Community Health Needs Assessment 2013

JPS Health Network
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July 2013

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Introduction

IRC Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- Conduct a community health needs assessment every three years.

- Adopt an implementation strategy to meet the community health needs identified through the assessment.

- Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge of or expertise in public health. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment, which describes both a process and a document, is intended to document Tarrant County Hospital District d/b/a JPS Health Network's (Hospital) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- Collection and analysis of a large range of data, including demographic, socioeconomic, health statistics and health care resources.

- Review of the 2012 Regional Healthcare Partnership Plan for Region 10 (RHP 10).

- Review of RHP 10's Regional Stakeholder Survey.

This *document* is a summary of all the available evidence collected during the initial cycle of community health needs assessments required by the IRS. It will serve as a compliance document as well as a resource until the next assessment cycle.

Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Summary of Community Health Needs Assessment

The purpose of the community health needs assessment is to document compliance with new federal laws outlined above.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of JPS Health Network's community health needs assessment:

- The "community" served by the Hospital was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in Community Served by the Hospital.

- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in *Appendices*). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information, as well as Hospital data, was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.

- An inventory of health care facilities and resources was prepared.

- Community input was obtained by:
  - Distributing a Regional Stakeholder Survey to members of the community
  - County visioning sessions/focus groups with local leadership and providers
  - Participation in the Regional Healthcare Partnership Plan

- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were reviewed and focus areas were determined in collaboration with the Regional Healthcare Partnership Plan.

General Description of the Hospital

Tarrant County Hospital District d/b/a JPS Health Network is a 537-bed governmental hospital which serves a city and rural population of approximately two million people. Approximately 5,000 practitioners, nurses, ancillary and support service team members are part of the JPS Health Network.

Special services include:

- **Trauma:** Tarrant County's only Level I Trauma Center
- **Intensive Care:** for adults and newborns
- **Healing Wings:** AIDS treatment health center
- **Inpatient Care:** for patients of all ages
- **OB/GYN:** health care services to meet needs of women – all private labor and delivery rooms

Trinity Springs Pavilion is a psychiatric facility that is utilized for crisis stabilization, short-term treatment and family education. It is located on the network's main campus.

JPS also has a psychiatric emergency center in John Peter Smith Hospital and operates a partial hospitalization program that is designed to help patients function within their homes and communities.

Locations and Services

JPS Health Network provides the community with a wide array of medical services including the following:

- Behavioral Health Services
- Center for Cancer Care
- Cardiology Center including Non-Invasive Diagnostic Cardiovascular Services, Invasive Cardiovascular Procedures and Cardiac Clinic for follow up appointments
- Six Dental Services locations
- HIV/AIDS Outpatient Center
- Level I Trauma Center
- General surgical services for both inpatients and outpatients
- Orthopedics and Sports Medicine Services
- Obstetrics and Gynecology
- Pediatric Services
- Nutrition Education/Counseling
- School-Based Health Centers

Mission

Transforming healthcare delivery for the communities we serve.

Vision

To be a regional and national leader in:

- Improving the patient and family experience
- Improving the quality and outcomes of population health
- Improving access to care.

Values

● *Trust*   ● *Mutual Respect*   ● *Excellence*   ● *Integrity*   ● *Accountability*   ● *Teamwork*

Community Served by the Hospital

The Hospital is located in the city of Fort Worth, Texas in Tarrant County. The City of Fort Worth is located in the eastern side of Texas on the south central edge of Tarrant County, centered between Weatherford to the west and Dallas to the east. Fort Worth is 80 miles south of the Oklahoma border.

JPS Health Network's service area is Tarrant County. Tarrant County is included in the Texas 1115 Medicaid Waiver Regional Healthcare Partnership #10 (RHP10) which also includes the North Texas counties of Ellis, Erath, Hood, Johnson, Navarro, Parker, Somervell and Wise.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing the Hospital's services reside. While the community health needs assessment considers other types of health care providers, the Hospital is the single largest provider of acute care services. For this reason, the utilization of Hospital services provides the clearest definition of the community.

Based on the patient origin of acute care discharges from fiscal year 2012, management has identified the CHNA community to include those zip codes with discharges exceeding 600. *Exhibit 1* presents the Hospital's patient origin for these zip codes, which represent more than 56 percent of discharges for 2012.

Exhibit 1
JPS Health Network CHNA Community
Summary of Inpatient Discharges
October 1, 2011 - September 30, 2012

Zip Code	City	Discharges	Percent of Total Discharges
Tarrant County:			
76119	Fort Worth	2,066	6.4%
76104	Fort Worth	1,807	5.6%
76106	Fort Worth	1,442	4.5%
76010	Arlington	1,440	4.5%
76112	Fort Worth	1,373	4.3%
76105	Fort Worth	1,353	4.2%
76116	Fort Worth	1,189	3.7%
76110	Fort Worth	1,039	3.2%
76102	Fort Worth	950	3.0%
76117	Haltom City	895	2.8%
76133	Fort Worth	868	2.7%
76115	Fort Worth	828	2.6%
76111	Fort Worth	767	2.4%
76114	Fort Worth	693	2.2%
76103	Fort Worth	686	2.1%
76107	Fort Worth	607	1.9%
		18,003	56.0%
Other Tarrant County		11,905	37.0%
	Total Tarrant County	29,908	93.1%
All Other Discharges		2,228	6.9%
	Total	32,136	100.0%

Source: JPS Health Network, Dignity Health

Community Details

Identification and Description of Geographical Community

The following maps geographically illustrate the Hospital's location and community by showing Tarrant County zip codes shaded. More than 93 percent of the Hospital's discharges originate in Tarrant County.

JPS Health Network

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The map below shows each of Tarrant County's zip code's Community Needs Index Score (CNI), the CNI identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care and preventable hospitalizations. This score accounts for the underlying economic and structural barriers that affect overall health. These barriers include those related to income, culture/language, education, insurance and housing. The median CNI for Tarrant County as a whole is 3.5, which falls in the Second Highest Need category.

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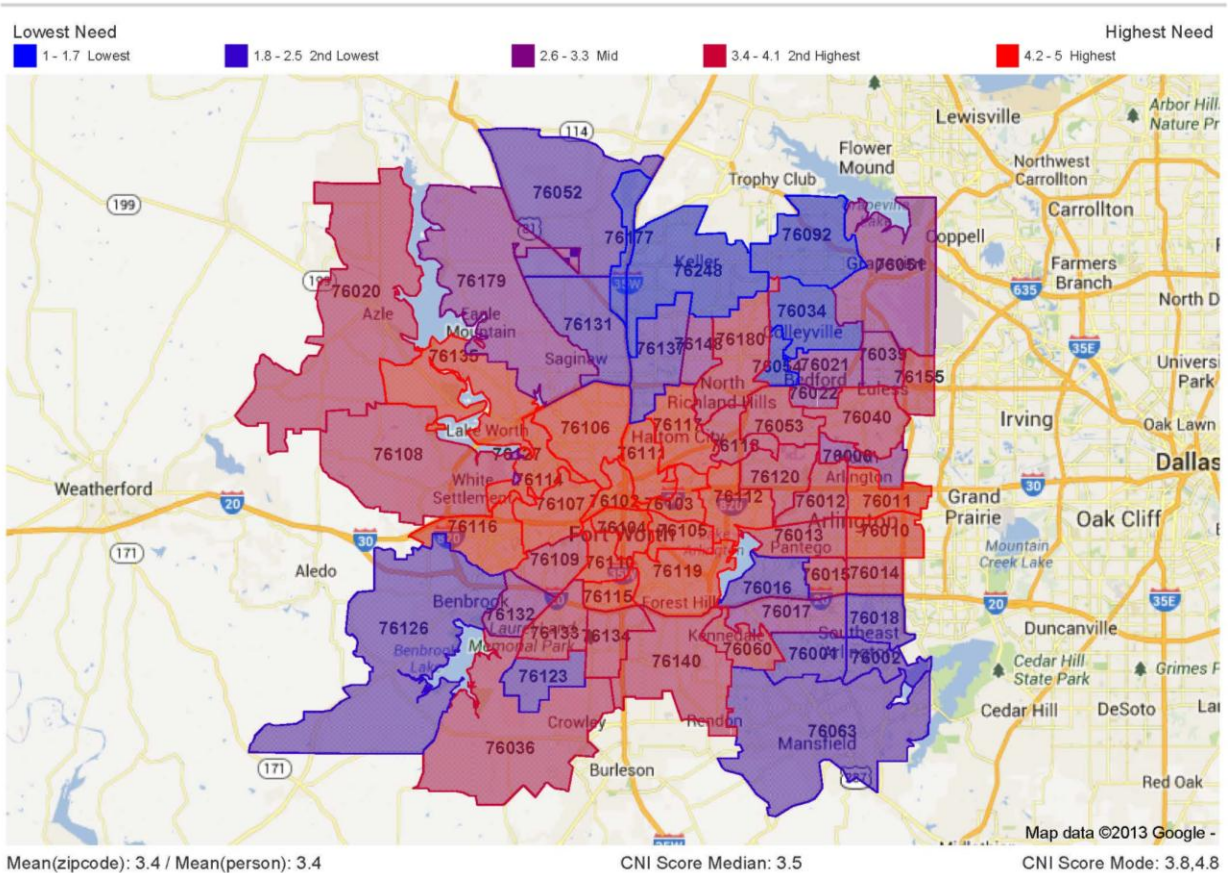
The zip codes listed in *Exhibit 1*, which represent the zip codes with the highest discharges totaling more than 56 percent of the Hospital's discharges, have a median CNI Score of 4.8, which falls in the Highest Need category.
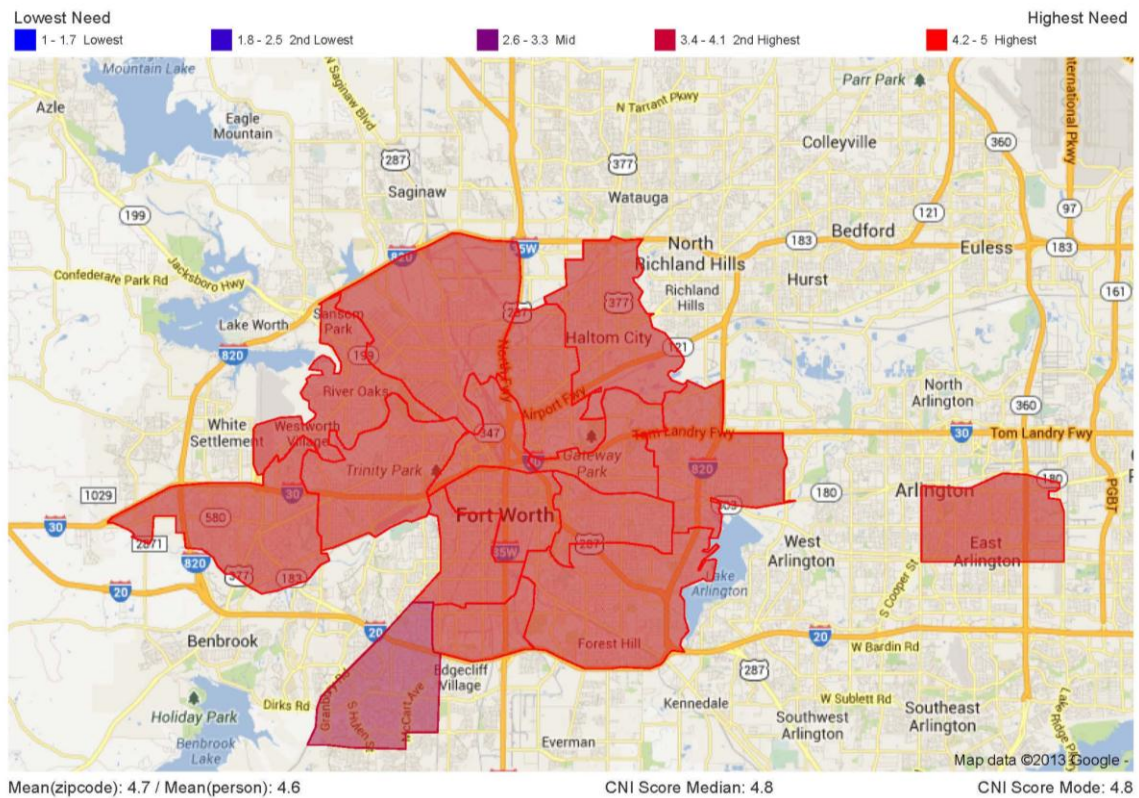
Zip Code	City	CNI Score*
Tarrant County:		
76119	Fort Worth	5.0
76104	Fort Worth	5.0
76106	Fort Worth	5.0
76010	Arlington	4.8
76112	Fort Worth	4.2
76105	Fort Worth	5.0
76116	Fort Worth	4.2
76110	Fort Worth	4.8
76102	Fort Worth	5.0
76117	Haltom City	4.4
76133	Fort Worth	3.8
76115	Fort Worth	4.8
76111	Fort Worth	4.6
76114	Fort Worth	4.8
76103	Fort Worth	4.8
76107	Fort Worth	4.6

