



JPS Health Network
Fort Worth, Texas

2026

Community Health Needs Assessment Report



Contents

Acknowledgements.....	1
Community Health Needs Assessment Steering Committee	1
JPS CHNA Steering Committee Members	1
Consultants	2
Introduction.....	3
Background.....	3
Hospital Requirements	3
CHNA Process Overview	4
Key CHNA Process Objectives.....	4
Service Area	6
Target Population	6
CHNA Report Structure.....	6
Chapter 1 Evaluation of Prior CHNA Implementation Plan	8
2023 Priority 1: Behavioral Health	8
2023 Priority 2: Access to Care	9
2023 Priority 3: Social Determinants of Health	9
Chapter 2 Methodology.....	10
Study Design	10
Secondary Data.....	10
Comparisons	11
Primary Data	12
Prioritization.....	13
Study Limitations.....	14
Secondary Data	14
Primary Data.....	14
Chapter 3 Community Profile	15
Geographic and Demographic County Profile	15
Population and Growth	15
Age	17

Race and Ethnicity	19
Special Populations	20
Social, Economic, and Environmental Drivers of Health	21
Social Vulnerability Index.....	21
County Health Rankings – Health Outcomes and Health Factors	22
Education	23
Unemployment.....	25
Median Household Income	25
Poverty and ALICE Households	26
Housing.....	27
Family, Community, and Social Support.....	30
Food Security.....	31
Environmental Quality	32
Transportation and Access.....	34
Safety.....	36
Chapter 4 Priority Need Areas	37
Priority Area Social Determinants of Health	38
Housing and Homelessness	38
Food Insecurity	42
Transportation	45
Priority Area Connecting Our Community	49
Connecting the Community to Services for Chronic Conditions.....	49
Educational Materials for Target Health Topics	53
ZIP Code-Specific Targeting for the Implementation Plan	56
Conclusion	58
Chapter 5 Health Resource Inventory	60
Chapter 6 Next Steps	61
Appendix 1 Secondary Data Methodology and Sources	62
Introduction	62
Methodology	62

Criteria for Determining High-Need Areas	62
Secondary Data Sources	63
Healthy People 2030 Benchmarking	64
Health Indicators by Category	64
Appendix 2 Secondary Data Comparisons	84
High-Need Area Identification Criteria	84
Geographic Comparisons	85
Appendix 3 Focus Group Findings Summary.....	97
Methodology	97
Themes from Focus Groups	98
Access and Barriers to Care	98
Health Problems	99
Social and Environmental Drivers of Health.....	99
JPS-Specific Capacity and Perception.....	100
Care Delivery Innovations	100
Appendix 4 Stakeholder Interview Findings Summary.....	101
Methodology	101
Themes from Interviews	102
Access to Care.....	102
Social and Environmental Drivers of Health.....	102
Health Conditions	103
JPS-Specific Perceptions	104
Suggestions for Community Improvement	104
Community Strengths and Assets	105
Appendix 5 Community Health Opinion Survey	106
Methodology	106
Respondent Demographics	106
Survey Responses	111
Appendix 6 Key Leader Survey	136
Methodology	136

Stakeholder Survey Responses.....	137
Appendix 7 Primary Data Instruments.....	140
Focus Group Discussion Guide	140
Stakeholder Interview Discussion Guide	142
Community Health Opinion Survey Questionnaire	144
Key Leader Survey	155

Acknowledgements

Community Health Needs Assessment Steering Committee

This Community Health Needs Assessment (CHNA) reflects the contributions of many individuals across John Peter Smith Health Network (JPS) and the Tarrant County community. A Steering Committee comprised of JPS leaders and staff from across clinical, operational, and administrative areas guided the assessment throughout its development, ensuring the process was informed by a broad range of expertise and perspective.

JPS extends its gratitude to the community members and stakeholders who participated in surveys and interviews, to JPS staff who supported this effort, and to all who contributed their time and insight to this report.

JPS CHNA Steering Committee Members

Member Name	Organizational Role
T.J. Grassetti	Vice President, Chief Strategy and Business Development Officer
Sameeta Chunara	Project Manager, Office of Strategy Management
Dr. Melissa Acosta	Executive Director, Research & Grants
Dr. Bassam Ghabach	Interim Chief, Internal Medicine
Dr. Saqib Hasan	Infectious Disease Physician, Internal Medicine
Devon Armstrong	Executive Director, Care Management
Teneisha Kennard	Executive Director, Behavioral Health Ambulatory Services

Cheryl Berry	Interim Senior Vice President, Chief Nursing Officer, Nursing
Dr. Matthew Fultz	Trauma Surgeon, Trauma Surgery
Dr. Priyanka Kadari	Family Medicine Resident
Jolie Allen	Director, Community Health
Dr. Rajasekhar Jagarlamudi	Infectious Disease Physician, Internal Medicine
Rohit Ojha	Director, Center for Outcomes Research
Dr. Kandra Torrence	Director, Community Outreach & Education
Tim Muirheid	Executive Director, Data, Analytics & Reporting
Dr. Yun Tran	Director of Community Medicine Track, JPS Family Medicine Residency
Dawn Fernald	Vice President, Communications

Consultants

JPS engaged Ascendient Healthcare Advisors (Ascendient) to facilitate this process and prepare this report. Ascendient’s national experience conducting CHNAs for hospitals and health systems, combined with its familiarity with Tarrant County from leading JPS’ 2023 CHNA, supported a well-informed and efficient assessment process.

Introduction

This CHNA reflects JPS' ongoing commitment to understanding and addressing the health needs of Tarrant County residents, while fulfilling the CHNA requirements applicable to nonprofit hospitals under Section 501(r)(3) of the Internal Revenue Code.

Background

JPS, headquartered in Fort Worth, Texas, is Tarrant County's safety-net health system, committed to providing exceptional healthcare to the county's diverse and underserved communities.

As a tax-exempt hospital organization, JPS is required to complete a CHNA every three years. JPS' 2023 CHNA identified three priority health needs (Behavioral Health, Access to Care, and Social Determinants of Health) and informed a three-year Implementation Plan. This 2026 CHNA evaluates progress made against those priorities and identifies the health needs of greatest significance to Tarrant County residents today.

This assessment fulfills regulatory requirements while advancing JPS' mission to serve the diverse communities of Tarrant County. It also provides JPS with current, evidence-based data to guide strategic planning, resource allocation, and community partnerships in support of improved health outcomes countywide.

Hospital Requirements

Section 501(r)(3) requires nonprofit hospital facilities to complete a CHNA every three years. The assessment must reflect the broad interests of the community served, including input from those with public health expertise, and must be made widely available to the public. Specifically, hospital facilities must:

IRS Requirements for Community Health Needs Assessment ¹	
	Define the community it serves
	Assess the health needs of that community
	Solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health
	Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility
	Make the CHNA report widely available to the public

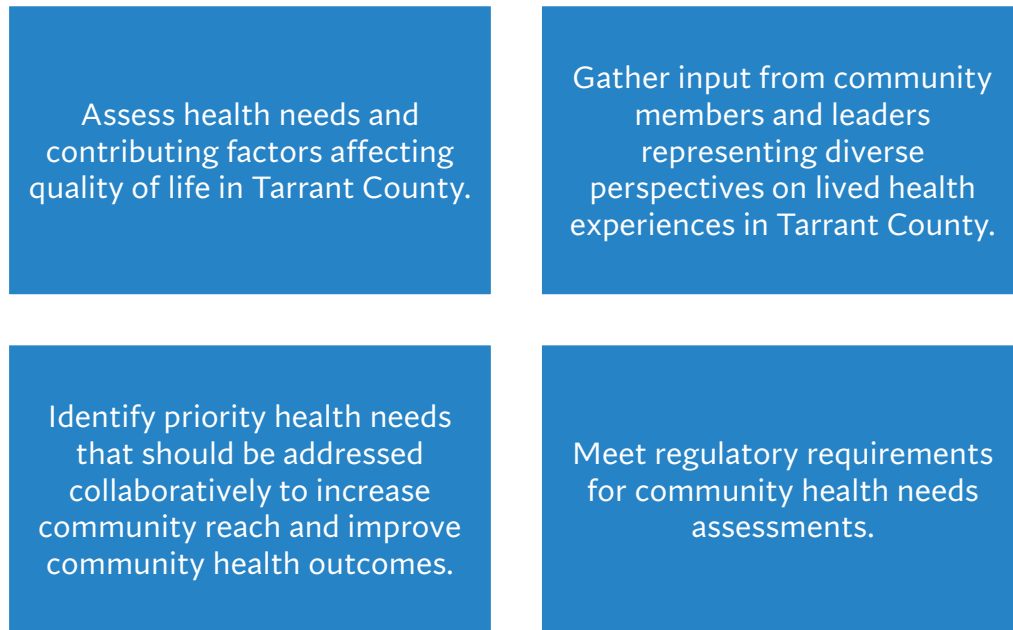
CHNA Process Overview

The process used to produce this CHNA followed several steps and considered numerous data sources. Both primary and secondary data were gathered, analyzed, and incorporated into this report to provide a comprehensive overview of health and the factors impacting the health and well-being of residents across Tarrant County.

Key CHNA Process Objectives

Key objectives of this process were to:

¹ Source: <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>



To achieve these objectives, a dedicated CHNA Steering Committee worked with Ascendient Healthcare Advisors through a seven-phase process:



The first six phases are presented in this document, and implementation planning will occur and be published separately following the completion of this CHNA.

Service Area

For the purposes of this CHNA, the service area is defined as Tarrant County, Texas. Tarrant County is an urban county in north central Texas and, together with neighboring Dallas County, forms the core of the Dallas–Fort Worth–Arlington metropolitan area. Where available, secondary data are reviewed at the ZIP code or census tract level to provide a deeper understanding of health needs and disparities across the JPS service area. This definition allows JPS to effectively allocate resources to address the priority health needs identified in this CHNA with a strategic focus on areas of greatest need and health disparities.

Target Population

The community served includes all residents of Tarrant County, with particular attention to medically underserved, low-income, and minority populations. Consistent with this focus, primary data collection instruments were made available in both English and Spanish, and outreach efforts prioritized engagement with vulnerable and underserved populations to ensure their perspectives were reflected in this assessment.

CHNA Report Structure

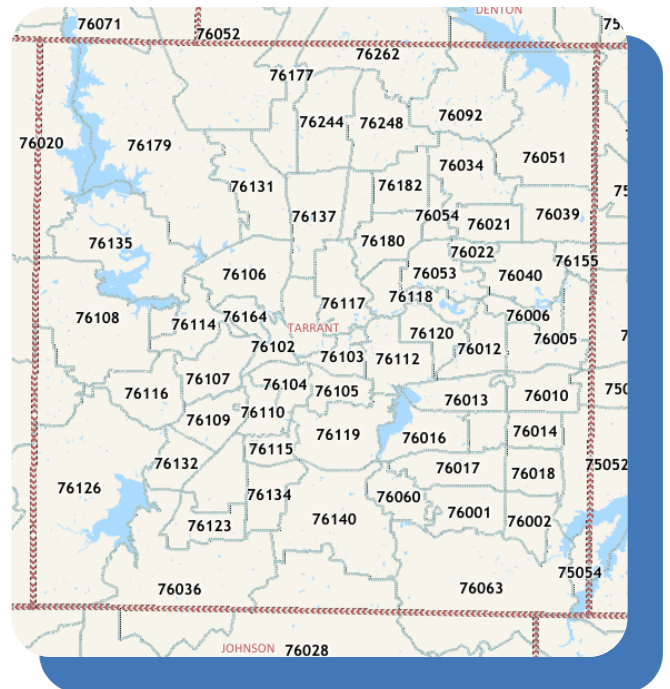
This report includes several chapters and appendices that describe the processes and data used to arrive at priority health needs for Tarrant County residents.

Chapter 1 | Evaluation of Prior CHNA Implementation Plan – This chapter provides a reflective summary on the progress made toward addressing the priority health needs identified in JPS’ 2023 CHNA and Implementation Plan.

Chapter 2 | Methodology – This chapter summarizes how data and information were collected and incorporated into the development of this CHNA, including study limitations and the process by which priority health needs were identified and selected.

Chapter 3 | Community Profile – This chapter details the demographic, geographic, and socioeconomic characteristics of Tarrant County.

Figure 1: Map of Service Area ZIP Codes



Chapter 4 | Priority Need Areas – This chapter describes each identified priority health need for Tarrant County. It summarizes secondary and primary data that supports and explains each priority health need and why it was prioritized.

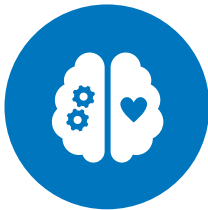
Chapter 5 | Health Resource Inventory – This chapter documents existing health and social service resources currently available in Tarrant County that can be leveraged to address the priority health needs.

Chapter 6 | Next Steps – This chapter briefly summarizes next steps that will occur to address the priority health need areas discussed throughout the CHNA report.

In addition, the appendices of this report define and describe in detail various data sources used during the development of this report, including detailed summaries of secondary data measures and findings, primary data methodology and sources, and detailed primary data findings from community and key leader surveys, interviews, and focus groups.

Chapter 1 | Evaluation of Prior CHNA Implementation Plan

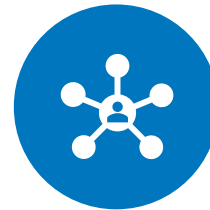
Before turning to new data, this CHNA process began by revisiting the priorities set during the last cycle and examining what has changed since. JPS' prior assessment, completed in 2023, identified three priority health needs for Tarrant County:



Behavioral Health



Access to Care



Social Determinants
of Health

Each priority was paired with a high-level objective, a targeted population, and a set of action steps carried out under the 2023–2026 Community Health Implementation Plan.

This chapter reviews those three priorities and reports how the indicators tied to each one have moved between 2023 and 2026, based on the most recent data available. This review establishes the starting point for the remainder of the assessment, which builds on these findings to identify Tarrant County's priority health needs going forward.

2023 Priority 1: Behavioral Health

JPS made substantial progress on its behavioral health priority over the 2023–2026 implementation period.

In August 2023, the health system opened the Partial Hospitalization Program at the Central Arlington Behavioral Health Clinic, a specialized clinic in Arlington for youth discharged from Trinity Springs Pavilion (TSP) or the Psychiatric Emergency Center (PEC). It also expanded pediatric behavioral health access through two additional site openings in 2025. The new PEC was completed in September 2025, tripling patient care spaces from 30 to 90.

Substance use screening and discharge referral practices remained consistently strong, with 99–100% of patients with substance use disorders receiving screening and referral each year from 2023 to 2025. JPS also grew its community treatment partner network to 8 adolescent and 13 adult substance use disorder providers and expanded its discharge Narcan distribution program more than twofold, from 166 units in 2023 to 361 units in 2025. Depression screening and follow-up outcomes held steady across the period, with 87–88% of

screened patients reporting symptom reduction each year. All action steps under this priority were reported as complete.

2023 Priority 2: Access to Care

JPS completed all planned action steps to improve access to care. Two new health center locations opened during the period (Medical Home Southwest in February 2025 and Las Vegas Trail in July 2025). The health system also rolled out several technology enhancements between 2024 and 2025, including Parent Pass, Hello World, and Epic Cheers/Campaigns, to streamline scheduling, intake, and patient communication.

Community outreach activity nearly tripled, growing from 80 events in 2023 to 219 events in 2025, reaching over 20,000 people and earning Achievement in Community Outreach awards from D CEO magazine in both 2023 and 2024. JPS also implemented Bamboo Health for patient recapture, logging over 84,000 pings in 2025 alone. One notable exception: while virtual/telehealth utilization efforts were completed as planned, actual usage of these services declined over the period, from roughly 55,700 community health visits in 2023 to about 30,100 through September 2025 (with a similar downward trend in behavioral health telehealth visits). This area may warrant continued attention going into the next implementation cycle.

2023 Priority 3: Social Determinants of Health

JPS completed all three action steps under its social determinants of health priority. The health system launched multiple programs connecting patients to resources addressing broader health determinants, including the Tarrant Area Food Bank Food Rx Program, a Lung Cancer Education and Screening Day, the JPS Car Seat Program, and True Worth Women's Day.

A population health data platform was implemented in 2023 through Epic's Care Coordination function, enabling social workers to identify patient needs and connect them directly to services via an integrated Service Directory. JPS also stood up a formal Community Health Worker (CHW) program, developing a CHW model and Care Navigator training curriculum in 2024 and holding its first network-wide CHW training in March 2025.

Chapter 2 | Methodology

This chapter outlines how JPS conducted this assessment. It covers the data sources used, the methods for gathering community input, and the process for narrowing a broad list of health needs into final priorities. The chapter closes with a discussion of the study's limitations.

Study Design

JPS partnered with Ascendient Healthcare Advisors to conduct this assessment through the six-phase process outlined in the Introduction, running from kickoff through data collection, prioritization, and report development. Each phase built on the one before it. As a result, the health needs in this report reflect both what the data show and what residents and community members say matters most.

The process began with a Steering Committee, which agreed on the timeline, deliverables, and geographic area for the assessment. From there, JPS and Ascendient analyzed existing data (secondary data) and collected new data (primary data) from the community. Both data collection methods are described below. Once data collection was complete, JPS combined the results to set priorities.

Secondary Data

Secondary data refers to data that already existed before this assessment began. JPS gathered secondary data from a range of public sources and from JPS' own records. These sources include:

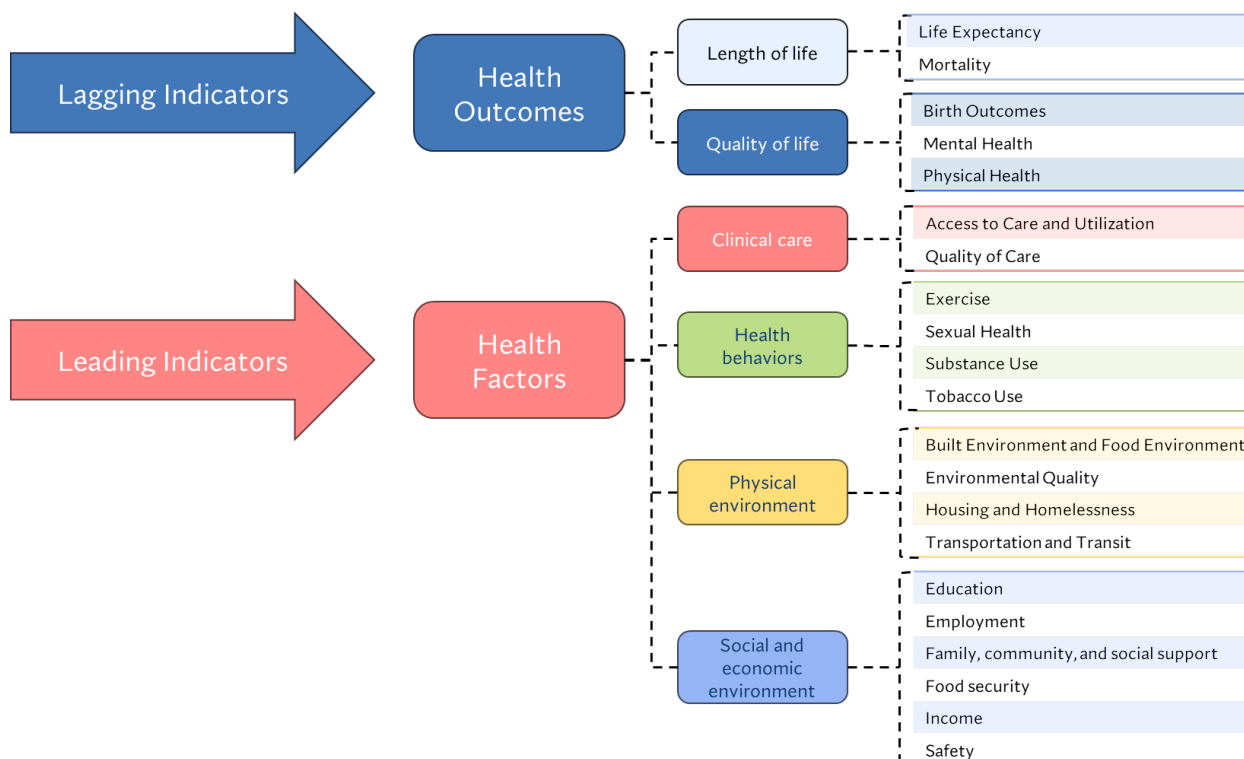
Figure 2: Secondary Data Sources

CDC data sources such as BRFSS, PLACES, and WONDER	SparkMap	County Health Rankings and Roadmaps
Texas Department of State Health Services	The US Census Bureau's American Community Survey	Esri Business Analyst
Feeding America	Centers for Medicare and Medicaid Services	Healthy People 2030

JPS used these sources to study the county’s population, health outcomes, and the social and environmental factors that affect health. [Appendix 1](#) lists the full set of secondary data sources.

JPS organized this data using the County Health Rankings framework, the same approach used in the 2023 assessment. This framework sorts health measures into two groups: health outcomes and the health factors that drive them:

Figure 3: Population Health Framework²



Comparisons

To identify Tarrant County’s areas of greatest health need, JPS compared local health indicators to Texas state benchmarks. JPS set a different threshold for each type of indicator, to keep every comparison meaningful.

Performance Relative to Benchmarks

A health indicator is most useful when compared to a benchmark. For this reason, JPS compared Tarrant County’s performance on each indicator to the corresponding Texas state

² University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation, County Health Rankings and Roadmaps

average and Healthy People 2030 targets. This comparison showed whether local performance differed meaningfully from the state and national goals.

Criteria for Determining High-Need Areas

JPS classified an indicator as high need if it met one of two thresholds: performance relative to the Texas state average, or performance relative to the Healthy People 2030 (HP2030) national target.

Criterion 1: Relative to Texas State Average

- Rate-based indicators, such as mortality rates, provider ratios, and disease rates, were flagged as high need at 10 percent worse than the state average. The exact threshold varied by indicator.
- Percentage-based indicators, such as insurance coverage and prevalence rates, were flagged as high need at 3 percentage points worse than the state average.

Criterion 2: Relative to Healthy People 2030 Targets

- Rate-based indicators were flagged as high need at 20 percent worse than the corresponding HP2030 target.
- Percentage-based indicators were flagged as high need at 6 percentage points worse than the corresponding HP2030 target.

The HP2030 threshold was set roughly twice as wide as the state-comparison threshold. National targets are aspirational and most counties fall short of them by some margin, so a threshold as narrow as the state-comparison bar would have flagged nearly every indicator and reduced the usefulness of the signal.

Primary Data

Secondary data alone cannot capture how residents experience health and healthcare in Tarrant County. To address this gap, JPS also gathered primary data directly from the community, using four methods:

Method	Description
Community Health Opinion Survey (CHOS)	A trilingual (English/Spanish/Vietnamese) survey was distributed broadly across Tarrant County, including through JPS' electronic health record system, to capture perspectives from residents and patients.
Key Leader Survey	A survey was sent to leaders of organizations serving Tarrant County to gather informed perspective on community health needs and gaps.
Stakeholder Interviews	Nine one-hour interviews, conducted over Zoom and recorded with consent. Community and internal leaders took part to help explain the reasons behind high-need areas.
Focus Groups	Six focus groups, four virtual and two in person, held to explore health and social needs in greater depth than survey data alone can provide.

Ascendient, in collaboration with JPS, developed the survey and interview questions for each method, and the Steering Committee reviewed and approved them. JPS later refined these questions once secondary data findings were available. This allowed primary data collection to target specific gaps and emerging themes, rather than repeat what existing data already showed. JPS recorded and transcribed the stakeholder interviews and focus groups, then coded them for common themes. JPS presented these themes to the Steering Committee alongside the survey results. **Appendix 7** includes the full survey and interview questions, along with detailed primary data findings.

Prioritization

Once secondary and primary data had been collected and organized, the Steering Committee reviewed the combined findings to identify a preliminary list of candidate health needs. This step considered where secondary data showed high need, where primary data revealed similar concerns, and where the two sources agreed or diverged.

From this preliminary list, the Steering Committee narrowed the field to a final set of priority health needs. The committee weighed each candidate need against three criteria:

- **Health Impact** – how much the need contributes to morbidity or mortality in the community, and the size of the population being impacted by the need the mortality contribution, morbidity burden, population reach.

- **Modifiability** – whether evidence-based interventions exist and whether JPS and its partners have the local capacity to act on the need cost-effectively.
- **Equity Considerations** – whether the need disproportionately affects disadvantaged groups, reflects structural or intergenerational factors, or is tied to social determinants of health.

This approach builds on the criteria JPS used in 2023: size, severity, feasibility, disparities, and community importance. [Chapter 4](#) presents the priority health needs that resulted from this process.

Study Limitations

This assessment is designed to identify community health needs using the best available data and community input, rather than to produce new scientific research. As with any study of this kind, this report’s findings come with certain limitations.

Secondary Data

Most secondary data sources take one to three years to publish their data after collecting it. Because of this delay, some indicators may not fully reflect current conditions in Tarrant County. Data sources also differ in how they define terms, group ages, and draw geographic boundaries, which can complicate direct comparisons. Some data sets also offer limited breakdowns by demographic group, making it harder to understand the experiences of specific populations.

Primary Data

Primary data collection relied on voluntary participation rather than random sampling. As a result, respondents to the survey, interviews, and focus groups may not fully represent the population of Tarrant County. JPS took three steps to broaden participation and reduce this risk. First, JPS made survey materials available in English and Spanish. Second, JPS chose distribution channels to reach vulnerable and underserved populations. Third, JPS combined multiple methods (survey, interviews, and focus groups) so that no single method’s limitations would carry too much weight in the findings.

Chapter 3 | Community Profile

Health needs do not exist in isolation. They are shaped by who lives in a community, how that community is growing and changing, and the economic, housing, and environmental conditions residents face every day. This chapter lays out that context for Tarrant County. It covers the county's population and growth, its age and racial and ethnic makeup, the populations that may need additional outreach, and the educational, economic, housing, and environmental conditions residents experience. These factors do not directly measure disease or illness, but they strongly shape both the health risks a community faces and its capacity to respond to them.

Geographic and Demographic County Profile

Tarrant County is bordered by Denton County to the north, Dallas County to the east, Ellis and Johnson Counties to the south, and Parker and Wise Counties to the west. The Trinity River and its forks drain the county from northwest to southeast. Terrain across the county is gently rolling, ranging from about 420 to 960 feet above sea level.

Fort Worth, the county seat and largest city, anchors the western half of the Dallas–Fort Worth–Arlington metropolitan area. The county contains more than 40 incorporated municipalities, including Arlington, North Richland Hills, Mansfield, Euless, Grapevine, Bedford, Hurst, Keller, Haltom City, and Benbrook. Land-use ranges from dense urban core and established suburbs to rapidly developing suburban edges and remaining rural and agricultural land along the county's northern and western edges. This mix of settings shapes both where residents live and how easily they can reach care, themes that recur throughout this profile.

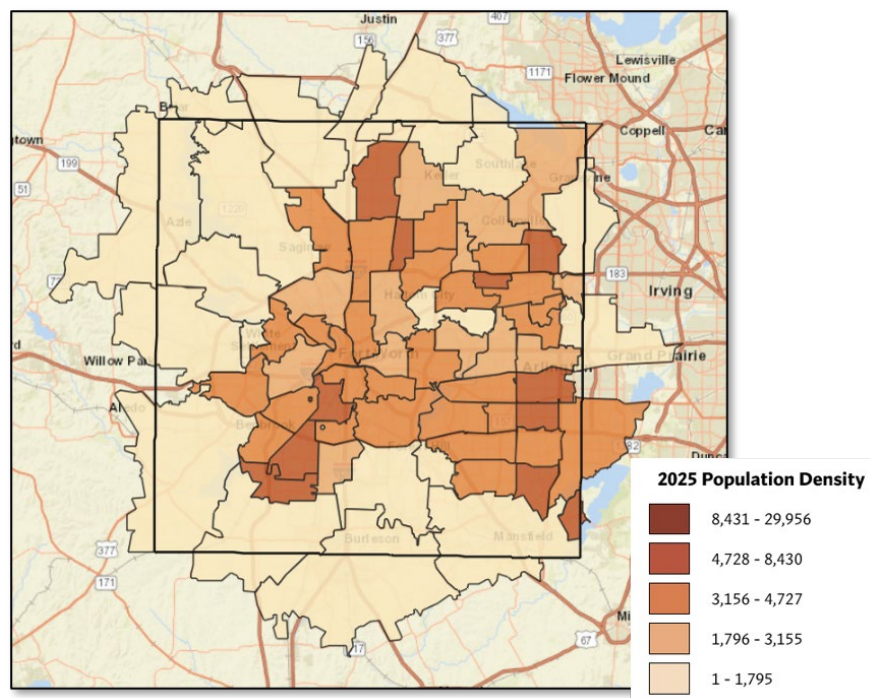
Population and Growth

Tarrant County is one of the largest counties in Texas. As the table below shows, the county is on a growth trajectory that runs slightly slower than the state as a whole, but still far outpaces national population growth over the same period.

Table A: Population Statistics³

	Tarrant County	Texas	United States
2025 Total Population	2,165,984	31,161,971	339,887,819
2030 Projected Population	2,269,162	32,906,019	347,149,422
% Change, 2025 to 2030	4.8%	5.6%	2.1%

The county's population is not spread evenly. More people live in the central and eastern parts of Tarrant County, while the edges of the county are less crowded. This matters for JPS. The need for primary care, emergency services, and behavioral healthcare is greatest where people live closest together. JPS should plan facility space and outreach around this pattern, rather than treat the whole service area the same way.

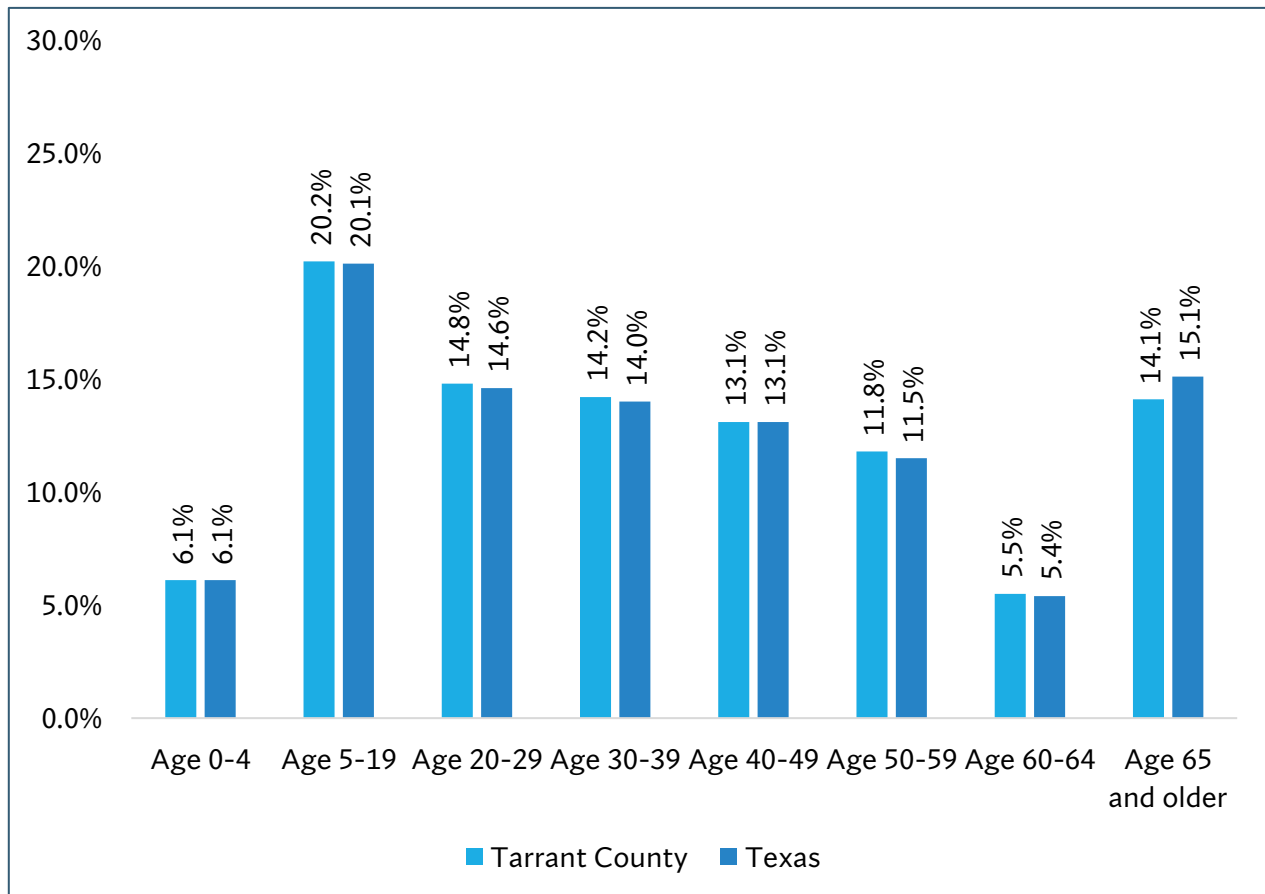
Figure 4: Population Density³

³ Esri Business Analyst, 2025

Age

Knowing the age makeup of the county helps guide health planning. Different age groups need different kinds of care. Children need well-child visits, vaccines, and school-based services. Working-age adults need preventive screenings, mental healthcare, and support for chronic conditions like diabetes. Older adults often need help managing several health problems at once, along with transportation, caregiving, and long-term care. Tracking how these groups change over time helps JPS and its partners plan the right services, in the right places, for the years ahead.

Figure 5: Population, by Age³



As the chart above shows, Tarrant County's age profile closely matches that of Texas overall, across nearly every age group. Tarrant County has more young residents than older residents. This younger profile suggests that demand for children's and working-age services is likely high.

Table B: Population Growth, by Age Group³

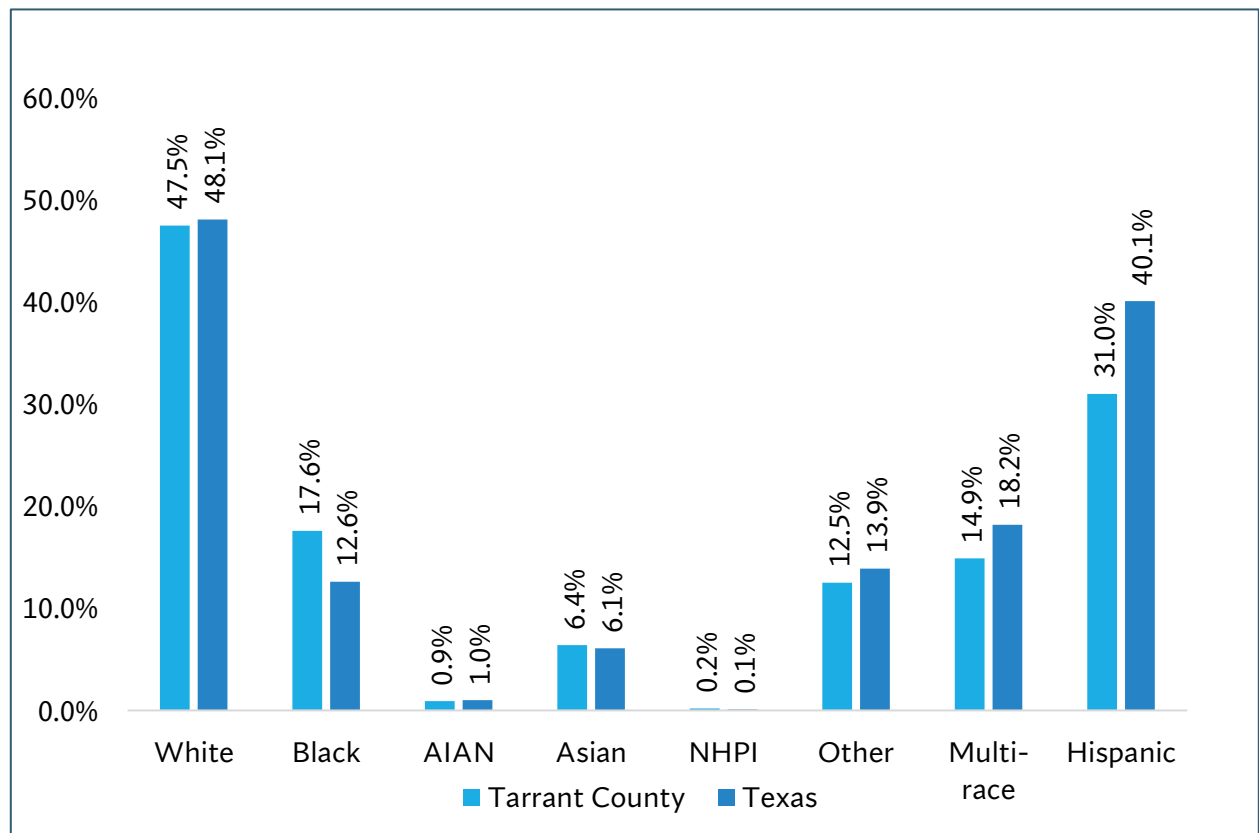
Age Group	Percentage Change (Tarrant County)	Percentage Change (Texas)	Percentage Change (United States)
0-4	3.4%	4.1%	0.7%
5-9	-2.1%	-1.4%	-4.7%
10-14	-0.8%	-0.6%	-2.3%
15-19	-6.0%	-4.3%	-5.2%
20-24	2.8%	3.0%	1.3%
25-29	11.5%	12.0%	3.6%
30-34	4.3%	5.7%	-1.8%
35-39	4.4%	5.6%	4.0%
40-44	4.1%	3.7%	3.0%
45-49	12.2%	12.0%	9.4%
50-54	-0.1%	2.5%	-0.8%
55-59	3.9%	6.8%	-1.8%
60-64	-3.2%	-1.6%	-7.4%
65-69	6.2%	5.4%	0.6%
70-74	18.8%	15.5%	10.1%
75-79	18.3%	19.6%	14.3%
80-84	35.2%	34.6%	29.8%
85 Plus	27.8%	27.6%	23.4%
Total	4.8%	5.6%	2.1%

Projected growth through 2030 is concentrated among older residents. Every cohort above the age 65 is expected to grow faster than the county overall, with the oldest cohorts expanding several times faster, while school-age and adolescent groups contract and working-age growth holds closer to the countywide pace. The county's younger profile therefore describes the community JPS serves today rather than the one it will serve by 2030. Planning should anticipate rising demand for chronic disease management, caregiver support, transportation assistance, and long-term care alongside continued pediatric and working-age services.

Race and Ethnicity

A community's racial and ethnic makeup shapes both the health risks residents face and the outreach needed to reach them well. Tarrant County has a larger share of Black residents than Texas as a whole, and a smaller share of Hispanic residents. Every other group tracked, including White, American Indian and Alaska Native (AIAN), Asian, Native Hawaiian and Pacific Islander (NHPI), and residents who identify with another race or as multiracial, is close to the statewide share.

Figure 6: Population, by Race and Ethnicity³



This makeup matters for how JPS plans culturally responsive care and outreach. Because the county has a larger share of Black residents than the state, health gaps that affect Black residents nationally and statewide are likely to show up in Tarrant County too. At the same time, even though the county's Hispanic population is a smaller share than statewide, it is still a large group. This makes bilingual services and materials just as important here.

Special Populations

Some residents need extra support to access care, whether due to disability, limited English proficiency, or military service history. Understanding the size of these groups helps JPS plan the right outreach, materials, and services to reach them.

Tarrant County has a smaller share of residents with a disability than either Texas or the nation. Limited English proficiency tells a more mixed story. The county's rate is lower than the state's but higher than the nation's, so language access needs here are lower than in Texas overall, but still well above the national norm.

Table 7: Special Populations⁴

Population	Tarrant County	Texas	United States
Any Disability	10.5%	12.3%	13.3%
Limited English Proficiency	11.2%	13.0%	8.6%
Veterans	6.2%	6.2%	6.2%

Among Tarrant County residents who speak a language other than English at home, Spanish is by far the most common, spoken by 417,543 residents. This is why JPS collected primary data for this assessment, including the Community Health Opinion Survey, in both English and Spanish. In addition to Spanish, Other Indo-European languages account for 41,510 residents, Vietnamese for 28,818, and other Asian and Pacific Island languages for 20,027. The presence of several smaller language groups also shows a continued need for more interpretation and translation support across JPS.

⁴ US Census Bureau, American Community Survey. 2020-24.

Social, Economic, and Environmental Drivers of Health

The conditions in which people live, work, and grow up, often called the social determinants of health, play a substantial role in overall health. These include access to stable jobs, education, safe and affordable housing, healthy food, reliable transportation, and a safe place to live. When a community lacks these things, residents are more likely to develop serious health problems and to live shorter lives than residents of communities with stronger resources. Improving community health means addressing these root conditions, not just encouraging healthier choices. This calls for partnerships that go beyond healthcare and into these broader social needs.

Social Vulnerability Index

Some communities are better equipped than others to withstand disasters, disease outbreaks, and other emergencies. Measuring that risk helps public health partners like JPS know where extra planning and resources may be needed most.

The Social Vulnerability Index (SVI), built by the CDC and the Agency for Toxic Substances and Disease Registry, scores counties from 0 to 1 based on several economic and demographic measures. Higher scores mean greater risk during disasters, disease outbreaks, and other emergencies.

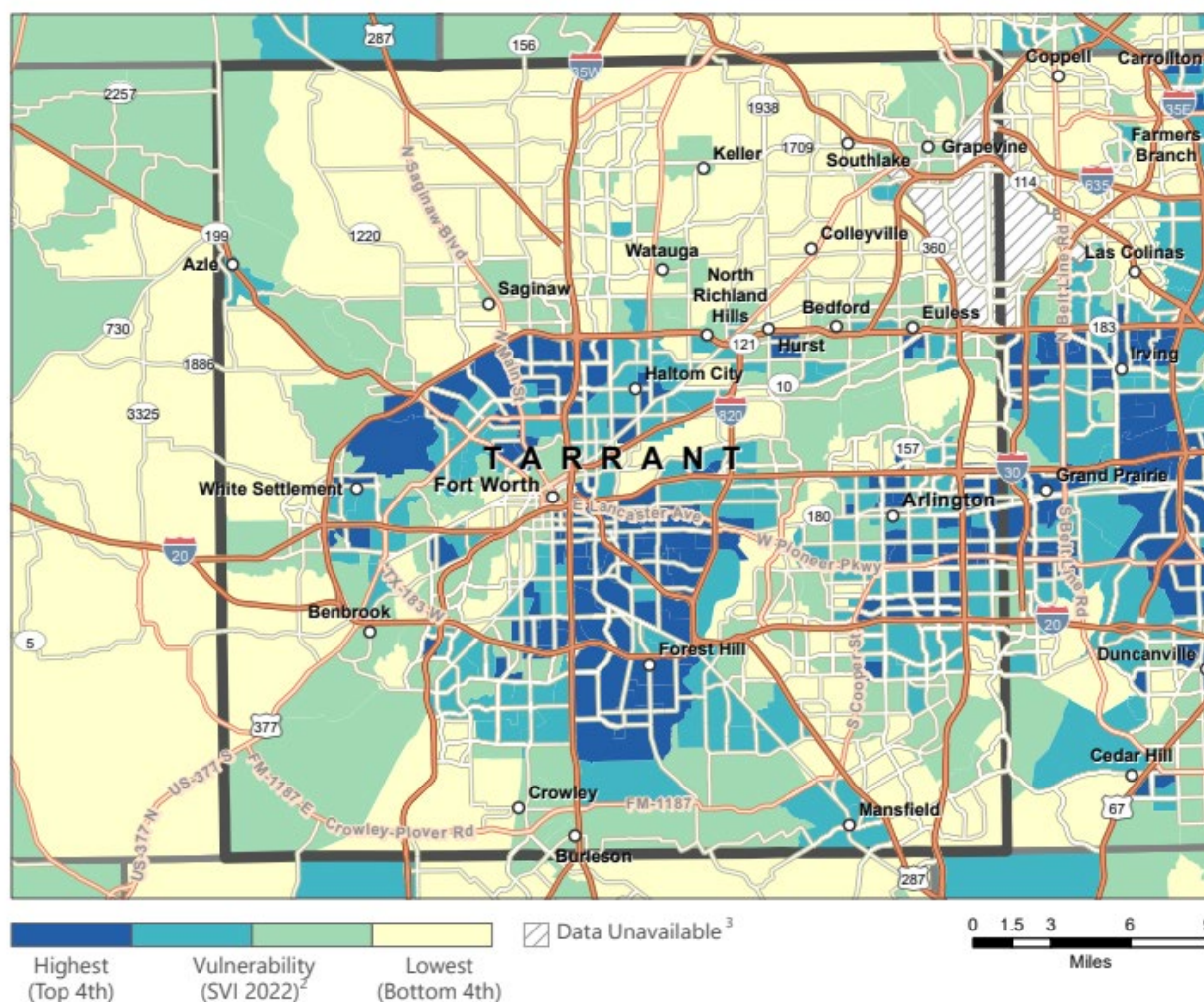
Table C: Social Vulnerability Index Percentile Ranking, Tarrant County, 2022⁵

Comparison	SVI Score (0 to 1)	Level of Vulnerability
Statewide Rank	0.5178	Medium to High
National Rank	0.7585	High

Tarrant County's SVI score puts it at medium-to-high risk compared to other Texas counties, and at high risk compared to the nation as a whole. Risk also varies considerably within the county, as the map below shows.

