



Methodist Health System Community Health Needs Assessment & Implementation Plan

Methodist Charlton
Medical Center

Methodist Dallas
Medical Center

Methodist
Rehabilitation
Hospital





Guided by the founding principles of life, learning, and compassion, Dallas-based Methodist Health System provides quality, integrated health care to improve and save the lives of the individuals and families it serves.

Next year, Methodist will celebrate its 90th year of delivering quality, compassionate health care to families and communities in North Texas. In 1927, Dallas Methodist Hospital (now Methodist Dallas Medical Center) opened its doors with 100 beds. Today, Methodist has seven acute care hospitals; 40 clinics and OP Centers; 7,800 employees; 1,700 physicians; and almost 2,000 volunteers extending our reach across the DFW Metroplex. Although Methodist has had many changes over the decades, our mission has remained the same – commitment to the health and well-being of the communities served.

Every day, our team of physicians, nurses, staff and volunteers touch the lives of patients and families across North Texas. Methodist is proud to serve the community through 60 plus access points, including family health centers, physician offices, urgent care centers, imaging centers, a rehabilitation hospital and a campus for continuing care. In 2015, we provided more than 58,000 inpatient admissions and \$109 million in unreimbursed charity care for the poor. While we are extremely proud of our work so far, Methodist Health System is committed to doing more.

In order for us to provide the best patient-centered care, we need to be aligned with the unique health needs of the communities we serve. Methodist completed a comprehensive health needs assessment of our service areas utilizing data analysis from more than 80 health indicators and conducting multiple interviews throughout our service area. The analysis and noteworthy results are outlined in the following report.

Our 2016 Community Health Needs Assessment will guide Methodist Health System over the next three years so we will be ready to address the most urgent health issues for our diverse populations of patients. This data will serve as a tremendous asset for both our patients and our care team as we work together to create healthier individuals and communities.

We look forward to many more years of providing excellent care to our communities and improving the overall health of the families we serve now and in the future.

Sincerely,

A handwritten signature in black ink that reads "Steven L. Mansfield". The signature is written in a cursive, professional style.

Steven L. Mansfield, PhD, FACHE
President & CEO, Methodist Health System



Mission

To improve and save lives through compassionate, quality health care.

Vision

Methodist's vision is to be the trusted choice
for health and wellness.

Values

Servant Heart

Hospitality

Innovation

Noble

Enthusiasm

Skillful

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Mission, Vision, and Values

OUR MISSION AND VISION

Our Mission

Methodist Health System's (Methodist) mission is to improve and save lives through compassionate, quality health care.

Our Vision

Methodist's vision is to be the trusted choice for health and wellness.

WHO WE ARE

Methodist Health System provides care to improve and save the lives of individuals and families throughout north Texas.

Methodist was created as a healing ministry, and healing is still our calling. We have always been deeply committed to our community's health, and that commitment keeps us on the forefront of medicine. We are known for many specialty centers, including our long-standing organ transplant program for adult liver, kidney and pancreas. Wherever there is a community health need, Methodist strives to meet it.

Methodist Health System is comprised of seven acute care hospitals (Methodist Dallas Medical Center, Methodist Charlton Medical Center, Methodist Mansfield Medical Center, Methodist Richardson Medical Center, Methodist Southlake Hospital, Methodist McKinney Hospital, and Methodist Hospital for Surgery); two rehabilitation hospitals (Methodist Rehabilitation Hospital and Texas Rehabilitation Hospital of Arlington); three urgent care centers; six imaging centers and 26 family health centers located throughout the Dallas Fort Worth (DFW) Metroplex.

Methodist has more than 1,100 active physicians on staff; 7,000 employees; and 1,600 licensed beds. Methodist is a non-profit health system affiliated by covenant with the North Texas Conference of the United Methodist Church.

OUR CORE VALUES & QUALITY PRINCIPLES

Methodist is guided by the founding principles of life, learning, and compassion. These principles are reflected in our SHINE values:

- *Servant Heart*: compassionately putting others first
- *Hospitality*: offering a welcoming and caring environment
- *Innovation*: courageous creativity and commitment to quality
- *Noble*: unwavering honesty and integrity
- *Enthusiasm*: celebration of individual and team accomplishment
- *Skillful*: dedicated to learning and excellence

Executive Summary

Methodist Health System understands the importance of serving the health needs of its communities. To do that successfully, we must first take a comprehensive look at the issues our patients, their families, and neighbors face when making healthy life choices and health care decisions.

Methodist conducted its first Community Health Needs Assessment (CHNA) in 2013. Beginning in June 2016, the organization began the process of assessing the current health needs of the communities it serves. Methodist utilized a different approach to complete the 2016 CHNA than what was utilized to complete the 2013 assessment. Truven Health Analytics, an IBM Company, (Truven Health) was engaged to help collect and analyze the data for this process and to compile a final report made publicly available on September 30, 2016.

Methodist owns and operates multiple individually licensed hospital facilities serving the residents of north Texas. Several of Methodist's hospital facilities have overlapping communities in their service areas, and therefore collaborated to conduct a joint CHNA. This joint assessment applies to the following Methodist hospital facilities:

- Methodist Charlton Medical Center
- Methodist Dallas Medical Center
- Methodist Rehabilitation Hospital

For the purposes of the 2016 assessment, Methodist Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation Hospital defined their community as the geographical area of Dallas County. The community served, or service area, was determined by identifying the county where at least 75% of patients reside.

A quantitative and qualitative assessment was performed. Eighty-nine public health indicators were evaluated for the quantitative analysis. Community needs were identified by comparing the community's value for each health indicator to that of the state and nation. Where the community value was worse than the state, the indicator was identified as a community health need. After initial community needs were identified, an index of magnitude analysis was conducted to determine the relative severity of the issue.

Input from the community was gathered for the qualitative analysis via interviews which included community leaders, public health experts, and those representing the needs of minority, underserved, and indigent populations.

The outcomes of the quantitative and qualitative analyses were aligned to create a comprehensive list of community health needs. Next, the health needs were compiled to create a health needs matrix to illustrate where the qualitative and quantitative data correspond as well as differ.

In July 2016, a prioritization meeting was held in which the health needs matrix was reviewed to establish and prioritize significant needs. The meeting was moderated by Truven Health and

included an overview of the community demographics, summary of qualitative and quantitative findings, and a review of the identified community health needs.

Participants all agreed the health needs which deserved the most attention and considered significant were needs which were 1) identified as a high need in the qualitative analysis and 2) identified as worse than benchmark through the quantitative analysis. This list also included qualitatively identified needs that did not have a corresponding quantitative measure available for analysis. Additionally, the participants agreed to individually select needs by community from those quantitatively identified as worse than the benchmark by a greater magnitude but were not identified in the qualitative analysis as a top need, using their knowledge of the community to identify those considered significant.

The individuals participating in the prioritization meeting identified five criteria to prioritize the significant health needs for each community. Once the prioritization criteria were determined, each significant health need was rated on the criteria resulting in an overall score. The list of significant health needs was then prioritized based on the overall scores. Lastly, the highly rated needs were evaluated across the communities for commonalities and synergies. The meeting participants subsequently chose from the top prioritized health needs as those which will be addressed by Methodist Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation Hospital. The needs to be addressed are as follows:

1. Access to care
2. Diabetes
3. Heart disease
4. Community resource collaboration and awareness
5. Chronic disease prevention

A description of each chosen need is included in the body of this report. The hospital facilities developed an individual implementation strategy with specific initiatives aimed at addressing the selected health needs, which is included in this report.

An evaluation of interventions and activities outlined in the implementation strategy drafted after the 2013 assessment was also completed and is included in **Appendix F** of this document.

The CHNA for Methodist Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation Hospital has been presented and approved by the Board of Directors. The full assessment is available for download at no cost to the public on Methodist's website at www.methodisthealthsystem.org/communityhealth.

This assessment and the resulting implementation strategies are intended to meet the requirements for community benefit planning and reporting as set forth in state and federal laws, including but not limited to: Texas Health and Safety Code Chapter 311 and Internal Revenue Code Section 501(r).

Community Health Needs Assessment Requirement

As a result of the Patient Protection and Affordable Care Act (PPACA), all tax-exempt organizations operating hospital facilities are required to assess the health needs of their community through a CHNA once every three years. A CHNA is a written document developed for a hospital facility that defines the community served by the organization, the process used to conduct the assessment, and identifies the salient health needs of the community. The explanation of the process includes how the hospital took into account input from the community, public health department(s), and members or representatives of medically underserved, low-income, and minority populations; the identification of any organizations with whom the hospital has worked on the assessment; and the significant health needs identified through the assessment process.

The written CHNA report must include descriptions of the following:

- The community served and how the community was determined
- The process and methods used to conduct the assessment including a description of the data, data sources and other information used in the assessment, as well as the methods utilized to collect and analyze the data and information
- How the organization took into account input from persons representing the broad interests of the community served by the hospital, including a description of when and how the hospital consulted with these persons or the organizations they represent
- The prioritized significant community health needs identified through the CHNA as well as a description of the process and criteria used in identifying the significant health needs and prioritizing those significant needs
- The existing resources within the community available to potentially meet the significant community health needs
- An evaluation of the impact of any actions that were taken, since the hospital facility's most recent CHNA, to address the significant health needs identified in the last CHNA

PPACA also requires hospitals to adopt an implementation strategy to address prioritized community health needs identified through the assessment. An implementation strategy is a written plan that addresses each of the significant community health needs identified through the CHNA and is a separate but related document to the CHNA report.

The written implementation strategy must include the following:

- List of the prioritized needs the hospital plans to address and the rationale for not addressing the other significant health needs identified
- Description of the actions the hospital intends to take to address the chosen health needs and the anticipated impact of these actions
- Identify resources the hospital plans to commit to address the health needs

- Describe any planned collaboration between the hospital and other facilities or organizations in addressing the health needs

A CHNA is considered conducted in the taxable year that the written report of its findings, as described above, is approved by the hospital's governing body and made widely available to the public. The implementation strategy is considered adopted on the date it is approved by the governing body. Organizations must approve and make their implementation strategy public by the 15th day of the 5th month following the end of the tax year. CHNA compliance is reported on IRS Form 990, Schedule H.

Methodist Health System: Community Health Needs Assessment Overview, Methodology and Approach

Methodist Health System partnered with Truven Health to complete a CHNA for Methodist Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation Hospital.

Qualifications & Collaboration

Truven Health and its legacy companies have been delivering analytic tools, benchmarks, and strategic consulting services to the healthcare industry for over 50 years. Truven Health combines rich data analytics in demographics (including the Community Needs Index, developed with Catholic Healthcare West, now Dignity Health), planning, and disease prevalence estimates with experienced strategic consultants to deliver comprehensive and actionable CHNAs.

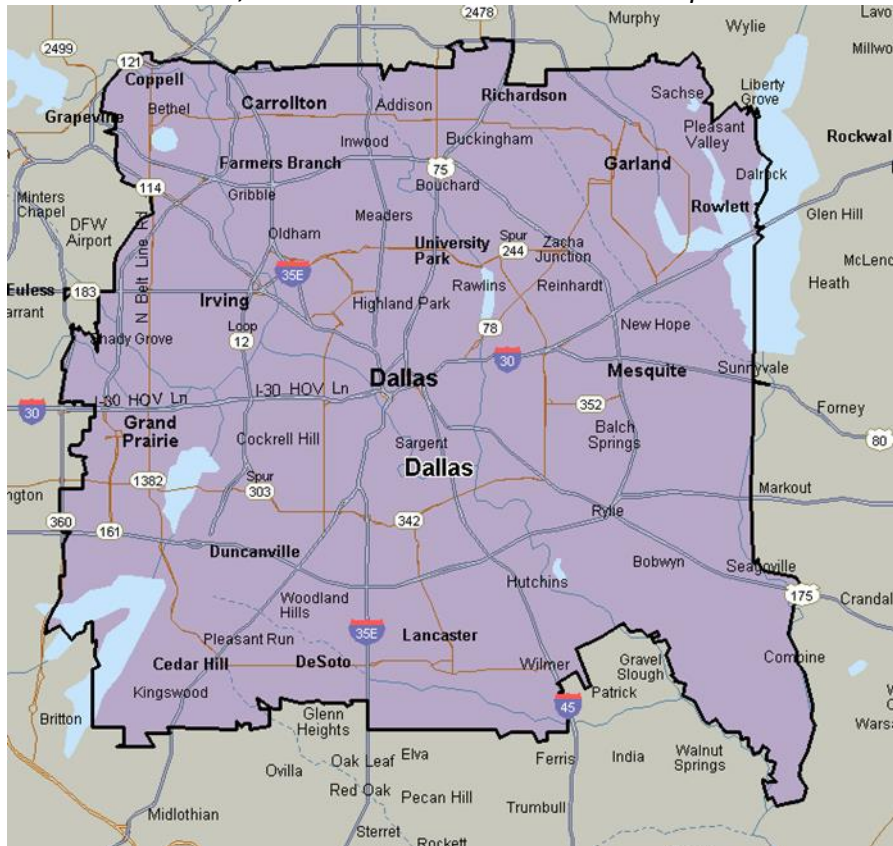
Defining the Community Served

For the purpose of this assessment, Methodist Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation Hospital defined the facilities' community using the county in which at least 75% of patients reside. Using this definition, Methodist Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation Hospital have defined their community to be the geographical area of Dallas County for the 2016 CHNA.

Community Health Needs Assessment – 2016

Methodist Health System: Community Health Needs Assessment Overview, Methodology and Approach

Map of Community Served by Methodist Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation Hospital



Source: Truven Health Analytics, 2016

Assessment of Health Needs – Methodology and Data Sources

To assess the health needs of the community served, a quantitative and qualitative approach was taken. In addition to collecting data from public and Truven Health proprietary sources, interviews were conducted with individuals representing public health, community leaders and groups, public organizations, and other providers.

Quantitative Assessment of Health Needs Approach

Quantitative data in the form of public health indicators were collected and analyzed to assess community health needs. Eight categories consisting of 89 indicators were collected and evaluated for Dallas County. The categories and indicators collected are included in the table below. The sources of the indicators utilized in the quantitative assessment can be found in **Appendix A**.

