2022

Tarrant County Public Health

COMMUNITY HEALTH ASSESSMENT

Dear Community Partner,

In October 2021, we started data collection for the Tarrant County Community Health Assessment (CHA). The CHA sheds a light on our county's health needs based on data collection and analysis. Social determinants of health such as demographics, income, education, and housing, which help identify health inequities further, are available in this report. This information will help our programs and community partners find more opportunities to eliminate disparities while serving those areas needing the most attention. Tarrant County Public Health will work diligently to continue collaborations with community partners toward improving health and wellness in Tarrant County communities.

As we discover more along this journey, we look forward to working with the community to make healthy people the foundation of our thriving community and further advancing the TCPH mission to use our expertise to advance our community's health through accountability, quality, and innovation. Thank you for your continued contributions to this wonderful community health improvement process.

We appreciate you taking the time to read this report and learn about what is happening in Tarrant County. The report will also provide information on how you can help create a healthy community. Please join us in making Tarrant County healthier by reaching out to the Tarrant County Public Health Call Center at 817-248-6299 if you have any questions or concerns.

Yours in Health,
Veerinder (Vinny) Taneja MBBS, MPH

Director, Tarrant County Public Health

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ACKNOWLEDGMENTS

Tarrant County Public Health (TCPH) wishes to express our sincerest gratitude for the contributions made by community partners, stakeholders, and community members who participated in the development of this assessment.

EXECUTIVE SUMMARY

Community health assessment is a first step in the continuous community health improvement process. This report provides a foundation for improving and promoting the health of Tarrant County residents. The 2022-2023 assessment is a culmination of a multi-year effort to gather, analyze and summarize local, state and national data on county residents, their health status, and the variety of features and conditions which impact their health, healthy development and quality of life. Data were compiled from multiple sources related to key health outcomes (morbidity, mortality), and key health determinants (health behaviors, health care and public health, social and economic factors, and environmental factors) to provide a comprehensive picture of health in Tarrant County.

The community health report is a compilation of three distinct assessments:
• Tarrant County Profile
• Health Equity Assessment
• Community Health Status Assessment

The Tarrant County Profile presents the overall demographics for the county as well as statistics related to income, economics, education, housing, and education. The Health Equity Assessment attempts to identify community concerns as to the social determinants that are driving health outcomes. The final and largest section of the report is the Community Health Status Assessment. This is where population health indicators are provided from 2016-2020. Data are compared to state and national rates, as well as over time. The Community Health Status Assessment data are further organized into the following subsections:
• Mortality
• Morbidity
• Access to Care
• Alcohol, Tobacco & Drug Use
• Built Environment
• Chronic Disease Management & Prevention
• Communicable Disease
• Injury (unintentional)
• Mental Health
• Natural Environment
• Oral Health
• Physical Activity & Nutrition
• Reproductive & Sexual Health
• Social Support, Violence & Community Safety

When sufficient data are available, data are analyzed by gender, race, ethnicity to identify disparities to form a complete picture of the health of the county.

Over the past 10 years the population of Tarrant County has increased by 20%, growing from a population of 1,818,167 in 2010 to a population of 2,110,640 in 2020. The County continues to expect to grow at rate of 20,000+ residents per year. The racial profile of the population at the time of the 2020 census was 49.49% White, 17.38% Black/African-American, 6.13% Asian, 0.89% Native American, 0.22% Native Hawaiian and Other Pacific Islander, and 11.87% other races. Tarrant County is very diverse with an estimate total household population of 722,446. Of that population, an estimated 41,603 households have Limited English Proficiency (LEP). There are 28,858 (20.1%) Spanish language households, 3,547 (16.0%) Other Indo-European language households, 6,540 (24.5%) Asian and Pacific Island language households, and 2,658 (18.1%) Other language households.

The average income is $94,714 with a median income of $70,306. This exceeds both the average and median income for Texas ($89,506 and $63,826) and for the U.S. ($91,547 and $64,994). While income is high so is housing cost burden, 30.61% of the population live in cost burdened households (where 30% or more of total household income goes to housing costs). Social vulnerability is the degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, which may affect that community's ability to prevent human suffering and financial loss in the event of disaster. Tarrant County has a social vulnerability index score of 0.55, which is lower than neighboring Dallas County (0.8182) and the state wide average of 0.65, but higher than Denton (0.0791), Parker (0.087), Ellis (0.2095), Wise (0.3123), and Johnson (0.3518) counties.

Several hundred measures are included in the Community Status Health Assessment. The next three tables summarize measures where opportunities for improvement / intervention may exist. These measures were selected because they met one of the following criteria:
- During the interval, since the county's last health assessment, the measure either became significantly worse or failed to improve to improve (no change or not significantly worse) for the entire population of Tarrant County.
- During the interval, since the county's last health assessment, the measure either became significantly worse or failed to improve to improve (no change or not significantly worse) for a segment of the population of Tarrant County.
- For the measure, Tarrant County may or may not have improved since the last assessment period; but, still has not achieved the same level of health that has been achieved by either the State of Texas or the United States as a whole or both.

It is important to note that it is not our intent to prioritize these issues, but rather to draw attention to where opportunities for health

improvement exist as prior performance or other areas of the state or country having demonstrated that better health outcomes are possible. Tarrant County Public Health is committed to providing the community with a broad set of data-driven options from which to select goals for community health improvement.

Health Indicators For All Tarrant County Populations

Significantly Worsened	Worsened, Not Significant	No Change	
• Drug Overdoses per 100,000 Population • Diabetes Mortality • Unintentional Injury Mortality, Age-Adjusted Rate per 100,000 Population • Unintentional Poisoning Mortality, Age Adjusted Rate per 100,000 Population • Low Birth Weight (percent of babies born <2500 grams) • All Cause Mortality Rate • Preterm Births (Percent of Births < 37 Weeks Gestation) • Homicide Rate • Juvenile Arrests • Violent Crime Rate	• Medicare Healthcare Costs • Alcohol Impaired Driving Deaths • Alcohol-Induced Mortality • Breast Cancer Incidence (Female) • Cervical Cancer Incidence • Cervical Cancer Mortality • Colon Cancer Incidence • Fatal Drowning, Age Adjusted Rate per 100,000 Population • Injury Deaths Due to Falls for Age 65 and Older per 100,000 Population • Motor Vehicle Crashes, Age Adjusted Death Rate per 100,000 Population • Alzheimer's Disease Mortality, Age Adjusted per 100,000 Population • Firearm Fatalities	• Adults 19 to 64 with Health Insurance • Children with Health Insurance • Binge Drinking in Adults • E-cigarettes, vaping, etc. • Heavy Alcohol Use in Adults • Asthma • Cancer (adults who have ever had any type of cancer including skin cancer) • Cervical Cancer Screening • Diabetes Prevalence • Diabetes Screening • Heart Disease/Heart Condition Prevalence • High Blood Pressure Prevalence • High Cholesterol Screening • Mammography Screening	• Depression • Frequent Mental Distress • Percent of Residents Experiencing Confusion or Memory Loss (Subjective Cognitive Decline) • Poor Mental Health • Very Low Birth Weight • Adults who Visited a Dentist • Consumed Fruit One or More Times Per Day • Consumed Vegetables One or More Times Per Day • Percent of Adults that are Overweight or Obese • Physical Inactivity among Adults • Percentage of infants who were breastfeed • Social Associations

Health Indicators Where No Statistical Improvement Was Made For a Particular Tarrant County Sub-Population

Ethnic/Racial Disparity

Hispanic Residents (Health Indicator Worse Compared to Non-Hispanic White Residents)
- Adults aged 19-64 with health insurance
- Children aged 0-18 with health insurance
- Adults who have had a routine check-up
- Adults who visited a dentist
- Infants born to mothers with <12 years of education
- Live birth rate among females aged 15-19
- Percentage of women receiving late or no prenatal care
- Percentage of infants who were breastfed
- Percentage of preterm births
- Percentage of low and very low birth weight infants
- Infant mortality rate
- Diabetes mortality rate
- Homicide rate

Non-Hispanic Black Residents (Health Indicator Worse Compared to Non-Hispanic White Residents)
- Adults aged 19-64 with health insurance
- Children aged 0-18 with health insurance

- Adults who visited a dentist
- Infants born to mothers with <12 years of education
- Live birth rate among females aged 15-19
- Percentage of women receiving late or no prenatal care
- Percentage of infants who were breastfed
- Percentage of preterm births
- Percentage of low and very low birth weight infants
- All cause mortality rate
- Infant mortality rate
- Diabetes mortality rate
- Breast cancer mortality rate (female)
- Colon cancer mortality rate
- Homicide rate

Non-Hispanic White Residents (Health Indicator Worse Compared to BOTH Hispanic AND Non-Hispanic Black Residents)
- Hospitalization rate
- Alcohol-induced mortality rate
- Alzheimer's disease mortality rate
- Suicide rate
- Drug overdose mortality rate
- Unintentional poisoning mortality rate

Gender Disparity

Female Residents (Health Indicator Worse Compared to Male Residents)
- Single-parent households
- Percentage of low birth weight infants
- Adult asthma prevalence
- Frequent mental distress among adults
- Alzheimer's disease mortality

Male Residents (Health Indicator Worse Compared to Female Residents)
- Adults aged 19-64 with health insurance
- Adults who have had a routine check-up
- Binge drinking among adults
- Consumed fruit one or more times per day
- Percentage of adults that are overweight or obese
- Current smoking among adults
- Birth defects among live births
- Percentage of infants who were breastfed
- Percentage of preterm births
- Colon cancer incidence
- All cause mortality rate
- Infant mortality rate

- Colon cancer mortality rate
- Alcohol-induced mortality rate
- Drowning mortality rate
- Motor vehicle crash mortality rate
- Suicide rate
- Firearm-related mortality rate
- Drug overdose mortality rate
- Diabetes mortality rate
- Unintentional injury mortality rate
- Unintentional poisoning mortality rate
- Homicide rate

Health Indicators Where a Disparity in Outcome Exists Between Tarrant County and State and/or National Outcomes

Performed Worse than United States and Texas
- Percentage of women receiving late or no prenatal care
- Single-parent households
- Infant mortality rate
- High cholesterol screening
- Alzheimer's disease mortality rate
- Percentage of low birth weight infants
- New HIV diagnosis per 100,000 population
- Primary and secondary syphilis cases per 100,000 population
- COVID-19 incidence

Performed Worse than United States
- Adults aged 19-64 with health insurance
- Children aged 0-18 with health insurance
- Medicare healthcare costs
- Single-parent households
- Percentage of women receiving late or no prenatal care
- Percentage of low birth weight infants
- Infants born to mothers with <12 years of education
- Teen pregnancy rate
- Live birth rate among females aged 15-19
- Infant mortality rate
- Alzheimer's disease mortality rate
- Diabetes mortality rate
- Number of dentists per population
- Number of primary care providers per population
- High cholesterol screening
- Cervical cancer incidence
- Tuberculosis Incidence

Performed Worse than Texas
- Percentage of women receiving late or no prenatal care
- Single-parent households
- Birth defects among live births
- Infant mortality rate
- High cholesterol screening
- Number of social associations per population
- Breast cancer incidence (female)
- Alzheimer's disease mortality rate
- Percentage of low birth weight infants
- Kindergarten vaccination rates
- Seventh grade vaccination rates

Health Equity Assessment Summary

In 2022, Robert Wood Johnson Foundation ranked Tarrant County as the 26th healthiest county in Texas, yet health disparities and health inequities continue to exist.[1] Tarrant County Public Health (TCPH) has worked strategically to improve health equity, eliminate health disparities, and reduce health inequities in Tarrant County. This work is addressed primarily by the Community Health Equity and Inclusion (CHEI) Division.

As a project of the CDC COVID-19 Disparities Grant, TCPH established the Tarrant County Unity Council (TCUC) in February 2022 to advance health equity efforts across Tarrant County and impact sustainable change for our most vulnerable populations. TCUC is a multi-sector council comprised of over one hundred community partners dedicated to addressing gaps that perpetuate health inequities and health disparities that were amplified by the COVID-19 pandemic. The council is working collaboratively to develop and implement a comprehensive equity plan for Tarrant County, which will include identified equity indicators. According to the Institute of State and Local Governance, equity indicators help local government to "measure equality or equity in [the communities they serve]….It works across multiple areas (e.g., education, housing, justice) and measures the disparities faced by disadvantaged groups (those most vulnerable to inequity, such as racial and ethnic minorities, immigrants, or individuals living in poverty) across those domains on a regular basis, tracking change over time."[2]

In order to best inform the comprehensive equity plan and the Tarrant County Community Health Assessment, it was important to conduct a health equity assessment to identify health disparities, barriers, social determinants of health inequities, and the needs of those who are disproportionately affected, underserved, and the most vulnerable in our community. The assessment focused on six social determinants of health (SDOH) including health, housing, transportation, communication, education, and criminal justice/policing. It was conducted between July 2022 to January 2023 through community surveys and community listening sessions in 14 Health Equity Zones (HEZs, see map on page 199). HEZs are community-led collaboratives in geographically-based areas where people live, learn, work, play, and worship to develop and sustain innovative health equity approaches to address significant health challenges.[3] The initial nine HEZs were comprised of ZIP Codes that included a high social vulnerability index (SVI), high COVID-19 infection rate, and low COVID-19 vaccination rate. The additional five HEZs were identified to provide a more comprehensive view of perspectives across Tarrant County.

1 Robert Wood Johnson Foundation. (2022). County Health Rankings & Roadmaps: Building a Culture of Health, County by County. Tarrant, TX. https://www.countyhealthrankings.org/explore-health-rankings/texas/tarrant?year=2022
2 Institute for State and Local Governance. (2023). Equity Indicators, https://equityindicators.org/#:~:text=Equity%20Indicators%20%E2%80%93%20Institute%20for%20State,or%20equity%20in%20their%20city
3 National Resource Center for Refugees, Immigrants, and Migrants. (2023). Health Equity Zones, https://nrcrim.org/health-equity-zones

Methodology

To complete the health equity assessment, six identified SDOHs were explored to assess the need for the development of equity indicators. Five committees were established and met monthly for eight months between March 2022 to October 2022 to identify equity indicators that have the greatest impact on the most vulnerable populations and disadvantaged groups in Tarrant County. Questions for the community survey and community listening sessions were identified for each SDOH using feedback from the CHEI staff and TCUC members.

A total of 14 HEZs were identified, with nine identified between March 2022 to June 2022 for the comprehensive county-wide equity plan and an additional five were identified between November 2022 to December 2022 for inclusion in the Tarrant County Community Health Assessment (CHA). TCUC and other community partners met to solidify actionable strategies to address community survey and community listening session findings.

Community Survey and Community Listening Session Data Analysis and Findings

From July 2022 to January 2023, the CHEI staff distributed 1,800 English and 900 Spanish surveys via paper copies and use of QR codes. Surveys were distributed at 13 community events, 10 Women Infant and Children Clinics, the North Central Texas Laboratory, and the TCPH Tuberculosis Clinic, Immunization Clinic, Travel Health Clinic, Adult Health Services, and Preventative Medicine Clinic. A total of 832 surveys were collected using SurveyMonkey to collect and analyze the data.

During the same period a total of 11 2-hour community listening sessions were held, reaching a total of 183 people. A total of 18 questions were developed, three for each focus area to allow for a deeper dive into that issue. The questions were determined by the community survey questions, which were based on the initial equity indicators developed by the six TCUC Committees. Table 1 shows the demographic information with the highest responses collected for both the community survey and community listening sessions.

Table 1. Demographic Information with Highest Responses for the Community Survey and Community Listening Sessions

DEMOGRAPHIC INFORMATION WITH HIGHEST RESPONSES		
CHARACTERISTIC	**COMMUNITY SURVEY**	**COMMUNITY LISTENING SESSION**
GENDER	Female (90.5%)	Female (80.5%)
AGE	28-45 years old (48.1%)	28-45 years old (37.8%)
RACE	White/Caucasian (40.7%)	Black/African American (42.7%)
ETHNICITY	Non-Hispanic (48.4%)	Hispanic (47.6%)
EDUCATION	G.E.D. (56.1%)	G.E.D. (41.4%)
PREFERRED LANGUAGE	English (82.2%)	English (78.0%)
ENGLISH LANGUAGE PROFICIENCY *(levels include Read, Write, and Speak)*	Read (89.4%)	Read (80.4%) Write (80.4%)

There were several key findings that resonated across both the community survey and community listening sessions. Women were more likely to participate in both the community survey and community listening sessions, which highlights that women are more likely to engage in activities that might improve their health than men or that the surveys or sessions were not in locations where men frequent. The health data from both suggested that issues of accessibility, such as high cost, poor service or quality of service, as well as a lack of transportation present barriers to health within some HEZs throughout Tarrant County. The transportation data was aligned as it takes community members 10 minutes or more to get to essential services and that most people utilize their personal vehicles and only a few residents ride the bus.

Further, both sets of communication data revealed that community members mostly prefer to receive important information through digital or electronic platforms, such as email, text messages, phone calls, and the news channel. The housing data showed that many residents are renting their homes, and that if an unexpected expense occurred, there would be an inability for them to afford their rent or mortgage. The criminal justice and policing data revealed that most residents do have some confidence in the police. Lastly, the education data was aligned as community members would like to see more community-based education programs, such as service learning, technical prep, school-to-work, youth apprenticeship, and adult literacy programs in their communities.
For a more detailed analysis, please refer to Appendices B and C.

Similarities and Differences of the Community Health Status Assessment and the Health Equity Assessment

There were both similarities and differences identified across both the Community Health Status Assessment (CHSA) and the Health Equity Assessment (HEA) related to various topics, such as healthcare, suicide, violence and broad band access.

Access to Care

Under the Access to Care Domain in the CHSA, the Medicare healthcare costs data showed that the overall Tarrant County trend had worsened also in comparison to the United Sates. From 2016-2019, the costs gradually increased. Although there are various reasons for healthcare costs, such as asthma, diabetes, heart disease, high blood pressure, and high blood cholesterol, the current data does not indicate the reasons for the increase in costs. However, of those chronic diseases, diabetes mortality rates increased in Tarrant County overall (regardless of race/ethnicity) with Hispanic and non-Hispanic Black residents having higher diabetes mortality rates compared to non-Hispanic White residents. In the HEA, HEZs consist of predominantly Black/African American and Hispanic communities. The community survey and community listening session participants were not asked specifically about Medicare healthcare costs, but about barriers to receiving healthcare and what stops them from being healthy. A common barrier reported was money, which could be a reflection of the need to pay for rising healthcare costs.

The ratio of population per healthcare provider, such as Dentists, Optometrists, Mental Healthcare Providers, Primary Care Providers and Other Primary Care Providers (e.g., nurse practitioners (NP), physician assistants (PA), and clinical nurse specialists), has decreased from 2016-2020, indicating more providers are available now in our community compared to previous years. In the HEA, some community survey and community listening session participants reported that waitlist and appointment scheduling has gotten longer during the COVID-19 pandemic than previous years and are barriers to healthcare, which indicates a difference in the lived experience by residents compared to the overall trend of increased numbers of healthcare providers in Tarrant County.

Of the adults who had a routine check-up in 2020, a significantly higher proportion of females (79.7%) had a routine check-up in the past year compared to males (71.4%). In the HEA, the majority of the community survey participants were females who knew how to use healthcare and preventative services, with the most common being how to use inpatient care (e.g., admitted to hospital, rehabilitation center, etc.), followed by outpatient care (e.g., partial hospitalization) and counseling/therapy services. The data across both assessments may account for better health outcomes for women than men.

Mental Health

Under the Mental Health Domain in the CHSA, mental health data showed that overall suicide rates for Tarrant County improved from 2016-2020. However, during this period, the highest suicide mortality rates were among Tarrant County residents aged 45-64 years, among males, and among non-Hispanic Whites (each demographic separately, not as one group). Although the combined rate among residents aged 15-24 was the lowest, the suicide mortality rate gradually increased, but not significantly. According to the 2020 Tarrant County Public Health Data Brief regarding Suicide in Tarrant County, the top 3 methods of Tarrant County suicides from 2016-2020 were firearms (63%), hanging/strangulation/suffocation (24%), and poisoning (9%). By contrast, in the HEA, some community survey participants indicated that suicide and crisis hotlines were not the most common services that they knew how to use if they or a loved one needed them. This may be an indication of the need for increased awareness of suicide and crisis hotlines, as they are important to provide resources by trained professionals for those who are having suicidal thoughts. Furthermore, if awareness is increased for suicide and crisis hotlines, these resources could help the overall suicide rates for Tarrant County to continue to improve in the future.

Social Support, Violence, and Community Safety

Under the Social Support, Violence, and Community Safety Domain in the CHSA, the data indicated that the violent crime rate metric worsened and was found to be statistically significant. From 2016-2020, homicide fatalities were significantly higher among non-Hispanic Black residents compared to all other racial/ethnic groups and significantly higher among males compared to females. Regarding firearm fatalities, males had a significantly higher rate than females each year from 2016-2020 and that for the combined years of 2016-2020, firearm fatalities were significantly higher among non-Hispanic Black and non-Hispanic White residents compared to Hispanics and non-Hispanic Other residents. In the HEA, regarding community safety, although not a prevailing theme, some community survey and community listening session participants indicated the need for more police presence and patrol and less gun violence. Additionally, in the housing section of the community listening session data of the HEA, participants mentioned violence and crimes, including gun violence, theft, vandalism, solicitation, and kidnapping as aspects that make them feel unsafe in their communities.

Broadband Access

Under the Built Environment Domain in the CHSA, the broadband access data in 2020 showed that the overall Tarrant County trend had improved significantly. Of the households in Tarrant County, 89.8% had broadband access of any type, 89.9% had an internet subscription, and 95.5% had one or more types of computing devices. These estimates are higher than Texas and the U.S. In the HEA, 96.6% of the participants in the community survey reported having access to technology (e.g., smart phone, computer, tablet, etc.). Another 60.0% of participants in the community survey selected that they prefer to receive important information by email. The top identified theme from the community listening session data was electronic and digital, with email being the most preferred when asked how they want to receive important information. With the improved broadband access across Tarrant County, community members will be able to better access important information and communicate with various resource providers, such as public health, social services, healthcare, school districts, faith-based organizations, etc. throughout Tarrant County in their most preferred method.

Transportation and Housing

The Built Environment Domain in the CHSA, indicated from 2011-2016 there was a total of 1,803 fast food establishments and 247 grocery stores in Tarrant County and an increase in traffic volume from 2018-2019. These findings revealed that of the 2,109,784 Tarrant County members, 315,695 reside in a food dessert and experience longer commutes, creating barriers to accessing healthier food options close to their home.

Furthermore, participants in the community listening sessions mentioned having a thirty minute to an hour commute to the nearest grocery store or hospital by bus. The HEA revealed a need for more information regarding utilizing public transit, as well as discount transit and voucher programs, specifically for the elderly population in Tarrant County. Limited resources within neighborhoods make Tarrant County community members travel further to acquire quality healthcare providers, grocery stores, and other essential services.

For more information, refer to Appendices B, C, and F.

NEXT STEPS

Tarrant County Public Health is moving into the development of a Tarrant County Community Health Improvement Plan (CHIP). The process for the CHIP will include community partners, stakeholders, and community members reviewing data findings and identifying challenges and opportunities within the community, which leads to the identification of strategic priorities. TCPH will work with the community to formulate equitable goals, objectives, and strategies to address prioritized needs. It will be critical for the community to discuss the possible barriers and resources needed for implementation of the CHIP priorities and to participate in various ways towards improving the health of the Tarrant County community for all.

Furthermore, to provide an ongoing community collaborative process for the continuous enhancement of the CHA, TCPH will utilize various methods to communicate and share data with the Tarrant County community and partners. Information related to identified needs of both the previous and current CHA will be gathered annually and placed on the TCPH website, to ensure relevancy and consistency with trends, and the promotion of health literacy. In order to remain competent with the advancements of our community, TCPH will utilize the health department website to provide the latest information on available services, programs, and educational materials offered by TCPH or community partners.

A Community Health Status (CHS) update report will be developed annually as an addendum to the CHA. The purpose is to provide updated health status information that are identified in the 2022 Tarrant County CHA, as well as to evaluate progress toward our CHIP. To obtain community feedback annually, community partners, stakeholders, and community members will be asked to participate in a survey to provide feedback on the CHIP progress, as well as to share their perceptions around key health indicators in Tarrant County. The survey will be distributed via email, social media platforms (Facebook, Twitter, Instagram, etc.), and existing community, neighborhood, and/or coalition, collaboration, council, and board meetings and events. The Epidemiology and Health Division will review and analyze the current Behavioral Risk Surveillance Survey (BRFSS) and the community survey data, along with produce data briefs relative to trending health indicators from the CHA. The Community Health Equity and Inclusion (CHEI) Division will measure identified health equity indicators.

In addition to collecting community feedback, TCPH will gather information from community partners and stakeholders regarding data, equitable strategies, and approaches that they developed relevant to the CHA findings and key indicators. All new data and information will be reviewed by the CHEI Division to determine how it can be incorporated into the CHS report; shared on the TCPH website, social media platforms, during community meetings (in-person and virtually) in each Tarrant County Precinct; and discussed at existing community, neighborhood, and/or coalition, collaboration, council, and board meetings.

How you can help:
- Tell us what Tarrant County Needs to be healthy!
- Help TCPH identify areas with gaps that require more attention and prioritize those areas for a Community Health Improvement Plan.
- Participate in a community meeting and let your voice be heard and make a difference to improve the health of our community for all.
- Share this report with others and help spread the word in your community about how people can get involved.

METHODOLOGY

Community health assessment (CHA) also referred to as community health needs assessment (CHNA) is the systematic collection and analysis of data to evaluate the health data of a community. For the purposes of this document, the community is defined as Tarrant County, Texas. Through the assessments of health needs and resources, the community is able to then prioritize issues and develop an action plan (community health improvement plan - CHIP) to improve health.

To complete a comprehensive analysis of Tarrant County's health, in January 2022, Tarrant County Public Health (TCPH) began reviewing appropriate assessment tools that would provide a deeper understanding of community health needs in Tarrant County and lead to the development of effective strategies to address prioritized needs. A modified version of the Catholic Health Association of the United States (CHAUSA) model, in collaboration with the VHA, Inc. and the Healthy Communities Institute was selected as the assessment model.[1] The original model included the following six steps:

1. Plan and prepare for the assessment
2. Determine the purpose and scope
3. Identify data that describes the health and needs of the community
4. Understand and interpret the data
5. Define and validate priorities
6. Document and communicate results

The CHAUSA model focused on a CHA for hospitals. Therefore, the model was modified to reflect application to a public health department, not a hospital system. For example, where there was a reference to hospitals, hospital boards, etc. within the tasks under the specific steps, the change was made to public health or Leadership Team, as TCPH does not have an established board. Additional modifications included removing Step 5, as it will be conducted in the community health improvement process. This will allow for additional community engagement and inclusivity from various community partners and community members in the identification of priorities for the improvement of health in Tarrant County over the next five years and for continued alignment with Public Health Accreditation Board guidelines. Thus, Steps 1-4 and 6 were used for the current Tarrant County Community Health Assessment (CHA) process. Below is how each step was carried out.

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1. Catholic Health Association of the United States. (2013). Assessing & Addressing Health Needs. file:///C:/Users/ymwingate/OneDrive%20-%20Tarrant%20County/documents/HomeFolder/My%20Documents/Community%20Health%20Assessment/chausa_assessingaddressing-pdf.pdf

STEP 1: Plan and Prepare for the Assessment
From January 2022 to March 2022, TCPH began to plan and prepare for the assessment. An internal CHA Core Team was formed and comprised of the TCPH Leadership Team, Community Health Equity and Inclusion Division, Compliance Division, Epidemiology and Health Information Division, Health Informatics Division, and Communications. The team was selected based on either previous CHA development experience or existing expertise needed for the completion of the CHA process. The team met monthly to determine who will participate in the process, plan for community engagement, determine how the community health needs assessment will be conducted, identify and obtain available resources, and develop a preliminary timeline.

STEP 2: Determine the Purpose and Scope
During planning, it was determined that the assessment would serve to identify the overarching health needs of the county and a health equity assessment would be conducted with a sub-focus on identifying health disparities, barriers, and social determinants of health inequities in socially vulnerable communities within Tarrant County. These communities were identified as Health Equity Zones (HEZs). Assessment within the HEZs focused on health, housing, communication, transportation, education, criminal justice, and policing. HEZs are community-led collaboratives in geographically-based areas where people live, learn, work, play, and worship to develop and sustain innovative health equity approaches to address significant health challenges.[2] To ensure that the purpose would be accomplished effectively, the CHA Core Team revisited what additional data and staff resources would be needed from March 2022 to May 2022.

STEP 3: Identify Data that Describes the Health and Needs of the Community
From January 2022 to June 2022, a Community Health Status Assessment (CHSA) was conducted. Health indicators were compiled from various data sources including the national Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention updated data on morbidity, and the U.S. Census Bureau for updated demographic data. The reports covered the following areas: mortality, morbidity, access to care, alcohol, tobacco and drug use, chronic disease management and prevention, communicable disease, built environment, injury (unintentional), mental health, natural environment, oral health, physical health and nutrition, reproductive and sexual health, and social support, violence, and community safety. Staff worked diligently to review, evaluate, and understand different types of primary and secondary data, assessments, and reports.

From February 2022 to June 2022, the community engagement process began when the County contracted with Ascendient Healthcare Advisors to conduct organizational leadership interviews and focus groups to gain greater insight related to the effectiveness of the operation (e.g., level of trust, understanding and respect between organizations, timeliness of communication,

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2. National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM), Health Equity Zones, https://nrcrim.org/health-equity-zones

leadership and staff knowledge and expertise) of TCPH and identify priorities/opportunities for additional public health services (data reporting, community outreach and collaboration, programs and services).[3] A total of 13 community leader focus groups were conducted and over 120 surveys were collected from community partners.

From June 2022 to January 2023, staff conducted a Health Equity Assessment (HEA), which was a two-part assessment that consisted of a community survey and community listening sessions, covering 14 identified HEZs within Tarrant County. There was a total of 11 community listening sessions conducted and 832 community surveys collected to gain a deeper understanding of the lived experience of community members and how it relates to existing health disparities, barriers, and social determinates of health inequities.

STEP 4: Understand and Interpret Data
As part of the TCPH Health Profile development from November 2022 to January 2023, TCPH staff analyzed and interpreted health equity assessment data and core health indicators by looking at comparisons, trends, and the status of benchmarks, such as Healthy People 2020 and 2030. The data were further reviewed by the CHA Core Team in a planning meeting to identify the disparities, the causal factors, and significant health needs of the Tarrant County community. Data from the CHA were then compiled into a report consisting of two major assessments, the CHSA and the HEA.

STEP 5: Document and Communicate Results
The CHA report was written in stages from January 2022 to July 2023, as information was received from TCPH staff. Various tables, graphs, and maps were developed to highlight data, disparities, barriers, and social determinants of health inequities within Tarrant County. The report was shared with the public on the TCPH website, social media platforms, and in community meetings during the CHA process to identify strategic issues in Tarrant County, select those that will address community needs, and prioritize them for implementation.

Data Limitations
This report is the culmination of numerous datasets and each set of data used has different limitations. The data sources are provided so the user may refer to the original data source to evaluate those limitations. Whenever possible, five years are provided along with a breakdown by key demographic variables. For some indicators, the years presented vary, as the most recent years of data may not have been available at the time the report was being generated. Demographic breakdowns are not always provided as the data may also not be available or the sample sizes were too small to analyze the data below the county level. Whenever locally collected data were available they were provided as they represent the most substantial data sets available for the county. Caution should be used however when comparing these data to state and national data, as there may be variations in how the data are collected, resulting in the variation between locally acquired estimates and state/nationally generated estimates.

3. Ascendient https://www.ascendient.com/

TARRANT COUNTY PROFILE

Tarrant County, one of 26 counties created out of the Peters Colony, was established in 1849. It was named for General Edward H. Tarrant, commander of militia forces of the Republic of Texas at the Battle of Village Creek in 1841. From as early as 1856, regular stagecoach service passed through Tarrant County, carrying mail and passengers from the east onto the frontier forts and the West Coast. By the 1870's, mail stagecoaches arrived and departed from downtown Fort Worth six days a week.

From the close of the Civil War and through the late 1870's, millions of cattle were driven up the trail through Tarrant County (roughly following Interstate 35 West) to the railheads in Kansas. After the Texas & Pacific Railroad reached Tarrant County and Fort Worth in 1876, Fort Worth became the largest stagecoach terminus in the Southwest - a hub for rail passengers to continue their journeys west by stagecoach.

The County has experienced substantial population growth over the past decade, with a 20.01% increase. Growing from a population of 1,818,167 in 2010 to a population of 2,110,640 in 2020. The County continues to expect to grow at a rate of 20,000+ residents per year. The racial profile of the population at the time of the 2020 census was 42.9% Non-Hispanic White, 17.0% Non-Hispanic Black/African-American, 6.1% Non-Hispanic Asian, 0.2% Non-Hispanic Native American, 0.2% Non-Hispanic Native Hawaiian and Other Pacific Islander, and 4.1% other races. The Hispanic or Latino ethnicity makes up 29.4% of the population.

Tarrant County has grown tremendously. It is now Texas' third-most populous county and the 15th-most populous in the United States. It is comprised of 41 incorporated areas:

- Arlington
- Azle
- Bedford
- Benbrook
- Blue Mound
- Burleson
- Colleyville
- Crowley
- Dalworthington Gardens
- Edgecliff Village
- Euless
- Everman
- Flower Mound
- Forest Hill
- Fort Worth
- Grand Prairie
- Grapevine
- Haltom City
- Haslet
- Hurst
- Keller
- Kennedale
- Lakeside
- Lake Worth
- Mansfield
- Newark
- North Richland Hills
- Pantego
- Pelican Bay
- Reno
- Richland Hills
- River Oaks
- Saginaw
- Sansom Park
- Southlake
- Trophy Club
- Watauga
- Westlake
- Westover Hills
- Westworth Village
- White Settlement

Tarrant County is part of the Dallas–Fort Worth–Arlington, TX Metropolitan Statistical Area and covers an area of approximately 902 square miles. There remains a portion of rural unincorporated land in Tarrant County, but those areas are quickly disappearing, as it is becoming harder to tell where one municipality ends and another begins.

Tarrant County, like all Texas counties, is governed by a Commissioners Court, which consists of the county judge, who is elected county-wide and presides over the full court, and four commissioners, who are elected in each of the county's four precincts. The current Commissioner's Court is comprised of:

2022

Office	Name
County Judge	B. Glen Whitley
Precinct 1	Roy Charles Brooks
Precinct 2	Devan Allen
Precinct 3	Gary Fickes
Precinct 4	JD Johnson

2023

Office	Name
County Judge	Tim O'Hare
Precinct 1	Roy Charles Brooks
Precinct 2	Alisa Simmons
Precinct 3	Gary Fickes
Precinct 4	Manny Ramirez

Tarrant County Hospital District, also known as JPS Health Network, is a 573-bed governmental hospital, with more than 40 community-based clinics which serves the entire County with a staff of approximately 6,000 practitioners, nurses, ancillary, and support service team. JPS has the largest family medicine residency program in the nation. Special services include:

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

Trinity Springs Pavilion is a psychiatric facility that is utilized for crisis stabilization, short-term treatment, and family education. It is located on JPS's main campus. JPS also has a psychiatric emergency center in the main hospital and operates a partial hospitalization program that is designed to help patients function within their homes and communities.

In serving the same population, JPS and TCPH have collaborated on several projects to address disparities and meet the needs of Tarrant County residents, including Delivery System Reform Incentive Payment (DSRIP) programs, development of community health needs assessments, policy reviews, and COVID-19 efforts. The Dr. Marion J. Brooks Building, which is the TCPH main building, is located on the same campus as the JPS Women's Clinic. This allows clients to easily access services from both organizations and, thereby, removing barriers to access care and improve their health.

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. There are 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 five largest industries in Tarrant County, TX are:

1. Retail
2. Health Care
3. Manufacturing
4. Education
5. Hospitality

Resources in Tarrant County

Tarrant County is a resource rich community. TCPH utilizes and shares these resources in various capacities, including online information services for individual, families, caregivers and agencies. Resource information can be accessed in a number of ways, but TCPH collaborates with Tarrant Cares to maintain one online resource, *https://tarrantcares.org*. Through Tarrant Cares, resources are consolidated under 10 headings (see table below). TCPH contributes to the updating of this guide annually. All resources in this guide supports the health of Tarrant County residents. Tarrant Cares is sponsored/supported by Texas Health Resources, Baylor Scott & White Medical Center, JPS Health Network, MHMR Tarrant, Methodist Mansfield Medical Center, United Way of Tarrant County, Cook Children's Healthcare Center, Mental Health Connection of Tarrant County, and The University of North Texas Health Service Center of Fort Worth. These partners are also integral to the health of Tarrant County and will be sought out as partners in the assessment and health improvement planning process. In addition, among the many resources in Tarrant County, residents are one of the most valuable and their feedback is sought through various mediums, such as public meetings/listening sessions, community surveys, and customer satisfaction feedback through direct service providers.

Resource Category	Resource Example	Resource Provider/Partner
Children and Families	Health, Child care, Mental and physical illnesses, Parenting, Mentoring programs	Cook Children's Health Care System, JPS Health Network, Texas Health Resources, Big Brothers Big Sisters, Boys and Girls Club, Girls, Inc., HOPE Farm, Inc., McDonald YMCA, Santa Fe Youth Services, Coaching Up, My Brother's Keeper, Tarrant to and through partnerships (T3), Create + Collaborate, The Parenting Center, Fatherhood Coalition of Tarrant County, Child Care Management Services, Early Learning Alliance, Head Start, UNTHSC Healthy Start, Help Me Grow North Texas, Transforming Lives, and Public/Private/Charter Schools in Tarrant County
Domestic, Sexual and Other Violence	Supports for crime/abuse victims, including children, families and significant others, Crisis services	Alliance for Children, United Way of Tarrant County – One Second Collaborative, and One Safe Place
Community Corrections	Community-based services, Courts, Adult and juvenile probation services	Tarrant County Juvenile Services, Tarrant County Community Probation Services, Juvenile Justice Alternative Education Programs, and Legal Aid of Northwest Texas
Veterans, Service Members and Their Families	Veterans/military services, Support groups, Post-traumatic stress, Medical care	Tarrant County Veterans Service Office, and Department of Veteran Affairs – Compensated Work Therapy Program
Prenatal to Age 5	Prenatal development, Parenting, Infant development, Child care	Child Care Management Services, Early Learning Alliance, Head Start, UNTHSC Healthy Start, and Nurse Family Partnership

Resource Category	Resource Example	Resource Provider/Partner
Ex-Offender Reentry	Reentry Services, Housing, Employment Resources, Transportation	Reentry First Stop Center for Tarrant County, Tarrant County Re-entry Coalition, Workforce Solutions for Tarrant County, Tarrant County Community Development, City of Arlington Housing Authority, Fort Worth Housing Solutions, Housing Opportunities of Fort Worth, Tarrant County Homeless Coalition, Samaritan House, Trinity Metro, and Catholic Charities
Intellectual and Developmental Disabilities	Intellectual disabilities, Developmental disabilities, Down Syndrome, Learning disabilities	The IDD Council of Tarrant County
Mental/Behavioral Health	Mental health care, Family support, Psychiatric evaluation, Medication management, Case management	MHMR Tarrant County, Mental Health Connection of Tarrant County, Depression Connection for Recovery, Family Community Case Management, and UTA School of Social Work
Public Health and Healthy Communities	Communicable diseases, Emergency preparedness, Chronic disease and Prevention, Immunizations	Tarrant County Public Health, Tarrant County Diabetes Collaboration, City of Arlington Fire Department Public Health Unit, Cornerstone Assistance Network, North Texas Area Community Health Center, and Mercy Clinic of Fort Worth
Seniors/Adults with Disabilities	Caregiver supports, Alzheimer's disease/ dementia, Prevention of falls, Prevention of abuse	Sixty & Better, Alzheimer's Association of North Central Texas Chapter, Tarrant County Area Agency on Aging, The Aging Disability Resource, and UNTHSC TCOM Department of Internal Medicine & Geriatrics

DEMOGRAPHICS

Current population demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by communities.

Total Population, Area and Population Density

Total population in Tarrant County is 2,110,640 individuals according to the 2020 U.S. Census.

Area	Total Population	Land Area (Square Miles)	Population Density
Tarrant County	2,077,153	865.29	2,400
Texas	28,635,442	261,267.84	107
United States	326,569,308	3,533,038.14	92

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Total Population Density, 2016 - 2020
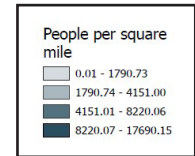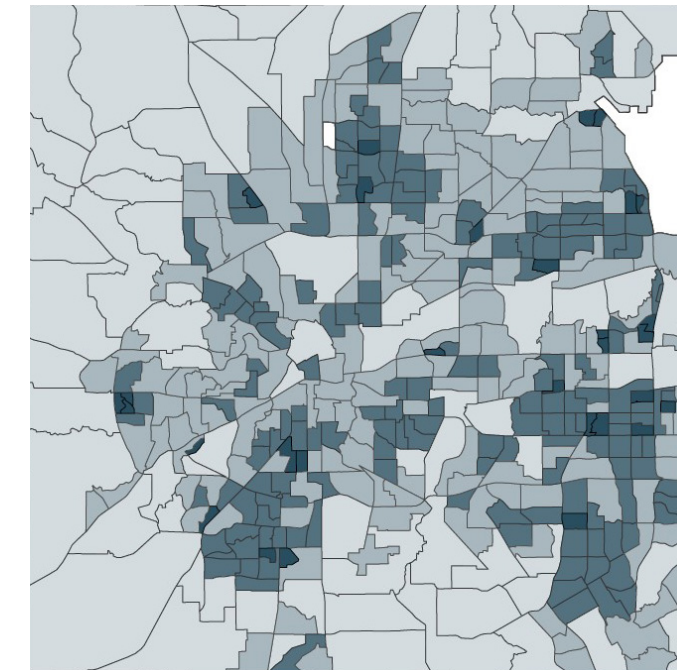
Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Urban and Rural

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. Of the report areas 1,809,034 population, 1,785,730 or 98.71% of the population is classified urban while 23,304 or 1.29% is rural.

Report Area	Total Population	Urban Population	Rural Population	Urban Population, Percent	Rural Population, Percent
Tarrant County	1,809,034	1,785,730	23,304	98.71%	1.29%
Texas	25,145,561	21,298,039	3,847,522	84.70%	15.30%
United States	312,471,327	252,746,527	59,724,800	80.89%	19.11%

Data source: U.S. Census Bureau. Decennial Census, 2010.

ZIP Code Map, Tarrant County, 2020
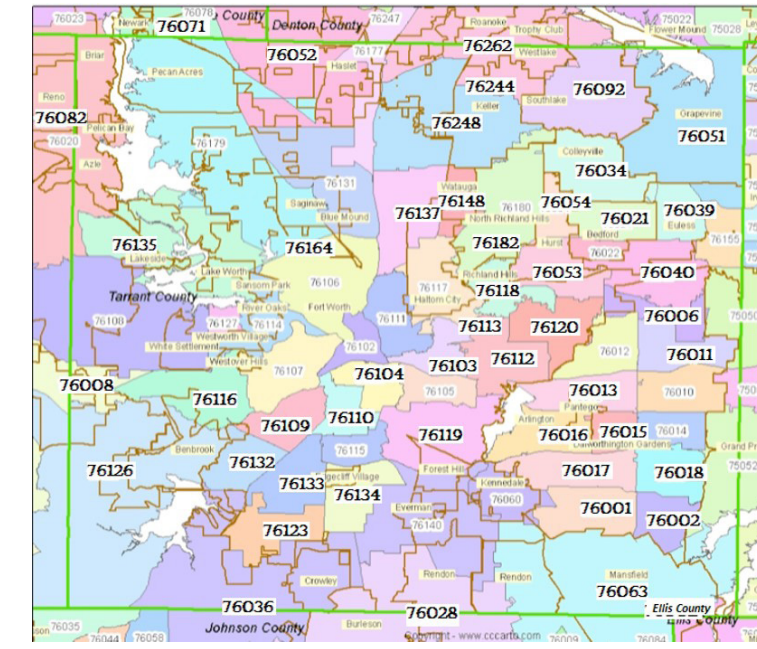
Total Population by Gender

Area	Male	Female	Male %	Female %
Tarrant County	1,015,480	1,061,673	48.89%	51.11%
Texas	14,221,720	14,413,722	49.66%	50.34%
United States	160,818,530	165,750,778	49.24%	50.76%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Percent Population by Age Group

Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Tarrant County	6.94%	19.35%	9.36%	14.96%	13.69%	12.95%	11.43%	11.32%
Texas	6.97%	18.80%	9.79%	14.70%	13.58%	12.37%	11.23%	12.55%
United States	6.02%	16.43%	9.32%	13.93%	12.66%	12.72%	12.89%	16.03%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Population Under the Age of 18

Of the estimated 2,077,153 total population in Tarrant County, an estimated 546,125 persons are under the age of 18, representing 26.29% of the population. The number of persons under age 18 is relevant because this population has unique needs, which should be considered separately from other age groups.

Area	Total Population	Population Age 0-17	Population Age 0-17, Percent
Tarrant County	2,077,153	546,125	26.29%
Texas	28,635,442	7,381,482	25.78%
United States	326,569,308	73,296,738	22.44%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Percent Population by Race and Ethnicity

Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic NAAN	Non-Hispanic NPI	Non-Hispanic Other	Non-Hispanic Multiple Races	Hispanic or Latino
Tarrant County	45.86%	16.27%	5.54%	0.25%	0.19%	0.24%	2.66%	29.00%
Texas	41.38%	11.76%	4.88%	0.23%	0.08%	0.20%	2.04%	39.44%
United States	60.09%	12.25%	5.57%	0.64%	0.17%	0.31%	2.80%	18.18%

Note: Some of the combined race/ethnicity groups use acronyms for their names in the following table and chart. The full forms are as followed:
- *Non-Hispanic NAAN = Non-Hispanic Native American or Alaska Native*
- *Non-Hispanic NPI = Non-Hispanic Native Hawaiian or Pacific Islander*
- *Non-Hispanic Other = Non-Hispanic Some Other Race*

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Change in Population, 2010 to 2020

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources. According to the United States Census Bureau Decennial Census, between 2010 and 2020 the population in the report area grew by 301,016 persons, a change of 16.63%.

Area	Total Population, 2010 Census	Total Population, 2020 Census	Population Change, 2010-2020	Population Change, 2010-2020, Percent
Tarrant County	1,809,624	2,110,640	301,016	16.63%
Texas	25,145,557	29,145,505	3,999,948	15.91%
United States	312,471,161	334,735,155	22,263,994	7.13%

Data source: U.S. Census Bureau. Decennial Census, 2020.

Population with Any Disability

Tarrant County has a total population of 2,061,178 for whom disability status has been determined, of which 206,258 or 10.01% have any disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Area	Total Population (For Whom Disability Status Is Determined)	Population with a Disability	Population with a Disability, Percent	% Population Under 18 with a Disability	% Population 18 to 64 with a Disability	% Population 65 years and older with a Disability
Tarrant County	2,061,178	206,258	10.01%	3.7%	8.4%	33.9%
Texas	28,169,961	3,241,910	11.51%	4.3%	9.5%	36.8%
United States	321,525,041	40,786,461	12.69%	4.3%	10.3%	34.0%

Data source: U.S. Census Bureau. Decennial Census, 2020.

Of the 206,258 non-institutionalized persons with disabilities, more are female (107,030) than males (99,228). The race or ethnic group with the highest number of persons with disabilities are White alone (139,214) and White alone, not Hispanic or Latino (115,836), followed by Black or African American alone (38,519) and Hispanic or Latino of any race (38,373). The Native Hawaiian and Other Pacific Islander alone have the lowest number.

Population with Any Disability by Race Alone, Percent

This indicator reports the percentage of the total civilian non-institutionalized population with a disability by race alone. The percentage values could be interpreted as, for example, "Of all the White population in Tarrant County, the percentage of population with disability is (value)."

Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Tarrant County	10.66%	11.27%	10.75%	5.86%	19.33%	6.52%	7.66%
Texas	11.94%	13.13%	16.14%	5.79%	12.86%	9.52%	10.03%
United States	13.28%	13.98%	16.92%	7.22%	11.28%	9.10%	10.39%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Tarrant County Overall Disability by Census Tract - ACS 2016-2020 5-year Estimates

Estimated Percentage
- 0.0 - 10.0
- 10.1 - 20.0
- 20.1 - 30.0
- Data unavailable
- Water

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.
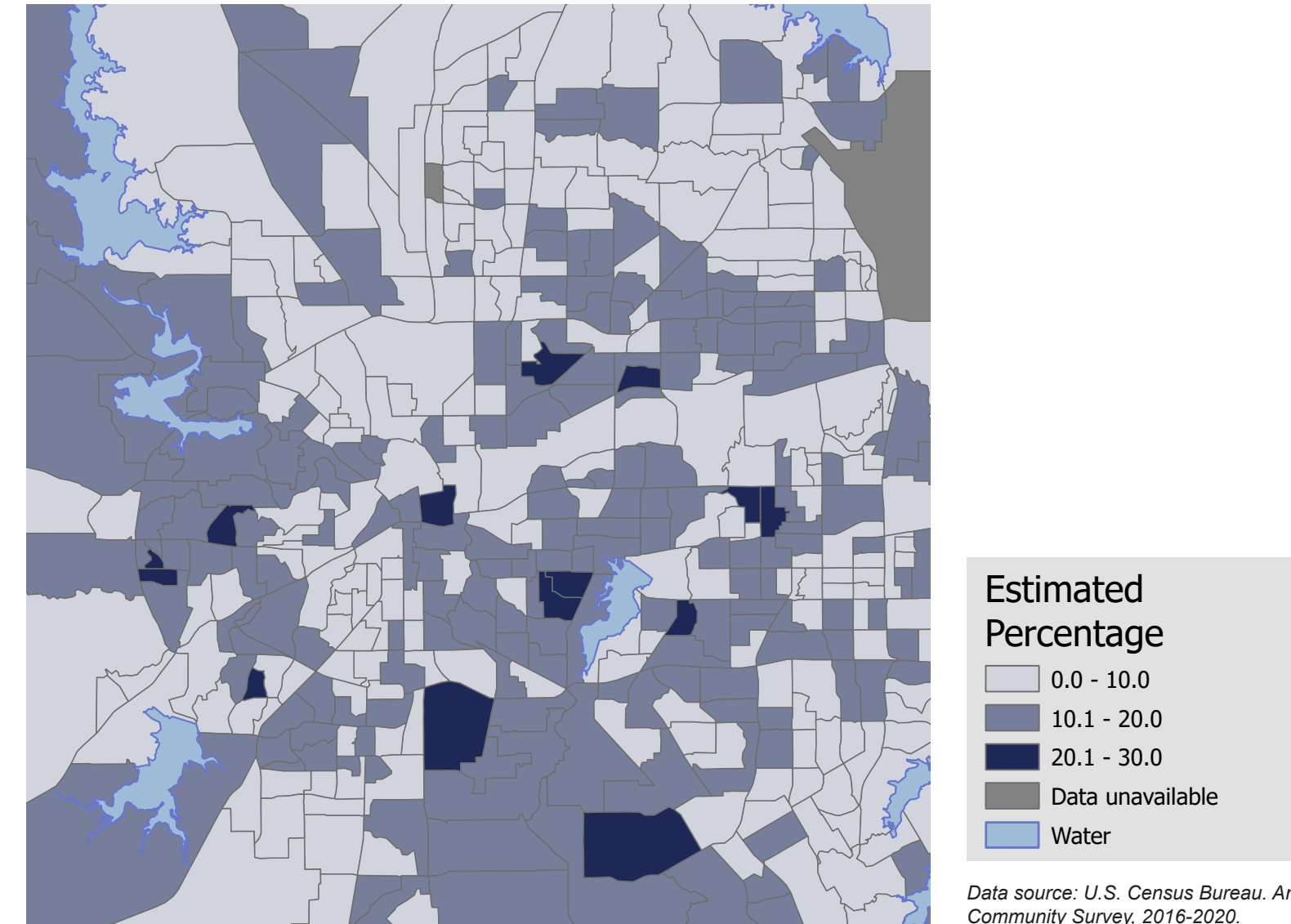
Children with Disabilities

In Tarrant County, there are 810 children under 5 years old with a disability and 19,649 children aged 5 to 17 years old with a disability. Of the 810 children under 5 years old, they are almost 3 times more likely to experience a hearing difficulty (750) than a vision difficulty (272). Of the 19,649 children aged 5 to 17, they are almost 7 times more likely to experience a cognitive difficulty (15, 271) than vision (2,601), ambulatory (2,227), and hearing (2,108) difficulties. That same age group is almost 5 times more likely to experience a self-care difficulty (3,239).

