Texas Health Resources — Southern Region

Texas Health Harris Methodist Stephenville

2019 Community Health Needs Assessment

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Executive Summary

Introduction & Purpose

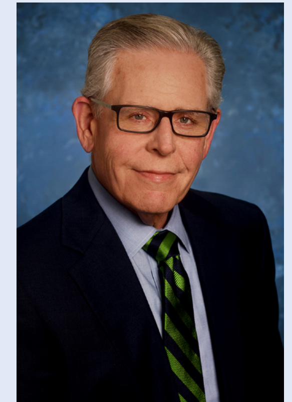
Texas Health Resources is pleased to present its 2019 Community Health Needs Assessment (CHNA) for the Southern Region in the Dallas/Fort Worth area. This CHNA report provides an overview of the process and methods used to identify and prioritize significant health needs across the Southern Region's service area, as federally required by the Affordable Care Act.

The purpose of this CHNA is to offer a deeper understanding of the health needs in the Southern Region's service area and guide Texas Health's planning efforts to address needs in actionable ways and with community engagement. Findings from this report will be used to identify and develop efforts to address disparities, improve health outcomes, and focus on social determinants of health in order to improve the health and quality of life of residents in the community.

Acknowledgements

The development of Texas Health's CHNA was a collective effort that included Texas Health employees, community-serving organizations, and community members from within areas of focus that provided input and knowledge of issues and solutions and those who share in the commitment to improve health and quality of life. The 2019 CHNA planning effort pushed Texas Health beyond the traditional primary service area in an effort to directly impact prioritized health needs in areas of the community with greatest health needs. This was an integral step to ensuring an ability to understand the needs of the community and develop programs and services that will positively impact the health and well-being of those being served.

Leadership Letter



Improving the health and well-being of our communities is a journey, not a race.

We develop a Community Health Needs Assessment every three years to help us build programs that meet the specific needs of our communities. We collect data through windshield surveys, community readiness assessments, and in depth interviews with community leaders and residents to obtain a better understanding of their needs.

Behavioral health, chronic disease, access to health services, and health care navigation and literacy continue to be prevailing issues in the communities we've targeted.

That's why instead of turning our focus elsewhere, we're diving deeper into these issues to address the health disparities and social and environmental conditions that affect overall health.

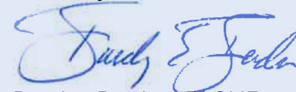
In this report, we're going to share our approach to how we have moved towards addressing challenges by focusing on solutions.

You'll see the prevailing issues we've identified in various communities —issues like depression, high blood pressure and lack of insurance. We've also explored the social determinants driving those negative health outcomes, such as isolation and lack of public transportation and access to healthy food.

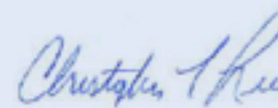
The 2019 CHNA report highlights the community voice and represents our vision — partnering with you for a lifetime of health and well-being. Because we believe that collaboration is at the core of every solution.

By working together, we continue to make a difference.

Sincerely,



Barclay Berdan, FACHE,
Chief Executive Officer,
Texas Health Resources



Chris Leu, MBA, MHA, President,
Texas Health Stephenville

Community Benefit Leadership and Team

Catherine Oliveros, DrPH, VP Community Health Improvement

Marsha Ingle, BS, MA, CHES, Sr. Director Community Health Improvement

Mandy Forbus, B.A.Com, Director, Community Health Improvement

Dana Worrell, BBA, Program Manager, Community Health Improvement

Kayla Fair, DrPH, Program Manager, Community Health Improvement

Susan Huffman, BBA, Program Manager, Community Health Improvement

Roselyn Cedeno Davila, MS, Gunnin Fellow

Tonychris Nnaka, MPH, BSN, RN, CPH, Gunnin Fellow

Texas Health Community Impact Leadership Council

The following organizations are represented on the Southern Region Texas Health Community Impact (TCHI) Leadership Council. These individuals were actively engaged in the prioritization process for the region.

- Cain & Associates
- City of Cleburne
- Compassion Counseling Center
- Cornerstone Assembly of God
- Elmo Crime Watch
- Elmo Water Department
- H-E-B Grocery
- Hood County Committee on Aging
- Hope Medical Clinic
- Kaufman Chamber of Commerce
- Lighthouse Center for Learning
- Oakdale & Hannibal United Methodist Churches
- Ruth's Place
- Senior Connect
- Southwest Adventist University
- Specialized Fleet Services
- Tarleton State University
- Texas Department of State Health Services
- Texas Veterans Commission
- Tri County Ford

Community Research Support

Texas Health would like to recognize Jonathon Fite from the Professional Development Institute at University of North Texas and Dr. Marcy Paul, from University of North Texas Health Science Center for their support with Focus Group and PhotoVoice implementation.

Consultants

Texas Health Resources commissioned Conduent Healthy Communities Institute (HCI) to support report preparation for its 2019 CHNA. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent Healthy Communities Institute, please visit https://www.conduent.com/community-population-health. The following HCI team members were involved in the development of this report: Ashley Wendt, MPH – Public Health Consultant, Courtney Kaczmarsky, MPH – Public Health Consultant, Zack Flores – Project Coordinator, Margaret Mysz, MPH – Research Associate, Monica Duque, MPH – Research Associate, and Liora Fiksel – Research Assistant.

Introduction

Texas Health Resources Health System

Texas Health Resources is a faith-based, nonprofit health system that cares for more patients in North Texas than any other provider.

With a service area that consists of 16 counties and more than 7 million people, the system is committed to providing quality, coordinated care through its Texas Health Physicians Group and 26 hospital locations under the banners of Texas Health Presbyterian, Texas Health Arlington Memorial, Texas Health Harris Methodist, and Texas Health Huguley. Texas Health access points and services, ranging from acute-care hospitals and trauma centers to outpatient facilities and home health and preventive services, provide the full continuum of care for all stages of life. The system has more than 4,000 licensed hospital beds, 6,200 physicians with active staff privileges and more than 25,000 employees. For more information about Texas Health, call 1-877-THR-WELL, or visit www.TexasHealth.org.

Mission

To improve the health of the people in the communities we serve.

Vision

Partnering with you for a lifetime of health and well-being.

Values

- *Respect* Respecting the dignity of all persons, fostering a corporate culture characterized by teamwork, diversity and empowerment.
- *Integrity* Conduct corporate and personal lives with integrity; relationships based on loyalty, fairness, truthfulness and trustworthiness.
- *Compassion* Sensitivity to the whole person, reflective of God's compassion and love, with particular concern for the poor.
- *Excellence* Continuously improving the quality of service through education, research, competent and innovative personnel, effective leadership and responsible stewardship of resources.

Texas Health Resources is moving beyond episodic sick care, by focusing on anticipating consumers' needs, and offering affordable and personalized products and experiences as the organization seeks to meet consumers' health and well-being needs for their lifetime. Texas Health has elevated the needs and preferences of consumers as the unifying voice that focuses every aspect of the organization.

Southern Region for Texas Health Resources

The main portion of this report covers the population and geographic area for Texas Health Community Impact Southern Region.

Erath County (http://co.erath.tx.us/) is an urban county located in the north central part of Texas. Stephenville serves as the county seat to a county population of approximately 42,446 citizens according to the 2018 U.S. Census Record, a population increase of 12% since the 2010 Census. Erath is the least populated county in this region.

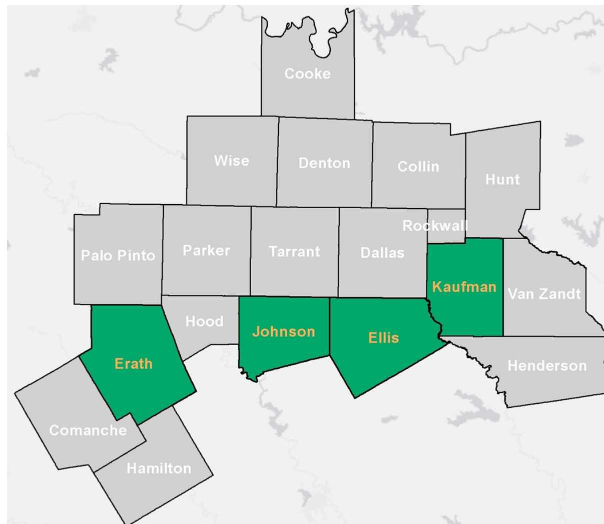
Johnson County (http://www.johnsoncountytx.org/) has a population of approximately 171,361 citizens. This is a population increase of 13.5% since the 2010 Census. Cleburne serves as the county seat. Johnson is the most populated county in the Southern Region.

Ellis County (https://co.ellis.tx.us/) lies to the east of Johnson County and has a population of approximately 149,610 citizens according to the 2018 U.S. Census Record. This is a population increase of 19.9% since the 2010 Census. Ellis County is the second most populated county in the region. Waxahachie serves as the county seat.

Kaufman County (https://www.kaufmancounty.net/) lies to the east of Ellis County. It has a population of approximately 128,622 citizens. This is a population increase of 24.4% since the 2010 Census. Kaufman is the fastest growing county in the region. The City of Kaufman serves as the county seat.

The Southern Region is comprised of a total of 36 zip codes. For the purpose of this CHNA, special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services and input from the community. Within this region, there are five priority areas containing seven zip codes across the Southern Region. The counties that are highlighted for prioritization are Erath, Johnson, Ellis, and Kaufman counties.

FIGURE 1. SOUTHERN REGION COUNTY MAP



Facility Description

Texas Health Harris Methodist Hospital Stephenville serves the communities of Stephenville, Dublin, Comanche, DeLeon, Hico, Eastland and Bluff Dale with advanced medical treatments and an experienced staff that provides compassionate care.

With a mission of improving the health of the people in the communities we serve, Texas Health Stephenville and the physicians on its medical staff are committed to your well-being and the health and wellness of your family.

Texas Health Stephenville offers:

- Better Breathers
- Diabetes Care
- Emergency Department
- Heart and Vascular
- Imaging
- Orthopedics
- Surgery
- Women and Infants Care
- Wound Care and Hyperbaric Medicine

Texas Health Stephenville is designated as a Level IV Trauma Center by the Texas Department of State Health Services. The hospital earned a designation as a Breast Imaging Center of Excellence by the American College of Radiology, and is designated as a Baby-Friendly Hospital by the World Health Organization and UNICEF.

Texas Health Stephenville is conveniently located at the intersection of Belknap and Tarleton streets in Stephenville.

Impact Since Last CHNA

The CHNA process should be viewed as a three-year cycle. An important part of that cycle is revisiting the progress made on priority topics from previous CHNAs. By reviewing the actions taken to address priority areas and evaluating the impact of these actions in the community, an organization can better focus and target its efforts during the next CHNA cycle.

