SCOTTISH RITE FOR CHILDREN®

COMMUNITY HEALTH NEEDS ASSESSMENT | 2025

ACCESS TO CARE | INJURY PREVENTION | YOUTH MENTAL HEALTH

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Acknowledgements

Community Health Needs Assessment Steering Committee

This Community Health Needs Assessment (CHNA) represents the culmination of work completed by multiple individuals and groups. The Steering Committee for this process was comprised of staff from Scottish Rite for Children (Scottish Rite) representing diverse areas of expertise essential to understanding pediatric health needs in our community. These individuals were integral in making this comprehensive assessment possible.

The Steering Committee would like to extend gratitude to all patient survey and focus group participants, community health leaders, Scottish Rite staff members, and members of the community who gave their time, input, and provided information used in the development of this report.

Consultants

Scottish Rite would like to recognize Ascendient Healthcare Advisors for their expertise in facilitating this process and drafting the content of this Community Health Needs Assessment. Ascendient brings extensive experience in conducting community health needs assessments for hospitals and healthcare organizations across the United States.

SCOTTISH RITE FOR CHILDREN

2025 CHNA Executive Summary

Overview:

Scottish Rite for Children conducted a comprehensive Community Health Needs Assessment across eight North Texas counties to identify pediatric health priorities and guide community health improvement efforts.

CHNA Service Area: Collin, Dallas, Denton, Ellis, Grayson, Kaufman, Rockwall and Tarrant counties

Community Engagement:

726 Patient and Family Surveys

49 Focus Group Participants

17 Key Leader Interviews

2025 Priorities:

Access to Care

- **Geographic Barriers**: 24.4% of families cite distance as primary barrier
- **Transportation**: Some census tracts show 20.1%-50.0% of households with no vehicle available
- **Financial:** Despite Crayon Care program success, insurance coverage gaps persist
- **Communication:** Multilingual population need for language accessibility

Injury Prevention

- **Chronic Disease Impact:** Rising childhood obesity affects injury risk and recovery
- **Sports Participation:** Nearly 64% of Scottish Rite patients surveyed participate in organized sports or physical activities
- **Key Issues:** Gender-based injury disparities, coaching education gaps, poor safety protocols, parental knowledge gaps

Youth Mental Health

- **Texas Statistics:**
  - 42.4% of youth felt sad/hopeless for 2+ weeks, stopping usual activities
  - 21.1% seriously considered suicide in past 12 months
  - 18.3% made a suicide plan
  - 12.3% attempted suicide
- **SRC Survey Respondents**: Over one-third experience mental health impacts from their conditions
  - 54% report frustration with limitations
  - 50% anxiety about their condition
  - 25% fear about the future

Next Steps:

Scottish Rite will develop comprehensive implementation plans leveraging clinical expertise, community partnerships and commitment to pediatric health to address these three priority areas over the next three years.

Introduction

The Scottish Rite for Children (Scottish Rite) Community Health Needs Assessment (CHNA) demonstrates a comprehensive approach to understanding and addressing community pediatric health needs while fulfilling CHNA requirements for nonprofit hospitals per Section 501(r)(3) of the Internal Revenue Service (IRS) regulations.

Background

Scottish Rite has served Texas children since 1921, providing specialized pediatric orthopedic care and related services. With state-of-the-art facilities in Dallas and Frisco, Texas, Scottish Rite is dedicated to its mission to provide the highest quality care available for children, within its scope of services, regardless of the family's ability to pay.

The Hospital provides comprehensive pediatric orthopedic care including treatment for scoliosis and spine conditions, limb lengthening, hand conditions, clubfoot and foot disorders, hip disorders, and sports medicine. The organization also offers specialized services for children with dyslexia and other learning disorders, along with comprehensive support services including child life programs, physical therapy, psychology, social work, and pharmacy services.

This CHNA fulfills regulatory requirements while advancing Scottish Rite's commitment to understanding and addressing the health needs of children in our community. The assessment provides critical data to guide strategic planning, resource allocation, and community partnerships to improve pediatric health outcomes across our Service Area.

Hospital Requirements

IRS Section 501(r)(3) requires nonprofit hospitals to complete a CHNA every three years. The CHNA must consider the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and must be made widely available to the public. More specifically, hospital facilities must do the following to be considered in compliance with this IRS requirement:

IRS Requirements for Community Health Needs Assessment[1]
Define the community it serves
Assess the health needs of that community
In assessing the community's health needs, solicit and take into account input received from people who represent the broad interests of that community, including those with special knowledge of or expertise in public health
Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility
Make the CHNA report widely available to the public

CHNA Process Overview

The process used to produce this CHNA followed several steps and considered numerous data sources. Both primary and secondary data were gathered, analyzed and incorporated into this report to provide a comprehensive overview of health and factors impacting health and wellbeing of children in the Service Area.

Key CHNA Process Objectives

Key objectives of this process were to:

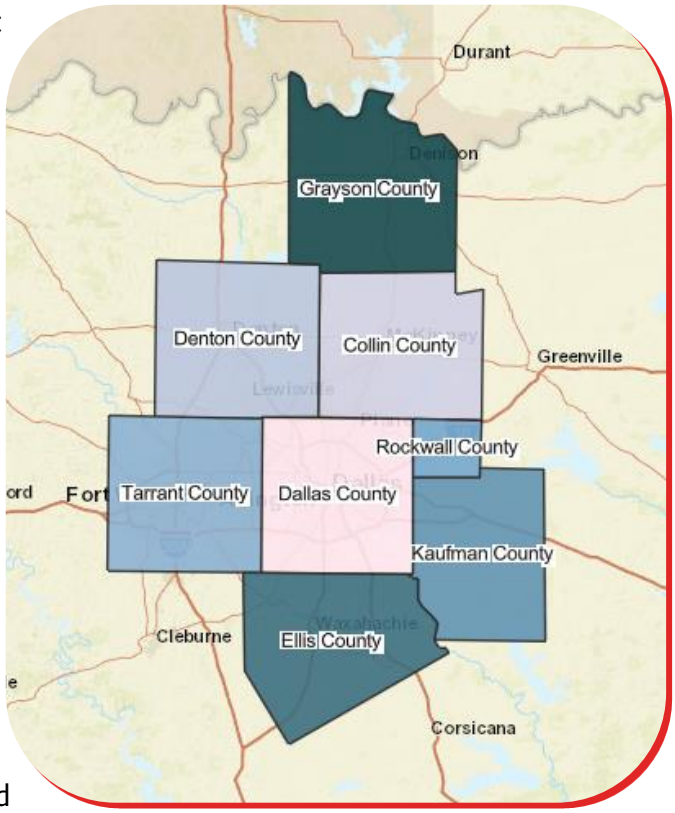
- Assess pediatric health needs and contributing factors affecting children in Scottish Rite's service area
- Gather input from community members and leaders representing diverse perspectives on children's health
- Identify priority health needs that should be addressed collaboratively to improve pediatric health outcomes
- Meet regulatory requirements for community health needs assessments

[1] Source: https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

To achieve these objectives, a dedicated CHNA Steering Committee worked through a multi-step process. The process included secondary data collection and analysis, primary data collection through surveys, focus groups, and key leader interviews, data integration and prioritization, and report development.

Service Area

Scottish Rite operates state-of-the-art facilities in Dallas and Frisco, Texas, dedicated to providing care and resources to give children back their childhood. For the purposes of this CHNA, Scottish Rite has chosen to define the community served as an eight-county geographical area located in North Texas comprised of the following contiguous counties:



- Collin County
- Dallas County
- Denton County
- Ellis County
- Grayson County
- Kaufman County
- Rockwall County
- Tarrant County

The community served was defined utilizing inpatient and outpatient data regarding patient origin. Although Scottish Rite provides care and support to pediatric patients from around the world, the eight counties above accounted for 68% of all discharges from FY24 (52.4% of the inpatient discharges and 71% outpatient discharges). This definition allows Scottish Rite to effectively allocate resources to address the priority health needs identified in this CHNA with a strategic focus on areas of greatest need and health disparities.

Target Population

The community is considered to include all residents of the eight-county region, including medically underserved, low-income and minority populations. The target population includes all children aged 18 and younger living in the community.

Scottish Rite is committed to its employees and the diverse patient population that it serves, and no person will be discriminated against based on race, color, national origin,

religion, sex, age, or disability. Further, the Hospital is committed to providing meaningful access to persons with limited English proficiency or disability.

Since 1921, Scottish Rite has remained devoted to its mission to provide the highest quality care available for children, within its scope of services, regardless of the family's ability to pay. Scottish Rite provides a financial assistance program known as Crayon Care for those families who are uninsured, underinsured and/or are unable to pay for their health care. Families that meet the program's eligibility criteria may qualify for free or discounted care.

Principal Functions

Scottish Rite strives to help improve the lives of children by providing quality care for selected orthopedic and related neurodevelopmental and musculoskeletal conditions, as well as specific learning disorders, such as dyslexia.

Primary Service Offerings Include:

Scoliosis and Spine Disorders

The Sarah M. and Charles E. Seay/Martha and Pat Beard Center for Excellence in Spine Research at Scottish Rite provides a multidisciplinary, patient-centered approach to scoliosis treatment to thousands of patients, including the
7,158 scoliosis patients treated in 2024. Scoliosis is a progressive condition causing spine to curve or twist into a “C” or “S” shape. Signs and symptoms of scoliosis include uneven shoulders, a prominence of the shoulder blade and waistline discrepancies. In some instances, the cause is known, such as when a child is born with a misshapen vertebra, one of the building blocks of the spine (congenital scoliosis) or when a curve develops from an underlying neurological disorder (neuromuscular scoliosis). Most often, however, the cause is unknown and there’s no way to prevent it (idiopathic scoliosis). Our spine and scoliosis specialists analyze spinal maturity; the degree, extent and location of the curve; as well as the potential for progression. We then use this information to determine the best treatment option, which can include bracing, casting, physical therapy, observation or surgery — all depending on the child and the severity of their curve. Regardless of the treatment plan, we ensure that every child receives the highest quality care.

Limb Lengthening and Reconstruction

The Center for Excellence in Limb Lengthening and Reconstruction employs a unique multidisciplinary team approach including collaboration between our orthopedic surgeons alongside nurses, psychologists, physical and occupational therapists and researchers of varying backgrounds and expertise. Limb lengthening is a surgical procedure used to lengthen bones or replace segments of missing bone in the upper and lower extremities. Certain congenital anomalies, severe bone infections, traumatic injuries and neurological disorders can result in limb length discrepancies, also known as limb length differences. The decision to treat a limb length discrepancy depends on the amount of difference there will be when the child stops growing. In 2024, 574 patients underwent limb lengthening and reconstruction treatment. Limb lengthening can be performed in two different ways: attaching a supportive external frame to the affected limb or inserting a rod into the bone of the affected limb, both of which allow the bone to gradually lengthen through a fracture created during surgery, allowing new bone to form in the gap.

Hand and Upper Limb Disorders

The first pediatric orthopedic facility in the United States to employ full-time hand surgeons, Charles E. Seay Jr. Hand Center provides highly specialized care for children with hand and upper limb anomalies including, but not limited to, cleft hand, arthrogryposis, polydactyly and trigger thumb, as well as children in need of complex reconstruction following trauma.

Our approach involves individualized operative and non-operative treatment plans that are dedicated to helping each child achieve maximum function, happiness and independence both physically and emotionally. Our hand surgeons are not only world-class providers, but they also are actively involved in innovative research and train doctors from around the globe how to treat a wide range of hand disorders.

Clubfoot and Foot Disorders

Clubfoot is a congenital disorder in which one or both feet are severely turned inward and pointed downward. It is one of the most common pediatric musculoskeletal conditions requiring referral to a pediatric orthopedic surgeon, affecting 4,000 to 8,000 infants in the U.S. and 130,000 to 260,000 children worldwide annually. If left untreated, the foot deformity can make shoe wear problematic and walking painful over time, thus reducing overall quality of life. In 2024, we provided premier podiatric care to 2,430 children with clubfoot and/or other foot disorders, such as flat feet, extra toes, toe deformities, tarsal coalitions, high arched feet, congenital vertical talus and metatarsus adductus.

Hip Disorders

Hip disorders can affect one or both hips and are sometimes apparent at birth or develop during childhood. Every year, our physicians in the Center for Excellence in Hip create patient-specific treatment plans to treat thousands of patients with developmental hip dysplasia, adolescent hip dysplasia, Perthes Disease, slipped capital femoral epiphysis (SCFE) and femoroacetabular impingement (FAI), as well as sport-related hip injuries and hip problems due to neurodevelopment anomalies such as Downs Syndrome, cerebral palsy and Charcot-Marie-Tooth disease (CMT).

Sports Medicine

Sports medicine is a medical and surgical specialty that considers the comprehensive needs of athletes and provides management for sport-related injuries and conditions. Our world-renowned sports medicine experts are ready to help injured youth athletes get back in the game. Scottish Rite has unparalleled experience providing non-operative and arthroscopic care to treat common sport-related injuries including concussions, ligament injuries and cartilage conditions in the knee, ankle, shoulder, elbow and hip in young and growing athletes. Our board-certified pediatricians, pediatric orthopedic surgeons, physical therapists, athletic trainers, psychologists and other sports medicine specialists work side by side with each aathlete, their parents and coaches to develop the best game plan for treatment, rehabilitation and safe return to competing in the sport they love. We also provide sports nutrition services to help young athletes understand the importance of nutrition and fueling the body to stay healthy and in the game.

Dyslexia and Learning Disorders

The Luke Waites Center for Dyslexia and Learning Disorders, located at the Dallas campus, is internationally recognized in the field of learning disorders. We provide evaluation and diagnosis for children with academic learning disorders, as well as specialized treatment for those with dyslexia, which affects approximately 10 percent of children. Our interventions for dyslexia directly, explicitly and systematically teach an awareness of the sounds of language, letter-sound associations, vocabulary and strategies for understanding written language. The research program at the Center for Dyslexia aims to maximize intervention efficacy, increase the accessibility of scientifically based reading intervention, improve student outcomes and facilitate the implementation of high-quality instruction within various educational environments. In collaboration with public universities and school districts across the country, we continually strive to better understand variations in the learning profiles of children with dyslexia, apply innovative and scientifically based approaches to treatment and relate these to long-term outcomes. Our team also investigates disorders of attention, mathematics and language, as well as socio-emotional factors related to learning disabilities.

Other Services

Scottish Rite also provides a number of other services to patients including fracture care, neurology and rehabilitation medicine, pediatric care for developmental disabilities orthotics and prosthetics, rheumatology and psychology services. We take pride in treating the whole child — body, mind and spirit — with additional services that include our child life programs, individualized physical therapy and in-house specialists in anesthesiology, radiology, social work, psychology and pharmacy. We also have specialized sports and recreational programs that encourage socialization and bonding among peers and help kids lead healthy, confident lives both physically and mentally.

CHNA Report Structure

This report includes several chapters and appendices that describe the processes and data used to arrive at priority health issues for children in Scottish Rite's Service Area.

Chapter 1 | Evaluation of Prior CHNA Implementation Plans – This chapter provides a reflective summary on the progress made towards addressing the priority health needs identified in Scottish Rite's 2022 CHNA and Implementation Plan.

Chapter 2 | Methodology - The methodology chapter provides an overall summary of how data and information were collected and incorporated into the development of this CHNA. This includes study limitations and the process by which priority health needs were identified and selected.

Chapter 3 | Priority Health Need Areas - This chapter describes each identified priority health need for children in the Service Area. It summarizes new and existing data that supports and explains each priority health need and why they were prioritized.

Chapter 4 | Community Profile - This chapter details the demographic (such as age, gender, and race), geographic, and socioeconomic characteristics of the Service Area, with particular focus on the pediatric population.

Chapter 5 | Health Resource Inventory - This chapter documents existing health and social service resources currently available in the Service Area that can be leveraged to address the priority pediatric health needs.

Chapter 6 | Next Steps - This chapter briefly summarizes next steps that will occur to address the priority health need areas discussed throughout the CHNA report.

In addition, the appendices of this report define and describe various data sources used during the development of this report in detail, including detailed summaries of secondary data measures and findings, primary data methodology and sources, and detailed primary data findings from patient, community leader and Scottish Rite leadership surveys as well as interviews and focus groups.

Chapter 1 | Evaluation of Prior CHNA Implementation Plans

A CHNA is an ongoing process that begins with the evaluation of the previous CHNA. In 2022, Scottish Rite completed its previous assessment and associated implementation strategies focused on three priority health needs: improving access to health care services, decreasing prevalence of obesity and diabetes through fitness and nutrition, and addressing social determinants of health (food, housing, transportation, health behaviors, violence, education, social support, and employment). Below is a summary evaluation of Scottish Rite's implementation plan to address the priority needs identified in its 2022 CHNA.

2022 Priority 1: Improving Access to Health Care Services

The strategies to improve access to health care services were developed to target four identified access needs—timely care when needed, adequate workforce of providers, physical locations for services, and coverage/affordability of services—which are described in turn below.

Improving Availability of Timely Care When Needed

Scottish Rite implemented the following strategies with the objective of reducing wait times and ensuring children receive specialized orthopedic care when they need it most.

1. **Launch the Crayon Clinic to expand access to acute orthopedic care**

   Scottish Rite opened the Crayon Clinic in 2024 to address the critical need for timely orthopedic evaluations and treatment. This innovative care model provides same-day and next-day appointments for children experiencing acute orthopedic conditions, ensuring that families no longer need to wait weeks for specialized care or resort to emergency departments for non-emergency orthopedic concerns.

   The Crayon Clinic has significantly enhanced Scottish Rite's ability to serve patients with urgent orthopedic needs, including sports injuries, fractures, and other acute musculoskeletal conditions. By creating this dedicated access point for rapid care, Scottish Rite has improved outcomes for children who benefit from prompt evaluation and treatment while reducing the burden on families navigating their child's immediate medical needs.

2. **Implement digital solutions to streamline appointment scheduling**

   To further reduce barriers to accessing care, Scottish Rite launched an online scheduling tool that allows families to book appointments directly through the Hospital's website. This digital platform operates 24/7, allowing parents and caregivers

to schedule appointments at their convenience without waiting for call center hours. The tool displays available appointment slots in real-time and provides families with immediate confirmation of their scheduled visits.

This technology works alongside Scottish Rite's current call center, giving families more ways to schedule appointments. The online scheduling system is available in both English and Spanish, ensuring equitable access for our diverse patient population.

3. Continue monitoring and reducing median wait times for appointments

Scottish Rite has maintained its commitment to reducing wait times across all service lines. Through systematic evaluation of scheduling practices and capacity management, the Hospital has achieved measurable improvements in median wait times for both new patient appointments and follow-up visits. These improvements ensure that children receive timely evaluations and interventions critical to their orthopedic health and developmental outcomes

Evaluating Additional Access Points to Increase Physical Locations

Scottish Rite implemented strategic expansion initiatives to bring specialized services closer to the communities we serve.

1. Establish new Physical Therapy access point in Frisco

In May 2024, Scottish Rite opened a new Physical Therapy access point at The Star in Frisco, significantly expanding rehabilitation services available to families in the northern communities of the Dallas-Fort Worth metroplex. This expansion addresses the growing need for convenient access to pediatric physical therapy services, reducing travel burdens for families who previously had to travel longer distances for these essential services.

The new Frisco Physical Therapy location features state-of-the-art equipment specifically designed for pediatric rehabilitation and is staffed by therapists with specialized training in treating children with orthopedic and neuromuscular conditions. This expansion has enabled Scottish Rite to accommodate more patients while maintaining the high-quality, family-centered care that defines our therapeutic services.

Reducing Barriers to Care Coverage

Scottish Rite continued to strengthen financial assistance programs and outreach efforts to ensure that all children have access to needed care regardless of their family's ability to pay.

1. Sustain and expand the reach of the Crayon Care financial assistance program

The Crayon Care program continues to serve as a cornerstone of Scottish Rite's commitment to ensuring financial barriers do not prevent children from receiving necessary orthopedic care. In fiscal year (FY) 2024, Scottish Rite approved more than 16,300 Crayon Care applications, demonstrating both the significant need within our community and the Hospital's dedication to meeting that need.

Scottish Rite has streamlined the Crayon Care application process, making it more accessible through multiple channels including the Hospital website, patient portal, and in-person assistance at both campus locations. Financial counselors work directly with families to navigate the application process and connect them with additional resources when needed.

2. Enhance community outreach with culturally appropriate and bilingual materials

Recognizing the diverse communities served by Scottish Rite, the Hospital has expanded its outreach efforts with enhanced bilingual materials in English and Spanish. These materials are distributed through community partnerships, physician offices, school districts, and community health centers that serve underserved populations.

Scottish Rite continues to collaborate with community organizations including federally qualified health centers, school-based health clinics, and faith-based organizations to ensure families are aware of the financial assistance available through Crayon Care. Educational materials have been developed in culturally appropriate formats that resonate with the diverse populations in North Texas, ensuring that language and cultural differences do not create barriers to understanding and accessing available resources.

The Hospital's outreach team regularly participates in community health fairs, school nurse conferences, and pediatric provider education events to maintain strong connections with referring providers and community partners who serve as trusted sources of information for families seeking specialized pediatric orthopedic care.

2022 Priority 2: Decreasing the Prevalence of Obesity and Diabetes Through Fitness and Nutrition

The strategies to improve child health status were developed to target four identified health needs – association of obesity and diabetes with health conditions and chronic disease, increasing prevalence of obesity and diabetes, access to healthy food and exercise opportunities, and COVID-19 impact on activity levels and rise in unhealthy dietary habits – which are described in turn below.

The strategies to address obesity, diabetes, fitness, and nutrition were developed to promote healthy lifestyles and physical activity among children with orthopedic conditions and disabilities, recognizing the critical connection between physical fitness, nutrition, and overall pediatric health outcomes.

Enhancing Physical Fitness to Encourage Health

Scottish Rite implemented comprehensive adaptive sports and recreation programs with the objective of ensuring all children, regardless of physical limitations, can participate in activities that promote fitness and wellbeing.

1. **Continue and expand adaptive sports programs for children with physical differences**

   Scottish Rite has sustained its commitment to adaptive sports programming, offering specialized tennis, dance, and golf programs designed specifically for children with orthopedic conditions and physical disabilities. These programs provide children with opportunities to develop athletic skills, build confidence, and maintain physical fitness in environments adapted to their unique needs.

   The adaptive tennis program utilizes modified equipment and teaching techniques that enable children with mobility challenges to experience the joy of racquet sports. The adaptive dance program incorporates therapeutic movement principles while fostering creative expression and cardiovascular fitness. The adaptive golf program teaches children proper techniques while accommodating various physical abilities, helping participants develop coordination, balance, and core strength.

   These programs not only address physical fitness but also promote social interaction, self-esteem, and the development of lifelong healthy habits among participants who might otherwise face barriers to traditional sports participation.

2. **Maintain strategic partnerships with community sports organizations**

   Scottish Rite has continued its valuable partnerships with premier sports organizations throughout the Dallas-Fort Worth metroplex to expand recreational opportunities for

patients. The ongoing partnership with the YMCA ensures that Scottish Rite patients have access to inclusive recreation programs throughout the community. This collaboration extends Scottish Rite's reach beyond the hospital setting, connecting families with neighborhood-based resources that support long-term fitness and healthy lifestyle habits.

The partnership with Dallas Mavericks Academy brings professional basketball training expertise to children with orthopedic conditions, offering specialized clinics that adapt basketball fundamentals to accommodate various physical abilities.

The collaboration with World Olympic Gymnastics Academy (WOGA) provides children with access to gymnastics-based movement training that enhances flexibility, strength, and body awareness. This partnership has been particularly beneficial for children recovering from orthopedic procedures who need engaging ways to rebuild strength and confidence in movement.

Leveraging the Therapeutic Recreation Department

Scottish Rite maximized the expertise of its Therapeutic Recreation Department to bridge the gap between medical treatment and return to recreational activities.

1. Develop and implement the Athlete Development Program

Scottish Rite launched the innovative Athlete Development Program, a specialized initiative designed to help young athletes safely return to sports following orthopedic treatment and physical therapy. This program addresses a critical need identified by families and providers: the transition period between completing formal therapy and returning to competitive or recreational sports.

The Athlete Development Program provides sport-specific training and conditioning tailored to each child's recovery status and athletic goals. Therapeutic recreation specialists work closely with physical therapists, physicians, and athletic trainers to create individualized training plans that progressively build strength, endurance, and sport-specific skills while minimizing re-injury risk.

This program has proven particularly valuable for young athletes recovering from ACL repairs, fractures, and other sport-related injuries, providing them with the confidence and physical preparation needed to safely return to the activities they love. The program also educates young athletes about injury prevention strategies and proper training techniques that will serve them throughout their athletic careers.

Supporting Various Sports Education Programs

Scottish Rite expanded community partnerships to ensure comprehensive adaptive recreation opportunities throughout North Texas.

1. Strengthen partnerships with RISE Adaptive Sports and AMBUCS

Scottish Rite has deepened its collaboration with RISE Adaptive Sports, a leading organization providing year-round adaptive sports and recreation programs for children and adults with disabilities. This partnership ensures that Scottish Rite patients have access to a full spectrum of adaptive sports opportunities including wheelchair basketball, sled hockey, track and field, and swimming. RISE's expertise in adaptive sports complements Scottish Rite's medical and therapeutic services, creating a continuum of care that extends from clinical treatment to community-based recreation.

The partnership with AMBUCS (American Business Clubs) has enhanced Scottish Rite's ability to provide adaptive equipment and support for recreational activities. AMBUCS has been instrumental in providing specialized adaptive bicycles and mobility devices that enable children with physical disabilities to participate in cycling and other recreational activities with their peers. This collaboration has removed financial barriers that might otherwise prevent families from accessing adaptive recreational equipment.

2. Facilitate connections to community-based adaptive recreation resources

Scottish Rite has developed a comprehensive resource network to connect families with adaptive recreation opportunities throughout the community. The Hospital's recreation therapy team maintains an updated database of adaptive sports leagues, inclusive recreation programs, and accessible facilities throughout North Texas. This information is readily shared with families through the Christi Carter Urschel Family Resource Center and integrated into discharge planning for appropriate patients.

Educational materials about the benefits of adaptive sports and recreation are distributed to families during clinical visits, helping parents understand how continued physical activity supports their child's overall health and development. Scottish Rite staff regularly attend adaptive sports events and competitions to support participants and maintain awareness of available community resources.

Improving Nutrition to Encourage Health

Scottish Rite implemented strategies to address the nutritional needs of patients and families, recognizing the vital role nutrition plays in healing, growth, and preventing chronic conditions.

1. Connect families with community organizations addressing food security and nutrition education

Scottish Rite has established referral pathways to connect families with community organizations that address nutrition needs and food security. Recognizing that proper nutrition is essential for bone health, healing, and overall development, Scottish Rite's care teams actively screen for nutrition-related concerns and connect families with appropriate resources.

The Hospital maintains partnerships with local food banks, nutrition assistance programs, and community gardens that serve families facing food insecurity. Social workers and family resource specialists work individually with families to identify nutrition-related challenges and connect them with sustainable community resources that meet their specific needs.

2. Integrate nutrition education into patient care and family support services

Scottish Rite has incorporated nutrition education into various touchpoints throughout the patient care journey. The Family Resource Center provides families with evidence-based nutrition information relevant to pediatric orthopedic conditions, including the importance of calcium and vitamin D for bone health, proper nutrition for healing after surgery, and maintaining healthy weight to reduce stress on joints and bones.

Educational materials are available in multiple languages and formats, ensuring that all families can access nutrition information appropriate to their cultural preferences and dietary practices. Scottish Rite also provides families with connections to registered dietitians in the community when specialized nutrition counseling is needed beyond the scope of orthopedic care.

The Hospital recognizes that addressing nutrition as part of comprehensive care supports better surgical outcomes, faster recovery times, and long-term musculoskeletal health for the children we serve.

2022 Priority 3: Addressing Social Determinants of Health

The strategies to improve coordination of care, which are described below, were developed with the objective of increasing communication and coordination of care among providers and patient families.

The strategies to address social determinants of health were developed to identify and mitigate non-medical factors that significantly impact children's health outcomes, recognizing that factors such as housing stability, food security, transportation access, and educational opportunities are fundamental to achieving optimal pediatric orthopedic care outcomes.

Recognizing the Impact of Social Determinants on Health

Scottish Rite implemented systematic approaches to integrate social determinants of health considerations into comprehensive patient care.

1. Establish a multidisciplinary Social Determinants of Health workgroup

In 2023, Scottish Rite formed a dedicated multidisciplinary Social Determinants of Health (SDOH) workgroup, bringing together representatives from clinical services, social work, nursing, family resources, community outreach, and administrative leadership. This workgroup was charged with developing institutional strategies to systematically identify and address social factors affecting patient health outcomes.

The SDOH workgroup has created standardized protocols for screening, documenting, and responding to social needs identified during patient encounters. By establishing this formal structure, Scottish Rite ensures that addressing social determinants is not left to individual provider discretion but is instead embedded as a core component of comprehensive pediatric care. The workgroup meets regularly to review screening data, evaluate intervention effectiveness, and identify opportunities to strengthen community partnerships that address identified social needs.

This collaborative approach has fostered a culture shift within Scottish Rite, where all team members recognize their role in identifying and addressing the social factors that influence children's health and recovery. The workgroup has also developed training modules to ensure staff across all departments understand how social determinants impact orthopedic outcomes and their role in connecting families with appropriate resources.

Developing, Implementing, and Administering Patient Screening

Scottish Rite created comprehensive screening processes to systematically identify social needs among patient families.

1. Implement a standardized 10-question screening survey across five domains

Scottish Rite developed and deployed a carefully designed 10-question screening tool that evaluates social needs across five critical domains: housing stability, food security, transportation access, utility needs, and interpersonal safety. This evidence-based screening instrument was integrated into the patient intake process to ensure consistent administration across all clinical encounters.

The screening tool was designed to be brief yet comprehensive, respecting families' time while capturing essential information about social factors that may impact their child's health and ability to access care. Questions are phrased in a culturally sensitive, non-stigmatizing manner to encourage honest responses and maintain family dignity. The survey is available in multiple languages, with interpretation services available to ensure language barriers do not prevent identification of critical social needs.

Implementation of this screening tool represents a significant advancement in Scottish Rite's ability to proactively identify families who may benefit from additional support services. The standardized approach ensures equity in screening practices and enables the Hospital to track social needs trends across the patient population, informing both individual interventions and institutional resource allocation decisions.

2. Integrate screening results into electronic health records for coordinated response

Scottish Rite has fully integrated SDOH screening results into the electronic health record system, ensuring that identified social needs are visible to all members of the care team. This integration enables seamless communication between providers, nurses, social workers, and support staff, facilitating coordinated responses to identified needs.

When screening reveals social needs, automated alerts notify appropriate team members who can initiate interventions or referrals. This systematic approach ensures that no family's social needs go unaddressed due to communication gaps or workflow challenges. The electronic documentation also enables Scottish Rite to track intervention outcomes and identify patterns that inform quality improvement efforts.

Promoting Improvement in Health Behaviors Through Targeted Interventions

Scottish Rite implemented comprehensive screening and referral processes to address identified social needs and promote positive health behaviors.

1. Screen patients systematically and provide targeted referrals to social services

In FY 2024, Scottish Rite successfully screened more than 28,000 patients for social determinants of health, demonstrating the Hospital's commitment to understanding and addressing the full spectrum of factors affecting children's wellbeing. This extensive screening effort has provided unprecedented insight into the social challenges facing families in our community.

From these screenings, Scottish Rite made more than 1,000 referrals to social services, connecting families with resources to address identified needs. These referrals span a wide range of services including food assistance programs, utility payment assistance, housing support services, transportation resources, and educational support programs. Each referral is tailored to the specific needs identified through screening and the family's unique circumstances. Scottish Rite's social work team provides resource information and are available to assist if a family has difficulty making a connection on their own.

2. Monitor and evaluate the impact of social service referrals on health outcomes

Scottish Rite has implemented tracking mechanisms to monitor the effectiveness of social service referrals and their impact on patient outcomes. The Hospital tracks metrics including successful connection to services, resolution of identified needs, and correlation with clinical outcomes such as appointment attendance rates, therapy adherence, and surgical recovery times.

This data-driven approach enables Scottish Rite to continuously refine its referral processes and strengthen partnerships with community organizations that demonstrate the greatest impact on addressing families' social needs. Regular review of referral outcomes also helps identify gaps in available community resources, informing advocacy efforts and partnership development strategies.

Improving Access to and Quality of Education

Scottish Rite developed comprehensive resource databases and referral systems to support educational needs of patients and families.

1. Create an internal database of educational and developmental resources across Texas

Scottish Rite has compiled a comprehensive internal database cataloging educational and developmental resources available throughout Texas, with particular emphasis on resources serving the Dallas-Fort Worth metroplex and surrounding regions. This database includes information about early intervention programs, special education services, tutoring programs, dyslexia support services, developmental therapy providers, and educational advocacy organizations.

The database is regularly updated to ensure accuracy and includes detailed information about eligibility criteria, application processes, and contact information for each resource. Resources are categorized by geographic region, age group served, and type of support provided, enabling staff to quickly identify appropriate referrals based on each family's specific needs and location.

This centralized resource has significantly enhanced Scottish Rite's ability to connect families with educational support services that complement medical treatment. For children whose orthopedic conditions impact their educational participation, having ready access to educational resources ensures a holistic approach to supporting their development and academic success.

2. Facilitate connections between families and educational support services

Scottish Rite has established protocols for identifying patients who may benefit from educational support services and facilitating connections to appropriate resources. During clinical encounters, providers and therapists screen for educational concerns including school absences due to medical appointments, difficulty participating in physical education, need for school accommodations, and developmental delays that may impact learning.

When educational needs are identified, Scottish Rite's team provides families with targeted referrals from the resource database, along with guidance on accessing services. For complex situations, social workers provide additional support including assistance with documentation for school accommodations, connection to educational advocates, and coordination with school personnel to ensure children's medical needs are understood and addressed in the educational setting.

The Luke Waites Center for Dyslexia and Learning Disorders continues to serve as a critical resource, providing specialized assessment and intervention for children with dyslexia while also connecting families with educational resources when learning differences beyond dyslexia are identified.

Facilitating Access to Housing and Transportation

Scottish Rite implemented individualized assessment and intervention strategies to address housing and transportation barriers that impact access to care.

1. Conduct individualized assessments of housing and transportation needs

Scottish Rite's social work team conducts comprehensive assessments of each family's housing and transportation situation when barriers are identified through SDOH screening or clinical encounters. These assessments go beyond simply identifying the presence of needs to understand the specific nature of challenges families face.

For transportation, assessments evaluate factors including vehicle access, distance from Scottish Rite facilities, public transportation availability, and physical limitations that impact transportation options. For housing, assessments consider stability, safety, accessibility for children with mobility limitations, and proximity to medical services. This detailed understanding enables social workers to develop targeted intervention plans that address each family's unique circumstances.

2. Connect families with appropriate community resources and support services

Based on individualized assessments, Scottish Rite's social workers connect families with appropriate resources to address housing and transportation challenges. Transportation assistance includes referrals to medical transportation services, gas card programs for families traveling long distances, coordination with insurance-covered transportation benefits, and connections to volunteer driver programs. For families requiring overnight stays for multi-day treatment plans, Scottish Rite facilitates connections to hospitality houses and lodging assistance programs.

Housing-related support includes referrals to housing stability programs, assistance accessing home modifications for children with mobility equipment, connections to utility assistance programs that help maintain stable housing, and coordination with homeless services when families lack stable housing. Social workers are aware of housing agencies throughout the region and can provide families with proper resources to get connected.

While Scottish Rite continues to refine metrics for tracking specific housing and transportation interventions, the Hospital remains committed to ensuring these fundamental needs do not prevent children from accessing necessary orthopedic care.

Each situation is evaluated individually, with social workers leveraging their expertise and community partnerships to develop creative solutions that address families' unique circumstances.

Chapter 2 | Methodology

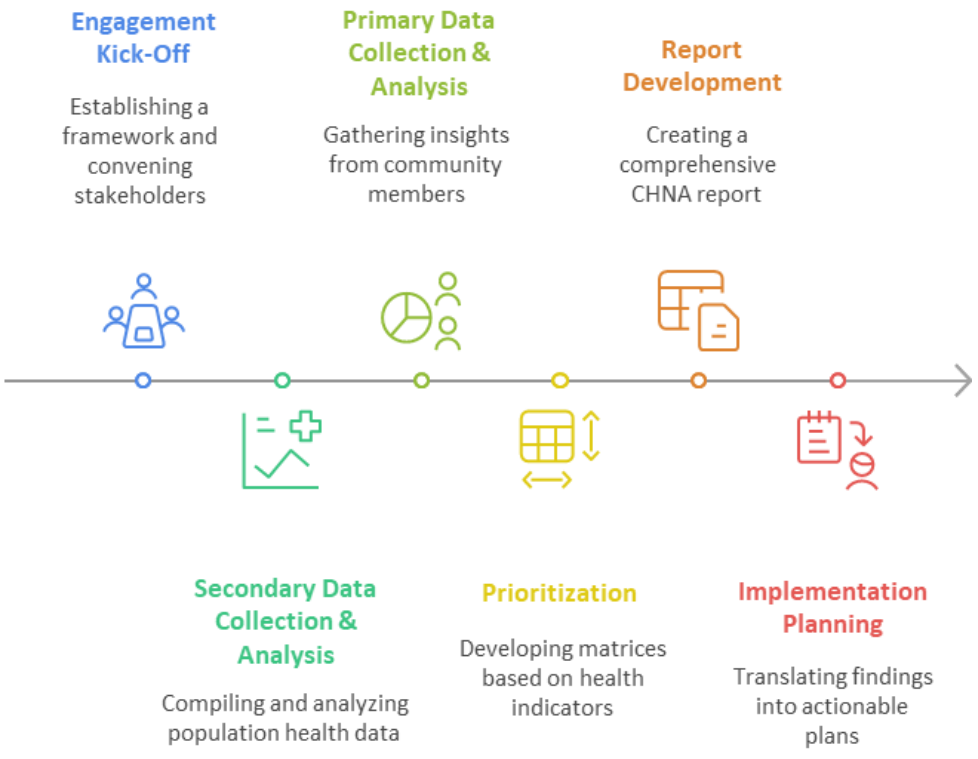
The process used to assess the pediatric health needs, challenges, and opportunities in Scottish Rite's Service Area included multiple steps. Both primary (new) and secondary (existing) data were used to ensure a more complete picture of health needs impacting children in these communities. Various data sources gathered and reviewed for this CHNA were considered individually and were triangulated to identify, explain, and assist the Steering Committee in best understanding the most pressing community health needs impacting children in the Service Area.

The following sections describe data gathered, analyzed, and used to inform the CHNA report and the subsequent prioritization and selection of priority health needs identified from this assessment process.

Study Design

A multi-step process was used to assess the needs, challenges and opportunities for children in the community served by Scottish Rite. The Steering Committee worked with Ascendient Healthcare Advisors to establish a comprehensive framework for the CHNA process through six primary phases. The first five phases are presented in this document, and implementation planning will occur following the completion of this CHNA, as outlined in the framework below:

Figure 2.1: Phases of CHNA Development



Phase I: Engagement Kick-Off - Established a comprehensive framework including convening the Steering Committee, conducting a kick-off meeting to establish common understanding of the process, timelines and expected deliverables, reviewing current CHNA requirements and gathering input on the historical CHNA process, and evaluating the effectiveness of previous implementation and action plans.

Phase II: Secondary Data Collection & Analysis - Involved compiling and analyzing data related to numerous population health indicators and social determinants of health, with analysis of key trends, similarities, and differences for each health measure, and incorporation of state and national benchmark information to provide context for performance.

Phase III: Primary Data Collection & Analysis - Captured insights from patients, families, and key stakeholders to understand community health needs and perspectives through focus groups, key informant interviews and surveys, and surveys focused on the experiences of patients and families.

Phase IV: Prioritization - Developed prioritization matrices based on performance of health indicators relative to benchmarks, trends in health indicators within the community, level of need as understood from primary data, and unique or isolated needs of population sub-segments.

Phase V: Report Development - Focused on creating a comprehensive CHNA report that meets all IRS standards for nonprofit hospitals.

Phase VI: Implementation Planning - Focused on translating findings into actionable implementation plans with quantifiable objectives for improvement associated with each priority.

