

Methodist Health System Community Health Needs Assessment & Implementation Plan

Methodist Hospital
for Surgery





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, flowing style.

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



Mission, Vision and Values

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

Table of Contents

Mission, Vision, and Values 5

Executive Summary 6

Methodist Health System: Community Health Needs Assessment Overview, Methodology and Approach..... 10

 Qualifications & Collaboration 10

 Defining the Community Served..... 10

 Assessment of Health Needs – Methodology and Data Sources 12

 Quantitative Assessment of Health Needs 12

 Qualitative Assessment of Health Needs (Community Input)..... 15

 Methodology for Defining Community Need..... 16

 Information Gaps..... 17

 Existing Resources to Address Health Needs 17

 Prioritizing Community Health Needs..... 17

 Evaluation of Implementation Strategy Impact 17

Methodist Health System Community Health Needs Assessment..... 18

 Demographic and Socioeconomic Summary..... 18

 Community Health Data 24

 Qualitative Assessment..... 29

 Health Needs Matrix 34

 Prioritizing Community Health Needs..... 36

 Description of Health Needs to be Addressed 39

 Summary 41

Implementation Strategy..... 42

Appendix A: Key Health Indicator Sources 43

Appendix B: Interview Participants for the Community Served 44

Appendix C: Community Resources Identified to Potentially Address Significant Health Needs 47

Appendix D: Health Professional Shortage Areas and Medically Underserved Areas and Population 48

Appendix E: Healthcare Organizations Serving the Community 53

Appendix F: Community Benefit Summary 2013 Needs Assessment..... 67

Appendix G: Key Health-related Indicators for the Selected Top Health Needs 68

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 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 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 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 assessment applies to the following Methodist hospital facility:

- Methodist Hospital for Surgery

For the purposes of the 2016 assessment, Methodist Hospital for Surgery has defined its community as the geographical area of Collin, Dallas, and Denton counties. The community served, or service area, was determined by identifying the counties where at least 75% of patients reside.

A quantitative and qualitative assessment was performed. Eighty-nine (89) 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 by Methodist's CHNA work group to establish and prioritize significant needs. The meeting was moderated by Truven Health and included an overview of the community demographics, a 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, Methodist Hospital for Surgery representatives rated each significant health need on the criteria resulting in an overall score. The list of significant health needs was then prioritized based on the overall scores. The highly rated needs were then evaluated across the communities for commonalities and synergies. The meeting participants subsequently identified the following needs:

1. Access to care
2. Diabetes

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 Hospital for Surgery 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 partnered with Truven Health to complete a CHNA for Methodist Hospital for Surgery.

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.

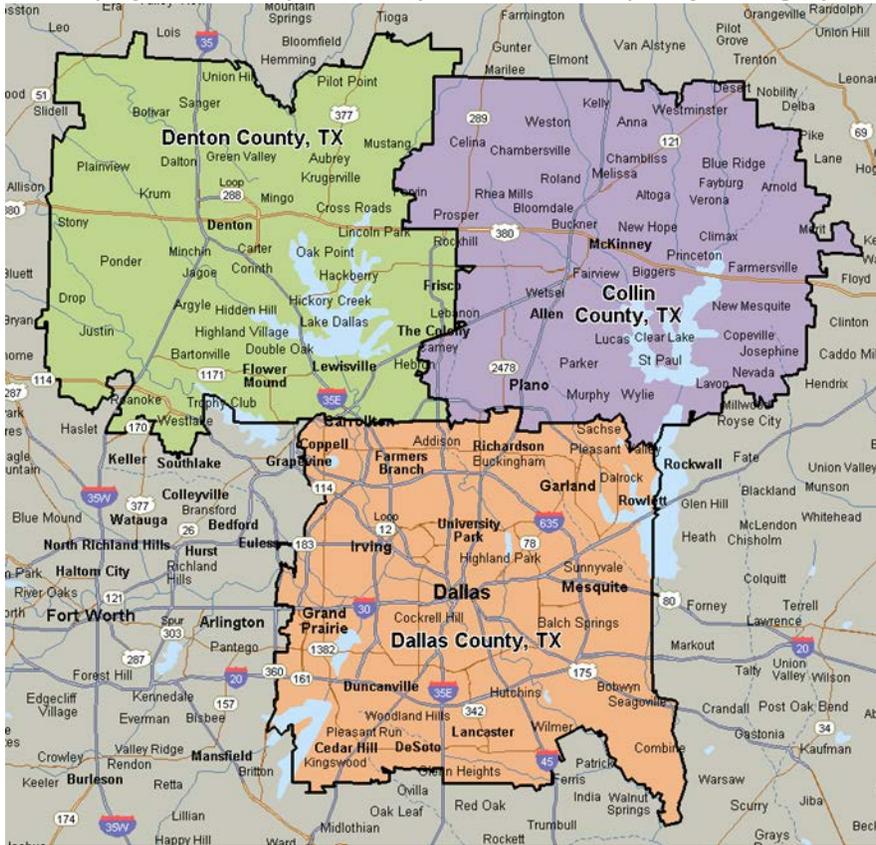
Defining the Community Served

For the purpose of this assessment, Methodist Hospital for Surgery defined the facility's community using the counties in which at least 75% of patients reside. Using this definition, Methodist Hospital for Surgery has defined its community to be the geographical area of Collin, Dallas, and Denton counties 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 Hospital for Surgery



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 Collin, Dallas, and Denton counties. 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+

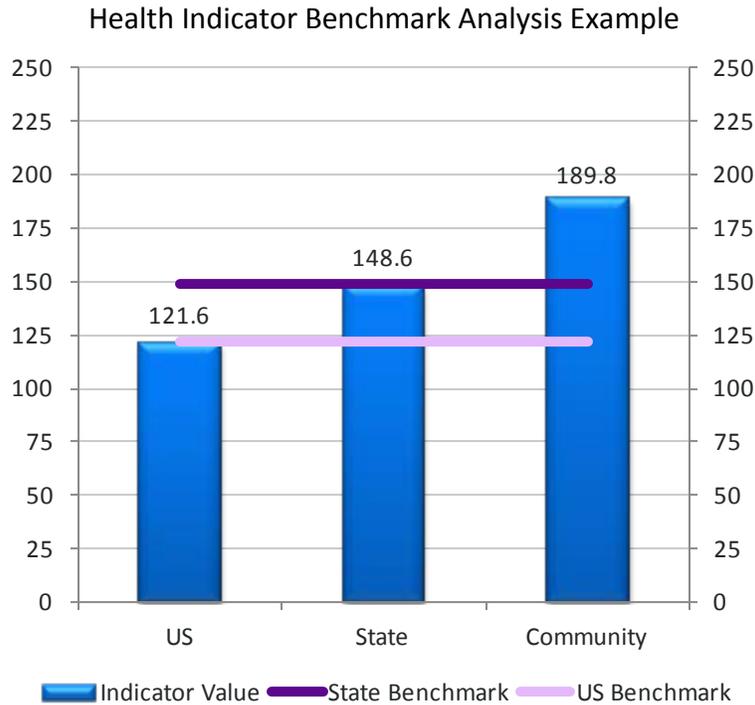
Environment

- 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, 29 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.

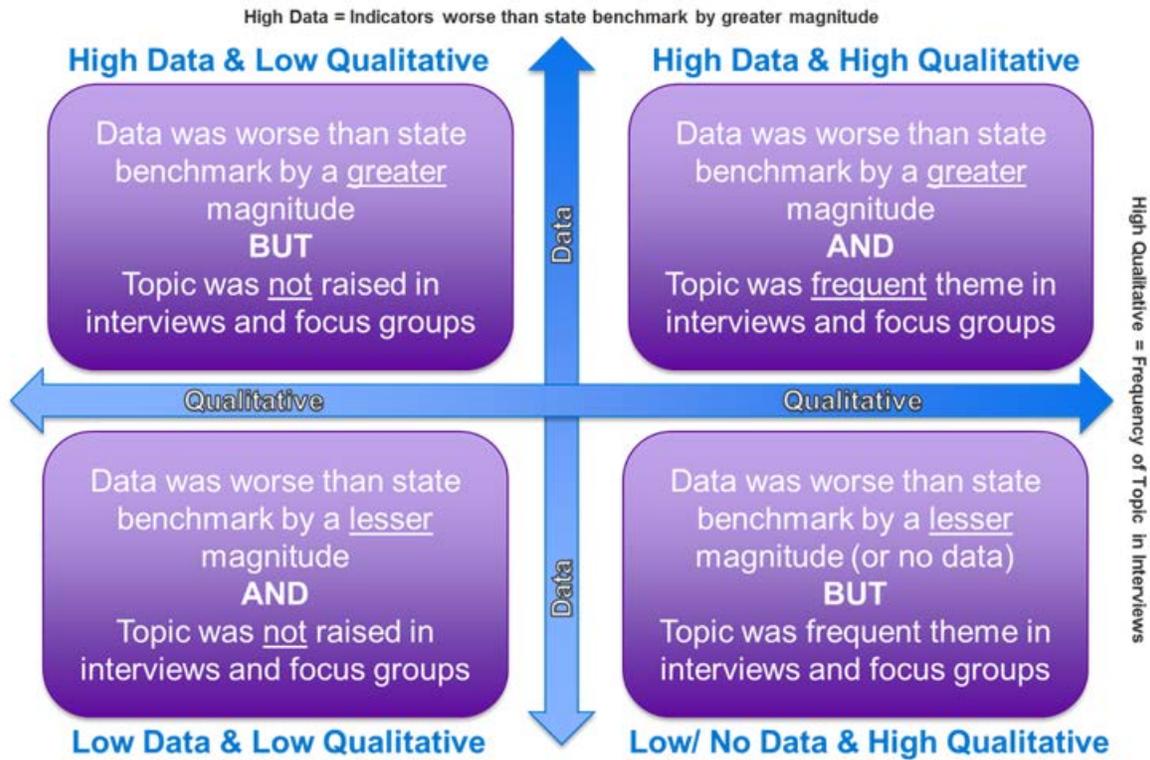
Methodist made the full report widely available and welcomed public comment or feedback on the findings. To date, no input has been received, but feedback from the community is welcomed. For this 2016 CHNA, public comments and feedback may be submitted by emailing CHNAFeedback@mhd.com.

