

A stylized white torch with a red flame is positioned on the left side of the image. The background is a solid red color with abstract, flowing red shapes that resemble flames or smoke. The text "COMMUNITY ASSESSMENT" is written in large, bold, white capital letters in the center-right area.

COMMUNITY ASSESSMENT

AMERICAN HEART ASSOCIATION

TARRANT COUNTY

The American Heart Association
is on a mission to be a relentless force for
longer, healthier lives.

RELENTLESS FORCE

The six cardiologists who founded the American Heart Association in 1924 would be amazed today. From humble beginnings, the American Heart Association (AHA) has grown into the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke. A shared focus on cardiovascular health unites our more than 33 million volunteers and supporters as well as our more than 3,400 employees. Learn more about our impact over time.

Heart disease is the no. 1 killer worldwide, and stroke ranks second globally. Even when those conditions don't result in death, they cause disability and diminish quality of life. We want to see a world free of cardiovascular diseases and stroke.



HOW AMERICAN HEART ASSOCIATION ADVANCES HEALTH & WELL-BEING

Our work is guided by five pillars:

- Leading breakthroughs in science and technology
- Changing systems
- Changing policy
- Transforming health care
- Transforming communities



TARRANT COUNTY



American
Heart
Association.

The Fort Worth/Tarrant County Market of the American Heart Association is excited to release its Community Assessment. Heart disease is the No. 1 killer worldwide, and stroke ranks second globally. Even when those conditions don't result in death, they cause disability and diminish quality of life. For nearly 100 years, we've been fighting heart disease and stroke, striving to save and improve lives. This report details the findings of our 2020 community assessment and identifies significant issues impacting the health in Fort Worth/Tarrant County community. By gathering data on important issues such as blood pressure, nutrition security, tobacco & e-cigarette use, risks to women's health and COVID-19, the Community Assessment Report has illuminated areas of greatest need and opportunity in the communities in Tarrant County.

The Fort Worth/Tarrant County Market of the American Heart Association is working to ensure a world of longer, healthier lives. The numbers in this report confirm what we already know in Tarrant County. As we look toward the future, the American Heart Association will place even greater focus on these issues especially in the Stop 6/Como area and beyond on other communities in Tarrant County. Our plan is to use our knowledge and partnerships to create sustainable policy, system and environmental to ensure equitable health for everyone in our community.



Emile Blaine

Executive Director – FT Worth/Tarrant County

COMMUNITY ASSESSMENT APPROACH & METHODS

Phase 1: Quantitative Data Collection

- Identify community health needs through data collection – controlling blood pressure, increasing nutrition security, preventing and controlling tobacco & vaping, reducing risk for women and COVID-19 impact.
- Pinpoint data trends and Pinpoint emerging population health need trends.

Phase 2: Qualitative Data Collection

- Identify policy, program and community interventions.
- Identify key stakeholders for focus groups and interviews.
- Brainstorm opportunities for partnership, policies, systems and environmental changes.

Phase 3: Assessment and Strategy Design

- Analyze data and identify key themes.
- Identify key priorities that AHA market will focus on.
- Report findings in CHNA report.
- Develop strategies and timeline for implementation.

COMMUNITY STAKEHOLDERS FOCUS GROUP QUESTIONS

Over the course of 4 stakeholder conversations and 4 interviews, community members were asked:

- What are the major barriers for our community in addressing key issues?
- What coalitions or existing efforts are already in place?
- What are the emerging trends and threats that we should be aware of?
- What insights do you have on how this issue impacts women in our community that we should pay special attention to?
- What are the most valuable things that could be done to improve key issues in the next 2-3 years?



DEMOGRAPHICS



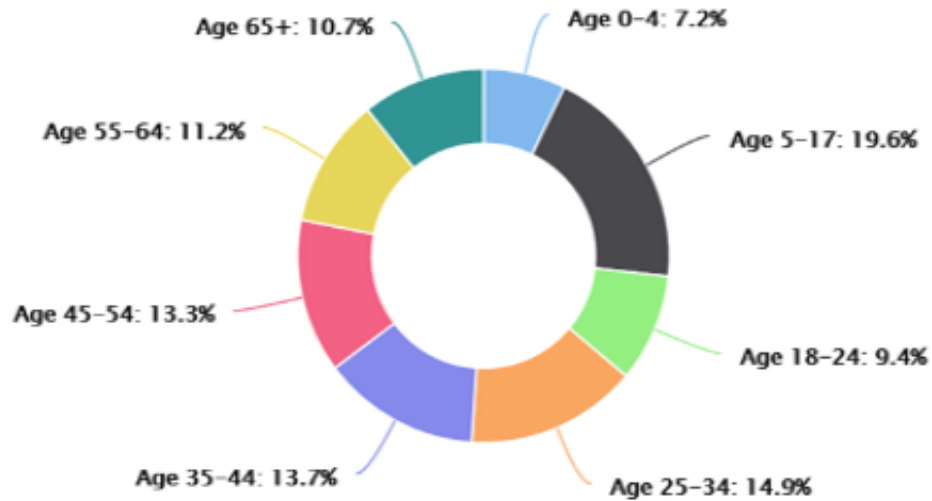
American
Heart
Association.

