and smaller racial gaps.



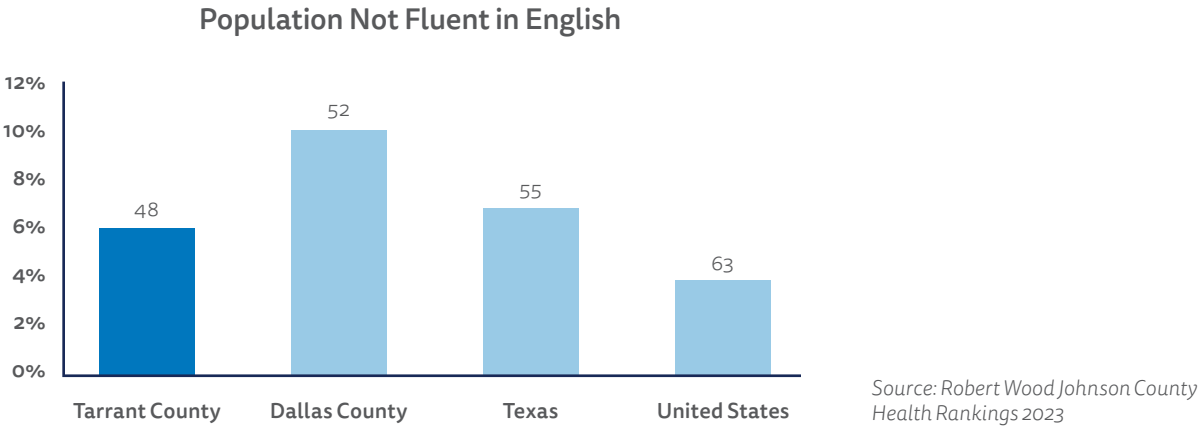
Source: Robert Wood Johnson County Health Rankings 2023

The index of dissimilarity is a demographic measure, ranging from 0 to 100, that represents the evenness with which two demographic groups are distributed across a county's census tracts, with lower scores representing greater integration. As measured by the 2023 County Health Rankings index of dissimilarity, Tarrant County demonstrates less segregation than Dallas County, the state of Texas and the U.S. overall.



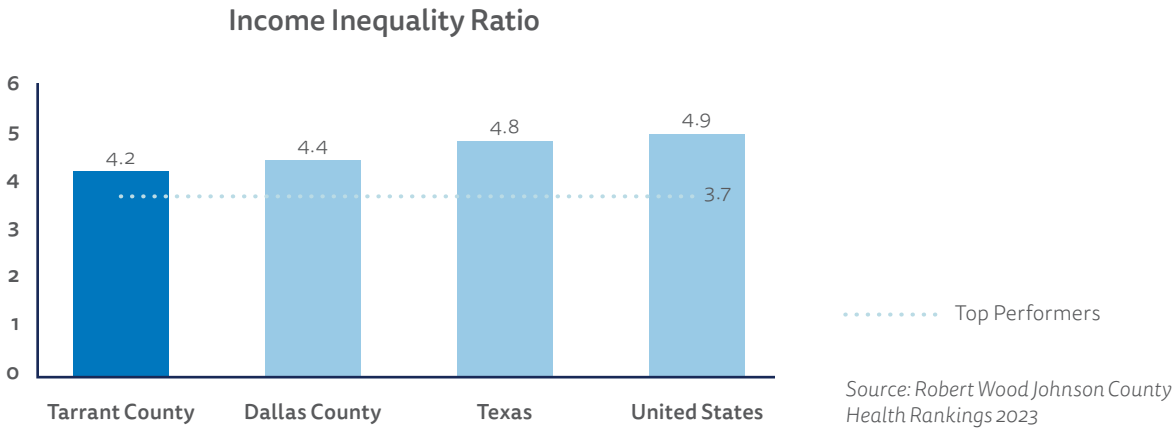
Source: Robert Wood Johnson County Health Rankings 2023

Based on the American Community Survey 5-Year Estimates (2016-2021), just 6% of Tarrant County residents reported speaking English less than "very well." This is lower than the rate of both Dallas County and the state of Texas, but slightly higher than the rate in the U.S. overall.



Source: Robert Wood Johnson County Health Rankings 2023

Income inequality is measured as the ratio of household income at the 80th percentile to household income at the 20th percentile. Communities with greater income inequality may have worse outcomes on a variety of metrics, including mortality, poor health, lack of a sense of community, and loss of social support. Tarrant County's income inequality ratio is slightly lower than Dallas County's, and lower than the state of Texas and the U.S.



Source: Robert Wood Johnson County Health Rankings 2023

Social Vulnerability Index

One resource that is helpful in demonstrating need variation and disparities among geographies is the Social Vulnerability Index (SVI) developed by the CDC and the Agency for Toxic Substances and Disease Registry (ATSDR). Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health, such as natural or human-caused disasters, or disease outbreaks. Socially vulnerable populations are especially at risk during public health emergencies because of factors like socioeconomic status, household characteristics, racial and ethnic minority status, or housing type and transportation. The SVI uses 16 U.S. Census variables to help local officials identify communities that may need support before, during, or after a public health emergency. Communities with a higher SVI are generally shown to experience greater risk for unfavorable health factors and outcomes. Rather than relying solely on public health data, the SVI accounts for the underlying economic and structural barriers that affect overall health including social determinants of health. SVI scores are calculated at the census tract level and based on U.S. Census variables that are stratified into four related themes: socioeconomic status, households characteristics, racial and ethnic minority status, and housing type/transportation. The graphic below outlines the 16 variables that are used to calculate SVI scores.

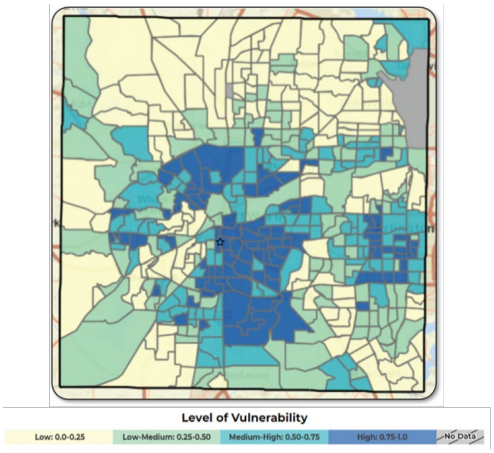
Socioeconomic Status
Below Poverty
Unemployeed
income
No High School Diploma

Household Composition and Disability
Aged 65 or Older
Aged 17 or Younger
Older than Age 5 with a Disability
Single-Parent Households

Minority Status and Language
Minority
Speaks English "Less than Well"

Housing Type and Transportation
Multi-Unit Structures
Mobile Homes
Crowding
No Vehicle
Group Quarters

As shown on the map below, Tarrant County's overall vulnerability is fairly average compared to the state. However, specific regions within the county, especially around Fort Worth and Arlington, demonstrate higher vulnerability.

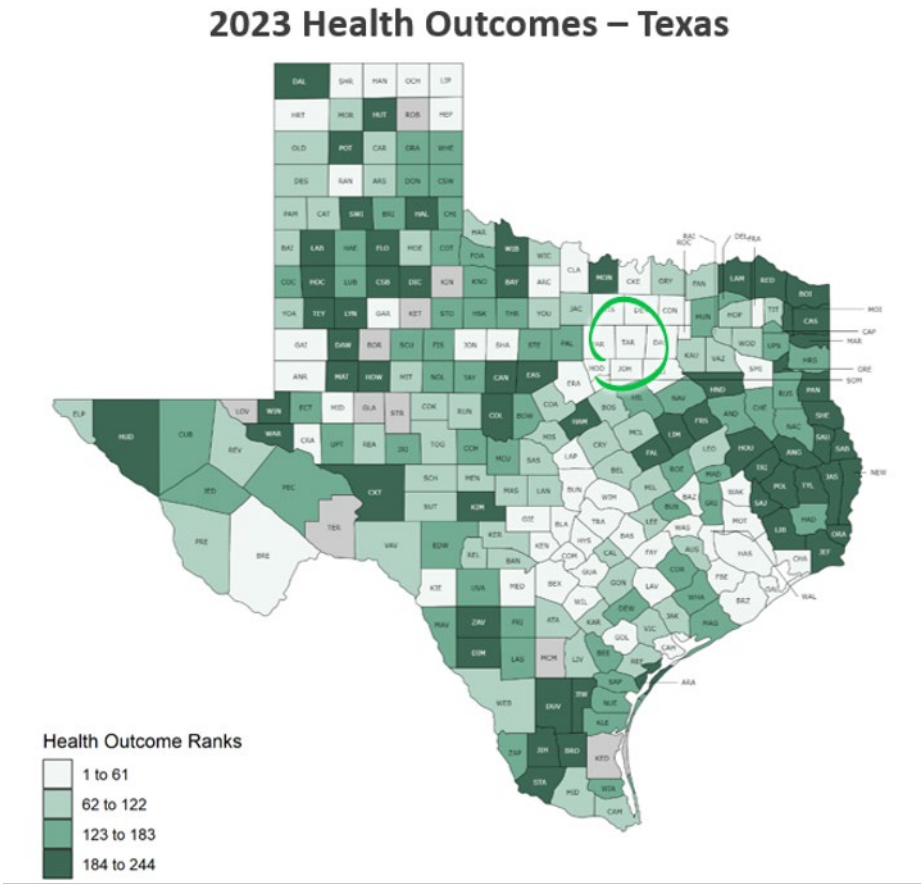


Area	Texas
Tarrant County	0.49
Dallas County	0.81

Source: CDC/ATSDR, Social Vulnerability Index.

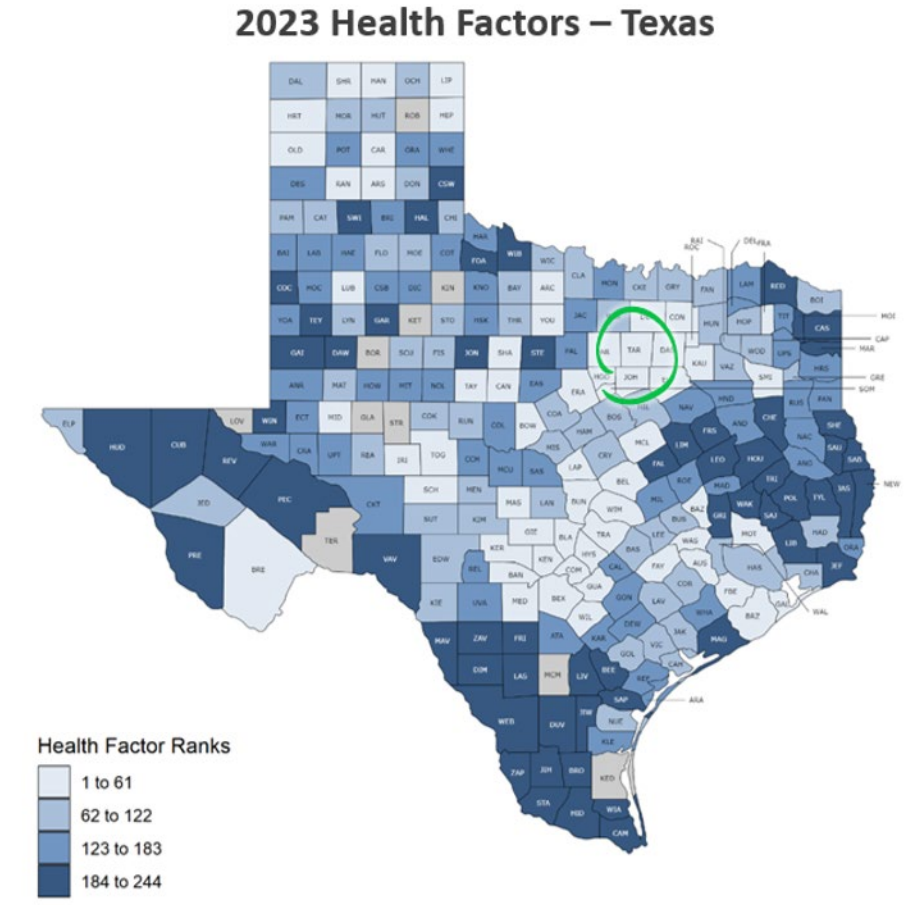
Health Outcome and Health Factor Rankings

JPS also reviewed and analyzed data from the Robert Wood Johnson Foundation and the University of Wisconsin County Health Rankings for the year 2023 (data that is further explained in Appendix 2). Out of 244 reported counties in Texas for health outcomes, Tarrant County ranks well, placing 23rd overall, which puts it in the top quartile of all counties in the state. This ranking is also higher than Dallas County (52nd). This includes ranking 24th amongst 244 reported counties on Length of Life, and 41st amongst 244 reported counties on Quality of Life. These categories are discussed further in Appendix 2.



Source: Robert Wood Johnson Foundation, 2023 County Health Rankings

Lastly, out of 244 reported counties in Texas for health factors, Tarrant County also ranks well, placing 28th overall. This is also in the top quartile of counties for the state and significantly higher than neighboring Dallas County (55th). This includes ranking 15th amongst 244 reported counties on Health Behaviors, although the county ranked significantly lower on Clinical Care (39th), Social & Economic Factors (36th). Of note, Tarrant County ranked 199th for Physical Environment. These categories are discussed further in Appendix 2.



Source: Robert Wood Johnson Foundation, 2023 County Health Rankings

Chapter 3: Priority Need Areas

This chapter describes each of the three priority areas in more detail and discusses the data that supports each priority. As mentioned previously, these priority need areas are not listed in any hierarchical order of importance, and each will be addressed by the JPS in a community health improvement plan guided by this CHNA. As noted in Chapter 1, the Steering Committee considered the following factors when determining the priority needs reported in this assessment:

- Size and scope of the health need;
- Severity and intensity of the health need;
- Estimated feasability and effectiveness of possible interventions;
- Health disparities associated with the need; and
- Importance the community places on addressing the need.

Through the prioritization process discussed in this report, the Steering Committee identified Tarrant County's priority health need areas from a list of over 100 potential health needs. Each of the three priority health need areas is discussed below, including relevant primary and secondary data considered by the Steering Committee.

Priority Need: Behavioral Health

Context and National Perspective

The definition of behavioral health often describes conditions related to both mental health and substance use[1]. In evaluating data from a variety of sources throughout this assessment process, the Steering Committee identified the mental health/illness component to be an area of specific need within Tarrant County. While substance use was also identified as an area of need and will be discussed throughout this section, the primary focus is on mental health/illness in the communities JPS serves.

Mental illnesses are common in the United States: in 2021, an estimated 57.8 million U.S. adults – nearly one in five – were living with a mental illness[2]. Three years following the onset of the COVID-19 pandemic, concerns about mental health and substance use remain high nationwide. The pandemic impacted public mental health and well-being in many different ways. Community members continue to grapple with the pandemic-related effects of isolation and loneliness, financial instability, long-term health impacts and grief. In addition, both drug overdose and suicide deaths have sharply increased over the past three years – often disproportionately impacting younger people and communities of color[3].

[1]*Source: American Medical Association (2022). What is behavioral health? Retrieved September 13th, 2023, from https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health.*

[2]*Source: Mental Illness (2023). National Institute of Mental Health. Retrieved September 13th, 2023, from https://www.nimh.nih.gov/health/statistics/mental-illness.*

[3]*Source: Panchal, N., Saunders H., Rudowitz, R. and Cox, C. (2023). The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. Retrieved from https://www.kff.org/mental-health/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use.*

Access to services that address mental health and substance use is an ongoing challenge across the U.S. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2021, less than half (47.2%) of U.S. adults who reported having a mental illness utilized any type of mental health services, including inpatient, outpatient or telehealth services or prescription drug therapies[4]. Demand for mental health services, particularly anxiety and depression treatment, remains high across the nation, while the prevalence of stress- and trauma-related disorders, along with substance use disorders, continues to grow. The American Psychological Association reports that the percentage of psychologists in the U.S. seeing more patients than they did before the pandemic increased from 15% in 2020 to 38% in 2021 to 43% in 2022. Further, 60% of psychologists reported having no openings for new patients and 38% maintained a waitlist for their services[5]. For additional information describing access-related challenges, see the section entitled Priority Need: Access to Care.

Secondary Data Findings

Throughout the CHNA process, a rigorous data collection and analysis process evaluated Tarrant County's performance on a variety of indicators. Data were examined at a more granular level (ZIP code or census tract) where possible, to better understand variation by geography within the county. Internal data provided by JPS were also evaluated to further understand needs.

Secondary data collected through the CHNA process identified behavioral health as an area of concern for residents of Tarrant County. There are an estimated 614 residents for each mental health provider in the county – lower than the level for Texas but a substantially higher rate compared to the U.S. Approximately 15% of the population in Tarrant County experiences frequent mental distress, and residents report an average of 4.5 poor mental health days each month. When substance use indicators were evaluated, 17% of Tarrant County residents reported binge or heavy drinking.

Indicator	Tarrant County	Dallas County	Texas	United States
Total Population per Mental Health Provider	614	527	691	340
Population Experiencing Frequent Mental Distress	15%*	15%	13%	14%
Poor Mental Health Days	4.5*	4.9	4.2	4.4
Adult Excessive Drinking	17%	19%	19%	19%

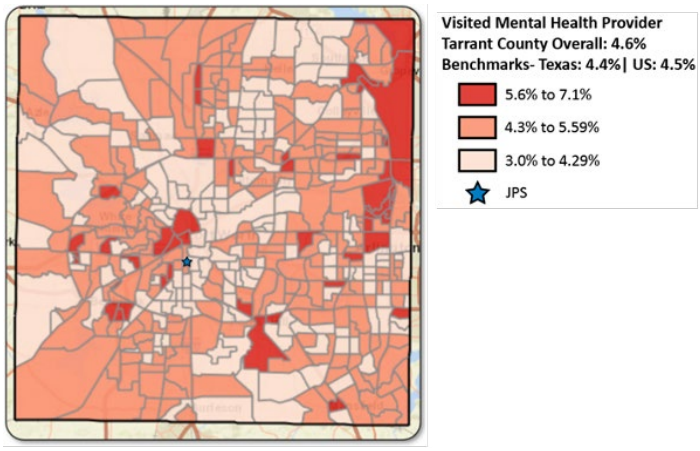
Source: Robert Wood Johnson Foundation, County Health Rankings 2023

**Indicates areas of high need. Tarrant and Dallas measures are colored compared to Texas - green is better than Texas, red is worse than Texas.*

[4]*Source: Highlights for the 2021 National Survey on Drug Use and Health (2023). SAMHSA. Retrieved September 13th, 2023, from https://www.samhsa.gov/data/sites/default/files/2022-12/2021NSDUHFFRHighlights092722.pdf.*

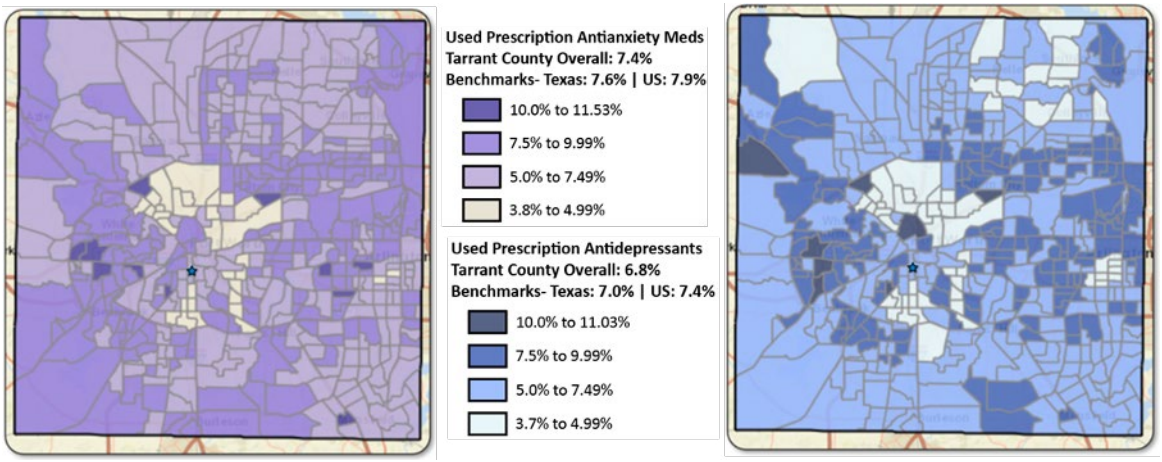
[5]*Source: American Psychological Association (2022). 2022 COVID-19 Practitioner Impact Survey. Retrieved September 13th, 2023, from https://www.apa.org/pubs/reports/practitioner/2022-covid-psychologist-workload.pdf.*

In 2021, 20.7% of Tarrant County residents self-reported that a health professional has told them that they have a depressive disorder, higher than both the Texas value of 18.6% and the US value of 20.5%. In contrast, just 4.6% of Tarrant County residents reported visiting a mental health provider in 2021. Utilization of mental health services was not uniform across the county, with higher rates seen in the northwestern region, as well as several ZIP codes surrounding the JPS campus in Fort Worth.



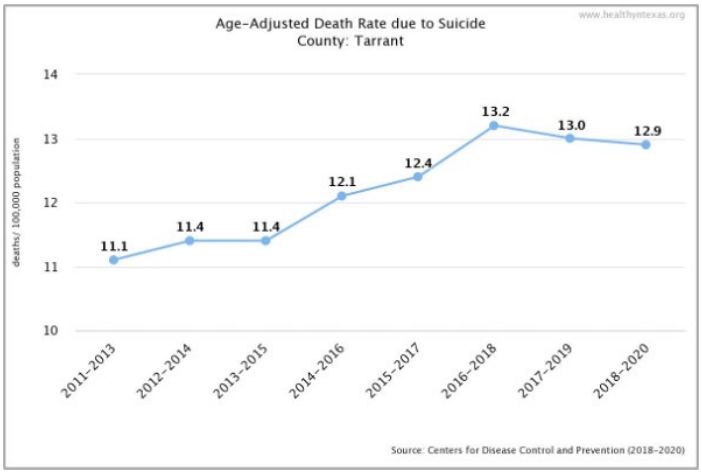
Sources: Esri; County Health Rankings

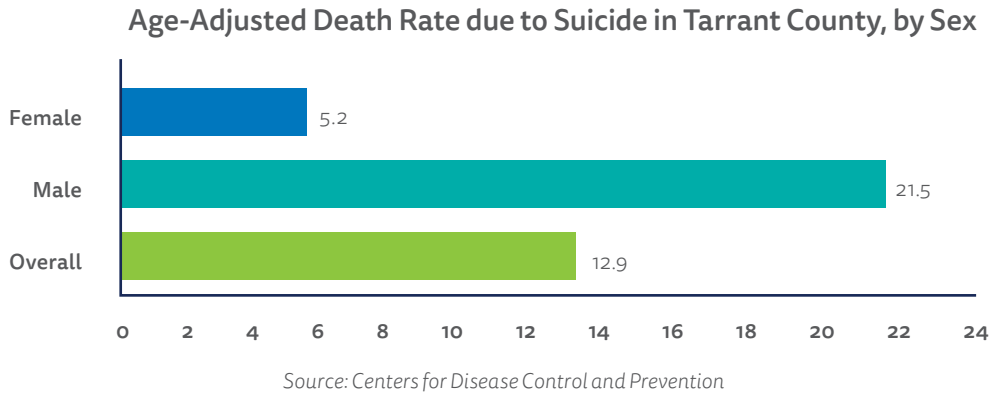
In addition, 7.4% of residents reported using prescription anxiety medications and 7.0% reported using prescription antidepressants. Notably, this indicates that less than half of the people who said they had been diagnosed with a depressive disorder are using prescription antidepressants. Like mental health service utilization, rates of prescription drug usage are not evenly distributed across the county.



Sources: Esri; County Health Rankings

Data from the CDC illustrates how Tarrant County's age-adjusted death rate due to suicide has experienced a long-term increasing trend. Data also shows a significantly higher suicide rate among men in Tarrant County compared to women with the suicide rate among men more than four times as high. Recognizing the variation that exists between demographic groups is critical in planning for and implementing targeted programs to address issues in the community, such as deaths by suicide.