Population

- High School Graduation Rate
- High School Dropout Rate
- Some College
- Children in Poverty
- Children in Single-parent Households
- Unemployment
- Income Inequality
- Total Population Living in Poverty
- Individuals With a Disability (16–64 Years)
- Social Associations
- Children Enrolled in Public Schools Eligible for Free Lunch
- Homicides
- Violent Crime

Injury & Death

- Heart Disease Deaths
- Cancer Deaths
- Chronic Lower Respiratory Disease Deaths
- Stroke Deaths
- Premature Death
- Infant Mortality
- Child Mortality
- Car Crash Deaths
- Injury Deaths

Health Behaviors

- Obesity
- Physical Inactivity
- No Exercise
- Adult Smoking
- Excessive Drinking
- Alcohol-impaired Drinking Deaths
- Drug Poisoning Deaths
- Teen Births
- Sexually Transmitted Infections

Mental Health

- Mental Health Providers
- Frequent Mental Distress

Health Outcomes

- Fair or Poor Health
- Frequent Physical Distress
- Insufficient Sleep
- Poor Physical Health Days
- Cancer (all causes) Incidence
- Breast Cancer Incidence
- Colon and Rectum Cancer Incidence
- Lung and Bronchus Cancer Incidence
- Prostate Cancer Incidence
- Diabetes
- Hypertension
- Stroke
- Arthritis
- Alzheimer’s Disease / Dementia
- Atrial Fibrillation
- Chronic Obstructive Pulmonary Disease
- Kidney Disease
- Depression
- Heart Failure
- Hyperlipidemia
- Ischemic Heart Disease
- Schizophrenia
- Osteoporosis
- Asthma
- HIV Prevalence
- Pediatric Asthma Hospitalizations
- Pediatric Diabetes Hospitalizations
- Pediatric Gastroenteritis Hospitalizations
- Pediatric Urinary Tract Infection Hospitalizations

- Adult Perforated Appendix Hospitalizations
- Adult Uncontrolled Diabetes Hospitalizations
- Amputations Among Adult Patients with Diabetes
- Prenatal Care
- Low Birth Weight
- Very Low Birth Weight
- Preterm Births
- Preventable Hospital Stays

Prevention

- Diabetic Screening (Medicare)
- Mammography Screening (Medicare)
- Flu Vaccine 65+

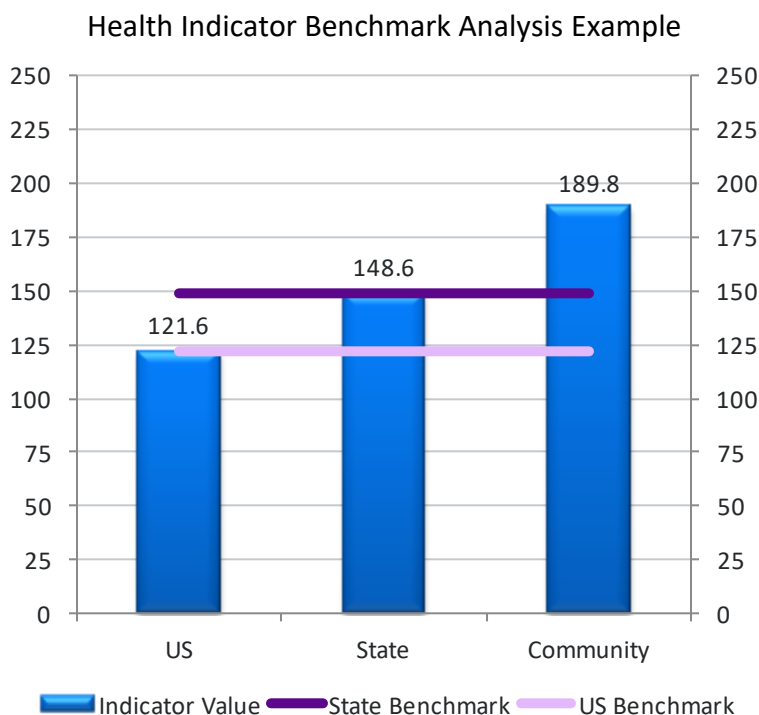
Environment

- Food Insecurity
- Limited Access to Healthy Food
- Food Environment Index
- Access to Exercise Opportunities
- Air Quality / Pollution
- Severe Housing Problems
- Driving to Work Alone
- Long Commute: Driving Alone

Access to Care

- Uninsured
- Uninsured Children
- Health Care Costs
- Primary Care Physicians
- Primary Care Providers (non-physician)
- Dentists
- Preventable Hospital Stays

To determine the public health indicators which demonstrate a community health need, a benchmark analysis was conducted. Public health indicators collected included (when available) national, state, and goal setting benchmarks such as Healthy People 2020 and County Health Rankings Best Performer.



According to America’s Health Rankings, Texas ranked 34th out of the 50 states in 2015 for overall health. When comparing the health status of Texas to other states in the nation, many opportunities impacting the health of the local community are identified, even for those communities that rank highly within the state. Therefore, the benchmark for the community served was set to equal the state’s performance for each indicator. Indicators were identified as needs when the performance for the community served did not meet or exceed the performance of the state. An index of magnitude analysis was then conducted on those indicators that did not meet the state’s benchmark in order to understand the degree in which they differ from the benchmark; this was done to gain an understanding of the relative severity of need. The outcomes of the quantitative data analysis were then compared to the qualitative data findings.

Qualitative Assessment of Health Needs (Community Input)

In addition to analyzing quantitative data, eighteen key informant interviews were conducted in June 2016. These were conducted to collect information from persons representing the broad interests of the community served. Interviews were conducted to solicit feedback from leaders and representatives who serve the community in various capacities and have insight into its needs.

The interviews conducted by Truven Health are intended to assist with gaining an understanding and achieving insight into the individual's perception of the overall health status of the community and the primary drivers contributing to the identified health issues.

To qualitatively assess the health needs of the community, participation was solicited from state, local, tribal, or regional governmental public health departments (or equivalent departments or agencies) with knowledge, information, or expertise relevant to the health needs of the community. Also, individuals or organizations serving and/or representing the interests of the medically underserved, low-income, and minority populations in the community were included. A list of the organizations represented by interview participants can be found in **Appendix B**.

In addition to requesting input from public health and various interests of the community, hospitals are also required to take into consideration written input received on their most recently conducted CHNA and subsequent implementation strategies.

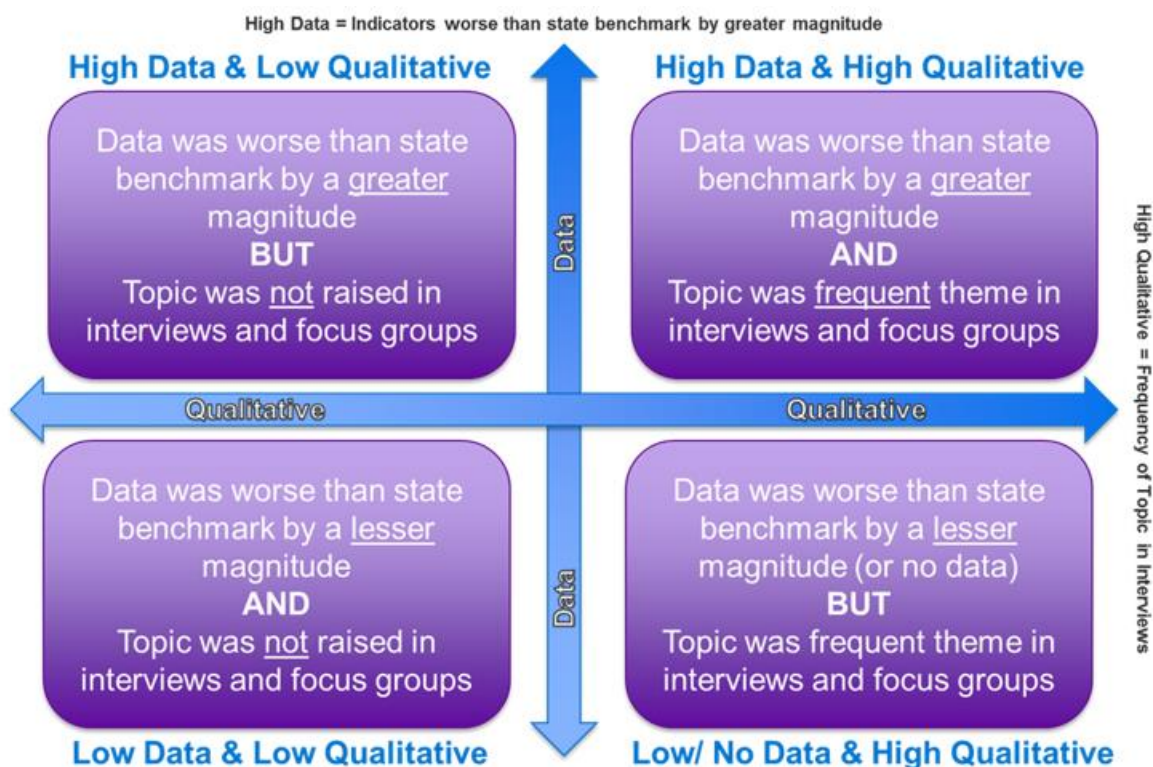
Methodist made the full report widely available and welcomed public comment or feedback on the findings. To date, no input has been received, but feedback from the community is welcomed. For this 2016 CHNA, public comments and feedback may be submitted by emailing CHNAFeedback@mhd.com.

The information collected from the interviewees was organized into primary themes surrounding community needs. The identified needs were then compared to the quantitative data findings.

Methodology for Defining Community Need

The feedback received from interviews was combined with the health indicator data, and the primary issues currently impacting the health of the community served were consolidated and assembled in the Health Needs Matrix below. This was done to assist with the identification of the significant health needs for the community served.

The upper right quadrant of the matrix is where the qualitative data (interview feedback) and quantitative data (health indicators) converge.



Source: Truven Health Analytics, 2016

Information Gaps

The public health indicators are available at the county level and do not exceed this level of granularity. When evaluating data for an entire county versus data at a more localized level, it is difficult to understand the health needs for specific populations within that county. It can also be a challenge to tailor programs to address specific community health needs as placement and access to such programs may not actually impact the individuals in need of the service. The publicly available health indicator data was supplemented with Truven Health's ZIP code estimates to assist in identifying specific populations within a community where health needs may be greater.

Existing Resources to Address Health Needs

Part of the assessment process included gathering input on community resources potentially available to address the significant health needs identified through the CHNA. A description of these resources is provided in **Appendix C**.

Prioritizing Community Health Needs

The prioritization of community health needs identified through the assessment was based on the weight of the quantitative and qualitative data obtained when assessing the community. It also included an evaluation of the severity of each need as it pertains to the state benchmark; value the community places on the need, and the prevalence of the need within the community. A thorough description of the process can be found in the "Prioritizing Community Health Needs" section of the assessment.

The community health needs identified through the assessment were reviewed and prioritized by the CHNA work group.

Evaluation of Implementation Strategy Impact

As part of the current assessment, Methodist conducted an evaluation of the implementation strategies adopted as part of the 2013 CHNA. In 2013, Methodist Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation Hospital chose to address the following identified needs:

1. Chronic disease: multiple diagnoses
2. Healthcare access: health insurance coverage and physician shortage
3. Health disparities: resource deserts
4. Infrastructure: unifying prevention efforts and maximizing resources
5. Mental and behavioral health: illness impact on health decisions

An implementation strategy was put into place in 2013 to address the above needs. That strategy has been evaluated as to its effectiveness and impact. Details for that evaluation can be found in **Appendix F** with the report of interventions and activities outlined in the implementation strategy drafted after the 2013 assessment.

Methodist Health System Community Health Needs Assessment

Demographic and Socioeconomic Summary

When evaluating the population statistics for the area served, the state of Texas possesses characteristics that are similar in many categories to that of Dallas County with some differences. Dallas County has proportionately more children, those under the age of 18, and few seniors, those 65 years of age or older, when compared to the populations of Texas and the United States. Dallas County is projected to experience population growth over the next five years at an equivalent rate to that of the state. Also, the community served is worse than the state and nation as it relates to the following socioeconomic barriers: poverty, limited English, no high school diploma, and housing.

Demographic and Socioeconomic Comparison: Community Served and State/US Benchmarks

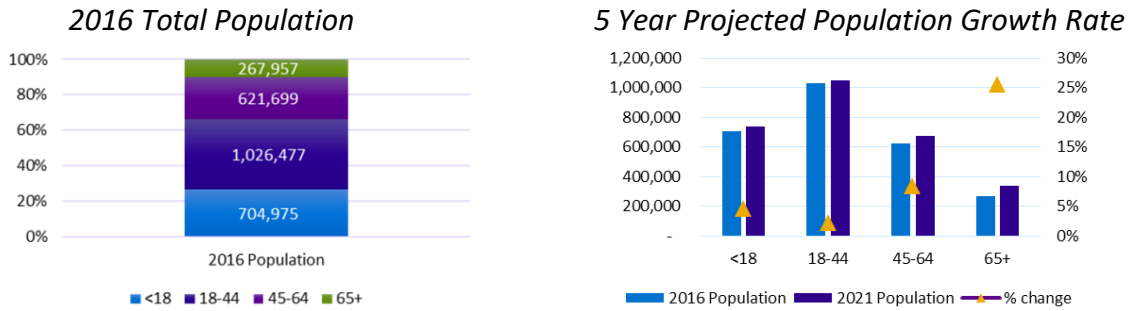
Region	Total Population	Population 0 - 17 Years	Population 65+ Years	5 Year Projected Population Change	Poverty	Insurance Coverage: Medicaid / Uninsured	Limited English	No High School Diploma	Housing	
United States	322,431,073	23%	15%	4%	18%	19%	8%	9%	14%	36%
Texas	27,611,474	26%	12%	7%	20%	14%	18%	14%	19%	37%
Community Served	2,621,108	27%	10%	7%	24%	17%	18%	20%	22%	48%

Sources: Truven Health Analytics, 2016
American Community Survey, 2016

Dallas County is expected to grow 7% (175,217 people) by 2021. The population growth is equivalent to the growth rate for the state of Texas and higher than growth rates projected nationally. In the Dallas County area, ZIP code 75039, located in Irving, is expected to experience the most growth in the next five years.

In 2016, 27% of the population was less than 18 years of age, 39% was 18 to 44 years of age, and 7% was 65 years old or older. The cohort aged 65 years of age and older is currently the smallest; however, it is expected to experience the most growth over the next five years. This cohort is projected to increase by 68,184 people (25%). Growth in this population will likely contribute to an increased need for health services as the population continues to age.

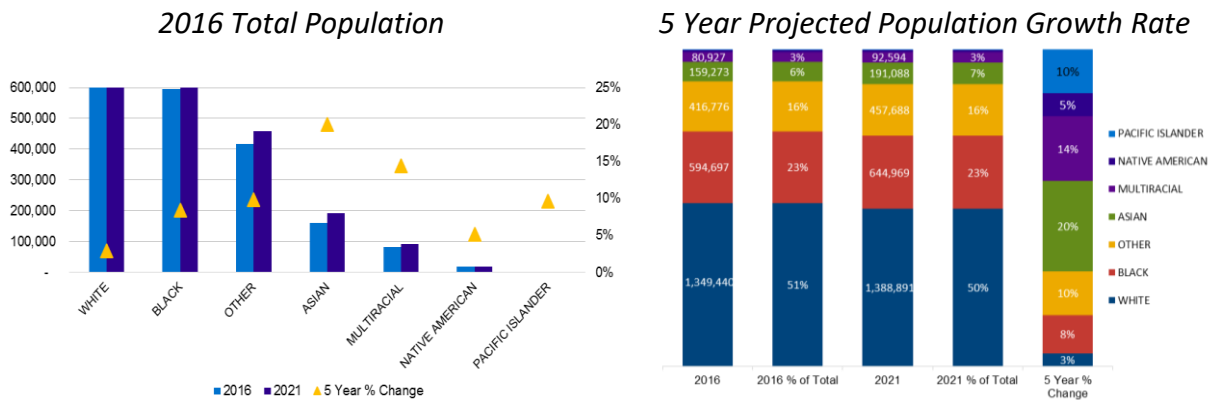
Population by Age Cohort



Source: Truven Health Analytics, 2016

Dallas County will experience a growth in racial diversity over the next five years. In 2016, Dallas County was primarily black (23%) and white (51%). Diversity in the community will increase due to the growth of minority populations over the next five years. The community is expected to experience the largest percentage growth in the Asian, Pacific Islander and multi-racial communities; they are projected to increase by 20%, 10%, and 14%, respectively. This is equivalent to a growth of 31,815 in Asian residents, 140 Pacific Islander residents, and 11,667 multi-racial residents. The graphs below display the community’s total population breakdown by race, including all ethnicities.