⁵ CDC/ATSDR, Geospatial Research, Analysis, and Services Program (GRASP), Social Vulnerability Index, 2022.

Figure 8: Map of Social Vulnerability in Tarrant County⁵



County Health Rankings – Health Outcomes and Health Factors

The County Health Rankings model, published each year by the University of Wisconsin Population Health Institute with support from the Robert Wood Johnson Foundation, ranks counties nationally on two scales. Health Outcomes reflects a community’s current health and length of life. Health Factors, called Community Conditions in newer editions, reflects the clinical, behavioral, social, and environmental conditions that shape future health. Both scales run from least healthy to healthiest in the nation, with a state average and a national average marked along the way.

Figure 9: County Health Rankings – Health Outcomes Benchmark²

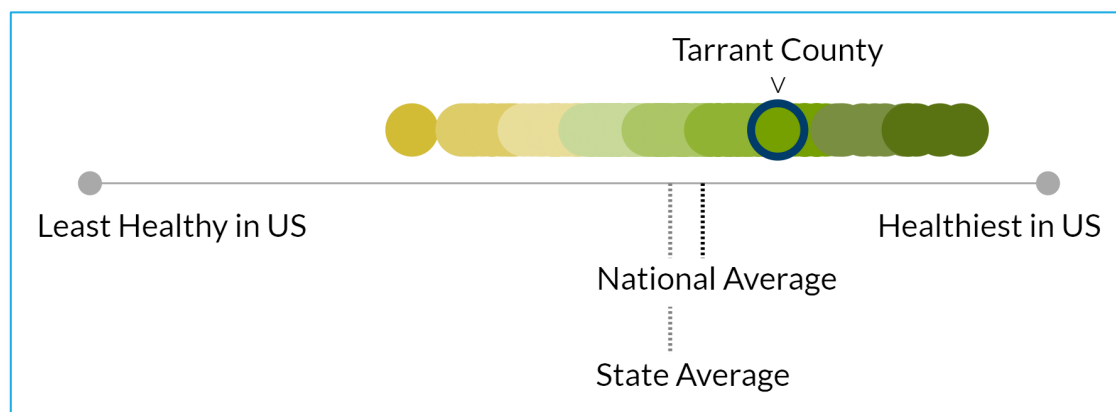
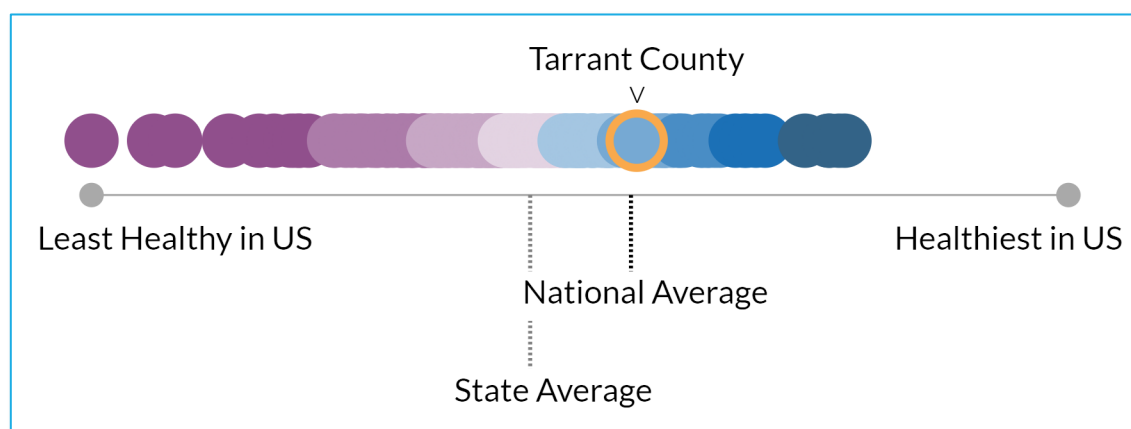


Figure 10: County Health Rankings – Health Factors Benchmark²



These two rankings offer a quick check against the more detailed numbers in the rest of this chapter. They show where Tarrant County stands compared to the state and the nation, before this chapter turns to the specific measures behind that standing.

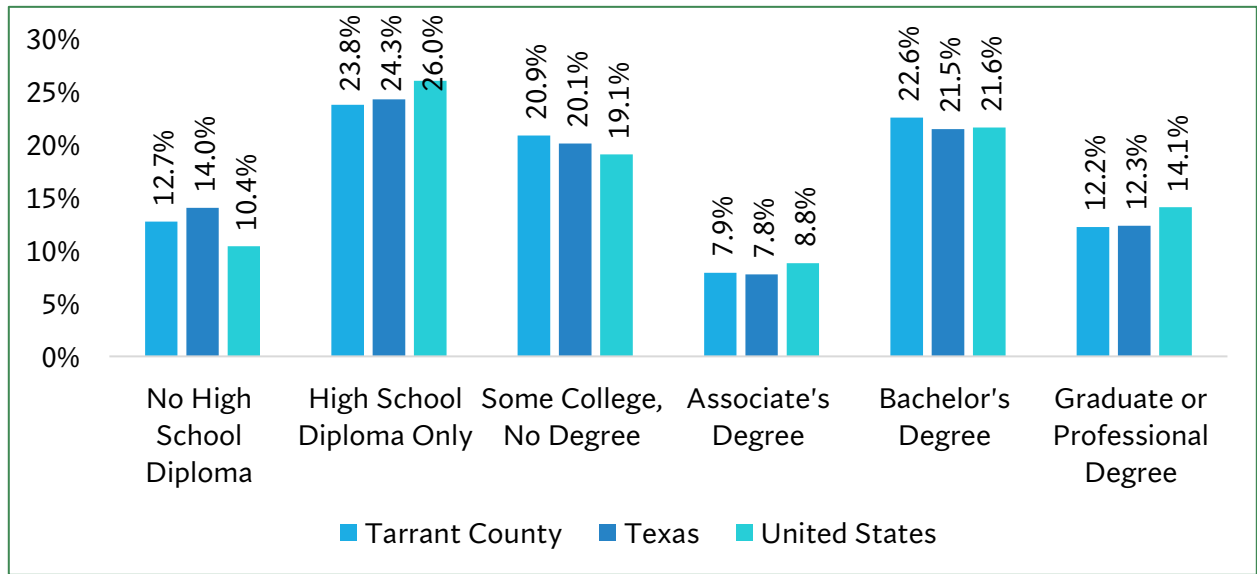
Education

Education shapes health across a person's life, from early childhood development to long-term earning potential and the ability to understand and act on health information. Communities with strong schools and educational opportunities tend to see better health outcomes overall. Tarrant County's education picture is mixed. As shown below, Tarrant County schools are less segregated by race and ethnicity than schools statewide or nationally, though school funding falls short of what schools need for each student.

Table D: Education Indicators

Measure	Tarrant County	Texas	United States
School Segregation Index (0 to 1, lower is less segregated)^{6,7}	0.17	0.26	0.24
School Funding Adequacy⁸	-\$3,506	-\$5,341	\$758
Student-to-Teacher Ratio⁸	15.2	14.9	15.4
4th Grade Reading Proficiency⁹	52.9%	53.3%	46.7%

Fourth grade reading scores in Tarrant County are notably higher than the national average. This suggests that, despite lower funding than the national level, Tarrant County students are doing well at this early stage of school.

Figure 11: Population, by Educational Attainment⁴

⁶ School Segregation measures how unevenly students of different races and ethnicities are distributed across schools relative to the county's student population. Values range from 0 to 1, with higher values indicating greater segregation.

⁷ National Center for Education Statistics, NCES - School Segregation Index. Accessed via County Health Rankings. 2022-2023.

⁸ School Finance Indicators Database (SFID). 2022.

⁹ US Department of Education, ED Data Express. Additional data analysis by CARES. 2021-22.

Among Tarrant County adults, shown in the figure above, a somewhat larger share holds a bachelor's degree than statewide or nationally, and a somewhat smaller share hold a graduate degree.

Unemployment

Having a job affects health in more than one way. It provides income to cover basic needs, and for many families, it's also the main path to health insurance. The unemployment rate shows the share of people looking for work who cannot find it. This matters for health because losing a job often means losing employer health insurance and income too. Both make it harder to access care and stay healthy, as shown below.

Table E: Unemployment¹⁰

Measure	Tarrant County	Texas	United States
Unemployment Rate	3.9%	4.1%	4.3%

As the table above shows, Tarrant County's unemployment rate is lower than both the Texas and national rates. This is a good sign for the county's job market, and for residents' access to health coverage through work.

Median Household Income

A family's income shapes what it can afford, including housing, food, transportation, and healthcare, all of which affect health. Looking at income across the county helps JPS understand the financial pressures many patients may be facing.

Table F: Median Household Income⁴

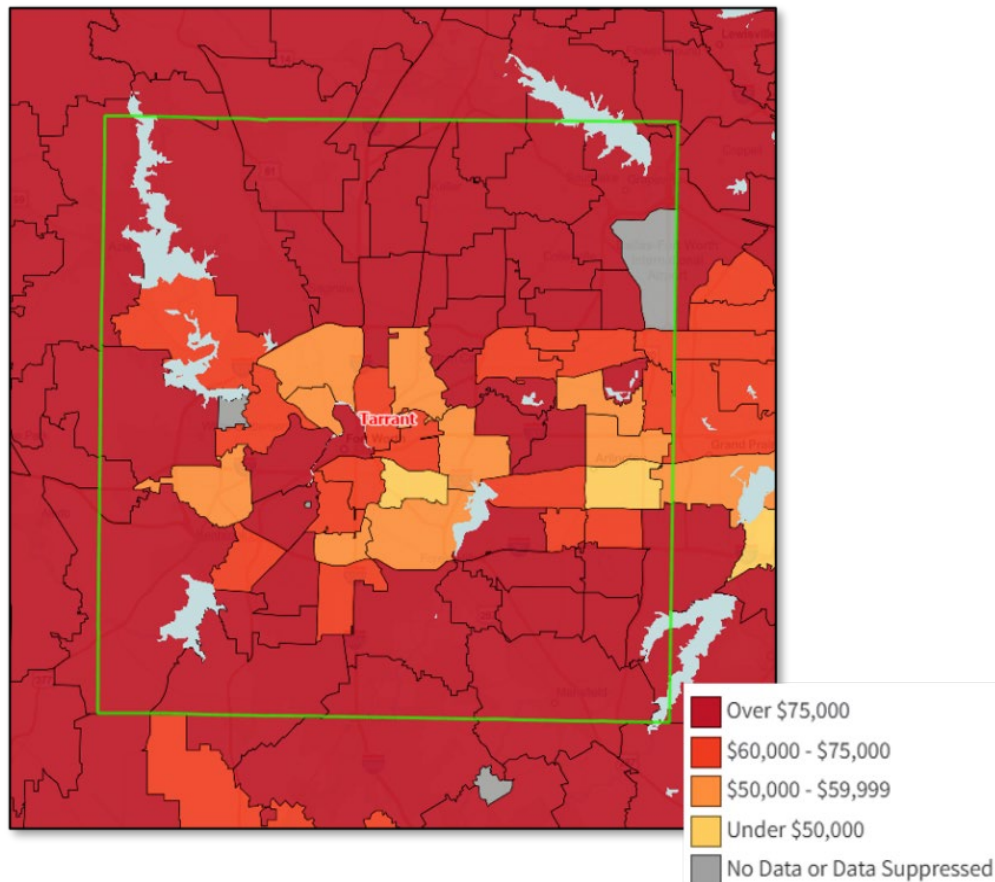
Measure	Tarrant County	Texas	United States
Median Household Income	\$84,207	\$78,476	\$80,734

Tarrant County's median household income is higher than both the Texas and national figures. But that single number does not show how income is spread across households, and this strength is not shared evenly across the county. Lower-income areas run through the county's central core and stretch toward its eastern side. The countywide median hides real

¹⁰ US Department of Labor, Bureau of Labor Statistics. 2026 - March.

differences, and the areas at the lower end are where JPS patients likely feel the most financial pressure.

Figure 12: Geographic Distribution of Median Household Income^{4,11}



Poverty and ALICE Households

Poverty measures the share of residents whose income falls below the federal poverty line. This matters for health because households with less money more often delay or skip care, have higher rates of chronic disease, and live in less stable housing. In addition to the federal poverty line, another important measure of financial hardship is ALICE: Asset Limited, Income Constrained, Employed. ALICE households earn more than the poverty line, but still not enough to cover the cost of living where they live.

¹¹ Map created using Sparkmap (Curators of the University of Missouri)

Table G: Economic Indicators

Measure	Tarrant County	Texas	United States
Population Living in Poverty⁴	11.1%	13.8%	12.5%
Children Living in Poverty⁴	15.3%	18.7%	16.1%
ALICE Households¹²	31.5%	28.6%	n/a

Tarrant County's ALICE share is higher than the statewide figure. Read together with the poverty rate, this means Tarrant County has a smaller share of households in poverty than the state, but a larger group of working households that earn above the poverty line and still cannot easily cover housing, food, transportation, healthcare, and childcare. Together, poverty and ALICE status touch a large share of Tarrant County households, a detail the strong median income figure alone did not show.

Housing

Safe, stable, and affordable housing is one of the basic building blocks of good health. Housing conditions and cost affect everything from stress levels to exposure to mold, pests, and other hazards.

Tarrant County's homeownership rate is lower than both Texas and the nation. The county also has a higher share of housing units in poor condition than in either comparison area. This includes units that lack a full kitchen or plumbing, units that are overcrowded, and units that cost too much for the household's income.

¹² United Way ALICE Report 2023

Table H: Housing and Homelessness Indicators

Measure	Tarrant County	Texas	United States
Occupied Units with Substandard Conditions⁴	36.8%	34.5%	32.5%
Homeownership⁴	59.3%	62.5%	65.2%
Cost-Burdened Households (Homeowners)⁴	31.1%	30.7%	29.3%
Cost-Burdened Households (Renters)⁴	55.5%	51.7%	51.1%
HUD-Assisted Housing Units (per 10,000 units)¹³	268.5	291.2	415.9
Overcrowded Households⁴	4.2%	4.8%	3.4%
Public School Students Experiencing Homelessness¹⁴	2.4%	2.2%	2.6%

The gap between homeowners and renters stands out most on housing cost burden. Renter cost burden in Tarrant County runs well above both state and national levels, while homeowner cost burden is unremarkable by comparison. Renters tend to earn less than homeowners to begin with, so housing costs strain them more here than in most other places. At the same time, Tarrant County has fewer HUD-assisted housing units than both Texas and the nation. This means the county has less subsidized housing available to ease these cost pressures than other places do.

¹³ US Department of Housing and Urban Development. 2024.

¹⁴ US Department of Education, ED Data Express. 2022–2023.

**Figure 13: Cost Burdened Households
(Housing Costs Exceed 30% of Household Income), by Census Tract^{4,11}**

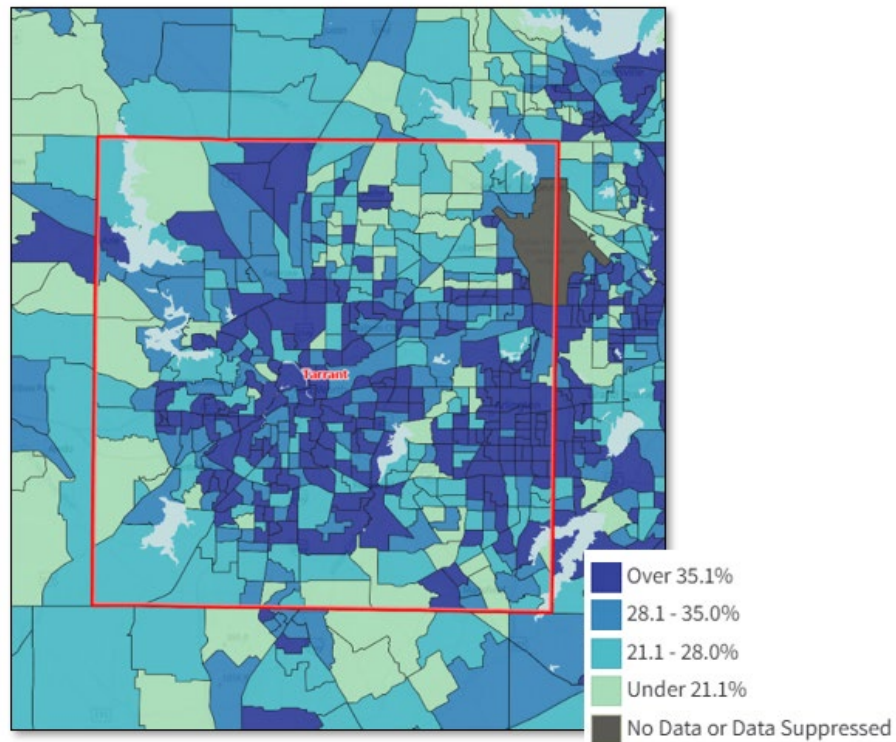
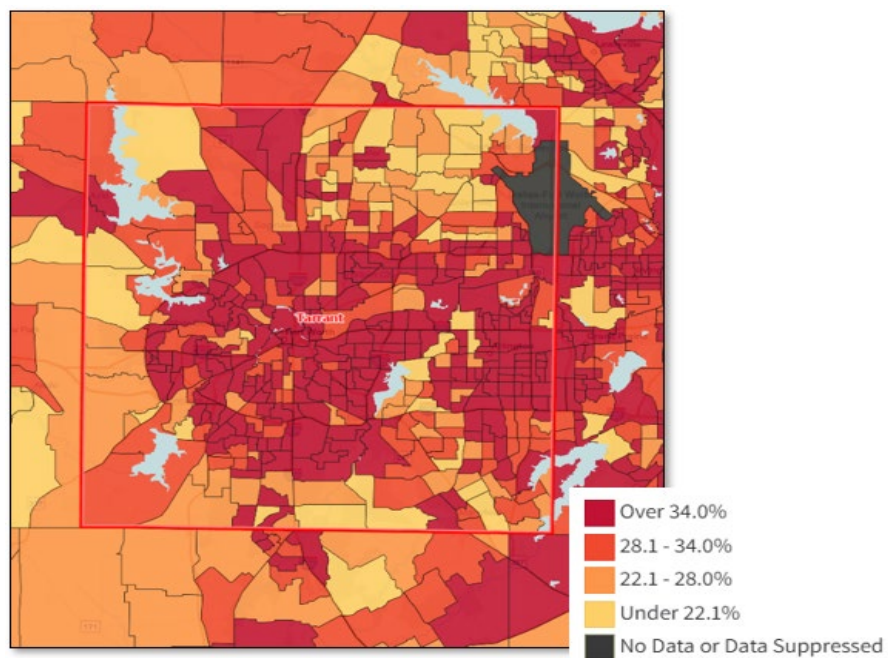


Figure 14: Substandard Housing Units, by Census Tract^{4,11}



This pattern is not spread evenly across the county. Both cost-burdened households and poor-condition housing cluster most heavily in Tarrant County’s central core. This means the same neighborhoods are likely to face both problems at once, rather than facing them as separate issues.

Family, Community, and Social Support

Strong families and social connections help people cope with stress, recover from hardship, and stay healthy. Communities with weaker social ties often see worse health outcomes, especially among children and older adults.

Table I: Family, Community, and Social Support Indicators

Measure	Tarrant County	Texas	United States
Children in Single-Parent Households⁴	25.1%	25.3%	24.7%
Childcare Cost Burden¹⁵	26.0%	24.5%	27.9%
Childcare Centers (per 1,000 children under 5)¹⁶	4.0	5.0	8.1
Substantiated Child Abuse Rate (per 1,000 children)¹⁷	8.5	6.8	7.4
Population Age 16-19 Not in School and Not Employed⁴	7.3%	8.2%	6.9%

Tarrant County has fewer childcare centers for its population than either the state or the nation. The rate of confirmed child abuse in Tarrant County is also higher than both the state and national rates. A higher child abuse rate is a sign of family stress. It is linked to behavioral health, developmental, and chronic disease risks that can last into adulthood.

¹⁵ US Census Bureau / Living Wage Calculator, via County Health Rankings. 2024 & 2023

¹⁶ Department of Homeland Security, Homeland Infrastructure Foundation-Level Data. 2010-2022

¹⁷ Alliance for Children, Centers for Disease Control and Prevention, Texas Department of Family and Protective Services 2024; Retrieved from Healthy North Texas

Table J: Social Connection and Civic Engagement Indicators

Measure	Tarrant County	Texas	United States
Older Adults (65+) Living Alone⁴	8.4%	8.9%	11.9%
Social Associations (per 100,000 population)¹⁸	74.6	79.4	97.2
Voter Participation Rate, 2024 Presidential Election¹⁹	58.7%	58.4%	63.8%

The table above shows data about community and civic connection. Tarrant County has a smaller share of older adults living alone than either Texas or the nation. This is a good sign, since isolation among older adults is linked to higher rates of depression, memory decline, and avoidable hospital stays. On the other two measures, the county falls below national levels. Tarrant County has fewer social groups per person, including civic organizations, churches, and clubs, than both the state and the nation. Voter turnout in the 2024 presidential election also fell below the national rate. Together, these numbers suggest that the groups and organizations that connect residents to each other are thinner in Tarrant County than in the country as a whole.

Food Security

Food security is a basic need that shapes growth, development, and health across a person's life. It means having steady access to enough safe, healthy food. Households that lack it may skip meals, cut portion sizes, or rely on cheaper food that is less nutritious. Ongoing food insecurity is linked to higher rates of diabetes, high blood pressure, and obesity in adults, and to slower development, lower school performance, and greater behavioral health risk in children. The indicators below describe food insecurity in Tarrant County, along with use of the programs meant to address it.

¹⁸ US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2023.

¹⁹ Fox News, Politico, New York Times. 2024.

Table K: Food Security Indicators

Measure	Tarrant County	Texas	United States
Food Insecurity²⁰	15.8%	17.6%	14.5%
Food Insecure Children²⁰	21.9%	22.2%	18.4%
Food Insecure Children Likely Ineligible for Assistance²⁰	35%	33%	32%
Children Eligible for Free or Reduced-Price Lunch²¹	54.7%	55.7%	42.4%
Households Receiving Food Stamps/SNAP⁴	9.6%	11.4%	12.1%

Tarrant County has lower food insecurity than the state, though still higher than the nation, with child food insecurity following the same pattern: below the state rate, but above the national one. The county also has a higher share of food-insecure children who likely do not qualify for federal nutrition aid than either comparison area. This means some children who need help fall outside the programs meant to reach them. Eligibility for free or reduced-price school lunch runs well above the national level, while household SNAP participation falls below both state and national levels. Together, these indicate potential under-enrollment in SNAP among eligible households, alongside a group of food-insecure children that aid is unlikely to reach. Food insecurity and its implications are discussed further in [Chapter 4](#).

Environmental Quality

The air people breathe, the water they drink, and the heat they're exposed to all affect health directly, especially for children, older adults, and people with chronic conditions. These conditions are often not spread evenly across a community, which is one reason JPS looks at exposure at the neighborhood level, not just countywide.

²⁰ Feeding America, 2023; Retrieved from Healthy North Texas

²¹ National Center for Education Statistics, NCES - Common Core of Data. 2024-2025

Table L: Environmental Indicators

Measure	Tarrant County	Texas	United States
Air Pollution, Particulate Matter (micrograms per cubic meter)²²	9.7	9.4	9.2
Drinking Water Violations²³	23	4,708	26,746
Environmental Justice Index (% of tracts highly burdened)²⁴	27.7%	27.2%	22.9%
Heat Vulnerability Index²⁵	68.8%	64.7%	55.4%

The table above compares Tarrant County to Texas and the nation on four measures of environmental quality: air pollution, drinking water violations, environmental justice burden, and heat vulnerability. Air pollution in the county is slightly higher than the state and national levels, a small gap but one that matters for residents with asthma and other lung conditions. The county's 23 drinking water violations are a raw count and should be read alongside the size of its water systems rather than compared directly to the state and national totals.

Heat risk is the largest gap. Tarrant County's heat index runs well above both the Texas and national figures. This means features of the county's natural and built environment leave a much larger share of residents exposed to heat-related health risks than is typical statewide or nationally.

Another concerning measure is the Environmental Justice Index (EJI). The EJI, created by the CDC and the Agency for Toxic Substances and Disease Registry, scores every census tract in the country on how much environmental harm affects health there. A highly burdened tract is one where environmental hazards overlap with the social and health conditions that make residents more vulnerable to them. Tarrant County's share of highly burdened tracts is above the national rate, and slightly above the Texas figure as well.

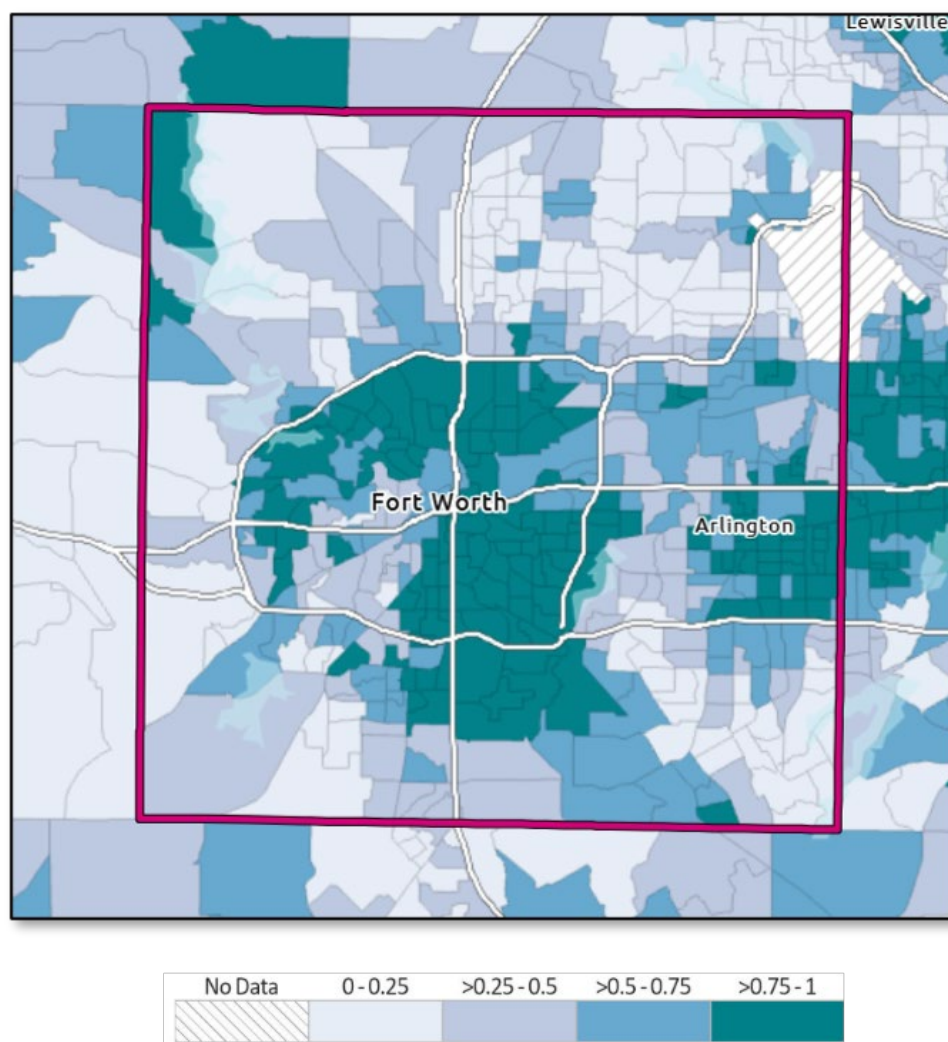
²² CDC - National Environmental Public Health Tracking Network. 2020.

²³ US Environmental Protection Agency. 2023–2025.

²⁴ Geospatial Research, Analysis & Services Program (GRASP) Agency for Toxic Substances and Disease Registry (ATSDR); Centers for Disease Control and Prevention

²⁵ CDC – National Environmental Public Health Tracking Network. 2024.

Figure 15: Environmental Justice Index, by Census Tract²⁴



As with housing, these environmental burdens vary across Tarrant County, and the census tracts facing the greatest exposure should inform how JPS approaches heat-related illness and other environmentally driven health risks.

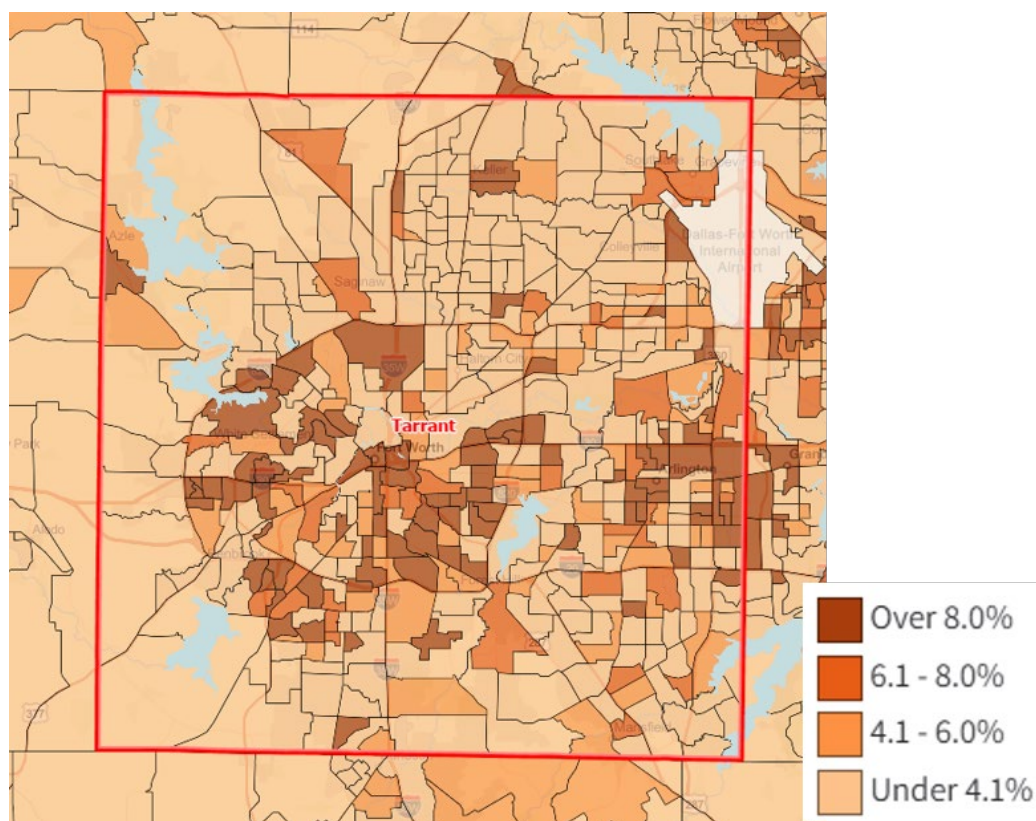
Transportation and Access

Transportation is important to health in several ways. It determines whether residents can get to medical appointments and reach other things that support health, such as grocery stores with fresh food, parks and gyms where they can be active, jobs, and the friends and family who help them stay well. Meeting any of these needs requires a reliable vehicle, access to public transit, or a commute short enough to leave time for the rest of daily life, as shown below.

Table M: Transportation and Transit Indicators⁴

Measure	Tarrant County	Texas	United States
Households with No Motor Vehicle	4.6%	5.5%	8.4%
Population Commuting More than 60 Minutes	7.2%	8.2%	8.6%
Population Using Public Transit for Commute to Work	0.4%	0.9%	3.2%

Tarrant County residents are less likely to lack a vehicle than residents statewide or nationally, and long commutes are somewhat less common here than in either comparison area. Public transit use, though, is low across the board, and Tarrant County's rate is lower still than the already-low state and national rates.

Figure 16: Households with No Vehicle, Percent by Tract^{4,11}

The map above shows that households without a vehicle are clustered in certain neighborhoods, particularly around the urban areas of the county. The low public transit use

and the pockets of households without a car point to transportation being an important barrier to accessing healthcare and other health needs for some residents of Tarrant County.

Safety

Community safety affects whether residents feel comfortable being physically active, and shapes overall well-being. Injury-related death rates offer one window into how safe a community is day to day, summarized below.

Table N: Safety Indicators

Measure	Tarrant County	Texas	United States
Unintentional Injury (Accident) Mortality Rate⁴	47.4	48.1	64.3
Homicide Mortality Rate⁴	7.4	7.2	7.1
Firearm Death Rate⁴	14.8	14.8	14.0
Motor Vehicle Crash Death Rate⁴	12.2	14.2	12.9
Motor Vehicle Crash, Alcohol-Involved Mortality Rate²⁶	1.8	3.2	2.5

Tarrant County's safety measures are generally similar to or better than state and national levels, notably on motor vehicle crash and alcohol-related crash deaths, which run well below the national rate. Homicide and firearm death rates are close to state and national levels. Overall, these measures suggest a county that is about as safe as, or safer than, its benchmarks, especially on traffic-related deaths.

²⁶ US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2019-2023.

Chapter 4 | Priority Need Areas

This chapter describes the two priority health needs identified for Tarrant County through the process described in Chapter 2. To select these priorities, the Steering Committee and JPS Leadership looked at health impact, whether real solutions exist, and how much each need affects groups who already face more barriers to good health.

The first priority is **Social Determinants of Health** (SDOH). SDOH are the everyday conditions that shape a person's health long before they ever see a doctor. For Tarrant County, three specific determinants rose to the top of each data source. These three areas include:

1. Housing and Homelessness
2. Food Insecurity
3. Transportation

Each of these often affects the same families at the same time, and they open up real opportunities for JPS and its partners to make a meaningful difference.

The second priority is **Connecting Our Community**. Tarrant County already has many strong health resources, both inside and outside JPS. This priority focuses on helping more residents find these resources and use them. It looks at three areas:

1. Connecting people to care for chronic conditions
2. Creating educational materials on important health topics
3. Using ZIP code data to guide outreach to the neighborhoods with the greatest need.

The sections that follow present data and community voices that support each priority. The data come from national, state, and local sources, and from Tarrant County residents and community stakeholders who shared their experiences through surveys, interviews, and focus groups.

Priority Area | Social Determinants of Health

The term “social determinants of health” broadly includes the everyday conditions, outside of a doctor's office, that shape how healthy a person can be. It includes things like income and employment, education, housing, access to food, transportation, and access to childcare, among other factors. JPS recognizes that no single organization can address every part of this broad category. This CHNA focuses on the three areas where the data and community input points most clearly to things that JPS and its community partners can act on: **housing and homelessness, food insecurity, and transportation.**

Community members and stakeholders described these three areas as closely connected. A family that struggles to pay rent may also struggle to buy groceries. A person without reliable transportation may miss medical appointments and health screenings. One focus group participant explained that families often must choose between paying for housing and paying for food, and that this kind of choice is hard on the whole community.

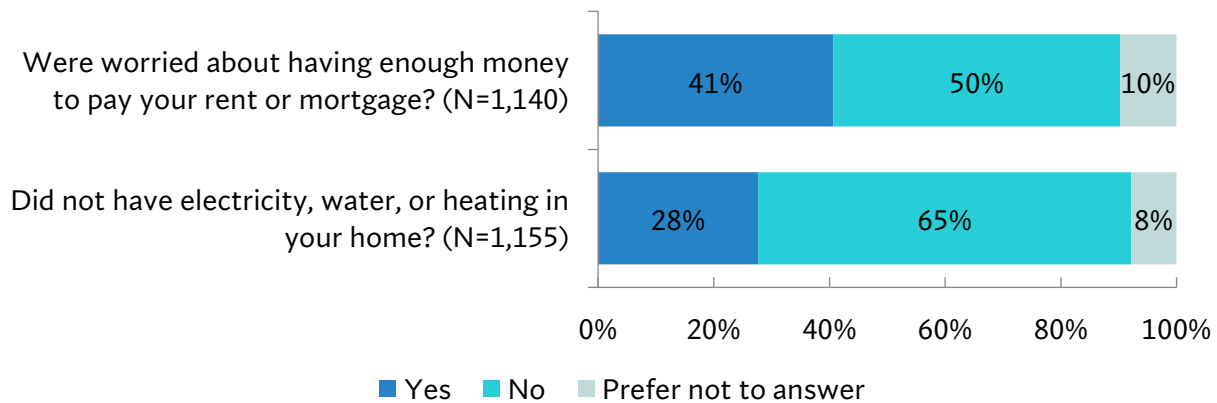
The sections below present data and community input on housing and homelessness, food insecurity, and transportation. Together, they point to real opportunities for JPS and its community partners to help residents build a more stable foundation for their health.

Housing and Homelessness

Chapter 3 described how housing affects health in Tarrant County. Homeownership is lower here than in Texas or the nation, and renters face a much heavier cost burden than homeowners. Cost-burdened households and lower-quality housing units both cluster in the central part of the county, often in the same neighborhoods (**FIGURE 13**). This section builds on those findings by looking at what housing instability means for residents day to day, and where JPS and its partners have an opportunity to help.

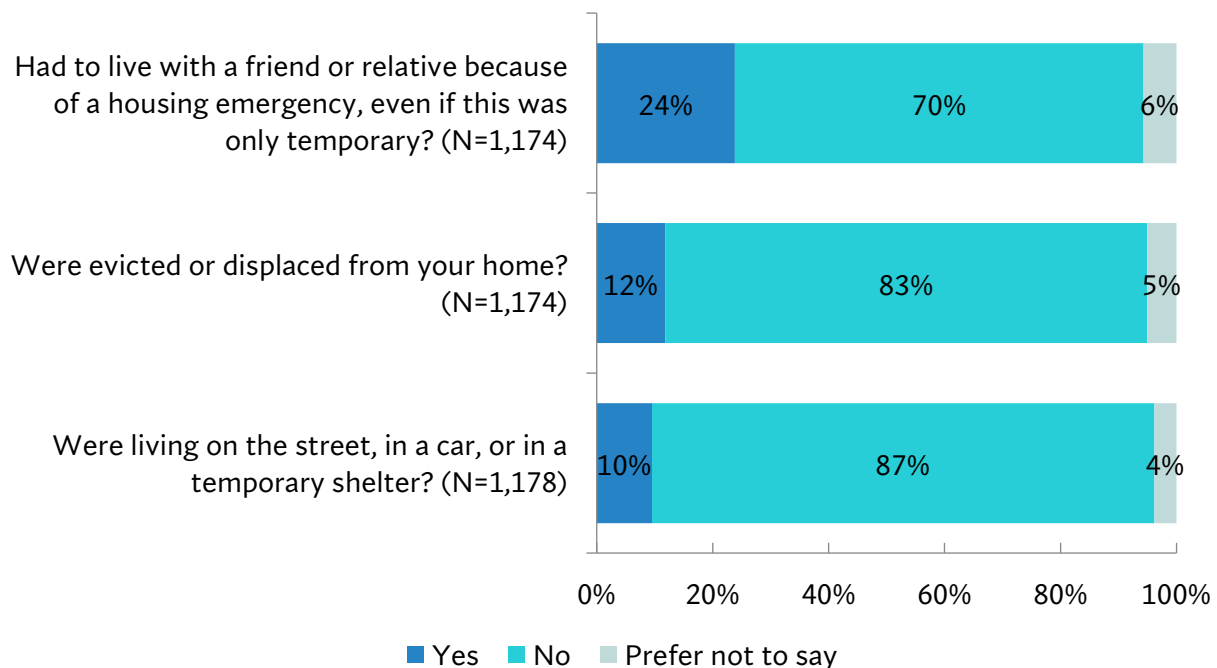
The CHOS found that many Tarrant County residents worry about housing costs and instability.

Figure 17: CHOS Responses – “In the past 12 months, were there times when you...”



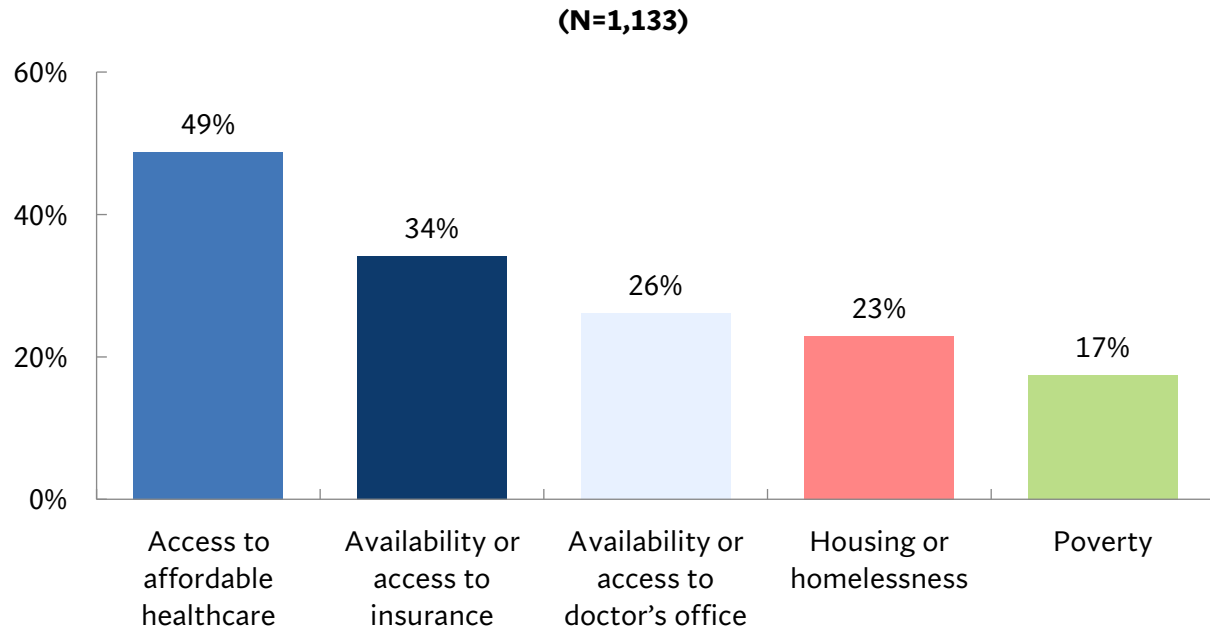
Close to half of respondents said they had worried about paying rent or a mortgage in the past 12 months, and three in ten said they had gone without electricity, water, or heat at some point in the past year. These numbers show that housing costs are not just a concern on paper. They affect whether families can keep the lights on and stay current on rent from month to month.

Figure 18: CHOS Responses – “In the past three years, were there times when you...”



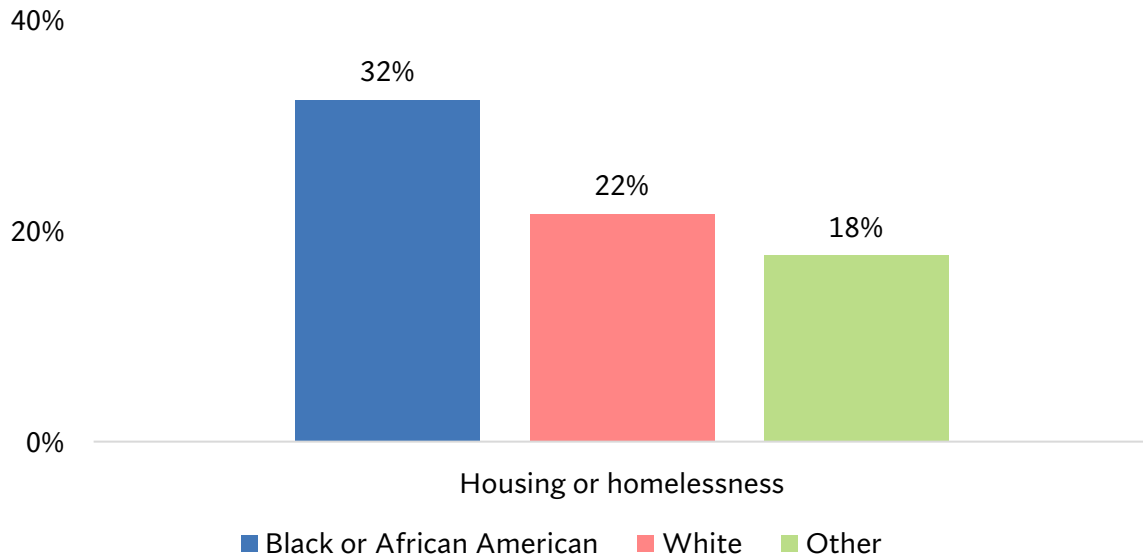
About one in four respondents said they had to live with a friend or relative in the past three years because of a housing emergency, and about one in ten said they had lived on the street, in a car, or in a temporary shelter during that same time period. This shows that housing instability in Tarrant County goes beyond monthly financial strain. For some residents, it means losing stable housing altogether, even if only for a period of time.