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Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data based on the 2010 census. The Nielsen Company, a firm specializing in the analysis of demographic data, has extrapolated this data by zip code to estimate population trends from 2013 through 2018.

Exhibit 2 illustrates that the overall population is projected to increase over the five-year period from 1,838,834 to 1,986,572. In addition, the age category that utilizes health care services the most, 65 years and over, is projected to increase from 182,042 to 229,739. The projected change to the composition of the total community, between male and female, is projected to remain approximately the same over the five-year period.

The overall population is projected to increase more than eight percent over the five-year period, which is comparable to projected overall increases for Texas at nearly eight percent, both higher than projected growth in the United States at slightly over three percent. Note the age category that utilizes health care services the most, 65 years and over, is projected to increase by more than 26 percent. This increase in the 65 year and over category will have a dramatic impact on both the amount and type of services required by the community. As a percent of total population for the community, the 65 year and over category will make up more nearly 12 percent of the total population in 2018 compared to the 9.9 percent in 2013.

Certain characteristics of a population can be factors in determining the health care services required by a community. The following is an analysis of the age distribution of the population for the primary community. The analysis is provided for Tarrant County and provides a comparison to Texas and the United States.

Exhibit 2
JPS Health Network CHNA Community
Estimated 2013 Population and Projected 2018 Population

Zip	City	Under 15 years	15-44 years	45-64 years	65 years and over	Total	Male	Female
				Estimated 2013 Population				
76119	Fort Worth	11,508	18,013	9,113	4,855	43,489	22,087	21,402
76104	Fort Worth	4,641	7,072	4,281	2,032	18,026	9,060	8,966
76106	Fort Worth	10,776	16,050	6,695	2,789	36,310	18,378	17,932
76010	Arlington	15,881	27,736	9,717	3,320	56,654	29,129	27,525
76112	Fort Worth	8,971	15,673	9,957	4,478	39,079	18,608	20,471
76105	Fort Worth	6,922	10,031	4,660	1,890	23,503	11,612	11,891
76116	Fort Worth	10,112	19,809	11,117	6,611	47,649	23,274	24,375
76110	Fort Worth	7,752	13,773	6,742	2,474	30,741	15,712	15,029
76102	Fort Worth	1,191	4,651	2,166	974	8,982	5,184	3,798
76117	Haltom City	7,507	13,343	7,047	3,699	31,596	15,904	15,692
76133	Fort Worth	11,388	19,577	12,209	7,382	50,556	23,921	26,635
76115	Fort Worth	6,128	9,293	3,605	1,391	20,417	10,383	10,034
76111	Fort Worth	5,864	9,599	4,725	1,855	22,043	11,344	10,699
76114	Fort Worth	6,165	11,237	6,404	3,322	27,128	12,904	14,224
76103	Fort Worth	3,491	5,990	3,514	1,642	14,637	7,346	7,291
76107	Fort Worth	4,645	11,018	7,284	3,753	26,700	13,056	13,644
	Other Tarrant County	303,547	561,993	346,209	129,575	1,341,324	654,665	686,659
PROVIDER SERVICE AREA		426,489	774,858	455,445	182,042	1,838,834	902,567	936,267
				Projected 2018 Population				
76119	Fort Worth	12,089	18,738	9,499	5,507	45,833	23,336	22,497
76104	Fort Worth	4,964	7,338	4,398	2,309	19,009	9,563	9,446
76106	Fort Worth	11,173	16,502	7,524	3,220	38,419	19,458	18,961
76010	Arlington	16,583	27,974	11,530	3,973	60,060	30,863	29,197
76112	Fort Worth	9,410	15,569	10,143	5,309	40,431	19,327	21,104
76105	Fort Worth	7,113	10,258	4,990	2,238	24,599	12,181	12,418
76116	Fort Worth	11,182	20,270	11,662	7,701	50,815	24,861	25,954
76110	Fort Worth	7,895	13,644	7,106	3,052	31,697	16,187	15,510
76102	Fort Worth	1,384	5,007	2,426	1,231	10,048	5,731	4,317
76117	Haltom City	8,074	13,534	7,532	4,082	33,222	16,744	16,478
76133	Fort Worth	12,202	20,326	12,645	8,501	53,674	25,522	28,152
76115	Fort Worth	6,308	9,422	4,149	1,633	21,512	10,947	10,565
76111	Fort Worth	6,113	9,695	5,169	2,220	23,197	11,932	11,265
76114	Fort Worth	6,514	11,535	6,673	3,720	28,442	13,590	14,852
76103	Fort Worth	3,571	5,956	3,686	1,900	15,113	7,588	7,525
76107	Fort Worth	5,243	11,136	7,523	4,583	28,485	13,974	14,511
	Other Tarrant County	323,163	586,558	383,735	168,560	1,462,016	713,957	748,059
PROVIDER SERVICE AREA		452,981	803,462	500,390	229,739	1,986,572	975,761	1,010,811

Source: The Nielsen Company

Exhibit 3 shows the population of the community by race by illustrating three different categories: white, black and other residents. A review of the specific zip code areas does show a relatively comparable percentage of black and other residents in Tarrant County compared to state averages.

Exhibit 3
JPS Health Network CHNA Community
Estimated 2013 Population Versus Projected 2018 Population with Percent Difference

Zip Code	City	Estimated 2013				Projected 2018				Percent Difference		
		White	Black	Other	Total	White	Black	Other	Total	White	Black	Other
76119	Fort Worth	13,584	17,477	12,428	43,489	14,405	16,404	15,024	45,833	6.0%	-6.1%	20.9%
76104	Fort Worth	6,005	7,583	4,438	18,026	6,833	6,870	5,306	19,009	13.8%	-9.4%	19.6%
76106	Fort Worth	21,785	2,178	12,347	36,310	23,458	2,464	12,497	38,419	7.7%	13.1%	1.2%
76010	Arlington	27,636	7,353	21,665	56,654	28,965	7,205	23,890	60,060	4.8%	-2.0%	10.3%
76112	Fort Worth	14,922	18,078	6,079	39,079	14,878	18,428	7,125	40,431	-0.3%	1.9%	17.2%
76105	Fort Worth	8,514	8,687	6,302	23,503	9,534	7,949	7,116	24,599	12.0%	-8.5%	12.9%
76116	Fort Worth	33,009	5,775	8,865	47,649	33,724	6,474	10,617	50,815	2.2%	12.1%	19.8%
76110	Fort Worth	19,927	1,309	9,505	30,741	21,338	1,223	9,136	31,697	7.1%	-6.6%	-3.9%
76102	Fort Worth	5,493	2,429	1,060	8,982	6,176	2,535	1,337	10,048	12.4%	4.4%	26.1%
76117	Haltom City	20,596	1,068	9,932	31,596	20,294	1,243	11,685	33,222	-1.5%	16.4%	17.7%
76133	Fort Worth	29,533	11,492	9,531	50,556	29,755	12,919	11,000	53,674	0.8%	12.4%	15.4%
76115	Fort Worth	11,742	1,474	7,201	20,417	12,714	1,367	7,431	21,512	8.3%	-7.3%	3.2%
76111	Fort Worth	12,858	869	8,316	22,043	13,282	747	9,168	23,197	3.3%	-14.0%	10.2%
76114	Fort Worth	20,367	831	5,930	27,128	20,762	867	6,813	28,442	1.9%	4.3%	14.9%
76103	Fort Worth	7,423	2,775	4,439	14,637	7,401	2,595	5,117	15,113	-0.3%	-6.5%	15.3%
76107	Fort Worth	19,407	3,717	3,576	26,700	20,862	3,654	3,969	28,485	7.5%	-1.7%	11.0%
	Other Tarrant County	937,874	179,845	223,605	1,341,324	978,777	217,505	265,734	1,462,016	4.4%	20.9%	18.8%
PROVIDER SERVICE AREA		1,210,675	272,940	355,219	1,838,834	1,263,158	310,449	412,965	1,986,572	4.3%	13.7%	16.3%
Texas (1,000s)		18,254	3,138	4,905	26,297	19,238	3,438	5,657	28,333	5.4%	9.6%	15.3%
U.S. (1,000s)		225,086	40,007	49,769	314,862	228,212	41,797	55,313	325,322	1.4%	4.5%	11.1%

Source: The Nielsen Company

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Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household income, labor force, employees by types of industry, employment rates, educational attainment, and poverty for the community served by the Hospital. These standard measures will be used to compare the socioeconomic status of the county internally as well as to the state.

