



Methodist Health System Community Health Needs Assessment & Implementation Plan

Methodist Richardson
Medical Center





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

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

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

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

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

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

Sincerely,

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

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



Mission, 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

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Mission, Vision, and Values

OUR MISSION AND VISION

Our Mission

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

Our Vision

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

WHO WE ARE

Methodist 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 Methodist Richardson Medical Center.

For the purposes of the 2016 assessment, Methodist Richardson Medical Center has defined its community as the geographical area of Collin and Dallas 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, 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 Richardson 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. Lastly, the highly rated needs were evaluated across the communities for commonalities and synergies. The meeting participants subsequently chose from the top prioritized health needs as those which will be addressed by Methodist Richardson Medical Center. The needs to be addressed are as follows:

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

A description of each chosen need is included in the body of this report. The hospital facility 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 Richardson Medical Center has been presented and approved by Methodist Health System's 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 Richardson Medical Center.

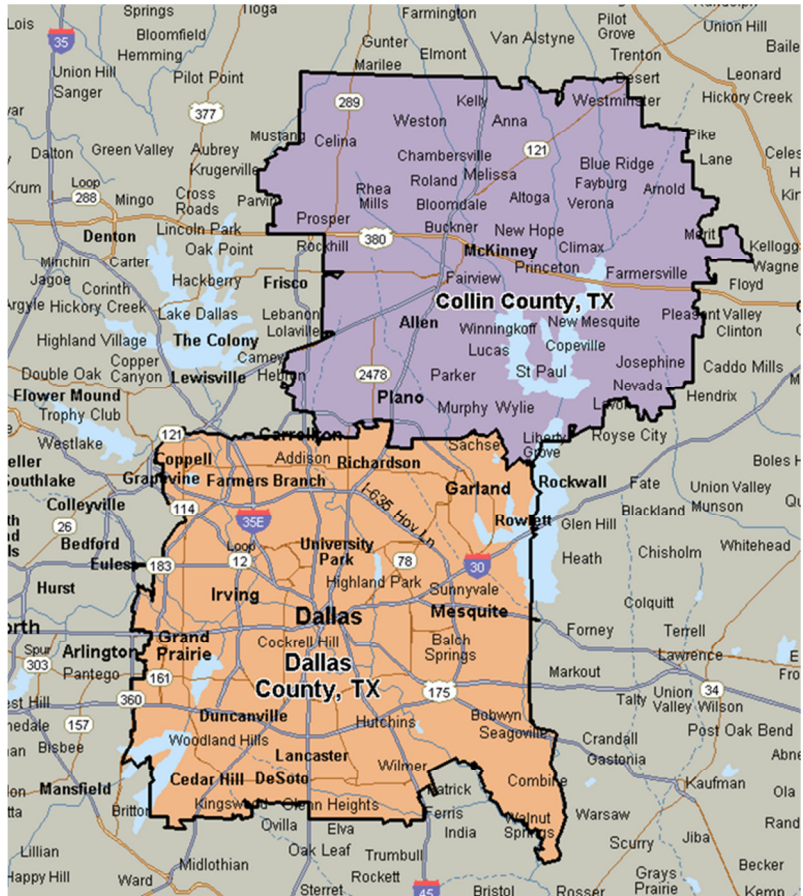
Qualifications & Collaboration

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 Richardson Medical Center defined the facility's community using the counties in which at least 75% of patients reside. For the 2016 CHNA Methodist Richardson Medical Center has defined its community to be the geographical area of Collin and Dallas counties.

Map of Community Served by Methodist Richardson Medical Center



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 utilized for Collin and Dallas 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+

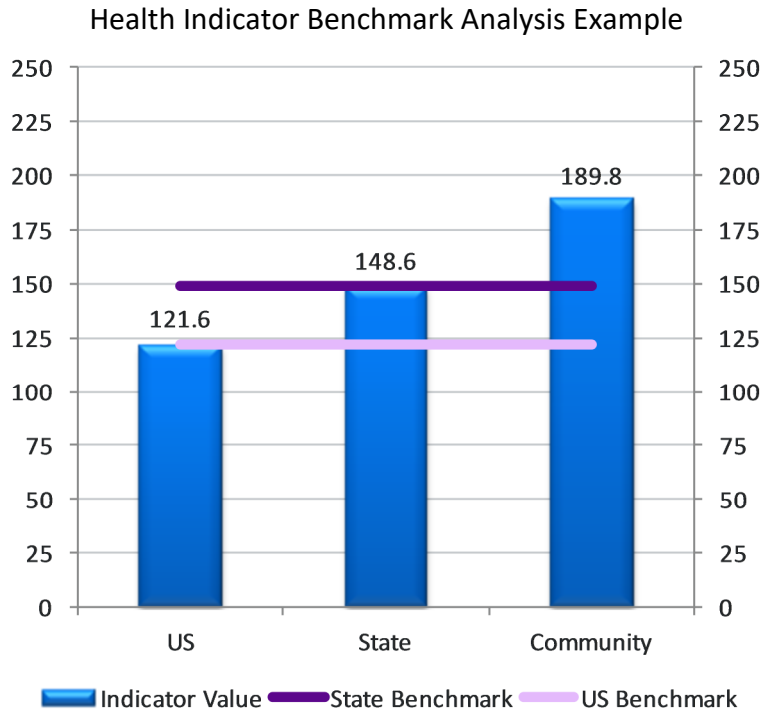
Environment

- 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 were identified. 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, 26 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.

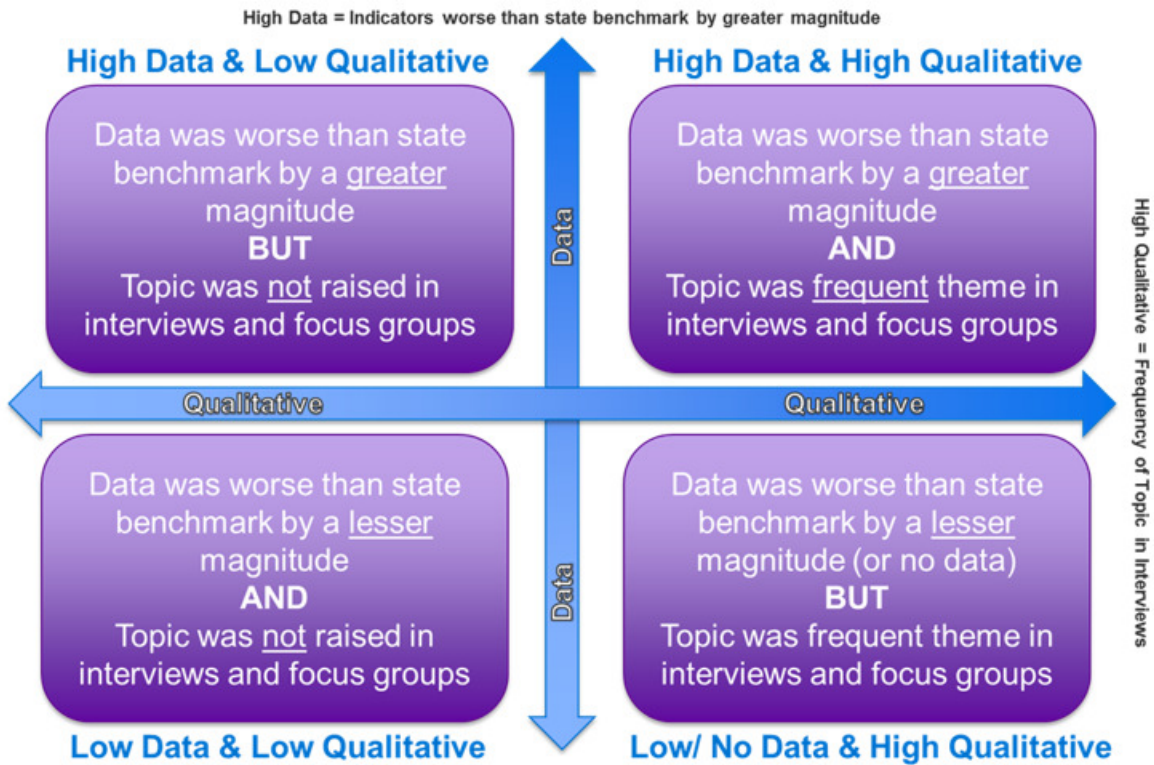
Methodist made the full report widely available and welcomed public comment or feedback on the findings. To date, no input has been received, but feedback from the community is welcomed. For this 2016 CHNA, public comments and feedback may be submitted by emailing CHNAFeedback@mhd.com.