DEMOGRAPHICS

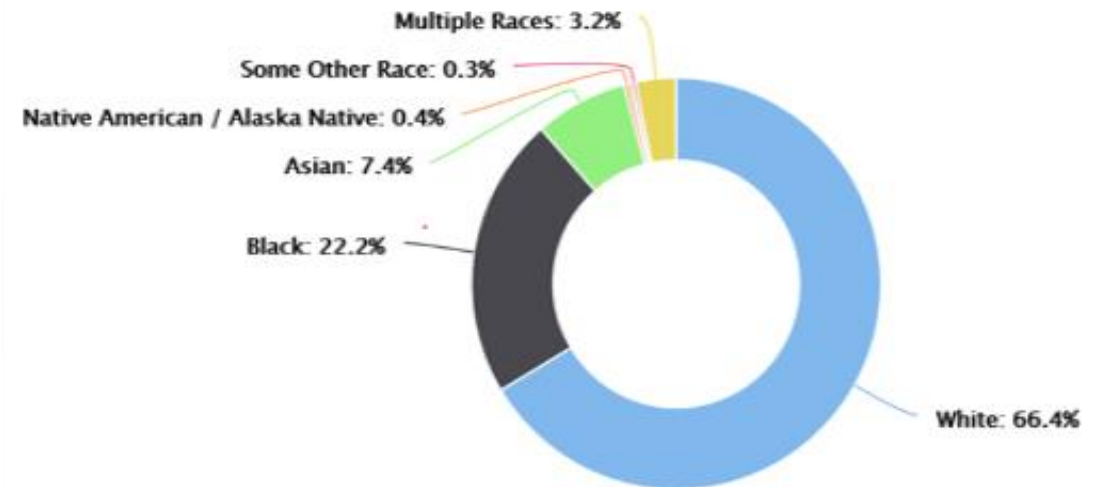
Total Population: 2,019,977

- Male: 988,765 (48.95%)
- Female: 1,031,212 (51.05%)
- Hispanic/Latino: 576,242 (28.53%)
- Non-Hispanic Population: 1,443,735 (71.47%)

Total Population by Age Groups, Total
Tarrant County, TX



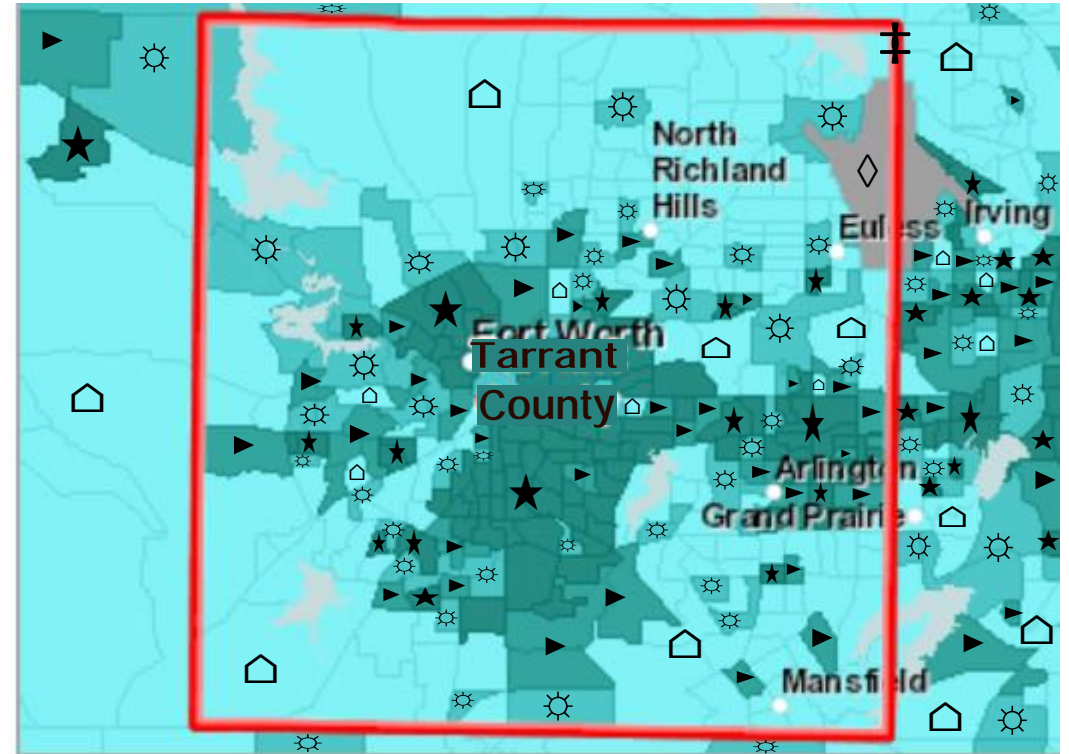
Non-Hispanic Population by Race Alone, Total
Tarrant County, TX



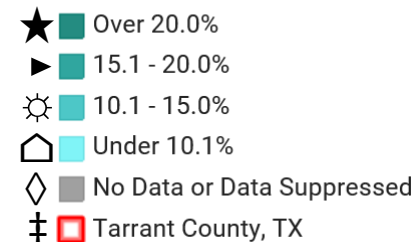
INCOME/POVERTY

Population in Poverty: 258,272 (12.95%)

- Female: 143,320 (140.06%)
- Male: 114,92 (11.79%)
- Hispanic or Latino: 110,854
- Black or African American: 60,935
- Native American or Alaska Native: 974
- Native Hawaiian or Pacific Islander: 368
- Unemployment Rate: 6.6% (72,922)
- Students Eligible for Free or Reduced Price Lunch: 228,446 (58.9%) out a total of 388,162 students
- Medicare Beneficiaries: 244,118
- Medicaid Advantage Beneficiaries: 123,325



Population Below the Poverty Level, Percent by Tract, ACS 2014-18



Data Sources: US Census Bureau, [American Community Survey](#). 2014-18. Source geography: Tract [Show more details](#); National Center for Education Statistics, [NCES - Common Core of Data](#). 2018-19; US Department of Labor, [Bureau of Labor Statistics](#). 2020; Centers for Medicare and Medicaid Services, [CMS Geographic Variation Public Use File](#). 2018. Source geography:

EDUCATION ATTAINMENT

THE HIGH SCHOOL GRADUATION RATE OF TARRANT COUNTY WAS 85.60% IN 2018.