Income and Employment

Exhibit 4 presents the average and median household income for households in the provider service area (PSA) in comparison to "Other Tarrant County" zip codes. The PSA zip codes have an average household income of $47,595 which ranks unfavorably to "Other Tarrant County" zip codes which have an average household income of $78,727, nearly 41 percent higher than PSA average household income for 2013. The PSA zip codes have median household income of $33,803 which ranks unfavorably to "Other Tarrant County" zip codes which have a median household income of $60,102, nearly 44 percent higher than PSA median household income for 2013.

Exhibit 4
JPS Health Network CHNA Community
Estimated Family Income and Wealth for 2013 and 2018 With Percent Difference

| Zip Code	City	Estimated 2013		Projected 2018	
		Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income
76119	Fort Worth	$ 35,328	$ 27,068	$ 34,719	$ 26,509
76104	Fort Worth	$ 33,273	$ 21,645	$ 32,547	$ 21,172
76106	Fort Worth	$ 38,492	$ 29,846	$ 37,777	$ 29,242
76010	Arlington	$ 38,707	$ 31,059	$ 37,949	$ 30,489
76112	Fort Worth	$ 48,655	$ 33,724	$ 47,570	$ 33,050
76105	Fort Worth	$ 32,164	$ 25,174	$ 31,576	$ 24,735
76116	Fort Worth	$ 56,688	$ 40,072	$ 55,448	$ 39,134
76110	Fort Worth	$ 50,791	$ 33,380	$ 49,570	$ 32,631
76102	Fort Worth	$ 64,143	$ 33,881	$ 61,665	$ 33,083
76117	Haltom City	$ 46,708	$ 37,389	$ 45,804	$ 36,641
76133	Fort Worth	$ 59,182	$ 45,926	$ 58,021	$ 44,791
76115	Fort Worth	$ 34,165	$ 26,828	$ 33,455	$ 26,296
76111	Fort Worth	$ 46,166	$ 36,425	$ 45,446	$ 35,679
76114	Fort Worth	$ 51,635	$ 37,084	$ 50,481	$ 35,992
76103	Fort Worth	$ 49,384	$ 37,599	$ 48,636	$ 36,894
76107	Fort Worth	$ 76,031	$ 45,565	$ 73,794	$ 43,959
	Other Tarrant County	$ 78,727	$ 60,102	$ 77,680	$ 59,090
Texas		$ 68,955	$ 48,645	$ 71,829	$ 49,974
United States		$ 69,637	$ 49,297	$ 71,917	$ 49,815

Source: The Nielsen Company

Exhibit 5 presents the average annual resident unemployment rates for Tarrant County in comparison to Texas and the United States. As *Exhibit 6* illustrates, unemployment rates for Tarrant County comparable to state averages and rank favorably compared to national averages.

Exhibit 5
JPS Health Network CHNA Community
Unemployment Rates (%)
2008-2012

County	2008	2009	2010	2011	2012
Tarrant County	4.9%	7.6%	8.3%	7.8%	6.6%
Texas	4.9%	7.5%	8.2%	8.0%	6.8%
United States	5.8%	9.3%	9.6%	8.9%	8.1%

Source: FDIC
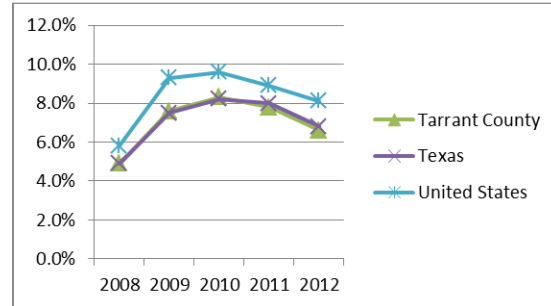
Major employers in the community with more than 3,000 employees include the following:

Exhibit 6
JPS Health Network CHNA Community
Employment by Top Employers (> 3,000 Employees)

Top Employers	Location	Total # of Employees
AMR/American Airlines	Fort Worth	22,169
Texas Health Resources	Arlington	18,866
Lockheed Martin	Fort Worth	14,988
NAS Fort Worth JRB	Fort Worth	11,350
Fort Worth ISD	Fort Worth	11,000
Arlington ISD	Arlington	8,126
University of Texas Arlington	Arlington	6,239
City of Fort Worth	Fort Worth	6,195
JPS Health Network	Fort Worth	4,872
Cook Children's Health Care System	Fort Worth	4,826
Tarrant County Government	Fort Worth	4,173
Texas Health Harris Methodist Hospital	Fort Worth	3,968
Bell Helicopter Textron	Fort Worth	3,820
Fidelity	Westlake	3,700
Keller ISD	Keller	3,600
Alcon Laboratories	Fort Worth	3,346
Genco ATC	Fort Worth	3,315

Source: Fort Worth Chamber of Commerce

Poverty

Exhibit 7 presents the percentage of total population in poverty (including under age 18) and median household income for households in Tarrant County versus the state of Texas and the United States.

Exhibit 7
JPS Health Network CHNA Community
Poverty Estimate: Percentage of Total Population in Poverty and Median Household Income
2010 and 2011

County	2010 All Persons	Under Age 18	Median Household Income	2011 All Persons	Under Age 18	Median Household Income
Tarrant County	14.4%	20.7%	$ 52,482	16.8%	23.8%	$ 52,882
Texas	17.9%	25.7%	$ 48,622	18.5%	26.6%	$ 49,390
United States	15.3%	21.6%	$ 50,046	15.9%	22.5%	$ 50,502

Source: U.S. Census Bureau, Small Areas Estimates Branch

Exhibit 7 presents the percentage of total population in poverty and median household income. In 2011, a family of two adults and two children was considered poor if their annual household income fell below $22,350. The poverty rates for Tarrant County as a whole ranks favorably compared to state averages and are very comparable to national averages.

Uninsured

Exhibit 8 presents health insurance coverage status by age (under 65 years) and income (at or below 200 percent) of poverty for Tarrant County versus the state of Texas and the United States. Tarrant County has a slightly lower percentage of uninsured persons compared to the state of Texas.

Exhibit 8
JPS Health Network CHNA Community
Health Insurance Coverage Status by Age (Under 65 years) and Income (At or Below 200%) of Poverty
2010

County	All Income Levels				At or Below 200% of FPL			
	Uninsured	Percent Uninsured	Insured	Percent Insured	Uninsured	Percent Uninsured	Insured	Percent Insured
Tarrant, TX	386,174	23.6%	1,250,940	76.4%	232,193	40.4%	342,895	59.6%
Texas	5,820,793	26.3%	16,277,413	73.7%	3,636,715	40.6%	5,318,918	59.4%

Source: U.S. Census Bureau, Small Area Insurance Estimates

Education

Exhibit 9 presents educational attainment for individuals in Tarrant County versus the state of Texas and the United States.

Exhibit 9
JPS Health Network CHNA Community
Educational Attainment by Age - Total Population
2009-2011

	18-24 years old	25-34 years old	35-44 years old	45-64 years old	65 and older
Completing High School					
Tarrant	30.9%	83.8%	83.0%	86.0%	80.1%
Texas	30.1%	82.8%	81.3%	82.3%	73.0%
United States	29.5%	87.3%	87.3%	87.7%	77.8%
Bachelor's Degree or More					
Tarrant	8.2%	26.9%	29.9%	30.5%	23.4%
Texas	7.2%	26.1%	27.9%	27.1%	21.1%
United States	9.2%	31.2%	31.4%	28.6%	21.3%

Source: U.S. Census Bureau, Current Population Survey

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. Tarrant County is comparable or better to state and national averages in all age categories.

Community Health Care Resources

The availability of health resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section will address the availability of health care resources to the residents of Tarrant County.

