2013

Tarrant County Community Health Assessment

TARRANT COUNTY
VOICES FOR HEALTH

Empowered People Living Healthy in a Vibrant and Safe Community

ACKNOWLEDGEMENTS

Tarrant County Public Health in conjunction with a dedicated MAPP Steering Committee, MAPP Core Support Team and Subcommittee members, was the convening body for this process. Many other individuals including community residents, focus group participants and community-based organizations, also contributed to the formation of the 2013 Tarrant County Community Health Assessment.

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

The fundamental purpose of public health is defined by three core functions: assessment, policy development and assurance. Community Health Assessments (CHAs) provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHAs also help measure how well a public health system is fulfilling its assurance function.

A CHA should be part of an ongoing broader community health improvement process. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a community health improvement plan (CHIP).The Public Health Accreditation Board's (PHAB's) voluntary, national public health department accreditation program is designed to document the capacity of a public health department to deliver the three core functions of public health and the Ten Essential Public Health Services. PHAB requires completion of a CHA and a CHIP as two of three prerequisites to accreditation program application.

Using the Mobilizing for Action through Planning and Partnership (MAPP) approach, over 60 community organizations, citizen groups and community leaders began working in 2012 to improve the health of Tarrant County. Entitled *Tarrant County Voices for Health*, this community-wide, strategic planning initiative concluded in 2013 and helped prioritize public health issues, identified resources for addressing them and set a realistic action plan.

Description of Tarrant County

Tarrant County is an urban county located in the north central part of Texas. Tarrant County is the 15th largest county in the US and the 3rd largest in Texas with a population of over 1.8 million. Fort Worth is the 16th largest city in the US; Arlington is the 50th largest (U.S. Census Bureau, 2010).

Tarrant County's economy has been transformed into one of the most vibrant and diverse in the nation and is leading the regional resurgence in business relocations and expansions, retail development and new housing construction. 687,510 local jobs in Tarrant County (U.S. Census Bureau, 2010).

Tarrant County is home to a diverse spectrum of businesses and lifestyles. Tarrant County's western heritage sits side by side with its internationally renowned Cultural District, which has over 6.5 million visitors each year.

The health of a community is not an isolated phenomenon. It is interwoven with the very social, economic and environmental factors that make our county great and also pose the most significant challenges.

If we are to achieve our vision of Tarrant County as a model community with healthy, safe, hopeful, and empowered residents, we must broaden our scope and set our horizon on years into the future. That is what we set forth to do with this report.

Tarrant County Voices for Health

Tarrant County Voices for Health are representatives from health and human services organizations, neighborhoods, businesses, and local government working together to develop a strategic community health improvement plan for Tarrant County.

MAPP OVERVIEW

Introduction and Background

Mobilizing for Action through Planning and Partnerships, or MAPP, is a community-wide strategic planning tool for improving community health. It has been implemented nationally by many public health departments to help communities prioritize public health issues and identify resources to address them. Facilitated by public health leaders, this tool assists communities by applying strategic thinking to prioritize public health issues and identify resources to address them. MAPP is not an agency focused assessment tool; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. The process was developed through collaboration between NACCHO (National Association of County and City Health Officials) and CDC (Centers for Disease Control and Prevention). More information can be found at http://www.naccho.org/topics/infrastructure/mapp/index.cfm.

The vision for implementing MAPP is:

"Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."

The following seven principles are integral to the successful implementation of MAPP:

1. ***Systems thinking*** — to promote an appreciation for the dynamic interrelationship of all components of the local public health system required to develop a vision of a healthy community.
2. ***Dialogue*** — to ensure respect for diverse voices and perspectives during the collaborative process.
3. ***Shared vision*** — to form the foundation for building a healthy future.
4. ***Data*** — to inform each step of the process.
5. ***Partnerships and collaboration*** — to optimize performance through shared resources and responsibility.
6. ***Strategic thinking*** — to foster a proactive response to the issues and opportunities facing the system.
7. ***Celebration of successes*** — to ensure that contributions are recognized and to sustain excitement for the process.

"Coming together is the beginning. Keeping together is progress. Working together is success." – Henry Ford

MAPP is a community-wide strategic planning tool for improving public health, a method to help communities prioritize public health issues, identify resources for addressing them, and take action.

The key phases of the MAPP process include:

1. **Organizing for success and developing partnerships**
2. **Visioning**
3. **Conducting the four MAPP assessments**
4. **Identifying strategic issues**
5. **Formulating goals and strategies**
6. **Taking action (planning, implementation and evaluation**

The four assessments conducted as part of the process include:

1. Local Public Health Systems Assessment
2. Forces of Change Assessment
3. Community Health Status Assessment
4. Community Themes and Strengths Assessment

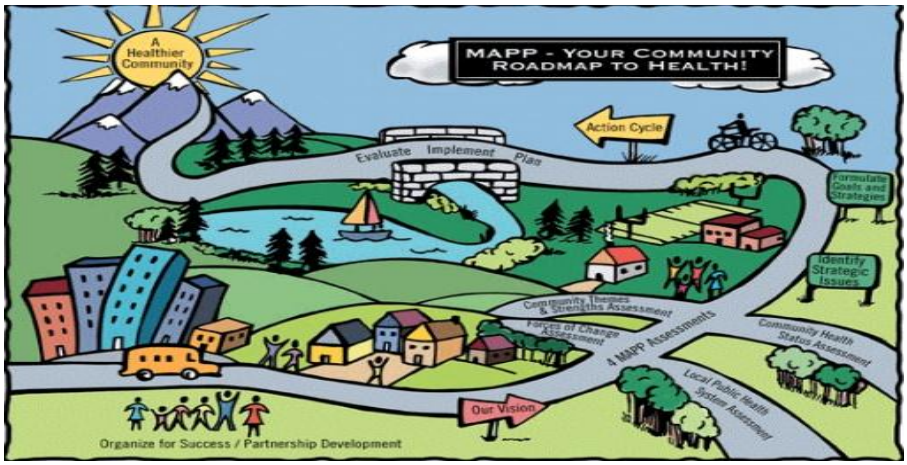
Figure 1: The MAPP Arrow Model
Source: National Association of County and City Health Officials

MAPP is a paradigm shift in how we think about public health planning. It is a shift from operational to strategic planning; from a focus on the agency to a focus on the community and the entire public health system; from needs assessment to an emphasis on assets and resources; from a medically or service oriented model to a model that encompasses a broad definition of health; and from an "agency knows all" perspective to the belief that "everyone knows something."

Simply put, MAPP is a way of bringing everyone's collective wisdom together. By gathering all of the assets and resources within the community, the community is able to determine how best to use all of the wisdom to create a healthier community. Such a paradigm shift means that MAPP is a 'new way of doing business.'

The Community Drives the Process

Figure 2: The MAPP Roadmap
Source: National Association of County and City Health Officials



RESEARCH PROCESSES

PHASE 1
ORGANIZING FOR SUCCESS & DEVELOPING PARTNERSHIPS

In September 2011, the Health Planning & Policy Division at Tarrant County Public Health (TCPH) began coordination of the entire MAPP process. To initiate the process, TCPH established a MAPP Core Support Team that began preparing to organize for success and develop partnerships. This phase allowed TCPH to plan a MAPP process that builds commitment, engages participants, uses their time well, and results in a community health improvement plan that can be implemented successfully. In February 2012, over 60 community partners and stakeholders, including organizations, residents, health care professionals, businesses, educational institutions, community leaders and local governmental leaders were recruited to form the MAPP Steering Committee that oversaw the process. Community engagement and partnership was crucial for success.

It was very important to have as many individuals and organizations within in the Local Public Health System (LPHS) be a part of the journey to make Tarrant County healthier for all who live, work and play here. A public health system is complex. Figure 3 below is a depiction of the complexity of a public health system and examples of organizations and groups that comprise the network. You can see many of the system partners represented who contribute to health and delivery of the Ten Essential Public Health Services (Centers for Disease Control and Prevention Steering Committee, 1999):

1. Monitor the health status of the community.
2. Investigate and diagnose health problems and hazards.
3. Inform and educate people regarding health issues.
4. Mobilize partnerships to solve community problems.
5. Support policies and plans to achieve health goals.
6. Enforce laws and regulations to protect health and safety.
7. Link people to needed personal health services.
8. Ensure a skilled, competent public health workforce.
9. Evaluate effectiveness, accessibility and quality of health services.
10. Research and apply innovative solutions.

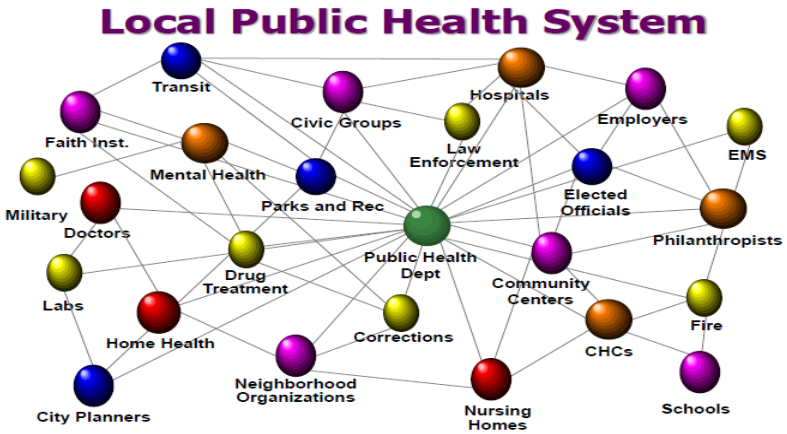


Figure 3: The Local Public Health System
Source: National Association of County and City Health Officials

PHASE 2

VISIONING

The MAPP Steering Committee and the MAPP Core Support Team recognized that it was important to outline a creative and achievable vision, and to identify a set of shared values that would support the planning process and the CHIP itself. To jump start the Visioning process, John L. McKnight, Professor Emeritus of Education and Social Policy, Northwestern University and the Co-Founder, The Asset-Based Community Development Institute, was invited to provide a Visioning Presentation and a special training to the Steering Committee and Core Support Team.

- The community was included in the visioning process.
- The visioning subcommittee focused on the assets of the community and not the problems or needs.

"You don't know what you need, until you know what you have."
~John L. McKnight

VISION

Empowered people living healthy in a vibrant and safe community

SHARED VALUES

- **TRUST:** *We value a community where trust is fostered, barriers removed and participation increased.*
- **RESPECT:** *We value a community where the right of all to enjoy a healthy and flourishing community is respected.*
- **EQUITY:** *We value a community where all people have access and opportunity abounds.*
- **HEALTH:** *We value a community where all people are empowered to make healthy choices.*
- **SAFETY:** *We value a community where all people can enjoy safe and clean neighborhoods, parks and schools.*
- ***EDUCATION:*** *We value a community where health education is abundant.*

[Note: see Appendix 1 for detailed visioning information]

PHASE 3
CONDUCTING THE FOUR MAPP ASSESSMENTS

Research Process

The research process consisted of implementing the four key assessments, as described earlier.

1. **Local Public Health System Assessment** measured the capacity and performance of the local public health system. This encompasses all organizations and entities that contribute to our public's health.

2. **Forces of Change Assessment** identified forces that are or will be affecting our community or our local public health system.

3. **Community Health Status Assessment** collected and analyzed data about health status, quality of life, and risk factors in our community.

4. **Community Themes & Strengths Assessment** identified issues that interest our community, perceptions about quality of life, and community assets.

KEY RESEARCH FINDINGS OF THE ASSESSMENTS

Each component of the research process the MAPP Steering Committee engaged in is listed below along with key findings based on the research results.

1 LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

Background:

The Local Public Health System Assessment (LPHSA) focuses on the ''local public health system'' defined by NACCHO as '' all entities in a community that contribute to the delivery of public health services''. The local public health system is broadly defined and includes all public, private and voluntary entities, as well as individuals and informal associations. The LPHSA is a performance assessment using model standards for all of the 10 Essential Public Health Services that will provide a comprehensive picture of the work of your local public health system.

Method:

The MAPP Steering committee utilized the National Public Health Performance Standards Program - Local Public Health System Performance Assessment Instrument 2.0 version to conduct the assessment. (Click link below to view).

Local Public Health System Performance Assessment [PDF - 7 MB]

In July 2012, participants from over forty different agencies and organizations throughout the local public health system attended the Local Public Health Systems Assessment Retreat that was held at the Dr. Marion J. Brooks Building, Tarrant County Public Health.

Overall Findings:

The findings of the assessment revealed a number of strengths within the Tarrant County Local Public Health System (LPHS). The current system has done an excellent job with monitoring health status to identify community health problems and diagnosing and investigating health problems and hazards. The system has also achieved success in developing policies and plans that support individual and community health efforts.

According to the assessment, the LPHS has experienced several challenges that are common across many of the essential services, including:

- Lack of coordination of personal health and social services
- Lack of relationship with media/social media
- Lack of strong community partnerships and strategic alliances
- Lack of technical assistance for drafting proposed legislation, regulation or ordinances

In order to make the LPHS run more efficiently, these important activities many need more attention**:**

EPHS #3: Inform, Educate, and Empower People about Health Issues

- 3.1 Health Education and Promotion
- 3.2 Health Communication
- 3.3 Risk Communication

EPHS #4: Mobilize Community Partnerships to Identify and Solve Health Problems

- 4.2 Community Partnerships

EPHS # 9: Evaluate Effectiveness, Accessibility, and Quality of person and population Based on Health Services

- 9.1 Evaluation of Population-based Health Services
- 9.2 Evaluation of Personal Health Care Services

Note: See Appendix 2: Local Public Health System Assessment Report for detailed results.

2 FORCES OF CHANGE ASSESSMENT

Background:

The purpose of this assessment is to identify forces – such as trends, factors or events – that are or will be influencing the health or quality of life of the community and local public health system.

This FOCA answers the following questions:

1. **What is occurring or might occur that affects the health of our community or the local public health system?**
2. **What specific threats or opportunities are generated by these occurrences?**

The assessment provided an opportunity for participants in *Tarrant County Voices for Health* and people from the larger community to learn from experts about changes that will occur over the next 10 years and the accompanying threats and opportunities, and to provide input on the priorities.

Methodology:

The subcommittee brainstormed a list of topics to include in the assessment, taking care to cast a wide net to assure that the topics were inclusive of the local public health system. After finalizing the list of topics, the subcommittee grouped them as follows:

- **Economic:** Socio-economic factors and culture; Economic forces and trends; Clinical health care trends
- **Environment:** Social impact of environmental/climate change; Infrastructure (utilities, transportation, built environment), and Public/community safety
- **Social:** Faith community and spirituality; K – 12 education and higher education; Prevention and healthy habits; Philanthropy
- **Technology:** Information media; Health care research and technology

As the resulting list of topics included many areas of expertise beyond those of the MAPP Steering Committee members, the FOCA Subcommittee chose to recruit subject matter experts to provide a brief, high-level overview on each topic.

The subcommittee conducted the Forces of Change Assessment through four work sessions lasting two to three hours in September and October 2012 covering environmental, social, economic and technological forces. They also reviewed local, state, national and global data regarding specific topical areas. Lastly, the FOCA Subcommittee utilized instant audience feedback through a polling method to prioritize forces of change, threats and opportunities.

Overall Findings:
The following table shows the list of forces, threats, and opportunities identified by the audience ranked as having highest importance.

Table: Forces of Change, Threats, and Opportunities

Force of Change	Threats	Opportunities
ECONOMIC AND EMPLOYMENT		
• Rapid population and employment growth; Financial realities • Lack of stable employment with benefits	• Shrinking middle class	• Engagement of local business leaders and public officials in public health issues • Social entrepreneurship
DEMOGRAPHICS		
• Aging population (baby boomers hit 65)	• Unhealthy lifestyles • Growing class of unemployable young people	• Partnerships to promote regional collaboration • Additional education and enrichment
TECHNOLOGY		
• Ascendance of health informatics (electronic health records and health information exchanges) • Ascendance of faster and faster supercomputing capabilities	• Risks associated with securing sensitive health data across the system • Intrusion or redefinition of personal privacy	
BUILT ENVIRONMENT AND NATURAL RESOURCES		
		• Sustainable development
HEALTH AND HUMAN SERVICES		
• Ratio of expenditures for healthcare relative to improved health status		• Traditional medicine becomes more involved in health care and prevention • Community stakeholders work to build healthier communities

Note: See Appendix 3: Forces of Change Assessment Report for detailed results.

3 COMMUNITY HEALTH STATUS ASSESSMENT

Background:

The Community Health Status Assessment (CHSA) is a compilation of state, national and peer community data that is collected and analyzed to identify health disparities concerning age, gender, racial and population subgroups.

The CHSA answers the following questions:

1. **How healthy are our residents?**
2. **What does the health status of our community look like?**

The findings are compiled into a community Health profile which is used as part of the process to identify strategic issues.

Methodology:

The CHSA Subcommittee used the *CHSA Core Indicator List Worksheet* provided in the National Association of County & City Health Officials (NACCHO) CHSA Clearinghouse of Resources as the collection tool to aggregate the most recent results available.

These data, when aggregated, demonstrated some gaps in assessing the health status of the entire county population. Using the MAPP Steering Committee as representatives of their respective constituencies across the county, a nominal group process produced a list of 88 indicators felt to be missing from the initial core indicator list. That list was then used as a starting point to conduct issue specific research and to poll the Steering Committee members for data responsive to the missing indicators. That effort found:

No information available	22
No Tarrant County specific information available	29
New data indicators	37

These new data were then incorporated into a final Tarrant County Community Health Status Profile.

Overall Findings:

Top Five Health Issues for Adults

- **STDs – Chlamydia infections:** Chlamydia has consistently ranked as the leading communicable disease in Tarrant County for the past five years and contributes to ~ 63% of the top ten leading communicable diseases in TC.

- **Infant Mortality:** In 2010, Tarrant County with 7.5 infant deaths per 1000 live births had the second highest infant mortality rate among Texas counties with 10,000 or more live births.

- **Obesity:** ~28% of TC adults are obese. Obesity is a major risk for cardiovascular disease and predisposes one to diabetes which is a risk factor for cardiovascular disease (CVD). CVD has remained the leading cause of death in TC (as is at the state & the national level) in over a decade.

- **Smoking:** ~19% of TC adults are current smokers. The TC prevalence estimates for smoking is higher than the state and the national estimate. Furthermore, smoking – both active and passive are major risk factors for CVD.

- **Asthma:** Prevalence of asthma in TC adults is ~9% which is approximately 1.2 times higher than the state and national asthma prevalence estimates.

Overall Findings:

Top Two Children's Health Issues

Our assessment showed asthma and obesity to be the number 1 and 2 children's health issues. In support of that, the following is the data collected for Tarrant County children ages 0-14:

TARRANT COUNTY

Has a doctor or health professional ever told you that the child has asthma?

Number of Responses (n): 2008 = 4712, 2012 = 5137

	2008	2012
Yes	**18.59%**	**17.19%**

Does this child currently have asthma?

Number of Responses (n): 2012 = 5137 No results exist for the year 2008

	2008	2012
Yes		**11.10%**

Does this child have an individualized asthma action plan?

Number of Responses (n): 2012 = 261 No results exist for the year 2008

	2008	2012
Yes		69.73%

What is the child's BMI Classification?

Number of Responses (n): 2008 = 4424, 2012 = 4842

	2008	2012
Underweight	7.64%	6.84%
Normal	43.33%	41.39%
Overweight	**12.55%**	**11.54%**
Obese	**19.33%**	**20.38%**
Blank	17.16%	19.85%

Source: Community-Wide Children's Health Assessment and Planning Survey 2008 and 2012 [CCHAPS 2008 and 2012] accessed October 2012 at http://www.cchaps.org.

Note: See Appendix 4: Community Health Status Assessment Report for detailed results.

4 COMMUNITY STRENGTHS AND THEMES ASSESSMENT

What It Is:

The purpose of the Community Strengths and Themes Assessment (CTSA) is to gather community thoughts, opinions and concerns that provide insight into the issues of greatest importance to the community and how the community perceives the quality of life in Milwaukee.

The CTSA assessment answers the questions:

- **What is important to our community?**
- **How is quality of life perceived in our community?**
- **What assets do we have that can be used to improve community health?**

Methodology:

The Community Themes and Strength Assessment (CTSA) Subcommittee Identified representative areas by dividing the county into more accessible regions to gain a more comprehensive snapshot of the community perspective. A map identifying socioeconomic status of residents was utilized to select zip codes.

Two surveys were created inspired by the National Association of County and City Health Officials (NACCHO).

- Community Themes & Strengths Assessment Survey (Long Version)
- Community Themes & Strengths Assessment Survey (For Events)

The youth perspective of community was captured in an activity called Photo Voice; a participatory research method that merges photography and social action.

Data collection:

- The subcommittee distributed the survey and conducted an interactive table exercise with 51 key community leaders.
- Three (3) community organizations were identified and asked to distribute an electronic version of the event survey to their networks/contacts.
- The subcommittee conducted six (6) dialogue/listening sessions over the course of five (5) months September 2012 – January 2013.
- Three (3) large community events and festivals were used as sites to capture survey data.
- Youth specific assessment program was conducted over a 4-week period.

Overall Findings

Overall Perception of Health: Somewhat healthy

Factors that determined a healthy community:

- Access to care dominated other important factors
- Low crime was the main element
- Good jobs
- Good schools
- Healthy behaviors

According to the data collected, it appeared the Tarrant County was most concerned with:

- Access to Healthcare
- Low Crime
- Good Schools
- Good Economy

Our residents generally considered the greatest risks to be around:

- Drug Abuse
- Alcohol Use
- Dropping out of school
- Being Overweight
    - Poor Eating Habits
    - Lack of Exercise

Identified challenges/barriers to health by youth:

- Lack of friends or a sense of neighborhood
- Lack of access to nutritious food
- Unsafe/Unkempt areas for physical activity
- Graffiti – lack of respect and safety

Identified opportunities/resources by youth:

- Community gardens
- Well-kept landscaping around homes & common areas
- Recycling
- Water collection efforts
- Well-supported spiritual health
- Social support system
- Sense of neighborhood

Note: See Appendix 5: Community Themes and Strengths Assessment Report for detailed results.

PHASE 4

IDENTIFIED STRATEGIC ISSUES

In January 2013, a summary of the assessment findings were presented to the MAPP Steering Committee and MAPP Core Support Team in order to identify and to determine the most critical issues that must be addressed for the community to achieve its vision. The group reviewed data from area assessments, health-related databases and community input. Data references included, but not limited to:

- Tarrant County Behavioral Risk Factor Surveillance System, 2009/2010, Tarrant County Public Health
- Community-Wide Children's Health Assessment and Planning Survey 2008 and 2012 [CCHAPS 2008 and 2012] accessed October 2012 at http://www.cchaps.org
- 2012 Local Public Health System Assessment – Results Report for Tarrant County
- 2012 Forces of Change Assessment – Results Report for Tarrant County
- 2012 Community Health Assessment – Results Report for Tarrant County
- 2012-2013 Community Themes and Strength Assessment – Results Report for Tarrant County
- Significant Data Identification Worksheet (NACCHO's toolkit)

The members formed small groups and brainstormed potential strategic issues using the Strategic Issues Relationship Diagram (NACCHO's toolkit). In the MAPP model, strategic issues are framed in the form of a question, and represent the fundamental policy choices or critical challenges that must be addressed in order to achieve the vision of Tarrant County. The following themes emerged most frequently from review of the available data and were considered in the selection of the Community Health Improvement Plan (CHIP) health priorities:

- Create and sustain effective partnerships throughout the local public health system
- Improve informing, educating and empowering people on health issues
- Reduce economic impact of unemployable youth and high school dropouts
- Prevent obesity, improve physical activity and nutrition
- Reduce incidence of asthma in children and adults
- Access to healthcare
- Increase neighborhood safety

Based on the results of the multi-voting exercise, the Steering Committee and Core Support Team members agreed that In order to achieve the vision of a healthier Tarrant County, the local public health system assured our community has access to holistic lifestyle support for the seven components of health (environmental health, intellectual health, mental health, occupational health, physical health, social health, and spiritual health) through the specific issues below:

1. Education
2. Environment
3. Health Care Access
4. Partnerships

Figure 4: The Seven Dimensions of Health and Well- Being
Source: University of North Texas Health Science Center, Texas Prevention Institute, 2013

NEXT STEPS

The MAPP Steering Committee and the MAPP Core Support Team have worked through a facilitated process and will use detailed findings to formulate goals and strategies for each of the four strategic health priorities. They will develop some “low-hanging” fruit goals, objectives and strategies to show the community that they heard their voice and will do something impactful with the information gathered. Following the completion of that process, the workgroups will submit recommendations for the Tarrant County Community Health Improvement Plan (CHIP). Once the CHIP has been developed, with your help, we will engage in a five year action cycle.

We need your help.

Because of the many complexities facing our community, a community health improvement plan that will create real results requires comprehensive solutions.

Please consider joining a CHIP Workgroup and assisting with the development of steering change in our community that will positively affect health outcomes.

How you can help.

- Join a CHIP Workgroup focusing on a priority area.
- Join the MAPP Steering Committee. We are still in need of individuals who can offer oversight of CHIP Workgroups and steer the next phases of this process.
- Think outside the box and do the most good with your very best!
- Recommend other organizations or individuals you think could help make a difference.
- Share this report with others and help spread the word in your community about pressing health-related issues and how people can get involved.
- Contact Tarrant County Voices for Health at TCVFH@tarrantcounty.com or go to http://www.tarrantcounty.com/ehealth/cwp/view.asp?a=763&q=487455 to learn more.

Because Health Matters…

APPENDIX 1

VISIONING REPORT

Prepared By:
Judi Ketchum
Director, Resource Connection of Tarrant County

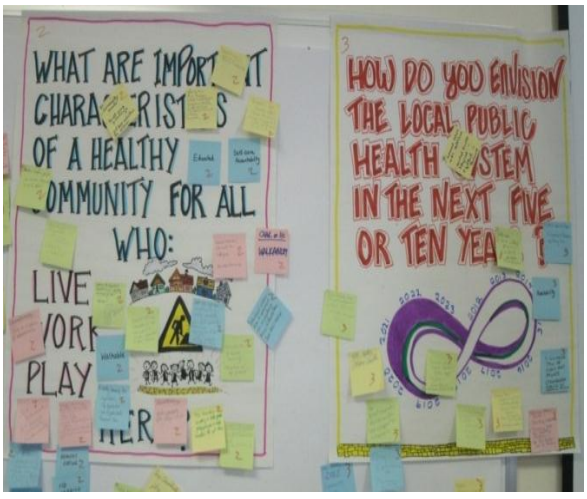
VISIONING

The MAPP Steering Committee and the MAPP Core Support Team recognized that it was important to outline a creative and achievable vision, and to identify a set of shared values that would support the planning process and the CHIP itself. To jump start the Visioning process, John McKnight was invited to provide a Visioning Presentation to the community in the morning and a special training in the afternoon to the – steering committee, core support team and TCPH Extended Leadership Team. Mr. McKnight is the Professor Emeritus of Education and Social Policy, Northwestern University and the Co-Founder, The Asset-Based Community Development Institute (**www.abcdinstitute.org**). He encouraged the group to include the community in the visioning process. His key point was to focus on the assets of a community and not the problems or needs. Thus, the outcome will be more positive and impactful over time because the community will have buy-in.

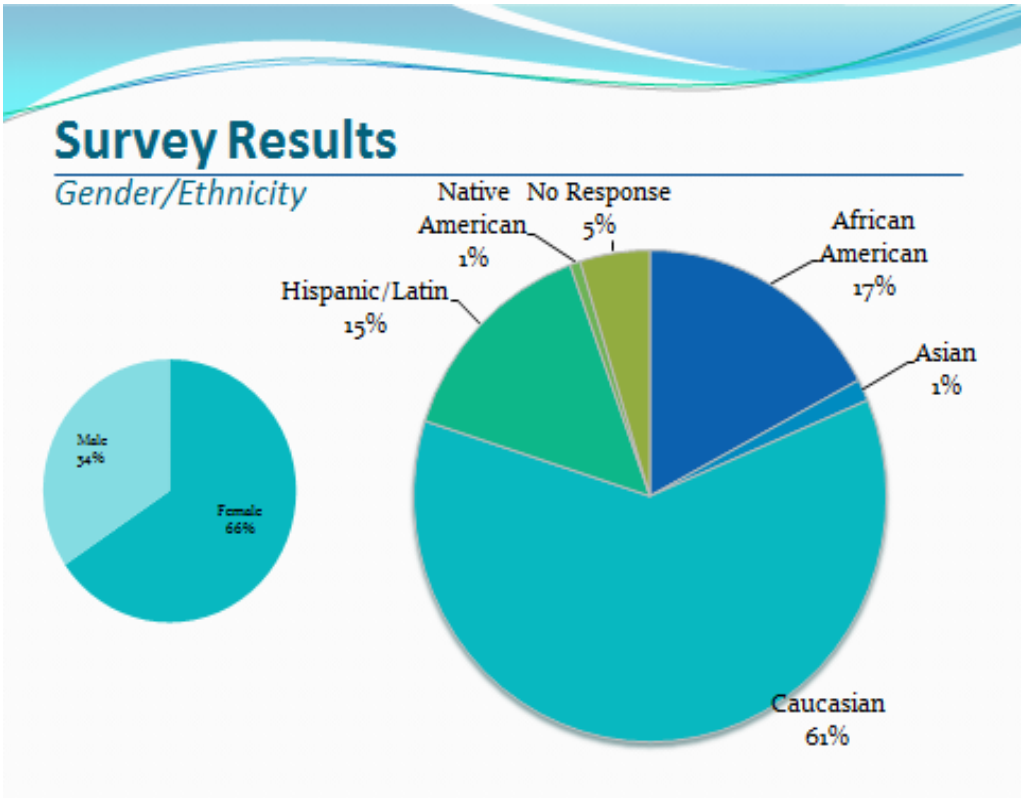
"You don't know what you need, until you know what you have."

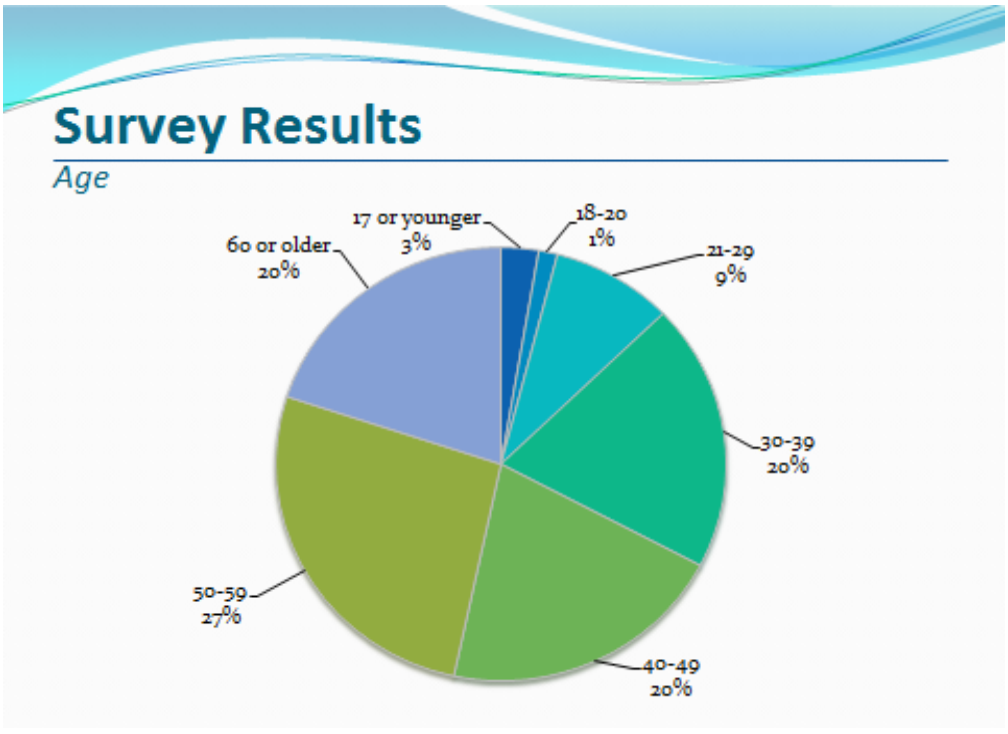
~ John McKnight, Professor Emeritus of Education and Social Policy, Northwestern University and the Co-Founder, The Asset-Based Community Development Institute

A Visioning Subcommittee was formed to guide the community through a collaborative and creative process that leads to a shared community vision and common values. Input was gathered from the community, Steering Committee and Core Support Team members. A mini-visioning brainstorming session was conducted at the May 2012 MAPP Steering Committee Meeting in order to gather information and to provide facilitator training.



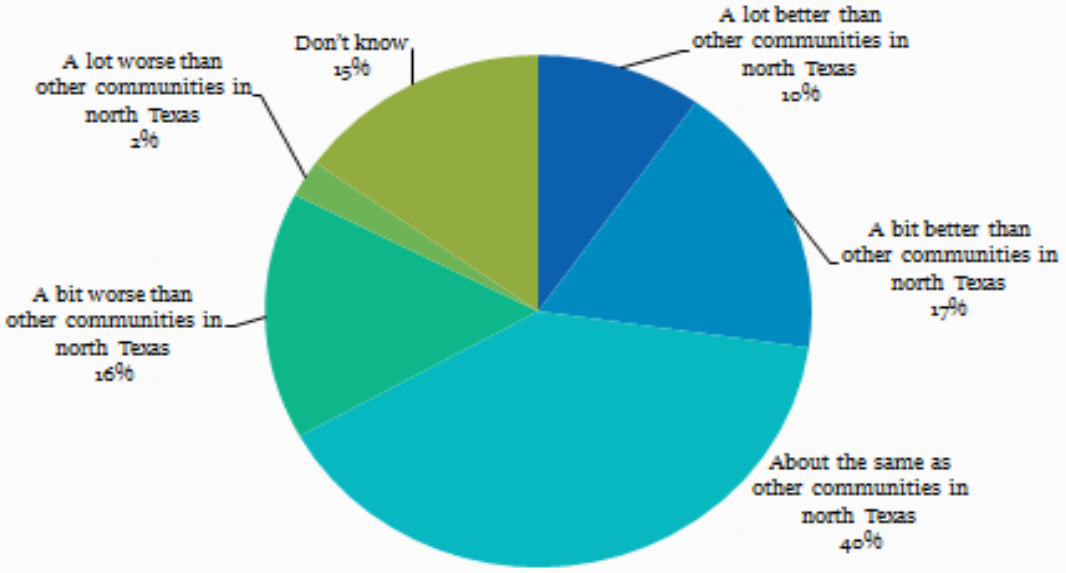
From June 18-July 2, 2012, a two-week survey was conducted and distributed to the community via email, links on committee members' websites and through nine focus groups (at least one was held in each of the four Tarrant County precincts). The completed surveys came from four parts of the county: Southwest (51%), Northeast (28%), Northwest (12%) and the Southeast (9%).





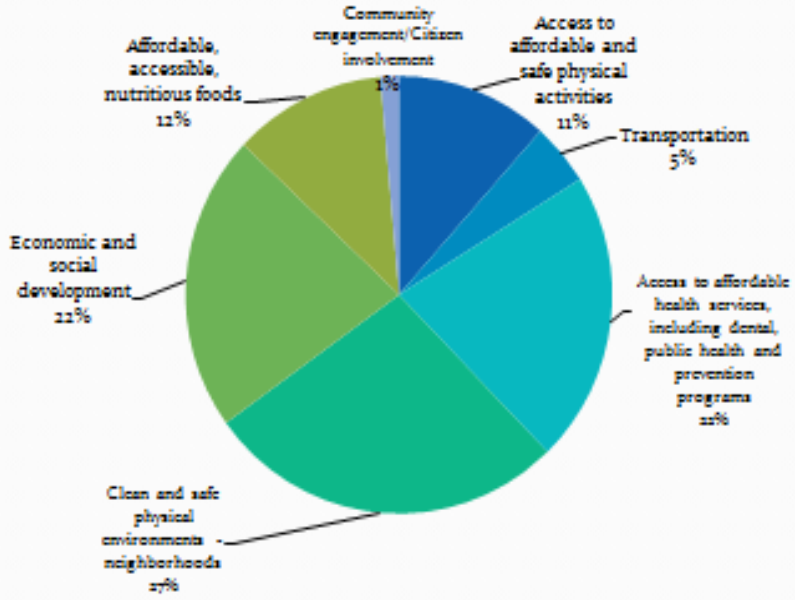
Survey Results

Currently, how do you feel about the overall health of the Tarrant County community as compared to other north Texas communities?



Survey Results

When you think of a healthy Tarrant County for those who live, work & play here, what five things do you think are most important?



The following is a breakdown of the responses from the previous survey question: When you think of a healthy Tarrant County for those who, live, work & play here, what five things do you think are most important?

Clean and Safe Environment (27%)

- Code Enforcement/Animal Control
- Quick Police and Fire Response
- Air Quality
    - Reduce pollution
    - No gas well 'fracking'
    - Smoke-free/tobacco-free
- More Senior Centers & Day Care Facilities
- Crime Free
- Affordable/Sustainable energy use
- Liveable/walkable communities
    - Libraries
    - Recreation
    - Retail stores
    - Connectivity from neighborhoods to services

Access to Affordable Health Services including Dental, Public Health & Prevention Programs (22%)

- Equitable Medical/Dental resources
- Affordable high-quality Medical Care
- Reduce Mortality/Morbidity Rates
- Preventive Care
- Health Services to all
    - Children
    - College students
    - Elder Care

Economic and Social Development (22%)

- Robust Economy
    - High employment Rate
    - Living Wage
- Healthy/Safe Job opportunities for all
- Opportunities for high quality and accessible education for all
    - Community education classes
    - Healthy development of children and adolescents
- Spiritual Health and Social equity

Affordable, Accessible and Nutritious Food (12%)

- Community Gardens
- School Gardens
- Fewer fast food restaurants
- Affordable, healthy food choices in schools
- Access to farm-fresh inexpensive produce
    - Farmers Market that take Food Stamps
- Healthy Food Choices Education

Access to affordable and safe physical activities (11%)

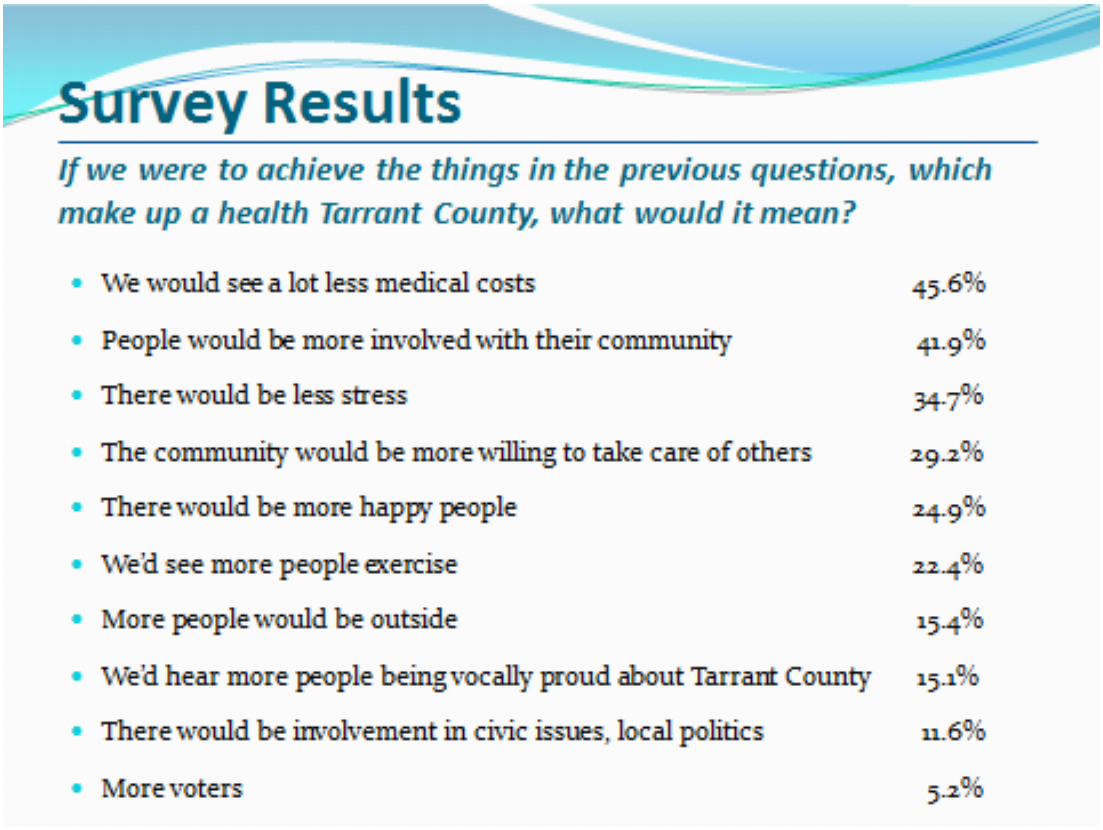
- Plenty of outside activities
  - Pools
  - Parks
  - Walking/hiking/bicycle trails and lanes
- Pedestrian Friendly
  - Walkability
  - Sidewalks
- Neighborhood parks/play areas
- Recreation Facilities
- Preserve green space

Transportation (5%)

- Mass Transit
- Connectivity throughout Tarrant County
  - Easy for people to get around
- Affordable, safe and accessible public transportation
- Clean Air – Fewer Cars
- Sustainable Energy Use

Community Engagement/Citizen Involvement (1%)

- Involve youth in problem solving
- Robust social and civic engagement
- Socially cohesive relationship between citizenry and elected decision-makers
- More collaboration between groups, services and systems
- Spend more time listening to people than deciding for them what they want



During the July 2012 MAPP Steering Committee, the Visioning Subcommittee shared the analyzed data collected in order to finalize the development of the vision and shared values. A unique, engaging method called the "Drumming Circle" was utilized throughout the meeting. It is a method where members were lead in an unspoken activity using drums and other musical instruments. The activity was used to demonstrate how individuals may come together with separate ideas of a vision, but by working together can end up with a shared common vision.