Children with Disabilities, Tarrant County, 2020

Disability Type	By Detailed Age	Total # of Children	# With a Disability	Rate per 1000 Children
Any disability	Under 5 years	144,178	810	5.6
	5 to 17 years	401,802	19,649	48.9
With a hearing difficulty	Under 5 years	144,178	750	5.2
	5 to 17 years	401,802	2,108	5.2
With a vision difficulty	Under 5 years	144,178	272	1.9
	5 to 17 years	401,802	2,601	6.5
With a cognitive difficulty	5 to 17 years	401,802	15,271	38.0
With an ambulatory difficulty	5 to 17 years	401,802	2,227	5.5
With a self-care difficulty	5 to 17 years	401,802	3,239	8.1

Data source: U.S. Census, 2020.

Population with Limited English Proficiency

Limited English Proficiency (LEP) is the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well". LEP is relevant because an inability to speak English well creates barriers to healthcare access, provider communications, and health literacy/education. Of the 1,932,974 total population aged 5 and older in the report area, 218,311 or 11.29% have limited English proficiency.

Area	Population Age 5+	Population Age 5+ with LEP	Population Age 5+ with LEP, Percentage
Tarrant County	1,932,974	218,311	11.29%
Texas	26,638,435	3,531,850	13.26%
United States	306,919,116	25,312,024	8.25%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Limited English Proficiency (LEP) Household Population in Tarrant County, 2020

Household Speaking	Households	% Households	LEP Households	% LEP Households
Spanish	143,880	19.90%	28,858	20.10%
Other Indo-European languages	22,142	3.10%	3,547	16.00%
Asian and Pacific Island languages	26,640	3.70%	6,540	24.50%
Other languages	14,675	2.00%	2,658	18.10%
All households	722,446	(X)	41,603	5.80%

An '(X)' means that the estimate is not applicable or not available.
Data source: U.S. Census, 2020.

Veteran Population

This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II. Of the 1,528,557 population of the report area, 107,816 or 7.05% are veterans.

Tarrant County Veteran Status of Persons (age 18+) by Census Tract - ACS 2016-2020 5-year Estimates
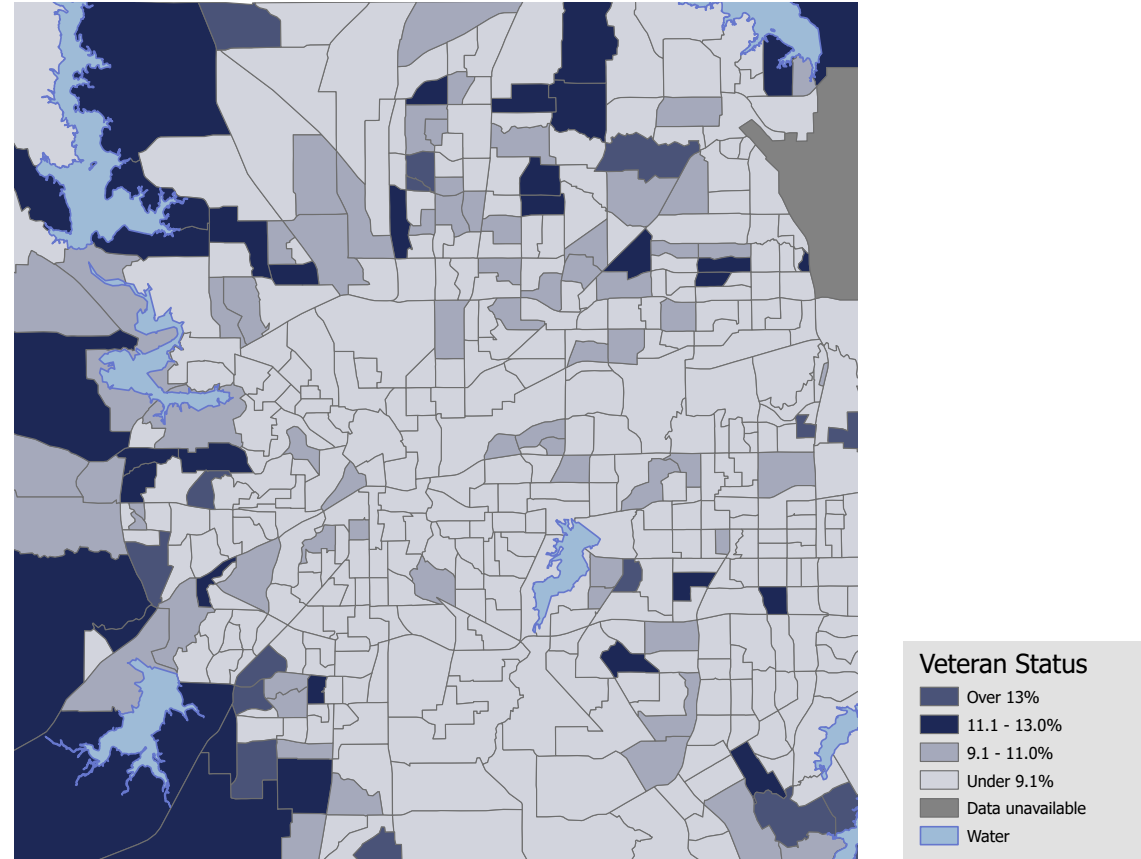
Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community's ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community

Employment, 2016-2020

Area	Total Population Age 16+	Labor Force	Labor Force Participation Rate
Tarrant County	1,595,025	1,093,715	68.6%
Texas	22,078,090	14,309,066	64.8%
United States	261,649,873	165,902,838	63.4%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Average Annual Unemployment Rate, 2016-2020

Area	2016	2017	2018	2019	2020
Tarrant County	4.0%	3.8%	3.5%	3.3%	7.4%
Texas	4.6%	4.3%	3.9%	3.5%	7.7%
United States	4.9%	4.4%	3.9%	3.7%	8.1%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Percentage of Estimated Total of Individuals Unemployed by Race / Ethnicity, Tarrant County, 2020

	Rate
White alone	4.2%
Black or African American alone	8.0%
American Indian and Alaska Native alone	4.1%
Asian alone	4.2%
Native Hawaiian and Other Pacific Islander alone	2.1%
Some other race alone	5.2%
Two or more races	5.2%
Hispanic or Latino origin (of any race)	4.9%
White alone, not Hispanic or Latino	4.1%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Income - Inequality (GINI Index)

This indicator reports income inequality using the GINI coefficient. GINI index values range between zero and one. A value of one indicates perfect inequality where only one household has any income. A value of zero indicates perfect equality, where all households have equal income.

Area	Total Households	GINI Index Value
Tarrant County	722,446	0.45
Texas	9,906,070	0.48
United States	122,354,219	0.48

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Tarrant County GINI Index of Income Equality by Census Tract - ACS 2016-2020 5-year Estimates

Index
- 0.19 - 0.30
- 0.31 - 0.45
- 0.46 - 0.64
- Water
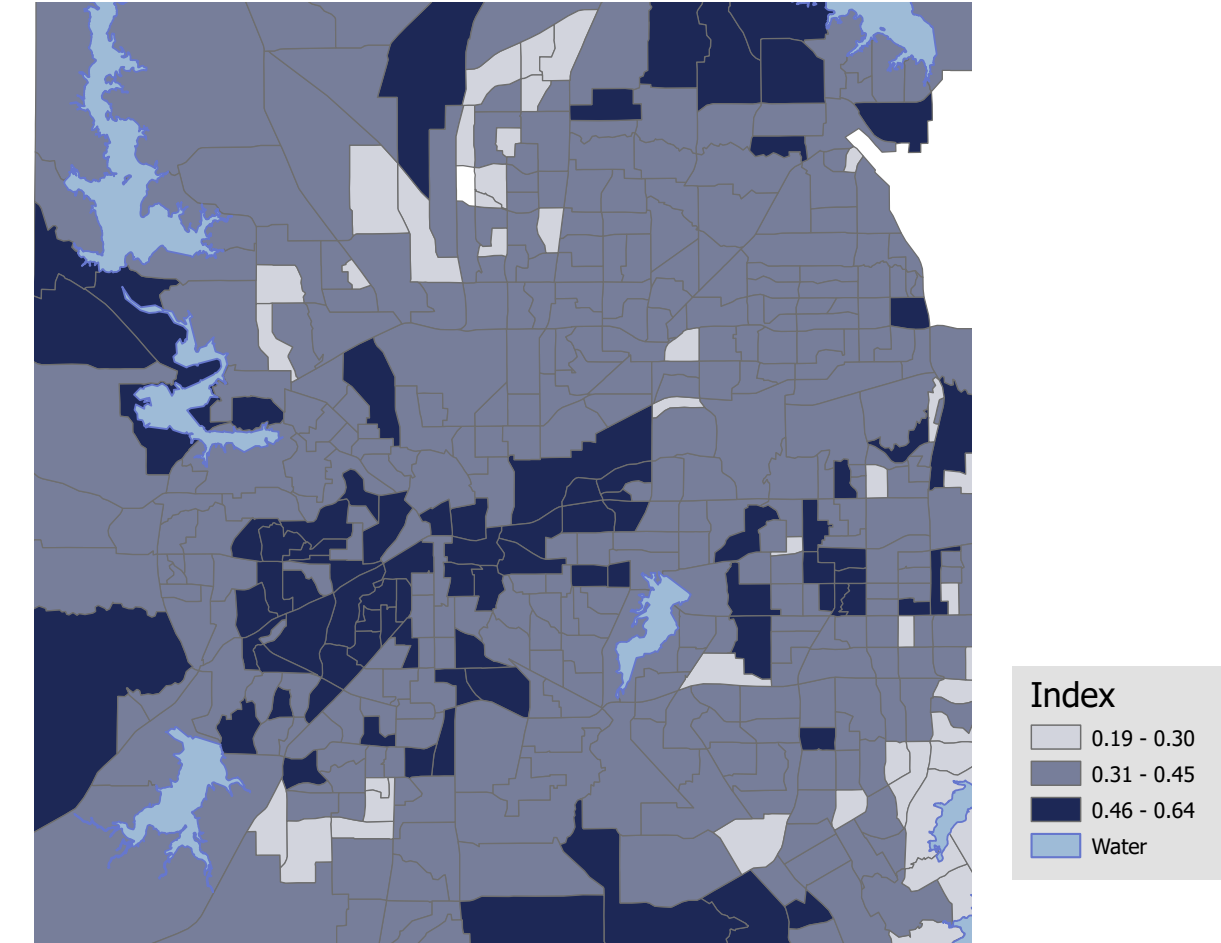
Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Median Household Income by Household Size

This indicator reports the median household income of the report area by household size.

Area	1-Person Households	2-Person Households	3-Person Households	4-Person Households	5-Person Households	6-Person Households	7-or-More-Person Households
Tarrant County	$39,061	$79,392	$84,622	$92,363	$89,978	$84,872	$89,136
Texas	$35,009	$70,822	$78,359	$88,859	$81,903	$79,193	$82,572
United States	$33,265	$72,238	$84,033	$97,660	$90,979	$88,413	$94,924

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Household income includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one-person, average household income is usually less than average family income. There are 722,446 households in Tarrant County, with an average income of $94,714 and a median income of $70,306. This exceeds both the average and median income for Texas ($89,506 and $63,826) and for the U.S. ($91,547 and $64,994).

Median Household Income by Race / Ethnicity of Householder

Area	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race	Hispanic or Latino
Tarrant County	$84,417	$52,474	$77,924	$70,472	$50,159	$54,528	$66,964	$58,240
Texas	$77,821	$48,293	$91,879	$57,973	$58,796	$48,208	$58,688	$51,401
United States	$70,843	$43,674	$91,775	$45,877	$65,804	$51,900	$61,870	$54,632

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Poverty - Children Below 100% Federal Poverty Level

In Tarrant County 16.64% or 89,913 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Area	Total Population	Population < Age 18	Population < Age 18 in Poverty	Population < Age 18 in Poverty, Percent
Tarrant County	2,050,487	540,414	89,913	16.64%
Texas	28,013,446	7,293,273	1,462,277	20.05%
United States	318,564,128	72,065,774	12,598,699	17.48%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Tarrant County Percentage of Persons under 18 years below poverty by Census Tract - ACS 2016-2020 5-year Estimates
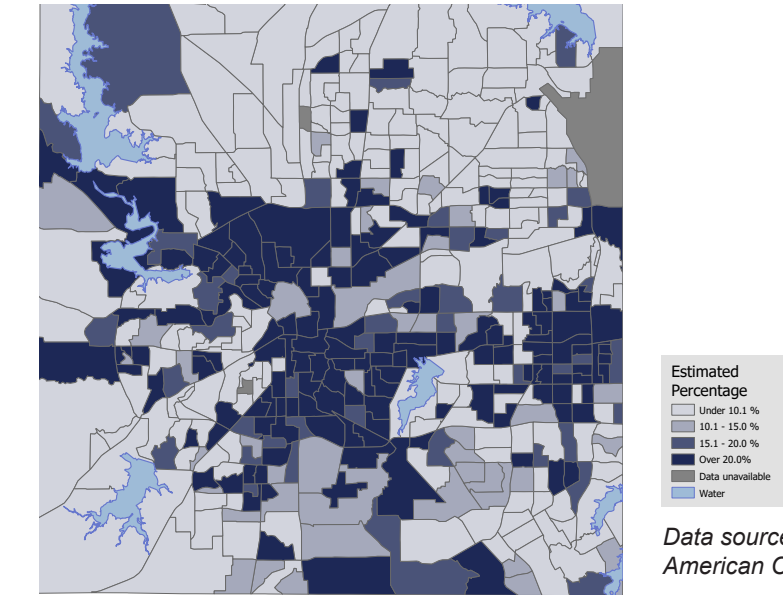
Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Children in Poverty by Race and by Ethnicity, Percent

This indicator reports percent of children aged 0-17 living in households with income below the federal poverty level by race or by ethnicity alone. The percentage values could be interpreted as, for example, *"Of all the non-Hispanic White children under age 18 within the report area, the proportion living in households with income below the federal poverty level is (value)."*

Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race	Hispanic or Latino	Not Hispanic or Latino
Tarrant County	8.2%	22.2%	8.4%	12.2%	32.0%	23.9%	14.7%	22.4%	13.1%
Texas	8.8%	26.2%	18.0%	9.8%	28.5%	28.1%	19.0%	27.2%	13.2%
United States	10.6%	31.8%	31.2%	10.6%	23.2%	27.2%	17.6%	24.7%	15.1%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Children Eligible for Free or Reduced-Price Lunch by School Year, 2015-2016 through 2020-2021

Free or reduced-price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130 percent (free lunch) of the U.S. federal poverty threshold as part of the federal National School Lunch Program (NSLP).

Area	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Tarrant County	54.9%	55.1%	55.1%	58.9%	58.7%	58.6%
Texas	59.0%	59.1%	59.1%	60.7%	60.2%	60.2%
United States	52.7%	52.1%	52.1%	52.4%	52.1%	53.2%

Data source: National Center for Education Statistics, 2015-2016 through 2020-2021.

Poverty - Population Below 100% Federal Poverty Level

Area	Total Population	Population in Poverty	Population in Poverty, Percent	Male	Female	Male, Percentage	Female, Percentage
Tarrant County	2,050,487	233,008	11.4%	100,282	132,726	10.0%	12.7%
Texas	28,013,446	3,984,260	14.2%	1,775,491	2,208,769	12.9%	15.6%
United States	318,564,128	40,910,326	12.8%	18,171,512	22,738,814	11.6%	14.0%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Population in Poverty by Race and by Ethnicity, Percentage

This indicator reports the percentage of population in poverty in Tarrant County by race or ethnicity alone. The percentage values could be interpreted as, for example, *"Of all the White population within Tarrant County, the proportion living in households with income below the federal poverty level is (value)."*

Area	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race	Hispanic or Latino	Not Hispanic or Latino
Tarrant County	9.6%	16.0%	8.3%	10.5%	20.6%	15.9%	12.2%	15.7%	9.6%
Texas	13.1%	18.7%	15.8%	10.0%	17.4%	20.3%	15.7%	19.8%	10.6%
United States	10.6%	22.1%	24.1%	10.6%	16.8%	19.7%	15.1%	18.3%	11.6%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Tarrant County Percentage of Persons below poverty by Census Tract - ACS 2016-2020 5-year Estimates
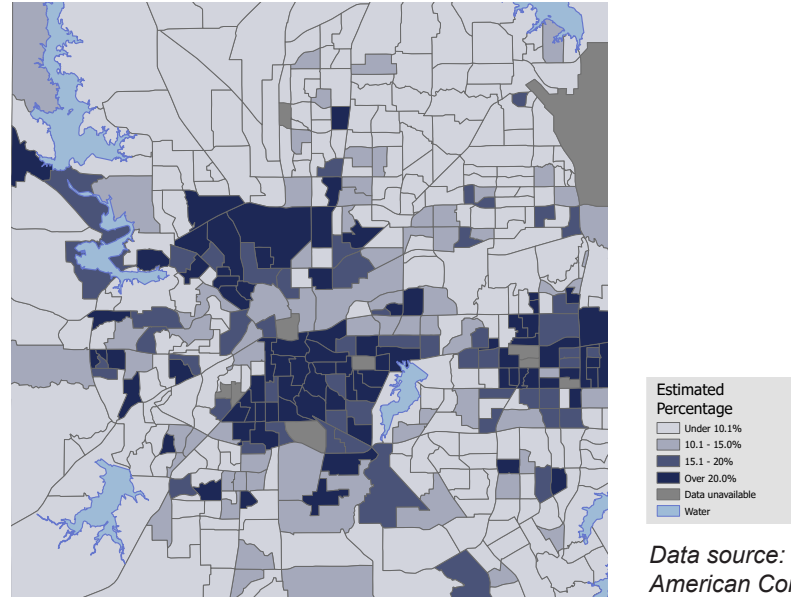
Data source: U.S. Census Bureau.
American Community Survey, 2016-2020.

Population Receiving SNAP Benefits by Year, 2007 through 2019

The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food. This indicator reports the average percentage of the population receiving SNAP benefits during the month of July during the most recent report year.

Area	Total Population	Population Receiving SNAP Benefits	Population Receiving SNAP Benefits, Percentage
Tarrant County	2,102,515	214,050	10.2%
Texas	28,995,881	3,413,860	11.8%
United States	328,239,523	38,537,386	11.7%

Data source: U.S. Census Bureau. Small Area Income and Poverty Estimates, 2019.

Social Vulnerability Index (SVI)

The degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability. The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. Tarrant County has a social vulnerability index score of 0.55, which is which is less than the state average of 0.65.

Area	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
Tarrant County	0.38	0.40	0.95	0.45	0.55
Texas	0.50	0.43	0.93	0.63	0.65
United States	0.30	0.32	0.76	0.62	0.40

Data source: Centers for Disease Control and Prevention and the National Center for Health Statistics. CDC - GRASP, 2018. Source geography: Tract

CDC/ASTDR Overall Social Vulnerability Index, Tarrant County, 2020

Overall SVI 2020
- 0.00 - 0.25
- 0.25 - 0.50
- 0.50 - 0.75
- 0.75 - 1.00
- Data unavailable
- Water
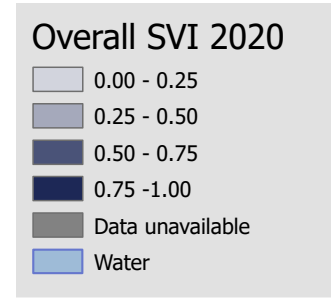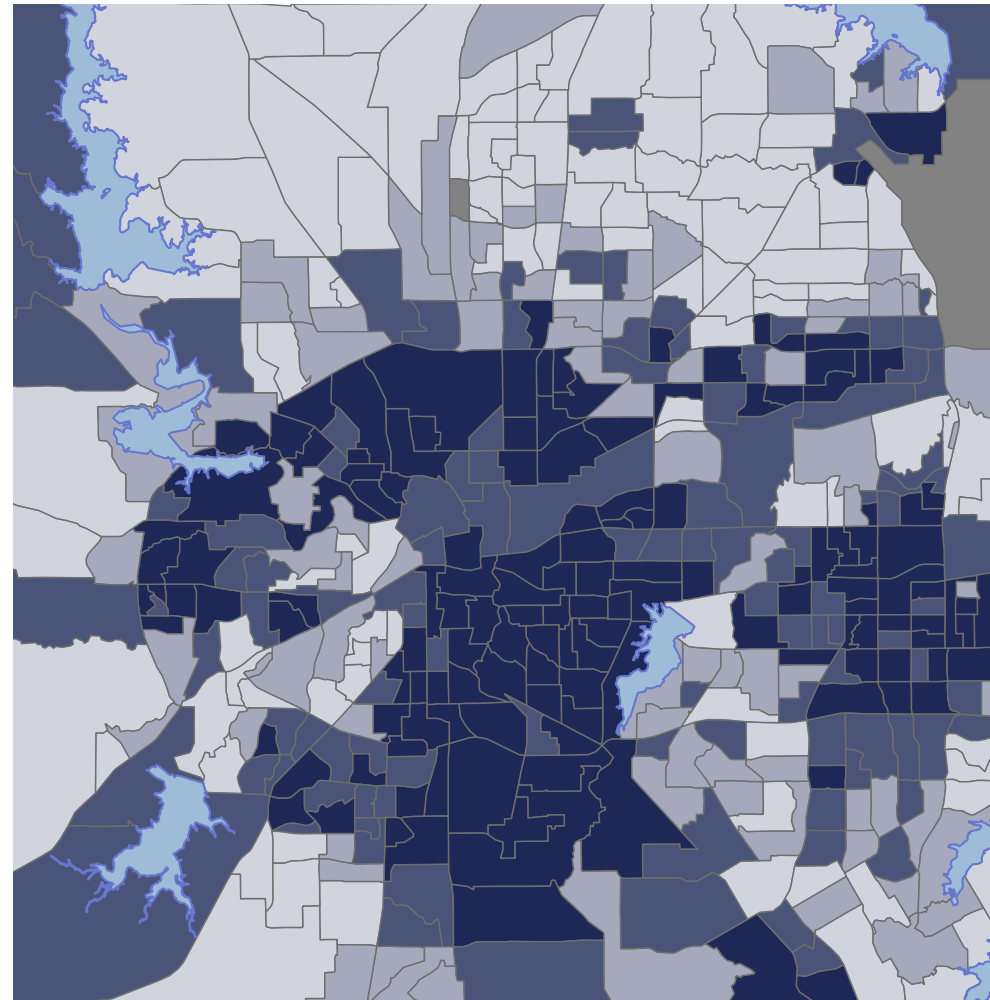
Data sources: CDC/ASTDR/GRASP, U.S. Census Bureau, 2020.

CDC/ASTDR Social Vulnerability Index Themes, Tarrant County, 2020

Theme 1
Socioeconomic Status

Theme 2
Household Characteristics

Theme 3
Racial and Ethnic Minority Status

Theme 4
Housing Type and Transportation

- 0.00 - 0.25
- 0.26 - 0.50
- 0.51 - 0.75
- 0.76 - 1.00
- Data unavailable
- Water
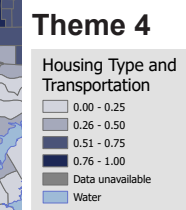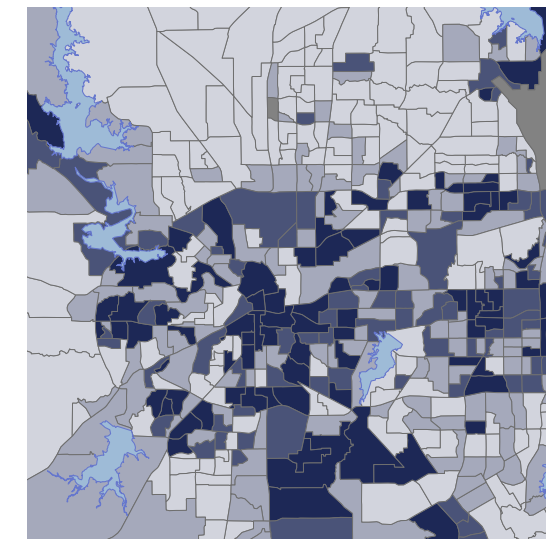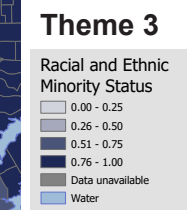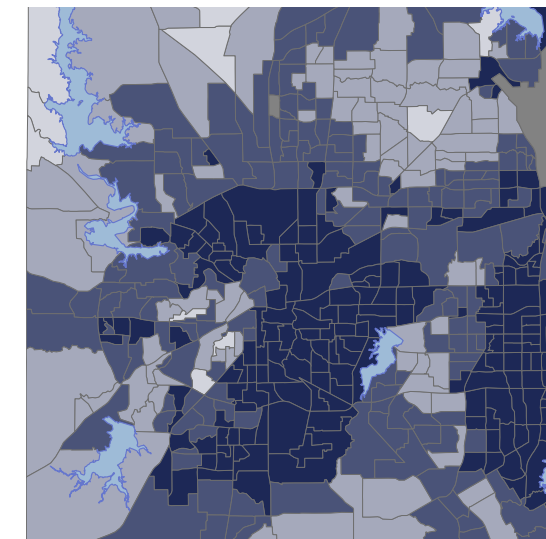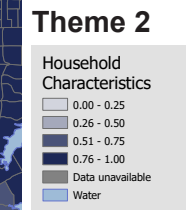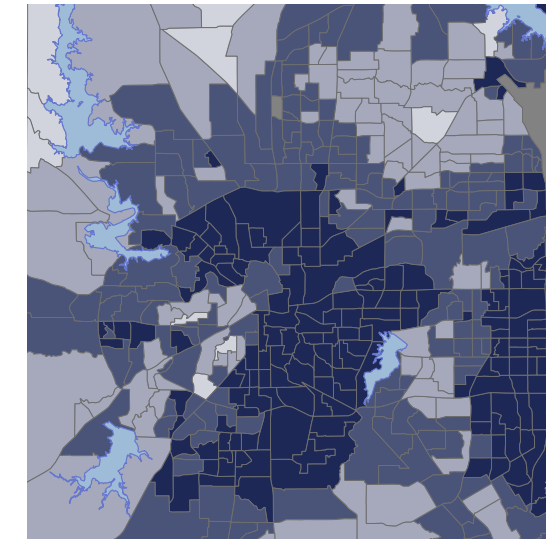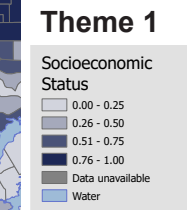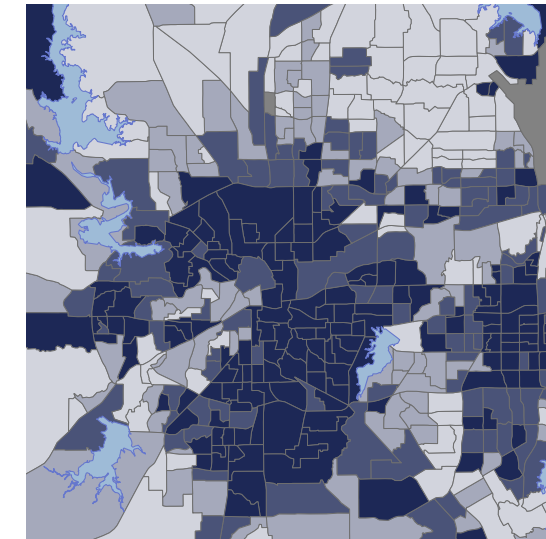
Data sources: CDC/ASTDR/GRASP, U.S. Census Bureau, 2020.

Education

This category contains indicators that describe the education system and the educational outcomes of report area populations. Education metrics can be used to describe variation in population access, proficiency, and attainment throughout the education system, from access to pre-kindergarten through advanced degree attainment. These indicators are important because education is closely tied to health outcomes and economic opportunity.

Access - Preschool Enrollment (Age 3-4)

This indicator reports the percentage of the population age 3-4 that is enrolled in school. This indicator helps identify places where preschool opportunities are either abundant or lacking in the educational system.

Area	Population Age 3-4	Population Age 3-4 Enrolled in School	Population Age 3-4 Enrolled in School, Percentage
Tarrant County	60,205	25,191	41.8%
Texas	832,507	355,081	42.7%
United States	8,156,714	3,861,717	47.3%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020. Source geography: Tract

Educational Attainment - Persons Ages 25 or Older

Educational Attainment shows the distribution of the highest level of education achieved in Tarrant County and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Educational attainment is calculated for persons over 25 years old and is an estimated average for the period from 2016 to 2020. For Tarrant County, 21.7% have at least a college bachelor's degree, while 23.9% stopped their formal educational attainment after high school.

Area	No High School Diploma	High School Only	Some College	Associates Degree	Bachelors Degree	Graduate or Professional Degree
Tarrant County	13.5%	23.9%	22.1%	7.9%	21.7%	11.0%
Texas	15.6%	24.7%	21.5%	7.4%	19.9%	10.8%
United States	11.5%	26.7%	20.3%	8.6%	20.2%	12.7%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020. Source geography: County

Tarrant County Persons (age 25+) with No High School Diploma by Census Tract - ACS 2016-2020 5-year Estimates
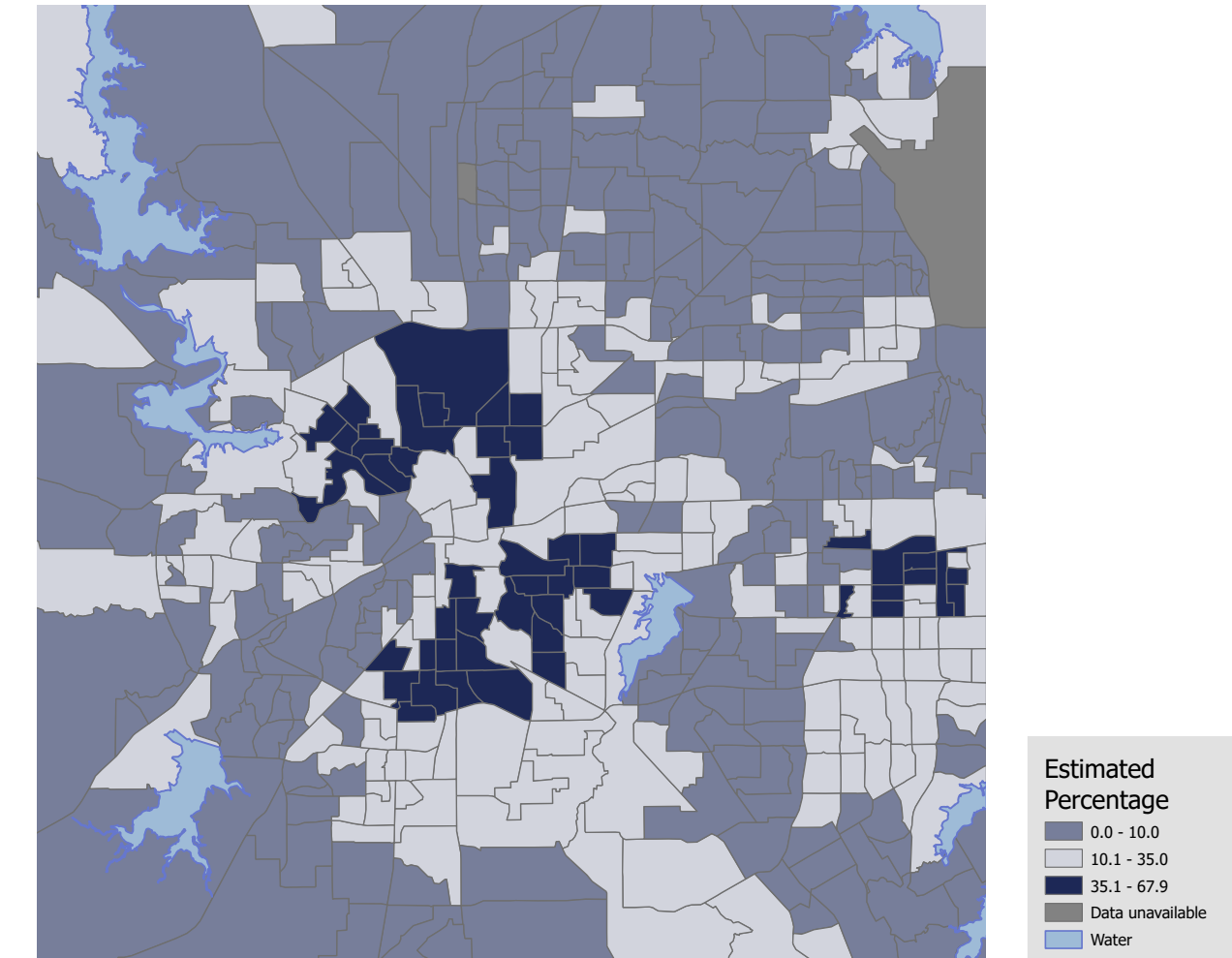
Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Percent Population with No High School Diploma by Ethnicity Alone

Educational Attainment shows the distribution of the highest level of education achieved in Tarrant County, and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Educational attainment is calculated for persons over 25 years old and is an estimated average for the period from 2016 to 2020. For Tarrant County, 21.7% have at least a college bachelor's degree, while 23.9% stopped their formal educational attainment after high school.

Area	Male	Female	Hispanic or Latino	Not Hispanic or Latino	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Tarrant County	14.2%	12.9%	33.9%	7.0%	10.9%	8.7%	17.2%	17.9%	17.3%	44.0%	16.7%
Texas	16.3%	15.0%	32.0%	7.0%	14.4%	9.8%	19.8%	12.1%	10.4%	38.6%	22.0%
United States	12.2%	10.8%	29.7%	8.2%	9.3%	13.3%	19.4%	12.7%	13.2%	36.1%	15.0%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Housing and Families

This category contains indicators that describe the structure of housing and families, and the condition and quality of housing units and residential neighborhoods. These indicators are important because housing issues, like overcrowding and affordability, have been linked to multiple health outcomes, including infectious disease, injuries, and mental disorders.

Household Composition

According to the American Community Survey subject definitions, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone or by the householder and one or more unrelated individuals.

Area	Total Households	Family Households	Family Households, Percentage	Non-Family Households	Non-Family Households, Percentage
Tarrant County	722,446	500,989	69.4%	221,457	30.7%
Texas	9,906,070	6,838,900	69.0%	3,067,170	31.0%
United States	122,354,219	79,849,830	65.3%	42,504,389	34.7%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020. Source geography: Tract

Households by Composition and Relationship to Householder

Area	Total Households	Married Family Households	Single Male Family Households	Single Female Family Households	Non-Family Households
Tarrant County	722,446	361,735	38,599	100,655	221,457
Texas	9,906,070	4,974,588	504,190	1,360,122	3,067,170
United States	122,354,219	58,807,003	5,956,017	15,086,810	42,504,389

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Households with Children by Composition and Relationship to Householder, Percentage by Household Type

Area	All Household Types	Married Family Households	Single-Male Family Households	Single-Female Family Households	Non-Family Households
Tarrant County	37.2%	24.5%	3.0%	9.5%	0.3%
Texas	36.4%	24.2%	2.8%	9.2%	0.3%
United States	30.7%	20.1%	2.7%	7.7%	0.3%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Evictions

This indicator reports information about formal evictions based on court records from 48 states and the District of Columbia, compiled by the Eviction Lab. The number of evictions and eviction filings within Tarrant County is shown. The "filing rate" is the ratio of the number of evictions filed in an area over the number of renter-occupied homes in that area. An "eviction rate" is the subset of those homes that received an eviction judgment in which renters were ordered to leave. For the year 2016, the Eviction Lab reports that, of 284,946 rental homes in Tarrant County, there were 25,242 eviction filings, for an eviction filing rate of 8.9%. There were 11,105 eviction filings that ended in an eviction, for an eviction rate of 3.9%.

Area	Renter Occupied Households	Eviction Filings	Evictions	Eviction Filing Rate	Eviction Rate
Tarrant County	284,946	25,242	11,105	8.9%	3.9%
Texas	3,474,100	165,708	75,431	4.8%	2.17%
United States	38,372,860	2,350,042	898,479	6.1%	2.34%

Data source: Eviction Lab, 2016. Source geography: Census Tract

Eviction Filing Rate by Year, 2007-2016

Area	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Tarrant County	10.4%	10.7%	10.7%	14.3%	16.8%	15.7%	15.4%	15.0%	9.3%	8.9%
Texas	6.1%	6.0%	6.1%	6.8%	6.8%	6.8%	6.6%	6.5%	5.7%	4.8%
United States	6.3%	6.4%	6.4%	7.0%	7.2%	7.0%	6.7%	6.6%	6.2%	6.1%

Data source: Eviction Lab, 2016. Source geography: Census Tract

Housing Costs - Cost Burden (30%)

This indicator reports the percentage of the households where housing costs are 30% or more of total household income. This indicator provides information on the cost of monthly housing expenses for owners and renters. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. Of the 722,446 total households in the report area, 221,113 or 30.61% of the population live in cost burdened households.

Area	Total Households	Cost-Burdened Households	Cost-Burdened Households, Percent
Tarrant County	722,446	221,113	30.6%
Texas	9,906,070	2,916,011	29.4%
United States	122,354,219	37,128,748	30.4%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020. Source geography: Tract

Cost-Burdened Households by Tenure, Percent

These data show the percentage of households by tenure that are cost burdened. Cost burdened rental households (those that spent more than 30% of the household income on rental costs) represented 46.2% of all of the rental households in Tarrant County according to the U.S. Census Bureau American Community Survey (ACS) 2016-2020 5-year estimates. The data for this indicator are only reported for households where tenure, household housing costs, and income earned were identified in the American Community Survey.

Area	Rental Households	Rental Households Cost-Burdened, Percent	Owner-Occupied Households w/ Mortgage	Owner-Occupied Households w/ Mortgage Cost-Burdened, Percent	Owner-Occupied Households w/o Mortgage	Owner-Occupied Households w/o Mortgage Cost-Burdened, Percent
Tarrant County	286,903	46.2%	284,478	24.8%	151,065	12.0%
Texas	3,737,262	44.7%	3,503,079	26.2%	2,665,729	12.4%
United States	43,552,843	45.7%	48,974,364	27.3%	29,827,012	13.1%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Housing Quality - Substandard Housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%. Selected conditions provide information in assessing the quality of the housing inventory and its occupants. These data are used to easily identify homes where the quality of living and housing can be considered substandard. Of the 722,446 total occupied housing units in the report area, 233,696 or 32.35% have one or more substandard conditions.

Area	Total Occupied Housing Units	Occupied Housing Units with One or More Substandard Conditions	Occupied Housing Units with One or More Substandard Conditions, Percent
Tarrant County	722,446	233,696	32.4%
Texas	9,906,070	3,136,709	31.7%
United States	122,354,219	38,476,032	31.5%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020. Source geography: Tract

Substandard Housing: Number of Substandard Conditions Present, Percentage of Total Occupied Housing Units

Area	No Conditions	One Condition	Two or Three Conditions	Four Conditions
Tarrant County	67.7%	30.5%	1.8%	0.0%
Texas	68.3%	29.5%	2.1%	0.0%
United States	68.6%	29.6%	1.8%	0.0%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

All Housing Units by Age (Time Period Constructed), Total

Area	Before 1960	1960-1979	1980-1999	2000-2010	After 2010
Tarrant County	114,180	173,544	267,471	153,178	72,008
Texas	1,597,186	2,632,727	3,450,577	2,075,148	1,357,337
United States	37,930,406	35,317,337	37,714,151	18,872,283	8,598,574

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Percent of All Housing Units by Age (Time Period Constructed), Percentage

Area	Before 1960	1960-1979	1980-1999	2000-2010
Tarrant County	14.6%	22.2%	34.3%	19.6%
Texas	14.4%	23.7%	31.1%	18.7%
United States	27.4%	25.5%	27.2%	13.6 %

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Owner-Occupied Housing Units by Age, Total

Area	Before 1960	1960-1979	1980-1999	2000-2010	After 2010
Tarrant County	68,574	88,902	133,375	103,304	41,388
Texas	905,180	1,358,666	1,822,880	1,320,592	761,490
United States	21,018,699	19,164,361	21,678,488	12,243,987	4,695,841

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Percent of Owner-Occupied Housing Units by Age, Percentage

Area	Before 1960	1960-1979	1980-1999	2000-2010	After 2010
Tarrant County	15.7%	20.4%	30.6%	23.7%	9.5%
Texas	14.7%	22.0%	29.6%	21.4%	12.3%
United States	26.7%	24.3%	27.5%	15.5%	6.0%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Renter-Occupied Housing Units by Age, Total

Area	Before 1960	1960-1979	1980-1999	2000-2010	After 2010
Tarrant County	35,353	173,544	115,294	42,365	25,076
Texas	464,749	2,632,727	1,279,711	582,886	457,652
United States	12,096,376	35,317,337	11,817,670	4,649,560	2,926,389

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Percent Renter-Occupied Housing Units by Age, Percentage

Area	Before 1960	1960-1979	1980-1999	2000-2010	After 2010
Tarrant County	12.3%	24.0%	40.2%	14.8%	8.7%
Texas	12.4%	25.5%	34.2%	15.6%	12.3%
United States	27.8%	27.7%	27.1%	10.7%	6.7%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Area Deprivation Index

This indicator reports the average (population weighted) Area Deprivation Index (ADI) for Tarrant County. The Area Deprivation Index ranks neighborhoods and communities relative to all neighborhoods across the nation (National Percentile) or relative to other neighborhoods within just one state (State Percentile). The ADI is calculated based on 17 measures related to four primary domains (Education, Income & Employment, Housing, and Household Characteristics). The overall scores are measured on a scale of 1 to 100, where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged).

Area	Total Population (2020)	State Percentile	National Percentile
Tarrant County	2,110,640	45	50
Texas	29,145,505	No data	54
United States	334,735,155	No data	No data

Data source: University of Wisconsin-Madison School of Medicine and Public Health. Neighborhood Atlas, 2020.

Tarrant County Area Deprivation Index for 2020 by Census Block Group
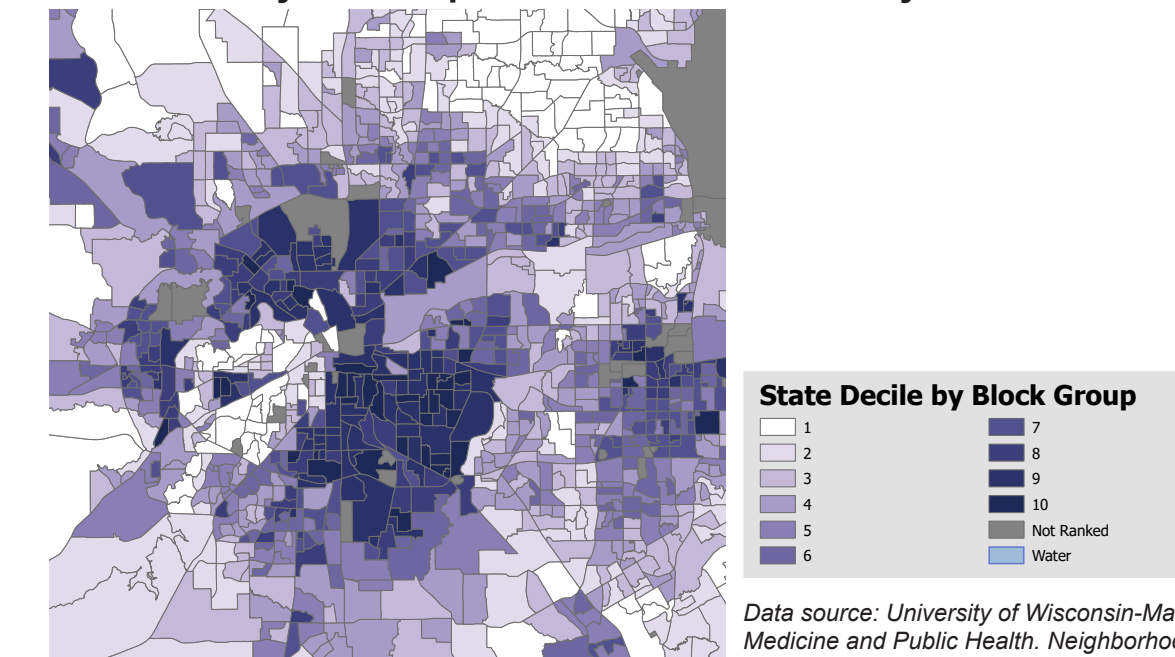
Data source: University of Wisconsin-Madison School of Medicine and Public Health. Neighborhood Atlas, 2020.

HEALTH EQUITY ASSESSMENT

The community survey provided insight on health disparities, social determinant of health inequities, and barriers that survey participants identified regarding health, housing, transportation, communication, education, and criminal justice/policing. Demographic data and survey findings will be discussed below.

Demographic Data

A total of 832 survey participants completed the community survey, but not all questions were answered by each participant. However, participants provided multiple responses to some survey questions. Table 1 shows that there were notable gender differences, as 90.5% identified as female, 8.1% male, and 0.6% nonbinary. Community survey participants' ages ranged from less than 18 years to 65 years and older. The largest proportion of the survey participants were aged 28-45 years (48.1%) and 18-27 years old (41.7%). The lowest age groups were 0-17 years old (2.4%) and 65 years old and over (1.7%).

Most of the participants identified as White/Caucasian (40.7%) and Black/African American (32.1%), while only 5.8% identified as Asian and 2.3% identified as Native American/American Indian. There was not a huge difference in participants' ethnicity, with 48.4% identifying as Non-Hispanic and 48.3% as Hispanic.

The highest level of education completed by most participants was a high school diploma or G.E.D. (56.1%) followed by a Bachelor's degree (13.7%) and less than a high school diploma (11.4%). The highest level of education completed by the least number of participants was a Doctorate degree (0.7%), Although 7.9% of the participants completed a Trade School or Vocational Training, 9.9% have completed some form of education, including an Associate degree, Junior college, in college towards a Bachelor's degree, and Technical career in Cosmetology and Massage Therapy.

The majority of participants (82.2%) preferred to communicate in English followed by Spanish (20.7%), with the least preferred languages were Vietnamese (0.5%) and Arabic (0.6%). Other languages preferred for communication (1.0%) include Bengali, Burmese, Dari, French, Ki, Nepali, and Somali. The English Language Proficiency for the participants were high in regard to their ability to read (89.4%), write (85.7%), and speak (86.5%) in English. However, 6.3% of the participants indicated an ability to understand very little English, don't know if they are able to write or speak in English, or speak only Spanish.

Table 1. Community Survey Demographic Data

CHARACTERISTICS	N	PERCENTAGE
Gender		
Female	753	90.5
Male	67	8.1
Other	5	0.6
Prefer not to answer	6	0.7
Skipped	4	0.5
Age		
0 – 17 years old	20	2.4
18 – 27 years old	347	41.7
28 – 45 years old	400	48.1
46 – 64	49	5.8
65+	14	1.7
Choose not to answer	1	0.1
Skipped	2	0.2
Race		
White/Caucasian	339	40.7
Black/African American	267	32.1
Native American/ American Indian	19	2.3
Asian/Pacific Islander	48	5.8
Other	156	18.8
Skipped	36	4.3
Ethnicity		
Hispanic	402	48.3
Non-Hispanic	403	48.4
Skipped	27	3.2

CHARACTERISTICS	N	PERCENTAGE
Education		
< High School diploma	95	11.4
High School or G.E.D.	467	56.1
Trade School/ Vocational Training	66	7.9
Bachelor's degree	114	13.7
Master's degree	41	4.9
Doctorate	6	0.7
Other	82	9.9
Skipped	17	2.0
Preferred Language		
English	684	82.2
Spanish	172	20.7
Vietnamese	4	0.5
Arabic	5	0.6
Other	9	1.1
Skipped	11	1.3
English Language Proficiency		
Read	744	89.4
Write	713	85.7
Speak	720	86.5
Other	52	6.3
Skipped	33	4.0

Participants' ages ranged from > 18 to 65 and over.
Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

Out of 832 survey participants, 781 provided their ZIP Code information and 50 participants did not provide a response. There are 14 Health Equity Zones (HEZs) comprised of a total of 34 ZIP Codes within Tarrant County. The HEZs were determined by a high social vulnerability index (SVI), high rate of COVID-19 infection, low COVID-19 vaccine rate. Table 2 provides a comprehensive list of survey participants' ZIP Code by HEZ and the total number of surveys completed in each HEZ.

Table 2. Community Survey Participant ZIP Code by Health Equity Zone

Health Equity Zone	ZIP Code	Frequency
Zone 1	76148	1
	76180	2
Zone 2	76106	42
	76164	8
Zone 3	76111	7
	76117	5
Zone 4	76107	10
	76116	12
Zone 5	76104	15
	76110	6
Zone 6	76103	4
	76105	22
	76112	40
Zone 7	76010	27
	76011	29
Zone 8	76119	28
Zone 9	76115	8
	76134	18

Health Equity Zone	ZIP Code	Frequency
Zone 10	76131	12
	76177	3
	76244	3
	76248	2
Zone 11	76021	1
	76022	1
	76053	2
	76188	0
Zone 12	76001	9
	76002	13
	76017	19
	76018	12
Zone 13	76108	9
	76135	18
Zone 14	76060	4
	76140	31

Community Survey Findings

Quantitative data from the community survey revealed some disparities and barriers to social determinants of health. More women (90.5%) completed the survey than men (8.1%). There was a notable difference in survey participants who trusted their healthcare provider (88.8%) compared to those who did not (6.4%). Some of the most common reasons stated for medical trust include healthcare providers listen to concerns, are honest and sincere, and answer questions. Comparatively, the most common reasons for medical distrust include healthcare providers do not listen to their concerns, push medication, do not inform about tests or exams needed, and lack of care.

Although 48.4% of the participants reported that there is no barrier to medical care, 30.2% stated that the most common barrier is money. However, childcare (7.8%), lack of employment (6.7%), limited or no transportation (6.4%), and long wait lists (6.0%) are additional barriers. Other reasons shared were that medical insurance is not affordable or does not cover medical needs. Furthermore, participants were most familiar with how to use healthcare and preventative care such as inpatient care, e.g., admitted to hospital, rehabilitation center, etc. (45.3%), outpatient care, e.g., partial hospitalization (42.7%), and counseling/therapy (41.0%), but were not as familiar with crisis (32.8%) or suicide (36.3%) hotlines. However, some participants (15.4%) reported that they do not know how to use healthcare and preventative services and 14.3% are not able to use any of the listed services.