Percent With An Associate's Degree	6.70%
College Graduation Rate	29.50%
Percent With A Graduate Or Professional Degree	9.10%
Percent Who Did Not Finish The 9th Grade	7.10%

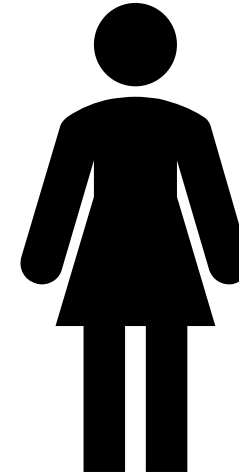
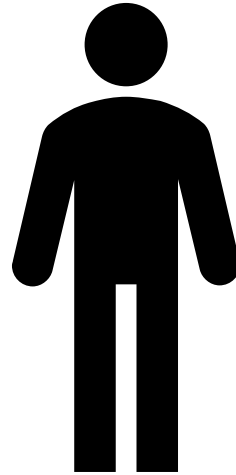
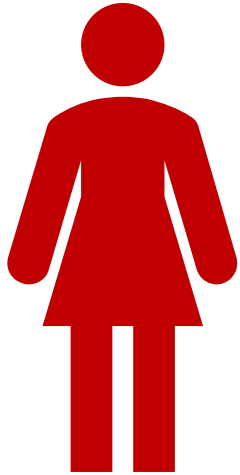
[Data Source: data.austintexas.gov](http://data.austintexas.gov)



CONTROL BLOOD PRESSURE



HIGH BLOOD PRESSURE IN TARRANT COUNTY



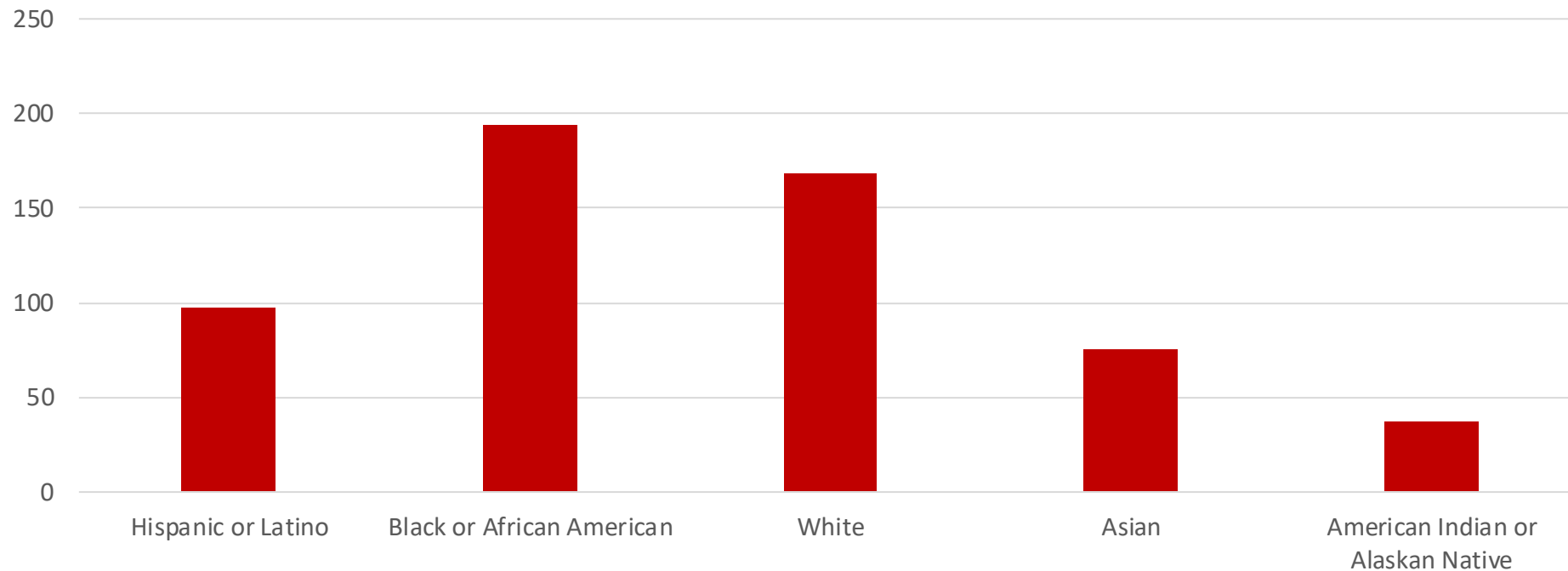
TOTAL ADULTS WITH HIGH BLOOD PRESSURE: 358,795 (28%)

MEDICARE BENEFICIARIES WITH HIGH BLOOD PRESSURE: 73,964 (60.5%)

ONLY 70% OF THESE ADULTS ARE TAKING MEDICATION FOR HIGH BLOOD PRESSURE

HEART DISEASE IN TARRANT COUNTY

Heart Disease Mortality, Age Adjusted rate by Race/Ethnicity
in Tarrant County, 2014-2018



COMMUNITY IMPROVEMENT PROGRESS TOWARD THE ISSUE

Partners/Coalitions

1. NTX Hypertension Collaborative
2. Statewide Hypertension Collaborative
3. JPS Health Network - Community Council
4. Federally Qualified Health Clinics (FQHCs)
5. Charitable Clinics
6. Hospital Partners

Policy, System & Environmental Changes

1. Grace-MAP, posted red posters in exam rooms, developed/implemented protocol and notified team leads if patient had high blood pressure; established SMBP; formally integrated lifestyle modification intervention
2. Woven- MAP, (see below),
3. VA Hospital-MAP Algorithm (posted red posters in exam rooms, developed/implemented protocol and notified team leads if patient had high blood pressure; Adopt a standardized treatment protocol using existing protocols or one custom developed

Community Programs

Vestido Rojo
Community Health Worker Training Program

COMMUNITY STAKEHOLDER INSIGHTS

“It seems that many grocery stores and pharmacies have publicly available places where people can sit down and check their blood pressure. Any thoughts of mapping these and educating people on where they can go and do this close by where they live?”

“Women, that use WIC Clinics could benefit from hypertension education and solutions provided by the AHA.”

