



2020 North Texas Community Needs Assessment

- Collin County
- Denton County
- Hunt County
- Kaufman County
- Rockwall County



HEALTH SERVICES
— OF NORTH TEXAS —
Medical Care for You

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Who We Are

Health Services of North Texas (HSNT) was established in 1988 by a volunteer group that recognized the need for support services for people with HIV, living in rural and outer-urban communities in Denton County, as well as their families. Services included support groups, transportation, food assistance, visitation, and free HIV testing. In 1997, services expanded into four surrounding counties (Collin, Rockwall, Hunt and Kaufman) and primary medical care for uninsured HIV+ individuals was established.

Vision:
**A healthy
community**

In 2012 HSNT was designated as a Federally Qualified Health Center (FQHC). Being an FQHC strengthens our ability to provide accessible healthcare to underserved individuals and means we meet the quality and performance standards required by the Health Resources and Services Administration.

To this day, HSNT is the only full FQHC in Denton or Collin counties. HSNT prioritizes providing quality, comprehensive healthcare to our patients regardless of their ability to pay. Today the organization operates 6 clinics throughout Denton and Collin counties. Currently HSNT provides medical care to over 13,000 patients through over 36,000 medical or support service visits each year.

Mission:

Improving the quality of life for all North Texans through medical care, support services and advocacy

In 2009, the agency increased the reach of its evolving mission by acquiring a full-service primary care clinic, incorporating HIV/AIDS care into the facility, and formally changing its name to Health Services of North Texas to reflect its expanded mission. During this time, HSNT became the healthcare safety net for the general population, regardless of diagnosis – particularly the uninsured and underinsured.

Values:

Client-Centered Approach

Provide services in an ethical and straightforward manner while maintaining privacy and confidentiality and operating in a fiscally responsible manner.


Foster positive environment by being committed to a culture of problem-solving, a culture of learning and embracing each individual.



Executive Summary

Improving the quality of life for all North Texans is the mission of Health Services of North Texas. Understanding the community and the people we serve is vital in designing programs and improving access to care.


In conducting this Community Needs Assessment our goal was to gauge the current needs as identified by key stakeholders receiving services or serving the health and social needs in our community. This information and perspective will help us stay relevant as we continue to evolve and partner with others to maximize the resources and available services.



HSNT's service area is defined by the geographical region within Collin County, Denton County, Hunt County, Rockwall County and Kaufman County, Texas. In this Community Needs Assessment, we will focus on the two counties where over 75% of HSNT's patients reside, Collin County and Denton County.

HSNT conducts its Community Needs Assessment every three years. Many community needs persist over time and remain relevant to the community and HSNT's approach to serving. These needs range from access to affordable healthcare and medications to mental healthcare and housing insecurity.

Although many of the needs in our community remain the same, the prioritization of the needs identified have shifted. COVID-19 illuminated existing and increased demand for assistance with basic needs such as access to affordable housing, food, mental health, and healthcare. It is impossible to ignore the impact the pandemic has had on our community and that will inform many of the findings and determinations in this needs assessment.



HSNT utilizes many different resources to determine the needs of our community. We rely both on the expertise of partner organizations and researchers and on the experiences of community members. HSNT conducted to a community survey as part of this assessment to further identify the challenges our community members face each day.

Thank you to the HSNT needs assessment team for the work and dedication to the people we serve. The information contained in this assessment will guide HSNT as we move forward through the everyday challenges our community faces, through the COVID-19 pandemic, and into the future.



Doreen Rue, LMSW-AP, ACSW,
Chief Executive Officer,
Health Services of North Texas

Methodology

In accordance with the Patient Protection and Affordable Care Act (PPACA) requirements for tax-exempt organizations, the specific needs within the geographic areas from which at least 75% of HSNT clients lived were assessed during October and November of 2020.

As required, this report describes:

- How HSNT determined its community served
- Methodology: specifically, how needs were prioritized
- How data was acquired, including sources and dates accessed
- How HSNT accounted for perceptions of those representing the interests of the HSNT community served
- Existing resources within the community
- A description and evaluation of steps taken in respect to the primary findings within our previous Community Needs Assessment (CNA)

During the process of gathering relevant data to describe health trends within our primary service area of Denton and Collin Counties, HSNT gathered qualitative data from secondary sources, including community needs assessment completed by local hospitals and United Ways. HSNT also gathered primary data reported by North Texans via an anonymous electronic survey.

The 2017 United Way of Denton County Community Needs Assessment focuses specifically on communities within the geographical borders of Denton County. The 2019 Texas Health Presbyterian Hospital Denton CHNA focuses on a larger geographic region, including Denton and Wise Counties, and the 2019 Texas Health Presbyterian Hospital Plano Community Health Needs Assessment (CHNA) focuses on Collin County. The 2019 Children's Health CHNA has a broader concentration on the North Texas area, which they define as the following counties: Dallas, Collin, Cooke, Denton, Fannin, and Grayson.

Within all of the needs assessments referenced in this report, the methodology used by HSNT for identifying and prioritizing needs was similar and therefore comparable. In all referenced external CHNAs, as well as within this report, poor performing quantitative indicators were identified when values ranked poorly compared to state and/or national benchmarks. The United Way of Denton County and Texas Health Presbyterian Hospital Denton and Plano also conducted surveys and focus groups to provide key primary data.

Needs Assessment	Prioritized Needs
Children's Health Dallas and Plano 2019	<ol style="list-style-type: none"> 1. Health 2. Economic security 3. Safety 4. Education
Texas Health Presbyterian Hospital Denton and Plano 2019	<ol style="list-style-type: none"> 1. Depression and anxiety 2. Access to health services and providers 3. Overcoming everyday challenges (e.g. transportation, housing, healthy food)
United Way of Denton County 2017	<ol style="list-style-type: none"> 1. Children 2. Families 3. Veterans 4. Homeless/housing 5. Health/mental health
HSNT Community Needs Survey 2020	<ol style="list-style-type: none"> 1. Affordable housing 2. Mental health services and low-cost counseling 3. Affordable medical care 4. Financial assistance during emergency situations 5. Affordable medication

Other data sources referenced in this report include the U.S. Census Bureau, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Texas Department of State Health Services, and the Texas Demographic Center. Prioritized needs were chosen and submitted for board approval based on the magnitude of evidence from both qualitative and quantitative data.



Previous Plan to Meet Needs

In 2017, HSNT completed its community needs assessment and identified the following as the most pressing areas of need:

- Capacity and Access
- Chronic Disease Care
- Care Coordination
- Behavioral Health
- Infant and Maternal Health

In response to these needs, HSNT has grown and reshaped its care delivery to ensure quality healthcare is available to our patients and community, regardless of their ability to pay. HSNT launched its Team Based Care initiative in 2018 to increase the quality of care for our patients and better coordinate care delivery. In order to further increase access and capacity, in 2020 Patient Access 2020 was launched to better connect patients to the care and services they need through a decentralized phone system, a Pod model for care delivery, and streamlined scheduling.

HSNT has also increased access to care by adding providers in the high need categories of Behavioral Health, Women's Health, Infectious Disease Management, Primary Care, and Pediatrics. In 2017 HSNT had 14.28 provider FTEs compared to 16.9 provider FTEs in 2020.

Additionally, HSNT identified the locations in which many of our patients reside and are in need of services and healthcare. HSNT opened a new location at the Serve Denton center in Denton, TX. This health center is located in the 76209-zip code, an area with some of the highest need for services in our service area. In Collin County, HSNT is expanding its adult primary care services to better meet the need in that area.

Additionally, HSNT's strategic planning committee utilized the information and reporting from the 2017 community needs assessment to set strategic priorities for the agency.

These priorities included, but were not limited to:

- Patient Centered Medical Home
- Implementation of Primary Care in Collin County
- Adoption of Telemedicine to Increase Patient Access
- Hiring Additional Providers
- Developing Comprehensive Services at the Serve Denton Location Including Pharmacy Services

As HSNT identifies the current needs in our community through the creation of the 2020 Community Needs Assessment, HSNT’s strategic planning committee, in partnership with agency leadership, will determine and implement systems and strategies to meet those needs. The findings in the CNA will be incorporated into HSNT’s Strategic Plan to be reviewed and approved by the Governing Board to plan for HSNT’s growth and development over the next three years. The strategic planning committee will ensure that HSNT’s response to the needs identified in the CNA align with HSNT’s budget and scope of services, as well as HSNT’s Mission, Vision, and Values.



Community Served

HSNT does not limit its services to those living within any geographic boundaries; however, for the purpose of this community needs assessment, HSNT defines its primary service community as the two counties in which 75% or more of HSNT’s clients live, namely, Collin County and Denton County, Texas. Both Collin and Denton Counties are in the top five in the U.S. in terms of population growth. Since 2010 Collin County’s population has increased by 36.05% and Denton County increased by 35.96% in the same period.

This report conforms with HRSA’s guidelines for Community Health Needs Assessment and serves all six of HSNT care delivery sites:

Site	Address
Denton Medical Center 4304	4304 Mesa Dr. Denton, TX 76207
Denton Medical Center 4308	4308 Mesa Dr. Denton, TX 76207
Denton South Center	3537 S. I-35 E. Ste. 210 Denton, TX 76210
Serve Denton Center	306 N. Loop 288, Ste. 200 Denton, TX 76209
Collin County Medical Center	2540 K Ave, Ste. 500 Plano, TX 75074
Wylie Children's Medical Center	303 S. Hwy 78, Ste. 106 Wylie, TX 75098

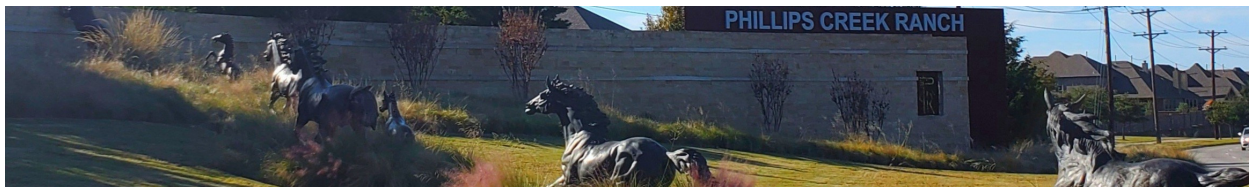
1. "US County Populations 2020." Largest Counties in the US 2020, worldpopulationreview.com/us-counties.

Healthcare in the U.S.

The U.S. has spent more on healthcare than many other “high-income” nations; however, when it comes to the overall health of the U.S. population, the U.S. does not rank well. When compared to the 10 other highest income countries, the United States ranks last in life expectancy². Some factors that affect the U.S. life expectancy rate are high rates of suicide, a higher chronic disease burden, and a high incidence of obesity when compared to peer nations³. In their study in 2020, the Commonwealth Foundation found that:

In sum, the U.S. healthcare system is the most expensive in the world, but Americans continue to live relatively unhealthier and shorter lives than peers in other high-income countries. Efforts to rein in costs, improve affordability and access to needed care, coupled with greater efforts to address risk factors, are required to alleviate the problem⁴.

In order to provide more robust, higher quality care and detect disease early, primary care is starting to engage in a new approach; instead of treating illnesses as they arise, primary care doctors will begin to consider the whole person. Primary care doctors will be involved with the overall wellbeing of an individual, including dental care, vision, hearing, and social services⁵. In their report, Ellner and Phillips found that access, continuity, comprehensiveness, and care coordination are essential requirements for a strong primary care infrastructure. In relation to other developed countries, the United States ranks poorly on all major population health indicators despite spending 2.5 times the amount that other nations spend on healthcare. According to the World Health Organization, population health outcomes should not be unequally distributed among different groups⁶.



State Summary

As of the drafting of this report, among the 50 states Texas is in 34th place in terms of health⁷. Poorly performing indicators influencing Texas' rank include a high percentage of uninsured population, low rate of mental health providers, and high prevalence of diabetes.

2. Papanicolas I, Woskie LR, Jha AK. Health Care Spending in the United States and Other High-Income Countries. *JAMA*. 2018;319(10):1024–1039.

3. Roosa Tikkanen and Melinda K. Abrams, U.S. Health Care from a Global Perspective, 2019: Higher Spending, Worse Outcomes? (Commonwealth Fund, Jan. 2020). <https://doi.org/10.26099/7avy-fc29>

4. Roosa Tikkanen and Melinda K. Abrams, U.S. Health Care from a Global Perspective, 2019: Higher Spending, Worse Outcomes? (Commonwealth Fund, Jan. 2020). <https://doi.org/10.26099/7avy-fc29>

5. Ellner, A. L., & Phillips, R. S. (2017). "Special Symposium: Reinventing Primary Care: The Coming Primary Care Revolution". *Journal of General Internal Medicine*, 32(4), 380–386. (2017)

6. Ellner, A. L., & Phillips, R. S. (2017). Special Symposium: Reinventing Primary Care: The Coming Primary Care Revolution. *Journal of General Internal Medicine*, 32(4), 380–386. <http://doi.org/10.1007/s11606-016-3944-3>

7. Explore Health Measures in Texas | 2019 Annual Report. (2020). America's Health Rankings

Health Performance Indicators in Which Texas Ranked in the Bottom 20% Compared to Other States, 2019

Indicator	Texas Rate	Average State Rate	Highest State Rate	Texas Rank
Adults ages 19-64 uninsured	24%	12%	4%	51
Children ages 0-18 uninsured	11%	5%	1%	49
Adults age 18 and older without a usual source of care	32%	23%	12%	49
Adults age 18 and older who went without care because of cost in past year	20%	14%	8%	51
Employee insurance costs as a share of median income	8%	7%	4.80%	41
Adults age 18 and older without a dental visit in the last year	19%	16%	10%	48
Adults without all age- and gender-appropriate cancer screenings	37%	32%	24%	45
Adults without age-appropriate flu and pneumonia vaccines	65%	62%	54%	40
Elderly patients who received a high-risk prescription drug	13%	11%	5%	41
Children without a medical home	56%	51%	39%	44
Children without age-appropriate medical and dental preventive care visits in the past year	37%	32%	18%	46
Children who did not receive needed mental healthcare	40%	22%	4%	46
Home health patients without improved mobility	30%	25%	20%	47
Adults with any mental illness who did not receive treatment	62%	56%	42%	46
Potentially avoidable emergency department visits Ages 18–64, per 1,000 employer-insured enrollees	159.90	142.20	115.90	46
30-day hospital readmissions Ages 18–64, per 1,000 employer-insured enrollees	3.50	3.10	2.40	42
Skilled nursing facility patients with a hospital readmission	21%	19%	11%	43
Long-stay nursing home residents hospitalized within a six-month period	20%	15%	5%	44
Employer-sponsored insurance spending per enrollee	\$5,481	\$4,882	\$3,255	42
Medicare spending per beneficiary	\$10,848	\$9,534	\$6,195	49
Adults who report fair or poor health	19%	17%	9%	41

Texas Leading Causes of Death, 2017	Deaths
1. Heart Disease	45,346
2. Cancer	40,668
3. Stroke	10,790
4. Accidents	10,763
5. Chronic Lower Respiratory Disease	10,650
6. Alzheimer's disease	9,545
7. Diabetes	5,832
8. Septicemia	4,268
9. Kidney Disease	4,256
10. Chronic Liver Disease/Cirrhosis	4,107

"Stats of the State of Texas." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 9 Apr. 2018, www.cdc.gov/nchs/pressroom/states/texas/texas.htm.

Behavioral Risk Factors Surveillance System Data from Texas Health Service Regions 2/3, Adults, 2018

Factor	White	Black	Hispanic	Other	Overall
Received a Flu Shot in the Past Year	25.00%	15.90%	14.60%	29.00%	21.20%
Overweight or Obese	67.40%	77.30%	75.90%	59.40%	70.70%
Any Cancer	18.70%	2.40%	3.50%	5.40%	11.40%
Cardiovascular Disease	10.90%	10.70%	2.30%	5.20%	8.90%
Chronic Obstructive Pulmonary Disease	8.70%	10.40%	2.00%	4.20%	6.90%
Depression	22.00%	20.60%	11.80%	11.80%	18.60%
Currently have a Disability	27.90%	26.40%	16.40%	23.50%	25.00%
No Leisure Time Physical Activity	25.30%	26.80%	31.00%	14.80%	26.40%
Does Not Have a Doctor	15.40%	23.30%	46.60%	24.90%	25.30%
Does Not Have Health Insurance Coverage	19.00%	14.10%	52.30%	9.50%	27.50%
Did Not Have a Routine Checkup in the Last Year	21.40%	13.70%	34.70%	30.50%	24.30%
General Health Fair to Poor	20.70%	27.70%	19.10%	9.30%	20.80%

Texas Department of State Health Services

Population Change and Projections

Denton and Collin Counties ranked 3rd and 4th, respectively, in projected numeric growth from 2010 - 2050 when compared to other Texas counties. This can be partially attributed to the overall economic prosperity in many areas of these two counties, but there are significant income disparities between various zip codes and cities. By 2050, the population of both Collin and Denton Counties are expected to more than double in size compared to 2019. In fact, these counties have a higher projected numeric growth rate than that of Dallas County⁸.

Projected Population Change Between 2010 and 2050

County	County Rank (population change compared to other Texas counties)	2010	2019	2050	Numeric Change (2010 - 2050)
Collin	3	782,341	1,034,730	2,456,914	1,674,573
Denton	4	662,614	887,207	2,332,629	1,670,015

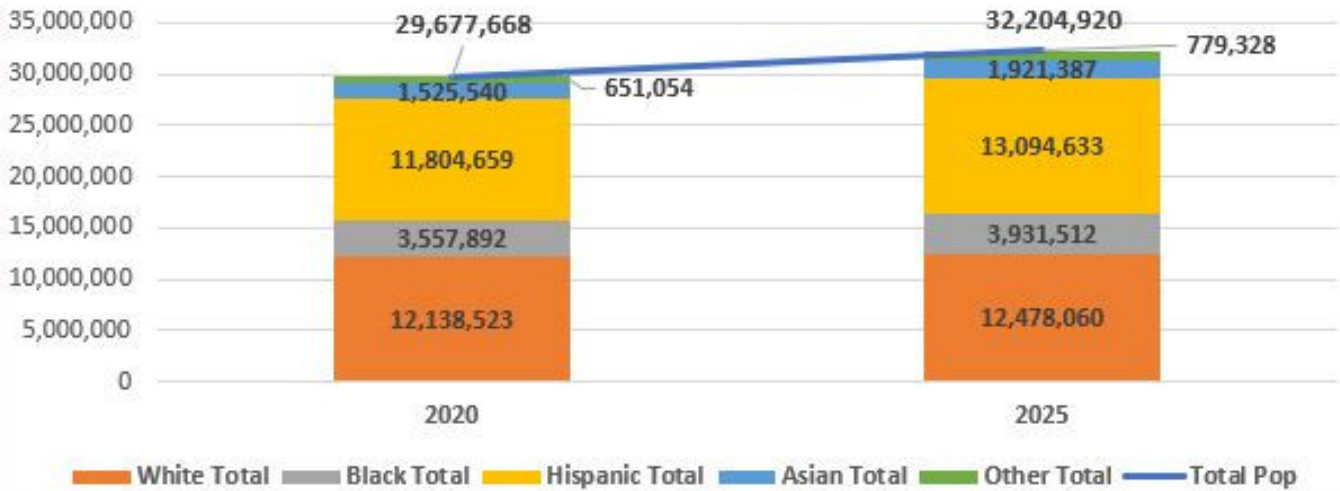
Additionally, growth within minority populations in both Denton and Collin Counties is projected to outpace that in Dallas County between 2015 - 2020⁹. During this time period, racial and ethnic groups that are expected to grow at a faster rate than the white population include Asians, Black/African Americans, and Hispanics. The Asian and Black/African American populations are expected to grow at the highest rate between 2015 and 2020; the projected population increase for Asians is 33% in Collin County and 38% in Denton County, and the projected increase for Black/African Americans is 27% in Collin County and 36% in Denton County. The Hispanic community has already experienced tremendous growth (between 2010 and 2015 this population grew 22% in Denton County and 21% in Collin County), and this trend is expected to continue.

According to the Texas Demographic Center, residents age 65 and older are expected to make up a greater proportion of the population in both Denton and Collin Counties in 2025 when compared to 2020. In Denton County, this percentage is projected to increase from 11% to 13%, and in Collin County the projected increase is from 12% to 14%. Conversely, the percentage of residents under 18 is expected to decrease in both counties, dropping from 24% to 22% in Denton County and from 25% to 23% in Collin County. All other age groups are projected to remain relatively stable. However, the population of residents under 18 in both counties are expected to experience significant numeric growth during this time period (over 17,000 estimated in Denton County and nearly 20,000 in Collin County).

8. Texas Demographic Center (2019). Texas Population Projections, 2010 to 2050.

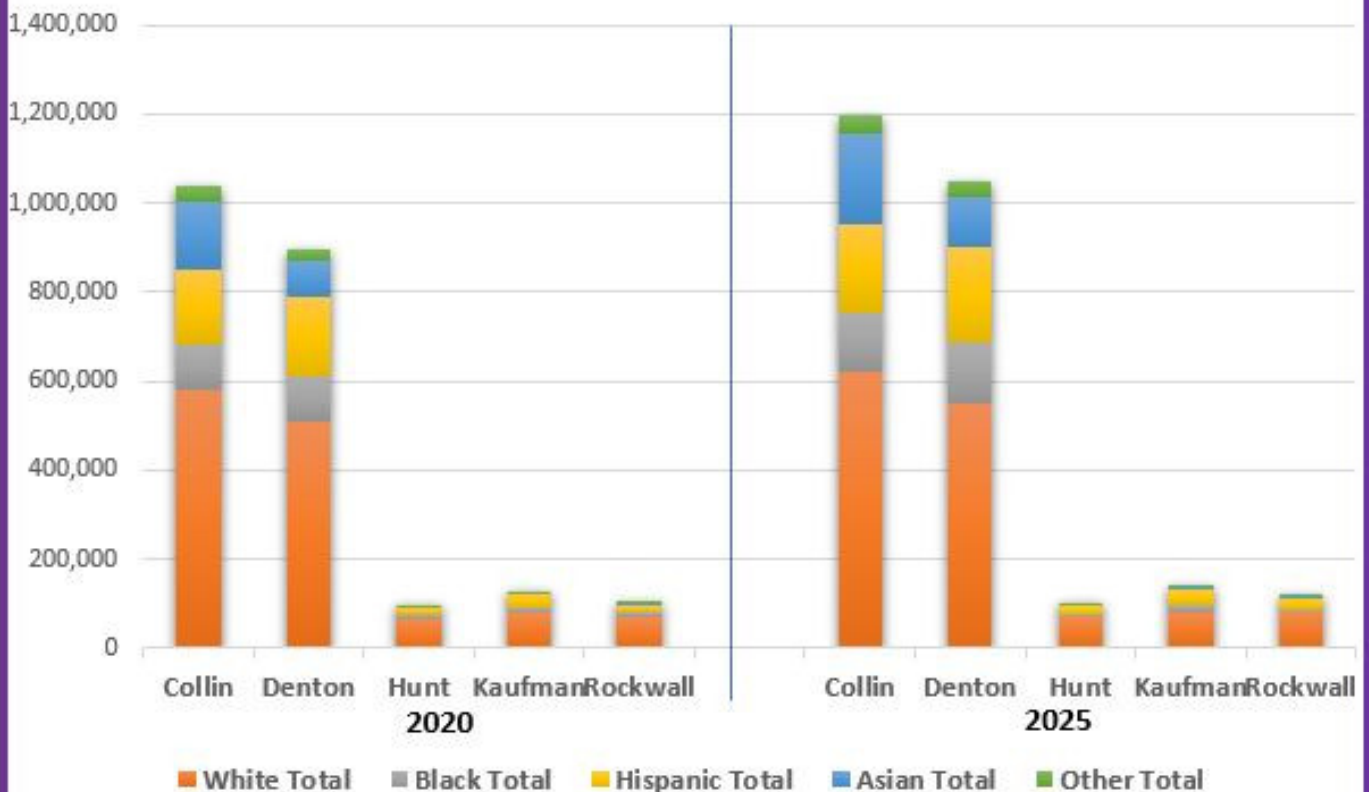
9. Texas Demographic Center (2018). Texas Population Projections Data Tool.

Texas Population Projections by Race/Ethnicity 2020 - 2025



Texas Demographic Center

County Population Projections by Race/Ethnicity 2020 - 2025



Texas Demographic Center

Community Needs Survey

HSNT distributed an online survey inviting people across our service area to share their thoughts about the needs impacting the health and wellbeing of our community. Collecting data and information from community members that represent a wide variety of demographics aided in developing a robust, real-time community needs assessment. The survey was distributed through multiple channels, including HSNT's e-newsletter, social media, and groups of community stakeholders.

Using the Survey Monkey link, 364 people responded to the survey, and the complete cumulative responses are documented in the Appendix (page 50). Respondents represented a variety of age and income levels. 16% were of Hispanic ethnicity, 81% identified as female, and 84% identified as Caucasian. 97% of respondents spoke English as their primary language.

Respondents were invited to select multiple responses on each survey question, and a summary of the most common responses is below.

1. Please select the top 5 needs or concerns that you see in your community.

Response	% of Respondents Selecting
Affordable housing	62.09%
Mental healthcare and low-cost counseling services	57.97%
Affordable medical care close to you	42.86%
Living wage employment	38.19%
Affordable medication	38.74%

2. What are the top 4 healthcare concerns that you see in your community?

Response	% of Respondents Selecting
Mental Health	67.31
Affordable Prescription Medication	57.97%
Dental Care	43.41%
Primary/Preventive Care	40.38%

3. What challenges does your community face in finding specialty care? Select the top 3 areas of concern.

Response	% of Respondents Selecting
Psychiatry	60.72%
In-patient alcohol, drug, and mental health treatment	60.17%
Autism Spectrum Services	35.93%

4. What are the barriers you see to improving the quality of life in your community? Select up to 3.

Response	% of Respondents Selecting
Access to affordable health insurance	55.65%
Access to living wage employment	49.59%
Safe and stable housing	47.66%

5. How has COVID-19 impacted your quality of life? Select all that apply.

Response	% of Respondents Selecting
Socially	83.38%
Decline in income	35.77%
My health or my family's health	32.96%

6. What issues, not listed in this survey, do you feel are factors affecting the quality of life in your community?

The last question of the survey provided respondents with an opportunity to leave their thoughts and comments in a free text box. The comments greatly mirrored what was indicated in the survey with many respondents citing mental health, psychiatry services, and affordable housing as the most significant needs. We did receive many comments about the political climate being a major concern. The other comments included lack of social interaction due to COVID-19, and affordable health insurance.