Source: Centers for Disease Control and Prevention

In 2020, there were 45.1 prescriptions for opioid medications dispensed in Tarrant County for every 100 residents. This was several percentage points higher than the rate for the state of Texas and slightly higher than the in the U.S. overall.

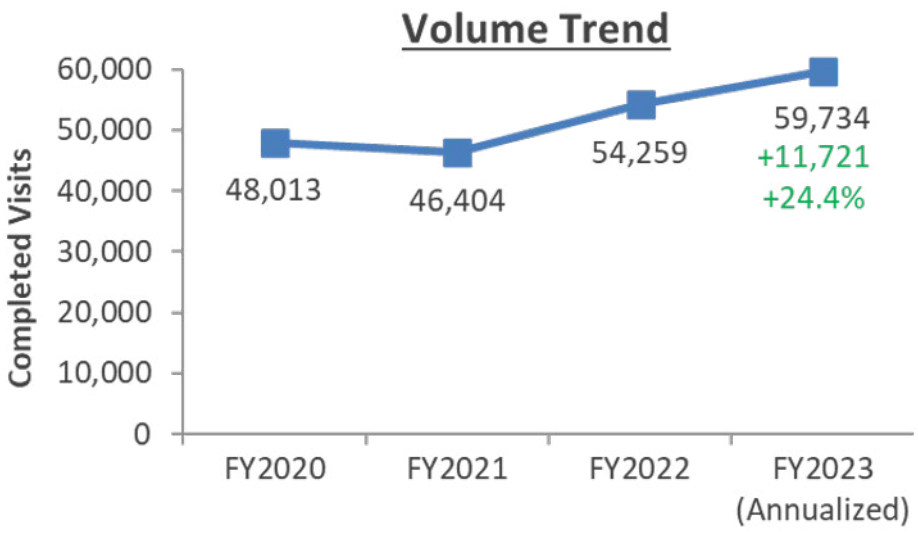
2020 Dispensing Rate per 100 Population	Tarrant County	Dallas County	Texas	United States
Opioids	45.1	45.9	37.9	43.3

In an assessment of Opioid-related emergency department visits, Tarrant County had higher visit rates for all opioid categories (fentanyl, heroin, non-heroin and synthetic) than the state of Texas. The overall rate for emergency department visits for any opioid was significantly higher in Tarrant County (44.7 visits per 100,000 population) versus Texas (30.1).

2021 Opioid Related ED Visits per 100,000 Population	Tarrant County	Dallas County	Texas
Fentanyl	2.3	1.1	1.4
Heroin	10.5	11.5	7.6
Non-Heroin Opioid	34.2	22.2	22.5
Synthetic Opioid	4.6	2.4	3.4
Any Opioid	44.7	33.7	30.1

JPS internal data were also examined, including completed outpatient behavioral health appointments and visits to the Psychiatric Emergency Center. Completed outpatient behavioral health visits have increased significantly over the past three years with nearly 12,000 more visits projected for 2023 than occurred in 2020 – an increase of 24.4% based on data annualized through July. Visits were not evenly distributed throughout the county, with the highest volume of patient discharges occurring among residents of ZIP code 76116 (Fort Worth).

JPS Completed Outpatient Behavioral Health Appointments



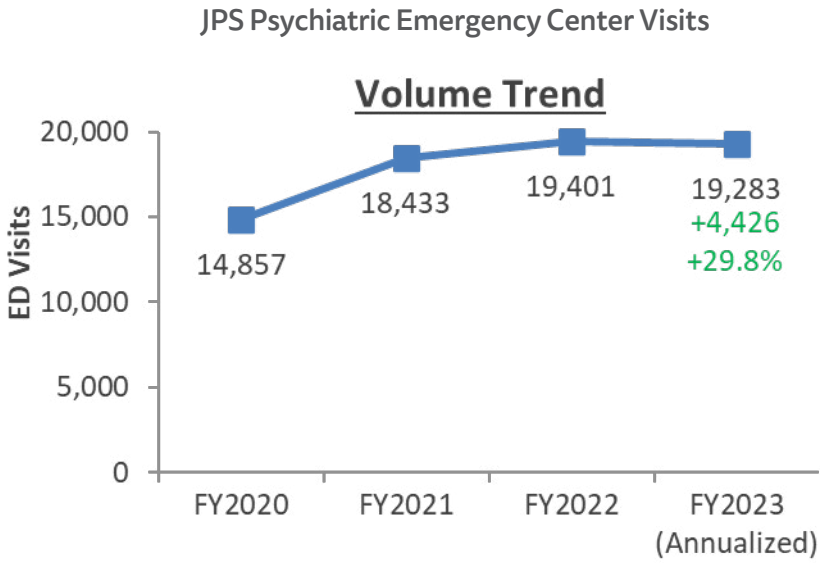
Source: Internal JPS Behavioral Health Data, FY 2020 – FY 2023 (through July 31). Includes only completed visits.

Top 10 Zip Codes	2023 YTD July Volume	Percent
76116	2,060	4.1%
76119	1,963	3.9%
76133	1,820	3.7%
76112	1,744	3.5%
76101	1,533	3.1%
76104	1,328	2.7%
76108	1,236	2.5%
76117	1,174	2.4%
76137	1,138	2.3%
76105	1,124	2.3%

Source: Internal JPS Behavioral Health Data, FY 2020 – FY 2023 (through July 31). Includes only completed visits.

When this data was broken out by age group, there have been increases in the percentages of visits among pediatric and adolescent patients. The under 12 and 13 to 17 age ranges reflect a combined total of 4% of all completed outpatient appointments in 2020 to a projected 9% in 2023, representing more than 3,500 completed appointments **and a 130% increase in pediatric appointments in just three years**. This, in part, reflects a growing need but also may reflect increased capacity to service this population, as JPS has recently added additional providers focused on the pediatric patient population.

Much like behavioral health outpatient appointments, behavioral health visits at the dedicated JPS Psychiatric Emergency Center have also greatly increased over the prior three years. Based on annualized data from July 2023, emergency department visits are projected to have increased nearly 30% (an additional 4,426 visits) since 2020.



: Internal JPS ED Behavioral Health Data, FY 2020 – FY 2023 (through July 31).

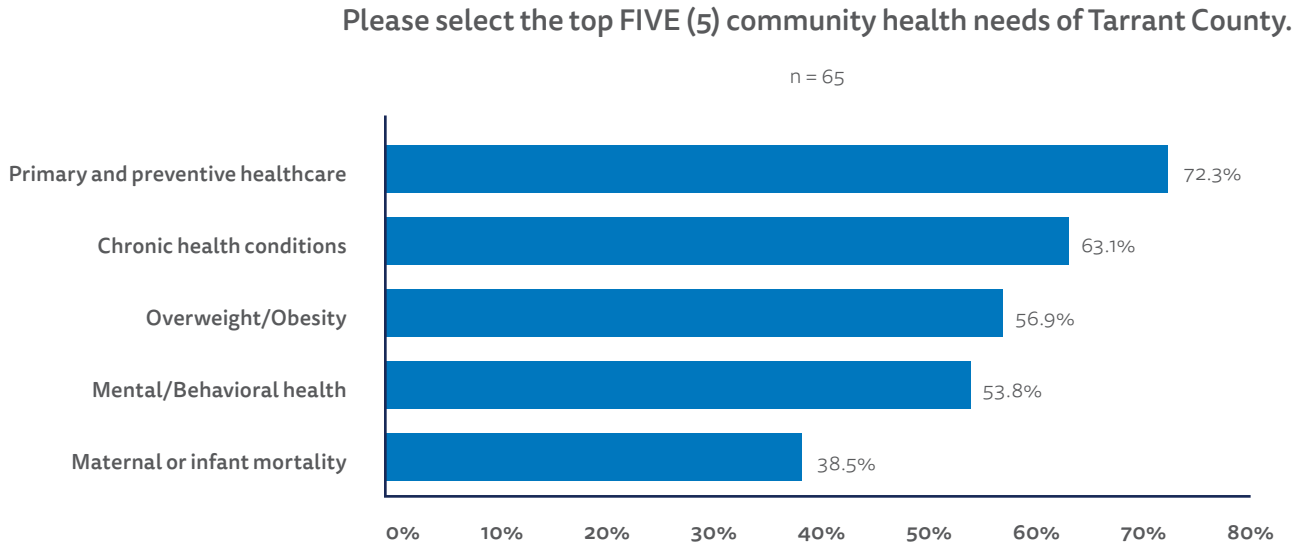
Patient origin data for emergency department behavioral health visits reflects some differences compared to that of completed behavioral health outpatient appointments. For example, the 76102 (Fort Worth) ZIP code had the highest volume of patients with an emergency department behavioral health visit in 2023 (through July). By contrast, this ZIP code was not among the ten most frequent ZIP codes for behavioral health outpatient visits. **This suggests that individuals residing in ZIP code 76102 may not be accessing appropriate outpatient follow-up for behavioral health needs.** The Steering Committee noted that this ZIP code is also known to have higher rates of individuals experiencing homelessness.

Top 10 Zip Codes	2023 YTD July Volume	Percent
76102	1,581	9.8%
76119	759	4.7%
76104	733	4.6%
76112	543	3.4%
76133	538	3.3%
76116	465	2.9%
76105	393	2.4%
76108	353	2.2%
76136	327	2.0%
76107	317	2.0%

Source: Internal JPS ED Behavioral Health Data, FY 2020 – FY 2023 (through July 31

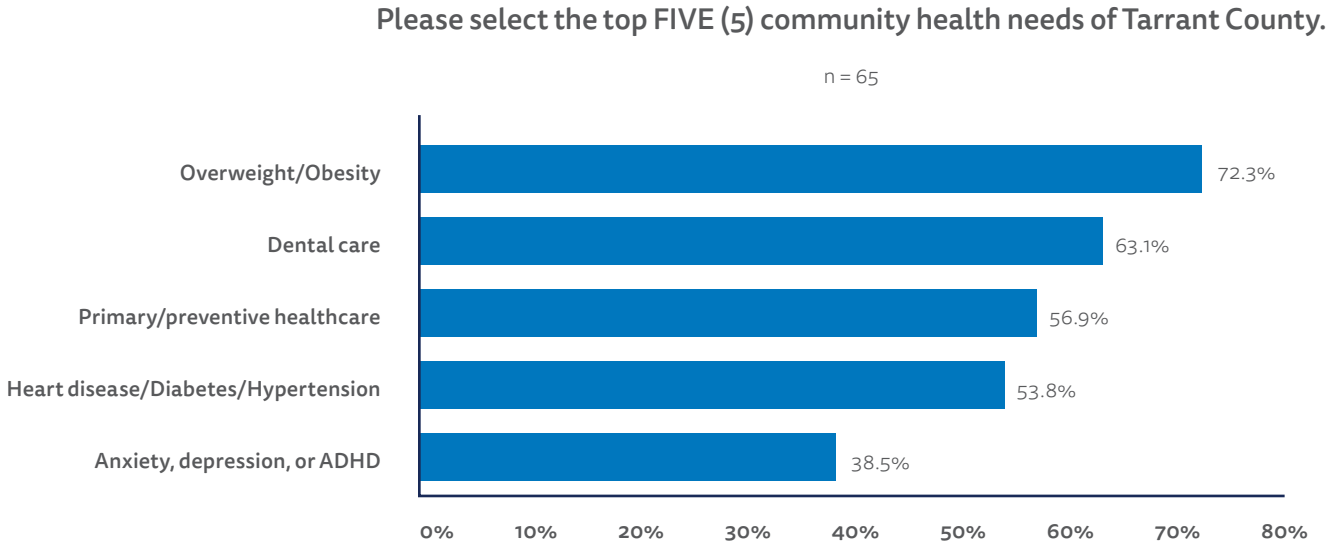
Primary Data Findings – Community Leaders

Findings from the primary data collected throughout the CHNA process affirmed behavioral health as a priority need for residents of Tarrant County. To begin, more than half of key leaders surveyed (53.8%) identified mental or behavioral health among the top five health needs of Tarrant County. In addition, persons with mental health conditions were identified as the population sub-group in Tarrant County most in need of additional resources in the community. It should also be noted that the top clinical care issue identified by key leaders was a lack of integrated care, including behavioral health care. Additional details about the factors defining "Access to Care" can be found in the following section of this report.



Primary Data Findings – Community Members

Further highlighting behavioral health as a community health need, community members who completed the web survey ranked anxiety, depression or ADHD among the top five community health needs in Tarrant County. Substance/alcohol use and suicide prevention were also ranked among the top ten health needs in the community. Further, nearly one-third of respondents (31.7%) identified persons with mental health conditions as the population sub-group most in need of additional resources in the county.



Primary Data Findings – Focus Groups

Mental or behavioral health also emerged as a key community health concern in the focus groups conducted throughout the CHNA process. When considering strategies JPS could use to improve health in the community, focus group participants described a need for expanded access to psychiatric care. Behavioral health resources for individuals experiencing homelessness were noted as a particular concern by several focus group members.

Behavioral Health: Recent and Ongoing Initiatives

Through its prior CHNAs and work with its local community, JPS recognizes the need for a continued focus on programs and services to address behavioral health in Tarrant County. This is of particular importance given JPS' status as the county's safety-net provider, and subsequent engagement with a variety of vulnerable populations. JPS has recently undertaken a number of initiatives to help expand access to needed behavioral health services in the community, which include:

- Developing a specialized clinic for children or adolescents who have been discharged from Trinity Springs Pavilion or the Psychiatric Emergency Center;
- Continuing to develop plans for a new, 80,000 square foot Psychiatric Emergency Center, which would triple the number of patient care spaces from 30 to approximately 90;
- Providing patients with substance use disorders with appropriate screenings and referrals upon discharge;

- Collaborating with community partners to access residential substance use treatment and detoxification services for appropriate patients; and
- Implementing a system for distributing opioid overdose-reversing drugs (Narcan) to patients upon discharge as needed.

JPS intends to expand upon the work already underway to help inform its implementation plan, which is under development. For an expanded description of recent and ongoing JPS initiatives to address Behavioral Health, see the Summary of Prior CHNA Implementation Strategies section in the Introduction to this document.

Priority Need: Access to Care

Context and National Perspective

Access to care means patients have the ability to obtain high quality, affordable health care in a timely fashion to achieve the best possible health outcomes. It represents the presence of several components, including coverage (i.e. insurance), a physical location where care is provided, the ability to receive timely health care when needed, and an adequate workforce of providers. JPS identified access to care as a high priority need for residents of Tarrant County.

From a national perspective, according to Healthy People 2030, approximately one in ten people in the U.S. do not have health insurance, which means they are less likely to have a primary care provider or to be able to afford the services or medications they need[6]. Access challenges persist even for those who are insured[7].

The availability and distribution of health providers in the U.S. contributes to health care access challenges. According to the Association of American Medical Colleges (AAMC), there is estimated to be a shortage of 37,800 to 124,000 physicians in the U.S. by 2034 with shortfalls expected in both primary and specialty care[8]. In particular, an insufficient supply of primary care providers is correlated with a number of negative health outcomes for patients, including higher rates of hospitalization, lower quality care and higher mortality rates[9]. Although the number of Advance Practice Providers (APPs) entering primary care has increased over recent decades, AAMC projects that the demand for primary care providers will remain high across the nation.

Access issues are anticipated to increase in coming years. Growing shortages of both nurses and doctors are being driven by several factors, including population growth, the aging U.S. population requiring higher levels of care, provider burnout (physical, mental and emotional exhaustion) made worse by the COVID-19 pandemic, and a lack of clinical training programs and faculty – particularly for nurses[10]. The aging of the current physician workforce is also driving anticipated personnel shortages. In Texas, 14.9% of actively practicing physicians were over the age of 65 in 2020, and an additional 19.7% were between the ages of 56 and 65[11].

[6] *Source: Healthy People 2030 (2023). U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. Retrieved September 14th, 2023 from https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality.*

[7] *Source: Phillips, K.A., Marshall, D.A., Adler, L., Figueroa, J., Haeder, S.F., Hamad, R., Hernandez, I., Moucheraud, C., Nikpay, S. (2023). Ten health policy challenges for the next ten years. Health Affairs Scholar. Retrieved from: https://academic.oup.com/healthaffairsscholar/article/1/1/qxad010/7203673.*

[8] *Source: Association of American Medical Colleges. The complexities of physician supply and demand: Projections from 2019 to 2034. June 2021. Retrieved from: https://www.aamc.org/media/54681/download?attachment.*

[9] *Source: Schlak, A.E., Poghosyan, L., Liu, J., Kueakomoldej, S., Bilazarian, A., Rosa, W.E. and Martsolf, G. (2022). The Association between Health Professional Shortage Area (HPSA) Status, Work Environment, and Nurse Practitioner Burnout and Job Dissatisfaction. Journal of Health Care for the Poor and Underserved. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9306412/.*

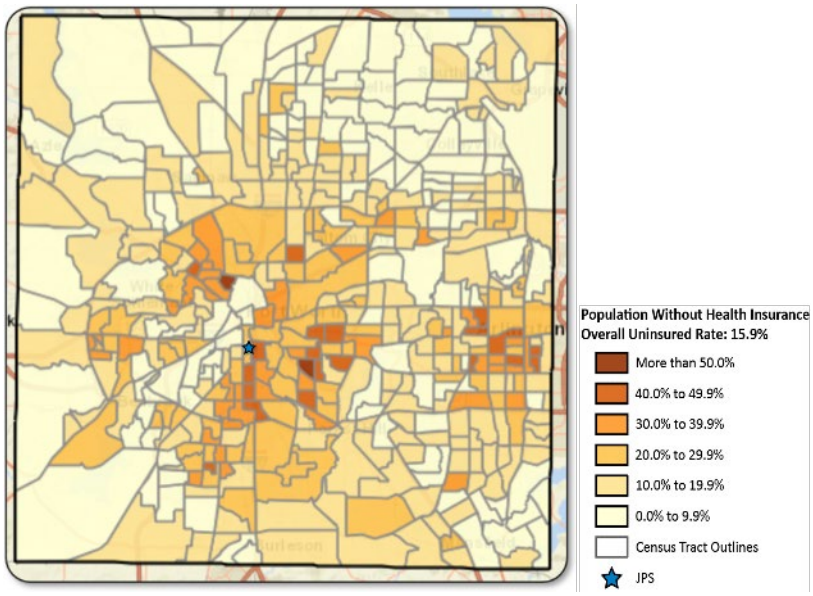
[10] *Source: University of Southern California Keck School of Medicine (2023). A Public Health Crisis: Staffing Shortages in Health Care. Retrieved September 14th, 2023, from https://mphdegree.usc.edu/blog/staffing-shortages-in-health-care.*

[11] *Texas Department of State Health Services (2021). 2020 Trends, Distribution, and Demographics – Primary Care Physicians. Retrieved September 18th, 2023 from https://www.dshs.texas.gov/sites/default/files/chs/hprc/publications/2020/PrimaryCarePhysician_FactSheet_2020.pdf.*

Finally, access to health care is not evenly distributed across population sub-groups. Populations who may experience difficulty accessing care include the chronically ill and disabled (particularly those with mental health or substance use disorders), low-income or homeless individuals, individuals located in certain geographical communities (rural areas; tribal communities), members of the LGBTQIA+ community, and certain age cohorts – particularly the very young or the very old[12]. In addition, individuals with limited English proficiency (LEP) face barriers to accessing care, experience lower quality care and have worse outcomes for health concerns. LEP is known to worsen health disparities and can exacerbate challenges related to other SDoH (access to housing, employment, etc.)[13]. As will be discussed further in the findings below, both primary and secondary data resources within Tarrant County highlight the need for expanded access to health services within the communities JPS serves.

Secondary Data Findings

As described above, various factors contribute to health care access. Not all of these were determined to be of high need for Tarrant County, as detailed in Appendix 2. However, the percentage of a population that is uninsured or underinsured is a crucial indicator of how easily accessible health care is for that population, and one in five Tarrant County residents are uninsured, according to the 2023 County Health Rankings. This is comparable to the benchmark for the state of Texas, but more than double the percentage for the U.S. overall. Lack of health insurance coverage creates substantial barriers to accessing necessary healthcare, and to maintaining overall financial security. As shown on the map on the next page, the uninsured population in Tarrant County is not distributed evenly throughout the county, with some areas, including several ZIP codes surrounding the JPS campus, having higher rates of uninsured residents.



[12]*Source: Joszt, L. (2018). 5 Vulnerable Populations in Healthcare. American Journal of Managed Care. Retrieved September 14th, 2023 from https://www.ajmc.com/view/5-vulnerable-populations-in-healthcare.*

[13]*Espinoza, J. and Derrington, S. (2021). How Should Clinicians Respond to Language Barriers That Exacerbate Health Inequity? AMA Journal of Ethics. Retrieved from: https://journalofethics.ama-assn.org/article/how-should-clinicians-respond-language-barriers-exacerbate-health-inequity/2021-02.*

Tarrant County also has a higher population for each primary care provider when compared to Dallas County, Texas or the U.S., as detailed in the table below, which means that accessing a primary care provider may be more challenging. The population for every non-physician primary care provider is in line with the state, although higher than Dallas and the U.S.; this measure has also been increasing, reflecting a growing number of Advanced Practice Providers (i.e. Nurse Practitioners or Physician Assistants) in the community to help address potential access challenges.

An access-related indicator of particular concern for Tarrant County was the number of preventable hospital stays for ambulatory care-sensitive conditions per 100,000 Medicare enrollees. Tarrant County's rate of preventable hospital stays in 2020 was higher than the rate for Dallas County or Texas, and more than 25% higher than the rate for the U.S. Hospitalizations for diagnoses that are usually treatable in outpatient settings suggests that residents of Tarrant County may experience difficulty accessing high-quality outpatient care to prevent unneeded inpatient stays. Additionally, anticipated population growth in Tarrant County may exacerbate existing access challenges.

