

2019 Community Health Needs Assessment

Texas Health Resources

APPENDIX DOCUMENTS



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.

2016

COMMUNITY HEALTH
NEEDS ASSESSMENT

Texas Health Resources

Community Health Needs Assessment

System-Wide Report

2016



Contents

FROM OUR CEO	3
EXECUTIVE SUMMARY	4
ABOUT TEXAS HEALTH RESOURCES	4
Mission, Vision and Values	4
COMMUNITY HEALTH NEEDS ASSESSMENT	4
TOP PRIORITY HEALTH NEEDS ACROSS TEXAS HEALTH’S SYSTEM LEVEL	6
TEXAS HEALTH’S 2016 CHNA OVERVIEW	7
MOST PRESSING HEALTH NEEDS AT A SYSTEM LEVEL	8
MENTAL HEALTH & SUBSTANCE ABUSE	8
Secondary Data Findings	8
Community Input Findings	9
Data-Synthesis Conclusions	10
EXERCISE, NUTRITION, & WEIGHT	11
Secondary Data Findings	11
Community Input Findings	13
Data Synthesis Conclusions	13
ACCESS TO HEALTH SERVICES & HEALTH LITERACY & NAVIGATION	14
Secondary Data Findings	14
Community Input Findings	15
Data Synthesis Conclusions	16
COMMUNITY VOICES – SUGGESTIONS FROM KEY INFORMANTS	17
CONCLUSION	18
APPENDIX A. 2016 CHNA HEALTH PRIORITIES BY FACILITY	19
APPENDIX B: POOREST PERFORMING INDICATORS FOR PRIORITY HEALTH NEEDS	20
APPENDIX C: QUOTES FROM KEY INFORMANTS ON MENTAL HEALTH & SUBSTANCE ABUSE	24
APPENDIX D. QUOTES FROM KEY INFORMANTS ON EXERCISE, NUTRITION, & WEIGHT	28
APPENDIX E. QUOTES FROM KEY INFORMANTS ON ACCESS TO HEALTH SERVICES & HEALTHCARE NAVIGATION & LITERACY	31
APPENDIX F. ABOUT HCI & AUTHORS	34
ABOUT HEALTHY COMMUNITIES INSTITUTE	34
REPORT AUTHORS	34
TEXAS HEALTH RESOURCES PROJECT TEAM	34

From Our CEO

Texas Health Resources takes seriously our commitment to our community.

As we build programs to meet the specific needs of our communities, we develop a Community Health Needs Assessment every three years. This assessment involves a survey of community members and local government and civic officials to determine the greatest needs of individuals – body, mind and spirit.

As one example of our commitment to the communities we serve, Texas Health is the largest provider of Behavioral Health services in the state of Texas. Without these services, which have historically been inadequate in North Texas and throughout the state, countless Texans would have to deal with the significant consequences of behavioral health conditions on their own. The Community Health Needs Assessment highlights the need across North Texas for behavioral health services. Addressing the health needs of this population helps ease the burden of other health providers in North Texas and, most importantly, helps improve the quality of life and well-being of those suffering from behavioral health issues.

Over the next few months we'll be developing a detailed implementation plan around behavioral health and other identified community needs. By working with local community groups and government organizations we can maximize our investment of time and resources to fulfill our Mission to improve the health of the people in the communities we serve.

Thank you for taking the time to read our Community Health Needs Assessment. I encourage you to reach out to David Tesmer, senior vice president Community Engagement & Advocacy, at 682-236-7937 with your feedback and input.

By working together, we can provide greater benefit to individuals in our community who need our support to improve their health and well-being.

Sincerely,



Barclay Berdan
Chief Executive Officer

Executive Summary

ABOUT TEXAS HEALTH RESOURCES

Texas Health Resources is one of the largest faith-based, nonprofit health care delivery systems in the United States and the largest in North Texas in terms of patients served. The system's primary service area consists of 16 counties in north central Texas, home to more than 6.8 million people. Texas Health was formed in 1997 with the assets of Fort Worth-based Harris Methodist Health System and Dallas-based Presbyterian Healthcare Resources. Later that year, Arlington Memorial Hospital joined the Texas Health system. Texas Health has 24 acute-care and short-stay hospitals that are owned, operated, joint-ventured or affiliated with the system. It has more than 3,800 licensed beds, more than 20,500 employees of fully-owned/operated facilities plus 2,100 employees of consolidated joint ventures, and counts more than 5,500 physicians with active staff privileges at its hospitals.

MISSION, VISION AND VALUES

Mission

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

Vision

Texas Health Resources, a faith-based organization joining with physicians, will be the health care system of choice.

Values

- **Respect** – Respecting the dignity of all persons, fostering a corporate culture characterized by teamwork, diversity and empowerment.
- **Integrity** – Conduct our 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 our service through education, research, competent and innovative personnel, effective leadership and responsible stewardship of resources.

DIVERSITY STATEMENT

We will provide and maintain a fair and equitable environment for all by valuing and respecting individual differences for our enrichment and that of the communities we serve.

COMMUNITY HEALTH NEEDS ASSESSMENT

As stated in the Affordable Care Act, the IRS requires all non-profit hospitals to complete a Community Health Needs Assessment (CHNA) every 3 years. This report summarizes the 2016 CHNA findings, at a system level, for 23 of Texas Health's wholly-owned, non-profit and joint venture hospitals.

The following is a list of the Texas Health facilities included in this assessment and their service area zones and counties:

Facility	Service Area County(ies)
North Zone	
Texas Health Allen	Collin
Texas Health Plano	
Texas Health Diagnostics & Surgery	
Texas Health Denton	Cooke & Denton
Texas Health Flower Mound	Denton
Texas Health Alliance	Tarrant
Texas Health HEB	
Texas Health Southlake	
Southeast Zone	
Texas Health Dallas	Dallas
Texas Institute for Surgery	
Texas Health Rockwall	Dallas & Rockwall
Texas Health Kaufman	Kaufman
Southwest Zone	
Texas Health Arlington Memorial	Dallas & Tarrant
Texas Health Heart & Vascular	
Texas Health Stephenville	Erath
Texas Health Cleburne	Johnson
Texas Health Huguley	
Texas Health Azle	Parker & Tarrant
USMD Fort Worth	
Texas Health Fort Worth	Tarrant
Texas Health Specialty	
Texas Health Southwest	
USMD Arlington	

Texas Health partnered with [Healthy Communities Institute](#) (HCI) to complete the CHNA for each facility listed above through the following steps:

- Demographic analysis by zip code tabulation area
- Secondary data analysis of health indicators available on the [Healthy North Texas Dashboard](#)
- Community input data collection and analysis via key informant interviews, focus groups, and a community survey
- Synthesis of secondary data and community input data to identify most pressing health needs
- Prioritization of health needs using standard criteria elected by Texas Health
- Authoring CHNA Reports

TOP PRIORITY HEALTH NEEDS ACROSS TEXAS HEALTH'S SYSTEM LEVEL

The IRS requires that health needs identified during the CHNA are prioritized using a clearly defined set of criteria. The most commonly prioritized health needs amongst the 23 Texas Health facilities participating in the assessment were compiled to identify the top priority health needs across the Texas Health system. The top priority health needs are listed in order below:

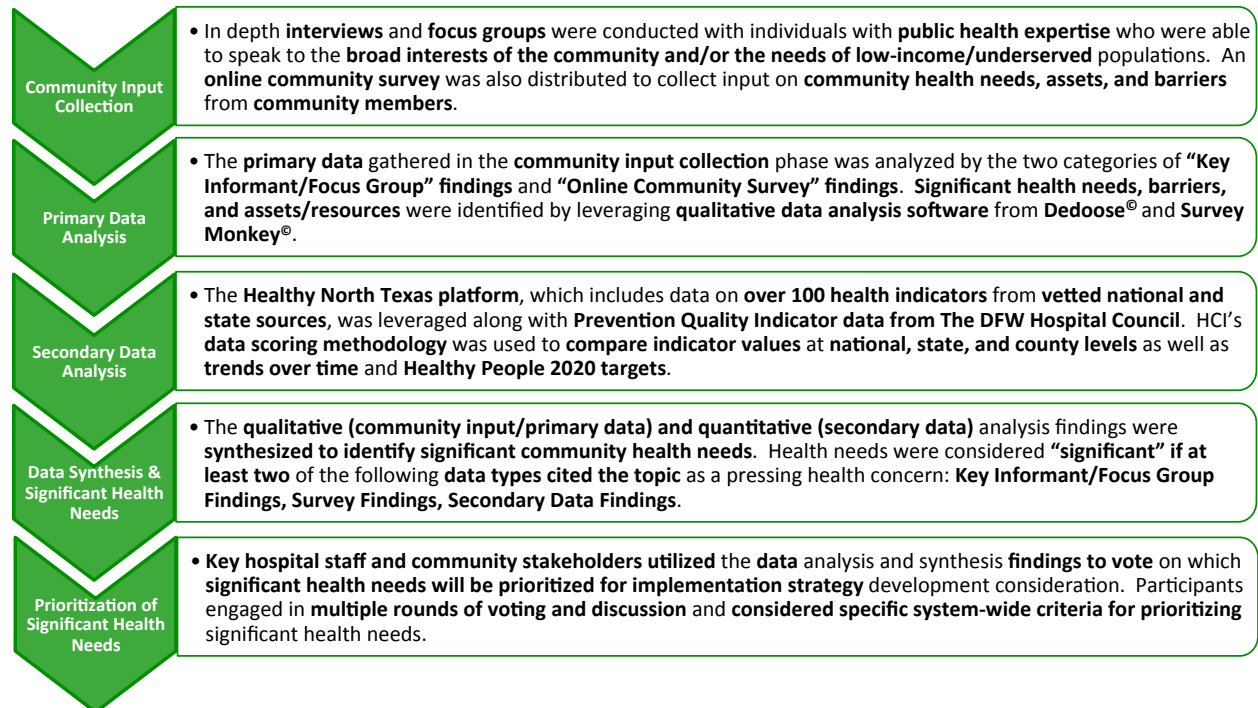
- **Mental Health & Substance Abuse**
- **Exercise, Nutrition, & Weight**
- **Access to Health Services and Healthcare Navigation & Literacy**

This report will highlight data findings and explore key themes relevant to each of the most commonly prioritized health needs highlighted above.

Texas Health's 2016 CHNA Overview

Each of the CHNA project steps that were undertaken for the 23 facilities are outlined below in Figure 1:

Figure 1: CHNA Project Steps



To objectively prioritize the health needs identified by the data analysis and synthesis, each Texas Health facility used the following criteria:

- Alignment with National, State, or Local Initiatives:** Does the health issue align with larger public health improvement efforts?
- Magnitude:** Does the issue affect a large percentage of your service area’s population?
- Economic Burden on Community:** Does the health issue cause financial strain on individuals or the community as a whole?
- Severity:** Is there a high probability of complications (morbidity & mortality) associated with health issue?
- Opportunity to Intervene at Prevention Level:** Can we address the health issue before it gets exacerbated?

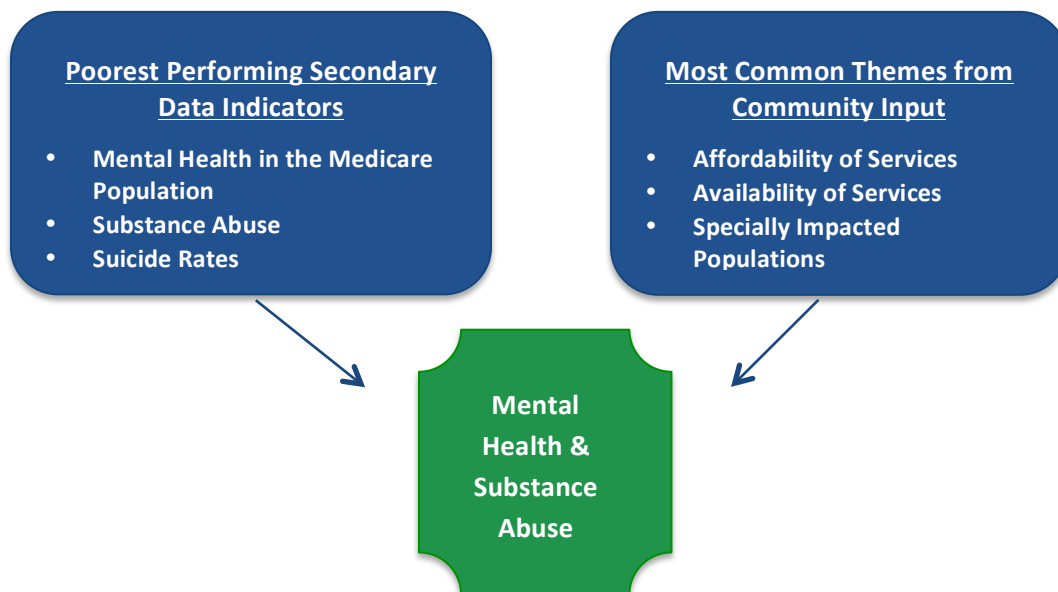
The most frequently prioritized health needs among the 23 Texas Health facilities are (in order): **Mental Health and Substance Abuse; Exercise, Nutrition, and Weight; and Access to Health Services and Healthcare Navigation and Literacy**. A full list of the prioritized needs by facility is included in Appendix A. This report explores common health drivers found in the secondary data and community input findings for the top priority health needs at the Texas Health system level.

Most Pressing Health Needs at a System Level

MENTAL HEALTH & SUBSTANCE ABUSE

For the purposes of HCI's secondary data analysis, mental health and substance abuse (inclusive of tobacco use) were analyzed as two separate and distinct topic areas. Many Texas Health facilities expressed interest in addressing the two topics in an integrated way, therefore mental health and substance abuse are addressed together here in an effort to create a more comprehensive representation of the data, and for integration into implementation strategy development. The most common drivers of mental health and substance abuse issues are listed in Figure 2 below:

Figure 2. Most Common Health Drivers for Mental Health, Mental Disorders, & Substance Abuse



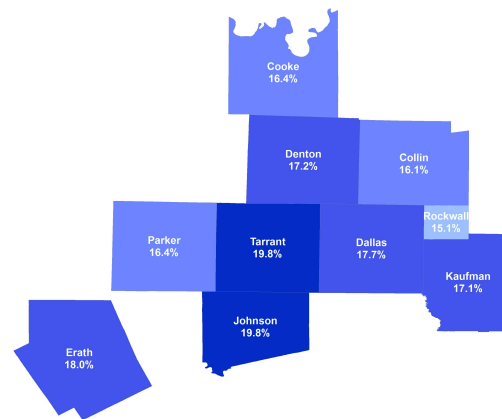
SECONDARY DATA FINDINGS

A summary of the poorest performing indicators at a system level can be found below. The specific values for each indicator, listed by county name, can be found in Appendix B.

- **Alzheimer's Disease** – All 10 counties have high treatment rates of Alzheimer's Disease or Dementia in the Medicare population, exceeding the U.S. value of 9.8%. While this data is measuring treatment rates, this can roughly be interpreted as prevalence rates within the Medicare population group.

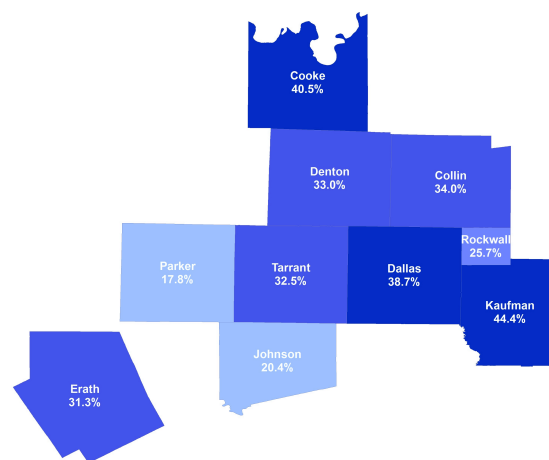
- **Depression** - Nine of the 10 counties in this assessment have higher treatment rates of depression in the Medicare population than the overall U.S. value of 15.4%. While this data is measuring treatment rates, this can be interpreted as prevalence rates, though this may underreport. In addition, while it strictly applies to the Medicare population, the indicator may serve as a proxy for depression issues in the remainder of the general population as well. Tarrant and Johnson counties have the highest rates of depression, as seen in Figure 3.

Figure 3: Depression in the Medicare Population



- **Substance Abuse** – Cigarette smoking is an issue. Only Dallas and Tarrant report data on adults who smoke, but neither meets the Healthy People 2020 target to reduce adult smoking to 12.0%. In addition, over half of the counties have a higher percentage of motor vehicle crash deaths that involve alcohol compared to the Texas state value at 32.8%, with Kaufman, Cooke, and Dallas emerging as counties with the greatest alcohol involvement in motor vehicle crashes, as shown in Figure 4.

Figure 4: Alcohol-Impaired Driving Deaths



COMMUNITY INPUT FINDINGS

Mental health and substance abuse in their communities was the most commonly cited issue among all key informants. The most frequently mentioned drivers for mental health and substance abuse are listed below. Direct quotes from key informants can be found in Appendix C:

- **Affordability of Services** – Many key informants cited cost as a barrier to accessing mental health services and mentioned a lack of affordable mental health care as an issue in their communities. Some key informants mentioned income and insurance as barriers to accessing mental health services and a lack of affordable facilities for the uninsured. Key informants also discussed the need for access to ongoing and affordable mental health care, and difficulties getting medication.
- **Availability of Services** – Many key informants noted a shortage of mental health providers and services and a lack of programs, facilities, and resources in the community, including not enough services for complex mental health issues or integrative treatment. Key informants mentioned long wait times for counseling and other services. Some key informants discussed a need for support and education around dementia, behavioral health issues amongst children, and education for pregnant women on postpartum depression. Many key informants specified there is a lack of mental health

assessment/screening availability and cited specific mental health issues of concern in their community including anxiety, stress, and depression.

- **Specially Impacted Populations** – Key informants cited cultural barriers to accessing care due to stigma associated with mental illness and behavioral health needs, and the need for culturally-sensitive education about mental health for the community. Key informants are especially concerned that the lack of mental health resources has a high impact on specific populations, including children, minorities, veterans, and victims of domestic violence and the populations below:
 - *Teens and Adolescents* – Key informants lamented a lack of education and prevention regarding suicide in schools.
 - *Homeless Population* – Key informants spoke of the need for resources to address issues such as depression, bipolar and schizoaffective disorders, and job employment support for those who have been stabilized. Others cited mental health and substance abuse as contributing to homelessness in the community.
 - *Refugees* – Key informants cited undiagnosed PTSD and depression as issues stemming from a lack of services, resources, and psychiatric care.
 - *Older Adults* – Key informants discussed the need for more resources for dementia and Alzheimer’s disease, including memory care facilities and adult daycare.

A Closer Look at Substance Abuse

The most common overlapping theme concerning mental health was substance abuse. The co-occurrence of substance abuse with mental health issues came up frequently with key informants as an area of concern. This section highlights the drivers of substance abuse in the community. Direct quotes from key informants can be found in Appendix C:

- **Smoking/Tobacco Cessation** – Many key informants cited tobacco smoking rates as still being high. Key informants were also concerned that e-cigarette usage appears to be increasing.
- **Drug & Alcohol Abuse** – Key informants cited high rates of prescription drug abuse, Methamphetamine use, and concern with use of pain medication. Some discussed the perception that heroin was “on the comeback.” Others mentioned drug and alcohol abuse amongst teens and the impact of substance abuse in parents/caregivers on children’s health.
- **Stigma** – Key informants frequently mentioned how stigma is associated with addiction and impacts whether people seek treatment.
- **Lack of Resources** – Key informants discussed a general lack of resources, especially in affordable inpatient treatment for substance abuse issues. There is a need for more services and treatment centers. Limited services exist for detox/rehabilitation/harm reduction.

DATA-SYNTHESIS CONCLUSIONS

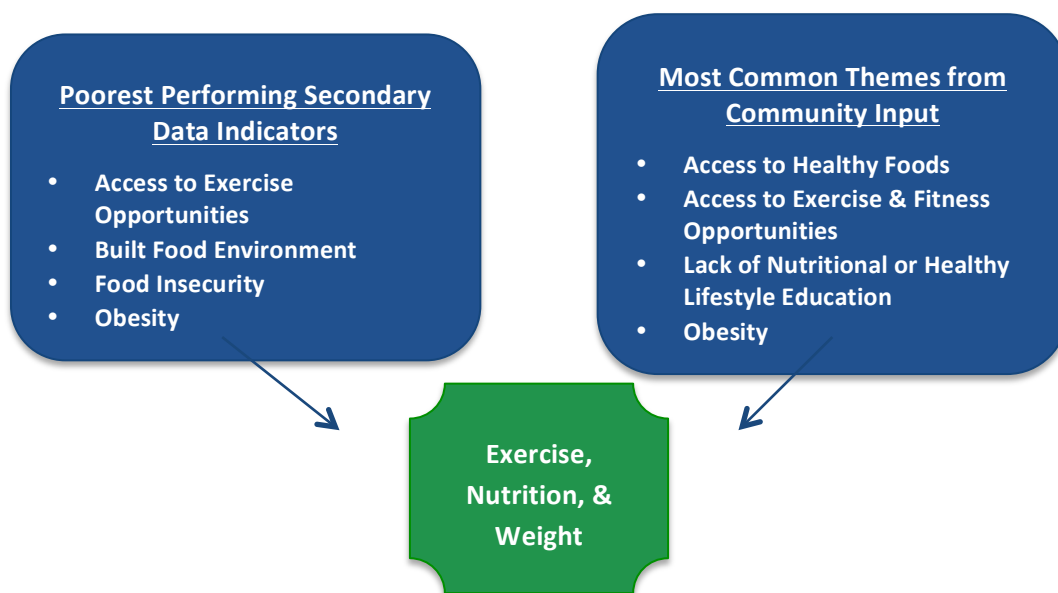
Common themes from both primary & secondary data include issues related to dementia, depression, tobacco use, and alcohol use. Community input sheds more light on substance abuse issues within the community, as well as access and resources issues related to mental health and substance abuse treatment. Secondary data relating to mental health and substance abuse indicate there is a real need

for services, and community members lament a lack of accessible and affordable care and treatment options to meet their community's needs. There are certain subsets of the population who are more impacted by mental health and substance abuse and may require a specialized approach in accessing services. Special attention to the older adult and aging population may be worthwhile given that health issues related to older adults and aging were prioritized by 12 of the 23 Texas Health Facilities in this assessment (see Appendix A).

EXERCISE, NUTRITION, & WEIGHT

The health topic of exercise, nutrition, and weight was comprised of almost 20 separate health indicators that touched on topics ranging from individual behavior and weight status to the built environment. Analysis of the most common poorly performing indicators and themes from community input led to the identification of key drivers among exercise, nutrition, & weight needs, highlighted below in Figure 5.

Figure 5. Most Common Health Drivers for Exercise, Nutrition, & Weight

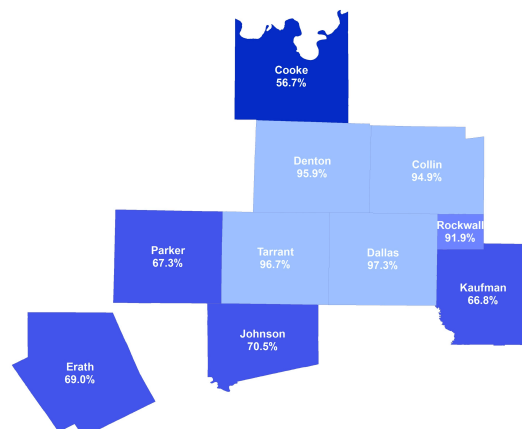


SECONDARY DATA FINDINGS

A summary of the poorest performing indicators at a system level can be found below. The specific values for each indicator listed by county name can be found in Appendix B.

- **Access to Exercise Opportunities** - Proximity to exercise opportunities, such as parks and recreation facilities, has been linked to an increase in physical activity among residents. As seen in Figure 5, five counties within the

Figure 5: Access to Exercise Opportunities



Texas Health service area have at least 91% of residents living within a reasonable distance to a park or recreational facility. However, the five counties on the periphery of the Texas Health service area only report a range of 56.7%-70.5% of residents having reasonable access to exercise opportunities.

- Built Food Environment** – The availability and affordability of healthy and varied food options in the community increase the likelihood that residents will have a balanced and nutritious diet. However, most if not all counties in the service area struggle in this area, especially in the lack of availability of farmers markets, SNAP certified stores, and grocery stores per 1,000 population and the overabundance of fast food restaurants per 1,000 population.
- Food Insecurity** – The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Poverty and unemployment are frequent predictors of food insecurity in the U.S. Over 16.6% of residents of all counties except Rockwall experienced food insecurity at some point in the past year, which is higher than the national average at 15.8%. Dallas and Erath counties had the highest rates within the service area, as seen in Figure 6. Furthermore, children in all counties experienced food insecurity at higher rates than the national average of 21.4%, with Dallas, Erath, and Cooke emerging with the highest rates within the service area as illustrated in Figure 7.
- Obesity** – Only two counties reported data on adults who are obese, but of these, both Dallas and Tarrant have higher rates of obesity at 30.6% and 29.4% compared to the U.S. overall at 27.6%. Additionally, more than half of the counties in the service area had

Figure 6: Food Insecurity Rate

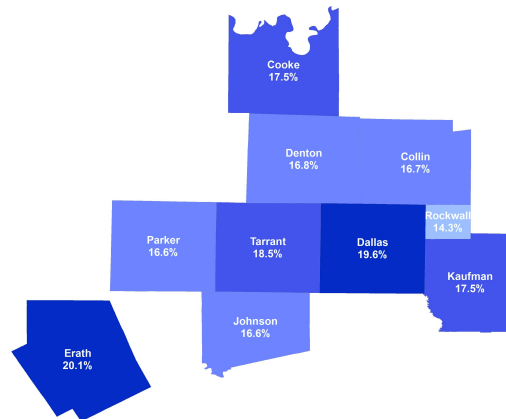


Figure 7: Child Food Insecurity Rate

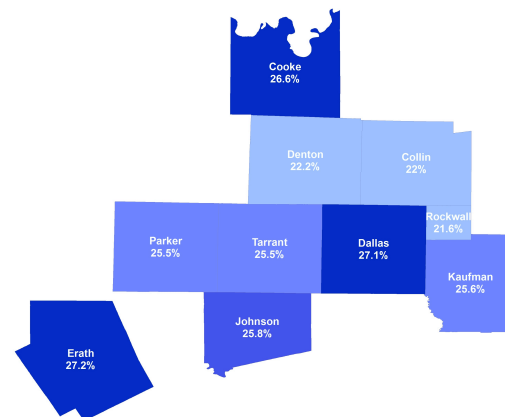
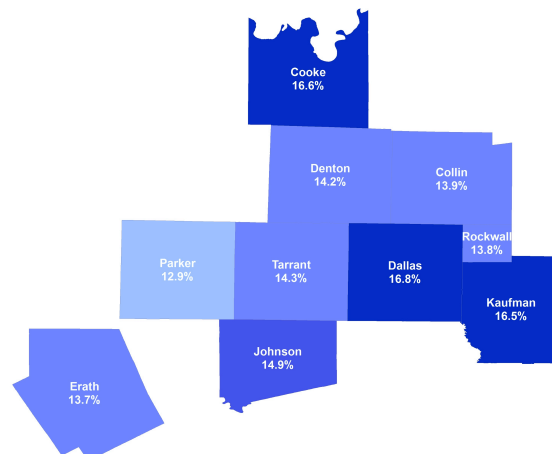


Figure 8: Low-Income Preschool Obesity



higher rates of obesity among low-income preschool-aged children than the median value of all U.S. counties at 13.9%. Overweight and obese youth are more likely than normal weight peers to be overweight or obese adults and are therefore at risk for the associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis. As demonstrated in Figure 8, Dallas, Kaufman, and Cooke experience the highest rates of low-income preschool obesity within the service area.

COMMUNITY INPUT FINDINGS

Key informants frequently mentioned exercise, nutrition, and weight as issues in the community. The most frequently mentioned drivers for exercise, nutrition, and weight are listed below. Direct quotes from key informants can be found in Appendix D:

- **Access to Healthy Food** – Key informants brought up a lack of access to healthy food options and the high cost of fresh food. Some mentioned food insecurity and food deserts in their community, while others spoke of a need for farmer’s markets and community gardens. Key informants perceive a high prevalence of fast food restaurants and a high rate of consumption of fast food in their communities.
- **Access to Exercise/Fitness Opportunities** – Key informants discussed a need for more walking and biking paths, as improved infrastructure and built environment would encourage increased activity. Others mentioned issues of physical activity and public safety, noting that there is a lack of safe parks in their community. For others, they mentioned cost as a deterrent, citing the need for more affordable gyms and recreational activities.
- **Lack of Nutritional or Healthy Lifestyle Education** – Key informants believe a lack of education surrounding nutrition and health is contributing to poor eating habits and lifestyle choices. Healthy cooking classes or other types of classes are desired to support the community in making healthy changes to their lifestyle.
- **Obesity** – Key informants frequently mentioned obesity as a problem in the community. Some key informants brought up sedentary lifestyle and excessive screen time as key contributors to the issue. While some communities are concerned with obesity in both children and adults, others are most concerned with childhood obesity.

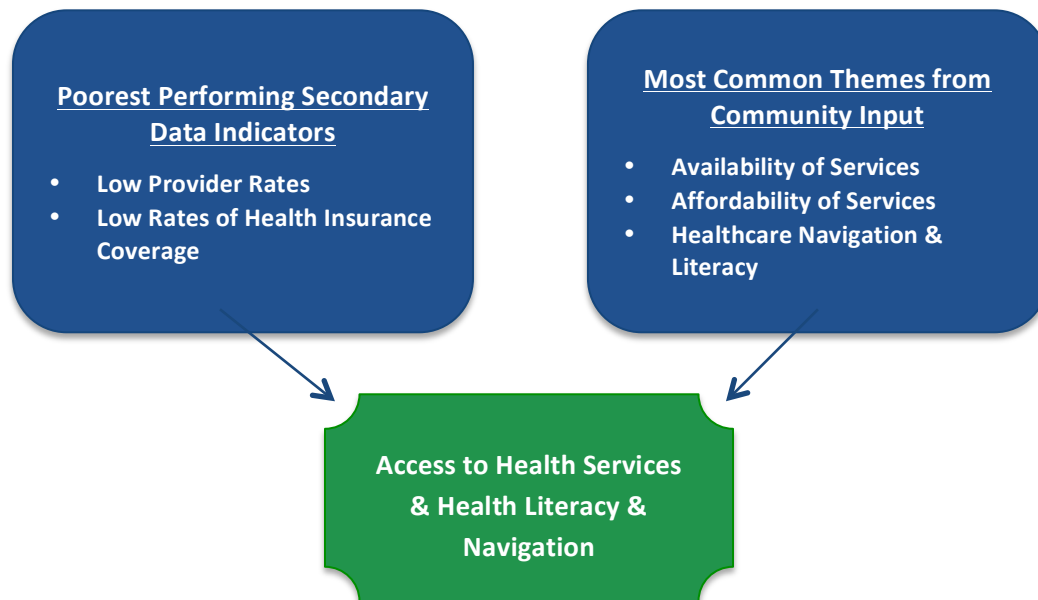
DATA SYNTHESIS CONCLUSIONS

Data from both secondary and community input sources corroborate each other on the common themes of the availability of healthy foods, the built environment, and obesity. Food insecurity rates are relatively high across the Texas Health service area. There is limited accessibility of farmer’s markets and SNAP certified stores that provide healthier dietary options, yet there is an abundance of fast food restaurants. Many communities have built environments that do not lend themselves to accessing healthy foods and provide limited exercise opportunities, and childhood obesity rates across much of the Texas Health service area are higher than the national average.

ACCESS TO HEALTH SERVICES & HEALTH LITERACY & NAVIGATION

As health literacy and navigation are intrinsically tied to accessing health services, the topics are presented together in this report. Secondary data indicators related to access to health services have been analyzed and synthesized with community input data related to accessing health services, health literacy, and health system navigation to identify the key themes and common drivers outlined below in Figure 9.

Figure 9. Most Common Health Drivers for Access to Health Services & Health Literacy & Navigation

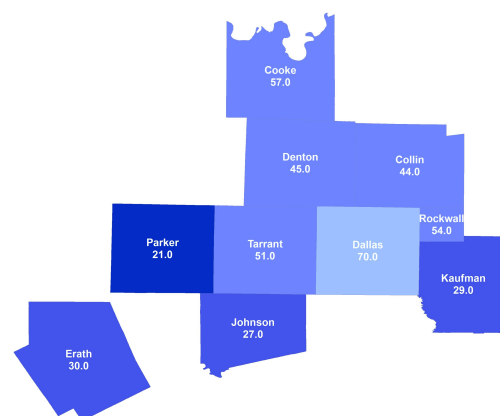


SECONDARY DATA FINDINGS

While there was limited secondary data availability on indicators related to access to health services across the 10 counties, a summary of the poorest performing indicators at a system level can be found below. The specific values for each indicator listed by county name can be found in Appendix B.

- **Low Provider Rates** – Over half of the 10 counties had lower non-physician primary care provider rates than the overall Texas state value of 53 non-physician primary care providers per 100,000 population; Parker County had the lowest rate at nearly half the state value, as illustrated in Figure 10.
- **Low Rates of Health Insurance Coverage** – Overall, the counties in the service area experience lower rates of insurance as compared to the U.S., as shown in Table 1. More adults in

Figure 10: Non-Physician Primary Care Providers per 100,000 Population



over half of the counties did not have health insurance compared to the U.S. overall, and more children in all counties had no health insurance coverage than compared to the U.S. overall. In addition, all counties fail to meet the Healthy People 2020 Target of insuring 100% of individuals.

Note: Indicator data on health insurance coverage rates was unavailable for Cooke and Erath Counties.

Table 1. Health Insurance Rates for Adults and Children

	U.S.	Texas	Collin	Cooke	Dallas	Denton	Erath	Johnson	Kaufman	Parker	Rockwall	Tarrant
Adults with Health Insurance	83.7	74.3	85.9	-	69.8	82.9	-	74.5	74.4	82.4	87.4	76.1
Children with Health Insurance	94.0	89.0	93.6	-	86.7	90.9	-	89.5	88.7	90.1	93.3	90.3

COMMUNITY INPUT FINDINGS

Access to health services was a frequently cited issue among key informants, and the most common barrier when discussing access to care was healthcare navigation & literacy. The most commonly mentioned drivers for these issues are listed below. Direct quotes from key informants can be found in Appendix E.

- **Affordability of Services** – Key informants frequently mentioned cost as a barrier to accessing health care, often citing the high cost of health premiums and prescription medication. There is a perceived need for more affordable healthcare and clinic options, especially in areas that have growing populations who are underserved and uninsured. Many families are on fixed incomes and need more access to affordable, quality preventive services. Populations of particular concern for affording care include young mothers, the elderly, and families providing care for loved ones at home.
- **Availability of Services** – Key informants cited a lack of access to primary care physicians, pediatricians, and specialists. Key informants discussed the current shortage of providers accepting Medicaid/Medicare, especially the lack of specialists who accept these forms of insurance, and a lack of dental services for the uninsured. Key informants mentioned the need for more availability of preventive health testing and screenings. They also spoke of the need for longer hours for urgent care, access to 24-hour clinics, and improved care coordination. Other barriers to care that key informants mentioned were appointment-scheduling difficulties, as well as long wait times and restricted hours. Key informants also mentioned limited transportation options impacting the ability to access health services, specifically for the disabled population.
- **Healthcare Navigation & Literacy** – Key informants felt there is a lack of education on available resources, which can result in difficulty navigating the healthcare system, and a need for more coordinated health care. Some key informants believe there is work to be done to combat fear, stigma, and cultural competency issues. Further resources to overcome prevalent language and cultural barriers are needed, as well as improved education on preventive care and medication to improve compliance. Key informants cited issues with ER overutilization, especially in the low-income population, who have difficulty accessing and navigating the system. Some key informants spoke of a need for better coordination and awareness of services that accept Medicare and Medicaid.

DATA SYNTHESIS CONCLUSIONS

It is clear that findings from both secondary and community input data reinforce each other. Low rates of healthcare providers seen in the secondary data reinforce the lack of availability of services cited by key informants, and low rates of insurance coverage may contribute to the difficulty in accessing affordable care. Low rates of providers in general, coupled with the fact that many existing providers do not accept Medicare/Medicaid may make it difficult for many demographic subpopulations to access care. Additionally, key informants expressed concern for people in the community with low health literacy and a belief that many people have difficulty navigating the health system, especially those that may encounter language or cultural barriers. According to key informants, there is a perception that people simply do not know what is available to them, or how to access available resources. Even for those who do know what services are available, issues such as location, hours, cost, and lack of transportation prevent them from accessing it.

Community Voices – Suggestions from Key Informants

As part of the CHNA process, key informants were asked if they had any advice or suggestions for someone developing a plan to address the most pressing health needs in their service area. Most advice focuses on continued or further collaboration and not “reinventing the wheel,” leveraging current resources to meet needs. Many key informants lauded current partnership with Texas Health and hope to continue working together and supporting the community to improve health outcomes. Direct quotes from the key informants can be found in Figure 11 below:

Figure 11. Suggestions from Key Informants



Conclusion

The Community Health Needs Assessment is the first step for institutions looking to address the health needs of their community in a comprehensive way. CHNAs provide hospitals a robust measure to assess the needs of their whole community, including the needs of medically underserved and minority populations. Texas Health's system-wide CHNA efforts included the analysis and synthesis of over 100 quantitative health indicators with robust qualitative data gathered through interviews and focus groups with over 75 individuals representing community based organizations, the faith-based community, health care professionals, local school systems, and local governments and health departments. A community survey distributed across the Texas Health system also garnered over 3,000 responses and helped shed light on pressing community health issues. Each of the 23 Texas Health facilities included in this assessment took this data into account in order to prioritize the health needs of the communities they serve. Mental health and substance abuse; exercise, nutrition, and weight; and access to health services and healthcare navigation and literacy were found to be the most pressing health needs across Texas Health's service area.

While each of the priority health needs included in this report may have unique root causes and require a specialized and targeted approach to improve relevant health outcomes, it is worth noting that there were overlapping themes within each topic area around a lack of affordable and accessible healthcare resources. Concerted efforts to encourage more providers in Texas Health's service area to accept Medicare/Medicaid, expanded clinic hours that allow patients to seek care outside of normal business hours, stronger linkages with community based organizations that provide culturally competent care at free or reduced rates, and public education regarding available health resources and how to navigate the health system are all recommended.

Appendix A. 2016 CHNA Health Priorities by Facility

THR System-Level Priority Health Topics for 2016 CHNA						
Facility	County(ies)	Priority Needs				Notes:
North Zone						
Texas Health Allen	Collin	Diabetes	Exercise, Nutrition, & Weight	Mental Health & Mental Disorders		Overarching themes of Healthcare Navigation & Literacy; Children's Health
Texas Health Alliance	Tarrant	Mental Health & Mental Disorders	Older Adults & Aging	Exercise, Nutrition, & Weight	Diabetes	
Texas Health Denton	Denton & Cooke	Mental Health & Mental Disorders & Substance Abuse	Access to Health Services	Exercise, Nutrition, & Weight	Diabetes	Transportation, Language/Cultural Barriers, Navigation& Literacy to be included as themes within Access
Texas Health HEB	Tarrant	Children's Health	Exercise, Nutrition, & Weight	Mental Health & Mental Disorders		Overarching themes of healthcare navigation & literacy and transportation
Texas Health Plano	Collin	Access to Health Services/Healthcare Navigation & Literacy	Exercise, Nutrition, & Weight	Mental Health & Mental Disorders & Substance Abuse	Older Adults & Aging	Overarching themes of Transportation, Lack of Insurance Coverage, & Cost for Access to Health Services
Texas Health Diagnostics & Surgery	Collin	Access to Health Services/Healthcare Navigation & Literacy	Exercise, Nutrition, & Weight	Mental Health & Mental Disorders & Substance Abuse	Older Adults & Aging	Overarching themes of Transportation, Lack of Insurance Coverage, & Cost for Access to Health Services
Texas Health Flower Mound	Denton	Mental Health & Mental Disorders & Substance Abuse	Access to Health Services	Exercise, Nutrition, & Weight	Diabetes	Transportation, Language/Cultural Barriers, Navigation& Literacy to be included as themes within Access
Texas Health Southlake	Tarrant	Mental Health & Mental Disorders	Older Adults & Aging	Exercise, Nutrition, & Weight	Diabetes	
Southeast Zone						
Texas Health Dallas	Dallas	Diabetes	Mental Health & Mental Disorders	Exercise, Nutrition, & Weight	Older Adults & Aging	
Texas Health Kaufman	Kaufman	Access to Health Services & Transportation	Older Adults & Aging	Healthcare Navigation & Literacy/Language & Cultural Barriers		
Texas Institute for Surgery	Dallas	Diabetes	Mental Health & Mental Disorders	Exercise, Nutrition, & Weight	Older Adults & Aging	
Texas Health Rockwall	Rockwall & Dallas	Children's Health	Mental Health & Mental Disorders & Substance Abuse	Older Adults & Aging		Healthcare Navigation & provider shortages will be themes within Older Adults & Aging
Southwest Zone						
Texas Health Arlington Memorial	Tarrant & Dallas	Mental Health & Mental Disorders	Healthcare Navigation & Literacy	Older Adults & Aging		
Texas Health Azle	Tarrant & Parker	Exercise, Nutrition, & Weight	Heart Disease	Access to Health Services		
Texas Health Cleburne	Johnson	Mental Health & Mental Disorders & Substance Abuse	Diabetes			Exercise, Nutrition, & Weight to be included as themes for Diabetes
Texas Health Fort Worth	Tarrant	Access to Health Services	Mental Health & Mental Disorders	Exercise, Nutrition, & Weight		Healthcare Navigation & Literacy, Economy, & Transportation to be included with Access to Health Services; Exercise, Nutrition, & Weight will focus on management and prevention of chronic conditions
Texas Health Speciality	Tarrant	Access to Health Services	Mental Health & Mental Disorders	Exercise, Nutrition, & Weight		Healthcare Navigation & Literacy, Economy, & Transportation to be included with Access to Health Services; Exercise, Nutrition, & Weight will focus on management and prevention of chronic conditions
Texas Health Southwest	Tarrant	Heart Disease	Exercise, Nutrition, & Weight	Diabetes	Healthcare Navigation & Literacy	
Texas Health Stephenville	Erath	Access to Health Services	Exercise, Nutrition, & Weight	Mental Health & Mental Disorders		
Texas Health Heart & Vascular	Tarrant & Dallas	Mental Health & Mental Disorders	Healthcare Navigation & Literacy	Older Adults & Aging		
Texas Health Huguley	Johnson	Access to Health Services	Mental Health & Mental Disorders	Exercise, Nutrition, & Weight	Older Adults & Aging	
USMD Arlington	Tarrant	Mental Health & Mental Disorders	Healthcare Navigation & Literacy	Older Adults & Aging		
USMD Fort Worth	Tarrant & Parker	Heart Disease	Exercise, Nutrition, & Weight	Diabetes	Healthcare Navigation & Literacy	

Appendix B: Poorest Performing Indicators for Priority Health Needs

This appendix contains the secondary data indicators and values that make up the top prioritized health needs that emerged across the service area. Indicators for each county were scored against available comparisons, summarizing how each county compares to the other counties in Texas and in the U.S., the state value and the U.S. value, Healthy People 2020 targets, and the trend over the four most recent time periods of measure. Data scoring methodology ranks indicators from 0 to 3, where 0 is the best possible score and 3 is the worst possible score. For the purposes of this report, only indicators that scored above 1.5 for at least half of data-reporting counties are discussed in detail. The poorest performing indicators and their values for each county are highlighted in the table below, with the darkest red indicating the counties with the poorest performing indicator values.

Mental Health & Substance Abuse											
Secondary Data Indicator	Unit	Collin	Cooke	Dallas	Denton	Erath	Johnson	Kaufman	Parker	Rockwall	Tarrant
Adults who Binge Drink	percent	-	-	16.3	-	-	-	-	-	-	17.7
Adults who Smoke	percent	-	-	16.2	-	-	-	-	-	-	20.0
Age-Adjusted Death Rate due to Suicide	deaths/100,000 population	10.0	19.4	10.6	10.0	12.6	16.4	12.8	14.3	11.1	10.6
Alcohol-Impaired Driving Deaths	percent	34.0	40.5	38.7	33.0	31.3	20.4	44.4	17.8	25.7	32.5
Alzheimer's Disease or Dementia: Medicare Population	percent	11.2	10.5	12.9	11.0	10.8	12.6	11.4	12.0	11.1	13.7
Death Rate due to Drug	deaths/100,000 population	6.6	15.6	9.6	7.5	8.7	8.4	8.0	11.6	6.0	8.4

Mental Health & Substance Abuse											
Secondary Data Indicator	Unit	Collin	Cooke	Dallas	Denton	Erath	Johnson	Kaufman	Parker	Rockwall	Tarrant
Poisoning											
Depression: Medicare Population	percent	16.1	16.4	17.7	17.2	18.0	19.8	17.1	16.4	15.1	19.8
Liquor Store Density	stores/100,000 population	3.3	10.4	8.7	6.2	2.5	2.6	11.1	5.8	2.3	5.1

[illegible]

Exercise, Nutrition, & Weight											
Secondary Data Indicator	Unit	Collin	Cooke	Dallas	Denton	Erath	Johnson	Kaufman	Parker	Rockwall	Tarrant
	<i>population</i>										
Fast Food Restaurant Density	<i>stores/100,000 population</i>	0.8	0.4	0.8	0.7	0.9	0.7	0.6	0.7	0.8	0.8
Food Environment Index		7.6	7.4	5.9	7.2	5.5	7.1	7.2	7.4	7.9	6.4
Food Insecurity Rate	<i>percent</i>	16.7	17.5	19.6	16.8	20.1	16.6	17.5	16.6	14.3	18.5
Grocery Store Density	<i>stores/100,000 population</i>	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Households with No Car and Low Access to a Grocery Store	<i>percent</i>	0.7	1.6	1.4	0.7	1.9	1.4	2.4	2.6	0.6	1.3
Low-Income and Low Access to a Grocery Store	<i>percent</i>	2.1	2.7	8.0	4.4	14.8	6.6	4.2	5.0	3.4	8.1
Low-Income Persons who are SNAP Participants	<i>percent</i>	27.2	25.4	29.1	20.7	19.4	36.7	39.9	26.2	36.5	31.6
Low-Income Preschool Obesity	<i>percent</i>	13.9	16.6	16.8	14.2	13.7	14.9	16.5	12.9	13.8	14.3
People 65+ with Low Access to a Grocery Store	<i>percent</i>	1.1	1.4	1.7	1.6	4.7	2.6	1.0	2.6	2.0	2.5

Exercise, Nutrition, & Weight											
Secondary Data Indicator	Unit	Collin	Cooke	Dallas	Denton	Erath	Johnson	Kaufman	Parker	Rockwall	Tarrant
Recreation and Fitness Facilities	<i>facilities/1,000 population</i>	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.1
SNAP Certified Stores	<i>stores/100,000 population</i>	0.3	0.5	0.6	0.3	0.6	0.6	0.6	0.3	0.4	0.6

Access to Health Services											
Secondary Data Indicator	Unit	Collin	Cooke	Dallas	Denton	Erath	Johnson	Kaufman	Parker	Rockwall	Tarrant
Adults who Visited a Dentist	<i>percent</i>	-	-	52.1	-	-	-	-	-	-	59.0
Adults with Health Insurance	<i>percent</i>	85.9	-	69.8	82.9	-	74.5	74.4	82.4	87.4	76.1
Children with Health Insurance	<i>percent</i>	93.6	-	86.7	90.9	-	89.5	88.7	90.1	93.3	90.3
Dentist Rate	<i>dentists/100,000 population</i>	62.0	44.0	75.0	51.0	43.0	34.0	36.0	35.0	72.0	53.0
Non-Physician Primary Care Provider Rate	<i>providers/100,000 population</i>	44.0	57.0	70.0	45.0	30.0	27.0	29.0	21.0	54.0	51.0
Primary Care Provider Rate	<i>providers/100,000 population</i>	86.0	26.0	64.0	63.0	56.0	48.0	27.0	51.0	67.0	58.0

Appendix C: Quotes from Key Informants on Mental Health & Substance Abuse

Theme	Facility	Direct Quote
Availability of Services	Texas Health Kaufman	“Behavioral health is a big gap that exists... Can’t deal with diagnoses that are outside of what a primary care provider can respond to. For behavioral health issues that need greater care, referrals are very difficult and the amount of time between referral and actually seeing a person – so many of their patients won’t access that care because of barriers.”
	Texas Health Alliance	“There needs to be more mental health care in the community. Health care doesn’t have to do just with physical health, but also mental health as well. There’s not enough resources for mental health in communities , it’s only found in large metropolitan areas and needs to be elsewhere too.”
	Texas Health Arlington Memorial	“My community would be healthier if more behavioral health resources were available.”
	Texas Health Azle	“There are insufficient offerings for mental health services in Azle . There are resources we can send people to in Parker and Tarrant, but nothing local. Many who have mental health issues can’t get onto disability because there’s no mental health screen available .”
	Texas Health Diagnostics & Surgery	“Mental healthcare is a community health issue! We need more programs for people ; mental health provider receiving same funding since 1999 despite drastic increases in population. Police dept. sees a need for this... Fire dept. also dealing with people with mental health issues & don’t have a place to take them . There’s no county hospital. It’s a really difficult situation for people with mental health issues .”
	Texas Health Plano	<ul style="list-style-type: none"> - “Behavioral health access is a huge issue.” - “Need more local Medicaid inpatient psychiatric beds for adolescents.” - “My community needs mental health assessments.” - “There are a lot of homeless with mental health issues.”
	Texas Health Rockwall	“Physically we do well with health but we fail on mind . We tend to push these aside and our county suffers. If we had a facility to support these services ...”
	Texas	“ General mental health is a big issue. Not many services are available

Availability of Services	Health Flower Mound	and it's not on the radar of the vast majority of the general public, overall healthcare industry, or local government."
	Texas Health Denton	"The behavioral health resources is probably a D or D- in rating in Dallas County... The ability to have access is important. Otherwise, you end up in penitentiary or the streets. "
	USMD Arlington	"Mental health treatment and care. Huge list for anyone to get any type of assistance, in addition to red tape. When told to wait 3 months to see psych to get back onto meds, it's impossible. Arlington is a stepchild of Fort Worth and not much money comes out here."
	Texas Health Allen	"Mental health has been literally gutted from Texas – people who are filling up our jails are individuals who should have been institutionalized."
Impacted Populations	Texas Health Specialty	" Mental health goes back to education – a child may be acting out but the parents don't know that it may related to a mental health issue or how to handle it."
	Texas Health Stephenville	"There is no neurologist , which is needed in this community for the elderly. "
	Texas Health Heart & Vascular	"Behavioral health unit sees lots of referrals from prenatal unit."
	Texas Health Denton	" Veterans with PTSD do not want to drive to appointments especially if they require driving on the interstate highway (I-35) ; some veterans ride with a volunteer from Denton County Veterans Coalition to navigate the transit system connections to get to VA."
	Texas Health Cleburne	"There are many widows living isolated out of town and often can't get their needs met; the need resources so they can stay independent and prevent depression. "
	Texas Institute for Surgery	"We see a lot of PTSD and depression in general goes undiagnosed among the refugee population . No resource to go and have a general evaluation done on mental health wellness. We don't have any resources to get a culturally competent counselor to talk about these issues."
	Texas Health Huguley	"In the school district – many disadvantages for the kids which leads to mental health issues. Both parents are working and the grandparents have to raise the kids."

	Texas Health Southlake	There are high rates of depression and attempted suicide among adults – the community isn’t welcoming of problems like that – there isn’t a willingness to talk about issues like that – people assume that if you’re living in a community like this one they don’t have those problems , or that they don’t have a reason to have those problems.”
	Texas Health HEB	“ Mental health can affect any of us – families, stress, and aging can all contribute.”
Substance Abuse	USMD Fort Worth & Texas Health Southwest	“Many of these struggles are lifetime struggles ...most people who have an addiction have multiple and co-occurring mental health issues .”
Smoking & Tobacco Cessation	Texas Health Azle	“Adult tobacco use – we are in Texas and people are stuck in their ways. Many people are taking up e-cigs . People say it is a safer bet than smoking but it’s still smoking.”
Drug & Alcohol Abuse	Texas Health Rockwall	“We tend to push these aside but when you have a wealthier population you tend to have more drug, alcohol abuse .”
	Texas Health Flower Mound	“Substance abuse crosses all socio-economic boundaries – it needs to be addressed, but our county does not have a whole lot to offer.”
	Texas Health Denton	“ Alcoholism is a continuous struggle, meth use has grown significantly. Most people who have an addiction have mental health issues that need to be addressed as well.”
	Texas Health Southlake	“ Depression, drugs, and alcohol are big issues in the schools . We need to educate parents on how to comfort and help their child so that they don’t go down the wrong path .”
Stigma	Texas Health Alliance	“My community could be healthier if addictions were treated in a holistic way, affordably and regularly, without stigma . Need to care for the mind, body, and soul to treat the illness.”

	Texas Health Diagnostics & Surgery & Texas Health Plano	“There is stigma in the community on receiving mental health or substance abuse treatment. ”
Lack of Resources	Texas Health Plano	“Collin County has a lack of affordable inpatient treatment for substance abuse issues. ”
	Texas Health Azle	“Substance abuse is a definite issue in the community, but resources are lacking. ”

Appendix D. Quotes from Key Informants on Exercise, Nutrition, & Weight

Theme	Facility	Direct Quote
Access to Healthy Food	Texas Health Kaufman	"My community could be healthier if there was access to healthy food, education on a healthy lifestyle, and engaged community leaders with a shared goal of a healthy community. "
	Texas Health Allen	"Lower-income individuals are living off of fast food and processed food; there is a need for nutrition services."
	Texas Health Denton	"Health issues are an aspect of culture – healthy foods are often more expensive so families can't afford enough healthy foods for their children. Hispanic population has high rates of obesity and poor eating habits. "
	Texas Health Arlington Memorial	"As a result of children being hungry – we've seen a spike in behavioral issues in the schools – would consider that one of the major health needs in the community. How can they be expected to pay attention in school if there is no food in the home? "
	Texas Health Heart & Vascular & USMD Arlington	" Lack of access to grocery stores with healthy foods and prevalence of fast food restaurants contribute to obesity and impact certain population groups more. Food insecurity is also a huge issue."
	Texas Health Allen	"Lower-income individuals are living off of fast food and processed food; there is a need for nutrition services."
	USMD Fort Worth	" Obesity is an issue, and certain population groups are affected more because of lack of access to grocery stores with healthy foods, and there is a high prevalence of fast food restaurants."
	Texas Health Huguley	"There is a battle for many people between meals and prescription refills . Nutrition among the elderly is a big concern – are they eating properly? Many don't qualify for meals on wheels. "

Lack of Nutritional/ Healthy Lifestyle Education	Texas Health Plano	"People have a busy lifestyle and don't take care of their health, exercise, eat well , or spend time on themselves or with their families."
	Texas Health Denton	It seems like saying "don't smoke, don't eat this, get exercise" isn't as helpful as showing them HOW to have healthy habits , people may not know how easy it can be to change. More visibility of farmer's markets to encourage healthy eating. "
	Texas Health Cleburne	"Community partners need to work with the schools – we have one school district in Cleburne. Talk to the kids and get health messages sent home to the parents with a focus on prevention and wellness."
	Texas Health HEB	"We could expend more energy to educate and involve the students in our schools on nutrition, exercise, and building healthy habits , and then they share that with their families. "
	Texas Health Southwest	"Certainly a dietary issue – Hispanic/Latinos are a group of people that traditionally have a high carb high fat diet but haven't had the educational awareness about trying to eat healthier."
Access to Exercise/ Fitness Opportunities	Texas Health Flower Mound	"Our vision of a healthy community is one that facilitates healthy diet and exercise. "
	Texas Institute for Surgery	"Too many fast food places not enough healthy choices, safe sidewalks for wheelchairs, walkers, senior citizens, and handicap."
	Texas Health Southlake	"My community would be healthier if : we had bike trails throughout the city; there was more access to information on how to live in a healthy manner ; and if work/life balance was more of a priority for organizations & businesses."
Obesity	Texas Health Alliance	"The biggest health needs I see in the community are around nutrition and physical activity . With regards to nutrition, it's issues of chronic disease, food security/deserts, and food prep skills . For physical activity, it's obesity, chronic disease, and safety. "

Obesity	Texas Health Azle	“One of the major health needs/issues in the community is obesity , and certain populations are affected more because of lack of access to grocery stores with healthy foods and prevalence of fast food restaurants. ”
	Texas Health Diagnostics & Surgery	“ Obesity is a challenge here for a lot of children in Collin County.”
	Texas Health Specialty & Texas Health Southwest	“ Obesity in our community is huge. Our patients can’t ever access a dietician , but if we could hook them up with resources they would use those resources, especially for their children.”

Appendix E. Quotes from Key Informants on Access to Health Services & Healthcare Navigation & Literacy

Theme	Facility	Direct Quote
Affordability	Texas Health Kaufman	“Individuals who are uninsured can’t get into the doctor’s office or people with insurance may have too high of a deductible to reasonably access care. Healthcare cost is hurting the county the most. ”
	Texas Health Southwest	“ Texas didn’t expand Medicaid, so access to health insurance is an issue for the low income population. Low income workers are struggling most with this, since they don’t have support that an even a lower income person on Medicaid does for treatment and health care access.”
	Texas Institute for Surgery	“Patients can’t afford medications or care. Access – why is it so hard to get in for treatment? ”
	Texas Health Southlake	“Convenience and cost are big barriers to receiving care in the community. Cost is getting really outrageous – most people in the community have insurance but the problem comes along with high deductibles and high copays.”
	Texas Health Allen	“Health prevention and screening programs are great, but how helpful are they if people can’t afford care once they are diagnosed with an illness?”
	Texas Health Fort Worth	“Many people in our community fear going for health care due to lack of money , lack of insurance , immigration status , poor treatment in previous visits with healthcare providers, or truly do not know where to go for help. ”
Availability	Texas Health Huguley	“There is a need for sustainable, accessible, and affordable health care that reaches all demographics : age and income.”
Transportation	Texas Health Arlington Memorial	“The biggest detriment to receiving adequate health care is the inability for people to get to the doctor or the hospital for the care they need. We are one of the biggest cities in America and yet we have no public transportation (there is one very difficult one).”

Healthcare Navigation & Literacy	Texas Health Azle	“There needs to be a better state-wide effort and at a county level to encourage people to sign up for health insurance coverage. People don’t have coverage and they continue to avoid seeking care, then they have to go to the ER, and the cost is exacerbated.”
	Texas Health Arlington Memorial	“The population doesn’t understand how to navigate healthcare. Not afraid to call 911. High use of ER as PCP— low education/awareness, don’t know they can call their PCP to address their needs & to get medication. ”
	USMD Fort Worth	“Healthcare needs a more consumer/user-friendly structure. Healthcare can be a hassle and not easy to use for consumers, and becomes a barrier to accessing healthcare. ”
	Texas Health Specialty	“Everything [with health care] now is piecemealed – very difficult for an individual to navigate the system for the needs that they may have.”
	Texas Health Plano	“Assumption in the community is that if someone doesn’t have insurance/access, they should just go to the Emergency Room.... People lack knowledge on how the healthcare system works. There is a need to start education on this in schools and for navigators/follow-through for patients. ”
	Texas Health Flower Mound	“People must go through lots of red tape to gain necessary services, whether they are trying to gain insurance or figure out what they are eligible for. We need care navigators to help people through this process.”
	Texas Health Stephenville	“ Linguistic, cultural, and economic barriers are significant and affect people’s ability to access healthcare and educational offerings. Without the ability to meet the needs of all cultures and low-income people, there will be no change.”
	Texas Health Denton	“ Low income, English as second language, those not as familiar with insurance resources, or not knowing where to get care or best manage their illnesses. Those people often progress to a point where it’s hard to make a turn for the best, it’s too late to benefit from medical care. ”
	Texas Health Dallas	“People don’t have insurance because it is too difficult to navigate the healthcare system.”
	USMD Arlington	“People will go to facility and not know they’re supposed to sign in, and won’t ask anybody, will wait in waiting room until it closes. ”
	Texas Health	“We get inquiries with seniors for who they can turn to for Medicare. Can’t locate physicians, or their doctor doesn’t accept

	Huguley	Medicare. Problem with ACA, people have issues navigating system, can't find a provider. "
Healthcare Navigation & Literacy	Texas Health Heart & Vascular	<p>"Health Insurance – needs to be a better state-wide effort and at the county level to encourage people to sign up for coverage. People don't have coverage and they continue to avoid seeking care, then they have to go to the ER, and then the cost is exacerbated."</p> <p>"People don't understand the renewal process for Medicaid/Medicare/CHIP – people need education."</p>
	Texas Health Kaufman	"One issue is a lack of knowledge . We need to get information on services out there. Another issue is getting people to know the next step after education – getting people in the door."
	Texas Health Fort Worth	" Cultural stigmas still exist in the community; persons labeled as " non-compliant " when lack ability to understand medical conditions , medical treatments, prescription medicines."
	Texas Institute for Surgery	"There is a need for reliable access to post discharge appointments, barrier identification and mitigation, interagency coordination and funding. We also need a better way to help people know what resources are available to them."
	Texas Health Alliance	"It's a case of accessing up to date resources within the community... and the perception that what is available is known by those living within the community. People not knowing what to do next. Communication between the educators and those needing help."
	Texas Health Allen	"There is a lack of knowledge about insurance coverage, what care and resources exist, and how to access them. People also struggle with putting what they need into words."
	Texas Health Plano	"My community would be healthier if individuals had the knowledge and access to the resources available . If the 'working poor' were given additional resources to support health."
	Texas Health Flower Mound	"How do we instill prevention into individuals? People need to take action for screenings and preventive services. "

Appendix F. About HCI & Authors

ABOUT HEALTHY COMMUNITIES INSTITUTE

Healthy Communities Institute, a Xerox Company, was retained by Texas Health to conduct the 2016 Community Health Needs Assessment for 23 of their wholly owned, non-profit and joint venture facilities.

Based in Berkeley, California, HCI provides customizable, web-based information systems that offer a full range of tools and content to improve community health, and developed the [Healthy North Texas Platform](#). The organization is composed of public health professionals and health IT experts committed to meeting clients' health improvement goals.

To learn more about Healthy Communities Institute please visit www.HealthyCommunitiesInstitute.com.

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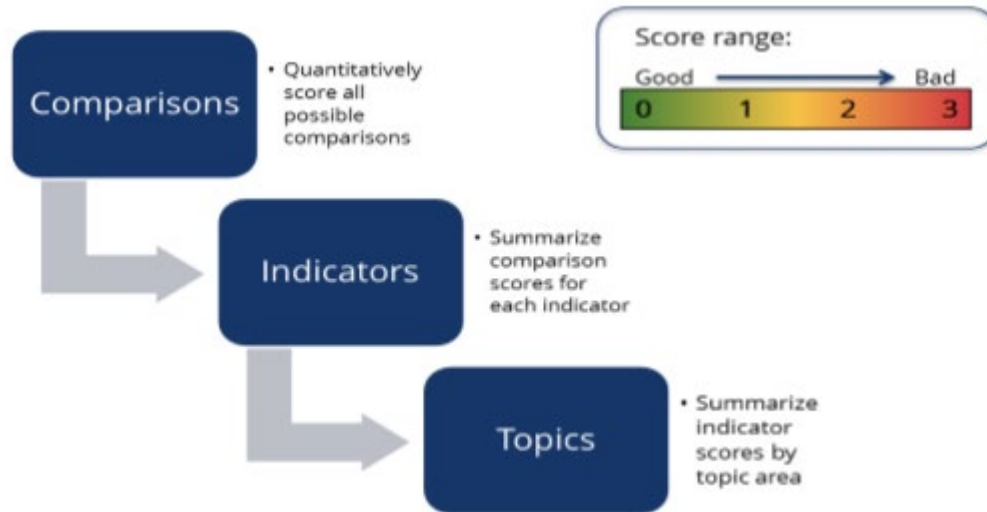
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Appendix B: Texas Health Resources 2016 High Need Zip Codes

2016 High Need Zip Codes	Texas Health Region	City/Town	Community Impact Zip Codes
75243/75231	Dallas/Rockwall	Vickery Meadows	
75227/75217	Dallas/Rockwall	Pleasant Grove	75217
75216/75215/75210	Dallas/Rockwall	Fair Park	
75212/75211	Dallas/Rockwall	Cockrell Hill	75212
75220	Dallas/Rockwall	Bachman Lake	
75032	Dallas/Rockwall	Rockwall	75032
76104/76105	Tarrant/Paker Counties	Stop Six Area	
76106	Tarrant/Paker Counties	North Fort Worth	
76010/76011	Tarrant/Paker Counties	East Arlington	76010
76116	Tarrant/Paker Counties	West Fort Worth	
76115/76119	Tarrant/Paker Counties	South East Fort Worth	76119
76164	Tarrant/Paker Counties	Fort Worth	
76082/76085	Tarrant/Paker Counties	Springtown	76082
75074	Collin County	East Plano	75074
75069	Collin County	East McKinney	75069
75407/75442	Collin County	Princeton/Famersville	
76201/76209/76205	Denton/Wise Counties	Denton	
75057	Denton/Wise Counties	Lewisville	75057
76266/76234	Denton/Wise Counties	Sanger/Decatur	76266
76431/76426	Denton/Wise Counties	Chico/Bridgeport	76426
76401/76402	Southern Counties	Stephenville	76401/76402
75143/75161	Southern Counties	Kemp/Elmo	75143/75161
76031/76059	Southern Counties	Keene/Cleburne	76031/76059
75119	Southern Counties	Ennis	
41 total zip codes			

Appendix C: Detailed Methodology and Data Scoring Tables

Secondary Data Scoring Detailed Methodology Data Scoring is done in three stages:



For each indicator, each county in Texas Health’s Health Service Area is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. Indicators are categorized into topic areas and each topic area receives a score. Indicators may be categorized in more than one topic area. Topic scores are determined by the comparisons of all indicators within the topic.

Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.

Comparison to Values: State, National, and Targets

Your county is compared to the state value, the national value, and target values. Targets values include the nation-wide Healthy People 2020 (HP2020) goals as well as locally set goals. Healthy People 2020 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ (DHHS) Healthy People Initiative. For all value

comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.

Trend Over Time

The Mann-Kendall statistical test for trend was used to assess whether the county value is increasing over time or decreasing over time, and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If the comparison type is possible for an adequate proportion of indicators on the community dashboard, it will be included in the indicator score. After exclusion of comparison types with inadequate availability, all missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

DATA SCORING RESULTS

The following data scoring tables list each indicator by topic area for the 2019 CHNA prioritized counties in Texas Health's Health Service Area. Secondary data for this report is up to date as of November 14, 2019.