Region 10's health care infrastructure consists of 46 acute care hospitals (the majority of which are privately owned), two psychiatric hospitals and 3,726 physicians. The Region has a total of 6,491 acute care licensed beds and 170 psychiatric care licensed beds. The Region's provider options also include four MHMRs and one FQHC.
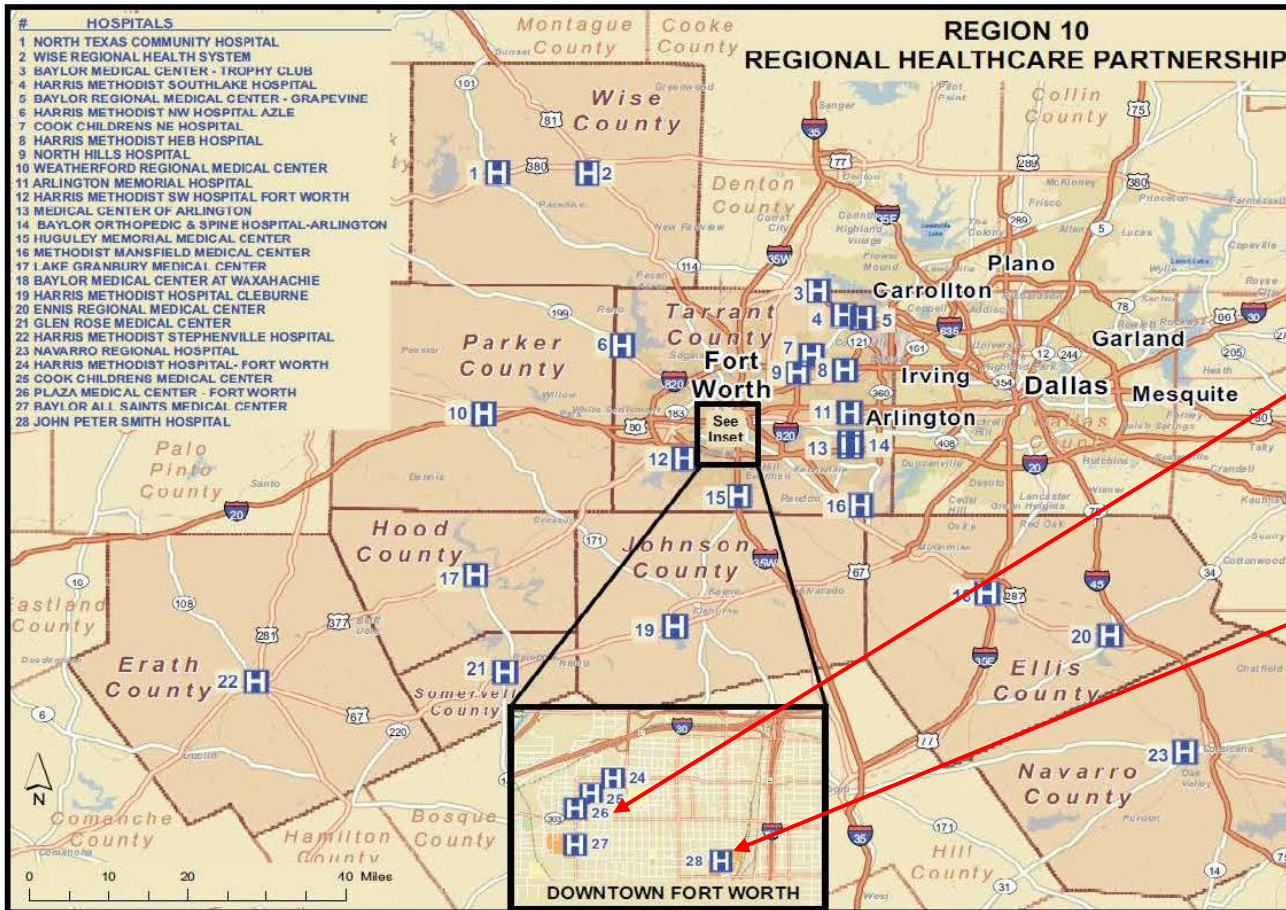
Hospitals

According to the Texas Hospital Association, as of 2012 the state of Texas had 630 hospitals with 83,000 licensed beds. Tarrant County had 39 hospitals which is third highest number of hospitals in a county in the state of Texas. *Exhibit 12* is a current listing of short-term acute care hospitals in Tarrant County.

Exhibit 10
JPS Health Network CHNA Community
Summary of Tarrant County Health Care Facilities

Acute Care Hospitals	Clinics	Long-Term Care and Rehab Facilities	Mental Health Facilities
Baylor All Saints Medical Center at Fort Worth	Northside Community Health Center	Healthsouth City View Rehabilitation Hospital	Millwood Hospital
Baylor Orthopedic and Spine Hospital at Arlington	Southeast Community Health Center	Healthsouth Rehabilitation Hospital	
Baylor Regional Medical Center at Grapevine		Healthsouth Rehabilitation Hospital of Arlington	
Baylor Surgical Hospital at Fort Worth		Ethicus Hospital Grapevine	
Cook Children's Northeast Hospital		Global Rehab Hospital Forth Worth	
Cook Children's Medical Center		Kindred Hospital – Fort Worth	
JPS Health Network		Kindred Hospital– Mansfield	
Medical Center Arlington		Kindred Hospital – Tarrant County	
North Hills Hospital		Kindred Rehabilitation Hospital of Arlington	
Plaza Medical Center of Fort Worth		LifeCare Hospital of Fort Worth	
Methodist Mansfield Medical Center		Regency Hospital – Fort Worth	
Southwest Surgical Hospital		Texas Health Specialty Hospital Fort Worth	
Texas Health Arlington Memorial Hospital		Reliant Rehabilitation Hospital – Mid-Cities	
Texas Health Harris Methodist Hospital Azle			
Texas Health Harris Methodist Hospital Fort Worth			
Texas Health Harris Methodist Hospital Hurst – Euless – Bedford			
Huguley Memorial Medical Center			
Texas Health Harris Methodist Hospital Southlake			
Texas Health Harris Methodist Hospital Southwest Fort Worth			
Texas Health Heart & Vascular Hospital			
USMD Hospital at Arlington			

Source: RHP 10 Plan

Health Department

Tarrant County Public Health (TCPH) offers residents of the county many health and human services, including: immunizations, T.B. Clinic, STD/HIV Testing, WIC health and nutrition program, Breast & Cervical Cancer Screenings, and Chronic Disease Prevention Screenings, free classes and resources.

In addition to the local health department there is the Texas Department of State Health Services (DSHS) which is comprised of professionals across Texas whose mission is to improve health and well-being in Texas. Strategic and operational goals of DSHS are as follows:

1. Prevent and Prepare for Health Threats
2. Build Capacity for Improving Community Health
3. Promote Recovery for Persons with Infectious Disease and Mental Illness
4. Protect Consumers
5. Develop and Expand Integrated Services
6. Streamline Administrative Systems
7. Maintain and Enhance DSHS Assets
8. Nurture a Unified Workplace Culture
9. Expand the Effective Use of Health Information
10. Build and Sustain Effective Partnerships

Medically Underserved Areas and Health Professional Shortage Areas

Five of Region 10's counties – including Tarrant County, the Region's most populous county – are a least partially designated by the U.S. Health and Human Services Agency as Medically Underserved Areas (MUAs). Ellis, Erath, Johnson and Navarro are the Regions other MUA counties.

Four of Region10's nine counties are also designated as partial primary care Health Professional Shortage Areas (HPSAs). Additionally, Tarrant, Wise and Ellis Counties are federal dental health professional shortage areas. Perhaps most alarming, all but one of Region 10's counties are federally designated mental health provider shortage areas (only Johnson County is not a MHPSA). These findings correlate with the Stakeholder Surveys and Providers Readiness Assessments Region 10 conducted as part of RHP plan development.

Healthcare Environment

More than two million people (2.4m) lived in Region 10 in 2011. Nearly two-thirds of these individuals (62 percent) are working-age adults. Of the remainder, 11 percent are elderly and 28 percent are children. Regional growth over the waiver period is projected at nearly 10 percent (9.4) to 2.7 million residents regionally. Tarrant County, which includes Fort Worth Metropolitan Statistical Area, serves as the Region's urban center and will see the most significant growth in population on an absolute basis. Region 10 is predominantly White (58 percent), Hispanic (24 percent), and African-American (12 percent) – less diverse than the state overall, but more diverse than the nation. Region 10 also has a slightly more educated population than the state overall, but a less educated population than the national average. An estimated 13 percent of the Region's residents live at or below the federal poverty level, lower than both the rate for Texas (17 percent) and for the nation (14 percent).

While Region 10 has some of Texas' strongest and most highly regarded provider systems, it also has a historically fragmented Regional delivery system with significant gaps in capacity, primary care access, behavioral health services and specialty care access. These health care access problems disproportionately impact the Region's socioeconomically disadvantaged, underserved, uninsured and rural residents. Across the Region, there are 46 acute care hospitals (most are private) and 3,721 physicians (1,512 primary care providers and 2,209 specialty providers). The Region has 6,491 acute care licensed beds and 170 psychiatric care licensed beds. Region 10 also has four community mental health centers (CMHCs) and one federally qualified health center (FQHC).

Provider distribution mirrors overall population density, with the majority of providers located in Tarrant County's major urban center, Fort Worth. The Region's wide geographic footprint (7,221 square miles) combined with unevenly distributed providers and health care resources make the system's endemic access problems even more serious and profound for individuals in outlying rural counties, particularly those who are low-income and uninsured.

Health Status of the Community

This section of the assessment reviews the health status of Tarrant County residents. As in the previous section, comparisons are provided with the state of Texas and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the parish residents that make up the community will enable the Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle	Primary Disease Factor
Smoking	Lung cancer
	Cardiovascular disease
	Emphysema
	Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver
	Motor vehicle crashes
	Unintentional injuries
	Malnutrition
	Suicide
	Homicide
	Mental illness
Poor nutrition	Obesity
	Digestive disease
	Depression

Lifestyle	Primary Disease Factor
Driving at excessive speeds	Trauma Motor vehicle crashes
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes of death in Tarrant County and the state of Texas. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

Exhibit 11 reflects the leading causes of death for residents of Tarrant County and compares the rates, per thousand, to the state of Texas average rates, per thousand.

Exhibit 11
JPS Health Network CHNA Community
Selected Causes of Resident Deaths: Number and Rate (2010)

	Tarrant County Number	Rate*	Texas Number	Rate*	United States Rate*
Total Deaths, All Causes	10,984	782.6	166,059	770.3	798.7
Disease of the Heart	2,499	182.7	38,096	180.4	192.9
Malignant Neoplasm	2,480	172.2	36,652	165.6	185.9
Cerebrovascular Diseases	683	51.3	9,154	44.3	41.8
Chronic Lower Respiratory Diseases	640	48.8	8,910	43.0	44.6

* Indicates rate is age adjusted

♦ Indicates numerator too small for rate calculation

Sources: http://soupfin.tdh.state.tx.us/death10.htm

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.* 1 or 2, are considered to be the "healthiest". Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.

- Health Factors--rankings are based on weighted scores of four types of factors:
  - Health behaviors (seven measures)
  - Clinical care (six measures)
  - Social and economic (seven measures)
  - Physical environment (five measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As part of the analysis of the needs assessment for the community, the relative health status of Tarrant County will be compared to the state of Texas as well as to a national benchmark. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

The following tables, from County Health Rankings, summarize the 2013 health outcomes for Tarrant County which comprise the majority of the community of JPS Health Network. Each measure is described and includes a confidence interval or error margin surrounding it – if a measure is above the state average and the state average is beyond the error margin for the county, then further investigation is recommended.

Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.

Exhibit 12
JPS Health Network CHNA Community
County Health Rankings - Health Outcomes (2013)

	Tarrant County	TX	National Benchmark¤
Mortality			
Rank out of 232 Texas Counties	**49**		
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	6,735	6,928	5,317
Morbidity			
Rank out of 232 Texas Counties	**55**		
Poor or fair health - Percent of adults reporting fair or poor heatlh (age-adjusted)	16%	18%	10%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.2	3.7	2.6
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.0	3.3	2.3
Low birthweight - Percent of live births with low birthweight (<2500 grams)	8.1%	8.4%	6.0%

¤ 90th percentile, i.e., only 10% are better
Note: X indicates unreliable or missing data

Source: Countyhealthrankings.org

A number of different health factors shape a community's health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. Tarrant County is ranked 49 out of 232 Texas Counties for mortality and 38 out of 232 for health behaviors.