Indicator	Tarrant County	Dallas County	Texas	United States
Uninsured Population	20%	**23%**	20%	10%
Total Population per Primary Care Physician	**1,710***	**1,400**	1,640	1,310
Total Population per Non-Physician Primary Care Provider	970	**720**	970	810
Total Population per Dentist	**1,590**	**1,070**	1,610	1,380
Preventable Hospital Stays	**3,520***	**3,165**	3,151	2,809

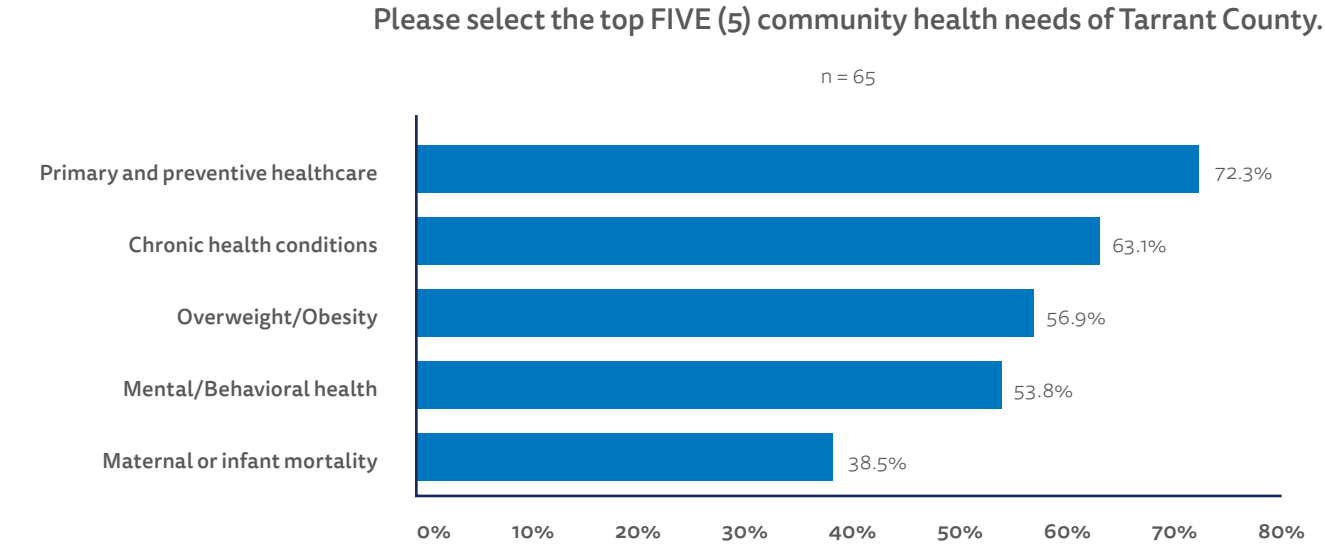
Source: Robert Wood Johnson Foundation, County Health Rankings 2023

**Indicates area of high need*

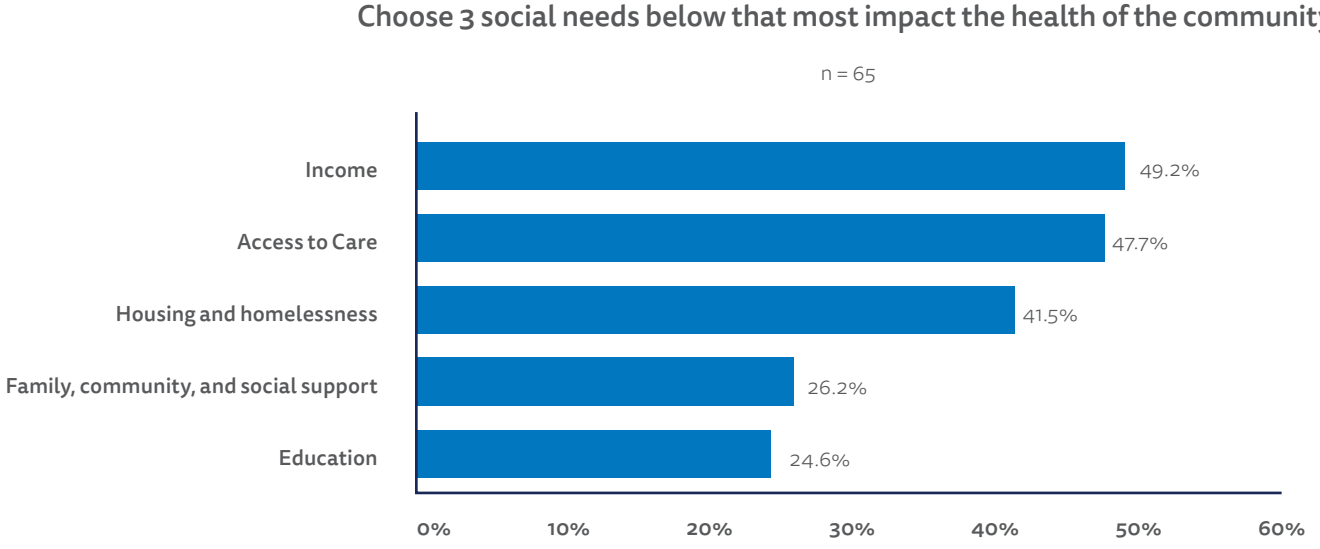
Tarrant and Dallas measures are colored compared to Texas - green is better than Texas, red is worse than Texas.

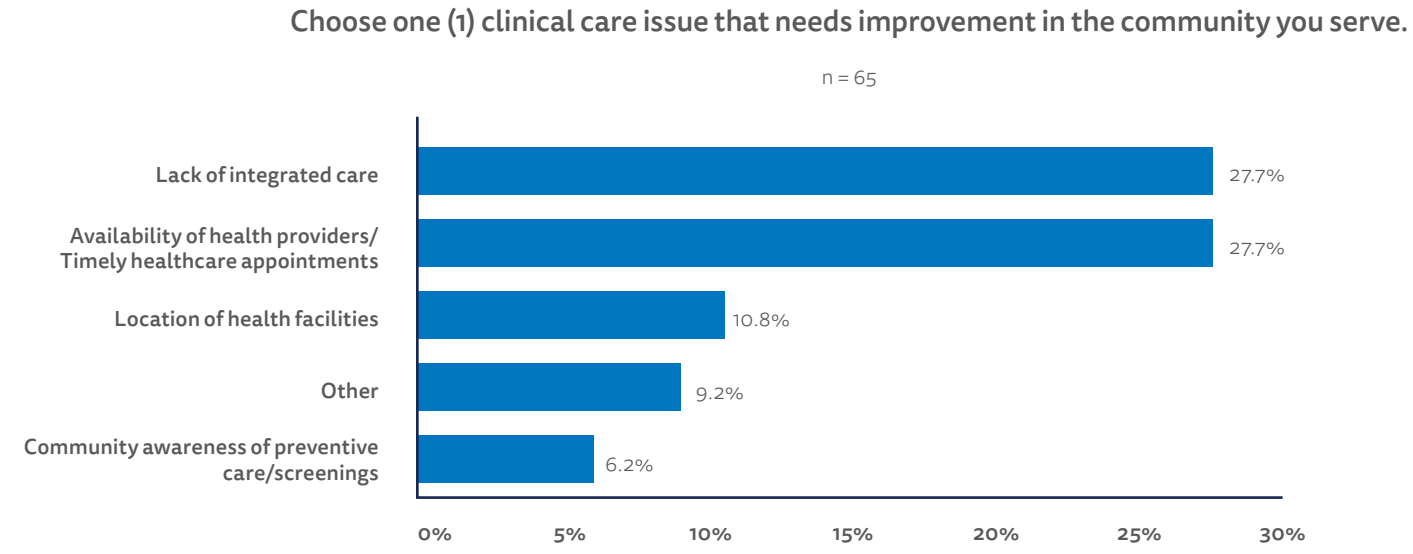
Primary Data Findings – Community Leaders

Access to care was a recurring theme throughout key leader community engagement activities. Availability and access to various types of care were noted as concerns in several key leader web survey questions. Primary or preventive healthcare was the top identified community health need in Tarrant County and was selected by nearly three-quarters of leaders surveyed. Additionally, other top community health needs selected by key leaders, such as chronic health conditions and overweight/obesity, could be better managed (or addressed) through improved access to care.

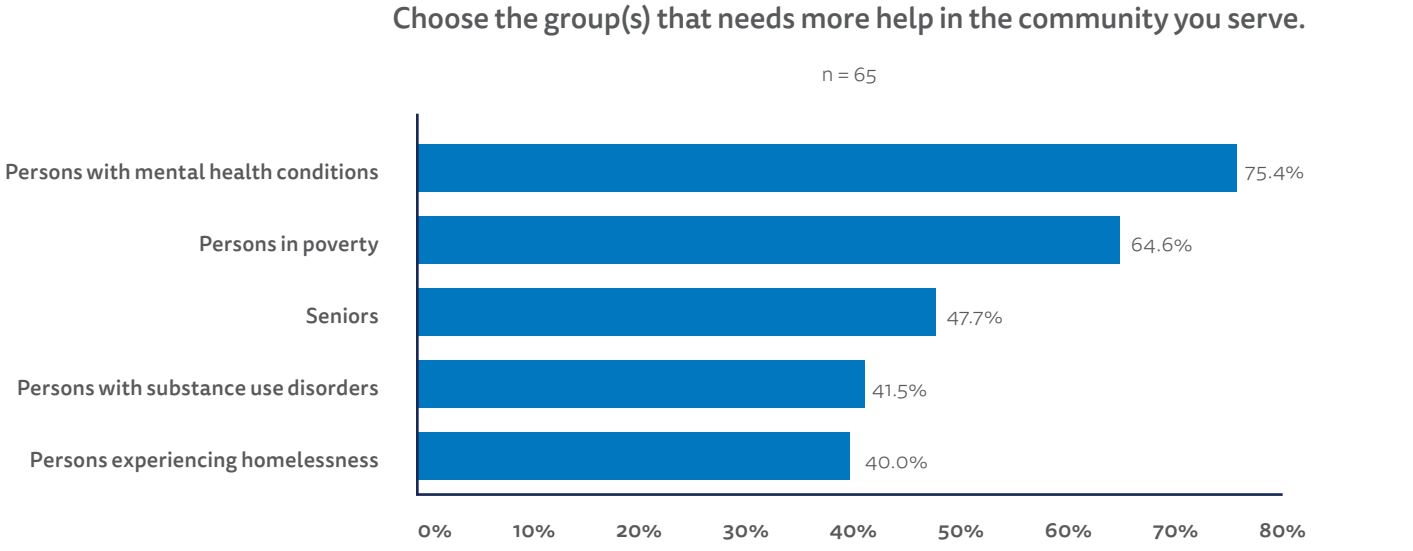


When leaders were asked to identify the most impactful social needs in Tarrant County, Access to Care was chosen by nearly half of all survey respondents and was the second most frequently selected social need, just below Income. Key leaders identified a lack of integrated behavioral health and medical care and availability of health providers/timely access to health care appointments as the top clinical care issues needing improvement in Tarrant County.





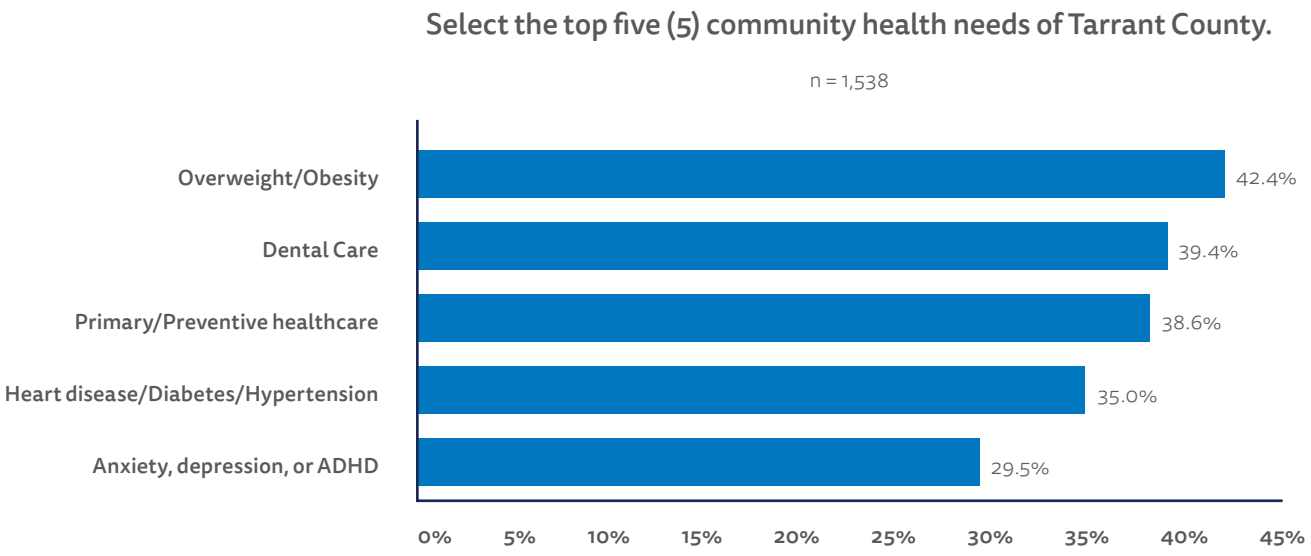
When asked to select population sub-groups in need of additional resources in the community, key leaders identified several populations that often experience difficulty accessing healthcare among the top five, including persons with mental health conditions, persons in poverty, older adults, persons with substance use disorders and persons experiencing homelessness.



Primary Data Findings – Community Members

Much like Tarrant County's key community health leaders, community members surveyed during JPS' CHNA process identified primary and preventive care among the top five community health needs, as detailed in the graphic below. Nearly 40% of community members also identified dental care as a top five health need for the community. When asked about the issues related to clinical care, community members selected availability of health providers and timely healthcare appointments as the top issue needing improvement within the county.

Access to care was the second-highest rated priority social need in Tarrant County, according to community web survey respondents. Further, the top five population sub-groups described as having the greatest need for additional resources in the community included groups who often experience access challenges: older adults, persons in poverty, persons experiencing homelessness, persons with mental illness and persons with disabilities.



Primary Data Findings – Focus Groups

Findings from the focus groups conducted during the CHNA process were largely in alignment with the surveys. Participants described several access to care challenges in Tarrant County, including difficulty with care coordination and timely access to health providers. Increased health communication and health literacy among community members was also described as impacting community member's access to care. Focus group participants also noted that financial challenges impacted community members' ability to receive timely and effective care, with prescription medication costs and lack of insurance described as a barrier for many. A need for greater assistance for the uninsured population was also highlighted in the focus groups. Some focus group participants highlighted the need for information to be disseminated and at a lower reading level through JPS Connection Programs, which provide financial assistance to patients with limited resources.

Access to Care: Recent and Ongoing Initiatives

Improving access to healthcare in the community is a high priority for JPS as Tarrant County's safety-net health provider. Recent initiatives undertaken by JPS to address this need include:

- JPS launched virtual on demand and telehealth appointments to improve access for patients needing primary, specialty, and behavioral health care.
- Connected Care and Engagement Program (CCE): Designed to assist in onboarding new JPS Connection members to their benefits, empower them to manage their health by using their JPS patient-centered medical home, reduce care fragmentation, improve patient engagement continuity of care, and provide resources to address social determinants of health. JPS has completed more than 5,000 net new onboarding CCE appointments since 2020.
- Utilized Bamboo Health (formerly Patient Ping) to capture patients that have had a health encounter outside of the JPS system to help facilitate opportunities to improve continuity of care and reduce fragmentation.

JPS plans to expand upon the work described above to help inform and develop its implementation plan. For an expanded description of recent and ongoing JPS initiatives to address Access to Care, see the Summary of Prior CHNA Implementation Strategies section in the Introduction to this document.

Priority Need: Social Determinants of Health

Context and National Perspective

Social Determinants of Health (SDoH) have a critical impact on health needs and outcomes. However, this category is broad and incorporates a number of considerations that are often outside the scope of services for local hospitals or health systems. Recognizing the impact these SDoH have on its patient population and the importance of maintaining community partnerships to address these needs, JPS has evaluated various aspects, detailed below, to understand how Tarrant County performs.

The World Health Organization defines SDoH as the non-medical factors that influence health outcomes. These are the conditions in which people are born, grow, work, live and age, and the wider set of external forces and systems shaping the conditions of daily life. Examples of SDoH that can influence health equity in positive or negative ways include income, education, unemployment/job security, food insecurity, housing, early childhood development, social inclusion or non-discrimination, structural conflict and access to affordable, high-quality healthcare[14]. The American Hospital Association categorizes these factors into the following domains:

Food

Housing

Transportation

Health Behaviors

Violence

Education

Social Support

Employment

[14]*Source: Social Determinants of Health (2023). World Health Organization. Retrieved September 14th, 2023, from https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1.*

SDoH are not experienced equally by all people and are often linked to one another. The American Medical Association notes that SDoH can affect a wide range of health, functioning and quality-of-life outcomes and risks. The impacts of SDoH on populations are profound, can persist across generations, and often drive health inequities based on race, ethnicity or socioeconomic status. When health systems use their resources to address SDoH among patient populations, it can strengthen the quality of the care they provide while reducing health inequities[15]. Evidence-based SDoH programs that can be adopted by hospitals or health systems that may reduce health care costs and improve outcomes include supportive housing for individuals with chronic health conditions, food and nutrition access, patient transportation initiatives, cash payment or income support for individuals with disabilities, and multidisciplinary patient care coordination teams[16].

Throughout the primary and secondary data findings below, various SDoH emerged as areas of priority need for JPS and the community it serves. Specifically, based on these findings, key concerns for a rapidly growing community like Tarrant County include dynamics related to housing/homelessness, food insecurity and transportation. JPS will continue to evaluate its potential to play a role in impacting these domains in the years to come but believes that the most impactful area it can address in the near-term is transportation.

Secondary Data Findings

Secondary data evaluated through the CHNA process helped paint a picture of the way various SDoH impact individuals living in the communities JPS serves. For example, the physical environment in which an individual resides influences their health status. This includes factors such as safe living and working conditions and clean air and water. Air pollution, which can contribute to compromised health is worse in Tarrant County than the state or nation as a whole. As described in the table below, Tarrant County performed worse than Texas or the U.S. for air pollution due to fine particulate matter in 2019. It also received an 'F' grade from the American Lung Association for days with high ozone levels. Long-term exposure to harmful air pollution can increase the risk of premature death and create negative consequences such as chronic bronchitis or asthma.

Texas County	High Ozone Days	Days with Unhealthy Air Quality	Particle Pollution	Days with Unhealthy Particle Pollution
Tarrant County	F	42	B	2
Dallas County	F	21	B	1

Source: American Lung Association: State of the Air Report Card, 2023

[15]*Source: What are social determinants of health? (2022). American Medical Association. Retrieved September 14th, 2023, from https://www.ama-assn.org/delivering-care/health-equity/what-are-social-determinants-health.*

[16]*Source: Whitman, A., De Lew, N., Chappel, A., Aysola, V., Zuckerman, R. and Sommers, B.B (2022). Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts. Retrieved from https://aspe.hhs.gov/sites/default/files/documents/e2b650cd64cf84aae8ffofae7474af82/SDOH-Evidence-Review.pdf.*

Traffic volumes are also correlated with individual exposure to air pollution and ambient noise, and proximity to traffic has been linked to many poor health outcomes. Tarrant County's traffic volume is higher than that of Texas and the U.S but lower than neighboring Dallas County. Additionally, car ownership rates are not evenly distributed in the county with lower rates in the downtown areas of Fort Worth and Arlington. While there are several options for public transit in Tarrant County, including bus, train and zip zones, residents in the outlying areas of the county may face additional challenges such as extended commuting time, heat exposure and lower availability of stops. Other rideshare options may be cost prohibitive compared to public transit options.

Indicator	Tarrant County	Dallas County	Texas	United States
Air Pollution – Particulate Matter	9.2*	9.6	8.6	7.4
Drinking Water Violations	Yes*	No	N/A	N/A
Population with Access to Exercise Opportunities	95%	97%	82%	84%
Food Environment Index	7.3	7.2	5.9	7.0
Traffic Volume	613*	912	505	505
Long Commute – Drive Alone	42%*	43%	39%	37%
Severe Housing Problems	16%	21%	17%	17%
Severe Cost Burden for Housing	14%	16%	14%	14%
Homeownership	60%	51%	62%	65%

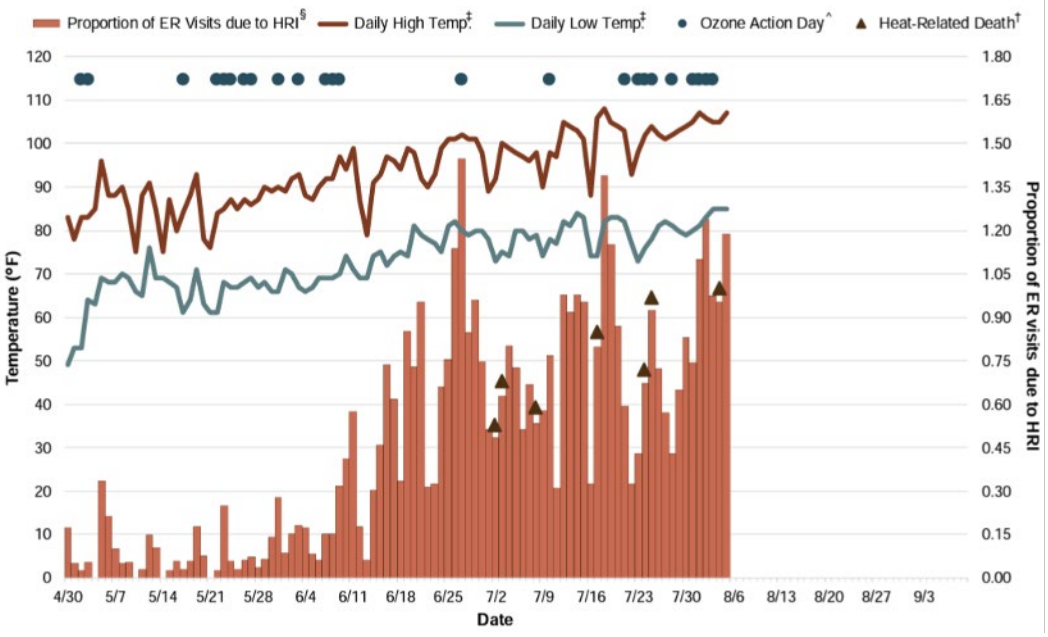
Sources: Robert Wood Johnson Foundation, County Health Rankings (2023). 2023 American Lung Association.

Tarrant and Dallas measures are colored compared to Texas – green is better than Texas, red is worse than Texas.

**represent areas of high need.*

Exposure to extreme heat is a growing concern, particularly in urban areas, as the impacts can have serious implications for public health, local infrastructure, and access to clean water. Heat-related illnesses are incredibly serious and may result in death or serious disability if left untreated[17]. Each year, approximately one in three days in Tarrant County are hotter than 90 degrees Fahrenheit. According to Tarrant County Public Health, from April to August 2023, county hospitals experienced a spike in emergency department visits for heat-related illnesses. Rate of heat-related illness were highest among males, and those ages 25 to 44 and 45 to 64 – groups within the population who may be more likely to work in occupations that are primarily outdoors, such as utility or construction work.

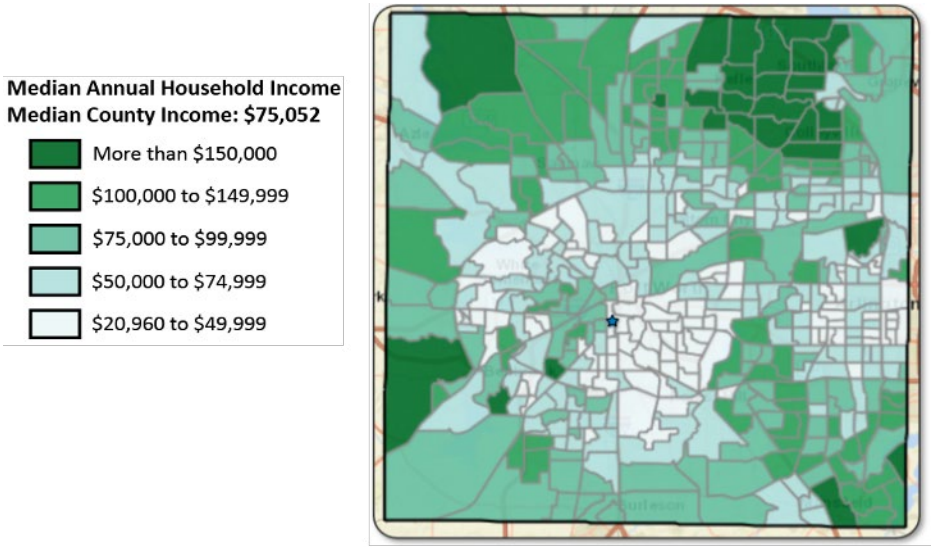
Figure 1. Daily proportion of ER visits due to HRI with temperature highs and lows and Ozone Action Days, Tarrant County, April 30 – August 5, 2023



Source: Tarrant County Public Health

[17]*Seong, K., Jiao, J. and Mandalapu, A. (2022). Evaluating the effects of heat vulnerability on heat-related emergency medical service incidents: Lessons from Austin, Texas. Environment and Planning B: Urban Analytics and City Science. Retrieved from: https://journals.sagepub.com/doi/abs/10.1177/23998083221129618.*

Median household income is recognized as an indicator of overall income level and poverty, both of which can impact physical and mental health status. While Tarrant County's median household income was slightly higher than the state of Texas in 2023, some communities, including downtown Fort Worth ZIP code surrounding JPS, had a median household income that was significantly lower. For additional detail on Tarrant County's median household income, see Chapter 2: Defined Community.



Source: Esri 2023

Higher levels of education are correlated with higher income, better employment options and more social support. Together, these factors can lead to healthier outcomes for individuals. Much like health insurance and median household income, the population who has earned at least a bachelor's degree in Tarrant County is not uniform across the county. There is also significant overlap between ZIP codes that have a low median household income, and those with fewer residents who have a bachelor's degree. For additional detail on educational attainment in Tarrant County, see Chapter 2: Defined Community.

Source: Esri 2023

Social and economic factors such as education, income, food access, community safety or social support impact how well and how long individuals live. Tarrant County is aligned with Dallas County and the state of Texas on a number of these indicators, including its income inequality ratio and proportion of households who are Asset Limited, Income Constrained and Employed (ALICE) – those who earn more than the federal poverty level, but less than the basic cost of living. Tarrant County performs worse than Texas for the average hourly living wage, and the rate of social associations (the number of membership associations per 100,000 population, which is a measure of community engagement).