Figure 19: CHOS Responses – Top social or community issues that have the biggest impact on health in the community



When asked what issues affect health in their community, close to a quarter of respondents named housing or homelessness among their top three. Black respondents named it at a noticeably higher rate than White respondents, which points to an opportunity to focus housing support on the residents who feel this need most.

Figure 20: CHOS Responses – Top social or community issues that have the biggest impact on health in the community, by Race



Stakeholders described some of the physical conditions that make housing instability worse. Poor housing quality and rising housing costs came up together, since older or lower cost housing stock often needs repairs that landlords are slow to make. As one stakeholder interviewee described it, ***“We have a lot of apartment complexes here in Fort Worth that are not healthy places to live. There are rodents.”*** Other stakeholders pointed to cost pressure as a growing concern, noting that even families who are not at risk of losing their housing altogether can still feel squeezed by what housing costs each month.

Community members and providers also pointed to a gap in how the health system connects with residents who are homeless or housing insecure. Focus group participants suggested that a role focused specifically on housing, such as a case manager or community health worker, could help residents navigate housing resources and homeless services more effectively. One participant explained that unsheltered residents face barriers that go beyond finding a place to live, since they often carry their belongings with them and may care for pets, which ***“makes it difficult to come in for appointments.”*** This same participant noted that many unsheltered residents stay within a small area near local shelters and services, information that could help guide where future outreach is targeted.

Several stakeholders also connected housing instability to root causes beyond cost alone. Divorce and job loss both surfaced as life events that can leave someone searching for a new place to live while also managing work and other responsibilities. One stakeholder interviewee linked housing loss to untreated mental health needs and trauma, including among veterans, noting that homelessness is often the result of an earlier hardship.

JPS already has a foundation to build on in this area. Focus group participants pointed to the health system’s street medicine program as a strong, active investment in reaching residents experiencing homelessness where they are, and a model that could be expanded further.

Food Insecurity

Access to healthy food is closely tied to many chronic conditions, including diabetes, high blood pressure, and stroke. [Chapter 3](#) described food security in Tarrant County, including a food insecurity rate that runs below the state but above the nation, with child food insecurity following the same pattern (**Table K**). This section looks more closely at the food environment residents live in, and how they experience food access.

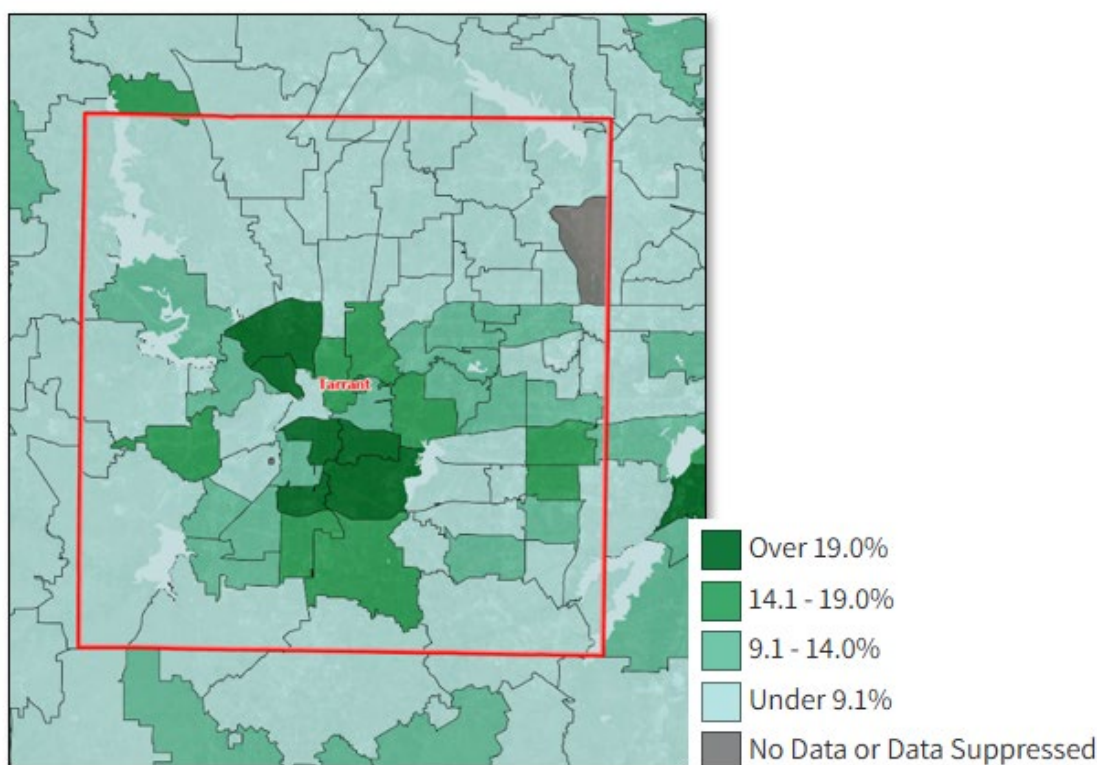
Tarrant County has a similar number of grocery stores per person compared to the state, though still fewer than the national average. Fast food restaurants per person run higher than both the state and national averages. The county’s Food Environment Index, a broader measure of how easily residents can access affordable and healthy food, is stronger than the state figure and reasonably close to the national number. Together, these numbers suggest the county’s food access challenge is less about a shortage of grocery stores overall, and more about the mix of food options available and how access is distributed across different neighborhoods, which the SNAP participation map below speaks to.

Table O: Food Environment Indicators

Indicator	Tarrant County	Texas	United States
Food Environment Index (0–10 scale, higher is better)	7.4	5.7	7.6
Grocery Store Establishments (per 100,000 population)	13.2	12.8	19.0
Fast Food Restaurants (per 100,000 population)	93.1	83.6	81.5

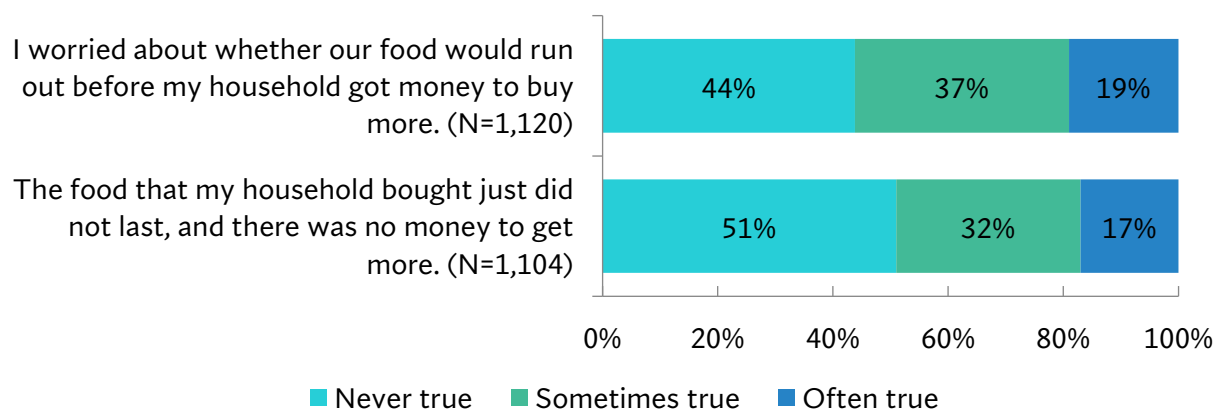
The map below shows that SNAP participation is highest in the central and south-central part of the county, in neighborhoods such as the Near Southside, the Historic Southside, and Southeast Fort Worth. These are the same neighborhoods where [Chapter 3](#) found the greatest concentration of cost-quality housing, and they match the specific areas that stakeholders and focus group participants named repeatedly throughout this assessment as facing the greatest need.

Figure 21: Map of Households Receiving SNAP Benefits, by Census Tract^{4,11}



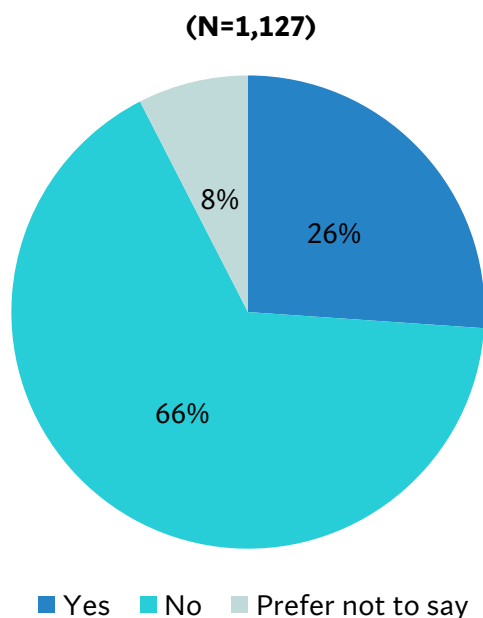
The CHOS found that many Tarrant County residents worry about having enough food.

Figure 22: CHOS Responses – “Please tell us how frequently the following statements were true for you in the past 12 months...”



More than four in ten respondents said they worried food would run out before they had money to buy more, and about half said the food they bought did not last and they did not have money to buy more. About one in four said they had cut the size of meals or skipped meals altogether because there was not enough money for food.

Figure 23: CHOS Responses – “In the last 12 months, did you or someone in your household cut the size of your meals or skip meals because there wasn’t enough money for food?”



Stakeholders described a food environment where convenience does not always mean good nutrition. Several pointed to neighborhoods with many fast-food options but few grocery stores or fresh produce, a pattern often called a food desert and reflected in **Table O** above. As one stakeholder interviewee put it, *“You go to some ZIP codes, and on every corner, there’s a fast-food restaurant, but they’re in a food desert.”* Focus group participants extended this point further, drawing a distinction between food insecurity, or simply having enough food, and nutrition insecurity, or having enough healthy food. One participant noted that people living close to a store that sells mostly packaged snacks still have access to food, just not food that supports good health.

One stakeholder interviewee emphasized a need to determine root causes of food insecurity rather than relying on just additional food distribution alone, which is only treating a symptom of a larger problem. Some stakeholders named income as a top root cause of food insecurity, describing families who must choose between paying for housing and paying for food in the same month. This pattern is also common among working households that earn too much to qualify for many assistance programs but still cannot cover the basics. Others pointed to health conditions that can cause food insecurity later in life, noting that residents who develop memory conditions such as dementia may lose the ability to drive or manage their own shopping and finances, and can become food insecure for the first time as a result. Stakeholders also flagged a policy pressure worth watching, since a long-standing cost-

sharing arrangement between the federal government and states for administering SNAP may shift, alongside tightening SNAP eligibility rules, both of which could push more residents toward food banks and other charitable food programs.

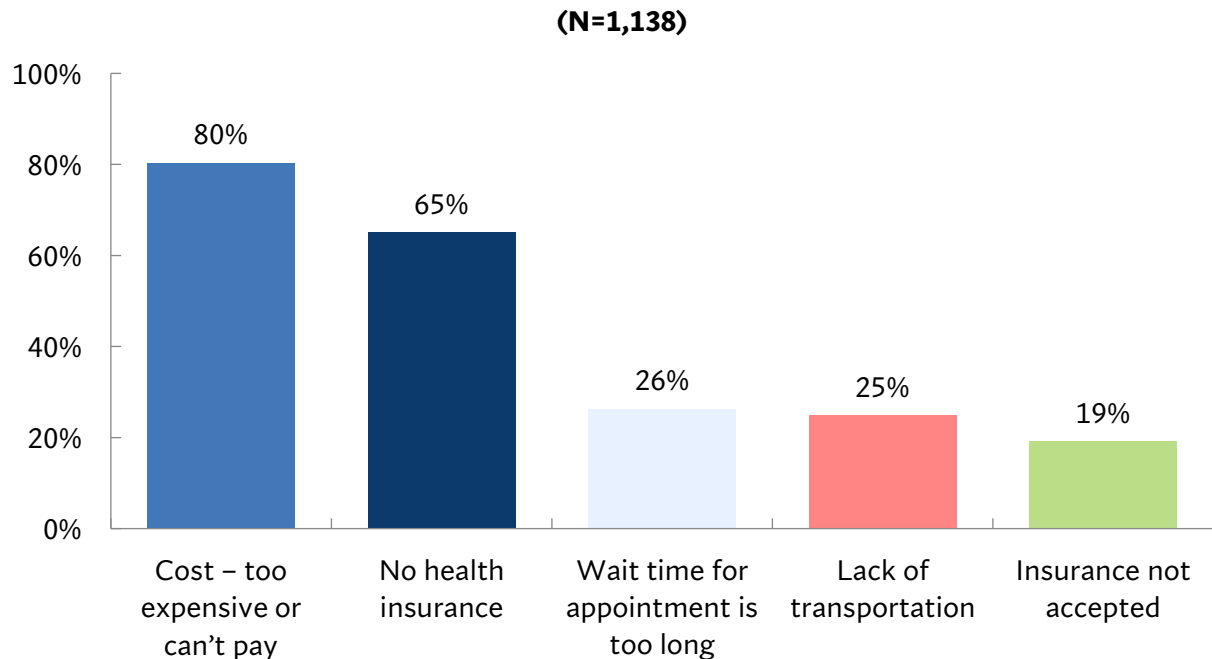
JPS and its community partners already have models in place to build on. Stakeholders pointed to a hospital partnership that connects patients to fresh food resources, a home-delivered meals program for older adults, and a resident led community garden that gives a neighborhood that is a food desert access to fresh vegetables. A related model, which pairs nutrition education with medically tailored meals for people managing chronic conditions, is described in more detail later in this chapter under Connecting the Community to Services for Chronic Conditions.

Transportation

Getting to a doctor's appointment, a pharmacy, or a grocery store all depend on the same basic need, a reliable way to get there. Chapter 3 found that fewer households in Tarrant County lack a vehicle compared to the state and the nation, and long commutes are somewhat less common here as well. Public transit use, however, is low across the board, and lower still in Tarrant County than in either comparison area. Households without a vehicle cluster are most heavily in parts of the central core, similar to the patterns seen in housing and food access, but this need also extends to pockets in the northern and southern parts of the county that fall outside that central cluster. This section builds on those findings by looking at how transportation barriers play out for residents day to day.

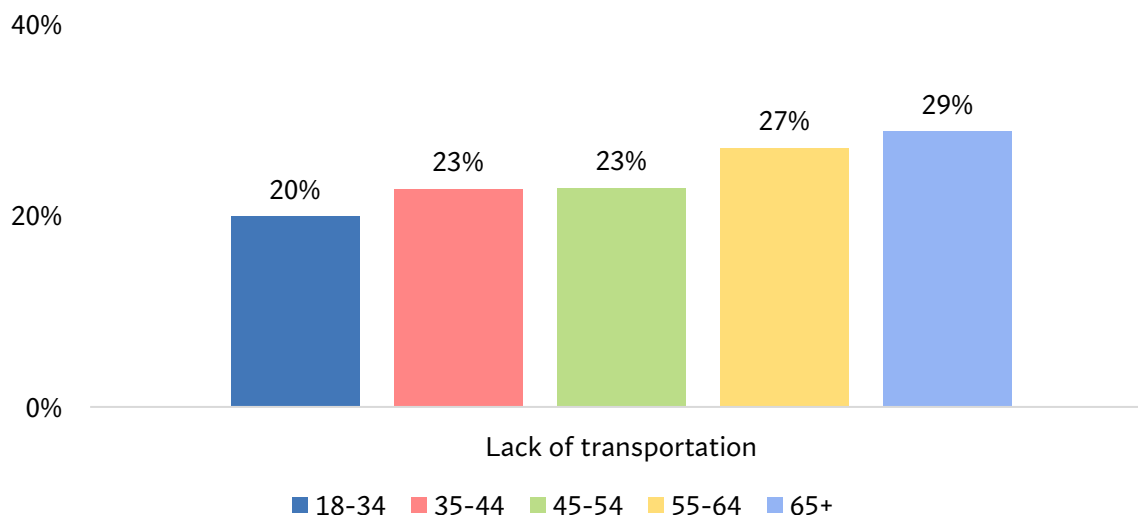
Respondents to the CHOS named transportation as a meaningful barrier to care for Tarrant County residents with about one in four respondents naming lack of transportation among the top three barriers to getting healthcare.

Figure 24: CHOS Responses - Most important reasons people in your community do not get health care



This barrier was least common among respondents ages 18 to 34, at one in five, but became more common with each older age group, reaching close to three in ten among respondents 65 and older. This difference in responses by age group indicates that transportation is a greater issue for older residents of Tarrant County than younger residents.

Figure 25: CHOS Responses – Transportation selected as most important reason people in the community do not get health care, by age



Transportation came up more consistently across stakeholder interviews and focus groups than almost any other topic in this assessment. As one focus group participant put it, ***“If you can’t get to the services, the services don’t matter.”***

Getting around without a car in Tarrant County often means long waits and limited options. A stakeholder interviewee described the regional transit system as workable but limited and another described a patient who waited about three hours for a ride home after an appointment. Stakeholders also noted that having access to transportation and being able to afford it are two separate problems. Ideas raised to help close this gap included transportation vouchers for patients and closer coordination with regional transit partners on routes near JPS clinics.

This barrier is not spread evenly across the county. One focus group participant described a divide along Interstate 35, where many of the region’s major healthcare systems are concentrated on one side, while a different, often higher-need community lives on the other side. In this stakeholder’s words, ***“you have a lot of the major healthcare systems on one side of I-35, you get this very different community on the other side.”*** For some residents, that divide means traveling well outside the county, as far as Dallas, just to reach certain cancer treatments. A similar pattern shows up closer to home, where JPS sits near the ZIP code with the highest infant and adult mortality rate in the state, but residents there must cross a busy freeway to reach the hospital.

Transportation gaps also compound with the housing and food challenges discussed earlier in this chapter. Residents who are unsheltered and further from services face this most acutely, since reaching a shelter, a clinic, or a meal program all depend on the same reliable way to get

there. The same is true for residents in food deserts, where the nearest grocery store with fresh, healthy options may be too far to reach without a car. Tarrant County already has a model worth building on in Trinity Metro's on demand van service for seniors, a low-cost option that could be expanded to reach more of the population that needs it. This same gap, between having a program and being able to reach it, comes up again in the next priority need area, which looks at how residents connect to care for chronic conditions.

Priority Area | Connecting Our Community

Tarrant County already has many strong health resources, both inside and outside JPS. Stakeholders and focus group participants consistently said that the biggest barrier is not a lack of services, but a lack of awareness and connection. As one focus group participant put it, *“the navigation of all those resources... things are sometimes offered in silos.”* This priority focuses on helping more residents find and use what already exists, rather than building new services from the ground up.

This CHNA looks closely at three parts of this priority, connecting residents to services and community resources for chronic conditions, providing educational materials on important health topics, and using ZIP code data to guide outreach toward the neighborhoods with the greatest need. Together, these three areas point to a real opportunity for JPS and its community partners to close the gap between the resources that exist and the residents who could benefit from them.

The sections below present data and community input on each of these three areas.

Connecting the Community to Services for Chronic Conditions

Chronic Conditions in Tarrant County

Chronic disease was the most consistently named health concern across every focus group in this assessment. For a resident managing a condition like diabetes, COPD, or chronic kidney disease, the biggest gap is often not clinical treatment itself, since JPS and other providers already offer that care. The challenge lies in reaching the everyday resources, whether educational, nutritional, or otherwise, that make it possible to manage those conditions successfully on a day-to-day basis.

Table P: Chronic Disease and Provider Access Indicators

Indicator	Tarrant County	Texas	United States	HP2030 Target
Heart Disease Death Rate (per 100,000)²⁷	137.4	167.5	207.2	—
Stroke Death Rate (per 100,000)²⁷	39.8	39.7	49.0	33.4
Coronary Heart Disease Death Rate (per 100,000)²⁷	65.7	88.0	109.3	71.1
Adult Diabetes Prevalence²⁸	11.7%	12.8%	12.0%	—
Adult Hypertension Prevalence²⁸	31.4%	33.1%	34.4%	41.9%
Adult Obesity Prevalence²⁸	33.2%	35.7%	32.8%	36.0%
Primary Care Physicians (per 100,000)²⁹	96.4	93.1	119.6	—
Uninsured Adults Under 65⁴	20.6%	21.6%	11.0%	—

Tarrant County's stroke death rate is one of the largest gaps between local performance and the Healthy People 2030 target of any indicator reviewed in this assessment, which points to a clear opportunity for continued investment in stroke prevention and awareness. Uninsured adults also make up a meaningfully larger share of the population here than nationally, even though Tarrant County's rate compares more favorably to the rest of Texas (**Table P**).

²⁷ CDC - National Vital Statistics System. Accessed via CDC WONDER. 2020-2024.

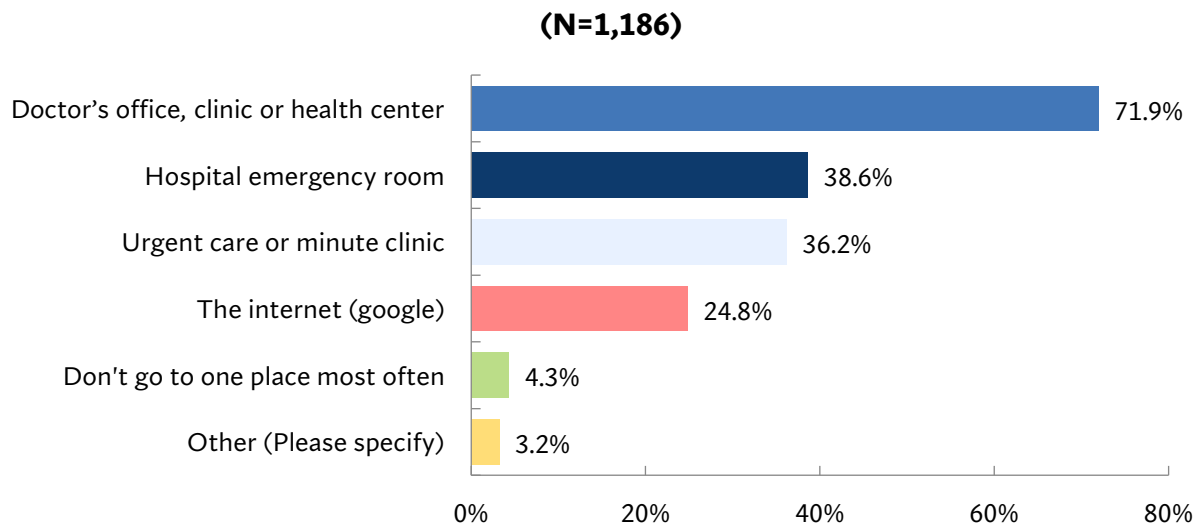
²⁸ CDC BRFSS, via PLACES Data Portal. 2023

²⁹ Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). March 2026

Care Seeking Behaviors in Tarrant County

How residents look for care for a chronic condition points to the same challenge of connecting the community with appropriate resources. On the community survey, more than one third of respondents said they seek care most often in the emergency department or urgent care (Figure 26). Key leader survey respondents also named the emergency department as the most frequent healthcare access point for community members.

Figure 26: CHOS Responses - Where Community Members Usually Seek Care



Stakeholders interviewed also discussed the connection between unmanaged chronic disease and overreliance on emergency care. One community leader explained that residents without a regular primary care provider end up “utilizing the emergency services” by default. She described how this type of care-seeking means that chronic diseases cannot be addressed fully, because there is a lack of follow-up care after the acute symptoms are treated in the emergency care setting. Another stakeholder described a similar pattern among families she works with who often use ambulances as their primary care.

Even for residents who are already connected to a provider, stakeholders described a second gap once someone is diagnosed: knowing how to move through the system that already exists. One community leader put it directly: ***"I think we have to educate the patient on what this system offers you. It's a complete system... but you need to know how to navigate that."*** She pointed specifically to the handoff between primary care and specialty care for a condition like diabetes, where patients are not always referred to a specialist even as their condition worsens. A hospital system stakeholder described a similar gap from the referral

side, noting that patients screened at a free or community clinic for a condition like heart disease do not always have a clear, established path into specialty follow-up.

Healthcare Screening and Education

Screening is one of the clearest ways to reach residents before a chronic condition becomes harder to treat, and stakeholders described this as an area where the timeline keeps moving earlier. As one stakeholder interviewee explained, *“not that long ago... we changed our screening rates from 50 to 45, and now it looks like we need to go down even further, because people are being diagnosed with colorectal cancer so early.”* Reaching residents sooner also means reaching specific populations who face earlier risk, such as young Black men, who stakeholders said should be encouraged toward prostate cancer screening earlier than has traditionally been recommended. Stakeholders connected this shift to a need for more coordinated messaging across providers, so that primary care physicians, specialists, and nurses can speak to patients with one consistent voice about when and why to get screened.

Beyond screening, community members' ability to recognize the warning signs of chronic disease in the first place, and know what to do next, is its own barrier. One stakeholder interviewed framed this as a basic health literacy gap: *“Do you know what your body's saying to you when you're becoming a diabetic? The community is not educated on detecting those healthcare signs.”* A provider in a focus group described a similar disconnect among the patients they serve, particularly around diabetic eye disease, identifying education, not access, as the biggest barrier. A community leader added that this gap runs in both directions between patients and providers, describing a communication breakdown when patients raise concerns that go unaddressed: *“I understand my body; I can tell you when something is going wrong now... I think there's a miscommunication between some healthcare providers and the patient.”*

Resource Awareness

Many residents may not realize how much is already available to them close to home, and, even when residents do know a service exists, the format may not fit their life. Focus group participants said that walk-in and mobile care options are often what residents ask for most, since these fit more easily into daily life than a scheduled visit across town.

Tarrant County already has tools that can address this problem, and they offer a foundation JPS can build on rather than a gap it must fill alone. One health system stakeholder described “FindHelp,” a ZIP code-based tool that matches patients with community resources near where they live. A related model builds on this approach, specifically for chronic disease.

Another community partner in a focus group described a program that pairs nutrition education with medically tailored meals and community garden programming, built around conditions such as diabetes and kidney disease, describing it as ***"a community kitchen producing medically tailored meals."*** Models like these show that connecting residents to chronic disease care does not have to start from scratch.

Reaching a chronic disease program is only half the equation. A resident may find a program for diabetes management, but not find transportation to go along with it, a barrier described in more detail earlier in this chapter. Connecting residents to chronic disease management programs in Tarrant County depends on solving both halves of this equation, the program itself and the ability to reach it. Given the size of the chronic disease burden across the county and the community resources already in the community, JPS has a strong opportunity to help connect the community members facing the highest burden to these programs.

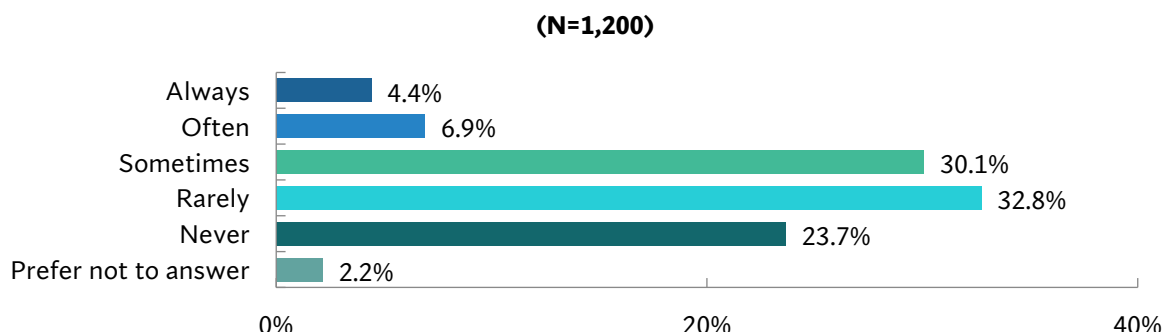
Educational Materials for Target Health Topics

Reaching residents with the right health information matters as much as making the information available in the first place. Stakeholders and focus group participants described several areas where clear, well-delivered information could make a real difference including general health literacy and suicide prevention. Across these topics, the challenge is rarely a lack of information but rather making sure that information reaches the people who need it.

Stakeholders who were interviewed described a persistent gap between the information JPS wants residents to have and the information residents receive. One JPS Board member proposed a direct fix, suggesting a regular mailer that reminds community members which facilities and services are available to them, describing it as ***"a mass PR [public relations] program."*** A stakeholder working in vision care described a related pattern from direct experience, noting that patients are sometimes already connected to a JPS resource without realizing it, and that fear of a diagnosis can keep residents from seeking care in the first place, saying, ***"they don't want to know something's wrong, or they don't want to know what to do."***

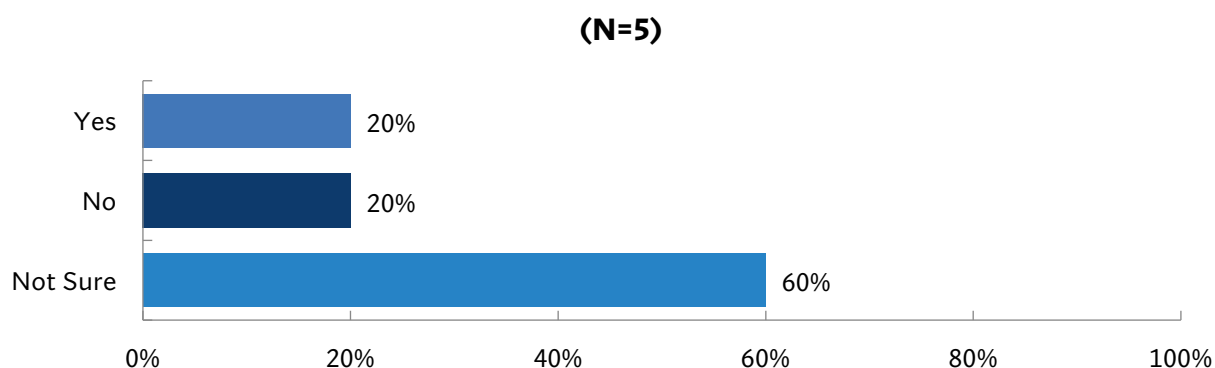
Community survey data point to where this health literacy gap is most pronounced. About two in five survey respondents reported having difficulty understanding what providers tell them about their own health. (Figure 27).

Figure 27: CHOS Responses - How often do you have a problem understanding what is told to you about your health or medical condition(s)?



Key leader survey respondents were similarly uncertain about health literacy in the populations they serve: three of the five who answered this question said they were "not sure" whether the community they serve can understand health information when it's presented to them. This was more than said yes or no combined (**Figure28**).

Figure 28: Key Leader Survey Responses: Do you believe that the people in the community you serve are health literate, or able to understand health-related information when it is presented to them?



This uncertainty, even among people who work closely with the community every day, underscores how much room there is to improve the clarity of health information when it is delivered to patients.

Reaching residents also means reaching them in a way that fits their language and culture. JPS patients speak more than 100 languages. As one focus group participant put it, an interpreter can bridge the language gap but cannot always meet a patient's specific cultural needs. Participants pointed to grassroots, trusted messenger models as one of the most

effective ways to build that understanding, including doulas, who several participants described as functioning much like community health workers.

Maternal and infant health is one area where the data show a clear opportunity for earlier outreach. Early prenatal care connects mothers to support and monitoring from the start of pregnancy, which can help prevent complications later on.

Table Q: Maternal and Infant Health Indicators

	Tarrant County	Texas	United States	HP2030 Target
Mothers Who Received Early Prenatal Care	58.9%	61.5%	78.3%	80.5%
Low Birthweight	8.8%	8.5%	8.4%	—
Infant Mortality Rate (per 1,000 live births)	6.3	5.6	5.6	5.0

Suicide prevention is an important area where residents may benefit from more targeted educational outreach. Tarrant County’s suicide death rate falls short of the Healthy People 2030 target, and adults here report poor mental health days and depression diagnoses at a higher rate than the state or national average. These numbers point to an opportunity to reach residents earlier, before a mental health concern becomes a crisis.

Table R: Behavioral Health and Related Indicators

	Tarrant County	Texas	United States	HP2030 Target
Deaths by Suicide (per 100,000)²⁷	14.0	14.2	14.5	12.8
Adults with Poor Mental Health (14+ days a month)²⁸	17.5%	16.9%	15.6%	—
Adults Ever Diagnosed with Depression²⁸	22.7%	21.2%	20.2%	—

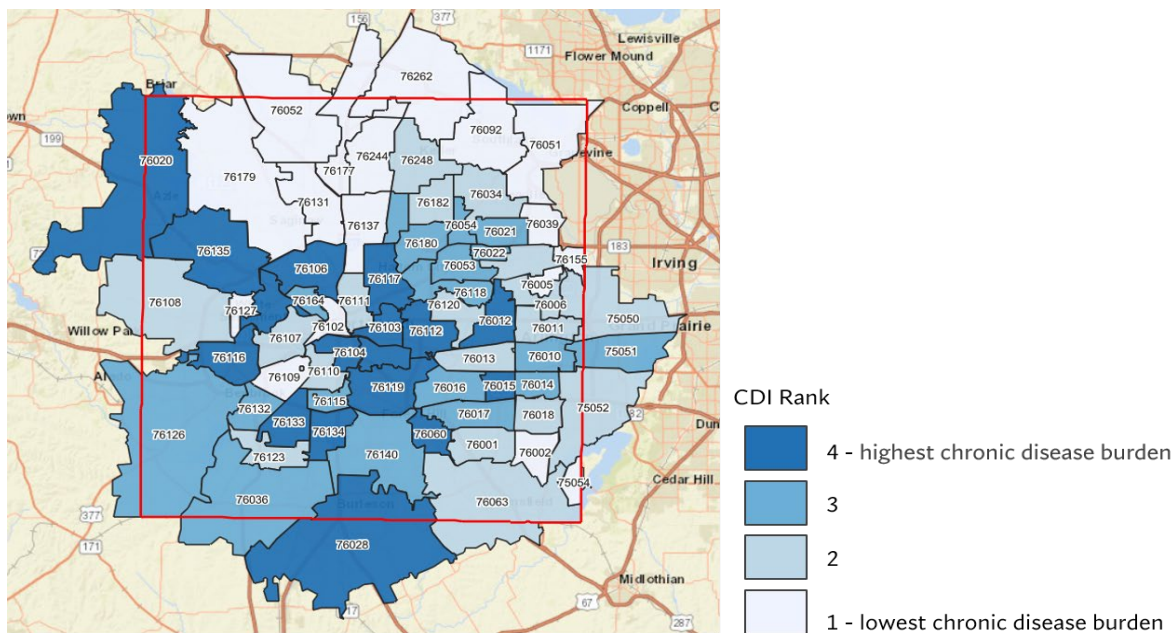
Suicide prevention was raised with particular concern around younger residents. One focus group participant described a recent reversal in a positive trend, noting a steady drop in youth suicide rates that has begun ticking back up this year, with the shift moving toward Black, Hispanic, and other youth of color, particularly in lower income neighborhoods. Encouragingly, Tarrant County already has a model shown to help. One focus group pointed to a local nonprofit's peer-led approach to suicide prevention, which pairs teens with other teens and has been credited with a real drop in the local youth suicide rate in the past.

ZIP Code-Specific Targeting for the Implementation Plan

Several parts of this chapter have already pointed to the same neighborhoods facing the greatest need, from housing and food access earlier in this chapter to the discussion of chronic disease above. Using ZIP code-level data lets JPS turn these patterns into a specific, actionable plan for where to focus outreach and investment first.

JPS has internally developed two indicators built specifically to flag areas of need by ZIP code. The Chronic Disease Index (CDI) ranks ZIP codes into quartiles based on eleven identified by the CDC as indicators of disease burden, with the highest burden quartile identifying the neighborhoods facing the greatest chronic disease impact.

Figure 29: Tarrant County CDI by ZIP Code³⁰

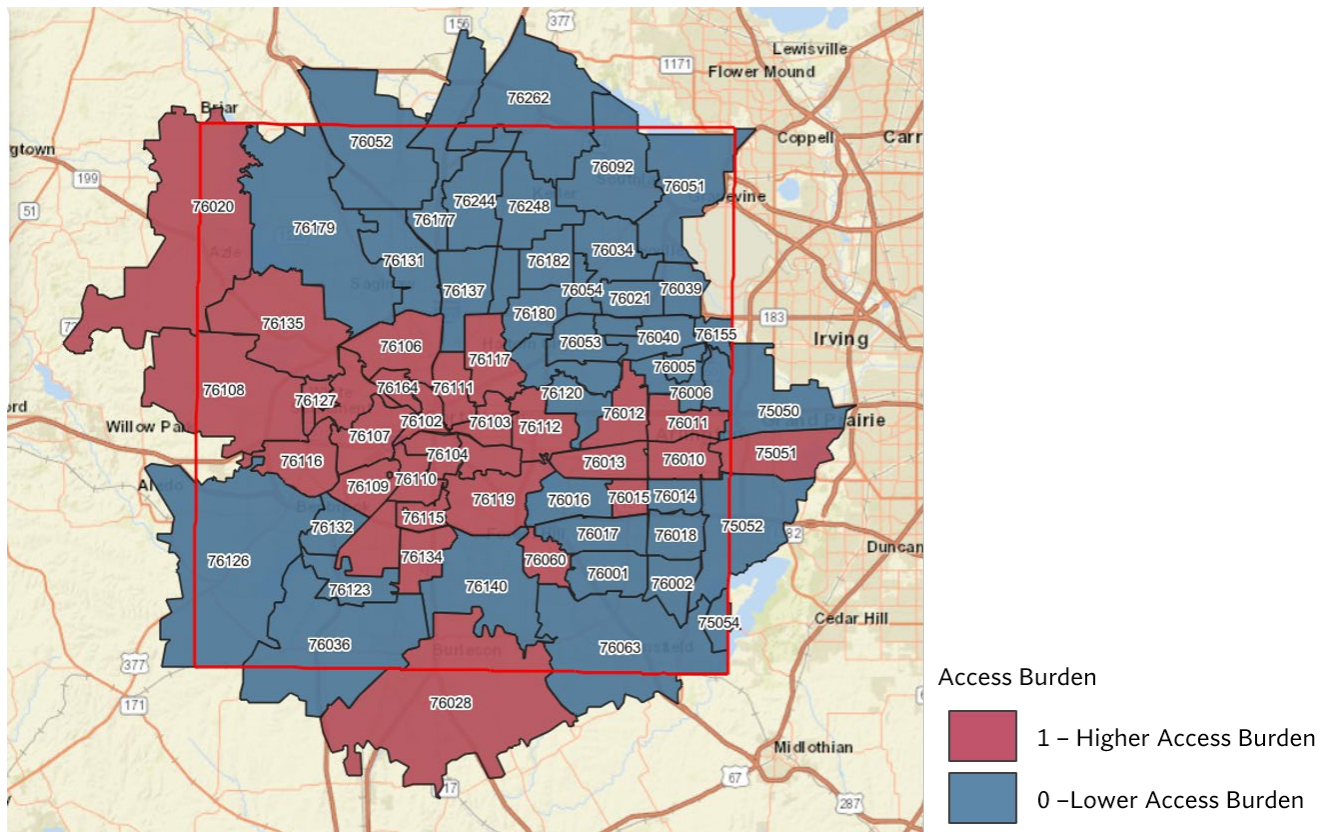


The Access Burden marks a ZIP code as an area of need if any one of three conditions is true. The first is a federal Medically Underserved Area designation, which the Health Resources and

³⁰ JPS internal analysis; map created using Esri Business Analyst

Services Administration (HRSA) assigns to areas with too few primary care providers, high poverty, high infant mortality, or a large elderly population relative to need. The second is a federal Health Professional Shortage Area designation for primary care, which HRSA gives to areas where the ratio of primary care providers to residents falls below a set threshold. The third is a CDI rank in the highest burden quartile, as described above.

Figure 30: Tarrant County Access Burden, by ZIP Code³⁰



Both maps point to the same part of the county. The highest burden areas cluster in the central core and southern part of Tarrant County, while ZIP codes in the northern and northeastern part of the county are largely unflagged. This pattern lines up closely with the housing, food access, and transportation findings described earlier in this chapter.

Several ZIP codes came up repeatedly across stakeholder interviews, focus groups, and the secondary data reviewed for this assessment.

Table S: ZIP Codes Named Across Multiple Data Sources

ZIP Code	Where It Was Named
76104	Named independently by two stakeholder interviewees as having the highest infant and adult mortality in the state; also named in focus groups tied to poverty data and proposed for a targeted community health worker model
76119	Named multiple times by same interviewee; also named in a focus group tied to poverty data and in a separate focus group tied to youth and school outcomes
76115, 76116, 76112, 76105, 76164, 76106	Named together in one focus group as part of a broader list of the highest need zip codes in the county, based on poverty rate data

Two ZIP codes, 76104 and 76119, stand out as the most consistently identified across every type of data reviewed for this assessment, which points to a strong opportunity to prioritize these areas early in the Implementation Plan.

JPS already has some of the infrastructure needed to act on this data. One focus group participant suggested a community health worker model targeted at the 76104 ZIP code, built on similar approaches already used successfully in other Texas cities. Another community partner described a related effort already underway, standing up a new clinic targeted at three named ZIP codes based on patient data showing high need paired with low engagement in existing services.

Conclusion

The data and community input reviewed in this chapter point to two clear opportunities for Tarrant County. SDOH, including housing, food, and transportation, shape whether residents can stay healthy on their own, before they ever reach a doctor. Connecting our Community focuses on a different kind of opportunity: helping residents find and use the many strong resources that already exist across Tarrant County and within JPS.

Both priorities point to some of the same neighborhoods. ZIP codes such as 76104 and 76119 came up repeatedly, across housing data, food access data, transportation patterns, and chronic disease burden alike. This overlap shows that a focused approach in these areas

could support residents across multiple needs at once, rather than addressing each need separately.

Both priorities also point to the same underlying opportunity. Tarrant County already has many strong programs and partnerships in place, from street medicine and community gardens to referral tools and peer led prevention models. The task ahead is not to build these resources from scratch. It is to connect more residents to what already exists, and to reach them earlier, with information and support that fits their lives.

The findings in this chapter will guide the work described in **Chapter 6**. JPS and its community partners will use this chapter to build a detailed Implementation Plan, with specific action steps, deliverables, and performance metrics for each priority. This plan is expected to go to the JPS Board of Managers for approval in early 2027.

Chapter 5 | Health Resource Inventory

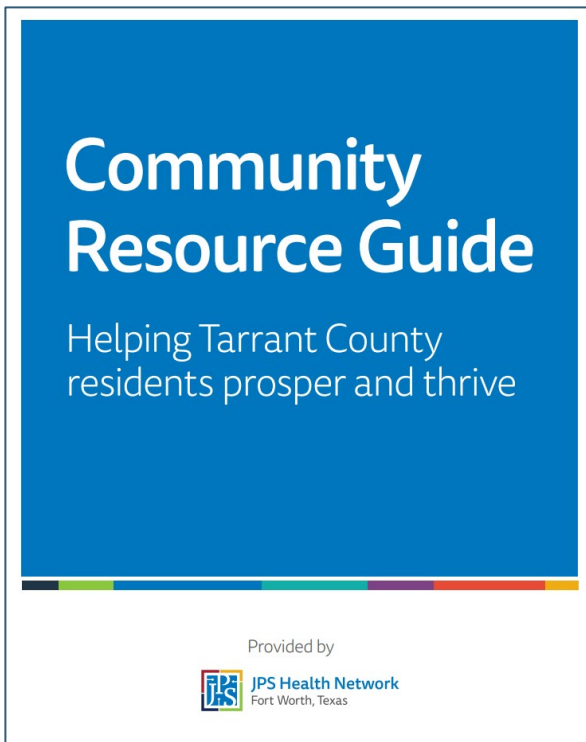
JPS maintains a **Community Resource Guide** for patients and community members that addresses health-related social needs, including housing and rental assistance, utility assistance, food access, clothing, and transportation. The guide is available in English, Spanish, Vietnamese, and Arabic, reflecting the linguistic diversity of the patient population served.

Food-related resources include referrals to the Tarrant Area Food Bank, a Senior Food Box Program for adults ages 60 and older who meet income guidelines, and SNAP application assistance coordinated through community resource specialists.