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 Richardson Medical Center 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

The population statistics for Dallas and Collin counties are mostly similar to those of the state of Texas in some categories, but there are some differences. The community served is comprised of a larger proportion of those less than 18 years of age and a smaller percent of those aged 65 years and older than both the state and national averages. The community is projected to experience growth over the next five years at a slightly greater rate than that of the state. The community has a smaller proportion of uninsured and Medicaid-insured residents when compared to the state. The community’s rate of poverty and percent of residents with no high school diploma are slightly smaller than the state’s rates. Both housing and language barriers are slightly higher in the community than Texas.

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

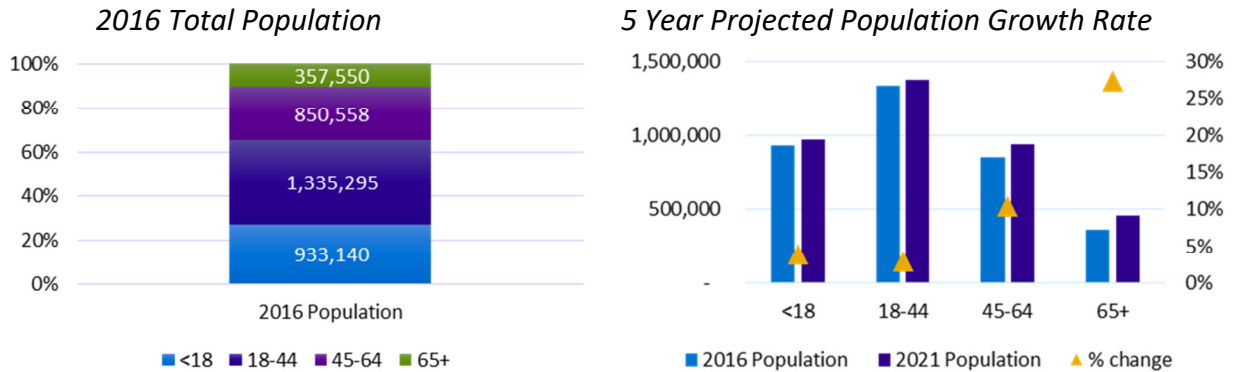
Region /Facility(s)	Total Population	Population 0 - 17 Years	Population 65+ Years	5 Year Projected Population Change	Insurance Coverage: Medicaid / Uninsured		Poverty	Limited English	No High School Diploma	Housing
United States	322,431,073	23%	15%	4%	19%	8%	18%	9%	14%	36%
Texas	27,611,474	26%	12%	7%	14%	18%	20%	14%	19%	37%
Community Served	3,476,543	27%	10%	8%	5%	10%	19%	17%	18%	44%

Source: Truven Health Analytics, 2016

Dallas and Collin counties are expected to grow 8% (261,236 people) by 2021. The projected population growth is higher than that of the state and nation. In Collin and Dallas counties, some ZIP codes are expected to increase by 15% in the next five years. 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 population decrease over the next five years.

In 2016, those 18 to 44 years of age are estimated to make up 38% of the population, while those less than 18 years of age make up 27% of the population. 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 97,757 people (27%). Growth in this population will likely contribute to an increased need for health services as the population continues to age.

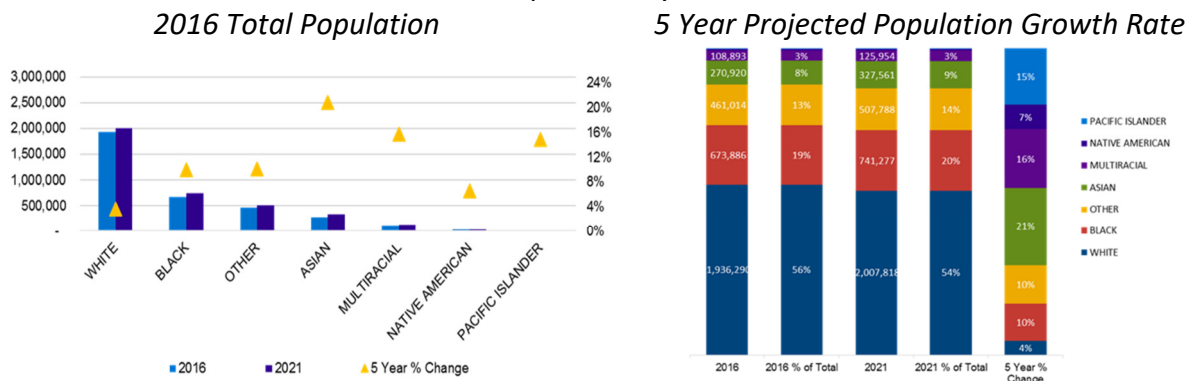
Population by Age Cohort



Source: Truven Health Analytics, 2016

Fifty-six percent of the population in Dallas and Collin is white (1,936,290). The black population is the second largest in the community representing 19% (673,886). Diversity in the community will increase due to the projected growth of minority populations over the next five years. The community will experience the largest growth in the Asian population, projected to increase by 21%, or 56,641 people. The graphs below display the community's total population breakdown by race, including all ethnicities.

Population by Race



Source: Truven Health Analytics, 2016

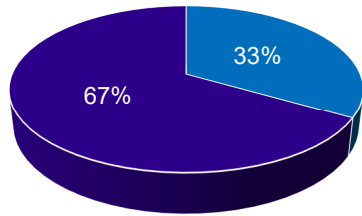
When evaluating the entire population (which includes all races in the charts above), the service area is also expected to experience an increase in ethnic diversity. In 2016, the Hispanic population (which includes multiple races) comprised 33% of the overall population and is expected to experience a 10% growth over the next five years; this is equivalent to an additional 119,334 residents. The graphs below display the community's population breakdown by ethnicity, including all races.

