Texas Health Huguley Hospital Fort Worth South

2016 Community Health Needs Assessment

Texas Health Resources®

Report Contents

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Background

About Texas Health Resources

The history of Texas Health is rooted in the healing ministries of the Presbyterian Church and the United Methodist Church. Our faith-based heritage and traditions are at the heart of everything we do. Texas Health was formed in 1997 after combining the operations of three highly respected organizations into one health care system: Harris Methodist Health System in Fort Worth, Presbyterian Healthcare Resources in Dallas and Arlington Memorial Hospital.

We then restructured our governance system, streamlined the organization, and consolidated core business and support services into one organization. Years later, we began entering into additional joint venture agreements to significantly expand the system's geographic scope and added Texas Health Physicians Group in 2009. Focusing on the future, we serve the greater Dallas-Fort Worth Metroplex. Recognizing that some services may be offered more efficiently or effectively by organizations with established competencies in those areas, we chose to create strategic partnerships for those services and currently focus on acute care and community-based care as our two primary service offerings.

We care for each patient's mind, body and spirit with confidence in the contributions of medicine, science and the healing power of faith. We serve a diverse population, and respect and welcome all faiths that are represented by our patients, employees and volunteers.

Headquartered in Arlington, Texas, Texas Health serves the fourth-largest metropolitan region in the United States: the Dallas-Fort Worth Metroplex. Our health care system includes 24 wholly owned hospitals and joint-venture facilities, and a network of physician practices that serve 16 counties.

Your feedback on this report is welcomed and encouraged. Please direct any questions or feedback to:

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About Healthy Communities Institute

Healthy Communities Institute, a Xerox Corporation, was contracted by Texas Health Resources to conduct the 2016 Community Health Needs Assessment and to author the CHNA reports. 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. To learn more about Healthy Communities Institute please visit: www.HealthyCommunitiesInstitute.com

HCI's mission is to improve the health, vitality, and environmental sustainability of communities, counties, and states

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About Texas Health Huguley Hospital Fort Worth South

Texas Health Huguley Hospital Fort Worth South opened in 1977 as a member of Adventist Health System, the largest not-for-profit Protestant health care organization in the U.S. In 2012, Texas Health Resources and Adventist Health System formed a partnership to own Texas Health Huguley Hospital, with Adventist Health System managing the daily operations of the hospital.

As a member of Adventist Health System, Texas Health Huguley, is operated in a tradition of healthcare that recognizes that total health is achieved through the proper balance of physical, mental, social and spiritual well-being.

Describing the facility of Texas Health Huguley is easy. We are a 223-bed acute care hospital located on I-35W in south Fort Worth. The hospital includes a medical intensive care unit, a cardiovascular critical care unit, a progressive care unit, open heart surgery center and behavioral health. We have an accredited bone and joint program, an accredited chest pain center, and an award-winning emergency department available 24 hours a day, seven days a week. More than 350 primary care and specialty physicians provide a wide range of inpatient and outpatient services.

Describing the spirit of Texas Health Huguley is much more challenging. It is also much more important. We are people from many faiths and cultures, united to relieve suffering and bring healing to people. Our mission is to extend the healing ministry of Christ, to care for the whole person, body, mind and spirit.

We treat everyone -- patients, their families, and staff -- with dignity, respect and compassion. It is visible in the concern of our caring nurses, the dedication of our physicians, the comfort of our chaplains and the attentiveness of our staff. Throughout our organization, you will find an atmosphere of collaboration and cooperation.

As community members, we recognize the relationship between the community and health care. Our mobile health services bus travels to outlying communities to reach those who may not have access to a healthcare provider. We partner with local schools, churches and businesses to educate and inspire wellness.

Also located on the Texas Health Huguley campus are:

- Texas Health Huguley Surgery Center
- Texas Health Huguley Imaging Center
- Center for Wound Care and Hyperbaric Medicine
- Huguley Nursing and Rehab Center
- Emery J. Lilge Hospice House
- Texas Health Huguley Fitness Center
- Center for Cancer and Blood Disorders
- Heritage Place Retirement Community at Huguley

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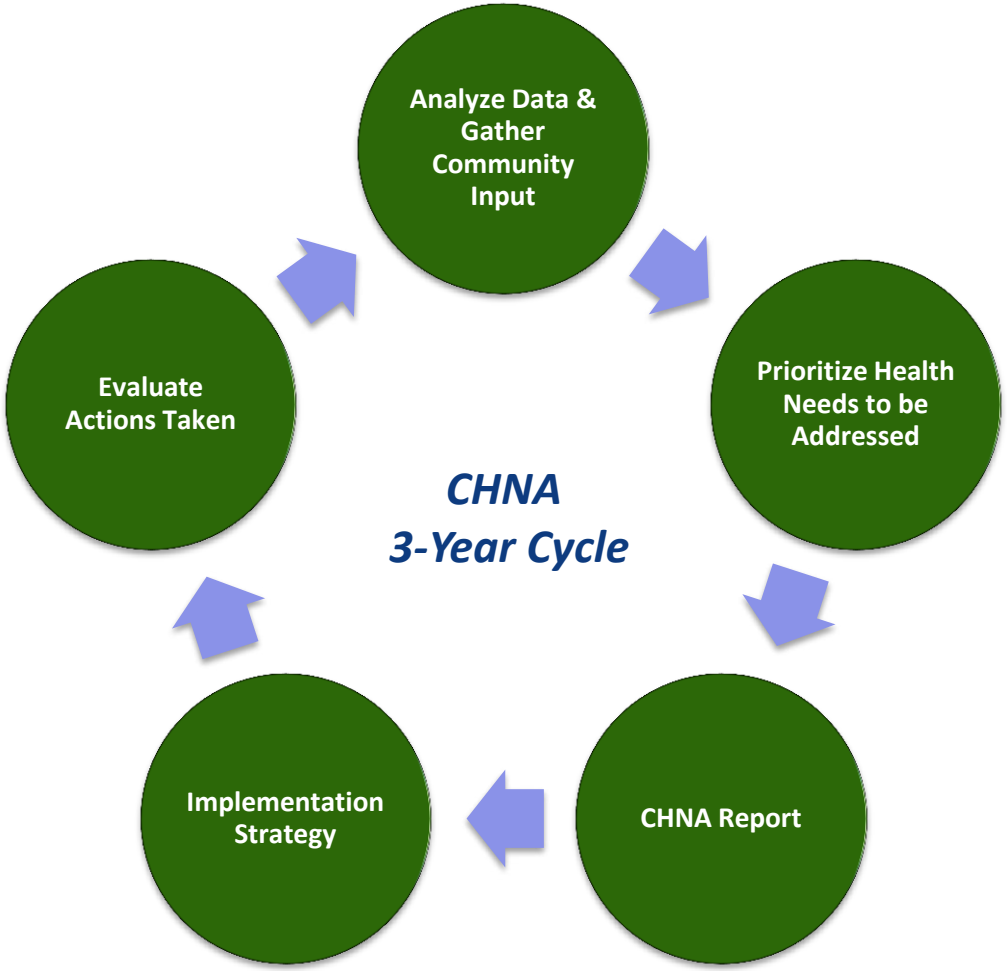
The Goal

To improve the health of each hospital's service area by using a data-based approach to address real community health needs and target resources where they are needed most.

- Mandated by the Affordable Care Act
- Allows Hospitals to Maintain 501c3 Status



CHNA Process Overview & Executive Summary

Community Input Collection

- In depth **interviews** and **focus groups** were conducted with individuals with **public health expertise** who were able to speak to the **broad interests of the community and/or the needs of low-income/underserved** populations. An **online community survey** was also distributed to collect input on **community health needs, assets, and barriers** from **community members**.

Primary Data Analysis

- The **primary data** gathered in the **community input collection** phase was analyzed by the two categories of **"Key Informant/Focus Group" findings** and **"Online Community Survey" findings**. **Significant health needs, barriers, and assets/resources** were identified by leveraging **qualitative data analysis software** from **Dedoose©** and **Survey Monkey©**.

Secondary Data Analysis

- The **Healthy North Texas platform**, which includes data on **over 100 health indicators** from **vetted national and state sources**, was leveraged along with **PQI data from The DFW Hospital Council**. HCI's **data scoring methodology** was used to **compare indicator values** at **national, state, and county levels** as well as **trends over time** and **HP2020 targets**.

Data Synthesis & Significant Health Needs

- The **qualitative (community input/primary data) and quantitative (secondary data)** analysis findings were **synthesized to identify significant community health needs**. Health needs were considered **"significant" if at least two** of the following **data types cited the topic** as a pressing health concern: **Key Informant/Focus Group Findings, Survey Findings, Secondary Data Findings**.

Prioritization of Significant Health Needs

- **Key hospital staff and stakeholders utilized** the **data** analysis and synthesis **findings to vote** on which **significant health needs will be prioritized for implementation strategy** development consideration. Participants engaged in **multiple rounds of voting and discussion**, and **considered specific system-wide criteria for prioritizing** significant health needs.

Priority Health Needs for 2016 CHNA			
Access to Health Services	**Mental Health & Mental Disorders**	**Exercise, Nutrition & Weight**	**Older Adults & Aging**

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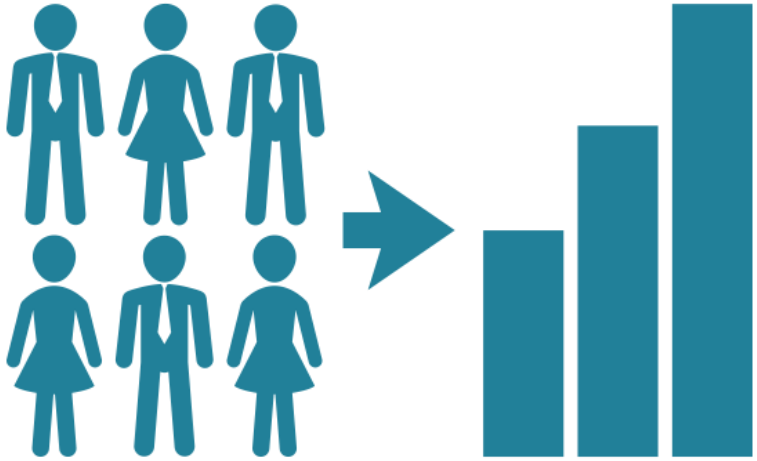
Service Area Demographics

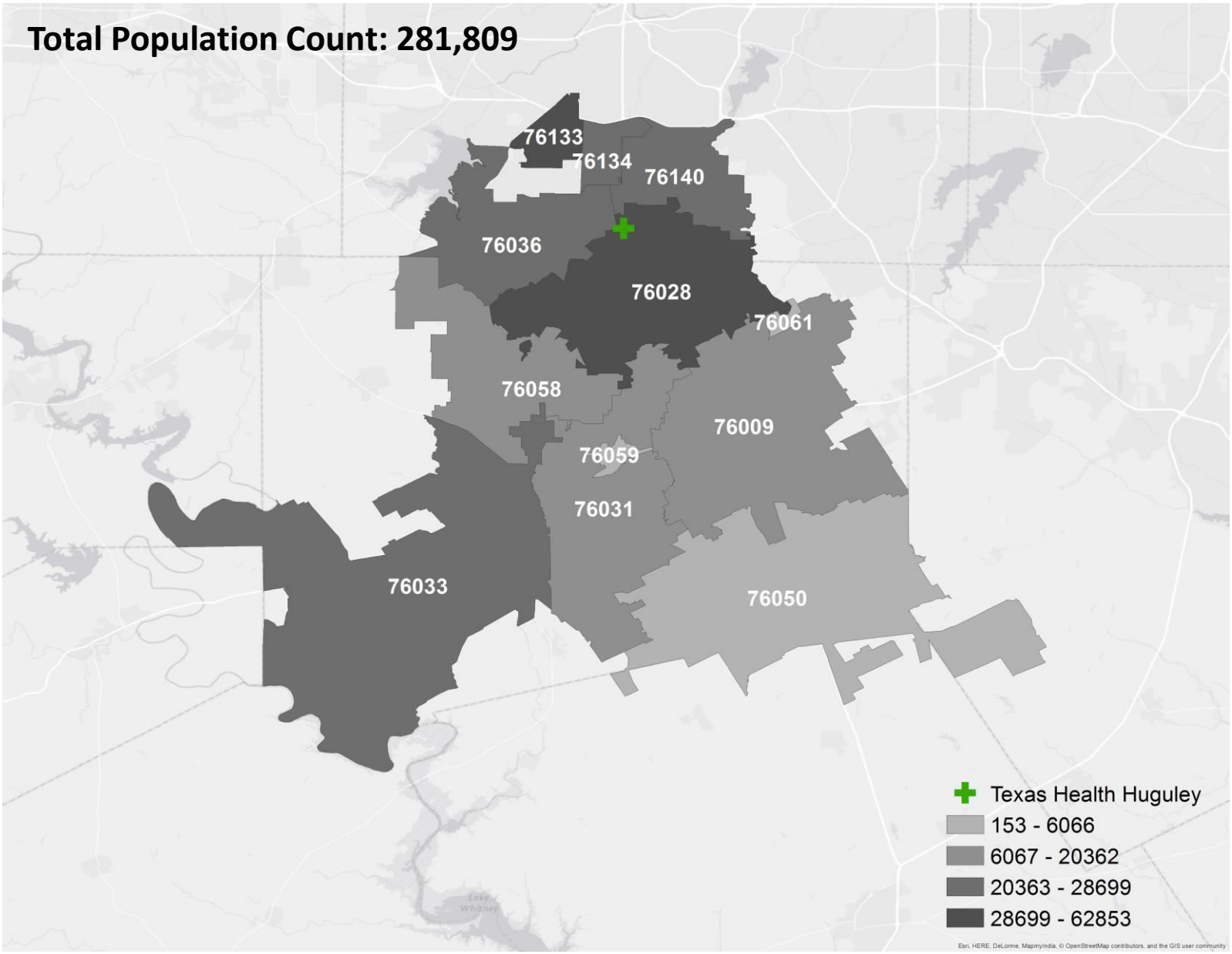
Service Area Demographics Summary

The demographics of a community significantly impact its health profile. Different race/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. This section explores the demographic profile of THH's service area.



**All demographic estimates are sourced from the U.S. Census Bureau's 2010-2014 American Community Survey unless otherwise indicated.*

Service Area Population Count



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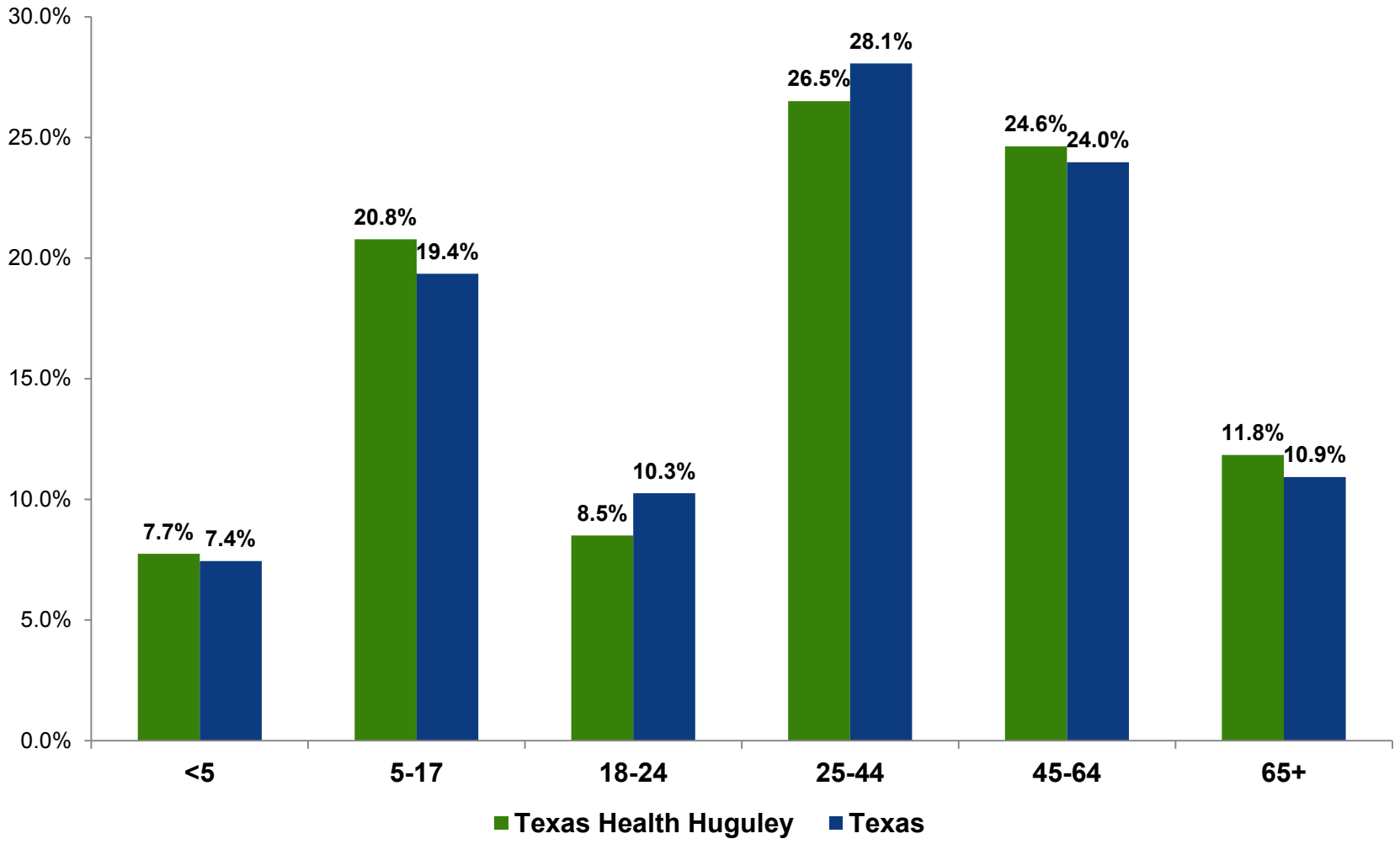
Service Area Population by Age

There are more people above the age of 45 in THH's service area compared to the state of Texas, and fewer people between the ages of 18-44.