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 entire counties 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 Hospital for Surgery 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

Population statistics for Collin, Dallas, and Denton counties are similar to the state of Texas, with some differences. The community served has a higher percentage of residents under the age of 18, as compared to state and national population statistics. Conversely, the portion of residents 65 years of age and older make up a smaller percentage of the population in Collin, Dallas and Denton counties. The community’s projected population growth rate for the next five years is higher than the state’s rate. When compared to the state, the community finds itself in a more favorable position as it relates to socioeconomic barriers, as measured by the percent of Medicaid beneficiaries and uninsured residents, the proportion of families living in poverty, and the ratio of individuals with no high school diploma. The community’s proportion of individuals speaking limited English and the percentage of households renting their home is less favorable when compared to the state.

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

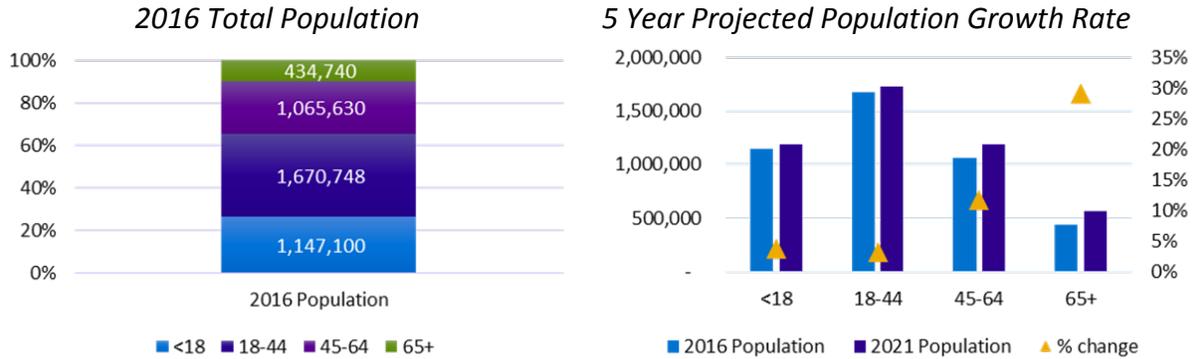
Region /Facility(s)	Total Population	Population 0 - 17 Years	Population 65+ Years	5 Year Projected Population Change	Insurance Coverage: Medicaid / Uninsured		Poverty	Limited English	No High School Diploma	Housing
United States	322,431,073	23%	15%	4%	19%	8%	18%	9%	14%	36%
Texas	27,611,474	26%	12%	7%	14%	18%	20%	14%	19%	37%
Community Served	4,318,218	27%	10%	8%	5%	10%	17%	15%	16%	43%

Source: Truven Health Analytics, 2016

Collin, Dallas, and Denton counties are expected to grow 8% (347,845 people) by 2021. The population growth is higher than the growth rate projected for the state and nation. The ZIP codes expected to experience the most growth over the next five years are projected to increase by 15%. These include ZIP code 75454, located in Melissa, which is projected to increase by 1,133 people, ZIP code 75039, located in Irving, which is projected to increase by 2,235 people, and Zip Code 75078, located in Prosper, which is projected to increase by 2,293 people. There are no ZIP codes in the community projected to experience a decline in size over the next five years; however, ZIP code 75210, located in Dallas, is expected to grow by 1%, this is the smallest projected growth among all ZIP codes in the community.

In 2016, those 18 to 44 years of age are estimated to make up 39% of the population; meanwhile, 27% of the population is made up of those less than 18 years of age. The cohort aged 65 years of age and older is currently the smallest comprising 10% of the community; however, it is expected to experience the most growth over the next five years. This cohort is projected to increase by 126,330 people (29%). Growth in this population will likely contribute to an increased need for health services as the population continues to age.

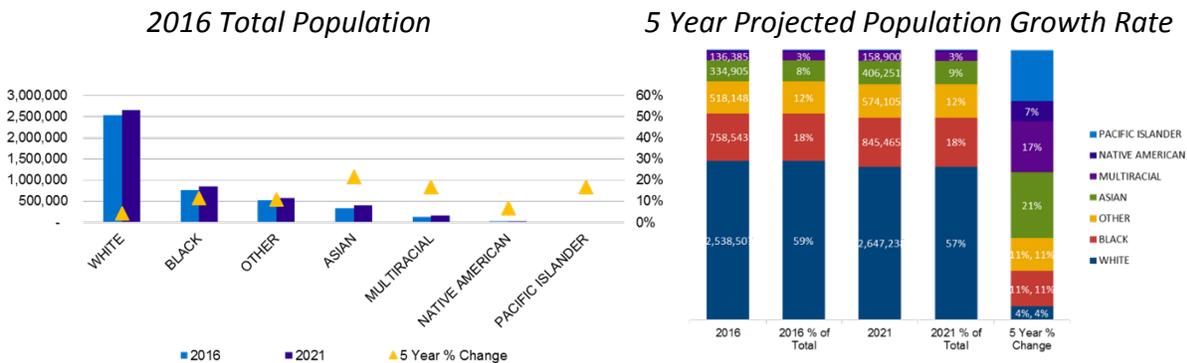
Population by Age Cohort



Source: Truven Health Analytics, 2016

Fifty-nine percent of the population in Collin, Dallas, and Denton counties is white (2,538,507 residents). The black population is the second largest in the community at 18% (758,543). Racial diversity in the community will increase due to the growth of minority populations over the next five years. The community will experience the largest growth amongst the Asian population, projected to increase by 21%, or 71,346 people. The graphs below display the community’s total population breakdown by race, including all ethnicities.

Population by Race

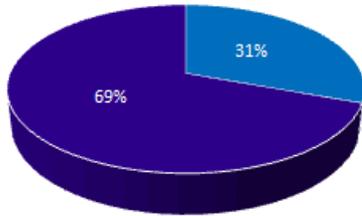


Source: Truven Health Analytics, 2016

When evaluating the entire population (which includes all races in the charts above), the community is also expected to experience an increase in ethnic diversity. In 2016, the Hispanic population (which includes multiple races) comprised 31% of the population. The population of Hispanic residents is expected to grow 11% over the next five years; this is equivalent to an additional 145,301 residents. The graphs below display the community’s population breakdown by ethnicity, including all races.