Population by Hispanic Ethnicity

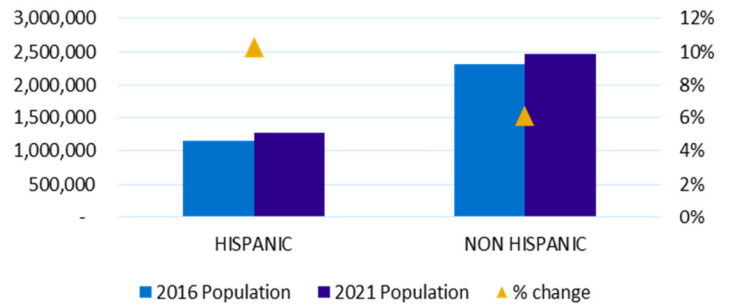
2016 Total Population

5 Year Projected Population Growth Rate

Richardson 2016 Hispanic/Non-Hispanic Population



■ HISPANIC ■ NON HISPANIC



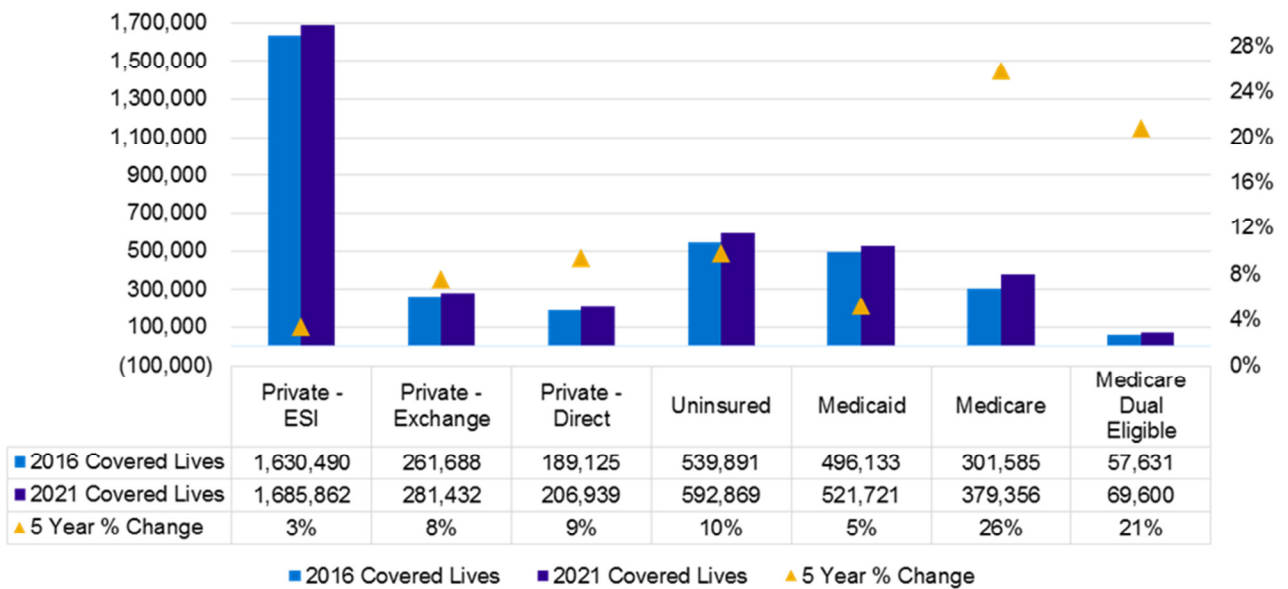
Sixty percent of the community is commercially insured. The commercially insured population includes those purchasing insurance through the health insurance exchange marketplace (8%), those receiving insurance through an employer (47%), and those independently purchasing insurance (5%). Currently, 9% of the population has Medicare; 2% of the population is Medicare dual-eligible; and 14% of the population is covered by Medicaid. All insurance types are projected to experience an increase in the number of covered lives over the next five years. The Medicare population is expected to increase by 26%; this is the largest projected growth among all types of coverage in the community served. The uninsured population makes up 16% of the community.

Source: Truven Health Analytics, 2016

Community Health Needs Assessment – 2016

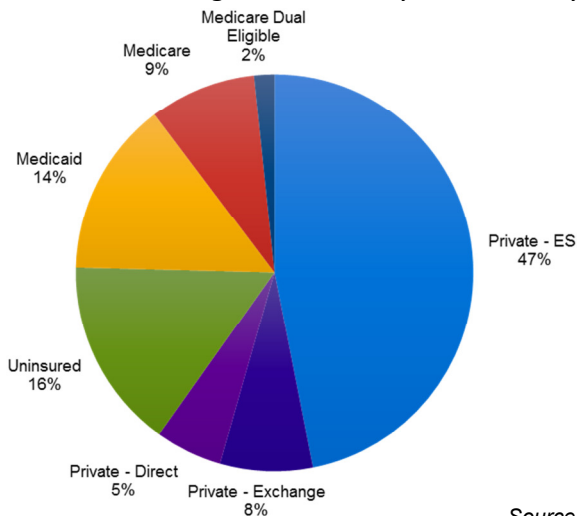
Methodist Health System Community Health Needs Assessment

Estimated Covered Lives and Projected Growth by Insurance Category



Source: Truven Health Analytics, 2016

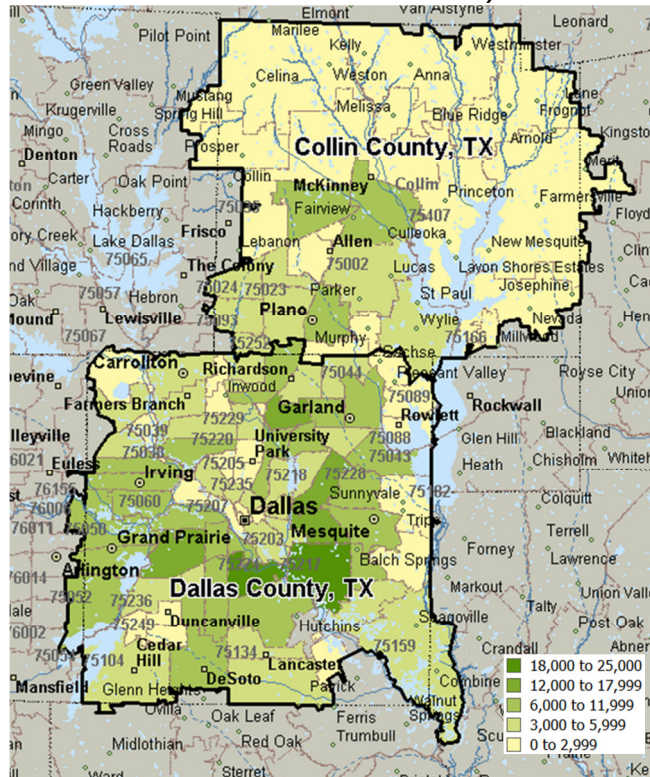
2016 Insurance Coverage Estimates by Insurance Type



Source: Truven Health Analytics, 2016

Of the uninsured residents in Dallas and Collin counties, 4% reside in ZIP code 75217 (Southeast Dallas neighborhood of Pleasant Grove), which is the largest distribution 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 when compared to other ZIP codes located in the community 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 41 health professional shortage areas and 20 medically underserved areas as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.¹ **Appendix D** includes the details on each of these designations.