A review of the health factors for Tarrant County in the tables above and below, which are highlighted in yellow, indicate the county has significant room for improvement in that particular health factor-area in comparison to state averages.

Exhibit 12.1
JPS Health Network CHNA Community
County Health Rankings - Health Factors (2013)

	Tarrant County	TX	National Benchmark¤
Health Behaviors			
Rank out of 232 Texas Counties	**38**		
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	18.0%	18.0%	13.0%
Adult obesity - Percent of adults that report a BMI >= 30	28.0%	29.0%	25.0%
Physical inactivity - percent of adults aged 20 and over reporting no leisure time physical activity	22.0%	25.0%	21.0%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	17.0%	16.0%	7.0%
Motor vehicle crash death rate - Motor vehicle deaths per 100K population	11.0	15.0	10.0
Sexually transmitted infections - Chlamydia rate per 100K population	444.0	476.0	92.0
Teen birth rate - Per 1,000 female population, ages 15-19	55.0	60.0	21.0
Clinical Care			
Rank out of 232 Texas Counties	**28**		
Uninsured adults - Percent of population under age 65 without health insurance	24%	26%	11%
Primary care physicians - Ratio of population to primary care physicians	1,739:1	1,766:1	1,067:1
Dentists - Ratio of population to dentists	2,053:1	2,200:1	1,516:1
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	67.0	72.0	47.0
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening	82%	82%	90%
Mammography screening - Percent of female Medicare enrollees that receive mammography screening	64%	61%	73%
Social & Economic Factors			
Rank out of 232 Texas Counties	**117**		
High school graduation - Percent of ninth grade cohort that graduates in 4 years	85.0%	86.0%	X
Some college - Percent of adults aged 25-44 years with some post-secondary education	60.0%	57.0%	70.0%
Unemployment - percent of popluation 16+ unemployed but seeking work	7.8%	7.9%	5.0%
Children in poverty - Percent of children under age 18 in poverty	24.0%	27.0%	14.0%
Inadequate social support - Percent of adults without social/emotional support	20.0%	23.0%	14.0%
Children in single-parent households - Percent of children that live in household headed by single parent	32.0%	33.0%	20.0%
Violent crime rate - violent crime rate per 100,000 population (age-adjusted)	474.0	483.0	66.0
Physical Environment			
Rank out of 232 Texas Counties	**166**		
Daily fine particulate matter - The average daily measure of fine particulate matter in grams per cubic meter (PM2.5) in a county	10.5	10.2	8.80
Drinking water safety - Percentage of population exposed to water exceeding a violation limit during the past year	23.0%	6.0%	0.0%
Limited access to healthy foods - percent of population who are low-income nad do not live close to a grocery store	8.0%	9.0%	1.0%
Fast food restaurants - percent of all restaurants that are fast food establishments	55.0%	52.0%	27.0%
Access to recreational facilities - Rate of recreational facilities per 100,000 population	8.0	7.0	16.0

¤ 90th percentile, i.e., only 10% are better
Note: X indicates unreliable or missing data

Source: Countyhealthrankings.org

Summary of Hospital Services

Inpatient Discharges by Diagnoses Related Group Code

The following table shows the top 10 causes for inpatient hospitalization by diagnoses related group (DRG) code. Only the primary DRG code for each patient was included in the table below.

The most common diagnoses for inpatient hospitalization are related to the following:
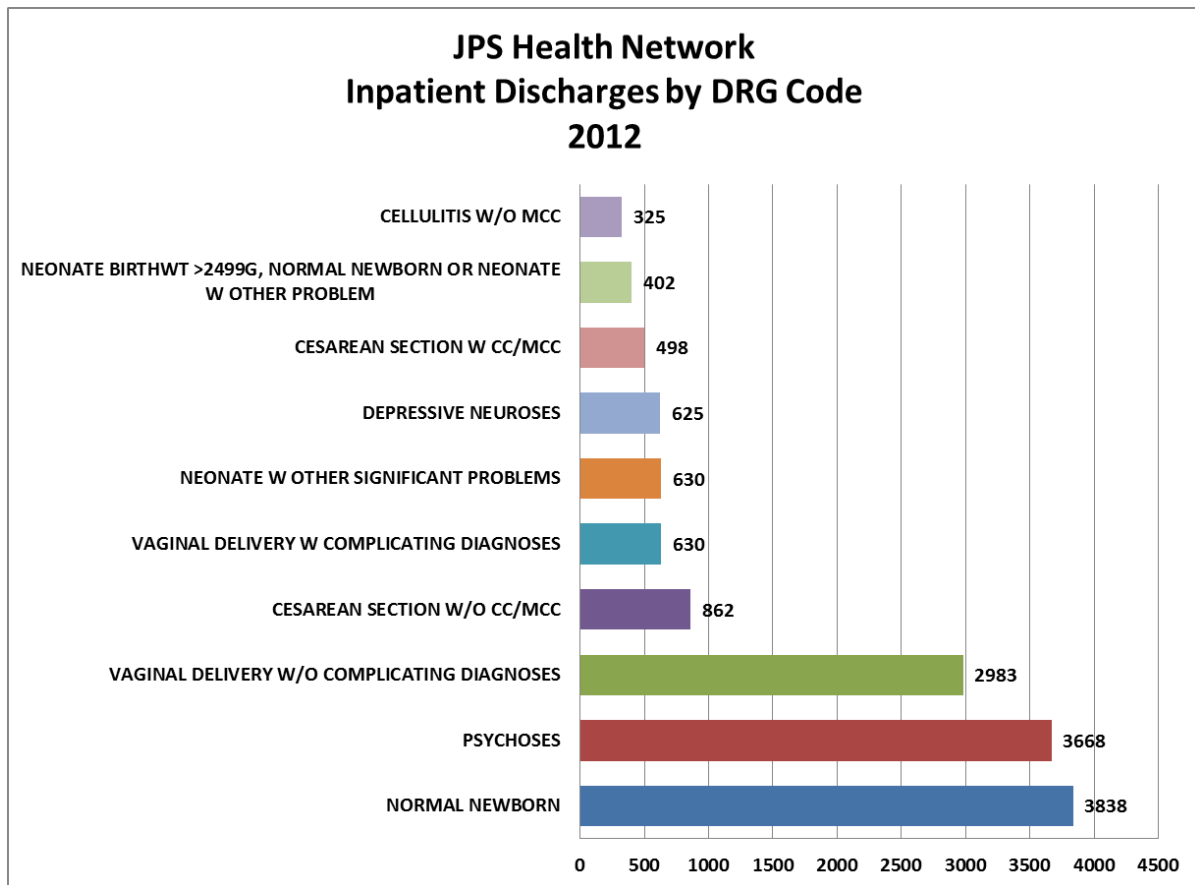
Texas Healthcare Transformation and Quality Improvement Program – Regional Healthcare Partnership (RHP) Plan

The Region 10 Regional Healthcare Partnership (RHP) is the result of a shared commitment by the Region's providers to a community-oriented, Regional health care delivery system focused on the triple aims of improving the experience of care for patients and their families, improving the health of the Region and reducing the cost of care without compromising quality. Region 10's Delivery System Reform Incentive Program (DSRIP) Plan is the essential blueprint for improved individual and population health at a lower cost, delivered more efficiently. (The Plan)

Key Health Challenges Facing RHP 10

Population health statistics for Region 10 residents reveal important trends and opportunities for delivery system improvement. The most important of these statistical trends are summarized below:

Pregnancy and Birth-Related Statistics: Teen pregnancy increases the risk of poor health outcomes for both young mothers and their children. Pregnancy and delivery negatively impact a teenager's health both directly and indirectly and often result in long-term negative consequences including increased risk of poverty and low socioeconomic status. Babies born to teen mothers are more likely to be born preterm and/or low birth weight; much of this increased risk is attributable to delayed onset of prenatal care. For this reason, Healthy People 2020 stresses the importance of responsible sexual behavior to reduce unintended pregnancies and the number of births to adolescent females. Region 10 fares slightly better than the state overall in its teen pregnancy rate (4.3 percent versus 4.9 percent) and the incidence of low birth weight babies (7.2 percent versus 8.4 percent). However, Region 10 has a slightly lower rate of early (first trimester) prenatal care than the state overall (58.1 percent versus. 60.1 percent). Navarro and Somervell Counties have Region 10's highest teen pregnancy rates (6.2 percent and 5.4 percent compared with the Regional average of 4.3 percent). Navarro and Tarrant Counties have the Region's highest percentages of low birth weight babies and its lowest rates of early prenatal care.

Morbidity and Mortality: Cancer and obesity are Region 10's most common morbidity factors. Hood and Navarro Counties have the Region's highest cancer rates. Obesity rates are statistically the same across all nine counties in Region 10 at around 26 to 29 persons per 100,000. Johnson County has the Region's highest rate of diabetes at 10.0 per 100,000. Tarrant County has the Region's highest HIV rate, though small sample sizes reduce the precision of county-level HIV statistics across the Region.

Cardiovascular disease is the number one killer in Region 10 (4,931 deaths in 2011). Cancer is Region 10's second most frequent cause of death (3,668 deaths in 2011). These two causes of death are also the two highest for Texas overall.

Preventable Hospitalization: Region 10's preventable hospitalization rate of 931 per 100,000 persons is lower both than the state's average of 5,923 per 100,000 and the national average of 1,433 per 100,000. Navarro County's preventable hospitalization rate is the Region's highest (17 per 1,000 population), followed by Johnson County (14 per 1,000 population). Region 10's most prevalent cause of preventable hospitalization is congestive heart failure (195 per 1,000 Medicare enrollees), closely followed by anginas without procedures (190 per 1,000 Medicare enrollees).