Primary Data

Engagement and feedback were gathered through multiple data collection processes in involving patient families and leaders throughout the Service Area. The Steering Committee administered online community health surveys to patients/families, facilitated in-person focus groups, and completed interviews with SRC staff and key leaders from community organizations. Across all four data collection strategies, nearly 800 community members, key leaders, and patient families participated and offered their input and insights about health and social issues impacting their communities. These data are summarized in the table below.

Table 2.1. Primary Data Inputs for 2025 CHNA Process

Data Collection Strategy	Total Number of Participants
Patient and Family Survey	726
Patient and Family Focus Groups	49
Key Leader Interviews	17

Patient and Family Survey

The patient and family survey allowed a broad base of Scottish Rite patients and family members to provide their insights in an efficient and effective manner. The survey was available online and paper surveys were also distributed throughout patient areas in the Dallas and Frisco campuses. The online and paper versions of the survey were translated to Spanish to ensure broader community participation. Survey results were stratified by age, gender, race and ethnicity to better understand the experiences of different populations in the area.

Patient and Family Focus Groups

Focus groups were held with Scottish Rite patient families who have received care at the Dallas and Frisco campuses. Discussion topics included priority health and social/environmental needs in the community, healthcare access limitations, the needs and concerns of specific population cohorts, specific experiences receiving care at Scottish Rite, and perceptions of community resources.

Key Leader Interviews

Key leader interviews provided an opportunity to gather more detailed insights from community leaders about health priorities, existing resources, gaps in services, and potential solutions related to pediatric health needs in the community.

Secondary Data

Secondary data for this CHNA were gathered from multiple publicly available sources to describe geographic, demographic, social and economic factors, environmental factors, health status and disease trends, mental and behavioral health trends, and individual health behaviors. Data was gathered, organized, and presented to the Steering Committee following the groupings and subgroupings reflected in the County Health Rankings Model.

Secondary data collection included the analysis of over 100 data indicators at the Service Area and county level, providing comprehensive baseline information about health outcomes and health factors affecting the pediatric population in Scottish Rite's Service Area.

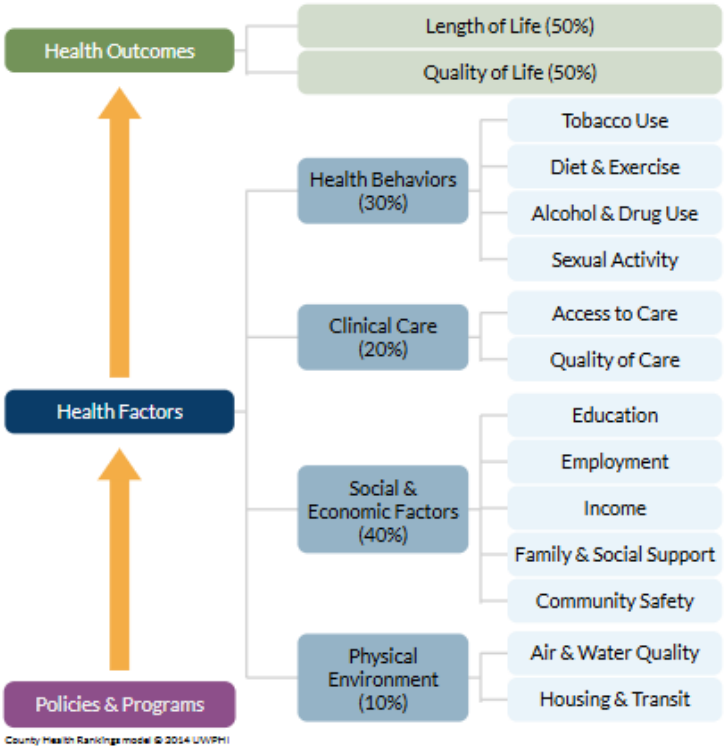
Data Sources and Framework

The analysis utilized secondary data modeled after the County Health Rankings methodology, organizing health indicators into two primary categories:

- **Lagging Indicators (Health Outcomes):** Measures that reflect the current health status of the community, including length of life and quality of life indicators
- **Leading Indicators (Health Factors):** Measures that influence future health outcomes, including clinical care, health behaviors, physical environment, and social and economic factors

The County Health Rankings Model illustrates the way Health Outcomes are influenced by Health Factors including Clinical Care, Health Behaviors, Physical Environment, and Social & Economic Factors.

Figure 2.2: County Health Rankings Model[2]



Key Secondary Data Sources

In addition to internal Scottish Rite data files, a subset of key secondary data sources used to inform the Service Area's CHNA process are reflected in the list below and cited throughout this report:

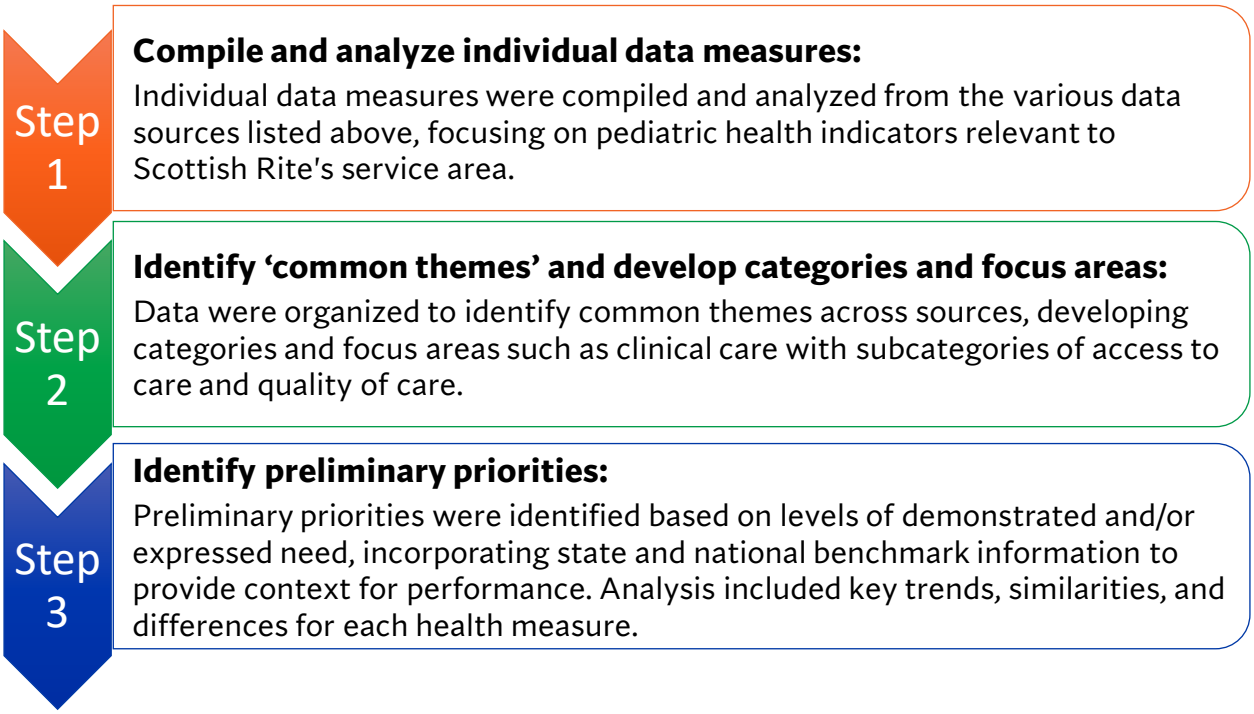
Figure 2.3: Key Secondary Data Sources

[2] Robert Wood Johnson County Health Rankings and Roadmaps; Retrieved from: https://www.countyhealthrankings.org/what-impacts-health/county-health-rankings-model

Secondary Data Methodology

The secondary data methodology followed a systematic three-step process:

Figure 2.4: Secondary Data Methodology Process



Comparisons

To systematically identify areas of greatest health need within the Scottish Rite Service Area, a quantitative threshold-based approach was employed that compares local health indicators to Texas state benchmarks. This methodology utilized thresholds based on indicator type to ensure appropriate sensitivity while maintaining statistical significance.

Performance Relative to Benchmarks

To understand the significance of the secondary data collected throughout the process, each data point must be compared to a benchmark, goal or comparative geography. For this CHNA, performance relative to Texas state averages was used as a benchmark to understand the performance of the communities throughout the Service Area. Where possible, each data measure was compared to Texas state benchmarks to identify indicators for which local performance significantly differs from state averages.

Criteria for Determining High Need Areas

Health indicators assessed for the CHNA were classified as "high need" areas if they met specific quantitative thresholds when compared to Texas state benchmarks:

Quantitative Thresholds:

- **For rate-based indicators** (such as mortality rates, provider ratios, and disease incidence rates): A 20% difference threshold was applied, meaning areas performing 20% or worse than the Texas state average were flagged as high need. The 20% threshold was chosen because it effectively captures the most severe health disparities while maintaining focus on actionable priorities for resource allocation. Most indicators flagged at 20% represented substantial gaps in critical areas such as provider shortages, significant mortality disparities, and major access barriers. The 20% threshold aligns with established epidemiological standards where differences of this magnitude typically represent meaningful population health disparities requiring systematic intervention rather than minor statistical variations.
- **For percentage-based indicators** (such as insurance coverage, service utilization, and prevalence measures): A 5-percentage point difference from the Texas benchmark was used, as this threshold captures meaningful disparities in population health measures while accounting for the statistical properties of percentage-based data.

Directional Analysis

The direction of "worse" was determined by the nature of each indicator—higher values were considered worse for negative health outcomes (like mortality rates), while lower values were considered worse for positive health resources (like provider availability). This standardized approach allowed for objective identification of counties and service areas with the most significant health needs across multiple domains including clinical care access, health behaviors, social determinants, and health outcomes, providing a data-driven foundation for prioritizing community health improvement efforts.

Geographic Comparisons

The methodology for this assessment compared individual county performance within Scottish Rite's eight-county Service Area against Texas state benchmarks. This approach allowed for identification of needs that may vary between counties within the Service Area, ensuring comprehensive understanding of health disparities across the region.

Data Integration and Triangulation

Primary and secondary data integration is the process of combining information collected directly from community members (primary data) with existing datasets from official sources (secondary data) to create a more comprehensive understanding of pediatric health issues. Data triangulation is a method of research which uses multiple 'angles' to

confirm findings and reduce potential for bias or limits associated with each single source of data.

Primary data includes information gathered specifically for the assessment through methods like surveys, interviews, and focus groups. These data provide context, lived experiences, and current perceptions that may not be captured in official statistics. In contrast, secondary data comes from pre-existing sources such as census reports, national and state assessments, hospital records, and research studies. These data offer quantifiable metrics, historical trends, and comparative benchmarks.

Integration and triangulation involved analyzing where these data sources align or diverge, identifying patterns that appear in both types of data, and using each to provide context for the other. This combined approach produces more robust findings that reflect both statistical realities and community perspectives, leading to more effective and targeted health interventions.

Prioritization Process

The process of identifying and selecting priority health needs for the 2025 CHNA began with the collection, analysis, and discussion of many new and existing measures across several categories. The Steering Committee was first presented with curated secondary data for each of the eight counties within the Service Area, organized by six categories included within the County Health Rankings model – Length of Life, Quality of Life, Clinical Care, Health Behaviors, Physical Environment, and Social and Economic Environment. Specific measures contained within each of the six categories listed here are detailed in **Appendix 1**.

As the secondary data were presented, the Steering Committee considered which data demonstrated 'high need' or worsening performance as compared to their respective state and national averages. The process by which this determination was made is described in **Appendix 2**.

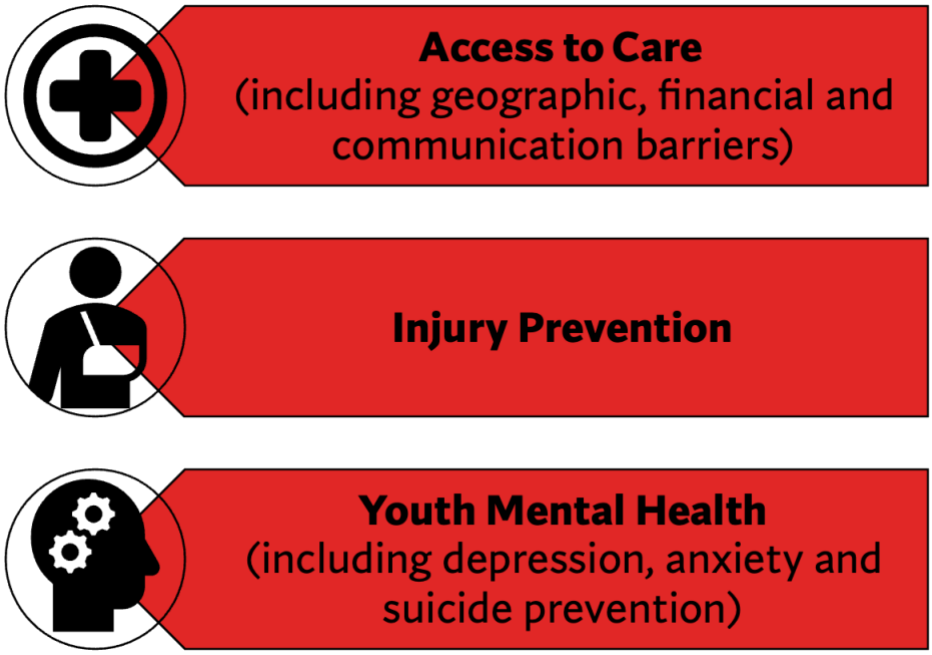
Primary data gathered through focus groups, key leader interviews, and patient/guardian surveys were also presented to the Steering Committee. These analyses focused on themes emerging from each data source individually, as well as theming across data sources. Primary data methodology and high-level findings can be found in **Appendix 3**. Detailed results and summary findings from these efforts can be made available upon request.

Once the primary and secondary data had been grouped into focus areas detailed in the appendices, the Steering Committee used a group polling process to prioritize health needs of the region while considering the following factors:

- Burden, scope, severity or urgency of the health need
- Estimated feasibility and effectiveness of possible interventions
- Health disparities associated with the health need
- Importance the community places on addressing the health need

The three priority health needs selected through this process are not ranked in order of importance, and each will be addressed by the Hospital for the next three years. These needs are highlighted in the figure below.

Figure 2.5: Scottish Rite's 2025 Priority Health Needs



Study Limitations

When considering the findings of this assessment, it is important to recognize the difference between using research methods to identify community needs and processes used to conduct scientific research to produce or discover new knowledge. This CHNA aligns more closely with the former, as it focused on gathering and using data from a variety of sources to identify and understand what is happening in the community. The CHNA accomplished this goal, but not without notable limitations that are described below.

Data limitations in all CHNAs can include:

- Inaccurate or incomplete secondary data;
- Limited sample size in primary data collection;
- Potential biases in self-reported information;
- Lack of data on specific demographics or health disparities; and
- Data collection methodologies.

Limitations in Secondary Data

Timing - CHNA data may not always reflect current community conditions due to timing challenges with data sources. Most secondary data sources have a one to three-year lag between collection and publication.

Inconsistent Data Definitions and Methodologies - CHNA metrics often suffer from inconsistent definitions and methodologies across different data sources, making meaningful comparisons challenging. These inconsistencies can manifest in differing age group categories, racial/ethnic classifications, or geographic boundaries. Where possible, the CHNA compares all eight counties in the Scottish Rite Service Area, but there are some instances where comparisons on certain indicators were not possible due to a lack of county-level data.

Demographic Underrepresentation - Some existing data sources provide limited demographic breakdowns by factors such as gender, age, race, and ethnicity. Secondary data are also limited regarding availability by demographic cohorts, and many available data sets do not necessarily isolate historically underserved populations including the uninsured, low-income persons and/or certain minority groups. To mitigate this gap, efforts were made to include underrepresented groups in the community through primary data collection. This included providing surveys in English and Spanish, with hard copies provided onsite at Scottish Rite's two campuses to gather feedback from individuals with limited English proficiency or lack of internet access, as well as interviews with staff and community leaders with insight into underrepresented communities, like individuals with disabilities or uninsured/undocumented community members.

Limitations in Primary Data

Sample Representativeness - Elements of this assessment, like surveys, focus groups, and interviews gathered insights from community members and key community health leaders on a variety of topics. Due to time and resource constraints, as well as the community-based versus research-based approaches to conducting the CHNA, primary data collected for this process was gathered through convenience-based sampling methods.

Since it would be unrealistic to gather input from every single member of the community, the participants offered their best expertise and understanding on behalf of the entire community. Components of this assessment relied on input from patient families through focus groups and surveys, and input from key community health leaders through interviews. To enhance representativeness, multiple data collection methods were employed including focus groups, surveys, and interviews to capture diverse perspectives from the community.

Geographic and Population Scope - Given limitations to available data and the size of Scottish Rite's eight-county community in both population and geography, this study was

limited in its capacity to fully capture all health disparities and health needs across racial and ethnic lines. Additionally, gaps in information for sub-segments of the population exist.

To address these gaps, surveys were distributed in English and Spanish, with hard copies provided onsite at Scottish Rite's two campuses to ensure broader community participation and reduce barriers to engagement, and Spanish interpretation services were offered to participants in each of the four focus groups.

Chapter 3 | Priority Need Areas

This chapter describes Scottish Rite's three priority health needs in more detail and discusses supporting data for each priority area. The information in this section includes national and state perspectives while also integrating key findings from secondary data and primary data (including findings from focus groups, key leader interviews, and patient/family surveys) gathered for this assessment.

Priority health needs were determined through review of all available data, discussion among Steering Committee members, and a voting process. Data was reviewed at various points in the CHNA development process, including during a prioritization meeting held once all data had been analyzed, compiled, and themed. During the prioritization meeting, Steering Committee members participated in a voting process and discussion to identify the most pressing health needs from a comprehensive list of potential priority areas that had emerged from both secondary and primary data sources.

A final list of three priority health needs – **Access to Care** (including geographic, communication, and financial barriers), **Injury Prevention,** and **Youth Mental Health** (including depression, anxiety and suicide prevention) – resulted from that voting process and were identified as focus areas for Scottish Rite and community partners to address over the next three years. Additional discussion was held amongst Steering Committee members to ensure these priorities were universally agreed upon and aligned with Scottish Rite's mission as a pediatric orthopedic specialty hospital.

As noted in **Chapter 2**, the Steering Committee considered multiple factors when determining the priority needs reported in this assessment, including:

1. Severity and intensity of the health need based on secondary data analysis
2. Alignment with Scottish Rite's pediatric orthopedic specialty focus and expertise
3. Health disparities and equity considerations associated with the need
4. Importance the community places on addressing the need based on primary data findings
5. Feasibility and potential impact of interventions Scottish Rite could implement or support
6. Perceived degree of influence Scottish Rite has to impact or respond to that need as a pediatric orthopedic hospital

The priority health needs reflected in this report are not ranked in any hierarchical order of importance. All will be addressed, with strong consideration of disparities and social determinants of health, by Scottish Rite and community partners through health improvement plans created in follow up to this CHNA.

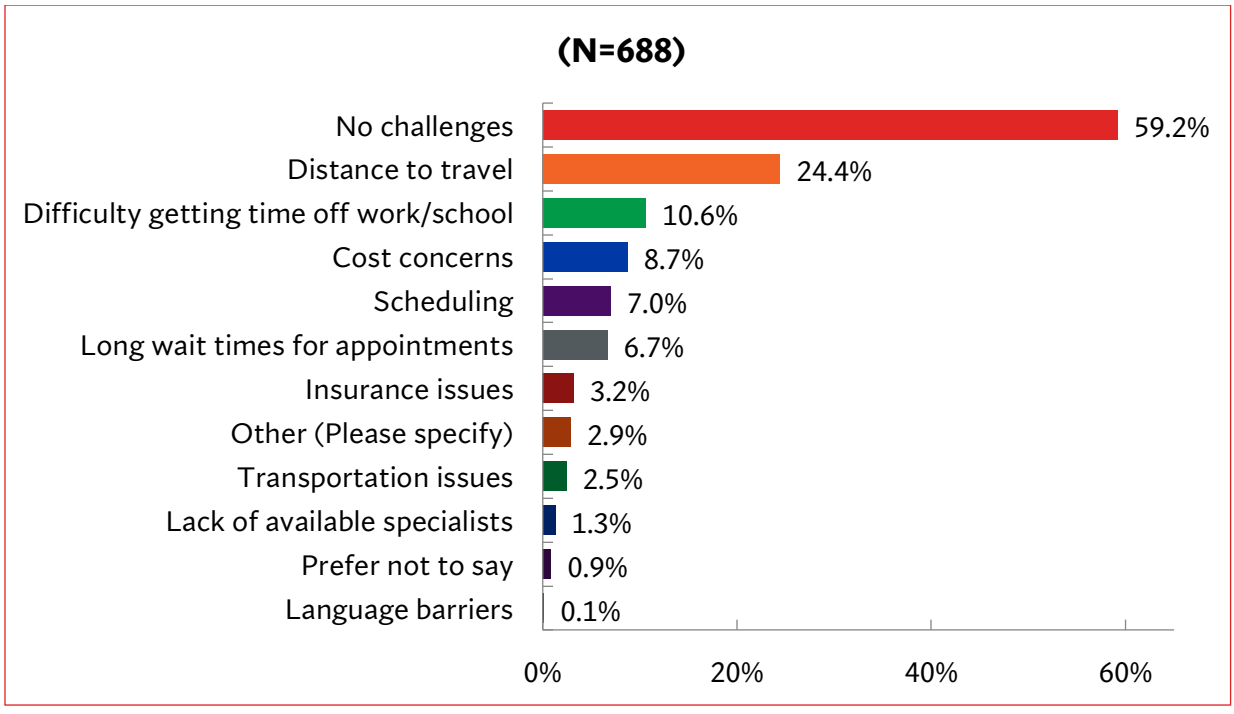
While the information presented in this chapter focuses specifically on Scottish Rite's three identified priority health need areas, a broad array of primary and secondary data across various topics was analyzed and reviewed in the process of developing this report. Complete primary and secondary data findings and corresponding sources of that information are captured in the appendices of this report.

Priority Need | Access to Care: Addressing Geographic, Communication, and Financial Barriers

Access to care represents a critical priority in Scottish Rite's Service Area, emerging as a multifaceted challenge that affects families' ability to receive timely and appropriate specialty orthopedic care. The significance of addressing healthcare access barriers is underscored by the complex interplay of geographic, communication, and financial obstacles that disproportionately impact vulnerable populations across the eight-county region.

The healthcare access landscape in Scottish Rite's Service Area reveals notable disparities that create unequal opportunities for children to receive specialized care. While the majority of patients report positive access experiences at Scottish Rite, families who do encounter barriers face challenges that can delay treatment, interrupt care continuity, and affect long-term health outcomes.

Figure 3.1: Patient/Guardian Survey Results –
"If you found it difficult to access care at Scottish Rite, what were the main challenges you experienced?"

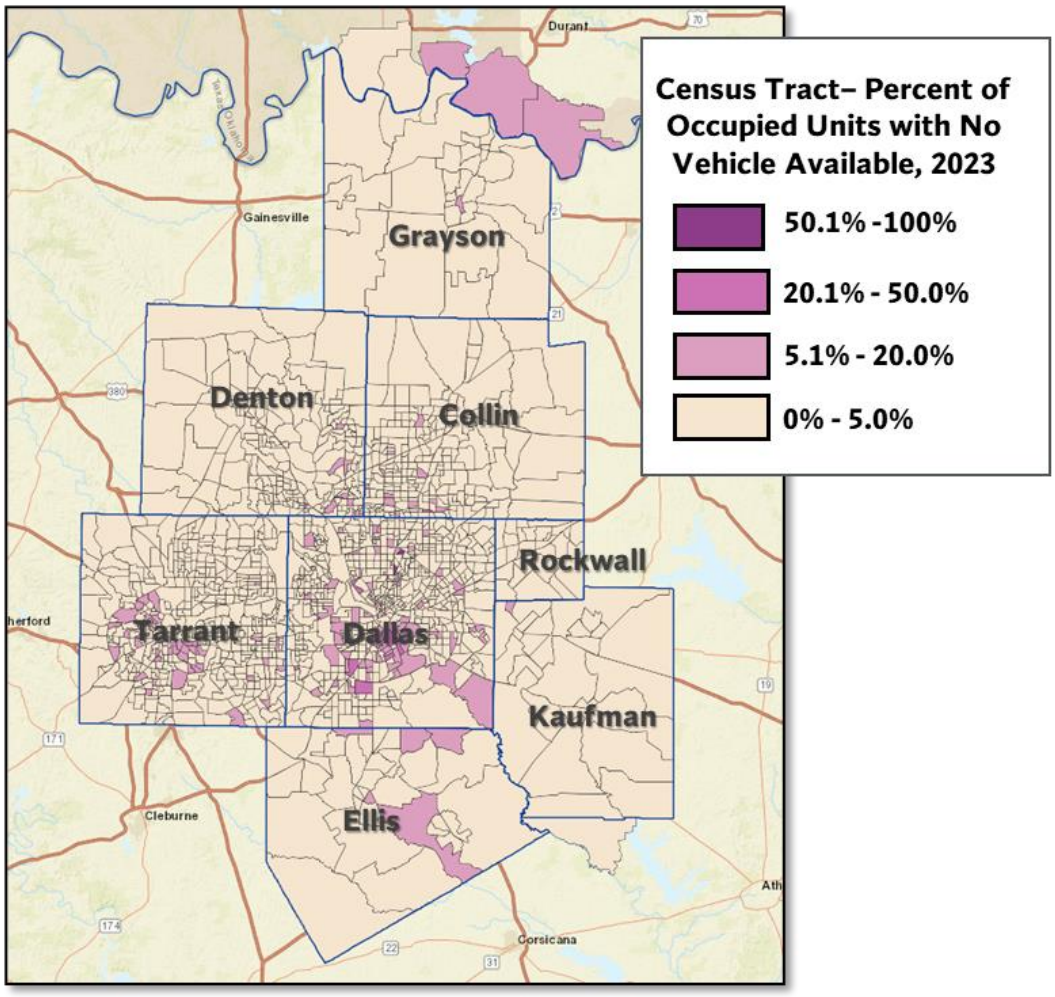


This data demonstrates that while most families can successfully access Scottish Rite's services, geographic distance emerges as the primary barrier for those who do experience difficulties, followed by work and school scheduling conflicts and cost concerns. Additionally, of those who gave "other" reasons, most cited communication and care coordination challenges.

Geographic Barriers

Geographic location greatly impacts access to pediatric specialty care, with rural families facing compounded challenges including provider shortages, transportation limitations, and extended travel requirements. Secondary data reveals that healthcare resources across Scottish Rite's Service Area are unevenly distributed, with rural counties showing concerning health disparities compared to more urban areas.

Figure 3.2: Percentage of Occupied Units with No Vehicle Available, by Census Tract[3]



[3] 2025 Esri Business Analyst

Transportation barriers compound geographic access challenges across the Service Area. Census data mapping reveals substantial variation in vehicle availability, with certain areas showing particularly high rates of households without reliable transportation. The lack of public transportation infrastructure creates particular challenges in major metropolitan areas. This absence of transit options in major population centers compounds mobility challenges for families without personal vehicles.

Primary data from focus groups and external key leader interviews reinforces the profound impact of transportation barriers. Families describe facing a lack of personal vehicles, delays for transport arranged by Medicaid, long travel times for appointments, compounded by intense traffic delays common to the Service Area.

Communication and Language Barriers

The linguistic diversity of Scottish Rite's Service Area presents communication challenges that extend beyond language translation to encompass cultural competency, health literacy, and system navigation complexity. Secondary data presented in **Table 4.8** in the Community Profile section shows a large multilingual population across the region, with sizable percentages speaking languages other than English at home.

Despite Scottish Rite's comprehensive interpreter services, including in-house Spanish interpreters and external language services covering hundreds of languages, primary data reveals persistent communication gaps that affect access to information and services. Internal key leaders identified barriers in digital communication, noting that appointment reminders are limited to English and Spanish, leaving families who speak other languages without notification in their preferred language.

Healthcare organizations commonly face website accessibility challenges that extend beyond language translation. Many organizational websites lack comprehensive translation capabilities, creating barriers for multilingual populations seeking information about services and appointments. Website navigation complexity represents an additional barrier, affecting how effectively families can access digital health resources and information. Focus group findings reveal that communication barriers intersect with other access challenges, with Latino families reporting experiences of discrimination in healthcare settings outside of Scottish Rite.

While these discriminatory experiences were reported as occurring in other healthcare settings rather than at Scottish Rite, they represent important context for understanding the broader communication barriers that families navigate across the healthcare system, creating cascading effects that can impact appointment scheduling, understanding of medical instructions, and awareness of resources even when seeking care at more welcoming institutions. Immigration status creates additional communication and access barriers that compound other challenges facing vulnerable families.

Resource awareness represents a persistent communication challenge despite Scottish Rite's extensive outreach efforts. As one external leader noted, families sometimes lack awareness of available resources because they may not know what or who to ask. These communication challenges can make it more difficult for families to access existing resources and support programs.

Financial Barriers

Financial obstacles to accessing specialized pediatric orthopedic care remain significant across Scottish Rite's Service Area, despite the organization's exceptional Crayon Care financial assistance program. Secondary data reveals major insurance coverage gaps that create barriers to healthcare access for many families.

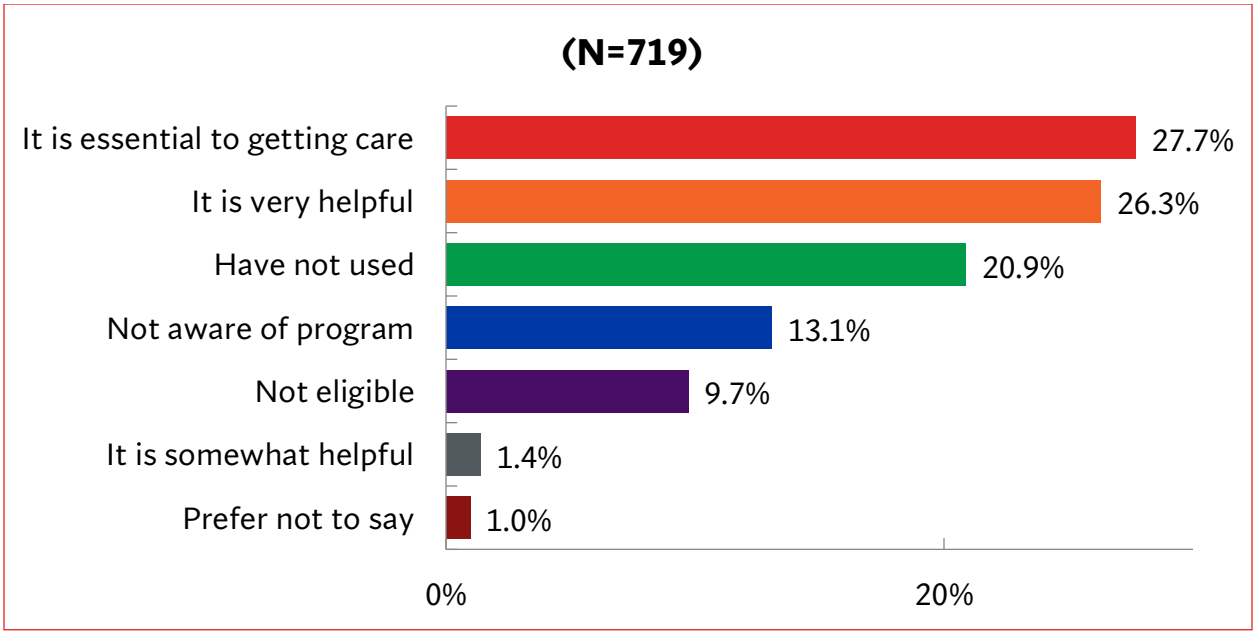
As outlined in **Table 4.23** in **Chapter 4**, insurance coverage varies dramatically across the Service Area, with some counties showing concerning levels of uninsured residents. The Service Area demonstrates high prevalence of publicly insured children, with Medicaid and CHIP together covering a large percentage of the pediatric population, highlighting the importance of ensuring accessible care for families relying on government-sponsored coverage.

Primary data from patient/family surveys shows adequate income emerges as the most commonly cited challenge among those who do face obstacles in accessing care. Cost concerns and insurance issues represent ongoing barriers for families attempting to access care.

External key leaders provided detailed insights into the complexity of financial barriers, noting that administrative burdens are often the reason people lose Medicaid coverage, not because they didn't qualify. This administrative complexity creates coverage gaps that prevent families from accessing needed care, particularly affecting vulnerable populations who may lack the resources or knowledge to navigate complex redetermination processes.

The financial burden of accessing care extends beyond the cost of healthcare itself. External key leaders quantified the substantial costs facing families requiring extended treatment, explaining that ancillary costs, such as transportation to the hospital and lodging, can be prohibitive for families seeking essential care.

Figure 3.3: Scottish Rite Patient/Parent Survey Results - Crayon Care
"How has Scottish Rite's financial assistance (Crayon Care) helped your family?"



Scottish Rite's Crayon Care program demonstrates remarkable success in addressing financial barriers for families who can access it. Survey data shows that families who have used the program find it essential or very helpful for accessing care. However, awareness gaps persist, with some respondents unaware the program exists and others reporting ineligibility, suggesting opportunities to expand program reach.

Access to Healthcare Key Takeaways

The access to healthcare challenges in Scottish Rite's Service Area demand comprehensive interventions addressing the interconnected nature of geographic, communication, and financial barriers. While these obstacles affect different populations in varying ways, the cumulative impact creates disparities in children's ability to access specialized orthopedic care across the eight-county region.

The geographic barriers facing rural families intersect with transportation limitations and provider shortages to compound access challenges. Communication barriers affect multilingual families and those navigating complex healthcare systems, while financial obstacles persist despite available assistance programs. These challenges are particularly pronounced for vulnerable populations, including rural families, those with limited English proficiency, and families facing economic instability.

Scottish Rite is uniquely positioned to address these access barriers through its existing strengths in financial assistance, language services, and community partnerships. The organization's commitment to providing care regardless of families' ability to pay, combined with comprehensive support services and collaborative community relationships, provides a strong foundation for developing innovative solutions to persistent access challenges.

Addressing healthcare access barriers is essential not only for ensuring equitable access to Scottish Rite's specialized services but also for optimizing health outcomes across the region. When families can access timely, appropriate orthopedic care without facing prohibitive barriers, children achieve better treatment outcomes, experience reduced complications, and benefit from the full scope of Scottish Rite's clinical excellence. Community-wide efforts must focus on reducing systemic barriers while strengthening support systems that enable all families to access the specialized pediatric orthopedic care their children need.

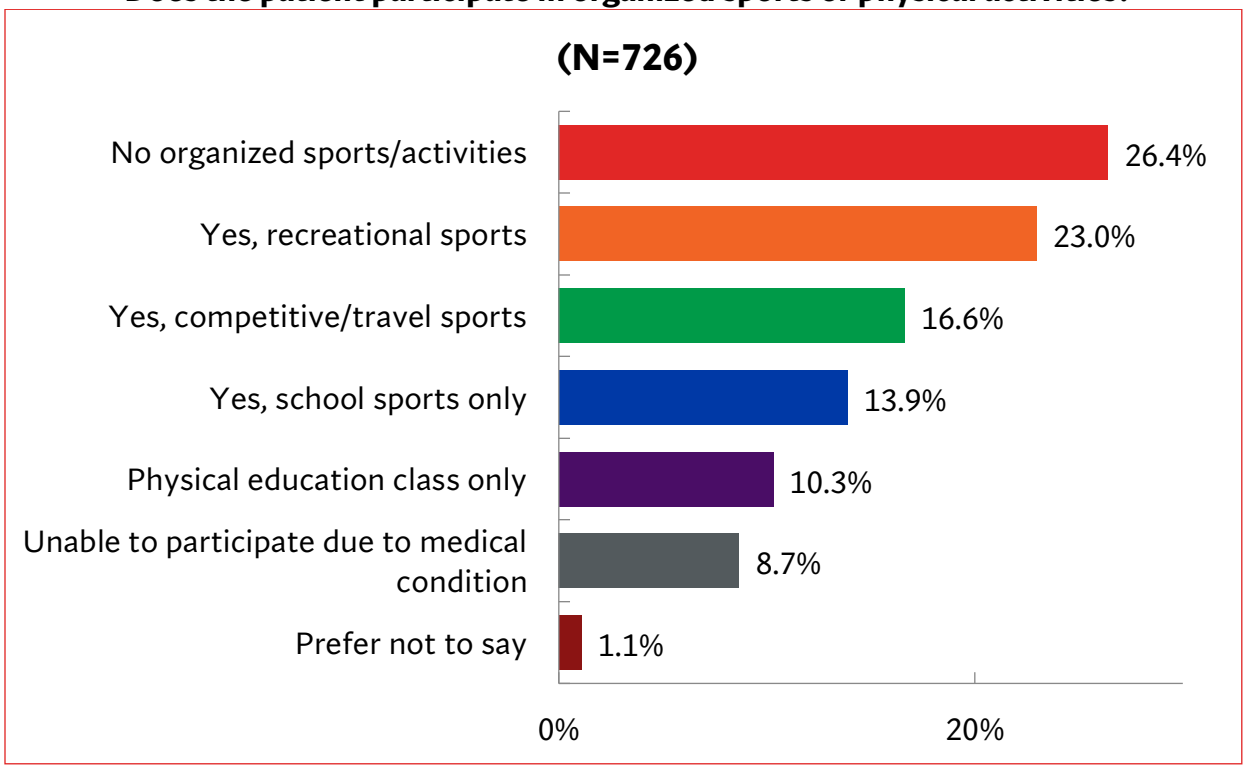
Priority Need | Injury Prevention

Overall Injury Prevention Status in Scottish Rite's Service Area

Nationally, more than 3.5 million children ages 14 and younger are injured annually while playing sports or participating in recreational activities, with sports representing the leading cause of injury in youth — accounting for almost one-third of all childhood injuries.[4] Injury prevention represents a critical health priority in Scottish Rite's Service Area, emerging as the second-highest priority issue identified through community engagement and prioritization processes. The significance of this issue is underscored by the high prevalence of sports participation among children and adolescents in the region, creating both meaningful opportunities for prevention impact and urgent need for intervention.

In contrast to national and state-wide data, the patient population served by Scottish Rite demonstrates high levels of athletic participation, with over 60% of survey respondents indicating that the patient engaged in organized sports or physical activities.

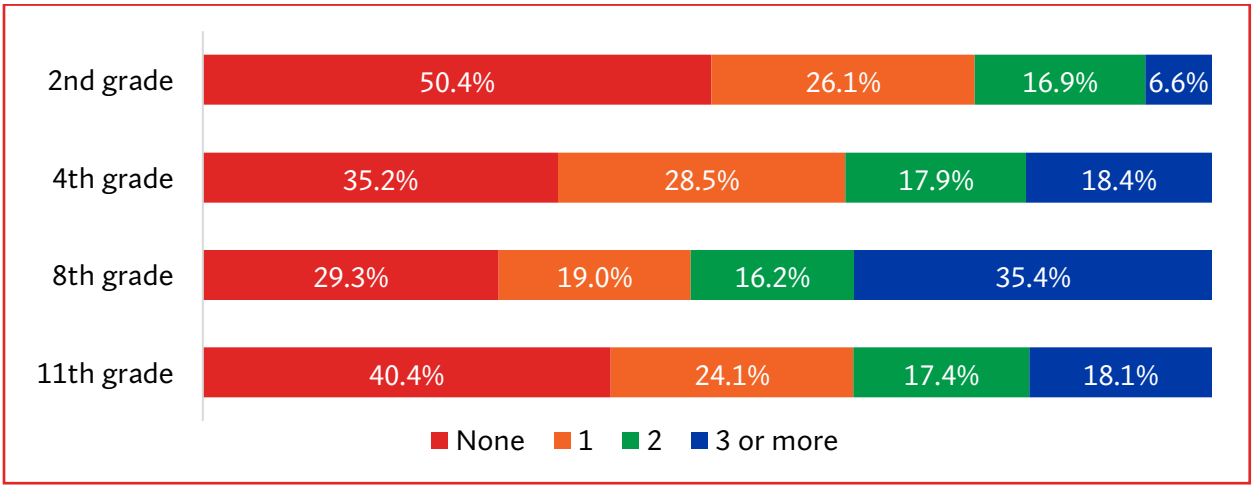
Figure 3.4: Patient/Guardian Survey Results –
"Does the patient participate in organized sports or physical activities?"



[4] Project Play Information. Youth Sports Injury Statistics and Project Play Safety Resources. Aspen Institute's Project Play initiative. Retrieved from: https://projectplay.org/

This high participation rate aligns with broader state patterns showing notable athletic engagement across grade levels, with participation varying by developmental stage.

