

Methodist Health System Community Health Needs Assessment & Implementation Plan

Methodist McKinney
Hospital





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

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

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

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

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

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

Sincerely,

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

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



Mission

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

Vision

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

Values

Servant Heart

Hospitality

Innovation

Noble

Enthusiasm

Skillful

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Mission, Vision, and Values

OUR MISSION AND VISION

Our Mission

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

Our Vision

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

WHO WE ARE

Methodist 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 Medical Center, 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 31 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 October 27, 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 McKinney Hospital.

For the purposes of the 2016 assessment, Methodist McKinney Hospital has defined its community as the geographical area of Collin County. The community served, or service area, was determined by identifying the county where at least 75% of patients reside.

A quantitative and qualitative assessment was performed. Eighty-nine (89) public health indicators were evaluated for the quantitative analysis. Community needs were identified by comparing the community's value for each health indicator to that of the state and nation. Where the community value was worse than the state, the indicator was identified as a community health need. After initial community needs were identified, an index of magnitude analysis was conducted to determine the relative severity of the issue.

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

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

In July 2016, a prioritization meeting was held in which the health needs matrix was reviewed by Methodist's CHNA work group to establish and prioritize significant needs. The meeting was moderated by Truven Health and included an overview of the community demographics, a summary of qualitative and quantitative findings, and a review of the identified community health needs.

Participants all agreed the health needs which deserved the most attention and considered significant were needs which were 1) identified as a high need in the qualitative analysis and 2) identified as worse than benchmark through the quantitative analysis. This list also included

qualitatively identified needs that did not have a corresponding quantitative measure available for analysis. Additionally, the participants agreed to individually select needs by community from those quantitatively identified as worse than the benchmark by a greater magnitude but were not identified in the qualitative analysis as a top need, using their knowledge of the community to identify those considered significant.

The individuals participating in the prioritization meeting identified five criteria to prioritize the significant health needs for each community. Once the prioritization criteria were determined, Methodist McKinney 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 McKinney Hospital. The needs to be addressed are as follows:

1. Access to care
2. Community resource collaboration and awareness
3. Prevention

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

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 McKinney Hospital has been presented and approved by its 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 McKinney Hospital.

Qualifications & Collaboration

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

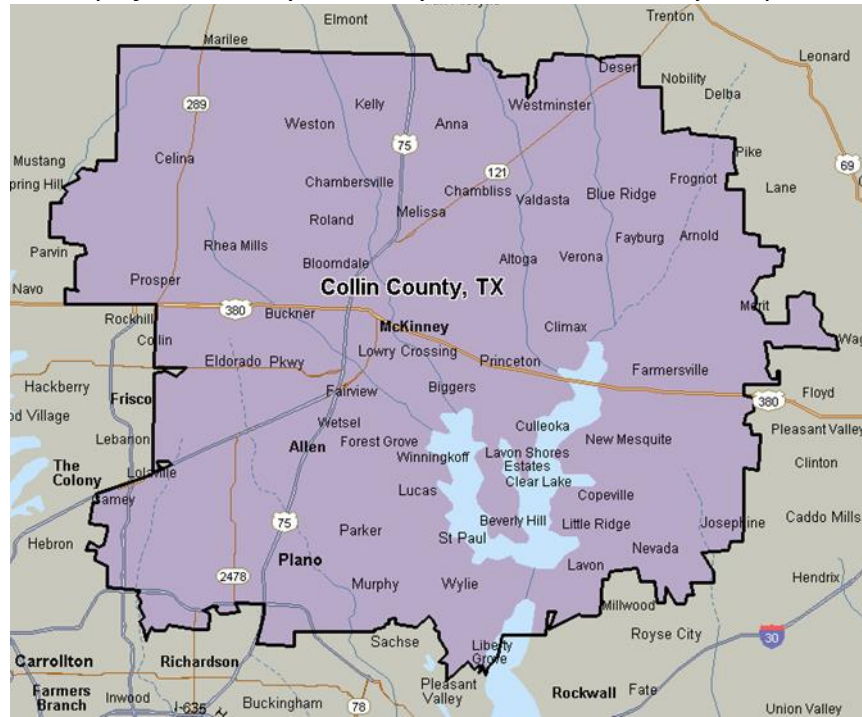
Defining the Community Served

For the purpose of this assessment, Methodist McKinney Hospital defined the facility's community using the county in which at least 75% of patients reside. Using this definition, Methodist McKinney Hospital has defined its community to be the geographical area of Collin County for the 2016 CHNA.