Barriers to Care and Access to Services

Health Professional Shortage Areas

According to the Health Resources and Services Administration, Denton and Collin Counties are designated as a Health Professional Shortage Area (HPSA) in the field of mental health. Denton County is also recognized as a HPSA in the areas of primary care and dental health. These designations reflect geographic areas and population demographics with a shortage of health professionals¹⁰. A lack of sufficient healthcare providers in any of these disciplines (i.e. primary care, mental health, and dental health) creates barriers to care for the general population, but especially for people with additional compounding difficulties accessing services.

Income

Living in poverty or earning limited income creates multiple barriers to care. According to 2019 census estimates, 18% of residents in Denton and Collin Counties are considered low-income, earning up to \$25,520 per year for an individual. Further, over 6% of people in Collin County and 7% of people in Denton County are living in poverty (earning up to \$12,760 per year for an individual). People with limited income are less likely to receive health insurance through their jobs and may not qualify for Medicaid because Texas did not expand the qualifications for this public insurance program.

Education

In 2018, fewer than half of third graders in North Texas met the standards for reading based on their scores on the state standardized assessment¹¹. Third grade reading level is highly predictive of high school graduation¹². According to 2019 census estimates, 5.9% of Collin County residents 25 and older did not graduate high school. In Denton County this percentage increases to 7.6%, but these rates are relatively low compared to Dallas County (19.2%), Tarrant County (12.7%), and Texas overall (15.4%).

Percent of Residents Age 25 and Older Who Did Not Graduate High School

Location	Percent
Collin County	5.9%
Denton County	7.6%
Dallas County	19.2%
Tarrant County	12.7%
Texas	15.4%

10. "Primary Care Health Professional Shortage Areas (HPSAs)." KFF, 21 Nov. 2019, www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0.

11. Children's Health (Children's Medical Center Dallas, Children's Medical Center Plano, & Our Children's House), Community Health Needs Assessment. (2019).

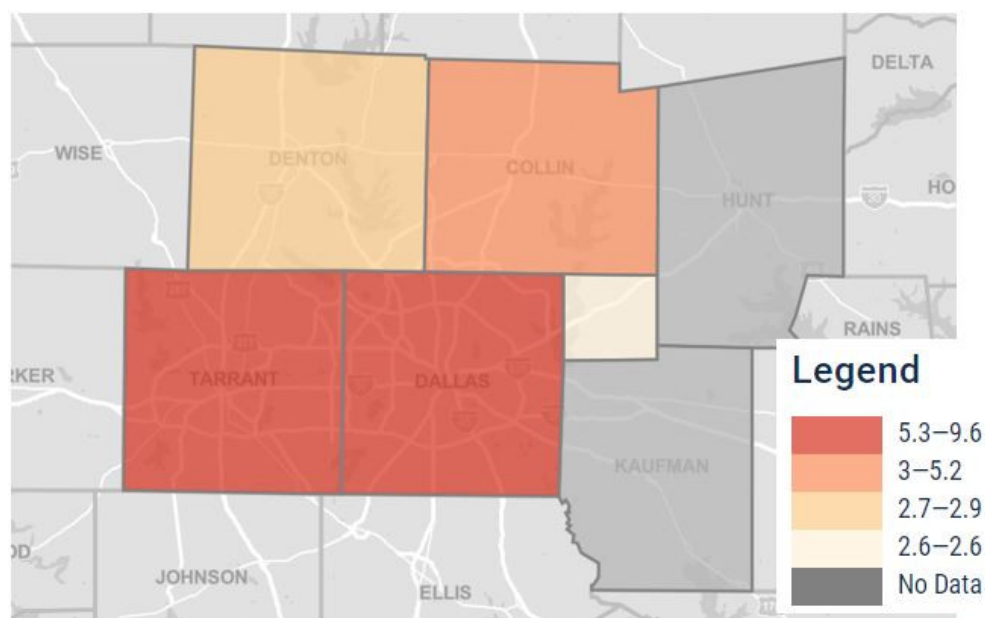
12. "Association of School-Based Physical Activity Opportunities, Socioeconomic Status, and Third-Grade Reading," Kern, Graber, Shen, Hillman, McLoughlin, Journal of School Health, 2017

Limited English Proficiency

People with limited English proficiency often experience challenges accessing needed services. According to 2019 census estimates, over 32% of Collin County households and 25% of Denton County households speak a language other than English at home. Approximately 13% of households in these counties speak Spanish. Approximately 5% of total Collin County households and 3% of Denton County households report that they are not proficient in English.

Large disparities in English proficiency exist between zip codes. In Denton County, 19.7% of residents in the 75057 zip code report difficulty speaking English. In Collin County, 14.8% of residents in the 75069 zip code and 20.5% in the 75074 identify this as a challenge. Comparatively, 14.2% of Texas residents report difficulty speaking English.

Population With Limited English Proficiency, 2019



"American Community Survey." U.S. Census Bureau. (2019)

Transportation

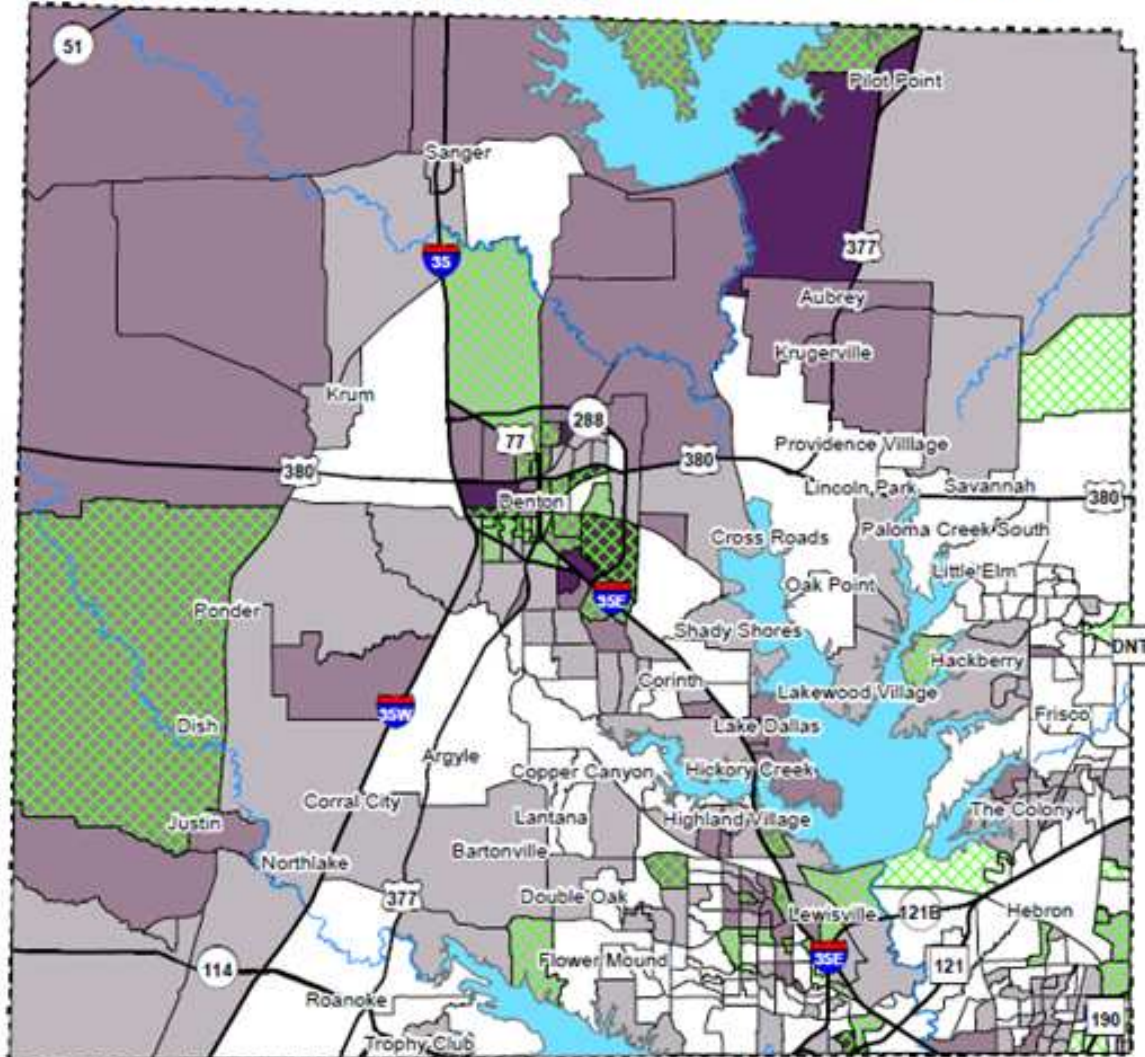
People with limited incomes, as well as those over 65 years of age and people with disabilities, frequently experience transportation challenges when they need to access healthcare services, go to work, or pursue their education¹⁵. Many areas of Denton and Collin Counties have populations of these demographics that are over the regional average, which creates an increased need for accessible transportation. This need will only increase as the populations of these two counties continue to grow. Census estimates in 2019 report that approximately 11,800 households in Collin County and 8,200 in Denton County have no vehicle available to them, and public transportation options in both counties are extremely limited.

13. Texas Health Presbyterian Denton, 2019 Community Health Needs Assessment

14. Texas Health Presbyterian Plano, 2019 Community Health Needs Assessment

15. "Regional Public Transportation Plan for North Central Texas," Access North Texas, North Central Texas Council of Governments, 2018

Denton County Transit Accessibility Improvement Tool (TAIT)



Variables: Age 65 and Over, Below Poverty, and Persons with Disabilities



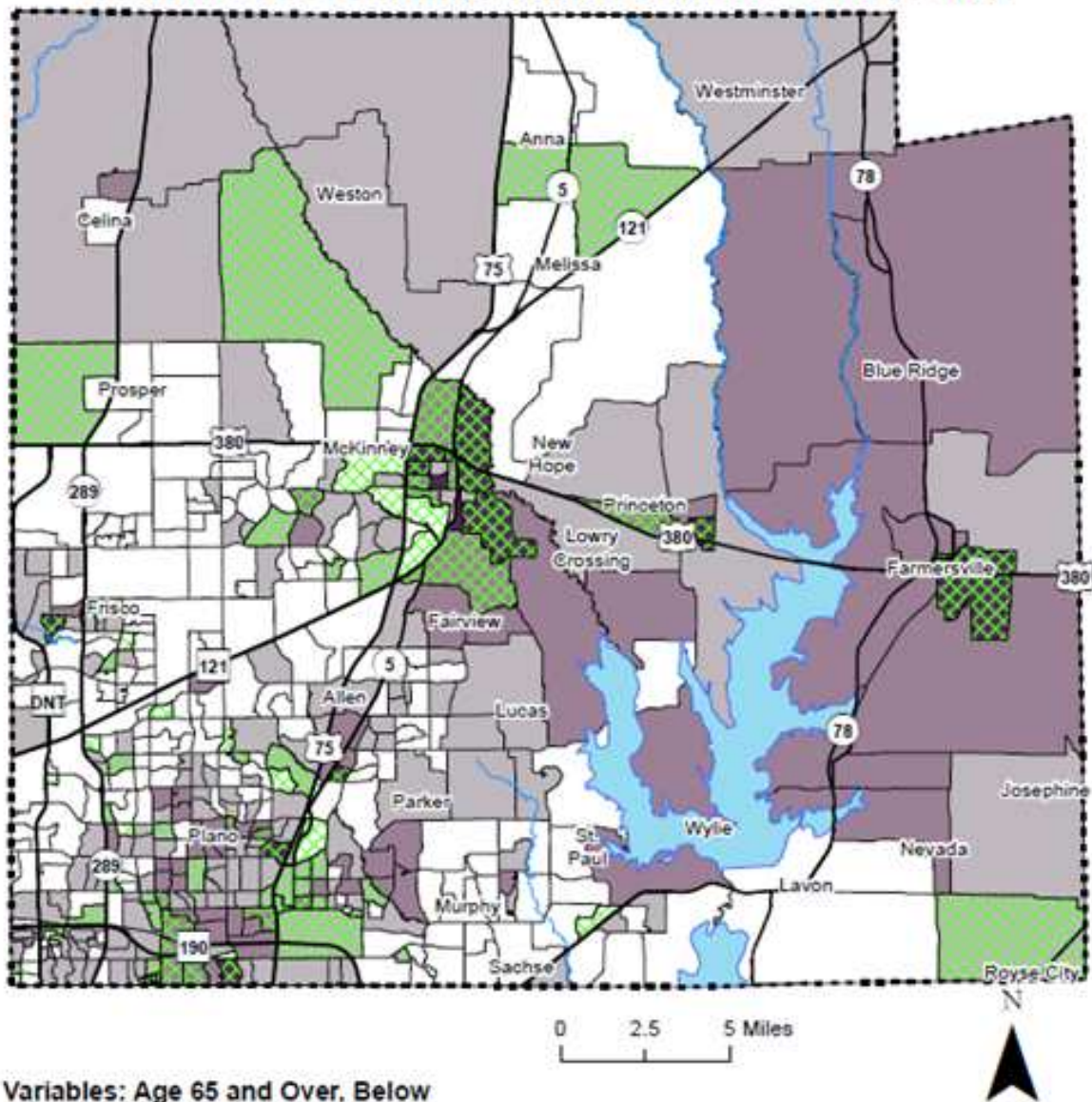
The Transit Accessibility Improvement Tool (TAIT) is a preliminary screening tool to identify areas that may need additional analysis when considering transportation-disadvantaged groups in a plan, project, or program. The TAIT displays Census block groups above the regional percentage for three variables: Age 65 and Over, Below Poverty, and Persons with Disabilities.

Source: 2015 American Community Survey 5-Year Estimates



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Collin County Transit Accessibility Improvement Tool (TAIT)



Variables: Age 65 and Over, Below Poverty, and Persons with Disabilities



The Transit Accessibility Improvement Tool (TAIT) is a preliminary screening tool to identify areas that may need additional analysis when considering transportation-disadvantaged groups in a plan, project, or program. The TAIT displays Census block groups above the regional percentage for three variables: Age 65 and Over, Below Poverty, and Persons with Disabilities.

Source: 2015 American Community Survey 5-Year Estimates

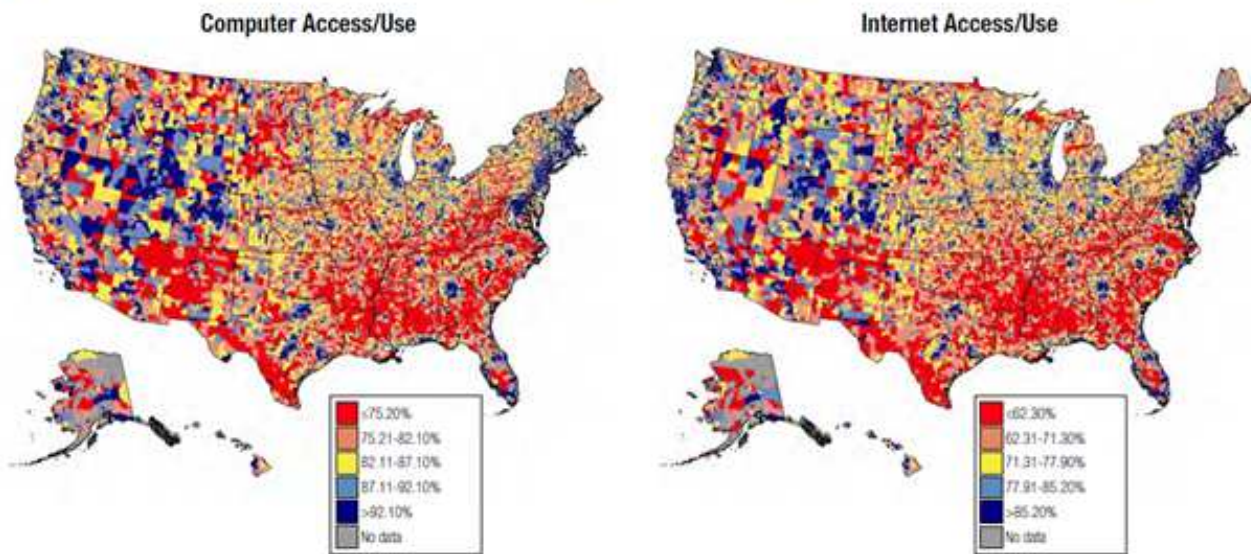


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Internet Access

Over 2 million Texas households lack high-speed broadband internet, which is essential for accessing telehealth, educational resources, and applying for many types of employment¹⁶. Only 69% of Texans in rural areas had access to high-speed internet in 2016, which reveals a large internet access disparity between urban and rural areas in the state. The most recent census data reveals that 8.6% of Collin County households and 9.9% of Denton County households do not have broadband internet access in their homes.

Percentage of Households with Computer and Internet Access, 2013 - 2017



Source: Data derived from the 2013-2017 American Community Survey.

"Health Equity Report 2019-2020," Health Resources and Services Administration, Office of Health Equity, 2020.

Childcare

Accessible childcare is directly related to a person's ability to work and provide for their family. The U.S. Department of Health and Human Services defines affordable childcare as that which costs at or below 7% of a family's household income. Using this standard, only 16% of Texas families with an infant can afford year-round care. On average, full-time infant care costs nearly as much as college. This represents a huge expense that low-income families often cannot afford. Additionally, nearly half of Texas families live in areas considered childcare deserts where childcare options are not sufficient to meet the needs of the area. Without affordable and accessible childcare families are unable to meet their earning potential, which decreases their household income and creates multiple barriers to care.

16. "Texas' Digital Divide: The State of Broadband in Texas' Rural Communities," Fiscal Notes, 2019.

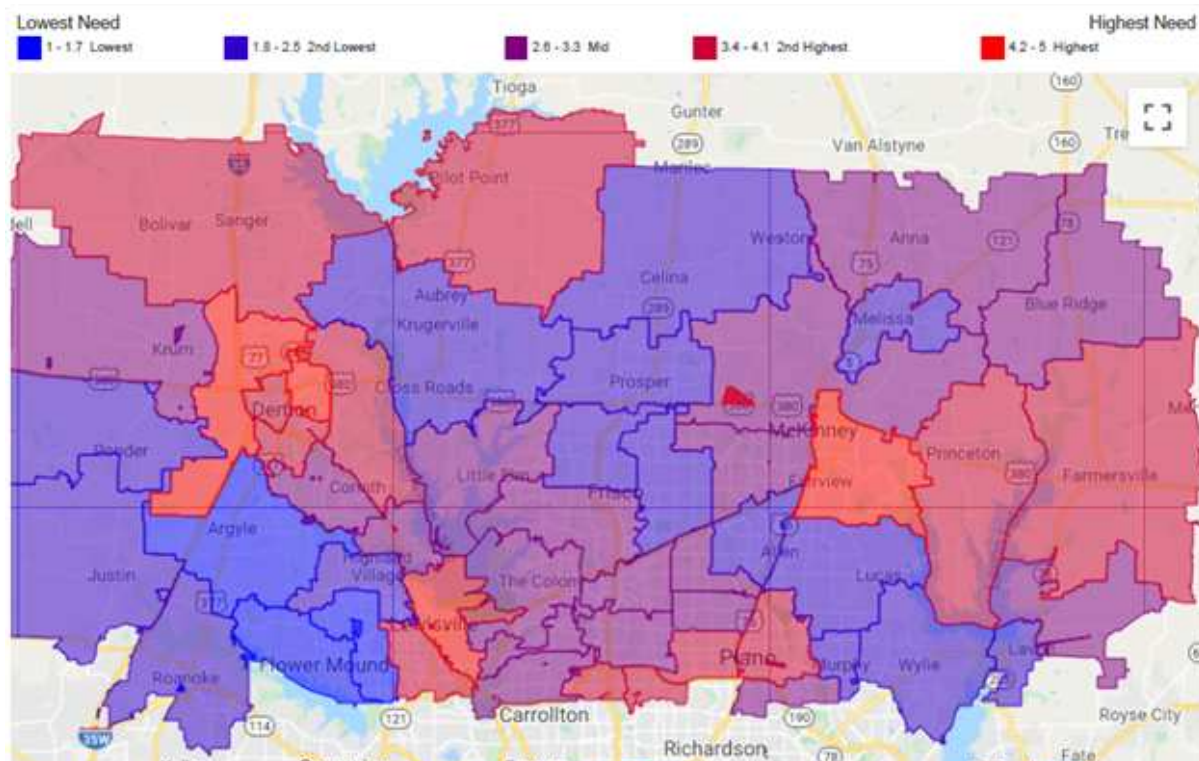
17. "Economic Issues for Women in Texas 2020," Texas Women's Foundation, 2020.

Community Needs Index: Comparing Barriers to Care in Different Zip Codes

Developed by Dignity Health and IBM Watson Health in 2004, the Community Needs Index (CNI) gathers important socio-economic data to score every populated zip code in the nation from 1 to 5. Areas with CNI scores higher than 3 have greater needs compared to national statistics and a higher demand for health-related services.

Each zip code's CNI score is an average of five different scores measuring the following barriers to care, which are key indicators of a community's healthcare needs:

1. Income
 - Percentage of households below poverty line, with head of household age 65 or more
 - Percentage of families with children under 18 below poverty line
 - Percentage of single female-headed families with children under 18 below poverty line
2. Cultural
 - Percentage of population that is minority (including Hispanic ethnicity)
 - Percentage of population over age 5 that speaks English poorly or not at all
3. Education
 - Percentage of population over 25 without a high school diploma
4. Insurance
 - Percentage of population in the labor force, aged 16 or more, without employment
 - Percentage of population without health insurance
5. Housing
 - Percentage of households renting their home

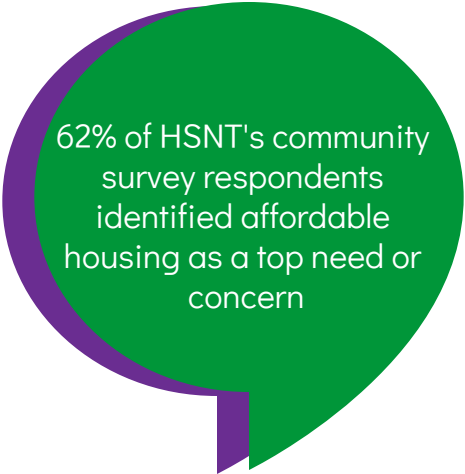


"Community Need Index," Dignity Health, 2020.

Housing and Homeless Population

Homelessness continues to be a chronic issue in the United States. The National Alliance to End Homelessness performed a study in 2019, which saw that, "seventeen of out of every ten thousand people were experiencing homelessness," nationwide in the month of January¹⁸. Reason only stands to say that as COVID-19 continues to persevere in the nation, there many more people at risk for homelessness as the unemployment rate climbs and the ability to pay rent and mortgages decreases.

It is estimated that 1.4 million people experiencing homelessness nationwide have utilized a shelter opportunity at least once during the time that they are homeless. The challenges of becoming or being homeless expand beyond housing. Studies show that there are significant challenges that pose safety, health, and risk factors for both men and women, some of which include but are not limited to mental health, chronic illness and lack of medical care, and domestic and sexual abuse or violence.



62% of HSNT's community survey respondents identified affordable housing as a top need or concern

Women who are homeless have reportedly had more untreated health and mental health symptoms than men. The 2018 Point in Time Count focused on women experiencing homelessness. For every ten thousand women, 6.61 women nationally were without housing on any given night, with Washington D.C. being the highest rate at 42.14. Texas rounds out the bottom of the top ten highest rated states with 3.30 per 10,000 women¹⁹.

Shelter studies show that, "84% of families experiencing homeless are female headed²⁰." This percentage can be affected by several factors including that if the family is a two-parent household, many times shelters will accept women and children but will not accept men. Thus, causing the family to separate so that at least the part of the family is sheltered.

Additionally, one in four women become homeless due to violence, including domestic physical abuse, mental abuse, or sexual abuse. Other factors that contribute to homelessness amongst women (and men) are mental health, income, and affordable housing. In fact, 47% of homeless women meet the criteria for a major depressive disorder - twice the rate of women in general²¹.

18. "State of Homelessness: 2020 Edition." National Alliance to End Homelessness, 20 May 2020, endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-2020/.

19. "Unsafe and Unwell: How Homelessness Affects Women and How to Help." Nursing@USC, 24 Aug. 2020, nursing.usc.edu/blog/how-to-help-homeless-women/.

20. "Family Homelessness Facts." Family Homelessness Facts | Green Doors, www.greendoors.org/facts/family-homelessness.php.

21. "Family Homelessness Facts." Family Homelessness Facts | Green Doors, www.greendoors.org/facts/family-homelessness.php.

While women have unique factors that give them distinct barriers, numerous national surveys show that men experience homelessness at a higher rate for some of the same reasons women do: mental health issues, income, and affordable housing. The Homeless Research Institute states that they have found that 51% of homeless men are in a shelter, while 49% of them remain unsheltered in the community. 55% of women are residing in some sort of sheltered facility, while 45% of women are unsheltered on the streets. Males continue to have the highest rate of homelessness when surveyed by local COC's at 97%. This does not take in consideration the ratio between a sheltered or unsheltered homeless experience²²

Studies have shown that unsheltered homelessness has been on the rise since 2016, and given the above numbers, men are only slightly more likely on a national level to be unsheltered and homeless than women. However, there are a few states that do not follow the trend. Homeless men are increasingly more likely to be homeless than women in six jurisdictions nationwide. Texas as a whole has 16% more unsheltered males to females in the homeless population in comparison to the national average of a 5% differential²³.