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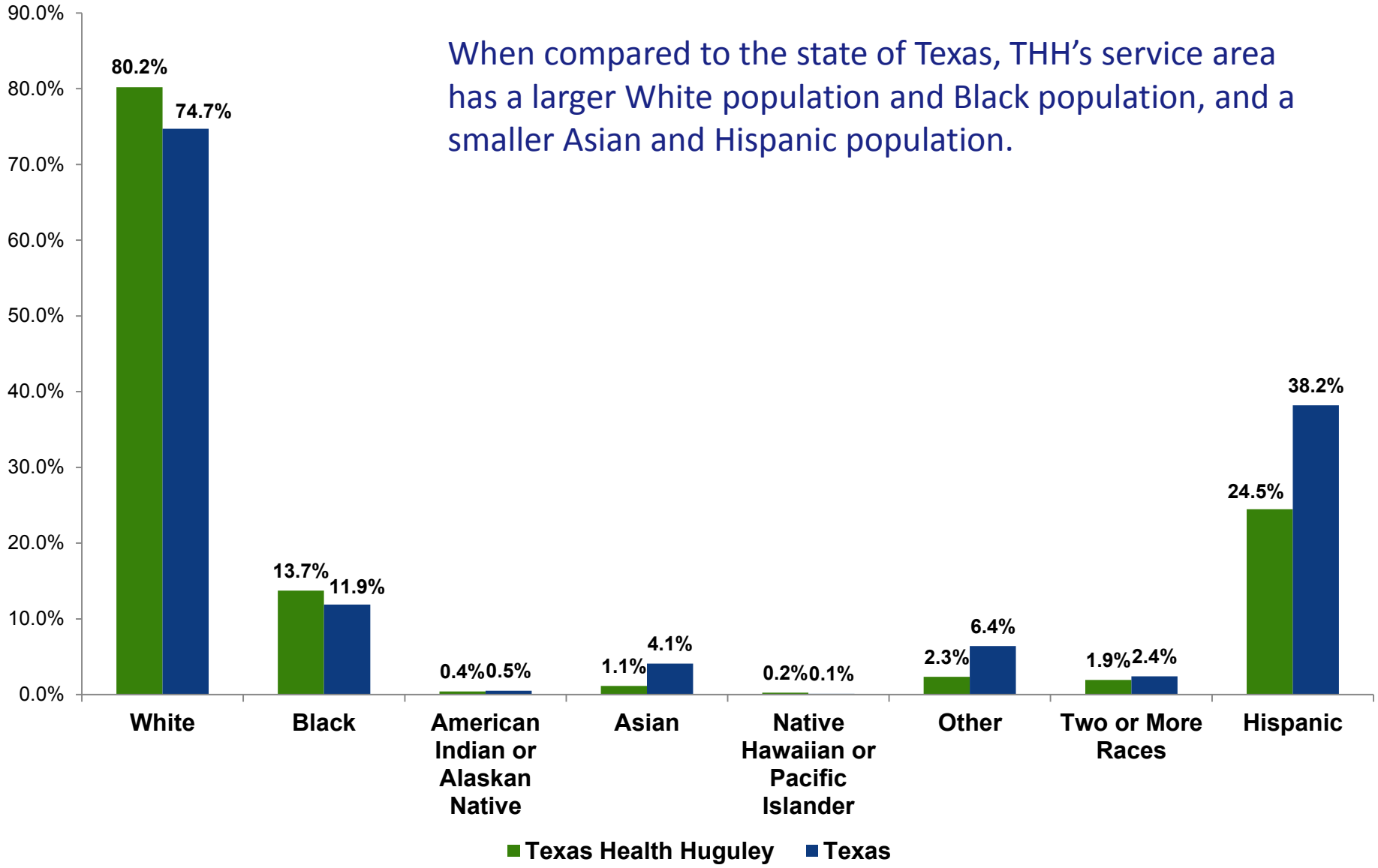
Service Area Population by Race/Ethnicity

When compared to the state of Texas, THH's service area has a larger White population and Black population, and a smaller Asian and Hispanic population.



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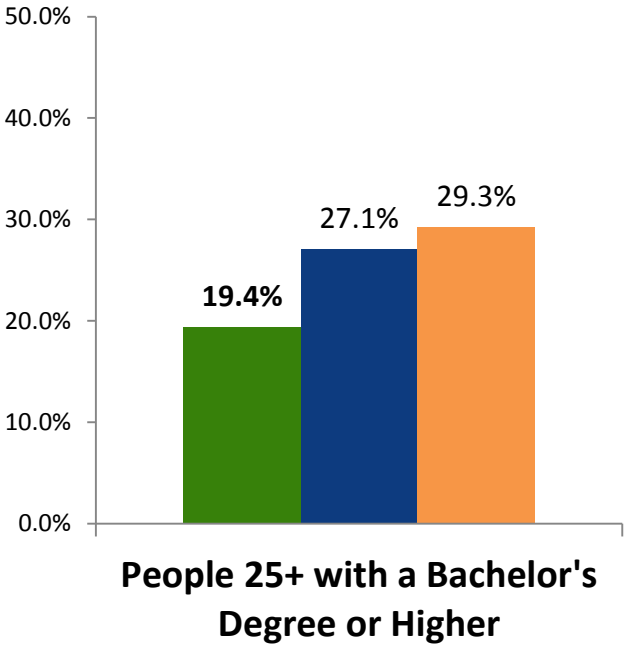
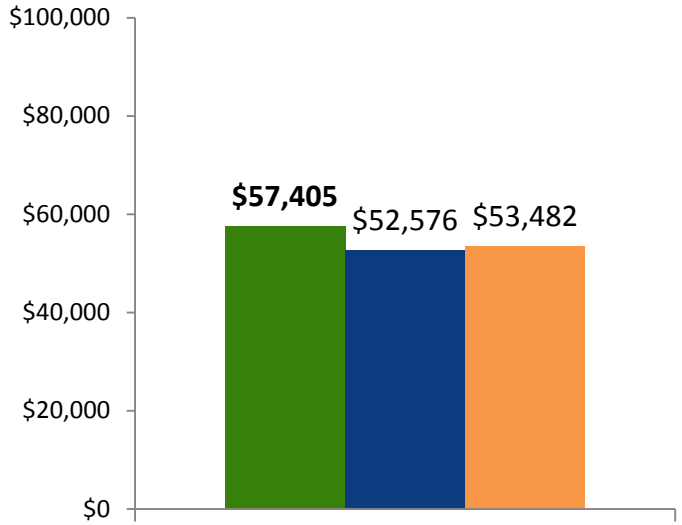
Service Area's Social and Economic Characteristics

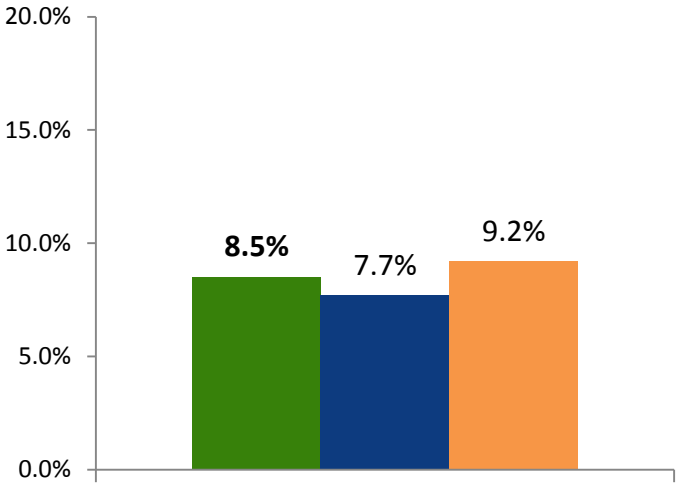
Overall, THH's service area is performing better than Texas and the US in median household income and poverty rates, but worse in educational attainment and unemployment.



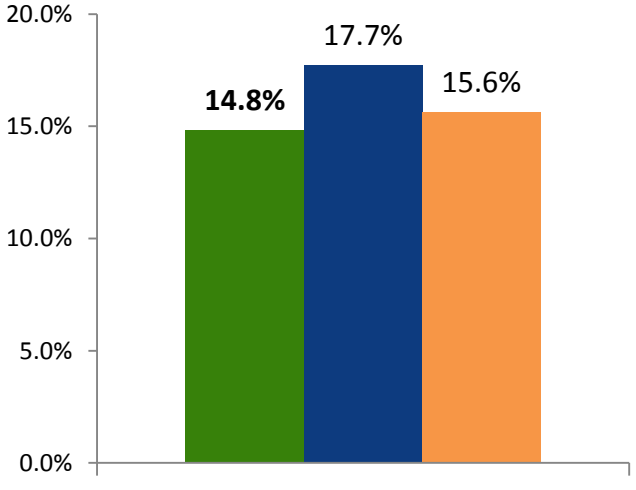
People 25+ with a Bachelor's Degree or Higher



Median Household Income



Unemployment Rate



People Living Below Poverty Level

Texas Health Huguley Fort Worth South Service Area

Texas

United States

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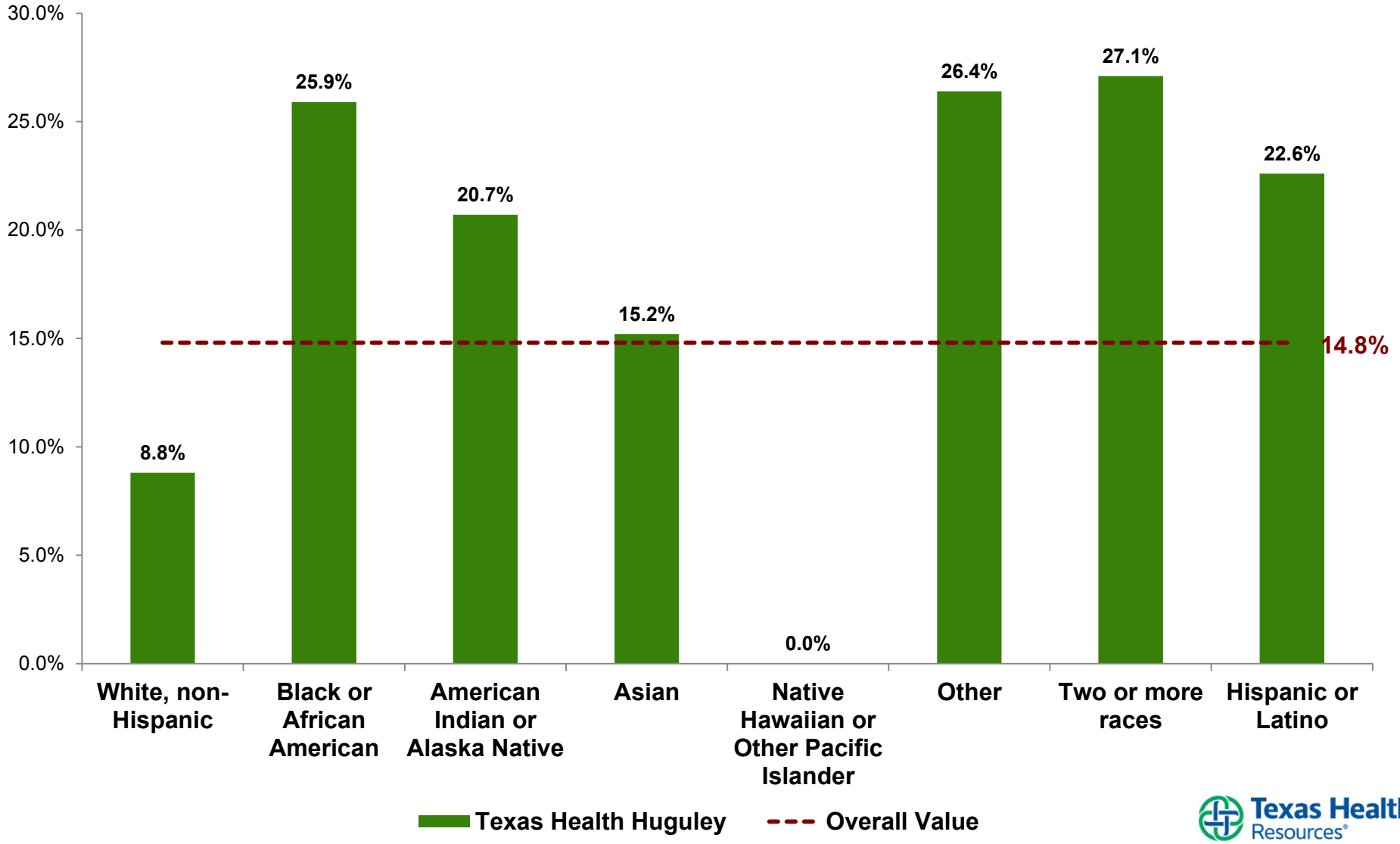
People Living Below Poverty Level by Race/Ethnicity

All racial and ethnic subpopulations, except for White and Native Hawaiian or Other Pacific Islander, have a significant number of people living below the federal poverty level. Overall, 14.8% of people in THH's service area are living below the poverty level.



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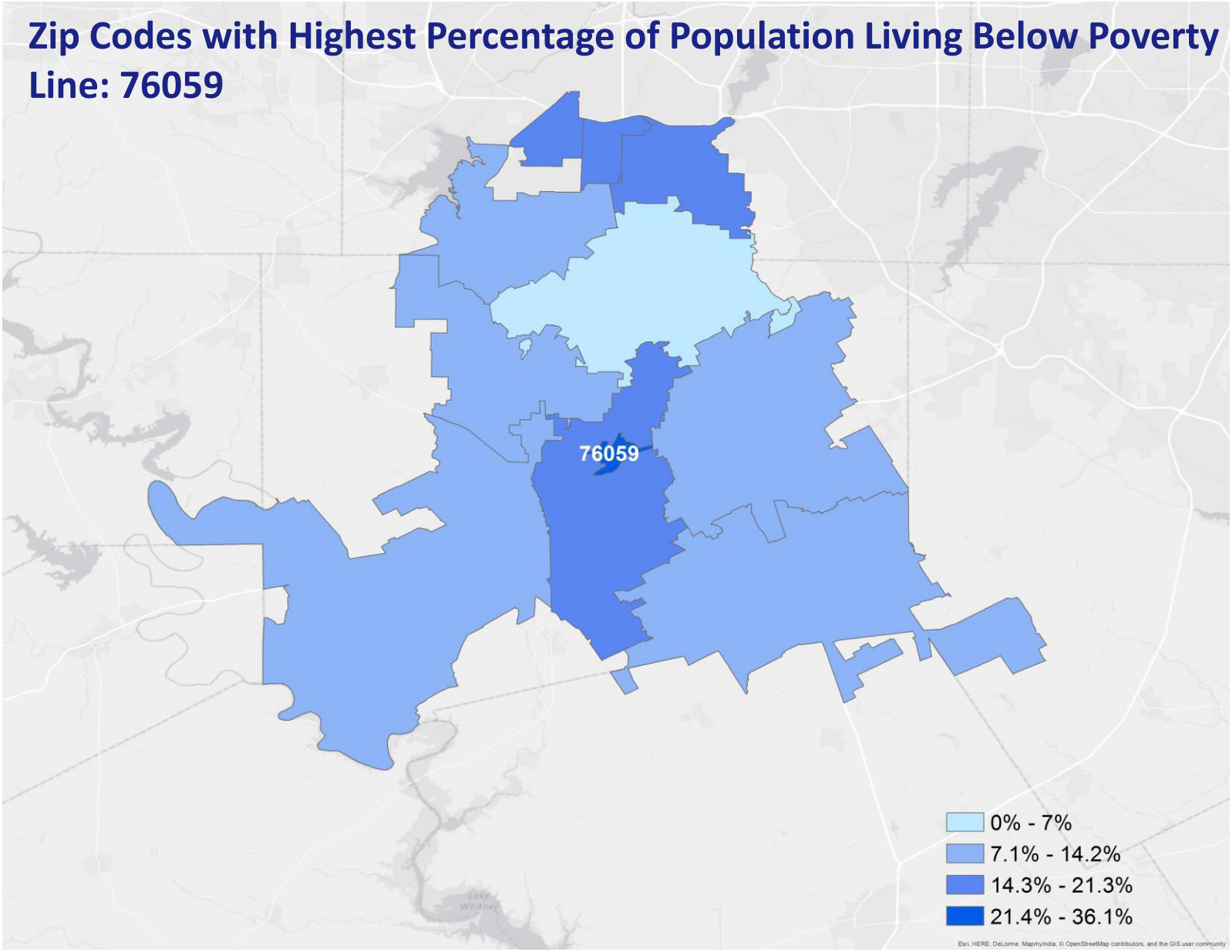
Service Area Population Living Below Poverty Line