Figure 3.5: Participation in Sports Teams by Grade[5]



Internal staff interviews reveal the substantial scope of injury-related care needs, with sports medicine representing a major clinical service area and staff reporting that addressing acute injuries is the biggest need, highlighting the central role injury prevention could play in improving community health outcomes.

Chronic Disease Impacts on Injury Risk and Recovery

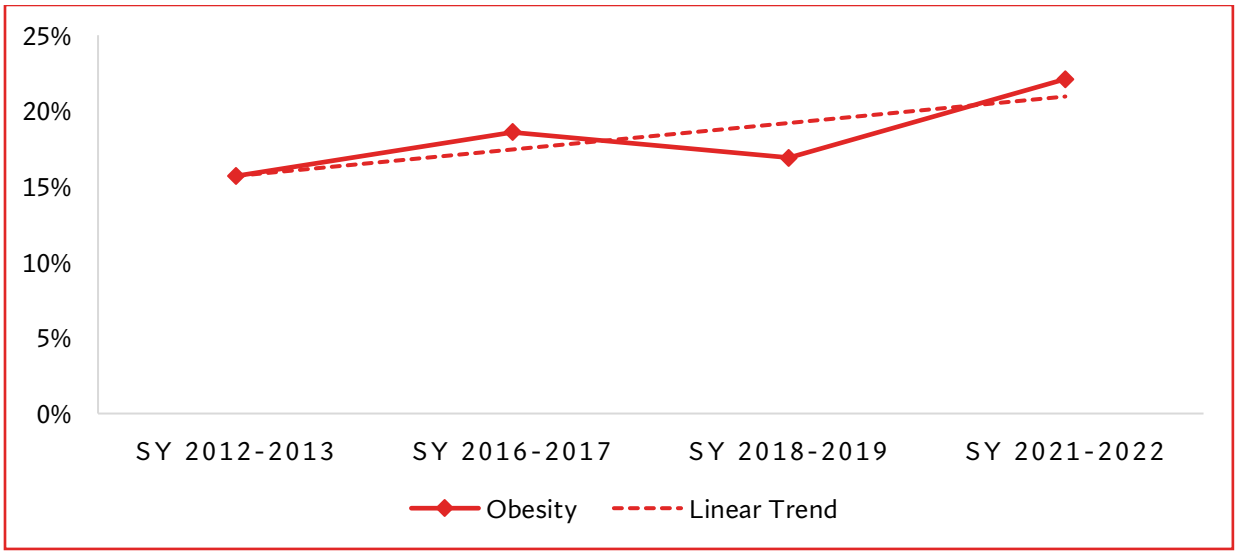
Beyond acute sports injuries, community assessment data reveals growing concerns about how emerging chronic diseases in pediatric populations may increase injury risk and complicate recovery processes. The intersection of chronic disease and injury prevention creates complex challenges that require comprehensive approaches.

Rising Childhood Obesity and Physical Health Trends

State data underscores concerning trends in childhood obesity rates, which have risen steadily over recent years. Scottish Rite's Service Area mirrors these patterns, with implications for injury risk and recovery among young athletes.

[5]Source: Texas Department of State Health Services, Youth Risk Behavior Survey, 2023

Figure 3.6: High School Student Obesity Rates in Texas[5]

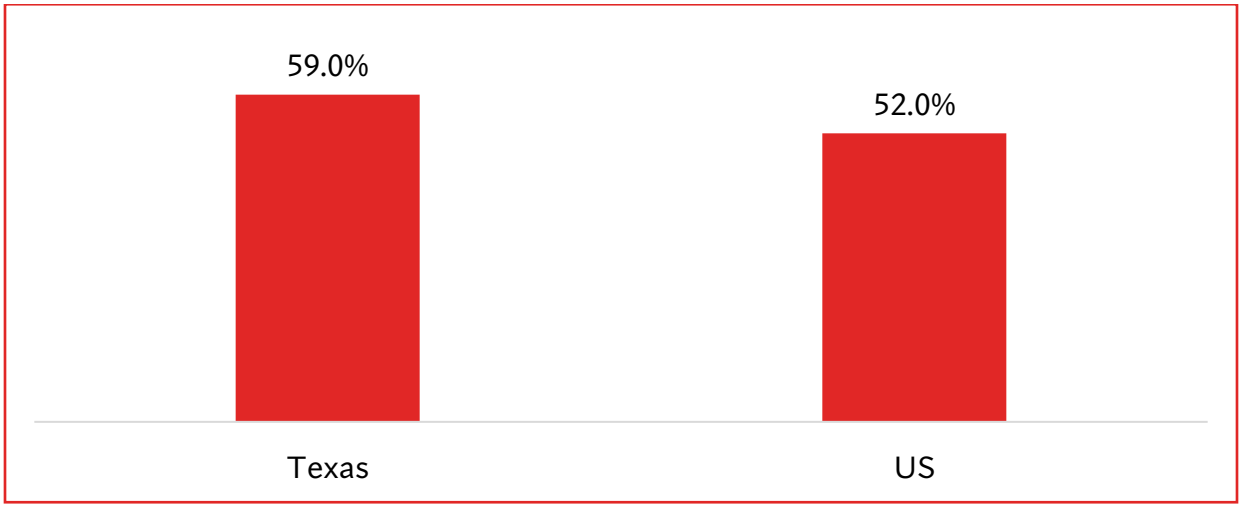


External key leaders consistently identified increasing prevalence of conditions traditionally associated with adults, including diabetes and obesity, now appearing in children and adolescents.

Physical Inactivity as a Barrier to Health

Physical inactivity represents a key barrier to weight management and overall health among Texas children. Statewide data reveals that Texas children and teens show higher rates of physical inactivity compared to national averages, indicating patterns that contribute to obesity and related health issues.

Figure 3.7: Children and Teens Not Exercising Regularly[5]



Screen time data (shown above in **Figure 3.3**) provides additional insight into factors contributing to physical inactivity patterns. Texas students show concerning levels of screen time across all grade levels, with screen time increasing significantly as students advance through school and the majority of older students spending considerable time on screens outside of school hours. This excessive screen time serves as a barrier to physical activity and healthy weight management, contributing to the cycle of physical inactivity and related health challenges.

Direct Orthopedic Impacts

Community healthcare leaders described the direct orthopedic impacts they are observing in practice. Leaders described the correlation between pediatric obesity and lack of physical activity.

Broader patterns have been established with chronic conditions affecting young people's injury susceptibility, healing capacity, and long-term participation in physical activities. The cycle between chronic conditions, physical inactivity, and increased injury risk creates complex challenges that require comprehensive prevention approaches.

Sport-Related Injury Prevention Challenges

Community engagement revealed widespread concern about preventable sports injuries among children and adolescents, with focus group participants identifying systematic issues in youth athletics programs. Parents and community members consistently pointed to failures in coaching education and safety protocols as primary drivers of preventable injuries.

Gender-Based Injury Disparities

National data reveals striking gender differences in sports injury patterns, particularly for ACL injuries, which represent one of the most serious concerns in youth sports. ACL injuries among high school athletes have increased 26% over the past 15 years (2007-2022), with the current rate at 7.3 injuries per 100,000 athlete exposures[4] . The gender disparity is particularly alarming: girls' sports have experienced a 32.3% increase in ACL injuries compared to 14.5% for boys' sports, with girls having four times higher ACL injury rates than boys in comparable sports.[4]

It is especially concerning that 57.5% of ACL injuries in girls' sports are non-contact injuries occurring during pivoting, landing from jumps, or sudden direction changes, compared to 39.7% in boys' sports.[4] Among girls' sports, soccer shows the highest ACL injury rate at 13.3 per 100,000 exposures, followed by basketball (12.2) and lacrosse (10.4).[4] These patterns highlight the critical need for gender-specific injury prevention strategies and coaching education that addresses the unique biomechanical risk factors affecting female athletes.

Coaching Education as a Key Barrier

Parents identified inadequate coaching education as a fundamental barrier to injury prevention. The lack of proper training in areas such as weight training, conditioning, and injury recognition creates unnecessary risks for young athletes. Focus group participants noted that coaches often lack knowledge about proper lifting techniques, appropriate training progressions, and recognition of injury warning signs. Excessive training demands not only increase injury risk but also demonstrate a concerning disconnect between coaching practices and evidence-based training principles.

The systematic nature of coaching education deficits creates compounding risks for young athletes across multiple seasons and sports. Focus group participants expressed concern over long-term implications of injuries in adolescents and highlighted that there may be additional opportunities for Scottish Rite to expand partnerships with coaches and athletic trainers to provide additional education on topics such as proper lifting technique, weight training in general, and over-training.

Inadequate Medical Response and Safety Protocols

Focus group participants highlighted widespread problems with injury recognition and appropriate medical response within athletic programs. School trainers and athletic staff sometimes lack the expertise to properly assess and respond to injuries, leading to delayed treatment and potentially worse outcomes.

The most concerning pattern involves systematic pressure from athletic staff to discourage appropriate medical care. Parents described a culture where trainers actively discourage athletes from seeking outside medical evaluation.

This practice prioritizes athletic participation over proper medical assessment, creating dangerous situations where serious injuries may be mismanaged or ignored. One focus group participant shared their experience with a severe ankle injury that trainers mismanaged for days before proper medical evaluation at Scottish Rite revealed an almost complete ligament tear. This illustrates how inadequate initial assessment can lead to inappropriate treatment and delayed proper care.

The pressure to return to play compounds these assessment failures, with athletes facing constant questioning about their availability. This persistent pressure from coaches and trainers creates an environment where young athletes may feel compelled to minimize symptoms or return to activity before full recovery, increasing the risk of re-injury or long-term complications.

Parental Knowledge Gaps

Coaching education challenges are compounded by parental awareness of injury prevention strategies. National research reveals that only 18% of parents are aware of ACL

injury prevention programs, and just 6% report their child has participated in such programs.[6] Among the 29 athletes in one study who had experienced an ACL injury, only 17% had participated in an ACL injury prevention program prior to their injury.[6]

However, the data also reveals significant opportunity for community engagement: 68% of parents express interest in having their child participate in an ACL injury prevention program if it were offered, while only 27% are unsure and just 5% would not have their child participate.[6] The most commonly reported barriers to participation include lack of awareness of where to access training (reported by parents as the primary barrier) and programs not being readily offered to their children.[6]

Injury Prevention Key Takeaways

The injury prevention landscape in Scottish Rite's Service Area presents both considerable challenges and meaningful opportunities for intervention. While sport-related injuries remain a concern, there is growing recognition of the need to strengthen coaching education and safety protocols. Scottish Rite's established sports medicine expertise and highly active patient population present valuable opportunities to lead prevention-focused initiatives.

The intersection of injury prevention with emerging chronic disease patterns, particularly childhood obesity and physical inactivity, suggests that comprehensive prevention approaches could address multiple health priorities simultaneously. Addressing coaching education gaps, implementing systematic safety improvements, and developing interventions that promote healthy physical activity patterns will be essential for reducing preventable injuries and promoting lifelong health among children and adolescents in the region.

Scottish Rite's clinical expertise, community partnerships, and commitment to pediatric health position the organization to play a leadership role in advancing evidence-based injury prevention strategies that benefit the entire community.

[6] Sparagana, P.R., Selee, B., Ellis Jr., H.B., et al. Parental Awareness and Attitudes Towards ACL Injury Prevention Programs in Youth Athletes. Journal of the Pediatric Orthopaedic Society of North America (JPOSNA). 2023;5(4). DOI: 10.55275/JPOSNA-2023-788.

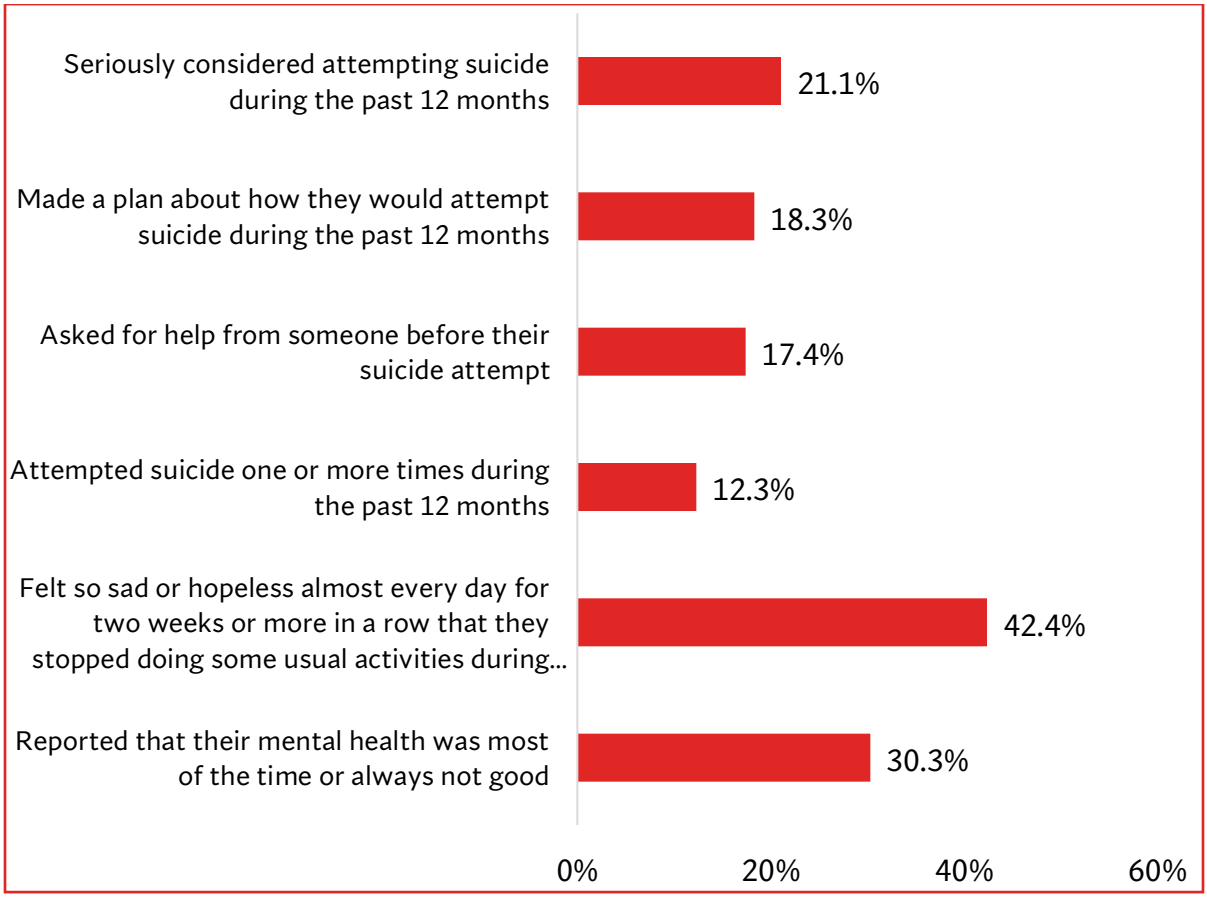
Priority Need | Youth Mental Health

Overall Youth Mental Health Status in Scottish Rite's Service Area

Youth mental health represents a significant concern across Scottish Rite's Service Area, consistently ranking among the top health priorities identified by both community members and healthcare leaders. Multiple data sources confirm the perception of youth mental health as a critical community health need, with external key leaders identifying mental health as a major issue affecting pediatric populations.

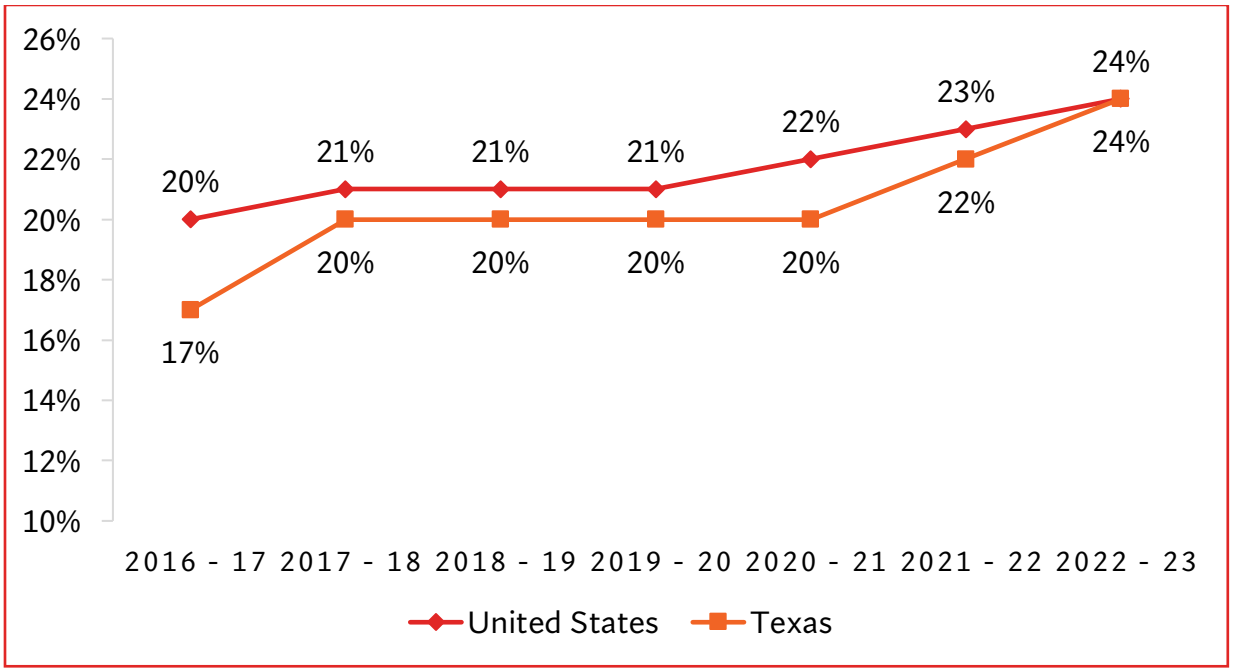
Statewide data reveals an alarming scope of depression, anxiety, and suicidal ideation among Texas youth, with rates of suicidal consideration and persistent sadness impacting young people's ability to engage in normal activities.

Figure 3.8: Mental Health Indicators, 2023[5]



The prevalence of emotional, behavioral, and developmental conditions among children has increased substantially over recent years, indicating a growing crisis that requires attention.

Figure 3.9: Trends in Emotional/Behavioral Conditions from 2016-2023[7]



Community engagement revealed widespread concern regarding youth mental health issues. Focus group participants noted mental health challenges as one of the most prevalent issues affecting children in their communities, with the topic emerging in all four focus groups conducted through the CHNA process.

These perceptions are supported by community engagement data and local mental health indicators that mirror these concerning statewide trends.

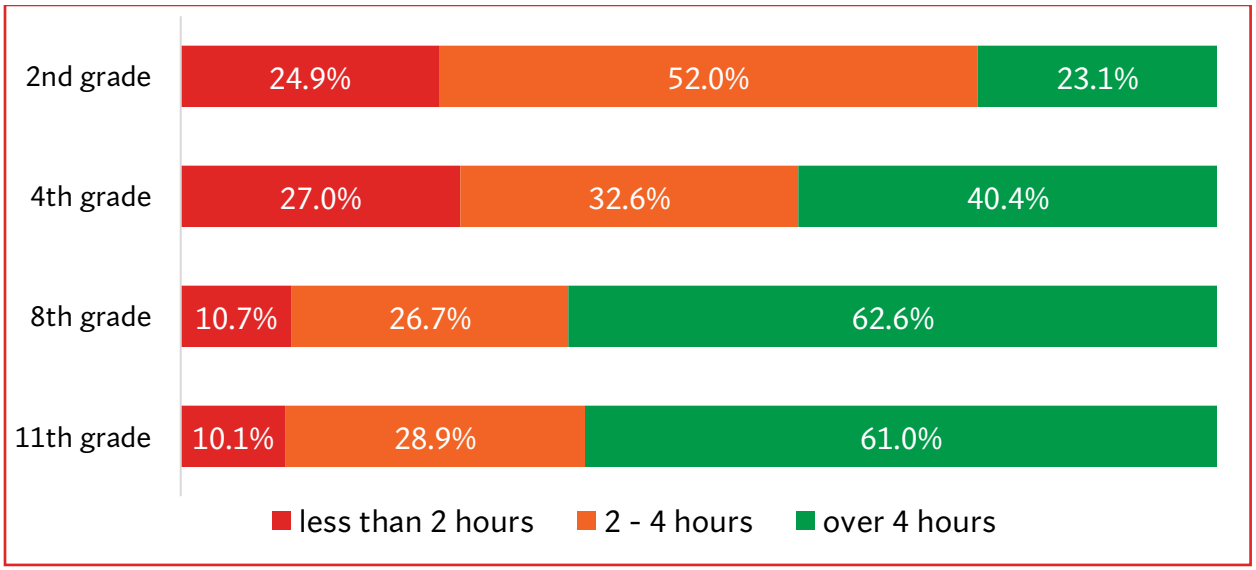
Social Media and Lack of Peer Support Amplifying Pressures

Social media and technology use contribute to mental health challenges across all economic levels, creating continuous opportunities for harmful social comparison and validation-seeking behaviors. Focus group participants noted how technology was changing childhood experiences and amplifying existing pressures.

Screen time data provides additional context for understanding these impacts. Texas students show concerning levels of daily screen time across all grade levels, with screen time increasing significantly as students advance through school and the majority of older students spending extensive time on screens outside of school hours.

[7] Source U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health accessed via The Annie E. Casey Foundation, 2025

Figure 3.10: Hours of Total Screen Time per day by Grade[8]



This excessive screen time serves as a contributing factor to mental health challenges by reducing face-to-face social interaction and increasing exposure to potentially harmful content. The impact extends to health behaviors, with parents observing that children may receive and engage with potentially dangerous supplement use based on social media influences. Cultural attitudes that prioritize performance over wellbeing, combined with lack of digital literacy about healthy technology boundaries, create barriers to addressing these amplifying effects.

Community leaders suggested that technology and social media literacy programs for both parents and children could help more safely navigate digital environments and reduce technology-related mental health impacts.

Social Skills Deficits and Peer Support Challenges

The COVID-19 pandemic's lasting impact on social development has created challenges for young people's ability to form meaningful peer connections and develop essential social skills. External key leaders noted concerning patterns in social skill development, particularly among children who experienced critical developmental periods during isolation.

For children with chronic or complex conditions served by Scottish Rite, peer support challenges are particularly pronounced. As children age, the gap between their experiences and those of their peers often widens, creating isolation that compounds mental health concerns. The combination of reduced face-to-face social interaction, increased screen

[8] Source: Texas SPAN 2019-2020, Michael & Susan Dell Center for Healthy Living at the University of Texas Health Science Center at Houston School of Public Health

time, and the unique challenges of managing chronic health conditions creates complex barriers to developing healthy peer relationships that are essential for emotional wellbeing.

Primary Mental Health Concerns

Depression and anxiety are perceived as the most prevalent mental health concerns affecting children and adolescents in Scottish Rite's Service Area. These conditions often co-occur and create major barriers to children's overall health, academic success, and social development.

The relationship between chronic physical conditions and mental health emerged as a particularly relevant concern for Scottish Rite's patient population. The intersection of chronic illness and mental health creates challenges for children who may appear healthy to others. This 'invisible illness' phenomenon creates additional layers of stigma and misunderstanding. Community members also noted persistent societal attitudes that dismiss childhood mental health concerns.

Maladaptive Coping Strategies

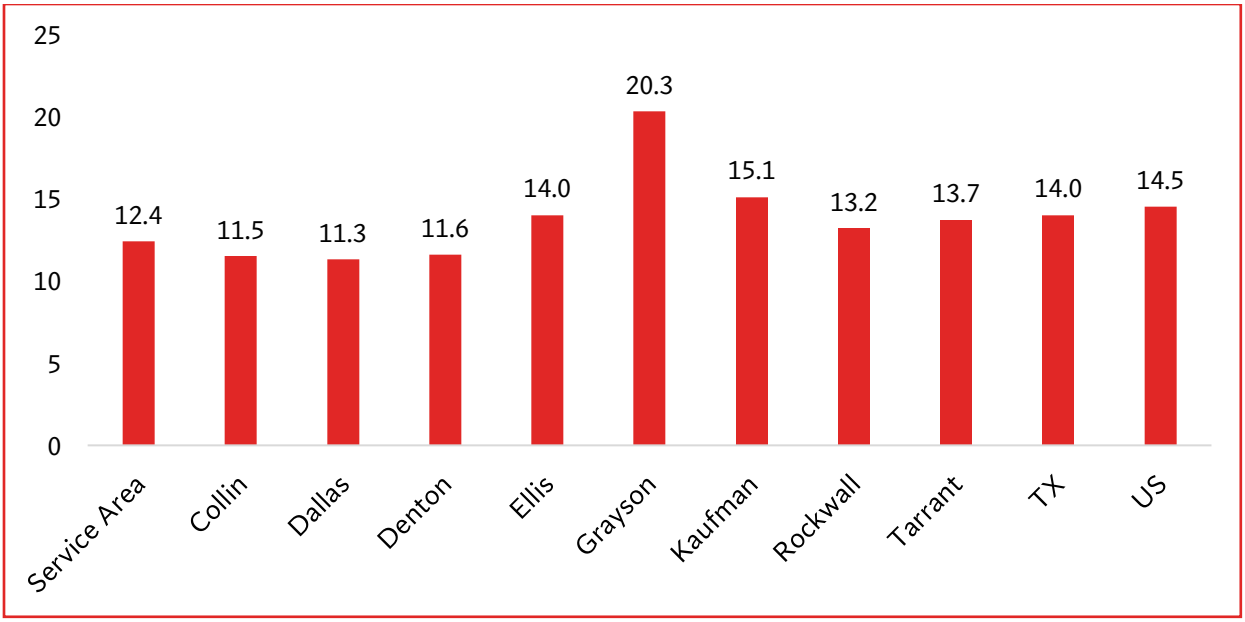
When mental health needs go unaddressed, young people may turn to harmful coping mechanisms. Education leaders noted concerning increases in vaping among secondary students, particularly as a response to anxiety and stress. This pattern represents a critical intervention point where addressing underlying mental health concerns could prevent the development of substance use patterns.

Suicide Prevention: An Urgent Community Need

The data on youth suicide risk in Texas (shown above in **Figure 3.1**) reveals an urgent need for comprehensive suicide prevention efforts. With more than one in five Texas youth seriously considering suicide and a large portion attempting suicide, prevention becomes a critical component of youth mental health initiatives.

Local data underscores the severity of this crisis, with some counties in Scottish Rite's Service Area showing adult suicide rates significantly higher than state averages. While these statistics reflect older age groups, they indicate environmental and systemic factors that may also affect youth suicide risk in the region.

Figure 3.11: Adult Suicide Rates in Service Area (Crude Rate, per 100,000[9]



The connection between suicide risk and other mental health challenges is evident in data showing that a sizable portion of Texas youth experience persistent sadness and hopelessness that interferes with daily activities. This level of persistent sadness and hopelessness represents a serious risk factor for suicidal ideation and behavior.

Focus group participants identified specific risk factors that may contribute to suicide risk among local youth, including the academic and sports pressures described above, social media impacts, and post-pandemic social isolation. The intersection of these multiple stressors creates complex risk profiles that require comprehensive prevention approaches.

Academic and Sport-Related Pressures

A reoccurring theme identified in Scottish Rite's CHNA is the prevalence of academic pressure, sport-related anxiety, and youth mental health challenges. Focus group participants highlighted how academic pressure and sport-related anxiety have become major concerns for their children's wellbeing.

The intersection of high academic expectations and competitive sports environments creates unique stressors for children and adolescents, often resulting in academic anxiety.

Sport-related anxiety compounds these academic pressures, particularly in communities where athletic achievement is highly valued. Focus group participants described

[9] Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.

concerning patterns in youth sports culture, including unsafe practices and a "tough it out mentality" that prioritizes performance over young athletes' physical and mental wellbeing.

These combined pressures contribute to a cycle where young people experience chronic stress, anxiety, and in some cases, depression.

Mental Healthcare Access

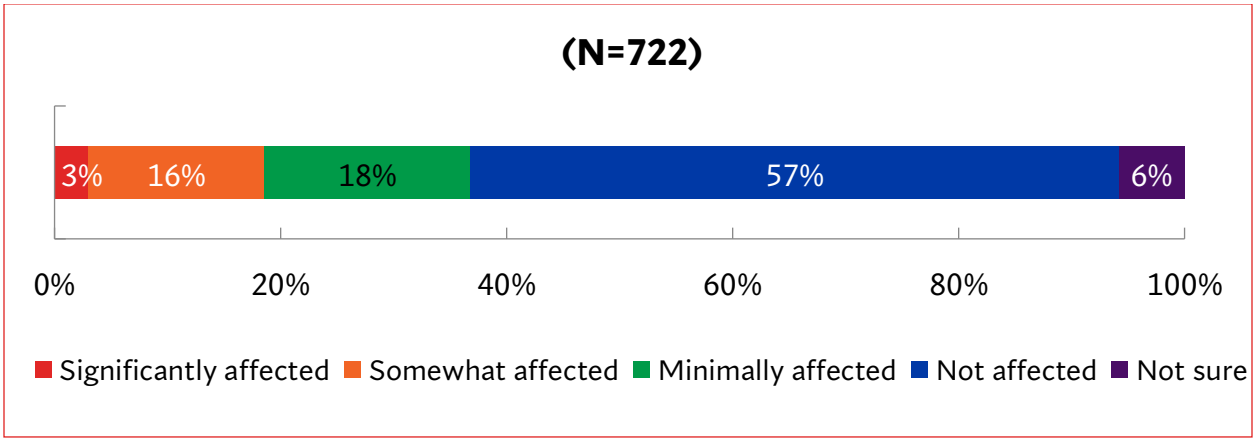
Despite the high prevalence of mental health needs among children and adolescents, considerable barriers prevent families from accessing appropriate mental health care. These barriers create a disconnect between the clear need for services and actual utilization of mental health support.

External key leaders noted behavioral healthcare provider shortages as a fundamental barrier, with the complexity of the medical system creating additional challenges when families are in crisis.

Mental Health Support Integration Opportunities

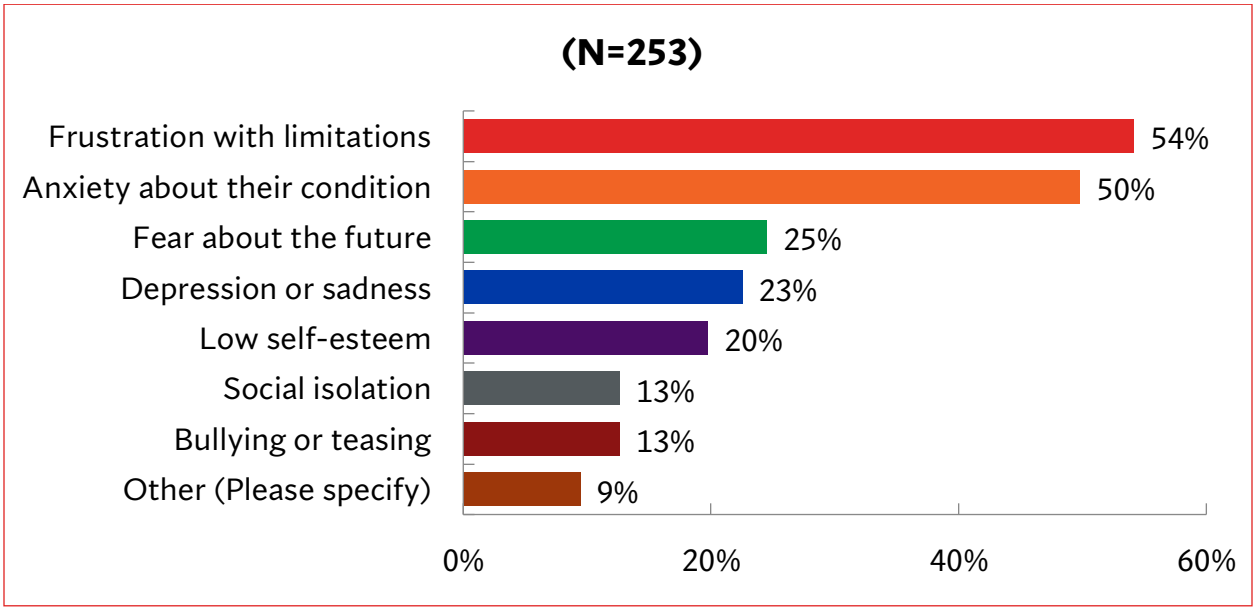
Scottish Rite's patient population presents unique opportunities to integrate mental health support with orthopedic care. Survey data reveals both existing needs and gaps in current mental health service utilization that point toward specific integration opportunities. While most survey respondents report no or minimal mental health impact from their child's medical condition, over one in three families experience some degree of mental health effects.

Figure 3.12: Patient/Guardian Survey Results – "Has the Patient's Condition Affected Their Mental Health or Emotional Well-being?"



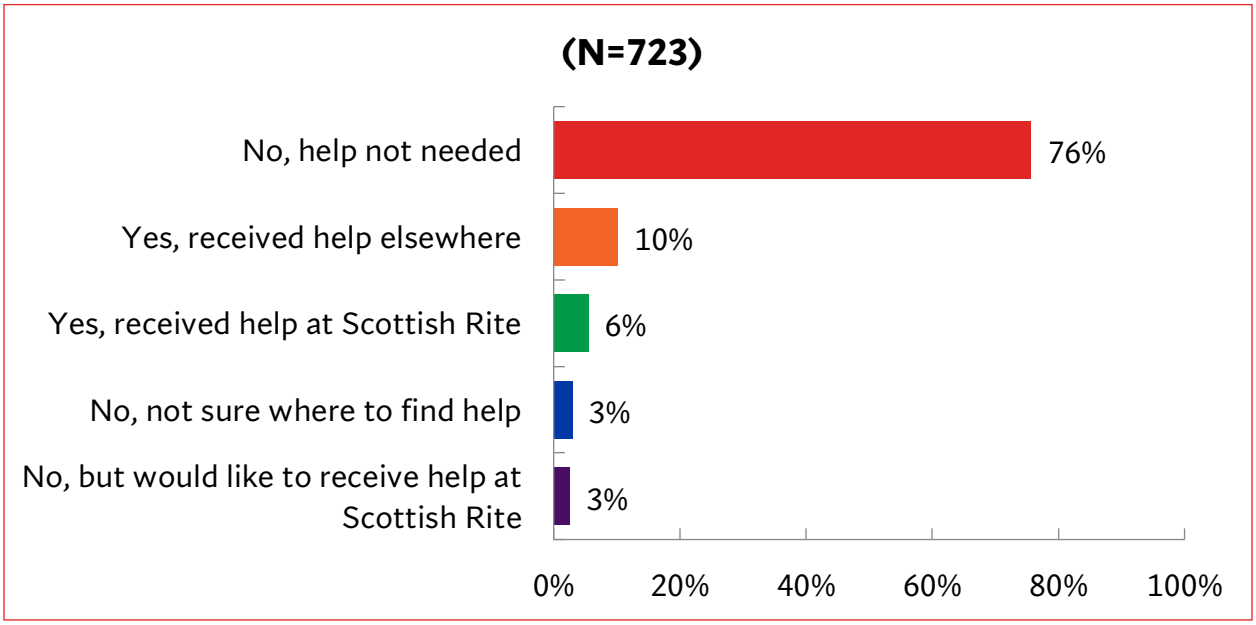
Among those affected, the most common impacts include frustration with limitations and anxiety about their condition, followed by concerns about the future and feelings of depression or sadness.

Figure 3.13: Patient/Guardian Survey Results – Of the patients who experienced negative mental or emotional impact of their condition, in what ways were they impacted



Current mental health support utilization reveals important gaps and opportunities for enhanced integration. While most families report that mental health support is not needed for their patient's condition, a small but meaningful portion would like to receive mental health support at Scottish Rite but haven't accessed it, and others are unsure where to find help when needed. Some families have received mental health support at Scottish Rite, while others have sought help elsewhere.

Figure 3.14: Patient/Guardian Survey Results – "Has the patient received mental health support related to their condition?"



Internal staff recognize mental health concerns among patients and have expanded specialized staffing to better address these needs, including dedicated staff to complete mental health evaluations. This organizational evolution reflects Scottish Rite's commitment to addressing the intersection between physical and psychological wellbeing in pediatric orthopedic care.

These findings reveal specific opportunities to enhance mental health support integration at Scottish Rite. With over one in three patients experiencing mental health impacts from their orthopedic conditions, and some families seeking but not receiving mental health support at the Hospital, there are clear gaps that Scottish Rite is positioned to address through its evolving psychology services and care coordination efforts.

Youth Mental Health Key Takeaways

The youth mental health crisis in Scottish Rite's Service Area demands urgent, comprehensive intervention focusing on depression, anxiety, and suicide prevention. While mental health concerns affect children across all demographic groups and represent the community's top health priority, the specific challenges of social media impacts, academic pressure and sport-related anxiety require targeted approaches.

The alarming statewide statistics on youth suicide consideration and persistent sadness underscore the critical need for immediate action. Scottish Rite is uniquely positioned to advance integrated care approaches that address both the physical and psychological aspects of pediatric health. For an orthopedic hospital, addressing mental health concerns

is essential not only for community wellbeing but also for optimal treatment outcomes, as psychological factors significantly impact pain management, recovery processes, and long-term orthopedic health.

Community-wide efforts must focus on reducing environmental stressors, improving access to mental health services, and creating supportive environments where young people can thrive while receiving the specialized orthopedic care they need.

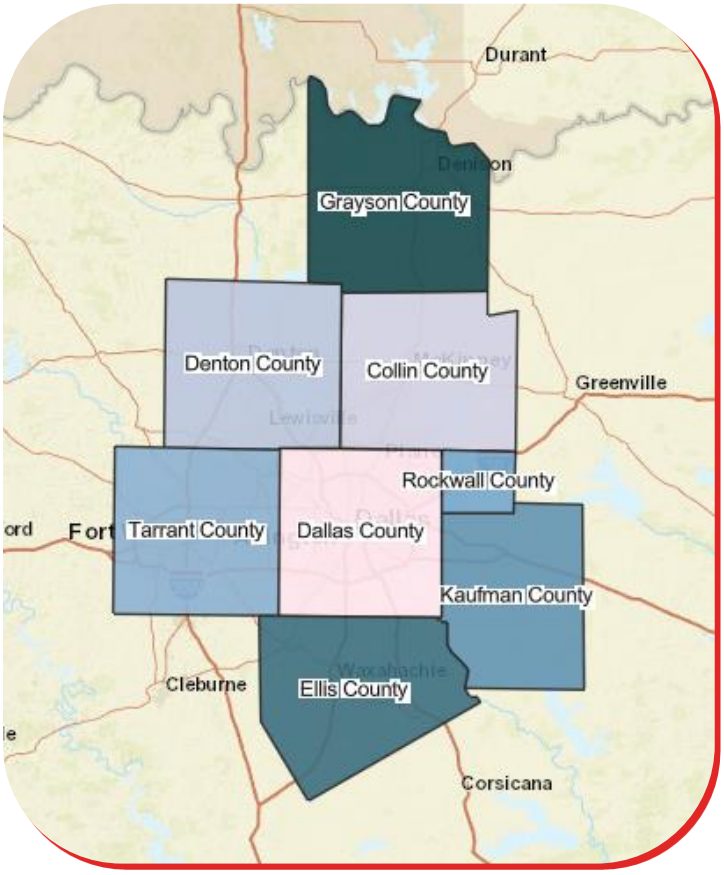
Chapter 4 | Community Served

This chapter describes the people and places that Scottish Rite serves with a focus on children and families who need our bone, muscle, and joint care services.

Geographic Profile of the Service Area

Scottish Rite's Service Area includes eight connected counties in North Texas: Collin, Dallas, Denton, Ellis, Grayson, Kaufman, Rockwall, and Tarrant counties. These eight counties were chosen because most of the Hospital's patients come from these areas. In FY 2024, about half of the Hospital's inpatients (52%) and seven out of ten (71%) outpatient surgical patients lived in these counties.

Figure 4.1: Scottish Rite Service Area Map



The Service Area represents a diverse geographic region that includes major urban centers (Dallas and Tarrant counties), rapidly growing suburban communities (Collin, Denton, and Rockwall counties), and more rural areas (Ellis, Grayson, and Kaufman counties). This geographic diversity creates varying healthcare access patterns and transportation challenges that directly impact families' ability to access Scottish Rite's specialized pediatric services.