The previous Texas Health CHNA was conducted in 2016. The priority areas in FY17-19 were:

- Behavioral Health
- Chronic Disease
- Awareness, Health Literacy and Navigation

Texas Health Resources built upon efforts from the previous 2016 CHNA to directly target communities and populations who disproportionally experience the prioritized health challenges identified above. Of the activities implemented, the most notable are detailed on the next page:

Behavioral Health	• *Texas Health Community Impact:* Texas Health Community Impact (THCI) is a data driven initiative that positions Texas Health to serve as a convener, funder and catalyst. Community-driven representatives serve on the THCI Board and regional TCHI Leadership Councils and play an important role in defining strategy for community health improvement efforts. As part of Community Impact, Texas Health awards cross-sector collaborative grants that address local needs focused on behavioral health and social determinants of health through innovative and disruptive models. • *Evidence-based Programs:* Texas Health launched a system-wide approach to addressing behavioral health by leveraging internal and external partnerships to implement evidence-based programs. Two of the initial evidence-based programs were in partnership with faith communities and schools to implement an evidence-based program called Mental Health First Aid (MHFA). As a part of this initiative, Texas Health also funded the Program to Encourage Active, Rewarding Lives (PEARLS). Both initiatives are described more fully below. • *Mental Health First Aid (MHFA):* Texas Health launched a system-wide approach to addressing behavioral health by leveraging external partners with faith communities and schools to implement an evidence-based program called Mental Health First Aid. The goal of MHFA is to reduce stigma associated with mental health by increasing the ability to identify people with symptoms of mental illness and refer them to the appropriate level of care. • *Program to Encourage Active, Rewarding Lives (PEARLS):* PEARLS is a national program to reduce depression in socially isolated seniors. This program brings high quality mental health care into community-based settings that reach vulnerable older adults. Texas Health is implementing PEARLS in collaboration as a part of THCI in targeted zip codes. • *Texas Health Faith Community Nursing (FCN):* The goal of Faith Community Nursing is to reduce stigma associated with mental health issues in congregational settings. Integration of spiritual care and mental health awareness is crucial to better address community behavioral health needs. Through the FCN program, communities of faith are able to provide proactive care and improve connections to community services.
Chronic Disease Prevention & Management (including Exercise, Nutrition and Weight)	• *Medicaid 1115 Waiver:* Texas Health continues to address the treatment and management of chronic conditions (Diabetes, Congestive Heart Failure, Hypertension, and Hyperlipidemia) in underserved populations through programs provided under the Delivery System Reform Incentive Payment (DSRIP) Medicaid 1115 Waiver. » HELP or Healthy Education Lifestyle Program is a disease management program designed to improve access to high quality care for vulnerable and underserved populations. HELP has successfully addressed access for uninsured populations and simultaneously addressed social determinants of health through community partnerships.
Awareness, Health Literacy, Navigation	• *Clinic Connect:* Clinic Connect is a collaboration between Texas Health entities and local community clinics aimed at connecting vulnerable populations seen at Texas Health facilities to community based medical homes. Funds provided by Texas Health help support operational costs for partner clinics and ensures timely navigation for patients to needed services. This program addresses awareness, literacy and navigation through grants awarded to community clinics. • *Mobile Health Program (MHP):* Professionally staffed and fully equipped mobile health vehicles travel to neighborhoods and communities addressing the challenges of access to health care, cultural isolation, language barriers, and lack of transportation. MHP provides disease prevention information, screening, and early detection services, along with education and referral resources. • *Blue Zones Project:* Blue Zones Project Fort Worth is a community-wide well-being improvement initiative to help make healthy choices easier for everyone in the Fort Worth area. As of January 2019, this project now falls under the umbrella of Texas Health Resources.

Community Feedback

The 2016 Texas Health Resources Community Health Needs Assessment Reports and Implementation Strategies were made available to the public via the website https://www.texashealth.org/community-engagement/community-health-improvement-chi/community-health-needs-assessment. In order to collect comments or feedback, a unique email was used: THRCHNA@texashealth.org. No comments had been received on the preceding CHNA via the email at the time this report was written.

Methodology

Overview

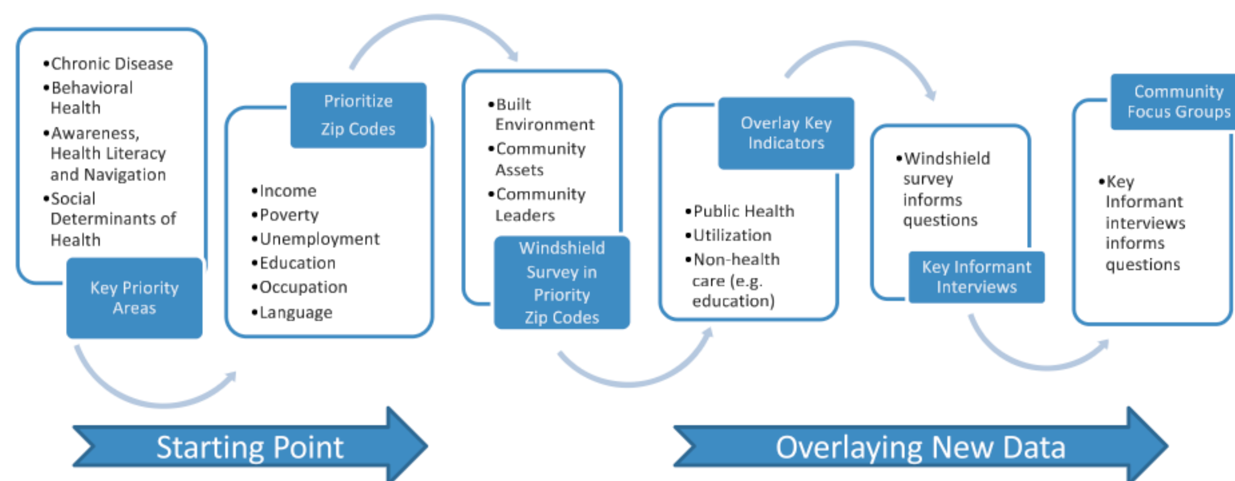
The following section explores the data collection and prioritization process for the 2019 Texas Health CHNA. There were two types of data used in this assessment: primary and secondary data. Primary data are data that have been collected for the purposes of this community assessment. Primary data were obtained through windshield surveys, focus groups, PhotoVoice and key informant interviews. Secondary data are health indicator data that have been collected by public sources such as government health departments.

Building on 2016 CHNA Process

For the 2019 CHNA process, Texas Health built on key findings and achievements from the 2016 CHNA process and Implementation Strategy. This process included casting a wide net of consideration over all 401 zip codes within and alongside Texas Health's primary and secondary service areas. Through the tiered process summarized in the diagram in Figure 2, Texas Health, with the support of five regional community councils, utilized primary and secondary data to narrow the geography down to 16 prioritized zip codes where communities were experiencing disproportionate health outcomes in the areas of Chronic Disease, Behavioral Health, and Awareness, Health Literacy and Navigation.

The health categories of Behavioral Health, Chronic Disease, as well as Awareness, Health Literacy and Navigation were prioritized during the 2016 Texas Health CHNA. During secondary data analysis, over 100 community indicators covering more than 20 topics in the areas of health, social determinants of health, and quality of life were considered. These data were primarily derived from state and national public secondary data sources. Under the Behavioral Health category, the key health indicators of concern that were considered were Depression, Substance Abuse, and Alzheimer's Disease. For Chronic Disease, the indicators of concern were Obesity, Food Insecurity, Access to Exercise Opportunities, and the Built Food Environment. Finally, related to Awareness, Health Literacy and Navigation, the top indicators of concern were Low Provider Rates and Low Rates of Health Insurance Coverage. These indicators are still relevant for the 2019 CHNA as Texas Health continues to build on the work initiated in 2016. For full and complete findings from the 2016 CHNA and up-to-date health indicators by county, please refer to the Appendix documents.

FIGURE 2. 2019 CHNA DATA COLLECTION PROCESS



Overview of Multi-tiered Zip Code Prioritization

For the initial prioritization process, zip codes across the Southern Region were ranked on perceived need and identified need per the SocioNeeds Index described below. In contrast to previous CHNA prioritization processes, zip codes that did not fall within the hospital service area for this region were included in the analysis. This allowed for identification of zip codes within these communities, regardless of their hospital provider, that are considered "highest need." Thus, this process allowed Texas Health to extend the scope of this project to the larger community and broaden the impact of their interventions.

SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® (SNI) to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within each county are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within each county, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Figure 3 summarizes the SocioNeeds Index process.

FIGURE 3. SOCIONEEDS INDEX

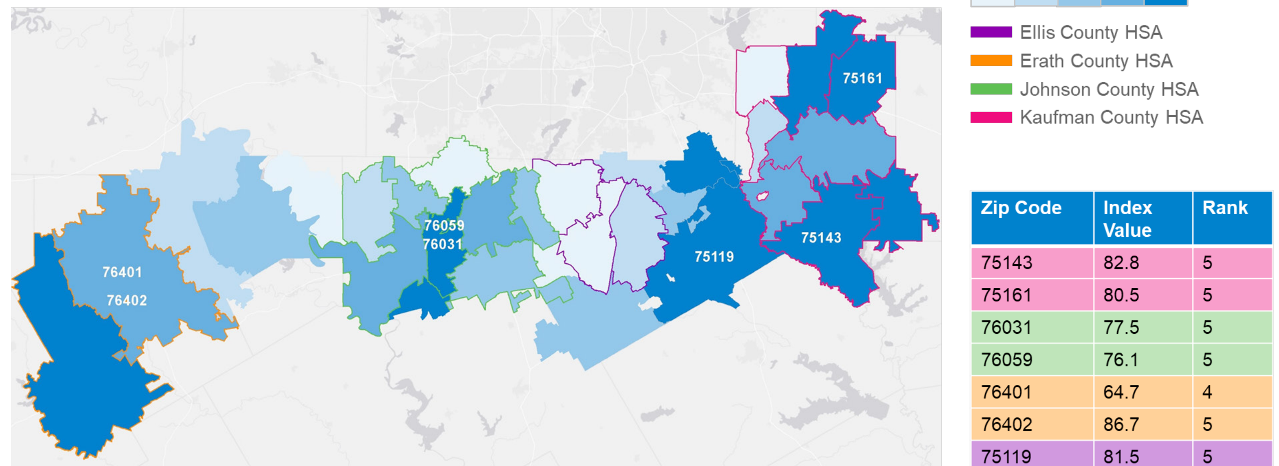
FIGURE 4. SOUTHERN REGION SOCIONEEDS INDEX MAP

MAP LEGEND

greater need

1 2 3 4 5

Ellis County HSA
Erath County HSA
Johnson County HSA
Kaufman County HSA



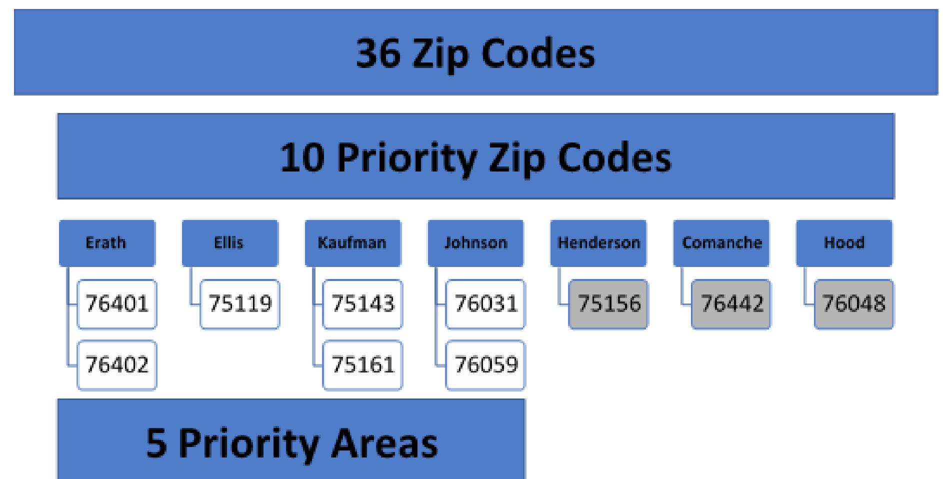
Zip Code	Index Value	Rank
75143	82.8	5
75161	80.5	5
76031	77.5	5
76059	76.1	5
76401	64.7	4
76402	86.7	5
75119	81.5	5

The map in Figure 4 highlights SNI values for zip codes across the Southern Region. Darker shades of blue indicate a higher index value and thus higher levels of need within those zip codes. Additionally, this map highlights the hospital service area (HSA) for each county. As shown, many of the areas of highest need fall within Kaufman County. The Southern Region has five priority areas, which include seven community impact zip codes as outlined in Figure 5.. These are also highlighted in the map in Figure 4.

Southern Region Zip Code Prioritization

In the Southern Region, zip codes were ranked on perceived need and identified need per the SocioNeeds Index (a measure of socioeconomic need). The initial ranking yielded ten zip codes and triggered an extensive data review and complementary data gathering, including a windshield survey, community readiness assessment (key informant interviews), and focus groups. The TCHI Leadership Council reviewed available data for the ten zip codes and narrowed the scope to five priority areas, which includes seven community impact zip codes. Figure 5 summarizes the zip code narrowing/ prioritization process.