The most commonly used transportation by participants were their personal vehicles (84.5%). This was a notable difference from participants who use ride sharing, e.g., ZIPZONE, Van Pool, Uber, Lyft, Taxi, etc., (9.1%), bus (5.0%), train (2.4%), bike (1.1%) or paratransit (0.5%). This aligns with the finding that most participants do not use any form of public transportation (79.6%). Most of the participants indicated that it takes them either 11-20 minutes (35.8%) or 21-30 minutes (23.6%) to get to essential services.

Furthermore, the analysis revealed that most participants prefer to receive important information by email (60.0%). Other commonly preferred methods of receiving information include by phone (56.4%), social media (29.6%), and news channel (18.9%), while brochures, pamphlets, and posters (10.3.%), and public meetings (5.8%) were the least common methods. There was a notable difference in the participants who have access to technology, e.g., smart phone, computer, tablet, etc. (91.1%) compared to those who do not (1.9%). Majority of participants 90.7% know how to operate a smart phone, 72.4% know how to use a lap top computer, 70.1% can use a desk top computer, and 67.9% know how to use a tablet.

In regard to homeownership, the majority of participants rent their homes (54.2%), while only 20.1% own their homes and 0.7% are homeless. Additionally, 38.8% indicated an inability to afford rent/mortgage if a large, unexpected expense occurred and only 6.8% would be able to with government assistance. Most of the participants rated their home conditions as good (35.6%) or very good (20.6%), while only 3.1% provided a poor rating. The most common changes participants would like to see in their neighborhoods are more grocery stores, sidewalks, cleaner, safer streets, working streetlights, and community resources.

Most of the participants (43.1%) believe that the police in their neighborhood can help a loved one that has special needs without hurting them, as opposed to 3.5% who do not. The participants (33.1%) also believe that police treat all people fairly in their neighborhood,

which is in contrast to the 6.2% who do not. There was a notable difference between participants who have had no face-to-face interactions with law enforcement since the COVID-19 pandemic (69.0%) compared to those who had one to three interactions (20.7%) and four times or more (1.7%). As a result of that interaction, 15.6% of participants indicated that nothing happened, or they were given a warning or 6.9% were given a ticket for a car-related offense. Participants were less likely to be held in jail more than 48 hours (0.4%), arrested (0.6%), or searched (0.7%).

When it comes to the quality of mental and/or emotional health services provided by schools in their communities, 26.3% of the participants rated the experience as good, 5.9% rated their experience poor. Most of the participants (38.8%) indicated that their child(ren) has access to early learning programs, e.g., Head Start, childcare centers, Montessori programs, etc., in their community, while 17.1% do not. The data revealed that there was not a notable difference between participants who do know (31.4%) if they have access to any community-based education programs and those who do not know (32.0%) about the programs. For a more detailed analysis, please refer to Appendix B.

Community Listening Sessions: Qualitative Data Analysis and Findings Summary

The community listening sessions provided an opportunity to capture the lived experiences of the most vulnerable population. It was a deeper dive into uncovering and understanding the barriers, health disparities, and social determinant of health inequities that session participants identified regarding health, housing, transportation, communication, education, and criminal justice/policing. Demographic data and listening session findings will be discussed below.

Demographic Data

There were 123 community listening session participants. A total of 82 participants completed the demographic survey, but not all questions were answered by each participant. Table 3 shows that most of the participants identified as Black/African American (42.7%) and White/Caucasian (34.1%), while only 1.2% identified as Native American/American Indian and Asian /Pacific Islander. Some of the participants who identified as an other race listed their race as Mexican or Puerto Rican. With regards to ethnicity and gender, more of the participants identified as Hispanic (47.6%) and female (80.5%). Most of the participants were between the ages of 28-45 years old (37.8%) and 65 years old and over (28.0%), while the lowest age groups were ages 46-64 years old (13.4%) and 18-27 years old (11.0%).

The highest level of education completed by most participants was a high school diploma or G.E.D. (41.4%) followed by a Master's degree (15.8%), and Trade School or Vocational Training (12.2%). Although no participants reported having a Doctorate degree, some reported other forms of education, including an Associate degree, Junior College, Business school, and some sort of college.

The majority of participants (78.0%) prefer to communicate in English. The English Language Proficiency for the participants were high in regard to their ability to read and write (80.5%), and speak (74.4%) in English. However, 7.3% of the participants indicated an ability to speak in both English and Spanish languages or speak only Spanish.

Table 3. Community Listening Sessions Demographic Data

CHARACTERISTICS	N	PERCENTAGE
Gender		
Female	66	80.5
Male	14	17.1
Other	0	0.0
Prefer not to answer	0	0.0
Skipped	2	2.4
Age		
0 – 17 years old	0	0.0
18 – 27 years old	9	11.0
28 – 45 years old	31	37.8
46 – 64	11	13.4
65+	23	28.0
Choose not to answer	2	2.4
Skipped	7	8.5
Race		
White/Caucasian	28	34.1
Black/African American	35	42.7
Native American/ American Indian	1	1.2
Asian/Pacific Islander	1	1.2
Other	13	15.9
Skipped	8	9.8
Ethnicity		
Hispanic	39	47.6
Non-Hispanic	32	39.0
Skipped	11	13.4

CHARACTERISTICS	N	PERCENTAGE
Education		
< High School diploma	6	7.3
High School or G.E.D.	34	41.4
Trade School/ Vocational Training	10	12.2
Bachelor's degree	8	9.7
Master's degree	13	15.8
Doctorate	0	0.0
Other	8	9.8
Skipped	10	12.2
Preferred Language		
English	64	78.0
Spanish	10	12.2
Vietnamese	0	0.0
Arabic	0	0.0
Other	0	0.0
Skipped	10	12.2
English Language Proficiency		
Read	66	80.5
Write	66	80.5
Speak	61	74.4
Other	6	7.3
Skipped	11	13.4

Participants' ages ranged from > 18 to 65 and over.
Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

A total of 76 participants provided their ZIP Code information and six participants did not provide a response. There are 14 Health Equity Zones (HEZs) comprised of a total of 34 ZIP Codes within Tarrant County. The HEZs were determined by a high social vulnerability index (SVI), high rate of COVID-19 infection, low COVID-19 vaccine rate. Table 4 provides a comprehensive list of survey participants' ZIP Code by HEZ, and the total number of surveys completed at each HEZ.

Table 4. Community Listening Session Participant ZIP Code by Health Equity Zone

Health Equity Zone	ZIP Code	Frequency
Zone 2	76106	24
	76164	0
Zone 3	76111	1
	76117	0
Zone 4	76107	0
	76116	3
Zone 5	76104	1
	76110	0
Zone 6	76103	2
	76105	3
	76112	7

Health Equity Zone	ZIP Code	Frequency
Zone 7	76010	0
	76011	1
Zone 8	76119	14
Zone 9	76115	7
	76134	0
Zone 10	76131	0
	76177	1
	76244	0
	76248	1

Community Listening Sessions Findings

Health

Within the health section, there were four primary themes identified. For the question - *What does being healthy mean to you?*, participants shared that being healthy meant not just physical health, but also, holistic health (Table 5). Some examples they provided for physical health include, "Being able to do the things I want to do without excessive pain or limitations." Another participant stated, "Having a balance between the types of food we eat and exercising frequently." Regarding holistic health, residents mentioned having green space in their communities. Some participants felt that health was all encompassing. For example, one participant stated, "To me, it is really expansive…But it's physical, emotional health, psychological health, financial health. Health is not just one word to me it incorporates a lot of things…." Other participants added the importance of spiritual health.

In response to the question - *What kind of resources would you like to see in your local area to increase health?*, participants identified various forms of preventive healthcare. One participant specified "Wellness centers for preventative health similar to those in Arlington hosted by Texas A&M." Other participants mentioned educational and informational resources for preventative health.

Accessibility was the most common response for the question - *What stops you from being as healthy as you could be?*. Many participants felt that lack of access to healthy food options and health resources in their communities stop them from being as healthy as they can be. One participant indicated that there was a lack of permanent clinics, pharmacies, and nutritional information in their community.

Table 5. Top Identified Themes Related to Health*

Questions	Response #
What does being healthy mean to you?	
Top Theme: Physical Health (exercising, no pain, etc.)	31
What kind of resources would you like to see in your local area to increase health?	
Top Theme: Preventative Healthcare	31
What stops you from being as healthy as you can be?	
Top Theme: Accessibility	32

Transportation

Within the transportation section, there were three primary themes identified. For the question - *How do you get around in your community?*, participants shared that most of them use a car or personal vehicle (Table 6). The question - *How far do you have to travel to essential services (e.g., grocery store, doctor appointments, work, childcare, etc.)?* revealed that most participants indicated that their drivetime to essential services was under 20 minutes. In regard to the question - *How could getting around in your community be easier?*, the most common response was better public transportation, which includes having more bus stops, frequent buses, affordable public transportation, or simply just access to buses and trains.

Table 6. Top Identified Themes Related to Transportation*

Questions	Response #
How do you get around in your community?	
Top Theme: Personal Vehicle	61
How far do you have to travel to essential services (e.g., grocery store, doctor appointments, work, childcare, etc.)?	
Top Theme: Drive time under 20 minutes	31
How could getting around in your community be easier?	
Top Theme: Better Public Transportation	34

Communication

Within the communication section, there were three primary themes identified. The participants shared that they prefer electronic/digital methods, such as email, text messages, and television, as well as combined messaging to receive important information (Table 7). Participants generally do not feel that their concerns are heard by their city and local government, as well as the politicians in their areas. "We've been strung along because the same issues that I saw my granny face are the same issues we're facing in 2022."

Table 7. Top Identified Themes Related to Communication*

Questions	Response #
How do you want to receive important information from places in Tarrant County such as, public health, social services, healthcare, school districts, etc.?	
Top Theme: Electronic/Digital	31
Who do you want to be heard by that has the power to make changes on the issues that are important to you?	
Top Theme: City/Local Government	32
Do you feel that your voice is being heard on issues (e.g., health, housing, communication, transportation, etc.) that are important to you? Why or why not?	
Top Theme: Not Heard	35

Housing

Within the housing section, there were three primary themes identified. For the question – *How would you describe your neighborhood?*, many participants typically felt that their communities were safe (Table 8). They stated reasons, such as lack of crime, feeling connected with their community, and the culture in their neighborhood that contributed to the sense of safety in their communities. One participant said, "I think the neighborhood is safe. Some people call it ghetto, but to me it's safe, it's okay." The question - *If a large, unexpected expense came up, in what way would it change your budget for housing?* revealed that many participants would not have enough money. Participants mentioned that "property taxes [are] too high so older and younger people are losing their houses and renting now," which contributes to changing neighborhoods, lack of safety, and their lack of financial [in] stability if something unexpected occurred. The question - *What changes would you like to see in your neighborhood?* revealed that one of the main ways participants would like to see their communities change is having more city services to address "dirty" neighborhoods having "lots of trash" with "poor lighting" and "too many potholes".

Table 8. Top Identified Themes Related to Housing*

Questions	Response #
How would you describe your neighborhood?	
Top Theme: Safe Neighborhood	29
If a large, unexpected expense came up, in what way would it change your budget for housing?	
Top Theme: Not Enough Money (budget would change)	23
What changes would you like to see in your neighborhood?	
Top Theme: More City Services	32

Criminal Justice and Policing

Within the criminal justice and policing section, there were four primary themes identified. Participants shared that they typically feel safe in their communities (Table 9). If participants were in a situation where they did not feel safe, most participants would call the police and family or friends. Some participants mentioned community organized groups, such as neighborhood watch and community meetings, as contributors to community safety and neighborhood connectedness.

Table 9. Top Identified Themes Related to Criminal Justice and Policing*

Questions	Response #
Do you feel safe in your community?	
Top Theme: Yes	44
If you don't feel safe, who could you call that would come help you quickly?	
Top Theme: Police	22
What makes your community safe?	
Top Theme: Neighborhood Connectedness	38

Education

Within the education section, there were three primary themes identified. Participants typically rated the schools in their community as "good" (Table 10). Yet, they felt their schools could use more extra-curricular activities, such as exercise and sports programs. Participants also shared that they felt their communities could use some community-based education programs, such as adult literacy, adult language, computer literacy, technology development (i.e., coding), trade/vocational skills, and sports.

Table 10. Top Identified Themes Related to Education*

Questions	Response #
How would you describe the schools in your neighborhood?	
Top Theme: Good	37
Do you think your community needs any community-based education programs (e.g., service learning, technical prep, adult literacy, school-to-work, youth apprenticeship, etc.)?	
Top Theme: Does Need	57
What kind of extra-curricular activities would you like to see in your local school district?	
Top Theme: Exercise and Sports	17

The need for preventative wellness centers was mentioned in various HEZs within the health, housing, and education sections.

*For a complete list of all identified themes, please refer to the tables in Appendix C.

Community Survey and Community Listening Session Connections

Women were more likely to participate in both the community survey (90.5%) and community listening sessions (80.5%), which highlights that women are more likely to engage in activities that might improve their health than men or that the surveys or sessions were not in locations where men frequent. In the area of health, the community listening session and community survey findings are aligned by suggesting that issues of accessibility, such as high cost, poor service or quality of service, as well as a lack of transportation present barriers to health within some HEZs in Tarrant County. In the area of transportation, the community survey and community listening session findings aligned in that it takes community members 10 minutes or more to get to essential services and that most people utilize their personal vehicles, while only a few residents ride the bus.

Further, in the area of communication, both sets of data reveal that community members most prefer to receive important information through digital or electronic platforms, such as email, text messages, phone calls, and the news channel. In the area of housing, the community survey and community listening session findings support one another by revealing that many residents are renting their homes, and that if an unexpected expense occurred, there would be an inability for them to afford their rent or mortgage. Similar to the community listening session results, the community survey findings reveal that most residents do have some confidence in the police. Lastly, both are aligned in that community members would like to see more community-based education programs, such as service learning, technical prep, school-to-work, youth apprenticeship, adult literacy programs in their communities.

COMMUNITY HEALTH STATUS ASSESSMENT

The community health status assessment utilized various data sources and was comprised of health indicators across 14 domains. The data provided an in-depth picture of the health of Tarrant County by capturing demographic and other relevant metrics in comparison to Texas and the United States.

MORTALITY

Mortality is a measure of the frequency of deaths, or the number of deaths caused by a health event under investigation at a specific time within a specific or well-define group.[1] Mortality can be represented as a rate or absolute number.[2] It is usually represented as a rate per 1000 individuals or per 100,000 population and can be referred to as the death rate[1]. Mortality rate helps to describe the severity or progression of a defined health event.[3]

Years of Potential Life Lost, 2015-2020

	2015-2017	2016-2018	2017-2019	2018-2020
Tarrant County	6,357	6,413	6,323	6,684
Texas	6,681	6,651	6,620	7,021
United States	6,901	6,940	6,907	7,282

YPLL: Years of potential life lost before age 75 per 100,000 population (age-adjusted).
Data source: Centers for Disease Control and Prevention. CDC - National Vital Statistics System. Accessed via County Health Rankings.

Years of Potential Life Lost by Race, Tarrant County, 2018-2020

Race	Value (rounded)	Margin of Error
All Races	6,700	6,600-6,800
American Indian & Alaska Native	3,500	2,400-5,000
Asian	3,900	3,500-4,300
Black	9,400	9,100-9,800
Hispanic	5,000	4,800-5,200
White	7,000	6,800-7,200

YPLL: Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Data source: Centers for Disease Control and Prevention. CDC - National Vital Statistics System. Accessed via County Health Rankings, 2018-2020.

1. Centers for Disease Control and Prevention. (2022). Principles of Epidemiology. Centers for Disease Control and Prevention. https://www.cdc.gov/csels/dsepd/ss1978/lesson3/section3.html

2. Centers for Disease Control and Prevention. (2022). Principles of Epidemiology. Centers for Disease Control and Prevention. https://www.cdc.gov/csels/dsepd/ss1978/lesson3/section3.html

3. Hernandez, J. B. R., & Kim, P. Y. (2019). Epidemiology morbidity and mortality. https://www.ncbi.nlm.nih.gov/books/NBK547668/

Years of Potential Life Lost by Location, Gender, and Race/Ethnicity, Tarrant County, 2015-2019

Location			Gender		Race/Ethnicity			
Tarrant County	Arlington	Fort Worth	Female	Male	Hispanic	Non-Hispanic Black	Non-Hispanic White	Other / Multiracial
6,433.40	6,133.80	6,874.60	4,873.70	8,034.80	4,084.90	8,556.70	7,637.90	3,884.20

YPLL: Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Data source: Texas Department of State Health Services.

Leading Causes of Death among Tarrant County Residents Under 75 Years of Age, 2018-2020

Leading Causes of Death Under Age 75	Deaths	Age-Adjusted Rate per 100,000
Malignant Neoplasms	5367	80.9
Diseases of Heart	4046	61.6
Accidents	1747	28.5
Diabetes Mellitus	912	13.9
COVID-19	894	13.7

Data source: CDC WONDER Online Database.

Life Expectancy at Birth in Years, Tarrant County, 2015-2019

Average number of years a newborn can expect to live, if current death rates do not change.

Location			Gender		Race/Ethnicity			
Tarrant County	Texas	United States	Female	Male	Hispanic	Non-Hispanic Black	Non-Hispanic White	Other / Multiracial
79.2	79.0	79.0	81.5	76.9	85.3	76.5	78.4	86.4

Data source: National Center for Health Statistics. Texas Department of State Health Services.

Life Expectancy at Birth in Years by ZIP Code, Tarrant County, 2016-2020
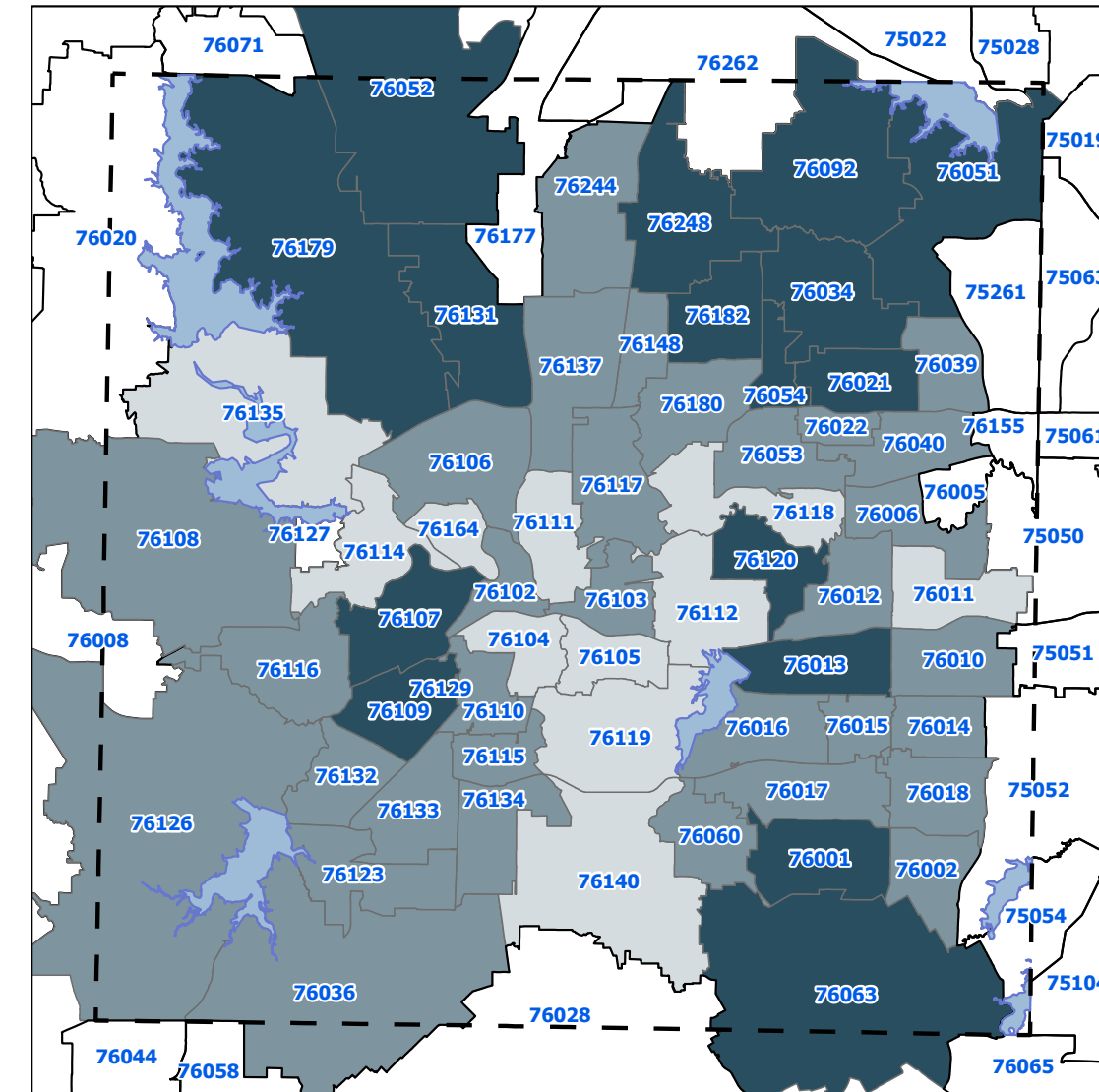
Tarrant County 78.9
Texas 78.6
United States 78.7

Life Expectancy in Years

- 70.4 - 76.3
- 76.4 - 79.7
- 79.8 - 84.8
- Suppressed Data
- Water
- TC_Boundary

Data source: Texas Department of State Health Services. U.S. Census Bureau.

All Cause Mortality, Tarrant County, 2016-2020

	Number	Rate
Total	69,583	753.5
Gender		
Female	33,566	641.2
Male	36,017	891.5
Race/Ethnicity		
Hispanic	7,792	539.2
Non-Hispanic Black	10,459	885.6
Non-Hispanic White	49,136	794.3
Other/Multiracial	2,102	430.5

	Number	Rate
Age Group (in years)		
< 1	844	601.0
1 to 14	326	15.3
15 to 24	1,022	71.4
25 to 44	4,150	139.6
45 to 64	15,424	608.7
65+	47,816	4,058.6

Rate per 100,000 population aged-adjusted to the 2000 U.S. Standard Population; Crude rate for age groups.
Data sources: Centers for Disease Control and Prevention. National Center for Health Statistics.

Leading Causes of Death Overall and By Gender, Tarrant County, 2016-2020

Rank	Overall	Female	Male
	n (%, rate)	n (%, rate)	n (%, rate)
1	Heart Disease 14,299 (20.5, 156.0)	Cancer 6,758 (20.1, 125.8)	Heart Disease 7,925 (22.0, 200.2)
2	Cancer 14,283 (20.5, 147.9)	Heart Disease 6,374 (19.0, 121.7)	Cancer 7,525 (20.9, 178.9)
3	Stroke 4,081 (5.9, 46.5)	Alzheimer's Disease 2,437 (7.3, 48.1)	Accidents 2,239 (6.2, 46.9)
4	Chr Lower Resp Dis 3,539 (5.1, 39.8)	Stroke 2,317 (6.9, 45.1)	Stroke 1,764 (4.9, 47.6)
5	Alzheimer's Disease 3,522 (5.1, 43.2)	Chr Lower Resp Dis 1,967 (5.9, 38.2)	Chr Lower Resp Dis 1,572 (4.4, 42.3)
6	Accidents 3,412 (4.9, 34.1)	Accidents 1,173 (3.5, 22.3)	Diabetes Mellitus 1,286 (3.6, 30.3)
7	Diabetes Mellitus 2,290 (3.3, 23.8)	Diabetes Mellitus 1,004 (3.0, 18.8)	Alzheimer's Disease 1,085 (3.0, 35.0)
8	COVID-19 1,732 (2.5, 18.8)	COVID-19 713 (2.1, 13.6)	Suicide 1,070 (3.0, 21.5)
9	Nephritis, etc. 1,434 (2.1, 15.8)	Nephritis, etc. 701 (2.1, 13.5)	COVID-19 1,019 (2.8, 25.5)
10	Chr Liver Dis & Cirrhosis 1,371 (2.0, 12.9)	Septicemia 549 (1.6, 10.3)	Chr Liver Dis & Cirrhosis 861 (2.4, 17.1)

n = number of deaths; % = percentage of total deaths for that demographic category; Rate per 100,000 population age-adjusted to 2000 U.S. standard population
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics.

Leading Causes of Death by Race/Ethnicity, Tarrant County, 2016-2020

Rank	Hispanic	Non-Hispanic Black	Non-Hispanic White	Other/Multiracial
	n (%, rate)	n (%, rate)	n (%, rate)	n (%, rate)
1	Cancer 1,526 (19.6, 103.9)	Heart Disease 2,242 (21.4, 189.5)	Heart Disease 10,471 (21.3, 166.0)	Cancer 509 (24.2, 90.7)
2	Heart Disease 1,188 (15.2, 93.1)	Cancer 2,163 (20.7, 173.4)	Cancer 10,074 (20.5, 156.7)	Heart Disease 376 (17.9, 78.7)
3	Accidents 646 (8.3, 27.0)	Stroke 651 (6.2, 64.6)	Chr Lower Resp Dis 3,017 (6.1, 47.9)	Stroke 148 (7.0, 32.1)
4	COVID-19 487 (6.3, 33.8)	Accidents 575 (5.5, 35.3)	Alzheimer's Disease 2,939 (6.0, 47.8)	Accidents 103 (4.9, 18.4)
5	Stroke 472 (6.1, 39.4)	Diabetes Mellitus 491 (4.7, 41.2)	Stroke 2,808 (5.7, 45.3)	Diabetes Mellitus 86 (4.1, 17.7)
6	Diabetes Mellitus 363 (4.7, 26.4)	Chr Lower Resp Dis 337 (3.2, 31.1)	Accidents 2,084 (4.2, 38.9)	COVID-19 82 (3.9, 17.6)
7	Chr Liver Dis & Cirrhosis 308 (4.0, 16.9)	Alzheimer's Disease 316 (3.0, 41.3)	Diabetes Mellitus 1,346 (2.7, 21.0)	Suicide 66 (3.1, 9.7)
8	Alzheimer's Disease 218 (2.8, 25.0)	Nephritis, etc. 295 (2.8, 28.0)	Suicide 966 (2.0, 18.5)	Nephritis, etc. 62 (2.9, 13.7)
9	Suicide 185 (2.4, 6.1)	COVID-19 293 (2.8, 27.0)	Chr Liver Dis & Cirrhosis 908 (1.8, 14.4)	Chr Lower Resp Dis 50 (2.4, 12.6)
10	Nephritis, etc. 179 (2.3, 14.1)	Assault (Homicide) 273 (2.6, 14.5)	Nephritis, etc. 898 (1.8, 14.2)	Alzheimer's Disease 46 (2.2, 13.8)

n = number of deaths; % = percentage of total deaths for that demographic category; Rate per 100,000 population age-adjusted to 2000 U.S. standard population
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics.

Leading Causes of Death by Age Group, Tarrant County, 2016-2020

Rank	<1	1 to 14	15 to 24	25 to 44	45 to 64	65+
	n (%, rate)	n (%, rate)	n (%, rate)	n (%, rate)	n (%, rate)	n (%, rate)
1	Cond. in Perinatal Period 435 (51.5, 309.7)	Accidents 80 (24.5, 3.8)	Accidents 379 (37.1, 26.5)	Accidents 1,036 (25.0, 34.9)	Cancer 4,260 (27.6, 168.1)	Heart Disease 10,478 (21.9, 889.4)
2	Birth Defects 191 (22.6, 136.0)	Cancer 40 (12.3, 1.9)	Suicide 211 (20.6, 14.7)	Heart Disease 538 (13.0, 18.1)	Heart Disease 3,239 (21.0, 127.8)	Cancer 9,407 (19.7, 798.5)
3		Assault (Homicide) 28 (8.6, 1.3)	Assault (Homicide) 174 (17.0, 12.2)	Cancer 520 (12.5, 17.5)	Accidents 970 (6.3, 38.3)	Alzheimer's Disease 3,479 (7.3, 295.3)
4		Birth Defects 27 (8.3, 1.3)	Cancer 55 (5.4, 3.8)	Suicide 466 (11.2, 15.7)	Chr Liver Dis & Cirrhosis 738 (4.8, 29.1)	Stroke 3,334 (7.0, 283.0)
5		Suicide 24 (7.4, 1.1)	Heart Disease 30 (2.9, 2.1)	Assault (Homicide) 271 (6.5, 9.1)	Diabetes Mellitus 693 (4.5, 27.4)	Chr Lower Resp Dis 2,992 (6.3, 254.0)
6		Chr Lower Resp Dis 10 (3.1, @)	Diabetes Mellitus 12 (1.2, @)	Chr Liver Dis & Cirrhosis 141 (3.4, 4.7)	Stroke 630 (4.1, 24.9)	Diabetes Mellitus 1,491 (3.1, 126.6)
7				Stroke 103 (2.5, 3.5)	Chr Lower Resp Dis 504 (3.3, 19.9)	COVID-19 1,237 (2.6, 105.0)
8				Diabetes Mellitus 92 (2.2, 3.1)	Suicide 439 (2.8, 17.3)	Nephritis, etc 1,098 (2.3, 93.2)
9				COVID-19 71 (1.7, 2.4)	COVID-19 420 (2.7, 16.6)	Accidents 928 (1.9, 78.8)
10				Human Immunodeficiency Virus (HIV) disease 53 (1.3, 1.8)	Nephritis, etc. 293 (1.9, 11.6)	Parkinson Disease 927 (1.9, 78.7)

n = number of deaths; % = percentage of total deaths for that demographic category; Less than ten deaths not reported to protect confidentiality; Rate per 100,000 population (age group specific); @ = numerator too small for rate calculation
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics.

Infant Mortality Rates, 2014-2018

	2014-2018	2014	2015	2016	2017	2018
Tarrant County	6.50	7.22	6.17	6.21	6.51	6.40
Texas	5.69	5.81	5.63	5.72	5.78	5.49
United States	5.81	5.82	5.90	5.87	5.79	5.66

Infant Mortality Rate, Tarrant County, 2014-2018

	2014-2018	2014	2015	2016	2017	2018
Maternal Age Group						
Under 20	7.38	@	@	11.24	@	@
20 to 29	5.94	7.19	5.33	5.80	5.28	6.05
30 to 39	5.58	5.74	5.35	4.83	6.80	5.16
40+	10.70	@	@	@	@	@
Infant Gender						
Female	5.81	5.44	6.15	5.65	5.81	6.03
Male	7.16	8.93	6.19	6.75	7.17	6.75
Maternal Race/Ethnicity						
Hispanic	6.23	6.67	6.60	5.92	6.37	5.57
Non-Hispanic Black	10.50	13.56	9.59	9.33	9.35	10.82
Non-Hispanic White	4.98	4.97	4.34	5.39	5.36	4.85
Other/Multiracial	5.85	@	@	@	@	@
City						
Arlington	6.00	6.65	7.38	4.97	4.33	6.67
Fort Worth	7.16	8.63	6.48	7.02	6.69	6.94
Highest Maternal Education Level Completed						
< High School	6.16	6.54	4.86	6.64	7.72	5.01
High School or GED	8.27	9.13	8.53	8.32	7.34	8.09
Tech/Some College	5.54	6.14	5.41	5.23	5.56	5.39
College Degree	4.09	4.74	3.86	3.13	4.52	4.22

Infant Mortality Rate = number of deaths among infants under one year of age per 1,000 live births. City level data only include the portions of those cities that are within Tarrant County; @ = numbers too small for stable rate. Data source: Texas Department of State Health Services. Centers for Disease Control and Prevention.

Leading Causes of Death among Tarrant County Infants by Race/Ethnicity, 2015-2019

Rank	All Tarrant County	Hispanic	Non-Hispanic Black	Non-Hispanic White
1	Birth Defects (21.8%)	Birth Defects (26.4%)	Premature - Low Birth Weight (21.0%)	Birth Defects (23.6%)
2	Premature - Low Birth Weight (15.5%)	Premature - Low Birth Weight (13.7%)	Sudden Infant Death Syndrome (16.7%)	Sudden Infant Death Syndrome (14.6%)
3	Sudden Infant Death Syndrome (13.1%)	Sudden Infant Death Syndrome (9.9%)	Birth Defects (14.3%)	Premature - Low Birth Weight (12.2%)
4	Maternal Complications of Pregnancy (8.2%)	Maternal Complications of Pregnancy (9.9%)	Maternal Complications of Pregnancy (9.1%)	Maternal Complications of Pregnancy (5.1%)
5	Bacterial Sepsis (4.1%)	Complications of Placenta, Cord, and Membranes (4.5%)	Bacterial Sepsis (4.4%)	Bacterial Sepsis (5.1%)

Deaths among infants less than one year of age; % = percentage of all deaths overall or per race/ethnicity
Data source: Texas Department of State Health Services
Data analyses conducted by: Division of Epidemiology and Health Information, Tarrant County Public Health.

Maternal Mortality, 2016-2020

	Rate
Tarrant County	23.3
Texas	26.8
United States	20.9

*Rate is number of maternal deaths from obstetric causes less than 42 days postpartum per 100,000 live birth
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics.*

MORBIDITY

Morbidity refers to the state of experiencing symptoms or being unhealthy due to illness or disease.[1] It encompasses various physical and psychological conditions that can negatively impact an individual's wellbeing and quality of life, such as low birth weight and hospitalizations. Promoting culturally sensitive healthcare practices, increasing access to healthcare services in underserved areas, improving health literacy, and addressing social determinants of health can assure that communities affected by higher morbidity rates receive the necessary support and resources to achieve better health outcomes.[2]

Quality of Life, 2019

	Poor or Fair Health	Poor Physical Health Days	Poor Mental Health Days
Tarrant County	20%	3.8	4.20
Texas	21%	3.6	3.90
United States	17%	3.9	4.50

Percentage of adults reporting fair or poor health (age-adjusted), 2019. Average number of physically unhealthy days reported in past 30 days (age-adjusted, 2019. Average number of mentally unhealthy days reported in past 30 days (age-adjusted), 2019.
Data source: County Health Rankings & Roadmaps.

Percentage of Adults Aged 18 Years and Older Who Reported Health Status as Poor or Fair, Tarrant County, 2020

Age Group		Race/Ethnicity		Annual Income	
18 to 24	6.6	Hispanic	14.3	<$25K	23.0
25 to 44	11.1	Non-Hispanic Asian	@	$25K to <$50K	12.2
45 to 64	15.9	Non-Hispanic Black	14.2	$50K to <$75K	5.5
65+	22.7	Non-Hispanic White	12.9	$75K+	9.9
Gender		Other/Multiracial	@	Highest Education Level Completed	
Female	13.6	City		< High School	31.2
Male	13.1	Arlington	12.3	High School or GED	16.0
		Fort Worth	16.3	Tech/Some College	12.7
				College Degree	9.3

@=number too small for stable rate
Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted.
Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.

Low Birth Weight (percentage of babies born <2500 grams), 2015-2019

	2015-2019	2015	2016	2017	2018	2019
Tarrant County	8.6	8.3	8.3	8.5	9.1	8.8
Texas	8.4	8.2	8.4	8.4	8.5	8.4
United States	8.2	8.1	8.2	8.3	8.3	8.3

Data source: Texas Department of State Health Services. Centers for Disease Control and Prevention.

1. Hernandez JBR, Kim PY. Epidemiology Morbidity And Mortality. [Updated 2022 Oct 3]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK547668/

2. Andermann, A. CLEAR Collaboration. Taking action on the social determinants of health in clinical practice: a framework for health professionals. CMAJ. 2016 Dec 6; 188(17-18):E474-E483. doi: 10.1503/cmaj.160177. Epub 2016 Aug 8. PMID: 27503870; PMCID: PMC5135524.

Low Birth Weight in Tarrant County (percentage of babies born <2500 grams), 2015-2019

	2015-2019	2015	2016	2017	2018	2019
Maternal Age Group						
< 20	10.1	8.6	11.4	9.5	10.5	10.5
20 to 29	8.1	7.8	7.9	8.1	8.7	8.2
30 to 39	8.6	8.5	8.1	8.6	9.1	9.0
40+	12.6	13.3	11.9	12.8	12.2	13.0
Gender						
Female	9.3	9.1	9.1	9.0	9.9	9.5
Male	7.9	7.6	7.6	8.0	8.2	8.1
Race/Ethnicity						
Hispanic	7.5	7.3	7.1	7.7	7.7	7.7
Non-Hispanic Black	13.7	13.4	13.4	13.2	14.6	14.0
Non-Hispanic White	7.0	6.8	6.9	7.0	7.1	7.0
Other/Multiracial	9.0	9.1	8.7	8.1	10.3	8.9
Education Level Completed						
< High School	8.7	8.3	8.0	8.8	8.9	10.0
High School or GED	9.7	9.2	9.8	9.6	10.6	9.5
Tech/Some College	8.6	8.4	8.2	8.6	8.9	9.0
College Degree	7.4	7.4	7.2	7.2	7.8	7.3

Data source: Texas Department of State Health Services.

Very Low Birth Weight (percentage of babies born <1500 grams), 2015-2019

	2015-2019	2015	2016	2017	2018	2019
Tarrant County	1.4	1.4	1.5	1.4	1.5	1.5
Texas	1.4	1.4	1.4	1.4	1.4	1.4
United States	1.4	1.4	1.4	1.4	1.4	1.4

Data source: Texas Department of State Health Services. Centers for Disease Control and Prevention.

Very Low Birth Weight, Tarrant County (percentage of babies born <1500 grams), 2015-2019

	2015-2019	2015	2016	2017	2018	2019
Maternal Age Group						
Under 20	1.7	1.3	2.4	1.7	1.4	1.7
20 to 29	1.3	1.3	1.4	1.1	1.4	1.3
30 to 39	1.5	1.4	1.4	1.6	1.6	1.6
40+	2.3	3.8	@	@	2.0	1.5
Gender						
Female	1.5	1.5	1.5	1.4	1.6	1.6
Male	1.4	1.3	1.5	1.4	1.4	1.3
Race/Ethnicity						
Hispanic	1.2	1.4	1.1	1.2	1.2	1.2
Non-Hispanic Black	2.7	2.5	2.9	2.4	2.9	2.7
Non-Hispanic White	1.1	1.0	1.1	1.1	1.0	1.1
Other/Multiracial	1.3	1.2	1.8	0.9	1.5	1.0
Highest Maternal Education Level Completed						
< High School	1.4	1.3	1.2	1.4	1.4	1.5
High School or GED	1.7	1.7	1.8	1.6	1.8	1.6
Tech/Some College	1.5	1.4	1.6	1.4	1.5	1.5
College Degree	1.1	1.1	1.1	1.1	1.2	1.1

Data source: Texas Department of State Health Services.

Total Hospitalizations per 1,000 Population, 2016-2019

	2016	2017	2018	2019
Tarrant County	104.0	103.5	99.6	97.2
Texas	110.6	108.9	108.1	108.0

Inpatient hospitalizations for patients who were admitted into the hospital for care. The inpatient hospital stay may last several hours to days, weeks or years, depending upon the condition or status of the patient before being discharged.
Data source: Texas Health Care Information Collection. Texas Department of State Health Services.

Total Hospitalizations per 1,000 Population, Tarrant County, 2016-2019

	2016	2017	2018	2019
Age Group				
0 to 17	70.3	69.5	65.6	62.2
18 to 44	75.3	65.6	70.2	67.4
45 to 64	102.5	102.2	101.1	98.9
65 to 74	218.7	222.0	211.1	207.5
75+	406.5	395.9	374.6	367.9
Gender				
Female	N/A	N/A	N/A	N/A
Male	N/A	N/A	N/A	N/A
Race/Ethnicity				
Hispanic	50.4	51.0	54.2	63.1
Non-Hispanic Black	108.0	107.1	110.8	110.1
Non-Hispanic White	120.9	121.2	119.9	115.0
Other/Multiracial	156.9	175.7	121.8	92.5

Inpatient hospitalizations for patients who were admitted into the hospital for care. The inpatient hospital stay may last several hours to days, weeks or years, depending upon the condition or status of the patient before being discharged.
Data source: Texas Health Care Information Collection. Texas Department of State Health Services.

Percentage of Total Hospitalizations by First Payor Source, Tarrant County and Texas, 2016-2019

Year	2016		2017		2018		2019	
	Tarrant County	Texas	Tarrant County	Texas	Tarrant County	Texas	Tarrant County	Texas
Medicaid	17.5	19.8	16.2	19.6	17.7	19.3	17.0	18.8
Medicare	33.8	33.7	33.8	34.9	34.2	35.2	34.9	35.1
Other	1.7	2.1	1.7	2.2	2.4	2.3	2.1	2.4
Private	36.5	34.5	37.0	33.2	33.4	33.0	33.0	32.9
Uninsured	10.6	9.9	11.3	10.1	12.3	10.3	12.9	10.8

Inpatient hospitalizations for patients who were admitted into the hospital for care. The inpatient hospital stay may last several hours to days, weeks or years, depending upon the condition or status of the patient before being discharged.
Data source: Texas Health Care Information Collection. Texas Department of State Health Services.

Preventable Hospitalization Rate per 1,000 Medicare Beneficiaries, 2016-2020

	2016	2017	2018	2019	2020
Tarrant County	52.3	56.0	53.0	44.5	33.5
Texas	48.4	50.1	48.6	41.3	30.6

Inpatient stays that might have been avoided with adequate outpatient care, early intervention, or proper disease management among Medicare beneficiaries
Data source: Centers for Medicare & Medicaid Services.

Preventable Hospitalization Rate per 1,000 Medicare Beneficiaries, Tarrant County, 2016-2020

	2016	2017	2018	2019	2020
Age Group					
< 65	66.5	78.8	80.0	70.7	63.8
65 to 74	28.8	29.5	29.1	25.0	18.5
75 to 84	66.0	71.4	66.3	54.8	39.6
85+	120.6	128.3	116.4	96.4	66.8
Gender					
Female	57.2	61.2	56.7	47.3	35.1
Male	46.7	50.0	48.9	41.3	31.6
Race/Ethnicity					
American Indian / Alaska Native	68.0	58.3	97.9	59.7	36.7
Asian/Pacific Islander	29.8	34.0	30.7	26.1	14.9
Hispanic	48.1	51.9	53.4	43.6	36.9
Non-Hispanic Black	81.1	90.2	87.3	80.0	62.8
Non-Hispanic White	49.4	52.0	48.5	39.8	29.4
Other	24.1	50.5	39.1	37.4	12.3

Inpatient stays that might have been avoided with adequate outpatient care, early intervention, or proper disease management among Medicare beneficiaries
Data source: Centers for Medicare & Medicaid Services.

ACCESS TO CARE

Health insurance coverage enables access to care and is linked with improved health outcomes, reduced mortality rates, and improved productivity.[1] People without health insurance are more likely to receive sub-standard quality of care and have poorer health outcomes in comparison to the insured.[2]

Uninsured Population by Age Group, 2016-2020

	# of uninsured persons under age 19	# of uninsured persons age 19 to 64	# of uninsured persons age 65+	% under age 19 uninsured	% age 19 to 64 uninsured	% age 65+ uninsured
Tarrant County	64,184	269,371	3,998	11.13%	21.47%	1.74%
Texas	868,589	3,944,271	64,209	11.15%	23.38%	1.83%
United States	4,016,835	23,640,483	401,585	5.18%	12.26%	0.79%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

1. Report: The Importance of Health Coverage: AHA. American Hospital Association. (2023). https://www.aha.org/guidesreports/report-importance-health-coverage

2. McWilliams, J. M. (2009, June). Health consequences of UNINSURANCE among adults in the United States: Recent evidence and implications. The Milbank quarterly. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2881446/#b41

Tarrant County Persons uninsured by Census Tract - ACS 2016-2020 5-year Estimates

Estimated Percentage
- 0.0 - 10.0
- 10.1 - 25.0
- 25.1 - 52.1
- Data unavailable
- Water
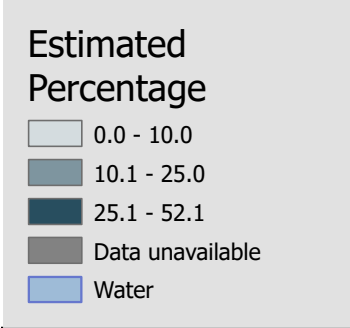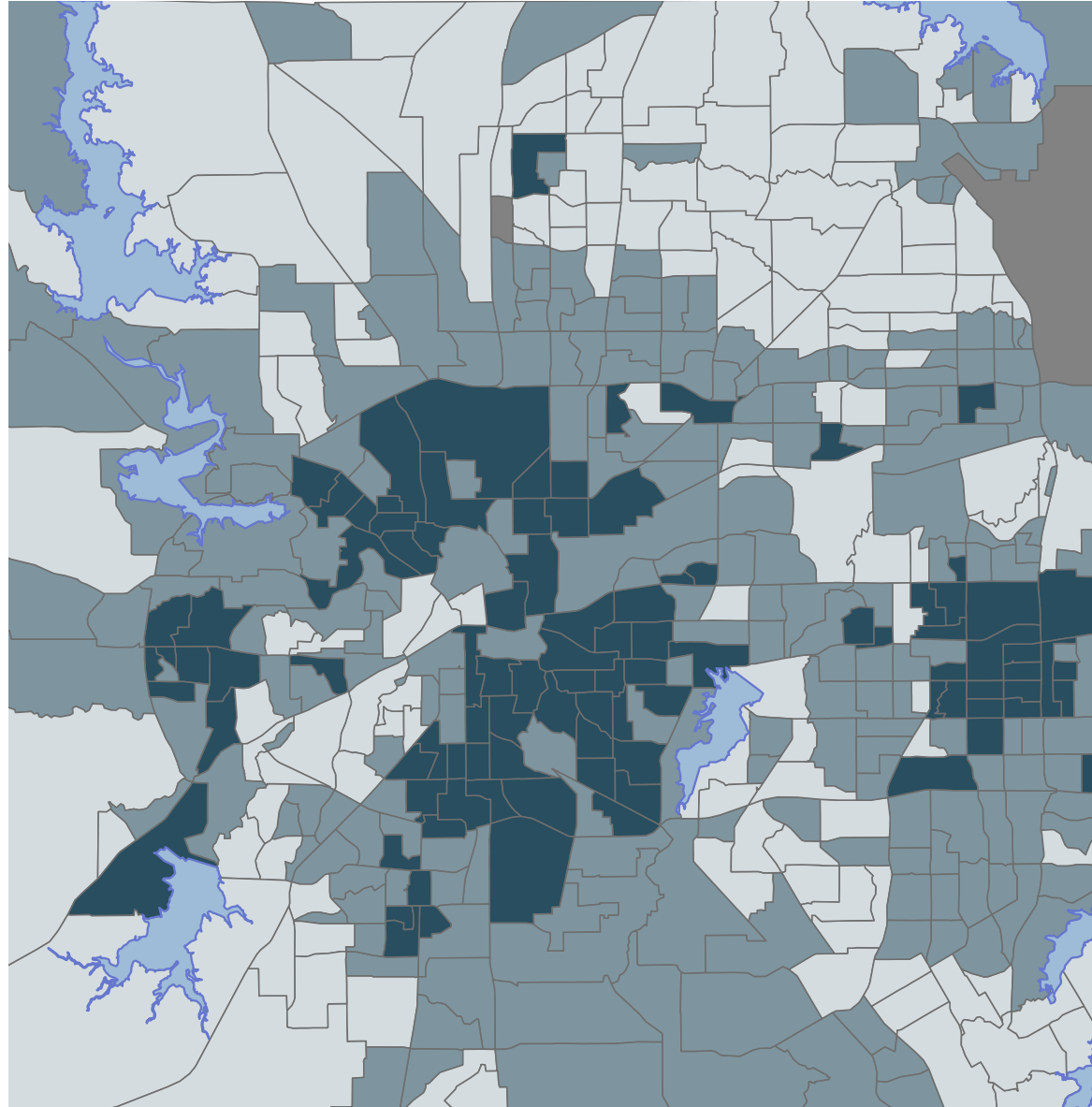
Data source: U.S. Census Community Survey.

Percentage of Children Aged Less than 19 Years without Health Insurance by Year, 2017-2019

	2017-2019	2017	2018	2019
Tarrant County	11.4	11.7	10.8	11.6
Texas	11.5	10.7	11.2	12.7
United States	5.3	5.0	5.2	5.7

Data source: U.S. Census Bureau.

Percentage of Children Aged Less than 19 Years without Health Insurance by Year, Tarrant County, 2017-2019

	2017-2019	2017	2018	2019
Gender				
Female	11.2	12.1	10.4	11.2
Male	11.5	11.2	11.1	12.1
Race/Ethnicity				
Hispanic	17.3	16.0	16.9	19.0
Non-Hispanic Black	8.6	13.0	6.7	6.3
Non-Hispanic White	7.0	6.8	7.1	7.1
Other/Multiracial	8.0	9.4	7.1	7.7

Data source: U.S. Census Bureau.

Uninsured Population by Ethnicity Alone, 2016-2020

	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percentage	Not Hispanic or Latino, Percentage
Tarrant County	168,950	168,603	28.22%	11.53%
Texas	2,988,710	1,888,359	26.80%	11.10%
United States	10,382,464	17,676,439	17.72%	6.72%

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Uninsured Population by Race, Total, 2016-2020

	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Tarrant County	91,175	53,628	2,522	15,602	993	54,892	24,201
Texas	1,158,286	503,007	29,031	157,832	4,492	568,137	412,922
United States	11,475,294	3,972,510	497,979	1,179,390	64,404	3,281,019	1,776,683

Data source: U.S. Census Bureau. American Community Survey, 2016-2020.

Percentage of Adults Aged 18 Years and Older Who Had a Routine Check-Up in the Last Year, 2020

Tarrant County†	Texas ‡	United States ‡
75.8 (73.1 - 78.3)	72.6 (70.9 - 74.2)	74.7 (74.3 - 75.0)

Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
†Data source: Tarrant County Behavioral Risk Factor Surveillance System. 2020. Tarrant County Public Health.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Adults Aged 18 Years and Older Who Had a Routine Check-Up in the Past Year, Tarrant County, 2020

Social Vulnerability Index (SVI)	
SVI 0.76 to 1.00	74.7
SVI 0.51 to 0.75	73.2
SVI 0.26 to 0.50	79.6
SVI 0.00 to 0.25	@
Age Group	
18 to 24	65.4
25 to 44	65.9
45 to 64	83.3
65+	94.2
Gender	
Female	79.7
Male	71.4

Race/Ethnicity	
Hispanic	68.4
Non-Hispanic Asian	74.9
Non-Hispanic Black	82.7
Non-Hispanic White	78.0
Other/Multiracial	69.4
City	
Arlington	77.2
Fort Worth	78.1

Annual Income	
<$25K	64.4
$25K to <$50K	70.0
$50K to <$75K	84.4
$75K+	80.3
Highest Education Level Completed	
< High School	51.0
High School or GED	69.5
Tech/Some College	75.0
College Degree	85.5

Visited a doctor for a general physical exam, not an exam for a specific injury, illness, or condition
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted
@=number too small for stable rate
Data source: Tarrant County Behavioral Risk Factor Surveillance System. Tarrant County Public Health, 2020.

Primary Care Provider Ratio (Population per 1 Provider), 2016-2020

	2016	2017	2018	2019	2020
Tarrant County	1,766	1,718	1,702	1,689	N/A
Texas	1,657	1,642	1,642	1,629	N/A
United States	1,326	1,325	1,319	1,307	N/A

Primary Care Physician = practicing non-federal physicians (M.D.s and D.O.s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics.
N/A = results not available
Data source: Area Health Resource Files. Health Resources and Services Administration as reported by County Health Rankings & Roadmaps. Texas Department of State Health Services.