Community Health Needs Assessment – 2016

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

Map of Community Served by Methodist McKinney Hospital



Source: Truven Health Analytics, 2016

Assessment of Health Needs – Methodology and Data Sources

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

Quantitative Assessment of Health Needs Approach

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

Population

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

Injury & Death

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

Health Behaviors

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

Mental Health

- Mental Health Providers
- Frequent Mental Distress

Health Outcomes

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

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

Prevention

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

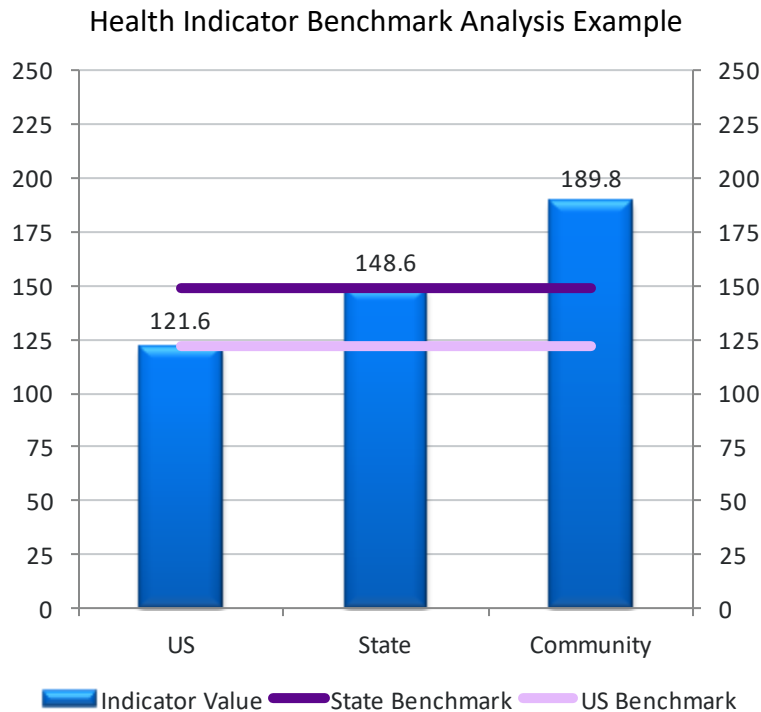
Environment

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

Access to Care

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

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



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

Qualitative Assessment of Health Needs (Community Input)

In addition to analyzing quantitative data, 14 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.

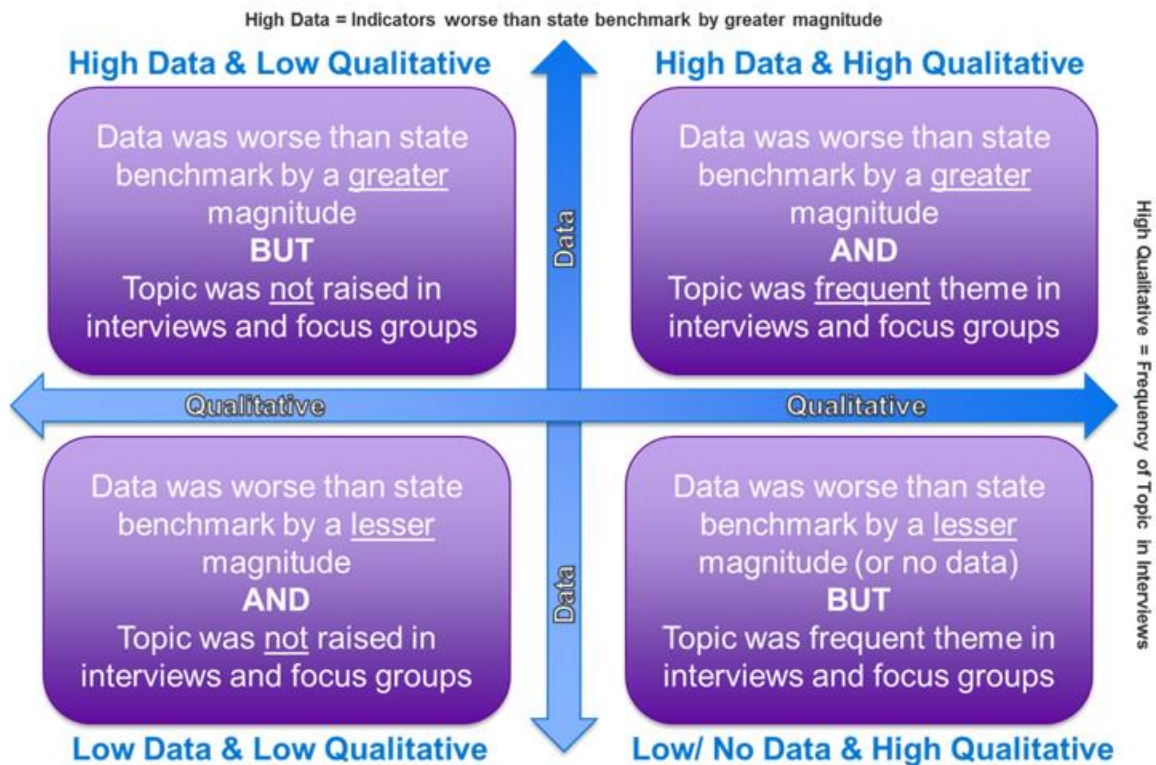
Methodist made the full report widely available and welcomed public comment or feedback on the findings. To date, no input has been received, but feedback from the community is welcomed. For this 2016 CHNA, public comments and feedback may be submitted by emailing CHNAFeedback@mhd.com.