FIGURE 5. ZIP CODE PRIORITIZATION



Demographics

The following section explores the demographic profiles of counties within the Southern Region where there are community impact zip codes. The demographics of a community significantly impact its health profile. Different race/ethnicity, age, and socioeconomic groups have unique needs and require different approaches to health improvement efforts. All demographic estimates are sourced from the U.S. Census Bureau's 2013-2017 American Community Survey unless otherwise indicated.

Some data within this section is presented at the county level while other data is presented at the zip code level. It should be noted that county level data can sometimes mask what could be going on at the zip code level in many communities. This rationale was behind Texas Health's decision to zoom in the scope and consideration to the zip code for the 2019 CHNA. This allowed for a better understand and an increased potential to address disparities that were showing up within a given zip code, but not at the broader county level.

Population

According to the U.S. Census Bureau's 2013-2017 American Community Survey, the Southern Region had a combined population of 535,551. Table 1 below shows the population breakdown for the prioritized zip codes within the Southern Region.

TABLE 1. POPULATION BY ZIP CODE

COUNTY	ZIP CODE	TOTAL POPULATION ESTIMATE
Erath	76401	29,478
	76402	831
Johnson	76059	5,211
	76031	18,050
Kaufman	75143	14,138
	75161	6,577
Ellis	75119	27,514

Age

As shown in Figure 6, Erath has a smaller proportion of residents under 18 years old (21.2%, 21.4%) compared to the state and national values, 26.0% and 22.6%, respectively. Ellis, Johnson and Kaufman counties have a larger proportion of residents under 18 years compared to Texas and the U.S. with Johnson County's distribution being similar to Texas.

Figure 7 illustrates the proportion of the population of adults over 65 years. Ellis and Kaufman counties have a smaller proportion of older adults compared to Texas (12.3%) and the U.S. (15.6%). In Ellis County, 12.0% of residents are over 65. In Kaufman County, 11.8% of residents are over 65. Erath and Johnson counties have a similar proportion of older adults in their population, 13.8% and 13.5% respectively. These counties have a larger proportion of residents over 65 years compared to the state value and a smaller proportion of residents over 65 years compared to the national value.

As shown in Figure 8, all counties have a smaller proportion of residents under 5 years of age compared to 7.2% of Texas. Johnson, Kaufman and Ellis counties have a larger proportion than the U.S. with 6.1% of residents being under 5 years of age. The proportion of residents under 5 years of age is 6.7% in Ellis County; 5.9% in Erath County; 6.6% in Johnson County; and 7.1% in Kaufman County.

FIGURE 6. POPULATION UNDER 18

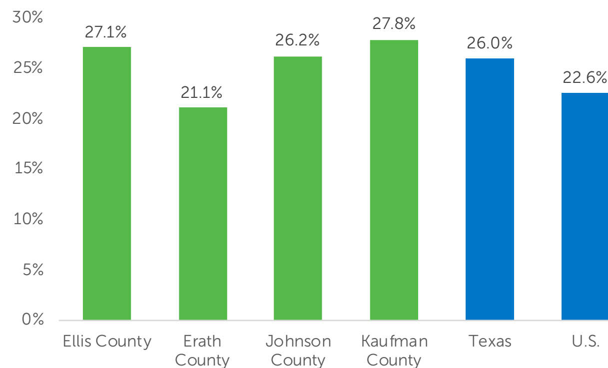


FIGURE 7. POPULATION OVER 65

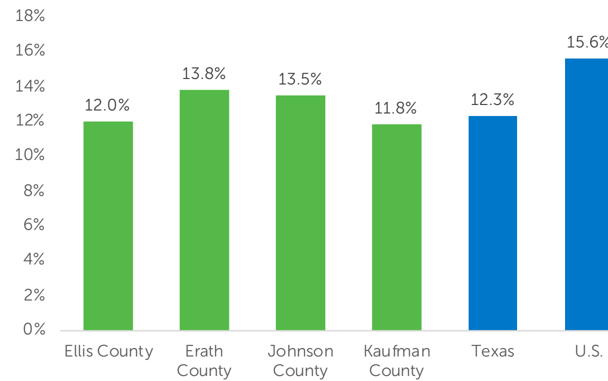
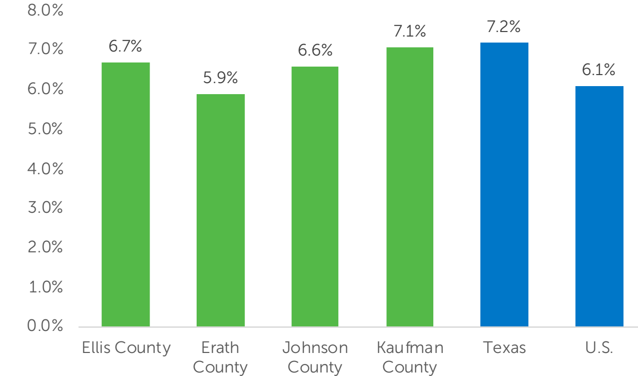


FIGURE 8. POPULATION UNDER 5



Race/Ethnicity

The race and ethnicity composition of a population are important in planning for future community needs, particularly for schools, businesses, community centers, health care and childcare. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income, and poverty.

Figure 9 shows the racial composition of residents per county in the Southern Region.

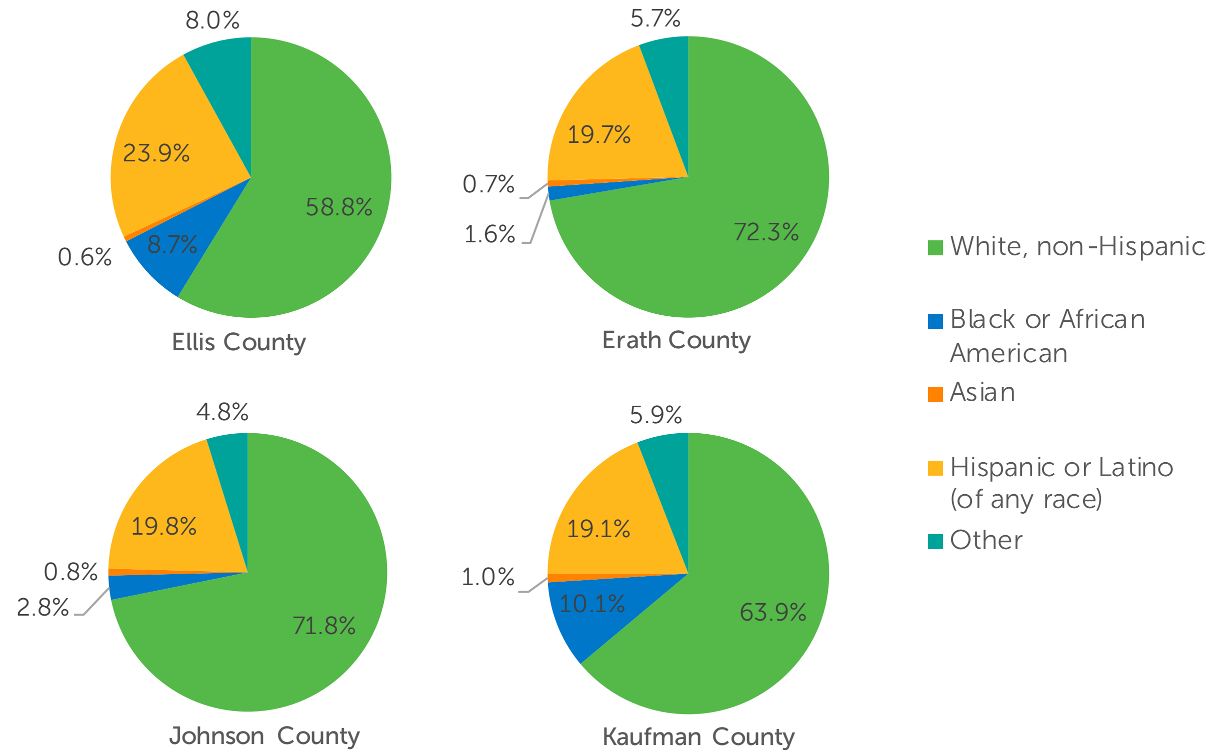
Ellis County has a racial composition with 58.7% of residents identifying as White; 23.9% as Hispanic or Latino (of any race); 8.7% as Black or African American; 0.6% as Asian; and 8.0% as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".

Erath County has a racial composition with 72.3% of residents identifying as White; 19.7% as Hispanic or Latino (of any race); 1.6% as Black or African American; 0.7% as Asian; and 5.7% as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".

Johnson County has a racial composition with 71.9% of residents identifying as White; 19.8% as Hispanic or Latino (of any race); 2.8% as Black or African American; 0.8% as Asian; and 4.8% as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".

Kaufman County has a racial composition with 63.9% of residents identifying as White; 19.1% as Hispanic or Latino (of any race); 10.1% as Black or African American; 1.0% as Asian; and 5.9% as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, "Some other race", or "Two or more races".

FIGURE 9. RACE/ETHNICITY



Language

Language is an important factor to consider for outreach efforts in order to ensure that community members are aware of available programs and services..

FIGURE 10. LANGUAGE OTHER THAN ENGLISH AT HOME

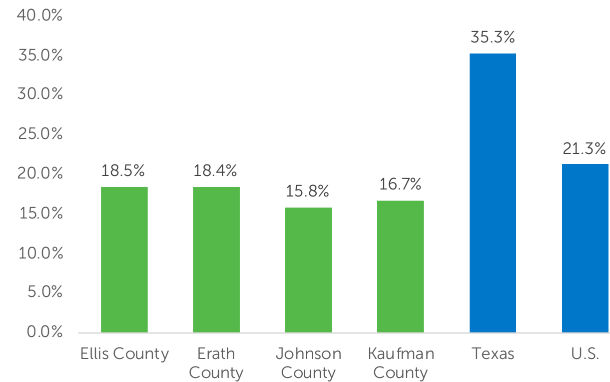


TABLE 2. POPULATION WITH LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME BY ZIP CODE

COUNTY	ZIP CODE	LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME
Erath	76401	15.2%
	76402	16.4%
Johnson	76059	30.7%
	76031	22.2%
Kaufman	75143	9.2%
	75161	13.8%
Ellis	75119	13.8%

Figure 10 shows the proportion of residents in Southern Region who speak a language other than English at home. All counties in Southern Region have a smaller proportion of residents who speak a language other than English at home compared to 35.3% in Texas and 21.3% in the U.S. The proportion of residents who speak a language other than English at home is 18.5% in Ellis County; 18.4% in Erath County; 15.8% in Johnson County; and 16.7% in Kaufman County. For all the counties highlighted in the Southern Region, English is the predominant language spoken followed by Spanish. In Ellis County, 81.50% of residents identify English as their primary language, while 17.27% speak Spanish. In Erath County, 81.55% of residents speak English as their primary language, while 17.79% speak Spanish. For residents in Johnson County, 80.45% identify English as their primary language, while 18.29% identify Spanish. Finally, in Kaufman County, 83.33% of residents speak English, while 15.17% identify Spanish as their primary language.

As shown in Table 2, the prioritized zip codes 76059 and 76031 have a larger proportion of residents who speak a language other than English at home than Johnson County. Prioritized zip code 75119 in Ellis County also has a larger proportion of residents who speak a language other than English at home than Ellis County. This is an important consideration for the effectiveness of services and outreach efforts, which may be more effective if conducted in languages other than English alone.