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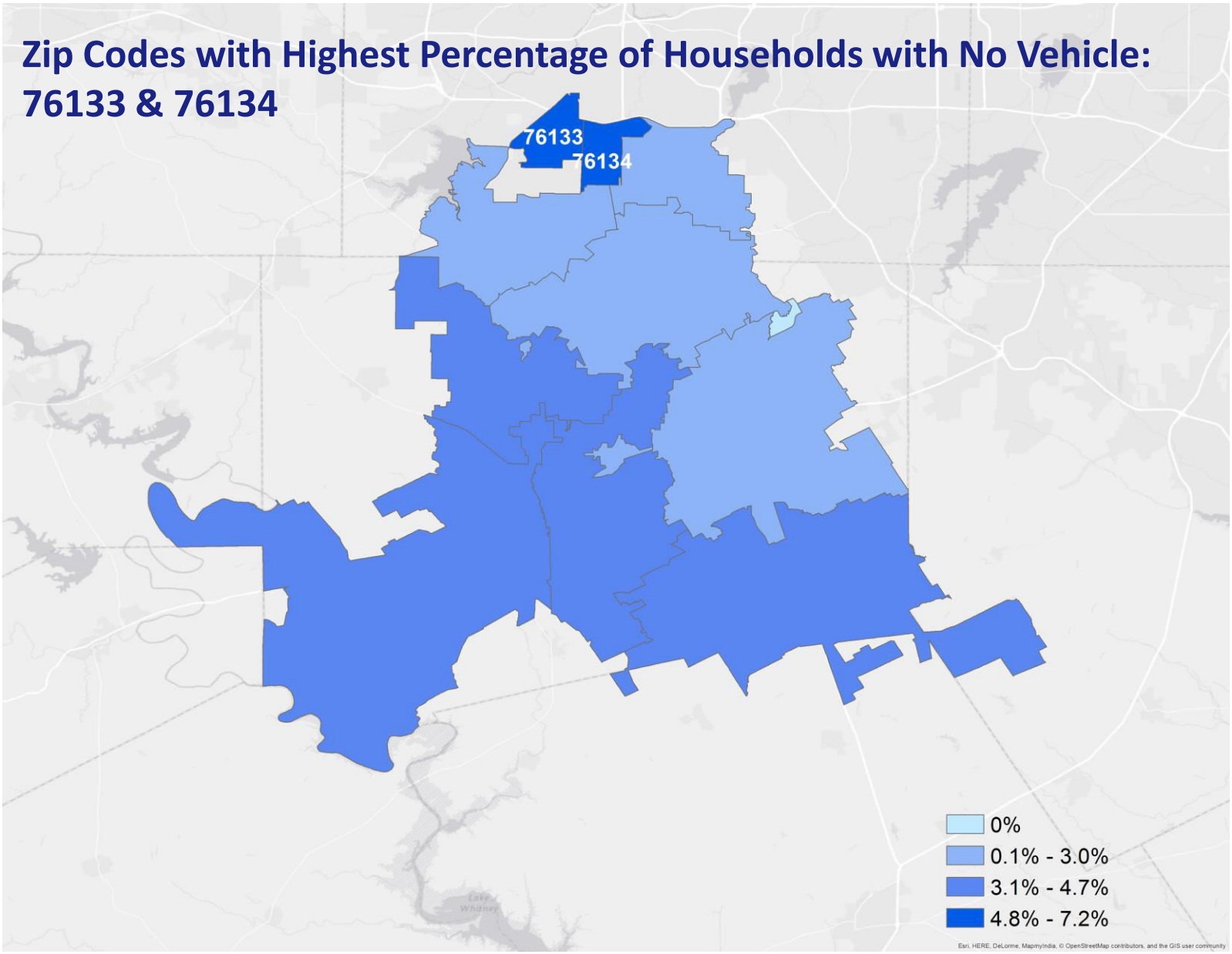
Service Area Households with No Vehicle



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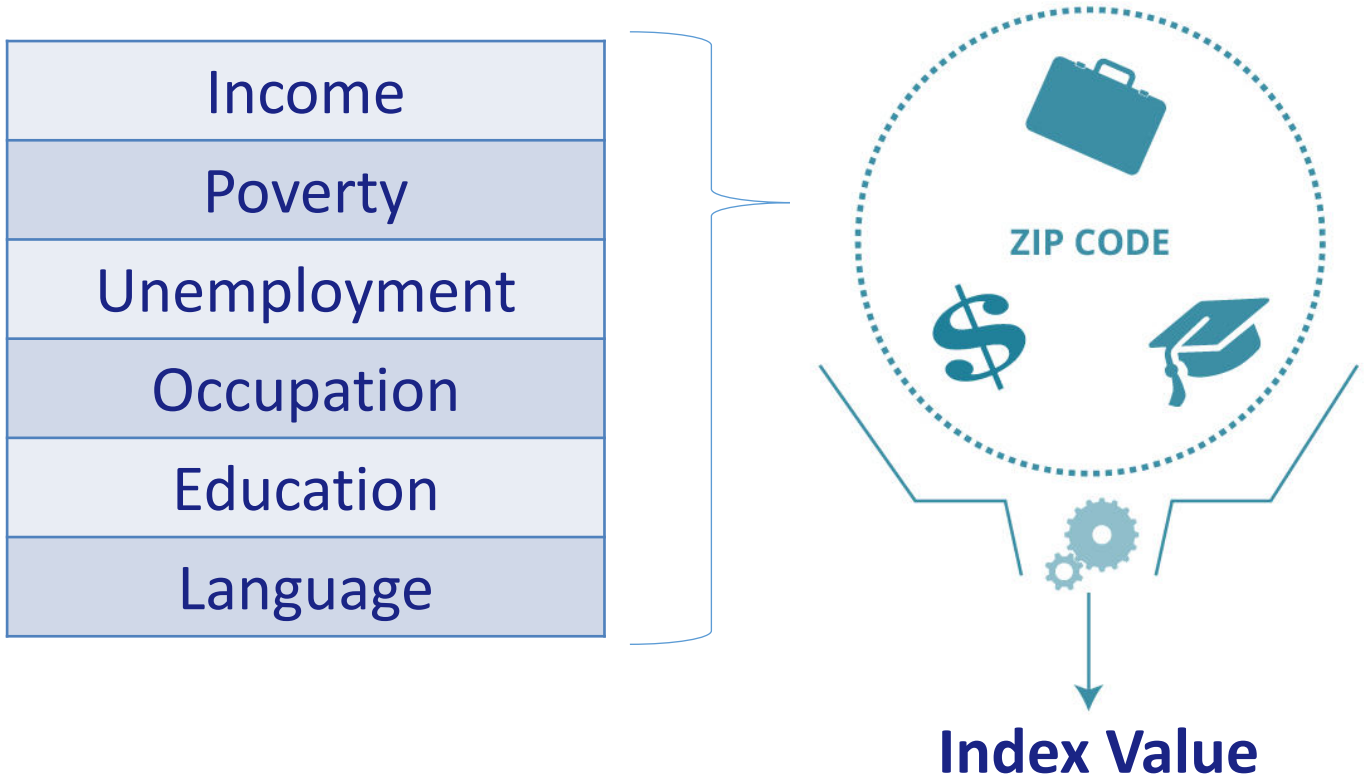
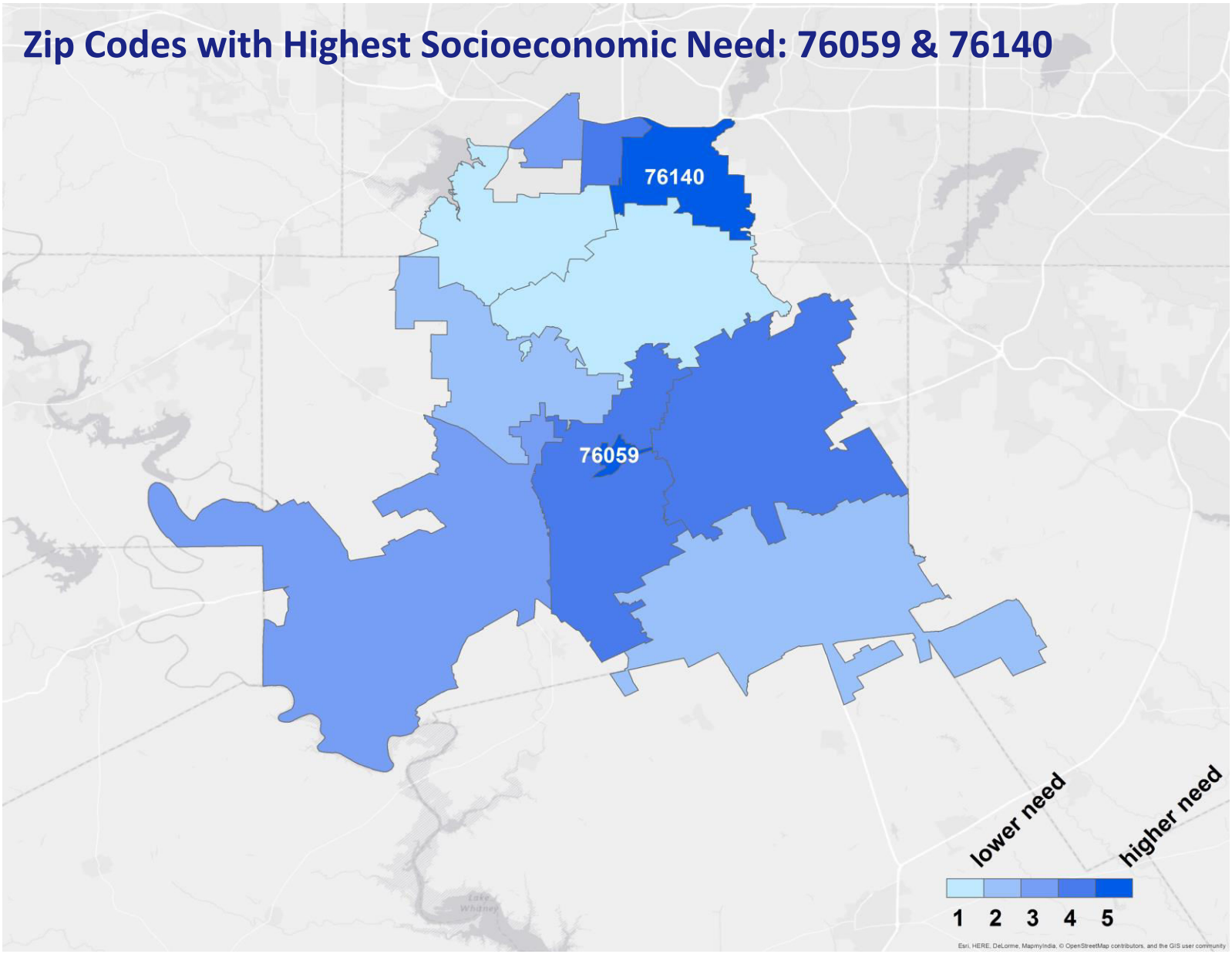
HCI's SocioNeeds Index



This index incorporates estimates for six different social and economic determinants of health that are associated with poor health outcomes. The indicators were standardized and averaged to create one composite index value for each zip code. Zip codes with higher values are estimated to have higher socioeconomic need, which is correlated with poorer health. More information can be found by clicking on the SocioNeeds Index tab at www.HealthyNTexas.org.

Service Area SocioNeeds Index

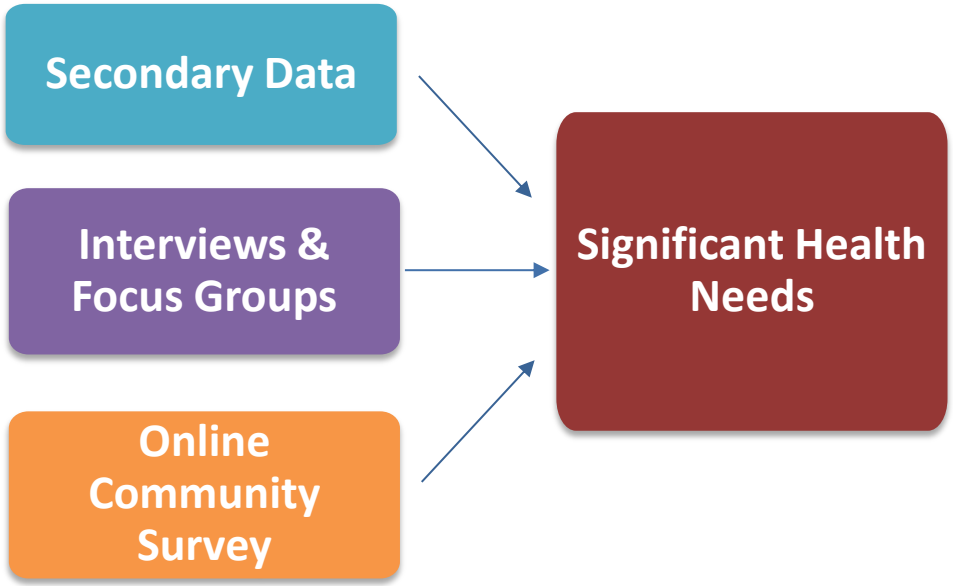


Data Analysis

Data Analysis Overview

In order to determine the significant health needs for THH's service area population, multiple sources of data were analyzed:

- **Secondary data**, or numerical health indicators, from the Healthy North Texas web platform were analyzed and scored based on their values.
- **Interviews and focus groups** were conducted with community members who have a fundamental understanding of public health and represent the broad interests of the community.
- An English-language **community survey** was distributed to people who live and work in the area.



Each data source listed above has its own set of strengths and limitations, so the findings from all 3 data sets were compared and studied together. If a health need appeared in more than one of the data sources, then that health need was considered to be significant for the community.

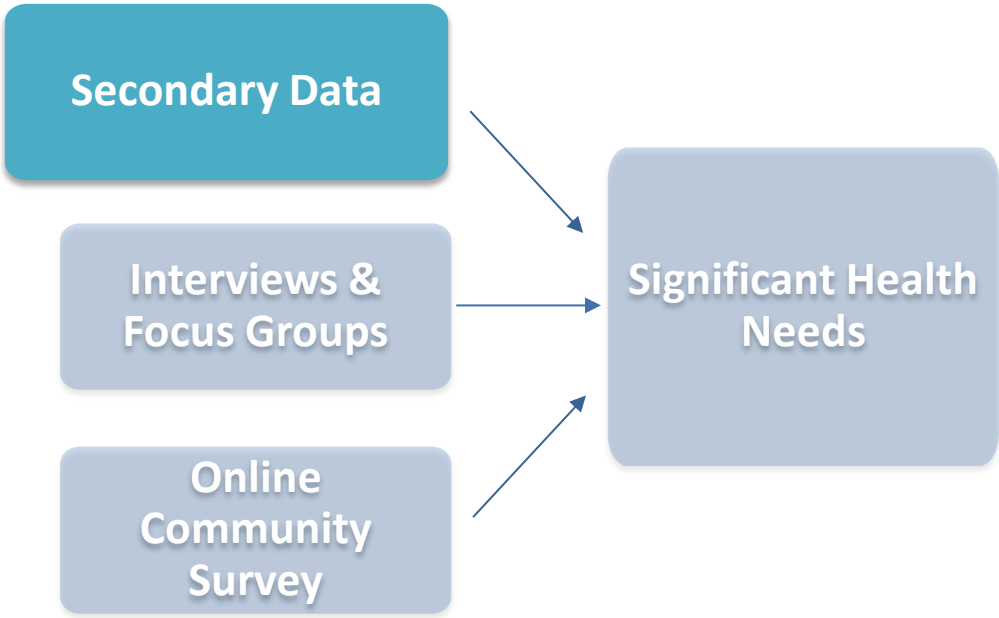
Data Analysis

Secondary Data

Secondary Data Analysis Overview

This section describes how secondary data was collected and analyzed using the Healthy North Texas web platform, and HCI's "Secondary Data Scoring" technique to rank and identify which health topics have the greatest room for improvement.

Secondary data refers to data that has been collected from vetted local, state, and national sources. Examining secondary data allows us to compare numerical values for specific health indicators.



Secondary Data Analysis – Healthy North Texas Platform

Healthy North Texas (www.HealthyNTexas.org) is a publicly available data platform that was leveraged to conduct this assessment. The platform contains a dashboard of over 100 health and quality of life indicators from public state and national secondary data sources, and is maintained by the Healthy Communities Institute.

