Methodist Mansfield Medical Center

Community Health Needs Assessment – 2019

Implementation Strategy

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 Community Health Needs Assessment (CHNA) once every three years.

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 sources and dates of the data and other information as well as the analytical methods applied to identify significant community health needs
- 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 health needs identified through the CHNA as well as a description of the process and criteria used in prioritizing the identified significant needs
- The existing healthcare facilities, organizations, and other resources within the community available to 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 that 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 other significant health needs identified
- Actions the hospital intends to take to address the chosen health needs
- The anticipated impact of these actions and the plan to evaluate such impact (e.g. identify data sources that will be used to track the plan's impact)
- Identify programs and 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

The Methodist Mansfield community has been identified as the geographical area of Tarrant County. The CHNA process identified significant health needs for this community (see list below). Significant health needs were identified as those where the qualitative data (interview and focus group feedback) and quantitative data (health indicators) converged. In addition, other needs were identified by leveraging the professional experience and community knowledge of the hospital leadership via discussion.

- Chronic Conditions
  (e.g.: Atrial Fibrillation; Chronic Kidney Disease; Obesity; Diabetes)
- Mental Health
  (e.g.: Providers, Alzheimer's Disease/Dementia; Depression; Schizophrenia and Other Psychotic Disorders; Intentional Self-Harm; Suicide)
- Health Behaviors – Substance Abuse
  (e.g.: Drug Overdose Deaths – Opioids
- Cancer
  (e.g.: Cancer Incidence – All Causes)
- Access to Care
  (e.g.: Transportation; Primary Care Providers)
- Social Determinants of Health
  (e.g.: Civilian-Veteran Population; Social Isolation)
- Maternal and Child Health
  (e.g.: First Trimester Entry into Prenatal Care)
- Preventable Hospitalizations
  (e.g.: Perforated Appendix Admissions)
- Injury and Death – Children
  (e.g.: Infant Mortality)
- Environment
  (e.g.: Food Insecurity)

Methodist Mansfield prioritized these significant community healthcare needs based on the following:

- Magnitude: The need impacts a large number of people, actually or potentially.
- Severity: What degree of disability or premature death occurs because of the problem? What are the potential burdens to the community, such as economic or social burdens?
- Vulnerable Populations: There is a high need among vulnerable populations and/or vulnerable populations are adversely impacted.
- Root Cause: The issue is a root cause of other problems, thereby possibly affecting multiple issues.

Selecting the Health Needs to be addressed by Methodist

To choose which of the prioritized health needs Methodist would address through its corresponding implementation plans, the participants representing Methodist Mansfield Medical Center collectively as a group rated each of the prioritized significant health needs on the following selection criteria:

- Expertise & Collaboration: Confirm health issues can build upon existing resources and strengths of the organization. Ability to leverage expertise within the organization and resources in the community for collaboration.
- Feasibility: Ensure needs are amenable to interventions, acknowledge resources needed, and determine if need is preventable.
- Quick Success & Impact: Ability to obtain quick success and make an impact in the community.

Through the prioritization process, the following five significant needs were selected to be addressed via the Methodist Mansfield CHNA Implementation Strategy:

- Atrial Fibrillation
- Obesity
- Diabetes
- Opioid Addiction
- Cancer

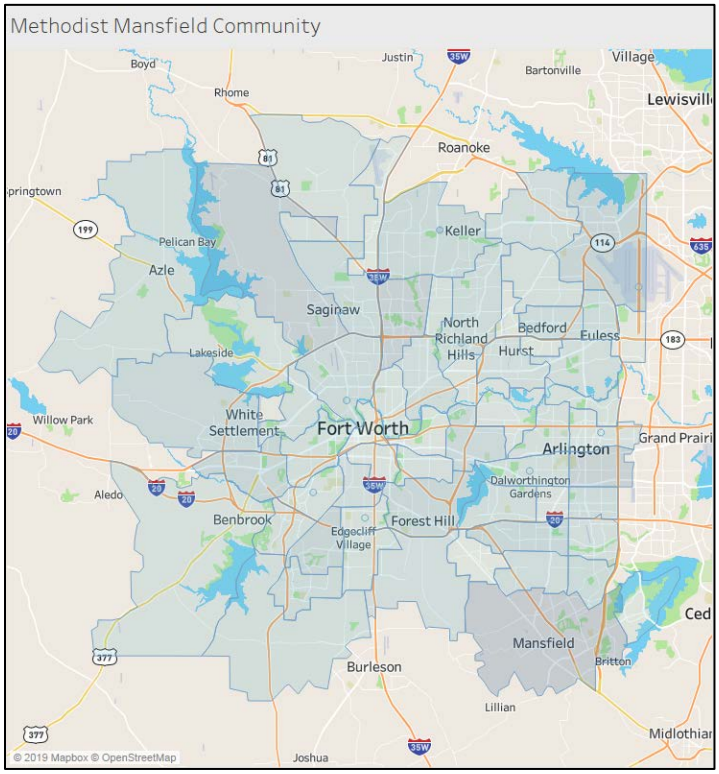
All other significant health needs were not chosen for a combination of the following reasons:

- The need was not well-aligned with organizational strengths.
- There are not enough existing organizational resources to adequately address the need.
- Implementation efforts would not impact as many community residents (magnitude) as those that were chosen.

Community Served

Methodist Mansfield Medical Center defined the facility's community using the county in which at least 60% of patients reside. Using this definition, Methodist Mansfield Medical Center has defined its community to be the geographical area of Tarrant County for the 2019 CHNA.

Community Served Map



Demographic and Socioeconomic Summary

According to population statistics, the population in this health community is expected to grow 7.3% in five years, just above the Texas growth rate of 7.1%. The median age was younger than the Texas and national benchmarks. Median income was above both the state and the country. The community served had a lower proportion of Medicaid beneficiaries than the state of Texas.

Demographic and Socioeconomic Comparison:
Community Served and State/U.S. Benchmarks