TABLE 3. POPULATION WITH DIFFICULTY SPEAKING ENGLISH BY ZIP CODE

COUNTY	ZIP CODE	LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME
Erath	76401	3.9%
	76402	0.7%
Johnson	76059	10.5%
	76031	8.7%
Kaufman	75143	2.9%
	75161	5.4%
Ellis	75119	15.8%

As shown in Table 3, these counties in the Southern Region have smaller proportions of residents with difficulty speaking English compared to the state of Texas (14.2%). The proportion of residents who have difficulty speaking English is 7.9% in Ellis County; 5.8% in Erath County; 5.4% in Johnson County; and 6.4% in Kaufman County. In the Johnson County, the prioritized zip codes 76059 and 76031, have a larger proportion of residents with difficulty speaking English (10.5%, 8.7%) than Johnson County. In Ellis County, the prioritized zip code 75119, has a larger proportion of residents with difficulty speaking English (15.8%) than the broader county.

Social Determinants of Health

This section explores the social determinants of health in Southern Region's service area. Social determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. It should be noted that county level data can sometimes mask what could be going on at the zip code level in many communities. While indicators maybe strong at the county level, zip code level analysis can reveal disparities.

Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Areas with higher median household incomes also have higher home values and their residents enjoy more disposable income.

FIGURE 11. MEDIAN HOUSEHOLD INCOME

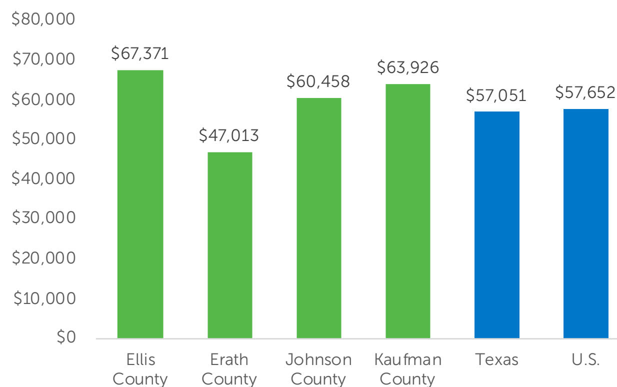


Figure 11 shows the median household income of counties in the Southern region. Ellis County ($67,371) is higher than all other counties while Erath County ($47,013) is the lowest. Kaufman County ($63,926) and Johnson County ($60,458) are higher than the Texas state value ($57,051) and the U.S. value ($57,652).

Poverty

The Census Bureau sets federal poverty thresholds every year and varies by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower quality schools and decreased business survival.

Figure 12 shows the percentage of people living below the poverty level for the Southern Region. The highest percentage is in Erath county (22.6%), which is higher than all counties as well as the Texas state value (16%) and the U.S. value (14.6%). The lowest percentage is in Ellis County (10.5%), with Kaufman County (12.4%), and Johnson County (11%) all lower than the Texas state and U.S. values.

Figure 13 shows the percentage comparisons of people living below the poverty level by race/ethnicity in the Southern counties. Ellis County has the highest percentages for Asian and Native Hawaiian race/ethnicity groups while Kaufman County has the highest percentages for American Indian and other race/ethnicity groups. Erath County has the highest percentage of White, Non-Hispanics living below the poverty level.

FIGURE 12. PEOPLE LIVING BELOW POVERTY LEVEL

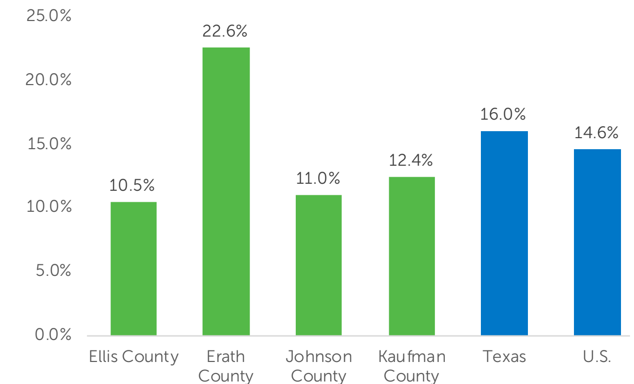
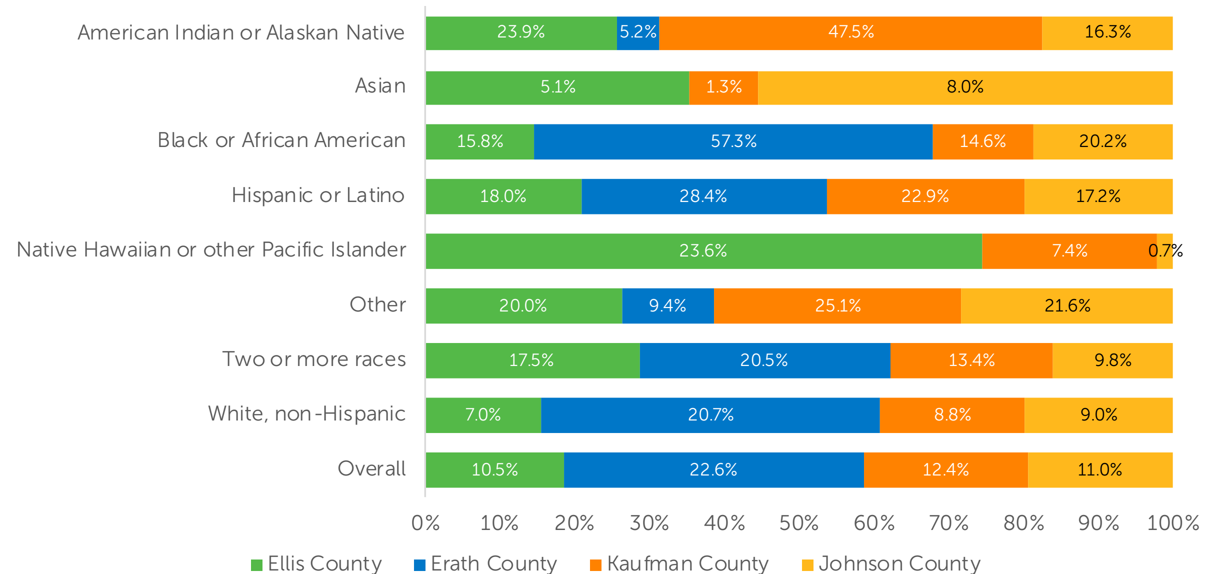


FIGURE 13. PEOPLE LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY



Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

FIGURE 14. HOUSEHOLDS RECEIVING SNAP WITH CHILDREN

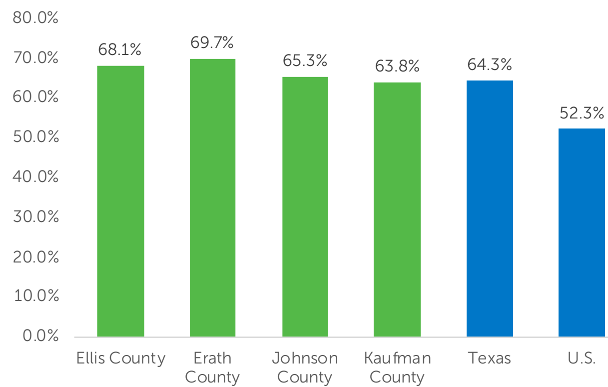


Figure 14 shows the percentage of households receiving food stamps/SNAP benefits with children under 18 years old. Erath County (69.7%) is higher than both the Texas state value (64.3%) and the U.S. value (52.3%). Ellis County (68.1%) and Johnson County (65.3%) are also higher than the Texas state and U.S. values. Kaufman County (63.8%) is lower than the Texas state value but higher than the U.S. value.

Unemployment

The unemployment rate is a key indicator of the local economy. Unemployment occurs when local businesses are not able to supply enough appropriate jobs for local employees and/or when the labor force is not able to supply appropriate skills to employers. A high rate of unemployment has personal and societal effects. During periods of unemployment, individuals are likely to feel severe economic strain and mental stress. Unemployment is also related to access to health care, as many individuals receive health insurance through their employer. A high unemployment rate places strain on financial support systems, as unemployed persons qualify for unemployment benefits and food stamp programs.

FIGURE 15. UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE

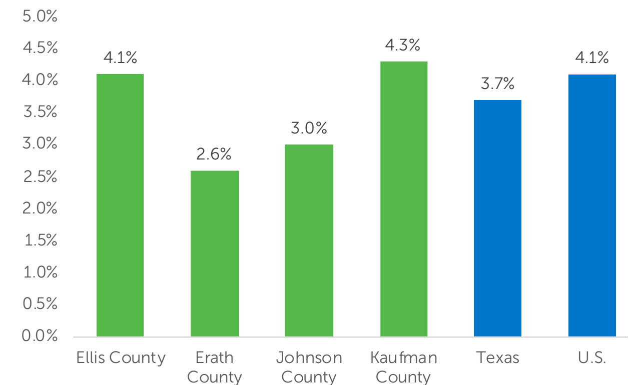


Figure 15 shows the percentage of unemployed workers in the civilian labor force. Kaufman County (4.3%) has the highest percentage while Erath County (2.6%) and Johnson County (3%) are lower than both the Texas state value (3.7%) and the U.S. value (4.1%). Ellis County (4.1%) is higher than the Texas state value and equal to the U.S. value.

Education

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

FIGURE 16. PEOPLE 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER

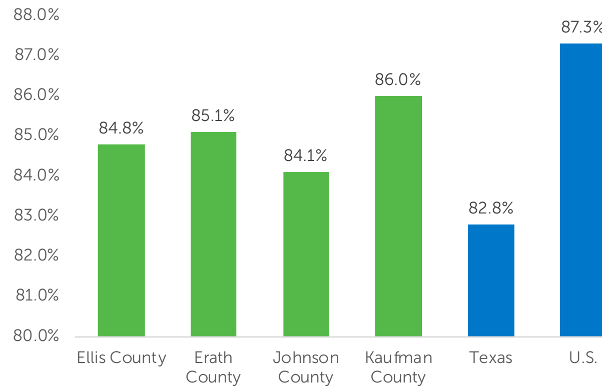


Figure 16 shows the percentage of people 25 years or older who have a high school degree or higher. Kaufman County (86.0%) has the highest percentage of all the counties, but is lower than the Texas state value (82.8%) and the U.S. value (87.3%). While Johnson County (84.1%) is higher than the Texas state value, it is the lowest among the other counties in the Southern Region highlighted in this section.

FIGURE 17. PEOPLE 25+ WITH A BACHELOR'S DEGREE OR HIGHER

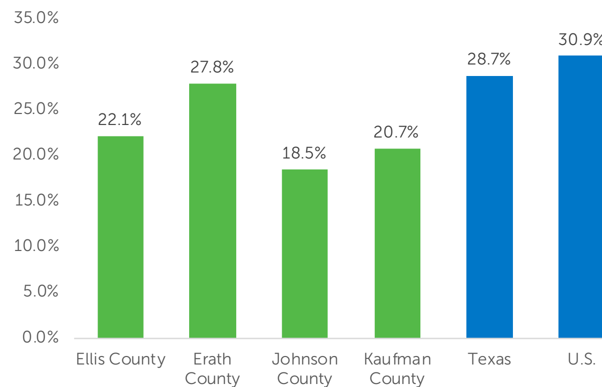


Figure 17 shows the percentage of people 25 years or older who have a bachelor's degree or higher. All counties in the Southern Region are lower than both the Texas state value (28.7%) and the U.S. value (30.9%). Erath County (27.8%) has the highest percentage of all counties while Johnson County (18.5%) is the lower than Erath County, Ellis County (22.1%), and Kaufman County (20.7%).

Transportation

Lengthy commutes cut into workers' free time and can contribute to health problems such as headaches, anxiety, and increased blood pressure. Longer commutes require workers to consume more fuel, which is both expensive for workers and damaging to the environment.