In March of 2020 there were 364 families who were experiencing homelessness in Denton County according to a study performed by the United Way²⁴. It was reported that in a six month period, from October 2019 to March 2020, household needs that met the criteria for permanent supportive housing outweighed the need for rapid re-housing, which is a short-term support that lasts about 24 months. It was concluded that the trend was reflective of the population's increase in age as well as increased vulnerabilities. 9% of the Denton homeless population are veterans.

40%
of Texans

fall within the low-income guidelines

Collin County had similar reports in their 2019 census. Their Point in Time Count rose to its highest at 588, with their second highest population count at 503 in 2016. Moreover, between the census in 2018 to 2019, the count rose by 31%. The persons interviewed were categorized as sheltered and unsheltered.

Unsheltered participants in Plano and the surrounding area totaled 163, Plano having the highest number at 105, followed by McKinney. There were 208 sheltered participants, meaning that they were residing in a temporary shelter or transitional living environment. It is worth noting that an additional 187 persons under the sheltered category were children, while only 4 children were counted as unsheltered. Collin County reports that 34% of the participants in their survey were identified as children while 66% were adults.

The survey in both counties revealed that affordable housing was the number one component as to why persons were finding it hard to locate housing that met their income and financial abilities. This is also reflective of the National Center for Children in Poverty's findings. Their data shows that nationally 30% of families meet the criteria to be considered low income, while 65% of the population are above the federal poverty level. In Texas, 40% of the population falls within the low-income guideline, while 60% are above it.

22. "Demographic Data Project Part II: Gender and Individual Homelessness," Homelessness Research Institute: National Alliance to End Homelessness, Joy Moses and Jackie Janosko, <https://endhomelessness.org/wp-content/uploads/2019/09/DDP-Gender-brief-09272019-byline-single-pages.pdf>

23. "Demographic Data Project Part II: Gender and Individual Homelessness," Homelessness Research Institute: National Alliance to End Homelessness, Joy Moses and Jackie Janosko, <https://endhomelessness.org/wp-content/uploads/2019/09/DDP-Gender-brief-09272019-byline-single-pages.pdf>

24. "2020 Denton County Homelessness Data Report," United Way of Denton County, 2020, <https://www.unitedwaydenton.org/sites/unitedwaydenton.org/files/2020%20PIT%20Count%20Data%20Report%20Final.pdf>

The fact that the percentage of those who are considered low income, in Texas, is 10% higher than the national average makes affordable housing a significant issue amongst the local homeless population. Denton County reports that on average it took persons who were participating in services nine months to be stably housed, with 33% reporting that they had been experiencing homelessness for three years or more. This is considered chronic homelessness, which according to the United Way of Denton County, accounts for 35.7% of its population. This represents a significant 75% increase since the 2019 Point in Time survey.

It should also be considered that 70% of the at-risk Denton community reports having difficulty paying their mortgage, which can be directly related to unemployment. Only 67% of those that were surveyed were employed full time and 33% were employed either part-time or seasonally. Collin County's homeless count mirrored Denton's findings. Both listed inability to pay rent or mortgage in the top five reasons for being at-risk for homelessness.



Medicare and Medicaid Access

In 2020, the population of people 65 and older in Texas was projected to be 3,812,028 or 13.18% of the total population. This group is expected to increase by 42.55% to a total projected population of 5,576,489 or 15.98% of the total Texas population by 2030. The Denton County population over 65 years of age is expected to increase from 10.97% of the county's population in 2020 to 15.70% of the county's population in 2030. Collin County's over 65 population is expected to increase from 11.84% to 16.57% during the same time frame²⁵. This is a significant increase in the number of Medicare eligible residents.

Texas	2020	2030	% Change
Total Population	29,677,668	34,894,452	17.58%
Age 65+	3,812,028	5,576,489	46.29%
% of total population	12.84%	15.98%	
Denton County	2020	2030	% Change
Total Population	897,953	1,234,110	37.44%
Age 65+	98,506	193,810	96.75%
% of total population	10.97%	15.70%	
Collin County	2,020	2,030	% Change
Total Population	1,039,369	1,391,461	33.88%
Age 65+	123,011	230,607	87.47%
% of total population	11.84%	16.57%	

25. <https://demographics.texas.gov/Data/TPEPP/Projections/>

In 2018, there were 62.9 million people enrolled in Medicare with 49% aged 65 to 74²⁶. Approximately 14% of these Medicare beneficiaries were Texas residents²⁷.

Of 364 people surveyed in 2020 by HSNT, 26.10% said healthcare for seniors, including access to Medicare providers, was one of the top four healthcare concerns in North Texas. Respondents also noted affordable housing, home repairs and financial resources were other concerns for seniors.

Nationally, 22.6% of the population is below 18 years of age. Texas has more minors with 26% of the population younger than 18. Collin, Denton, Dallas, Rockwall, and Wise counties have youth populations ranging from 25.1% to 27.7%^{28, 29, 30}.

Area	Percent of Population Younger than 18
National	22.6%
Texas	26.0%
Collin County	26.9%
Denton County	25.8%
Dallas County	26.8%
Rockwall County	27.7%
Wise County	25.1%

Texas has the highest uninsured population in the nation and chose not to expand Medicaid. Additionally, there is a large population in the state that earns too much to be eligible for Medicaid, but not enough to qualify for federal subsidies for Marketplace coverage. This has contributed to a gap for 5 million uninsured Texans. It is estimated that 1,274,000 more Texans would be eligible for coverage if Texas were to expand Medicaid³¹. In 2019, Texas had over 3.9 million Medicaid beneficiaries. This includes benefits for children who qualify for Medicaid, Medicaid for Medicare beneficiaries who are dually eligible, disability related, parents, pregnant women, and those with breast or cervical cancer. Denton County had 52,326 Medicaid beneficiaries and Collin County was slightly higher with 55,066 in 2019³².

Texas has 2.9 million non-citizen residents. It is estimated that 60% are unlawfully present and are excluded from Medicaid, CHIP and Marketplace coverage. However, the CHIP Perinatal program in Texas covers prenatal and postpartum care for non-citizens with income below 200% of the federal poverty guideline³³.

HSNT's survey of North Texas residents indicated that access to medical providers and specialists who accept Medicaid and have the capacity to accept new patients is a common concern.

26. "Chronic Conditions Data Warehouse." Medicare Tables & Reports - Chronic Conditions Data Warehouse, www2.ccwdata.org/web/guest/medicare-tables-reports.

27. "Medicare Beneficiaries as a Percent of Total Population." KFF, 12 Mar. 2019, www.kff.org/medicare/state-indicator/medicare-beneficiaries-as-of-total-pop/?currentTimeframe=0.

28. "2019 Community Health Needs Assessment." Texas Health Resources, Collin Region, 2019.

29. "2019 Community Health Needs Assessment." Texas Health Resources, Dallas/Rockwall Region, 2019.

30. 2019 Community Health Needs Assessment." Texas Health Resources, Denton/Wise Region, 2019.

31. Dague, Laura, and Constance Hughes. "Medicaid Expansion's Impact in Texas." The Takeaway, vol. 11, no. 12, Sept. 2020, oaktrust.library.tamu.edu/handle/1969.1/189350.

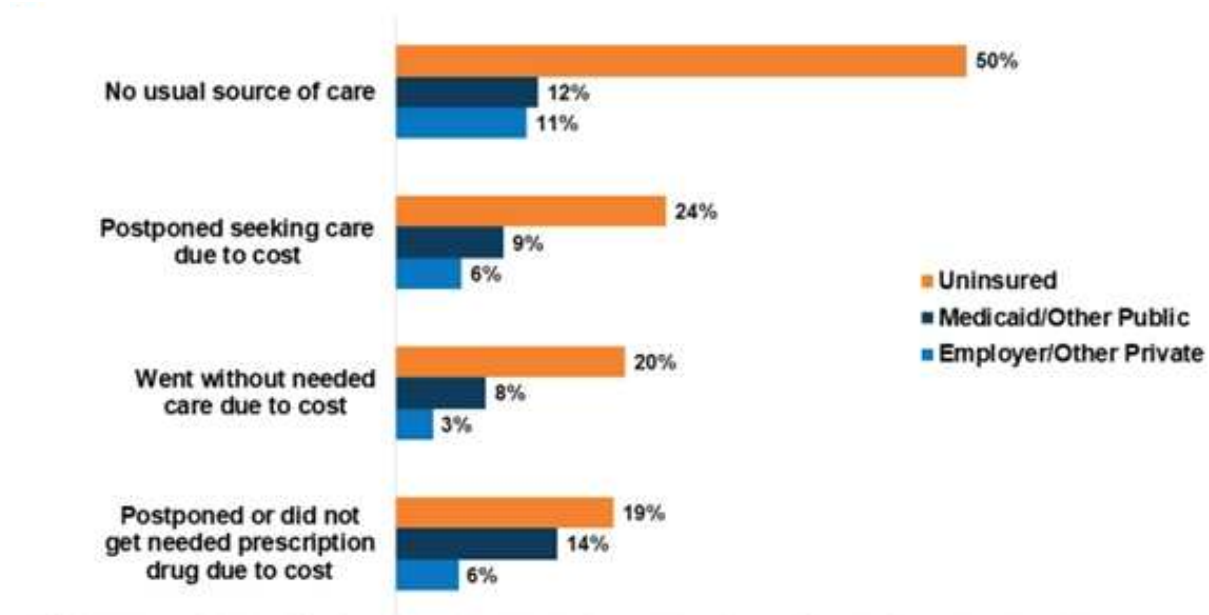
32. "Healthcare Statistics." Texas Health and Human Services, 2020, hhs.texas.gov/about-hhs/records-statistics/data-statistics/healthcare-statistics.

33. Dunkelberg, Anne. "Immigrants' Access to Health Care in Texas: An Updated Landscape." Center for Public Policy Priorities, Center for Public Policy Priorities, Oct. 2016.

Health Insurance

Health insurance coverage has a significant effect on a population's overall health because people who are uninsured are less likely to receive the services and medications they need to improve their health outcomes³⁴. Individuals going without health insurance are more likely to postpone healthcare or forgo it completely, which can have serious negative consequences for those with preventable conditions or chronic diseases such as diabetes or hypertension³⁵. Uninsured adults are more likely to report that they have no usual source of care or have postponed seeking care due to cost, and they are less likely to receive essential screenings for blood pressure, cholesterol, blood sugar, or cancer (e.g. mammograms, colon cancer screenings, etc.).

Barriers to Healthcare Among Nonelderly Adults, 2017



Kaiser Family Foundation, National Health Interview Survey 2017

Texas has the highest rate of uninsured residents in the country. Nationwide, approximately 11% of people below 65 years of age were uninsured in 2018. In Texas, this figure reached 19% during the same year³⁶. Through Healthy People 2030, the U.S. Department of Health and Human Services and Office of Disease Prevention and Health Promotion have set a goal that 92.1% of people in the U.S. will be insured by 2030 (7.9% uninsured).

34. "Health Insurance." Office of Disease Prevention and Health Promotion, health.gov/healthypeople/objectives-and-data/browse-objectives/health-insurance.

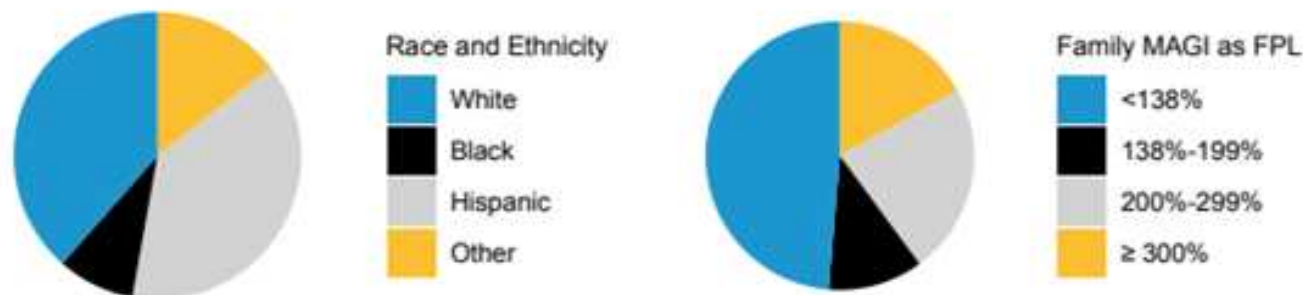
35. "The Uninsured and the ACA: A Primer – Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act - How Does Lack of Insurance Affect Access to Care?" KFF, 13 May 2020, www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-how-does-lack-of-insurance-affect-access-to-care/.

36. "The Uninsured in Texas." Urban Institute and Episcopal Health Foundation, 2018.

According to 2019 census estimates, Collin County is home to approximately 92,000 adults and 22,500 children who do not have health insurance. These numbers represent 11.1% of the overall population in the county. The rate of uninsured adults is notably higher than the rate of uninsured children – 8.0% of children in the county are estimated to be without health insurance, but this figure increases to 14.1% for adults below 65 years of age. Approximately 81,100 adults and 22,000 children in Denton County are without health insurance as well, representing 11.7% of the overall population. The percentages of uninsured children and adults under 65 are similar to those in Collin County, at 9.7% and 14.3% respectively. These figures reveal minor changes since the 2015 census estimates which reported that 9.7% of total residents in Collin County and 12.3% in Denton County were medically uninsured.

Statistically, racial and ethnic minorities and those with lower incomes are more likely to go without health insurance³⁷. 2019 census data reveals that the Hispanic population is estimated to have the highest uninsured rate, at 27.3% in Collin County and 23.2% in Denton County. These estimates also reveal that approximately 30.3% of the population living at or below 138% of the federal poverty level in Collin County and 23.0% in Denton County do not have health insurance.

Characteristics of the Uninsured in Denton County



MAGI = Modified adjusted gross income; FPL = federal poverty level

³⁷“Characteristics of the Uninsured in Texas,” Episcopal Health Foundation, 2018.

Significant disparities in the percentage of uninsured individuals also exist between various zip codes within Collin and Denton Counties. The zip codes with the highest rates of uninsured residents are listed on the following table.

37. “Health Insurance.” Office of Disease Prevention and Health Promotion, health.gov/healthypeople/objectives-and-data/browse-objectives/health-insurance.

Zip Code	City Area	Percent Uninsured
75074	Plano	19.36%
76201	Denton	19.19%
76205	Denton	17.68%
75057	Lewisville	17.53%
75252	Garland	16.36%
75287	Carrollton	16.34%
76249	Krum	15.89%
76209	Denton	15.88%
75067	Lewisville	14.99%
75023	Plano	14.88%
76208	Denton	14.80%
75407	Princeton	14.79%
76207	Denton	14.46%
75424	Blue Ridge	14.42%
76266	Sanger	14.09%

UDS Mapper 2018 Estimates

56% of of HSNT's community survey respondents identified access to affordable health insurance as a barrier

Those earning between 20% and 100% of the federal poverty level (\$2,552 - \$12,760 per year for an individual) are considered to be in the health insurance “coverage gap³⁸”. These individuals are ineligible for Health Insurance Marketplace subsidies because they earn less than the federal poverty level, and adults with no children do not qualify for Medicaid coverage if they live at or above 20% of the federal poverty level. People in the coverage gap have limited options for primary care services, and options for specialty services are even more limited. Without a subsidy, the current average annual premium for a 40-year old nonsmoker purchasing health insurance coverage through the Marketplace is approximately \$5,300 for the lowest-cost silver plan.

38. “The Coverage Gap: Uninsured Poor Adults in States That Do Not Expand Medicaid.” KFF, 14 Jan. 2020, www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/.

Healthcare Provider Shortage

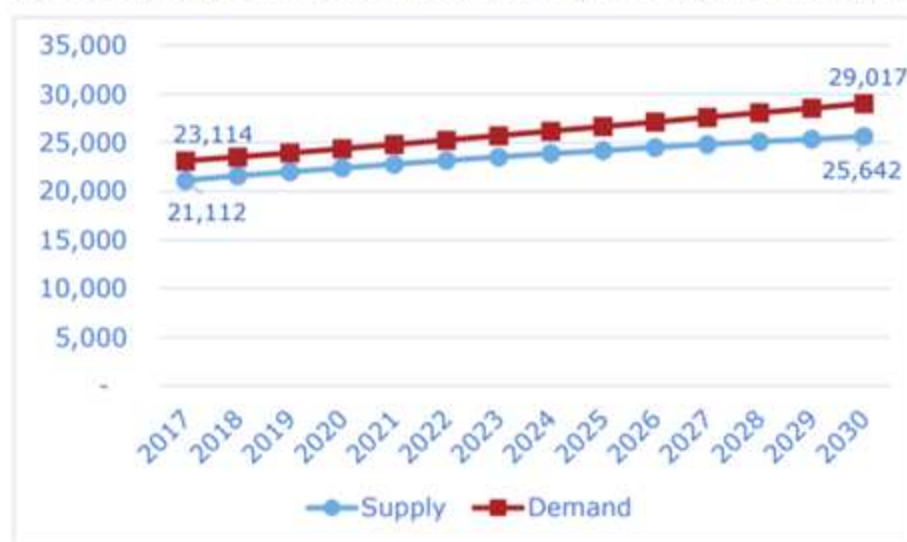
Primary Healthcare Provider Shortage

Texas is ranked 45th among the 50 states in its ratio of primary care physicians compared to the overall population³⁹. This data is encompassing of general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics, and internal medicine. Denton and Collin Counties have ratios of residents to primary healthcare physicians of 1,721.0:1 and 1,008.8:1, respectively, compared to Texas overall which has a ratio of 1,319.5 residents for every 1 primary healthcare physician⁴⁰.

The ratio of other primary care providers is another important measure of access to care. Texas overall has a ratio of 1,218 residents for every 1 other primary care provider, while Denton County has a ratio of 1,545:1 and Collin County has a ratio of 1,390:1⁴¹. Therefore, these two counties have fewer other primary care providers per capita compared to the statewide ratio.

The demand for primary care providers in Texas is already outpacing the supply, and this discrepancy is projected to increase. From 2017 to 2030, the supply of primary care physicians in Texas is expected to grow by 21.4% while the demand is expected to increase by 25.5%, meaning that the shortage will increase from 2,002 primary care physician full-time equivalents (FTE) to 3,375 FTEs⁴².

Supply and Demand for Primary Care Physician FTEs, Texas



"Texas Projections of Supply and Demand for Primary Care Physicians and Psychiatrists, 2017 – 2030," Texas Department of State Health Services, 2018.

39. Gamble, Molly. "Primary Care Physician Supply in All 50 States, Ranked: Primary Care Is the Backbone of the U. S. Healthcare System given Its Inextricable Link to Positive Health Outcomes and Health Equity, Yet the Availability of These Integral Healthcare Providers Varies Greatly State by State." Becker's Hospital Review, www.beckershospitalreview.com/rankings-and-ratings/primary-care-physician-supply-in-all-50-states-ranked.html.

40. Texas Department of State Health Services. "Primary Care Physicians, 2019." Texas Department of State Health Services, dshs.texas.gov/chs/hprc/tables/2019/PC19.aspx.

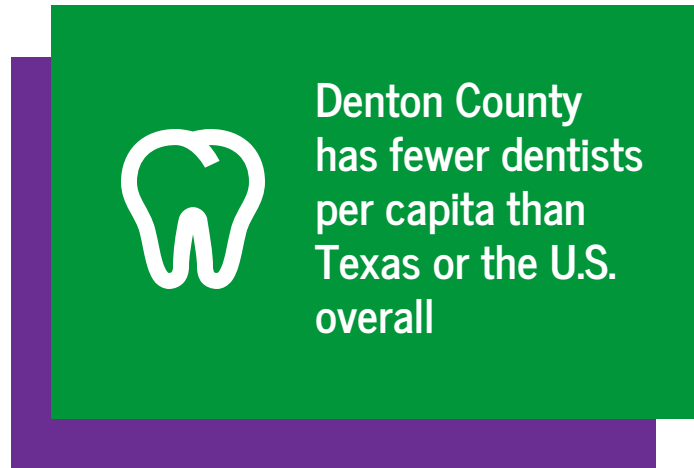
41. "County Health Rankings and Roadmaps," Robert Wood Johnson, 2020.

42. "Texas Projections of Supply and Demand for Primary Care Physicians and Psychiatrists, 2017 – 2030," Texas Department of State Health Services, 2018.

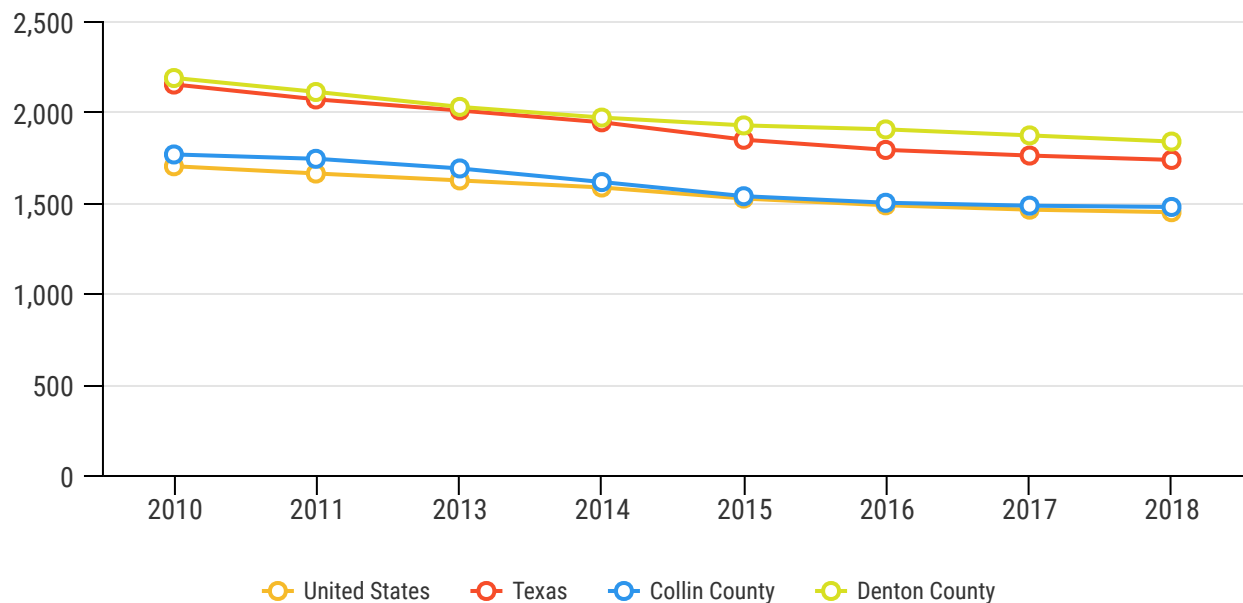
Dental Provider Shortage

With a 1,476:1 ratio of residents to dentists in Collin County and a ratio of 1,771:1 in Denton County, both counties have fewer dentists per capita than the U.S. overall which has a ratio of 1,447:1⁴³.

Poor oral health has been linked to an increased risk of cardiovascular and respiratory diseases, so accessible dental care is a key factor in improving overall health⁴⁴.



Population Per Dentist



"County Health Rankings and Roadmaps," Robert Wood Johnson, 2020.

43. "County Health Rankings and Roadmaps," Robert Wood Johnson, 2020.

44. "Oral Health: A Window to Your Overall Health." Mayo Clinic, Mayo Foundation for Medical Education and Research, 4 June 2019, www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475.

Mental Health

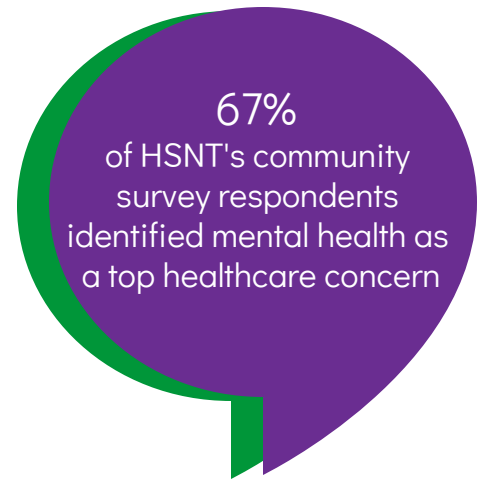
Mental health is vital at every stage of life and affects how people think, feel, and act. Having good mental health also includes the way someone feels about themselves, the quality of relationships, and the manner in how those relationships are managed as well as affect how they function in the larger society. Good mental health is freedom from depression, anxiety, substance abuse and other psychological issues and refers to the overall coping mechanisms of an individual.

Having a behavioral health condition is typically not the result of one event. Research suggests multiple, linking causes. Genetics, environment, and lifestyle influence whether someone develops a mental health or substance abuse condition. The consequences of undiagnosed, untreated, or undertreated co-occurring disorders can lead to a higher likelihood of experiencing homelessness, incarceration, medical illnesses, suicide, or even early death⁴⁵.

Individuals with unmet behavioral health needs are not always capable of recognizing they have a problem or seeking care. Oftentimes, this responsibility falls on the patient's support network or points of contact with the healthcare system or other community-based organizations. Better coordination of services and collaborative efforts among all members of the medical community, county, and community service organizations would improve the disconnect occurring in identifying mental health and substance abuse needs and linking residents with services. Moreover, increasing access to mental health and substance abuse care has become a national, state, and local imperative.

Poverty and homelessness exacerbate mental illness. Community members living in poverty are more concerned with being able to afford living expenses and leave their health needs unmet. Likewise, the homeless are more concerned with where they will sleep, and all other needs become secondary. Homelessness is counterproductive to the positive work already occurring in the community. Unmet mental health needs in young children and the youth of the community is especially disturbing. The longer mental healthcare needs go unmet, the more they affect the individuals and those around them.

The opioid epidemic is affecting communities across the nation. The rate of death by opioid overdose exceeds the murder rate in Collin and Denton Counties⁴⁶. Addressing this issue by identifying residents in need of services and making those services accessible will be important to manage this crisis. To this end, Texas Health Presbyterian Hospital and Medical City Hospital systems developed an initiative to write fewer prescriptions for opioid doses and reduced utilization of opioids in the emergency department.



45. "Mental Health and Substance Use Disorders." SAMHSA, www.samhsa.gov/disorders/co-occurring.

46. "Civic Analytics Platform." LiveStories, www.livestories.com/.