The broader resource guide catalogs over 30 organizations across three categories. General assistance resources include 2-1-1 Texas, the Tarrant County Area Agency on Aging, AIDS Outreach Center, SafeHaven of Tarrant County, Salvation Army of North Texas, Tarrant County Department of Human Services, and the VA Homeless Veterans Program. Housing assistance and shelter resources represent the largest category, encompassing emergency shelters, transitional housing programs, and rental/utility assistance through both public agencies (e.g., Fort Worth Housing Solutions, Arlington Housing Authority) and faith-based and nonprofit organizations. Notably, many faith-based and nonprofit providers restrict eligibility to residents of specific ZIP codes or municipalities, meaning the availability of assistance varies by geographic location within the county. Legal assistance is available through Legal Aid of Northwest Texas.

Tarrant County Department of Human Services serves as the county's primary general assistance program, providing limited financial assistance for rent, mortgage, utilities, and hygiene items to eligible households, with additional program pathways for individuals who are disabled, unemployed, newly employed, facing a life-threatening illness, or experiencing a qualifying crisis.

Visit <https://www.jpshealthnet.org/patient-tools/community-resources> for the full community resource guide.



Chapter 6 | Next Steps

The findings of this CHNA will be used by JPS Health Network and its community partners to develop focused strategies and an actionable plan addressing the priority health needs identified throughout this report. The immediate next step in the process is the development of a CHNA Implementation Plan, which will translate the priorities identified in this assessment into specific goals, objectives, and strategies for the years ahead.

The Implementation Plan is expected to be completed and presented to the Board of Managers for approval in early 2027, after which it will be made available to the public. In alignment with IRS guidelines, this process will be completed by February 2027 and will guide JPS Health Network's community health efforts until the next assessment.

Appendix 1 | Secondary Data Methodology and Sources

Introduction

A comprehensive analysis of secondary data indicators was conducted as part of the Community Health Needs Assessment (CHNA) development process to identify priority health issues for Tarrant County, the JPS Health Network service area. These indicators provide detailed insights into current health outcomes and the underlying factors that influence the health and well-being of residents throughout the service area. The secondary data encompasses both health outcome measures (reflecting the present health status of the community) and health factor indicators that influence future health outcomes.

Methodology

The analytical framework utilized secondary data structured according to the County Health Rankings methodology. Data indicators at the county level were compiled and analyzed to provide a comprehensive assessment of community health status. Health indicators were organized into two primary categories:

Lagging Indicators (Health Outcomes): Measures reflecting the current health status of the community, including length of life and quality of life indicators.

Leading Indicators (Health Factors): Measures that influence future health outcomes, encompassing clinical care, health behaviors, physical environment, and social and economic environment factors.

To determine areas requiring focused attention, health indicators for Tarrant County were systematically compared against Texas state benchmarks and, where available, national (United States) benchmarks. Indicators were also compared against relevant Healthy People 2030 national targets to ground the assessment in widely recognized public health priorities.

Criteria for Determining High-Need Areas

Health indicators were classified as “high need” areas when they met the following quantitative thresholds compared to Texas state averages:

- For Rates: Indicators expressed as rates (e.g., per 100,000 population) were flagged when Tarrant County’s rate was 10% or more worse than the Texas rate (percentage difference).
- For Percentages: Indicators expressed as percentages/prevalence measures were flagged when Tarrant County’s value was 3 or more percentage points worse than the Texas value (percentage point difference).

Example Application

- Infant Mortality Rate: Tarrant County (6.3 per 1,000 live births) vs. Texas (5.6 per 1,000 live births) = $(6.3 - 5.6) / 5.6 \times 100 = 12.5\%$ higher than the Texas rate → flagged as high need.
- Medicare Emergency Department Visit Rate: Tarrant County (657.4 per 1,000 beneficiaries) vs. Texas (584.2 per 1,000 beneficiaries) = 12.5% higher than the Texas rate → flagged as high need.
- Cost-Burdened Households (Renters): Tarrant County (55.5%) vs. Texas (51.7%) = 3.8 percentage points higher than the Texas rate → flagged as high need.
- Homeownership: Tarrant County (59.3%) vs. Texas (62.5%) = 3.2 percentage points lower than the Texas rate → flagged as high need.

Secondary Data Sources

Data were collected from numerous authoritative sources, including:

- County Health Rankings (Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute)
- Centers for Disease Control and Prevention, CDC - National Vital Statistics System, accessed via CDC WONDER
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, accessed via the PLACES Data Portal
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control and Prevention/ATSDR, Environmental Justice Index
- Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES)
- Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File and Mapping Medicare Disparities Tool
- US Census Bureau, American Community Survey
- US Census Bureau, Small Area Health Insurance Estimates (SAHIE)
- US Census Bureau, County Business Patterns
- US Census Bureau, Census Business Builder
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA), Area Health Resources Files and Uniform Data System
- US Department of Health and Human Services, Healthy People 2030
- US Department of Education, ED Data Express
- National Center for Education Statistics (NCES), including the School Segregation Index and Common Core of Data
- Texas Education Agency
- Texas Department of State Health Services (DSHS)

- School Finance Indicators Database (SFID)
- United States Cancer Statistics
- Feeding America
- United Way ALICE Report
- US Environmental Protection Agency, Safe Drinking Water Information System (SDWIS)
- US Department of Housing and Urban Development
- US Department of Homeland Security, Homeland Infrastructure Foundation-Level Data (HIFLD)
- US Department of Labor, Bureau of Labor Statistics
- US Department of Transportation, National Highway Traffic Safety Administration (FARS)
- USDA SNAP Retailer Locator and Food Environment Atlas
- Esri Business Analyst / MRI-Simmons
- Alliance for Children / Texas Department of Family and Protective Services, accessed via Healthy North Texas
- Healthy North Texas data portal

Healthy People 2030 Benchmarking

Healthy People 2030 (HP2030) is the nation’s 10-year plan of measurable health objectives, set by the US Department of Health and Human Services, now in its fifth iteration since 1980. Throughout the secondary data analysis, Tarrant County values were compared against the relevant HP2030 target to show where the county meets, approaches, or falls short of national public health goals. This comparison is presented alongside the Texas and United States benchmarks for each applicable indicator and is used as an additional, independent reference point in CHNA priority-setting, separate from the Texas-benchmarked “high need” designation described above.

Health Indicators by Category

The following tables are organized by focus area and contain detailed information about the secondary data indicators analyzed, including indicator descriptions, data sources, and timeframes for the most recent available data.

Table A1.1: Length of Life

Measure	Description	Data Source	Most Recent Data Year(s)
---------	-------------	-------------	--------------------------

Life Expectancy at Birth (Years)	Average number of years a newborn is expected to live, given current mortality rates.	CDC National Vital Statistics System (NVSS), accessed via CDC WONDER	2020-2024
Years of Potential Life Lost (YPLL) Before Age 75 (Rate per 100,000)	Years of life lost per 100,000 population due to deaths occurring before age 75, a measure of premature mortality.	CDC NVSS, accessed via County Health Rankings	2021-2023
Diseases of Heart (All Heart Disease), Crude Death Rate	Crude death rate per 100,000 population due to diseases of the heart (ICD-10 I00-I09, I11, I13, I20-I51).	CDC NVSS, accessed via CDC WONDER	2020-2024
Coronary Heart Disease (CHD), Crude Death Rate	Crude death rate per 100,000 population due specifically to coronary heart disease (ICD-10 I20-I25).	CDC NVSS, accessed via CDC WONDER	2020-2024
Malignant Neoplasms (Cancer), Crude Death Rate	Crude death rate per 100,000 population due to all cancers.	CDC NVSS, accessed via CDC WONDER	2020-2024
COVID-19, Crude Death Rate	Crude death rate per 100,000 population attributed to COVID-19.	CDC NVSS, accessed via CDC WONDER	2020-2024
Unintentional Injury, Crude Death Rate	Crude death rate per 100,000 population due to unintentional (accidental) injury.	CDC NVSS, accessed via CDC WONDER	2020-2024
Stroke (Cerebrovascular Disease), Crude Death Rate	Crude death rate per 100,000 population due to cerebrovascular disease (stroke).	CDC NVSS, accessed via CDC WONDER	2020-2024

Table A1.2: Birth Outcomes

Measure	Description	Data Source	Most Recent Data Year(s)
Mothers who Received Early Prenatal Care	Percentage of live births to mothers who began prenatal care in the first trimester of pregnancy.	Texas DSHS, accessed via Healthy North Texas	2021
Low Birthweight (Percent of Births)	Percentage of live births weighing less than 2,500 grams (5.5 lbs.).	US Census Bureau/State Vital Records	2020-2024
Infant Mortality Rate (Rate per 1,000 Live Births)	Number of deaths of infants under age 1 per 1,000 live births.	CDC NVSS, accessed via CDC WONDER	2020-2024

Table A1.3: Mental Health

Measure	Description	Data Source	Most Recent Data Year(s)
Average Poor Mental Health Days per Month	Mean number of days in the past 30 days that adults reported their mental health was not good.	CDC BRFSS, accessed via PLACES Data Portal	2023
Adults Age 18+ with Poor Mental Health (14+ Bad Days/Month)	Percentage of adults reporting 14 or more days of poor mental health in the past 30 days.	CDC BRFSS, accessed via PLACES Data Portal	2023
Deaths by Suicide, Crude Death Rate	Crude death rate per 100,000 population due to intentional self-harm (suicide).	CDC NVSS, accessed via CDC WONDER	2020-2024
Adults Ever Diagnosed with Depression	Percentage of adults ever told by a health professional that they have a depressive disorder.	CDC BRFSS, accessed via PLACES Data Portal	2023
Used Anxiety or Panic Prescription Drug, Last 12 Months	Estimated percentage of adults who used a prescription anxiety or panic medication in the past 12 months.	Esri Business Analyst / MRI-Simmons	2024

Used Depression Prescription Drug, Last 12 Months	Estimated percentage of adults who used a prescription antidepressant medication in the past 12 months.	Esri Business Analyst / MRI-Simmons	2024
Visited Psychiatrist/Psychologist, Last 12 Months	Estimated percentage of adults who visited a psychiatrist or psychologist in the past 12 months.	Esri Business Analyst / MRI-Simmons	2024

Table A1.4: Physical Health

Measure	Description	Data Source	Most Recent Data Year(s)
Average Poor Physical Health Days per Month	Mean number of days in the past 30 days that adults reported their physical health was not good.	CDC BRFSS	2022
Adults Age 18+ with Poor Physical Health (14+ Bad Days/Month)	Percentage of adults reporting 14 or more days of poor physical health in the past 30 days.	CDC BRFSS, accessed via PLACES Data Portal	2023
Adults Age 18+ Reporting Poor or Fair General Health	Percentage of adults who self-rate their general health as fair or poor.	CDC BRFSS, accessed via PLACES Data Portal	2023
Adult Obesity Prevalence	Percentage of adults with a Body Mass Index (BMI) of 30 or greater, based on self-reported height/weight.	CDC BRFSS, accessed via PLACES Data Portal	2023
Adult Diabetes Prevalence	Percentage of adults ever told by a health professional that they have diabetes.	CDC BRFSS, accessed via PLACES Data Portal	2023
Adult Coronary Heart Disease (CHD) Prevalence	Percentage of adults ever told by a health professional that they have coronary heart disease.	CDC BRFSS, accessed via PLACES Data Portal	2023

Adults High Blood Pressure (Hypertension) Prevalence	Percentage of adults ever told by a health professional that they have high blood pressure.	CDC BRFSS, accessed via PLACES Data Portal	2023
Adult Stroke Prevalence	Percentage of adults ever told by a health professional that they have had a stroke.	CDC BRFSS, accessed via PLACES Data Portal	2023
Adult Arthritis Prevalence	Percentage of adults ever told by a health professional that they have some form of arthritis.	CDC BRFSS, accessed via PLACES Data Portal	2023
Tuberculosis Incidence Rate	Rate of newly reported active tuberculosis cases per 100,000 population.	CDC, accessed via Healthy North Texas	2017-2021
Adult COPD / Chronic Lower Respiratory Disease Prevalence	Percentage of adults ever told by a health professional that they have chronic obstructive pulmonary disease (COPD).	CDC BRFSS, accessed via PLACES Data Portal	2023

Table A1.5: Cancer

Measure	Description	Data Source	Most Recent Data Year(s)
Cancer Incidence, All Sites (Age-Adjusted Rate per 100,000)	Age-adjusted incidence rate of all-site cancer per 100,000 population per year, adjusted to the 2000 US standard population.	United States Cancer Statistics	2018-2022
Cancer Incidence, Lung and Bronchus (Age-Adjusted Rate per 100,000)	Age-adjusted incidence rate of lung and bronchus cancer per 100,000 population.	United States Cancer Statistics	2018-2022
Cancer Incidence, Colon and Rectum (Age-Adjusted Rate per 100,000)	Age-adjusted incidence rate of colorectal cancer per 100,000 population.	United States Cancer Statistics	2018-2022

Cancer Incidence, Female Breast (Age-Adjusted Rate per 100,000)	Age-adjusted incidence rate of female breast cancer per 100,000 females.	United States Cancer Statistics	2018-2022
Cancer Incidence, Cervical (Age-Adjusted Rate per 100,000)	Age-adjusted incidence rate of cervical cancer per 100,000 females.	United States Cancer Statistics	2018-2022
Cancer Incidence, Prostate (Age-Adjusted Rate per 100,000)	Age-adjusted incidence rate of prostate cancer per 100,000 males.	United States Cancer Statistics	2018-2022

Table A1.6: Access to and Utilization of Care

Measure	Description	Data Source	Most Recent Data Year(s)
Uninsured Population, Total	Percentage of the civilian noninstitutionalized population without health insurance coverage.	US Census Bureau, American Community Survey	2020-2024
Uninsured Population, Age 18-64	Percentage of the population age 18-64 without health insurance coverage.	US Census Bureau, American Community Survey	2020-2024
Uninsured Population, Under Age 19	Percentage of the population under age 19 without health insurance coverage.	US Census Bureau, Small Area Health Insurance Estimates (SAHIE)	2020-24 / 2023
Primary Care Physicians, Rate (per 100,000 Population)	Number of primary care physicians (general/family medicine, internal medicine, pediatrics) per 100,000 population, based on CMS NPI data.	CMS National Plan and Provider Enumeration System (NPPES)	March 2026
Dentists, Rate (per 100,000 Population)	Number of dentists per 100,000 population.	US Dept of Health & Human Services, Area Health Resources Files	2023

Mental Health Care Providers, Rate (per 100,000 Population)	Number of mental health care providers per 100,000 population.	CMS NPES	2024
Addiction/Substance Abuse Providers, Rate (per 100,000 Population)	Number of substance use/addiction treatment providers per 100,000 population.	CMS NPES	2024
Recent Dental Care Visits (18 Years or Older)	Percentage of adults who visited a dentist within the past year.	CDC BRFSS, accessed via Healthy North Texas	2022
Annual Checkup (18 Years or Older)	Percentage of adults who have had a routine checkup within the past year.	CDC BRFSS, accessed via PLACES Data Portal	2023
Medicare Emergency Department (ED) Visit Rate	Age-adjusted rate of emergency department visits per 1,000 Medicare fee-for-service beneficiaries.	CMS Mapping Medicare Disparities Tool	2023
30-Day Hospital Readmission Rate (Medicare FFS, All Cause)	Percentage of hospital discharges among Medicare beneficiaries followed by a readmission within 30 days.	CMS Mapping Medicare Disparities Tool	2023
Health Care Expenditures (Percent of Household Spending)	Estimated annual household expenditures for health care as a percentage of total household expenditures.	US Census Bureau, Census Business Builder	2024

Table A1.7: Quality of Care

Measure	Description	Data Source	Most Recent Data Year(s)
High Blood Pressure Management (Medication Adherence)	Percentage of adults with hypertension whose blood pressure is under control / managed.	CDC BRFSS, accessed via PLACES Data Portal	2023

Preventable Hospitalizations Rate (per 100,000, Medicare Population)	Rate of hospital stays for ambulatory-care-sensitive conditions per 100,000 Medicare enrollees.	CMS Medicare claims, accessed via County Health Rankings	2022
Annual Flu Vaccination (18 Years or Older)	Percentage of adults who received a flu vaccine in the past 12 months.	CDC BRFSS, accessed via PLACES Data Portal	2023
FQHC Adult Weight Screening	Percentage of adult patients at Federally Qualified Health Centers (FQHCs) screened for weight/BMI and provided follow-up.	HRSA Uniform Data System (UDS)	2023
FQHC Youth Weight Screening	Percentage of pediatric patients at FQHCs screened for weight/BMI and provided follow-up.	HRSA Uniform Data System (UDS)	2023
Cervical Cancer Screening (Females Age 21-65)	Percentage of women age 21-65 up to date with cervical cancer screening.	CDC BRFSS, accessed via Healthy North Texas	2020
Colorectal Cancer Screening (Adults Age 45-75)	Percentage of adults meeting age criteria who are up to date with colorectal cancer screening per USPSTF guidelines.	CDC BRFSS, accessed via Healthy North Texas	2022
Females Age 50-74 with Recent Mammogram	Percentage of women age 50-74 who report having had a mammogram within the past 2 years.	CDC BRFSS, accessed via Healthy North Texas	2022

Table A1.8: Exercise & Diet

Measure	Description	Data Source	Most Recent Data Year(s)
Walking or Biking to Work (Percent of Workers Age 16+)	Percentage of workers age 16+ whose primary commute mode is walking or biking.	US Census Bureau, American Community Survey	2020-2024
Population with Access to Exercise Opportunities	Percentage of the population living reasonably close (within a half-mile in urban areas) to a park or recreational facility.	ArcGIS Business Analyst & Living Atlas, accessed via County Health Rankings	2020 / 2024
Physical Inactivity (Adults Age 20+ with No Leisure-Time Physical Activity)	Percentage of adults age 20+ reporting no leisure-time physical activity in the past month.	CDC BRFSS, accessed via PLACES Data Portal	2023
Fruit and Vegetable Expenditures (Percent of Food-at-Home Expenditures)	Estimated annual household expenditures on fruits and vegetables as a percentage of total food-at-home expenditures.	US Census Bureau, Census Business Builder	2024

Table A1.9: Sexual Health

Measure	Description	Data Source	Most Recent Data Year(s)
Adult HIV Prevalence (Rate per 100,000 Population)	Estimated rate of people living with diagnosed HIV per 100,000 population.	CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2022
Chlamydia Incidence Rate (per 100,000 Population)	Rate of newly reported chlamydia infections per 100,000 population.	CDC National Notifiable Diseases Surveillance System, via CDC WONDER	2020-2024
Gonorrhea Incidence Rate (per 100,000 Population)	Rate of newly reported gonorrhea infections per 100,000 population.	CDC National Notifiable Diseases Surveillance System, via CDC WONDER	2020-2024

Teen Births (Rate per 1,000 Female Population Age 15-19)	Births per 1,000 females age 15-19.	US Census Bureau, American Community Survey	2020-2024
--	-------------------------------------	---	-----------

Table A1.10: Substance Use Disorders

Measure	Description	Data Source	Most Recent Data Year(s)
Excessive (Binge) Drinking, Past 30 Days	Percentage of adults reporting binge or heavy drinking in the past 30 days.	CDC BRFSS, accessed via PLACES Data Portal	2023
Alcohol Expenditures (Percent of Total Household Expenditures)	Estimated annual household expenditures on alcoholic beverages as a percentage of total household expenditures.	US Census Bureau, Census Business Builder	2024
Deaths of Despair (Suicide + Drug/Alcohol Poisoning), Crude Rate	Combined crude death rate per 100,000 population from suicide, alcohol-related disease, and drug overdose.	CDC NVSS, accessed via CDC WONDER	2020-2024
Drug Overdose Death Rate (per 100,000 Population)	Crude death rate per 100,000 population due to all-substance drug overdose.	CDC NVSS, accessed via CDC WONDER	2020-2024
Opioid Death Rate (per 100,000 Population)	Crude death rate per 100,000 population due to opioid drug overdose specifically.	CDC NVSS, accessed via CDC WONDER	2020-2024

Table A1.11: Tobacco Use

Measure	Description	Data Source	Most Recent Data Year(s)
Current Adult Smokers	Percentage of adults who currently smoke cigarettes every day or some days.	CDC BRFSS, accessed via PLACES Data Portal	2023

Table A1.12: Built Environment

Measure	Description	Data Source	Most Recent Data Year(s)
Households with a Broadband Internet Subscription	Percentage of households with a broadband internet subscription.	US Census Bureau, American Community Survey	2020-2024
Households without a Computer	Percentage of households without any computing device.	US Census Bureau, American Community Survey	2020-2024
Recreation and Fitness Facilities, Rate (per 100,000 Population)	Number of recreation and fitness establishments per 100,000 population.	US Census Bureau, County Business Patterns	2023

Table A1.13: Food Environment

Measure	Description	Data Source	Most Recent Data Year(s)
Food Environment Index (0-10, Higher is Better)	Composite 0-10 index of food access and affordability (combines limited food access and low income/no-car access measures).	USDA/County Health Rankings composite index, accessed via Healthy North Texas	2025
Grocery Stores and Supermarkets, Rate (per 100,000 Population)	Number of grocery stores and supermarkets per 100,000 population.	US Census Bureau, County Business Patterns	2023
Fast Food Restaurants, Rate (per 100,000 Population)	Number of fast food/limited-service restaurants per 100,000 population.	US Census Bureau, County Business Patterns	2023
SNAP-Authorized Food Stores, Rate (per 10,000 Population)	Number of retailers authorized to accept SNAP benefits per 10,000 population.	USDA SNAP Retailer Locator	2025

Table A1.14: Environmental Quality

Measure	Description	Data Source	Most Recent Data Year(s)
Air Pollution - Particulate Matter (PM2.5, Micrograms per Cubic Meter)	Average daily concentration of fine particulate matter (PM2.5), in micrograms per cubic meter.	EPA, accessed via County Health Rankings / Healthy North Texas	2020
Drinking Water Violations (Count)	Count of community water system health-based violations.	EPA Safe Drinking Water Information System (SDWIS)	2023-2025
Environmental Justice Index - Percent of Tracts “Highly Burdened”	Percentage of census tracts scoring in the highest environmental burden percentile of CDC/ATSDR’s Environmental Justice Index.	CDC/ATSDR Environmental Justice Index	2024
Natural and Built Environment Heat Index	Average percentile-ranked composite score for natural and built environment characteristics that increase heat vulnerability (impervious surfaces, lack of tree canopy, no vehicle, mobile homes, renters, ozone, PM2.5).	Healthy North Texas composite indicator	2024

Table A1.15: Housing and Homelessness

Measure	Description	Data Source	Most Recent Data Year(s)
Occupied Housing Units with One or More Substandard Conditions	Percentage of occupied housing units lacking complete plumbing, complete kitchen facilities, or with more than one occupant per room.	US Census Bureau, American Community Survey	2020-2024
Homeownership	Percentage of occupied housing units that are owner-occupied.	US Census Bureau, American Community Survey	2020-2024

Cost-Burdened Households (Homeowners)	Percentage of mortgaged homeowners spending 30% or more of household income on housing.	US Census Bureau, American Community Survey	2024
Cost-Burdened Households (Renters)	Percentage of renter households spending 30% or more of household income on rent.	US Census Bureau, American Community Survey	2020-2024
HUD-Assisted Housing Units, Rate (per 10,000 Housing Units)	Rate of HUD-assisted housing units per 10,000 population.	Dept. of Homeland Security, Homeland Infrastructure Foundation-Level Data (HIFLD)	2010-2022
Overcrowded Households	Percentage of occupied housing units with more than one occupant per room.	US Census Bureau, American Community Survey	2020-2024
Students Experiencing Homelessness (Percent of Enrolled Public-School Students)	Percentage of enrolled public-school students identified as experiencing homelessness.	US Dept. of Education, ED Data Express	2022-2023 school year

Table A1.16: Transportation Options and Transit

Measure	Description	Data Source	Most Recent Data Year(s)
Households with No Motor Vehicle	Percentage of households without access to a motor vehicle.	US Census Bureau, American Community Survey	2020-2024
Population Commuting More than 60 Minutes	Percentage of workers age 16+ commuting more than 60 minutes to work.	US Census Bureau, American Community Survey	2020-2024
Population Using Public Transit for Commute to Work	Percentage of workers age 16+ whose primary commute mode is public transportation.	US Census Bureau, American Community Survey	2020-2024

Table A1.17: Education

Measure	Description	Data Source	Most Recent Data Year(s)
School Segregation Index	Index (0-1) measuring how unevenly students of different race/ethnicity groups are distributed across schools relative to the county's overall composition; higher = more segregated.	National Center for Education Statistics (NCES), accessed via County Health Rankings	2022-2023
School Funding Adequacy (Dollar Gap per Pupil)	Average gap in dollars per pupil between actual and required spending needed to achieve U.S. average test scores.	School Finance Indicators Database (SFID)	2022
Student-to-Teacher Ratio	Average number of students per teacher in public schools.	Texas Education Agency, accessed via Healthy North Texas	2024-2025
Student Reading Proficiency (4th Grade)	Percentage of 4th grade students scoring at or above proficient on state reading assessments.	Texas Education Agency (source cited; not located in project data)	2021-2022
High School Dropout Rate	Percentage of high school students who dropped out during the school year. Note: Tarrant County and Texas figures reflect different reporting years as cited in the source presentation.	Texas Education Agency	2023 (TX: 2021)
No High School Diploma (Population Educational Attainment)	Percentage of the adult population (age 25+) with no high school diploma.	US Census Bureau, American Community Survey	2020-2024
High School Diploma Only (Population Educational Attainment)	Percentage of the adult population (age 25+) whose highest credential is a high school diploma.	US Census Bureau, American Community Survey	2020-2024

Some College, No Degree (Population Educational Attainment)	Percentage of the adult population (age 25+) with some college experience but no degree.	US Census Bureau, American Community Survey	2020-2024
Associate's Degree (Population Educational Attainment)	Percentage of the adult population (age 25+) whose highest credential is an associate's degree.	US Census Bureau, American Community Survey	2020-2024
Bachelor's Degree (Population Educational Attainment)	Percentage of the adult population (age 25+) whose highest credential is a bachelor's degree.	US Census Bureau, American Community Survey	2020-2024
Graduate or Professional Degree (Population Educational Attainment)	Percentage of the adult population (age 25+) with a graduate or professional degree.	US Census Bureau, American Community Survey	2020-2024

Table A1.18: Family, Community, and Social Support

Measure	Description	Data Source	Most Recent Data Year(s)
Children in Single-Parent Households	Percentage of children under 18 living in single-parent households.	US Census Bureau, American Community Survey	2020-2024
Older Adults Living Alone	Percentage of total households occupied by an adult age 65+ living alone.	US Census Bureau, American Community Survey	2020-2024
Childcare Cost Burden	Average annual childcare cost for two children as a percentage of median household income.	US Census Bureau/Living Wage Calculator, accessed via County Health Rankings	2024 & 2023
Childcare Centers, Rate (per 1,000)	Number of licensed childcare centers per 1,000 children under age 5.	US Dept. of Homeland Security, HIFLD	2010-2022

Children Under Age 5)			
Social Associations Rate (per 100,000 Population)	Number of civic, social, and religious membership organizations per 100,000 population.	US Census Bureau, County Business Patterns	2023
Substantiated Child Abuse Rate (per 1,000 Children)	Rate of substantiated child abuse/neglect cases per 1,000 children.	Alliance for Children/CDC/Texas Dept. of Family & Protective Services, accessed via Healthy North Texas	2023-2024
Population Age 16-19 Not in School and Not Employed	Percentage of youth age 16-19 who are neither enrolled in school nor employed.	US Census Bureau, American Community Survey	2020-2024
Voter Participation Rate (2024 Presidential Election)	Percentage of eligible voters who cast a ballot in the 2024 presidential election.	Media election reporting (Fox News, Politico, New York Times)	2024

Table A1.19: Food Security

Measure	Description	Data Source	Most Recent Data Year(s)
Food Insecurity Rate	Estimated percentage of the total population lacking consistent access to adequate food.	Feeding America, accessed via Healthy North Texas	2023
Food Insecure Children	Estimated percentage of the population under age 18 experiencing food insecurity.	Feeding America, accessed via Healthy North Texas	2023
Food Insecure Children Likely Ineligible for Assistance	Estimated percentage of food-insecure children whose household income likely exceeds SNAP/assistance eligibility thresholds.	Feeding America, accessed via Healthy North Texas	2023
Children Eligible for Free or Reduced-Price Lunch	Percentage of enrolled students eligible for the National School Lunch Program's free lunch benefit.	National Center for Education Statistics, Common Core of Data	2024-2025
Households Receiving Food Stamps/SNAP	Percentage of households with children receiving Supplemental Nutrition Assistance Program (SNAP) benefits.	US Census Bureau, American Community Survey	2020-2024

Table A1.20: Income

Measure	Description	Data Source	Most Recent Data Year(s)
Population Living in Poverty	Percentage of the population with income below the Federal Poverty Level (FPL).	US Census Bureau, American Community Survey	2019-2023
Children Living in Poverty	Percentage of children under 18 with household income below the FPL.	US Census Bureau, American Community Survey	2019-2023
ALICE Households	Percentage of households that are Asset Limited, Income Constrained, Employed: earning above the FPL but below the cost of basic living.	United Way ALICE Report	2023 (2021 data)
Income Inequality (Gini Index)	Gini coefficient measuring income distribution inequality, where 0 = complete equality and 1 = complete inequality.	US Census Bureau, American Community Survey	2019-2023
Gender Pay Gap (Women's Earnings per \$1.00 of Men's Earnings)	Ratio of women's median earnings to men's median earnings among full-time, year-round workers.	US Census Bureau, American Community Survey	2019-2023
Median Household Income	Median annual household income.	US Census Bureau, American Community Survey	2019-2023
Households Under \$25,000 (Household Income Distribution)	Percentage of households with annual income under \$25,000.	US Census Bureau, American Community Survey	2020-2024
Households \$25,000-\$49,999 (Household Income Distribution)	Percentage of households with annual income between \$25,000 and \$49,999.	US Census Bureau, American Community Survey	2020-2024
Households \$50,000-\$99,999 (Household Income Distribution)	Percentage of households with annual income between \$50,000 and \$99,999.	US Census Bureau, American Community Survey	2020-2024

Income Distribution)			
Households \$100,000-\$199,999 (Household Income Distribution)	Percentage of households with annual income between \$100,000 and \$199,999.	US Census Bureau, American Community Survey	2020-2024
Households \$200,000+ (Household Income Distribution)	Percentage of households with annual income of \$200,000 or more.	US Census Bureau, American Community Survey	2020-2024

Table A1.21: Employment

Measure	Description	Data Source	Most Recent Data Year(s)
Unemployment Rate	Percentage of the civilian labor force that is unemployed.	US Dept. of Labor, Bureau of Labor Statistics	March 2026

Table A1.22: Safety

Measure	Description	Data Source	Most Recent Data Year(s)
Unintentional Injury (Accident) Mortality Rate (per 100,000 Population)	Crude death rate per 100,000 population due to unintentional injury.	CDC NVSS, accessed via CDC WONDER	2020-2024
Homicide Mortality Rate (per 100,000 Population)	Crude death rate per 100,000 population due to assault (homicide).	CDC NVSS, accessed via CDC WONDER	2020-2024
Firearm Death Rate (per 100,000 Population)	Crude death rate per 100,000 population due to firearm injury (all intents).	CDC NVSS, accessed via CDC WONDER	2020-2024

Motor Vehicle Crash Death Rate (per 100,000 Population)	Crude death rate per 100,000 population due to motor vehicle traffic crashes.	CDC NVSS, accessed via CDC WONDER	2020-2024
Motor Vehicle Crash, Alcohol-Involved Mortality Rate (per 100,000)	Death rate per 100,000 population from motor vehicle crashes involving an alcohol-impaired driver.	US DOT, National Highway Traffic Safety Administration (FARS)	2019-2023

Appendix 2 | Secondary Data Comparisons

High-Need Area Identification Criteria

Health indicators were classified as “high need” areas when Tarrant County’s performance was significantly worse than the Texas state average, using the following quantitative thresholds established for this assessment:

- For Rates: A percentage difference of 10% or more worse than the Texas rate (e.g., mortality rates, incidence rates, provider rates).
- For Percentages: A percentage point difference of 3 points or more worse than the Texas value (e.g., prevalence and screening measures).

Indicators on the following pages that are **bolded** meet the “high need” identification criteria described above.

Geographic Comparisons

The methodology compared Tarrant County against Texas state and United States national benchmarks. This approach enabled identification of health needs specific to the JPS Health Network service area relative to broader state and national trends.

Note: Some indicators are not reported at the national level in the source presentation; these are marked with a dash (–) in the United States column.

Table A2.1: Length of Life

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Life Expectancy at Birth (Years)	77.4	77.2	77.6	2020-2024
Years of Potential Life Lost (YPLL) Before Age 75 (Rate per 100,000)	7,574	7,960	8,123	2021-2023
Diseases of Heart (All Heart Disease), Crude Death Rate	137.4	167.5	207.2	2020-2024
Coronary Heart Disease (CHD), Crude Death Rate	65.7	88.0	109.3	2020-2024
Malignant Neoplasms (Cancer), Crude Death Rate	134.8	144.2	182.6	2020-2024
COVID-19, Crude Death Rate	55.3	63.1	62.0	2020-2024
Unintentional Injury, Crude Death Rate	47.4	48.1	64.3	2020-2024
Stroke (Cerebrovascular Disease), Crude Death Rate	39.8	39.7	49.0	2020-2024

Table A2.2: Birth Outcomes

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Mothers who Received Early Prenatal Care	58.9%	61.5%	78.3%	2021
Low Birthweight (Percent of Births)	8.8%	8.5%	8.4%	2020-2024
Infant Mortality Rate (Rate per 1,000 Live Births)	6.3	5.6	5.6	2020-2024

Table A2.3: Mental Health

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Average Poor Mental Health Days per Month	5.5	5.3	5.2	2023
Adults Age 18+ with Poor Mental Health (14+ Bad Days/Month)	17.5%	16.9%	15.6%	2023
Deaths by Suicide, Crude Death Rate	14.0	14.2	14.5	2020-2024
Adults Ever Diagnosed with Depression	22.7%	21.2%	20.2%	2023
Used Anxiety or Panic Prescription Drug, Last 12 Months	8.3%	8.6%	8.4%	2024
Used Depression Prescription Drug, Last 12 Months	7.7%	7.9%	7.7%	2024
Visited Psychiatrist/Psychologist, Last 12 Months	5.2%	5.0%	5.0%	2024

Table A2.4: Physical Health

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Average Poor Physical Health Days per Month	4.1	3.8	3.9	2022

Adults Age 18+ with Poor Physical Health (14+ Bad Days/Month)	12.8%	13.2%	12.8%	2023
Adults Age 18+ Reporting Poor or Fair General Health	20.8%	21.9%	19.2%	2023
Adult Obesity Prevalence	33.2%	35.7%	32.8%	2023
Adult Diabetes Prevalence	11.7%	12.8%	12.0%	2023
Adult Coronary Heart Disease (CHD) Prevalence	5.1%	5.6%	6.4%	2023
Adults High Blood Pressure (Hypertension) Prevalence	31.4%	33.1%	34.4%	2023
Adult Stroke Prevalence	3.0%	3.2%	3.4%	2023
Adult Arthritis Prevalence	21.5%	21.5%	25.4%	2023
Tuberculosis Incidence Rate	3.2	3.9	2.9	2017-2021
Adult COPD / Chronic Lower Respiratory Disease Prevalence	5.4%	5.7%	6.2%	2023

Table A2.5: Cancer

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Cancer Incidence, All Sites (Age-Adjusted Rate per 100,000)	442.8	430.6	449.1	2018-2022
Cancer Incidence, Lung and Bronchus (Age-Adjusted Rate per 100,000)	47.1	45.2	52.5	2018-2022
Cancer Incidence, Colon and Rectum (Age-Adjusted Rate per 100,000)	37.0	38.3	36.7	2018-2022
Cancer Incidence, Female Breast (Age-Adjusted Rate per 100,000)	133.0	123.7	131.4	2018-2022
Cancer Incidence, Cervical (Age-Adjusted Rate per 100,000)	8.4	9.5	7.5	2018-2022
Cancer Incidence, Prostate (Age-Adjusted Rate per 100,000)	114.7	110.7	116.5	2018-2022

Table A2.6: Access to and Utilization of Care

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Uninsured Population, Total	16.7%	17.1%	8.4%	2020-2024
Uninsured Population, Age 18-64	20.6%	21.6%	11.0%	2020-2024
Uninsured Population, Under Age 19	10.6%	11.7%	5.4%	2020-24
Primary Care Physicians, Rate (per 100,000 Population)	96.4	93.1	119.6	March 2026
Dentists, Rate (per 100,000 Population)	62.3	60.2	68.5	2023
Mental Health Care Providers, Rate (per 100,000 Population)	226.6	195.4	340.5	2024

Addiction/Substance Abuse Providers, Rate (per 100,000 Population)	12.1	8.7	30.4	2024
Recent Dental Care Visits (18 Years or Older)	57.0%	54.4%	63.9%	2022
Annual Checkup (18 Years or Older)	72.6%	73.7%	77.7%	2023
Medicare Emergency Department (ED) Visit Rate	657.4	584.2	590.5	2023
30-Day Hospital Readmission Rate (Medicare FFS, All Cause)	18.8%	17.9%	18.1%	2023
Health Care Expenditures (Percent of Household Spending)	7.6%	7.7%	7.8%	2024

Table A2.7: Quality of Care

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
High Blood Pressure Management (Medication Adherence)	72.7%	74.1%	77.0%	2023
Preventable Hospitalizations, Rate (per 100,000, Medicare Population)	3,269	2,991	2,769	2022
Annual Flu Vaccination (18 Years or Older)	39.4%	38.6%	44.8%	2023
FQHC Adult Weight Screening	52.2%	69.9%	66.9%	2023
FQHC Youth Weight Screening	41.6%	75.8%	69.6%	2023
Cervical Cancer Screening (Females Age 21-65)	77.0%	78.1%	82.8%	2020
Colorectal Cancer Screening (Adults Age 45-75)	58.9%	57.8%	66.3%	2022
Females Age 50-74 with Recent Mammogram	79.1%	74.1%	76.5%	2022

Table A2.8: Exercise & Diet

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Walking or Biking to Work (Percent of Workers Age 16+)	1.2%	1.7%	2.8%	2020-2024
Population with Access to Exercise Opportunities	94.0%	82.0%	84.5%	2020-2024
Physical Inactivity (Adults Age 20+ with No Leisure-Time Physical Activity)	21.8%	21.6%	20.6%	2023
Fruit and Vegetable Expenditures (Percent of Food-at-Home Expenditures)	19.5%	19.4%	19.7%	2024

Table A2.9: Sexual Health

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Adult HIV Prevalence (Rate per 100,000 Population)	378.2	425.2	386.6	2022
Chlamydia Incidence Rate (per 100,000 Population)	507.1	491.9	492.2	2020-2024
Gonorrhea Incidence Rate (per 100,000 Population)	205.9	176.4	179.0	2020-2024
Teen Births (Rate per 1,000 Female Population Age 15-19)	4.5	12.6	8.1	2020-2024

Table A2.10: Substance Use Disorders

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Excessive (Binge) Drinking, Past 30 Days	16.6%	17.0%	15.2%	2023
Alcohol Expenditures (Percent of Total Household Expenditures)	0.64%	0.64%	0.66%	2024

Deaths of Despair (Suicide + Drug/Alcohol Poisoning), Crude Rate	47.3	47.3	59.2	2020-2024
Drug Overdose Death Rate (per 100,000 Population)	19.3	16.8	29.4	2020-2024
Opioid Death Rate (per 100,000 Population)	10.5	9.1	22.1	2020-2024

Table A2.11: Tobacco Use

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Current Adult Smokers	12.7%	12.5%	11.4%	2023

Table A2.12: Built Environment

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Population with a Broadband Internet Subscription	94.6%	93.0%	93.0%	2020-2024
Households without a Computer	2.8%	3.7%	4.5%	2020-2024
Recreation and Fitness Facilities, Rate (per 100,000 Population)	13.0	11.9	12.5	2023

Table A2.13: Food Environment

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Food Environment Index (0-10, Higher is Better)	7.5	5.7	7.7	2025
Grocery Stores and Supermarkets, Rate (per 100,000 Population)	13.2	12.8	19.0	2023

Fast Food Restaurants, Rate (per 100,000 Population)	93.1	83.6	81.5	2023
SNAP-Authorized Food Stores, Rate (per 10,000 Population)	6.8	7.4	7.8	2025

Table A2.14: Environmental Quality

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Air Pollution - Particulate Matter (PM2.5, Micrograms per Cubic Meter)	9.7	9.4	9.2	2020
Drinking Water Violations (Count)	23	4,708	26,746	2023-2025
Environmental Justice Index - Percent of Tracts “Highly Burdened”	27.7%	27.2%	22.9%	2024
Natural and Built Environment Heat Index	68.8%	64.7%	55.4%	2024

Table A2.15: Housing and Homelessness

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Occupied Housing Units with One or More Substandard Conditions	36.8%	34.5%	32.5%	2020-2024
Homeownership	59.3%	62.5%	65.2%	2020-2024
Cost-Burdened Households (Homeowners)	31.1%	30.7%	29.3%	2024
Cost-Burdened Households (Renters)	55.5%	51.7%	51.1%	2020-2024
HUD-Assisted Housing Units, Rate (per 10,000 Housing Units)	268.5	291.2	415.9	2010-2022

Overcrowded Households	4.2%	4.8%	3.4%	2020-2024
Students Experiencing Homelessness (Percent of Enrolled Public School Students)	2.4%	2.2%	2.6%	2022-2023 school year

Table A2.16: Transportation Options and Transit

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Households with No Motor Vehicle	4.6%	5.5%	8.4%	2020-2024
Population Commuting More than 60 Minutes	7.2%	8.2%	8.6%	2020-2024
Population Using Public Transit for Commute to Work	0.4%	0.9%	3.2%	2020-2024

Table A2.17: Education

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
School Segregation Index	0.17	0.26	0.24	2022-2023
School Funding Adequacy (Dollar Gap per Pupil)	-\$3,506	-\$5,341	\$758	2022
Student-to-Teacher Ratio	15.2	14.9	15.4	2024-2025
Student Reading Proficiency (4th Grade)	52.9%	53.3%	46.7%	2021-2022
High School Dropout Rate	7.2%	1.8%	-	2023 (TX: 2021)
No High School Diploma (Population Educational Attainment)	12.7%	14.0%	10.4%	2020-2024
High School Diploma Only (Population Educational Attainment)	23.8%	24.3%	26.0%	2020-2024

Some College, No Degree (Population Educational Attainment)	20.9%	20.1%	19.1%	2020-2024
Associate's Degree (Population Educational Attainment)	7.9%	7.8%	8.8%	2020-2024
Bachelor's Degree (Population Educational Attainment)	22.6%	21.5%	21.6%	2020-2024
Graduate or Professional Degree (Population Educational Attainment)	12.2%	12.3%	14.1%	2020-2024

Table A2.18: Family, Community, and Social Support

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Children in Single-Parent Households	25.1%	25.3%	24.7%	2020-2024
Older Adults Living Alone	8.4%	8.9%	11.9%	2020-2024
Childcare Cost Burden	26.0%	24.5%	27.9%	2024 & 2023
Childcare Centers, Rate (per 1,000 Children Under Age 5)	4.0	5.0	8.1	2010-2022
Social Associations, Rate (per 100,000 Population)	74.6	79.4	97.2	2023
Substantiated Child Abuse Rate (per 1,000 Children)	8.5	6.8	7.4	2023-2024
Population Age 16-19 Not in School and Not Employed	7.3%	8.2%	6.9%	2020-2024
Voter Participation Rate (2024 Presidential Election)	58.7%	58.4%	63.8%	2024

Table A2.19: Food Security

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
-----------	----------------	-------	---------------	--------------------------

Food Insecurity Rate	15.8%	17.6%	14.5%	2023
Food Insecure Children	21.9%	22.2%	18.4%	2023
Food Insecure Children Likely Ineligible for Assistance	35.0%	33.0%	32.0%	2023
Children Eligible for Free or Reduced-Price Lunch	54.7%	55.7%	42.4%	2024-2025
Households Receiving Food Stamps/SNAP	9.6%	11.4%	12.1%	2020-2024

Table A2.20: Income

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Population Living in Poverty	11.1%	13.8%	12.5%	2019-2023
Children Living in Poverty	15.3%	18.7%	16.1%	2019-2023
ALICE Households	31.5%	28.6%	-	2023 (2021 data)
Income Inequality (Gini Index)	0.46	0.48	0.48	2019-2023
Gender Pay Gap (Women's Earnings per \$1.00 of Men's Earnings)	\$0.86	\$0.80	\$0.82	2019-2023
Median Household Income	\$84,207	\$78,476	\$80,734	2019-2023
Households Under \$25,000 (Household Income Distribution)	11.6%	14.6%	14.6%	2020-2024
Households \$25,000-\$49,999 (Household Income Distribution)	16.5%	17.3%	16.7%	2020-2024
Households \$50,000-\$99,999 (Household Income Distribution)	30.1%	28.9%	28.1%	2020-2024
Households \$100,000-\$199,999 (Household Income Distribution)	28.8%	26.7%	27.1%	2020-2024
Households \$200,000+ (Household Income Distribution)	13.1%	12.5%	13.4%	2020-2024

Table A2.21: Employment

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Unemployment Rate	3.9%	4.1%	4.3%	March 2026

Table A2.22: Safety

Indicator	Tarrant County	Texas	United States	Most Recent Year of Data
Unintentional Injury (Accident) Mortality Rate (per 100,000 Population)	47.4	48.1	64.3	2020-2024
Homicide Mortality Rate (per 100,000 Population)	7.4	7.2	7.1	2020-2024
Firearm Death Rate (per 100,000 Population)	14.8	14.8	14.0	2020-2024
Motor Vehicle Crash Death Rate (per 100,000 Population)	12.2	14.2	12.9	2020-2024
Motor Vehicle Crash, Alcohol-Involved Mortality Rate (per 100,000)	1.8	3.2	2.5	2019-2023

Appendix 3 | Focus Group Findings Summary

Methodology

As part of the primary data collection for this CHNA, Ascendient Healthcare Advisors conducted six focus groups with 35 participants across Tarrant County between July and August 2026. Participants were recruited through JPS Health Network’s community partners, including organizations serving behavioral health, homeless services, food security, and public health needs. The participating organizations included:

1. Mental Health Connection of Tarrant County³¹
2. Lena Pope
3. The Telos Project
4. Texas Christian University (Counseling Clinical Mental Health Program)
5. My Health, My Resources of Tarrant County
6. Jordan Elizabeth Harris Foundation
7. JPS Leadership
8. Partnership Home
9. Tarrant Area Food Bank
10. Tarrant County Public Health
11. United Way of Tarrant County

Discussions covered perceived health and community concerns, barriers to accessing care, workforce and provider shortages, basic needs such as housing and transportation, trust and cultural barriers to care-seeking, geographic disparities across the county, and ideas for improving how care is delivered.