Appendix C: HCI Data Scoring Tables

Collin County									
SCORE	ACCESS TO HEALTH SERVICES	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.67	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	62.6		72.7	88.2	2018	N/A	5
1.56	Children with Health Insurance	percent	92	100	89.3	95	2017	Y	1
1.50	Adults with Health Insurance	percent	86.2	100	76.5	87.7	2017	Y	1
1.31	Persons with Health Insurance	percent	87.9	100	80.6		2017	N	10
1.17	Social Worker Rate	workers/ 100,000 population	62.9		80		2018	N/A	12
0.50	Dentist Rate	dentists/ 100,000 population	67.5		56.8	68.4	2017	N/A	5
0.17	Primary Care Provider Rate	providers/ 100,000 population	94.4		60.4	75.4	2016	N/A	5
SCORE	CANCER	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Cancer: Medicare Population	percent	8.7		7.5	8.2	2017	N/A	4
2.11	Breast Cancer Incidence Rate	cases/ 100,000 females	124.8		111.9	125.2	2012-2016	Y	7
1.25	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	10.4		11	11.7	2012-2016	Y	7
1.17	All Cancer Incidence Rate	cases/ 100,000 population	405.2		407.7	448	2012-2016	Y	7
0.83	Prostate Cancer Incidence Rate	cases/ 100,000 males	89.9		92.4	104.1	2012-2016	Y	7
0.47	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	16.1	20.7	20.1	20.6	2012-2016	N	7
0.47	Cervical Cancer Incidence Rate	cases/ 100,000 females	4.7	7.3	9.2	7.6	2012-2016	N	7
0.42	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	16.3	21.8	17.9	19.2	2012-2016	N	7
0.22	Colorectal Cancer Incidence Rate	cases/ 100,000 population	32	39.9	37.7	38.7	2012-2016	Y	7
0.17	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	43.5		51.9	59.2	2012-2016	N	7
0.00	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	125.3	161.4	154	161	2012-2016	Y	7
0.00	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	9.9	14.5	14.3	14.2	2012-2016	N	7
0.00	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	30	45.5	37.4	41.9	2012-2016	Y	7
SCORE	CHILDREN'S HEALTH	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Food Insecure Children Likely Ineligible for Assistance	percent	62		37	21	2017	N/A	6
1.56	Children with Health Insurance	percent	92	100	89.3	95	2017	Y	1
1.33	Children with Low Access to a Grocery Store	percent	3.8				2015	N/A	17
0.89	Child Food Insecurity Rate	percent	18.7		22.5	17	2017	N/A	6
0.42	Substantiated Child Abuse Rate	cases/ 1,000 children	4.3		8.5	9.1	2017	N/A	11
SCORE	DIABETES	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.17	Diabetes: Medicare Population	percent	24.9		29.1	27.2	2017	N/A	4
0.42	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	8.3		20.9	21.2	2015-2017	Y	3
SCORE	DISABILITIES	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.50	Persons with Disability Living in Poverty (5-year)	percent	12.1		24.5	27.1	2013-2017	N/A	1
SCORE	ECONOMY	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Food Insecure Children Likely Ineligible for Assistance	percent	62		37	21	2017	N/A	6
2.58	Median Household Gross Rent	dollars	1225		952	982	2013-2017	N/A	1
2.58	Median Monthly Owner Costs for Households without a Mortgage	dollars	766		481	474	2013-2017	N/A	1
2.36	Mortgaged Owners Median Monthly Household Costs	dollars	1979		1484	1515	2013-2017	N/A	1
1.89	SNAP Certified Stores	stores/ 1,000 population	0.4				2016	N/A	17
1.33	Food Insecurity Rate	percent	14.2		14.9	12.5	2017	N/A	6
1.17	Female Population 16+ in Civilian Labor Force	percent	63.2		57.7	58.2	2013-2017	N/A	1
1.00	Homeownership	percent	62.5		55.1	56	2013-2017	N/A	1

Appendix C: HCI Data Scoring Tables

Collin County							
1.00	Households that are Above the Asset Limited, Income Constrained,	percent	76.3	57.9	2016	N/A	19
1.00	Households that are Asset Limited, Income Constrained, Employed	percent	17	27.7	2016	N/A	19
1.00	Households that are Below the Federal Poverty Level	percent	6.7	14.4	2016	N/A	19
1.00	Low-Income and Low Access to a Grocery Store	percent	2.3		2015	N/A	17
0.94	Unemployed Workers in Civilian Labor Force	percent	3.1	3.6 3.8	August 2019	N/A	15
0.89	Child Food Insecurity Rate	percent	18.7	22.5 17	2017	N/A	6
0.83	Population 16+ in Civilian Labor Force	percent	71.1	64.2 63	2013-2017	N/A	1
0.83	Renters Spending 30% or More of Household Income on Rent	percent	42.3	47.8 50.6	2013-2017	Y	1
0.83	Total Employment Change	percent	4.6	1.9 2.1	2015-2016	N/A	16
0.72	Severe Housing Problems	percent	13.1	18 18.4	2011-2015	N/A	5
0.61	People 65+ Living Below Poverty Level	percent	6.7	10.7 9.3	2013-2017	Y	1
0.50	Households with Cash Public Assistance Income	percent	0.8	1.5 2.6	2013-2017	N/A	1
0.50	Persons with Disability Living in Poverty (5-year)	percent	12.1	24.5 27.1	2013-2017	N/A	1
0.42	Median Housing Unit Value	dollars	265300	151500 193500	2013-2017	N/A	1
0.17	Children Living Below Poverty Level	percent	8.2	22.9 20.3	2013-2017	Y	1
0.17	Families Living Below Poverty Level	percent	5.1	12.4 10.5	2013-2017	Y	1
0.17	Median Household Income	dollars	90124	57051 57652	2013-2017	Y	1
0.17	People Living 200% Above Poverty Level	percent	82.3	63.8 67.2	2013-2017	N/A	1
0.17	People Living Below Poverty Level	percent	6.9	16 14.6	2013-2017	Y	1
0.17	Per Capita Income	dollars	41609	28985 31177	2013-2017	Y	1
0.17	Students Eligible for the Free Lunch Program	percent	19.2	53.2 42	2017-2018	N/A	8

SCORE	EDUCATION	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.56	Student-to-Teacher Ratio	students/ teacher	15		15.2	16.6	2017-2018	N/A	8
0.89	High School Drop Out Rate	percent	1.1		1.9		2017	N/A	13
0.64	Infants Born to Mothers with <12 Years Education	percent	7.6		21.6	15.9	2013	N/A	12
0.56	People 25+ with a High School Degree or Higher	percent	93.6		82.8	87.3	2013-2017	Y	1
0.17	People 25+ with a Bachelor's Degree or Higher	percent	50.9		28.7	30.9	2013-2017	Y	1

SCORE	ENVIRONMENT	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.11	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8				2014	N/A	17
1.89	SNAP Certified Stores	stores/ 1,000 population	0.4				2016	N/A	17
1.83	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	17
1.83	Recognized Carcinogens Released into Air	pounds	212.2				2017	N/A	18
1.61	Number of Extreme Precipitation Days	days	39				2016	N/A	9
1.58	Annual Ozone Air Quality	grade	F				2015-2017	N/A	2
1.50	Farmers Market Density	markets/ 1,000 population	0				2016	N/A	17
1.39	Months of Mild Drought or Worse	months per year	5				2016	N/A	9
1.39	Number of Extreme Heat Days	days	5				2016	N/A	9
1.39	Number of Extreme Heat Events	events	2				2016	N/A	9
1.33	Children with Low Access to a Grocery Store	percent	3.8				2015	N/A	17
1.17	Daily Dose of UV Irradiance	Joule per square meter	3218		3538		2015	N/A	9
1.17	People with Low Access to a Grocery Store	percent	12.7				2015	N/A	17
1.17	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014	N/A	17
1.17	Weeks of Moderate Drought or Worse	weeks per year	3				2016	N/A	9
1.00	Households with No Car and Low Access to a Grocery Store	percent	0.6				2015	N/A	17
1.00	Low-Income and Low Access to a Grocery Store	percent	2.3				2015	N/A	17

Appendix C: HCI Data Scoring Tables

Collin County									
1.00	People 65+ with Low Access to a Grocery Store	percent	0.9			2015	N/A	17	
0.83	Liquor Store Density	stores/ 100,000 population	5.1	6.9	10.5	2016	N/A	16	
0.72	Severe Housing Problems	percent	13.1	18	18.4	2011-2015	N/A	5	
0.67	Access to Exercise Opportunities	percent	89.8	80.3	83.9	2019	N/A	5	
0.50	Food Environment Index		7.8	6	7.7	2019	N/A	5	
SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Asthma: Medicare Population	percent	5.7		5	5.1	2017	N/A	4
SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Food Insecure Children Likely Ineligible for Assistance	percent	62		37	21	2017	N/A	6
2.11	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8				2014	N/A	17
1.89	SNAP Certified Stores	stores/ 1,000 population	0.4				2016	N/A	17
1.83	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	17
1.50	Farmers Market Density	markets/ 1,000 population	0				2016	N/A	17
1.33	Children with Low Access to a Grocery Store	percent	3.8				2015	N/A	17
1.33	Food Insecurity Rate	percent	14.2		14.9	12.5	2017	N/A	6
1.17	People with Low Access to a Grocery Store	percent	12.7				2015	N/A	17
1.17	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014	N/A	17
1.00	Households with No Car and Low Access to a Grocery Store	percent	0.6				2015	N/A	17
1.00	Low-Income and Low Access to a Grocery Store	percent	2.3				2015	N/A	17
1.00	People 65+ with Low Access to a Grocery Store	percent	0.9				2015	N/A	17
0.89	Child Food Insecurity Rate	percent	18.7		22.5	17	2017	N/A	6
0.67	Access to Exercise Opportunities	percent	89.8		80.3	83.9	2019	N/A	5
0.50	Food Environment Index		7.8		6	7.7	2019	N/A	5
SCORE	FAMILY PLANNING	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.64	Infants Born to Mothers with <12 Years Education	percent	7.6		21.6	15.9	2013	N/A	12
0.42	Teen Births	percent	1		2.8	4.3	2014	N/A	12
SCORE	GOVERNMENT & POLITICS	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.17	Social Worker Rate	workers/ 100,000 population	62.9		80		2018	N/A	12
1.00	Voter Turnout: Presidential Election	percent	66.4		58.8		2016	N/A	14
SCORE	HEART DISEASE & STROKE	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.50	Atrial Fibrillation: Medicare Population	percent	8.9		7.7	8.4	2017	N/A	4
2.11	Stroke: Medicare Population	percent	4.2		4.3	3.8	2017	N/A	4
2.00	Hypertension: Medicare Population	percent	60.3		59.9	57.1	2017	N/A	4
1.89	Hyperlipidemia: Medicare Population	percent	44.6		43.1	40.7	2017	N/A	4
1.44	Ischemic Heart Disease: Medicare Population	percent	27.5		29.3	26.9	2017	N/A	4
1.22	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	36.5	34.8	42	37.5	2015-2017	N	3
0.89	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	45.8		69.1		2016	N/A	9
0.75	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	67.9		170.8	94.8	2015-2017	N/A	3
0.39	Heart Failure: Medicare Population	percent	11.7		15.6	13.9	2017	N/A	4
SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.67	Gonorrhea Incidence Rate	cases/ 100,000 population	88.4		160.2		2017	N/A	12

Appendix C: HCI Data Scoring Tables

Collin County									
1.50	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	301.3		511.6		2017	N/A	12
1.44	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	14.5		40.6		2017	N/A	12
1.39	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	2.9	1	4.5		2013-2017	N/A	12
1.22	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	8.7		15.5		2017	N/A	12
0.42	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	9.4		11.8	14.3	2015-2017	N	3
SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.36	Mothers who Received Early Prenatal Care	<i>percent</i>	69.6	77.9	59.7	77	2015	N/A	12
0.97	Babies with Very Low Birth Weight	<i>percent</i>	1.1	1.4		1.4	2015	N/A	12
0.72	Preterm Births	<i>percent</i>	10.1	9.4	11.7		2015	N/A	12
0.69	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	4	6	5.6	5.9	2015	N/A	12
0.64	Infants Born to Mothers with <12 Years Education	<i>percent</i>	7.6		21.6	15.9	2013	N/A	12
0.53	Babies with Low Birth Weight	<i>percent</i>	7.2	7.8	8.2	8.1	2015	N/A	12
0.42	Teen Births	<i>percent</i>	1		2.8	4.3	2014	N/A	12
SCORE	MEN'S HEALTH	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.83	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	89.9		92.4	104.1	2012-2016	Y	7
0.42	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	16.3	21.8	17.9	19.2	2012-2016	N	7
SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.17	Depression: Medicare Population	<i>percent</i>	19		17.9	17.9	2017	N/A	4
1.94	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	12.1		12.8	10.9	2017	N/A	4
0.69	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	10.9	10.2	12.8	13.6	2015-2017	Y	3
0.50	Frequent Mental Distress	<i>percent</i>	9.5		10.6	15	2016	N/A	5
SCORE	MORTALITY DATA	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.22	Alcohol-Impaired Driving Deaths	<i>percent</i>	32.5		27.7	28.6	2013-2017	N/A	5
1.22	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	36.5	34.8	42	37.5	2015-2017	N	3
0.89	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	45.8		69.1		2016	N/A	9
0.86	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	8		10.1	19.2	2015-2017	N/A	5
0.83	Life Expectancy	<i>years</i>	82.7		79	79.1	2015-2017	N/A	5
0.75	Age-Adjusted Death Rate due to Heart Disease	<i>deaths/ 100,000 population</i>	67.9		170.8	94.8	2015-2017	N/A	3
0.69	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	6.9	12.4	13.5	11.4	2015-2017	Y	3
0.69	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	10.9	10.2	12.8	13.6	2015-2017	Y	3
0.69	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	4	6	5.6	5.9	2015	N/A	12
0.67	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	29.4	36.4	38.3	46.7	2015-2017	Y	3
0.47	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	16.1	20.7	20.1	20.6	2012-2016	N	7
0.42	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	8.3		20.9	21.2	2015-2017	Y	3
0.42	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	9.4		11.8	14.3	2015-2017	N	3
0.42	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	16.3	21.8	17.9	19.2	2012-2016	N	7
0.00	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	125.3	161.4	154	161	2012-2016	Y	7
0.00	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	9.9	14.5	14.3	14.2	2012-2016	N	7
0.00	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	30	45.5	37.4	41.9	2012-2016	Y	7
SCORE	OLDER ADULTS & AGING	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Osteoporosis: Medicare Population	<i>percent</i>	7.7		6.8	6.4	2017	N/A	4
2.67	Cancer: Medicare Population	<i>percent</i>	8.7		7.5	8.2	2017	N/A	4

Appendix C: HCI Data Scoring Tables

Collin County									
2.61	Asthma: Medicare Population	percent	5.7	5	5.1	2017	N/A	4	
2.50	Atrial Fibrillation: Medicare Population	percent	8.9	7.7	8.4	2017	N/A	4	
2.17	Depression: Medicare Population	percent	19	17.9	17.9	2017	N/A	4	
2.11	Stroke: Medicare Population	percent	4.2	4.3	3.8	2017	N/A	4	
2.00	Hypertension: Medicare Population	percent	60.3	59.9	57.1	2017	N/A	4	
2.00	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35.5	34.3	33.1	2017	N/A	4	
1.94	Alzheimer's Disease or Dementia: Medicare Population	percent	12.1	12.8	10.9	2017	N/A	4	
1.89	Hyperlipidemia: Medicare Population	percent	44.6	43.1	40.7	2017	N/A	4	
1.67	Chronic Kidney Disease: Medicare Population	percent	23.9	26.4	24	2017	N/A	4	
1.44	Ischemic Heart Disease: Medicare Population	percent	27.5	29.3	26.9	2017	N/A	4	
1.17	Diabetes: Medicare Population	percent	24.9	29.1	27.2	2017	N/A	4	
1.00	People 65+ with Low Access to a Grocery Store	percent	0.9			2015	N/A	17	
0.83	COPD: Medicare Population	percent	8.5	11.4	11.7	2017	N/A	4	
0.61	People 65+ Living Below Poverty Level	percent	6.7	10.7	9.3	2013-2017	Y	1	
0.39	Heart Failure: Medicare Population	percent	11.7	15.6	13.9	2017	N/A	4	
SCORE	ORAL HEALTH	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.25	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	10.4		11	11.7	2012-2016	Y	7
0.50	Dentist Rate	dentists/ 100,000 population	67.5		56.8	68.4	2017	N/A	5
SCORE	OTHER CHRONIC DISEASES	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Osteoporosis: Medicare Population	percent	7.7		6.8	6.4	2017	N/A	4
2.00	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35.5		34.3	33.1	2017	N/A	4
1.67	Chronic Kidney Disease: Medicare Population	percent	23.9		26.4	24	2017	N/A	4
SCORE	PREVENTION & SAFETY	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.86	Death Rate due to Drug Poisoning	deaths/ 100,000 population	8		10.1	19.2	2015-2017	N/A	5
0.72	Severe Housing Problems	percent	13.1		18	18.4	2011-2015	N/A	5
0.67	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	29.4	36.4	38.3	46.7	2015-2017	Y	3
SCORE	PUBLIC SAFETY	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.22	Alcohol-Impaired Driving Deaths	percent	32.5		27.7	28.6	2013-2017	N/A	5
0.69	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	6.9	12.4	13.5	11.4	2015-2017	Y	3
0.42	Substantiated Child Abuse Rate	cases/ 1,000 children	4.3		8.5	9.1	2017	N/A	11
SCORE	RESPIRATORY DISEASES	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Asthma: Medicare Population	percent	5.7		5	5.1	2017	N/A	4
1.39	Tuberculosis Incidence Rate	cases/ 100,000 population	2.9	1	4.5		2013-2017	N/A	12
0.83	COPD: Medicare Population	percent	8.5		11.4	11.7	2017	N/A	4
0.42	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	9.4		11.8	14.3	2015-2017	N	3
0.17	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	43.5		51.9	59.2	2012-2016	N	7
0.00	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	30	45.5	37.4	41.9	2012-2016	Y	7
SCORE	SOCIAL ENVIRONMENT	UNITS	COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.58	Median Household Gross Rent	dollars	1225		952	982	2013-2017	N/A	1
2.58	Median Monthly Owner Costs for Households without a Mortgage	dollars	766		481	474	2013-2017	N/A	1
2.50	Mean Travel Time to Work	minutes	28.7		26.1	26.4	2013-2017	Y	1

Appendix C: HCI Data Scoring Tables

Collin County										
2.36	Mortgaged Owners Median Monthly Household Costs	dollars	1979		1484	1515	2013-2017		N/A	1
1.72	Linguistic Isolation	percent	5		7.9	4.5	2013-2017		N/A	1
1.31	Persons with Health Insurance	percent	87.9	100	80.6		2017		N	10
1.17	Female Population 16+ in Civilian Labor Force	percent	63.2		57.7	58.2	2013-2017		N/A	1
1.17	Social Worker Rate	workers/ 100,000 population	62.9		80		2018		N/A	12
1.00	Homeownership	percent	62.5		55.1	56	2013-2017		N/A	1
1.00	Voter Turnout: Presidential Election	percent	66.4		58.8		2016		N/A	14
0.83	Population 16+ in Civilian Labor Force	percent	71.1		64.2	63	2013-2017		N/A	1
0.83	Total Employment Change	percent	4.6		1.9	2.1	2015-2016		N/A	16
0.56	People 25+ with a High School Degree or Higher	percent	93.6		82.8	87.3	2013-2017		Y	1
0.50	Households with an Internet Subscription	percent	90.4		77.3	78.7	2013-2017		N/A	1
0.50	Households with One or More Types of Computing Devices	percent	96.6		87.6	87.2	2013-2017		N/A	1
0.42	Median Housing Unit Value	dollars	265300		151500	193500	2013-2017		N/A	1
0.42	Substantiated Child Abuse Rate	cases/ 1,000 children	4.3		8.5	9.1	2017		N/A	11
0.39	Single-Parent Households	percent	19.6		33	33.3	2013-2017		N/A	1
0.17	Children Living Below Poverty Level	percent	8.2		22.9	20.3	2013-2017		Y	1
0.17	Median Household Income	dollars	90124		57051	57652	2013-2017		Y	1
0.17	People 25+ with a Bachelor's Degree or Higher	percent	50.9		28.7	30.9	2013-2017		Y	1
0.17	People Living Below Poverty Level	percent	6.9		16	14.6	2013-2017		Y	1
0.17	Per Capita Income	dollars	41609		28985	31177	2013-2017		Y	1
SCORE	SUBSTANCE ABUSE	UNITS		COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.22	Alcohol-Impaired Driving Deaths	percent	32.5		27.7	28.6	2013-2017		N/A	5
0.86	Death Rate due to Drug Poisoning	deaths/ 100,000 population	8		10.1	19.2	2015-2017		N/A	5
0.83	Liquor Store Density	stores/ 100,000 population	5.1		6.9	10.5	2016		N/A	16
SCORE	TEEN & ADOLESCENT HEALTH	UNITS		COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.42	Teen Births	percent	1		2.8	4.3	2014		N/A	12
SCORE	TRANSPORTATION	UNITS		COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Solo Drivers with a Long Commute	percent	45.9		37.7	35.2	2013-2017		N/A	5
2.50	Mean Travel Time to Work	minutes	28.7		26.1	26.4	2013-2017		Y	1
1.72	Workers who Drive Alone to Work	percent	81.3		80.5	76.4	2013-2017		Y	1
1.67	Workers Commuting by Public Transportation	percent	1.1	5.5	1.5	5.1	2013-2017		Y	1
1.00	Households with No Car and Low Access to a Grocery Store	percent	0.6				2015		N/A	17
0.69	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	6.9	12.4	13.5	11.4	2015-2017		Y	3
SCORE	WELLNESS & LIFESTYLE	UNITS		COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.17	Insufficient Sleep	percent	32.3		32.7	38	2016		N/A	5
0.83	Life Expectancy	years	82.7		79	79.1	2015-2017		N/A	5
0.50	Frequent Physical Distress	percent	8.6		10.8	15	2016		N/A	5
SCORE	WOMEN'S HEALTH	UNITS		COLLIN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.11	Breast Cancer Incidence Rate	cases/ 100,000 females	124.8		111.9	125.2	2012-2016		Y	7
0.47	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	16.1	20.7	20.1	20.6	2012-2016		N	7
0.47	Cervical Cancer Incidence Rate	cases/ 100,000 females	4.7	7.3	9.2	7.6	2012-2016		N	7

Appendix C: HCI Data Scoring Tables

Dallas County									
SCORE	ACCESS TO HEALTH SERVICES	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.00	Adults who Visited a Dentist	percent	52.1		58.8	67.2	2012		3
2.00	Adults with Health Insurance	percent	72.8	100	76.5	87.7	2017	Y	1
1.97	Persons with Health Insurance	percent	77	100	80.6		2017	N	11
1.83	Children with Health Insurance	percent	85.7	100	89.3	95	2017	Y	1
0.67	Primary Care Provider Rate	providers/ 100,000 populatio	68.1		60.4	75.4	2016		6
0.67	Social Worker Rate	workers/ 100,000 population	94.2		80		2018		13
0.50	Non-Physician Primary Care Provider Rate	providers/ 100,000 populatio	93.9		72.7	88.2	2018		6
0.17	Dentist Rate	dentists/ 100,000 population	82.1		56.8	68.4	2017		6
SCORE	CANCER	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Cancer: Medicare Population	percent	8.4		7.5	8.2	2017		5
1.69	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	21.7	20.7	20.1	20.6	2012-2016	Y	8
1.67	Colon Cancer Screening: Sigmoidoscopy or Colonoscopy	percent	61.6		62.6	67.3	2012		3
1.67	Pap Test in Past 3 Years	percent	77	93	74.6	78	2012		3
1.58	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	19.9	21.8	17.9	19.2	2012-2016	Y	8
1.58	Cervical Cancer Incidence Rate	cases/ 100,000 females	9.2	7.3	9.2	7.6	2012-2016	Y	8
1.56	Breast Cancer Incidence Rate	cases/ 100,000 females	117.2		111.9	125.2	2012-2016	Y	8
1.50	Mammogram in Past 2 Years: 50+	percent	76.2		72	77	2012		3
1.39	All Cancer Incidence Rate	cases/ 100,000 population	419.7		407.7	448	2012-2016	Y	8
1.36	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	11.2		11	11.7	2012-2016	Y	8
1.17	Prostate Cancer Incidence Rate	cases/ 100,000 males	97.3		92.4	104.1	2012-2016	Y	8
1.11	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	14.5	14.5	14.3	14.2	2012-2016	Y	8
0.78	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	154.5	161.4	154	161	2012-2016	Y	8
0.78	Colorectal Cancer Incidence Rate	cases/ 100,000 population	37.7	39.9	37.7	38.7	2012-2016	Y	8
0.50	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	51		51.9	59.2	2012-2016	Y	8
0.17	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	36.1	45.5	37.4	41.9	2012-2016	Y	8
SCORE	CHILDREN'S HEALTH	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.83	Children with Health Insurance	percent	85.7	100	89.3	95	2017	Y	1
1.67	Child Food Insecurity Rate	percent	22.9		22.5	17	2017		7
1.50	Children with Low Access to a Grocery Store	percent	4.6				2015		18
1.44	Food Insecure Children Likely Ineligible for Assistance	percent	28		37	21	2017		7
1.42	Substantiated Child Abuse Rate	cases/ 1,000 children	9		8.5	9.1	2017		12
SCORE	DIABETES	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source

Appendix C: HCI Data Scoring Tables

Dallas County								
2.00	Adults with Diabetes	percent	12		10.6	9.7	2012	3
1.61	Diabetes: Medicare Population	percent	28.5		29.1	27.2	2017	5
0.86	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	18.4		20.9	21.2	2015-2017	Y 4
SCORE	ECONOMY	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
2.61	Homeownership	percent	46.4		55.1	56	2013-2017	1
2.39	Severe Housing Problems	percent	22		18	18.4	2011-2015	6
2.39	Students Eligible for the Free Lunch Program	percent	65.5		53.2	42	2017-2018	9
2.36	Median Monthly Owner Costs for Households without a Mortgage	dollars	549		481	474	2013-2017	1
2.25	Median Household Gross Rent	dollars	984		952	982	2013-2017	1
2.17	Food Insecurity Rate	percent	17.2		14.9	12.5	2017	7
2.11	SNAP Certified Stores	stores/ 1,000 population	0.6				2016	18
2.06	Families Living Below Poverty Level	percent	14.4		12.4	10.5	2013-2017	Y 1
2.06	People Living Below Poverty Level	percent	17.7		16	14.6	2013-2017	Y 1
1.89	People 65+ Living Below Poverty Level	percent	10.8		10.7	9.3	2013-2017	Y 1
1.83	Children Living Below Poverty Level	percent	27.1		22.9	20.3	2013-2017	Y 1
1.69	Mortgaged Owners Median Monthly Household Costs	dollars	1483		1484	1515	2013-2017	1
1.67	Child Food Insecurity Rate	percent	22.9		22.5	17	2017	7
1.67	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	29.1		27.7		2016	20
1.67	People Living 200% Above Poverty Level	percent	58.6		63.8	67.2	2013-2017	1
1.50	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	percent	56.6		57.9		2016	20
1.50	Low-Income and Low Access to a Grocery Store	percent	7				2015	18
1.44	Food Insecure Children Likely Ineligible for Assistance	percent	28		37	21	2017	7
1.44	Unemployed Workers in Civilian Labor Force	percent	3.5		3.6	3.8	August 2019	16
1.39	Households with Cash Public Assistance Income	percent	1.7		1.5	2.6	2013-2017	1
1.39	Renters Spending 30% or More of Household Income on Rent	percent	47.4		47.8	50.6	2013-2017	Y 1
1.33	Households that are Below the Federal Poverty Level	percent	14.3		14.4		2016	20
1.33	Persons with Disability Living in Poverty (5-year)	percent	25.5		24.5	27.1	2013-2017	1
1.25	Median Housing Unit Value	dollars	148300		151500	193500	2013-2017	1
1.17	Median Household Income	dollars	53626		57051	57652	2013-2017	Y 1
0.94	Female Population 16+ in Civilian Labor Force	percent	61.3		57.7	58.2	2013-2017	1

Appendix C: HCI Data Scoring Tables

Dallas County								
0.72	Population 16+ in Civilian Labor Force	percent	68.6		64.2	63	2013-2017	1
0.72	Total Employment Change	percent	3.1		1.9	2.1	2015-2016	17
0.67	Per Capita Income	dollars	29810		28985	31177	2013-2017	Y 1
SCORE	EDUCATION	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
2.06	People 25+ with a High School Degree or Higher	percent	78.3		82.8	87.3	2013-2017	Y 1
1.89	High School Drop Out Rate	percent	8.7		1.9		2017	14
1.72	Student-to-Teacher Ratio	students/ teacher	15.6		15.2	16.6	2017-2018	9
1.25	Infants Born to Mothers with <12 Years Education	percent	21		21.6	15.9	2013	13
0.67	People 25+ with a Bachelor's Degree or Higher	percent	30.1		28.7	30.9	2013-2017	Y 1
SCORE	ENVIRONMENT	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
2.39	Severe Housing Problems	percent	22		18	18.4	2011-2015	6
2.11	SNAP Certified Stores	stores/ 1,000 population	0.6				2016	18
2.00	Fast Food Restaurant Density	restaurants/ 1,000 populatio	0.8				2014	18
1.61	Number of Extreme Precipitation Days	days	40				2016	10
1.61	PBT Released	pounds	2082.3				2017	19
1.58	Annual Ozone Air Quality		F				2015-2017	2
1.50	Children with Low Access to a Grocery Store	percent	4.6				2015	18
1.50	Farmers Market Density	markets/ 1,000 population	0			0	2016	18
1.50	Grocery Store Density	stores/ 1,000 population	0.2				2014	18
1.50	Low-Income and Low Access to a Grocery Store	percent	7				2015	18
1.39	Number of Extreme Heat Events	events	2				2016	10
1.33	Food Environment Index		6.9		6	7.7	2019	6
1.33	People with Low Access to a Grocery Store	percent	16.6				2015	18
1.33	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014	18
1.17	Daily Dose of UV Irradiance	Joule per square meter	3269		3538		2015	10
1.17	Number of Extreme Heat Days	days	5				2016	10
1.17	Recognized Carcinogens Released into Air	pounds	47352				2017	19
1.17	Weeks of Moderate Drought or Worse	weeks per year	1				2016	10
1.14	Annual Particle Pollution		1				2015-2017	2
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.2				2015	18
1.00	People 65+ with Low Access to a Grocery Store	percent	1.3				2015	18
0.83	Liquor Store Density	stores/ 100,000 population	7.4		6.9	10.5	2016	17
0.50	Access to Exercise Opportunities	percent	96.2		80.3	83.9	2019	6
SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
2.17	Food Insecurity Rate	percent	17.2		14.9	12.5	2017	7

Appendix C: HCI Data Scoring Tables

Dallas County								
2.11	SNAP Certified Stores	stores/ 1,000 population	0.6				2016	18
2.00	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8				2014	18
1.89	Adults Who Are Obese	percent	30.6	30.5	29.2	27.6	2012	3
1.67	Child Food Insecurity Rate	percent	22.9		22.5	17	2017	7
1.50	Children with Low Access to a Grocery Store	percent	4.6				2015	18
1.50	Farmers Market Density	markets/ 1,000 population	0				2016	18
1.50	Grocery Store Density	stores/ 1,000 population	0.2				2014	18
1.50	Low-Income and Low Access to a Grocery Store	percent	7				2015	18
1.44	Food Insecure Children Likely Ineligible for Assistance	percent	28		37	21	2017	7
1.33	Adults who are Overweight or Obese	percent	62.8		65.1	63.4	2012	3
1.33	Food Environment Index		6.9		6	7.7	2019	6
1.33	People with Low Access to a Grocery Store	percent	16.6				2015	18
1.33	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014	18
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.2				2015	18
1.00	People 65+ with Low Access to a Grocery Store	percent	1.3				2015	18
0.50	Access to Exercise Opportunities	percent	96.2		80.3	83.9	2019	6

SCORE	HEART DISEASE & STROKE	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	50.4	34.8	42	37.5	2015-2017	Y	4
2.28	Stroke: Medicare Population	percent	4.4		4.3	3.8	2017		5
1.78	Hypertension: Medicare Population	percent	60.6		59.9	57.1	2017		5
1.39	Heart Failure: Medicare Population	percent	15.2		15.6	13.9	2017		5
1.39	Hyperlipidemia: Medicare Population	percent	41.5		43.1	40.7	2017		5
1.28	Atrial Fibrillation: Medicare Population	percent	7.6		7.7	8.4	2017		5
0.94	Ischemic Heart Disease: Medicare Population	percent	25.5		29.3	26.9	2017		5
0.92	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	87.3		170.8	94.8	2015-2017		4
0.67	Age-Adjusted Death Rate due to Heart Attack	eaths/ 100,000 population 35+ y	43.9		69.1		2016		10

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.11	Gonorrhea Incidence Rate	cases/ 100,000 population	271.4		160.2		2017		13
2.11	Syphilis Incidence Rate	cases/ 100,000 population	90.6		40.6		2017		13
2.06	Tuberculosis Incidence Rate	cases/ 100,000 population	6.9	1	4.5		2013-2017		13
2.00	Adults 65+ with Influenza Vaccination	percent	52.3		59.4	60.1	2012		3
2.00	Chlamydia Incidence Rate	cases/ 100,000 population	728.9		511.6		2017		13
1.89	HIV Diagnosis Rate	cases/ 100,000 population	31.1		15.5		2017		13
1.50	Adults 65+ with Pneumonia Vaccination	percent	71.2	90	70.3	68.8	2012		3

Appendix C: HCI Data Scoring Tables

Dallas County								
0.81	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	11.8		11.8	14.3	2015-2017	Y 4
SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
2.36	Infant Mortality Rate	deaths/ 1,000 live births	6.8	6	5.6	5.9	2015	13
2.03	Babies with Very Low Birth Weight	percent	1.6	1.4		1.4	2015	13
1.97	Mothers who Received Early Prenatal Care	percent	56.8	77.9	59.7	77	2015	13
1.92	Babies with Low Birth Weight	percent	8.4	7.8	8.2	8.1	2015	13
1.25	Infants Born to Mothers with <12 Years Education	percent	21		21.6	15.9	2013	13
1.17	Preterm Births	percent	10.5	9.4	11.7		2015	13
0.92	Teen Births	percent	3		2.8	4.3	2014	13
SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
2.22	Alzheimer's Disease or Dementia: Medicare Population	percent	13.5		12.8	10.9	2017	5
1.94	Depression: Medicare Population	percent	19.3		17.9	17.9	2017	5
1.17	Frequent Mental Distress	percent	11.2		10.6	15	2016	6
0.92	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	10.9	10.2	12.8	13.6	2015-2017	Y 4
SCORE	MORTALITY DATA	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
2.83	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	50.4	34.8	42	37.5	2015-2017	Y 4
2.36	Infant Mortality Rate	deaths/ 1,000 live births	6.8	6	5.6	5.9	2015	13
2.22	Alcohol-Impaired Driving Deaths	percent	33.3		27.7	28.6	2013-2017	6
1.69	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	21.7	20.7	20.1	20.6	2012-2016	Y 8
1.58	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	19.9	21.8	17.9	19.2	2012-2016	Y 8
1.53	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	11.7	12.4	13.5	11.4	2015-2017	Y 4
1.36	Death Rate due to Drug Poisoning	deaths/ 100,000 population	12.2		10.1	19.2	2015-2017	6
1.33	Life Expectancy	years	78.9		79	79.1	2015-2017	6
1.11	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	14.5	14.5	14.3	14.2	2012-2016	Y 8
1.06	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	37.4	36.4	38.3	46.7	2015-2017	Y 4
0.92	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	87.3		170.8	94.8	2015-2017	4
0.92	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	10.9	10.2	12.8	13.6	2015-2017	Y 4
0.86	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	18.4		20.9	21.2	2015-2017	Y 4
0.81	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	11.8		11.8	14.3	2015-2017	Y 4

Appendix C: HCI Data Scoring Tables

Dallas County									
0.78	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	154.5	161.4	154	161	2012-2016	Y	8
0.67	Age-Adjusted Death Rate due to Heart Attack	eaths/ 100,000 population 35+ y	43.9		69.1		2016		10
0.17	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	36.1	45.5	37.4	41.9	2012-2016	Y	8
SCORE	OLDER ADULTS & AGING	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Cancer: Medicare Population	percent	8.4		7.5	8.2	2017		5
2.67	Chronic Kidney Disease: Medicare Population	percent	28.4		26.4	24	2017		5
2.67	Osteoporosis: Medicare Population	percent	7.5		6.8	6.4	2017		5
2.39	Asthma: Medicare Population	percent	5.9		5	5.1	2017		5
2.28	Stroke: Medicare Population	percent	4.4		4.3	3.8	2017		5
2.22	Alzheimer's Disease or Dementia: Medicare Population	percent	13.5		12.8	10.9	2017		5
2.00	Adults 65+ with Influenza Vaccination	percent	52.3		59.4	60.1	2012		3
1.94	Depression: Medicare Population	percent	19.3		17.9	17.9	2017		5
1.89	People 65+ Living Below Poverty Level	percent	10.8		10.7	9.3	2013-2017	Y	1
1.78	Hypertension: Medicare Population	percent	60.6		59.9	57.1	2017		5
1.78	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35.8		34.3	33.1	2017		5
1.61	Diabetes: Medicare Population	percent	28.5		29.1	27.2	2017		5
1.50	Adults 65+ with Pneumonia Vaccination	percent	71.2	90	70.3	68.8	2012		3
1.39	Heart Failure: Medicare Population	percent	15.2		15.6	13.9	2017		5
1.39	Hyperlipidemia: Medicare Population	percent	41.5		43.1	40.7	2017		5
1.28	Atrial Fibrillation: Medicare Population	percent	7.6		7.7	8.4	2017		5
1.28	COPD: Medicare Population	percent	10.6		11.4	11.7	2017		5
1.00	People 65+ with Low Access to a Grocery Store	percent	1.3				2015		18
0.94	Ischemic Heart Disease: Medicare Population	percent	25.5		29.3	26.9	2017		5
SCORE	ORAL HEALTH	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.00	Adults who Visited a Dentist	percent	52.1		58.8	67.2	2012		3
1.67	Adults who have had Permanent Teeth Extracted	percent	45.7		42.8	44.5	2012		3
1.36	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	11.2		11	11.7	2012-2016	Y	8
0.17	Dentist Rate	dentists/ 100,000 population	82.1		56.8	68.4	2017		6
SCORE	OTHER CHRONIC DISEASES	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Chronic Kidney Disease: Medicare Population	percent	28.4		26.4	24	2017		5
2.67	Osteoporosis: Medicare Population	percent	7.5		6.8	6.4	2017		5
1.78	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35.8		34.3	33.1	2017		5

Appendix C: HCI Data Scoring Tables

Dallas County									
SCORE	PREVENTION & SAFETY	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.39	Severe Housing Problems	percent	22		18	18.4	2011-2015		6
1.36	Death Rate due to Drug Poisoning	deaths/ 100,000 population	12.2		10.1	19.2	2015-2017		6
1.06	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	37.4	36.4	38.3	46.7	2015-2017	Y	4
SCORE	PUBLIC SAFETY	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.22	Alcohol-Impaired Driving Deaths	percent	33.3		27.7	28.6	2013-2017		6
1.53	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	11.7	12.4	13.5	11.4	2015-2017	Y	4
1.42	Substantiated Child Abuse Rate	cases/ 1,000 children	9		8.5	9.1	2017		12
SCORE	RESPIRATORY DISEASES	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.39	Asthma: Medicare Population	percent	5.9		5	5.1	2017		5
2.06	Tuberculosis Incidence Rate	cases/ 100,000 population	6.9	1	4.5		2013-2017		13
2.00	Adults 65+ with Influenza Vaccination	percent	52.3		59.4	60.1	2012		3
1.50	Adults 65+ with Pneumonia Vaccination	percent	71.2	90	70.3	68.8	2012		3
1.28	COPD: Medicare Population	percent	10.6		11.4	11.7	2017		5
1.17	Adults with Asthma	percent	10.7		10.9	13.3	2012		3
0.81	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	11.8		11.8	14.3	2015-2017	Y	4
0.50	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	51		51.9	59.2	2012-2016	Y	8
0.17	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	36.1	45.5	37.4	41.9	2012-2016	Y	8
SCORE	SOCIAL ENVIRONMENT	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Homeownership	percent	46.4		55.1	56	2013-2017		1
2.61	Linguistic Isolation	percent	11.5		7.9	4.5	2013-2017		1
2.61	Single-Parent Households	percent	39.2		33	33.3	2013-2017		1
2.36	Median Monthly Owner Costs for Households without a Mortgage	dollars	549		481	474	2013-2017		1
2.33	Mean Travel Time to Work	minutes	27.2		26.1	26.4	2013-2017	Y	1
2.25	Median Household Gross Rent	dollars	984		952	982	2013-2017		1
2.06	People 25+ with a High School Degree or Higher	percent	78.3		82.8	87.3	2013-2017	Y	1
2.06	People Living Below Poverty Level	percent	17.7		16	14.6	2013-2017	Y	1
1.97	Persons with Health Insurance	percent	77	100	80.6		2017	N	11
1.83	Children Living Below Poverty Level	percent	27.1		22.9	20.3	2013-2017	Y	1
1.69	Mortgaged Owners Median Monthly Household Costs	dollars	1483		1484	1515	2013-2017		1
1.67	Voter Turnout: Presidential Election	percent	58.3		58.8		2016		15
1.42	Substantiated Child Abuse Rate	cases/ 1,000 children	9		8.5	9.1	2017		12
1.33	Households with an Internet Subscription	percent	76.8		77.3	78.7	2013-2017		1
1.25	Median Housing Unit Value	dollars	148300		151500	193500	2013-2017		1

Appendix C: HCI Data Scoring Tables

Dallas County								
1.17	Median Household Income	dollars	53626	57051	57652	2013-2017	Y	1
1.00	Households with One or More Types of Computing Devices	percent	87.2	87.6	87.2	2013-2017		1
0.94	Female Population 16+ in Civilian Labor Force	percent	61.3	57.7	58.2	2013-2017		1
0.72	Population 16+ in Civilian Labor Force	percent	68.6	64.2	63	2013-2017		1
0.72	Total Employment Change	percent	3.1	1.9	2.1	2015-2016		17
0.67	People 25+ with a Bachelor's Degree or Higher	percent	30.1	28.7	30.9	2013-2017	Y	1
0.67	Per Capita Income	dollars	29810	28985	31177	2013-2017	Y	1
0.67	Social Worker Rate	workers/ 100,000 population	94.2	80		2018		13

SCORE	SUBSTANCE ABUSE	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.22	Alcohol-Impaired Driving Deaths	percent	33.3		27.7	28.6	2013-2017		6
1.36	Death Rate due to Drug Poisoning	deaths/ 100,000 population	12.2		10.1	19.2	2015-2017		6
1.33	Adults who Binge Drink	percent	16.3	24.2	16.2	16.9	2012		3
1.17	Adults who Smoke	percent	16.2	12	18.2	19.6	2012		3
0.83	Liquor Store Density	stores/ 100,000 population	7.4		6.9	10.5	2016		17

SCORE	TRANSPORTATION	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Solo Drivers with a Long Commute	percent	41.7		37.7	35.2	2013-2017		6
2.33	Mean Travel Time to Work	minutes	27.2		26.1	26.4	2013-2017	Y	1
1.53	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	11.7	12.4	13.5	11.4	2015-2017	Y	4
1.22	Workers who Drive Alone to Work	percent	78.4		80.5	76.4	2013-2017	Y	1
1.17	Workers Commuting by Public Transportation	percent	2.8	5.5	1.5	5.1	2013-2017	Y	1
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.2				2015		18

SCORE	WELLNESS & LIFESTYLE	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.67	Self-Reported General Health Assessment: Good or Better	percent	79.6		80.8	83.1	2012		3
1.33	Insufficient Sleep	percent	32.8		32.7	38	2016		6
1.33	Life Expectancy	years	78.9		79	79.1	2015-2017		6
1.17	Frequent Physical Distress	percent	11.1		10.8	15	2016		6

SCORE	WOMEN'S HEALTH	UNITS	DALLAS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.69	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	21.7	20.7	20.1	20.6	2012-2016	Y	8
1.67	Pap Test in Past 3 Years	percent	77	93	74.6	78	2012		3
1.58	Cervical Cancer Incidence Rate	cases/ 100,000 females	9.2	7.3	9.2	7.6	2012-2016	Y	8
1.56	Breast Cancer Incidence Rate	cases/ 100,000 females	117.2		111.9	125.2	2012-2016	Y	8
1.50	Mammogram in Past 2 Years: 50+	percent	76.2		72	77	2012		3

Appendix C: HCI Data Scoring Tables

Denton County									
SCORE	ACCESS TO HEALTH SERVICES	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.67	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	55		72.7	88.2	2018	N/A	5
1.56	Children with Health Insurance	percent	92.3	100	89.3	95	2017	Y	1
1.50	Adults with Health Insurance	percent	86.2	100	76.5	87.7	2017	Y	1
1.31	Persons with Health Insurance	percent	87.1	100	80.6		2017	N	10
1.22	Primary Care Provider Rate	providers/ 100,000 population	64		60.4	75.4	2016	N/A	5
1.17	Dentist Rate	dentists/ 100,000 population	54		56.8	68.4	2017	N/A	5
1.17	Social Worker Rate	workers/ 100,000 population	65.5		80		2018	N/A	12
SCORE	CANCER	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Cancer: Medicare Population	percent	8.6		7.5	8.2	2017	N/A	4
2.00	Breast Cancer Incidence Rate	cases/ 100,000 females	123.8		111.9	125.2	2012-2016	N	7
1.50	Prostate Cancer Incidence Rate	cases/ 100,000 males	100.3		92.4	104.1	2012-2016	N	7
1.25	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	10.5		11	11.7	2012-2016	Y	7
1.19	Cervical Cancer Incidence Rate	cases/ 100,000 females	6.7	7.3	9.2	7.6	2012-2016	N	7
1.06	All Cancer Incidence Rate	cases/ 100,000 population	405.5		407.7	448	2012-2016	Y	7
0.47	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	17.6	20.7	20.1	20.6	2012-2016	N	7
0.47	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	15.2	21.8	17.9	19.2	2012-2016	N	7
0.33	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	48		51.9	59.2	2012-2016	Y	7
0.22	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	11.2	14.5	14.3	14.2	2012-2016	N	7
0.22	Colorectal Cancer Incidence Rate	cases/ 100,000 population	32	39.9	37.7	38.7	2012-2016	N	7
0.00	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	133	161.4	154	161	2012-2016	Y	7
0.00	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	32.4	45.5	37.4	41.9	2012-2016	Y	7
SCORE	CHILDREN'S HEALTH	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.50	Food Insecure Children Likely Ineligible for Assistance	percent	54		37	21	2017	N/A	6
1.56	Children with Health Insurance	percent	92.3	100	89.3	95	2017	Y	1
1.50	Children with Low Access to a Grocery Store	percent	5.2				2015	N/A	17
0.89	Child Food Insecurity Rate	percent	18.7		22.5	17	2017	N/A	6
0.64	Substantiated Child Abuse Rate	cases/ 1,000 children	4.3		8.5	9.1	2017	N/A	11
SCORE	DIABETES	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.94	Diabetes: Medicare Population	percent	25.5		29.1	27.2	2017	N/A	4
0.75	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	17.3		20.9	21.2	2015-2017	Y	3
SCORE	DISABILITIES	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.50	Persons with Disability Living in Poverty (5-year)	percent	14.2		24.5	27.1	2013-2017	N/A	1
SCORE	ECONOMY	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.58	Median Household Gross Rent	dollars	1109		952	982	2013-2017	N/A	1
2.50	Food Insecure Children Likely Ineligible for Assistance	percent	54		37	21	2017	N/A	6
2.36	Median Monthly Owner Costs for Households without a Mortgage	dollars	703		481	474	2013-2017	N/A	1
2.36	Mortgaged Owners Median Monthly Household Costs	dollars	1841		1484	1515	2013-2017	N/A	1
1.89	SNAP Certified Stores	stores/ 1,000 population	0.4				2016	N/A	17
1.39	Renters Spending 30% or More of Household Income on Rent	percent	46		47.8	50.6	2013-2017	Y	1
1.33	Food Insecurity Rate	percent	14.3		14.9	12.5	2017	N/A	6
1.28	Severe Housing Problems	percent	14.1		18	18.4	2011-2015	N/A	5

Appendix C: HCI Data Scoring Tables

Denton County								
1.17	Low-Income and Low Access to a Grocery Store	percent	4.3			2015	N/A	17
1.00	Households that are Above the Asset Limited, Income Constraine	percent	71.5	57.9		2016	N/A	19
1.00	Households that are Asset Limited, Income Constrained, Employe	percent	20.7	27.7		2016	N/A	19
1.00	Households that are Below the Federal Poverty Level	percent	7.8	14.4		2016	N/A	19
0.89	Child Food Insecurity Rate	percent	18.7	22.5	17	2017	N/A	6
0.83	Population 16+ in Civilian Labor Force	percent	72.8	64.2	63	2013-2017	N/A	1
0.72	Homeownership	percent	61.1	55.1	56	2013-2017	N/A	1
0.61	Female Population 16+ in Civilian Labor Force	percent	66.6	57.7	58.2	2013-2017	N/A	1
0.61	Students Eligible for the Free Lunch Program	percent	27.1	53.2	42	2017-2018	N/A	8
0.61	Unemployed Workers in Civilian Labor Force	percent	3	3.6	3.8	August 2019	N/A	15
0.56	Households with Cash Public Assistance Income	percent	1.1	1.5	2.6	2013-2017	N/A	1
0.50	Persons with Disability Living in Poverty (5-year)	percent	14.2	24.5	27.1	2013-2017	N/A	1
0.42	Median Housing Unit Value	dollars	232000	151500	193500	2013-2017	N/A	1
0.39	Families Living Below Poverty Level	percent	5.5	12.4	10.5	2013-2017	Y	1
0.39	People 65+ Living Below Poverty Level	percent	4.8	10.7	9.3	2013-2017	Y	1
0.39	People Living 200% Above Poverty Level	percent	78.7	63.8	67.2	2013-2017	N/A	1
0.39	Total Employment Change	percent	4.5	1.9	2.1	2015-2016	N/A	16
0.17	Children Living Below Poverty Level	percent	9.4	22.9	20.3	2013-2017	Y	1
0.17	Median Household Income	dollars	80290	57051	57652	2013-2017	Y	1
0.17	People Living Below Poverty Level	percent	8.4	16	14.6	2013-2017	Y	1
0.17	Per Capita Income	dollars	37928	28985	31177	2013-2017	Y	1

SCORE	EDUCATION	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.56	High School Drop Out Rate	percent	2.8		1.9		2017	N/A	13
1.56	Student-to-Teacher Ratio	students/ teacher	15		15.2	16.6	2017-2018	N/A	8
0.64	Infants Born to Mothers with <12 Years Education	percent	12.9		21.6	15.9	2013	N/A	12
0.56	People 25+ with a High School Degree or Higher	percent	92		82.8	87.3	2013-2017	Y	1
0.17	People 25+ with a Bachelor's Degree or Higher	percent	43.4		28.7	30.9	2013-2017	Y	1

SCORE	ENVIRONMENT	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.00	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	17
1.89	SNAP Certified Stores	stores/ 1,000 population	0.4				2016	N/A	17
1.78	Fast Food Restaurant Density	restaurants/ 1,000 population	0.7				2014	N/A	17
1.61	Number of Extreme Precipitation Days	days	38				2016	N/A	9
1.61	Recognized Carcinogens Released into Air	pounds	102.6				2017	N/A	18
1.58	Annual Ozone Air Quality	grade	F				2015-2017	N/A	2
1.50	Children with Low Access to a Grocery Store	percent	5.2				2015	N/A	17
1.50	Farmers Market Density	markets/ 1,000 population	0				2016	N/A	17
1.39	Months of Mild Drought or Worse	months per year	5				2016	N/A	9
1.39	Number of Extreme Heat Events	events	1				2016	N/A	9
1.33	People with Low Access to a Grocery Store	percent	18.6				2015	N/A	17
1.28	Severe Housing Problems	percent	14.1		18	18.4	2011-2015	N/A	5
1.17	Daily Dose of UV Irradiance	Joule per square meter	3277		3538		2015	N/A	9
1.17	Low-Income and Low Access to a Grocery Store	percent	4.3				2015	N/A	17
1.17	Number of Extreme Heat Days	days	2				2016	N/A	9
1.17	PBT Released	pounds	185				2017	N/A	18
1.17	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014	N/A	17

Appendix C: HCI Data Scoring Tables

Denton County									
1.00	Food Environment Index		7.6	6	7.7	2019	N/A	5	
1.00	Households with No Car and Low Access to a Grocery Store	percent	0.7			2015	N/A	17	
1.00	People 65+ with Low Access to a Grocery Store	percent	1.4			2015	N/A	17	
0.50	Access to Exercise Opportunities	percent	93.9	80.3	83.9	2019	N/A	5	
0.39	Liquor Store Density	stores/ 100,000 population	5.7	6.9	10.5	2016	N/A	16	
SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.33	Asthma: Medicare Population	percent	5.6		5	5.1	2017	N/A	4
SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.50	Food Insecure Children Likely Ineligible for Assistance	percent	54		37	21	2017	N/A	6
2.00	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	17
1.89	SNAP Certified Stores	stores/ 1,000 population	0.4				2016	N/A	17
1.78	Fast Food Restaurant Density	restaurants/ 1,000 population	0.7				2014	N/A	17
1.50	Children with Low Access to a Grocery Store	percent	5.2				2015	N/A	17
1.50	Farmers Market Density	markets/ 1,000 population	0				2016	N/A	17
1.33	Food Insecurity Rate	percent	14.3		14.9	12.5	2017	N/A	6
1.33	People with Low Access to a Grocery Store	percent	18.6				2015	N/A	17
1.17	Low-Income and Low Access to a Grocery Store	percent	4.3				2015	N/A	17
1.17	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014	N/A	17
1.00	Food Environment Index		7.6		6	7.7	2019	N/A	5
1.00	Households with No Car and Low Access to a Grocery Store	percent	0.7				2015	N/A	17
1.00	People 65+ with Low Access to a Grocery Store	percent	1.4				2015	N/A	17
0.89	Child Food Insecurity Rate	percent	18.7		22.5	17	2017	N/A	6
0.50	Access to Exercise Opportunities	percent	93.9		80.3	83.9	2019	N/A	5
SCORE	FAMILY PLANNING	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.64	Infants Born to Mothers with <12 Years Education	percent	12.9		21.6	15.9	2013	N/A	12
0.64	Teen Births	percent	1		2.8	4.3	2014	N/A	12
SCORE	GOVERNMENT & POLITICS	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.17	Social Worker Rate	workers/ 100,000 population	65.5		80		2018	N/A	12
1.17	Voter Turnout: Presidential Election	percent	63.9		58.8		2016	N/A	14
SCORE	HEART DISEASE & STROKE	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.94	Atrial Fibrillation: Medicare Population	percent	8.4		7.7	8.4	2017	N/A	4
1.72	Hyperlipidemia: Medicare Population	percent	43.7		43.1	40.7	2017	N/A	4
1.61	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	38.9	34.8	42	37.5	2015-2017	N	3
1.61	Hypertension: Medicare Population	percent	59		59.9	57.1	2017	N/A	4
1.61	Stroke: Medicare Population	percent	3.9		4.3	3.8	2017	N/A	4
1.11	Ischemic Heart Disease: Medicare Population	percent	26.5		29.3	26.9	2017	N/A	4
0.75	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	60.9		170.8	94.8	2015-2017	N/A	3
0.67	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	43.2		69.1		2016	N/A	9
0.17	Heart Failure: Medicare Population	percent	12.2		15.6	13.9	2017	N/A	4
SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.61	Tuberculosis Incidence Rate	cases/ 100,000 population	2.7	1	4.5		2013-2017	N/A	12

Appendix C: HCI Data Scoring Tables

Denton County								
1.44	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	22.7		40.6		2017	N/A 12
1.28	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	289.9		511.6		2017	N/A 12
1.28	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	85.1		160.2		2017	N/A 12
1.25	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	14.1		11.8	14.3	2015-2017	N 3
1.22	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	7.3		15.5		2017	N/A 12
SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
1.75	Babies with Very Low Birth Weight	<i>percent</i>	1.4	1.4		1.4	2015	N/A 12
1.58	Babies with Low Birth Weight	<i>percent</i>	7.9	7.8	8.2	8.1	2015	N/A 12
1.53	Mothers who Received Early Prenatal Care	<i>percent</i>	66.3	77.9	59.7	77	2015	N/A 12
1.06	Preterm Births	<i>percent</i>	9.9	9.4	11.7		2015	N/A 12
0.64	Infants Born to Mothers with <12 Years Education	<i>percent</i>	12.9		21.6	15.9	2013	N/A 12
0.64	Teen Births	<i>percent</i>	1		2.8	4.3	2014	N/A 12
0.47	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	3.5	6	5.6	5.9	2015	N/A 12
SCORE	MEN'S HEALTH	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
1.50	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	100.3		92.4	104.1	2012-2016	N 7
0.47	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	15.2	21.8	17.9	19.2	2012-2016	N 7
SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
1.94	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	12		12.8	10.9	2017	N/A 4
1.94	Depression: Medicare Population	<i>percent</i>	18.7		17.9	17.9	2017	N/A 4
1.03	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	11.5	10.2	12.8	13.6	2015-2017	Y 3
0.67	Frequent Mental Distress	<i>percent</i>	9.6		10.6	15	2016	N/A 5
SCORE	MORTALITY DATA	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
1.61	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	38.9	34.8	42	37.5	2015-2017	N 3
1.25	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	14.1		11.8	14.3	2015-2017	N 3
1.03	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	11.5	10.2	12.8	13.6	2015-2017	Y 3
0.86	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	8.3		10.1	19.2	2015-2017	N/A 5
0.83	Life Expectancy	<i>years</i>	81.7		79	79.1	2015-2017	N/A 5
0.75	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	17.3		20.9	21.2	2015-2017	Y 3
0.75	Age-Adjusted Death Rate due to Heart Disease	<i>deaths/ 100,000 population</i>	60.9		170.8	94.8	2015-2017	N/A 3
0.69	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	7.5	12.4	13.5	11.4	2015-2017	Y 3
0.67	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	43.2		69.1		2016	N/A 9
0.50	Alcohol-Impaired Driving Deaths	<i>percent</i>	23.5		27.7	28.6	2013-2017	N/A 5
0.47	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	17.6	20.7	20.1	20.6	2012-2016	N 7
0.47	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	15.2	21.8	17.9	19.2	2012-2016	N 7
0.47	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	3.5	6	5.6	5.9	2015	N/A 12
0.44	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	26.7	36.4	38.3	46.7	2015-2017	Y 3
0.22	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	11.2	14.5	14.3	14.2	2012-2016	N 7
0.00	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	133	161.4	154	161	2012-2016	Y 7
0.00	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	32.4	45.5	37.4	41.9	2012-2016	Y 7
SCORE	OLDER ADULTS & AGING	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
2.67	Cancer: Medicare Population	<i>percent</i>	8.6		7.5	8.2	2017	N/A 4
2.67	Osteoporosis: Medicare Population	<i>percent</i>	7.1		6.8	6.4	2017	N/A 4

Appendix C: HCI Data Scoring Tables

Denton County									
2.33	Asthma: Medicare Population	percent	5.6	5	5.1	2017	N/A	4	
2.00	Chronic Kidney Disease: Medicare Population	percent	24.7	26.4	24	2017	N/A	4	
2.00	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35.1	34.3	33.1	2017	N/A	4	
1.94	Alzheimer's Disease or Dementia: Medicare Population	percent	12	12.8	10.9	2017	N/A	4	
1.94	Atrial Fibrillation: Medicare Population	percent	8.4	7.7	8.4	2017	N/A	4	
1.94	Depression: Medicare Population	percent	18.7	17.9	17.9	2017	N/A	4	
1.72	Hyperlipidemia: Medicare Population	percent	43.7	43.1	40.7	2017	N/A	4	
1.61	Hypertension: Medicare Population	percent	59	59.9	57.1	2017	N/A	4	
1.61	Stroke: Medicare Population	percent	3.9	4.3	3.8	2017	N/A	4	
1.11	Ischemic Heart Disease: Medicare Population	percent	26.5	29.3	26.9	2017	N/A	4	
1.00	People 65+ with Low Access to a Grocery Store	percent	1.4			2015	N/A	17	
0.94	Diabetes: Medicare Population	percent	25.5	29.1	27.2	2017	N/A	4	
0.39	COPD: Medicare Population	percent	10.2	11.4	11.7	2017	N/A	4	
0.39	People 65+ Living Below Poverty Level	percent	4.8	10.7	9.3	2013-2017	Y	1	
0.17	Heart Failure: Medicare Population	percent	12.2	15.6	13.9	2017	N/A	4	
SCORE	ORAL HEALTH	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.25	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	10.5		11	11.7	2012-2016	Y	7
1.17	Dentist Rate	dentists/ 100,000 population	54		56.8	68.4	2017	N/A	5
SCORE	OTHER CHRONIC DISEASES	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Osteoporosis: Medicare Population	percent	7.1		6.8	6.4	2017	N/A	4
2.00	Chronic Kidney Disease: Medicare Population	percent	24.7		26.4	24	2017	N/A	4
2.00	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35.1		34.3	33.1	2017	N/A	4
SCORE	PREVENTION & SAFETY	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.28	Severe Housing Problems	percent	14.1		18	18.4	2011-2015	N/A	5
0.86	Death Rate due to Drug Poisoning	deaths/ 100,000 population	8.3		10.1	19.2	2015-2017	N/A	5
0.44	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	26.7	36.4	38.3	46.7	2015-2017	Y	3
SCORE	PUBLIC SAFETY	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.69	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	7.5	12.4	13.5	11.4	2015-2017	Y	3
0.64	Substantiated Child Abuse Rate	cases/ 1,000 children	4.3		8.5	9.1	2017	N/A	11
0.50	Alcohol-Impaired Driving Deaths	percent	23.5		27.7	28.6	2013-2017	N/A	5
SCORE	RESPIRATORY DISEASES	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.33	Asthma: Medicare Population	percent	5.6		5	5.1	2017	N/A	4
1.61	Tuberculosis Incidence Rate	cases/ 100,000 population	2.7	1	4.5		2013-2017	N/A	12
1.25	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	14.1		11.8	14.3	2015-2017	N	3
0.39	COPD: Medicare Population	percent	10.2		11.4	11.7	2017	N/A	4
0.33	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	48		51.9	59.2	2012-2016	Y	7
0.00	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	32.4	45.5	37.4	41.9	2012-2016	Y	7
SCORE	SOCIAL ENVIRONMENT	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Mean Travel Time to Work	minutes	28.9		26.1	26.4	2013-2017	Y	1
2.58	Median Household Gross Rent	dollars	1109		952	982	2013-2017	N/A	1
2.36	Median Monthly Owner Costs for Households without a Mortgage	dollars	703		481	474	2013-2017	N/A	1

Appendix C: HCI Data Scoring Tables

Denton County									
2.36	Mortgaged Owners Median Monthly Household Costs	dollars	1841		1484	1515	2013-2017	N/A	1
1.31	Persons with Health Insurance	percent	87.1	100	80.6		2017	N	10
1.17	Social Worker Rate	workers/ 100,000 population	65.5		80		2018	N/A	12
1.17	Voter Turnout: Presidential Election	percent	63.9		58.8		2016	N/A	14
0.83	Households with One or More Types of Computing Devices	percent	95.8		87.6	87.2	2013-2017	N/A	1
0.83	Linguistic Isolation	percent	3.7		7.9	4.5	2013-2017	N/A	1
0.83	Population 16+ in Civilian Labor Force	percent	72.8		64.2	63	2013-2017	N/A	1
0.72	Homeownership	percent	61.1		55.1	56	2013-2017	N/A	1
0.64	Substantiated Child Abuse Rate	cases/ 1,000 children	4.3		8.5	9.1	2017	N/A	11
0.61	Female Population 16+ in Civilian Labor Force	percent	66.6		57.7	58.2	2013-2017	N/A	1
0.56	People 25+ with a High School Degree or Higher	percent	92		82.8	87.3	2013-2017	Y	1
0.50	Households with an Internet Subscription	percent	89.1		77.3	78.7	2013-2017	N/A	1
0.42	Median Housing Unit Value	dollars	232000		151500	193500	2013-2017	N/A	1
0.39	Single-Parent Households	percent	22.7		33	33.3	2013-2017	N/A	1
0.39	Total Employment Change	percent	4.5		1.9	2.1	2015-2016	N/A	16
0.17	Children Living Below Poverty Level	percent	9.4		22.9	20.3	2013-2017	Y	1
0.17	Median Household Income	dollars	80290		57051	57652	2013-2017	Y	1
0.17	People 25+ with a Bachelor's Degree or Higher	percent	43.4		28.7	30.9	2013-2017	Y	1
0.17	People Living Below Poverty Level	percent	8.4		16	14.6	2013-2017	Y	1
0.17	Per Capita Income	dollars	37928		28985	31177	2013-2017	Y	1
SCORE	SUBSTANCE ABUSE	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.86	Death Rate due to Drug Poisoning	deaths/ 100,000 population	8.3		10.1	19.2	2015-2017	N/A	5
0.50	Alcohol-Impaired Driving Deaths	percent	23.5		27.7	28.6	2013-2017	N/A	5
0.39	Liquor Store Density	stores/ 100,000 population	5.7		6.9	10.5	2016	N/A	16
SCORE	TEEN & ADOLESCENT HEALTH	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.64	Teen Births	percent	1		2.8	4.3	2014	N/A	12
SCORE	TRANSPORTATION	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Solo Drivers with a Long Commute	percent	47.3		37.7	35.2	2013-2017	N/A	5
2.67	Mean Travel Time to Work	minutes	28.9		26.1	26.4	2013-2017	Y	1
1.56	Workers Commuting by Public Transportation	percent	0.9	5.5	1.5	5.1	2013-2017	N	1
1.39	Workers who Drive Alone to Work	percent	80.9		80.5	76.4	2013-2017	N	1
1.00	Households with No Car and Low Access to a Grocery Store	percent	0.7				2015	N/A	17
0.69	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	7.5	12.4	13.5	11.4	2015-2017	Y	3
SCORE	WELLNESS & LIFESTYLE	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.83	Life Expectancy	years	81.7		79	79.1	2015-2017	N/A	5
0.50	Frequent Physical Distress	percent	9		10.8	15	2016	N/A	5
0.50	Insufficient Sleep	percent	29.3		32.7	38	2016	N/A	5
SCORE	WOMEN'S HEALTH	UNITS	DENTON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.00	Breast Cancer Incidence Rate	cases/ 100,000 females	123.8		111.9	125.2	2012-2016	N	7
1.19	Cervical Cancer Incidence Rate	cases/ 100,000 females	6.7	7.3	9.2	7.6	2012-2016	N	7
0.47	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	17.6	20.7	20.1	20.6	2012-2016	N	7

Appendix C: HCI Data Scoring Tables

Ellis County									
SCORE	ACCESS TO HEALTH SERVICES	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.11	Primary Care Provider Rate	providers/ 100,000 population	40.4		60.4	75.4	2016	N/A	5
1.89	Dentist Rate	dentists/ 100,000 population	31.7		56.8	68.4	2017	N/A	5
1.83	Adults with Health Insurance	percent	78.1	100	76.5	87.7	2017	Y	1
1.83	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	44.9		72.7	88.2	2018	N/A	5
1.67	Children with Health Insurance	percent	89.4	100	89.3	95	2017	N	1
1.47	Persons with Health Insurance	percent	81.8	100	80.6		2017	N	10
1.33	Social Worker Rate	workers/ 100,000 population	47.6		80		2018	N/A	12
SCORE	CANCER	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.22	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	18.2	14.5	14.3	14.2	2012-2016	N	7
2.19	Cervical Cancer Incidence Rate	cases/ 100,000 females	9.5	7.3	9.2	7.6	2012-2016	N	7
2.19	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	13.3		11	11.7	2012-2016	Y	7
2.17	Cancer: Medicare Population	percent	7.7		7.5	8.2	2017	N/A	4
2.14	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	22.9	21.8	17.9	19.2	2012-2016	N	7
1.72	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	59.3		51.9	59.2	2012-2016	N	7
1.67	Breast Cancer Incidence Rate	cases/ 100,000 females	116.3		111.9	125.2	2012-2016	N	7
1.61	All Cancer Incidence Rate	cases/ 100,000 population	435.8		407.7	448	2012-2016	Y	7
1.56	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	169.6	161.4	154	161	2012-2016	Y	7
1.47	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	20.5	20.7	20.1	20.6	2012-2016	N	7
1.28	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	43.2	45.5	37.4	41.9	2012-2016	N	7
1.22	Colorectal Cancer Incidence Rate	cases/ 100,000 population	41	39.9	37.7	38.7	2012-2016	N	7
1.00	Prostate Cancer Incidence Rate	cases/ 100,000 males	93.2		92.4	104.1	2012-2016	Y	7
SCORE	CHILDREN'S HEALTH	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Food Insecure Children Likely Ineligible for Assistance	percent	41		37	21	2017	N/A	6
1.83	Children with Low Access to a Grocery Store	percent	7				2015	N/A	17
1.67	Children with Health Insurance	percent	89.4	100	89.3	95	2017	N	1
1.00	Child Food Insecurity Rate	percent	20.1		22.5	17	2017	N/A	6
0.97	Substantiated Child Abuse Rate	cases/ 1,000 children	7.8		8.5	9.1	2017	N/A	11
SCORE	DIABETES	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.78	Diabetes: Medicare Population	percent	28.9		29.1	27.2	2017	N/A	4
0.64	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	14.4		20.9	21.2	2015-2017	N	3
SCORE	DISABILITIES	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.50	Persons with Disability Living in Poverty (5-year)	percent	19.5		24.5	27.1	2013-2017	N/A	1
SCORE	ECONOMY	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Food Insecure Children Likely Ineligible for Assistance	percent	41		37	21	2017	N/A	6
2.19	Median Monthly Owner Costs for Households without a Mortgage	dollars	523		481	474	2013-2017	N/A	1
2.08	Median Household Gross Rent	dollars	960		952	982	2013-2017	N/A	1
2.03	Mortgaged Owners Median Monthly Household Costs	dollars	1516		1484	1515	2013-2017	N/A	1
1.89	SNAP Certified Stores	stores/ 1,000 population	0.5				2016	N/A	17
1.56	Renters Spending 30% or More of Household Income on Rent	percent	47.9		47.8	50.6	2013-2017	Y	1
1.44	Households with Cash Public Assistance Income	percent	1.6		1.5	2.6	2013-2017	N/A	1
1.33	Households that are Asset Limited, Income Constrained, Employed	percent	26.7		27.7		2016	N/A	19

Appendix C: HCI Data Scoring Tables

Ellis County								
1.33	Low-Income and Low Access to a Grocery Store	percent	6.3			2015	N/A	17
1.28	Severe Housing Problems	percent	14.4	18	18.4	2011-2015	N/A	5
1.17	Female Population 16+ in Civilian Labor Force	percent	59.5	57.7	58.2	2013-2017	N/A	1
1.17	Food Insecurity Rate	percent	13.6	14.9	12.5	2017	N/A	6
1.17	Households that are Above the Asset Limited, Income Constrained,	percent	63	57.9		2016	N/A	19
1.17	Population 16+ in Civilian Labor Force	percent	66.1	64.2	63	2013-2017	N/A	1
1.08	Median Housing Unit Value	dollars	158200	151500	193500	2013-2017	N/A	1
1.00	Child Food Insecurity Rate	percent	20.1	22.5	17	2017	N/A	6
1.00	Households that are Below the Federal Poverty Level	percent	10.3	14.4		2016	N/A	19
1.00	Per Capita Income	dollars	28612	28985	31177	2013-2017	Y	1
0.94	Unemployed Workers in Civilian Labor Force	percent	3.1	3.6	3.8	August 2019	N/A	15
0.83	Students Eligible for the Free Lunch Program	percent	39.7	53.2	42	2017-2018	N/A	8
0.56	Families Living Below Poverty Level	percent	8.2	12.4	10.5	2013-2017	Y	1
0.56	People 65+ Living Below Poverty Level	percent	7.3	10.7	9.3	2013-2017	Y	1
0.50	Persons with Disability Living in Poverty (5-year)	percent	19.5	24.5	27.1	2013-2017	N/A	1
0.39	Homeownership	percent	68.2	55.1	56	2013-2017	N/A	1
0.39	People Living Below Poverty Level	percent	10.5	16	14.6	2013-2017	Y	1
0.39	Total Employment Change	percent	7.2	1.9	2.1	2015-2016	N/A	16
0.33	People Living 200% Above Poverty Level	percent	72.6	63.8	67.2	2013-2017	N/A	1
0.17	Children Living Below Poverty Level	percent	14.6	22.9	20.3	2013-2017	Y	1
0.17	Median Household Income	dollars	67371	57051	57652	2013-2017	Y	1

SCORE	EDUCATION	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.72	High School Drop Out Rate	percent	4		1.9		2017	N/A	13
1.56	People 25+ with a Bachelor's Degree or Higher	percent	22.1		28.7	30.9	2013-2017	Y	1
1.56	Student-to-Teacher Ratio	students/ teacher	15.2		15.2	16.6	2017-2018	N/A	8
1.39	People 25+ with a High School Degree or Higher	percent	84.8		82.8	87.3	2013-2017	N	1
0.58	Infants Born to Mothers with <12 Years Education	percent	15.1		21.6	15.9	2013	N/A	12

SCORE	ENVIRONMENT	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.00	Access to Exercise Opportunities	percent	65.4		80.3	83.9	2019	N/A	5
1.89	SNAP Certified Stores	stores/ 1,000 population	0.5				2016	N/A	17
1.83	Children with Low Access to a Grocery Store	percent	7				2015	N/A	17
1.83	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	17
1.67	People with Low Access to a Grocery Store	percent	23.7				2015	N/A	17
1.61	Fast Food Restaurant Density	restaurants/ 1,000 population	0.6				2014	N/A	17
1.61	Number of Extreme Precipitation Days	days	43				2016	N/A	9
1.39	Number of Extreme Heat Events	events	2				2016	N/A	9
1.39	PBT Released	pounds	99430.7				2017	N/A	18
1.39	Recognized Carcinogens Released into Air	pounds	145322.1				2017	N/A	18
1.33	Farmers Market Density	markets/ 1,000 population	0				2016	N/A	17
1.33	Low-Income and Low Access to a Grocery Store	percent	6.3				2015	N/A	17
1.33	People 65+ with Low Access to a Grocery Store	percent	2.1				2015	N/A	17
1.31	Annual Ozone Air Quality	grade	C				2015-2017	N/A	2
1.28	Severe Housing Problems	percent	14.4		18	18.4	2011-2015	N/A	5
1.25	Annual Particle Pollution	grade	A				2015-2017	N/A	2
1.17	Daily Dose of UV Irradiance	Joule per square meter	3294		3538		2015	N/A	9