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

Health Professional Shortage Areas and Medically Underserved Areas and Populations

Counties	Health Care Professional Shortage Area (HPSA)				Medically Underserved Area / Population (MUAP)
	Dental Health	Mental Health	Primary Care	Total	Total MUAP
Collin County	1	1	1	3	1
Dallas County	14	9	15	38	19
Total	15	10	16	41	20

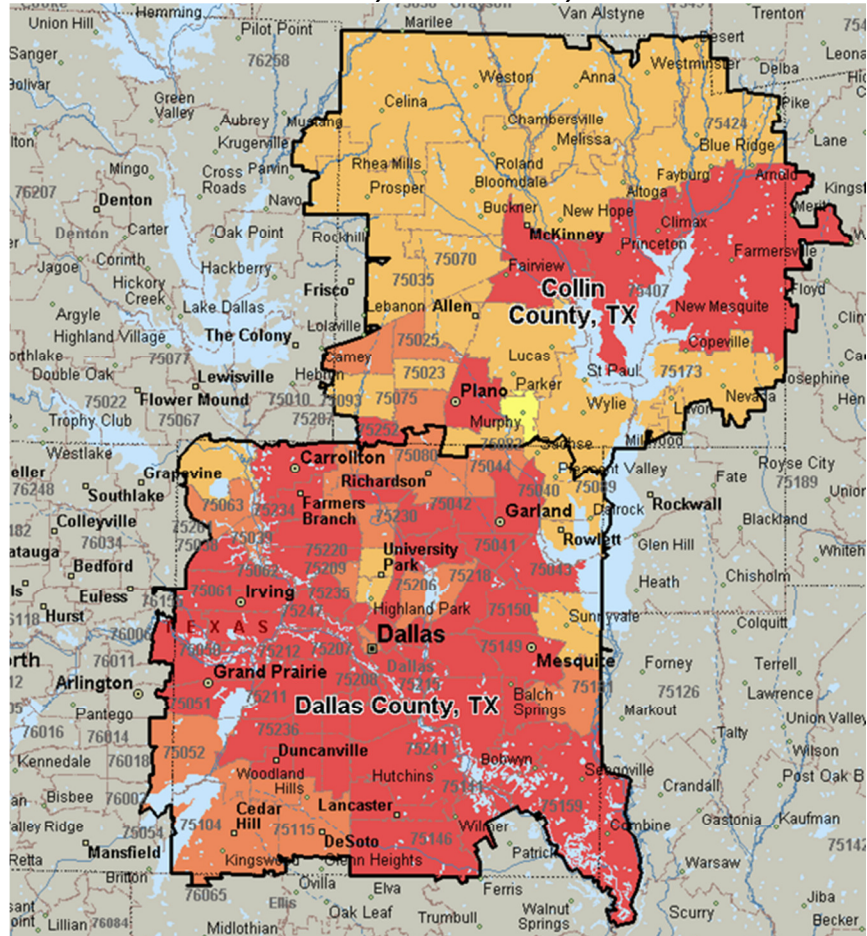
Source: Truven Health Analytics, 2016

Community Health Data

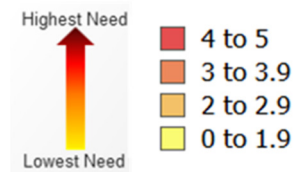
The Truven Health Community Need Index (CNI) is a statistical approach to identifying health needs in a community. The CNI takes into account a community's vital socio-economic factors (income, cultural, education, insurance and housing) to generate a CNI score for every populated ZIP code in the United 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 1 to 5, with 5 indicating the greatest need. Overall, the community served has a higher CNI than the national median score of 3. The Texas median score is 3.9. The portions of the community where greater healthcare needs are anticipated include, but are not limited to, Dallas (4.5), Grand Prairie (4.2), Mesquite (4.2), Garland (4.2), and Farmersville (4.0). The community has an overall CNI Score of 3.6.

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 indicator. Benchmarks included the United States and the state of Texas, where available. 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 include the following:

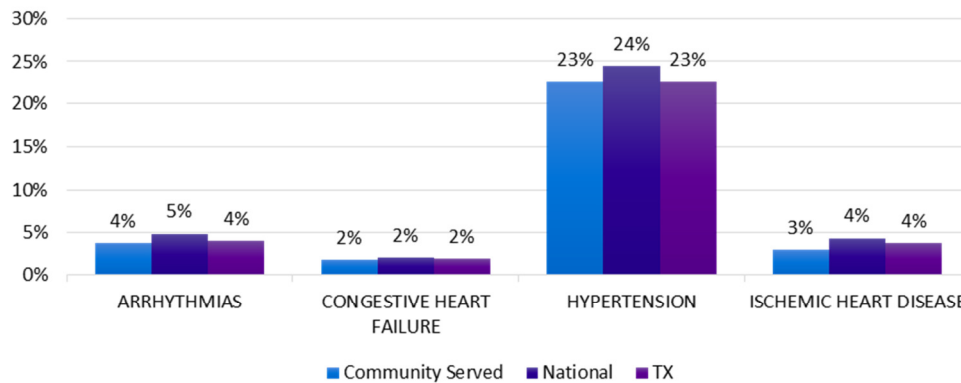
<p>Population</p> <ul style="list-style-type: none"> • High School Graduation Rate • High School Dropout Rate • Some College • Children in Poverty • Children in Single-Parent Households • Unemployment • Income Inequality • Poverty • Social Associations • Children Eligible for Free Lunch • Homicides • 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 Hospitalizations • 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 <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
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Truven Health Community Data

Truven Health supplemented the publically 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 787,787 cases in Collin and Dallas counties. This was followed by arrhythmias and ischemic heart disease. ZIP code 75052, located in Grand Prairie, comprises the largest percent of arrhythmias, congestive heart failure, and heart failure when compared other ZIP codes in the Collin and Dallas counties. ZIP code 75070, located in McKinney, includes the largest proportion of ischemic heart disease cases in the community.

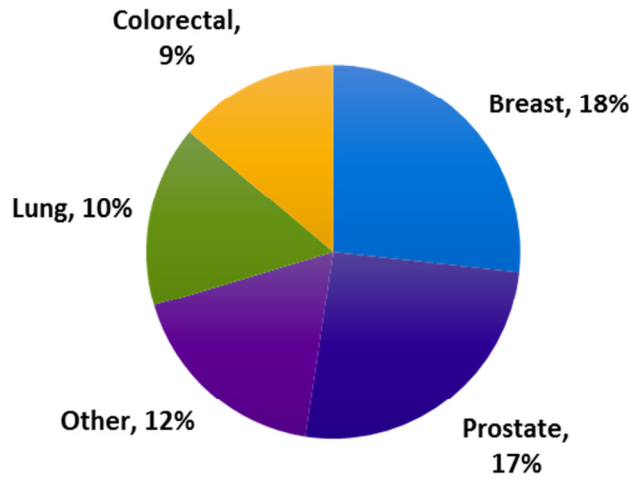
2015 Estimated Heart Disease Cases



Source: Truven Health Analytics, 2016

Truven Health’s 2015 Cancer Estimates predict breast, prostate, and lung cancers to have the highest incidence rates in the community. 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 2,968 breast cancers cases, 2,854 cases of prostate cancer, and 1,734 cases of lung cancer in the community in 2015. ZIP code 75052, located in Grand Prairie, makes up the largest percentage (2.6%) of breast cancer cases in the community. The largest ratio of prostate cancer cases occur in ZIP codes 75052 (Grand Prairie) and 75070 (McKinney); they each contain 2.6% of cases in Collin and Dallas counties.