Demographic Profile of the Service Area

Total Population Overview

The Service Area includes a large population that contributes to a strong demand for pediatric orthopedic care. Suburban and rural counties in the Service Area are growing quickly, while urban areas are growing more slowly.

These population changes affect how pediatric healthcare is planned. Areas with fast growth may need more clinics and doctors, while places with slower or declining growth may struggle to keep enough pediatric specialists.

Figure 4.2: Total Population by Census Tract, 2025[3]

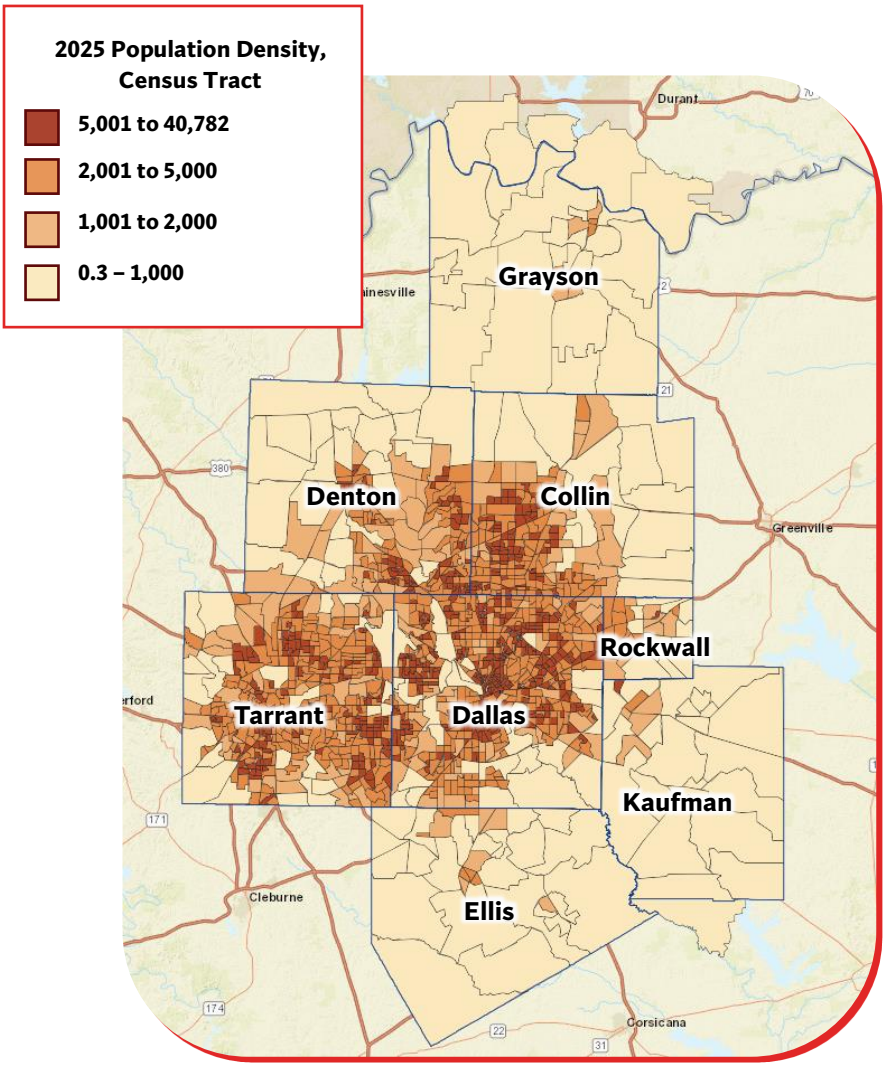


Figure 4.3: Population Growth by Census Tract, 2025-2030[3]

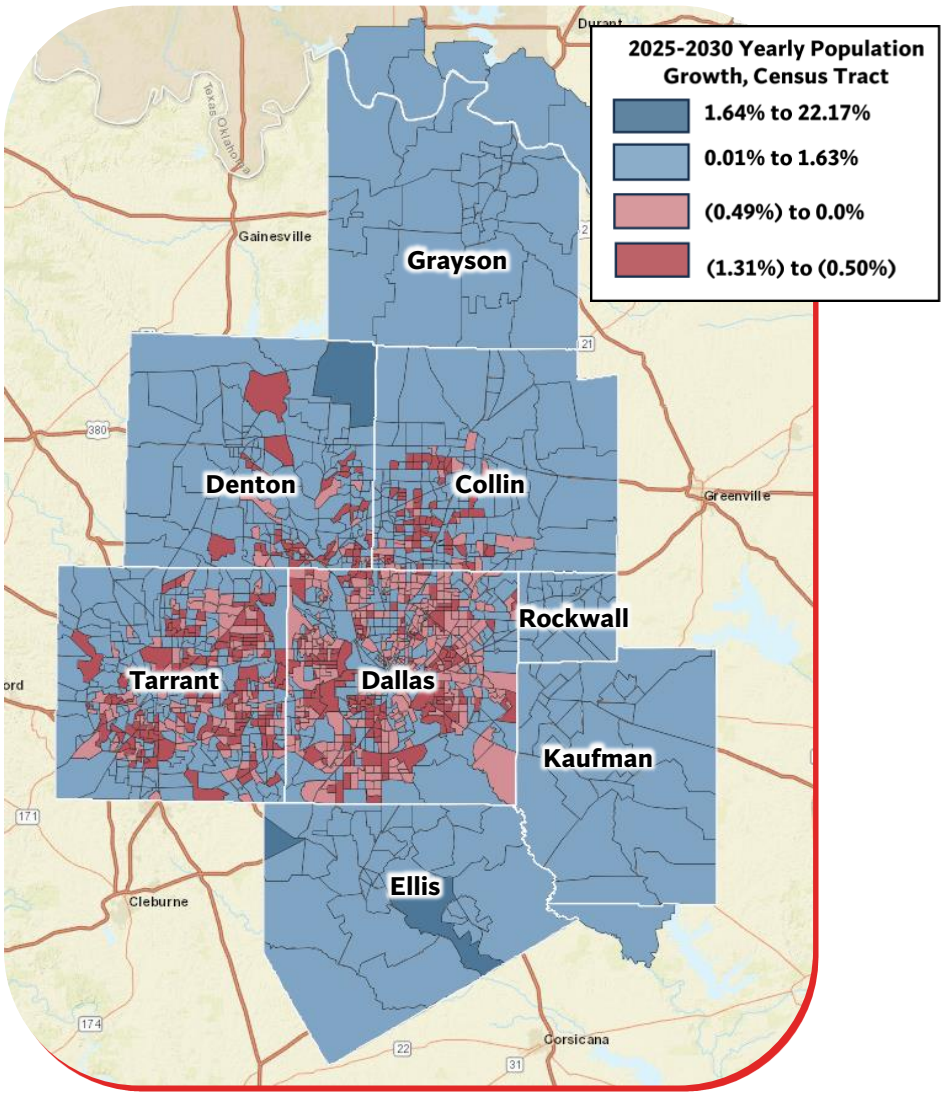


Table 4.1: Total Population by County, 2025[3]								
Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	TX
1,251,273	2,673,098	1,050,052	232,869	150,455	197,985	131,652	2,135,743	29,640,343

Population growth patterns have a big impact on planning for pediatric healthcare. Counties that are growing quickly may require service access points in many different areas, while counties where the population is declining may face challenges in maintaining enough specialty pediatric doctors to meet community needs.

Age and Sex of Service Area Residents

Understanding the ages of people who live in the area is important for planning children's healthcare. Age directly affects how much care is needed and what resources are required.

Pediatric Population Distribution

Children and teens make up about one-fourth of the population in all counties. This creates a large and steady base of young patients. This means there will be continued demand for Scottish Rite's specialized children's healthcare services across the entire Service Area.

Table 4.2: Population by Age Groups by County, 2023[10]

	Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	Service Area
Age 0-4	5.8%	6.9%	5.8%	6.5%	6.2%	7.3%	6.0%	6.5%	**6.5%**
Age 5-17	19.3%	18.5%	18.0%	20.0%	17.9%	21.3%	20.7%	19.2%	**18.9%**
Age 18+	74.9%	74.6%	76.2%	73.5%	75.9%	71.4%	73.3%	74.3%	**74.7%**

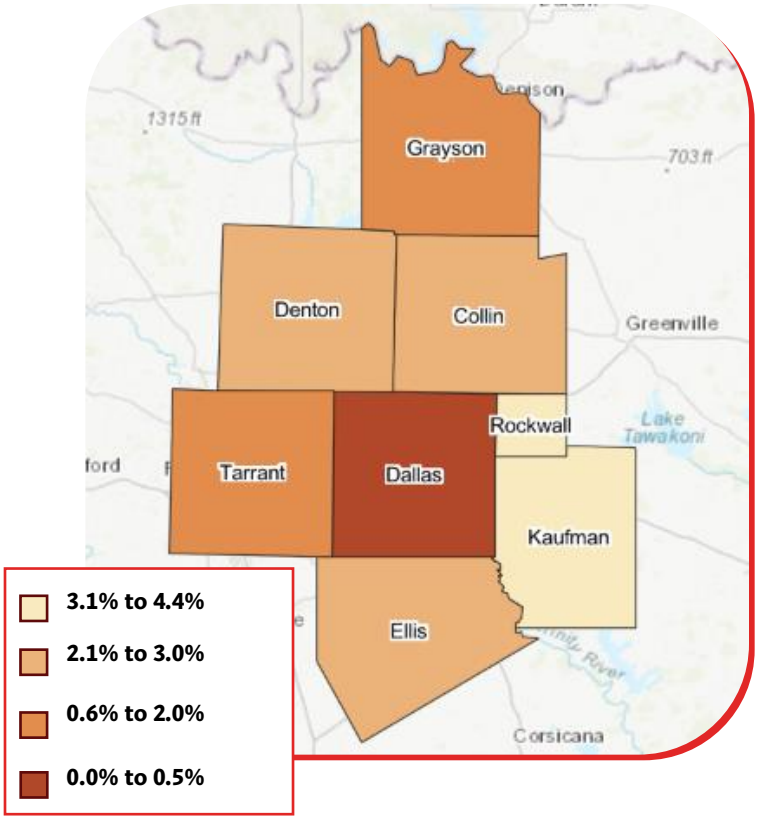
The size of the child population is changing differently in each county. Kaufman and Rockwall counties have the fastest growth among children. Urban counties like Dallas and Tarrant are expecting to have a smaller child population over the next several years. Collin, Ellis and Denton counties are growing at a moderate pace, while Grayson shows very little change. These patterns help plan how to deliver services and manage capacity.

Table 4.3: Child Population Compound Annual Growth, 2025-2030[3]

Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	Service Area
2.3%	0.1%	2.4%	2.5%	1.6%	4.4%	4.0%	0.7%	**1.2%**

[10] Source: US Census Bureau, American Community Survey. 2019-23.

Figure 4.4: Child Population Growth Projections, 2025-2030[3]

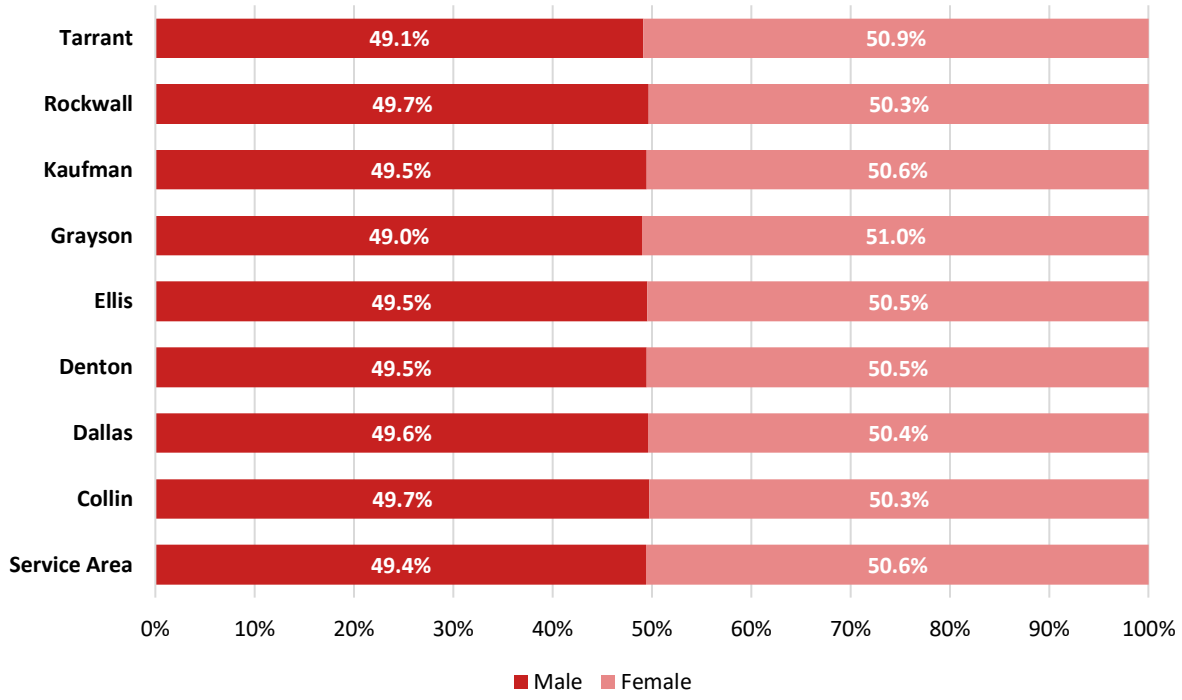


Population trends show that the Service Area will continue to have a large pediatric population. Overall, the child population is expected to grow slightly even though some counties may see decreases. This stability supports long-term demand for specialized children's orthopedic services.

Sex Distribution

The number of males and females living in the Service Area is nearly even, with males making up slightly less than half of the total population across all Service Area counties.

Figure 4.5: Sex Distribution, 2023[10]

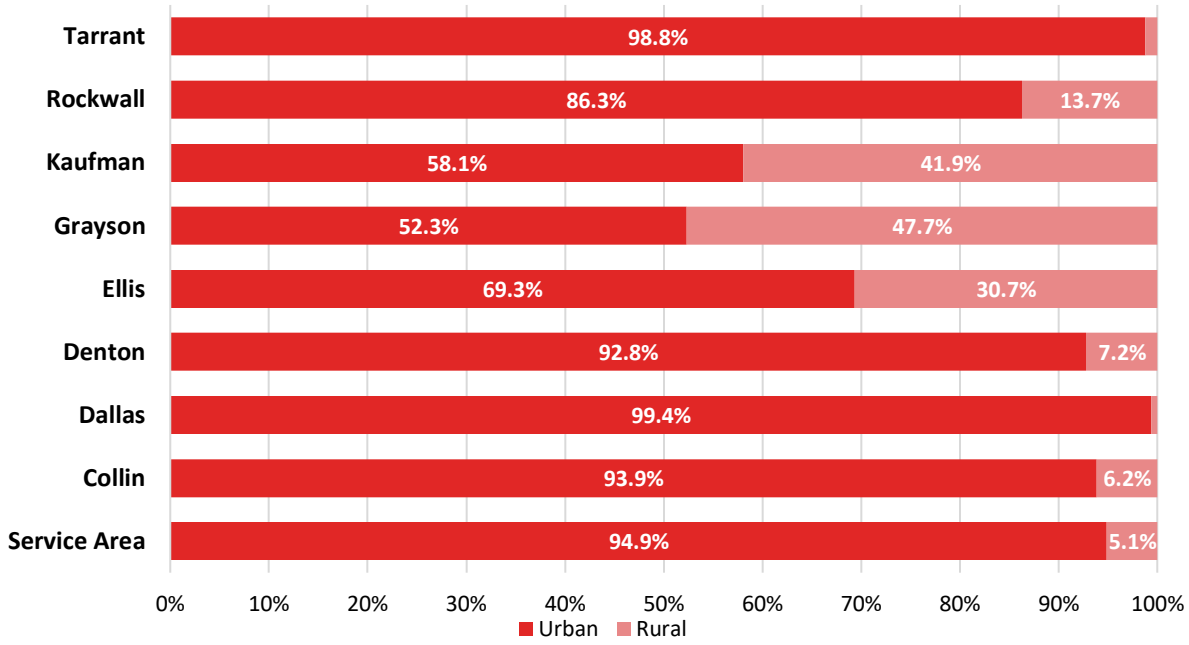


Urban/Rural Classification

Scottish Rite's Service Area includes a mix of urban cities, growing suburbs, and rural communities. This variety affects how families can get to healthcare services. Urban areas like Dallas have more hospitals and doctors nearby, while rural areas may require families to travel longer distances for specialized care. Understanding where families live helps Scottish Rite plan services and support for different communities.

Most people in the Service Area live in urban or suburban areas, but some counties have larger rural populations such as Kaufman, Grayson, and Ellis Counties.

Figure 4.6: Urban/Rural Classification, 2023[10]



Race, Ethnicity, and Cultural Diversity

The Service Area has many different racial and ethnic groups living together. Each county has a different mix of racial groups, which affects what kinds of services and support families may need.

Table 4.4: Population by Race by County, 2023[10]

	Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	Service Area
White	57.0%	40.8%	60.6%	64.4%	78.9%	60.0%	71.2%	52.1%	**51.3%**
Black	10.7%	22.5%	10.8%	13.2%	5.4%	16.8%	8.5%	17.5%	**16.9%**
Asian	17.6%	6.8%	10.3%	0.8%	1.3%	1.7%	3.5%	5.9%	**8.2%**
AIAN	0.4%	0.7%	0.7%	0.7%	0.6%	0.5%	0.6%	0.6%	**0.6%**
NHPI	0.1%	0.1%	0.1%	0.2%	0.1%	0.0%	0.1%	0.2%	**0.1%**
Other	3.5%	11.8%	4.4%	7.5%	3.3%	5.6%	4.9%	8.5%	**8.2%**
2+ Races	10.6%	17.3%	13.2%	13.2%	10.5%	15.4%	11.2%	15.2%	**14.8%**

Dallas County has the most diverse population in the Service Area, while Grayson County is the least diverse. Asian families are more likely to live in certain counties, with the largest percentage living in Collin County.

Hispanic and Latino Representation

The Service Area has a large Hispanic population, which is important to consider when planning for language and cultural needs in the way pediatric healthcare is delivered. Dallas County has the highest proportion of Hispanic residents in the Service Area compared to all other counties, while Collin has the lowest proportion.

Table 4.5: Population by Ethnicity by County, 2023[10]

	Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	Service Area
Hispanic	16.0%	40.8%	20.3%	27.6%	15.9%	26.4%	20.2%	29.9%	**29.8%**
Non-Hispanic	84.0%	59.2%	79.7%	72.4%	84.2%	73.6%	79.8%	70.2%	**70.2%**

Disability Status[11]

Some children and adults in the Service Area have disabilities that affect their daily lives. The percentage of people with disabilities is different in each county, with the highest rates of disability in Grayson (14.5%) and Ellis (12%) Counties.

Table 4.6: Population with a Disability by County, 2023[10]

Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	Service Area
7.7%	10.6%	9.1%	12.0%	14.5%	10.9%	8.5%	10.3%	**10.0%**

Limited English Proficiency

Families who don't speak English well may have trouble understanding their child's medical information or treatment plans. This makes interpreter services and materials in other languages critically important for good care. Language barriers can make it hard for families to get rides to appointments, understand medical instructions, and find social services that could help their child. These communication problems may also make it difficult for families to understand important health and safety information, which could affect how well their child gets better. For Scottish Rite, this means providing language assistance is important

[11] Disability status is classified in the ACS according to yes/no responses to questions about six types of disability concepts. For children under 5 years old, hearing and vision difficulty are used to determine disability status. For children between the ages of 5 and 14, disability status is determined from hearing, vision, cognitive, ambulatory, and self-care difficulties. For people aged 15 years and older, they are considered to have a disability if they have difficulty with any one of the six difficulty types.

not just during medical visits, but for helping families get all the resources they need for their child's complete care and recovery.

Table 4.7: Population with Limited English Proficiency by County, 2023[10]								
Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	Service Area
9.2%	18.0%	7.9%	6.9%	4.6%	6.2%	4.4%	10.8%	**12.3%**

Language Spoken at Home

Nearly one in three families in the Service Area speak a language other than English at home. Dallas County has the highest proportion of families who speak other languages (42.7%), while Grayson County has the smallest (12.3%). This notable difference means Scottish Rite needs to be ready to help families in different languages, especially in areas like Dallas County where many families may need interpreters and materials in their primary language.

Table 4.8: Speak a Language Other than English by County, 2023[10]								
Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	Service Area
30.4%	42.7%	24.6%	19.0%	12.3%	21.7%	15.7%	29.5%	**32.6%**

Foreign-Born Population

Many people living in the Service Area were born in other countries. These families may be less familiar with the U.S. healthcare system or may have different experiences with medical care from their home countries. Foreign-born families may need extra help understanding how to get healthcare services, what insurance covers, and how Scottish Rite's programs work. They may also bring valuable cultural perspectives about health and healing that can help improve care for all families.

The rate of people who were not born in the U.S varies across the Service Area. In Collin and Dallas Counties, nearly one-quarter of the population was born in another country while in Tarrant, Ellis, and Grayson Counties, less than ten percent of residents were born outside of the U.S.

Table 4.9: Foreign-Born Population by County, 2023[10]								
Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	Service Area
22.6%	24.6%	16.8%	8.3%	7.2%	10.8%	8.7%	16.6%	**19.7%**

This demographic information shows that Scottish Rite serves a very diverse community with many different needs, languages, and backgrounds. The Hospital must be prepared to welcome and care for families from all these different groups while respecting their unique cultures and circumstances.

Social, Economic, and Environmental Determinants of Health

The conditions in which people live, work, and grow up—known commonly as the social determinants of health (SDOH)—play a crucial role in their overall health and well-being. These factors include access to good jobs, education, safe housing, healthy food, and transportation, as well as experiences of racism or discrimination. When communities lack these basic resources, residents are more likely to develop serious health conditions and may live shorter lives than people in communities with better resources. For example, if a neighborhood doesn't have grocery stores with fresh food or safe places to exercise, residents face a higher risk of conditions like heart disease and diabetes.

Figure 4.7: Social Determinants of Health

While encouraging healthy choices is important, improving community health requires addressing these underlying conditions through partnerships between healthcare providers, public health organizations, and other sectors like housing, education, and transportation. By understanding and improving these SDOH, communities can work to reduce health disparities and help all residents live healthier lives.

Figure 4.7 outlines the Healthy People 2030[12] model for social determinants of health that was used to guide this CHNA. In the sections that follow, data highlighting SDOH indicators impacting the health of residents in the Scottish Rite Service Area are described, including:

- Centers for Disease Control and Prevention (CDC)'s Social Vulnerability Index,
- CDC's Environmental Justice Index,
- County Health Rankings Scores for Health Outcomes and Health Factors
- Residential Segregation Index
- Economic Factors Impacting the Scottish Rite Service Area
- Poverty and ALICE Households
- Educational Attainment in the Scottish Rite Service Area

[12] Healthy People 2030 – "Social Determinants of Health" Retrieved from: https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health

- Healthcare Access and Quality in the Scottish Rite Service Area
- Housing Status in the Scottish Rite Service Area

Social Vulnerability Index

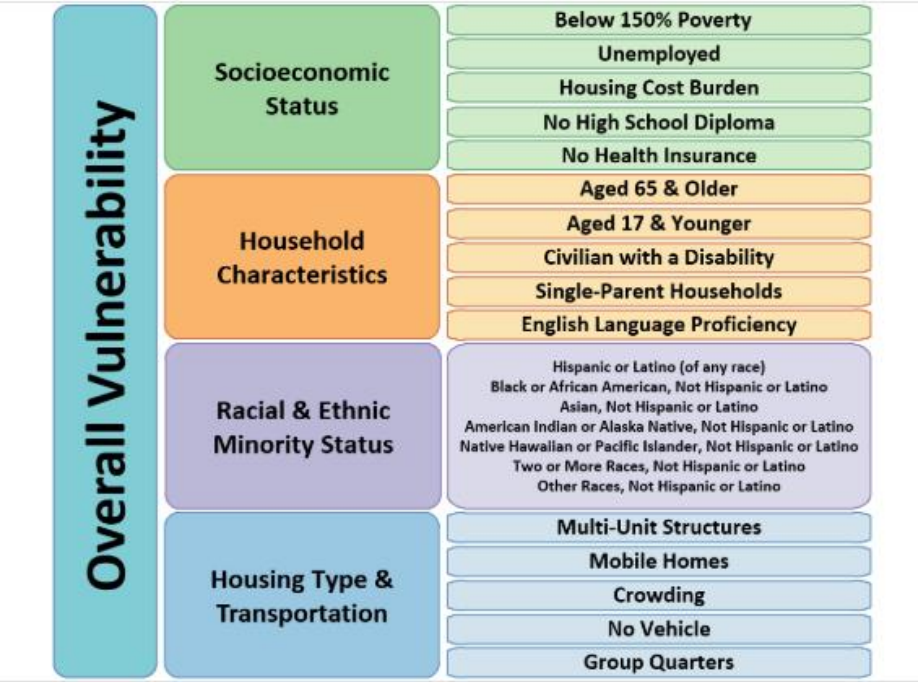
The Social Vulnerability Index (SVI)[13] helps show which neighborhoods might need extra help during emergencies like natural disasters or disease outbreaks. Created by the CDC, this tool looks at different factors that can make it harder for communities to cope with these challenges, such as poverty, lack of transportation, or language barriers.

The SVI combines information about a neighborhood's income levels, housing conditions, racial and ethnic makeup, and other important factors to create a score that shows how vulnerable that area might be to health emergencies. Higher SVI scores usually mean that residents in that area face more challenges staying healthy and may need more support from community services. This information helps healthcare providers and emergency planners know where to focus their efforts to help keep everyone in the community healthy and safe.

The current SVI uses 16 U.S. Census variables from the American Community Survey which are grouped into four themes covering four major areas of social vulnerability. These variables and their corresponding categories are shown in Figure below. The data for these measures are then combined into one measure of overall social vulnerability, which is the SVI metric.

[13]CDC/ATSDR Place and Health – Geospatial Research, Analysis, and Services Program (GRASP) - Social Vulnerability Index (SVI). Retrieved from https://www.atsdr.cdc.gov/place-health/php/svi/index.html

Figure 4.8: CDC/ATSDR Social Vulnerability Index Variables[13]



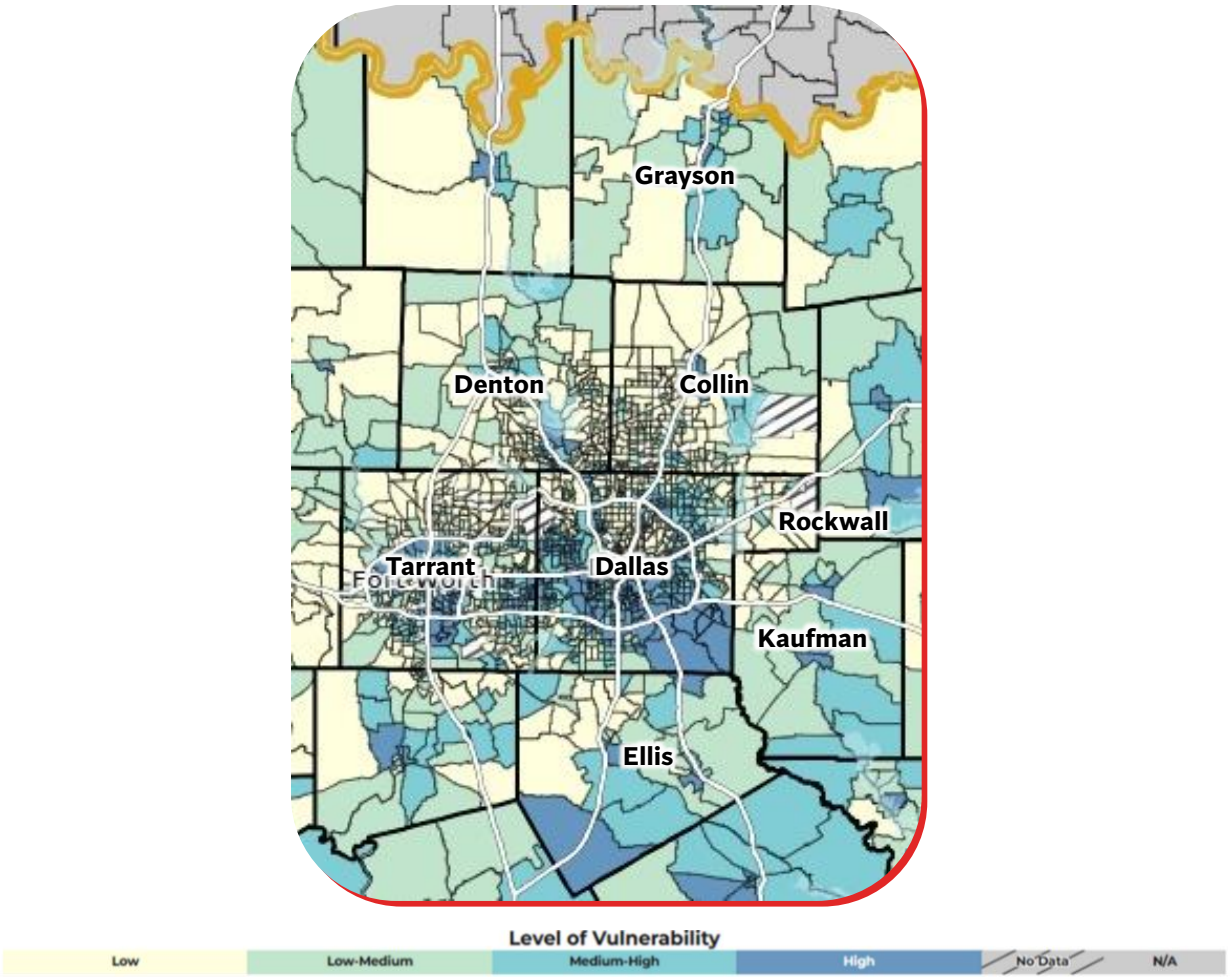
SVI in the Scottish Rite Service Area

The closer an SVI score is to 1, the higher the social vulnerability of that community. In the Scottish Rite Service Area, the county with highest level of social vulnerability based on SVI scores is Dallas County. However, there are census tracts within each county that are more vulnerable than others, as depicted in **Figure 4.9**.

Table 4.10: SVI Scores and Level of Vulnerability by County, 2022[13]

	Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant
SVI Score	0.0711	0.8142	0.0949	0.2095	0.3083	0.3636	0.0198	0.5178
Level of Vulnerability	Low	High	Low	Low	Low to Medium	Low to Medium	Low	Medium to High

Figure 4.9: SVI Scores across Scottish Rite Service Area, 2022[13]



Environmental Justice Index

The Environmental Justice Index (EJI)[14] helps show which neighborhoods face more environmental health risks than others due to factors like pollution, toxic sites, or other environmental hazards. Created by the CDC, this tool looks at how different environmental problems affect community health, paying special attention to areas where residents might face multiple challenges at once. The EJI combines information about environmental hazards with data about social factors like income and access to resources to create a score for each neighborhood. Higher scores usually mean that residents in that area face more environmental health risks and may need additional support to address these challenges. This information helps community leaders and healthcare providers understand where

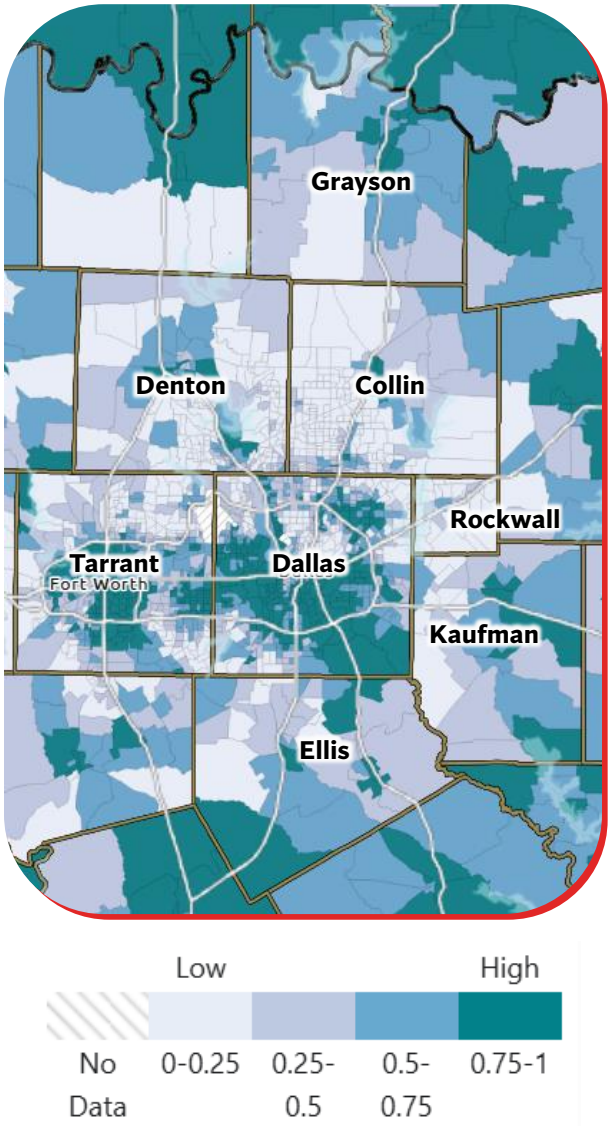
[14]CDC/ATSDR Place and Health – Geospatial Research, Analysis, and Services Program (GRASP) - Environmental Justice Index (EJI): https://www.atsdr.cdc.gov/place-health/php/eji/index.html

environmental problems are having the biggest impact on people's health, so they can work to make conditions safer and healthier for everyone.

EJI in the Scottish Rite Service Area

EJI scores use percentile ranking to show the proportion of census tracts experiencing environmental burden relative to other census tracts in a given geography. In the Scottish Rite Service Area, the EJI scores for each tract are relative to the nation. Scores range from 0 to 1, with higher scores (closer to 1) indicating communities that may experience more environmental justice concerns and greater cumulative impacts from environmental hazards and social determinants of health compared with other communities. Tracts are considered Highly Burdened if EJI scores rank higher than 0.75.

Figure 4.10: EJI Scores across Scottish Rite Service Area, 2022[14]



In the Scottish Rite Service Area, the counties with the highest environmental justice vulnerability are those within Dallas, Tarrant, Denton, and Grayson counties. Notable highly burdened locations include Dallas-Fort Worth metro and Sherman, Texas.

Table 4.11: Number of Residents in Highly Burdened Areas by County, 2022[14]							
Collin	**Dallas**	**Denton**	**Ellis**	**Grayson**	**Kaufman**	**Rockwall**	**Tarrant**
21,328	1,001,166	51,068	35,022	48,696	26,518	3,732	585,000

County Health Rankings – Health Outcomes and Health Factors

The County Health Rankings[2] model uses standard measures of health outcomes and health factors to rank counties on a scale from the least healthy to healthiest in the nation. There are two rankings, one for health outcomes and one for health factors. The continuums are intended to demonstrate how an individual county fares relative to others in their respective state and the nation. For this CHNA, county health rankings for each county in the Scottish Rite Service Area were reported and considered as part of the overall assessment process.

Figure 4.11 shows County Health Ranking maps for Texas for *Health Outcomes*. The Scottish Rite Service Area counties are faring better than the average county in Texas for Population Health and Well-being, and better than the average county in the nation. Collin, Denton, and Rockwall counties are among the healthiest counties in the United States.

Figure 4.11: County Health Rankings State Health Outcomes Maps for Texas, 2025[2]

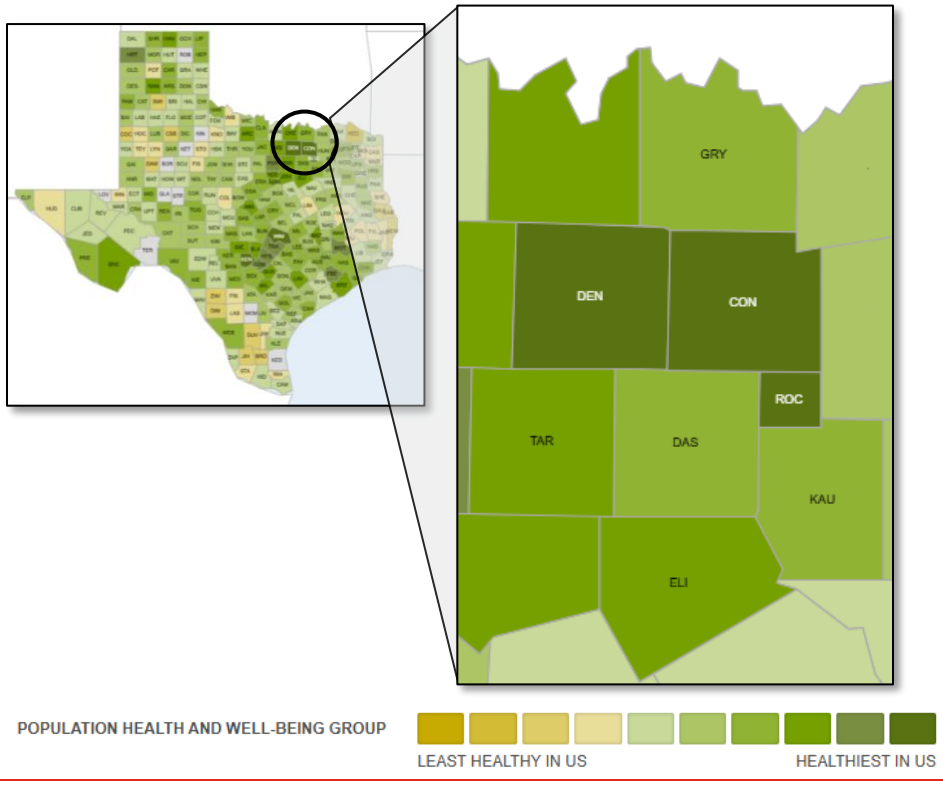
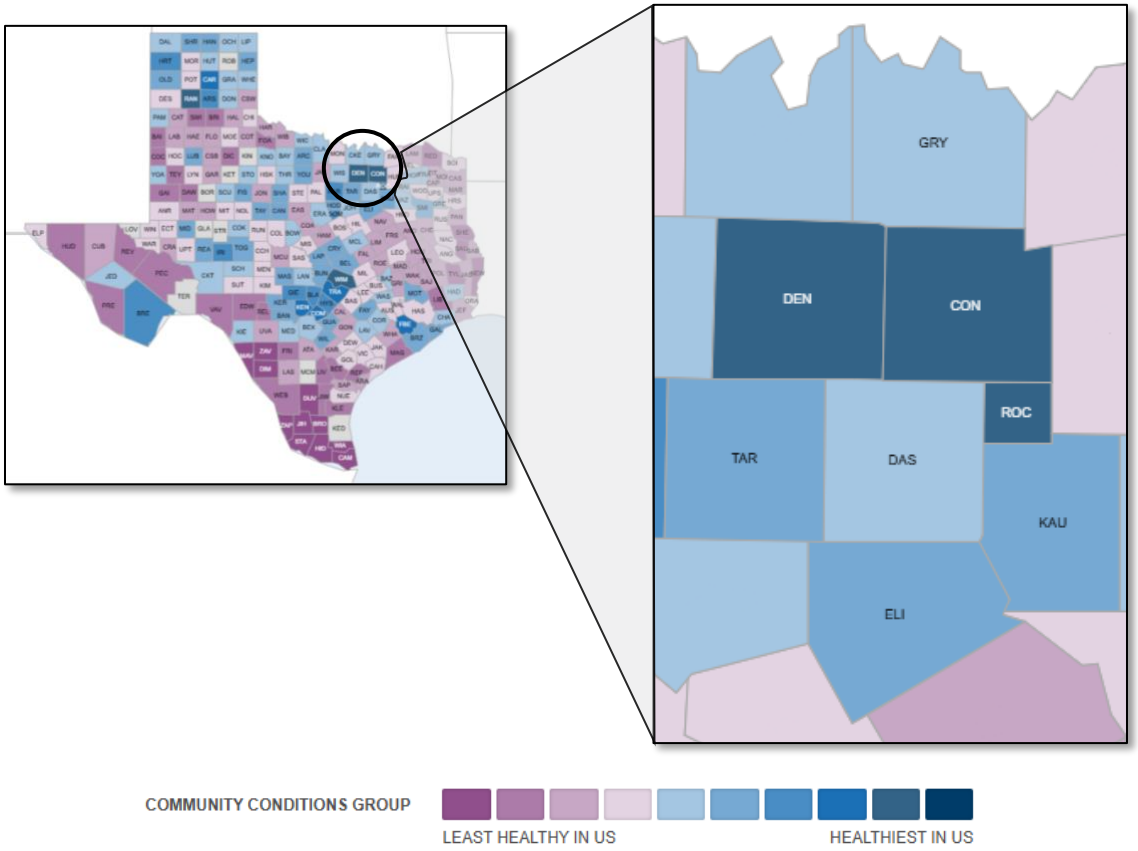


Figure 4.12 shows County Health Ranking maps for Texas for *Health Factors*. Dallas and Grayson fall slightly below the national average while Collin, Denton, and Rockwall are among the healthiest counties in the United States considering Health Factors.