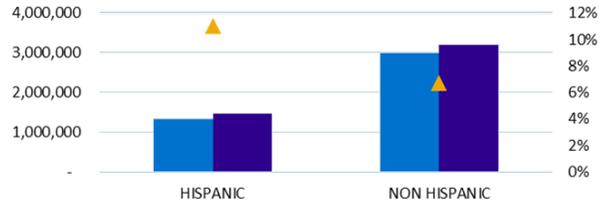
Population by Hispanic Ethnicity

2016 Total Population



■ HISPANIC ■ NON HISPANIC

5 Year Projected Population Growth Rate

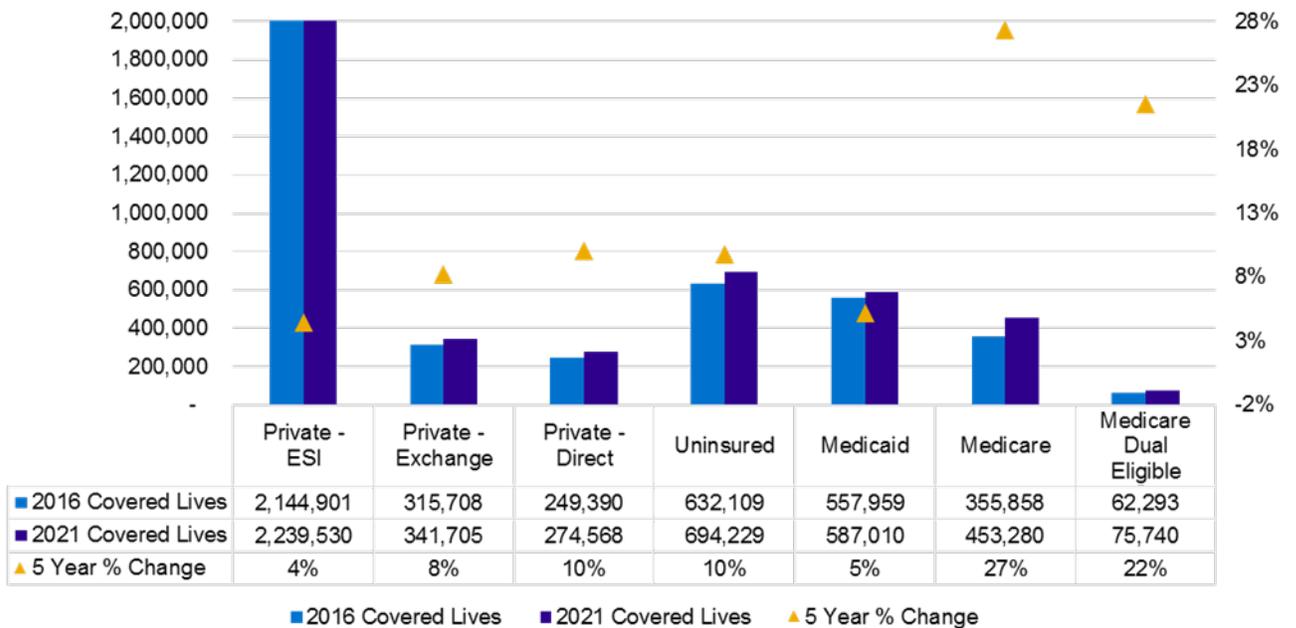


■ 2016 Population ■ 2021 Population ▲ % change

Source: Truven Health Analytics, 2016

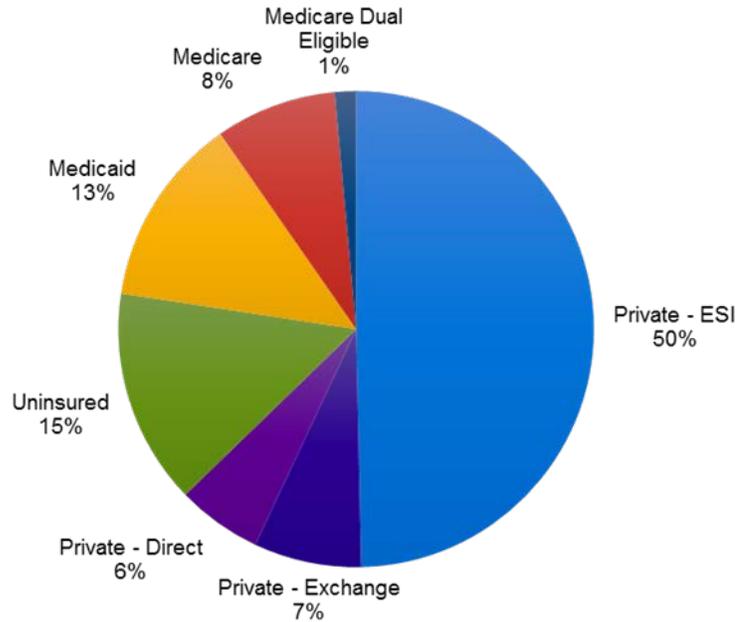
The community’s commercially insured residents comprise 63% of the population. The commercially insured population includes those purchasing insurance through the health insurance exchange marketplace (7%), those receiving insurance through an employer (50%), and those independently purchasing insurance (6%). Currently, 8% of the population has Medicare, 1% of the population is Medicare dual-eligible, and 13% of the population is covered by Medicaid. All insurance types are projected to experience growth over the next five years. The Medicare population is expected to increase 27%, the largest projected growth among all types of coverage in the community served. The uninsured population makes up 15% of the community.

Estimated Covered Lives and Projected Growth by Insurance Category



Source: Truven Health Analytics, 2016

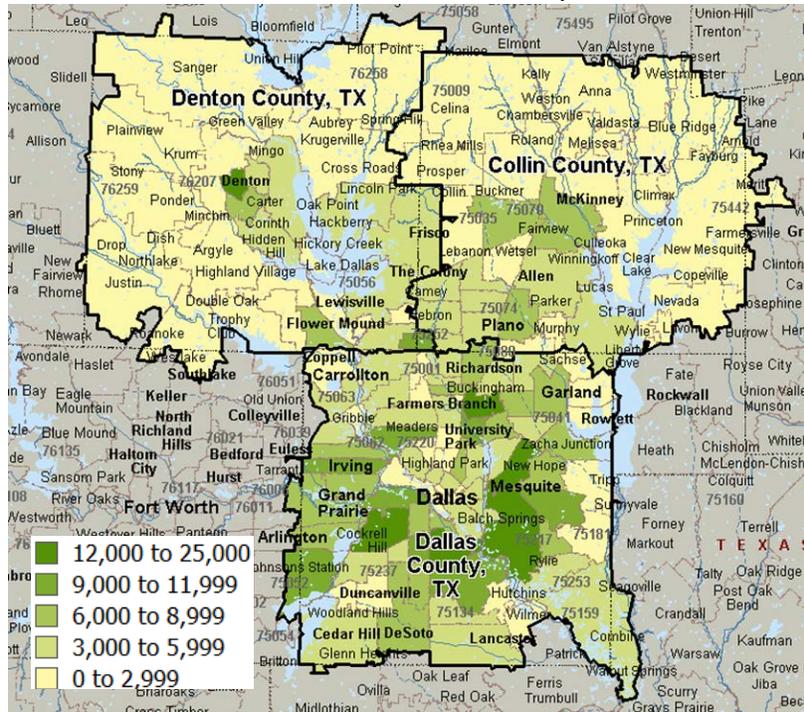
2016 Insurance Coverage Estimates by Insurance Type



Source: Truven Health Analytics, 2016

Fifteen percent of the population in Collin, Dallas, and Denton counties is uninsured. Of that 15%, 4% reside in ZIP code 75217 (Southeast Dallas neighborhood of Pleasant Grove) which is the largest concentration of uninsured individuals in the community and consists of 27,816 individuals. Other ZIP codes which comprise a higher proportion of the community’s uninsured residents are 75216 (Southeast Dallas neighborhood of South Oak Cliff), 75211 (Dallas community of Oak Cliff), 75243 (North Dallas community), and 75227 (Southeast Dallas neighborhood of Parkdale).

2015 Estimated Uninsured Lives by ZIP Code



Source: Truven Health Analytics, 2016

The community includes 44 health professional shortage areas and 21 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.

Health Professional Shortage Areas and Medically Underserved Areas and Populations

Counties	Health Care Professional Shortage Area (HPSA)			Total	Medically Underserved Area / Population (MUAP)
	Dental Health	Mental Health	Primary Care		Total MUAP
Collin County	1	1	1	3	1
Dallas County	14	9	15	38	19
Denton County	1	1	1	3	1
Total	16	11	17	44	21

Source: Truven Health Analytics, 2016

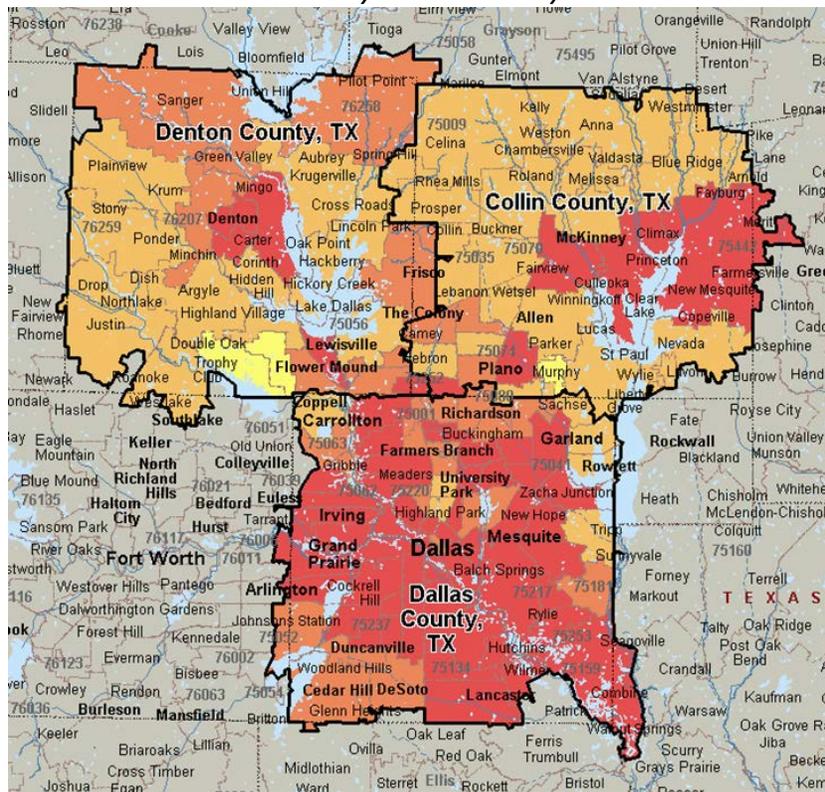
¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016

Community Health Data

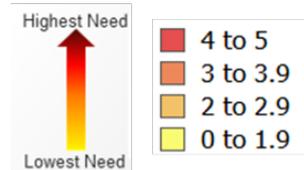
The Truven Health Community Need Index (CNI) is a statistical approach to identifying health needs in a community. The CNI takes into account a community’s vital socio-economic factors (income, cultural, education, insurance and housing) to generate a CNI score for every populated ZIP code in the United States. The CNI is strongly linked to variations in community healthcare needs and is a strong indicator of a community’s demand for various healthcare services. The CNI score 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, the community served has a higher CNI than the national median of 3. The portions of the community where greater healthcare needs are anticipated include, but are not limited to, Balch Springs (4.8), Dallas (4.5), Hutchins (4.8), Wilmer (4.6), Grand Prairie (4.2), Mesquite (4.2), Garland (4.2), and Farmersville (4.0). The community has an overall CNI Score of 3.71.