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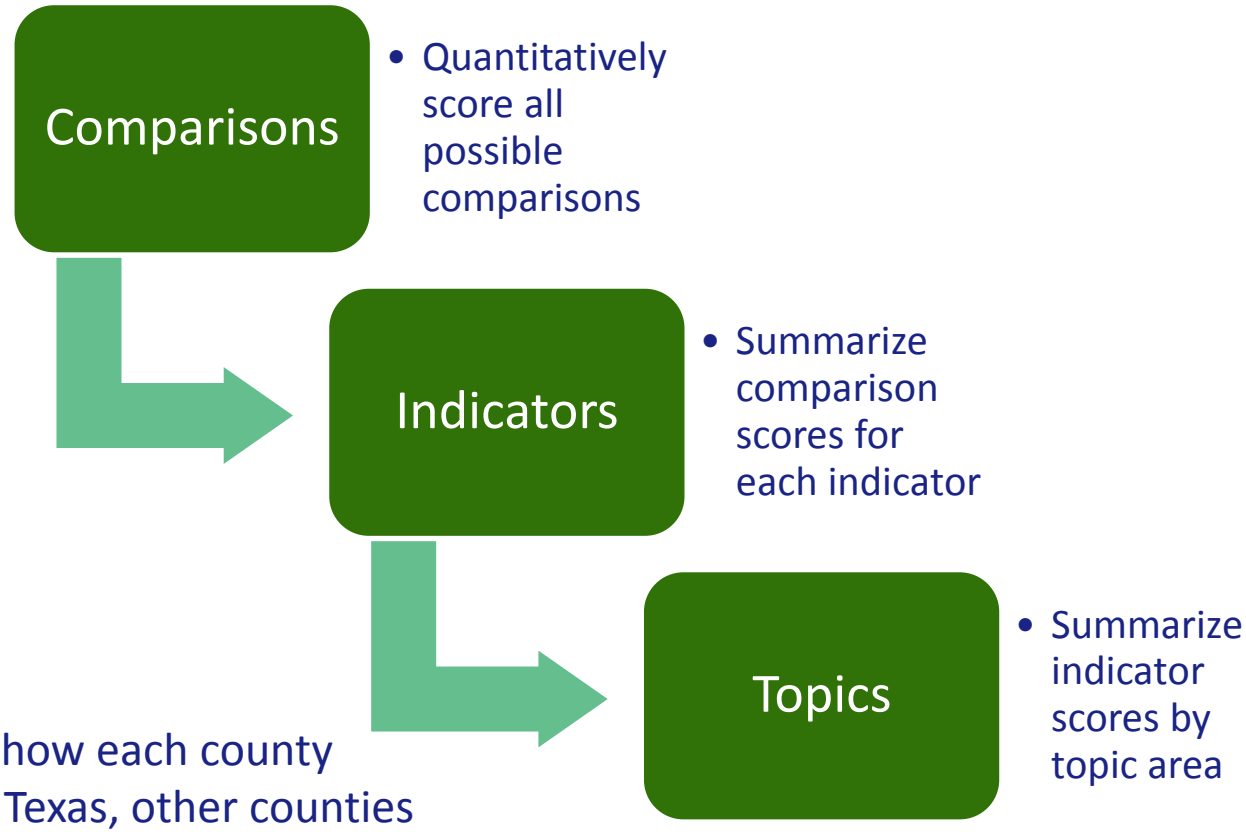
Secondary Data Analysis – County-Level Secondary Data Scoring

Data scoring is a tool developed by Healthy Communities Institute to systematically score and rank health indicators and topics. Data scoring summarizes the many types of comparisons for each indicator, which are then summarized by broader health topics.



Each indicator score factors in how each county compares to other counties in Texas, other counties in the U.S., the Texas state value, the U.S. value, Healthy People 2020 targets and the trend over the 4 most recent time periods of measure.

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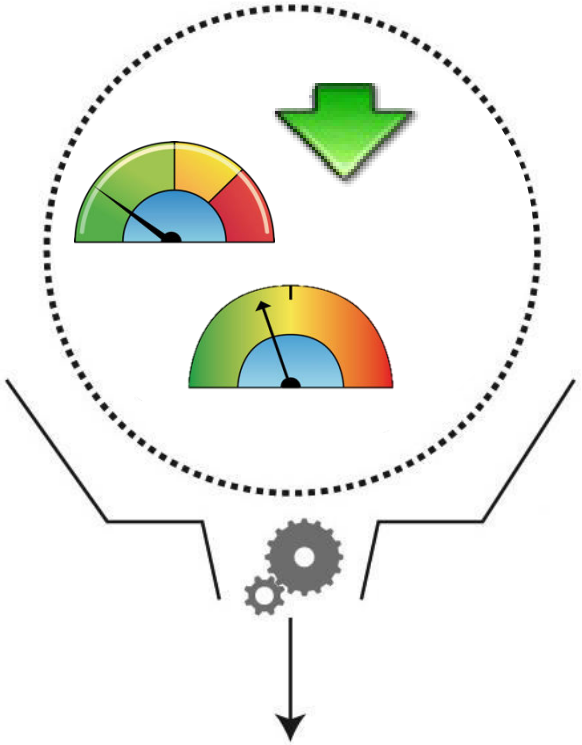
County Level Analysis – Secondary Data Scoring

All indicators on the Healthy North Texas platform, along with PQI data provided by THR, were analyzed and scored based on the comparisons to the right. Health indicators are grouped into topic areas for a higher level ranking of community health needs.

- Texas Counties
- US Counties
- Texas State
- US Value
- HP 2020
- Trend



Indicator Score

Topic Score

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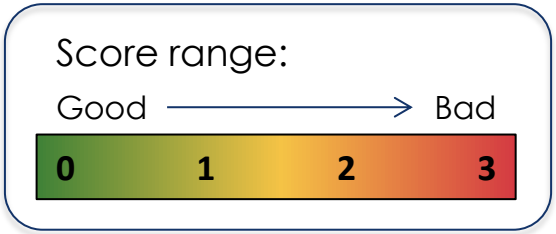
Data Scoring Example: Calculating the topic score for **Cancer**

Cancer Indicators	Score
Cancer: Medicare Population	2.67
Cervical Cancer Incidence Rate	2.25
Oral Cavity and Pharynx Cancer Incidence Rate	1.69
Pap Test History	1.67
Age-Adjusted Death Rate due to Prostate Cancer	1.53
Breast Cancer Incidence Rate	1.50
Colon Cancer Screening	1.50
Prostate Cancer Incidence Rate	1.50
Age-Adjusted Death Rate due to Colorectal Cancer	1.44
Age-Adjusted Death Rate due to Breast Cancer	1.36
All Cancer Incidence Rate	1.33
Age-Adjusted Death Rate due to Cancer	1.22
Age-Adjusted Death Rate due to Lung Cancer	1.22
Mammogram History	1.17
Lung and Bronchus Cancer Incidence Rate	1.00
Colorectal Cancer Incidence Rate	0.89

The overall topic score represents the average of all health indicators relevant to the topic of cancer.

Cancer Topic Score: 1.50

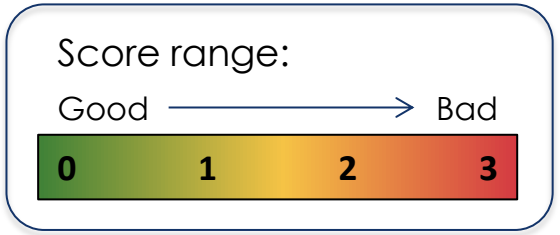


Johnson County Level Analysis – Secondary Data Scoring

The results below represent the data scoring for all health and quality of life topics for which data was available on the Healthy North Texas platform for **Johnson County**.

Health Topic	Score
Mental Health & Mental Disorders	2.52
Other Chronic Diseases	2.08
Heart Disease & Stroke	1.90
Older Adults & Aging	1.90
Respiratory Diseases	1.85
Cancer	1.85
Access to Health Services	1.83
Other Conditions	1.78
Children's Health	1.71
Women's Health	1.69
Diabetes	1.61
Exercise, Nutrition, & Weight	1.56
Men's Health	1.49
Immunizations & Infectious Diseases	1.31
Prevention & Safety	1.28
Maternal, Fetal & Infant Health	0.91
Substance Abuse	0.82

Quality of Life Topic	Score
Transportation	2.11
Education	1.54
Environment	1.50
Economy	1.15
Public Safety	1.11
Social Environment	1.08



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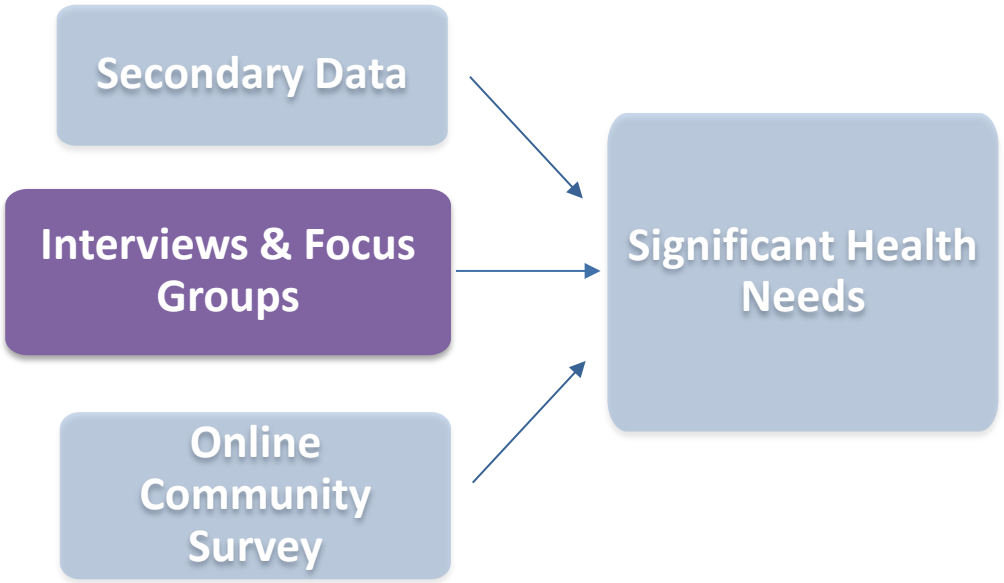
Data Analysis

Interviews & Focus Groups

Interview & Focus Group Analysis Overview

This section describes how interviews and focus groups with people who live and work in the community were conducted and analyzed to determine significant health needs. The interviews and focus groups captured valuable community input and provide additional insight into the community's significant health needs.



Persons with public health expertise, the ability to speak on the needs of low-income, underserved, or minority populations, and the ability to speak on the broad interests of the community were asked to act as key informants for interviews and as focus group participants. The interviews and focus groups captured valuable community input and provide additional insight into the community's significant health needs.

Interview & Focus Group Analysis

Two interviews were conducted between 11/24/2015-11/25/2015, and one focus group discussion took place on 1/26/16 with 11 attendees. Interview and focus group discussion questions were organized around the following themes and questions shown below:

- **Community Health Status:** How would you rate the health status of the community?
- **Health Needs/Issues:** What are the major health needs/issues you see in the community?
  - ***Data gaps:*** Could you help us fill in data gaps by telling me a little about how [topic area] is impacting the community?
  - ***Barriers:*** What are barriers to receiving care and for building a healthy community?
  - ***Impact by population:*** Who in your community appears to struggle most with these issues you've identified and how does it impact their lives?
- **Community Resources:** Could you tell me about some of the strengths and resources in your community that address these issues, such as groups, initiatives, services, or programs?
- **The Role of the Hospital:** How can THR better partner with you to improve the health of the communities we serve together?
- **Vision of the Community:** What is your vision for a healthy community?

Interview & Focus Group Analysis

Notes from the interviews and the focus group discussion were transcribed and uploaded to the web-based qualitative data analysis tool, Dedoose©. The transcriptions were coded by relevant health topic areas and themes. The frequency with which a health topic was discussed was used to assess the relative importance of that health and/or social need and determine the most pressing health needs of the community. The word cloud below illustrates the most prominent themes in the interviews and focus group discussions for **THH**. Themes mentioned more frequently are displayed in larger font.

Source: Wordle.com

The results below represent the most frequently cited community health needs, barriers to community health, and populations most negatively affected by poor health outcomes according to the community members who were interviewed and focus group participants.

Top Community Health Needs

1. Access to Health Services
2. Mental Health & Mental Disorders
3. Exercise, Nutrition & Weight
4. Older Adults & Aging
5. Economy
6. Education
7. Children's Health

Top Barriers to Community Health

1. Healthcare Navigation
2. Transportation
3. Language/Cultural Barriers

Most Negatively Impacted Populations

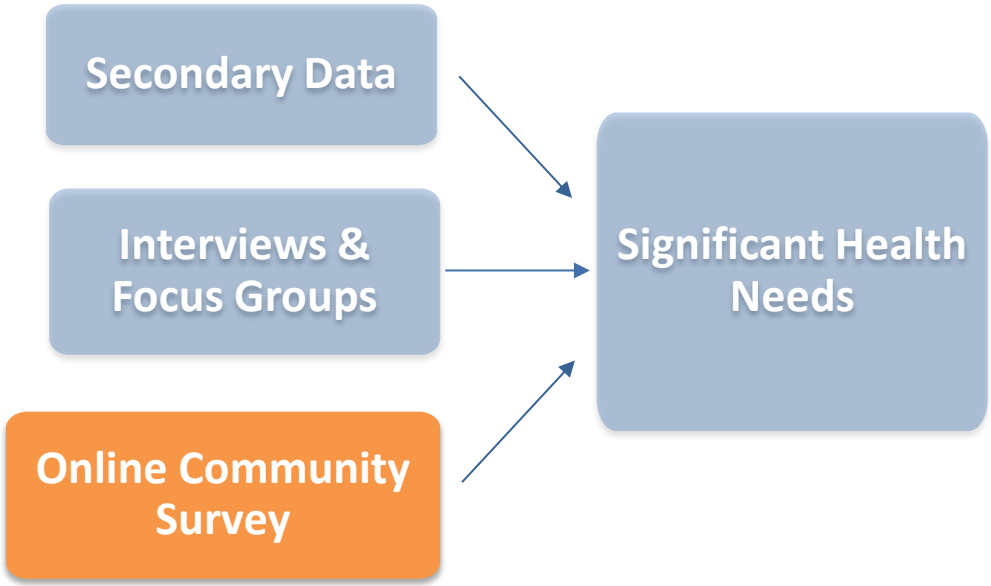
- Low-Income/Underserved
- Uninsured
- Hispanic/Latino

Data Analysis

Online Community Survey

Online Community Survey Analysis Overview

An online survey was developed using Survey Monkey© in order to gain additional insight into community health needs. The link was distributed widely across THR's service area, and the results in this report are based on the cities and towns that comprise THH's service area.

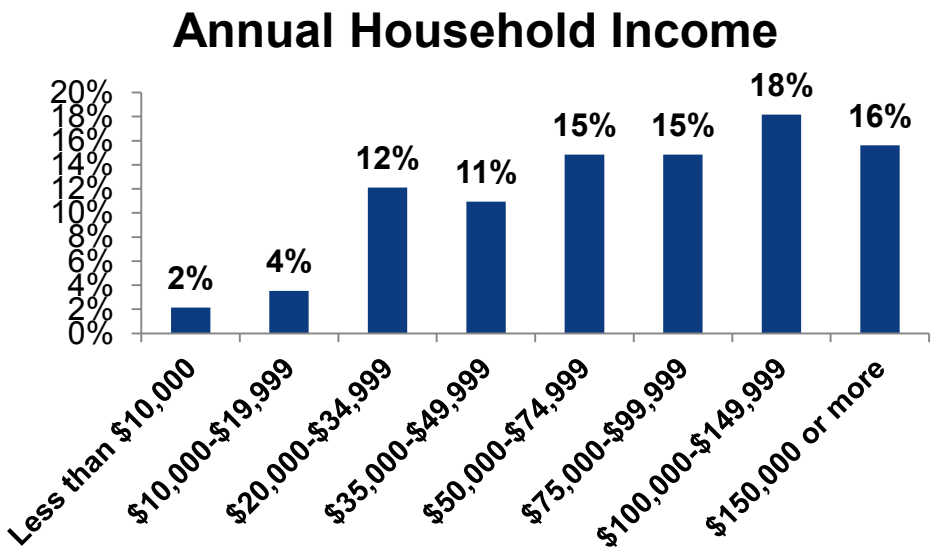


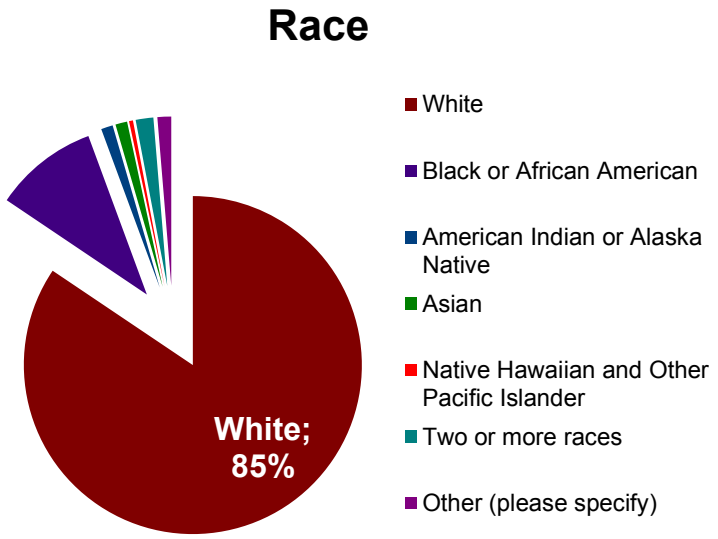
This was a convenience sample survey, which means results may be vulnerable to selection bias and make the findings less generalizable. The online survey was conducted only in English, and therefore the demographics of respondents may not mirror the actual demographics of the service area. A total of 540 people from THH's service area responded to the survey between 12/1/15 – 2/12/16. The results of the online community survey are highlighted on the following slides.