Figure 4.12: County Health Rankings State Health Factors Maps for Texas, 2025[2]



Economic Factors Impacting the Scottish Rite Service Area

Understanding the economic situation in a community is important for addressing health needs effectively. A family's income level, employment status, and access to health insurance can significantly impact their ability to maintain good health and receive medical care when needed. Economic factors also influence where people live, which can determine their exposure to environmental health risks and their access to resources like grocery stores, pharmacies, and medical facilities. By examining these economic patterns, health planners can better identify barriers to care and services, while also developing programs that make healthcare and other services more accessible and affordable for all community members.

Median Household Income

Median household income shows the typical earnings of households in a community. This information can help illustrate whether families in the area typically have enough money to cover basic needs like housing, food, and healthcare, while also making it easier to compare economic conditions across different communities. Most counties in the Scottish Rite Service Area have higher median household incomes than the Texas state average ($76,292). Rockwall County has the highest median income at $124,917, while Grayson County has the lowest ($70,455), and is below the state average. Dallas County, despite being a major urban center, has a median income below the state figure at $74,149.

Table 4.12: Median Household Income by County, 2023[10]

Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	TX
$117,588	$74,149	$108,185	$95,898	$70,455	$88,606	$124,917	$81,905	$76,292

These income disparities have direct implications for Scottish Rite's mission to provide care regardless of families' ability to pay. Counties with lower median incomes may require enhanced financial assistance programs and more robust community outreach to ensure access to specialized pediatric orthopedic services.

Income Inequality

The income inequality ratio helps show how fairly money is distributed across a community by comparing the income of the richest households to that of the poorest households. Communities with high income inequality often see bigger differences in health outcomes, as some families have plenty of resources to keep their children healthy while others struggle to afford basic needs like nutritious food, safe housing, and medical care. For Scottish Rite, tracking income inequality is important because it helps identify which areas may have more families who need financial assistance to access specialized pediatric orthopedic care.

Income inequality measures how evenly money is spread out in a community, with scores closer to 0 meaning more equal and scores closer to 1 meaning less equal. Most counties in the Scottish Rite Service Area have moderate income inequality, with scores between 0.39 and 0.49. Tarrant County has the highest inequality at 0.46, while Kaufman County has the lowest at 0.39.

The gender pay gap is an important measure because economic inequality directly affects children's health outcomes through reduced access to healthcare, nutrition, and quality housing. This economic disparity often signals broader inequities that particularly impact mothers' ability to provide for their children's health needs. Since mothers often coordinate their children's medical care, understanding pay gaps helps Scottish Rite identify

communities where families may face extra financial challenges accessing specialized orthopedic services and may need additional support through programs like Crayon Care.

The gender pay gap shows how much women earn compared to men, with lower numbers meaning women earn less. Across the Service Area, women earn between 69 and 89 cents for every dollar men earn. Collin County has the largest pay gap (0.69 cents per dollar) and Dallas County has the smallest gap (0.89 cents per dollar).

Table 4.13: Income Inequality and Gender Pay Gap by County, 2022-2023

Indicator	Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	Service Area
Income Inequality[10]	0.43	0.49	0.44	0.40	0.45	0.39	0.41	0.46	No Data
Gender Pay Gap[15]	0.69	0.89	0.75	0.78	0.77	0.82	0.75	0.86	0.83

Poverty and ALICE Households

Many households earn more than the federal poverty level but still struggle to afford basic necessities; these families are often described as ALICE households (Asset Limited, Income Constrained, Employed). Households earning less than 200% of the poverty guidelines set by the federal government are often eligible for assistance programs since the official poverty level doesn't fully capture the income needed to meet basic needs in most communities. ALICE households include working families who earn more than 200% of the federal poverty level but still have difficulty covering essential expenses like housing, food, transportation, healthcare, and childcare in their local area. Together, the percentage of households below 200% of the federal poverty level combined with ALICE households shows how many families in the community may be struggling financially, even if they aren't considered officially "poor" by federal standards.

In the Scottish Rite Service Area, the percent of families living in ALICE households range from 27% to 46%. This, coupled with the percentage of the population living in poverty, means that more than 40% of Service Area families may struggle financially to cover the costs of basic expenses like housing, food, transportation, healthcare, and childcare.

[15] Source: US Census Bureau, American Community Survey. 2018-2022.

Table 4.14: Poverty Rates and ALICE[16] Households by County, 2023									
Indicator	**Collin**	**Dallas**	**Denton**	**Ellis**	**Grayson**	**Kaufman**	**Rockwall**	**Tarrant**	**Service Area**
% Population Living in Poverty[10]	6.3%	14.0%	7.0%	8.1%	11.1%	9.7%	4.3%	10.9%	10.6%
% Children in Poverty[10]	18.6%	48.6%	19.9%	31.3%	39.7%	35.9%	12.6%	37.9%	36.0%
ALICE Household[17]	31%	43%	30%	41%	42%	46%	27%	42%	No Data

Dallas County shows the most concerning economic challenges, with nearly half of all children (48.6%) living in poverty and 43% of households qualifying as ALICE. Kaufman County also faces significant hardship, with over one-third of children in poverty (35.9%) and nearly half of households (46%) classified as ALICE families.

Unemployment

The unemployment rate shows the percentage of people who are actively looking for work but cannot find jobs in the community. This number is important because job loss often means losing health insurance and income, which can make it harder for people to stay healthy and get medical care when needed. Examining unemployment patterns can also reveal whether certain neighborhoods or groups in the community face greater challenges finding stable work, which helps identify areas where additional support services may be needed.

Table 4.15: Unemployment Rate by County, 2024[18]								
Collin	**Dallas**	**Denton**	**Ellis**	**Grayson**	**Kaufman**	**Rockwall**	**Tarrant**	**Service Area**
3.7%	3.9%	3.6%	3.7%	3.7%	4.0%	3.5%	3.8%	3.8%

Unemployment rates are fairly similar across all counties in the Scottish Rite Service Area, ranging from 3.5% to 4.0%. Kaufman County has the highest unemployment rate at 4.0%, while Rockwall County has the lowest at 3.5%.

[16] ALICE stands for "Asset Limited, Income Constrained, Employed Households"
[17] Source: United for ALICE. 2023 Data retrieved from: https://www.unitedforalice.org/all-reports
[18] Source: US Department of Labor, Bureau of Labor Statistics. 2024 - December.

Educational Attainment in the Scottish Rite Service Area

Educational attainment shows the highest level of education that adult residents have completed, such as high school, college, or graduate degrees. Education levels are often connected with health outcomes since higher levels of education typically lead to better-paying jobs with health insurance benefits and can help people better understand health information and navigate the healthcare system. Looking at education patterns across different areas of the community can help identify neighborhoods where residents might face more challenges accessing and understanding health information or services.

Education levels vary greatly across the Service Area. Dallas County has the highest rate of adults without a high school diploma at 18.3%, while Collin (5.5%) and Rockwall (5.8%) counties have much lower rates. For college degrees, Collin County leads with 33.8% of adults having bachelor's degrees and 21.1% having graduate degrees. In contrast, Grayson County has only 16.0% with bachelor's degrees and 7.7% with graduate degrees.

Table 4.16: Highest Level of Education Attained by County, 2023[10]

Indicator	Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	Service Area
No High School Diploma	5.5%	18.3%	6.6%	12.4%	9.5%	13.7%	5.8%	12.9%	12.7%
High School Only	14.4%	22.5%	16.8%	27.0%	31.1%	29.0%	18.9%	23.6%	21.2%
Some College	17.6%	18.1%	20.3%	23.7%	25.0%	22.9%	21.8%	21.1%	19.6%
Associate's Degree	7.6%	6.3%	8.0%	8.4%	10.7%	9.1%	9.5%	7.9%	7.4%
Bachelor's Degree	33.8%	21.5%	31.8%	19.0%	16.0%	18.2%	27.9%	22.7%	24.9%
Graduate or Professional Degree	21.1%	13.4%	16.6%	9.6%	7.7%	7.1%	16.1%	11.9%	14.3%

Educational challenges can impact families' health literacy and ability to navigate complex medical treatment plans. School-related indicators show important differences across counties. Dallas County has the highest school segregation index at 0.25 and the largest funding gap at -$7,232 per student. The county also has the highest high school dropout rate at 27%. School funding gaps affect most counties in the Service Area, which may limit resources for health education and early help programs that could support children's health outcomes.

Table 4.17: Education Indicators by County, 2020-2023									
	Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	Service Area
School Segregation Index[19,20]	0.11	0.25	0.13	0.09	0.1	0.12	0.03	0.17	0.18
School Funding Adequacy[21,22]	-$627	-$7,232	-$1,522	-$5,135	-$127	-$3,854	-$1,120	-$3,506	-$4,128
High School Attrition (Dropout) Rate[23]	11%	27%	14%	23%	22%	26%	21%	No Data	24.1%[24]
Special Education Students[25]	12.8%	11.2%	15.0%	14.7%	16.0%	13.5%	14.2%	12.0%	12.4%[24]

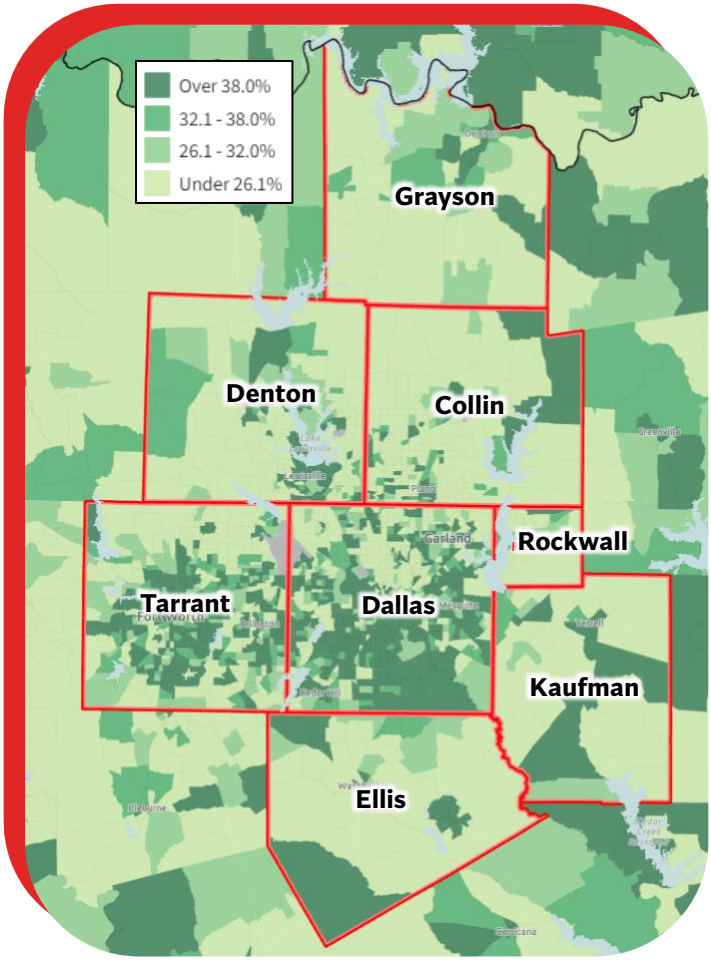
Family Structure and Social Support

Family structure and social support systems greatly influence children's health outcomes and how well they follow treatment plans. Different rates of single-parent households across the Service Area affect families' ability to handle complex bone and joint treatment plans and attend multiple appointments.

Family support varies significantly across counties. Dallas County has the highest rate of children in single-parent households (29.9%), followed by Tarrant County (25.2%). Rockwall and Collin counties have the lowest rates at 13.4% and 14.9%, respectively.

[19] The extent to which students within different race and ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.
[20] Source: National Center for Education Statistics, NCES - School Segregation Index. Accessed via County Health Rankings. 2022-2023.
[21] The average gap in dollars between actual and required spending per pupil among public school districts. Required spending is an estimate of dollars needed to achieve U.S. average test scores in each district.
[22] Source: School Finance Indicators Database, SFID - School Finance Indicators Database. 2021.
[23] Source: US Department of Education, EDFacts. Additional data analysis by CARES. 2020-21.
[24] Estimate
[25] Source: Texas Education Agency, 2022-2023

Figure 4.13: Single Parent Households with Children (Age 0-17), 2023
(Percent by Census Tract)



Dallas County also shows the highest childcare cost burden at 35.0% and the highest rate of young people (ages 16-19) not in school or working at 9.1%. Childcare cost burden shows how much families spend on childcare for two children compared to their total income. When families spend too much on childcare, they have less money for other basic needs like housing, healthcare, food, and transportation. Experts say childcare should cost less than 7-10% of a family's income, but families across the Service Area spend 22% to 35% on average.

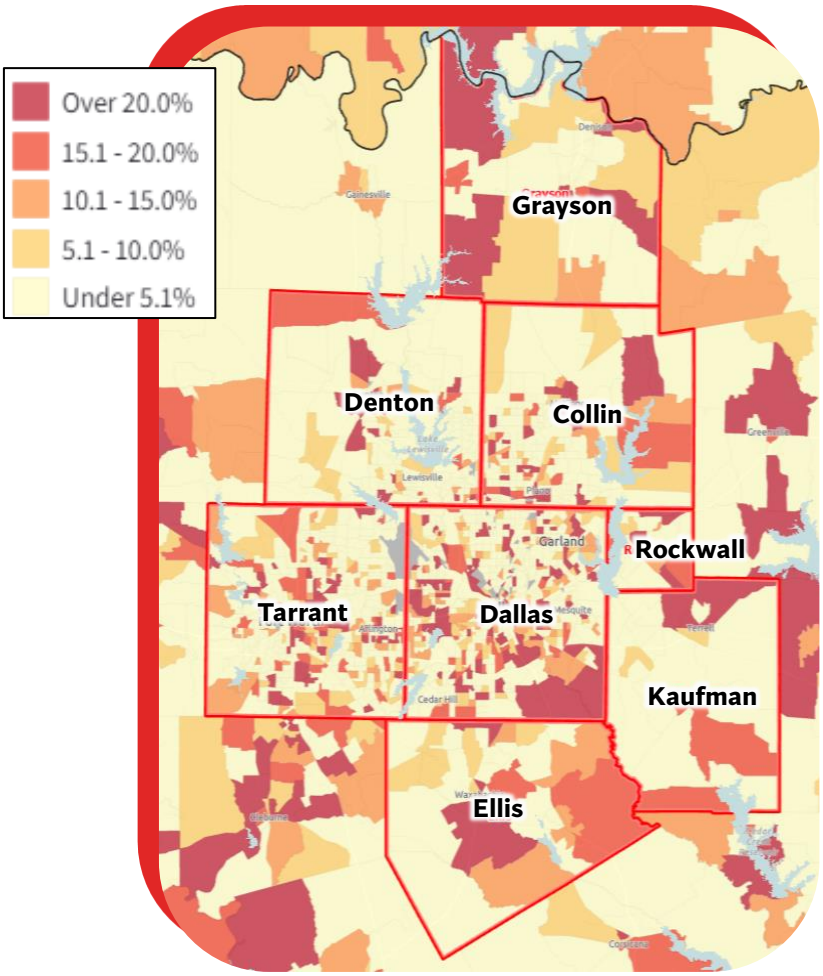
The high rate of disconnected youth — teens ages 16-19 who are not working or in school — is also concerning across the Service Area. These young people are more likely to face violence, use drugs or alcohol, and have emotional problems. Without work or school, they often struggle with unemployment, poverty, mental health issues, and other serious problems later in life.

Table 4.18: Family, Community & Social Support Indicators by County, 2023-2024									
	Collin	**Dallas**	**Denton**	**Ellis**	**Grayson**	**Kaufman**	**Rockwall**	**Tarrant**	**Service Area**
Children in Single-Parent Households[10]	14.9%	29.9%	17.2%	23.3%	20.8%	20.8%	13.4%	25.2%	23.9%
Childcare Cost Burden[10]	28.9%	35.0%	29.2%	26.7%	27.5%	30.1%	22.5%	32.9%	32.1%
Head Start Programs,[26] **Rate** (Per 10,000 Children Under Age 5)	0.79	4.63	0.18	1.63	7.60	6.90	1.53	4.20	3.41
Foster Care Rate[27] (Per 1,000 Children)	0.4	1.1	0.9	0.6	2.5	1.2	0.6	1.5	1.1*
Population Age 16-19 Not in School and Not Employed[10]	5.6%	9.1%	4.3%	8.4%	10.3%	4.1%	9.0%	6.9%	7.2%

[26] Source: US Department of Health & Human Services, HRSA - Administration for Children and Families. 2024.

[27] Source: Texas Department of Family and Protective Services, 2022

Figure 4.14: Youths Not Enrolled in School and Not Employed, 2023[7]
(Percent by Census Tract)

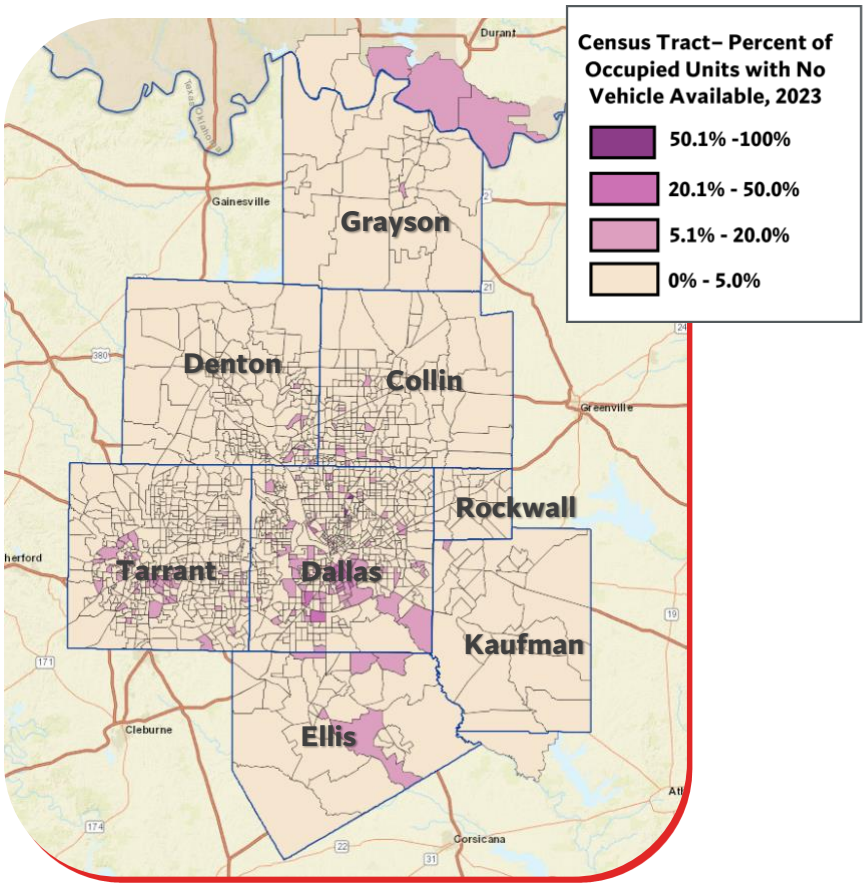


Transportation and Access Barriers

Getting to healthcare appointments can be hard depending on where families live. Transportation challenges are different across the Service Area, with some counties showing very high rates of long commutes and limited public transportation options.

Figure 4.15: Household with No Vehicle Available, 2023[3]

(Percent by Census Tract)



Transportation barriers vary greatly across the Service Area. In Kaufman County, nearly one in five residents (19.6%) commutes more than 60 minutes to work, followed by Rockwall County at 16.5%. Most counties have very low public transit use, with rates between 0.1% and 1.6%.

Table 4.19: Transportation and Transit Indicators by County, 2023

	Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	Service Area
Population Commuting More than 60 Minutes[10]	8.1%	7.7%	7.9%	12.5%	10.3%	19.6%	16.5%	7.0%	8.2%
Population Using Public Transit for Commute to Work[10]	0.6%	1.6%	0.4%	0.1%	0.5%	0.1%	0.4%	0.4%	0.8%

Limited transportation options may create significant barriers for families accessing Scottish Rite's specialized services. Rural counties and areas with limited public transportation require targeted outreach and potentially mobile service delivery models to ensure equitable access to care.

Housing and Community Stability

Housing stability and affordability impact families' overall well-being and their ability to prioritize healthcare needs. High housing costs affect different counties in different ways, creating additional stress that may influence healthcare decisions and keeping appointments.

Housing challenges vary across the Service Area. Dallas County has some of the worst housing conditions, with 39.3% of occupied housing units having one or more major problems, and the lowest homeownership rate at 50.8%.

Rockwall County has the most favorable housing situation with 82.6% homeownership and only 8.8% of households severely burdened by housing costs. Housing insecurity affects 10.1% to 17.3% of adults across counties, with Rockwall County having the highest rate despite good homeownership numbers. Grayson County has the highest rate of homeless youth at 2.6%.

Table 4.20: Housing and Community Stability Indicators by County, 2023

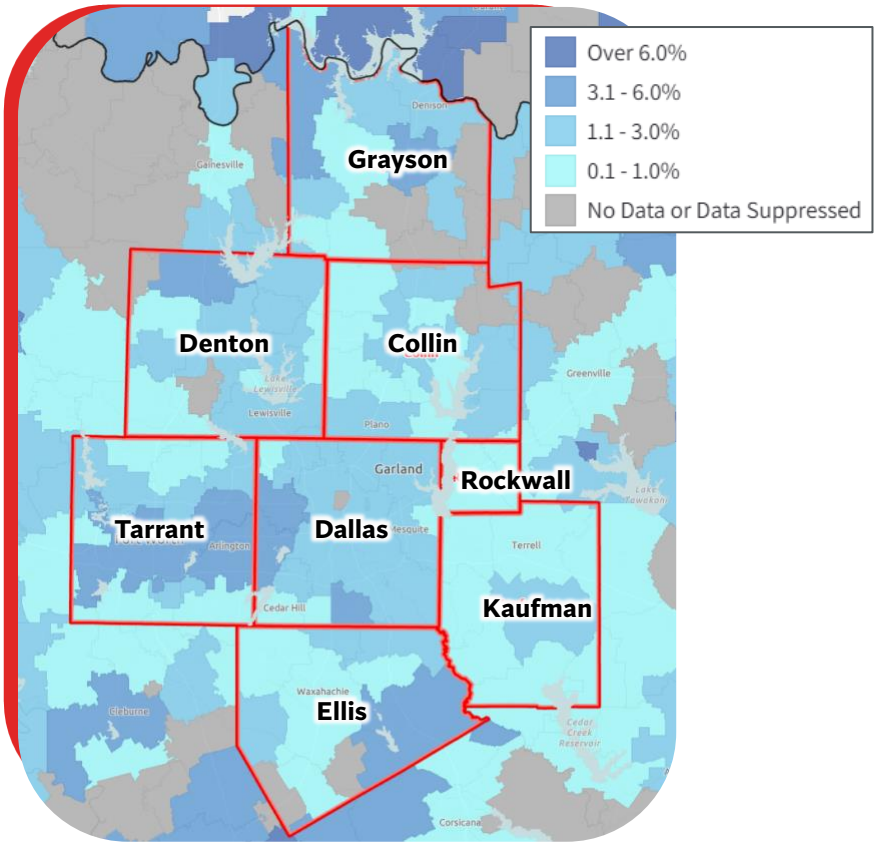
	Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	Service Area
Occupied Housing Units with One or More Substandard Conditions[10,28]	31.4%	39.3%	31.2%	30.2%	30.3%	34.8%	24.6%	35.9%	35.4%
Severely Burdened Households[10,29]	12.5%	16.2%	12.3%	11.6%	11.6%	11.2%	8.8%	14.3%	14.2%
Homeownership[10]	64.1%	50.8%	65.4%	76.3%	67.3%	78.6%	82.6%	59.4%	59.0%
Homeless Youth[30]	1.0%	2.4%	1.5%	1.2%	2.6%	0.7%	0.2%	2.3%	1.9%

[28] Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

[29] Percentage of the households where housing costs are 50% or more total household income

[30] Source: US Department of Education, ED Data Express. Additional data analysis by CARES. 2021-2022.

Figure 4.16: Youth Homelessness across the Scottish Rite Service Area, 2021-2022[30]



Housing problems can significantly affect children's health outcomes and families' ability to maintain consistent relationships with their healthcare providers. Areas with high housing costs may need extra care coordination and flexible service options.

Food Security and Nutrition

Food security is a basic need that affects children's growth, development, and overall health outcomes. Food insecurity rates are different across the Service Area, with particular impacts on children's nutrition and development.

Households Receiving SNAP/Food Stamps

SNAP (food stamps) and free or reduced lunch programs help show which families in the community need extra help paying for food. These programs are important indicators that help healthcare organizations understand which areas have families struggling with money. This information helps identify where families may have trouble paying for basic needs like food, housing, and medical care.

SNAP/Food Stamp use across the Scottish Rite Service Area varies, but Dallas County has the highest household participation rate at 10.3%. This is about three times higher than

Collin County at 3.0% and more than double the rates of Denton and Rockwall counties. However, when looking at children who are eligible to get free or reduced lunch at school, the numbers are different. Rockwall County has the highest proportion at 70%, followed by Collin and Denton counties at 60% each, while just 30% of Dallas County children are eligible.

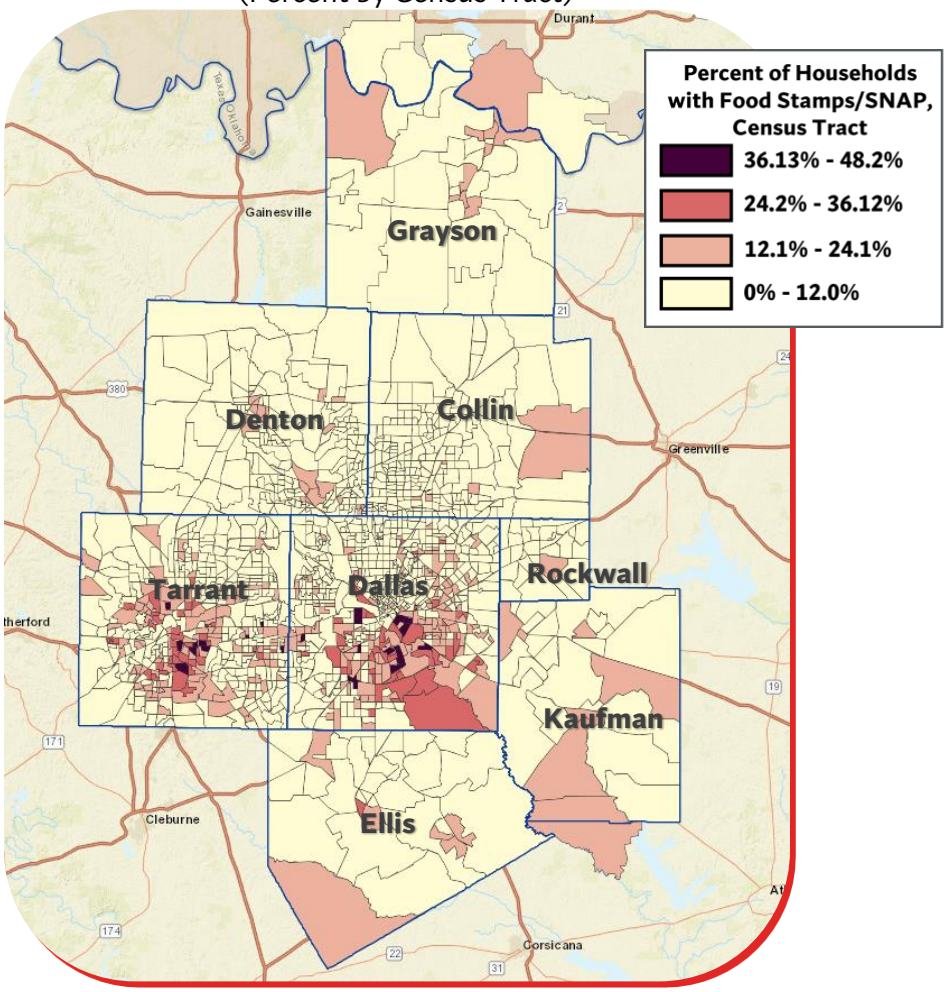
Table 4.21: Food Security Indicators by County, 2022-2023

	Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	Service Area
Adults 18+ Having Food Insecurity[31]	12.1%	15.6%	12.5%	13.1%	15.7%	13.3%	10.6%	14.2%	14.1%
Food Insecure Children[31]	15.0%	25.0%	16.0%	19.0%	23.0%	20.0%	13.0%	22.0%	21.1%
Children Eligible for Free or Reduced Lunch[32]	60.0%	30.0%	60.0%	50.0%	30.0%	40.0%	70.0%	40.0%	39.9%
Households Receiving Food Stamps/SNAP[10]	3.0%	10.3%	4.6%	7.3%	9.0%	9.6%	4.5%	9.8%	8.2%

[31] Source: Feeding America. 2022.
[32] Source: National Center for Education Statistics, NCES - Common Core of Data. 2022-2023.

Figure 4.17: Household Receiving Food Stamps/SNAP, 2023[10]

(Percent by Census Tract)



Food insecurity affects children differently across counties. Dallas County has the highest rate of food insecure children at 25.0%, while Rockwall County has the lowest at 13.0%. Adult food insecurity ranges from 10.6% in Rockwall County to 15.7% in Grayson County. Poor nutrition can directly affect children's bone and joint health, affecting bone strength, healing ability, and overall physical development. Counties with higher food insecurity rates may need better nutrition education and coordination with community food programs.

Poor nutrition can directly affect children's bone and joint health, affecting bone strength, healing ability, and overall physical development. Counties with higher food insecurity rates may need better nutrition education and coordination with community food programs.

Safety and Environmental Factors

Community safety levels affect children's ability to be physically active and their overall well-being. Injury death rates are different across counties, with some areas showing concerning levels of accidents and car crashes.

Safety concerns vary significantly across the Service Area. Grayson County has the highest unintentional injury death rate at 51.4 per 100,000 people, while Collin County has the lowest at 27.8. For motor vehicle crashes, Kaufman County has the highest death rate at 18.9 per 100,000, compared to Collin County's rate of 6.9. Dallas County has the highest homicide rate at 11.1 per 100,000, while Collin County has the lowest at 2.3. Higher injury rates in certain counties may mean more demand for Scottish Rite's trauma and emergency bone and joint services. Understanding these patterns helps plan capacity and community prevention programs.

Table 4.22: Safety Indicators by County, 2023

	Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	Service Area
Unintentional Injury Crude Death Rate[33]	27.8	49	30.6	38.9	51.4	44.9	33.6	43.6	41.4
Homicide Mortality Rate[33]	2.3	11.1	2.6	4.4	4.7	6.3	No data	7.3	7.1
Firearm Death Rate[33]	8.7	16	9.7	11.6	18.2	15.2	9.7	14.3	13.4
Motor Vehicle Crash Death Rate[33]	6.9	13.1	7.8	15.3	15.5	18.9	9.2	11.6	11.2

Health Factors Impacting Pediatric Populations

The Service Area demonstrates significant variations in factors that directly influence pediatric health outcomes and access to specialized medical services.

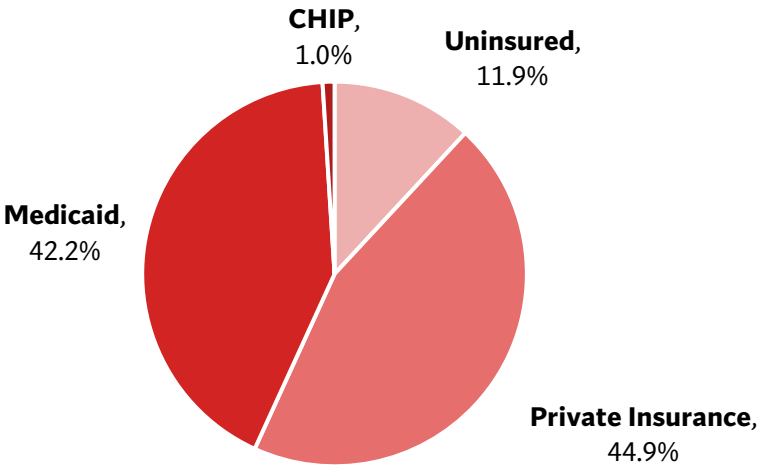
Healthcare Access and Provider Availability

Significant variations exist in insurance coverage and healthcare provider availability across counties, with concerning gaps in pediatric specialists and primary care access. These access barriers may delay referrals to Scottish Rite and impact comprehensive care coordination.

[33] CDC - National Vital Statistics System 2018-2023. Accessed via CDC WONDER, 2025

Insurance coverage across the Scottish Rite Service Area shows that most people have some form of health insurance. Private insurance covers the largest proportion of residents at 44.9%, followed closely by Medicaid at 42.2%. CHIP (Children's Health Insurance Program) covers 1.0% of residents, while 11.9% remain uninsured. This mix of coverage types means Scottish Rite serves families with very different insurance situations, from those with comprehensive private coverage to those who rely on government programs or have no insurance at all.

Figure 4.18: Service Area Insurance Type[10]



Uninsured Rate

Insurance coverage varies significantly across counties in the Service Area. For children without insurance, rates range from 6.9% in Collin County to 12.6% in Kaufman County. Adult uninsured rates are even higher, ranging from 12.3% in Collin County to 27.4% in Dallas County. Dallas County faces the biggest insurance challenges, with over one in four adults lacking coverage. These differences in insurance coverage directly affect families' ability to afford their child's specialized care. Counties with higher uninsured rates may have more families who need Scottish Rite's financial assistance programs like Crayon Care to access care.

Table 4.23: Uninsured Rate by Age Group by County, 2022[34]									
	Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	Service Area
Uninsured Children	6.9%	14.4%	8.0%	10.0%	11.8%	12.6%	8.4%	10.9%	11.1%
Uninsured Adults	12.3%	27.4%	13.0%	19.6%	21.4%	19.0%	12.5%	21.3%	20.6%

Healthcare provider availability varies dramatically across the Service Area. Collin County has the most primary care providers at 97.34 per 100,000 people, while Kaufman County has the fewest at 20.92. For rates of pediatricians certified by the American Board of Pediatrics, Collin County leads with 85.5 per 100,000, while Kaufman County has only 3.7. Mental health provider availability is highest in Dallas County at 220 per 100,000 and lowest in Ellis (107) and Kaufman (108) counties. Provider shortages, especially in rural counties, create challenges for timely identification and referral of children who might benefit from specialized bone and joint services. Better community outreach and provider education are essential for ensuring appropriate care coordination.

Table 4.24: Access to Care Indicators by County, 2024-2025									
	Collin	Dallas	Denton	Ellis	Grayson	Kaufman	Rockwall	Tarrant	Service Area
Rate of Primary Care Providers[35]	97.34	72.08	53.63	37.99	42.34	20.92	66.16	58.27	66.86
Rate of Mental Health Care Providers[35]	183.0	220.0	181.0	108.0	155.0	107.0	187.0	196.0	194.5
Rate of Dentists[36]	70.0	95.0	62.0	31.0	61.0	38.0	70.0	64.0	73.9
Rate of Pediatricians[37]	85.5	60.3	62.5	29	34	3.7	15.42	41.8	n/a

[34] Source: U.S. Census Bureau Small Area Health Insurance Estimates. 2022.
[35] Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). April 2025.
[36] Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). 2024.
[37] Source: American Board of Pediatrics, 2024

Provider shortages, particularly in rural counties, may make it harder to identify and refer children who might benefit from Scottish Rite's services. Community outreach and provider education are essential to make sure care for these families is well-coordinated.

Chapter 5 | Health Resource Inventory

The following section details existing resources, facilities and programs that are available throughout the community served by Scottish Rite to potentially address the significant health needs identified in **Chapter 3** of this CHNA.

Health Resources

The list of resources below is representative of the services available to children in the community served by Scottish Rite; however, this list is not exhaustive. Additionally, while the resources, facilities and programs listed in this section have been categorized into common groups, these organizations and programs may offer additional services as well. Please note that while the community overall may be adequately served by existing capacity in some areas, not every area is equally served and the need for additional resources may be greater in one geography as compared to another.

As shown, this health resource inventory was compiled based on input and information from Scottish Rite and its partners and have been categorized based on the identified priority health need that is most impacted by each resource, respectively.

Resources to Address Healthcare Access

Access to Care

When a patient's needs fall outside of Scottish Rite's scope of services, our team identifies external resources that are available for care, funding and/or education. As detailed in **Chapter 1**, Scottish Rite's Family Resource Center exists to help connect current and former patients, as well as other community members, with providers and organizations that are well-equipped to serve them. Scottish Rite's Family Resource Center also connects families with grants for care outside of Scottish Rite and works with external providers to fund offsite care for low-income Scottish Rite patients. Examples of existing health care programs within the community available to access care include but are not limited to:

- Children's Health
- University of Texas Southwestern Medical Center
- Cook Children's Medical Center
- Cook Children's Pediatric Specialties Prosper
- Medical City Children's Hospital
- Baylor Institute for Immunology Research
- Texas Child Neurology
- Athena Diagnostics
- Community Resource Coordination Group

In addition, Scottish Rite coordinates with outside vendors to deliver durable medical equipment to patients such as wheelchairs, walkers, canes, crutches, bathroom equipment, hospital beds and pressure relief cushions. Medical supplies used for feeding, wound care, respiratory care and/or incontinence are also ordered for families using outside vendors. Examples of these organizations include but are not limited to:

- Allumed
- Healthline Medical, Medco
- Medical Plus Supply
- Sendito
- Aveanna
- Majors Medical Supply
- Cook Children's Home Health Services

Affordability Barriers to Health Services

Scottish Rite is committed to its mission to provide the highest quality care available for children, within our scope of services, regardless of the family's ability to pay. Scottish Rite's financial assistance program, known as Crayon Care, offers care at no cost or significantly discounted cost to eligible families. Our financial counselors strive to ensure that all families are informed and familiar with this program. Any patient is eligible for consideration for financial assistance but must meet the eligibility criteria to qualify. Information about Crayon Care is provided in several ways, including being available on the Scottish Rite website, presented at the time of registration, displayed in clinical areas, and emphasized on patient billing statements and estimates. During registration, Patient Access Representatives ask if the family requests financial assistance and if so, they check a box in Epic which then routes the Financial Counselors to contact the family. Additionally, families are contacted prior to admissions, surgeries, Center for Dyslexia evaluations, and other high-cost services including, MRIs, CTs Infusions, Orthotics and Prosthetics & Physical/Occupational Therapy appointments. Scottish Rite continues to inform and educate local organizations and school districts out in the community about Crayon Care.

More detailed information regarding our Crayon Care policy, application, financial assistance summary and other frequently asked questions are also available at the organization's website.[38] All families are encouraged to apply. Of note, from October 2023 through September 2024, Scottish Rite received and approved the Crayon Care applications for more than 16,300 patient families.

[38] Please refer to https://scottishriteforchildren.org/becoming-our-patient/financial-assistance-crayon-care.

Through our dedicated team, Scottish Rite provides insurance enrollment assistance to underinsured and uninsured patients. Our staff helps families navigate insurance options, understand coverage benefits, and complete enrollment processes. Scottish Rite participates in the Community Resource Coordination Group (CRCG), a collaborative network of local partners and community members that work with parents, caregivers, youth and adults to identify and coordinate services and support. This includes financial assistance programs, insurance coverage navigation, primary care and specialty services coordination, mental and behavioral health care referrals, and community resource connections.

Geographic Barriers to Health Services

As noted previously, Scottish Rite is a world-renowned pediatric specialty center that cares for children from all over the world. Although the target population for the purposes of this CHNA resides within the eight-county community, many families travel from outside the area to come to Scottish Rite for care. In circumstances where families may be staying for long periods of time or lack the funds for accommodations while their child receives care, our team of social workers refer families to the Ronald McDonald House, which provides lodging, meals and transportation at very little to no cost. When the Ronald McDonald House does not have a vacancy, social workers provide a list of other hotels in the vicinity where families may choose to stay. Families with Medicaid are able to be reimbursed by Medicaid for lodging in many situations.