2015 Community Need Index by ZIP Code



CNI Score by ZIP Code



Source: Truven Health Analytics, 2016

Public Health Indicators

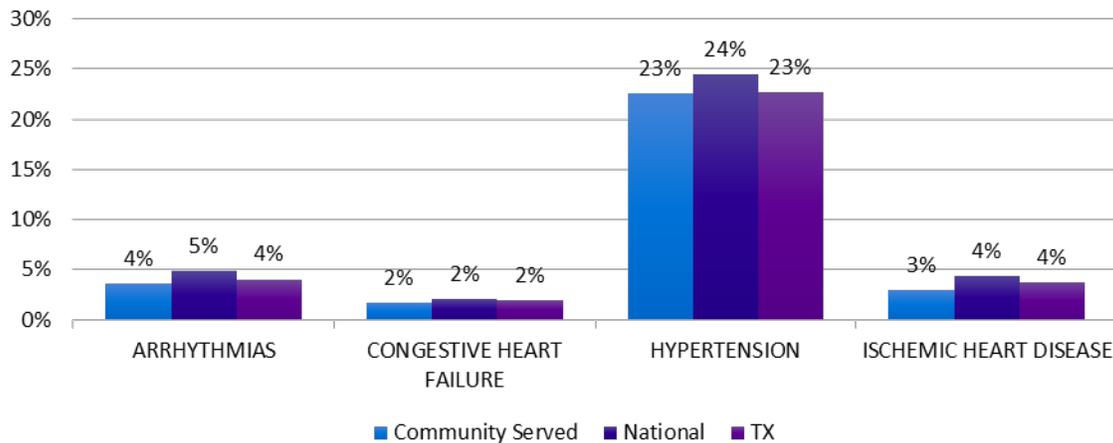
Public health indicators were collected and analyzed to assess the community’s health needs. For each health indicator, a comparison was made between the most recently available community data and benchmarks for the same/similar indicator. Benchmarks were based on available data and included the United 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:

- | | | |
|---|--|--|
| <p>Population</p> <ul style="list-style-type: none"> • High School Graduation Rate • High School Dropout Rate • Some College • Children in Poverty • Children in Single-Parent Households • Unemployment • Poverty • Social Associations • Children Eligible for Free Lunch • Homicides • Violent Crime <p>Injury & Death</p> <ul style="list-style-type: none"> • Premature Death • Infant Mortality • Child Mortality <p>Health Outcomes</p> <ul style="list-style-type: none"> • Poor or Fair Health • Frequent Physical Distress • Insufficient Sleep • Poor Physical Health Days • Cancer (all causes) Incidence • Breast Cancer Incidence • Prostate Cancer Incidence | <ul style="list-style-type: none"> • Colon and Rectal Cancer Incidence • Lung and Bronchus Cancer Incidence • Hypertension • Arthritis • Alzheimer’s/ Dementia • Atrial Fibrillation • Kidney Disease • Depression • Hyperlipidemia • Schizophrenia • Osteoporosis • Asthma • HIV Prevalence • Pediatric Asthma Hospitalizations • Pediatric Diabetes Hospitalizations • Pediatric Perforated Appendix Hospitalizations • Adult Perforated Appendix Hospitalizations • Adult Uncontrolled Diabetes • Amputations Among Adult Patients with Diabetes • Prenatal Care • Low Birth Weight • Very Low Birth Weight <p>Mental Health</p> <ul style="list-style-type: none"> • Mental Health Providers • Frequent Mental Distress | <p>Health Behaviors</p> <ul style="list-style-type: none"> • Physical Inactivity • No Exercise • Excessive Drinking • Alcohol-impaired Driving Deaths • Drug Poisoning Deaths • Teen Births • Sexually Transmitted Infections <p>Access to Care</p> <ul style="list-style-type: none"> • Uninsured • Uninsured Children • Health Care Costs • Other Primary Care Providers • Preventable Hospital Stays <p>Environment</p> <ul style="list-style-type: none"> • Food Insecurity • Limited Access to Healthy Food • Food Environment Index • Air Quality / Pollution • Housing • Driving Alone to Work • Long Commute: Driving Alone <p>Prevention</p> <ul style="list-style-type: none"> • Flu Vaccine |
|---|--|--|

Truven Health supplemented the publicly available data with estimates of localized disease prevalence for heart disease and cancer as well as emergency department visit estimates.

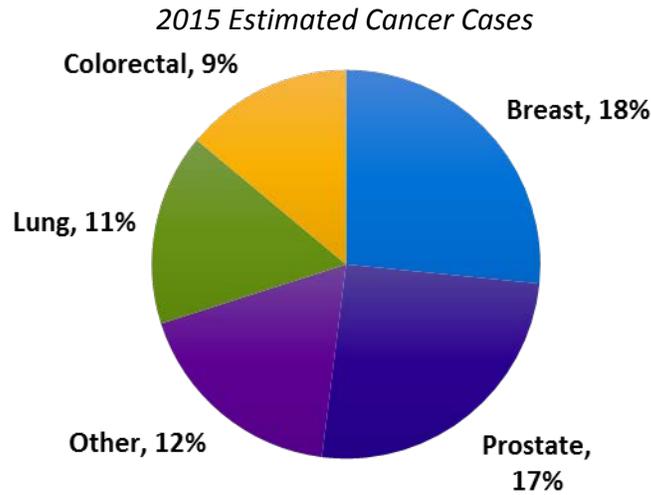
Truven Health’s Heart Disease Estimates identified hypertension as the most prevalent heart disease diagnosis, with 975,256 cases in Collin, Dallas, and Denton counties. Arrhythmias and ischemic heart disease are the second and third most common heart disease diagnoses. ZIP code 75052, located in Grand Prairie, has the highest rate of hypertension (1.7%), arrhythmias (1.5%), and congestive heart failure (1.6%) when compared to other ZIP codes in the community. ZIP code 75070 in McKinney has the highest percent of patients with ischemic heart disease; 1.6% of the cases from Collin, Dallas, and Denton counties occur in this area of the community.

2015 Estimated Heart Disease Cases



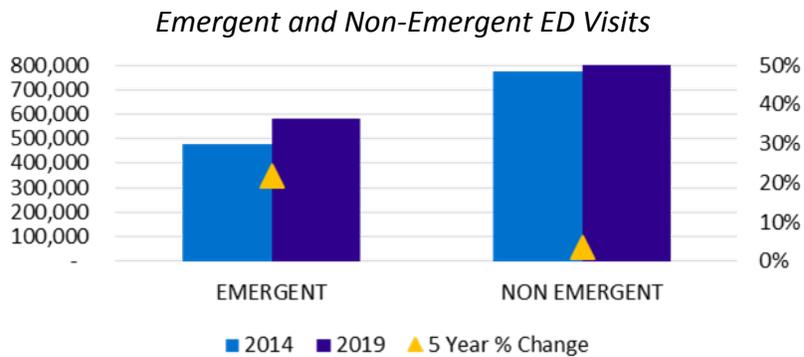
Source: Truven Health Analytics, 2016

Truven Health’s 2015 Cancer Estimates predict breast, prostate, and lung cancers as the most prevalent in the community served. 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 lower than both the state and nation. There were an estimated 3,683 breast cancers cases, 3,521 cases of prostate cancer, and 2,213 cases of lung cancer in the community served in 2015. ZIP code 75052, located in Grand Prairie, has the highest rate of breast cancer cases in the community with 2.1%. The community’s highest proportion of prostate (2.1%) and lung (1.9%) cancers was found in ZIP code 75075, located in McKinney.



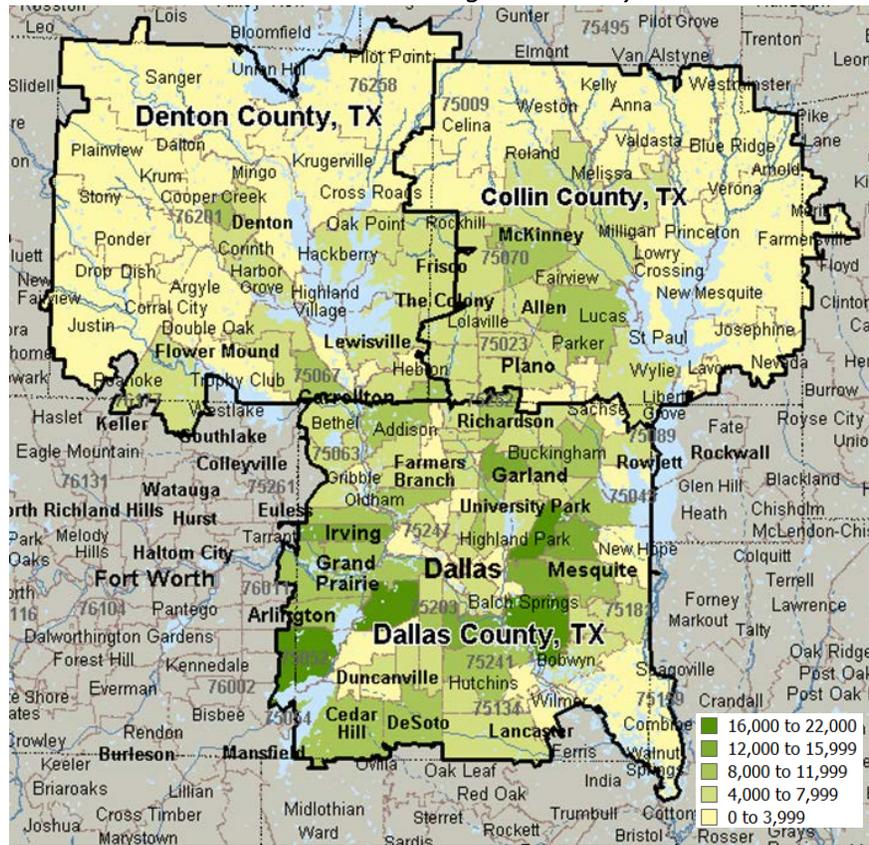
Source: Truven Health Analytics, 2016

Truven Health estimates emergency department (ED) visits to grow by 130,517 visits between 2014 and 2019, a 10% increase. Emergent ED visits are expected to increase by 22% (103,435 cases). 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 3% (27,082 visits) increase in non-emergent ED visits between 2014 and 2019.