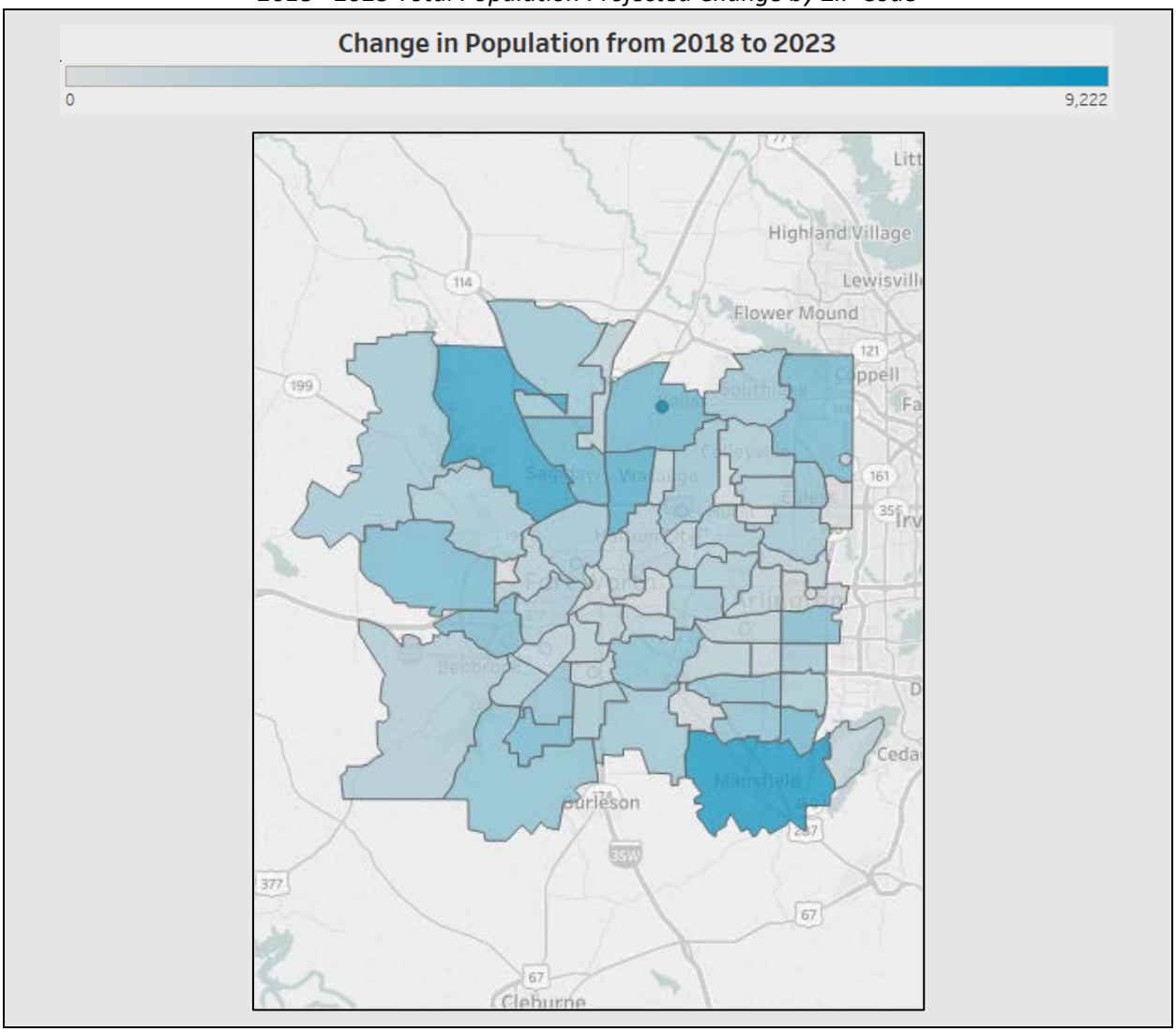
Geography		Benchmarks		Community Served
		United States	Texas	
Total Current Population		326,533,070	28,531,631	1,988,116
5 Yr Projected Population Change		3.5%	7.1%	7.3%
Median Age		42.0	38.9	34.9
Population 0-17		22.6%	25.9%	26.2%
Population 65+		15.9%	12.6%	11.6%
Women Age 15-44		19.6%	20.6%	21.1%
Non-White Population		30.0%	32.2%	36.4%
Hispanic Population		18.2%	39.4%	29.0%
Insurance Coverage	Uninsured	9.4%	19.0%	16.4%
	Medicaid	19.0%	13.4%	12.7%
	Private Market	9.6%	9.9%	9.8%
	Medicare	16.1%	12.5%	10.9%
	Employer	45.9%	45.3%	50.3%
Median HH Income		$61,372	$60,397	$70,831
Limited English		26.2%	39.9%	33.4%
No High School Diploma		7.4%	8.7%	7.8%
Unemployed		6.8%	5.9%	5.5%

Source: IBM Watson Health / Claritas, 2018; US Census Bureau 2017 (U.S. Median Income)

The population of the community served is expected to grow 7.3% by 2023, an increase of more than 144,000 people. The 7.3% projected population growth is slightly higher than the state's 5-year projected growth rate (7.1%) and much higher when compared to the national projected growth rate (3.5%). The ZIP codes expected to experience the most growth in five years are:

- 76244 Keller - 9,222 people
- 76063 Mansfield - 7,905 people
- 76179 Fort Worth - 6,648 people
- 76137 Fort Worth - 5,136 people

2018 - 2023 Total Population Projected Change by ZIP Code

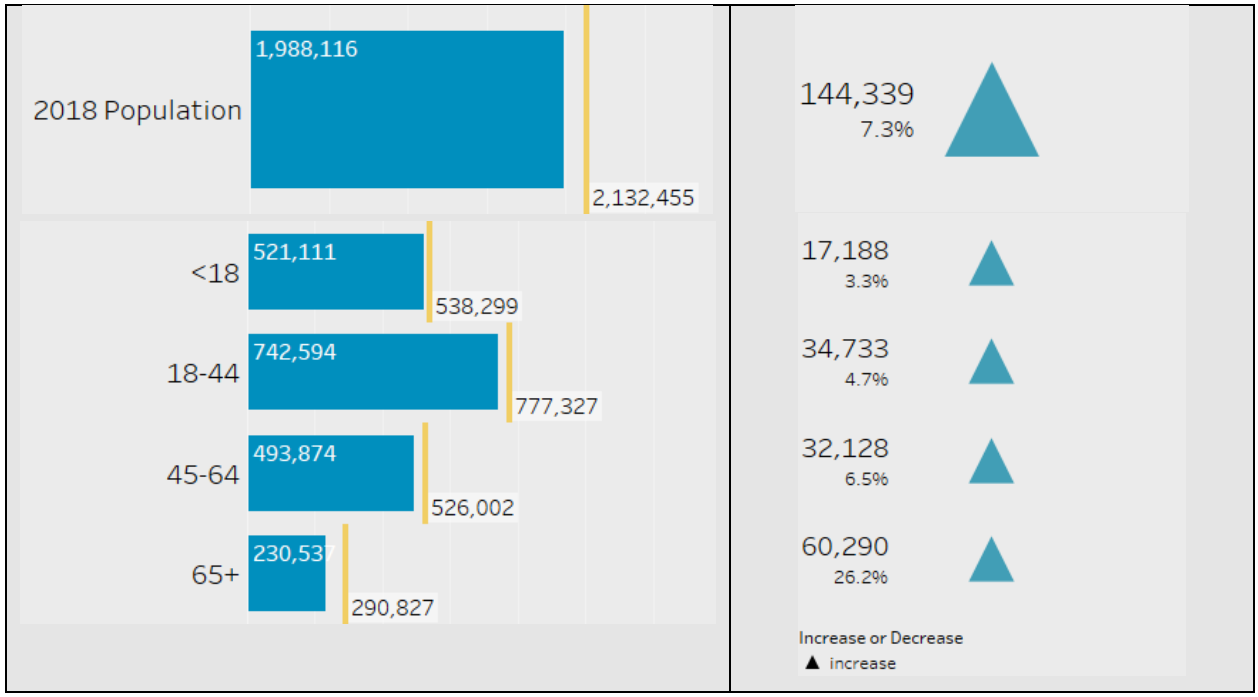


Source: IBM Watson Health / Claritas, 2018

The community's population skewed younger with 37.4% of the population ages 18-44 and 26.2% under age 18. The largest cohort (18-44) is expected to grow by 34,733 people by 2023. The age 65 plus cohort was the smallest but is expected to experience the fastest growth (26.2%) over the next five years; adding 60,290 seniors to the community. Growth in the senior population will likely contribute to increased utilization of services as the population continues to age.