Appendix C: HCI Data Scoring Tables

Ellis County									
1.17	Number of Extreme Heat Days	days	5			2016	N/A	9	
1.17	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1			2014	N/A	17	
1.17	Weeks of Moderate Drought or Worse	weeks per year	1			2016	N/A	9	
1.00	Food Environment Index		7.6	6	7.7	2019	N/A	5	
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.4			2015	N/A	17	
0.61	Liquor Store Density	stores/ 100,000 population	3.6	6.9	10.5	2016	N/A	16	
SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.72	Asthma: Medicare Population	percent	5.1		5	5.1	2017	N/A	4
SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Food Insecure Children Likely Ineligible for Assistance	percent	41		37	21	2017	N/A	6
2.00	Access to Exercise Opportunities	percent	65.4		80.3	83.9	2019	N/A	5
1.89	SNAP Certified Stores	stores/ 1,000 population	0.5				2016	N/A	17
1.83	Children with Low Access to a Grocery Store	percent	7				2015	N/A	17
1.83	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	17
1.67	People with Low Access to a Grocery Store	percent	23.7				2015	N/A	17
1.61	Fast Food Restaurant Density	restaurants/ 1,000 population	0.6				2014	N/A	17
1.33	Farmers Market Density	markets/ 1,000 population	0				2016	N/A	17
1.33	Low-Income and Low Access to a Grocery Store	percent	6.3				2015	N/A	17
1.33	People 65+ with Low Access to a Grocery Store	percent	2.1				2015	N/A	17
1.17	Food Insecurity Rate	percent	13.6		14.9	12.5	2017	N/A	6
1.17	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014	N/A	17
1.00	Child Food Insecurity Rate	percent	20.1		22.5	17	2017	N/A	6
1.00	Food Environment Index		7.6		6	7.7	2019	N/A	5
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.4				2015	N/A	17
SCORE	FAMILY PLANNING	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.58	Infants Born to Mothers with <12 Years Education	percent	15.1		21.6	15.9	2013	N/A	12
0.42	Teen Births	percent	1.8		2.8	4.3	2014	N/A	12
SCORE	GOVERNMENT & POLITICS	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.33	Social Worker Rate	workers/ 100,000 population	47.6		80		2018	N/A	12
1.22	Voter Turnout: Presidential Election	percent	62.1		58.8		2016	N/A	14
SCORE	HEART DISEASE & STROKE	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
3.00	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	55.4	34.8	42	37.5	2015-2017	N	3
2.28	Stroke: Medicare Population	percent	4.5		4.3	3.8	2017	N/A	4
2.00	Hypertension: Medicare Population	percent	60.4		59.9	57.1	2017	N/A	4
1.78	Atrial Fibrillation: Medicare Population	percent	8.3		7.7	8.4	2017	N/A	4
1.56	Heart Failure: Medicare Population	percent	15.3		15.6	13.9	2017	N/A	4
1.44	Ischemic Heart Disease: Medicare Population	percent	27		29.3	26.9	2017	N/A	4
1.22	Hyperlipidemia: Medicare Population	percent	40.3		43.1	40.7	2017	N/A	4
0.92	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	85.4		170.8	94.8	2015-2017	N/A	3
0.89	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	53.6		69.1		2016	N/A	9
SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source

Appendix C: HCI Data Scoring Tables

Ellis County								
1.50	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.8	1	4.5	2013-2017	N/A	12
1.44	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	99.1		160.2	2017	N/A	12
1.44	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	9.8		15.5	2017	N/A	12
1.44	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	13.2		40.6	2017	N/A	12
1.17	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	319.7		511.6	2017	N/A	12
0.97	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	12.5		11.8 14.3	2015-2017	N	3

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.36	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	9.4	6	5.6	5.9	2015	N/A	12
2.19	Mothers who Received Early Prenatal Care	<i>percent</i>	58.3	77.9	59.7	77	2015	N/A	12
2.03	Babies with Very Low Birth Weight	<i>percent</i>	1.7	1.4		1.4	2015	N/A	12
1.50	Preterm Births	<i>percent</i>	11.2	9.4	11.7		2015	N/A	12
1.47	Babies with Low Birth Weight	<i>percent</i>	7.8	7.8	8.2	8.1	2015	N/A	12
0.58	Infants Born to Mothers with <12 Years Education	<i>percent</i>	15.1		21.6	15.9	2013	N/A	12
0.42	Teen Births	<i>percent</i>	1.8		2.8	4.3	2014	N/A	12

SCORE	MEN'S HEALTH	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.14	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	22.9	21.8	17.9	19.2	2012-2016	N	7
1.00	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	93.2		92.4	104.1	2012-2016	Y	7

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Depression: Medicare Population	<i>percent</i>	19.9		17.9	17.9	2017	N/A	4
2.11	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	12.3		12.8	10.9	2017	N/A	4
0.69	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	11	10.2	12.8	13.6	2015-2017	N	3
0.67	Frequent Mental Distress	<i>percent</i>	10.4		10.6	15	2016	N/A	5

SCORE	MORTALITY DATA	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
3.00	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	55.4	34.8	42	37.5	2015-2017	N	3
2.58	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	16.1	12.4	13.5	11.4	2015-2017	N	3
2.36	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	9.4	6	5.6	5.9	2015	N/A	12
2.22	Age-Adjusted Death Rate due to Colorectal Cancer	<i>deaths/ 100,000 population</i>	18.2	14.5	14.3	14.2	2012-2016	N	7
2.22	Alcohol-Impaired Driving Deaths	<i>percent</i>	32.6		27.7	28.6	2013-2017	N/A	5
2.14	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	22.9	21.8	17.9	19.2	2012-2016	N	7
1.56	Age-Adjusted Death Rate due to Cancer	<i>deaths/ 100,000 population</i>	169.6	161.4	154	161	2012-2016	Y	7
1.50	Life Expectancy	<i>years</i>	78		79	79.1	2015-2017	N/A	5
1.47	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/ 100,000 females</i>	20.5	20.7	20.1	20.6	2012-2016	N	7
1.28	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	43.2	45.5	37.4	41.9	2012-2016	N	7
1.25	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	9.5		10.1	19.2	2015-2017	N/A	5
1.22	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	39.8	36.4	38.3	46.7	2015-2017	Y	3
0.97	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	12.5		11.8	14.3	2015-2017	N	3
0.92	Age-Adjusted Death Rate due to Heart Disease	<i>deaths/ 100,000 population</i>	85.4		170.8	94.8	2015-2017	N/A	3
0.89	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	53.6		69.1		2016	N/A	9
0.69	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	11	10.2	12.8	13.6	2015-2017	N	3
0.64	Age-Adjusted Death Rate due to Diabetes	<i>deaths/ 100,000 population</i>	14.4		20.9	21.2	2015-2017	N	3

SCORE	OLDER ADULTS & AGING	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Depression: Medicare Population	<i>percent</i>	19.9		17.9	17.9	2017	N/A	4

Appendix C: HCI Data Scoring Tables

Ellis County									
2.67	Chronic Kidney Disease: Medicare Population	percent	27.6	26.4	24	2017	N/A	4	
2.28	Stroke: Medicare Population	percent	4.5	4.3	3.8	2017	N/A	4	
2.17	Cancer: Medicare Population	percent	7.7	7.5	8.2	2017	N/A	4	
2.11	Alzheimer's Disease or Dementia: Medicare Population	percent	12.3	12.8	10.9	2017	N/A	4	
2.00	Hypertension: Medicare Population	percent	60.4	59.9	57.1	2017	N/A	4	
2.00	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35.2	34.3	33.1	2017	N/A	4	
1.78	Atrial Fibrillation: Medicare Population	percent	8.3	7.7	8.4	2017	N/A	4	
1.78	Diabetes: Medicare Population	percent	28.9	29.1	27.2	2017	N/A	4	
1.72	Asthma: Medicare Population	percent	5.1	5	5.1	2017	N/A	4	
1.56	Heart Failure: Medicare Population	percent	15.3	15.6	13.9	2017	N/A	4	
1.50	COPD: Medicare Population	percent	11.3	11.4	11.7	2017	N/A	4	
1.44	Ischemic Heart Disease: Medicare Population	percent	27	29.3	26.9	2017	N/A	4	
1.33	People 65+ with Low Access to a Grocery Store	percent	2.1			2015	N/A	17	
1.22	Hyperlipidemia: Medicare Population	percent	40.3	43.1	40.7	2017	N/A	4	
1.11	Osteoporosis: Medicare Population	percent	5.5	6.8	6.4	2017	N/A	4	
0.56	People 65+ Living Below Poverty Level	percent	7.3	10.7	9.3	2013-2017	Y	1	
SCORE	ORAL HEALTH	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.19	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	13.3		11	11.7	2012-2016	Y	7
1.89	Dentist Rate	dentists/ 100,000 population	31.7		56.8	68.4	2017	N/A	5
SCORE	OTHER CHRONIC DISEASES	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Chronic Kidney Disease: Medicare Population	percent	27.6		26.4	24	2017	N/A	4
2.00	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35.2		34.3	33.1	2017	N/A	4
1.11	Osteoporosis: Medicare Population	percent	5.5		6.8	6.4	2017	N/A	4
SCORE	PREVENTION & SAFETY	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.28	Severe Housing Problems	percent	14.4		18	18.4	2011-2015	N/A	5
1.25	Death Rate due to Drug Poisoning	deaths/ 100,000 population	9.5		10.1	19.2	2015-2017	N/A	5
1.22	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	39.8	36.4	38.3	46.7	2015-2017	Y	3
SCORE	PUBLIC SAFETY	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.58	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	16.1	12.4	13.5	11.4	2015-2017	N	3
2.22	Alcohol-Impaired Driving Deaths	percent	32.6		27.7	28.6	2013-2017	N/A	5
0.97	Substantiated Child Abuse Rate	cases/ 1,000 children	7.8		8.5	9.1	2017	N/A	11
SCORE	RESPIRATORY DISEASES	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.72	Asthma: Medicare Population	percent	5.1		5	5.1	2017	N/A	4
1.72	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	59.3		51.9	59.2	2012-2016	N	7
1.50	COPD: Medicare Population	percent	11.3		11.4	11.7	2017	N/A	4
1.50	Tuberculosis Incidence Rate	cases/ 100,000 population	1.8	1	4.5		2013-2017	N/A	12
1.28	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	43.2	45.5	37.4	41.9	2012-2016	N	7
0.97	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	12.5		11.8	14.3	2015-2017	N	3
SCORE	SOCIAL ENVIRONMENT	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Mean Travel Time to Work	minutes	29.3		26.1	26.4	2013-2017	Y	1
2.19	Median Monthly Owner Costs for Households without a Mortgage	dollars	523		481	474	2013-2017	N/A	1

Appendix C: HCI Data Scoring Tables

Ellis County									
2.08	Median Household Gross Rent	dollars	960		952	982	2013-2017	N/A	1
2.03	Mortgaged Owners Median Monthly Household Costs	dollars	1516		1484	1515	2013-2017	N/A	1
1.56	People 25+ with a Bachelor's Degree or Higher	percent	22.1		28.7	30.9	2013-2017	Y	1
1.47	Persons with Health Insurance	percent	81.8	100	80.6		2017	N	10
1.39	People 25+ with a High School Degree or Higher	percent	84.8		82.8	87.3	2013-2017	N	1
1.33	Social Worker Rate	workers/ 100,000 population	47.6		80		2018	N/A	12
1.22	Voter Turnout: Presidential Election	percent	62.1		58.8		2016	N/A	14
1.17	Female Population 16+ in Civilian Labor Force	percent	59.5		57.7	58.2	2013-2017	N/A	1
1.17	Population 16+ in Civilian Labor Force	percent	66.1		64.2	63	2013-2017	N/A	1
1.08	Median Housing Unit Value	dollars	158200		151500	193500	2013-2017	N/A	1
1.00	Linguistic Isolation	percent	3.8		7.9	4.5	2013-2017	N/A	1
1.00	Per Capita Income	dollars	28612		28985	31177	2013-2017	Y	1
0.97	Substantiated Child Abuse Rate	cases/ 1,000 children	7.8		8.5	9.1	2017	N/A	11
0.83	Households with an Internet Subscription	percent	81.6		77.3	78.7	2013-2017	N/A	1
0.83	Households with One or More Types of Computing Devices	percent	91		87.6	87.2	2013-2017	N/A	1
0.39	Homeownership	percent	68.2		55.1	56	2013-2017	N/A	1
0.39	People Living Below Poverty Level	percent	10.5		16	14.6	2013-2017	Y	1
0.39	Total Employment Change	percent	7.2		1.9	2.1	2015-2016	N/A	16
0.17	Children Living Below Poverty Level	percent	14.6		22.9	20.3	2013-2017	Y	1
0.17	Median Household Income	dollars	67371		57051	57652	2013-2017	Y	1
0.17	Single-Parent Households	percent	22.7		33	33.3	2013-2017	N/A	1
SCORE	SUBSTANCE ABUSE	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.22	Alcohol-Impaired Driving Deaths	percent	32.6		27.7	28.6	2013-2017	N/A	5
1.25	Death Rate due to Drug Poisoning	deaths/ 100,000 population	9.5		10.1	19.2	2015-2017	N/A	5
0.61	Liquor Store Density	stores/ 100,000 population	3.6		6.9	10.5	2016	N/A	16
SCORE	TEEN & ADOLESCENT HEALTH	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.42	Teen Births	percent	1.8		2.8	4.3	2014	N/A	12
SCORE	TRANSPORTATION	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Mean Travel Time to Work	minutes	29.3		26.1	26.4	2013-2017	Y	1
2.61	Solo Drivers with a Long Commute	percent	46.1		37.7	35.2	2013-2017	N/A	5
2.58	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	16.1	12.4	13.5	11.4	2015-2017	N	3
1.94	Workers who Drive Alone to Work	percent	82		80.5	76.4	2013-2017	Y	1
1.72	Workers Commuting by Public Transportation	percent	0.4	5.5	1.5	5.1	2013-2017	N	1
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.4				2015	N/A	17
SCORE	WELLNESS & LIFESTYLE	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.67	Insufficient Sleep	percent	33.6		32.7	38	2016	N/A	5
1.50	Life Expectancy	years	78		79	79.1	2015-2017	N/A	5
0.83	Frequent Physical Distress	percent	10.4		10.8	15	2016	N/A	5
SCORE	WOMEN'S HEALTH	UNITS	ELLIS COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.19	Cervical Cancer Incidence Rate	cases/ 100,000 females	9.5	7.3	9.2	7.6	2012-2016	N	7
1.67	Breast Cancer Incidence Rate	cases/ 100,000 females	116.3		111.9	125.2	2012-2016	N	7
1.47	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	20.5	20.7	20.1	20.6	2012-2016	N	7

Appendix C: HCI Data Scoring Tables

Erath County									
SCORE	ACCESS TO HEALTH SERVICES	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.50	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	28.6		72.7	88.2	2018	N/A	4
2.14	Persons with Health Insurance	percent	76.6	100	80.6		2017	N	9
1.67	Social Worker Rate	workers/ 100,000 population	58.8		80		2018	N/A	11
1.50	Primary Care Provider Rate	providers/ 100,000 population	60		60.4	75.4	2016	N/A	4
1.17	Dentist Rate	dentists/ 100,000 population	52.4		56.8	68.4	2017	N/A	4
SCORE	CANCER	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.17	Cancer: Medicare Population	percent	8		7.5	8.2	2017	N/A	3
1.75	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	11.5		11	11.7	2012-2016	N	6
1.72	Breast Cancer Incidence Rate	cases/ 100,000 females	121.6		111.9	125.2	2012-2016	N	6
1.56	Colorectal Cancer Incidence Rate	cases/ 100,000 population	38.9	39.9	37.7	38.7	2012-2016	N	6
1.28	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	55.8		51.9	59.2	2012-2016	N	6
0.94	All Cancer Incidence Rate	cases/ 100,000 population	395.8		407.7	448	2012-2016	N	6
0.92	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	20.1	21.8	20.4	22.3	2007-2011	N	6
0.83	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	13.6	14.5	14.3	14.2	2012-2016	N	6
0.61	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	35.8	45.5	37.4	41.9	2012-2016	N	6
0.56	Prostate Cancer Incidence Rate	cases/ 100,000 males	81.8		92.4	104.1	2012-2016	N	6
0.47	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	17	20.7	20.1	20.6	2012-2016	N	6
0.22	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	134.6	161.4	154	161	2012-2016	N	6
SCORE	CHILDREN'S HEALTH	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.36	Substantiated Child Abuse Rate	cases/ 1,000 children	17.5		8.5	9.1	2017	N/A	10
1.83	Children with Low Access to a Grocery Store	percent	7.9				2015	N/A	16
1.67	Child Food Insecurity Rate	percent	22.6		22.5	17	2017	N/A	5
1.44	Food Insecure Children Likely Ineligible for Assistance	percent	28		37	21	2017	N/A	5
SCORE	DIABETES	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.78	Diabetes: Medicare Population	percent	24.4		29.1	27.2	2017	N/A	3
0.75	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	16.1		20.9	21.1	2014-2016	N	2
SCORE	DISABILITIES	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.00	Persons with Disability Living in Poverty (5-year)	percent	27.7		24.5	27.1	2013-2017	N/A	1
SCORE	ECONOMY	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Homeownership	percent	49.7		55.1	56	2013-2017	N/A	1
2.50	People 65+ Living Below Poverty Level	percent	13.1		10.7	9.3	2013-2017	N	1
2.50	People Living Below Poverty Level	percent	22.6		16	14.6	2013-2017	Y	1
2.50	Severe Housing Problems	percent	22.2		18	18.4	2011-2015	N/A	4
2.44	Total Employment Change	percent	-3		1.9	2.1	2015-2016	N/A	15
2.39	Food Insecurity Rate	percent	17.7		14.9	12.5	2017	N/A	5
2.22	Renters Spending 30% or More of Household Income on Rent	percent	52.6		47.8	50.6	2013-2017	N	1
2.11	SNAP Certified Stores	stores/ 1,000 population	0.6				2016	N/A	16
2.06	People Living 200% Above Poverty Level	percent	56.4		63.8	67.2	2013-2017	N/A	1
2.00	Female Population 16+ in Civilian Labor Force	percent	53		57.7	58.2	2013-2017	N/A	1
2.00	Households that are Above the Asset Limited, Income Constrained,	percent	45.5		57.9		2016	N/A	18
2.00	Households that are Below the Federal Poverty Level	percent	25.5		14.4		2016	N/A	18

Appendix C: HCI Data Scoring Tables

Erath County								
2.00	Low-Income and Low Access to a Grocery Store	percent	16.4			2015	N/A	16
2.00	Persons with Disability Living in Poverty (5-year)	percent	27.7	24.5	27.1	2013-2017	N/A	1
1.83	Median Household Income	dollars	47013	57051	57652	2013-2017	N	1
1.83	Per Capita Income	dollars	23511	28985	31177	2013-2017	Y	1
1.83	Population 16+ in Civilian Labor Force	percent	59.7	64.2	63	2013-2017	N/A	1
1.72	Families Living Below Poverty Level	percent	12.3	12.4	10.5	2013-2017	N	1
1.67	Child Food Insecurity Rate	percent	22.6	22.5	17	2017	N/A	5
1.67	Households that are Asset Limited, Income Constrained, Employed	percent	29	27.7		2016	N/A	18
1.44	Food Insecure Children Likely Ineligible for Assistance	percent	28	37	21	2017	N/A	5
1.44	Students Eligible for the Free Lunch Program	percent	45.3	53.2	42	2017-2018	N/A	7
1.42	Median Household Gross Rent	dollars	785	952	982	2013-2017	N/A	1
1.42	Median Housing Unit Value	dollars	128300	151500	193500	2013-2017	N/A	1
1.19	Median Monthly Owner Costs for Households without a Mortgage	dollars	418	481	474	2013-2017	N/A	1
1.17	Children Living Below Poverty Level	percent	21.5	22.9	20.3	2013-2017	Y	1
1.11	Unemployed Workers in Civilian Labor Force	percent	3.3	3.6	3.8	August 2019	N/A	14
1.08	Mortgaged Owners Median Monthly Household Costs	dollars	1204	1484	1515	2013-2017	N/A	1
0.39	Households with Cash Public Assistance Income	percent	0.8	1.5	2.6	2013-2017	N/A	1

SCORE	EDUCATION	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.89	High School Drop Out Rate	percent	6.6		1.9		2017	N/A	12
1.22	People 25+ with a Bachelor's Degree or Higher	percent	27.8		28.7	30.9	2013-2017	Y	1
1.22	People 25+ with a High School Degree or Higher	percent	85.1		82.8	87.3	2013-2017	Y	1
0.97	Infants Born to Mothers with <12 Years Education	percent	16.5		21.6	15.9	2013	N/A	11
0.89	Student-to-Teacher Ratio	students/ teacher	13.4		15.2	16.6	2017-2018	N/A	7

SCORE	ENVIRONMENT	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.50	Severe Housing Problems	percent	22.2		18	18.4	2011-2015	N/A	4
2.11	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	16
2.11	SNAP Certified Stores	stores/ 1,000 population	0.6				2016	N/A	16
2.00	Access to Exercise Opportunities	percent	61.5		80.3	83.9	2019	N/A	4
2.00	Food Environment Index		5.8		6	7.7	2019	N/A	4
2.00	Low-Income and Low Access to a Grocery Store	percent	16.4				2015	N/A	16
2.00	People with Low Access to a Grocery Store	percent	36.1				2015	N/A	16
1.89	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8				2014	N/A	16
1.83	Children with Low Access to a Grocery Store	percent	7.9				2015	N/A	16
1.83	People 65+ with Low Access to a Grocery Store	percent	4.8				2015	N/A	16
1.61	Number of Extreme Precipitation Days	days	43				2016	N/A	8
1.50	Farmers Market Density	markets/ 1,000 population	0				2016	N/A	16
1.50	Households with No Car and Low Access to a Grocery Store	percent	2.4				2015	N/A	16
1.44	Daily Dose of UV Irradiance	Joule per square meter	3468		3538		2015	N/A	8
1.39	Number of Extreme Heat Days	days	10				2016	N/A	8
1.39	Number of Extreme Heat Events	events	1				2016	N/A	8
1.39	Recognized Carcinogens Released into Air	pounds	75821				2017	N/A	17
1.33	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014	N/A	16
1.17	Weeks of Moderate Drought or Worse	weeks per year	1				2016	N/A	8
0.39	Liquor Store Density	stores/ 100,000 population	2.4		6.9	10.5	2016	N/A	15

Appendix C: HCI Data Scoring Tables

Erath County									
SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.72	Asthma: Medicare Population	percent	4.3		5	5.1	2017	N/A	3
SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.39	Food Insecurity Rate	percent	17.7		14.9	12.5	2017	N/A	5
2.11	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	16
2.11	SNAP Certified Stores	stores/ 1,000 population	0.6				2016	N/A	16
2.00	Access to Exercise Opportunities	percent	61.5		80.3	83.9	2019	N/A	4
2.00	Food Environment Index		5.8		6	7.7	2019	N/A	4
2.00	Low-Income and Low Access to a Grocery Store	percent	16.4				2015	N/A	16
2.00	People with Low Access to a Grocery Store	percent	36.1				2015	N/A	16
1.89	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8				2014	N/A	16
1.83	Children with Low Access to a Grocery Store	percent	7.9				2015	N/A	16
1.83	People 65+ with Low Access to a Grocery Store	percent	4.8				2015	N/A	16
1.67	Child Food Insecurity Rate	percent	22.6		22.5	17	2017	N/A	5
1.50	Farmers Market Density	markets/ 1,000 population	0				2016	N/A	16
1.50	Households with No Car and Low Access to a Grocery Store	percent	2.4				2015	N/A	16
1.44	Food Insecure Children Likely Ineligible for Assistance	percent	28		37	21	2017	N/A	5
1.33	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014	N/A	16
SCORE	FAMILY PLANNING	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.97	Infants Born to Mothers with <12 Years Education	percent	16.5		21.6	15.9	2013	N/A	11
0.97	Teen Births	percent	2.8		2.8	4.3	2014	N/A	11
SCORE	GOVERNMENT & POLITICS	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.67	Social Worker Rate	workers/ 100,000 population	58.8		80		2018	N/A	11
1.17	Voter Turnout: Presidential Election	percent	64.5		58.8		2016	N/A	13
SCORE	HEART DISEASE & STROKE	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.11	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	122.3		69.1		2016	N/A	8
1.75	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	143.9		170.8	94.8	2015-2017	N/A	2
1.67	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	42.8	34.8	42	37.5	2015-2017	N	2
1.33	Hypertension: Medicare Population	percent	55.7		59.9	57.1	2017	N/A	3
1.28	Heart Failure: Medicare Population	percent	14.1		15.6	13.9	2017	N/A	3
1.11	Atrial Fibrillation: Medicare Population	percent	7.2		7.7	8.4	2017	N/A	3
0.67	Hyperlipidemia: Medicare Population	percent	34.8		43.1	40.7	2017	N/A	3
0.50	Ischemic Heart Disease: Medicare Population	percent	24.8		29.3	26.9	2017	N/A	3
0.33	Stroke: Medicare Population	percent	2.9		4.3	3.8	2017	N/A	3
SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.33	Chlamydia Incidence Rate	cases/ 100,000 population	645.7		511.6		2017	N/A	11
1.92	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	16.1		12.7	14.6	2014-2016	N	2
1.67	Tuberculosis Incidence Rate	cases/ 100,000 population	3.4	1	4.5		2013-2017	N/A	11
1.28	Gonorrhea Incidence Rate	cases/ 100,000 population	69.1		160.2		2017	N/A	11
1.28	Syphilis Incidence Rate	cases/ 100,000 population	7.1		40.6		2017	N/A	11
0.89	HIV Diagnosis Rate	cases/ 100,000 population	0		15.5		2017	N/A	11

Appendix C: HCI Data Scoring Tables

Erath County									
SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.53	Infant Mortality Rate	deaths/ 1,000 live births	11.2	6	5.6	5.9	2015	N/A	11
2.53	Mothers who Received Early Prenatal Care	percent	50.9	77.9	59.7	77	2015	N/A	11
2.17	Babies with Very Low Birth Weight	percent	2.3	1.4	1.4	1.4	2013	N/A	11
1.81	Babies with Low Birth Weight	percent	8.5	7.8	8.2	8.1	2015	N/A	11
1.78	Preterm Births	percent	11.8	9.4	11.7		2015	N/A	11
0.97	Infants Born to Mothers with <12 Years Education	percent	16.5		21.6	15.9	2013	N/A	11
0.97	Teen Births	percent	2.8		2.8	4.3	2014	N/A	11
SCORE	MEN'S HEALTH	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.92	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	20.1	21.8	20.4	22.3	2007-2011	N	6
0.56	Prostate Cancer Incidence Rate	cases/ 100,000 males	81.8		92.4	104.1	2012-2016	N	6
SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.25	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	18.1	10.2	12.4	13.2	2014-2016	N	2
1.94	Alzheimer's Disease or Dementia: Medicare Population	percent	12		12.8	10.9	2017	N/A	3
1.83	Frequent Mental Distress	percent	12.5		10.6	15	2016	N/A	4
1.06	Depression: Medicare Population	percent	16.8		17.9	17.9	2017	N/A	3
SCORE	MORTALITY DATA	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.58	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	22.5	12.4	13.5	11.4	2015-2017	N	2
2.53	Infant Mortality Rate	deaths/ 1,000 live births	11.2	6	5.6	5.9	2015	N/A	11
2.25	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	18.1	10.2	12.4	13.2	2014-2016	N	2
2.11	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	122.3		69.1		2016	N/A	8
1.92	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	16.1		12.7	14.6	2014-2016	N	2
1.75	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	143.9		170.8	94.8	2015-2017	N/A	2
1.67	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	42.8	34.8	42	37.5	2015-2017	N	2
1.61	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	45.1	36.4	38.3	46.7	2015-2017	N	2
1.50	Life Expectancy	years	78		79	79.1	2015-2017	N/A	4
0.92	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	20.1	21.8	20.4	22.3	2007-2011	N	6
0.92	Death Rate due to Drug Poisoning	deaths/ 100,000 population	9.2		9.4	13.9	2012-2014	N/A	4
0.83	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	13.6	14.5	14.3	14.2	2012-2016	N	6
0.75	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	16.1		20.9	21.1	2014-2016	N	2
0.67	Alcohol-Impaired Driving Deaths	percent	18.2		27.7	28.6	2013-2017	N/A	4
0.61	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	35.8	45.5	37.4	41.9	2012-2016	N	6
0.47	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	17	20.7	20.1	20.6	2012-2016	N	6
0.22	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	134.6	161.4	154	161	2012-2016	N	6
SCORE	OLDER ADULTS & AGING	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.50	People 65+ Living Below Poverty Level	percent	13.1		10.7	9.3	2013-2017	N	1
2.17	Cancer: Medicare Population	percent	8		7.5	8.2	2017	N/A	3
1.94	Alzheimer's Disease or Dementia: Medicare Population	percent	12		12.8	10.9	2017	N/A	3
1.83	COPD: Medicare Population	percent	12.3		11.4	11.7	2017	N/A	3
1.83	People 65+ with Low Access to a Grocery Store	percent	4.8				2015	N/A	16
1.44	Osteoporosis: Medicare Population	percent	5.7		6.8	6.4	2017	N/A	3
1.33	Hypertension: Medicare Population	percent	55.7		59.9	57.1	2017	N/A	3
1.28	Heart Failure: Medicare Population	percent	14.1		15.6	13.9	2017	N/A	3

Appendix C: HCI Data Scoring Tables

Erath County									
1.17	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	33.9	34.3	33.1	2017	N/A	3	
1.11	Atrial Fibrillation: Medicare Population	percent	7.2	7.7	8.4	2017	N/A	3	
1.06	Depression: Medicare Population	percent	16.8	17.9	17.9	2017	N/A	3	
0.83	Chronic Kidney Disease: Medicare Population	percent	17.6	26.4	24	2017	N/A	3	
0.78	Diabetes: Medicare Population	percent	24.4	29.1	27.2	2017	N/A	3	
0.72	Asthma: Medicare Population	percent	4.3	5	5.1	2017	N/A	3	
0.67	Hyperlipidemia: Medicare Population	percent	34.8	43.1	40.7	2017	N/A	3	
0.50	Ischemic Heart Disease: Medicare Population	percent	24.8	29.3	26.9	2017	N/A	3	
0.33	Stroke: Medicare Population	percent	2.9	4.3	3.8	2017	N/A	3	
SCORE	ORAL HEALTH	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.75	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	11.5		11	11.7	2012-2016	N	6
1.17	Dentist Rate	dentists/ 100,000 population	52.4		56.8	68.4	2017	N/A	4
SCORE	OTHER CHRONIC DISEASES	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.44	Osteoporosis: Medicare Population	percent	5.7		6.8	6.4	2017	N/A	3
1.17	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	33.9		34.3	33.1	2017	N/A	3
0.83	Chronic Kidney Disease: Medicare Population	percent	17.6		26.4	24	2017	N/A	3
SCORE	PREVENTION & SAFETY	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.50	Severe Housing Problems	percent	22.2		18	18.4	2011-2015	N/A	4
1.61	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	45.1	36.4	38.3	46.7	2015-2017	N	2
0.92	Death Rate due to Drug Poisoning	deaths/ 100,000 population	9.2		9.4	13.9	2012-2014	N/A	4
SCORE	PUBLIC SAFETY	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.58	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	22.5	12.4	13.5	11.4	2015-2017	N	2
2.36	Substantiated Child Abuse Rate	cases/ 1,000 children	17.5		8.5	9.1	2017	N/A	10
0.67	Alcohol-Impaired Driving Deaths	percent	18.2		27.7	28.6	2013-2017	N/A	4
SCORE	RESPIRATORY DISEASES	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.92	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	16.1		12.7	14.6	2014-2016	N	2
1.83	COPD: Medicare Population	percent	12.3		11.4	11.7	2017	N/A	3
1.67	Tuberculosis Incidence Rate	cases/ 100,000 population	3.4	1	4.5		2013-2017	N/A	11
1.28	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	55.8		51.9	59.2	2012-2016	N	6
0.72	Asthma: Medicare Population	percent	4.3		5	5.1	2017	N/A	3
0.61	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	35.8	45.5	37.4	41.9	2012-2016	N	6
SCORE	SOCIAL ENVIRONMENT	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Homeownership	percent	49.7		55.1	56	2013-2017	N/A	1
2.50	People Living Below Poverty Level	percent	22.6		16	14.6	2013-2017	Y	1
2.44	Total Employment Change	percent	-3		1.9	2.1	2015-2016	N/A	15
2.36	Substantiated Child Abuse Rate	cases/ 1,000 children	17.5		8.5	9.1	2017	N/A	10
2.14	Persons with Health Insurance	percent	76.6	100	80.6		2017	N	9
2.00	Female Population 16+ in Civilian Labor Force	percent	53		57.7	58.2	2013-2017	N/A	1
1.83	Median Household Income	dollars	47013		57051	57652	2013-2017	N	1
1.83	Per Capita Income	dollars	23511		28985	31177	2013-2017	Y	1
1.83	Population 16+ in Civilian Labor Force	percent	59.7		64.2	63	2013-2017	N/A	1

Appendix C: HCI Data Scoring Tables

Erath County									
1.67	Social Worker Rate	workers/ 100,000 population	58.8	80		2018	N/A	11	
1.50	Households with an Internet Subscription	percent	72.5	77.3	78.7	2013-2017	N/A	1	
1.42	Median Household Gross Rent	dollars	785	952	982	2013-2017	N/A	1	
1.42	Median Housing Unit Value	dollars	128300	151500	193500	2013-2017	N/A	1	
1.22	People 25+ with a Bachelor's Degree or Higher	percent	27.8	28.7	30.9	2013-2017	Y	1	
1.22	People 25+ with a High School Degree or Higher	percent	85.1	82.8	87.3	2013-2017	Y	1	
1.19	Median Monthly Owner Costs for Households without a Mortgage	dollars	418	481	474	2013-2017	N/A	1	
1.17	Children Living Below Poverty Level	percent	21.5	22.9	20.3	2013-2017	Y	1	
1.17	Voter Turnout: Presidential Election	percent	64.5	58.8		2016	N/A	13	
1.08	Mortgaged Owners Median Monthly Household Costs	dollars	1204	1484	1515	2013-2017	N/A	1	
0.94	Mean Travel Time to Work	minutes	19.9	26.1	26.4	2013-2017	N	1	
0.83	Households with One or More Types of Computing Devices	percent	89.1	87.6	87.2	2013-2017	N/A	1	
0.50	Linguistic Isolation	percent	2.1	7.9	4.5	2013-2017	N/A	1	
0.50	Single-Parent Households	percent	27.9	33	33.3	2013-2017	N/A	1	
SCORE	SUBSTANCE ABUSE	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.92	Death Rate due to Drug Poisoning	deaths/ 100,000 population	9.2		9.4	13.9	2012-2014	N/A	4
0.67	Alcohol-Impaired Driving Deaths	percent	18.2		27.7	28.6	2013-2017	N/A	4
0.39	Liquor Store Density	stores/ 100,000 population	2.4		6.9	10.5	2016	N/A	15
SCORE	TEEN & ADOLESCENT HEALTH	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.97	Teen Births	percent	2.8		2.8	4.3	2014	N/A	11
SCORE	TRANSPORTATION	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.58	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	22.5	12.4	13.5	11.4	2015-2017	N	2
2.11	Workers Commuting by Public Transportation	percent	0.3	5.5	1.5	5.1	2013-2017	N	1
1.83	Workers who Drive Alone to Work	percent	81.8		80.5	76.4	2013-2017	N	1
1.50	Households with No Car and Low Access to a Grocery Store	percent	2.4				2015	N/A	16
0.94	Mean Travel Time to Work	minutes	19.9		26.1	26.4	2013-2017	N	1
0.61	Solo Drivers with a Long Commute	percent	19.2		37.7	35.2	2013-2017	N/A	4
SCORE	WELLNESS & LIFESTYLE	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.67	Frequent Physical Distress	percent	12.6		10.8	15	2016	N/A	4
1.50	Life Expectancy	years	78		79	79.1	2015-2017	N/A	4
1.00	Insufficient Sleep	percent	30.7		32.7	38	2016	N/A	4
SCORE	WOMEN'S HEALTH	UNITS	ERATH COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.72	Breast Cancer Incidence Rate	cases/ 100,000 females	121.6		111.9	125.2	2012-2016	N	6
0.47	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	17	20.7	20.1	20.6	2012-2016	N	6

Appendix C: HCI Data Scoring Tables

Johnson County									
SCORE	ACCESS TO HEALTH SERVICES	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.11	Primary Care Provider Rate	providers/ 100,000 population	45.3		60.4	75.4	2016	N/A	5
2.00	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	43		72.7	88.2	2018	N/A	5
1.89	Dentist Rate	dentists/ 100,000 population	38.3		56.8	68.4	2017	N/A	5
1.78	Social Worker Rate	workers/ 100,000 population	55.4		80		2018	N/A	12
1.67	Adults with Health Insurance	percent	80.1	100	76.5	87.7	2017	N	1
1.56	Children with Health Insurance	percent	91.4	100	89.3	95	2017	N	1
1.25	Persons with Health Insurance	percent	82.2	100	80.6		2017	N	10

SCORE	CANCER	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.75	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	25.6	20.7	20.1	20.6	2012-2016	N	7
2.50	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	183.2	161.4	154	161	2012-2016	Y	7
2.28	All Cancer Incidence Rate	cases/ 100,000 population	465.1		407.7	448	2012-2016	Y	7
2.25	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	22.3	21.8	17.9	19.2	2012-2016	N	7
2.17	Cancer: Medicare Population	percent	7.7		7.5	8.2	2017	N/A	4
2.06	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	68.4		51.9	59.2	2012-2016	Y	7
2.03	Cervical Cancer Incidence Rate	cases/ 100,000 females	8.7	7.3	9.2	7.6	2012-2016	N	7
2.00	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	16.8	14.5	14.3	14.2	2012-2016	N	7
1.83	Breast Cancer Incidence Rate	cases/ 100,000 females	115.9		111.9	125.2	2012-2016	N	7
1.72	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	49	45.5	37.4	41.9	2012-2016	Y	7
1.56	Prostate Cancer Incidence Rate	cases/ 100,000 males	99.7		92.4	104.1	2012-2016	N	7
1.47	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	12.1		11	11.7	2012-2016	Y	7
0.94	Colorectal Cancer Incidence Rate	cases/ 100,000 population	38.6	39.9	37.7	38.7	2012-2016	N	7

SCORE	CHILDREN'S HEALTH	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.97	Substantiated Child Abuse Rate	cases/ 1,000 children	12.3		8.5	9.1	2017	N/A	11
1.72	Food Insecure Children Likely Ineligible for Assistance	percent	35		37	21	2017	N/A	6
1.67	Children with Low Access to a Grocery Store	percent	6				2015	N/A	17
1.56	Children with Health Insurance	percent	91.4	100	89.3	95	2017	N	1
1.33	Child Food Insecurity Rate	percent	21.2		22.5	17	2017	N/A	6

SCORE	DIABETES	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.17	Diabetes: Medicare Population	percent	29.4		29.1	27.2	2017	N/A	4
1.69	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	22.2		20.9	21.2	2015-2017	N	3

SCORE	DISABILITIES	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.50	Persons with Disability Living in Poverty (5-year)	percent	18.2		24.5	27.1	2013-2017	N/A	1

SCORE	ECONOMY	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.28	Total Employment Change	percent	-1.5		1.9	2.1	2015-2016	N/A	16
2.00	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	35.7		27.7		2016	N/A	19

Appendix C: HCI Data Scoring Tables

Johnson County								
1.94	Households with Cash Public Assistance Income	percent	2.2	1.5	2.6	2013-2017	N/A	1
1.92	Median Household Gross Rent	dollars	934	952	982	2013-2017	N/A	1
1.89	SNAP Certified Stores	stores/ 1,000 population	0.6			2016	N/A	17
1.72	Food Insecure Children Likely Ineligible for Assistance	percent	35	37	21	2017	N/A	6
1.67	Households Above the Asset Limited, Income Constrained, Employed (ALICE) Thre	percent	54.8	57.9		2016	N/A	19
1.67	Population 16+ in Civilian Labor Force	percent	61.7	64.2	63	2013-2017	N/A	1
1.61	Renters Spending 30% or More of Household Income on Rent	percent	45.6	47.8	50.6	2013-2017	Y	1
1.50	Low-Income and Low Access to a Grocery Store	percent	7.4			2015	N/A	17
1.47	Median Monthly Owner Costs for Households without a Mortgage	dollars	468	481	474	2013-2017	N/A	1
1.44	Female Population 16+ in Civilian Labor Force	percent	55.2	57.7	58.2	2013-2017	N/A	1
1.42	Median Housing Unit Value	dollars	132000	151500	193500	2013-2017	N/A	1
1.36	Mortgaged Owners Median Monthly Household Costs	dollars	1320	1484	1515	2013-2017	N/A	1
1.33	Child Food Insecurity Rate	percent	21.2	22.5	17	2017	N/A	6
1.33	Food Insecurity Rate	percent	14	14.9	12.5	2017	N/A	6
1.33	Per Capita Income	dollars	26574	28985	31177	2013-2017	Y	1
1.11	Students Eligible for the Free Lunch Program	percent	42.4	53.2	42	2017-2018	N/A	8
1.11	Unemployed Workers in Civilian Labor Force	percent	3.4	3.6	3.8	August 2019	N/A	15
1.00	Households that are Below the Federal Poverty Level	percent	9.5	14.4		2016	N/A	19
0.89	People Living 200% Above Poverty Level	percent	69.1	63.8	67.2	2013-2017	N/A	1
0.72	Median Household Income	dollars	60458	57051	57652	2013-2017	Y	1
0.72	Severe Housing Problems	percent	12.7	18	18.4	2011-2015	N/A	5
0.61	Homeownership	percent	67.9	55.1	56	2013-2017	N/A	1
0.50	Persons with Disability Living in Poverty (5-year)	percent	18.2	24.5	27.1	2013-2017	N/A	1
0.39	People 65+ Living Below Poverty Level	percent	6.2	10.7	9.3	2013-2017	N	1
0.39	People Living Below Poverty Level	percent	11	16	14.6	2013-2017	Y	1
0.33	Families Living Below Poverty Level	percent	8	12.4	10.5	2013-2017	Y	1
0.17	Children Living Below Poverty Level	percent	14.6	22.9	20.3	2013-2017	Y	1

SCORE	EDUCATION	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.67	People 25+ with a Bachelor's Degree or Higher	percent	18.5		28.7	30.9	2013-2017	Y	1
1.61	Student-to-Teacher Ratio	students/ teacher	14.8		15.2	16.6	2017-2018	N/A	8
1.56	High School Drop Out Rate	percent	2.8		1.9		2017	N/A	13
1.17	People 25+ with a High School Degree or Higher	percent	84.1		82.8	87.3	2013-2017	Y	1
1.08	Infants Born to Mothers with <12 Years Education	percent	18.1		21.6	15.9	2013	N/A	12

SCORE	ENVIRONMENT	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.17	Access to Exercise Opportunities	percent	58.6		80.3	83.9	2019	N/A	5
2.00	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	17
1.89	SNAP Certified Stores	stores/ 1,000 population	0.6				2016	N/A	17
1.78	Fast Food Restaurant Density	restaurants/ 1,000 population	0.7				2014	N/A	17
1.67	Children with Low Access to a Grocery Store	percent	6				2015	N/A	17
1.61	Number of Extreme Precipitation Days	days	48				2016	N/A	9
1.61	Recognized Carcinogens Released into Air	pounds	48772.8				2017	N/A	18
1.58	Annual Ozone Air Quality	grade	F				2015-2017	N/A	2
1.50	Farmers Market Density	markets/ 1,000 population	0				2016	N/A	17

Appendix C: HCI Data Scoring Tables

Johnson County								
1.50	Low-Income and Low Access to a Grocery Store	percent	7.4			2015	N/A	17
1.50	People with Low Access to a Grocery Store	percent	22.2			2015	N/A	17
1.39	Number of Extreme Heat Events	events	1			2016	N/A	9
1.39	PBT Released	pounds	6444			2017	N/A	18
1.39	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1			2014	N/A	17
1.33	Households with No Car and Low Access to a Grocery Store	percent	1.8			2015	N/A	17
1.33	People 65+ with Low Access to a Grocery Store	percent	2.6			2015	N/A	17
1.17	Daily Dose of UV Irradiance	Joule per square meter	3360	3538		2015	N/A	9
1.17	Number of Extreme Heat Days	days	3			2016	N/A	9
1.00	Food Environment Index		7.4	6	7.7	2019	N/A	5
0.72	Severe Housing Problems	percent	12.7	18	18.4	2011-2015	N/A	5
0.39	Liquor Store Density	stores/ 100,000 population	2.4	6.9	10.5	2016	N/A	16

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.39	Asthma: Medicare Population	percent	6.1		5	5.1	2017	N/A	4

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.17	Access to Exercise Opportunities	percent	58.6		80.3	83.9	2019	N/A	5
2.00	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	17
1.89	SNAP Certified Stores	stores/ 1,000 population	0.6				2016	N/A	17
1.78	Fast Food Restaurant Density	restaurants/ 1,000 population	0.7				2014	N/A	17
1.72	Food Insecure Children Likely Ineligible for Assistance	percent	35		37	21	2017	N/A	6
1.67	Children with Low Access to a Grocery Store	percent	6				2015	N/A	17
1.50	Farmers Market Density	markets/ 1,000 population	0				2016	N/A	17
1.50	Low-Income and Low Access to a Grocery Store	percent	7.4				2015	N/A	17
1.50	People with Low Access to a Grocery Store	percent	22.2				2015	N/A	17
1.39	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014	N/A	17
1.33	Child Food Insecurity Rate	percent	21.2		22.5	17	2017	N/A	6
1.33	Food Insecurity Rate	percent	14		14.9	12.5	2017	N/A	6
1.33	Households with No Car and Low Access to a Grocery Store	percent	1.8				2015	N/A	17
1.33	People 65+ with Low Access to a Grocery Store	percent	2.6				2015	N/A	17
1.00	Food Environment Index		7.4		6	7.7	2019	N/A	5

SCORE	FAMILY PLANNING	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.14	Teen Births	percent	3		2.8	4.3	2014	N/A	12
1.08	Infants Born to Mothers with <12 Years Education	percent	18.1		21.6	15.9	2013	N/A	12

SCORE	GOVERNMENT & POLITICS	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.78	Social Worker Rate	workers/ 100,000 population	55.4		80		2018	N/A	12
1.22	Voter Turnout: Presidential Election	percent	62.8		58.8		2016	N/A	14

SCORE	HEART DISEASE & STROKE	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
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Appendix C: HCI Data Scoring Tables

Johnson County									
2.61	Hyperlipidemia: Medicare Population	percent	47.5	43.1	40.7	2017	N/A	4	
2.50	Atrial Fibrillation: Medicare Population	percent	8.8	7.7	8.4	2017	N/A	4	
2.17	Hypertension: Medicare Population	percent	61.8	59.9	57.1	2017	N/A	4	
1.94	Ischemic Heart Disease: Medicare Population	percent	29.8	29.3	26.9	2017	N/A	4	
1.67	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	43.1	34.8	42	37.5	2015-2017	N	3
1.67	Heart Failure: Medicare Population	percent	17	15.6	13.9	2017	N/A	4	
1.56	Stroke: Medicare Population	percent	4.1	4.3	3.8	2017	N/A	4	
1.42	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	113.5	170.8	94.8	2015-2017	N/A	3	
0.89	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ year.	56.3	69.1		2016	N/A	9	

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.33	Tuberculosis Incidence Rate	cases/ 100,000 population	1.2	1	4.5		2013-2017	N/A	12
1.28	Chlamydia Incidence Rate	cases/ 100,000 population	279.7		511.6		2017	N/A	12
1.28	Gonorrhea Incidence Rate	cases/ 100,000 population	81.3		160.2		2017	N/A	12
1.28	HIV Diagnosis Rate	cases/ 100,000 population	4.8		15.5		2017	N/A	12
1.28	Syphilis Incidence Rate	cases/ 100,000 population	10.2		40.6		2017	N/A	12
0.97	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	11.9		11.8	14.3	2015-2017	N	3

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.86	Mothers who Received Early Prenatal Care	percent	61	77.9	59.7	77	2015	N/A	12
1.36	Infant Mortality Rate	deaths/ 1,000 live births	5.7	6	5.6	5.9	2015	N/A	12
1.14	Teen Births	percent	3		2.8	4.3	2014	N/A	12
1.08	Babies with Very Low Birth Weight	percent	0.7	1.4		1.4	2015	N/A	12
1.08	Infants Born to Mothers with <12 Years Education	percent	18.1		21.6	15.9	2013	N/A	12
0.83	Preterm Births	percent	9.3	9.4	11.7		2015	N/A	12
0.75	Babies with Low Birth Weight	percent	5.9	7.8	8.2	8.1	2015	N/A	12

SCORE	MEN'S HEALTH	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.25	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	22.3	21.8	17.9	19.2	2012-2016	N	7
1.56	Prostate Cancer Incidence Rate	cases/ 100,000 males	99.7		92.4	104.1	2012-2016	N	7

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Alzheimer's Disease or Dementia: Medicare Population	percent	14.2		12.8	10.9	2017	N/A	4
2.61	Depression: Medicare Population	percent	22.6		17.9	17.9	2017	N/A	4
1.08	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	13.2	10.2	12.8	13.6	2015-2017	N	3
0.83	Frequent Mental Distress	percent	10.7		10.6	15	2016	N/A	5

SCORE	MORTALITY DATA	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.75	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	25.6	20.7	20.1	20.6	2012-2016	N	7
2.50	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	183.2	161.4	154	161	2012-2016	Y	7
2.25	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	22.3	21.8	17.9	19.2	2012-2016	N	7
2.00	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	16.8	14.5	14.3	14.2	2012-2016	N	7

Appendix C: HCI Data Scoring Tables

Johnson County									
1.72	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	49	45.5	37.4	41.9	2012-2016	Y	7
1.69	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	22.2		20.9	21.2	2015-2017	N	3
1.67	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	43.1	34.8	42	37.5	2015-2017	N	3
1.67	Life Expectancy	years	77.2		79	79.1	2015-2017	N/A	5
1.58	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	14.5	12.4	13.5	11.4	2015-2017	N	3
1.42	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	113.5		170.8	94.8	2015-2017	N/A	3
1.36	Infant Mortality Rate	deaths/ 1,000 live births	5.7	6	5.6	5.9	2015	N/A	12
1.08	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	13.2	10.2	12.8	13.6	2015-2017	N	3
1.06	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	40.1	36.4	38.3	46.7	2015-2017	N	3
1.03	Death Rate due to Drug Poisoning	deaths/ 100,000 population	9.8		10.1	19.2	2015-2017	N/A	5
0.97	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	11.9		11.8	14.3	2015-2017	N	3
0.89	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+	56.3		69.1		2016	N/A	9
0.83	Alcohol-Impaired Driving Deaths	percent	23.2		27.7	28.6	2013-2017	N/A	5

SCORE	OLDER ADULTS & AGING	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Chronic Kidney Disease: Medicare Population	percent	28.7		26.4	24	2017	N/A	4
2.67	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	38		34.3	33.1	2017	N/A	4
2.61	Alzheimer's Disease or Dementia: Medicare Population	percent	14.2		12.8	10.9	2017	N/A	4
2.61	Depression: Medicare Population	percent	22.6		17.9	17.9	2017	N/A	4
2.61	Hyperlipidemia: Medicare Population	percent	47.5		43.1	40.7	2017	N/A	4
2.50	Atrial Fibrillation: Medicare Population	percent	8.8		7.7	8.4	2017	N/A	4
2.39	Asthma: Medicare Population	percent	6.1		5	5.1	2017	N/A	4
2.28	COPD: Medicare Population	percent	14.5		11.4	11.7	2017	N/A	4
2.17	Cancer: Medicare Population	percent	7.7		7.5	8.2	2017	N/A	4
2.17	Diabetes: Medicare Population	percent	29.4		29.1	27.2	2017	N/A	4
2.17	Hypertension: Medicare Population	percent	61.8		59.9	57.1	2017	N/A	4
2.11	Osteoporosis: Medicare Population	percent	6.7		6.8	6.4	2017	N/A	4
1.94	Ischemic Heart Disease: Medicare Population	percent	29.8		29.3	26.9	2017	N/A	4
1.67	Heart Failure: Medicare Population	percent	17		15.6	13.9	2017	N/A	4
1.56	Stroke: Medicare Population	percent	4.1		4.3	3.8	2017	N/A	4
1.33	People 65+ with Low Access to a Grocery Store	percent	2.6				2015	N/A	17
0.39	People 65+ Living Below Poverty Level	percent	6.2		10.7	9.3	2013-2017	N	1

SCORE	ORAL HEALTH	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.89	Dentist Rate	dentists/ 100,000 population	38.3		56.8	68.4	2017	N/A	5
1.47	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	12.1		11	11.7	2012-2016	Y	7

SCORE	OTHER CHRONIC DISEASES	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Chronic Kidney Disease: Medicare Population	percent	28.7		26.4	24	2017	N/A	4
2.67	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	38		34.3	33.1	2017	N/A	4
2.11	Osteoporosis: Medicare Population	percent	6.7		6.8	6.4	2017	N/A	4

SCORE	PREVENTION & SAFETY	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
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Appendix C: HCI Data Scoring Tables

Johnson County									
1.06	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	40.1	36.4	38.3	46.7	2015-2017	N	3
1.03	Death Rate due to Drug Poisoning	deaths/ 100,000 population	9.8		10.1	19.2	2015-2017	N/A	5
0.72	Severe Housing Problems	percent	12.7		18	18.4	2011-2015	N/A	5

SCORE	PUBLIC SAFETY	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.97	Substantiated Child Abuse Rate	cases/ 1,000 children	12.3		8.5	9.1	2017	N/A	11
1.58	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	14.5	12.4	13.5	11.4	2015-2017	N	3
0.83	Alcohol-Impaired Driving Deaths	percent	23.2		27.7	28.6	2013-2017	N/A	5

SCORE	RESPIRATORY DISEASES	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.39	Asthma: Medicare Population	percent	6.1		5	5.1	2017	N/A	4
2.28	COPD: Medicare Population	percent	14.5		11.4	11.7	2017	N/A	4
2.06	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	68.4		51.9	59.2	2012-2016	Y	7
1.72	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	49	45.5	37.4	41.9	2012-2016	Y	7
1.33	Tuberculosis Incidence Rate	cases/ 100,000 population	1.2	1	4.5		2013-2017	N/A	12
0.97	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	11.9		11.8	14.3	2015-2017	N	3

SCORE	SOCIAL ENVIRONMENT	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Mean Travel Time to Work	minutes	30.3		26.1	26.4	2013-2017	Y	1
2.28	Total Employment Change	percent	-1.5		1.9	2.1	2015-2016	N/A	16
1.97	Substantiated Child Abuse Rate	cases/ 1,000 children	12.3		8.5	9.1	2017	N/A	11
1.92	Median Household Gross Rent	dollars	934		952	982	2013-2017	N/A	1
1.78	Social Worker Rate	workers/ 100,000 population	55.4		80		2018	N/A	12
1.67	People 25+ with a Bachelor's Degree or Higher	percent	18.5		28.7	30.9	2013-2017	Y	1
1.67	Population 16+ in Civilian Labor Force	percent	61.7		64.2	63	2013-2017	N/A	1
1.47	Median Monthly Owner Costs for Households without a Mortgage	dollars	468		481	474	2013-2017	N/A	1
1.44	Female Population 16+ in Civilian Labor Force	percent	55.2		57.7	58.2	2013-2017	N/A	1
1.42	Median Housing Unit Value	dollars	132000		151500	193500	2013-2017	N/A	1
1.36	Mortgaged Owners Median Monthly Household Costs	dollars	1320		1484	1515	2013-2017	N/A	1
1.33	Per Capita Income	dollars	26574		28985	31177	2013-2017	Y	1
1.25	Persons with Health Insurance	percent	82.2	100	80.6		2017	N	10
1.22	Voter Turnout: Presidential Election	percent	62.8		58.8		2016	N/A	14
1.17	People 25+ with a High School Degree or Higher	percent	84.1		82.8	87.3	2013-2017	Y	1
1.06	Linguistic Isolation	percent	2.8		7.9	4.5	2013-2017	N/A	1
0.83	Households with an Internet Subscription	percent	80.5		77.3	78.7	2013-2017	N/A	1
0.83	Households with One or More Types of Computing Devices	percent	90		87.6	87.2	2013-2017	N/A	1
0.72	Median Household Income	dollars	60458		57051	57652	2013-2017	Y	1
0.72	Single-Parent Households	percent	26.4		33	33.3	2013-2017	N/A	1
0.61	Homeownership	percent	67.9		55.1	56	2013-2017	N/A	1
0.39	People Living Below Poverty Level	percent	11		16	14.6	2013-2017	Y	1
0.17	Children Living Below Poverty Level	percent	14.6		22.9	20.3	2013-2017	Y	1

SCORE	SUBSTANCE ABUSE	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
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Appendix C: HCI Data Scoring Tables

Johnson County								
1.03	Death Rate due to Drug Poisoning	deaths/ 100,000 population	9.8	10.1	19.2	2015-2017	N/A	5
0.83	Alcohol-Impaired Driving Deaths	percent	23.2	27.7	28.6	2013-2017	N/A	5
0.39	Liquor Store Density	stores/ 100,000 population	2.4	6.9	10.5	2016	N/A	16
SCORE	TEEN & ADOLESCENT HEALTH	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
1.14	Teen Births	percent	3		2.8	4.3	2014	N/A 12
SCORE	TRANSPORTATION	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
2.61	Mean Travel Time to Work	minutes	30.3		26.1	26.4	2013-2017	Y 1
2.61	Solo Drivers with a Long Commute	percent	53		37.7	35.2	2013-2017	N/A 5
2.44	Workers who Drive Alone to Work	percent	85.5		80.5	76.4	2013-2017	N 1
2.28	Workers Commuting by Public Transportation	percent	0.1	5.5	1.5	5.1	2013-2017	N 1
1.58	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	14.5	12.4	13.5	11.4	2015-2017	N 3
1.33	Households with No Car and Low Access to a Grocery Store	percent	1.8				2015	N/A 17
SCORE	WELLNESS & LIFESTYLE	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
1.67	Life Expectancy	years	77.2		79	79.1	2015-2017	N/A 5
0.83	Frequent Physical Distress	percent	10.4		10.8	15	2016	N/A 5
0.67	Insufficient Sleep	percent	30		32.7	38	2016	N/A 5
SCORE	WOMEN'S HEALTH	UNITS	JOHNSON COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
2.75	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	25.6	20.7	20.1	20.6	2012-2016	N 7
2.03	Cervical Cancer Incidence Rate	cases/ 100,000 females	8.7	7.3	9.2	7.6	2012-2016	N 7
1.83	Breast Cancer Incidence Rate	cases/ 100,000 females	115.9		111.9	125.2	2012-2016	N 7

Appendix C: HCI Data Scoring Tables

Kaufman County								
SCORE	ACCESS TO HEALTH SERVICES	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
2.22	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	37.4		72.7	88.2	2018	N/A 5
1.83	Primary Care Provider Rate	providers/ 100,000 population	32.1		60.4	75.4	2016	N/A 5
1.78	Social Worker Rate	workers/ 100,000 population	56.3		80		2018	N/A 12
1.67	Adults with Health Insurance	percent	82.5	100	76.5	87.7	2017	Y 1
1.56	Children with Health Insurance	percent	90.2	100	89.3	95	2017	N 1
1.50	Dentist Rate	dentists/ 100,000 population	42.3		56.8	68.4	2017	N/A 5
1.25	Persons with Health Insurance	percent	83	100	80.6		2017	N 10

SCORE	CANCER	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
2.58	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	15.6		11	11.7	2012-2016	Y 7
2.56	Colorectal Cancer Incidence Rate	cases/ 100,000 population	43	39.9	37.7	38.7	2012-2016	N 7
2.50	All Cancer Incidence Rate	cases/ 100,000 population	469.9		407.7	448	2012-2016	Y 7
2.50	Breast Cancer Incidence Rate	cases/ 100,000 females	128.6		111.9	125.2	2012-2016	N 7
2.33	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	18.3	14.5	14.3	14.2	2012-2016	N 7
2.31	Cervical Cancer Incidence Rate	cases/ 100,000 females	10.2	7.3	9.2	7.6	2012-2016	N 7
2.22	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	179.2	161.4	154	161	2012-2016	Y 7
2.22	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	51	45.5	37.4	41.9	2012-2016	N 7
2.22	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	77.3		51.9	59.2	2012-2016	N 7
1.75	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	21	21.8	17.9	19.2	2012-2016	N 7
1.28	Cancer: Medicare Population	percent	7.4		7.5	8.2	2017	N/A 4
1.22	Prostate Cancer Incidence Rate	cases/ 100,000 males	93		92.4	104.1	2012-2016	Y 7
1.08	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	19.4	20.7	20.1	20.6	2012-2016	N 7

SCORE	CHILDREN'S HEALTH	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
1.89	Food Insecure Children Likely Ineligible for Assistance	percent	37		37	21	2017	N/A 6
1.56	Children with Health Insurance	percent	90.2	100	89.3	95	2017	N 1
1.17	Child Food Insecurity Rate	percent	20.8		22.5	17	2017	N/A 6
1.00	Children with Low Access to a Grocery Store	percent	2.3				2015	N/A 17
0.42	Substantiated Child Abuse Rate	cases/ 1,000 children	7		8.5	9.1	2017	N/A 11

SCORE	DIABETES	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
1.61	Diabetes: Medicare Population	percent	27.6		29.1	27.2	2017	N/A 4
0.86	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	17.9		20.9	21.2	2015-2017	N 3

SCORE	DISABILITIES	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
1.00	Persons with Disability Living in Poverty (5-year)	percent	22.2		24.5	27.1	2013-2017	N/A 1

SCORE	ECONOMY	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
2.25	Median Monthly Owner Costs for Households without a Mortgage	dollars	511		481	474	2013-2017	N/A 1
2.11	People 65+ Living Below Poverty Level	percent	10.8		10.7	9.3	2013-2017	Y 1

Appendix C: HCI Data Scoring Tables

Kaufman County								
1.92	Median Household Gross Rent	dollars	933	952	982	2013-2017	N/A	1
1.89	Food Insecure Children Likely Ineligible for Assistance	percent	37	37	21	2017	N/A	6
1.89	SNAP Certified Stores	stores/ 1,000 population	0.7			2016	N/A	17
1.83	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	31.1	27.7		2016	N/A	19
1.75	Mortgaged Owners Median Monthly Household Costs	dollars	1502	1484	1515	2013-2017	N/A	1
1.56	Per Capita Income	dollars	26631	28985	31177	2013-2017	Y	1
1.56	Renters Spending 30% or More of Household Income on Rent	percent	48.4	47.8	50.6	2013-2017	N	1
1.50	Food Insecurity Rate	percent	14.8	14.9	12.5	2017	N/A	6
1.50	Households that are Above the Asset Limited, Income Constrained, Empl	percent	56.5	57.9		2016	N/A	19
1.17	Child Food Insecurity Rate	percent	20.8	22.5	17	2017	N/A	6
1.17	Low-Income and Low Access to a Grocery Store	percent	4			2015	N/A	17
1.11	Female Population 16+ in Civilian Labor Force	percent	58.9	57.7	58.2	2013-2017	N/A	1
1.11	Students Eligible for the Free Lunch Program	percent	42.1	53.2	42	2017-2018	N/A	8
1.11	Unemployed Workers in Civilian Labor Force	percent	3.3	3.6	3.8	August 2019	N/A	15
1.08	Median Housing Unit Value	dollars	154000	151500	193500	2013-2017	N/A	1
1.06	Severe Housing Problems	percent	15	18	18.4	2011-2015	N/A	5
1.00	Households that are Below the Federal Poverty Level	percent	12.5	14.4		2016	N/A	19
1.00	Persons with Disability Living in Poverty (5-year)	percent	22.2	24.5	27.1	2013-2017	N/A	1
0.94	Population 16+ in Civilian Labor Force	percent	65.8	64.2	63	2013-2017	N/A	1
0.89	Families Living Below Poverty Level	percent	9.9	12.4	10.5	2013-2017	Y	1
0.78	Total Employment Change	percent	3.2	1.9	2.1	2015-2016	N/A	16
0.72	People Living 200% Above Poverty Level	percent	70.1	63.8	67.2	2013-2017	N/A	1
0.61	Homeownership	percent	70.3	55.1	56	2013-2017	N/A	1
0.56	Children Living Below Poverty Level	percent	16.4	22.9	20.3	2013-2017	Y	1
0.56	Households with Cash Public Assistance Income	percent	1.3	1.5	2.6	2013-2017	N/A	1
0.56	People Living Below Poverty Level	percent	12.4	16	14.6	2013-2017	Y	1
0.50	Median Household Income	dollars	63926	57051	57652	2013-2017	Y	1

SCORE	EDUCATION	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.94	Student-to-Teacher Ratio	students/ teacher	15.7		15.2	16.6	2017-2018	N/A	8
1.50	People 25+ with a Bachelor's Degree or Higher	percent	20.7		28.7	30.9	2013-2017	Y	1
1.06	High School Drop Out Rate	percent	1.7		1.9		2017	N/A	13
1.00	People 25+ with a High School Degree or Higher	percent	86		82.8	87.3	2013-2017	Y	1
0.42	Infants Born to Mothers with <12 Years Education	percent	13.5		21.6	15.9	2013	N/A	12

SCORE	ENVIRONMENT	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.17	Access to Exercise Opportunities	percent	56.9		80.3	83.9	2019	N/A	5
1.89	SNAP Certified Stores	stores/ 1,000 population	0.7				2016	N/A	17
1.83	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	17
1.61	Number of Extreme Precipitation Days	days	43				2016	N/A	9
1.61	PBT Released	pounds	27375.2				2017	N/A	18
1.50	Farmers Market Density	markets/ 1,000 population	0				2016	N/A	17
1.50	Fast Food Restaurant Density	restaurants/ 1,000 population	0.6				2014	N/A	17
1.39	Number of Extreme Heat Days	days	10				2016	N/A	9
1.39	Number of Extreme Heat Events	events	1				2016	N/A	9

Appendix C: HCI Data Scoring Tables

Kaufman County								
1.39	Recognized Carcinogens Released into Air	pounds	854.6			2017	N/A	18
1.33	Households with No Car and Low Access to a Grocery Store	percent	2			2015	N/A	17
1.33	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1			2014	N/A	17
1.22	Liquor Store Density	stores/ 100,000 population	8.4	6.9	10.5	2016	N/A	16
1.17	Low-Income and Low Access to a Grocery Store	percent	4			2015	N/A	17
1.17	Weeks of Moderate Drought or Worse	weeks per year	4			2016	N/A	9
1.14	Annual Ozone Air Quality	grade	B			2015-2017	N/A	2
1.06	Daily Dose of UV Irradiance	Joule per square meter	3243	3538		2015	N/A	9
1.06	Severe Housing Problems	percent	15	18	18.4	2011-2015	N/A	5
1.00	Children with Low Access to a Grocery Store	percent	2.3			2015	N/A	17
1.00	Food Environment Index		7.5	6	7.7	2019	N/A	5
1.00	People 65+ with Low Access to a Grocery Store	percent	1			2015	N/A	17
1.00	People with Low Access to a Grocery Store	percent	8.4			2015	N/A	17

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.72	Asthma: Medicare Population	percent	4.3		5	5.1	2017	N/A	4

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.17	Access to Exercise Opportunities	percent	56.9		80.3	83.9	2019	N/A	5
1.89	Food Insecure Children Likely Ineligible for Assistance	percent	37		37	21	2017	N/A	6
1.89	SNAP Certified Stores	stores/ 1,000 population	0.7				2016	N/A	17
1.83	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	17
1.50	Farmers Market Density	markets/ 1,000 population	0				2016	N/A	17
1.50	Fast Food Restaurant Density	restaurants/ 1,000 population	0.6				2014	N/A	17
1.50	Food Insecurity Rate	percent	14.8		14.9	12.5	2017	N/A	6
1.33	Households with No Car and Low Access to a Grocery Store	percent	2				2015	N/A	17
1.33	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014	N/A	17
1.17	Child Food Insecurity Rate	percent	20.8		22.5	17	2017	N/A	6
1.17	Low-Income and Low Access to a Grocery Store	percent	4				2015	N/A	17
1.00	Children with Low Access to a Grocery Store	percent	2.3				2015	N/A	17
1.00	Food Environment Index		7.5		6	7.7	2019	N/A	5
1.00	People 65+ with Low Access to a Grocery Store	percent	1				2015	N/A	17
1.00	People with Low Access to a Grocery Store	percent	8.4				2015	N/A	17

SCORE	FAMILY PLANNING	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.42	Infants Born to Mothers with <12 Years Education	percent	13.5		21.6	15.9	2013	N/A	12
0.42	Teen Births	percent	2.4		2.8	4.3	2014	N/A	12

SCORE	GOVERNMENT & POLITICS	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.78	Social Worker Rate	workers/ 100,000 population	56.3		80		2018	N/A	12
1.22	Voter Turnout: Presidential Election	percent	61		58.8		2016	N/A	14