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 at the county level and are not available at a more detailed level of granularity. When evaluating county level data 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 because placement and access to such programs may not reach the individuals in need of the service. 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, the 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 McKinney Hospital chose to address the following identified needs:

1. Access to health services
2. Clinical preventive services
3. Injury and violence
4. Maternal, infant, and child health
5. Nutrition, physical activity, and obesity
6. Social determinants of medical and behavioral health problems

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

Methodist Health System Community Health Needs Assessment

Demographic and Socioeconomic Summary

When evaluating the population statistics for the area served, the state of Texas possesses characteristics that are similar in many categories to that of Collin County, with 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 when compared to the state and nation. The community’s projected population growth is higher than national and statewide projections. When compared to the state, the community finds itself in a more favorable position as it pertains to socioeconomic barriers, indicated by a lower percentage of Medicaid beneficiaries and uninsured residents. Additionally, the community has a smaller percentage of families living in poverty, a smaller proportion of individuals impacted by language barriers, a smaller percentage of residents without a high school diploma, and fewer families renting their homes.

*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	855,435	27%	10%	10%	4%	10%	8%	9%	7%	33%

Source: Truven Health Analytics, 2016

Collin County is expected to grow 10% (86,019 people) by 2021. The population growth is higher than the growth rate projected for the state and nation. The ZIP codes expected to experience the most growth over the next five years are projected to increase by 15%; ZIP code 75454, located in Melissa, is projected to increase by 1,133 people and ZIP Code 75078, located in Prosper, is projected to increase by 2,293 people. There are not any ZIP codes in the community projected to decline in size over the next five years; however, ZIP code 75023, located in Plano, is expected to grow by only 3%, the smallest amount of projected growth among all ZIP codes in the community.

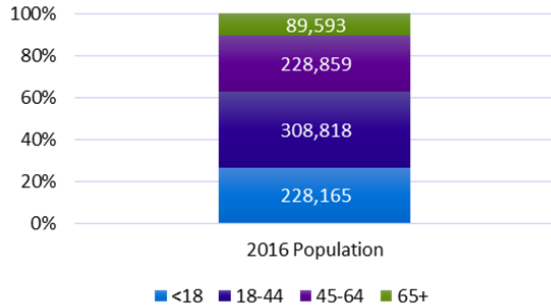
In 2016, those 18 to 44 years of age are estimated to make up 36% (308,818 people) of the population, while those less than 18 years of age are projected to make up 27% (228,165 people) of the community. The cohort aged 65 years of age and older is currently the smallest, comprising 10% (89,593 people) of the community; however, it is expected to experience the most growth over the next five years. This cohort is projected to increase by 29,573 people (33%). Growth in this population will likely contribute to an increased need for health services as the population continues to age.

Community Health Needs Assessment – 2016

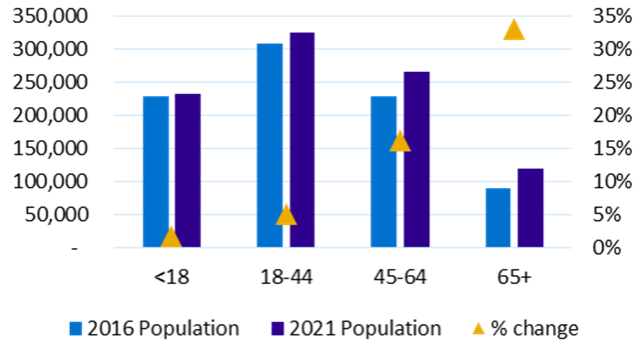
Methodist Health System Community Health Needs Assessment