FIGURE 18. MEAN TRAVEL TIME TO WORK (MINUTES)

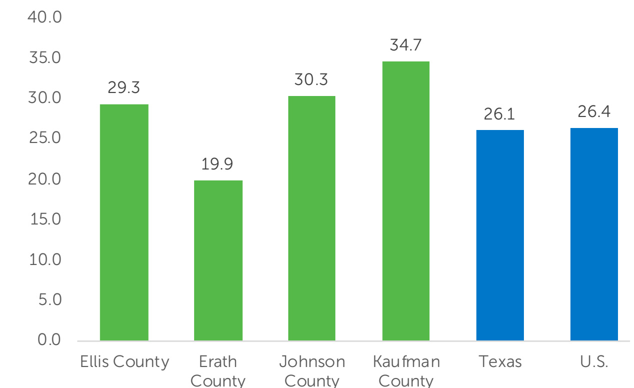


Figure 18 shows the mean travel time to work for the counties within the Southern Region. Kaufman County (34.7 minutes) has the highest mean time while Erath County (19.9 minutes) has the lowest. Ellis County (29.3 minutes), Kaufman County, and Johnson County (30.3 minutes) all have higher mean travel times than both the Texas state value (26.1 minutes) and the U.S. value (26.4 minutes).

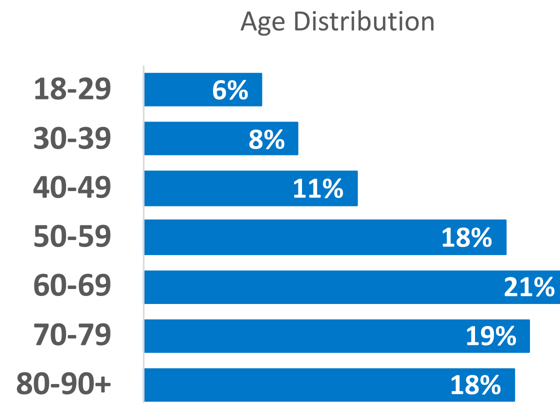
Southern Region Health Care Utilization

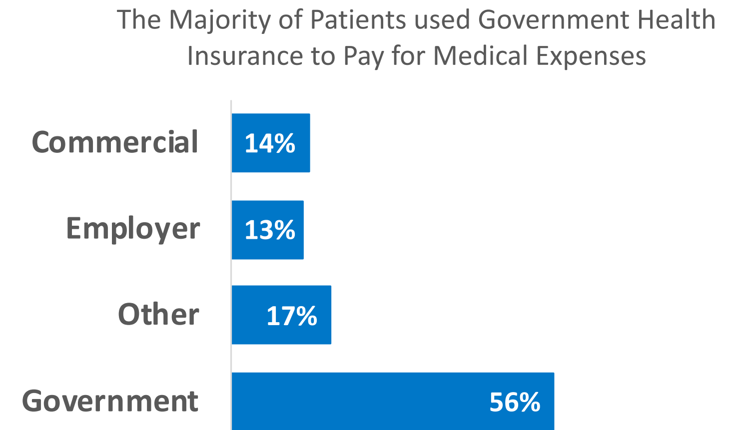
Texas Health patient utilization data were analyzed at the zip code level based on patients' resident zip code listed in discharge summaries. Patients who were discharged from a Texas Health affiliated facility that services the patient's resident zip code was considered to have stayed within their region for care. The information below highlights relevant utilization data for community impact zip codes in this region.

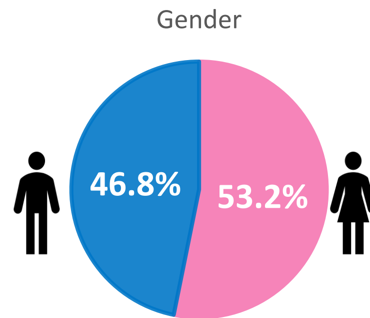
Community Impact Zip Codes 76401/76402

A total of 4,323 unique patients residing in the 76401/76402 priority area were seen in a hospital setting between 2016-2018. Eighty-three percent of these patients stayed within the zip code's service area for care. The majority (96%) of these patients identified as White, 53.2% were female, and 58% were 60 years or older. Most patients (56%) used government insurance to pay for their medical expenses. Eighty-three percent of all patients had a history of hypertension.

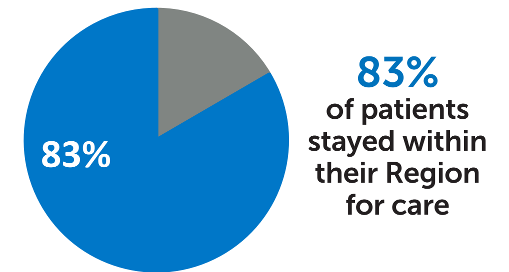
Of all patient encounters (10,557), 91% were seen at Texas Health Harris Methodist Hospital Stephenville. Two percent were seen at a Non-Texas Health Facility. This high number of encounters compared to the number of unique patients suggests that individuals may be overutilizing the emergency department and underutilizing other health care settings, such as urgent care and primary care providers.

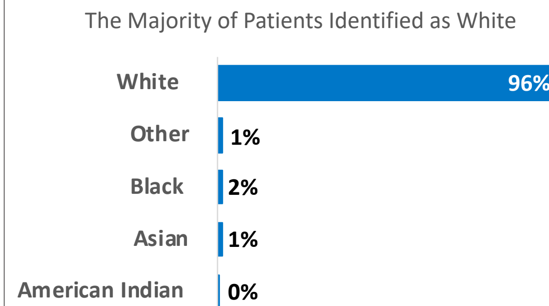


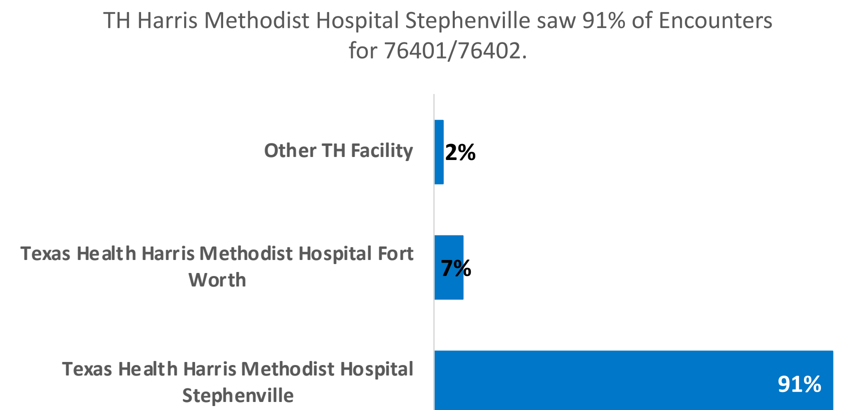




83% of all patients had a history of hypertension

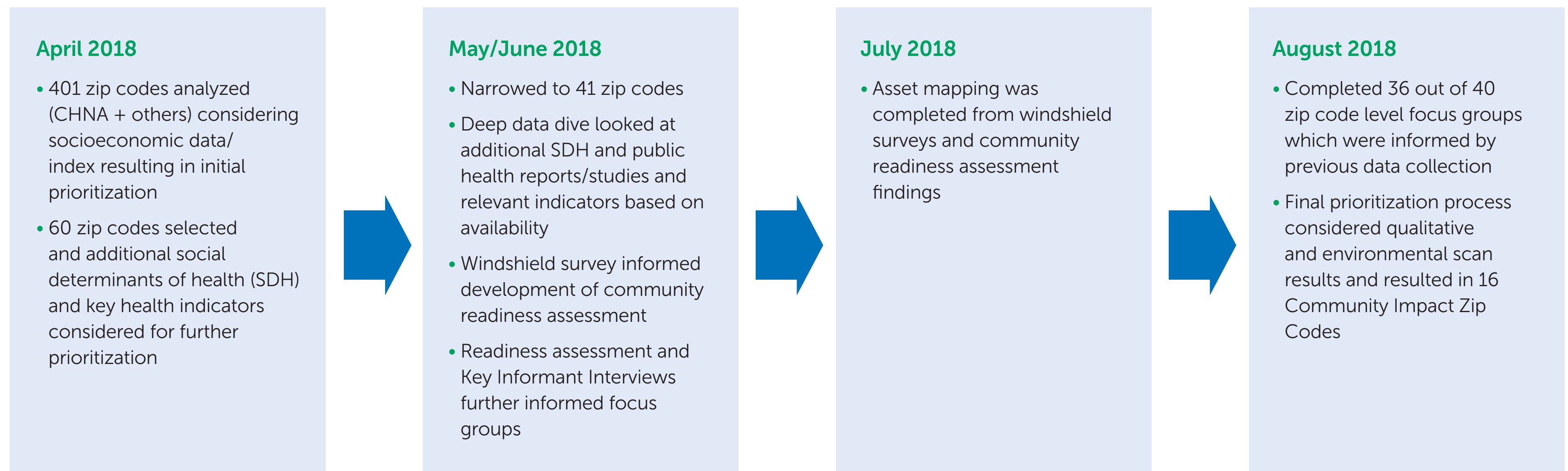






Prioritization Process

FIGURE 19. TEXAS HEALTH RESOURCES 2019 CHNA PRIORITIZATION PROCESS



Initial Zip Code Prioritization

To identify high-need zip codes within and outside the Texas Health service area and to narrow the focal area from 401 zip codes across 12 counties to 60 zip codes, Texas Health utilized the SocioNeeds Index as well as other socio-demographic data and key health indicators. Of the 60 zip codes across the 12-county area that were considered, ten of them were high priority zip codes from the Southern Region. The health needs and potential for impact were considered for these zip codes and the region's TCHI Leadership Council voted on a smaller subset of target zip codes for further exploration and consideration. Within these target zip codes, extensive qualitative data were then collected. Focus groups were held in nine zip codes, while windshield surveys and a community readiness assessment were completed in seven. These are vital components of this CHNA process to capture and integrate community voices and feedback. Figure 19 illustrates the 2019 CHNA Prioritization Process.

Windshield Surveys

The systematic input of neighborhood and communities was collected through windshield surveys. Master-level fellows, part of the Gunnin Fellowship, and the Community Health Impact team implemented the survey in each of the high priority zip codes. The survey consisted of ten items related to the environment and available resources in the environment. The ten topic areas observed were: neighborhood boundaries, housing conditions, use of open spaces, shopping areas, access to food, schools, religious facilities, human services, mode of transportation, protective services, and overall neighborhood life within the community interest. Pictures taken during this process were used to support written observation. The windshield surveys identified strengths and challenges in the area, which in turn helped determine the questions asked in the community readiness assessments. The key findings for the three prioritized zip codes are summarized in Table 4. Potential partner organizations were also identified through the windshield survey process and are listed in the Appendix. The identification of key partner organizations supported focus group efforts and was vital for planning next steps in the implementation of programs and services.

TABLE 4. WINDSHIELD KEY SURVEY FINDINGS FOR PRIORITIZED ZIP CODES – 76266, 75057, 76426

ERATH COUNTY ZIP CODES 76401/76402	JOHNSON COUNTY ZIP CODES 76031/76059	KAUFMAN COUNTY ZIP CODES 75143/75161	ELLIS COUNTY ZIP CODE 75119
Challenges:			
• Due to poor access to health facilities, many use the Texas Health Stephenville Emergency Department for primary health care	• Limited health care resources are 5-16 miles from the residents	• Limited health care resources, with a hospital 16-17 miles from the residents • No nearby grocery stores • Limited social spaces • Transportation barriers may contribute to inaccessibility of resources	• Limited parks and recreation outside of Ennis — available parks and recreational centers are not well maintained • Limited public transportation • People use the emergency department more than primary care — few providers take Medicare
Strengths:			
• 20 identified Faith Communities, a few of whom offer senior groups and/or activities	• 20 identified Faith Communities, a few of whom offer senior groups and/or activities	• 21 identified Faith Communities, a few of whom offer senior groups and/or activities	• The churches are key community asset • Churches support local schools and several Head Start programs
• 1 Senior Center, where membership is free and the Silver Sneakers Program is offered	• 2 community organizations which serve youth	• 6 identified neighbors-help-neighbors' activities, such as neighborhood collaborations for hand-selected grocery deliveries to home-bound seniors, and senior home visits from the volunteer fire department	• 28 parks and 14 recreational centers — parks and recreational centers are present but far away from homes of average resident
• 8 Behavioral Health Providers (with 7 offering counseling services) of which 3 are sliding fee; and 5 are private pay, insurance/ Medicare/Medicaid — of those, 2 accept VA and TRICARE	• 2 Community Recreation Centers, both offering activities for the senior population	• 9 Behavioral Health Providers (with 7 offering counseling services) of which 2 are sliding fee; and 7 are private pay, insurance, Medicare; with 1 accepting Medicaid. 2 of 7 offer telehealth visits	• 1 Federally Qualified Health Center • Ennis Regional and Baylor Scott and White are the most used hospitals

Community Readiness Assessments

A Community Readiness Assessment Report was designed based on the Community Readiness Model developed by the Tri-Ethnic Center for Prevention Research at Colorado State University[1]. The process includes: identifying the issue, defining "community", conducting "key informant" interviews, and scoring the interviews to determine the readiness level. Based on population size for small counties, a minimum of four key informants were interviewed and for counties with a larger population, a minimum of six key informants were interviewed.