Population Distribution by Age

2018 Population by Age Cohort *Change by 2023*

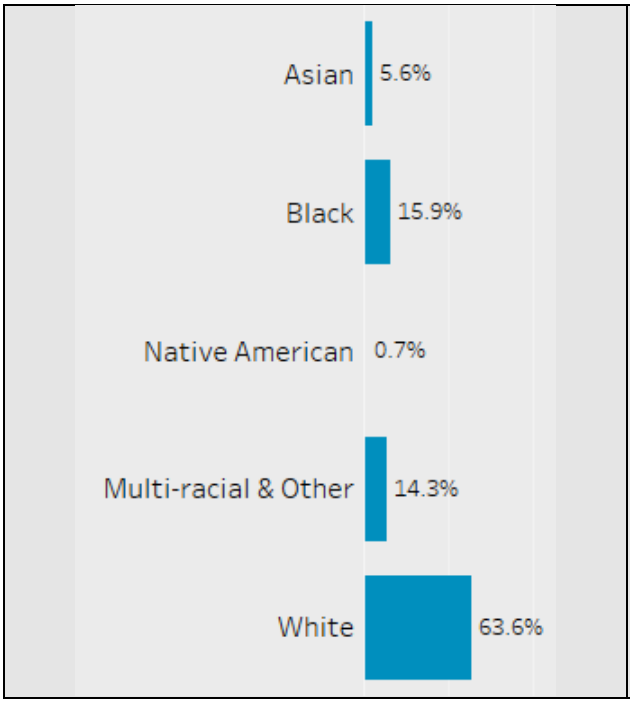


Source: IBM Watson Health / Claritas, 2018

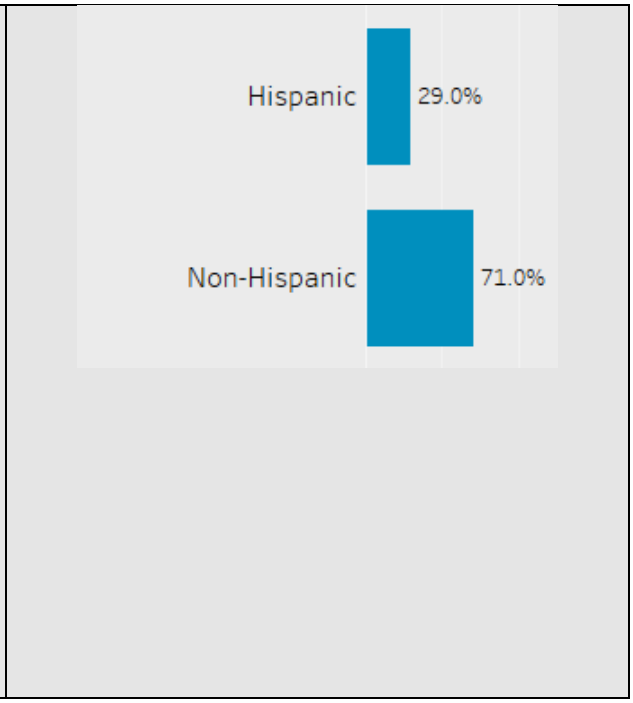
Population statistics are analyzed by race and by Hispanic ethnicity. The largest groups in the community were White Non-Hispanic (47.5%), White Hispanic (16.2%), and Black Non-Hispanic (15.5%). The expected growth rate of the Hispanic population (all races) is over 73,000 people (12.7%) by 2023, while the non-Hispanic population (all races) is expected to grow by over 70,000 people (5.0%) by 2023. The highest growth rate is projected for Asian/Pacific Islanders who currently make up less than 6% of the population.