The following vision and shared values were developed for the CHA and CHIP:

Vision

Empowered people living healthy in a vibrant and safe community.

Shared Values

- **TRUST:** We value a community where trust is fostered, barriers removed and participation increased.
- **RESPECT:** We value a community where the right of all to enjoy a healthy and flourishing community is respected.
- **EQUITY:** We value a community where all people have access and opportunity abounds.
- **HEALTH:** We value a community where all people are empowered to make healthy choices.
- **SAFETY:** We value a community where all people can enjoy safe and clean neighborhoods, parks and schools.
- **EDUCATION:** We value a community where health education is abundant.

APPENDIX 2

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT REPORT

Prepared by:
Misty Wilder
Program Manager Healthy Start Outreach/Consortium, Catholic Charities Fort Worth

Local Public Health System Assessment Report

Introduction:

February 2012 marked the beginning of the Tarrant County Mobilizing for Action through Planning and Partnerships (MAPP) process. Over 60 community organizations, neighborhoods, businesses, educational institutions, community leaders and local government representatives committed to work together to develop a strategic Community Health Improvement Plan (CHIP) for Tarrant County. As part of the overall MAPP process in Tarrant County, a subcommittee from the MAPP steering committee members was formed in the spring of 2012 to conduct a Local Public Health Systems Assessment (LPHSA).

Local Public Health Systems Assessment Subcommittee members include:

- Misty Wilder (Chair), Catholic Charities Fort Worth – Healthy Start Outreach/ Consortium
- Sandy-Asari Hogan, University of North Texas Health Science Center – Public Health Student Association
- Yvette M. Wingate (MAPP Coordinator), Tarrant County Public Health – Health Planning & Policy
- Glenda K. Redeemer, Tarrant County Public Health – Chronic Disease Prevention
- Ann Salyer-Caldwell, Tarrant County Public Health – Community Health Promotion
- Celya Tilley, Tarrant County Public Health – Chronic Disease Prevention
- Kendra Wilson, Texas Prevention Institute – Center for Community Health

In July 2012, over forty different agencies and organizations attended the Local Public Health Systems Assessment Retreat that was held at the Dr. Marion J. Brooks Building, Tarrant County Public Health. The LPHSA answers the following questions:

1. What are the activities and capacities of our public health system?
2. How well are we providing the Essential Public Health Services in our jurisdiction?

During the retreat, a comprehensive assessment was conducted of the organizations and entities that contribute to the public's health. Facilitators used the National Public Health Performance Standards Program - Local Public Health System Performance Assessment Instrument 2.0 version to conduct the assessment (click link below to view).

- **Local Public Health System Performance Assessment [PDF - 7 MB]**

Through the assessment process, participants from throughout the local public health system had an opportunity to discuss and determine how they are performing in comparison to each of the 30 model standards. The responses to the assessment will be used to develop improvement strategies for the local public health system. The data will also be used to identify the strengths and weakness within the local public health system and pinpoint areas of performance that need improvement.

Methodology:

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The Local Public Health System Performance Assessment Instrument was used to help address and improve the local public health system in Tarrant County.

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

This report provides a summary of results from the NPHPSP Local Public Health System (LPHS) Assessment. The report, including the charts, graphs, and scores, are intended to help Tarrant County gain a good understanding of its performance and move on to the next step in strengthening the public system.

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. The responses to these questions indicate how well the model standard – which portrays the highest level of performance or "gold standard" – is being met.

The Ten Essential Public Health Services

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

LPHS Partners responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at http://www.cdc.gov/od/ocphp/nphpsp/Conducting.htm.

PERFORMANCE ASSESSMENT RESULTS

How well did the system perform the ten Essential Public Health Services (EPHS)?

Significant Activity

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	95
2	Diagnose And Investigate Health Problems and Health Hazards	98
3	Inform, Educate, And Empower People about Health Issues	43
4	Mobilize Community Partnerships to Identify and Solve Health Problems	42
5	Develop Policies and Plans that Support Individual and Community Health Efforts	80
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	83
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	58
8	Assure a Competent Public and Personal Health Care Workforce	44
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	29
10	Research for New Insights and Innovative Solutions to Health Problems	73
	Overall Performance Score	65

Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

PERFORMANCE ASSESSMENT RESULTS

Figure 1: Rank ordered performance scores for each Essential Service

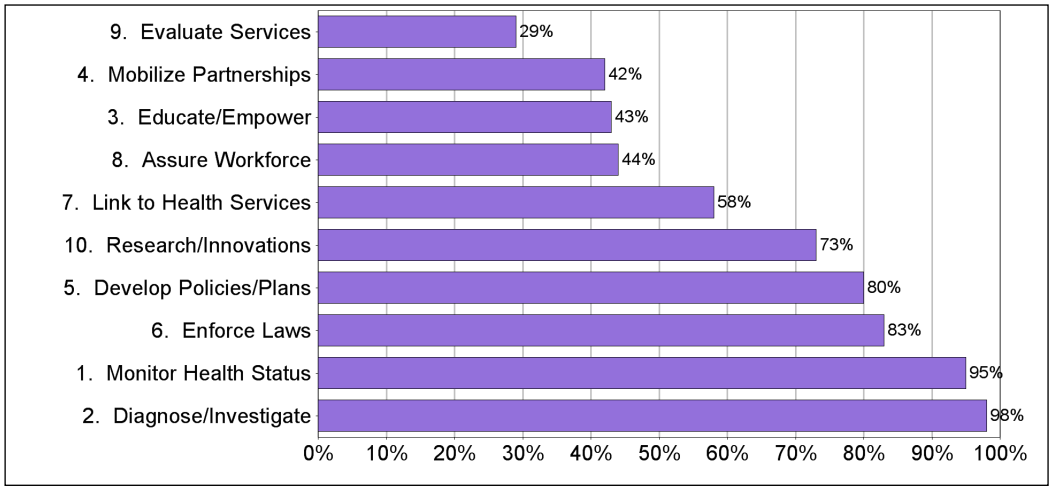


Figure 2: Rank ordered performance scores for each Essential Service, by level of activity

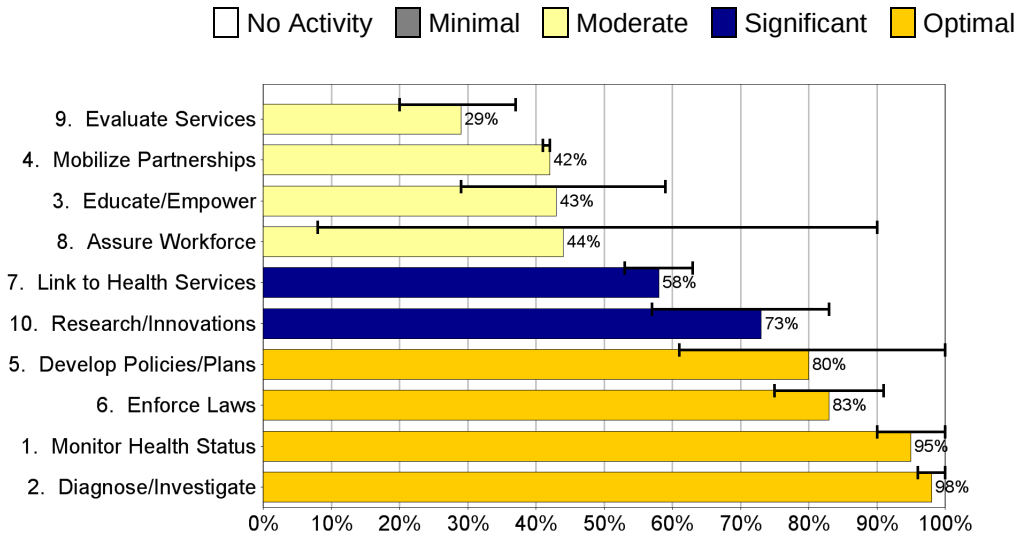


Figure 1 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 2 (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

HOW WELL THE SYSTEM IS ACHIEVING OPTIMAL ACTIVITY LEVELS

Figure 3: Percentage of Essential Services scored in each level of activity

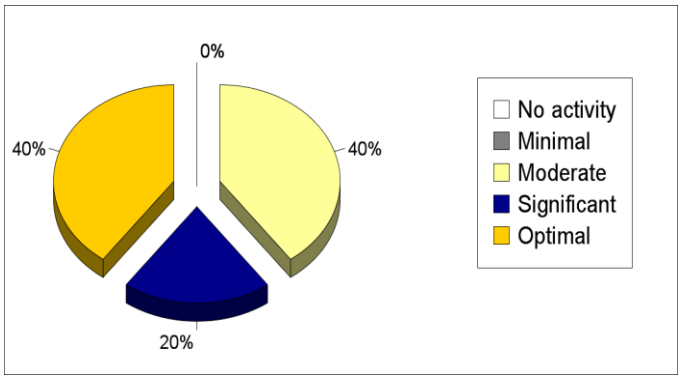


Figure 3 displays the percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides the site with a high level snapshot of the information found in **Figure 2**

Figure 4: Percentage of model standards scored in each level of activity

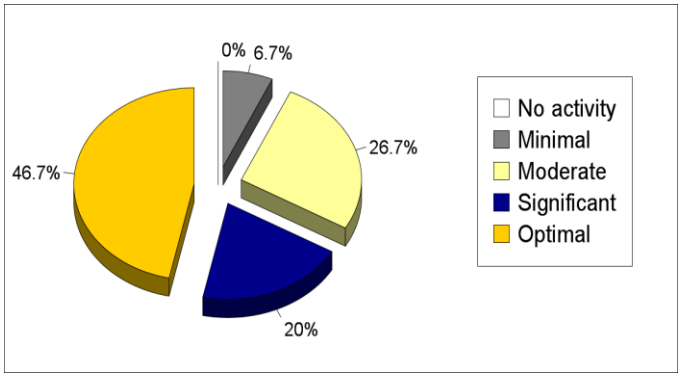


Figure 4 displays the percentage of the system's model standard scores that falls within the five activity categories.

Figure 5: Percentage of all questions scored in each level of activity

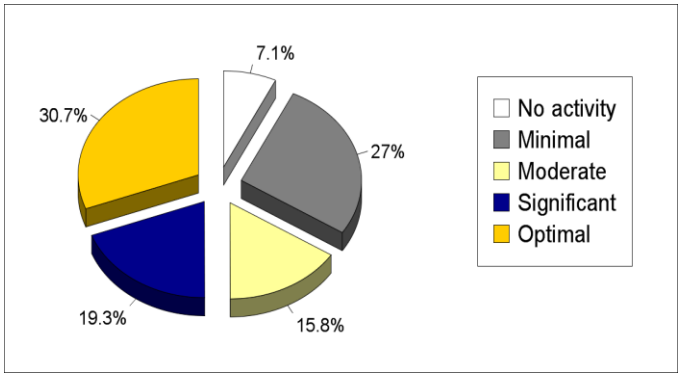


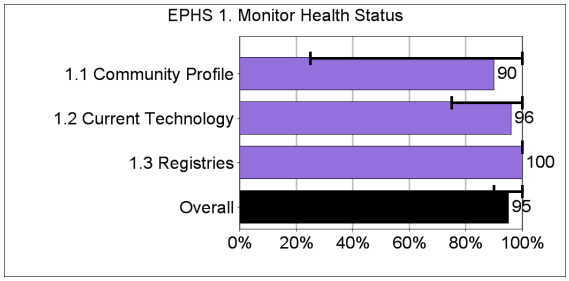
Figure 5 displays the percentage of all scored questions that falls within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in **Figures 3** and **4.**

PERFORMANCE RESULTS BY ESSENTIAL PUBLIC HEALTH SERVICE

The following pages contain the performance score results for each model standard, by essential public health service.

- **Each EPHS has a bar graph indicating the scores for each model standard within that essential service.**
- **The overall score is indicated next to the graph and the color corresponds with the voting charts used to vote on the questions (i.e.: Significant Activity ranges from more than 50% to no more than 75% activity and the color coding is blue).**
- **A table is also included underneath the graph and the overall score that further defines the scores under each model standard**
- **The discussion themes are summarized underneath the table. Significant and extensive discussion occurred among participants during the LPHS Assessment. This discussion was documented and major themes and issues, with regards to each EPHS, were identified and summarized. These discussion themes are based on the thoughts, opinions, and knowledge of the participants in the LPHS Assessment and should not be interpreted as facts about the Tarrant County Local Public Health System, but as potential areas for attention and/or improvement.**

Essential Public Health Service #1: **Monitor health status to identify and solve community health problems.**



Optimal Activity

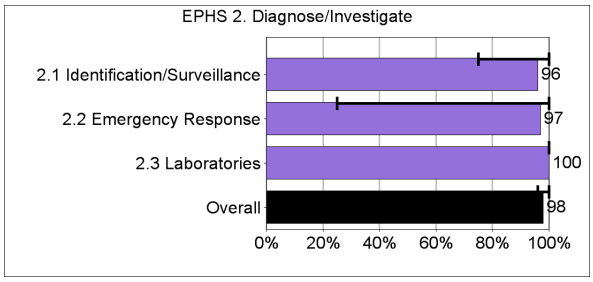
Essential Public Health Service #1	Score
Monitor Health Status To Identify Community Health Problems	**95**
1.1 Population-Based Community Health Profile (CHP)	90
1.1.1 Community health assessment	94
1.1.2 Community health profile (CHP)	94
1.1.3 Community-wide use of community health assessment or CHP data	83
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	96
1.2.1 State-of-the-art technology to support health profile databases	88
1.2.2 Access to geocoded health data	100
1.2.3 Use of computer-generated graphics	100
1.3 Maintenance of Population Health Registries	100
1.3.1 Maintenance of and/or contribution to population health registries	100
1.3.2 Use of information from population health registries	100

Discussion themes:

Funding – Funding is hard to get for some agencies and organizations. Lack of funds can create problems for identifying health problems.

Communication – There are gaps in communicating and comparing trends among agencies and organizations. Twitter, Google, and Survey Monkey work well for communication purposes.

Essential Public Health Service #2: **Diagnose and investigate health problems and health hazards in the community.**



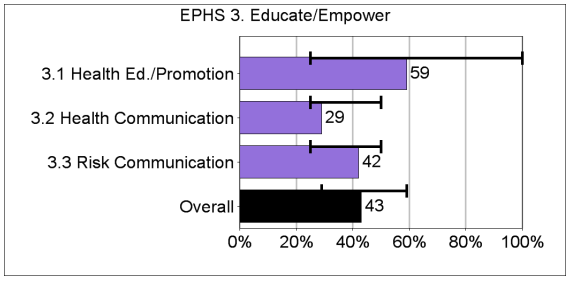
Optimal Activity

Essential Public Health Service #2	Score
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	**98**
2.1 Identification and Surveillance of Health Threats	96
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	100
2.1.2 Submission of reportable disease information in a timely manner	100
2.1.3 Resources to support surveillance and investigation activities	88
2.2 Investigation and Response to Public Health Threats and Emergencies	97
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	92
2.2.2 Current epidemiological case investigation protocols	100
2.2.3 Designated Emergency Response Coordinator	94
2.2.4 Rapid response of personnel in emergency / disasters	100
2.2.5 Evaluation of public health emergency response	100
2.3 Laboratory Support for Investigation of Health Threats	100
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	100
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	100
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100

Discussion themes:

Data Collection – Epidemiologists collect and assess the data; includes restaurants, daycare, and preparedness; consider using GIS, MS word, spreadsheets, data base, and graphic software.
Hazards – Stray animals are more visible in some communities. Lead poison funds have been cut, this concerns the community.

Essential Public Health Service #3: **Inform, educate, and empower people about health issues.**



Moderate Activity

Essential Public Health Service #3	Score
EPHS 3. Inform, Educate, And Empower People about Health Issues	**43**
3.1 Health Education and Promotion	59
3.1.1 Provision of community health information	63
3.1.2 Health education and/or health promotion campaigns	77
3.1.3 Collaboration on health communication plans	38
3.2 Health Communication	29
3.2.1 Development of health communication plans	38
3.2.2 Relationships with media	25
3.2.3 Designation of public information officers	25
3.3 Risk Communication	42
3.3.1 Emergency communications plan(s)	44
3.3.2 Resources for rapid communications response	38
3.3.3 Crisis and emergency communications training	50
3.3.4 Policies and procedures for public information officer response	38

Priority Rating

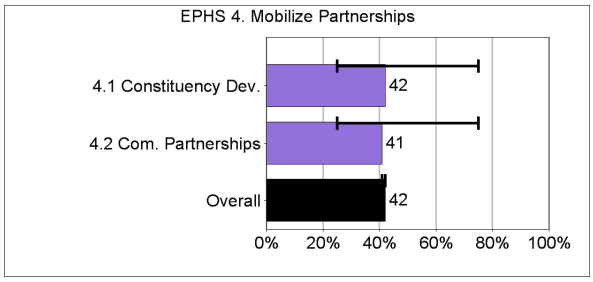
10

Discussion themes:

Communication – Need for the social media to be set up for younger and older individuals. Create a list of individuals who will the community will contact in the areas that are affected by the disaster or emergency.

Emergency Communication – Community is not sure how they will respond until an emergency happens. The community does not know if the cell phones will jammed, no power, or if the water supply will be bad. Unsure if "Go Kits" are available across the county.

Essential Public Health Service 4: **Mobilize community partnerships to identify and solve health problems.**



Moderate Activity

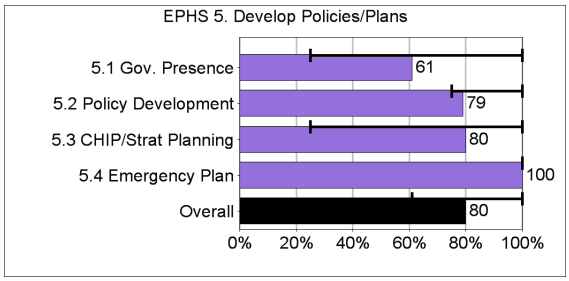
Essential Public Health Service #4	Score	
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	**42**	
4.1 Constituency Development	42	
4.1.1 Identification of key constituents or stakeholders	31	
4.1.2 Participation of constituents in improving community health	63	
4.1.3 Directory of organizations that comprise the LPHS	25	
4.1.4 Communications strategies to build awareness of public health	50	
4.2 Community Partnerships	41	**Priority Rating**
4.2.1 Partnerships for public health improvement activities	63	
4.2.2 Community health improvement committee	35	**10**
4.2.3 Review of community partnerships and strategic alliances	25	

Discussion themes:

Collaborations – Tarrant County has many varieties of collaborations for focus groups maybe the need for groups focusing the same areas and existing groups should expand their focus. The same people attend the meetings; new faces should be added to the meetings.

Communication – There is a need for a blanket or umbrella to communicate across the County.

Essential Public Health Service #5: **Develop policies and plans that support individual and community health efforts.**



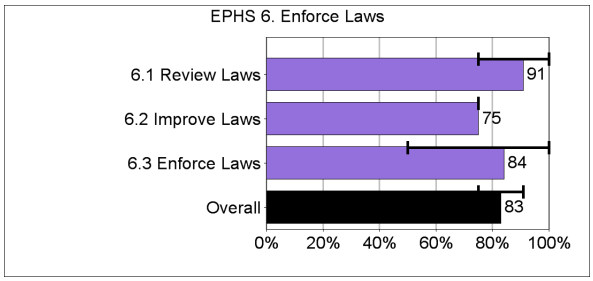
Optimal Activity

Essential Public Health Service #5	Score
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	**80**
5.1 Government Presence at the Local Level	61
5.1.1 Governmental local public health presence	71
5.1.2 Resources for the local health department	63
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	50
5.2 Public Health Policy Development	79
5.2.1 Contribution to development of public health policies	75
5.2.2 Alert policymakers/public of public health impacts from policies	75
5.2.3 Review of public health policies	88
5.3 Community Health Improvement Process	80
5.3.1 Community health improvement process	78
5.3.2 Strategies to address community health objectives	75
5.3.3 Local health department (LHD) strategic planning process	88
5.4 Plan for Public Health Emergencies	100
5.4.1 Community task force or coalition for emergency preparedness and response plans	100
5.4.2 All-hazards emergency preparedness and response plan	100
5.4.3 Review and revision of the all-hazards plan	100

Discussion theme:

Coordination of Services – Tarrant County Public Health and the larger programs need to reach out to smaller sub-communities and programs so that the larger programs are aware of the issues/services. Hospitals should be involved to provide resources. Keep the lines of communication open with all agencies.

Essential Public Health Service #6: **Enforce laws and regulations that protect health and ensure safety.**



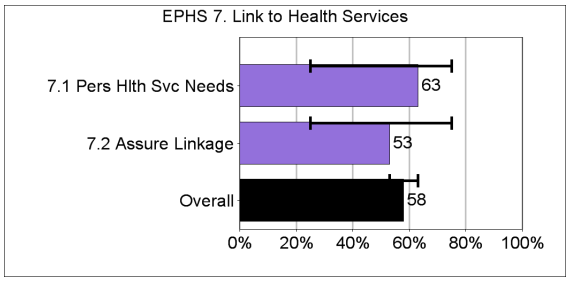
Optimal Activity

Essential Public Health Service #6	Score
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	**83**
6.1 Review and Evaluate Laws, Regulations, and Ordinances	91
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	75
6.1.2 Knowledge of laws, regulations, and ordinances	100
6.1.3 Review of laws, regulations, and ordinances	88
6.1.4 Access to legal counsel	100
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	75
6.2.1 Identification of public health issues not addressed through existing laws	75
6.2.2 Development or modification of laws for public health issues	75
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	75
6.3 Enforce Laws, Regulations and Ordinances	84
6.3.1 Authority to enforce laws, regulation, ordinances	100
6.3.2 Public health emergency powers	100
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	83
6.3.4 Provision of information about compliance	50
6.3.5 Assessment of compliance	88

Discussion themes:

Regulation and Enforcement – Addressing specific violations: some things fall through our state and federal tear of enforcement (illegal drug use, etc.)- it's difficult to "encourage" compliance when it is enforced outside of our realm. Most groups are aware of local regulation, but it is more complex once you get higher up. Staff are not allowed to discuss opinions in a public forum; trying to assess public opinion to decide how to change policy.

Essential Public Health Service #7: **Link people to needed personal health services and assure the provision of health care when otherwise unavailable.**



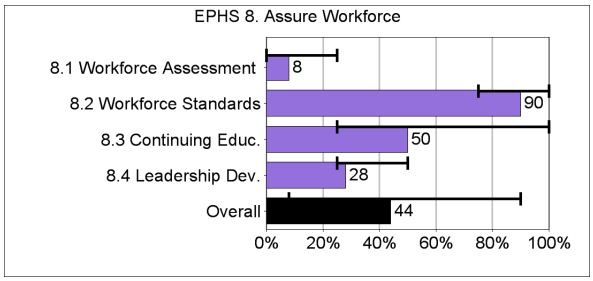
Significant Activity

Essential Public Health Service #7	Score
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	**58**
7.1 Identification of Populations with Barriers to Personal Health Services	63
7.1.1 Identification of populations who experience barriers to care	75
7.1.2 Identification of personal health service needs of populations	50
7.1.3 Assessment of personal health services available to populations who experience barriers to care	63
7.2 Assuring the Linkage of People to Personal Health Services	53
7.2.1 Link populations to needed personal health services	50
7.2.2 Assistance to vulnerable populations in accessing needed health services	50
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	75
7.2.4 Coordination of personal health and social services	38

Discussion themes:

Resources and Funding – Resources are not used properly. Most individuals that have been identified need health care, but they only receive emergency care but no primary preventative care. Looking for funding is an avenue in which organizations are assessing need and barriers in the community. Individuals in the community may not have the knowledge and education on the resources out there in order for them to utilize. Individuals don't know about healthcare insurance services for preventative care. More work is needed to have more individuals utilize the available services. There is a disconnect among organizations, knowing what each other is doing. Most organizations work in silos, which makes it hard to refer individuals for available services. Lack of coordination in health care programs due to lack of resources or competition for resources. Policy issues can also affect barriers to personal health services because it does not create proper polices for the vulnerable population.

Essential Public Health Service #8: **Assure a competent public and personal health care workforce.**



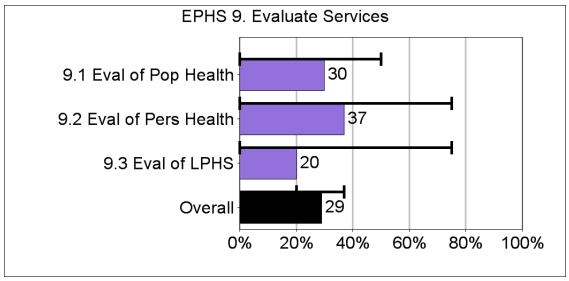
Moderate Activity

Essential Public Health Service #8	Score
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	**44**
8.1 Workforce Assessment Planning, and Development	8
8.1.1 Assessment of the LPHS workforce	0
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	14
8.1.3 Dissemination of results of the workforce assessment / gap analysis	9
8.2 Public Health Workforce Standards	90
8.2.1 Awareness of guidelines and/or licensure/certification requirements	100
8.2.2 Written job standards and/or position descriptions	75
8.2.3 Annual performance evaluations	75
8.2.4 LHD written job standards and/or position descriptions	100
8.2.5 LHD performance evaluations	100
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	50
8.3.1 Identification of education and training needs for workforce development	45
8.3.2 Opportunities for developing core public health competencies	29
8.3.3 Educational and training incentives	75
8.3.4 Interaction between personnel from LPHS and academic organizations	50
8.4 Public Health Leadership Development	28
8.4.1 Development of leadership skills	25
8.4.2 Collaborative leadership	38
8.4.3 Leadership opportunities for individuals and/or organizations	25
8.4.4 Recruitment and retention of new and diverse leaders	25

Discussion themes:

Assessments and Licensing – Some workforce assessment has been identified, but the gap not filled. Most agencies may not live up to requirements until audited or seen on the news. Lack of licensing for public health professionals create problems for assess and tracking individuals in public health institutions

Essential Public Health Service #9: **Evaluate effectiveness, accessibility, and quality of personal and population-based health services.**



Moderate Activity

Essential Public Health Service #9	Score
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	**29**
9.1 Evaluation of Population-based Health Services	30
9.1.1 Evaluation of population-based health services	25
9.1.2 Assessment of community satisfaction with population-based health services	22
9.1.3 Identification of gaps in the provision of population-based health services	25
9.1.4 Use of population-based health services evaluation	50
9.2 Evaluation of Personal Health Care Services	37
9.2.1.In Personal health services evaluation	29
9.2.2 Evaluation of personal health services against established standards	75
9.2.3 Assessment of client satisfaction with personal health services	38
9.2.4 Information technology to assure quality of personal health services	19
9.2.5 Use of personal health services evaluation	25
9.3 Evaluation of the Local Public Health System	20
9.3.1 Identification of community organizations or entities that contribute to the EPHS	75
9.3.2 Periodic evaluation of LPHS	0
9.3.3 Evaluation of partnership within the LPHS	4
9.3.4 Use of LPHS evaluation to guide community health improvements	0

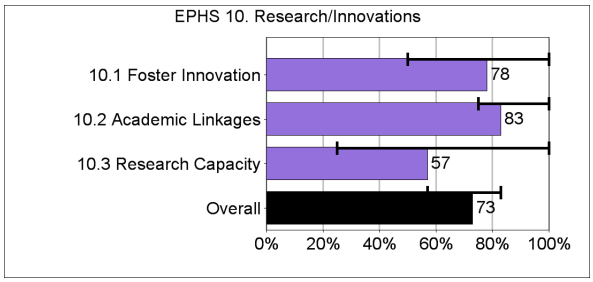
Priority Rating

8

Discussion theme:

Evaluation – Limited capacity for evaluation, so, organizations end up doing their own thing. Assessment is driven by the services needed by target population. Community is not aware of services being evaluated. Patients are often not informed of what their rights are so that they will provide a good score. The focus has shifted to stakeholder satisfaction instead of client satisfaction. Outreach workers have a better idea than those that are at the computer all day.

Essential Public Health Service #10: **Research for new insights and innovative solutions to health problems.**



Significant Activity

Essential Public Health Service #10	Score
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	**73**
10.1 Fostering Innovation	78
10.1.1 Encouragement of new solutions to health problems	63
10.1.2 Proposal of public health issues for inclusion in research agenda	75
10.1.3 Identification and monitoring of best practices	100
10.1.4 Encouragement of community participation in research	75
10.2 Linkage with Institutions of Higher Learning and/or Research	83
10.2.1 Relationships with institutions of higher learning and/or research organizations	75
10.2.2 Partnerships to conduct research	100
10.2.3 Collaboration between the academic and practice communities	75
10.3 Capacity to Initiate or Participate in Research	57
10.3.1 Access to researchers	100
10.3.2 Access to resources to facilitate research	75
10.3.3 Dissemination of research findings	25
10.3.4 Evaluation of research activities	28

Discussion theme:

Research – The political environment in Tarrant County is not concerned about looking better than the person sitting next to them on the bench. There are organizations that are working in the community without being connected to research institution. To foster innovation, we need people who can think; we need to fix our education system. Encourage community participation in the development or implementation of research. Tarrant County has a plethora of research institutions to use, but, do people know it? Tarrant County has the research capacity.

PRIORITY RATING RESULTS

LPHS Assessment participants were asked to complete a priority questionnaire to consider the LPHS' priority of each model standard. The results below depict performance scores in relation to how the model standards are prioritized. This information has the potential to catalyze and/or strengthen the performance improvement activities that result from this LPHS Assessment process. Each model standard was rated using a scale of 1 to 10 (with 1 being the lowest priority and 10 being the highest priority). Model standards were prioritized without regard to performance scores or rank order.

Tables 2 and 3 show priority ratings (as rated by participants on a 1-10 scale, with 10 being the highest) and performance scores for Essential Services and model standards, arranged under the four quadrants.

The prioritization is categorized into four quadrants (figures 6). The model standards that fall under quadrant I are high priority areas that scored low with respect to performance. These areas have been deemed important to the LPHS and need increased intention in order to improve performance. It is important to note that the model standards that fall within quadrant II are also high priority activities; however these areas are high performing. Therefore, since these activities are being done well, efforts should be maintained. Quadrant III indicates the model standard activities that have high performance, but lower priority. Therefore, resources could be shifted or reduced to focus on higher priority areas. Quadrant IV denotes activities that could be improved, but are of low priority and may not need much attention at this time.

Table 2: Essential Service by priority rating and performance score, with areas for attention

Essential Service	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
3. Inform, Educate, And Empower People about Health Issues	10	43 (Moderate)
4. Mobilize Community Partnerships to Identify and Solve Health Problems	9	42 (Moderate)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
1. Monitor Health Status To Identify Community Health Problems	9	95 (Optimal)
2. Diagnose And Investigate Health Problems and Health Hazards	9	98 (Optimal)
5. Develop Policies and Plans that Support Individual and Community Health Efforts	9	80 (Optimal)
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	8	83 (Optimal)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
10. Research for New Insights and Innovative Solutions to Health Problems	6	73 (Significant)
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	5	58 (Significant)
8. Assure a Competent Public and Personal Health Care Workforce	4	44 (Moderate)
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	6	29 (Moderate)

Table 3: Model standards by priority and performance score, with areas for attention

Model Standard	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
3.1 Health Education and Promotion	10	59 (Significant)
3.2 Health Communication	10	29 (Moderate)
3.3 Risk Communication	10	42 (Moderate)
4.2 Community Partnerships	10	41 (Moderate)
9.1 Evaluation of Population-based Health Services	8	30 (Moderate)
9.2 Evaluation of Personal Health Care Services	8	37 (Moderate)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
1.1 Population-Based Community Health Profile (CHP)	10	90 (Optimal)
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	9	96 (Optimal)
1.3 Maintenance of Population Health Registries	9	100 (Optimal)
2.1 Identification and Surveillance of Health Threats	10	96 (Optimal)
2.2 Investigation and Response to Public Health Threats and Emergencies	9	97 (Optimal)
2.3 Laboratory Support for Investigation of Health Threats	9	100 (Optimal)
5.2 Public Health Policy Development	9	79 (Optimal)
5.3 Community Health Improvement Process	9	80 (Optimal)
5.4 Plan for Public Health Emergencies	10	100 (Optimal)
6.1 Review and Evaluate Laws, Regulations, and Ordinances	8	91 (Optimal)
6.3 Enforce Laws, Regulations and Ordinances	8	84 (Optimal)
10.1 Fostering Innovation	9	78 (Optimal)

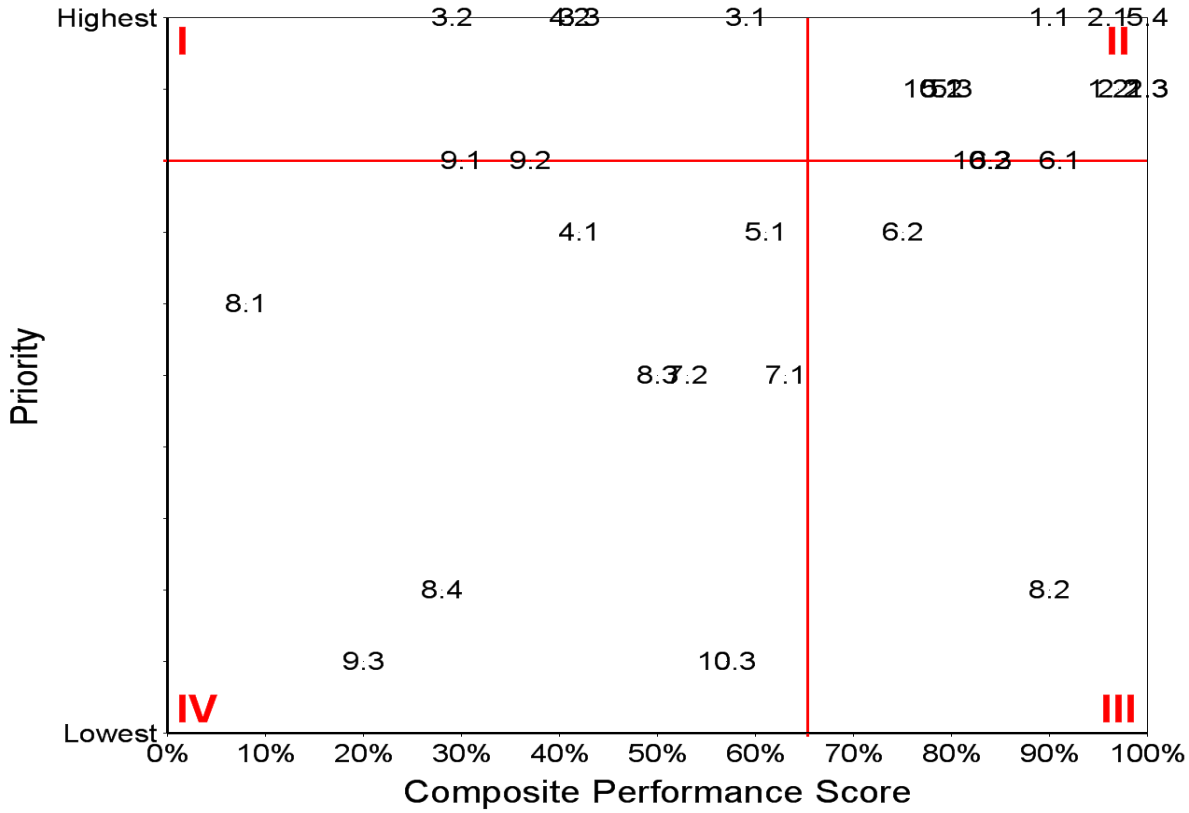
10.2 Linkage with Institutions of Higher Learning and/or Research	8	83 (Optimal)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	7	75 (Significant)
8.2 Public Health Workforce Standards	2	90 (Optimal)
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
4.1 Constituency Development	7	42 (Moderate)
5.1 Government Presence at the Local Level	7	61 (Significant)
7.1 Identification of Populations with Barriers to Personal Health Services	5	63 (Significant)
7.2 Assuring the Linkage of People to Personal Health Services	5	53 (Significant)
8.1 Workforce Assessment Planning, and Development	6	8 (Minimal)
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	5	50 (Significant)
8.4 Public Health Leadership Development	2	28 (Moderate)
9.3 Evaluation of the Local Public Health System	1	20 (Minimal)
10.3 Capacity to Initiate or Participate in Research	1	57 (Significant)

Figures 6 (below) display Essential Services and model standards data within the following four categories using adjusted priority rating data:

Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.

Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.

The priority data are calculated based on the percentage standard deviation from the mean. Performance scores above the median value are displayed in the "high" performance quadrants. All other levels are displayed in the "low" performance quadrants. Essential Service data are calculated as a mean of model standard ratings within each Essential Service. In cases where performance scores and priority ratings are identical or very close, the numbers in these figures may overlap. To distinguish any overlapping numbers, please refer to the raw data or Table 3.



Summary

The findings of the assessment revealed a number of strengths within the Tarrant County Local Public Health System (LPHS). The current system has done an excellent job with monitoring health status to identify community health problems and diagnosing and investigating health problems and hazards. The system has also achieved success in developing policies and plans that support individual and community health efforts.

According to the assessment, the LPHS has experienced several challenges that are common across many of the essential services, including:

- Lack of coordination of personal health and social services
- Lack of relationship with media/social media
- Lack of strong community partnerships and strategic alliances
- Lack of technical assistance for drafting proposed legislation, regulation or ordinances

In order to make the LPHS run more efficiently, these important activities many need more attention**:**

EPHS #3: Inform, Educate, and Empower People about Health Issues

- 3.1 Health Education and Promotion
- 3.2 Health Communication
- 3.3 Risk Communication

EPHS #4: Mobilize Community Partnerships to Identify and Solve Health Problems

- 4.2 Community Partnerships

EPHS # 9: Evaluate Effectiveness, Accessibility, and Quality of person and population Based on Health Services

- 9.1 Evaluation of Population-based Health Services
- 9.2 Evaluation of Personal Health Care Services

APPENDIX 3

COMMUNITY HEALTH STATUS ASSESSMENT REPORT

Prepared by:
Robert M. Munoz, Ed.D.
Vice President of Continuing Education Services, Tarrant County College District

COMMUNITY HEALTH STATUS ASSESSMENT

Background:

February 2012 marked the beginning of the Tarrant County-wide Mobilizing for Action through Planning and Partnerships (MAPP) process. Over 60 community organizations, neighborhoods, businesses, educational institutions, community leaders and local government representatives committed to work together to develop a strategic Community Health Improvement Plan (CHIP) for Tarrant County. As part of the overall MAPP process in Tarrant County, a Subcommittee of four MAPP steering committee members was formed in the spring of 2012 to conduct a Community Health Status Assessment (CHSA).

Community Health Status Assessment Subcommittee Members included:

- Dr. Robert Munoz (Chair), Tarrant County College District
- Yvette M. Wingate (MAPP Coordinator), Tarrant County Public Health
- Dr. Anita Kurian, Tarrant County Public Health
- Dr. Richard Kurz, UNT Health Science Center – School of Public Health
- Larry Tubb, Cook Children's Health Care System

The CHSA Subcommittee was responsible for addressing the following objectives:

1. To determine the health status of the community.
2. To gather data for important health indicators.

The subcommittee collected data on the eleven core (see Appendix A) and extended indicators lists (see Appendix B) as well as reviewed previous assessment efforts in order to build from them if needed. It is hoped that the results will provide our community with information regarding what are the major health priorities in Tarrant County in order to address the health status issues found. The remainder of this report will focus on the methodology used and the outcomes from the assessment.

Methodology:

The CHSA Subcommittee used the *CHSA Core Indicator List Worksheet* provided in the National Association of County & City Health Officials (NACCHO) CHSA Clearinghouse of Resources as the collection tool to aggregate the most recent results available from:

- Texas Department of State Health Services
- US Census Bureau
- Tarrant County Public Health
- Community-wide Children's Health Assessment and Planning Survey, Cook Children's Health Care System, 2012
- Texas Health and Human Services Commission
- Tarrant County Homeless Coalition

- National Alliance to End Homelessness
- John Peter Smith Health System
- Bureau of Labor Statistics
- Texas Department of Insurance
- Centers for Disease Control and Prevention
- Mental Health Mental Retardation of Tarrant County
- North Texas Council of Governments

These data, when aggregated, demonstrated some gaps in assessing the health status of the entire county population. Using the MAPP Steering Committee as representatives of their respective constituencies across the county, a nominal group process produced a list of 88 indicators felt to be missing from the initial core indicator list. That list was then used as a starting point to conduct issue specific research and to poll the Steering Committee members for data responsive to the missing indicators. That effort found:

No information available	22
No Tarrant County specific information available	29
New data indicators	37

These new data were then incorporated into a final Tarrant County Community Health Status Profile (see Attachment C).

OUTCOMES- Top Five Adult Health Issues

- **STDs – Chlamydia infections:** Chlamydia has consistently ranked as the leading communicable disease in Tarrant County for the past five years and contributes to ~ 63% of the top ten leading communicable diseases in TC.
- **Infant Mortality:** In 2010, Tarrant County with 7.5 infant deaths per 1000 live births had the second highest infant mortality rate among Texas counties with 10,000 or more live births.
- **Obesity:** ~28% of TC adults are obese. Obesity is a major risk for cardiovascular disease and predisposes one to diabetes which is a risk factor for cardiovascular disease (CVD). CVD has remained the leading cause of death in TC (as is at the state & the national level) in over a decade.
- **Smoking:** ~19% of TC adults are current smokers. The TC prevalence estimates for smoking is higher than the state and the national estimate. Furthermore, smoking – both active and passive are major risk factors for CVD.
- **Asthma:** Prevalence of asthma in TC adults is ~9% which is approximately 1.2 times higher than the state and national asthma prevalence estimates.

OUTCOMES – Children's Health Issues

Our assessment shows asthma and obesity to be the number 1 and 2 children's health issues. In support of that, the following is the data collected for Tarrant County children ages 0-14:

TARRANT COUNTY

Has a doctor or health professional ever told you that the child has asthma?