Access barriers to care: County Health Ranking surveys place difficulties in accessing care due to lack of insurance coverage at the top of health care problems. Although the county-level information is difficult to interpret with certainty because of variations in county response levels, it appears that Johnson and Ellis Counties reported the greatest access problems throughout the Region. Overall Region 10 performs at or slightly better than the rest of the state in providing diabetes and mammography screenings. Within the Region, Wise County and Navarro County have the lowest screening levels for diabetes and mammography and are below both state and national average screening rates. Wise County's diabetes screening rate is 76 percent, compared with the statewide and national rates of 84 percent and 80 percent, respectively. Navarro County has the Region's lowest mammography screening rate at 55 percent, compared with statewide and national rates of 60 percent and 59 percent, respectively.

Conclusions: While on average Region 10 fares as well as or slightly better than the rest of the state on many health need indicators, the poorest and most vulnerable residents of Region 10 live in communities struggling with very significant levels of unmet health care need. Through DSRIP, Region 10 RHP is committed to a revitalized community-oriented Regional health care delivery system focused on the triple aims of improving the experience of care for all patients and their families, improving the health of the Region's population and reducing the cost of care without compromising quality with a particular focus on the community health needs of our most vulnerable residents.

RHP 10's Vision and Goals for Delivery System Transformation

Our shared vision is a transformed Regional delivery system that actively collaborates across all nine counties to provide integrated and coordinated care. Region 10 RHP will achieve this goal by operating at all times in a manner that is:

- **Transparent:** Decision-making process takes place in the public eye and processes are clear to participants.

- **Collaborative:** Developing the RHP plan and making decisions through a collaborative process that reflects the needs of the Region's communities and input of stakeholders.

- **Accountable:** Holding all stakeholders to common performance standards, deliverables and timelines.

Our governance approach fosters the health care provider buy-in necessary for lasting delivery system change. By coming together as a Region to improve individual and population health outcomes, Region 10 RHP participating providers have made the first critical steps toward a health care delivery system that is:

- **Patient-Centered:** Improving patient care and experience through a more efficient, patient-centered and coordinated system.

- **Value-Driven:** Increasing the value of care delivered to patients, community, payers and other stakeholders by improving individual and population health.

Community Involvement – RHP 10's Stakeholder Engagement

In developing the Plan, development and engagement outreach effort for the entire nine-county area. Ongoing collaborative communication between the RHP Anchor, county governments, other IGT entities and all participating providers was the first major stakeholder engagement focus. This included the development of a formal governance structure, regular meetings, a weekly newsletter, webinars and additional communications as needed. Through this process, unparalleled in the history of the Region, providers and county leaders were able to work as a team to identify, define and develop transformative projects that mesh and collectively address Regional needs. The second major Regional engagement focus was to include and seek input from all Regional stakeholders, including those not directly involved in Regional health care delivery but possessing valuable knowledge and Regional insight to help identify our Region's highest priority areas of unmet health care need and how best to meet them. Committee information can be found below:

Committee/ Work Group	Members	Role
Region 10 RHP		
RHP Steering	CEOs of all performing providers	Final approval/review of key initiatives.
RHP Elected Leaders	County Judges or their designee	Maintain ongoing communication/engagement with counties and county stakeholders in Region 10.
RHP Finance	Finance officers of performing providers	Review of DSRIP projects, UC pool and IGT capacity. Development of valuation methodology.
RHP Clinical Quality	Quality/Medical officers of performing providers	Development/review for quality metrics for DSRIP projects, as well as for learning collaboratives.
RHP Planning	Planning officers of performing providers	Overall strategic planning and development of RHP plan, including stakeholder engagement

Region 10 RHP's delivery reform objectives include:

- Connect providers across the Region for improved coordination and communication.

- Empower individuals and families to manage and improve their health.

- Provide a robust and comprehensive set of services improving the physical health, behavioral health and general well-being of Region 10 residents at an affordable cost.

- Expand access to primary care and ambulatory care to serve more patients, particularly through medical homes offering ongoing routine care in a timely manner.

- Expand access to behavioral health services.

RHP 10 Strategic Framework

Based on the objectives above and input from Region 10's members, the following needs were identified:

Identification Number	Brief Description of Community Needs Addressed Through RHP Plan	Data Source for Identified Need
CN.1	**Lack of provider capacity.** Patients find difficulty in navigating the system and have noted the difficulty in finding a provider, particularly Medicaid providers. Five counties are recognized as medically underserved areas.	Stakeholder Survey, Texas CHS, County 2010 Health Rankings, Providers Readiness Assessments, Health Professional Shortage Areas
CN.2	**Shortage of primary care services (e.g., pediatric, prenatal, family care).** Four counties have such shortages.	Health Professional Shortage Areas
CN.3	**Shortage of specialty care.** The Region is facing a 22-36% growth in provider demand, across all specialties. The specialties with the greatest growth in demand are obstetrics/gynecology, vascular health, urology, hematology/oncology, cardiology, and nephrology.	Health Professional Shortage Areas
CN.4	**Lack of access to mental health services.** All but one county in Region 10 are recognized as health professions shortage areas for mental health providers.	Health Resources County Comparison Tool, Health Indicators Warehouse, Texas Dept. of State Health Services

Identification Number	Brief Description of Community Needs Addressed Through RHP Plan	Data Source for Identified Need
CN.5	**Insufficient integration of mental health care in the primary care medical care system.** Community stakeholders cite a need to achieve better integration of primary and behavioral health services in the primary care setting.	Stakeholder surveys
CN.6	**Lack of access to dental care.** Two of the 9 counties are nationally recognized with a shortage of dental providers.	Health Professional Shortage Areas.
CN.7	**Need to address geographic barriers that impede access to care**. There is a skewed distribution of providers in Region 10, with most located in the major urban centers, particularly Fort Worth, Tarrant County. Individuals from rural counties have difficulty with access to care, especially specialty care.	Health Resources County Comparison Tool, Health Indicators Warehouse, Texas Dept. of State Health Services
CN.8	**Lack of access to health care due to financial barriers (i.e., lack of affordable care).** Providers overwhelmingly list lack of coverage/financial hardship as a major barrier for low-income patients.	U.S. Census Bureau, County Health Rankings Survey
CN.9	**Need for increased geriatric, long-term, and home care resources (e.g., beds, Medicare providers).** Region 10's population is projected to grow 9% by 2016, with a 26% increase in the senior population (ages 65+). Three counties have senior populations of between 14-20% of total population.	Thomson Reuters, 2011

Identification Number	Brief Description of Community Needs Addressed Through RHP Plan	Data Source for Identified Need
CN.10	**Overuse of emergency department (ED) services.** Demand for ED visits is on the rise and EDs are becoming overcrowded due to reduced inpatient capacity and impaired patient flow. As a Region, there were 1.1 million visits to hospital EDs in 2010, with a rate of 447.5 visits per 1,000 persons. The 2007 national ED visit rate was 390.5 per 1,000 persons, increasing 23% since 1997, but lower than the ED visit rate of Region 10.	Stakeholder Survey, Texas CHS, 2010 County Health Rankings, UCSF Trends and Characteristics of U.S. Emergency Department Visits, 1997-2007
CN.11	**Need for more care coordination.** All counties identified it as a system cap and need. Barriers include complexity of coordination, lack of staff, lack of financial integration, fragmented system service, and practicing in silos. Providers did not feel there was strong care coordination between primary care providers, hospitals, and specialists.	Region 10 Stakeholder Survey
CN.12	**Need for more culturally competent care to address unmet needs (e.g., Latino-population need care, translators, translated-materials).** Over 40% of the Region's population is not Caucasian, and nearly one-quarter are Hispanic or Latino origin. Hispanic and minority populations have higher growth rates than the White population. Research shows that culturally competent care shows better health outcomes.	American Fact Finder 2010 Census Data, U.S. Census Bureau
CN.13	**Necessity of patient education programs.** Many community residents lack basic health literacy.	U.S. Census, National Adult Literacy Survey (NALS)

Identification Number	Brief Description of Community Needs Addressed Through RHP Plan	Data Source for Identified Need
CN.14	**Lack of access to healthy foods.** The Region and the state has more than double the percentage of all restaurants that are fast food establishments compared to the nation.	Community Health Rankings
CN.15	**Need for more education, resources and promotion of healthy lifestyles (free and safe places to exercise, health screenings, health education, healthy environments, etc.).** Top identified health behaviors impacting and influencing health outcomes in Region 10 are adult obesity (30%) and physical activity (28%). Region had a lower rate of health screening rate than nation and state.	County Health Rankings, 2010
CN.16	**Higher incidence rates of syphilis and chlamydia.** Two counties have higher rates of syphilis than the state. One county had significantly higher rate of chlamydia, while entire Region 10 has higher rate than the state and nation.	Texas CHS
CN.17	**Incomplete management of varicella (chicken pox) cases.** Region 10 has poor rates of some chicken pox, with nearly a 50% higher rate than national average (with rate of 26.3 compared to 17.9 per 100,000, respectively).	Texas CHS, Centers for Disease Controls and Preventions
CN.18	**Incomplete management of pertussis (whooping cough) cases.** The Region has nearly a 50% higher rate than state, with rate of 10.3 compared to 5.54 per 100,000, respectively).	Texas CHS, Centers for Disease Controls and Preventions

Identification Number	Brief Description of Community Needs Addressed Through RHP Plan	Data Source for Identified Need
CN.19	**Need for more and earlier onset of prenatal care.** Nearly 60% of Region 10 mothers access prenatal care within first trimester, compared with 71% national rate. Region 10 has higher teen birth rates than the national average, while also having a lower rate of low birth weight.	Texas CHS
CN.20	**Improved Public Health Surveillance to Promote Individual and Population Health.** West Nile and other disease outbreaks locally highlight areas in the local public health surveillance system that are unaddressed.	Texas DSHS and National Electronic Disease Surveillance System (CDC)
CN.21	**High tuberculosis (TB) prevalence** and low treatment completion rates of latent tuberculosis infection (LTBI) LTBI treatment	Healthy People 2020
CN.22	**Inadequate health IT infrastructure** and limited interoperability to support information sharing between providers hinders care coordination.	Region 10 RHP Community Health Needs Assessment, Regional Stakeholder Survey Summary, June 2012

## Community Involvement – RHP 10's Regional Stakeholder Survey Summary

Methodology

The survey was designed to gather qualitative information and feedback to evaluate the health care system within Region 10. The survey represents feedback from a broad spectrum of stakeholders, focusing on barriers to care, access and health care issues pertinent to Region 10 RHP planning process. The survey was collected over a period of one month, using a web based survey tool and was completed by 187 respondents.