Appendix C: HCI Data Scoring Tables

Kaufman County									
SCORE	HEART DISEASE & STROKE	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
3.00	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	56.7	34.8	42	37.5	2015-2017	N	3
2.28	Stroke: Medicare Population	percent	4.3		4.3	3.8	2017	N/A	4
2.17	Hypertension: Medicare Population	percent	62.5		59.9	57.1	2017	N/A	4
1.89	Heart Failure: Medicare Population	percent	16.4		15.6	13.9	2017	N/A	4
1.72	Hyperlipidemia: Medicare Population	percent	43.7		43.1	40.7	2017	N/A	4
1.58	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	130.9		170.8	94.8	2015-2017	N/A	3
1.28	Atrial Fibrillation: Medicare Population	percent	7.7		7.7	8.4	2017	N/A	4
1.17	Ischemic Heart Disease: Medicare Population	percent	28.5		29.3	26.9	2017	N/A	4
0.89	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	55.6		69.1		2016	N/A	9
SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.00	Syphilis Incidence Rate	cases/ 100,000 population	37.4		40.6		2017	N/A	12
1.67	Chlamydia Incidence Rate	cases/ 100,000 population	371.1		511.6		2017	N/A	12
1.44	Gonorrhea Incidence Rate	cases/ 100,000 population	87.9		160.2		2017	N/A	12
1.39	Tuberculosis Incidence Rate	cases/ 100,000 population	2.8	1	4.5		2013-2017	N/A	12
1.22	HIV Diagnosis Rate	cases/ 100,000 population	6.5		15.5		2017	N/A	12
0.81	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	11.2		11.8	14.3	2015-2017	N	3
SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.19	Mothers who Received Early Prenatal Care	percent	58.3	77.9	59.7	77	2015	N/A	12
2.08	Infant Mortality Rate	deaths/ 1,000 live births	6.5	6	5.6	5.9	2015	N/A	12
1.50	Preterm Births	percent	11	9.4	11.7		2015	N/A	12
0.97	Babies with Very Low Birth Weight	percent	1.1	1.4		1.4	2015	N/A	12
0.64	Babies with Low Birth Weight	percent	7	7.8	8.2	8.1	2015	N/A	12
0.42	Infants Born to Mothers with <12 Years Education	percent	13.5		21.6	15.9	2013	N/A	12
0.42	Teen Births	percent	2.4		2.8	4.3	2014	N/A	12
SCORE	MEN'S HEALTH	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.75	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	21	21.8	17.9	19.2	2012-2016	N	7
1.22	Prostate Cancer Incidence Rate	cases/ 100,000 males	93		92.4	104.1	2012-2016	Y	7
SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Depression: Medicare Population	percent	20.5		17.9	17.9	2017	N/A	4
2.11	Alzheimer's Disease or Dementia: Medicare Population	percent	12.5		12.8	10.9	2017	N/A	4
1.92	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	14.2	10.2	12.8	13.6	2015-2017	N	3
0.83	Frequent Mental Distress	percent	10.8		10.6	15	2016	N/A	5
SCORE	MORTALITY DATA	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
3.00	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	56.7	34.8	42	37.5	2015-2017	N	3
2.33	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	18.3	14.5	14.3	14.2	2012-2016	N	7

Appendix C: HCI Data Scoring Tables

Kaufman County									
2.22	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	179.2	161.4	154	161	2012-2016	Y	7
2.22	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	51	45.5	37.4	41.9	2012-2016	N	7
2.14	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	19.2	12.4	13.5	11.4	2015-2017	N	3
2.08	Infant Mortality Rate	deaths/ 1,000 live births	6.5	6	5.6	5.9	2015	N/A	12
2.00	Alcohol-Impaired Driving Deaths	percent	33		27.7	28.6	2013-2017	N/A	5
1.92	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	14.2	10.2	12.8	13.6	2015-2017	N	3
1.75	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	21	21.8	17.9	19.2	2012-2016	N	7
1.67	Life Expectancy	years	77.2		79	79.1	2015-2017	N/A	5
1.58	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	130.9		170.8	94.8	2015-2017	N/A	3
1.17	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	42.8	36.4	38.3	46.7	2015-2017	N	3
1.14	Death Rate due to Drug Poisoning	deaths/ 100,000 population	11.8		10.1	19.2	2015-2017	N/A	5
1.08	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	19.4	20.7	20.1	20.6	2012-2016	N	7
0.89	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	55.6		69.1		2016	N/A	9
0.86	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	17.9		20.9	21.2	2015-2017	N	3
0.81	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	11.2		11.8	14.3	2015-2017	N	3

SCORE	OLDER ADULTS & AGING	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Depression: Medicare Population	percent	20.5		17.9	17.9	2017	N/A	4
2.28	Stroke: Medicare Population	percent	4.3		4.3	3.8	2017	N/A	4
2.17	Chronic Kidney Disease: Medicare Population	percent	25.6		26.4	24	2017	N/A	4
2.17	Hypertension: Medicare Population	percent	62.5		59.9	57.1	2017	N/A	4
2.11	Alzheimer's Disease or Dementia: Medicare Population	percent	12.5		12.8	10.9	2017	N/A	4
2.11	People 65+ Living Below Poverty Level	percent	10.8		10.7	9.3	2013-2017	Y	1
2.06	COPD: Medicare Population	percent	13.7		11.4	11.7	2017	N/A	4
1.89	Heart Failure: Medicare Population	percent	16.4		15.6	13.9	2017	N/A	4
1.78	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35.8		34.3	33.1	2017	N/A	4
1.72	Hyperlipidemia: Medicare Population	percent	43.7		43.1	40.7	2017	N/A	4
1.61	Diabetes: Medicare Population	percent	27.6		29.1	27.2	2017	N/A	4
1.28	Atrial Fibrillation: Medicare Population	percent	7.7		7.7	8.4	2017	N/A	4
1.28	Cancer: Medicare Population	percent	7.4		7.5	8.2	2017	N/A	4
1.22	Osteoporosis: Medicare Population	percent	6.1		6.8	6.4	2017	N/A	4
1.17	Ischemic Heart Disease: Medicare Population	percent	28.5		29.3	26.9	2017	N/A	4
1.00	People 65+ with Low Access to a Grocery Store	percent	1				2015	N/A	17
0.72	Asthma: Medicare Population	percent	4.3		5	5.1	2017	N/A	4

SCORE	ORAL HEALTH	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.58	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	15.6		11	11.7	2012-2016	Y	7
1.50	Dentist Rate	dentists/ 100,000 population	42.3		56.8	68.4	2017	N/A	5

SCORE	OTHER CHRONIC DISEASES	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.17	Chronic Kidney Disease: Medicare Population	percent	25.6		26.4	24	2017	N/A	4
1.78	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35.8		34.3	33.1	2017	N/A	4
1.22	Osteoporosis: Medicare Population	percent	6.1		6.8	6.4	2017	N/A	4

Appendix C: HCI Data Scoring Tables

Kaufman County									
SCORE	PREVENTION & SAFETY	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.17	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	42.8	36.4	38.3	46.7	2015-2017	N	3
1.14	Death Rate due to Drug Poisoning	deaths/ 100,000 population	11.8		10.1	19.2	2015-2017	N/A	5
1.06	Severe Housing Problems	percent	15		18	18.4	2011-2015	N/A	5
SCORE	PUBLIC SAFETY	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.14	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	19.2	12.4	13.5	11.4	2015-2017	N	3
2.00	Alcohol-Impaired Driving Deaths	percent	33		27.7	28.6	2013-2017	N/A	5
0.42	Substantiated Child Abuse Rate	cases/ 1,000 children	7		8.5	9.1	2017	N/A	11
SCORE	RESPIRATORY DISEASES	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.22	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	51	45.5	37.4	41.9	2012-2016	N	7
2.22	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	77.3		51.9	59.2	2012-2016	N	7
2.06	COPD: Medicare Population	percent	13.7		11.4	11.7	2017	N/A	4
1.39	Tuberculosis Incidence Rate	cases/ 100,000 population	2.8	1	4.5		2013-2017	N/A	12
0.81	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	11.2		11.8	14.3	2015-2017	N	3
0.72	Asthma: Medicare Population	percent	4.3		5	5.1	2017	N/A	4
SCORE	SOCIAL ENVIRONMENT	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Mean Travel Time to Work	minutes	34.7		26.1	26.4	2013-2017	Y	1
2.25	Median Monthly Owner Costs for Households without a Mortgage	dollars	511		481	474	2013-2017	N/A	1
1.92	Median Household Gross Rent	dollars	933		952	982	2013-2017	N/A	1
1.78	Social Worker Rate	workers/ 100,000 population	56.3		80		2018	N/A	12
1.75	Mortgaged Owners Median Monthly Household Costs	dollars	1502		1484	1515	2013-2017	N/A	1
1.56	Per Capita Income	dollars	26631		28985	31177	2013-2017	Y	1
1.50	People 25+ with a Bachelor's Degree or Higher	percent	20.7		28.7	30.9	2013-2017	Y	1
1.33	Households with an Internet Subscription	percent	75.4		77.3	78.7	2013-2017	N/A	1
1.25	Persons with Health Insurance	percent	83	100	80.6		2017	N	10
1.22	Voter Turnout: Presidential Election	percent	61		58.8		2016	N/A	14
1.11	Female Population 16+ in Civilian Labor Force	percent	58.9		57.7	58.2	2013-2017	N/A	1
1.08	Median Housing Unit Value	dollars	154000		151500	193500	2013-2017	N/A	1
1.06	Linguistic Isolation	percent	3.3		7.9	4.5	2013-2017	N/A	1
1.00	Households with One or More Types of Computing Devices	percent	87.5		87.6	87.2	2013-2017	N/A	1
1.00	People 25+ with a High School Degree or Higher	percent	86		82.8	87.3	2013-2017	Y	1
0.94	Population 16+ in Civilian Labor Force	percent	65.8		64.2	63	2013-2017	N/A	1
0.78	Total Employment Change	percent	3.2		1.9	2.1	2015-2016	N/A	16
0.72	Single-Parent Households	percent	25.9		33	33.3	2013-2017	N/A	1
0.61	Homeownership	percent	70.3		55.1	56	2013-2017	N/A	1
0.56	Children Living Below Poverty Level	percent	16.4		22.9	20.3	2013-2017	Y	1
0.56	People Living Below Poverty Level	percent	12.4		16	14.6	2013-2017	Y	1
0.50	Median Household Income	dollars	63926		57051	57652	2013-2017	Y	1
0.42	Substantiated Child Abuse Rate	cases/ 1,000 children	7		8.5	9.1	2017	N/A	11

Appendix C: HCI Data Scoring Tables

Kaufman County									
SCORE	SUBSTANCE ABUSE	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.00	Alcohol-Impaired Driving Deaths	percent	33		27.7	28.6	2013-2017	N/A	5
1.22	Liquor Store Density	stores/ 100,000 population	8.4		6.9	10.5	2016	N/A	16
1.14	Death Rate due to Drug Poisoning	deaths/ 100,000 population	11.8		10.1	19.2	2015-2017	N/A	5
SCORE	TEEN & ADOLESCENT HEALTH	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.42	Teen Births	percent	2.4		2.8	4.3	2014	N/A	12
SCORE	TRANSPORTATION	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Mean Travel Time to Work	minutes	34.7		26.1	26.4	2013-2017	Y	1
2.61	Solo Drivers with a Long Commute	percent	56.1		37.7	35.2	2013-2017	N/A	5
2.14	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	19.2	12.4	13.5	11.4	2015-2017	N	3
2.00	Workers Commuting by Public Transportation	percent	0.3	5.5	1.5	5.1	2013-2017	N	1
1.94	Workers who Drive Alone to Work	percent	83		80.5	76.4	2013-2017	N	1
1.33	Households with No Car and Low Access to a Grocery Store	percent	2				2015	N/A	17
SCORE	WELLNESS & LIFESTYLE	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.67	Life Expectancy	years	77.2		79	79.1	2015-2017	N/A	5
1.00	Insufficient Sleep	percent	31.7		32.7	38	2016	N/A	5
0.83	Frequent Physical Distress	percent	10.5		10.8	15	2016	N/A	5
SCORE	WOMEN'S HEALTH	UNITS	KAUFMAN COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.50	Breast Cancer Incidence Rate	cases/ 100,000 females	128.6		111.9	125.2	2012-2016	N	7
2.31	Cervical Cancer Incidence Rate	cases/ 100,000 females	10.2	7.3	9.2	7.6	2012-2016	N	7
1.08	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	19.4	20.7	20.1	20.6	2012-2016	N	7

Appendix C: HCI Data Scoring Tables

Parker County									
SCORE	ACCESS TO HEALTH SERVICES	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.17	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	32.2		72.7	88.2	2018	N/A	5
2.11	Primary Care Provider Rate	providers/ 100,000 population	45.6		60.4	75.4	2016	N/A	5
1.89	Dentist Rate	dentists/ 100,000 population	38.2		56.8	68.4	2017	N/A	5
1.78	Social Worker Rate	workers/ 100,000 population	43.4		80		2018	N/A	12
1.67	Children with Health Insurance	percent	89.3	100	89.3	95	2017	N	1
1.50	Adults with Health Insurance	percent	85.2	100	76.5	87.7	2017	N	1
1.25	Persons with Health Insurance	percent	84.7	100	80.6		2017	N	10
SCORE	CANCER	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Cancer: Medicare Population	percent	8.8		7.5	8.2	2017	N/A	4
2.19	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	13.5		11	11.7	2012-2016	N	7
2.17	All Cancer Incidence Rate	cases/ 100,000 population	454.9		407.7	448	2012-2016	N	7
2.14	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	23.2	20.7	20.1	20.6	2012-2016	N	7
2.06	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	69		51.9	59.2	2012-2016	N	7
1.83	Breast Cancer Incidence Rate	cases/ 100,000 females	125.9		111.9	125.2	2012-2016	N	7
1.81	Cervical Cancer Incidence Rate	cases/ 100,000 females	9.1	7.3	9.2	7.6	2012-2016	N	7
1.72	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	49.1	45.5	37.4	41.9	2012-2016	N	7
1.56	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	169.7	161.4	154	161	2012-2016	N	7
1.39	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	14.3	14.5	14.3	14.2	2012-2016	N	7
1.33	Colorectal Cancer Incidence Rate	cases/ 100,000 population	39.5	39.9	37.7	38.7	2012-2016	N	7
1.06	Prostate Cancer Incidence Rate	cases/ 100,000 males	89.5		92.4	104.1	2012-2016	N	7
0.25	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	15.6	21.8	17.9	19.2	2012-2016	N	7
SCORE	CHILDREN'S HEALTH	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Food Insecure Children Likely Ineligible for Assistance	percent	45		37	21	2017	N/A	6
2.08	Substantiated Child Abuse Rate	cases/ 1,000 children	13		8.5	9.1	2017	N/A	11
1.67	Children with Health Insurance	percent	89.3	100	89.3	95	2017	N	1
1.50	Children with Low Access to a Grocery Store	percent	4.5				2015	N/A	17
1.17	Child Food Insecurity Rate	percent	20.7		22.5	17	2017	N/A	6
SCORE	DIABETES	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.61	Diabetes: Medicare Population	percent	27.5		29.1	27.2	2017	N/A	4
0.86	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	18.6		20.9	21.2	2015-2017	N	3
SCORE	DISABILITIES	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.50	Persons with Disability Living in Poverty (5-year)	percent	15.3		24.5	27.1	2013-2017	N/A	1
SCORE	ECONOMY	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Food Insecure Children Likely Ineligible for Assistance	percent	45		37	21	2017	N/A	6
2.44	Total Employment Change	percent	-3		1.9	2.1	2015-2016	N/A	16

Appendix C: HCI Data Scoring Tables

Parker County								
2.17	Households with Cash Public Assistance Income	percent	2.2	1.5	2.6	2013-2017	N/A	1
2.03	Median Monthly Owner Costs for Households without a Mortgage	dollars	500	481	474	2013-2017	N/A	1
2.03	Mortgaged Owners Median Monthly Household Costs	dollars	1608	1484	1515	2013-2017	N/A	1
1.89	SNAP Certified Stores	stores/ 1,000 population	0.4			2016	N/A	17
1.69	Median Household Gross Rent	dollars	949	952	982	2013-2017	N/A	1
1.50	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	27.7	27.7		2016	N/A	19
1.44	Female Population 16+ in Civilian Labor Force	percent	55.9	57.7	58.2	2013-2017	N/A	1
1.33	Food Insecurity Rate	percent	13.9	14.9	12.5	2017	N/A	6
1.33	Low-Income and Low Access to a Grocery Store	percent	5.3			2015	N/A	17
1.22	Population 16+ in Civilian Labor Force	percent	62.9	64.2	63	2013-2017	N/A	1
1.17	Child Food Insecurity Rate	percent	20.7	22.5	17	2017	N/A	6
1.17	Households that are Above the Asset Limited, Income Constrained, Employed	percent	62.3	57.9		2016	N/A	19
1.06	Renters Spending 30% or More of Household Income on Rent	percent	44.8	47.8	50.6	2013-2017	N	1
1.00	Households that are Below the Federal Poverty Level	percent	10	14.4		2016	N/A	19
0.83	Homeownership	percent	69.7	55.1	56	2013-2017	N/A	1
0.75	Median Housing Unit Value	dollars	180900	151500	193500	2013-2017	N/A	1
0.72	Severe Housing Problems	percent	12.6	18	18.4	2011-2015	N/A	5
0.61	Unemployed Workers in Civilian Labor Force	percent	3	3.6	3.8	August 2019	N/A	15
0.50	Persons with Disability Living in Poverty (5-year)	percent	15.3	24.5	27.1	2013-2017	N/A	1
0.39	Families Living Below Poverty Level	percent	6.6	12.4	10.5	2013-2017	Y	1
0.39	People Living 200% Above Poverty Level	percent	75.9	63.8	67.2	2013-2017	N/A	1
0.39	Students Eligible for the Free Lunch Program	percent	28.2	53.2	42	2017-2018	N/A	8
0.33	Per Capita Income	dollars	33367	28985	31177	2013-2017	Y	1
0.17	Children Living Below Poverty Level	percent	12.7	22.9	20.3	2013-2017	Y	1
0.17	Median Household Income	dollars	70608	57051	57652	2013-2017	Y	1
0.17	People 65+ Living Below Poverty Level	percent	6.3	10.7	9.3	2013-2017	Y	1
0.17	People Living Below Poverty Level	percent	9.2	16	14.6	2013-2017	Y	1

SCORE	EDUCATION	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.17	Student-to-Teacher Ratio	students/ teacher	15.3		15.2	16.6	2017-2018	N/A	8
1.22	High School Drop Out Rate	percent	1.8		1.9		2017	N/A	13
1.22	People 25+ with a Bachelor's Degree or Higher	percent	26.9		28.7	30.9	2013-2017	Y	1
0.89	People 25+ with a High School Degree or Higher	percent	89.4		82.8	87.3	2013-2017	Y	1
0.42	Infants Born to Mothers with <12 Years Education	percent	12.6		21.6	15.9	2013	N/A	12

SCORE	ENVIRONMENT	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.17	Access to Exercise Opportunities	percent	55.3		80.3	83.9	2019	N/A	5
2.00	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	17
1.89	SNAP Certified Stores	stores/ 1,000 population	0.4				2016	N/A	17
1.83	Recognized Carcinogens Released into Air	pounds	23033.6				2017	N/A	18
1.78	Fast Food Restaurant Density	restaurants/ 1,000 population	0.7				2014	N/A	17
1.61	Number of Extreme Precipitation Days	days	41				2016	N/A	9
1.61	PBT Released	pounds	2591.1				2017	N/A	18
1.58	Annual Ozone Air Quality	grade	F				2015-2017	N/A	2
1.50	Children with Low Access to a Grocery Store	percent	4.5				2015	N/A	17

Appendix C: HCI Data Scoring Tables

Parker County								
1.50	Farmers Market Density	markets/ 1,000 population	0			2016	N/A	17
1.50	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1			2014	N/A	17
1.39	Number of Extreme Heat Days	days	7			2016	N/A	9
1.33	Households with No Car and Low Access to a Grocery Store	percent	2			2015	N/A	17
1.33	Low-Income and Low Access to a Grocery Store	percent	5.3			2015	N/A	17
1.33	People 65+ with Low Access to a Grocery Store	percent	2.5			2015	N/A	17
1.33	People with Low Access to a Grocery Store	percent	17.6			2015	N/A	17
1.17	Weeks of Moderate Drought or Worse	weeks per year	1			2016	N/A	9
1.06	Daily Dose of UV Irradiance	Joule per square meter	3331	3538		2015	N/A	9
1.00	Food Environment Index		7.6	6	7.7	2019	N/A	5
0.72	Severe Housing Problems	percent	12.6	18	18.4	2011-2015	N/A	5
0.39	Liquor Store Density	stores/ 100,000 population	3.1	6.9	10.5	2016	N/A	16

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.50	Asthma: Medicare Population	percent	6.2		5	5.1	2017	N/A	4

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Food Insecure Children Likely Ineligible for Assistance	percent	45		37	21	2017	N/A	6
2.17	Access to Exercise Opportunities	percent	55.3		80.3	83.9	2019	N/A	5
2.00	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	17
1.89	SNAP Certified Stores	stores/ 1,000 population	0.4				2016	N/A	17
1.78	Fast Food Restaurant Density	restaurants/ 1,000 population	0.7				2014	N/A	17
1.50	Children with Low Access to a Grocery Store	percent	4.5				2015	N/A	17
1.50	Farmers Market Density	markets/ 1,000 population	0				2016	N/A	17
1.50	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014	N/A	17
1.33	Food Insecurity Rate	percent	13.9		14.9	12.5	2017	N/A	6
1.33	Households with No Car and Low Access to a Grocery Store	percent	2				2015	N/A	17
1.33	Low-Income and Low Access to a Grocery Store	percent	5.3				2015	N/A	17
1.33	People 65+ with Low Access to a Grocery Store	percent	2.5				2015	N/A	17
1.33	People with Low Access to a Grocery Store	percent	17.6				2015	N/A	17
1.17	Child Food Insecurity Rate	percent	20.7		22.5	17	2017	N/A	6
1.00	Food Environment Index		7.6		6	7.7	2019	N/A	5

SCORE	FAMILY PLANNING	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.42	Infants Born to Mothers with <12 Years Education	percent	12.6		21.6	15.9	2013	N/A	12
0.42	Teen Births	percent	1.3		2.8	4.3	2014	N/A	12

SCORE	GOVERNMENT & POLITICS	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.78	Social Worker Rate	workers/ 100,000 population	43.4		80		2018	N/A	12
0.89	Voter Turnout: Presidential Election	percent	66.6		58.8		2016	N/A	14

SCORE	HEART DISEASE & STROKE	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
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Appendix C: HCI Data Scoring Tables

Parker County									
2.44	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	46.4	34.8	42	37.5	2015-2017	N	3
2.28	Atrial Fibrillation: Medicare Population	percent	8.9		7.7	8.4	2017	N/A	4
2.28	Stroke: Medicare Population	percent	4.4		4.3	3.8	2017	N/A	4
2.11	Ischemic Heart Disease: Medicare Population	percent	31.1		29.3	26.9	2017	N/A	4
1.94	Hypertension: Medicare Population	percent	61.1		59.9	57.1	2017	N/A	4
1.72	Hyperlipidemia: Medicare Population	percent	43.8		43.1	40.7	2017	N/A	4
1.44	Heart Failure: Medicare Population	percent	15.1		15.6	13.9	2017	N/A	4
1.08	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	93.7		170.8	94.8	2015-2017	N/A	3
0.89	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	54.9		69.1		2016	N/A	9

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.64	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	14.4		11.8	14.3	2015-2017	N	3
1.44	Syphilis Incidence Rate	cases/ 100,000 population	13.5		40.6		2017	N/A	12
1.33	Tuberculosis Incidence Rate	cases/ 100,000 population	1.3	1	4.5		2013-2017	N/A	12
1.28	HIV Diagnosis Rate	cases/ 100,000 population	3		15.5		2017	N/A	12
1.17	Chlamydia Incidence Rate	cases/ 100,000 population	248		511.6		2017	N/A	12
1.17	Gonorrhea Incidence Rate	cases/ 100,000 population	63.7		160.2		2017	N/A	12

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.14	Mothers who Received Early Prenatal Care	percent	70.4	77.9	59.7	77	2015	N/A	12
0.97	Babies with Very Low Birth Weight	percent	1.2	1.4		1.4	2015	N/A	12
0.83	Preterm Births	percent	9	9.4	11.7		2015	N/A	12
0.64	Babies with Low Birth Weight	percent	6.5	7.8	8.2	8.1	2015	N/A	12
0.64	Infant Mortality Rate	deaths/ 1,000 live births	4.7	6	5.6	5.9	2015	N/A	12
0.42	Infants Born to Mothers with <12 Years Education	percent	12.6		21.6	15.9	2013	N/A	12
0.42	Teen Births	percent	1.3		2.8	4.3	2014	N/A	12

SCORE	MEN'S HEALTH	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.06	Prostate Cancer Incidence Rate	cases/ 100,000 males	89.5		92.4	104.1	2012-2016	N	7
0.25	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	15.6	21.8	17.9	19.2	2012-2016	N	7

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Alzheimer's Disease or Dementia: Medicare Population	percent	14.4		12.8	10.9	2017	N/A	4
2.83	Depression: Medicare Population	percent	19.8		17.9	17.9	2017	N/A	4
2.36	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	19.6	10.2	12.8	13.6	2015-2017	N	3
0.67	Frequent Mental Distress	percent	10.1		10.6	15	2016	N/A	5

SCORE	MORTALITY DATA	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.44	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	46.4	34.8	42	37.5	2015-2017	N	3
2.36	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	19.6	10.2	12.8	13.6	2015-2017	N	3
2.33	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	49.3	36.4	38.3	46.7	2015-2017	Y	3
2.14	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	23.2	20.7	20.1	20.6	2012-2016	N	7

Appendix C: HCI Data Scoring Tables

Parker County									
2.14	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	17.7	12.4	13.5	11.4	2015-2017	N	3
1.72	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	49.1	45.5	37.4	41.9	2012-2016	N	7
1.64	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	14.4		11.8	14.3	2015-2017	N	3
1.56	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	169.7	161.4	154	161	2012-2016	N	7
1.50	Life Expectancy	years	78.1		79	79.1	2015-2017	N/A	5
1.39	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	14.3	14.5	14.3	14.2	2012-2016	N	7
1.36	Death Rate due to Drug Poisoning	deaths/ 100,000 population	13.1		10.1	19.2	2015-2017	N/A	5
1.08	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	93.7		170.8	94.8	2015-2017	N/A	3
0.89	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	54.9		69.1		2016	N/A	9
0.86	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	18.6		20.9	21.2	2015-2017	N	3
0.64	Infant Mortality Rate	deaths/ 1,000 live births	4.7	6	5.6	5.9	2015	N/A	12
0.39	Alcohol-Impaired Driving Deaths	percent	13		27.7	28.6	2013-2017	N/A	5
0.25	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	15.6	21.8	17.9	19.2	2012-2016	N	7

SCORE	OLDER ADULTS & AGING	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Alzheimer's Disease or Dementia: Medicare Population	percent	14.4		12.8	10.9	2017	N/A	4
2.83	Depression: Medicare Population	percent	19.8		17.9	17.9	2017	N/A	4
2.67	Cancer: Medicare Population	percent	8.8		7.5	8.2	2017	N/A	4
2.67	Chronic Kidney Disease: Medicare Population	percent	26.8		26.4	24	2017	N/A	4
2.61	COPD: Medicare Population	percent	15.1		11.4	11.7	2017	N/A	4
2.50	Asthma: Medicare Population	percent	6.2		5	5.1	2017	N/A	4
2.28	Atrial Fibrillation: Medicare Population	percent	8.9		7.7	8.4	2017	N/A	4
2.28	Osteoporosis: Medicare Population	percent	6.9		6.8	6.4	2017	N/A	4
2.28	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	37.3		34.3	33.1	2017	N/A	4
2.28	Stroke: Medicare Population	percent	4.4		4.3	3.8	2017	N/A	4
2.11	Ischemic Heart Disease: Medicare Population	percent	31.1		29.3	26.9	2017	N/A	4
1.94	Hypertension: Medicare Population	percent	61.1		59.9	57.1	2017	N/A	4
1.72	Hyperlipidemia: Medicare Population	percent	43.8		43.1	40.7	2017	N/A	4
1.61	Diabetes: Medicare Population	percent	27.5		29.1	27.2	2017	N/A	4
1.44	Heart Failure: Medicare Population	percent	15.1		15.6	13.9	2017	N/A	4
1.33	People 65+ with Low Access to a Grocery Store	percent	2.5				2015	N/A	17
0.17	People 65+ Living Below Poverty Level	percent	6.3		10.7	9.3	2013-2017	Y	1

SCORE	ORAL HEALTH	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.19	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	13.5		11	11.7	2012-2016	N	7
1.89	Dentist Rate	dentists/ 100,000 population	38.2		56.8	68.4	2017	N/A	5

SCORE	OTHER CHRONIC DISEASES	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Chronic Kidney Disease: Medicare Population	percent	26.8		26.4	24	2017	N/A	4
2.28	Osteoporosis: Medicare Population	percent	6.9		6.8	6.4	2017	N/A	4
2.28	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	37.3		34.3	33.1	2017	N/A	4

SCORE	PREVENTION & SAFETY	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
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Appendix C: HCI Data Scoring Tables

Parker County									
2.33	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	49.3	36.4	38.3	46.7	2015-2017	Y	3
1.36	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	13.1		10.1	19.2	2015-2017	N/A	5
0.72	Severe Housing Problems	<i>percent</i>	12.6		18	18.4	2011-2015	N/A	5

SCORE	PUBLIC SAFETY	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.14	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	17.7	12.4	13.5	11.4	2015-2017	N	3
2.08	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	13		8.5	9.1	2017	N/A	11
0.39	Alcohol-Impaired Driving Deaths	<i>percent</i>	13		27.7	28.6	2013-2017	N/A	5

SCORE	RESPIRATORY DISEASES	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	COPD: Medicare Population	<i>percent</i>	15.1		11.4	11.7	2017	N/A	4
2.50	Asthma: Medicare Population	<i>percent</i>	6.2		5	5.1	2017	N/A	4
2.06	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	69		51.9	59.2	2012-2016	N	7
1.72	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	49.1	45.5	37.4	41.9	2012-2016	N	7
1.64	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	14.4		11.8	14.3	2015-2017	N	3
1.33	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	1.3	1	4.5		2013-2017	N/A	12

SCORE	SOCIAL ENVIRONMENT	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.44	Total Employment Change	<i>percent</i>	-3		1.9	2.1	2015-2016	N/A	16
2.39	Mean Travel Time to Work	<i>minutes</i>	31.7		26.1	26.4	2013-2017	Y	1
2.08	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	13		8.5	9.1	2017	N/A	11
2.03	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	500		481	474	2013-2017	N/A	1
2.03	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1608		1484	1515	2013-2017	N/A	1
1.78	Social Worker Rate	<i>workers/ 100,000 population</i>	43.4		80		2018	N/A	12
1.69	Median Household Gross Rent	<i>dollars</i>	949		952	982	2013-2017	N/A	1
1.44	Female Population 16+ in Civilian Labor Force	<i>percent</i>	55.9		57.7	58.2	2013-2017	N/A	1
1.25	Persons with Health Insurance	<i>percent</i>	84.7	100	80.6		2017	N	10
1.22	People 25+ with a Bachelor's Degree or Higher	<i>percent</i>	26.9		28.7	30.9	2013-2017	Y	1
1.22	Population 16+ in Civilian Labor Force	<i>percent</i>	62.9		64.2	63	2013-2017	N/A	1
0.94	Linguistic Isolation	<i>percent</i>	1.2		7.9	4.5	2013-2017	N/A	1
0.89	People 25+ with a High School Degree or Higher	<i>percent</i>	89.4		82.8	87.3	2013-2017	Y	1
0.89	Voter Turnout: Presidential Election	<i>percent</i>	66.6		58.8		2016	N/A	14
0.83	Homeownership	<i>percent</i>	69.7		55.1	56	2013-2017	N/A	1
0.83	Households with an Internet Subscription	<i>percent</i>	81.9		77.3	78.7	2013-2017	N/A	1
0.83	Households with One or More Types of Computing Devices	<i>percent</i>	91.2		87.6	87.2	2013-2017	N/A	1
0.75	Median Housing Unit Value	<i>dollars</i>	180900		151500	193500	2013-2017	N/A	1
0.39	Single-Parent Households	<i>percent</i>	22.8		33	33.3	2013-2017	N/A	1
0.33	Per Capita Income	<i>dollars</i>	33367		28985	31177	2013-2017	Y	1
0.17	Children Living Below Poverty Level	<i>percent</i>	12.7		22.9	20.3	2013-2017	Y	1
0.17	Median Household Income	<i>dollars</i>	70608		57051	57652	2013-2017	Y	1
0.17	People Living Below Poverty Level	<i>percent</i>	9.2		16	14.6	2013-2017	Y	1

SCORE	SUBSTANCE ABUSE	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
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Appendix C: HCI Data Scoring Tables

Parker County									
1.36	Death Rate due to Drug Poisoning	deaths/ 100,000 population	13.1	10.1	19.2	2015-2017	N/A	5	
0.39	Alcohol-Impaired Driving Deaths	percent	13	27.7	28.6	2013-2017	N/A	5	
0.39	Liquor Store Density	stores/ 100,000 population	3.1	6.9	10.5	2016	N/A	16	
SCORE	TEEN & ADOLESCENT HEALTH	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.42	Teen Births	percent	1.3		2.8	4.3	2014	N/A	12
SCORE	TRANSPORTATION	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.39	Mean Travel Time to Work	minutes	31.7		26.1	26.4	2013-2017	Y	1
2.39	Solo Drivers with a Long Commute	percent	50.3		37.7	35.2	2013-2017	N/A	5
2.14	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	17.7	12.4	13.5	11.4	2015-2017	N	3
2.06	Workers Commuting by Public Transportation	percent	0.2	5.5	1.5	5.1	2013-2017	N	1
1.94	Workers who Drive Alone to Work	percent	82.8		80.5	76.4	2013-2017	Y	1
1.33	Households with No Car and Low Access to a Grocery Store	percent	2				2015	N/A	17
SCORE	WELLNESS & LIFESTYLE	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.50	Life Expectancy	years	78.1		79	79.1	2015-2017	N/A	5
0.50	Frequent Physical Distress	percent	9.4		10.8	15	2016	N/A	5
0.50	Insufficient Sleep	percent	29.2		32.7	38	2016	N/A	5
SCORE	WOMEN'S HEALTH	UNITS	PARKER COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.14	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	23.2	20.7	20.1	20.6	2012-2016	N	7
1.83	Breast Cancer Incidence Rate	cases/ 100,000 females	125.9		111.9	125.2	2012-2016	N	7
1.81	Cervical Cancer Incidence Rate	cases/ 100,000 females	9.1	7.3	9.2	7.6	2012-2016	N	7

Appendix C: HCI Data Scoring Tables

Rockwall County									
SCORE	ACCESS TO HEALTH SERVICES	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.56	Children with Health Insurance	percent	93.9	100	89.3	95	2017	N	1
1.56	Social Worker Rate	workers/ 100,000 population	58.6		80		2018	N/A	12
1.50	Adults with Health Insurance	percent	84.9	100	76.5	87.7	2017	Y	1
1.31	Persons with Health Insurance	percent	86.6	100	80.6		2017	N	10
1.17	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	72.3		72.7	88.2	2018	N/A	5
0.67	Primary Care Provider Rate	providers/ 100,000 population	75.6		60.4	75.4	2016	N/A	5
0.39	Dentist Rate	dentists/ 100,000 population	77.5		56.8	68.4	2017	N/A	5

SCORE	CANCER	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.25	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	21.9	21.8	17.9	19.2	2012-2016	N	7
2.22	Breast Cancer Incidence Rate	cases/ 100,000 females	132.2		111.9	125.2	2012-2016	N	7
2.19	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	14.3		11	11.7	2012-2016	N	7
2.14	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	24.2	20.7	20.1	20.6	2012-2016	N	7
1.94	Cancer: Medicare Population	percent	8.1		7.5	8.2	2017	N/A	4
1.22	All Cancer Incidence Rate	cases/ 100,000 population	409		407.7	448	2012-2016	N	7
1.11	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	14.4	14.5	14.3	14.2	2012-2016	N	7
0.94	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	51.7		51.9	59.2	2012-2016	N	7
0.89	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	148.8	161.4	154	161	2012-2016	Y	7
0.83	Prostate Cancer Incidence Rate	cases/ 100,000 males	87.7		92.4	104.1	2012-2016	N	7
0.39	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	33.8	45.5	37.4	41.9	2012-2016	N	7
0.00	Colorectal Cancer Incidence Rate	cases/ 100,000 population	29.2	39.9	37.7	38.7	2012-2016	N	7

SCORE	CHILDREN'S HEALTH	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Food Insecure Children Likely Ineligible for Assistance	percent	58		37	21	2017	N/A	6
1.67	Children with Low Access to a Grocery Store	percent	6.3				2015	N/A	17
1.56	Children with Health Insurance	percent	93.9	100	89.3	95	2017	N	1
0.89	Child Food Insecurity Rate	percent	18.2		22.5	17	2017	N/A	6
0.64	Substantiated Child Abuse Rate	cases/ 1,000 children	3.6		8.5	9.1	2017	N/A	11

SCORE	DIABETES	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.78	Diabetes: Medicare Population	percent	23.9		29.1	27.2	2017	N/A	4
0.64	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	8.6		21.6	21.1	2012-2014	N/A	3

SCORE	DISABILITIES	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.50	Persons with Disability Living in Poverty (5-year)	percent	10.1		24.5	27.1	2013-2017	N/A	1

SCORE	ECONOMY	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Food Insecure Children Likely Ineligible for Assistance	percent	58		37	21	2017	N/A	6
2.58	Median Household Gross Rent	dollars	1283		952	982	2013-2017	N/A	1
2.36	Median Monthly Owner Costs for Households without a Mortgage	dollars	738		481	474	2013-2017	N/A	1

Appendix C: HCI Data Scoring Tables

Rockwall County								
2.36	Mortgaged Owners Median Monthly Household Costs	dollars	1773	1484	1515	2013-2017	N/A	1
1.89	SNAP Certified Stores	stores/ 1,000 population	0.4			2016	N/A	17
1.50	Renters Spending 30% or More of Household Income on Rent	percent	45.6	47.8	50.6	2013-2017	Y	1
1.17	Low-Income and Low Access to a Grocery Store	percent	3.7			2015	N/A	17
1.00	Households that are Above the Asset Limited, Income Constrained, Empl	percent	69.8	57.9		2016	N/A	19
1.00	Households that are Asset Limited, Income Constrained, Employed (ALIC	percent	24.2	27.7		2016	N/A	19
1.00	Households that are Below the Federal Poverty Level	percent	6	14.4		2016	N/A	19
0.94	Female Population 16+ in Civilian Labor Force	percent	60.5	57.7	58.2	2013-2017	N/A	1
0.94	Population 16+ in Civilian Labor Force	percent	68.4	64.2	63	2013-2017	N/A	1
0.94	Unemployed Workers in Civilian Labor Force	percent	3.2	3.6	3.8	August 2019	N/A	15
0.89	Child Food Insecurity Rate	percent	18.2	22.5	17	2017	N/A	6
0.83	People 65+ Living Below Poverty Level	percent	3.8	10.7	9.3	2013-2017	N	1
0.72	Food Insecurity Rate	percent	11.9	14.9	12.5	2017	N/A	6
0.72	Severe Housing Problems	percent	13.7	18	18.4	2011-2015	N/A	5
0.61	Children Living Below Poverty Level	percent	7.5	22.9	20.3	2013-2017	N	1
0.50	Homeownership	percent	76.6	55.1	56	2013-2017	N/A	1
0.50	Persons with Disability Living in Poverty (5-year)	percent	10.1	24.5	27.1	2013-2017	N/A	1
0.42	Median Housing Unit Value	dollars	225400	151500	193500	2013-2017	N/A	1
0.39	Families Living Below Poverty Level	percent	4.5	12.4	10.5	2013-2017	N	1
0.39	People Living 200% Above Poverty Level	percent	81.7	63.8	67.2	2013-2017	N/A	1
0.39	People Living Below Poverty Level	percent	5.8	16	14.6	2013-2017	Y	1
0.39	Students Eligible for the Free Lunch Program	percent	20.7	53.2	42	2017-2018	N/A	8
0.39	Total Employment Change	percent	7.7	1.9	2.1	2015-2016	N/A	16
0.17	Households with Cash Public Assistance Income	percent	0.8	1.5	2.6	2013-2017	N/A	1
0.17	Median Household Income	dollars	93269	57051	57652	2013-2017	Y	1
0.17	Per Capita Income	dollars	38933	28985	31177	2013-2017	Y	1

SCORE	EDUCATION	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.33	Student-to-Teacher Ratio	students/ teacher	16.4		15.2	16.6	2017-2018	N/A	8
0.89	High School Drop Out Rate	percent	0.9		1.9		2017	N/A	13
0.86	Infants Born to Mothers with <12 Years Education	percent	8.9		21.6	15.9	2013	N/A	12
0.56	People 25+ with a High School Degree or Higher	percent	91.7		82.8	87.3	2013-2017	N	1
0.17	People 25+ with a Bachelor's Degree or Higher	percent	40		28.7	30.9	2013-2017	Y	1

SCORE	ENVIRONMENT	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.11	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8				2014	N/A	17
2.00	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	17
1.89	SNAP Certified Stores	stores/ 1,000 population	0.4				2016	N/A	17
1.67	Children with Low Access to a Grocery Store	percent	6.3				2015	N/A	17
1.61	Number of Extreme Precipitation Days	days	40				2016	N/A	9
1.61	PBT Released	pounds	1.1				2017	N/A	18
1.61	Recognized Carcinogens Released into Air	pounds	3655.7				2017	N/A	18
1.50	People with Low Access to a Grocery Store	percent	20.2				2015	N/A	17
1.47	Annual Ozone Air Quality	grade	D				2015-2017	N/A	2
1.39	Number of Extreme Heat Events	events	2				2016	N/A	9

Appendix C: HCI Data Scoring Tables

Rockwall County								
1.33	Farmers Market Density	markets/ 1,000 population	0			2016	N/A	17
1.17	Daily Dose of UV Irradiance	Joule per square meter	3243	3538		2015	N/A	9
1.17	Low-Income and Low Access to a Grocery Store	percent	3.7			2015	N/A	17
1.17	Number of Extreme Heat Days	days	5			2016	N/A	9
1.17	People 65+ with Low Access to a Grocery Store	percent	1.8			2015	N/A	17
1.17	Weeks of Moderate Drought or Worse	weeks per year	1			2016	N/A	9
1.11	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1			2014	N/A	17
1.00	Households with No Car and Low Access to a Grocery Store	percent	1			2015	N/A	17
0.83	Access to Exercise Opportunities	percent	84.1	80.3	83.9	2019	N/A	5
0.72	Severe Housing Problems	percent	13.7	18	18.4	2011-2015	N/A	5
0.50	Food Environment Index		8.1	6	7.7	2019	N/A	5
0.39	Liquor Store Density	stores/ 100,000 population	2.1	6.9	10.5	2016	N/A	16

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.83	Asthma: Medicare Population	percent	4.1		5	5.1	2017	N/A	4

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Food Insecure Children Likely Ineligible for Assistance	percent	58		37	21	2017	N/A	6
2.11	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8				2014	N/A	17
2.00	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	17
1.89	SNAP Certified Stores	stores/ 1,000 population	0.4				2016	N/A	17
1.67	Children with Low Access to a Grocery Store	percent	6.3				2015	N/A	17
1.50	People with Low Access to a Grocery Store	percent	20.2				2015	N/A	17
1.33	Farmers Market Density	markets/ 1,000 population	0				2016	N/A	17
1.17	Low-Income and Low Access to a Grocery Store	percent	3.7				2015	N/A	17
1.17	People 65+ with Low Access to a Grocery Store	percent	1.8				2015	N/A	17
1.11	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014	N/A	17
1.00	Households with No Car and Low Access to a Grocery Store	percent	1				2015	N/A	17
0.89	Child Food Insecurity Rate	percent	18.2		22.5	17	2017	N/A	6
0.83	Access to Exercise Opportunities	percent	84.1		80.3	83.9	2019	N/A	5
0.72	Food Insecurity Rate	percent	11.9		14.9	12.5	2017	N/A	6
0.50	Food Environment Index		8.1		6	7.7	2019	N/A	5

SCORE	FAMILY PLANNING	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.86	Infants Born to Mothers with <12 Years Education	percent	8.9		21.6	15.9	2013	N/A	12
0.75	Teen Births	percent	1.1		2.8	4.3	2014	N/A	12

SCORE	GOVERNMENT & POLITICS	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.56	Social Worker Rate	workers/ 100,000 population	58.6		80		2018	N/A	12
0.89	Voter Turnout: Presidential Election	percent	69.4		58.8		2016	N/A	14

SCORE	HEART DISEASE & STROKE	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
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Appendix C: HCI Data Scoring Tables

Rockwall County									
3.00	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	51.7	34.8	42	37.5	2015-2017	N	3
2.83	Atrial Fibrillation: Medicare Population	<i>percent</i>	9.4		7.7	8.4	2017	N/A	4
2.28	Stroke: Medicare Population	<i>percent</i>	4.4		4.3	3.8	2017	N/A	4
1.83	Hypertension: Medicare Population	<i>percent</i>	59.8		59.9	57.1	2017	N/A	4
0.94	Ischemic Heart Disease: Medicare Population	<i>percent</i>	26.2		29.3	26.9	2017	N/A	4
0.92	Age-Adjusted Death Rate due to Heart Disease	<i>deaths/ 100,000 population</i>	86.7		170.8	94.8	2015-2017	N/A	3
0.89	Age-Adjusted Death Rate due to Heart Attack	<i>deaths/ 100,000 population 35+ years</i>	44.8		69.1		2016	N/A	9
0.89	Hyperlipidemia: Medicare Population	<i>percent</i>	38		43.1	40.7	2017	N/A	4
0.72	Heart Failure: Medicare Population	<i>percent</i>	13.1		15.6	13.9	2017	N/A	4

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.61	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	2.2	1	4.5		2013-2017	N/A	12
1.44	Syphilis Incidence Rate	<i>cases/ 100,000 population</i>	13.4		40.6		2017	N/A	12
1.28	Gonorrhea Incidence Rate	<i>cases/ 100,000 population</i>	48.6		160.2		2017	N/A	12
1.25	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	13.8		11.8	14.3	2015-2017	N	3
1.11	Chlamydia Incidence Rate	<i>cases/ 100,000 population</i>	177.7		511.6		2017	N/A	12
1.06	HIV Diagnosis Rate	<i>cases/ 100,000 population</i>	4.3		16.1		2016	N/A	12

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.86	Mothers who Received Early Prenatal Care	<i>percent</i>	65.5	77.9	59.7	77	2015	N/A	12
1.75	Babies with Low Birth Weight	<i>percent</i>	8.1	7.8	8.2	8.1	2015	N/A	12
1.75	Babies with Very Low Birth Weight	<i>percent</i>	1.5	1.4		1.4	2015	N/A	12
1.61	Preterm Births	<i>percent</i>	11.5	9.4	11.7		2015	N/A	12
0.86	Infants Born to Mothers with <12 Years Education	<i>percent</i>	8.9		21.6	15.9	2013	N/A	12
0.75	Teen Births	<i>percent</i>	1.1		2.8	4.3	2014	N/A	12
0.47	Infant Mortality Rate	<i>deaths/ 1,000 live births</i>	3.9	6	5.6	5.9	2015	N/A	12

SCORE	MEN'S HEALTH	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.25	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	21.9	21.8	17.9	19.2	2012-2016	N	7
0.83	Prostate Cancer Incidence Rate	<i>cases/ 100,000 males</i>	87.7		92.4	104.1	2012-2016	N	7

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.28	Alzheimer's Disease or Dementia: Medicare Population	<i>percent</i>	13.2		12.8	10.9	2017	N/A	4
2.19	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	15.8	10.2	12.8	13.6	2015-2017	N	3
2.17	Depression: Medicare Population	<i>percent</i>	18.7		17.9	17.9	2017	N/A	4
0.67	Frequent Mental Distress	<i>percent</i>	9.7		10.6	15	2016	N/A	5

SCORE	MORTALITY DATA	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
3.00	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	<i>deaths/ 100,000 population</i>	51.7	34.8	42	37.5	2015-2017	N	3
2.25	Age-Adjusted Death Rate due to Prostate Cancer	<i>deaths/ 100,000 males</i>	21.9	21.8	17.9	19.2	2012-2016	N	7
2.19	Age-Adjusted Death Rate due to Suicide	<i>deaths/ 100,000 population</i>	15.8	10.2	12.8	13.6	2015-2017	N	3
2.17	Alcohol-Impaired Driving Deaths	<i>percent</i>	30		27.7	28.6	2013-2017	N/A	5

Appendix C: HCI Data Scoring Tables

Rockwall County									
2.14	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	24.2	20.7	20.1	20.6	2012-2016	N	7
1.25	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	13.8		11.8	14.3	2015-2017	N	3
1.11	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	14.4	14.5	14.3	14.2	2012-2016	N	7
0.92	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	86.7		170.8	94.8	2015-2017	N/A	3
0.89	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	148.8	161.4	154	161	2012-2016	Y	7
0.89	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	44.8		69.1		2016	N/A	9
0.83	Life Expectancy	years	81.4		79	79.1	2015-2017	N/A	5
0.75	Death Rate due to Drug Poisoning	deaths/ 100,000 population	7.8		10.1	19.2	2015-2017	N/A	5
0.64	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	8.6		21.6	21.1	2012-2014	N/A	3
0.47	Infant Mortality Rate	deaths/ 1,000 live births	3.9	6	5.6	5.9	2015	N/A	12
0.39	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	33.8	45.5	37.4	41.9	2012-2016	N	7
0.25	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	8.1	12.4	13.5	11.4	2015-2017	N	3
0.22	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	21.1	36.4	38.3	46.7	2015-2017	N	3

SCORE	OLDER ADULTS & AGING	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Atrial Fibrillation: Medicare Population	percent	9.4		7.7	8.4	2017	N/A	4
2.28	Alzheimer's Disease or Dementia: Medicare Population	percent	13.2		12.8	10.9	2017	N/A	4
2.28	Stroke: Medicare Population	percent	4.4		4.3	3.8	2017	N/A	4
2.17	Depression: Medicare Population	percent	18.7		17.9	17.9	2017	N/A	4
1.94	Cancer: Medicare Population	percent	8.1		7.5	8.2	2017	N/A	4
1.94	Osteoporosis: Medicare Population	percent	6.4		6.8	6.4	2017	N/A	4
1.83	Hypertension: Medicare Population	percent	59.8		59.9	57.1	2017	N/A	4
1.78	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35.2		34.3	33.1	2017	N/A	4
1.33	Chronic Kidney Disease: Medicare Population	percent	22.8		26.4	24	2017	N/A	4
1.17	People 65+ with Low Access to a Grocery Store	percent	1.8				2015	N/A	17
0.94	Ischemic Heart Disease: Medicare Population	percent	26.2		29.3	26.9	2017	N/A	4
0.89	Hyperlipidemia: Medicare Population	percent	38		43.1	40.7	2017	N/A	4
0.83	Asthma: Medicare Population	percent	4.1		5	5.1	2017	N/A	4
0.83	People 65+ Living Below Poverty Level	percent	3.8		10.7	9.3	2013-2017	N	1
0.78	Diabetes: Medicare Population	percent	23.9		29.1	27.2	2017	N/A	4
0.72	Heart Failure: Medicare Population	percent	13.1		15.6	13.9	2017	N/A	4
0.61	COPD: Medicare Population	percent	10		11.4	11.7	2017	N/A	4

SCORE	ORAL HEALTH	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.19	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	14.3		11	11.7	2012-2016	N	7
0.39	Dentist Rate	dentists/ 100,000 population	77.5		56.8	68.4	2017	N/A	5

SCORE	OTHER CHRONIC DISEASES	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.94	Osteoporosis: Medicare Population	percent	6.4		6.8	6.4	2017	N/A	4
1.78	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	35.2		34.3	33.1	2017	N/A	4
1.33	Chronic Kidney Disease: Medicare Population	percent	22.8		26.4	24	2017	N/A	4

SCORE	PREVENTION & SAFETY	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
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Appendix C: HCI Data Scoring Tables

Rockwall County									
0.75	Death Rate due to Drug Poisoning	deaths/ 100,000 population	7.8		10.1	19.2	2015-2017	N/A	5
0.72	Severe Housing Problems	percent	13.7		18	18.4	2011-2015	N/A	5
0.22	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	21.1	36.4	38.3	46.7	2015-2017	N	3

SCORE	PUBLIC SAFETY	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.17	Alcohol-Impaired Driving Deaths	percent	30		27.7	28.6	2013-2017	N/A	5
0.64	Substantiated Child Abuse Rate	cases/ 1,000 children	3.6		8.5	9.1	2017	N/A	11
0.25	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	8.1	12.4	13.5	11.4	2015-2017	N	3

SCORE	RESPIRATORY DISEASES	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.61	Tuberculosis Incidence Rate	cases/ 100,000 population	2.2	1	4.5		2013-2017	N/A	12
1.25	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	13.8		11.8	14.3	2015-2017	N	3
0.94	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	51.7		51.9	59.2	2012-2016	N	7
0.83	Asthma: Medicare Population	percent	4.1		5	5.1	2017	N/A	4
0.61	COPD: Medicare Population	percent	10		11.4	11.7	2017	N/A	4
0.39	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	33.8	45.5	37.4	41.9	2012-2016	N	7

SCORE	SOCIAL ENVIRONMENT	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Mean Travel Time to Work	minutes	33.4		26.1	26.4	2013-2017	N	1
2.58	Median Household Gross Rent	dollars	1283		952	982	2013-2017	N/A	1
2.36	Median Monthly Owner Costs for Households without a Mortgage	dollars	738		481	474	2013-2017	N/A	1
2.36	Mortgaged Owners Median Monthly Household Costs	dollars	1773		1484	1515	2013-2017	N/A	1
1.56	Social Worker Rate	workers/ 100,000 population	58.6		80		2018	N/A	12
1.31	Persons with Health Insurance	percent	86.6	100	80.6		2017	N	10
0.94	Female Population 16+ in Civilian Labor Force	percent	60.5		57.7	58.2	2013-2017	N/A	1
0.94	Population 16+ in Civilian Labor Force	percent	68.4		64.2	63	2013-2017	N/A	1
0.89	Voter Turnout: Presidential Election	percent	69.4		58.8		2016	N/A	14
0.83	Households with One or More Types of Computing Devices	percent	95.2		87.6	87.2	2013-2017	N/A	1
0.72	Linguistic Isolation	percent	1.6		7.9	4.5	2013-2017	N/A	1
0.64	Substantiated Child Abuse Rate	cases/ 1,000 children	3.6		8.5	9.1	2017	N/A	11
0.61	Children Living Below Poverty Level	percent	7.5		22.9	20.3	2013-2017	N	1
0.56	People 25+ with a High School Degree or Higher	percent	91.7		82.8	87.3	2013-2017	N	1
0.50	Homeownership	percent	76.6		55.1	56	2013-2017	N/A	1
0.50	Households with an Internet Subscription	percent	89.6		77.3	78.7	2013-2017	N/A	1
0.42	Median Housing Unit Value	dollars	225400		151500	193500	2013-2017	N/A	1
0.39	People Living Below Poverty Level	percent	5.8		16	14.6	2013-2017	Y	1
0.39	Single-Parent Households	percent	19.4		33	33.3	2013-2017	N/A	1
0.39	Total Employment Change	percent	7.7		1.9	2.1	2015-2016	N/A	16
0.17	Median Household Income	dollars	93269		57051	57652	2013-2017	Y	1
0.17	People 25+ with a Bachelor's Degree or Higher	percent	40		28.7	30.9	2013-2017	Y	1
0.17	Per Capita Income	dollars	38933		28985	31177	2013-2017	Y	1

SCORE	SUBSTANCE ABUSE	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
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Appendix C: HCI Data Scoring Tables

Rockwall County								
2.17	Alcohol-Impaired Driving Deaths	percent	30	27.7	28.6	2013-2017	N/A	5
0.75	Death Rate due to Drug Poisoning	deaths/ 100,000 population	7.8	10.1	19.2	2015-2017	N/A	5
0.39	Liquor Store Density	stores/ 100,000 population	2.1	6.9	10.5	2016	N/A	16
SCORE	TEEN & ADOLESCENT HEALTH	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
0.75	Teen Births	percent	1.1		2.8	4.3	2014	N/A 12
SCORE	TRANSPORTATION	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
2.83	Mean Travel Time to Work	minutes	33.4		26.1	26.4	2013-2017	N 1
2.83	Solo Drivers with a Long Commute	percent	59.3		37.7	35.2	2013-2017	N/A 5
1.72	Workers who Drive Alone to Work	percent	81.6		80.5	76.4	2013-2017	N 1
1.33	Workers Commuting by Public Transportation	percent	0.8	5.5	1.5	5.1	2013-2017	N 1
1.00	Households with No Car and Low Access to a Grocery Store	percent	1				2015	N/A 17
0.25	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	8.1	12.4	13.5	11.4	2015-2017	N 3
SCORE	WELLNESS & LIFESTYLE	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
0.83	Insufficient Sleep	percent	30.2		32.7	38	2016	N/A 5
0.83	Life Expectancy	years	81.4		79	79.1	2015-2017	N/A 5
0.50	Frequent Physical Distress	percent	9.1		10.8	15	2016	N/A 5
SCORE	WOMEN'S HEALTH	UNITS	ROCKWALL COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY* Source
2.22	Breast Cancer Incidence Rate	cases/ 100,000 females	132.2		111.9	125.2	2012-2016	N 7
2.14	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	24.2	20.7	20.1	20.6	2012-2016	N 7

Appendix C: HCI Data Scoring Tables

Tarrant County									
SCORE	ACCESS TO HEALTH SERVICES	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.00	Primary Care Provider Rate	providers/ 100,000 population	56.6		60.4	75.4	2016	N/A	6
1.83	Adults with Health Insurance	percent	78.6	100	76.5	87.7	2017	Y	1
1.83	Children with Health Insurance	percent	88.3	100	89.3	95	2017	Y	1
1.67	Adults who Visited a Dentist	percent	59		58.8	67.2	2012	N/A	3
1.47	Persons with Health Insurance	percent	81.6	100	80.6		2017	N	11
1.17	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	70.5		72.7	88.2	2018	N/A	6
1.00	Dentist Rate	dentists/ 100,000 population	57.7		56.8	68.4	2017	N/A	6
0.67	Social Worker Rate	workers/ 100,000 population	117.6		80		2018	N/A	13

SCORE	CANCER	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Cancer: Medicare Population	percent	8.7		7.5	8.2	2017	N/A	5
1.97	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	20.8	20.7	20.1	20.6	2012-2016	Y	8
1.94	Breast Cancer Incidence Rate	cases/ 100,000 females	121.7		111.9	125.2	2012-2016	Y	8
1.83	Prostate Cancer Incidence Rate	cases/ 100,000 males	105.4		92.4	104.1	2012-2016	Y	8
1.69	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	11.8		11	11.7	2012-2016	Y	8
1.67	All Cancer Incidence Rate	cases/ 100,000 population	437.5		407.7	448	2012-2016	Y	8
1.67	Pap Test in Past 3 Years	percent	75	93	74.6	78	2012	N/A	3
1.50	Colon Cancer Screening: Sigmoidoscopy or Colonoscopy	percent	65.7		62.6	67.3	2012	N/A	3
1.47	Cervical Cancer Incidence Rate	cases/ 100,000 females	8.2	7.3	9.2	7.6	2012-2016	N	8
1.17	Mammogram in Past 2 Years: 50+	percent	79.5		72	77	2012	N/A	3
0.92	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	18.2	21.8	17.9	19.2	2012-2016	Y	8
0.83	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	55.9		51.9	59.2	2012-2016	Y	8
0.78	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	156	161.4	154	161	2012-2016	Y	8
0.78	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	13.8	14.5	14.3	14.2	2012-2016	Y	8
0.67	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	39.2	45.5	37.4	41.9	2012-2016	Y	8
0.33	Colorectal Cancer Incidence Rate	cases/ 100,000 population	35.9	39.9	37.7	38.7	2012-2016	Y	8

SCORE	CHILDREN'S HEALTH	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.94	Food Insecure Children Likely Ineligible for Assistance	percent	36		37	21	2017	N/A	7
1.83	Children with Health Insurance	percent	88.3	100	89.3	95	2017	Y	1
1.83	Children with Low Access to a Grocery Store	percent	7.1				2015	N/A	18
1.81	Substantiated Child Abuse Rate	cases/ 1,000 children	10.5		8.5	9.1	2017	N/A	12
1.33	Child Food Insecurity Rate	percent	21.4		22.5	17	2017	N/A	7

SCORE	DIABETES	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.78	Diabetes: Medicare Population	percent	28.6		29.1	27.2	2017	N/A	5
1.47	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	22.3		20.9	21.2	2015-2017	Y	4
1.33	Adults with Diabetes	percent	9.6		10.6	9.7	2012	N/A	3

SCORE	DISABILITIES	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.00	Persons with Disability Living in Poverty (5-year)	percent	22.3		24.5	27.1	2013-2017	N/A	1

Appendix C: HCI Data Scoring Tables

Tarrant County

SCORE	ECONOMY	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.36	Median Monthly Owner Costs for Households without a Mortgage	dollars	565		481	474	2013-2017	N/A	1
2.25	Median Household Gross Rent	dollars	987		952	982	2013-2017	N/A	1
2.03	Mortgaged Owners Median Monthly Household Costs	dollars	1531		1484	1515	2013-2017	N/A	1
2.00	SNAP Certified Stores	stores/ 1,000 population	0.6				2016	N/A	18
1.94	Food Insecure Children Likely Ineligible for Assistance	percent	36		37	21	2017	N/A	7
1.83	Food Insecurity Rate	percent	16		14.9	12.5	2017	N/A	7
1.72	Severe Housing Problems	percent	17.5		18	18.4	2011-2015	N/A	6
1.61	Homeownership	percent	56		55.1	56	2013-2017	N/A	1
1.61	Students Eligible for the Free Lunch Program	percent	47.4		53.2	42	2017-2018	N/A	9
1.50	Low-Income and Low Access to a Grocery Store	percent	8				2015	N/A	18
1.39	Renters Spending 30% or More of Household Income on Rent	percent	47.6		47.8	50.6	2013-2017	Y	1
1.33	Child Food Insecurity Rate	percent	21.4		22.5	17	2017	N/A	7
1.33	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	25.1		27.7		2016	N/A	19
1.17	Households that are Above the Asset Limited, Income Constrained, Emplo	percent	63		57.9		2016	N/A	19
1.17	Population 16+ in Civilian Labor Force	percent	68.2		64.2	63	2013-2017	N/A	1
1.11	Unemployed Workers in Civilian Labor Force	percent	3.4		3.6	3.8	August 2019	N/A	16
1.08	Median Housing Unit Value	dollars	158200		151500	193500	2013-2017	N/A	1
1.00	Households that are Below the Federal Poverty Level	percent	11.9		14.4		2016	N/A	19
1.00	Persons with Disability Living in Poverty (5-year)	percent	22.3		24.5	27.1	2013-2017	N/A	1
0.94	Female Population 16+ in Civilian Labor Force	percent	61.4		57.7	58.2	2013-2017	N/A	1
0.94	Total Employment Change	percent	2.4		1.9	2.1	2015-2016	N/A	17
0.67	Children Living Below Poverty Level	percent	19.4		22.9	20.3	2013-2017	Y	1
0.67	Families Living Below Poverty Level	percent	10.1		12.4	10.5	2013-2017	Y	1
0.67	Households with Cash Public Assistance Income	percent	1.4		1.5	2.6	2013-2017	N/A	1
0.67	People Living 200% Above Poverty Level	percent	67.9		63.8	67.2	2013-2017	N/A	1
0.67	People Living Below Poverty Level	percent	13.5		16	14.6	2013-2017	Y	1
0.67	Per Capita Income	dollars	30857		28985	31177	2013-2017	Y	1
0.50	Median Household Income	dollars	62532		57051	57652	2013-2017	Y	1
0.50	People 65+ Living Below Poverty Level	percent	8.1		10.7	9.3	2013-2017	Y	1

SCORE	EDUCATION	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.89	High School Drop Out Rate	percent	5.8		1.9		2017	N/A	14
1.50	Student-to-Teacher Ratio	students/ teacher	15.4		15.2	16.6	2017-2018	N/A	9
1.25	Infants Born to Mothers with <12 Years Education	percent	19.5		21.6	15.9	2013	N/A	13
1.00	People 25+ with a High School Degree or Higher	percent	85.4		82.8	87.3	2013-2017	Y	1
0.50	People 25+ with a Bachelor's Degree or Higher	percent	31.1		28.7	30.9	2013-2017	Y	1

SCORE	ENVIRONMENT	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.00	SNAP Certified Stores	stores/ 1,000 population	0.6				2016	N/A	18
1.94	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8				2014	N/A	18
1.83	Children with Low Access to a Grocery Store	percent	7.1				2015	N/A	18
1.83	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	18

Appendix C: HCI Data Scoring Tables

Tarrant County								
1.72	Severe Housing Problems	percent	17.5	18	18.4	2011-2015	N/A	6
1.67	People with Low Access to a Grocery Store	percent	25.6			2015	N/A	18
1.61	Number of Extreme Precipitation Days	days	38			2016	N/A	10
1.58	Annual Ozone Air Quality	grade	F			2015-2017	N/A	2
1.50	Farmers Market Density	markets/ 1,000 population	0			2016	N/A	18
1.50	Low-Income and Low Access to a Grocery Store	percent	8			2015	N/A	18
1.39	Months of Mild Drought or Worse	months per year	4			2016	N/A	10
1.39	Number of Extreme Heat Days	days	5			2016	N/A	10
1.39	Number of Extreme Heat Events	events	2			2016	N/A	10
1.33	People 65+ with Low Access to a Grocery Store	percent	2.4			2015	N/A	18
1.33	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1			2014	N/A	18
1.17	Daily Dose of UV Irradiance	Joule per square meter	3309	3538		2015	N/A	10
1.17	Food Environment Index		7	6	7.7	2019	N/A	6
1.17	Weeks of Moderate Drought or Worse	weeks per year	1			2016	N/A	10
1.14	Annual Particle Pollution	grade	A			2015-2017	N/A	2
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.3			2015	N/A	18
0.50	Access to Exercise Opportunities	percent	93.3	80.3	83.9	2019	N/A	6
0.39	Liquor Store Density	stores/ 100,000 population	4.9	6.9	10.5	2016	N/A	17

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.39	Asthma: Medicare Population	percent	6.3		5	5.1	2017	N/A	5
1.17	Adults with Asthma	percent	10.8		10.9	13.3	2012	N/A	3

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.00	SNAP Certified Stores	stores/ 1,000 population	0.6				2016	N/A	18
1.94	Fast Food Restaurant Density	restaurants/ 1,000 population	0.8				2014	N/A	18
1.94	Food Insecure Children Likely Ineligible for Assistance	percent	36		37	21	2017	N/A	7
1.83	Children with Low Access to a Grocery Store	percent	7.1				2015	N/A	18
1.83	Food Insecurity Rate	percent	16		14.9	12.5	2017	N/A	7
1.83	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	18
1.67	Adults who are Overweight or Obese	percent	66.2		65.1	63.4	2012	N/A	3
1.67	People with Low Access to a Grocery Store	percent	25.6				2015	N/A	18
1.61	Adults Who Are Obese	percent	29.4	30.5	29.2	27.6	2012	N/A	3
1.50	Farmers Market Density	markets/ 1,000 population	0				2016	N/A	18
1.50	Low-Income and Low Access to a Grocery Store	percent	8				2015	N/A	18
1.33	Child Food Insecurity Rate	percent	21.4		22.5	17	2017	N/A	7
1.33	People 65+ with Low Access to a Grocery Store	percent	2.4				2015	N/A	18
1.33	Recreation and Fitness Facilities	facilities/ 1,000 population	0.1				2014	N/A	18
1.17	Food Environment Index		7		6	7.7	2019	N/A	6
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.3				2015	N/A	18
0.50	Access to Exercise Opportunities	percent	93.3		80.3	83.9	2019	N/A	6

SCORE	FAMILY PLANNING	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.25	Infants Born to Mothers with <12 Years Education	percent	19.5		21.6	15.9	2013	N/A	13

Appendix C: HCI Data Scoring Tables

Tarrant County									
0.42	Teen Births	percent	2.4	2.8	4.3	2014	N/A	13	
SCORE	GOVERNMENT & POLITICS	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.33	Voter Turnout: Presidential Election	percent	62		58.8		2016	N/A	15
0.67	Social Worker Rate	workers/ 100,000 population	117.6		80		2018	N/A	13
SCORE	HEART DISEASE & STROKE	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.50	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	46.1	34.8	42	37.5	2015-2017	Y	4
2.00	Atrial Fibrillation: Medicare Population	percent	8.2		7.7	8.4	2017	N/A	5
1.89	Stroke: Medicare Population	percent	4.2		4.3	3.8	2017	N/A	5
1.78	Hypertension: Medicare Population	percent	60.5		59.9	57.1	2017	N/A	5
1.56	Hyperlipidemia: Medicare Population	percent	42.2		43.1	40.7	2017	N/A	5
1.44	Ischemic Heart Disease: Medicare Population	percent	27.1		29.3	26.9	2017	N/A	5
1.22	Heart Failure: Medicare Population	percent	15		15.6	13.9	2017	N/A	5
0.75	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	82.1		170.8	94.8	2015-2017	N/A	4
0.67	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	45.9		69.1		2016	N/A	10
SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.78	HIV Diagnosis Rate	cases/ 100,000 population	15		16.1		2016	N/A	13
1.67	Adults 65+ with Pneumonia Vaccination	percent	69.5	90	70.3	68.8	2012	N/A	3
1.61	Syphilis Incidence Rate	cases/ 100,000 population	32.9		40.6		2017	N/A	13
1.44	Gonorrhea Incidence Rate	cases/ 100,000 population	134.3		160.2		2017	N/A	13
1.33	Adults 65+ with Influenza Vaccination	percent	64.9		59.4	60.1	2012	N/A	3
1.33	Tuberculosis Incidence Rate	cases/ 100,000 population	3.6	1	4.5		2013-2017	N/A	13
1.22	Chlamydia Incidence Rate	cases/ 100,000 population	408.2		511.6		2017	N/A	13
0.81	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	11.6		11.8	14.3	2015-2017	Y	4
SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.81	Infant Mortality Rate	deaths/ 1,000 live births	6.2	6	5.6	5.9	2015	N/A	13
1.75	Mothers who Received Early Prenatal Care	percent	59.3	77.9	59.7	77	2015	N/A	13
1.69	Babies with Low Birth Weight	percent	8.3	7.8	8.2	8.1	2015	N/A	13
1.25	Babies with Very Low Birth Weight	percent	1.4	1.4		1.4	2015	N/A	13
1.25	Infants Born to Mothers with <12 Years Education	percent	19.5		21.6	15.9	2013	N/A	13
1.22	Preterm Births	percent	10.6	9.4	11.7		2015	N/A	13
0.42	Teen Births	percent	2.4		2.8	4.3	2014	N/A	13
SCORE	MEN'S HEALTH	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.83	Prostate Cancer Incidence Rate	cases/ 100,000 males	105.4		92.4	104.1	2012-2016	Y	8
0.92	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	18.2	21.8	17.9	19.2	2012-2016	Y	8
SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source

Appendix C: HCI Data Scoring Tables

Tarrant County									
2.61	Alzheimer's Disease or Dementia: Medicare Population	percent	14.4	12.8	10.9	2017	N/A	5	
2.61	Depression: Medicare Population	percent	21.1	17.9	17.9	2017	N/A	5	
1.36	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	12.4	10.2	12.8	13.6	2015-2017	Y	4
0.83	Frequent Mental Distress	percent	10.7	10.6	15	2016	N/A	6	