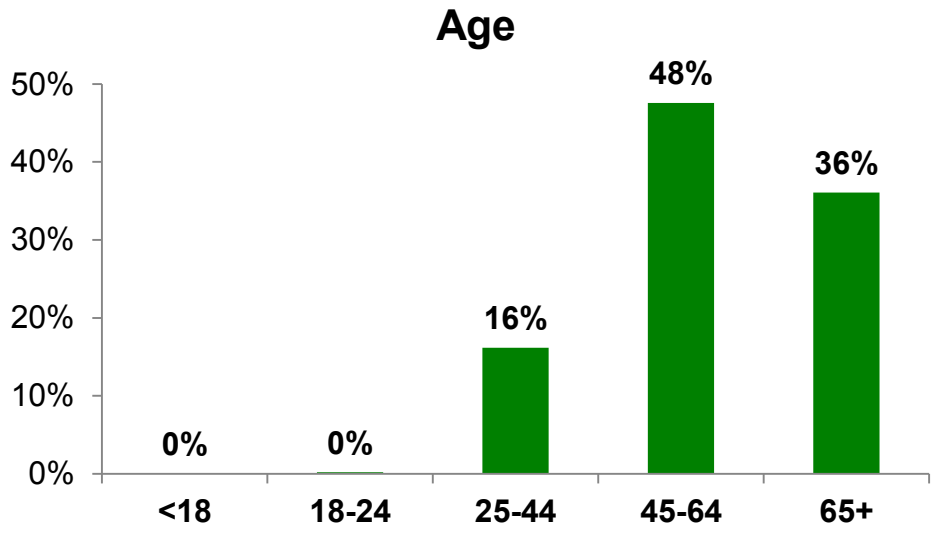
Online Community Survey Results – Respondent Demographics

- Gender: 27% Male, 73% Female
- 20% of respondents were Healthcare Professionals
- 64% have Bachelor's Degree or higher

***Note: Convenience Sample Survey, demographics of respondents do not mirror the actual demographics of the service area*







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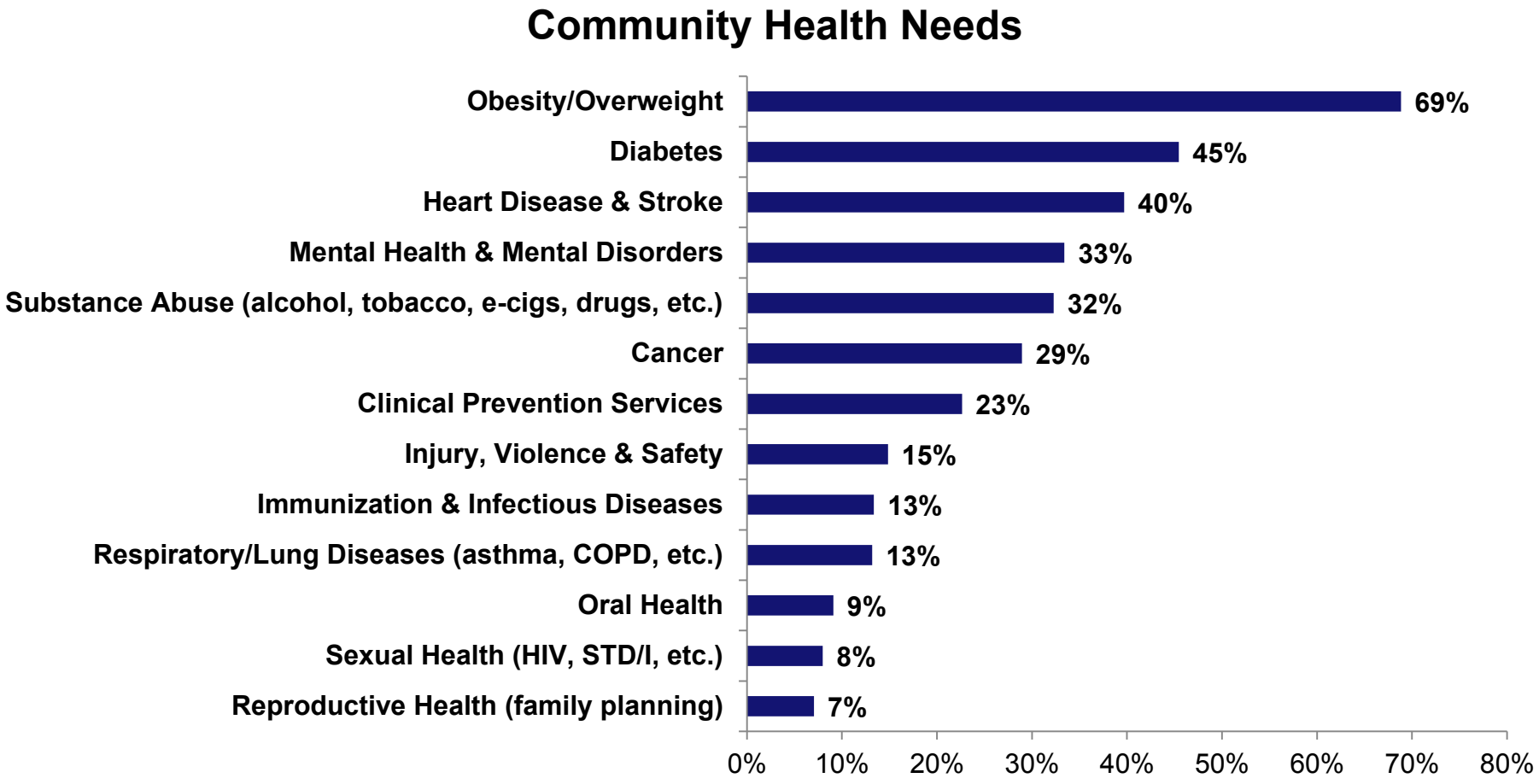
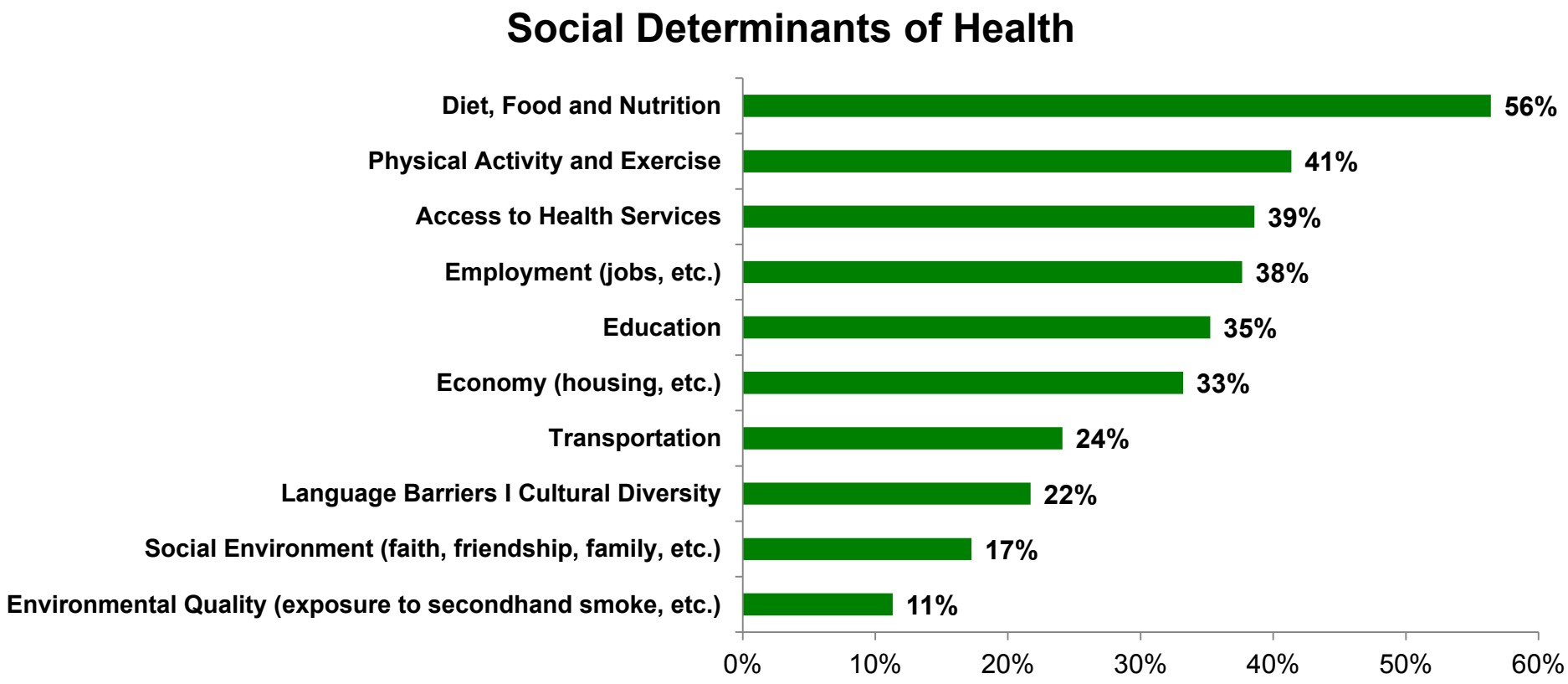
Online Community Survey Results – Community Health Needs

Results below pertain to what respondents feel are the greatest community health needs.

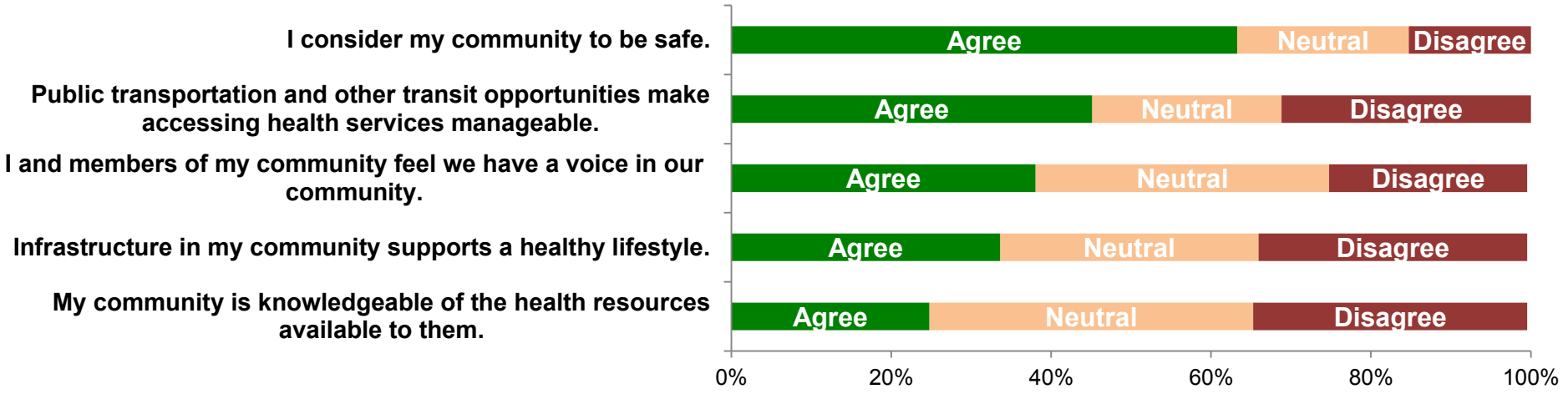


Social determinants are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. The results below show which social determinants respondents feel have the most significant impact on the health of their community.

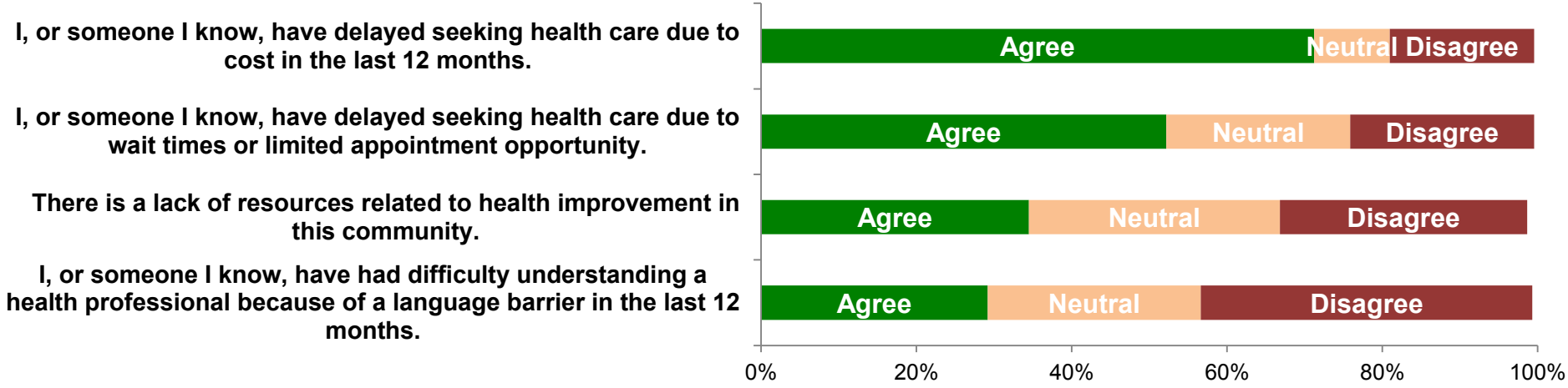


Results below pertain to respondent's views on community assets and barriers to health.

Community Assets



Community Barriers



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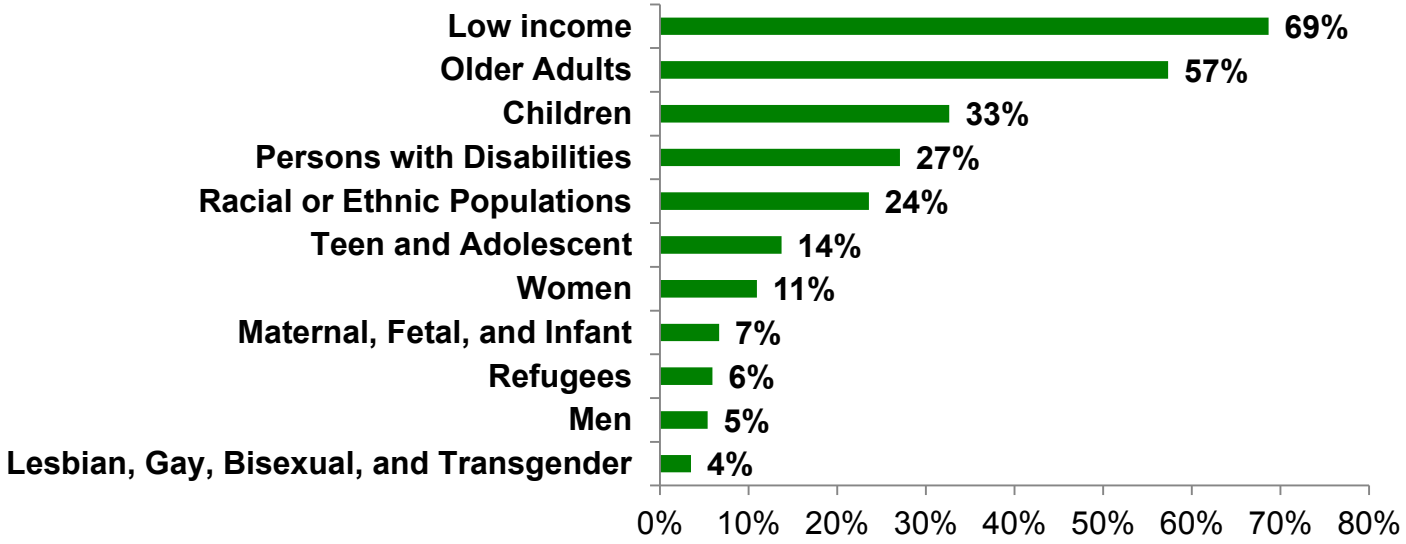
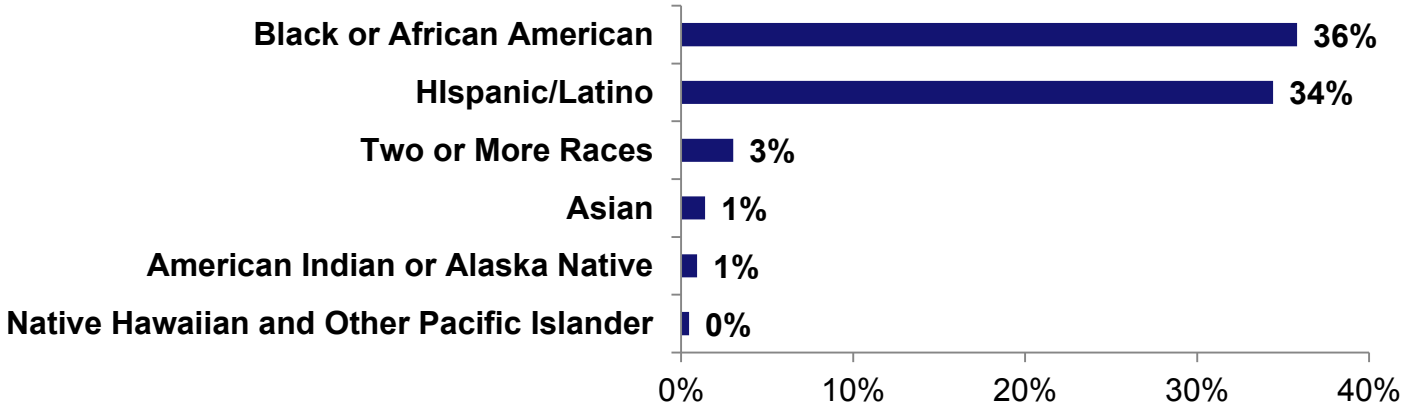
Results to the right pertain to which racial/ethnic groups and specific populations are most negatively affected by poor health outcomes.