Population by Race



Source: Truven Health Analytics, 2016

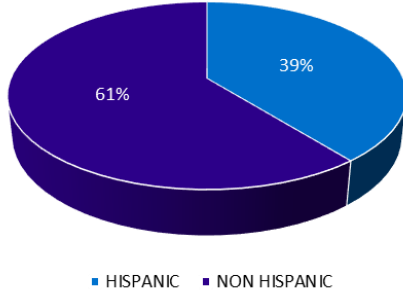
When evaluating the entire population (which includes all races in the charts above), Dallas County is also expected to experience an increase in ethnic diversity. In 2016, the Hispanic population (which includes multiple races) comprised 39% percent of the population and is expected grow 10% over the next five years; this is equivalent to an additional 101,614 Hispanic residents. The graphs below display the community’s population breakdown by ethnicity (including all races).

Community Health Needs Assessment – 2016

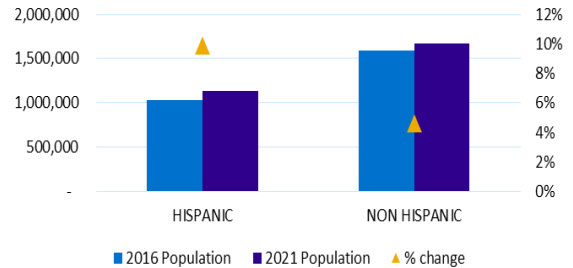
Methodist Health System Community Health Needs Assessment

Population by Hispanic Ethnicity

2016 Total Population



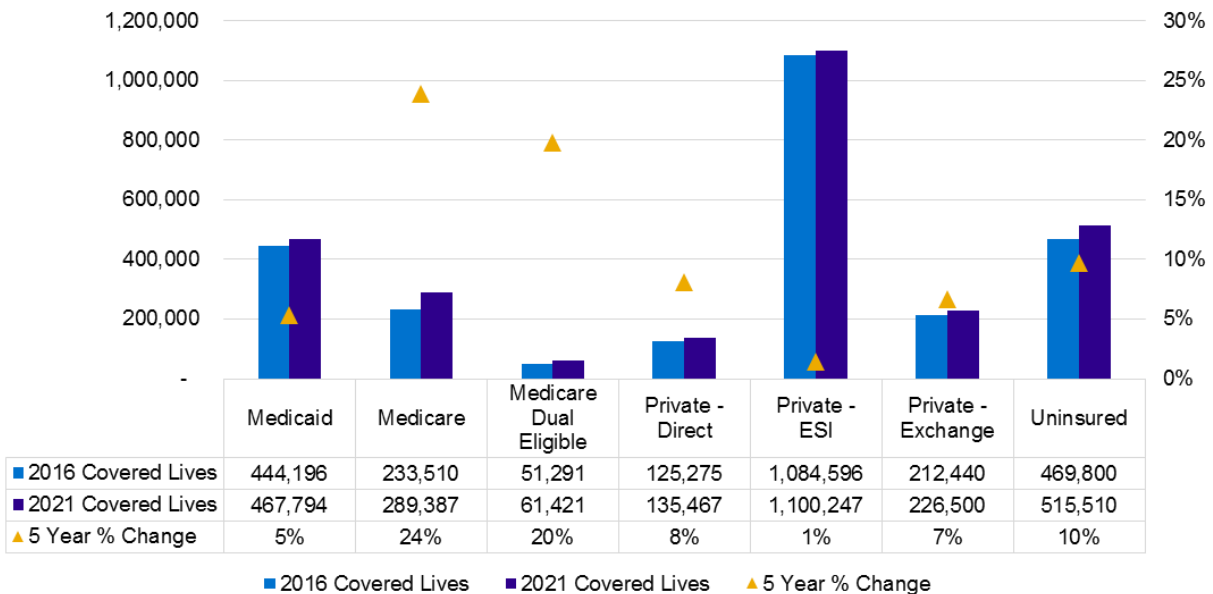
5 Year Projected Population Growth Rate



Source: Truven Health Analytics, 2016

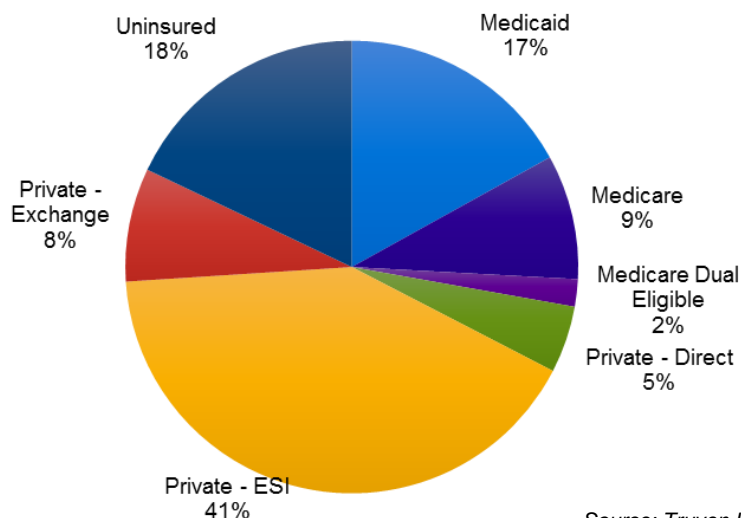
The commercially insured population within the community comprises 54% of the community; this includes those purchasing insurance through the health insurance exchange marketplace (8%), those receiving insurance through an employer (41%), and those independently purchasing insurance (5%). Currently, 9% of the population has Medicare, 2% of the population is Medicare dual-eligible, and 17% of the population is covered by Medicaid. The Medicare dual-eligible population is projected to increase 20% over the next five years. The Medicare population is expected to increase 24%; this is the largest projected growth among all types of coverage in Dallas County. The uninsured population comprises 18% of the community.

Estimated Covered Lives and Projected Growth by Insurance Category



Source: Truven Health Analytics, 2016

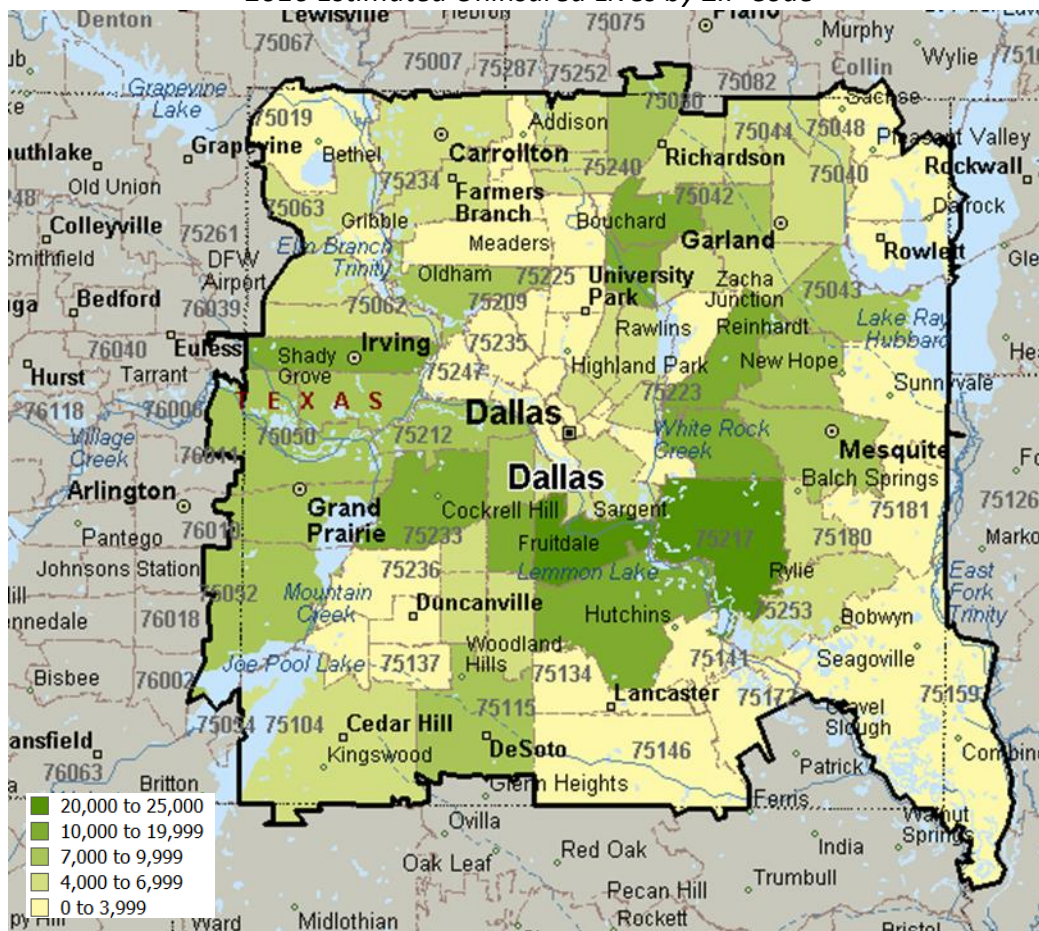
2016 Insurance Coverage Estimates by Insurance Type



Source: Truven Health Analytics, 2016

Of the uninsured residents in Dallas County, 6% reside in ZIP code 75217 (Southeast Dallas neighborhood of Pleasant Grove) which is the largest concentration of uninsured individuals in the community. Other ZIP codes comprising a higher proportion of the community’s uninsured residents when compared to the overall market are 75216 (Southeast Dallas neighborhood of South Oak Cliff) and 75228 (East Dallas neighborhood of Casa View), comprised of 5% and 4%, respectively. All of the ZIP codes in Dallas County comprising a large proportion of uninsured residents are located in the city of Dallas.

2016 Estimated Uninsured Lives by ZIP Code



Source: Truven Health Analytics, 2016

The community includes 38 Health Professional Shortage Areas and 19 Medically Underserved Areas as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.¹ **Appendix D** includes the details on each of these designations.

¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016

Health Professional Shortage Areas and Medically Underserved Areas and Populations

Counties	Health Care Professional Shortage Area (HPSA)				Medically Underserved Area / Population (MUAP)
	Dental Health	Mental Health	Primary Care	Total	Total MUAP
Dallas County	14	9	15	38	19

Source: Truven Health Analytics, 2016

Community Health Needs Assessment – 2016

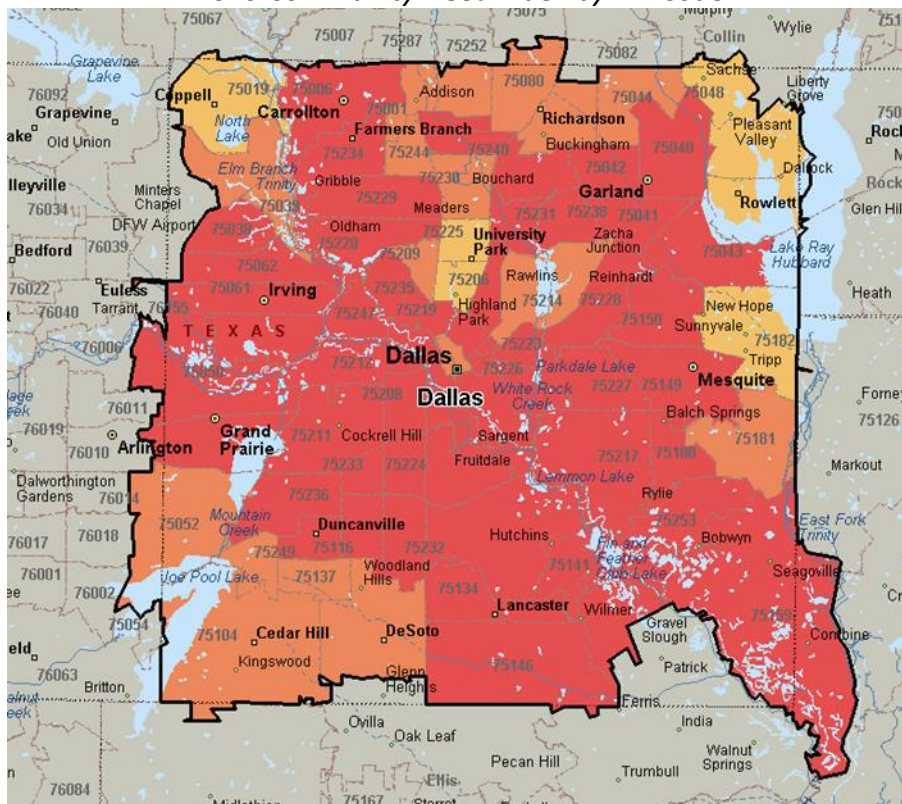
Methodist Health System Community Health Needs Assessment

Community Health Data

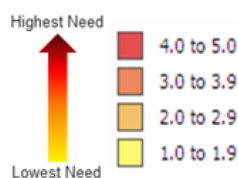
The Truven Health Community Need Index (CNI) is a statistical approach to identifying health needs in a community. The CNI takes into account a community's vital socio-economic factors (income, cultural, education, insurance and housing) to generate a CNI score for every populated ZIP code in the United States. The CNI is strongly linked to variations in community healthcare needs and is a robust indicator of a community's demand for various healthcare services. The CNI by ZIP code identifies specific areas within a community where healthcare needs may be greater.

The CNI is measured on a scale of one to five with five indicating the greatest need. Overall, Dallas County has a higher CNI than the nation, 4.2 compared to 3.0 for the national median. Based on the data, the portions of the community where greater healthcare needs are anticipated include Carrollton, Irving, Garland, Mesquite, Grand Prairie, and Dallas.