SCORE	MORTALITY DATA	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.50	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	46.1	34.8	42	37.5	2015-2017	Y	4
1.97	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	20.8	20.7	20.1	20.6	2012-2016	Y	8
1.81	Infant Mortality Rate	deaths/ 1,000 live births	6.2	6	5.6	5.9	2015	N/A	13
1.47	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	22.3		20.9	21.2	2015-2017	Y	4
1.36	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	12.4	10.2	12.8	13.6	2015-2017	Y	4
1.03	Death Rate due to Drug Poisoning	deaths/ 100,000 population	9.9		10.1	19.2	2015-2017	N/A	6
1.00	Life Expectancy	years	79.2		79	79.1	2015-2017	N/A	6
0.92	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	18.2	21.8	17.9	19.2	2012-2016	Y	8
0.81	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	11.6		11.8	14.3	2015-2017	Y	4
0.78	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	156	161.4	154	161	2012-2016	Y	8
0.78	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	13.8	14.5	14.3	14.2	2012-2016	Y	8
0.75	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	82.1		170.8	94.8	2015-2017	N/A	4
0.67	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	45.9		69.1		2016	N/A	10
0.67	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	39.2	45.5	37.4	41.9	2012-2016	Y	8
0.67	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	31.7	36.4	38.3	46.7	2015-2017	Y	4
0.67	Alcohol-Impaired Driving Deaths	percent	24.3		27.7	28.6	2013-2017	N/A	6
0.47	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	9.9	12.4	13.5	11.4	2015-2017	Y	4

SCORE	OLDER ADULTS & AGING	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Cancer: Medicare Population	percent	8.7		7.5	8.2	2017	N/A	5
2.67	Chronic Kidney Disease: Medicare Population	percent	28.1		26.4	24	2017	N/A	5
2.61	Alzheimer's Disease or Dementia: Medicare Population	percent	14.4		12.8	10.9	2017	N/A	5
2.61	Depression: Medicare Population	percent	21.1		17.9	17.9	2017	N/A	5
2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	36.6		34.3	33.1	2017	N/A	5
2.44	Osteoporosis: Medicare Population	percent	7.1		6.8	6.4	2017	N/A	5
2.39	Asthma: Medicare Population	percent	6.3		5	5.1	2017	N/A	5
2.00	Atrial Fibrillation: Medicare Population	percent	8.2		7.7	8.4	2017	N/A	5
1.89	Stroke: Medicare Population	percent	4.2		4.3	3.8	2017	N/A	5
1.78	Diabetes: Medicare Population	percent	28.6		29.1	27.2	2017	N/A	5
1.78	Hypertension: Medicare Population	percent	60.5		59.9	57.1	2017	N/A	5
1.67	Adults 65+ with Pneumonia Vaccination	percent	69.5	90	70.3	68.8	2012	N/A	3
1.56	Hyperlipidemia: Medicare Population	percent	42.2		43.1	40.7	2017	N/A	5
1.44	Ischemic Heart Disease: Medicare Population	percent	27.1		29.3	26.9	2017	N/A	5
1.33	Adults 65+ with Influenza Vaccination	percent	64.9		59.4	60.1	2012	N/A	3
1.33	People 65+ with Low Access to a Grocery Store	percent	2.4				2015	N/A	18
1.22	Heart Failure: Medicare Population	percent	15		15.6	13.9	2017	N/A	5
1.06	COPD: Medicare Population	percent	11.1		11.4	11.7	2017	N/A	5
0.50	People 65+ Living Below Poverty Level	percent	8.1		10.7	9.3	2013-2017	Y	1

Appendix C: HCI Data Scoring Tables

Tarrant County									
SCORE	ORAL HEALTH	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.69	Oral Cavity and Pharynx Cancer Incidence Rate	<i>cases/ 100,000 population</i>	11.8		11	11.7	2012-2016	Y	8
1.67	Adults who Visited a Dentist	<i>percent</i>	59		58.8	67.2	2012	N/A	3
1.50	Adults who have had Permanent Teeth Extracted	<i>percent</i>	42.9		42.8	44.5	2012	N/A	3
1.00	Dentist Rate	<i>dentists/ 100,000 population</i>	57.7		56.8	68.4	2017	N/A	6
SCORE	OTHER CHRONIC DISEASES	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Chronic Kidney Disease: Medicare Population	<i>percent</i>	28.1		26.4	24	2017	N/A	5
2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	<i>percent</i>	36.6		34.3	33.1	2017	N/A	5
2.44	Osteoporosis: Medicare Population	<i>percent</i>	7.1		6.8	6.4	2017	N/A	5
SCORE	PREVENTION & SAFETY	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.72	Severe Housing Problems	<i>percent</i>	17.5		18	18.4	2011-2015	N/A	6
1.03	Death Rate due to Drug Poisoning	<i>deaths/ 100,000 population</i>	9.9		10.1	19.2	2015-2017	N/A	6
0.67	Age-Adjusted Death Rate due to Unintentional Injuries	<i>deaths/ 100,000 population</i>	31.7	36.4	38.3	46.7	2015-2017	Y	4
SCORE	PUBLIC SAFETY	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.81	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	10.5		8.5	9.1	2017	N/A	12
0.67	Alcohol-Impaired Driving Deaths	<i>percent</i>	24.3		27.7	28.6	2013-2017	N/A	6
0.47	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	<i>deaths/ 100,000 population</i>	9.9	12.4	13.5	11.4	2015-2017	Y	4
SCORE	RESPIRATORY DISEASES	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.39	Asthma: Medicare Population	<i>percent</i>	6.3		5	5.1	2017	N/A	5
1.67	Adults 65+ with Pneumonia Vaccination	<i>percent</i>	69.5	90	70.3	68.8	2012	N/A	3
1.33	Adults 65+ with Influenza Vaccination	<i>percent</i>	64.9		59.4	60.1	2012	N/A	3
1.33	Tuberculosis Incidence Rate	<i>cases/ 100,000 population</i>	3.6	1	4.5		2013-2017	N/A	13
1.17	Adults with Asthma	<i>percent</i>	10.8		10.9	13.3	2012	N/A	3
1.06	COPD: Medicare Population	<i>percent</i>	11.1		11.4	11.7	2017	N/A	5
0.83	Lung and Bronchus Cancer Incidence Rate	<i>cases/ 100,000 population</i>	55.9		51.9	59.2	2012-2016	Y	8
0.81	Age-Adjusted Death Rate due to Influenza and Pneumonia	<i>deaths/ 100,000 population</i>	11.6		11.8	14.3	2015-2017	Y	4
0.67	Age-Adjusted Death Rate due to Lung Cancer	<i>deaths/ 100,000 population</i>	39.2	45.5	37.4	41.9	2012-2016	Y	8
SCORE	SOCIAL ENVIRONMENT	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.36	Median Monthly Owner Costs for Households without a Mortgage	<i>dollars</i>	565		481	474	2013-2017	N/A	1
2.33	Mean Travel Time to Work	<i>minutes</i>	27		26.1	26.4	2013-2017	Y	1
2.25	Median Household Gross Rent	<i>dollars</i>	987		952	982	2013-2017	N/A	1
2.17	Linguistic Isolation	<i>percent</i>	6.5		7.9	4.5	2013-2017	N/A	1
2.03	Mortgaged Owners Median Monthly Household Costs	<i>dollars</i>	1531		1484	1515	2013-2017	N/A	1
1.81	Substantiated Child Abuse Rate	<i>cases/ 1,000 children</i>	10.5		8.5	9.1	2017	N/A	12
1.78	Single-Parent Households	<i>percent</i>	33.1		33	33.3	2013-2017	N/A	1
1.61	Homeownership	<i>percent</i>	56		55.1	56	2013-2017	N/A	1

Appendix C: HCI Data Scoring Tables

Tarrant County								
1.47	Persons with Health Insurance	percent	81.6	100	80.6	2017	N	11
1.33	Voter Turnout: Presidential Election	percent	62		58.8	2016	N/A	15
1.17	Population 16+ in Civilian Labor Force	percent	68.2		64.2 63	2013-2017	N/A	1
1.08	Median Housing Unit Value	dollars	158200		151500 193500	2013-2017	N/A	1
1.00	People 25+ with a High School Degree or Higher	percent	85.4		82.8 87.3	2013-2017	Y	1
0.94	Female Population 16+ in Civilian Labor Force	percent	61.4		57.7 58.2	2013-2017	N/A	1
0.94	Total Employment Change	percent	2.4		1.9 2.1	2015-2016	N/A	17
0.83	Households with an Internet Subscription	percent	82.2		77.3 78.7	2013-2017	N/A	1
0.83	Households with One or More Types of Computing Devices	percent	91.7		87.6 87.2	2013-2017	N/A	1
0.67	Children Living Below Poverty Level	percent	19.4		22.9 20.3	2013-2017	Y	1
0.67	People Living Below Poverty Level	percent	13.5		16 14.6	2013-2017	Y	1
0.67	Per Capita Income	dollars	30857		28985 31177	2013-2017	Y	1
0.67	Social Worker Rate	workers/ 100,000 population	117.6		80	2018	N/A	13
0.50	Median Household Income	dollars	62532		57051 57652	2013-2017	Y	1
0.50	People 25+ with a Bachelor's Degree or Higher	percent	31.1		28.7 30.9	2013-2017	Y	1

SCORE	SUBSTANCE ABUSE	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.83	Adults who Smoke	percent	20	12	18.2	19.6	2012	N/A	3
1.50	Adults who Binge Drink	percent	17.7	24.2	16.2	16.9	2012	N/A	3
1.03	Death Rate due to Drug Poisoning	deaths/ 100,000 population	9.9		10.1	19.2	2015-2017	N/A	6
0.67	Alcohol-Impaired Driving Deaths	percent	24.3		27.7	28.6	2013-2017	N/A	6
0.39	Liquor Store Density	stores/ 100,000 population	4.9		6.9	10.5	2016	N/A	17

SCORE	TEEN & ADOLESCENT HEALTH	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.42	Teen Births	percent	2.4		2.8	4.3	2014	N/A	13

SCORE	TRANSPORTATION	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Solo Drivers with a Long Commute	percent	41.9		37.7	35.2	2013-2017	N/A	6
2.33	Mean Travel Time to Work	minutes	27		26.1	26.4	2013-2017	Y	1
1.83	Workers Commuting by Public Transportation	percent	0.6	5.5	1.5	5.1	2013-2017	N	1
1.72	Workers who Drive Alone to Work	percent	82.5		80.5	76.4	2013-2017	Y	1
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.3				2015	N/A	18
0.47	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	9.9	12.4	13.5	11.4	2015-2017	Y	4

SCORE	WELLNESS & LIFESTYLE	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.83	Insufficient Sleep	percent	34.7		32.7	38	2016	N/A	6
1.33	Self-Reported General Health Assessment: Good or Better	percent	84.1		80.8	83.1	2012	N/A	3
1.00	Life Expectancy	years	79.2		79	79.1	2015-2017	N/A	6
0.83	Frequent Physical Distress	percent	10.7		10.8	15	2016	N/A	6

SCORE	WOMEN'S HEALTH	UNITS	TARRANT COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.97	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	20.8	20.7	20.1	20.6	2012-2016	Y	8

Appendix C: HCI Data Scoring Tables

Tarrant County									
1.94	Breast Cancer Incidence Rate	cases/ 100,000 females	121.7		111.9	125.2	2012-2016	Y	8
1.67	Pap Test in Past 3 Years	percent	75	93	74.6	78	2012	N/A	3
1.47	Cervical Cancer Incidence Rate	cases/ 100,000 females	8.2	7.3	9.2	7.6	2012-2016	N	8
1.17	Mammogram in Past 2 Years: 50+	percent	79.5		72	77	2012	N/A	3

Appendix C: HCI Data Scoring Tables

Wise County									
SCORE	ACCESS TO HEALTH SERVICES	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.17	Children with Health Insurance	percent	76.8	100	89.3	95	2017	N	1
2.11	Primary Care Provider Rate	providers/ 100,000 population	48.1		60.4	75.4	2016	N/A	4
2.08	Persons with Health Insurance	percent	77.3	100	80.6		2017	N	9
2.00	Adults with Health Insurance	percent	72.3	100	76.5	87.7	2017	N	1
2.00	Dentist Rate	dentists/ 100,000 population	30.2		56.8	68.4	2017	N/A	4
1.67	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	60.4		72.7	88.2	2018	N/A	4
1.67	Social Worker Rate	workers/ 100,000 population	47.8		80		2018	N/A	11
SCORE	CANCER	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.78	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	18.9	14.5	14.3	14.2	2012-2016	N	6
2.61	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	187.3	161.4	154	161	2012-2016	Y	6
2.53	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	28.5	20.7	20.1	20.6	2012-2016	N	6
2.50	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	55.1	45.5	37.4	41.9	2012-2016	N	6
2.50	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	70.9		51.9	59.2	2012-2016	N	6
2.33	Colorectal Cancer Incidence Rate	cases/ 100,000 population	42.9	39.9	37.7	38.7	2012-2016	N	6
1.97	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	14.4		11	11.7	2012-2016	N	6
1.94	Cancer: Medicare Population	percent	7.8		7.5	8.2	2017	N/A	3
1.83	All Cancer Incidence Rate	cases/ 100,000 population	416		407.7	448	2012-2016	N	6
1.81	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	22.8	21.8	17.9	19.2	2012-2016	N	6
0.67	Breast Cancer Incidence Rate	cases/ 100,000 females	99.5		111.9	125.2	2012-2016	N	6
0.17	Prostate Cancer Incidence Rate	cases/ 100,000 males	62		92.4	104.1	2012-2016	N	6
SCORE	CHILDREN'S HEALTH	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.42	Substantiated Child Abuse Rate	cases/ 1,000 children	13.3		8.5	9.1	2017	N/A	10
2.17	Children with Health Insurance	percent	76.8	100	89.3	95	2017	N	1
1.67	Child Food Insecurity Rate	percent	22.9		22.5	17	2017	N/A	5
1.39	Food Insecure Children Likely Ineligible for Assistance	percent	31		37	21	2017	N/A	5
1.00	Children with Low Access to a Grocery Store	percent	1.6				2015	N/A	16
SCORE	DIABETES	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.17	Diabetes: Medicare Population	percent	29.6		29.1	27.2	2017	N/A	3
0.64	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	13.3		20.9	21.2	2015-2017	N	2
SCORE	DISABILITIES	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.50	Persons with Disability Living in Poverty (5-year)	percent	12.7		24.5	27.1	2013-2017	N/A	1
SCORE	ECONOMY	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Total Employment Change	percent	-11.2		1.9	2.1	2015-2016	N/A	15
2.00	Female Population 16+ in Civilian Labor Force	percent	53.3		57.7	58.2	2013-2017	N/A	1
2.00	Households that are Asset Limited, Income Constrained, Employed (/	percent	35.8		27.7		2016	N/A	18
1.92	Median Household Gross Rent	dollars	945		952	982	2013-2017	N/A	1
1.89	SNAP Certified Stores	stores/ 1,000 population	0.6				2016	N/A	16
1.86	Median Monthly Owner Costs for Households without a Mortgage	dollars	476		481	474	2013-2017	N/A	1
1.83	Population 16+ in Civilian Labor Force	percent	60.1		64.2	63	2013-2017	N/A	1
1.72	Food Insecurity Rate	percent	14.5		14.9	12.5	2017	N/A	5
1.69	Mortgaged Owners Median Monthly Household Costs	dollars	1409		1484	1515	2013-2017	N/A	1

Appendix C: HCI Data Scoring Tables

Wise County								
1.67	Child Food Insecurity Rate	percent	22.9	22.5	17	2017	N/A	5
1.67	Households that are Above the Asset Limited, Income Constrained, E	percent	53	57.9		2016	N/A	18
1.61	Renters Spending 30% or More of Household Income on Rent	percent	46.8	47.8	50.6	2013-2017	N	1
1.56	Per Capita Income	dollars	27447	28985	31177	2013-2017	Y	1
1.50	Children Living Below Poverty Level	percent	20.4	22.9	20.3	2013-2017	Y	1
1.39	Food Insecure Children Likely Ineligible for Assistance	percent	31	37	21	2017	N/A	5
1.33	Families Living Below Poverty Level	percent	9.9	12.4	10.5	2013-2017	Y	1
1.25	Median Housing Unit Value	dollars	141700	151500	193500	2013-2017	N/A	1
1.17	People Living Below Poverty Level	percent	13	16	14.6	2013-2017	Y	1
1.11	Households with Cash Public Assistance Income	percent	1.4	1.5	2.6	2013-2017	N/A	1
1.11	People Living 200% Above Poverty Level	percent	67.2	63.8	67.2	2013-2017	N/A	1
1.11	Unemployed Workers in Civilian Labor Force	percent	3.3	3.6	3.8	August 2019	N/A	14
1.00	Households that are Below the Federal Poverty Level	percent	11.2	14.4		2016	N/A	18
1.00	Low-Income and Low Access to a Grocery Store	percent	1.8			2015	N/A	16
0.94	Students Eligible for the Free Lunch Program	percent	38.2	53.2	42	2017-2018	N/A	7
0.72	Median Household Income	dollars	59081	57051	57652	2013-2017	Y	1
0.72	Severe Housing Problems	percent	12.3	18	18.4	2011-2015	N/A	4
0.56	People 65+ Living Below Poverty Level	percent	7.8	10.7	9.3	2013-2017	N	1
0.50	Homeownership	percent	68.2	55.1	56	2013-2017	N/A	1
0.50	Persons with Disability Living in Poverty (5-year)	percent	12.7	24.5	27.1	2013-2017	N/A	1

SCORE	EDUCATION	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.67	People 25+ with a Bachelor's Degree or Higher	percent	17.2		28.7	30.9	2013-2017	N	1
1.50	Student-to-Teacher Ratio	students/ teacher	14.1		15.2	16.6	2017-2018	N/A	7
1.39	People 25+ with a High School Degree or Higher	percent	85		82.8	87.3	2013-2017	Y	1
1.06	High School Drop Out Rate	percent	1.6		1.9		2017	N/A	12
0.75	Infants Born to Mothers with <12 Years Education	percent	16.9		21.6	15.9	2013	N/A	11

SCORE	ENVIRONMENT	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.50	Access to Exercise Opportunities	percent	38.8		80.3	83.9	2019	N/A	4
1.89	SNAP Certified Stores	stores/ 1,000 population	0.6				2016	N/A	16
1.78	Recreation and Fitness Facilities	facilities/ 1,000 population	0				2014	N/A	16
1.67	Liquor Store Density	stores/ 100,000 population	10.9		6.9	10.5	2016	N/A	15
1.61	Fast Food Restaurant Density	restaurants/ 1,000 population	0.6				2014	N/A	16
1.61	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	16
1.61	Number of Extreme Precipitation Days	days	43				2016	N/A	8
1.50	Farmers Market Density	markets/ 1,000 population	0				2016	N/A	16
1.39	Months of Mild Drought or Worse	months per year	3				2016	N/A	8
1.39	Recognized Carcinogens Released into Air	pounds	5042				2017	N/A	17
1.00	Children with Low Access to a Grocery Store	percent	1.6				2015	N/A	16
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.4				2015	N/A	16
1.00	Low-Income and Low Access to a Grocery Store	percent	1.8				2015	N/A	16
1.00	People 65+ with Low Access to a Grocery Store	percent	0.8				2015	N/A	16
1.00	People with Low Access to a Grocery Store	percent	6				2015	N/A	16
0.83	Daily Dose of UV Irradiance	Joule per square meter	3294		3538		2015	N/A	8
0.72	Severe Housing Problems	percent	12.3		18	18.4	2011-2015	N/A	4
0.50	Food Environment Index		7.9		6	7.7	2019	N/A	4

Appendix C: HCI Data Scoring Tables

Wise County									
SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.06	Asthma: Medicare Population	percent	5.3		5	5.1	2017	N/A	3
SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.50	Access to Exercise Opportunities	percent	38.8		80.3	83.9	2019	N/A	4
1.89	SNAP Certified Stores	stores/ 1,000 population	0.6				2016	N/A	16
1.78	Recreation and Fitness Facilities	facilities/ 1,000 population	0				2014	N/A	16
1.72	Food Insecurity Rate	percent	14.5		14.9	12.5	2017	N/A	5
1.67	Child Food Insecurity Rate	percent	22.9		22.5	17	2017	N/A	5
1.61	Fast Food Restaurant Density	restaurants/ 1,000 population	0.6				2014	N/A	16
1.61	Grocery Store Density	stores/ 1,000 population	0.1				2014	N/A	16
1.50	Farmers Market Density	markets/ 1,000 population	0				2016	N/A	16
1.39	Food Insecure Children Likely Ineligible for Assistance	percent	31		37	21	2017	N/A	5
1.00	Children with Low Access to a Grocery Store	percent	1.6				2015	N/A	16
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.4				2015	N/A	16
1.00	Low-Income and Low Access to a Grocery Store	percent	1.8				2015	N/A	16
1.00	People 65+ with Low Access to a Grocery Store	percent	0.8				2015	N/A	16
1.00	People with Low Access to a Grocery Store	percent	6				2015	N/A	16
0.50	Food Environment Index		7.9		6	7.7	2019	N/A	4
SCORE	FAMILY PLANNING	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.81	Teen Births	percent	2.5		2.8	4.3	2014	N/A	11
0.75	Infants Born to Mothers with <12 Years Education	percent	16.9		21.6	15.9	2013	N/A	11
SCORE	GOVERNMENT & POLITICS	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.67	Social Worker Rate	workers/ 100,000 population	47.8		80		2018	N/A	11
1.22	Voter Turnout: Presidential Election	percent	63.3		58.8		2016	N/A	13
SCORE	HEART DISEASE & STROKE	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.67	Hypertension: Medicare Population	percent	65.7		59.9	57.1	2017	N/A	3
2.61	Atrial Fibrillation: Medicare Population	percent	9.5		7.7	8.4	2017	N/A	3
2.61	Ischemic Heart Disease: Medicare Population	percent	35.2		29.3	26.9	2017	N/A	3
2.61	Stroke: Medicare Population	percent	5.5		4.3	3.8	2017	N/A	3
2.44	Heart Failure: Medicare Population	percent	18.4		15.6	13.9	2017	N/A	3
2.44	Hyperlipidemia: Medicare Population	percent	46.1		43.1	40.7	2017	N/A	3
1.83	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	45.9	34.8	42	37.5	2015-2017	N	2
1.25	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	95.1		170.8	94.8	2015-2017	N/A	2
0.67	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	47.8		69.1		2016	N/A	8
SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.19	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	19.7		11.8	14.3	2015-2017	N	2
1.50	Syphilis Incidence Rate	cases/ 100,000 population	10.6		40.6		2017	N/A	11
1.44	HIV Diagnosis Rate	cases/ 100,000 population	6.2		16.1		2016	N/A	11
1.28	Gonorrhea Incidence Rate	cases/ 100,000 population	57.4		160.2		2017	N/A	11
0.89	Chlamydia Incidence Rate	cases/ 100,000 population	155.6		511.6		2017	N/A	11
0.89	Tuberculosis Incidence Rate	cases/ 100,000 population	0.6	1	4.5		2013-2017	N/A	11

Appendix C: HCI Data Scoring Tables

Wise County									
SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.92	Babies with Very Low Birth Weight	percent	1.6	1.4		1.4	2015	N/A	11
1.75	Mothers who Received Early Prenatal Care	percent	62.4	77.9	59.7	77	2015	N/A	11
1.06	Preterm Births	percent	10.4	9.4	11.7		2015	N/A	11
0.81	Teen Births	percent	2.5		2.8	4.3	2014	N/A	11
0.75	Infants Born to Mothers with <12 Years Education	percent	16.9		21.6	15.9	2013	N/A	11
0.64	Babies with Low Birth Weight	percent	6.1	7.8	8.2	8.1	2015	N/A	11
0.47	Infant Mortality Rate	deaths/ 1,000 live births	2.4	6	5.6	5.9	2015	N/A	11
SCORE	MEN'S HEALTH	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.81	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	22.8	21.8	17.9	19.2	2012-2016	N	6
0.17	Prostate Cancer Incidence Rate	cases/ 100,000 males	62		92.4	104.1	2012-2016	N	6
SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.36	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	17.9	10.2	12.8	13.6	2015-2017	N	2
2.33	Depression: Medicare Population	percent	19.3		17.9	17.9	2017	N/A	3
2.11	Alzheimer's Disease or Dementia: Medicare Population	percent	12.6		12.8	10.9	2017	N/A	3
1.17	Frequent Mental Distress	percent	10.9		10.6	15	2016	N/A	4
SCORE	MORTALITY DATA	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.78	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	18.9	14.5	14.3	14.2	2012-2016	N	6
2.61	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	187.3	161.4	154	161	2012-2016	Y	6
2.53	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	28.5	20.7	20.1	20.6	2012-2016	N	6
2.53	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	27.4	12.4	13.5	11.4	2015-2017	N	2
2.50	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	55.1	45.5	37.4	41.9	2012-2016	N	6
2.44	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	57	36.4	38.3	46.7	2015-2017	N	2
2.36	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	17.9	10.2	12.8	13.6	2015-2017	N	2
2.19	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	19.7		11.8	14.3	2015-2017	N	2
1.83	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	45.9	34.8	42	37.5	2015-2017	N	2
1.83	Life Expectancy	years	76.4		79	79.1	2015-2017	N/A	4
1.81	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	22.8	21.8	17.9	19.2	2012-2016	N	6
1.78	Alcohol-Impaired Driving Deaths	percent	28.2		27.7	28.6	2013-2017	N/A	4
1.53	Death Rate due to Drug Poisoning	deaths/ 100,000 population	14		10.1	19.2	2015-2017	N/A	4
1.25	Age-Adjusted Death Rate due to Heart Disease	deaths/ 100,000 population	95.1		170.8	94.8	2015-2017	N/A	2
0.67	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ years	47.8		69.1		2016	N/A	8
0.64	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	13.3		20.9	21.2	2015-2017	N	2
0.47	Infant Mortality Rate	deaths/ 1,000 live births	2.4	6	5.6	5.9	2015	N/A	11
SCORE	OLDER ADULTS & AGING	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	COPD: Medicare Population	percent	16.4		11.4	11.7	2017	N/A	3
2.83	Osteoporosis: Medicare Population	percent	8		6.8	6.4	2017	N/A	3
2.67	Hypertension: Medicare Population	percent	65.7		59.9	57.1	2017	N/A	3
2.67	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	38.3		34.3	33.1	2017	N/A	3
2.61	Atrial Fibrillation: Medicare Population	percent	9.5		7.7	8.4	2017	N/A	3
2.61	Ischemic Heart Disease: Medicare Population	percent	35.2		29.3	26.9	2017	N/A	3
2.61	Stroke: Medicare Population	percent	5.5		4.3	3.8	2017	N/A	3

Appendix C: HCI Data Scoring Tables

Wise County								
2.44	Heart Failure: Medicare Population	percent	18.4	15.6	13.9	2017	N/A	3
2.44	Hyperlipidemia: Medicare Population	percent	46.1	43.1	40.7	2017	N/A	3
2.33	Depression: Medicare Population	percent	19.3	17.9	17.9	2017	N/A	3
2.17	Chronic Kidney Disease: Medicare Population	percent	25.7	26.4	24	2017	N/A	3
2.17	Diabetes: Medicare Population	percent	29.6	29.1	27.2	2017	N/A	3
2.11	Alzheimer's Disease or Dementia: Medicare Population	percent	12.6	12.8	10.9	2017	N/A	3
2.06	Asthma: Medicare Population	percent	5.3	5	5.1	2017	N/A	3
1.94	Cancer: Medicare Population	percent	7.8	7.5	8.2	2017	N/A	3
1.00	People 65+ with Low Access to a Grocery Store	percent	0.8			2015	N/A	16
0.56	People 65+ Living Below Poverty Level	percent	7.8	10.7	9.3	2013-2017	N	1

SCORE	ORAL HEALTH	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.00	Dentist Rate	dentists/ 100,000 population	30.2		56.8	68.4	2017	N/A	4
1.97	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	14.4		11	11.7	2012-2016	N	6

SCORE	OTHER CHRONIC DISEASES	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	Osteoporosis: Medicare Population	percent	8		6.8	6.4	2017	N/A	3
2.67	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	38.3		34.3	33.1	2017	N/A	3
2.17	Chronic Kidney Disease: Medicare Population	percent	25.7		26.4	24	2017	N/A	3

SCORE	PREVENTION & SAFETY	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.44	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	57	36.4	38.3	46.7	2015-2017	N	2
1.53	Death Rate due to Drug Poisoning	deaths/ 100,000 population	14		10.1	19.2	2015-2017	N/A	4
0.72	Severe Housing Problems	percent	12.3		18	18.4	2011-2015	N/A	4

SCORE	PUBLIC SAFETY	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.53	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	27.4	12.4	13.5	11.4	2015-2017	N	2
2.42	Substantiated Child Abuse Rate	cases/ 1,000 children	13.3		8.5	9.1	2017	N/A	10
1.78	Alcohol-Impaired Driving Deaths	percent	28.2		27.7	28.6	2013-2017	N/A	4

SCORE	RESPIRATORY DISEASES	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.83	COPD: Medicare Population	percent	16.4		11.4	11.7	2017	N/A	3
2.50	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	55.1	45.5	37.4	41.9	2012-2016	N	6
2.50	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	70.9		51.9	59.2	2012-2016	N	6
2.19	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	19.7		11.8	14.3	2015-2017	N	2
2.06	Asthma: Medicare Population	percent	5.3		5	5.1	2017	N/A	3
0.89	Tuberculosis Incidence Rate	cases/ 100,000 population	0.6	1	4.5		2013-2017	N/A	11

SCORE	SOCIAL ENVIRONMENT	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Mean Travel Time to Work	minutes	32.1		26.1	26.4	2013-2017	N	1
2.61	Total Employment Change	percent	-11.2		1.9	2.1	2015-2016	N/A	15
2.42	Substantiated Child Abuse Rate	cases/ 1,000 children	13.3		8.5	9.1	2017	N/A	10
2.08	Persons with Health Insurance	percent	77.3	100	80.6		2017	N	9
2.00	Female Population 16+ in Civilian Labor Force	percent	53.3		57.7	58.2	2013-2017	N/A	1
1.92	Median Household Gross Rent	dollars	945		952	982	2013-2017	N/A	1
1.86	Median Monthly Owner Costs for Households without a Mortgage	dollars	476		481	474	2013-2017	N/A	1
1.83	Population 16+ in Civilian Labor Force	percent	60.1		64.2	63	2013-2017	N/A	1

Appendix C: HCI Data Scoring Tables

Wise County								
1.69	Mortgaged Owners Median Monthly Household Costs	dollars	1409	1484	1515	2013-2017	N/A	1
1.67	People 25+ with a Bachelor's Degree or Higher	percent	17.2	28.7	30.9	2013-2017	N	1
1.67	Social Worker Rate	workers/ 100,000 population	47.8	80		2018	N/A	11
1.56	Per Capita Income	dollars	27447	28985	31177	2013-2017	Y	1
1.50	Children Living Below Poverty Level	percent	20.4	22.9	20.3	2013-2017	Y	1
1.39	People 25+ with a High School Degree or Higher	percent	85	82.8	87.3	2013-2017	Y	1
1.33	Households with an Internet Subscription	percent	73.8	77.3	78.7	2013-2017	N/A	1
1.28	Linguistic Isolation	percent	3.4	7.9	4.5	2013-2017	N/A	1
1.25	Median Housing Unit Value	dollars	141700	151500	193500	2013-2017	N/A	1
1.22	Voter Turnout: Presidential Election	percent	63.3	58.8		2016	N/A	13
1.17	People Living Below Poverty Level	percent	13	16	14.6	2013-2017	Y	1
0.83	Households with One or More Types of Computing Devices	percent	88.6	87.6	87.2	2013-2017	N/A	1
0.72	Median Household Income	dollars	59081	57051	57652	2013-2017	Y	1
0.50	Homeownership	percent	68.2	55.1	56	2013-2017	N/A	1
0.50	Single-Parent Households	percent	24	33	33.3	2013-2017	N/A	1

SCORE	SUBSTANCE ABUSE	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.78	Alcohol-Impaired Driving Deaths	percent	28.2		27.7	28.6	2013-2017	N/A	4
1.67	Liquor Store Density	stores/ 100,000 population	10.9		6.9	10.5	2016	N/A	15
1.53	Death Rate due to Drug Poisoning	deaths/ 100,000 population	14		10.1	19.2	2015-2017	N/A	4

SCORE	TEEN & ADOLESCENT HEALTH	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
0.81	Teen Births	percent	2.5		2.8	4.3	2014	N/A	11

SCORE	TRANSPORTATION	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.61	Mean Travel Time to Work	minutes	32.1		26.1	26.4	2013-2017	N	1
2.53	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	27.4	12.4	13.5	11.4	2015-2017	N	2
2.50	Solo Drivers with a Long Commute	percent	46.6		37.7	35.2	2013-2017	N/A	4
2.17	Workers Commuting by Public Transportation	percent	0.1	5.5	1.5	5.1	2013-2017	N	1
1.72	Workers who Drive Alone to Work	percent	82.2		80.5	76.4	2013-2017	Y	1
1.00	Households with No Car and Low Access to a Grocery Store	percent	1.4				2015	N/A	16

SCORE	WELLNESS & LIFESTYLE	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
1.83	Life Expectancy	years	76.4		79	79.1	2015-2017	N/A	4
1.00	Insufficient Sleep	percent	30.8		32.7	38	2016	N/A	4
0.83	Frequent Physical Distress	percent	10.5		10.8	15	2016	N/A	4

SCORE	WOMEN'S HEALTH	UNITS	WISE COUNTY	HP2020	Texas	U.S.	MEASUREMENT PERIOD	HIGH RACE DISPARITY*	Source
2.53	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	28.5	20.7	20.1	20.6	2012-2016	N	6
0.67	Breast Cancer Incidence Rate	cases/ 100,000 females	99.5		111.9	125.2	2012-2016	N	6

Background Information

Texas Health Resources Community Health Improvement in its effort to create community impact by joining community leaders to identify and address health disparities and social determinants of health has conducted a Community Readiness Assessment. Allowing a better understanding of the needs of community members living in underserved areas.

This Community Readiness Assessment Report is one component of the Community Needs Assessment. With the assistance of the Community Readiness Model developed by the Tri-Ethnic Center for Prevention Research at Colorado State University this tool helps identifying specific characteristics related to different levels of problem awareness and readiness to allow a change. The process includes: identifying the issue, defining “community”, conducting “key informant” interviews, and scoring the interviews to determine the readiness level.

This report includes a separate assessment for each identified community.

How was the Community Readiness Assessment Conducted

Step 1	Identifying the Issue	Chronic Diseases; arthritis, cancer, diabetes, hypertension, pulmonary diseases, and mental health.
Step 2	Defining “community”	Underserved communities in Dallas, Collin, Erath, Johnson, Kaufman, Tarrant, Wise and Denton Counties identified by zip codes. **
Step 3	Conducting “key informant” interviews	Interviews of key informants including; school personnel, faith community members, city and county government leaders, health/medical professionals, and social services providers. With particular knowledge, understanding, and experience on the nature of the issue.
Step 4	Scoring the interviews to determine the readiness level	Interviews were scored individually and then calculated in order to determine the readiness level.

* *Community Readiness Interview Questions can be found in the Resource Index at the end of this report.*

** Parker, Ellis, Hood and Rockwall Counties were not included in the report due to a small number of key informants.

- Based on population size for small counties a minimum of **4 key informants** were interviewed while for counties with a larger population a minimum of **6 key informants** were interviewed.
- Interviews were conducted **by phone** or **in person** and included a series of approximately **25 to 43 questions** lasting from **30 to 60 minutes** each.
- The questions asked addressed **five dimensions of the community readiness** for the identified issue.
- The **five dimensions of the community readiness** included:
 - 1) Community Knowledge of Efforts
 - 2) Leadership
 - 3) Community Climate
 - 4) Community Knowledge of the Issue
 - 5) Resources

DIMENSIONS FOR COMMUNITY READINESS

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

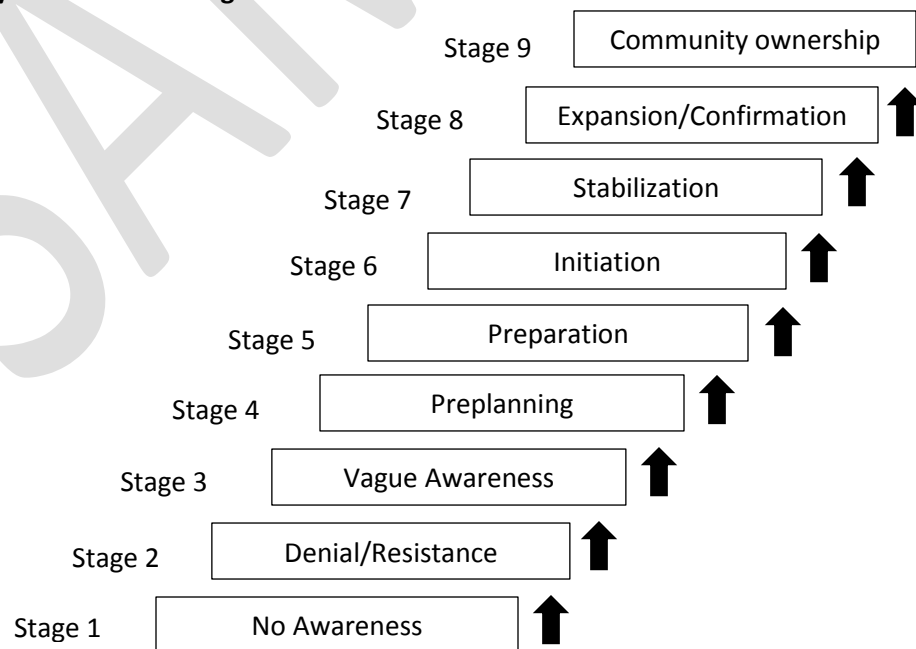
** A complete explanation of each dimension can be found in the Resource Index at the end of this report.*

Scoring

Interviews were scored one at a time by two scorers with no previous knowledge of the key informant and of the identified community. Based on specific interview questions regarding specific dimensions each dimension could receive a score level from 1 to 9 according to the scale. Scores then are averaged for each dimension and the final score is averaged across the 5 dimensions.

The final average 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.

Stages of Community Readiness - 9 Stages of Readiness

** A complete explanation of each stage can be found in the Resource Index at the end of this report.*

Benefits of Using the Community Readiness Model

- **Measuring** a community readiness levels on several dimensions to help identifying where to place initial efforts.
- **Identifying** weakness, strengths, and obstacles while moving forward.
- **Pointing** to appropriate actions for the community readiness level.
- **Working** with the community culture to provide actions that are right for the community.
- **Aiding** in securing funding, cooperating with other organizations, and working with leadership.

Developing an Action Plan

1)	Compare the distribution of scores across the dimensions.
2)	Look at the lowest scores.
3)	Work on community efforts to raise these levels.
4)	Analyze community readiness findings.
5)	Formulate goals with objectives

Example:

Goal #1

Dimension being addressed: _____

Goal #2

Dimension being addressed: _____

COMMUNITY - KAUFMAN

Issue Identified – Chronic Diseases: arthritis, cancer, diabetes, hypertension, pulmonary diseases, and mental health.

Population of Kaufman 114,690 (2015)

Target Zip Codes

75143

75156

75161

Key Informants Interviewed = 6

1-Project Manager
1-President/Case Manager
1-Senior Pastor
1-President
1-Lead Pastor
1-Pharmacist

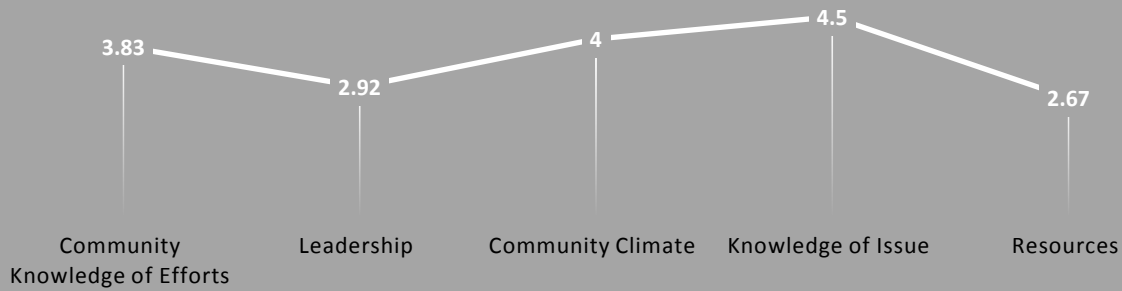
**** All key informants have worked and/or lived in one or various targeted zip codes for an average of 20 years. Currently working for the county, pharmacy, church, or an organization. Serving the community thru engagement and by being the voice of abused and neglected children reaching out to family members, teachers, doctors, lawyers, social workers, and others in the community.***

RESULTS

Combined Scores: For each interview, the two scorers provided individual scores. This is the COMBINED SCORE.

Interviews for Dallas	#1	#2	#3	#4	#5	#6	Total
<i>Community Knowledge of Efforts</i>	9	3	2	5	1	3	3.83
<i>Leadership</i>	4	3	3	3	3	1.5	2.92
<i>Community Climate</i>	4	4	3	5	4	4	4
<i>Community Knowledge of the Issue</i>	6	4	6	4	4	3	4.5
<i>Resources</i>	3	1	3	3	3	3	2.67

CONSENSUS SCORES



EXPLANATION OF SCORES

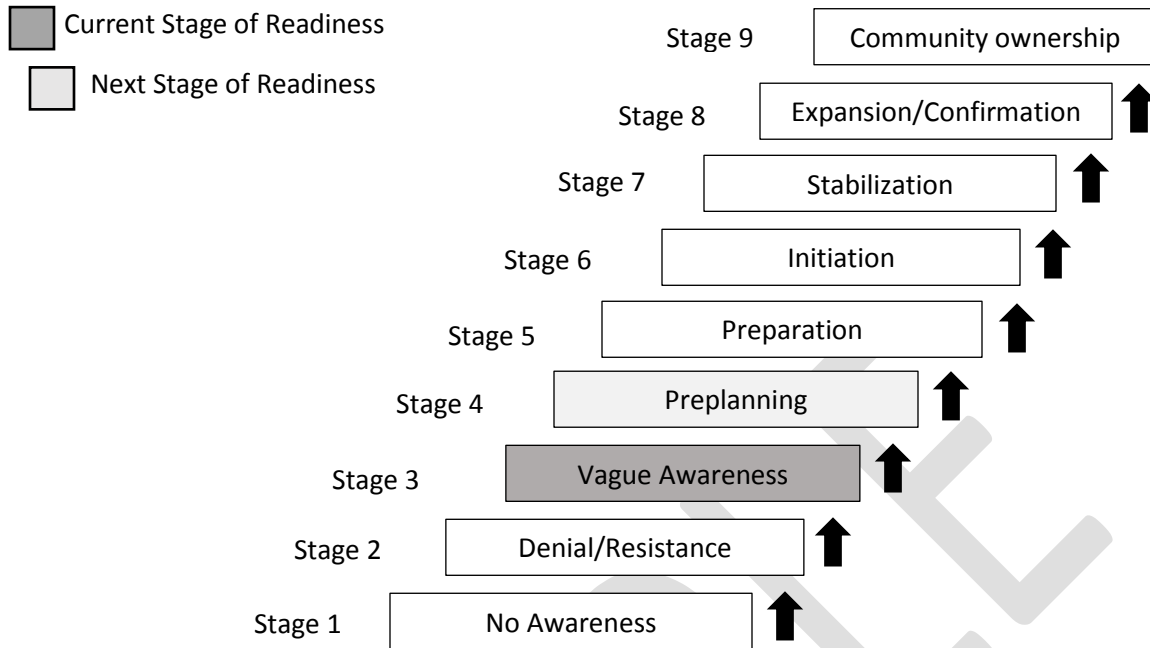
<i>Community Knowledge of Efforts</i>	3.83	At least some community members have heard of local efforts, but little else.
<i>Leadership</i>	2.92	Leadership believes that this issue may be a concern in this community, but doesn't think it can or should be addressed.
<i>Community Climate</i>	4	Some community members believe that this issue is a concern in the community and that some type of effort is needed to address it. Although some may be at least passively supportive of efforts, only a few may be participating in developing, improving or implementing efforts.
<i>Community Knowledge of the Issue</i>	4.5	At least some community members know a little about causes, consequences, signs and symptoms. At least some community members are aware that the issue occurs locally.
<i>Resources</i>	2.67	There are very limited resources (such as one community room) available that could be used for further efforts. There is no action to allocate these resources to this issue. Funding for any current efforts is not stable or continuing.

Average Overall Community Readiness Score = 3.58 (Taken by calculating total scores and dividing by 5)

OVERALL STAGE OF READINESS

STAGE 3

VAGUE AWARENESS



AT THIS STAGE

- 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.

General Mindset –

“Something should probably be done, but what? Maybe someone else will work on this.”

General Comments from Key Informants

On Community Knowledge of Efforts

- “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.”
- “There’s lack of information. If you don’t know about it you can’t participate in them.”

On Leadership

- “Maybe they could be doing more if they had resources, but there are no resources.”
- “I don’t think leadership thinks about it. Maybe because they don’t feel they really have the ability to impact the issue very much.”

On Community Climate

- “I don’t know how much more they can do. If we could figure out how to get the public to reach out, the public doesn’t realize there is a problem or how to ask for help.”
- “There’s lack of knowledge concerning diseases.”

On Knowledge About Issue

- “The hospital offers informational programs on chronic diseases.”
- “People feel that is not going to affect them.”

On Resources for Efforts

- “I wish we could have more like specialty doctors and things like that.”
- “I don’t see that there is much money being put into chronic illness awareness or support.”

On Texas Health Resources In the Community

- “They do a great job of getting the information to the public.”
- “I don’t think that they’d see the hospital as the main source of health in this area.”

COMMUNITY NEEDS ADDRESSED BY KEY INFORMANTS
<ul style="list-style-type: none"> ▪ Mental Health ▪ Help for Aging Individuals and Indigents ▪ We don’t have a labor and delivery unit anymore. ▪ Parenting classes that could help with child abuse. ▪ Need for physicians in the area.

ACTIONS FOR RAISING COMMUNITY READINESS LEVELS - STAGE 3: VAGUE AWARENESS

- ☐ One-on one visits with community leaders and members. Pay particular attention to the details of these visits (message, communicator, etc.)
- ☐ **Visit existing and established unrelated small groups to inform them of the issue.**
- ☐ Get individuals in your social network excited and solicit their support – be creative! Give them ideas and information that they can post on their Facebook page or other outlets.
- ☐ **Collect stories of local people who have been affected by this issue in this community and find creative ways to disseminate these.**
- ☐ Conduct an environmental scan to identify the community's strength, weakness, opportunities, and threats.
- ☐ **Put information in church bulletins, club newsletters, respected publications, Facebook, etc.**
- ☐ Distribute media articles that highlight issue in the community.
- ☐ **Community strategically with influencers and opinion leaders.**
- ☐ Present information at local community events and unrelated community groups. Don't rely on just facts. Use visuals and stories. Make your message "sticky".
- ☐ **Post flyers, posters, and billboards.**
- ☐ Begin to initiate your own events (e.g., potlucks) to present information on this issue. But they must be fun or have other benefits to potential attendees.
- ☐ **Publish editorials and articles in newspapers and on other media with general information but always relate the information to the local situation.**

Effective Means of Presenting Message to a Community at a Stage 3:

- One-on-one meetings
- Small groups, especially unrelated, casual groups (e.g. knitting circles, book clubs)
- Having outside individual's post your information to their social media

RESOURCE INDEX

APPENDIX A: COMMUNITY READINESS INTERVIEW QUESTIONS

Introduction:

"Hello, my name is _____ from Community Health Improvement at Texas Health Resources.

Thank you so much for agreeing to be interviewed for this project. We are contacting key people to ask about chronic diseases as it occurs in (community). The entire process, including individual names, will be kept confidential. Just to be clear, when I refer to chronic diseases, I specifically mean: arthritis, cancer, diabetes, hypertension, pulmonary diseases and mental health.

I would like to record our interview, so that we can get an accurate representation of what you've said. The recording will be erased once we transcribe it. Would that be okay with you?"

Also, to be mindful of your available time please keep answers concise.

Note:

- *Make sure interviewers are familiarized with rating scales and scoring process.*
- *Questions in **bold** are mandatory for scoring. Don't omit these.*

For the following question, please answer keeping in mind your perspective of what the community members believe and not what you personally believe.

- 1. On a scale from 1-10, how much of a concern are chronic diseases to members of (community), with 1 being "not a concern at all" and 10 being "a very great concern"?**

Not a concern at all 1 2 3 4 5 6 7 8 9 10 A very great concern

- 1a. Can you tell me why you think it's at that level? *Regarding community members.***

COMMUNITY KNOWLEDGE OF EFFORTS

I'm going to ask you about current community efforts to address chronic diseases. By efforts, I mean any programs, activities, or services in your community that address chronic diseases.

- 2. Are there efforts in (community) that address chronic diseases? YES or NO**

If YES...

- 3. Can you briefly describe each of these? Write down names of efforts.**

- 4. How long have each of these efforts been going on? *Remind which efforts (Programs, Activities, Services)***

5. Who do each of these efforts serve (e.g., a certain age group, ethnicity, etc.)?

6. About how many community members are aware of each of the following aspects of the efforts - none, a few, some, many, or most?

✓ Have heard of efforts? None - A few – Some – Many – or – Most

✓ Can name efforts? None - A few – Some – Many – or – Most

✓ Know the purpose of the efforts? None - A few – Some – Many – or - Most

✓ Know who the efforts are for? None - A few – Some – Many – or - Most

✓ Know how the efforts work (e.g. activities or how they're implemented)?

None - A few – Some – Many – or - Most

✓ Know the effectiveness of the efforts? None - A few – Some – Many – or – Most

7. Thinking back to your answers, why do you think members of your community have this amount of knowledge?

8. Are there misconceptions or incorrect information among community members about the current efforts? If yes: What are these?

9. How do community members learn about the current efforts?

10. Do community members view current efforts as successful?

Probe: What do community members like about these programs?

What don't they like?

11. What are the obstacles to individuals participating in these efforts?

12. What are the strengths of these efforts?

13. What are the weaknesses of these efforts?

14. Are the efforts effective? YES or NO How do we know they are or not effective?

15. What planning for additional efforts to address chronic diseases is going on in (community)?

Only ask #16 if the respondent answered “No” to #2 or was unsure.

16. Is anyone in (community) trying to get something started to address chronic diseases? Can you tell me about that?

LEADERSHIP

I’m going to ask you how the leadership in (community) perceives chronic diseases. By leadership, we are referring to those who could affect the outcome of this issue and those who have influence in the community and/or who lead the community in helping it achieve its goals.

If needed provide samples of leaders “not only executives”.

17. Using a scale from 1-10, how much of a concern is chronic diseases to the leadership of (community), with 1 being “not a concern at all” and 10 being “a very great concern”?

Not a concern at all 1 2 3 4 5 6 7 8 9 10 A very great concern

Can you tell me why you say it’s a ____?

17a. How much of a priority is addressing chronic diseases to leadership?

Can you explain why you say this?

18. I’m going to read a list of ways that leadership might show its support or lack of support or lack of support for efforts to address chronic diseases.

Can you please tell me whether none, a few, some, many or most leaders would or do show support in this way? Also, feel free to explain your responses as we move through the list.

How many leaders...

- ✓ At least passively support efforts without necessarily being active in that support?

None - A few – Some – Many – or – Most

- ✓ Participate in developing, improving or implementing efforts, for example by being a member of a group that is working toward these efforts?

None - A few – Some – Many – or – Most

- ✓ Support allocating resources to fund community efforts?

None - A few – Some – Many – or – Most

- ✓ Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)

None - A few – Some – Many – or – Most

- ✓ Play a key role in ensuring the long-term viability of community efforts, for example by allocating long-term funding?

None - A few – Some – Many – or – Most

19. Does the leadership support expanded efforts in the community to address chronic diseases?

YES or NO

If YES...

How do they show this support?

For example,

- ☐ **by passively supporting**
- ☐ **by being involved in developing the efforts**
- ☐ **or by being a driving force or key player in achieving these expanded efforts**

20. Who are leaders that are supportive of addressing this issue in your community?

21. Are there leaders who might oppose addressing chronic diseases? How do they show their opposition?

COMMUNITY CLIMATE

For the following questions, again please answer keeping in mind your perspective of what community members believe and not what you personally believe.

22. How much of a priority is addressing chronic diseases to community members?

Can you explain your answer?

23. I'm going to read a list of ways that community members might show their support or their lack of support for community efforts to address chronic diseases.

Can you please tell me whether none, a few, some, many or most community members would or do show their support in this way? Also, feel free to explain your responses as we move through the list.

How many community members...

- ✓ **At least passively support community efforts without being active in that support?**

None - A few – Some – Many – or – Most

- ✓ **Participate in developing, improving or implementing efforts, for example by attending group meetings that are working toward these efforts?**

None - A few – Some – Many – or – Most

- ✓ **Play a key role as a leader or driving force in planning, developing or implementing efforts? (prompt: How do they do that?)**

None - A few – Some – Many – or – Most

- ✓ **Are willing to pay more (for example, in taxes) to help fund community efforts?**

None - A few – Some – Many – or – Most

24. About how many community members would support expanding efforts in the community to address chronic diseases? Would you say none, a few, some, many or most?

None - A few – Some – Many – or – Most

If more...

How might they show this support?

For example,

- ☐ **by passively supporting**
☐ **by being actively involved in developing the efforts**

25. Are there community members who oppose or might oppose programs or services to address chronic diseases? How do or will they show their opposition?

26. Are there ever any circumstances in which members of (community) might think that health related problems associated with chronic diseases should be tolerated? Please explain.

27. Describe (community).

KNOWLEDGE ABOUT THE ISSUE

28. On a scale of 1 to 10 where a 1 is no knowledge and a 10 is detailed knowledge, how much do community members know about chronic diseases?

No knowledge 1 2 3 4 5 6 7 8 9 10 Detailed knowledge

Why do you say it's a ____?

29. Would you say that community members know nothing, a little, some or a lot about each of the following as they pertain to chronic diseases? (After each item, have them answer.)

- ✓ **Chronic diseases, in general** (Prompt as needed with “nothing, a little, some or a lot”.)
- Nothing - A little - Some - or - A lot
- ✓ **The signs and symptoms** - Nothing - A little - Some - or - A lot
- ✓ **The causes** - Nothing - A little - Some - or - A lot
- ✓ **The consequences** - Nothing - A little - Some - or - A lot
- ✓ **How much chronic diseases occur locally (or the number of people living with chronic diseases in your community)** - Nothing - A little - Some - or - A lot
- ✓ **What can be done to prevent or treat chronic diseases** - Nothing - A little - Some - or - A lot
- ✓ **The effects of chronic diseases on family and friends?** - Nothing - A little - Some - or - A lot

30. What are the misconceptions among community members about chronic diseases, e.g., why it occurs, how much it occurs locally, or what the consequences are?

31. What type of information is available in (community) about chronic diseases (e.g. newspaper articles, brochures, posters)? **Where is it available?**

If they list information, ask: Do community members access and/or use this information?

RESOURCES FOR EFFORTS (time, money, people, space, etc.)

If there are efforts to address the issue locally, begin with question 32. If there are no efforts, go to question 33.

32. How are current efforts funded? Is this funding likely to continue into the future?

33. I’m now going to read you a list of resources that could be used to address chronic diseases in your community. For each of these, please indicate whether there is none, a little, some or a lot of that resource available in your community that could be used to address chronic diseases?

- ✓ **Volunteers?** None - A little – Some – or – A lot
- ✓ **Financial donations from organizations and/or businesses?**
None - A little – Some – or – A lot
- ✓ **Grant funding?** None - A little – Some – or – A lot
- ✓ **Experts?** None - A little – Some – or – A lot
- ✓ **Space?** None - A little – Some – or – A lot

34. Would community members and leadership support using these resources to address chronic diseases? Please explain.

35. On a scale of 1 to 5, where 1 is no effort and 5 is a great effort, how much effort are community members and/or leadership putting into doing each of the following things to increase the resources going toward addressing chronic diseases in your community?

- ✓ Seeking volunteers for current or future efforts to address chronic diseases in the community.

No effort 1 2 3 4 5 Great effort

- ✓ Soliciting donations from businesses or other organizations to fund current or expanded community efforts.

No effort 1 2 3 4 5 Great effort

- ✓ Writing grant proposals to obtain funding to address chronic diseases in the community.

No effort 1 2 3 4 5 Great effort

- ✓ Training community members to become experts.

No effort 1 2 3 4 5 Great effort

- ✓ Recruiting experts to the community.

No effort 1 2 3 4 5 Great effort

36. Are you aware of any proposals or action plans that have been submitted for funding to address chronic diseases in (community)? If Yes: Please explain.

ADDITIONAL POLICY-RELATED QUESTIONS

37. What formal or informal policies, practices and laws related to this issue are in place in your community? (Prompt: An example of "formal" would be established policies to provide foods and drinks that are part of a healthy diet in local schools. An example of "informal" would be similar to fast food or liquor stores having a higher presence in a particular part of town.)

38. Are there segments of the community for which these policies, practices and laws may not apply, for example, due to socioeconomic status, ethnicity, age?

39. Is there a need to expand these policies, practices and laws? If so, are there plans to expand them? Please explain.

40. How does the community view these policies, practices and laws?

QUESTIONS RELATED TO TEXAS HEALTH RESOURCES REPUTATION WITHIN THE COMMUNITY

41. On a scale from 1 to 10, where 1 is no knowledge and a 10 is detailed knowledge. How familiarized are community members with services offered for chronic diseases by Texas Health Resources?

No knowledge 1 2 3 4 5 6 7 8 9 10 Detailed knowledge

42. What opinion do community members have about Texas Health Resources?

43. "We have been talking about chronic diseases..." But what programs will community members need and like to have available in the community? Are there any needs that are not currently being addressed?

DEMOGRAPHICS OF RESPONDENT (OPTIONAL)

1. Gender	
2. What is your work title?	
3. What is your ethnicity? (Please circle)	Anglo African American Asian/Pacific Islander Hispanic/Latino/Chicano American Indian/Alaskan Native Other _____
4. What is your age range? (Please circle)	19-24 25-34 35-44 45-54 55-64 65 and above
5. Do you live in (community)?	YES NO If no: What community? _____
6. How long have you lived in your community?	YES NO If no: What community? _____
7. Do you work in (community)?	YES NO If no: What community? _____
8. How long have you worked in your community?	YES NO If no: What community? _____

APPENDIX B: ANCHORED RATING SCALES FOR SCORING EACH DIMENSION

Community Knowledge of Efforts*(Bolding indicates how a stage differs from the previous stage)***Level Description**

- 1 Community members have **no knowledge** about local efforts addressing the issue.

- 2 **Only a few** community members have **any knowledge** about local efforts addressing the issue. Community members may have **misconceptions or incorrect knowledge** about local efforts (e.g. their purpose or who they are for).

- 3 At least **some** community members **have heard of local efforts, but little else.**

- 4 At least some community members have heard of **local** efforts and **are familiar with the purpose of the efforts.**

- 5 At least some community members have heard of local efforts, are familiar with the purpose of the efforts, **who the efforts are for, and how the efforts work.**

- 6 **Many** community members have heard of local efforts and are familiar with the purpose of the effort. At least some community members know who the efforts are for and how the efforts work.

- 7 **Many** community members have heard of local efforts, are familiar with the purpose of the effort, **who the efforts are for, and how the efforts work. At least a few community members know the effectiveness of local efforts.**

- 8 Most community members have heard of local efforts and are familiar with the purpose of the effort. **Many** community members know who the efforts are for and how the efforts work. **Some** community members know the effectiveness of local efforts.

- 9 Most community members have **extensive** knowledge about local efforts, **knowing the purpose, who the efforts are for and how the efforts work. Many** community members know the effectiveness of the local efforts.

APPENDIX B: ANCHORED RATING SCALES FOR SCORING EACH DIMENSION

Leadership

(Bolding indicates how a stage differs from the previous stage)

Level Description

- 1 Leadership believes that the issue **is not** a concern.

2	Leadership believes that this issue may be a concern in this community, but doesn't think it can or should be addressed .
3	At least some of the leadership believes that this issue may be a concern in this community . It may not be seen as a priority. They show no immediate motivation to act.
4	At least some of the leadership believes that this issue is a concern in the community and that some type of effort is needed to address it . Although some may be at least passively supportive of current efforts, only a few may be participating in developing, improving or implementing efforts .
5	At least some of the leadership is participating in developing, improving, or implementing efforts , possibly being a member of a group that is working toward these efforts or being supportive of allocating resources to these efforts.
6	At least some of the leadership plays a key role in participating in current efforts and in developing, improving, and/or implementing efforts, possibly in leading groups or speaking out publicly in favor of the efforts, and/or as other types of driving forces .
7	At least some of the leadership plays a key role in ensuring or improving the long-term viability of the efforts to address this issue, for example by allocating long-term funding.
8	At least some of the leadership plays a key role in expanding and improving efforts , through evaluating and modifying efforts, seeking new resources , and/or helping develop and implement new efforts.
9	At least some of the leadership is continually reviewing evaluation results of the efforts and is modifying financial support accordingly .

APPENDIX B: ANCHORED RATING SCALES FOR SCORING EACH DIMENSION

Community Climate*(Bolding indicates how a stage differs from the previous stage)***Level Description**

- 1 Community members believe that the issue is **not** a concern.

- 2 Community members believe that this issue may be a concern in this community, but **don't think it can or should be addressed.**

- 3 Some community members **believe that this issue may be a concern in the community, but it is not seen as a priority.** They show no motivation to act.

- 4 Some community members believe that this issue **is** a concern in the community and that **some type of effort is needed to address it.** Although some may be at least passively supportive of efforts, **only a few may be participating in developing, improving or implementing efforts.**

- 5 At least **some** community members are **participating in developing, improving, or implementing efforts**, possibly attending group meetings that are working toward these efforts.

- 6 At least **some** community members **play a key role** in developing, improving, and/or implementing efforts, possibly being members of groups or speaking out publicly in favor of efforts, and/or as other types **of driving forces.**

- 7 At least some community members play a key role in **ensuring or improving the long-term viability** of efforts (e.g., example: supporting a tax increase). The attitude in the community is —We have taken responsibility.

- 8 The **majority** of the community **strongly** supports efforts or the need for efforts. **Participation level is high.** —We need to continue our efforts and make sure what we are doing is effective.

- 9 The majority of the community are **highly supportive** of efforts to address the issue. **Community members demand accountability.**

APPENDIX B: ANCHORED RATING SCALES FOR SCORING EACH DIMENSION

Knowledge of Issue*(Bolding indicates how a stage differs from the previous stage)***Level Description**

- 1 Community members have **no** knowledge about the issue.

- 2 **Only a few** community members have **any knowledge** about the issue. Among **many** community members, there are **misconceptions** about the issue, (e.g., how and where it occurs, why it needs addressing, whether it occurs locally).

- 3 **At least some** community members **have heard of the issue, but little else**. Among **some** community members, there **may be** misconceptions about the issue. Community members **may be somewhat aware that the issue occurs locally**.

- 4 At least some community members **know a little about causes, consequences, signs and symptoms**. At least some community members **are** aware that the issue occurs locally.

- 5 At least some community members know **some** about causes, consequences, signs and symptoms. At least some community members are aware that the issue occurs locally.

- 6 At least some community members know some about causes, consequences, signs and symptoms. At least some community members have some knowledge about **how much it occurs locally and its effect on the community**.

- 7 At least some community members **know a lot** about causes, consequences, signs and symptoms. At least some community members have some knowledge about how much it occurs locally and its effect on the community.

- 8 **Most** community members know a lot about causes, consequences, signs and symptoms. At least some community members have **a lot** of knowledge about how much it occurs locally, its effect on the community, and how to address it locally.

- 9 Most community members have **detailed** knowledge about the issue, knowing **detailed information** about causes, consequences, signs and symptoms. **Most** community members have **detailed** knowledge about how much it occurs locally, its effect on the community, and how to address it locally.

APPENDIX B: ANCHORED RATING SCALES FOR SCORING EACH DIMENSION

Resources Related to the Issue

(Bolding indicates how a stage differs from the previous stage)

Level Description

- 1 There are **no** resources available for (further) efforts.

- 2 There are very **limited** resources (such as one community room) available that could be used for further efforts. There is no action to allocate these resources to this issue. Funding for any current efforts is not stable or continuing.

- 3 There are **some** resources (such as a community room, volunteers, local professionals, or grant funding or other financial sources) that could be used for further efforts. There is little or no action to allocate these resources to this issue.

- 4 There are some resources identified that could be used for further efforts. **Some community members or leaders have looked into or are looking into using these resources** to address the issue.

- 5 There are some resources identified that could be used for further efforts to address the issue. Some community members or leaders are **actively working to secure these resources**; for example, they may be **soliciting donations, writing grant proposals, or seeking volunteers**.

- 6 **New resources** have been **obtained and/or allocated** to support further efforts to address this issue.

- 7 A **considerable part** of allocated resources for efforts **are from sources that are expected to provide stable or continuing support**.

- 8 A considerable part of allocated resources for efforts are from sources that are expected to provide continuous support. **Community members are looking into additional support to implement new efforts**.

- 9 **Diversified resources and funds are secured, and efforts are expected to be ongoing**. There is **additional support for new** efforts.

APPENDIX C: STAGES OF COMMUNITY READINESS ASSESSMENTS

STAGE 1: NO AWARENESS

- Community has no knowledge about local efforts addressing the issue.
- Leadership believes that the issue is not really much of a concern.
- The community believes that the issue is not a concern.
- Community members have no knowledge about the issue.
- There are no resources available for dealing with the issue.

Mindset: “Kids drink and get drunk.”

STAGE 2: DENIAL/RESISTANCE

- Leadership and community members believe that this issue is not a concern in their community or they think it can't or shouldn't be addressed.
- Community members have misconceptions or incorrect knowledge about current efforts.
- Only a few community members have knowledge about the issue, and there may be many misconceptions among community members about the issue.
- Community members and/or leaders do not support using available resources to address this issue.

Mindset: “We can't (or shouldn't) do anything about it!”

STAGE 3: VAGUE AWARENESS

- 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.

Mindset: “Something should probably be done, but what? Maybe someone else will work on this.”

STAGE 4: PREPLANNING

- Some community members have at least heard about local efforts, but know little about them.
- Leadership and community members acknowledge that this issue is a concern in the community and that something has to be done to address it.
- Community members have limited knowledge about the issue.
- There are limited resources that could be used for further efforts to address the issue.

Mindset: “This is important. What can we do?”

STAGE 5: PREPARATION

- Most community members have at least heard about local efforts.
- Leadership is actively supportive of continuing or improving current efforts or in developing new efforts

- The attitude in the community is —We are concerned about this and we want to do something about it.
- Community members have basic knowledge about causes, consequences, signs and symptoms.
- There are some resources identified that could be used for further efforts to address the issue; community members or leaders are actively working to secure these resources.

Mindset: “I will meet with our funder tomorrow.”

STAGE 6: INITIATION

- Most community members have at least basic knowledge of local efforts.
- Leadership plays a key role in planning, developing and/or implementing new, modified, or increased efforts.
- The attitude in the community is —This is our responsibility , and some community members are involved in addressing the issue.
- Community members have basic knowledge about the issue and are aware that the issue occurs locally.
- Resources have been obtained and/or allocated to support further efforts to address this issue.

Mindset: “This is our responsibility; we are now beginning to do something to address this issue.”

STAGE 7: STABILIZATION

- Most community members have more than basic knowledge of local efforts, including names and purposes of specific efforts, target audiences, and other specific information.
- Leadership is actively involved in ensuring or improving the long-term viability of the efforts to address this issue.
- The attitude in the community is —We have taken responsibility . There is ongoing community involvement in addressing the issue.
- Community members have more than basic knowledge about the issue.
- A considerable part of allocated resources for efforts are from sources that are expected to provide continuous support.

Mindset: “We have taken responsibility”

STAGE 8: CONFIRMATION/EXPANSION

- Most community members have considerable knowledge of local efforts, including the level of program effectiveness.
- Leadership plays a key role in expanding and improving efforts.
- The majority of the community strongly supports efforts or the need for efforts. Participation level is high.
- Community members have more than basic knowledge about the issue and have significant knowledge about local prevalence and local consequences.
- A considerable part of allocated resources are expected to provide continuous support. Community members are looking into additional support to implement new efforts.

Mindset: “How well are our current programs working and how can we make them better?”

STAGE 9: HIGH LEVEL OF COMMUNITY OWNERSHIP

- Most community members have considerable and detailed knowledge of local efforts,
- Leadership is continually reviewing evaluation results of the efforts and is modifying financial support accordingly.
- Most major segments of the community are highly supportive and actively involved.
- Community members have detailed knowledge about the issue and have significant knowledge about local prevalence and local consequences.
- Diversified resources and funds are secured, and efforts are expected to be ongoing.

Mindset: “These efforts are an important part of the fabric of our community.”

SAMPLE

Texas Health Resources
Department of Community Impact and Benefits

Project: This is a systematic direct observation of neighborhood and communities. The purpose is to gain a better understanding of the environment and available resources in identified communities. The survey allows us to observe neighborhood boundaries, housing conditions, use of open spaces, shopping areas, schools, religious facilities, human services (such as hospitals and physician offices), mode of transportation, protective services (such as fire stations and police stations), and overall neighborhood life within the community of interest.

Protocols:

- Sr. Director of Community Health
- Community Health Managers
- Gunnin Fellows

Tools:

- Clipboard
- Writing supplies
- Camera
- Audio recorder (Optional)
- Video recorder (Optional)

Survey Form

Observer Name	
Weather	
Temperature	
City	
Zip-Code	
Neighborhood	
Day/Date/Time	

Item One: Neighborhood Boundaries

- What are the boundaries of the neighborhood?
- Are there commercial streets or areas? What's the proximity of commercial areas to residential areas?
- Does the neighborhood have an identity? Example, is the neighborhood known for its impoverish characteristic, high crime, or any other characteristic commonly associated with a disadvantaged neighborhood?

Item Two: Housing (Photographs Recommended)

- What is the age of the houses, type of architecture, construction material of houses, how many stories?
- Do houses have space/lawns around them? Are they well groomed?
- Are there single, multifamily dwellings, mobile homes?
- What is the general condition of the houses? Are there signs of disrepair (broken doors, windows, railings, etc.)?
- Are there cars in the driveway? Does it appear everyone is at work?
- Are there vacant houses, boarded up or dilapidated buildings?
- Are there many houses for sale?
- Are there streetlights, sidewalks, curbs, gutters, open drainage ditches?

Item Three: Opens Spaces

- How much open space is there?

- Are there parks and recreational areas in the neighborhood? Are they lighted? If lighted, are they functional?
- Are the open spaces public or private? Who uses it? Designed for kids or adults? Is it at a proximity to the residential areas?
- Are there trash, rubble, or abandoned cars in the open spaces? Are the grasses overgrown? If recreation equipment's are available, are the functional and well maintained?