The impact of unmet mental health needs is costly. According to 2017 data, Texas ranks 40th in mental health expenditure per capita⁴⁷. Based on mental health spending by state in 2019, Texas spent \$45.23 per capita, and only 1.2% of the population was served by mental health professionals⁴⁸.

According to 2018 rates of depression by state, Texas had a 15.28% depression prevalence rate (an average based on 5-year depression rate), a 13.01% increase from 2014-2018, and Texas ranked 50th in access to mental health treatment⁴⁹.

Ranking the Mental Health Needs and Care Systems in the 50 States and District of Columbia

Measure	Texas Ranking
Overall ranking	43
Adult ranking	25
Youth ranking	46
Access to care ranking	50
Adult prevalence of mental illness	4
Adult prevalence of substance use disorder	7
Adults with serious thoughts of suicide	3
Youth prevalence of mental illness	16
Youth prevalence of substance use disorder	24
Youth with severe major depressive episode	13
Adults with mental illness access to care	47
Adults with mental illness reporting unmet need	3
Adults with mental illness uninsured	51
Adults with disability who could not see a doctor due to cost	50
Youth with major depression access to care	51
Youth with severe major depressive episode who received some treatment	47
Children with private insurance that did not cover mental or emotional problems	46
Mental health workforce availability	50

"The State of Mental Health in America," Mental Health America, 2019.

47. Mental Illness Policy Org. mentalillnesspolicy.org/.

48. "Drug Rehabs - Alcohol Rehab Centers - Rehabilitation Programs." Drug Rehab Options, 8 Oct. 2020, www.rehabs.com/.

49. "PR Newswire: Press Release Distribution, Targeting, Monitoring and Marketing." PR Newswire: News Distribution, Targeting and Monitoring, www.prnewswire.com/.

The 2016 House Select Committee on Mental Health of the Texas House of Representatives was tasked with reporting on the state of mental health and there has been no update to this committee since 2017. At that time, the committee reported their action plan for addressing the following population groups showing increased need for mental health services:

- Individuals with Intellectual and / or Developmental Disabilities
- Individuals involved within the criminal justice system
- Veteran, military populations, and their families
- Individuals experiencing or at risk for homelessness
- Individuals with one or more physical illnesses
- Individuals with limited English proficiency
- Aging populations
- School-age children
- Children and adolescents in foster care

**1 in 5
adults**

**experiences a mental health condition
every year**

Per this report, one in five adults experiences a mental health condition every year.

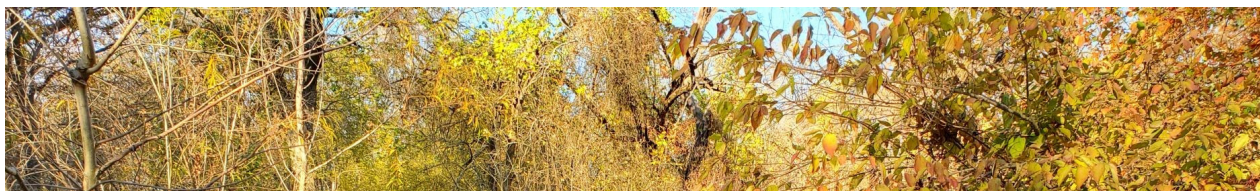
- One in seventeen lives with a serious mental illness such as schizophrenia or bipolar disorder
- Just over 500,000 adults in Texas live with a serious and persistent mental illness (SPMI)
- About one-half of these persons are below the 200% poverty level
- Adults with untreated mental health conditions are eight times more likely to be incarcerated than the general population, and are more likely to have comorbid conditions
- 1.7 million veterans in Texas may seek behavioral health treatment
- Nearly 250,000 children have a serious emotional disturbance (SED)
- Approximately 26,300 Texas students are receiving special education services with a primary diagnosis of emotional disturbance; Approximately 32,000 children are in Department of Family Protective Services (DFPS) conservatorship, and it is estimated that over 50% of those children have a diagnosed mental illness
- Half of mental health conditions begin by age fourteen, and 75% of mental health conditions develop by age twenty-four
- Approximately 50% of youth in the juvenile justice system have been identified with need for mental health treatment
- Approximately 80% of state committed youth have a need for alcohol or drug use treatment



**Mental healthcare, including services
for children and substance use
disorder services, was the top
healthcare need identified in HSNT's
community survey**

The social and economic costs of untreated behavioral health conditions include:

- Joblessness: 17.5% of people served by the Local Mental Health Authority (LMHA) report having gainful employment (this figure does not include persons not served by LMHAs)
- Homelessness: 96.6% of people served by LMHAs report living in stable housing (this figure does not account for the unknown number of persons not receiving services through the LMHA)
- Criminal behavior: An estimated 30% of inmates have one or more serious mental illnesses. This equates to nearly 20,000 people in Texas county jails with serious mental illnesses
- Adverse health effects: Chronic medical conditions present at more advanced stages or at crisis points and more risky behavior leads to injury and illness
- Emergency room use: Behavioral health-related conditions comprise 8.5% of initial Texas Medicaid inpatient admissions and 25.8% are potentially preventable readmissions
- Suicide: In 2013, there were 3059 suicides in Texas; 90% of people who die by suicide experience mental illness. One in three people who commit suicide are under the influence of drugs or alcohol



United Way of Denton County's 2017 client surveys found that 20% of respondents cited Access to Mental Health Services/Low Cost Counseling as a common concern and ranked this as one of their top 5 concerns.

With ratios of residents to mental healthcare providers of 880:1 in Collin County and 890:1 in Denton County⁵⁰, both counties have fewer mental health providers per capita than the U.S. overall which has a ratio of 529:1⁵¹. Both Denton and Collin Counties are designated by the Health Resources and Services Administration as a Mental Health Professional Shortage Areas.

Results of the Community Needs Assessment for Texas Health Resources Plano 2019 showed:

Participants in the focus groups (representing an age range from 18-65 and identified as Black/African American and White) in Collin County — Zip Code 75074, which represents a large portion of HSNT's Collin County service area, shows the following: the top issues related to behavioral health were inadequate in-person mental health resources and limited affordable services. Participants shared that there are some free community telephone-based counseling services and adequate programs for substance abuse. The main topics discussed regarding access to healthcare were challenges with transportation to healthcare facilities and an absence of resources for uninsured patient. They also brought up challenges with being able to afford healthcare services and medications. Participants wanted more local primary care providers, better emergency care services, and more information about the services available. Related to chronic diseases, participants suggested improving the quality of the food available at local food pantries and some participants thought that healthier food in general could be more accessible. Additional discussion centered on housing and the need for advocates in the community to help with securing public housing and the poor state of local homeless shelters.

50. "County Health Rankings and Roadmaps," Robert Wood Johnson, 2020.

51. "2017 State of Mental Health in America - Access to Care Data." Mental Health America, www.mhanational.org/issues/2017-state-mental-health-america-access-care-data.

Participants in the focus groups in Collin County — Zip Code 75069 represented an age range from 45 to 65 years old and identified as Black or African American. The top issues related to behavioral health were the concentration of depression in the community and alcohol and drug addiction. Participants proposed that the medical community partner with local churches to encourage clinical counseling services. Transportation was a top reason people shared for why access to healthcare services and finding affordable medications are challenges in the community. Participants find scheduling important procedures that would improve quality of life were challenging. There was discussion about how chronic diseases often go untreated and that is considered the 'norm' in the community. They shared that people prioritize other costs, especially housing, over treating health issues. Affordable housing has become more difficult to find. In addition, the East McKinney area was described as a 'food desert' and finding health food was difficult for participants.

Results of the Community Needs Assessment for Texas Health Resources Denton 2019 showed the following priority areas:

- Behavioral Health
- Chronic Disease
- Awareness, Health Literacy and Navigation

Several notable facts were reported: in Sanger, TX there is only one Behavioral Health Practitioner, which does not accept insurance. In Lewisville, TX, with multiple Behavioral Health Practitioners, most do not accept insurance.

Focus Group Key Themes for Prioritized Zip Codes - 76266, 75057, 76246

Denton County Zip Code 76266	Denton County Zip Code 75057	Wise County Zip Code 76426
Individuals must travel to Denton or Decatur to receive services like charitable healthcare	Cost of living, safe-housing, and healthcare affordability	Individuals must travel to Denton or Decatur to receive services like charitable healthcare
Veterans must travel to Dallas to receive healthcare	Awareness of available resources	Veterans must travel to Dallas to receive healthcare
Reliable and timely transportation; worse when driving long distances for appointments	Preventative care, dental, and vision	Lack of key medical services and places not taking Medicaid; forces residents to drive elsewhere for treatment
Lack of pharmacies to get prescriptions filled (only one in Sanger)	Access to services - barriers of paperwork/bureaucracy	Participants lacked knowledge of how health insurance works and what it does
Healthcare costs; rising premiums, deductibles, and costs of medicines	Resources for single parents	

Ryan White Dallas Eligible Metropolitan Area CNA 2020 Mental Healthcare reports the following focus group feedback:

There is not enough mental healthcare available, and in some places, there is none. While Parkland, Prism Health, and the Federally Qualified Health Centers provide mental health and psychiatric services, there are not enough to meet the need. The mental health system in Dallas was described by one respondent as, “not a real functioning mental healthcare system.” Low income persons and individuals who are homeless have a high need for mental healthcare, especially since many of them experience higher levels of trauma. Many individuals will not have the capacity to discuss their healthcare and medications until they are able to navigate their trauma. There is also a need for mental health providers who are knowledgeable about LGBTQ individuals, HIV, and navigating life with HIV, as well as more culturally appropriate and community competent providers. There are an insufficient number of inpatient mental health and substance abuse facilities, especially for low-income persons and individuals who are homeless. More mental health services are needed along with innovative strategies such as telemedicine to expand access to more populations.

HSNT survey results show that across our communities, the need for affordable, accessible Mental Health and Substance Abuse services are lacking and are seen as a priority need as evidenced by 67.31% of respondents indicating the mental healthcare was a top need in our community and 60.17% expressing concern about locating inpatient alcohol, drug, and mental health treatment.



Social Determinants of Health

Most people would say that healthcare is an important factor in their ability to maintain a healthy and stable lifestyle. Health is not the only factor that can influence a person's ability to achieve the level of healthcare support. Environmental factors also play a significant role in maintaining optimum health, holistically for physical health, mental health, and dental care. The CDC performed a study that explored what factors were the most prevalent.

It was determined that there were primary categories that contribute to the social determinants of health. These are Healthcare Access and Quality, Education Access and Quality, Economic Stability, Neighborhood and Built Environment, and Social Community Context⁵². Other factors were also considered as major impacts to people who are facing challenges, such as racism and discrimination, transportation, and language and literacy.

Oftentimes, the environmental factors that influence health outcomes are generally overlooked and not taken into consideration for integrated care. In recent years, the medical community has considered the fact that social challenges may have more significant effects on a patient's health than they had originally thought. In 2017, it was explored as a noteworthy consideration.

52. "Social Determinants of Health." Office of Disease Prevention and Health Promotion, health.gov/healthypeople/objectives-and-data/social-determinants-health.

The JAMA Network explored this in a cross-sectional study based on the responses from physician practices and hospitals from 2017 to 2018. The study focused on whether hospitals and Federally Qualified Health Centers screened patients' outside factors that could contribute to their non-compliance to treatment plans, like transportation, nutritional hardships, interpersonal violence, and housing. The results were collected in August of 2018.

After the surveys were reviewed, 2,929 healthcare agencies remained out the 2,333 that initially responded. The survey showed that Federally Qualified Health Centers, academic health centers and Medicaid Adherent Clinics were more likely to have processes in place to screen for social challenges. This is due to the fact that "hospitals and practices that serve more disadvantaged patients reported higher screening rates. Nearly one-third of Federally Qualified Health Centers screen patients for all 5 needs⁵³."

The study went on to reason that, "physician practices may be motivated to screen patients for social needs to help provide more coordinated, comprehensive care in lower cost settings (particularly if they participate in payment reform models and believe that addressing social needs will reduce healthcare spending), but they may lack the financial or staffing resources to routinely screen in the course of clinical care. Hospitals may have more resources, including staffing, financial, and technological resources, as well as more processes, protocols, and standardization in care delivery, which may explain higher screening rates among hospitals compared with physician practices⁵⁴."

40%
of rural Americans
struggle with routine medical bills,
food, and housing

Furthermore, healthcare agencies that accept government (Medicaid and Medicare) and some private insurances, for example Blue Cross Blue Shield, have to adhere to guidelines that require them to be more diligent in meeting the standard of care guidelines, which can prove difficult, given time constraints of providing care. Even more unexplored is who has ultimate responsibility for the resolution of the basic need challenges.

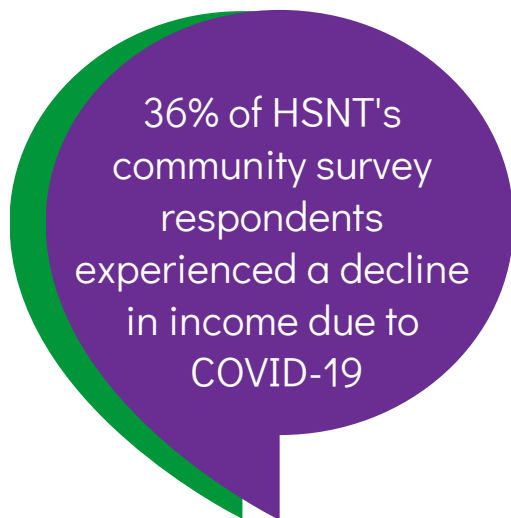
Financial deficits are not only a factor for healthcare centers, but they are also a determining factor for patients. In May of 2019, NPR funded a survey that was performed by the Robert Wood Johnson Foundation and Harvard's School of Public Health that explored healthcare access in rural America. The study took place over two years. Results showed in the first study that, "55% of rural Americans rated their economy as fair to poor⁵⁵." The second half of the survey focused on hardship beyond job loss. Findings on the second survey showed that a "substantial number (40%) of rural Americans struggle with routine medical bills, food, and housing. And about half (49%) say they could not afford to pay an unexpected \$1,000 expense of any type⁵⁶."

53. Frazee TK, Brewster AL, Lewis VA, Beidler LB, Murray GF, Colla CH. Prevalence of Screening for Food Insecurity, Housing Instability, Utility Needs, Transportation Needs, and Interpersonal Violence by US Physician Practices and Hospitals. JAMA Network Open. 2019.

54. Frazee TK, Brewster AL, Lewis VA, Beidler LB, Murray GF, Colla CH. Prevalence of Screening for Food Insecurity, Housing Instability, Utility Needs, Transportation Needs, and Interpersonal Violence by US Physician Practices and Hospitals. JAMA Network Open. 2019.

55. Findling, Mary G et al. "Views of Rural US Adults About Health and Economic Concerns." JAMA network open vol. 3.1. 2019.

56. Findling, Mary G et al. "Views of Rural US Adults About Health and Economic Concerns." JAMA network open vol. 3.1. 2019.



Since March of 2020, studies regarding social disparities have grown exponentially. The COVID-19 pandemic has caused many people to lose their jobs or be laid off, and many citizens have been forced to file for temporary unemployment.

An article produced by the National Employment Law Project states that, "a record number of Americans have lost their employment⁵⁷," but a look at the jobs report only show an unemployment rate of 13.3% in June of 2020. This is attributed to the possibility that the survey may have miscategorized some persons who have filed for temporary unemployment or those who are not looking for work, which is normally a requirement to receive unemployment benefits. However, needs related to COVID-19 have laxted this guideline.

Additionally, the report points out that the pandemic has unevenly affected persons as layoffs are more prevalent for those who are of African American and Latinx ethnicity and is then followed by Caucasian and other ethnicities. It goes on to say that, "the Brookings Institution reports that black families have one-tenth the wealth of white families. For all who are out of work, but particularly for Black, Latinx, and Indigenous workers and other workers of color, unemployment benefits are a vital lifeline in this time of crisis⁵⁸."

In theory, unemployment insurance helps citizens compensate for the cost of healthcare needs, but many states have been denying claims and the funds that are dedicated to this have decreased significantly which does not allow it to support the increased number of applicants. Historically, economic depressions begin slowly and ramp up over time, but the current pandemic has been swift in its effect, making it impossible to prepare based on historic data.

Moreover, the government's ability to plan for the future is also hindered as the study compares the amount of available funds in 2020 to 2001's allocations. In 2020, the total amount of the fund was \$2.14 billion which is a dramatic decrease from \$2.21 billion in 2001. The increase in cost of living was not considered when developing the budget, which must be dispersed across all fifty states. Additionally, historically, unemployment insurance has excluded those in the working class and those who are unemployed.

The Dallas Morning News echoed the national findings and stated that, "roughly 22% of Texas residents are facing severe hardship, and an additional 28% are facing moderate hardship⁵⁹." The Episcopal Health Foundation, who performed the study, reported that persons whose income was \$50,000 or less are most affected in their ability to get healthcare, and they experience more social determinants of health and additional challenges. Texas continues to, "have the highest rate of people in the nation without health insurance, with 29% saying they lack coverage⁶⁰."

57. "Unemployment Insurance During COVID-19: The CARES Act and Role of UI During the Pandemic." National Employment Law Project, www.nelp.org/publication/unemployment-insurance-covid-19-cares-act-role-ui-pandemic/.

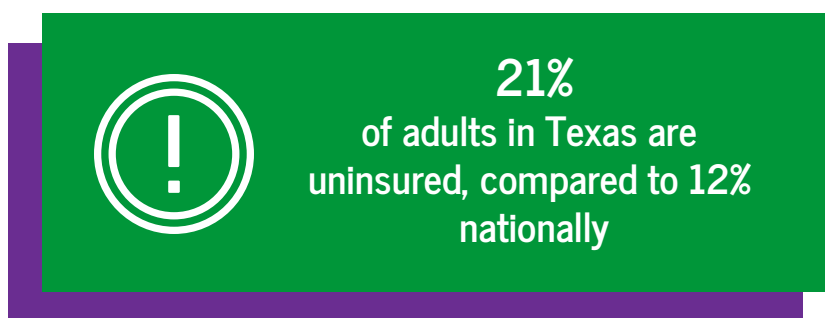
58. "Unemployment Insurance During COVID-19: The CARES Act and Role of UI During the Pandemic." National Employment Law Project, www.nelp.org/publication/unemployment-insurance-covid-19-cares-act-role-ui-pandemic/.

59. "Half of Texans Face Financial Hardship Because of Coronavirus Pandemic, Survey Finds." Dallas News, 16 Oct. 2020, www.dallasnews.com/news/public-health/2020/10/14/half-of-texans-are-facing-financial-hardship-due-to-coronavirus-pandemic-survey-says/.

60. "Half of Texans Face Financial Hardship Because of Coronavirus Pandemic, Survey Finds." Dallas News, 16 Oct. 2020, www.dallasnews.com/news/public-health/2020/10/14/half-of-texans-are-facing-financial-hardship-due-to-coronavirus-pandemic-survey-says/.

However, the challenge for those who are low income to afford healthcare is not a new concept. The Kaiser Family Foundation performed a poll in Texas in 2018 regarding access to healthcare. Those that participated in the survey showed that “more than half (55%) say it is difficult for them and their families to afford healthcare, including a quarter (25%) who say it is ‘very difficult’ to obtain⁶¹.”

Poll participants cited the cost as being the major factor in obtaining healthcare. In 2018, Texas had more than residents without health insurance than any other state and has the highest uninsured rate in the country (21% among adults ages 19-64, compared to 12% nationally). Half of non-elderly uninsured Texans say that the main reason they do not have coverage is because it is too expensive and unaffordable. Far fewer cite other main reasons such as employment issues (15%), not wanting or needing it (7%), or citizenship/residency issues (7%).



To dismiss the cost of healthcare as a major barrier would also be dismissive of the poverty level that affects those who are minorities. The American Bar Association explored racial disparities in healthcare. In the article, research found that the those of African American ethnicity received lower quality healthcare than their white counter parts. “Minority persons are less likely than white persons to be given appropriate cardiac care, to receive kidney dialysis or transplants, and to receive the best treatments for stroke, cancer, or AIDS⁶².”

The article went on to show that a review of numerous studies showed documented instances of significant disparities in how treatment is given to African Americans versus their white counterparts. Treatments for Black patients often were older and cheaper, and more effective treatments like angioplasty and coronary biases were not accessible. Persons who are white stay longer in the hospital to ensure recovery while Black Americans will be discharged before the suggested discharge date and when it would have been inappropriate by medical standards as the rate of complications and fatality would be higher⁶³.

61. Published: Jul 10, 2018. "Poll: Affording Health Care Tops Texans' Financial Concerns; Almost 4 in 10 Report Problems Paying Medical Bills." KFF, 10 July 2018, www.kff.org/health-costs/press-release/poll-health-care-texans-financial-concerns-almost-4-in-10-problems-paying-medical-bills/.

62. "Implicit Bias and Racial Disparities in Health Care." American Bar Association, www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/racial-disparities-in-health-care/.

63. "Implicit Bias and Racial Disparities in Health Care." American Bar Association, www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/racial-disparities-in-health-care/.

Human Immunodeficiency Virus (HIV)

Just over 1 million people in the United States are living with HIV today. The CDC estimates that 14% of those living with HIV are unaware that they are living with the virus. Most people think that since HIV has been around since the 1980s, health education relating to HIV and STIs are not necessary. A study performed by Healthline in 2018 confirmed that while there have been advancements in social perception and in the medical field, there are still a myriad of misconceptions about HIV. These misconstrued beliefs can be born from perpetuated stigmas that categorize HIV as a virus that only affects people who live alternative lifestyles, to misunderstandings about how new medical developments like PrEP work. It important to note that misunderstandings about HIV do not only extend to the general public, but they can extend into the beliefs held by people who are living with HIV.

14%
of people with HIV
do not know they have the virus

Some of the stigma related to HIV can be attributed to social demographics, such as age, gender, and ethnicity. This has been supported by findings in several studies. In 2018, youths aged 13 to 24 made up 21% of the 37,832 new HIV diagnosis in the United States and dependent areas⁶⁴. The National Institute of Drug Abuse reported supported the findings in their study for new HIV diagnosis.

The article speculated that youth may not be as conscious about the dangers of HIV because they did not experience the epidemic when the mortality count was highest. But with the advances in medications, specifically, Antiretroviral Therapy, a person with HIV can live a long and health life as long as they are adherent to their medication and participate in their healthcare. That being said, the CDC also reported in 2012 that 45% youth in the aforementioned age group were unaware that they were living with HIV. They attributed this to the fact that this age group is commonly working through social issues like finding their identity, exploring their sexuality, and engaging in other behaviors, such as drug use, that put them at risk for being exposed to HIV. The CDC's Youth Risk Behavior Survey found that 47% of high school students were sexually active and only 59% used a condom during their last sexual encounter. Of sexually active students, only 13% had been tested for HIV⁶⁵.

In 2018 the CDC looked at age group demographics again and found a decrease amongst those in the 13 to 24 age group. Instead the highest rate of new diagnosis is 25 to 34, at 31.5%, followed by ages 35 to 44⁶⁶. Additionally, there has also been a rise in new diagnoses in persons who are over age 50. This is attributed to the fact that this age group often does not think they are at risk for exposure to HIV or other STIs. This belief makes it more likely that they will not practice safer sex. It should be noted, when a person of advanced age is diagnosed with HIV, they pose more challenges in treatment because they will have an increased chance of having other co-morbidities, such as heart disease, that can be exacerbated by the symptoms that are associated with HIV.

64. "HIV Among Youth." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 18 May 2020, www.cdc.gov/hiv/group/age/youth/index.html.

65. "Youth and Young Adults and the Ryan White HIV/AIDS Program." Health Resources and Services Administration, 2015, <https://hab.hrsa.gov/sites/default/files/hab/data/datareports/youthdatareport2015.pdf>.

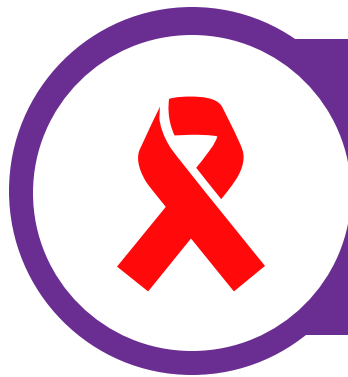
66. Content Source: HIV.gov. Date last updated: June 30, 2020. "U.S. Statistics." HIV.gov, 5 Nov. 2020, www.hiv.gov/hiv-basics/overview/data-and-trends/statistics.

To encourage prevention of the HIV, the CDC advocates that persons who are sexually active subscribe to a regimen to be tested for HIV specifically on an annual basis or more often, such as every three to six months, if they participate in high risk behaviors. High risk behaviors include having a partner who has HIV, engaging in sexual encounters with multiple people, injecting drugs, and having been diagnosed with another STI.

Most private insurances as well as Medicaid will pay for HIV testing. Despite that fact, one in seven people live with HIV for a significant period of time before diagnosis. The CDC reported in 2015 that out of 40,000 who were diagnosed, one in two had been living with HIV for three years more. One in four had been undiagnosed for seven years or more. Additionally, one in five already were living with HIV in the most advanced stage⁶⁷.

A study done by the Kaiser Foundation in 2017 showed that surprisingly few people between the ages of 18 to 64 had ever had an HIV test. The highest rate of those who had never been tested, at 44%, was in the age group of 30 and below.

Researchers have also determined that race/ethnicity also contributes to not only the diagnosis but also the risk of exposure and ultimately the treatment adherence when healthcare is accessed. In 2017, a survey of those who had ever been tested for HIV showed that only 6% had had an HIV test in the last year, while those who identified as African American and those who were Latinx reported testing at 19% and 10%.



While there have been advancements in social perceptions, there are still a myriad of misconceptions about HIV

In February of 2020, the Kaiser Foundation explored the disparities of HIV care amongst minorities. In the United States, African Americans represent 12% of the population but statistically account for 43% of those who are diagnosed with HIV.

80% of African American men that were diagnosed reported that they engaged in male to male sexual contact, while 14% reported exposure through heterosexual sexual contact. African American women reported almost the mirror opposite, with 92% reporting that the mode of their transmission was heterosexual contact⁶⁹.

According to the CDC, the Latinx community accounted for 27% of new diagnosis in the US in 2018. Within the Latin community and the African American population, the highest subset for new diagnoses were African American males who have sex with other males, followed closely by Hispanic men who engage in sexual relations with other men.