Other Primary Care Provider Ratio (Population per 1 Provider), 2016-2020

	2016	2017	2018	2019	2020
Tarrant County	1,724	1,550	1,419	1,242	1,140
Texas	1,646	1,497	1,376	1,218	1,130
United States	N/A	N/A	N/A	N/A	N/A

Other Primary Care Providers = other professionals other than physicians can serve as sources of routine, preventive care, including nurse practitioners (NP), physician assistants (PA), and clinical nurse specialists
N/A = results not available
Data source: Area Health Resource Files. Health Resources and Services Administration as reported by County Health Rankings & Roadmaps. Texas Department of State Health Services.

Mental Healthcare Provider Ratio (Population per 1 Provider), 2016-2020

	2016	2017	2018	2019	2020
Tarrant County	1,090	1,000	930	820	760
Texas	1,070	1,010	960	880	830
United States	N/A	N/A	N/A	N/A	N/A

Mental Health Provider = psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care
N/A = results not available
Data source: Area Health Resource Files. Health Resources and Services Administration as reported by County Health Rankings & Roadmaps. Texas Department of State Health Services.

Dentist Ratio (Population per 1 Dentist), 2016-2020

	2016	2017	2018	2019	2020
Tarrant County	1,739	1,732	1,716	1,656	1,633
Texas	1,790	1,759	1,735	1,677	1,660
United States	1,485	1,461	1,447	1,405	1,399

Dentists = Registered dentists with a National Provider Identification
N/A = results not available
Data source: Area Health Resource Files. Health Resources and Services Administration as reported by County Health Rankings & Roadmaps. Texas Department of State Health Services.

Optometrist Ratio (Population per 1 Optometrist), 2016-2020

	2016	2017	2018	2019	2020
Tarrant County	6,940	6,571	6,391	6,430	6,361
Texas	7,513	7,428	7,375	7,100	7,076
United States	N/A	N/A	N/A	N/A	N/A

N/A = results not available
Data source: Area Health Resource Files. Health Resources and Services Administration as reported by County Health Rankings & Roadmaps. Texas Department of State Health Services.

Medicare Healthcare Costs, 2016-2019

	2016	2017	2018	2019
Tarrant County	$11,863	$11,819	$11,944	$12,316
Texas	$11,041	$11,181	$11,631	$12,134
United States	$10,184	$10,437	$10,786	$11,218

Medicare Reimbursements per Enrollee (age-adjusted) and includes Parts A and B
Data source: The Dartmouth Institute for Health Policy and Clinical Practice.

BUILT ENVIRONMENT

The built environment is formed of all physical parts of where a person lives, works, and plays.[1] The built environment influences a person's physical lifestyle including lead levels in children.[2] Examples of the built environment are homes, buildings, streets, open spaces, and infrastructure. Neighborhood housing conditions, such as inaccessible or absent lighting, bicycle, or walking paths support sedentary habits and impacts a person's physical health.[3] Housing and buildings age are a primary determinant of lead exposure in minority communities. Encouraging a healthy community design in all communities, as well as informing and educating future planners about the importance of built environment, will improve the physical health of the people who live, work, and play in it.[4]

Blood Lead Testing and Elevated Blood Lead Levels (EBLLs) in Children, 0-5 years of age, 2015-2019

	Tarrant				Texas			
Year	# Tested	Testing Rate	# with EBLLs	Rate of EBLL	# Tested	Testing Rate	# with EBLLs	Rate of EBLL
2015	14,609	8.74	253	1.73	343,649	14.36	6,435	1.87
2016	13,142	7.80	240	1.83	347,600	14.29	6,841	1.97
2017	16,158	9.44	330	2.04	346,877	14.03	6,767	1.95
2018	14,747	8.47	269	1.82	334,113	13.29	5,431	1.63
2019	17,909	10.27	208	1.16	319,041	12.78	4382	1.37

Data source: Centers for Disease Control and Prevention. CDC - National Vital Statistics System. Accessed via County Health Rankings & Roadmaps.

• No level of lead is safe. For reporting purposes an EBLL is defined at 5ug/dl. This is the previous action level, the new action level was set to 3.5 ug/dl so numbers represent an under reporting of actual number of children with EBLL
• Testing is recommended for all children who live at or below the poverty line or live in housing built before 1950. The percentage of children who live at or below the poverty line is 16.6%, yet testing rates ranged from 7.8 to 10.2%.

1. Center for Disease Control and Prevention. (2011). Impact of the built environment on health. https://www.cdc.gov/nceh/publications/factsheets/impactofthebuiltenvironmentonhealth.pdf

2. Sadler, R. C., LaChance, J., & Hanna-Attisha, M. (2017). Social and Built Environmental Correlates of Predicted Blood Lead Levels in the Flint Water Crisis. American journal of public health, 107(5), 763–769. https://doi.org/10.2105/AJPH.2017.303692

3. Center for Disease Control and Prevention. (2011). Impact of the built environment on health. https://www.cdc.gov/nceh/publications/factsheets/impactofthebuiltenvironmentonhealth.pdf

4. Sadler, R. C., LaChance, J., & Hanna-Attisha, M. (2017). Social and Built Environmental Correlates of Predicted Blood Lead Levels in the Flint Water Crisis. American journal of public health, 107(5), 763–769. https://doi.org/10.2105/AJPH.2017.303692

Blood Lead Testing and Elevated Blood Lead Levels (EBLLs) in Children, 6-14 years of age, 2015-2019

	Tarrant				Texas			
Year	# Tested	Testing Rate	# with EBLLs	Rate of EBLL	# Tested	Testing Rate	# with EBLLs	Rate of EBLL
2015	1,047	0.39	28	2.67	33,256	0.90	578	1.74
2016	788	0.29	39	4.95	27,030	0.73	631	2.33
2017	838	0.31	44	5.25	23,580	0.63	619	2.63
2018	821	0.30	31	3.78	20,338	0.54	453	2.23
2019	1,046	0.39	39	3.73	17,354	0.47	379	2.18

Data source: Centers for Disease Control and Prevention. CDC - National Vital Statistics System. Accessed via County Health Rankings & Roadmaps.

Households with Computing Devices and Internet Subscriptions, 2020

	Tarrant County	Texas	United States
Has one or more types of computing devices	95.5%	92.7%	91.9%
With an Internet subscription	89.9%	85.3%	85.5%
Broadband of any type	89.8%	85.1%	85.2%

Data do not include cellular Internet providers.
Data source: U.S. Census Bureau. American Community Survey. 5-Year Estimates.

Liquor Store Density, 2020

	Number of Establishments	Establishments, Rate per 100,000 Population
Tarrant County	114	5.40
Texas	2,034	6.98
United States	34,692	10.47

Data exclude establishments preparing and serving alcohol for consumption on premises (including bars and restaurants) or which sell alcohol as a secondary retail product (including gas stations and grocery stores).
Data source: U.S. Census Bureau. County Business Patterns. Additional data analysis by CARES, 2020.

Beer, Wine and Liquor Stores, Rate per 100,000 Population by Year, 2016-2020

	2016	2017	2018	2019	2020
Tarrant County	4.69	5.26	5.55	5.55	5.4
Texas	6.59	6.81	6.84	6.84	6.98
United States	10.25	10.41	10.43	10.43	10.47

Data source: U.S. Census Bureau. American Community Survey. 5-Year Estimates.

Traffic Volume, 2018-2019

	2018	2019
Tarrant County	578	598
Texas	394	472

Average count of vehicles per meter per day within 500 meters of a census block centroid (the center point of a census block), divided by distance in meters, presented as the population-weighted average of blocks in each geographic area.
Data source: EJSCREEN: Environmental Justice Screening and Mapping Tool.

Recreation and Fitness Facilities, Rate per 100,000 Population by Year, 2016-2020

	2016	2017	2018	2019	2020
Tarrant County	7.92	8.25	8.34	8.34	10.24
Texas	8.05	8.69	9.14	9.14	10.21
United States	10.25	11.02	11.39	11.39	11.94

Data source: U.S. Census Bureau. County Business Patterns. Additional data analysis by CARES, 2020 Data Access through Community Commons.

Food Environment - Fast Food Restaurants, 2011-2016

Report Area	Number of Establishments	Establishments, Rate per 100,000 Population
Tarrant County	1,803	85.46
Texas	22,469	77.09
United States	251,533	75.89

Data source: U.S. Census Bureau. American Community Survey. 5-Year Estimates.

Tarrant County 2019 USDA Food Deserts by Census Tract
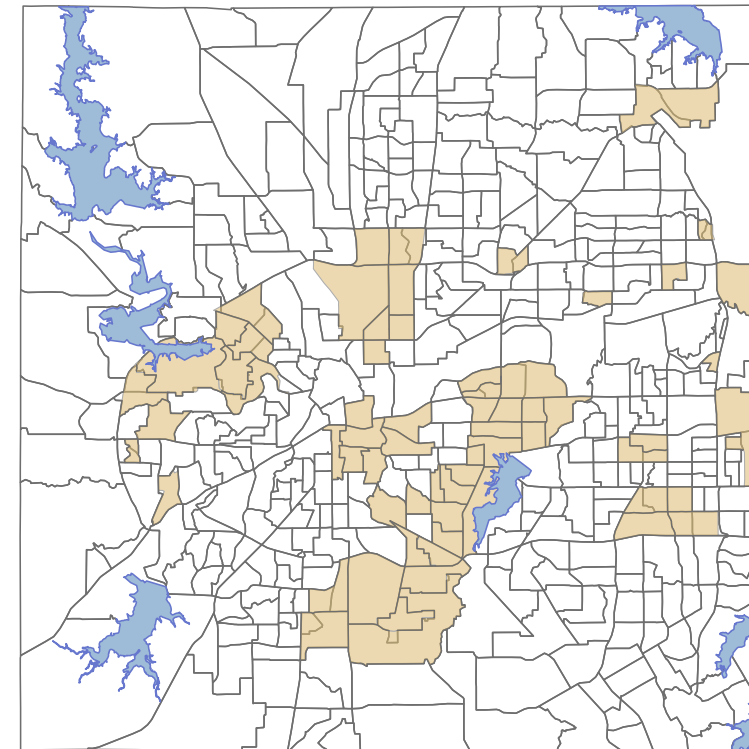
Estimate by Census Tract

- Not a Food Desert
- Low Income and Limited Access at 1 and 10 Miles
- Water

The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access.
Data source: U.S. Department of Agriculture. Economic Research Service. USDA - Food Access Research Atlas, 2019.

Food Environment - Food Desert Census Tracts, 2019

Report Area	Total Population (2020)	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
Tarrant County	2,109,784	65	292	315,695	1,493,339
Texas	29,145,499	1,022	4,216	4,926,344	20,219,217
United States	331,449,275	9,293	63,238	39,074,974	269,670,564

The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access.
Data source: U.S. Department of Agriculture. Economic Research Service. USDA - Food Access Research Atlas, 2019.

Food Environment - Grocery Stores, 2020

Report Area	Total Population (2020)	Number of Establishments	Establishments, Rate per 100,000 Population
Tarrant County	2,109,784	247	11.71
Texas	29,145,499	3,509	12.04
United States	331,449,275	62,268	18.79

Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included.
Data source: U.S. Census Bureau. County Business Patterns. Additional data analysis by CARES, 2020.

CHRONIC DISEASE AND PREVENTION

Chronic diseases, such as heart disease, diabetes, and Alzheimer's disease, are defined as conditions that last one year or more, require ongoing medical attention, and/or limit activities of daily living. Six in ten adults in the U.S. have a chronic disease and four in ten adults live with two or more conditions. Chronic diseases, which are often largely preventable, are the leading causes of death and disability in the U.S. However, by practicing four key healthy behaviors to include healthy eating, regular physical activity, limiting alcohol use, and being tobacco free, you can improve your odds of staying well and living longer.[1]

Percentage of Adults Aged 18 Years and Older with Asthma, 2020

Tarrant County[†]	Texas[‡]	United States[‡]
10.1 (8.0 - 12.7)	7.4 (6.5 - 9.3)	9.2 (9.0 - 9.4)

Overall Weighted Percentage* (95% Confidence Interval)

Told by a doctor, nurse, or other health professional they currently have asthma.
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
†Data source: Tarrant County Behavioral Risk Factor Surveillance System, Tarrant County Public Health.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Adults Aged 18 Years and Older with Asthma, Tarrant County, 2020

Age Group		Race/Ethnicity		Highest Education Level Completed	
18 to 24	7.5	Hispanic	@	< High School	@
25 to 44	13.5	Non-Hispanic Asian	@	High School or GED	9.0
45 to 64	6.9	Non-Hispanic Black	10.6	Tech/Some College	11.7
65+	8.5	Non-Hispanic White	11.0	College Degree	9.1
Gender		Other/Multiracial	@	**Social Vulnerability Index (SVI)**	
Female	14.3	**Annual Income**		0.00 to 0.25	@
Male	5.6	<$25K	13.1	0.26 to 0.50	@
City		$25K to <$50K	13.3	0.51 to 0.75	@
Arlington	@	$50K to <$75K	@	0.76 to 1.00	10.5
Fort Worth	11.6	$75K+	7.7		

Told by a doctor, nurse, or other health professional they currently have asthma.
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval). @=number too small for stable rate
Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.

1. Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion. (2023). https://www.cdc.gov/chronicdisease/index.htm

Asthma (Medicare Population), 2018

	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Asthma	Percentage with Asthma
Tarrant County	120,793	7,067	5.9%
Texas	2,152,364	104,396	4.9%
United States	33,499,472	1,665,694	5.0%

Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program.
Data source: Centers for Medicare & Medicaid Services. Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.

Medicare Population with Asthma by Year, 2016-2018

	2016	2017	2018
Tarrant County	6.3%	6.3%	5.9%
Texas	5.0%	5.0%	4.9%
United States	5.1%	5.1%	5.0%

Data source: Centers for Medicare & Medicaid Services. Centers for Medicare & Medicaid Services - Chronic Conditions, 2016-2018.

Cancer Incidence – All Sites, Cases per 100,000 Population Per Year, 2014-2018

	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate
Tarrant County	1,907,964	8,313	435.7
Texas	27,757,782	114,140	411.2
United States	379,681,007	1,703,249	448.6

Data source: State Cancer Profiles, 2014-2018.

Five Most Commonly Diagnosed Cancers - All Stages, 2014-2018

	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Tarrant	1 - Breast (Female)	1,306	124.8
	2 - Lung & Bronchus	963	53.4
	3 - Prostate	939	103.2
	4 - Colon & Rectum	702	37.3
	5 - Kidney & Renal Pelvis	383	19.5
Texas	1 - Breast (Female)	16,792	114.2
	2 - Lung & Bronchus	13,456	49.5
	3 - Prostate	13,056	97.6
	4 - Colon & Rectum	10,461	37.8
	5 - Kidney & Renal Pelvis	5,432	19.4

Data source: State Cancer Profiles, 2014-2018.

Percentage of Adults Aged 18 Years and Older Ever Diagnosed with Cancer, 2020

Tarrant County	Texas†	United States†
9.7 (8.3 - 11.4)	8.3 (7.4 - 9.1)	11.2 (11.0 - 11.5)

Overall Weighted Percentage* (95% Confidence Interval)

Told by a doctor, nurse, or other health professional they have ever had any types of cancer including skin cancer.
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
†Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Adults Aged 18 Years and Older Ever Diagnosed with Cancer, Tarrant County, 2020

Age Group		Race/Ethnicity		Highest Education Level Completed	
18 to 24	@	Hispanic	@	< High School	@
25 to 44	2.1	Non-Hispanic Asian	@	High School or GED	7.6
45 to 64	2.0	Non-Hispanic Black	2.5	Tech/Some College	9.7
65+	1.9	Non-Hispanic White	16.1	College Degree	13.0
Gender		Other/Multiracial	@	Social Vulnerability Index (SVI)	
Female	10.5	Annual Income		0.00 to 0.25	@
Male	8.9	<$25K	7.5	0.26 to 0.50	@
City		$25K to <$50K	9.1	0.51 to 0.75	10.0
Arlington	9.7	$50K to <$75K	8.0	0.76 to 1.00	6.6
Fort Worth	7.6	$75K+	10.8		

Told by a doctor, nurse, or other health professional they have ever had any types of cancer including skin cancer.
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
@=number too small for stable rate
Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.

Cancer Mortality, 2016-2020

	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Age-Adjusted Death Rate (Per 100,000 Population)
Tarrant County	2,076,428	14,283	147.9
Texas	28,645,135	205,360	143.7
United States	326,747,554	2,998,371	149.4

Data source: Centers for Disease Control and Prevention. CDC - National Vital Statistics System. Accessed via CDC WONDER Online Database, 2016-2020.

Cancer Mortality Rate by Gender, Race/Ethnicity, 2016-2020

	Male	Female	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Tarrant County	178.9	125.8	156.7	173.4	92.6	37.2	103.9
Texas	172.6	122.0	154.8	176.3	83.1	27.6	114.2
United States	177.1	128.9	154.8	174.3	93.0	97.1	106.8

Rate per 100,000 population age-adjusted to the 2000 U.S. standard population
Data source: Centers for Disease Control and Prevention. CDC - National Vital Statistics System. Accessed via CDC WONDER Online Database, 2016-2020.

Percentage of Females Aged 55 Years and Older who Received a Mammogram in the Past Two Years, 2020

Tarrant County†	Texas‡	United States‡
82.7 (78.4 - 86.4)	N/A	77.8 (77.1 - 78.5)

Overall Weighted Percentage* (95% Confidence Interval)

Percentage of adult females 55 years and old who had a mammogram in the past two years, following American Cancer Society guidelines for early detection of breast cancer.
*Estimates weighted to population characteristics and are among adults aged 55 years and older unless otherwise noted (95% Confidence Interval).
N/A = Data not available
†Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Females Aged 55 Years and Older who Received a Mammogram in the Past Two Years, Tarrant County, 2020

Age Group		City		Highest Education Level Completed	
55 to 64	84.4	Arlington	81.4	< High School	@
65+	81.1	Fort Worth	82.3	High School or GED	75.4
Race/Ethnicity		Annual Income		Tech/Some College	83.8
Hispanic	89.8	<$25K	71.4	College Degree	88.6
Non-Hispanic Asian	@	$25K to <$50K	84.6	Social Vulnerability Index (SVI)	
Non-Hispanic Black	84.3	$50K to <$75K	87.0	0.00 to 0.25	@
Non-Hispanic White	82.0	$75K+	91.9	0.26 to 0.50	85.0
Other/Multiracial	@			0.51 to 0.75	77.6
				0.76 to 1.00	6.6

Percentage of adult females 55 years and old who had a mammogram in the past two years, following American Cancer Society guidelines for early detection of breast cancer.
*Estimates weighted to population characteristics and are among adults aged 55 years and older unless otherwise noted (95% Confidence Interval).
N/A = Data not available; @=number too small for stable rate
Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.

Breast Cancer Incidence among Females, 2014-2018

	2014 - 2018		2014		2015		2016		2017		2018	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Tarrant County	6,528	124.7	1,215	122.7	1,241	122.8	1,333	126.6	1,328	123.1	1,411	127.8
Texas	83,962	114.1	15,910	113.7	16,564	115.4	16,479	111.7	17,213	114.2	17,796	115.2
United States	1,238,529	126.9	241,228	126.4	247,192	127.4	249,399	126.5	253,741	126.8	254,744	126.8

*Rate per 100,000 population age-adjusted to 2000 U.S. Standard Population
Number = Number of cases
Data source: Texas Cancer Registry. U.S. Cancer Statistics.

Breast Cancer Incidence among Females by Race/Ethnicity, Tarrant County, 2014-2018

	2014 - 2018		2014		2015		2016		2017		2018	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Overall	6,528	124.7	1,215	122.7	1,241	122.8	1,333	126.6	1,328	123.1	1,411	127.8
Hispanic	740	81.6	111	69.2	132	76.3	152	84.0	161	87.8	184	88.5
Non-Hispanic Asian	250	80.7	---	82.5	---	89.4	---	74.8	---	71.9	---	85.7
Non-Hispanic Black	996	127.4	199	133.0	194	128.9	215	141.3	191	117.3	197	118.4
Non-Hispanic White	4,490	138.3	854	134.8	856	136.0	913	138.6	916	137.8	951	144
Other/Multiracial	36	146.2	---	@	---	@	---	@	---	@	---	@

*Rate per 100,000 population age-adjusted to 2000 U.S. Standard Population; @=number too small for stable rate
--- = less than 20 cases not reported to protect confidentiality or number suppressed to prevent inadvertent disclosure
Number = Number of cases
Data source: Texas Cancer Registry.

Breast Cancer Mortality among Females, 2016-2020

	2016 - 2020		2016		2017		2018		2019		2020	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Tarrant County	1,123	20.7	216	21.1	206	19.2	242	22.1	228	20.5	231	20.3
Texas	15,217	19.6	2,918	19.7	2,984	19.7	3,118	20.0	3,145	19.9	3,052	18.8
United States	210,510	19.6	41,488	20.1	42,000	19.9	42,466	19.7	42,281	19.4	42,275	19.1

Rate per 100,000 population age-adjusted to 2000 U.S. Standard Population
Number = Number of deaths
Data source: Texas Cancer Registry. U.S. Cancer Statistics.

Breast Cancer Mortality among Females by Race/Ethnicity, Tarrant County, 2016-2020

	2016 - 2020		2016		2017		2018		2019		2020	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Overall	1,123	20.7	216	21.1	206	19.2	242	22.1	228	20.5	231	20.3
Hispanic	113	11.9	24	15.7	---	@	28	15.6	26	13.1	---	9.7
Non-Hispanic Asian	---	10.9	---	@	---	@	---	@	---	@	---	@
Non-Hispanic Black	260	31.8	62	41.8	55	35.3	56	34.9	45	26.5	42	22.8
Non-Hispanic White	715	20.7	126	18.4	135	19.6	150	21.5	150	22.0	154	22.3
Other/Multiracial	---	@	---	@	---	@	---	@	---	@	---	@

*Rate per 100,000 population age-adjusted to 2000 U.S. Standard Population; @=number too small for stable rate
--- = less than 20 deaths not reported to protect confidentiality or number suppressed to prevent inadvertent disclosure
Number = Number of deaths
Data source: Texas Cancer Registry.

Percentage of Females Aged 25 to 65 Years Screened for Cervical Cancer, 2020

Tarrant County†	Texas‡	United States‡
74.2 (67.8 - 79.7)	N/A	83.7 (83.1 - 84.2)

Overall Weighted Percentage* (95% Confidence Interval)

Females with intact cervix aged 25-65 years who had a PAP test within the past three years, following American Cancer Society guidelines for early detection of cervical cancer.
*Estimates weighted to population characteristics and are among adults aged 25 to 65 years unless otherwise noted (95% Confidence Interval).
†Data source: Tarrant County Behavioral Risk Factor Surveillance System. Tarrant County Public Health, 2020.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Females Aged 25 to 65 Years Screened for Cervical Cancer, Tarrant County, 2020

Age Group	
25 to 44	78.4
45 to 65	68.7
Race/Ethnicity	
Hispanic	80.7
Non-Hispanic Asian	@
Non-Hispanic Black	69.4
Non-Hispanic White	72.0
Other/Multiracial	@

City	
Arlington	73.1
Fort Worth	73.8
Annual Income	
<$25K	64.1
$25K to <$50K	72.2
$50K to <$75K	83.9
$75K+	78.3

Highest Education Level Completed	
< High School	@
High School or GED	67.8
Tech/Some College	71.8
College Degree	81.9
Social Vulnerability Index (SVI)	
0.00 to 0.25	@
0.26 to 0.50	@
0.51 to 0.75	66.2
0.76 to 1.00	76.0

Females with intact cervix aged 25-65 years who had a PAP test within the past three years, following American Cancer Society guidelines for early detection of cervical cancer.
*Estimates weighted to population characteristics and are among adults aged 25 to 65 years unless otherwise noted (95% Confidence Interval); @=number too small for stable rate
Data source: Tarrant County Behavioral Risk Factor Surveillance System. Tarrant County Public Health, 2020.

Cervical Cancer Mortality and Incidence, Tarrant County, 2016-2020

	2016 - 2020		2016		2017		2018		2019		2020	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Mortality	132	1.3	24	1.3	30	1.5	---	@	---	1.0	40	1.8
Incidence	449	8.8	74	7.5	79	7.8	105	10.3	90	8.8	101	9.4

*Rate per 100,000 population age-adjusted to 2000 U.S. Standard Population; Number = Number of deaths; @ = number too small for stable rate;
--- = less than 20 cases not reported to protect confidentiality or number suppressed to prevent inadvertent disclosure; NA=Not available
Data source: Texas Cancer Registry.

Colon Cancer Incidence, 2016-2020

	2015 - 2019		2015		2016		2017		2018		2019	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Tarrant County	3,636	37.4	656	35.9	669	35.7	760	39.6	762	37.8	789	37.9
Texas	53,914	38.0	10,363	38.5	10,280	37.2	10,778	37.9	11,314	38.9	11,179	37.4
United States	719,362	37.6	144,178	38.9	144,987	38.5	144,273	37.6	143,462	37.1	142,462	36.3

Rate per 100,000 population age-adjusted to 2000 U.S. Standard Population
Number = Number of cases
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics.

Colon Cancer Incidence, Tarrant County, 2016-2020

	2015 - 2019		2015		2016		2017		2018		2019	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Gender												
Female	1,682	32.0	302	30.5	311	30.2	346	33.6	343	31.6	380	33.8
Male	1,954	43.9	354	43.0	358	42.1	414	46.7	419	45.4	409	42.8
Race/Ethnicity												
Hispanic	507	30.7	101	34.1	81	27.1	95	29.0	113	32.0	117	31.2
Non-Hispanic Asian	---	29.3	---	@	---	31.8	---	26.9	---	34.5	---	32.0
Non-Hispanic Black	589	45.0	100	41.5	120	44.8	126	48.0	111	44.1	132	46.6
Non-Hispanic White	2,351	38.4	434	36.5	432	36.2	501	41.2	491	39.4	493	39.3
Other/Multiracial	---	@	---	@	---	@	---	@	---	@	---	@

Rate per 100,000 population age-adjusted to 2000 U.S. Standard Population
Number = Number of cases; @ = number too small for stable rate
--- = less than 20 cases not reported to protect confidentiality or number suppressed to prevent inadvertent disclosure
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics.

Colon Cancer Mortality, 2016-2020

	2016 - 2020		2016		2017		2018		2019		2020	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Tarrant County	1,296	13.3	270	14.6	263	13.9	249	12.6	269	13.6	245	11.7
Texas	19,943	13.9	3,912	14.3	3,886	13.9	3,940	13.7	4,099	13.9	4,106	13.5
United States	265,767	13.4	53,145	13.9	53,447	13.7	53,094	13.4	52,986	13.1	53,095	12.9

Rate per 100,000 population age-adjusted to 2000 U.S. Standard Population;
Number = Number of deaths
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics.

Colon Cancer Mortality, Tarrant County, 2016-2020

	2016 - 2020		2016		2017		2018		2019		2020	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Gender												
Female	600	11.2	135	12.9	128	12.1	110	10.3	122	11.4	105	9.3
Male	696	15.8	135	16.6	135	16.1	139	15.5	147	16.2	140	14.9
Race/Ethnicity												
Hispanic	---	10.1	---	8.1	---	12.1	---	11.2	---	7.7	---	11.4
Non-Hispanic Black	216	17.5	45	19.5	45	18.3	37	15.1	50	19.4	39	15.4
Non-Hispanic White	879	13.8	192	15.3	173	14.1	170	12.9	182	14.3	162	12.5
Other/Multiracial	---	@	---	@	---	@	---	@	---	@	---	@

Rate per 100,000 population age-adjusted to 2000 U.S. Standard Population; @ = number too small for stable rate
--- = less than 20 deaths not reported to protect confidentiality or number suppressed to prevent inadvertent disclosure; Number = Number of deaths
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics.

Percentage of Adults Aged 18 Years and Older Screened for Diabetes, 2020

Tarrant County†	Texas‡	United States‡
58.2 (53.3 - 63.1)	N/A	N/A

Overall Weighted Percentage* (95% Confidence Interval)

Had a test for high blood sugar or diabetes within the past three years among residents who have not previously been diagnosed with diabetes.
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval). N/A = Data not available
†Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Adults Aged 18 Years and Older Screened for Diabetes, Tarrant County, 2020

Age Group		City		Highest Education Level Completed	
18 to 24	28.6	Arlington	60.7	< High School	@
25 to 44	51.8	Fort Worth	60.2	High School or GED	51.3
45 to 64	71.8	**Annual Income**		Tech/Some College	57.1
65+	74.2	<$25K	49.7	College Degree	68.8
Gender		$25K to <$50K	53.2	**Social Vulnerability Index (SVI)**	
Female	60.9	$50K to <$75K	66.1	0.00 to 0.25	@
Male	55.3	$75K+	73.0	0.26 to 0.50	@
Race/Ethnicity				0.51 to 0.75	61.5
Hispanic	49.0			0.76 to 1.00	50.8
Non-Hispanic Asian	@				
Non-Hispanic Black	62.4				
Non-Hispanic White	60.2				
Other/Multiracial	@				

Had a test for high blood sugar or diabetes within the past three years among residents who have not previously been diagnosed with diabetes. *Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval). @=number too small for stable rate
Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.

Diabetes Prevalence for Adults Aged 20 or Older by Gender, 2019

	Population 20+	Diagnosed Diabetes	Age-Adjusted Rate	Male	Male, Percent	Female	Female, Percent
Tarrant County	1,495,638	157,042	10.2%	78,876	10.9%	78,166	9.7%
Texas	20,785,525	2,042,156	9.4%	1,028,002	10.0%	1,014,139	9.0%
United States	239,919,249	24,189,620	9.0%	12,120,715	9.5%	12,068,861	8.5%

Data source: Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, 2019.

Percentage of Adults Aged 18 Years and Older Diagnosed with Diabetes, 2015-2019

	2015	2016	2017	2018	2019
Tarrant County	9.8%	10.0%	10.2%	10.9%	10.2%
Texas	9.0%	9.0%	8.9%	9.2%	9.4%
United States	8.6%	8.7%	8.7%	9.0%	9.0%

Data source: Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, 2019.

Diabetes Prevalence (Medicare Population), 2018

	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Diabetes	Beneficiaries with Diabetes, Percent
Tarrant County	120,793	34,418	28.5%
Texas	2,152,364	619,635	28.8%
United States	33,499,472	9,029,582	27.0%

Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program.
Data source: Centers for Medicare & Medicaid Services. Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.

Percentage of Adults Aged 18 Years and Older with Diabetes, 2020

Tarrant County†	Texas‡	United States‡
10.3 (8.6 - 12.3)	12.6 (11.3 - 13.8)	11.1 (10.9 - 11.4)

Overall Weighted Percentage* (95% Confidence Interval)

Told by a doctor, nurse, or other health professional they have diabetes
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
†Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Adults Aged 18 Years and Older with Diabetes, Tarrant County, 2020

Age Group		City		Highest Education Level Completed	
18 to 24	@	Arlington	14.6	< High School	@
25 to 44	@	Fort Worth	9.4	High School or GED	8.7
45 to 64	13.1	**Annual Income**		Tech/Some College	10.7
65+	27.1	<$25K	12.3	College Degree	11.0
Gender		$25K to <$50K	9.9	**Social Vulnerability Index (SVI)**	
Female	9.8	$50K to <$75K	@	0.00 to 0.25	@
Male	10.8	$75K+	9.1	0.26 to 0.50	@
Race/Ethnicity				0.51 to 0.75	7.7
Hispanic	8.5			0.76 to 1.00	11.9
Non-Hispanic Asian	@				
Non-Hispanic Black	14.2				
Non-Hispanic White	11.3				
Other/Multiracial	@				

Told by a doctor, nurse, or other health professional they have diabetes
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
@=number too small for stable rate
Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.

Diabetes Mortality, 2016-2020

	2016-2020		2016		2017		2018		2019		2020	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Tarrant County	2,290	23.8	412	22.5	415	22.1	411	21.9	444	22.5	608	29.6
Texas	32,172	22.7	5,470	20.3	5,832	21.2	5,991	21.1	6,889	23.6	7,990	26.7
United States	438,403	22.1	80,058	21.0	83,564	21.5	84,946	21.4	87,647	21.6	102,188	24.8

*Rate per 100,000 population age-adjusted to 2000 U.S. Standard Population
Number = Number of deaths
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics.

Diabetes Mortality, Tarrant County, 2016-2020

	2016 - 2020		2016		2017		2018		2019		2020	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
Overall	2,290	23.8	412	22.5	415	22.1	411	21.9	444	22.5	608	29.6
Age Group												
45 to 64	693	27.4	131	26.3	149	29.5	113	22.2	126	24.7	174	34.0
65+	1,491	126.6	257	118.1	247	109.0	283	120.3	296	121.1	408	160.5
Gender												
Female	1,004	18.8	192	19.1	167	16.2	187	17.9	193	17.6	265	23.0
Male	1,286	30.3	220	26.6	248	30.0	224	26.8	251	29.1	343	38.2
Race/Ethnicity												
Hispanic	---	26.4	---	27.9	---	24.1	---	19.7	---	23.6	---	35.4
Non-Hispanic Black	491	41.2	76	32.4	83	37.8	95	41.7	92	37.7	145	54.1
Non-Hispanic White	1,346	21.0	258	20.5	245	19.1	247	19.6	261	20.3	335	25.4
Other/Multiracial	---	17.7	---	@	---	@	---	@	---	@	---	18.1

*Rate per 100,000 population age-adjusted to 2000 U.S. Standard Population, except age group rates which are age group specific; Number = Number of deaths; @ = numerator too small for rate calculation; --- = less than 20 deaths not reported to protect confidentiality or number suppressed to prevent inadvertent disclosure
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics.

Percentage of Adults Aged 18 Years and Older with Heart Disease, 2020

Tarrant County†	Texas‡	United States‡
4.7 (4.0 - 5.7)	3.4 (2.7 - 4.0)	4.1 (4.0 -4.2)

Overall Weighted Percentage* (95% Confidence Interval)

Heart disease includes health care provider-diagnosed heart attack, angina, or coronary heart disease.
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
†Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Adults Aged 18 Years and Older with Heart Disease, Tarrant County, 2020

Age Group	
18 to 24	@
25 to 44	2.1
45 to 64	4.8
65+	17.8
Gender	
Female	3.7
Male	5.9
Race/Ethnicity	
Hispanic	2.1
Non-Hispanic Asian	@
Non-Hispanic Black	5.0
Non-Hispanic White	6.2
Other/Multiracial	@

City	
Arlington	3.4
Fort Worth	5.8
Annual Income	
<$25K	6.5
$25K to <$50K	3.8
$50K to <$75K	5.2
$75K+	4.6

Highest Education Level Completed	
< High School	@
High School or GED	5.5
Tech/Some College	4.3
College Degree	4.3
Social Vulnerability Index (SVI)	
0.00 to 0.25	@
0.26 to 0.50	@
0.51 to 0.75	4.4
0.76 to 1.00	6.7

Heart disease includes health care provider-diagnosed heart attack, angina, or coronary heart disease.
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
@ = number of responses too small to calculate reliable estimate
Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020.

Medicare Population with Heart Disease by Year, 2015-2018

	2015	2016	2017	2018
Tarrant County	27.3%	27.6%	27.1%	26.5%
Texas	29.6%	29.5%	29.3%	29.0%
United States	27.2%	27.0%	26.9%	26.8%

Data source: Centers for Medicare & Medicaid Services. Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.

Heart Disease Mortality, 2016-2020

	Total Population, 2016-2020 Average	Five Year Total Deaths, 2016-2020 Total	Age-Adjusted Death Rate (Per 100,000 Population)
Tarrant County	2,076,428	7,005	76.6
Texas	28,645,135	130,511	94.1
United States	326,747,554	1,838,830	91.5

Coronary Heart Disease: ICD-10 Codes I20-I25. Five-year average rate of death due to Coronary Heart Disease per 100,000 population.
Data source: Centers for Disease Control and Prevention. CDC - National Vital Statistics System. Accessed via CDC WONDER Online Database, 2016-2020.

Heart Disease Mortality by Gender and by Race/Ethnicity, 2016-2020

	Male	Female	Non-Hispanic White	Non-Hispanic Black	Asian or Pacific Islander	American Indian or Alaskan Native	Hispanic or Latino
Tarrant County	108.5	52.5	83.0	79.4	45.1	33.6	49.0
Texas	129.7	65.4	99.6	112.0	45.7	18.9	81.1
United States	125.3	64.6	93.8	108.1	53.3	65.0	71.2

Data source: Centers for Disease Control and Prevention. CDC - National Vital Statistics System. Accessed via CDC WONDER Online Database, 2016-2020.

Percentage of Adults Aged 18 Years and Older with High Blood Pressure, 2020

Tarrant County†	Texas‡	United States‡
27.8 (25.2-30.6)	31.7 (30.2 - 33.3)	32.3 (not available)

Overall Weighted Percentage* (95% Confidence Interval)

High blood pressure diagnosed by a doctor, nurse, or other health professional.
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
†Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Adults Aged 18 Years and Older with High Blood Pressure, Tarrant County, 2020

Age Group	
18 to 24	5.6
25 to 44	15.8
45 to 64	35.8
65+	64.6
Gender	
Female	25.8
Male	29.9
Race/Ethnicity	
Hispanic	17.0
Non-Hispanic Asian	@
Non-Hispanic Black	40.4
Non-Hispanic White	31.1
Other/Multiracial	24.3

City	
Arlington	28.6
Fort Worth	28.3
Annual Income	
<$25K	25.5
$25K to <$50K	27.3
$50K to <$75K	35.4
$75K+	28.7

Highest Education Level Completed	
< High School	23.9
High School or GED	26.2
Tech/Some College	27.0
College Degree	30.8
Social Vulnerability Index (SVI)	
0.00 to 0.25	@
0.26 to 0.50	42.7
0.51 to 0.75	26.0
0.76 to 1.00	27.7

@ = number of responses too small to calculate reliable estimate
High blood pressure diagnosed by a doctor, nurse, or other health professional.
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020.

High Blood Pressure (Medicare Population), 2018

	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Blood Pressure	Beneficiaries with High Blood Pressure, Percentage
Tarrant County	120,793	72,709	60.2%
Texas	2,152,364	1,288,519	59.9%
United States	33,499,472	19,162,770	57.2%

Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program.
Data source: Centers for Medicare & Medicaid Services. Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.

High Blood Pressure (Medicare Population) by Year, 2015-2018

	2015	2016	2017	2018
Tarrant County	60.4%	60.6%	60.5%	60.2%
Texas	59.2%	59.8%	59.9%	59.9%
United States	56.6%	56.9%	57.1%	57.2%

Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the Fee-for-Service program.
Data source: Centers for Medicare & Medicaid Services. Centers for Medicare & Medicaid Services - Chronic Conditions, 2018.

Percentage of Adults Aged 18 Years and Older with High Blood Cholesterol, 2020

Tarrant County†	Texas‡	United States‡
27.9 (25.0 - 30.9)	34.8 (33.0 - 36.5)	33.1 (32.8 - 33.4)

Overall Weighted Percentage* (95% Confidence Interval)

Had cholesterol checked and told by a doctor/nurse/other health professional that it was high.
Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
†Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Adults Aged 18 Years and Older with High Blood Cholesterol, Tarrant County, 2020

Age Group	
18 to 24	@
25 to 44	16.9
45 to 64	38.6
65+	51.5

Gender	
Female	27.2
Male	28.6

Race/Ethnicity	
Hispanic	21.7
Non-Hispanic Asian	@
Non-Hispanic Black	31.0
Non-Hispanic White	31.0
Other/Multiracial	@

City	
Arlington	27.4
Fort Worth	27.2

Annual Income	
<$25K	26.8
$25K to <$50K	23.6
$50K to <$75K	34.1
$75K+	29.1

Highest Education Level Completed	
< High School	@
High School or GED	22.3
Tech/Some College	29.1
College Degree	32.2

Social Vulnerability Index (SVI)	
0.00 to 0.25	@
0.26 to 0.50	42.4
0.51 to 0.75	29.5
0.76 to 1.00	26.1

Had cholesterol checked and told by a doctor/nurse/other health professional that it was high.
Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval). @=number too small for stable rate
Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.

Percentage of Adults Aged 18 Years and Older Who Had a Cholesterol Screening within the Past Five Years, 2020

Tarrant County, 2020†	Texas, 2019‡	United States, 2019‡
81.7 (79.3 - 83.8)	95.2 (94.4 - 95.9)	95.8 (95.6 - 95.9)

Overall Weighted Percentage* (95% Confidence Interval)

Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
†Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Adults Aged 18 Years and Older Who Had a Cholesterol Screening within the Past Five Years, Tarrant County, 2020

Age Group	
18 to 24	56.6
25 to 44	77.2
45 to 64	91.8
65+	94.5
Gender	
Female	84.2
Male	78.9
Race/Ethnicity	
Hispanic	77.1
Non-Hispanic Asian	84.9
Non-Hispanic Black	86.4
Non-Hispanic White	82.7
Other/Multiracial	76.9

City	
Arlington	83.1
Fort Worth	82.8
Annual Income	
<$25K	80.5
$25K to <$50K	73.3
$50K to <$75K	86.3
$75K+	89.9

Highest Education Level Completed	
< High School	81.2
High School or GED	74.8
Tech/Some College	80.9
College Degree	91.8
Social Vulnerability Index (SVI)	
0.00 to 0.25	@
0.26 to 0.50	92.0
0.51 to 0.75	80.3
0.76 to 1.00	80.3

Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
@=number too small for stable rate
Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.

Percentage of Females Aged 65 Years and Older Who Received Recommended Preventative Health Services, 2018

Tarrant County	Texas	United States	2020 Healthy People Objective
25.2 (19.6 - 30.8)	N/A	28.4 (27.6 - 29.1)	46.8

Overall Weighted Percentage* (95% Confidence Interval)

Females: Number of women aged ≥65 years reporting having received all of the following: an influenza vaccination in the past year; a pneumococcal vaccination (PPV) ever; either a fecal occult blood test (FOBT) within the past year, a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or a colonoscopy within the previous 10 years; and a mammogram in the past 2 years.
Estimates weighted to population characteristics and are among adults aged 65 years and older unless otherwise noted (95% Confidence Interval).
Data source: Centers for Disease Control and Prevention.

Percentage of Males Aged 65 Years and Older Who Received Recommended Preventative Health Services, 2018

Tarrant County	Texas	United States	2020 Healthy People Objective
25.9 (19.9 - 32.1)	N/A	32.4 (31.6 - 33.2)	44.6

Overall Weighted Percentage* (95% Confidence Interval)

Males: Number of men aged ≥65 years reporting having received all of the following: an influenza vaccination in the past year; a PPV ever; and either a fecal occult blood test (FOBT) within the past year, a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or a colonoscopy within the past 10 years.
Estimates weighted to population characteristics and are among adults aged 65 years and older unless otherwise noted (95% Confidence Interval).
Data source: Centers for Disease Control and Prevention.

COMMUNICABLE DISEASES

Communicable or infectious diseases are illnesses that can be spread from one person to another, form a contaminated surface or contaminated food.[1] These diseases can be transmitted through various means, such as direct and indirect contact, respiratory droplets, bodily fluids, blood products, ingested or contaminated food or water, and bites from insects or animals.[2]

Percentage of Adults Aged 65 Years and Older that Received an Influenza (Flu) Shot within the Past 12 Months, 2020

Tarrant County†	Texas‡	United States‡
72.5 (67.3 - 77.2)	64.5 (61.0 - 68.1)	67.0 (66.4 - 67.7)

Overall Weighted Percentage* (95% Confidence Interval)

Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
†Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Adults Aged 65 Years and Older that Received an Influenza (Flu) Shot within the Past 12 Months, Tarrant County, 2020

Gender	
Female	69.1
Male	77.1
Race/Ethnicity	
Hispanic	@
Non-Hispanic Asian	@
Non-Hispanic Black	59.9
Non-Hispanic White	73.8
Other/Multiracial	@

Annual Income	
<$25K	62.7
$25K to <$50K	71.0
$50K to <$75K	76.8
$75K+	77.0
Highest Education Level Completed	
< High School	62.7
High School or GED	71.0
Tech/Some College	76.8
College Degree	77.0

Social Vulnerability Index (SVI)	
0.00 to 0.25	@
0.26 to 0.50	@
0.51 to 0.75	77.2
0.76 to 1.00	65.9

Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval); @=number too small for stable rate
Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.

1. World Health Organization. (2021). Communicable diseases. https://www.afro.who.int/health-topics/communicable-diseases

2. Centers for Disease Control and Prevention. (2023a, February 24). Aircrew Safety & Health - Communicable diseases. Centers for Disease Control and Prevention.
https://www.cdc.gov/niosh/topics/aircrew/communicablediseases.html#:~:text=Communicable%20diseases%20are%20illnesses%20that,sick%20person%20sneezing%20or%20coughing

Percentage of Medicare Enrollees with Annual Influenza (Flu) Shot, 2015-2019

	2015	2016	2017	2018	2019
Tarrant County	47%	48%	49%	50%	50%
Texas	44%	45%	46%	47%	47%
United States	42%	43%	44%	46%	46%

Data source: County Health Rankings & Roadmaps.

Percentage of Fee-for-Service (FFS) Medicare Enrollees by Race/Ethnicity that had an Annual Flu Vaccination, Tarrant County, 2019

Groups	% Vaccinated
All	50%
American Indian & Alaska Native	51%
Asian	52%
Black	36%
Hispanic	41%
White	53%

Data source: County Health Rankings & Roadmaps.

Percentage of Children Aged 18 Years and Younger who have had an Influenza Vaccination, Tarrant County, 2016-2020

	Overall	2016	2017	2018	2019	2020
Age Group						
18 and younger	17.6	16.5	17.0	18.3	18.3	18.8
Gender						
Female	17.8	16.8	17.4	18.4	18.5	18.7
Male	17.4	16.3	16.6	18.2	18.1	19.0
Race/Ethnicity						
Hispanic	21.8	20.7	20.3	23.1	22.2	24.6
Non-Hispanic Black	12.4	12.6	12.6	11.7	13.0	12.5
Non-Hispanic White	20.0	20.7	20.0	18.9	22.8	15.9
Other/Multiracial	20.9	18.1	18.8	22.8	24.4	22.0
City						
Arlington	17.8	16.9	17.6	17.8	18.3	20.2
Fort Worth	17.8	16.5	17.2	18.7	18.7	19.5

According to Texas Department of State Health Services, 67.3% of students from the 2019-2020 school year received one or more doses of the Flu vaccine. Tarrant County vaccination rates for prior to the 2019-2020 school year are not included in the Texas Department of State Health Services reports.
Data source: Texas Department of State Health Services.

School Vaccination Coverage Levels – Kindergarten 2019-2020 to 2021-2022

	2019-2020	2020-2021	2021-2022
Tarrant County			
Diphtheria, Tetanus, Pertussis	95.2	92.8	91.8
Hepatitis A	95.2	93.0	93.2
Hepatitis B	96.6	93.3	95.4
Measles, Mumps, Rubella	95.9	92.56	92.4
Polio	95.9	92.8	92.3
Varicella	95.0	92.2	91.5
Conscientious Exemption on file for at least one vaccine	3.1	2.9	3.4
Texas			
Diphtheria, Tetanus, Pertussis	96.6	94.6	95.1
Hepatitis A	96.4	95.1	95.3
Hepatitis B	97.4	95.6	96.7
Measles, Mumps, Rubella	97.0	94.6	95.4
Polio	96.8	94.7	95.5
Varicella	96.5	94.3	94.9
Conscientious Exemption on file for at least one vaccine	2.2	2.5	2.9

Vaccination status as of the last Friday in October of each school year.
Data source: Texas Department of State Health Services.

School Vaccination Coverage Levels – Seventh Grade, 2019-2020 to 2021-2022

	2019-2020	2020-2021	2021-2022
Tarrant County			
Diphtheria, Tetanus, Pertussis	96.9	91.2	89.3
Hepatitis A	98.0	93.9	97.2
Hepatitis B	98.3	94.3	97.9
Measles, Mumps, Rubella	98.3	94.2	98.0
Meningococcal	96.8	90.4	89.2
Polio	98.3	94.5	97.6
Varicella	97.3	94.1	97.0
Conscientious Exemption on file for at least one vaccine	2.1	2.1	2.5
Texas			
Diphtheria, Tetanus, Pertussis	97.1	96.8	95.4
Hepatitis A	98.2	92.4	98.4
Hepatitis B	98.6	96.9	98.7
Measles, Mumps, Rubella	98.7	96.9	98.6
Meningococcal	97.0	97.1	95.3
Polio	98.5	93.2	98.5
Varicella	98.4	96.8	97.8
Conscientious Exemption on file for at least one vaccine	1.5	1.5	1.8

Vaccination status as of the last Friday in October of each school year.
Data source: Texas Department of State Health Services.

Tuberculosis Cases per 100,000 population

	2016	2017	2018	2019	2020
Tarrant County	3	3.8	3	3.2	3
Texas	4.4	3.9	3.9	4	3
United States	2.9	2.8	2.8	2.7	2.2

Data source: Centers for Disease Control and Prevention. Atlas Plus System.

Tuberculosis Cases

	2016	2017	2018	2019	2020
Tarrant County	61	78	63	68	63
Texas	1,237	1,109	1,116	1,154	881
United States	9,240	9,069	8,998	8,898	7,171

Data source: Centers for Disease Control and Prevention. Atlas Plus System.

COVID-19 Incidence Rate, 2020

Tarrant County[†]	Texas[‡]	United States[*]
8,076.5	6,221.0	6,134.4

Rate = Number of COVID-19 cases per 100,000 population
†Data source: Tarrant County Public Health
‡Data source: Texas Department of State Health Services.
Data source: Centers for Disease Control and Prevention.

COVID-19 Incidence Rate, Tarrant County, 2020

Age Group	
0 to 14	3,732.0
15 to 24	10,288.7
25 to 44	9,879.6
45 to 64	8,946.2
65+	7,132.2

Gender	
Female	6,737.4
Male	5,971.9
Race/Ethnicity	
Non-Hispanic Asian/Pacific Islander	3,404.7
Non-Hispanic Black	4,346.0
Non-Hispanic White	4,156.3
Other/Multiracial	4,346.8

Rate = Number of COVID-19 cases per 100,000 population
Data source: Tarrant County Public Health.