Source: Truven Health Analytics, 2016

2014 Estimated Non-Emergent Visits by ZIP Code



Source: Truven Health Analytics, 2016

Qualitative Assessment

Methodist engaged Truven Health to conduct a series of interviews to assess the perception of health needs of the community. The exercise included 29 interviews with individuals representing Collin, Dallas, and Denton counties, the community served by Methodist Hospital for Surgery. Participants included individuals from organizations serving medically underserved, low-income, minorities, populations with chronic disease needs in the community, and 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 Collin, Dallas, and Denton counties, the community served by Methodist Hospital for Surgery.

The community is composed of three counties, Collin, Dallas, and Denton, located in the city of Dallas and its suburbs. While Dallas is the major city in Dallas County, Plano, Allen, and McKinney are the largest cities in Collin County, and Denton, Louisville, and Flowermound are the largest cities in Denton County. The community served by Methodist Hospital for Surgery is rapidly growing, driving an increase in need for healthcare services. Despite an increase in the availability of services, the health system is becoming increasingly strained due to 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 affordable housing. In Collin County, the population increase has led to limited housing for middle-income families; this is increasing the number of those living in poverty. Denton County has experienced growth among its minority populations and residents depending on governmental support, such as food stamps. Many interviewees discussed the need for low to middle-income housing in the city of Dallas as well. As the community continues to grow, many middle and high-income families are moving to the suburbs of the city of Dallas, shifting growth outside of Dallas County and into Collin and Denton counties. Denton County is experiencing an influx in the northern portion of the county due to growth from Dallas. In Denton County, interviewees mentioned a growth in construction-related work opportunities along Highway 380. Many of these families are low-income, leading to a growth in food security issues in the community as well.

The public transportation system in Dallas has a light rail system that now serves the southern portion of Denton County. According to interviewees, homeless and indigent populations in Denton County are moving into the area due to the presence of the rail system. The influx in Collin County is increasing the number of children enrolled in schools and participating in the free lunch program. Participants representing Collin County also discussed issues with traffic and the infrastructure related to the recent growth. In Dallas County, larger income disparities are attributed to population shifts in and around the community. According to interviewees, the ethnic and racial diversity within the community is also increasing, with large growth in the

Hispanic population. As the community becomes more diverse, language and cultural barriers become more of a challenge. Although Collin County is experiencing tremendous growth, interviewees did mention that much of the community remains rural and does not have local access to a public hospital. Participants also noted that Collin County has a geographic divide between the residents with different household incomes; affluent families live on the west side of the county and many middle to low-income families reside in the east side of the county. The east side of Collin County was also described as having fewer health care services available. Denton, located in Denton County, is home to two colleges, which has contributed to the growth of the community. Denton's recent growth has changed the health needs of the community.

Health Needs

The interviewees represented organizations that serve diverse populations with significant differences in socioeconomic, education, access to care, and health status. Participants rated the health of the community on a scale of 1 to 5, with 1 being worst and 5 being the best. Dallas County's average score was 2.96, Collin County's average score was 3.5, and Denton County's average score was 2.8; the average score for the entire community was 3.3. Participants identified overarching drivers that contribute to the health needs and priorities of the community. One of the major themes identified by the participants included access to health care. Factors contributing to access related issues in the community include affordability, transportation, and provider availability. The prevalence of chronic conditions was also identified as a characteristic of the community's increased health needs, specifically 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 suggested for additional health prevention education. The participants also identified major needs around mental health treatment and services.

Access to Care

When asked to identify the top needs of the community, participants noted access to care most frequently. Access to care is a multi-faceted problem that includes many complex components. Participants identified gaps in insurance coverage, a need for more free or low-cost care options, transportation barriers, and provider availability as the primary access related issues. Other access issues were also discussed, including gaps in the availability of specialty services across the community, such as respite care for caregivers. Participants also discussed the expense of health care in the community and the inability for many residents to afford appropriate care. Lastly, access to medication for underserved indigent populations was a topic of discussion among interview participants.

As previously mentioned, in Collin, Dallas, and Denton counties many individuals and families in the community are unable to afford insurance. The lack of Medicaid expansion in the state of Texas was discussed among participants as a contributing factor. The lack of insurance often prevents individuals from receiving the care necessary for a healthy community. It was mentioned that South Dallas has a high concentration of uninsured residents. Participants

representing Collin County mentioned the availability of many services and providers, but many do not accept uninsured or Medicaid-covered patients. The lack of insurance coverage for specialty services, such as speech therapy, was a concern voiced among participants representing Denton County. Although Dallas County does have a hospital that provides charity care, Denton and Collin counties do not have easy access to a hospital providing free care.

Dallas County has a public hospital owned and operated by the county that provides care to those with the inability to pay for services. Although this service is available in many areas of Dallas County, the services provided are insufficient to meet the demand of the entire county. Additionally, Collin and Denton counties do not have access to a public facility. Participants representing Collin, Dallas, and Denton counties discussed the need for a charity hospital in each county. Denton County does not provide free services for the indigent population. Additionally, those living in south Dallas County do not have access to a charity hospital due to the location of the existing facility. Participants representing Collin and Dallas counties also discussed the need for clinics in outlying areas of the community with the ability to provide care to the uninsured and low income families in rural areas.

Transportation was discussed during many interviews as a barrier to the health of the community. Although portions of the community are walkable, many residents don't have cars and rely on public transportation, where available. Denton and Collin counties have very limited, if any, public transportation and many areas in Dallas County, such as DeSoto, are transportation deserts. Using the public transportation system to reach health care providers greatly increases the travel time, which increases absenteeism from work or school. Even for those with personal transportation, access to adequate medical care is sometimes limited due to the distance required to travel to receive care. Residents often make important health care decisions based on the location of the services needed and their ability to travel to that location. Both individuals with and without personal transportation would greatly benefit from conveniently located health care services throughout the community.

The final major access challenge discussed by participants is access to providers. Two of the primary factors contributing to the shortage in providers are the aging of the community and the community's population growth in recent years. As the population ages, more services are required to maintain health; moreover, many physicians are also aging and retiring, decreasing the supply of providers. The current infrastructure that exists in the community is unable to support an aging population, and additional geriatric providers are needed. As the community grows, more providers are necessary to keep up with the patient demand. This growth also requires that additional Medicaid and Medicare accepting physicians enter the market. Specifically, interviewees mentioned the need for dentists caring for Medicaid and Medicare patients. Cedar Hill, located in Collin County, was also noted to be lacking a pediatric physician. In Dallas County, participants discussed the lack of providers south of Interstate 35. The lack of primary care that exists in Dallas County is negatively impacting the overall health of the community. According to interview participants, other providers needed in Collin County included osteopathic / holistic providers, urgent and immediate care providers, and therapists, particularly in rural areas. Participants representing Denton County specifically mentioned the

need for dentists willing to care for uninsured, Medicare, and Medicaid patients. Additionally, Denton County interviewees mentioned the need for qualified nurses and technicians. The lack of access to primary care providers and specialists in Collin, Dallas, and Denton counties is negatively impacting the overall health of the community.

Chronic Conditions

Chronic conditions were discussed during the interview sessions, specifically diabetes, heart disease, obesity, asthma, and communicable diseases. Interviewees from Dallas County specifically expressed concern regarding the prevalence of such conditions in the southern sector of Dallas. The prevalence of childhood obesity was discussed among participants. The lack of awareness regarding how to prevent or manage these diseases is a contributing factor. Reasons for noncompliance among those with a previously diagnosed conditions include lack of knowledge, resources, and physician availability. The shortage of specialty physicians in the community leaves many patients without access to the providers needed to manage their conditions. Chronic conditions are poorly supported in the community, according to interviewees. Contributing community factors also include food deserts that prevent access to healthy food, and violence in the community preventing residents from being active. The lack of health and wellness options 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 chronic disease treatment 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 disease. Nutrition was the most commonly discussed component of health prevention. In Collin County, discussions focused on access to healthy food and making healthy food decisions. In Dallas and Denton counties, food deserts are prevalent, preventing many residents from regularly consuming a healthy diet. Areas with food deserts specifically mentioned in Dallas County were downtown Dallas, South Dallas, and DeSoto. Denton County representatives discussed the need for younger families to be educated on how to prepare healthy foods; they believe residents often select unhealthy foods due to the availability and convenience. Also, interviewees mentioned the regularity of childhood inactivity due to the lack of parental supervision among a variety of other reasons. It was also mentioned that there are areas within the community that lack recreation centers or health clubs offering fitness activities to community members, specifically senior residents. Violence in some areas of Dallas County increases the risk of being able to safely go outdoors for physical activities. Additional interventions mentioned by participants included decreasing tobacco use in the community and increasing vaccinations.

The most frequently mentioned health prevention gap is the need for community education on how to achieve a healthy lifestyle. 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 during the interviews. Many uninsured individuals in need of such care are unable to afford it because they do not have mental health coverage. An even greater obstacle in the market 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. Denton and Collin counties are also lacking mental health providers. The link that exists between mental illness and homelessness was also discussed by interviewees representing Dallas County. Stigmas surrounding mental health often prevent individuals from seeking appropriate care, according to Collin County representatives. Although coverage and the willingness to seek care are issues surrounding mental health, the availability of providers is a larger issue.