2015 Community Need Index by ZIP Code



CNI Score by ZIP Code



Source: Truven Health Analytics, 2015

Public Health Indicators

Public health indicators were collected and analyzed to assess the community's health needs. For each health indicator, a comparison was made between the most recently available community data and benchmarks for the same/similar indicator. Benchmarks were based on available data and included the United States and the state of Texas. A health need was identified when the community indicator did not meet the state's comparative benchmark. The indicators that did not meet the state benchmark for this community included the following:

Population

- High School Graduation Rate
- High School Dropout Rate
- Some College
- Children in Poverty
- Children in Single-Parent Households
- Unemployment
- Total Population Living in Poverty
- Social Associations
- Children Enrolled in Public Schools Eligible for Free Lunch
- Homicides
- Violent Crime

Injury & Death

- Premature Death
- Infant Mortality
- Child Mortality

Mental Health

- Frequent Mental Distress

Prevention

- Flu Vaccination 65+

Health Outcomes

- Fair or Poor Health
- Frequent Physical Distress
- Insufficient Sleep

- Poor Physical Health Days
- Cancer (all causes) Incidence
- Breast Cancer Incidence
- Prostate Cancer Incidence
- Colon and Rectum Cancer Incidence
- Lung and Bronchus Cancer Incidence
- Hypertension
- Arthritis
- Alzheimer's Disease / Dementia
- Kidney Disease
- Depression
- Hyperlipidemia
- Schizophrenia
- Asthma
- HIV Prevalence
- Pediatric Asthma Hospitalizations
- Pediatric Diabetes Hospitalizations
- Pediatric Perforated Appendix Hospitalizations
- Adult Perforated Appendix Hospitalizations
- Adult Uncontrolled Diabetes Hospitalizations

- Amputations Among Adult Patients with Diabetes
- Prenatal Care
- Low Birth Weight
- Very Low Birth Weight

Health Behaviors

- Physical Inactivity
- No Exercise
- Alcohol-impaired Driving Deaths
- Teen Births
- Sexually Transmitted Infections

Access to Care

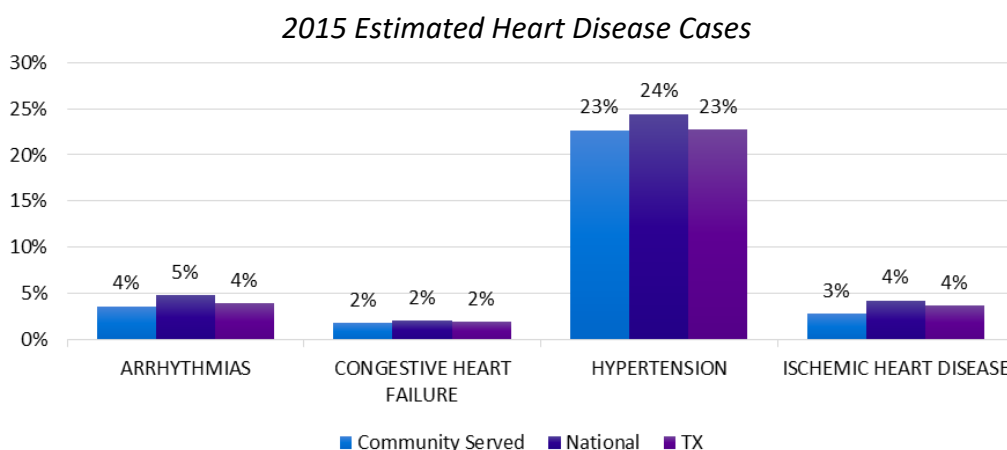
- Uninsured
- Uninsured Children
- Health Care Costs

Environment

- Food Insecurity
- Limited Access to Healthy Food
- Food Environment Index
- Air Quality / Pollution
- Severe Housing Problems
- Long Commute: Driving Alone

Truven Health Analytics supplemented the publically available data with estimates of localized disease prevalence for heart disease, cancer, and emergency department visits.

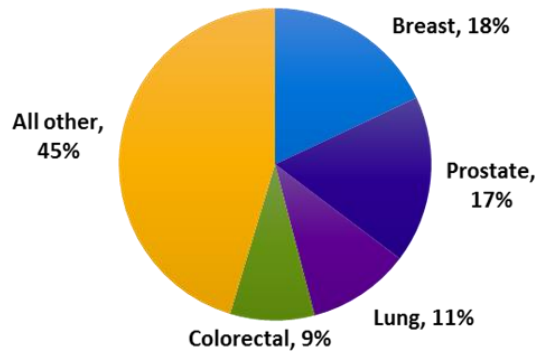
Truven Health’s Heart Disease Estimates identified hypertension as the most prevalent heart disease diagnosis, including 593,872 cases in Dallas County. This was followed by arrhythmias and ischemic heart disease. ZIP code 75052, located in Grand Prairie, has the highest proportion of all four heart diseases when compared to other ZIP codes in the community; 3.3% (3,140 people) of those with arrhythmias, 3.3% (1,583 people) of those in the community with congestive heart failure, 3.6% (21,600 people) of those in the community with hypertension, and 3.2% (2,368 people) of those in the community with ischemic heart disease live in ZIP code 75052.



Source: Truven Health Analytics, 2016

Truven Health’s 2015 Cancer Estimates predict breast, prostate, and lung cancers to be the most prevalent forms of cancer in Dallas County. The incidence of both breast and prostate cancers is higher in the community than in the state and nation. The incidence of lung cancer is equivalent to the state and lower than the nation. There were an estimated 2,202 breast cancers cases, 2,123 prostate cancer cases, and 1,298 lung cancer cases in Dallas County in 2015. ZIP code 75052, located in Grand Prairie, has a higher proportion of breast, prostate, and lung cancers than other ZIP codes in the community. The percentage of cancer in ZIP code 75052 is 3.5% of breast cancer cases, 3.4% of prostate cancer cases, and 3.2% of lung cancer cases.

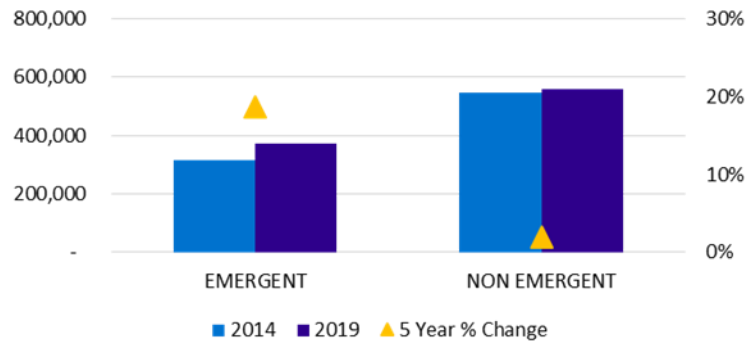
2015 Estimated Cancer Cases



Source: Truven Health Analytics, 2016

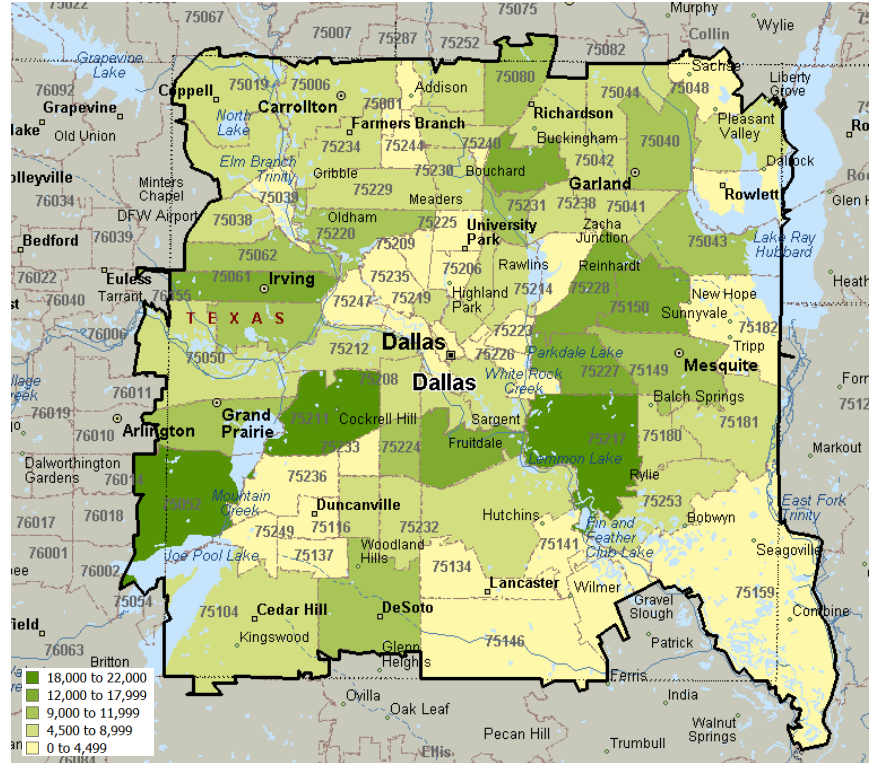
Truven Health estimates emergency department (ED) visits to increase by 69,273 cases between 2014 and 2019; this is equivalent to an 8% increase. Emergent ED visits are expected to increase by 19% (58,643 cases) from 2014 to 2019. Non-emergent ED visits are lower acuity patients that present to the ED and could possibly receive treatment in other more appropriate, less intensive outpatient settings. Non-emergent ED visits can be an indication that there are systematic issues with access to primary care or managing chronic conditions. There is a projected 2% (9,611 visits) increase in non-emergent ED visits over the next five years. In 2015, 3.4% of all emergent ED visits and 4% of all non-emergent ED visits in the community included residents from ZIP code 75217, located in Dallas; this was the largest proportion among all ZIP codes in the community for both emergent and non-emergent visits.

2014 Emergent and Non-Emergent ED Visits



Source: Truven Health Analytics, 2016

2014 Estimated Non-Emergent Visits by ZIP Code



Source: Truven Health Analytics, 2016

Qualitative Assessment

Methodist Health System engaged Truven Health to conduct a series of interviews to assess the community's perception of health needs in the populations they serve. There were 18 interviews included in the exercise for the community served. Participants included individuals from organizations serving medically underserved, low-income, minorities, and populations with chronic disease needs in the community as well as public health representatives. The discussions were oriented around the following statements:

1. Identify top health needs of the community
2. Discuss leading social determinants of health
3. Identify vulnerable groups or populations

The participants included in the interviews represented Dallas County, the community served by Methodist Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation Hospital.

According to the interview participants, the community is experiencing a growth in population attributed to economic improvements and the creation of new jobs. The population is also aging, leading to an increased need for health care services within Dallas County. Despite an increase in services, the health system is increasingly strained by the influx of people into the community. With the community's growth, the number of those living in poverty has also increased, leading to a shortage of public assistance and housing. Many interviewees discussed the need for low to middle income housing in the city of Dallas. As the population continues to grow, many middle and high income families are moving to the suburbs of the city of Dallas, many outside of Dallas County. Larger disparities in income are occurring and are attributed to shifts among various populations in and around the community. According to interviewees, the ethnic and racial diversity within the community is also increasing, with a notable increase of Hispanics. As the community becomes more diverse, social challenges such as language barriers arise.

Health Needs

The interviewees represented diverse populations with significant differences in socioeconomic status, education, access to care, and health status. The participants were asked to rate the health of the community on a scale of one to five with one being the worst and five being the best. The average of all interviewees representing Dallas County was 2.96. Next, participants identified overarching drivers that contribute to the health needs and priorities of the community. One of the major themes identified by the participants was access to health care. Specific drivers of this issue included affordability, lack of insurance, transportation, and primary care providers. The existence of chronic conditions was also identified as a characteristic of the community's increasing health needs. The specific chronic illnesses discussed among participants included diabetes, heart disease, and obesity. The groups also identified the need for health prevention in the community. Immunizations, tobacco use, and

activities to decrease chronic disease were among the leading topics specific to health prevention. Lastly, the groups identified major needs surrounding the prevention and management of mental health and substance abuse.

Access to Care

When asked to identify the top needs of the community, access to care was the most commonly discussed issue among interviewees. Access to care is a multi-faceted problem that includes many complex components. Although the primary issues surrounding access to care included affordability, lack of insurance, transportation, and primary care providers, other issues were also provided by interviewees. Many of the other issues regarding access to care discussed among participants included services that are missing or unavailable throughout the community. For example, respite care to support those providing care for friends and family members was an identified community need. Also, some participants included the need for additional specialists and home care providers, specifically for the underserved Medicaid population. The current infrastructure that exists in the community is unable to support an aging population; therefore, additional geriatric providers are needed. Lastly, access to medication for underserved, indigent populations was a topic of discussion among interview participants.

As previously mentioned, income disparity is increasing in Dallas County. This is leading to a large indigent population unable afford the services necessary to maintain health. According to participants, there is a single provider in the community that treats uninsured individuals with the inability to pay, and patients experience long wait times to be seen due to the demand. Interviewees expressed the need for additional providers offering basic services free of charge to this vulnerable population.

The lack of Medicaid expansion in the state of Texas was discussed among participants as a contributing factor for lack of access; many individuals and families in the community cannot pay for insurance. The lack of insurance often prevents individuals from receiving the care necessary to maintain a healthy community. It was mentioned that south Dallas has a high concentration of uninsured residents.

Transportation was discussed during many interviews because it can significantly impact the health of the community. Although portions of Dallas County are walkable, much of the population continues to rely on public transportation to access basic services. Many areas in the community, such as DeSoto, are transportation deserts which cause additional challenges for residents without other means of transportation. In other areas, the expense and time consumption of the public transportation system often prohibits community members from receiving adequate medical treatment. Using the public transportation system to reach health care providers greatly increases travel time causing absenteeism from work or school. For those with personal transportation, access is often limited by the distance required to travel to receive care. Residents often make important health care decisions based on the location of the services needed. Both individuals with and without personal transportation could be greatly impacted by conveniently located health care services.

The final major issue related to access includes primary care providers. The main factors contributing to the shortage in primary care physicians are the aging of the community and the community's growth in recent years. As the population ages, more services are required to maintain health; moreover, many physicians are also seniors and are retiring. As the community grows, more providers are needed to keep up with patient demand. Participants specifically noted the lack of providers south of Interstate 35, and physicians who accept Medicaid. The lack of primary care physicians in Dallas County is negatively impacting the overall health of the community, according to interview participants.

Chronic Conditions

Chronic conditions were discussed during the interview sessions; those addressed included diabetes, heart disease, obesity, asthma, and communicable diseases. Interviewees specifically expressed concern regarding the prevalence of such conditions in the southern sector of Dallas. The lack of awareness regarding how to prevent or manage these diseases is a contributing factor to the prevalence of chronic diseases in the community. Reasons for noncompliance among those with previously diagnosed conditions included lack of knowledge, inadequate resources, and physician availability. Specialty physicians who do not accept Medicaid leave many patients without access to the providers needed to manage their conditions. Contributing community factors also included food deserts that prevent access to healthy food and violence in the community preventing residents from being active. The lack of health and wellness in the community contributes to the prevalence of chronic disease.

Multiple issues surrounding health literacy and the need for health education as they pertain to chronic illnesses were also addressed by interviewees. Specifically, education regarding the prevention, diagnosis, and treatment of diabetes was discussed. The need to be able to successfully navigate the health system for treatment of chronic disease was also a topic of discussion.

Health Prevention

A lack of knowledge exists within the community regarding chronic disease prevention and management. Diet and exercise are factors contributing to the prevalence of chronic diseases. As previously discussed, food deserts are prevalent in the community, preventing many residents from regularly consuming a healthy diet. Areas specifically mentioned are downtown Dallas, South Dallas, and DeSoto. Fruit and vegetable-rich diets are not encouraged among children as evidenced by the presence of vending machines in local schools. Also, interviewees mentioned the pervasive childhood inactivity due to a variety of reasons, including a lack of parental supervision. It was also mentioned that there are areas within the community that lack recreation centers and health clubs offering physical fitness options to community members, specifically senior residents. Violence does exist in some areas of the community, and this promotes sedentary lifestyles due to not being able to safely go outdoors for physical activity. Additional interventions mentioned by participants included decreasing tobacco use in the community and increasing vaccination rates.

The need for community education regarding how to achieve a healthy lifestyle was the most commonly discussed need as it pertains to health prevention. The identified needs included teaching the community how to cook healthy meals and the importance of being active.

Mental Health and Substance Abuse

The lack of access to mental health services was discussed by many participants interviewed. Many residents that need mental health services are uninsured or do not have mental health coverage and cannot afford it. Even greater than the issue of affordability of mental health services is the lack of mental health providers in the community. The lack of primary care providers south of Interstate 35 in Dallas County was discussed earlier in the report; the same issue exists for mental health providers. The link that exists between mental illness and homelessness was also discussed.

Included in mental health services is treatment for substance abuse. Substance abuse was not discussed as a significant issue within the community. However, the need for additional substance abuse providers serving pregnant women was identified as a need. It was mentioned that the entire community currently has only one provider offering this specialized service.

Social Determinants of Health

The interviewees were asked to identify the primary social factors determining the health of the community. The most common determinant of health discussed was income. Basic necessities of life are often jeopardized for those living in poverty. The health of those without consistent food, shelter, clothing, and sanitation is likely to suffer.