COVID-19 Mortality Rate, Tarrant County, 2020

Tarrant County	Texas	United States
89.0	105.2	85.0

Age Group	
25 to 44	11.6
45 to 64	82.0
65+	486.7

Gender	
Female	65.0
Male	119.7
Race/Ethnicity	
Non-Hispanic Black	123.1
Non-Hispanic White	67.4
Other/Multiracial	76.2

COVID-19 Death: ICD-10 Code U07.1; Rate per 100,000 population age-adjusted to the 2000 U.S. standard population; Crude rate for age groups
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

INJURY (UNINTENTIONAL)

Injuries are a major cause of burden of disease and death and unevenly impact a community's health, as seen in vulnerable and marginalized populations. The social determinants of health, the conditions where an individual is born, grows, works, lives, and ages, can increase the risk of injury. Injuries can be fatal or non-fatal and are described by intent/manner and what caused the injury or trauma.[1] Unintentional injuries are unplanned, occur without the intent to cause harm, and are preventable. They are commonly called "accidents ," such as falls, burns, drownings, motor vehicle collisions, and poisoning.[2]

Unintentional Injury Mortality Rate, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Tarrant County	34.1	33.2	32.0	31.2	32.6	41.1
Texas	39.9	38.6	38.8	37.7	39.7	44.2
United States	50.4	47.4	49.4	48.0	49.3	57.6

Unintentional injuries include all mechanisms; Rate per 100,000 population age-adjusted to 2000 U.S. standard population
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

1. World Health Organization. (2021 March 19). Injuries and violence. https://www.who.int/news-room/fact-sheets/detail/injuries-and-violence

2. Jamison DT, Breman JG, Measham AR, et al., editors. Washington (DC): The International Bank for Reconstruction and Development / The World Bank; New York: Oxford University Press; 2006. https://www.ncbi.nlm.nih.gov/books/NBK11779/

Unintentional Injury Mortality Rate, Tarrant County, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Age Group						
0 to 14	4.3	4.4	5.5	4.4	@	@
15 to 24	26.5	29.8	22.3	17.4	24.4	38.1
25 to 44	34.9	36.2	32.1	31.5	31.7	42.8
45 to 64	38.3	37.8	35.7	37.5	34.9	45.5
65+	78.8	64.8	75.9	76.1	83.4	91.3
Gender						
Female	22.3	19.8	22.2	21.1	21.5	26.5
Male	46.9	47.7	42.6	42.3	44.9	56.5
Race/Ethnicity						
Hispanic	27.0	25.3	26.9	21.9	26.5	33.3
Non-Hispanic Black	35.3	30.9	28.7	31.1	36.8	47.5
Non-Hispanic White	38.9	39.7	36.5	37.0	35.4	45.9
Other/Multiracial	18.4	@	@	@	20.0	23.0

Unintentional injuries include all mechanisms; Rate per 100,000 population age-adjusted to the 2000 U.S. standard population; Crude rate for age groups
@ = data are suppressed due to small sample size and unstable rates
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Top Five Mechanisms for Unintentional Injury Fatalities, Tarrant County, 2016-2020

Mechanism	N	%	Rate
Poisoning	1,050	31%	9.9
Motor Vehicle Traffic	1,046	31%	10.0
Fall	657	19%	7.5
Suffocation	151	4%	1.7
Drowning	136	4%	1.3

N = number of unintentional injury fatalities; % = Proportion of total unintentional injury fatalities (n= 3,412)
Rate per 100,000 population age-adjusted to the 2000 U.S. standard population
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Injury Mortality Rate Due to Falls among Adults Aged 65 Years and Older, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Tarrant County	50.0	44.6	47.6	50.3	48.1	58.6
Texas	53.1	49.7	52.5	54.2	52.1	56.3
United States	65.1	61.6	63.3	64.4	66.3	69.4

Injury Deaths Due to Falls: ICD-10 Codes W00-W19
Data source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database

Injury Mortality Rate Due to Falls among Adults Aged 65 Years and Older, Tarrant County, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Age Group						
65 to 74	14.9	@	@	@	15.3	21.1
75 to 84	55.2	57.0	50.1	59.9	45.3	63.3
85+	184.1	147.7	187.9	183.3	195.7	204.3
Gender						
Female	44.6	39.6	45.7	44.2	40.8	52.1
Male	56.9	51.9	49.1	57.7	59.2	65.5

Injury Deaths Due to Falls: ICD-10 Codes W00-W19; Rate per 100,000 population age-group specific
@ = data are suppressed due to small sample size and unstable rates
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Drowning Mortality Rate, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Tarrant County	1.3	1.1	1.2	1.6	1.1	1.4
Texas	1.3	1.4	1.3	1.2	1.2	1.5
United States	1.1	1.2	1.1	1.1	1.1	1.3

Fatal Drownings: ICD-10 Codes W65-W74 ; Rate per 100,000 population age-adjusted to the 2000 U.S. standard population. Drowning fatality data by Tarrant County demographics not shown due to small numbers and unstable rates. Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Injury Mortality Rate Due to Motor Vehicle Collisions, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Tarrant County	10.5	10.2	10.5	10.0	10.0	12.0
Texas	13.7	14.4	13.8	13.2	13.2	13.8
United States	12.0	12.1	12.0	11.7	11.5	12.5

Motor Vehicle Accidents: ICD-10 Codes V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2 Rate per 100,000 population age-adjusted to the 2000 U.S. standard population Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Injury Mortality Rate Due to Motor Vehicle Collisions, Tarrant County, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Age Group						
0 to 14	1.8	@	@	@	@	@
15 to 24	14.5	14.7	12.1	10.8	16.2	18.4
25 to 44	14.1	13.9	13.5	12.0	12.1	17.0
45 to 64	11.6	11.5	12.3	11.8	11.4	11.1
65+	11.5	@	11.0	13.2	11.9	12.6
Gender						
Female	6.1	4.7	7.4	5.6	5.9	6.7
Male	15.3	15.9	13.9	14.9	14.5	17.5
Race/Ethnicity						
Hispanic	10.0	7.1	12.3	9.4	8.7	12.3
Non-Hispanic Black	13.2	9.2	14.9	13.4	12.4	15.6
Non-Hispanic White	10.6	12.6	9.2	10.2	9.8	11.5
Other/Multiracial	5.0	@	@	@	@	@

Motor Vehicle Accidents: ICD-10 Codes V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2 Rate per 100,000 population age-adjusted to the 2000 U.S. standard population ; Crude rate for age groups @ = data are suppressed due to small sample size and unstable rates Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Motor Vehicle Collisions by Condition of Collision, Tarrant County, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Tarrant County						
Overall Crashes	162,238	34,824	34,373	33,079	32,491	27,471
Overall Fatalities	881	168	182	169	172	190
Overall Injuries*	87,589	19,391	18,272	17,386	17,857	14,683
Work Zone						
Work Zone Crashes	7%	7%	8%	6%	6%	6%
Work Zone Fatalities	5%	5%	6%	5%	5%	5%
Work Zone Injuries*	6%	6%	7%	6%	6%	6%
Distracted Driver						
Distracted Driver Crashes	22%	24%	23%	22%	21%	20%
Distracted Driver Fatalities	10%	14%	14%	8%	5%	11%
Distracted Driver Injuries*	21%	23%	22%	21%	19%	18%
Speed Involved						
Speed Involved Crashes	3%	3%	3%	3%	3%	3%
Speed Involved Fatalities	17%	18%	15%	19%	18%	17%
Speed Involved Injuries*	3%	4%	4%	3%	3%	4%
Commercial Motor Vehicle Involved						
CMV Crashes	6%	6%	6%	6%	6%	6%
CMV Fatalities	9%	11%	10%	8%	10%	7%
CMV Injuries*	5%	5%	4%	5%	5%	5%
Driving Under the Influence (DUI - Alcohol)						
DUI Crashes	5%	5%	4%	5%	5%	5%
DUI Fatalities	23%	22%	19%	26%	23%	24%
DUI Injuries*	5%	5%	4%	4%	4%	5%

* Injuries = suspected serious injuries, non-incapacitating injuries, and possible injuries
Suspected Serious Injuries = any injury, other than a fatal injury, which prevents the injured person from walking, driving, or normally continuing activities done before the injury occurred
Non-Incapacitating Injuries = any injury, other than a fatal or suspected serious injury, which is evident to observers at the scene of the crash where the injury occurred
Possible Injuries = any injury reported or claimed which is not a fatal, suspected serious, or non-incapacitating injury
Proportions for each collision condition are based on the overall number of crashes, fatalities, and injuries
Work Zone = collision occurred in or was related to a construction or maintenance zone
Distracted Driver = collision with contributing factors of "Distraction in Vehicle," "Driver Inattention," or "Cellular/Mobile Phone Use"
Speed Involved = collision in which at least one driver had a reported contributing factor of "Unsafe Speed" or "Speeding – (Over Limit)"
Commercial Motor Vehicle Involved = collision that included a vehicle that meets one or more of the following criteria: 10,000+ lbs., transporting hazardous material, or 9+ capacity
Driving Under the Influence (DUI - Alcohol) = collision with a driver blood alcohol concentration (BAC) result > 0.00 or a contributing factor of "Had Been Drinking" or "Under the Influence of Alcohol." This only includes alcohol involvement, not drugs.
Data source: Texas Department of Transportation (TxDOT).

Unintentional Poisoning Mortality Rate, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Tarrant County	9.9	10.4	8.9	8.2	8.3	13.8
Texas	10.7	9.5	9.8	9.8	10.4	13.7
United States	21.0	18.2	20.1	19.3	20.2	26.9

Unintentional Poisoning Cause of Death: ICD-10 Codes X40-X49; Rate per 100,000 population age-adjusted to the 2000 U.S. standard population
Data Source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Unintentional Poisoning Mortality Rate, Tarrant County, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Age Group						
0 to 14	@	@	@	@	@	@
15 to 24	@	9.3	7.4	@	@	15.6
25 to 44	15.5	16.7	13.8	12.4	13.8	20.6
45 to 64	16.7	17.1	14.5	15.5	13.5	22.8
65+	4.2	@	@	@	@	@
Gender						
Female	6.0	6.2	4.9	5.7	5.2	8.2
Male	14.0	14.7	13.0	10.8	11.5	19.8
Race/Ethnicity						
Hispanic	5.4	7.1	3.8	@	5.1	7.4
Non-Hispanic Black	10.6	11.3	6.7	7.4	9.8	17.3
Non-Hispanic White	13.7	13.2	13.2	12.5	11.1	18.5

Unintentional Poisoning Cause of Death: ICD-10 Codes X40-X49; Rate per 100,000 population age-adjusted to the 2000 U.S. standard population; Crude rate for age groups
@ = data are suppressed due to small sample size and unstable rates
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Top Five Cause of Death Codes for Unintentional Poisoning Deaths, Tarrant County, 2016-2020

CAUSE OF DEATH CODE	N	%	Rate
X42 (e.g., cannabis (derivatives), cocaine, codeine, heroin, lysergide [LSD], methadone, morphine, opium (alkaloids), etc.)	404	38%	3.8
X44 (e.g., drugs acting on smooth and skeletal muscles or the respiratory, cardiovascular, or gastrointestinal systems, hormones, antibiotics, etc.)	378	36%	3.6
X41 (e.g., antidepressants, barbiturates, psychostimulants, tranquillizers, etc.)	171	16%	1.6
X45 (e.g., alcohol, car fluids, cleaning fluids, toiletries, fuel, fragrances, paints, etc.)	70	7%	0.6
X47 (e.g., carbon monoxide, helium, tear gas, vehicle exhaust, nitrogen oxides, etc.)	22	2%	0.2

Unintentional Poisoning Cause of Death: ICD-10 Codes X40-X49; N = number of unintentional poisonings; % = Proportion of unintentional poisoning underlying cause of death (n= 1,050)
Rate per 100,000 population age-adjusted to the 2000 U.S. standard population
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Top 10 Exposures Reported to the Poison Center Network from Tarrant County, 2016-2020

Rank	2016 n , %	2017 n , %	2018 n , %	2019 n , %	2020 n , %
1	Analgesics 1,500, 12%	Analgesics 1,536, 12%	Analgesics 1,462, 12%	Analgesics 1,413, 11%	Analgesics 1,485, 11%
2	Cleaning Substances (Household) 979, 8%	Cleaning Substances (Household) 882, 7%	Cleaning Substances (Household) 916, 7%	Cleaning Substances (Household) 940, 8%	Cleaning Substances (Household) 1,122, 8%
3	Cosmetics/Personal Care Products 922, 7%	Cosmetics/Personal Care Products 870, 7%	Cosmetics/Personal Care Products 840, 7%	Cosmetics/Personal Care Products 842, 7%	Cosmetics/Personal Care Products 913, 7%
4	Sedative/Hypnotics/ Anti-psychotics 756, 6%	Antihistamines 728, 6%	Antidepressants 739, 6%	Antihistamines 686, 6%	Antidepressants 806, 6%
5	Antihistamines 734, 6%	Antidepressants 681, 5%	Antihistamines 714, 6%	Antidepressants 681, 6%	Sedative/Hypnotics/ Anti-psychotics 720, 5%
6	Antidepressants 698, 5%	Sedative/Hypnotics/ Anti-psychotics 667, 5%	Sedative/Hypnotics/ Anti-psychotics 705, 6%	Sedative/Hypnotics/ Anti-psychotics 601, 5%	Antihistamines 692, 5%
7	Cardiovascular Drugs 614, 5%	Cardiovascular Drugs 566, 4%	Cardiovascular Drugs 534, 4%	Cardiovascular Drugs 563, 5%	Cardiovascular Drugs 607, 5%
8	Foreign Bodies/Toys/ Miscellaneous 437, 3%	Pesticides 463, 4%	Foreign Bodies/Toys/ Miscellaneous 434, 4%	Foreign Bodies/Toys/ Miscellaneous 442, 4%	Dietary Supplements/ Herbals/Homeopathic 508, 4%
9	Pesticides 376, 3%	Foreign Bodies/Toys/ Miscellaneous 434, 3%	Pesticides 390, 3%	Dietary Supplements/ Herbals/Homeopathic 394, 3%	Foreign Bodies/Toys/ Miscellaneous 443, 3%
10	Topical Preparations 363, 3%	Topical Preparations 342, 3%	Anticonvulsants 352, 3%	Pesticides 377, 3%	Pesticides 403, 3%

n = number of exposures; % = proportion of total exposures for that year; total exposures per year: 12,978 (2016), 12,698 (2017), 12,538 (2018), 12,397 (2019), and 13,367 (2020)
Examples for Major Categories:
Analgesics (Tylenol, Aspirin, Advil, Aleve, codeine, morphine, hydrocodone, oxycodone, etc.)
Anticonvulsants (Dilantin, Epitol, Mysoline, LaMICtal, Topamax, Depakote, etc.)

Antidepressants (Prozac, Zoloft, Cymbalta, Lexapro, Welbutrin, etc.)
Antihistamines (Benadryl, Unisom, Zantac, Pepcid, etc.)
Cardiovascular Drugs (Digoxin, Procan, Nitrostat, Vasotec, Zestril, Diovan, Sectral, Tiazac, etc.)
Sedative/Hypnotics/Antipsychotics (Ambien, Valium, Xanax, Klonopin, Abilify, Seroquel, etc.)
Data source: Texas Department of State Health Services - Texas Poison Center Network.

MENTAL HEALTH

Mental health encompasses emotional, psychological, and social well-being and impacts how we think, feel, and behave.[1] Millions of people are affected yearly by mental illnesses yearly, such as depression and anxiety.[2] A multitude of factors may contribute to risks of mental illness, such as trauma, adverse childhood experiences, social isolation, drug abuse, chronic conditions, etc.[3]

Percentage of Adults Aged 18 Years and Older with Depression, 2020

Tarrant County[†]	Texas[‡]	United States[‡]
17.9 (15.1 - 21.0)	17.7 (16.3 - 19.0)	18.3 (18.1 - 18.6)

Overall Weighted Percentage* (95% Confidence Interval)

Told by a doctor, nurse, or other health professional they have a depressive disorder including depression, major depression, dysthymia, or minor depression.
Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
†Data source: Tarrant County Behavioral Risk Factor Surveillance System. Tarrant County Public Health, 2020.
‡Data source: Centers for Disease Control and Prevention.

1. Centers for Disease Control and Prevention. (2023, April 25). About mental health. Centers for Disease Control and Prevention. https://www.cdc.gov/mentalhealth/learn/index.htm

2. Mental health by the numbers. NAMI. (2023). https://www.nami.org/mhstats

3. Centers for Disease Control and Prevention. (2023a, April 25). About mental health. Centers for Disease Control and Prevention. https://www.cdc.gov/mentalhealth/learn/index.htm

Percentage of Adults Aged 18 Years and Older with Depression, Tarrant County, 2020

Age Group	
18 to 24	13.2
25 to 44	24.1
45 to 64	14.5
65+	14.3
Gender	
Female	21.6
Male	13.9

Race/Ethnicity	
Hispanic	21.4
Non-Hispanic Asian	@
Non-Hispanic Black	12.6
Non-Hispanic White	19.2
Other/Multiracial	@
City	
Arlington	22.0
Fort Worth	18.1

Annual Income	
<$25K	22.1
$25K to <$50K	25.2
$50K to <$75K	@
$75K+	13.6
Highest Education Level Completed	
< High School	@
High School or GED	15.2
Tech/Some College	22.6
College Degree	15.1
Social Vulnerability Index (SVI)	
0.00 to 0.25	@
0.26 to 0.50	34.5
0.51 to 0.75	25.5
0.76 to 1.00	18.0

Told by a doctor, nurse, or other health professional they have a depressive disorder including depression, major depression, dysthymia, or minor depression.
Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted.
@=number too small for stable rate
Data source: Tarrant County Behavioral Risk Factor Surveillance System, Tarrant County Public Health, 2020.

Percentage of Adults Aged 18 Years and Older who Reported Frequent Mental Distress, 2020

Tarrant County†	Texas‡	United States‡
9.8 (8.0 - 11.9)	13.2 (12.0 - 14.5)	13.5 (13.2 - 13.7)

Overall Weighted Percentage* (95% Confidence Interval)

Self-reported mental health not good for five or more days during the past 30 days.
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
†Data source: Tarrant County Behavioral Risk Factor Surveillance System. Tarrant County Public Health, 2020.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Adults Aged 18 Years and Older who Reported Frequent Mental Distress among Tarrant County Residents, 2020

Age Group	
18 to 24	11.8
25 to 44	11.2
45 to 64	8.5
65+	8.1
Gender	
Female	12.9
Male	6.4

Race/Ethnicity	
Hispanic	9.4
Non-Hispanic Asian	@
Non-Hispanic Black	8.0
Non-Hispanic White	10.9
Other/Multiracial	@
City	
Arlington	9.8
Fort Worth	8.4

Annual Income	
<$25K	15.2
$25K to <$50K	14.8
$50K to <$75K	7.4
$75K+	7.4
Highest Education Level Completed	
< High School	@
High School or GED	10.6
Tech/Some College	11.4
College Degree	6.8
Social Vulnerability Index (SVI)	
0.00 to 0.25	@
0.26 to 0.50	@
0.51 to 0.75	10.5
0.76 to 1.00	9.9

Self-reported mental health not good for five or more days during the past 30 days.
Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted.
@=number too small for stable rate
Data source: Tarrant County Behavioral Risk Factor Surveillance System. Tarrant County Public Health, 2020.

Percentage of Adults Aged 18 Years and Older with Poor Mental Health, 2020

Tarrant County†	Texas‡	United States
18.2 (15.9 - 20.6)	23.3 (21.8 - 24.8)	N/A

Overall Weighted Percentage* (95% Confidence Interval)

Self-reported mental health not good for 14 or more days during the past 30 days; N/A = results not available
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
†Data source: Tarrant County Behavioral Risk Factor Surveillance System. Tarrant County Public Health, 2020.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Adults Aged 18 Years and Older with Poor Mental Health, Tarrant County, 2020

Age Group	
18 to 24	28.6
25 to 44	19.6
45 to 64	16.1
65+	11.3
Gender	
Female	21.1
Male	15.0

Race/Ethnicity	
Hispanic	15.6
Non-Hispanic Asian	@
Non-Hispanic Black	19.3
Non-Hispanic White	19.9
Other/Multiracial	@
City	
Arlington	15.9
Fort Worth	16.3

Annual Income	
<$25K	23.4
$25K to <$50K	23.9
$50K to <$75K	16.8
$75K+	17.5
Highest Education Level Completed	
< High School	@
High School or GED	19.4
Tech/Some College	20.1
College Degree	14.8
Social Vulnerability Index (SVI)	
0.00 to 0.25	@
0.26 to 0.50	@
0.51 to 0.75	18.3
0.76 to 1.00	18.5

Self-reported mental health not good for 14 or more days during the past 30 days
Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted
@=number too small for stable rate
Data source: Tarrant County Behavioral Risk Factor Surveillance System. Tarrant County Public Health, 2020.

Average Number of Mentally Unhealthy Days Reported in Past 30 days (age-adjusted), 2019

	2019
Tarrant County	4.2
Texas	3.9
United States	4.5

The number of mentally unhealthy days are self-reported by respondents of the Behavioral Risk Factor Surveillance System survey.
Data source: County Health Rankings & Roadmaps.

Alzheimer's Mortality Rate, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Tarrant County	43.2	43.2	43.1	40.2	42.0	47.4
Texas	39.7	37.8	38.5	38.4	38.6	44.6
United States	30.8	30.3	31.0	30.5	29.8	32.4

	2016 - 2020	2016	2017	2018	2019	2020
Overall	43.2	43.2	43.1	40.2	42.0	47.4
Gender						
Female	48.1	45.7	47.3	45.4	48.4	53.7
Male	35.0	38.9	36.0	31.6	31.5	37.2
Race/Ethnicity						
Hispanic	25.0	25.2	22.2	22.3	25.1	29.5
Non-Hispanic Asian	14.6	@	@	@	@	@
Non-Hispanic Black	41.3	42.6	37.6	30.7	40.3	54.2
Non-Hispanic White	47.8	47.4	48.1	45.5	46.5	51.4
Other/Multiracial	14.6	@	@	@	@	@

*Rate per 100,000 population age-adjusted to 2000 U.S. Standard Population
@ = numerator too small for rate calculation
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics.

Percentage of Adults Aged 45 Years and Older Experiencing Subjective Cognitive Decline, Tarrant County, 2015 and 2020

2015	2020
11.8 (9.4-14.8)	7.2 (5.2 - 9.8)

Overall Weighted Percentage* (95% Confidence Interval)

Percentage of Tarrant County adults aged 45 years old who experienced confusion or memory loss that is happening more often or is getting worse during the past 12 months.
Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
Data source: Tarrant County Behavioral Risk Factor Surveillance System. Tarrant County Public Health, 2015 & 2020.

Suicide Mortality Rate, 2016-2020

Location	2016-2020	2016	2017	2018	2019	2020
Tarrant County	12.8	13.2	12.3	14.0	12.7	12.1
Texas	13.3	12.6	13.4	13.7	13.4	13.3
United States	13.8	13.5	14.0	14.2	13.9	13.5

Suicides include all mechanisms; Rate per 100,000 population age-adjusted to the 2000 U.S. standard population; Crude rate for age groups
@ = data are suppressed due to small sample size and unstable rates
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Suicide Mortality Rate, Tarrant County, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Age Group						
0 to 14	1.1	@	@	@	@	@
15 to 24	14.7	14.4	14.5	12.9	15.5	16.3
25 to 44	15.7	15.3	15.3	18.6	14.4	14.7
45 to 64	17.3	16.7	17.6	21.6	15.9	14.8
65+	16.6	23.0	14.6	14.9	18.0	13.0
Gender						
Female	4.9	4.3	4.8	5.6	5.3	4.7
Male	21.5	23.2	20.3	23.3	21.0	20.1
Race/Ethnicity						
Hispanic	6.1	5.0	6.7	5.5	5.9	7.2
Non-Hispanic Black	6.3	6.8	6.7	6.7	6.5	5.1
Non-Hispanic White	18.5	18.8	16.6	21.2	18.6	17.6
Other/Multiracial	9.7	@	@	@	@	@

Suicides include all mechanisms; Rate per 100,000 population age-adjusted to the 2000 U.S. standard population; Crude rate for age groups
@ = data are suppressed due to small sample size and unstable rates
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

NATURAL ENVIRONMENT

A community's health is affected by the physical environment. A safe, clean environment that provides access to healthy food, recreational opportunities, and clean air is vital to maintaining and improving community health.[1] By creating green spaces, ensuring safe sidewalks and walking trails, and eliminating dumping grounds, a community can enhance its members' healthy, lived experiences. A local public health department contributes to a safe, clean environment by creating equitable policies, programs, services, and resources to promote environmental health.[2]

Annual Average Density of Fine Particulate Matter, 2016-2020

Year	2016	2017	2018	2019	2020
Tarrant County	8.5	8.7	8.6	8.7	9.8
Texas	7.3	8.7	9.0	N/A	N/A
United States	7.9	8.1	8.1	N/A	N/A

Annual PM2.5 Level (Monitor only); Annual average ambient concentrations of PM2.5 in micrograms per cubic meter (based on seasonal averages and daily measurement).
The national standard for annual PM2.5 levels is 12.0µg/m3 (health is more likely to be affected when PM2.5 levels are above 12.0µg/m3).
N/A = results not available at the time of publication
Data source: U.S. Environmental Protection Agency.

Percentage of Days with PM2.5 Levels Over the National Ambient Air Quality Standard, 2016-2020

Year	2016	2017	2018	2019	2020
Tarrant County	0.0	0.0	0.8	0.0	0.5

Ambient concentrations of PM2.5 in micrograms per cubic meter
The national standard for annual PM2.5 levels is 12.0µg/m3 (health is more likely to be affected when PM2.5 levels are above 12.0µg/m3).
Data source: U.S. Environmental Protection Agency.

Number of Days with Maximum 8-Hour Average Ground-Level Ozone Concentration Over the National Ambient Air Quality Standard, 2016-2020

Year	2016	2017	2018	2019	2020
Tarrant County	8	13	17	14	14

The daily ozone National Ambient Air Quality Standard (NAAQS) is 0.070 ppm; Health is more likely to be affected when ozone levels are above the national standard; When ozone levels are above the national standard, everyone should try to limit their contact with it by reducing the amount of time spent outside.
Data source: U.S. Environmental Protection Agency.

High Temperatures in the Dallas/Fort Worth Area, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Days at or above 100°F						
Days per year	74	18	10	23	14	9
Days at or above 100°F by month						
June	5	0	1	4	0	0
July	30	4	6	17	1	2
August	35	12	3	2	11	7
September	4	2	0	0	2	0

Data source: National Weather Service. National Oceanic and Atmospheric Administration (NOAA).

1. World Health Organization. (2017 February 3). Determinants of health. https://www.who.int/news-room/questions-and-answers/item/determinants-of-health

2. Robyn Correll, M. (2023 April 7). How environmental health impacts our quality of life and health. Verywell Health. https://www.verywellhealth.com/what-is-environmental-health-4158207

Percentage of Weeks in Drought, 2017-2019

Report Area	Weeks in D0 (Abnormally Dry)	Weeks in D1 (Moderate Drought)	Weeks in D2 (Severe Drought)	Weeks in D3 (Extreme Drought)	Weeks in D4 (Exceptional Drought)	Weeks in Drought (Any)
Tarrant County	24.9	12.8	6.1	1.7	0.0	20.5
Texas	20.2	11.5	4.2	1.2	0.1	17.0
United States	16.2	7.8	4.5	0.8	0.1	13.2

Data Source: U.S. Drought Monitor, 2017-2019. Source geography: Tract

Percentage of Weeks in Drought, Tarrant County, 2016-2020

Year	2016	2017	2018	2019	2020
Moderate Drought	0.0	9.6	17.3	7.7	7.7
Severe Drought	0.0	3.9	11.5	1.9	9.6
Extreme Drought	0.0	0.0	5.8	0.0	0.0

Moderate Drought: Some damage to crops, pastures; Streams, reservoirs, or wells low, some water shortages developing or imminent; Voluntary water-use restrictions requested
Severe Drought: Crop or pasture losses likely; Water shortages common; Water restrictions imposed
Extreme Drought: Major crop/pasture losses; Widespread water shortages or restrictions
Exceptional Drought: Exceptional and widespread crop/pasture losses; Shortages of water in reservoirs, streams, and wells creating water emergencies
Data source: United States Drought Monitor.

ORAL HEALTH

Oral health is a vital component of overall health and quality of life. Oral health varies over the life course from early life to old age, is integral to general health, and supports individuals in participating in society and achieving their potential.[1] Oral health impacts the ability to have a meal, hold a conversation, show facial gestures and emotions, and one's self-esteem in attending work and school regularly. Oral diseases vary from cavities and gum disease to oral cancer, which may cause pain, discomfort, and potential disability for many people. Oral diseases disproportionately affect the most vulnerable and disadvantaged populations.[2] Educating the community about the importance of oral health will help to address the decline in vulnerable populations, such as individuals of low socioeconomic status and racial/ethnic minorities.

Percentage of Adults Aged 18 Years and Older who Visited a Dentist, Dental Hygienist, or Dental Clinic in the Past Year, 2020

Tarrant County†	Texas†	United States‡
60.3 (54.6 - 65.7)	57.5 (55.7 - 59.3)	64.8 (64.4 - 65.1)

Overall Weighted Percentage* (95% Confidence Interval)

*Estimates weighted to population characteristics and are among adults aged 18 yrs and older unless otherwise noted (95% Confidence Interval).
†Data source: Texas Department of State Health Services, Behavioral Risk Factor Surveillance System, 2020.
‡Data source: Centers for Disease Control and Prevention.

1. World Health Organization. (2023). Oral health. https://www.who.int/health-topics/oral-health#tab=tab_1

2. Centers for Disease Control. (2023). Basics of oral health. https://www.cdc.gov/oralhealth/basics/index.html

Percentage of Adults Aged 18 Years and Older who Visited a Dentist, Dental Hygienist, or Dental Clinic in the Past Year, Tarrant County, 2020

Age Group	
18 to 29	59.0
30 to 44	52.4
45 to 64	66.9
65+	59.9
Gender	
Female	64.0
Male	56.4

Race/Ethnicity	
Hispanic	49.6
Non-Hispanic Asian	@
Non-Hispanic Black	46.2
Non-Hispanic White	69.6
Other/Multiracial	@
City	
Arlington	N/A
Fort Worth	N/A

Annual Income	
<$25K	47.6
$25K to <$50K	50.9
$50K+	65.8
Highest Education Level Completed	
< High School	@
High School or GED	49.1
Tech/Some College	56.9
College Degree	75.6

@ = number of responses too small to calculate reliable estimate; N/A = results not available
Estimates weighted to population characteristics and are among adults aged 18 yrs and older unless otherwise noted.
Data source: Texas Department of State Health Services. Behavioral Risk Factor Surveillance System, 2020.

Percentage of Adults Aged 18 Years and Older who have had Permanent Teeth Extracted Due to Tooth Decay or Gum Disease, 2020

Tarrant County†	Texas†	United States‡
36.2 (31.2 - 41.7)	39.5 (37.7 - 41.3)	41.3 (40.9 - 41.7)

Overall Weighted Percentage* (95% Confidence Interval)

*Estimates weighted to population characteristics and are among adults aged 18 yrs and older unless otherwise noted (95% Confidence Interval).
†Data source: Texas Department of State Health Services. Behavioral Risk Factor Surveillance System, 2020.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Adults Aged 18 Years and Older who have had Permanent Teeth Extracted Due to Tooth Decay or Gum Disease, Tarrant County, 2020

Age Group	
18 to 29	@
30 to 44	31.2
45 to 64	47.4
65+	59.7
Gender	
Female	40.7
Male	31.6

Race/Ethnicity	
Hispanic	33.5
Non-Hispanic Asian	@
Non-Hispanic Black	47.2
Non-Hispanic White	36.0
Other/Multiracial	@
City	
Arlington	N/A
Fort Worth	N/A

Annual Income	
<$25K	53.9
$25K to <$50K	38.3
$50K+	30.5
Highest Education Level Completed	
< High School	@
High School or GED	23.7
Tech/Some College	41.1
College Degree	28.2

@ = number of responses too small to calculate reliable estimate
N/A = results not available
Estimates weighted to population characteristics and are among adults aged 18 yrs and older unless otherwise noted.
Data source: Texas Department of State Health Services. Behavioral Risk Factor Surveillance System, 2020.

Percentage of Children Aged 1 to 17 Years with Chronic Dental Problems (i.e., toothache, decayed teeth, or cavities)

Tarrant County†	Texas ‡	United States ‡
2021	2019/2020	2019/2020
15.0	12.4	11.8

†Data source: Cook Children's Community-wide Children's Health Assessment and Planning Survey (CCHAPS).
‡Data source: 2019/2020 National Survey of Children's Health.

Percentage of Children in Tarrant County Aged 1 to 17 Years with Chronic Dental Problems (i.e., toothache, decayed teeth, or cavities), 2021

Race/Ethnicity	
Hispanic	18.4
Non-Hispanic Asian	13.0
Non-Hispanic Black	19.8
Non-Hispanic White	11.1
Other/Multiracial	18.5

Data source: Cook Children's Community-wide Children's Health Assessment and Planning Survey (CCHAPS).

Percentage of Children Aged 1 to 17 Years Who Did Not Receive a Preventive Dental Visit in the Past Year

Tarrant County†	Texas ‡	United States ‡
2021	2019/2020	2019/2020
17.0	23.3	22.5

†Data source: Cook Children's Community-wide Children's Health Assessment and Planning Survey (CCHAPS).
‡Data source: 2019/2020 National Survey of Children's Health.

Percentage of Children in Tarrant County Aged 1 to 17 Years Who Did Not Receive a Preventive Dental Visit in the Past Year, 2021

Race/Ethnicity	
Hispanic	17.8
Non-Hispanic Asian	19.0
Non-Hispanic Black	21.0
Non-Hispanic White	15.0
Other/Multiracial	17.1

Data source: Cook Children's Community-wide Children's Health Assessment and Planning Survey (CCHAPS).

Percentage of Children Aged 1 to 17 Years Who Did Not Receive All Needed Dental Care in the Past Year, 2019/2020, 2019/2022, and 2021

Tarrant County†	Texas ‡	United States ‡
2021	2019/2022	2019/2020
14.9	3.1	1.9

†Data source: Cook Children's Community-wide Children's Health Assessment and Planning Survey (CCHAPS).
‡Data source: 2019/2020 National Survey of Children's Health.

Percentage of Children in Tarrant County Aged 1 to 17 Years Who Did Not Receive All Needed Dental Care in the Past Year, 2021

Race/Ethnicity	
Hispanic	19.7
Non-Hispanic Asian	14.1
Non-Hispanic Black	19.0
Non-Hispanic White	10.9
Other Multiracial	12.1

Data source: Cook Children's Community-wide Children's Health Assessment and Planning Survey (CCHAPS).

PHYSICAL ACTIVITY AND NUTRITION

The combination of eating a healthy diet and doing light leisure-time activities greatly impact our health and wellness so much that they are leading health indicators in Healthy People 2030.[1] Studies demonstrate that what we put into our bodies, and the movement we do with our body plays a role in the reduction and prevention of chronic conditions to include obesity, diabetes, cardiovascular disease, and cognitive decline. In addition to warding off illnesses, physical activity helps to improve agility, stamina, and strength; thereby, reducing hospitalizations due to falls in both older and younger people. [2,3,4]

Percentage of Adults Aged 18 Years and Older Who are Overweight or Obese, 2020

Tarrant County†	Texas ‡	United States ‡
69.0 (65.9 - 71.9)	70.2 (68.4 - 72.0)	66.8 (66.4 - 67.1)

Overall Weighted Percentage* (95% Confidence Interval)

Percentage of adults 18 years and older who are overweight or obese, BMI value greater than 25.0 BMI calculated by self-reported height and weight.
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
†Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Adults Aged 18 Years and Older Who are Overweight or Obese, Tarrant County, 2020

Age Group	
18 to 24	52.8
25 to 44	70.9
45 to 64	74.3
65+	66.6
Gender	
Female	62.9
Male	74.9

Race/Ethnicity	
Hispanic	70.6
Non-Hispanic Asian	42.2
Non-Hispanic Black	73.2
Non-Hispanic White	68.8
Other/Multiracial	75.3
City	
Arlington	72.5
Fort Worth	69.3
Annual Income	
<$25K	65.7
$25K to <$50K	78.8
$50K to <$75K	73.1
$75K+	70.2

Highest Education Level Completed	
< High School	55.1
High School or GED	66.8
Tech/Some College	73.0
College Degree	66.9
Other/Multiracial	75.3
Social Vulnerability Index (SVI)	
0.00 to 0.25	@
0.26 to 0.50	73.0
0.51 to 0.75	74.6
0.76 to 1.00	64.6

Percentage of adults 18 years and older who are overweight or obese, BMI value greater than 25.0 BMI calculated by self-reported height and weight.
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
@=number too small for stable rate
Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.

1. Office of Disease Prevention and Health Promotion. (n.d.). Healthy People 2030: Physical activity. https://health.gov/healthypeople/objectives-and-data/browse-objectives/physical-activity

2. Office of Disease Prevention and Health Promotion. (n.d.). Healthy People 2030: Nutrition and healthy eating. https://health.gov/healthypeople/objectives-and-data/browse-objectives/nutrition-and-healthy-eating

3. Centers for Disease Control and Prevention. (2022). Benefits of physical activity. https://www.cdc.gov/physicalactivity/basics/pa-health/index.htm

4. Centers for Disease Control. (2022). Healthy weight, nutrition, and physical activity. https://www.cdc.gov/healthyweight/

Obesity in Adults Aged 20 Years and Older, 2019

	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent	Male, Number	Male, Percent	Female, Number	Female, Percent
Tarrant County	1,498,630	526,019	34.9%	249,528	34.3%	276,491	35.4%
Texas	20,778,040	6,223,158	29.8%	3,028,900	29.5%	3,194,233	30.2%
United States	239,867,275	69,961,348	29.0%	33,675,337	28.6%	36,285,952	29.5%

Obese is defined as a BMI of 30 or greater. BMI (weight [kg]/height [m]2) was derived from self-report of height and weight.
Data source: Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, 2019.

Percentage of Adults Aged 20 Years and Older Obese (BMI > 30.0) by Year, 2015-2019

	2015	2016	2017	2018	2019
Tarrant County	26.8	28.3	30.7	30.6	34.9
Texas	26.4	27.3	28.3	29.0	29.8
United States	26.8	27.0	27.6	28.2	29.0

Data source: Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, 2015-2019.

Percentage of Children Aged 10 to 17 Years Who are Overweight or Obese, 2019/2020, 2019/2022, and 2021

Tarrant County†	Texas ‡	United States ‡
2021	2019/2022	2019/2020
37.0	37.0	32.0

BMI-for-Age for Children (ages 10-17) for Tarrant County. Parent surveys are based on child height and weight as reported by caregivers.
This age range is also used for National Outcome Measures and Health People 2030.
In Tarrant County 37% of children (ages 10-17) are overweight or obese and estimate this number of children (ages 10-17) in the population to be 89,450.
†Data source: Cook Children's Community-wide Children's Health Assessment and Planning Survey (CCHAPS).
‡Data source: 2019/2020 National Survey of Children's Health.

Percentage of Children Aged 10 to 17 years Who are Overweight or Obese by Race/Ethnicity, Tarrant County, 2021

	Childhood Obesity/Overweight (Aged 10-17 years)**
Hispanic	49.0
Non-Hispanic Asian	30.0
Non-Hispanic Black	44.0
Non-Hispanic White	29.0
Other/Multiracial	38.0

**BMI-for-Age for Children (ages 10-17) for Tarrant County. Parent surveys are based on child height and weight as reported by caregivers.
This age range is also used for National Outcome Measures and Health People 2030.
Data source: Cook Children's Community-wide Children's Health Assessment and Planning Survey (CCHAPS).

Percentage of Adults Aged 18 Years and Older Who Consumed Vegetables One or More Times per Day, 2020

Tarrant County†	Texas	United States
81.3 (78.6 - 83.8)	N/A	N/A

Overall Weighted Percentage* (95% Confidence Interval)

Percentage of Adults Aged 18 Years and Older Who Consumed Vegetables One or More Times per Day, Tarrant County, 2020

Age Group		Race/Ethnicity		Highest Education Level Completed	
18 to 24	71.6	Hispanic	75.3	< High School	75.2
25 to 44	80.2	Non-Hispanic Asian	78.2	High School or GED	74.5
45 to 64	84.6	Non-Hispanic Black	83.1	Tech/Some College	82.9
65+	84.5	Non-Hispanic White	84.1	College Degree	87.3
Gender		Other/Multiracial	81.9	**Social Vulnerability Index (SVI)**	
Female	83.2	**City**		0.00 to 0.25	@
Male	79.3	Arlington	84.5	0.26 to 0.50	86.7
		Fort Worth	78.6	0.51 to 0.75	82.2
		Annual Income		0.76 to 1.00	74.0
		<$25K	74.6		
		$25K to <$50K	82.1		
		$50K to <$75K	85.0		
		$75K+	86.0		

Percentage of Tarrant County adults aged 18 years and old who consumed vegetables one or more times per day.
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
@=number too small for stable rate; N/A = results not available
†Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.

Percentage of Adults Aged 18 Years and Older Who Consumed Fruits One or More Times per Day, 2020

Tarrant County†	Texas	United States
58.7 (55.5 - 61.8)	N/A	N/A

Overall Weighted Percentage* (95% Confidence Interval)

Percentage of Adults Aged 18 Years and Older Who Consumed Fruits One or More Times per Day, Tarrant County, 2020

Age Group		Race/Ethnicity		Highest Education Level Completed	
18 to 24	54.5	Hispanic	59.2	< High School	56.2
25 to 44	52.9	Non-Hispanic Asian	60.1	High School or GED	56.4
45 to 64	64.9	Non-Hispanic Black	55.8	Tech/Some College	60.2
65+	63.2	Non-Hispanic White	58.3	College Degree	59.5
Gender		Other/Multiracial	69.1	**Social Vulnerability Index (SVI)**	
Female	63.1	**City**		0.00 to 0.25	@
Male	54.1	Arlington	61.4	0.26 to 0.50	61.4
		Fort Worth	57.2	0.51 to 0.75	57.3
		Annual Income		0.76 to 1.00	56.4
		<$25K	55.8		
		$25K to <$50K	59.6		
		$50K to <$75K	57.3		
		$75K+	58.9		

Percentage of Tarrant County adults aged 18 years and old who consumed fruit one or more times per day.
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
@=number too small for stable rate; N/A = results not available
†Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.

Percentage of Adults Aged 20 Years and Older with No Leisure Time Physical Activity, 2019

	Population Age 20+	Adults Age 20+ with No Leisure Time Physical Activity	Adults Age 20+ with No Leisure Time Physical Activity, Percent
Tarrant County	1,495,537	342,478	22.7%
Texas	20,769,377	4,595,608	21.9%
United States	239,878,217	54,200,862	22.0%

Data source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2019.

Percentage of Adults Aged 18 Years and Older Physically Inactive by Year, 2015-2019

	2015	2016	2017	2018	2019
Tarrant County	23.3	23.3	24.0	22.0	22.7
Texas	22.7	21.3	20.1	21.0	21.9
United States	21.4	20.7	21.5	20.9	22.0

Adults aged 20 and older self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.
Data source: Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, 2015-2019.

Percentage of Adults Aged 18 Years and Older Who Did Not Meet Aerobic Activity Recommendations, 2020

Tarrant County†	Texas	United States
57.0 (53.7 - 60.3)	N/A	N/A

Overall Weighted Percentage* (95% Confidence Interval)

Percentage of Adults Aged 18 Years and Older Who Did Not Meet Aerobic Activity Recommendations, Tarrant County, 2020

Age Group	
18 to 24	54.2
25 to 44	57.2
45 to 64	57.5
65+	56.3
Gender	
Female	58.4
Male	55.5

Race/Ethnicity	
Hispanic	54.8
Non-Hispanic Asian	56.6
Non-Hispanic Black	55.7
Non-Hispanic White	58.3
Other/Multiracial	46.0
City	
Arlington	54.3
Fort Worth	58.3
Annual Income	
<$25K	71.2
$25K to <$50K	51.0
$50K to <$75K	49.1
$75K+	47.7

Highest Education Level Completed	
< High School	81.5
High School or GED	63.6
Tech/Some College	54.8
College Degree	50.1
Social Vulnerability Index (SVI)	
0.00 to 0.25	@
0.26 to 0.50	55.9
0.51 to 0.75	53.4
0.76 to 1.00	64.4

Percentage of adults 18 years and older who did not meet U.S. Department of Health and Human Services physical activity aerobic recommendations: 150 minutes a week of moderate-intensity, or 75 minutes a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic activity).
*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
@=number too small for stable rate; N/A = results not available
†Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.

REPRODUCTIVE AND SEXUAL HEALTH

Reproductive and sexual health consists of one's overall physical, mental and social well-being, relating to the functions of their reproductive system, during all stages of life. [1,2,3,4] Sexual health is not merely the absence of disease, dysfunction or infirmity. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.[4]

Births Per 1,000 Women, 2016-2020

	15 to 50 years old	15 to 19 years old	20 to 34 years old	35 to 50 years old
Tarrant County	58	16	99	32
Texas	56	17	95	30
United States	52	11	87	30

Data source: U.S. Census. American Community Survey, 2016-2020.

Percentage of Live Births to Mothers with Less Than High School Education/No GED, 2015-2019

	2015-2019	2015	2016	2017	2018	2019
Tarrant County	15.1	16.7	15.8	14.9	13.9	13.9
Texas	17.5	19.4	18.5	17.4	16.5	15.6
United States	13.1	13.9	13.7	13.1	12.5	12.1

Data source: Texas Department of State Health Services. Centers for Disease Control and Prevention.

1. World Health Organization. (2023). Reproductive health. https://www.who.int/westernpacific/health-topics/reproductive-health

2. National institutes of Health. National Institute of Environmental Health Sciences. (2023). Reproductive health. https://www.niehs.nih.gov/health/topics/conditions/repro-health/index.cfm

3. United Nations Population Fund. (2022). Sexual & reproductive health. https://www.unfpa.org/sexual-reproductive-health#readmore-expand

4. World Health Organization, Sexual and Reproductive Health and Research. (2010). Developing sexual health programmes. https://www.who.int/publications/i/item/WHO-RHR-HRP-10.22

Percentage of Live Births to Mothers with Less Than High School Education/No GED, Tarrant County, 2015-2019

	2015-2019	2015	2016	2017	2018	2019
Maternal Age Group						
Under 20	46.2	46.1	46.4	47.3	45.2	45.7
20 to 29	13.5	15.0	14.0	13.1	12.5	12.6
30 to 39	12.1	13.7	13.1	11.9	11.0	11.0
40+	19.6	19.5	19.3	19.7	19.4	20.2
Gender						
Female	15.1	16.4	15.5	15.4	13.8	14.3
Male	15.1	17.0	16.0	14.4	14.1	13.6
Race/Ethnicity						
Hispanic	28.4	31.8	29.9	28.4	26.1	25.5
Non-Hispanic Black	10.3	11.1	10.8	9.6	10.0	10.0
Non-Hispanic White	5.6	6.2	5.7	5.6	5.3	5.1
Other/Multiracial	10.2	12.1	11.2	9.5	9.1	8.9
City						
Arlington	15.4	17.4	15.8	15.4	13.5	14.6
Fort Worth	18.9	20.5	19.7	18.5	18.0	17.6

City level data only include the portions of those cities that are within Tarrant County.
Data source: Texas Department of State Health Services. Centers for Disease Control and Prevention.

Teen Pregnancy Rate, 2015-2019

	2015-2019	2015	2016	2017	2018	2019
Tarrant County	27.9	30.2	29.5	28.6	26.5	24.6
Texas	33.1	39.5	35.7	32.3	29.5	28.9
United States	24.1	27.3	25.0	23.9	22.4	21.6

Teen Pregnancy Rate = number of pregnancies among females aged 15-19 years per 1,000 females aged 15-19 years
Data source: Texas Department of State Health Services.

Teen Birth Rate per 1,000 Female Population Age 15-19 by Race/Ethnicity, 2015-2019

	All Races/ Ethnicities	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino	2015-2019	2019
Tarrant County	23.7	13.2	29.8	34.4	27.9	24.6
Texas	28.8	17.0	29.4	39.3	33.1	28.9
United States	19.9	13.5	28.2	29.6	24.1	21.6

Data source: Centers for Disease Control and Prevention. CDC - National Vital Statistics System, 2014-2020.

Percentage of Live Births Receiving Late or No Prenatal Care, 2015-2019

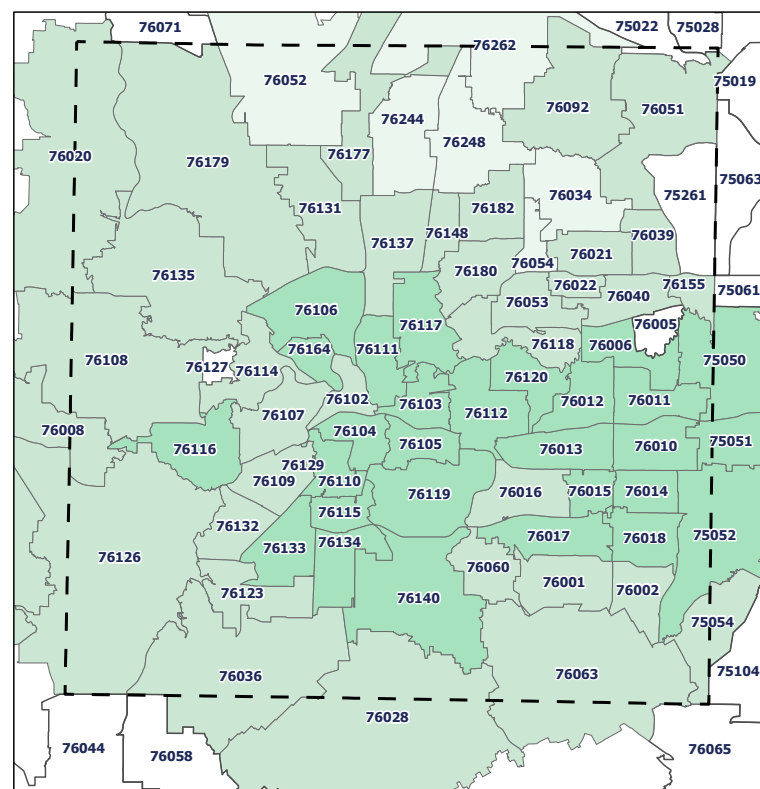|	2015-2019	2015	2016	2017	2018	2019
Tarrant County	37.9	40.0	37.7	40.3	35.6	35.6
Texas	33.9	36.3	36.8	35.2	29.5	31.3
United States	21.9	21.4	22.2	22.1	21.9	21.9

Late prenatal care = prenatal care initiation in the 2nd or 3rd trimester
Data source: Texas Department of State Health Services. Centers for Disease Control and Prevention.

Percentage of Live Births Receiving Late or No Prenatal Care, Tarrant County, 2015-2019

	2015-2019	2015	2016	2017	2018	2019
Maternal Age Group						
Under 20	54.4	54.9	54.1	56.7	53.5	52.5
20 to 29	40.1	42.4	39.7	42.7	37.8	37.6
30 to 39	32.5	34.3	32.6	34.8	30.3	30.7
40+	39.3	42.1	37.6	41.2	37.3	38.5
Infant Gender						
Female	37.6	39.8	37.2	40.6	35.3	35.3
Male	38.1	40.3	38.2	39.9	35.9	35.9
Maternal Race/Ethnicity						
Hispanic	47.1	50.6	47.2	49.8	44.2	43.4
Non-Hispanic Black	45.3	46.9	45.2	47.5	43.2	43.8
Non-Hispanic White	25.5	27.4	25.0	27.8	23.4	23.6
Other/Multiracial	36.1	39.5	37.7	37.4	33.8	32.1
City						
Arlington	48.8	51.6	49.1	50.2	45.2	47.5
Fort Worth	37.5	39.9	37.9	40.6	34.2	34.8
Highest Maternal Education Level Completed						
< High School	58.2	58.7	58.5	60.7	55.7	57.0
High School or GED	45.8	48.8	46.2	47.1	42.2	44.3
Tech/Some College	34.5	36.8	32.6	36.8	33.7	32.2
College Degree	23.1	23.6	23.0	26.4	21.7	21.0

Late prenatal care = prenatal care initiation in the 2nd or 3rd trimester; City level data only include the portions of those cities that are within Tarrant County
Data source: Texas Department of State Health Services.

Percentage of Live Births Receiving Late or No Prenatal Care by ZIP Code, Tarrant County, 2015-2019

Legend

Estimated Percentage
- 0.0 - 20.0
- 20.1 - 40.0
- 40.1 - 61.5
- Suppressed Data
- County Boundary

Data source: Texas Department of State Health Services.