Number of Responses (n): 2008 = 4712, 2012 = 5137

	2008	2012
Yes	**18.59%**	**17.19%**

Does this child currently have asthma?

Number of Responses (n): 2012 = 5137 No results exist for the year 2008

	2008	2012
Yes		**11.10%**

Does this child have an individualized asthma action plan?
Number of Responses (n): 2012 = 261 No results exist for the year 2008

	2008	2012
Yes		69.73%

What is the child's BMI Classification?

Number of Responses (n): 2008 = 4424, 2012 = 4842

	2008	2012
Underweight	7.64%	6.84%
Normal	43.33%	41.39%
Overweight	**12.55%**	**11.54%**
Obese	**19.33%**	**20.38%**
Blank	17.16%	19.85%

Source: Community-Wide Children's Health Assessment and Planning Survey 2008 and 2012 [CCHAPS 2008 and 2012] accessed October 2012 at http://www.cchaps.org.

Future Suggested Discussions

Based on the information presented in this report, the following are possible points of discussion for the community to consider.

For Adults

In the adult population, we must review the current educational efforts placed on educating young adults regarding chlamydia. What groups must be brought to the table to participate in providing valued information on prevention of STDs?

Obesity continues to be on the rise in our fast-food American life. What efforts must be expanded to promote and maintain healthy lifestyles that curb the ever rising trend? Studies show, if the parents are obese, the child will also be as the child adopts the unhealthy lifestyle choices and behaviors.

What more needs to be done to educate young adults, especially females, regarding the long-term damage that smoking causes? How many obese adults smoke and how does this contribute to the rise in asthma in adults, as Tarrant County is higher than the national average?

How is it possible that in the riches country in the world that Tarrant County has the second highest infant mortality rate in Texas? This ranking is not just a poor woman's issue as it also impacts the well-educated.

For Children

Is the rise in asthma related to unhealthy eating habits and processed foods? Is there also a link to the lack of playing outdoors, which is known to build up the immune system of young children? What part do environmental factors play in the rise of asthma?

Grass root efforts are in play to reduce childhood obesity. Efforts such as Fit Fort Worth must be expanded into summer programs to keep children engaged in physical activity opportunities year round. What efforts need to be expanded to make the parents more aware and responsible for the well-being of their child?

APPENDIX A:

Core Indicators List

Core Indicators (Data Elements)

for 11 Broad-based Categories

Who are we and what do we bring to the table?

1. Demographic Characteristics
2. Socioeconomic Characteristics
3. Health Resource Availability

What are the strengths and risks in our community that contribute to health?

4. Quality of Life Behavioral Risk Factors
5. Environmental Health Indicators
6. Social and Mental Health

What is our health status?

7. Maternal and Child Health
8. Death, Illness and Injury
9. Infectious Disease
10. Sentinel Events

APPENDIX B:

Extended Indicators Lists Worksheet

Community Health Status Assessment

Extended Indicator Lists

Category One

No extended indicators

Category Two

Socioeconomic Characteristics

Extended Indicators	County	State
Per Capita Income		
WIC eligibles: Percent of total population		
Medicaid eligibles: Percent of total population		
High School Graduation Rate Percent of population with a college or higher level of education		
Food Stamp Recipients - Percent of total population		
Number of subsidized housing units per total number of households.		

Category Three

Health Resource Availability

Extended

1. Medicaid physician availability: ratio
1. Medicaid dentist availability: ratio
2. Licensed doctors: rate total population
3. Licensed opticians/optometrists: rate total population
4. Licensed practical nurses: rate total population
5. Licensed advanced registered nurse practitioners: rate total population
6. Licensed registered nurses: rate total population
7. Nursing home beds: rate total population (and occupancy rate)
8. Adult living facility beds: total population
9. Percent of population provided primary care services by private providers
10. Percent of population provided primary care services by community and migrant health centers
11. Percent of population provided primary care services by other sources

Category Four

Quality of Life

Extended

1. Proportion of residents planning to stay in the community / neighborhood for next five years
2. Proportion of youth involved in organized after school recreational/educational activities
3. Number of child care facilities/ preschool –age population
4. Number of small/medium licensed businesses/population
5. Number of small locally owned businesses/population
6. Proportion of minority-owned businesses
7. Number of neighborhood/community-building get-togethers /year
8. Number of support resources identified by residents
9. Outreach to the physically, mentally, or psychologically challenged
10. Number of cultural events per year
11. Number of ethnic events per year

12. Number of inter-ethnic community groups and associations
13. Participation in developing a shared community vision
14. Number of grass root groups active at neighborhood level
15. Number of advocacy groups active at community level
16. Civic participation hours/week (volunteer, faith-related, cultural, political)
17. Percent registered to vote

Category Six

Environmental Health Indicators

Extended

1. Solid Waste Management - number of sanitary nuisance complaints
2. Solid Waste Management - percent of residences serviced by sanitary elimination program (garbage pickup, recycling)
3. Solid Waste Management - pounds of recycled solid waste per day per person
4. Compliance in tributary streams with water standards for dissolved oxygen
5. Salmonella cases: rate per total population (CHSI Report – number of cases)
6. Shigella: rate per total population (CHSI Report – number of cases)
7. Enteric cases: total cases per total population
8. Incidence of animal/vector-borne disease (e.g., Lyme, West Nile, encephalitis)
9. Contaminated wells: percent of total wells sampled
10. Septic tanks: rate per total population
11. Septic tanks: rate of failure
12. Sanitary nuisance complaints: rate per total population
13. Radon Detection - percent of homes tested for or remedied of excessive levels
14. Hazardous Waste Sites number - percent of population within exposure area
15. Percent of restaurants that failed inspection
16. Percent of pools that failed inspection
17. Number of houses built before 1950 (risk for lead-based paint exposure): number and proportion in community

Category Seven

Social and Mental Health

Extended

1. Elderly abuse: rate per population > age 59
2. Simple assaults: rate per total population
3. Aggravated assaults: rate per total population
4. Burglary: rate per total population
5. Illegal drug sales and possession: rate per total population
6. Forcible sex: rate per total population
7. Intentional injury: age-adjusted mortality
8. Alcohol related mortality rate
9. Binge drinking -- percent of adult population (Note: This indicator is also listed in the Category 7)
10. Treatment for mental disorder -- percent of population
11. Crime rates: violent crimes; hate crimes; sexual assault

Category Eight

Maternal and Child Health

Extended

1. Live birth rate
2. Fertility rates
3. 3rd trimester prenatal care: percent of total, white, non-white per live births
4. No prenatal care: percent of total, white, non-white live births
5. Prenatal care; no care; adequate care
6. Repeat births to teens
7. Family planning numbers as percent of target population
8. Low birthweight: percent of total, white, non-white live births (CHSI Report – percent of total population)
9. Perinatal conditions: AAM
10. Mortality due to birth defects: total, white, non-white rate population (CHSI Report)
11. EPSDT as percent of eligibles
12. WIC recipients as percent of eligibles
13. Teen and young adult tobacco smoking rates

14. C-section rate

Category Nine

Death, Illness, and Injury

Extended

Morbidity (Incidence of newly diagnosed cases)

1. Breast cancer (total, white, non-white)
2. Cervical cancer (total, white, non-white)
3. Colorectal cancer
4. Lung and bronchus cancer
5. Prostate cancer
6. Melanoma
7. Oral cancer
8. Dental caries in school-aged children

Hospitalizations (number and rate/total pop.) for the following:*

9. Asthma
10. Cellulitis
11. Congestive heart failure
12. Diabetes
13. Gangrene
14. Influenza
15. Malignant hypertension
16. Perforated/bleeding ulcers
17. Pneumonia
18. Pyelonephritis
19. Ruptured appendix

* High or increasing hospitalization numbers may indicate either a lack of necessary primary care or an excess of the risk factors in the community. Careful analysis will need to be conducted to determine which is the case in the community.

Category Ten

Communicable Disease

Extended

1. Nosocomial infections
2. Group B streptococcus

Category Eleven

Sentinel Events

Extended

1. Congenital syphilis
2. Childhood TB
3. Drug-resistant TB
4. Residential fire deaths (number and rate)
5. Drug overdose deaths (number and rate)
6. Gun-related youth deaths (number and rate)
7. Maternal death (number and rate)

APPENDIX C:

Core Indicators Analysis

I. Demographic Profile

- Population by gender, age group, and race/ethnicity

II. Socioeconomic Profile

- Percent of population below poverty level
- Percent of unemployment among those aged 16 years and older
- Number of Food Stamp/SNAP recipients in past 12 months
- Number of persons in the WIC program
- Number of Medicaid recipients per month
- Estimated number of homeless persons
- Educational attainment
  - Less than high school, high school or GED, tech/some college, college degree
- Household Income; percent of households in income levels

III. Years of Potential Life Lost

- Sum of years lost due to premature death (before age 75)
- Sum of years lost due to premature death by gender and race/ethnicity

IV. Access to Primary Health Care Profile

- Prevalence of uninsured adults aged 18 years and older; by gender, age, and race/ethnicity
- Adults aged 18 years and older with a personal care provider; by gender, age, and race/ethnicity
- Community and Migrant Health Care Centers in Tarrant County
- Rate of Primary Care Physicians per 100,000 population

V. Occupational Health and Safety

- Work-related injuries – fatal
- Work-related injuries – non-fatal
- Cumulative trauma disorders
- Occupational skin disorders
- Occupational disease

VI. Substance Abuse

- Alcohol-induced deaths
- Chronic liver disease and cirrhosis deaths
- Drug-induced deaths
- Trachea, bronchus, and lung cancer deaths
- Current smokers (18 years of age and above)

VII. Mental Health / Mental Retardation

- Poor mental health among adults aged 18 years and older; by gender, age, and race/ethnicity
- Frequent mental distress among adults aged 18 years and older; by gender, age, and race/ethnicity
- Suicides (overall)
- Suicides among those aged 15-24 years
- Patients seen by Mental Health Mental Retardation of Tarrant County
- Child and adolescent mental disorders
- Adult mental disorders
- Stress-related health effects
- Serious mental retardation: school-aged children
- Serious mental retardation: non-institutionalized population

VIII. Other Risk Factors

- Overweight adults aged 18 years and older; by gender, age, and race/ethnicity
- Obese adults aged 18 years and older; by gender, age, and race/ethnicity
- Sedentary lifestyle among adults aged 18 years and older; by gender, age, race/ethnicity
- Cholesterol checked in the past five years among adults aged 18 years and older; by gender, age, race/ethnicity
- Diabetes among adults aged 18 years and older; by gender, age, race/ethnicity
- Current smokers among adults aged 18 years and older; by gender, age, race/ethnicity
- Hypertension among adults aged 18 years and older; by gender, age, race/ethnicity
- Receiving treatment for hypertension among adults aged 18 years and older who have been diagnosed with hypertension; by gender, age, race/ethnicity
- Seat belt use

IX. Fetal/Infant Health Indicators

- Live births
  - All ages, mothers less than 18 years old
- Prenatal Care of Women
  - No prenatal care, prenatal care began in first trimester
- Birth weight
  - Very low, low, adequate
- Mortality
  - Infant mortality, neonatal mortality, fetal mortality, perinatal morality

- Birth Defects

X. Leading cause of death

- Leading causes of death overall
- Leasing causes of death by gender
- Leading causes of death by race/ethnicity
- Leading causes of death by age group

XI. Prevalence of Chronic Diseases

- High blood cholesterol among adults aged 18 years and older; by gender, age, and race/ethnicity
- Hypertension among adults aged 18 years and older; by gender, age, and race/ethnicity
- Arthritis among adults aged 18 years and older; by gender, age, and race/ethnicity
- Asthma among adults aged 18 years and older; by gender, age, and race/ethnicity
- Diabetes among adults aged 18 years and older; by gender, age, and race/ethnicity
- Heart disease among adults aged 18 years and older; by gender, age, and race/ethnicity

XII. Prevalence of Communicable Diseases

- Leading communicable diseases overall
- Leading communicable diseases by gender
- Leading communicable diseases by race/ethnicity
- Leading communicable diseases by age group

XIII. Environmental Profile

- Historical activity for the 8-hour Ozone Standard; by site
- Air pollutants
- Water contaminants
- Food contaminants
- Land pollution
- Other environmental hazards

NOTE: Information in red indicates that data is currently not available based on existing data used for analysis.

I. Demographic Profile

Population by gender, age group, and race/ethnicity, Tarrant County and Texas, 2010

	Tarrant County	Texas
Total Population	1,825,548	25,373,947
Gender	**Percent Population**	
Female	49.7	49.8
Male	50.3	50.2
Age (in years)		
<1	1.6	1.6
1-14	20.5	20.2
15-24	14.3	14.6
25-44	32.1	30.0
45-64	23.4	23.7
65-74	4.8	5.6
75 & older	3.2	4.3
Race/Ethnicity		
Hispanic	30.4	38.8
Non-Hispanic Black	13.4	11.5
Non-Hispanic White	49.1	45.1
Other	7.1	4.6
AI/AN	0.4	0.3
Asian	4.7	3.1
NH/OPI	0.2	0.1
Other	0.1	0.1
Two or more races	1.7	1.0

AI/AN = American Indian/Alaska Native
NH/OPI = Native Hawaiian / Other Pacific Islander
Data source: Texas Department of State Health Services and US Census Bureau

From 2005 to 2010 the population of Tarrant County increased 12.6%, while it increased 11.0% in Texas, and 7.1% in the United States.

The population of Tarrant County is projected to grow to an estimated 2.4 million residents in 2020,

II. SOCIOECONOMIC PROFILE

Selected socioeconomic indicators, Tarrant County and Texas

Socioeconomic Measure	Tarrant County	Texas	Year
Percent of population below poverty level[1]	14.5	17.9	2010
Percent unemployment among those aged 16 years and older[1]	9.7	8.8	2010
Number of Food Stamp / SNAP recipients in past 12 months[1]	63,577	1,123,649	2010
Number of persons in the WIC program[2,3]	61,767	994,927	2010
Number of Medicaid recipients per month (average)[4]	196,956	3,385,095	2010
Estimated number of homeless persons[5,6]	2,243	36,911	2011

Data source: [1] US Census Bureau, [2] Tarrant County Public Health, [3] Texas Department of State Health Services, [4] Texas Health and Human Services Commission, [5] Tarrant County Homeless Coalition, [6] National Alliance to End Homelessness

Educational attainment, Tarrant County and Texas, 2010†

Education Level	Tarrant County	Texas
	Percent	
Less than high school	16.0	19.3
High school or GED	24.2	25.6
Tech/Some college	31.2	29.1
College degree‡	28.6	25.9

† *Among those aged 25 years and older*

‡ *Includes bachelor's, graduate, and professional degrees*

Data source: US Census Bureau

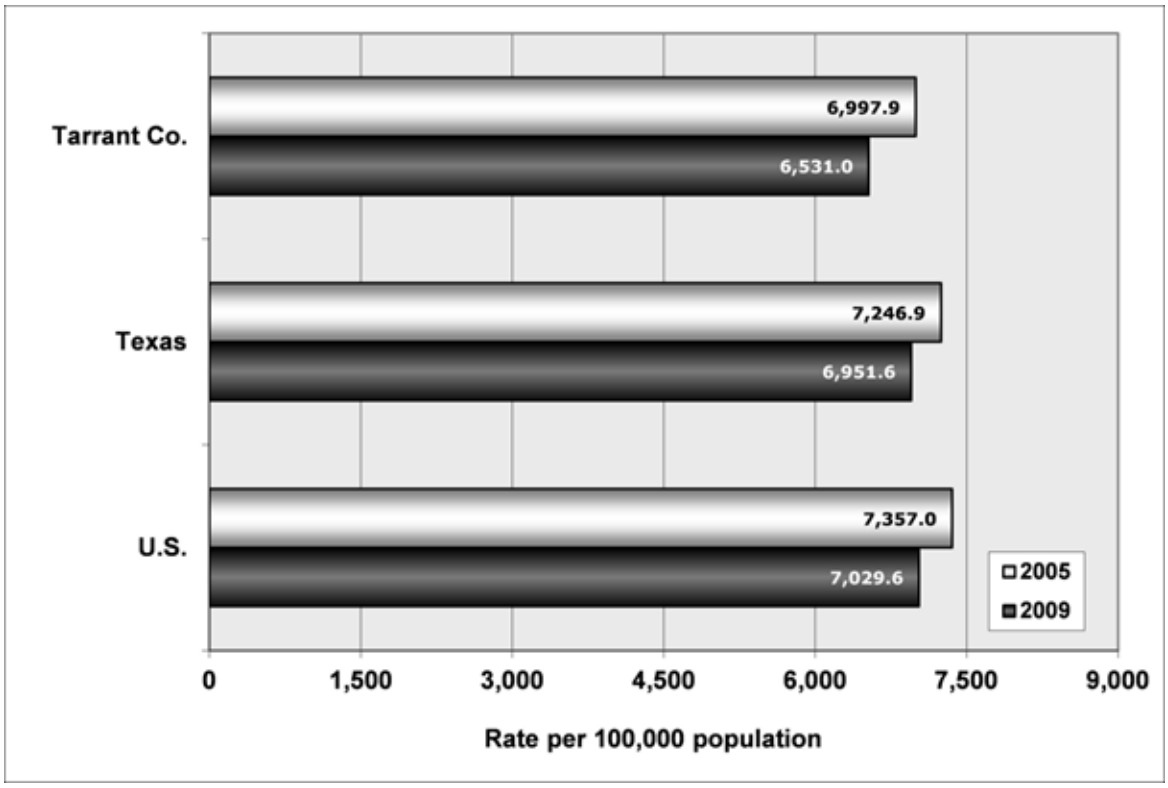
Household income, Tarrant County and Texas, 2010

Household Income	Tarrant County	Texas
Total Households	655,273	8,738,664
	Percent Households	
Less than $10,000	6.0	7.8
$10,000 to $14,999	4.7	5.9
$15,000 to $24,999	10.9	11.8
$25,000 to $34,999	11.0	11.2
$35,000 to $49,999	14.5	14.4
$50,000 to $74,999	19.6	18.2
$75,000 to $99,999	11.9	11.4
$100,000 or more	21.4	19.3

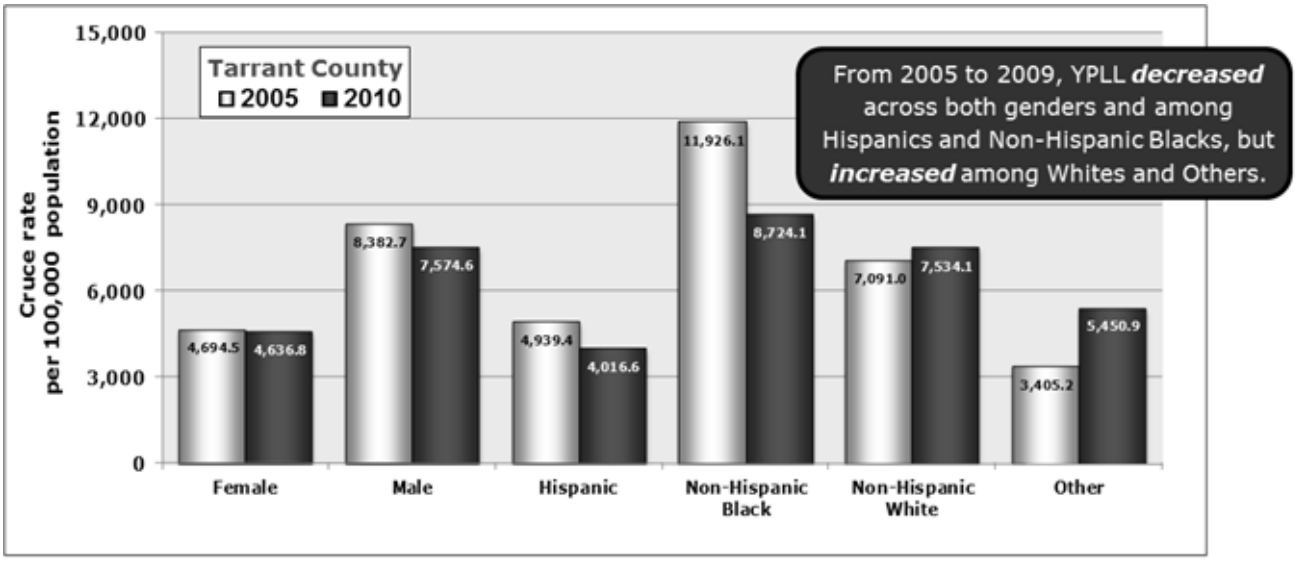
Datas source: US Census Bureau

III. YEARS OF POTENTIAL LIFE LOST (OPTIONAL)

Sum of years lost due to premature death (before age 75), Tarrant County, Texas, and the United States, 2005 and 2009



Sum of years lost due to premature death (before age 75) by gender and race/ethnicity, Tarrant County, 2005 and 2009



IV. ACCESS TO PRIMARY HEALTH CARE PROFILE (OPTIONAL)

Prevalence of uninsured adults aged 18 years and older, Tarrant County, Texas, and the United States

Characteristic	Weighted Percentage*
United States Overall (2010)	15.1
Texas Overall (2010)	23.1
Tarrant Overall (2009/2010)	23.5
Gender	
Female	21.1
Male	26.2
Age (in years)	
18-24	44.8
25-34	32.4
35-44	23.7
45-54	17.9
55-64	11.9
≥65	2.1
Race/Ethnicity	
Hispanic	55.4
Non-Hispanic Black	29.5
Non-Hispanic White	14.3
Other	18.6

** Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Texas Department of State Health Services

Adults aged 18 years and older with a personal care provider, Tarrant County, Texas, and the United States

Characteristic	Weighted Percentage*
United States Overall (2010)	81.8
Texas Overall (2010)	76.9
Tarrant Overall (2009/2010)	74.8
Gender	
Female	78.4
Male	70.9
Age (in years)	
18-24	54.3
25-34	61.9
35-44	73.8
45-54	84.5
55-64	91.2
≥65	95.5
Race/Ethnicity	
Hispanic	44.2
Non-Hispanic Black	74.6
Non-Hispanic White	82.6
Other	82.6

** Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Texas Department of State Health Services

Community and Migrant Health Care Centers in Tarrant County

- County hospital with 12 outlying clinics *(Data source: John Peter Smith Health System)*
- County public health department with 20 outlying clinics *(Data source: Tarrant County Public Health)*
- Two Federally Qualified Health Centers *(Data source: Texas Department of State Health Services)*

Primary Care Physicians (PCP), Tarrant County and Texas, 2010

- Tarrant County: 74.8 PCP per 100,000 population
- Texas: 69.1 PCP per 100,000 population
  (Data source: Texas Medical Board)

V. Occupational Health and Safety

(Optional)

Work-Related Injuries - Fatal

- National estimate – 4,690 deaths
- Dallas-Fort Worth Metroplex estimate – 82 deaths
  (Data source: Bureau of Labor Statistics)

Work-Related Injuries – Non-Fatal

- National estimate – 3.5 injuries per 100 full time private sector employees
- Texas estimate – 2.7 injuries per 100 full time private sector employees
- Tarrant County estimate – no data available
  (Data source: Texas Department of Insurance)

Data not available for:

- Cumulative trauma disorders
- Occupational skin disorders
- Occupational disease

VI. SUBSTANCE ABUSE
(OPTIONAL)

Substance abuse indicators, Tarrant County and the United States

Indicator	Tarrant County	United States
Alcohol-induced deaths[1]	5.1 per 100,000 (2009)	7.4 per 100,000 (2008)
Alcohol-related accidents - Nonfatal	N/A	N/A
Chronic liver disease & cirrhosis deaths[1]	10.1 per 100,000 (2009)	9.2 per 100,000 (2008)
Drug-induced deaths[1]	8.8 per 100,000 (2009)	12.6 per 100,000 (2008)
Drug abuse emergency room visits	N/A	N/A
Trachea, bronchus, and lung cancer deaths[1]	50.0 per 100,000 (2009)	52.2 per 100,000 (2008)
Current smokers (aged ≥ 18 years)[2]	18.5% (2009/2010)	17.1% (2010)

[1] *Data sources: Texas Department of State Health Services and the Centers for Disease Control and Prevention; Rates age-adjusted to 2000 US standard population*

[2] *Data sources: Tarrant County Public Health and the Centers for Disease Control and Prevention; Percents weighted to population characteristics*

VII. MENTAL HEALTH / MENTAL RETARDATION (OPTIONAL)

Poor mental health among adults aged 18 years and older, Tarrant County, Texas, and the United States [†]

Characteristic	Weighted Percentage*
United States Overall (2010)	19.9
Texas Overall (2010)	20.1
Tarrant Overall (2009/2010)	18.8
Gender	
Female	22.8
Male	14.7
Age (in years)	
18-24	25.7
25-34	20.9
35-44	16.4
45-54	21.1
55-64	16.2
≥65	11.7
Race/Ethnicity	
Hispanic	23.7
Non-Hispanic Black	21.8
Non-Hispanic White	17.4
Other	14.4

[†] *Reporting 5 or more mentally unhealthy days in the past 30 days*

[*] *Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Centers for Disease Control and Prevention

Frequent mental distress among adults aged 18 years and older Tarrant County, Texas, and the United States[†]

Characteristic	Weighted Percentage*
United States Overall (2010)	10.7
Texas Overall (2010)	10.8
Tarrant Overall (2009/2010)	9.5
Gender	
Female	12.3
Male	6.6
Age (in years)	
18-24	10.8
25-34	10.3
35-44	8.9
45-54	11
55-64	9.3
≥65	6
Race/Ethnicity	
Hispanic	12.9
Non-Hispanic Black	11.1
Non-Hispanic White	8.7
Other	4.4

[†] *Reporting 14 or more mentally unhealthy days in the past 30 days*

[*] *Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Centers for Disease Control and Prevention

Suicides

- United States (2008) – 11.6 per 100,000 population
- Texas (2009) – 11.4 per 100,000 population
- Tarrant County (2009) - 9.6 per 100,000 population
  (Data source: Texas Department of State Health Services and the Centers for Disease Control and Prevention;
  Rates age-adjusted to 2000 US standard population)

Suicides among those aged 15-24 years

- United States (2008) – 10.1 per 100,000 population
- Texas (2009) – 11.0 per 100,00 population
- Tarrant County (2009) - 7.3 per 100,000 population
  (Data source: Texas Department of State Health Services and the Centers for Disease Control and Prevention;
  Rates are age group specific)

Patients aged 3 years and older seen by Mental Health Mental Retardation of Tarrant County, 2011

- Approximately 20,000
- No state or national comparisons available
  (Data source: Mental Health Mental Retardation of Tarrant County)

Data not available for:

- Child and adolescent mental disorders
- Adult mental disorders
- Stress-related health effects
- Serious mental retardation: School-aged children
- Serious mental retardation: Non-institutionalized population

VIII. OTHER RISK FACTORS (OPTIONAL)

Overweight (BMI 25.0-29.9) adults aged 18 years and older, Tarrant County, Texas, and the United States

Characteristic	Weighted Percentage*
United States Overall (2010)	35.4
Texas Overall (2010)	34.8
Tarrant Overall (2009/2010)	37.5
Gender	
Female	30.0
Male	44.8
Age (in years)	
18-24	31.6
25-34	36.9
35-44	39.4
45-54	39.4
55-64	35.2
≥65	40.0
Race/Ethnicity	
Hispanic	45.6
Non-Hispanic Black	36.9
Non-Hispanic White	36.4
Other	24.2

** Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Texas Department of State Health Services

Obese (BMI ≥ 30.0) adults aged 18 years and older, Tarrant County, Texas, and the United States

Characteristic	Weighted Percentage*
United States Overall (2010)	28.9
Texas Overall (2010)	31.8
Tarrant Overall (2009/2010)	28.2
Gender	
Female	27.1
Male	29.2
Age (in years)	
18-24	15.8
25-34	27.7
35-44	29.6
45-54	33.5
55-64	36.5
≥65	26.2
Race/Ethnicity	
Hispanic	31.7
Non-Hispanic Black	34.5
Non-Hispanic White	37.1
Other	16.6

** Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Texas Department of State Health Services

Sedentary lifestyle among adults aged 18 years and older, Tarrant County, Texas, and the United States[†]

Characteristic	Weighted Percentage[*]
United States Overall (2010)	24.4
Texas Overall (2010)	26.7
Tarrant Overall (2009/2010)	26.0
Gender	
Female	30.4
Male	21.3
Age (in years)	
18-24	16.4
25-34	23.1
35-44	28.2
45-54	28.0
55-64	27.4
≥65	34.7
Race/Ethnicity	
Hispanic	36.5
Non-Hispanic Black	29.3
Non-Hispanic White	22.3
Other	30.1

[†] *No leisure time physical activity during the previous month*

[*] *Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Texas Department of State Health Services

Cholesterol checked in the past five years among adults aged 18 years and older, Tarrant County, Texas and the United States

Characteristic	Weighted Percentage[*]
United States Overall (2009)	77.5
Texas Overall (2009)	72.0
Tarrant Overall (2009/2010)	76.5
Gender	
Female	77.8
Male	75.2
Age (in years)	
18-24	42.6
25-34	63.8
35-44	78.2
45-54	88.6
55-64	95.2
≥65	94.8
Race/Ethnicity	
Hispanic	60.5
Non-Hispanic Black	74.8
Non-Hispanic White	81.1
Other	80.4

[*] *Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Texas Department of State Health Services

Diabetes among adults aged 18 years and older, Tarrant County, Texas, and the United States

Characteristic	Weighted Percentage*
United States Overall (2010)	9.3
Texas Overall (2010)	9.7
Tarrant Overall (2009/2010)	8.5
Gender	
Female	8.9
Male	8.2
Age (in years)	
18-24	-
25-34	2.9
35-44	3.8
45-54	12.8
55-64	20.3
≥65	23.0
Race/Ethnicity	
Hispanic	8.6
Non-Hispanic Black	11.8
Non-Hispanic White	8.0
Other	7.6

** Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Texas Department of State Health Services

Current smokers among adults aged 18 years and older, Tarrant County, Texas, and the United States

Characteristic	Weighted Percentage*
United States Overall (2010)	17.1
Texas Overall (2010)	15.8
Tarrant Overall (2009/2010)	18.5
Gender	
Female	14.8
Male	22.4
Age (in years)	
18-24	36.0
25-34	14.5
35-44	17.3
45-54	20.5
55-64	17.7
≥65	9.2
Race/Ethnicity	
Hispanic	14.1
Non-Hispanic Black	21.4
Non-Hispanic White	19.7
Other	12.0

** Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Texas Department of State Health Services

Hypertension among adults aged 18 years and older, Tarrant County, Texas, and the United States

Characteristic	Weighted Percentage*
United States Overall (2009)	29.3
Texas Overall (2009)	29.1
Tarrant Overall (2009/2010)	27.4
Gender	
Female	25.2
Male	29.8
Age (in years)	
18-24	13.3
25-34	13.8
35-44	16.7
45-54	35.1
55-64	51.8
≥65	60.8
Race/Ethnicity	
Hispanic	20.3
Non-Hispanic Black	36.8
Non-Hispanic White	28.5
Other	18.5

** Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Texas Department of State Health Services

Receiving treatment for hypertension among adults aged 18 years and older who have been diagnosed with hypertension, Tarrant County

Characteristic	Weighted Percentage*
Tarrant Overall (2009/2010)	72.6
Gender	
Female	78.9
Male	67.1
Age (in years)	
18-24	17.6
25-34	27.5
35-44	66.3
45-54	77.2
55-64	87.6
≥65	94.9
Race/Ethnicity	
Hispanic	62.5
Non-Hispanic Black	66.9
Non-Hispanic White	75.1
Other	88.0

** Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Texas Department of State Health Services

Data not available for:

- Seat belt use

IX. FETAL/INFANT HEALTH INDICATORS (OPTIONAL)

Selected fetal/infant health indicators, Tarrant County and Texas, 2009

Indicator	Tarrant County	Texas
	n (Rate)	n (Rate)
Live births		
All ages	29,060 (-)	401,599 (-)
Among mothers < 18 years old	1,208 (41.6)	18,732 (46.6)
Prenatal Care of Women		
No prenatal care	1,247 (42.9)	17,949 (44.7)
Prenatal care began in first trimester	14,997 (516.1)	220,473 (549.0)
Birth Weight		
Very low (< 1,500 gm)	411 (14.1)	5,952 (14.8)
Low (1,501-2,499 gm)	2,029 (69.8)	28,205 (70.2)
Adequate (≥2,500 gm)	26,619 (916.0)	367,429 (914.9)
Mortality[†]		
Infant mortality	194 (6.7)	2,394 (6.0)
Neonatal mortality	141 (4.9)	1,514 (3.8)
Fetal mortality	189 (6.5)	2,098 (5.2)
Perinatal mortality	330 (11.3)	3,612 (8.9)
Birth Defects (2006)[‡]		
Total	2,025 (69.7)	17,395 (43.6)

n = number; Rate per 1,000 live births

[†] *Mortality definitions:*

Infant - deaths among newborns less than one year of age

Neonatal - deaths among newborns less than 28 days of age

Fetal - born with no signs of life, regardless of gestational age (does not include abortions)

Perinatal - combined fetal deaths > 28 weeks gestation and infant deaths at < 7 days of age

[‡] *Infants and fetuses with any monitored birth defect; One birth can involve more than one defect*

Data source: Texas Department of State Health Services

X. LEADING CAUSES OF DEATH (OPTIONAL)

Leading causes of death overall, Tarrant County and Texas, 2009†

	Tarrant n (%, Rate)	Texas n (%, Rate)
1	Diseases of the Heart 2,413 (23.0, 189.6)	Diseases of the Heart 38,008 (23.3, 186.7)
2	Malignant Neoplasms 2,349 (22.4, 175.3)	Malignant Neoplasms 35,531 (21.8, 167.6)
3	Cerebrovascular Dis. 635 (6.1, 52.2)	Cerebrovascular Dis. 9,118 (5.6, 45.8)
4	Chr. Lower Resp. Dis. 625 (6.0, 50.9)	Chr. Lower Resp. Dis. 8,624 (5.6, 43.5)
5	Accidents 537 (5.1, 33.3)	Accidents 9,310 (5.7, 40.0)
6	Alzheimer's Disease 287 (2.7, 25.7)	Alzheimer's Disease 5,062 (3.1, 26.9)
7	Diabetes Mellitus 273 (2.6, 20.6)	Diabetes Mellitus 4,866 (3.0, 23.1)
8	Nephritis, etc. 217 (2.1, 16.9)	Nephritis, etc. 3,688 (2.3, 18.2)
9	Influenza & Pneum. 194 (1.9, 15.5)	Influenza & Pneum. 3,380 (2.1, 16.7)
10	Septicemia 176 (1.7, 13.7)	Septicemia 3,085 (1.9, 15.0)

†*Top ten ranking order for Tarrant County only; Texas deaths are provided solely for comparison and are not ranked*

n = number of deaths

Percent of total deaths attributed to a specific cause

Rate per 100,000 population, age-adjusted to 2000 US standard population

Data source: Texas Department of State Health Services

Leading causes of death by gender, Tarrant County, 2009

	Male n (%, Rate)	Female n (%, Rate)
1	Diseases of the Heart 1,240 (24.1, 229.7)	Malignant Neoplasms 1,188 (22.3, 158.9)
2	Malignant Neoplasms 1,161 (22.5, 200.9)	Diseases of the Heart 1,173 (22.0, 158.2)
3	Accidents 368 (7.1, 46.3)	Cerebrovascular Dis. 364 (6.8, 50.2)
4	Cerebrovascular Dis. 271 (5.3, 53.7)	Chr. Lower Resp. Dis. 357 (6.7, 48.9)
5	Chr. Lower Resp. Dis. 268 (5.2, 54.9)	Alzheimer's Disease 194 (3.6, 27.3)
6	Diabetes Mellitus 144 (2.8, 25.2)	Accidents 169 (3.2, 20.9)
7	Intentional Self-Harm 135 (2.6, 16.0)	Diabetes Mellitus 129 (2.4, 17.2)
8	Nephritis, etc. 115 (2.2, 22.5)	Influenza & Pneum. 111 (2.1, 14.7)
9	Chr. Liver Dis. & Cir. 111 (2.2, 14.5)	Nephritis, etc. 102 (1.9, 13.4)
10	Alzheimer's Disease 93 (1.8, 23.3)	Septicemia 86 (1.6, 11.6)

n = number of deaths

Percent of total deaths attributed to a specific cause

Rate per 100,000 population, age-adjusted to 2000 US standard population

Data source: Texas Department of State Health Services

Leading causes of death by race/ethnicity, Tarrant County, 2009

	< 1 Yr n (% , Rate)	1-14 Yrs n (% , Rate)	15-24 Yrs n (% , Rate)	25-34 Yrs n (% , Rate)	35-44 Yrs n (% , Rate)
1	Con. Of Perinatal Per. 95 (49.0, 320.9)	Accidents 21 (30.9, 5.6)	Accidents 82 (44.8, 31.6)	Accidents 90 (38.6, 32.3)	Malignant Neoplasms 77 (19.1, 29.1)
2	Congenital Mal., etc. 56 (28.9, 189.2)	Malignant Neoplasms 10 (14.7, 2.7)	Assault 21 (11.5, 8.1)	Intentional Self-Harm 23 (9.9, 8.3)	Diseases of the Heart 72 (17.8, 27.2)
3	SIDS† 19 (9.8, 64.2)	Congenital Mal., etc. 6 (8.8, 1.6)	Intentional Self-Harm 19 (10.4, 7.3)	Malignant Neoplasms 23 (9.9, 8.3)	Accidents 62 (15.3, 23.4)
4	---	Assault 5 (7.4, 1.3)	Malignant Neoplasms 11 (6.0, 4.3)	Diseases of the Heart 22 (9.4, 7.9)	Intentional Self-Harm 26 (6.4, 9.8)
5	---	---	Diseases of the Heart 8 (4.4, 3.1)	Assault 13 (5.6, 4.7)	HIV 17 (4.2, 6.4)
6	---	---	Preg., Child birth, etc. 6 (3.3, 2.3)	HIV 7 (3.0, 2.5)	Cerebrovascular Dis. 13 (4.2, 4.9)
7	---	---	Influenza & Pneum. 5 (2.7, 1.9)	Nephritis, etc. 5 (2.1, 1.8)	Chr. Liver Dis. & Cir. 11 (2.7, 4.2)
8	---	---	---	Preg., Child birth, etc. 5 (2.1, 1.8)	Assault 10 (2.5,3.7)
9	----	---	---	---	Diabetes Mellitus 10 (2.5, 3.7)
10	---	---	---	---	Influenza & Pneum. 10 (2.5, 3.7)

	White n (% , Rate)	Black n (% , Rate)	Hispanic n (% , Rate)	Other n (% , Rate)
1	Diseases of the Heart 1,866 (23.8, 194.9)	Diseases of the Heart 320 (23.3, 237.5)	Malignant Neoplasms 200 (20.9, 138.9)	Malignant Neoplasms 65 (21.0, 93.4)
2	Malignant Neoplasms 1,780 (22.7, 185.0)	Malignant Neoplasms 304 (22.1, 209.4)	Diseases of the Heart 165 (17.2, 157.9)	Diseases of the Heart 62 (20.1, 103.6)
3	Chr. Lower Resp. Dis. 554 (7.1, 59.6)	Cerebrovascular Dis. 98 (7.1, 72.3)	Accidents 75 (7.8, 19.8)	Accidents 37 (12.0, 42.4)
4	Cerebrovascular Dis. 479 (6.1, 51.3)	Accidents 57 (4.1, 29.2)	Cerebrovascular Dis. 48 (5.0, 39.9)	Diabetes Mellitus 11 (3.6, 16.6)
5	Accidents 368 (4.7, 39.7)	Diabetes Mellitus 53 (3.9, 40.7)	Diabetes Mellitus 35 (3.7, 27.1)	Cerebrovascular Dis. 10 (3.2, 19.2)
6	Alzheimer's Disease 250 (3.2, 27.1)	Nephritis, etc. 50 (3.6, 34.7)	Congenital Mal., etc. 34 (3.5, 4.8)	Intentional Self-Harm 10 (3.2, 7.7)
7	Diabetes Mellitus 174 (2.2, 17.9)	Chr. Lower Resp. Dis. 43 (3.1, 30.5)	Chr. Liver Dis. 32 (3.3, 11.7)	Assault 9 (2.9, 6.9)
8	Influenza & Pneum. 147 (1.9, 15.6)	Septicemia 34 (2.5, 26.9)	Con. Of Perinatal Per. 32 (3.2, 3.8)	Chr. Lower Resp. Dis. 8 (2.6, 8.3)
9	Intentional Self-Harm 140 (1.8, 14.2)	Hypertension, etc 32 (2.3, 23.1)	Nephritis, etc. 30 (3.1, 24.1)	Con. Of Perinatal Per. 7 (2.3, 5.7)
10	Nephritis, etc. 132 (1.7, 13.9)	Con. Of Perinatal Per. 27 (2.0, 8.5)	Chr. Lower Resp. Dis. 20 (2.1, 18.9)	Nephritis, etc. 5 (1.6, 13.3)

n = number of deaths

Percent of total deaths attributed to a specific cause

Rate per 100,000 population, age-adjusted to 2000 US standard population

Rates based on less than 20 deaths are considered unstable and should be interpreted with caution