Populations Highly Impacted by Poor Health Outcomes



Highly Impacted Race/Ethnic Groups



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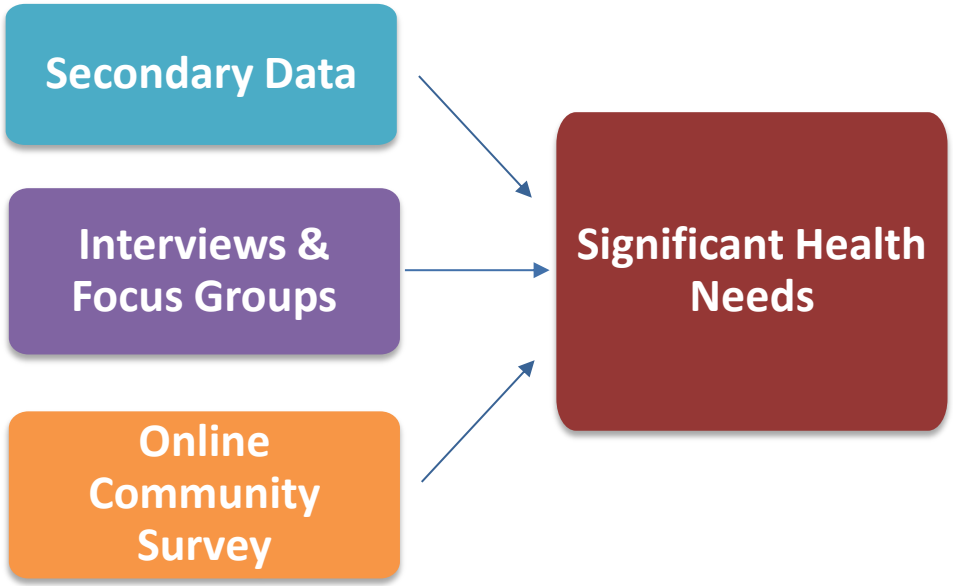
Data Synthesis

Identifying Significant Community Health Needs

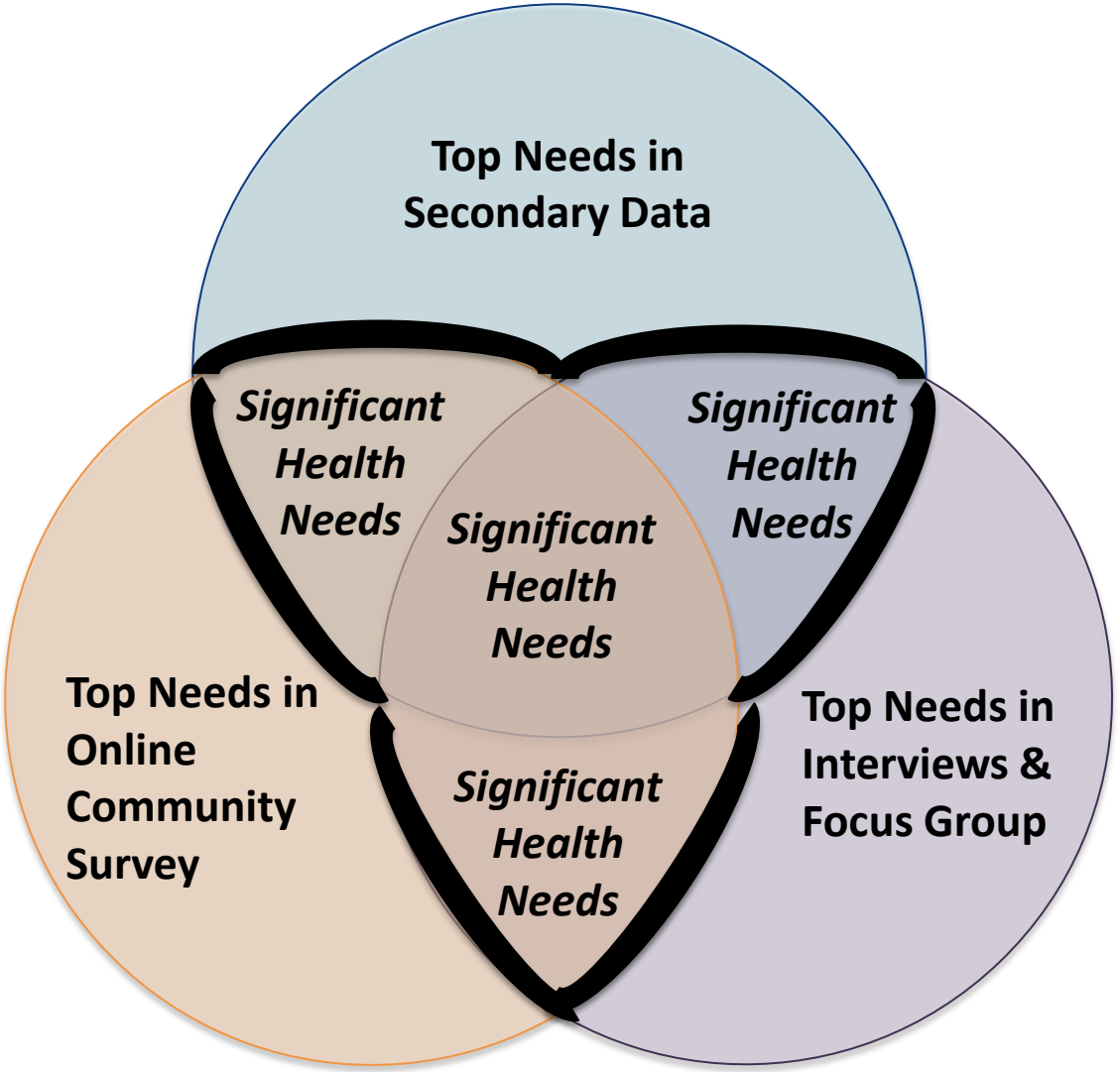
Data Synthesis Overview

As mentioned in the data analysis overview of this report, each data source listed to the right has its own set of strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for THH's service area, the findings from all 3 data sets were compared and studied together. This will be illustrated using a Venn-diagram on the following slides.

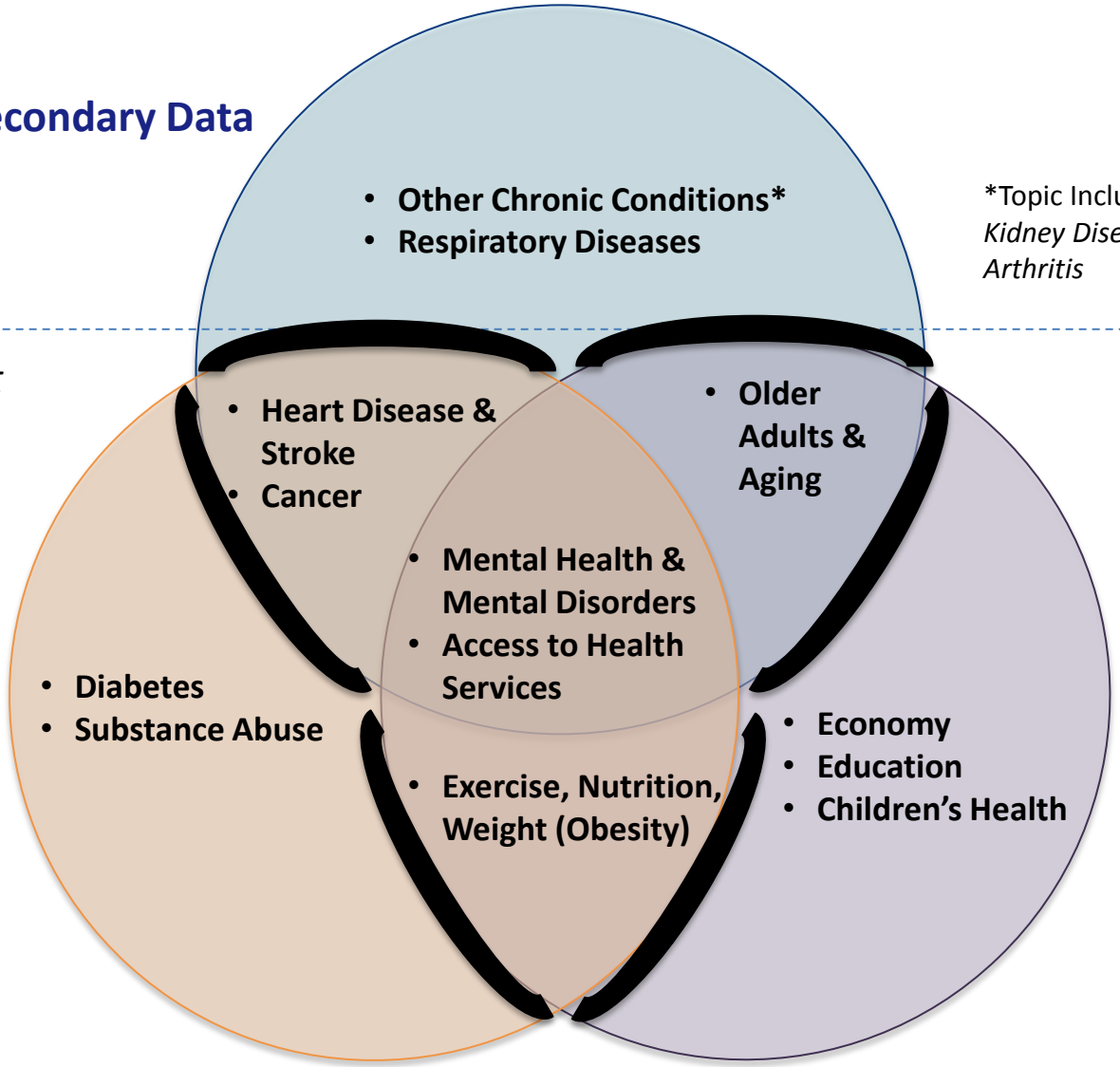


Data Synthesis Overview

The secondary data, interviews and focus group, and the online community survey were treated as three separate sources of data. The top 5-7 health needs identified by each data source were analyzed for areas of overlap with the other two data sources. Health needs were determined to be significant if they were cited as a top need in at least two of the three data sources.



Data Synthesis Results for Texas Health Huguley



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THH Significant Community Health Needs Summary

Access to Health Services

- Improved access to comprehensive, quality health care services is one of the HP2020 goals, and an important concern in order to improve health equity and quality of life.
- Topic area includes indicators of or directly related to health care provider rate, health insurance status, usual source of health care, and difficulties obtaining health care

Cancer

- Cancer is a leading cause of death and is a significant public health burden and societal cost. HP2020's goal is to reduce the number of new cancer cases and cancer-related illness, disability and death.
- Topic area includes indicators related to incidence, prevalence and death rates of various cancer types

Exercise, Nutrition, & Weight

- Nutritious diets, regular physical activity, and healthy weight maintenance are all important aspects of chronic disease prevention. The HP2020 goal is to improve health and quality of life through these behaviors.
- Topic area includes indicators of or directly related to physical activity, obesity/overweight, and nutrition

Heart Disease & Stroke

- Heart disease is the leading cause of death in the US. HP2020's goal is to improve cardiovascular health through prevention, detection, and treatment of risk factors for heart attacks and strokes.
- Topic area includes indicators of or directly related to prevalence, complications, and deaths due to heart disease, stroke, high blood pressure, heart attack, etc.

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THH Significant Community Health Needs Summary

Mental Health & Mental Disorders

- Mental disorders are among the most common forms of disability. The HP2020 goal is to improve mental health through prevention and by ensuring access to appropriate, quality mental health services.
- Topic area includes indicators of or directly related to access to mental health care, prevalence of mental illness, and general mental health status

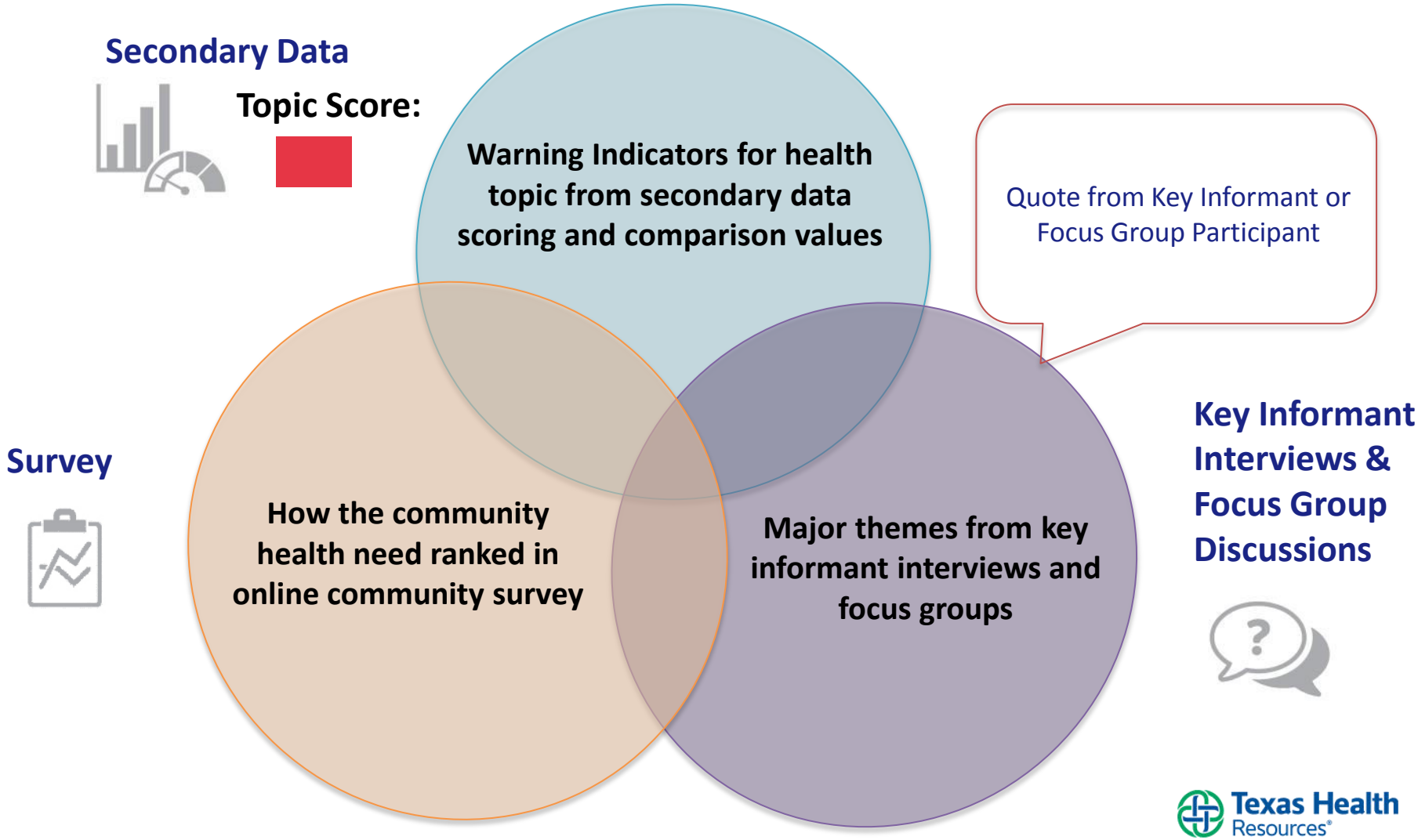
Older Adults & Aging

- Older adults are among the fastest growing age group and are at high risk for developing chronic illness and related disabilities. The HP2020 goal is to improve the health, function, and quality of life of older adults.
- Topic area includes indicators of or directly related to health issues specific or especially pertinent to older adults (usually age 65+)

Significant Community Health Needs

Exploring Significant Health Needs - Overview Slide

Data analysis findings relevant to the significant health needs identified in the data synthesis will be outlined on the following slides using the format below:



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Access to Health Services

Secondary Data

Topic Score:

1.83

27 non-physician primary care providers/100,000 population
(TX: 53 providers/100,000 pop.)

89.5% of **children** have **health insurance**
(US: 94.0%; HP2020: 100%)

74.5% of **adults** have **health insurance**
(US: 83.7%; HP2020: 100%)

There is a **need** for **sustainable**, **accessible**, and **affordable** health care that reaches all **demographics**: age and income.

Survey

7th

most pressing health need in Community Survey

(Clinical prevention services)

Key Informant Interviews & Focus Group Discussions

- There is a **need** for more **specialty physicians** and **pediatricians**
- Lack of **transportation** and **access opportunities** for the **disabled** population
- **Affordability** is a concern – many **families** on a **fixed income**

Texas Health Resources®

Cancer

Secondary Data

Topic Score:

1.85

183.2 deaths/100,000 population due to **Cancer** *(TX: 164.6 deaths/100,000 pop.)*

18.5 deaths/100,000 population due to **Colorectal Cancer** *(TX: 15.4 deaths/100,000 pop.)*

57.2 deaths/100,000 population due to **Lung Cancer** *(TX: 43.5 deaths/100,000 pop.)*

Survey

6th

most pressing health need in Community Survey

Key Informant Interviews & Focus Group Discussions

- *Was not discussed by key informant or focus group participants*

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Exercise, Nutrition & Weight

Secondary Data

Topic Score:

1.56

0.7 Fast Food Restaurants per 1,000 population

25.8% of **Children** are **Food Insecure**
(US: 21.4%)

70.5% of **population** have **Access to Exercise Opportunities**
(TX: 84.3%)

Survey

1st

most pressing health need in Community Survey

(Obesity/overweight)

- Community members value **convenience** and **low cost** of fast food – need **healthier options**
- **Lack access** to **safe parks** for **families**
- Community Initiative, **"Be Healthy",** under the City of Burleson is a **great resource** for **community partnership**

Key Informant Interviews & Focus Group Discussions

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**

Texas Health Resources®

Heart Disease & Stroke

Secondary Data

Topic Score:

1.90

19.9% of the **Medicare** Population were treated for **Heart Failure**
(TX: 16.5%)

52.8 deaths/100,000 population due to **Cerebrovascular Disease (Stroke)**
(TX: 42.6 deaths/100,000)

8.1% of the **Medicare** Population were treated for **Atrial Fibrillation**
(TX: 7.0%)

Chronic disease is a very significant health need in this community

Survey

3rd

most pressing health need in Community Survey

- Limited **support** services for **chronic diseases**
- **Poor nutrition**
- Lack of **education** around **healthy lifestyle choices**

Key Informant Interviews & Focus Group Discussions

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Mental Health & Mental Disorders

Secondary Data

Topic Score:

2.52

19.8% of the Medicare Population in had **Depression** *(TX: 16.2%)*

12.6% of the Medicare Population had **Alzheimer's Disease or Dementia** *(US: 9.8%)*

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.