Education was also a common social element impacting the health of the community. Participants stated that individuals possessing formal education are more likely to be in good health than the uneducated.

Participants identified that the neighborhood of residence is an important factor that impacts overall health because it determines access to grocery stores, distance to local health care providers, and environmental needs such as clean drinking water. Without access to healthy food options and healthcare professionals, the health of the community would be impacted.

Other social determinants impacting the health of the community identified by participants included race, immigration status, parental or caregiver support, access to transportation, and health insurance. Changes in these factors could affect the overall health of the community.

Vulnerable Groups and Populations

The interviewees were also asked to identify vulnerable groups or populations that exist within the community. Those most commonly identified groups to be at risk are:

- Children
- Elderly
- Immigrants, particularly those of Hispanic descent
- Impoverished

- Minorities

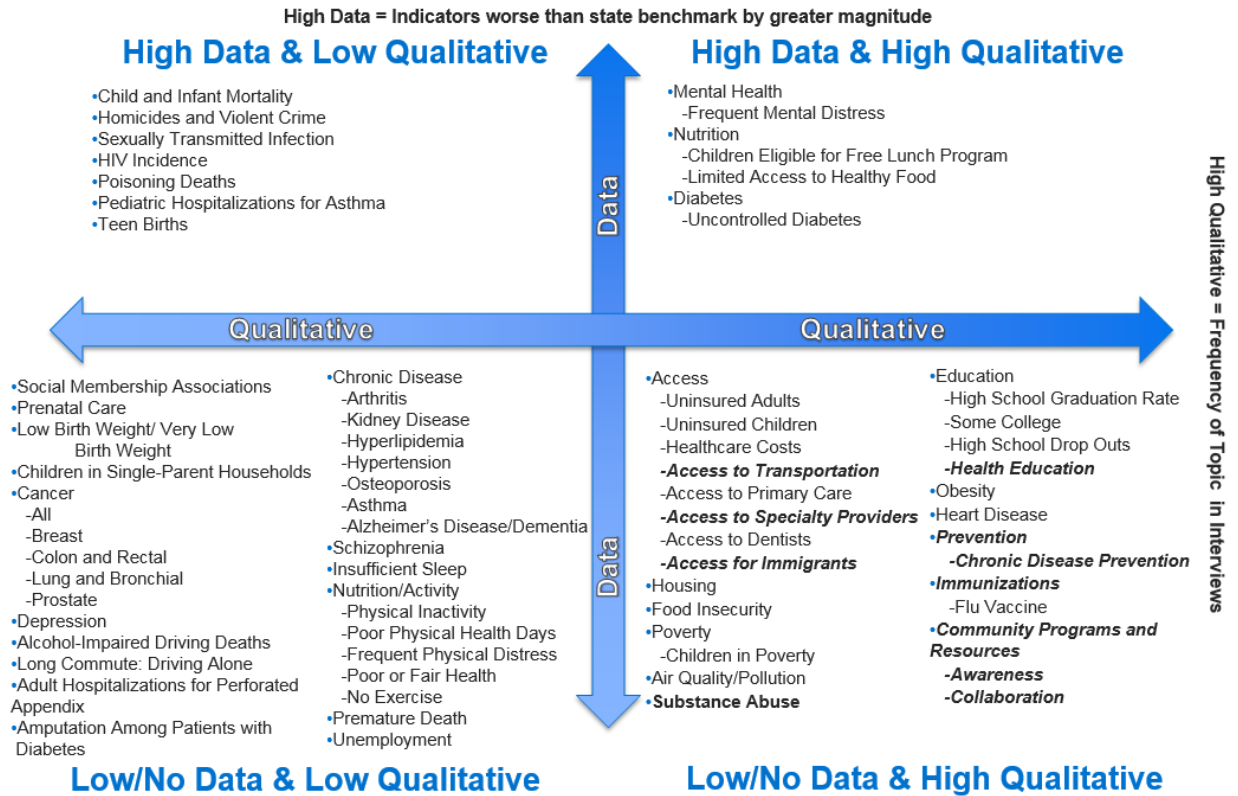
The interview participants and the populations they serve for this community are documented in the table in **Appendix B**.

Health Needs Matrix

Quantitative and qualitative data were analyzed and displayed as a health needs matrix to help identify the most significant community health needs. The health needs with bold text in the matrix are those identified through qualitative data; however, there is no matching quantitative data measure available. Below is the matrix for the community served by Methodist Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation Hospital.

Community Health Needs Assessment – 2016

Methodist Health System Community Health Needs Assessment



▪ **Bolded** items do not have coordinating quantitative measure

Source: Truven Health Analytics, 2016

Prioritizing Community Health Needs

In order to identify and prioritize the significant needs of the community, Methodist utilized a comprehensive method of taking into account all available and relevant data, including community input.

First, specific needs were pinpointed when an indicator for the community served did not meet the corresponding state benchmark. Then an index of magnitude analysis was conducted on those indicators to determine the degree of difference from the benchmark to indicate the relative severity of the issue. The outcomes of this quantitative analysis were then aligned with the qualitative findings of the community input received during the interviews to bring forth a list of health needs in the community. These health needs were then classified into one of four quadrants within a health needs matrix: high data, low qualitative; low data, low qualitative; low data, high qualitative; or high data, high qualitative.

The matrix was reviewed on July 20, 2016 by Methodist Health System's CHNA work group in a session to establish the significant health needs and then to prioritize them. The meeting was moderated by Truven Health and included an overview of community demographics, a summary of health data findings, and an explanation of the quadrants of the health needs matrix. A list of health-related indicators and their values compared to the benchmark of the State of Texas for the community's top health needs can be found in **Appendix G**.

Session participants represented five different communities served by Methodist and included the following individuals:

- Assistant Vice President, External Relations, Methodist Health System
- Assistant Vice President, Population Health, Methodist Health System
- Behavioral Health Intake Manager, Methodist Richardson Medical Center
- Chief Executive Officer, Methodist McKinney Hospital
- Chief Nursing Officer, Methodist Mansfield Medical Center
- Director, Care Management, Methodist Charlton Medical Center
- Director, Community Relations, Methodist Charlton Medical Center
- Director, Community Relations, Methodist Richardson Medical Center
- Director, Digital Marketing, Methodist Health System
- Director, Emergency Department and Employee Health, Methodist Hospital for Surgery
- Director, Foundation and Corporate Giving, Methodist Health System
- Director, Healthy Aging, Methodist Health System
- Director, Nursing, Methodist Dallas Medical Center
- Director, Physician Development, Methodist Mansfield Medical Center
- Director, Public Relations, Methodist Mansfield Medical Center
- Manager, Strategic Planning, Methodist Health System
- Unit Based Education, Methodist Richardson Medical Center

- Vice President, Development Foundation, Methodist Health System
- Vice President, Graduate Medical Education, Methodist Health System
- Vice President, Primary Care Practices, MedHealth
- Vice President, Strategic Planning, Methodist Health System

Participants all agreed that the health needs indicated in the quadrants labeled “high data, high qualitative” and “low data, high qualitative” should be considered the community’s significant health needs. The participants also agreed to include indicators the work group determined to be significant from the quadrant labeled “high data, low qualitative” as significant health needs. The work group was divided into four break-out groups, each representing a single community, with the exception of one which represented two communities. The break-out group representing Methodist Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation Hospital selected the following indicators from the quadrant labeled “high data, low qualitative”:

- Infant and child mortality
- Sexually transmitted infections and human immunodeficiency virus (HIV)
- Teen births
- Homicide and violent crime

The larger group also identified five criteria to utilize for the prioritization of the significant health needs. The criteria selected include the following:

- Alignment with strategic initiatives
- Community expertise and ability to collaborate
- Feasibility
- Hospital strength
- Quick success and impact

Aligning the prioritized health needs with the strategy of the health system was considered to ensure current strengths and focuses are leveraged in the selection of the health needs. The participants also expressed the importance of selecting needs based upon the expertise from within the hospitals and the communities they represented and the availability of external resources for collaboration. The consideration of feasibility was selected to ensure health needs are amenable to interventions, the resources necessary for change to occur were acknowledged, and determined whether or not the health need is preventable. The extent to which initiatives address health issues can build upon existing resources and strengths of the organization was also an important factor considered during the selection process. Lastly, the ability to obtain quick success and make an impact in the community was considered by the participants.

Once the prioritization criteria were determined, the break-out groups rated each significant health need on each of the five criteria utilizing a scale of one to 10, with one being low and 10

being high. The criteria ratings for each need were then summed to create the total score for each need. The scores for each need were then ranked based on the overall score. The list of significant health needs was then prioritized based on the rankings.

In order to choose which of the prioritized health needs Methodist will choose to address through its corresponding implementation plans, the participants from the four break-out groups re-convened into a single, large group for discussion. The group first identified prioritized health needs that were consistent across multiple communities in the system. After these were identified, each community's other significant health needs were discussed to determine if any health needs must be addressed for the specific communities. The health needs to be addressed selected by participants representing Methodist Charlton Medical Center, Methodist Dallas Medical Center, and Methodist Rehabilitation Hospital are as follows:

1. Access to care
2. Diabetes
3. Heart disease
4. Awareness and collaboration of community resources
5. Prevention

Description of Health Needs to be Addressed

Access to care

Access to care is a significant health issue in the community based upon information obtained in the quantitative data and discussions with interview participants. The primary access issues discussed during the interviews included affordability, insurance, transportation, and primary care physicians. The quantitative analysis also revealed access opportunities related to affordability and insurance.

When community members are unable to afford health care services, the health of the community is at risk of being compromised due to the hesitation of residents to seek care. According to the United States Department of Agriculture (USDA), 19.3% of the Dallas County's population lives in poverty. This is compared to the 15.5% poverty rate in the United States and 17.2% in Texas.² Dallas County's poverty level is a factor contributing to residents being unable to afford care. Also, according to the Dartmouth Atlas of Healthcare, local healthcare costs are higher than average. The average Medicare reimbursement per enrollee in Dallas County is higher than in Texas. Dallas County's average is \$11,048; this is compared to \$10, 837 in Texas.³

Health insurance is a large component necessary for a community to have adequate access to care. The United States Census Bureau's Small Area Health Insurance Estimates (SAHIE) program estimates 30% of Texans and 38% of Dallas County residents are uninsured.⁴ In

² United States Department of Agriculture (USDA), 2014, Percentage of total population living in poverty

³ Dartmouth Atlas of Healthcare, 2013, Amount of price-adjusted Medicare reimbursements per enrollee

⁴ United States Census Bureau's Small Area Health Insurance Estimates (SAHIE), 2013, Percentage of population under age 65 without health insurance

addition, 15% of children under the age of 19 are uninsured in the community; this is compared to 13% in the state.⁵ Without insurance, many families are not willing to seek proper treatment when necessary due to fears of being unable to receive care or afford services.

Reliable transportation is a barrier that many residents in the community face, and it prevents many from receiving the care needed to prevent and treat illnesses. Although Dallas County does have a public transportation system, the system does not serve all areas located within Dallas County. Also, for those relying on the public transportation system, it can be time consuming and very inconvenient. Individuals without private transportation often face challenges due to the distance that must be traveled to receive care. Providers are often not conveniently located; therefore, individuals must spend lengthy amounts of time traveling to receive the services needed.

The final challenge identified during the assessment related to access is the shortage of physicians in the community. Multiple participants representing Dallas County discussed the need for additional primary care physicians, particularly as the population increasingly ages. Not only do elderly patients need more care, but physicians are also aging, leading to fewer physicians in the community as they retire from the workforce. According to the American Medical Association, Dallas County has one primary care physician for every 1,520 residents; this is better than the state's ratio of one primary care physician for every 1,680 residents. The nation is better than the community with one primary care physician for every 1,320 people.⁶

Diabetes

When discussing the prevalence of chronic conditions, interviewees specifically discussed the prevalence of diabetes in the community. The disease is occurring among all age groups, young and old. Also, interviewees mentioned the prevalence of the disease among the Hispanic population. Participants believe that diabetes can often be prevented when individuals take proper care of themselves by adhering to a healthy diet and remaining active.

According to the CDC, the prevalence of diabetes in Dallas County is equivalent to that of the state of Texas (11%), and worse than the United States (10%).⁷ According to the Texas Department of State Health Services, 21.4 residents out of every 100,000 with diabetes in Dallas County undergo a lower-extremity amputation due to uncontrolled diabetes; this is compared to 20.92 in Texas.⁸ In addition, 20.6 diabetes patients were hospitalized for

⁵ United States Census Bureau's Small Area Health Insurance Estimates (SAHIE), 2013, Percentage of population under age 19 without health insurance

⁶ American Medical Association: Area Health Resource File, 2013, Ratio of the population to total primary care physicians: primary care physicians include non-federal, practicing physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics

⁷ Centers for Disease Control and Prevention (CDC) Diabetes Interactive Atlas, 2012, Percentage of adults aged 20 and above with diagnosed diabetes

⁸ Texas Department of State Health Services: Center for Health Statistics Texas Health Care Information Collection, 2013, Adult Risk-Adjusted-Rate of Lower-Extremity Amputation Among Patients with Diabetes (per 100,000)

uncontrolled diabetes per 100,000 diabetics in Dallas County compared to 12.5 per 100,000 diabetics in the state.⁹ Diabetes is not an issue isolated to adults in Dallas County; for every 100,000 children in the community with diabetes, 29.43 were hospitalized with complications related to diabetes. This is compared to 24.96 in the state.¹⁰ This data provides supporting evidence regarding the need for both diabetes prevention and treatment.

Heart disease

Cardiovascular disease has a negative impact on the overall health of the community. Individuals interviewed during the qualitative analysis discussed chronic disease management as a top health need in the area, particularly for cardiac disease. The inability to afford care and unhealthy lifestyles were among the contributing factors mentioned by participants.

Hypertension is often a contributing factor that leads to and accompanies heart disease. According to CMS, 57.9% of the market's population has hypertension; this is compared to 57.7% in the state and 55.1% in the United States.¹¹ With 47% of Dallas County residents being diagnosed with hyperlipidemia, the community is at an increased risk for developing heart disease when compared to the state and nation, at 46% and 44.7% respectively.¹² The prevalence of these two comorbidities is higher than both the state and nation, and is jeopardizing the community's health due to their relationship with heart disease.

Awareness and collaboration of community resources

Dallas County possesses many resources and services available to support the health needs of the community. While many community members are aware of and utilize these services, interview participants overwhelmingly expressed the need for increased awareness. Significant health needs in the community could potentially benefit with appropriate use of resources by those in need. Those living in the community with the most need are often those that are the most difficult to reach.

In addition to awareness, interview participants discussed the need for services to collaborate with one another. Many organizations offer duplicative services. If resources offering the same services were to join forces, these partnerships may reveal possibilities of serving a broader population or even providing additional services.

Prevention

Lastly, the need for prevention was selected as a top health need due to the impact it can have across the entire community. The previously mentioned diabetes and heart disease that exists

⁹ Texas Department of State Health Services: Center for Health Statistics Texas Health Care Information Collection, 2013, Adult Uncontrolled Diabetes Admission Risk-Adjusted-Rate (per 100,000 population)

¹⁰ Texas Department of State Health Services: Center for Health Statistics Texas Health Care Information Collection, 2013, Pediatric Diabetes Short-Term Complications Admission Risk-Adjusted-Rate (per 100,000 population)

¹¹ Centers for Medicare and Medicaid, 2014, Percentage of Medicare beneficiaries with hypertension

¹² Centers for Medicare and Medicaid, 2014, Percentage of Medicare beneficiaries with hyperlipidemia

is increasing the vulnerability of the community's health. Other factors in the community that overwhelmingly impact health are diet, exercise, and the need for the community to understand how to live a healthy lifestyle.