Indicator	Tarrant County	Dallas County	Texas	United States
Income Inequality Ratio[18]	4.2	4.4	4.8	4.9
Racial Equity Index Rank[19]	64	54	53	50
Average Hourly Living Wage[20]	$45.13	$45.15	$42.81	$45.00
ALICE Households	30%	33%	30%	29%
Children in Single-Parent Household	26%	31%	26%	25%
Children in Poverty	15%	20%	20%	17%
Disconnected Youth[21]	7%	8%	8%	7%
Social Association Rate	6.9*	7.5	7.4	9.1
Not Proficient in English	6%	10%	7%	4%
Residential Segregation – Black/White[22]	48	52	55	63

Sources: Robert Wood Johnson Foundation, County Health Rankings (2023); National Equity Atlas; MIT Living Wage Calculator; United Way ALICE Report; American Community Survey 5-Year Estimates (2017-2021).

Tarrant and Dallas measures are colored compared to Texas - green is better than Texas, red is worse than Texas.

** Represents areas of high need.*

[18] *Income Inequality is the ratio of household income at the 80th percentile to income at the 20th percentile.*

[19] *The Racial Equity Index measures racial disparities in indicators of inclusion and prosperity. A higher score indicates smaller racial gaps and better results.*

[20] *Living wage is the hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.*

[21] *Disconnected youth is the percentage of teens and young adults ages 16-19 who are neither working nor in school.*

[22] *Residential Segregation is the index of dissimilarity where higher values indicate greater residential segregation between Black and white county residents.*

In terms of food access and insecurity measures, Tarrant County performs equal to Texas but slightly worse than the values for the U.S. overall. Tarrant County performs favorably compared to Texas on measures related to community safety, including the homicide rate, incarceration rate, injury death rate and juvenile arrest rate. However, several of these measures have been worsening in recent years, including the homicide rate, injury death rate, and firearms fatalities rate. Exposure to accidents and violence in one's community can affect both short and long-term health, for those directly and indirectly impacted.

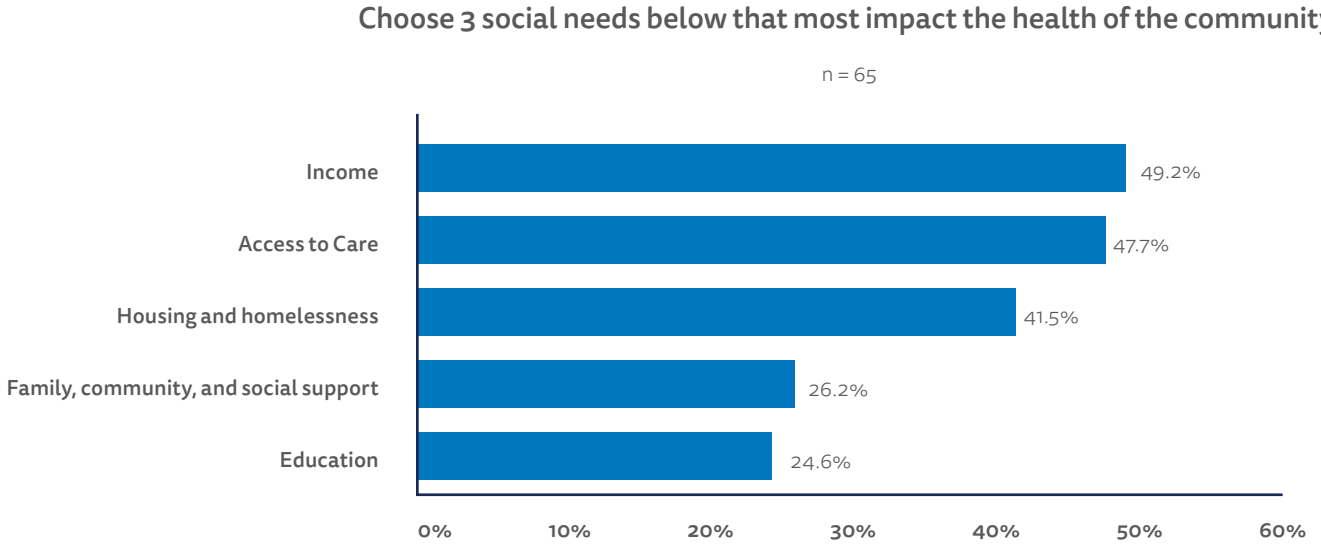
Indicator	Tarrant County	Dallas County	Texas	United States
Limited Access to Healthy Food	8%	**7%**	8%	6%
Food Insecure	13%	**14%**	13%	12%
Population in Low Income, Low Access Census Tracts	**14%**	**14%**	19%	11%
Incarceration Rate	**1.9%**	2.2%	2.2%	0.6%
Homicide Rate per 100,000	6	**8**	6	6
Injury Death Rate per 100,000	**53**	**61**	60	76
Motor Vehicle Mortality Rate per 100,000	**10**	**12**	13	12
Firearm Fatalities Rate per 100,000	**12**	**14**	13	12
Juvenile Arrest Rate per 1,000	**16**	**13**	17	24

Sources: Robert Wood Johnson Foundation, County Health Rankings (2023). Tarrant and Dallas measures are colored compared to Texas - green is better than Texas, red is worse than Texas. Circles represent areas of high need.

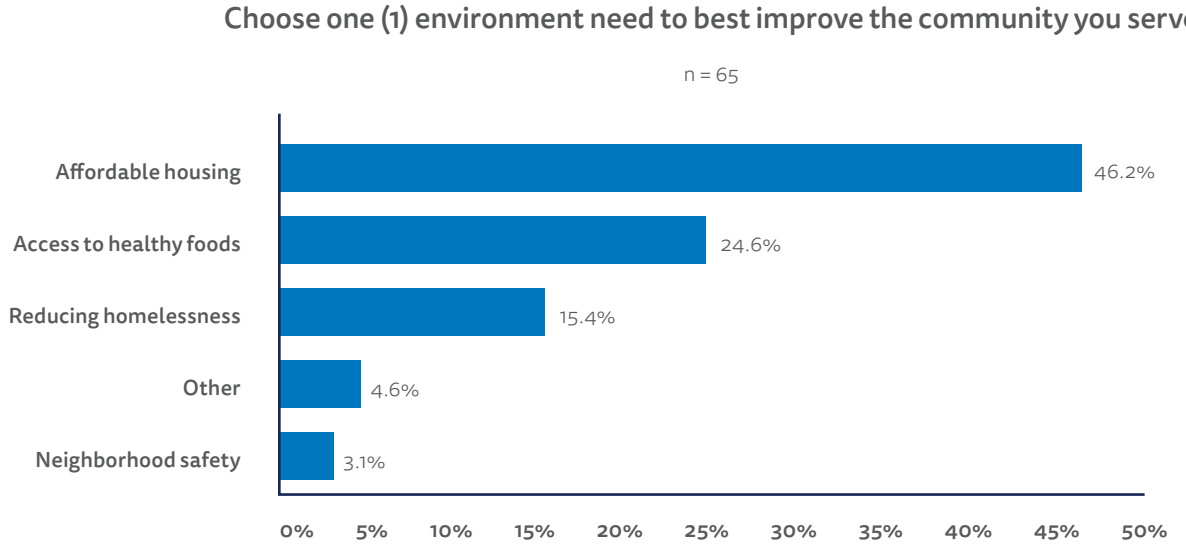
For additional information on how health and social factors can influence a community's overall level of vulnerability, refer to the section titled Social Vulnerability Index in Chapter 2: Defined Community.

Primary Data Findings – Community Leaders

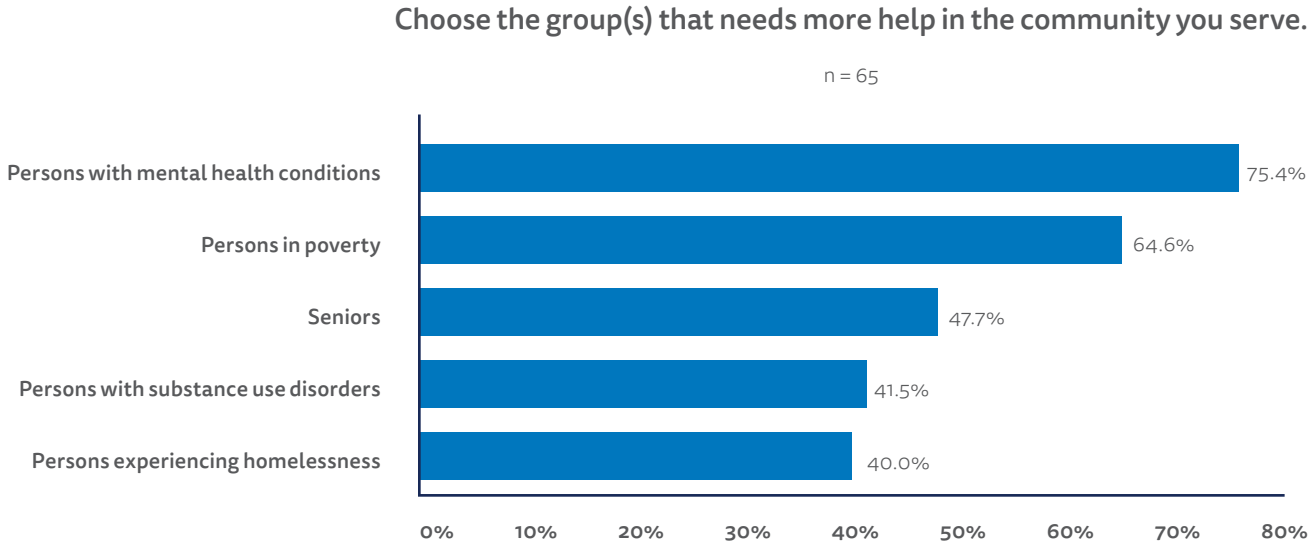
Key community leaders who completed the web survey identified various SDoH as factors that have a significant impact on health in Tarrant County. When asked to identify the top three social drivers that impact health in Tarrant County, nearly half (49.2%) of all respondents selected income as a top concern, while 41.5% selected housing and homelessness.



In addition, the top environmental need identified by key leaders was affordable housing (46.2%) with another 15.4% identifying reducing homelessness. Nearly a quarter of key leaders identified access to healthy foods as the top environmental need impacting Tarrant County.

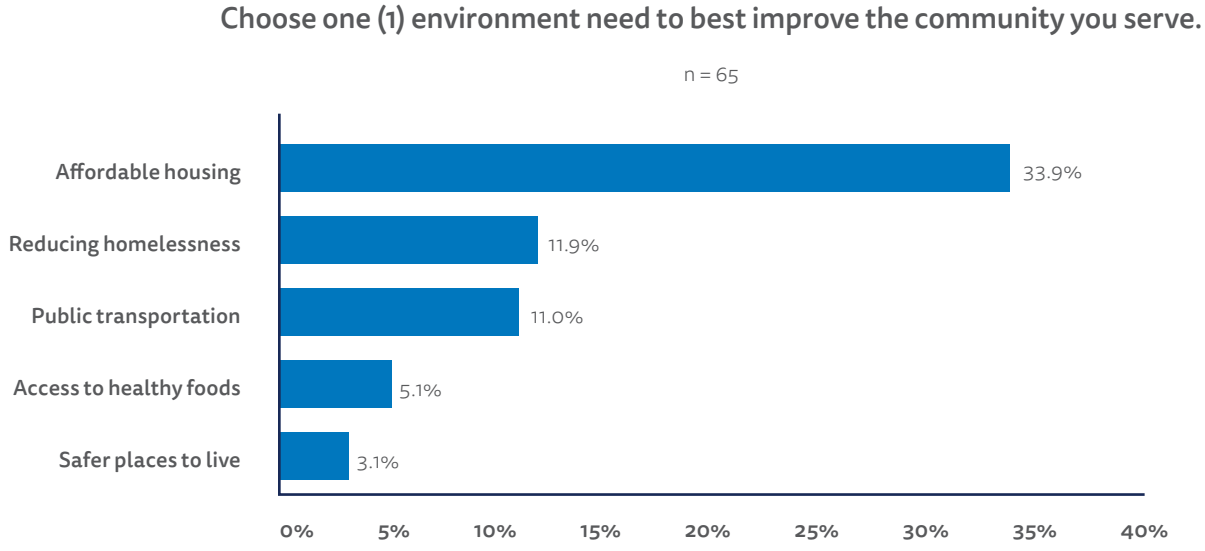


Further, when asked to identify population sub-groups most in need of additional resources, key leaders identified several groups that may benefit from support related to SDoH, including persons with mental health conditions, persons in poverty, older adults, persons with substance use disorders and children or youth.

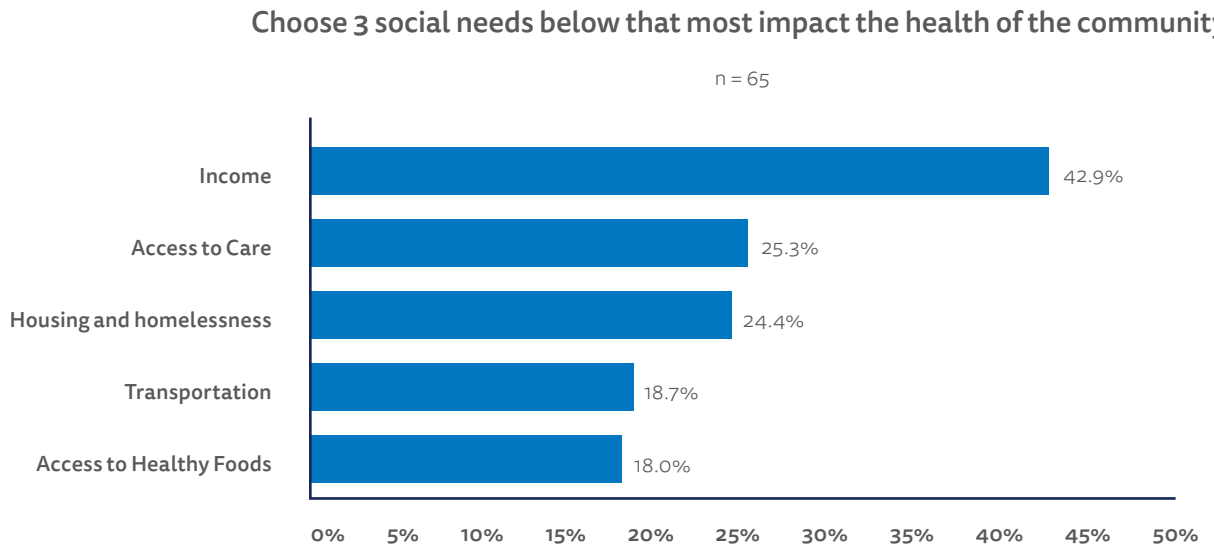


Primary Data Findings – Community Members

Themes related to various SDoH emerged throughout the community member survey results as well. More than one-third of respondents identified housing as the environmental need that would most improve the area they reside in. Another 11.9% of respondents identified reducing homelessness as a top need, and 11.0% identified public transportation.



When asked to identify the top social needs in Tarrant County, community survey respondents selected income as the need that most impacts health, followed by access to care, housing and homelessness, transportation, and access to healthy foods.



Primary Data Findings – Focus Groups

Much like the key leader and community web surveys, focus group participants described a number of challenges related to SDoH that impact residents of Tarrant County. Specifically, poverty, affordable transportation and homelessness emerged as key themes within this issue. Participants also described health literacy as an issue that hinders patients and community members from understanding education and information related to their own health and well-being. Financial assistance programs – particularly those targeted to uninsured and other underserved populations – were noted as a specific strategy JPS could expand upon to impact these SDoH in the communities they serve.

Social Determinants of Health: Recent and Ongoing Initiatives

Recognizing the potential for programs addressing SDoH to impact community members' health outcomes, JPS has implemented programs and services to address these conditions, including:

- JPS has increased patient enrollment in medical assistance programs (such as JPS Connection) that increase access to care for socioeconomically marginalized populations.
- JPS is building a Community Health Worker (CHW) Program to help address Health-Related Social Needs (HRSNs) for community members and patients. CHWs assist with navigating health and social services and provide personalized health education to promote disease self-management. CHWs also provide care coordination, navigation, and health education alongside referrals to community partners (food bank, rental assistance programs, housing support etc.).

- Implementation of screening tool for SDoH. Patients with a positive screening are provided corresponding community-based resources and/or referred to an outpatient social worker who works closely with them to ensure the patient can access the necessary resources to help them adhere to their recommended care plan and reach their highest level of health.
- Collaboration with Tarrant Area Food Bank (TAFB) for implementation of the TAFB Red Bus to provide real-time assistance for food insecurity and enrollment in long-term benefits.
- Additional resources for the community included Uber Health for transportation needs, mobile mammography services at medical homes, discounted vision assessments and glasses through Better Hope Better Vision, medical navigation for those experiencing homelessness being housed at Casa Esperanza, and cooking classes for the Como community.

JPS intends to expand upon the programs detailed above to inform its implementation plan, which is currently under development. For an expanded description of recent and ongoing JPS initiatives to address Social Determinants of Health, see the Summary of Prior CHNA Implementation Strategies section in the Introduction to this document.

Chapter 4: Community Assets and Resources

Although the forthcoming Community Health Improvement Plan will include specific actions undertaken by JPS to address the priority health needs, it is important to recognize and raise community awareness of the variety of existing resources that are already available. A health resource inventory was compiled based on input and information provided by JPS and its partners and has been categorized based upon the prioritized health needs identified by the Steering Committee.

Appendix 4 contains a detailed description of existing resources, facilities, and programs throughout the community served by JPS to potentially address the priority health needs identified by this CHNA, including Behavioral Health, Access to Care and Social Determinants of Health.

Chapter 5: Next Steps

The next and final step in the CHNA process is to develop community-based health improvement strategies to address the priorities identified in this assessment. JPS will leverage information from this CHNA to develop an implementation plan, while also working together with other partners in the service area to ensure the priority need areas are being addressed in the most efficient and effective way. JPS believes that the most effective strategies will be those that have the collaborative support of community organizations and residents. The strategies developed will include measurable objectives through which progress can be measured.

Appendices

Appendix 1: County Demographic and Socioeconomic Detail

Detailed information regarding the demographics and socioeconomics of Tarrant County can be found in the tables below.

County Demographics

Age and Total Population

The table below shows the total population of Tarrant County, Dallas County, Texas and the United States.

2023 Total Population				
	Tarrant County	Dallas County	Texas	United States
Population	2,189,354	2,646,702	30,506,523	337,470,185

Source: Esri

The table below shows the percentage of Tarrant County, Dallas County, Texas and United States residents by age cohort.

2023 Total Population by Age Cohort				
	Tarrant County	Dallas County	Texas	United States
Percentage below 15	21.1%	20.8%	20.7%	18.0%
Percentage between 15 and 44	42.5%	44.1%	42.1%	39.6%
Percentage between 45 and 64	23.4%	22.3%	22.9%	24.6%
Percentage 65 and older	13.0%	12.9%	14.3%	17.8%

Source: Esri

Sex

The table below shows the percentage of Tarrant County, Dallas County, Texas and United States residents by sex.

2023 Sex Distribution				
	Tarrant County	Dallas County	Texas	United States
Female	50.7%	50.4%	50.2%	50.6%
Male	49.3%	49.7%	49.8%	49.4%

Source: Esri

The table below shows the percentage and total population of Tarrant County, Dallas County, Texas and the United States by sex and age cohort.

2023 Sex and Age Distribution								
	Tarrant County		Dallas County		Texas		United States	
Total	**2,189,354**	**100.0%**	**2,646,702**	**100.0%**	**30,506,523**	**100.0%**	**337,470,185**	**100.0%**
0-14 years	462,407	21.1%	549,906	20.8%	6,313,277	20.7%	60,750,786	18.0%
15-44 years	930,976	42.5%	1,167,552	44.1%	12,848,845	42.1%	133,591,630	39.6%
45-65 years	511,741	23.4%	588,912	22.3%	6,978,874	22.9%	83,061,508	24.6%
65+ years	284,230	13.0%	340,332	12.9%	4,365,527	14.3%	60,066,261	17.8%

(Continued)

2023 Sex and Age Distribution								
	Tarrant County		Dallas County		Texas		United States	
Males	**1,080,288**	**49.3%**	**1,313,988**	**49.7%**	**15,179,779**	**49.8%**	**166,821,938**	**49.4%**
0-14 years	235,032	21.8%	280,961	51.1%	3,218,008	51.0%	31,023,901	51.1%
15-44 years	467,402	43.3%	593,639	50.8%	6,540,691	50.9%	67,793,310	50.7%
45-65 years	250,749	23.2%	289,623	49.2%	3,435,518	49.2%	40,903,399	49.2%
65+ years	127,105	11.8%	149,765	44.0%	1,985,562	45.5%	27,101,328	45.1%
Females	**1,109,066**	**50.7%**	**1,332,714**	**50.4%**	**15,326,744**	**50.2%**	**170,648,247**	**48.9%**
0-14 years	227,375	78.2%	268,945	48.9%	3,095,269	49.0%	29,726,885	48.9%
15-44 years	463,574	56.7%	573,913	49.2%	6,308,154	49.1%	65,798,320	49.3%
45-65 years	260,992	76.8%	299,289	50.8%	3,543,356	50.8%	42,158,109	50.8%
65+ years	157,125	88.2%	190,567	56.0%	2,379,965	54.5%	32,964,933	54.9%

Source: Esri

Race

The table below shows the percentage and total population of Tarrant County, Dallas County, Texas and the United States by race.

2023 Racial Distribution								
	Tarrant County		Dallas County		Texas		United States	
White Non-Hispanic	895,209	40.9%	692,336	26.2%	11,764,299	38.6%	191,314,266	56.7%
Black Non-Hispanic	388,570	17.7%	590,642	22.3%	3,690,828	12.1%	40,898,542	12.1%
Asian	145,012	6.6%	198,625	7.5%	1,739,083	5.7%	20,811,620	6.2%
American Indian & Alaska Native	7,260	0.3%	6,747	0.3%	89,854	0.3%	2,284,715	0.7%
Native Hawaiian/ Other Pacific Islander	4,349	0.2%	1,191	0.0%	29,840	0.1%	643,202	0.2%

Source: Esri

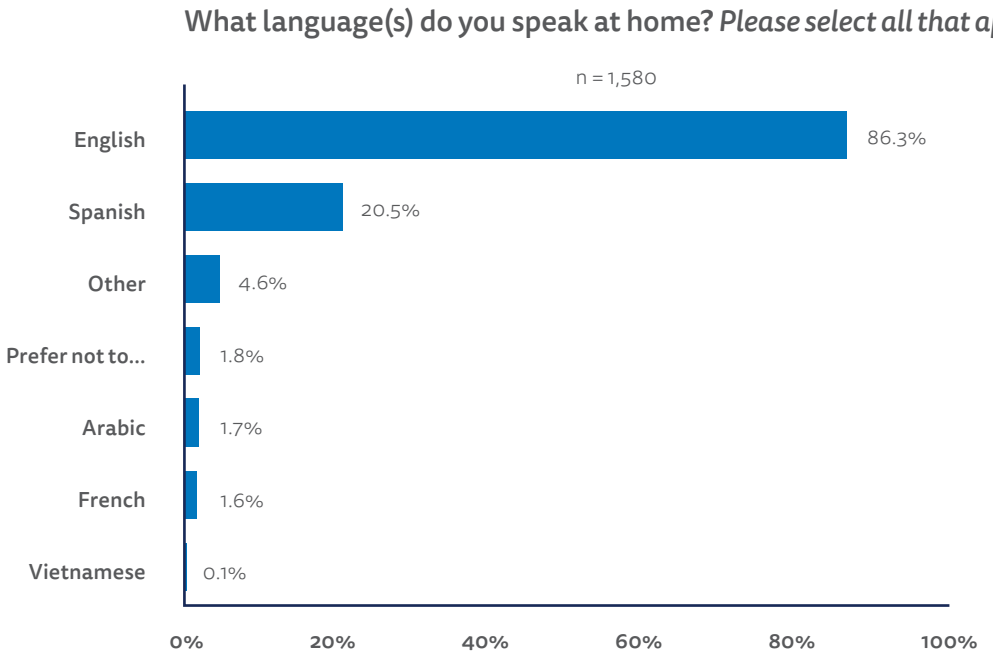
Ethnicity

The table below shows the percentage and total population of Tarrant County, Dallas County, Texas and the United States by ethnicity.