GAPS, TRENDS & OPPORTUNITIES LIMIT TO 1 SLIDE

Gaps in service, outreach and populations most adversely impacted

- Education around Chronic Disease/hypertension
- Information in Spanish is not as accessible as it needs to be
- Gaps in funding for community partners
- Minority communities are largely underserved in Southeast Tarrant County
- Women focused hypertension efforts

Issues and trends identified as potential threats to the community's well-being

- The same zip codes continue to have the highest prevalence of chronic diseases due to a lack of food access, health care access.
- A lack of transportation hinders the ability for many residents to take advantage of programs. We need to cast a wide net, so that we can ensure to reach those without access to a clinic or medical care.

Potential Policy, system & environmental change opportunities in the community


- SMBP Loaner Program
- Network of services for hypertensive patients
- Adopting team based care (CHWs)
- Expand to adopt fruit and veggie prescription programs
- Community Based Chronic Care connections (churches)
- Increase public funding of hypertension programs
- Sustainable Community Transportation solutions



INCREASE NUTRITION SECURITY



American
Heart
Association.

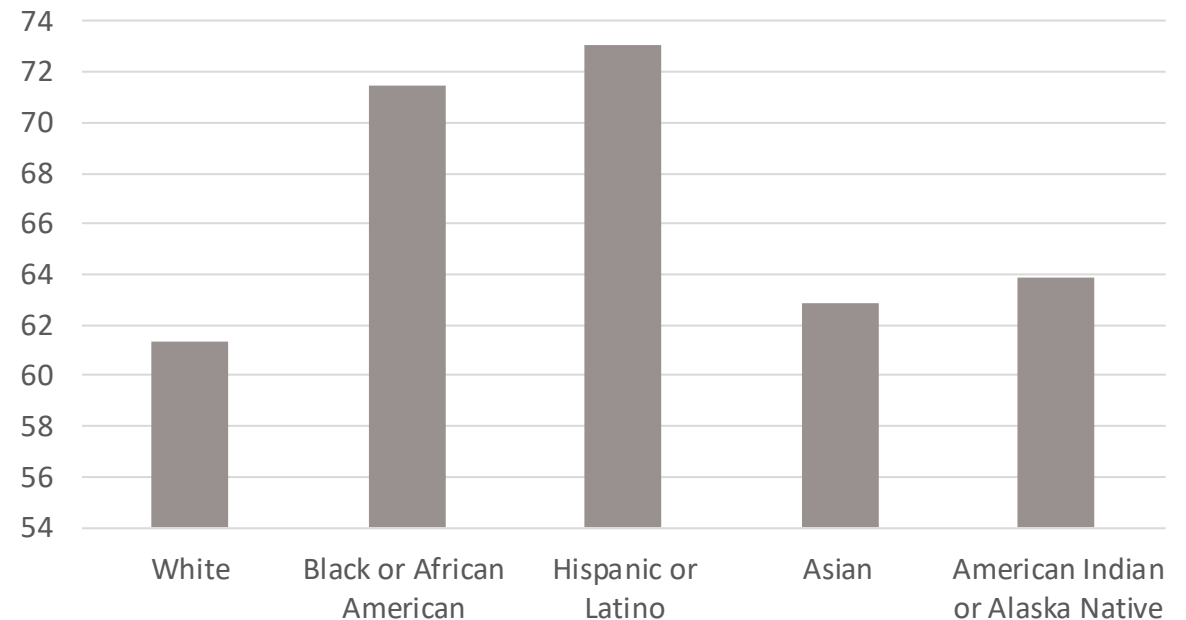
An aerial view of the interior of AT&T Stadium, showing the seating bowl and the field. The stadium is mostly empty, with rows of blue seats surrounding a green football field. The field has "COWBOYS" written on it in blue letters. The roof is a complex, white, steel truss structure.

**YOU CAN FILL COWBOYS STADIUM
3 TIMES
WITH THE NUMBER OF
TARRANT COUNTY RESIDENTS THAT LACK
ACCESS TO HEALTHY, AFFORDABLE FOODS**