Item Four: Shopping Areas

- What types of stores are in the area (shopping centers, neighborhood stores, grocery stores, drug stores, laundries, etc.)?
- Are the stores small business or large-scale businesses?
- How are these resources distributed in the area? Are they spread throughout?
- Are there ethnic stores, ones that display other than English language?
- Do signs advertise tobacco, alcohol? Any graffiti observed?

Item Five: Schools

- Are there schools in the zip-code/neighborhood? Are they public or private?
- List the names of the elementary, middle-school, and high-school in the neighborhood/zip-code?
- Is graffiti evident in the school?
- Do the school grounds appear to be well-kept?
- Are there school bus stops or crossing guards?

Item Six: Religion

- What churches do you see? Who uses the churches? Are the churches engaged with the community?
- Do you see evidence of their use for other than purely religions purposes?

Item Seven: Human Services

- Where are hospitals and health services located in relation to the neighborhood/zip-code?
- Are there physician offices, health clinics or centers, dentist offices?
- Are there alternative medicine centers (acupuncture, massages, etc.)?
- Are spiritualists advertised?
- Are social agencies (welfare, WIC, social services) available?
- Are there senior centers and child care facilities?

Item Eight: Transportation

- How do people get in and out of the neighborhood/zip-code (car, bus, train, bike, walk)?
- Are the streets and roads conducive to good transportation and to community life?
- Are the streets in good condition? Are they paved? Gravel? Brick? Dirt?
- Are formal bus stops or public transportation signs visible?
- Is public transportation available? If so, how frequently?
- Is this a high-traffic area? Are speed limit signs or speed zones posted?
- Is there a major highway near the neighborhood? If any, list them. Whom does it serve? What's the proximity to the neighborhood/zip-code?

Item Nine: Protective Services

- What evidence do you see of police, fire, and emergency services?
- Does it seem like house have security systems? Look at the yards for ADT signs or something similar.
- Is there evidence of neighborhood watch programs?
- Are there emergency shelters for neighborhood use (e.g. tornado shelters)?
- Are there fire stations, fire hydrants?

Item Ten: Neighborhood Life

- Who do you see on the streets (women, men, mothers with children, teenagers, elderly)? Please describe in detail.
- What ethnic groups are part of the neighborhood? Bilingual signs?
- Are there informal gathering places, hangouts? What are they for whom (teens, men, etc.)?
- Are there social clubs or cultural organizations?
- Is there evidence of interaction among neighbors?
- Is there evidence of homelessness?
- What animals do you see (stray dogs, watch dogs)?
- Are there parks or other recreational facilities in this neighborhood? Are they public or private?
- Any evidence of stagnated water? (Possible breeding ground for vectors that carry vector-borne diseases.

Program Manager Duties

- Map of the neighborhood/zip code being surveyed.
- Identify the routes within the neighborhood/zip code that best captures the life within the neighborhood.
- Identify the following resources located within the neighborhood/zip:
 - Fire stations – List the address.
 - Police stations – List the address.
 - Religious facilities – List the address.
 - Hospital facilities – List the address and name of hospital.
 - Primary care.
 - Urgent care.
 - Schools (Public and Private Schools) – List the address:
 - Elementary
 - Middle-School.
 - High-School.
 - Shopping centers – Categories into small business and large-scale business.
 - Social services within the zip.
- Things to observe and document:
 - Built environment:
 - Open spaces, bike and walk trails, and parks.
 - Housing:
 - Housing condition.
 - Homes or apartments.
 - Single family or multiple family.
 - Residents:
 - Mostly indoors or outdoors.
 - Physical appearance (dress codes).
 - Homelessness.

Community Health Needs Assessment Focus Group Exercises

I. Introduction (10 min)

- Introduction of Truven Health facilitators and hospital staff (if present)
- Participants introduce themselves
- Description of the CHNA requirement and process
 - Hospital's involved with this focus group
 - Participants' role
- Agenda / logistics
- Define community under discussion
- Indicator/ Social Determinants definitions
- Ground rules
 - Feedback/discussion is anonymous

II. Group Exercise & Discussion #1 (10 min)

Goal: ice breaker and orientation to topics in subsequent discussions

- How would you describe this community?
 - Write responses on flipchart
- How would you describe the health of this community?
 - Write responses on flipchart
- Discuss with the group the factors influencing health in the community
 - Write responses on flipchart
 - What factors did you consider describing the health of the community?
 - What do you think of when you think of health?
 - More prompting questions as needed....

III. Group Exercise & Discussion #2 (20 min)

Goal: to identify the current needs of community from participants' perspective

- Break into 2-3 smaller groups
- As a group discuss the health needs of the community
 - Write each need on flip chart
 - Facilitator prompt participants to describe why it's a need and probe for specifics on broader responses
- As a group, agree upon the top 3 needs and why they are the top needs
 - Each participant votes on their top 3 choices with sticky notes or hash symbols on flipchart
 - Discuss voting results, give group discussion time to come to consensus and agree on top 3 needs.

Community Health Needs Assessment

Focus Group Guide – Page 2

- Summarize on a new flipchart sheet top 3 needs along with the reasons why it was chosen (for sharing with larger group as time permits)

IV. Group Exercise & Discussion #3 (30 min)

Goal: to gain feedback on needs identified in prior CHNAs from participants' perspective

- Stay the same smaller groups
- Facilitator shares health needs identified in prior assessments for the community via reading them and via a handout (1 per small group)
- As a group, discuss the similarities/differences between the needs identified in the prior exercise and the needs identified in prior assessments
 - If the group identified needs similar to the prior assessments list them on the flipchart
 - Discuss these similar needs: have things changed over the last several years? Improved or gotten worse? How/why?
 - On the flipchart list some of the reasons why you think these needs continue to be an issue or top of mind for the community
 - If the group identified needs different from the prior assessment list the groups needs that differ on the flipchart
 - Discuss these different needs: why are the needs the group identified top of mind? Have things changed in the community? Are the impacts of these needs greater? Is there something about the perspective of the group that may influence the identification of these needs?
 - On the flipchart list some of the reasons why you think these needs are top of mind for the community over the needs identified in prior assessments
 - Discuss as a group if you wish to change your top 3 needs identified in prior exercise (#2). If so, write your new needs on the flipchart
- Summarize on new flipchart sheet the outcome (for sharing with larger group as time permits)

V. Group Exercise & Discussion #4 (30 min)

Goal: to gather participants input on how community health needs should be prioritized so health systems can consider the input when prioritizing needs

- Stay in same smaller groups
- Facilitator: as we evaluate the needs identified by this group and throughout the assessment how should we prioritize them so they can be addressed? Let's identify and define criteria for prioritization.
 - Document suggested criteria on flipchart
 - Prompt with some criteria suggestions if group is struggling
- Now let's identify the top 3-5 criteria which we recommend should be used for prioritization
 - Participants should vote using sticky notes or hash marks on flip chart white/board
- Summarize on new flipchart sheet the outcome (for sharing with larger group as time permits)

Community Health Needs Assessment

Focus Group Guide – Page 3

VI. Group Exercise & Discussion #5 (15 min)

Goal: to contribute to the identification of community resources that may currently be addressing health needs or who could contribute to addressing health needs

- Stay the same smaller groups
- As a group identify up to 10 community resources (health/community organizations) that exist to address the top 3 needs identified
 - Work together to identify resources and list on flipchart paper
 - Discuss ways these resources could work together to address the health needs discussed

VII. If Time Permits

- Have each small group share the summaries of their discussions with the larger group

VIII. Wrap-up (5 min)

- Thank participants for their time
- Provide contact information for Truven Health and Client(s) for additional questions and/or comments (provide information)

COMMUNITY IMPACT FOCUS GROUP FACILITATION GUIDE OUTLINE

- Focus Group Introduction
- Question 1: Biggest Healthcare Challenge
- Questions 2-3: Access to Medications
- Questions 4-5: Medication Affordability
- Questions 6-8: Community Factors - Pulse Survey
- Questions 9-14: Community Factors - Individual Responses
- Questions 15-17: Behavioral Health – Pain Medication Addiction
- Questions 18-20: Behavioral Health – Other Substance Abuse and Addiction
- Questions 21-26: Behavioral Health – Stress, Anxiety, Depression & Isolation
- Questions 27-28: Chronic Disease - Individual Responses
- Questions 29-31: Access to Medical Services - Pulse Survey
- Questions 32-38: Access to Medical Services - Individual Responses
- Questions 39-41: Access Recap
- Question 42: Closing

COMMUNITY IMPACT FOCUS GROUP FACILITATION GUIDE

Focus Group Location: <i>ENTER HERE "AGENCY" NAME AND ADDRESS HERE</i>	
Focus Group Date:	<i>ENTER DATE HERE</i>
Focus Group Time:	<i>ENTER TIME HERE</i>
Focus Group Host Contact Information:	<i>ENTER HOST CONTACT INFO HERE</i>
Focus Group Host Role:	<i>ENTER HOST ROLE / TITLE HERE</i>
Focus Group Facilitator:	<i>ENTER FACILITATOR 1 NAME HERE</i>
Focus Group Facilitator:	<i>ENTER FACILITATOR 2 NAME HERE</i>
Focus Group Host Role:	<i>ENTER OTHER FACILITATORS HERE</i>
Other Location Observations / Notes: <i>ENTER NUANCES OF LOCATION / FACILITY</i>	

Introductory script:

Good morning/afternoon/evening,

Thank you for your time. We appreciate you being here.

We are from the University of North Texas and we are working with the Texas Health Resources hospital network to better understand some of the key health challenges you and your families face day to day.

Some of these challenges might include access to health services, drivers of chronic disease and factors that influence depression, addiction, eating habits, and exercise patterns. Our goal is explore ways in which Texas Health Resources might address some of these challenges in your community.

If you have not already signed our participant acknowledgement and release form, please take one and fill it out. We would be happy to answer any questions you have about it. While we are recording this conversation for quality purposes, our commitment is to only present information in aggregate and not to disclose any personal or confidential information to an external audience.

So, with that background, please introduce yourself, and [QUESTION #1] from your perspective, please tell us what think are the biggest health challenges affecting your family?

Facilitator will take notes on white board or flip chart and categorize challenge in buckets A, B and C.

Thank you for sharing. Based on your input, we have grouped your responses into three large categories: (A) for Access to Services, (B) for Behavioral Health, and (C) for Chronic Diseases (like diabetes and COPD).

Many of these are inter-related, so we are going to spend a few minutes “taking your pulse” on topics related to access to health services.

ACCESS: MEDICATIONS

2. Let's begin by talking about your ability to get the medications you need. I'm going to ask you to raise your hand to indicate how difficult it is for you and your family to get access to MEDICATIONS. How many of you feel that ...

[GOOD ACCESS TO MEDICATIONS]

...you can **EASILY** find a place to fill the prescriptions that you need?

[AVERAGE ACCESS TO MEDICATIONS]

...you can find a place to fill the prescriptions that you need **SOME** of the time?

[POOR ACCESS TO MEDICATIONS]

...you can **ALMOST NEVER** find a place to fill the prescriptions that you need?

Facilitator tallies hands raised for each score

EASILY FIND	SOMETIMES FIND	ALMOST NEVER FIND

3. How have you found a place to fill your prescriptions when it was challenging?

ACCESS: MEDICATION AFFORDABILITY

4. Let's expand on this by talking about the affordability of the medications that your doctors order for you. With a show of hands again... How many of you...

[GOOD ACCESS TO AFFORDABLE MEDICATIONS]

...are **EASILY** able to afford the medications that your doctors order for you?

[AVERAGE ACCESS TO MEDICATIONS]

...are **SOMETIMES ABLE** to afford the medications that your doctors order for you?

[POOR ACCESS TO MEDICATIONS]

...are **ALMOST NEVER ABLE** to afford the medications that your doctors order for you?

Facilitator tallies hands raised for each score

Easily Able	Sometime Able	Almost Never Able

5. How have you solved this problem when medications cost too much?

ACCESS: COMMUNITY FACTORS

Let's explore how the community in which you live can impact your health.

6. Starting with your ability to get healthy food - since many times our health is influenced by the food we eat - including fresh fruits and vegetables, or reduced fat food items ... How many of you believe that

...you are **CONSISTENTLY** able to find the healthy foods that you want for your family?
 ... **SOMETIMES** you are not able to find the healthy foods that you want for your family?
 ...it is **DIFFICULT** to find the healthy foods that you want for your family?

Facilitator tallies hands raised for each score

No Difficulty	Some Difficulty	Difficult

7. Now let's talk about your ability to find reliable transportation to health care services. How many of you believe that...

...you are **CONSISTENTLY** able to find reliable transportation to health care services?
 ...you **SOMETIMES HAVE DIFFICULTY** finding reliable transportation to health care services?
 ...it is **DIFFICULT** finding reliable transportation to health care services?

Facilitator tallies hands raised for each score

No Difficulty	Some Difficulty	Difficult

8. Now let's talk about housing options in your community. How many of you believe that...

...you are **CONSISTENTLY** able to find affordable housing in your community?
 ...you **SOMETIMES HAVE DIFFICULTY** finding affordable housing in your community?
 ...it is **DIFFICULT** finding affordable housing in your community?

Facilitator tallies hands raised for each score

No Difficulty	Some Difficulty	Difficult

ACCESS: COMMUNITY FACTORS – INDIVIDUAL RESPONSES

Let's go back and talk about some of those areas where several you indicated the community where you lived created difficulties you and your loved ones had difficulty getting access to services.

...FACILITATOR ONLY SPENDS TIME ON SEVERE ISSUE AREAS...

HEALTHY FOODS

9. What are some of the reasons it is difficult to get healthy foods for you and your loved ones?

10. How have you solved this problem?

TRANSPORTATION

11. What are some of the reasons it is difficult to find reliable transportation for you and your loved ones?

12. How have you solved this problem?

HOUSING

13. What are some of the reasons why it is difficult to access affordable housing for you and your loved ones?

14. How have you solved this problem?

BEHAVIORAL HEALTH SECTION

Let's turn now to a different set of topics. There has been lots of news over about how folks with real pain issues struggle with addiction to their pain medications.

15. PAIN MEDICATION ADDICTION

We are going to take another quick survey with a show of hands looking a MODEST, MEANINGFUL and MAJOR impacts on you and your loved ones...How many of have seen...

...your loved ones have MODEST struggles with pain medication addiction?

...your loved ones have MEANINGFUL struggles with pain medication addiction?

...your loved ones have MAJOR struggles with pain medication addiction?

Facilitator tallies hands raised for each score

MODEST	MEANINGFUL	MAJOR

16. PAIN MEDICATION ADDICTION FOLLOW UP

What have been some of the biggest challenges?

17. Where have you turned for help with these issues? How have those services been helpful or not-so-helpful?

18. OTHER SUBSTANCE ABUSE

Beyond pain medications, let's explore how other types of substance abuse and addiction have impacted those close to you. How many of you believe ...

Substance abuse and addiction have had a MODEST impact on those close to you?

Substance abuse and addiction have had a MEANINGFUL impact on those close to you?

Substance abuse and addiction have had a MAJOR impact on those close to you?

Facilitator tallies hands raised for each score

Modest	Meaningful	Major

19. OTHER SUBSTANCE ABUSE FOLLOW UP

What have been some of the biggest challenges?

20. Where have you turned for help with these issues? How have those services been helpful or not-so-helpful?

21. STRESS, ANXIETY AND DEPRESSION

How big an impact (Modest, Meaningful or Major) has stress, anxiety or feelings of depression had on those close to you?

Stress, anxiety or feelings of depression have had a MODEST impact on those close to you?

Stress, anxiety or feelings of depression have had a MEANINFUL impact on those close to you?

Stress, anxiety or feelings of depression have had a MAJOR impact on those close to you?

Facilitator tallies hands raised for each score

Modest	Meaningful	Major

22. STRESS, ANXIETY AND DEPRESSION FOLLOW UP

What have been some of the biggest challenges?

23. Where have you turned for help with these issues? How have those services been helpful or not-so-helpful?

24. How role does your community, culture or religious faith have on how those close to you might use healthcare services for substance abuse, anxiety or depression?

25. COMMUNITY RESPONSE TO ADDICTION, ANXIETY, AND DEPRESSION

Sometimes, people feel alone and isolated when they are dealing with addiction, anxiety, and depression. How could we better connect with people in your community who need help with these challenges?

26. What one thing could Texas Health do to make the biggest impact for you and your family with regards to substance abuse, anxiety or depression or services for mental illnesses?

CHRONIC DISEASE SECTION

27. Based on what we have discussed so far, what other issues do you feel are important to your family as you deal with chronic disease challenges?

28. Do you feel there is something Texas Health can do to make an impact for you in this area?

RETURNING TO ACCESS: MEDICAL SERVICES

Let's turn to some topics on different types of medical services you might need, like basic health services when you are sick, access to preventative care even when things seem fine and access to medical specialists if you need one.

29. Starting with your ability to get basic health services when you need them. How many of you believe that...

- ...you can **ALMOST ALWAYS** get the basic health services that you need?
- ...you are **SOMETIMES ABLE** to get the basic health services that you need?
- ...you are **ALMOST NEVER ABLE** to get the basic health services that you need?

Facilitator tallies hands raised for each score

Almost Always	Sometimes Able	Almost Never Able

30. Turning to preventative care, including access to immunizations or health screenings which might identify high blood pressure, high cholesterol, skin cancers, or other potential health problems), how many of you believe that...

- ...you can **ALMOST ALWAYS** get preventative care services?
- ...you are **SOMETIMES ABLE** to get preventative care services?
- ...you are **ALMOST NEVER ABLE** to get preventative care services?

Facilitator tallies hands raised for each score

Almost Always	Sometimes Able	Almost Never Able

31. Turning to specialist care, how many of you believe that...

- ...you **ALMOST ALWAYS** get access to specialists when you need one?
- ...you are **SOMETIMES ABLE** to get access to specialists when you need one?
- ...you are **ALMOST NEVER ABLE** to get access to specialists when you need one?

Facilitator tallies hands raised for each score

Almost Always	Sometimes Able	Almost Never Able

ACCESS: MEDICAL SERVICES – INDIVIDUAL RESPONSES

Let's go back and talk about some of those areas where several you indicated you and your loved ones had difficulty getting access to services.

...FACILITATOR ONLY SPENDS TIME ON SEVERE ISSUE AREAS...

BASIC HEALTH SERVICES

32. What are some of the reasons it is difficult to get basic health services when you are sick?

33. How have you solved this problem?

PREVENTATIVE HEALTH SERVICES

34. Which preventative services have you had difficulty getting access to?

35. What are some of the reasons why you have difficulty getting preventative care when needed?

36. How have you solved this problem?

SPECIALIZED HEALTH SERVICES

37. What are some of the reasons why you have difficulty seeing a specialist when needed?

38. How have you solved this problem?

39. When you have questions about healthcare, what are your favorite information sources?

40. Are there any other concerns you would like to raise regarding getting access to health care?

41. What one thing could Texas Health do to make the biggest impact for you and your family with regards to health care access?

CLOSING

42. We thank you for your time today. Are there any other questions, concerns, opportunities or feedback you would like to share with us?

DEMOGRAPHIC SUMMARY

Part #	Age Estimate					Race & Ethnicity				
	<18	18-24	25-45	45-65	>65	White No Hispanic	Black No Hispanic	Asian	Hispanic	Other
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

Appendix 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. There are existing resources that organizations are currently using and available widely in the community:

State and Regional Sources

Dallas Fort-H Worth Hospital Council

<https://dfwhc.org/>

Directory of Community Resources in Texas – Texas A&M Education and Human Development

<https://disabilityresources.tamu.edu/>

North Central Texas Aging and Disability Resource Center

<http://nctadrc.org/>

North Texas Area Community Health Centers

<https://ntachc.org/>

North Texas Community Health Collaborative (CHC)

<http://www.healthyntexas.org/>

Texas 211

<http://www.211directory.org/st/texas>

Salvation Army North Texas

<https://www.salvationarmydfw.org/>

Collin Region

Collin County

https://www.collincountytx.gov/juvenile_probation/Pages/comm_resources.aspx

Assistance Center of Collin County

<https://assistancecenter.org/>

Project Access Collin County

<https://www.pacollincounty.org/resources/>

Dallas/Rockwall

Community Council of Greater Dallas

<https://www.ccadvance.org/seniors>

Goodwill Industries of Dallas

<https://www.goodwilldallas.org/community-resources/>

Catholic Charities of Dallas

<https://ccdallas.org/need-help/>

Helping Hands Rockwall County

<https://rockwallhelpinghands.com/assistancereferral/>

Denton/Wise Region

Denton County United Way

<https://www.unitedwaydenton.org/community-resources>

Wise County United Way

<http://wisecountyunitedway.org/>

JPS Network Community Resources

http://www.jpshealthnet.org/for_medical_professionals/virtual_behavioral_health_clinical_guidance/community_resources

Southern Region

United Way of Johnson County

<https://www.uwjc.com/partners/>

JPS Network Community Resources

http://www.jpshealthnet.org/for_medical_professionals/virtual_behavioral_health_clinical_guidance/community_resources

The Veteran Connection

<https://theveteranconnection.wordpress.com/resource-list/community-resources-list-kaufmancounty/>

Kaufman County United Way

<https://kaufmancountyunitedway.org/>

Erath County United Way

<http://www.erathcountyuw.org/need-help.html>

United Way of Hood County

<https://www.unitedwayhoodcounty.com/hood-county-resource-guide>

United Way of Ellis County

<https://www.uwwec.org/resource-guide>

Tarrant/Parker Region

Tarrant Cares

<http://tarrantcares.org/>

Tarrant County 211

<https://www.tarrantcounty.com/en/county/supermenu-contents/residents/2-1-1.html>

JPS Network Community Resources

http://www.jpshealthnet.org/for_medical_professionals/virtual_behavioral_health_clinical_guidance/community_resources

United Way Parker County

<http://www.unitedwayofparkercounty.org/>

Parker County Health Foundation

<https://www.parkercountyhealthfoundation.org/>

Appendix F: Potential Community Partners

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

Table 1. Collin Region: Potential Partners Identified for Prioritized Zip Codes

Collin County Zip Code 75074	Collin County Zip Code 75069
<ul style="list-style-type: none"> • Collin County Adult Clinic • Lifepath Systems • Collin County Health Services • Salvation Army • Assistance Center of Collin County • 10+ food pantries • Several local churches • Senior Community Service Employment Program • Area Agency on Aging • Meals on Wheels • 3 free or sliding scale clinics 	<ul style="list-style-type: none"> • Boys and Girls Club • Court Appointed Social Advocates (CASA) • North Texas Job Corps Center • ESL Classes in 3 locations to include McKinney High School • 5 food pantries • McKinney Roots

Table 2. Dallas/Rockwall Region: Potential Partners Identified for Prioritized Zip Codes

Dallas County Zip Code 75212	Dallas County Zip Code 75217	Rockwall County Zip Code 75032
<ul style="list-style-type: none"> • Serve West Dallas • Brother Bill's Helping Hand • West Dallas Community Church • Los Barrios Unidos Clinics • Wesley-Rankin Community Center • Thrive Women's Clinic • Advocates for Community Transformation (ACT) • Mercy Street West Dallas 	<ul style="list-style-type: none"> • Salvation Army • Inspired Vision Church & Compassion Center • Eastfield College Pleasant Grove Campus • Pleasant Grove Branch Library • Parkland Health and Hospital System • Buckner International • Foremost Family Health Center • Pleasant Grove Ministerial Alliance 	<ul style="list-style-type: none"> • Meals on Wheels • Rockwall County Helping Hands • North Central Texas Council on Government • Grace Clinic • Lake Pointe Church • Lake Pointe Park Community Center • Rockwall United Methodist Church • YMCA

Table 3. Denton/Wise Region: Potential Partners Identified for Prioritized Zip Codes

Denton County Zip Code 76266	Denton County Zip Code 75057	Wise County Zip Code 76426
<ul style="list-style-type: none"> • Sanger Independent School District • Sanger Bargain Depot and Crisis Center • Boys and Girls Club of Sanger • Denton County Alternative Education Program • Texas AgriLife Extension • Sanger 4-H Club 	<ul style="list-style-type: none"> • Lewisville Independent School District • Christian Community Action • City of Lewisville • Texas AgriLife Extension • Denton County Public Health 	<ul style="list-style-type: none"> • Bridgeport Independent School District • Communities in Schools • Texas AgriLife Extension • Bridgeport 4-H Club

Table 4. Southern Region: Potential Partners Identified for Prioritized Zip Codes

Erath County Zip Codes 76401/76402	Johnson County Zip Codes 76031/76059	Kaufman County Zip Codes 75143/75161
<ul style="list-style-type: none"> • Compassion Counseling Center • Erath County Veterans Office • Home Health Providers • Meals on Wheels • Stephenville Senior Center • Tarleton State University • Texas A&M AgriLife Extension 	<ul style="list-style-type: none"> • Home Health Providers • Hope Clinic • Meals on Wheels • Pecan Valley MHMR • Southwestern Adventist University • Texas A&M AgriLife Extension 	<ul style="list-style-type: none"> • Home Health Providers • Kemp Housing Authority • Lakes Regional MHMR Center • Meals on Wheels • North Texas Behavioral Authority • STAR Transit • Texas A&M AgriLife Extension • Veteran's Services

Table 5. Tarrant/Parker Region: Potential Partners Identified for Prioritized Zip Codes

Tarrant County Zip Code 76010	Tarrant County Zip Code 76119	Parker County Zip Code 76082
<ul style="list-style-type: none"> • Mission Arlington/Mission Metroplex • North Texas Area Community Health Center • Texas Health & Human Services 	<ul style="list-style-type: none"> • JPS Resource Center • Sixty & Better • Tarrant Human Services • Volunteers of America • ACH Child and Family Services • Tarrant County College • Food Stamps Office 	<ul style="list-style-type: none"> • Neighbors to Neighbors • Hope Children's Boutique • Rotary • Springtown Chamber of Commerce • Lion's Club

<ul style="list-style-type: none"> • Community Care Health Agency, Inc. • Arlington Community Services Department • Center for Counseling • MHMR • United Way • The Hope Concept Wellness Center • Arlington Life Shelter • Merit Family Services 	<ul style="list-style-type: none"> • Eastside Community • Planned Parenthood • Fort Worth Hope Center 	<ul style="list-style-type: none"> • Azle Community Caring Center • Western Harvest Ministries
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2019

SOLUTIONS: A PhotoVoice PROJECT TEXAS HEALTH RESOURCES COMMUNITY HEALTH NEEDS ASSESSMENT

FINAL REPORT

RESPECTFULLY SUBMITTED BY:
MARCY L. PAUL, PHD, DESIREE LAKEY, MPH
DYLAN AGYEMAN-PREMPEH, JR., MPH
OCTOBER 2019



SOLUTIONS:

A PhotoVoice PROJECT

TEXAS HEALTH RESOURCES

COMMUNITY HEALTH

NEEDS ASSESSMENT

TABLE OF CONTENTS

INTRODUCTION	
a. Community Health Needs Assessment	4
b. Focus Groups	4
c. PhotoVoice	5
i. What is PhotoVoice?	5
i. Questions Asked	5
WHO PARTICIPATED?	6
QUESTIONS	16
RESULTS	
Primary Results	17
Secondary Results	18
Challenges to Solutions	21
EXECUTIVE SUMMARIES (target population, who participated, and question asked)	
76401/76402	22
75161	26
76031/75059	29
75143	35
75217	40
75212	42
76119	45
76010	50
76082	58
75074	63
76266	69
75069	76
SUCCESSSES, LIMITATIONS & MOVING FORWARD	82
APPENDIX	
Pre-Survey - Adult	88
Post-Survey - Adult	90
Pre-Survey - Teen	91
Post-Survey - Teen	92
Question Bank	93
Dissemination Exhibits	
1. Schedule	94
2. Attendee Sign-In	95
Elmo Connect	96
PhotoVoice Exhibits	97

TEXAS HEALTH RESOURCES

SOLUTIONS: A PhotoVoice PROJECT TEXAS HEALTH RESOURCES COMMUNITY HEALTH NEEDS ASSESSMENT

The Texas Health mission is to improve the health of the people in the communities we serve. One way the mission is carried out is to learn about the health needs of communities through the Community Health Needs Assessment. Community Health Needs Assessments (CHNA) are completed at least once every 3 years and provide valuable information about the overall health needs of a community. During the CHNA, Texas Health gathers information from community members, public health and medical experts, and community leaders on the types of health challenges that affect communities. The CHNA can be gathered through individual and group (focus groups) interviews, surveys or through secondary data sources (Centers for Disease Control and Prevention and Texas Department of Health and Human Services). Once the CHNA is complete, Texas Health develops strategies and/or programs to address the health needs that were identified. The first step of the CHNA was to conduct focus groups during the summer of 2018. Results from the focus groups concluded the overarching challenges in two themes: 1) Access to health care services and providers and 2) Overcoming everyday challenges. The following chart highlights the two themes and specific areas of challenges identified by participants:

Results from the focus groups concluded the following overarching challenges:

Access to Healthcare Services/Providers

- Chronic disease management
- Behavioral Health – social isolation & depression
- Healthcare/medical costs
- Resource knowledge

Overcoming Everyday Challenges

- Transportation
- Housing
- Healthy food options

The results of the focus groups became the catalyst for step two, SOLUTIONS. Involvement from community members that either participated in the focus groups or were unfamiliar with the CHNA were asked to participate in the next step using a storytelling technique called PhotoVoice.

PhotoVoice is a photograph and written narrative form of storytelling that engages community members 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. Texas Health is thankful for the neighbors who graciously shared their stories and ideas for solutions for building healthier communities.

Who Participated?

At the beginning of the THR SOLUTIONS PhotoVoice project all participants were asked to complete a survey asking a variety of questions regarding 1) demographics; 2) food security; 3) prior participation in THR CHNA focus groups; 4) health insurance; and 5) knowledge of available resources in their community. The following participant self-reports highlights the results.

The SOLUTIONS PhotoVoice project was to be implemented in 14 designated zip codes based on the Community Health Needs Assessment. Two zip codes, 75032 (Rockwall) and 76426 (Bridgeport) were cancelled due to low recruitment and community partner participation. Twelve zip codes in the southern region, Dallas County, Tarrant and Parker Counties, and the northern region were completed.

Seventy-seven participants began the SOLUTIONS PhotoVoice project. Of the 77 participants, 64 were adults and 13 were teens. This final report includes the total number of SOLUTIONS participants that completed the project. An “N” designates the total of 65 participants that completed the project. A small “n” indicates the number used to identify the number

of participants of the 55 that answered a specific question. When a question is left blank this can be for a variety of reasons such as 1) a participant did not understand the question, or 2) a participant simply forgot to respond.

Engaging in this type of project it is imperative to understand how many participants answered the questions as well as providing the percentages of the whole-full participation. Key:

- N= all participants (55 Adults and 10 Teens)
- n= dependent on participants who responded to question
- %= of those that responded to the question

Each zip code group met either 2 or 3 times, dependent on scheduling, to complete their projects. The average attendance across all twelve projects was approximately 5 participants. The highest attendance rate of ten participants was in zip codes 76031 and 76059 (a combined group in the southern region). The lowest attendance rate of 2 participants was in zip code 75161 (southern region).

PARTICIPANT AGE AND SEX/GENDER

All Participants: N=65

Adult Participants: n=55 (100%)

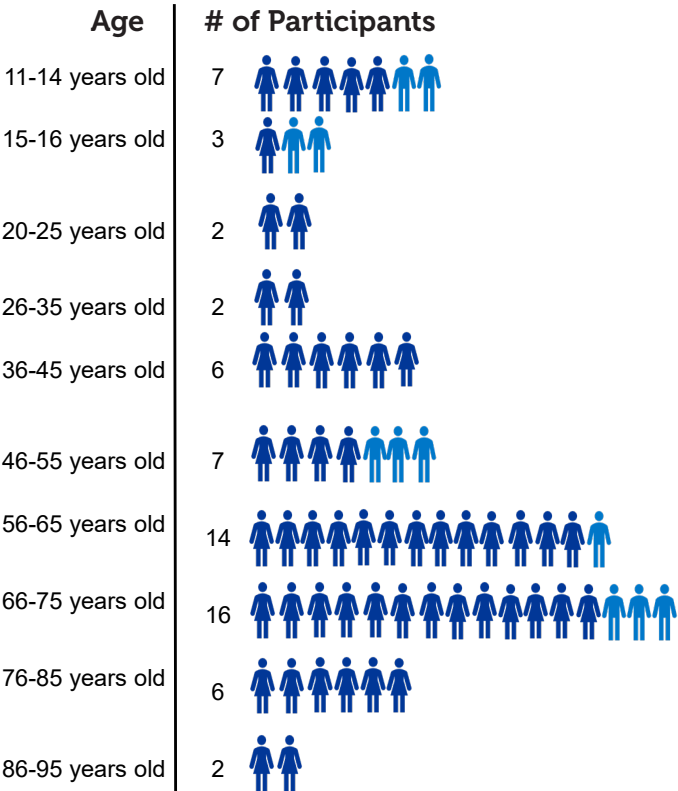
Adult Females: n=48 (80%)

Adult Males: n=7 (20%)

Teen Participants: n=10 (100%)

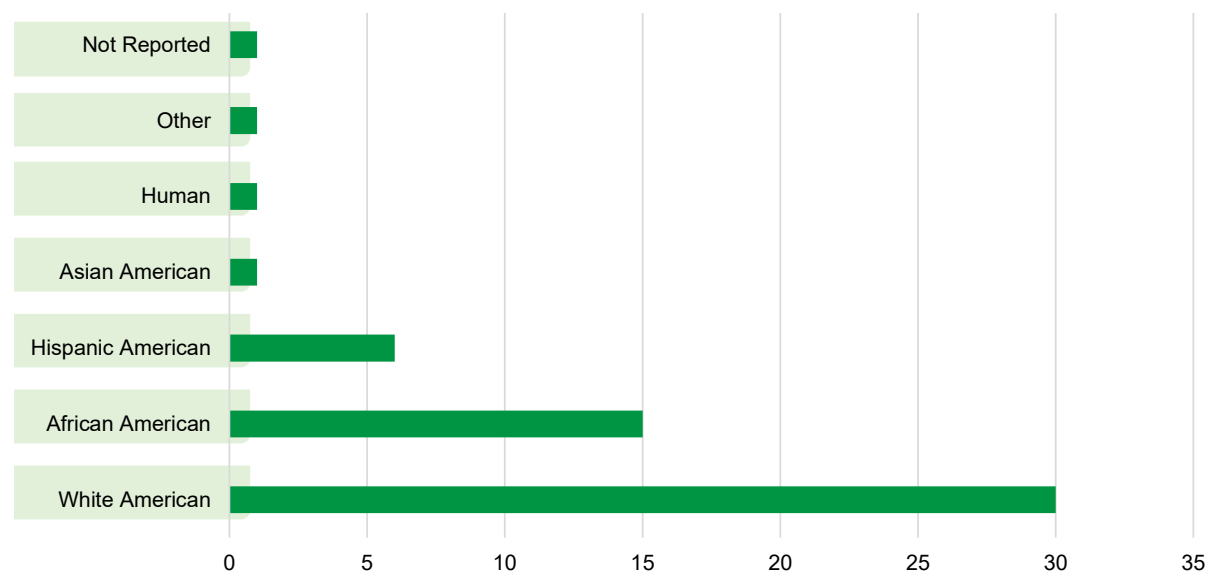
Teen Females: n=6 (60%)

Teen Males: n=4 (40%)

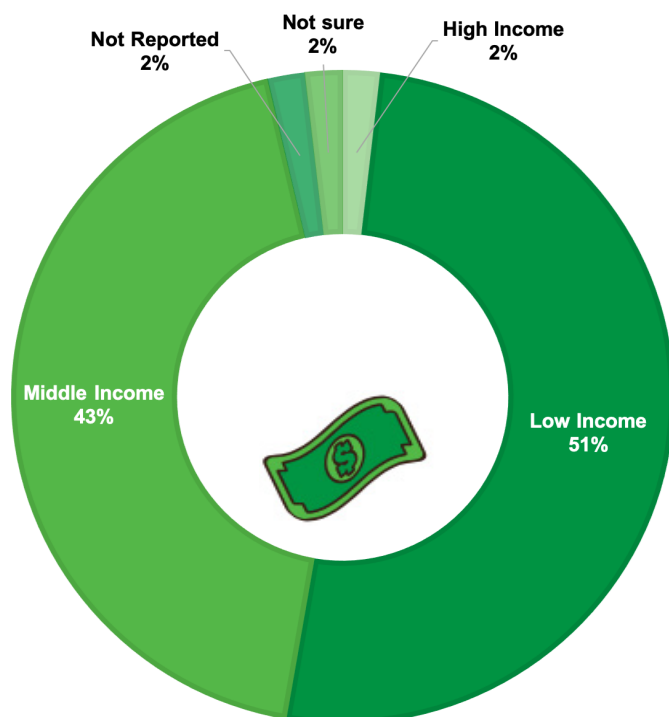


ADULT PARTICIPANTS

SELF-REPORTED RACE AND ETHNICITY FOR ALL ADULT PARTICIPANTS n=54 (98.1%)

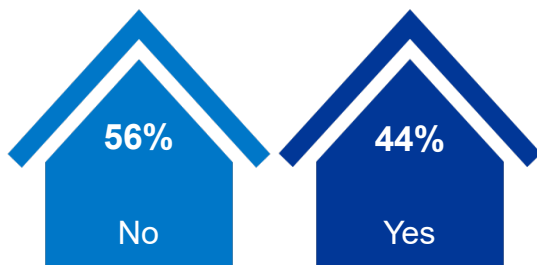


SELF-REPORTED INCOME FOR ALL ADULT PARTICIPANTS n=54 (98.1%)



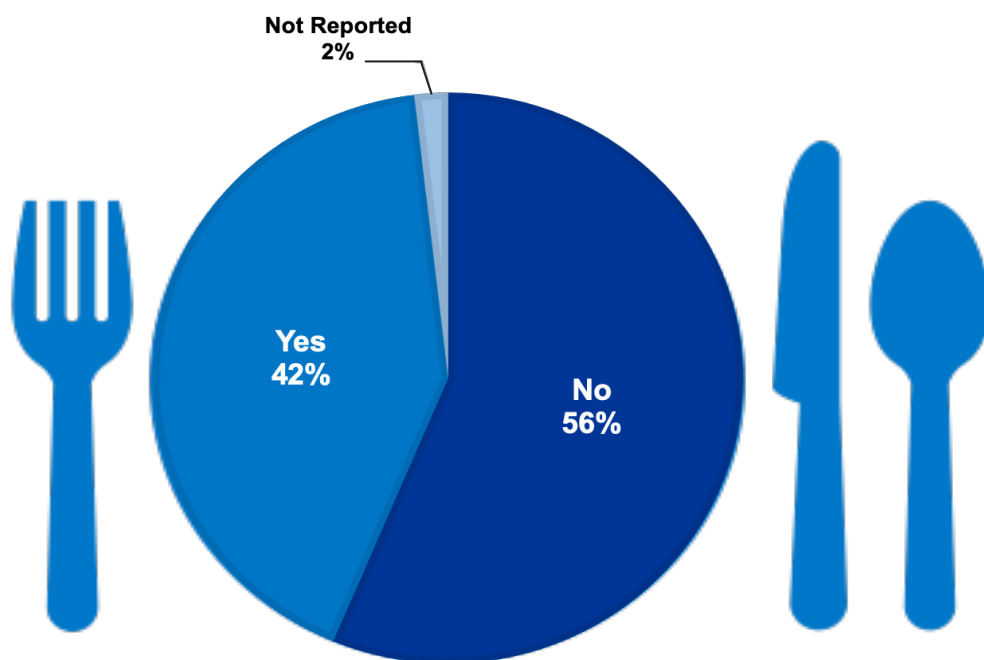
SELF-REPORTED LIVING SITUATION FOR ALL ADULT PARTICIPANTS n=55 (100%)

Do you live alone?



SELF-REPORTED FOOD SECURITY FOR ALL ADULT PARTICIPANTS n=54 (98.1%)

Within the past 12 months, did you worry whether food would run out before you had money to buy more?



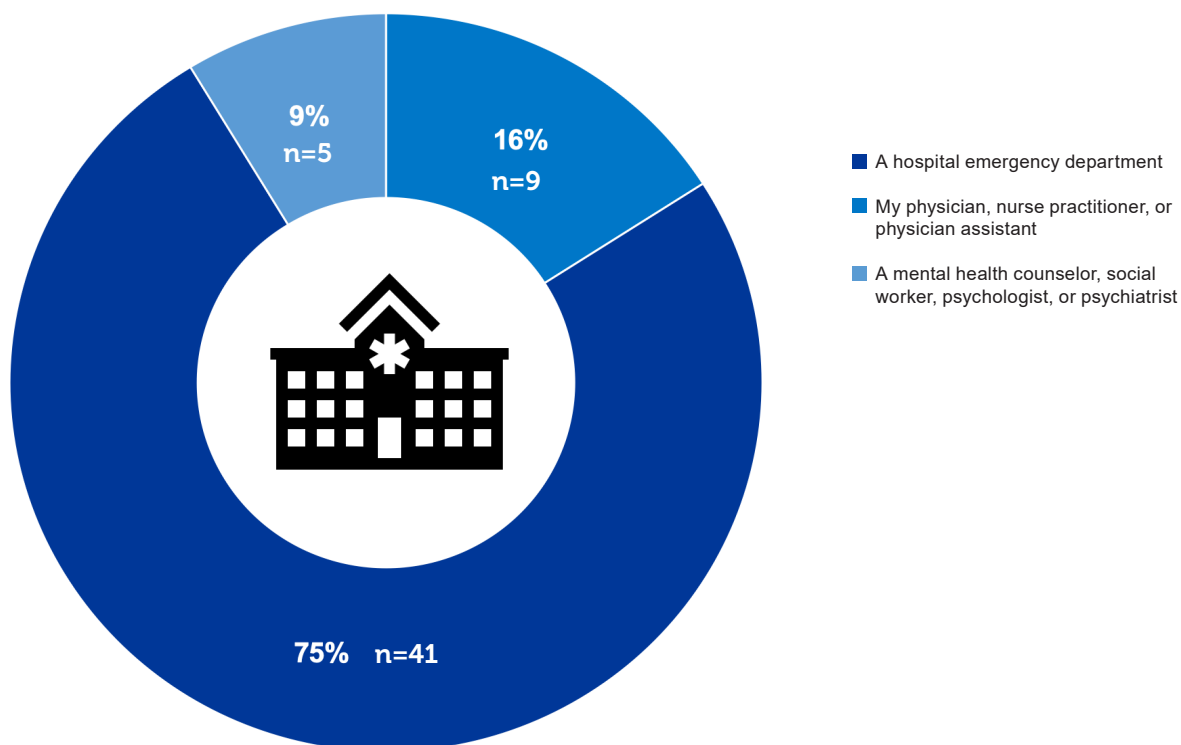
ADULT PARTICIPANTS



Of the 51 that reported, **17** adult participants attended the focus groups in 2018.

SELF-REPORTED HEALTH CARE ACCESS FOR ALL ADULT PARTICIPANTS n=55 (100%)

When I go to a health care provider, I go to...

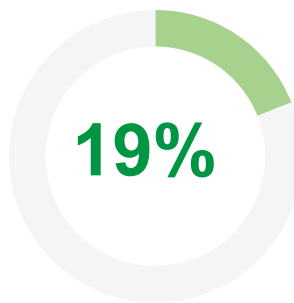


SELF-REPORTED MEDICAL INSURANCE USE FOR ALL ADULT PARTICIPANTS n=55 (100%)

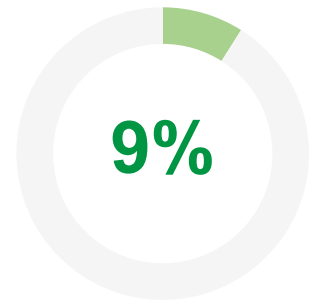
Medical Insurance



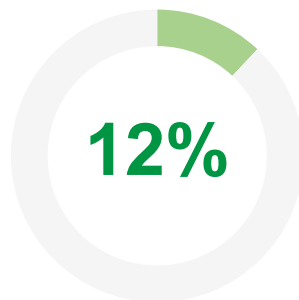
30 participants reported using Medicare for health insurance



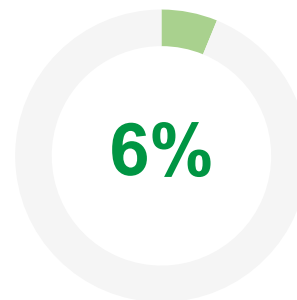
10 participants reported using private insurance (e.g. Blue Cross Blue Shield) for health insurance



5 participants reported using Medicaid for health insurance

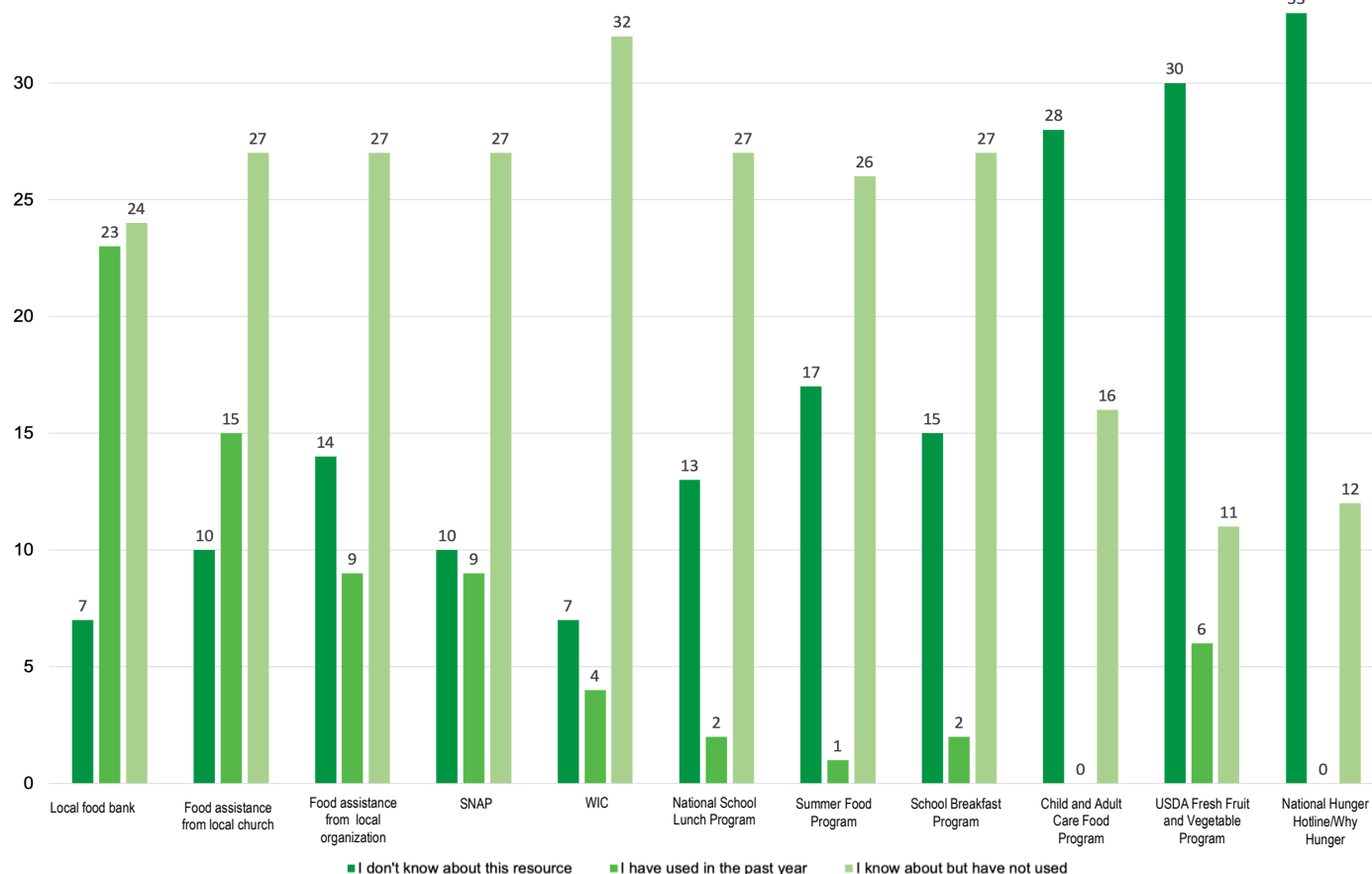


7 participants reported they did not have health insurance

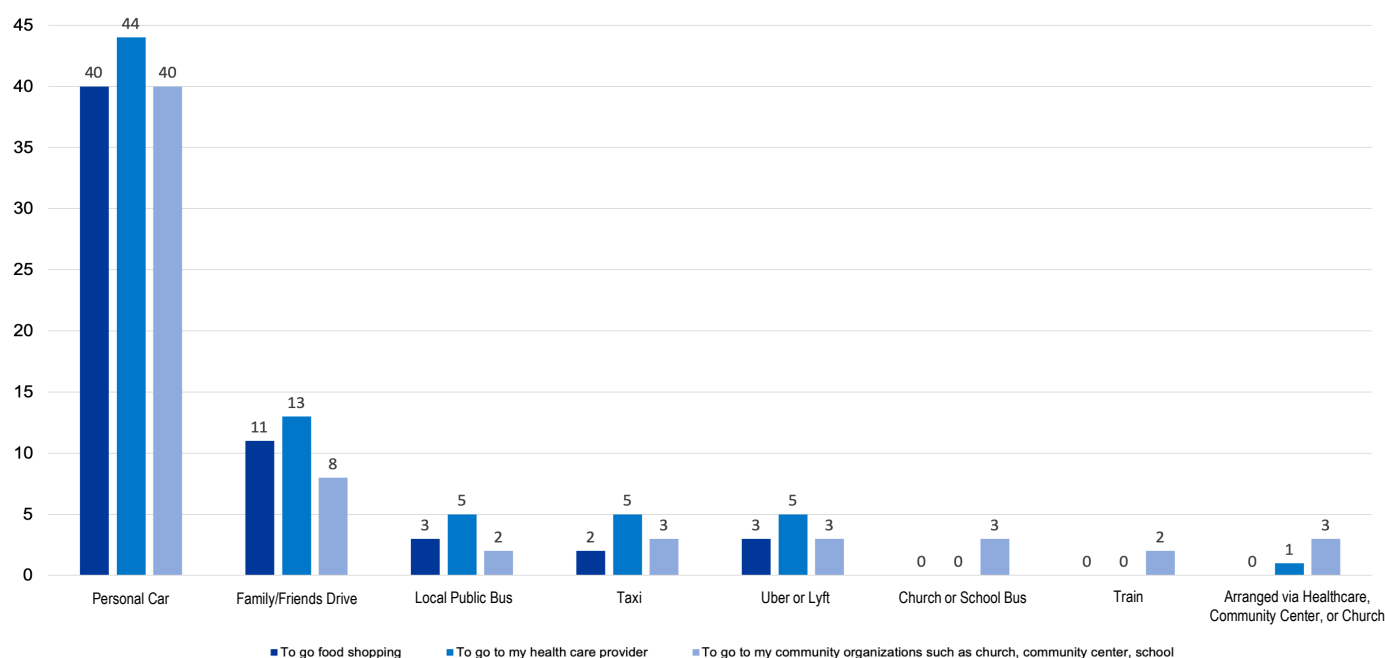


3 participants reported using other forms of health insurance from Empire Blue Cross Blue Shield, Veterans Administration, supplemental insurance, and through place of employment

SELF-REPORTED AWARENESS OF ASSISTANCE PROGRAMS FOR ALL ADULT PARTICIPANTS

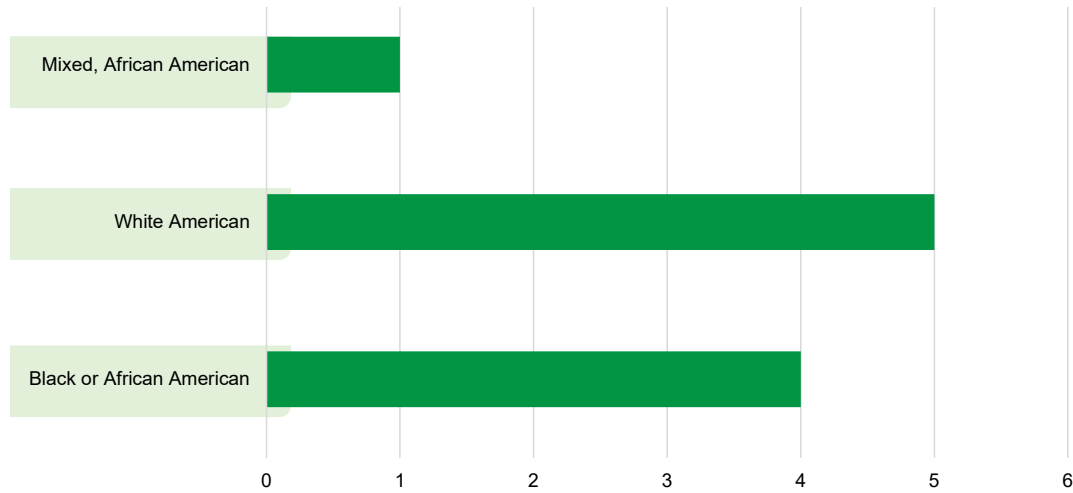


SELF-REPORTED TRANSPORTATION METHODS FOR ALL ADULT PARTICIPANTS



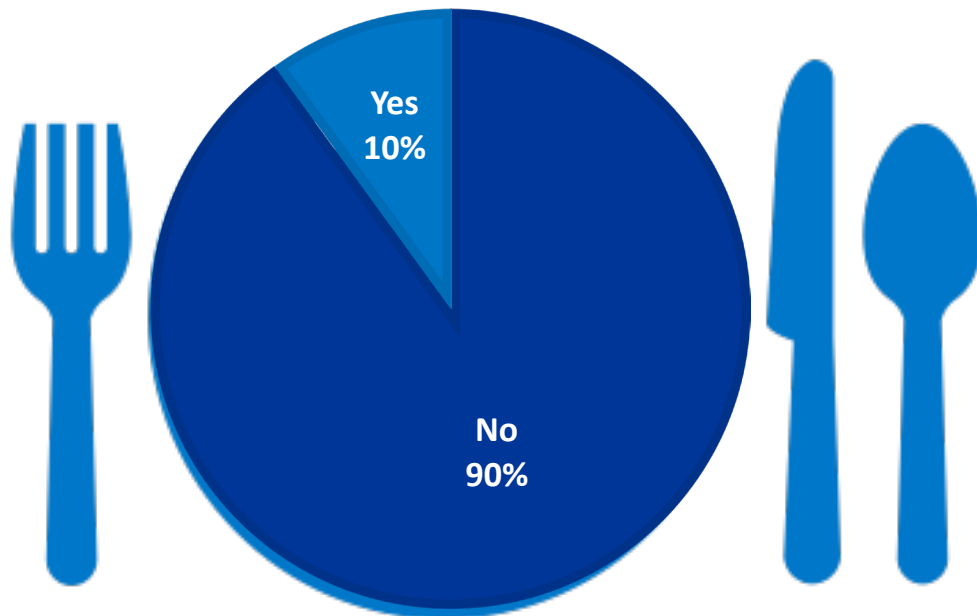
TEEN PARTICIPANTS

SELF-REPORTED RACE AND ETHNICITY FOR ALL TEEN PARTICIPANTS n=10 (100%)

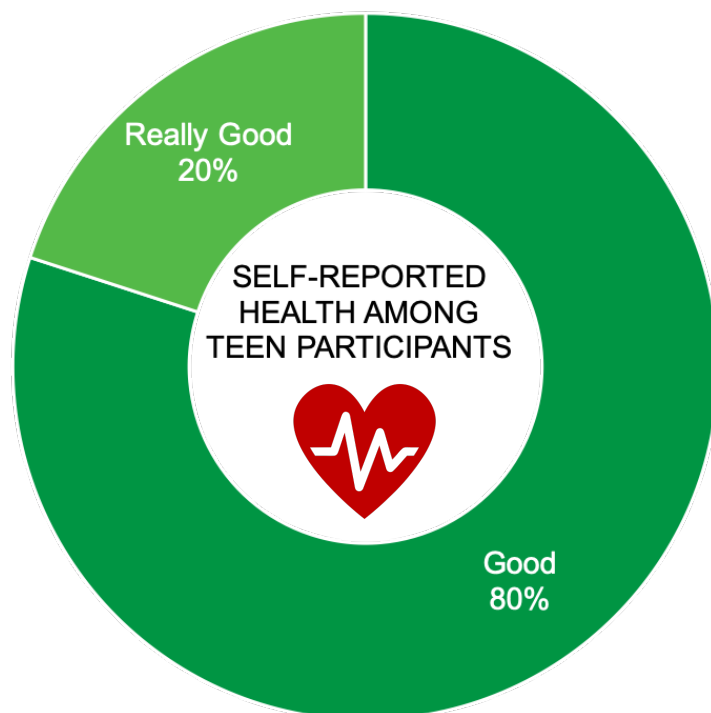


SELF-REPORTED FOOD SECURITY FOR ALL TEEN PARTICIPANTS n=10 (100%)

Within the past 12 months, did you worry whether food would run out before you had money to buy more?



SELF-REPORTED HEALTH AMONG TEEN PARTICIPANTS n=10 (100%)



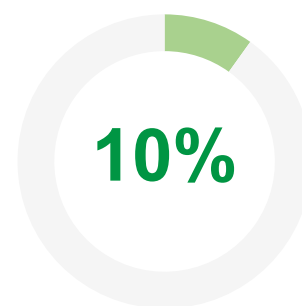
SELF-REPORTED HEALTH INSURANCE USE FOR TEEN PARTICIPANTS n=10 (100%)



8 teen participants reported they used Medicaid for health insurance



1 teen participant reported having private insurance but was unsure

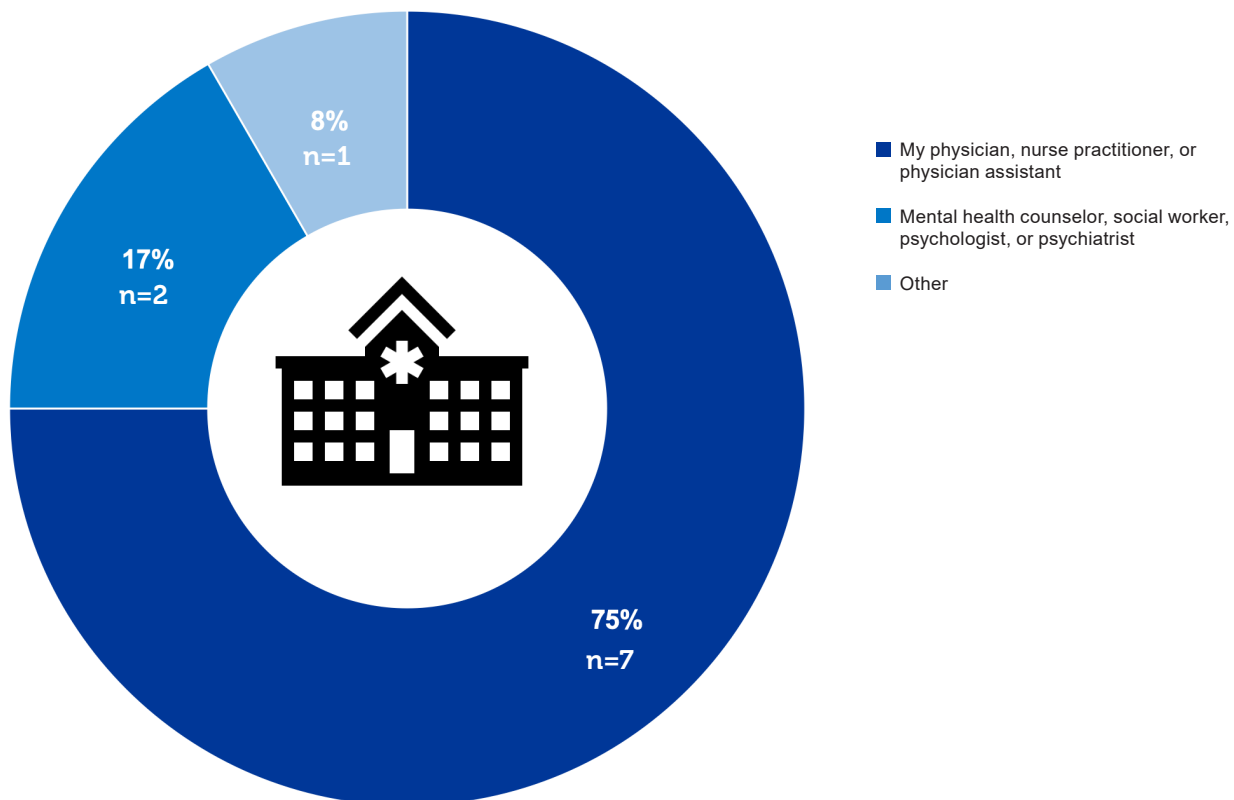


1 teen participant reported having no health insurance

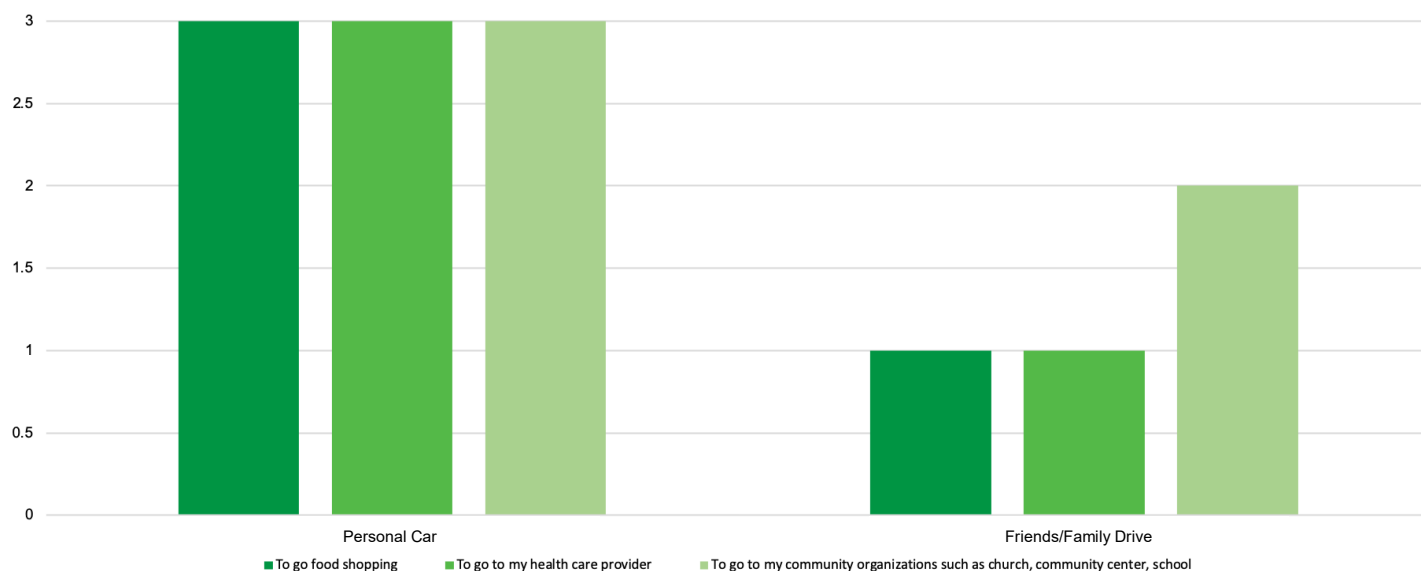
WHO PARTICIPATED?

SELF-REPORTED HEALTH CARE PROVIDER FOR ALL TEEN PARTICIPANTS n=10 (100%)

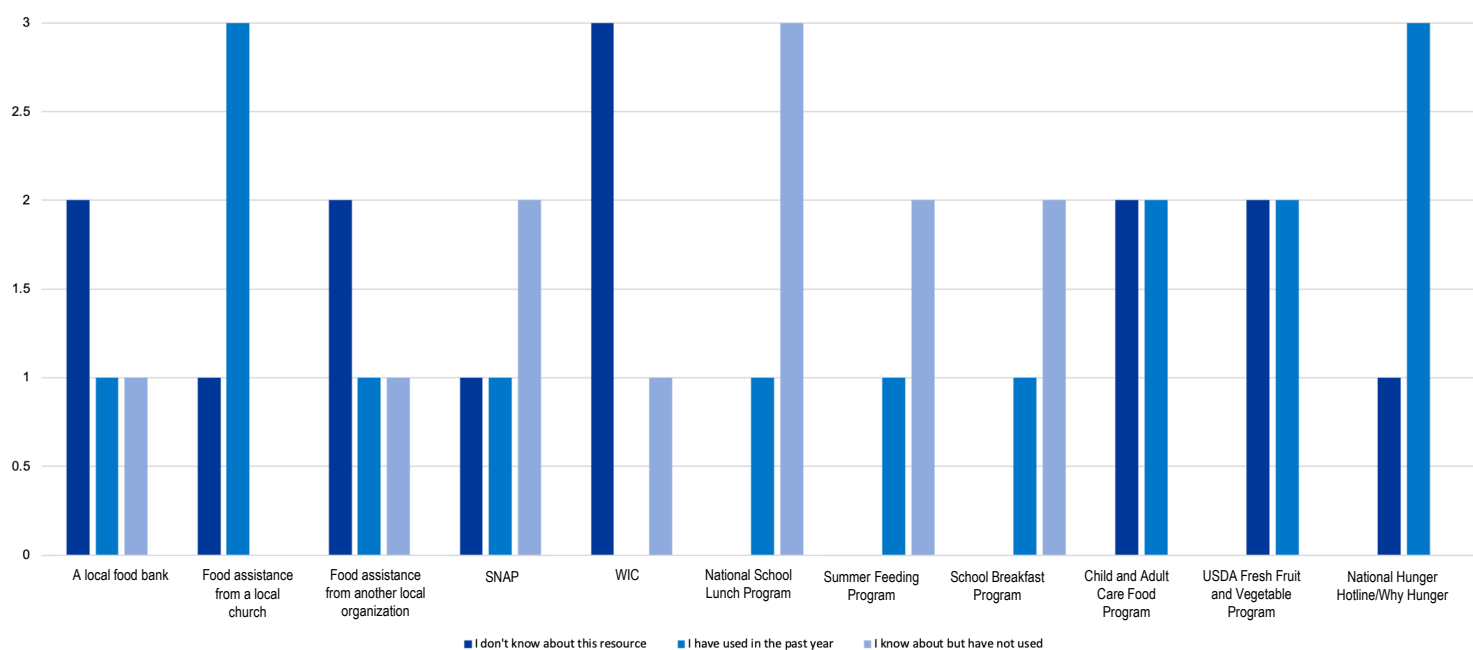
When I go to a health care provider, I go to...



SELF-REPORTED TRANSPORTATION METHODS FOR ALL TEEN PARTICIPANTS



SELF-REPORTED AWARENESS OF ASSISTANCE PROGRAM FOR ALL TEEN PARTICIPANTS



SOLUTIONS Questions

The SOLUTIONS PhotoVoice project was introduced to the THR Community Health Improvement staff in May, 2019. The results from the CHNA focus groups conducted during the summer of 2018 were the catalyst for a brainstorming session to determine the questions for the PhotoVoice project. As the focus group results highlighted the challenges to leading a healthy life, the PhotoVoice questions focused on SOLUTIONS to the challenges. The staff developed 24 questions related to the focus group topics of

- Health Care
- Chronic Disease
- Mental illness
- Seniors
- Resources
- Healthy Food
- Specific to Teens

The 24 questions and seven topics were converged into 12 final questions. Each regional staff determined which questions best fit the focus group results for their zip code communities. The following chart highlights the questions and which zip codes utilized the questions. (See Appendix F for list of all 24 questions.)

PhotoVoice Questions	Zip Code
Photograph and write about what brings you joy or lifts your spirits in your community that makes you feel healthier, more connected to your community, and/or less lonely? Photograph and write about what you need to help you live a healthy, happy, safe, and independent life?	75069
Photograph and write about what you need to help you live a healthy, happy, safe, and independent life?	75069, 76082
Your school principal received a \$100,000 grant to provide resources for teens in middle and high school that would make sure each student has a healthy, safe, and rewarding school year.	75074, 76266
Photograph to show and write about <u>where</u> you think would be the best place to access and/or share information about health resources to help you live a healthy, happy, and safe life?	75143, 75161, 76031 and 76059, 76401/76402
Photograph to show and write about <u>what</u> information your healthcare provider should know about you in order for you to get the best services and care?	75212, 75217
What are some social activities THR could provide or partner with other organizations that would be of interest to you to improve your health, lift your spirits or bring you joy, or reduce feelings of loneliness or isolation?	76010
When you take a trip to the grocery store, at checkout, what is the healthiest food in your basket? What's in your basket that makes you happy?	76010
Photograph and write about what you need to manage your chronic illness. Photograph and write about things and/or programs your community could offer to improve access to healthy foods.	76119
Photograph and write about what makes you feel happy and safe?	76266

Primary Results

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

1. **Solutions and Opportunities for access to health care services and providers**
2. **Solutions for overcoming everyday challenges**

The following highlights the overarching themes, the sub-themes, and the SOLUTIONS to leading a healthy, happy, and safer life.

1. *SOLUTIONS and Opportunities for access to health care services/providers*

A. **From Adult Participants – People living in the community helping those that live in the community – Advocacy – Promoting volunteerism**

- Community Centers
- Utilizing abandoned buildings in areas where there is limited or no healthcare
- Resource Connect
- Transportation (76082) Church buses
- Health and wellness classes
- Navigators – Community Health Workers (for pharmacy needs,
- One-stop-shop

B. **From Teen Participants**

- School Clinics either within the walls of the school or adjacent
- Transportation to clinics for healthcare
- Resource Connect (physical and behavioral health, homelessness)

2. *SOLUTIONS for Overcoming Everyday Challenges*

A. **From Adult Participants – Community Involvement, Resource Network, and Living a Healthy Life**

- Community Centers
- Affordable Housing
- Resource Connect
- Programs that promote safe outside wellness (nature, parks, trees, gardens)
- Pet friends
- Healthy food options (collaboration between food banks and food stores)
- Volunteering
- Safer streets

B. **From Teen Participants**

- Pleasurable school entrance to welcome students
- Clean school – well taken care of
- More resources – (school supplies, textbooks)
- More library books and access to computers
- Healthier food options
- Food bank opportunities in school
- Safe pathways to get to and from school
- Safer school buses
- Provide resources for students who are homeless
- Provide resources for depression and anxiety

Secondary Results

The primary results encompassed all the PhotoVoice projects. The secondary results addresses the overarching themes and sub-themes among the zip codes that asked the same questions. The following chart highlights the question(s), the zip codes, and shared sub-themes from questions that were asked of two or more zip codes.

Photograph to show and write about where you think would be the best place to access and/or share information about health resources to help you live a healthy, happy, and safe life?