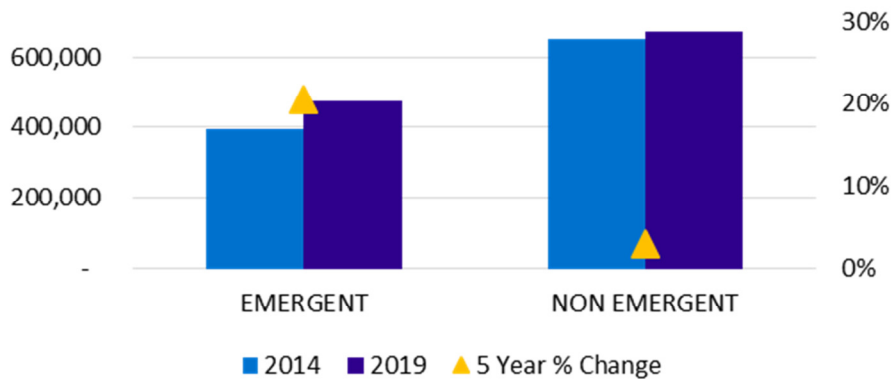
2015 Estimated Cancer Cases



Source: Truven Health Analytics, 2016

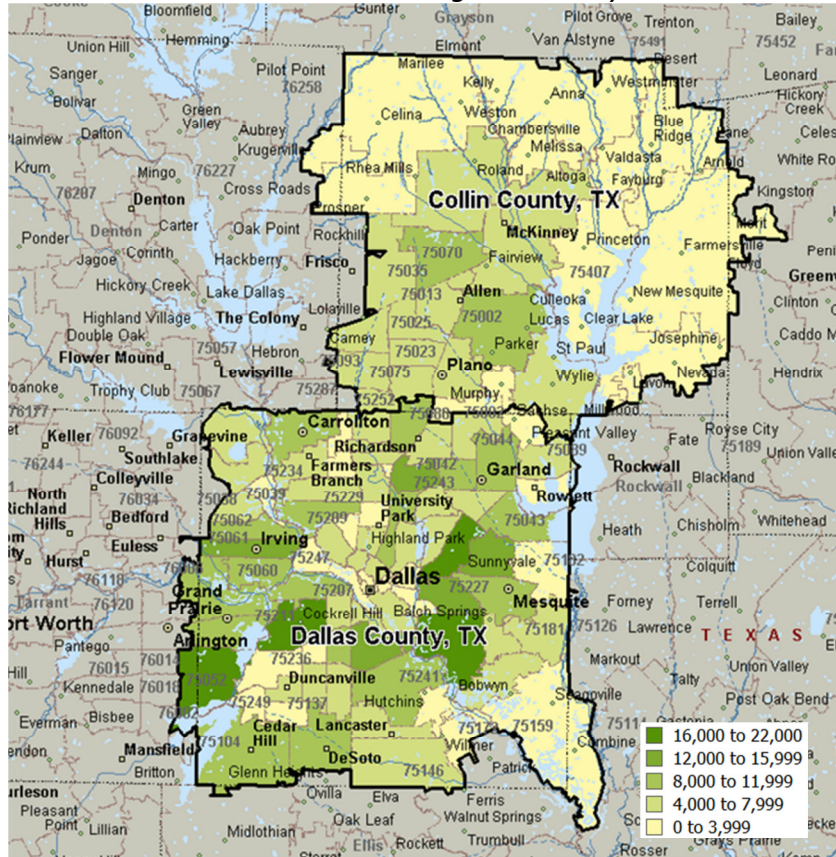
Truven Health estimates emergency department (ED) visits to increase by 100,077 visits between 2014 and 2019; this is equivalent to a 10% increase. Emergent ED visits are expected to increase by 21% (81,223 cases). Non-emergent ED visits are lower acuity patients that present to the ED and could possibly 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% increase in non-emergent ED visits between 2014 and 2019. The largest percent of emergent and non-emergent ED cases is found in ZIP code 75217, located in Dallas, when compared to other ZIP codes in Collin and Dallas counties.

2014 Emergent and Non-Emergent ED Visits



Source: Truven Health Analytics, 2016

2014 Estimated Non-Emergent Visits by ZIP Code



Source: Truven Health Analytics, 2016

Qualitative Assessment

Methodist engaged Truven Health to conduct a series of interviews to assess the community's perception of health needs in the populations they serve. There were 26 interviews included in the exercise for the community served. Participants included individuals from organizations serving medically underserved, low-income, minorities, and populations with chronic disease needs in the community as well as public health representatives. The interviews were conducted by Truven 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 and Dallas counties, the community served by Methodist Richardson Medical Center.

The community is composed of two counties, Collin and Dallas, located in the Dallas metropolitan area and its suburbs. While Dallas is the major city in Dallas County, Plano, Allen, and McKinney are the largest cities in Collin County. The community served by Methodist Richardson Medical Center is rapidly growing, leading to an escalating need for healthcare services. Despite an expansion in services, the health system is increasingly becoming strained due to the influx of people moving into the community. With the community's growth, the number of those living in poverty has also increased, leading to a shortage of both public assistance and housing. In Collin County, the population increase has led to limited housing for middle-income families. Many interviewees discussed the need for low and middle income housing in the city of Dallas as well. As the community continues to grow, many middle and high income families are shifting from Dallas to the suburbs, and from Dallas County into Collin County. This shift is increasing the number of children enrolled in schools and in the free lunch program in Collin County. Participants representing Collin County also discussed issues with traffic and infrastructure related to the recent growth. In Dallas County, larger disparities in income are occurring and 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 a large growth in the Hispanic population. As the community becomes more diverse, social challenges, such as language and cultural barriers, arise. Although Collin County is experiencing tremendous growth, interviewees mentioned that much of the community remains rural with no public hospital, particularly in the northwest portion of the county. Collin County, according to participants, is comprised primarily of wealthier families in the west side of the county, with middle to low income families residing in the eastern side of the county. The eastern side of Collin County was also described as having fewer health care services available. Recent growth in the community has impacted the health needs of the community.

Health Needs

The interviewees represented diverse populations with significant differences in socioeconomic, education, access to care, and health status. The participants were asked to rate the health of the community on a scale of 1 to 5, with 1 being worst and 5 being the best. The average of all interviewees representing Dallas County was 2.96, and 3.50 for those representing Collin County; the average score for the entire community was 3.30. Next, participants identified overarching drivers that contribute to the health needs and priorities of the community. One of the major themes identified by the participants included access to health care. Specific drivers of this issue included insurance, transportation, and availability of providers. The existence of chronic conditions was also identified as a characteristic increasing the health needs of the community. The recognized conditions that pertain to chronic illness included diabetes, heart disease, and obesity. The participants also identified the need for health prevention in the community, immunizations, tobacco use, and activities to decrease chronic disease. Lastly, the groups identified major needs surrounding the prevention and management of mental health and substance abuse.

Access to Care

When asked to identify the top needs of the community, access to care was the most commonly discussed issue among interviewees. Access to care is a multi-faceted problem that includes many complex components. Although the primary needs identified by interviewees surrounding access to care included insurance, transportation, and providers, other issues were also discussed. Many of the other issues regarding access to care included services that were missing or unavailable to all populations in the community. Respite care to support those providing care for friends and family members was a community need identified. Participants also discussed the expense of health care in the community and the inability for many residents to afford appropriate care. In addition, access to medication for underserved, indigent populations was a topic of discussion among participants.

Many individuals and families residing in Collin and Dallas counties cannot 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. The southern sector of Dallas has a high concentration of uninsured residents. Participants representing Collin County mentioned the availability of many services and providers; however, many do not accept uninsured or Medicaid-covered individuals. A public hospital is located in Dallas County, but this facility is unable to meet the needs of all uninsured residents in Dallas County. There is no public hospital available to residents in Collin County.

Transportation was discussed during many interviews due to the potential impact it places on the health of the community. Although portions of the community are walkable, much of the population continues to rely on public transportation, where available. Many areas in Dallas County, such as DeSoto, and much of Collin County are transportation deserts which causes additional access challenges. Collin County does not have a dedicated public transportation system; however, the southern portion of the county is served by the Dallas County public transportation system. The expense and time consumed by using the public transportation system often prohibits community members from receiving adequate medical treatment. The time it takes to use public transportation to reach health care providers causes absenteeism from work or school. For those with personal transportation, access is often limited due to the distance from one's residence 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 could be greatly impacted by conveniently located health care services.