Population by Age Cohort

2016 Total Population



5 Year Projected Population Growth Rate

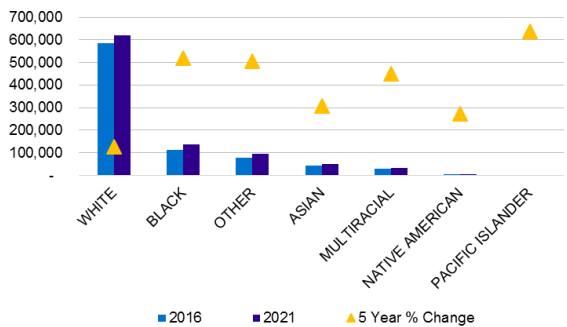


Source: Truven Health Analytics, 2016

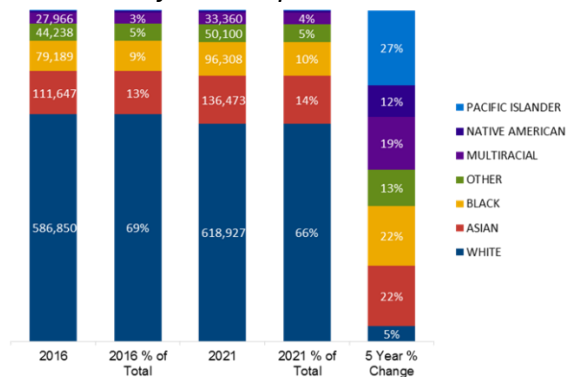
More than two-thirds of the population in Collin County is White, which is 586,850 community residents in 2016. The Asian population is the second largest in the community representing 13% (111,647). Diversity in the community will increase due to the projected growth of minority populations over the next five years. The community will experience the largest proportion of growth amongst the Pacific Islander population, projected to increase 27%, or 168 people. The graphs below display the community's total population breakdown by race, including all ethnicities.

Population by Race

2016 Total Population



5 Year Projected Population Growth Rate

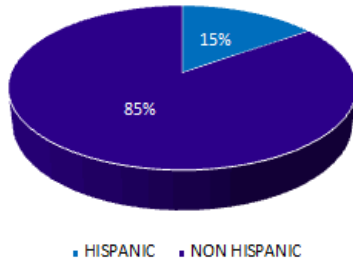


Source: Truven Health Analytics, 2016

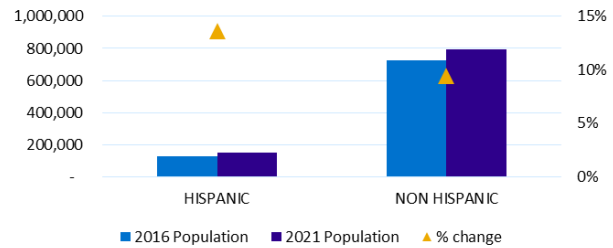
When evaluating the entire population (which includes all races in the charts above), the community is also expected to experience an increase in ethnic diversity. In 2016, the Hispanic population (which includes multiple races) comprised 15% of the population and is expected to experience a 14% growth over the next five years; this is equivalent to an additional 17,720 residents. The graphs below display the community's population breakdown by ethnicity, including all races.