A specific need in mental health services is treatment for substance abuse. Substance abuse was not identified as a prominent issue in Dallas and Collin counties, but it was discussed by multiple participants representing Denton County. Denton County representatives discussed the link between substance abuse and child neglect. This is a contributing factor to an increase in the number of children in foster care in Denton County. Denton County does not currently have any substance abuse treatment facilities, according to participants. The lack of substance abuse providers serving pregnant women was mentioned by Dallas County interviewees, it was mentioned that the entire community currently only has a single provider offering such specialized services. The community is lacking both inpatient and outpatient substance abuse rehabilitation providers.

Social Determinants of Health

The interviewees were asked to identify the primary social factors determining the health of the community. The common themes among all participants included income, education level, and the neighborhood in which one resides. These were overwhelmingly the most popular responses.

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. Participants identified income as the primary barrier for adequate healthcare access. Without adequate income, community members are unable to afford items such as transportation and insurance.

Education was the second most commonly discussed social factor impacting the health of Dallas and Collin counties. Participants stated that individuals possessing formal education are more

likely to be in good health than the uneducated. The presence of health education was also discussed among participants representing the community.

Lastly, community representatives discussed the neighborhood in which one resides as a social determinant of health; comments regarding this factor were more common among Dallas and Denton county interviewees. The presence of food deserts and limited access to healthy food in the community has an impact on the overall health of the community. In addition, the location of the neighborhood may often prevent residents from receiving adequate care due to the lack of providers in surrounding areas.

Other social determinants impacting the health of the community included race, immigration status, parental or caregiver support, access to transportation, nutrition, and health insurance. Participants expressed the presence or absence of these factors could affect the health of 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:

1. Children
2. Elderly
3. Immigrants, particularly those of Hispanic decent
4. Impoverished
5. Minorities, particularly African-Americans

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

Health Needs Matrix

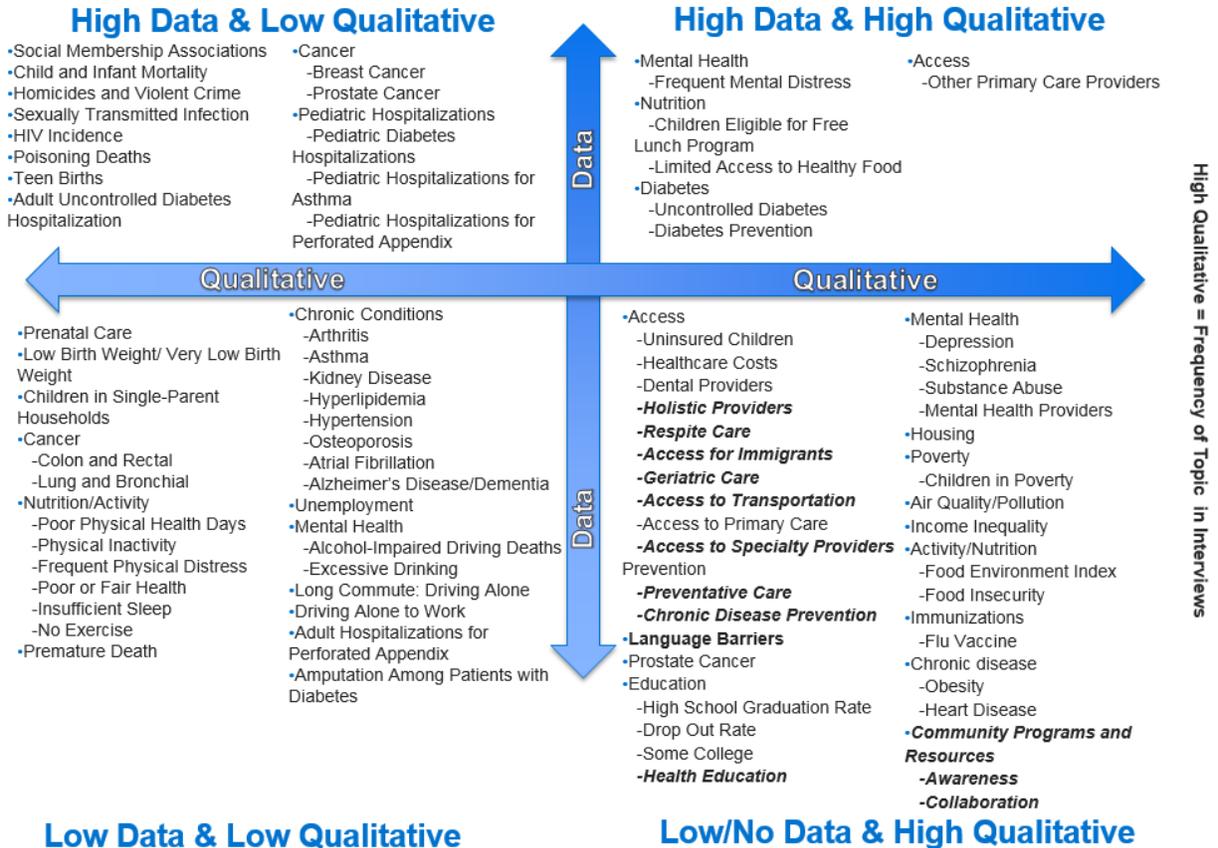
Quantitative and qualitative data were analyzed and displayed as a health needs matrix to help identify the most significant community health needs. First, specific needs were pinpointed when an indicator for the community served did not meet the corresponding state benchmark. Then an index of magnitude 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 health needs bolded 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 Hospital for Surgery.

Community Health Needs Assessment – 2016

Methodist Health System Community Health Needs Assessment

High Data = Indicators worse than state benchmark by greater magnitude



• **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.

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 Hospital for Surgery also represented Methodist McKinney Hospital. The group selected the following indicators for Methodist Hospital for Surgery from the quadrant labeled “high data, low qualitative”:

- Breast cancer
- Limited access to healthy food

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 1 to 10, with 1 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 the final health needs, 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 selected by participants representing Methodist Hospital for Surgery are as follows:

1. Access to care
2. Diabetes

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 insurance, transportation, the need for additional providers, and the need for free services. The quantitative analysis also revealed access opportunities related to the number of other primary care providers serving the community.

When community members lack insurance and are unable to afford health care services, the health of the community is at risk of being compromised due to the hesitation to seek care for financial reasons. According to the United States Department of Agriculture (USDA), 19.3% of Dallas County, 8.7% of Denton County, and 7% of Collin County residents live in poverty. This is compared to 15.5% of people living in the United States and 17.2% of people residing in Texas.² The poverty level is a factor contributing to residents being unable to afford care, particularly in Dallas County. Also, according to the Dartmouth Atlas of Healthcare, the average Medicare reimbursement per enrollee in Collin, Dallas, and Denton counties is higher than in Texas. In Dallas, Collin, and Denton counties, the average Medicare reimbursement per enrollee are \$11,048, \$11,306, and \$11,739, respectively; this is compared to the \$10,837 Texas benchmark.³

Health insurance is a necessary component for adequate healthcare access in the community. The United States Census Bureau's Small Area Health Insurance Estimates (SAHIE) program estimates 30% of Texans, 36% of Dallas County residents, 20% of Denton County residents, and 19% of Collin County residents are uninsured.⁴ In addition, the percent of children under the age of 19 is 15% in Dallas County and 11% in Denton and Collin counties, compared to 13% for Texas.⁵ Without insurance, many families, particularly those in Dallas County, 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 for many residents to receive the care needed to prevent and treat illnesses. Although Dallas, Denton, and Collin counties do have public transportation systems, the systems do not serve all areas located within the community. The southern portions of Collin and Denton Counties are served by the Dallas County public transportation system, and Denton County has public transit services in the Denton and Lewisville areas, but the majority of these two counties do not have public transit.⁶ For those relying on public transportation, it can be extremely time consuming to reach providers and receive care.

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

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

⁶ Denton County Transportation Authority, 2016, Routes and schedules

Providers are often not conveniently located, making lengthy travel times a barrier 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 the community discussed the need for additional providers, especially in the specialties primary care, dental, geriatric, osteopathic / holistic, and respite. According to the American Medical Association, the primary care physician to resident ratio for Dallas, Collin, and Denton counties is 1:1,520; 1:1,100; and 1:1,590. The counties' ratios are all lower than the state's ratio 1:1,680. The national primary care physician to resident ratio is better than the community at 1:1,320.⁷ The state of Texas' non-physician primary care provider to resident ratio is 1: 1,709. The ratios reported for Collin and Denton counties are worse at 1:2,007 and 1:2,025. Dallas County's ratio is better than the state at 1:1,287.⁸ Supporting interview statements for needing more dentists in the community, Denton County only has one dentist for every 1,930 residents. Dallas County (1:1,310) and Collin County (1:1,590) proportionately have more dentists than the state (1:1,709).⁹

Diabetes

When discussing the prevalence of chronic conditions, interviewees specifically emphasized the severity of diabetes in the community. The disease is occurring among all age groups, young and old. Interviewees were especially concerned about the prevalence of the disease among the Hispanic population. Participants believe 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 at 11%, and worse than the United States (10%).¹⁰ The rate of diabetes in Collin and Denton counties is more favorable than both the nation and state at 8%. According to the Texas Department of State Health Services, 21.4 residents out of every 100,000 with diabetes in Dallas County, 6.97 out of every 100,000 in Collin County, and 10.44 out of every 100,000 diabetics in Denton County undergo a lower-extremity amputation due to uncontrolled diabetes; the Texas benchmark is 20.92.¹¹ The rate of hospitalizations per 100, 000 residents due to uncontrolled diabetes is 20.6 in Dallas County, 8.71 in Collin County, and 10.25 in

⁷ 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

⁸ Centers for Medicare and Medicaid: National Provider File, 2015, Ratio of population to primary care providers other than physicians

⁹ American Medical Association: Area Health Resource File, 2014, Ratio of population to one dentist

¹⁰ Centers for Disease Control and Prevention (CDC) Diabetes Interactive Atlas, 2012, Percentage of adults aged 20 and above with diagnosed diabetes

¹¹ 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)

Denton County compared to 12.5 per for Texas.¹² For every 100,000 children in the community with diabetes, the hospitalization rate is 29.43 in Dallas County, 26.17 in Collin County, and 13.99 in Denton County. The Texas benchmark is 24.96.¹³ This data provides supporting evidence regarding the need for both diabetes prevention and treatment in the community.