Data source: Texas Department of State Health Services

	45-54 Yrs n (% , Rate)	55-64 Yrs n (% , Rate)	65-74 Yrs n (% , Rate)	75-84 Yrs n (% , Rate)	85+ Yrs n (% , Rate)
1	Malignant Neoplasms 254 (25.6, 102.8)	Malignant Neoplasms 479 (32.4, 278.6)	Malignant Neoplasms 617 (34.8, 720.7)	Diseases of the Heart 596 (24.0, 1,302.5)	Diseases of the Heart 765 (28.6, 4,270.2)
2	Diseases of the Heart 200 (20.2, 80.9)	Diseases of the Heart 361 (24.4, 209.9)	Diseases of the Heart 384 (21.7, 448.5)	Malignant Neoplasms 574 (23.1, 1,254.4)	Malignant Neoplasms 304 (11.4, 1,696.9)
3	Accidents 94 (9.5, 38.1)	Chr. Lower Resp. Dis. 75 (5.1, 43.6)	Chr. Lower Resp. Dis. 153 (8.6, 178.7)	Chr. Lower Resp. Dis. 205 (8.3, 447.9)	Cerebrovascular Dis. 240 (9.0, 1,339.7)
4	Intentional Self-Harm 53 (5.3, 21.5)	Cerebrovascular Dis. 61 (4.1, 35.5)	Cerebrovascular Dis. 94 (5.3, 109.8)	Cerebrovascular Dis. 182 (7.3, 397.7)	Alzheimer's Disease 170 (6.4, 948.9)
5	Chr. Liver Dis. & Cir. 45 (4.5, 18.2)	Chr. Liver Dis. & Cir. 58 (3.9, 33.8)	Diabetes Mellitus 59 (3.3, 68.9)	Alzheimer's Disease 98 (4.0, 214.2)	Chr. Lower Resp. Dis. 151 (5.6, 842.9)
6	Cerebrovascular Dis. 39 (3.9, 15.8)	Accidents 53 (3.6, 30.8)	Nephritis, etc. 43 (2.4, 20.2)	Diabetes Mellitus 65 (2.6, 142.1)	Influenza & Pneum. 72 (2.7, 401.9)
7	Diabetes Mellitus 37 (3.7, 14.9)	Diabetes Mellitus 47 (3.2, 27.3)	Septicemia 43 (2.4, 50.2)	Nephritis, etc. 53 (2.1, 115.8)	Nephritis, etc. 59 (2.2, 329.3)
8	Chr. Lower Resp. Dis. 28 (2.8, 11.3)	Intentional Self-Harm 33 (2.2, 19.2)	Accidents 29 (1.6, 33.9)	Accidents 49 (2.0, 107.1)	Accidents 54 (2.0, 301.4)
9	HIV 17 (1.7, 6.9)	Nephritis, etc. 32 (2.2, 18.6)	Chr. Liver Dis. & Cir. 29 (1.6, 33.9)	Influenza & Pneum. 46 (1.9, 100.2)	Diabetes Mellitus 51 (1.9, 284.7)
10	Nephritis, etc./Viral Hep. 15 (1.5, 6.1)	Septicemia 26 (1.8, 15.1)	Influenza & Pneum. 27 (1.5, 31.5)	Septicemia 44 (1.8, 96.2)	Hypertension, etc. 49 (1.8, 273.5)

n = number of deaths; Less than five deaths not reported to protect confidentiality

Percent of total deaths attributed to a specific cause

Rate per 100,000 population; Rates are age group specific; Rates based on less than 20 deaths are considered unstable and should be interpreted with caution

†*Sudden Infant Death Syndrome*

Data source: Texas Department of State Health Services

XI. PREVALENCE OF CHRONIC DISEASES (OPTIONAL)

Note: Chronic disease tables are presented from highest to lowest prevalence in Tarrant County

High blood cholesterol among adults aged 18 years and older, Tarrant Texas, and the United States

Characteristic	Weighted Percentage*
United States Overall (2009)	38.0
Texas Overall (2009)	40.9
Tarrant Overall (2009/2010)	37.7
Gender	
Female	35.8
Male	39.9
Age (in years)	
18-24	-
25-34	22.7
35-44	32.1
45-54	43.6
55-64	60.0
≥65	55.8
Race/Ethnicity	
Hispanic	36.2
Non-Hispanic Black	24.9
Non-Hispanic White	41.1
Other	23.9

** Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Texas Department of State Health Services

Hypertension among adults aged 18 years and older, Tarrant County, County, Texas, and the United States

Characteristic	Weighted Percentage*
United States Overall (2009)	29.3
Texas Overall (2009)	29.1
Tarrant Overall (2009/2010)	27.4
Gender	
Female	25.2
Male	29.8
Age (in years)	
18-24	13.3
25-34	13.8
35-44	16.7
45-54	35.1
55-64	51.8
≥65	60.8
Race/Ethnicity	
Hispanic	20.3
Non-Hispanic Black	36.8
Non-Hispanic White	28.5
Other	18.5

** Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Texas Department of State Health Services

Arthritis among adults aged 18 years and older, Tarrant County Texas, and the United States[†]

Characteristic	Weighted Percentage[*]
United States Overall (2009)	25.9
Texas Overall (2009)	22.5
Tarrant Overall (2009/2010)	19.3
Gender	
Female	23.1
Male	15.4
Age (in years)	
18-24	-
25-34	6.2
35-44	10.3
45-54	26.2
55-64	44.0
≥65	51.6
Race/Ethnicity	
Hispanic	8.2
Non-Hispanic Black	18.3
Non-Hispanic White	22.9
Other	11.1

[†] *Diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia*

[*] *Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Texas Department of State Health Services

Asthma among adults aged 18 years and older, Tarrant County, Texas, and the United States[†]

Characteristic	Weighted Percentage[*]
United States Overall (2010)	8.6
Texas Overall (2010)	7.4
Tarrant Overall (2009/2010)	9.2
Gender	
Female	11.9
Male	6.5
Age (in years)	
18-24	8.1
25-34	10.5
35-44	7.3
45-54	10.6
55-64	10.2
≥65	9.1
Race/Ethnicity	
Hispanic	5.4
Non-Hispanic Black	13.0
Non-Hispanic White	9.8
Other	5.9

[*] *Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Texas Department of State Health Services

Diabetes among adults aged 18 years and older, Tarrant County Texas, and the United States

Characteristic	Weighted Percentage*
United States Overall (2010)	9.3
Texas Overall (2010)	9.7
Tarrant Overall (2009/2010)	8.5
Gender	
Female	8.9
Male	8.2
Age (in years)	
18-24	-
25-34	2.9
35-44	3.8
45-54	12.8
55-64	20.3
≥65	23.0
Race/Ethnicity	
Hispanic	8.6
Non-Hispanic Black	11.8
Non-Hispanic White	8.0
Other	7.6

* *Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Texas Department of State Health Services

Heart disease among adults aged 18 years and older, Tarrant County Texas, and the United States

Characteristic	Weighted Percentage*
United States Overall (2010)	6.6
Texas Overall (2010)	6.6
Tarrant Overall (2009/2010)	4.6
Gender	
Female	3.9
Male	5.2
Age (in years)	
18-24	-
25-34	-
35-44	1.4
45-54	5.8
55-64	10.7
≥65	17.6
Race/Ethnicity	
Hispanic	2.8
Non-Hispanic Black	2.9
Non-Hispanic White	5.4
Other	3.9

* *Estimates weighted to population characteristics*

Data source: Tarrant County Public Health and Texas Department of State Health Services

XII. PREVALENCE OF COMMUNICABLE DISEASES (OPTIONAL)

Leading communicable diseases overall, Tarrant County and Texas, 2010†

	Tarrant n (Rate)	Texas n (Rate)
1	Chlamydia 7,945 (435.2)	Chlamydia 118,577 (467.3)
2	Gonorrhea 2,526 (138.4)	Gonorrhea 31,453 (124.0)
3	Salmonellosis 363 (19.9)	Salmonellosis 4,929 (19.4)
4	Pertussis 283 (15.5)	Pertussis 2,848 (11.2)
5	Early Syphilis 259 (14.2)	N/A
6	Shigellosis 250 (13.7)	Shigellosis 2,626 (10.3)
7	Aseptic Meningitis 218 (11.9)	Aseptic Meningitis 1,663 (6.6)
8	HIV 206 (11.3)	HIV 4,242 (16.7)
9	Varicella 202 (11.1)	Varicella 2,760 (10.9)
10	*S. pneumoniae,* inv 189 (10.4)	*S. pneumoniae,* inv 1,912 (7.5)

†*Top ten ranking order for Tarrant County only; Texas cases are provided solely for comparison and are not ranked*

n = number of cases; Rate per 100,000 population

HIV data are preliminary, therefore the number of cases may change

Data source: Tarrant County Public Health and the Texas Department of State Health Services

Leading communicable diseases by gender, Tarrant County, 2010

	Male n (Rate)	Female n (Rate)
1	Chlamydia 1,792 (195.0)	Chlamydia 6,153 (678.7)
2	Gonorrhea 1,103 (120.0)	Gonorrhea 1,423 (157.0)
3	Early Syphilis 172 (18.7)	Salmonellosis 190 (21.0)
4	Salmonellosis 172 (18.8)	Pertussis 153 (16.9)
5	HIV 159 (17.3)	Shigellosis 133 (14.7)
6	Pertussis 130 (14.1)	Aseptic Meningitis 121 (13.3)
7	Shigellosis 117 (12.7)	Varicella 112 (12.4)
8	Aseptic Meningitis 97 (10.6)	*S. pneumoniae,* inv 98 (10.8)
9	*S. pneumoniae,* inv 91 (9.9)	Early Syphilis 87 (9.6)
10	Varicella 90 (9.8)	Campylobacteriosis 50 (5.5)

n = number of cases; Rate per 100,000 population

HIV data are preliminary, therefore the number of cases may change.

Data source: Tarrant County Public Health

Leading communicable diseases by race/ethnicity, Tarrant County, 2010†

	White n (Rate)	Black n (Rate)	Hispanic n (Rate)	Other n (Rate)
1	Chlamydia 2,028 (226.4)	Chlamydia 3,277 (1,336.7)	Chlamydia 2,186 (393.9)	Chlamydia 144 (111.0)
2	Gonorrhea 397 (44.3)	Gonorrhea 1,747(712.6)	Gonorrhea 307 (55.3)	Tuberculosis 30 (23.1)
3	Salmonellosis 200 (22.3)	Early Syphilis 163 (66.5)	Pertussis 98 (17.7)	Gonorrhea 24 (18.5)
4	Pertussis 148 (16.5)	HIV 103 (42.0)	Shigellosis 89 (16.0)	Salmonellosis 23 (17.7)
5	*S. pneumoniae,* inv 122 (13.6)	Shigellosis 55 (22.4)	Aseptic Meningitis 62 (11.2)	Varicella 11 (8.5)
6	Aseptic Meningitis 109 (12.2)	Aseptic Meningitis 36 (14.7)	Salmonellosis 62 (11.2)	Shigellosis 8 (6.2)
7	Shigellosis 85 (9.5)	Salmonellosis 35 (14.3)	Varicella 62 (11.2)	Early Syphilis 6 (4.6)
8	Varicella 83 (9.3)	*S. pneumoniae,* inv 33 (13.5)	Early Syphilis 51 (9.2)	Hep. B, acute 6 (4.6)
9	Group B Strep 61 (6.8)	Pertussis 26 (10.6)	Tuberculosis 41 (7.4)	---
10	HIV 55 (6.1)	Varicella 25 (10.2)	HIV 40 (7.2)	---

n = number of cases; Rate per 100,000 population

Rates based on less than 20 cases are considered unstable and should be interpreted with caution

Less than five cases not reported

† *Rankings for race/ethnicity should be interpreted with caution due to missing data; Race/ethnicity data are missing for 39% of acute Hepatitis B cases, 15% of Cryptosporidiosis cases, 12% of Salmonellosis cases, and 10% of Varicella cases.*

HIV data are preliminary, therefore the number of cases may change

Data source: Tarrant County Public Health

Leading communicable diseases by age group, Tarrant County, 2010

	0 - 4 Yrs n (Rate)	5 - 9 Yrs n (Rate)	10 - 14 Yrs n (Rate)	15 - 19 Yrs n (Rate)	20 - 24 Yrs n (Rate)
1	Salmonellosis 144 (99.2)	Varicella 79 (58.5)	Chlamydia 107 (86.1)	Chlamydia 2,811 (2,161.6)	Chlamydia 2,853 (2,175.9)
2	Pertussis 101 (69.6)	Shigellosis 77 (57.0)	Pertussis 54 (43.4)	Gonorrhea 894 (687.5)	Gonorrhea 863 (658.2)
3	Shigellosis 92 (63.4)	Pertussis 66 (48.9)	Varicella 53 (42.6)	Early Syphilis 20 (15.4)	Early Syphilis 88 (67.1)
4	Aseptic Meningitis 60 (41.3)	Salmonellosis 30 (22.2)	Gonorrhea 33 (26.6)	Aseptic Meningitis 16 (12.3)	HIV 42 (32.0)
5	Varicella 47 (32.4)	Aseptic Meningitis 18 (13.3)	Salmonellosis 20 (16.1)	HIV 12 (9.2)	Aseptic Meningitis 15 (11.4)
6	*E. coli* STEC 22 (15.2)	*E. coli* STEC 9 (6.7)	Shigellosis 17 (13.7)	Salmonellosis 12 (9.2)	Salmonellosis 15 (11.4)
7	Campylobacteriosis 21 (14.5)	Campylobacteriosis 7 (5.2)	Aseptic Meningitis 12 (9.7)	Pertussis 10 (7.7)	Campylobacteriosis 7 (5.3)
8	*S. pneumoniae,* inv 19 (13.1)	Cryptosporidiosis 6 (4.4)	Campylobacteriosis 6 (4.8)	Campylobacteriosis 9 (6.9)	Tuberculosis 7 (5.3)
9	Group B Strep 18 (12.4)	---	---	Varicella 8 (6.2)	Cryptosporidiosis 5 (3.8)
10	Group A Strep 8 (5.5)	---	---	Shigellosis 5 (3.8)	*E. coli* STEC/ Pertussis/ Varicella 5 (3.8)

	25 - 34 Yrs n (Rate)	35 - 44 Yrs n (Rate)	45 - 54 Yrs n (Rate)	55 - 64 Yrs n (Rate)	65 + Yrs n (Rate)
1	Chlamydia 1,726 (580.7)	Chlamydia 355 (122.7)	Chlamydia 70 (28.1)	*S. pneumoniae,* inv 41 (23.2)	*S. pneumoniae,* inv 68 (46.4)
2	Gonorrhea 550 (185.0)	Gonorrhea 113 (39.0)	Gonorrhea 60 (24.0)	Salmonellosis 25 (14.1)	Salmonellosis 32 (21.8)
3	Early Syphilis 75 (25.2)	HIV 47 (16.2)	Hep. B, acute 26 (10.4)	Group B Strep 19 (10.7)	Group B Strep 27 (18.4)
4	HIV 59 (19.8)	Early Syphilis 45 (15.5)	HIV 26 (10.4)	Tuberculosis 17 (9.6)	Pertussis 14 (9.6)
5	Aseptic Meningitis 35 (11.8)	Salmonellosis 33 (11.4)	Tuberculosis 26 (10.4)	Chlamydia 16 (9.0)	Tuberculosis 14 (9.6)
6	Shigellosis 32 (10.8)	Tuberculosis 25 (8.6)	Salmonellosis 25 (10.0)	HIV 16 (9.0)	Cryptosporodiosis 13 (8.9)
7	Salmonellosis 27 (9.1)	Aseptic Meningitis 19 (6.6)	*S. pneumoniae,* inv 23 (9.2)	Aseptic Meningitis 10 (5.6)	Aseptic Meningitis 12 (8.2)
8	Tuberculosis 19 (6.4)	AIDS 16 (5.5)	Aseptic Meningitis 21 (8.4)	Hep. B, acute 10 (5.6)	Campylobacteriosis 10 (6.8)
9	Campylobacteriosis 18 (6.1)	Hep. B, acute 13 (4.5)	Early Syphilis 20 (8.0)	Campylobacteriosis 9 (5.1)	Hep. B, acute 9 (6.1)
10	*S. pneumoniae,* inv 16 (5.4)	Pertussis/Shigellosis/ *S. pneumoniae* , inv. 11 (3.8)	Campylobacteriosis 13 (5.2)	Gonorrhea 9 (5.1)	Group A Strep 6 (4.1)

n = number of cases; Rate per 100,000 population
Rates based on less than 20 cases are considered unstable and should be interpreted with caution
Less than five cases not reported
E. coli STEC = Shiga Toxin-producing Escherichia coli
HIV data are preliminary, therefore the number of cases may change
Data source: Tarrant County Public Health

XIII. ENVIRONMENTAL PROFILE (OPTIONAL)

Historic activity for the 8-Hour Ozone Standard, Tarrant County, 2000-2010

Air Quality Monitoring Site	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010
Arlington Municiple Airport	-	89	87	87	87	84	79	77	79
Eagle Mountain Lake	95	97	94	95	96	95	89	86	85
Fort Worth Northwest	96	97	94	95	95	92	83	79	78
Grapevine Fairway	95	100	99	94	94	93	87	84	82
Keller	98	100	98	96	95	92	87	86	86

† *Shaded squares indicate violation of 1997 8-hour ozone standard. (Attainment is reached when the four-highest ozone concentration is less than 85 ppb when averaged over a consecutive 3- year period)*

Data source: North Central Texas Council of Governments

Data not available for:

- Air pollutants
- Water contaminants
- Food contaminants
- Land pollution
- Other environmental hazards

APPENDIX 4

FORCES OF CHANGE ASSESSMENT REPORT

Prepared by:
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FORCES OF CHANGE ASSESSMENT

Background:

Using the Mobilizing for Action through Planning and Partnership (MAPP) approach, over 60 community organizations, citizen groups and community leaders began working in 2012 to improve the health of Tarrant County. Entitled *Tarrant County Voices for Health*, this community-wide, strategic planning initiative will conclude in 2013 and will help prioritize public health issues, identify resources for addressing them and set a realistic action plan. Part of the process includes conducting four types of assessments:

- **Community Themes & Strengths** assessment to identify issues that interest our community, perceptions about quality of life, and community assets.
- **Local Public Health System** assessment measuring the capacity and performance of the local public health system. This encompasses all organizations and entities that contribute to our public's health.
- **Community Health Status** assessment of data about health status, quality of life, and risk factors in our community.
- **Forces of Change** assessment to identify forces that are or will be affecting our community or our local public health system.

About the Forces of Change Assessment

Our health is determined by much more than traditional medical care. Many factors including economic, environmental, politics, social, and technological all play a role in determining our health. The Forces of Change Assessment assessed trends in these areas seeking to answer the following two questions:

1. *What is occurring or might occur that affects the health of our community or the local public health system?*
2. *What specific threats or opportunities are generated by these forces?*

The assessment provided an opportunity for participants in *Tarrant County Voices for Health* and people from the larger community to learn from experts about changes that will occur over the next 10 years and the accompanying threats and opportunities, and to provide input on the priorities.

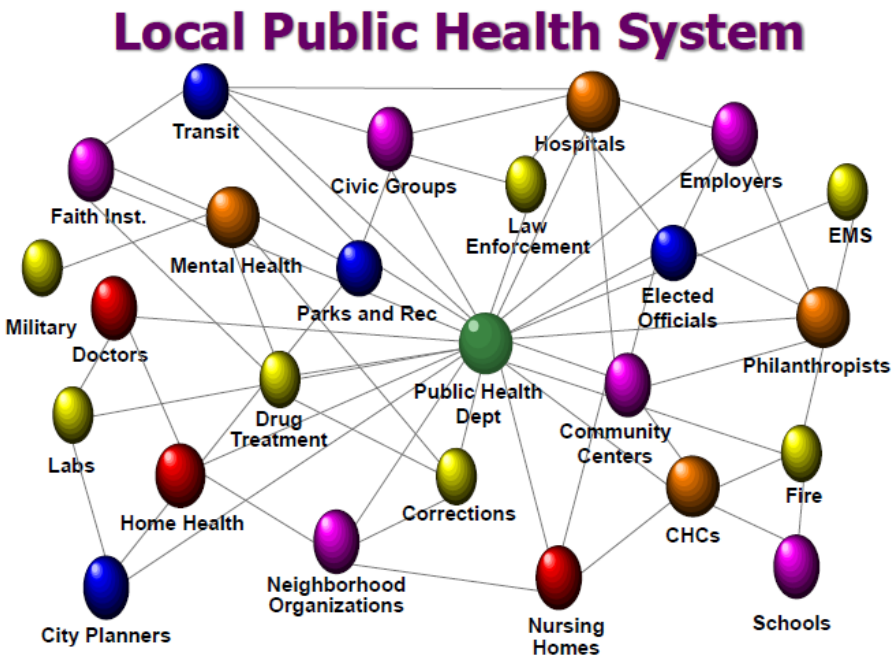
Planning the Forces of Change Assessment:

In May 2012, a number of the Tarrant County Voices for Change steering committee members volunteered to form the Forces of Change Assessment subcommittee. The subcommittee met several times during May, June, and July to plan the Forces of Change Assessment process.

Table 1: Forces of Change Subcommittee Membership
Linda Fulmer (Chair), Healthy Tarrant County Collaboration
Patricia Baughman, JPS Health Network
Jean Carmichael, YMCA of Metropolitan Fort Worth
Kathie Eddleman, Fort Worth Independent School District
Belinda Hampton, Tarrant County Public Health
Ginny Hickman, Cook Children's Health Care System
Joyce Hood, Cook Children's Health Care System
Yvette M. Wingate (MAPP Coordinator), Tarrant County Public Health
Shirley Little, City of Fort Worth
Eric Niedermayer, Recovery Resource Council
Vicki Niedermayer, Helping Restore Ability
C. Jan Parker, Tarrant County Public Health
Ann Rice, United Way of Tarrant County
Georgi Roberts, Fort Worth Independent School District
Margarita Trevino, College of Nursing, University of Texas at Arlington
Arcardio Viveros, North Texas Area Community Health Centers

Selecting Topics

The subcommittee brainstormed a list of topics to include in the assessment, taking care to cast a wide net to assure that the topics were inclusive of the local public health system.



After finalizing the list of topics, the subcommittee grouped them as follows:

- **Economic:** Socio-economic factors and culture; Economic forces and trends; Clinical health care trends
- **Environment:** Social impact of environmental/climate change; Infrastructure (utilities, transportation, built environment), and Public/community safety
- **Political:** Regulatory issues; Local, state, and federal regulations and funding
- **Social:** Faith community and spirituality; K – 12 education and higher education; Prevention and healthy habits; Philanthropy
- **Technology:** Information media; Health care research and technology

Recruiting Presenters and Moderators

As the resulting list of topics included many areas of expertise beyond those of the Tarrant County Voices for Health steering committee members, the subcommittee chose to recruit subject matter experts to provide a brief, high-level overview on each topic. The subcommittee brainstormed to identify a list of prospective experts and moderators. Because subcommittee did not have a budget for honorariums, the aim was to recruit the best possible local expertise that would be willing to serve *pro bono*.

Several of the people initially approached were not able to help. Some had scheduling conflicts, while others required fees for speaking. Each time a prospective expert declined to participate, we asked them to recommend someone else who shared their expertise. Persistence paid off. Due to a variety of factors, plans to have a political force of change panel were unsuccessful, but the other panels were filled. In the end, a total of 14 subject matter experts and 3 moderators agreed to participate.

Table 2: Forces of Change Assessment Experts and Moderators

ENVIRONMENTAL FORCES Moderator: Bob Ray Sanders, Columnist, *Star-Telegram*	
Topic	**Expert**
Infrastructure, such as utilities, transportation, housing, and the built environment	Fernando Costa, Assistant City Manager, City of Fort Worth
Air quality	Chris Klaus, Senior Program Manager, Air Quality Planning & Operations, North Central Texas Council of Governments
Water supply	Mark Olson, Tarrant Regional Water District
Public and community safety	Honorable Ken Shetter, Executive Director Safe City Commission

Table 2: Forces of Change Assessment Experts and Moderators

SOCIAL FORCES **Moderator: Libby Watson, Chair, Public Health and Prevention Civic Council** **UNT Health Science Center School of Public Health**	
Topic	**Expert**
Faith community and spirituality	Cheryl Kimberling, Ph.D., President The Multicultural Alliance
K – 12 and higher education	Christopher T. Ray, Ph.D., Associate Professor Director, Center for Healthy Living & Longevity College of Education and Health Professions University of Texas at Arlington
Prevention of chronic disease and health behaviors	Richard Kurz, Ph.D., Dean School of Public Health UNT Health Science Center
Philanthropy	John H. Robinson, Executive Vice President – Grant Administration Amon G. Carter Foundation
ECONOMIC FORCES **Moderator: Paul K. Harral, Executive Editor, *Fort Worth, Texas* magazine**	
Topic	**Expert**
Socioeconomic factors	Barbara Becker, Ph.D., Dean School of Urban and Public Affairs University of Texas at Arlington
Economic factors	Roger E. Meiners, Ph.D., Chairman

Table 2: Forces of Change Assessment Experts and Moderators	
	Department of Economics, College of Business, University of Texas at Arlington
Clinical health care	Barclay E. Berdan, FACHE Chief Operating Officer and Senior Executive Vice President, Texas Health Resources
TECHNOLOGICAL FORCES **Moderator: Paul K. Harral, Executive Editor, *Fort Worth, Texas* magazine**	
Topic	**Expert**
Information media	Andrew Chavez, Director of Digital Media Schieffer School of Journalism Texas Christian University
The ascendance of health informatics	Dean Lampman, Regional Biosurveillance Coordinator Southwest Center for Advanced Health Practice Tarrant County Public Health
Big Data: Size matters **So do speed and assortment**	Patrick Miller, Registrar and Director of Enrollment Management Texas Christian University

Each panelist prepared a 15 to 20-minute high-level overview that identified relevant forces of change that will affect Tarrant County in the next 10 years, along with the threats and opportunities that will accompany the changes.

Session Format

The subcommittee elected to conduct the Forces of Change Assessment through four work sessions lasting two to three hours in September and October 2012. Because the group did not have a budget to pay for meeting spaces, the group sought community venues that could accommodate an audience of 50 to 100 people, with the technological capabilities to allow PowerPoint slide show presentations and live internet screens to be projected. Two locations provided space for the sessions, with scheduling dependent on the availability of the spaces

Table 3: Forces of Change Assessment Venues and Dates		
Session	**Date**	**Venue**
Environmental Forces	Tuesday, 11 September 2012	Tarrant County Public Health
Social Forces	Wednesday, 12 September 2012	Tarrant County Public Health
Economic Forces	Wednesday, 17 October 2012	Resource Connection of Tarrant County
Technological Forces	Wednesday, 31 October 2012	Tarrant County Public Health

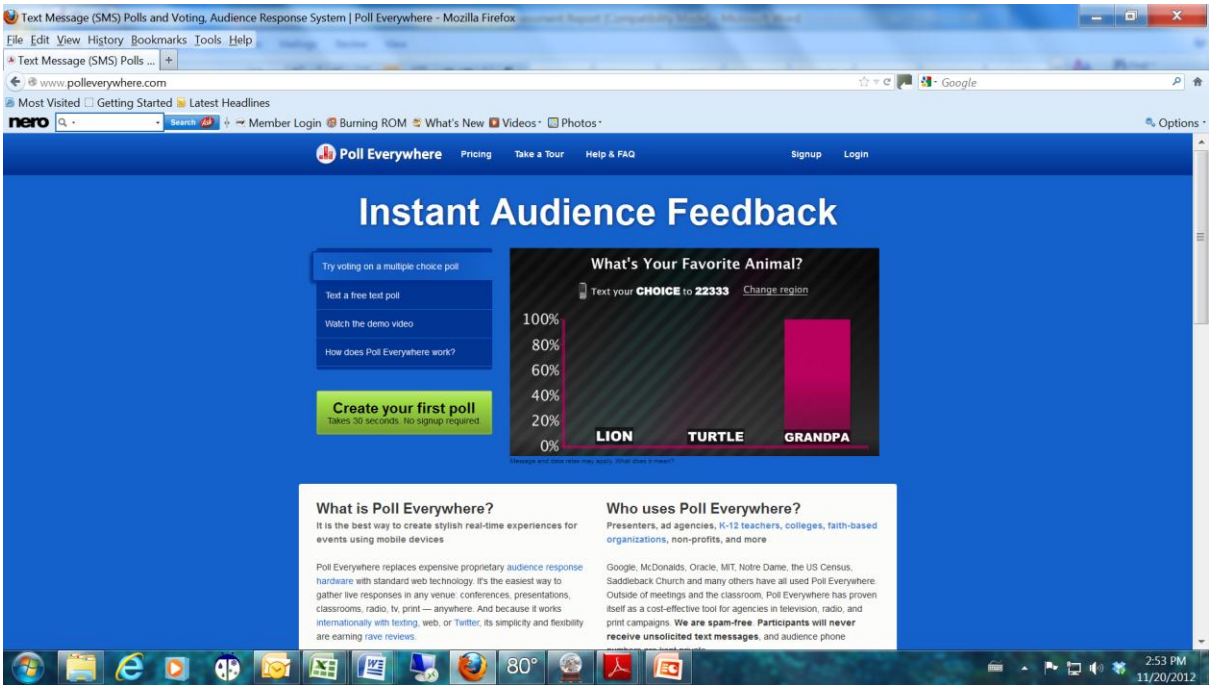
To facilitate a smooth process, a script and timeline were prepared and given to the moderator that spelled out everything from set-up through clean-up. The sessions began with each of the panelists providing a 15 to 20-minute presentation. During the presentations, the audience was encouraged to write questions on note cards. After the presentations concluded, then the moderator facilitated a brief panel discussion, using the questions collected from the audience. The sessions concluded with an opportunity for the audience to rank the forces, threats, and opportunities.

Data Collection

After considering several methods for collecting input from the audiences, the subcommittee selected a cell phone audience response system provided by Poll Everywhere (www.PollEverywhere.com). The advantages of this method included:

1. Audience members can see the impact of their votes live during the session.
2. Audience members can vote from their seats.
3. No additional hardware, software, or equipment is required to use the system, making it very portable.
4. The program automatically tabulates the results, providing tables suitable for inserting into reports and presentations.

To accommodate participants unable to send text messages, volunteers were recruited to text votes for them.


Text Message (SMS) Polls and Voting, Audience Response System | Poll Everywhere - Mozilla Firefox
File Edit View History Bookmarks Tools Help
Text Message (SMS) Polls ...
www.polleverywhere.com
Most Visited Getting Started Latest Headlines
Member Login Burning ROM What's New Videos Photos
Options
Poll Everywhere
Pricing
Take a Tour
Help & FAQ
Signup
Login
Instant Audience Feedback
Try voting on a multiple choice poll
Text a free text poll
Watch the demo video
How does Poll Everywhere work?
Create your first poll
Takes 30 seconds. No signup required.
What's Your Favorite Animal?
Text your CHOICE to 22333
Change region
100%
80%
60%
40%
20%
0%
LION
TURTLE
GRANDPA
What is Poll Everywhere?
It is the best way to create stylish real-time experiences for events using mobile devices
Poll Everywhere replaces expensive proprietary audience response hardware with standard web technology. It's the easiest way to gather live responses in any venue: conferences, presentations, classrooms, radio, tv, print — anywhere. And because it works internationally with texting, web, or Twitter, its simplicity and flexibility are earning rave reviews.
Who uses Poll Everywhere?
Presenters, ad agencies, K-12 teachers, colleges, faith-based organizations, non-profits, and more
Google, McDonalds, Oracle, MIT, Notre Dame, the US Census, Saddleback Church and many others have all used Poll Everywhere. Outside of meetings and the classroom, Poll Everywhere has proven itself as a cost-effective tool for agencies in television, radio, and print campaigns. We are spam-free. Participants will never receive unsolicited text messages, and audience phone
80°
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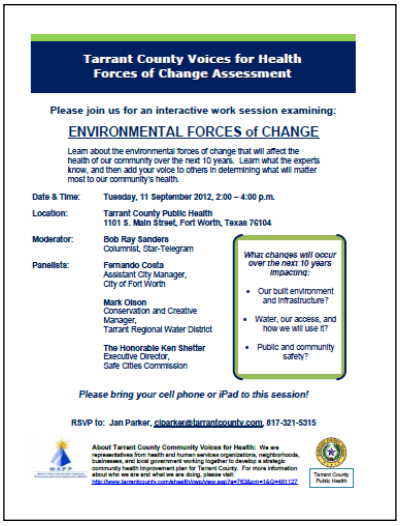
11/20/2012


What is the most important environmental FOC to address over the next 10 years?

Implementation

Outreach and Promotion

The subcommittee promoted the sessions by sending invitation fliers to email groups, and making announcements at meetings. This allowed promotion to many of the interested stakeholders without requiring a budget for printing, mailing, and advertising.



Tarrant County Voices for Health
Forces of Change Assessment

Please join us for an interactive work session examining:

ENVIRONMENTAL FORCES of CHANGE

Learn about the environmental forces of change that will affect the health of our community over the next 10 years. Learn what the experts know, and then add your voice to others in determining what will matter most to our community's health.

Date & Time: Tuesday, 11 September 2012, 2:00 – 4:00 p.m.

Location: Tarrant County Public Health
1101 S. Main Street, Fort Worth, Texas 76104

Moderator: Bob Ray Sanders
Columnist, Star-Telegram

Panelists: Fernando Costa
Assistant City Manager,
City of Fort Worth

Mark Olson
Conservation and Creative Manager,
Tarrant Regional Water District

The Honorable Ken Shetter
Executive Director,
Safe Cities Commission

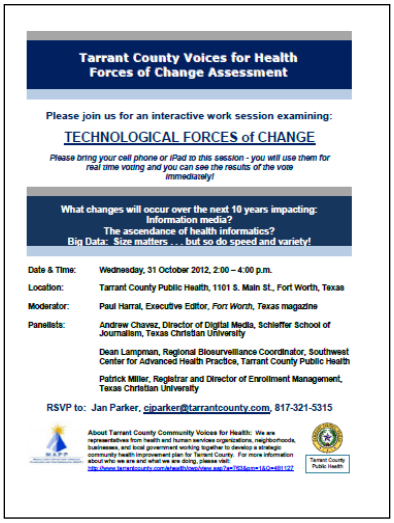
What changes will occur over the next 10 years impacting:

- Our built environment and infrastructure?
- Water, our access, and how we will use it?
- Public and community safety?

Please bring your cell phone or iPad to this session!

RSVP to: Jan Parker, cjparker@tarrantcounty.com, 817-321-5315

About Tarrant County Community Voices for Health: We are representatives from health and human services organizations, neighborhoods, businesses, and local government working together to develop a strategic community health improvement plan for Tarrant County. For more information about who we are and what we are doing, please visit:



Tarrant County Voices for Health
Forces of Change Assessment

Please join us for an interactive work session examining:

TECHNOLOGICAL FORCES of CHANGE

Please bring your cell phone or iPad to this session - you will use them for real time voting and you can see the results of the vote immediately!

What changes will occur over the next 10 years impacting:
Information media?
The ascendance of health informatics?
Big Data: Size matters . . . but so do speed and variety!

Date & Time: Wednesday, 31 October 2012, 2:00 – 4:00 p.m.

Location: Tarrant County Public Health, 1101 S. Main St., Fort Worth, Texas

Moderator: Paul Harral, Executive Editor, *Fort Worth, Texas* magazine

Panelists: Andrew Chavez, Director of Digital Media, Schieffer School of Journalism, Texas Christian University

Dean Langman, Regional Biosurveillance Coordinator, Southwest Center for Advanced Health Practice, Tarrant County Public Health

Patrick Miller, Registrar and Director of Enrollment Management, Texas Christian University

RSVP to: Jan Parker, cjparker@tarrantcounty.com, 817-321-5315

About Tarrant County Community Voices for Health: We are representatives from health and human services organizations, neighborhoods, businesses, and local government working together to develop a strategic community health improvement plan for Tarrant County. For more information about who we are and what we are doing, please visit:

Outreach included a number of groups:

1. City of Fort Worth's neighborhood database
2. Coalition of Aging and Disability Services
3. Fort Worth Chamber of Commerce
4. Fort Worth League of Neighborhoods
5. Forces of Change Assessment Subcommittee members' personal lists
6. Healthy Tarrant County Collaboration board and steering committee
7. Leadership Fort Worth's current class and alums
8. Mental Health Connection
9. Tarrant County Obesity Prevention Policy Council
10. Tarrant County Voices for Health steering committee and community partners
11. Tarrant County elected officials
12. United Way of Tarrant County's lists of community organizations and public policy stakeholders
13. City of Fort Worth officials and employees

Set-up and Staffing

The subcommittee provided the majority of the manpower and resources to support the process. This allowed the sessions to take place without raising large amounts of funding.

Table 4: Contributions of Time, Talent, and Treasure	
Invitation flier design	Jan Parker, Tarrant County Public Health
Tracking RSVPs	Jan Parker, Tarrant County Public Health
Program design and printing	Kathie Eddleman and Georgi Roberts, Fort Worth Independent School District
Online polling	Joyce Hood, Cook Children's Health Care System
Refreshments	Cook Children's Health Care System Helping Restore Ability Tarrant County Public Health United Way of Tarrant County
Logistical coordination	Linda Fulmer, Healthy Tarrant County Collaboration
Panelist and moderator appreciation gifts	Healthy Tarrant County Collaboration
Manpower for room set-up	City of Fort Worth Cook Children's Health Care System JPS Health Network Recovery Resource Council Tarrant County Public Health United Way of Tarrant County YMCA of Metropolitan Fort Worth
Note cards, pens, copies	Tarrant County Public Health

During the registration period prior to each session, a slide show informing the audience about the MAPP process and the Forces of Change Assessment was shown. Also, to keep each session running smoothly, a detailed timeline and script was prepared for each session and provided to the moderator and key support staff.

Participation

A total of 220 people participated in one or more of the sessions. Of those, 18% also participate on the Tarrant County Voices for Health Steering Committee. Eight people attended all four of the Forces of Change Assessment sessions, seven attended three sessions, and 36 attended two sessions.

Table 5: Session Audiences			
Environmental Forces	Social Forces	Economic Forces	Technological Forces
86	100	73	41

Participants represented 74 organizations, plus seven community volunteers.

Table 6: Participating Organizations

ACH Child & Family Services	Mental Health Connection
AJConsulting / UTA	MHMR of Tarrant County
American Cancer Society	National Cowgirl Museum & Hall of Fame
American College for Healthcare Executives of North TX	North Central Texas Council of Governments
Amerigroup	Profiles
Amon G. Carter Foundation	Quorum Architects
Catholic Charities	Radio Disney
CFB	Recovery Resource Council
City of Fort Worth	Safe City Commission
Community Food Bank	Samaritan House
Cook Children's Health Care System	Santa Fe Youth Services
Cornerstone	Senior Citizen Services of Tarrant County
DFW Hospital Council Foundation	St. Andrew Catholic Church
Diamond Distribution International	Star-Telegram
Downwinders At Risk	Tarrant County
Federal Bureau of Investigations	Tarrant County Homeless Coalition
Fort Worth Chamber of Commerce	Tarrant County Juvenile Services
Fort Worth Fire Department	Tarrant County Master Gardner Assn
Fort Worth ISD	Tarrant County Medical Society
Fort Worth League of Neighborhood Associations	Tarrant Regional Water District
Fort Worth Police Department	Tarrant County College
Fort Worth Water	Tarrant County Public Health
Fort Worth, Texas magazine	Texas Christian University
Funding Information Center	TCU College of Nursing
Hampton Place Homeowners Association	TCU Schieffer School of Journalism
Hand in Hand	Texas Department of State Health Services
Health Dynamics	Texas AgriLife Extension
Health Industry Council	Texas Health Harris Methodist Hospital Fort Worth
Healthy Tarrant County Collaboration	Texas Health Resources
Helping Restore Ability	The Multicultural Alliance
Hispanic Wellness Coalition	The Parenting Center
Huguley Hospital	Undiscovered Abilities
JPS Health Network	United Way of Tarrant County
Lena Pope Home	UNT Health Science Center
Mass, Inc.	University of Texas Southwestern
Meals on Wheels	University of Texas at Arlington
MedStar	YMCA of Metropolitan Fort Worth

RESULTS

Each session closed with audience response polling to prioritize the forces of change, threats, and opportunities presented. The following table shows the full list of forces, threats, and opportunities identified. Those highlighted in red were ranked as having highest importance by the audience, and those highlighted in green were ranked as having the lowest level of urgency.