Population by Hispanic Ethnicity

2016 Total Population



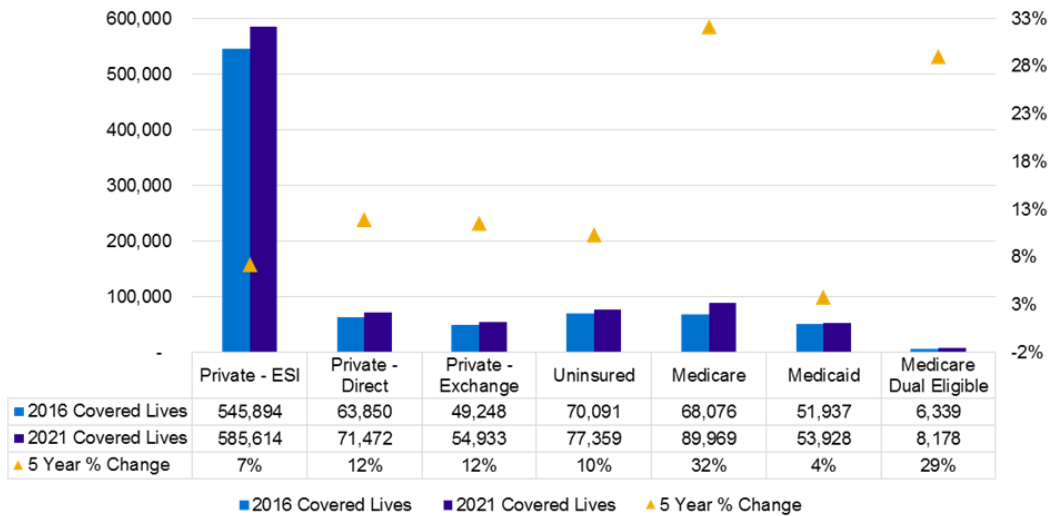
5 Year Projected Population Growth Rate



Source: Truven Health Analytics, 2016

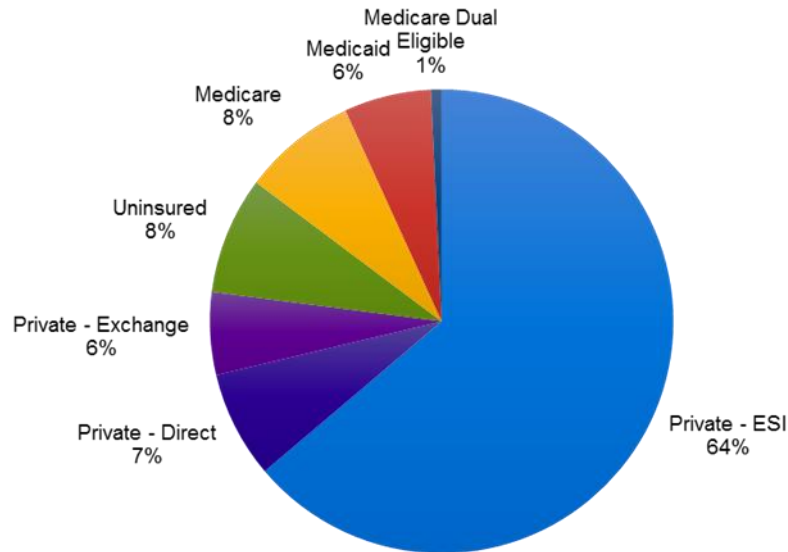
The community's residents are commercially insured at a rate of 79%. The commercially insured population includes those purchasing insurance through the health insurance exchange marketplace (6%), those receiving insurance through an employer (64%), and those independently purchasing insurance (7%). Currently, 8% of the population has Medicare, 1% of the population is Medicare dual-eligible, and 6% of the population is covered by Medicaid. All insurance types are projected to experience growth over the next five years. The Medicare population is expected to increase 32% (21,893 covered lives); this is the largest projected growth among all types of coverage in the community served. The uninsured population makes up 8% of the community.

Estimated Covered Lives and Projected Growth by Insurance Category



Source: Truven Health Analytics, 2016

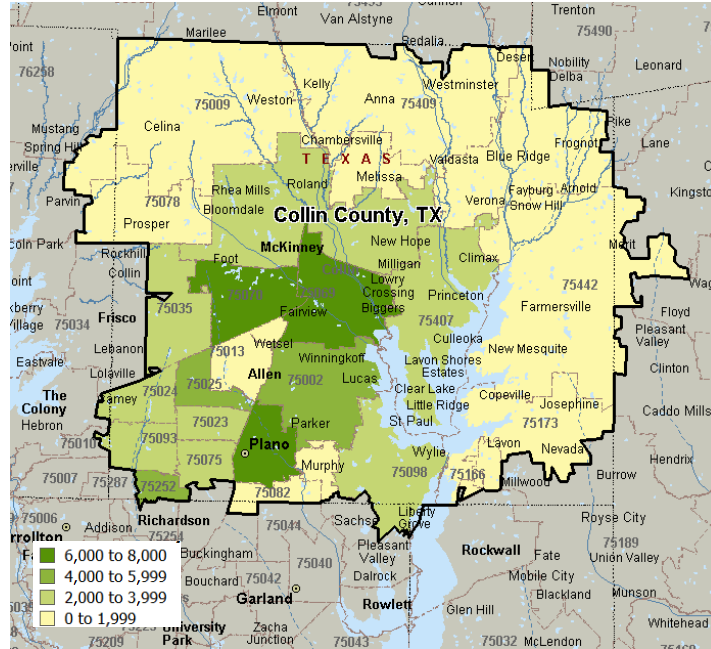
2016 Insurance Coverage Estimates by Insurance Type



Source: Truven Health Analytics, 2016

Of the uninsured residents in Collin County, 12% reside in ZIP code 75069 (community of McKinney); these 7,365 residents are the largest concentration of uninsured individuals in the community. Other ZIP codes which comprise a higher proportion of the community's uninsured residents when compared to other areas in the community are 75070 (community of McKinney), and 75074 in Plano; both comprise 10% of the community's uninsured residents.

2015 Estimated Uninsured Lives by ZIP Code



Source: Truven Health Analytics, 2016

The community includes three health professional shortage areas and one medically underserved area, as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.¹ **Appendix D** includes the details on each of these designations.

Health Professional Shortage Areas and Medically Underserved Areas and Populations

Counties	Health Care Professional Shortage Area (HPSA)			Total	Medically Underserved Area / Population (MUAP)
	Dental Health	Mental Health	Primary Care		Total MUAP
Collin County	1	1	1	3	1

Source: Truven Health Analytics, 2016

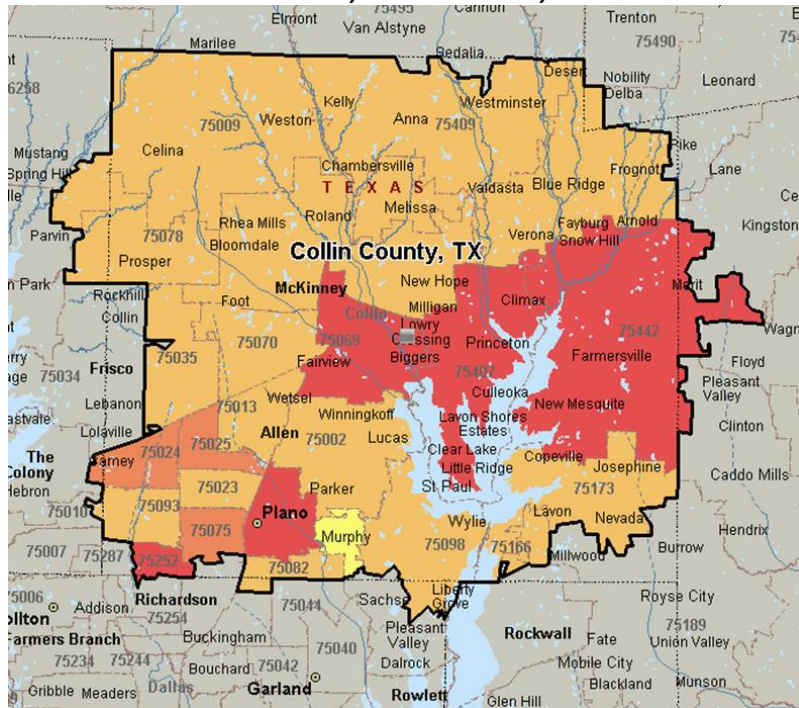
¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016