Focus groups were recorded, transcribed, and de-identified prior to analysis. Ascendient analyzed the six transcripts using an inductive thematic analysis approach: themes and sub-themes were identified from the first transcript, then the codebook was expanded and refined as each subsequent transcript was reviewed, and finally all six transcripts were checked against the completed codebook to confirm consistent coverage. This process produced 38 distinct sub-themes, which were consolidated into 11 higher-level themes and grouped into five major categories summarized below, followed by a closing section on populations raised repeatedly across the groups.

³¹ The first six organizations listed participated in one unified focus group for behavioral health providers

Themes from Focus Groups

Access and Barriers to Care

A shortage of primary care, dental, specialty, and behavioral health providers was the most consistently raised concern, coming up in every focus group. One participant said plainly, **“it’s almost impossible to hire a primary care doctor to come to Tarrant County, anywhere.”** The shortage was described as especially severe in behavioral health, with one focus group participant citing a ratio of just **“15 psychiatrists for every 100,000 residents... child psych is like two for every 100,000.”**

Even where providers exist, participants described a system that is hard to navigate. Services often sit in disconnected organizations that don’t share information or coordinate referrals, leading to repeat intake and confusion about where to go next. One participant summed up the disconnect: **“the navigation of all those resources... things are sometimes offered in silos.”** Several groups also noted that residents often don’t know what services are already available to them, with one focus group participant observing, **“we are our own best kept secret.”**

Cost and coverage came up just as often. Texas’s high uninsured rate, gaps in what Medicaid and programs like JPS Connections cover, and unpredictable billing were all raised as barriers to getting and using care, even for people who are employed. One participant noted, **“there is an increase in the working poor in our communities. This is a national problem.”** Several groups also raised concern, without being asked, about federal and state funding shifts to programs like SNAP (food stamps), Medicaid, and the Affordable Care Act, which they said would directly reduce what safety-net providers can offer going forward.

Trust and cultural factors also shape whether people seek care in the first place. Some participants described lingering distrust in public health institutions rooted in past experience, and others pointed to language and cultural competency gaps that go beyond interpretation, extending to norms around eye contact, touch, and diet, particularly given the more than 100 languages spoken across the JPS system. Encouragingly, several groups pointed to a clear solution already working elsewhere: grassroots, trusted-messenger models using community health workers and doulas. As one focus group participant put it, **“utilizing that type of grassroots model is beneficial. It really does empower the community.”**

Behavioral health providers also described specific structural gaps, including a shortage of crisis and step-down placements for youth and the loss of substance-use detox capacity after a local program lost its funding.

Health Problems

Chronic disease was named as a top health concern across almost every group, with several participants describing rates that are among the highest in the state or country. One participant said simply, **“we have some of the highest hypertension rates in the state of Texas, if not in the country.”** Diabetes and obesity were named alongside hypertension just as often.

Participants also pointed to disparities in maternal and infant health, describing outcomes that are worse for Black and Hispanic residents and comparing local maternal mortality rates to those of far less resourced countries. Several groups also noted a rise in autism, ADHD, and anxiety diagnoses among children and youth, which they attributed partly to genuine increases and partly to greater public awareness.

Tarrant County’s rapid population growth was described as outpacing the health system’s ability to keep up, particularly for the county’s fast-growing older adult population. Alongside these concerns, a couple of groups pointed to encouraging signs: one participant noted feeling **“a little less depression”** in the community as it has continued to reconnect after the COVID-19 pandemic, and another described newer weight-loss medications as already helping to lower local rates of obesity and diabetes.

Social and Environmental Drivers of Health

Transportation was the single most consistently cited barrier across all six groups, described as undermining access to every other kind of care. One participant put it directly: **“if you can’t get to the services, the services don’t matter.”** Housing instability was raised almost as often, with one focus group participant stating simply, **“housing is healthcare.”**

Food insecurity was described as a central concern, particularly by groups working in food access, but it was noted across most conversations. One participant highlighted the scale of the issue locally, referencing a **“food insecurity rate of 601,000 people.”** Access to affordable, reliable childcare was also raised as a barrier that keeps parents, especially single parents, from working or attending to their own health.

A consistent, specific set of neighborhoods and ZIP codes came up independently across multiple groups, which suggests these disparities are widely recognized rather than tied to any single organization’s perspective. Southeast Fort Worth, Las Vegas Trail, Lake Worth, and areas of south Fort Worth were named repeatedly, with one focus group participant noting that one of these ZIP codes had **“the lowest life expectancy... in the state.”** A couple of groups also connected community violence exposure to youth health outcomes, citing it as a motivation for a planned hospital-based violence intervention program.

JPS-Specific Capacity and Perception

Across nearly every group, participants spoke positively about JPS, describing it as a trusted, high-quality safety net and praising its leadership and willingness to partner with community organizations. One participant said, *“JPS, their leadership team is... phenomenal,”* while another specifically praised a newer clinic, calling it *“wildly successful... kudos to that project.”*

Alongside this praise, participants also pointed to real growth opportunities. Some described capacity constraints: patients waiting in hallways during periods of high demand, large provider caseloads that slow appointment scheduling, and a street medicine team stretched thin against demand. The fragmentation participants described across the county was also seen inside JPS, with some partners unaware of the full range of services offered in other departments. A couple of participants also flagged specific programs that lost funding and have not yet been restored, which they saw as a chance to reinvest as resources allow.

Care Delivery Innovations

Participants consistently asked for care that meets people where they are, rather than requiring them to navigate a traditional, appointment-based system. Walk-in and mobile care models were requested repeatedly, and JPS’ existing street medicine team was praised. One participant explained, *“more walk-in opportunities were always things that our clients begged for.”*

Several groups also called for more holistic, non-medical case management and for hiring staff with lived experience, who participants said are especially effective at building trust. There was a clear preference for programs that build lasting self-sufficiency over one-time assistance. As one focus group participant put it, *“if we are teaching a skill... that to me is more valuable”* than a single round of aid.

Other suggestions included using JPS’ own real-time client data to guide outreach rather than relying on older national data sets, and expanding telehealth, which participants saw as a promising way to stretch limited provider capacity, so long as device and internet access barriers are addressed for the residents who need it most.

Appendix 4 | Stakeholder Interview Findings

Summary

Methodology

As part of the primary data collection for this CHNA, Ascendient Healthcare Advisors conducted nine one-hour stakeholder interviews between June and July 2026. Interviews were conducted individually over Zoom and were recorded with each participant's consent. Interviewees represented a range of organizations serving Tarrant County's health and human service landscape, including hospital and health system leadership, JPS Board and governance leadership, national and regional health-focused nonprofits, community-based direct-service nonprofits, public school district leadership, business and chamber of commerce leadership, and county-appointed community and civic representatives. Interview questions covered perceived health and wellness concerns, access to care, social and environmental drivers of health, suggestions for community improvement, perceptions of JPS, population-specific needs and disparities, and community strengths and assets.

Interviews were transcribed and de-identified prior to analysis. Ascendient analyzed the nine transcripts using an inductive thematic analysis approach: themes and sub-themes were first identified from an initial transcript, then the resulting codebook was expanded and refined as each subsequent transcript was reviewed, and finally all nine transcripts were cross-checked against the completed codebook to confirm consistent coverage. This process produced 35 distinct sub-themes, which were consolidated into six major themes summarized below:

Figure A4.1: Stakeholder Interview Themes



A closing section summarizes needs specific to particular populations that were raised repeatedly across the interviews.

Themes from Interviews

Access to Care

Cost of care was the barrier to healthcare interviewees raised most often. Several interviewees pointed to a coverage gap facing what one stakeholder called the **“missing middle”**: families and individuals who earn too much to qualify for Medicaid or JPS assistance, but not enough to comfortably absorb the deductibles, coinsurance, and other out-of-pocket expenses that come with commercial insurance. As one interviewee put it, **“If you have to choose between your grocery shopping and your cancer treatment copay, it’s not treatment.”** That same affordability gap extends to services many residents delay or skip entirely. Interviewees described dental and behavioral healthcare in particular as expenses families avoid even when insured, with one noting that a single dental procedure can run **“\$1,000 or \$2,000, I doubt you’re going to volunteer for that as an adult.”**

Even where coverage exists, interviewees described a system that is hard to move through. Shortages of primary care, specialty, dental, and behavioral health providers were raised repeatedly, with wait times ranging from a few weeks to several months. Interviewees also described sharp differences in access within the county itself where services exist on paper near high-need neighborhoods but remain difficult to reach in practice. One stakeholder contrasted two parts of town directly: **“On this side of town, wait times run 45 minutes to an hour, while in another area it’s only about five minutes.”**

Interviewees also raised coordination and administrative friction as barriers, and these comments were about the broader care system rather than JPS specifically. One interviewee described what happens when providers do not communicate well. **“There’s repeat testing and duplication of the same services, and the underlying problem is still there.”** Another interviewee used a hypothetical example to illustrate the toll of bureaucratic approval processes, saying a patient might need **“14 approvals before you’re even able to get to the specialist.”** A third interviewee said colleagues who handle Medicaid billing describe frequent denials of claims that are fully justifiable, forcing providers to resubmit before they get paid, and added that Medicaid reimbursement rates are not sustainable. Interviewees pointed to low-cost navigator and care coordination models, including one nonprofit’s own program connecting grandparents raising grandchildren to existing services, as a simple way to help people get connected without creating anything new.

Social and Environmental Drivers of Health

Transportation, food access, and housing were among the most common barriers interviewees described. Unreliable public transit and a lack of personal vehicles were frequently cited as reasons residents miss medical appointments and other services. One stakeholder said, **“DART [Dallas Area Rapid Transit] isn’t terrible, but it also still has its**

stipulations and barriers to overcome.” Another described a patient who waited about three hours for a ride home after an appointment. Food access was raised just as often, with interviewees pointing to a shortage of grocery stores and fresh produce in low-income and minority neighborhoods. As one stakeholder put it, **“You go to some ZIP codes, and on every corner there’s a fast food restaurant, but they’re in a food desert when it comes to actual supermarkets that have healthier options.”** Housing instability, affordability, and quality were also widely cited. One interviewee said, **“We have a lot of apartment complexes here in Fort Worth, Texas that are not healthy places to live. There are rodents,”** while another added, **“housing costs are pretty high, and I know affordability across a lot of things has been a concern for folks.”**

Interviewees also connected health outcomes to money, safety, and education. Poverty and financial instability were described as leaving many families a single setback away from crisis, with one stakeholder noting plainly, **“Poverty definitely has a negative impact on mental and physical health.”** Neighborhood safety was another recurring concern. Interviewees described gun violence and crime in specific areas as a direct threat to residents’ physical and mental health, and one stakeholder said, **“Kids can’t get a good night’s sleep because there’s a gunfire in the middle of the night.”** Some also linked the county’s rapid growth to worsening air quality and its effect on children’s breathing.

Education and literacy gaps rounded out this theme. Interviewees pointed to under-resourced schools and low literacy as barriers to both general opportunity and health, with one stakeholder observing that some students are **“passed through school”** without learning to read, which later limits their ability to understand medical instructions and insurance coverage.

Health Conditions

Physical health concerns centered on chronic disease. Diabetes, hypertension, obesity, and cancer (particularly breast and colorectal cancer) were repeatedly named as leading concerns, and interviewees often described them as more common in specific parts of the county. One stakeholder named the pattern directly, saying simply, **“Diabetes, hypertension, obesity, and mental health.”** Another described diabetes as **“one of those [conditions] running rampant,”** pointing to related complications such as kidney problems.

Maternal and child health concerns were also raised, including infant mortality. One interviewee, speaking specifically about JPS, said, **“JPS is really close to the 76104 ZIP code, which has the highest infant mortality and adult mortality in the state.”** A separate interviewee described a program at their own hospital system, not JPS, that pairs every pregnant patient with a doula to help, **“eliminate adverse or negative health outcomes or infant deaths.”**

Mental health needs were raised almost as often. Interviewees pointed to shortages of providers, ongoing stigma, and a sharp rise in the severity of youth mental health needs. One interviewee described seeing many children with autism and related concerns, saying, ***“We have a lot of children on the spectrum,”*** and ***“We see a lot of depression and anxiety and behavior issues.”*** Another stakeholder pointed to a sharp rise in youth mental health needs at their own organization over the past decade, describing a jump from about a third of teenagers showing higher levels of behavioral and mental health needs to nearly three-quarters today. A third interviewee, describing the stigma around seeking mental healthcare and the need to address it, said plainly, ***“the brain is no more than another organ.”***

JPS-Specific Perceptions

JPS was described across nearly every interview as a vital, trusted safety net, and was particularly valued for its willingness to treat patients regardless of ability to pay. One interviewee said simply, ***“I know for a fact that money is not going to stop them from diagnosing me,”*** while another described JPS’ role as ***“critical... a foundational pillar that makes this city go forward.”***

Interviewees also spoke to the value of the JPS Connection program as a low-cost coverage option for residents who cannot afford a managed care plan, though several noted that enrollment does not always translate into consistent, ongoing primary care.

At the same time, interviewees identified gaps in community awareness of the full range of services JPS offers, noting that even longtime residents and partner organizations are not always aware of what is available or how to access it. Suggestions for improvement included expanding services, reducing bureaucratic bottlenecks, building an internal medicine training pipeline, addressing capacity constraints such as multi-patient hospital rooms, and continuing the expansion of neighborhood clinics.

Suggestions for Community Improvement

Interviewees’ suggestions centered on bringing services directly into spaces the community already trusts, rather than expecting residents to travel to a central facility. One stakeholder explained, ***“We want to be in the communities that need us the most, so we bring the mammography unit right to them.”*** Several interviewees also urged a shift toward addressing root causes rather than providing one-time material assistance. As one put it, ***“We need to address root causes and really lift individuals and families out of poverty, rather than creating programs that just serve as a band-aid.”***

Cross-sector and cross-hospital collaboration emerged as both a recognized strength and an area for growth. Interviewees described Tarrant County’s collaborative culture as unusual compared to neighboring counties, while also identifying missed opportunities and calling for more formal partnership on future assessments and referral agreements.

Community Strengths and Assets

Alongside the challenges they discussed, interviewees pointed to several assets the community can continue to build on. A dense, active network of community-based organizations and nonprofits was repeatedly cited as a major strength. As one stakeholder described it, ***“There’s a very robust community-based organization network; so many organizations, big and small.”*** Local food banks, community gardens, and food-prescription partnerships were also highlighted as effective, well-regarded resources. One interviewee reflected, ***“The food bank really moved me. They provide the groceries and the vegetables that families need most.”***

Interviewees also pointed to expanding parks and increasingly affordable fitness centers as accessible, low-cost ways to support healthier lifestyles, and to Tarrant County’s philanthropic capacity as an asset that remains underused. One stakeholder noted, ***“There’s amazing philanthropic support in Tarrant County. Some giant legacy family foundations that really give back.”***

Appendix 5 | Community Health Opinion Survey

Methodology

The Community Health Opinion Survey (CHOS) was administered to capture Tarrant County residents' perceptions of the health problems, social and community issues, and barriers to care most affecting their community, alongside self-reported health behaviors, access to care, and social needs. It was available in English, Spanish, and Vietnamese.

Data collection took place from July 6 through July 24, 2026. Respondents were recruited in part through JPS Health Network's electronic health record (EHR) and patient portal system. The survey yielded 1,196 respondents.

The survey instrument covered the following topic areas:

- Perceived top health problems and social/community issues affecting the community
- Barriers to accessing healthcare, including cost, insurance, and availability
- Healthcare utilization patterns, including usual source of care, dental care, and comfort with telehealth
- Health insurance coverage
- Food security and housing instability
- Health literacy, including understanding of medical information and navigating forms
- Nutrition and physical activity
- Employment and economic concerns
- Demographics, including age, gender, race/ethnicity, language, education, and income

Respondent Demographics

The sample skews female and clusters in middle and older age ranges, with fewer younger adults represented. The sample is racially diverse, with White and Black respondents making up the largest shares and smaller representation across other groups; most respondents speak English at home, with a meaningful Spanish-speaking minority. Educational attainment is concentrated at the high school and some college levels, and less than one in five respondents report full-time employment, with retirement, disability, and other barriers to employment accounting for a substantial share of the sample. Household income skews toward the lower end of the distribution, though a notable share of respondents declined to answer this question, so the true income distribution cannot be fully characterized.

Figure A5.1: Location of Respondents

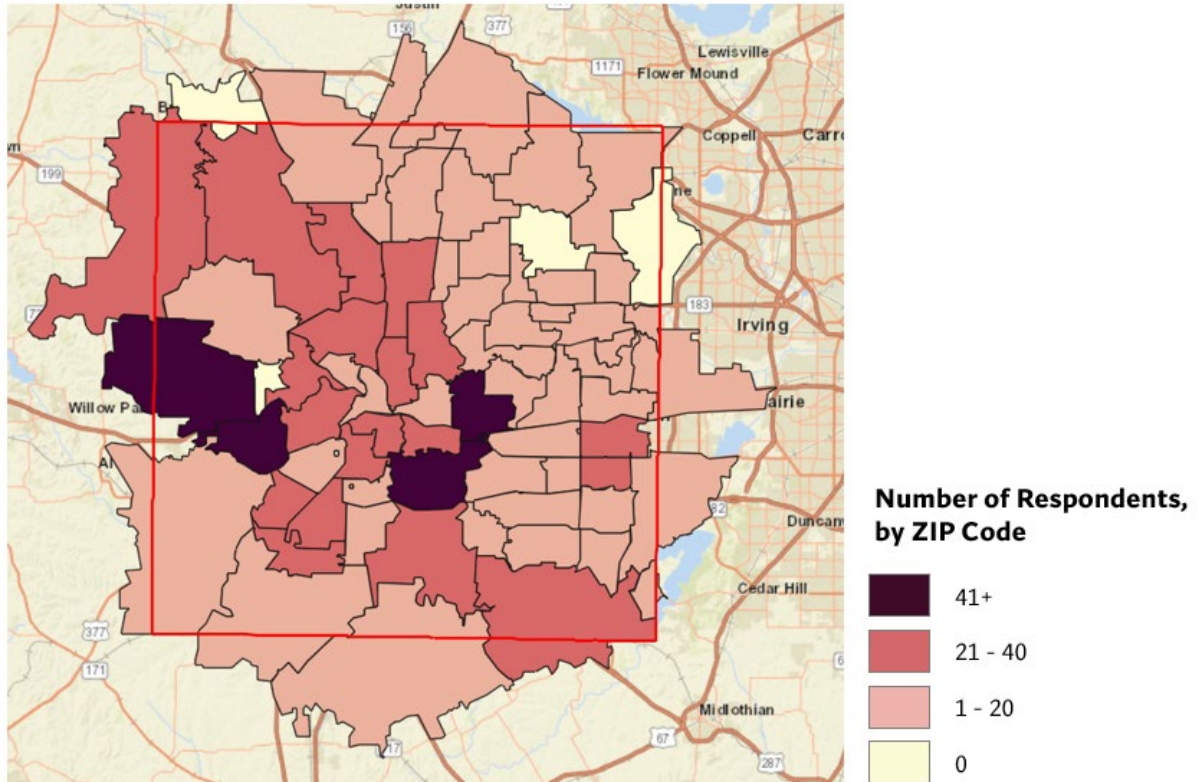


Figure A5.2: Age of Respondents

(N=1,196)

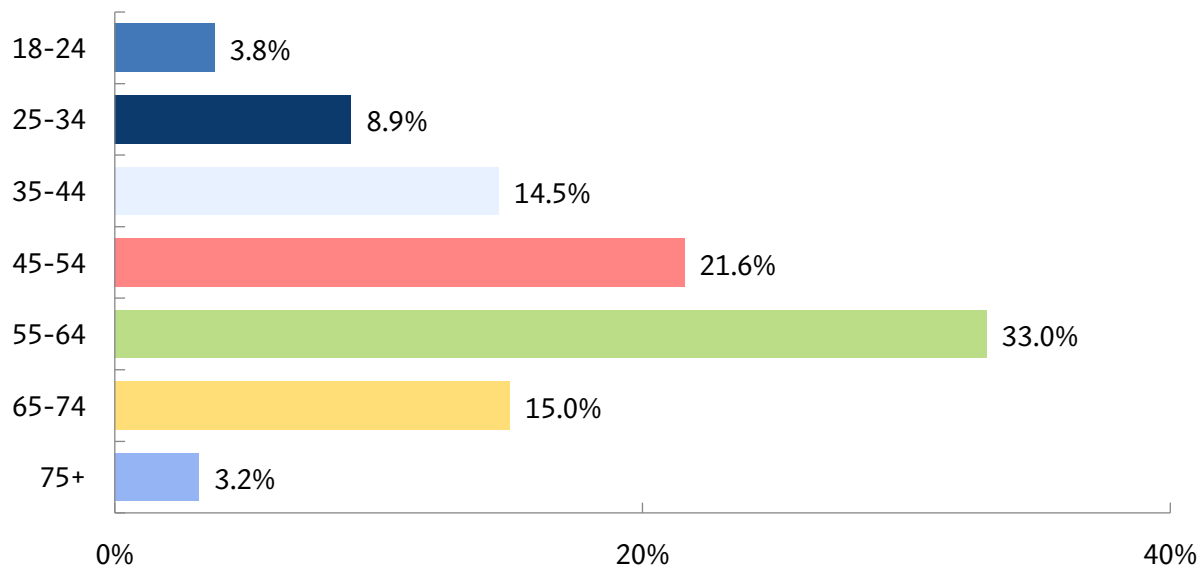


Figure A5.3: Gender of Respondents

(N=1,195)

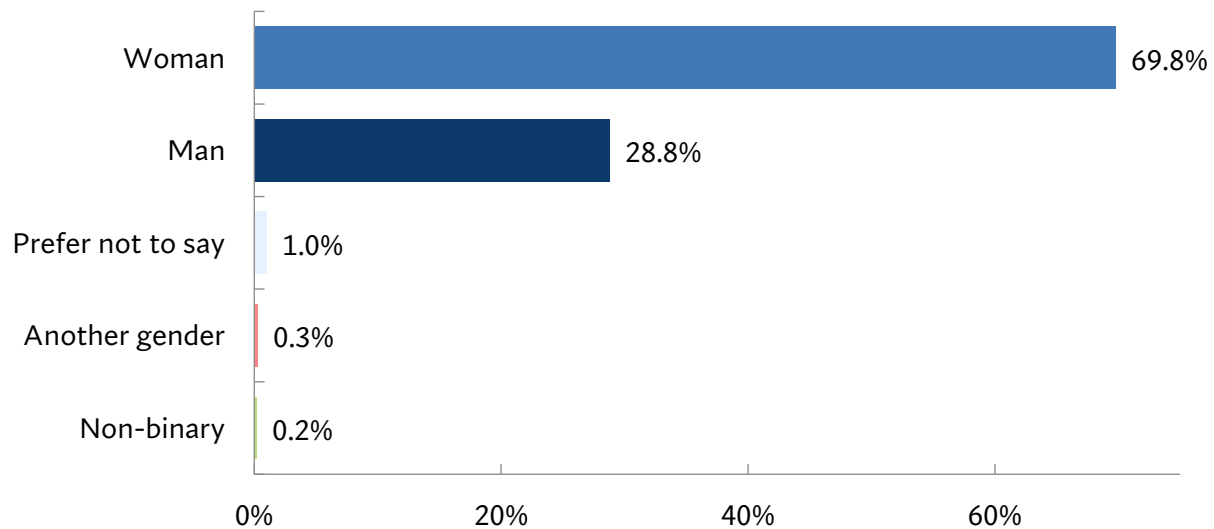


Figure A5.4: Race of Respondents

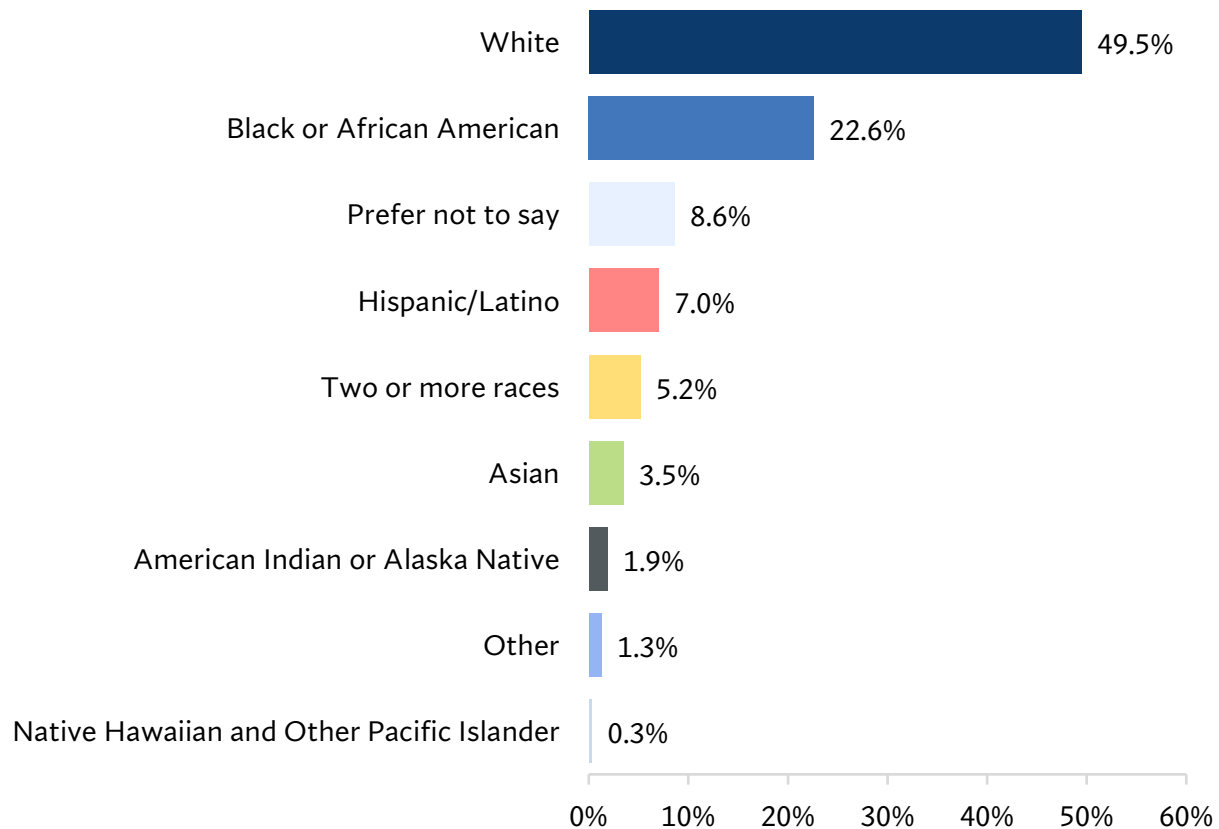


Figure A5.5: Language Spoken at Home

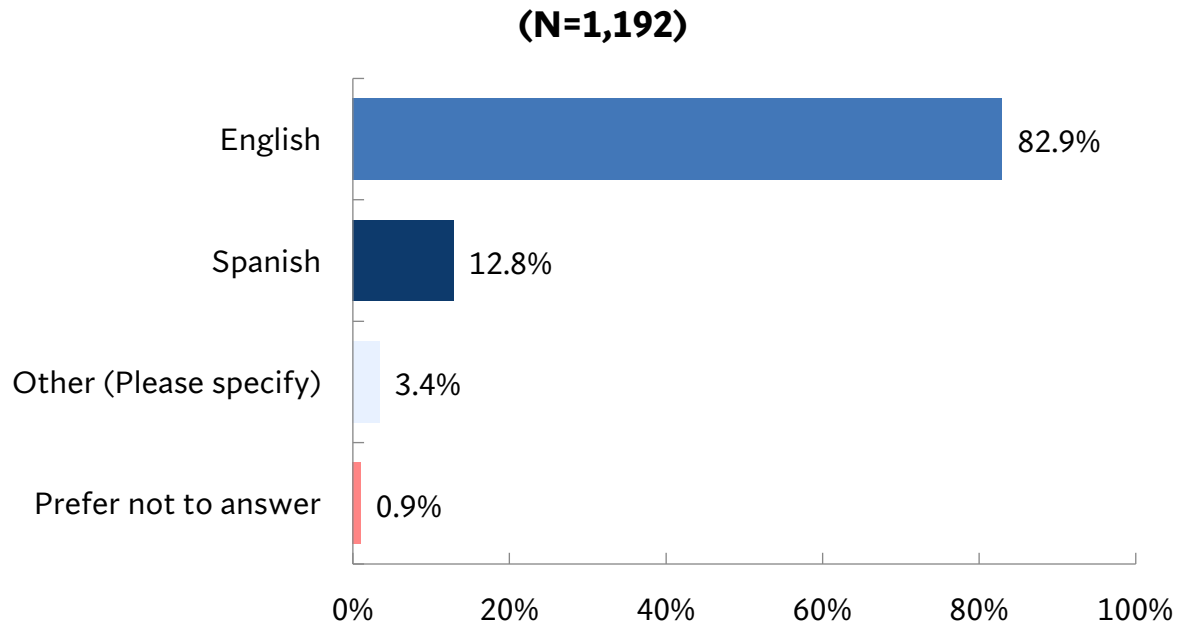


Figure A5.6: Level of Education of Respondents

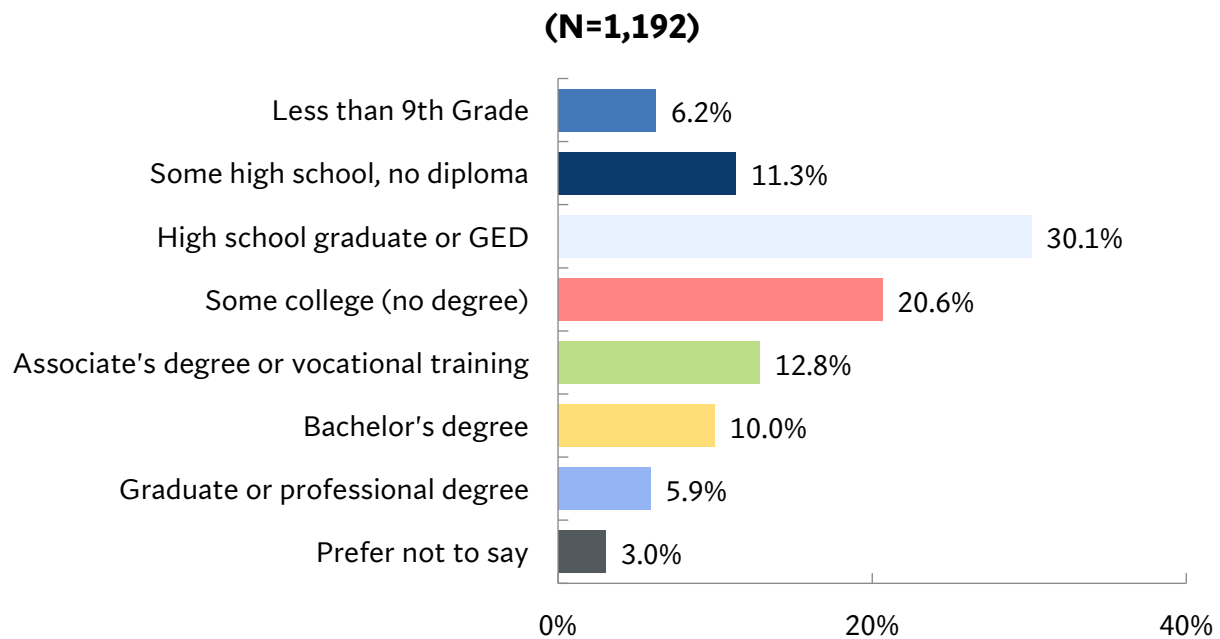


Figure A5.7: Employment Status of Respondents

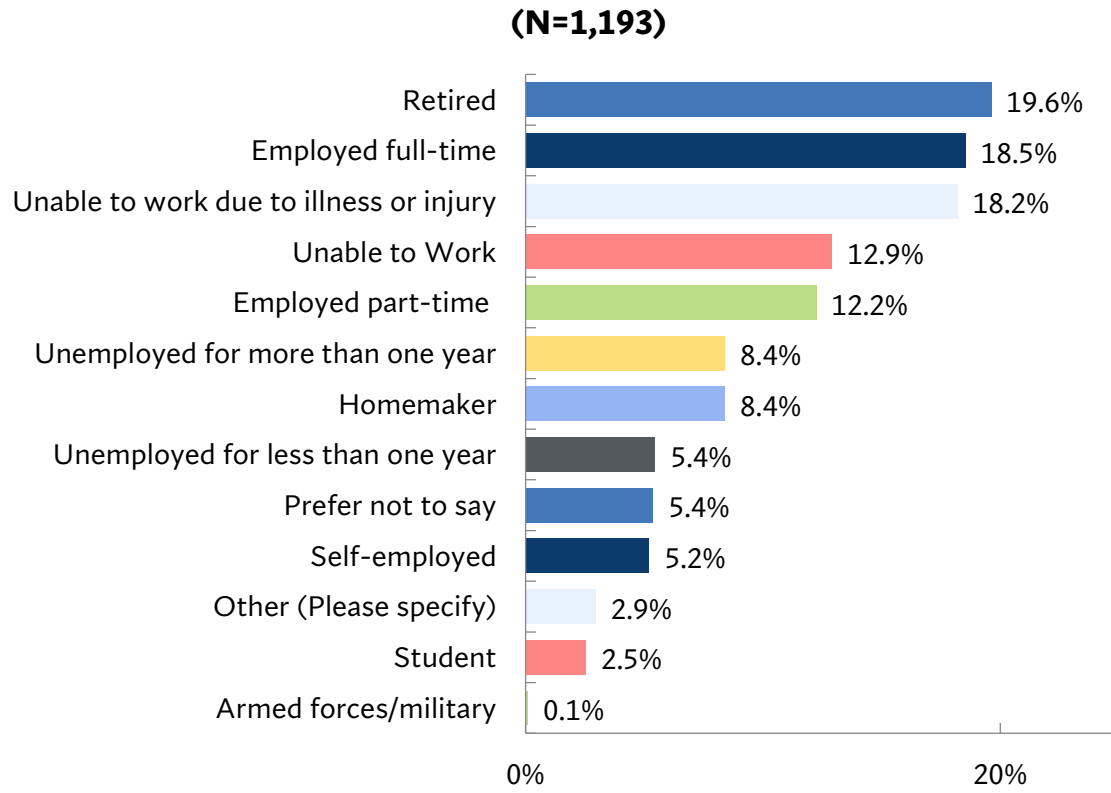
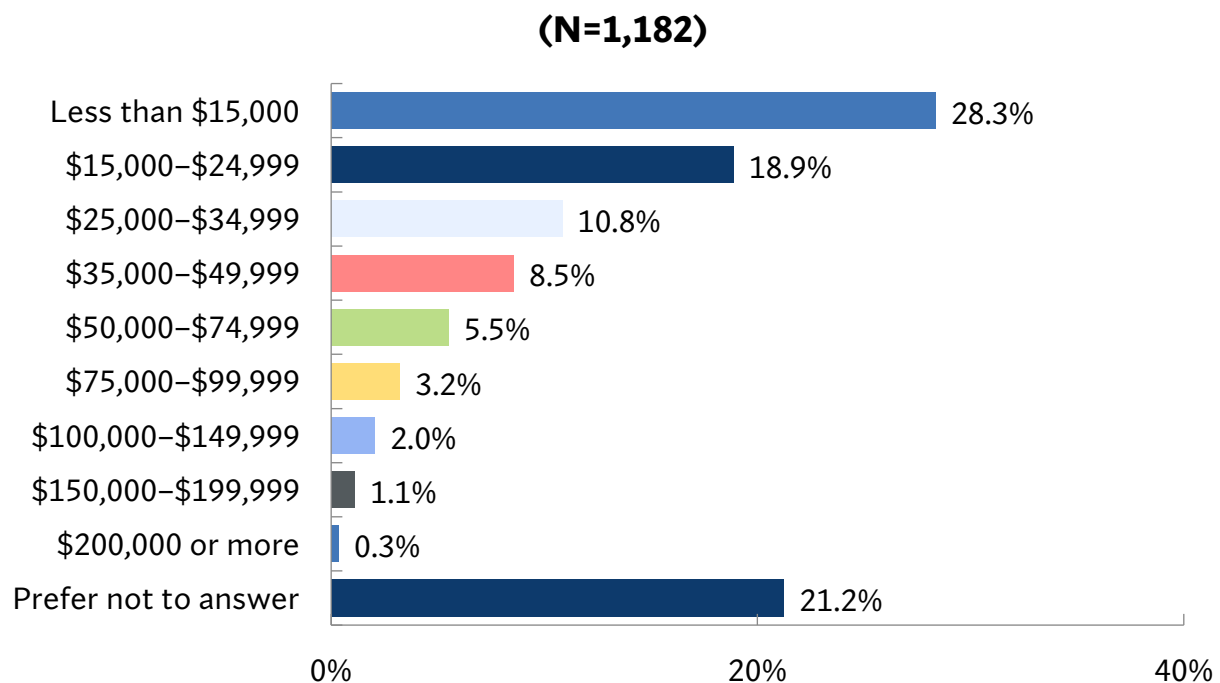


Figure A5.8: Household Income of Respondents



Survey Responses

Community Health Opinions

Figure A5.9: What three health problems have the biggest impact on your community?

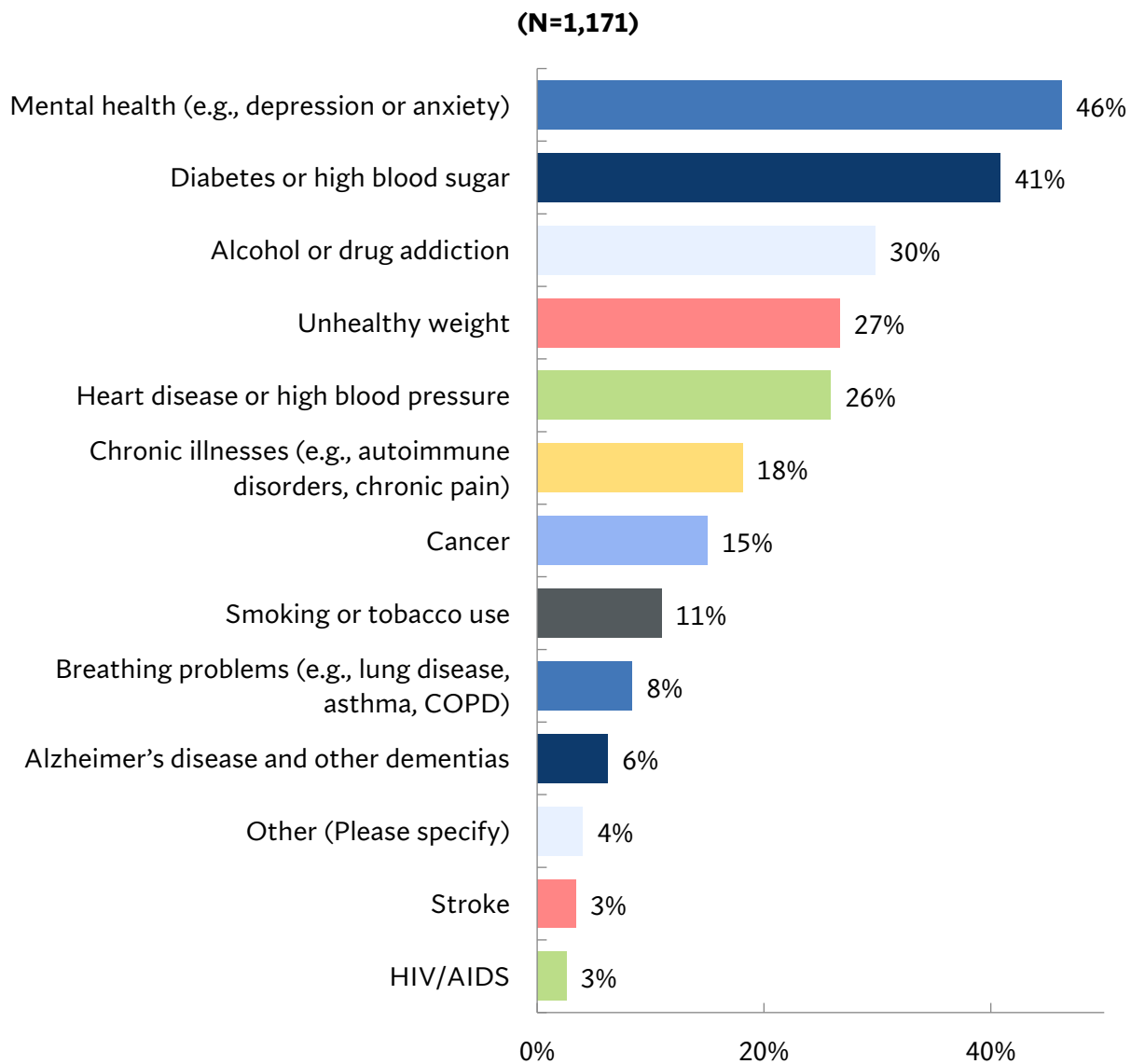


Figure A5.10: What three health problems have the biggest impact on your community, by age?