67. Content Source: CDC's HIV Basics. Date last updated: June 05, 2020. "Who Should Get Tested?" HIV.gov, 11 Nov. 2020, www.hiv.gov/hiv-basics/hiv-testing/learn-about-hiv-testing/who-should-get-tested.

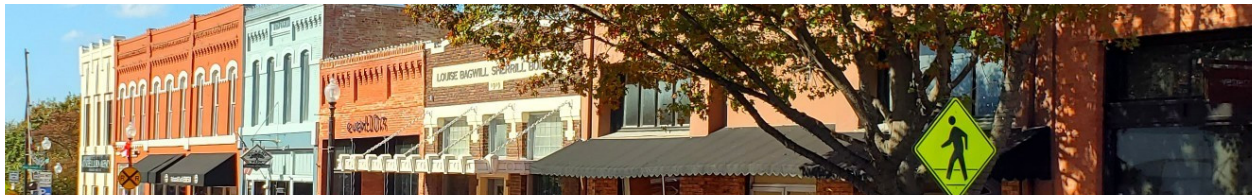
68. Published: Jun 25, 2019. "HIV Testing in the United States." KFF, 25 June 2019, www.kff.org/hiv/aids/fact-sheet/hiv-testing-in-the-united-states/.

69. "HIV and African Americans." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 18 May 2020, www.cdc.gov/hiv/group/raciaethnic/africanamericans/index.html.

"In 2016 , it was estimated that one in six American men who have sex with men would be diagnosed with HIV in their lifetime. This equates to one in two African American/Black men who have sex with men, one in four Hispanic/Latino men who have sex with men, and one in 11 white men who have sex with men⁷⁰." The same study discussed that while Latinx and African American women do account for a portion of the newly diagnosed, the rate of their diagnosis has decreased since 2017. Additionally, African American and Latinx communities share an increase in the specific age range of 25 to 34.

Significant cultural barriers will prevent a person of Hispanic descent from seeking care for possible exposure to HIV. The most prevalent is the stigma that relates to homosexuality. HIV is still very much associated as a "gay disease". "Latino men disclose their positive serostatus less frequently than do Anglo men, and within Latino groups, monolingual Spanish speakers are more likely to have issues with HIV disclosure than are English speakers⁷¹."

Many Spanish speakers reported believing other basic needs, such as food and shelter, to be of greater priority than addressing their HIV healthcare needs and relying on spiritual beliefs as reasons for not seeking HIV care when needed. Additionally, personal beliefs play a large part in how the Hispanic community think about their own healthcare. Many Hispanic individuals who are living with HIV do not place it as a top priority. They reportedly are more likely to rank basic needs over caring for their HIV or getting tested. Additional barriers include lack of trust in the healthcare system, availability of translators, and financial ability to pay for healthcare services.



Healthcare access for all persons who are at high risk for exposure and for those living with HIV varies from state to state. In 2015, Texas was third in in the US for HIV diagnosis, only preceded by Florida and foremost California⁷². The Department of Human Services performed a surveillance study and found that in 2018, Collin, Denton, Hunt, Rockwall, and Kaufman Counties had 212 diagnoses of HIV.

Seeing as Collin, Denton, Hunt, Rockwall, and Kaufman Counties are part of rural North Texas, it can be hard for a person living with HIV to connect with healthcare services that would allow them to participate in maintaining their optimum health, especially due to financial constraints that often leave families having to choose between eating, paying their rent, and going to see the doctor. This is especially true in the time of COVID-19, where people have been laid off and are relying on unemployment or SSI/SSDI. On average, government assistance does not meet the cost of living. Sometimes the majority of the check pays for rent and food, and paying for healthcare becomes the lowest priority.

70. "HIV and AIDS in the United States of America (USA)." Avert, 10 Oct. 2019, www.avert.org/professionals/hiv-around-world/western-central-europe-north-america/usa.

71. Rajabiun, Serena, et al. "The Impact of Acculturation on Latinos' Perceived Barriers to HIV Primary Care." *Ethnicity & Disease*, U.S. National Library of Medicine, 2008, www.ncbi.nlm.nih.gov/pmc/articles/PMC4844059/.

72. "Texas – State Health Profile," Centers for Disease Control and Prevention, https://www.cdc.gov/nchhstp/stateprofiles/pdf/texas_profile.pdf.

The State of Texas does try to supplement the gap in healthcare by supporting those who qualify through a grant-based healthcare program called Ryan White. These funds are secured from a state level and then disseminated through local administrative agencies, like Dallas County, to social service and healthcare agencies. As of 2020, there are 42 counties that are served across the state of Texas, and most agencies serve multiple counties. In Northern Texas, Sherman, Denton, and McKinney are the main points of access outside of the Dallas area. Rural counties show limitations in access when it is considered that Dallas County has 10 agencies compared to the 4 located in each of the outlying regions.

Health Services of North Texas serves the four most rural counties. At present, The Ryan White Program serves just over 415. Some people that access the program are privy to having healthcare through insurance but are unable to maintain consistent payment for their healthcare premiums. These individuals are assessed for services under the Insurance Assistance Program. If the client meets the criteria and their premium is less than \$900, this program allows the premium to be paid so they can access services without barriers.

With the help of Ryan White services, those that are living with HIV and without the benefit of insurance have the ability to access outpatient services with an infectious disease provider, get regular labs to regulate their viral suppression, access behavioral health, and utilize transportation services.

Additionally, clients with a high acuity of care are enrolled, if they so choose, in Medical Case Management. These services allow persons to get connected with quarterly check ins to assist them in learning how to manage their medication regimen, access social services to help decrease gaps in their basic needs, and encourage adherence to their HIV care plan set forth by the provider.



Impacts of COVID-19

Decreased Household Income

A survey conducted in March of 2020 found that nearly half of Americans reported that the COVID-19 pandemic was a major threat to their finances⁷³. In April, 43% of Americans reported that they or someone in their household has lost a job or taken a cut in pay due to COVID-19. For low-income populations, these challenges are even more extreme because they have fewer resources set aside for emergencies. Only 23% of low-income Americans report that they have funds set aside that would cover their expenses for three months in case of job loss, sickness, or other emergency⁷⁴.

The unemployment rate in Denton and Collin Counties, respectively, peaked at 12.8% and 12.1% in May of 2020⁷⁵. While the unemployment rate in these counties has improved to 5.6% and 5.5% respectively as of August 2020, this is still a significant increase from the rates of 3.1% and 3.3% in August of 2019. Further, with many large companies planning layoffs and furloughs, the unemployment rate is unstable with the potential to increase.

Unemployment Rate Comparison

County	May 2020	August 2020	August 2019
Collin	12.1%	5.5%	3.3%
Denton	12.8%	5.6%	3.1%

The higher unemployment rate and decreased household income have serious consequences for people's health. Approximately 40% of adults report that they or someone in their household has experienced financial challenges. This includes 18% who report difficulties affording health insurance, 17% have trouble paying medical bills, and 12% report problems affording prescription medications. The majority of those reporting challenges report a direct link to the COVID-19 outbreak and their current financial situation, while 42% were already experiencing these challenges previously⁷⁶.

Housing Insecurity

With increased unemployment comes the increased probability of community members facing housing insecurity. The National Consumer Law Center predicts that 3 million homeowners, or roughly 5%, will have significantly delinquent mortgages by early 2021⁷⁷. As foreclosures increase, communities suffer from lack of maintenance, urban blight, reduced property values for neighboring properties, and erosion of neighborhood safety and stability.

73. Jones, Bradley. "Younger Americans View Coronavirus Outbreak More as a Major Threat to Finances than Health." Pew Research Center, Pew Research Center, 27 July 2020, www.pewresearch.org/fact-tank/2020/04/07/younger-americans-view-coronavirus-outbreak-more-as-a-major-threat-to-finances-than-health/.

74. Kim Parker, Juliana Menasce Horowitz and Anna Brown. "About Half of Lower-Income Americans Report Household Job or Wage Loss Due to COVID-19." Pew Research Center's Social & Demographic Trends Project, 26 Aug. 2020, www.pewsocialtrends.org/2020/04/21/about-half-of-lower-income-americans-report-household-job-or-wage-loss-due-to-covid-19/.

75. Federal Reserve Bank of St. Louis. FRED Economic Data. <https://fred.stlouisfed.org/categories/29898>.

76. "KFF Health Tracking Poll – July 2020." KFF, 14 Aug. 2020, www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-july-2020/.

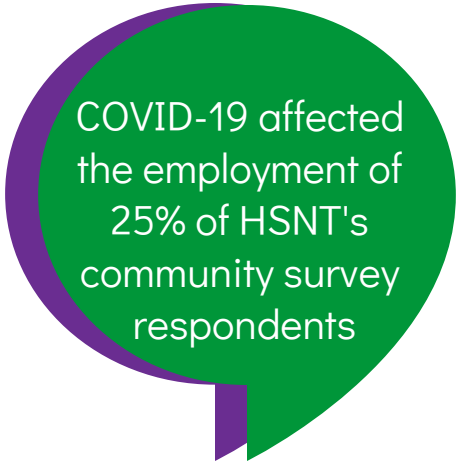
77. Benfer, Emily. "Eviction Update." National Low Income Housing Coalition, 7 Aug. 2020, nlihc.org/coronavirus-and-housing-homelessness/eviction-update.

Families renting homes and apartments face increased housing insecurity as well. According to Avail, an online payment platform for midsize independent landlords and their tenants, only 55% of landlords using the platform received full rent payments in July⁷⁸. Eviction has far reaching effects on the health and stability of those it effects which are only magnified during the COVID-19 pandemic:

Eviction is linked to numerous poor health outcomes, including depression, suicide, and anxiety, among others. In addition, eviction is linked with respiratory disease, which could increase the risk of complications if COVID-19 is contracted, as well as mortality risk during COVID-19. Eviction makes it more expensive and more difficult for tenants who have been evicted to rent safe and decent housing, apply for credit, borrow money, or purchase a home. Instability, like eviction, is particularly damaging to children, who suffer in ways that impact their educational development and wellbeing for years. The public costs of eviction are far reaching. Individuals experiencing displacement due to eviction are more likely to need emergency shelter and re-housing, use in-patient and emergency medical services, require child welfare services, and experience the criminal legal system, among other harms⁷⁹.

Food Insecurity

According to a study conducted in late April and May of 2020, the percentage of families experiencing food insecurity increased by 20%⁸⁰. This insecurity affects not only the availability of food in the home but the quality of food available. The families in this study also reported an increased reliance on nonperishable processed foods and high calorie snack foods. Lack of access to and availability of fresh, nutritious foods increase the childhood obesity risk for those affected and the possibility of further adverse health effects for those children as they move into adulthood.



COVID-19 affected the employment of 25% of HSNT's community survey respondents

Food insecurity is directly affected by the increase in unemployment during the COVID-19 pandemic. Four in ten adults say they have had trouble paying bills or covering basic expenses during the pandemic including 17% who have had difficulty affording food⁸¹.

Locally, those serving the community are seeing the increase in food security firsthand. The Denton Community Food Center is seeing an 80% increase in services since before the pandemic and many of their clients are first-time utilizors of their services. On April 22nd, 62% of those utilizing their services were first time clients⁸².

78. Mackenzie Born | Last updated July 17, 2020 COVID-19. "Rent Payments Increase Slightly in July, but Landlords and Tenants Continue to Struggle." Avail, 17 July 2020, www.avail.co/blog/rent-payments-increase-slightly-in-july-but-landlords-and-tenants-continue-to-struggle.

79. Benfer, Emily. "Eviction Update." National Low Income Housing Coalition, 7 Aug. 2020, nlihc.org/coronavirus-and-housing-homelessness/eviction-update.

80. Elizabeth L. Adams, Laura J. Caccavale, Danyel Smith and Melanie K. Bean. "Food Insecurity, the Home Food Environment, and Parent Feeding Practices in the Era of COVID-19." Obesity: A Research Journal, The Obesity Society. August 6, 2020. <https://onlinelibrary.wiley.com/doi/10.1002/oby.22996>.

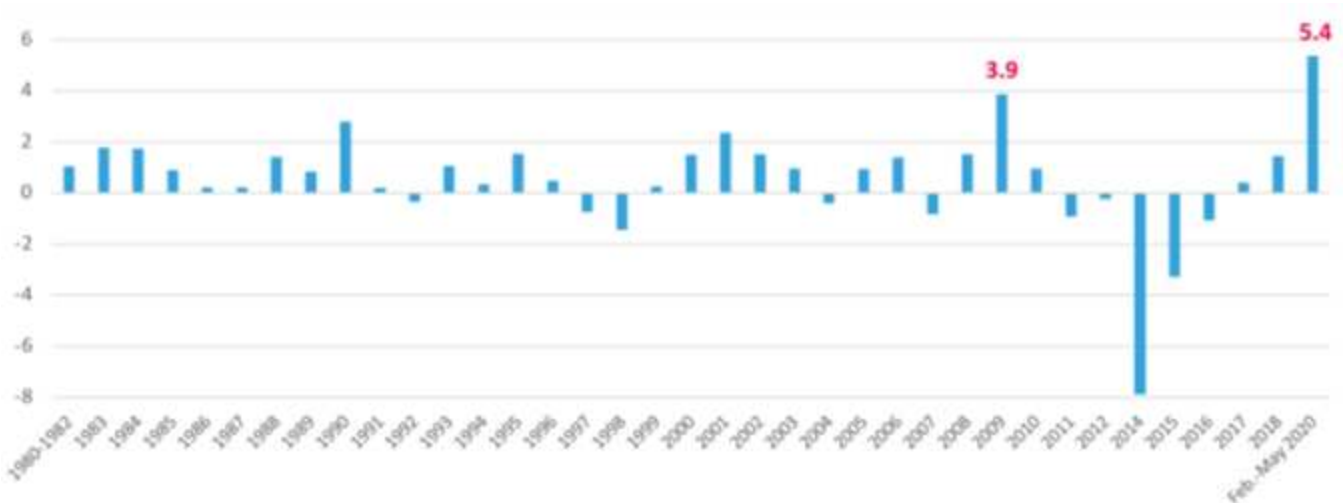
81. "KFF Health Tracking Poll – July 2020." KFF, 14 Aug. 2020, www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-july-2020/.

82. zaira.perez@dentonrc.com. I Perez, Zaira. "Denton County Food Center: Food Supply is Getting Better, but Situation Still Uneasy". Denton Record Chronicle. May 13, 2020. https://dentonrc.com/coronavirus_outbreak/denton-food-center-food-supply-is-getting-better-but-situation-still-uneasy/article_dfea12b6-ea8a-52e9-808c-a9c55340118b.html

Increased Uninsured

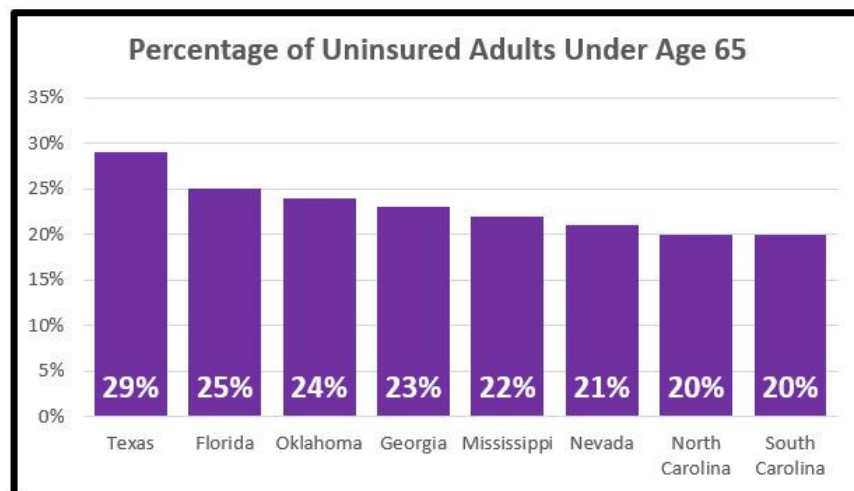
Americans are losing insurance coverage at an historic rate during the COVID-19 pandemic. The dramatic increase in unemployment has led to millions losing health insurance in the middle of a health crisis.

Changes in the Number of Uninsured, Non-Elderly Adults, 1980-2020 (millions)



Dorn, Stan. "The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History." Families USA COV-254 Coverage-Loss Report, 17 July 2020.

At the state level, Texas has one of the highest uninsured rates in the country. 29% of non-elderly adults in Texas are uninsured⁸³. Those without insurance in general, have less access to quality care and experience worse health outcomes than those with health insurance⁸⁴. High uninsured rates do not only affect those without coverage, but entire communities. In areas with a population that has a high uninsured rate, those with insurance face difficulties in accessing healthcare as many providers may choose to relocate to communities with higher insured rates to protect their financial sustainability⁸⁵.



83. Dorn, Stan. "The COVID-19 Pandemic and Resulting Economic Crash Have Caused the Greatest Health Insurance Losses in American History." Families USA COV-254 Coverage-Loss Report, 17 July 2020. www.familiesusa.org/wp-content/uploads/2020/07/COV-254_Coverage-Loss_Report_7-17-20.pdf.

84. McWilliams JM. Health consequences of uninsurance among adults in the United States: recent evidence and implications. *Milbank Q*. 2009;87(2):443-494. doi:10.1111/j.1468-0009.2009.00564.x

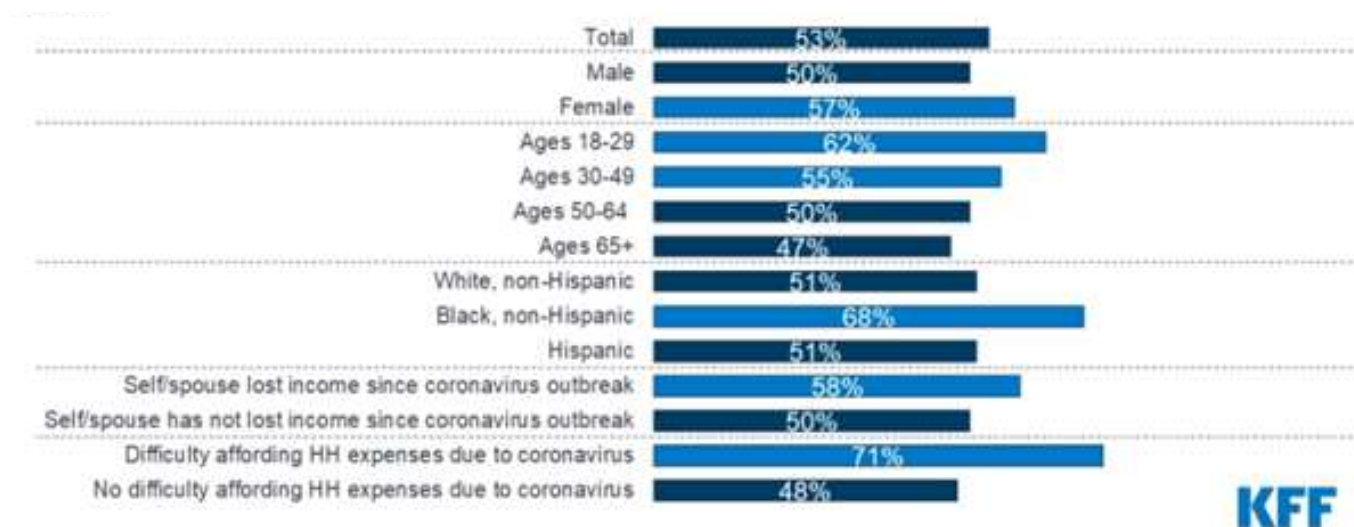
85. Institute of Medicine (US) Committee on Health Insurance Status and Its Consequences. *America's Uninsured Crisis: Consequences for Health and Health Care*. Washington (DC): National Academies Press (US); 2009. 4, Communities at Risk. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK214975/>

Increased Need for Mental Healthcare

Both COVID-19 and the measures put in place to control the spread of the virus have caused mental health concerns for a large segment of the population. These concerns stem from many factors, including fears of infection and transmitting the virus to others, as well as feelings of isolation and frustration due to quarantine protocols⁸⁶.

In a survey taken by the Kaiser Family Foundation in July of 2020, 53% of respondents reported the pandemic has had a negative impact on their mental health. Younger adults, Black adults, women, and those who have difficulty paying bills were more likely to report that COVID-19 has had a negative impact on their mental health⁸⁷.

Percent of Adults Reporting Coronavirus had a Negative Impact on Their Mental Health



KFF Health Tracking Poll (conducted July 14-19, 2020)

Mental health concerns related to the coronavirus pandemic include stress, anxiety, depression, frustration, and uncertainty about the future. More serious psychological reactions include feelings of hopelessness and desperation which can lead to suicidal behavior. Studies have also reported higher rates of irritability, insomnia, post-traumatic stress disorder, anger, and exhaustion in those under quarantine. Behaviors such as more frequent handwashing and avoidance of crowds have been observed by people even months after quarantine had ended, revealing that the psychological effects of the pandemic will continue to affect people in the long-term⁸⁸.

86. G Serafini, B Parmigiani, A Amerio, A Aguglia, L Sher, M Amore, The psychological impact of COVID-19 on the mental health in the general population, QJM: An International Journal of Medicine, Volume 113, Issue 8, August 2020, Pages 531–537, <https://doi.org/10.1093/qjmed/hcaa201>

87. "KFF Health Tracking Poll – July 2020." KFF, 14 Aug. 2020, www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-july-2020/.

88. G Serafini, B Parmigiani, A Amerio, A Aguglia, L Sher, M Amore, The psychological impact of COVID-19 on the mental health in the general population, QJM: An International Journal of Medicine, Volume 113, Issue 8, August 2020, Pages 531–537, <https://doi.org/10.1093/qjmed/hcaa201>

Additionally, many mental health services have been disrupted during the COVID-19 pandemic⁸⁹. A survey conducted during the summer of 2020 cited that 60% of respondents reported disruptions in services for vulnerable populations, including children and older adults. Two out of three respondents experienced disruptions to counseling and psychotherapy, and 30% saw disruptions in access to medication therapies for mental and substance use disorders. These findings highlight the important role that telehealth and telecounseling play in maintaining and increasing access to mental healthcare during COVID-19.

83% of HSNT's community survey respondents listed restricted social interactions as the largest impact on their daily lives



Increased Need for Internet Access

The COVID-19 pandemic has highlighted the importance of reliable internet access as many Americans have transitioned to remote work or education, and it is often considered an essential service. However, many low-income families do not have internet access at home. While this lack of access created challenges for them prior to COVID-19, those challenges are magnified now that virtual meetings have become increasingly common.

The most recent census estimates report that 8.6% of Collin County households and 9.9% of Denton County households do not have a broadband internet subscription. Additionally, a survey of Denton ISD students in grades 3-12 found that approximately 6% lack internet access at home⁹⁰. These rates can be expected to increase as families experience a reduction in their household income and are forced to reduce expenses. Over half of low-income Americans report concerns about paying for their internet access⁹¹.



89. "COVID-19 Disrupting Mental Health Services in Most Countries, WHO Survey." World Health Organization, World Health Organization, www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey.

90. pheinkel-wolfe@dentonrc.com, Peggy Heinkel-Wolfe Staff Writer. "Library Announces Mobile Hotspot Plan." Denton Record-Chronicle, 8 Dec. 2019, dentonrc.com/news/library-announces-mobile-hotspot-plan/article_c6557fc1-18a6-5ad1-91f7-6164479ebc68.html.

91. Vogels, Emily A., et al. "53% Of Americans Say the Internet Has Been Essential During the COVID-19 Outbreak." Pew Research Center: Internet, Science & Tech, Pew Research Center, 31 May 2020, www.pewresearch.org/internet/2020/04/30/53-of-americans-say-the-internet-has-been-essential-during-the-covid-19-outbreak/.

Recommendations for the Future



HSNT should continue to ensure that there is at least a two-month supply of PPE for any future widespread viral outbreak. This would include wipes, masks, face shields, gowns, etc. for staff protection and safety and will allow us to continue to provide safe and accessible care.



It should be noted that with projected influx of the population in 2025, HSNT should continue to look for creative ways to increase access to care, for instance educating our patients about available health insurance products. This would include connecting people with Medicaid who do not know how to get started, then guiding them through the process. This recommendation is primarily focused on the pediatric population where there is a lot of stigma around applying for government programs that could target people who are not citizens.



HSNT has seen a steady increase in uninsured patients requiring medical care, which have become the biggest population group HSNT serves. Given the growth in this sector, HSNT will benefit from identifying funding to support medical care, medications, and behavioral healthcare.