Survey

4th

most pressing health need in Community Survey

Key Informant Interviews & Focus Group Discussions

- Lack of **mental health resources** for **children**, **adolescents**, and **adult caregivers**
- **Suicide** among **adolescents** is a community concern
- Group homes are filling up, many children are living in foster care

Texas Health Resources®

Older Adults & Aging

Secondary Data

Topic Score:

1.90

19.8% of the **Medicare** Population are **Depressed**
(TX: 16.2%)

6% of the **Medicare** Population has **Asthma**
(TX: 5%)

17% of the **Medicare** Population has **Chronic Kidney Disease**
(TX: 16%)

Older population struggles with **accessing services**, especially those without family members nearby or those leading a more **isolated** life.

Survey

2nd

most impacted population by poor health outcomes in Community Survey

Key Informant Interviews & Focus Group Discussions

- **Outreach** to **senior citizens** is **limited**
- Many **seniors** have issues **navigating healthcare systems** – can't locate **physicians** who accept **Medicare**
- Older adult **population** is **growing**

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Significant Community Health Disparities & Barriers

Investigating Health Disparities & Barriers

An important goal of the community health needs assessment process is identifying unmet health needs in underserved populations. Health disparities and barriers were identified using the 3-pronged approach described to the right.

Secondary Data:

Index of Disparity: Identifies large disparities based on how far each subgroup (by race/ethnicity) is from the overall county value

SocioNeeds Index: Identifies socioeconomic disparities by zip code

Primary Data:

Key Informants and Focus Group Participants were asked which racial, ethnic, or special population groups were most negatively impacted with respect to community health concerns, and what barriers to health exist in their communities

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THH Significant Health Disparities

Disparity Findings in Primary Data

- Mental health and suicide among adolescent populations
- Access to health services among children
- Obesity and other chronic health conditions among children

Disparity Findings in Secondary Data

- Infants born to mothers with <12 years education highest among Hispanic mothers
- Teen births among Hispanic teens

Comments from Key Informants:

Disabled population and large population of **uninsured** in Johnson County struggle with access to care. Don't have county hospital, very **few qualify** for quality care. Even so, **transportation** services are costly and difficult for those on a **fixed income**.

Hispanics are **underserved** and have **language barriers**. Hispanic community doesn't reach outside of network for immediate assistance – doesn't mean they don't need it. Lack of Hispanic **"community leaders"** – e.g., there are people representing the African American community who other African Americans can reach out to when they need advocacy.

Zip Codes w/ Greatest Socioeconomic Need:

- 76059
- 76140

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Top 3 Barriers Cited by Key Informants & Focus Group Participants

Healthcare Navigation

- Education and general literacy around healthcare
- Resource Guide

We get inquiries with **seniors** for who they can turn to for **Medicare**. **Can't locate physicians**, or their doctor **doesn't accept Medicare**. Problem with ACA, people have issues **navigating** system, can't find a **provider**.

Transportation

- 2 zip codes have greater than 4.8% of households without a vehicle
- Access to services difficult for disabled and elderly populations

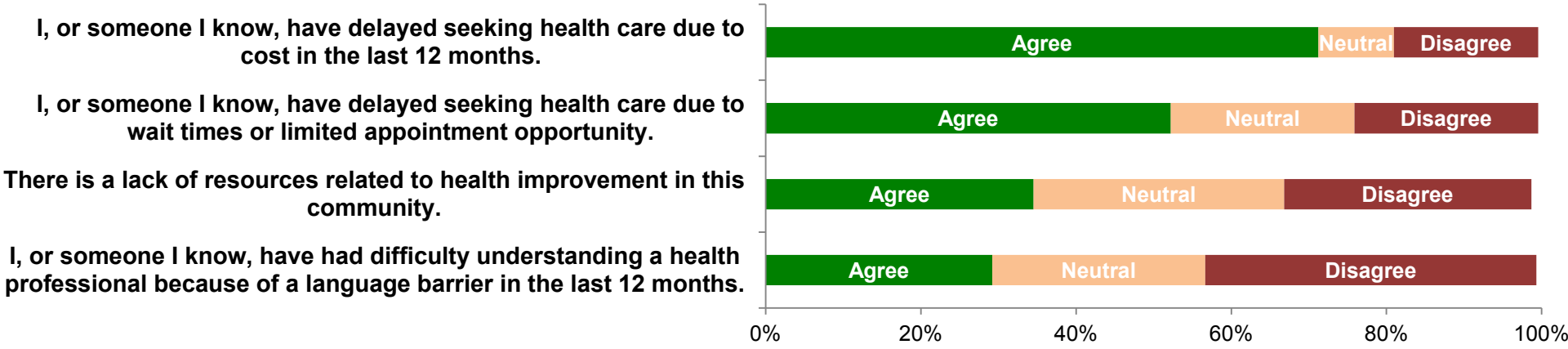
We don't have **public transportation** here, we have a paid service for the Johnson county area… primary riders are those getting to a **doctor's appointment**—called **City to City**. Partially funded by tax dollars, goal is to provide **rural** residents transit to doctor's appointment.

Language/Cultural Barriers

- Critical to build relationships with Hispanic community and offer bilingual services

Those without **English** as their primary **language** in the home struggle. There are generally **bilingual** staff at facilities, but there is **fear** reaching out for these support services.

Community Barriers



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THH Significant Health Topics & Barriers - Summary

Significant Health Topics
Access to Health Services
Cancer
Exercise, Nutrition, & Weight (Obesity)
Heart Disease & Stroke
Mental Health & Mental Disorders
Older Adults & Aging

Significant Health Barriers
Transportation
Language/Cultural Barriers
Healthcare Navigation & Literacy

Data synthesis revealed these significant health topics and barriers for THH's service area. The health topics and barriers on the left represent the full list of significant community health needs that were considered for prioritization.

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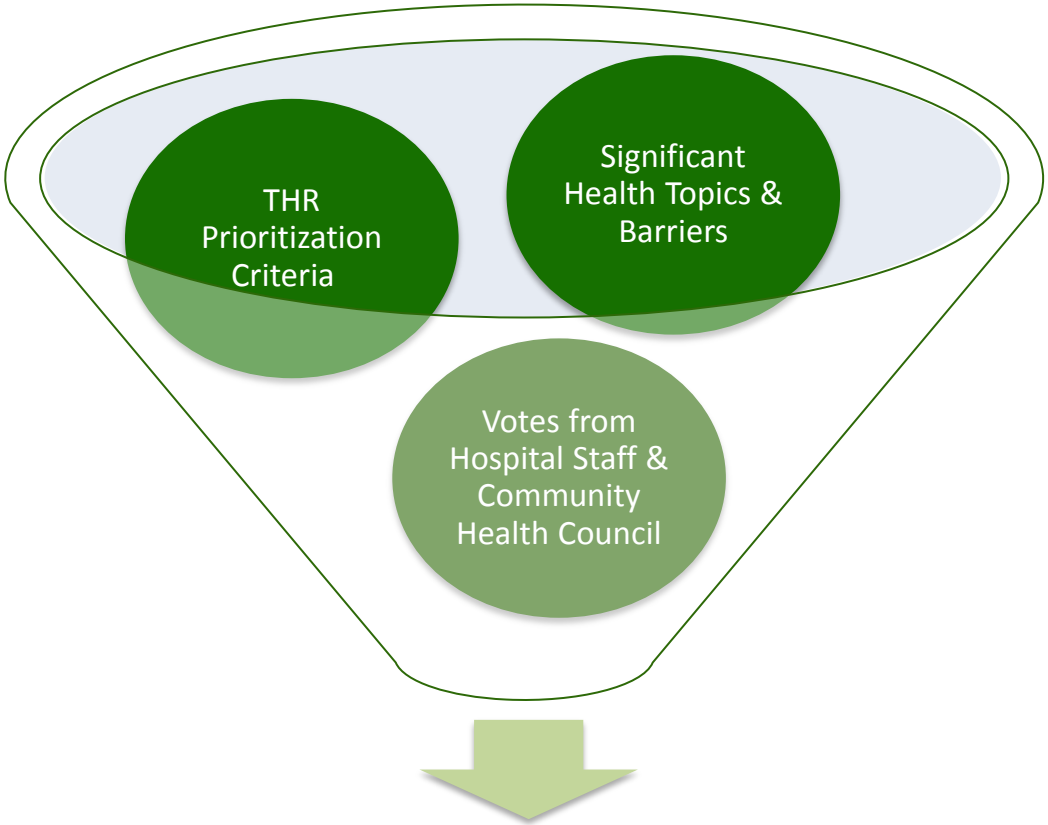
Prioritization of Significant Community Health Needs

Prioritization Process & Criteria

To prioritize the significant health topics and barriers for THH's service area, key hospital staff and community stakeholders engaged in multiple rounds of voting and discussion on May 25th, 2016. For each round, prioritization participants were allowed a set number of votes. After each round of voting, participants discussed results and eliminated health topics with the lowest number of votes. Prior to the voting and discussion, prioritization participants were asked to consider how each significant health need applied to the following criteria:

- **Alignment w/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 community'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?

THH Priority Health Topics for 2016 CHNA



THH's Priority Health Topics for 2016 CHNA

Access to Health Services	**Mental Health & Mental Disorders**	**Exercise, Nutrition & Weight**	**Older Adults & Aging**

These priority health topics will subsequently be considered for implementation planning.

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The following information can be found in the Appendices:

I. Data Scoring Outputs
II. Secondary Data Sources
III. Resources Cited from Community Input
IV. Organizations who participated in Focus Groups and/or Key Informant Interviews
V. Prioritization Session Participants
VI. Evaluation of Actions Taken Since Preceding CHNA
VII. Service Area Zip Codes
VIII. Project Team

Appendices

Appendix I: Johnson County Data Scoring

SCORE	ACCESS TO HEALTH SERVICES	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
2.08	Non-Physician Primary Care Provider Rate	*providers/100,000 population*	27		53		*2014*	
1.81	Children with Health Insurance	*percent*	89.5	100	89	94	*2014*	
1.75	Adults with Health Insurance	*percent*	74.5	100	74.3	83.7	*2014*	
1.75	Dentist Rate	*dentists/100,000 population*	34		52		*2013*	
1.75	Primary Care Provider Rate	*providers/100,000 population*	48		59		*2012*	

SCORE	CANCER	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
2.22	Age-Adjusted Death Rate due to Cancer	*deaths/100,000 population*	183.2	161.4	164.6	166.4	*2008-2012*	
2.22	Age-Adjusted Death Rate due to Colorectal Cancer	*deaths/100,000 population*	18.5	14.5	15.4	14.7	*2008-2012*	
2.22	Age-Adjusted Death Rate due to Lung Cancer	*deaths/100,000 population*	57.2	45.5	43.5	45	*2008-2012*	
2.19	Oral Cavity and Pharynx Cancer Incidence Rate	*cases/100,000 population*	12.6		10.6	11.3	*2008-2012*	
2.17	Lung and Bronchus Cancer Incidence Rate	*cases/100,000 population*	72.1		58.1	63.7	*2008-2012*	
2.00	Cancer: Medicare Population	*percent*	7.2		7.1	7.9	*2012*	
1.97	Age-Adjusted Death Rate due to Breast Cancer	*deaths/100,000 females*	23.3	20.7	21	21.3	*2008-2012*	
1.86	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/100,000 males*	20.5	21.8	19.6	19.6	*2008-2012*	
1.83	Colorectal Cancer Incidence Rate	*cases/100,000 population*	45.4	38.6	40.2	41.9	*2008-2012*	
1.58	Cervical Cancer Incidence Rate	*cases/100,000 females*	8.8	7.1	9.2	7.7	*2008-2012*	
1.56	All Cancer Incidence Rate	*cases/100,000 population*	444.7		417.8	453.8	*2008-2012*	
1.50	Breast Cancer Incidence Rate	*cases/100,000 females*	109.5		113.1	123	*2008-2012*	
0.67	Prostate Cancer Incidence Rate	*cases/100,000 males*	106.6		115.7	131.7	*2008-2012*	

SCORE	CHILDREN'S HEALTH	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
1.81	Children with Health Insurance	*percent*	89.5	100	89	94	*2014*	
1.67	Child Food Insecurity Rate	*percent*	25.8		27.4	21.4	*2013*	
1.67	Children with Low Access to a Grocery Store	*percent*	6.2				*2010*	
1.67	Low-Income Preschool Obesity	*percent*	14.9				*2009-2011*	

* AIAN = American Indian/AK Native, NH = Native Hawaiian, PI = Pacific Islander, API = Asian or Pacific Islander, NHPI = Native Hawaiian/Pacific islander, Mult = Multiracial, Hisp = Hispanic/Latino

Appendix I: Johnson County Data Scoring

SCORE	DIABETES	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
2.11	Diabetes Short-Term Complication	*hospitalizations/100,000*	133.7		62.5		*2013*	
2.00	Diabetes: Medicare Population	*percent*	27.3		28.6	27	*2012*	
1.89	Diabetes Long-Term Complication	*hospitalizations/100,000*	148.6		119.1		*2013*	
1.50	Rate of Lower-Extremity Amputation	*hospitalizations/100,000*	20.2		22		*2013*	
1.18	Uncontrolled Diabetes	*hospitalizations/100,000*	12.5		12.6		*2013*	
0.97	Age-Adjusted Death Rate due to Diabetes	*deaths/100,000 population*	19.8		22	21.2	*2009-2013*	

SCORE	ECONOMY	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
1.89	SNAP Certified Stores	*stores/1,000 population*	0.6				*2012*	
1.67	Child Food Insecurity Rate	*percent*	25.8		27.4	21.4	*2013*	
1.67	Food Insecurity Rate	*percent*	16.6		17.6	15.8	*2013*	
1.67	Low-Income Preschool Obesity	*percent*	14.9				*2009-2011*	
1.50	Low-Income and Low Access to a Grocery Store	*percent*	6.6				*2010*	
1.42	Severe Housing Problems	*percent*	14		18.3		*2007-2011*	
1.33	Per Capita Income	*dollars*	24816		26019	28155	*2009-2013*	
1.28	Households with Cash Public Assistance Income	*percent*	1.7		1.8	2.8	*2009-2013*	
1.28	Unemployed Workers in Civilian Labor Force	*percent*	4.3		4.4	5.2	*Aug 2015*	
1.17	Low-Income Persons who are SNAP Participants	*percent*	36.7				*2007*	
1.08	Students Eligible for the Free Lunch Program	*percent*	42.1		53.1		*2013-2014*	
1.00	Children Living Below Poverty Level	*percent*	16.7		25.3	21.6	*2009-2013*	
1.00	Families Living Below Poverty Level	*percent*	8.8		13.7	11.3	*2009-2013*	Black (20.5) White (6.2) Asian (12.2) AIAN (3.8) NHPI (0) Mult (20.9) Other (15.5) Hisp (21.8)
0.94	People Living 200% Above Poverty Level	*percent*	68.3		61.2	65.8	*2009-2013*	
0.83	People Living Below Poverty Level	*percent*	12		17.6	15.4	*2009-2013*	
0.72	Renters Spending 30% or More of Household Income on Rent	*percent*	42		49.1	52.3	*2009-2013*	
0.61	Homeownership	*percent*	68.6		55.8	56.9	*2009-2013*	
0.39	People 65+ Living Below Poverty Level	*percent*	7		11.3	9.4	*2009-2013*	Black (34.4) White (6.2) Asian (30.1) AIAN (0) Mult (7.6) Other (0) Hisp (10.3)
0.33	Median Household Income	*dollars*	57535		51900	53046	*2009-2013*	

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Appendix I: Johnson County Data Scoring

SCORE	EDUCATION	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
1.89	People 25+ with a Bachelor's Degree or Higher	*percent*	16.7		26.7	28.8	*2009-2013*	
1.75	Student-to-Teacher Ratio	*students/teacher*	14.9		15.4		*2013-2014*	
1.44	High School Drop Out Rate	*percent*	5.4		6.6		*2014*	
1.08	Infants Born to Mothers with <12 Years Education	*percent*	18.1		21.6	15.9	*2013*	White (10.9) Hisp (39.7)

SCORE	ENVIRONMENT	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
2.00	Grocery Store Density	*stores/1,000 population*	0.1				*2012*	
1.89	SNAP Certified Stores	*stores/1,000 population*	0.6				*2012*	
1.75	Annual Ozone Air Quality	*grade*	F				*2011-2013*	
1.72	Fast Food Restaurant Density	*restaurants/1,000 population*	0.7				*2012*	
1.67	Children with Low Access to a Grocery Store	*percent*	6.2				*2010*	
1.61	PBT Released	*pounds*	17280				*2013*	
1.61	Recognized Carcinogens Released into Air	*pounds*	44175				*2013*	
1.58	Access to Exercise Opportunities	*percent*	70.5		84.3		*2015*	
1.58	Farmers Market Density	*markets/1,000 population*	0.01			0.03	*2013*	
1.50	Low-Income and Low Access to a Grocery Store	*percent*	6.6				*2010*	
1.50	Recreation and Fitness Facilities	*facilities/1,000 population*	0.1				*2012*	
1.42	Severe Housing Problems	*percent*	14.0		18.3		*2007-2011*	
1.33	People 65+ with Low Access to a Grocery Store	*percent*	2.6				*2010*	
1.25	Drinking Water Violations	*percent*	1.0		6.6		*FY 2013-14*	
1.25	Food Environment Index		7.1		6.4		*2015*	
1.17	Households with No Car and Low Access to a Grocery Store	*percent*	1.4				*2010*	
0.61	Liquor Store Density	*stores/100,000 population*	2.6		7.0	10.4	*2013*	