Preterm Births (Percentage of Live Births Less Than 37 Weeks Gestation), 2015-2019

	2015-2019	2015	2016	2017	2018	2019
Tarrant County	10.0	9.6	9.8	9.7	10.6	10.6
Texas	12.3	11.7	11.9	12.2	12.2	13.3
United States	9.9	9.6	9.8	9.9	10.0	10.2

Preterm = gestational age <37 weeks based on Obstetric/Clinical Estimate (OE) which is the standard recommended by the National Center for Health Statistics
Data source: Texas Department of State Health Services. Centers of Disease Control and Prevention.

Preterm Births (Percentage of Live Births Less Than 37 Weeks Gestation), Tarrant County, 2015-2019

	2015-2019	2015	2016	2017	2018	2019
Maternal Age Group						
Under 20	10.0	9.2	11.0	9.4	11.6	9.0
20 to 29	9.2	8.7	8.8	8.8	9.8	10.0
30 to 39	10.7	10.4	10.5	10.4	11.0	11.1
40+	15.4	15.7	13.9	17.3	15.0	15.2
Infant Gender						
Female	9.7	9.3	9.6	9.4	10.2	10.0
Male	10.4	10.0	9.9	10.0	10.9	11.1
Maternal Race/Ethnicity						
Hispanic	9.6	9.0	8.9	9.8	10.3	10.2
Non-Hispanic Black	13.3	12.9	13.3	12.8	13.9	13.7
Non-Hispanic White	9.0	8.9	8.8	8.5	9.0	9.6
Other/Multiracial	9.3	8.8	9.9	8.0	10.3	9.2
City						
Arlington	10.0	9.4	10.1	9.2	11.4	9.9
Fort Worth	10.2	9.7	9.6	10.2	10.7	11.0
Highest Maternal Education Level Completed						
< High School	10.5	9.8	10.2	10.5	10.9	11.5
High School or GED	10.6	10.1	10.4	10.3	11.8	10.7
Tech/Some College	10.3	9.9	9.8	9.6	10.9	11.4
College Degree	8.9	8.8	8.8	8.8	8.9	9.2

Preterm = gestational age <37 weeks based on Obstetric/Clinical Estimate (OE) which is the standard recommended by the National Center for Health Statistics
City level data only include the portions of those cities that are within Tarrant County.
Data source: Texas Department of State Health Services.

Birth Defects per 10,000 Live Births, 2010-2014

	2010-2014	2010	2011	2012	2013	2014
Tarrant County	825.9	798.3	836.6	863.4	839.1	793.2
Texas	562.3	537.3	552.3	557.9	579.8	583.3

Includes only those congenital anomalies identified at the time the birth certificate is filed.
Data source: Texas Department of State Health Services.

Percentage of Birth Defects among Live Births, Tarrant County, 2010-2014

	2010-2014	2010	2011	2012	2013	2014
Tarrant County	0.20	0.18	0.16	0.17	0.22	0.24
Infant Gender						
Female	0.15	0.14	0.06	0.16	0.20	0.19
Male	0.24	0.22	0.26	0.18	0.23	0.29
Maternal Race/Ethnicity						
Hispanic	0.19	0.20	0.14	0.17	0.21	0.24
Non-Hispanic Black	0.20	0.14	0.21	0.18	0.22	0.23
Non-Hispanic White	0.19	0.18	0.16	0.17	0.21	0.23
Other/Multiracial	0.25	0.19	0.24	0.21	0.25	0.34

Includes only those congenital anomalies identified at the time the birth certificate is filed.
Data source: Texas Department of State Health Services.

Percentage of Live Births Who Were Breastfed at the Time of Hospital Discharge, Tarrant County, 2015-2019

	2015-2019	2015	2016	2017	2018	2019
Tarrant County	90.5	90.2	90.6	90.9	90.6	90.0
Maternal Age Group						
Under 20	86.1	84.4	88.1	88.1	85.9	83.8
20 to 29	89.8	89.7	89.8	90.3	90.0	89.4
30 to 39	91.9	92.0	91.9	92.1	91.9	91.5
40+	90.6	89.7	91.8	89.7	91.3	90.5
Infant Gender						
Female	91.2	90.3	94.7	90.6	90.4	90.0
Male	89.8	90.2	86.7	91.2	90.8	90.0
Maternal Race/Ethnicity						
Hispanic	91.0	90.9	91.3	91.2	91.0	90.5
Non-Hispanic Black	84.8	84.1	85.2	85.5	85.4	84.0
Non-Hispanic White	92.2	91.8	92.0	92.5	92.5	92.2
Other/Multiracial	93.3	92.8	92.8	94.9	93.2	92.6
City						
Arlington	93.4	91.7	93.6	93.8	94.0	93.9
Fort Worth	88.1	88.3	88.2	88.3	88.3	87.4
Highest Maternal Education Level Completed						
< High School	84.9	85.3	85.8	85.6	84.8	82.7
High School or GED	87.2	87.1	87.4	87.2	87.5	86.7
Tech/Some College	91.2	90.9	91.3	91.8	91.2	91.1
College Degree	95.9	95.7	95.7	96.5	95.8	95.8

City level data only include the portions of those cities that are within Tarrant County.
Data source: Texas Department of State Health Services.

Proportion of Birth Defects by Body System in Tarrant County Infants per 10,000 Live Births, 2010-2014

Body System	%
Cardiac and Circulatory	66.30
Musculoskeletal	8.30
Genitourinary	8.00
Gastrointestinal	4.80
Central Nervous System	4.20
Chromosomal	3.50
Oral Clefts	2.60
Eye and Ear	1.50
Respiratory	0.80

Birth defects are those identified at the time of live birth.
Data source: Texas Department of State Health Services.

Chlamydia Incidence, 2020

	Chlamydia Infections	Chlamydia Infections, Rate per 100,000 Pop.
Tarrant County	8,466	402.66
Texas	135,124	466.01
United States	1,579,885	481.3

The number of cases are based on laboratory-confirmed diagnoses that occurred between January 1st and December 31st of the latest reporting year. These data are delivered to and analyzed by the CDC as part of the Nationally notifiable STD surveillance system.
Data source: Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2020.

Chlamydia Incidence by Race/Ethnicity, 2020

	Non-Hispanic White	Non-Hispanic Black	Asian	American Indian or Alaska Native	Hispanic or Latino
Tarrant County	119.3	629.4	27.9	79.4	154.3
Texas	199.1	920.7	83.2	130.9	384.3
United States	212.1	1,192.5	132.1	784.8	392.6

Rate per 100,000 population
Data source: Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2020.

Chlamydia Incidence Rate, 2016-2020

	2016	2017	2018	2019	2020
Tarrant County	456.1	419.4	460.0	422.6	402.7
Texas	512.1	535.5	511.8	445.1	466.0
United States	494.9	525.7	538.3	551.0	481.3

Rate per 100,000 population
Data source: Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention – Atlas Plus, 2023.

Gonorrhea Incidence, 2016-2020

	2016	2017	2018	2019	2020
Tarrant County	154.9	138.6	154.3	155.6	192.6
Texas	152.2	167.6	165.0	152.5	200.9
United States	145.1	171.0	178.6	187.8	206.5

Rate per 100,000 population
Data source: Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention – Atlas Plus, 2023.

New HIV Diagnoses, 2016-2020

	2016	2017	2018	2019	2020
Tarrant County	18.4	18.3	16.7	18.2	16.8
Texas	20.0	19.0	19.0	18.3	14.8
United States	14.6	14.1	13.6	13.2	10.9

Persons age 13 and above
Rate per 100,000 population
Data source: Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention – Atlas Plus, 2023.

New HIV Diagnoses, Tarrant County, 2016-2020

	2016	2017	2018	2019	2020
Age Group					
15 to 24	30.0	25.0	26.1	26.1	28.6
25 to 44	25.8	27.2	25.2	28.5	25.6
45 to 64	12.9	14.3	9.6	11.6	10.9
Gender					
Female	4.8	5.0	4.8	6.1	4.5
Male	25.6	25.1	22.4	24.1	24.6
Race/Ethnicity					
Hispanic	6.7	6.7	6.5	7.4	6.4
Non-Hispanic Black	45.1	43.4	35.5	41.7	39.3
Non-Hispanic White	5.6	7.3	6.5	6.6	6.8
Other/Multiracial	16.4	@	@	@	@
City					
Arlington	23.1	21.7	21.4	25.1	21.3
Fort Worth	17.7	16.7	15.4	17.1	14.5

'Rate per 100,000 population
@ = Rate suppressed when less than 20 cases for calculation
Data source: Texas Department of State Health Services. Summarized by Tarrant County Public Health.

HIV Prevalence, 2016-2020

	2016	2017	2018	2019	2020
Tarrant County	320.2	329.0	337.9	347.9	357.9
Texas	374.1	383.0	392.6	400.9	405.3
United States	359.4	365.4	371.3	376.9	379.7

Persons age 13 and above
Rate per 100,000 population
Data source: Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention – Atlas Plus, 2023.

Primary and Secondary Syphilis Cases, 2016-2020

	2016	2017	2018	2019	2020
Tarrant County	6.2	9.6	13.6	10.0	13.0
Texas	7.0	7.9	8.9	8.1	9.3
United States	8.6	9.4	10.7	11.9	12.7

Rate per 100,000 population
Data source: Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention – Atlas Plus, 2023.

TOBACCO, ALCOHOL AND DRUG USE

Tobacco use rates have steadily declined for decades; however, despite a decrease, use of tobacco continues to be the leading cause of preventable disease, disability, and death nationwide.[1] Tobacco related morbidity and mortality also continue to disproportionately impact our most vulnerable populations, such as individuals of low socioeconomic status and racial/ethnic minorities. Therefore, it is important to view the systemic factors that impact tobacco use, including deliberate targeted marketing of minority groups by the tobacco industry, inferior access to health insurance, lack of access to cessation resources, and chronic economic stress. Each of these forces perpetuates tobacco use; in turn, tobacco use perpetuates the user's adverse health and economic conditions, continuing this vicious cycle.[2] Drinking too much can harm your health. Excessive alcohol use led to more than 140,000 deaths and 3.6 million years of potential life lost (YPLL) each year in the United States from 2015–2019, shortening the lives of those who died by an average of 26 years.[3] Further, excessive drinking was responsible for 1 in 5 deaths among adults aged 20-49 years.[4] The economic costs of excessive alcohol consumption in 2010 were estimated at $249 billion, or $2.05 a drink.[5]

"In the United States, drug overdoses have claimed over 932,000 lives over the past 21 years, and the drug overdose crisis continues to worsen. In 2020, the rate of drug overdose deaths accelerated and increased 31% from the year before. Synthetic opioids, such as illicitly manufactured fentanyl, continue to contribute to the majority of opioid-involved overdose deaths. To save lives from drug overdose, the Centers for Disease Control and Prevention (CDC) launched four education campaigns to reach young adults (ages 18-34) who use drugs. The campaigns provide information that can save the lives of people who use drugs or are struggling with substance use disorders and highlight actions the public can take to help prevent overdose."[6]

1. Cornelius, M. E., Loretan, C. G., Wang, T. W., Jamal, A., Homa, D. M. (2022). Tobacco Product Use Among Adults — United States. Centers for disease control and prevention, MMWR morbidity and mortality weekly report, 71:397–405. http://dx.doi.org/10.15585/mmwr.mm7111a1

2. Marbin, J., Balk, S. J., Gribben, V., Groner, J., & SECTION ON TOBACCO CONTROL (2021). Health Disparities in Tobacco Use and Exposure: A Structural Competency Approach. Pediatrics, 147(1), e2020040253. https://doi.org/10.1542/peds.2020-040253

3. Centers for Disease Control and Prevention. Alcohol-Related Disease Impact Application website. Accessed April 19, 2022.

4. Esser MB, Leung G, Sherk A, Bohm MB, Liu Y, Lu H, Naimi TS. Estimated deaths attributable to excessive alcohol use among US adults aged 20 to 64 years, 2015 to 2019. JAMA Netw Open 2022;5:e2239485.

5. Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. 2010 National and State Costs of Excessive Alcohol Consumption. Am J Prev Med 2015; 49(5):e73–e79.

6. Centers for Disease Control and Prevention. (2022). Now Is the Time to Stop Drug Overdose Deaths. https://www.cdc.gov/drugoverdose/featured-topics/overdose-prevention-campaigns.html

Percentage of Current Smokers among Adults Aged 18 Years and Older, 2020

Tarrant County†	Texas‡	United States‡
12.6 (10.5 - 15.1)	13.2 (12.0 - 14.4)	14.2 (14.0 - 14.5)

Overall Weighted Percentage* (95% Confidence Interval)

Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
†*Data source: Tarrant County Behavioral Risk Factor Surveillance System. Tarrant County Public Health, 2020*
‡*Data source: Centers for Disease Control and Prevention.*

Percentage of Current Smokers among Adults Aged 18 Years and Older, Tarrant County, 2020

Social Vulnerability Index (SVI)	
SVI 0.76 to 1.00	18.9
SVI 0.51 to 0.75	13.8
SVI 0.26 to 0.50	@
SVI 0.00 to 0.25	@
Age Group	
18 to 24	@
25 to 44	16.0
45 to 64	11.9
65+	7.9
Gender	
Female	9.6
Male	15.8

Race/Ethnicity	
Hispanic	14.4
Non-Hispanic Asian	@
Non-Hispanic Black	10.7
Non-Hispanic White	13.0
Other/Multiracial	@
City	
Arlington	10.3
Fort Worth	14.0

Annual Income	
<$25K	18.9
$25K to <$50K	14.8
$50K to <$75K	8.5
$75K+	10.9
Highest Education Level Completed	
< High School	@
High School or GED	19.6
Tech/Some College	11.7
College Degree	5.9

Traditional tobacco smoker (at least 100 cigarettes smoked during lifetime), does not include e-cigarettes.
Estimates are percentages weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted.
@=number too small for stable rate
Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.

Alcohol – Excessive Drinking, 2019

Report Area	Adults Reporting Excessive Drinking	Percentage of Adults Reporting Excessive Drinking
Tarrant County	277,284	17.8%
Texas	4,271,776	19.6%
United States	50,612,058	19.8%

Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period.
Data Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings & Roadmaps, 2019.

Percentage of Adults Aged 18 Years and Older that Binge Drink, 2020

Tarrant County†	Texas ‡	United States ‡
17.1 (14.7 – 19.9)	16.4 (15.0 – 17.9)	15.5 (15.2 – 15.8)

Overall Weighted Percentage* (95% Confidence Interval)

*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
†Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Adults Aged 18 Years and Older that Binge Drink, Tarrant County, 2020

Social Vulnerability Index (SVI)	
SVI 0.76 to 1.00	10.0
SVI 0.51 to 0.75	22.8
SVI 0.26 to 0.50	@
SVI 0.00 to 0.25	@
Age Group	
18 to 24	27.5
25 to 44	21.1
45 to 64	14.3
65+	3.1
Gender	
Female	12.4
Male	22.2

Race/Ethnicity	
Hispanic	21.2
Non-Hispanic Asian	19.2
Non-Hispanic Black	9.1
Non-Hispanic White	17.6
Other/Multiracial	@
City	
Arlington	17.8
Fort Worth	16.5

Annual Income	
<$25K	15.1
$25K to <$50K	20.5
$50K to <$75K	20.0
$75K+	22.5
Highest Education Level Completed	
< High School	@
High School or GED	16.8
Tech/Some College	20.1
College Degree	14.3

Binge drinking is defined as 5 or more drinks for males or 4 or more drinks for females on an occasion in past 30 days.
Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted.
@=number too small for stable rate
Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.

Percentage of Adults Aged 18 Years and Older that Drink Heavily, 2020

Tarrant County†	Texas ‡	United States ‡
5.6 (4.4 - 7.2)	6.5 (5.6 - 7.5)	6.6 (6.4 - 6.8)

Overall Weighted Percentage* (95% Confidence Interval)

*Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted (95% Confidence Interval).
†Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.
‡Data source: Centers for Disease Control and Prevention.

Percentage of Adults Aged 18 Years and Older that Drink Heavily, Tarrant County, 2020

Age Group	
18 to 24	7.1
25 to 44	5.8
45 to 64	6.4
65+	2.0
Gender	
Female	4.4
Male	6.9

Race/Ethnicity	
Hispanic	6.7
Non-Hispanic Asian	@
Non-Hispanic Black	@
Non-Hispanic White	6.7
Other/Multiracial	@
City	
Arlington	4.7
Fort Worth	4.7

Annual Income	
<$25K	@
$25K to <$50K	@
$50K to <$75K	4.8
$75K+	8.4
Highest Education Level Completed	
< High School	@
High School or GED	7.0
Tech/Some College	5.5
College Degree	4.5

Heavy alcohol consumption defined as more than one drink per day for women and more than two drinks per day for men during the past 30 days.
Estimates weighted to population characteristics and are among adults aged 18 years and older unless otherwise noted .
@=number too small for stable rate
Data source: Tarrant County Behavioral Risk Factor Surveillance System, 2020. Tarrant County Public Health.

Alcohol-Impaired Driving Injuries and Deaths - Tarrant County Motor Vehicle Collisions, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Overall Crashes	162,238	34,824	34,373	33,079	32,491	27,471
Overall Fatalities	881	168	182	169	172	190
Overall Injuries*	87,589	19,391	18,272	17,386	17,857	14,683

Data source: Texas Department of Transportation (TxDOT).

Alcohol-Impaired Driving Injuries and Deaths among Tarrant County Residents - Driving Under the Influence (DUI - Alcohol), 2016-2020

	2016-2020	2016	2017	2018	2019	2020
DUI Crashes	5%	5%	4%	5%	5%	5%
DUI Fatalities	23%	22%	19%	26%	23%	24%
DUI Injuries*	5%	5%	4%	4%	4%	5%

* Injuries = suspected serious injuries, non-incapacitating injuries, and possible injuries
Suspected Serious Injuries = any injury, other than a fatal injury, which prevents the injured person from walking, driving, or normally continuing activities done before the injury occurred
Non-Incapacitating Injuries = any injury, other than a fatal or suspected serious injury, which is evident to observers at the scene of the crash where the injury occurred
Possible Injuries = any injury reported or claimed which is not a fatal, suspected serious, or non-incapacitating injury
Proportions are based on the overall number of crashes, fatalities, and injuries.
Driving Under the Influence (DUI - Alcohol) = collision with a driver blood alcohol concentration (BAC) result > 0.00 or a contributing factor of "Had Been Drinking" or "Under the Influence of Alcohol." This only includes alcohol involvement, not drugs.
Data source: Texas Department of Transportation (TxDOT).

Alcohol-Induced Mortality Rate, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Tarrant County	8.9	8.2	7.6	9.1	9.0	10.5
Texas	8.6	7.6	7.9	7.8	8.7	10.7
United States	10.5	9.5	9.6	9.9	10.4	13.1

Rate per 100,000 population age-adjusted to the 2000 U.S. standard population
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Alcohol-Induced Mortality Rate, Tarrant County, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Age Group						
0 to 14	@	@	@	@	@	@
15 to 24	@	@	@	@	@	@
25 to 44	5.5	4.5	3.8	5.5	6.3	7.4
45 to 64	24.2	22.5	20.2	25.3	22.9	30.1
65+	15.6	15.2	16.3	14.9	17.2	14.6
Gender						
Female	5.2	5.1	3.7	5.3	5.8	5.9
Male	13.0	11.6	12.0	13.3	12.8	15.5
Race/Ethnicity						
Hispanic	8.1	8.3	7.2	9.8	8.2	7.3
Non-Hispanic Black	5.3	@	@	6.2	@	5.6
Non-Hispanic White	11.1	9.6	9.4	11.0	11.4	14.0
Other/Multiracial	@	@	@	@	@	@

Rate per 100,000 population age-adjusted to the 2000 U.S. standard population; Crude rate for age groups
@ = data are suppressed due to small sample size and unstable rates
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Fatal Drug Overdoses Rate, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Tarrant County	10.7	11.3	9.7	8.7	9.1	14.7
Texas	11.8	10.6	11.0	11.0	11.5	14.8
United States	23.6	20.8	22.8	21.8	22.8	29.5

Drug Induced Cause of Death: ICD-10 Codes X40-X44, X60-X64, X85, and Y10-Y14 ; Rate per 100,000 population age-adjusted to the 2000 U.S. standard population
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Fatal Drug Overdoses Rate, Tarrant County, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Age Group						
0 to 14	@	@	@	@	@	@
15 to 24	9.0	10.4	8.5	@	@	16.7
25 to 44	15.8	17.8	13.6	13.0	14.1	20.6
45 to 64	18.2	17.9	16.6	16.7	14.9	24.6
65+	@	@	@	@	@	@
Gender						
Female	7.1	7.9	5.8	6.3	5.9	9.4
Male	14.5	14.8	13.6	11.3	12.6	20.2
Race/Ethnicity						
Hispanic	5.4	6.1	3.6	3.7	5.1	8.3
Non-Hispanic Black	10.6	10.8	6.9	7.0	10.1	17.4
Non-Hispanic White	15.2	15.9	14.6	13.7	12.5	19.3
Other/Multiracial	2.8	@	@	@	@	@

Drug Induced Cause of Death: ICD-10 Codes X40-X44, X60-X64, X85, and Y10-Y14 ; Rate per 100,000 population age-adjusted to the 2000 U.S. standard population ; Crude rate for age groups
@ = data are suppressed due to small sample size and unstable rates ; NA = data not available for this metric
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Top Five Cause of Death Codes for Fatal Drug Overdoses, Tarrant County, 2016-2020

Cause of Death Code (Example)	N	%	Rate
X42 (e.g. cannabis (derivatives), cocaine, codeine, heroin, lysergide [LSD], methadone, morphine, opium (alkaloids), etc.)	404	36%	3.8
X44 (e.g. drugs acting on smooth and skeletal muscles or the respiratory, cardiovascular, or gastrointestinal systems, hormones, antibiotics, etc.)	378	33%	3.6
X41 (e.g. antidepressants, barbiturates, psychostimulants, tranquillizers, etc.)	171	15%	1.6
X64 (e.g. drugs acting on smooth and skeletal muscles or the respiratory, cardiovascular, or gastrointestinal systems, hormones, antibiotics, etc.)	66	6%	0.6
X61 (e.g. antidepressants, barbiturates, psychostimulants, tranquillizers, etc.)	26	2%	0.3

Drug Induced Cause of Death: ICD-10 Codes X40-X44 (Unintentional), X60-X64 (Suicide), X85 (Homicide), and Y10-Y14 (Undetermined) ; N = number of fatal drug overdoses
% = Proportion of drug induced underlying cause of death (n= 1,133) ; Rate per 100,000 population age-adjusted to the 2000 U.S. standard population
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Top Five Drug Types for Fatal Drug Overdoses, Tarrant County, 2016-2020

Drug Type Code (Example)	N	%	Rate
T50.9 (Other and unspecified drugs, medicaments, and biological substances)	469	41%	4.4
T43.6 (Psychostimulants with abuse potential such as methamphetamine, MDMA 'ecstasy,' and ADHD medications)	262	23%	2.5
T40.1 (Heroin)	239	21%	2.3
T40.5 (Cocaine)	239	21%	2.2
T40.4 (Other synthetic narcotics such as fentanyl, tramadol, buprenophine)	164	14%	1.6

T-Codes (T36-T50) are pulled from Multiple Cause of Death data that are stratified by Drug Induced Cause of Death; N = number of fatal drug overdoses
% = Proportion of drug induced underlying cause of death (n= 1,133) ; Rate per 100,000 population age-adjusted to the 2000 U.S. standard population
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

VIOLENCE, SOCIAL SUPPORT, AND COMMUNITY SAFETY

Violence can have a lasting negative impact on the members of the community, both physically and emotionally. To prevent violence, the community must engage in protective factors, such as social support that harbor a sense of belonging. A robust, diverse, and supportive community acts as a safety net in preventing adverse outcomes, such as poor mental health, incarceration, and acts of violence.[1] Ongoing community connectedness is essential in providing a safe environment for all.

Property Crime, 2014 and 2016

	Property Crimes, Annual Average	Property Crimes, Annual Rate (Per 100,000 Pop.)
Tarrant County	60,584	3,058.6
Texas	788,975	2,878.6
United States	7,915,583	2,466.1

Property crimes include burglary, larceny-theft, motor vehicle theft, and arson
Data source: Federal Bureau of Investigation. FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research, 2014 and 2016.

Violent Crime, 2015-2017

	Violent Crimes, 3 Year Total	Violent Crimes, Annual Rate (Per 100,000 Pop.)
Tarrant County	23,845	405.50
Texas	359,196	428.50
United States	4,579,031	416.00

Violent crime includes homicide, rape, robbery, and aggravated assault
Data source: Federal Bureau of Investigation. FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research, 2015-2017.

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1. Centers for Disease Control and Prevention. (2021 October 19). Community Violence Prevention. Violence Prevention, Injury Center. https://www.cdc.gov/violenceprevention/communityviolence/index.html

Total Number of Arrests (Regardless of Type of Crime) and Percentage by Demographic, Tarrant County, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Yearly Arrests (Total Number)	174,611	25,774	36,059	38,252	37,731	36,795
Age Group						
Adult (>16 years)	93%	92%	92%	93%	94%	95%
Juvenile (10-16 years)	7%	8%	8%	7%	6%	5%
Gender						
Female	27%	26%	26%	27%	28%	27%
Male	73%	74%	74%	73%	72%	73%
Race						
American Indian/Alaska Native	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%
Asian	1%	1%	1%	1%	1%	1%
Black/African American	37%	36%	38%	37%	37%	36%
Hawaiian/Pacific Islander	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%
White	61%	63%	60%	61%	61%	62%
Unknown	0.4%	0.5%	1%	0.5%	0.2%	0.4%
Ethnicity						
Hispanic/Latino	25%	26%	26%	25%	25%	23%
Not Hispanic/Latino	71%	73%	70%	70%	70%	72%
Unknown	4%	1%	5%	5%	5%	5%

Demographic categories based on data source and data collection methods; Some arrests were missing demographic information.
Data source: Texas Department of Public Safety.

Rate and Number of Offenses by Type of Crime, Tarrant County, 2016-2020

	2016-2020		2016		2017		2018		2019		2020	
Characteristic	Rate	# of Offenses	Rate	# of Offenses	Rate	# of Offenses	Rate	# of Offenses	Rate	# of Offenses	Rate	# of Offenses
Overall Crime												
Violent Crime	395.6	40,009	407.4	7,974	413.0	8,284	374.0	7,583	363.6	7,455	420.5	8,713
Property Crime	2,611.3	264,066	2,845.3	55,684	2,788.5	55,935	2,567.5	52,054	2,464.7	50,532	2,406.5	49,861
Violent Crime												
Murder	5.4	547	5.7	112	5.2	104	3.5	70	4.9	101	7.7	160
Rape	50.1	5,062	54.4	1,064	53.2	1,068	48.0	973	48.7	998	46.3	959
Robbery	92.5	9,356	107.0	2,095	111.8	2,242	88.7	1,799	82.4	1,690	73.8	1,530
Assault	247.7	25,044	240.3	4,703	242.8	4,870	233.8	4,741	227.6	4,666	292.7	6,064
Property Crime												
Burglary	398.3	40,279	505.9	9,901	461.9	9,265	387.4	7,855	343.1	7,035	300.3	6,223
Larceny	1,941.7	196,352	2,113.8	41,368	2,073.2	41,588	1,907.0	38,664	1,831.4	37,547	1,794.7	37,185
Auto Theft	271.3	27,435	225.6	4,415	253.3	5,082	273.0	5,535	290.2	5,950	311.4	6,453

Rate per 100,000 population
Data source: Texas Department of Public Safety.

Homicide Mortality Rate, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Tarrant County	5.9	5.5	6.1	4.2	5.4	8.1
Texas	6.2	6.0	5.8	5.4	5.9	7.6
United States	6.4	6.2	6.2	5.9	6.0	7.8

Homicide Mortality Rate, Tarrant County, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Age Group						
0 to 14	1.5	@	@	@	@	@
15 to 24	12.2	12.2	12.8	@	12.4	17.3
25 to 44	9.1	8.2	10.4	8.0	6.6	12.3
45 to 64	4.2	4.4	4.0	@	4.1	6.2
65+	2.4	@	@	@	@	@
Gender						
Female	2.7	3.0	2.8	@	2.5	3.7
Male	9.1	8.1	9.4	6.9	8.4	12.6
Race/Ethnicity						
Hispanic	4.8	6.1	4.8	3.8	3.4	6.0
Non-Hispanic Black	14.5	9.8	15.6	11.3	14.5	20.6
Non-Hispanic White	3.5	3.7	3.8	@	3.4	4.8
Other/Multiracial	3.0	@	@	@	@	@

Homicides include all mechanisms; Rate per 100,000 population age-adjusted to the 2000 U.S. standard population; Crude rate for age groups
@ = data are suppressed due to small sample size and unstable rates
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Firearm-Related Mortality Rate, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Tarrant County	12.5	12.2	12.2	11.8	11.5	14.6
Texas	12.7	12.1	12.4	12.2	12.7	14.2
United States	12.2	11.8	12.0	11.9	11.9	13.6

Firearm-Related Mortality Rate, Tarrant County, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
Age Group						
0 to 14	1.2	@	@	@	@	@
15 to 24	20.9	19.1	20.9	15.0	20.0	29.2
25 to 44	16.0	14.3	17.9	16.4	11.6	20.0
45 to 64	13.0	12.7	11.7	15.3	12.5	12.7
65+	13.3	19.8	9.7	11.1	16.4	10.2
Gender						
Female	3.6	3.8	3.0	3.2	3.5	4.2
Male	22.0	21.6	21.8	21.1	20.4	25.5
Race/Ethnicity						
Hispanic	6.9	8.2	7.4	5.8	5.2	7.9
Non-Hispanic Black	15.8	11.7	18.0	12.0	15.6	21.3
Non-Hispanic White	14.1	13.2	13.4	14.3	13.6	16.3
Other/Multiracial	6.6	@	@	@	@	@

Firearm-related deaths include all intents Rate per 100,000 population age-adjusted to the 2000 U.S. standard population; Crude rate for age groups
@ = data are suppressed due to small sample size and unstable rates
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Firearm-Related Mortality Rate by Intent, Tarrant County, 2016-2020

	2016-2020	2016	2017	2018	2019	2020
All	12.5	12.2	12.2	11.8	11.5	14.6
Suicide	7.6	7.8	7.0	8.3	7.3	7.8
Homicide	4.5	4.0	4.9	3.2	3.9	6.5
Unintentional	@	@	@	@	@	@

Rate per 100,000 population age-adjusted to the 2000 U.S. standard population: @ = data are suppressed due to small sample size and unstable rates
Data source: Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death on CDC WONDER Online Database.

Juvenile Arrests, 2016-2019

	2016	2017	2018	2019
Tarrant County	1,373.7	1,568.3	1,504.1	1,596.6
Texas	1,767.8	1,726.3	1,701.2	1,708.5
United States	2,578.5	2,487.3	2,329.3	2,266.8

The number of delinquency cases formally processed in juvenile court (petitioned) and the number of delinquency cases informally handled (non-petitioned) for individuals aged 0 years to the upper age of jurisdiction for a juvenile court divided by the total population aged 10 years to upper age of jurisdiction; The upper age in which a juvenile court has jurisdiction is 17 for all states except for New York and North Carolina (15 years) and Georgia, Missouri, Texas, and Wisconsin (16 years).
NOTE: The numerator is cases and not offenders as a juvenile could have multiple delinquency violations.
Data source: Texas Health Care Information Collection. Texas Department of State Health Services. Easy Access to Juvenile Court Statistics (EZAJCS).

Social Associations

	2016	2017	2018	2019
Tarrant County	7.0	6.9	6.8	6.9
Texas	7.6	7.6	7.5	7.5

Social associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.
Data Source: County Business Patterns. U.S. Census Bureau.

Residential Segregation, 2016-2020

	Index
Tarrant County†	34
Texas	38

The residential segregation index ranges from 0 (complete integration) to 100 (complete segregation). The index score can be interpreted as the percentage of either non-white or white residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area.
Data source: County Health Rankings & Roadmaps. University of Wisconsin Population Health Institute.

Texas Human Trafficking Cases Reported to the National Human Trafficking Hotline, 2016-2020

	2016	2017	2018	2019	2020
Total Texas Cases Reported	682	812	1,001	1,088	987
Types Of Human Trafficking					
Sex Trafficking	482	563	724	810	739
Labor Trafficking	121	154	116	112	116
Both	32	52	87	57	56
Not Specified	47	43	74	109	76
Age Group					
Minor	228	252	224	262	216
Adult	445	517	476	678	659
Missing/Unknown	9	43	301	148	112
Gender					
Female	558	680	662	939	824
Male	100	124	120	118	131
Gender Minorities (LGBTQ+)	9	6	6	3	4
Missing/Unknown	15	2	213	28	28
Citizenship Status					
U.S. Citizen	190	180	164	116	71
Foreign National	189	197	145	173	145
Missing/Unknown	303	435	692	799	771

Data from the hotline are non-cumulative. Cases may involve multiple victims and include males and females, foreign nationals and U.S. citizens, adults and minors. Callers may not provide demographic information.
Data source: National Human Trafficking Hotline.

Patients Identified as Possible Human Trafficking Victims, JPS Health Network, 2019-2020

	2019	2020
Total Patients Identified	345	276
Age Group		
0 to 14	2	0
15 to 17	9	5
18 to 24	66	55
25 to 44	188	145
45 to 64	72	67
65+	8	4
Gender		
Female	315	249
Male	30	27

JPS Health Network patients were screened and identified as possible victims of human trafficking; Some duplication can occur due to screening at various levels of care at JPS Health Network.
Data source: JPS Health Network. Fort Worth, TX.

Intimate Partner Violence Mortality among Females, 2016-2020

Rate	345
Tarrant County	1.1
Texas	1.1

Rate per 100,000 population
Data source: Texas Council on Family Violence - Fatality Reports.

Percentage of Selected Characteristics among Female Intimate Partner Violence Fatalities, Tarrant County, 2016-2020

Victim Age Group	
0 to 17	0%
18 to 24	12%
25 to 34	26%
35 to 44	28%
45 to 64	29%
65+	5%
Victim Relationship Status	
Dating	2%
Girlfriend	29%
Ex-Girlfriend	17%
Wife	40%
Wife (Separated)	7%
Ex-Wife	5%

Mechanism of Homicide	
Assaulted	10%
Cut Throat	2%
Drowned	2%
Firearm	59%
Stabbed	10%
Strangled	10%
Strangled and Sexually Assaulted	3%
Vehicle	3%
Time of Death (Season)	
Winter	16%
Spring	45%
Summer	21%
Fall	19%

Data source: Texas Council on Family Violence - Fatality Reports.

Number of Intimate Partner Violence Contacts to the National Domestic Violence Hotline, Texas, 2015-2019

	2015-2019	2015	2016	2017	2018	2019
Total Texas Contacts	91,423	17,774	17,251	17,394	19,836	19,168

Contacts are calls and online chats, where a geographic location was self-disclosed by the caller/chatter.
Data source: National Domestic Violence Hotline.

Safety - Tarrant County

This child is safe at school.

Definitely Agree	68%
Somewhat Agree	28%
Somewhat Disagree	3%
Definitely Disagree	1%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

How often is ammunition stored separately from guns (0 to 17)?

Always	82%
Usually	5%
Sometimes	4%
Never	9%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

How often are cleaning products in your home locked-up (0 to 5 years old)?

Always	76%
Usually	11%
Sometimes	6%
Never	7%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

How often are guns in your home stored in a locked area (0 to 17 years old)?

Always	81%
Usually	4%
Sometimes	3%
Never	12%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

How often does your child ride in a car seat, booster, or seat belt?

Always	81%
Usually	3%
Sometimes	2%
Never	14%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

How often are medications in your home locked-up (0 to 5 years old)?

Always	81%
Usually	8%
Sometimes	4%
Never	7%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

Safety - Tarrant County

How often is your child within reach of an adult during bath time (0 to 5 years old)?

Always	90%
Usually	6%
Sometimes	3%
Never	2%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

How often is your child wearing a life jacket around water or pools (6 to 17 years old)?

Always	21%
Usually	11%
Sometimes	35%
Never	33%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

This child is safe in our neighborhood.

Definitely Agree	61%
Somewhat Agree	32%
Somewhat Disagree	5%
Definitely Disagree	2%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

How often is your child within reach of an adult when swimming (0 to 5 years old)?

Always	95%
Usually	3%
Sometimes	1%
Never	2%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

How often is your child supervised when around water or pools (6 to 17 years old)?

Always	75%
Usually	14%
Sometimes	8%
Never	3%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

Child's Health - Tarrant County

During the past 12 months, about how many days of school did this child miss due to injury (6-17 years old)?

No Missed Days	92%
1 – 3 Days	7%
4 – 6 Days	1%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

Emotional/Mental Health - Tarrant County

How often does this child bully, pick on, or exclude other children?

Always	<1%
Usually	1%
Sometimes	13%
Never	86%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

Healthcare - Tarrant County

During the past 12 months, did this child see a doctor, nurse, or healthcare professional to receive care for an accidental injury that required emergency medical attention?

No	90%
Yes	10%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

How often does this child get bullied, picked on, or excluded by other children?

Always	1%
Usually	4%
Sometime	32%
Never	63%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

Family/Caregiver (ACES) - Tarrant County

To the best of your knowledge, has the child EVER lived with anyone who had a problem with alcohol or drugs?

Yes	8%
No	92%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

To the best of your knowledge, has the child EVER seen or heard parents or adults slap, hit, kick, or punch one another in the home?

Yes	5%
No	95%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

To the best of your knowledge, has the child EVER lived with anyone who was mentally ill, suicidal, or severely depressed?

Yes	10%
No	91%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

To the best of your knowledge, was the child EVER a victim of violence or witnessed violence in his or her neighborhood?

Yes	3%
No	97%

Data source: Cook Children's Community Health Needs Assessment Parent Survey, 2021.

Appendix A: Health Equity Assessment
Background, Methodology, Limitations, and Recommendations

Background

According to the World Health Organization, health inequities are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age.[1] Health inequities can be reduced through holistic approaches involving government policies and collaborative health interventions and programs. Healthy People 2030 defines health equity as "the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."[2] Historically, TCPH has worked strategically to improve health equity and eliminate health disparities in Tarrant County. This work is addressed primarily by the Community Health Equity and Inclusion (CHEI) Division.

As a project of the CDC COVID-19 Disparities Grant, TCPH established the Tarrant County Unity Council (TCUC) in February 2022 to advance health equity efforts across Tarrant County and impact sustainable change for our most vulnerable populations. TCUC is a multi-sector council dedicated to addressing gaps that perpetuate health inequities and health disparities that were amplified by the COVID-19 pandemic. The council was comprised of over one hundred community partners and stakeholders, comprising of faith-based organizations, educational institutions, community organizations, city government, medical institutions, and many others working collaboratively to develop and implement a comprehensive equity plan for Tarrant County.

In order to best inform the comprehensive equity plan and the Tarrant County Community Health Assessment (CHA), it was important to conduct a health equity assessment to identify health disparities, barriers, social determinants of health inequities, the needs of those who are disproportionately affected, underserved, and the most vulnerable in our community. The assessment was conducted between July 2022 to January 2023 through community surveys and community listening sessions in 14 Health Equity Zones (HEZs), where disparities and inequities exist in Tarrant County. HEZs are community-led collaboratives in geographically-based areas where people live, learn, work, play, and worship to develop and sustain innovative health equity approaches to address significant health

1. World Health Organization. (2023). *Health inequities and their causes.* https://www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes#:~:text=Health%20inequities%20are%20differences%20in,WHO%2FC.

2. *Healthy People 2030.* Health Equity in Healthy People 2030, https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030

challenges.[3] There are several HEZs throughout the nation that aim to build healthy and resilient communities, such as the following:

- **State of Rhode Island Department of Health's HEZ Initiative** created the novel concept in 2015 and is a "health equity-centered approach to prevention work that leverages place-based, community-led solutions to address the social determinants of health."[4] Similar to the TCPH HEZs, Rhode Island's Initiative engaged "residents to join and lead broader efforts to eliminate barriers like poverty and repair injustices in systems such as education, health, criminal justice, and transportation."[5]

- **Washington State Department of Health's HEZ Initiative** was established in 2021 in accordance with Senate Bill 5052 "to address significant health disparities identified by health outcome data"[6] through "community-driven solutions to local health inequities."[7]

- **Williamson County (TX) HEZs** are "census tract areas in the county that tend to have higher than average health risks and burdens."[8]

- **Tri-County Community Action Agency HEZ Program** was developed "to address the social determinants of health and to help remove barriers to achieving a healthy lifestyle… [The program] seeks to create healthier, more inclusive and connected communities through community listening and engagement, advocacy, and responsive programming."[9]

- **Healthy Chicago Equity Zones Initiative** implements "hyper-local strategies to confront the social and environmental factors that contribute to health and racial inequity – with the ultimate goal of closing Chicago's racial life expectancy gap."[10]

3. National Resource Center for Refugees, Immigrants, and Migrants. (2023). Health Equity Zones, https://nrcrim.org/health-equity-zones

4. State of Rhode Island Department of Health. (2023). Health Equity Zones (HEZ) Initiative, https://health.ri.gov/programs/detail.php?pgm_id=1108

5. State of Rhode Island Department of Health, Health Equity Zones (HEZ) Initiative Fact Sheet, https://health.ri.gov/publications/factsheets/RisHealthEquityZones.pdf

6. Washington State Legislature, SB 5052 – 2021-22 Concerning the Creation of Health Equity Zones, https://lawfilesext.leg.wa.gov/biennium/2021-22/Pdf/Bills/Senate%20Passed%20Legislature/5052-S2.PL.pdf?q=20230213092727

7. Washington State Department of Health, Health Equity Zone (HEZ) Initiative, https://doh.wa.gov/community-and-environment/health-equity/health-equity-zones

8. Health Williamson County, Williamson County Health Equity Zones, https://www.healthywilliamsoncounty.org/tiles/index/display?id=189505412342358036

9. Tri-County Community Action Agency, Health Equity Zone, https://www.tricountyri.org/services/health-equity-zone/

10. City of Chicago. Health Chicago Equity Zones, https://www.chicago.gov/city/en/sites/covid-19/home/healthy-chicago-equity-zones.html#:~:text=The%20Healthy%20Chicago%20Equity%20Zones,Chicago's%20racial%20life%20expectancy%20gap

The identified HEZs were ZIP Codes with a high social vulnerability index (SVI), high rates of COVID-19 infection, and low vaccination rates. According to the CDC/ATSDR, the SVI refers to "the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss."[11] A total of 14 HEZs were identified across Tarrant County. According to the SVI, HEZs 1-9 had a higher rate of disadvantaged and underserved communities than HEZs 10-14. The process for both will be described and highlights of the findings will be shared. More details can be viewed in Appendices B and C.

Through the collaborative efforts with the University of North Texas Health Science Center's CEAL (Community-Engagement Research Alliance Against COVID-19 in Disproportionately Affected Communities) Project and TCPH COVID-19 Vaccination Brief Survey conducted during October 2020, TCPH initially identified four social determinants of health (SDOH) that were adversely impacted by the COVID-19 pandemic, including health, housing, transportation, and communication. These findings were shared with the TCUC. The members then identified two additional areas to be researched, including education and criminal justice/policing. These areas were added following the TCUC members being surveyed to determine additional areas of need according to the populations that they serve. Therefore, committees for those focal areas were established and the TCUC members provided expert information to assist with the development of the equity indicators for the comprehensive county-wide equity plan.

11. Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry. (2022). CDC/ATSDR Social Vulnerability Index, https://www.atsdr.cdc.gov/placeandhealth/svi/index.html
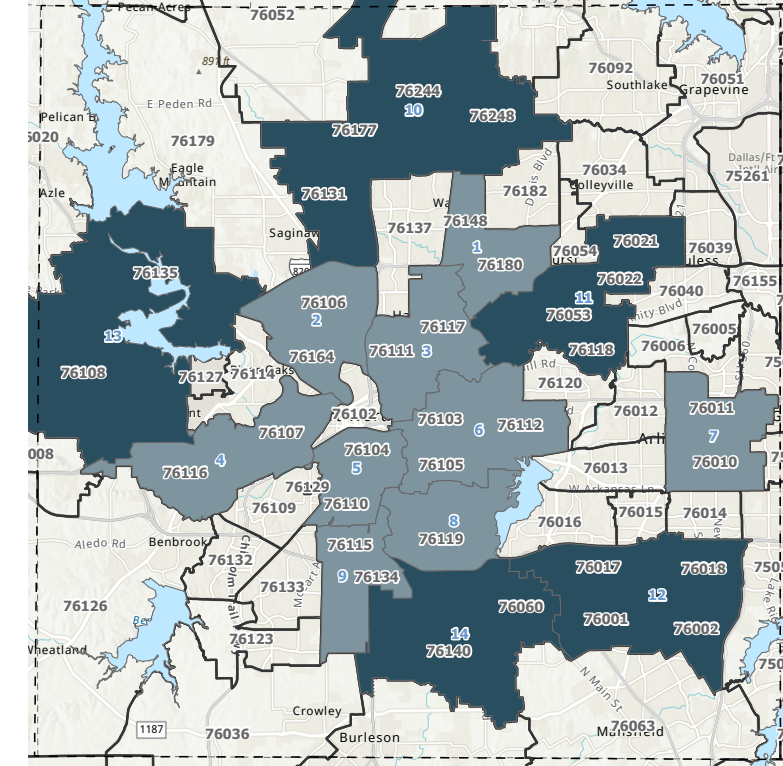
Methodology

To complete the health equity assessment, a total of six SDOH were explored to assess the need for the development of equity indicators. According to the Institute of State and Local Governance, equity indicators help local government to "measure equality or equity in [the communities they serve]… It works across multiple areas (e.g., education, housing, justice) and measures the disparities faced by disadvantaged groups (those most vulnerable to inequity, such as racial and ethnic minorities, immigrants, or individuals living in poverty) across those domains on a regular basis, tracking change over time."[12]

Therefore, committees for those focal areas were established and the TCUC members provided additional information to assist with the development of the equity indicators for the comprehensive county-wide equity plan. Five TCUC Committees were established. There was one for each focal area, with the exception of communication and education, which were combined. Each committee met monthly for eight months between March 2022 to October 2022 to identify equity indicators and answer the question: What is the nature of the health disparities and inequities experienced by Tarrant County community members? The solution was to develop, implement, and analyze culturally appropriate approaches to increase knowledge and understanding of these disparities and inequities, as well as to provide actionable and equitable strategies to reduce them. These equitable strategies will be incorporated into the comprehensive county-wide equity plan.

A total of 14 HEZs were identified, with nine identified between March 2022 to June 2022 for the comprehensive county-wide equity plan and an additional five were identified between November 2022 to December 2022 for inclusion in the Tarrant County CHA (see list and map below). The initial nine HEZs were comprised of ZIP Codes that included a high SVI, high COVID-19 infection rate, and low COVID-19 vaccination rate. The additional five HEZs were identified to provide a more comprehensive view of perspectives across Tarrant County.

- **HEZ 1: 76148, 76180**
- **HEZ 2: 76106, 76164**
- **HEZ 3: 76111, 76117**
- **HEZ 4: 76107, 76116**
- **HEZ 5: 76104, 76110**
- **HEZ 6: 76103, 76105, 76112**
- **HEZ 7: 76010, 76011**
- **HEZ 8: 76119**
- **HEZ 9: 76115, 76134**
- **HEZ 10: 76131, 76177, 76244, 76248**
- **HEZ 11: 76021, 76022, 76053, 76118**
- **HEZ 12: 76017, 76018, 76001, 76002**
- **HEZ 13: 76108, 76135**
- **HEZ 14: 76140, 76060**

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12. Institute for State and Local Governance. (2023). Equity Indicators, https://equityindicators.org/#:~:text=Equity%20Indicators%20%E2%80%93%20Institute%20for%20 State,or%20equity%20in%20their%20city

Health Equity Zones

High COVID-19 Rate, High SVI Disparities, and Low COVID-19 Vaccination Rate

Additional Areas of Interest

Tarrant Lakes

2020 ZCTA

TC_Boundary

Data source: Community Health Equity and Inclusion Division, Tarrant County Public Health, 2022. 2020 ZCTA, 2020 Decennial Census, US Census Bureau.

To collect data on the six focal areas identified by the TCUC, a community survey was developed and offered in English and Spanish. Survey questions were divided into six sections: health, housing, transportation, communication, education, and criminal justice/policing. Criteria for participating included individuals who live, work, play, learn, and worship within the 14 identified HEZs. The survey was open to all ages, genders, race/ethnicities, and educational levels.

Survey Distribution

From July 2022 to January 2023, the English and Spanish community surveys were emailed to the TCUC members and 28 members of TCPH Extended Leadership Team for distribution. In addition, CHEI staff distributed 1,800 English and 900 Spanish surveys via paper copies and use of QR codes. Surveys were distributed at 13 community events, 10 Women Infant and Children Clinics, the North Central Texas Laboratory, and the TCPH Tuberculosis Clinic, Immunization Clinic, Travel Health Clinic, Adult Health Services, and Preventative Medicine Clinic. A total of 832 surveys were collected using SurveyMonkey to collect and analyze the data.

Community Listening Sessions

In order to ensure that the lived experiences of the community members were being heard, community members who lived, worked, played, or worshiped in the HEZs were recruited to participate in community listening sessions between July 2022 to January 2023. CHEI staff canvassed the HEZs and distributed promotional flyers to community members and local businesses. A total of 15 2-hour community listening sessions were scheduled, with 11 being held. The community listening sessions were held at the following locations:

1. HEZ 2 - Northside Inter-Community Agency
2. HEZ 2 - United Wesley Center
3. HEZ 4 - Las Vegas Trail RISE (LVT RISE) Community Center
4. HEZ 5 - New Mount Rose Missionary Baptist Church
5. HEZ 5 - One Safe Place
6. HEZ 6 - The Potter's House of Fort Worth
7. HEZ 6 - Texas Wesleyan University
8. HEZ 6 - Carter Park Elementary School
9. HEZ 8 - Eugene McCray Community Center (2 sessions conducted on different dates - senior group and other community members)
10. HEZ 9 - Southwest Sub courthouse
11. HEZ 10 - Keller Senior Center

An additional session was held in which the same community listening session questions were answered on paper by participants at a community event, as the community survey questions were not available at that time. A total of 183 people participated in the sessions. A total of 18 questions were developed, three for each focus area to allow for a deeper dive into that issue. The questions were determined by the community survey questions, which were based on the initial equity indicators developed by the six TCUC Committees. Facilitation of each session included use of a script, recording of the session using a recording device, and notetakers. The facilitation script was developed for the CHEI staff to ensure the process was followed properly. Ten of eleven sessions were recorded. Nine out of ten recordings were transcribed manually, comments where typed verbatim, and uploaded into a secure file and made available to designated CHEI staff to begin quasi-qualitative analysis process, which includes the counting and rank order codes, coding common statements, and identifying themes.

Analysis occurred in three phases. In Phase I, the CHEI staff were placed into groups of two and assigned specific questions under one of the six focus areas across all of the sessions to analyze individually. In Phase II, the groups of two discussed what each person identified and came to a consensus about potential themes, then went back to review the responses again and group them

accordingly. In Phase III, the entire CHEI team came together to discuss what each group found and gain consensus with the larger group regarding themes. Once that was completed, then the previous groups of two went back to review and group community responses based on larger group's consensus to establish, which themes were of higher priority.

Limitations

Although the community surveys and community listening sessions provided invaluable information, a few limitations were encountered during the research process.

Community Listening Sessions

There were several limitations experienced in attempt to successfully host community listening sessions throughout the HEZs, as well as in data management and analyzing. A main limitation would be the presence of COVID-19, which affected some community members' willingness to participate in a public event. Due to unexpected delays in promotion of the community listening sessions, some of the sessions were promoted in a shorter amount of time than planned. There were also organizational challenges with the reservation process for identified community listening session locations, which resulted in the rescheduling of three sessions. The addition of the five HEZs later in the assessment process, in conjunction with the holiday season, created a challenge to schedule and promote listening sessions before the end of the first phase of data collection per the grant performance measures. There were no community listening sessions conducted in HEZ 1, 3, 7, 11-14 even though sessions were scheduled.