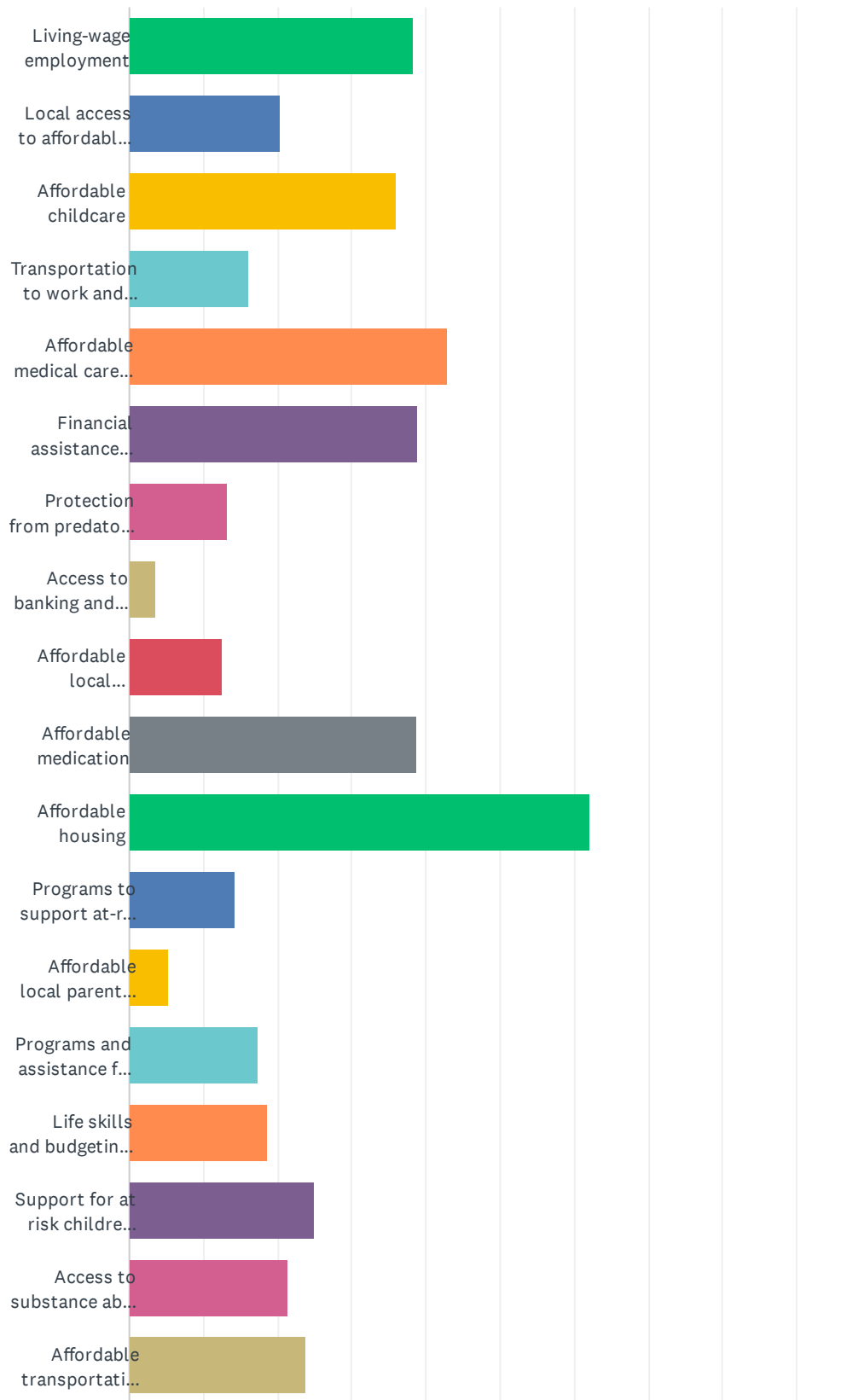
HSNT has identified transportation as a barrier to care for general medical patients. Anecdotally, staff have had to scramble to identify transportation options for patients who have been stranded in our waiting rooms. It would be beneficial to have a dedicated amount of emergency funds allocated annually for a general medical patient use to help with transportation. This need can be seen in HSNT's community survey as well.



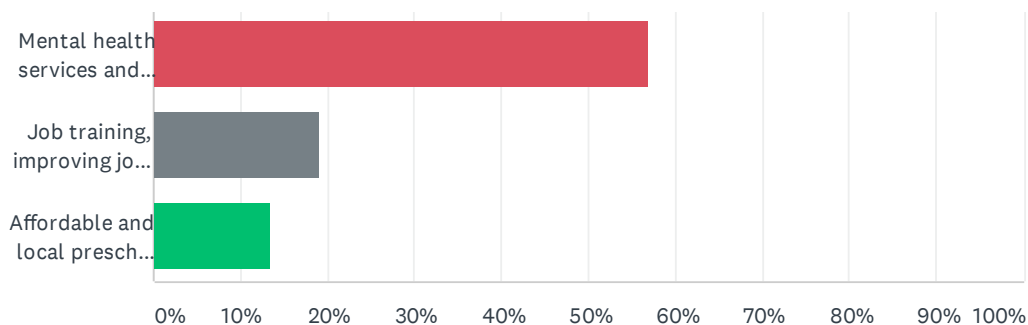
Finally, advocacy is vital to address the needs of our community and is a part of HSNT's mission. Increasing the awareness of HSNT's work in the community will allow HSNT to connect more patients to care and connect with community partners who can further this mission. To accomplish this, HSNT's internal leadership and Governing Board should be active in promoting HSNT's mission and work in the community. It will be essential for HSNT's continued ability to serve the community in a sustainable way.

Q1 Please select the top 5 needs or concerns that you see in your community.

Answered: 364 Skipped: 0



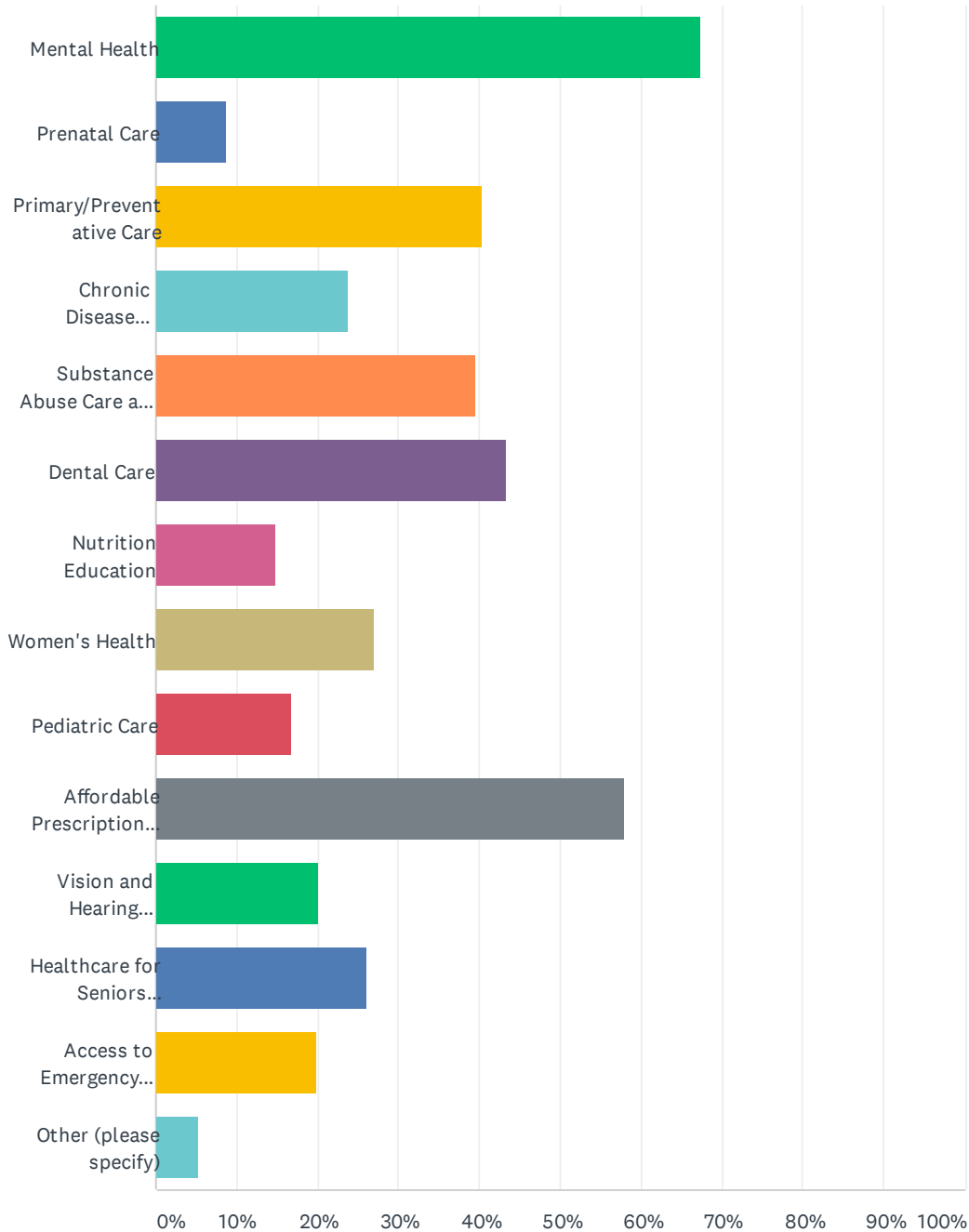
Community Needs Assessment



ANSWER CHOICES	RESPONSES	
Living-wage employment	38.19%	139
Local access to affordable nutritious food	20.33%	74
Affordable childcare	35.99%	131
Transportation to work and childcare	16.21%	59
Affordable medical care close to you	42.86%	156
Financial assistance during emergency situations for utilities, rent and other basic needs	39.01%	142
Protection from predatory lenders (payday, auto title, etc.)	13.19%	48
Access to banking and financial tools	3.57%	13
Affordable local wellness/fitness programs and facilities	12.64%	46
Affordable medication	38.74%	141
Affordable housing	62.09%	226
Programs to support at-risk students for high-school drop out	14.29%	52
Affordable local parenting classes	5.22%	19
Programs and assistance for Seniors	17.31%	63
Life skills and budgeting classes	18.68%	68
Support for at risk children (school supplies, clothing, mentoring, etc.)	25.00%	91
Access to substance abuse treatment	21.43%	78
Affordable transportation services (public transportation, car repair, rural, etc.)	23.90%	87
Mental health services and low cost counseling	56.87%	207
Job training, improving job skills, help finding a job	18.96%	69
Affordable and local preschool programs	13.46%	49
Total Respondents: 364		

Q2 Let's talk healthcare. What are the top 4 healthcare concerns that you see in your community?

Answered: 364 Skipped: 0



Community Needs Assessment

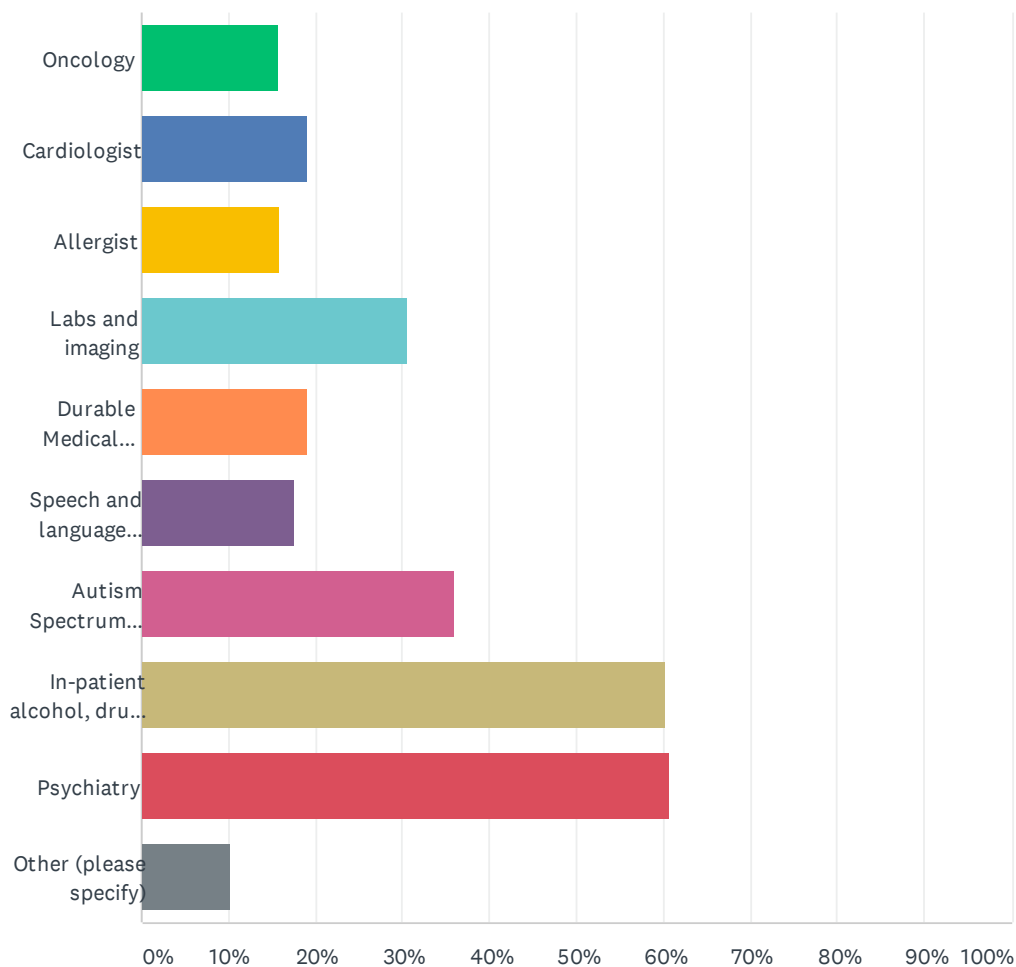
ANSWER CHOICES	RESPONSES	
Mental Health	67.31%	245
Prenatal Care	8.79%	32
Primary/Preventative Care	40.38%	147
Chronic Disease Management	23.90%	87
Substance Abuse Care and Intervention	39.56%	144
Dental Care	43.41%	158
Nutrition Education	14.84%	54
Women's Health	26.92%	98
Pediatric Care	16.76%	61
Affordable Prescription Medication	57.97%	211
Vision and Hearing Services	20.05%	73
Healthcare for Seniors (includes access to Medicare providers)	26.10%	95
Access to Emergency Healthcare	19.78%	72
Other (please specify)	5.22%	19
Total Respondents: 364		

Community Needs Assessment

#	OTHER (PLEASE SPECIFY)	DATE
1	Affordable health insurance that also covers dental and vision	10/28/2020 7:56 AM
2	Substance use detox programs	10/20/2020 7:32 AM
3	Break down Mental Health to school age children	10/19/2020 10:25 AM
4	Dental services for adult who can not afford any dental work.	9/30/2020 11:27 AM
5	>	9/28/2020 6:12 PM
6	Affordable fitness	9/28/2020 4:28 PM
7	Affordable medical Tx, dental Tx	9/28/2020 3:38 PM
8	Psychiatric services for people with IDD	9/28/2020 3:02 PM
9	Medicaid Providers	9/28/2020 2:34 PM
10	affordable care for seniors	9/28/2020 1:36 PM
11	Assistance programs for undocumented individuals	9/28/2020 1:20 PM
12	Providers who accept Medicaid	9/21/2020 1:15 PM
13	Skin cancer screenings	9/16/2020 9:24 AM
14	Major dental services, not just routine	9/16/2020 1:29 AM
15	affordable housing for our indigent population	9/15/2020 11:14 PM
16	Easier access to getting a Medical Health Saving	9/15/2020 6:07 PM
17	Low Cost specialty care	9/15/2020 4:07 PM
18	Lack of Medicare for our Program Residents-dont qualify	9/14/2020 8:00 PM
19	Transitional care for transgender patients	9/13/2020 12:15 AM

Q3 Let's talk specialty healthcare. What challenges does your community face in finding specialty care? Select the top 3 areas of concern.

Answered: 359 Skipped: 5



Community Needs Assessment

ANSWER CHOICES	RESPONSES	
Oncology	15.60%	56
Cardiologist	18.94%	68
Allergist	15.88%	57
Labs and imaging	30.64%	110
Durable Medical Equipment (for example walkers, oxygen)	18.94%	68
Speech and language services	17.55%	63
Autism Spectrum services	35.93%	129
In-patient alcohol, drug and mental health treatment	60.17%	216
Psychiatry	60.72%	218
Other (please specify)	10.31%	37
Total Respondents: 359		

Community Needs Assessment

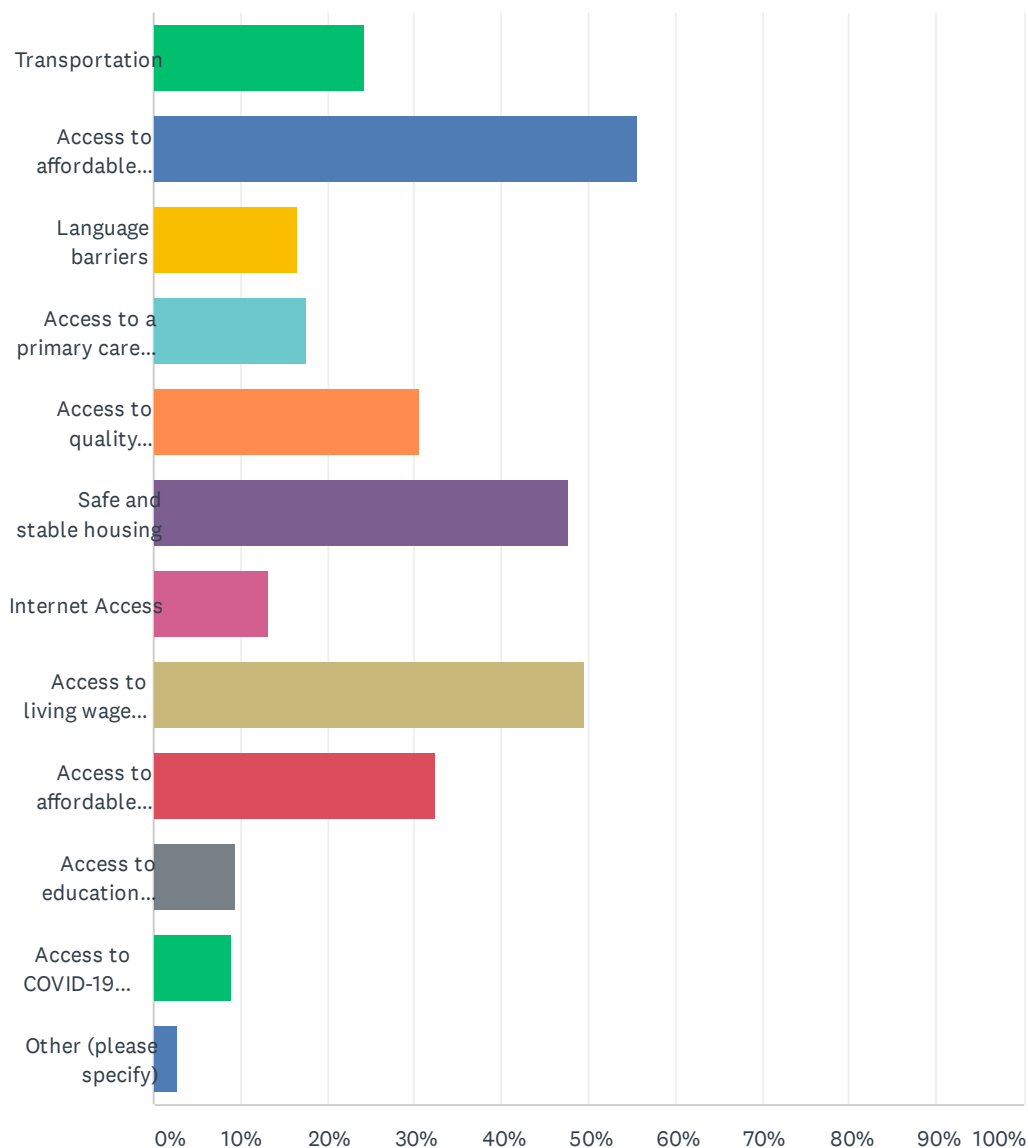
#	OTHER (PLEASE SPECIFY)	DATE
1	Preventative	11/19/2020 6:59 PM
2	In-take of all speciality services is too long	10/22/2020 12:47 PM
3	Out-patient mental health	10/20/2020 2:52 PM
4	Parkinson's support	10/19/2020 10:03 PM
5	Eye diseases	10/19/2020 3:39 PM
6	Counseling	10/19/2020 11:41 AM
7	Dermatology	10/19/2020 10:32 AM
8	Rheumatologist	10/1/2020 10:32 AM
9	Respite for parents	10/1/2020 10:07 AM
10	Neurologist	9/29/2020 8:24 AM
11	access to specialty care: we have had the occasion where a test was performed, but then no specialist to read the results.	9/28/2020 6:01 PM
12	for non patients to go see a specialist (referrals for non insure patients)	9/28/2020 4:27 PM
13	Psychiatric care for IDD population	9/28/2020 3:02 PM
14	Weight loss	9/28/2020 2:51 PM
15	low cost spine/back providers	9/28/2020 2:49 PM
16	Neurology and Gastro that take Medicaid	9/28/2020 2:34 PM
17	N/A	9/28/2020 2:05 PM
18	At-risk pregnancies	9/17/2020 2:20 PM
19	I don't really know.	9/17/2020 1:39 PM
20	Dermatologist	9/16/2020 9:24 AM
21	Affordable psychiatry	9/16/2020 8:01 AM
22	Home health/help to assist people who are having treatment, like cancer or surgery, and you can't pay for it yourself and you don't qualify for assistance.	9/16/2020 1:30 AM
23	Rheumatologist	9/15/2020 7:51 PM
24	Local specialists that accept Medicaid	9/15/2020 6:13 PM
25	Using alternative and natural food based alternatives	9/15/2020 6:07 PM
26	N/a	9/15/2020 5:06 PM
27	eating disorders	9/15/2020 4:55 PM
28	Other Specialists	9/15/2020 4:29 PM
29	I'm not sure on this one	9/15/2020 4:27 PM
30	Orthopedic/Neurology	9/15/2020 4:07 PM
31	Low cost specialty services in all of these areas.	9/15/2020 3:19 PM
32	affordable family counseling services	9/15/2020 11:07 AM
33	Lack of accessible and affordable care for transgender patients (HIV screening, hormone therapy, counseling, etc)	9/13/2020 12:15 AM
34	Neurologist	9/12/2020 2:23 PM
35	Pulmonology	9/12/2020 7:46 AM

Community Needs Assessment

36	Affordable specialty care for people without insurance	9/2/2020 7:23 AM
37	Urologist	8/31/2020 5:47 PM

Q4 What are the barriers you see to improving the quality of life in your community? Select up to 3.

Answered: 363 Skipped: 1



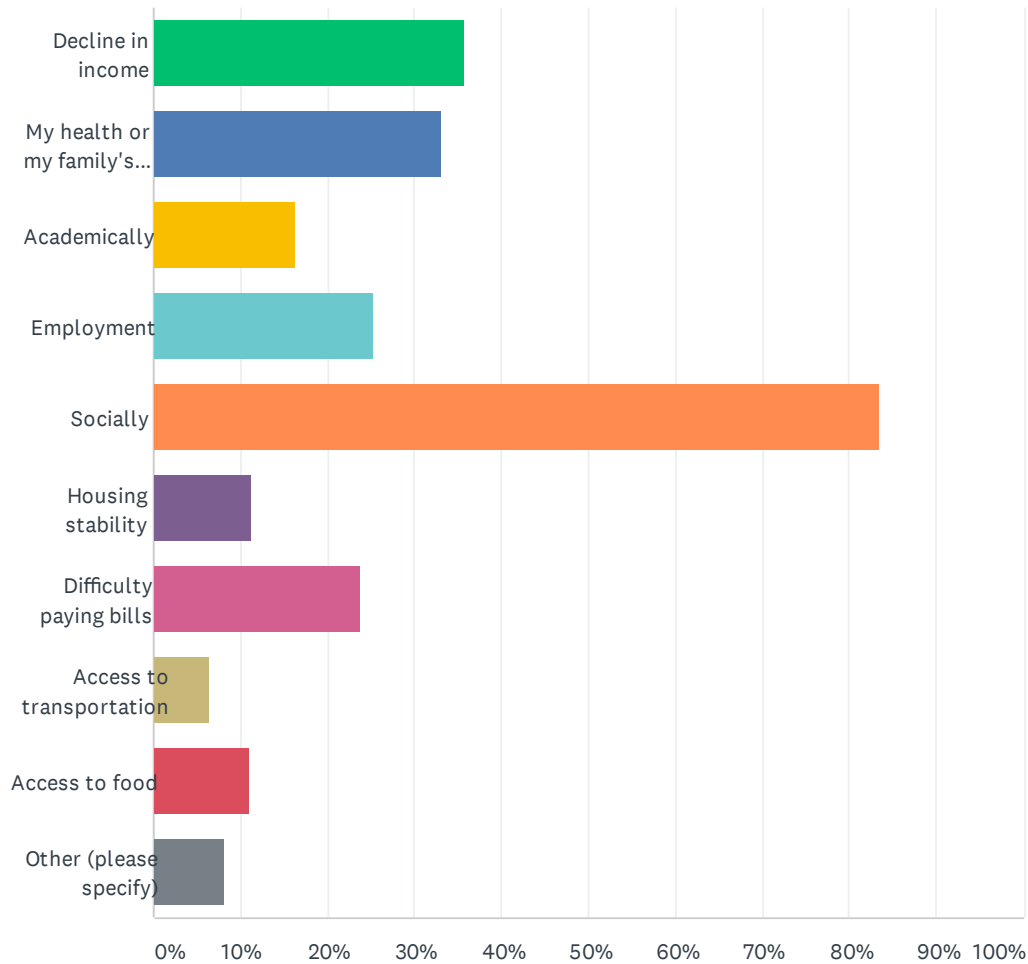
Community Needs Assessment

ANSWER CHOICES	RESPONSES	
Transportation	24.24%	88
Access to affordable health insurance	55.65%	202
Language barriers	16.53%	60
Access to a primary care provider	17.63%	64
Access to quality healthcare	30.58%	111
Safe and stable housing	47.66%	173
Internet Access	13.22%	48
Access to living wage employment	49.59%	180
Access to affordable childcare	32.51%	118
Access to education resources	9.37%	34
Access to COVID-19 testing	9.09%	33
Other (please specify)	2.75%	10
Total Respondents: 363		

#	OTHER (PLEASE SPECIFY)	DATE
1	Political division	10/28/2020 7:56 AM
2	Access to locally grown fruits and vegetables and local honey and a way to learn to grow my own food	10/22/2020 12:47 PM
3	Learned helplessness/ self stigmatisation	10/21/2020 10:22 AM
4	After hours and weekend childcare.	10/19/2020 2:16 PM
5	Being African American	9/28/2020 4:31 PM
6	1. Improved street & road system. 2. Mental health services	9/23/2020 5:04 PM
7	Access to safe and affordable gym and swim lanes	9/16/2020 9:24 AM
8	people who are ignorant re: mental health & poverty	9/15/2020 11:14 PM
9	Alternative healthcare, medical health savings accounts instead of health insurance, and more use of things like cardiac rehab	9/15/2020 6:07 PM
10	Affordable medication	9/15/2020 4:35 PM

Q5 How has COVID-19 impacted your quality of life? Select all that apply.