Interviews were conducted by phone or in person and included a series of approximately 25 to 43 questions and lasted from 30 to 60 minutes each. Across the target zip codes, four key informants were interviewed in Erath County. All Erath County key informants have worked in one or various targeted zip codes for an average of 21 years in Erath County. Five key informants were interviewed in Johnson County and worked in Johnson County for an average of 10 years. Six key informants were interviewed in Kaufman County and worked in Kaufman County for an average of 20 years. Currently the key informants work for non-profit organizations, churches, hospitals, and the city. Ellis County had only one key informant participant and therefore the minimum number of interviews required was not met for a complete Community Readiness Assessment in this county. Table 5 highlights the variety of individuals who participated as key informants. The key health issues the interviews focused on were identified during the 2016 CHNA process: mental health and chronic diseases including arthritis, cancer, diabetes, hypertension, and pulmonary diseases. The questions addressed five dimensions of the community readiness from the identified issues. The five dimensions of the community readiness included:

- *Community Knowledge of Efforts* How much does the community know about the current programs and activities?
- *Leadership* What is leadership's attitude toward addressing the issue?
- *Community Climate* What is the community's attitude toward addressing the issue?
- *Community Knowledge of the Issue* How much does the community know about the issue?
- *Resources* What are the resources that are being used or could be used to address the issue?

Interviews were scored individually and then a total value was calculated in order to determine the community readiness level. Interviews were scored one at a time by two scorers with no previous knowledge of the key informants and of the identified community.

Based on specific interview questions, regarding specific dimensions, each dimension could receive a score level from one to nine according to the scale. Scores then are averaged for each dimension and the final score is averaged across the five dimensions. The final score gives the specific stage of readiness for this issue in the community being addressed. Readiness levels for an issue can increase, decrease and vary based on the issue, the intensity, and appropriateness of community efforts, and external events. Erath County, Johnson County, and Kaufman County all are at stage three of readiness. A full community readiness assessment was not completed for Ellis County due to the small number of key informant participants. Figures 20 to 25 highlight the Overall Stage of Readiness Score and Readiness Dimensions for Erath, Johnson, and Kaufman counties respectfully.

At **stage three**, the following applies:

- A few community members have at least heard about local efforts but know little about them.
- Leadership and community members believe that this issue may be a concern in the community. They show no immediate motivation to act.
- Community members have only vague knowledge about the issue (e.g. they have some awareness that the issue can be problem and why it may occur).
- There are limited resources (such as a community room) identified that could be used for further efforts to address the issue.

TABLE 5. KEY INFORMANTS INTERVIEWED (KII)

PROFESSIONAL TITLE OF KII	ERATH COUNTY KIIs	JOHNSON COUNTY KIIs	KAUFMAN COUNTY KIIs	ELLIS COUNTY KIIs
President & CEO	—	—	2	—
Executive Director	1	—	—	—
Acting Fire Chief	—	1	—	—
Grant Coordinator	—	1	—	—
Project Manager	—	—	1	—
Pharmacist	—	—	1	1
Community Advocate	—	1	—	—
Pastor/Superintendent	1	1	2	—
Director of Crisis Services	1	—	—	—
City Council	1	1	—	—

1 Tri-Ethnic Center for Prevention Research, Colorado State University. Tri-Ethnic Center Community Readiness Handbook, 2nd edition (2014) [PDF file]. Retrieved from: http://tec.wolpe2.natsci.colostate.edu/wp-content/uploads/sites/24/2018/04/CR_Handbook_8-3-15.pdf

FIGURE 20. OVERALL STAGE OF READINESS SCORE FOR ERATH COUNTY

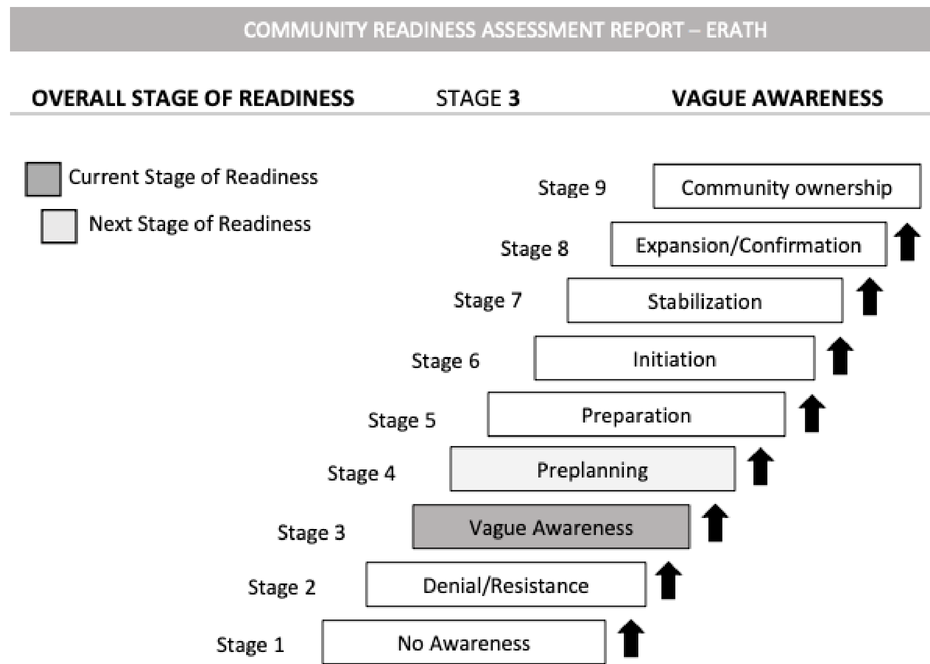


FIGURE 21. READINESS DIMENSIONS — CONSENSUS SCORES FOR ERATH COUNTY

FIGURE 22. OVERALL STAGE OF READINESS SCORE FOR JOHNSON COUNTY

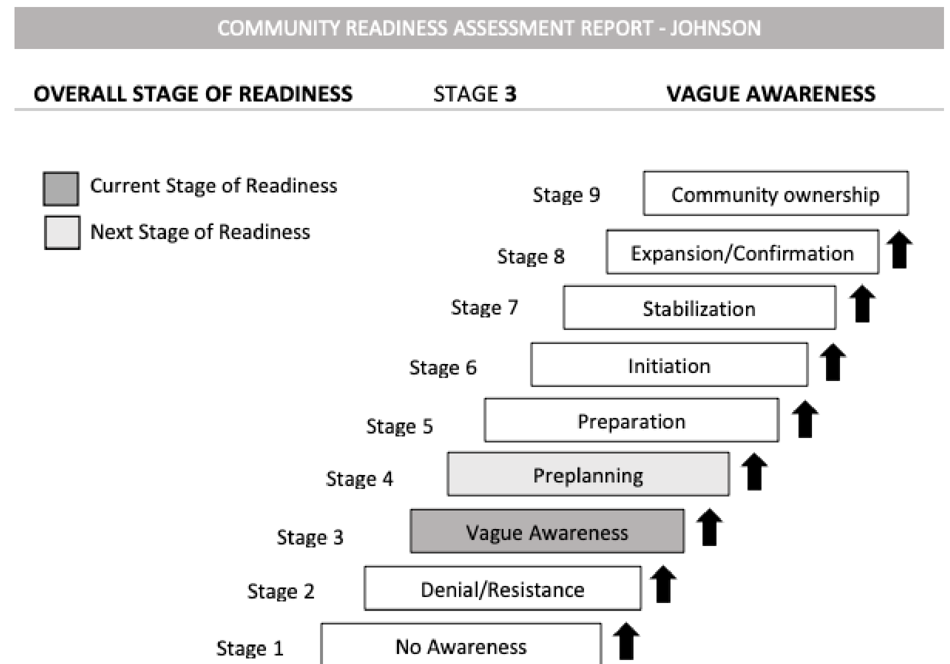
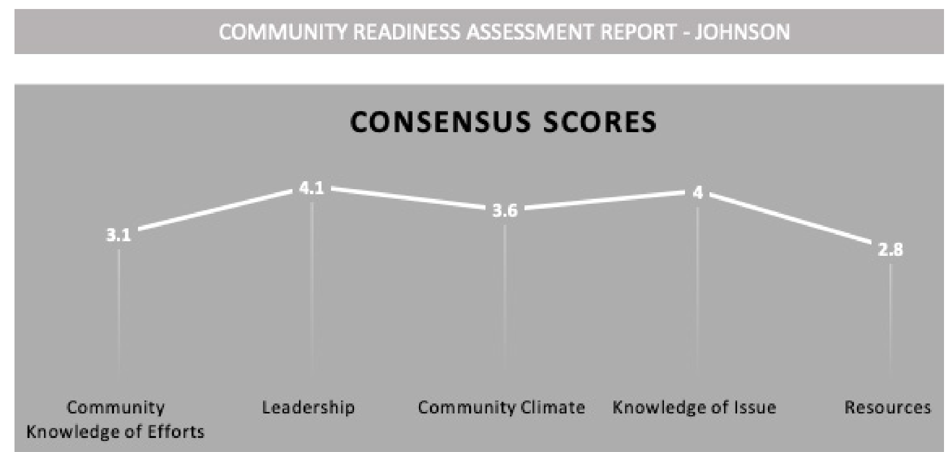


FIGURE 23. READINESS DIMENSIONS — CONSENSUS SCORES FOR JOHNSON COUNTY



"Would like to work together and get some sort of program started for those living in rural areas that will not travel to town."

"People in the community who have chronic conditions are concerned — especially if it affects them or their families. Especially older members of the community."

"Some barriers exist due to everything being digital and not everyone has internet access."

Erath County Zip Codes 76401/76402

"There are very few programs that address community education for chronic diseases."

"Community is not very affluent, not sure if health needs [are] high on their priority list but [it's] moving [in] that direction."

"Most efforts are completely underfunded, and the population is growing."