Another major issue related to access discussed by participants includes access to providers. Two of the primary factors contributing to the shortage in providers are the aging of the community and the community's growth in recent years. As the population ages, the demand for services increases. Additional geriatric providers are needed because the community's current infrastructure cannot support its aging population. 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 noted to be lacking a pediatric physician. The lack of primary care that exists in Dallas County is negatively impacting the overall health of the community. Specifically, participants noted the lack of providers south of Interstate 35 in Dallas County. 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. The lack of primary care providers and specialists in Dallas and Collin counties is having a negative impact on the overall health of the community.

Chronic Conditions

Chronic conditions were discussed during the interview sessions; diabetes, heart disease, obesity, asthma, and communicable diseases were specifically addressed. Interviewees expressed concern over the prevalence of such conditions in South Dallas. The prevalence of childhood obesity was identified as a concern by representatives from Dallas and Collin counties. The lack of awareness regarding how to prevent or manage these diseases is a contributing factor to the prevalence and impact of chronic diseases in the community. Residents with a previous diagnosis are at risk of noncompliance due to a lack of knowledge, resource issues, and physician availability. Gaps in the availability of specialty physicians leave some residents without access to the providers needed to manage their conditions. Chronic conditions are poorly supported in Collin County, according to interviewees. Other community issues contributing to the prevalence of chronic disease 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 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. Education regarding the prevention, diagnosis, and treatment of diabetes was discussed. The ability for residents to successfully navigate the health system to treat chronic disease was also a topic of discussion.

Health Prevention

The community needs a better understanding of chronic disease prevention and management. Diet and exercise contribute 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 dietary decisions. In Dallas County, food deserts are prevalent and prevent many residents from regularly consuming a healthy diet. Areas with food deserts specifically mentioned in Dallas County were Downtown Dallas, South Dallas, and DeSoto. Also, interviewees mentioned the pervasiveness of childhood inactivity as a problem. Inactivity in children was attributed to a variety of reasons, including a lack of parental supervision. It was also mentioned that there are areas within the community that lack recreation centers or health clubs that offer physical fitness to community members, specifically senior residents. Violence does exist in some areas of Dallas County, and this

promotes sedentary lifestyles due to not being able to safely go outdoors for physical activity. Additional interventions mentioned by participants included decreasing tobacco use in the community and increased vaccination rates.

The need for community education regarding how to achieve a healthy lifestyle was the most commonly discussed need. Requirements included teaching the community how to cook healthy meals and the importance of being active.

Mental Health

The lack of access to mental health services was discussed by many participants. Not only are many uninsured individuals in need of such care unable to afford it, but many insured individuals do not have mental health coverage. Even greater than the issue surrounding the affordability of mental health services is the lack of mental health providers in the community. The lack of primary care providers south of Interstate 35 in Dallas County was discussed earlier in the report; the same issue exists for mental health providers. The link that exists between mental illness and homelessness was also discussed 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.

Included in mental health services is treatment for substance abuse. While substance abuse was not discussed as a prominent issue within the community, the need for additional substance abuse providers serving pregnant women was identified as a need in Dallas County. It was mentioned that the entire community currently only has a single provider offering such specialized services.

Social Determinants of Health

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

Education was the second most common social element 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.

Community representatives from both Dallas and Collin counties discussed nutrition as a social determinant of health; however, comments regarding nutrition were more common among Dallas 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.

Other social determinants impacting the health of the community included race, immigration status, parental or caregiver support, access to transportation, and health insurance.

Participants expressed that the presence of these factors could increase the risk of health among community members

Vulnerable Groups and Populations

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

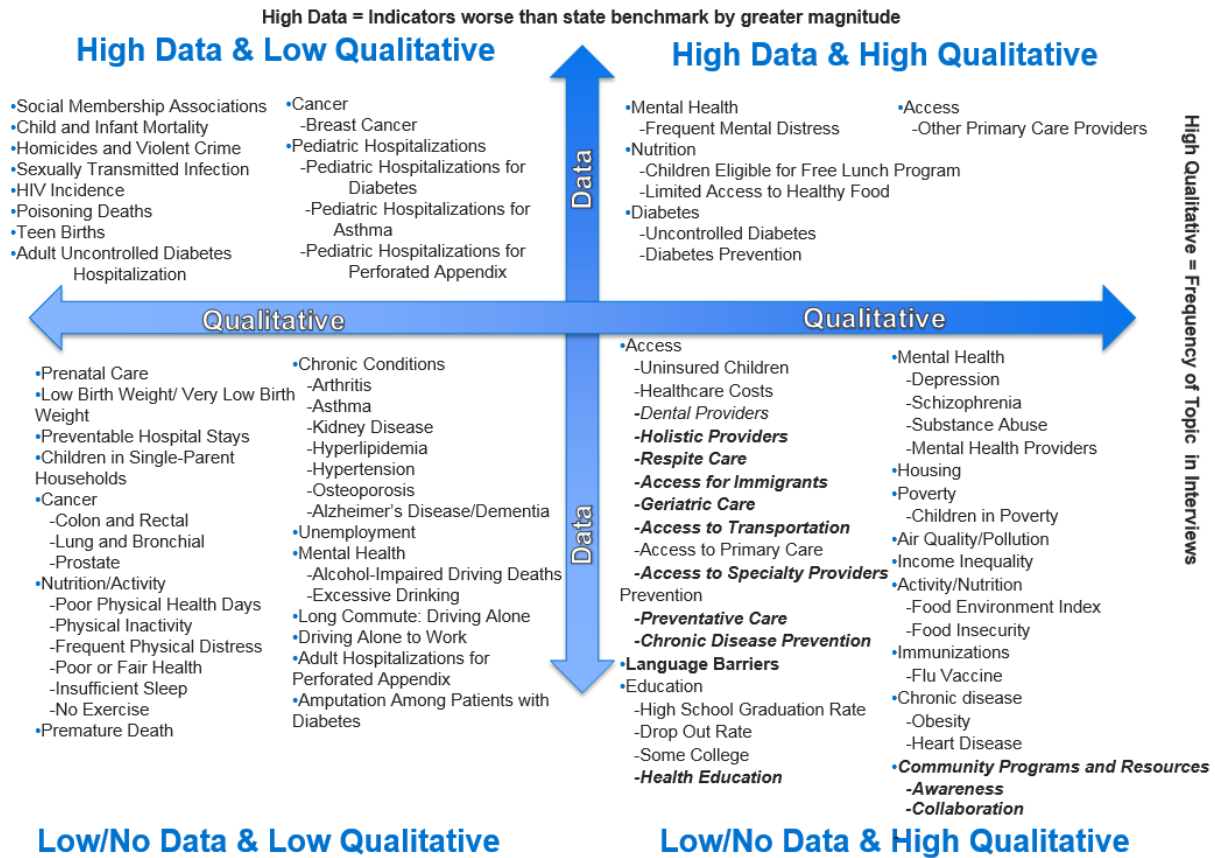
1. Children
2. Elderly
3. Immigrants, particularly those of Hispanic decent
4. Impoverished
5. Minorities, particularly African-Americans

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 Richardson Medical Center.



• **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 health needs matrix was reviewed on July 20, 2016 by Methodist’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 Richardson Medical Center selected the following indicators from the quadrant labeled “high data, low qualitative”:

- Cancer
- Pediatrics

The larger group also identified five criteria to utilize for prioritizing the significant health needs. The criteria selected included 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 represent 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. The ability to obtain quick success and make an impact in the community was also 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 which of the prioritized health needs Methodist will choose to address through its corresponding implementation plans, the participants from the four break-out groups re-convened into a single, large group for discussion. The group first identified prioritized health needs that were consistent across multiple communities in the system. After these were identified, each of the community's other significant health needs were discussed to determine if any must be addressed for the specific community. The health needs selected by participants representing Methodist Richardson Medical Center as those which will be addressed are as follows:

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

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, and providers. The quantitative analysis also revealed access opportunities related to the number of other primary care providers.