Community Survey

The sample size was a factor, as a larger sample may have resulted in a more comprehensive data analysis. COVID-19 made it challenging to identify community events to distribute the community survey and locations to hold community listening sessions although TCUC members provided information about events and access to their locations for the listening sessions. A low number of surveys were completed in HEZ 1, 3, 5, and 11. The community survey was unable to be provided in Vietnamese although it is a primary language of Tarrant County.

In addition, several questions were skipped or not answered by community members without available explanations. This could be further explored by carrying out additional listening sessions or focus groups to understand why those responses were skipped. More women than men completed the survey. This may be attributed to men not being as proactive in health-related matters and, thereby, increasing inequities in their health outcomes.

Recommendations

Based on the similarity or alignment of data from community listening sessions and the community survey, below are some suggested recommendations.

• **Health:** Access to free or affordable transportation service that would help any resident in need get to their appointments or other medical needs. Programs in the community to support physical and holistic health. Focus on the cost and quality of care provided at local hospitals, pharmacies, and clinics.[13,14,15,16]

• **Transportation:** Many people utilize their personal vehicles to get to essential services that typically take between 11 and 20 minutes. To decrease the time that it takes to access essential services, increase the number of pop-up clinics and mobile farmer's markets in communities, while permanent services are being built in the community. To increase education about affordable modes of transportation, provide Trinity Metro's Travel Training program to inform the community on how to best utilize the public transit system in Fort Worth, including ZIPZONE for use across the county.[17,18]

• **Communication:** Ensure that disseminated information is provided in combination of digital or electronic formats. Create engaging forums or meetings that promote two-way communication between community members and city and local government in order for community members to voice their concerns and receive feedback in real time.[19,20]

• **Housing:** Many people rent their homes and would have an inability to pay rent or mortgage if something unexpected occurred. To help those communities that are disproportionately impacted become more financially stable while working toward owning their homes, provide educational classes on financial literacy, homeownership counseling, and predatory rent-to-own loans.[21,22,23]

• **Criminal Justice and Policing:** Although there is confidence in the police to keep communities safe, activities should involve more engagement with the community other than patrolling to strengthen and maintain community trust. Police should increase community engagement to build positive connections, provide educational information, empower community members, and sustain a safe environment by participating in non-enforcement activities, including: individual or team volunteering, Breakfast with a Kid, Reading with an Officer, Senior Citizen Center or Care Center Visitation, Neighborhood Watch, Crime Watch Programs, Business Watch Programs, National Night Out Against Crime, Chamber of Commerce and other Community Meetings, Police Athletic League, Community Councils or Boards, and Church, Synagogue, or Mosque Visitation.[24,25]

• **Education:** Increase existing or identify new funding for community-based learning programs that already exist in the community. Establish new community-based learning opportunities to ensure that the education of the community is provided by other methods and/or organizations to spread the responsibility to others and not only within the school districts.[26,27,28]

13. Texas Health and Human Services. (2023). Medical Transportation Program, https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/medical-transportation-program

14. PCMag. (2021). Lyft Pass for Healthcare Offers Free Rides to Medical Appointments, https://www.pcmag.com/news/lyft-pass-for-healthcare-starts-offering-free-medical-ride

15. Community Commons. (2023). Promoting Holistic Wellness among Community Residents, https://www.communitycommons.org/collections/Promoting-Holistic-Wellness-among-Community-Residents

16. Agency for Healthcare Research and Quality. (2020). Quality Improvement in Primary Care, https://www.ahrq.gov/research/findings/factsheets/quality/qipc/index.html

17. International Journal of Integrated Care. (2022). Child health pop-up clinics: increasing access and equity to child health services for children and families living in communities experiencing vulnerabilities, https://www.ijic.org/articles/abstract/10.5334/ijic.s4086/

18. BMC Public Health. (2022). United for health to improve urban food environments across five underserved communities: a cross-sector coalition approach, https://bmcpublichealth.biomedcentral.com/counter/pdf/10.1186/s12889-022-13245-2.pdf

19. The Honors College at the University of Maine. (2016). Analyzing Government-Resident Communication Methods in the City of Bangor, https://digitalcommons.library.umaine.edu/honors/258

20. Pew Research Center. (2021). More than Eight-in-Ten Americans Get News from Digital Devices, https://pewrsr.ch/2MZqns7

21. National Association of Realtors. (2022). Racial Disparities in Homeownership Rates, https://www.nar.realtor/blogs/economists-outlook/racial-disparities-in-homeownership-rates

22. Consumer Financial Protection Bureau (2012). High-Cost Mortgage and Homeownership Counseling Amendments to the Truth in Lending Act (Regulation Z) and Homeownership Counseling Amendments to the Real Estate Settlement Procedures Act (Regulation X), https://www.consumerfinance.gov/rules-policy/final-rules/high-cost-mortgage-and-homeownership-counseling-amendments-truth-lending-act-regulation-z-and-homeownership-counseling-amendments-real-estate-settlement-procedures-act-regulation-x/

23. Federal Deposit Insurance Corporation. (September 2015). FDIC Consumer Compliance Examination Manual: V. Lending – Homeownership Counseling Act, https://www.fdic.gov/resources/supervision-and-examinations/consumer-compliance-examination-manual/documents/5/v-4-1.pdf

24. LAW Publications. (2021). 8 Easy Ways Your Officers Can Engage Your Community, https://www.lawpublications.net/post/8-easy-ways-your-officers-can-engage-your-community

25. U.S. Department of Justice. COPS Office. (June 2015). Ready, Set, Engage! Ideas and Options for Community Engagement and Partnership Building. Community Policing, Dispatch.https://cops.usdoj.gov/html/dispatch/06-2015/community_engagement_and_partnership_building.asp

26. U.S. Department of Education. (2023). U.S. Department of Education Announces $63 Million to Expand Community Schools and Increase Social, Emotional, Mental Health, and Academic Support for Students, Educators, and Families, https://www.ed.gov/news/press-releases/us-department-education-announces-63-million-expand-community-schools-and-increase-social-emotional-mental-health-and-academic-support-students-educators-and-families

27. National Center on Safe Supportive Learning Environments (2023). Family-School-Community Partnerships, https://safesupportivelearning.ed.gov/training-technical-assistance/education-level/early-learning/family-school-community-partnerships

28. Help Kids Recover. (2022). Partnerships in Action: Examples of Collaboration with Afterschool & Summer Program Providers, https://www.helpkidsrecover.org/experts-examples/examples-of-collaboration-with-community-based-afterschool-summer-programs-to-support-students/

Conclusion

Community members want better health services, healthier/safer communities, and improved quality of life and they are willing to advocate for better health outcomes. Tarrant County vulnerable communities are experiencing barriers and health disparities in health outcomes, transportation, housing, and quality education. A holistic approach encompassing health equity in all policies, public health programs, collaborations with community organizations, including but not limited to, public and private sectors, are highly encouraged for an equitable outcome. Identified barriers to health, such as financial difficulties, dependable transportation, and medical provider mistrust will be addressed in the upcoming comprehensive Tarrant County Equity Plan. Health departments are encouraged to increase their presence in community events to build trust with community members.

The Health Equity Assessment provided new insight, as a deeper look into the barriers, health disparities and social determinants of health inequities experienced by the disadvantaged and vulnerable populations in Tarrant County. Trust was built, relationships were strengthened, and new collaborations were created. Lessons learned will be applied to future community surveys and community listening sessions, as TCPH continues to work diligently and collaboratively to meet the needs of those we serve.

Appendix B: Tarrant County Unity Council
Community Survey Data Analysis and Findings

The following will provide details of the data analysis and findings from the community survey conducted between July 2022 to January 2023 across the 14 Health Equity Zones (HEZs), where disparities and inequities exist in Tarrant County. To review the background, methodology, limitations, and recommendations, see Appendix A.

Demographic Data

A total of 832 survey participants completed the community survey, but not all questions were answered by each participant. However, participants provided multiple responses to some survey questions. Table 1 shows that there were notable gender differences, as 90.5% identified as female, 8.1% male, and 0.6% nonbinary. Community survey participants ranged in age from less than 18 years to 65 years and older. The largest proportion of the survey participants were aged 28-45 years (48.1%) and 18-27 years old (41.7%). The lowest age groups were 0-17 years old (2.4%) and 65 years old and over (1.7%).

Most of the participants identified as White/Caucasian (40.7%) and Black/African American (32.1%), while only 5.8% identified as Asian and 2.3% identified as Native American/American Indian. There was not a huge difference in participants' ethnicity, with 48.4% identifying as Non-Hispanic and 48.3% as Hispanic.

The highest level of education completed by most participants was a high school diploma or G.E.D. (56.1%) followed by a Bachelor's degree (13.7%) and less than a high school diploma (11.4%). The highest level of education completed by the least number of participants was a Doctorate degree (0.7%), Although 7.9% of the participants completed a Trade School or Vocational Training, 9.9% have completed some form of education, including an Associate degree, Junior College, in college towards a Bachelor's degree, and Technical career in Cosmetology and Massage Therapy.

The majority of participants (82.2%) preferred to communicate in English followed by Spanish (20.7%), with the least preferred languages were Vietnamese (0.5%) and Arabic (0.6%). Other languages preferred for communication (1.0%) include Bengali, Burmese, Dari, French, Ki, Nepali, and Somali. The English Language Proficiency for the participants were high in regard to their ability to read (89.4%), write (85.7%), and speak (86.5%) in English. However, 6.3% of the participants indicated an ability to understand very little English, don't know if they are able to write or speak in English, or speak only Spanish.

Table 1. Community Survey Demographic Data

Characteristics	N	Percentage
Gender		
Female	753	90.5
Male	67	8.1
Other	5	0.6
Prefer not to answer	6	0.7
Skipped	4	0.5
Age		
0 – 17 years old	20	2.4
18 – 27 years old	347	41.7
28 – 45 years old	400	48.1
46 – 64 years old	49	5.8
65+ years old	14	1.7
Choose not to answer	1	0.1
Skipped	2	0.2
Race		
White/Caucasian	339	40.7
Black/African American	267	32.1
Native American/American Indian	19	2.3
Asian/Pacific Islander	48	5.8
Other (please specify)	156	18.8
Skipped	36	4.3
Ethnicity		
Hispanic	402	48.3
Non-Hispanic	403	48.4
Skipped	27	3.2

Characteristics	N	Percentage
Education		
< High School	95	11.4
High School or G.E.D.	467	56.1
Trade School/ Vocational Training	66	7.9
Bachelor's degree	114	13.7
Master's degree	41	4.9
Doctorate	6	0.7
Other	82	9.9
Skipped	17	2.0
Preferred Language		
English	684	82.2
Spanish	172	20.7
Vietnamese	4	0.5
Arabic	5	0.6
Other	9	1.1
Skipped	11	1.3
English Language Proficiency		
Read	744	89.4
Write	713	85.7
Speak	720	86.5
Other	52	6.3
Skipped	33	4.0

Participants' ages ranged from > 18 to 65 and over.
Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

Out of 832 survey participants, 781 provided their ZIP Code information and 50 participants did not provide a response. There are 14 Health Equity Zones (HEZs) comprised of a total of 34 ZIP Codes within Tarrant County. The HEZs were determined by a high social vulnerability index (SVI), high rate of COVID-19 infection, low COVID-19 vaccine rate. Table 2 provides a comprehensive list of survey participants' ZIP Code by HEZ and the total number of surveys completed in each HEZ.

Table 2. Community Survey Participant ZIP Code by Health Equity Zone

Health Equity Zone	ZIP Code	Frequency
Zone 1	76148	1
	76180	2
Zone 2	76106	42
	76164	8
Zone 3	76111	7
	76117	5
Zone 4	76107	10
	76116	12
Zone 5	76104	15
	76110	6
Zone 6	76103	4
	76105	22
	76112	40
Zone 7	76010	27
	76011	29
Zone 8	76119	28

Health Equity Zone	ZIP Code	Frequency
Zone 9	76115	8
	76134	18
Zone 10	76131	12
	76177	3
	76244	3
	76248	2
Zone 11	76021	1
	76022	1
	76053	2
	76118	0
Zone 12	76001	9
	76002	13
	76017	19
	76018	12
Zone 13	76108	9
	76135	18
Zone 14	76060	4
	76140	31

Community Survey Findings

Do you trust your healthcare provider? Why, or why not?
Out of 832 survey participants, 788 participants responded to this question. Out of those responses, 739 participants (88.8%) trust their healthcare providers and 53 (6.4%) do not trust their healthcare provider, as shown in Table 3.

Table 3. Survey Participants' Level of Trust for Healthcare Providers

Responses	Number of Participants	Percentage of Participants
Yes	739	88.8%
No	53	6.4%
Other	245	29.4%
Skipped	44	5.3%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

A total of 121 survey participants provided reasons for trusting or not trusting their healthcare providers. The reasons reported for trusting or not trusting their healthcare providers and other comments are shown in Table 4. If there was more than one response with the same or similar reason, then a number is provided indicating the number of times it was stated.

Table 4. Overview of Survey Participant Responses to Healthcare Provider Trust

Trust Healthcare Provider	Do Not Trust Healthcare Provider	Other
Because he listens and takes care of my needs. (19)	They never listen to my concerns. (7)	Do not have a health care provider. (9)
Well qualified, sincere, and professional in treatment and care. (14)	Education, minimum standards, discipline for malpractice. (3)	N/A (5)
I just do. Long time PC. (13)	Medical insurance is expensive and very little physicians are holistic or Alternative medication. (3)	I don't really know. (2)
Always answer my questions and is there any time I need them. (8)	I feel very untrustworthy of health care professionals, particularly men due to past invalidation. (3)	I've never had issues. No health issues.
I know there is no harm, safe place, and trust. (7)	The doctors I've encountered want to push pills and medication but that is not a long-term solution for me. I want to find out the underlying causes first and find those solutions. (3)	I just got a PCP so I can't say much yet.
Because they are there to protect you and make sure I'm safe. (5)	No follow up calls and no appts are scheduled without any communications or notification. (2)	I have never visited my healthcare provider.
Is through my job. I'm happy with this medical insurance. (4)	Health care providers are rushed to put you into box and never assess the whole person.	I chose natural healthcare - no chemicals, no injections.
He is honest and he asks questions about my health to gain better understanding. (3)	Mother has the same provider and I do not trust them not to tell her my private info.	I'm unemployed.
Takes into concern my cultural values and talks to me about other factors affecting my well-being like nutrition, sleep, and stress. (2)	They complimented me when I lost weight, but I was starving myself.	No insurance.
They get me the help I need. Try to help people feel better. (2)	Because of malpractice in the Black community.	Change in insurance - now out of network.
My mom is in the nursing field, and I trust her judgment.	Past experience.	
Explains in language I understand, what plan of treatment and why.	Bad birthing experience from midwife. Doctors not taking concerns seriously.	
I've had WIC before, and it has helped me and my family so much.	Not available.	

What is stopping you from getting the care you need? (Check all that apply)

Of the 832 survey participants who were asked to mark all that apply, 773 participants responded to this question. Out of those responses, 403 participants (48.4%) indicated that nothing is stopping them from receiving the care they need. The greatest identified barrier to receiving care was money (30.2%) and the least identified barrier listed was miscommunication (2.0%). The complete list of barriers to care reported by participants is shown in Table 5.

Table 5. Survey Participants' Barriers to Receiving Healthcare by Number of Responses

Responses	Number of Participants	Percentage of Participants
Nothing is stopping me. I am receiving the care I need.	403	48.4%
Money	251	30.2%
Childcare	65	7.8%
Employment	56	6.7%
Limited or no Transportation	53	6.4%
Wait-lists	50	6.0%
Appointment scheduling	46	5.5%
Other (please specify)	41	4.9%
I don't know	36	4.3%
Miscommunication	26	3.1%
Location	23	2.8%
Language barrier	17	2.0%
Skipped	59	7.1%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

A comprehensive list of additional reasons why participants do not receive healthcare services is shown in Table 6. If there was more than one response with the same or similar reason, then a number is provided indicating the number of times it was stated.

Table 6. Other Specified Responses For Not Receiving Needed Healthcare

Survey Participant's Other Specified Responses for not Receiving Needed Healthcare
Medical insurance
Have appointment coming up.
I don't need at the time but when I need it was the money.
No insurance
Don't have enough time.
I have [health]care with job.
Right now, I have affordable marketplace insurance plus time to go to appointments because I'm unemployed.
Not enough services for single moms.
United Healthcare does not pay for speech therapy.
My doctor lies. When I don't see X-rays that they take, I don't believe a computer, mouthing words, I want to see physical proof.
I am getting the care that I need but it is hard because I am in a wheelchair and on a limited income, so I make careful appointments.
The in-network vs out-of-network is too complicated.
I have stage 4 heart failure. Awaiting transplant.
Unmotivated
Insurance limits what medical provider can provide service/ treatment.
Not specified (2)

Do you know how to use the following services if you or a loved one need them? (Check all that apply)

Of the 832 survey participants who were asked to mark all that apply to this question, 769 participants responded to this question. Out of those responses, 377 (45.3%) knew how to use inpatient care, followed by outpatient care (42.7%), and counseling/therapy (41.0%). A combined total of 575 responses (69.1%) were recorded for suicide and crisis hotlines to demonstrate that several of the survey participants have knowledge about how to use similar methods to receive free and confidential support for people in distress, prevention, and crisis resources. Some participants (15.3%) reported that they do not know how to use healthcare and preventative services and 14.3% are not able to use any of the listed services. The complete list of survey participants' ability to use healthcare and preventative services is shown in Table 7.

Table 7. Survey Participants' Ability to Use Healthcare and Preventative Services

Responses	Number of Participants	Percentage of Participants
Inpatient care (e.g., admitted to hospital, rehabilitation center, etc.)	377	45.3%
Outpatient care (e.g., partial hospitalization)	355	42.7%
Counseling/Therapy	341	41.0%
Suicide hotline	302	36.3%
Crisis hotline	273	32.8%
I don't know	128	15.4%
None of the above	119	14.3%
Choose not to answer	71	8.5%
Other (please specify)	16	1.9%
Skipped	63	7.6%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

Which of these forms of transportation do you use the most? (Check all that apply)

Of the 832 survey participants who were asked to mark all responses that apply, 806 participants responded to this question. Of those responses, 703 participants (84.5%) indicated that a personal vehicle is the most common mode of transportation utilized by participants and paratransit (0.4%) is utilized the least. Other modes of transportation (1.3%) included getting rides from family members and friends, utilizing family members' vehicle, and walking. A respondent indicated a need to have buses in Arlington. The complete list of the modes of transportation utilized by the survey participants are shown in Table 8.

Table 8. Modes of Transportation Utilized by Survey Participants

Responses	Number of Participants	Percentage of Participants
Personal Vehicle	703	84.5%
Ride sharing (e.g., ZIPZONE, Van Pool, Uber, Lyft, Taxi, etc.)	76	9.1%
Bus	42	5.0%
None	28	3.4%
Train	20	2.4%
Other (please specify)	11	1.3%
Bike	9	1.1%
Paratransit (e.g., handicap)	4	0.5%
Skipped	26	3.1%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

How often do you use public transportation (e.g., Bus, Train, Ride Sharing, Paratransit, etc.)?

Of the 832 survey participants, 793 participants responded to this question. Out of those responses, 79.6% of the participants do not use public transportation, while 3.6% utilize public transportation daily. The complete list of frequency of public transportation usage is shown in Table 9.

Table 9. Frequency of Public Transportation Usage by Survey Participants

Responses	Number of Participants	Percentage of Participants
0 days	662	79.6%
1-2 days	51	6.1%
3-4 days	34	4.1%
5-6 days	16	1.9%
7 days a week	30	3.6%
Skipped	43	5.2%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

How long does it take you to get to essential services (e.g., store, doctor appointments, work, childcare, etc.)?

Of the 832 survey participants, 801 participants responded to this question out. Although the participants were not asked to mark all that apply, some participants selected multiple responses in regard to the examples provided in the question. The most common responses were 11-20 minutes (35.8%), followed by 21-30 minutes (23.6%). The shortest amount of time, 1-5 minutes, was reported by 6.7% of the participants. The complete list of time it takes participants to reach essential services is shown in Table 10.

Table 10. The Amount of Time It Takes Survey Participants to Get to Essential Services

Responses	Number of Participants	Percentage of Participants
1-5 minutes	56	6.7%
6-10 minutes	147	17.7%
11-20 minutes	298	35.8%
21-30 minutes	196	23.6%
31 minutes or more	96	11.5%
I don't know	55	6.6%
Does not apply	31	3.7%
Skipped	31	3.7%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

How do you want to receive important information? (Check all that apply).

Of the 832 survey participants who were asked to mark all responses that apply, 784 participants responded to this question. Of those responses, 499 participants (60.0%) indicated that they prefer to receive information through email, followed closely by phone (56.4%). The least preferred methods include brochures/pamphlets/posters (10.3%), public meeting (5.9%), and other methods (2.0%). The complete list of the preferred methods of receiving information is shown in Table 11.

Table 11. Survey Participants' Preferred Method of Receiving Information

Responses	Number of Participants	Percentage of Participants
Email	499	60.0%
Phone	469	56.4%
Social Media	246	29.6%
News channel	157	18.9%
Local community resources (e.g., library, community center, school, church, etc.)	115	13.8%
Organization website	114	13.7%
Word of mouth	109	13.1%
Brochures/Pamphlets/Posters	86	10.3%
Public Meeting	49	5.9%
Other (please specify)	17	2.0%
Skipped	48	5.8%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

Very few responses (2.0%) indicated other methods of receiving information, such as newspapers and text messages. Other preferred methods of receiving information are listed in Table 12.

Table 12. Survey Participants' Other Preferred Methods of Receiving Information.

Survey Participant's Other Preferred Methods of Receiving Information
Text messages
Signage at major intersections in the communities, i.e., stop signs
News Articles
Schools
Google
U.S. Mail
Digital Newspaper
Letters
Not Specified

Do you have access to technology (e.g., smart phone, computer, tablet, etc.)?

Of the 832 survey participants, 784 participants responded to this question. Although participants were not asked to mark all that apply, one participant selected multiple responses in regard to the examples provided in the question. Of those responses, 758 participants (91.1%) indicated having access to technology, while only 16 (1.9%) did not have access to technology. The survey participants' access to technology is shown in Table 13.

Table 13. Percentage of Survey Participants' Access to Technology

Responses	Number of Participants	Percentage of Participants
Yes	758	91.1%
No	16	1.9%
I don't know	6	0.7%
Does not apply	5	0.6%
Skipped	48	5.8%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

Do you know how to use the following types of technology? (Check all that apply)

Of the 832 survey participants who were asked to mark all that apply, 781 participants responded to this question. Of those responses, 755 participants (90.7%) indicated that they know how to use a smart phone the most, while 565 participants (67.9%) indicated a tablet the least. The complete list of the survey participants' ability to use technology and digital devices is shown in Table 14.

Table 14. Survey Participants' Ability to Use Technology / Digital Devices

Responses	Number of Participants	Percentage of Participants
Smart phone	755	90.7%
Lap top computer	602	72.4%
Desk top computer	583	70.1%
Tablet	565	67.9%
None of the above	12	1.4%
Other (please specify)	10	1.2%
Skipped	51	6.1%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

Do you own a home, are you renting, or are you homeless?

Of the 832 survey participants, 777 participants responded to this question. Out of those responses, 54.2% of the participants live in rented homes, while 20.1% own their homes and 0.7% are homeless as shown in Table 15.

Table 15. Percentage of Survey Participants' Home Ownership Status

Responses	Number of Participants	Percentage of Participants
Own	167	20.1%
Renting	451	54.2%
Homeless	6	0.7%
Choose not to answer	153	18.4%
Skipped	58	7.0%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

If a large, unexpected expense came up, would you be able to afford rent/mortgage for that month?

Of the 832 survey participants, 822 participants responded to this question. Out of those responses, 323 participants (38.8%) would be unable to afford rent or mortgage if a large, unexpected expense occurred, as shown in Table 16. Of the combined 472 participants who responded yes under certain conditions, 21.2% would be able to with savings leftover, 17.8% with no savings leftover, 10.9% with a loan from family members, friends, private loan., title loan, or pawn loan, or 6.9% with government assistance, such as TANF, Housing Voucher, Section 8, etc.

Table 16. Percentage of Survey Participant's Ability to Afford Rent/Mortgage if a Large, Unexpected Expense Occurred

Responses	Number of Participants	Percentage of Participants
Yes, with savings leftover.	176	21.2%
Yes, with no savings leftover.	148	17.8%
Yes, with governmental assistance (e.g., TANF, Housing Voucher, Section 8, etc.)	57	6.9%
Yes, with a loan (e.g., from family or friend, private loan, title loan, pawn loan, etc.)	91	10.9%
No	323	38.8%
Does not apply	27	3.2%
Skipped	60	7.2%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

How would you rate the conditions of your home?

Of the 832 survey participants, 799 participants responded to this question. Out of those responses, 296 (35.6%) participants rated their home conditions good, followed by 171 (20.6%) participants who indicated very good conditions. The complete list of ratings is shown in Table 17.

Table 17. Survey Participants' Self-Rating of Home Conditions

Responses	Number of Participants	Percentage of Participants
Good	296	35.6%
Very Good	171	20.6%
Fair	149	17.9%
Excellent	139	16.7%
Poor	26	3.1%
Does not apply	18	2.1%
Skipped	57	6.9%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

What changes would you like to see in your neighborhood?

Of the 832 survey participants, 391 participants (47.0%) responded to this question. The complete list of neighborhood changes responses is shown in Table 18. If there was more than one response with the same or similar reason, then a number is provided indicating the number of times it was stated.

Table 18. Changes Survey Participants Would Like to See in Their Neighborhood

Changes Survey Participants Would Like to See in Their Neighborhood
More streetlights, sidewalks, running trails, and trees. (19)
Keeping it clean. Less stray animals. (16)
Neighborhood/road safety, speed bumps. (12)

Table 18. Changes Survey Participants Would Like to See in Their Neighborhood (continued)

Less crime, less murders. (12)
Need new, better/affordable home/public housing, damage due to flooding. (9)
No change (8)
More parks for children. More family friendly activities. (6)
People coming together to help one another. (5)
Better Roads, Easier access to public resources like grocery stores and restaurants. (5)
Food (4)
Neighborhood interaction. (3)
More help for single mothers, better resources for struggling families. (3)
Everything is good in my neighborhood. (3)
Better community. More community services. (3)
I would like to see more resources, e.g., shopping mall, massage centers, health services, grocery stores. (3)
I would like to hear more about the community for people of color and how we can protect ourselves and educate one another. (3)
More involved parents and programs/activities for kids. (2)
Better public transportation system, bus. (2)
More police, Safer school crossing. (2)
People in the leasing office to get closer to the renters.
I'm not too sure. (2)
Better, safer schooling/daycares nearby (2)
More stores/restaurants, healthier food options. (2)
Get homeless off the streets into better housing. Better shelters. (2)
More information/resources available for our seniors/adults. (2)
Affordable access (2)
More NPO involvement, local po's participating in events; healthier relationships law enforcement and city staff. (2)

Car needs to slow down when driving.
More greenspace and protection for wildlife. Safety for emotional support/ service animals. More pets allowed. (2)
Rec centers, swimming access.
Access to libraries, long[er] hours.
Less people donating things and instead their time. We need more volunteers instead of people dropping things off [and] taking pictures.
Nice people, friendly people.
More lawn cares, more space on the roads.
More resources for children, special needs children.
I want us to keep the good work. It's been great.
More places to help when you're in a financial bind.
Fix the streetlights.
I would like to see kids playing outside again.
Needle pickups/exchanges.
Urgent care, Narcan available.
Look of community without taxes raising.
Our neighbor to stop harassing us.
Police officers at Oakhurst elementary during drop off and dismissal.
More jobs in the neighborhood.
A grocery store that caters to all races of people.
No HOA, more community engagement.

"I believe the police in my neighborhood can help a loved one that has special needs (e.g., disability, mental health emergency, substance use), without hurting them."

Of the 832 survey participants, 771 participants responded to this question. Out of those responses, 359 participants (43.1%) strongly agree and only 29 (3.5%) strongly disagree, as shown in Table 19.

Table 19. Survey Participants' Belief in Their Neighborhood Police

Responses	Number of Participants	Percentage of Participants
Strongly Agree	359	43.1%
Somewhat agree	188	22.6%
Neither Agree nor Disagree	152	18.3%
Somewhat disagree	43	5.2%
Strongly Disagree	29	3.5%
Skipped	66	7.9%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

"I believe the police treat all people fairly in my neighborhood."

Of the 832 survey participants, 764 participants responded to this question. Out of those responses, 275 participants (33.1%) strongly agree, while only 52 (6.3%) strongly disagree, as shown in Table 20.

Table 20. Survey Participants' Belief in the Fair Treatment by Neighborhood Police

Responses	Number of Participants	Percentage of Participants
Strongly Agree	275	33.1%
Somewhat agree	197	23.7%
Neither Agree nor Disagree	165	19.8%
Somewhat disagree	75	9.0%
Strongly Disagree	52	6.3%
Skipped	71	8.5%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

Since the COVID-19 pandemic, how many times have you had face-to-face interaction with the officers of the law (e.g., police officers, correctional officers, state troopers, etc.)?

Of the 832 survey participants, 770 participants responded to this question. Out of those responses, 574 participants (69.9%) indicated zero times and 172 participants (20.7%) responded 1-3 times, while 5 participants (0.6%) have been in jail or prison. The complete list of frequency of the survey participants face-to-face interactions with law enforcement is shown in Table 21.

Table 21. Survey Participants' Frequency of Face-to-Face Interactions with Law Enforcement

Responses	Number of Participants	Percentage of Participants
0	574	69.0%
1 - 3	172	20.7%
4 or more	14	1.7%
I was in jail or prison	5	0.6%
Choose not to answer	5	0.6%
Skipped	68	8.2%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

Of the 832 survey participants who were asked to mark all that apply to this question, 742 participants provided responses. Out of those responses, 480 (57.7%) were "Does not apply", 130 (15.6%) indicated that participants received nothing or were given a warning, while only 5 (0.6%) reported that the participant was arrested and 3 (0.4%) were held in a jail for more than 48 hours. The complete list of the events following a police stop is shown in Table 22.

Table 22. Survey Participants' Description of the Events Following a Police Stop

Responses	Number of Participants	Percentage of Participants
Does not apply	480	57.7%
Nothing/Given a warning	130	15.6%
Ticketed for a car related offense	57	6.9%
Other (please specify)	31	3.7%
Received help	30	3.6%
Searched	6	0.7%
Arrested	5	0.6%
Held in jail more than 48 hours	3	0.4%
Skipped	120	14.4%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

The summary of survey participants' other specified responses to events that occur following a police stop are shown in Table 23. If there was more than one response with the same or similar reason, then a number is provided indicating the number of times it was stated.

Table 23. Survey Participants' Other Specified Responses to Events Following a Police Stop

Survey Participants' Other Specified Responses to Events Following a Police Stop
No, never (3)
Work (2)
Car accident. (2)
Was not a traffic stop (interaction at various events at which officers provided security). (2)
I turned myself in to be an example, to carry the Gospel.
Visiting an inmate.
Poor treatment, no arrest.
Not a criminal. Homelessness is [not] a crime.
Kids asked for sticker.
I only assisted a woman that needed my help.
Go meet the chief the first Monday of the month.
Couch surfing and neighbor has issues where the police are called often.
Witness other report.
Car was stolen.
Speeding/reported domestic threat
Undocumented home harassment, now I'm dealing with PTSD due to harassment.

Based on you and your child(ren)'s experience, rate the quality of mental and/or emotional health services provided by schools in your area.

Of the 832 survey participants, 776 participants responded to this question. Out of those responses, 219 participants (26.3%) rated their experience as good, while 49 (5.9%) rated their experience poor. The complete list of ratings is shown in Table 24.

Table 24. Survey Participants' Rating of the Mental and/or Emotional Health Services Quality Provided by Schools in Their Community

Responses	Number of Participants	Percentage of Participants
Good	219	26.3%
I don't know	172	20.7%
Very Good	108	13.0%
Fair	98	11.8%
Excellent	87	10.5%
Poor	49	5.9%
Choose not to answer	43	5.2%
Skipped	66	7.9%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

Does your child(ren) have access to early learning programs (e.g., Head Start, childcare centers, Montessori programs, etc.) in your community?

Of the 832 survey participants, 778 participants responded to this question. Out of those responses, 323 participants (38.8%) responded yes and 142 (17.1%) responded no, as shown in Table 25.

Table 25. Percentage of Survey Participants' Perceived Access to Early Learning Programs

Responses	Number of Participants	Percentage of Participants
Yes	323	38.8%
No	142	17.1%
I don't know	164	19.7%
Does not apply	149	17.9%
Skipped	64	7.7%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

Does your family have access to any community-based education programs (e.g., service learning, technical prep, school-to-work, youth apprenticeship, adult literacy, etc.)?

Of the 832 survey participants, 771 participants responded to this question. Out of those responses, 266 participants (32.0%) do not know, very closely followed by 261 participants (31.4%) who responded yes, and 151 (18.1%) who responded no, as shown in Table 26.

Table 26. Survey Participants' Perceived Access to Community-Based Educational Programs

Responses	Number of Participants	Percentage of Participants
Yes	261	31.4%
No	151	18.1%
I don't know	266	32.0%
Does not apply	93	11.2%
Skipped	65	7.8%

Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

Appendix C: Tarrant County Unity Council

Community Listening Sessions: Qualitative Data Analysis and Findings

The following will provide details of the data analysis and findings from the community listening sessions conducted between July 2022 to January 2023 across nine Health Equity Zones (HEZs), where disparities and inequities exist in Tarrant County. To review the background, methodology, limitations, and recommendations, see Appendix A.

Demographic Data

There were 183 community listening session participants. A total of 82 participants completed the demographic survey, but not all questions were answered by each participant. Table 1 shows that most of the participants identified as Black/African American (42.7%) and White/Caucasian (34.1%), while only 1.2% identified as Native American/American Indian and Asian /Pacific Islander. Some of the participants who identified as an other race listed their race as Mexican or Puerto Rican. With regards to ethnicity and gender, more of the participants identified as Hispanic (47.6%) and female (80.5%). Most of the participants were between the ages of 28-45 years old (37.8%) and 65 years old and over (28.0%), while the lowest age groups were ages 46-64 years old (13.4%) and 18-27 years old (11.0%).

The highest level of education completed by most participants was a high school diploma or G.E.D. (41.4%) followed by a Master's degree (15.8%), and Trade School or Vocational Training (12.2%). Although no participants reported having a Doctorate degree, some reported other forms of education, including an Associate degree, Junior College, Business school, and some sort of college. The majority of participants (78.0%) prefer to communicate in English. The English Language Proficiency for the participants were high in regard to their ability to read and write (80.5%), and speak (74.4%) in English. However, 7.3% of the participants indicated an ability to speak in both English and Spanish languages or speak only Spanish.

Table 1. Community Listening Session Demographic Data

Characteristics	N	Percentage
Gender		
Female	66	80.5
Male	14	17.1
Nonbinary	0	0.0
Prefer not to say	0	0.0
Skipped	2	2.4
Age		
0 – 17 years old	0	0.0
18 – 27 years old	9	11.0
28 – 45 years old	31	37.8
46 – 64 years old	11	13.4
65+ years old	23	28.0
Choose not to answer	2	2.4
Skipped	7	8.5
Race		
White/Caucasian	28	34.1
Black/African American	35	42.7
Native American/American Indian	1	1.2
Asian/Pacific Islander	1	1.2
Other (please specify)	13	15.9
Skipped	8	9.8
Ethnicity		
Hispanic	39	47.6
Non-Hispanic	32	39.0
Skipped	11	13.4

Characteristics	N	Percentage
Education		
< High School	6	7.3
High School or G.E.D.	34	41.4
Trade School/ Vocational Training	10	12.2
Bachelor's degree	8	9.7
Master's degree	13	15.8
Doctorate	0	0.0
Other	8	9.8
Skipped	10	12.2
Preferred Language		
English	64	78.0
Spanish	10	12.2
Vietnamese	0	0.0
Arabic	0	0.0
Other	0	0.0
Skipped	10	12.2
English Language Proficiency		
Read	66	80.5
Write	66	80.5
Speak	61	74.4
Other	6	7.3
Skipped	11	13.4

Participants' ages ranged from > 18 to 65 and over.
Percentages may exceed 100% due to some participants selecting multiple responses to survey question.

A total of 76 participants provided their ZIP Code information and six participants did not provide a response. There are 14 Health Equity Zones (HEZs) comprised of a total of 34 ZIP Codes within Tarrant County. The HEZs were determined by a high social vulnerability index (SVI), high rate of COVID-19 infection, low COVID-19 vaccine rate. Table 2 provides a comprehensive list of survey participants' ZIP Code by HEZ, and the total number of surveys completed at each HEZ.

Table 2. Community Listening Session Participant ZIP Code by Health Equity Zone

Health Equity Zone	ZIP Code	Frequency	Health Equity Zone	ZIP Code	Frequency
Zone 2	76106	24	Zone 7	76010	0
	76164	0		76011	1
Zone 3	76111	1	Zone 8	76119	14
	76117	0	Zone 9	76115	7
Zone 4	76107	0		76134	0
	76116	3	Zone 10	76131	0
Zone 5	76104	1		76177	1
	76110	0		76244	0
Zone 6	76103	2		76248	1
	76105	3			
	76112	7			

Community Listening Sessions Findings

What does being healthy mean to you?
The three themes identified for this question were physical health, holistic health, and accessibility, as shown in Table 3. Thirty-one participant responses suggested that aspects of physical health contribute to the idea of being healthy. For example, one participant from HEZ 6 stated, "Being able to do the things I want to do without excessive pain or limitations." Another participant stated, "Having a balance between the types of food we eat and exercising frequently." Other participants mentioned having their independence, not being housebound, and being able to do activities. Under holistic health, some participants felt that health was all encompassing. For instance, one participant in HEZ 2 stated, "To me it is really expansive…But it's physical, emotional health, psychological

health, financial health. Health is not just one word to me it incorporates a lot of things…." Other participants added the importance of spiritual health. Many participants felt that accessibility was a major contributor to their health, such as having access to green spaces, healthy food, and restaurant options in their communities. Specifically, one participant from HEZ 6 stated that health is "not just about what you put in your body, but what you have access to…like in your neighborhood."

What kind of resources would you like to see in your local area to increase health?
The two themes identified for this question were preventative healthcare and better city services, as shown in Table 3. One participant from HEZ 5 specified "Wellness centers for preventative health similar to those in Arlington hosted by Texas A&M." Other participants mentioned educational and informational resources for preventative health. Regarding city services, one participant in HEZ 9 specifically mentioned trash service and said, "There is a lot of trash in the area, and it's not picked up." Other participants mentioned having proper green space and the completion of walking paths to increase health in their communities.

What stops you from being as healthy as you could be?
The two themes identified for this question were accessibility and the need for better service and quality, as shown in Table 3. Accessibility both contributes to being healthy and the resources available in local communities. Similar to the first question, many participants felt that lack of access to healthy food options and health resources in their communities stop them from being as healthy as they can be. One participant indicated that there was a lack of permanent clinics, pharmacies, and nutritional information in their community. Under poor service and quality, one participant from HEZ 6 stated,

> "I know we have JPS right here, but based on the sheer numbers of people that are in [the clinics], we would deserve and need more because even getting to the main hospital and getting an appointment…is still more than…the capacity of the space."

Although not overarching themes, additional barriers to being healthy were mentioned. Regarding higher costs, an additional participant from HEZ 6 stated, "Get us some affordable food over here. Bring us a farmers' market, consistent[ly]." Another mentioned that they do not have hospital money assistance and the money they have is for emergencies only. Participants specified that the grocery stores with higher quality produce and restaurants with healthier food choices are a farther distance from home and/or work but would prefer it to be closer to them.

Table 3. All Identified Themes Related to Health

Questions	Response #
What does being healthy mean to you?	
Theme #1: Physical Health (exercising, no pain, etc.)	31
Theme #2: Holistic Health (emotional, psychological, financial, spiritual, etc.)	25
Theme #3: Accessibility (Food, clinics, etc.)	16
What kind of resources would you like to see in your local area to increase health?	
Theme #1: Preventative Healthcare	31
Theme #2: Better City Services	19
What stops you from being as healthy as you can be?	
Theme #1: Accessibility	32
Theme #2: Need for better service and quality	13
Theme #3: Higher Cost	8
Theme #4: Distance	5

Transportation

How do you get around in your community?
The three themes identified for this question were personal vehicle, walking and/or biking, and public transportation as shown in Table 4. The majority of participants get around in their communities by car. There is limited reliance on public transportation, such as the bus. However, there were a couple of participants that specifically mentioned utilizing METS for medical appointments. Participants indicated that individuals use some form of ride share to commute, such as Uber, Lyft, and taxi cabs and some individuals relied on family, friends, or neighbors in order to get around their communities.

How far do you have to travel to essential services (e.g., grocery store, doctor appointments, work, childcare, etc.)?
The two themes identified for this question were drive time under or over 20 minutes, as shown in Table 4. The two primary forms of transportation that participants used to travel to essential services were a car and bus. Regarding drive time, due to participants responding in both time and mileage, the responses were divided into two categories: under 20 minutes and over 20 minutes based on an average speed of 30 mph. Most participants indicated their travel time was under 20 minutes, with a few indicating as little as five minutes. The remaining participants mentioned that their travel time was over 20 minutes, with some reporting over an hour. For example, the participants stated that the travel time to the grocery store would usually be shorter than the travel time to medical appointments.

There were very few participants to mention bus time, but the time difference between bus travel time and car travel time is so substantial that it must be mentioned. Participants of HEZ 4 stated that it takes two buses equaling 1.5 hours to get to the closest grocery store. Further, it would also take 1.5 hours to travel to the county hospital by bus. Other participants from HEZ 4 noted that it takes a 30-minute bus ride to get to a grocery store that is only one mile away due to inefficient bus routes.

How could getting around in your community be easier?
The three themes identified for this question were better public transportation, more senior transportation services, and better roads and sidewalks, as shown in Table 4. The most common response was related to better public transportation in some capacity. These responses varied from having more bus stops, to more frequent buses, affordable public transportation, and access to buses and trains. A participant from HEZ 5 stated that they wanted to see, "covers on the bus stations and sidewalks to stand on while waiting on the bus." Some participants just wanted more information about the public transportation system. For example, a participant from HEZ 6 stated that they, "need more information about the services around us or how to best use them."

The participant responses highlighted the need for more support for the elders and their ability to navigate their communities. A participant from HEZ 5 stated, "We need more voucher and discount programs for seniors" in order to inform them of the travel services available in their community. There were several participants that mentioned the need for a transport service specifically for elders.

Participants also indicated that fixing or completing the roads and sidewalks would make traveling in their communities easier. Many of the participants would like to see the potholes in their communities filled, while others would like for sidewalks to be built in their communities. One participant from HEZ 10 stated,

"…complete the plans for walkways, bike lanes because it's safer for pedestrians and cyclists. Because you know, we walk the dogs a lot and there's a lot of places we don't walk them because it's not comfortable to walk on the side of the roads."

Table 4. All Identified Themes Related to Transportation

Questions	Response #
How do you get around in your community?	
Theme #1: Personal Vehicle	61
Theme #2: Walking/Biking	15
Theme #3: Public Transit	13
Theme #4: Rideshare	7
Theme #5: Family/Friends	7
How far do you have to travel to essential services (e.g., grocery store, doctor appointments, work, childcare, etc.)?	
Theme #1: Drivetime under 20 minutes	31
Theme #2: Drivetime over 20 minutes	14
Theme #3: Drivetime under 30 minutes	2
Theme #4: Drivetime over 30 minutes	1
How could getting around in your community be easier?	
Theme #1: Better Public Transportation	34
Theme #2: More Senior Transportation Services	12
Theme #3: Better Roads and Sidewalks	10

Communication

How do you want to receive important information from places in Tarrant County such as, public health, social services, healthcare, school districts, etc.?
The three themes identified for this question were electronic/digital, combined messaging, and physical, as shown in Table 5. Participants indicated a preference of electronic/digital messaging, which included email, text, and television, with email being the most preferred. Participants shared that combined messaging (minimum of two methods) would be the most effective for them, with the majority requesting email as part of the combined messaging. Participants would also like to receive their information in a physical manner, i.e., mail, newspaper, or in-person. Although digital messaging is preferred, participants did indicate some limitations. This included that the older generation preferred physical mail and phone calls due to the lack of access to stable Wi-Fi in some communities. Social media was discussed in multiple listening sessions but was not identified as a primary preference because of the need to follow certain accounts to receive information.

Who do you want to be heard by that has the power to make changes on the issues that are important to you?
The two themes identified for this question were city/local government and elected officials/politicians, as shown in Table 5. Many participants indicated that city/local government have the power to make changes, specifically their city council or mayor. Participants requested to be heard from elected officials/politicians, including county, state and federal officials. Although there were few responses, faith-based and community leaders were mentioned in multiple equity zones. Additionally, the participants want to feel that their voices are actually being heard, rather than focus on who is listening. Several participants had an initial response of wanting whoever could make changes to be the ones that listened to them, before identifying specific people or offices.

Do you feel that your voice is being heard on issues (e.g., health, housing, communication, transportation, etc.) that are important to you? Why or why not?
The three themes identified for this question were not heard, heard, and somewhat, as shown in Table 5. The majority of the participants do not feel heard. When asked why, some responses included because there is still a lack of resources, opportunity, and change. Participants from HEZ 6 stated, "We've been strung along because the same issues that I saw my granny face are the same issues we're facing in 2022." Several participants from HEZ 6 also noted that the community was tired, "there's not really people that fight for any change" and "some people become so numb that they just become…what's the right word for it…they just accept it." Of those who felt somewhat heard, they said that it depended on the issue and the person. Participants in HEZ 10 felt heard by their mayor and other local government, but felt less heard at county, and not heard at all at the Federal Level.

Table 5. All Identified Themes Related to Communication

Questions	Response #
How do you want to receive important information from places in Tarrant County, such as public health, social services, healthcare, school districts, etc.?	
Theme #1: Electronic/Digital	31
Theme #2: Combined Messaging	27
Theme #3: Physical	12
Who do you want to be heard by that has the power to make changes on the issues that are important to you?	
Theme #1: City/Local Government	32
Theme #2: Elected Officials/Politicians	16
Theme #3: County Government	8
Theme #4: School Boards	5
Theme #5: Community Members	5
Theme #6: Faith-Based Leaders	4
Do you feel that your voice is being heard on issues (e.g., health, housing, communication, transportation, etc.) that are important to you? Why or why not?	
Theme #1: Not Heard	35
Theme #2: Heard	19
Theme #3: Somewhat	4

Housing

How would you describe your neighborhood?
The two themes identified for this question were safe neighborhood and lack of upkeep, as shown in Table 6. Most of the participants described their neighborhood as safe due to lack of crime, feeling connected with their community, and the culture in their neighborhood. A female participant from HEZ 9 said, "I think the neighborhood is safe. Some people call it ghetto, but to me it's safe, it's okay." Another female participant from that same HEZ said, "The reason I feel safe is because…the guys that are there know us, so even when I come home later, there is always someone out there." Knowing their neighbors was the most common reason the participants felt safe.

Some participants also mentioned the lack of upkeep in their community stating that it is "dirty" and "lots of trash" with "poor lighting"

and "too many potholes". In HEZ 5, code enforcement was described as not doing anything and being "used as a weapon, instead of helping, it is hurting the community". This was a major concern and discussed in multiple HEZs.

Additionally, participants expressed that the neighborhood is changing. A female participant from HEZ 9 shared that "I have lived in my neighborhood over 30 years myself, but it is changing…." Another participant from the same HEZ stated that "younger generations don't understand generational wealth" and that "property taxes [are] too high so older and younger people are losing their houses and renting now."

Some participants mentioned that their neighborhood was unsafe, primarily due to stray animals. In HEZ 4, it was said that "homeless people walking around and sometimes become aggressive," and individuals disobeying traffic laws, such as "speeding through school zones" as mentioned in HEZ 2. Some participants felt that they could not walk or bike in their neighborhood because of danger. In all HEZs, the relationship that the participants had with their neighbors and community as a whole influenced how they described their neighborhood and was consistently brought up.

If a large, unexpected expense came up, in what way would it change your budget for housing?
The theme identified for this question was not enough money (budget would change), as shown in Table 6. Most of the participants stated that they would not have enough money and that their budget would change, while only a few indicated that they would remain comfortable. Concerns about property taxes increasing each year came up by participants who would have enough money and those who would not. This affects those who are renting and those who own their homes. Participants' whose budget would not change, still had concerns about being able to leave the house to future generations. While those who would not have enough money said, "that would be a hardship". Few mentioned that they might be alright, but other members of their family would not be, and they would struggle to support others.

What changes would you like to see in your neighborhood?
The two themes identified for this question were more city services and more community safety, as shown in Table 6. Most of the participants indicated a need for more city services. In HEZ 5, it was stated that city services are lacking, including "…things as basic as they just want streetlights, and they want them to work, and they want the bulbs changed" to affordable housing programs. Additional changes mentioned were more bus stops, removal of excess cars on the street, sidewalks, better trash service, access to public transportation and to make applying for city services more accessible for a variety of generations. Management by the city to fill in potholes, create speedbumps, and enforce traffic laws were discussed across the HEZs. Many of the participants pointed out that some of the "asks" have been happening for years, but they have not seen any improvement in the area. For issues with community safety, several participants described needing more police presence and patrol, less homeless and squatters, less gun violence. In HEZ 6, one participant says, "more people coming together to help each other" is needed.

Table 6. All Identified Themes Related to Housing

Questions	Response #
How would you describe your neighborhood?	
Theme #1: Safe Neighborhood	29
Theme #2: Lack of Upkeep	17
Theme #3: Changing Neighborhood	9
Theme #4: Unsafe Neighborhood	9
If a large, unexpected expense came up, in what way would it change your budget for housing?	
Theme #1: Not Enough Money (budget would change)	23
Theme #2: Comfortable (budget would not change)	8
What changes would you like to see in your neighborhood?	
Theme #1: More City Services	32
Theme #2: More Community Safety	21
Theme #3: No Changes	5

Criminal Justice and Policing

Do you feel safe in your community?
The two themes identified for this question were yes and no, as shown in Table 7. This question generated a lot of very engaging dialogue from the participants. The majority of the participants shared that they feel safe in their communities although several participants do not feel safe. A HEZ 2 participant stated, "No, [I do not feel safe. People drive too fast in the area." Another participant in the same session stated, "They drive too fast… [in the] school zones. Sometimes in the mornings and afternoons, cars speed and almost hit people." Others suggested that there should be more speed bumps, speed checks, and police presence to slow down erratic drivers. The responses to this question led to participants expressing concerns about police presence, neighborhood engagement, and safety.

Many of the things that make participants in some communities feel safe, are similar to the things in other communities that make residents feel unsafe. For example, participants stated that their communities lack police presence, need more police patrol, or to feel that the police are taking their concerns seriously. One participant in HEZ 9 stated, "Police go and do not do anything about it." While

others mentioned that more police presence in their community does not make them feel safer. In particularly, one female participant from the HEZ 6 stated,
"I will say as someone who has a lot of undocumented family, friends, and community…just growing up with the sight of a police car is not a safe feeling in the community and…it's like an unspoken, I guess fear, that we all share. And, I will say the more police that we see in the community…we're likely to avoid that, we're likely to not go through there. So, I can say for a fact, at least for me, my family and my friends, my undocumented community, that the sight of police is not, it does not equal safety to us."