NUTRITION INSECURITY IN TARRANT COUNTY

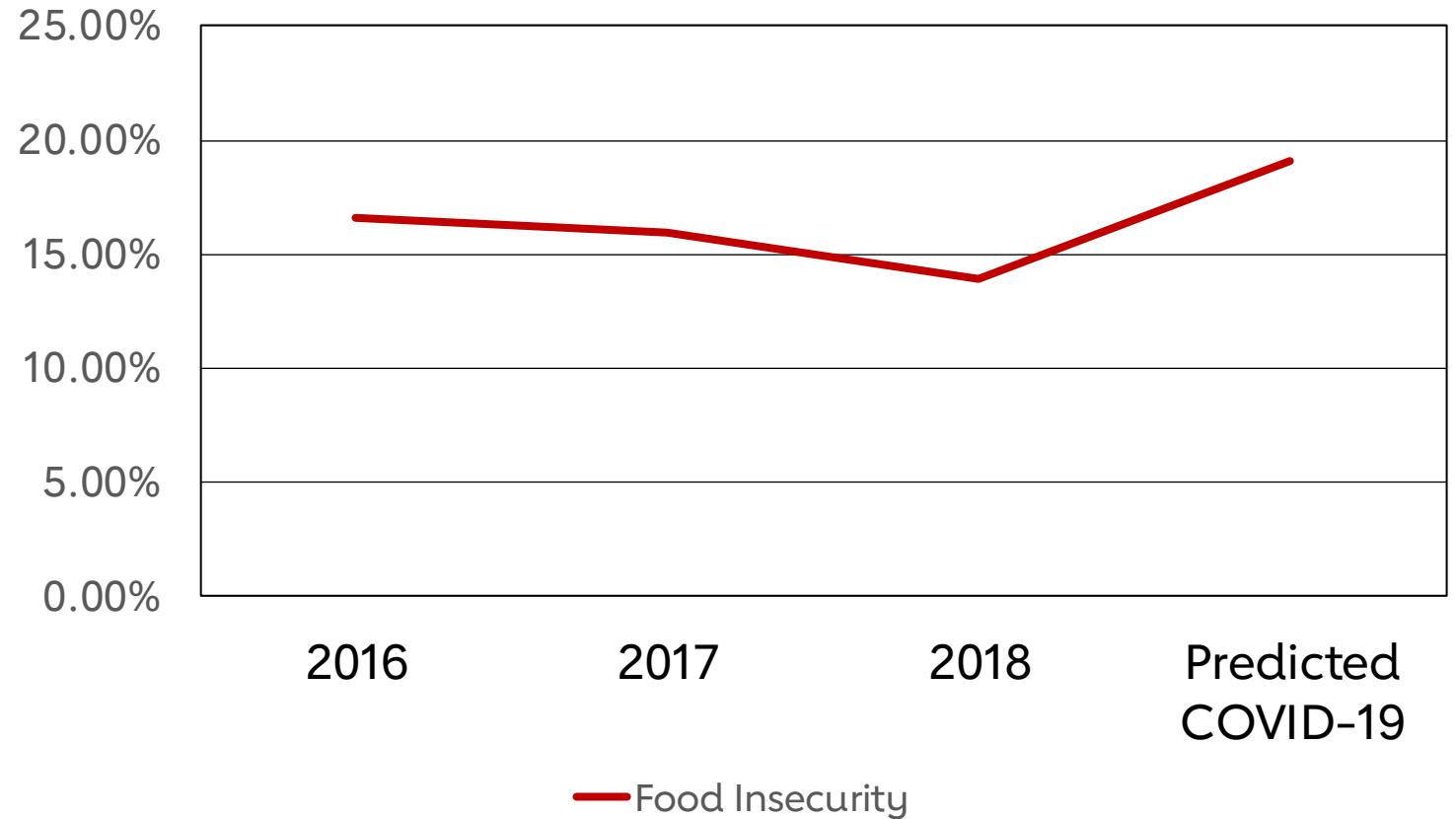
- **323,840** TARRANT COUNTY RESIDENTS ARE CONSIDERED TO BE NUTRITION INSECURE
- TOTAL ADULTS WITH INADEQUATE FRUIT/VEGETABLE CONSUMPTION: **922,870** (75.5%)
- IN 2015, **13,861** TEENS WERE ASKED WERE THEY CONSUMING THE ADEQUATE SERVINGS OF FRUITS AND VEGETABLES. ONLY **3,091** COULD PROVE THAT THEY WERE.

POPULATION WITH LOW OR NO HEALTHY FOOD ACCESS BY RACE/ETHNICITY, PERCENT



COVID-19 AFFECTING TARRANT COUNTY FOOD INSECURITY LANDSCAPE

IT IS ESTIMATED THAT TARRANT COUNTY WILL SEE AN INCREASE FROM 13.9% OF THE POPULATION BEING FOOD INSECURE TO NEARLY 20% DUE TO COVID-19.



COMMUNITY IMPROVEMENT PROGRESS TOWARD THE ISSUE

Partners/Coalitions

1. Tarrant Area Food Bank
2. School Districts
3. Team 76104
4. Healthy Tarrant County Collaboration
5. Tarrant County Food Policy
6. Blue Zones
7. Hispanic Wellness Coalition
8. William M. McDonald YMCA – Healthy Living Committee
9. JPS Health Network - Community Council

Policy, System & Environmental Changes

1. Healthy Vending Policy (NTX)
2. UNT Mobile Market
3. Urban Farms

Community Programs

1. Nutrition Boxes
2. Food Bank Programs
3. CACFP/SBP/SFSP
4. Community Pantries
5. Litter Growers
6. Feed the Need with Hunger Busters

COMMUNITY STAKEHOLDER INSIGHTS

“People often think that growing food is a solution; however, growing food in our poor North Texas soils is expensive. So, locally grown food is unfortunately often expensive. That said, we are also working with five individuals/organizations developing urban farms in underserved areas. The business model is that 70-75% of the food is sold to a high-end buyer for a high price, leaving the remainder to sell at a discount to the community or donate to local pantries.”

“There is an opportunity to partner and connect FOOD INSECURITY to major heart disease states, to collectively impact mortality and morbidity.”

GAPS, TRENDS & OPPORTUNITIES

Gaps in service, outreach and populations most adversely impacted

1. Partners not qualifying for food bank programs are left without support
2. Southern sector of Dallas is most adversely impacted, and still has few grocery stores to provide access
3. There is a need for a unifying organization to bring other nonprofits to the table

Issues and trends identified as potential threats to the community's well-being

1. The biggest barrier is that organization do not work well together. There is a fear to work with others because funding is limited, and everyone is competing for same dollars.
2. Limited funding, and extreme dedication to ONE solution rather than identifying a system of solutions that would work together.

Potential Policy, system & environmental change opportunities in the community

1. Food security screening and referral in clinical and community setting
2. Fruit and vegetable incentives
3. Establish Coupon Double Bucks
4. Adopt CEP in schools, as well as SBP, CACFP, and SFSP programs
5. Food RX program
6. Ensure no-cost clean water is accessible during school day



PREVENT & CONTROL TOBACCO & E-CIGARETTE USE



American
Heart
Association.