2023 Ethnic Distribution								
	Tarrant County		Dallas County		Texas		United States	
Hispanic	654,599	29.9%	1,077,169	40.7%	12,103,876	39.7%	65,536,136	19.4%
Non-Hispanic	1,534,755	70.1%	1,569,533	59.3%	18,402,647	60.3%	271,934,049	80.6%

Source: Esri

The chart below shows the primary languages spoken at home by Tarrant County residents who responded to the Community Member Web Survey.



Source: JPS 2023 CHNA Community Member Survey

Household Income

The table below shows the median household income of Tarrant County, Dallas County, Texas and the United States.

2023 Median Household Income				
	Tarrant County	Dallas County	Texas	United States
Income	$75,052	$65,583	$69,529	$72,603

Source: Esri

Poverty

The table below shows the percentage of households living below the federal poverty level in Tarrant County, Dallas County, Texas and the United States.

2021 Percent of Households Below the Federal Poverty Level				
	Tarrant County	Dallas County	Texas	United States
Percent Below FPL	10.4%	12.8%	13.3%	12.4%

Source: Esri

Food Stamps/SNAP

The table below shows the percentage of households receiving food stamps or SNAP in Tarrant County, Dallas County, Texas and the United States.

2021 Percent of Households Receiving Food Stamps/SNAP				
	Tarrant County	Dallas County	Texas	United States
Households Receiving Food Stamps/SNAP	74,988	98,947	1,178,059	14,105,231
Total Households	739,804	1,178,059	10,239,341	124,010,992
Percentage of Households receiving Food Stamps/SNAP	10.14%	10.45%	11.51%	11.37%

Source: Esri

Educational Attainment

The table below shows the percentage of the population in Tarrant County, Dallas County, Texas and the United States broken out by educational attainment.

2023 Educational Attainment				
	Tarrant County	Dallas County	Texas	United States
Less than 9th Grade	5.4%	9.0%	6.6%	4.1%
Some High School/ No Diploma	6.2%	7.8%	6.6%	5.5%
High School Diploma	20.4%	20.1%	20.9%	22.9%
GED/Alternative Credential	4.0%	3.3%	4.4%	4.1%
Some College/No Diploma	18.7%	16.6%	18.4%	17.7%
Associate's Degree	8.5%	6.6%	8.2%	9.5%
Bachelor's Degree	24.9%	23.2%	22.8%	22.3%
Graduate/ Professional Degree	12.0%	13.4%	12.1%	13.9%

Source: Esri

Unemployment

The table below shows the percentage of the population that is unemployed in Tarrant County, Dallas County, Texas and the United States broken out by age cohort.

2023 Unemployment				
	Tarrant County	Dallas County	Texas	United States
Percentage unemployed ages 16 to 24	1.3%	1.1%	1.2%	1.3%
Percentage unemployed ages 25 to 54	2.0%	1.9%	2.2%	2.2%
Percentage unemployed ages 55 to 64	0.3%	0.5%	0.5%	0.6%
Percentage unemployed ages 65 or more	0.2%	0.2%	0.2%	0.2%

Source: Esri

Uninsured Population

The table below shows the percentage of the population that is uninsured in Tarrant County, Dallas County, Texas and the United States broken out by age cohort.

2021 Uninsured Rate				
	Tarrant County	Dallas County	Texas	United States
Percentage uninsured ages 18 or below	3.3%	4.1%	3.2%	1.3%
Percentage uninsured ages 19 to 34	5.9%	7.6%	6.4%	3.2%
Percentage uninsured ages 35 to 64	7.4%	9.4%	7.8%	4.2%
Percentage uninsured ages 65 or more	0.2%	0.3%	0.2%	0.1%

Source: American Community Survey 5-year estimates, 2017-2021

Appendix 2: Detailed Secondary Date Findings

Many individual secondary data measures were analyzed as part of the CHNA process. These data provide detailed insight into the health status and health-related behavior of residents in the county. These secondary data are based on statistics of actual occurrences, such as the incidence of certain diseases, as well as statistics related to social determinants of health.

Methodology

All individual secondary data measures were grouped into six categories and 20 corresponding focus areas based on "common themes." In order to draw conclusions about the secondary data for Tarrant County, its performance on each data measure was compared to targets/benchmarks. If Tarrant County's performance was more than five percent worse than the comparative benchmark, it was concluded that improvements could likely be needed to better the health of the community. Conversely, if an area performed more than five percent better than the benchmark, it was concluded that while a need is still present, the significance of that need relative to others is likely less acute. The most recently available data were compared to these targets/benchmarks in the following order (as applicable):

- For all available data sources, state and national averages were compared.
- Peer County for Comparison: For the purposes of this analysis, Dallas County has been identified as a peer county for comparison, due to the two counties' relatively similar population density and demographic makeup.

The following methodology was used to assign a priority level to each individual secondary data measure:

- If the data were more than 5 percent worse = High need
- If the data were within or equal to 5 percent (better or worse) = Medium need
- If the data were more than 5 percent better = Low need

These measures are noted with an asterisk.

Additionally, data measures were also viewed with regard to performance over time and whether the measure has improved or worsened compared to the prior CHNA timeframe.

Data Sources

The following tables are organized by each of the twenty focus areas and contain information related to the secondary data measures analyzed including a description of each measure, the data source, and most recent data time periods.

Access to Care			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% Uninsured	Percentage of the population under age 65 without health insurance coverage.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
Primary Care Physicians Ratio	Ratio of the population to primary care physicians. Primary care physicians include practicing non-federal physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. Prior to the 2013 County Health Rankings, primary care physicians were defined only as M.D.s. In 2013, D.O.s were incorporated into the definition of primary care physicians and obstetrics/ gynecology was removed as a primary care physician type.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

(Continued)

Access to Care			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
Dentist Ratio	Ratio of the population to dentists. The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Uninsured Children	Percentage of the population under age 19 without health insurance coverage.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Uninsured Adults	Percent of adults under age 65 without health insurance.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Uninsured Under Age 19	Percent of residents under age 19 without health insurance.	ESRI Business Analyst. Data accessed August 2023.	2023
% Uninsured Ages 19 to 34	Percent of residents between ages 19 and 34 without health insurance.	ESRI Business Analyst. Data accessed August 2023.	2023
% Uninsured Ages 35 to 64	Percent of residents between ages 35 and 64 without health insurance.	ESRI Business Analyst. Data accessed August 2023.	2023
% Uninsured Above Age 65	Percent of residents over age 65 without health insurance.	ESRI Business Analyst. Data accessed August 2023.	2023

(Continued)

Access to Care			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
Other Primary Care Provider Ratio	Ratio of population to primary care providers other than physicians.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
Health Literacy Estimate	Estimated health literacy level	UNC Health Literacy Data Map. Data accessed August 2023.	2010
Hospitals per 100,000	Hospitals per 100,000 people	Minority Health Social Vulnerability Index. Data accessed August 2023.	2017
Healthcare Spending per Household	Average amount spent annually on health costs per household. Stratified into expenses covered by insurance and total expenditures.	ESRI Business Analyst. Data accessed August 2023.	2023

Built Environment			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
Food Environment Index	The Food Environment Index measures the quality of the food environment in a county on a scale from 0 to 10. The Food Environment Index is comprised of two variables: Limited access to healthy foods from the USDA's Food Environment Atlas estimates the percentage of the population who are low income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas: in rural areas, it means living less than 10 miles from a grocery store whereas in nonrural areas, it means less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. Food insecurity from Feeding America estimates the percentage of the population who did not have access to a reliable source of food during the past year. The two variables are scaled from 0 to 10 (zero being the worst value in the nation, and 10 being the best) and averaged to produce the Food Environment Index. In 2016, the average value for counties was 7.0 and most counties fell between about 5.4 and 8.3.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023	2023

(Continued)

Built Environment			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% with Access to Exercise Opportunities	Percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Individuals are considered to have access to exercise opportunities if they: reside in a census block that is within a half mile of a park or reside in an urban census block that is within one mile of a recreational facility or reside in a rural census block that is within three miles of a recreational facility. The numerator is the number of individuals who live in census blocks meeting at least one of the above criteria. The denominator is the total county population. Locations for physical activity are defined as parks or recreational facilities. Parks include local, state, and national parks. Recreational facilities include YMCAs as well as businesses identified by the following Standard Industry Classification (SIC) codes and include a wide variety of facilities including gyms, community centers, dance studios and pools: 799101, 799102, 799103, 799106, 799107, 799108, 799109, 799110, 799111, 799112, 799201, 799701, 799702, 799703, 799704, 799707, 799711, 799717, 799723, 799901, 799908, 799958, 799969, 799971, 799984, or 799998. The way this measure is calculated has changed over time. In 2018, County Health Rankings switched from using North American Information Classification System (NAICS) codes to using Standard Industry Classification (SIC)codes due to lack of availability of a nationally reliable and updated data source.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

Diet and Exercise			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% Physically Inactive	Percentage of adults age 20 and over reporting no leisure-time physical activity.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

Education			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% Completed High School	Percentage of the ninth-grade cohort in public schools that graduates from high school in four years. Please note this measure was modified in the 2011, 2012, and 2014 Rankings.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Some College	Percentage of the population ages 25-44 with some post-secondary education, such as enrollment in vocational/ technical schools, junior colleges, or four-year colleges. It includes individuals who pursued education following high school but did not receive a degree as well as those who attain degrees. The numerator is the number of adults ages 25-44 who have obtained some level of post-secondary education. The denominator is the population ages 25-44 in a county.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Less than 9th Grade	Percentage of adults over age 25 who have less than a 9th grade education.	ESRI Business Analyst. Data accessed August 2023.	2023

(Continued)

Education			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% Some High School	Percentage of adults over age 25 who attended some high school but did not earn their diploma or alternative credential.	ESRI Business Analyst. Data accessed August 2023.	2023
% High School Diploma	Percentage of adults over age 25 who earned a high school diploma.	ESRI Business Analyst. Data accessed August 2023.	2023
% GED/Alternative Credential	Percentage of adults over age 25 who earned a GED or an alternative credential.	ESRI Business Analyst. Data accessed August 2023.	2023
% Some College	Percentage of adults over age 25 who attended some college but did not earn their diploma.	ESRI Business Analyst. Data accessed August 2023.	2023
% Associate's Degree	Percentage of adults over age 25 who earned an Associate's degree.	ESRI Business Analyst. Data accessed August 2023.	2023
% Bachelor's Degree	Percentage of adults over age 25 who earned a four-year college Bachelor's degree.	ESRI Business Analyst. Data accessed August 2023.	2023
% Graduate/ Professional Degree	Percentage of adults over age 25 who earned a graduate or professional degree.	ESRI Business Analyst. Data accessed August 2023.	2023
Average Grade Performance - Reading	Average grade level performance for 3rd graders on English Language Arts standardized tests.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
Average Grade Performance - Math	Average grade level performance for 3rd graders on math standardized tests.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

(Continued)

Education			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
College Graduation Rate (%) – All	Percentage of children who grew up in the area who hold a 4-year college degree.	The Opportunity Atlas. Opportunity Insights, Harvard University. Data accessed August 2023.	2010

Employment			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% Unemployed	Percentage of a county's workforce that is not employed. The numerator is the number of individuals over age 16 in a county who are seeking work but do not have a job. The denominator is the total labor force, which includes all individuals over age 16 who are actively searching for work and unemployed plus those who are employed. Unemployment estimates are modeled.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Unemployed Ages 16 to 24	People ages 16 to 24 who are not currently active duty in the Armed Forces, neither currently working nor waiting to work a job they hold, and have actively sought a job in the last four weeks and are available to work if hired; includes temporarily laid off workers.	ESRI Business Analyst. Data accessed August 2023.	2023

(Continued)

Employment			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% Unemployed Ages 25 to 54	People ages 25 to 54 who are not currently active duty in the Armed Forces, neither currently working nor waiting to work a job they hold, and have actively sought a job in the last four weeks and are available to work if hired; includes temporarily laid off workers.	ESRI Business Analyst. Data accessed August 2023.	2023
% Unemployed Ages 55 to 64	People ages 55 to 64 who are not currently active duty in the Armed Forces, neither currently working nor waiting to work a job they hold, and have actively sought a job in the last four weeks and are available to work if hired; includes temporarily laid off workers.	ESRI Business Analyst. Data accessed August 2023.	2023
% Unemployed Ages 65 and Over	People ages 65 or older who are not currently active duty in the Armed Forces, neither currently working nor waiting to work a job they hold, and have actively sought a job in the last four weeks and are available to work if hired; includes temporarily laid off workers.	ESRI Business Analyst. Data accessed August 2023.	2023

Environmental Quality			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
Average Daily PM2.5	Average daily density of fine particulate matter in micrograms per cubic meter. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers (PM2.5). Air Pollution is modeled. For 2017, County Health Rankings is using data provided by the EPHT Network. From 2013-2016 the County Health Rankings used data provided by the NASA Applied Sciences Program, which used a similar methodology but also incorporates satellite data. For 2012 and prior years of the County Health Rankings, data were obtained from the EPHT Network, but the measures of air quality differed from the current measure: County Health Rankings reported the average number of days annually that both PM2.5 and ozone pollution were reported to be over the accepted limit.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
Presence of Water Violation	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

(Continued)

Environmental Quality			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
High Ozone Days	Number of days where the daily 8-hour maximum concentration of ozone exceeded 71 parts per billion, the minimum value deemed by the Environmental Protection Agency as unhealthy for sensitive groups.	American Lung Association. Data accessed August 2023.	2023
Days with Unhealthy Particle Pollution	Number of days where the daily 24-hour maximum concentration for particles with diameter less than 2.5 micrometers exceeded 33.5 micrograms per cubic meter, the minimum value deemed by the Environmental Protection Agency as unhealthy for sensitive groups.	American Lung Association. Data accessed August 2023.	2023
Heat Related Deaths	Deaths in Texas due to conditions caused by excessive heat, including but not limited to sunburn, heat exhaustion, heat stroke, heat cramps, heat exposure, heat rash, heat sickness, heat stress, and overheating. Stratified into residential status – Texan or other.	Texas Tribune. Data accessed August 2023.	2022

(Continued)

Environmental Quality			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
Heat Related Illnesses	Number of emergency room visits from more than 100 North Texas hospitals that voluntarily provide data based on a patient's chief complaints and discharge diagnosis for Tarrant County residents. Includes but is not limited to diagnoses of sunburn, heat exhaustion, heat stroke, heat cramps, heat exposure, heat rash, heat sickness, heat stress, and overheating. Stratified by sex and age.	Tarrant County Public Health Department. Data accessed August 2023.	2023
Excessively Hot Summer Days	Number of days between the start of May and the end of September where the maximum heat index exceeded 900 Fahrenheit. Heat index is calculated using both temperature and relative humidity.	Center for Disease Control and Prevention Heat Tracker. Data accessed August 2023.	2021
Emergency Department Visits for Heat	Number of emergency room visits from roughly 75% of nationwide emergency departments that voluntarily provide data based on a patient's chief complaints and discharge diagnosis. Includes but is not limited to diagnoses of sunburn, heat exhaustion, heat stroke, heat cramps, heat exposure, heat rash, heat sickness, heat stress, and overheating.	Center for Disease Control and Prevention Heat Tracker. Data accessed August 2023.	2023

Family, Community, and Social Support			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% Children in Single-Parent Households	Percentage of children (less than 18 years of age) in family households that live in a household headed by a single parent. The single parent could be a male or female and is without the presence of a spouse. Foster children and children living in non-family households or group quarters are not included in either the numerator or denominator.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

(Continued)

Family, Community, and Social Support			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
Social Association Rate	Number of organizations per 10,000 population in a county. The numerator is the number of organizations or associations in a county. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, political organizations, labor organizations, business organizations, and professional organizations. The denominator is the population of a county. Social Associations does not measure all of the social support available within a county. Data and business codes are self-reported by businesses in a county. We use the primary business code of organizations, which in some cases may not match up with our notion of what should be labeled as a civic organization. This measure does not take into account other important social connections offered via family support structures, informal networks, or community service organizations, all of which are important to consider when understanding the amount of social support available within a county.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

(Continued)

Family, Community, and Social Support			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% Disconnected youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
Segregation Index – Black/White	Degree to which two or more groups live separately from one another in a geographic area. The index of dissimilarity is a demographic measure of the evenness with which two groups (black and white residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The index score can be interpreted as the percentage of either black or white residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Speak English Less than "Very Well"	Percentage of population ages 5 and older that report speaking English less than "very well."	U.S. Census Bureau American Community Survey 5-Year Data (2016-2020). Data accessed August 2023.	2020

Food Security			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% Food Insecure	Percentage of the population who did not have access to a reliable source of food during the past year. This measure was modeled using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey. More detailed information can be found here. This is one of two measures that are used to construct the Food Environment Index.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Limited access to healthy foods	Percentage of population who are low-income and do not live close to a grocery store.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Enrolled in Free or Reduced Lunch	Percentage of children enrolled in public schools, grades PK - 12, eligible for free (family income less than 130 percent of federal poverty level) or reduced price (family income less than 185 percent of federal poverty level) lunch.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% of Population in Low Income, Low Access Census Tracts	Low-income census tracts in which at least 500 people or at least 33 percent of the tract's population live more than 1 mile from the nearest food store (supermarket, supercenter, or large grocery store) if residing in an urban area or more than 10 miles from such a store if residing in a rural area.	Food Access Research Atlas (USDA). Data accessed August 2023.	2023

Housing and Homelessness			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% Severe Housing Problems	Percentage of households with one or more of the following housing problems: Housing unit lacks complete kitchen facilities; Housing unit lacks complete plumbing facilities; Household is severely overcrowded; or Household is severely cost burdened. Incomplete kitchen facilities is defined as a unit which lacks a sink with running water, a range or a refrigerator. Incomplete plumbing facilities is defined as lacking hot and cold piped water, a flush toilet, or a bathtub/shower. Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50 percent of monthly income. The numerator is the number of households in a county with at least one of the above housing problems and the denominator is the number of total households in a county.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Homeowners	Percentage of housing units that are occupied by their owners.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Severe Housing Cost Burden	Number of renter-occupied housing units spending 50 or more percent of household income on rent as a percentage of total renter-occupied housing units.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

Income			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% Children in Poverty	Percentage of children under age 18 living in poverty. Poverty status is defined by family size and income and is measured at the household level. If a household's income is lower than the poverty threshold for a household of their size, they are considered to be in poverty. Poverty thresholds differ by household size and geography. For more information on how poverty thresholds are calculated please see the Census poverty page. Children in Poverty estimates are modeled.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

(Continued)

Income			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
Median household income	Income where half of households in a county earn more and half of households earn less. Income, defined as "Total income", is the sum of the amounts reported separately for: wage or salary income; net self-employment income; interest, dividends, or net rental or royalty income or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income. Receipts from the following sources are not included as income: capital gains; money received from the sale of property (unless the recipient was engaged in the business of selling such property); the value of income "in kind" from food stamps, public housing subsidies, medical care, employer contributions for individuals, etc.; withdrawal of bank deposits; money borrowed; tax refunds; exchange of money between relatives living in the same household; gifts and lump-sum inheritances, insurance payments, and other types of lump-sum receipts.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

(Continued)

Income			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
Income Ratio	Ratio of household income at the 80th percentile to that at the 20th percentile, i.e., when the incomes of all households in a county are listed from highest to lowest, the 80th percentile is the level of income at which only 20 percent of households have higher incomes, and the 20th percentile is the level of income at which only 20 percent of households have lower incomes. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
Racial Equity Index Ranking	County-level score measuring racial disparity in nine indicators of inclusion and prosperity	National Equity Atlas. Data accessed August 2023.	2019
% Asset Limited, Income Constrained, Employed Households	Percentage of households who are earning more than the Federal Poverty Level, but not enough to afford the basics where they live.	United for ALICE. Data accessed August 2023.	2021
Average Hourly Living Wage	The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

Length of Life			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
Years of Potential Life Lost Rate	Number of events (i.e., deaths, births, etc.) in a given time period (three-year period) divided by the average number of people at risk during that period. Years of potential life lost measures mortality by giving more weight to deaths at earlier ages than deaths at later ages. Premature deaths are deaths before age 75. All of the years of potential life lost in a county during a three-year period are summed and divided by the total population of the county during that same time period-this value is then multiplied by 100,000 to calculate the years of potential life lost under age 75 per 100,000 people. These are age-adjusted.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
Life Expectancy	Average number of additional years that someone at a given age would be expected to live if current mortality conditions remained constant throughout their lifetime. Based on life expectancy at birth. State data are a single year while county data are a three-year aggregate. Data were not reported in the County Health Book prior to 2013.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
Child Mortality Rate	Number of deaths among children under age 18 per 100,000 population	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

Maternal and Infant Health			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% Low Birthweight	Percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). The numerator is the number of low birthweight infants born over a 7-year time span, while the denominator is the total number of births in a county during the same time.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
Infant Mortality Rate	Number of all infant deaths (within 1 year), per 1,000 live births.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

Mental Health			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
Mental Health Provider Ratio	Ratio of the population to mental health providers. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental healthcare. The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
Average Number of Mentally Unhealthy Days	Poor mental health days (average number in past 30 days age-adjusted).	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Depressive Disorder Diagnosis	Percent of adults reporting that a health professional has told them that they have a depressive disorder.	American Health Rankings. Data accessed August 2023.	2023

(Continued)

Mental Health			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% Visited Mental Health Provider	Percent of adults who saw a psychologist or psychiatrist in the past 12 months.	ESRI Business Analyst. Data accessed August 2023.	2023
% Used Prescription Antidepressant Medications	Percent of adults who were prescribed and used antidepressant medications in the last 12 months.	ESRI Business Analyst. Data accessed August 2023	2023
% Used Prescription Antianxiety Medications	Percent of adults who were prescribed and used antianxiety medications in the last 12 months.	ESRI Business Analyst. Data accessed August 2023.	2023
Age-Adjusted Suicide Death Rate	Age-Adjusted Suicide Death Rate Age-adjusted death rate per 100,000 population due to suicide. Stratified by sex and race.	Healthy North Texas 2022. Data accessed August 2023.	