Population Distribution by Race and Ethnicity

2018 Population by Race

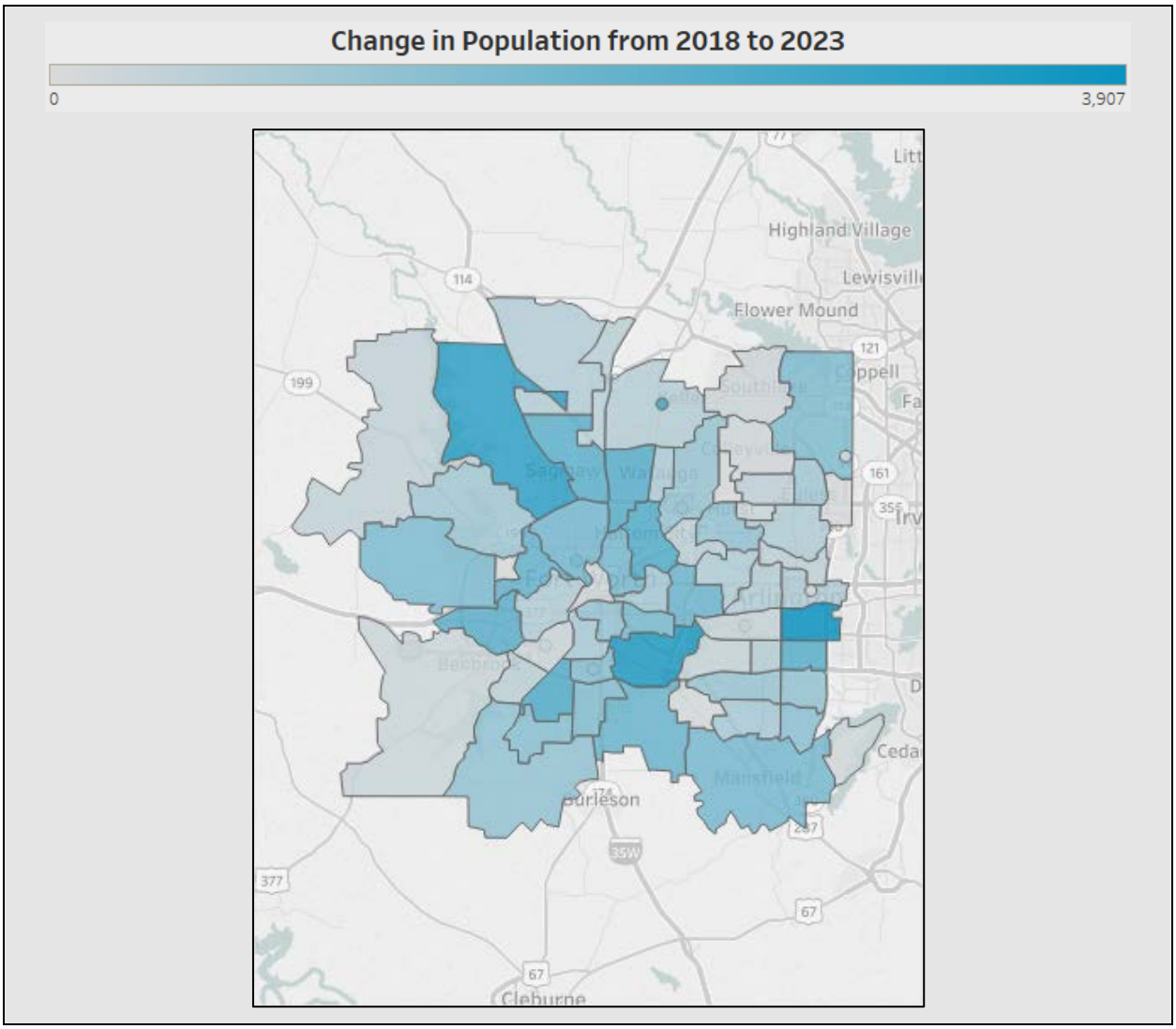


2018 Population by Ethnicity



Source: IBM Watson Health / Claritas, 2018

2018 - 2023 Hispanic Population Projected Change by ZIP Code

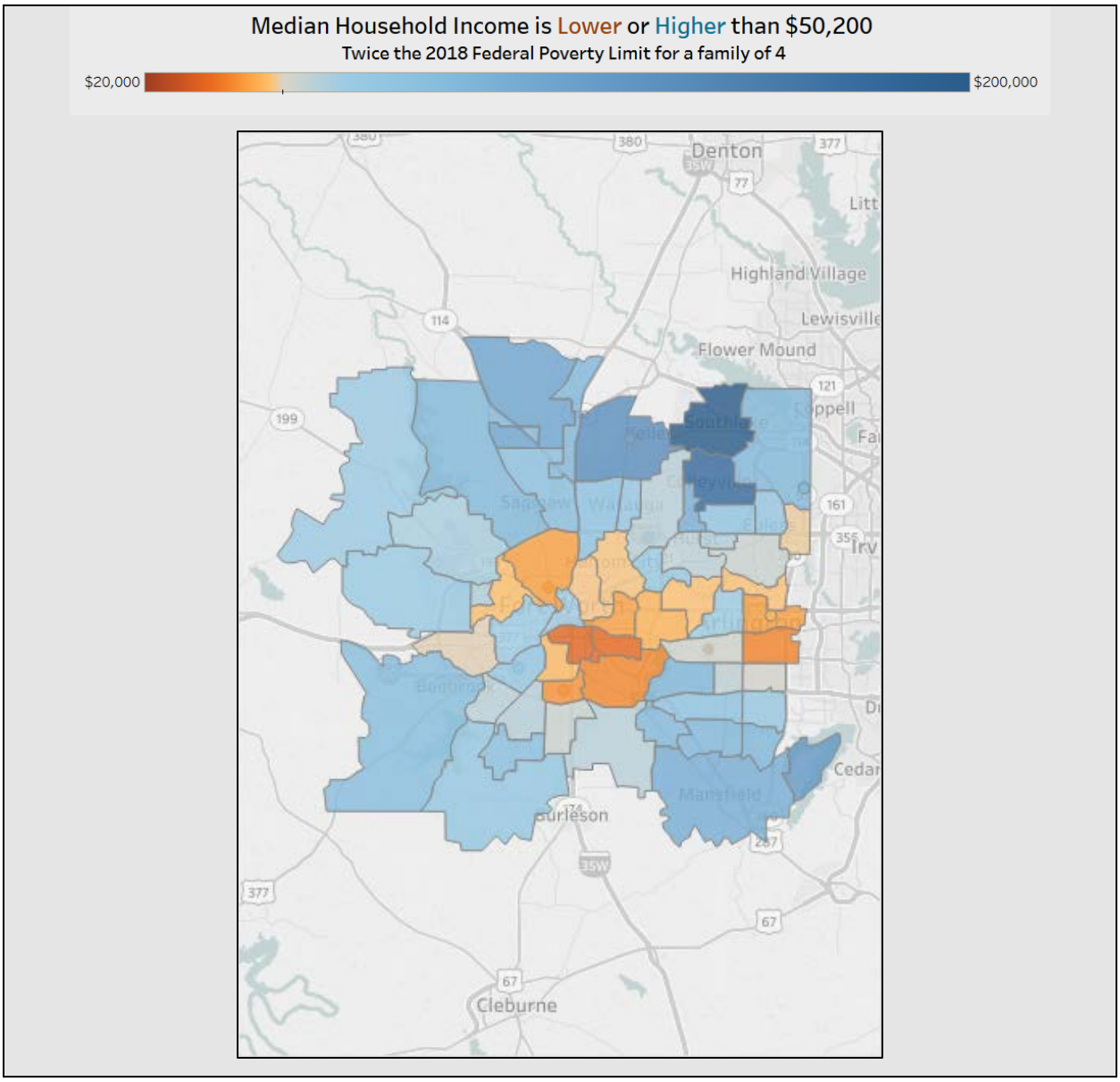


Source: IBM Watson Health / Claritas, 2018

The 2018 median household income for the United States was $61,372 and $60,397 for the state of Texas. The median household income for the ZIP codes within this community ranged from $27,977 for 76104 – Fort Worth to $216,894 for 76092 - Southlake. There were 20 ZIP Codes with median household incomes less than $50,200; twice the 2018 Federal Poverty Limit for a family of four:

- 76116 Fort Worth - $49,400
- 76155 Fort Worth - $48,452
- 76111 Fort Worth - $47,382
- 76117 Haltom City - $47,265
- 76006 Arlington - $46,727
- 76120 Fort Worth - $46,695
- 76114 Fort Worth - $46,039
- 76110 Fort Worth - $44,841
- 76005 Arlington - $44,813
- 76112 Fort Worth - $43,799
- 76122 Fort Worth - $41,000
- 76103 Fort Worth - $39,948
- 76106 Fort Worth - $39,790
- 76011 Arlington - $39,758
- 76115 Fort Worth - $37,339
- 76164 Fort Worth - $36,716
- 76119 Fort Worth - $35,142
- 76010 Arlington - $34,718
- 76105 Fort Worth - $28,390
- 76104 Fort Worth - $27,977

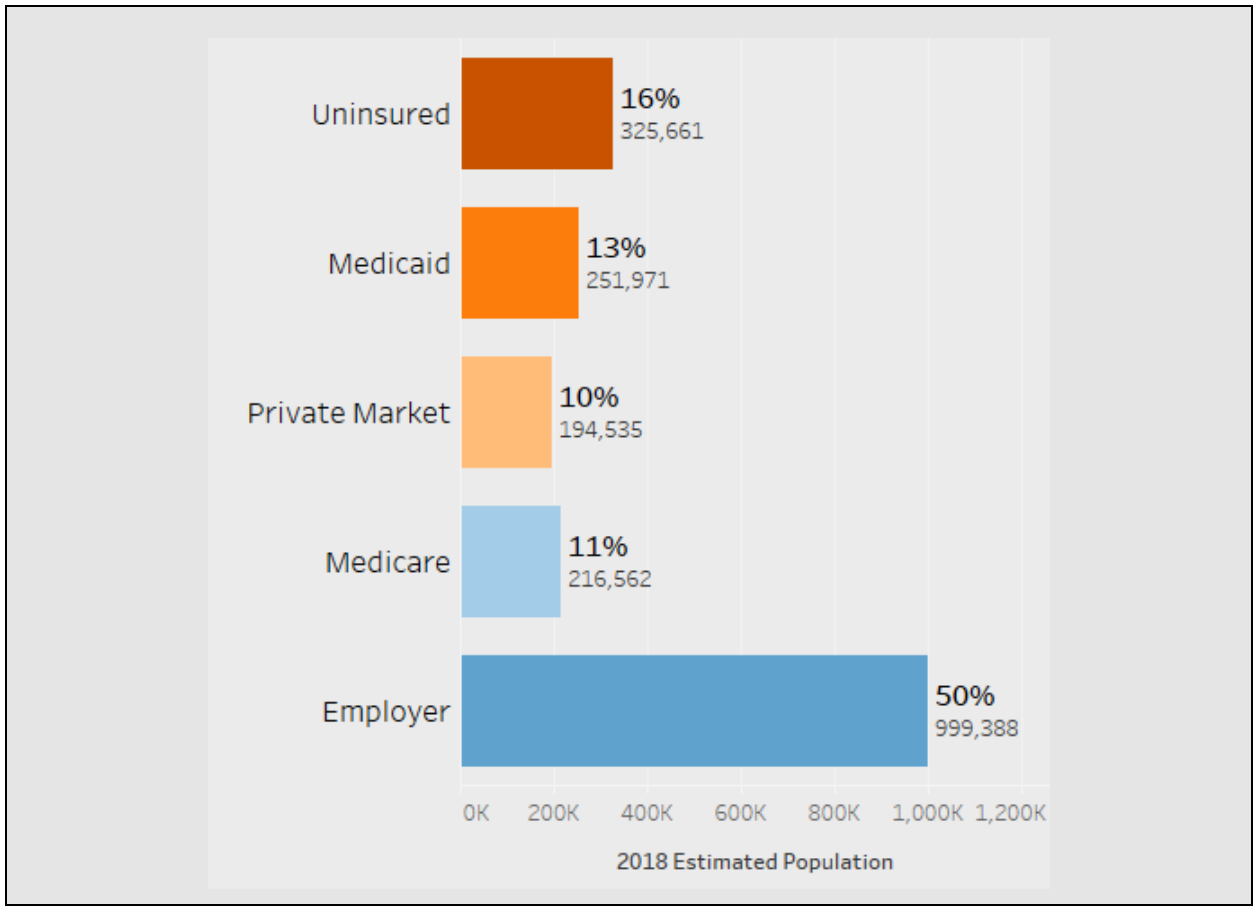
2018 Median Household Income by ZIP Code



Source: IBM Watson Health / Claritas, 2018

A majority of the population (50%) were insured through employer sponsored health coverage, followed by those without health insurance (16%). The remainder of the population was fairly equally divided between Medicaid, Medicare, and private market (the purchasers of coverage directly or through the health insurance marketplace).