Table 7: Forces of Change, Threats, and Opportunities

ECONOMICS AND EMPLOYMENT		
Force of Change	**Threats**	**Opportunities**
• **Rapid population and employment growth; Financial realities;** • **Lack of stable employment with benefits** • **US labor market to have greater inequity** • **Increased hunger & homelessness** • **Service sector becomes largest employer**	• **Shrinking middle class** • Lack of growth in employment opportunities • Decreased productivity of the American worker • Low levels of family wealth • Tax base contracting and not expanding • Greater proportion of lower paying jobs • **Economic recession**	• **Engagement of local business leaders and public officials in public health issues** • **Social entrepreneurship** • New jobs to support new technologies • Pay down current debt
DEMOGRAPHICS		
Force of Change	**Threats**	**Opportunities**
• **Aging population (baby boomers hit 65);** • **Older workers unemployed;** • **Infrastructure built for Baby Boomers will not be needed**	• **Unhealthy lifestyles** • **Social isolation**	• **Partnerships to promote regional collaboration**
• **Rapid growth of Latino population** • **Greater racial, ethnic, and spiritual diversity**	• Unwillingness to put aside biases • Religious illiteracy • Level of social distance • **Assumptions about religious spokes persons** • **Lack of language skills for good jobs**	• **Collaboration with CPE staff, chaplains, and faith community** • **The Multicultural Alliance**
• **Public school demographics;** • **Rising illiteracy**	• **Growing class of unemployable young people** • **Demand for additional social services**	• **Additional education and enrichment**
TECHNOLOGY		
Force of Change	**Threats**	**Opportunities**

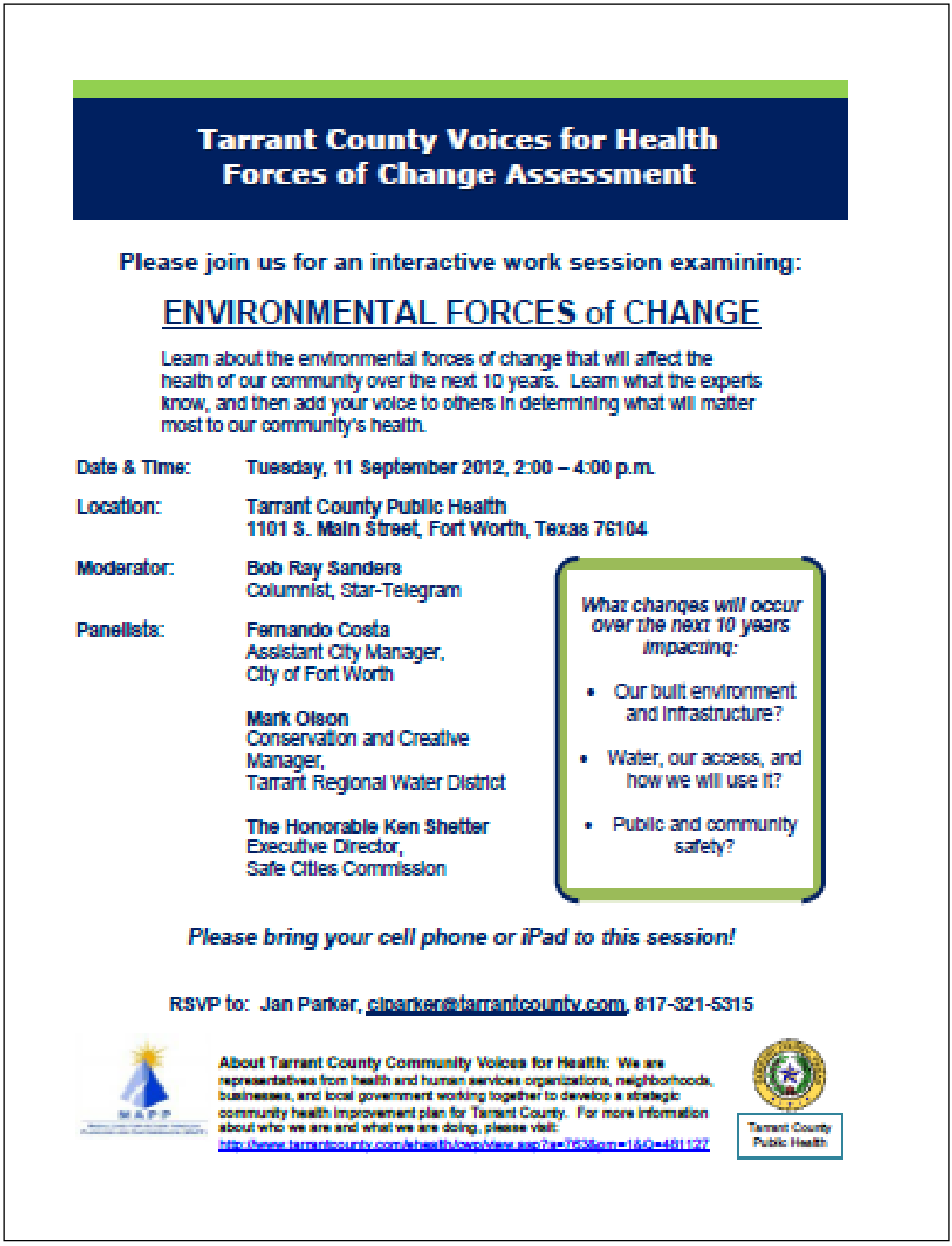
Table 7: Forces of Change, Threats, and Opportunities		
• **Ascendance of health informatics (electronic health records and health information exchanges)** • **Ascendance of faster and faster supercomputing capabilities** • **Technological and scientific advancements** • **Shrinkage of local media**	• **Risks associated with securing sensitive health data across the system** • **Intrusion or redefinition of personal privacy** • No longer rely purely on professionally produced local journalism to disseminate important information • **Resistance due to increased provider competition and accountability for the quality of care**	• Technology • Innovation • New ways to communicate with and educate the public and potential donors • Greater demand for college educated workers • Information distributed to the public with better public engagement • Operational efficiency by use of EHRs and HIEs • Faster, broader access to patient information
BUILT ENVIRONMENT AND NATURAL RESOURCES		
Force of Change	**Threats**	**Opportunities**
• Rapid expansion of urbanized area	• Suburban sprawl • Traffic congestion	• **Revitalization of central-city neighborhoods and commercial districts** • **Sustainable development** • Increased interest in walking, bicycling, commuter rail, and other transportation options
• **Natural resource supply (water in particular)**	• Potential water shortages • Air pollution • Water shortages / drought • **Lack of water conservation in time to prevent shortages** • **Limited water reservoir locations** • Impact of water shortages on economy and quality of life	• Programs and policies for better air quality • Extended term, comprehensive conservation programs • Postpone expensive infrastructure projects
HEALTH AND HUMAN SERVICES		
Force of Change	**Threats**	**Opportunities**
• **Emphasis on social determinants of health and state and national level** • **Fragmented governments** • **Governmental involvement and regulation**		• **Traditional medicine becomes more involved in health care and prevention** • **Community stakeholders work to build healthier communities** • Reallocation of public health expenditures to mass prevention programs • More individualized monitoring of high risk behaviors
• **Ratio of expenditures for healthcare relative to improved health status** • **Continued inflation in**	• Increased health care costs beyond what families can afford • Health care costs increase beyond what employers can support	• **Rising healthcare costs result in focus on prevention** • **Better collaboration with patients, public health agencies, and caregivers**

Table 7: Forces of Change, Threats, and Opportunities		
health care costs • **Changing boundaries / shifting burden**	• Two-tiered public health and healthcare delivery system • Hospital and medical providers continuing status-quo business models • **Insurance companies continuing status-quo business models**	• Push for greater efficiency in care delivery • Chance to re-design insurance products • Health care reform – more people insured • Insurance companies becoming more diverse in business products • Better coordination of health monitoring
• **The professionalization of public health activities (e.g. certification, accreditation)**	• limited capacity of most public health agencies to receive and effectively use the forthcoming mountain of information	• Increased public health funding
• **Violence (domestic, neighborhood, child, etc.)** • **Proliferation of nonprofit organizations**	• Increased exposure of children to violence • Increased domestic violence • **Increased competition for charitable dollars**	• **Development of Family Justice Centers** • **Fort Worth Police Department** • Long and deep history of giving

APPENDIX A:

ENVIRONMENTAL FORCES OF CHANGE

PROMOTIONAL FLIER



MODERATOR AND PANELIST BIOS

Moderator: Bob Ray Sanders, Columnist, *Star-Telegram*

Bob Ray Sanders, is often criticized for writing about things he could not have experienced because, some readers say, "he can't be that old." The truth is Bob Ray has been a professional journalist for 40 years and in three media: newspaper, television and radio. A Fort Worth native who knows and cares about his community, and those with whom he shares this planet, this is a columnist who is not afraid to speak out on behalf of downtrodden people or the abused Earth.

Panelist: Fernando Costa, Assistant City Manager, City of Fort Worth

Fernando Costa serves as Assistant City Manager for the City of Fort Worth, overseeing a group of five departments that deal with infrastructure and development. He also chairs the management committee for Vision North Texas, a public/private partnership that promotes sustainable development in the Dallas-Fort Worth metropolitan area.

Before moving to the City Manager's Office four years ago, he worked for ten years as Fort Worth's planning director, eleven years as planning director for Atlanta, and eleven years as a planner and planning director for a regional commission in Georgia.

Fernando is involved in so many professional and community activities and he serves as a part-time faculty member at the University of Oklahoma.

Panelist: Chris Klaus, Senior Program Manager, Air Quality Planning & Operations, Transportation Department, North Central Texas Council of Governments

Chris Klaus has been on staff in the Transportation Department of the North Central Texas Council of Governments (NCTCOG), the Metropolitan Planning Organization for the Dallas-Fort Worth area, since July 1994. He is a Senior Program Manager managing the department's Air Quality Planning and Operations activities, which respond to federal air quality requirements and work towards reaching attainment of the National Ambient Air Quality Standards.

Chris received his Bachelors Degree in Civil Engineering from the University of Massachusetts at Amherst in 1994, and his Masters Degree in Civil Engineering from the University of Texas at Arlington in 2003.

Panelist: Mark Olson, Conservation & Creative Manager, Tarrant Regional Water District

Mark Olson is the Conservation and Creative Manager for the Tarrant Regional Water District. He holds an undergraduate degree in Radio, Television, and Film from the University of North Texas. He also has a background in environmental science after spending some time at the Institute of Applied Sciences at UNT.

Today, water is his life. Mark has been with the Tarrant Regional Water District since 2002, where he has mainly focused on community relations and water conservation education. His video,

photography, and writing skills have allowed the district to broaden its public outreach efforts over the years. He has received several communications awards for some of his work.

Mark helped revise the Water District's Water Conservation and Drought Contingency Plans - which after the drought in 2011 - are undergoing more revisions. The plans and other water district endeavors are reshaping the area's approach to water conservation into more of a regional effort. Mark now manages the water district's involvement with the Lawn Whisperer campaign, which is conducted jointly with the City of Dallas. Hopefully, you have heard more than a whisper about the campaign...

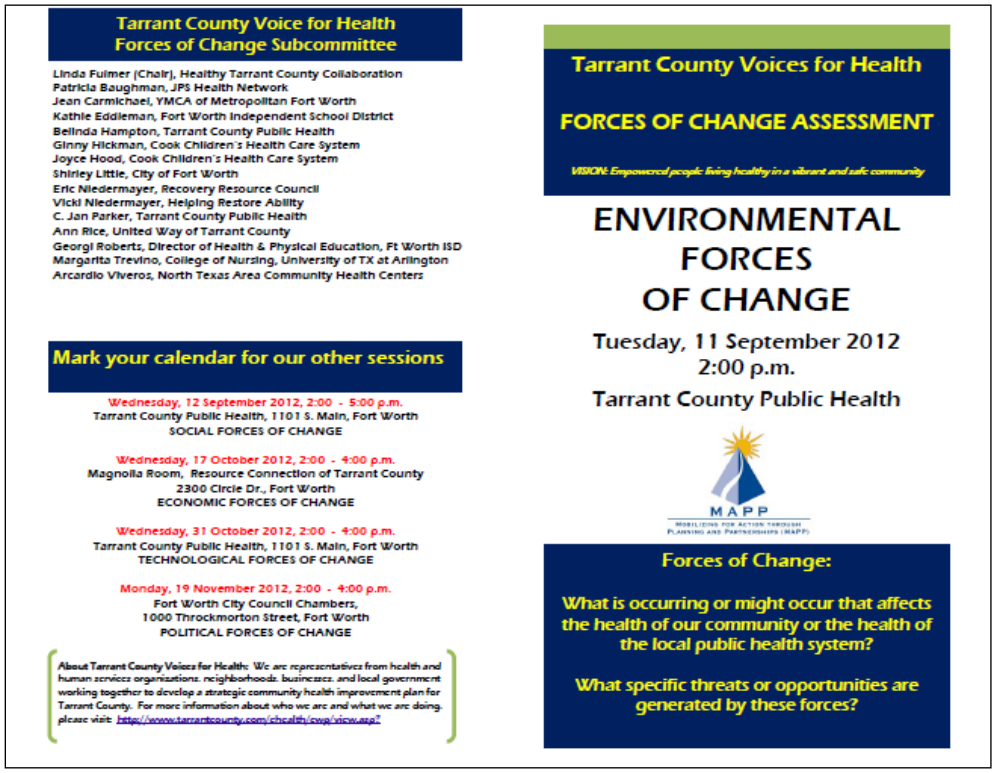
Panelist: Honorable Ken Shetter, Executive Director, Safe City Commission, Inc.

Ken Shetter began his tenure as the first Executive Director of the Safe City Commission in 2005. Under his leadership, the Commission has established a highly successful training and education program, developed one of the most innovative and successful Crime Stoppers programs in the world, expanded the highly successful *Imagine No Violence* initiative and created important programs for at-risk children and youth. Currently, the Commission is working collaboratively with dozens of other agencies to build One Safe Place, a family justice center for Tarrant County.

Mr. Shetter earned a Bachelor of Science in Education from Baylor University in 1994 and a Master of Arts in Applied Sociology from The American University in Washington, D.C. in 1995. While attending The American University, Mr. Shetter was a Dean's Scholar and a Sociology Department Fellow. In May, 1998, he earned a degree of Juris Doctor from Baylor Law School where he was a member of the mock trial team.

In addition to his Safe City Commission duties, Mr. Shetter is the Mayor of Burleson, Texas where he has championed sustainable development and the expansion of educational opportunities. Under his leadership Burleson has experienced tremendous economic and population growth and was recognized by America's Promise Alliance as one of the top 100 communities for young people in America.

PROGRAM



Tarrant County Voice for Health
Forces of Change Subcommittee

Linda Fulmer (Chair), Healthy Tarrant County Collaboration
Patricia Baughman, JPS Health Network
Jean Carmichael, YMCA of Metropolitan Fort Worth
Kathie Eddleman, Fort Worth Independent School District
Belinda Hampton, Tarrant County Public Health
Ginny Hickman, Cook Children's Health Care System
Joyce Hood, Cook Children's Health Care System
Shirley Little, City of Fort Worth
Eric Niedermayer, Recovery Resource Council
Vicki Niedermayer, Helping Restore Ability
C. Jan Parker, Tarrant County Public Health
Ann Rice, United Way of Tarrant County
Georgi Roberts, Director of Health & Physical Education, Ft Worth ISD
Margarita Trevino, College of Nursing, University of TX at Arlington
Arcardio Viveros, North Texas Area Community Health Centers

Mark your calendar for our other sessions

Wednesday, 12 September 2012, 2:00 - 5:00 p.m.
Tarrant County Public Health, 1101 S. Main, Fort Worth
SOCIAL FORCES OF CHANGE

Wednesday, 17 October 2012, 2:00 - 4:00 p.m.
Magnolia Room, Resource Connection of Tarrant County
2300 Circle Dr., Fort Worth
ECONOMIC FORCES OF CHANGE

Wednesday, 31 October 2012, 2:00 - 4:00 p.m.
Tarrant County Public Health, 1101 S. Main, Fort Worth
TECHNOLOGICAL FORCES OF CHANGE

Monday, 19 November 2012, 2:00 - 4:00 p.m.
Fort Worth City Council Chambers,
1000 Throckmorton Street, Fort Worth
POLITICAL FORCES OF CHANGE

About Tarrant County Voices for Health: We are representatives from health and human services organizations, neighborhoods, businesses, and local government working together to develop a strategic community health improvement plan for Tarrant County. For more information about who we are and what we are doing, please visit: http://www.tarrantcounty.com/chealth/cwp/view.asp?

Tarrant County Voices for Health

FORCES OF CHANGE ASSESSMENT

VISION: Empowered people living healthy in a vibrant and safe community

ENVIRONMENTAL FORCES OF CHANGE

Tuesday, 11 September 2012
2:00 p.m.
Tarrant County Public Health

MAPP
MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

Forces of Change:

What is occurring or might occur that affects the health of our community or the health of the local public health system?

What specific threats or opportunities are generated by these forces?

OUR SPEAKERS

Moderator

Bob Ray Sanders - Columnist, Fort Worth Star-Telegram

Panel

Fernando Costa - Assistant City Manager, City of Fort Worth

Chris Klaus - Senior Program Manger, Air Quality Planning & Operations, North Central Texas Council of Governments

Mark Olson - Conservation and Creative Manager, Tarrant Regional Water District

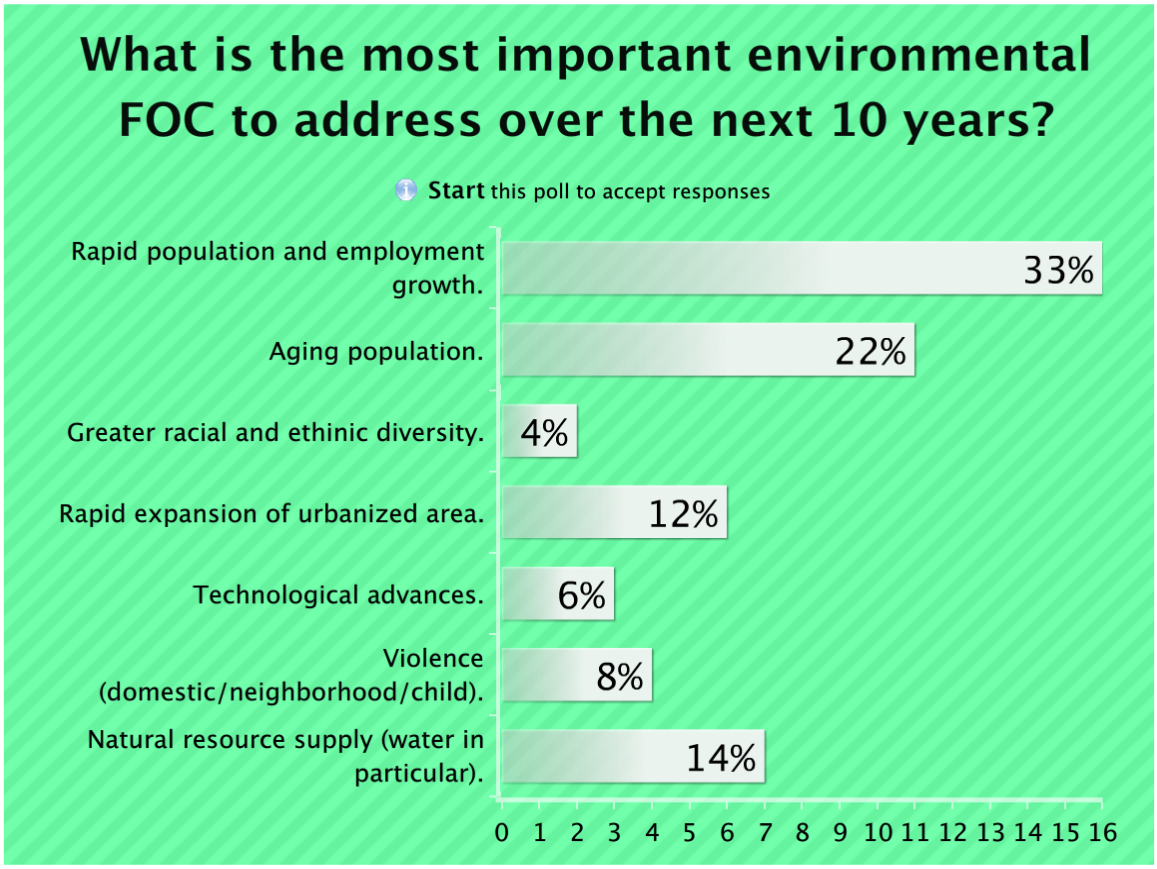
The Honorable Ken Shetter - Executive Director, Safe City Commission

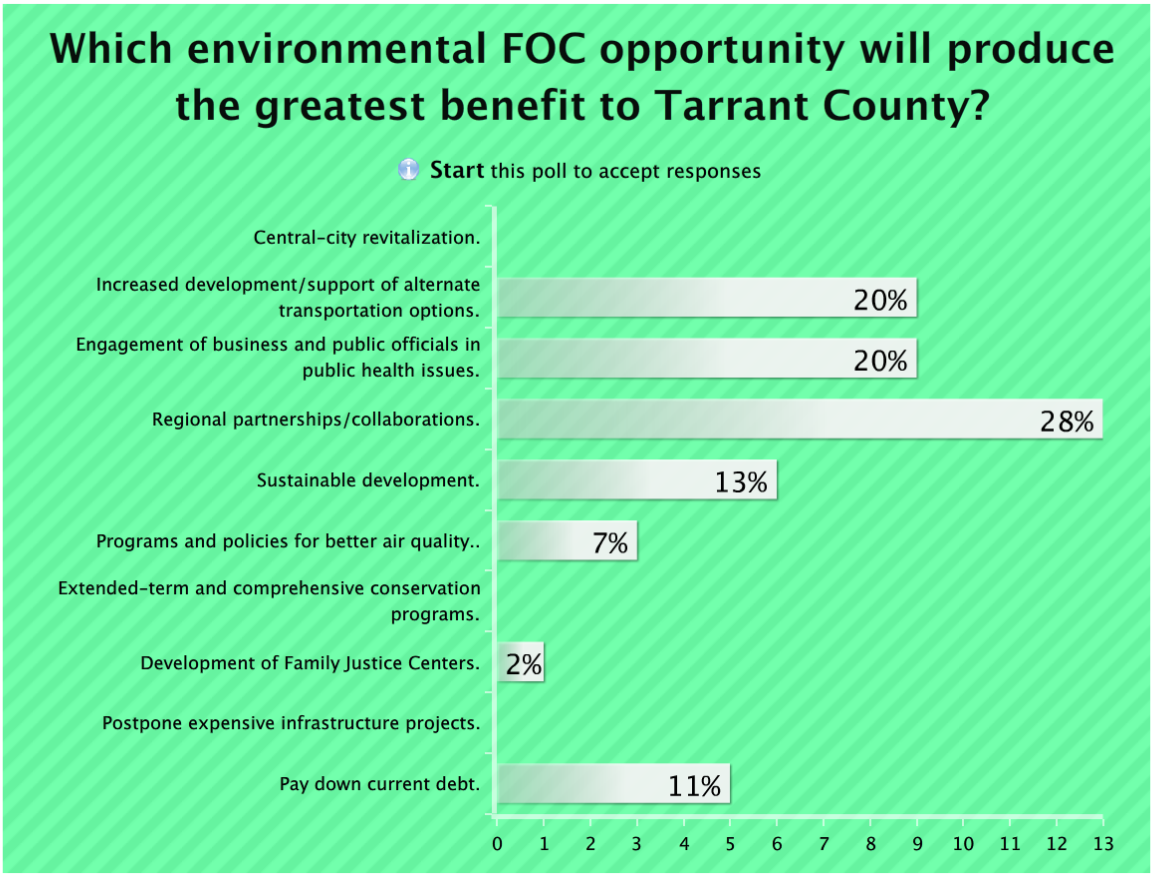
AGENDA

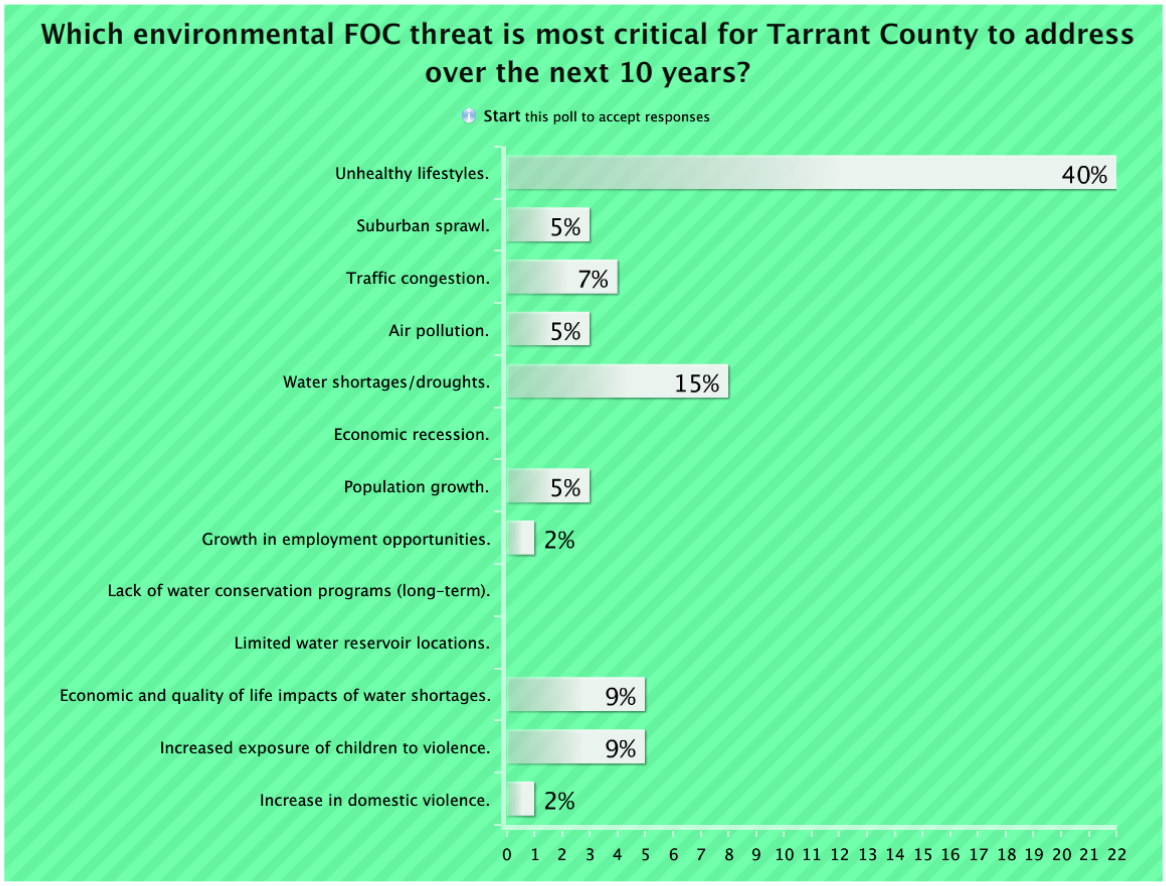
1:30 p.m.	Registration
2:00 p.m.	Welcome & Introductions
2:05 p.m.	Panel Presentation
3:25 p.m.	Moderated Discussion
3:45 p.m.	Ranking Forces, Threats, and Opportunities
3:55 p.m.	Closing Comments

Notes

POLLING


What is the most important environmental FOC to address over the next 10 years?
Start this poll to accept responses
Rapid population and employment growth.
33%
Aging population.
22%
Greater racial and ethinic diversity.
4%
Rapid expansion of urbanized area.
12%
Technological advances.
6%
Violence (domestic/neighborhood/child).
8%
Natural resource supply (water in particular).
14%
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

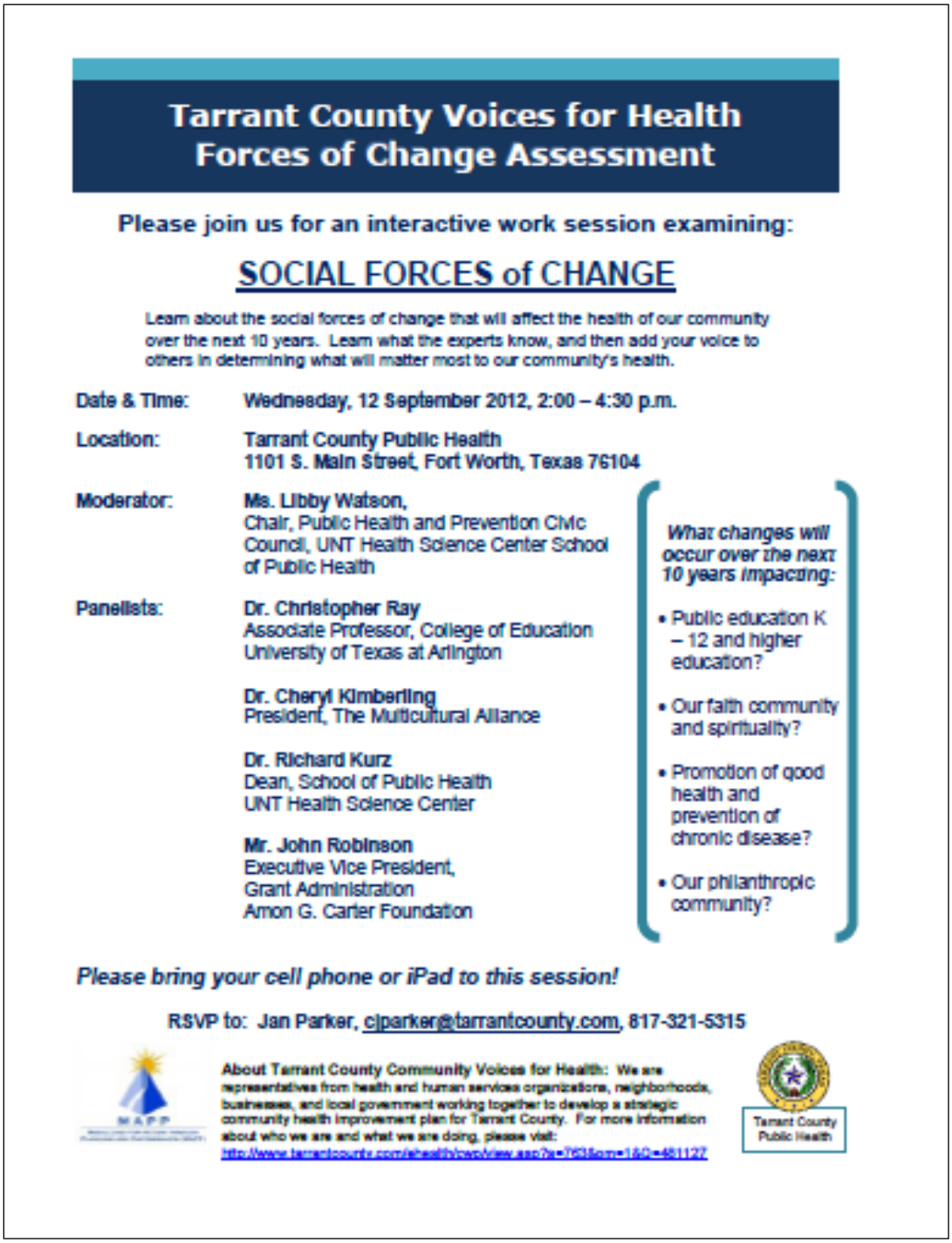

Which environmental FOC opportunity will produce the greatest benefit to Tarrant County?
Start this poll to accept responses
Central-city revitalization.
Increased development/support of alternate transportation options.
20%
Engagement of business and public officials in public health issues.
20%
Regional partnerships/collaborations.
28%
Sustainable development.
13%
Programs and policies for better air quality..
7%
Extended-term and comprehensive conservation programs.
Development of Family Justice Centers.
2%
Postpone expensive infrastructure projects.
Pay down current debt.
11%
0 1 2 3 4 5 6 7 8 9 10 11 12 13


Which environmental FOC threat is most critical for Tarrant County to address over the next 10 years?
Start this poll to accept responses
Unhealthy lifestyles.
40%
Suburban sprawl.
5%
Traffic congestion.
7%
Air pollution.
5%
Water shortages/droughts.
15%
Economic recession.
Population growth.
5%
Growth in employment opportunities.
2%
Lack of water conservation programs (long-term).
Limited water reservoir locations.
Economic and quality of life impacts of water shortages.
9%
Increased exposure of children to violence.
9%
Increase in domestic violence.
2%
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22

APPENDIX B:

SOCIAL FORCES OF CHANGE

PROMOTIONAL FLIER



Tarrant County Voices for Health
Forces of Change Assessment

Please join us for an interactive work session examining:

SOCIAL FORCES of CHANGE

Learn about the social forces of change that will affect the health of our community over the next 10 years. Learn what the experts know, and then add your voice to others in determining what will matter most to our community's health.

Date & Time: Wednesday, 12 September 2012, 2:00 – 4:30 p.m.

Location: Tarrant County Public Health
1101 S. Main Street, Fort Worth, Texas 76104

Moderator: Ms. Libby Watson,
Chair, Public Health and Prevention Civic Council, UNT Health Science Center School of Public Health

Panelists: Dr. Christopher Ray
Associate Professor, College of Education
University of Texas at Arlington

Dr. Cheryl Kimberling
President, The Multicultural Alliance

Dr. Richard Kurz
Dean, School of Public Health
UNT Health Science Center

Mr. John Robinson
Executive Vice President,
Grant Administration
Amon G. Carter Foundation

What changes will occur over the next 10 years impacting:

- Public education K – 12 and higher education?
- Our faith community and spirituality?
- Promotion of good health and prevention of chronic disease?
- Our philanthropic community?

Please bring your cell phone or iPad to this session!

RSVP to: Jan Parker, cjparker@tarrantcounty.com, 817-321-5315

About Tarrant County Community Voices for Health: We are representatives from health and human services organizations, neighborhoods, businesses, and local government working together to develop a strategic community health improvement plan for Tarrant County. For more information about who we are and what we are doing, please visit:
http://www.tarrantcounty.com/ehealth/cwp/view.asp?a=763&q=481127

Tarrant County Public Health

MODERATOR AND PANELIST BIOS

Moderator: Libby Watson, Chair, Public Health and Prevention Civic Council, School of Public Health, University of North Texas Health Science Center

Libby Watson, held the position of Assistant City Manager of the City of Fort Worth from January 1991 through January 2008. Prior to assuming this position, she served in the City of Austin, Texas as an Assistant City Manager and the City of San Diego, California as the Director of Financial Management.

While with the City of Fort Worth, her responsibilities included Public Art, Library, Parks and Community Services, Code Compliance, Environmental Management and Community Relations. In this role, she was vitally interested in the well-being of all Fort Worth neighborhoods. Libby spent many years focusing on Public Health and Safety. She oversaw the work of the Fort Worth Police and Fire Departments and directed the City's Emergency Management efforts as well as the Public Health Department, Municipal Court, and Environmental Management.

By helping to foster collaborative relationships among all City departments, other governmental and private sector agencies that respond to disasters she played an important role in building a truly outstanding disaster response capability. In recognition of this expertise, she was invited to testify before the Congressional Democratic Caucus in Washington, D.C. on the Homeland Security needs of municipalities.

Libby is also passionate about the needs of our youngest citizens. She has worked for eighteen years with the First Texas Council of Campfire Boys and Girls to improve the quality of childcare both in our community and on a state and federal level. She was instrumental in the creation and implementation of Fort Worth After School, a collaboration between the City of Fort Worth and FWISD to provide safe, fun, nurturing places for children after school. She is active in Girl Scouts Texas, Oklahoma Plains Council, currently serving on the Board of Directors.

She is Chair of the University of North Texas Health Science Center Public Health and Prevention Civic Council, and is an active member of Fort Worth Rotary. Her education includes a Bachelors of Science in Social Science from California Polytechnic State University in San Louis Obispo and a Masters Degree in Public Administration from San Diego State University. Libby is a native Texan, born in Fort Worth.

Panelist: Cheryl Kimberling, PhD, President, the Multicultural Alliance

Dr. Cheryl Gray Kimberling is President of The Multicultural Alliance, an organization whose mission is to promote inclusion, diversity and understating while working toward eliminating bias, bigotry and oppression in our community. Since 1951, The Multicultural Alliance has provided programming and educational forums that illuminate the opportunities and challenges of living in a pluralist and harmonious society.

She earned a Bachelors of Science and Masters of Education from the University of Memphis, and a Masters of Religious Education from Southwestern Seminary. She received her Ph.D. from

the University of North Texas in 1988. Dr. Kimberling has been teaching sociology at the university level since 1976 and currently teaches in the sociology program at Texas Christian University.

Through The Multicultural Alliance, she is active in promoting the importance of interfaith understanding in our community, is frequently invited to speak to a wide range of audiences, and is extensively involved in public service in the Tarrant County. Dr. Kimberling has received numerous awards and recognition of her achievements throughout the years and continues to be involved with many local and national professional and civic organizations.

Panelist: Christopher Ray, PhD, Associate Professor, College of Education, University of Texas at Arlington

First and foremost, Dr. Christopher Ray is a father of Nathaniel (5), Callie (2) and he is the lucky husband of Julie Ray.
In his professional life, Dr. Ray is the founding Director of The Center for Healthy Living and Longevity at The University of Texas Arlington. The focus of the multidisciplinary center is to provide students with hands on, real world experiences while seeking research solutions to complex issues affecting health and wellness outcomes. Dr. Ray's personal research is focused on the development of innovative rehabilitation programs to reduce falls in older adults. He also serves in an administrative capacity in the Dean's office of the College of Education and Health Professions assisting in faculty research productivity and shepherding young faculty in the processes of applying for and obtaining research funding.
Outside of Academia, Dr. Ray is a partner in a holding firm that includes four healthcare practices, which work to subsidize healthcare in a fifth low-cost clinic. In his free time, Dr. Ray competes in the sport of Triathlon and is currently in training for his first ironman distance (140.6 miles) triathlon on May 8, 2013.

Panelist: Richard S. Kurz, PhD, Dean, School of Public Health, University of North Texas Health Science Center

Dr. Richard S. Kurz is Dean of the School of Public Health at the University of North Texas Health Science Center (UNTHSC) and is professor of health management and policy. He formerly served as Dean of the Saint Louis University School of Public Health from 1993 through 2001 and as Chair of the Department of Health Management and Policy at Saint Louis University as well as in other administrative roles.

He received his Bachelors of Arts in Sociology from Washington and Lee University in Lexington, Virginia (1967) and his PhD in Sociology from the University of North Carolina at Chapel Hill (1976). In 1991, he served as Chairman of the Board of the Association of University Programs in Health Administration (AUPHA), the international consortium of accredited health administration programs, and on the Executive Committee of the Association of Schools of Public Health (ASPH) from 1996 to 2001.

For six years, he was the Editor of the *Journal of Healthcare Management*, the international journal published by the Foundation of the American College of Healthcare Executives (ACHE). He served as a Commissioner for the Commission on Accreditation for Healthcare Management

Education (CAHME) from 2004 to 2010 and as Co-Chair of the Missouri Council for the Accreditation of Local Health Agencies, and is currently a member of the Public Health Accreditation Council of Texas.

Dr. Kurz has published and presented in the areas of health services organization and management, especially on the topics of leadership, access to care, and quality improvement. Recently, he was co-principal investigator of a three-year, St. Louis-based project "Managing Hypertension in African- American Males" and a co-investigator for the five-year, St. Louis site of the CDC funded, national project "Controlling Asthma in American Cities".

He has served on advisory boards and task forces nationally for the Centers for Disease Control and Prevention, the Veterans Administration, and the Institute of Medicine as well as for the Missouri Department of Health and the Texas Department of State Health Services.

While in St. Louis, he was active locally in several civic organizations concerned with children's health, including service as Chair of Vision for Children at Risk, a multi-county coalition of organizations serving children; as President of the St. Louis City Board of Health; as Chair of the Board of the St. Louis Regional Asthma Consortium, and a Board member of the St. Louis Material, Child, and Family Health Coalition.

In Fort Worth, he is co-chair of the Hispanic Wellness Coalition and United Way of Tarrant County Health Council and the UNTHSC representative for the Healthy Tarrant County Collaboration. He is currently leading a community collaborative effort to reduce infant mortality in Tarrant County based in the School of Public and the UNTHSC Texas Prevention Institute.

Panelist: John Robinson, Executive Vice President, Grant Administration, Amon G. Carter Foundation

John Robinson is a native of Fort Worth and has lived here his entire life. John graduated from Texas Christian University with a degree in accounting, became a CPA, and worked in public accounting for three years.

In 1980, he joined the Amon G. Carter Foundation as Controller. In 1997, he was named Executive Vice President and since that time has been responsible for all grant-making activity of the Foundation
John serves on a number of community Boards including another private foundation. In the area of health, John has been associated with Carter Blood Care, its Foundation, and predecessor organizations since 1985 including two separate terms as President and Board Chairman. John is also on the University Of North Texas Health Science Center Board Of Visitors.

Earlier this year, he was honored by the Tarrant County Medical Society with the May Owen Award for his service to the medical community by a non-physician.

PROGRAM

Tarrant County Voices for Health
Forces of Change Assessment Subcommittee

Linda Fulmer (Chair), Healthy Tarrant County Collaboration
Patricia Baughman, JPS Health Network
Jean Carmichael, YMCA of Metropolitan Fort Worth
Kathie Eddleman, Fort Worth Independent School District
Belinda Hampton, Tarrant County Public Health
Ginny Hickman, Cook Children's Health Care System
Joyce Hood, Cook Children's Health Care System
Shirley Little, City of Fort Worth
Eric Niedermayer, Recovery Resource Council
Vicki Niedermayer, Helping Restore Ability
C. Jan Parker, Tarrant County Public Health
Ann Rice, United Way of Tarrant County
Georgi Roberts, Director of Health & Physical Education, Ft Worth ISD
Margarita Trevino, College of Nursing, University of TX at Arlington
Arcardio Viveros, North Texas Area Community Health Centers

Mark your calendar for our other sessions

Wednesday, 17 October 2012, 2:00 - 4:00 p.m.
Magnolia Room - Resource Connection of Tarrant County
2300 Circle Dr., Ft. Worth
ECONOMIC FORCES OF CHANGE

Wednesday, 31 October 2012, 2:00 - 4:00 p.m.
Tarrant County Public Health
TECHNOLOGICAL FORCES OF CHANGE

Monday, 19 November 2012, 2:00 - 4:00 p.m.
Fort Worth City Council Chambers,
1000 Throckmorton Street, Ft. Worth
POLITICAL FORCES OF CHANGE

About Tarrant County Voices for Health: *We are representatives from health and human services organizations, neighborhoods, businesses, and local government working together to develop a strategic community health improvement plan for Tarrant County. For more information about who we are and what we are doing, please visit:* http://www.tarrantcounty.com/chealth/cwa/view.asp?a=763&gm=1&O=481127

Tarrant County Voices for Health

FORCES OF CHANGE ASSESSMENT

VISION: Empowered people living healthy in a vibrant and safe community

SOCIAL FORCES OF CHANGE

Wednesday, 12 September 2012
2:00 p.m.
Tarrant County Public Health

MAPP
Mobilizing for Action through Planning and Partnerships (MAPP)

Forces of Change:

What is occurring or might occur that affects the health of our community or the health of the local public health system?

What specific threats or opportunities are generated by these forces?