SOUTHERN REGION

75143 zip code

Togetherness and connectedness helps to live a happy, healthy, and safe life. This is how we can achieve this:

- a. Community resource sharing
- b. Cooking, crafting, playing games, sharing meals, and other activities to with others
- c. Working together to build a flower and vegetable garden that will bring beauty and healthy food to our community

75161 zip code

1. A need for healthcare resources close to community such as dental, pharmacy, and urgent care would provide resources for local community members and opportunity to learn of other resources close by.
2. Access to fresh fruits and vegetables such as a farmers market would also provide information about healthy eating and living a healthy life.
3. The volunteer fire station could be a place for informational sessions for the community. Everyone knows this location and people could learn about resources in the community and support the volunteer fire department.

76031 and 76059 zip codes

There are a variety of places that people visit that could have resource information available such as

- a. The public library, public park, VA office, and other government entities
- b. Local senior center, Meals on Wheels, and other entities serving target population
- c. Churches
- d. Laundromat
- e. Keene Adventist Book Center and other Southwest Adventist University campus facilities
- f. Goodwill, gas stations, apartment complexes
- g. Places of entertainment

76401 and 76402 zip codes

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 busses during the week to provide transportation to those without or limited access and provide resource information as well.

Secondary Results (continued)

Photograph to show and write about what information your healthcare provider should know about you in order for you to get the best services and care?

DALLAS COUNTY

75212 zip code

Life is stressful because of things beyond our control such as

1. The neighborhood is being transformed without input and participation from those that already live in the area.
2. We want parks for our families to exercise and play.
3. Our neighborhood does not get the protection from civil services; especially animal control when dogs are running free.

75217 zip code

Health and safety in our community

1. Parks that are shaded, have trash receptacles, and bathroom facilities
2. Activities in our community, such as the Cove Aquatic Center, to have better access for entrance and exit

Photograph and write about what you need to help you live a healthy, happy, safe, and independent life?

NORTHERN REGION

75069 zip code

1. Affordable transportation that provides access to
 - a. socializing with others while remaining independent
 - b. Healthy food resources
 - c. healthcare appointments
 - d. essential resources and needs
2. Volunteerism
3. Access to social media
4. Affordable housing

TARRANT/PARKER REGION

76082 zip code

1. Information and education on building community gardens and raising chickens for healthy eating and exercise
2. Options Connection Center - Community resource hub in an already established building staffed with community health workers, volunteers, and students
3. Community sponsored exercise activities for everyone of all ages and how to manage health conditions
4. Education on health issues impacting our community such as vaping
5. Utilizing the main attraction of football as leverage for resource information and creating community unity

Secondary Results (continued)

Your school principal received a \$100,000 grant to provide resources for teens in middle and high school that would make sure each student has a healthy, safe, and rewarding school year.

NORTHERN REGION

75074 zip code

We spend a lot of time at school and we need

- a. Our classrooms and bathrooms to be clean and sanitary
- b. Safe ways to get to school
- c. Safe places like “no bullying” zones
- d. Extra adults on the buses to assure no fighting
- e. Someone to talk to when we are down

76266 zip code

Our schools (middle and high) should be welcoming, clean, and safe places to come into every day.

- a. Flowers at the entrance of school to feel welcome
- b. More books in the library
- c. Healthier food options and food pantry for those in need
- d. Classrooms that have all needed resources
- e. Clean school both inside and outside
- f. Health clinic for when we are sick or need someone to talk to

From Focus Group CHALLENGES to PhotoVoice SOLUTIONS*****

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 & 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 THR, churches, or agencies)***
Housing	Abandoned apartment buildings being subsidized and re-developed 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.****

*Participant in 75161 suggested informational meetings about Medicare options.

**Participant in 76401 suggested resource information be placed in children's school backpacks.

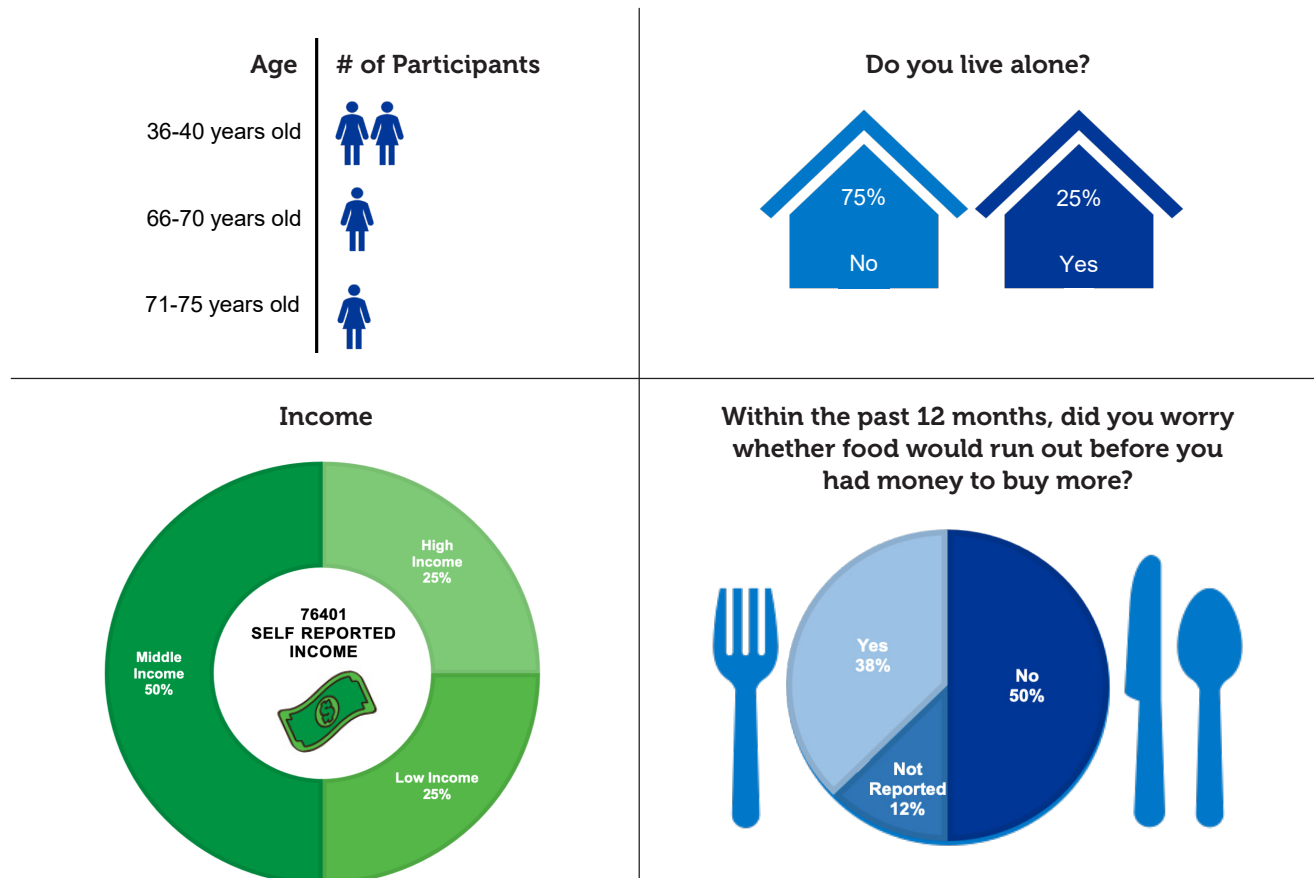
***Participants in 76082, as a result of the PhotoVoice project, began a committee to address using their church bus for transportation and getting other churches to share the need.

****Participants in 75161 met at the volunteer fire department. SOLUTION – Meals on Wheels will now begin a lunch program at this facility. (See Appendix G)

*****This chart highlights SOLUTIONS that address some of the challenges identified from the focus groups. These are examples from the 12 PhotoVoice projects and by no means are the only SOLUTIONS recognized. Some of the PhotoVoice groups have decided to stay in touch, advocate for SOLUTIONS, and are working on building relationships with other potential partners.

“[This project] helped me see things differently, you take things for granted, now a different focus, and eyeopener.”

The 76401/76402 PhotoVoice project 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. The average age of the participants was 55. 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 see regularly, 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.



The question posed to the participants who reside in the 76401/02 zip codes was:

Photograph to show and write about where you think would be the best place to access and/or share information about health resources to help you live a healthy, happy, and safe life?

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

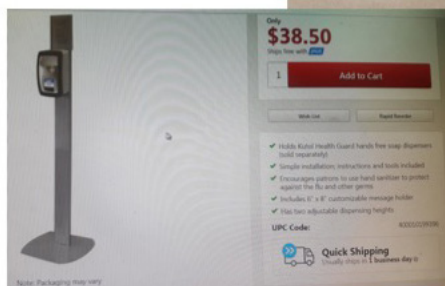
1. Resource information should be accessible in places where the target demographic frequents such as a local food store or pharmacy, library, public spaces (library, chamber of commerce, city government offices, and recreational parks), senior citizen centers, and non-profit organizations (HOPE for 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 following pages are the completed PhotoVoice projects from this community.



Stephenville City Park is a beautiful place for citizens of all ages to enjoy the outdoors, exercise, participate in sports, concerts, entertainment, and play. With limited activities for youth in Stephenville and Erath County, the park seems to be a popular venue for any family with children to have fun. However, there are limited basic resources available at the city park including restroom facilities, water fountains, and handwashing stations.

While there are portable toilets, these are not the most sanitary of options. These can lead to infections, illness, and cause multiple health risks. Working in health care has allowed me to gain the knowledge of how important basic sanitation should be. Our citizens, of all ages, would greatly benefit from more accessible toileting facilities that are throughout the city park and handicap equipped. In addition, free-standing handwashing stations are an excellent line of defense for park patrons to fight illness and infections. Handwashing is so important to kill germs that cause contagious health related issues, such as the common-cold, stomach bugs, pink-eye, etc. With our great city providing entertainment centrally at the Stephenville City park, a large portion of citizens gather for these events, which in turn, puts all of us in danger of spreading unwanted germs and illness.



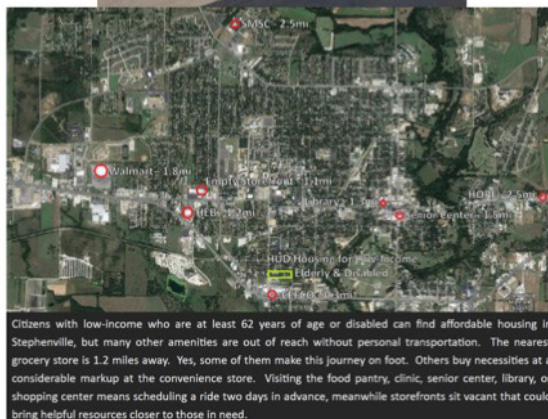
There are not many water fountains located at the city park. Drinking water is crucial in the summer heat. As a good health practice, we should drink at least 8 8-ounce glasses of water a day. While we play or exercise in the heat, our body loses water which needs to be replaced often in order to be at our best health. Simple water fountains placed throughout the park, and maintained in good working order, can provide much needed refreshment for free.

As a solution for health concerns in our community, restrooms, water fountains, and free-standing handwashing stations throughout our city park are great options to help control infections, diseases, and illness.

76401-#22

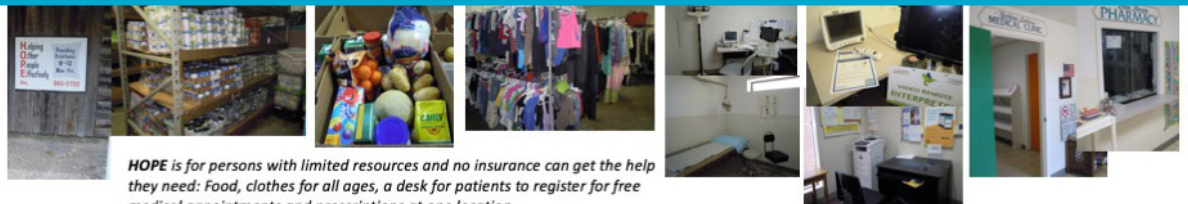


Sidewalks would greatly improve the quality of life for Stephenville citizens. The shortest, easiest way to get from our apartment community to the grocery store is to walk up Harbin. The speed limit is 40, and while there is plenty of space for a sidewalk, you'd be hard pressed to find a sidewalk once you leave downtown or the Tarleton campus. College students face similar struggles walking from the apartments on Lillian. In fact, my boyfriend was clipped by a truck mirror on his way to class one day. With sidewalks along these streets, pedestrians could enjoy a safer commute.



Citizens with low-income who are at least 62 years of age or disabled can find affordable housing in Stephenville, but many other amenities are out of reach without personal transportation. The nearest grocery store is 1.2 miles away. Yes, some of them make this journey on foot. Others buy necessities at a considerable markup at the convenience store. Visiting the food pantry, clinic, senior center, library, or shopping center means scheduling a ride two days in advance, meanwhile storefronts sit vacant that could bring helpful resources closer to those in need.

76401-#24



HOPE is for persons with limited resources and no insurance can get the help they need: Food, clothes for all ages, a desk for patients to register for free medical appointments and prescriptions at one location.

The Public Library offers movie nights, multiple socialization and educational opportunities, along with registration to events/programs happening in the county.

City and Rural Rides helps people with affordable **transportation** to Dr's appointments, grocery, library, senior center, pharmacy, etc. While the Bus Center meets some of the socialization needs for seniors, it has some flaws... We took pictures of Church Buses as solutions to connect the Churches to potential transportation needs.

Senior Citizens Center
This old building needs some TLC. People playing dominoes, Meals on Wheels for lunch, newsletter with programs happening at the center; a place to be with others. While the Center meets some of the socialization needs for seniors, we need more diverse opportunities for socialization, additional programs at the center to meet community needs, more staff, and a new building. Socialization, exercise, bingo, playing dominoes, you can make new friends.

HELP is a resource for \$10.00 a month for those with no insurance and chronic conditions. CHWs assist in getting prescriptions covered from different programs.

76401-#25

I believe in building on success and capitalizing on what already works. Backpack Buddies of Erath County is a strong community-based program. During the school year, this non-profit provides weekend food to children from food-insecure homes. Children are identified by school principals and counselors, and eight school districts are involved. The number of children served continues to grow, and at the end of the 2018-19 school year, 301 children in Erath County were receiving food.

The families of these children might benefit from other community resources, but may not even know what is available to them. Getting the word out seems to be a challenge in this community. My suggestion is that instead of expecting families to go somewhere in an attempt to find available resources, the information could be sent directly to the homes of this target population through Backpack Buddies.

The accompanying picture includes a valuable and comprehensive resource book that is updated each year. This notebook includes important topics such as Alcohol and Drug Treatment Services, Food and Food Pantries, Medical and/or Prescription Assistance, Pregnancy and Early Childhood Services. While the notebook is too large to send to homes, a different, relevant section (in the form of a simple brochure or one-page handout) could be sent home each week, along with the weekend food. If printed in both English and Spanish, this document would impact more families in Erath County.

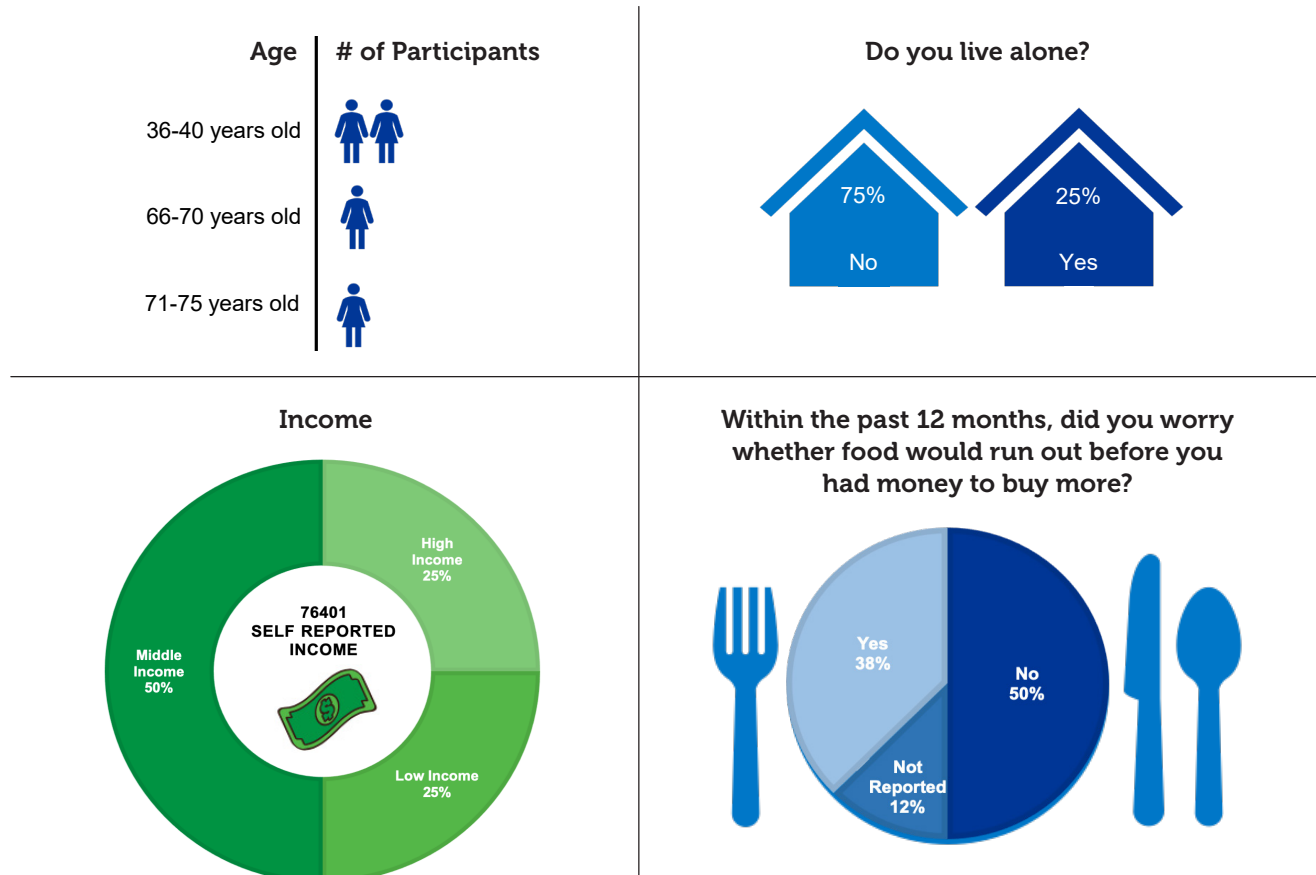


76401-#28



“We have a community that wants to work together and now is the time.”

The 75161 PhotoVoice group met at Volunteer Fire Department in Elmo. Four adults began the project and two finished. Both participants completed high school, while one completed some college. Both participants reported regular visits to a private healthcare provider. One participant reported having Medicare, and the other participant reported having private insurance.



The question posed to the participants who reside in the 75161 zip code was:

Photograph to show and write about where you think would be the best place to access and/or share information about health resources to help you live a healthy, happy, and safe life?

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

1. A need for healthcare resources close to community such as dental, pharmacy, and urgent care would provide resources for local community members and opportunity to learn of other resources close by.
2. Access to fresh fruits and vegetables such as a farmers market would also provide information about healthy eating and living a healthy life.
3. The volunteer fire station could be a place for informational sessions for the community. Everyone knows this location and people could learn about resources in the community and support the volunteer fire department.

The following pages are the completed PhotoVoice projects from this community.

Medicare – Medicare

This picture happens to be Medicare Complete. Five different books, none the same. By the time you have looked at a plan of two and looked up the words you may not understand you are totally confused. How about a group meeting with someone who knows and explain how each plan works.



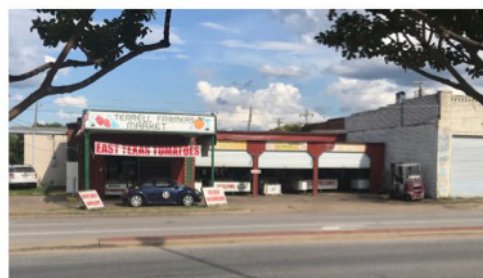
75161-#91

Drip – Drip

The faster the drip the higher the water bill but mainly the aggravation of listening to the drip. Is there someone in the neighborhood that will not charge you a \$100 service charge to say "Yeah, you have a drip, \$100 please and anything else I do is extra." Maybe someone retired that wants to make extra money who knows how to fix or install a new faucet. Of course you pay for parts and labor. The same maybe for electric or carpentry. I just paid a lot to get a new screen door installed. We need to find and make a list of people that will and can make these repairs. It doesn't take a professional to fix a lot of things.

Fresh Fruits & Vegetables

Watermelons. Having a farmers market/fruit stand in the area would benefit the local neighbors by providing access to good locally produce products that are healthy.



Urgent Care

An urgent care facility in the area would benefit a vast majority of the folks in the area. The closet care facility in this area is approximately 15 miles.



75161-#92

Healthy Choices

Having the ability to access healthy choices in the local area is greatly needed. There are a great number of people in the local area who could benefit from having access to vitamins and other products.



Dentist

Dental care needs in the area is more of a want than a need. There are several facilities in the surrounding areas. The ability to receive convenient dental care is needed in the local area.

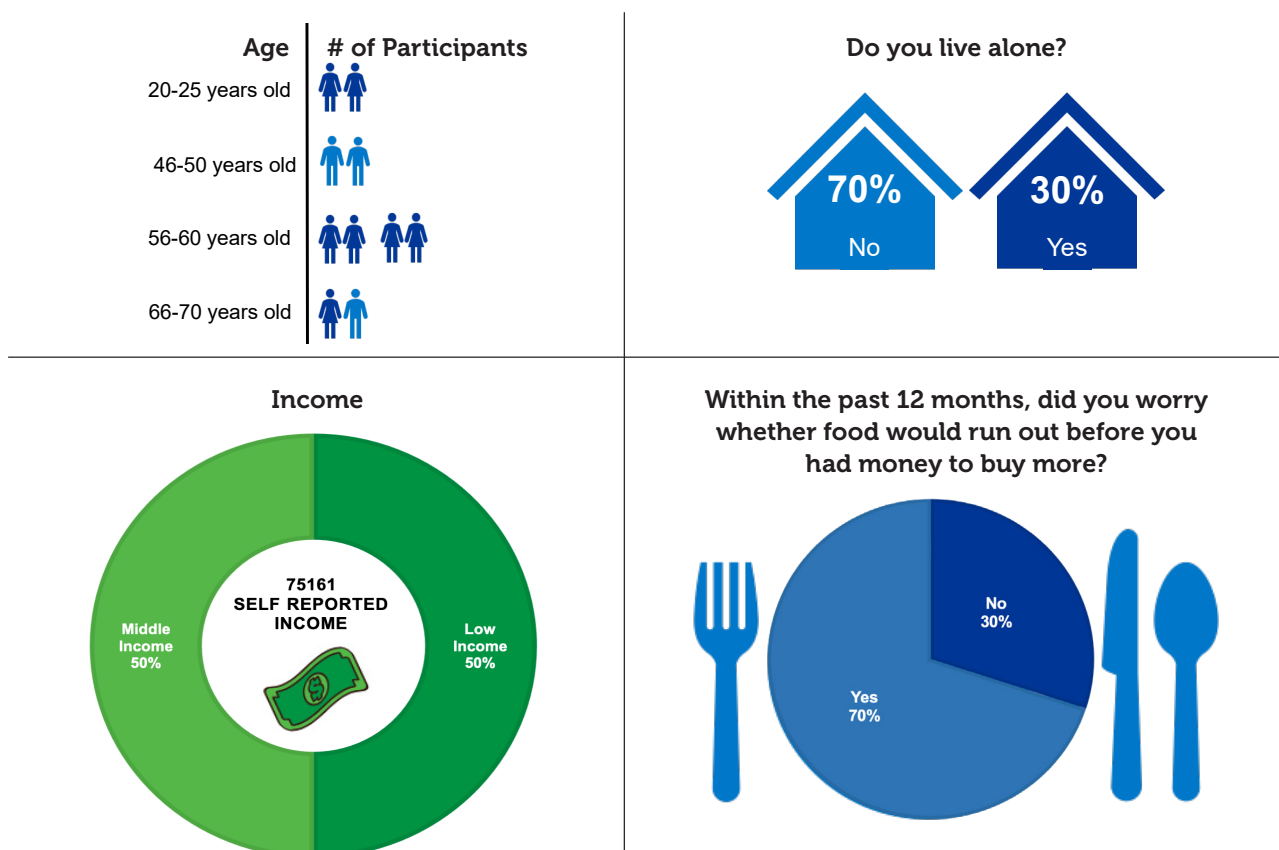
75161-#92

“A great place to have resource information is the laundromat since it is utilized by a large portion of the community.”

Ten participants from zip codes 76031 (East Cleburne) and 76059 (Keene) began and completed the PhotoVoice program. Participants from two adjacent zip codes determined what SOLUTIONS they needed in their respective communities to lead healthy lives. One PhotoVoice session was held at the Keene Annex in Keene and the other session was held in East Cleburne and the Community Center.

The average age of the 10 participants was 51. The youngest participant was 21 years old and the oldest participant was 69 years old. One participant completed college or technical school while two participants did not complete high school.

Seven participants completed high school. Two of the seven participants that completed high school attended some college. Eight of the participants report going to a health-care provider to receive health services regularly, while two participants report receiving health services at a clinic and emergency department. Three participants reported seeing a mental health counselor, social worker, psychologist or psychiatrist regularly as well. Two participants reported having private insurance, one participant had Medicaid, one participant had Medicare and Medicaid, one participant had Medicare and received veteran benefits, two participants had Medicare, and three participants were uninsured.



The question posed to the participants who reside in the 76031/76059 zip codes was:

Photograph to show and write about where you think would be the best place to access and/or share information about health resources to help you live a healthy, happy, and safe life?

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

There are a variety of places that people visit that could have resource information available such as

- The public library, public park, VA office, and other government entities
- Local senior center, Meals on Wheels, and other entities serving target population
- Churches
- Laundromat
- Keene Adventist Book Center and other Southwest Adventist University campus facilities
- Goodwill, gas stations, apartment complexes
- Places of entertainment

The following pages are the completed PhotoVoice projects from this community.



Church – In this picture, I see struggle, pain, heartbreak, hope, security, and healing – all of which can be found in faith.

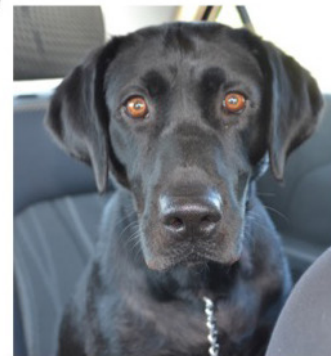


Counseling – Counseling changed my life in a way I didn't even know was possible. I didn't think I needed it, but I was wrong. My hope and prayer is that the negative stigma surrounding counseling will go away and that all people, no matter what financial status, will have access to trained, professional help.



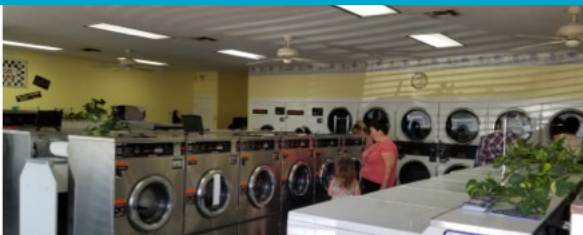
Pharmacy – Prescription drugs are a part of my everyday life now. At first, I was rather hesitant, especially with the anti-anxiety medicine, but they helped, and help was what I desperately needed.

Books – Self-care is a vital part of mental health and it all begins with knowledge. Knowledge is power over my thoughts, my emotions, my feelings, and my lupus.



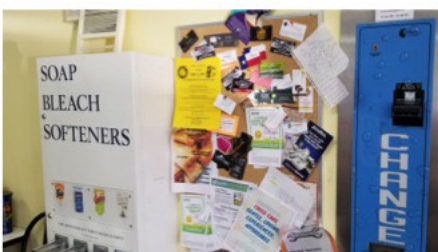
Mali - This puppy makes me smile each day – even when I am at my worst. She is my constant companion and the best anti-depressant.

76059/76031-#46



The Laundromat

One of the absolute best places to locate a compiled list of all local resources would be the Keene laundromat, the Wash Depot, right off Old Betsy Road. The laundromat itself is a resource utilized by a large portion of the community for one purpose or another. While inside, waiting for clothes to get clean and dry, there is plenty of idle time to spend looking at a bulletin board. For those who do not frequent the Wash Depot, decals outside could include an announcement of resource information within.



76059/76031-#47

There are a lot of places that can be fixed, renovated, or build new buildings on the lots. We need better places to access resources.



76059/76031-#48



Cleburne
The Workforce Development Center, East Cleburne Community Center, Open Heart Ministries, Radio Station in Keene, and the Keene Adventist Book Center are places where you can find out where to get all the necessities (food bank, clothing closets, doctors offices, location of community centers where people can interact and connect, where to do laundry).

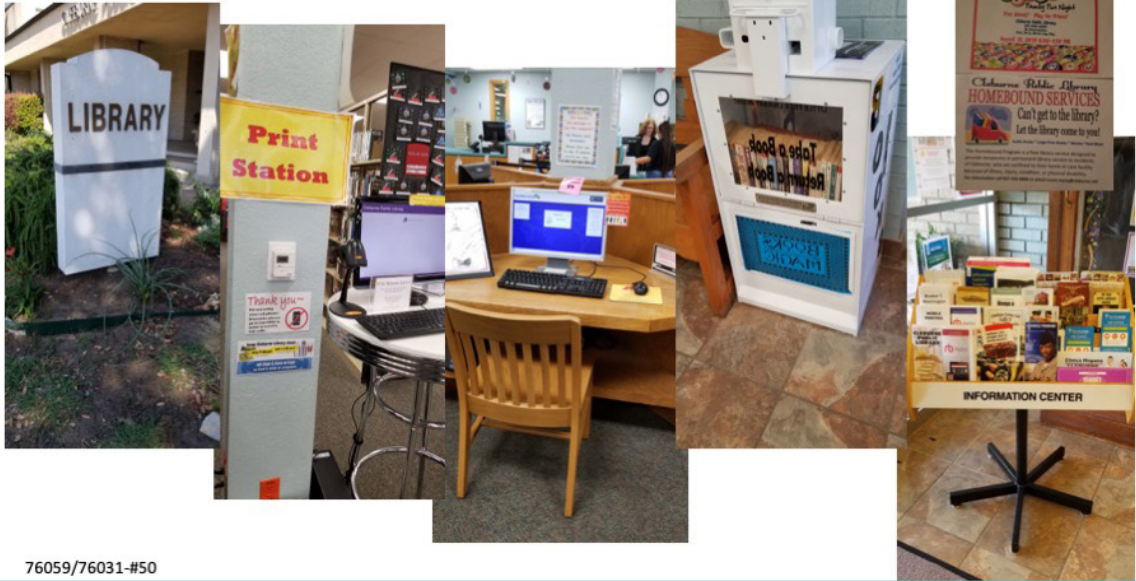


76059/76031-#49

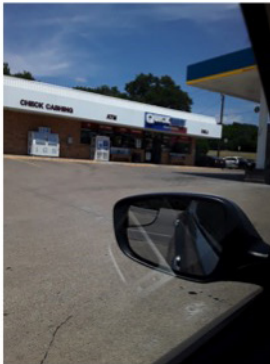
PhotoVoice: PARTICIPANT IMAGERY & WRITING

PhotoVoice: PARTICIPANT IMAGERY & WRITING

The public library is a great place to get information. If you are going to check out books you do need a library card with 2 forms of ID. You do not need a card to have access to computers or the printing station. Cleburne public library does offer homebound services. So, if you can't get to the library let the library come to you. Getting out and being with friends like playing bingo is a good way to socialize and maybe meet a lifelong friend.



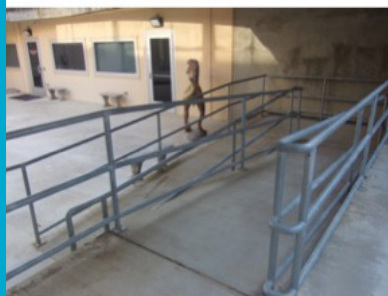
76059/76031-#50



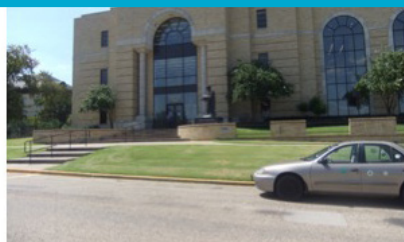
Places Where People Go to Acquire Things

In my pictures are places where people can see a flyer, handouts, or meet someone and begin a conversation. Some of the places can be the mailboxes at the apartments, a community garden, the bank, gas station, and Goodwill.

76059/76031-#51



The Science building [above] is the only building in Keene that has a basement. It now has a ramp on the southside and is a good place to go to if necessary in the case of bad weather. In the seventies, the plant I worked in was evacuated and we went over there and into the basement. We all fit in; maybe 100 people.



This is Southwestern Adventist University library where there are many resources and now on-line. If you're a student you have access to more but the public can get a library card to do more.



Meals on Wheels is very important. I use to deliver these to people who are often alone. Their funding has been cut by the Federal Government. Donate if you can. You will not regret it.

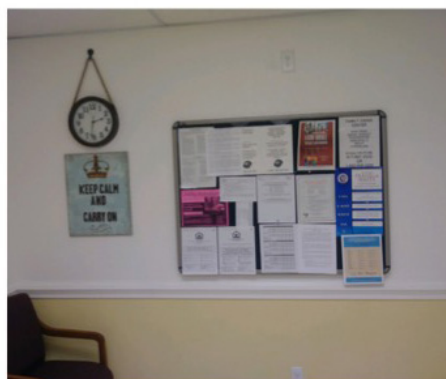


What remains of clothes lines are no lines, just the posts. We all have changed. We do not get as much exercise as we used to when we washed clothes and hung them out to dry. We can not go back but we can think of ways to be outside and work out.



Transportation is important. There needs to be more sources to help people get around if they do not a car. AARP offers defensive driving for seniors and you can take it every three years as it lowers your car insurance premiums.

76059/76031-#52



The idea in mind with these pictures was to find parks, places of entertainment, or in general places where a large amount of people frequent. Exercise or entertainment is a daily thing after work or school.



76059/76031-#53

Your Local Senior Center

A wealth of information from food services, health services, community outreach services, transportation services, and much more.



76059/76031-#54

As a veteran, I am grateful for my VA benefits. Being at the clinic this morning, I thought of how wonderful it would be to have a one stop clinic where low-income and those in need can go to have all their health care looked after without having to go to 20 different places all over town. To include dental, labs, mental health, specialty doctors, optical health, and pharmacy.

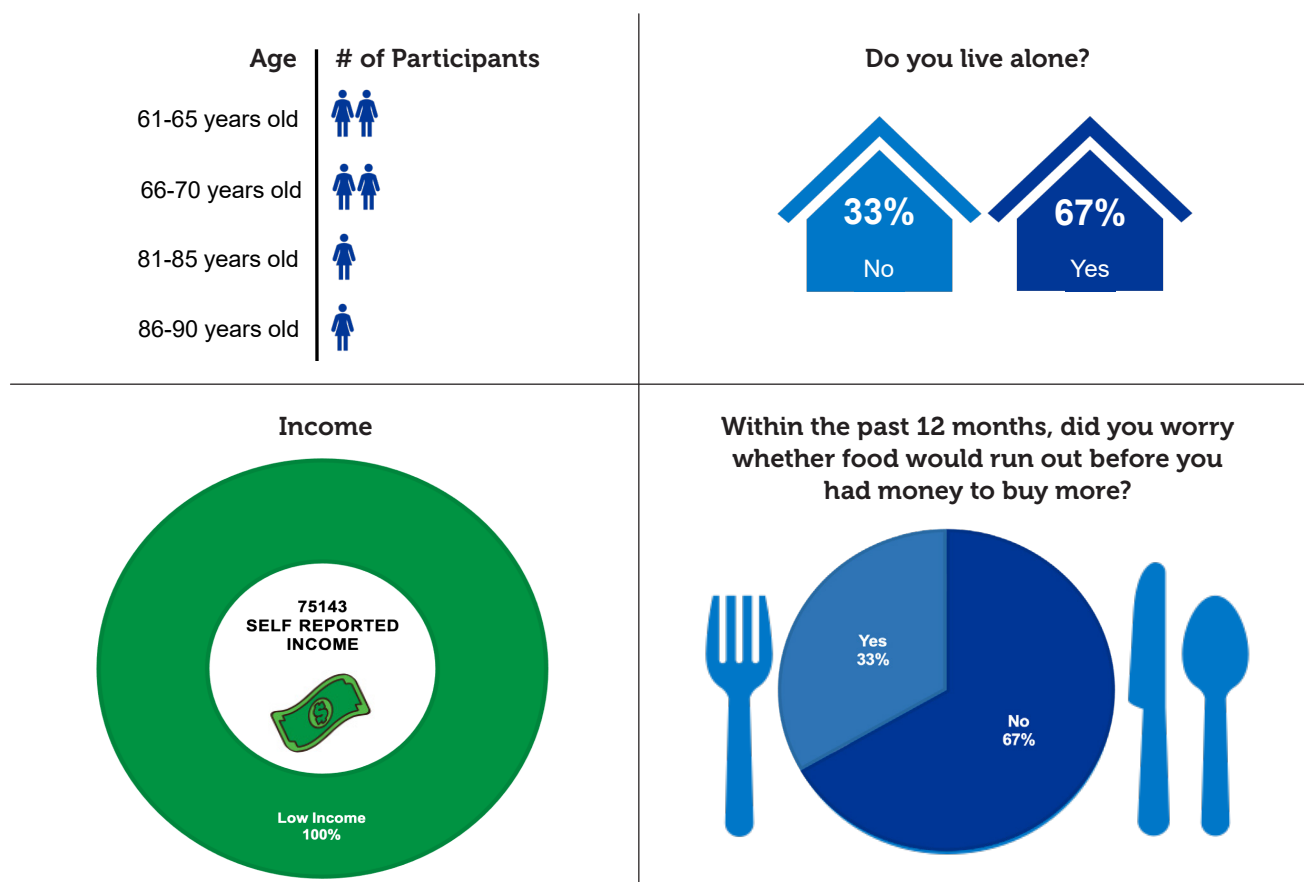


76059/76031-#55

The one thing that makes this country great is competition. Not everyone is a vegetarian in this city, so we need another grocery outlet for healthy, cheaper, and easier access to food as we grow.

“The overall theme of this group is ‘bringing people together’. This is important for [our] personal health, mental health, and happiness.”

Six participants started and completed the PhotoVoice program that took place at the River of Life Community Center in Kemp. The average age of the participants was 73. Four participants identified as White American and two identified as African American. Four participants either finished high school or received their GED and two participants did not complete high school. All but one participant reported they had a healthcare provider they see regularly; the one participant reported going to a clinic to receive health services. All participants reported having Medicare for health insurance, while two participants reported having Medicaid in addition to Medicare for health insurance.



The question posed to the participants who reside in the 75143 zip code was:

Photograph to show and write about where you think would be the best place to access and/or share information about health resources to help you live a healthy, happy, and safe life?

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

Togetherness and connectedness helps to live a happy, healthy, and safe life. This is how we can achieve this:

- Community resource sharing
- Cooking, crafting, playing games, sharing meals, and other activities to with others
- Working together to build a flower and vegetable garden that will bring beauty and healthy food to our community

The following pages are the completed PhotoVoice projects from this community.

Cooking for Others

I enjoy cooking and sharing what I make. It brings everyone a smile. I like how it brings us together for more fellowship.

Baking sweets may not be the healthiest choice, but getting friends together is the most important part of cooking to me. Sharing time and a treat with friends is always a healthy thing.



75143-#40

Sharing Community Resources

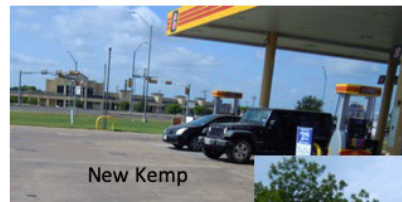
I've lived in Kemp for 70 years and I know a lot about the history and community of Kemp. I would like for people to get information about health clinics, doctors, and how to beautify Kemp. We need to build up Kemp.



Old Kemp



Old Kemp



New Kemp



New Kemp



New Kemp

75143-#41



Helping Neighbors with Food

There is a monthly produce pantry in Kemp, but I think it would be good to have a small pantry right here at the Community Center. A produce pantry could help more people in the community with longer hours. Low income neighbors could use the help.

75143-#42

Flower Garden

I would like to see the community come together and beautify Kemp with seasonal flowers and plants. A project for the ladies to start with planting saplings to grow to plants around the [Community] Center. To beautify and welcome neighbors, creating a more presentable center to the public and maybe even bring in more seniors.



75143-#43



Crafting with Friends

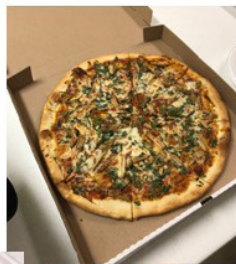
One day a week we would like to do crafts. This can help us to be healthier by stimulating our minds, keeping our hands active and having communication with whomever wants to join. Crafters would have the option to keep the items made or share them with others in need.



75143-#44

Pizza Party

I would like to have a pizza party every 3 to 4 months. Pizza is not the healthiest food, however it would bring us all together.



75143-#45

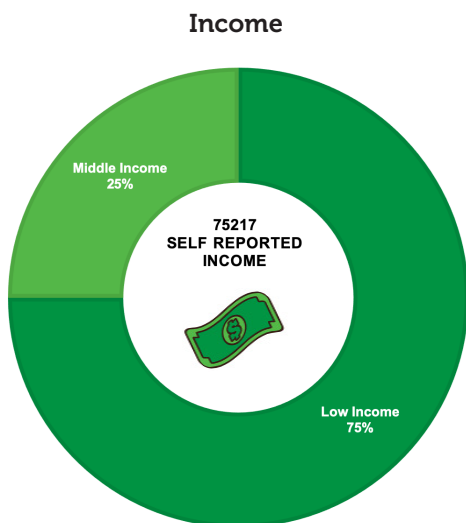
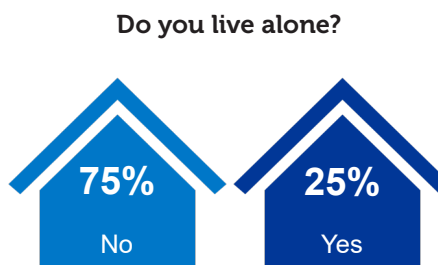
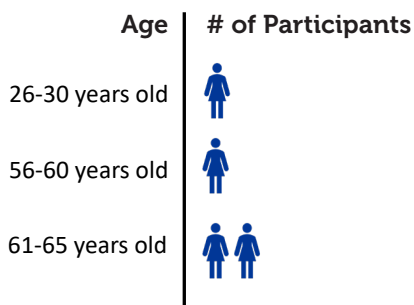
75143 Graduates!



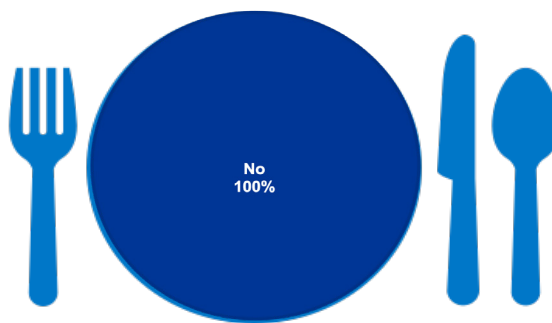
PhotoVoice: PARTICIPANT IMAGERY & WRITING

“We have a variety of activities in our community and we need to make sure that they are safe and accessible for all.”

Four participants started the PhotoVoice project in Pleasant Grove at the Springs Fellowship Church and three participants completed the program. One participant identified as white, one identified as African American, and one identified as Hispanic. One participant finished high school and the other two finished college or technical school. None of the participants live alone. Two participants reported having a healthcare provider they see regularly, while one reported going to an ER when needed. Two participants reported having Medicare for health insurance, while one participant reported being uninsured.



Within the past 12 months, did you worry whether food would run out before you had money to buy more?



The question posed to the participants who reside in the 75217 zip code was:

Photograph to show and write about what information your healthcare provider should know about you in order for you to get the best services and care.

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

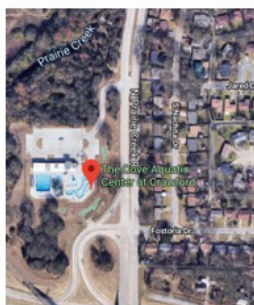
Health and safety in our community

- Parks that are shaded, have trash receptacles, and bathroom facilities
- Activities in our community, such as the Cove Aquatic Center, to have better access for entrance and exit

The following pages are the completed PhotoVoice projects from this community.

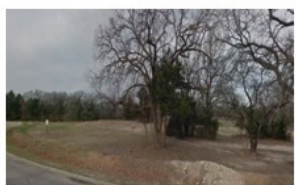


The Cove Aquatic Center is located in Pleasant Grove. Opened in May 2019, this community family water-park offers recreational swimming, water slides, lazy river, and picnic tables for our families to enjoy. Great for our community providing a variety of activities promoting quality of life for all.



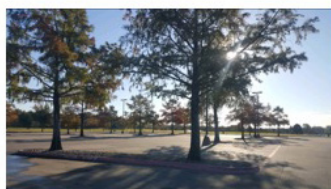
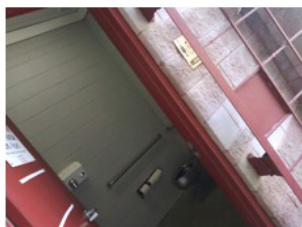
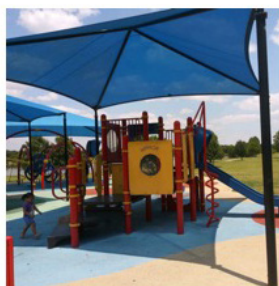
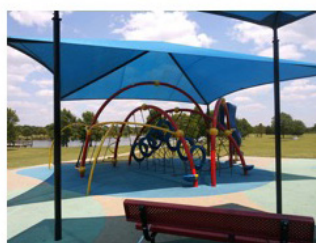
Our aquatic center is located on a 6-line street and we believe that for the safety of our community that a 4-way red light should be installed to slow down traffic as our families are at play.

There are no signs with name of the park, play area, directing in or out, or crosswalks. There are no side-walks and people live right across the street. We need green grass to make it look more like a family friendly water-park.



Our center needs more entries and parking spaces. At this time there is only one-way-in and the same way out. If an emergency occurs first responders will not be able to enter or exit quickly.

75217-#19, #20, #21



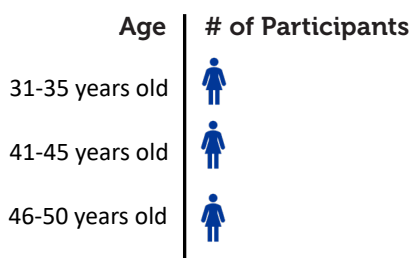
Benches in the middle of the park allows for easier access for parents to see their kids from different angles and directions. This park also has more variety so parents can play with their kids. There are many shaded areas for parents to sit and for kids to climb and play. There are sufficient trash cans in the playground area to keep the park clean and clean bathrooms close to the play areas making it easier to potty train and cleanup. Also, there are quality checks for the bathrooms. The parking lot is big and trees in the provide shade.

75217-#16

PhotoVoice: PARTICIPANT IMAGERY & WRITING

“We have a variety of activities in our community and we need to make sure that they are safe and accessible for all.”

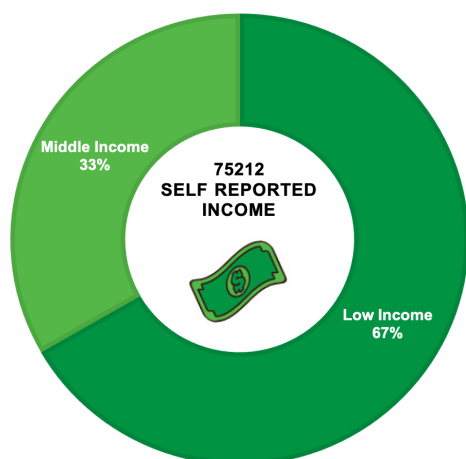
The 75212 PhotoVoice group met in West Dallas at AVANCE North Texas, an organization that strives to “break the cycle of intergenerational poverty supporting families and children.” Two participants attended the initial session, so the session had to be postponed. Five participants in total attended the subsequent program and three participants completed the program. All the participants were female and identified as Hispanic. Two participants finished high school, and one completed college or technical school. All participants reported going to a clinic to receive health services regularly. All of the participants reported being uninsured.



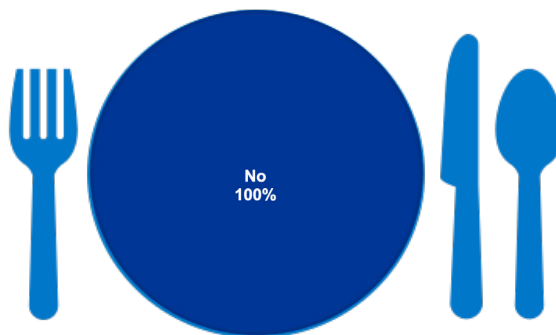
Do you live alone?



Income



Within the past 12 months, did you worry whether food would run out before you had money to buy more?



The question posed to the participants who reside in the 75212 zip code was:

Photograph to show and write about what information your healthcare provider should know about you in order for you to get the best services and care?

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

Life is stressful because of things beyond our control such as

- The neighborhood is being transformed without input and participation from those that already live in the area.
- We want parks for our families to exercise and play.
- Our neighborhood does not get the protection from civil services; especially animal control when dogs are running free.

The following pages are the completed PhotoVoice projects from this community.

Mantengamos nuestra comunidad limpia para una Buena salud y calidad de vida. Respetemos los días de recolectar basura y tomar en cuenta lo que se debe de tirar a la basura por nuestra salud y los demás. Dar mantenimiento a nuestras casas.

Let's keep our community clean for good health and quality of life. Let us respect the days of collecting garbage and taking into account what should be thrown in the trash for our health and others. Maintain to our homes as they are the reflection of who we are.

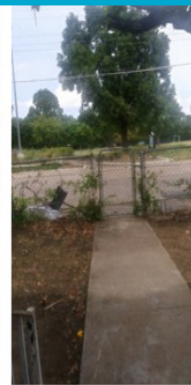
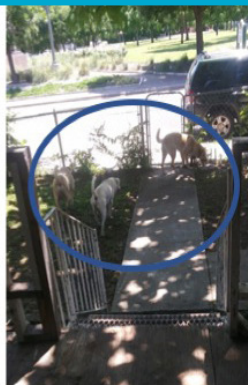


75212-29

Problema – Este es el cada día en la calle muchos animals sueltos que pueden hacer daño a las perosnas que camina bien en las banquetas o en el parque.

Solución – La solución seria una calle segura que caminen las personas sin preocupación que un perro les pueda hacer daño. Que el servicio de protección de animales Vistara las calles más seguido para que nosotros como vecinos estemos más pendientes de nuestros animale

*My neighbor has 5 dogs and if anyone comes out to the street, the dogs come after them. I do not feel secure in my own yard. The dogs harass people in the neighborhood and people that walk by, which has an effect on health (stress). I had a conversation with the neighbor about the dogs hopping the low fence and to control them, but the neighbor refused to do anything. My neighbor and I call 911 when the dogs get loose. 911 asks if the dogs have bitten anyone [doesn't want to wait to get bitten in order to call for help]. **Solution:** a neighborhood association can be created for community members to voice their concerns about problems in their area.*



75212-#30

Yo tengo viviendo en West Dallas aproximadamente 22 años y e visto como mi comunidad a llendo transformandose y renovando pero se le a dado poca importancia a nuestros parques. Como comunidad me gustaria que ubiera más cosas como equip para aser ejercicios al aire libre para asi nuestros hijos puedan alerjarce de la TV, computadoras, telefonos, y tartar de Volver a la familia y poder compartir de manera saludable y en familia.



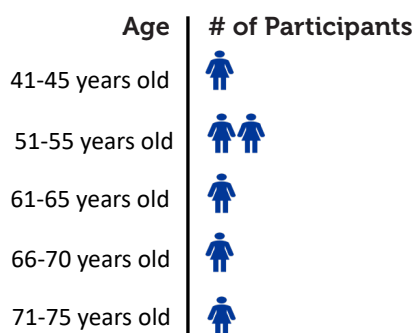
TRANSFORMANDO MI VIDA

The neighborhood is being transformed but no consistent attention is given to the parks. I would like to see exercise equipment outdoors and in the parks so kids can get outside. Dallas is changing slowly, but I would like to have more focus groups such as this one so concerns can be voiced. Having open dialogue can create a referral network for others that want to find solutions (ex. #33 knows someone in animal control that can help #30). The younger generation of parents should have more interaction with children so more exercise and play time can be encouraged.

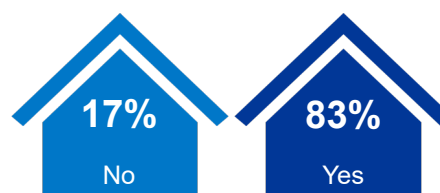
75212-#31

“The solution is a one-on-one person who can realistically know what is going on and navigate the system with me.”

The 76119 PhotoVoice group met at the Higher Praise Family Church in southeast Fort Worth. Seven participants attended the initial session and six participants completed the program. All participants identified as African American. One participant completed high school, four participants completed college or technical school, one participant received a Master’s degree and one is a current doctoral candidate. All participants reported going to a healthcare provider to receive health services regularly, with one participant also going to an ER and mental health counselor regularly. Two participants reported having Medicare, and three participants reported having private insurance. One participant reported having both Medicare and Private insurance.



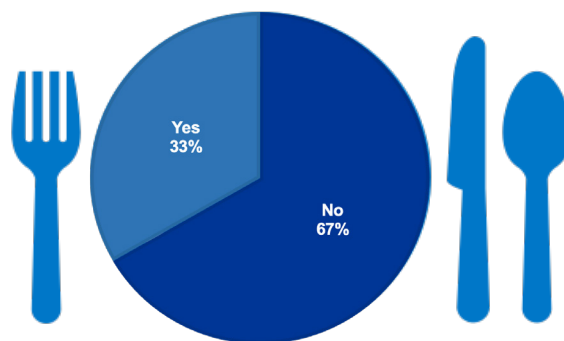
Do you live alone?



Income



Within the past 12 months, did you worry whether food would run out before you had money to buy more?



The question posed to the participants who reside in the 76119 zip code was:

1. Photograph and write about what you need to manage your chronic illness.
2. Photograph and write about things and/or programs your community could offer to improve access to healthy foods.

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

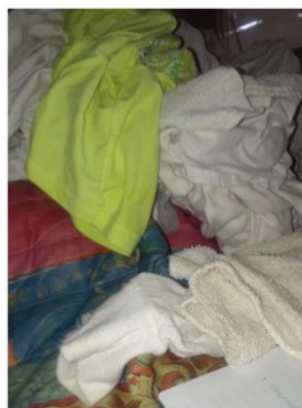
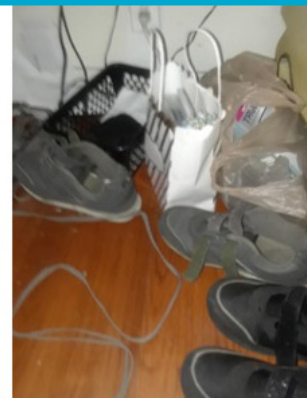
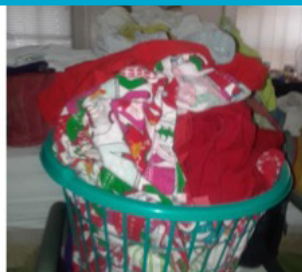
1. A one-stop-shop
2. Community Health Worker Navigators from our own community
3. Congresspeople working toward affordable medication
4. Places to go such as senior citizen community centers and YMCAs that bring people together and offer stimulating activities from Bingo to exercise and informational health classes
5. Access (close by) to healthy and affordable fruits and vegetables and groceries
6. Take abandoned buildings and create community health clinics

The following pages are the completed PhotoVoice projects from this community.

Managing Chronic Illness

The simplest things are not so simple anymore. I have several illnesses (diabetes, sarcoidosis, stroke that weakened the left side of my body, breast cancer-mastectomy). Doing the simplest things are no longer simple.

The solution: a one-on-one person who can realistically know what is going on and navigate the system for me so I can get assistance without going through multiple systems. "A One-Stop Shop."



76119-#56



Diabetes is a chronic disease that needs medication to control in addition to eating healthy.



This supply is necessary to help prevent contamination in order to collect the blood.



This supply will read the strip to tell the blood sugar levels.



These supplies will tell the blood sugar reading.

The Solution: *Our congresspeople need to facilitate health care providers to help our citizens receive their medication at an affordable price. Bus to Canada to get cheaper.*



This is a must in order to administer the insulin to help control the sugar.

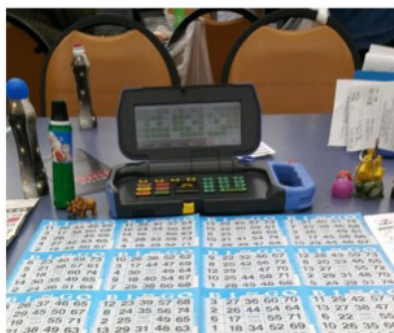
76119-#57

There are parked cars for transportation, a paved parking lot with handicap signs and walkway. There are people shopping for their medication or getting advice from the clinical pharmacists.

Solution: Clinical pharmacists help manage complex patients because they look at medication with a different eye than a doctor. It's a community pharmacy that's beneficial to the community. It has pharmacists that may do a better job than doctors, which helps with chronic illness management, blood pressure, and other health issues.



In this picture I see a package of Bingo papers, dabbers, a computer and comfortable chairs to sit and play Bingo. My feet are shown. I am relaxed, sitting in a comfortable chair playing bingo.



Solution: As it turns out, Bingo is more than a fun activity. It's a health benefit. It can be played at the Senior Citizen Center Community Centers. It has been known that playing Bingo has multiple health benefits for the elderly. It takes concentration--which improves listening and short-term memory skills and promotes socialization--essential for seniors to maintain a happy and healthy lifestyle. Playing a game of Bingo is a nice way to spend time with family and others while relaxing too. It's an enjoyable and social experience that I can share with my family and friends.

76119-#58



Healthy Fresh Vegetables

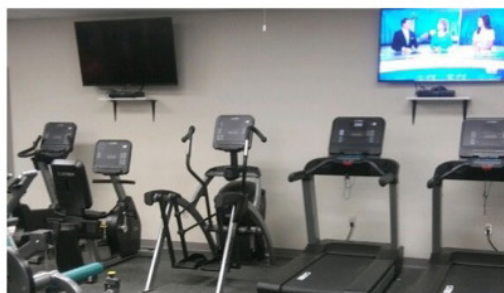
In this picture, I see a variety of colorful fresh vegetables in a long tray. There are bright lights to see the freshness of the vegetables. There are mats on the floor next to the tray for water slippage, plastic bags for the veggies and a shopping cart. There is also a price list for each item.

Solution: Eating vegetables provides good health benefits. Fruits and vegetables provide nutrients vital for health and maintenance of your body. Good nutrition of colorful fruit and vegetables helps with chronic illness. If I eat more vegetables and fruits as part of an overall healthy diet, I am likely to have a reduced risk of some chronic disease. We are what we eat, and naturally the food we eat plays an important role in how we feel.

Exercise Room

In this picture, I see different types of exercise equipment. A flat screen TV mounted on the wall, ceiling fans and bright lights. I can see myself walking on the treadmill while I enjoy watching TV. Increasing my physical activity is an important step toward a healthier life.

Solution: People who are physically active can live longer and have a lower risk for chronic disease, such as heart disease, stroke, Type 2 diabetes, depression and some cancers. Exercise and walking every day can help address many health issues. It is a way to promote disease prevention and management.



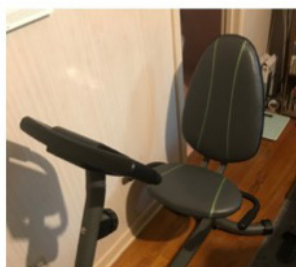
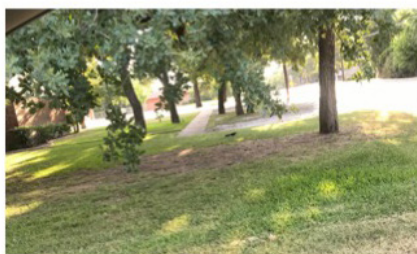
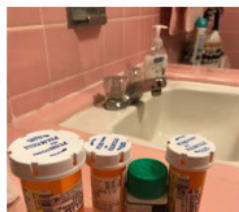
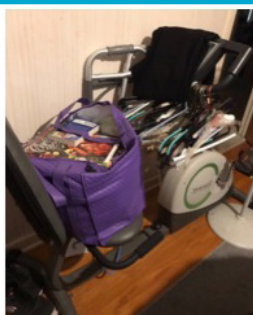
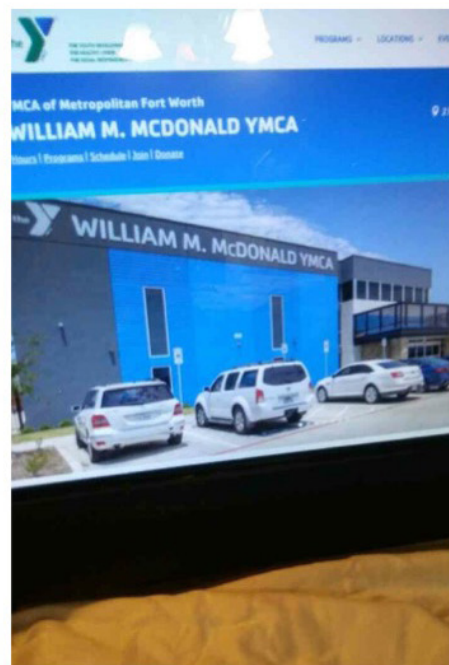
76119-#58

A Place to Go - YMCA building

In this picture is a YMCA building. There are parked cars in front of handicap signs that may be provided for transportation, along with a paved sidewalk. There could be people going in the building to exercise, for business meetings, or dropped kids off for swimming.

Solution: *Going to the YMCA to exercise will help improve my physical health. It will make me feel better mentally, emotionally and socially. This photograph is important to my life because it has a Health Management program available that could help me manage my chronic illness. It also has an exercise program and a lot more. It could be important because it has so much to offer for all age groups.*

76119-#58

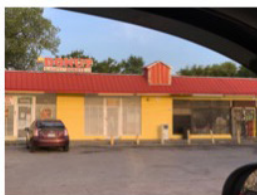


Clean off the bike for my exercise, be compliant with my medications, make sure I drink plenty of water to flush out impurities. It's important to monitor my blood sugar with the glucose meter and exercise is a walk in the park and on my cleaned recumbent bike. Have more educational awareness classes for the working adult.

76119-#59

Solution for improving chronic illnesses and managing them would be to utilize resources in the area. There are lots of developmental opportunities in the community that can be used. A specialty clinic in the area can be built so they have services. Use this open space so that there is healthcare in the area.

76119-#61

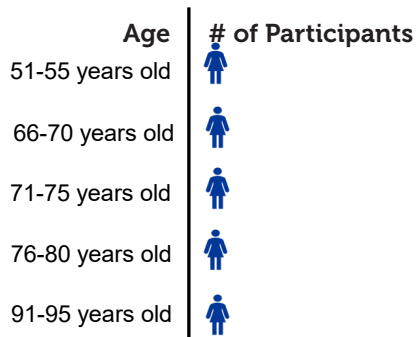


No supermarkets in the area. We have multiple convenient stores which do not provide healthy foods. There is a need to increased access with healthful foods. We could have incentives for food retailers to locate in low-income communities or private partnerships with health food stores.

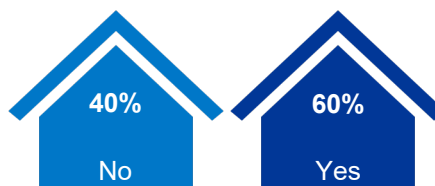
76119-#64

“My active lifestyle stopped when my husband passed away...then I found the Eunice Activity Center.”

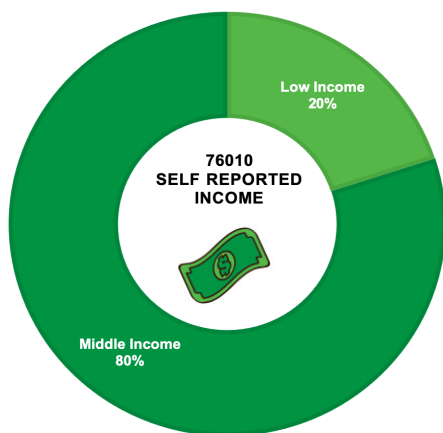
The 76010 PhotoVoice group met at the Eunice Activity Center in Arlington. Six participants attended the initial session and five participants completed the program. Of the five participants, four identified as White, and one identified as Hispanic. Among this group, one participant finished high school and four participants finished college. All participants reported they have a healthcare provider they see regularly for health services. Two participants reported they also use clinics and emergency departments to receive health services. Four participants used Medicare and one participant reported having private insurance.



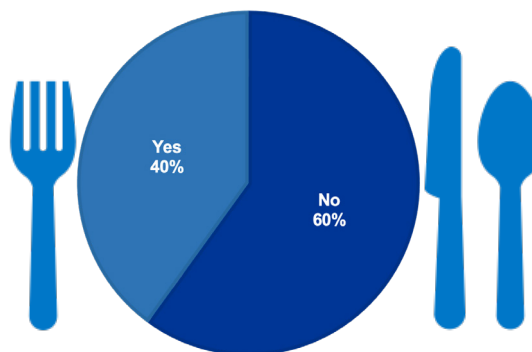
Do you live alone?



Income



Within the past 12 months, did you worry whether food would run out before you had money to buy more?



Two questions were posed to the participants who reside in the 76010 zip code:

What are some social activities THR could provide or partner with other organizations that would be of interest to you to improve your health, lift your spirits or bring you joy, or reduce feelings of loneliness or isolation?

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

Having a place to come and feel welcome, be with other people, stimulate our minds, use our bodies, and learn lifts our spirits and keeps us healthy.

When you take a trip to the grocery store, at checkout, what is the healthiest food in your basket? What's in your basket that makes you happy?

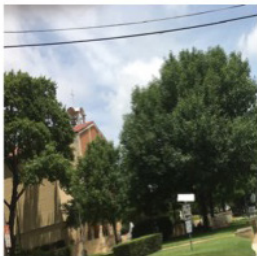
1. Food that is convenient such as humus or sunflower butter
2. Snack food can be healthy and make me happy!
3. Grapes are delicious, sweet, and healthy and even wine is made from grapes!

The following pages are the completed PhotoVoice projects from this community.



Looking out my front door, I can see who is at my door with my peep hole. However, if I'm not at home and my husband is there, he is handicapped so he can't come to the door.

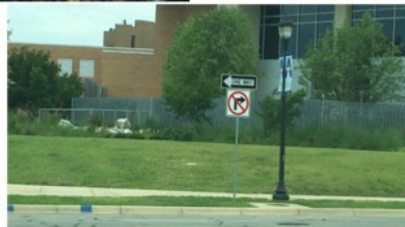
76010-#11



Churches have them, schools have them, universities have them doctors and professional buildings have them, busy city streets have them, and even stadiums have them.

When you look at all the ways that traffic is being guided it makes you wonder why neighborhoods with narrow streets don't make use of one way traffic. A lot of neighborhoods today are overcrowded with cars parked on both sides of the street. Driving down these streets is like driving through the eye of a needle. It is not always dangerous driving through the needle until you meet another car coming forward wanting to go in the opposite direction you are going. One of you has to find some way of backing out of the way. Not only that aspect but when you come to the intersection of one driveway you have a stop sign and the opposite direction traffic does not - you want to turn or go across, you look both ways to see if traffic is approaching and can't see because cars are blocking your view. Easing out to turn or cross is dangerous and frightening, especially if you are crossing the lane and you see a car approaching as you try to cross.

City council should consider studying neighborhoods that are being overcrowded with cars that are parked on both sides of the street making it unsafe for drivers.



76010-#12

PhotoVoice: PARTICIPANT IMAGERY & WRITING



76010-#13

- Photo 1 - Speeding drivers can cause anxiety and possible harm for the community. Placing speed bumps in certain areas would be an easy reminder for drivers to slow down. Schools use crossing guards to help students walk safely across streets. Drivers need to slow down and observe the area. Think of speed bumps as crossing guards for drivers.
- Photo 2 - Visual safety signs would help drivers and pedestrians know how to coexist in their community. Safety signs should be in good condition and large enough for drivers to visually view. Walk ways should be properly painted on the street to direct pedestrians and drivers of where the safety areas are. The community should have a resource to help teach children about safety signs and how to follow them for safety.
- Photo 3 - Drivers need to have the ability to be prepared for any possible obstacles in their way. Having a school sign with flashing lights up high would give a driver proper visual notice of what is ahead of them. Reduce speed when lights flash is an added precaution. It allows the driver to slow down at a rate to observe their surroundings and allow for quicker stops and less accidents.



4



5

Photo 4 - Having a member of the family who has taken ill can be a stressful situation. Having it happen on a weekend can be an added obstacle. There are some facilities that have open hours on Saturday. Several though are not open on a Sunday. Not having an option to take your family member to the doctor because they are not open on a Sunday can cause a hardship and stress for a family. Having weekend clinic options would be an added convenience for families in the community. Healthy people can help make a happier community.

Photo 5 - Having a community watch in the neighborhood is a safety advantage. Community group leaders can try to create gathering group events. Examples could be a Wednesday dog walking group, Sunday stroller walking group and a Friday family group walkers are a few ideas. Community watch groups need the community to help. Crime and suspicious activity need to be reported to help make the neighborhood safe.



76010-#13

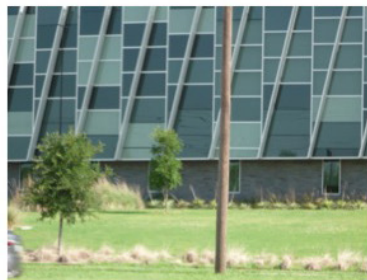
Photo 6 - Here in Arlington, if you do not drive it is hard to get around. Being able to ride a bike to a destination would make the trip quicker than walking. Having bike racks accessible to bike riders may help encourage more riders. Maybe developing a family bike riding meet up group would encourage more social bike riding. Having community safe places for bike riding would make it safer for younger and senior bike riders. The community could peddle our way to a healthier and more social life.