Summary

Methodist conducted its CHNA beginning in June 2016 to identify and begin addressing the health needs of the community served. Using qualitative, community feedback, publicly available health indicators, and Truven Health’s proprietary health data, Methodist was able to identify and prioritize community health needs for their health care 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.

¹² 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)

¹³ 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)

Methodist Hospital for Surgery

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 the community health needs in the CHNA. It also includes a list of the prioritized needs that 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 Hospital for Surgery's Implementation Strategy for the significant community health needs that 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 insurance, transportation, the need for additional providers, and the need for free services. The quantitative analysis also revealed access opportunities related to the number of other primary care providers serving the community.

Methodist Hospital for Surgery Strategies and Related Activities: Increase access to care by continuing to provide care to uninsured or underinsured patients through existing programs and facilities.

Community Health Need: Diabetes

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

Methodist Hospital for Surgery Strategies and Related Activities: Methodist Hospital for Surgery provides specialized inpatient and outpatient surgical services to area residents. As such, diabetes prevention and treatment are outside its scope of services and at this time, the hospital does not have the resources to address this need.

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	Dartmouth Atlas of Health Care
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

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		
The Visiting Nurse Association		X	X	X	
Best Southwest Partnership		X	X	X	X
March of Dimes		X	X	X	X

Community Health Needs Assessment – 2016

Appendix B: Interview Participants for the Community Served

Organization	Public Health	Low Income	Minority	Medically Underserved	Chronic Disease Needs
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 Department	X	X	X	X	X
Hope's Door		X	X		
City House		X	X	X	
CASA of Collin County		X	X		
Boys and Girls Club of Collin County		X	X		
Plano Independent School District		X	X	X	X
5013C Community Food Pantry		X	X		

Community Health Needs Assessment – 2016

Appendix B: Interview Participants for the Community Served

Organization	Public Health	Low Income	Minority	Medically Underserved	Chronic Disease Needs
Collin College			X		
Collin County Healthcare Services	X	X	X	X	X
CASA of Denton County		X	X		
Denton Community Food Center		X	X		

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

Resources Identified via Community Input

5013C Community Food Pantry	Child Protective Services	Denton Community Food Center	North Texas Food Bank
AARP	Children’s Advocacy Center	Easter Seals North Texas	Plano Independent School District
Adult Protective Services	City House	Federally Qualified Health Clinics	PrimaCare
Agency on Aging	City of Dallas	First United Methodist Church of Dallas	Texas Organizing Project
AIDS Arms	Collin College	Hope’s Door	Texas Senior Advocacy Coalition
Best Southwest Partnership	Community Council of Greater Dallas	Junior League of Collin County	Texas Workforce Solutions
Boys and Girls Club of Collin County	Dallas County	March of Dimes	The Senior Source
CASA of Collin County	Dallas County Commissioner's Office	Methodist Health System, Med Health	The Visiting Nurse Association
CASA of Denton County	Dallas County Health Department	MetroCare	United Way
Cedar Hill Independent School District	Dallas County School District	New Beginnings Center	University of North Texas

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

Health Professional Shortage Areas (HPSA)¹⁴

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
Dallas County	6489994838	Federal Correctional Institution - Seagoville	Dental Health	Correctional Facility

¹⁴ 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	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
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	Dehara 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
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

Community Health Needs Assessment – 2016

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	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
Collin County	14899948PD	Collin County Adult Clinic	Primary Care	Federally Qualified Health Center Look A Like
Collin County	64899948MU	Collin County Adult Clinic	Dental Health	Federally Qualified Health Center Look A Like
Collin County	74899948MT	Collin County Adult Clinic	Mental Health	Federally Qualified Health Center Look A Like
Denton County	14899948PA	Health Services of North Texas, Inc.	Primary Care	Comprehensive Health Center
Denton County	64899948MR	Health Services of North Texas, Inc.	Dental Health	Comprehensive Health Center

Community Health Needs Assessment – 2016

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

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
Denton County	74899948MQ	Health Services of North Texas, Inc.	Mental Health	Comprehensive Health Center

Medically Underserved Areas / Population (MUAP)¹⁵

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

¹⁵ 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	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
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
Collin County	Collin Service Area	3471	Medically Underserved Area
Denton County	Poverty Population	3463	Medically Underserved Area – Governor’s Exception

Appendix E: Healthcare Organizations Serving the Community

Community Healthcare Facilities¹⁶

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

¹⁶ 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

Community Health Needs Assessment – 2016

Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Baylor Scott & White Medical Center - Lake Pointe	Hospital	6800 Scenic Dr	Rowlett	75088
Baylor Specialty Hospital	Hospital	3504 Swiss Ave	Dallas	75204
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

Community Health Needs Assessment – 2016

Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Cornerstone Healthcare Group	Health System	2200 Ross Avenue	Dallas	75201
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
HCA North Texas Division	Health System	6565 N Macarthur Blvd	Irving	75039

Community Health Needs Assessment – 2016

Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
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
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

Community Health Needs Assessment – 2016

Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
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
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

Community Health Needs Assessment – 2016

Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
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

Community Health Needs Assessment – 2016

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

Community Health Needs Assessment – 2016

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

Community Health Needs Assessment – 2016

Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Williamsburg Village Healthcare Campus	Skilled Nursing Facility	940 York Dr	DeSoto	75115
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
Accel at Willow Bend Plano	Skilled Nursing Facility	2620 Communications Pkwy	Plano	75093
Accel Rehabilitation Hospital	Hospital	2301 Marsh Ln	Plano	75093
Baybrooke Village Care and Rehabilitation Center	Skilled Nursing Facility	8300 Eldorado Pkwy W	McKinney	75070
Baylor Emergency Medical Center at Murphy	Hospital	511 FM 544	Murphy	75094
Baylor Medical Center at McKinney	Hospital	5252 W University Dr	McKinney	75071
Baylor Regional Medical Center at Plano	Hospital	4700 Alliance Blvd	Plano	75093
Belterra Health & Rehabilitation Center	Skilled Nursing Facility	2170 Lake Forest Dr	McKinney	75071
Centennial Medical Center	Hospital	12505 Lebanon Rd	Frisco	75035
Children's Medical Center at Legacy in Plano	Hospital	7601 Preston Rd	Plano	75024
Christian Care Senior Living Community Allen	Skilled Nursing Facility	560 Prestige Circle	Allen	75002
Community Hospital Corporation	Health System	7800 N Dallas Pkwy	Plano	75024
Community Hospital Corporation	Health System	7800 N Dallas Pkwy	Plano	75024
Crescent Medical Center Abilene	Hospital	4085 Ohio Dr	Frisco	75035
Erickson Living Highland Springs	Skilled Nursing Facility	8000 Frankford Rd	Dallas	75252
Founders Plaza Nursing & Rehab	Skilled Nursing Facility	721 S Hwy 78	Wylie	75098
Garnet Hill Rehabilitation and Skilled Care	Skilled Nursing Facility	1420 McCreary Rd	Wylie	75098
Golden Living	Skilled Nursing Facility Corporation	7160 Dallas Pkwy	Plano	75024

Community Health Needs Assessment – 2016

Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Grace Home Health Inc.	Skilled Nursing Facility Corporation	5045 Lorimar Dr	Plano	75093
Healthsouth Rehab Of Plano	Hospital	2800 W 15th St	Plano	75075
Heritage Manor	Skilled Nursing Facility	1621 Coit Rd	Plano	75075
Hillcrest Nursing & Rehabilitation LP	Skilled Nursing Facility	300 E Brown St	Wylie	75098
Hinton Home Inc.	Skilled Nursing Facility	205 Beech St	Farmersville	75442
Homestead of McKinney	Skilled Nursing Facility	1801 Pearson Ave	McKinney	75069
Integra Hospital of Plano	Hospital	2301 Marsh Ln	Plano	75093
Lexington Medical Lodge	Skilled Nursing Facility	2000 W Audie Murphy Pkwy	Farmersville	75442
Life Care Center of Plano	Skilled Nursing Facility	3800 W Park Blvd	Plano	75075
Lifecare Hospitals	Health System	5340 Legacy Dr	Plano	75024
LifeCare Hospitals of Plano	Hospital	6800 Preston Rd	Plano	75024
McKinney Health and Rehabilitation Center	Skilled Nursing Facility	253 Enterprise Dr	McKinney	75069
Medical Center McKinney-Wysong Campus	Hospital	130 S Central Expy	McKinney	75070
Medical Center of McKinney	Hospital	4500 Medical Center Dr	McKinney	75069
Medical Center of Plano	Hospital	3901 W 15th St	Plano	75075
Methodist McKinney Hospital	Hospital	8000 W Eldorado Pkwy	McKinney	75070
Methodist Richardson Medical Center	Hospital	2831 E President George Bush	Richardson	75082
North Park Health & Rehab Center	Skilled Nursing Facility	1720 N McDonald St	McKinney	75069
Oceans Behavioral Hospital Plano	Hospital	4301 Mapleshade Ln	Plano	75075
Oceans Healthcare	Health System	5850 Granite Parkway	Plano	75024
Plano Specialty Hospital	Hospital	1621 Coit Rd	Plano	75075