FEWER TEENS ARE SMOKING CIGARETTES THAN EVER BEFORE



1997

ROUGHLY 1 IN 4
TEENS SMOKED



2018

ROUGHLY 1 IN 20
TEENS SMOKED

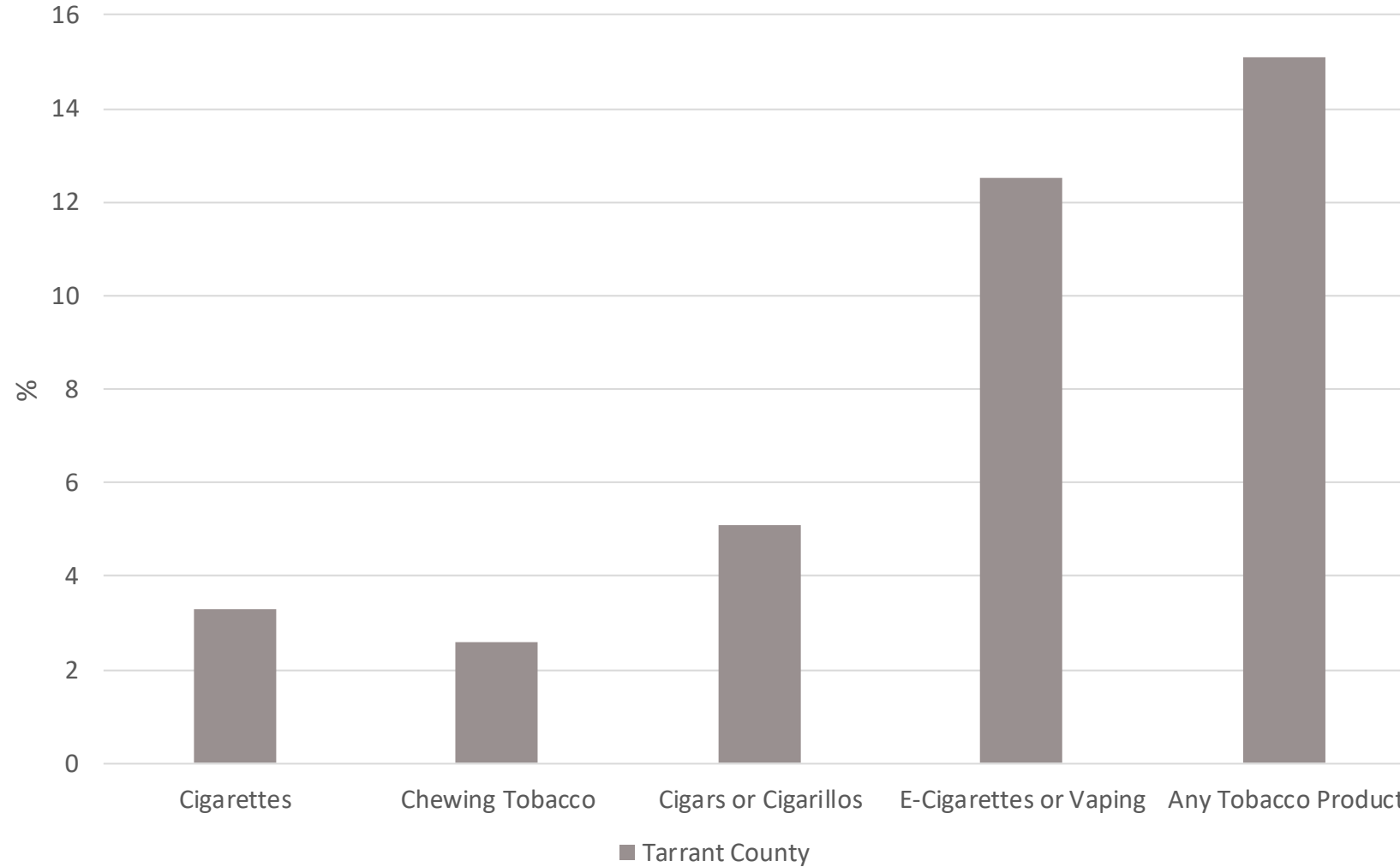


2019

1 IN 4 TEENS
ARE VAPING

TRAGICALLY, VAPING IS THE NEW YOUTH TOBACCO EPIDEMIC

Tarrant County – Youth Tobacco Product Use



COMMUNITY IMPROVEMENT PROGRESS TOWARD THE ISSUE

Partners/Coalitions

1. Cook Children's
2. School Districts
3. American Cancer Society Action Network – Texas
4. Blue Zones

Policy, System & Environmental Changes

1. Smoke Free Campaigns (in progress – Burleson)

Community Programs

1. Team worked on Forth Worth ISD resolution and City of Fort Worth Resolution
2. High School Town Hall

COMMUNITY STAKEHOLDER INSIGHTS

“Vaping outreach should focus across all organizations and not just those that work with kids - it is a family issue so should be thought about in terms of how to educate on issues and resources to broader community”

“Despite having a smoke free ordinance in Fort Worth, convenience stores and gas stations that have gaming machines often allow customers playing the games to smoke on premises.”

“Vaping, e-cigarette use, teens & young adults, AHA can impact advocacy efforts with each cig makers; that should be focus.”