Physical Health			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% Adults with Obesity	Based on responses to the Behavioral Risk Factor Surveillance Survey (BRFSS) and is the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2. Participants are asked to self-report their height and weight. From these reported values, BMIs for the participants are calculated. The method for calculating Adult Obesity changed. Data for Adult Obesity are provided by the CDC Interactive Diabetes Atlas which combines 3 years of survey data to provide county-level estimates. In 2011, BRFSS changed their methodology to include cell phone and landline participants. Previously only landlines were used to collect data. Adult Obesity is created using statistical modeling.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Adults with Diabetes	Percentage of adults aged 20 and above with diagnosed diabetes.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

(Continued)

Physical Health			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Fair or Poor Health	Percentage of adults reporting fair or poor health (age-adjusted)	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
Average Number of Physically Unhealthy Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% with Disability	Percentage of noninstitutionalized civilian population reporting at least one of six types of disability (including hearing, vision, cognitive, ambulatory, self-care, and independent living)	U.S. Census Bureau American Community Survey 5-Year Data (2016-2020). Data accessed August 2023.	2020
% with Annual Mammogram	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Vaccinated	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

(Continued)

Physical Health			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
Preventable Hospitalization Rate	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

Safety			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
Injury Death Rate	Number of deaths from planned (e.g., homicide or suicide) and unplanned (e.g., motor vehicle deaths) injuries per 100,000 population. This measure includes injuries from all causes and intents over a 5-year period. Deaths are counted in the county of residence for the person who died, rather than the county where the death occurred.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

(Continued)

Safety			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
Motor Vehicle Mortality Rate	Number of deaths due to traffic accidents involving a motor vehicle per 100,000 population. Motor vehicle crash deaths include traffic accidents involving motorcycles; 3-wheel motor vehicles; cars; vans; trucks; buses; street cars; ATVs; industrial, agricultural, and construction vehicles; and bicyclists or pedestrians when colliding with any of the previously listed motor vehicles. Deaths due to boating accidents and airline crashes are not included in this measure. In prior years, non-traffic motor vehicle accidents were included in this definition. ICD10 codes included are V02-V04 (.1, .9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1, V83-V86 (.0-.3), V87 (.0-.8), and V89.2.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
Homicide Rate	Number of deaths from assaults, defined as ICD-10 codes X85-Y09, per 100,000 population	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
Firearm Fatalities Rate	Number of deaths due to firearms, defined as ICD-10 codes W32-W34, X72-X74, X93-X95, Y22-Y24, and Y35.0, per 100,000 population.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

(Continued)

Safety			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
Juvenile Arrest Rate	Rate of delinquency cases per 1,000 juveniles.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
Incarceration Rate (%) - All	Percentage of children who grew up in this area who were in prison or jail on April 1, 2010, by county	The Opportunity Atlas, Opportunity Insights, Harvard University. Data accessed August 2023.	2010

Sexual Health			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
Teen Birth Rate	Number of births per 1,000 female population ages 15-19	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
HIV Prevalence Rate	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
Chlamydia Rate	Number of newly diagnosed chlamydia cases per 100,000 population.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

Substance Use Disorders			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
Drug Overdose Mortality Rate	Number of drug poisoning deaths per 100,000 population.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
Opioid Dispensing Rate	Number of retail opioid prescriptions dispensed per 100 persons per year. Prescriptions are based on the location of the prescriber, rather than the location of the pharmacy.	Center for Disease Control and Prevention, Opioid Dispensing Rates. Data accessed August 2023.	2020
Opioid Related Emergency Department Visits	Number of emergency department visits for opioid poisoning. Visits represent patients who were seen in a hospital-based emergency department and who were also seen either at a hospital or another medical provider. Stratified into visits related to fentanyl, heroin, non-heroin opioids, and synthetic opioids.	Texas Department of State Health Services. Data accessed August 2023.	2021
% Excessive Drinking	Percentage of adults reporting binge or heavy drinking	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Driving Deaths with Alcohol	Percentage of driving deaths with alcohol involvement	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

Tobacco Use			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% Smokers	Percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime. Please note that the methods for calculating this measure changed in the 2016 Rankings. Adult Smoking estimates are created using statistical modeling.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

Transportation Options and Transit			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
Traffic volume	Average traffic volume per meter of major roadways in the county.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Drive Alone to Work	Percentage of workforce that drives alone to work	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023
% Long Commute – Drives Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed August 2023.	2023

(Continued)

Transportation Options and Transit			
Measure	**Description**	**Data Source**	**Most Recent Data Year(s)**
% Car Ownership	Percent of households that own at least one insured car.	ESRI Business Analyst. Data accessed August 2023.	2023
Household Intracity Mass Transit Spending	Average household spending on fares for mass transit trips within the city.	ESRI Business Analyst. Data accessed August 2023.	2023

Complete Data by Focus Area

When viewing the secondary data summary tables, please note that the following color shadings have been included to identify how Tarrant County compares to Texas/the national benchmark. If both statewide Texas and national data was available, Texas data was preferentially used as the target/benchmark value.

Secondary Data Summary Table Color Comparisons	
Color Shading	**Tarrant County Description**
	Represents measures in which Tarrant County scores are more than five percent better than the most applicable target/benchmark and for which a low priority level was assigned.
	Represents measures in which Tarrant County scores are comparable to the most applicable target/benchmark scoring within or equal to five percent, and for which a medium priority level was assigned.
	Represents measures in which Tarrant County scores are more than five percent worse than the most applicable target/benchmark and for which a high priority level was assigned.

Note: Please see methodology section of this Appendix for more information on assigning need levels to the secondary data.

Access to Care					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
% Uninsured	10.0%	20%	20%	2023	Medium
Primary Care Physicians Ratio	1,310:1	1,640:1	1,710:1	2023	Medium
Dentist Ratio	1,380:1	1,610:1	1,590:1	2023	Medium
% Uninsured Children	5.0%	12.0%	12.0%	2023	Medium
% Uninsured Adults	12.0%	24.0%	23.0%	2023	Medium
Other Primary Care Provider Ratio	810:1	970:1	970:1	2023	Medium
Hospitals per 100,000 Population	6.10	6.50	2.80	2023	High

Built Environment					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
Food Environment Index	7.0	5.9	7.3	2023	Low
% with Access to Exercise Opportunities	84.0%	82.0%	95.0%	2023	Low

Diet and Exercise					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
% Physically Inactive	22.0%	25.0%	25.0%	2023	Medium

Education					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
% Completed High School	89.0%	85.0%	87.0%	2023	Medium
% Some College	67.0%	64.0%	65.0%	2023	Medium
Average Grade Performance - Reading	3.1	2.9	2.9	2023	Medium
Average Grade Performance - Math	3.00	3.1	3.0	2023	Medium

Employment					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
% Unemployed	5.4%	5.7%	5.3%	2023	Low

Environmental Quality					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
Average Daily PM2.5	7.4	8.6	9.2	2023	High
Presence of Water Violation			Yes	2023	High

Family, Community and Social Support					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
% Children in Single-Parent Households	25.0%	26.0%	26.0%	2023	Medium
Social Association Rate	9.1	7.4	6.9	2023	High
% Disconnected Youth	7.0%	8.0%	7.0%	2023	Low
Segregation Index – Black/ White	63.00	55.00	48.00	2023	Low
% Speak English Less than "Very Well"	4.0%	7.0%	6.0%	2023	Low

Food Security					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
% Food Insecure	12.0%	13.0%	13.0%	2023	Medium
% Limited Access to Health Foods	6.0%	8.0%	8.0%	2023	Medium
% Enrolled in Free or Reduced Lunch	53.0%	60.0%	59.0%	2023	Medium
% of Population in Low Income, Low Access Census Tracts	29.0%	30.0%	30.0%	2023	Medium

Housing and Homelessness					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
% Severe Housing Problems	17.0%	17.0%	16.0%	2023	Low
% Homeowners	65.0%	62.0%	60.0%	2023	Medium
% Severe Housing Cost Burden	14.0%	14.0%	14.0%	2023	Medium

Income					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
% Children in Poverty	17.0%	20.0%	15.0%	2023	Low
Median Household Income	$69,700.00	$67,000.00	$71,400.00	2023	Low
Income Ratio	4.9	4.8	4.2	2023	Low
Racial Equity Index Ranking	50.00	53.00	64.00	2023	Low

Length of Life					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
Years of Potential Life Lost Rate	7,300.0	7,000.0	6,700.0	2023	Medium
Life Expectancy	78.50	78.40	78.60	2023	Medium
Child Mortality Rate	50.00	50.00	50.00	2023	Medium

Maternal and Infant Health					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
% Low Birthweight	8.0%	8.0%	8.0%	2023	Medium
Infant Mortality Rate	6.00	6.00	6.00	2023	Medium

Mental Health					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
Mental Health Provider Ratio	340:1	690:1	610:1	2023	Low
Average Number of Mentally Unhealthy Days	4.4	4.2	4.5	2023	High
% Frequent Mental Distress	14.0%	13.0%	15.0%	2023	High

Physical Health					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
% Adults with Obesity	32.0%	36.0%	38.0%	2023	High
% Adults with Diabetes	9.0%	12.0%	11.0%	2023	Low
% Frequent Physical Distress	9.0%	9.0%	10.0%	2023	High
% Insufficient Sleep	33.0%	33.0%	34.0%	2023	High
% Fair or Poor Health	12.0%	16.0%	16.0%	2023	Medium
Average Number of Physically Unhealthy Days	3.0	2.9	3.4	2022	Medium
% with Disability	25.6%	24.4%	21.1%	2023	High

Quality of Care					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
% with Annual Mammogram	37.0%	34.0%	38.0%	2023	Low
% Vaccinated	51.0%	48.0%	51.0%	2023	Low
Preventable Hospitalization Rate	2809.0	3151.0	3520.0	2023	High

Safety					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
Injury Death Rate	76.0	60.0	53.0	2023	Low
Motor Vehicle Mortality Rate	12.00	13.00	10.00	2023	Low
Homicide Rate	6.00	6.00	6.00	2023	Medium
Firearm Fatalities Rate	12.00	13.00	12.00	2023	Low
Juvenile Arrest Rate	24.00	17.00	16.00	2023	Low

Sexual Health					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
Teen Birth Rate	19.0	29.0	24.0	2023	Low
HIV Prevalence Rate	380.00	405.00	358.00	2023	Low
Chlamydia Rate	481.3	466.0	402.7	2023	Low

Substance Use Disorders					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
Drug Overdose Mortality Rate	23.00	12.00	10.00	2023	Low
% Excessive Drinking	19.0%	19.0%	17.0%	2023	Low
% Driving Deaths with Alcohol	27.0%	25.0%	22.0%	2023	Low

Tobacco Use					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
% Smokers	16.0%	13.0%	16.0%	2023	High

Transportation Options and Transit					
Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Data Year	Tarrant County Need
Traffic Volume	505.00	505.00	613.00	2023	High
% Drive Alone to Work	73.0%	77.0%	78.0%	2023	Medium
% Long Commute – Drives Alone	37.0%	39.0%	42.0%	2023	High

The table below includes a summary of potential priority need areas, as identified by the secondary data analysis process, as well as priority areas of need identified by other state, local, and national sources.

Priority Area	Secondary Data Findings	Healthy People 2030	Texas Health Plan	RHP 10	JPS 2020	Cook's Children 2021	BSW W Fort Worth 2022	BSW SE Tarrant 2022	THR Harris Methodist 2022	Methodist Mansfield /Southlake 2022
Mental Health/Behavioral Health (inc. workforce)	✓		✓	✓	✓	✓	✓	✓	✓	✓
Obesity/Diabetes/Physical Inactivity	✓					✓	✓			✓
Chronic Disease Care & Prevention				✓	✓				✓	✓
Social Determinants of Health	✓	✓		✓	✓					
Access to Health Care			✓	✓					✓	
Health Communication/Literacy/Awareness		✓				✓			✓	
Provider Availability							✓	✓		✓
Transportation	✓					✓	✓			
Healthy Food Access/Food Insecurity							✓		✓	
Information and Coordination				✓	✓					
Primary Care	✓									✓
Affordable Housing	✓							✓		
Uninsured	✓							✓		
Environmental Quality	✓									
Infant and Maternal Mortality				✓						
Health Equity		✓								
Substance Use/Abuse (inc. Alcohol & Tobacco)					✓					
ED Use Rates								✓		
Health Needs of Aging									✓	

Appendix 3: Detailed Primary Data Findings

Primary data were collected through a web-based Key Leader Survey, a web-based broad Community Survey, and virtual focus groups.

Methodologies

The methodologies varied based on the type of primary data being analyzed. The following section describes the various methodologies used to analyze the primary data, along with key findings.

Focus Groups

The following three focus groups were conducted virtually between August 14, 2023 and August 29, 2023. These groups included representation from key leaders, non-profit partners, patients, and community members.

- JPS Health Network Patient Advisory Team
- University of North Texas Health Science Center (UNTHSC) Community Advisory Board
- Tarrant County Public Health Department

Input was gathered on the following topics:

- Community health concerns
- Access to care
- Social drivers/non-medical concerns impacting health
- Suggestions on strategies to improve health in the community & how JPS can plan a role

Key findings from the focus groups are summarized by topic in the graphic below.

Community Health Concerns

- Chronic Diseases
- Mental/Behavioral Health
- Diabetes
- Obesity/Overweight
- Primary Care Access

Social Drivers/Non-Medical Concerns Impacting Health

- Poverty
- Transportation
- Homelessness
- Social determinants of health

Access to Care

- Care coordination
- Issues with gaining timely access to health providers
- Increased health communication and literacy
- Assistance to the uninsured
- Prescription costs

Strategies to Improve Health and How JPS Can Play a Role

- Community outreach and partnerships
- Financial assistance
- Care coordination
- Care closer to home
- Access to care, especially psychiatric and primary care
- Increase residency pipeline

Key Leader Web Survey

A total of 65 key leaders completed the web-based Key Leader Survey, which was live from August 9, 2023 to August 31, 2023.

Key leaders represented a variety of organizations with geographies throughout Tarrant County. Broad categories included:

- Nonprofit partners
- Government officials
- Healthcare providers
- Academic partners
- First responders
- Business leaders

In general, survey questions focused on the following topics:

- Top community health needs of Tarrant County
- Top social drivers that impact health
- Availability of community resources
- Access to care
- Health equity
- Perspectives on community violence, injury and trauma

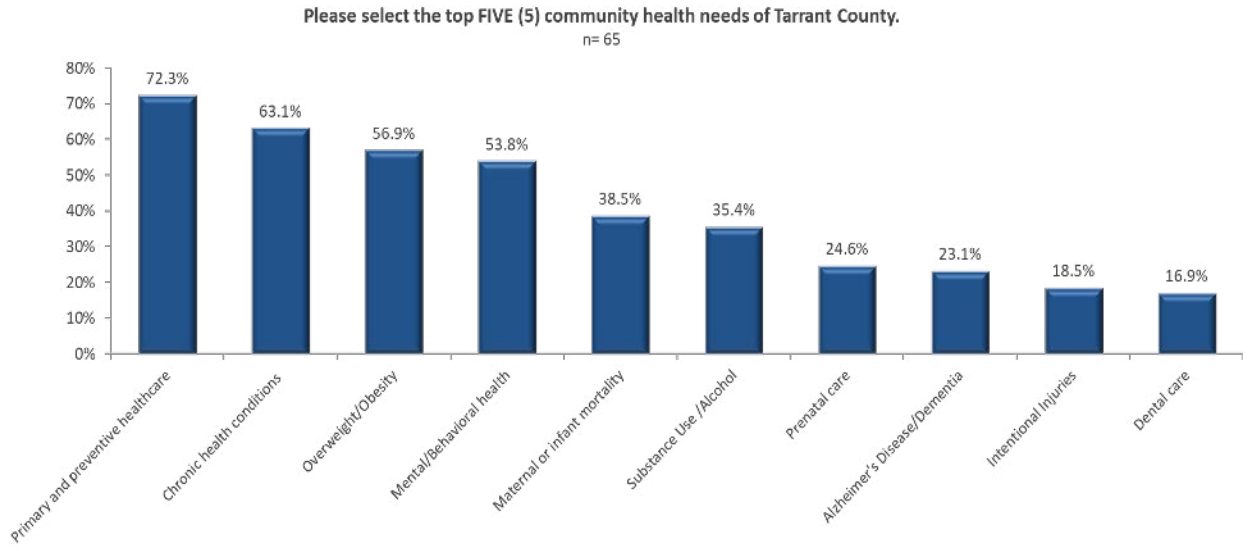
Example of participant organizations included:

- Alzheimer's Association
- Baylor Scott and White All Saints Medical Center Fort Worth
- City of Fort Worth
- Fort Worth Housing Solutions
- HEB Independent School District
- MANA de North Texas
- Southwestern Adventist University
- Tarrant Area Food Bank
- TCC Nursing

The key findings from the Key Leader Survey are detailed below:

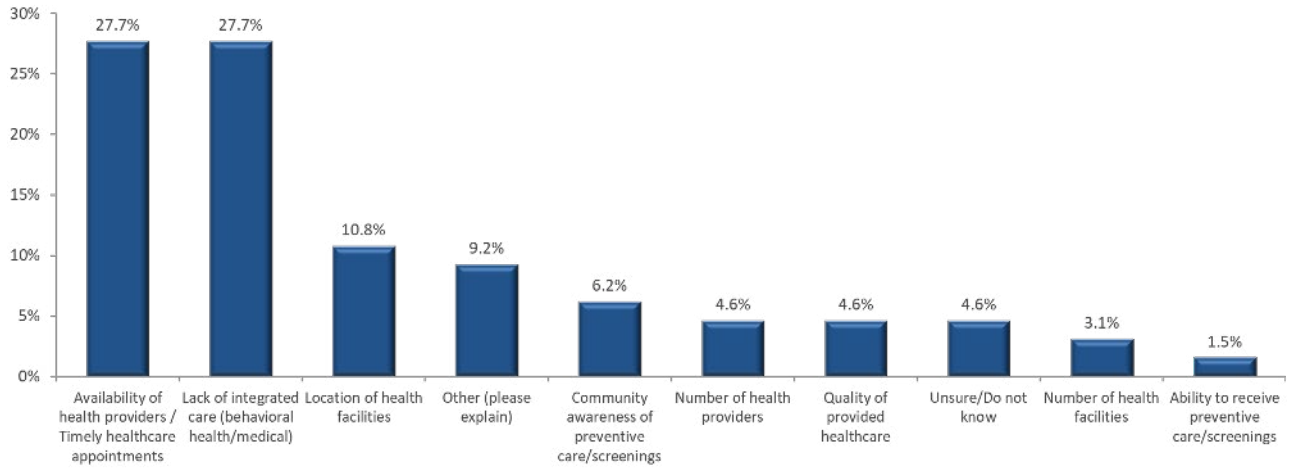
- Key leader respondents identified the top three health needs of the Tarrant community as primary/preventive healthcare, chronic health conditions, and overweight/obesity.
- Key leader respondents identified both the availability of providers/timely appointments and the lack of integrated care (behavioral health and medical care) as the top clinical care issues needing improvement in Tarrant.
- Key leader respondents indicated income and access to care were the top social needs that impact health in Tarrant County, followed by housing and homelessness.
- Relatedly, housing was by far the top environmental issue that needs improvement in Tarrant County according to key leaders.
- Persons with mental health conditions were recognized as the group in Tarrant most in need of help in the community.

Graphs of key findings from the Key Leader Survey are displayed below:



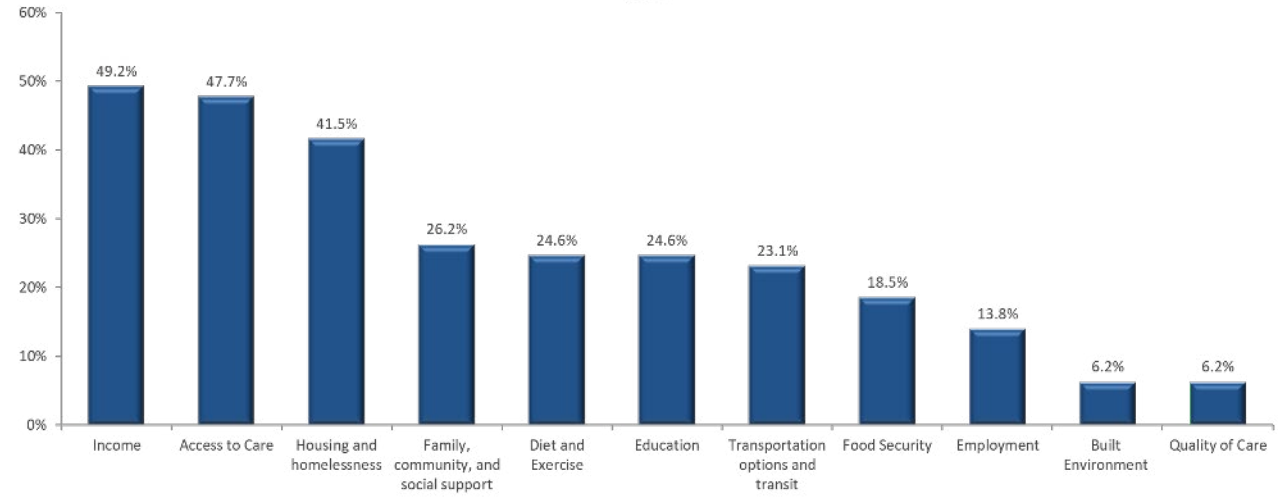
Choose ONE (1) clinical care issue that needs improvement in the community you serve.

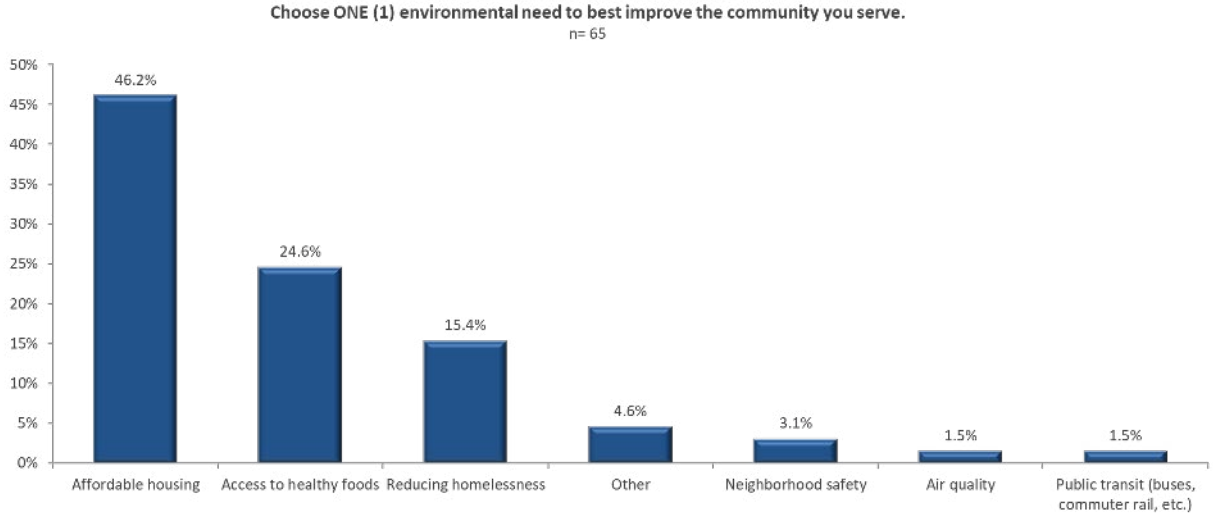
n= 65

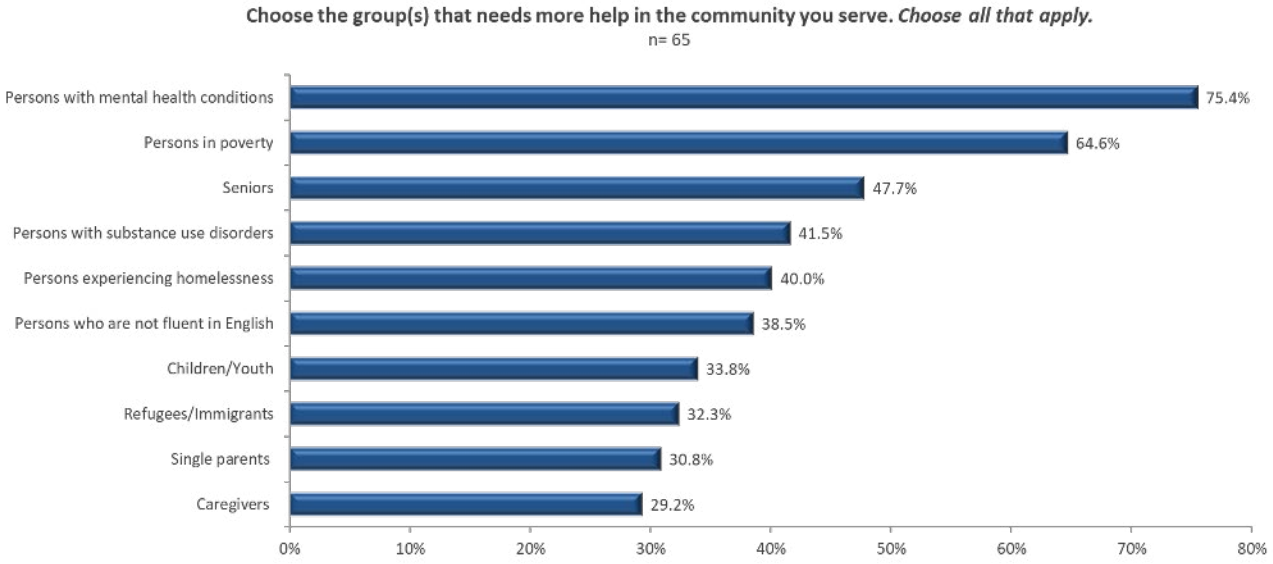


Choose 3 social needs below that most impact the health of the community.

n= 65




Choose ONE (1) environmental need to best improve the community you serve.
n= 65
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
46.2%
24.6%
15.4%
4.6%
3.1%
1.5%
1.5%
Affordable housing
Access to healthy foods
Reducing homelessness
Other
Neighborhood safety
Air quality
Public transit (buses, commuter rail, etc.)