Johnson County Zip Codes 76031/76059

FIGURE 24. OVERALL STAGE OF READINESS SCORE FOR KAUFMAN COUNTY

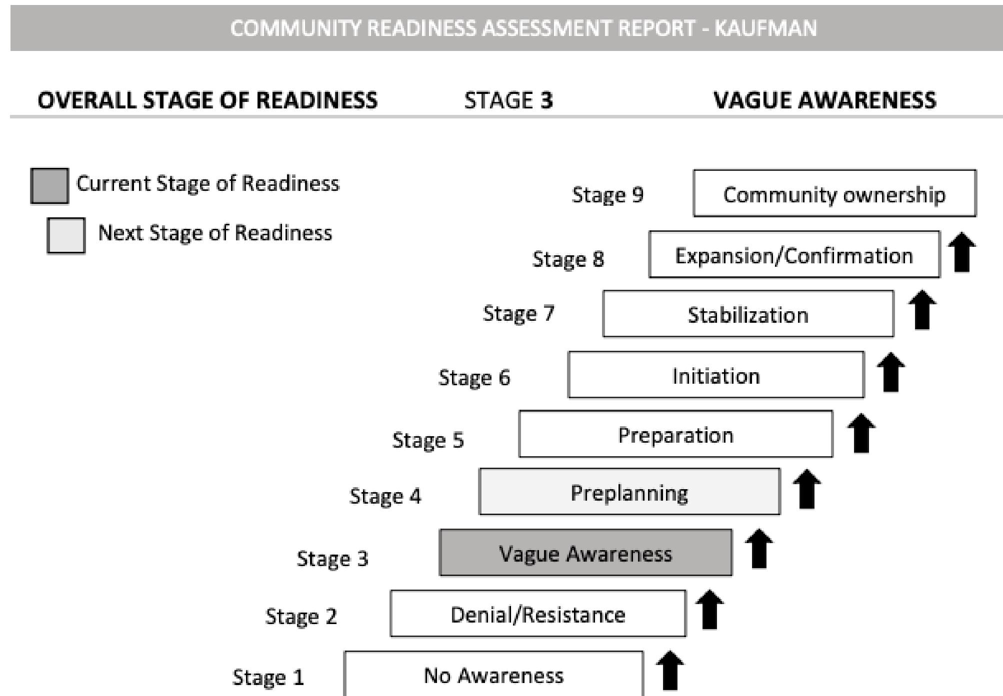
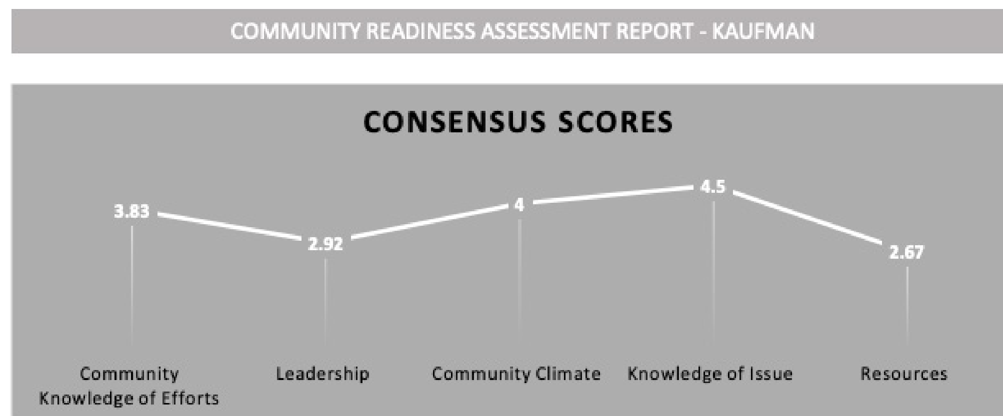


FIGURE 25. READINESS DIMENSIONS — CONSENSUS SCORES FOR KAUFMAN COUNTY



> "Maybe they could be doing more if they had resources, but there are no resources."

> "People are wanting more education, so I think it is important to the people of Kaufman County and to our leaders to find out more about chronic diseases and to be able to get the help they need."

> "I wish we could have more like specialty doctors and things like that."

Kaufman County Zip Codes 75143/75161

Community Focus Groups

TABLE 6. FOCUS GROUP KEY THEMES FOR PRIORITIZED ZIP CODES — 76401, 76031, 76059, 75143, 75161, 75119

ERATH COUNTY ZIP CODES 76401	JOHNSON COUNTY ZIP CODES 76031/76059	KAUFMAN COUNTY ZIP CODES 75143/75161	ELLIS COUNTY ZIP CODE 75119
• Health literacy and communications was a big topic • Access to the Texas Health Resources (THR) health book is loved • Lack of services and transportation is a big challenge	• Health fairs involving all age groups could drive discussion and community connections • Reliable transportation to access hospitals/clinics and pharmacy • Discount on medical services and food for senior citizens	• Lack of key medical services and places not taking Medicaid; forces residents to drive elsewhere for treatment • Participants lacked knowledge of how health insurance works and what is does	• Reliable, same day access to transportation services • Medical services located in the community to limit need for travel • Need for community gathering places with healthcare advocates and counselors

Community focus groups were held in six zip codes identified as high priority by the Southern Region TCHI Leadership Council. Input from community residents was collected through verbal discussions with a facilitator from University of North Texas. Topics of conversation were based upon the data collected from windshield surveys, community readiness surveys, and health data. These topics included: access to health services, drivers of chronic disease, and factors that influence depression, addiction, eating habits, and exercise patterns. A total of 126 residents participated in the focus groups. Conducting focus groups also helped identify future potential partnerships and available resources residents are aware of in their community. Table 6 highlights the key focus group themes for Erath, Johnson, Kaufman, and Ellis counties.

Participants in the focus groups in **Erath County — Zip Codes 76401** represented an age range from under 18 to over 65 years old and identified as White, Black, or Hispanic. The top issues related to behavioral health were teen bullying, teen suicide, depression in the senior population, and anxiety related to economic stress. While there is a counseling center that provides free resources, many people are unaware of these mental health services. The main challenge regarding access to health care was transportation to facilities since many services are not available locally. Participants described that their health insurance did not cover the costs of their needs for chronic health condition, especially for medications. Participants suggested having an outreach program that educates people about community resources and provides educational information about how to be healthy (ex. healthy foods, exercise, etc.).

Participants in the focus groups in **Johnson County — Zip Codes 76031/76059** represented an age range from 25 years old to over 65 and identified as White, Black, or Hispanic. The top issue related to behavioral health was depression. In zip code 76059, participants felt that there are not enough mental health resources in the area. Reliable transportation was the top challenge for accessing health care services and participants felt that there is a lack of awareness of health education resources in the community. Participants shared that medications are too expensive and some mobile health services are not affordable for the elderly. Participants want more clinical and community support for chronic disease management. They shared that some churches offer support groups, but many people are not aware of it. Lack of affordable healthy food sources was discussed in both focus groups.

Participants in the focus groups in **Kaufman County — Zip Codes 75143/75161** represented an age range from 25 to over 65 years old and identified as White or Black. The top issues related to behavioral health were depression, youth bullying, and limited resources for mental health issues. In zip code 75161, participants also felt that drug addiction is a major issue and that people in the community are hesitant to reach out for help. Participants in zip code 75143 were not aware of any counseling or support groups for behavioral health in the community. The main topics discussed regarding access to health care were limited availability of health education or knowledge of services and lack of a reliable transportation system. Participants also shared that there are limited clinics and specialty services in the area, and they must travel long distances to seek care. Participants in zip code 75161 must travel out of town to find healthy food sources while participants in zip code 75143 felt that access is pretty good though affordability can be an issue.

Participants in the **Ellis County — Zip Code 75119** focus group included a broad age range from 18 to over 65 years old and identified as White, Black, or Hispanic. The top issue related to behavioral health was depression, especially connected to grief and loss. The participants felt that the community would benefit from having an advocate that could help with navigating services and finding counseling support. The main barriers participants have for accessing services in general were having to travel for services and difficulties finding reliable transportation. Participants also shared that obtaining affordable medications and healthy food options was problematic particularly for those who have diabetes and high blood pressure. Participants offered suggestions such as having low-cost exercise facilities and satellite health centers to improve access to resources in the community.

Prioritization Results

Historically, the Texas Health CHNA process has culminated in the selection of prioritized health needs that fall within the system's health service area. For the newest iteration of the CHNA process, Texas Health shifted the approach, recognizing the role that systems can play in addressing social determinants of health as well as their impact on health outcomes across a broader community. Social determinants were intentionally considered as part of the data collection process with the goal of determining which social determinants of health are present in the community and how they contribute to prioritized health needs. By pinpointing specific zip codes to address the social determinants of health that often result in conditions such as chronic disease and premature death, Texas Health is striving to generate community-driven, collaborative solutions that break traditional silos and address the clinical and social needs of individuals living in North Texas.

Prioritization to Final Zip Codes and Health Priorities

In addition to considering the cumulative results of the quantitative and qualitative data collected throughout the CHNA process, the Southern Region TCHI Leadership Council selected zip codes in their region based on criteria that included: 1) availability of resources, 2) availability of partners, 3) community readiness, 4) impact opportunity, and 5) health needs in one or more of the prioritized health areas. In this region, there are 5 priority areas, which include 7 community impact zip codes. The 7 zip codes that were chosen as the final target areas were: 76031 and 76059 in Johnson County, 76401 and 76402 in Erath County, 75143 and 75161 in Kaufman County, and 75119 in Ellis County. Each of the zip codes identified fall within Texas Health's Health Service Area (HSA). In addition to narrowing down the focus geographically, based on evidence and the above-mentioned criteria, the council was also tasked with selecting clinical issues that fell within one of the prioritized health areas of Behavioral Health, Chronic Disease, or Awareness, Health Literacy and Navigation. They also considered any social determinants of health that may contribute to these clinical issues. Based on these considerations, the TCHI Leadership Council elected to focus on Depression and Anxiety within the Behavioral Health category across the five priority areas zip codes. Table 7 summarizes the Health Priority Areas within each zip code as well as the target population.

Photovoice Project

PhotoVoice is a form of storytelling that engages community members through photograph and written narrative to identify what they perceive to be assets and challenges to living a healthy life. The PhotoVoice technique is conducted in groups and has three main goals: 1) to encourage people to record and reflect their community's strengths and concerns, 2) to provide a group space to share photographs and narratives and engage in dialogue about the strengths and concerns while learning from each other, and 3) to reach other community stakeholders and policymakers through a community exhibit of final PhotoVoice projects. During the summer and early fall of 2019, 65 community members residing in 12 designated zip codes in the North Texas area participated in PhotoVoice projects. These projects highlighted community strengths, solutions to health problems, and opportunities for collaboration between Texas Health and local communities.

Results from focus groups conducted during the CHNA process influenced the questions developed for the PhotoVoice project. While focus group findings highlighted challenges to leading a healthy life, PhotoVoice questions focused on solutions to those challenges. Ultimately, 12 questions were developed that covered topics ranging from health care, chronic disease, mental illness, seniors, resources, healthy food, as well as some topics specific to teenagers. Questions which best fit focus group results for a prioritized zip code were implemented with participants from that community.

PhotoVoice project results were analyzed using a qualitative thematic coding methodology utilizing intercoder reliability. Two overarching themes highlighted responses from both adult and teen participants. These two overarching themes were:

1. Solutions and opportunities for access to health care services and providers

2. Solutions for overcoming everyday challenges

TABLE 7. SOUTHERN REGION PRIORITIZED ZIP CODES AND HEALTH AREAS

GEOGRAPHICAL PRIORITY AREA	COUNTY	ZIP CODE	LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME
1	Johnson	76031/76059	Depression and anxiety among adults over the age of 55
2	Erath	76401/76402	Depression and anxiety among adults over the age of 55
3	Kaufman	75143	Depression and anxiety among adults over the age of 55
4		75161	Depression and anxiety among adults over the age of 55
5	Ellis	75119	Depression and anxiety among adults over the age of 55

Table 8 summarizes the overarching community solutions that came up as a result of the PhotoVoice project.

TABLE 8. PHOTOVOICE COMMUNITY SOLUTIONS SUMMARY

FOCUS GROUP RESULTS	PHOTOVOICE SOLUTIONS
Access to health care services and providers	
Chronic Disease Management	Available resources, information and educational programs at community centers, public libraries, churches, grocery stores, laundromats, and other places people frequent.
Behavioral Health — social isolation and depression	Community centers, more activities (fun, informational, educational), community health workers and navigators, advocates, volunteerism, buddy system, and in-school counselors or referral system.
Healthcare/medical costs	Advocacy, informational meetings.
Resource knowledge	Having resource information available where people frequent — community centers, public libraries, fire stations, and other governmental agencies, schools and the backpack program, places of worship, food pantries, service agencies, public parks, laundromats, restaurants, gas stations. Agencies offering services should be in communities developing relationships with people.
Overcoming everyday challenges	
Transportation	Having hospital and clinics provide transportation for patients. Use church and other agency busses for transportation to healthcare appointments (possibly subsidized by Texas Health Resources, churches, or agencies).
Housing	Abandoned apartment buildings being subsidized and redeveloped into affordable housing.
Healthy food options	Neighborhood and community gardens — neighbors helping neighbors, food pantries collaborating with community centers, further developing Meals on Wheels programs at community centers and other places that encourage socializing activities.