Community Health Data

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

The CNI is measured on a scale of 1 to 5, with 5 indicating the greatest need. Overall, the community served has a lower CNI than the national median of 3. The Texas median is 3.9. The portions of the community where greater healthcare needs are anticipated include, but are not limited to, Princeton (3.8) and Farmersville (4.0). The community’s overall CNI is 2.8.

2015 Community Need Index by ZIP Code



CNI Score by ZIP Code



Source: Truven Health Analytics, 2016

Public Health Indicators

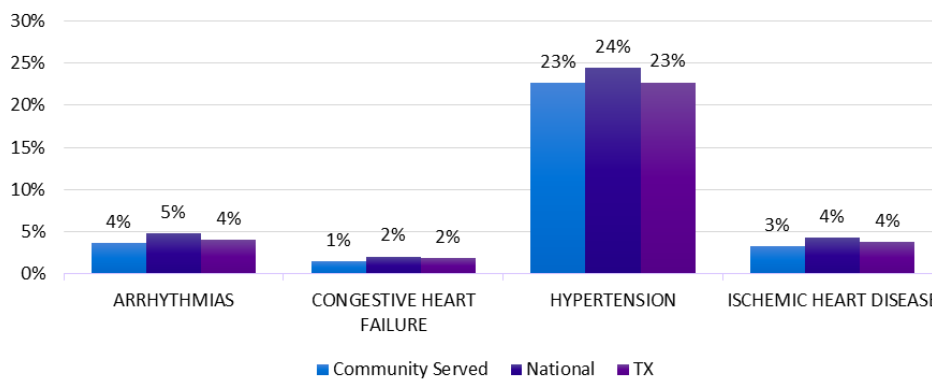
Public health indicators were collected and analyzed to assess the community’s health needs. For each health indicator, a comparison was made between the most recently available community data and benchmarks for the same indicator. Benchmarks were based on available data and included the United States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

<p>Population</p> <ul style="list-style-type: none"> • Social Associations <p>Health Outcomes</p> <ul style="list-style-type: none"> • Breast Cancer Incidence • Arthritis • Atrial Fibrillation • Hyperlipidemia • Osteoporosis • Pediatric Diabetes Hospitalizations <p>Mental Health</p> <ul style="list-style-type: none"> • Mental Health Providers 	<p>Health Behaviors</p> <ul style="list-style-type: none"> • Excessive Drinking • Alcohol-impaired Driving Deaths <p>Access to Care</p> <ul style="list-style-type: none"> • Health Care Costs • Other Primary Care Providers <p>Environment</p> <ul style="list-style-type: none"> • Limited Access to Healthy Food • Air Quality / Pollution • Driving Alone to Work Long Commute: Driving Alone
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Truven Health supplemented publicly available data with estimates of localized disease prevalence for heart disease, cancer, and emergency department visits.

Truven Health’s Heart Disease Estimates identified hypertension as the most prevalent heart disease diagnosis in this community, with 193,915 cases in Collin County. Arrhythmias and ischemic heart disease are the second and third most common heart disease diagnoses. ZIP code 75050, located in Grand Prairie, has the highest rate of hypertension (10.2%), arrhythmias (9.9%), congestive heart failure (9.8%), and ischemic heart disease (9.6%) when compared to other ZIP codes in the community.