Much of the community lives in poverty, which poses many challenges to maintaining a healthy diet. According to Feeding America, 19.6% of Dallas County households and 17.6% of Texas households have food insecurity.¹³ In addition to food insecurity, the food environment index, the USDA's measurement of factors that contribute to a healthy food environment, is lower for Dallas County (6.0) than both the state (6.4) and nation (7.2).¹⁴ Obtaining healthy food for all residents is a need in the community.

Nutrition and exercise were commonly discussed among interview participants. The presence of vending machines in schools was mentioned as a cause for increased consumption of unhealthy snacks among students. Also, the need for education in the community due to cultural practices that promote unhealthy diets was discussed. The qualitative assessment also revealed the need for increased physical activity throughout the community. It was mentioned that much of the community is walkable, and could be used for exercise; however, there was also mention of increased crime in some neighborhoods preventing outdoor activities. With significant access to care obstacles in the community, it's even more critical for residents to remain healthy and prevent chronic disease.

Summary

Methodist Health System conducted its CHNA beginning in June 2016 to identify and begin addressing the health needs of the communities served. Using qualitative, community feedback, publically available health indicators, and Truven Health's proprietary health data, Methodist was able to identify and prioritize community health needs for their health system. With the goal of improving the health of the community, implementation plans were developed for the health needs Methodist has chosen to address for the community served.

¹³ Feeding America, 2013, Overall Food Insecurity by County;

¹⁴ United States Department of Agriculture (USDA), Food Environment Atlas, Map the Meal Gap, 2012-2013, Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)

Methodist Charlton Medical Center

CHNA Implementation Strategy

In addition to identifying and prioritizing significant community health needs through the Community Health Needs Assessment (CHNA) process, PPACA requires creating and adopting an Implementation Strategy. An Implementation Strategy is a written plan addressing each of the community health needs identified through the CHNA. The Implementation Strategy must also include a list of the prioritized needs the hospital plans to address and the rationale for not addressing the other identified health needs.

The Implementation Strategy is considered implemented on the date it is approved by the hospital's governing body. The CHNA Implementation Strategy is filed along with the organization's IRS Form 990, Schedule H and must be updated annually. Below is a summary of Methodist Charlton Medical Center's Implementation Strategy for the significant community health needs they have chosen to address.

Community Health Need: Access to Care

Access to care is a significant health issue in the community based upon information obtained in the quantitative data and discussions with interview participants. The primary access issues discussed during the interviews included affordability, insurance, transportation, and primary care physicians. The quantitative analysis also revealed access opportunities related to affordability and insurance.

Methodist Charlton Medical Center Strategies and Related Activities: Increase access to care by continuing to provide care to uninsured or underinsured patients through existing programs and facilities; recruitment of primary care providers where appropriate; continued training of primary care and specialty care physicians through the residency program; providing providers and other support to local charity clinics; adding access points throughout the service area (such as family health centers, imaging and urgent care locations); providing low-cost screenings and sports physicals; offering streamlined care for patients through various navigator programs and virtual visits; and providing assistance with getting insurance coverage as a CMS designated Champion of Coverage provider.

Community Health Need: Diabetes

When discussing the prevalence of chronic conditions, interviewees specifically discussed the prevalence of diabetes in the community. The disease is occurring among all age groups, young and old. Also, interviewees mentioned the prevalence of the disease among the Hispanic population. Participants believe that diabetes can often be prevented when individuals take proper care of themselves by adhering to a healthy diet and remaining active.

Methodist Charlton Medical Center Strategies and Related Activities: Improve awareness and treatment of Diabetes by providing ongoing educational classes and support groups with a focus on Diabetes; continuing existing entity-based chronic disease programs such as the 1115 Waiver Projects; Continuing to collaborate with community agencies such as the American Diabetes Association and the Texas Agri-life Extension office to increase access to services and improve awareness of risk factors and treatment.

Community Health Need: Heart Disease

Cardiovascular disease has a negative impact on the overall health of the community. Individuals interviewed during the qualitative analysis discussed chronic disease management as a top health need in the area, particularly for cardiac disease. The inability to afford care and unhealthy lifestyles were among the contributing factors mentioned by participants.

Methodist Charlton Medical Center Strategies and Related Activities: Improve awareness and treatment of Heart Disease by continuing to provide education and treatment through area Methodist Family Health Centers; providing ongoing community education and support services; and collaborating with community agencies to improve awareness of risk factors and treatment.

Community Health Need: Awareness and Collaboration of Community Resources

Dallas County possesses many resources and services available to support the health needs of the community. While many community members are aware of and utilize these services, interview participants overwhelmingly expressed the need for increased awareness. Significant health needs in the community could potentially benefit with appropriate use of resources by those in need. Those living in the community with the most need are often those that are the most difficult to reach.

In addition to awareness, interview participants discussed the need for services to collaborate with one another. Many organizations offer duplicative services. If resources offering the same services were to join forces, these partnerships may reveal possibilities of serving a broader population or even providing additional services.

Methodist Charlton Medical Center Strategies and Related Activities: Improve awareness and collaboration of community resources through various navigator programs such as the ACO nurse navigator program and the ED Patient Navigation 1115 Waiver project and MHS Mobile mammography program; collaborating with local municipalities and coalitions to expand outreach and awareness of community resources such as charitable contribution to community agencies.

Community Health Need: Prevention

The need for prevention was selected as a top health need due to the impact it can have across the entire community. The previously mentioned diabetes and heart disease that exists is increasing the vulnerability of the community's health. Other factors in the community that overwhelmingly impact health are diet, exercise, and the need for the community to understand how to live a healthy lifestyle.

Methodist Charlton Medical Center Strategies and Related Activities: Improve prevention efforts by providing health screenings and annual community education to area residents such as MHS' Mobile Mammography program, Senior Access Generations programming, congregational health Ministry efforts and the FitZone wellness center; and supporting community prevention efforts through the Nurse Clinical Advancement Program.

Methodist Dallas Medical Center

CHNA Implementation Strategy

In addition to identifying and prioritizing significant community health needs through the Community Health Needs Assessment (CHNA) process, PPACA requires creating and adopting an Implementation Strategy. An Implementation Strategy is a written plan addressing each of the community health needs identified through the CHNA. The Implementation Strategy must also include a list of the prioritized needs the hospital plans to address and the rationale for not addressing the other identified health needs.

The Implementation Strategy is considered implemented on the date it is approved by the hospital's governing body. The CHNA Implementation Strategy is filed along with the organization's IRS Form 990, Schedule H and must be updated annually. Below is a summary of Methodist Dallas Medical Center's Implementation Strategy for the significant community health needs they have chosen to address.

Community Health Need: Access to Care

Access to care is a significant health issue in the community based upon information obtained in the quantitative data and discussions with interview participants. The primary access issues discussed during the interviews included affordability, insurance, transportation, and primary care physicians. The quantitative analysis also revealed access opportunities related to affordability and insurance.

Methodist Dallas Medical Center Strategies and Related Activities: Increase access to care by continuing to provide care to uninsured or underinsured patients through existing programs and facilities (such as Golden Cross Med Assist Program and Los Barrios OB patients); recruitment of primary care providers where appropriate; continued training of primary care and specialty care physicians through the residency program; providing providers and other support to local charity clinics (such as Brother Bill Helping Han and Agape Clinic); adding access points throughout the service area (such as family health centers, imaging and urgent care locations); providing low-cost screenings and back to school physicals; offering streamlined care for patients through various navigator programs and virtual visits; and providing assistance with getting insurance coverage as a CMS designated Champion of Coverage provider.

Community Health Need: Diabetes

When discussing the prevalence of chronic conditions, interviewees specifically discussed the prevalence of diabetes in the community. The disease is occurring among all age groups, young and old. Also, interviewees mentioned the prevalence of the disease among the Hispanic population. Participants believe that diabetes can often be prevented when individuals take proper care of themselves by adhering to a healthy diet and remaining active.

Methodist Dallas Medical Center Strategies and Related Activities: Improve awareness and treatment of Diabetes by providing ongoing educational classes and support groups with a focus on Diabetes; continuing existing entity-based chronic disease programs such as the 1115 Waiver Projects; Continuing to collaborate with community agencies such as the American Diabetes Association and the Texas Agri-life Extension office to increase access to services and improve awareness of risk factors and treatment.

Community Health Need: Heart Disease

Cardiovascular disease has a negative impact on the overall health of the community. Individuals interviewed during the qualitative analysis discussed chronic disease management as a top health need in the area, particularly for cardiac disease. The inability to afford care and unhealthy lifestyles were among the contributing factors mentioned by participants.

Methodist Dallas Medical Center Strategies and Related Activities: Improve awareness and treatment of Heart Disease by continuing to provide education and treatment through existing and added area Methodist Family Health Centers; providing ongoing community education and support services; and collaborating with community agencies to improve awareness of risk factors and treatment.

Community Health Need: Awareness and Collaboration of Community Resources

Dallas County possesses many resources and services available to support the health needs of the community. While many community members are aware of and utilize these services, interview participants overwhelmingly expressed the need for increased awareness. Significant health needs in the community could potentially benefit with appropriate use of resources by those in need. Those living in the community with the most need are often those that are the most difficult to reach.

In addition to awareness, interview participants discussed the need for services to collaborate with one another. Many organizations offer duplicative services. If resources offering the same services were to join forces, these partnerships may reveal possibilities of serving a broader population or even providing additional services.

Methodist Dallas Medical Center Strategies and Related Activities: Improve awareness and collaboration of community resources through various navigator programs such as the ACO nurse navigator program and the ED Patient Navigation 1115 Waiver project and MHS Mobile mammography program; collaborating with local municipalities and coalitions to expand outreach and awareness of community resources such as charitable contribution to community agencies.

Community Health Need: Prevention

The need for prevention was selected as a top health need due to the impact it can have across the entire community. The previously mentioned diabetes and heart disease that exists is increasing the vulnerability of the community's health. Other factors in the community that overwhelmingly impact health are diet, exercise, and the need for the community to understand how to live a healthy lifestyle.

Methodist Dallas Medical Center Strategies and Related Activities: Improve prevention efforts by providing health screenings and annual community education to area residents such as MHS' Mobile Mammography program, Senior Access Generations programming, congregational health Ministry efforts and the Folsom wellness center; and supporting community prevention efforts through the Nurse Clinical Advancement Program.

Methodist Rehabilitation Hospital

CHNA Implementation Strategy

In addition to identifying and prioritizing significant community health needs through the Community Health Needs Assessment (CHNA) process, PPACA requires creating and adopting an Implementation Strategy. An Implementation Strategy is a written plan addressing each of the community health needs identified through the CHNA. The Implementation Strategy must also include a list of the prioritized needs the hospital plans to address and the rationale for not addressing the other identified health needs.

The Implementation Strategy is considered implemented on the date it is approved by the hospital's governing body. The CHNA Implementation Strategy is filed along with the organization's IRS Form 990, Schedule H and must be updated annually. Below is a summary of Methodist Rehabilitation Hospital's Implementation Strategy for the significant community health needs they have chosen to address.

Community Health Need: Access to Care

Access to care is a significant health issue in the community based upon information obtained in the quantitative data and discussions with interview participants. The primary access issues discussed during the interviews included affordability, insurance, transportation, and primary care physicians. The quantitative analysis also revealed access opportunities related to affordability and insurance.

Methodist Rehabilitation Hospital Strategies and Related Activities: Support increased access to care by continuing to provide education to MHS Family Health Centers to assist with access to rehab services and providing education to ACO members through its nurse navigator program, helping them to get the appropriate level of care for their needs.

Community Health Need: Diabetes

When discussing the prevalence of chronic conditions, interviewees specifically discussed the prevalence of diabetes in the community. The disease is occurring among all age groups, young and old. Also, interviewees mentioned the prevalence of the disease among the Hispanic population. Participants believe that diabetes can often be prevented when individuals take proper care of themselves by adhering to a healthy diet and remaining active.

Methodist Rehabilitation Hospital Strategies and Related Activities: Support improved awareness and treatment of Diabetes by providing acute inpatient rehabilitation services, resource management and utilization for Diabetic patients.

Community Health Need: Heart Disease

Cardiovascular disease has a negative impact on the overall health of the community. Individuals interviewed during the qualitative analysis discussed chronic disease management

as a top health need in the area, particularly for cardiac disease. The inability to afford care and unhealthy lifestyles were among the contributing factors mentioned by participants.

Methodist Rehabilitation Hospital Strategies and Related Activities: Support improved awareness and treatment of Heart Disease by providing ongoing community education and increased awareness regarding monthly Stroke Support Group at Methodist Rehabilitation Hospital.

Community Health Need: Awareness and Collaboration of Community Resources

Dallas County possesses many resources and services available to support the health needs of the community. While many community members are aware of and utilize these services, interview participants overwhelmingly expressed the need for increased awareness. Significant health needs in the community could potentially benefit with appropriate use of resources by those in need. Those living in the community with the most need are often those that are the most difficult to reach.

In addition to awareness, interview participants discussed the need for services to collaborate with one another. Many organizations offer duplicative services. If resources offering the same services were to join forces, these partnerships may reveal possibilities of serving a broader population or even providing additional services.

Methodist Rehabilitation Hospital Strategies and Related Activities: Improve awareness and collaboration of community resources by providing annual education to nurse navigators in the ACO nurse navigator program regarding benefits of IP and OP rehab services; promoting increased awareness of the Stroke Support Group and related Senior Access programming; and providing charitable contributions for collaboration and awareness of community resources.

Community Health Need: Prevention

The need for prevention was selected as a top health need due to the impact it can have across the entire community. The previously mentioned diabetes and heart disease that exists is increasing the vulnerability of the community's health. Other factors in the community that overwhelmingly impact health are diet, exercise, and the need for the community to understand how to live a healthy lifestyle.

Methodist Rehabilitation Hospital Strategies and Related Activities: Improve prevention efforts by providing community education and awareness to area residents through the Stroke Support Group.