When community members are unable to afford health care services, the health of the community is at risk of being compromised due to the hesitation of residents to seek care. According to the United States Department of Agriculture (USDA), 19.3% of Dallas 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 the state of Texas.² Dallas County's poverty level is a factor contributing to residents being unable to afford care. Also, according to the Dartmouth Atlas of Healthcare, the average Medicare reimbursement per enrollee in Collin and Dallas counties is higher than the Texas average. Dallas and Collin counties' averages are \$11,048 and \$11,306, respectively, compared to \$10,837 for the state.³

Health insurance is a necessary component for a community to have adequate access to care. The United States Census Bureau's Small Area Health Insurance Estimates (SAHIE) program estimates 30% of Texans, 36% of Dallas County residents, and 19% of Collin County residents are uninsured.⁴ In addition, 15% of children under the age of 19 are uninsured in Dallas County

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

and 11% in Collin County; this is compared to 13% in the state.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.

Lack of reliable transportation is a barrier facing many residents in the community, and it prevents many from receiving the care needed to prevent and treat illness. Dallas County has a public transportation system, though the system does not serve all areas located within the county. The southern portion of Collin County is served by the Dallas County public transportation system, but the majority is without transit services. For those relying on public transportation, it can be a time consuming and inconvenient method of transportation. Individuals with private transportation often face challenges due to the distance that must be traveled to receive care. Providers are often not conveniently located; therefore, individuals must spend lengthy amounts of time traveling to receive the services needed.

The final challenge identified during the assessment related to access is the lack of physicians in the community. Multiple participants representing Dallas and Collin counties discussed the need for additional primary care physicians, specialists, and dentists, particularly as the population ages. Not only do elderly patients need more care, but physicians are also aging leading to fewer physicians in the community as they retire from the workforce. According to the American Medical Association, Dallas and Collin counties have a primary care physician to resident ratio of 1:1,520 and 1:1,100 residents; both are better than the state's ratio of 1:1,680 residents. The national primary care provider to resident ratio is better at 1:1,320.⁶ When evaluating the ratio of non-physician primary care providers to residents, Collin County's ratio (1:2,007) is worse than the state ratio (1:1,709). Dallas County's non-physician primary care provider to resident ratio (1:1,287) is better than the state of Texas.⁷ Although interviewees expressed the need for additional dentists in the community, both Dallas (1:1,310) and Collin County (1:1,590) scored better than the state (1:1,709).⁸

Diabetes

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

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

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

⁷ Centers for Medicare and Medicaid: National Provider File, 2015, Ratio of population to primary care providers other than physicians

⁸ American Medical Association: Area Health Resource File, 2014, Ratio of population to one dentist

According to the CDC, the prevalence of diabetes in Dallas County is equivalent to that of the state of Texas (11%) and worse than the United States (10%).⁹ The rate of diabetes in Collin County 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 and 6.97 out of every 100,000 in Collin County undergo a lower-extremity amputation due to uncontrolled diabetes; this is compared to 20.92 out of 100,000 in Texas.¹⁰ In addition, 20.6 and 8.71 diabetes patients were hospitalized for uncontrolled diabetes per 100,000 diabetics in Dallas and Collin counties compared to 12.5 per 100,000 diabetics in the state.¹¹ Not only is diabetes an issue among adults in the community; for every 100,000 children in the community with diabetes, 29.43 in Dallas County and 26.17 in Collin County were hospitalized with complications related to diabetes. This is compared to 24.96 in the state.¹² This data provides supporting evidence regarding the need for both diabetes prevention and treatment.

Heart disease

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

Hypertension is often a contributing factor that leads to and accompanies heart disease. According to CMS, 57.9% of the population in Dallas County and 57% of the population in Collin County have hypertension; this is compared to 57.7% in the state and 55.1% in the United States.¹³ With 51.2% of Collin County and 47% of Dallas County residents being diagnosed with hyperlipidemia, the community is at an increased risk for developing heart disease when compared to the state and nation, at 46% and 44.7% respectively.¹⁴ Atrial fibrillation often increases the chances of heart attack or stroke, the prevalence among Medicare beneficiaries in Collin County (8.1%) is higher than that of Dallas County (7.1%); Dallas County is equivalent to that of the state, and the United States is at 8%.¹⁵ The prevalence of these comorbidities is

⁹ Centers for Disease Control and Prevention (CDC) Diabetes Interactive Atlas, 2012, Percentage of adults aged 20 and above with diagnosed diabetes

¹⁰ 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)

¹¹ 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)

¹² 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)

¹³ Centers for Medicare and Medicaid, 2014, Percentage of Medicare beneficiaries with hypertension

¹⁴ Centers for Medicare and Medicaid, 2014, Percentage of Medicare beneficiaries with hyperlipidemia

¹⁵ Centers for Medicare and Medicaid, 2014, Percentage of Medicare beneficiaries with atrial fibrillation

higher than both the state and national average, causing heart disease to jeopardize the community's overall health.

Awareness and collaboration of community resources

Collin and Dallas counties have many resources and services available to support the health needs of the community. While many community members are aware of and utilize these services, interview participants overwhelmingly expressed the need for increased awareness. Significant health needs in the community could be impacted with the appropriate use of resources by those in need. Those in the community with the greatest need are often those that are the most difficult to reach.

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

Cancer

Although cancer was not frequently discussed among interview participants, the quantitative analysis showed cancer, particularly breast, lung, and colon cancers, to be prevalent in the community. Cancer is highly treatable; however, early detection and intervention are vital for positive outcomes.

According to the National Cancer Institute, Dallas County (432.5 per 100,000 residents) has a higher incidence of all cancer cases when compared to Collin County (411.3 per 100,000 residents) and the state of Texas (417.8 per 100,000 residents). The United States is higher with 453.8 cases per 100,000 residents.¹⁶ The community's incidence of breast cancer is higher than that of the state, and Collin County is also worse than the national average. Collin and Dallas counties have 127.2 and 122.1 cases of breast cancer per 100,000 residents, respectively. This is compared to 113.1 in the state and 123 in the United States.¹⁷ Although Collin County has more opportunity in breast cancer, Dallas County has higher incidences of lung and colon cancers. With 35.5 and 48.8 cases of colon and rectal cancer per 100,000 individuals, Dallas County is higher than both Collin County and Texas averages.¹⁸ Collin County has 29.1 colon cancer cases and 46.1 lung cancer cases per 100,000 residents; in comparison, the state has 33.5 colon cases and 46.7 lung cases per 100,000.¹⁹

¹⁶ National Cancer Institute, 2008-2012, Average annual incidence of cancer per 100,000 people (age-adjusted)

¹⁷ National Cancer Institute, 2008-2012, Average annual incidence of female breast cancer per 100,000 (age-adjusted)

¹⁸ National Cancer Institute, 2008-2012, Average annual incidence of colon and rectum cancer per 100,000 (age-adjusted)

¹⁹ National Cancer Institute, 2008-2012, Average annual incidence of lung and bronchus cancer per 100,000 (age-adjusted)

Summary

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

Methodist Richardson Medical Center

CHNA Implementation Strategy

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

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

Community Health Need: Access to Care

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

Methodist Richardson Medical Center Strategies and Related Activities: Increase access to care by continuing to provide care to uninsured or underinsured patients through existing programs and facilities; recruitment of primary care providers where appropriate; adding access points throughout the service area (such as family health centers, imaging and urgent care locations) as well as inpatient pediatric care; providing low-cost screenings through programs such as MHS' Mobile Mammography program and low-dose screenings for lung cancer; offering streamlined care for patients through various navigator programs and virtual visits; and providing assistance with getting insurance coverage as a CMS designated Champion of Coverage provider; and collaborating with community agencies such as City of Richardson to provide an immunization clinic and Collin County Project Access.