OUR SPEAKERS

Moderator
Libby Watson - Chair, Public Health and Prevention Civic Council, UNT Health Science Center School of Public Health

Panel
Cheryl Kimberling, Ph. D - President, The Multicultural Alliance

Christopher T. Ray, Ph. D. - Associate Professor; Director, Center for Healthy Living & Longevity, College of Education and Health Professions, University of Texas at Arlington

Richard Kurz, Ph. D. - Dean, School of Public Health, UNT Health Science Center

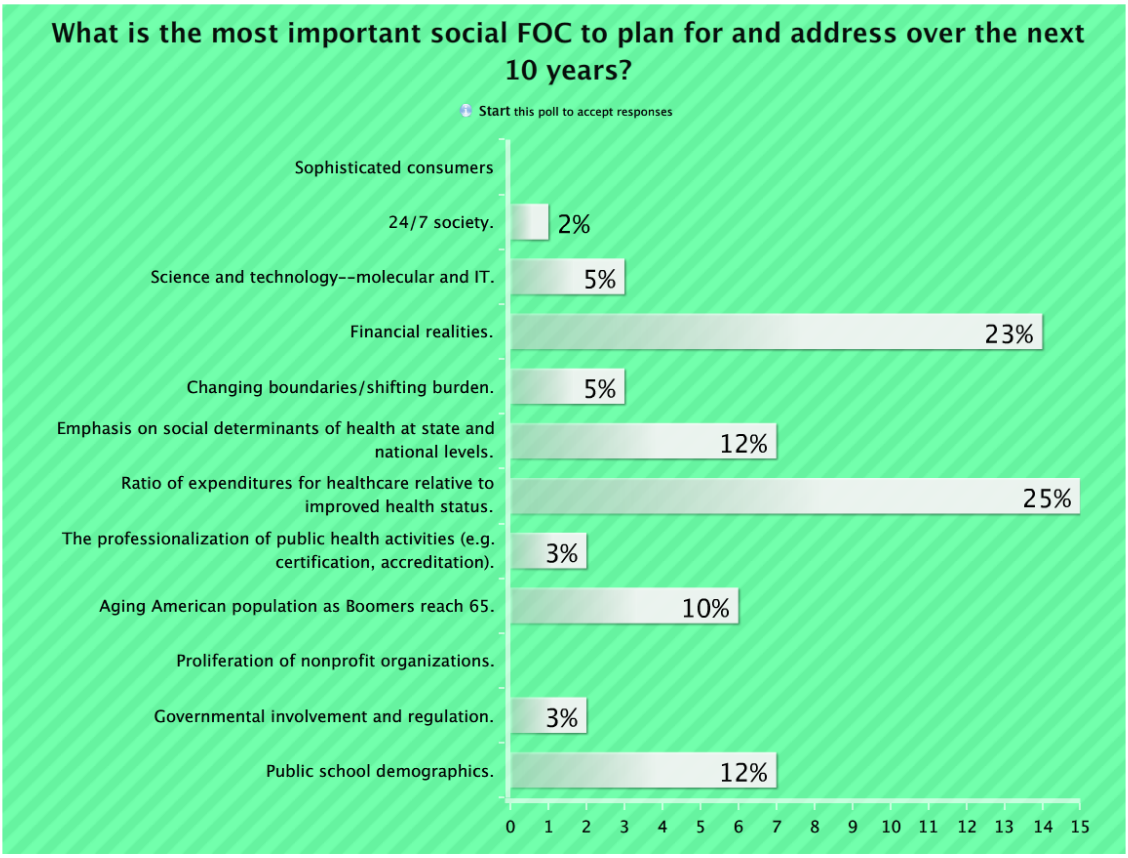
John H. Robinson - Executive Vice President, Grant Administration, Amon G. Carter Foundation

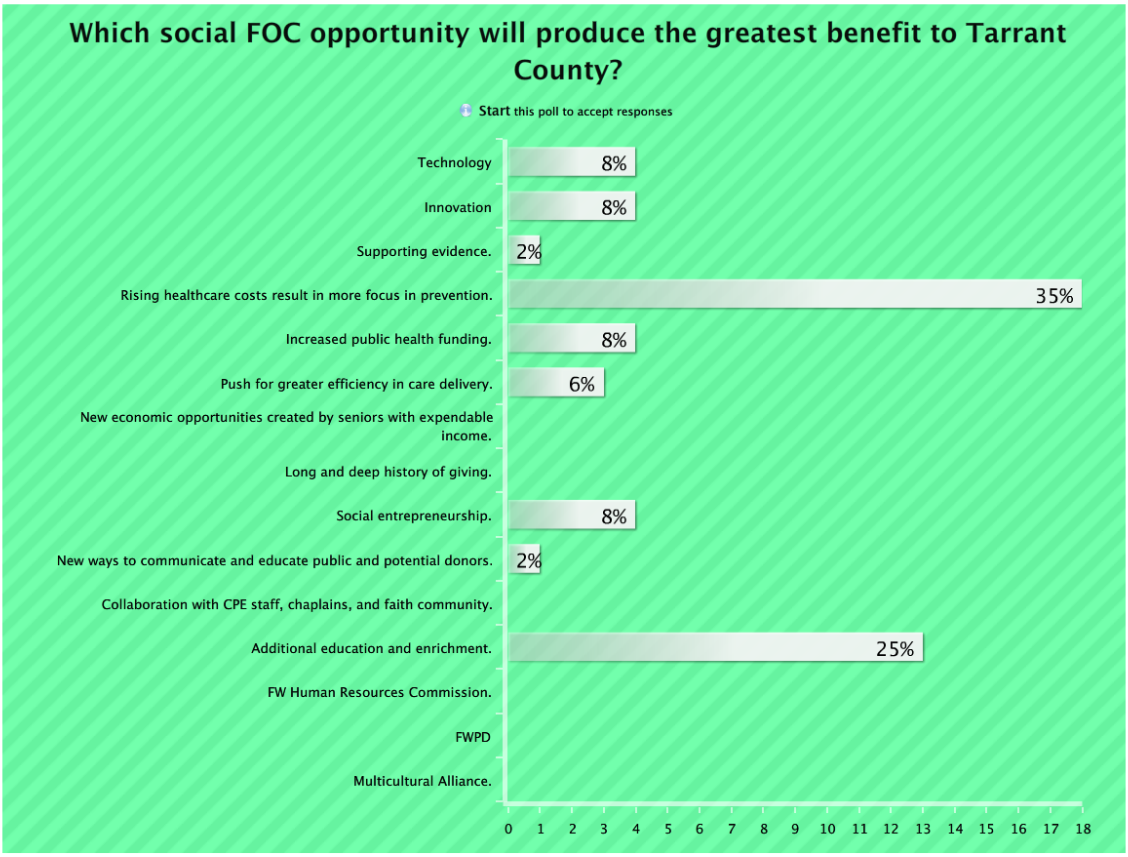
AGENDA

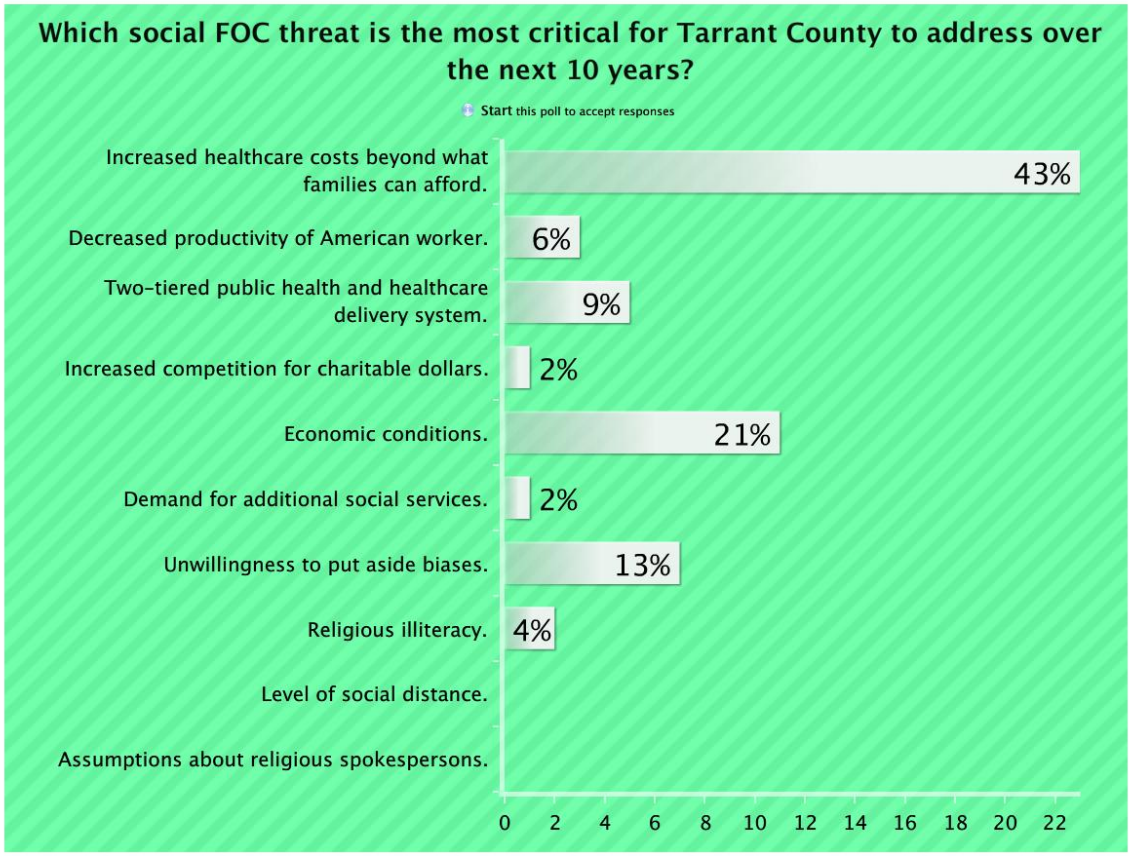
1:30 p.m.	Registration
2:00 p.m.	Welcome & Introductions
2:05 p.m.	Panel Presentation
3:20 p.m.	Moderated Discussion
3:40 p.m.	Ranking Forces, Threats, and Opportunities
3:55 p.m.	Closing Comments

Notes

POLLING


What is the most important social FOC to plan for and address over the next 10 years?
Start this poll to accept responses
Sophisticated consumers
24/7 society.
2%
Science and technology--molecular and IT.
5%
Financial realities.
23%
Changing boundaries/shifting burden.
5%
Emphasis on social determinants of health at state and national levels.
12%
Ratio of expenditures for healthcare relative to improved health status.
25%
The professionalization of public health activities (e.g. certification, accreditation).
3%
Aging American population as Boomers reach 65.
10%
Proliferation of nonprofit organizations.
Governmental involvement and regulation.
3%
Public school demographics.
12%
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15


Which social FOC opportunity will produce the greatest benefit to Tarrant County?
Start this poll to accept responses
Technology
8%
Innovation
8%
Supporting evidence.
2%
Rising healthcare costs result in more focus in prevention.
35%
Increased public health funding.
8%
Push for greater efficiency in care delivery.
6%
New economic opportunities created by seniors with expendable income.
Long and deep history of giving.
Social entrepreneurship.
8%
New ways to communicate and educate public and potential donors.
2%
Collaboration with CPE staff, chaplains, and faith community.
Additional education and enrichment.
25%
FW Human Resources Commission.
FWPD
Multicultural Alliance.
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18


Which social FOC threat is the most critical for Tarrant County to address over the next 10 years?
Start this poll to accept responses
Increased healthcare costs beyond what families can afford.
43%
Decreased productivity of American worker.
6%
Two-tiered public health and healthcare delivery system.
9%
Increased competition for charitable dollars.
2%
Economic conditions.
21%
Demand for additional social services.
2%
Unwillingness to put aside biases.
13%
Religious illiteracy.
4%
Level of social distance.
Assumptions about religious spokespersons.
0 2 4 6 8 10 12 14 16 18 20 22

APPENDIX C:

ECONOMIC FORCES OF CHANGE

PROMOTIONAL FLIER

Tarrant County Voices for Health
Forces of Change Assessment

Please join us for an interactive work session examining:

ECONOMIC FORCES of CHANGE

What changes will occur over the next 10 years impacting
- The local economy?
- Local socioeconomic factors?
- Our health care system?

There will be real time voting with your cell phone and you can see the results of the vote immediately!

Date & Time:	Wednesday, 17 October 2012, 2:00 – 4:00 p.m.
Location:	Resource Connection 2300 Circle Drive, Fort Worth, Texas 76104 Room - Gymnasium, across the hall from the Magnolia Room
Moderator:	Mr. Paul Harral Executive Editor, *Fort Worth, Texas* magazine
Panelists:	Dr. Barbara Becker Dean, School of Urban and Public Affairs University of Texas at Arlington
	Dr. Roger E. Meiners Chairman Department of Economics College of Business, University of Texas at Arlington
	Mr. Barclay Berdan Chief Operating Officer and Senior Executive Vice-President, Texas Health Resources

RSVP to: Jan Parker, jiparker@tarrantcounty.com, 817-321-5315

See map to the Resource Connection below.

MODERATOR AND PANELIST BIOS

Moderator: Paul Harral, Executive Editor, *Fort Worth, Texas* magazine

Paul Harral, has been executive editor of Fort Worth, Texas magazine since December, 2009. He left the Star-Telegram in April 2009 after 23 years at the newspaper in a variety of positions including serving as ombudsman, business columnist, managing editor for special projects and two terms as editor of the editorial page.

He's worked for television stations in Waco, Temple and Chicago and for United Press International in Dallas, Denver (where he was news manager for Colorado and Wyoming) and in Chicago, where he was executive editor of broadcast news. He worked for newspapers in Waco and Jacksonville, Fla. as well as the Star-Telegram. He was editorial director for a Florida city magazine group with publications in Jacksonville, Orlando and Tampa.

He's married to his college sweetheart, Dr. Harriet B. Harral, executive director of Leadership Fort Worth. They have two children and six grandchildren and are members of Broadway Baptist Church in Fort Worth. He currently serves on the board of Circle Theatre and is the mayor's appointment to the board of the Metropolitan Area Ambulance Authority. In addition, he facilitated the Arts Council panels on the mayor's race and one city council race in the last election cycle.

Panelist: Barbara Becker, PhD, Dean, School of Urban and Public Affairs, University of Texas at Arlington

Dr. Becker is Dean of the School of Urban and Public Affairs at the University of Texas at Arlington. She is a Fellow of the American Institute of Certified Planners and Vice-chair of the Planning Accreditation Board. She joined UTA in summer of 2008 from the University of Arizona where she was Chair of the School of Planning.

Over the years, she has directed hundreds of students in outreach projections including a national award-winning economic development plan for the Hopi. She has been recognized for her outstanding contributions to the academy and the profession, including:

- Distinguished Professional Leadership award from the Arizona Planning Association
- Marcia Feld Academic Leadership award from the Association of Collegiate Schools of Planning

Dr. Becker co-authored a widely used book, *Community Planning: An Introduction to Comprehensive Planning,* as well as numerous journal articles. As a new professor in Missouri, Dr. Becker created the only university headed Council of Governments in the U.S.

Panelist: Roger E. Meiners, PhD, Chairman, Department of Economics, College of Business, Universtiy of Texas at Arlington

Dr. Meiners is the Goolsby Distinguished Professor of economics and law and Chairman of the Department of Economics at UTA. His PhD in Economics is from Virginia Tech; his law degree is from the University of Miami. Meiners has also been a faculty member at Texas A&M University, Emory University and Clemson University, was a regional director for the Federal Trade

Commission, and a member of the South Carolina Insurance Commission. His research focuses on common law and market solutions to environmental issues and on the economics of higher education. Meiners has published numerous books and in various popular and scholarly economics and law journals.

Panelist: Barclay E. Berdan, FACHE, Chief Operating Officer and Senior Executive Vice President, Texas Health Resources

Barclay Berdan is chief operating officer (COO) and senior executive vice president for Texas Health Resources. As COO, he is responsible for achieving full and seamless integration of all system operations, including administrative leadership of Texas Health's three geographical zones announced in March 2012. He also provides administrative leadership of service lines and management of joint ventures and partnerships with organizations providing services such as wellness, home health and rehabilitation.

Berdan is an industry veteran with more than 30 years of health care leadership experience. He joined Texas Health in 1986 as vice president/administrator for Harris Methodist Southwest, overseeing the construction and opening of the hospital. He served as the chief operating officer of Texas Health Harris Methodist Fort Worth Hospital from 1993 to 1999 and then served as its president from 1999 to 2007. He also served as executive vice president for Texas Health from 2005 to 2007, and as senior executive vice president for system alignment and performance from 2007 to 2012.Under his leadership, Texas Health Resources successfully brought together three separate brands. He also influenced the creation and development of the soon-to-open Texas Health Harris Methodist Alliance Hospital and facilitated a partnership with USMD hospitals in Arlington and Fort Worth. Before joining Texas Health Resources, Berdan worked for American Medical International for nine years and held several hospital leadership positions in Florida, Arkansas and Texas. He also previously served in administrative positions at Northwestern Memorial Hospital and Jackson Park Hospital, both in Chicago.

Berdan earned a Bachelor of Science degree in Biology from Texas Christian University in Fort Worth and a Masters degree in Business Administration with a specialization in hospital administration from the University of Chicago Graduate School of Business.

Active in his community, Berdan served as chairman of the Texas Hospital Association for the 2008-09 year. He also has served in leadership positions on the board of directors for LifeGift Organ Procurement Organization, the Dallas-Fort Worth Hospital Council, Healthy Tarrant County Collaboration, Fort Worth Sister Cities International and Fort Worth South, Inc. He has been actively involved with the American Heart Association, the Boy Scouts, the American Hospital Association, and the Fort Worth Chamber of Commerce, among other organizations.

PROGRAM

Tarrant County Voices for Health
Forces of Change Assessment Subcommittee

Linda Fulmer (Chair), Healthy Tarrant County Collaboration
Patricia Baughman, JPS Health Network
Jean Carmichael, YMCA of Metropolitan Fort Worth
Kathie Eddleman, Fort Worth Independent School District
Belinda Hampton, Tarrant County Public Health
Ginny Hickman, Cook Children's Health Care System
Joyce Hood, Cook Children's Health Care System
Shirley Little, City of Fort Worth
Eric Niedermayer, Recovery Resource Council
Vicki Niedermayer, Helping Restore Ability
C. Jan Parker, Tarrant County Public Health
Ann Rice, United Way of Tarrant County
Georgi Roberts, Director of Health & Physical Education, Ft Worth ISD
Margarita Trevino, College of Nursing, University of TX at Arlington
Arcardio Viveros, North Texas Area Community Health Centers

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Tarrant County Public Health, 1101 S. Main, Fort Worth
TECHNOLOGICAL FORCES OF CHANGE

Monday, 19 November 2012, 2:00 - 4:00 p.m.
Fort Worth City Council Chambers,
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POLITICAL FORCES OF CHANGE

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Tarrant County Voices for Health

FORCES OF CHANGE ASSESSMENT

VISION: Empowered people living healthy in a vibrant and safe community

ECONOMIC FORCES OF CHANGE

Wednesday, 17 October 2012
2:00 p.m.

Gymnasium, Resource Connection of Tarrant County, 2300 Circle Dr., Fort Worth

MAPP
MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

Forces of Change:

What is occurring or might occur that affects the health of our community or the health of the local public health system?

What specific threats or opportunities are generated by these forces?

OUR SPEAKERS

Moderator
Paul Harral - Executive Editor, *Fort Worth, Texas* magazine

Panel
Barbara Becker, Ph. D. - Dean, School of Urban and Public Affairs, University of Texas at Arlington

Roger E. Meiners, Ph. D. - Chairman, Department of Economics, College of Business, University of Texas at Arlington

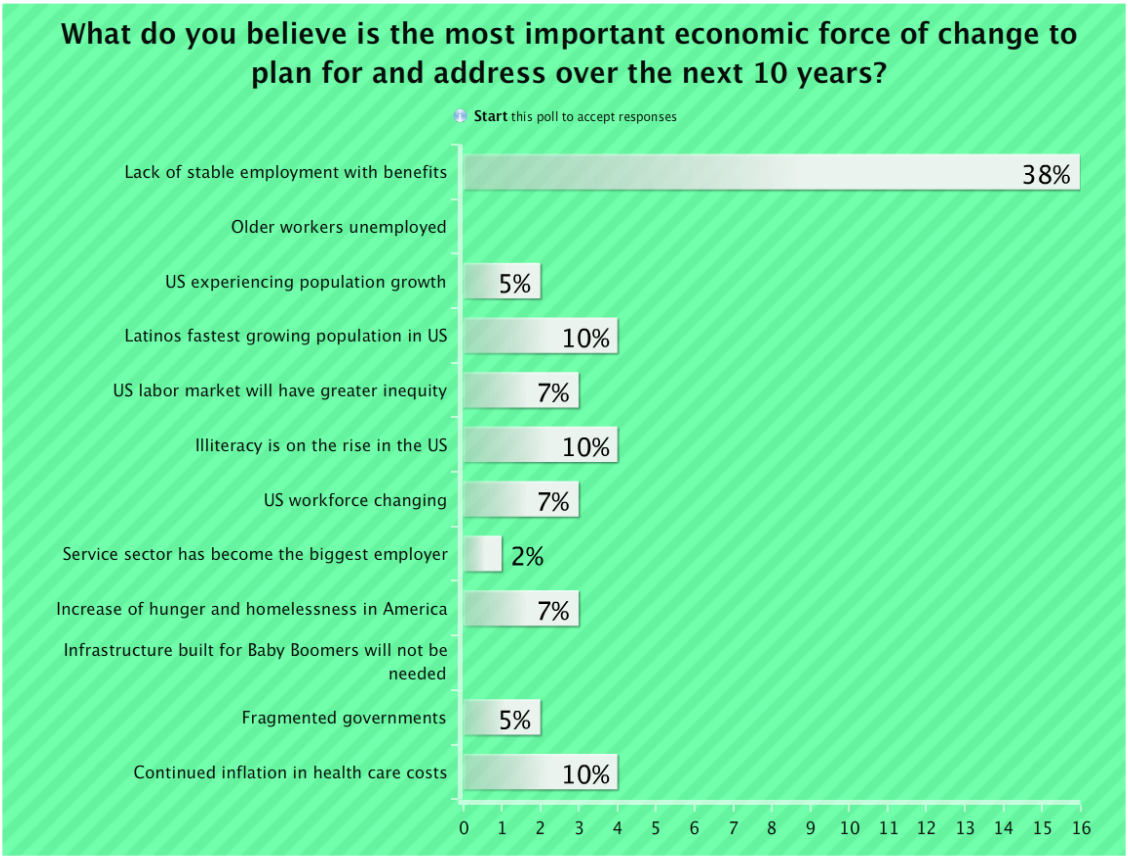
Barclay Berdan - Chief Operating Officer and Senior Executive Vice President, Texas Health Resources

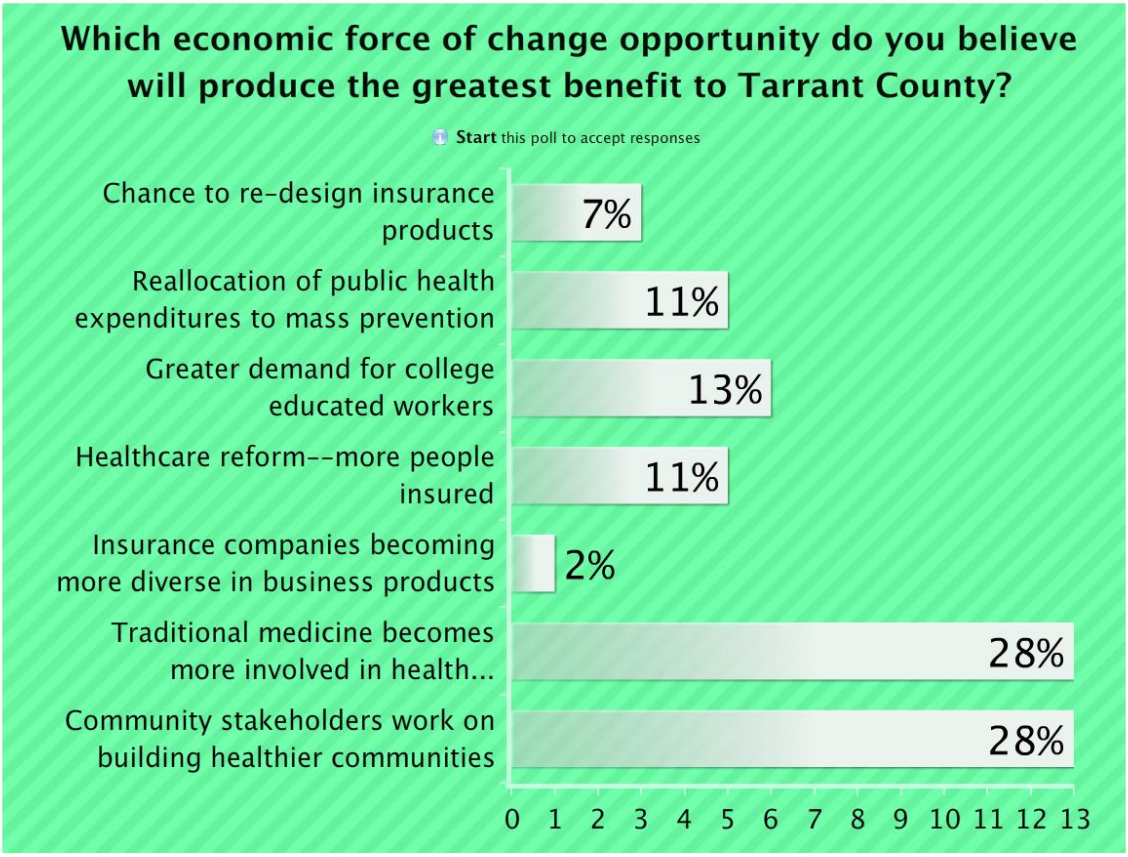
AGENDA

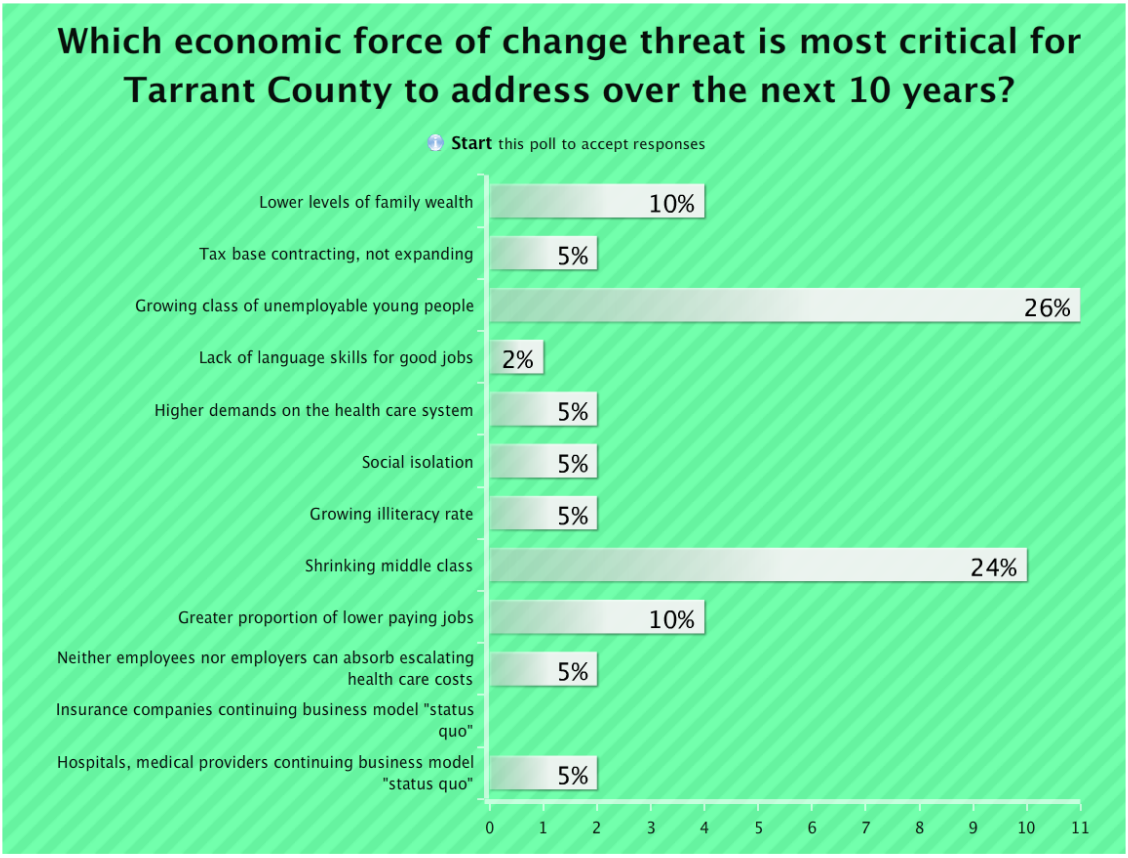
1:30 p.m.	Registration
2:00 p.m.	Welcome & Introductions
2:05 p.m.	Panel Presentation
3:20 p.m.	Moderated Discussion
3:40 p.m.	Ranking Forces, Threats, and Opportunities
3:55 p.m.	Closing Comments

Notes

POLLING


What do you believe is the most important economic force of change to plan for and address over the next 10 years?
Start this poll to accept responses
Lack of stable employment with benefits
38%
Older workers unemployed
US experiencing population growth
5%
Latinos fastest growing population in US
10%
US labor market will have greater inequity
7%
Illiteracy is on the rise in the US
10%
US workforce changing
7%
Service sector has become the biggest employer
2%
Increase of hunger and homelessness in America
7%
Infrastructure built for Baby Boomers will not be needed
Fragmented governments
5%
Continued inflation in health care costs
10%
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

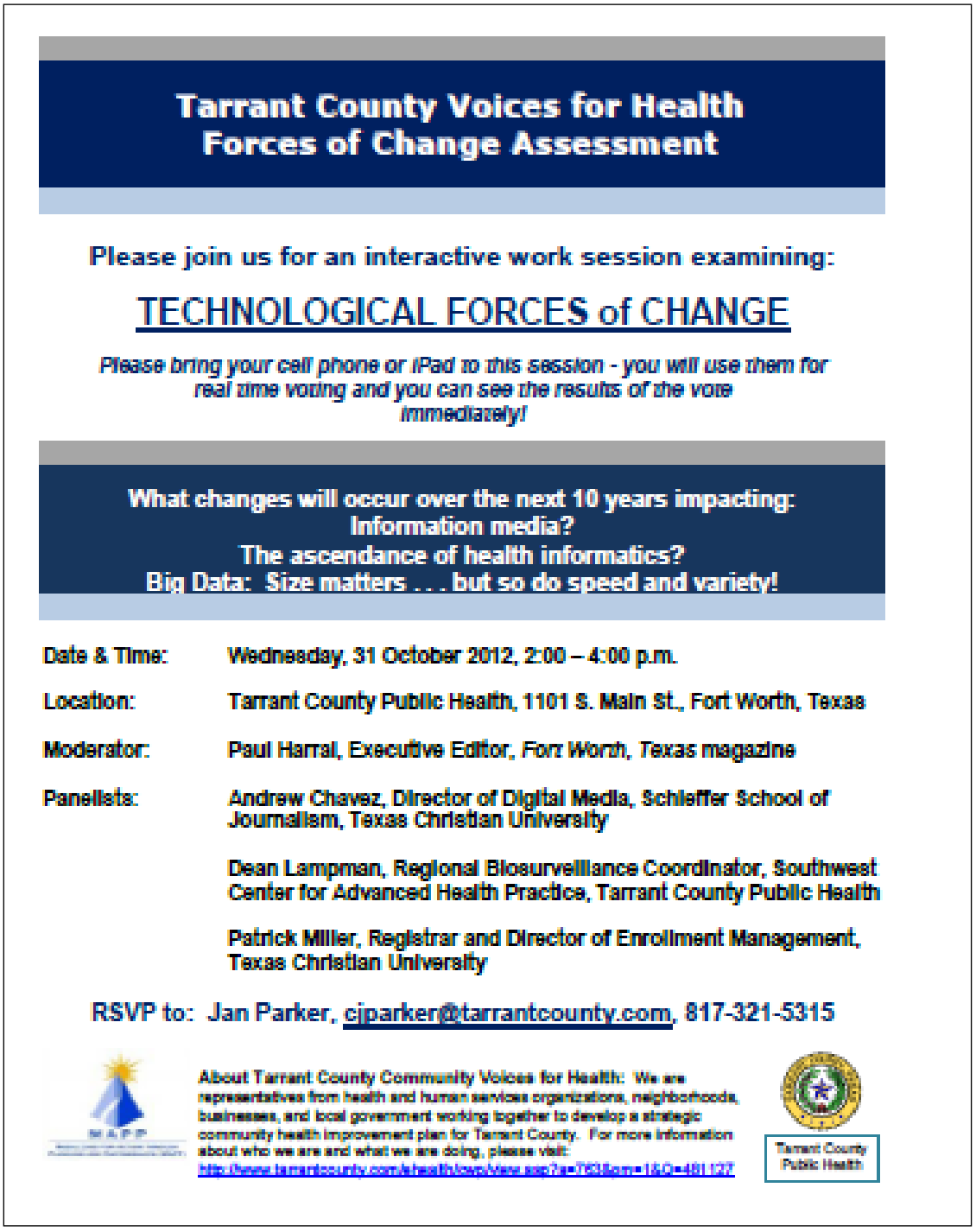

Which economic force of change opportunity do you believe will produce the greatest benefit to Tarrant County?
Start this poll to accept responses
Chance to re-design insurance products
7%
Reallocation of public health expenditures to mass prevention
11%
Greater demand for college educated workers
13%
Healthcare reform--more people insured
11%
Insurance companies becoming more diverse in business products
2%
Traditional medicine becomes more involved in health...
28%
Community stakeholders work on building healthier communities
28%
0 1 2 3 4 5 6 7 8 9 10 11 12 13


Which economic force of change threat is most critical for Tarrant County to address over the next 10 years?
Start this poll to accept responses
Lower levels of family wealth
10%
Tax base contracting, not expanding
5%
Growing class of unemployable young people
26%
Lack of language skills for good jobs
2%
Higher demands on the health care system
5%
Social isolation
5%
Growing illiteracy rate
5%
Shrinking middle class
24%
Greater proportion of lower paying jobs
10%
Neither employees nor employers can absorb escalating health care costs
5%
Insurance companies continuing business model "status quo"
Hospitals, medical providers continuing business model "status quo"
5%
0 1 2 3 4 5 6 7 8 9 10 11

APPENDIX D:

TECHNOLOGICAL FORCES OF CHANGE

PROMOTIONAL FLIER



Tarrant County Voices for Health
Forces of Change Assessment

Please join us for an interactive work session examining:

TECHNOLOGICAL FORCES of CHANGE

Please bring your cell phone or iPad to this session - you will use them for real time voting and you can see the results of the vote immediately!

What changes will occur over the next 10 years impacting:
Information media?
The ascendance of health informatics?
Big Data: Size matters . . . but so do speed and variety!

Date & Time:	Wednesday, 31 October 2012, 2:00 – 4:00 p.m.
Location:	Tarrant County Public Health, 1101 S. Main St., Fort Worth, Texas
Moderator:	Paul Harral, Executive Editor, *Fort Worth, Texas* magazine
Panelists:	Andrew Chavez, Director of Digital Media, Schieffer School of Journalism, Texas Christian University
	Dean Lampman, Regional Biosurveillance Coordinator, Southwest Center for Advanced Health Practice, Tarrant County Public Health
	Patrick Miller, Registrar and Director of Enrollment Management, Texas Christian University

RSVP to: Jan Parker, cjparker@tarrantcounty.com, 817-321-5315

About Tarrant County Community Voices for Health: We are representatives from health and human services organizations, neighborhoods, businesses, and local government working together to develop a strategic community health improvement plan for Tarrant County. For more information about who we are and what we are doing, please visit:
http://www.tarrantcounty.com/health/cwp/view.asp?a=793&q=1&Q=481127

Tarrant County Public Health

PANELIST BIOS

Panelist: Andrew Chavez, Director of Digital Media, Schieffer School of Journalism, Texas Christian University

Andrew Chavez serves as Director of Digital Media for the Schieffer School of Journalism in the College of Communication at Texas Christian University (TCU). He teaches a class on new media web tools, is the adviser for TCU 360 and The 109, a local news site that covers the 76109 ZIP code, and oversees the digital operations of the school's student media. Before joining the Schieffer School, he worked at the Fort Worth Star-Telegram as a part-time night police reporter. Chavez is also the Associate Director of the Texas Center for Community Journalism, a TCU-based center that focuses on helping small rural and suburban newspapers in Texas. He is a former editor of the TCU Daily Skiff and a graduate of the Schieffer School**.**

Panelist: Dean Lampman, Regional Biosurveillance Coordinator, Southwest Center for Advanced Health Practice, Tarrant County Public Health

Dean Lampman is Regional Surveillance Coordinator at the Southwest Center for Advanced Public Health Practice, a grant-funded unit of Tarrant County Public Health. He holds a MBA from the University of Dallas and a Bachelors of Journalism from the University of Missouri. Since 2004, Tarrant County Public Health has developed a regional syndromic surveillance network that helps tracks health conditions and serves hundreds of North Texas public health and medical professionals. Dean and his colleagues also developed a School Health Surveillance System recognized as a Model Practice by the National Association of County and City Health Officials. Previously, Dean worked for six years as a Marketing Communications Manager and Web Editor at VHA, a leading healthcare cooperative. He has also worked as a computer trade journal publisher and business reporter. A Distinguished Toastmaster, he now serves as Lieutenant Governor, Education and Training, for District 25 Toastmasters.

Panelist: Patrick Miller, Registrar and Director of Enrollment Management, Texas Christian University

Pat Miller is Registrar and Director of Enrollment Management at TCU. Before assuming this post he led research centers at North Carolina State University and at TCU. While Registrar, he has continued his research interests, especially in areas that combine data analytics and public policy.

PROGRAM

Tarrant County Voices for Health
Forces of Change Assessment Subcommittee

Linda Fulmer (Chair), Healthy Tarrant County Collaboration
Patricia Baughman, JPS Health Network
Jean Carmichael, YMCA of Metropolitan Fort Worth
Kathie Eddleman, Fort Worth Independent School District
Belinda Hampton, Tarrant County Public Health
Ginny Hickman, Cook Children's Health Care System
Joyce Hood, Cook Children's Health Care System
Shirley Little, City of Fort Worth
Eric Niedermayer, Recovery Resource Council
Vicki Niedermayer, Helping Restore Ability
C. Jan Parker, Tarrant County Public Health
Ann Rice, United Way of Tarrant County
Georgi Roberts, Director of Health & Physical Education, Ft Worth ISD
Margarita Trevino, College of Nursing, University of TX at Arlington
Arcardio Viveros, North Texas Area Community Health Centers

Mark your calendar for our final session

Monday, 19 November 2012, 2:00 - 4:00 p.m.
Fort Worth City Council Chambers,
1000 Throckmorton Street, Fort Worth
POLITICAL FORCES OF CHANGE

About Tarrant County Voices for Health: We are representatives from health and human services organizations, neighborhoods, businesses, and local government working together to develop a strategic community health improvement plan for Tarrant County. For more information about who we are and what we are doing, please visit http://www.tarrantcounty.com/chealth/cwp/view.asp?a=763&gm=1&Q=481127

Tarrant County Voices for Health
FORCES OF CHANGE ASSESSMENT

VISION: Empowered people living healthy in a vibrant and safe community

TECHNOLOGICAL FORCES OF CHANGE

Wednesday, 31 October 2012
2:00 p.m.
Tarrant County Public Health

MAPP
MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)

Forces of Change:

What is occurring or might occur that affects the health of our community or the health of the local public health system?

What specific threats or opportunities are generated by these forces?