Additionally, the cost and time associated with travel to and from appointments can also be considerable, particularly for families traveling from outside of Dallas and Frisco. Families with Medicaid are able to be reimbursed by Medicaid for transportation in most situations. Social workers in the Scottish Rite Family Services Department are available to help families understand and navigate the processes for Medicaid transportation. Scottish Rite social workers work to facilitate airline tickets from Southwest Airlines for families living outside the community that do not have other resources to help with travel to Scottish Rite for appointments. Southwest Airlines donates ticket vouchers to be used by families with no other means of transportation. If such families can get to a Southwest Airlines hub, social workers will coordinate the trip with the family using the vouchers.

Communication Barriers to Health Services

Scottish Rite provides language support services to ensure effective communication with all families. Medical interpreters and translators at Scottish Rite provide Spanish-language verbal interpretation and written translation to ensure that families and their medical teams are able to communicate effectively. This staff also coordinates with outside agencies to ensure patients and families with limited English proficiency have access to the necessary interpretation and translation services.

Patient surveys are available in both English and Spanish, as referenced in the primary data collection activities outlined in this CHNA process. Educational materials and key communications are provided in multiple languages based on the demographics of the patient population served by Scottish Rite.

Resources to Address Behavioral Health

Scottish Rite provides limited psychology services and regularly screens patients for mental and behavioral health concerns. However, we recognize that there are organizations within the community that are highly specialized and dedicated to working with the mental and behavioral health of children and families. When needed, Scottish Rite's social workers and/or psychologists help coordinate with these specialized facilities to assist patients with the scheduling process. Examples include but are not limited to the following organizations:

- Child and Family Guidance Center
- Jewish Family and Children's Services
- Richland Oaks Counseling Center
- The Family Study Center at the University of Texas Southwestern Medical Center

In addition to these specialized providers, the community has access to 24-hour crisis intervention hotlines available through community mental health centers and emergency psychiatric services through major hospital systems. School-based mental health support programs are coordinated through local school districts, and peer support programs are available for children with chronic conditions and their families.

Specialized behavioral health programs are available throughout the community for specific conditions, including autism spectrum disorder support services, ADHD evaluation and treatment programs, and trauma-informed care services for children who have experienced medical trauma. Support groups for children with chronic conditions and their siblings are offered through various community organizations, and family counseling services specifically designed for families managing pediatric medical conditions provide targeted support for the unique challenges these families face.

Resources to Address Injury Prevention

Scottish Rite operates a comprehensive Center for Excellence in Sports Medicine that serves as a cornerstone resource for injury prevention and treatment in the community. The sports medicine program provides specialized care for young athletes, focusing on both the prevention and treatment of sport-related injuries through evidence-based practices and cutting-edge research. Scottish Rite's sports medicine services include injury

evaluation and treatment, performance enhancement programs, and education for athletes, families, and coaches on injury prevention strategies.

The Scottish Rite Fracture Clinic provides specialized orthopedic care for children who have sustained fractures, offering both emergency and follow-up treatment services. This clinic serves as a critical resource for families throughout the Dallas-Fort Worth region, providing expert care for both simple and complex fractures while emphasizing proper healing and rehabilitation to prevent long-term complications.

In addition to these clinical services, the Scottish Rite Therapeutic Recreation department helps children with chronic medical conditions or disabilities develop the skills and knowledge needed to enable them to safely participate in recreation and leisure activities. As described in **Chapter 1**, physicians can refer patients to Therapeutic Recreation for inpatient and outpatient services, such as:

- Adaptive sports, including tennis, dance and golf
- Adapted cycle evaluations
- Support for camps

In addition, the Therapeutic Recreation department works with community organizations to support patients and families, including:

- RISE (Recovery, Inspiration, Success, Empowerment): A nonprofit charitable organization based in the Dallas-Fort Worth metroplex that offers inclusive adaptive recreational sports programs free of charge to participants.
- AMBUCS: A national non-profit organization that encourages mobility and independence through provision of adaptive trykes, scholarships for therapists and a range of community service efforts.

Additional safety education and prevention programs are available through Scottish Rite's occupational therapy services, which provide home safety assessments and education. Community injury prevention education programs are coordinated with local health departments, and school-based safety programs address playground safety, sports injury prevention, and general childhood injury prevention. Car seat safety programs and inspections are available through community partnerships to ensure proper installation and usage. Other organizations throughout the community that can be used to address youth injury prevention include:

- Dallas County HHS Trauma & Injury Prevention: Child safety programs including safe sleep education, car seat safety checks, and water safety initiatives

- Children's Health Injury Prevention Service: Conducts research and community education on childhood injury prevention
- Injury Prevention Collaborative (Cook Children's): Multi-county collaboration focusing on child passenger safety, drowning prevention, gun safety and poison prevention
- Safe Kids North Texas: Community-based injury prevention programs providing safety education and equipment access

Chapter 6 | Next Steps

The CHNA findings are used to develop effective community health improvement strategies to address the priority needs identified throughout the process. The next and final step in the CHNA process is to develop community-based health improvement strategies and action plans to address the priorities identified in this assessment. Scottish Rite will leverage information from this CHNA to develop an implementation plan, while also working together with other partners in the community to ensure the priority need areas are being addressed in the most efficient and effective way. Scottish Rite believes that some of the most effective strategies will be those that have the collaborative support of community organizations and residents. The strategies developed will include measurable objectives through which progress can be measured.

Appendix 1 | Secondary Data Methodology and Sources

Many individual secondary data measures were analyzed as part of the CHNA process. These data provide detailed insight into the health status and health-related behavior of residents in the county. These secondary data are based on statistics of actual occurrences, such as the incidence of certain diseases, as well as statistics related to social determinants of health.

Methodology

All individual secondary data measures were grouped into six categories and 20 corresponding focus areas based on "common themes." To draw conclusions about the secondary data for the Scottish Rite Service Area, performance on each data measure was compared to established targets/ benchmarks. If a Scottish Rite Service Area county's performance was more than five percent worse than the comparative benchmark, it was concluded that improvements could be needed to better the health of the community. Conversely, if an area performed more than five percent better than the benchmark, it was concluded that while a need is still present, the significance of that need relative to others is likely less acute.

The most recently available data were compared to these targets/benchmarks in the following order (as applicable):

- For all available data sources, state and national averages were compared.

The following methodology was used to assign a priority level to each individual secondary data measure:

- If the data were more than 5 percent worse = High need
- If the data were within or equal to 5 percent (better or worse) = Medium need
- If the data were more than 5 percent better = Low need

Secondary Data Sources

The following tables are organized by each of the twenty focus areas and contain information related to the secondary data measures analyzed including a description of each measure, the data source, and most recent data time periods.

Table A1.1: Access to Care

Measure	Description	Data Source	Most Recent Data Year(s)
Uninsured Population (All Ages)	Percentage of the population without health insurance coverage. Numerator = Number of people currently uninsured in the county. Denominator = Number of people in the county.	U.S. Census Bureau Small Area Health Insurance Estimates	2022
Uninsured Adults (19 to 64)	Uninsured Adults is the percentage of the population ages 19 to 64 that have no health insurance coverage in a given county. Numerator = Number of people ages 19 to 64 who currently have no health insurance coverage. A person is uninsured if they are not currently covered by insurance through a current/former employer or union, purchased from an insurance company, Medicare, Medicaid, Medical Assistance, any kind of government-assistance plan for those with low incomes or disability, TRICARE or other military health care, Indian Health Services, VA, or any other health insurance or health coverage plan. Denominator = County population ages 19-64	U.S. Census Bureau Small Area Health Insurance Estimates	2022
Uninsured Children (<19)	Uninsured Children is the percentage of the population under age 19 that has no health insurance coverage in a given county. Numerator = Number of people under age 19 who currently have no health insurance coverage. A person is uninsured if they are not	U.S. Census Bureau Small Area Health Insurance Estimates	2022

	currently covered by insurance through a current/former employer or union, purchased from an insurance company, Medicare, Medicaid, Medical Assistance, any kind of government-assistance plan for those with low incomes or disability, TRICARE or other military health care, Indian Health Services, VA, or any other health insurance or health coverage plan. Denominator = County population under age 19		
Primary Care Provider Ratio	Primary Care Physicians is the ratio of the population to primary care physicians. The ratio represents the number of individuals served by one physician in a county, if the physicians were equally distributed across the population. Left: Represents county population Right: Represents the primary care physicians corresponding to county population. Primary care physicians include practicing non-federal physicians (M.D.s and D.O.s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics	Area Health Resource File/American Medical Association Robert Wood Johnson Foundation (RWJF) & University of Wisconsin Population Health Institute (UWPHI), County Health Rankings.	2025
Dentist Ratio	The ratio of the population to dentists. The ratio represents the population served by one dentist if the entire population of a county were distributed equally across all practicing dentists. Left: Represents county population Right: Represents the dentists corresponding to county population. Registered dentists with a National Provider Identifier are counted.	Area Health Resource File/National Provider Identifier RWJF & UWPHI, County Health Rankings.	2024

Mental Health Provider Ratio	The ratio of the population to mental health providers. The ratio represents the number of individuals served by one mental health provider in a county, if providers were equally distributed across the population. Left: Represents county population Right: The right side of the ratio represents the mental health providers corresponding to county population. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse, and advanced practice nurses specializing in mental health care	Area Health Resource File/National Provider Identifier RWJF & UWPHI, County Health Rankings.	2025
Pediatrician Ratio	The ratio of the population to pediatricians. The ratio represents the number of individuals served by one pediatrician in a county, if providers were equally distributed across the population	American Board of Pediatrics	2024

Table A1.2: Built Environment

Measure	Description	Data Source	Most Recent Data Year(s)
HH with Computer with Broadband Access %	Broadband Access is the percentage of households with a broadband internet connection through subscription. Numerator = Number of households in a county with a broadband internet subscription of any type (e.g., cable, DSL, fiber-optic, cell phone, or satellite) at their place of residence. The numerator includes affirmative responses to the ACS question: "At this house, apartment, or	FCC FABRIC Data. Additional data analysis by CARES. June, 2024.	2024

	mobile home- do you or any member of this household have access to the Internet?" Denominator = Total number of households in county		
Households with Computer	Estimate of the percentage of households that own a computer.	US Census Bureau, American Community Survey. 2019-23.	2023

Table A1.4: Diet and Exercise

Measure	Description	Data Source	Most Recent Data Year(s)
Physical Inactivity	Percentage of adults aged 18 and over reporting no leisure-time physical activity (age-adjusted). Numerator = Number of respondents who answered "no" to the question, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" Denominator = Number of respondents age 18 and older	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion	2021
Population with Access to Exercise Opportunities	Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity. Locations for physical activity are defined as parks or recreational facilities. Individuals are considered to have adequate access to exercise opportunities if they: • reside in a census block that is within a half mile of a park, or • reside in a census block that is within one mile of a recreational facility in an urban area, or • reside in a census block that is within three miles of a recreational facility in a rural area.	ArcGIS Business Analyst and Living Atlas of the World, YMCA & US Census Tigerline Files. Accessed via County Health Rankings.	2020, 2022, 2023

	Numerator = The numerator is the total 2020 population living in census blocks with adequate access to at least one location for physical activity. Adequate access is defined as census blocks where the border is a half-mile or less from a park, 1 mile or less from a recreational facility in an urban area, or 3 miles or less from a recreational facility in a rural area. Parks include local, state, and national parks. Recreational facilities include YMCAs as well as businesses including a wide variety of facilities such as gyms, golf courses, tennis courts and pools, identified by the following Standard Industry Classification (SIC) codes: 799101, 799102, 799103, 799106, 799107, 799108, 799109, 799110, 799111, 799112, 799201, 799701, 799702, 799703, 799704, 799707, 799711, 799717, 799723, 799901, 799908, 799958, 799969, 799971, 799984, or 799998. Denominator = 2020 resident county population		
Physical Activity (percentage)	This indicator shows the percentage of persons who self-reported no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021.	2021

Table A1.5: Education

Measure	Description	Data Source	Most Recent Data Year(s)
School Segregation Index	School Segregation measures how evenly representation of racial and ethnic groups in the student population is spread across schools using Theil's Index, a segregation index. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and ethnicity distributions in the student populations within the county, and higher values representing more segregation.	National Center for Education Statistics RWJF & UWPHI, County Health Rankings. Accessed September 2024.	2022-2023
School Funding Adequacy	School Funding Adequacy is the average gap in dollars between actual and required spending per pupil among school districts. Required spending is an estimate of dollars needed to achieve United States average test scores in each school district. This measure looks at funding through an equity lens, not every district's needs for funding are the same, and this measure of school funding takes that into account.	School Finance Indicators Database RWJF & UWPHI, County Health Rankings	2021
High School Attrition Rate	Number and percent of students from a class of 9th graders not enrolled in 12th grade four school years later. Year indicates the graduating year of the cohort.	Intercultural Development Research Association Accessed via Texas KIDS COUNT at Every Texan	2022-2023
Special Education Students	Number and percentage of students in all grades receiving special education services.	Texas Education Agency, 2022-2023 Accessed via Texas KIDS COUNT at Every Texan	

Table A1.6: Employment and Income

Measure	Description	Data Source	Most Recent Data Year(s)
Unemployment Rate (ages 16+)	Numerator = Total number of people in the civilian labor force, ages 16 and older, who are unemployed but seeking work. Unemployed persons are defined as persons who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4-week period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed. Denominator =Total number of people in the civilian labor force, ages 16 and older. The civilian labor force includes all persons in the civilian noninstitutional population classified as either employed or unemployed. Employed persons are all persons who, during the reference week (the week including the 12th day of the month), (a) did any work as paid employees, worked in their own business or profession or on their own farm, or worked 15 hours or more as unpaid workers in an enterprise operated by a member of their family, or (b) were not working but who had jobs from which they were temporarily absent because of vacation, illness, bad weather, childcare problems, maternity or paternity leave, labor-management dispute, job training, or other family or personal reasons, whether or not they were paid for the time off or were seeking other jobs. Each employed person is counted only once, even	US Department of Labor, Bureau of Labor Statistics. 2024 - December.	2024

	if he or she holds more than one job.		
Children in Poverty	Numerator = Number of people under age 18 living in a household whose income is below the poverty level. Poverty status is defined by family; either everyone in the family is in poverty or no one in the family is in poverty. The characteristics of the family used to determine the poverty threshold are: number of people, number of related children under 18, and whether or not the primary householder is over age 65. Family income is then compared to the poverty threshold; if that family's income is below that threshold, the family is in poverty. Denominator = Total number of people under age 18 in a county.	ACS, 5-year estimates RWJF & UWPHI, County Health Rankings.	2019-2023
ALICE Households	ALICE – Asset Limited, Income Constrained, Employed – earning above the Federal Poverty Level yet struggling to afford basic expenses. The ALICE Household Survival Budget is the bare minimum cost of household basics necessary to live and work in the current economy. These basic budget items include housing, child care, food, transportation, health care, and technology, plus taxes and a contingency fund (miscellaneous) equal to 10% of the household budget. The budget is calculated separately for each county and for different household types and is updated as costs and household needs change over time. The ALICE Threshold represents the minimum income level necessary for survival for a household. Derived from the Household Survival Budget, the ALICE Threshold is rounded to the nearest American Community	The State of ALICE in Texas: 2025 Update on Financial Hardship United For Alice	2025

	Survey income category and adjusted for household size and composition for each county.		
Income Inequality Ratio	Income Inequality is the ratio of household income at the 80th percentile to that at the 20th percentile Numerator = 80th percentile of median household income in a county. Income, defined as "total income," is the sum of the amounts reported separately for wage or salary income; net self-employment income; interest, dividends, or net rental or royalty income or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income. Receipts from the following sources are not included as income: capital gains, money received from the sale of property (unless the recipient was engaged in the business of selling such property); the value of income "in kind" from food stamps, public housing subsidies, medical care, employer contributions for individuals, etc.; withdrawal of bank deposits; money borrowed; tax refunds; exchange of money between relatives living in the same household; gifts and lump-sum inheritances, insurance payments, and other types of lump-sum receipts. Denominator = 20th percentile of median household income by county.	ACS, 5-year estimates RWJF & UWPHI, County Health Rankings.	2019-2023
Gender Pay Gap	The ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar."	US Census Bureau, American Community Survey. 2018-2022.	2018-2022

Median Household Income	Income where half of households in a county earn more and half of households earn less. Income, defined as "Total income", is the sum of the amounts reported separately for: wage or salary income; net self-employment income; interest, dividends, or net rental or royalty income or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income. Receipts from the following sources are not included as income: capital gains; money received from the sale of property (unless the recipient was engaged in the business of selling such property); the value of income "in kind" from food stamps, public housing subsidies, medical care, employer contributions for individuals, etc.; withdrawal of bank deposits; money borrowed; tax refunds; exchange of money between relatives living in the same household; gifts and lump-sum inheritances, insurance payments, and other types of lump-sum receipts.	U.S. Census Bureau ACS Table S1901 5-Year Estimates, 2019-2023.	2019-2023

Table A1.7: Environmental Quality

Measure	Description	Data Source	Most Recent Data Year(s)
Air Pollution	Air Pollution - Particulate Matter is a measure of the fine particulate matter in the air. It is reported as the average daily density of fine particulate matter in micrograms per cubic meter. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers (PM2.5).	Environmental Public Health Tracking Network RWJF & UWPHI, County Health Rankings.	2020

Presence of Water Violation	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	Safe Drinking Water Information System RWJF & UWPHI, County Health Rankings.	2023

Table A1.8: Family, Community, and Social Support

Measure	Description	Data Source	Most Recent Data Year(s)
Percentage of children that live in single-parent household	Children in Single-Parent Households is the percentage of children (under 18 years of age) living in family households that are headed by a single parent. Numerator = Number of children in family households where the household is headed by a single parent (male or female head of household with no spouse present). Denominator = Number of children living in family households in a county. Foster children and children living in non-family households or group quarters are not included in either the numerator or denominator.	ACS, 5-year estimates RWJF & UWPHI, County Health Rankings.	2019-2023
Childcare Cost Burden	Child Care Cost Burden is the cost of child care for a household with two children as a percent of median household income. Numerator = Child care cost data provided by the Living Wage Institute Denominator = Median household income data calculated from the Small Area Income and Poverty Estimates.	The Living Wage Institute; Small Area Income and Poverty Estimates RWJF & UWPHI, County Health Rankings.	2022 & 2023
Rate of Head Start Programs	Head Start is a program designed to help children from birth to age five who come from families at or below poverty level. The program's goal is to help children become ready for kindergarten while also	US Department of Health & Human Services, HRSA - Administration for Children and Families. 2025.	2025

	providing the needed requirements to thrive, including health care and food support. This indicator reports the number and rate of Head Start program facilities per 10,000 children under age 5.		
Foster Care Rate	The number and rate per 1,000 children (birth to age 17) in foster care. The term foster care refers to care given to children under the Texas Department of Family and Protective Services' (DFPS) legal responsibility who are placed in foster homes, foster group homes, institutions, residential treatment facilities, juvenile facilities, and who are in a placement paid by DFPS or some other public facility.	Texas Department of Family and Protective Services, 2022 Data accessed from the Texas Open Data Portal	2022
% Population Age 16-19 Not in School and Not Employed	Numerator = Number of people, ages 16-19, who are neither working nor in school. Denominator = Total county population, ages 16-19	ACS, 5-year estimates RWJF & UWPHI, County Health Rankings.	2019-2023

Table A1.9: Food Security

Measure	Description	Data Source	Most Recent Data Year(s)
Food Insecurity	Food Insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year. Numerator = Population with a lack of access, at times, to enough food for an active, healthy life or with uncertain availability of nutritionally adequate foods. Denominator = Total county population.	Map the Meal Gap RWJF & UWPHI, County Health Rankings	2021
% Food Insecure Children	This indicator reports the estimated percentage of the population under age 18 that experienced food insecurity at some point during the report year.	Feeding America	2022

Children eligible for free or reduced-price lunch	Children Eligible for Free or Reduced Price Lunch is the percentage of children enrolled in public schools that are eligible for free or reduced price lunch. Numerator = Number of public school students, grades PK-12, eligible for free or reduced price lunch. Children eligible for free lunch live in a family with income less than 130% of the federal poverty level or who are directly certified, while children eligible for reduced price lunch live in a family with income less than 185% of the federal poverty level. Students are directly certified to receive free meals if they belong to a household receiving selected federal benefits or are migrant, homeless, in foster care, or in Head Start. Denominator = Total number of students enrolled in public schools, grades PK-12	RWJF & UWPHI, County Health Rankings	2022-2023
Households receiving food stamps /SNAP	Percent of households receiving food stamps /SNAP	U.S. Census Bureau ACS Table S2201 5-Year Estimates, 2019-2023	2019-2023

Table A1.10: Housing and Homelessness

Measure	Description	Data Source	Most Recent Data Year(s)
Severe Housing Problems	Numerator = Number of households with 1 of 4 housing problems: lack of kitchen facilities, lack of plumbing facilities, overcrowding, or high housing costs. Incomplete kitchen facilities is defined as a unit which lacks a sink with running water, a stove or range, or a refrigerator. Incomplete plumbing facilities is defined as lacking hot and cold piped water, a flush toilet, or a bathtub/shower. Overcrowding is defined as more than one person per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50% of monthly income. Denominator = Total number of households in county	Comprehensive Housing Affordability Strategy (CHAS) data RWJF & UWPHI, County Health Rankings.	2023
Homeownership	Homeownership is the percentage of occupied housing units that are owned. Numerator = Total number of owner-occupied housing units in a county. Denominator = Total occupied housing units in a county.	U.S. Census Bureau ACS Table H10 Decennial Census, 2023.	2023
Severe Housing Cost Burden	Severe Housing Cost Burden is the percentage of households that spend 50% or more of their household income on housing. Numerator = Total number of households in a county that spend 50% or more of their household income on housing. Denominator = Total occupied housing units for which housing cost burden is computed in a county.	ACS, 5-year estimates RWJF & UWPHI, County Health Rankings	2019-2023
% Adults Having Housing Insecurity	This indicator reports the percentage of adults age 18 and	Centers for Disease Control and Prevention, Behavioral Risk Factor	2022

	older who report having housing insecurity in the past 12 months.	Surveillance System. Accessed via the PLACES Data Portal. 2022.	
% Adults Having Utility Services Threat	This indicator reports the percentage of adults age 18 and older who report having utility services threat in the past 12 months	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.	2022
% Homeless Youth	The percentage of children aged 0-17 who were determined to be homeless- experiences of sleeping in places not meant for living, staying in shelters, staying in hotels, motels, or campgrounds due to a lack of alternatives staying in cars, parks, or public spaces, or temporarily staying with others ("couch surfing") while lacking a safe and stable alternative living arrangement. This term can also refer to experiences of living in unsafe or substandard housing, or experiences of chronic housing instability.	US Department of Education, ED Data Express. Additional data analysis by CARES. 2021-2022.	2022

Table A1.11: Length of Life

Measure	Description	Data Source	Most Recent Data Year(s)
Premature Death **(years of potential life lost before age 75 per 100,000 population age-adjusted)**	Premature Age-Adjusted Mortality measures the number of deaths among residents under the age of 75 per 100,000 population. Rates measure the number of events (e.g., deaths, births) in a given time period divided by the average number of people at risk during that period. Numerator = Number of total deaths under the age of 75 Denominator = Total population under the age of 75	National Center for Health Statistics (NCHS) RWJF & UWPHI, County Health Rankings	2019-2021

Life Expectancy	Life Expectancy measures the average number of years from birth people are expected to live, according to the current mortality experience (age-specific death rates) of the population. Life Expectancy calculations are based on the number of deaths in a given time period and the average number of people at risk of dying during that period.	NCHS RWJF & UWPHI, County Health Rankings	2019-2021
Child Mortality	Number of deaths occurring before age 20 per 100,000 population. Numerator = Number of deaths occurring before the age of 20. Denominator = Total population under the age of 20.	NCHS RWJF & UWPHI, County Health Rankings	2019-2021

Table A1.12: Maternal and Infant Health

Measure	Description	Data Source	Most Recent Data Year(s)
Infant Mortality	Number of all infant deaths (within 1 year), per 1,000 live births. Numerator = Cumulative number of deaths occurring before one year of age. Denominator = Total number of live births.	NCHS RWJF & UWPHI, County Health Rankings	2015-2021
Low Birthweight (< 2500 grams)	Percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). Numerator = Number of live births for which the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.) over seven years. Denominator = Total number of live births for which weight was recorded over seven years.	NCHS RWJF & UWPHI, County Health Rankings	2016-2022

Table A1.13: Mental Health

Measure	Description	Data Source	Most Recent Data Year(s)
Average Number of Mentally Unhealthy Days	Poor Mental Health Days is the average number of mentally unhealthy days reported in the past 30 days. Numerator = Number of days respondents reported to the question "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Denominator = Total number of adult respondents in a county.	BRFSS RWJF & UWPHI, County Health Rankings	2021
Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). Numerator = Number of adults who reported 14 or more days in response to the question, “Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” Denominator = Total number of adult respondents in a county.	BRFSS RWJF & UWPHI, County Health Rankings	2021
Suicide Rate	Number of deaths due to suicide per 100,000 population (age-adjusted). Numerator = Number of deaths in a county over the 5-year period due to suicide as defined by ICD-10 codes X60-X84 (self-harm). Denominator = Aggregate county population over the 5 year period.	NCHS RWJF & UWPHI, County Health Rankings	2017-2021
Adults ever diagnosed with depression	Percent of adults reporting that a health professional has told them that they have a depressive disorder.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the	2022

		PLACES Data Portal 2022	

Table A1.14: Physical Health

Measure	Description	Data Source	Most Recent Data Year(s)
Poor Physical Health Days per Month	Poor Physical Health Days measures the average number of physically unhealthy days reported in the past 30 days. Numerator = Average number of days reported by respondents to the question "Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?" Denominator = Total number of adult respondents in a county.	BRFSS RWJF & UWPHI, County Health Rankings	2021
Poor to Fair Health	Poor or Fair Health is the percentage of adults in a county who consider themselves to be in poor or fair health. Numerator = Number of respondents who answered "Would you say that in general your health is Excellent/Very good/Good/Fair/Poor?" with fair or poor. Denominator = Total number of adult respondents in a county.	BRFSS RWJF & UWPHI, County Health Rankings	2022
Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average. Numerator = Number of adults who responded to the following question by stating they sleep less than 7 hours per night: “On average, how many hours of sleep do you get in a 24-hour period?"	BRFSS RWJF & UWPHI, County Health Rankings	2022

	Denominator = Total number of adult respondents in a county.		

Table A1.15: Quality of Care

Measure	Description	Data Source	Most Recent Data Year(s)
% Year Changes in Vaccines Administered	Difference between overall recommended pediatric vaccinations between year 2023 and 2024	Texas Immunization Registration, 2024-2025	2024-2025
Seventh Grade MMR Vaccination	Rate of Seventh Graders with the MMR Vaccination in the 2024-2025 School Year	Texas Immunization Registration, 2024-2025	2024-2025
Kindergarten MMR Vaccination	Rate of Kindergarteners with the MMR Vaccination in the 2024-2025 School Year	Texas Immunization Registration, 2024-2025	2024-2025

Table A1.16: Safety

Measure	Description	Data Source	Most Recent Data Year(s)
Injury Death Rate	Injury Deaths is the number of deaths that result from injuries per 100,000 people. This measure includes injuries from intentional causes (such as homicide or suicide) and unintentional causes (such as motor vehicle accidents). Rates measure the number of events (e.g., deaths, births) in a specific time period divided by the average number of people at risk during that period. Numerator = Number of deaths with an underlying cause of injury (ICD-10 codes *U01-*U03, V01-Y36, Y85-Y87, Y89) during the five-year period. Denominator = Aggregate annual population for the five year period.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.	2019-2023
Motor Vehicle Crash Death Rate	Motor Vehicle Crash Deaths is the number of deaths due to traffic accidents involving a motor vehicle per 100,000 population	Centers for Disease Control and Prevention, CDC - National Vital Statistics System.	2019-2023

	Numerator = includes traffic accidents involving motorcycles, 3-wheel motor vehicles, cars, vans, trucks, buses, street cars, ATVs, industrial, agricultural, and construction vehicles, and bicyclists or pedestrians when colliding with any of these vehicles, over a seven-year period (ICD10 codes: V02-V04 (.1, .9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1, V83-V86 (.0-.3), V87 (.0-.8), and V89.2). Deaths due to boating accidents and airline crashes are not included in the numerator. Denominator = Aggregate annual population over the seven-year period.	Accessed via CDC WONDER. 2019-2023.	
Homicide Rate	Homicides is the number of deaths from assaults per 100,000 population. Numerator = Number of deaths in a county over the 7-year period due to homicide as defined by ICD-10 codes X85-Y09 (assault). Denominator = Aggregate annual population over the seven-year period.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.	2019-2023
Firearm Fatality Rate	Firearm Fatalities is the number of deaths due to firearms in a county per 100,000 population. Numerator = number of deaths in a county over the 5-year period due to firearms as defined by ICD-10 codes W32-W34, X72-X74, X93-X95, Y22-Y24, and Y35.0. Denominator = Aggregate annual population over the 5-year period.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.	2019-2023

Table A1.17: Tobacco Use

Measure	Description	Data Source	Most Recent Data Year(s)
Adult Smoking	Adult Smoking is the percentage of the adult population in a county who both report that they currently smoke every day or some days and have smoked at least 100 cigarettes in their lifetime. Numerator = The numerator is the number of adult respondents who reported "Yes" to the following question: Have you smoked at least 100 cigarettes in your entire life? and "Every day or some days" to the question: Do you now smoke cigarettes every day, some days, or not at all? Denominator = Total number of adult respondents in county	BRFSS RWJF & UWPHI, County Health Rankings	2021

Table A1.18: Transportation Options and Transit

Measure	Description	Data Source	Most Recent Data Year(s)
Driving Alone to Work	Numerator = Number of workers who commute alone to work via car, truck, or van. Denominator = Total workforce.	ACS, 5-year estimates RWJF & UWPHI, County Health Rankings	2019-2023
Long Commute/Driving Alone	Numerator = Number of workers who drive alone (via car, truck, or van) for more than 30 minutes during their commute. Denominator = Number of workers who drive alone (via car, truck, or van) during their commute.	ACS, 5-year estimates RWJF & UWPHI, County Health Rankings.	2019-2023

Appendix 2 | Secondary Data Comparisons

Description of Focus Area Comparisons

When viewing the secondary data summary tables, please note that the following color shadings have been included to identify how Scottish Rite Service Area counties compares to Texas and the national benchmark. If both statewide Texas and national data was available, Texas data was preferentially used as the target/benchmark value.

Secondary Data Summary Table Color Comparisons

Color Shading	Priority Level	Scottish Rite Service Area Description
	Low	Represents measures in which Service Area scores are **more than five percent better** than the most applicable target/benchmark and for which a low priority level was assigned.
	Medium	Represents measures in which Service Area scores are comparable to the most applicable target/benchmark scoring **within or equal to five percent**, and for which a medium priority level was assigned.
	High	Represents measures in which Service Area scores are **more than five percent worse** than the most applicable target/benchmark and for which a high priority level was assigned.

Note: Please see the methodology section of this report for more information on assigning need levels to the secondary data.

Please note that to categorize each metric in this manner and identify the priority level, the Scottish Rite Service Area county value was compared to the benchmark by calculating the percentage difference between the values, relative to the benchmark value:

(Scottish Rite Service Area County Value – Benchmark Value)/(Benchmark) x 100 = % Difference Used to Identify Priority Level

For example, for the % Physically Inactive metric for Collin County, the following calculation was completed:

(93.0%-82.0%)/(82.0%) x 100% = 13.4% = Displayed as **High Priority Level**, Shaded in Red

This metric indicates that the percentage of the population who are physically inactive in Collin County is 13.4 percent worse (or, in this case, higher) than the percentage of the population who are physically inactive in the state of Texas.

Detailed Focus Area Benchmarks – Collin County, Texas

Table A2.1: Access To Care

Measure	National Benchmark	Texas Benchmark	Collin County Data	Most Recent Year of Data	Collin County Need
% Uninsured	8.6%	17.4%	9.9%	2023	Low
% Uninsured Adults	11.2%	22.3%	12.3%	2022	Low
% Uninsured Children	5.1%	10.7%	6.93%	2022	Low
Primary Care Physicians Ratio	74.9	60.3	97.3	2024	Low
Dentist Ratio	73.4	63.0	70.0	2024	Low
Mental Health Provider Ratio	332.6	170.0	183.0	2024	Low
Pediatrician Ratio	85.3	52.1	85.5	2024	Low

Table A2.2: Built Environment

Measure	National Benchmark	Texas Benchmark	Collin County Data	Most Recent Year of Data	Collin County Need
HH with Computer with Broadband Access %	92.1%	91.8%	96.7%	2024	Low
HH without computer %	3.2%	2.8%	0.7%	2023	Low

Table A2.3: Diet and Exercise

Measure	National Benchmark	Texas Benchmark	Collin County Data	Most Recent Year of Data	Collin County Need
Walkability Index	10	9	9	2021	Low
% With Access to Exercise Opportunities	84.4%	82.0%	93.0%	2021	Low
% Physically Inactive	19.5%	19.9%	17.1%	2023	Low

Table A2.4: Education

Measure	National Benchmark	Texas Benchmark	Collin County Data	Most Recent Year of Data	Collin County Need
Segregation Index	0.24	0.26	0.11	2023	Low
School Funding Adequacy	$758	-$5,341	-$627	2022	Low
High School Attrition Rate	No Data	23%	11%	2023	Low

Special Education Students	No Data	12.7%	12.8%	2023	Medium

Table A2.5: Employment and Income

Measure	National Benchmark	Texas Benchmark	Collin County Data	Most Recent Year of Data	Collin County Need
% Unemployed	4.3%	4.0%	3.7%	2024	Low
% Population Living in Poverty	12.4%	13.8%	6.3%	2023	Low
% Children in Poverty	36.6%	41.2%	18.6%	2023	Low
ALICE Households	No Data	42%	31%	2023	Low
Income Inequality Ratio	0.48	0.48	0.43	2023	Low
Gender Pay Gap	0.82	0.8	0.69	2022	High
Median Household Income	$78,538	$76,292	$117,588	2023	Low

Table A2.6: Environmental Quality

Measure	National Benchmark	Texas Benchmark	Collin County Data	Most Recent Year of Data	Collin County Need
Average Daily PM2.5	9.2	9.4	9.4	2020	Low
Presence of Water Violation	16,107	2,829	0	2023	Low

Table A2.7: Family, Community, and Social Support

Measure	National Benchmark	Texas Benchmark	Collin County Data	Most Recent Year of Data	Collin County Need
Children in Single-Parent Households	24.8%	25.4%	14.9%	2023	Low
Childcare Cost Burden	29.3%	29.9%	28.9%	2023	Low
Rate of Head Start Programs	11.36	7.56	0.79	2024	High
Foster Care Rate	No Data	1.6	0.4	2022	Low
% Population Age 16-19 Not in School and Not Employed	6.8%	8.1%	5.6%	2023	Low

Table A2.8: Food Security

Measure	National Benchmark	Texas Benchmark	Collin County Data	Most Recent Year of Data	Collin County Need
% Food Insecure	12.9%	16.0%	12.1%	2022	Low
% Food Insecure Children	18.0%	22.7%	15.0%	2022	Low
% Eligible Free or Reduced Lunch	31.2%	34.4%	60.0%	2023	High
Households Receiving Food Stamp/SNAP	11.8%	11.4%	3.0%	2023	Low

Table A2.9: Housing and Homelessness

Measure	National Benchmark	Texas Benchmark	Collin County Data	Most Recent Year of Data	Collin County Need
% Severe Housing Problems	32.0%	33.6%	31.4%	2023	Low
% Homeowners	65.0%	62.6%	64.1%	2023	Low
% Households with Severe Cost Burden	13.9%	13.7%	12.5%	2023	Low
% Adults Having Housing Insecurity	11.8%	16.5%	10.1%	2022	Low
% Adults Having Utility Services Threat	8.2%	11.1%	6.7%	2022	Low
% Homeless Youth	2.3%	1.9%	1.0%	2022	Low

Table A2.10: Length of Life

Measure	National Benchmark	Texas Benchmark	Collin County Data	Most Recent Year of Data	Collin County Need
Years of Potential Life Lost	8,367	8,233	4,576	2021	Low
Life Expectancy	77.2	76.7	81.3	2021	Low
Child Mortality Rate (per 100,000 children)	51.5	53.0	36.0	2021	Low

Table A2.11: Maternal and Infant Health

Measure	National Benchmark	Texas Benchmark	Collin County Data	Most Recent Year of Data	Collin County Need
Infant Mortality Rate	6.0	5.6	4.0	2021	Low
% Low Birthweight	8.5%	8.4%	7.5%	2022	Low

Table A2.12: Mental Health

Measure	National Benchmark	Texas Benchmark	Collin County Data	Most Recent Year of Data	Collin County Need
Average Poor Mental Health Days per Month	5.2	5.3	4.5	2022	Low
Rate of Deaths by Suicide	14.5	14	11.5	2023	Low
% Adults ever diagnosed with depression	21.1%	21.8%	18.3%	2022	Low

Table A2.13: Physical Health

Measure	National Benchmark	Texas Benchmark	Collin County Data	Most Recent Year of Data	Collin County Need
Average Number of Physically Unhealthy Days	3.9	3.8	3.3	2021	Low
% Poor to Fair Health	12.0%	13.1%	8.9%	2022	Low
% Insufficient Sleep	36.0%	38.3%	34.9%	2022	Low

Table A2.14: Quality of Care

Measure	National Benchmark	Texas Benchmark	Collin County Data	Most Recent Year of Data	Collin County Need
% Year Changes in Vaccines Administered	No Data	No Data	0.6%	2024	n/a
Seventh Grade MMR Vaccination	No Data	No Data	96.6%	2025	n/a
Kindergarten MMR Vaccination	No Data	No Data	93.0%	2025	n/a

Table A2.15: Safety

Measure	National Benchmark	Texas Benchmark	Collin County Data	Most Recent Year of Data	Collin County Need
Injury Death Rate	63.3	46.8	27.8	2023	Low
Homicide Mortality Rate	7.1	7.2	2.3	2023	Low
Firearm Fatalities Rate	13.8	14.6	8.7	2023	Low
Motor Vehicle Mortality Rate	12.8	14.1	6.9	2023	Low

Table A2.16: Tobacco Use

Measure	National Benchmark	Texas Benchmark	Collin County Data	Most Recent Year of Data	Collin County Need
% Adults Reporting Currently Smoking	12.9%	14.5%	9.1%	2022	Low

Table A2.17: Transportation and Transit

Measure	National Benchmark	Texas Benchmark	Collin County Data	Most Recent Year of Data	Collin County Need
Long Commute to Work	8.7%	8.2%	8.1%	2023	Low
Commute to Work Using Public Transit	3.5%	1.0%	0.6%	2023	Low

Detailed Focus Area Benchmarks – Dallas County, Texas

Table A2.18: Access to Care

Measure	National Benchmark	Texas Benchmark	Dallas County Data	Most Recent Year of Data	Dallas County Need
% Uninsured	8.6%	17.4%	21.6%	2023	High
% Uninsured Adults	11.2%	22.3%	27.4%	2022	High
% Uninsured Children	5.1%	10.7%	14.4%	2022	High
Primary Care Physicians Ratio	74.9	60.3	72.1	2025	Low
Dentist Ratio	73.4	63.0	95.0	2024	Low
Mental Health Provider Ratio	332.6	170.0	220.0	2025	Low
Pediatrician Ratio	85.3	52.1	60.3	2024	Low

Table A2.19: Built Environment

Measure	National Benchmark	Texas Benchmark	Dallas County Data	Most Recent Year of Data	Dallas County Need
HH with Computer with Broadband Access %	92.1%	91.8%	91.6%	2024	Low
HH without computer %	3.2%	2.8%	3.0%	2023	High

Table A2.20: Diet and Exercise

Measure	National Benchmark	Texas Benchmark	Dallas County Data	Most Recent Year of Data	Dallas County Need
Walkability Index	10	9	12	2021	Low
% With Access to Exercise Opportunities	84.4%	82.0%	96.0%	2021	Low
% Physically Inactive	19.5%	19.9%	23.1%	2023	High