2018 Estimated Distribution of Covered Lives by Insurance Category



Source: IBM Watson Health / Claritas, 2018

The community includes 10 Health Professional Shortage Areas and three (3) Medically Underserved Areas as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.[1] Appendix C of the CHNA full Report includes the details on each of these designations which can be found at www.methodisthealthsystem.org/about/communityinvolvement.

Health Professional Shortage Areas and Medically Underserved Areas and Populations

	Health Provessional Shortage Areas (HPSA)				Medically Underserved Area/Population (MUA/P)
4. Methodist Mansfield MC	Dental Health	Mental Health	Primary Care	Grand Total	MUA/P
Tarrant	3	4	3	10	3
Total	**3**	**4**	**3**	**10**	**3**

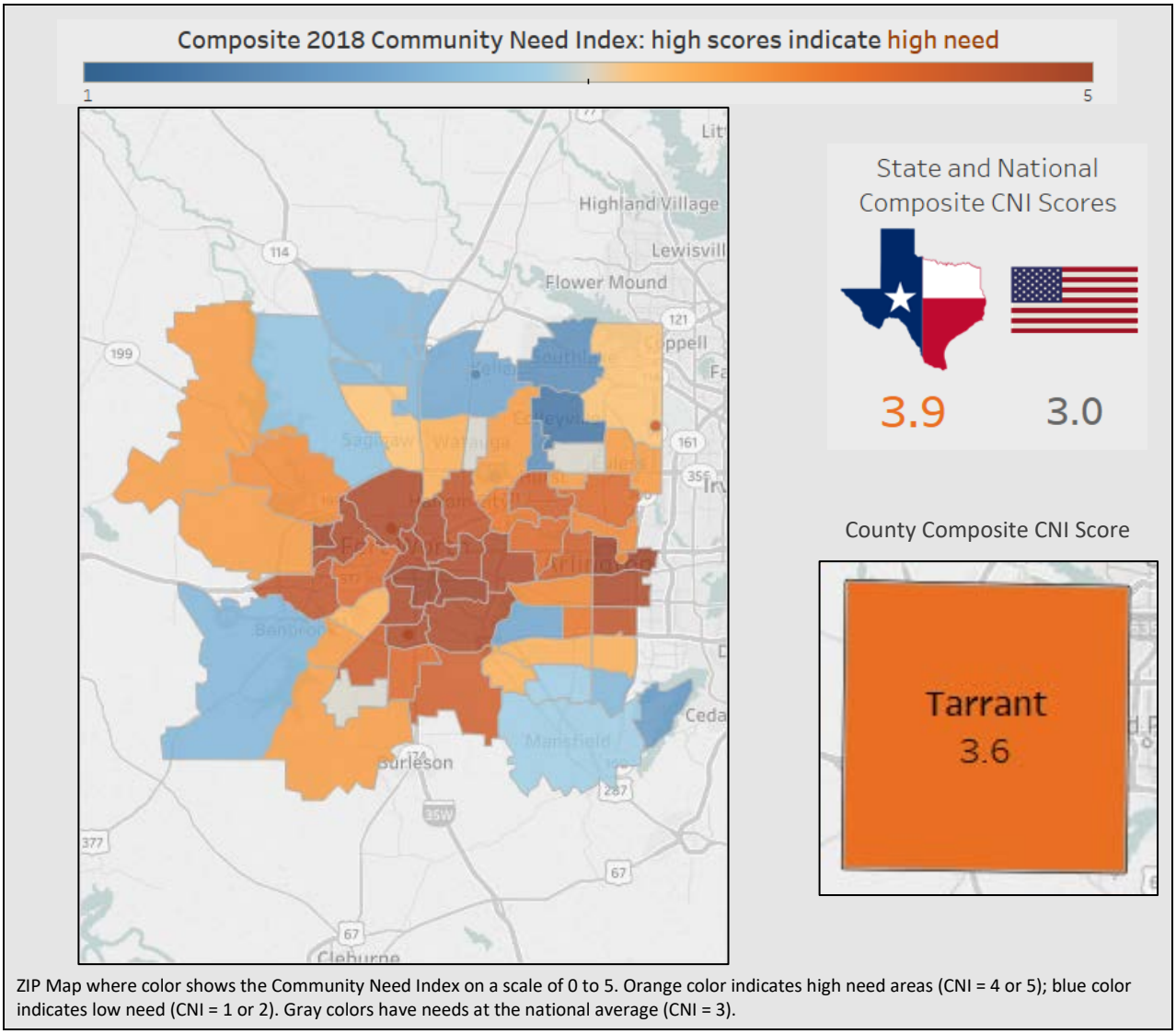
Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018

[1] U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018

The Watson Health Community Need Index (CNI) is a statistical approach to identifying areas within a community where health disparities may exist. The CNI takes into account vital socio-economic factors (income, cultural, education, insurance and housing) about a community to generate a CNI score for every populated ZIP code in the United States. The CNI strongly links to variations in community healthcare needs and is an 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.

Overall, the CNI score for the community served was 3.6, higher than the CNI national average of 3.0, potentially indicating greater health care needs in this community. In portions of the community (76011 - Arlington, 76104 - Fort Worth, 76105 - Fort Worth and 76127 - Naval Air Station JRB) the CNI score was 5.0, pointing to potentially more significant health needs among the population.

2018 Community Need Index by ZIP Code



ZIP Map where color shows the Community Need Index on a scale of 0 to 5. Orange color indicates high need areas (CNI = 4 or 5); blue color indicates low need (CNI = 1 or 2). Gray colors have needs at the national average (CNI = 3).

Source: IBM Watson Health / Claritas, 2018

Public Health Indicators

Public health indicators were collected and analyzed to assess community health needs. Evaluation for the community served used 102 indicators. For each health indicator, a comparison between the most recently available community data and benchmarks for the same/similar indicator was made. The basis of benchmarks was available data for the U.S. and the state of Texas.