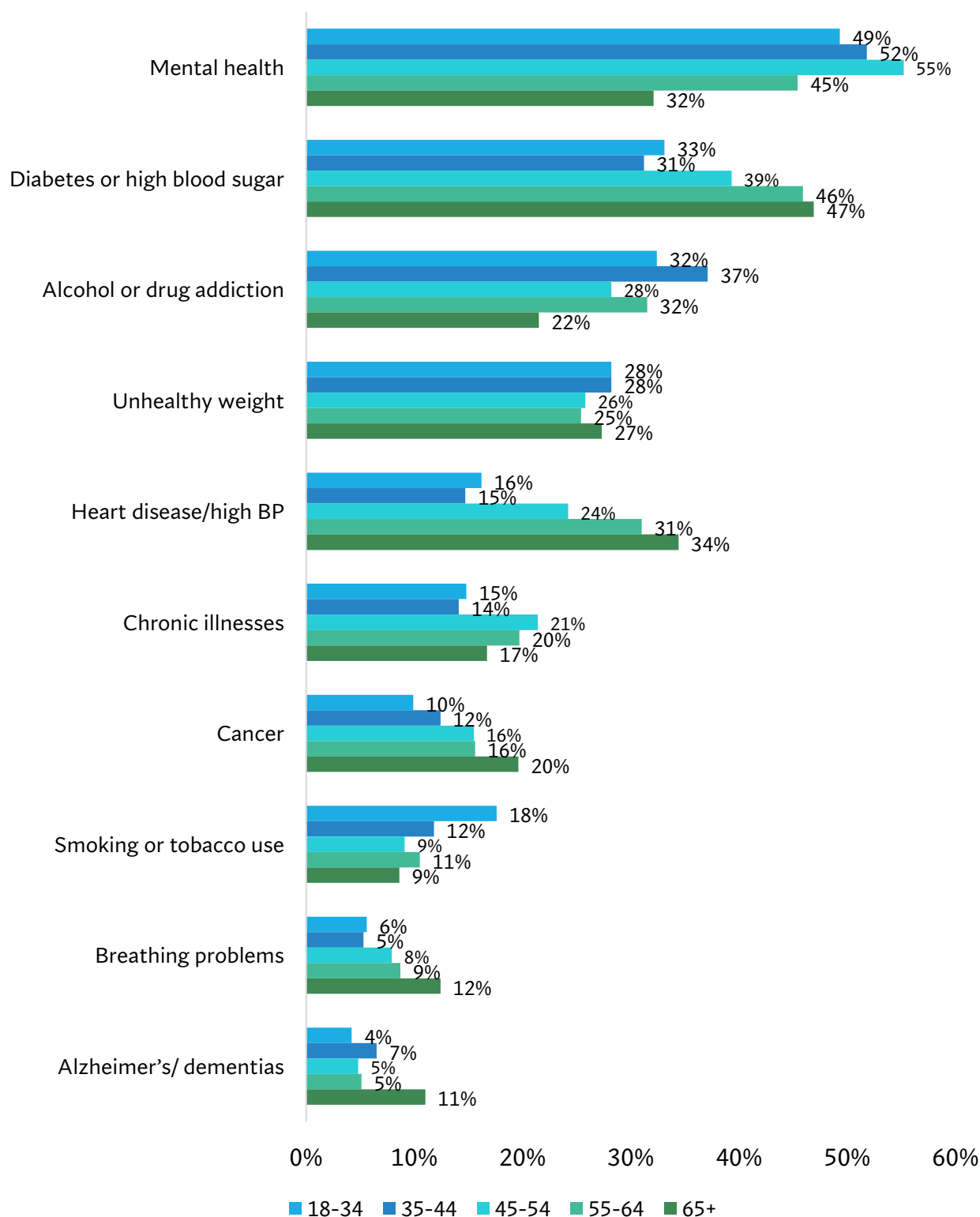


Figure A5.11: What three health problems have the biggest impact on your community, by race?

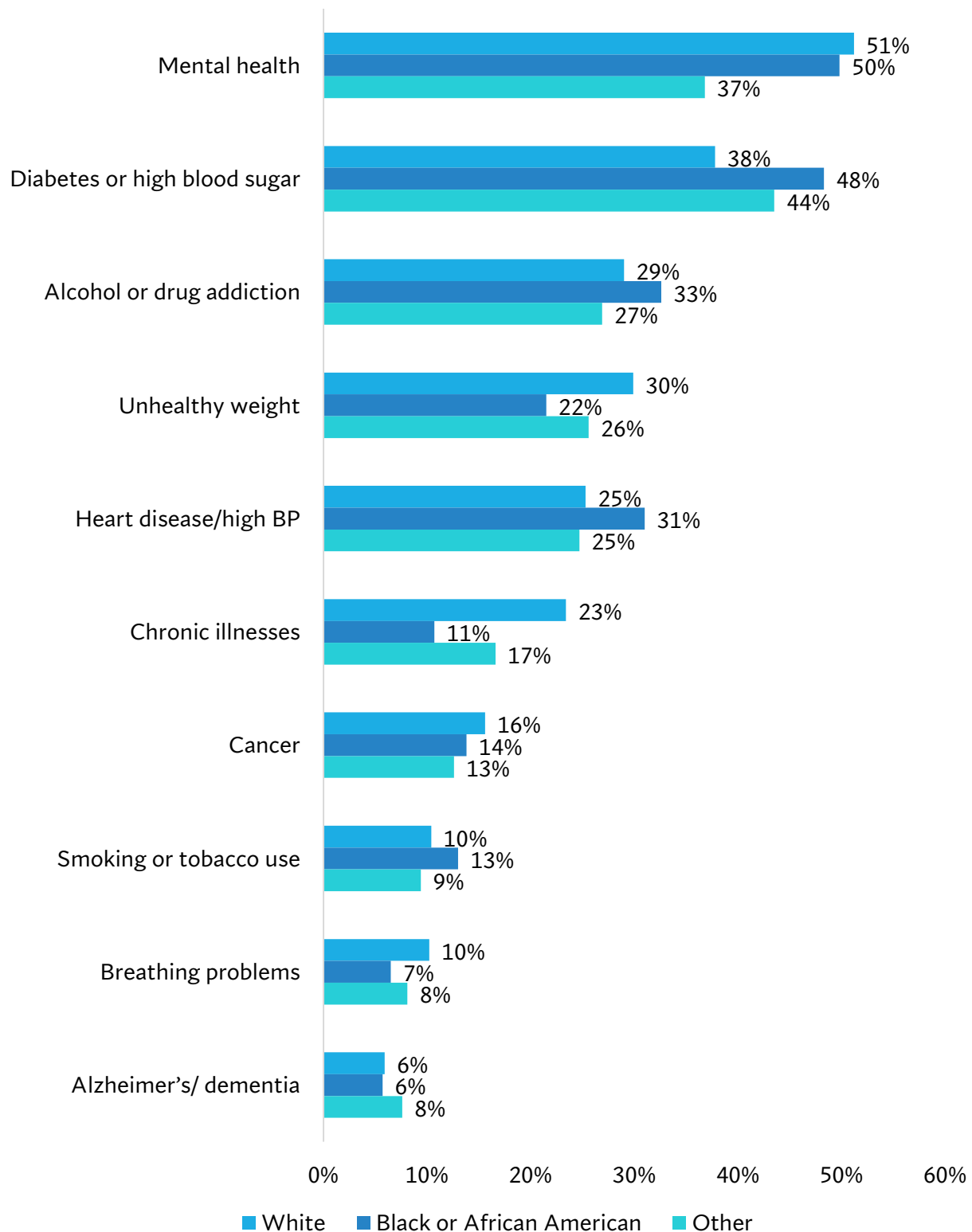


Figure A5.12: What three health problems have the biggest impact on your community, by gender?

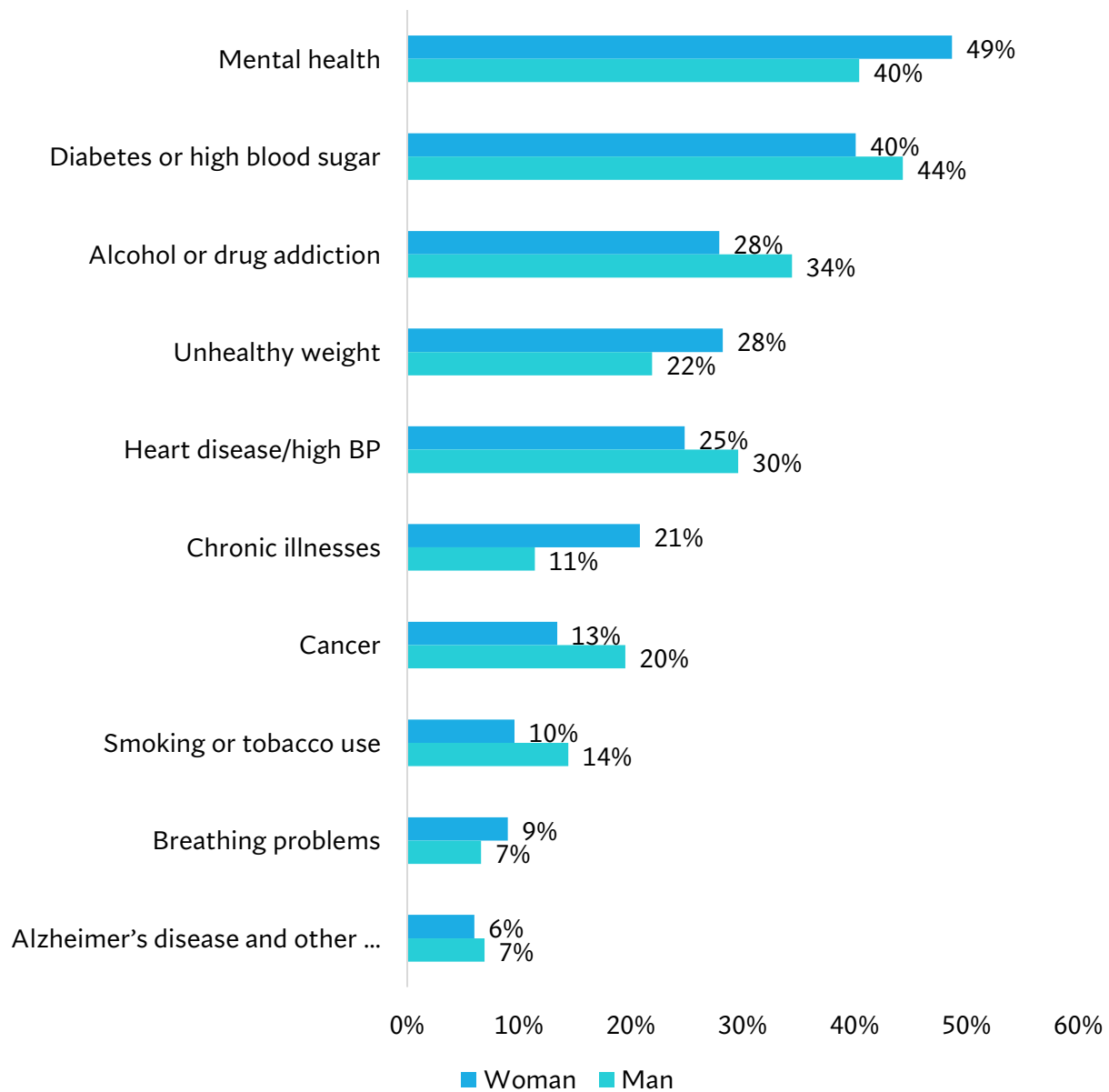


Figure A5.13: What three social or community issues have the biggest impact on health in your community?

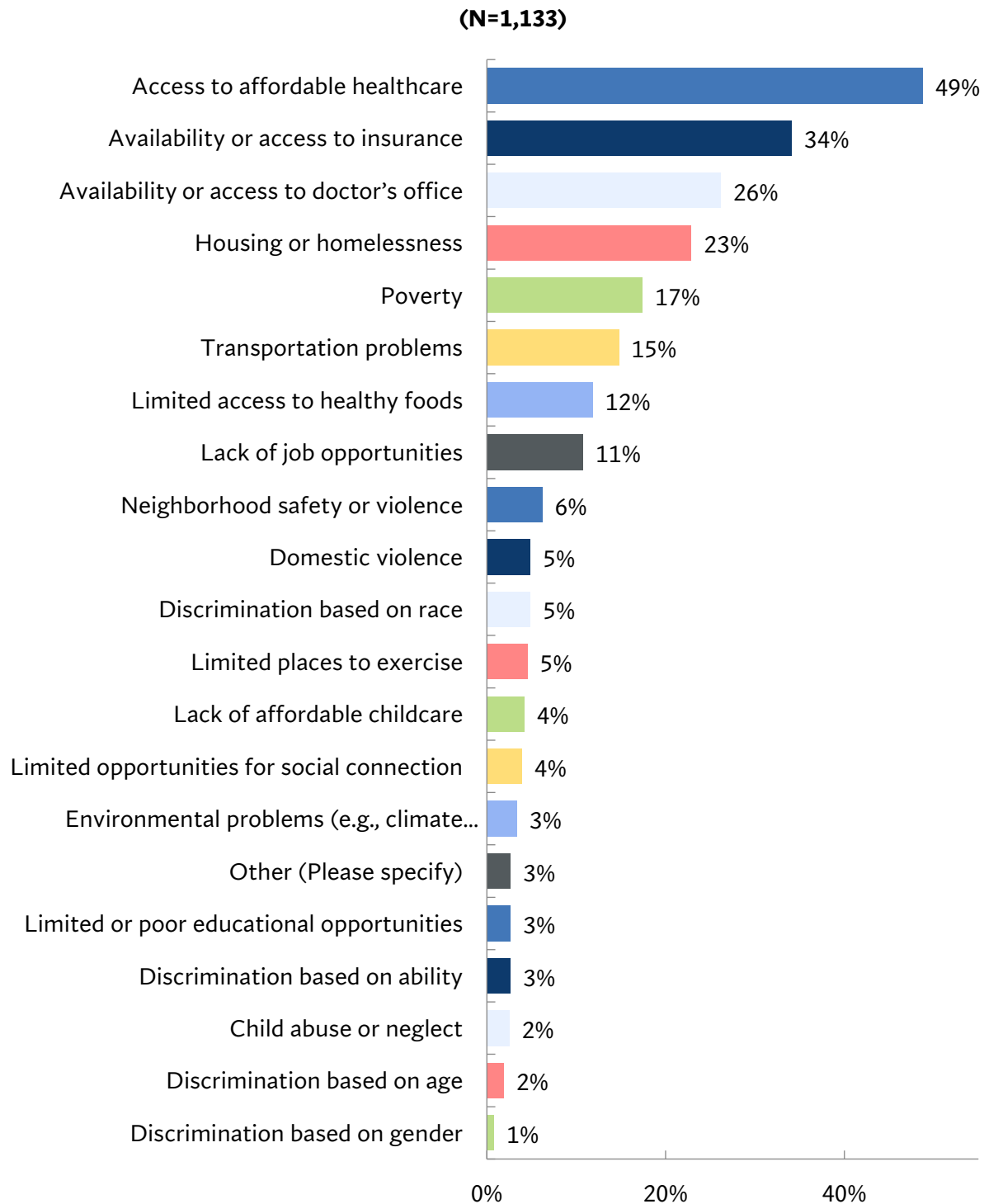


Figure A5.14: What three social or community issues have the biggest impact on health in your community, by age?

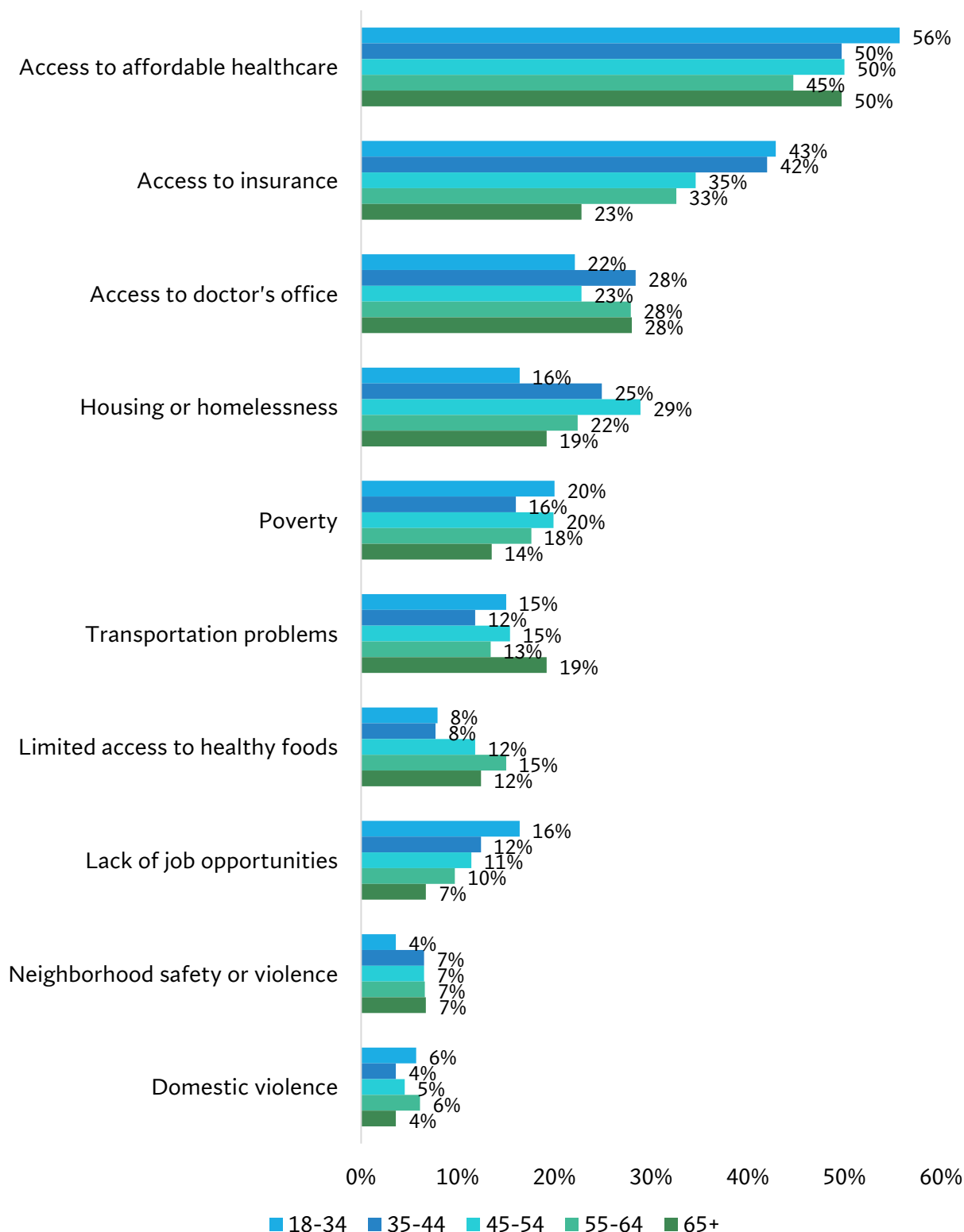


Figure A5.15: What three social or community issues have the biggest impact on health in your community, by race?

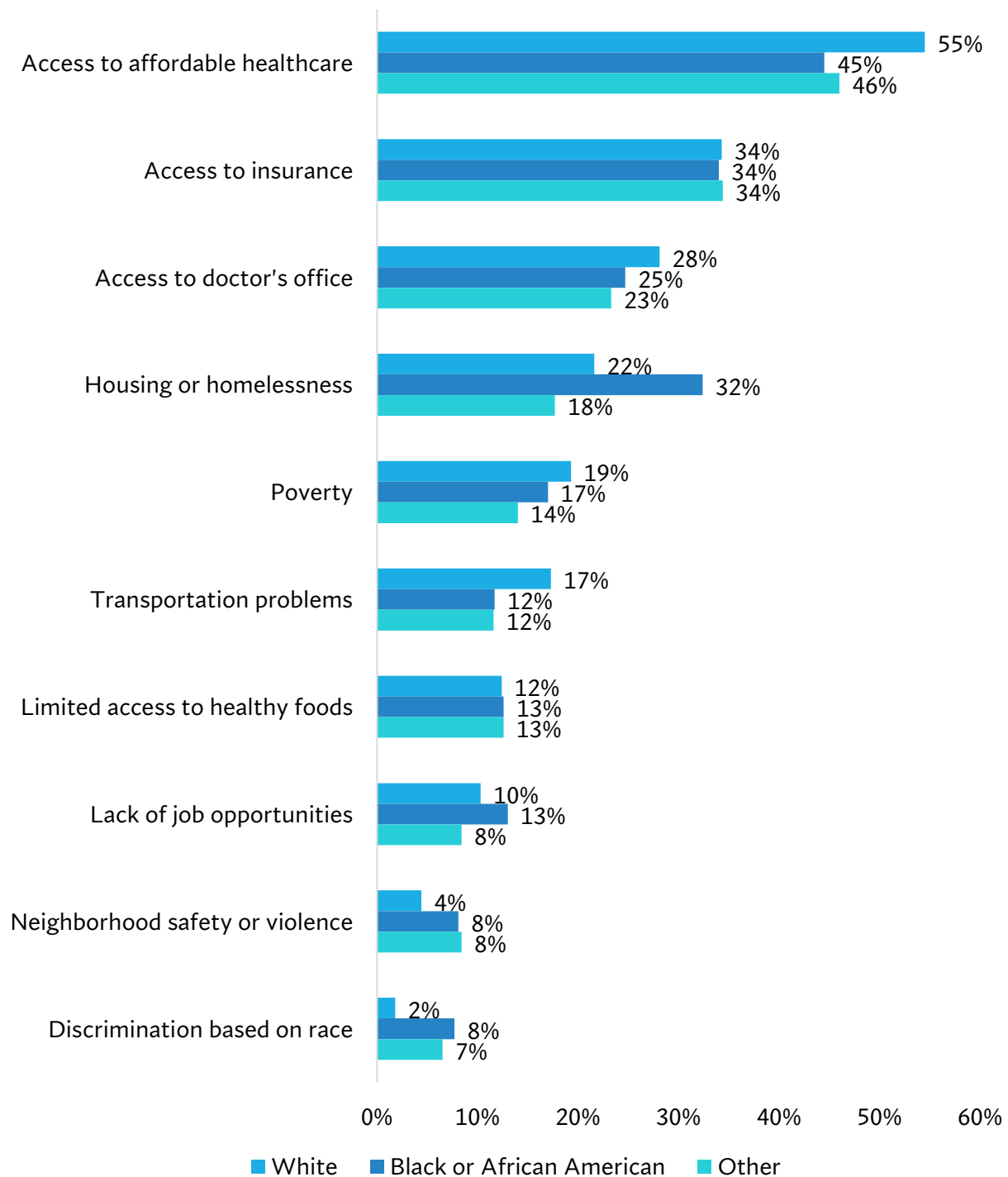


Figure A5.16: What three social or community issues have the biggest impact on health in your community, by gender?

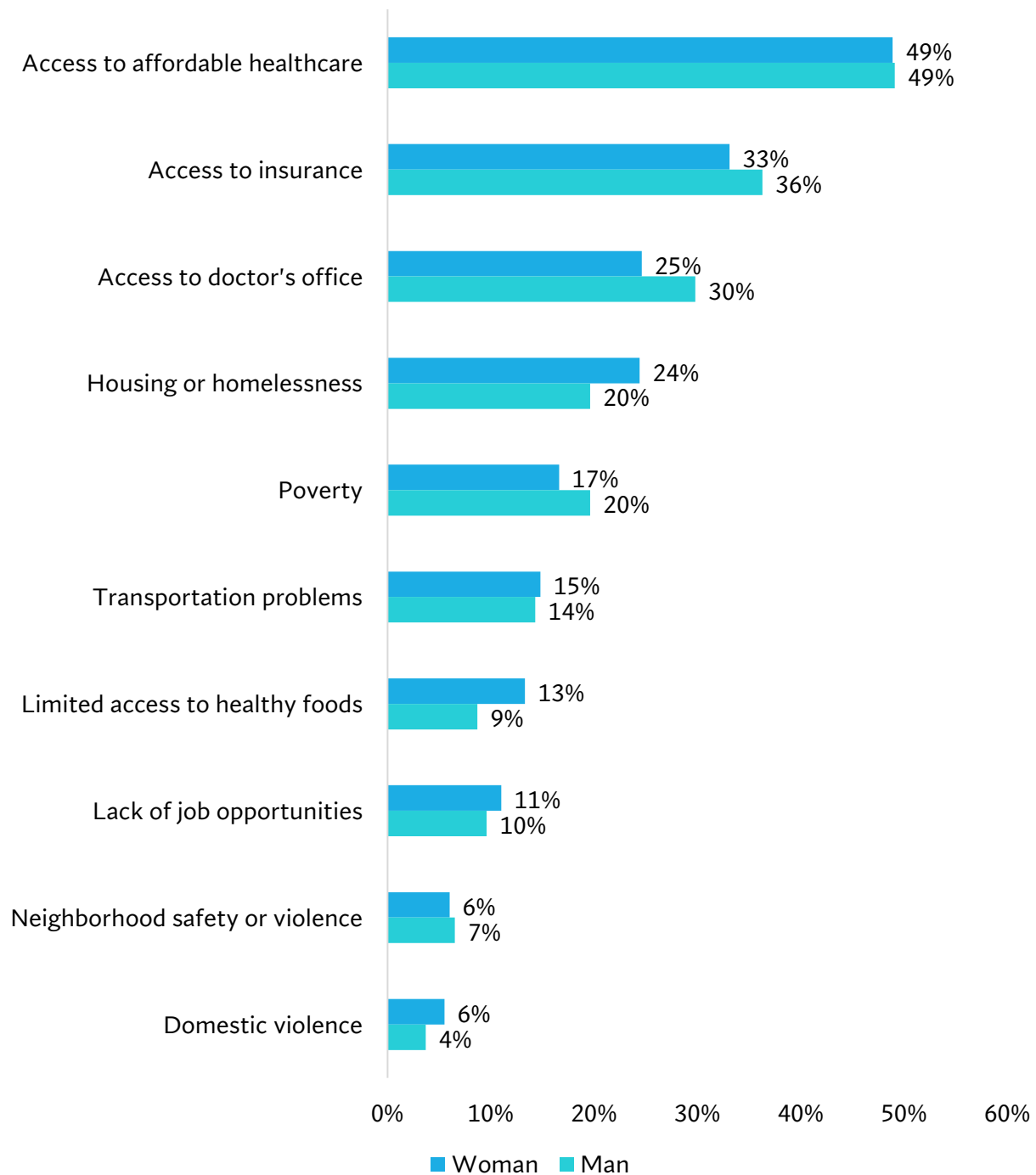


Figure A5.17: What are the three most important reasons people in your community do not get health care?

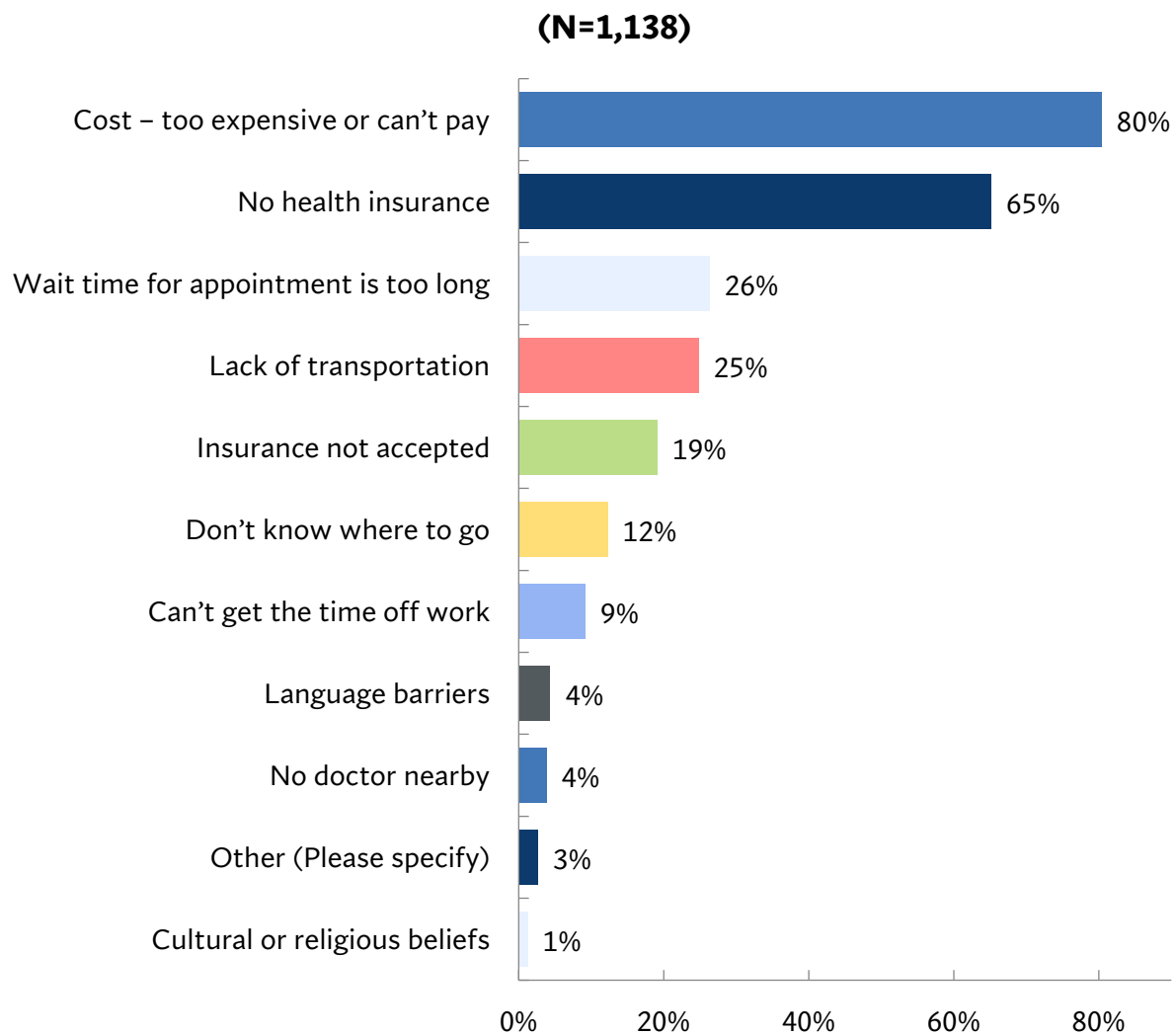


Figure A5.18: What are the three most important reasons people in your community do not get health care, by age?

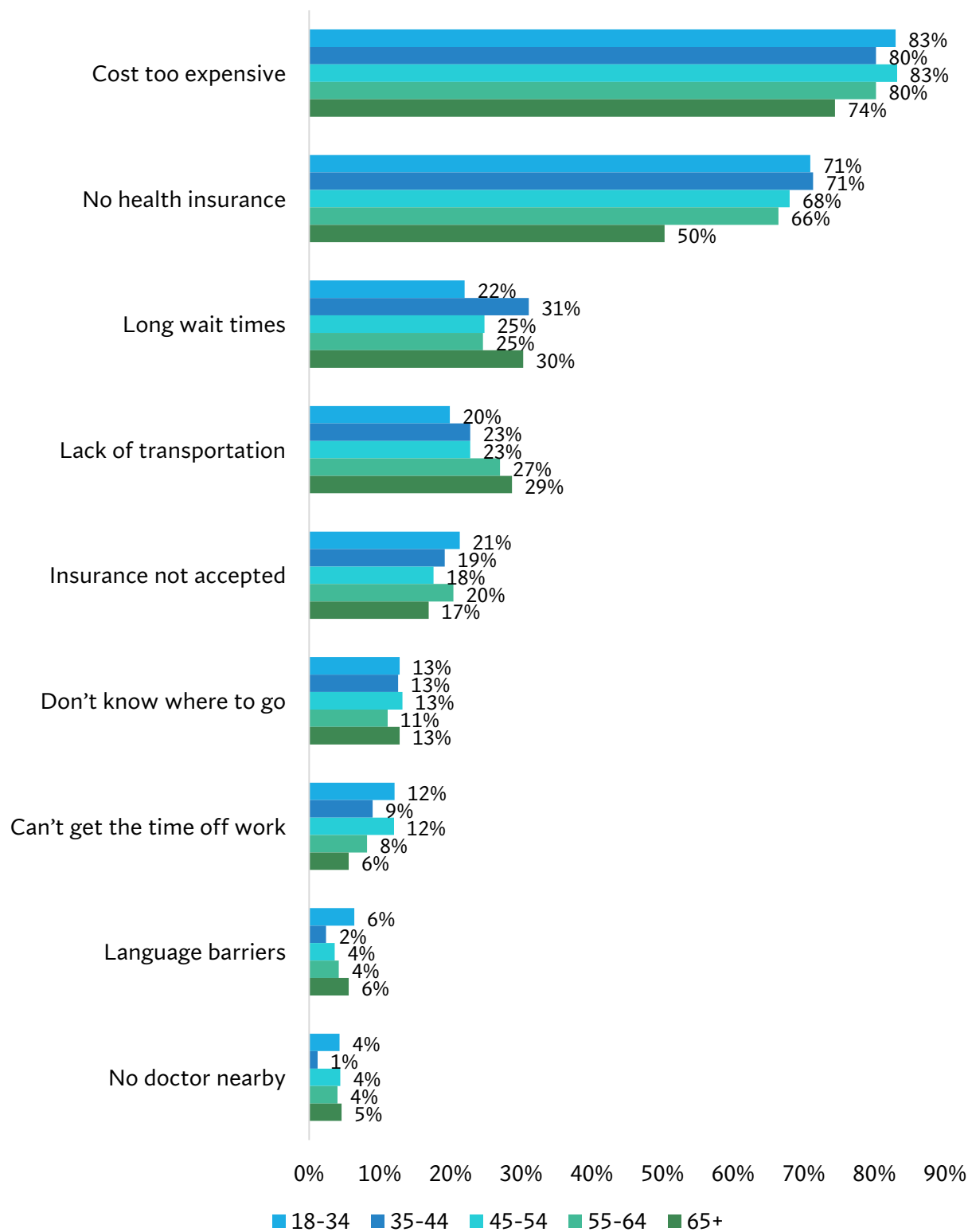


Figure A5.19: What are the three most important reasons people in your community do not get health care, by race?

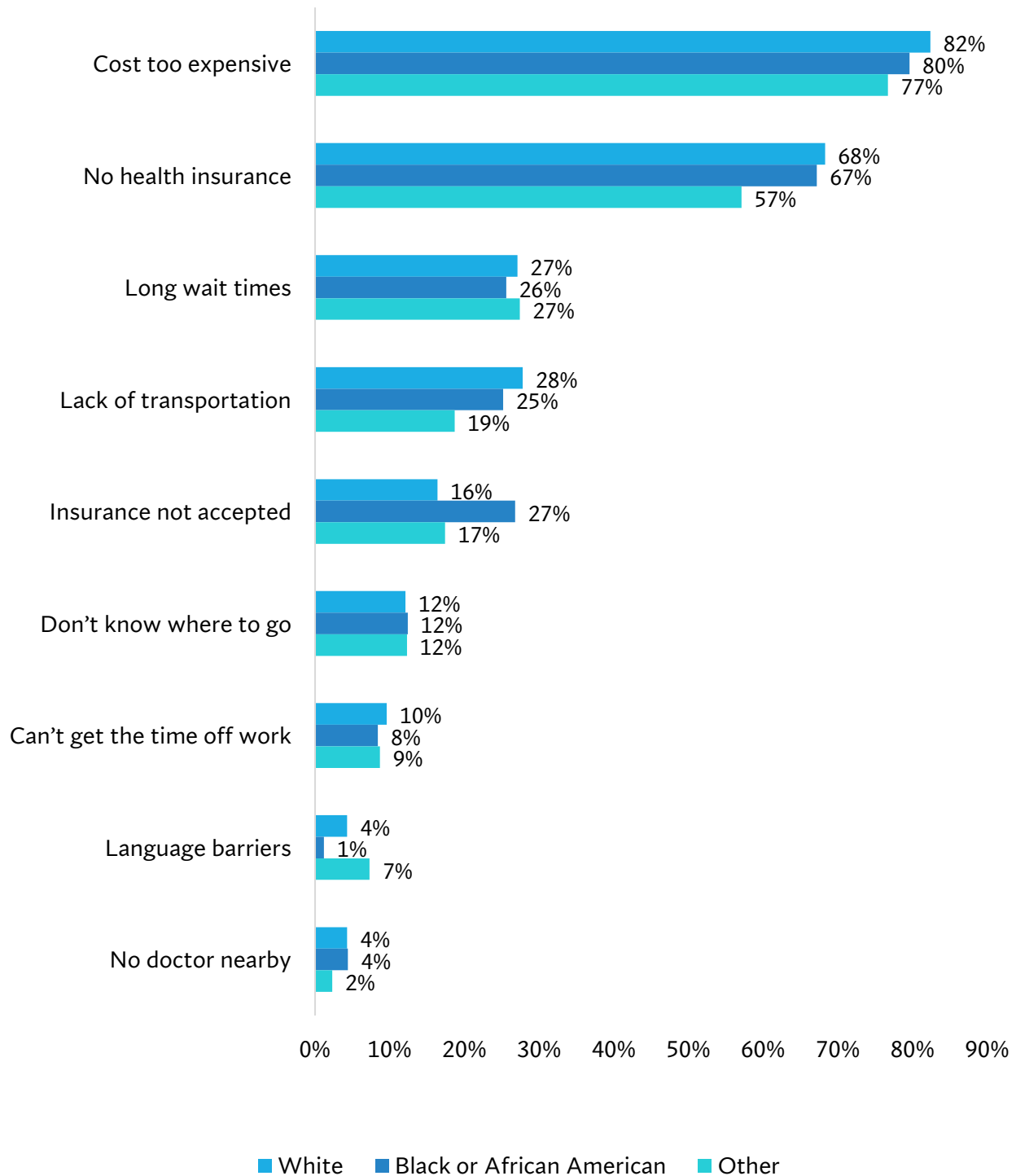


Figure A5.20: What are the three most important reasons people in your community do not get health care, by gender?

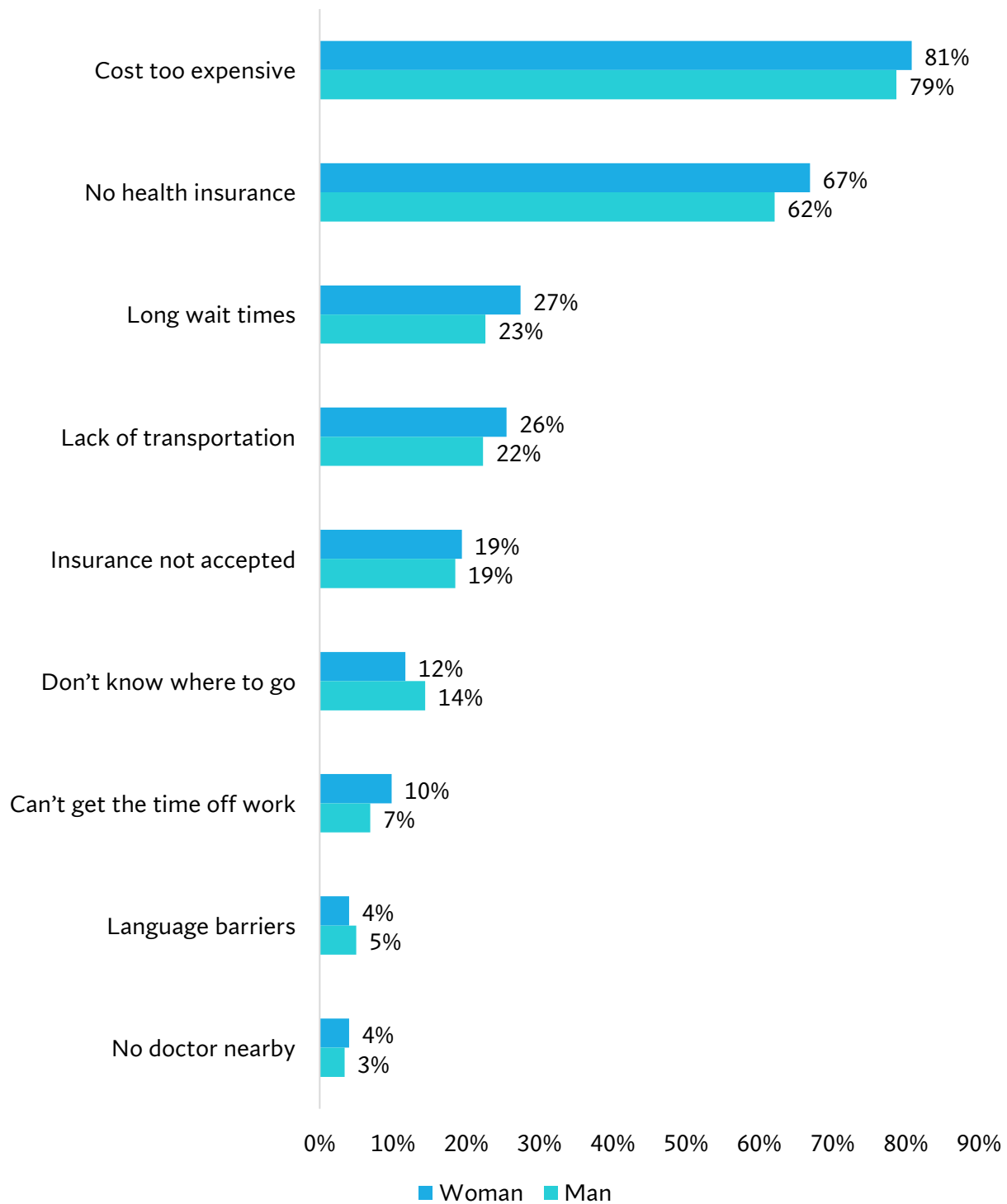


Figure A5.21: What would help make your community healthier?

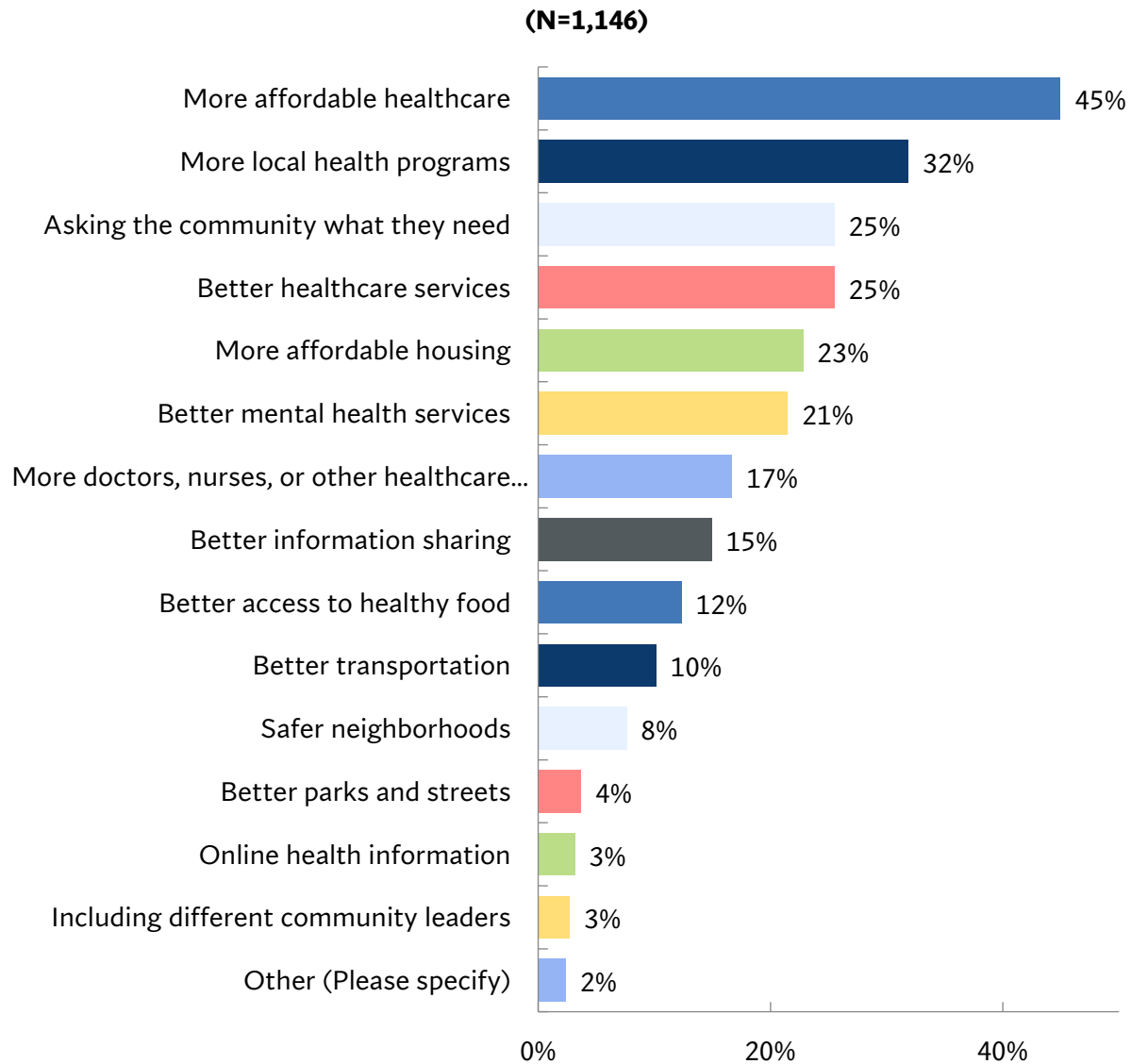


Figure A5.22: What would help make your community healthier, by age?