Community Health Needs Assessment – 2016

Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Plano Surgical Hospital	Hospital	2301 Marsh Ln	Plano	75093
PowerBack Rehabilitation	Skilled Nursing Facility	1350 E Lookout Dr	Richardson	75082
Prestonwood Rehab & Nursing Center	Skilled Nursing Facility	2460 Marsh Ln	Plano	75093
San Remo	Skilled Nursing Facility	3550 Shiloh Rd	Richardson	75082
Settlers Ridge Care Center	Skilled Nursing Facility	1280 Settlers Ridge Rd	Celina	75009
Star Medical Center	Hospital	4100 Mapleshade Ln	Plano	75075
Stonemere Rehabilitation Center	Skilled Nursing Facility	11855 Lebanon Rd	Frisco	75035
Texas Health Center For Diagnostics & Surgery Plano	Hospital	6020 W Parker Rd	Plano	75093
Texas Health Presbyterian Hospital Allen	Hospital	1105 Central Expy N	Allen	75013
Texas Health Presbyterian Hospital Plano	Hospital	6200 W Parker Rd	Plano	75093
Texas Health Seay Behavioral Health Hospital Plano	Hospital	6110 W Parker Rd	Plano	75093
The Belmont at Twin Creeks	Skilled Nursing Facility	999 Raintree Cir	Allen	75013
The Heart Hospital Baylor Plano	Hospital	1100 Allied Dr	Plano	75093
The Hillcrest of North Dallas	Skilled Nursing Facility	18648 Hillcrest Rd	Dallas	75252
The Legacy at Home	Skilled Nursing Facility Corporation	6101 Ohio Dr	Plano	75024
The Legacy at Willow Bend Retirement	Skilled Nursing Facility	6101 Ohio Dr	Plano	75024
The Park in Plano	Skilled Nursing Facility	3208 Thunderbird Ln	Plano	75075
Victoria Garden of Frisco	Skilled Nursing Facility	10700 Rolator Dr	Frisco	75035
Victoria Gardens of Allen	Skilled Nursing Facility	310 S Jupiter Rd	Allen	75002
Victory Medical Center - Craig Ranch	Hospital	6045 Alma Rd	McKinney	75070

Community Health Needs Assessment – 2016

Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Warm Springs Rehabilitation Hospital of Allen	Hospital	1001 Raintree Cir	Allen	75013
Atrium Medical Center at Corinth	Hospital	3305 Corinth Pkwy	Corinth	76207
Baylor Emergency Medical Center at Aubrey	Hospital	26791 Hwy 380	Aubrey	76227
Baylor Institute For Rehabilitation - Frisco	Hospital	2990 Legacy Dr	Frisco	75034
Baylor Medical Center at Carrollton	Hospital	4343 N Josey Ln	Carrollton	75010
Baylor Medical Center at Frisco	Hospital	5601 Warren Pkwy	Frisco	75034
Baylor Medical Center at Trophy Club	Hospital	2850 E State Hwy 114	Trophy Club	76262
Brookhaven Nursing Center	Skilled Nursing Facility	1855 Cheyenne Dr	Carrollton	75010
Carrollton Springs	Hospital	2225 Parker Rd	Carrollton	75010
Continuum Rehabilitation Hospital of North Texas	Hospital	3100 Peters Colony	Flower Mound	75022
Continuum Rehabilitation Hospital of North Texas	Skilled Nursing Facility	3100 Peters Colony Rd	Flower Mound	75022
Corinth Rehabilitation Suites on the Parkway	Skilled Nursing Facility	3511 Corinth Pkwy	Corinth	76208
Cottonwood Nursing & Rehabilitation	Skilled Nursing Facility	2224 N Carroll Blvd	Denton	76201
Countryside Nursing & Rehabilitation	Skilled Nursing Facility	1700 N Washington St	Pilot Point	76258
Cross Timbers Rehabilitation and Healthcare Center	Skilled Nursing Facility	3315 Cross Timbers Rd	Flower Mound	75028
Daybreak Venture	Skilled Nursing Facility Corporation	401 N Elm St	Denton	76201
Denton Regional Medical Center	Hospital	3535 S I35 E	Denton	76210
Denton Rehab & Nursing Center	Skilled Nursing Facility	2229 N Carroll Blvd	Denton	76201
ElderCare Management Services	Skilled Nursing Facility	2605 Sagebrush Dr	Flower Mound	75028
Good Samaritan Society - Lake Forest Village	Skilled Nursing Facility	3901 Montecito Rd	Denton	76210
Good Samaritan Society- Denton Village	Skilled Nursing Facility	2500 Hinkle Dr	Denton	76201

Community Health Needs Assessment – 2016

Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Haven Behavioral Healthcare of Frisco	Hospital	5680 Frisco Square Blvd	Frisco	75034
HealthCap	Health System	2800 E Hwy 114	Trophy Club	76262
Hollymead	Skilled Nursing Facility	4101 Long Prairie Rd	Flower Mound	75028
Integrity Transitional Hospital	Hospital	2813 S Mayhill Rd	Denton	76208
Lake Village Nursing & Rehab Center	Skilled Nursing Facility	169 Lake Park Rd	Lewisville	75057
Longmeadow Healthcare Center	Skilled Nursing Facility	120 Meadow View Dr	Justin	76247
Maxim Management Group	Health System	2801 Network Blvd	Frisco	75034
Mayhill Hospital	Hospital	2809 S Mayhill Rd	Denton	76208
Medical Center of Lewisville	Hospital	500 W Main St	Lewisville	75057
Medical City Frisco	Hospital	5500 Frisco Square Blvd	Frisco	75034
North Texas Hospital	Hospital	2801 S Mayhill Rd	Denton	76208
Pilot Point Care Center	Skilled Nursing Facility	208 Prairie Rd	Pilot Point	76258
Prairie Estates	Skilled Nursing Facility	1350 Main St	Frisco	75033
Rambling Oaks	Skilled Nursing Facility	112 Barnett Blvd	Highland Village	75077
Regency Hospital of North Dallas	Hospital	2225 Parker Rd	Carrollton	75010
Remarkable Healthcare of Prestonwood	Skilled Nursing Facility	4501 Plano Pkwy	Carrollton	75010
Select Rehabilitation Hospital of Denton	Hospital	2620 Scripture St	Denton	76201
Select Specialty Hospital - North Dallas	Hospital	2329 Parker Rd	Carrollton	75010
Senior Care Denton Post-Acute Care	Skilled Nursing Facility	2244 Brinker Rd	Denton	76208
Southwest LTC	Skilled Nursing Facility Corporation	1518 Legacy Dr	Frisco	75034
Stonegate Senior Living	Skilled Nursing Facility Corporation	1500 Waters Ridge Dr	Lewisville	75057

Community Health Needs Assessment – 2016

Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Texas Health Presbyterian Hospital - Flower Mound	Hospital	4400 Long Prairie Rd	Flower Mound	75028
Texas Health Presbyterian Hospital Denton	Hospital	3000 N I-35	Denton	76201
The Heart Hospital Baylor Denton	Hospital	2801 S Mayhill Rd	Denton	76208
University Behavioral Health of Denton	Hospital	2026 W University Dr	Denton	76201
Vintage Health and Rehabilitation Center	Skilled Nursing Facility	205 N Bonnie Brae St	Denton	76201
Vista Ridge of Lewisville Nursing & Rehabilitation Center	Skilled Nursing Facility	700 E Vista Ridge Mall Dr	Lewisville	75067

Appendix F: Community Benefit Summary 2013 Needs Assessment

Identified Need	Implementation Strategy Response	Status
Healthcare Access -- Health Insurance Coverage and Physician Shortage	Physician Recruitment Program	Continued ongoing physician recruitment efforts as needed
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
	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
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
	IP and OP addiction recover program	In FY15 Methodist Richardson saw 2,718 Chemical Dependency visits
Health Disparities and Health Literacy—Resource Deserts	Breast Cancer Screenings	In FY15, the Mobile Mammography Unit completed over 2,700 mammograms
	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
Infrastructure—Unifying Prevention Efforts and Maximizing Resources	CareFlite	In FY15, CareFlite completed over 71,000 transports for both ground ambulance and helicopter, of which over 29,000 were in Dallas County.

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

Indicator	Selected Need	Undesired direction	Collin County	Dallas County	Denton	Texas
Pediatric Diabetes Short-term Complications Admission Risk-Adjusted-Rate (per 100,000)	Diabetes	higher	26.2	29.4	14.0	25.0
Adult Uncontrolled Diabetes Admission Risk-Adjusted-Rate (per 100,000)	Diabetes	higher	8.7	20.6	10.3	12.5
Adult Risk-Adjusted-Rate of Lower-Extremity Amputation Among Patients with Diabetes (per 100,000)	Diabetes	higher	7.0	21.4	10.4	20.9
Adults Reporting Diagnosed w/ Diabetes (percent)	Diabetes	higher	8%	11%	8%	11%
Percentage of population under age 65 without health insurance	Access	higher	19%	36%	20%	30%
Percent Uninsured Children (<19)	Access	higher	11%	15%	11%	13%
Amount of price-adjusted Medicare reimbursements per enrollee	Access	higher	\$11,306.00	\$11,048.00	\$11,739.00	\$10,837.00
Ratio of population to one primary care physician	Access	higher	1100.0	1520.0	1590.0	1680.0
Ratio of population to primary care providers other than physicians	Access	higher	2007.0	1287.0	2025.0	1709.0
Ratio of population to one dentist	Access	higher	1590.0	1310.0	1930.0	1880.0

Indicator values displayed in blue are better than the benchmark