Answered: 355 Skipped: 9



ANSWER CHOICES	RESPONSES	
Decline in income	35.77%	127
My health or my family's health	32.96%	117
Academically	16.34%	58
Employment	25.35%	90
Socially	83.38%	296
Housing stability	11.27%	40
Difficulty paying bills	23.94%	85
Access to transportation	6.48%	23
Access to food	10.99%	39
Other (please specify)	8.17%	29
Total Respondents: 355		

Community Needs Assessment

#	OTHER (PLEASE SPECIFY)	DATE
1	Mental/Emotional	11/19/2020 6:59 PM
2	mental health	11/13/2020 8:27 AM
3	My life is better than it has ever been.	10/22/2020 12:47 PM
4	Increase in mental health symptoms	10/21/2020 10:22 AM
5	NA	10/19/2020 2:16 PM
6	Mental Health	10/19/2020 10:25 AM
7	Mental Health, not seeing others!	10/15/2020 4:42 PM
8	mental health concerns and it had stopped access to almost all of my extended family, which are all out of state.	10/1/2020 10:32 AM
9	Education programs for children, school district not the same	9/29/2020 9:56 PM
10	NA	9/28/2020 3:30 PM
11	It hasn't	9/28/2020 3:10 PM
12	increased workload due to working in healthcare.	9/28/2020 3:09 PM
13	depression, anxiety, mental health instability	9/28/2020 2:27 PM
14	Mental health	9/28/2020 2:24 PM
15	Access to loved ones as they recover from illness	9/24/2020 11:53 AM
16	No other changes	9/19/2020 7:45 PM
17	Difficulty obtaining medical care for people who are sick (NOT with Covid)	9/17/2020 2:20 PM
18	people not willing to support mask wearing	9/17/2020 1:48 PM
19	Our family is fortunate that I'm a teacher and haven't lost wages. Our lifestyle hasn't changed that much, just limited traveling for vacations.	9/17/2020 1:39 PM
20	Fear and depression	9/17/2020 12:57 PM
21	Mental Health concerns	9/16/2020 11:32 AM
22	No soccer, no swim team, no church. Enrichment opportunities for the kids have been severely affected.	9/16/2020 9:24 AM
23	Lack of universal guidelines, information	9/16/2020 1:29 AM
24	Mental illness, depression, timely medical care	9/15/2020 6:07 PM
25	Decline in mental health	9/15/2020 4:35 PM
26	Mentally	9/15/2020 4:07 PM
27	mentally struggling	9/15/2020 4:06 PM
28	Cancer patient & not able to see my grandchildren/children	9/11/2020 9:51 PM
29	Mental health relief	9/11/2020 7:47 PM

Q6 What issues, not listed in this survey, do you feel are factors affecting the quality of life in your community?

Answered: 212 Skipped: 152

Community Needs Assessment

#	RESPONSES	DATE
1	Political polarization causing poor outcomes in decisions	10/28/2020 7:56 AM
2	People without access to housing (a MAJOR ISSUE) don't have access to hygiene either. They are dirty and can't get to showers and don't have money for laundry and don't have safe storage. Our seniors live in crappy rehabs. The rehabs smell bad. They don't have quality social interactions nor access to quality nutrition dense foods.	10/22/2020 12:47 PM
3	Political climate causing fear within Latino community.	10/21/2020 3:47 PM
4	affordable housing	10/21/2020 2:50 PM
5	Political prejudice, trends in socially acceptable and politically correct political and racial prejudice	10/21/2020 10:22 AM
6	Our governor and Lt. governor are removing protections we as a community put into place in order to collect taxes and in protection of special interests.	10/20/2020 11:03 PM
7	N/a	10/20/2020 9:57 PM
8	Homelessness	10/20/2020 5:03 PM
9	Money for public schools.	10/20/2020 3:48 PM
10	Mental health and stress management	10/20/2020 2:44 PM
11	Accessibility for disabled persons (mobility issues).	10/20/2020 2:07 PM
12	n/a	10/20/2020 2:02 PM
13	n/a	10/20/2020 11:59 AM
14	None	10/20/2020 9:35 AM
15	We need a literacy program, there are many people that cannot read. It is a topic most do not talk about.	10/20/2020 8:32 AM
16	Nothing for me	10/19/2020 11:25 PM
17	n/a	10/19/2020 10:03 PM
18	Housing is too expensive. Quality healthcare.	10/19/2020 9:53 PM
19	None	10/19/2020 8:54 PM
20	N/a	10/19/2020 8:49 PM
21	Growing crime in my zip code	10/19/2020 6:44 PM
22	The concern of the large number of homeless coming to Denton. This community has a lot of issues in need, but the homeless from other communities can financially cripple this city (safety, panhandling, mental health issues, etc..).	10/19/2020 5:33 PM
23	Shelter. There is no place to go and hang out. With everything on appointment base only no place to get out of the elements; heat, rain, cold weather.	10/19/2020 3:40 PM
24	Lack of affordable housing!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	10/19/2020 3:39 PM
25	Access to healthcare for home bound patients	10/19/2020 3:37 PM
26	n/a	10/19/2020 3:14 PM
27	n/a	10/19/2020 2:58 PM
28	None	10/19/2020 2:57 PM
29	NONE	10/19/2020 2:57 PM
30	Mental health!!!!!! Lack of being able to get into doctors and services.	10/19/2020 2:03 PM
31	Help for single parents	10/19/2020 1:21 PM
32	Coordination of community organizations that provide services. Emergency housing is not a	10/19/2020 1:06 PM

Community Needs Assessment

priority under the current housing efforts. There is little grant money available for this for local agencies to use for people who are facing portential homelessness. That concern is currently is more on getting permanent housing for the long-time homeless. Keeping people in their current homes is taking second place.

33	Racism	10/19/2020 12:40 PM
34	Lack of socially building events	10/19/2020 11:41 AM
35	NA	10/19/2020 11:33 AM
36	One	10/19/2020 11:27 AM
37	Education	10/19/2020 11:24 AM
38	Parents raising irresponsible children	10/19/2020 11:15 AM
39	Afflauenza. Kids are not taught to respect others or their property. Parents not holding them accountable	10/19/2020 11:01 AM
40	None	10/19/2020 10:47 AM
41	Lack of support finding employment	10/19/2020 10:44 AM
42	Politics.	10/19/2020 10:41 AM
43	Ongoing street construction	10/19/2020 10:32 AM
44	Closing schools and limiting sports has a proven effect on mental health....so this is more specifically about the current climate.	10/19/2020 10:25 AM
45	High taxes, HOA fees	10/19/2020 10:23 AM
46	Extreme marches on individual cases. BLM, LGBTQ	10/15/2020 4:42 PM
47	Resources for the people who are homeless. There are only two homeless shelters within Denton County.	10/6/2020 7:54 AM
48	Senior issues	10/5/2020 1:25 PM
49	n/a	10/1/2020 12:13 PM
50	lack of access to public green spaces, income inequality, lack of access to quality education for ALL residents, SPRAWL everywere.	10/1/2020 10:32 AM
51	None	10/1/2020 10:27 AM
52	Availability for immediate appointments	10/1/2020 10:11 AM
53	Senior help with decaying home. High taxes.	10/1/2020 10:07 AM
54	More financial resources for seniors.	10/1/2020 10:04 AM
55	Accessibility to mental health care	9/30/2020 2:30 PM
56	They all have been addressed.	9/30/2020 11:27 AM
57	The school district choices for education for our children. Zoom is difficult for children's attention. In class face:face has changed.	9/29/2020 9:56 PM
58	N/A	9/29/2020 9:49 PM
59	Access to transportation for differently abled citizens.	9/29/2020 2:29 PM
60	Homelessness. Many of our homeless are unable to obtain employment due to not being able to perform well at a job due to homelessness (poor sleep, poor hygiene, etc.)	9/29/2020 1:28 PM
61	None	9/29/2020 10:10 AM
62	NA	9/29/2020 9:23 AM
63	none	9/29/2020 8:52 AM
64	Criminalizing personal drug use, stigma and discrimination, and domestic violence	9/29/2020 8:24 AM

Community Needs Assessment

65	Access to shelters for homelessness	9/28/2020 6:12 PM
66	no matter what services are available, if there is not transportation available to get there and back in a reasonable time, it will remain inaccessible.	9/28/2020 6:01 PM
67	People need a case manager. Many individuals do not qualify for services for whatever reason, but if they had a good case manager that would help them maneuver through the "system" they could be living their best life.	9/28/2020 5:43 PM
68	What recourses can be available	9/28/2020 4:45 PM
69	Racial Equality.	9/28/2020 4:31 PM
70	Lack of unity	9/28/2020 4:28 PM
71	For children, I have heard patients needing childcare, affordable dental and vision services, any specialty referrals for non insured patients.	9/28/2020 4:27 PM
72	None	9/28/2020 3:44 PM
73	security due to many people not losing jobs to covid	9/28/2020 3:39 PM
74	We have no where for homeless people to live (southern Denton county) or to congregate.	9/28/2020 3:38 PM
75	Lack of affordable housing for the homeless	9/28/2020 3:30 PM
76	N/A	9/28/2020 3:21 PM
77	n/a	9/28/2020 3:12 PM
78	N/A	9/28/2020 3:10 PM
79	Lack of homeless shelters Lack of truly affordable low cost medical clinics	9/28/2020 3:03 PM
80	Not sure. The biggest issues I see is individuals with no access to maintenance meds such as high blood pressure medication, thyroid medication, etc.	9/28/2020 3:02 PM
81	Lack of communication, lack of knowledge of the IDD population.	9/28/2020 3:02 PM
82	none	9/28/2020 2:56 PM
83	Group counseling	9/28/2020 2:51 PM
84	employment and stability of individuals who need housing or have medical concerns they must leave untreated due to not being able to afford the services.	9/28/2020 2:49 PM
85	Eliminate Greed, and we fix society	9/28/2020 2:45 PM
86	na	9/28/2020 2:44 PM
87	none	9/28/2020 2:43 PM
88	Lack of community IDD resources - support groups, after school programs, education, ect.	9/28/2020 2:38 PM
89	Access to Medicaid providers and providers trained to work with people with disabilities.	9/28/2020 2:34 PM
90	Counseling should be apart of the healthcare field, but it isn't always covered under insurance. A lot of the problems (employment, motivation to get healthcare needs met, anxiety about transportation, etc...) can be overcome with counseling.	9/28/2020 2:31 PM
91	n/a	9/28/2020 2:27 PM
92	a lack of education on domestic violence and being able to assess clients risks and provide quick solutions	9/28/2020 2:26 PM
93	discrepancy between housing cost and average wages	9/28/2020 2:24 PM
94	community agencies not working together to bridge the gap	9/28/2020 2:23 PM
95	n /a	9/28/2020 2:21 PM
96	N/A	9/28/2020 2:20 PM
97	N/a	9/28/2020 2:20 PM

Community Needs Assessment

98	NA	9/28/2020 2:15 PM
99	TOO MUCH CONSTRUCTION	9/28/2020 2:05 PM
100	very high cost of health ins.	9/28/2020 1:36 PM
101	Community cleanliness	9/28/2020 1:32 PM
102	N/a	9/28/2020 1:29 PM
103	Prescription assistance for people that do not qualify for state or federal programs is definitely needed. Many of our community members are undocumented and it hinders their resources. Low - cost Dental care is also needed in the community	9/28/2020 1:20 PM
104	Domestic Violence in time of pandemic may increase number of women leaving their abusers to go to shelter because they may think virus is in shelter	9/28/2020 1:10 PM
105	A lack of options for things like affordable services. Like only one option for parenting or substance abuse. People need different options and approaches. One method of treatment is not effective for everyone. Also a lack of options for pet owners- like emergency shelter, affordable housing with lawns for pets, etc.	9/28/2020 12:44 PM
106	N/A	9/28/2020 12:13 PM
107	The lack of communication and social life is leading some clients to feel depression symptoms and the increase of domestic violence.	9/28/2020 12:05 PM
108	Access to internet for virtual appointments	9/28/2020 12:03 PM
109	Lack of drug education for families	9/28/2020 11:56 AM
110	language barrier	9/28/2020 11:54 AM
111	N/A	9/28/2020 11:47 AM
112	None	9/24/2020 3:46 PM
113	N/A	9/24/2020 11:53 AM
114	People not willing to work	9/24/2020 11:36 AM
115	Others unwillingness to abide by current PPE requirements.	9/24/2020 10:22 AM
116	SHUT IN AND CAN NOT GET OUT AND MEET WITH PEOPLE	9/24/2020 9:52 AM
117	Poverty, limited healthcare options, living wage employment	9/23/2020 5:09 PM
118	The tone of political discourse is over the top. We should respect other people's right to their opinion (right or wrong) and they should respect ours (right or wrong). We can disagree w/o being disagreeable. When people operate polarized, it makes it nearly impossible to sit down and find solutions. Not every issue or problem will be solve, but buy having an environment that is respectful, we have a much better chance to successfully work together. There are too many keyboard warriors. Whether someone is a Christian, Atheist, Jew, Muslim, Republican, Democrat, conservative, liberal, racist (everything is racist now), enlightened, unenlightened, climate changer or climate denier, we must work together. Sometime change takes years or decades. It just seem that so many have to have it their way right now.	9/23/2020 5:04 PM
119	na	9/23/2020 10:45 AM
120	N/A	9/22/2020 7:42 AM
121	NA	9/21/2020 4:16 PM
122	limited to no resources for adolescent mental health services	9/21/2020 1:15 PM
123	There is a huge need for medical interpreters for our Spanish speaking community members. Overall, access to interpreters is needed.	9/21/2020 8:33 AM
124	Access to public health information. Others understanding the seriousness of COVID-19.	9/21/2020 8:30 AM
125	NA	9/21/2020 8:19 AM
126	affordable quality housing	9/19/2020 7:45 PM

Community Needs Assessment

127	We need more bilingual classes for parents	9/18/2020 6:04 PM
128	Counseling	9/17/2020 4:31 PM
129	Fear and anxiety over COVID-19. Poor government leadership.	9/17/2020 4:19 PM
130	Affordable housing for the "working poor" who do not qualify for government assistance. Traffic!	9/17/2020 2:20 PM
131	drug use by our young people and their lack of drive to be part of the work force that drives our economy.	9/17/2020 1:48 PM
132	n/a	9/17/2020 1:44 PM
133	N/A	9/17/2020 1:39 PM
134	n/a	9/17/2020 1:22 PM
135	More focus on mental health. Also more focus on sex trafficking and child exploitation.	9/17/2020 11:14 AM
136	Getting simple procedures like liver sonogram, supposed to get twice year can't afford 3 years now. Can't afford anything beyond basic care and need desperately, may already have cancer and wouldn't know.	9/17/2020 9:57 AM
137	Health	9/16/2020 8:23 PM
138	Free Transportation	9/16/2020 8:18 PM
139	Homeless Lack of affordable housing Too many minimum wage jobs	9/16/2020 12:14 PM
140	None	9/16/2020 11:32 AM
141	Job losses and no access to affordable housing. Lots of rental houses in our community that property managers let fall into disrepair	9/16/2020 9:25 AM
142	Covid and a lack of consideration. Too many people are choosing to ignore safety protocols. Walking through the grocery store feels like I'm walking through a mine field as I'm trying to avoid people who get too close and/or take off their masks once they are in the store. Ongoing issue lack of affordable health care. Access to dental care and dermatology would be great.	9/16/2020 9:24 AM
143	The political, unstable And lack of trust in the US governmental environment	9/16/2020 8:01 AM
144	None	9/16/2020 5:34 AM
145	When will this Covid-19 virus's be over with? When will the vaccine be available?	9/16/2020 1:57 AM
146	Since there is a growing number of senior citizens, it seems that they are needing more affordable housing. My mom for instance, is wanting to move to Denton, but there is nothing here that she can afford.	9/16/2020 1:30 AM
147	A lack of compassion for people viewed as illegal or non white. Those in office being out of touch with the real needs of the communities they should be serving	9/16/2020 1:07 AM
148	Health care for uninsured, chronic conditions	9/16/2020 12:57 AM
149	NA	9/15/2020 11:40 PM
150	Peoples attitudes and/or lack of accurate information.	9/15/2020 11:14 PM
151	Lack of programs supporting displaced homemakers, who are recently divorced or have lost a spouse.	9/15/2020 10:47 PM
152	need to have cataract surgery and have no way to afford the surgery.have met alot of people with same problem no help or insurance	9/15/2020 9:12 PM
153	Education and the barriers to online vs. in-person learning	9/15/2020 9:10 PM
154	None	9/15/2020 8:41 PM
155	Recovery programs for people who are abstaining from drugs	9/15/2020 8:27 PM
156	Na	9/15/2020 8:19 PM
157	N/A	9/15/2020 8:14 PM

Community Needs Assessment

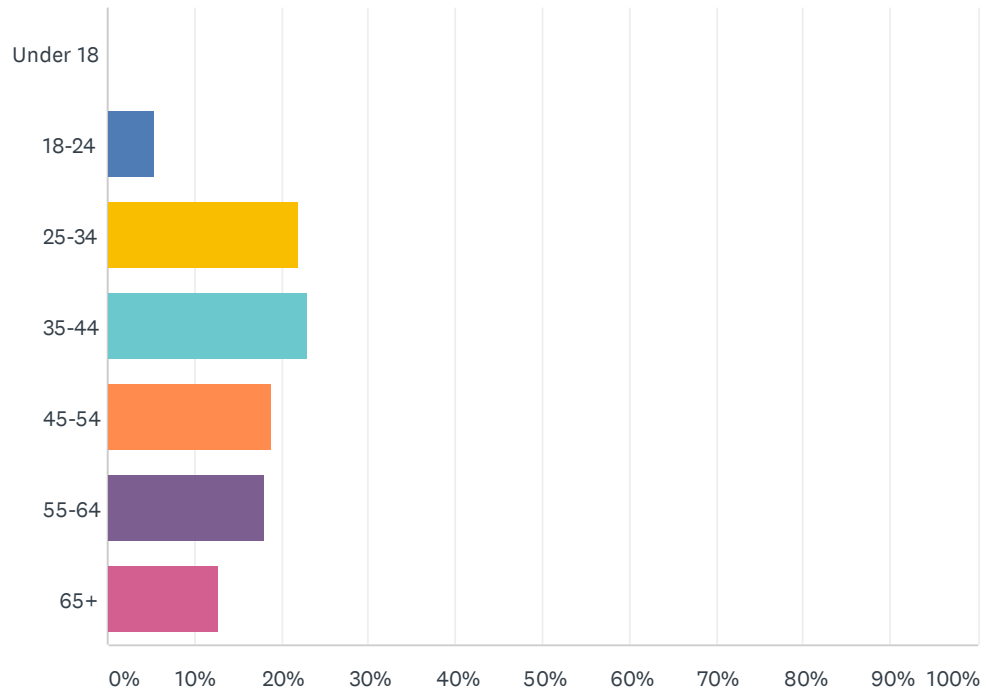
158	Help for rural residents..no way to get help. Even feed the hungry don't serve us.	9/15/2020 7:51 PM
159	They're listed above	9/15/2020 7:15 PM
160	Health Services of north Texas Should be helping and approving everyone since they receive Alot of money to help others!!! No excuses!!	9/15/2020 6:21 PM
161	NA	9/15/2020 6:09 PM
162	We need to start setting up vocational training in all high schools so, that at 18 an individual could get a career started and then continue on with education or just work for awhile and then know what kind of a career is their calling.	9/15/2020 6:07 PM
163	Affordable or low income mental health from whom actually listens and doesn't just prescribe and say see you next after 7 minutes.	9/15/2020 5:53 PM
164	Social activities for individuals. There needs to be more access or knowledge about different community activities available, especially for youth.	9/15/2020 5:37 PM
165	Not enough money to take care of what's needed	9/15/2020 5:36 PM
166	Any kind-of support (food, bills, housing	9/15/2020 5:15 PM
167	Healthcare options are limited for those in need.	9/15/2020 5:06 PM
168	Not enough Medicaid providers. Clients have benefits but they are not good if they are not able to see a dr. A lot of doctors in Denton are closed to seeing new Medicaid patients.	9/15/2020 4:55 PM
169	Na	9/15/2020 4:40 PM
170	Horrible politics by horrible people within the Denton City Council is the number one factor affecting our quality of life. It's causing a divide within the community that may never be healed. It's like nobody cares about anybody but themselves and the hate and disdain for other human beings is destroying us.	9/15/2020 4:35 PM
171	Access to good quality, affordable medical care, both specialist and primary care. Pain management is impossible to find in Cooke County, too.	9/15/2020 4:29 PM
172	There is no affordable health insurance or preventative care for working single moms. We "make too much for medicaid" but not enough to afford health insurance rates. Moms need to be healthy to raise healthy kids and lead by example. I cant get my teeth fixed, get regular health check ups and other preventative care even working two jobs.	9/15/2020 4:13 PM
173	Lack of dependable people	9/15/2020 4:08 PM
174	Access to affordable specialty care.	9/15/2020 4:07 PM
175	NA	9/15/2020 4:06 PM
176	Ways to help people navigate positive mindset during this time	9/15/2020 3:19 PM
177	All areas of concern were addressed.	9/15/2020 3:19 PM
178	NA	9/15/2020 2:48 PM
179	Na	9/15/2020 1:31 PM
180	n/a	9/15/2020 1:23 PM
181	1)Loneliness 2)Fear of child sex trafficking and general safety in the community	9/15/2020 11:07 AM
182	None	9/15/2020 9:51 AM
183	We need a comprehensive program for at risk pediatric diabetes patients and their families in our local community	9/14/2020 11:52 PM
184	Again, our survivors of Human Trafficking do not have access to Medicaid, they dont qualify. It is a HUGE barrier for their health care.	9/14/2020 8:00 PM
185	Homelessness. Too many young people do not have a stable living situation.	9/14/2020 4:51 PM
186	Illegal immigration	9/14/2020 4:28 PM

Community Needs Assessment

187	Lack of community awareness of needs particularly in the low-income, marginalized and under-served groups.	9/14/2020 2:12 PM
188	N/A	9/14/2020 9:14 AM
189	Education about the resources that are available. We have many excellent programs in the community, but many in need do not know they're available or how to access.	9/14/2020 9:02 AM
190	None	9/14/2020 8:23 AM
191	The LGBTQ community is grossly underserved in Denton. HRT for trans patients is nearly nonexistent in Denton and an enormous need.	9/13/2020 12:15 AM
192	If streets count then road repair. It seems one starts and another and another and it's mere band aids instead of complete repair the first time. I feel my car has suffered from the quality of roads.	9/12/2020 12:13 PM
193	Poverty	9/12/2020 11:03 AM
194	Lack of personnel to facilitate the CARES ACT initiative that provides payment of rent & utilities for families impacted by COVID-19. Only 5 agencies out of all of Denton County are taking applications. That is down from the 8 agencies initially taking applications. This will continue to drop as agencies are overwhelmed with applications and are losing staff.	9/12/2020 7:59 AM
195	Public transportstion	9/12/2020 7:46 AM
196	Low pay for teachers and administrators in our school districts. Those people are so critical to the community and there needs to be better compensation for those jobs.	9/12/2020 6:32 AM
197	Too many conservatives and racists.	9/11/2020 10:19 PM
198	Lack of male role models/mentors in the schools & away from the schools	9/11/2020 9:51 PM
199	Living wage	9/11/2020 9:14 PM
200	Recycling, climate change	9/11/2020 7:34 PM
201	Poor city management of our tax dollars	9/11/2020 5:58 PM
202	Everything was covered well in the survey	9/11/2020 5:01 PM
203	Traffic is so much worse in Denton. It's stressful. Not enough places to go that don't cost money to enjoy like parks. Denton needs parks with TREES and areas kids can play. There is too much cement pavement and not enough shady areas. The homeless need more help here in Denton.	9/5/2020 5:00 PM
204	NA	9/4/2020 5:37 PM
205	Income inequality	9/2/2020 7:23 AM
206	N/A	9/1/2020 7:35 PM
207	I thought that was a very comprehensive list	9/1/2020 3:22 PM
208	na	9/1/2020 2:26 PM
209	Mental health (i.e. depression, anxiety, etc.)	8/31/2020 7:51 PM
210	Na	8/31/2020 5:47 PM
211	More medical services for uninsured people	8/31/2020 5:21 PM
212	lack of communication (centralized/easy to find - for events, businesses, local issues, etc.)	8/31/2020 5:18 PM

Q7 Please identify your age.