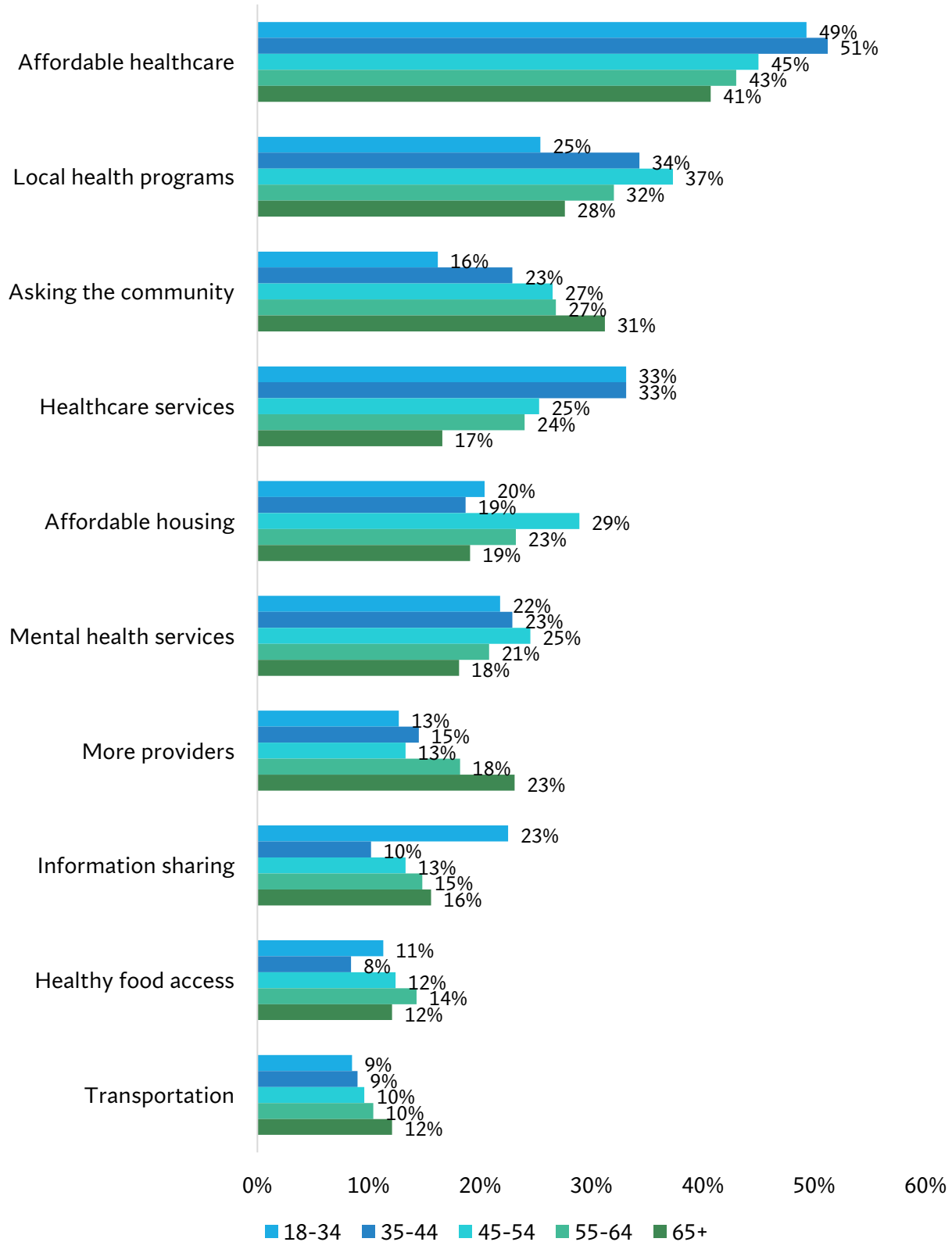


Figure A5.23: What would help make your community healthier, by race?

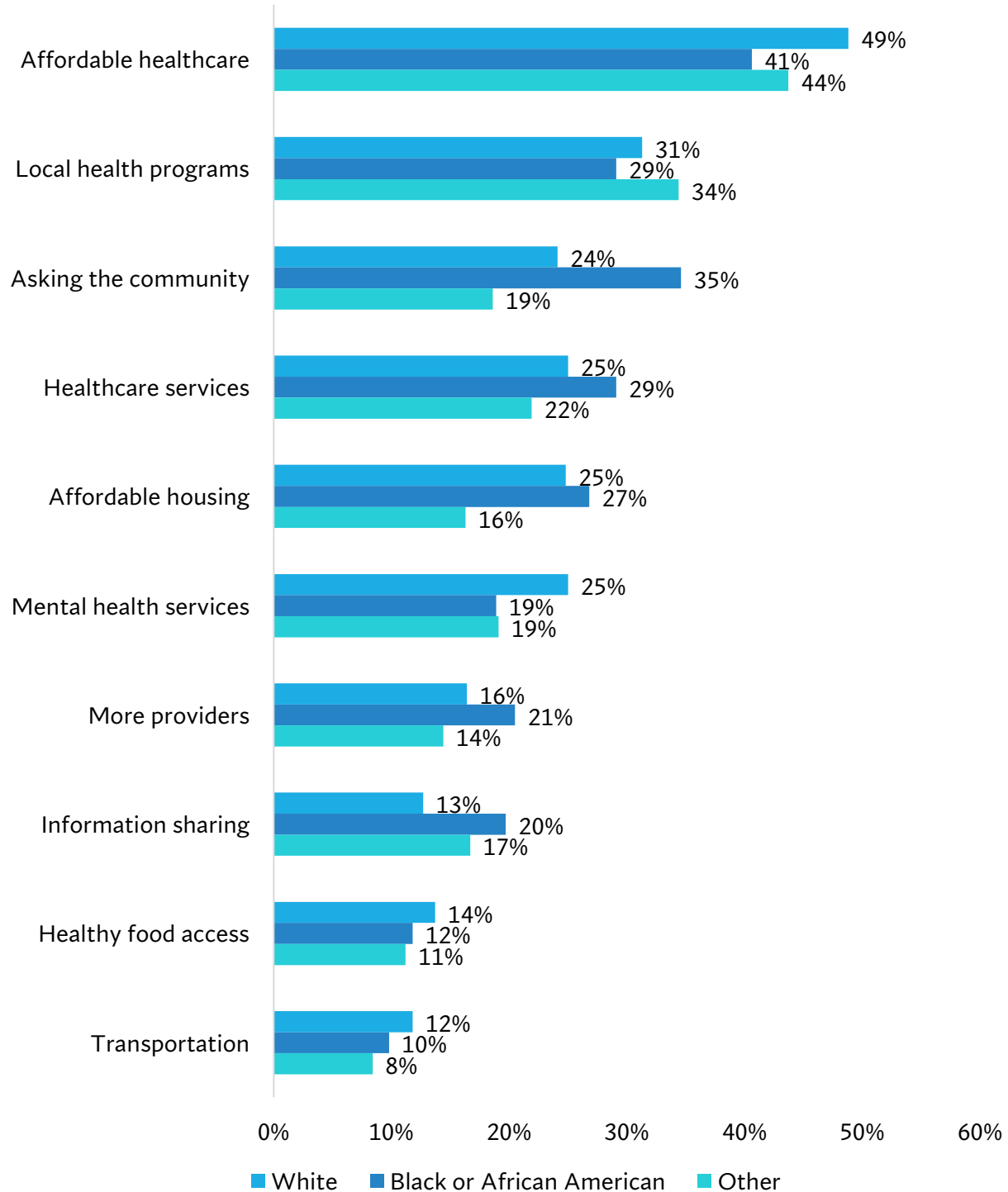
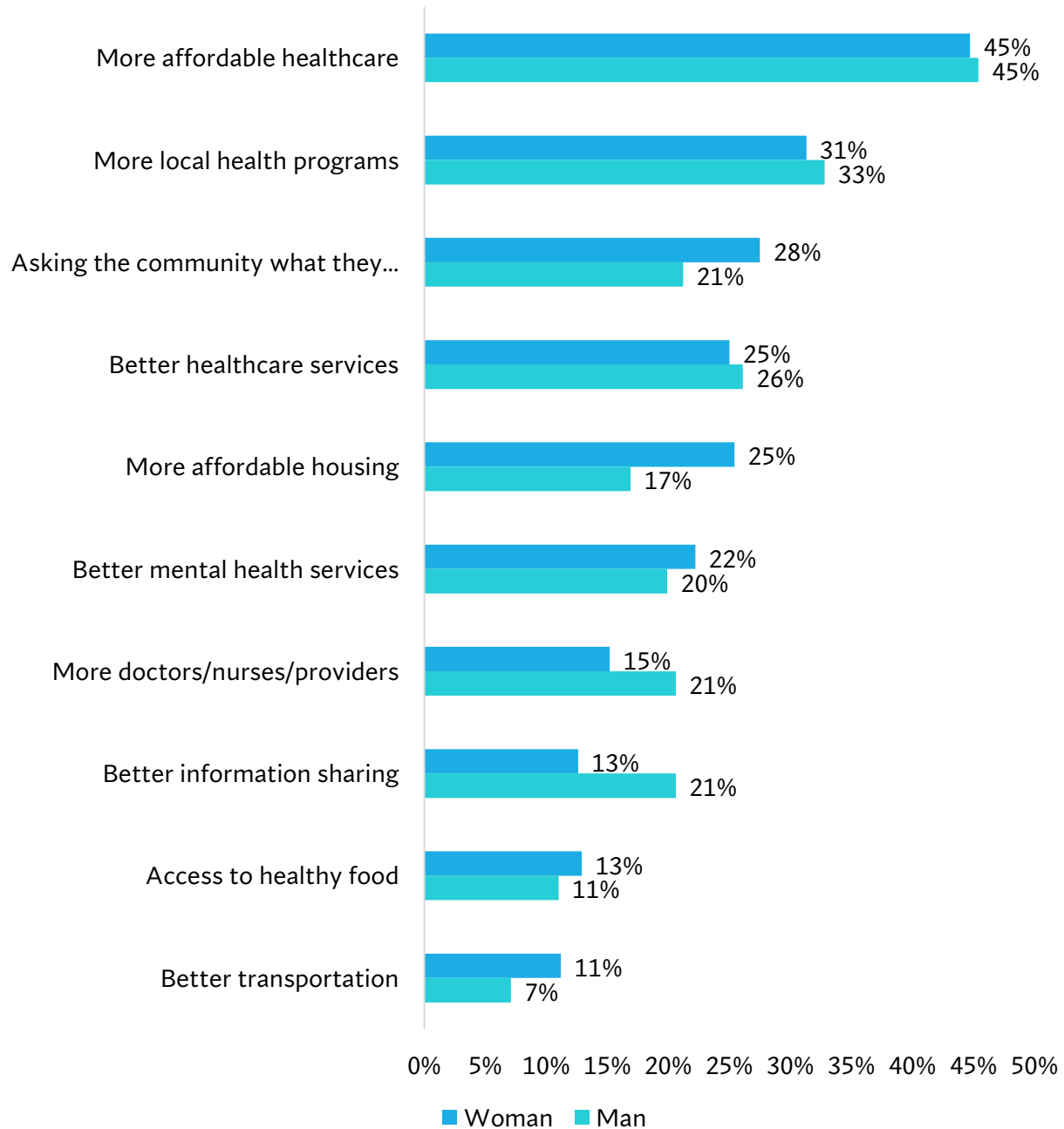


Figure A5.24: What would help make your community healthier, by gender?



Accessing Healthcare

Figure A5.25: Where do you usually go when you are sick or have questions about your health? Select all that apply:

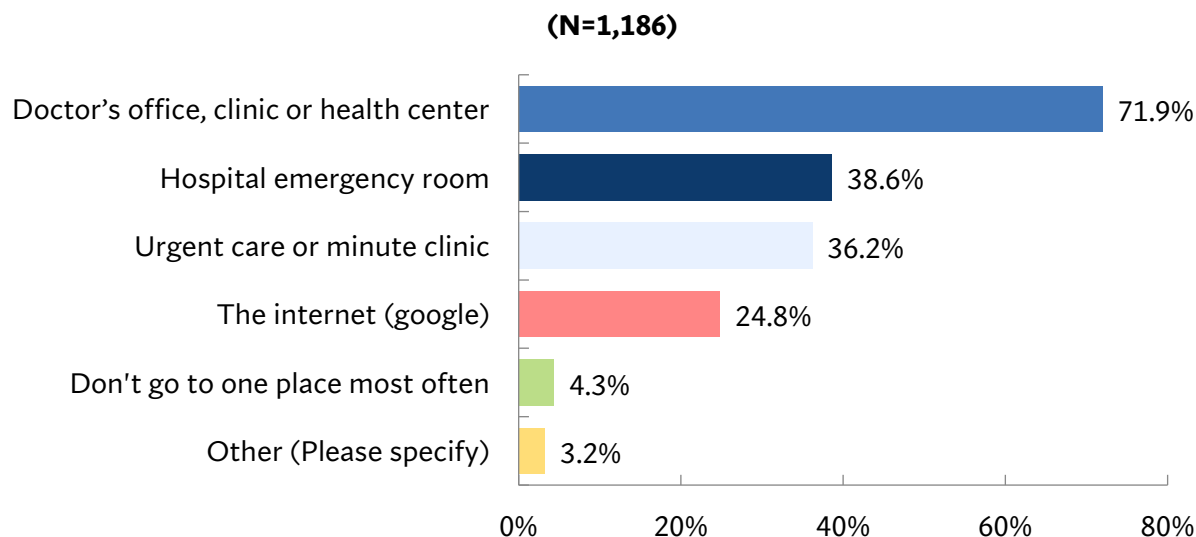


Figure A5.26: In the past 12 months, were there times when you needed any of the following, but could not afford them?

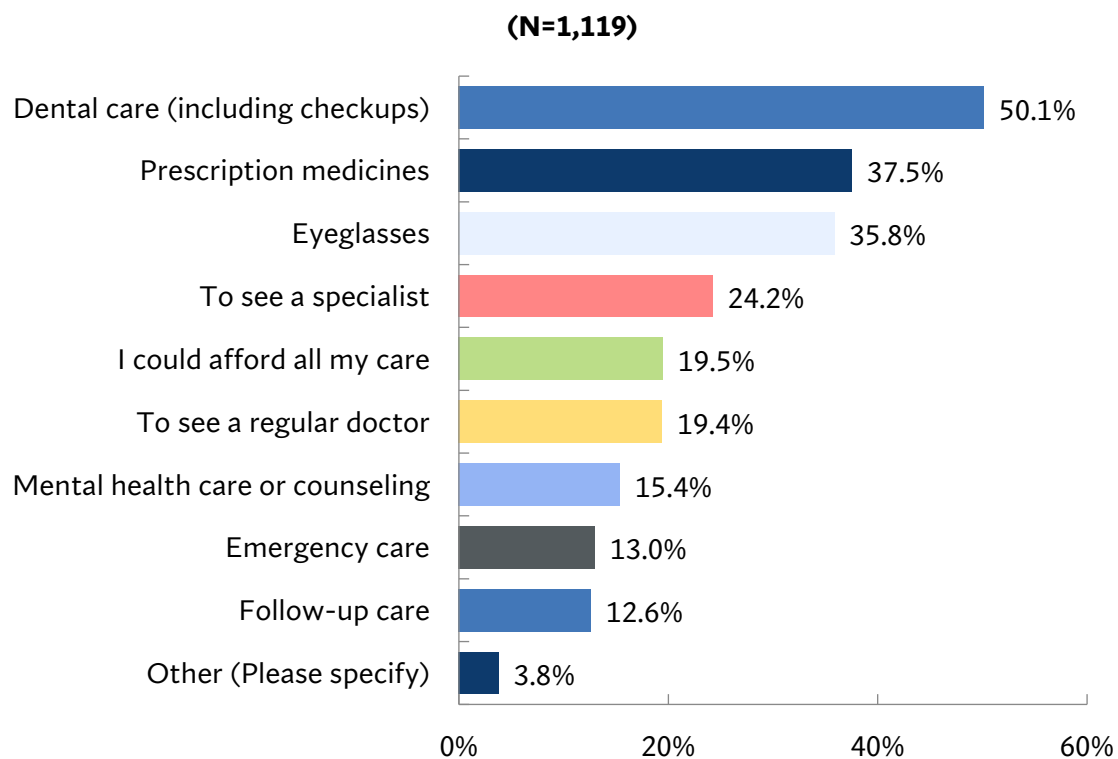


Figure A5.27: How worried are you about paying medical bills if you get sick or hurt?

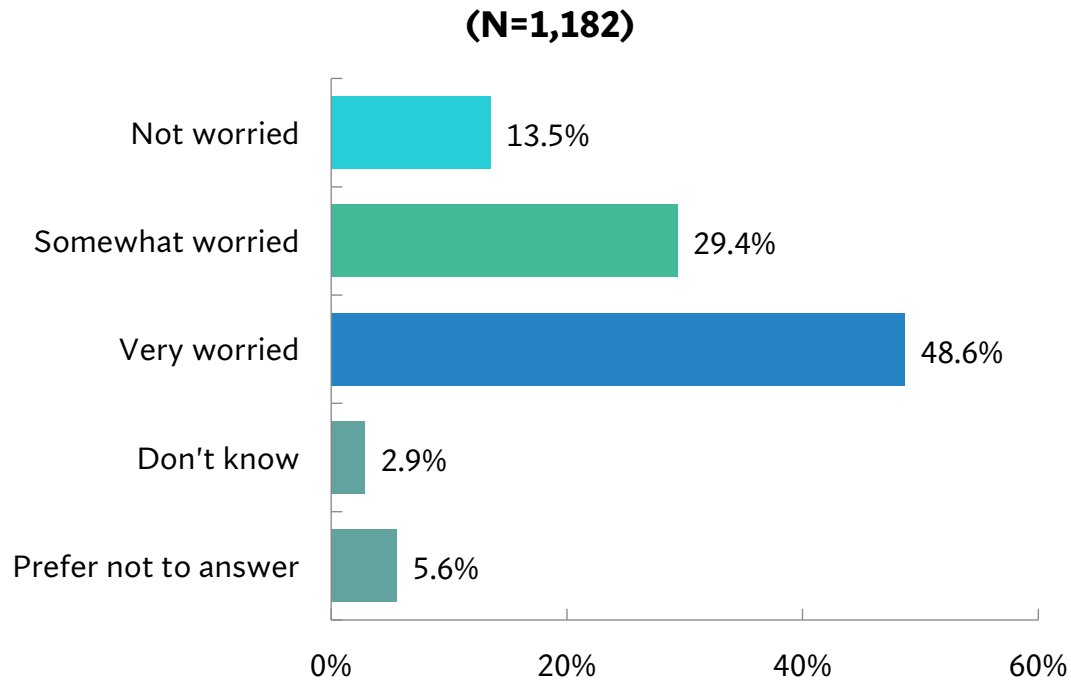


Figure A5.28: In the past 12 months, did you need dental care but couldn't get it?

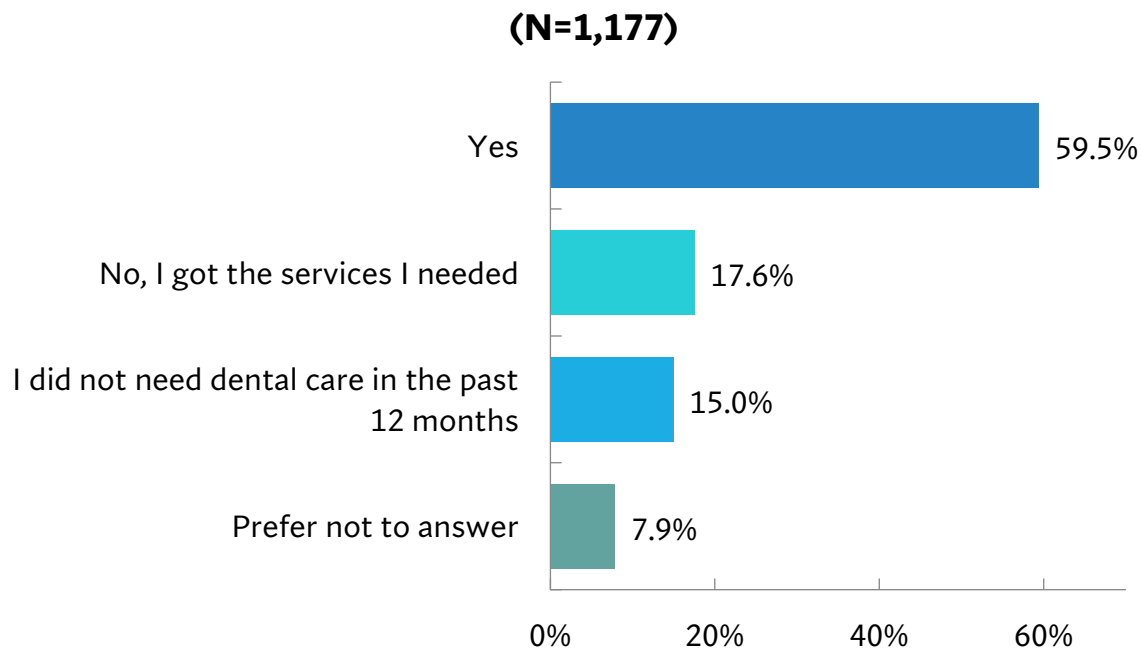


Figure A5.29: Please tell us how much you agree or disagree with the following statements about Telehealth.

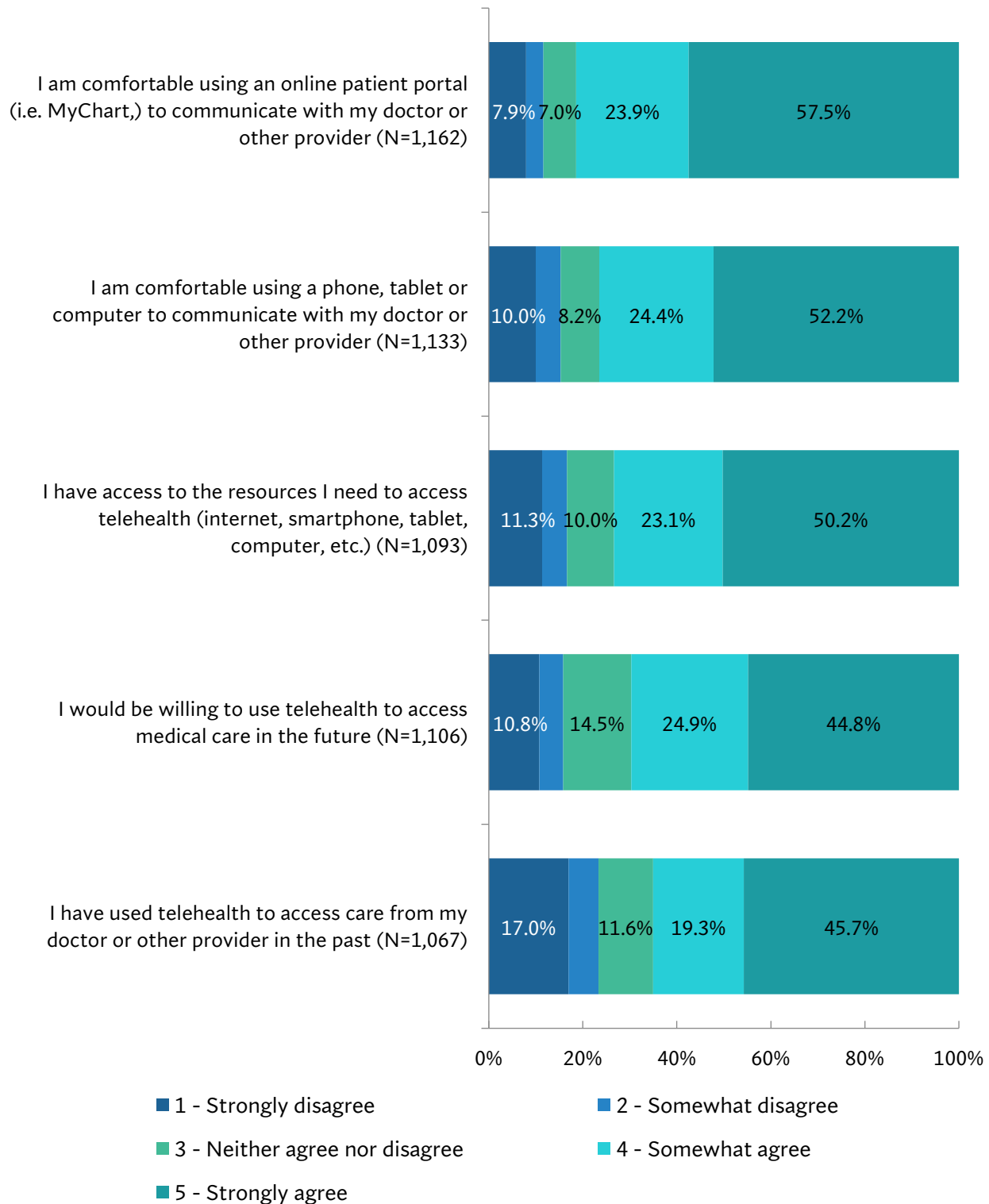


Figure A5.30: What kind of health insurance do you have? Select all that apply.

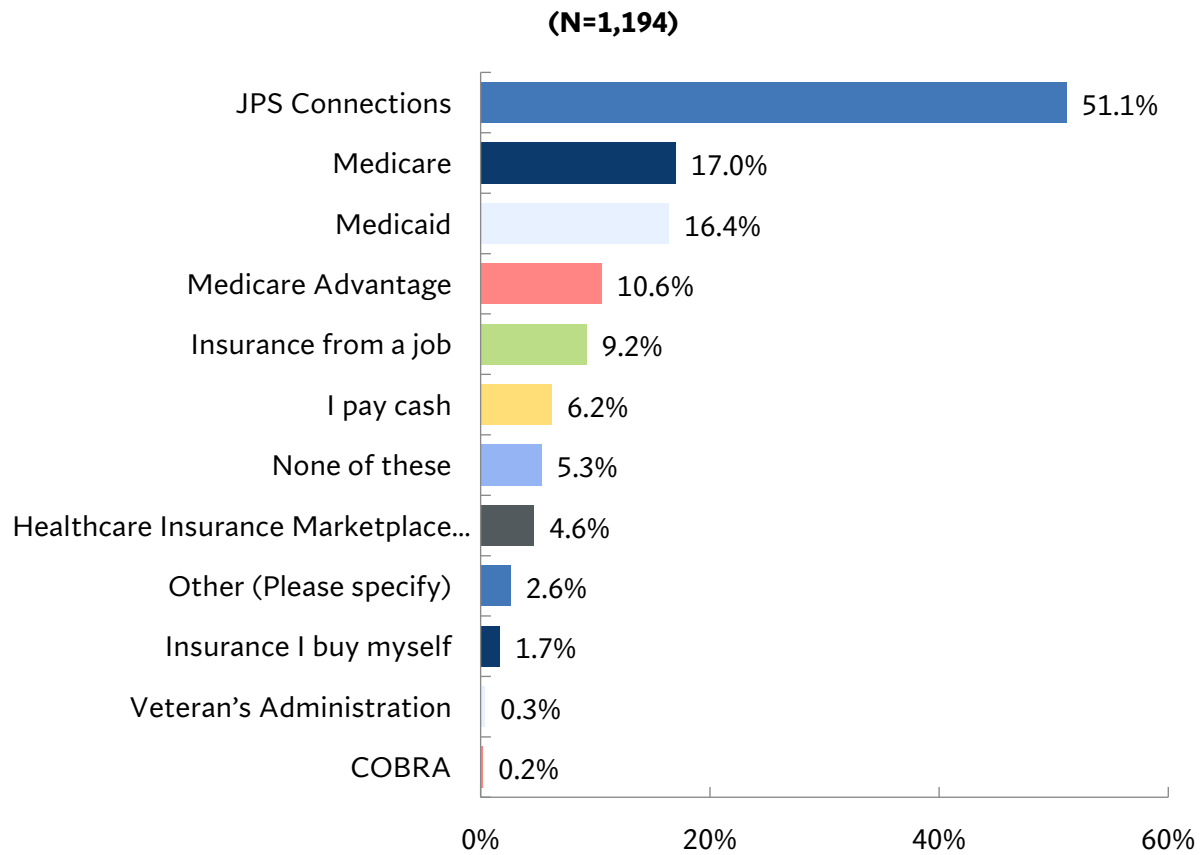
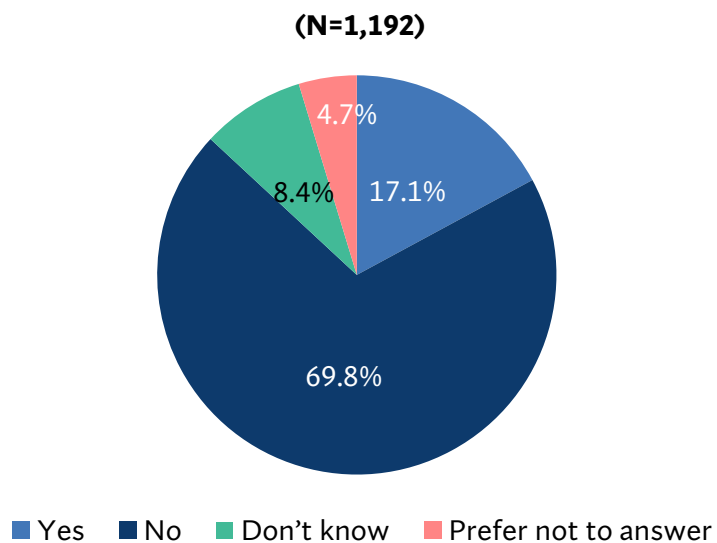


Figure A5.31: During the past 12 months, has a doctor said they won't take your insurance?



Health Factors

Figure A5.32: During the past week, about how many servings of fruit and vegetables did you usually eat each day?

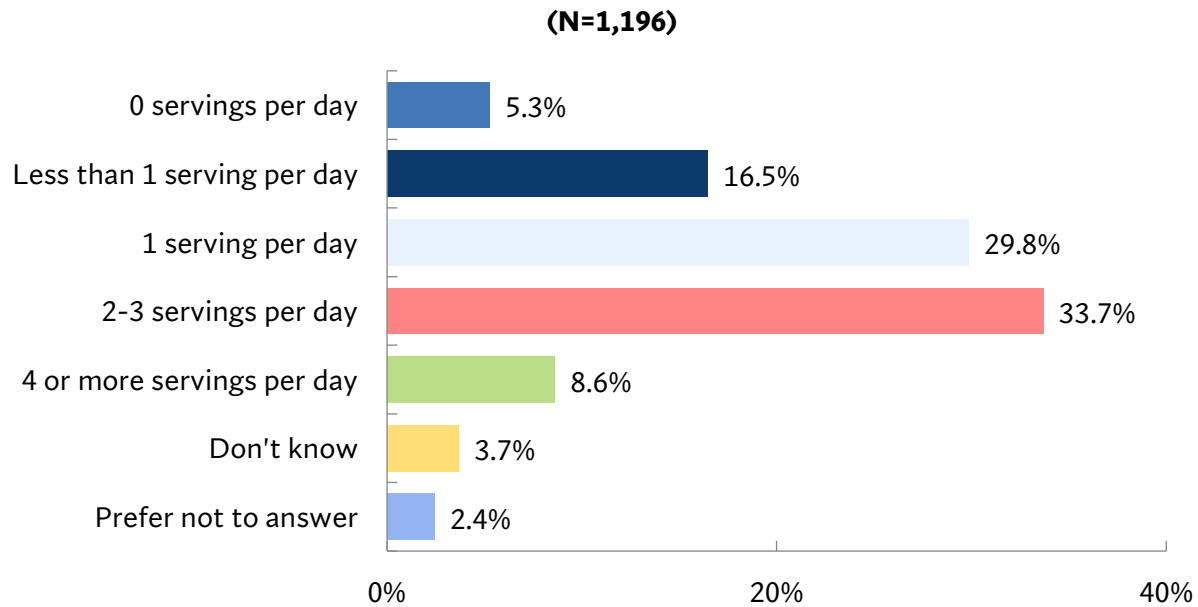


Figure A5.33: During the past month, approximately how much time (in hours) per week were you physically active outside of your regular job?

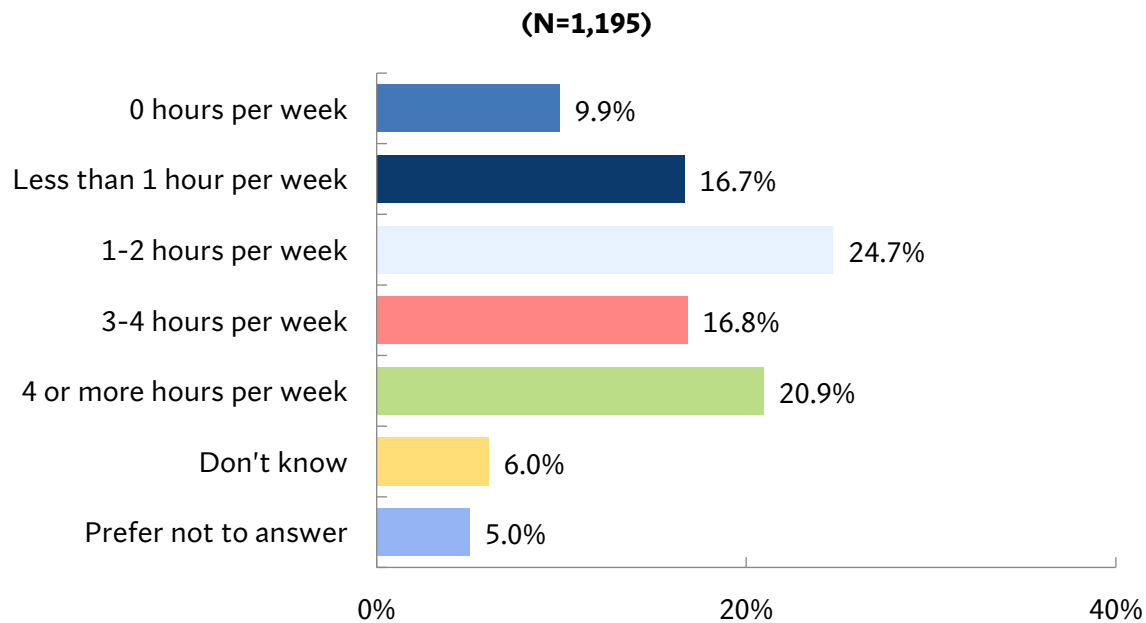


Figure A5.34: How easy or hard is it for you to fill out medical forms by yourself?

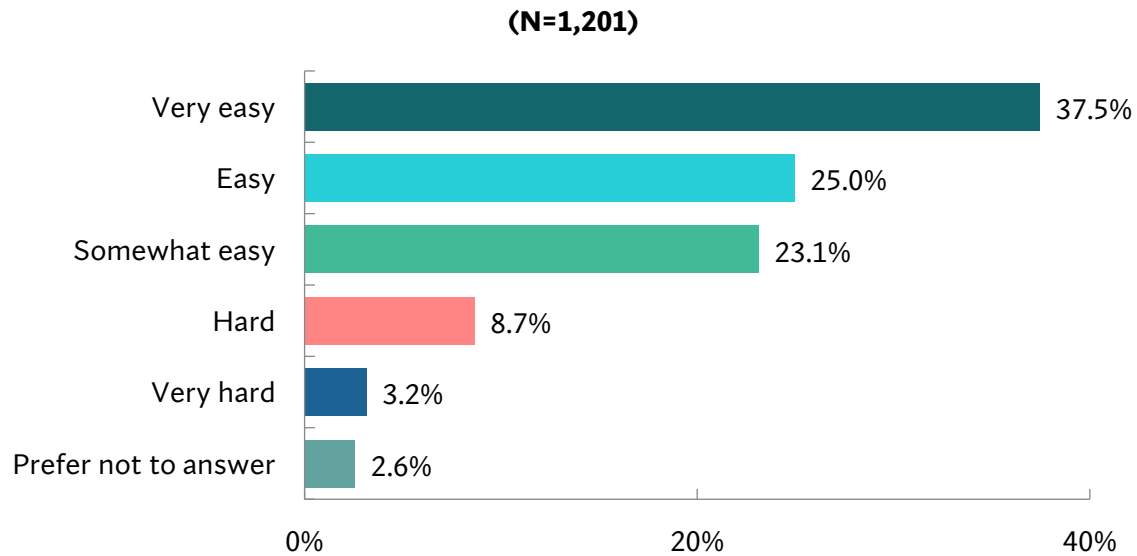


Figure A5.35: How often do you have a problem understanding what is told to you about your health or medical condition(s)?

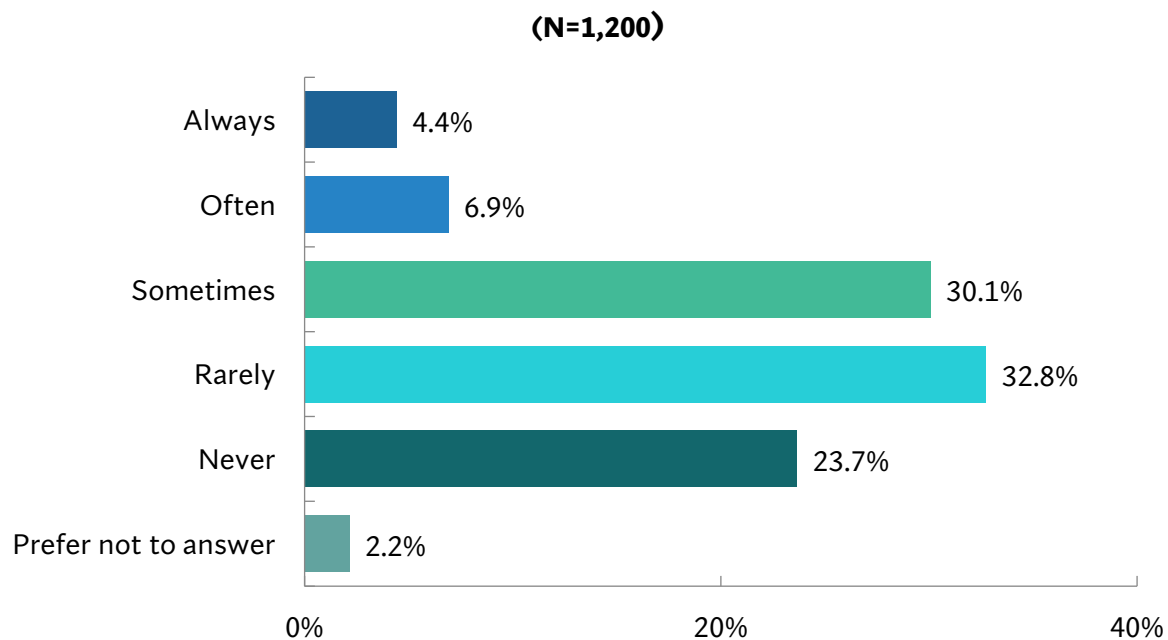


Figure A5.36: Please tell us how frequently the following statements were true for you in the past 12 months

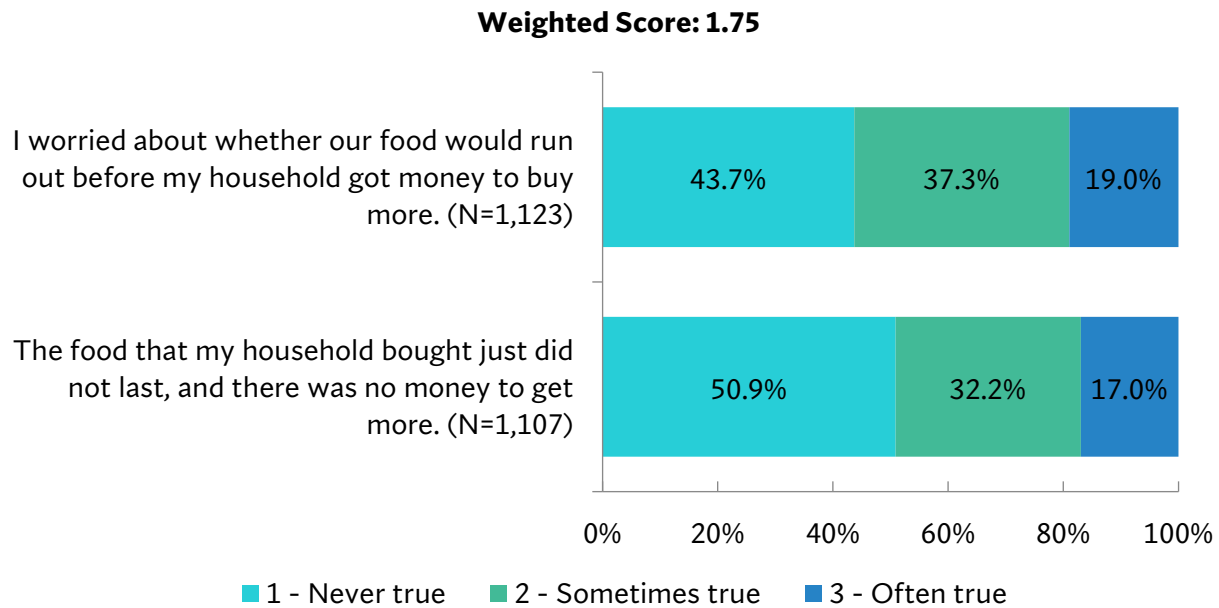


Figure A5.37: In the last 12 months, did you or someone in your household cut the size of your meals or skip meals because there wasn't enough money for food?

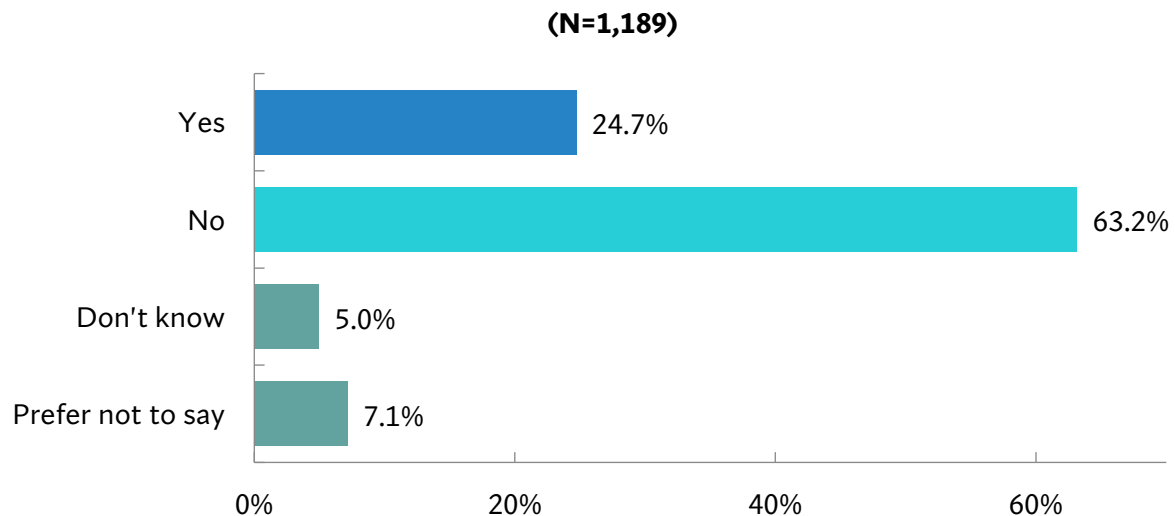


Figure A5.38: In the past 12 months, were there times when you:

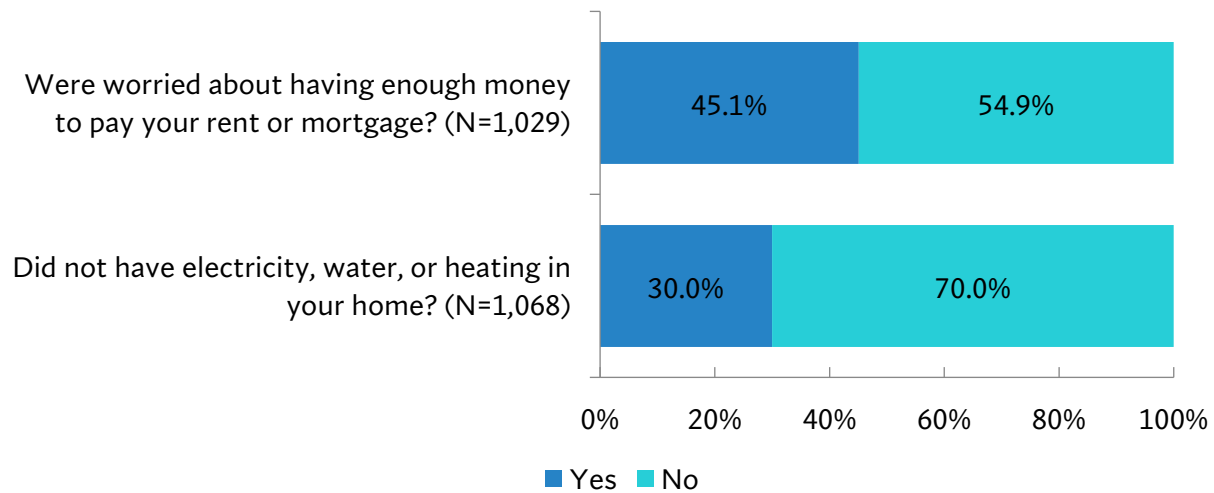


Figure A5.39: In the past three years, were there times when you:

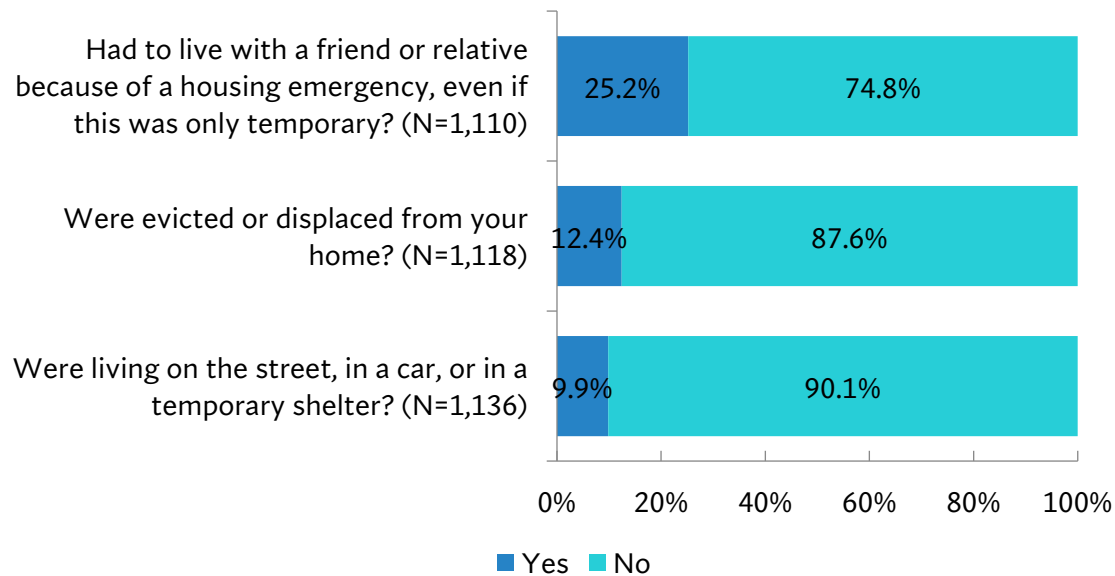


Figure A5.40: Which of the following best describes the industry you work in?