Appendix A: Key Health Indicator Sources

Key Health Indicator Sources		
American Medical Association	National Center for Health Statistics (NCHS)	USDA Food Environment Atlas
Behavioral Risk Factor Surveillance System (BRFSS)	ESRI & US Census Tigerline Files	National Vital Statistics System-Mortality (NVSS-M), (CDC, NCHS)
Bureau of Labor Statistics	Fatality Analysis Reporting System	National Vital Statistics System-Natality (NVSS-N)
CDC Diabetes Interactive Atlas	Intercultural Development Research Association	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
CDC WONDER Environmental Data	Texas Health Care Information Collection, Texas Department of State Health Services	American Community Survey
CDC WONDER Mortality Data	U.S. Census, Small Area Health Insurance Estimates	U.S. Census, Small Area Income and Poverty Estimates
Centers for Disease Control and Prevention (CDC)	Bureau of Vital Statistics, Texas Department of State Health Services	U.S. Census Bureau, American Community Survey
CMS Chronic Condition Warehouse (CCW)	National Cancer Institute	U.S. Census, County Business Patterns
CMS, National Provider Identification file	Center for Public Policy Priorities, Texas Education Agency	Feeding America
Comprehensive Housing Affordability Strategy (CHAS) data	National Center for Education Statistics	Uniform Crime Reporting - FBI
Dartmouth Atlas of Health Care		

Appendix B: Interview Participants for the Community Served

Organization	Public Health	Low Income	Minority	Medically Underserved	Chronic Disease Needs
North Texas Food Bank	X	X	X	X	X
Methodist Health System (including Med Health and Advisory Boards)		X	X	X	X
United Way		X	X	X	X
The Senior Source				X	
AARP				X	
Dallas County Commissioner's Office		X	X	X	X
Cedar Hill Independent School District		X	X	x	
The Visiting Nurse Association	X	X	X	X	
Best Southwest Partnership		X	X	X	X
March of Dimes		X	X	X	

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Appendix B: Interview Participants for the Community Served

Easter Seals North Texas				X	X
First United Methodist Church of Dallas		X	X	X	X
AIDS Arms		X	X	X	X
Dallas County Health and Human Services	X	X	X	X	X

Appendix C: Community Resources Identified to Potentially Address Significant Health Needs

Resources Identified via Community Input

North Texas Food Bank	Dallas County School District	Best Southwest Partnership	Texas Senior Advocacy Coalition
Methodist Health System, Med Health	Dallas County Commissioner's Office	March of Dimes	MetroCare
United Way	Dallas County Health and Human Services	Easter Seals North Texas	City of Dallas
The Senior Source	Cedar Hill Independent School District	First United Methodist Church of Dallas	Agency on Aging
AARP	The Visiting Nurse Association	AIDS Arms	Adult Protective Services
Community Council of Greater Dallas	Federally Qualified Health Clinics	Texas Organizing Project	University of North Texas

Appendix D: Health Professional Shortage Areas and Medically Underserved Areas and Population

Health Professional Shortage Areas (HPSA)¹⁵

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
Dallas County	748999480A	West Dallas	Mental Health	HPSA Geographic High Needs
Dallas County	748999482S	South Irving Service Area	Mental Health	HPSA Geographic
Dallas County	74899948M3	South Dallas	Mental Health	HPSA Geographic High Needs
Dallas County	1489994846	Parkland Internal Medical Clinic	Primary Care	Other Facility
Dallas County	148999484M	Federal Correctional Institution - Seagoville	Primary Care	Correctional Facility
Dallas County	148999485F	MLK Jr Family Center	Primary Care	Comprehensive Health Center
Dallas County	148999487Y	Agape Clinic	Primary Care	Other Facility
Dallas County	14899948D3	Los Barrios Unidos Community Health Center	Primary Care	Comprehensive Health Center
Dallas County	14899948OY	Urban Inter-Tribal Center of Texas	Primary Care	Native American Tribal Population
Dallas County	14899948OZ	Mission East Dallas (Medical) and Metroplex Project	Primary Care	Comprehensive Health Center
Dallas County	14899948P6	Dallas County Hospital District Homeless Programs	Primary Care	Comprehensive Health Center

¹⁵ U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016

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Appendix D: Health Professional Shortage Areas and Medically Underserved Areas and Population

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
Dallas County	6489994838	Federal Correctional Institution - Seagoville	Dental Health	Correctional Facility
Dallas County	6489994889	Los Barrios Unidos Community Health Center	Dental Health	Comprehensive Health Center
Dallas County	6489994897	MLK Jr. Family Center	Dental Health	Comprehensive Health Center
Dallas County	64899948C2	Dallas County Hospital District Homeless Programs	Dental Health	Comprehensive Health Center
Dallas County	64899948F9	Deharo Saldivar Dental Center	Dental Health	Other Facility
Dallas County	64899948G1	East Dallas Dental Center	Dental Health	Other Facility
Dallas County	64899948G2	Parkland Dental Center	Dental Health	Other Facility
Dallas County	64899948MO	Mission East Dallas (Medical) and Metroplex Project	Dental Health	Comprehensive Health Center
Dallas County	64899948MP	Urban Inter-Tribal Center of Texas	Dental Health	Native American Tribal Population
Dallas County	748999481L	Los Barrios Unidos Community Health Center	Mental Health	Comprehensive Health Center
Dallas County	748999481V	MLK Jr. Family Center	Mental Health	Comprehensive Health Center
Dallas County	748999482V	Dallas County Hospital District Homeless Programs	Mental Health	Comprehensive Health Center
Dallas County	74899948MN	Mission East Dallas (Medical) and Metroplex Project	Mental Health	Comprehensive Health Center
Dallas County	74899948MP	Urban Inter-Tribal Center of Texas	Mental Health	Native American Tribal Population

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Appendix D: Health Professional Shortage Areas and Medically Underserved Areas and Population

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
Dallas County	1481414864	CF-Hutchins State Jail	Primary Care	Correctional Facility
Dallas County	6488063344	CF-Hutchins State Jail	Dental Health	Correctional Facility
Dallas County	7487523613	CF-Hutchins State Jail	Mental Health	Correctional Facility
Dallas County	1489994820	South Dallas	Primary Care	HPSA Geographic
Dallas County	1489994821	Trinity Area	Primary Care	HPSA Geographic
Dallas County	1489994822	Lisbon Service Area	Primary Care	HPSA Geographic High Needs
Dallas County	1489994823	Simpson-Stuart	Primary Care	HPSA Geographic
Dallas County	14899948OU	Southeast Dallas	Primary Care	HPSA Geographic
Dallas County	14899948P9	Grand Prairie	Primary Care	HPSA Geographic
Dallas County	6489994812	South Dallas	Dental Health	HPSA Geographic
Dallas County	6489994813	Lisbon Service Area	Dental Health	HPSA Geographic
Dallas County	6489994854	West Dallas/Cliff Hall	Dental Health	HPSA Geographic High Needs
Dallas County	64899948MN	South East Dallas	Dental Health	HPSA Geographic

Medically Underserved Areas / Population (MUAP)¹⁶

County Name	Service Area Name	MUA/P Source Identification Number	Designation Type
Dallas County	Pleasant Grove Service Area	3453	Medically Underserved Area
Dallas County	Dallas Service Area	3468	Medically Underserved Area
Dallas County	Dallas Service Area	3469	Medically Underserved Area
Dallas County	Dallas Service Area	3490	Medically Underserved Area
Dallas County	Dallas Service Area	3491	Medically Underserved Area
Dallas County	Dallas Service Area	3526	Medically Underserved Area
Dallas County	Brooks Manor Service Area	5210	Medically Underserved Area
Dallas County	Cedar Glenn Service Area	5211	Medically Underserved Area
Dallas County	Cliff Manor Service Area	5212	Medically Underserved Area
Dallas County	Forest Glenn Service Area	5213	Medically Underserved Area
Dallas County	Cedar Glenn South Service Area	5214	Medically Underserved Area
Dallas County	Oak Cliff Service Area	7294	Medically Underserved Area
Dallas County	Grand Prairie	7392	Medically Underserved Area

¹⁶ U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016

Community Health Needs Assessment – 2016

Appendix D: Health Professional Shortage Areas and Medically Underserved Areas and Population

County Name	Service Area Name	MUA/P Source Identification Number	Designation Type
Dallas County	Cockrell Hill Service Area	7631	Medically Underserved Area
Dallas County	Mission East Dallas Area	7753	Medically Underserved Population
Dallas County	Balch Springs	7921	Medically Underserved Area
Dallas County	Southwest Dallas	7942	Medically Underserved Area
Dallas County	Lillicare Dallas	7959	Medically Underserved Area
Dallas County	Hutchins-Wilmer	7973	Medically Underserved Area

Appendix E: Healthcare Organizations Serving the Community

Community Healthcare Facilities¹⁷

Facility Name	Facility Type	Address	City	ZIP
Advanced Healthcare & Rehab Center Of Garland	Skilled Nursing Facility	505 W Centerville Rd	Garland	75041
American Religious Town Hall Meeting	Skilled Nursing Facility	745 North Buckner Boulevard	Dallas	75218
Ashford Hall	Skilled Nursing Facility	2021 Shoaf Dr	Irving	75061
Autumn Leaves Nursing Center	Skilled Nursing Facility	1010 Emerald Isle Dr	Dallas	75228
Avante Rehab Center	Skilled Nursing Facility	225 N Sowers Rd	Irving	75061
Balch Springs Nursing Home	Skilled Nursing Facility	4200 Shepard Ln	Balch Springs	75180
Baylor Institute For Rehabilitation - Dallas	Hospital	909 N Washington Ave	Dallas	75246
Baylor Institute For Rehabilitation - Northwest Dallas	Hospital	1340 Empire Central	Dallas	75247
Baylor Jack And Jane Hamilton Heart And Vascular Hospital	Hospital	621 N Hall St	Dallas	75226
Baylor Medical Center At Garland	Hospital	2300 Marie Curie Dr	Garland	75042
Baylor Medical Center At Uptown	Hospital	2727 E Lemmon Ave	Dallas	75204
Baylor Scott & White - Irving	Hospital	1901 N MacArthur Blvd	Irving	75061
Baylor Scott & White Health	Health System	3500 Gaston Ave	Dallas	75246
Baylor Scott & White Health - North Texas	Health System	3500 Gaston Ave	Dallas	75246
Baylor Scott & White Medical Center - Lake Pointe	Hospital	6800 Scenic Dr	Rowlett	75088
Baylor Specialty Hospital	Hospital	3504 Swiss Ave	Dallas	75204

¹⁷ Truven Health Analytics, 2016 Market Expert National Facility Database

*Facility type “hospital” includes short-term acute care, long-term acute care, inpatient mental hospitals, and inpatient rehab facilities

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Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Baylor Surgical Hospital at Las Colinas	Hospital	400 W I-635	Irving	75063
Baylor T Boone Pickens Cancer Hospital	Hospital	3410 Worth St	Dallas	75246
Baylor University Medical Center	Hospital	3501 Junius St	Dallas	75246
Brentwood Place 1	Skilled Nursing Facility	3505 S Buckner Blvd	Dallas	75227
Brentwood Place Four	Skilled Nursing Facility	3505 S Buckner Blvd Building 5	Dallas	75227
Brentwood Place II	Skilled Nursing Facility	8059 Scyene Cir	Dallas	75227
Brentwood Place Iii	Skilled Nursing Facility	8039 Scyene Cir	Dallas	75227
Cantex Continuing Care Network	Skilled Nursing Facility	2537 Golden Bear Dr	Carrollton	75006
Carrollton Health & Rehab Center	Skilled Nursing Facility	1618 Kirby Rd	Carrollton	75006
CC Young	Skilled Nursing Facility	4847 W Lawther Dr	Dallas	75214
Cc Young Memorial Home	Skilled Nursing Facility	4847 W Lawther Dr	Dallas	75214
Cedar Hill Nursing Home	Skilled Nursing Facility	230 S Clark	Cedar Hill	75104
Children's Health	Health System	1935 Medical District Dr	Dallas	75235
Children's Medical Center of Dallas	Hospital	1935 Medical District Dr	Dallas	75235
Christian Care Centers	Skilled Nursing Facility	900 Wiggins Pkwy	Mesquite	75150
Christian Care Health Care Center	Skilled Nursing Facility	1000 Wiggins Pkwy	Mesquite	75150
CHRISTUS Dubuis Health System	Health System	919 Hidden Rdg	Irving	75038
CHRISTUS Health	Health System	919 Hidden Ridge	Irving	75038
CHRISTUS Hopkins Health Alliance	Health System	919 Hidden Ridge	Irving	75038
Cobalt Medical Development	Health System	14911 Quorum Drive	Dallas	75254
Cornerstone Healthcare Group	Health System	2200 Ross Avenue	Dallas	75201

Community Health Needs Assessment – 2016

Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Cottonwood Creek	Skilled Nursing Facility	1111 W Shore Dr	Richardson	75080
Crescent Hospital System	Health System	2600 W Pleasant Run	Lancaster	75146
Crescent Medical Center at Lancaster	Hospital	2600 W Pleasant Run	Lancaster	75146
Crestview Court	Skilled Nursing Facility	224 W Pleasant Run Rd	Cedar Hill	75104
Dallas Behavioral Healthcare Hospital	Hospital	800 Kirnwood Dr	DeSoto	75115
Dallas Medical Center	Hospital	7 Medical Pkwy	Dallas	75234
Dallas Regional Medical Center	Hospital	1011 N Galloway Ave	Mesquite	75149
Dallas VA Medical Center	Hospital	4500 S Lancaster Rd	Dallas	75216
Desoto Nursing & Rehab	Skilled Nursing Facility	1101 N Hampton Rd	Desoto	75115
Diversicare of Lake Highlands	Skilled Nursing Facility	9009 White Rock Trl	Dallas	75238
Doctors Hospital at White Rock Lake	Hospital	9440 Poppy Dr	Dallas	75218
Duncanville Healthcare and Rehabilitation Center	Skilled Nursing Facility	419 S Cockrell Hill Rd	Duncanville	75116
Edgemere	Skilled Nursing Facility	8523 Thackery St	Dallas	75225
Edgewood Rehabilitation And Care Center	Skilled Nursing Facility	1101 Windbell Dr	Mesquite	75149
First Texas Hospital	Hospital	1401 E Trinity Mills Rd	Carrollton	75006
Forest Park Medical Center - Dallas	Hospital	11990 N Central Expy	Dallas	75243
Garland Nursing & Rehabilitation	Skilled Nursing Facility	321 N Shilo Rd	Garland	75042
Globalrehab	Health System	1340 Empire Central	Dallas	75247
Golden Acres Living & Rehab Center	Skilled Nursing Facility	2525 Centerville Rd	Dallas	75228
Grace Presbyterian Village	Skilled Nursing Facility	550 E Ann Arbor	Dallas	75216
Green Oaks Hospital	Hospital	7808 Clodus Fields Dr	Dallas	75251

Community Health Needs Assessment – 2016

Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
HCA North Texas Division	Health System	6565 N Macarthur Blvd	Irving	75039
HealthSouth Dallas Rehab	Hospital	2124 Research Row	Dallas	75235
HealthSouth Rehabilitation Hospital of Dallas	Hospital	7930 Northaven Rd	Dallas	75230
HealthSouth Rehabilitation Hospital of Richardson	Hospital	3351 Waterview Pkwy	Richardson	75080
HealthSouth Rehabilitation Hospital Sub-Acute	Skilled Nursing Facility	7930 Northaven Rd	Dallas	75230
Heritage Gardens Rehab & Healthcare	Skilled Nursing Facility	2135 N Denton Dr	Carrollton	75006
Hickory Trail Hospital	Hospital	2000 N Old Hickory Trl	Desoto	75115
Irving Nursing & Rehabilitation	Skilled Nursing Facility	619 N Britain Rd	Irving	75061
Juliette Valour Communities	Skilled Nursing Facility	1260 Abrams Rd	Dallas	75214
Kindred Hospital Dallas	Hospital	9525 Greenville Ave	Dallas	75243
Kindred Hospital Dallas	Skilled Nursing Facility	9525 Greenville Ave	Dallas	75243
Kindred Hospital Dallas Central	Hospital	8050 Meadows Rd	Dallas	75231
Kindred Hospital White Rock	Hospital	9440 Poppy Dr	Dallas	75218
Lakewest Rehabilitation And Skilled Care	Skilled Nursing Facility	2450 Bickers St	Dallas	75212
Lancaster Nursing & Rehab	Skilled Nursing Facility	1515 N Elm St	Lancaster	75134
Las Colinas Medical Center	Hospital	6800 N Macarthur Blvd	Irving	75039
Laurenwood Nursing & Rehab	Skilled Nursing Facility	330 W Camp Wisdom Rd	Duncanville	75115
Lenwood Nursing & Rehab	Skilled Nursing Facility	807 W Virginia	Dallas	75237
Lifecare Hospitals of Dallas	Hospital	1950 Record Crossing Blvd	Dallas	75235
Lindan Park Care Center	Skilled Nursing Facility	1510 N Plano Rd	Plano	75081
Manor Care Of Dallas	Skilled Nursing Facility	3326 Burgoyne	Dallas	75233