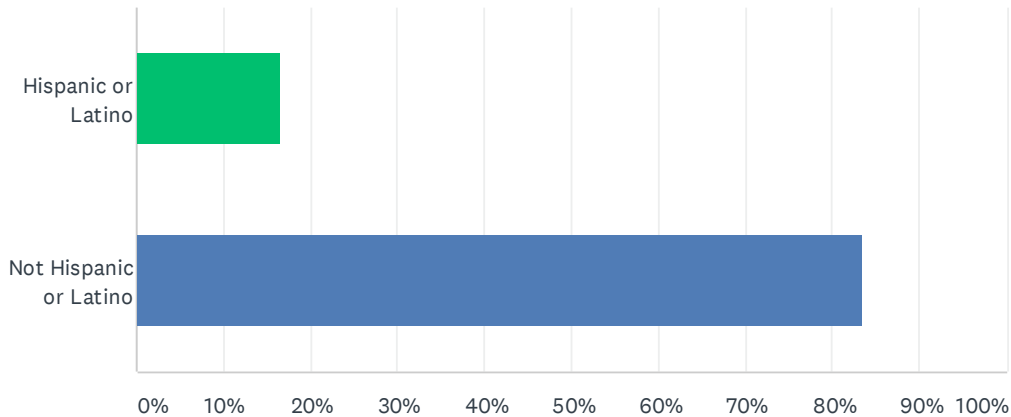
Answered: 361 Skipped: 3



ANSWER CHOICES	RESPONSES	
Under 18	0.00%	0
18-24	5.54%	20
25-34	21.88%	79
35-44	22.99%	83
45-54	18.84%	68
55-64	18.01%	65
65+	12.74%	46
TOTAL		361

Q8 Describe your ethnicity

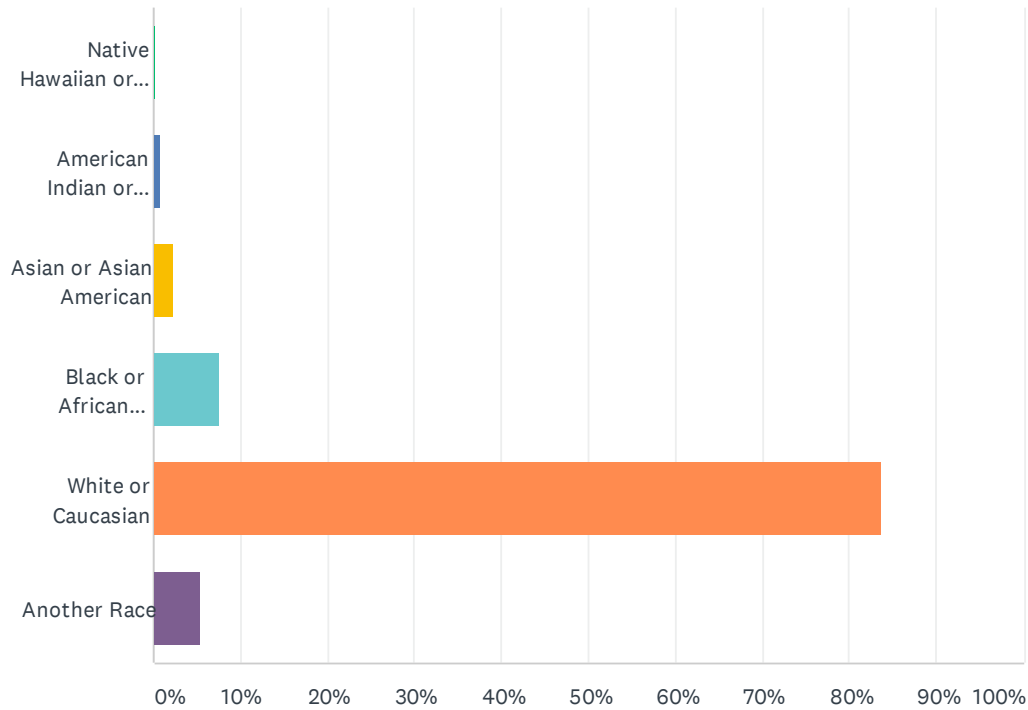
Answered: 359 Skipped: 5



ANSWER CHOICES	RESPONSES	
Hispanic or Latino	16.43%	59
Not Hispanic or Latino	83.57%	300
Total Respondents: 359		

Q9 How would you describe your race?

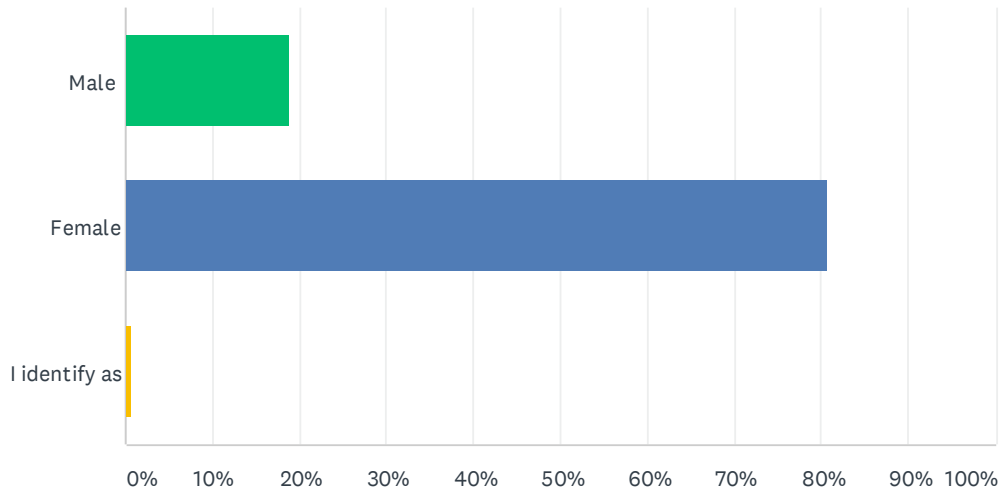
Answered: 361 Skipped: 3



ANSWER CHOICES	RESPONSES	
Native Hawaiian or other Pacific Islander	0.28%	1
American Indian or Alaska Native	0.83%	3
Asian or Asian American	2.22%	8
Black or African American	7.48%	27
White or Caucasian	83.66%	302
Another Race	5.54%	20
TOTAL		361

Q10 How do you identify yourself?

Answered: 362 Skipped: 2

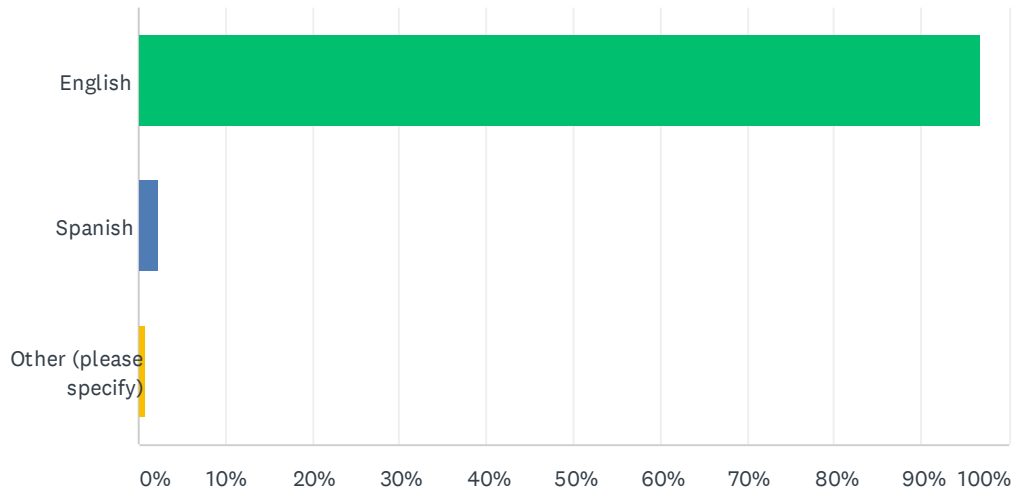


ANSWER CHOICES		RESPONSES	
Male		18.78%	68
Female		80.66%	292
I identify as		0.55%	2
TOTAL			362

#	I IDENTIFY AS	DATE
1	Genderqueer	10/6/2020 7:54 AM
2	Nonbinary	9/30/2020 2:30 PM

Q11 What is your primary language?

Answered: 362 Skipped: 2

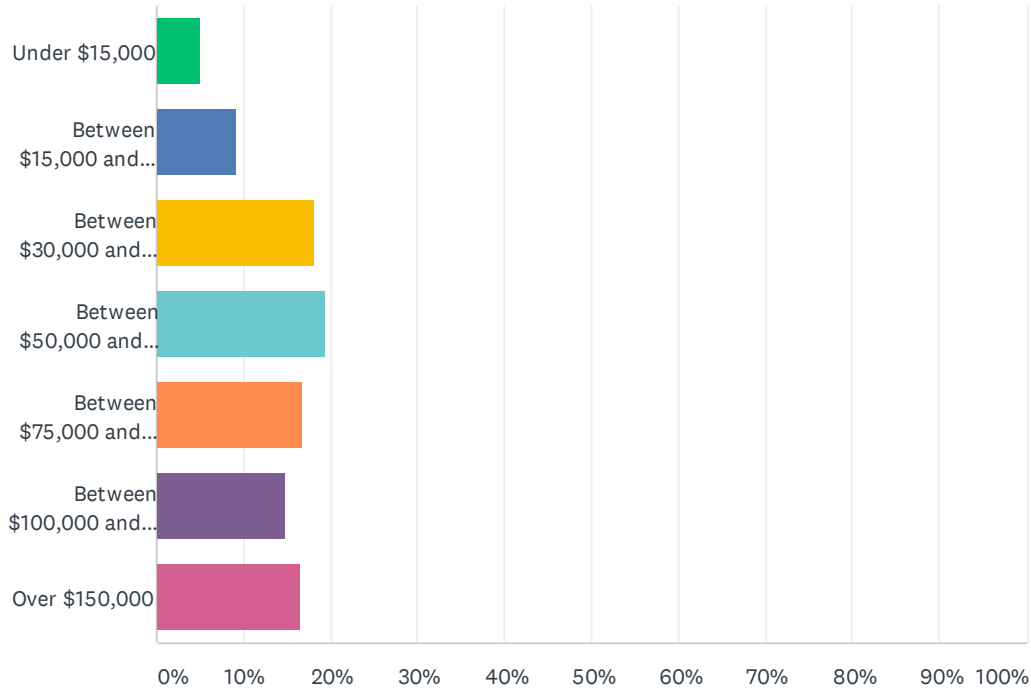


ANSWER CHOICES	RESPONSES	
English	96.96%	351
Spanish	2.21%	8
Other (please specify)	0.83%	3
TOTAL		362

#	OTHER (PLEASE SPECIFY)	DATE
1	Malayalam	10/19/2020 11:08 AM
2	Urdu	9/28/2020 4:45 PM
3	German	9/15/2020 5:15 PM

Q12 What is your family income?

Answered: 358 Skipped: 6



ANSWER CHOICES	RESPONSES	
Under \$15,000	5.03%	18
Between \$15,000 and \$29,999	9.22%	33
Between \$30,000 and \$49,999	18.16%	65
Between \$50,000 and \$74,999	19.55%	70
Between \$75,000 and \$99,999	16.76%	60
Between \$100,000 and \$150,000	14.80%	53
Over \$150,000	16.48%	59
TOTAL		358

Q13 What is your zip code?

Answered: 357 Skipped: 7

Community Needs Assessment

#	RESPONSES	DATE
1	76209	11/19/2020 6:59 PM
2	75077	11/18/2020 1:34 PM
3	75065	11/17/2020 7:09 PM
4	75098	11/13/2020 8:27 AM
5	76205-8049	11/2/2020 10:30 AM
6	76180	10/30/2020 4:53 PM
7	76209	10/28/2020 5:09 PM
8	75025	10/28/2020 7:56 AM
9	76205	10/23/2020 5:45 PM
10	75006	10/22/2020 1:33 PM
11	76209	10/22/2020 12:47 PM
12	76210	10/22/2020 11:48 AM
13	75056	10/22/2020 12:42 AM
14	76240	10/21/2020 3:47 PM
15	76209	10/21/2020 3:33 PM
16	76240	10/21/2020 2:50 PM
17	75078	10/21/2020 1:23 PM
18	76209	10/21/2020 11:01 AM
19	75495	10/21/2020 10:22 AM
20	76209	10/21/2020 7:39 AM
21	76209	10/20/2020 11:03 PM
22	76226	10/20/2020 9:57 PM
23	75069	10/20/2020 8:42 PM
24	76209	10/20/2020 6:15 PM
25	..7.6209	10/20/2020 5:09 PM
26	76209	10/20/2020 5:03 PM
27	76201	10/20/2020 4:25 PM
28	76208	10/20/2020 3:48 PM
29	76209	10/20/2020 3:16 PM
30	76209	10/20/2020 2:52 PM
31	76240	10/20/2020 2:44 PM
32	76209	10/20/2020 2:26 PM
33	76209	10/20/2020 2:10 PM
34	76209	10/20/2020 2:07 PM
35	76209	10/20/2020 2:02 PM
36	76227	10/20/2020 1:53 PM
37	76209	10/20/2020 1:40 PM

Community Needs Assessment

38	76201	10/20/2020 11:59 AM
39	76266	10/20/2020 11:45 AM
40	76210	10/20/2020 9:58 AM
41	75071	10/20/2020 9:46 AM
42	76226	10/20/2020 9:35 AM
43	76240	10/20/2020 8:32 AM
44	75234	10/20/2020 8:26 AM
45	76210	10/20/2020 7:32 AM
46	75020	10/20/2020 6:57 AM
47	76209	10/19/2020 11:40 PM
48	76226	10/19/2020 11:25 PM
49	76240	10/19/2020 10:03 PM
50	76207	10/19/2020 9:53 PM
51	76226	10/19/2020 9:21 PM
52	76208	10/19/2020 8:54 PM
53	76226	10/19/2020 8:49 PM
54	76201	10/19/2020 6:44 PM
55	76226	10/19/2020 5:35 PM
56	76206	10/19/2020 5:33 PM
57	76226	10/19/2020 4:02 PM
58	76266	10/19/2020 3:56 PM
59	76240	10/19/2020 3:51 PM
60	76201	10/19/2020 3:40 PM
61	75071	10/19/2020 3:39 PM
62	76201	10/19/2020 3:37 PM
63	76226	10/19/2020 3:37 PM
64	75056	10/19/2020 3:14 PM
65	75068	10/19/2020 3:13 PM
66	76208	10/19/2020 3:00 PM
67	76210	10/19/2020 2:58 PM
68	76266	10/19/2020 2:57 PM
69	75036	10/19/2020 2:57 PM
70	76210	10/19/2020 2:57 PM
71	76240	10/19/2020 2:16 PM
72	76210	10/19/2020 2:08 PM
73	76226	10/19/2020 2:03 PM
74	76209	10/19/2020 1:21 PM
75	76227	10/19/2020 1:10 PM

Community Needs Assessment

76	76210	10/19/2020 1:06 PM
77	76208	10/19/2020 12:42 PM
78	76226	10/19/2020 12:40 PM
79	75036	10/19/2020 12:34 PM
80	76201	10/19/2020 12:21 PM
81	75077	10/19/2020 12:00 PM
82	76208	10/19/2020 11:41 AM
83	76207	10/19/2020 11:33 AM
84	76226	10/19/2020 11:27 AM
85	75098	10/19/2020 11:26 AM
86	75211	10/19/2020 11:24 AM
87	76226	10/19/2020 11:15 AM
88	75002	10/19/2020 11:08 AM
89	76226	10/19/2020 11:01 AM
90	76226	10/19/2020 10:47 AM
91	75098	10/19/2020 10:44 AM
92	76226	10/19/2020 10:41 AM
93	76205	10/19/2020 10:32 AM
94	76226	10/19/2020 10:25 AM
95	76226	10/19/2020 10:23 AM
96	76226	10/19/2020 10:22 AM
97	75065	10/19/2020 10:16 AM
98	76208	10/15/2020 4:42 PM
99	76205	10/6/2020 7:54 AM
100	76227	10/5/2020 1:25 PM
101	76227	10/1/2020 12:13 PM
102	76210	10/1/2020 10:32 AM
103	76209	10/1/2020 10:27 AM
104	76266	10/1/2020 10:11 AM
105	76207	10/1/2020 10:07 AM
106	76209	10/1/2020 10:04 AM
107	76205	10/1/2020 9:22 AM
108	75070	9/30/2020 9:43 PM
109	75068	9/30/2020 4:17 PM
110	76226	9/30/2020 2:31 PM
111	76201	9/30/2020 2:30 PM
112	76210	9/30/2020 11:27 AM
113	76201	9/29/2020 9:56 PM

Community Needs Assessment

114	76208	9/29/2020 9:49 PM
115	76208	9/29/2020 2:29 PM
116	75287	9/29/2020 2:15 PM
117	76201	9/29/2020 1:48 PM
118	76207	9/29/2020 1:28 PM
119	75057	9/29/2020 10:10 AM
120	76208	9/29/2020 9:23 AM
121	76210	9/29/2020 8:52 AM
122	76201	9/29/2020 8:24 AM
123	75067	9/28/2020 6:58 PM
124	76259	9/28/2020 6:31 PM
125	76266	9/28/2020 6:12 PM
126	76201	9/28/2020 6:01 PM
127	76207	9/28/2020 5:43 PM
128	75022	9/28/2020 4:45 PM
129	75067	9/28/2020 4:31 PM
130	76039	9/28/2020 4:28 PM
131	76207	9/28/2020 4:27 PM
132	75057	9/28/2020 3:44 PM
133	75068	9/28/2020 3:39 PM
134	76201	9/28/2020 3:39 PM
135	75067	9/28/2020 3:38 PM
136	76209	9/28/2020 3:30 PM
137	76247	9/28/2020 3:21 PM
138	75022	9/28/2020 3:12 PM
139	76201	9/28/2020 3:12 PM
140	76240	9/28/2020 3:10 PM
141	76266	9/28/2020 3:09 PM
142	75078	9/28/2020 3:06 PM
143	75056	9/28/2020 3:03 PM
144	76210	9/28/2020 3:02 PM
145	76272	9/28/2020 3:02 PM
146	76201	9/28/2020 3:01 PM
147	75035	9/28/2020 2:58 PM
148	76201	9/28/2020 2:57 PM
149	76208	9/28/2020 2:51 PM
150	76209	9/28/2020 2:51 PM
151	75028	9/28/2020 2:49 PM

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152	76210	9/28/2020 2:48 PM
153	76201	9/28/2020 2:45 PM
154	76209	9/28/2020 2:44 PM
155	76210	9/28/2020 2:43 PM
156	75022	9/28/2020 2:40 PM
157	76207	9/28/2020 2:38 PM
158	76201	9/28/2020 2:35 PM
159	76205	9/28/2020 2:34 PM
160	75067	9/28/2020 2:31 PM
161	75068	9/28/2020 2:29 PM
162	76209	9/28/2020 2:27 PM
163	76208	9/28/2020 2:26 PM
164	76205	9/28/2020 2:25 PM
165	76210	9/28/2020 2:24 PM
166	75033	9/28/2020 2:23 PM
167	75034	9/28/2020 2:23 PM
168	76247	9/28/2020 2:22 PM
169	76249	9/28/2020 2:21 PM
170	75067	9/28/2020 2:20 PM
171	75287	9/28/2020 2:20 PM
172	75034	9/28/2020 2:15 PM
173	76207	9/28/2020 2:06 PM
174	76209	9/28/2020 2:05 PM
175	76208	9/28/2020 1:56 PM
176	75033	9/28/2020 1:36 PM
177	76201	9/28/2020 1:32 PM
178	76209	9/28/2020 1:29 PM
179	76205	9/28/2020 1:20 PM
180	75214	9/28/2020 1:10 PM
181	76201	9/28/2020 12:53 PM
182	76247	9/28/2020 12:44 PM
183	76210	9/28/2020 12:25 PM
184	76201	9/28/2020 12:13 PM
185	76201	9/28/2020 12:07 PM
186	76226	9/28/2020 12:05 PM
187	76209	9/28/2020 12:03 PM
188	76209	9/28/2020 11:58 AM
189	76207	9/28/2020 11:57 AM

Community Needs Assessment

190	75028	9/28/2020 11:56 AM
191	76249	9/28/2020 11:54 AM
192	76210	9/28/2020 11:50 AM
193	75075	9/28/2020 11:47 AM
194	75077	9/28/2020 11:40 AM
195	76209	9/26/2020 1:15 PM
196	75070	9/24/2020 3:46 PM
197	76210	9/24/2020 11:53 AM
198	76210	9/24/2020 11:36 AM
199	76205	9/24/2020 11:15 AM
200	76208	9/24/2020 10:22 AM
201	76205	9/24/2020 9:52 AM
202	75068	9/24/2020 8:56 AM
203	75065	9/23/2020 10:06 PM
204	76209	9/23/2020 7:57 PM
205	76209	9/23/2020 5:31 PM
206	76208	9/23/2020 5:27 PM
207	75068	9/23/2020 5:18 PM
208	76227	9/23/2020 5:09 PM
209	76210	9/23/2020 5:06 PM
210	76201	9/23/2020 5:04 PM
211	76266	9/23/2020 10:45 AM
212	76209	9/22/2020 7:42 AM
213	76209	9/21/2020 4:16 PM
214	76021	9/21/2020 1:18 PM
215	76426	9/21/2020 1:15 PM
216	75063	9/21/2020 11:19 AM
217	76205	9/21/2020 8:33 AM
218	75025	9/21/2020 8:30 AM
219	76209	9/21/2020 8:19 AM
220	75067	9/21/2020 7:41 AM
221	76208	9/19/2020 7:45 PM
222	76208	9/19/2020 10:07 AM
223	75002	9/18/2020 6:04 PM
224	75074	9/17/2020 9:34 PM
225	76227	9/17/2020 5:13 PM
226	75012	9/17/2020 4:31 PM
227	75019	9/17/2020 4:19 PM

Community Needs Assessment

228	76205	9/17/2020 2:20 PM
229	75068	9/17/2020 1:48 PM
230	75024	9/17/2020 1:44 PM
231	75074	9/17/2020 1:39 PM
232	75074	9/17/2020 1:22 PM
233	75070	9/17/2020 1:16 PM
234	75074	9/17/2020 12:57 PM
235	76205	9/17/2020 11:42 AM
236	76226	9/17/2020 11:14 AM
237	75065	9/17/2020 9:57 AM
238	76209	9/17/2020 7:24 AM
239	76205	9/16/2020 8:23 PM
240	76201	9/16/2020 8:18 PM
241	75065	9/16/2020 7:29 PM
242	76227	9/16/2020 3:26 PM
243	76209	9/16/2020 12:14 PM
244	76205	9/16/2020 11:40 AM
245	76201	9/16/2020 11:32 AM
246	76227	9/16/2020 11:32 AM
247	76266	9/16/2020 9:53 AM
248	76266	9/16/2020 9:34 AM
249	76205	9/16/2020 9:25 AM
250	76247	9/16/2020 9:24 AM
251	76205	9/16/2020 9:16 AM
252	76205	9/16/2020 9:02 AM
253	76201	9/16/2020 8:01 AM
254	75068	9/16/2020 5:34 AM
255	76227	9/16/2020 4:06 AM
256	76210	9/16/2020 1:57 AM
257	76210	9/16/2020 1:30 AM
258	76205	9/16/2020 1:29 AM
259	76262	9/16/2020 1:07 AM
260	76227	9/16/2020 12:57 AM
261	76262	9/15/2020 11:40 PM
262	75067	9/15/2020 11:14 PM
263	76210	9/15/2020 10:47 PM
264	76201	9/15/2020 10:20 PM
265	76210	9/15/2020 9:12 PM

Community Needs Assessment

266	76108	9/15/2020 9:10 PM
267	76226	9/15/2020 8:41 PM
268	75024	9/15/2020 8:27 PM
269	76209	9/15/2020 8:19 PM
270	75028	9/15/2020 8:14 PM
271	76247	9/15/2020 7:51 PM
272	75067	9/15/2020 7:15 PM
273	76249	9/15/2020 7:00 PM
274	76209	9/15/2020 6:21 PM
275	76209	9/15/2020 6:13 PM
276	76210	9/15/2020 6:11 PM
277	75074	9/15/2020 6:09 PM
278	76227	9/15/2020 6:07 PM
279	76234	9/15/2020 5:53 PM
280	76207	9/15/2020 5:37 PM
281	76209	9/15/2020 5:36 PM
282	75083	9/15/2020 5:15 PM
283	76201	9/15/2020 5:06 PM
284	75048	9/15/2020 4:57 PM
285	76208	9/15/2020 4:55 PM
286	76208	9/15/2020 4:55 PM
287	75074	9/15/2020 4:40 PM
288	76226	9/15/2020 4:35 PM
289	76272	9/15/2020 4:29 PM
290	76201	9/15/2020 4:27 PM
291	76205	9/15/2020 4:25 PM
292	76201	9/15/2020 4:21 PM
293	76209	9/15/2020 4:13 PM
294	75098	9/15/2020 4:08 PM
295	76266	9/15/2020 4:07 PM
296	76210	9/15/2020 4:06 PM
297	76209	9/15/2020 3:24 PM
298	76210	9/15/2020 3:19 PM
299	76201	9/15/2020 3:19 PM
300	76201	9/15/2020 3:01 PM
301	75056	9/15/2020 2:48 PM
302	76209	9/15/2020 2:36 PM
303	76226	9/15/2020 2:33 PM

Community Needs Assessment

304	76259	9/15/2020 2:13 PM
305	76205	9/15/2020 1:31 PM
306	76249	9/15/2020 1:23 PM
307	76227	9/15/2020 12:41 PM
308	76209	9/15/2020 12:38 PM
309	76258	9/15/2020 12:26 PM
310	76262	9/15/2020 11:07 AM
311	76209	9/15/2020 9:51 AM
312	76209	9/14/2020 11:52 PM
313	76209	9/14/2020 8:00 PM
314	76201	9/14/2020 4:51 PM
315	76205	9/14/2020 4:28 PM
316	76210	9/14/2020 2:12 PM
317	75208	9/14/2020 11:31 AM
318	76210	9/14/2020 10:14 AM
319	76210	9/14/2020 9:14 AM
320	76209	9/14/2020 9:02 AM
321	76249	9/14/2020 8:49 AM
322	76208	9/14/2020 8:23 AM
323	76207	9/13/2020 12:15 AM
324	76208	9/12/2020 7:59 PM
325	76205	9/12/2020 2:23 PM
326	76226	9/12/2020 12:38 PM
327	76207	9/12/2020 12:13 PM
328	76210	9/12/2020 11:03 AM
329	76266	9/12/2020 7:59 AM
330	76226	9/12/2020 7:46 AM
331	76226	9/12/2020 7:22 AM
332	76210	9/12/2020 6:32 AM
333	76226	9/11/2020 10:25 PM
334	76266	9/11/2020 9:51 PM
335	76210	9/11/2020 9:49 PM
336	76201	9/11/2020 9:14 PM
337	76266	9/11/2020 8:50 PM
338	76210	9/11/2020 8:45 PM
339	76210	9/11/2020 7:47 PM
340	76201	9/11/2020 7:34 PM
341	76209	9/11/2020 6:34 PM

Community Needs Assessment

342	76258	9/11/2020 5:58 PM
343	76210	9/11/2020 5:36 PM
344	75074	9/11/2020 5:01 PM
345	76209	9/5/2020 5:00 PM
346	76201	9/4/2020 5:37 PM
347	76209	9/2/2020 7:23 AM
348	76201	9/1/2020 7:35 PM
349	76115	9/1/2020 3:22 PM
350	76209	9/1/2020 2:26 PM
351	76426	8/31/2020 8:34 PM
352	75007	8/31/2020 7:51 PM
353	76266	8/31/2020 6:25 PM
354	76208	8/31/2020 5:47 PM
355	76209	8/31/2020 5:21 PM
356	76227	8/31/2020 5:18 PM
357	76201	8/28/2020 3:33 PM