Southern Region PhotoVoice Project Findings

Erath County 76401/76402

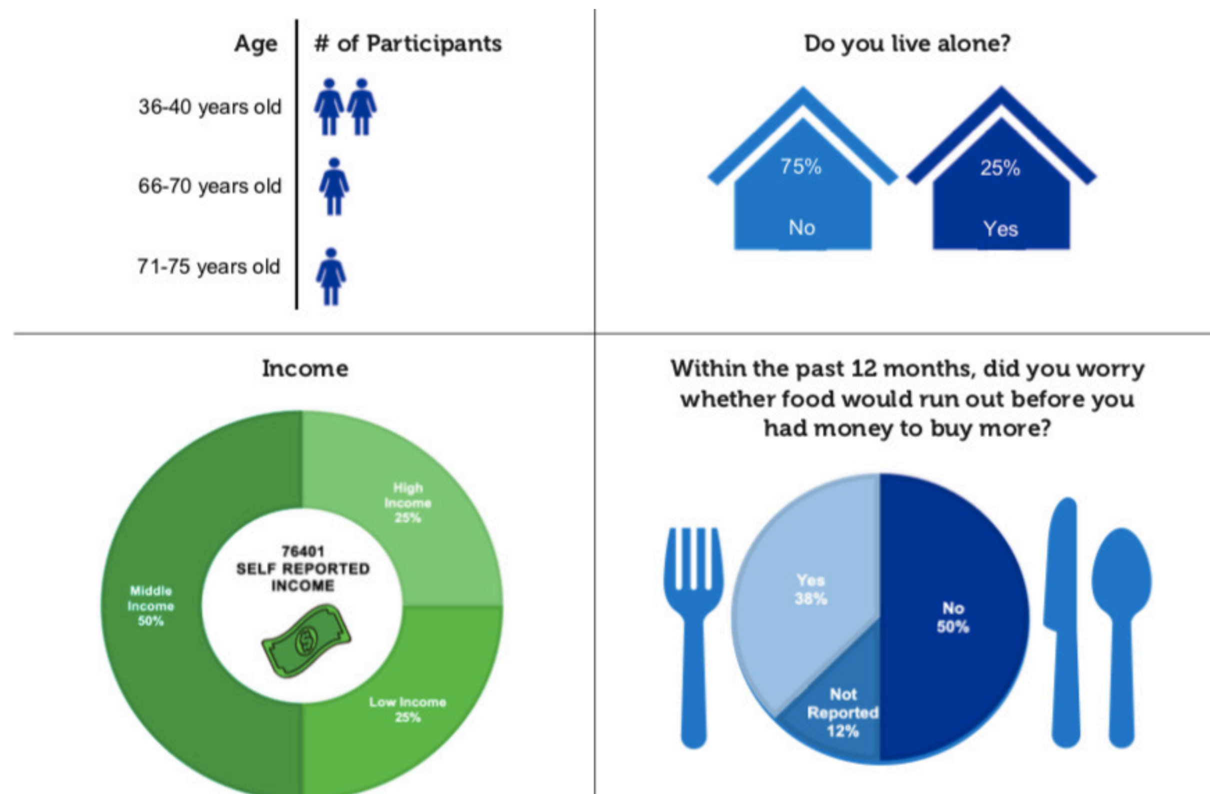
The PhotoVoice participants in Erath County were 4 volunteers who met at the Cross Timbers Fine Arts Council in Stephenville. The participants were adults between the ages of 36 and 71. Five participants attended the initial meeting, and four participants completed the program. Two participants completed college or technical school, one participant received their Ph.D., and one participant did not complete high school. Three of the participants reported having a healthcare provider they regularly see, while one participant reported going to the emergency department to receive health services. One participant also reported going to the emergency department and clinic in addition to a healthcare provider to receive health services regularly. Two participants reported having Medicare, two reported having private care, and one reported having a Health Maintenance Organization (HMO) insurance.

These participants were asked to photograph and write about where they think the best place to access and/or share information about health resources (that may not be available near their home) to help them live a healthy, happy, and safe life. The participants were also asked to think about where they go every day, once a week, or sometimes and where they could also get information about resources.

Figures 26 and 27 highlight community photos taken by participants as well as participant information.

FIGURE 26. COMMUNITY PHOTOS

FIGURE 27. PHOTOVOICE PARTICIPANT DEMOGRAPHICS AND SOCIAL DETERMINANTS OF HEALTH



Based on the PhotoVoice projects and session discussions the following themes emerged:

1. Resource information should be accessible in places where the target demographic frequents such as a local food store or pharmacy, library, public spaces (library, chamber of commerce, city government offices, and recreational parks), senior citizen centers, and non-profit organizations (HOPE for people with limited resources, HELP for healthcare, and school backpack program).

2. Utilize church buses during the week to provide transportation to those without or limited access and provide resource information as well.

The PhotoVoice project allowed Texas Health to further engage with community members in the Southern Region's prioritized zip codes to identify what the community perceived to be assets and challenges to living a healthy life. These projects highlighted community strengths, solutions to health problems, and opportunities for collaboration between Texas Health and local communities going forward.

> "[This project] helped me see things differently, you take things for granted, now a different focus, an eyeopener"

Data Limitations

A key part of any data collection and analysis process is recognizing potential limitations within the data considered. All forms of data have their own strengths and limitations. Each data source for this CHNA process was evaluated based on these strengths and limitations during data synthesis and should be kept in mind when reviewing this report. For both quantitative and qualitative data, immense efforts were made to include as wide a range of secondary data indicators, key informant experts, and community focus group participants as possible.

In addition to general data limitations within this process, there were two other challenges that were faced. Firstly, due to the exploratory nature of work in the zip codes that fell outside Texas Health's primary service area, there were challenges related to meaningfully engaging with community partners and stakeholders during qualitative data collection. This impacted the depth of information that was collected from these communities. Moving forward, more work needs to be done to actively engage these communities and develop deeper relationships with community partners and leaders.

Additionally, the diversity of this region resulted in unanticipated communication barriers during certain data collection efforts. In some instances, there were insufficient interpreters on site to aid with qualitative data collection. This affected participation within the groups and impacted the robustness of the data collected because participants were uncomfortable with the language barrier. To address this, Texas Health provided additional financial resources to overcome the language barrier. In the future, resources and planning efforts will aim to address these challenges from the start.

Opportunities for On-Going Work and Future Impact

While identifying barriers and disparities are critical components in assessing the needs of a community, it is equally important to understand the social determinants of health and other upstream factors that influence a community's health as well. The challenges and barriers faced by a community must be balanced by identifying practical, community-driven solutions. Together, these factors come together to inform and focus strategies to positively impact a community's health. The following section outlines opportunities for on-going work in the Southern Region as well as potential for future impact.

"If we are really going to transform health and health care, we must transform systems and communities. This is our opportunity to play a role in upstream issues that impact health and well-being."

— Catherine Oliveros, DrPH, Texas Health's vice president of Community Health Improvement

Disparities and Barriers

Significant community health disparities are assessed in both the primary and secondary data collection processes. Potential disparities in the Southern Region include people living below the poverty level, median household income, unemployment, and educational attainment. Erath County has a higher percentage of people living below the poverty level value than all other counties in the region as well as the Texas state value and the national value. Additionally, the median household income of Erath County is lower than all counterparts. Kaufman County has the highest percentage of unemployed workers in the civilian labor force, which is higher than all counties, the state value, and the national value. Johnson County has the lowest percentages of educational attainment in comparison to the other counties highlighted in the Southern Region. Identifying these data-driven disparities at the regional level helps to identify the social and economic disparities that can be improved.

Barriers to health and well-being that community leaders and residents raised across the primary data sources reinforced the findings in the secondary data disparities analysis. The primary barriers included:

- Reliable transportation to medical appointments
- Limited access to behavioral health services in the community
- Need for programs and services that provide health education and resource information
- Food insecurity

The disparities and challenges highlighted in this section should be viewed as opportunities for impact, which can be integrated within the work Texas Health has initiated. These areas of opportunity will be considered for future investments, collaborations and strategic plans, moving Texas Health closer towards our goal of building healthier communities.

Looking Ahead

A total of 41 high-need zip codes were initially prioritized across the five Texas Health Regions and will continue to inform the work being done here into the future. The purpose of the deeper dive into 16 community impact zip codes during this CHNA process was to purposefully identify areas of impact where place-based programs could be built, grown and replicated. While this strategically focused work is being implemented, Texas Health will continue working with TCHI Leadership Councils to revisit data findings and community feedback in an iterative process. Additional opportunities will be identified to grow and expand existing work in prioritized community impact zip codes as well as implementing additional programming in new areas. These on-going strategic conversations will allow Texas Health to build stronger community collaborations and make smarter, more targeted investments to improve the health of the people in the communities we serve. Please refer to the Appendix for a complete list of the 41 high-need zip codes.

Conclusion

The Community Health Needs Assessment for the Southern Region utilized a comprehensive set of secondary data indicators to measure the health and quality of life needs for Southern Region's primary service area and beyond. Furthermore, this assessment was informed by input from knowledgeable and diverse individuals representing the broad interests of the community. Texas Health Resources will review these priorities more closely during the Implementation Strategy development process and design a plan for addressing these prioritized need areas moving forward.

Texas Health Resources invites your feedback on this CHNA report to help inform the next Community Health Needs Assessment process. If you have any feedback or remarks, please send them to THRCHNA@texashealth.org

Appendices Summary

The following support documents are shared separately on the Texas Health Resources Community Health Improvement Website at https://www.texashealth.org/community-health

A. 2016 Texas Health Resources System-Wide CHNA Report

For the 2019 CHNA process, Texas Health built on key findings and achievements from the 2016 CHNA process and Implementation Strategy. The health categories of Behavioral Health, Chronic Disease, as well as Awareness, Health Literacy and Navigation were prioritized during the 2016 Texas Health CHNA. These indicators are still relevant for the 2019 CHNA as Texas Health continues to build on the work initiated in 2016. A copy of the 2016 Texas Health System-wide CHNA report has been included as a reference tool.

B. Texas Health High Need Zip Codes

This table highlights the 41 2016 CHNA high need zip codes from across the five Texas Health Regions. The 16 Community Impact zip codes were selected from this larger list of high need zip codes. Texas Health intends to continue to focus on these target zip codes in future work as represented in the 2020-2022 implementation strategy.

C. Detailed Methodology and Data Scoring Tables

A detailed overview of the Conduent HCI data scoring methodology and indicator scoring results from the secondary data analysis.

D. Community Data Collection Tools

Qualitative data collection tools that were vital in capturing community feedback during the 2019 CHNA process:

- Community Readiness Assessment Tool: Kaufman County Sample Document
- Windshield Survey Questionnaire: Sample Document
- IBM Watson Health: Focus Group Exercise
- UNT Focus Group: Facilitator Guide

E. Community Resources

Increased collaboration and broader regional involvement during the 2019 CHNA process established stronger relationships across the Texas Health's Health Service Area. This document highlights existing resources that organizations are currently using and available widely in the community.

F. Potential Community Partners

The tables in this section highlight potential community partners who were identified during the qualitative data collection process within each of the five Texas Health Regions.

G. Texas Health Resources PhotoVoice Final Report

This is the final, comprehensive report for the SOLUTIONS: A PhotoVoice Project that was implemented by Texas Health Resources as part of the 2019 CHNA process.