Choose the group(s) that needs more help in the community you serve. Choose all that apply.
n= 65
Persons with mental health conditions
75.4%
Persons in poverty
64.6%
Seniors
47.7%
Persons with substance use disorders
41.5%
Persons experiencing homelessness
40.0%
Persons who are not fluent in English
38.5%
Children/Youth
33.8%
Refugees/Immigrants
32.3%
Single parents
30.8%
Caregivers
29.2%
0%
10%
20%
30%
40%
50%
60%
70%
80%

The questions administered on the Key Leader Survey are below:

Key Leader Survey Questions

1. Please select the category that best describes your organization.
    a. Healthcare Provider
    b. School, University, or Academic Partner
    c. First Responder (EMS, Fire Department, Police, etc.)
    d. Faith Based Organization
    e. Nonprofit Organization
    f. Private Agency/Organization
    g. Municipal/Governmental Organization
    h. Business Leader
    i. Child Care Provider
    j. Financial Institution
    k. Other (please explain)
    l. Prefer not to answer
2. What is the name of your organization/facility? (optional)
3. What is the ZIP code of your organization/facility? Please write 5-digit ZIP code. If your organization has multiple locations, please list the zip code of the primary location.
4. Which of the following best describes you/your organization's frequency of interactions with JPS Health Network? (select one)
    a. Daily
    b. Weekly
    c. Monthly
    d. Quarterly
    e. Sporadic / as needed
    f. Prefer not to answer

5. How well does JPS collaborate with you/your organization? (Select one)
    a. a. Very Well
    b. b. Moderately Well
    c. c. Slightly Well
    d. d. Not At All Well
    e. e. Unsure/Don't Know
6. 6. Thinking about services and programs JPS offers...
    a. Are there new programs, services, or initiatives JPS should be offering to help better serve the community?
        i. Yes (If yes please list)
        ii. No
        iii. Unsure/Don't Know
    b. Are there existing programs or services JPS should expand to help better serve the community?
        i. Yes (If yes please list)
        ii. No
        iii. Unsure/Don't Know
7. In general, how do you rate the health of residents of the community you serve?
    a. Very good health
    b. Good health
    c. Moderately good health
    d. Poor health
    e. Very poor health
8. In general, how do you rate the quality of life for residents of the community you serve?
    a. Very good quality of life
    b. Good quality of life
    c. Moderately good quality of life
    d. Poor quality of life
    e. Very poor quality of life

9. How do you believe the health of the community you serve has changed over the past five years?
    a. Greatly improved
    b. Improved
    c. No change
    d. Worsened
    e. Greatly worsened
    - [If answered "Greatly improved" or "Improved" in Question 9] In what way has the health of the community you serve improved?
    - [If answered "Greatly worsened" or "Worsened" in Question 9] In what way has the health of the community you serve worsened?
10. 10. From the list provided, please select the top FIVE (5) community health needs of Tarrant County.
    a. Accidents/Injuries (Unintentional)
    b. Intentional Injuries (assault, family violence, gunshot wound, etc.)
    c. Alzheimer's Disease or dementia
    d. Asthma
    e. Cancer
    f. Chronic health conditions (Cardiovascular disease/Diabetes/Hypertension)
    g. Dental care
    h. Fall prevention
    i. Infectious disease (TB, MRSA, COVID-19)
    j. Maternal or infant mortality
    k. Senior health
    l. Mental/Behavioral health (Anxiety, Depression, ADHD)
    m. Overweight/Obesity
    n. Prenatal care
    o. Primary and preventive healthcare
    p. Reducing blood lead levels in children
    q. Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, etc)
    r. Substance Use /Alcohol (to include prescription or illegal drugs)
    s. Suicide prevention
    t. Teen births

u. Other (please explain)

v. None

w. Unsure/Do not know

x. Prefer not to respond

11. In your opinion, which ONE (1) of the following clinical care issues needs the most improvement in the community you serve? If there is an issue that you think needs improvement that is not on this list, please select "Other" and write it in.

a. Availability of health providers

b. Number of health providers

c. Location of health facilities

d. Number of health facilities

e. Timely healthcare appointments

f. Community awareness of preventive care/screenings

g. Ability to receive preventive care/screenings

h. Quality of provided healthcare

i. Lack of integrated care (behavioral health/medical)

j. Other (please explain)

k. None

l. Unsure/Do not know

m. No response/Prefer not to answer

12. In your opinion, which ONE (1) of the following needs the most improvement within the community you serve? If there is a need that you consider to need the most improvement and it is not on this list, please select "Other" and write it in.

a. Affordable housing

b. Access to healthy foods

c. Public transit (buses, commuter rail, etc.)

d. Safe play and recreation spaces/facilities

e. Alternative transportation options (biking, walking, carpooling, etc.)

f. Air quality

g. Neighborhood safety

h. Water quality

i. Reducing homelessness

j. Other (please explain)

k. None

l. Unsure/Do not know

m. No response/Prefer not to answer

13. From the list provided, which THREE (3) social drivers most impact the health of the community you serve? If there is an area that you consider to have the most impact and it is not on this list, please select "Other" and write it in.

a. Access to Care

b. Built Environment

c. Diet and Exercise

d. Disabilities

e. Education

f. Employment

g. Environmental Quality

h. Family, community, and social support

i. Food Security

j. Housing and homelessness

k. Income

l. Quality of Care

m. Personal and Community Safety

n. Transportation options and transit

o. Other (please explain)

p. None

q. Unsure/Do not know

r. No response/Prefer not to answer

14. In your opinion, which population sub-group(s) needs additional resources within the community you serve? Please select all that apply. If a population sub-group that needs additional resources is not listed, please select "Other" and write it in.

a. Caregivers

b. Children/Youth

c. LGBTQIA+ community

d. Persons experiencing homelessness

e. Persons in poverty
f. Persons needing hospice/end of life support
g. Persons transitioning out of incarceration
h. Persons with disabilities
i. Persons with mental health conditions
j. Persons with substance use disorders
k. Persons who are not fluent in English
l. Refugees/Immigrants
m. Seniors
n. Veterans and their families
o. Single parent
p. Other (please explain)
q. None
r. Unsure/Do not know
s. Prefer not to respond

15. What barriers, if any, exist to improving the health of patients served by JPS Health Network? *Choose all that apply.*

a. Availability of providers/appointments
b. Basic needs not met (food/shelter)
c. Inability to navigate (or understand) healthcare system
d. Inability to pay out of pocket expenses (co pays, prescriptions)
e. Lack of child care
f. Lack of health insurance coverage
g. Lack of transportation
h. Lack of trust
i. Lack of care coordination
j. Lack of technology
k. Language/cultural barriers
l. Time limitations
m. None/no barriers
n. Other

16. What do you believe has the greatest impact on why members of the community you serve might put off going to the doctor for issues related to their physical and mental health? *Please select all that apply to physical health decisions. Please select all that apply to mental health decisions.*

    a. Belief that going to the doctor doesn't help
    b. Cannot afford medications
    c. Cannot get an appointment
    d. Cultural/religious beliefs
    e. Do not have child care
    f. Do not have time in their schedule
    g. Do not know where to go
    h. Do not want to find out that they are sick
    i. Educational barriers
    j. Inability to pay for services or copays
    k. Insurance will not cover what they needed
    l. Insurance was not accepted by their health care provider
    m. Lack of adequate transportation
    n. Lack of health insurance
    o. Long wait times
    p. Mistrust of medical professionals
    q. Shortage of healthcare professionals
    r. Stigma associated with going to the doctor
    s. Unable to find a provider that speaks their language
    t. They hope the problem will go away without having to go to the doctor
    u. Other (please explain)
    v. None/They do not put off going to the doctor for issues related to their health
    w. They do not need to go to the doctor for issues related to their health
    x. No response/Prefer not to answer

17. From the list provided, where do you feel most members of the community you serve most often seek medical attention for issues related to their physical and mental health? *Please select all that apply to physical health Please select all that apply to mental health.*

    a. Do not seek care
    b. Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)
    c. Emergency department
    d. Health department
    e. Primary care provider (doctor, nurse, etc.)
    f. Mental health provider (therapist, psychologist, psychiatrist)
    g. Walk-in/Urgent care center
    h. Other type of health clinic
    i. Telehealth/Televisit (electronic visit via web or phone app)
    j. Social media/Internet
    k. Other (please explain)
    l. No response/Prefer not to answer

18. Are any of the following health issues a health concern in the community you serve? For each, please select "Yes", "No", or "Unsure/Do not know".

    a. Cancer
    b. Asthma
    c. Heart disease
    d. Congestive heart failure
    e. Chronic Obstructive Pulmonary Disease (COPD)
    f. High blood pressure
    g. High cholesterol
    h. Overweight/obesity
    i. Osteoporosis
    j. Oral health and hygiene
    k. Chronic pain
    l. Diabetes not during pregnancy
    m. Depression
    n. Alcoholism

o. Substance Use Disorder

p. Other health condition

19. What are the THREE (3) most important safety concerns that affect the health of your community? *Please select only three.*

a. Assaults/homicides

b. Burglary/property damage

c. Child abuse

d. Domestic (family) violence

e. Elder abuse

f. Neighborhood safety

g. Racial/ethnicity discrimination

h. Social isolation

i. Walkability/bike-ability

20. Do you know of anyone in your community who has been the victim of a violent crime in your area in the past five years?

a. Yes

b. No

c. No response/Prefer not to answer

21. How do you view injury and violence as a problem in your community?

a. Major problem

b. Moderate problem

c. Minor problem

d. No problem

e. No response/Prefer not to answer

22. How do members of your community store firearms in their homes?

a. Loaded firearms are stored in a locked container

b. Unloaded firearms are stored in a locked container

c. Loaded firearms are kept out of sight

d. Unloaded firearms are kept out of sight

e. There are not any firearms in their homes

f. No response/Prefer not to answer

23. When driving a motor vehicle/motorcycle, members of your community typically... *Please select all that apply.*

- **a.** Always wear a seatbelt
- **b.** Require passengers to always wear a seatbelt
- **c.** Use a hands free device
- **d.** Obey traffic laws and signage
- **e.** Are never under the influence of any substance/alcohol
- **f.** Wear a helmet
- **g.** No response/Prefer not to answer

24. As a pedestrian/bicyclist, members of your community typically... *Please select all that apply.*

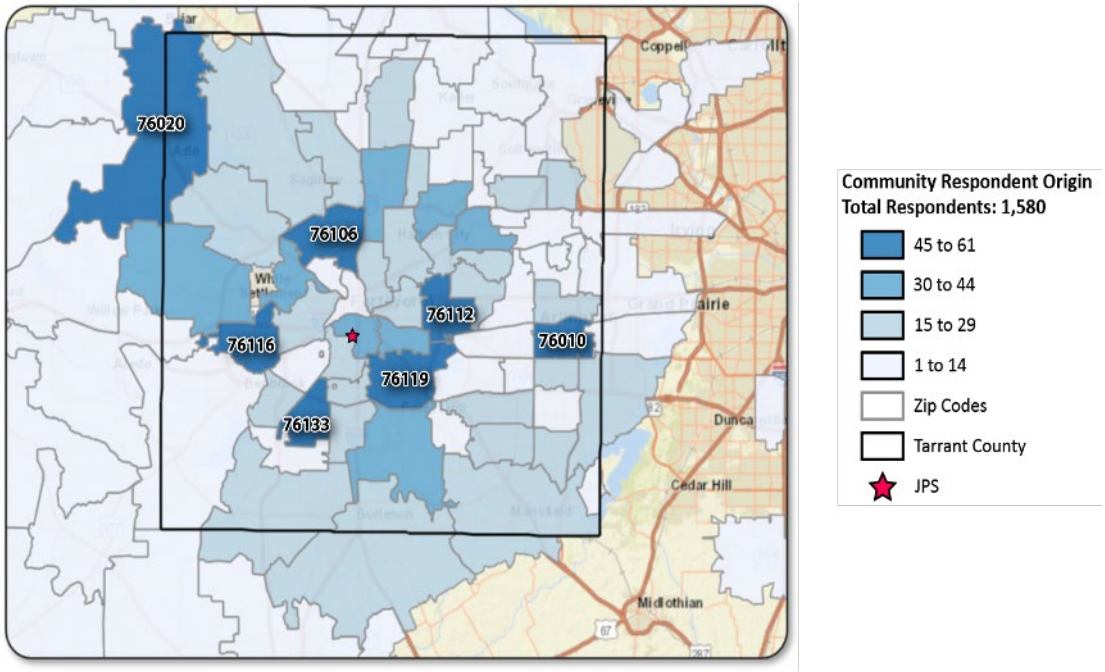
- **a.** Always use a crosswalk
- **b.** Obey signage
- **c.** Don't use the phone when crossing the street
- **d.** Pay attention to the surroundings
- **e.** Wear light colored/reflective clothing at night
- **f.** No response/Prefer not to answer

25. In thinking about falls, members of your community typically... *Please select all that apply.*

- **a.** Have a family member that has been in the hospital for a fall
- **b.** Have a fear of falling
- **c.** Have fallen in the last 6 months
- **d.** Use assisted devices to prevent falls
- **e.** Would like to participate in a fall prevention class
- **f.** No response/Prefer not to answer

Community Survey

A total of 1,580 web-based surveys were completed by individuals in the Tarrant County community. For the sake of accessibility, the survey was available in both English and Spanish. Approximately 10% of the surveys were completed in Spanish. Consistent with one of the survey process goals, survey community member respondents were representative of a broad geographic area encompassing areas throughout the county. The map below provides additional information on survey respondents' ZIP code of residence.



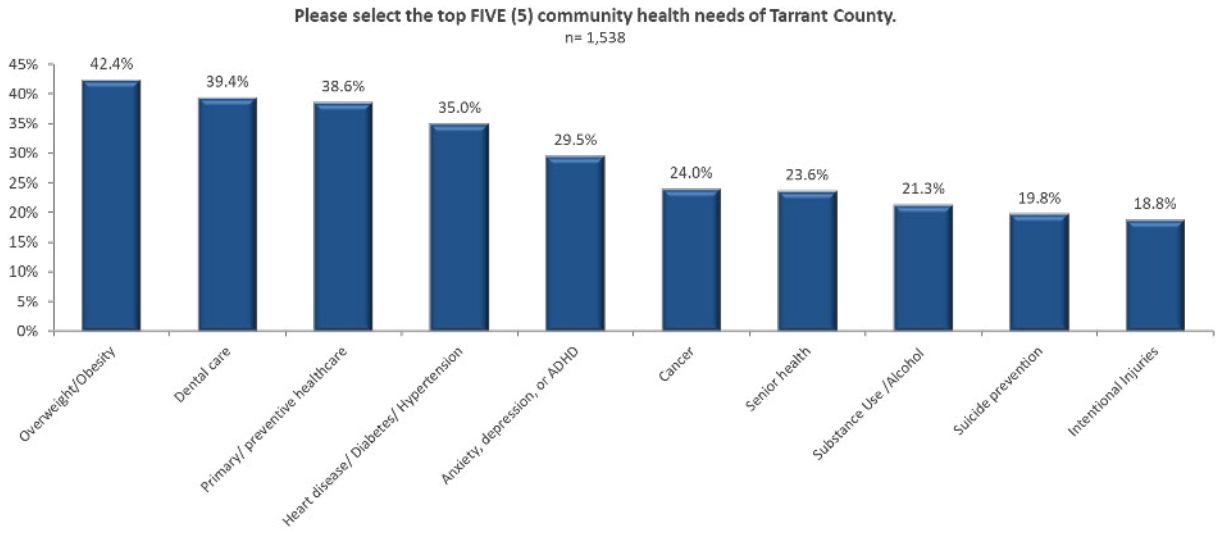
In general, survey questions focused on:

- Top community health needs of Tarrant County
- Top social drivers that impact health
- Availability of community resources
- Access to care
- Health equity
- Perspectives on community violence, injury and trauma

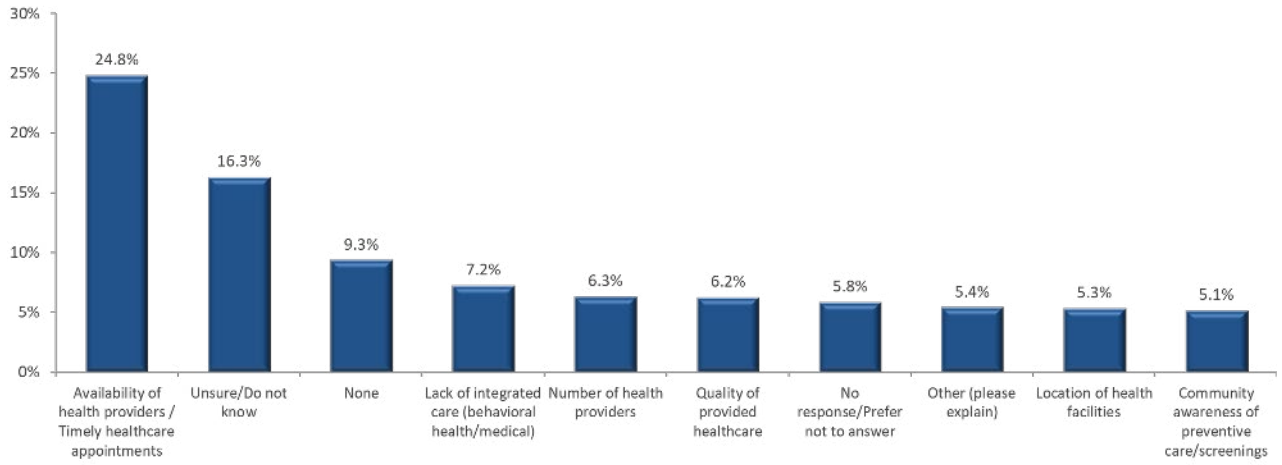
The key findings from the Community Survey are detailed below:

- Community member respondents identified two of the same top three health needs of the Tarrant community as key leaders: overweight /obesity and primary/preventive care. Community members also identified dental care as a top three health need, which had the second highest number of responses.
- Community member respondents identified availability of health care providers/timely appointments as the largest clinical care gap in the community, which was also a gap identified by key leaders.
- Relative to social areas that have the most impact on health, community member and key leader respondents both highlighted: income, access to care, and housing and homelessness.
- Seniors were recognized by community members as the group in Tarrant most in need of help in the community.
- Behavioral/mental health concerns also were indicated by community member respondents in a number of responses, including the lack of mental health resources and impacted groups needing more help in the community.

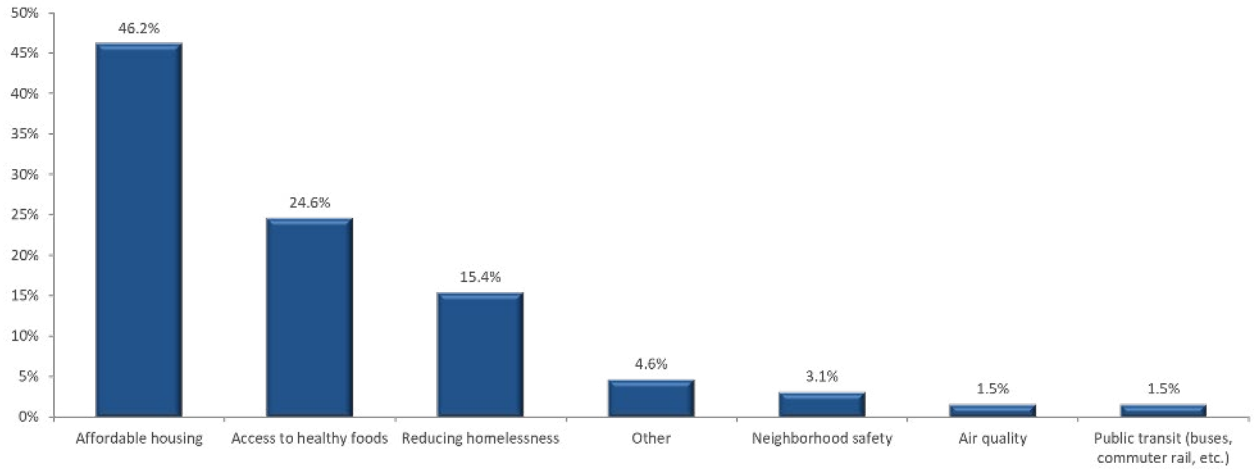
Graphs of key findings from the Community Survey are displayed below:

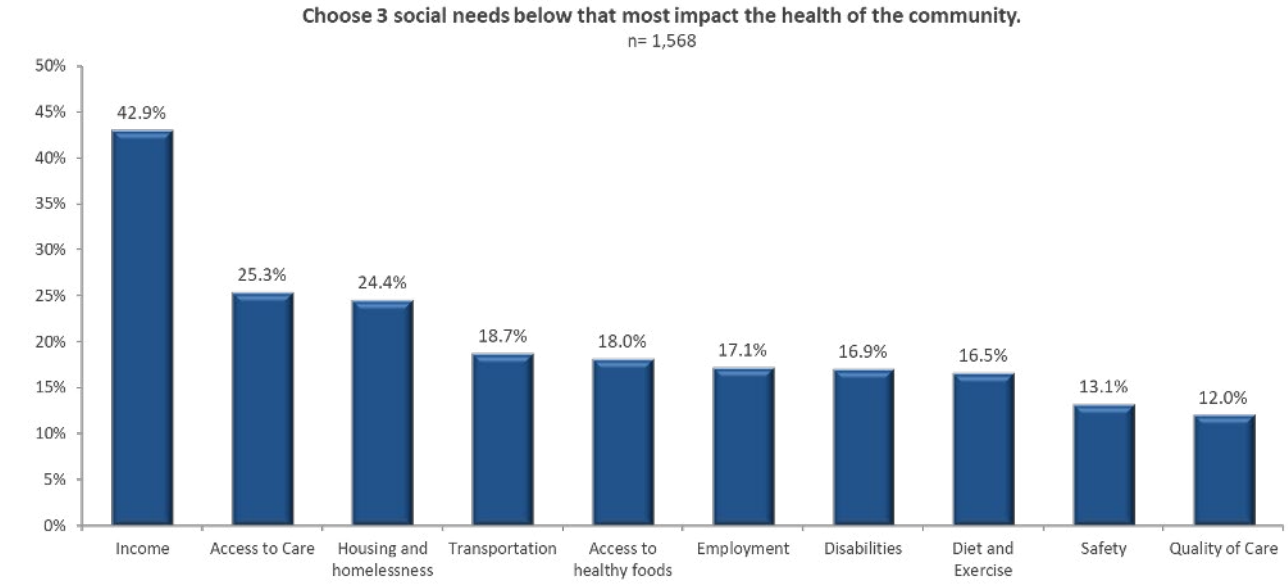


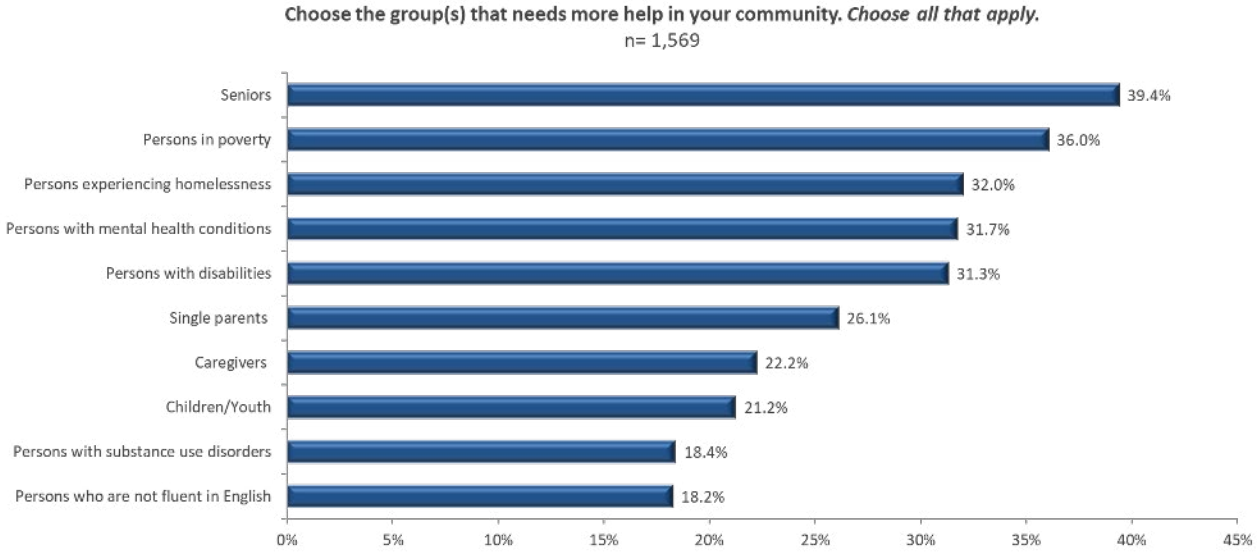
Choose ONE (1) clinical care issue that needs improvement in your community.
n= 1,542