My active lifestyle stopped when my husband suddenly passed away. Without him I was always down in the dumps, unbalanced, and in a dark empty place. Four months later I found Eunice Activity Center. It offered a variety of activities with hugs, smiles and fun. I chose the fitness classes of chair yoga, exercise, Zumba and line dancing. I attend classes four days a week and they do wonders to lift me up and getting back the balance, posture and structure that I need in my life. The staff and new friends are there for support and encouragement. An extra benefit is the country dancing. Two nights a week of dancing to live bands with good music and plenty of hugs and fun. My life is blooming again and the future is looking up bright and full three years later. I feel as if many years have been added to my life and I am not going to waste them.



76010-#14



The Dan Dipert Career Training Center is a wonderful addition to the 76010 area. Young people can get training for almost anything that they are interested in for a career and be prepared to get a job.



The Fiesta market is a place that anyone can find plenty of fresh fruits and vegetables or any type of groceries at a reasonable price. The employees are always courteous and helpful, and a lot of them are bilingual.

76010-#15

PhotoVoice: PARTICIPANT IMAGERY & WRITING



Music for the Heart

The Chordbusters Band (better known as the Ukulele Band) has 25 members (4 guitars and the rest are various types of ukuleles). It practices at Eunice St. Rec center every Monday and plays at a nursing home, assisted living or senior living home in Arlington, Grand Prairie or Mansfield every Wednesday. It brings joy to the residents and to the band members as well.

76010-#15

I love grapes. I got the hummus because it's convenient because I could eat it on the go. Another group member chose sunflower butter and I can't wait to try that. I chose the Lunchables because they are also convenient. I usually have to eat on the bus (I am a bus driver) so I need foods that are convenient.



76010-#10

I chose green, delicious and sweet grapes for my healthy food. They are low in calories and fat and have been told that they may help lower blood pressure and cholesterol. I did more reading on the benefits of grapes. The article stated that grapes may aid in slowing cancer, diabetes, brain health, migraines, and boost immunity. That could be the reason that I have a good immune system and do not have headaches. Now guess what I chose for my happy food? Wine. One glass a day - helps to lower LDL levels and prevent blood clots. AND THAT MAKES ME HAPPY!

76010-#14



Snacking is an important part of our diet. Particularly when you have worked really hard and you need energy or after you exercise. It has even been noted that a healthy snack may also decrease your appetite and keep you from eating so much at meal time. I chose my healthy snack because tuna is high in the omega-3 that my body needs, and it doesn't have sugar that gives me the highs and lows.

My happy snack is a protein bar that is small yet has many good nutrients that your body needs. It only has 9g of sugar. I try to not purchase snacks that I know I'll gorge on. "If I don't buy them I won't eat them" has been my mantra for a while now.

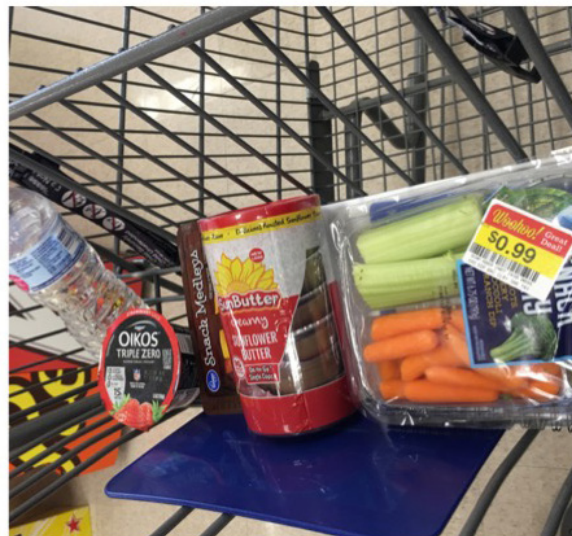
76010-#12

PhotoVoice: PARTICIPANT IMAGERY & WRITING

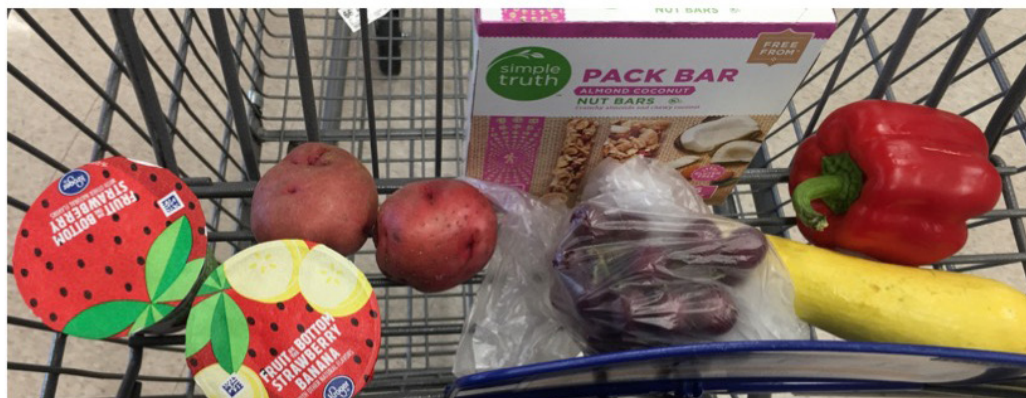
Healthy Snack - I chose the snack medley because of the protein from the almonds and cheese. The cranberries were an added sweetness. It was packed for convenience and the cost was cheap. I could eat this on the go. I also chose a raw vegetable pack (carrots, broccoli, celery) and it came with a ranch dip. I like the crunch of the vegetables. It takes away from the craving of chips. I chose not to eat the ranch dip.

Happy Food - I like eating yogurt. It satisfies my sweet tooth. I also chose sunflower butter. I can't eat peanut butter anymore because it makes me ill. So I am always trying different types of substitutes for peanut butter. I wanted to try the sunflower butter with some of the vegetables from my healthy snack. I liked that there were six to go containers in the package. These are food that I would need to eat sparingly due to the sugars/added sugars/sugar substitutes.

Since I do not shop at that particular Kroger I was a bit lost in the store at first. I usually can find the items I want in my usual grocery store. This particular Kroger had the sunflower butter that my grocery store doesn't usually have.

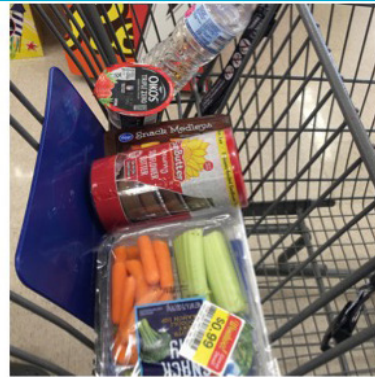
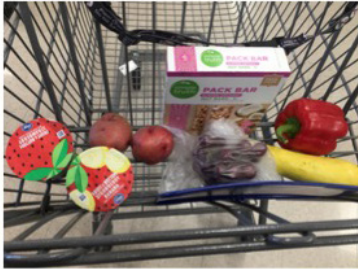


76010-#13

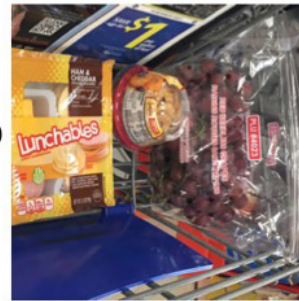


I cooked the squash. I try to pick foods that I like but are also healthy. I try not to buy foods that are too salty or greasy. I chose the nut bars to try something new.

76010-#15



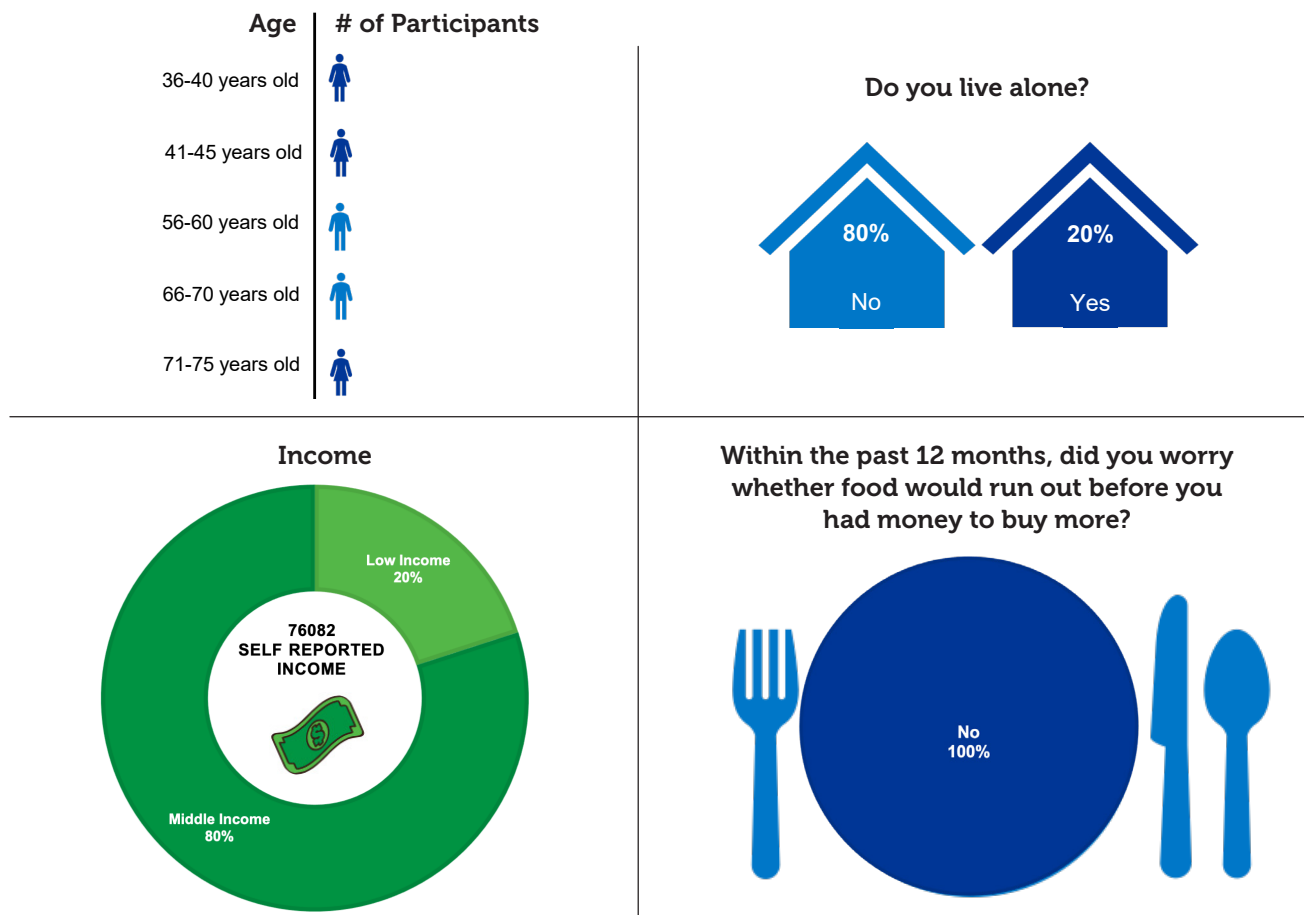
Healthy and Happy Snacks for under \$9.00
76010



PhotoVoice: PARTICIPANT IMAGERY & WRITING

“Sharing resources among a small group brings people together and brings value to people’s lives.”

The 76082 Photovoice participants met at the Cornerstone Community Church in Springtown. Six participants attended the initial session and five participants completed the program. One participant completed college or technical school, one attended some college, and three participants completed high school. Four participants reported going to a healthcare provider to receive health services regularly, while one participant reported going to a clinic regularly. Two participants reported having Medicare, and two other participants reported having private insurance. One participant reported being uninsured.



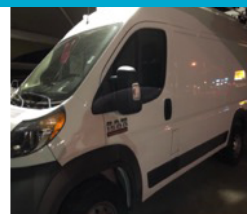
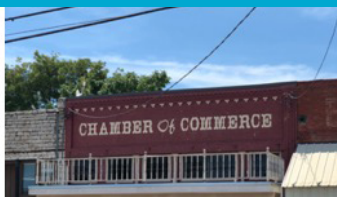
The question posed to the participants who reside in the 76082 zip code was:

Photograph and write about what you need to help you live a healthy, happy, safe, and independent life?

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

1. Information and education on building community gardens and raising chickens for healthy eating and exercise
2. Options Connection Center - Community resource hub in an already established building staffed with community health workers, volunteers, and students
3. Community sponsored exercise activities for everyone of all ages and how to manage health conditions
4. Education on health issues impacting our community such as vaping
5. Utilizing the main attraction of football as leverage for resource information and creating community unity

The following pages are the completed PhotoVoice projects from this community.



What's available to the community by the City of Springtown, the Chamber of Commerce and Church. The location could be in a building already established. Possible consideration, Springtown Annex Building. The Center could be staffed by leaders in the community, volunteers and students. When the community supports their own center a sense of unity and ownership will form and the infrastructure of a small community will become strong and sustainable. Each member of the community could be touched by helping a fellow neighbor or touched by a neighbor reaching out and helping another.

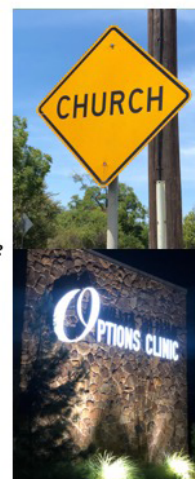
76082-#72



The Options Connection Center. A central location for our Community. The OCC could be a viable resource hub designed to address our specific needs.

Healthcare: Accessibility and Transportation, setting up specialty physicians to come to Springtown to see patients at a local satellite office.

Healthy Life Style and Education: Classes taught to the community to promote healthy eating, exercise, cooking, parenting, and gardening.

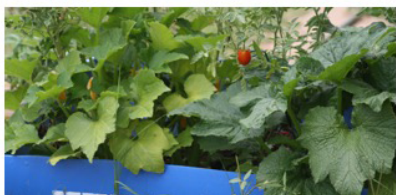


What I see are my chickens enjoying the cage we made. It is light weight, has wheels and saved us so much money. We read and really watched our chickens...learned what they needed and wanted! This is feasible and affordable. Happy chickens equals great eggs!!!

For approximately 2 years chickens have been vital in changing our lives since moving to Springtown. We have become closer as a family, refocused our priorities, able to instill responsibilities in our children with emphasis on taking care of another life and watching them hatch. We provide farm fresh eggs for our children and pets (Blue Lacy & Rottie). The small hand is a 14 year old that understands that hard work yields something tangible and the joy we get from watching these little chicks grow is so fulfilling!



What I see in this picture is literally the fruits of my labor. Gardening has helped my sanity, taught me patience, shown me how important it is to teach our children how to thrive on the land and is more physically vigorous than I had known. Gardening is a way of providing food and is very therapeutic. The more I learn and meet others who garden, the more I feel fulfilled and feel a part of "something!"



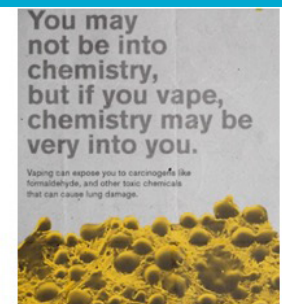
76082-#73

PhotoVoice: PARTICIPANT IMAGERY & WRITING



These pictures show me a variety of services for a community of different needs and ages. The paper in the picture with the tap shoes is about a focus group creating clay sculptures, taught by a woman with cerebral palsy! The dance, music and art mural signifies a vibrant energy in which causes movement for anyone at any age with or without any disability! There is a community compost behind a bug house-this promotes a respect for how nature operates.

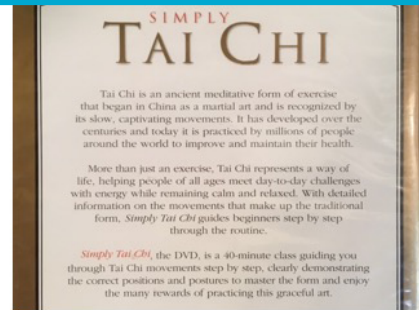
76082-#73



76082-#74

I propose a solution that will open awareness to an ongoing nationwide health problem that in one way or another has been prevalent for many years. Of course I'm speaking of cigarette smoking, smokeless tobacco and the newer craze, vaping. I agree great strides have been made in the dangers of cigarette smoking and the reduction in users is apparent. The same thing can't be said for smokeless tobacco users and certainly not the vaping group. Who can we call on to get the message out? Who can we count on? I believe we can count on our future leaders to help. We could attack this at the high school level. Perhaps, give the Student Council the challenge to educate the student body through the use of posters, pamphlets and speakers. Give those students a feeling that they can make a difference. Hopefully it would put them on a path to continue as a volunteer and possibly champion a cause they are passionate about. A lot of good could come from this. There is nothing wrong with positive peer pressure.

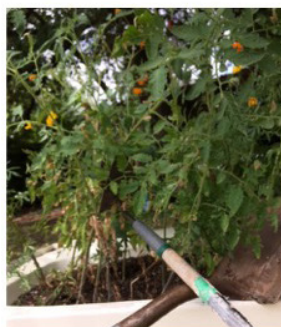
Practicing Tai Chi helps me maintain muscle strength and improve balance. People of all ages and physical conditions can participate and reap benefits from a community sponsored Tai Chi class.



Community sponsored classes on how to manage health conditions with diet and exercise. A low sugar diet will help manage diabetes. A low FODMAP diet can help manage IBS and possibly other intestinal digestive conditions. Classes could be held in a shady area of a community garden like the one pictured.



76082-#75

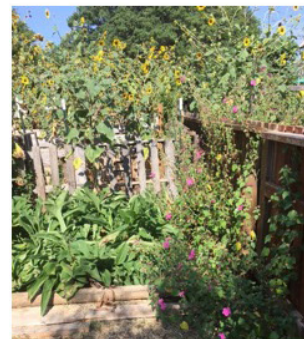


Get exercise by gardening with a shovel and other gardening tools. Working in a garden gives me fresh air and sunshine.

A community garden can turn a vacant lot or field into a beautiful green space. A community garden provides nutritious low calorie, high fiber food as well as exercise.

Eating nutritious food like this green pepper grown in a community garden helps me be healthier. A community garden in Springtown can grow a variety of fruits and vegetables all year. In the summer watermelon, okra, squash and cucumbers and a variety of green beans such as yard beans thrive in the heat. In the fall, cooler weather plants, spinach, kale, broccoli and cabbage grow well. Root crops like potatoes, beets, radishes and turnips are cold weather crops for our area. Spring is the ideal time for strawberries and several herbs such as cilantro and parsley.

76082-#75



PhotoVoice: PARTICIPANT IMAGERY & WRITING



Ready Set Hut!

Let's get down and dirty and talk about how we can take *action* in our commUNITY to make "unity" a reality. We all have a desire to feel that we belong to a whole, playing together for a common goal.

Empowering our youth to change the way they use the environment that surrounds them can change the dynamics of a commUNITY.

The children are our future and our future is here. We can teach them how to strengthen relationships with communication in our commUNITY. CommUNITY is anywhere we are expressing compassion, love, listening, serving others and having a sense of well belonging.

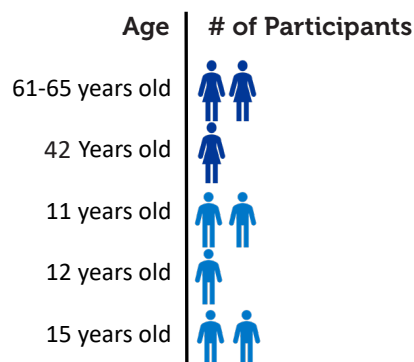
It is said that we were all born whole yet need each other to feel complete.

-Plato

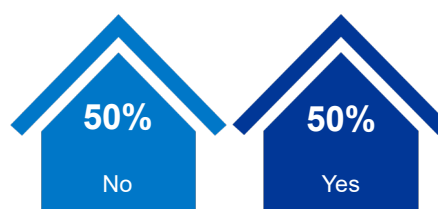
76082-#76

“The principal can use the \$100,000 to plant many trees around the school so there is fresh air and more shade.”

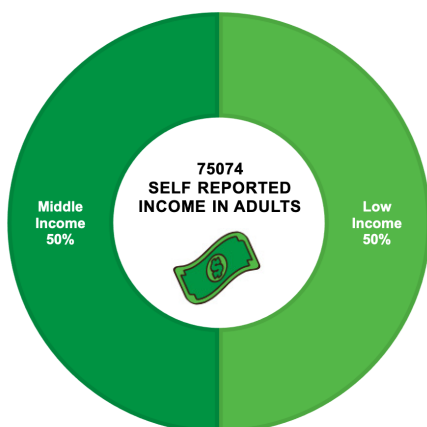
The 75074 Photovoice group met at the Avenue F Church of Christ in Plano. This group was comprised of adults and teens. Initially, three adults and five teens participated. One adult and one teen dropped out, leaving six participants to complete the program. All participants identified as African American. One participant finished trade school, one finished college or technical school, and one completed high school. In regard to accessing healthcare services, one participant reported going to a clinic to receive services regularly while the other reported going to the emergency department regularly. Two adult participants reported having Medicare. Of the teens that completed the program, one participant planned on completing high school while the rest of the participants plan on college or technical school. All participants reported their health being good, and all reported being insured by Medicaid.



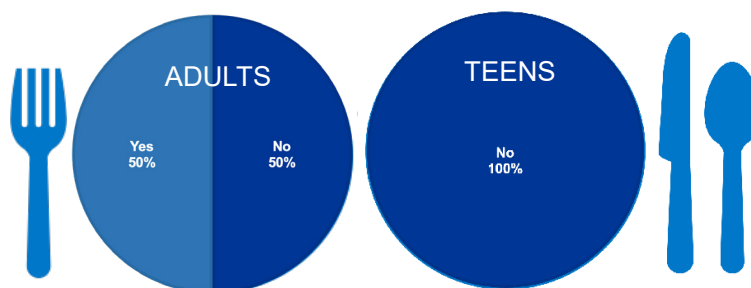
Do you live alone?



Income



Within the past 12 months, did you worry whether food would run out before you had money to buy more?



The two questions posed to the participants in the 75074 zip code were:

Your school principal received a \$100,000 grant to provide resources for teens in middle and high school that would make sure each student has a healthy, safe, and rewarding school year. Photograph and write about what those resources could or should be?

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

We spend a lot of time at school and we need

- Our classrooms and bathrooms to be clean and sanitary
- Safe ways to get to school
- Safe places like “no bullying” zones
- Extra adults on the buses to assure no fighting
- Someone to talk to when we are down

The teens were were asked one additional question: **What makes you feel happy and safe?**

- Spending time with family
- Playing sports

The following pages are the completed PhotoVoice projects from this community.

I think that in all of these pictures, we need more of some things but not all things. For schools, it get's boring sometimes.

We need flowers to get encouraged to keep pushing ourselves.

We need more books for our library because we don't have many books. Kids keep reading the same books over and over again and get bored, so we need new books.

We need more school supplies, because our pencils break easy. We need more school supplies for every child in school.

We have a lot of trophies. It would be sad to see one of those trophies break, so we need a trophy case.



75074-#80

My school can use the \$100,000 grant to get more cleaning supplies like hand sanitizers so that when ever we get done with an activity or a chemistry lab we can wash our hands and sanitize them because we are touching a lot of chemicals and a lot of hands. We need more tissues to wipe our noses in class because every time I go into a classroom teachers are complaining about not having enough tissues and they don't want to spend their money buying tissues. And another thing we need is more soap for after we get done using the restrooms and people can come out cleaner then when they went in.



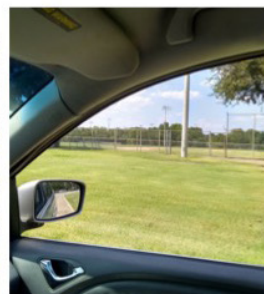
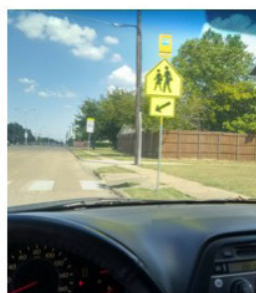
Things that make me feel happy and safe at school is when I am in a good environment, like no bullying zones. Everyone is having fun, laughing and just having a good time. I am happy at school when the classes at school are fun and learning and not just when the teacher is talking but the whole class is contributing.

75074-#81



Buses are in need of an upgrade. Better windows and air conditioning. In addition, we need an extra adult, besides the driver, on the bus to assist with the students just in case of a problem. Also, it would good for each student to wear seatbelts.

75074-#82

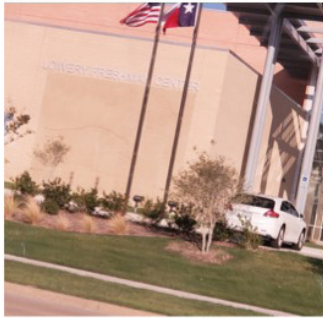


No amount of money is too much to ensure the health and safety of our children. We need to ensure that there are school crossing guards around each school morning and afternoon. We need to ensure there is an adequate number of security guards or police in order to ensure the safety of each child at each school. We need to also focus on physical activity and ensure that each child is provided a safe place for physical activity to ensure health and well-being. Each restroom at each park needs to have security people to ensure safety.

75074-#83

PhotoVoice: PARTICIPANT IMAGERY & WRITING

PhotoVoice: PARTICIPANT IMAGERY & WRITING



75074-#87

The mayor and school principal should provide resources toward:

- Exams, school supplies, and mental/spiritual health
- Transportation
- Sports
- Financial classes
- Housing
- Groceries and toiletries
- Safety classes

These examples are imperative for having a safe and rewarding school year.

Peace and exciting hobbies make me happy. Creating memories that will last forever. I enjoy spending time at nice parks where there is beautiful wildlife...



The Solution is to provide physical health and information to the congregation. What THR can do to help is provide supplies to the nurse in order to help provide healthcare for the congregation such as flu shots.

75074-#83



The principal can use the \$100,000 to plant many trees around the school so there is fresh air and more shade. Animals keep a balance with the plants so the plants and trees don't grow too much. If the kids want shade while waiting for their parents they can sit under the trees and some people have problems breathing so the fresh air will help with that.

75074-#85

I think there should be more kitchen equipment like microwaves, lunch trays, better food, tables, and an ice maker. We need more to help the school and to better what we get (frozen foods, fruits, vegetables). My focus is no cafeteria foods. There are times we don't like what they serve. Sometimes we just like to have a sandwich or hot food. Then on the other hand, we might want to bring our lunch to school. If we had a microwave we could bring soup when it's cold outside. If we had more freezers we could get more varieties of food. The drinking fountains are so we can make and get our drinks. If we could have tables that made for small and large groups that would be nice. That's my story.



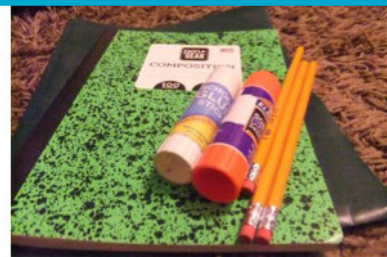
75074-#88

PhotoVoice: PARTICIPANT IMAGERY & WRITING

Spending time with family makes me feel happy. Family is special, and I love them so much. Family can't be replaced!

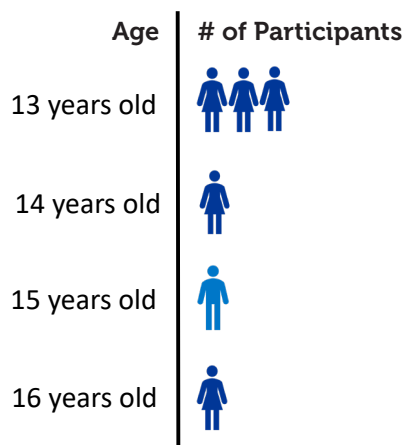
I think it's necessary to have to use some of the funding toward school supplies for kids that can't afford to buy the supplies themselves.

75074-#84

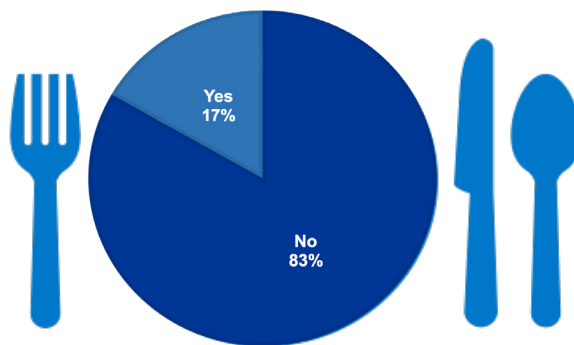


“We need to breathe in positivity and breathe out a smile!”

The target population of the 76266 PhotoVoice group were teenagers. Seven participants attended the first session and six participants completed the program. Each session was held at the Boys and Girls Club of North Central Texas in Sanger. Three participants plan on getting a full-time job after high school graduation, and three participants plan on going to college or a technical trade school. Three participants live with their grandparents and siblings while three participants with their parents and siblings. Two participants reported their health being really good and four reported their health being good. All participants reported going to a clinic regularly, one reported also going to a mental health counselor and two reported also going to a healthcare provider regularly. Four participants reported having Medicaid, one participant reported having private insurance, and one reported being uninsured.



Within the past 12 months, did you worry whether food would run out before you had money to buy more?



Two questions were posed to the participants in the 76266 zip code:

Your school principal received a \$100,000 grant to provide resources for teens in middle and high school that would make sure each student has a healthy, safe, and rewarding school year. Photograph and write about what those resources could or should be?

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

Our schools (middle and high) should be welcoming, clean, and safe places to come into every day.

- Flowers at the entrance of school to feel welcome
- More books in the library
- Healthier food options and food pantry for those in need
- Classrooms that have all needed resources
- Clean school both inside and outside
- Health clinic

Photograph and write about what makes you feel happy and safe.

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

Being with family and pets, familiar things such as stuffed animals and a bedroom, having food and a place to live, nature, traveling, cars, sports, family memorabilia, and volunteering.

The following pages are the completed PhotoVoice projects from this community.

Here's what the \$100,000 could be used for: THR can help with building sidewalks, fixing roads, and plant trees around Sanger. THR could donate used bikes or maybe run a bike marathon.



Have volunteer groups pick up metal and other garbage.

Stop cutting down trees.



Have more life in Sanger.



Add sidewalks for exercise and safety.



Have a safer way to get to school.

76266-#63

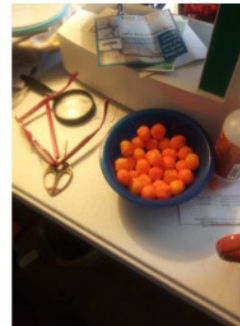
What \$100,000 could do!



Libraries - Bigger libraries with more books for better education. We need books with more variety and more topics that we can learn about.



Flowers - Flowers in front of the school for school presentation. It can make the school look better. It can make students feel empowered.



Better Food - Not cheese balls. Instead of chicken patties we can have steak, better tasting potatoes. Add more variety to vegetables (fried okra).



Weight - Weights can help people get in shape. It's a good way to relieve stress.



Better Education - Better classrooms. We need to be able to focus more on getting a good education. Solution: Improved classroom environment which means better pest control (no termites), and remove distractions/disruptions.

Graduation cap symbolizes better education; what makes him happy is Lego blocks, cars (Ford ranger), being outside, football, and likes guns. THR could supply money to renovate the classroom.

76266-#65

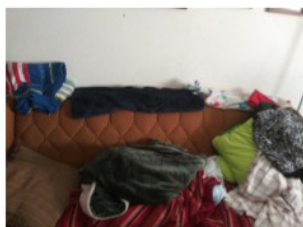
We should spend \$100,000 on...Cleaning up trash, housing, exercise, clothing, and food.

Trash can get piled up easily and air can be polluted. Shoes are important because there are people in life who can't afford shoes – maybe a shoe drive – I volunteered at one called “soles for souls”; and a waterpark in the neighborhood would be fun for families and could have more supplies and materials. THR can give health tips on how to make food healthier.

I read a story where a some kids were in a town filled with trash and it made it hard for them to breathe and they left.



We could get a Splash Pad. My grandmother and I do water therapy and the pool in Denton is closed. This is troubling for us.



Blankets and a couch. I was in a time of my life where I was considered homeless or a couch hopper.



Shoes. My friend never had good shoes and could not afford good clothes.



A healthy Food Pantry. We get all our food from the store but most of the food is unhealthy and only for snacks.



76266-#64

What we could do with \$100,000.00!

Free Public Clinic

A free public clinic at the middle school would be a great idea for the students and families that cannot pay to get treated at a doctor's office. We have a low percentage of children coming to school because they cannot afford treatment. This clinic would raise the percentage of students going to school and they would be able to get their education and not have to worry about being out of school. The clinic could be for anyone in the Sanger community including those that are homeless.

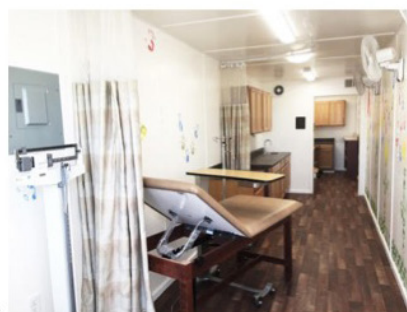
There is a program at Texas A&M called Project Build. This program builds clinics out of shipment containers. They buy or get them donated. It takes a couple of weeks to put the clinic together.

Location

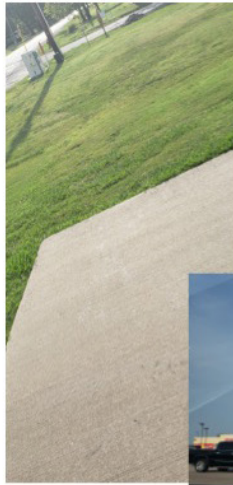
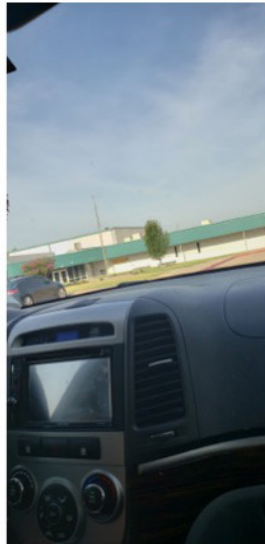
The baseball field has not been used in years and would be a great location in the middle of the field. There is already a fence and we can cut out a part for a gate. The gate would have a lock and we wouldn't have to worry about vandalism because it is a shipment container and it can be painted or washed. The field is in a central place where anyone who needs treatment can go. The clinic is close to school but far enough away for the comfort of the students, parents, and co-workers. The clinic would not be open during the school hours for safety reasons.

What's inside

The inside of the clinic will be a fully functioning doctor's office. It will have air conditioning, examination beds, chairs, and a waiting area. Of course, there will have to be medication, shots, AED, medical tools, and all the normal things that are in a doctor's office.



76266-#66



What our school area could do with \$100,000.00.



The walking bridge is on the other side and there needs to be a sidewalk by the bridge. A walking bridge gets muddied. The baseball field is in the middle school and the lawn needs to be mowed. The middle school should be re-painted. The grocery store should be updated (paint & re-design store). The road should be re-paved and potholes fixed.

76266-#68



Water is what everyone and everything revolves around. But water must be fresh and pure or else it's no good to drink. Making sure that the water fountains at school is super important. Drinking water is very important to everyone's like. Water also helps keep us hydrated for our classes in school!

When you walk into a bathroom you want it to be clean. So you feel clean as well. People want school to be a clean and safe environment. No one wants to wait all day and then go to the bathroom at home because the bathrooms at school are not clean.



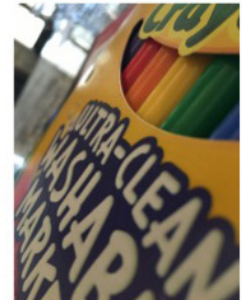
76266-#69

What \$100,00.00 could do for our schools...



Students must feel welcome in their school. If a student doesn't feel welcome they don't want to come to school. Flowers in the front of buildings are known to be welcoming. Students should feel proud of how their school looks. They should also feel safe at school. So being welcomed to their school helps with feeling safe.

Some students cannot afford school supplies. The teachers need to be provided with better quality school supplies for their students who cannot afford them. These supplies need to be provided for all teachers.

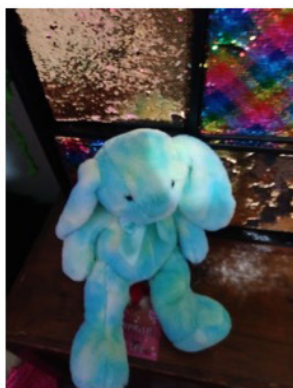


Students should be given the opportunity to receive fresh fruits and vegetables during their lunch time. There also needs to be a variety of these fruits and vegetables. These healthy foods would keep our energy up and our stomachs full.

These make me happy!



Games make people happy because you get family time playing games.



Stuffed animals can comfort you and make some people happy.



You can play football when you are angry and then you are happy.



Chilling is just something that makes people happy.



Food makes people happy and eating is a coping skill for some people who are depressed and necessary for life.

76266-#63

This makes me Happy!

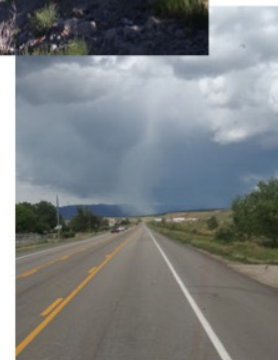
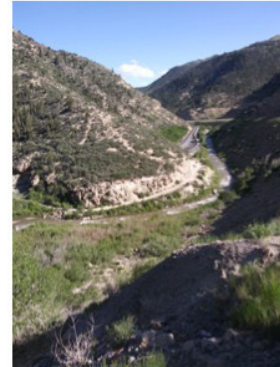
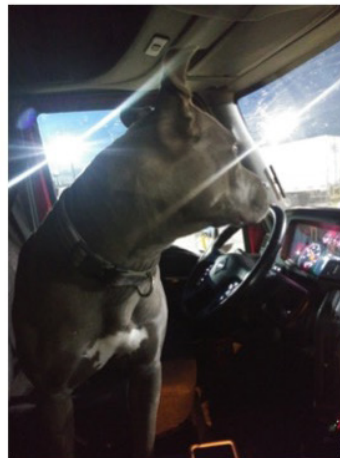
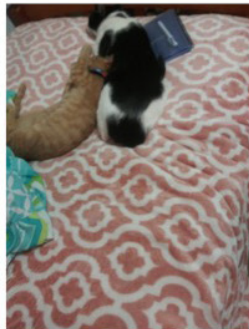
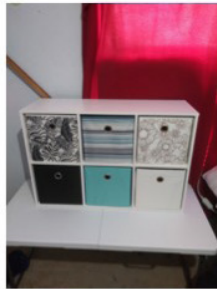
I volunteer with a program called Raise Adaptive for children and adults with disabilities. All the water sports and fishing are at Lake Grapevine. There is no fee or payment needed for the entire family--you just say you are here for Raise. The program offers water sports like tubing, modified skiing, parasailing, and kayaking. During the school season we have modified skateboarding at the skateboard park and fishing. People tell them that they can't do certain thing and we show them that they can.



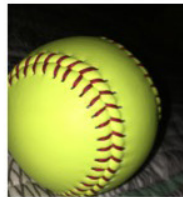
76266-#66

PhotoVoice: PARTICIPANT IMAGERY & WRITING

These pictures make me happy. Animals and nature help me be calm and I love to make art. I love traveling as well.



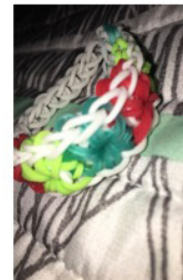
76266-#64



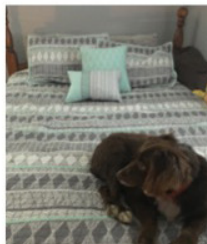
Softball makes me happy because it is a physical and fun activity! It is also a way to socialize with your friends and loved ones. Softball tournaments are a great time to bond with your team and family.



My dogs make me happy because they always know when to cheer me up. I feel safe around them because I know they would do anything in their will to protect me. They comfort me when I'm down and pump me up when



Having friends makes me happy because I know they will always be there for me whether at home or school. Having friends allows me to be able to talk to them without hesitation.



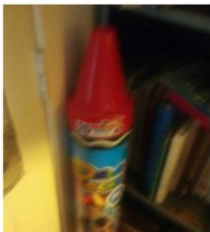
I'm happy when in my bed because I always feel safe while in it. I also feel happy when I am in it because it means I made it through another day in this world.

Books make me happy because I can escape any problems I am having and focus on a story that I love and enjoy. Sometimes when I read a book I feel a part of the story the author is telling, which makes me feel a part of something great.



76266-#69

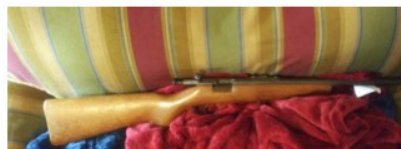
These things make me HAPPY!



Megablocks are like giant Legos that I like to play with. They are easy to assemble. Playing with these blocks calms me.



My football cleats. My greatest achievement and they make me happy because they remind me that I made it on the Sanger football team. They make me happy because my dad got them for me.



My great grandma's single shot bolt action rifle. I like to research old weapons.



I like to be outdoors. If you go to the right spot, it can be quiet and peaceful. It's a plus because you don't have to listen to people yelling or a loud TV.

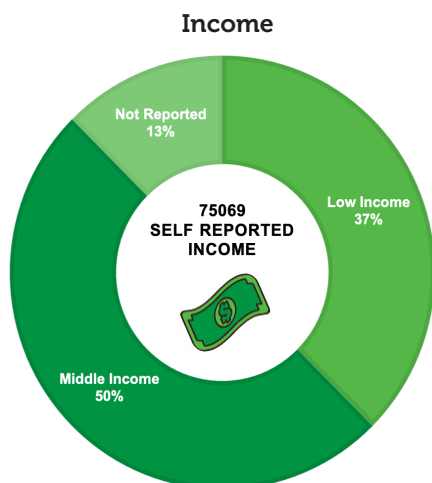
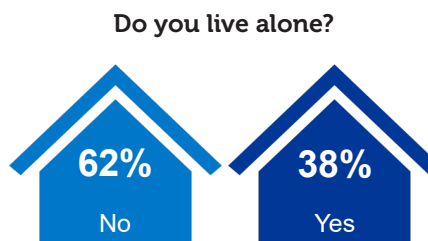
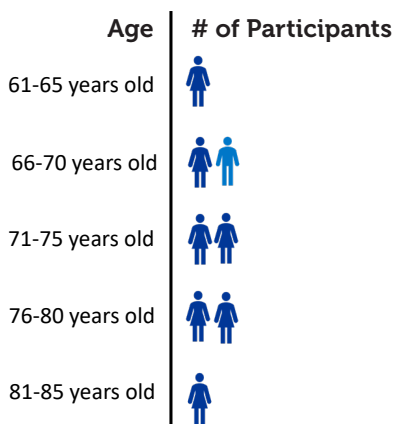
A 1994 Ford Ranger. I like it because it is an old world good truck. It is super reliable. I like them and fix them up. It's a hobby.



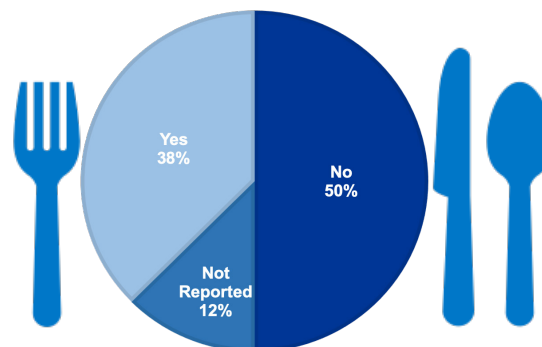
76266-#65

“Everyday on one particular branch a beautiful bird with a red face, red breast and a white beak and a beautiful singing voice is perched. I feel like it’s singing to me.”

The 75069 PhotoVoice focus group met at the McKinney Senior Center where they all are involved in a variety of programs. Ten participants attended the initial session; two individuals dropped out of the program, resulting in eight overall participants. Four of the focus group participants identified themselves as African American, three as White Americans, and one as Filipino Asian. Five participants completed college or technical school, one attended some college, one finished high school, and one did not report their education.



Within the past 12 months, did you worry whether food would run out before you had money to buy more?



Two questions were proposed to the participants in the 75069 zip code:

Photograph and write about what brings you joy or lifts your spirits in your community that makes you feel healthier, more connected to your community, and/or less lonely?

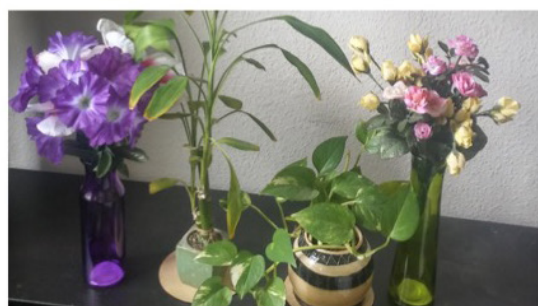
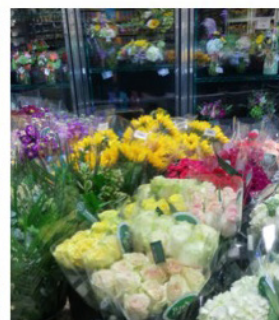
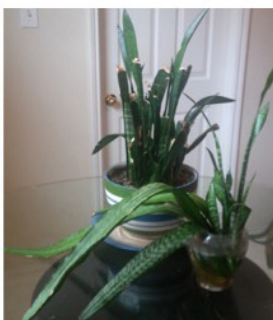
Based on the PhotoVoice projects and session discussions the following theme emerged:

1. Outside nature and inside plants and flowers
2. Animal and pets
3. Socializing with others

Photograph and write about what you need to help you live a healthy, happy, safe, and independent life?

- | | |
|--|---------------------------|
| 1. Affordable transportation that provides access to | 2. Volunteerism |
| a. socializing with others while remaining independent | 3. Access to social media |
| b. Healthy food resources | 4. Affordable housing |
| c. healthcare appointments | |
| d. essential resources and needs | |

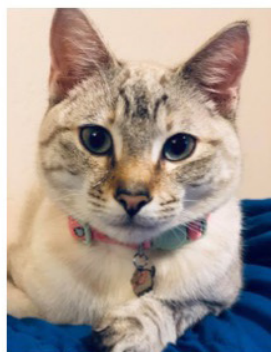
The following pages are the completed PhotoVoice projects from this community.



Living things that amazing to see. Go outside, walk around your neighborhood and see the wonder of trees, flowers, and even the grass. Your house plants that you grew with your own hands (something to be very proud of); something so colorful that brings joy into your life. Something to make you smile.

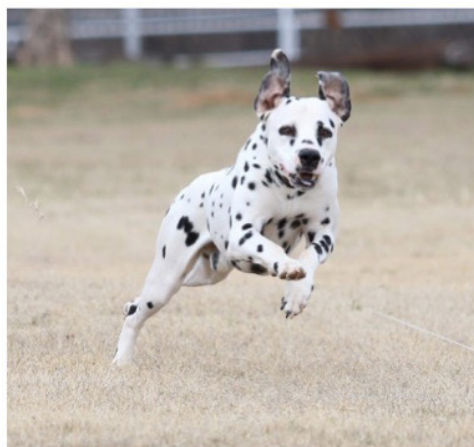
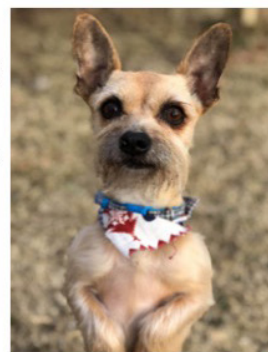
Enjoy your life with beauty that surrounds you.

75069-#1



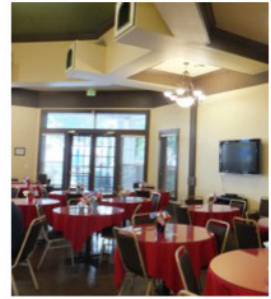
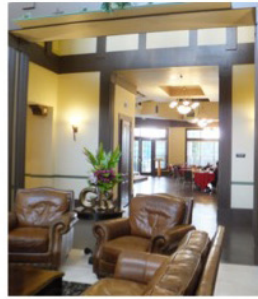
This is Gwen, she's very friendly and loves to go outside.

This is Chase and he's a Chihuahua mix. He's the most lovable dog. He likes to jump in your lap and give kisses.



This is Ilkin and he's a Dalmatian. He likes to swim and he has won ribbons for dock diving.

75069-#2



75069-#9

My Community – The entry into the complex has beautiful pictures and plants and it is very inviting. The entry into the building is also inviting with seating for visitors and residents. We go out there sometimes and sit. The foyer is also beautiful and has couches and chairs to entertain company because sometimes you don't want to go upstairs. When I am waiting for Uber I can sit there and watch for them. The sun shines through the dining room. This is where we eat our meals and play cards. There is a person that comes and plays the piano sometimes to provide entertainment for us. It is a very nice place. In the game room we shoot pool, read, play cards, and do puzzles. The kitchen provides snacks and coffee for us, too.

A beautiful tree faces my patio. Some people think it's a little ratty. Each night I go on my patio and look at this tree and I reflect on how beautiful it is. It has big green clusters and I see the beauty. When the sun is coming down – the sun is going down the tree turns a bright orange hue. It's gorgeous and the branches are all different colors.

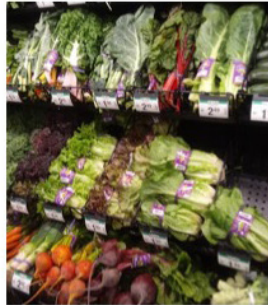
Every day, on one particular branch a beautiful bird with a red face, red breast and a white beak and a beautiful singing voice is perched. I feel like it's singing to me. I see the beauty in this. When I got out of the hospital, I saw the tree and realized how it relaxed me, and brought me strength and beauty and it makes me happy. The bird comes everyday.

Frame of mind. Beauty around me.



75069-#8

Fresh Fruits at the Local Market – With big markets found everywhere, we can take care of our health needs. These markets have hundreds of varieties of fresh fruits, fresh vegetables, breads baked daily in the store, fresh meals and everything that we need in everyday life to keep us healthy.



The Church of Christ of the Latter Day Saints first opened two months ago. I am striving to create a balance between my ability as a church member to be able to live a happy, healthy, safe and independent life and to overcome my feeling of loneliness.



Dr. Charles McKissich Park located on Taylor Burk Drive – This park use sometimes for my health needs. But you'll see there are no benches around so that you can sit when you get tired. Notice how there are few play equipment for the kids. I can write a letter to the parks and recreation commission and maybe the national recreation and park association and they will listen to my cause.

75069-#6



Newspaper Bulletin & Tablet – This represents social media that can helps us find places that offers free admissions to art museums, festivals, parades, concerts, and stage plays. If there is a show, concert, or museum that is not offered for free, we can offer our services as volunteers. In the bulletin, magazines and websites they tell us where and what times.



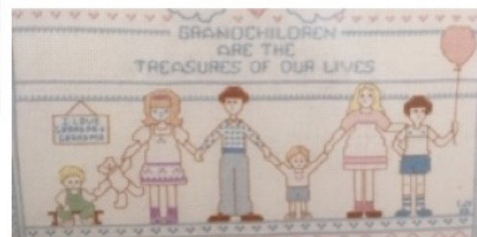
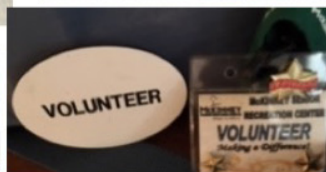
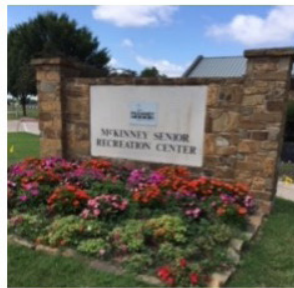
75069-#6

Transportation – Picture clearly shows that there are no waiting sheds, an indication that no public transportation comes to service the community. So, to be able to meet the needs of the residents like going to market, pharmacy, movie houses, or restaurants. We rely on carpooling, taxi or uber which is really expensive. Again, I can maybe ask other seniors and residents of High Pointe to join me to attend one of the meetings in our local town hall or if allowed we can meet with the Collin County Transportation Commission. These local leaders help shape the lives of their constituents specifically older Americans.



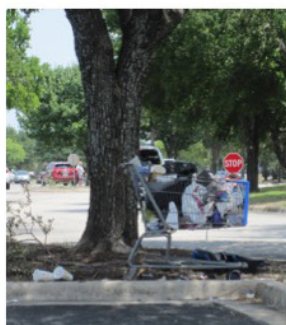
We need something to get somewhere, like shopping or to the park, if you don't want to stay home. It has to be a stop where you can walk to get picked up. It's really necessary for the elderly. Where I come from there are plenty of buses but here there aren't any. Most places are too far and you can't walk with groceries in your hands. A cab is too expensive and if the trolley charges it won't be as much as a cab.

75069-#7



Transportation is the key to all my happy joyful pictures. If I don't have it I couldn't get to good food, friends and family, exercise, or health and rehabilitation facilities. As a result my physical and mental health and my overall well-being would diminish. The solution is personal vehicles, the Meals on Wheels bus, the Collin County Transit, and Uber. Hopefully we can get a citywide bus system with more routes and maybe the Dart train.

75069-#5



One of the conditions of our city is that many people are homeless and live in their cars, tents, or just outside. They need temporary housing till they get a job or assistance to move into affordable housing. The Samaritan Inn provides some beds but more is needed. We have additional buildings available. We had old subsidized housing that was razed and now being rebuilt.

75069-#3

SUCCESSES, LIMITATIONS & MOVING FORWARD

Moving from the *Community Health Needs Assessment* focus groups to the *SOLUTIONS PhotoVoice Project* offered many opportunities for neighbors to continue their involvement in making their communities healthier, happier, and safer places to live. Development, implementation, and analysis of a community assessment results in many lessons learned including limitations, successes, and recommendations for moving forward.

SUCCESSES

- 17 out of 65 participants had been involved in the CHNA focus groups.
- 10 teenagers (11-16 years old) participated in two different zip codes. Several of the teens were “honored” to have their voices heard.
- Involvement of organizations in the designated zip codes hosted project sessions and exhibits.
- Some participants knew each other prior to the project and other participants met others for the first time. Overall there was a definite comfort level that grew with each session. Much interaction and conversation by last session.
- Staff engagement and response to learnings at sessions led to better outcomes. An example, one participant mentioned that a “monthly pizza party, even though not healthy, would make for a happy social time.” For the last session, HEALTHY pizza was ordered for lunch and the participants very much enjoyed and tried pizza’s they never had had before.
- Some of the groups have continued to meet and address SOLUTIONS that they identified.
- Weekly phone check-ins facilitated program planning and implementation with all responsible staff. Purpose was to ask questions, share information, and share community experiences.
- Participants felt energized and empowered to be involved in change.
- Intentional and authentic engagement and communication between program managers, directors, and participants.
- Implementation that is in development or in place after completion of PhotoVoice projects:

- o **76401 (Stephenville) SOLUTION:** Chamber of Commerce's Leadership Program is considering researching the implementation of sanitizing stations in public parks
- o **76082 (Springtown) SOLUTION:** Cornerstone Community Church created a committee to develop a transportation program and use the church bus to provide rides to healthcare appointments
- o **75161 (Elmo) SOLUTION:** The Elmo Voluntary Fire Department has offered space to host Elmo Connect – Meals on Wheels, two days a week and other activities for community members

LIMITATIONS

- Goal was to host 14 PhotoVoice projects identified by CHNA grant recipients and only 12 projects were achieved.
- Goal was to recruit 10 participants for each PhotoVoice project. Average participation was less than 5 per zip code.
- Project completion was delayed as result of recruitment problems and session scheduling.
- PhotoVoice facilitators (outside contractors) did not have specific zip code community knowledge or relationships. Because of this, success was more likely when Texas Health, who work directly with community members, were intentionally involved throughout process. Involvement varied greatly among all zip codes due to varying factors. The level of engagement was also key, projects were more likely to be successful when Texas Health knew their constituents and interacted with them during sessions. Limited engagement during sessions could be perceived by participants as lack of interest from Texas Health.
- An important learning for the project relates to broader community engagement once the PhotoVoice sessions were completed. The individual zip code dissemination exhibits were not well attended. The purpose of the exhibit is for other community members and stakeholders, such as the advisory committees, to attend so they could learn and react to the stories shared by their community members. Several factors could have played a role in the poor attendance. In

the future, Texas Health should consider methodologies to better engage the broader community, which ultimately increases visibility and trust within that community.

- Necessary communication outside of the weekly check-in calls between the implementation team is tantamount for success. Every community is different and additional information needs to be shared during planning phase to avoid issues that affect the participant experience during the photovoice sessions. For example, in one instance the facilitator did not know that one community being visited adheres to a specific religious food custom. Communication during planning avoided a big problem, where the community might feel Texas Health did not understand them.

MOVING FORWARD

- **Continue building relationships with neighbors and organizations in the designated zip codes.** Engaging community members in the process empowers them to be involved and stay involved. Asking people what they need to live a happy, healthy, and safe life informs their own sense of independence and highlights the interconnectedness of the social determinants of health for healthcare providers.
- **“Think outside the box.”** A SOLUTION does not always have to be a new program. For example, one participant had been homeless. When asked about finding resources, he photographed a blank sign in a public park and shared, “This is the blank side of the sign that has the park rules. I’ve been homeless and spent a lot of time in the park. I know there are a bunch of us who would read about resources that are available in town if it was posted on the blank side of the park sign.” Other participants suggested resources posted in laundromats, libraries, food stores, churches, anywhere that the demographic you are trying to reach, frequents. Ask participants where they go and provide a resource board at that location.
- **THR can provide SOLUTIONS through marketing.** Resource boards or kiosks could be sponsored by THR and flowers at the entrance of the schools could be supported by THR and planted by THR volunteers and students.
- **Have community members, including teens, on advisory committees.** Too often we don’t think about having our constituents, specifically a targeted demographic, involved in the process. Involving community members in the process leads to sharing of information, empowerment, and further understanding the needs from those that are using services.

- **Use common language with community.** Be creative with titles and marketing materials—ask your constituency what grabs their attention and what is the best way to reach them.
- **Cultural humility as a foundation of working in communities is essential.** Cultural humility is 1) a lifelong commitment to self-evaluation and self-critique; 2) recognizing and changing power imbalances; and 3) developing partnerships with people and groups who advocate for others (Tervalon, M. and Murray-Garcia, J., 1998). “Cultural humility is a communal reflection to analyze the root causes of suffering and create a broader, more inclusive view of the world” (<https://melanietervalon.com/wp-content/uploads/2013/08/Cultural-Humility-A-Video.pdf>). All staff working in community outreach, from administrators to administrative assistants should participate in on-going cultural humility work. Everyone has their own life experiences that they bring into the workplace. This is not a detriment however, life experiences vary greatly dependent on many factors, such as the social determinants of health that can include, geographic location where one lives, educational background, race and ethnicity, and/or religion. Providing a required on-going commitment to cultural humility work for all involved, at all levels, leads to a workplace environment that encourages self-reflection, understanding, and celebration of others. Communal reflection might also lead to making sure that 1) those that work in communities reflect those that live in the same communities and 2) hiring within (community health workers, program managers, nurses, etc.) a community highlights commitment, trust, and encouragement for participation.
- **Be present.** If you are working in community, be in community. Building relationships takes time and the rewards are endless.

Participants clearly stated, “WHAT NEXT?” They want to be involved. Implementation of SOLUTIONS is next!

APPENDIX

TABLE OF CONTENTS

APPENDIX

Pre-Survey - Adult	88
Post-Survey – Adult	90
Pre-Survey – Teen	91
Post-Survey - Teen	92
Question Bank	93
Dissemination Exhibits	
1. Schedule	94
2. Attendee Sign-In	95
Elmo Connect	96
PhotoVoice Exhibits	97

THR – Solutions – Pre-Survey (Adults)

Zip Code _____

No. _____

Part I. Demographics

1. Sex/Gender: _____
2. Please identify your race or ethnicity: _____
3. Age: _____
4. Do you consider yourself
 - a. Low-Income
 - b. Middle-Income
 - c. High-Income
 - d. Not Sure
5. Education
 - a. Did not complete high school
 - b. Finished high school
 - c. Completed College or Technical School
 - d. Other _____
6. Do you live alone?
 - a. Yes
 - b. No. I live with spouse/partner, family, friend, other _____
7. Did you participate in a Texas Health Resources focus group discussion?
 - a. Yes
 - b. No
8. Within the past 12 months, did you worry whether food would run out before you had money to buy more?
 - a. Yes
 - b. No

PART II. My Health

9. When I go to a health care provider, I go to... (check all that apply)
 - a. A clinic
 - b. A hospital emergency department
 - c. My regular, physician, nurse practitioner, or physician assistant
 - d. Mental health counselor, social worker, psychologist, or psychiatrist
 - e. Other _____
10. What type of health insurance do you currently have?
 - a. Medicare
 - b. Medicaid
 - c. Private
 - d. None
 - e. Other _____

PART III. My daily living

This question is about different kinds of **resources**. Please look at the resource and check the box that best describes what you know about each one.

Resources	I know about but have not used	I have used in the past year	I don't know about this resource
A food bank in your community			
Food assistance available from a church in your community			
Food assistance from another organization in your community			
SNAP			
WIC			
National School Lunch Program			
Summer Feeding Programs			
School Breakfast Program			
Child and Adult Care Food Program			
USDA Fresh Fruit and Vegetable Program			
National Hunger Hotline/Why Hunger			
Other _____			

Which of the following **transportation services** do you use? Check all that apply

Transportation Resources	To go to my health care provider	To go food shopping	To go to my community organizations such as church, community center, school
Personal car			
Friends/family drive me where I need to go			
Local public bus			
Taxi			
Uber/Lyft			
Church bus/school bus			
Train			
Arranged through healthcare/community center/church, etc.			
Other _____			

Thank you!

THR – Solutions – Post-Survey (Adults) Zip Code _____ No. _____

1. I chose to participate in this project because (check all that apply)?
- a. I want to be part of the solution.
 - b. I was curious about what THR is doing in our community.
 - c. I like being involved.
 - d. Other _____

2. This project met my expectations.
Yes ____ No ____

3. Check your satisfaction for the different parts of the PhotoVoice project.

PhotoVoice Project	Dissatisfied	Satisfied	Very satisfied
Learning photography			
Learning journaling			
Session discussions			
Knowing that THR wants my opinion for solutions to problems in my community			
Facilitators (Marcy L. Paul, Desiree Lakey)			
Knowing that my project will be in an exhibit			
Refreshments and Walmart gift card			
Other _____			

4. After participating in this project, I have learned more about the following resources in my community:
- a. Places to get affordable healthy food for me or my family.
Yes ____ No ____
My Example _____
 - b. Places to get free healthy food for me or my family.
Yes ____ No ____
My Example _____
 - c. More about public transportation (city bus, train).
Yes ____ No ____
My Example _____
 - d. Where to go to see a health care provider (doctor, nurse, or dentist) for people without health insurance.
Yes ____ No ____
My Example _____

5. Additional comments about your participation in the Photovoice project.

Thank You!

THR – Solutions – Teen Pre-Survey

Zip Code _____

No. _____

Part I. Demographics

1. Sex/Gender: _____
2. Please identify your race or ethnicity: _____
3. Age: _____
4. Education
 - a. I plan on completing high school
 - b. I plan to go to college or a technical trade school
 - c. I plan on getting a full-time job after high school graduation
 - d. Other _____
5. Who do you live with? (Please do not list names only their role. Example: mom, stepdad, sister, grandma, etc.)

6. Within the past 12 months, did you worry that you would not have enough food to eat?
 - a. Yes
 - b. No

PART II. My Health

7. I think my health is
 - a. Really good
 - b. Good
 - c. Bad
 - d. Really bad
8. When I go to a health care provider, I go to (circle all that apply)
 - a. A clinic
 - b. A hospital emergency department
 - c. My regular physician, nurse practitioner, or physician assistant
 - d. Mental health counselor, social worker, psychologist, or psychiatrist
 - e. Other _____
9. What type of health insurance do you currently have?
 - a. Medicaid
 - b. Private (example: Blue Cross Blue Shield, Aetna, etc.)
 - c. None
 - d. Don't know
 - e. Other _____

THR – Solutions – Teen Post-Survey Zip Code No. _____

1. I chose to participate in this project because... (check all that apply)
 - a. I want to be part of the solution.
 - b. I was curious about what THR is doing in our community.
 - c. I like being involved.
 - d. Other _____

2. This project met my expectations.
 - a. Yes
 - b. No

3. Check your satisfaction for the different parts of the PhotoVoice project.

PhotoVoice Project	Dissatisfied	Satisfied	Very satisfied
Learning photography			
Learning journaling			
Session discussions			
Knowing that THR wants my opinion for solutions to problems in my community			
Facilitators (Marcy L. Paul, Desiree Lakey)			
Knowing that my project will be in an exhibit			
Refreshments and Walmart gift card			
Other _____			

4. After participating in this project, I have learned more about the following resources in my community:
 - a. Places to get affordable healthy food for me or my family.
Yes_____ No_____ My Example _____
 - b. Places to get free healthy food for me or my family.
Yes_____ No_____ My Example _____
 - c. More about public transportation (city bus, train).
Yes_____ No_____ My Example _____
 - d. Where to go to see a health care provider (doctor, nurse, or dentist) for people without health insurance.
Yes_____ No_____ My Example _____

5. Additional comments about your participation in the Photovoice project.

Thank you!

Question Bank Brainstorm from Photovoice Project Training (May 15, 2019)

Health Care

1. Photograph to show and write about where you think would be the best place to access and/or share information about health resources in your community (such as related to mental health, chronic disease—diabetes, heart, healthy foods, etc.)? PROMPT: community center, clinic, local grocery store/pharmacy?
2. Photograph to show and write about what information your healthcare provider should know about you in order for you to get the best services/care?
3. Photograph to show and write about what you want your healthcare provider to know about your daily life?
4. If ANYTHING was possible, photograph and write about what you think is the best way to connect people with chronic illness like diabetes or mental illness services?
5. You received a \$100,000 prize to assist you in getting what you need to have the best health. Think about your greatest healthcare need. Photograph and write about what you need? What resources do you need? How can THR assist in achieving this need?

Chronic Disease

1. Your neighborhood association received \$50,000 to add resources that can lead to healthier lifestyles. Your neighborhood association appointed you to make the final decisions on how to spend the resource funds. Photograph and write about the resources that you chose to help your neighborhood become a healthier place to live. PROMPT: lights on streets for walking, better sidewalks, bus stop benches, walking trail, neighborhood pharmacy, etc.
2. Photograph and write about what you need to manage your chronic illness?

Mental Illness

1. Your mayor has an initiative to reduce the stigma of mental illness by providing needed resources in your community. The mayor is offering a prize of \$100,000 for best suggestions and recommendations to help or encourage people to utilize or seek care for mental illness.
2. You have the opportunity to have your voice heard. Photograph and write about your suggestions to reduce the stigma of mental illness. PROMPT: What kind of support would be helpful for those in your community who may have feelings of sadness or depression? raise awareness of mental illness issues?

Seniors

1. Photograph and write about what brings you joy or lifts your spirits in your community that makes you (select one option below for zip code): Feel healthier—Feel more connected to your community—Feel less lonely
2. Photograph and write about what a safe and healthy neighborhood looks like.
3. Photograph and write about what you need (that may not be available near your home) to help you live a healthy, happy, safe, and independent life? PROMPT: close food store, transportation, affordable housing?
4. What are some social activities that _____ (select one option below for zip code) that Texas Health Resources could provide or partner with other organizations that would be of interest to you? Improve your health—Lift your spirits or bring you joy—Reduce feelings of loneliness or isolation

Resources

1. THR has hired you to be a Community Health Worker (CHW). You live in your community and now you can work in your community. You have your first meeting with all the new THR CHWs. THR has asked you to photograph and write about the resources your community members need to live a healthy life so that all the CHW's can share and help each other.
2. I'm the mayor of _____.
3. Photograph and write about what you need me to do to make sure (select one option for zip code):
 - a. our children are safe, healthy, and have resources for their education.
 - b. People have access to healthy food to eat.
4. You're been given \$100,000 to solve gang violence and other issues in your community, photograph and write about what that could look like? Where would it be located? What hours would it be open? Who would supervise?

Healthy Food

1. Photograph and write about what you believe are healthy food choices? What are some foods that could improve your diet?
2. Photograph and write about where in your community you can get healthy and nutritious food? If you don't think there is a place, where could one be located? If there are neighborhood stores that could carry healthy and nutritious foods, which one can do this?
3. Photograph and write about things and/or programs your community could offer to improve access to healthy foods?
4. When you go to the grocery store and you are standing in the checkout line, what is the healthiest food in your basket? What's in your basket that makes you happy? (If we are meeting at the grocery store, each person will be given \$10 to purchase 1) a healthy snack and 2) a food that makes them happy.

Specific to teens (Using the Thrive questions) Denton/Wise Counties – 76266 & 76426

1. Your town mayor and school principal received a \$100,000 grant to provide resources for teens in middle and high school that would make sure each student has a healthy, safe, and rewarding school year. Photograph and write about what those resources should be. PROMPT: food, school supplies, toiletries, clothing, healthcare, HPV vaccine, safe walking routes to school, afterschool programs, etc.
2. Photograph and write about what makes you feel happy? Feel safe?
3. Photograph and write about what you do when you are happy? Feel safe?

APPENDIX F-1
DISSEMINATION
SCHEDULE

Date	Zip Code Location	Location	Time
R-9/5	Kemp 75143	River of Life Community Center 300 N. Dallas Street	5:30-7pm (4:30pm set-up)
W-9/18	East Cleburne 76031	Cafeteria Olive Street Address	4:30-6:30pm (3:30 set-up)
R-9/19	Stephenville 76401/76402	Cross Timbers Arts Council	6-7:30pm (5pm set-up)
Su-9/22	Sanger 76266	Historic Sanger Presbyterian Church, 409 N. 7th St.	2-4pm (1pm set-up)
M-9/23	Fort Worth 76119	Higher Praise Family Church 2909 Horton Road FW	6-7pm
W-9/25	Plano 75074	Church of Christ 1026 Avenue F Plano	6-6:45pm (5pm set-up)
R-9/26	McKinney 75069	McKinney Senior Center, 1400 S. College St	9-10:30am (8am set-up)
F-9/27	Dallas 75212	Trinity River Mission	6-8pm (5pm set-up)
Su-9/29	Springtown 76082	Cornerstone Community Church	12-2pm (11am set-up)
Su-10/6	Dallas 75217	Springs Fellowship Church	12pm (9am set-up and reception after service)
M-10/7	Arlington 76010	Eunice Community Center 1000 Eunice St.	10am-12pm (9am set-up)
S-10/12	Keene 76059	Keene Annex 207 East First Street	3:30-5pm (2:30 set-up)
R-10/17	Elmo 75161	Oak Grove Baptist Church 11243 County Road 352 Terrell, TX	7-8pm (6pm set-up)

Community _____

If you would like to be part of the **Solution**, provide your contact information below. Thank you for attending!

Name	Best way to contact you (Email, Phone, Text)

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or for more information
call 469-376-MEAL (6325)
or email melinda@nohungrysenior.org

PhotoVoice Exhibits