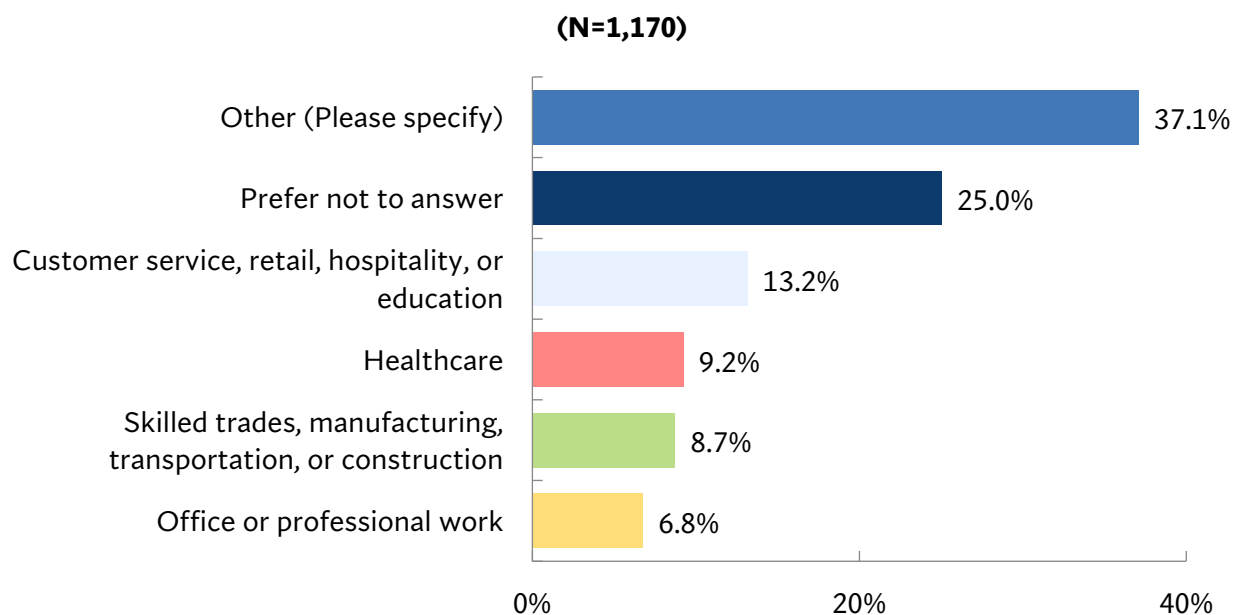
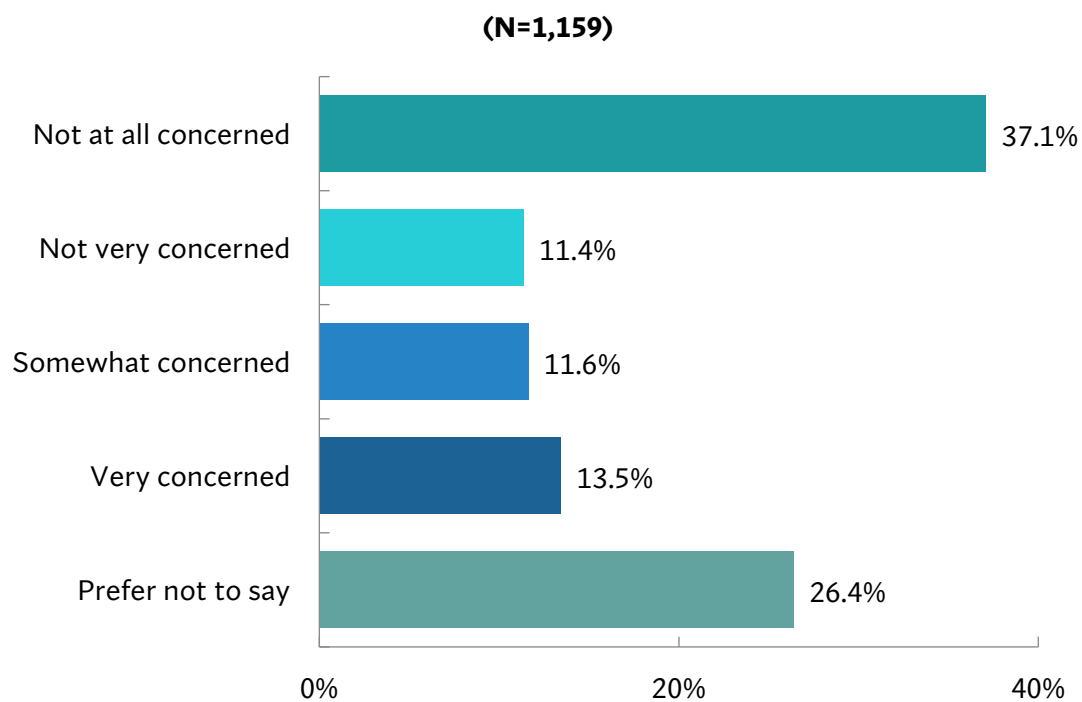


Figure A5.41: How concerned are you about losing your job in the next 12 months?



Appendix 6 | Key Leader Survey

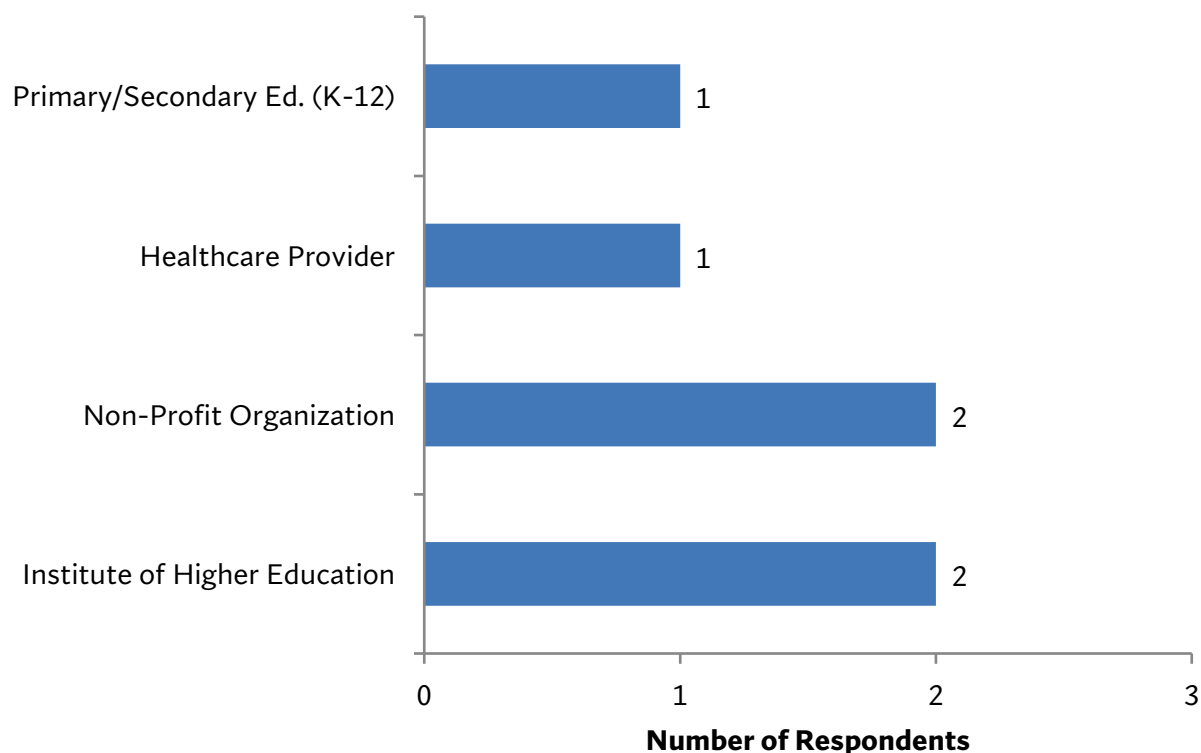
Methodology

As part of JPS Health Network’s 2026 Community Health Needs Assessment (CHNA), a key leader survey was distributed to a list of internal and external stakeholders to capture the perspectives of community-serving organizations on the health problems and needs facing Tarrant County.

Six stakeholders completed the survey. Respondents represented a small mix of organization types, including institutes of higher education, non-profit organizations, healthcare providers, and primary/secondary education.

Given the small number of respondents, these findings should not be interpreted as a statistically representative sample of Tarrant County stakeholders. Results are presented as counts rather than percentages throughout, so that findings are not read as more precise than the sample supports. The Steering Committee should treat these results as directional, qualitative signals to be triangulated with the community survey, focus groups, and secondary data, rather than as a standalone conclusion.

Figure A6.1: Respondent Profile by Organization Type



Stakeholder Survey Responses

Figure A6.2: How has the health of the community you serve changed over the past three years?

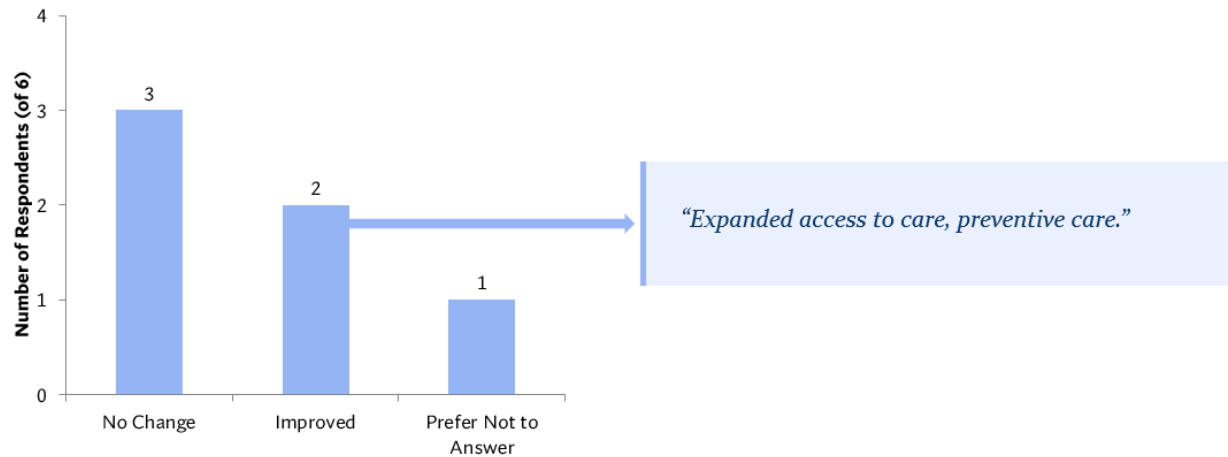


Figure A6.3: Top Barriers to Care

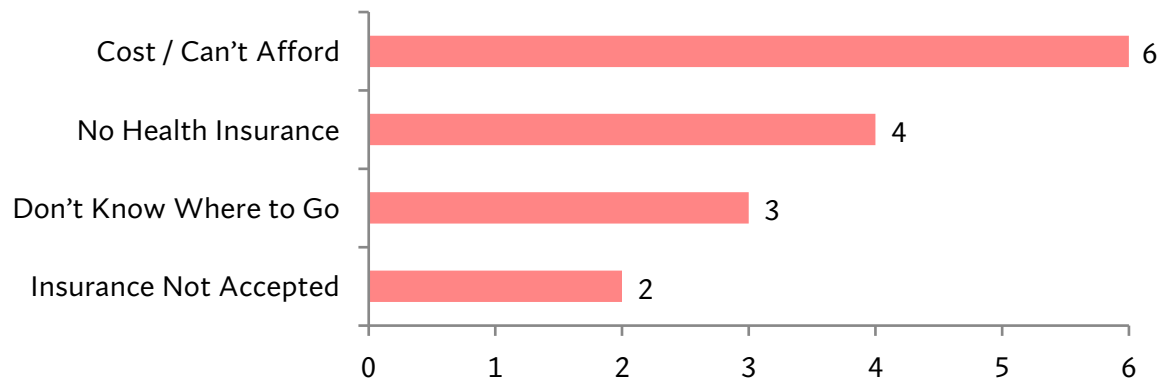


Figure A6.4: Top Health Concerns

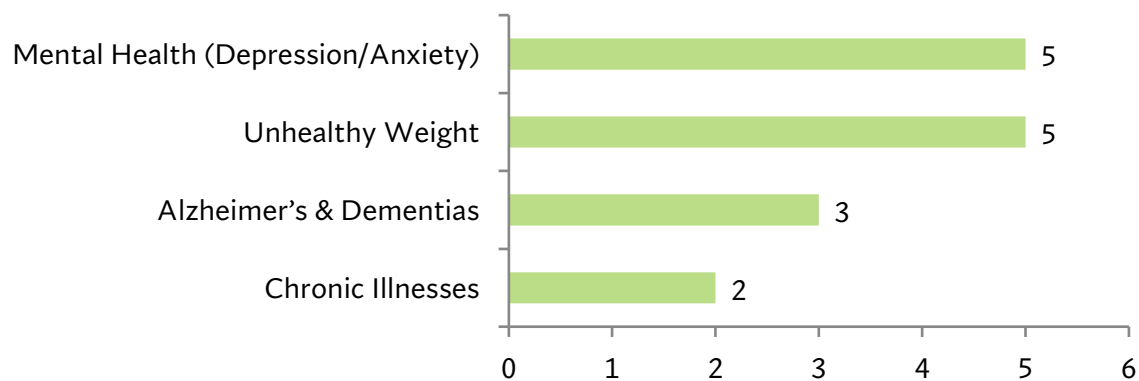


Figure A6.5: Agreement with statements about provider availability, sorted by level of disagreement (of 6 respondents; 2 items reflect n=5).

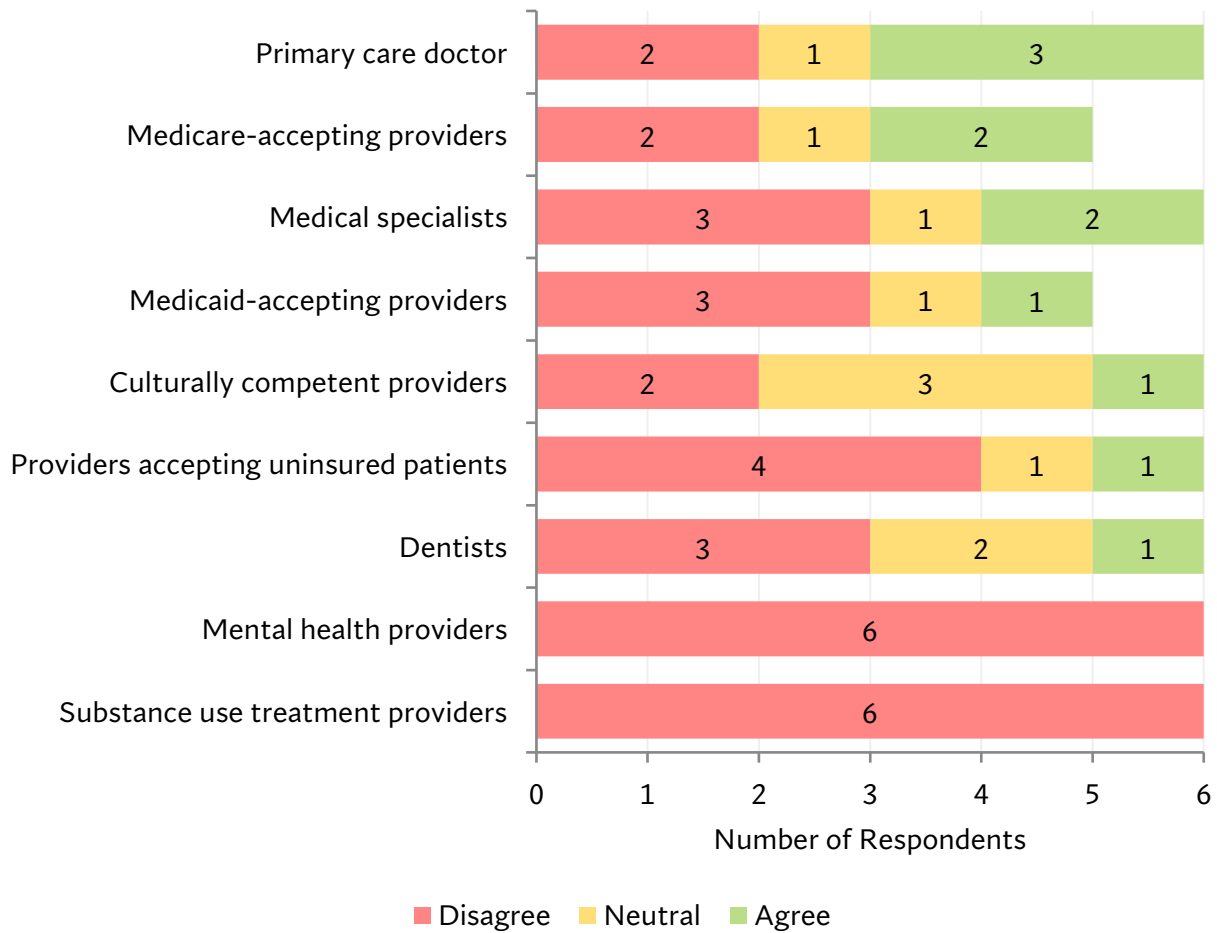


Figure A6.6: Top Social & Community Issues

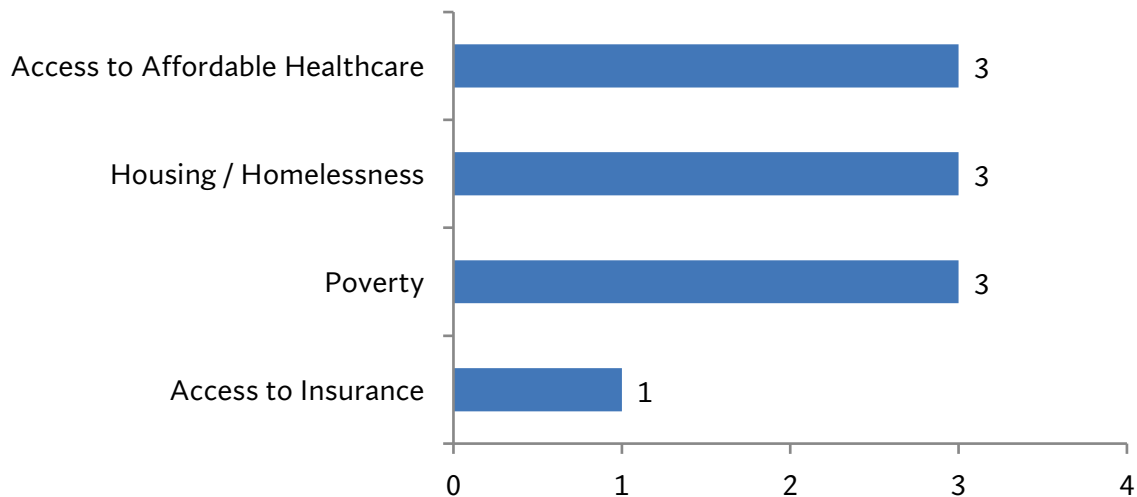


Figure A6.7: Populations Cited with Greatest Unmet Needs

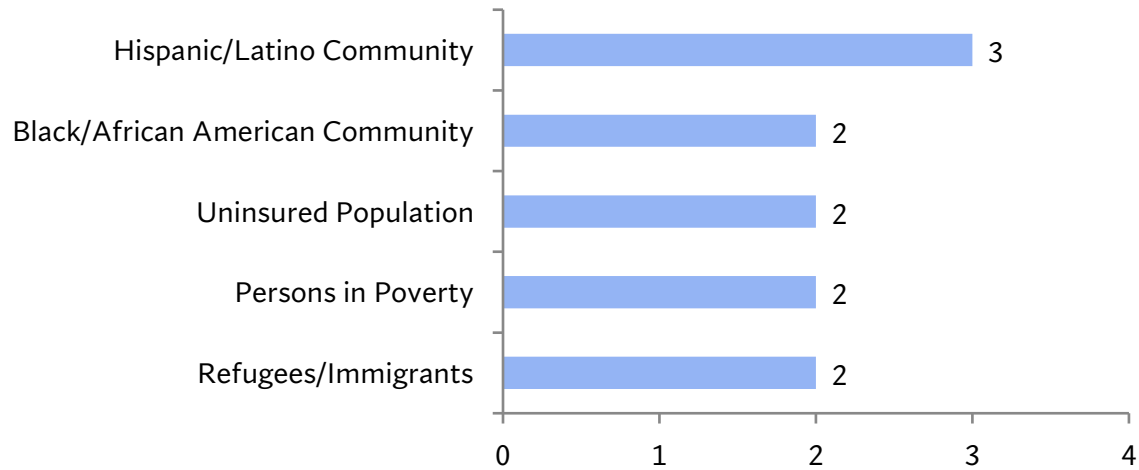
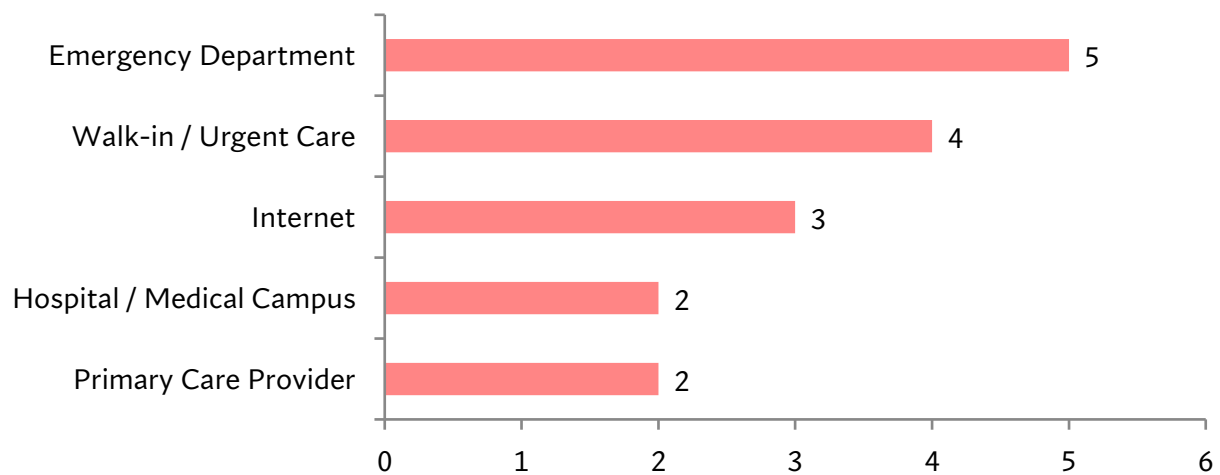


Figure A6.8: Where Residents Most Often Seek Care



Appendix 7 | Primary Data Instruments

Focus Group Discussion Guide

INTRODUCTIONS

- Please tell us:
 - Your first name
 - How long you’ve lived in Tarrant County
 - One thing you like about living in this community

THINGS THAT AFFECT YOUR HEALTH

- What does being healthy mean to you?
- We know that things in our communities affect our health. Things like: Having health insurance, feeling safe, having good housing, having a job, getting healthy food, being treated fairly, going to good schools
 - What things make it hard for people in Tarrant County to be healthy?
 - If you could change one thing about this community to make life easier for people, what would it be?

HEALTH AND WELLNESS

- What are the biggest health problems or conditions for people who live here?
- Are there health problems that seem to be getting worse over time? Are there any that are getting better?
 - What could we do to fix these problems in your community?

HEALTH DIFFERENCES BETWEEN GROUPS

- Think about the health problems and social issues we just talked about. Do some groups of people have it worse than others?
 - What is making it harder for these groups to be healthy?
- Are there certain neighborhoods or areas in Tarrant County where these problems are worse?

GETTING HEALTHCARE

- Some people have trouble getting healthcare. What stops people in Tarrant County from going to the doctor when they need to?
- What could health leaders and JPS do to make it easier for people to get care?
- Think about where you live, work, or spend your time:
 - Are there enough doctors, dentists, and mental health services nearby?
 - Can you get these services when you need them?

- Can you get an appointment in a reasonable amount of time?
- Let's talk about your experiences with healthcare providers:
 - When you've seen doctors, nurses, dentists, therapists, or emergency workers, were your experiences mostly good or bad?
 - Can you tell us what made your experience good or bad?
- Have you or someone you know ever used JPS Health Network services (such as JPS Hospital, JPS Health Center locations, or the JPS Connection health plan)?
 - If so, what was that experience like?
 - What could JPS do to improve the care and services it provides?

COMMUNITY STRENGTHS AND IDEAS

- What are the best things in Tarrant County that help people be healthy?
- If you could talk directly to a health leader at JPS, what would you say needs to be done to make our community better?
 - What would make your life better?
 - What do you want health leaders to know?
- What can we all do – you, your neighbors, local leaders – to make Tarrant County healthier?

CLOSING

- Thank you for coming and sharing your thoughts.
- Is there anything else you want to tell health leaders?
- Did we miss anything important that you think we should know about?

Stakeholder Interview Discussion Guide

INTRODUCTION

- Can you please tell me a little bit about your role and the organization you work for? Is your work focused on specific populations or geographic areas of Tarrant County?

HEALTH AND WELLNESS

- What are some of the most significant health problems or concerns in the community you serve?
 - Which populations are most impacted by these concerns?
 - How have these concerns changed over the past three years (have they gotten better, worse or stayed the same?)
 - Are there particular groups of people who are more affected by these problems than others?
 - Are there particular areas in Tarrant County that are more affected by these problems than others?
 - What resources are currently available to address these issues?
 - Thinking about the health problems you just described, what programs, interventions or strategies could be implemented to address these issues in the future?

SOCIAL & ENVIRONMENTAL DRIVERS OF HEALTH

- What are some of the environmental and/or social conditions that affect quality of life for members of the community you serve?
 - Examples of social and environmental issues that negatively impact health: availability or access to health insurance, domestic violence, housing problems, homelessness, lack of job opportunities, lack of affordable childcare, limited access to healthy food, neighborhood safety, poverty, limited/poor educational opportunities.
 - Are there particular groups of people who are more affected by these problems than others?
 - Are there particular areas in Tarrant County that are more affected by these problems than others?
 - What resources are currently available to address these issues?
 - Thinking about the social and environmental issues you described, what programs, interventions or strategies could be implemented to address these issues in the future?

ACCESS TO CARE

- What are some of the barriers that prevent people in Tarrant County from getting healthcare when they need it?
 - What suggestions do you have for addressing these barriers?
- What are your perceptions of the health-related services that are available in Tarrant County, including medical care, dental care and behavioral healthcare?
 - Are there enough locations providing these types of care for people who need it?
 - Do you think community members can find medical, dental or behavioral healthcare within a reasonable timeframe when they need it?
- Are you familiar with the services that JPS Health Network provides in Tarrant County (such as JPS Hospital, JPS Health Center locations, or the JPS Connection health plan)?
 - If so, what are your perceptions of these services?
 - What could JPS do to improve the care and services it provides to the community?

SUGGESTIONS FOR COMMUNITY IMPROVEMENTS

- What are some of the strengths or community assets in Tarrant County that can help residents live healthier lives?
- What do you think local health leaders and JPS should do to improve health and quality of life in Tarrant County? What do you want local health leaders to know?

CONCLUSION

- Are there any other thoughts you'd like to share before we conclude?

Community Health Opinion Survey Questionnaire

Available in English, Spanish, and Vietnamese

Survey Introduction

JPS Health Network wants to better understand the health needs and priorities of people who live in Tarrant County.

Your answers will help us improve healthcare services, programs, and resources. The survey is anonymous and will take about 15-20 minutes to complete.

Questions

1. We are only surveying adults 18 and older. Are you 18 years old or older? (Select one option)

- ☐ Yes
- ☐ No

2. We are only surveying individuals who live in Tarrant County. What is the zip code where you currently live? (Select one option)

- ☐ [list of Tarrant County zip codes]
- ☐ None of these

3. What three health problems have the biggest impact on your community? (Please select at most 3 options.)

- ☐ Alcohol or drug addiction
- ☐ Alzheimer's disease and other dementias
- ☐ Mental health (e.g., depression or anxiety)
- ☐ Cancer
- ☐ Chronic illnesses (e.g., autoimmune disorders, chronic pain)
- ☐ Diabetes or high blood sugar
- ☐ Heart disease or high blood pressure
- ☐ HIV/AIDS
- ☐ Breathing problems (e.g., lung disease, asthma, COPD)
- ☐ Stroke

- Smoking or tobacco use
- Unhealthy weight
- Other (Please specify)
- Prefer not to answer

4. What three social or community issues have the biggest impact on health in your community? (Please select at most 3 options.)

- Availability or access to doctor's office
- Availability or access to insurance
- Access to affordable healthcare
- Child abuse or neglect
- Discrimination based on age
- Discrimination based on ability
- Discrimination based on gender
- Discrimination based on race
- Domestic violence
- Housing or homelessness
- Lack of affordable childcare
- Lack of job opportunities
- Limited access to healthy foods
- Limited places to exercise
- Neighborhood safety or violence
- Limited opportunities for social connection
- Poverty
- Limited or poor educational opportunities
- Transportation problems
- Environmental problems (e.g., climate change or air pollution)
- Other (Please specify)

- Prefer not to answer

5. What are the three most important reasons people in your community do not get health care? (Please select at most 3 options.)

- Cost – too expensive or can't pay
- Wait time for appointment is too long
- No health insurance
- No doctor nearby
- Lack of transportation
- Insurance not accepted
- Language barriers
- Cultural or religious beliefs
- Can't get the time off work
- Don't know where to go
- Other (Please specify)
- Prefer not to answer

6. What would help make your community healthier? (Please select at most 3 options.)

- Better information sharing
- More local health programs
- Better healthcare services
- Including different community leaders
- More doctors, nurses, or other healthcare providers
- Asking the community what they need
- Better parks and streets
- More affordable healthcare
- Better mental health services
- Safer neighborhoods
- Better access to healthy food

- Better transportation
- More affordable housing
- Online health information
- Other (Please specify)
- Prefer not to answer

**7. Where do you usually go when you are sick or have questions about your health?
(Select all that apply)**

- Doctor's office, clinic or health center
- Urgent care or minute clinic
- The internet (google)
- Hospital emergency room
- Don't go to one place most often
- Don't know
- Other (Please specify)

8. In the past 12 months, were there times when you needed any of the following, but could not afford them? (Select all that apply)

- Prescription medicines
- Mental health care or counseling
- Emergency care
- Dental care (including checkups)
- Eyeglasses
- To see a regular doctor or general health provider (in primary care, general practice, internal medicine, family medicine)
- To see a specialist
- Follow-up care
- Other (Please specify)
- I could afford all my care

9. How worried are you about paying medical bills if you get sick or hurt? (Select one option)

- Not worried
- Somewhat worried
- Very worried
- Don't know
- Prefer not to answer

10. In the past 12 months, did you need dental care but couldn't get it? (Select one option)

- Yes
- No, I got the services I needed
- I did not need dental care in the past 12 months
- Prefer not to answer

11. Telehealth means meeting with a healthcare provider by phone, video, or computer instead of going to a clinic or office. Please tell us how much you agree or disagree with the following statements.

Response scale: Strongly disagree / Somewhat disagree / Neither agree nor disagree / Somewhat agree / Strongly agree / Don't know/Prefer not to say

(a) I have access to the resources I need to access telehealth (internet, smartphone, tablet, computer, etc.)

(b) I have used telehealth to access care from my doctor or other provider in the past

(c) I would be willing to use telehealth to access medical care in the future

(d) I am comfortable using a phone, tablet or computer to communicate with my doctor or other provider

(e) I am comfortable using an online patient portal (i.e., MyChart) to communicate with my doctor or other provider

12. What kind of health insurance do you have? (Select all that apply)

- Medicaid
- Medicare

- Medicare Advantage
- JPS Connections
- Insurance from a job
- Healthcare Insurance Marketplace (Affordable Care Act)
- Insurance I buy myself
- Indian Health Services
- Veteran's Administration
- COBRA
- I pay cash
- None of these
- Other (Please specify)
- Prefer not to answer

13. During the past 12 months, has a doctor said they won't take your insurance? (Select one option)

- Yes
- No
- Don't know
- Prefer not to answer

14. During the past week, about how many servings of fruit and vegetables did you usually eat each day? (Select one option)

- 0 servings per day
- Less than 1 serving per day
- 1 serving per day
- 2-3 servings per day
- 4 or more servings per day
- Don't know
- Prefer not to answer

15. During the past month, approximately how much time (in hours) per week were you physically active outside of your regular job? (Select one option)

- 0 hours per week
- Less than 1 hour per week
- 1-2 hours per week
- 3-4 hours per week
- 4 or more hours per week
- Don't know
- Prefer not to answer

16. How easy or hard is it for you to fill out medical forms by yourself? (Select one option)

- Very easy
- Easy
- Somewhat easy
- Hard
- Very hard
- Prefer not to answer

17. How often do you have a problem understanding what is told to you about your health or medical condition(s)? (Select one option)

- Always
- Often
- Sometimes
- Rarely
- Never
- Prefer not to answer

18. Which of the following best describes the industry you work in? (Select one option)

- Office or professional work
- Healthcare

- Customer service, retail, hospitality, or education
- Skilled trades, manufacturing, transportation, or construction
- Prefer not to answer
- Other (Please specify)

19. How concerned are you about losing your job in the next 12 months? (Select one option)

- Not at all concerned
- Not very concerned
- Somewhat concerned
- Very concerned
- Prefer not to say

20. Please tell us how frequently the following statements were true for you in the past 12 months.

Response scale: Never true / Sometimes true / Often true / Don't know

(a) I worried about whether our food would run out before my household got money to buy more.

(b) The food that my household bought just did not last, and there was no money to get more.

21. In the last 12 months, did you or someone in your household cut the size of your meals or skip meals because there wasn't enough money for food? (Select one option)

- Yes
- No
- Don't know
- Prefer not to say

22. In the past 12 months, were there times when you:

Response scale: Yes / No / Don't know / Prefer not to answer

(a) Were worried about having enough money to pay your rent or mortgage?

(b) Did not have electricity, water, or heating in your home?

23. In the past three years, were there times when you:

Response scale: Yes / No / Don't know / Prefer not to say

(a) Had to live with a friend or relative because of a housing emergency, even if this was only temporary?

(b) Were evicted or displaced from your home?

(c) Were living on the street, in a car, or in a temporary shelter?

24. What is your age group? (Select one option)

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75+

25. What is your gender? (Select one option)

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ Prefer not to say
- ☐ Another gender (please specify)

26. Which of the following best describes your race? (Select one option)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian and Other Pacific Islander
- ☐ White
- ☐ Two or more races
- ☐ Prefer not to say

- Other (Please specify)

27. What language do you speak most often at home? (Select one option)

- English
- Spanish
- Prefer not to answer
- Other (Please specify)

28. What is the highest level of education you have completed? (Select one option)

- Less than 9th Grade
- Some high school, no diploma
- High school graduate or GED
- Some college (no degree)
- Associate's degree or vocational training
- Bachelor's degree
- Graduate or professional degree
- Prefer not to say

29. Which of the following best describes your current work situation? (Select all that apply)

- Employed full-time (40 or more hours per week)
- Employed part-time (under 40 hours per week)
- Retired
- Student
- Armed forces/military
- Self-employed
- Homemaker
- Unable to work due to illness or injury
- Unemployed for less than one year
- Unemployed for more than one year

- Unable to work
- Prefer not to say
- Other (Please specify)

30. What was your total household income before taxes last year? (Include income from everyone who lives in your household.) (Select one option)

- Less than \$15,000
- \$15,000–\$24,999
- \$25,000–\$34,999
- \$35,000–\$49,999
- \$50,000–\$74,999
- \$75,000–\$99,999
- \$100,000–\$149,999
- \$150,000–\$199,999
- \$200,000 or more
- Prefer not to answer

Key Leader Survey

Survey Introduction

Dear Community Leader,

Thank you in advance for your participation in this survey, which is being conducted by JPS Health Network as a part of a Community Health Needs Assessment (CHNA). JPS has engaged Ascendient Healthcare Advisors to assist in conducting this CHNA process. Input from community leaders is a critical component of this assessment process.

Questions in this survey were developed to assess the perceived health and social needs of residents throughout the region. Findings will be used to help identify specific groups within Tarrant County most in need of additional resources.

The survey should take no more than 15 minutes to complete, and your answers are anonymous and confidential. If you have any questions, please reach out to Emily McCallum at emilymccallum@ascendient.com.

Thank you for your time and participation!

Questions

1. Please select the category that best describes your organization. (Select one option)

- Faith-based organization
- Non-profit organization
- Media
- County or town government
- Primary/secondary education (K-12)
- Institute of higher education
- Healthcare provider
- Public – private partnership
- Community Development Corporation
- Other (Please specify)

2. What is the zip code of your organization/facility?

(Open-ended response)

3. What is the name of the organization you work for?

(Open-ended response)

Please consider providing a response. This information will be helpful for survey administrators.

4. How do you believe the health of the community you serve has changed over the past three years? (Select one option)

- Greatly improved
- Improved
- No change
- Worsened
- Greatly worsened
- Prefer not to answer

5. In what way(s) has the health of the community you serve improved?

Asked only if response to Q4 is Greatly improved or Improved

(Open-ended response)

6. In what way(s) has the health of the community you serve worsened?

Asked only if response to Q4 is Worsened or Greatly worsened

(Open-ended response)

7. What are the three most important reasons people in your community do not get health care? (Please select at most 3 options.)

- Cost – too expensive or can't pay
- Wait time for appointment is too long
- No health insurance
- No doctor nearby
- Lack of transportation
- Insurance not accepted
- Language barriers

- Cultural or religious beliefs
- Can't get the time off work
- Don't know where to go
- Other (Please specify)
- Prefer not to answer

8. What three health problems have the biggest impact on your community? (Please select at most 3 options.)

- Alcohol or drug addiction
- Alzheimer's disease and other dementias
- Mental health (e.g., depression or anxiety)
- Cancer
- Chronic illnesses (e.g., autoimmune disorders, chronic pain)
- Diabetes or high blood sugar
- Heart disease or high blood pressure
- HIV/AIDS
- Breathing problems (e.g., lung disease, asthma, COPD)
- Stroke
- Smoking or tobacco use
- Unhealthy weight
- Other (Please specify)
- Prefer not to answer

9. Does your organization provide any resources to the community to address any of the health issues you identified in the previous question? (Select one option)

- Yes
- No
- Not sure
- Prefer not to say

10. If yes, please name at least one resource that could be leveraged.

Asked only if response to Q9 is Yes

(Open-ended response)

11. What three social or community issues have the biggest impact on health in your community? (Please select at most 3 options.)

- Availability or access to doctor's office
- Availability or access to insurance
- Access to affordable healthcare
- Child abuse or neglect
- Discrimination based on age
- Discrimination based on ability
- Discrimination based on gender
- Discrimination based on race
- Domestic violence
- Housing or homelessness
- Lack of affordable childcare
- Lack of job opportunities
- Limited access to healthy foods
- Limited places to exercise
- Neighborhood safety or violence
- Limited opportunities for social connection
- Poverty
- Limited or poor educational opportunities
- Transportation problems
- Environmental problems (e.g., climate change or air pollution)
- Other (Please specify)
- Prefer not to answer

12. Does your organization provide any resources to the community to address some of the social/environmental issues you identified in the previous question? (Select one option)

- ☐ Yes
- ☐ No
- ☐ Not sure
- ☐ Prefer not to say

13. If yes, please name at least one resource that could be leveraged.

Asked only if response to Q12 is Yes

(Open-ended response)

14. In your opinion, are health and social/environmental needs similar across Tarrant County? (Select one option)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say
- ☐ Not sure

15. Which geographic areas do you feel experience the greatest level of need?

Asked only if response to Q14 is No

(Open-ended response)

16. Which subpopulation(s) on this list does your organization serve? (Select all that apply.)

- ☐ Black/African American community
- ☐ Children/youth
- ☐ Hispanic/Latino community
- ☐ Justice-involved individuals
- ☐ Military and veterans
- ☐ Persons experiencing homelessness
- ☐ Persons in poverty

- Persons with disabilities
- Refugees/immigrants
- Seniors/elderly
- Uninsured population
- Women in pregnancy
- Young adults
- Youth in foster care
- Other (Please specify)
- None of the above

17. Among those served by your organization, which subpopulation(s) appear to have the greatest un-met needs when it comes to health and social services? (Please select at most 3 options.)

- Black/African American community
- Children/youth
- Hispanic/Latino community
- Justice-involved individuals
- Military and veterans
- Persons experiencing homelessness
- Persons in poverty
- Persons with disabilities
- Refugees/immigrants
- Seniors/elderly
- Uninsured population
- Women in pregnancy
- Young adults
- Youth in foster care
- Other (Please specify)

- None of the above

18. Please rate each of the following statements for the community you serve:

Response scale: Strongly Disagree / Disagree Somewhat / Neither Agree nor Disagree / Agree Somewhat / Strongly Agree

(a) Residents can access a doctor, including nurse practitioners and physician assistants (Family/General Practitioner, Ob/Gyn, Pediatrician) when needed.

(b) Residents can access a medical specialist (Cardiologist, Dermatologist, etc.) when needed.

(c) There are enough providers accepting Medicaid in the community.

(d) There are enough providers accepting Medicare in the community.

(e) There are enough providers accepting patients without insurance in the community.

(f) There are enough dentists in the community.

(g) There are enough culturally competent healthcare providers in the community.

Cultural competence is the ability of an individual to understand and respect values, attitudes, beliefs, and more that differ across cultures, and to consider and respond appropriately to these differences in planning, implementing, and evaluating health education and promotion programs and interventions.

(h) There are enough mental health providers in the community.

(i) There are enough substance use treatment providers in the community.

19. From the list provided, where do you feel members of the community you serve most frequently seek medical care? (Select all that apply.)

- Alternative Medicine Provider (acupuncture, chiropractic, naturopath, etc.)
- Community Clinic/FQHC
- Emergency Department
- Health Department
- Hospital/Medical Campus
- Internet (including Google, AI, etc.)
- Pharmacy
- Primary care provider (physician, nurse, etc.)

- Telehealth or virtual visit
- Walk-in or Urgent Care
- A Veterans Affairs (VA) Hospital or Clinic
- Do not seek care
- Prefer not to say
- Other (Please specify)
- None of the above

20. Do you believe that the people in the community you serve are health literate, or able to understand health-related information when it is presented to them? (Select one option)

- Yes
- No
- Prefer not to answer
- Not sure

21. If no, what do you see as the biggest challenges/issues with health literacy among the populations served by your organization?

Asked only if response to Q20 is No

(Open-ended response)

22. What is working well in the community?

(Open-ended response)

23. What suggestions do you have for health leaders in your community to improve the health and well-being of the community? Please write suggestions below.

(Open-ended response)