Table A2.21: Education

Measure	National Benchmark	Texas Benchmark	Dallas County Data	Most Recent Year of Data	Dallas County Need
Segregation Index	0.24	0.26	0.25	2023	Low
School Funding Adequacy	$758	-$5,341	-$7,232	2022	High
High School Attrition Rate	No Data	23%	27%	2023	High
Special Education Students	No Data	12.7%	11.2%	2023	Low

Table A2.22: Employment and Income

Measure	National Benchmark	Texas Benchmark	Dallas County Data	Most Recent Year of Data	Dallas County Need
% Unemployed	4.3%	4.0%	3.9%	2024	Low
% Population Living in Poverty	12.4%	13.8%	14.0%	2023	Medium
% Children in Poverty	36.6%	41.2%	48.6%	2023	High
ALICE Households	No Data	42%	43%	2023	Medium
Income Inequality Ratio	0.48	0.48	0.49	2023	Medium
Gender Pay Gap	0.82	0.8	0.89	2022	Low
Median Household Income	$78,538	$76,292	$74,149	2023	Medium

Table A2.23: Environmental Quality

Measure	National Benchmark	Texas Benchmark	Dallas County Data	Most Recent Year of Data	Dallas County Need
Average Daily PM2.5	9.2	9.4	8.8	2020	Low
Presence of Water Violation	16,107	2,829	0	2023	Low

Table A2.24: Family, Community, and Social Support

Measure	National Benchmark	Texas Benchmark	Dallas County Data	Most Recent Year of Data	Dallas County Need
Children in Single-Parent Households	24.8%	25.4%	29.9%	2023	High
Childcare Cost Burden	29.3%	29.9%	35.0%	2023	High
Rate of Head Start Programs	11.36	7.56	4.63	2024	High
Foster Care Rate	No Data	1.6	1.1	2022	Low
% Population Age 16-19 Not in School and Not Employed	6.8%	8.1%	9.1%	2023	High

Table A2.25: Food Security

Measure	National Benchmark	Texas Benchmark	Dallas County Data	Most Recent Year of Data	Dallas County Need
% Food Insecure	12.9%	16.0%	15.6%	2022	Low
% Food Insecure Children	18.0%	22.7%	25.0%	2022	High
% Eligible Free or Reduced Lunch	31.2%	34.4%	30.0%	2023	Low

Households Receiving Food Stamp/SNAP	11.8%	11.4%	10.3%	2023	Low

Table A2.26: Housing and Homelessness

Measure	National Benchmark	Texas Benchmark	Dallas County Data	Most Recent Year of Data	Dallas County Need
% Severe Housing Problems	32.0%	33.6%	39.3%	2023	High
% Homeowners	65.0%	62.6%	50.8%	2023	High
% Households with Severe Cost Burden	13.9%	13.7%	16.2%	2023	High
% Adults Having Housing Insecurity	11.8%	16.5%	15.9%	2022	Low
% Adults Having Utility Services Threat	8.2%	11.1%	10.9%	2022	Low
% Homeless Youth	2.3%	1.9%	2.4%	2022	High

Table A2.27: Length of Life

Measure	National Benchmark	Texas Benchmark	Dallas County Data	Most Recent Year of Data	Dallas County Need
Years of Potential Life Lost Rate	8,367	8,233	8,431	2021	Medium
Life Expectancy	77.2	76.7	76.7	2021	Low
Child Mortality Rate (per 100,000 children)	51.5	53.0	60.0	2021	High

Table A2.28: Maternal and Infant Health

Measure	National Benchmark	Texas Benchmark	Dallas County Data	Most Recent Year of Data	Dallas County Need
Infant Mortality Rate	6.0	5.6	6.0	2021	High
% Low Birthweight	8.5%	8.4%	8.5%	2022	Medium

Table A2.29: Mental Health

Measure	National Benchmark	Texas Benchmark	Dallas County Data	Most Recent Year of Data	Dallas County Need
Average Poor Mental Health Days per Month	5.2	5.3	5.5	2022	High
Rate of Deaths by Suicide	14.5	14	11.3	2023	Low
% Adults ever diagnosed with depression	21.1%	21.8%	19.6%	2022	Low

Table A2.30: Physical Health

Measure	National Benchmark	Texas Benchmark	Dallas County Data	Most Recent Year of Data	Dallas County Need
Average Number of Physically Unhealthy Days	3.9	3.8	4.1	2021	High
% Poor to Fair Health	12.0%	13.1%	12.1%	2022	Low
% Insufficient Sleep	36.0%	38.3%	35.6%	2022	Low

Table A2.31: Quality of Care

Measure	National Benchmark	Texas Benchmark	Dallas County Data	Most Recent Year of Data	Dallas County Need
% Year Changes in Vaccines Administered	No Data	No Data	-1.1%	2024	n/a
Seventh Grade MMR Vaccination	No Data	No Data	97.4%	2025	n/a
Kindergarten MMR Vaccination	No Data	No Data	90.1%	2025	n/a

Table A2.32: Safety

Measure	National Benchmark	Texas Benchmark	Dallas County Data	Most Recent Year of Data	Dallas County Need
Injury Death Rate	63.3	46.8	49.0	2023	High
Homicide Mortality Rate	7.1	7.2	11.1	2023	High
Firearm Fatalities Rate	13.8	14.6	16	2023	High
Motor Vehicle Mortality Rate	12.8	14.1	13.1	2023	Low

Table A2.33: Tobacco Use

Measure	National Benchmark	Texas Benchmark	Dallas County Data	Most Recent Year of Data	Dallas County Need
% Adults Reporting Currently Smoking	12.9%	14.5%	13.3%	2022	Low

Table A2.34: Transportation and Transit

Measure	National Benchmark	Texas Benchmark	Dallas County Data	Most Recent Year of Data	Dallas County Need
Long Commute to Work	8.7%	8.2%	7.7%	2023	Low
Commute to Work Using Public Transit	3.5%	1.0%	1.6%	2023	High

Detailed Focus Area Benchmarks – Denton County, Texas

Table A2.35: Access to Care

Measure	National Benchmark	Texas Benchmark	Denton County Data	Most Recent Year of Data	Denton County Need
% Uninsured	8.6%	17.4%	10.8%	2023	Low
% Uninsured Adults	11.2%	22.3%	13.0%	2022	Low
% Uninsured Children	5.1%	10.7%	8.0%	2022	Low
Primary Care Physicians Ratio	74.9	60.3	53.6	2024	High
Dentist Ratio	73.4	63.0	62.0	2024	Medium
Mental Health Provider Ratio	332.6	170.0	181.0	2024	Low
Pediatrician Ratio	85.3	52.1	62.5	2024	Low

Table A2.36: Built Environment

Measure	National Benchmark	Texas Benchmark	Denton County Data	Most Recent Year of Data	Denton County Need
HH with Computer with Broadband Access %	92.1%	91.8%	96.4%	2024	Low
HH without computer %	3.2%	2.8%	0.9%	2023	Low

Table A2.37: Diet and Exercise

Measure	National Benchmark	Texas Benchmark	Denton County Data	Most Recent Year of Data	Denton County Need
Walkability Index	10	9	9	2021	Low
% With Access to Exercise Opportunities	84.4%	82.0%	94.0%	2021	Low
% Physically Inactive	19.5%	19.9%	17.8%	2023	Low

Table A2.38: Education

Measure	National Benchmark	Texas Benchmark	Denton County Data	Most Recent Year of Data	Denton County Need
Segregation Index	0.24	0.26	0.13	2023	Low
School Funding Adequacy	$758	-$5,341	-$1,522	2022	Low
High School Attrition Rate	No Data	23%	14%	2023	Low
Special Education Students	No Data	12.7%	15.0%	2023	High

Table A2.39: Employment and Income

Measure	National Benchmark	Texas Benchmark	Denton County Data	Most Recent Year of Data	Denton County Need
% Unemployed	4.3%	4.0%	3.6%	2024	Low
% Population Living in Poverty	12.4%	13.8%	7.0%	2023	Low
% Children in Poverty	36.6%	41.2%	19.9%	2023	Low
ALICE Households	No Data	42%	30%	2023	Low
Income Inequality Ratio	0.48	0.48	0.44	2023	High
Gender Pay Gap	0.82	0.8	0.75	2022	High
Median Household Income	$78,538	$76,292	$108,185	2023	Low

Table A2.40: Environmental Quality

Measure	National Benchmark	Texas Benchmark	Denton County Data	Most Recent Year of Data	Denton County Need
Average Daily PM2.5	9.2	9.4	7.4	2020	Low
Presence of Water Violation	16,107	2,829	0	2023	Low

Table A2.41: Family, Community, and Social Support

Measure	National Benchmark	Texas Benchmark	Denton County Data	Most Recent Year of Data	Denton County Need
Children in Single-Parent Households	24.8%	25.4%	17.2%	2023	Low
Childcare Cost Burden	29.3%	29.9%	29.2%	2023	Low
Rate of Head Start Programs	11.36	7.56	0.18	2024	High
Foster Care Rate	No Data	1.6	0.9	2022	Low
% Population Age 16-19 Not in School and Not Employed	6.8%	8.1%	4.3%	2023	Low

Table A2.42: Food Security

Measure	National Benchmark	Texas Benchmark	Denton County Data	Most Recent Year of Data	Denton County Need
% Food Insecure	12.9%	16.0%	12.5%	2022	Low
% Food Insecure Children	18.0%	22.7%	16.0%	2022	Low
% Eligible Free or Reduced Lunch	31.2%	34.4%	60.0%	2023	High
Households Receiving Food Stamp/SNAP	11.8%	11.4%	4.6%	2023	Low

Table A2.43: Housing and Homelessness

Measure	National Benchmark	Texas Benchmark	Denton County Data	Most Recent Year of Data	Denton County Need
% Severe Housing Problems	32.0%	33.6%	31.2%	2023	Low
% Homeowners	65.0%	62.6%	65.4%	2023	Low
% Households with Severe Cost Burden	13.9%	13.7%	12.3%	2023	Low
% Adults Having Housing Insecurity	11.8%	16.5%	11.2%	2022	Low
% Adults Having Utility Services Threat	8.2%	11.1%	7.2%	2022	Low
% Homeless Youth	2.3%	1.9%	1.5%	2022	Low

Table A2.44: Length of Life

Measure	National Benchmark	Texas Benchmark	Denton County Data	Most Recent Year of Data	Denton County Need
Years of Potential Life Lost Rate	8,367	8,233	5,062	2021	Low
Life Expectancy	77.2	76.7	80.7	2021	Low
Child Mortality Rate (per 100,000 children)	51.5	53.0	38.0	2021	Low

Table A2.45: Maternal and Infant Health

Measure	National Benchmark	Texas Benchmark	Denton County Data	Most Recent Year of Data	Denton County Need
Infant Mortality Rate	6.0	5.6	4.0	2021	Low
% Low Birthweight	8.5%	8.4%	7.4%	2022	Low

Table A2.46: Mental Health

Measure	National Benchmark	Texas Benchmark	Denton County Data	Most Recent Year of Data	Denton County Need
Average Poor Mental Health Days per Month	5.2	5.3	4.7	2022	Low
Rate of Deaths by Suicide	14.5	14	11.6	2023	Low
% Adults ever diagnosed with depression	21.1%	21.8%	20.6%	2022	Low

Table A2.47: Physical Health

Measure	National Benchmark	Texas Benchmark	Denton County Data	Most Recent Year of Data	Denton County Need
Average Number of Physically Unhealthy Days	3.9	3.8	3.4	2021	Low
% Poor to Fair Health	12.0%	13.1%	9.6%	2022	Low
% Insufficient Sleep	36.0%	38.3%	35.8%	2022	Low

Table A2.48: Quality of Care

Measure	National Benchmark	Texas Benchmark	Denton County Data	Most Recent Year of Data	Denton County Need
% Year Changes in Vaccines Administered	No Data	No Data	0.2%	2024	n/a
Seventh Grade MMR Vaccination	No Data	No Data	95.3%	2025	n/a
Kindergarten MMR Vaccination	No Data	No Data	91.7%	2025	n/a

Table A2.49: Safety

Measure	National Benchmark	Texas Benchmark	Denton County Data	Most Recent Year of Data	Denton County Need
Injury Death Rate	63.3	46.8	30.6	2023	Low
Homicide Mortality Rate	7.1	7.2	2.6	2023	Low
Firearm Fatalities Rate	13.8	14.6	9.7	2023	Low
Motor Vehicle Mortality Rate	12.8	14.1	7.8	2023	Low

Table A2.50: Tobacco Use

Measure	National Benchmark	Texas Benchmark	Denton County Data	Most Recent Year of Data	Denton County Need
% Adults Reporting Currently Smoking	12.9%	14.5%	10.9%	2022	Low

Table A2.51: Transportation and Transit

Measure	National Benchmark	Texas Benchmark	Denton County Data	Most Recent Year of Data	Denton County Need
Long Commute to Work	8.7%	8.2%	7.9%	2023	Low
Commute to Work Using Public Transit	3.5%	1.0%	0.4%	2023	Low

Detailed Focus Area Benchmarks – Ellis County, Texas

Table A2.52: Access to Care

Measure	National Benchmark	Texas Benchmark	Ellis County Data	Most Recent Year of Data	Ellis County Need
% Uninsured	8.6%	17.4%	15.6%	2023	Low
% Uninsured Adults	11.2%	22.3%	19.6%	2022	Low
% Uninsured Children	5.1%	10.7%	10.0%	2022	Low
Primary Care Physicians Ratio	74.9	60.3	38.0	2024	High
Dentist Ratio	73.4	63.0	31.0	2024	High
Mental Health Provider Ratio	332.6	170.0	108.0	2024	High
Pediatrician Ratio	85.3	52.1	29	2024	High

Table A2.53: Built Environment

Measure	National Benchmark	Texas Benchmark	Ellis County Data	Most Recent Year of Data	Ellis County Need
HH with Computer with Broadband Access %	92.1%	91.8%	93.8%	2024	Low
HH without computer %	3.2%	2.8%	2.3%	2023	High

Table A2.54: Diet and Exercise

Measure	National Benchmark	Texas Benchmark	Ellis County Data	Most Recent Year of Data	Ellis County Need
Walkability Index	10	9	6	2021	High
% With Access to Exercise Opportunities	84.4%	82.0%	50.0%	2021	High
% Physically Inactive	19.5%	19.9%	20.5%	2023	High

Table A2.55: Education

Measure	National Benchmark	Texas Benchmark	Ellis County Data	Most Recent Year of Data	Ellis County Need
Segregation Index	0.24	0.26	0.09	2023	Low
School Funding Adequacy	$758	-$5,341	-$5,135	2022	Low
High School Attrition Rate	No Data	23%	23%	2023	Low
Special Education Students	No Data	12.7%	14.7%	2023	High

Table A2.56: Employment and Income

Measure	National Benchmark	Texas Benchmark	Ellis County Data	Most Recent Year of Data	Ellis County Need
% Unemployed	4.3%	4.0%	3.7%	2024	Low
% Population Living in Poverty	12.4%	13.8%	8.1%	2023	Low
% Children in Poverty	36.6%	41.2%	31.3%	2023	Low
ALICE Households	No Data	42%	41%	2023	Low
Income Inequality Ratio	0.48	0.48	0.40	2023	High
Gender Pay Gap	0.82	0.8	0.78	2022	Medium
Median Household Income	$78,538	$76,292	$95,898	2023	Low

Table A2.57: Environmental Quality

Measure	National Benchmark	Texas Benchmark	Ellis County Data	Most Recent Year of Data	Ellis County Need
Average Daily PM2.5	9.2	9.4	8.3	2020	Low
Presence of Water Violation	16,107	2,829	2	2023	Medium

Table A2.58: Family, Community, and Social Support

Measure	National Benchmark	Texas Benchmark	Ellis County Data	Most Recent Year of Data	Ellis County Need
Children in Single-Parent Households	24.8%	25.4%	23.3%	2023	Low
Childcare Cost Burden	29.3%	29.9%	26.7%	2023	Low
Rate of Head Start Programs	11.36	7.56	1.63	2024	High
Foster Care Rate	No Data	1.6	0.6	2022	Low
% Population Age 16-19 Not in School and Not Employed	6.8%	8.1%	8.4%	2023	Medium

Table A2.59: Food Security

Measure	National Benchmark	Texas Benchmark	Ellis County Data	Most Recent Year of Data	Ellis County Need
% Food Insecure	12.9%	16.0%	13.1%	2022	Low
% Food Insecure Children	18.0%	22.7%	19.0%	2022	Low
% Eligible Free or Reduced Lunch	31.2%	34.4%	50.0%	2023	High
Households Receiving Food Stamp/SNAP	11.8%	11.4%	7.3%	2023	Low

Table A2.60: Housing and Homelessness

Measure	National Benchmark	Texas Benchmark	Ellis County Data	Most Recent Year of Data	Ellis County Need
% Severe Housing Problems	32.0%	33.6%	30.2%	2023	Low
% Homeowners	65.0%	62.6%	76.3%	2023	Low
% Households with Severe Cost Burden	13.9%	13.7%	11.6%	2023	Low
% Adults Having Housing Insecurity	11.8%	16.5%	16.5%	2022	Low
% Adults Having Utility Services Threat	8.2%	11.1%	11.1%	2022	Low
% Homeless Youth	2.3%	1.9%	1.2%	2022	Low

Table A2.61: Length of Life

Measure	National Benchmark	Texas Benchmark	Ellis County Data	Most Recent Year of Data	Ellis County Need
Years of Potential Life Lost Rate	8,367	8,233	7,453	2021	Low
Life Expectancy	77.2	76.7	76.8	2021	Low
Child Mortality Rate (per 100,000 children)	51.5	53.0	50.0	2021	Low

Table A2.62: Maternal and Infant Health

Measure	National Benchmark	Texas Benchmark	Ellis County Data	Most Recent Year of Data	Ellis County Need
Infant Mortality Rate	6.0	5.6	6.0	2021	High
% Low Birthweight	8.5%	8.4%	7.4%	2022	Low

Table A2.63: Mental Health

Measure	National Benchmark	Texas Benchmark	Ellis County Data	Most Recent Year of Data	Ellis County Need
Average Poor Mental Health Days per Month	5.2	5.3	5.4	2022	Medium
Rate of Deaths by Suicide	14.5	14	14	2023	Low
% Adults ever diagnosed with depression	21.1%	21.8%	22.8%	2022	Medium

Table A2.64: Physical Health

Measure	National Benchmark	Texas Benchmark	Ellis County Data	Most Recent Year of Data	Ellis County Need
Average Number of Physically Unhealthy Days	3.9	3.8	4.1	2021	High
% Poor to Fair Health	12.0%	13.1%	12.1%	2022	Low
% Insufficient Sleep	36.0%	38.3%	40.8%	2022	High

Table A2.65: Quality of Care

Measure	National Benchmark	Texas Benchmark	Ellis County Data	Most Recent Year of Data	Ellis County Need
% Year Changes in Vaccines Administered	No Data	No Data	-6.6%	2024	n/a
Seventh Grade MMR Vaccination	No Data	No Data	97.4%	2025	n/a
Kindergarten MMR Vaccination	No Data	No Data	93.0%	2025	n/a

Table A2.66: Safety

Measure	National Benchmark	Texas Benchmark	Ellis County Data	Most Recent Year of Data	Ellis County Need
Injury Death Rate	63.3	46.8	38.9	2023	Low
Homicide Mortality Rate	7.1	7.2	4.4	2023	Low
Firearm Fatalities Rate	13.8	14.6	11.6	2023	Low
Motor Vehicle Mortality Rate	12.8	14.1	15.3	2023	High

Table A2.67: Tobacco Use

Measure	National Benchmark	Texas Benchmark	Ellis County Data	Most Recent Year of Data	Ellis County Need
% Adults Reporting Currently Smoking	12.9%	14.5%	14.4%	2022	Low

Table A2.68: Transportation and Transit

Measure	National Benchmark	Texas Benchmark	Ellis County Data	Most Recent Year of Data	Ellis County Need
Long Commute to Work	8.7%	8.2%	12.5%	2023	High
Commute to Work Using Public Transit	3.5%	1.0%	0.1%	2023	Low

Detailed Focus Area Benchmarks – Grayson County, Texas

Table A2.69: Access to Care

Measure	National Benchmark	Texas Benchmark	Grayson County Data	Most Recent Year of Data	Grayson County Need
% Uninsured	8.6%	17.4%	15.7%	2023	Low
% Uninsured Adults	11.2%	22.3%	21.4%	2022	Low
% Uninsured Children	5.1%	10.7%	11.8%	2022	Low
Primary Care Physicians Ratio	74.9	60.3	42.3	2024	High
Dentist Ratio	73.4	63.0	61.0	2024	Medium
Mental Health Provider Ratio	332.6	170.0	155.0	2024	High
Pediatrician Ratio	85.3	52.1	34	2024	High

Table A2.70: Built Environment

Measure	National Benchmark	Texas Benchmark	Grayson County Data	Most Recent Year of Data	Grayson County Need
HH with Computer with Broadband Access %	92.1%	91.8%	91.0%	2024	Medium
HH without computer %	3.2%	2.8%	3.5%	2023	High

Table A2.71: Diet and Exercise

Measure	National Benchmark	Texas Benchmark	Grayson County Data	Most Recent Year of Data	Grayson County Need
Walkability Index	10	9	6	2021	High
% With Access to Exercise Opportunities	84.4%	82.0%	78.0%	2021	High
% Physically Inactive	19.5%	19.9%	17.7%	2023	Low

Table A2.72: Education

Measure	National Benchmark	Texas Benchmark	Grayson County Data	Most Recent Year of Data	Grayson County Need
Segregation Index	0.24	0.26	0.1	2023	High
School Funding Adequacy	$758	-$5,341	-$127	2022	Low
High School Attrition Rate	No Data	23%	22%	2023	Low
Special Education Students	No Data	12.7%	16.0%	2023	High

Table A2.73: Employment and Income

Measure	National Benchmark	Texas Benchmark	Grayson County Data	Most Recent Year of Data	Grayson County Need
% Unemployed	4.3%	4.0%	3.7%	2024	Low
% Population Living in Poverty	12.4%	13.8%	11.1%	2023	Low
% Children in Poverty	36.6%	41.2%	39.7%	2023	Low
ALICE Households	No Data	42%	42%	2023	Low
Income Inequality Ratio	0.48	0.48	0.45	2023	High
Gender Pay Gap	0.82	0.8	0.77	2022	Medium
Median Household Income	$78,538	$76,292	$70,455	2023	High

Table A2.74: Environmental Quality

Measure	National Benchmark	Texas Benchmark	Grayson County Data	Most Recent Year of Data	Grayson County Need
Average Daily PM2.5	9.2	9.4	9	2020	Low
Presence of Water Violation	16,107	2,829	23	2023	High

Table A2.75: Family, Community, and Social Support

Measure	National Benchmark	Texas Benchmark	Grayson County Data	Most Recent Year of Data	Grayson County Need
Children in Single-Parent Households	24.8%	25.4%	20.8%	2023	High
Childcare Cost Burden	29.3%	29.9%	27.5%	2023	Low
Rate of Head Start Programs	11.36	7.56	7.60	2024	Low
Foster Care Rate	No Data	1.6	2.5	2022	High
% Population Age 16-19 Not in School and Not Employed	6.8%	8.1%	10.3%	2023	High

Table A2.76: Food Security

Measure	National Benchmark	Texas Benchmark	Grayson County Data	Most Recent Year of Data	Grayson County Need
% Food Insecure	12.9%	16.0%	15.7%	2022	Low
% Food Insecure Children	18.0%	22.7%	23.0%	2022	Medium
% Eligible Free or Reduced Lunch	31.2%	34.4%	30.0%	2023	Low
Households Receiving Food Stamp/SNAP	11.8%	11.4%	9.0%	2023	Low

Table A2.77: Housing and Homelessness

Measure	National Benchmark	Texas Benchmark	Grayson County Data	Most Recent Year of Data	Grayson County Need
% Severe Housing Problems	32.0%	33.6%	30.3%	2023	Low
% Homeowners	65.0%	62.6%	67.3%	2023	Low
% Households with Severe Cost Burden	13.9%	13.7%	11.6%	2023	Low
% Adults Having Housing Insecurity	11.8%	16.5%	12.6%	2022	Low
% Adults Having Utility Services Threat	8.2%	11.1%	9.4%	2022	Low
% Homeless Youth	2.3%	1.9%	2.6%	2022	High

Table A2.78: Length of Life

Measure	National Benchmark	Texas Benchmark	Grayson County Data	Most Recent Year of Data	Grayson County Need
Years of Potential Life Lost Rate	8,367	8,233	9,794	2021	High
Life Expectancy	77.2	76.7	74.4	2021	Medium
Child Mortality Rate (per 100,000 children)	51.5	53.0	54.0	2021	Medium

Table A2.79: Maternal and Infant Health

Measure	National Benchmark	Texas Benchmark	Grayson County Data	Most Recent Year of Data	Grayson County Need
Infant Mortality Rate	6.0	5.6	7.0	2021	High
% Low Birthweight	8.5%	8.4%	7.9%	2022	Low

Table A2.80: Mental Health

Measure	National Benchmark	Texas Benchmark	Grayson County Data	Most Recent Year of Data	Grayson County Need
Average Poor Mental Health Days per Month	5.2	5.3	5.7	2022	High
Rate of Deaths by Suicide	14.5	14	20.3	2023	High
% Adults ever diagnosed with depression	21.1%	21.8%	26.1%	2022	High

Table A2.81: Physical Health

Measure	National Benchmark	Texas Benchmark	Grayson County Data	Most Recent Year of Data	Grayson County Need
Average Number of Physically Unhealthy Days	3.9	3.8	4.3	2021	High
% Poor to Fair Health	12.0%	13.1%	13.8%	2022	Medium
% Insufficient Sleep	36.0%	38.3%	40.7%	2022	High

Table A2.82: Quality of Care

Measure	National Benchmark	Texas Benchmark	Grayson County Data	Most Recent Year of Data	Grayson County Need
% Year Changes in Vaccines Administered	No Data	No Data	-12.2%	2024	n/a
Seventh Grade MMR Vaccination	No Data	No Data	96.4%	2025	n/a
Kindergarten MMR Vaccination	No Data	No Data	93.1%	2025	n/a

Table A2.83: Safety

Measure	National Benchmark	Texas Benchmark	Grayson County Data	Most Recent Year of Data	Grayson County Need
Injury Death Rate	63.3	46.8	51.4	2023	High
Homicide Mortality Rate	7.1	7.2	4.7	2023	Low
Firearm Fatalities Rate	13.8	14.6	18.2	2023	High
Motor Vehicle Mortality Rate	12.8	14.1	15.5	2023	High

Table A2.84: Tobacco Use

Measure	National Benchmark	Texas Benchmark	Grayson County Data	Most Recent Year of Data	Grayson County Need
% Adults Reporting Currently Smoking	12.9%	14.5%	18.0%	2022	High

Table A2.85: Transportation and Transit

Measure	National Benchmark	Texas Benchmark	Grayson County Data	Most Recent Year of Data	Grayson County Need
Long Commute to Work	8.7%	8.2%	10.3%	2023	High
Commute to Work Using Public Transit	3.5%	1.0%	0.5%	2023	Low

Detailed Focus Area Benchmarks – Kaufman County, Texas

Table A2.86: Access to Care

Measure	National Benchmark	Texas Benchmark	Kaufman County Data	Most Recent Year of Data	Kaufman County Need
% Uninsured	8.6%	17.4%	14.1%	2023	Low
% Uninsured Adults	11.2%	22.3%	19.0%	2022	Low
% Uninsured Children	5.1%	10.7%	12.6%	2022	High
Primary Care Physicians Ratio	74.9	60.3	20.9	2024	High
Dentist Ratio	73.4	63.0	38.0	2024	High
Mental Health Provider Ratio	332.6	170.0	107.0	2024	High
Pediatrician Ratio	85.3	52.1	3.7	2024	High

Table A2.87: Built Environment

Measure	National Benchmark	Texas Benchmark	Kaufman County Data	Most Recent Year of Data	Kaufman County Need
HH with Computer with Broadband Access %	92.1%	91.8%	91.6%	2024	Low
HH without computer %	3.2%	2.8%	1.6%	2023	Low

Table A2.88: Diet and Exercise

Measure	National Benchmark	Texas Benchmark	Kaufman County Data	Most Recent Year of Data	Kaufman County Need
Walkability Index	10	9	6	2021	High
% With Access to Exercise Opportunities	84.4%	82.0%	67.0%	2021	High
% Physically Inactive	19.5%	19.9%	21.1%	2023	Medium

Table A2.89: Education

Measure	National Benchmark	Texas Benchmark	Kaufman County Data	Most Recent Year of Data	Kaufman County Need
Segregation Index	0.24	0.26	0.12	2023	Low
School Funding Adequacy	$758	-$5,341	-$3,854	2022	Low
High School Attrition Rate	No Data	23%	26%	2023	High
Special Education Students	No Data	12.7%	13.5%	2023	High

Table A2.90: Employment and Income

Measure	National Benchmark	Texas Benchmark	Kaufman County Data	Most Recent Year of Data	Kaufman County Need
% Unemployed	4.3%	4.0%	4.0%	2024	Low
% Population Living in Poverty	12.4%	13.8%	9.7%	2023	Low
% Children in Poverty	36.6%	41.2%	35.9%	2023	Low
ALICE Households	No Data	42%	46%	2023	High
Income Inequality Ratio	0.48	0.48	0.39	2023	Low
Gender Pay Gap	0.82	0.8	0.82	2022	Low
Median Household Income	$78,538	$76,292	$88,606	2023	Low

Table A2.91: Environmental Quality

Measure	National Benchmark	Texas Benchmark	Kaufman County Data	Most Recent Year of Data	Kaufman County Need
Average Daily PM2.5	9.2	9.4	8.7	2020	Low
Presence of Water Violation	16,107	2,829	2	2023	High

Table A2.92: Family, Community, and Social Support

Measure	National Benchmark	Texas Benchmark	Kaufman County Data	Most Recent Year of Data	Kaufman County Need
Children in Single-Parent Households	24.8%	25.4%	20.8%	2023	Low
Childcare Cost Burden	29.3%	29.9%	30.1%	2023	Medium
Rate of Head Start Programs	11.36	7.56	6.90	2024	High
Foster Care Rate	No Data	1.6	1.2	2022	Low
% Population Age 16-19 Not in School and Not Employed	6.8%	8.1%	4.1%	2023	Low

Table A2.93: Food Security

Measure	National Benchmark	Texas Benchmark	Kaufman County Data	Most Recent Year of Data	Kaufman County Need
% Food Insecure	12.9%	16.0%	13.3%	2022	Low
% Food Insecure Children	18.0%	22.7%	20.0%	2022	Low
% Eligible Free or Reduced Lunch	31.2%	34.4%	40.0%	2023	High
Households Receiving Food Stamp/SNAP	11.8%	11.4%	9.6%	2023	Low

Table A2.94: Housing and Homelessness

Measure	National Benchmark	Texas Benchmark	Kaufman County Data	Most Recent Year of Data	Kaufman County Need
% Severe Housing Problems	32.0%	33.6%	34.8%	2023	Medium
% Homeowners	65.0%	62.6%	78.6%	2023	Low
% Households with Severe Cost Burden	13.9%	13.7%	11.2%	2023	Low
% Adults Having Housing Insecurity	11.8%	16.5%	17.3%	2022	Medium
% Adults Having Utility Services Threat	8.2%	11.1%	11.4%	2022	Medium
% Homeless Youth	2.3%	1.9%	0.7%	2022	Low

Table A2.95: Length of Life

Measure	National Benchmark	Texas Benchmark	Kaufman County Data	Most Recent Year of Data	Kaufman County Need
Years of Potential Life Lost Rate	8,367	8,233	8,809	2021	High
Life Expectancy	77.2	76.7	74.7	2021	Medium
Child Mortality Rate (per 100,000 children)	51.5	53.0	67.0	2021	High

Table A2.96: Maternal and Infant Health

Measure	National Benchmark	Texas Benchmark	Kaufman County Data	Most Recent Year of Data	Kaufman County Need
Infant Mortality Rate	6.0	5.6	5.0	2021	Low
% Low Birthweight	8.5%	8.4%	8.1%	2022	Low

Table A2.97: Mental Health

Measure	National Benchmark	Texas Benchmark	Kaufman County Data	Most Recent Year of Data	Kaufman County Need
Average Poor Mental Health Days per Month	5.2	5.3	5.7	2022	High
Rate of Deaths by Suicide	14.5	14	15.1	2023	High
% Adults ever diagnosed with depression	21.1%	21.8%	23.3%	2022	High

Table A2.98: Physical Health

Measure	National Benchmark	Texas Benchmark	Kaufman County Data	Most Recent Year of Data	Kaufman County Need
Average Number of Physically Unhealthy Days	3.9	3.8	4.3	2021	High
% Poor to Fair Health	12.0%	13.1%	13.3%	2022	Medium
% Insufficient Sleep	36.0%	38.3%	41.3%	2022	High

Table A2.99: Quality of Care

Measure	National Benchmark	Texas Benchmark	Kaufman County Data	Most Recent Year of Data	Kaufman County Need
% Year Changes in Vaccines Administered	No Data	No Data	-7.2%	2024	n/a
Seventh Grade MMR Vaccination	No Data	No Data	98.5%	2025	n/a
Kindergarten MMR Vaccination	No Data	No Data	94.4%	2025	n/a

Table A2.100: Safety

Measure	National Benchmark	Texas Benchmark	Kaufman County Data	Most Recent Year of Data	Kaufman County Need
Injury Death Rate	63.3	46.8	44.9	2023	Low
Homicide Mortality Rate	7.1	7.2	6.3	2023	Low
Firearm Fatalities Rate	13.8	14.6	15.2	2023	High
Motor Vehicle Mortality Rate	12.8	14.1	18.9	2023	High

Table A2.101: Tobacco Use

Measure	National Benchmark	Texas Benchmark	Kaufman County Data	Most Recent Year of Data	Kaufman County Need
% Adults Reporting Currently Smoking	12.9%	14.5%	16.9%	2022	High

Table A2.102: Transportation and Transit

Measure	National Benchmark	Texas Benchmark	Kaufman County Data	Most Recent Year of Data	Kaufman County Need
Long Commute to Work	8.7%	8.2%	19.6%	2023	High
Commute to Work Using Public Transit	3.5%	1.0%	0.1%	2023	Low

Detailed Focus Area Benchmarks – Rockwall County, Texas

Table A2.103: Access to Care

Measure	National Benchmark	Texas Benchmark	Rockwall County Data	Most Recent Year of Data	Rockwall County Need
% Uninsured	8.6%	17.4%	9.1%	2023	Low
% Uninsured Adults	11.2%	22.3%	12.5%	2022	Low
% Uninsured Children	5.1%	10.7%	8.4%	2022	Low
Primary Care Physicians Ratio	74.9	60.3	66.2	2024	Low
Dentist Ratio	73.4	63.0	70.0	2024	Low
Mental Health Provider Ratio	332.6	170.0	187.0	2024	Low
Pediatrician Ratio	85.3	52.1	15.42	2024	High

Table A2.104: Built Environment

Measure	National Benchmark	Texas Benchmark	Rockwall County Data	Most Recent Year of Data	Rockwall County Need
HH with Computer with Broadband Access %	92.1%	91.8%	97.3%	2024	Low
HH without computer %	3.2%	2.8%	0.8%	2023	Low

Table A2.105: Diet and Exercise

Measure	National Benchmark	Texas Benchmark	Rockwall County Data	Most Recent Year of Data	Rockwall County Need
Walkability Index	10	9	8	2021	High
% With Access to Exercise Opportunities	84.4%	82.0%	82.0%	2021	Low
% Physically Inactive	19.5%	19.9%	15.9%	2023	Low

Table A2.106: Education

Measure	National Benchmark	Texas Benchmark	Rockwall County Data	Most Recent Year of Data	Rockwall County Need
Segregation Index	0.24	0.26	0.03	2023	Low
School Funding Adequacy	$758	-$5,341	-$1,120	2022	Low
High School Attrition Rate	No Data	23%	21%	2023	Low
Special Education Students	No Data	12.7%	14.2%	2023	High

Table A2.107: Employment and Income

Measure	National Benchmark	Texas Benchmark	Rockwall County Data	Most Recent Year of Data	Rockwall County Need
% Unemployed	4.3%	4.0%	3.5%	2024	Low
% Population Living in Poverty	12.4%	13.8%	4.3%	2023	Low
% Children in Poverty	36.6%	41.2%	12.6%	2023	Low
ALICE Households	No Data	42%	27%	2023	Low
Income Inequality Ratio	0.48	0.48	0.41	2023	Low
Gender Pay Gap	0.82	0.8	0.75	2022	High
Median Household Income	$78,538	$76,292	$124,917	2023	Low

Table A2.108: Environmental Quality

Measure	National Benchmark	Texas Benchmark	Rockwall County Data	Most Recent Year of Data	Rockwall County Need
Average Daily PM2.5	9.2	9.4	8.8	2020	Low
Presence of Water Violation	16,107	2,829	0	2023	Low

Table A2.109: Family, Community, and Social Support

Measure	National Benchmark	Texas Benchmark	Rockwall County Data	Most Recent Year of Data	Rockwall County Need
Children in Single-Parent Households	24.8%	25.4%	13.4%	2023	Low
Childcare Cost Burden	29.3%	29.9%	22.5%	2023	Low
Rate of Head Start Programs	11.36	7.56	1.53	2024	High
Foster Care Rate	No Data	1.6	0.6	2022	Low
% Population Age 16-19 Not in School and Not Employed	6.8%	8.1%	9.0%	2023	High

Table A2.110: Food Security

Measure	National Benchmark	Texas Benchmark	Rockwall County Data	Most Recent Year of Data	Rockwall County Need
% Food Insecure	12.9%	16.0%	10.6%	2022	Low
% Food Insecure Children	18.0%	22.7%	13.0%	2022	Low
% Eligible Free or Reduced Lunch	31.2%	34.4%	70.0%	2023	High
Households Receiving Food Stamp/SNAP	11.8%	11.4%	4.5%	2023	Low

Table A2.111: Housing and Homelessness

Measure	National Benchmark	Texas Benchmark	Rockwall County Data	Most Recent Year of Data	Rockwall County Need
% Severe Housing Problems	32.0%	33.6%	24.6%	2023	Low
% Homeowners	65.0%	62.6%	82.6%	2023	Low
% Households with Severe Cost Burden	13.9%	13.7%	8.8%	2023	Low
% Adults Having Housing Insecurity	11.8%	16.5%	10.8%	2022	Low
% Adults Having Utility Services Threat	8.2%	11.1%	7.2%	2022	Low
% Homeless Youth	2.3%	1.9%	0.2%	2022	Low

Table A2.112: Length of Life

Measure	National Benchmark	Texas Benchmark	Rockwall County Data	Most Recent Year of Data	Rockwall County Need
Years of Potential Life Lost Rate	8,367	8,233	5,798	2021	Low
Life Expectancy	77.2	76.7	79.1	2021	Low
Child Mortality Rate (per 100,000 children)	51.5	53.0	39.0	2021	Low

Table A2.113: Maternal and Infant Health

Measure	National Benchmark	Texas Benchmark	Rockwall County Data	Most Recent Year of Data	Rockwall County Need
Infant Mortality Rate	6.0	5.6	4.0	2021	Low
% Low Birthweight	8.5%	8.4%	7.1%	2022	Low

Table A2.114: Mental Health

Measure	National Benchmark	Texas Benchmark	Rockwall County Data	Most Recent Year of Data	Rockwall County Need
Average Poor Mental Health Days per Month	5.2	5.3	4.8	2022	Low
Rate of Deaths by Suicide	14.5	14	13.2	2023	Low
% Adults ever diagnosed with depression	21.1%	21.8%	21.7%	2022	Low

Table A2.115: Physical Health

Measure	National Benchmark	Texas Benchmark	Rockwall County Data	Most Recent Year of Data	Rockwall County Need
Average Number of Physically Unhealthy Days	3.9	3.8	3.4	2021	Low
% Poor to Fair Health	12.0%	13.1%	10.4%	2022	Low
% Insufficient Sleep	36.0%	38.3%	35.3%	2022	Low

Table A2.116: Quality of Care

Measure	National Benchmark	Texas Benchmark	Rockwall County Data	Most Recent Year of Data	Rockwall County Need
% Year Changes in Vaccines Administered	No Data	No Data	-4.7%	2024	n/a
Seventh Grade MMR Vaccination	No Data	No Data	96.5%	2025	n/a
Kindergarten MMR Vaccination	No Data	No Data	90.9%	2025	n/a