OUR SPEAKERS

Moderator

Paul Harral - Executive Editor, *Fort Worth, Texas* magazine

Panel

Andrew Chavez - Director of Digital Media, Schieffer School of Journalism, Texas Christian University

Dean Lampman - Regional Biosurveillance Coordinator, Southwest Center for Advanced Health Practice, Tarrant County Public Health

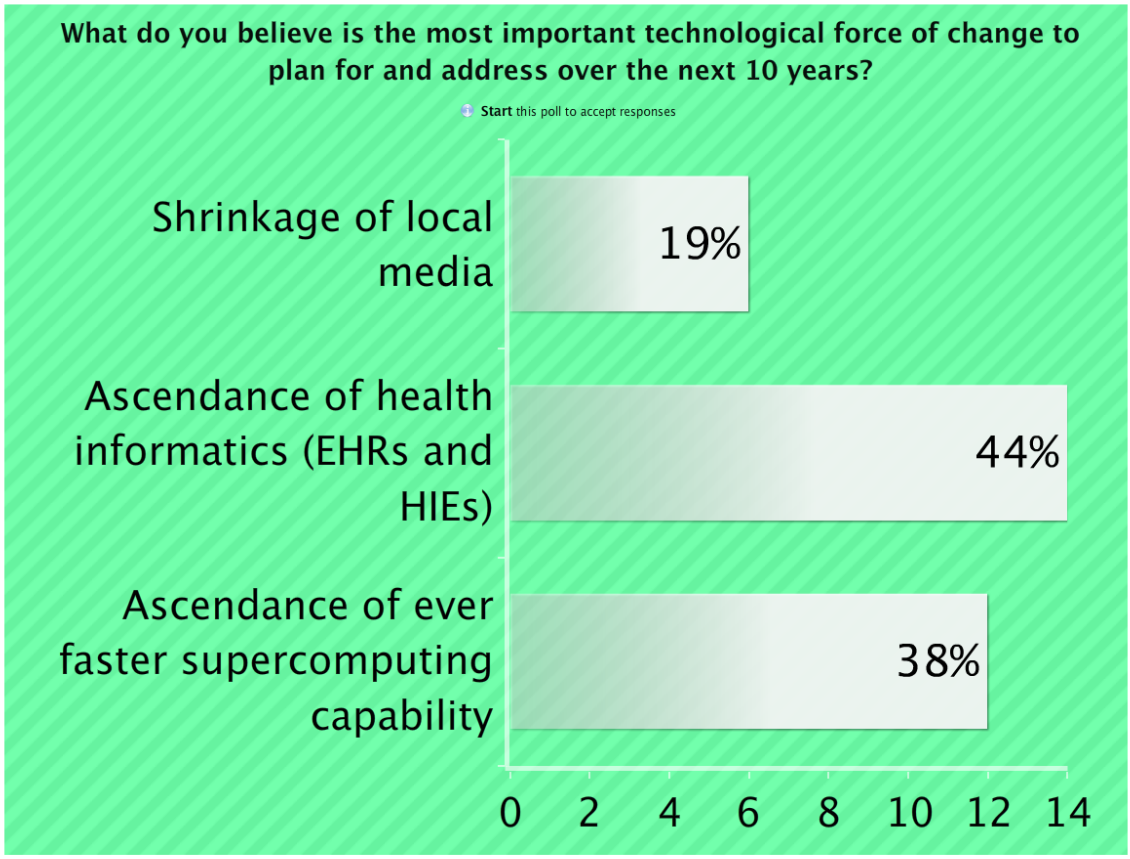
Patrick Miller, Registrar and Director of Enrollment Management, Texas Christian University

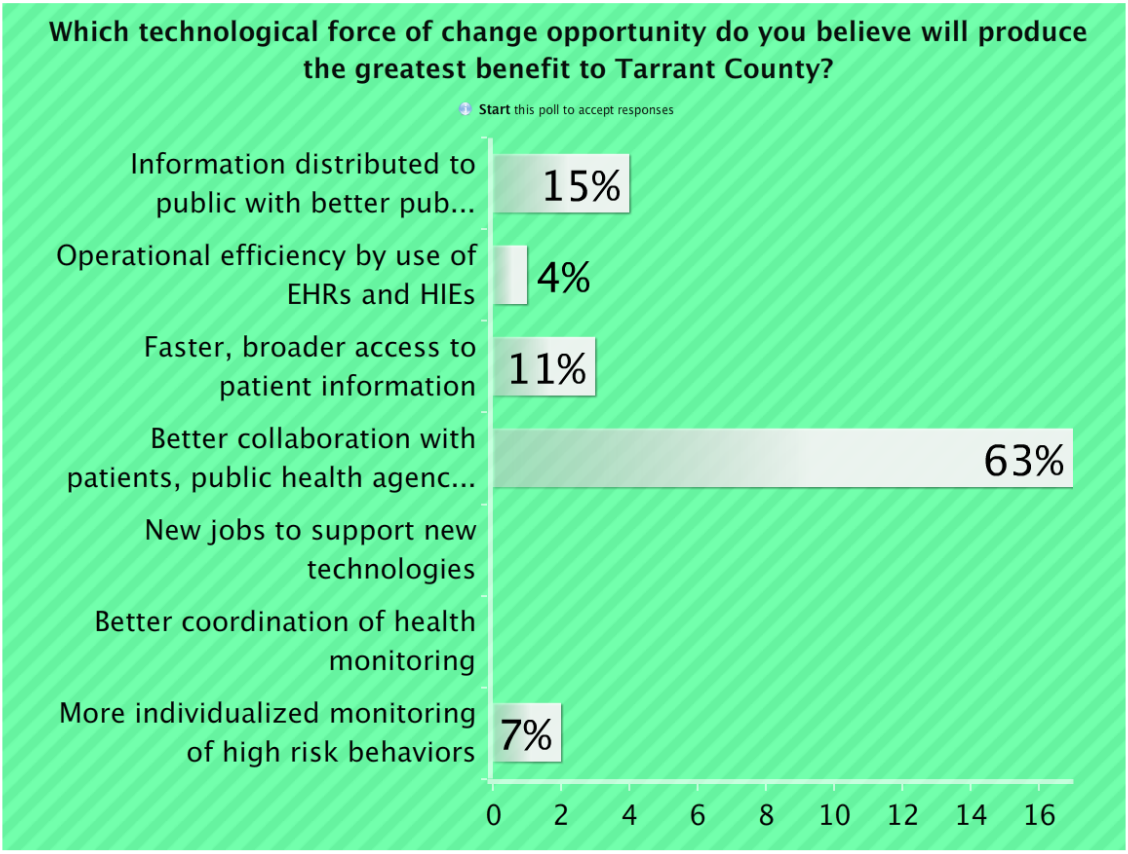
AGENDA

1:30 p.m.	Registration
2:00 p.m.	Welcome & Introductions
2:05 p.m.	Panel Presentation
3:20 p.m.	Moderated Discussion
3:40 p.m.	Ranking Forces, Threats, and Opportunities
3:55 p.m.	Closing Comments

Notes

POLLING


What do you believe is the most important technological force of change to plan for and address over the next 10 years?
Start this poll to accept responses
Shrinkage of local media
19%
Ascendance of health informatics (EHRs and HIEs)
44%
Ascendance of ever faster supercomputing capability
38%
0
2
4
6
8
10
12
14


Which technological force of change opportunity do you believe will produce the greatest benefit to Tarrant County?
Start this poll to accept responses
Information distributed to public with better pub...
15%
Operational efficiency by use of EHRs and HIEs
4%
Faster, broader access to patient information
11%
Better collaboration with patients, public health agenc...
63%
New jobs to support new technologies
Better coordination of health monitoring
More individualized monitoring of high risk behaviors
7%
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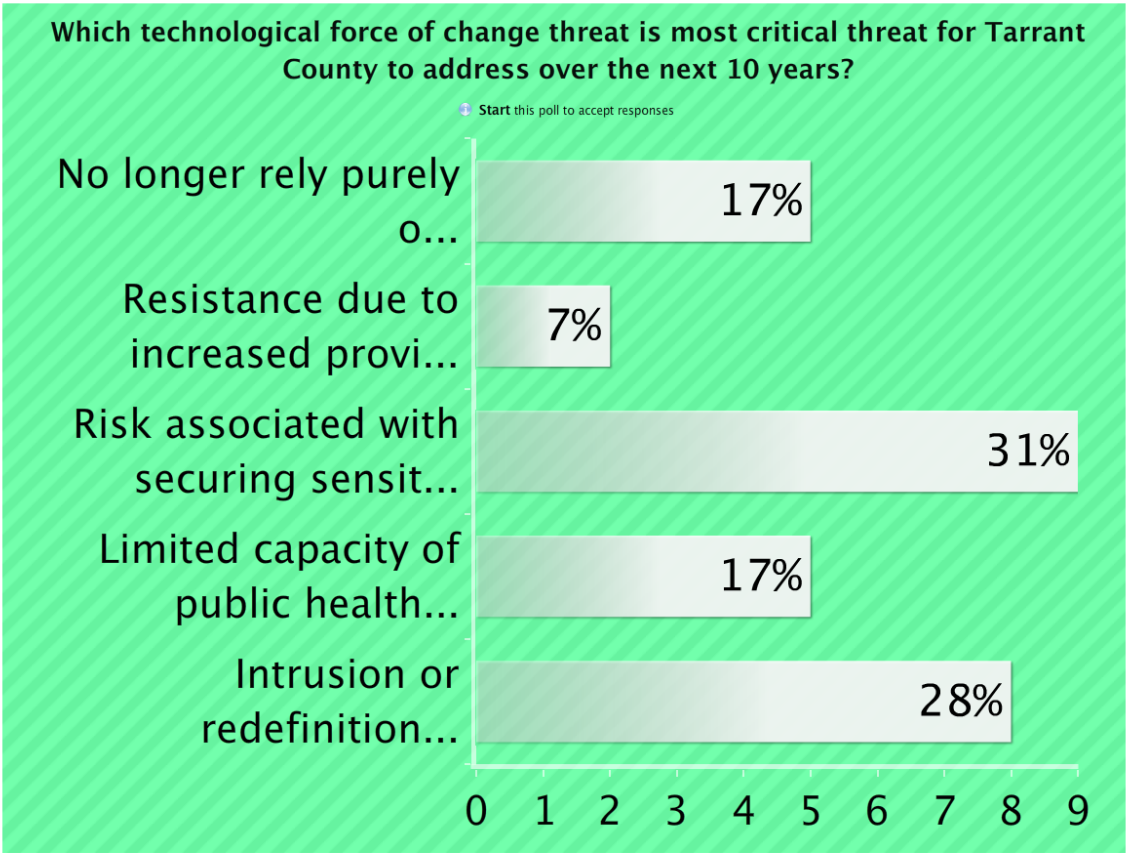
2
4
6
8
10
12
14
16


Which technological force of change threat is most critical threat for Tarrant County to address over the next 10 years?
Start this poll to accept responses
No longer rely purely o...
17%
Resistance due to increased provi...
7%
Risk associated with securing sensit...
31%
Limited capacity of public health...
17%
Intrusion or redefinition...
28%
0 1 2 3 4 5 6 7 8 9

APPENDIX 5

COMMUNITY THEMES AND STRENGTHS ASSESSMENT REPORT

Prepared by:

Leslie Casey
Assistant Director of Alumni Relations, University of North Texas Health Science Center;
Project Manager, FitWorth

Lisa Cox
Coordinator, American College of Healthcare Executives of North Texas

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

COMMUNITY THEMES AND STRENGTHS ASSESSMENT SUBCOMMITTEE:

In 2012, Tarrant County Public Health gathered a diverse group of community leaders to participate in the Mobilizing Action through Partnership and Planning (MAPP) process. When it came time to conduct the Community Themes and Strengths Assessment (CTSA), a subcommittee of invested community volunteers championed the task.

The CTSA Subcommittee tasks included:

- Identify representative areas in which to conduct research
- Develop timely and effective methods to capturing data
- Establish a means to report key findings back to the MAPP Steering Committee and eventually to the community at-large.

The stated purpose within the MAPP process for the CTSA was to gage community perspective around three main areas:

1) What public health driven concerns, opinions, and issues are of interest to residents?
2) What is the general perception around quality of life?
3) What community assets or resources exists that can improve community health?

Through the CTSA process, the MAPP Steering Committee will learn more about the assets, opinions and potential of our neighborhoods. When combined with the results of other concurrently run assessments, the MAPP Steering Committee should have a robust overview of needs and resources that will help strategically prioritize the next steps for public health in Tarrant County.

The CTSA Subcommittee is comprised of graduate students from the school of public health, non-profit executives, hospital personnel, academic professionals and public health leaders who volunteered their time to collect over 300 responses in 6 key zip code based areas.

- Leslie Casey, (Co-Chair)
- Lisa Cox (Co-Chair)
- Tracie Bryant
- Dawn Dickerson
- Jen Ebel
- Suze Etienne
- Doug Fabio
- Julie Herrmann
- Sandy Asari-Hogan
- Yvette M. Wingate (MAPP Coordinator)
- James Lawrence
- Opal Lee
- Marcela Nava
- Debra Rockmore
- Dana Tarter

METHODOLOGY:

Location Identification

Recognizing the size and breadth of Tarrant County, the subcommittee divided the county into more accessible regions. Because precincts are commonly used for zoning in research and planning, the committee chose to first divide the county by established precinct lines. A “central city” region was added, totaling 5 sub-county areas. In order to gain a more comprehensive snapshot of the community perspective, a map identifying socioeconomic status of residents was utilized to select zip codes. In addition, the committee sought to have a broad

representation of economic status, varying education levels, and population density in each area.

Identified Zip Codes*:

- 76020: Azle (later omitted)
- 76021: Bedford
- 76105: Central Fort Worth/ Tarrant County
- 76132: Hulen/South Fort Worth
- 76262: Westlake/Keller
- 76063: Mansfield

*As the data was compiled from these zip codes, it was found that there was a lack of representation from the Hispanic and Latino community. To accommodate for this, the addition of a sub- county area, 76106 (Northside), was made.

Data Collection Tools

SURVEYS

After identifying perspective locations for data collection, two surveys were created. The compiled survey questions were inspired by the National Association of County and City Health Officials (NACCHO). Sample assessments conducted by other communities who have participated in the MAPP process were available for reference. Each survey was reviewed by the subcommittee with adjustments and additions made according to the relevance within Tarrant County.

Community Themes & Strengths Assessment Survey (Long Version):

A twenty-two question survey established as an assessment tool to conduct evidence-based research in conjunction with focus groups (Attachment A). The length of the survey required a minimum of one hour. Participants were asked to complete the survey which was followed by a facilitated discussion on two pre-identified survey questions. The identified questions were selected as discussion questions due to their relevance in relation to the goals of the committee. By facilitating an open discussion around these questions, participants were able to identify what was important to them as a community and identify existing assets within their community.

Discussion Questions: Obtained from a survey provided by NACCHO, these two questions were used to facilitate a discussion with participants:

Survey Question #1: What three factors did you list as, "The **three most important factors that define a "Healthy Community"?** (Those factors that most improve the quality of life in the neighborhood in which you reside)

A. *Experience:* How do you or your neighbors currently participate in this activity? What are the health implications? Is there a lack of "x"? Why do you feel it's most important?
B. *Knowledge:* What services are available in your neighborhood to help address this activity?

Survey Question #11: In the following list, what do you think are the **three most important "risky behaviors"** in our community? (Behaviors that have the greatest impact on overall community health)

A. *Experience:* How do you or your neighbors currently participate in this activity? What are the health implications? Why do you feel it's most important?

B. *Knowledge:* What services are available in your neighborhood to help address this activity? (This is part of the asset mapping portion of our study – Make sure they are specific in telling you organization/person's name/location.)

Community Themes & Strengths Assessment Survey (For Events):

This survey was created to collect information from individuals attending community events (Attachment B). Recognizing that participants would be preoccupied with the event they were attending, the survey was created to be concise with a completion time of 5 – 10 minutes. Observing the objectives for gathering this information and aligning the data collecting tools, the questions for this survey included the two questions selected for discussion in the long survey, listed above. In addition, participants were asked to list specific assets within their community pertaining to people, places and communication.

PHOTOVOICE

The youth perspective of community was captured in an activity called PhotoVoice; a participatory research method that merges photography and social action. The youth, ages 11-13, were members of the KEEN (Kids Environmental Education Network) Group that bring environmental education, healthy activities and the arts to deserving low-income youth. Participants were asked to take photographs that reflect their point of view and create narratives to present to their community. Participants expressed their thoughts and opinions in photographs based on two questions:

- How healthy do you think your community is to live in?
- Can you identify people, places and things that help improve the health of the community?

Data Collection:

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT RETREAT

The subcommittee distributed the survey and conducted an interactive table exercise with 51 key community leaders including those from non-profit and grassroots organizations, hospitals, state and federal agencies, corporations, residents, etc. at a Local Public Health System Assessment Retreat. Attendees were asked to fill out the 22-question survey through the course of the morning. During their lunch break, subcommittee members guided groups of 6-8 individuals through a process identifying assets within their community using the same asset questions from the event survey.

WEB-BASED SURVEYS

Three (3) community organizations were identified and asked to distribute an electronic version of the event survey to their networks/contacts.

COMMUNITY DIALOGUE SESSIONS

The subcommittee's goal was to conduct nine (9) listening sessions within the five (5) identified regions. Each subcommittee member identified at least one existing community organization or group that met regularly within one of the regions. The subcommittee targeted groups that were currently meeting so that a minimum number of participants could be ensured. Organizations and groups included churches, homeowners associations, community centers and activist groups. Subcommittee members were responsible for contacting the group lead or director and request one hour to conduct the survey and listening session.

Two-four subcommittee members conduct sessions:

- Facilitator (1): Read survey, if necessary; guided discussion around perceptions of healthy communities and identifying community assets.
- Note Taker (1-2): Recorded responses and non-verbal reactions to the discussion.
- General Support (1-2): Offering participants assistance in filling out the surveys; set up/tear down; available for questions.

The subcommittee conducted six (6) dialogue/listening sessions over the course of five (5) months September 2012 – January 2013.

EVENT SURVEYS

Three (3) large community events and festivals were used as sites to capture survey data. These events included: a community street festival (76112), a school carnival, Rock the Park (76248) and a youth fun-run event and community event (76132). A group of 2-4 subcommittee members sought voluntary participation from those attending and working the events.

KEEN PHOTOVOICE PROJECT

Youth specific assessment program was conducted over a 4-week period. Each weekend the group would explore their neighborhood in central Fort Worth taking photographs addressing two questions:

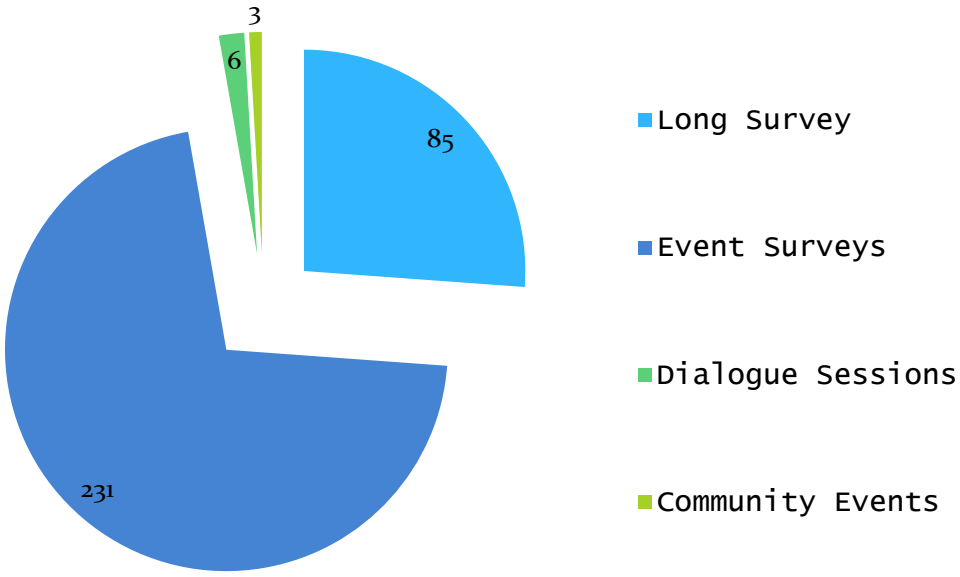
- How healthy do you think your community is to live in?
- Can you identify people, places and things that help improve the health of the community?

COMMUNITY-BASED RESULTS:

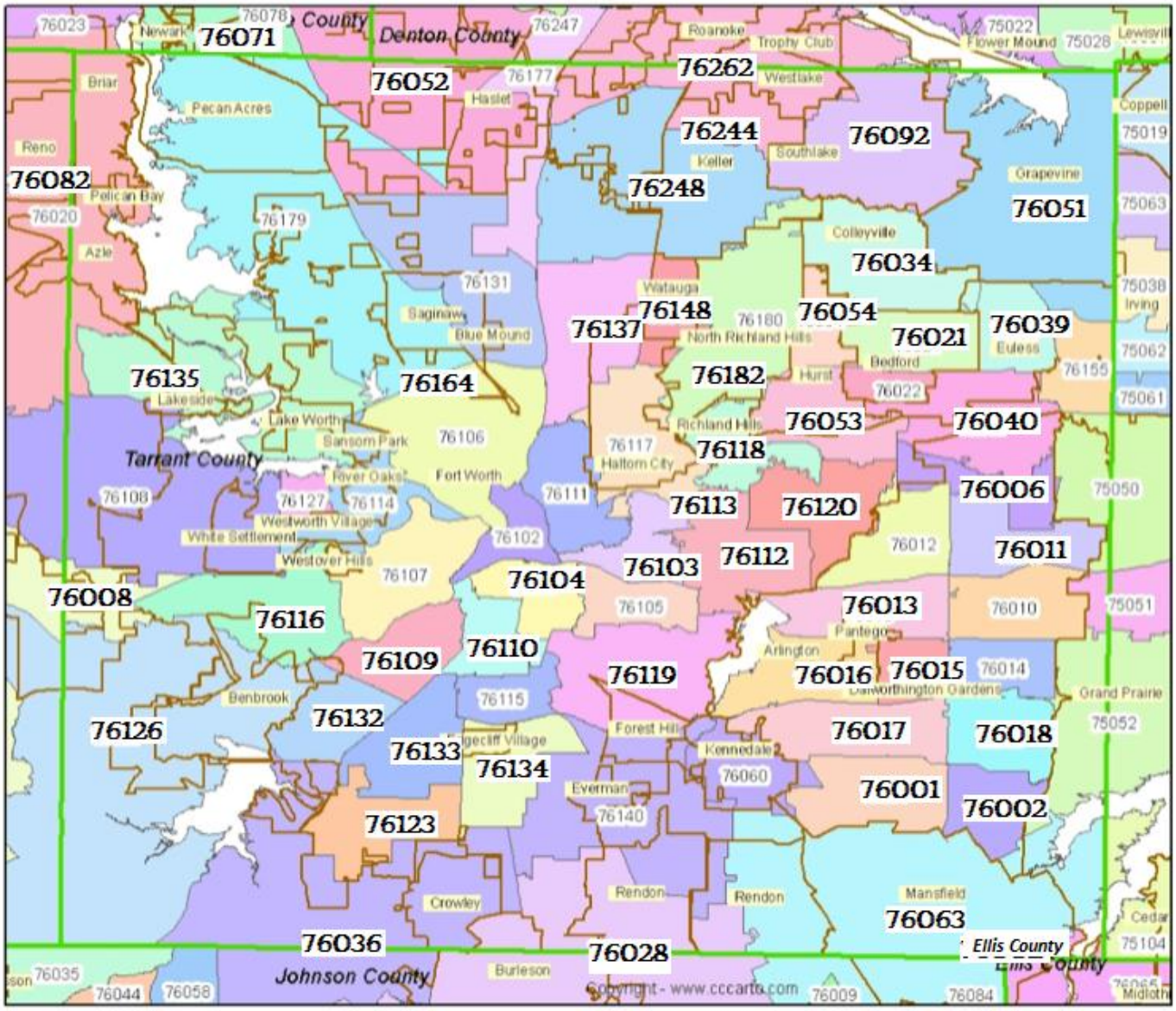
- Results for the Community Themes and Strengths Assessment are categorized into community snapshots. Each identified and surveyed community has a different perspective on healthy factors and risky behaviors. The overall perception of health and quality, however, seemed unified and applicable across the spectrum of participants. The asset inventory is kept general as specific neighborhoods have different vehicles that can be further expanded upon identification of focus/target areas and needs at the end of the MAPP process.

PARTICIPANT STATS:

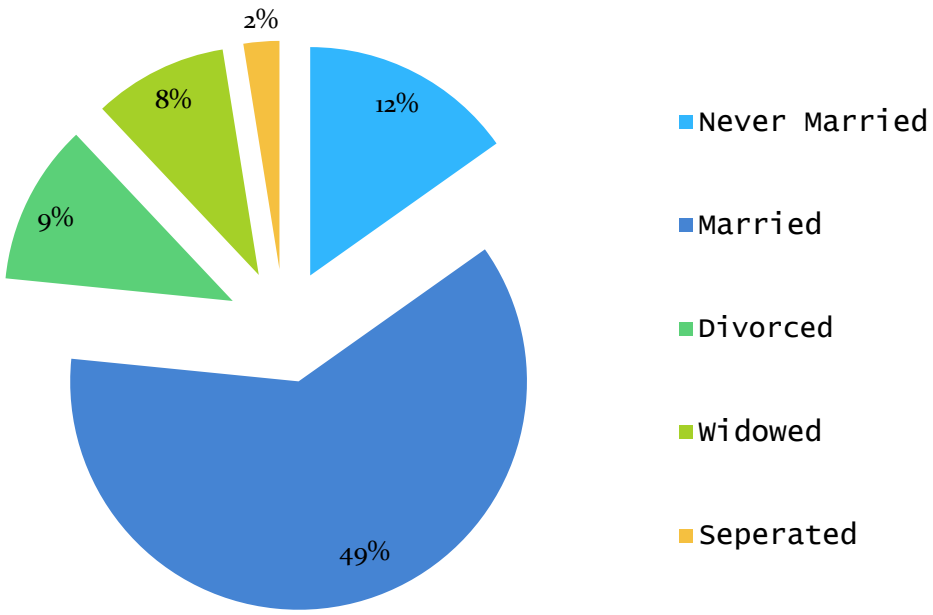
Total Surveys: 316



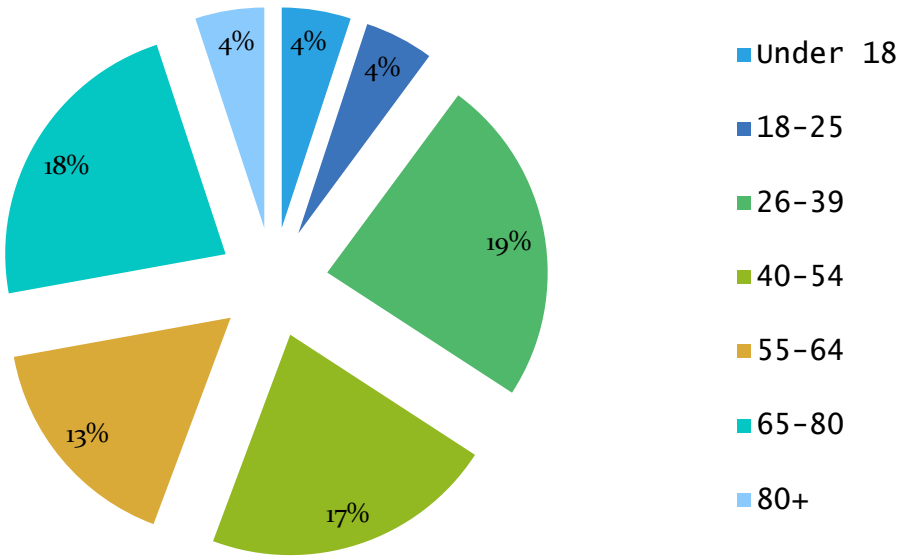
RESULTS INCLUDE RESPONSES FROM THE FOLLOWING ZIP CODES:



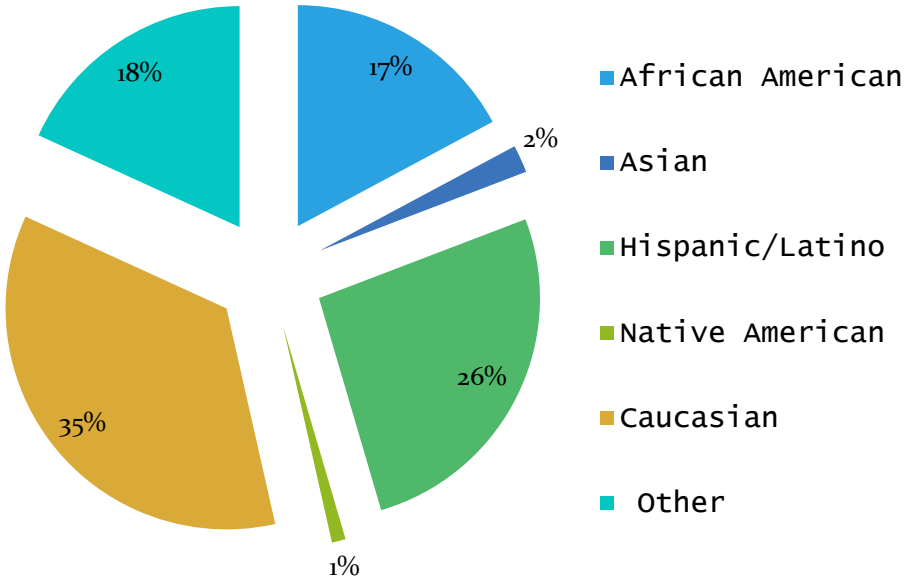
MARITAL STATUS:



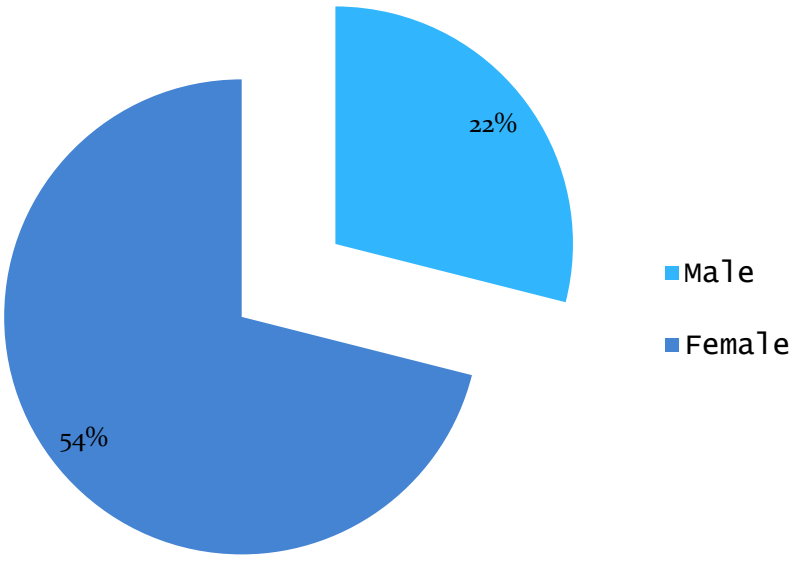
AGE:



ETHNICITY:



GENDER:



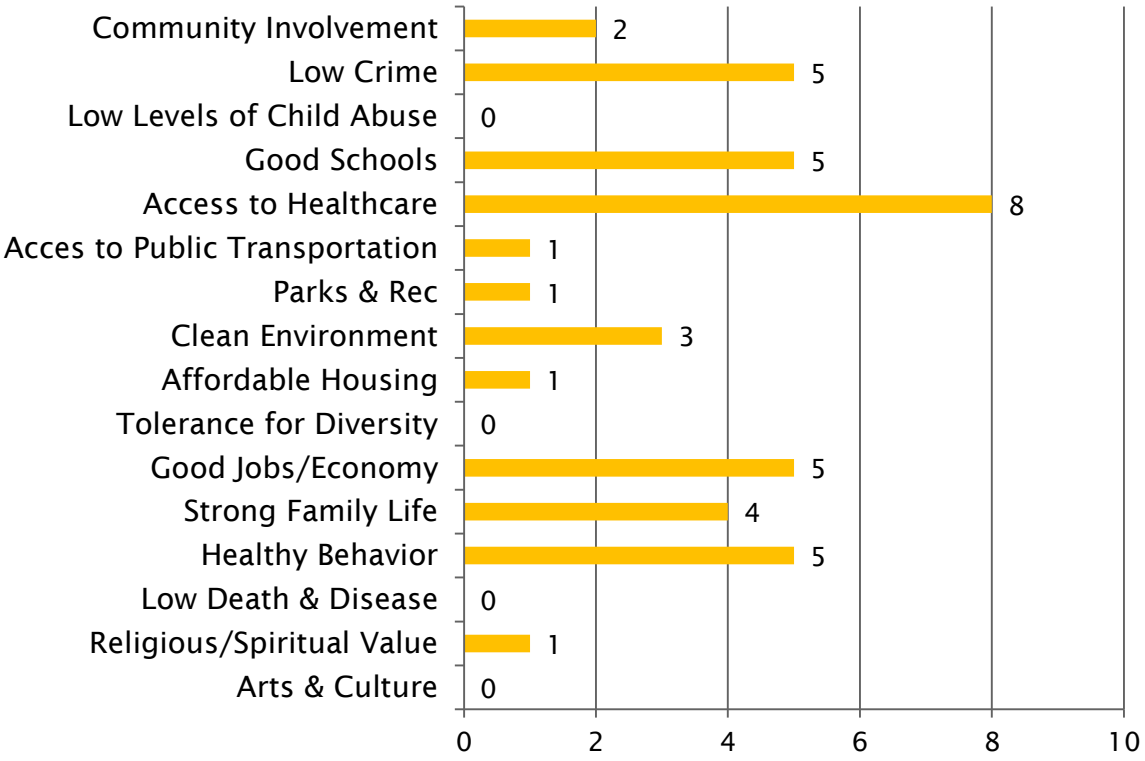
FACTORS THAT DETERMINE A HEALTHY COMMUNITY:

Similar factors were identified by each of the sub-county areas, however, the relative importance varied depending on the location within Tarrant County. In Bedford, for example, access to care dominated other important factors that define a healthy community. In all other instances, low crime was the main element of perceived need by respondents followed closely by the need for good jobs, good schools and healthy behaviors.

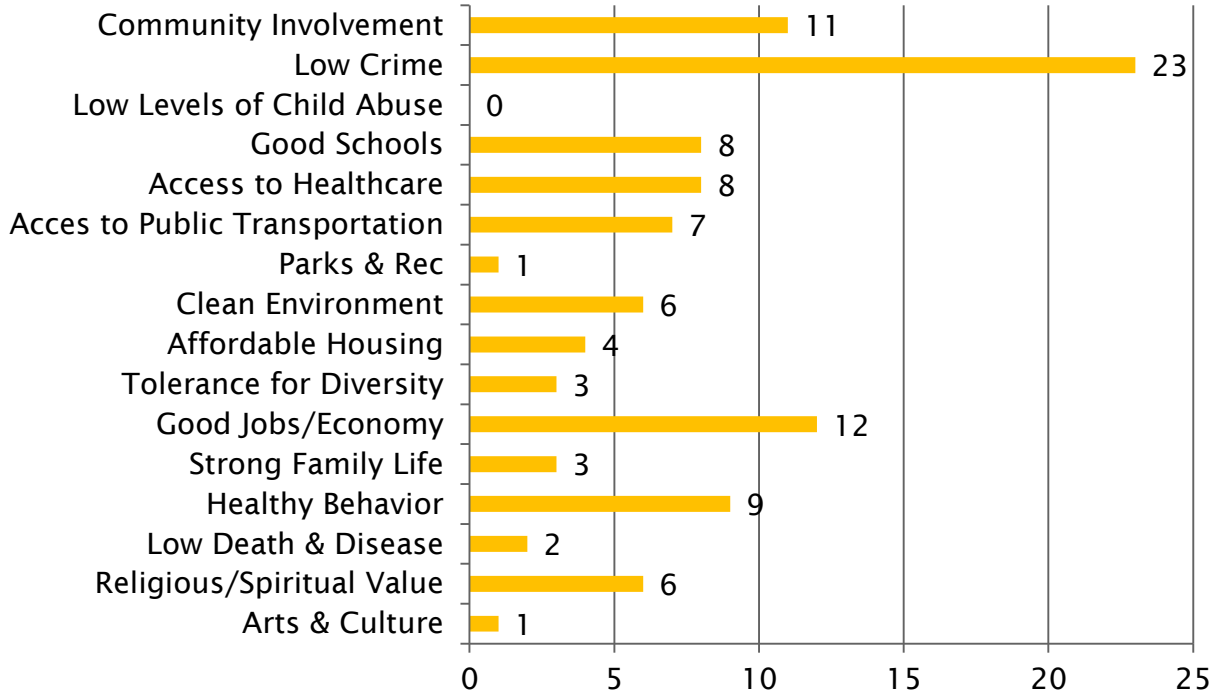
Note the relative high prioritization of religions and spiritual values in several community results charts. This may be of particular interest for strategic planning and validate faith leaders as a resource tool. If good spiritual values are respected and the number of faith-based institutions is high in any given community, they will likely be good messaging partners for outreach and implementation.

The following tables outline the results from the question:
In the list provided, what do you think are the three most important "health issues" in your community?