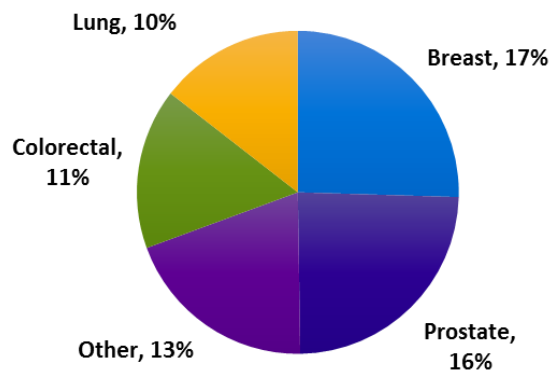
2015 Estimated Heart Disease Cases



Source: Truven Health Analytics, 2016

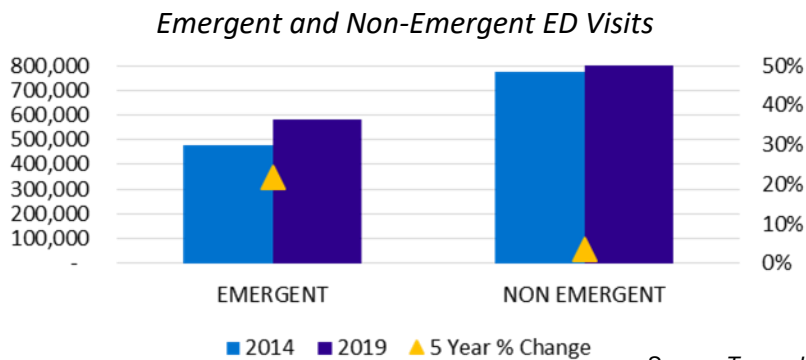
Truven Health’s 2015 Cancer Estimates show breast, prostate, and colorectal cancers as the most prevalent in the community served. The incidence of colorectal and prostate cancers is higher in the community than in the state and nation. The incidence of breast cancer is equivalent to that of the state. In 2015, there were an estimated 766 cases of breast cancer, 730 cases of prostate cancer, and 484 cases of colorectal cancer in the community. ZIP code 75070, located in Grand Prairie, has the highest rate of breast, prostate, and colorectal cancer in the community at 10.1%, 10%, and 9.8%, respectively.

2015 Estimated Cancer Cases



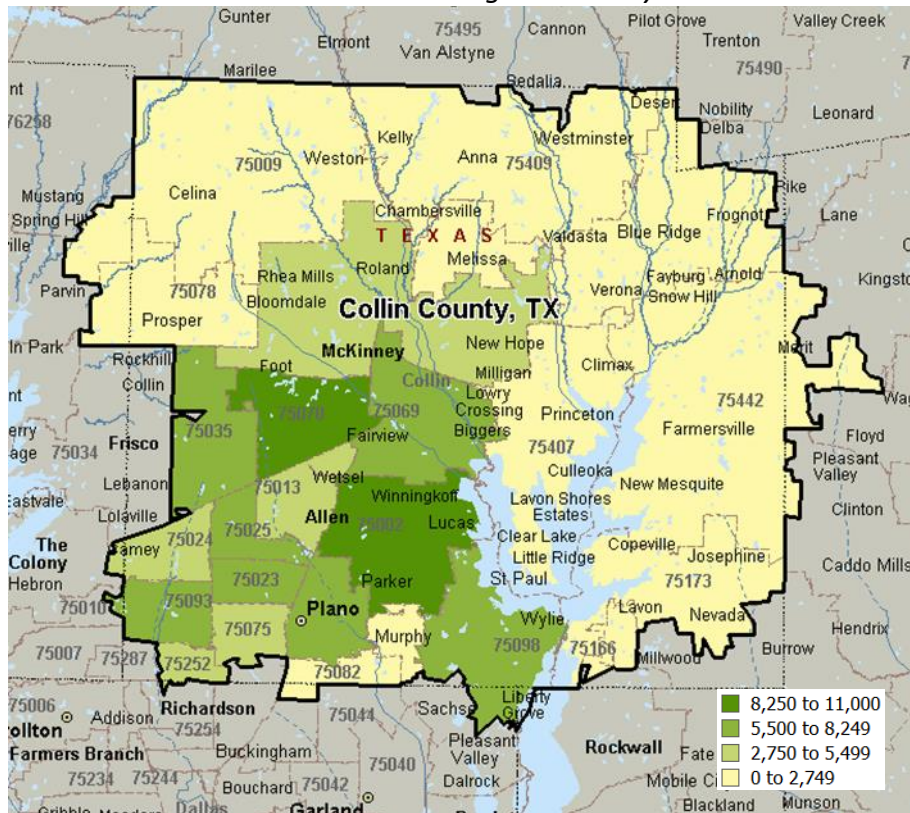
Source: Truven Health Analytics, 2016

Truven Health predicts emergency department (ED) visits to increase by 17% over the next five years; this is equivalent to an increase of 30,804 visits. Emergent ED visits are expected to increase by 28% (22,580) between 2014 and 2019. Non-emergent ED visits are expected to increase by 8% (8,224 visits) during the same time period. Non-emergent ED visits are typically 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 of systematic issues with access to primary care or managing chronic conditions. There is a projected 8% percent (8,224) increase in non-emergent ED visits between 2014 and 2019. The residents of ZIP code 75050, located in McKinney, generate more ED visits, both emergent and non-emergent, than other ZIP codes in the community.



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 14 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 a Truven Health representative. 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 County, the community served by Methodist McKinney Hospital.