Where the community indicators showed greater need when compared to the state of Texas comparative benchmark, the difference between the community values and the state benchmark was calculated (need differential). These indicators are in Appendix D of the CHNA full Report located at www.methodisthealthsystem.org/about/communityinvolvement**.**

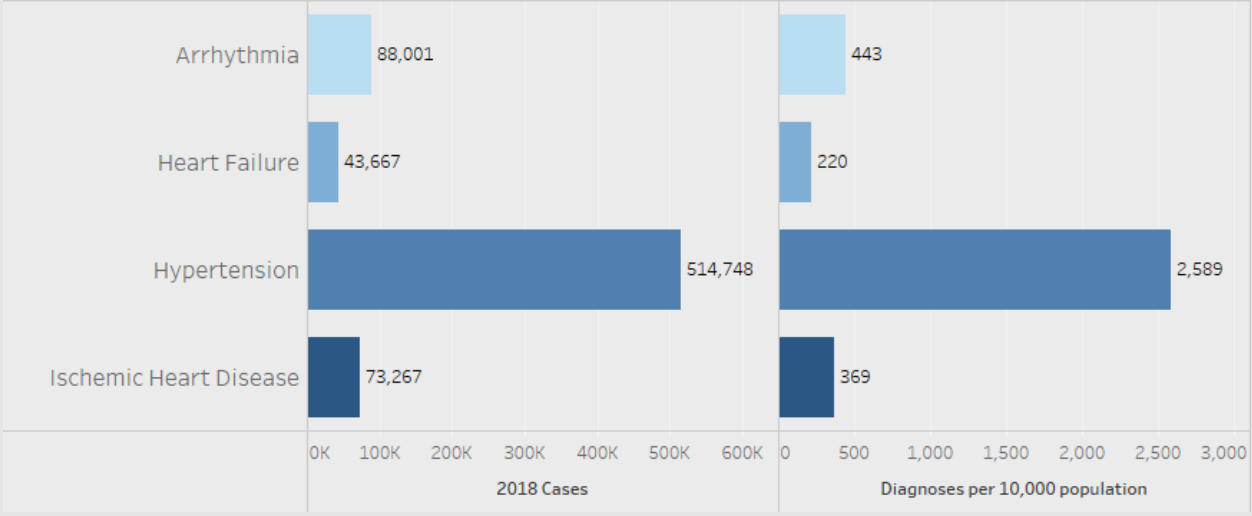
Those highest ranked indicators with need differentials in the 50th percentile of greater severity pinpointed community health needs from a quantitative perspective.

Watson Health Community Data

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

Watson Health Heart Disease Estimates identified hypertension as the most prevalent heart disease diagnosis; there were over 514,000 estimated cases in the community overall. The 76063 ZIP code of Mansfield had the most estimated cases of each heart disease type. The 76054 ZIP code of Hurst had the highest estimated prevalence rates for Arrhythmia (706 cases per 10,000 population), Heart Failure (365 cases per 10,000 population), Hypertension (3,496 cases per 10,000 population), and Ischemic Heart Disease (648 cases per 10,000 population).

2018 Estimated Heart Disease Cases



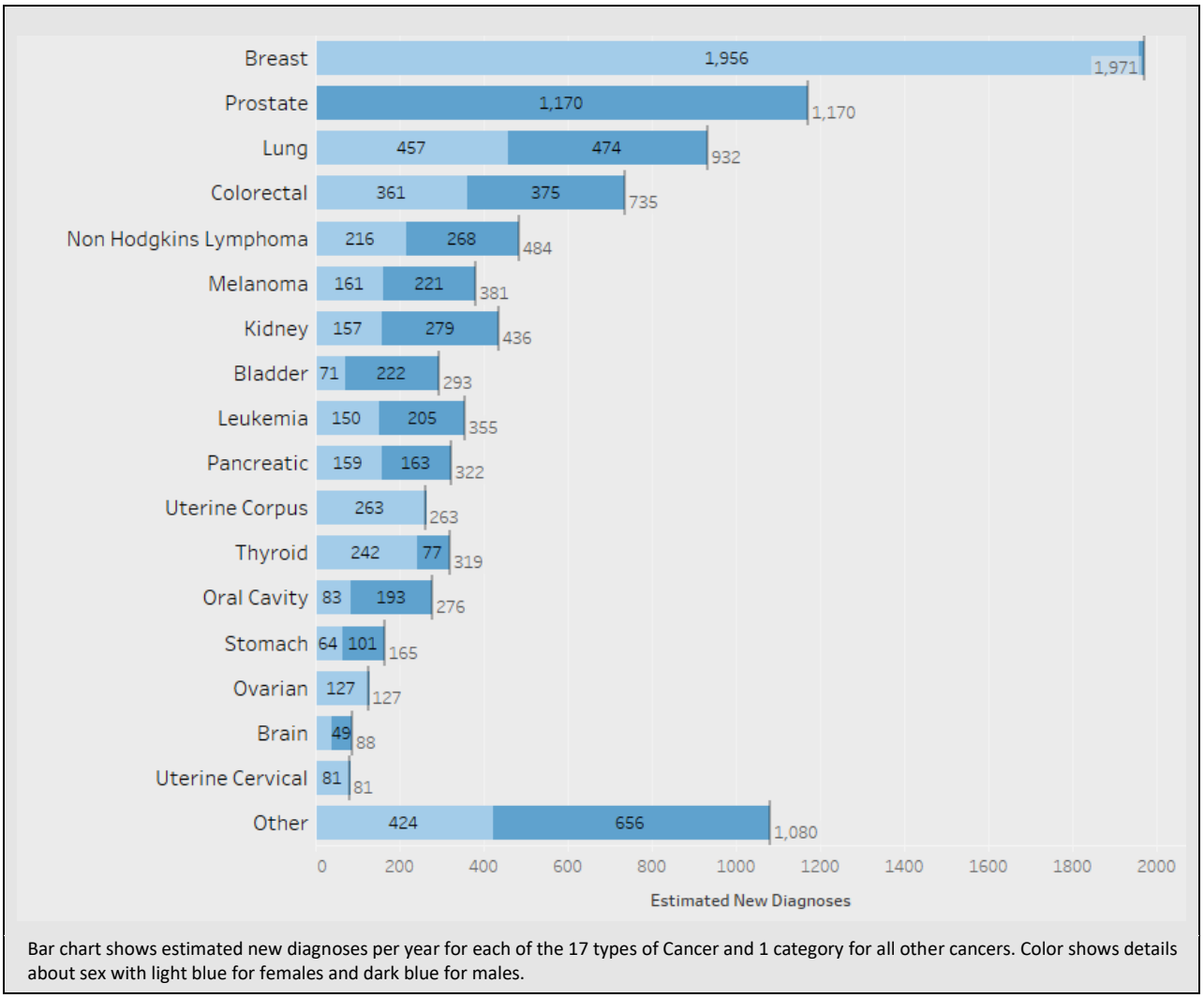
Bar chart shows total number and prevalence rate of 2018 Estimated Heart Disease cases for each of four types: arrhythmia, heart failure, hypertension, and ischemic heart disease

Note: An individual patient may have more than one type of heart disease. Therefore the sum of all four heart disease types is not a unique count of individuals.

Source: IBM Watson Health, 2018

For this community, Watson Health's 2018 Cancer Estimates revealed the cancers projected to have the greatest rate of growth in the next five years were pancreatic, bladder, and kidney; based on both population changes and disease rates. The cancers estimated to have the greatest number of new cases in 2018 were breast, prostate, lung and colorectal cancers.

2018 Estimated New Cancer Cases



Bar chart shows estimated new diagnoses per year for each of the 17 types of Cancer and 1 category for all other cancers. Color shows details about sex with light blue for females and dark blue for males.