Community Health Need: Diabetes

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

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

Community Health Need: Heart Disease

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

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

Community Health Need: Awareness and Collaboration of Community Resources

Collin and Dallas counties have many resources and services available to support the health needs of the community. While many community members are aware of and utilize these services, interview participants overwhelmingly expressed the need for increased awareness. Significant health needs in the community could be impacted with the appropriate use of resources by those in need. Those in the community with the greatest need are often those that are the most difficult to reach.

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

Methodist Richardson Medical Center Strategies and Related Activities: Improve awareness and collaboration of community resources through various navigator programs such as the ED Patient Navigation 1115 Waiver project and MHS Mobile mammography program; collaborating with local municipalities and coalitions (such as Whole Foods Food for Life Program; RISH Health Science Tech rotational program and the Learning Lab for Health Sciences at the Continuing Care Campus to expand outreach and awareness of community resources; provide support with charitable contribution to community agencies to improve awareness of services.

Community Health Need: Cancer (Breast, Lung, Colon)

Although cancer was not frequently discussed among interview participants, the quantitative analysis showed cancer, particularly breast, lung, and colon cancers, to be prevalent in the community. Cancer is highly treatable; however, early detection and intervention are vital for positive outcomes.

Methodist Richardson Medical Center Strategies and Related Activities: Improved awareness of risk factors and early detection by providing low-cost screening mammograms to area residents through MHS' Mobile Mammography program; providing ongoing community education and support services (such as Senior Access Generations programming; Asian Breast Health Outreach Project and high risk assessment clinic at the Richardson Cancer Center.

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, Med Health, 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	
Methodist Health System Academic Program		X	X	X	X
Best Southwest Partnership		X	X	X	X

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Appendix B: Interview Participants for the Community Served

Organization	Public Health	Low Income	Minority	Medically Underserved	Chronic Disease Needs
March of Dimes		X	X	X	
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

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Appendix B: Interview Participants for the Community Served

Organization	Public Health	Low Income	Minority	Medically Underserved	Chronic Disease Needs
Community Food Pantry		X	X		
Collin College			X		
Collin County Healthcare Services	X	X	X	X	X

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

Resources Identified via Community Input

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

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

Health Professional Shortage Areas (HPSA)²⁰

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	148999480Y	Urban Inter-Tribal Center of Texas	Primary Care	Native American Tribal Population
Dallas County	148999480Z	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

²⁰ U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016

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

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

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

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

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

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
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

Medically Underserved Areas / Population (MUAP)²¹

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

²¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016

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

County Name	Service Area Name	MUA/P Source Identification Number	Designation Type
Dallas County	Cliff Manor Service Area	5212	Medically Underserved Area
Dallas County	Forest Glenn Service Area	5213	Medically Underserved Area
Dallas County	Cedar Glenn South Service Area	5214	Medically Underserved Area
Dallas County	Oak Cliff Service Area	7294	Medically Underserved Area
Dallas County	Grand Prairie	7392	Medically Underserved Area
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	Lillycare Dallas	7959	Medically Underserved Area
Dallas County	Hutchins-Wilmer	7973	Medically Underserved Area
Collin County	Collin Service Area	3471	Medically Underserved Area

Appendix E: Healthcare Organizations Serving the Community

Community Healthcare Facilities²²

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

²² Truven Health Analytics, 2016 Market Expert National Facility Database

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

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Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Baylor 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

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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

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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

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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

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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

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Appendix E: Healthcare Organizations Serving the Community

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

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Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
The Village At Richardson	Skilled Nursing Facility	1111 Rockingham Dr	Richardson	75080
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

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Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
William P Clements Jr University Hospital	Hospital	6201 Harry Hines Blvd	Dallas	75390
Williamsburg Village Healthcare Campus	Skilled Nursing Facility	940 York Dr	DeSoto	75115
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

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Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Golden Living	Skilled Nursing Facility Corporation	7160 Dallas Pkwy	Plano	75024
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

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Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Plano Specialty Hospital	Hospital	1621 Coit Rd	Plano	75075
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

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Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
Victoria Gardens of Allen	Skilled Nursing Facility	310 S Jupiter Rd	Allen	75002
Victory Medical Center - Craig Ranch	Hospital	6045 Alma Rd	McKinney	75070
Warm Springs Rehabilitation Hospital of Allen	Hospital	1001 Raintree Cir	Allen	75013

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	In FY2015, MRMC had 52 new appointments to the medical staff
Maternal, Infant, and Child Health	Community education	Continued ongoing community health education and programming
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
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
Clinical preventive services	Breast Cancer Screenings	In FY15, the Mobile Mammography Unit completed over 2,700 mammograms
Nutrition, Physical Activity and Obesity	Community education	Continued ongoing ongoing community education

Identified Need	Implementation Strategy Response	Status
Health Disparities and Health Literacy—Resource Deserts	Construction of Bush Renner Campus	Completed construction of \$120 million expansion adding 134-bed acute care hospital at Bush Renner.
	Family Health Centers in the service area	Two Family Health Center locations have been added in the service area since FY13
	Breast Cancer Screenings	In FY15, the Mobile Mammography Unit completed over 2,700 mammograms
Social Determinants of medical and behavioral health problems	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
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.
Injury and violence	Outside Scope of Services	N/A

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

Indicator	Selected Need	Undesired direction	Collin County	Dallas County	Texas
Female Breast Cancer Incidence	Cancer	higher	127.2	122.1	113.1
Colon and Rectum Cancer Incidence (per 100,000)	Cancer	higher	29.1	35.5	33.5
Lung and Bronchus Cancer Incidence (per 100,000)	Cancer	higher	46.1	48.8	46.7
Cancer Deaths total (per 100,000)	Cancer	higher	104.0	127.0	144.0
Pediatric Diabetes Short-term Complications Admission Risk-Adjusted-Rate (per 100,000)	Diabetes	higher	26.2	29.4	25.0
Adult Uncontrolled Diabetes Admission Risk-Adjusted-Rate (per 100,000)	Diabetes	higher	8.7	20.6	12.5
Adult Risk-Adjusted-Rate of Lower-Extremity Amputation Among Patients with Diabetes (per 100,000)	Diabetes	higher	6.97	21.40	20.92
Adults Reporting Diagnosed w/ Diabetes (percent)	Diabetes	higher	8%	11%	11%
Percentage of population under age 65 without health insurance	Access	higher	19%	36%	30%
Percent Uninsured Children (<19)	Access	higher	11%	15%	13%
Amount of price-adjusted Medicare reimbursements per enrollee	Access	higher	\$11,306.00	\$11,048.00	\$10,837.00
Ratio of population to one primary care physician	Access	higher	1100	1520	1680
Ratio of population to primary care providers other than physicians	Access	higher	2007	1287	1709
Ratio of population to one dentist	Access	higher	1590	1310	1880
Ischemic Heart Disease: Medicare Population (percent)	Heart Disease	higher	27%	25%	29%
Heart Disease Death Rate (per 100,000)	Heart Disease	higher	88.0	140.0	154.0

Indicator values displayed in blue are better than the benchmark