Table A2.117: Safety

Measure	National Benchmark	Texas Benchmark	Rockwall County Data	Most Recent Year of Data	Rockwall County Need
Injury Death Rate	63.3	46.8	33.6	2023	Low
Homicide Mortality Rate	7.1	7.2	No data	2023	n/a
Firearm Fatalities Rate	13.8	14.6	9.7	2023	Low
Motor Vehicle Mortality Rate	12.8	14.1	9.2	2023	Low

Table A2.118: Tobacco Use

Measure	National Benchmark	Texas Benchmark	Rockwall County Data	Most Recent Year of Data	Rockwall County Need
% Adults Reporting Currently Smoking	12.9%	14.5%	12.4%	2022	Low

Table A2.119: Transportation and Transit

Measure	National Benchmark	Texas Benchmark	Rockwall County Data	Most Recent Year of Data	Rockwall County Need
Long Commute to Work	8.7%	8.2%	16.5%	2023	High
Commute to Work Using Public Transit	3.5%	1.0%	0.4%	2023	Low

Detailed Focus Area Benchmarks – Tarrant County, Texas

Table A2.120: Access to Care

Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Year of Data	Tarrant County Need
% Uninsured	8.6%	17.4%	16.6%	2023	Low
% Uninsured Adults	11.2%	22.3%	21.3%	2022	Low
% Uninsured Children	5.1%	10.7%	10.9%	2022	Medium
Primary Care Physicians Ratio	74.9	60.3	58.3	2024	Medium
Dentist Ratio	73.4	63.0	64.0	2024	Low
Mental Health Provider Ratio	332.6	170.0	196.0	2024	Low
Pediatrician Ratio	85.3	52.1	41.8	2024	High

Table A2.121: Built Environment

Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Year of Data	Tarrant County Need
HH with Computer with Broadband Access %	92.1%	91.8%	94.1%	2024	Low
HH without computer %	3.2%	2.8%	1.8%	2023	Low

Table A2.122: Diet and Exercise

Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Year of Data	Tarrant County Need
Walkability Index	10	9	9	2021	Low
% With Access to Exercise Opportunities	84.4%	82.0%	94.0%	2021	Low
% Physically Inactive	19.5%	19.9%	21.0%	2023	High

Table A2.123: Education

Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Year of Data	Tarrant County Need
Segregation Index	0.24	0.26	0.17	2023	Low
School Funding Adequacy	$758	-$5,341	-$3,506	2022	Low
High School Attrition Rate	No Data	23%	No Data	2023	n/a
Special Education Students	No Data	12.7%	12.0%	2023	Low

Table A2.124: Employment and Income

Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Year of Data	Tarrant County Need
% Unemployed	4.3%	4.0%	3.8%	2024	Low
% Population Living in Poverty	12.4%	13.8%	10.9%	2023	Low
% Children in Poverty	36.6%	41.2%	37.9%	2023	Low
ALICE Households	No Data	42%	42%	2023	Low
Income Inequality Ratio	0.48	0.48	0.46	2023	Low
Gender Pay Gap	0.82	0.8	0.86	2022	Low
Median Household Income	$78,538	$76,292	$81,905	2024	Low

Table A2.125: Environmental Quality

Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Year of Data	Tarrant County Need
Average Daily PM2.5	9.2	9.4	9.7	2020	Medium
Presence of Water Violation	16,107	2,829	14	2023	High

Table A2.126: Family, Community, and Social Support

Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Year of Data	Tarrant County Need
Children in Single-Parent Households	24.8%	25.4%	25.2%	2023	Low
Childcare Cost Burden	29.3%	29.9%	32.9%	2023	High
Rate of Head Start Programs	11.36	7.56	4.20	2024	High
Foster Care Rate	No Data	1.6	1.5	2022	Low
% Population Age 16-19 Not in School and Not Employed	6.8%	8.1%	6.9%	2023	Low

Table A2.127: Food Security

Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Year of Data	Tarrant County Need
% Food Insecure	12.9%	16.0%	14.2%	2022	Low
% Food Insecure Children	18.0%	22.7%	22.0%	2022	Low
% Eligible Free or Reduced Lunch	31.2%	34.4%	40.0%	2023	High
Households Receiving Food Stamp/SNAP	11.8%	11.4%	9.8%	2023	Low

Table A2.128: Housing and Homelessness

Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Year of Data	Tarrant County Need
% Severe Housing Problems	32.0%	33.6%	35.9%	2023	High
% Homeowners	65.0%	62.6%	59.4%	2023	Medium
% Households with Severe Cost Burden	13.9%	13.7%	14.3%	2023	Medium
% Adults Having Housing Insecurity	11.8%	16.5%	16.2%	2022	Low
% Adults Having Utility Services Threat	8.2%	11.1%	10.8%	2022	Low
% Homeless Youth	2.3%	1.9%	2.3%	2022	High

Table A2.129: Length of Life

Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Year of Data	Tarrant County Need
Years of Potential Life Lost Rate	8,367	8,233	7,833	2021	Low
Life Expectancy	77.2	76.7	77.0	2021	Low
Child Mortality Rate (per 100,000 children)	51.5	53.0	55.0	2021	Medium

Table A2.130: Maternal and Infant Health

Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Year of Data	Tarrant County Need
Infant Mortality Rate	6.0	5.6	6.0	2021	High
% Low Birthweight	8.5%	8.4%	8.8%	2022	Medium

Table A2.131: Mental Health

Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Year of Data	Tarrant County Need
Average Poor Mental Health Days per Month	5.2	5.3	5.5	2022	Medium
Rate of Deaths by Suicide	14.5	14	13.7	2023	Low
% Adults ever diagnosed with depression	21.1%	21.8%	21.4%	2022	Low

Table A2.132: Physical Health

Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Year of Data	Tarrant County Need
Average Number of Physically Unhealthy Days	3.9	3.8	4.1	2021	High
% Poor to Fair Health	12.0%	13.1%	12.2%	2022	Low
% Insufficient Sleep	36.0%	38.3%	39.5%	2022	Medium

Table A2.133: Quality of Care

Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Year of Data	Tarrant County Need
% Year Changes in Vaccines Administered	No Data	No Data	3.2%	2024	n/a
Seventh Grade MMR Vaccination	No Data	No Data	97.6%	2025	n/a
Kindergarten MMR Vaccination	No Data	No Data	93.6%	2025	n/a

Table A2.134: Safety

Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Year of Data	Tarrant County Need
Injury Death Rate	63.3	46.8	43.6	2023	Low
Homicide Mortality Rate	7.1	7.2	7.3	2023	Medium
Firearm Fatalities Rate	13.8	14.6	14.3	2023	Low
Motor Vehicle Mortality Rate	12.8	14.1	11.6	2023	Low

Table A2.135: Tobacco Use

Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Year of Data	Tarrant County Need
% Adults Reporting Currently Smoking	12.9%	14.5%	14.7%	2022	Medium

Table A2.136: Transportation and Transit

Measure	National Benchmark	Texas Benchmark	Tarrant County Data	Most Recent Year of Data	Tarrant County Need
Long Commute to Work	8.7%	8.2%	7.0%	2023	Low
Commute to Work Using Public Transit	3.5%	1.0%	0.4%	2023	Low

Appendix 3 | Primary Data Methodology and Sources

This CHNA's development incorporated primary data collection via multiple methods: patient/guardian surveys, focus group discussions, and key leader interviews. An overview of the processes, tools, analytic methods used to determine key findings, and brief key findings from each data source are provided in this Appendix. More detailed findings from each primary data source can be made available upon request.

Patient/Guardian Survey

Overview

A total of 726 patients and their families participated in the patient/guardian survey. Survey participants included patients of all ages served by Scottish Rite, with parents or guardians completing the survey on behalf of pediatric patients. The vast majority of respondents (97.1%) were parents or guardians completing the survey on behalf of their child patients, with the patient population skewing toward school-age children, with most patients falling between ages 9-17 years. The survey was available in both English and Spanish to ensure broader community participation. Input was gathered on a variety of topics, including perceptions about the most significant health needs for children in the community, patient experience at Scottish Rite, access to healthcare services, perceived barriers to accessing pediatric healthcare services, and community health needs specific to children and families. Additional details about the patient/guardian survey tool and administration process can be reviewed in this Appendix.

Methodology

Geographic Distribution

Most survey responses came from the Dallas-Fort Worth metroplex, with Dallas and Collin counties providing the largest number of respondents, though nearly one-third of responses came from other counties beyond the immediate metro area. The geographic heat map shows concentrated survey participation in North Texas urban areas, with additional responses scattered across rural and distant counties throughout the state.

Demographics

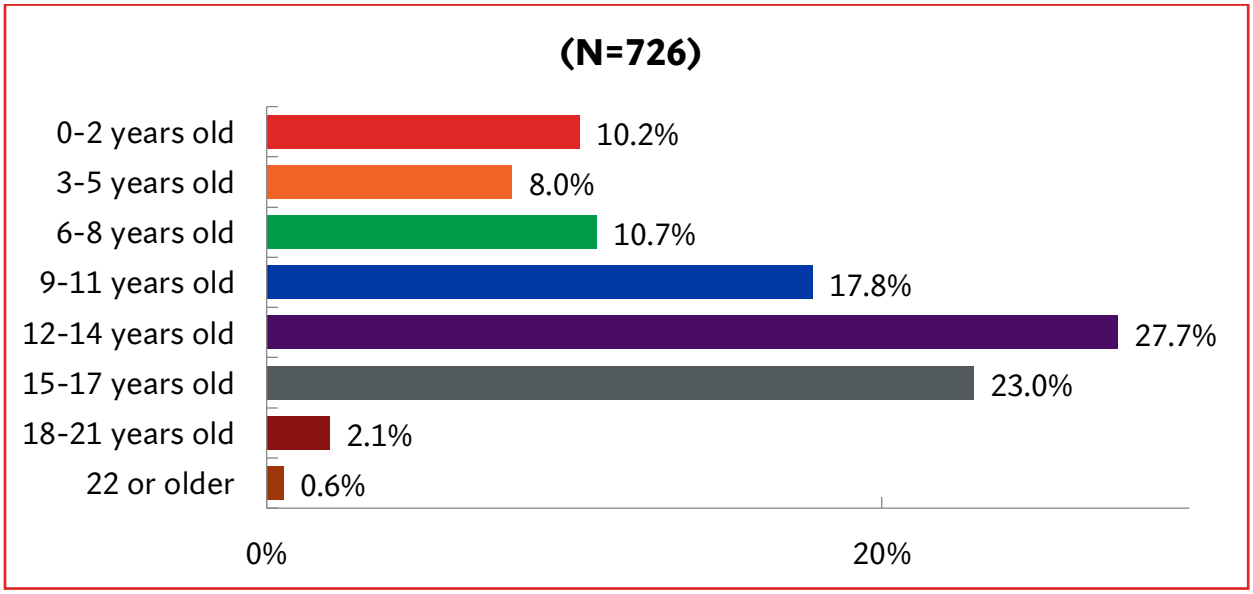
The survey captured comprehensive demographic information about the patients served by Scottish Rite, providing insights into the diversity of families accessing pediatric orthopedic care across the Service Area.

Age Distribution

The patient population demonstrates Scottish Rite's focus on pediatric orthopedic care, with patients spanning from infancy through young adulthood. The age distribution reflects typical patterns of orthopedic condition diagnosis and treatment, with higher

concentrations during school-age years when many conditions become apparent or require intervention during periods of growth and development.

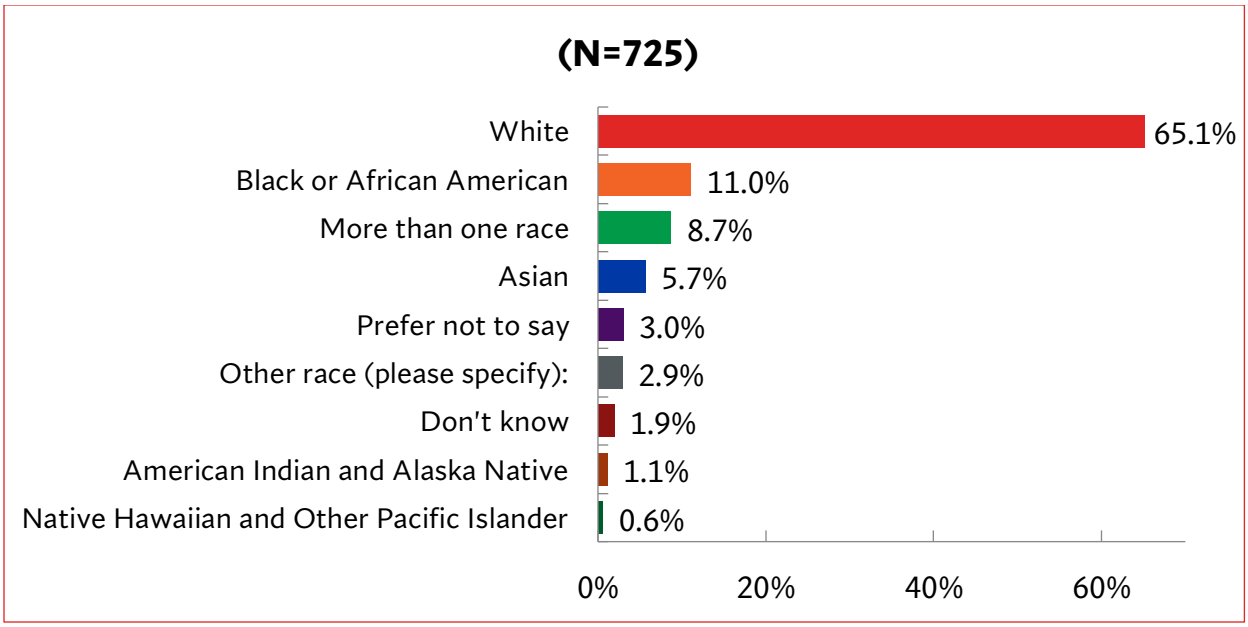
Figure A3.1: Patient Age Distribution among Survey Respondents



Racial and Ethnic Composition

Survey respondents represented diverse racial and ethnic backgrounds, reflecting the multicultural communities served by Scottish Rite throughout the Dallas-Fort Worth Metroplex and broader Service Area. The majority of respondents identified their patients as White, with Black or African American representing the second largest racial group among responses. Additional racial categories included patients identifying as having more than one race, Asian, and other racial identities, demonstrating the diversity of families seeking specialized pediatric orthopedic care.

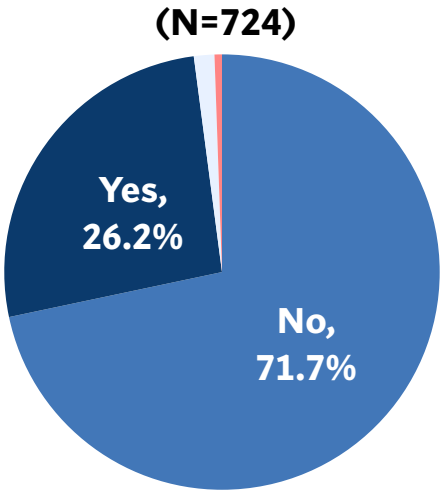
Figure A3.2: Race Distribution among Survey Respondents



Hispanic and Latino Origin

About one-quarter of respondents indicated Hispanic or Latino origin, reflecting the significant Latino population in North Texas and the broader geographic reach of Scottish Rite's services. This demographic information helps inform culturally responsive care delivery and community outreach efforts.

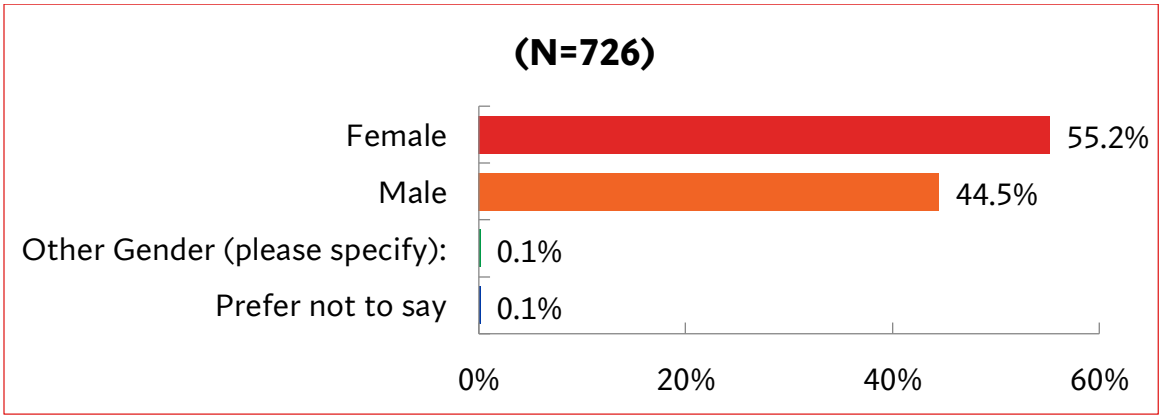
Figure A3.3: Ethnicity Distribution among Survey Respondents



Gender Distribution

The survey captured gender distribution among patients, with a slight majority of female patients represented in the survey responses. This distribution provides insight into gender patterns among those seeking specialized pediatric orthopedic care.

Figure A3.4: Gender Distribution among Survey Respondents

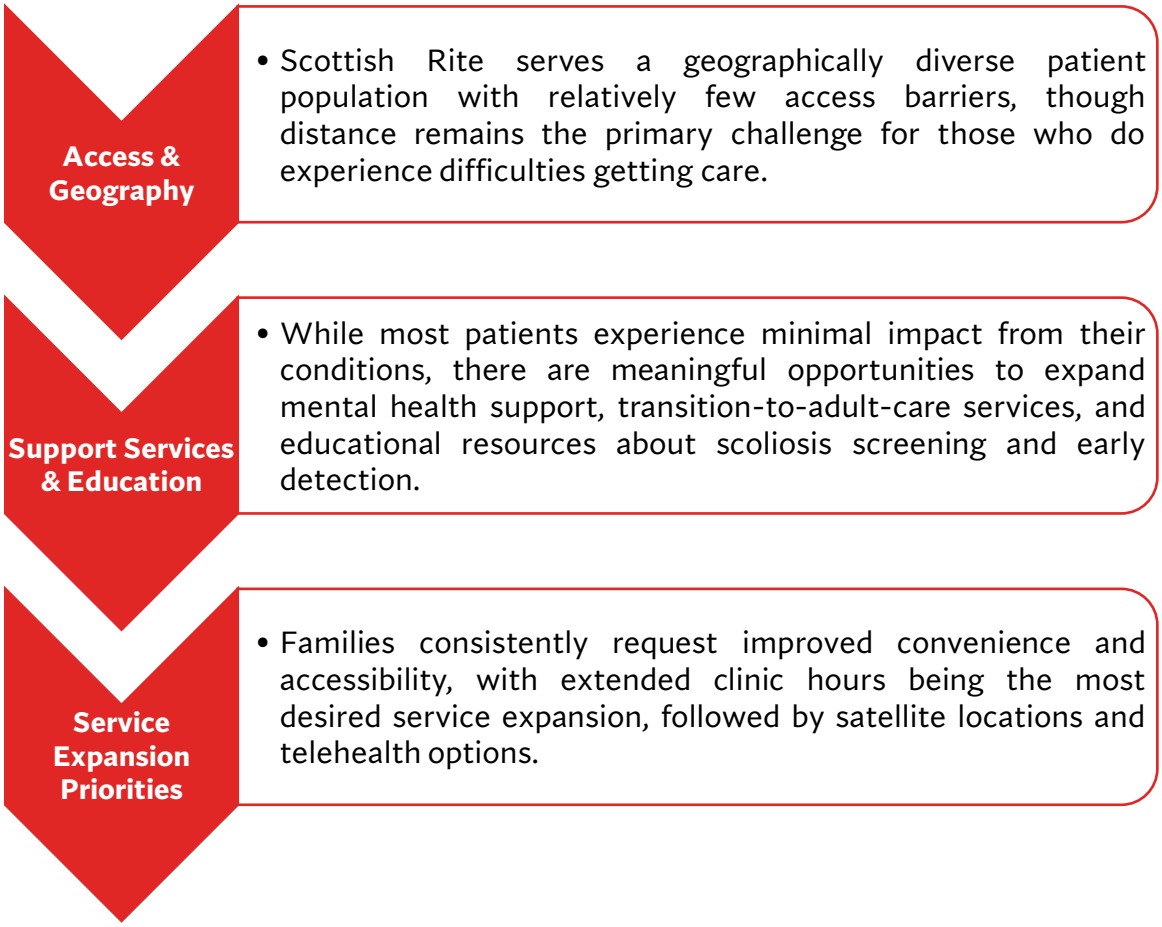


This demographic profile reflects Scottish Rite's commitment to serving diverse communities and provides important context for understanding the population accessing specialized pediatric orthopedic care across the Service Area. The diversity represented in the survey responses demonstrates the broad reach of Scottish Rite's services and the varied communities that depend on specialized pediatric orthopedic care.

Key Takeaways from the Patient/Guardian Survey

The key overall takeaways from the patient/guardian survey identified three primary areas:

Figure A3.5: Key Takeaways from Patient/Guardian Survey



Key Leader Interviews

Overview

A total of seventeen key leader interviews were conducted, including eight internal Scottish Rite staff interviews and nine external community leader interviews. These interviews were designed to gather in-depth qualitative information about community health needs, barriers to accessing pediatric healthcare, and community assets from the perspective of both internal staff and external community partners.

Internal Key Leader Interviews

Eight Scottish Rite staff members were interviewed using a structured methodology. All interviews were scheduled for 30-45 minutes and were conducted both in-person and virtually. The interviews captured perspectives from staff members across multiple departments and service areas to provide a comprehensive internal view of patient and community needs.

Internal Key Leader Interview Participants:

Department/Service Area	Focus Area
Family Services & Interpreter Services	Bilingual services & community referrals
Financial Counseling & Insurance Authorization	Financial assistance & insurance navigation
Patient Access & Authorization	Insurance appeals & prior authorizations
Inpatient Unit & Discharge Planning	Long-term patients & care coordination
Multi-campus Family Services Leadership	Social work, child life & language services
Financial Assistance & Referral Coordination	Crayon Care program & Medicaid/CHIP navigation
Registration & Scheduling	Sports medicine scheduling & patient flow
Therapeutic Recreation Services	Recreation therapy & community integration

External Key Leader Interviews

Nine external community leaders were interviewed using a structured methodology. All interviews were scheduled for 45-60 minutes and were conducted virtually. Leaders interviewed represented organizations serving communities throughout the Dallas-Fort Worth Service Area and beyond.

External key leaders represented diverse organizational perspectives, including healthcare delivery systems, educational institutions, non-profit organizations focused on healthcare support and disability advocacy, youth development programs, and regional coordination bodies.

External Key Leader Interview Participants:

Organization	Community Focus
DFW Hospital Council (DFWHC)	Multi-hospital collaboration
DFWHC Foundation	Regional health data & equity
Ronald McDonald House of Dallas	Families with hospitalized children
Spina Bifida Association of North Texas	Children with chronic conditions
Camp John Marc	Children with medical challenges
Prism Health North Texas	Underserved populations
Dallas ISD	School-based health services
St. Phillips Community Care Clinic	Uninsured/underinsured families
Frisco Family YMCA	Youth & family programming

Key Interview Topics

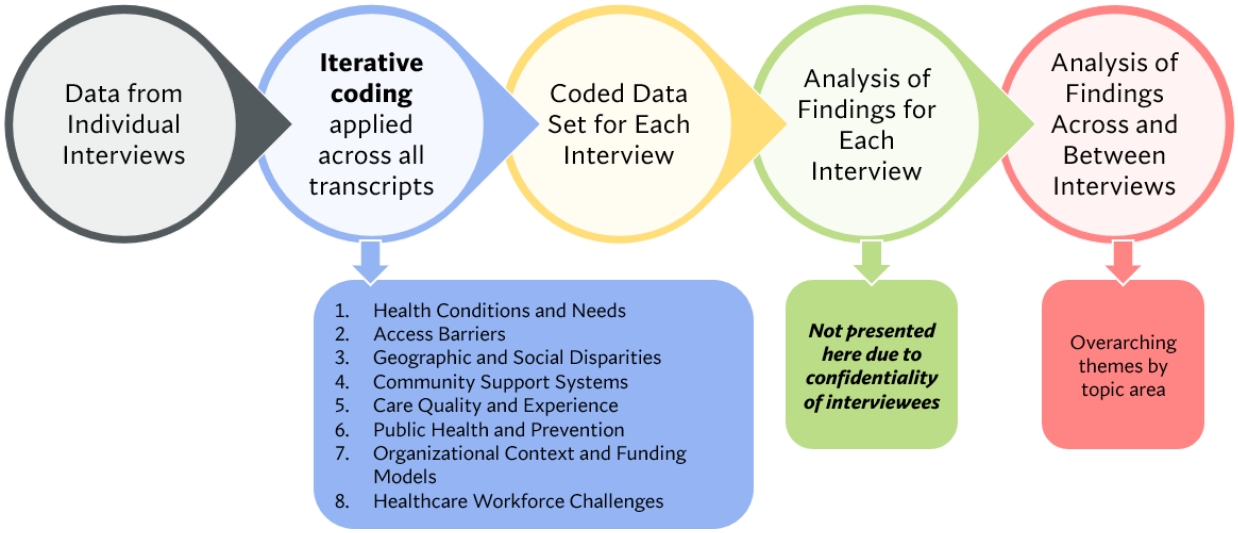
Topics and discussions for both internal and external interviews centered on:

- Health and quality of life issues impacting children in the service area from diverse organizational perspectives
- Community dynamics driving significant areas of need through the lens of different sectors
- Priority setting and strategic planning for future community health initiatives through comprehensive stakeholder input
- Barriers to accessing specialized pediatric care and community resources
- Opportunities for enhanced collaboration and resource coordination

Analytical Approach

Qualitative data gathered from each key leader interview was analyzed using a structured coding process with broad coding categories applied across all transcripts. These data were then further refined according to more granular codes within each broad category. The analytical approach included iterative coding applied across all transcripts, followed by analysis of findings for each interview, and culminating in analysis of findings across and between interviews to identify overarching themes.

Figure A3.6: Thematic Analysis



Key Takeaways from the Key Leader Interviews

Internal Key Leader Interviews:

The key overall takeaways from the internal key leader interviews identified three critical areas:

Figure A3.7: Internal Key Leader Interview Key Takeaways

Food Insecurity is the Overwhelming Primary Social Need	Geographic and Language Barriers Create Significant Access Challenges	Mission Excellence Coexists with Growing Resource Constraints
•Staff across all departments consistently identified food as "the biggest need" and "number one" social concern. Families struggle with both access and affordability, with many caught between not qualifying for SNAP and not earning enough to meet rising grocery costs.	•Rural families face healthcare workforce shortages and limited resources, while language barriers persist despite comprehensive interpreter services. Website accessibility, appointment communications, and cultural competency gaps affect diverse populations beyond traditional Spanish speakers.	•Scottish Rite demonstrates exceptional commitment through Crayon Care, which families view as "insurance." However, growing social needs are outpacing organizational capacity across departments, with staff advocating for expanded resources to meet increasing demands for transportation, meal support, and specialized services.

External Key Leader Interviews:

The key overall takeaways from the external key leader interviews identified three primary themes:

Figure A3.8: External Key Leader Interview Key Takeaways

Mental Health and Social Development Needs Are Intensifying	Geographic and Social Disparities Concentrate in Specific Communities	Strong Foundation for Enhanced Community Coordination
•Post-pandemic mental health challenges persist alongside concerning social development impacts from technology use and social isolation. Youth demonstrate increased need for validation, difficulty processing constructive feedback, and reduced problem-solving resilience requiring targeted programming and support.	•Health disparities are concentrated in South Dallas, Vickery Place, Grand Prairie, and Irving areas, with rural communities facing the most limited specialist access. Transportation barriers and food deserts create compounding challenges even when healthcare resources exist.	•External leaders consistently praised Scottish Rite's collaborative approach and active participation in regional partnerships, including transitions of care planning groups and community health data collaboratives. While Scottish Rite has established successful partnership models, leaders identified opportunities to build on this foundation through improved resource communication and expanded community education about available services.

Focus Groups

Overview

Four focus groups were conducted in-person, with a total of 49 parents, caregivers, family members, and patients sharing their experiences living in the Service Area and receiving healthcare for their children or themselves at Scottish Rite. These conversations provided qualitative information about community health needs, barriers to accessing pediatric healthcare, and community assets from the perspective of families served by the organization.

Methodology

Focus groups were designed to gather comprehensive qualitative information about patient and family experiences, community health challenges, and suggestions for service improvements. Discussion topics included experiences with care at Scottish Rite, barriers to accessing pediatric healthcare, community health challenges affecting children, mental health and chronic illness concerns, communication and follow-up processes, and suggestions for expanding services and resources.

Focus Group Schedule and Composition:

Frisco Focus Groups:

- **Frisco Focus Group 1:** 15 participants including parents/caregivers with children receiving various orthopedic and specialty care, one former patient, and a mix of families with sports injuries, developmental conditions, and chronic conditions.
- **Frisco Focus Group 2:** 18 participants including a diverse group with interpretation services provided for Spanish-speaking participant, parents with children ranging from toddlers to teenagers, current and former patients, and various conditions including fractures, sports injuries, and ongoing treatments.

Dallas Focus Groups:

- **Dallas Focus Group 1:** 8 participants including parents with children with complex medical needs (autism, cerebral palsy, premature birth complications), diverse community representation including Latino families, and one former patient sharing their experience with discharge and follow-up care.
- **Dallas Focus Group 2:** 8 participants including parents with children with various conditions (scoliosis, autism, post-concussion syndrome, tuberous sclerosis), a mix of long-term patients (5+ years) and newer families, and a range of ages from toddlers to teenagers.

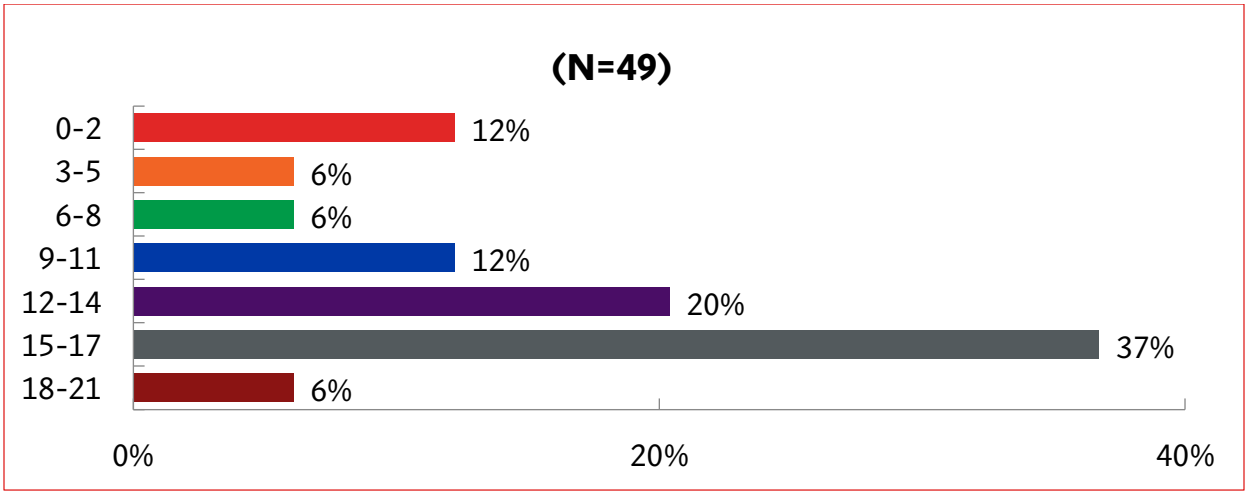
Demographics

The focus group participants represented diverse communities and family situations, providing insights into the varied experiences of families accessing pediatric orthopedic care across Scottish Rite's Service Area.

Focus Group Participants Demographics The demographics of children represented by focus group participants reflected Scottish Rite's diverse patient population, with representation across age groups, racial and ethnic backgrounds, and gender.

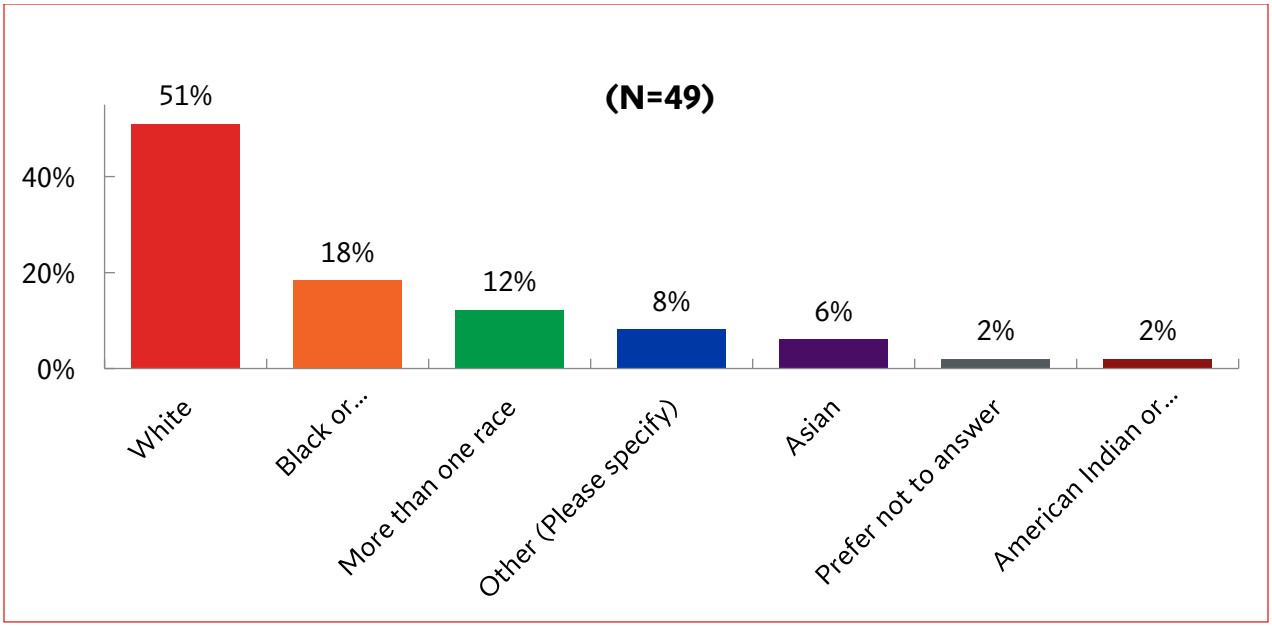
Age Distribution Focus group participants represented families with children across the full pediatric age spectrum served by Scottish Rite. The age distribution demonstrates the organization's comprehensive approach to pediatric orthopedic care, with participants representing families of young children requiring early intervention through teenagers and young adults transitioning to adult care. The concentration of participants with school-age children reflects typical patterns of orthopedic condition diagnosis and treatment needs during periods of growth and physical development.

Figure A3.9: Focus Group Patient Age Distribution



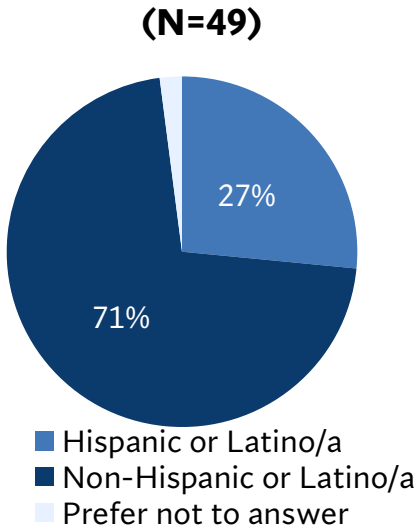
Racial Composition Focus group participants represented the multicultural communities served by Scottish Rite throughout the Dallas-Fort Worth metroplex and broader Service Area. The racial diversity among participants reflects Scottish Rite's commitment to serving families from all backgrounds and provides valuable insights into the experiences of diverse communities accessing specialized pediatric orthopedic care. The representation across racial categories demonstrates the broad reach of Scottish Rite's services and the varied communities that depend on the organization's specialized care.

Figure A3.10: Focus Group Patient Race Distribution



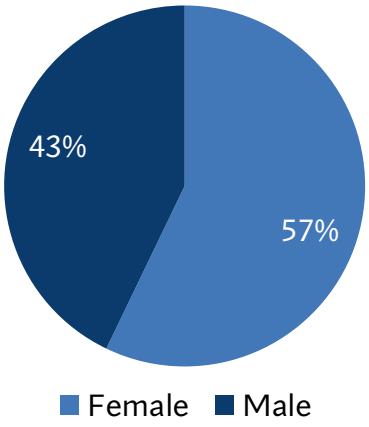
Hispanic and Latino Origin The focus groups included significant representation from families of Hispanic or Latino origin, reflecting the substantial Latino population in North Texas and Scottish Rite's efforts to engage diverse communities in the assessment process. This representation provides important perspectives on culturally responsive care delivery and highlights the experiences of Latino families navigating specialized pediatric healthcare services.

Figure A3.11: Focus Group Patient Ethnicity



Gender Distribution The focus group participants represented families of both male and female patients, providing balanced perspectives on gender-related aspects of pediatric orthopedic care experiences. This distribution ensures that insights captured through the focus groups reflect the experiences of families across gender identities and any potential differences in care needs or experiences.

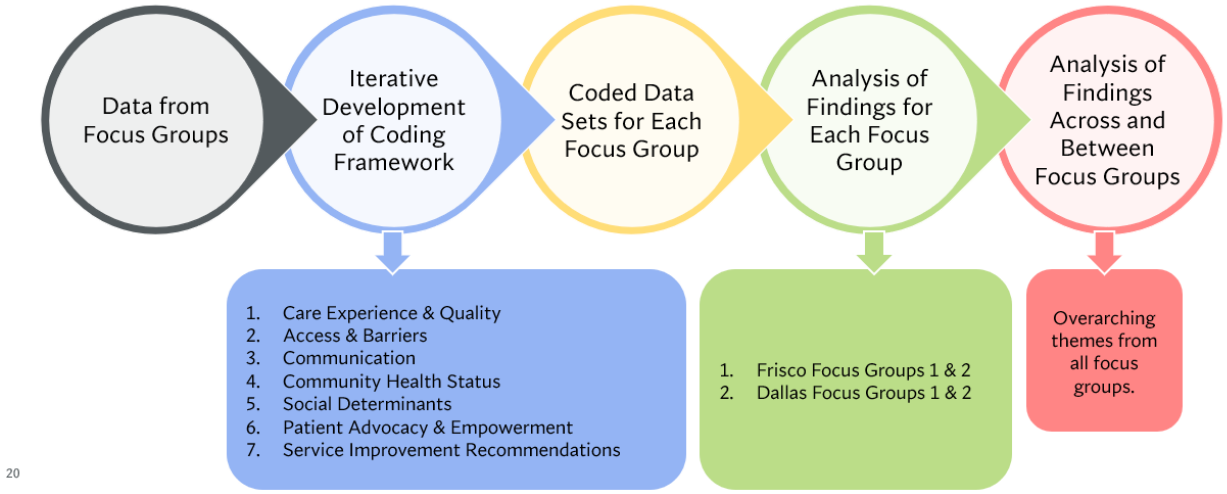
A3.12: Focus Group Patient Gender Distribution



Analytical Approach

Qualitative data gathered from each focus group was analyzed using a structured coding process with seven broad coding categories applied to each individual focus group's data. These data were then further refined according to more granular codes within each broad category. The analysis included iterative development of the coding framework, creation of coded data sets for each focus group, analysis of findings for each individual focus group, and analysis of findings across and between focus groups.

Figure A3.13: Process for Focus Group Thematic Analysis



Key Takeaways from the Focus Groups

The key overall takeaways from the focus groups identified several critical areas:

Care Quality vs. Access Barriers

- Scottish Rite delivers high-quality, compassionate care across all demographics, but complex barriers including geographic distance, transportation challenges, scheduling difficulties, financial obstacles, and system navigation complexity prevent timely access to services.

Geographic Health Disparities

- While mental health issues affect children across all communities, specific health challenges differ by location. Frisco families report more sports injuries and academic pressure, while Dallas families discuss higher rates of autism, chronic illnesses, and community violence impacts. Educational support needs for children with learning differences indicate widespread gaps in school-based services.

Vulnerable Population Needs

- Immigrant families, non-English speakers, and low-income families experience layered obstacles including discrimination, language barriers, and economic hardships that demand culturally responsive services, interpretation support, and financial assistance programs.