Source: IBM Watson Health, 2018

Estimated Cancer Cases and Projected 5 Year Change by Type

Cancer Type	2018 Estimated New Cases	2023 Estimated New Cases	5 Year Growth (%)
Bladder	293	350	19.5%
Brain	88	97	10.9%
Breast	1,971	2,257	14.5%
Colorectal	735	762	3.6%
Kidney	436	514	17.7%
Leukemia	355	412	16.0%
Lung	932	1,077	15.6%
Melanoma	381	445	16.6%
Non Hodgkins Lymphoma	484	563	16.3%
Oral Cavity	276	321	16.5%
Ovarian	127	143	12.4%
Pancreatic	322	390	21.1%
Prostate	1,170	1,281	9.4%
Stomach	165	190	15.2%
Thyroid	319	374	17.2%
Uterine Cervical	81	86	5.9%
Uterine Corpus	263	306	16.7%
All Other	1,080	1,265	17.1%
Grand Total	9,479	10,833	14.3%

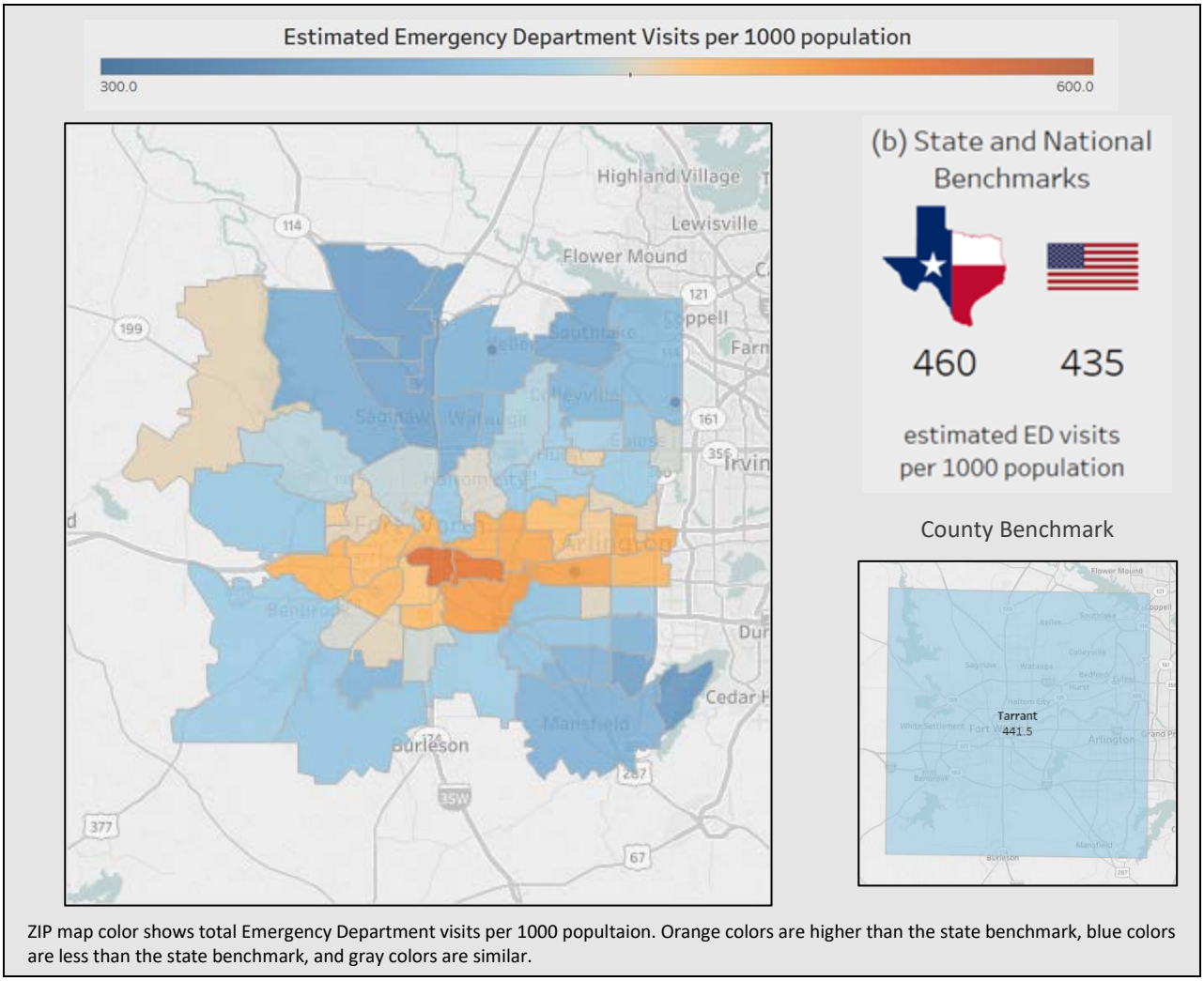
Source: IBM Watson Health, 2018

Based on population characteristics and regional utilization rates, Watson Health projected all emergency department (ED) visits in this community to increase by 8.0% over the next 5 years. The highest estimated ED use rates were in the ZIP codes of Fort Worth; 383.2 to 554.9 ED visits per 1,000 residents compared to the Texas state benchmark of 460 visits and the U.S. benchmark of 435 visits per 1,000.

These ED visits consisted of three main types: those resulting in an inpatient admission, emergent outpatient treated and released ED visits, and non-emergent outpatient ED visits that were lower acuity. Non-emergent ED visits present to the ED but can be treated in more appropriate and less intensive outpatient settings.

Non-emergent outpatient ED visits could be an indication of systematic issues within the community regarding access to primary care, managing chronic conditions, or other access to care issues such as ability to pay. Watson Health estimated non-emergent ED visits to increase by an average of 3.1% over the next five years in this community.

Estimated 2018 Emergency Department Visit Rate

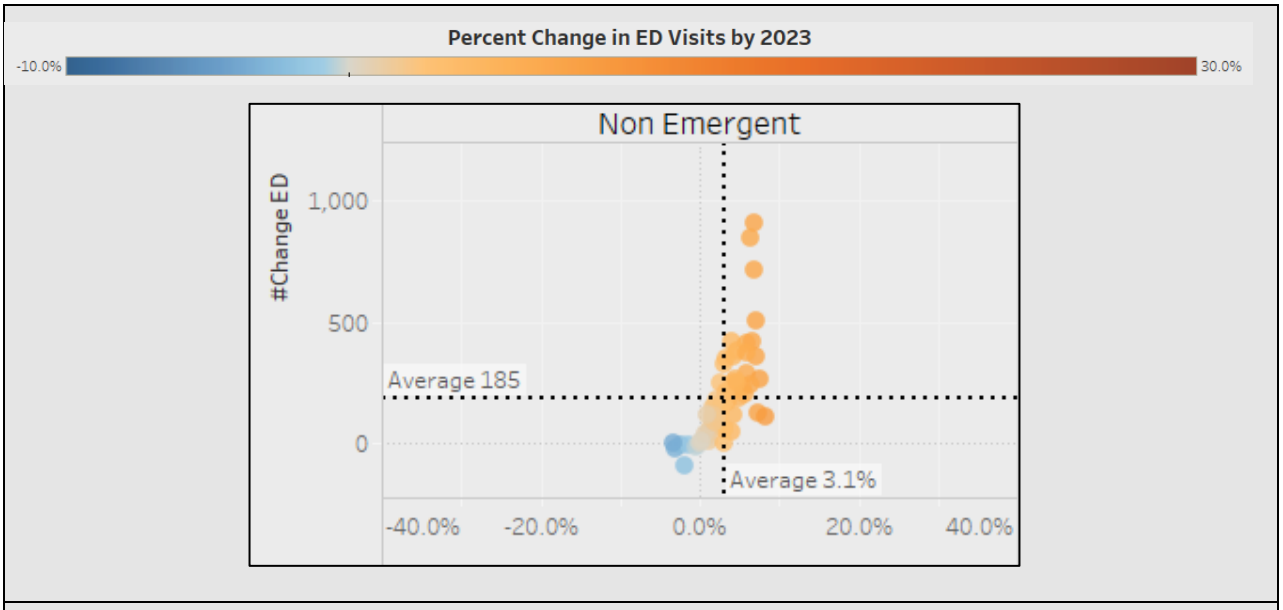


ZIP map color shows total Emergency Department visits per 1000 popultaion. Orange colors are higher than the state benchmark, blue colors are less than the state benchmark, and gray colors are similar.

Note: These are not actual Methodist ED visit rates. These are statistical estimates of ED visits for the population.