Summary of Responses

Access to Care

For routine hospital care, routine primary/preventative care and ruoutine specialty care the majority of respondents rated them as "difficult" to access. For mental/behavioral health care the majority of respondents rated it as "very difficult" to access. Emergency care was rated as "easy" to access by most respondents. As shown by the following survey results, barriers faced when trying to access routine health care services in Region 10 include financial hardship, lack of awareness of available resources, lack of capacity, to name a few.

Barriers to access to routine primary/preventive care for low-income patients
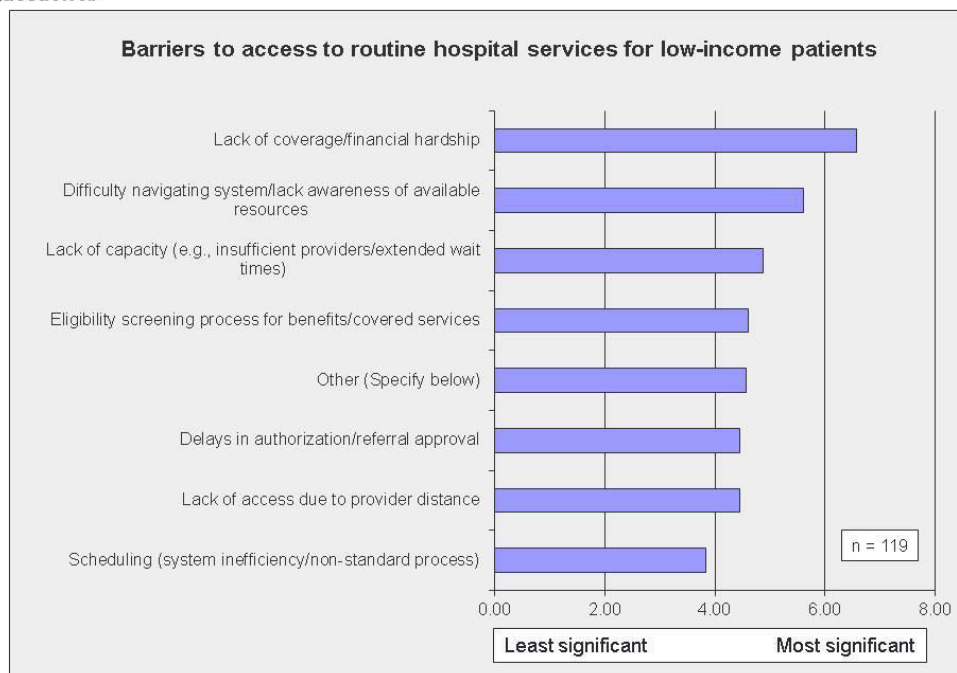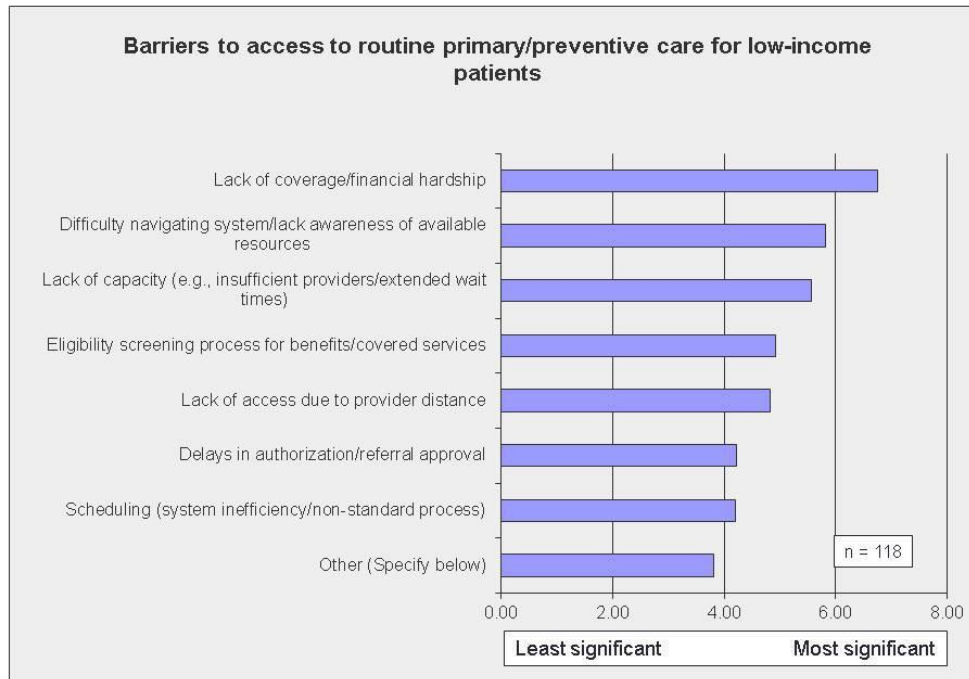
"A glaring issue for individuals with disabilities who are often living below the poverty level is transportation. Many individuals who depend on public transportation are stuck in one area and unable to cross transportation lines due to a lack of providers able to cross into other areas. This is especially relevant for those in rural areas or those living outside of the city of Fort Worth."

"Many individuals with intellectual disabilities are unaware of other urgent care facilities and most are dependent on assistive transportation resulting in higher incident of costly ER usage for medical needs."

"Limited provider base. No substance abuse treatment available. Limited Crisis Respite and Psychiatric Beds available. Limited resources for specialty populations i.e. MH/MR, Autism, SED, children with multiple disabilities."
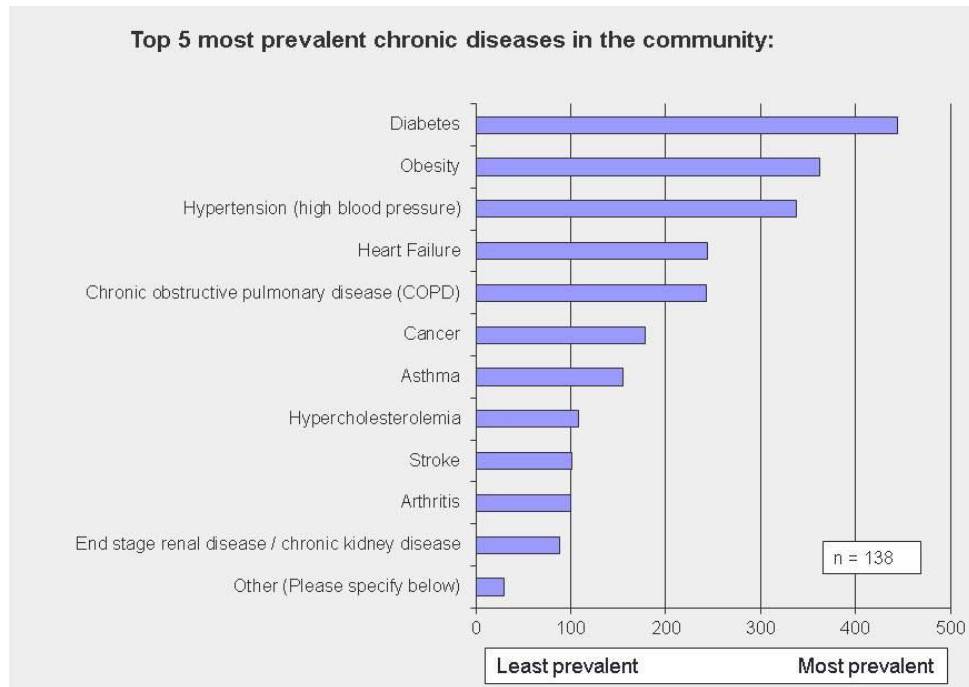
Care Coordination

In general respondents felt neutral or did not feel that there was effective care coordination among physicians, specialists, hospitals, and other providers for mental health, etc. However respondents did feel that care coordination for chronically ill patients between primary and specialty care patients was somewhat effective.

"Providers work in silos and do not have incentives to coordinate care; additionally, there may be language barriers for clients when utilizing the systems that are in place."
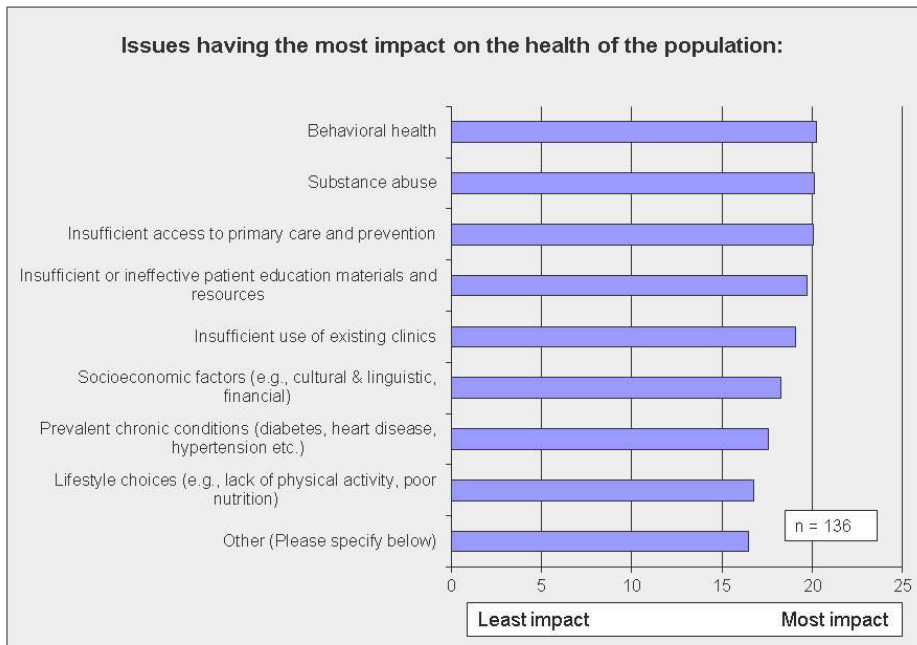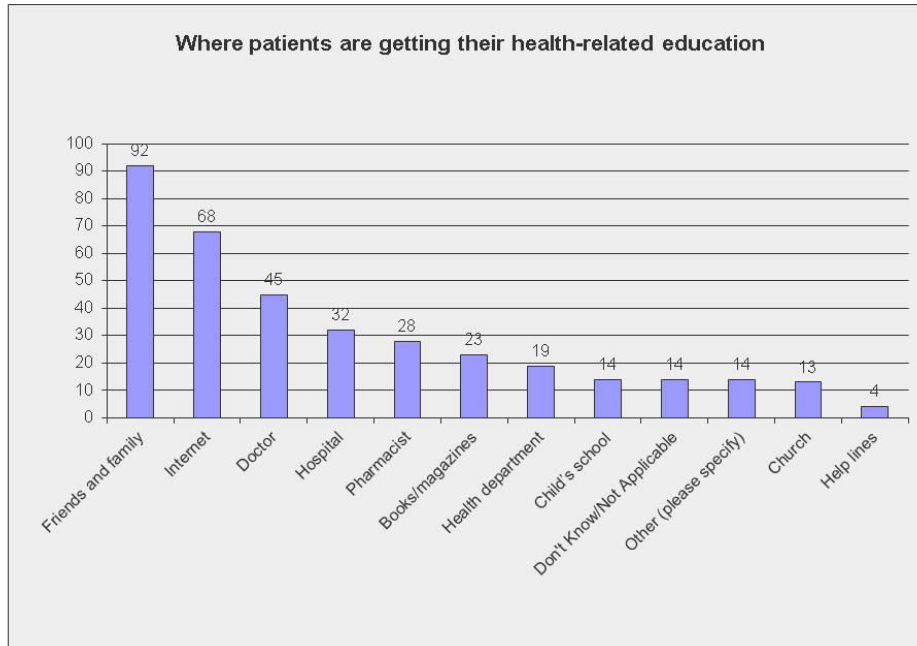
"No system appears to be in place to assure communication across providers."