Choose ONE (1) environmental need to best improve the community you serve.
n= 65







The questions administered on this broad Community Survey are below:

Community Survey Questions

1. Are you 18 years old or older? (Require response)
    a. Yes
    b. No (If no, stop the survey here)

2. What is your 5-digit ZIP code of residence?
3. On a scale of 1 to 5 please rate each statement below about where you live: *(1 – Means, you strongly disagree) (5 – Means, you strongly agree)*
    a. I can access good healthcare
    b. I live in a good place to raise children.
    c. I live in a good place to grow old.
    d. I have support from my family, friends, and neighbors.
    e. I can find jobs
    f. I feel safe
    g. my community is clean
    h. I have recreational and entertainment opportunities
    i. I can easily access healthy, affordable food.
    j. I can access good education
    k. I can access internet
    l. I can find affordable housing
    m. I can easily travel
    n. I have no problems eating healthy and exercising regularly, I can find resources that promote sexual health in my neighborhood.
    o. I can find help for substance use disorders (including opioids).
    p. I can find resources that address mental health disorders in my community
    q. I can find resources to help me stop using tobacco.
    r. There are adequate resources to support youth.
    s. Youth has access to affordable recreation, career centers, and educational resources.
4. Please choose select the top FIVE (5) community health needs of Tarrant County.
    a. Accidents/Injuries (not done on purpose)
    b. Injuries done on purpose (assault, family violence, gunshot wound, etc.)
    c. Alzheimer's Disease or dementia
    d. Asthma
    e. Cancer
    f. Heart disease/Diabetes/Hypertension
    g. Dental care

h. Fall prevention
i. TB, MRSA, COVID-19
j. Health and wellness for mothers and infants
k. Senior health
l. Emotion support for anxiety, depression, or ADHD
m. Overweight/Obesity
n. Prenatal care
o. Primary and preventive healthcare
p. Reducing blood lead levels in children
q. Sexually Transmitted Infections (HPV, HIV/AIDS, Chlamydia, etc.)
r. Substance Use /Alcohol (to include prescription or illegal drugs)
s. Suicide prevention
t. Teen pregnancy
u. Other (please explain)
v. None
w. Unsure/Do not know
x. Prefer not to respond

5. Choose ONE clinical care issue that needs improvement in your community. *If something is missing from this list, please select "Other" and write it in.*

a. Availability of health providers
b. Number of health providers
c. Location of health facilities
d. Number of health facilities
e. Timely healthcare appointments
f. Community awareness for preventive care screenings
g. Ability to receive preventive care screenings
h. Quality of healthcare
i. Other (please explain)
j. None
k. Unsure/Do not know
l. No response/Prefer not to answer

6. Choose ONE environmental need to best improve where you live. *If something is missing from this list, please select "Other" and write it in.*
    a. Affordable housing
    b. Access to healthy foods
    c. Public transportation
    d. Safe play and recreation places
    e. Biking, walking, and carpooling
    f. Better air quality
    g. Safer places to live
    h. Better water
    i. Reducing homelessness
    j. Other (please explain)
    k. None
    l. Unsure/Do not know
    m. No response/Prefer not to answer
7. Choose 3 social needs below that most impact the health of the community. *If something is missing from this list, please select "Other" and write it in.*
    a. Access to Care
    b. Built Environment
    c. Food and Exercise
    d. Being disabled
    e. Education
    f. Employment
    g. Environmental Quality
    h. Family, community, and social support
    i. Access to healthy foods Housing and homelessness
    j. Income
    k. Quality of Care
    l. Safety
    m. Transportation options and transit
    n. Other (please explain)

o. None

p. Unsure/Do not know

q. No response/Prefer not to answer

8. Choose the group(s) that needs more help in your community? *Choose all that apply. If something is missing from this list, please select "Other" and write it in.*

a. Caregivers

b. Children/Youth

c. LGBTQIA+ community

d. Persons experiencing homelessness

e. Persons in poverty

f. Persons needing hospice/end-of- life support

g. Persons transitioning out of incarceration

h. Persons with disabilities

i. Persons with mental health issues

j. Persons with substance use disorders

k. Persons who are not fluent in English

l. Refugees/Immigrants

m. Seniors

n. Veterans and their families

o. Single parent

p. Other (please explain)

q. None

r. Unsure/Do not know

s. Prefer not to respond

9. What barriers exist to improving the health of patients at JPS Health Network? *Choose all that apply.*

a. I have trouble finding an appointment time with a provider

b. Basic needs not met (food/shelter)

c. Inability to navigate (or understand) the healthcare system

d. Inability to pay out-of-pocket expenses (co-pays, medicines)

e. Lack of childcare

f. Lack of family support

g. Lack of care coordination
h. Lack of technology
i. No health insurance coverage
j. No transportation
k. Lack of trust
l. Language/cultural barriers
m. Time limits
n. None/no barriers
o. Other

10. What is the reason(s) you put off going to the doctor for your physical and mental health? *Please select all that apply for Physical Health. Please select all that apply for Mental Health.*

a. Going to the doctor does not help
b. Cannot afford medications
c. Cannot get an appointment
d. Cultural/religious beliefs
e. Do not have childcare
f. Do not have time in my schedule
g. Do not know where to go
h. Do not want to find out that I am sick
i. It is hard to understand the nurses and doctors
j. I cannot pay for services or copays
k. Insurance will not cover what I need
l. Healthcare provider does not take my insurance
m. I do not have a car and no bus runs in my area
n. I do not have health insurance
o. Long wait times
p. I do not trust nurses or doctors
q. Shortage of nurses and doctors
r. I do not want people to think I am sick
s. Unable to find a doctor that speaks my language
t. I hope the problem will go away and I will not have to go to the doctor

u. Other (please explain)

v. I do not put off going to the doctor

w. I do not need to go to the doctor for my health

x. No response/Prefer not to answer

11. Where do you normally go to see the doctor for your health? *Please select all that apply for Physical Health. Please select all that apply for Mental Health.*

a. I do not go to the doctor

b. Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)

c. Emergency room

d. Primary care provider (doctor, nurse, etc.)

e. Mental health provider (therapist, psychologist, psychiatrist)

f. Walk-in/Urgent care center

g. Other type of health clinic

h. Telehealth (visit via web or phone app)

i. Social media/Internet

j. Other (please explain)

k. No response/Prefer not to answer

12. What are the THREE (3) most important safety concerns that affect the health of your community? *Please select only three.*

a. Assaults/homicides

b. Burglary/property damage

c. Child abuse

d. Domestic (family) violence

e. Elder abuse

f. Neighborhood safety

g. Racial/ethnicity discrimination

h. Social isolation

i. Walkability/bike-ability

j. No response/Prefer not to answer

13. Have you or someone you know been the victim of a violent crime in your area in the past five years?
    a. Yes
    b. No
    c. No response/Prefer not to answer
14. How do you view injury and violence as a problem in your community?

a. Major problem

    a. Moderate problem
    b. Minor problem
    c. No problem
    d. No response/Prefer not to answer
15. How are firearms stored in your home?
    a. Loaded firearms are stored in a locked container
    b. Unloaded firearms are stored in a locked container
    c. Loaded firearms are kept out of sight
    d. Unloaded firearms are kept out of sight
    e. There are no firearms in my home
    f. No response/Prefer not to answer
16. When driving a motor vehicle/motorcycle, I... *Please select all that apply.*
    a. Always wear a seatbelt
    b. Require passengers to always wear a seatbelt
    c. Use a hands free device
    d. Obey traffic laws and signage
    e. Am never under the influence of any substance/alcohol
    f. Wear a helmet
    g. No response/Prefer not to answer
17. 17. As a pedestrian/bicyclist, I... *Please select all that apply.*
    a. Always use a crosswalk
    b. Obey signage
    c. Don't use the phone when crossing the street
    d. Pay attention to the surroundings

e. Wear light colored/reflective clothing at night

f. No response/Prefer not to answer

18. In thinking about falls, I... *Please select all that apply.*

a. Have a family member that has been in the hospital for a fall

b. Have a fear of falling

c. Have fallen in the last 6 months

d. Use assisted devices to prevent falls

e. Would like to participate in a fall prevention class

We're almost finished! There are just a few simple questions about your identity left.

19. What term best expresses how you describe your gender identity?

a. Man

b. Woman

c. Non-binary/Agender

d. Transgender Woman

e. Transgender Man

f. Other

g. None of these terms describe me

h. No response/Prefer not to answer

20. What is your age?

a. 18-24 years

b. 25-44 years

c. 45-64 years

d. 65-74 years

e. 75 years and over

f. No response/Prefer not to answer

21. What is the highest level of education you received?

a. Some high school

b. High School Diploma or GED

c. Some College

d. Associate's Degree

e. Bachelor's Degree
f. Master's Degree
g. Doctorate
h. Other (please explain)
i. No response/Prefer not to answer

22. What is your ethnicity?

a. Hispanic/Latino
b. Non-Hispanic/Latino
c. Other (please explain)
d. No response/Prefer not to answer

23. What is your race?

a. White/Caucasian
b. Black or African American
c. American Indian or Alaskan Native
d. Asian
e. Native Hawaiian or Other Pacific Islander
f. Multiracial
g. Other (please explain)
h. No response/Prefer not to answer

24. What type of health insurance do you have?

a. Tricare/VA
b. Medicaid
c. Medicare
d. Private/commercial insurance (Blue Cross, Aetna, etc.)
e. I do not have health insurance.
f. Other (please explain)
g. Unsure/Do not know
h. No response/Prefer not to answer

25. What language(s) do you speak at home? *Choose all that apply.*

- a. English
- b. Spanish
- c. Arabic
- d. Vietnamese
- e. French
- f. Other (please explain)
- g. No response/Prefer not to answer

26. What is your work status?

- a. Employed full-time
- b. Employed part-time
- c. Retired
- d. Student
- e. Unemployed for less than 27 weeks
- f. Unemployed for more than 27 weeks or longer)
- g. I have a disability and cannot work
- h. Homemaker
- i. More than one job
- j. No response/Prefer not to answer

27. What is your annual household income?

- a. Less than $25,000
- b. $25,000 to $49,999
- c. $50,000 to $99,999
- d. Over $100,000
- e. Unsure/Do not know
- f. Refused/No response

Primary Data Findings Summary

Primary data findings are summarized in full by the table below.

	Priority Area	Community	Key Leaders	Focus Groups
☆	Access to care	✓	✓	✓
☆	Behavioral Health/Mental Health (inc. Substance Abuse)	✓	✓	✓
	Chronic diseases	✓	✓	✓
	Dental Care	✓		
☆	Housing and Homelessness	✓	✓	✓
	Income	✓	✓	
	Maternal or infant mortality		✓	
☆	Overweight/Obesity	✓	✓	✓
☆	Primary/Preventive Care	✓	✓	✓
	Family, Community, and Social Support		✓	
	Heart disease/diabetes/hypertension	✓	✓	✓
☆	Transportation	✓	✓	✓

☆ Top priority area from secondary data

Appendix 4: Detailed Resources and Community Assets

Although the forthcoming Community Health Improvement Plan will include specific actions undertaken by JPS to address the priority health needs, it is important to recognize and raise community awareness of the variety of existing resources that are already available. The following section details existing resources, facilities, and programs throughout the community served by JPS to potentially address the priority health needs identified by this CHNA.

The list of resources below is representative of the services available to Tarrant County residents; however, this list is not exhaustive. Additionally, while the resources, facilities, and programs listed in this section have been categorized into common groups, these organizations and programs may offer additional services as well. Please note that while the community overall may be adequately served by existing capacity in some areas, not every area is equally served, and the need for additional resources may be greater in one geography as compared to another.

As shown, this health resource inventory was compiled based on input and information provided by JPS and its partners and has been categorized based upon the prioritized health needs identified by the Steering Committee.

Resources to Address Behavioral Health

Existing resources to support mental and behavioral health in Tarrant County include both clinical and community-based services. JPS is dedicated to providing a full continuum of behavioral health services, including inpatient services at Trinity Springs Pavilion, emergency behavioral health services at the Psychiatric Emergency Center, and outpatient services at JPS outpatient clinics located throughout the community. JPS outpatient behavioral health clinics include:

- Central Arlington Behavioral Health
- JPS Center for Behavioral Health Recovery
- Medical Home Northeast Tarrant
- Stop Six-Walter B. Barbour Health Center
- True Worth Clinic in Fort Worth
- Viola Pitts-Como Health Center

Many of these clinics offer early morning and evening hours to accommodate patient scheduling needs. JPS also continues to plan for the development of a new Psychiatric Emergency Center to address the demand for services in the community. In addition, JPS has two new clinics under development at Las Vegas Trail and Southwest Medical Home to further expand services for the patients it serves.

In addition to the services offered by JPS, there are several dedicated hospitals offering behavioral health services in the community, including Mesa Springs Hospital, Millwood Hospital, Perimeter Behavioral Hospital of Arlington, Texas Health Springwood Behavioral Health Hospital, and WellBridge Fort Worth.

Community services focused on behavioral health support are provided by an array of organizations. My Health My Resources of Tarrant County (MHMR) operates the ICARE Call Center, a 24/7/365 crisis hotline offering emergency mental health support, information, and referrals for children, adolescents and adults via calls or text messages. MHMR also offers community-based services, including pediatric and adult behavioral health, along with disability resources and other services. Through 2-1-1 Texas, the Texas Health and Human Services Commission (HHSC) also offers a free and confidential 24-hour a day phone line and a website to connect residents with the services they need. This resource offers agency referrals for mental health and substance use services, among a host of other referral needs.

Another key community health resource related to behavioral health is Mental Health Connection of Tarrant County (MHC) – a collaboration of more than 40 local organizations committed to revolutionizing the mental health service system by focusing on long-term systemic changes, while addressing emerging needs. MHC leverages grant funding to community and partner agencies, provides workforce development training, and carries out initiatives to improve coordination and collective impact among partners. In partnership with Tarrant County, MHC helped to develop Tarrant Cares over a decade ago. The Tarrant Cares website continues to provide information on area services and resources, including those focused on behavioral health and substance use.

The LOSS (Local Outreach to Suicide Survivors) Team of Tarrant County provides outreach to those impacted by suicide and is a joint effort of Mental Health America of Greater Tarrant County, MHMR, and local police departments. The organization offers support group services and resources.

The Tarrant County Agency on Aging provides mental health services, among others, for older adults and people with disabilities. The Battered Women's Foundation located in Richland Hills supports partners, women and children impacted by domestic violence through physical, mental, spiritual, educational, and at times, financial assistance. Other behavioral health community assets include but are not limited to:

- Alzheimer's Association, North Central Texas Chapter
- Boys and Girls Club of Greater Tarrant County
- Challenge of Tarrant County
- Lena Pope
- National Alliance on Mental Illness (NAMI) – Tarrant County
- North Texas Area Community Health Centers
- The Jordan Elizabeth Harris Foundation
- Recovery Resource Council
- Youth Advocate Programs, Inc. and Santa Fe Youth Services

Resources to Address Access to Care

Access to Care

While access to care has been identified as a priority need in Tarrant County, the community has some existing resources to support access. JPS offers emergency, outpatient, and inpatient care services across an array of specialties and service lines, including but not limited to:

- Behavioral Health
- Cancer
- Cardiology
- Dental
- Geriatrics
- Healing Wings/HIV AIDS Center
- Orthopaedics & Sports Medicine
- Primary & Pediatric Care
- Stroke
- Surgical
- Trauma
- Women & Infants

Recent years have seen the expansion of telemedicine across the nation to expand access to convenient and timely care. Telemedicine has been found to improve access in areas with provider shortages and reduce patient travel and wait times. As such, JPS offers virtual video visits through MyChart, as well as virtual urgent care visits. JPS also provides certain mobile services to meet patients where they are in the community.

In addition to JPS, there are many other service providers in the community, including several other acute care hospitals. Cook Children's Health Care System based out of Fort Worth and serving Tarrant and surrounding counties, provides comprehensive pediatric care across specialties. Cook Children's and JPS are partnering to build a new health center that will serve children and their families with medical services, behavioral health services, and social services.

The region is also served by several Federally Qualified Health Centers (FQHCs), identified below, where patients may be eligible for discounted services on a sliding fee scale.

- North Texas Area Community Health Center – Arlington
- North Texas Area Community Health Center – Northside
- North Texas Area Community Health Center – Southeast

There are also other community providers of health services, including those who target under resourced individuals or other unique populations, such as veterans. These include but are not limited to:

- Dental Health Arlington: provides low-cost dental care
- Fort Worth VA Outpatient Clinic: offers primary care and specialty health services to veterans
- GRACE Community Clinic: medical home for uninsured families with services that include Family Practice, Internal Medicine, Endocrinology, Cardiology, Well Woman, and Chiropractic Care
- Healing Shepherd Clinic: offers medical services to residents and guests of the Union Gospel Mission of Tarrant County
- Open Arms Health Clinic: provides free healthcare to those who lack access to affordable health services

The local Tarrant County Public Health (TCPH) department also provides several free or low-cost clinical services to the community, including immunizations, testing and treatment for sexually transmitted infections, maternal and child health programs and more. TCPH has recently completed their own CHNA, which focused on several priority areas related to access to care, including support to increase the community primary care physician rate. According to TCPH, who participated in a dedicated focus group for this CHNA, this will involve looking at the connections between medical schools and hospitals and facilitating collaborations to increase primary care physicians available to serve Tarrant County. TCPH also offers a Refugee Program that provides incoming displaced persons from around the world with general health screenings, nutrition, and tuberculosis testing. Relatedly, JPS also operates an International Health Clinic to serve the refugee population.

Workforce Development

Training for health care providers is at the heart of JPS. JPS continues to operate the largest family medicine training program in the county and offers a variety of other training programs. JPS offers a total of ten residency programs and four fellowship programs across a range of specialties, as well as a psychology internship program to help grow the workforce pipeline to meet the healthcare needs of Tarrant County.

JPS is also a clinical training site for undergraduate medical students and physician assistants from local and national institutions. JPS serves as a third-year clinical clerkship site for medical students from University of Texas Southwestern Medical School, Baylor University Medical Center, Texas College of Osteopathic Medicine, and Texas Christian University Medical School. Fourth-year elective clinical clerkships are available to medical students from schools across the nation. JPS also has a 12-month Nurse Residency Program designed to support new graduate nurses who are transitioning into their first professional role.

Related to behavioral health access and workforce development, in partnership with The University of North Texas Health Science Center and funded by the State of Texas, the Texas Child Mental Health Care Consortium has developed key initiatives to expand access for children and adolescents focused on telehealth. These include the following:

- Texas Child Health Access Through Telemedicine (TCHATT) Program: Provides telehealth assessment and telehealth behavioral visits to at-risk children and adolescents in collaboration with area school districts.
- Child Psychiatry Access Network (CPAN): Provides telehealth-based consultation and training to primary care and pediatric providers and assists them with identifying and treating mental health issues.

- Community Psychiatry Workforce Expansion (CPWE) Program: Promotes collaboration with community-based providers to develop and maintain capacity for psychiatric resident positions that will enable the expansion of services available to children and adolescents.

Affordability of Health Services

JPS Connection offers a number of different financial assistance programs to those that qualify, to help keep all members of the community healthy, including connection to a medical home.

Current JPS Connection programs include:

- JPS Connection: Provides assistance to uninsured patients.
- JPS CARES Program: Provides assistance to uninsured patients experiencing homelessness.
- JPS Connection Supplemental to Medicare: Provides assistance to patients with Medicare Parts A & B or a Medicare Plan contracted with JPS.
- JPS Connection Supplemental to Insurance: Provides assistance to patients with a primary insurance plan that is contracted with JPS.

JPS has several Enrollment & Eligibility Centers conveniently located throughout the community and now accepts online applications for JPS Connection programs.

Resources to Address the Social Determinants of Health

JPS recognizes that social determinants of health represent a broad range of conditions in the environment, including economic, educational, health care, environmental and social/community factors. While an exhaustive list of resources available to address social determinants is not feasible, several key resources that are most relevant to JPS' patient population have been identified below.

General Support

- 2-1-1 Texas through the HHSC (previously described under Behavioral health)
- 6 Stones
- Coalition for Aging LGBT – Tarrant County
- North Central Texas Area Agency on Aging
- Northside InterCommunity Agency
- Salvation Army of North Texas
- Tarrant County Area Agency on Aging
- Tarrant County Department of Human Services
- United Way of Tarrant County
- YMCA of Metropolitan Fort Worth and YMCA – Arlington-Mansfield Area

Food Access and Nutrition Security

- Meals on Wheels of Tarrant County
- SNAP Department of Health and Human Services
- Tarrant Area Food Bank
- Tarrant County Public Health Department Live a More Colorful Life! Initiative
- Women, Infants and Children (WIC) Program

Housing and Homelessness

- Arlington Housing Authority
- Arlington Life Shelter
- Arlington Urban Ministries
- Broadway Baptist Church
- Catholic Charities Fort Worth
- Catholic Charities Veterans Services
- Center of HOPE
- Center for Transforming Lives
- City of Fort Worth - Community Action Partners
- Endeavors
- First Street Mission
- Fort Worth Housing Authority/ Fort Worth Housing Solutions
- Good Shepherd Catholic Community-Christ Care Ministry
- GRACE Grapevine
- Grand Prairie United Charities
- Housing Channel
- Mansfield Mission Center
- Martin United Methodist Church
- Mission Arlington/Mission Metroplex
- NEED East
- NEED West
- Presbyterian Night Shelter

- Salvation Army Fort Worth
- Segue Living Center
- South Central Alliance of Churches
- St. John the Apostle Catholic Church
- Tarrant County Community Development
- Tarrant County Homeless Coalition
- Texas Homeowner Assistance Fund Program
- Union Gospel Mission
- Veterans Affairs-Fort Worth Homeless Veterans Program
- Wesley Mission Center
- When We Love

Transportation

- Call A Ride of Southlake (CARS)
- Catholic Charities
- HANDITRAN – Arlington
- HEB (Hurst, Euless and Bedford) Transit
- MY RIDE Tarrant County
- Northeast Transportation for Seniors (NETS)
- Ride2Work Arlington
- Serving Our Seniors
- Social Transportation for Seniors (STS)
- Trinity Metro
- Trinity Metro's ACCESS Paratransit Service, previously known as MITS

Violence and Trauma

- Brighter Tomorrows
- One Safe Place
- SafeHaven of Tarrant County

- The Women's Center Tarrant County
- Trauma Support Services of North Texas

Other

- Legal Aid of Northwest Texas
- Re-Entry First Stop Center: assists ex-offenders returning from incarceration

State Resources

Numerous Texas state agencies provide essential resources that address other social determinants of health, as well. A non-exhaustive list of those agencies include:

- Texas Department of State Health Services: Offers consumer protection, environmental health oversight and health promotion and chronic disease prevention services
- Texas Department of Housing and Community Affairs: Supports housing stability, rental assistance, homeless assistance and housing inspections
- Texas Workforce Commission: Oversees the state job posting site, job fairs, unemployment benefits and early childhood services.

Please refer to the JPS Community Resource Guide at the link below, which is an up-to-date guide with frequently used resources and agencies in the community. The guide is available in English, Spanish, Vietnamese, and Arabic at https://***www.jpshealthnet.org/patient-tools/community-resources***.