Source: IBM Watson Health, 2018

Projected 5 Year Change in Non-Emergent Emergency Department Visits by ZIP Code



This chart show sthe percent change in Emergency Department visits by 2023 at the ZIP level. The average for all ZIPs in the Health Community is labeled. ED visits are defined by the presence of specific CPT® codes in claims. Non-emergency visits to the ED do not necessarily require treatment in a hospital emergency department and can potentially be reated in a fast-track ED, an urgent care treatment center, or a clinical or a physician's private office.

Note: These are not actual Methodist ED visit rates. These are statistical estimates of ED visits for the population.

Source: IBM Watson Health, 2018

Community Input

A summary of the focus groups and interviews conducted for the Methodist Mansfield community can be found on pages 32 and 33 of the CHNA full Report located at wwww.methodisthealthsystem.org/about/communityinvolvement.

Methodist Mansfield Medical Center CHNA Implementation Strategy

ATRIAL FIBRILLATION (A-Fib)

Goal: Increase awareness of A-Fib), the risk factors and prevention by providing added treatment services and educational opportunities

Strategy 1: Continue and enhance existing A-Fib programs and services

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
Grow cryo-ablation services	Increase awareness and volume through education and outreach	Added treatment capabilities	Community	Number of patients seen	PCPs and hospital staff	
Enhance EP program	Increase awareness and volume through education and outreach	Added treatment options	Community	Number of patients seen	PCPs and hospital staff	

Strategy 2: Pursue partnerships with entities to further A-Fib education and treatment

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
Pursue partnerships with cardiologist group, local EMS and fire depts. and CareFlite	Train firefighters and community; provide education regarding the signs and symptoms of A fibrillation and how to stabilize before transporting to hospital; provide supplies (hospital tubing)	Increased awareness of A-Fib risk and treatment	Local first responders and Community	Number of people trained Number of community members reached	Physician educators, EMS liaison	Cardiologist group EMS and Fire Depts. CareFlite

Strategy 3: Evaluate and create new A-Fib programs and services

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
Evaluate new technologies	Evaluate and add Watchman treatment capability	Added treatment capability	Community	New service established Number of patients seen	Equipment purchase New physician trained in Watchman	
Explore anticoagulation clinic	Determine feasibility and projected timeline for offering anticoagulation clinic	Added treatment capability	Community	New service established Number of patients seen	Staff and equipment	
Add patient navigator services	Provide patient navigator to assist patient in navigating their care for A Fib	Added resource for patients	Community	New service established Number of patients seen	Nurse practitioner	
Partner with Fire department and EMS to offer A-Fib education events	Offer A-Fib education seminars to the public	Increased awareness of A-Fib symptoms, risk factors and treatment	Community	Number of events Number of participants	EMS liaison; patient navigator	Fire department ; EMS

OBESITY

Goal: Increase awareness of obesity prevention and treatment by providing added treatment services and education opportunities

Strategy 1: Continue and enhance existing obesity prevention programs and services

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
Add bariatric nutritional support	Provide nutritionists or dietician to support patient in dietary guidance	Increased education and awareness	Community	Number of nutritional resources provided Number of people reached	Nutritionist or Dietician	
Offer workshops with bariatric navigator	Nurse navigator leading ongoing seminars	Increased awareness of obesity risks and prevention	Community	Number of workshops offered Number of participants	Nurse navigator Event promotion, space	

Strategy 2: Pursue partnerships with entities to further Obesity prevention education and treatment

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
City Health & Wellness Initiative partnership	5 year initiative to improve the health of the community	Increase awareness and education Increase activity	Community	Number of participants reached	Hospital staff volunteers	City of Mansfield; Chamber; Mansfield ISD
Run with Heart event	Sponsored run event for 1/2 marathon, 5K and 1 mile run	Increase awareness and education	Community	Number of participants	Hospital staff volunteers	Local Corporations
Participate and sponsor area runs	Sponsor at least 5 runs in the community to promote the benefits of physical activity	Increase awareness and education	Community	Number of events in which facility participated Number of participants	Hospital staff volunteers	Mansfield ISD Foundation
Heart of the Community program	Programs in the community to benefit heart health education	Increased awareness of heart disease and prevention	Community	Number of participants Number of events	Hospital staff volunteers Physicians	
City of Mansfield partnership	5-year partnership with the City of Mansfield, Chamber of Commerce and local independent school district to provide education and awareness events regarding healthy eating and lifestyle	Increase awareness and education	Community	Number of people reached	Hospital staff volunteers; physician and nurse speakers; promotion of the event	Mansfield ISD Foundation

Strategy 3: Evaluate and create new obesity prevention programs and services

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
Pursue comprehensive bariatric COE	Expanded surgical procedures on higher acuity patients and bariatric revision surgeries	Increased services; Added treatment capability	Community	Achieve COE	Bariatric physicians	Metabolic Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP)

DIABETES

Goal: Increase awareness of obesity prevention and treatment by providing added treatment services and education opportunities

Strategy 1: Pursue partnerships with entities to further Diabetes prevention, education and treatment

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
Tarrant County Diabetes Coalition partnership	Offer community education classes together	Increase awareness and prevention of diabetes	Community	Number of participants / People reached	Hospital staff volunteers Tarrant county coalition partners	Tarrant County Diabetes Coalition
Mansfield Mission Center partnership	Provide funding for wellness clinic that treats underserved people including those with diabetes	Increase awareness and education	Underserved community	Number of people reached	Funding dollars	Mansfield Mission Center Wellness Clinic

OPIOIDS

Goal: Increase awareness of opioid addiction prevention and treatment by providing education opportunities for community and providers

Strategy 1: Continue and enhance existing opioid addiction prevention programs and services

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
Establish IP opioid stewardship team	Multidisciplinary teams to establish protocols for administer opioids	Standardization of care	Inpatients	Team established	Multidisciplinary team members	
Continue to employ best practice ordering guidelines in the ED	Continue to employ best practice ordering guidelines in the ED	Reduce risk of opioid addiction	ED patients	Reduction in opioid orders	ED staff	Pharmacy
Community education	Offer education opportunities to promote awareness and prevention of opioid addiction	Increased awareness Early detection and treatment	Community	Number of people reached	Educators Event promotion Education materials	
Staff and provider education	Offer education opportunities to promote awareness and prevention of opioid addiction	Increased awareness Early detection and treatment	MMMC staff and providers	Number of staff and providers reached	Educators Event promotion Education materials	
Establish Methodist drug disposal program	Convenient disposal of expired drugs or no longer needed	Reduced risk for opioid additional	Community and staff	Number of drugs disposed of	Promotion for service Hospital staff	

CANCER

Goal: Increase awareness of cancer prevention and treatment by providing education opportunities

Strategy 1: Continue and enhance existing cancer prevention and treatment programs and services

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
Prettier in Pink promotion	Sponsorship of women's education event for prevention and early detection of breast cancer	Increased awareness and education of breast cancer prevention	Community	Number of people reached	physician presenters promotion of event hospital staff volunteers space for event	
Continue community education and awareness events	Ongoing cancer related community education events	Increased awareness early detection	Community	Number of events Number of people reached	physician presenters promotion of event hospital staff volunteers space for event	

Strategy 2: Pursue partnerships with entities to further Cancer prevention, education and treatment

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
Walgreens partnership for cancer related beauty products	Support and help promote Walgreens new line of cancer products, beauty guidance and pharmacy support; offer beautician trained in the effects of cancer treatment	Improved self-esteem of people going through breast cancer Increased awareness	Community	Number of people reached		Walgreens

Strategy 3: Evaluate and create new cancer prevention and treatment programs and services

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
Comprehensive women's imaging with breast radiologist and breast navigator	Launch The Breast Center a comprehensive center offering breast imaging, bone density, pelvic health therapy in one location	Added treatment options Increased awareness and early detection	Community	Center open Number of patients seen	Center staff education materials treatment space care providers and physicians	