Community Health

According to survey results the top health conditions affecting Region 10 patients were diabetes, obesity, hypertension, COPD and congestive heart failure. Also, patients mostly get their health education from friends, family, the internet and their doctor. Respondents also indicated that behavioral health and substance abuse were the top issues impacting the patient population.

Top 5 most prevalent chronic diseases in the community:

n = 138

Least prevalent   Most prevalent

"Any disease or disorder that requires lifestyle changes and preventative action often become worse due to lack of follow-up care and coordination of caregiver roles and the patient's inability to maintain the proper health regimen. This is also compounded by communication disorders or differing awareness levels of physical well-being among the disables making early diagnosis difficult at times."

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Where patients are getting their health-related education

Issues having the most impact on the health of the population:

"Most families have nowhere to go to get assessments completed or medication management for their children or adult children to get help with the behaviors they exhibit due to their dual diagnoses. Mental health practitioners in the community refuse to see them because of their mental retardation diagnosis and they have to end up going to Dallas and or staying here and paying out of pocket extremely high payments just to get medications or assessments."

Community Input -Health Care Needs: Findings Specific to Tarrant County

As part of the outreach process for the RHP, county visioning sessions were held throughout the Region. The purpose of these sessions are to bring together local leadership, stakeholders and performing providers to discuss local health care needs, resources and gaps in the current delivery system, develop a local vision and goals for health care delivery and identify potential opportunities for county and Regional collaboration. The county visioning sessions were also a means to facilitate discussions between providers in the same county about the current health data presented and what their perceived experiences in their service area.

The following needs are those that were found to be specific to Tarrant County:

- Lack of care coordination due to limited staff time

- Limited primary care provider involvement in patient care

- Limited health care IT infrastructure

- Mental/behavioral and substance abuse services are "very difficult" to access

- Lack of capacity (e.g., insufficient provider/extended wait times)

Health Issues of Vulnerable Populations

Based on information obtained through RHP 10's Stakeholder Engagement and the Regional Stakeholder Survey, the following populations are considered to be vulnerable or underserved in the community:

- Uninsured/Low Income
    - Lack of awareness of available resources
    - Access to Care-Cost
    - Access to Care-Lack of Providers
    - Transportation

- Persons with Disabilities
    - Transportation

Prioritization of Identified Health Needs

Using findings obtained through RHP 10 Stakeholder Engagement and Survey and collection of primary and secondary data, JPS Health Network completed an analysis of inputs (see *Appendices*) to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death for the community were reviewed and the death rates for the leading causes of death for each county within the JPS Health Network CHNA community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. Adjusted death rate resulted in a health need for the JPS Health Network CHNA Community.

Primary Causes for Inpatient Hospitalization

The primary causes for inpatient hospitalization resulted in an identified health need for the community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for Tarrant County within the JPS Health Network CHNA Community. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to national benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30 percent of the national benchmark) resulted in an identified health need.

Primary Data

Health needs identified through RHP Stakeholder Engagement and were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

As a result, the following summary list of needs was identified:

- Lack of Access to Services (cost)

- Obesity

- Uninsured/Limited Insurance

- Limited Access to Healthy Foods

- Diabetes

- Need for Patient Education Programs

- Substance Abuse

- Low Birthweight/Early Prenatal Care

- Excessive Drinking

- Behavioral Health

- Cancer

- Hypertension

- Lack of Mental Health Services

- Shortage of Primary Care

- Children in Poverty

- Shortage of Specialists

- Lack of Access to Dental Care

- Children in Single-Parent Households

- Overuse of Emergency Department Services

- Transportation

- Shortage of Dentists

- Violent Crime Rate

- Need for Culturally Competent Care

- Sexually Transmitted Infections

- Teen Birth Rate

- Lack of Awareness of Available Resources

- Need for Care Coordination

- Lack of Access to Healthy Foods

- Heart Failure

- COPD

Based on collaborative efforts of the Region 10's Regional Healthcare Partnership Plan, JPS Health Network's management has determined the following priorities for fiscal years 2014-2016.

JPS Health Network Priorities	Correlated Community Health Need
Behavioral Health & Palliative Care	Behavioral Health Lack of Mental Health Services Substance Abuse Excessive Drinking Shortage of Primary Care
Community Focused & Care Coordination (Focusing on Medically Underserved Populations)	Lack of Access to Services (Cost) Uninsured/Limited Insurance Need for Care Coordination Lack of Awareness of Available Resources Overuse of Emergency Department Services Need for Patient Education Programs Low Birthweight/Early Prenatal Care Children in Poverty
Specialized Services	Need for Patient Education Programs Lack of Awareness of Available Resources Need for Care Coordination Shortage of Primary Care Overuse of Emergency Department Services Diabetes Hypertension Cancer Heart Disease COPD

JPS Health Network will prepare an Implementation Strategy prior to September 30, 2013, which will be adopted by the governing board.

APPENDICES

**TEXAS HEALTHCARE TRANSFORMATION AND QUALITY
IMPROVEMENT PROGRAM –
REGIONAL HEALTHCARE PARTNERSHIP (RHP) PLAN**

A complete web based copy of the Texas Healthcare Transformation and Quality Improvement Program – Regional Healthcare Partnership (RHP) Plan for Region 10 may be found on JPS Health Network's website by visiting the following link/web address:

http://www.rhp10txwaiver.com/images/.nsSpace/Documents/RHP%2010%20Plan/Final_Region_10_RHP_Plan_021113.pdf

ANALYSIS OF DATA

JPS Health Network
Analysis of CHNA Data

Analysis of Health Status-Leading Causes of Death

	(A)			(B)	
	U.S. Age Adjusted Death Rates	10% of U.S. Adjusted Death Rate	County Rate	County Rate Less U.S. Adjusted Death Rate	If (B)>(A), then "Health Need"
Tarrant County					
Cancer	185.9	18.6	172.2	-13.7	
Heart Disease	192.9	19.3	182.7	-10.2	
Cerebrovascular Disease	41.8	4.2	51.3	9.5	Health Need
Chronic Lower Respiratory Diseases	44.6	4.5	48.8	4.2	

Analysis of Health Status-Primary Health Conditions
Responsible for Inpatient Hospitalization

Women's and Children's Services
Psychoses/Depressive Neuroses

Analysis of Health Outcomes and Factors

	(A)			(B)	
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Tarrant County:					
Adult Smoking	13.0%	3.9%	18.0%	5.0%	Health Need
Adult Obesity	25.0%	7.5%	28.0%	3.0%	
Physical Inactivity	21.0%	6.3%	22.0%	1.0%	
Excessive Drinking	7.0%	2.1%	17.0%	10.0%	Health Need
Motor Vehicle Crash Rate	10	3	11	1	
Sexually Transmitted Infections	92	28	444	352	Health Need
Teen Birth Rate	21	6	55	34	Health Need
Uninsured	11.0%	3.3%	24.0%	13.0%	Health Need
Primary Care Physicians	1067	320	1739	672	Health Need
Dentists	1516	455	2053	537	Health Need
Diabetic Screen Rate	90.0%	27.0%	82.0%	8.0%	
Mammography Screening	73.0%	21.9%	64.0%	9.0%	
Violent Crime Rate	66	20	474	408	Health Need
Children in Poverty	14.0%	4.2%	24.0%	10.0%	Health Need
Children in Single-Parent Households	20.0%	6.0%	32.0%	12.0%	Health Need
Limited Access to Healthy Foods	1.0%	0.3%	8.0%	7.0%	Health Need

JPS Health Network
Analysis of CHNA Data
Needs Identified Through Community Input

RHP Region 10 Plan	RHP 10 Stakeholder Survey
Low Birthweight Babies	Access to Healthcare-Cost
Early Prenatal Care	Lack of Awareness of available resources
Cancer	Lack of Provider Capacity
Obesity	Transportation
Access to Care-Cost	Lack of Care Coordination
Low Diabetes Screening Rates	Diabetes
Lack Of Provider Capacity	Obesity
Shortage of Primary Care Services	Hypertension
Shortage of Specialty Care	Heart Failure
Lack of Access to Mental Health Services	COPD
Lackof Access to Dental Care	Behavioral Health
Access to Care-Geographic Barriers	Substance Abuste
Need for increased geratric, long-term, and home care	
Overuse of Emergency Department Services	
Need for more Care Coordination	
Need for Culturally Competent Care	
Need for Patient Education Programs	
Lack of Access to Healthy Foods	
Sexually Transmitted Diseases	
Prenatal Care	
Higher rates of Chicken Pox, Pertussis and Tuberculosis	
Inadequate Health IT Infrastructure	

Issues of Uninsured Persons, Low-Income Persons
and Minority/Vulnerable Populations

Population	Issues
Uninsured/Low Income	Lack of Awareness of Available Resources
	Access to Care-Cost
	Lack of Providers
	Transportation
Persons with Disabilities	Transportation

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