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
2.00	Grocery Store Density	*stores/1,000 population*	0.1				*2012*	
1.89	SNAP Certified Stores	*stores/1,000 population*	0.6				*2012*	
1.72	Fast Food Restaurant Density	*restaurants/1,000 population*	0.7				*2012*	
1.67	Child Food Insecurity Rate	*percent*	25.8		27.4	21.4	*2013*	
1.67	Children with Low Access to a Grocery Store	*percent*	6.2				*2010*	
1.67	Food Insecurity Rate	*percent*	16.6		17.6	15.8	*2013*	

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Appendix I: Johnson County Data Scoring

SCORE	EXERCISE, NUTRITION, & WEIGHT	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
1.67	Low-Income Preschool Obesity	*percent*	14.9				*2009-2011*	
1.58	Access to Exercise Opportunities	*percent*	70.5		84.3		*2015*	
1.58	Farmers Market Density	*markets/1,000 population*	0.01			0.03	*2013*	
1.50	Low-Income and Low Access to a Grocery Store	*percent*	6.6				*2010*	
1.50	Recreation and Fitness Facilities	*facilities/1,000 population*	0.1				*2012*	
1.33	People 65+ with Low Access to a Grocery Store	*percent*	2.6				*2010*	
1.25	Food Environment Index		7.1		6.4		*2015*	
1.17	Households with No Car and Low Access to a Grocery Store	*percent*	1.4				*2010*	
1.17	Low-Income Persons who are SNAP Participants	*percent*	36.7				*2007*	

SCORE	HEART DISEASE & STROKE	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
2.44	Heart Failure: Medicare Population	*percent*	19.9		16.5	14.6	*2012*	
2.31	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/100,000 population*	52.8	34.8	42.6	37.9	*2009-2013*	
2.28	Atrial Fibrillation: Medicare Population	*percent*	8.1		7.0	7.8	*2012*	
2.00	Angina Without Procedure	*hospitalizations/100,000*	21.4		9.0		*2013*	
2.00	Heart Failure	*hospitalizations/100,000*	640.5		317.0		*2013*	
1.83	Hyperlipidemia: Medicare Population	*percent*	44.2		45.4	44.8	*2012*	
1.83	Stroke: Medicare Population	*percent*	4.3		4.2	3.8	*2012*	
1.75	Age-Adjusted Death Rate due to Heart Disease	*deaths/100,000 population*	199.9		175.5	175.0	*2009-2013*	
1.68	Hypertension	*hospitalizations/100,000*	77.2		56.3		*2013*	
1.61	Hypertension: Medicare Population	*percent*	56.2		57.8	55.5	*2012*	
1.17	Ischemic Heart Disease: Medicare Population	*percent*	30.2		30.9	28.6	*2012*	

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
1.89	Bacterial Pneumonia	*hospitalizations/100,000*	432.3		236.4		*2013*	
1.50	Gonorrhea Incidence Rate	*cases/100,000 population*	58.4		127.7		*2014*	
1.44	Syphilis Incidence Rate	*cases/100,000 population*	1.3		5.9		*2014*	
1.28	Chlamydia Incidence Rate	*cases/100,000 population*	275.6		475		*2014*	

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SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
1.22	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/100,000 population*	14.6		14.6	15.5	*2009-2013*	
1.17	HIV Diagnosis Rate	*cases/100,000 population*	3.2		16.3		*2014*	
0.67	Tuberculosis Incidence Rate	*cases/100,000 population*	0.6	1.0	4.9		*2010-2014*	

SCORE	MATERNAL, FETAL & INFANT HEALTH	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
1.75	Mothers who Received Early Prenatal Care	*percent*	61.5	77.9	59.2	74.2	*2013*	
1.17	Babies with Very Low Birth Weight	*percent*	1.3	1.4	1.4	1.4	*2013*	Black (0) White (1.6) Other (0)
1.08	Infants Born to Mothers with <12 Years Education	*percent*	18.1		21.6	15.9	*2013*	White (10.9) Hisp (39.7)
0.97	Teen Births	*percent*	2.9		3.2	4.8	*2013*	Black (7) White (2.2) Hisp (4.6)
0.47	Babies with Low Birth Weight	*percent*	6.7	7.8	8.3	8	*2013*	
0.47	Infant Mortality Rate	*deaths/1,000 live births*	4.5	6	5.8	6	*2013*	
0.47	Preterm Births	*percent*	10.1	11.4	12	11.4	*2013*	

SCORE	MEN'S HEALTH	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
1.94	Life Expectancy for Males	*years*	74.0		75.8	76.1	*2010*	
1.86	Age-Adjusted Death Rate due to Prostate Cancer	*deaths/100,000 males*	20.5	21.8	19.6	19.6	*2008-2012*	
0.67	Prostate Cancer Incidence Rate	*cases/100,000 males*	106.6		115.7	131.7	*2008-2012*	

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
2.83	Depression: Medicare Population	*percent*	19.8		16.2	15.4	*2012*	
2.44	Alzheimer's Disease or Dementia: Medicare Population	*percent*	12.6		11.5	9.8	*2012*	
2.28	Age-Adjusted Death Rate due to Suicide	*deaths/100,000 population*	16.4	10.2	11.6	12.3	*2009-2013*	

SCORE	OLDER ADULTS & AGING	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
2.83	Depression: Medicare Population	*percent*	19.8		16.2	15.4	*2012*	
2.61	Asthma: Medicare Population	*percent*	6.0		5.0	4.9	*2012*	
2.50	Chronic Kidney Disease: Medicare Population	*percent*	17.0		16.6	15.5	*2012*	
2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	32.2		30.8	29	*2012*	

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SCORE	OLDER ADULTS & AGING	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
2.44	Heart Failure: Medicare Population	*percent*	19.9		16.5	14.6	*2012*	
2.28	Atrial Fibrillation: Medicare Population	*percent*	8.1		7.0	7.8	*2012*	
2.17	COPD: Medicare Population	*percent*	13.6		11.3	11.3	*2012*	
2.00	Cancer: Medicare Population	*percent*	7.2		7.1	7.9	*2012*	
2.00	Diabetes: Medicare Population	*percent*	27.3		28.6	27	*2012*	
1.83	Hyperlipidemia: Medicare Population	*percent*	44.2		45.4	44.8	*2012*	
1.83	Stroke: Medicare Population	*percent*	4.3		4.2	3.8	*2012*	
1.61	Hypertension: Medicare Population	*percent*	56.2		57.8	55.5	*2012*	
1.33	People 65+ with Low Access to a Grocery Store	*percent*	2.6				*2010*	
1.17	Ischemic Heart Disease: Medicare Population	*percent*	30.2		30.9	28.6	*2012*	
0.89	Osteoporosis: Medicare Population	*percent*	5.7		7.0	6.4	*2012*	
0.39	People 65+ Living Below Poverty Level	*percent*	7.0		11.3	9.4	*2009-2013*	Black (34.4) White (6.2) Asian (30.1) AIAN (0) Mult (7.6) Other (0) Hisp (10.3)

SCORE	OTHER CHRONIC DISEASES	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
2.50	Chronic Kidney Disease: Medicare Population	*percent*	17.0		16.6	15.5	*2012*	
2.50	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	*percent*	32.2		30.8	29.0	*2012*	
2.44	Alzheimer's Disease or Dementia: Medicare Population	*percent*	12.6		11.5	9.8	*2012*	
0.89	Osteoporosis: Medicare Population	*percent*	5.7		7.0	6.4	*2012*	

SCORE	OTHER CONDITIONS	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
2.00	Urinary Tract Infection	*hospitalizations/100,000*	217.2		180.8		*2013*	
1.89	Dehydration	*hospitalizations/100,000*	202.6		128.8		*2013*	
1.44	Perforated Appendix	*per 100 discharges*	31.0		33.0		*2013*	

SCORE	PREVENTION & SAFETY	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
1.64	Age-Adjusted Death Rate due to Unintentional Injuries	*deaths/100,000 population*	41.5	36.4	38.1	38.6	*2009-2013*	
1.42	Severe Housing Problems	*percent*	14.0		18.3		*2007-2011*	

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SCORE	PREVENTION & SAFETY	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
1.39	Deaths due to Motor Vehicle Collisions	*deaths*	19				*2013*	
1.03	Pedestrian Death Rate	*deaths/100,000 population*	0.7	1.4	1.8	1.5	*2013*	
0.92	Death Rate due to Drug Poisoning	*deaths/100,000 population*	8.4		9.4		*2006-2012*	

SCORE	PUBLIC SAFETY	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
1.39	Deaths due to Motor Vehicle Collisions	*deaths*	19				*2013*	
1.03	Pedestrian Death Rate	*deaths/100,000 population*	0.7	1.4	1.8	1.5	*2013*	
0.92	Alcohol-Impaired Driving Deaths	*percent*	20.4		32.8		*2009-2013*	

SCORE	RESPIRATORY DISEASES	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
2.61	Asthma: Medicare Population	*percent*	6.0		5.0	4.9	*2012*	
2.22	Age-Adjusted Death Rate due to Lung Cancer	*deaths/100,000 population*	57.2	45.5	43.5	45	*2008-2012*	
2.17	COPD: Medicare Population	*percent*	13.6		11.3	11.3	*2012*	
2.17	Lung and Bronchus Cancer Incidence Rate	*cases/100,000 population*	72.1		58.1	63.7	*2008-2012*	
2.00	COPD in Older Adults (Ages 40+)	*hospitalizations/100,000*	950.1		406.5		*2013*	
1.89	Bacterial Pneumonia	*hospitalizations/100,000*	432.3		236.4		*2013*	
1.73	Asthma in Younger Adults (Ages 18-39)	*hospitalizations/100,000*	32.4		27.1		*2013*	
1.22	Age-Adjusted Death Rate due to Influenza and Pneumonia	*deaths/100,000 population*	14.6		14.6	15.5	*2009-2013*	
0.67	Tuberculosis Incidence Rate	*cases/100,000 population*	0.6	1.0	4.9		*2010-2014*	

SCORE	SOCIAL ENVIRONMENT	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
1.31	Voter Turnout	*percent*	59.7		58.6	61.8	*2012*	
1.06	Linguistic Isolation	*percent*	3.0		8.0	4.6	*2009-2013*	
1.00	Children Living Below Poverty Level	*percent*	16.7		25.3	21.6	*2009-2013*	
0.94	Single-Parent Households	*percent*	27.5		33.2	33.3	*2009-2013*	

SCORE	SUBSTANCE ABUSE	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHER RACE DISPARITY*
0.92	Alcohol-Impaired Driving Deaths	*percent*	20.4		32.8		*2009-2013*	
0.92	Death Rate due to Drug Poisoning	*deaths/100,000 population*	8.4		9.4		*2006-2012*	
0.61	Liquor Store Density	*stores/100,000 population*	2.6		7.0	10.4	*2013*	

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SCORE	TRANSPORTATION	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHEST RACE DISPARITY*
2.61	Mean Travel Time to Work	*minutes*	29.9		25.0	25.5	*2009-2013*	
2.44	Workers who Drive Alone to Work	*percent*	85.0		79.9	76.3	*2009-2013*	
2.25	Solo Drivers with a Long Commute	*percent*	48.0		35.1		*2009-2013*	
2.06	Workers Commuting by Public Transportation	*percent*	0.3	5.5	1.6	5.0	*2009-2013*	Black (0) White (0.3) Asian (1.5) AIAN (0) NHPI (0) Mult (0) Other (0) Hisp (0)
1.17	Households with No Car and Low Access to a Grocery Store	*percent*	1.4				*2010*	

SCORE	WOMEN'S HEALTH	UNITS	JOHNSON COUNTY	HP2020	TEXAS	U.S.	MEASUREMENT PERIOD	HIGHEST RACE DISPARITY*
1.97	Age-Adjusted Death Rate due to Breast Cancer	*deaths/100,000 females*	23.3	20.7	21.0	21.3	*2008-2012*	
1.72	Life Expectancy for Females	*years*	79.1		80.4	80.8	*2010*	
1.58	Cervical Cancer Incidence Rate	*cases/100,000 females*	8.8	7.1	9.2	7.7	*2008-2012*	
1.50	Breast Cancer Incidence Rate	*cases/100,000 females*	109.5		113.1	123	*2008-2012*	

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Appendix II: Sources for Secondary Data

- American Community Survey
- American Lung Association
- Behavioral Risk Factor Surveillance System
- Centers for Medicare & Medicaid Services
- County Health Rankings
- Fatality Analysis Reporting System
- Feeding America
- Institute for Health Metrics and Evaluation
- National Cancer Institute
- National Center for Education Statistics
- PQI Data from Dallas-Fort Worth Hospital Council
- Texas Department of State Health Services
- Texas Education Agency
- Texas Secretary of State
- U.S. Bureau of Labor Statistics
- U.S. Census - County Business Patterns
- U.S. Department of Agriculture - Food Environment Atlas
- U.S. Environmental Protection Agency

Appendix III: Resources – Community Input

Resources that were mentioned by key informants or focus group participants:

- Burleson Rotary Club
- Burleson Lions Club
- Harvest House
- Heart for the Kids
- HEB Grocery
- Johnson County AgriLife Extension Program

Texas Health Resource's Community Connect database is an online tool to connect our patients and community members to free and reduced-cost services: https://texashealthcommunityconnect.org/v1

Appendix IV: Community Input Participants

Organizations that participated in focus groups and key informant interviews:

- TH Huguley staff
- TH Burleson staff
- Burleson Area Chamber of Commerce
- Burleson ISD
- Burleson Police Department
- Meals on Wheels of Johnson & Ellis Counties
- Crazy 8 Ministries

Appendix V: Prioritization Session Participants

The following individuals participated in the prioritization session:

- Billy Cordell, Chief of Police, Burleson
- Adam Russel, SVP & Branch Manager, First National Bank of Burleson
- Sallie Hoffer, Chair of Nursing, SWAU
- Terri Gibson, Assistant Professor, SWAU
- Don Wooten, Engineer/Firefighter, Burleson
- Dallas Fowler, Firefighter, Burleson
- Victoria Johnson, Community Engagement, Meals-on-Wheels
- Lisa Poteete, Community Engagement & Special Projects Manager, Burleson
- Sarah Mendoza, Chronic Disease & Injury Prevention Specialist, THR
- Lisa Schnarz, Founder/CEO, Crazy8
- Janet Yates, Diabetes Grant Administrator, THH
- Tabitha Butler, Area Community Coordinator, H-E-B Grocery
- Tara Meyer, Health Services Coordinator, BISD
- Jamie Harraid, Administrator, THB
- Emile Moline, Jr., Director of Economic Development – Alvarado TX, City of Alvarado

Appendix VI: Evaluation of Actions Taken Since Preceding CHNA

Significant Health Need Identified in CHNA 2013	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Chronic Disease	Implementation of the Better Choices, Better Health ™ Program*	Yes	*Chronic Disease Self-Management/Diabetes Self-Management:* Evidence-based program was rolled out in 2015 with 6 English programs and 6 Spanish programs to be offered (THR Huguley Community Health Plan Annual)
	Maintenance of Existing System or Entity-Based Chronic Disease Program	Yes	*Nutrition & Diabetes Education:* Texas Health Huguley offers nutrition and diabetes education; nutrition classes continue to have a high attendance, and the hospital is working on creating more collaboration to grow the Diabetes Management Center (THR Huguley Community Health Plan Annual Evaluation) *Mobile Health Unit:* Expanded the number of locations the Mobile Health Unit services on a monthly basis and expanded the services to include early cancer detection screening (THR
	Sponsorship of Collaboratives Working to Address Chronic Disease	Yes	Community Collaborations: Continued to partner with Susan G. Komen, Clarity Foundation, Moncrief Cancer Institute, and Hope Clinic in support of addressing chronic
Awareness, Literacy & Navigation (ALN)	Collaboration & Dissemination of an Area Resource Guide	Yes	*Community Connect:* The online resource guide was searched 254 times in Texas Health Huguley's service area (Aunt Bertha)
	Maintainance of Existing Entity-Based ALN Programs	Yes	*In the Loop Newsletter:* Continued to offer to the community to provide education and resources for target populations (THR Huguley Community Health Plan Annual Evaluation) *Mobile Health Unit:* The Mobile Health Unit acts as a navigator for patients by referring to specialists for identified needs (THR Huguley Community Health Plan Annual Evaluation)
	Sponsorship of Area Collaboratives Working to Address ALN	Yes	*Community Collaborations:* Maintained and supported relationships with key partners to address awareness, literacy, and navigation needs, including HEB grocery stores, City of Burleson, Burleson Area Chamber of Commerce, and North Texas Area Agency on

*Chronic Disease Self-Management/Diabetes Self-Management

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Appendix VII: Service Area Zip Codes

- 76009
- 76028
- 76033
- 76036
- 76140
- 76031
- 76050
- 76058
- 76059
- 76061
- 76097
- 76133
- 76134
- 76163

Appendix VIII: Project Team

CHNA Contact for Joint Venture

- Elijah Bruette, Janet Yates

Multicultural & Community Health Improvement Team

- Catherine McMains, Mina Kini, Marjeta Daja

Hospital President

- Ken Finch

Chief Medical Officer

- Dr. Edward Laue

Chief Nursing Officer

- Tammy Collier