Community Health Needs Assessment – 2016

Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Medical City Children's Hospital	Hospital	7777 Forest Ln	Dallas	75230
Medical City Dallas Hospital	Hospital	7777 Forest Ln	Dallas	75230
Mesquite Nursing Center	Skilled Nursing Facility	434 Paza Dr	Mesquite	75149
Mesquite Rehabilitation Institute	Hospital	1023 N Belt Line Rd	Mesquite	75149
Mesquite Specialty Hospital	Hospital	1024 N Galloway Ave	Mesquite	75149
Methodist Campus for Continuing Care	Hospital	401 W Campbell Rd	Richardson	75080
Methodist Charlton Medical Center	Hospital	3500 W Wheatland Rd	Dallas	75237
Methodist Dallas Medical Center	Hospital	1441 N Beckley Ave	Dallas	75203
Methodist Health System	Health System	1441 North Beckley Avenue	Dallas	75203
Methodist Hospital For Surgery	Hospital	17101 N Dallas Pkwy	Addison	75001
Methodist Medical Center Transitional Care Unit	Skilled Nursing Facility	1441 Beckley Ave	Dallas	75265
Methodist Rehabilitation Hospital	Hospital	3020 W Wheatland Rd	Dallas	75237
Metroplex Nursing & Rehabilitation	Skilled Nursing Facility	658 SW 3rd St	Grand Prairie	75051
Millbrook Healthcare and Rehabilitation Center	Skilled Nursing Facility	1850 W Pleasant Run Rd	Lancaster	75146
Modern Senior Living	Skilled Nursing Facility	3808 S Central Expwy	Dallas	75215
Monarch Pavilion Rehabilitation	Skilled Nursing Facility	6825 Harry Hines Blvd	Dallas	75235
North Central Surgical Center	Hospital	9301 N Central Expy	Dallas	75231
Northgate Plaza	Skilled Nursing Facility	2101 Northgate Dr	Irving	75062
Our Children's House at Baylor	Hospital	3301 Swiss Ave	Dallas	75204
Paramount Rehabilitation	Skilled Nursing Facility	514 Jackson Street	Dallas	75202
Park Manor Health Care & Rehab	Skilled Nursing Facility	207 E Parkerville Rd	Desoto	75115

Community Health Needs Assessment – 2016

Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Parkland Health And Hospital System	Hospital	5201 Harry Hines Blvd	Dallas	75235
Pine Creek Medical Center	Hospital	9032 Harry Hines Blvd	Dallas	75235
Pleasant Valley Healthcare and Rehabilitation Center	Skilled Nursing Facility	1525 Pleasant Valley Rd	Garland	75040
Presbyterian Communities and Services	Skilled Nursing Facility	6100 Colwell Boulevard	Irving	75039
Presbyterian Village North	Skilled Nursing Facility	8600 Skyline Dr	Dallas	75243
Promise Hospital of Dallas	Hospital	7955 Harry Hines Blvd	Dallas	75235
Reliant Hospital Partners	Health System	15851 Dallas Pkwy	Addison	75001
Remarkable Healthcare Of Dallas	Skilled Nursing Facility	3350 Bonnie View Rd	Dallas	75216
Rowlett Health & Rehabilitation Center	Skilled Nursing Facility	9300 Lakeview Pkwy	Rowlett	75088
Sandy Lake Rehab And Care Center	Skilled Nursing Facility	1410 E Sandy Lake Rd	Coppell	75019
Select Specialty Hospital - Dallas Downtown	Hospital	3500 Gaston Ave	Dallas	75246
Select Specialty Hospital - Garland	Hospital	2300 Marie Curie Dr	Garland	75042
Select Specialty Hospital - South Dallas	Hospital	3500 W Wheeland Rd	Dallas	75237
Senior Care Beltline	Skilled Nursing Facility	106 N Beltline Rd	Garland	75040
Senior Care Centers	Skilled Nursing Facility	2828 N Harwood St	Dallas	75201
Senior Care Health and Rehabilitation Dallas	Skilled Nursing Facility	2815 Martin Luther King Jr Blvd	Dallas	75215
Senior Quality Lifestyles Corporation	Skilled Nursing Facility	12720 Hillcrest Rd	Dallas	75230
Signature Pointe	Skilled Nursing Facility	14655 Preston Rd	Dallas	75254
Silverado Senior Living-Turtle Creek	Skilled Nursing Facility	3611 Dickinson Ave	Dallas	75219
Southaven Nursing Center	Skilled Nursing Facility	5300 Houston School Rd	Dallas	75241
Sundance Hospital Dallas	Hospital	2696 W Walnut St	Garland	75042

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Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Tenet Healthcare	Health System	1445 Ross Ave	Dallas	75202
Texas General Hospital	Hospital	2709 Hospital Blvd	Grand Prairie	75051
Texas General Hospital Health System	Health System	2709 Hospital Blvd	Grand Prairie	75051
Texas Health Presbyterian Hospital Dallas	Hospital	8200 Walnut Hill Ln	Dallas	75231
Texas Institute For Surgery At Presbyterian Hospital	Hospital	7115 Greenville Ave	Dallas	75231
Texas Regional Medical Center At Sunnyvale	Hospital	231 S Collins Rd	Sunnyvale	75182
Texas Scottish Rite Hospital For Children	Hospital	2222 Welborn St	Dallas	75219
The Dallas Center Of Rehabilitation	Skilled Nursing Facility	4200 Live Oak	Dallas	75204
The Forum At Park Lane	Skilled Nursing Facility	7831 Park Ln	Dallas	75225
The Highlands Of Dallas	Skilled Nursing Facility	9009 Forest Ln	Dallas	75243
The Leaves	Hospital	1230 W Spring Valley Rd	Richardson	75080
The Legacy At Preston Hollow	Skilled Nursing Facility	11409 N Central Expy	Dallas	75243
The Madison On Marsh	Skilled Nursing Facility	2245 Marsh Ln	Carrollton	75006
The Management Company at Forest Park Medical Center	Health System	11990 N Central Expy	Dallas	75243
The Manor At Seagoville	Skilled Nursing Facility	2416 Elizabeth Ln	Seagoville	75159
The Meadows Health & Rehab Center	Skilled Nursing Facility	8383 Meadow Rd	Dallas	75231
The Plaza At Richardson	Skilled Nursing Facility	1301 Richardson Dr	Richardson	75080
The Renaissance At Kessler Park	Skilled Nursing Facility	2428 Bahama Dr	Dallas	75211
The Traymore Nursing Center	Skilled Nursing Facility	7500 Lemmon Ave	Dallas	75209
The Villa At Mountain View	Skilled Nursing Facility	2918 Duncanville Rd	Dallas	75211
The Village At Richardson	Skilled Nursing Facility	1111 Rockingham Dr	Richardson	75080

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Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Timberlawn Hospital	Hospital	4600 Samuel Blvd	Dallas	75315
Town East Rehabilitation And Healthcare Center	Skilled Nursing Facility	3617 O'Hare Dr	Mesquite	75150
Traymore Nursing Center	Skilled Nursing Facility	4315 Hopkins Ave	Dallas	75209
Treemont Healthcare And Rehab	Skilled Nursing Facility	5550 Harvest Hill Rd	Dallas	75230
Turner Park Healthcare & Rehabilitation	Skilled Nursing Facility	820 Small St	Grand Prairie	75050
United Surgical Partners International	Health System	15305 Dallas Pkwy	Addison	75001
University General Hospital - Dallas	Hospital	2929 S Hampton Rd	Dallas	75224
University Of Texas Southwestern Medical Center At Dallas	Health System	5323 Harry Hines Blvd	Dallas	75390
USMD Health System	Health System	6333 N State Hwy 161	Irving	75038
UT Southwestern University Hospital - Zale Lipshy	Hospital	5151 Harry Hines Blvd	Dallas	75390
Vibra Specialty Hospital at DeSoto	Hospital	2700 Walker Way	DeSoto	75115
Vibra Specialty Hospital Of Desoto	Hospital	2700 Walker Way	Desoto	75115
Villages Of Lake Highlands	Skilled Nursing Facility	8615 Lullwater Dr	Dallas	75238
Villages on MacArthur	Skilled Nursing Facility	3443 N Macarthur Blvd	Irving	75062
Vista Hospital Of Dallas	Hospital	2696 W Walnut St	Garland	75042
Walnut Hill Medical Center	Hospital	7502 Greenville Ave	Dallas	75231
Walnut Place Nursing Center	Skilled Nursing Facility	5515 Glen Lakes Dr	Dallas	75231
West Lake Healthcare Residence	Skilled Nursing Facility	825 W Kearney	Mesquite	75149
Westridge Nursing & Rehabilitation L	Skilled Nursing Facility	1241 Westridge Ave	Lancaster	75146
William P Clements Jr University Hospital	Hospital	6201 Harry Hines Blvd	Dallas	75390
Williamsburg Village Healthcare Campus	Skilled Nursing Facility	940 York Dr	DeSoto	75115

Community Health Needs Assessment – 2016

Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Willowbend Nursing & Rehab Center	Skilled Nursing Facility	2231 Hwy 80 E	Mesquite	75150
Windsor Gardens	Skilled Nursing Facility	2535 W Pleasant Run	Lancaster	75146
Winters Park Nursing & Rehabilitation Center	Skilled Nursing Facility	3737 N Garland Ave	Garland	75040

Appendix F: Community Benefit Summary 2013 Needs Assessment

Identified Need	Implementation Strategy Response	Status	Implementation Strategy Applicable to:
Healthcare Access -- Health Insurance Coverage and Physician Shortage	Golden Cross Med Assist Program	54 prescriptions funded by MHS foundation totaling \$5,511; connected patients to 1,207 prescription for free medication valued at \$544,809	Methodist Dallas Medical Center
Chronic Disease and Care Coordination: Multiple Diagnoses	1115 Waiver Projects	19,000+ enrollment; 29% decrease in ED visits among enrollees; strengthened community partnerships; education on appropriate use of ED; diabetes education; diabetes-specific order set in place	Methodist Charlton Medical Center; Methodist Dallas Medical Center
	Golden Cross Med Assist Program	54 prescriptions funded by MHS foundation totaling \$5,511; connected patients to 1,207 prescription for free medication valued at \$544,809	Methodist Dallas Medical Center
Mental and Behavioral Health: Illness Impact on Health Decisions; Lack of Access to mental health services; Insufficient integration in primary care medical system	IP psych program	In FY15 Methodist Richardson treated 343 IP Psych patients	Methodist Charlton Medical Center; Methodist Dallas Medical Center; Methodist Rehabilitation Hospital
	IP and OP addiction recover program	In FY15 Methodist Richardson saw 2,718 Chemical Dependency visits	

Identified Need	Implementation Strategy Response	Status	Implementation Strategy Applicable to:
Health Disparities and Health Literacy— Resource Deserts	Construction of trauma tower	Completed \$108 mill expansion (248,000 square foot trauma and critical care center; 58 new ED beds, 6 trauma suites, 8 surgical suites, 36-bed critical care unit	Methodist Dallas Medical Center
	Family Health Centers in the service area	Twelve Family Health Center locations have been added since FY13	Methodist Charlton Medical Center; Methodist Dallas Medical Center
	OP Teaching Clinic	In FY15, Golden Cross Clinic visits totaled 15,839	Methodist Charlton Medical Center; Methodist Dallas Medical Center
	High-risk Pregnancy Treatment	In FY15, Golden Cross Clinic saw 5,657 High Risk OB visits	Methodist Dallas Medical Center
	Breast Cancer Screenings	In FY15, the Mobile Mammography Unit completed over 2,700 mammograms	Methodist Charlton Medical Center; Methodist Dallas Medical Center; Methodist Rehabilitation Hospital
	Other community screenings and health education	600 flu shots, more than 200 blood pressure screenings, lipid panels and glucose screenings; 3300+ people reached with wellness information	Methodist Charlton Medical Center; Methodist Dallas Medical Center; Methodist Rehabilitation Hospital
	QuickCare	In FY15, QuickCare Clinic had 5,859	Methodist Charlton Medical Center

Identified Need	Implementation Strategy Response	Status	Implementation Strategy Applicable to:
Infrastructure: Unifying Prevention Efforts and Maximizing Resources	Trauma services	Completed \$108 million expansion (248,000 square foot trauma and critical care center; 58 new ED beds, 6 trauma suites, 8 surgical suites, 36-bed critical care unit)	Methodist Dallas Medical Center
	CareFlite	In FY15, CareFlite completed over 71,000 transports for both ground ambulance and helicopter, of which over 29,000 were in Dallas County.	Methodist Charlton Medical Center; Methodist Dallas Medical Center; Methodist Rehabilitation Hospital
	Golden Cross prenatal program	In FY15, 96 patients received group prenatal care at Golden Cross Clinic	
	Methodist Charlton Family Health Clinic prenatal program	In FY15, Methodist Charlton Family Health Clinic visits totaled 12,288	Methodist Charlton Medical Center
	Congregational Health Ministry	In FY15, 600 flu shots, more than 200 blood pressure screenings, lipid panels and glucose screenings; and 5 educational events with 139 participants	Methodist Charlton Medical Center; Methodist Dallas Medical Center
	Los Barrios partnership	In FY15, Methodist Dallas had 725 deliveries from Los Barrios patients which are primarily low-income underinsured patients	Methodist Dallas Medical Center
	Los Barrios FQHC	Assessment concluded - not feasible	Methodist Charlton Medical Center
	LTAC	Continue to provide LTAC services through leased unit	Methodist Charlton Medical Center

Appendix G: Health-related Indicators for the Selected Top Health Needs

Indicator	Selected Need	Undesired direction	Dallas County	Texas
Adult Uncontrolled Diabetes Admission Risk-Adjusted-Rate (per 100,000)	Diabetes	higher	20.6	12.5
Adult Risk-Adjusted-Rate of Lower-Extremity Amputation Among Patients with Diabetes (per 100,000)	Diabetes	higher	21.4	20.9
Pediatric Diabetes Short-term Complications Admission Risk-Adjusted-Rate (per 100,000)	Diabetes	higher	29.4	25.0
Adults Reporting Diagnosed w/ Diabetes (percent)	Diabetes	higher	11%	11%
Percentage of population under age 65 without health insurance	Access	higher	36%	30%
Percent Uninsured Children (<19)	Access	higher	15%	13%
Amount of price-adjusted Medicare reimbursements per enrollee	Access	higher	\$11,048.00	\$10,837.00
Ratio of population to one primary care physician	Access	higher	1100.0	1680.0
Ratio of population to primary care providers other than physicians	Access	higher	1287.0	1709.0
Ratio of population to one dentist	Access	higher	1310.0	1880.0
Ischemic Heart Disease: Medicare Population (percent)	Heart Disease	higher	25%	29%
Heart Disease Death Rate (per 100,000)	Heart Disease	higher	140.0	154.0
Flu Vaccine 65+	Prevention	lower	66%	65%

Indicator values displayed in blue are better than the benchmark