GAPS, TRENDS & OPPORTUNITIES

Gaps in service, outreach and populations most adversely impacted

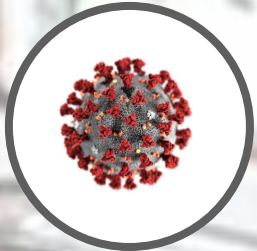
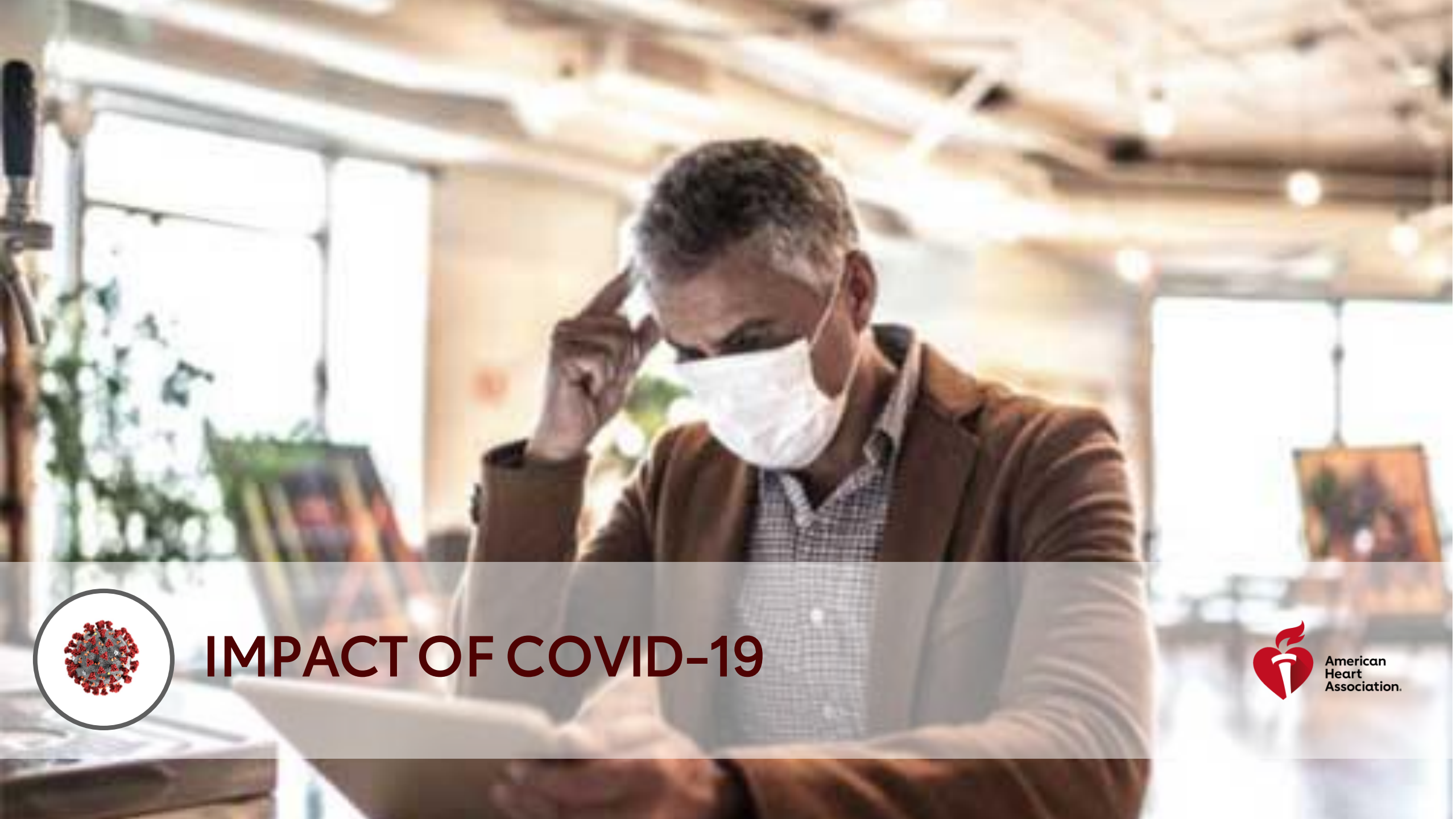
1. More information around vaping/E-Cigarettes, and the impact it is having on young people is needed.
2. More partners need to be identified. There are organizations this issue would touch, but they are not involved.

Issues and trends identified as potential threats to the community's well-being

1. How can we capitalize on work with school districts when everything is online? Could we provide online tools? How do we make them see this is important now?
2. Tobacco companies are constantly changing their tactics. The threat here is ensuring we stay on top of these changes.

Potential Policy, system & environmental change opportunities in the community

1. School Districts update tobacco and vaping policies to align with guidance
2. Enact comprehensive smoke-free workplace laws that include e-cigs
3. Initiate Health care provider reminder systems for tobacco cessation

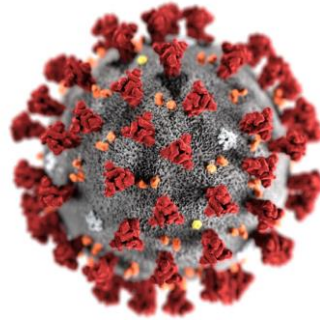


IMPACT OF COVID-19



COVID-19 & HEART

**1 OUT OF 4
HOSPITALIZED COVID-19
PATIENTS HAD
CARDIOVASCULAR DISEASE**



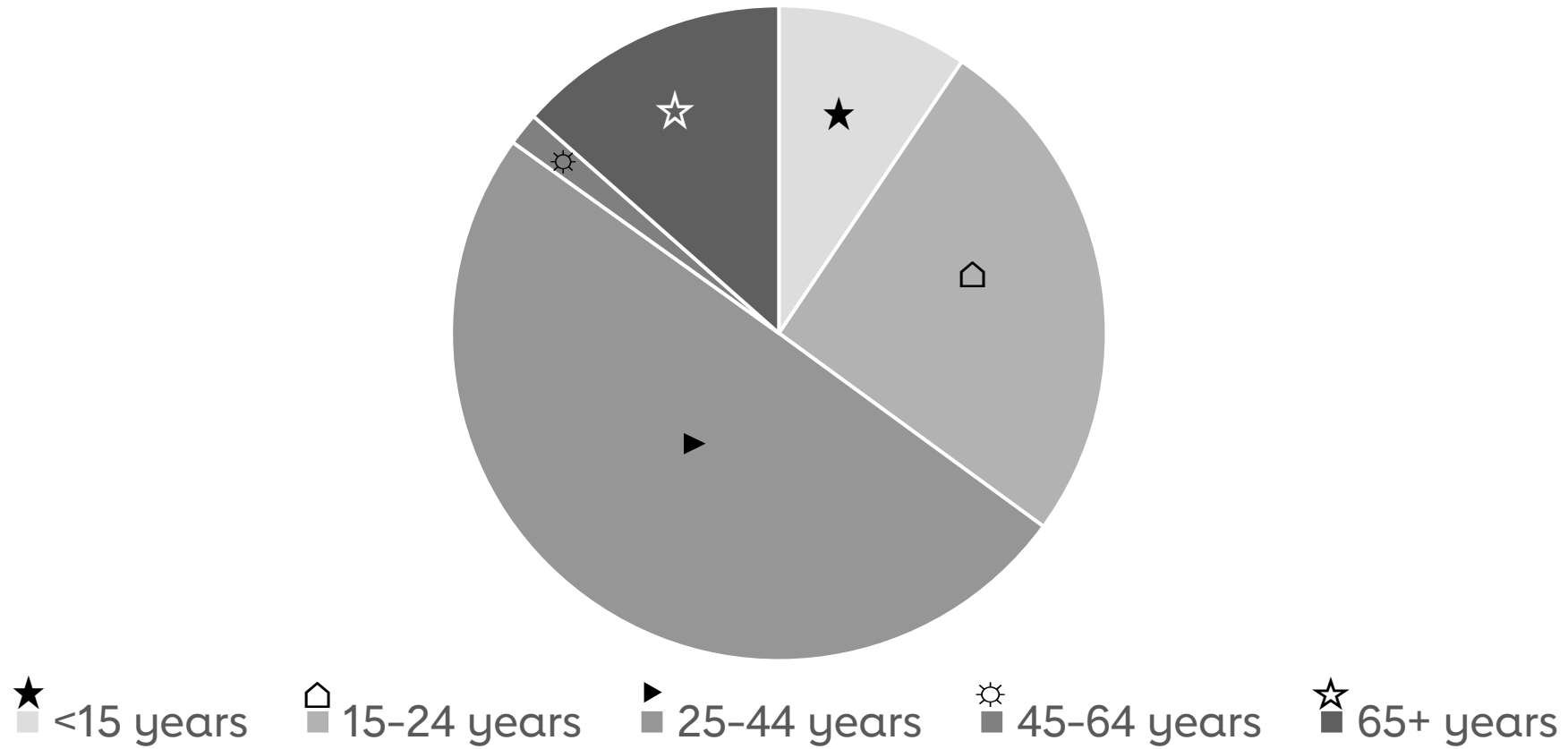
**NEARLY HALF
OF HOSPITALIZED COVID-19
PATIENTS 65+ HAD
CARDIOVASCULAR DISEASE**