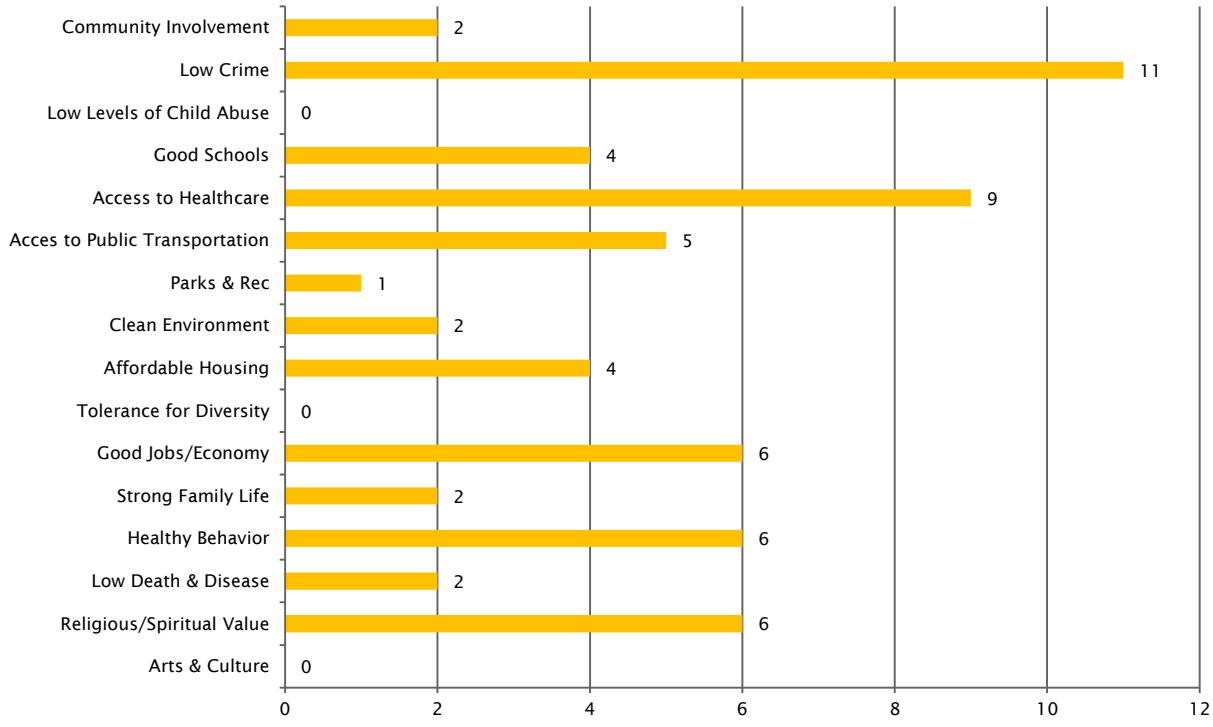
BEDFORD/MID-CITIES



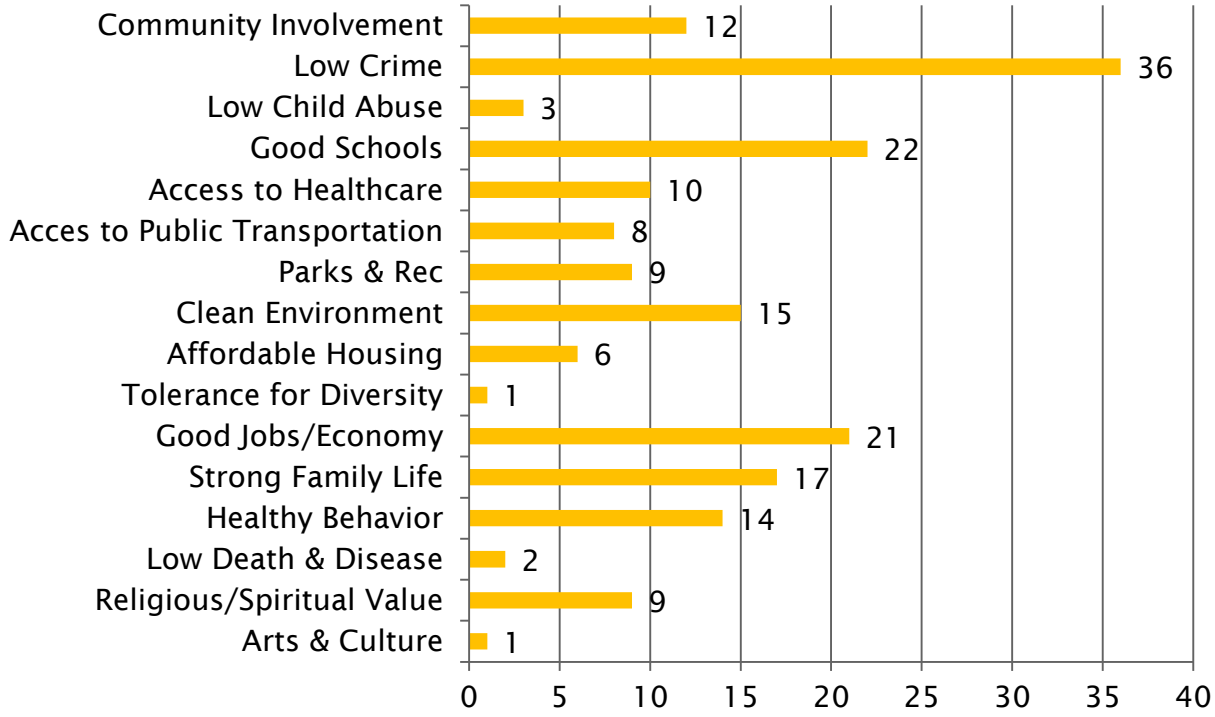
CENTRAL FORT WORTH/TARRANT COUNTY



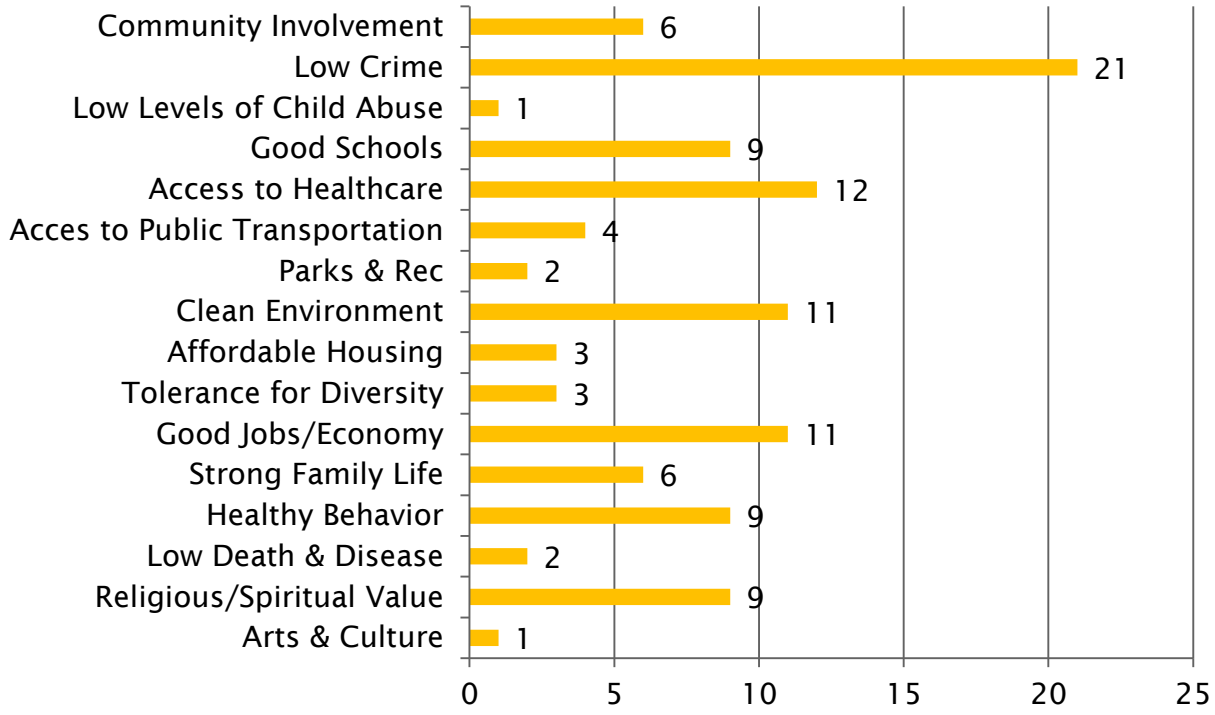
HULEN/ SOUTH FORT WORTH



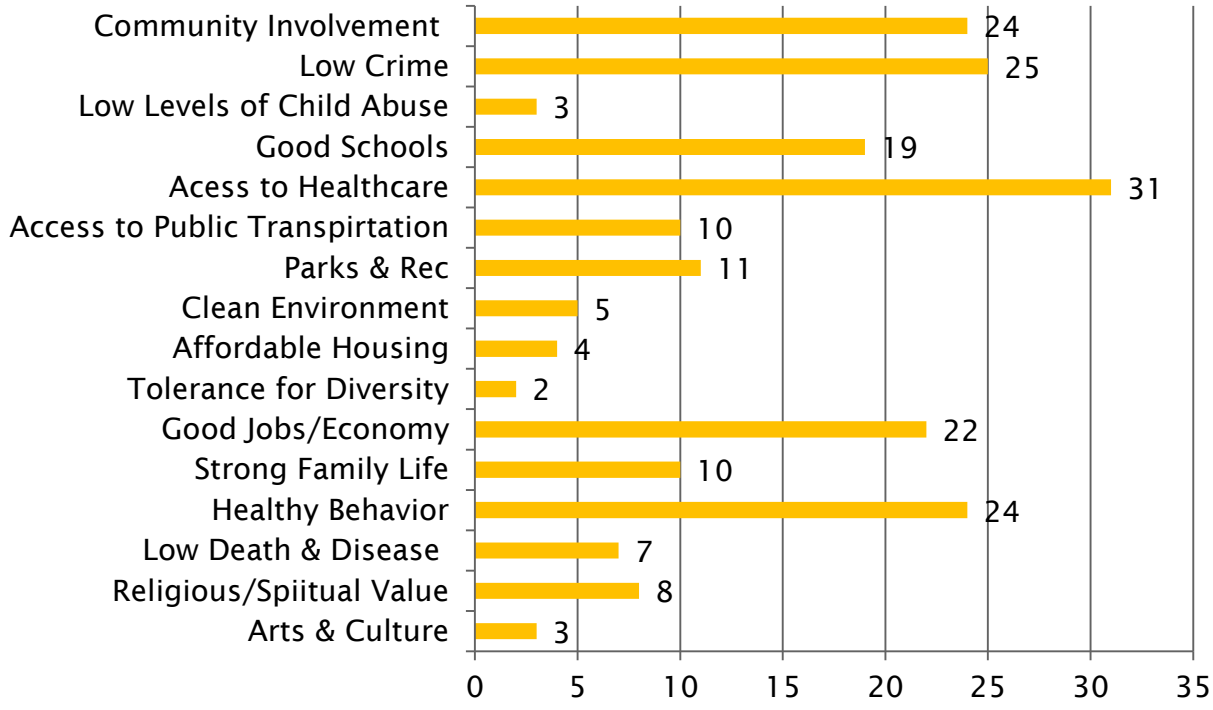
WESTLAKE/KELLER



MANSFIELD



NORTH FORT WORTH/NORTH SIDE



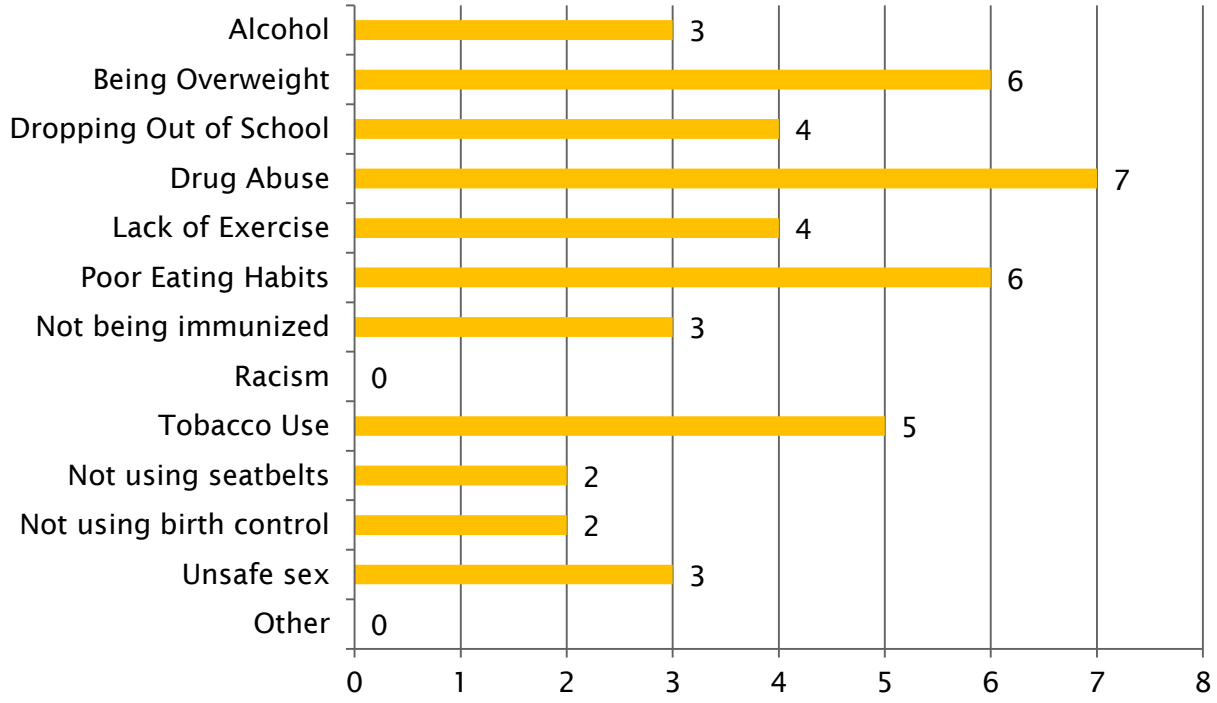
FACTORS CONSIDERED RISKY BEHAVIORS:

Community respondents were again fairly unified in recognizing risky behaviors that have the greatest impact on the health of a given community, but the prioritization varied from community to community. Alcohol and drug abuse were almost always considered to be of highest risk for causing a community to be considered unhealthy. In line with today's research, being overweight, having poor eating habits and a general lack of physical activity closely followed. To correlate the two main questions addressed by our methodology, crime has a potential impact on the obvious risk factors of drugs and alcohol, but it can also limit access to places where physical activity is fostered or degrade the availability of good food stores. Good schools and good jobs can also correlate to the risky behaviors through education, adequate compensation to allow for healthy food purchases, stress levels, community involvement and overall morale. Weight loss and smoking cessation may also be risk factors to address in a strategic plan for public health, while not always top priority for each of the communities we interviewed, both behaviors are high on the results list and therefore warrant consideration.

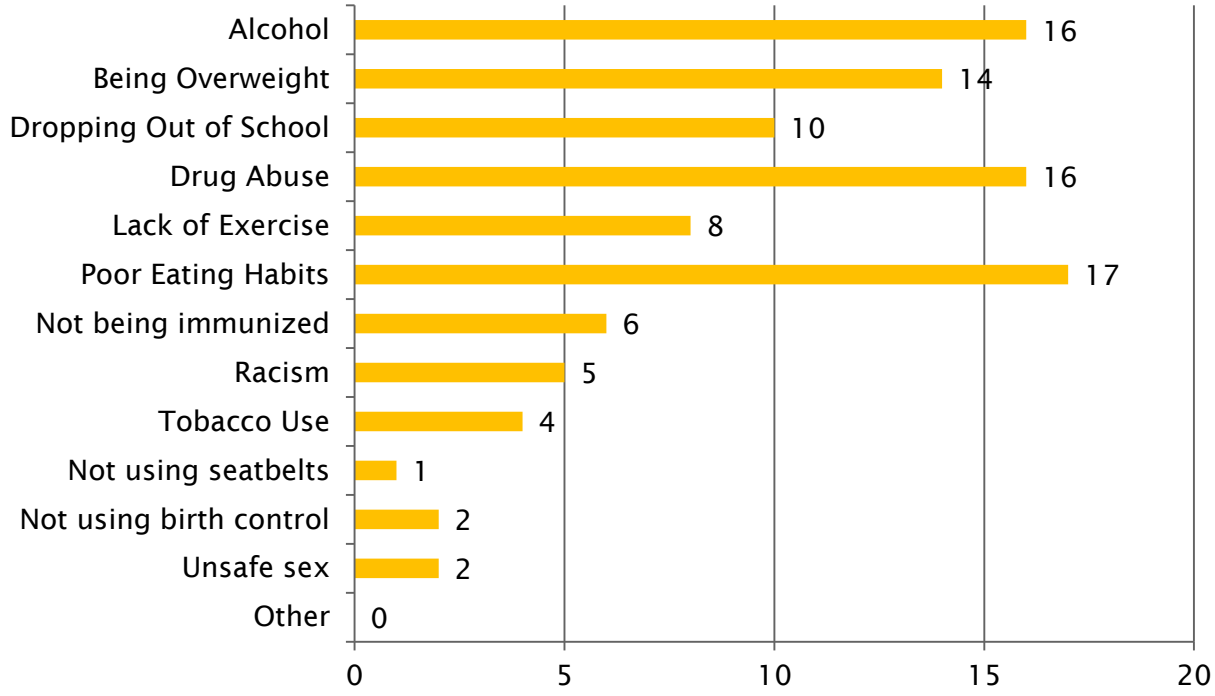
The following tables outline the results from the question:

What do you think are the three most important "risky behaviors" in our community?

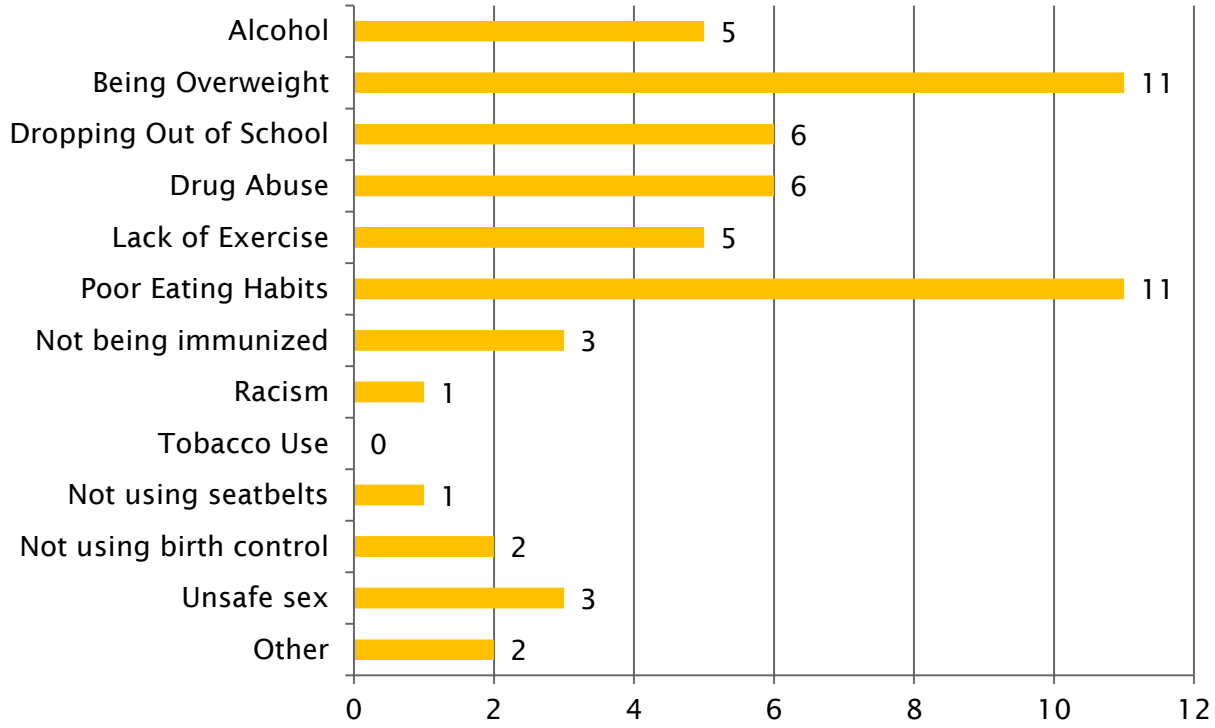
BEDFORD/MID-CITIES



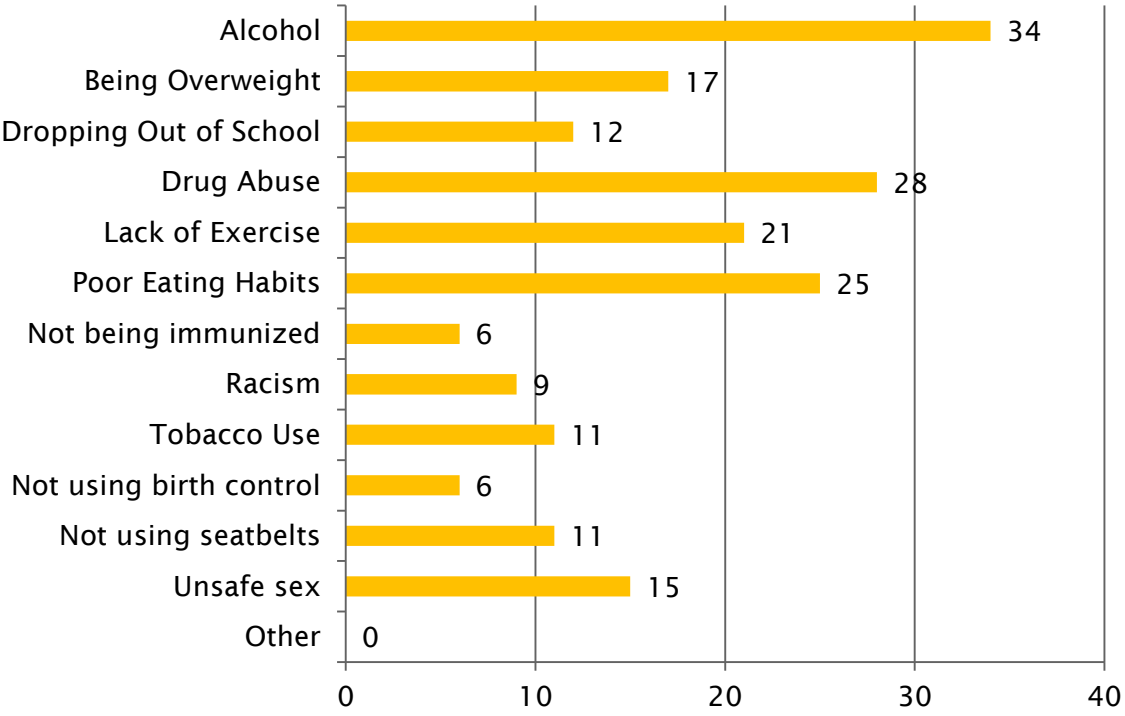
CENTRAL FORT WORTH/TARRANT COUNTY



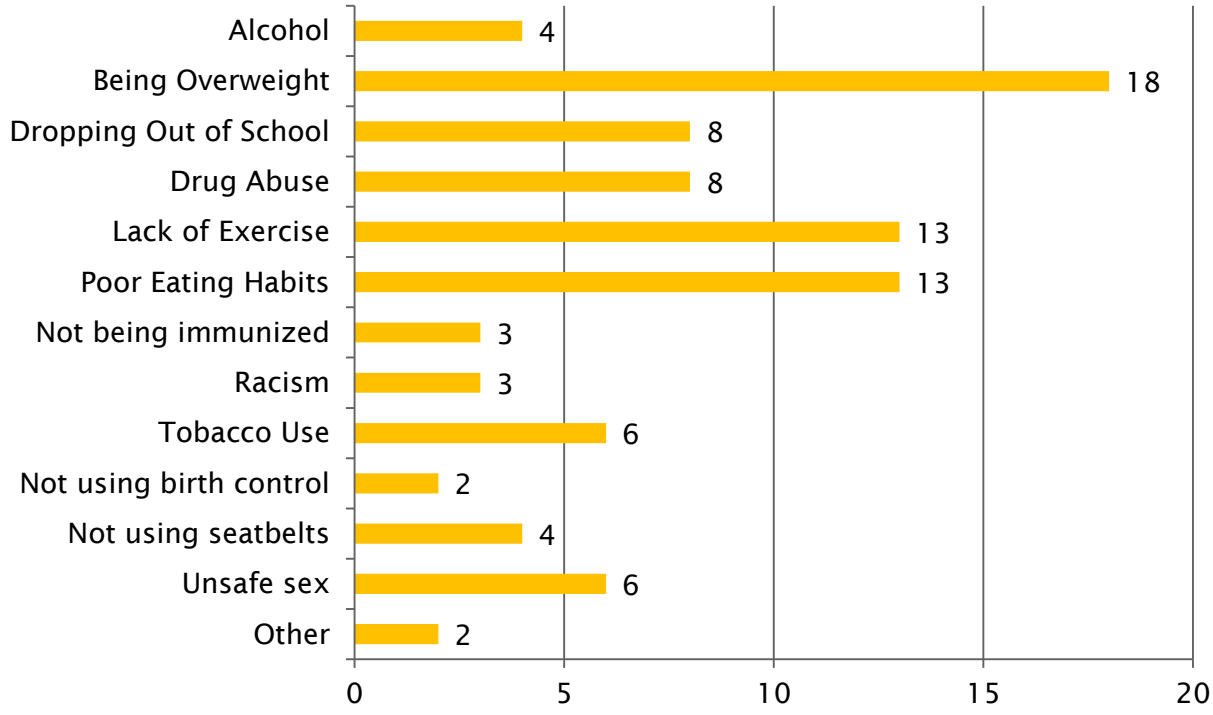
HULEN/SOUTH FORT WORTH



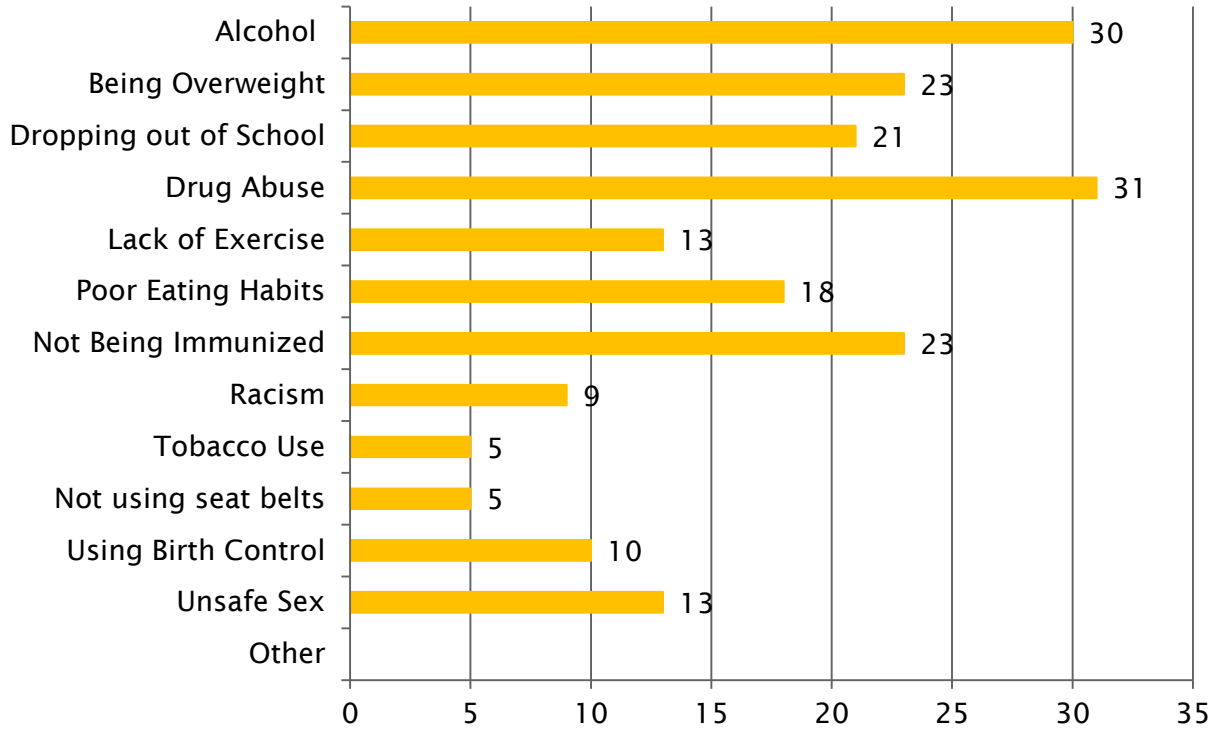
WESTLAKE/KELLER



MANSFIELD



NORTH FORT WORTH/NORTH SIDE



KEEN PHOTOVOICE PROJECT RESULTS:

Youth specific assessment program, ages 11-13, conducted over 4 weeks in central Fort Worth.

The PHOTOVOICE FOCUS Project encouraged photographers to use their cameras to answer two questions :

- How healthy do you think your community is to live in?
- Can you identify people, places and things that help improve the health of the community?

IDENTIFIED CHALLENGES/BARRIERS TO HEALTH

- Lack of Friends or a sense of neighborhood
- Lack of access to nutritious food
- Unsafe/Unkempt areas for physical activity
- Graffiti – lack of respect and safety

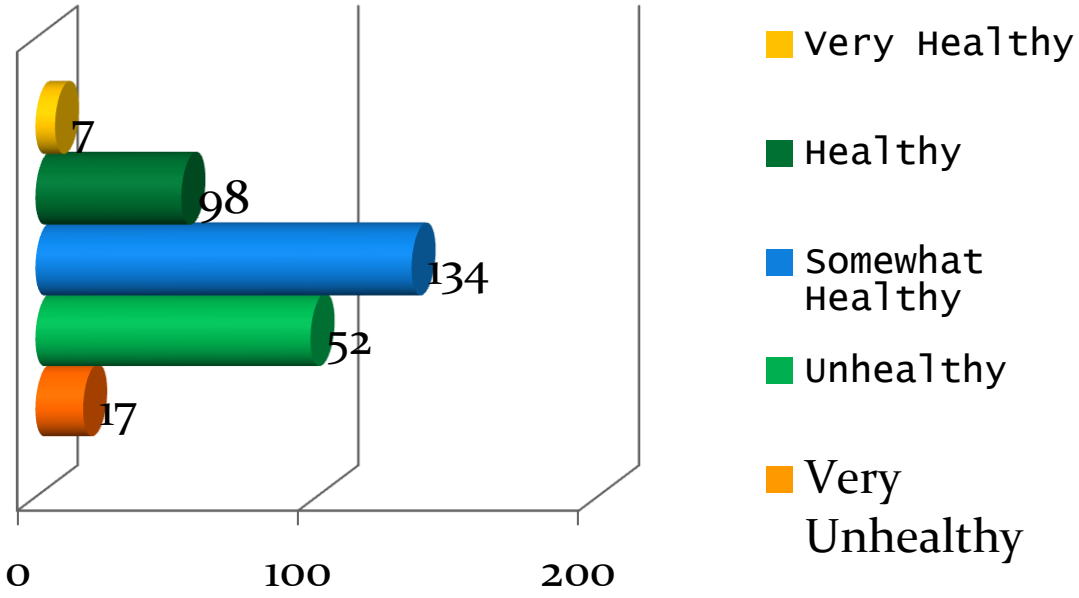
IDENTIFIED OPPORTUNITIES/RESOURCES

- Community Gardens
- Well-kept landscaping around homes & common areas.
- Recycling
- Water collection efforts
- Well-supported spiritual health
- Social support system
- Sense of neighborhood


TURTLES
TURTLES
Peppermint Patties
Payday
m&m's
Milky Way
mentos
JOLLY rancher
CHEWS

OVERALL PERCEPTION OF HEALTH:

How would you rate your *community* as a healthy community to live in? The table reflects the average answer of all communities.



COMMUNITY ASSETS:

ORGANIZATIONS

- Business Organizations
- City Service (trash collection, code enforcement)
- Collations (TC CHIP)
- Community Centers / Recreation Centers
- Cultural Centers
- Emergency Services (police, fire, ems)
- Faith based
- Fitness clubs
- Higher education
- Home Owner Assoc.
- Hospitals and Clinics
- Libraries
- Media (Radio and TV)
- Neighborhood Assoc.
- Parks, Trails, and Nature Centers
- Public Health Services and Resource Databases
- Regulatory Agencies
- Schools
- Social and Civic and Volunteer clubs/ groups
- Social Service Agencies (Mission Arlington, Salvation Army, parenting center)
- Youth Development Programs (Girl Scouts, Boy Scouts, ROTC)

PLACES

- Arts & Culture
- Churches
- Emergency Services
- Fitness Club or Recreation Center
- Access to Food (Grocery, Farmer's Market, Restaurant)
- Healthcare Organizations/ Providers
- Community Centers
- Clinics
- Library
- Non-Profit, Social Services
- Parks
- Pharmacy
- Political Offices
- School
- Senior Centers
- Tarrant County Public Health

PEOPLE

- Healthcare Providers
- Community Leaders
- Educators
- Safety / Emergency Services
- Community Organizers

COMMUNICATION

- Paper
  - Newsletter, Flyers, Inserts, Door Tags, Mailers
- People/ Groups
  - Church, Professional Assoc., Neighbors, Chamber
- Internet
  - Email and Websites
- Media
  - TV, Radio, Magazines, Newspaper
- Social Media
  - Facebook, Twitter
- Community Resource
  - Library, YMCA, Schools, Civic Center, Health Dept.
- Social Marketing
  - Anti-Tobacco ads, PSAs

FINDINGS AND IMPLICATIONS:

Throughout the process the subcommittee was able to engage key leaders, a significant elder population, urban area youth and suburban residents in order to obtain the perceptions of their communities. More time to conduct additional listening sessions may have yielded more respondents and statistically significant data that could be extrapolated over the entire county. For the purposes of this snapshot study, this subcommittee finds key elements and findings to be both useful and relevant to the MAPP process.

According to the data collected, it appears our residents are most concerned with:

- Access to Healthcare
- Low Crime
- Good Schools
- Good Economy

Our residents generally consider the greatest risks to be around:

- Drug Abuse
- Alcohol Use
- Dropping out of school
- Being Overweight
  - Poor Eating Habits
  - Lack of Exercise

The CTSA process availed us with multiple ways to leverage existing organizations, people and communication vehicles. We have a better sense of where our neighborhoods turn for expertise and guidance on issues of health that is an essential element of any change. By using the respected and community-based structures, solicitations may be more readily and comprehensively accepted as the MAPP Steering Committee and its community outreach sessions determine main areas of need and focus for future efforts.

ATTACHMENTS A and B:

SURVEYS

Tarrant County Voices for Health

Because Health Matters

Vision: Empowered people living healthy in a vibrant and safe community

Community Themes & Strengths Assessment Survey

Tarrant County Public Health and community partners are assessing the health of the community to develop a community health improvement plan. The purpose of this survey is to gather opinions from community members about existing assets that help address issues affecting the health of the community overall. You are being invited to voluntarily participate in this assessment survey. If you choose to complete this survey, then you are giving us permission to use the information in aggregate format for publication. Also, you can quit anytime you choose to without any reservations. The survey results and other information will be used to help identify important issues that can be addressed through community action. We appreciate your time. Your voice is important…Because Health Matters!

As you fill out this survey, please note that ***"community"*** is defined as *the area in which you reside/live*.

1. In the following list, what do you think are the **three most important factors that define a "Healthy Community"**(Those factors that most improve the quality of life in the neighborhood in which you reside)?

_ Community Involvement
_ Low crime / safe neighborhoods
_ Low level of child abuse
_ Good Schools
_ Access to health care & other services
_ Access to Public Transportation
_ Parks and recreation
_ Clean environment
_ Affordable housing
_ Tolerance for diversity
_ Good jobs and healthy economy
_ Strong family life
_ Healthy behaviors and lifestyles
_ Low death and disease rates
_ Religious or spiritual values
_ Arts and cultural events
_ Other_____

2. In the following list, what do you think are the **three most important "health issues"** in your community? (Those issues that have the greatest impact on overall community health.)

_ Motor vehicle crashes
_ Rape / sexual assault
_ Mental health issues
_ Homicide
_ Child abuse / neglect
_ Suicide
_ Teenage pregnancy
_ Domestic violence
_ Firearm-related injuries
_ Hunger
_ Sexually Transmitted Disease (HIV,STD)
_ Infectious Diseases (hepatitis, TB, etc.)
_ Poor Diet
_ Inactivity
_ Alcohol
_ Drug abuse
_ Lack of Walkability
_ Lack of access to health care
_ Cancer
_ Heart Disease and Stroke
_ Respiratory /Lung Disease
_ Diabetes
_ High blood pressure
_ Aging problems (e.g., arthritis, hearing/vision loss, etc.)
_ Tobacco Use
_ Homelessness
_ Safe affordable & adequate housing
_ Dental
_ Infant mortality/death
_ Other_____

Of the problems you marked above, which one would you most likely work on?

_____

3. What makes you most proud of your community?

_____

_____

4. How would you rate your *community* as a healthy community to live in?
__Very Unhealthy __Unhealthy __ Somewhat Healthy __Healthy __ Very Health

5. Approximately how many hours per month do you volunteer your time to community service? (e.g. schools, voluntary organizations, churches, hospitals, etc.)
__None __1-5 hours __ 6-10 hours __Over 10 hours

What would excite you enough to become involved (or more involved) in improving our community?

_____

_____

6. Consider the following:
a. The community has adequate health and wellness activities
__Strongly Disagree __Disagree __ Neutral __ Agree __ Strongly Agree

b. The community has adequate meeting spaces for groups, clubs and large events.
__ Strongly Disagree __Disagree __Neutral __ Agree __ Strongly Agree

c. I am satisfied with the number and type of cultural events in my community (music, plays, art shows, etc.)
__ Strongly Disagree __Disagree __ Neutral __ Agree __ Strongly Agree

d. After having answered the above questions, I am satisfied with the *overall* quality of life in our community (considering my sense of safety and well-being).

__Strongly Disagree __Disagree __ Neutral __ Agree __ Strongly Agree

7. I have adequate access to stores for my daily needs (household supplies, personal supplies)
__Strongly Disagree __Disagree __ Neutral __ Agree __ Strongly Agree

a. I have access to healthy foods.
__Strongly Disagree __Disagree __ Neutral __ Agree __ Strongly Agree

b. I have access to healthy foods at a reasonable cost.
__Strongly Disagree __Disagree __ Neutral __ Agree __ Strongly Agree

8. Consider the following:
a. I can find adequate information and assistance in how to parent.
__Strongly Disagree __Disagree __ Neutral __ Agree __ Strongly Agree

b. I have access to safe and affordable day care/child care.

__Strongly Disagree __Disagree __ Neutral __ Agree __ Strongly Agree

c. I am very satisfied with the school system in my community.

__Strongly Disagree __Disagree __ Neutral __ Agree __ Strongly Agree

d. There are adequate after school programs for students to attend.
__Strongly Disagree __Disagree __ Neutral __ Agree __ Strongly Agree

e. There are plenty of recreation opportunities for children in my community that include non-sports related activities.

__Strongly Disagree __Disagree __ Neutral __ Agree __ Strongly Agree

f. After having answered the above questions, I feel this community is a good place to raise children.
__Strongly Disagree __Disagree __ Neutral __ Agree __ Strongly Agree

9. The community is a safe place to live (considering residents' perception of safety in the home, the workplace, schools, playgrounds, parks, shopping areas). Neighbors know and trust one another and look out for one another.
__Strongly Disagree __ Disagree __ Neutral __ Agree __ Strongly Agree

10. In the following list, what do you think are the ***three* most serious safety issues** for people in your *community*?

_ Unsafe driving
_ Alcohol
_ Drug abuse
_ Racism & intolerance
_ Not using seat belts, safety seats or helmets
_ Unsafe/unprotected sex
_ Unsafe roads/sidewalk conditions
_ Access to firearms by children
_ Manufacturing of methamphetamines
_ Growing Marijuana
_ School violence
_ Child abuse and neglect
_ Domestic violence
_ Gang-related activity
_ Other_____

11. In the following list, what do you think are the ***three* most important "risky behaviors"** in our community? (Those behaviors that have the greatest impact on overall community health)

_ Alcohol abuse
_ Being overweight
_ Dropping out of school
_ Drug abuse
_ Lack of exercise
_ Poor eating habits
_ Not getting "shots" to prevent disease
_ Racism
_ Tobacco use
_ Not using birth control
_ Not using seat belts and/or child safety seats
_ Unsafe sex
_ Other_____
___

12. Within the past year, what type of mental health services did you or anyone in your household need? Check **all** that apply:

__None __ Crisis Care __Hospitalization __Counseling/Therapy

If you needed services, were you able to get these services in your *community*? ☐Yes ☐No

If no, please describe / explain.

_____

_____

13. There are support networks for individuals and families (neighbors, support groups, faith community outreach, agencies, and organizations) during times of stress and need.

__ Strongly Disagree __Disagree __Neutral __ Agree __ Strongly Agree

Please identify:

_____

14. Within the past year, what type of social service benefits did you or anyone in your family need? Check **all** that apply:

_ None
_ Food stamps
_ Welfare payments
_ Housing assistance
_ Respite care
_ Subsidized child care
_ Transportation
_ Other_____

If you needed benefits, were you able to get them in your *community*? ☐Yes ☐No

15. Consider the following:

a. There are housing developments that are elder-friendly.
__ Strongly Disagree __ Disagree __Neutral __ Agree __ Strongly Agree

b. There is a transportation service that takes older adults to medical facilities or to shopping centers.
__ Strongly Disagree __ Disagree __Neutral __ Agree __ Strongly Agree

c. There are enough programs that provide meals for older adults in my community.
__ Strongly Disagree __ Disagree __Neutral __ Agree __ Strongly Agree

d. There are networks for support for the elderly living alone.
__ Strongly Disagree __ Disagree __Neutral __ Agree __ Strongly Agree

e. After having answered the above, I find this community to be a good place to grow old (considering elder-friendly housing, transportation to medical services, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.).
__ Strongly Disagree __ Disagree __Neutral __ Agree __ Strongly Agree

16. Within the past year, have any of your family/friends needed long-term care placement (skilled nursing facility, rehab, etc.)? ☐Yes ☐No

If yes, was there any difficulty obtaining placement? Please describe / explain:

_____

17. Are you currently employed?

__ Not employed __ Self-employed __ Part-time (___ #Hours per week) __Full-time

18. If not working, what is the main reason? (Check **one**.)

_ Ill or disabled
_ Cannot find work
_ Retired
_ Student
_ Taking care of family
_ Need training
_ Other_____

19. There are jobs available in the *community* (considering locally owned and operated businesses, jobs with career growth, reasonable commute, affordable housing) :

For *youth*? __Yes __No For *adults*? __Yes __No

20. Do you: __Rent __ Own your home __live with others who rent/own other_____

21. In my *community*, the places where I go for recreation most often are: (Check no more than **three)**:

_ parks
_ movie theaters
_ live theater/dance performances/concerts
_ social club/service club
_ rivers/lake/beaches/woods
_ sports fields
_ swimming pools
_ health/fitness clubs
_ dance halls
_ place for yoga, tai-chi, etc.
_ church
_ senior center
_ library
_ other_____

22. Zip code where you live: ☐☐☐☐☐

23. Your Gender: ☐Male ☐Female

24. Marital Status:

- ❑ Never Married
- ❑ Married/Cohabitating
- ❑ Divorced
- ❑ Widowed
- ❑ Separated

25. How do you pay for health care?

(Check all that apply)

- ❑ Pay Cash (no Insurance)
- ❑ Health Insurance
- ❑ Medicare
- ❑ Medicaid
- ❑ Veterans' Administration
- ❑ Other_____

26. Your age:

- ❑ Under 18 years
- ❑ 18 - 25 years
- ❑ 26 - 39 years
- ❑ 40 - 54 years
- ❑ 55 - 64 years
- ❑ 65 - 80 years
- ❑ Over 80 years

27. Annual Household Income:

- ❑ Less than $20,000
- ❑ $20,000 to $29,999
- ❑ $30,000 to $49,999
- ❑ $50,000 to $75,000
- ❑ Over $100,000

28. Ethnic group you most identify with:

- ❑ African American / Black
- ❑ Asian
- ❑ Hispanic / Latino
- ❑ Native American
- ❑ White / Caucasian
- ❑ Other_____

Number of people in your household: ___

29. Your highest educational level:

- ❑ Less than High School graduate
- ❑ High School Diploma or GED
- ❑ College degree or higher
- ❑ Other_____

To learn more about our efforts in Tarrant County, go to the MAPP Webpage located on the Tarrant County Public Health's website at https://www.tarrantcounty.com/eHealth/.

Tarrant County Voices for Health

Because Health Matters

Vision: Empowered people living healthy in a vibrant and safe community

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-wide strategic planning tool for improving community health. Facilitated by public health leadership, this tool helps communities prioritize public health issues and identify resources for addressing them.

Broad community participation is essential because a wide range of organizations and individuals contribute to the public's health. Public, private, and voluntary organizations join community members and informational associations in the provision of local public health services. The MAPP process brings these diverse interests together to collaboratively determine the most effective way to conduct public health activities.

The CTSA Subcommittee is working toward gaining a deeper understanding of the issues residents feel are important by addressing three key questions:

- What is important to our community?
- How is quality of life perceived in our community?
- What assets do we have that can be used to improve community health?

In collecting community thoughts, opinions and concerns we gather insight to the issues important to the community. This information leads to a portrait of the community as seen through the eyes of its residents.

We ask that you take just a few minutes to answer the following questions so that we are able to identify the opinions, concerns, and resources that are important to you.

In the following list, what do you think are the **three most important factors that define a "Healthy Community"**(Those factors that most improve the quality of life in the neighborhood in which you reside)?

_ Community Involvement
_ Low crime / safe neighborhoods
_ Low level of child abuse
_ Good Schools
_ Access to health care & other services
_ Access to Public Transportation
_ Parks and recreation
_ Clean environment
_ Affordable housing
_ Tolerance for diversity
_ Good jobs and healthy economy
_ Strong family life
_ Healthy behaviors and lifestyles
_ Low death and disease rates
_ Religious or spiritual values
_ Arts and cultural events
_ Other_____

In the following list, what do you think are the ***three* most important "risky behaviors"** in our community? (Behaviors that have the greatest impact on overall community health)

_ Alcohol abuse
_ Being overweight
_ Dropping out of school
_ Drug abuse
_ Lack of exercise
_ Poor eating habits
_ Not getting "shots" to prevent disease
_ Racism
_ Tobacco use
_ Not using birth control
_ Not using seat belts and/or child safety seats
_ Unsafe sex
_ Other_____

How would you rate your *community* as a healthy community to live in?

_Very Unhealthy _Unhealthy _ Somewhat Healthy _Healthy _ Very Health

In the space below, list THREE resources/assets for each category. Please be as specific as possible:

ORGANIZATIONS: Those making a difference in community health. How/Why? (Ex. For profit, non-profit, schools, service providers, police dept, neighborhood association etc.)			
PEOPLE: Names and roles of those individuals making a difference in your community. How/Why? (EX: Malcom Davis, leads up the community watch program in my neighborhood)			
PLACES: Locations in your community that help sustain or educate on health matters. How/Why? (Parks, swimming pool, community center, walking trail, school, etc.)			
COMMUNICATION: Ways you receive information on organizations, people, places and events in your neighborhood (email lists you subscribe to, local papers or magazines; websites you frequent			

Zip code where you live: ☐☐☐☐☐

Marital Status:

- ❑ Never Married
- ❑ Married/Cohabitating
- ❑ Divorced
- ❑ Widowed
- ❑ Separated

Age:

- ❑ Under 18 years
- ❑ 18 - 25 years
- ❑ 26 - 39 years
- ❑ 40 - 54 years
- ❑ 55 - 64 years
- ❑ 65 - 80 years

- ❑ Over 80 years

Ethnic group you identify with:

- ❑ African American / Black
- ❑ Asian
- ❑ Hispanic / Latino
- ❑ Native American
- ❑ White / Caucasian
- ❑ Other_____

Gender: ☐Male ☐Female

How do you pay for health care? Check all that apply)

- ❑ Pay Cash (no Insurance)
- ❑ Health Insurance
- ❑ Medicare
- ❑ Medicaid
- ❑ Veterans' Administration
- ❑ Other_____

Annual Household Income:

- ❑ Less than $20,000
- ❑ $20,000 to $29,999
- ❑ $30,000 to $49,999
- ❑ $50,000 to $75,000
- ❑ Over $100,000

# of people in your household: __

Your highest educational level:

- ❑ Less than High School graduate
- ❑ High School Diploma or GED
- ❑ College degree or higher

Other_____

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