Another instance would be where a participant from HEZ 9 shared that more police presence could result in, "traffic stops that may result in Black homicides." Another participant from HEZ 5 stated that, "We don't really call the police like that because we don't know which way it could go, and we don't want that burden."

Neighborhood engagement was similar to police presence. If it existed or not were noted as reasons why participants do or do not feel safe in their communities. For example, a participant from HEZ 6 stated,
"…in [the] community we've been [in], and my mom has lived there…where she is for a while now, and she doesn't really speak English, but she's friends with all her neighbors on the street now….So, they communicate, they don't speak the same language, but they are always helping each other out. So, I know my mom feels safe…."

A participant from HEZ 9 felt his community was safe because, "…everyone seems to stay to themselves and speak…." Another participant mentioned that social media forums allowed her to communicate with her neighbors and provided her a sense of community.

However, other participants expressed that they did not feel safe interacting with their neighbors. For instance, a participant from HEZ 6 stated that, "When you live in an apartment, [you] smell weed in your vents and with Texas' Open Carry [that] makes people reluctant to go knock on the door." Another participant in the same HEZ stated, "I wouldn't feel safe knocking on that person's door to lower their music, that will not be cordial."

Regarding the safety concern, most of the responses mentioned unsafe drivers as a major contributor to the lack of safety in their communities. Many of the participant responses included violence in general, gun violence, guns, shooting, and fear that make them feel unsafe in their community. A participant from HEZ 6 stated, "We had a stray bullet crash [through] one of our windows." Other participants mentioned various other forms of violence and crimes, such as theft, vandalism, solicitation, and kidnapping that contribute to an unsafe environment.

If you don't feel safe, who could you call that would come help you quickly?
The two themes identified for this question were police and family and friends, as shown in Table 7. The most common responses were related to the police, where the participants would either call 911 or call the police. A participant from HEZ 6 stated,
  "I call the police, it de-escalates the situation. Police [are] not that bad in this area. If people have mental health, they take them to [the] hospital and release them the same day."

The participants shared that they would call their family the most, then friends or neighbors. A male participant from HEZ 9 stated, "I guess my homie down the street…he's closest." While a participant from HEZ 5 mentioned that "the neighbor would come before anybody" or "I guess I would call 911 because they are first responders," which was also mentioned in HEZ 9. Yet, a few participants mentioned that the police either do not come out at fast enough or at all, so they do not call the police. That was the case for one female participant in HEZ 2, who also stated that she cannot call on her family because they are all her neighbors, and they are all afraid. Therefore, there is no one for her to call. That response was similar to other participants who indicated that they would not call anyone and did not offer an explanation as to why.

Some participants expressed that they would call on faith-based leaders, such as their pastors or the church in general. A few participants specifically said that they would call on Jesus to help them.

What makes your community safe?
The two themes identified for this question were neighborhood connectedness and police presence, as seen in Table 7. These are very similar to the three themes related to the question – *Do you feel safe in your community?*, which were police presence, neighborhood engagement, and safety. The participants indicated various forms of neighborhood connectedness that make their communities feel safe. Some participants mentioned community organized groups, such as neighborhood watch and community meetings as contributors to community safety. Additionally, some participants specifically mentioned that knowing and being able to communicate with their neighbors makes their community safe. A participant in the HEZ 5 stated, "My neighbors, we communicate when there is something strange." Another participant stated, "I feel safe in my neighborhood. I've been living there over 30 years. I feel safe, I know a lot of people…." There were a few responses that suggested that technology and social networks allow them to connect with their neighbors to create a sense of connectedness, and thus, safety.

Participants specified that police presence makes their community feel safe. For example, in HEZ 6, a participant stated, "When we have police visibility, we feel safe." Participants felt that access to faith-based groups and activities make their communities feel safe. For example, in HEZ 4, the participants mentioned the importance of church activities, stating, "The church bus comes and picks us up to take us to festivals and carnivals."

Table 7. All Identified Themes Related to Criminal Justice and Policing

Questions	Response #
Do you feel safe in your community?	
Theme #1: Yes	44
Theme #2: No	22
Theme #3: Sometimes/Under Certain Conditions	8
If you don't feel safe, who could you call that would come help you quickly?	
Theme #1: Police	22
Theme #2: Family and Friends	17
Theme #3: Faith-based Leaders	9
What makes your community safe?	
Theme #1: Neighborhood Connectedness	38
Theme #2: Police Presence	18
Theme #3: Access to Faith-based Groups and Activities	6

Education

How would you describe the schools in your neighborhood?
The two themes identified for this question were good and poor, as shown in Table 8. The majority of the participant responses described the schools as good, while a few indicated that their schools were poor. The participants reported that the poor school were "due to [lack of] resources and inequities", "out of date buildings," and general "lacking". They also specified that more security was needed for the schools. It was mentioned in HEZ 9 that
  "In this school, the doors are always open, and anyone can enter. There is no security" and that "everyone has access to the school, and it makes the school unsafe for the children."

Additionally, some participants felt that the charter schools in the area were good, but others were concerned that funding could be diverted from the public schools to the charter schools and negatively impact access to "good public education".

Do you think your community needs any community-based education programs (e.g., service learning, technical prep, adult literacy, school-to-work, youth apprenticeship, etc.)?
The theme identified for this question were does need, as shown in Table 8. The majority of the participants indicated that their community does need community-based education programs. The most common types of community-based programs mentioned were adult literacy, adult language, computer literacy, technology development (i.e., coding), trade/vocational skills, and sports. All participants felt that it was important for continued community development, while many expressed a need for the programming to "align with organizations already there".

What kind of extra-curricular activities would you like to see in your local school district?
The theme identified for this question was exercise and sports, as shown in Table 8. Participants also mentioned a need for after-school programs, trade/technical, nutrition, and technology. This question received the most participant responses in relation to education. Several participants shared that college is not the right path for everyone and that there is value in technical careers. Nutrition was mentioned in relation to educating people on healthy choices to cooking classes. Technology accounted for a few participant responses but took two different paths. Some were concerned about computer literacy and operating smart phones, while others wanted to see coding and robotics being taught to students. Overall, it is important to the community that extra-curricular activities be included in their school district for both children and adults.

Table 8. All Identified Themes Related to Education

Questions	Response #
How would you describe the schools in your neighborhood?	
Theme #1: Good	37
Theme #2: Poor	17
Theme #3: More Security Needed	8
Do you think your community needs any community-based education programs (e.g., service learning, technical prep, adult literacy, school-to-work, youth apprenticeship, etc.)?	
Theme #1: Does Need	57
Theme #2: Does Not Need	2
What kind of extra-curricular activities would you like to see in your local school district?	
Theme #1: Exercise and Sports	17
Theme #2: After-School Programs	7
Theme #3: Trade and Technical	7
Theme #4: Nutrition	6
Theme #5: Technology	5
Theme #6: Centers (recreation, wellness, gym)	4

Limitations

There were several limitations experienced in attempt to successfully host community listening sessions throughout the HEZs, as well as in data management and analysis. A main limitation would be the presence of COVID-19, which affected some community members willingness to participate in a public event. Due to unexpected delays in promotion of the community listening sessions, some of the sessions were promoted in a shorter amount of time than planned. There may have also been a need for expanded promotion beyond fliers, word of mouth, and social media. There were also organizational challenges with the reservation process for identified community listening session locations, which resulted in the rescheduling of three sessions. The addition of the five HEZs later in the assessment process, in conjunction with the holiday season, created a challenge to schedule and promote listening sessions before the end of the first phase of data collection per the grant performance measures. There were no community listening sessions conducted in HEZ 1, 3, 7, 11-14 even though sessions were scheduled.

Appendix D: Tarrant County Unity Council
Community Survey – English and Spanish

Community Survey

During the COVID-19 pandemic, Tarrant County Public Health noticed problems in the areas of health, transportation, communication, housing, criminal justice/policing, and education. The Tarrant County Unity Council was made to make a plan that focuses on fixing those problems. Your responses are very valuable and will help us to build a plan that fits the needs of your community. Please take 5-10 minutes to complete this survey. All responses are recorded anonymously.

Demographics:

1. What gender do you identify as?
❑ Male
❑ Female
❑ Other
❑ Prefer not to say

2. What is your race? (check all that apply)
❑ White/Caucasian
❑ Black/African American
❑ Native American/American Indian
❑ Asian/Pacific islander
❑ Other

3. What is your ethnicity?
❑ Hispanic
❑ Non-Hispanic

4. What is your ZIP Code? _____

5. What is your age?
❑ 0 – 17 years old
❑ 18 – 27 years old
❑ 28 – 45 years
❑ 46 – 64
❑ 65+
❑ Choose not to answer

6. What is your preferred language for communication?
❑ English
❑ Spanish
❑ Vietnamese
❑ Arabic
❑ Other _____

7. Are you able to read, write, and speak English? (check all that apply)
❑ Read
❑ Write
❑ Speak
❑ Other _____

8. Highest level of education
❑ Less than a high school diploma
❑ High school diploma or G.E.D.
❑ Bachelor's degree (e.g., BA, BS)
❑ Trade school or vocational training
❑ Master's degree (e.g., MA, MS, Med, MBA)
❑ Doctorate (e.g., PhD, EdD)
❑ Other (Please Specify) _____

Health:

1. Do you trust your healthcare provider? Why, or why not?
❑ Yes
❑ No
Why or why not?
_____

2. What is stopping you from getting the care you need? (check all that apply)
❑ Language barrier
❑ Miscommunication
❑ Money
❑ Limited or no Transportation
❑ Childcare
❑ Employment
❑ Appointment scheduling
❑ Location
❑ Wait lists
❑ I don't know
❑ Nothing is stopping me. I'm receiving the care I need.
❑ Other _____

3. Do you know how to use the following services if you or a loved one need them? (check all that apply)
❑ Inpatient care (e.g., admitted to hospital, rehabilitation center)
❑ Outpatient care (e.g., partial hospitalization)
❑ Counseling/Therapy
❑ Suicide hot line
❑ Crisis hot line
❑ None of the above
❑ Choose not to answer
❑ I don't know
❑ Other _____

Transportation:

1. Which of these forms of transportation do you use the most? (Check all that apply)
❑ Bus
❑ Train
❑ Ride sharing (e.g., ZIPZONE, Van Pool, Uber, Lyft, cab)
❑ Paratransit (e.g., handicap)
❑ Bike
❑ Personal Vehicle
❑ None

2. How often do you use public transportation (e.g., Bus, Train, Ride Sharing, Paratransit)?
❑ 0 days
❑ 1-2 days
❑ 3-4 days
❑ 5-6 days
❑ 7 days a week

3. How long does it take you to get to essential services (e.g., store, doctor appointments, work, childcare)?
❑ 1-5 minutes
❑ 6-10 minutes
❑ 11-20 minutes
❑ 21-30 minutes
❑ 31 minutes or more
❑ I don't know
❑ Does not apply

Communication:

1. How do you want to receive important information? (check all that apply)
- ❏ News channel
- ❏ Social Media
- ❏ Organization website
- ❏ Local community resources (e.g., library, community center, school, church)
- ❏ Phone
- ❏ Email
- ❏ Word of mouth
- ❏ Public Meeting
- ❏ Brochures/Pamphlets/Posters
- ❏ Other _____

2. Do you have access to technology (e.g., smart phone, computer, tablet, etc.)
- ❏ Yes
- ❏ No
- ❏ I don't know
- ❏ Does not apply

3. Do you know how to use the following types of technology? (check all that apply)
- ❏ Smart phone
- ❏ Desk top computer
- ❏ Lap top computer
- ❏ Tablet
- ❏ Other _____
- ❏ None of the above

Housing:

1. Do you own a home or renting?
- ❏ Own
- ❏ Renting
- ❏ Does not apply

2. If a large, unexpected expense came up, would you be able to afford rent/ mortgage for that month?
- ❏ Yes, with saving leftover
- ❏ Yes, with no savings leftover
- ❏ Yes, with governmental assistance (e.g., TANF, Housing Voucher, Section 8, etc.)
- ❏ Yes, with a loan (e.g., from family or friend, private loan, title loan, pawn loan, etc.)
- ❏ No

3. How would you rate the conditions of your home?
- ❏ Poor
- ❏ Fair
- ❏ Good
- ❏ Very Good
- ❏ Excellent
- ❏ Does not apply

4. What changes would you like to see in your neighborhood?

_____

_____

_____

_____

_____

Criminal Justice/ Policing:

1. "I believe the police in my neighborhood can help a loved one that has special needs (e.g., disability, mental health emergency, substance use), without hurting them."
- ❏ Strongly Agree
- ❏ Somewhat agree
- ❏ Neither Agree nor Disagree
- ❏ Somewhat disagree
- ❏ Strongly Disagree

2. "I believe the police treat all people fairly in my neighborhood."
- ❏ Strongly Agree
- ❏ Somewhat agree
- ❏ Neither Agree nor Disagree
- ❏ Somewhat disagree
- ❏ Strongly Disagree

3. Since the COVID-19 pandemic how many times have you had face-to-face interaction with the officers of the law (e.g., police officers, correctional officers, state troopers, etc.)?
- ❏ 0
- ❏ 1-3
- ❏ 4 or more
- ❏ I was in jail or prison

4. What happened because of the stop? (Select all that apply):
- ❏ Nothing/Given a warning
- ❏ Received help
- ❏ Ticketed for a car related offense
- ❏ Searched
- ❏ Arrested
- ❏ Held in jail more than 48 hours
- ❏ Does not apply
- ❏ Other _____

Education:

1. Based on you and your child(ren)'s experience, rate the quality of mental and/or emotional health services provided by schools in your area.
- ❏ Poor
- ❏ Fair
- ❏ Good
- ❏ Very Good
- ❏ Excellent
- ❏ I don't know
- ❏ Choose not to answer

2. Does your child(ren) have access to early learning programs (e.g., Head Start, childcare centers, Montessori programs, etc.) in your community?
- ❏ Yes
- ❏ No
- ❏ I don't know
- ❏ Does not apply

3. Does your family have access to any community-based education programs (e.g., service learning, technical prep, school-to-work, youth apprenticeship, adult literacy, etc.)?
- ❏ Yes
- ❏ No
- ❏ I don't know
- ❏ Does not apply

Thank you for your time and feedback!

If you would like to learn more about the Tarrant County Unity Council, please go to the TCUC webpage or contact PHTCUC@TarrantCounty.com.

Community Health Equity & Inclusion Division
Tarrant County Public Health

Encuesta Comunitario

Durante la pandemia de COVID-19, la Salud Pública del Condado de Tarrant notó problemas en las áreas de salud, transporte, comunicación, vivienda, justicia penal/policia y educación. El Concilio de Unidad del Condado de Tarrant fue creado para realizar un plan centrado con soluciones respecto a estos problemas.

Sus respuestas son muy valiosas y nos ayudarán a construir un plan que se ajuste a las necesidades de su comunidad. Por favor, tómese de 5 a 10 minutos para completar esta encuesta. Todas las respuestas se registran de forma anónima.

Demografía:

1.¿Con que género te identificas?
- ❑ Masculino
- ❑ Femenino
- ❑ Prefiero no responder

2.¿A cuál es tu raza? (marque todo lo que corresponda)
- ❑ Blanco/Caucásico
- ❑ Negro/Afroamericano
- ❑ Nativo Americano/Indio Americano
- ❑ Asiático/Isleño del Pacífico
- ❑ Otro _____

3.¿A cuál es tu origen étnico? (marque todo lo que corresponda)
- ❑ Hispánico
- ❑ No hispano

4.¿A cuál es tu ccódigo postal? _____

5.¿A cuál es tu edad?
- ❑ 0-17 años
- ❑ 18-27 años
- ❑ 28- 45 años
- ❑ 46 – 64 años
- ❑ 65+ o mas
- ❑ Prefiero no responder

6.¿A cuál es tu idioma preferido?
- ❑ Inglés
- ❑ Español
- ❑ Vietnamita
- ❑ Árabe
- ❑ Otro _____

7.¿Puede leer, escribir y hablar inglés? (marque todo lo que corresponda)
- ❑ Leer
- ❑ Escribir
- ❑ Hablar
- ❑ Otro _____

8.¿A cuál es tu nivel más alto de educación?
- ❑ Menos de un diploma de escuela secundaria (preparatoria)
- ❑ Diploma de escuela secundaria o G.E.D. (preparatoria)
- ❑ Licenciatura
- ❑ Certificación en Escuela de Comercio o Entrenamiento Vocacional
- ❑ Maestría (maestro/especialidad)
- ❑ Doctorado
- ❑ Otro (especifique) _____

Salud:

1.¿Confía en su proveedor de atención médica? ¿Porque o porque no?
- ❑ Si
- ❑ No

¿Porque o porque no?

_____
_____
_____

2.¿Qué le impide obtener la atención medica que necesita? (marque todo lo que corresponda)
- ❑ Barrera de idioma
- ❑ Falta de comunicación
- ❑ Dinero/Económico
- ❑ Transportación limitada o falta de transportación
- ❑ Cuidado de niño
- ❑ Empleo/Trabajo
- ❑ Programación de citas
- ❑ Ubicación
- ❑ Listas de espera
- ❑ No se
- ❑ Nada me lo impide, estoy recibiendo la atención medica necesaria
- ❑ Otro (especifique) _____

3.¿Sabe cómo usar los siguientes servicios si usted o un ser querido los necesita? (marque todo lo que corresponda)
- ❑ Cuidado de paciente hospitalizado (p.ej. Admitido al hospital, centro de rehabilitación)
- ❑ Cuidado de paciente ambulatorio (p.ej. cirugía de mismo día, hospitalización parcial, atención de urgencias)
- ❑ Terapia/Consejería
- ❑ Línea directa de suicidio
- ❑ Línea directa de crisis
- ❑ Ninguna de las anteriores
- ❑ Prefiero no responder
- ❑ No se
- ❑ Otro (especifique) _____

Transporte:

1.¿Cuál de estas formas de transporte utilizas más? (marque todo lo que corresponda)
- ❑ Autobús
- ❑ Tren
- ❑ Viaje compartido (p.ej., ZIPZONA, Van Pool, Uber, Lyft, Taxi)
- ❑ Para tránsito (p.ej., Incapacitado)
- ❑ Bicicleta
- ❑ Vehículo personal
- ❑ Ninguno

2.¿Con qué frecuencia utiliza el transporte público (p.ej., autobús, tren, viaje compartido, para tránsito)?
- ❑ 0 días
- ❑ 1-2 días
- ❑ 3-4 días
- ❑ 5-6 días
- ❑ 7 días a la semana

3.¿Cuánto tiempo te toma llegar a servicios esenciales? (p.ej., mercado, citas con el médico, trabajo, cuidado de niños)?
- ❑ 1-5 minutos
- ❑ 6-10 minutos
- ❑ 11-20 minutos
- ❑ 21-30 minutos
- ❑ 31 minutos o más
- ❑ No se
- ❑ No aplica

Comunicación:

1. ¿Cómo desea recibir información importante? (marque todo lo que corresponda)
❑ Canal de noticias
❑ Redes sociales
❑ Sitio web de la organización
❑ Recursos de la comunidad local (p.ej., biblioteca, centro comunitario, escuela, iglesia)
❑ Teléfono
❑ Correo electrónico
❑ Boca a boca
❑ Reunión pública
❑ Folletos/Carteles
❑ Otro (especifique) _____

2. ¿Tiene acceso a la tecnología (p.ej., teléfono inteligente, computadora, Wifi, etc.)?
❑ Sí
❑ No
❑ No se
❑ No aplica

3. ¿Sabe cómo utilizar los siguientes tipos de tecnología? (marque todo lo que corresponda)
❑ Teléfono inteligente
❑ Computadora
❑ Computadora portátil
❑ Tableta
❑ Otro (especifique)
❑ No aplica

Vivienda:

1. ¿Eres dueño de una casa o alquilas?
❑ Poseer (dueño/a)
❑ Alquiler (rentar)
❑ No aplica

2. Si surgiera un gasto grande e inesperado, ¿podría pagar el alquiler o la hipoteca de ese mes?
❑ Si, con ahorros restantes
❑ Si, sin ahorros restantes
❑ Si, con asistencia del gobierno (p.ej., vale de vivienda, Sección 8, etc.)
❑ No

3. ¿Cómo clasifica las condiciones de su vivienda?
❑ Pobre
❑ Justa
❑ Bien
❑ Muy Bien
❑ Excelente
❑ No aplica

4. ¿Qué cambios te gustaría ver en tu vecindario?
_____
_____
_____
_____
_____
_____
_____

Justicia Penal / Policia:

1. "Siento que la policía puede ayudar a un ser querido que tiene necesidades especiales (p. ej., discapacidad, emergencia de salud mental, consumo de sustancias) sin lastimarlo."
❑ Totalmente de acuerdo
❑ Algo de acuerdo
❑ Ni de acuerdo ni en desacuerdo
❑ Algo en desacuerdo
❑ Totalmente en desacuerdo

2. "Creo que la policía trata a todas las personas de manera justa."
❑ Totalmente de acuerdo
❑ Algo de acuerdo
❑ Ni de acuerdo ni en desacuerdo
❑ Algo en desacuerdo
❑ Totalmente en desacuerdo

3. Desde la pandemia de COVID-19, ¿cuántas veces ha tenido interacción cara a cara con los agentes de la ley (p. ej., agentes de policía, funcionarios penitenciarios, policía estatal, etc.)?
❑ 0
❑ 1-3
❑ 4 o mas
❑ Estuve encarcelado(a) o prisión

4. ¿A cuál fue el resultado de la parada? (Seleccione todas las que correspondan)
❑ Nada/ solo una advertencia
❑ Recibí ayuda
❑ Multado por un delito relacionado con la conducción
❑ Estuve encarcelado/a o prisión
❑ Esculcado(a)
❑ Arrestado/detenido(a)
❑ Detenido(a) por mas de 48 horas
❑ No Aplica
❑ Otro (especifique) _____

Educación:

1. Basado en su experiencia y la de sus hijos, califique la calidad de los servicios de salud mental disponibles por las escuelas en su área.
❑ Pobre
❑ Justo
❑ Bien
❑ Muy bien
❑ Excelente
❑ No se
❑ Prefiero no responder

2. ¿Sus hijos, tienen acceso a programas de aprendizaje temprano en su comunidad?
❑ Sí
❑ No
❑ No se
❑ No Aplica

3. ¿Su familia tiene acceso a programas de educación basados en la comunidad (p.ej., aprendizaje de servicio, preparación tecnológica, escuela para trabajar, aprendizaje juvenil) para jóvenes o adultos en su comunidad?
❑ Sí
❑ No
❑ No se
❑ No Aplica

¡Gracias por su tiempo y comentarios!

Si desea obtener mas información sobre el Concilio de Unidad del Condado de Tarrant, por favor, vaya a la pagina web de TCUC o póngase en contacto con PHTCUC@TarrantCounty.com.

División de Equidad e Inclusión en Salud Comunitaria Salud Pública del Condado de Tarrant

Appendix E: Tarrant County Unity Council
Community Listening Session Questions

There are six sections of the discussion. Each section will have three questions. We may ask additional questions for clarity.

Health
  1. What does being healthy mean to you?
  2. What kind of resources would you like to see in your local area to increase health?
  3. What stops you from being as healthy as you could be?

Transportation
  1. How do you get around in your community?
  2. How far do you have to travel to essential services (e.g., grocery store, doctor appointments, work, childcare, etc.)?
  3. How could getting around in your community be easier?

Communication
  1. How do you want to receive important information from places in Tarrant County, such as public health, social services, healthcare, school districts, etc.?
  2. Who do you want to be heard by that has the power to make changes on the issues that are important to you?
  3. Do you feel that your voice is being heard on issues (e.g., health, housing, communication, transportation, etc.) that are important to you? Why or why not?

Housing
  1. How would you describe your neighborhood?
  2. If a large, unexpected expense came up, in what way would it change your budget for housing?
  3. What changes would you like to see in your neighborhood?

Criminal Justice & Policing
  1. Do you feel safe in your community?
  2. If you don't feel safe, who could you call that would come help you quickly?
  3. What makes your community safe?

Education
  1. How would you describe the schools in your neighborhood?
  2. Do you think your community needs any community-based education programs (e.g., service learning, technical prep, adult literacy, school-to-work, youth apprenticeship, etc.)?
  3. What kind of extra-curricular activities would you like to see in your local school district?

Additional/follow-up questions
  o Do you feel like we're asking the right questions?
  o Is there anything we missed?
  o Do you feel like this listening session is helpful?
  o Any additional comments?

Appendix F: Tarrant County Community Health Assessment, 2016-2020

Metric Summary

The following tables include Tarrant County Community Health Assessment (CHA) Metrics that had trend data available to show changes over time. Each table includes the following variables:

- Domain – the CHA Domain (or Section) the metric is included
- Metric – Metric Title
- Overall TC Trend – For Tarrant County as a whole, shows if the metric has:
  - Worsened (Significantly)
  - Worsened (Not Significantly)
  - Not Changed
  - Improved (Not Significantly)
  - Improved (Significantly)
  [Significantly = the change in the metric over time is statistically significant at the 95% confidence level or the p-value is <0.05]
- TC Compared to Texas/TC Compared to United States
  - Was Tarrant County Better, Worse, or No Different from Texas or the United States; N/A entered if a comparable metric was not available
- Healthy People 2020 and Healthy People 2030 Objectives
  - Was the metric for Tarrant County Met/Not Met; N/A entered if there was not a comparable objective available
- Female Compared to Male
  - Was the metric Better, Worse, or No Different for female Tarrant County residents compared to male Tarrant County residents; N/A entered if no comparable result was available
- Hispanic Compared to NH-White
  - Was the metric Better, Worse, or No Different for Hispanic Tarrant County residents compared to Non-Hispanic White Tarrant County residents; N/A entered if no comparable result was available
- NH-Black Compared to NH-White
  - Was the metric Better, Worse, or No Different for Non-Hispanic Black Tarrant County residents compared to Non-Hispanic White Tarrant County residents; N/A entered if no comparable result was available

Metrics that WORSENED (n=10)

Change was Statistically Significant

Domain	Metric	Overall TC Trend	TC Compared to Texas	TC Compared to the United States	Healthy People 2020 Objective	Healthy People 2030 Objective	Female Compared to Male	Hispanic Compared to NH-White	NH-Black Compared to NH-White
Alcohol Tobacco Drug Use	Drug Overdoses per 100,000 Population	Worsened (Sig)	Better	Better	Not Met	Met	Better	Better	Better
Chronic Disease Management	Diabetes Mortality	Worsened (Sig)	No Difference	Worse	N/A	N/A	Better	Worse	Worse
Injury (Unintentional)	Unintentional Injury Mortality, Age-Adjusted Rate per 100,000 Population	Worsened (Sig)	Better	Better	Not Met	Met	Better	Better	No Difference
Injury (Unintentional)	Unintentional Poisoning Mortality, Age Adjusted Rate per 100,000 Population	Worsened (Sig)	No Difference	Better	Not Met	N/A	Better	Better	Better
Morbidity	Low Birth Weight (percent of babies born <2500 grams)	Worsened (Sig)	Worse	Worse	Not Met	N/A	Worse	Worse	Worse
Mortality	All Cause Mortality Rate	Worsened (Sig)	No Difference	No Difference	N/A	N/A	Better	Better	Worse
Reproductive & Sexual Health	Preterm Births (Percent of Births < 37 Weeks Gestation)	Worsened (Sig)	Better	No Difference	Not Met	Not Met	Better	Worse	Worse
Social Support, Violence & Community Safety	Homicide Rate	Worsened (Sig)	No Difference	No Difference	Not Met	Not Met	Better	Worse	Worse
Social Support, Violence & Community Safety	Juvenile Arrests	Worsened (Sig)	Better	Better	N/A	N/A	N/A	N/A	N/A
Social Support, Violence & Community Safety	Violent Crime Rate	Worsened (Sig)	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Change was NOT Statistically Significant

Domain	Metric	Overall TC Trend	TC Compared to Texas	TC Compared to the United States	Healthy People 2020 Objective	Healthy People 2030 Objective	Female Compared to Male	Hispanic Compared to NH-White	NH-Black Compared to NH-White
Access to Care	Medicare Healthcare Costs	Worsened (Not Sig)	No Difference	Worse	N/A	N/A	N/A	N/A	N/A
Alcohol Tobacco Drug Use	Alcohol Impaired Driving Deaths	Worsened (Not Sig)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Alcohol Tobacco Drug Use	Alcohol-Induced Mortality	Worsened (Not Sig)	No Difference	Better	N/A	N/A	Better	Better	Better
Chronic Disease Management	Breast Cancer Incidence (Female)	Worsened (Not Sig)	Worse	No Difference	N/A	N/A	N/A	Better	No Difference
Chronic Disease Management	Cervical Cancer Incidence	Worsened (Not Sig)	No Difference	Worse	N/A	N/A	N/A	No Difference	No Difference
Chronic Disease Management	Cervical Cancer Mortality	Worsened (Not Sig)	No Difference	No Difference	N/A	N/A	N/A	No Difference	Worse
Chronic Disease Management	Colon Cancer Incidence	Worsened (Not Sig)	No Difference	No Difference	Met	N/A	Better	Better	Worse
Injury (Unintentional)	Fatal Drowning, Age Adjusted Rate per 100,000 Population	Worsened (Not Sig)	No Difference	No Difference	Not Met	N/A	Better	No Difference	No Difference
Injury (Unintentional)	Injury Deaths Due to Falls for Age 65 and Older per 100,000 Population	Worsened (Not Sig)	No Difference	Better	Not Met	Met	No Difference	No Difference	Better
Injury (Unintentional)	Motor Vehicle Crashes, Age Adjusted Death Rate per 100,000 Population	Worsened (Not Sig)	Better	Better	Met	Not Met	Better	No Difference	No Difference
Mental Health	Alzheimer's Disease Mortality, Age Adjusted per 100,000 Population	Worsened (Not Sig)	Worse	Worse	N/A	N/A	Worse	Better	Better
Mortality	Child Mortality, Mortality Rate among 1-14 year olds	Worsened (Not Sig)	No Difference	No Difference	N/A	N/A	No Difference	No Difference	No Difference
Social Support, Violence & Community Safety	Firearm Fatalities	Worsened (Not Sig)	No Difference	No Difference	Not Met	Not Met	Better	Better	No Difference

Change was NOT Statistically Significant

Domain	Metric	Overall TC Trend	TC Compared to Texas	TC Compared to the United States	Healthy People 2020 Objective	Healthy People 2030 Objective	Female Compared to Male	Hispanic Compared to NH-White	NH-Black Compared to NH-White
Access to Care	Dentist Rate	Improved (Not Sig)	No Difference	Worse	N/A	N/A	N/A	N/A	N/A
Access to Care	Optometrists Rate	Improved (Not Sig)	No Difference	N/A	N/A	N/A	N/A	N/A	N/A
Access to Care	Primary Care Provider Rate	Improved (Not Sig)	No Difference	Worse	N/A	N/A	N/A	N/A	N/A
Chronic Disease Management	Breast Cancer Mortality (Female)	Improved (Not Sig)	No Difference	No Difference	Met	Not Met	N/A	Better	Worse
Chronic Disease Management	Colon Cancer Mortality	Improved (Not Sig)	No Difference	No Difference	Met	Not Met	Better	Better	Worse
Mental Health	Suicide Rate	Improved (Not Sig)	No Difference	Better	Not Met	Met	Better	Better	Better
Mortality	Infant Mortality Rate per 1,000 Live Births	Improved (Not Sig)	Worse	Worse	Met	Not Met	Better	Worse	Worse
Reproductive & Sexual Health	Birth defects per 10,000 live Births	Improved (Not Sig)	Worse	N/A	N/A	N/A	Better	No Difference	No Difference

Metrics that IMPROVED (n=17)

Change was Statistically Significant

Domain	Metric	Overall TC Trend	TC Compared to Texas	TC Compared to the United States	Healthy People 2020 Objective	Healthy People 2030 Objective	Female Compared to Male	Hispanic Compared to NH-White	NH-Black Compared to NH-White
Access to Care	Adults who have had a Routine Check Up	Improved (Sig)	No Difference	No Difference	N/A	N/A	Better	Worse	No Difference
Access to Care	Mental Healthcare Provider Rate	Improved (Sig)	Better	N/A	N/A	N/A	N/A	N/A	N/A
Access to Care	Non-physician Primary Care Provider Rate	Improved (Sig)	No Difference	N/A	N/A	N/A	N/A	N/A	N/A
Alcohol Tobacco Drug Use	Tobacco Usage Adults - Current Smokers	Improved (Sig)	No Difference	No Difference	Met	Not Met	Better	No Difference	No Difference
Built Environment	Broadband Access	Improved (Sig)	Better	Better	N/A	N/A	N/A	N/A	N/A
Chronic Disease Management	High Cholesterol Prevalence	Improved (Sig)	Better	Better	Not Met	N/A	No Difference	No Difference	No Difference
Communicable Disease	Percent of Adults 65 Years and Older that Received Annual Influenza Shot	Improved (Sig)	No Difference	No Difference	Not Met	N/A	No Difference	N/A	No Difference
Morbidity	Poor or Fair Health	Improved (Sig)	No Difference	No Difference	N/A	N/A	No Difference	No Difference	No Difference
Morbidity	Total Hospitalizations Per 1000 Population	Improved (Sig)	Better	N/A	N/A	N/A	N/A	Better	Better
Oral Health	Adults who have had Permanent Teeth Extracted	Improved (Sig)	No Difference	No Difference	Met	N/A	No Difference	No Difference	No Difference
Reproductive & Sexual Health	Infants Born to Mothers with < 12 years of education	Improved (Sig)	Better	Worse	N/A	N/A	N/A	Worse	Worse
Reproductive & Sexual Health	Live Birth Rate per 1000 Females ages 15 to 19	Improved (Sig)	Better	Worse	N/A	Met	N/A	Worse	Worse
Reproductive & Sexual Health	Percent of Women Receiving Late or No Prenatal Care	Improved (Sig)	Worse	Worse	Not Met	N/A	N/A	Worse	Worse
Reproductive & Sexual Health	Teen Pregnancy Rate	Improved (Sig)	Better	Worse	N/A	N/A	N/A	N/A	N/A
Social Support, Violence & Community Safety	Children Eligible for Free or Reduced-Priced Lunch	Improved (Sig)	No Difference	N/A	N/A	N/A	N/A	N/A	N/A
Social Support, Violence & Community Safety	Property Crime Rate	Improved (Sig)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Social Support, Violence & Community Safety	Single-Parent Households	Improved (Sig)	Worse	Worse	N/A	N/A	Worse	N/A	N/A

Metrics with NO CHANGE (n=26)

Domain	Metric	Overall TC Trend	TC Compared to Texas	TC Compared to the United States	Healthy People 2020 Objective	Healthy People 2030 Objective	Female Compared to Male	Hispanic Compared to NH-White	NH-Black Compared to NH-White
Access to Care	Adults 19 to 64 with Health Insurance	No Change	Better	Worse	Not Met	Not Met	Better	Worse	Worse
Access to Care	Children with Health Insurance	No Change	No Difference	Worse	Not Met	Not Met	No Difference	Worse	Worse
Alcohol Tobacco Drug Use	Binge Drinking in Adults	No Change	No Difference	No Difference	Met	Met	Better	No Difference	No Difference
Alcohol Tobacco Drug Use	E-cigarettes, vaping, etc.	No Change	No Difference	N/A	N/A	N/A	No Difference	No Difference	No Difference
Alcohol Tobacco Drug Use	Heavy Alcohol Use in Adults	No Change	No Difference	No Difference	N/A	N/A	No Difference	No Difference	No Difference
Chronic Disease Management	Asthma	No Change	No Difference	No Difference	N/A	N/A	Worse	N/A	No Difference
Chronic Disease Management	Cancer (adults who have ever had any type of cancer including skin cancer)	No Change	No Difference	No Difference	N/A	N/A	No Difference	N/A	Better
Chronic Disease Management	Cervical Cancer Screening	No Change	N/A	N/A	Not Met	Not Met	N/A	No Difference	No Difference
Chronic Disease Management	Diabetes Prevalence	No Change	No Difference	No Difference	N/A	N/A	No Difference	No Difference	No Difference
Chronic Disease Management	Diabetes Screening	No Change	N/A	N/A	N/A	N/A	No Difference	No Difference	No Difference
Chronic Disease Management	Heart Disease/Heart Condition Prevalence	No Change	No Difference	No Difference	N/A	N/A	No Difference	Better	No Difference
Chronic Disease Management	High Blood Pressure Prevalence	No Change	No Difference	No Difference	Not Met	Met	No Difference	Better	No Difference
Chronic Disease Management	High Cholesterol Screening	No Change	Worse	Worse	Not Met	N/A	No Difference	No Difference	No Difference
Chronic Disease Management	Mammography Screening	No Change	N/A	N/A	Met	Met	N/A	No Difference	No Difference
Mental Health	Depression	No Change	No Difference	No Difference	N/A	N/A	No Difference	No Difference	No Difference
Mental Health	Frequent Mental Distress	No Change	Better	Better	N/A	N/A	Worse	No Difference	No Difference
Mental Health	Percent of Residents Experiencing Confusion or Memory Loss (Subjective Cognitive Decline)	No Change	N/A	N/A	N/A	N/A	No Difference	No Difference	No Difference
Mental Health	Poor Mental Health	No Change	Better	N/A	N/A	N/A	No Difference	No Difference	No Difference
Morbidity	Very Low Birth Weight	No Change	No Difference	No Difference	N/A	N/A	N/A	Worse	Worse
Oral Health	Adults who Visited a Dentist	No Change	No Difference	No Difference	N/A	N/A	No Difference	Worse	Worse
Physical Activity & Nutrition	Consumed Fruit One or More Times Per Day	No Change	N/A	N/A	N/A	N/A	Better	No Difference	No Difference
Physical Activity & Nutrition	Consumed Vegetables One or More Times Per Day	No Change	N/A	N/A	N/A	N/A	No Difference	No Difference	No Difference
Physical Activity & Nutrition	Percent of Adults that are Overweight or Obese	No Change	No Difference	No Difference	N/A	N/A	Better	No Difference	No Difference
Physical Activity & Nutrition	Physical Inactivity among Adults	No Change	N/A	N/A	Not Met	Not Met	No Difference	No Difference	No Difference
Reproductive & Sexual Health	Percentage of infants who were breastfed	No Change	N/A	N/A	Met	N/A	Better	Worse	Worse
Social Support, Violence & Community Safety	Social Associations	No Change	Worse	N/A	N/A	N/A	N/A	N/A	N/A

Appendix G: Acronyms

ADI	Area Deprivation Index
BMI	Body Mass Index
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CHA	Community Health Assessment
CHIP	Community Health Improvement Plan
CNI	Community Need Index
FPL	Federal Poverty Level
HEZs	Health Equity Zones
HIV	Human Immunodeficiency Virus
JPS	John Peter Smith Hospital Network
NACCHO	National Association of County and City Health Officials
NSLP	Federal National School Lunch Program
OB/GYN	Obstetrics/Gynecology
PHAB	Public Health Accreditation Board
SNAP	Supplemental Nutrition Assistance Program
SVI	Social Vulnerability Index
STD	Sexually Transmitted Disease
TB	Tuberculosis
TCHD	Tarrant County Hospital District
TCPH	Tarrant County Public Health
TCUC	Tarrant County Unity Council
TxDOT	Texas Department of Transportation
YPLL	Years of Potential Life Lost

Appendix H: Definitions

WORD	DEFINITION
Age-Adjusted Rate	A statistical measure that allows groups of people to be compared in a way that the age distribution differences between the groups in a study do not affect what is being measured. Commonly used when comparing death data between two populations (*National Cancer Institute, n.d.*).
Age-Specific Rate	The number of cases or deaths in a specified age category divided by the population in the specified age category multiplied by 100,000 (*Centers for Disease Control and Prevention, United States Cancer Statistics, 2022*).
Area Deprivation Index	A multidimensional evaluation of a region's socioeconomic conditions, which have been linked to health outcomes (*Centers for Disease Control and Prevention, United States Cancer Statistics, 2016*).
Built Environment	The man-made or modified structures that provide people with living, working, and recreational spaces (*United States Environmental Protection Agency, 2023*).
Census Tract	A small, relatively permanent statistical subdivision of a county created for the purpose of presenting data (*United States Census Bureau, 2022*).
Chronic Disease	Conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both (*Centers for Disease Control and Prevention, United States Cancer Statistics, 2022*).
Communicable Diseases	Illnesses that spread from one person to another or from an animal to a person, or from a surface or a food (*Centers for Disease Control and Prevention, United States Cancer Statistics, 2023*).
Community	A group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings (*National Library of Medicine, 2001*).
Community Engagement	A process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health impact and outcomes (*World Health Organization, 2020*).

WORD	DEFINITION
Community Health Assessment (CHA)	A state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis (*Public Health Accreditation Board, 2011*).
Community Health Improvement Plan (CHIP)	A long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process (*Public Health Accreditation Board, 2011*).
Community Need Index (CNI)	A ZIP Code-based score that accounts for a community's unmet needs with respect to healthcare and is publicly accessible via the internet (*National Library of Medicine, 2019*).
Culture	A way of life of a group of people--the behaviors, beliefs, values, and symbols that they accept, generally without thinking about them, and that are passed along by communication and imitation from one generation to the next (*University of Houston, Center for Diversity and Inclusion, 2023*).
Disability	Any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions) (*Centers for Disease Control and Prevention, United States Cancer Statistics, 2020*).
Evaluation	The determination of the value, nature, character, or quality of something or someone; appraise (*Merriam Webster Dictionary, 2023*).
Health Disparities	Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations (*Centers for Disease Control and Prevention, 2017*).
Health Equity	The state in which everyone has a fair and just opportunity to attain their "full health potential" or highest level of health and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances", (*Centers for Disease Control and Prevention, 2013*).
Health Inequities	Unfair systematic differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work, and age (*World Health Organization, 2023*).
Healthcare Access	The ability to obtain healthcare services, such as prevention, diagnosis, treatment, and management of diseases, illness, disorders, and other health-impacting conditions (*University of Missouri – School of Medicine, 2023*).

WORD	DEFINITION
Household Composition	A household in one of two categories: a) a one-person household, in which one person makes provision for his or her own food or other essentials for living without combining with any other person; or b) a multi-person household of two or more persons living together who make common provision for food or other essentials for living (*United Nations Department of Economic and Social Affairs/ Population Division, 2022*).
Incidence	The number of individuals who develop a specific disease or experience a specific health-related event during a particular time period (such as a month or year) (*Harvard T.H. Chan – School of Public Health, 2023*).
Inclusivity	The fact of including all types of people, things or ideas and treating them all fairly and equally.
Methodology	A system of ways of doing, teaching, or studying something (*Cambridge Advanced Learner's Dictionary & Thesaurus – Cambridge University Press, 2023*).
Morbidity	The state of being symptomatic or unhealthy for a disease or condition (*National Library of Medicine, 2022*).
Mortality	Related to the number of deaths caused by the health event under investigation (*National Library of Medicine, 2022*).
Natural Environment	A term that encompasses all living and non-living things occurring naturally on Earth or some region thereof (*Environment and Ecology, 2023*).
Population	The whole number of people or inhabitants in a country or region (*Merriam Webster Dictionary, 2023*).
Poverty Level	A level of income above which it is possible to achieve an adequate standard of living and below which it is not. It fluctuates with the cost of living (*The New Dictionary of Cultural Literacy Third Edition, 2005*).
Poverty Threshold	Income thresholds developed by the United States Census Bureau that incorporate the size and composition of a family to determine poverty status (*United States Census Bureau, 2023*).
Prevalence	The total number of individuals in a population who have a disease or health condition at a specific period of time, usually expressed as a percentage of the population (*Harvard T.H. Chan – School of Public Health, 2023*).

WORD	DEFINITION
Preventive Services	Routine healthcare that are rendered by PCPs at clinics, hospitals, and/or the health department, as well as from nurse practitioners, parish nurses, community health workers and navigators to decrease the likelihood of future disease diagnoses (*Department of Health & Human Services, Healthcare.gov, n.d.*).
Proportion	The ratio of a part to the whole, commonly expressed as a percent (*Merriam Webster Dictionary, 2023*).
Qualitative Data	Data representing information and concepts that are not represented by numbers. They are often gathered from interviews and focus groups, personal diaries and lab notebooks, maps, photographs, and other printed materials or observations (*National Library of Medicine, 2022*).
Quantitative Data	Data represented numerically, including anything that can be counted, measured, or given a numerical value (*National Library of Medicine, 2022*).
Race	A social construct that artificially divides people into distinct groups based on characteristics, such as physical appearance, ancestral heritage, cultural affiliation, cultural history, ethnic classification, and the political needs of a society at a given period of time (*University of Houston, Center for Diversity and Inclusion, 2023*).
Rate	A quantity, amount, or degree of something measured per unit of something else. In relation to public health, it is a measure of frequency used to describe how often a disease, health condition, or health related event is occurring in a population (*Merriam Webster Dictionary, 2023*).
Rural	Relating to the country, country people or life, or agriculture (*Merriam Webster Dictionary, 2023*).
Social Determinants of Health	The nonmedical factors that influence health outcomes; They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems (*Centers for Disease Control and Prevention, United States Cancer Statistics, 2022*).

WORD	DEFINITION
Social Vulnerability Index	The potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss (*Agency for Toxic Substances & Disease Registry, 2022*).
Socioeconomic Status	The position of an individual or group on the socioeconomic scale, which is determined by a combination of social and economic factors, such as income, amount and kind of education, type and prestige of occupation, place of residence, and—in some societies or parts of society—ethnic origin or religious background. Examinations of socioeconomic status often reveal inequities in access to resources, as well as issues related to privilege, power, and control (*American Psychological Association, 2023*).
Urban	Relating to, characteristic of, or constituting a city or town (*Merriam Webster Dictionary, 2023*).

Data Sources

www.apa.org/topics/socioeconomic-status

www.ascendient.com/

www.atsdr.cdc.gov/placeandhealth/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.atsdr.cdc.gov%2Fdthhs%2Foffice_of_director%2Fgrasp.html

www.atsdr.cdc.gov/placeandhealth/svi/index.html#:~:text=Social%20vulnerability%20refers%20to%20the,human%20suffering%20and%20economic%20loss

www.cancer.gov/publications/dictionaries/cancer-terms/def/age-adjusted-rate

www.careshq.org

www.cdc.gov/about/sdoh/index.html#:~:text=Social%20determinants%20of%20health%20(SDOH,the%20conditions%20of%20daily%20life

www.cdc.gov/aging/disparities/index.htm#:~:text=Health%20disparities%20are%20preventable%20differences,age%20groups%2C%20including%20older%20adults

www.cdc.gov/brfss/

www.cdc.gov/cancer/uscs/about/hints.htm

www.cdc.gov/chronicdisease/about/index.htm#:~:text=Chronic%20diseases%20are%20defined%20broadly,disability%20in%20the%20United%20States

www.cdc.gov/chronicdisease/index.htm

www.cdc.gov/ncbddd/disabilityandhealth/disability.html

www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/overview/healthequity.htm#:~:text=Health%20equity%20is%20achieved%20when,of%20unfair%20health%20differences%20closely

www.cdc.gov/nchhstp/default.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fnchhstp%2Findex.html

www.cdc.gov/nchs/nvss/index.htm

www.cdc.gov/niosh/topics/aircrew/communicablediseases.html#:~:text=Communicable%20diseases%20are%20illnesses%20that,sick%20person%20sneezing%20or%20coughing

www.cdc.gov/pcd/issues/2016/16_0221.htm#:~:text=An%20area%20deprivation%20index%20(ADI)%20is%20a%20multidimensional%20evaluation%20of,outcomes%20at%20various%20geographic%20levels

www.cdc.gov/places/

www.census.gov/programs-surveys/acs/

www.census.gov/programs-surveys/cbp.html

www.census.gov/programs-surveys/geography/about/glossary.html#par_textimage_13

www.census.gov/programs-surveys/saipe.html

www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html

www.centerforchildrenshealth.org/data/cchaps/

www.chicago.gov/city/en/sites/covid-19/home/healthy-chicago-equity-zones.html#:~:text=The%20Healthy%20Chicago%20Equity%20Zones,Chicago's%20racial%20life%20expectancy%20gap

www.childhealthdata.org/browse/survey

www.chronicdata.cdc.gov/browse?category=500+Cities+%26+Places&sortBy=newest&utf8

www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main

www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main

www.countyhealthrankings.org

www.countyhealthrankings.org/explore-health-rankings/texas/tarrant?year=2022

www.dictionary.cambridge.org/us/dictionary/english/inclusivity

www.dictionary.cambridge.org/us/dictionary/english/methodology

www.dictionary.com/browse/poverty-level

www.diversitydatakids.org/maps/#/explorer/tracts/48439111104/15/10,15//xc/n/1.0.14/32.894/-91.744/4.91/

www.doh.wa.gov/community-and-environment/health-equity/health-equity-zones

www.droughtmonitor.unl.edu

www.dshs.texas.gov/center-health-statistics

www.environment-ecology.com/what-is-environment/669-environment.html

www.epa.gov

www.epa.gov/smm/basic-information-about-built-environment

www.equityindicators.org/#:~:text=Equity%20Indicators%20%E2%80%93%20Institute%20for%20State,or%20equity%20in%20their%20city

www.equityindicators.org/#:~:text=Equity%20Indicators%20%E2%80%93%20Institute%20for%20State,or%20equity%20in%20their%20city

www.ers.usda.gov/data-products/food-access-research-atlas

www.evictionlab.org

www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/ucr

www.health.ri.gov/programs/detail.php?pgm_id=1108

www.healthcare.gov/glossary/

www.healthywilliamsoncounty.org/tiles/index/display?id=189505412342358036

www.hsph.harvard.edu/obesity-prevention-source/prevalence-incidence/

www.icpsr.umich.edu/web/ICPSR/series/57

www.icpsr.umich.edu/web/pages/NACJD/index.html

www.medicine.missouri.edu/centers-institutes-labs/health-ethics/faq/health-care-access#:~:text=Health%20care%20access%20is%20the,must%20be%20affordable%20and%20convenient

www.merriam-webster.com/dictionary/evaluation

www.merriam-webster.com/dictionary/population

www.merriam-webster.com/dictionary/proportion

www.merriam-webster.com/dictionary/rate

www.merriam-webster.com/dictionary/rural

www.merriam-webster.com/dictionary/urban

www.ncbi.nlm.nih.gov/books/NBK547668/

www.neighborhoodatlas.medicine.wisc.edu

www.nnlm.gov/guides/data-glossary/qualitative-data

www.nnlm.gov/guides/data-glossary/quantitative-data#:~:text=Quantitative%20data%20are%20data%20represented,or%20given%20a%20numerical%20value

www.noaa.gov/climate

www.nrcrim.org/health-equity-zones

www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.02.pdf

www.pubmed.ncbi.nlm.nih.gov/11726368/

www.pubmed.ncbi.nlm.nih.gov/30729175/

www.statecancerprofiles.cancer.gov

www.svi.cdc.gov/Documents/CountyMaps/2020/Texas/Texas2020_Tarrant.pdf

www.tricountyri.org/services/health-equity-zone/

www.uh.edu/cdi/resources/student-resources/terms/#:~:text=Culture%20-%20is%20a%20way%20of,one%20generation%20to%20the%20next

www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/undesa_pd_2022_household_size_composition.pdf

www.who.int/news-room/facts-in-pictures/detail/health-inequities-and-their-causes#:~:text=Health%20inequities%20are%20differences%20in,right%20mix%20of%20government%20policies.

www.who.int/publications/i/item/9789240010529

wonder.cdc.gov