**7 OUT OF 10 HOSPITALIZED
COVID-19 PATIENTS HAD
HIGH BLOOD PRESSURE**

**3 OUT OF 4
PATIENTS HOSPITALIZED
WITH COVID-19 ALSO HAD
A HIGH-RISK CONDITION**

COVID-19 IN TARRANT COUNTY

Cases by Age



COMMUNITY IMPROVEMENT PROGRESS TOWARD THE ISSUE

Partners/Coalitions

1. COVID-19 Latino Taskforce Coalition
2. COVID-19 African American Taskforce
3. DFW Hospital Council

Policy, System & Environmental Changes

TBD

Community Programs

Don't Die of Doubt
– NTX Campaign

GAPS, TRENDS & OPPORTUNITIES

LIMIT TO 1 SLIDE

Gaps in service, outreach and populations most adversely impacted

1. Overwhelming of cases have been in the Latino community.
2. Communication of information have not been translated into necessary languages
3. Testing sites are not equitably place throughout the county
4. Acknowledging the county's more rural areas to ensure more access to all.

Issues and trends identified as potential threats to the community's well-being

1. Fear of calling 9-1-1 through a pandemic
2. EMS calls and transports have been fluctuating as the cases numbers of COVID-19 are again rising.
3. High number of uninsured rates throughout county.

Potential Policy, system & environmental change opportunities in the community

1. Community driven systems intervention intended to eliminate disparities in calling 911, rate of response and/or bystander CPR
2. Adopt CARES surveillance participation for entire jurisdiction (city or county)
3. Ensure the development and adoption of community level health equity plans.

KEY PRIORITIES



AHA PRIORITIZATION PROCESS

The issues identified through this process were reviewed by AHA staff. The issues were prioritized based on the following criteria:

- **Size of the Problem:** The number of people who experience the issue in our community is significant compared to the nation, state and other counties similar to that of our market.
- **Seriousness of the Problem:** The problem has worsened in recent years. Community stakeholders consider this issue a key priority the AHA should focus on.
- **Health Equity:** There are observable differences in how the health issue impacts certain members of our community including women and racial/ethnic minorities. Trends over time have not demonstrated significant improvement for all members of our community.
- **Effectiveness of Interventions:** There is an availability of evidence-based PSE interventions that can be supported by the AHA and that could effectively improve the issue in our community.
- **Organizational Alignment:** The resources needed to improve health and well-being, as a result of the issue are aligned with AHA's mission, infrastructure, and financial resources. AHA has the ability to make a lasting impact over a long period of time toward the issue.

TOP 3 PRIORITIES

- Using prioritization criteria listed on the previous slide, findings from data collection and key stakeholder interviews, American Heart Association **Tarrant County** plans to focus on the following community needs:



Increase
Nutrition
Security



Control Blood
Pressure



Prevent &
Control Tobacco
& E-cigarette Use

NEXT STEPS

- Develop a plan to address prioritized needs.
- Join local groups working on key priority areas.
- Confirm policy, system and environmental change plans.
- Develop benchmarks and assess progress over time.

MARKET WILL FINALIZE PSE PIPELINES IN Q2



APPENDIX



COMMUNITY STAKEHOLDERS FOCUS GROUP PARTICIPANTS AND INTERVIEWEES

Name	Organization
Avis Davis	Tarrant County Public Health Department
Diana Rochin	North Texas Area Community Health Centers
Jesse Herrera	Urban Theory
Glenda Redeemer	Tarrant County Public Health Department
Mercedes Cruz	Health bridge 4 U/ Aetna
Steven Moore	Logan Maude Elementary School
Sherry Williams	Tarrant County Public Health Department/African American Health Expo

COMMUNITY STAKEHOLDERS FOCUS GROUP PARTICIPANTS AND INTERVIEWEES

Name	Organization
Joy Griffin	Texas Health Resources
Tobi Jackson	Forth Worth Sparc
Chris Alvarado	United Way
Victoria Nelson	Catholic Charities – Ft Worth
Dalia Vasquez	Cigna

COMMUNITY STAKEHOLDERS FOCUS GROUP PARTICIPANTS AND INTERVIEWEES

Name	Organization
Amie Hebdige	Tarrant Area Food Bank
Linda Fulmer	Healthy Tarrant County Collaboration
Ashley Rodriguez	Baylor Scott & White
Karanae Spradlin	Child Care Associates
Catherine Oliveros	Texas Health
Faith Rivera	Help Me Grow North Texas