The community served by Methodist McKinney Hospital is Collin County, located in the suburbs of Dallas. Plano and McKinney are the largest cities in Collin County. The community served by Methodist McKinney Hospital is rapidly growing, leading to an increasing need for healthcare services. The community's growth has stretched financial resources, and public assistance is increasingly difficult to obtain. Growing numbers of children on the free lunch program is one outcome of financial issues facing residents of Collin County. Collin County's growth has created a deficit of affordable housing; limited housing options for middle-income families have forced some families into poverty. Interviewees also discussed the need for public transportation. Dallas' public transportation system has a light rail system that serves the southern portion of Collin County in Plano. However, public transportation options in other areas are limited. Participants also discussed issues with traffic and the infrastructure related to the community's recent growth. The ethnic and racial diversity within the community is increasing, with high growth among the Asian and Indian populations. As the community becomes more diverse, social challenges such as language and cultural barriers arise. Although Collin County is experiencing tremendous growth, interviewees found that the community is still largely rural and does not have a public hospital. According to participants, the west side of Collin County is more affluent, comprised primarily of wealthier families. Middle and low-income families primarily reside in Northeast Collin County. The eastern side of Collin County was also described as having fewer health care services available.

Health Needs

The interviewees represented organizations that serve diverse populations with significant differences in socioeconomic status, education, access to care, and health status. The participants were asked to rate the health of the community on a scale of 1 to 5 with 1 being worst and 5 being the best. The average score for all interviewees representing Collin County was 3.5. Next, participants identified overarching drivers that contribute to the health needs and priorities of the community. One of the major themes identified by the participants was access to health

care. Specific drivers of this issue included insurance, transportation, and services provided. The participants also identified major needs surrounding mental health. Needs related to nutrition were also discussed. Health prevention, activities to treat and prevent chronic conditions, and awareness of community resources were among other topics discussed by interviewees.

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 services provided, other needs such as respite care were discussed by participants.

As previously mentioned, some residents in Collin County are unable to afford insurance. The lack of insurance prevents individuals from receiving necessary care, negatively impacting the health of the community. While providers and healthcare services are available, many do not accept Medicaid beneficiaries or uninsured patients. Insurance coverage, or the lack thereof, creates healthcare disparities in the Methodist McKinney community. The absence of a charity hospital in the community increases the burden on uninsured residents as they are forced to travel to Dallas to seek care at the charity hospital.

Transportation was also discussed as an access issue that negatively impacts the health of the community. Public transportation in Collin County is limited to the southern portion of the community. Much of the community is rural, and transportation issues can prevent some residents, particularly those living in the northern portion of Collin County, from accessing services.

Another access related issue discussed by participants is the availability of services. As the population ages, more services will be required to maintain health. The community will need more geriatric providers to support its aging population. As the community grows, more providers are necessary to keep up with the demand of patients. Interviewees mentioned the need for primary care physicians and family practitioners. In addition to medical providers, the need for dentists was discussed. According to interview participants, there is also a community need for specialists including osteopathic/holistic providers, urgent and immediate care providers, and therapists, particularly in rural areas.

Mental Health

Participants also identified a gap in mental health services in the community. Uninsured residents cannot afford mental health services, and many insured individuals do not have mental health coverage and face financial barriers for mental health services. Affordability is not the only obstacle pertaining to local mental health services. Collin County also struggles with a low supply of mental health providers. According to Collin County representatives, social stigmas surrounding mental health often prevent individuals from seeking appropriate care. Insurance coverage and the willingness to seek care are barriers to mental health treatment in

Collin County, but the availability of providers is the largest problem related to mental health services.

Substance abuse treatment is frequently included under the umbrella of mental health services. The need for substance abuse treatment was not an overwhelming concern for Collin County representatives; however, it was discussed by some. The community is lacking both inpatient and outpatient substance abuse rehabilitation providers.

Nutrition

Nutrition, and its impact on community health, was a common topic of discussion among interviewees. Nutrition is an important factor in the prevention of chronic disease. The need for access to healthy food and support for making healthy diet decisions were mentioned during interviews. Families often select unhealthy foods due to availability and convenience. Also, the consumption of processed foods that are high in sugar was a concern for interview participants.

Social Determinants of Health

The interviewees were asked to identify the primary social factors determining the health of the community. The common themes among all participants were education and income.

The most common determinant of health discussed was income. Basic necessities of life are often jeopardized for those living in poverty. The health of those without consistent food, shelter, clothing, and sanitation is likely to suffer. Participants discussed access as the primary income related barrier to health care. Without adequate income, residents are unable to afford items such as transportation and insurance.

Education was the second most commonly discussed social factor impacting the health of Collin County. Participants stated that individuals possessing formal education are more likely to be in good health than the uneducated. The need for additional health education was also discussed among participants representing the community.

Other social determinants impacting the health of the community included nutrition, race, family support, and cultural barriers. Participants believed the presence or absence of these factors could influence the health of community members.

Vulnerable Groups and Populations

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

1. Immigrants
2. Children
3. African-Americans
4. Impoverished
5. Elderly

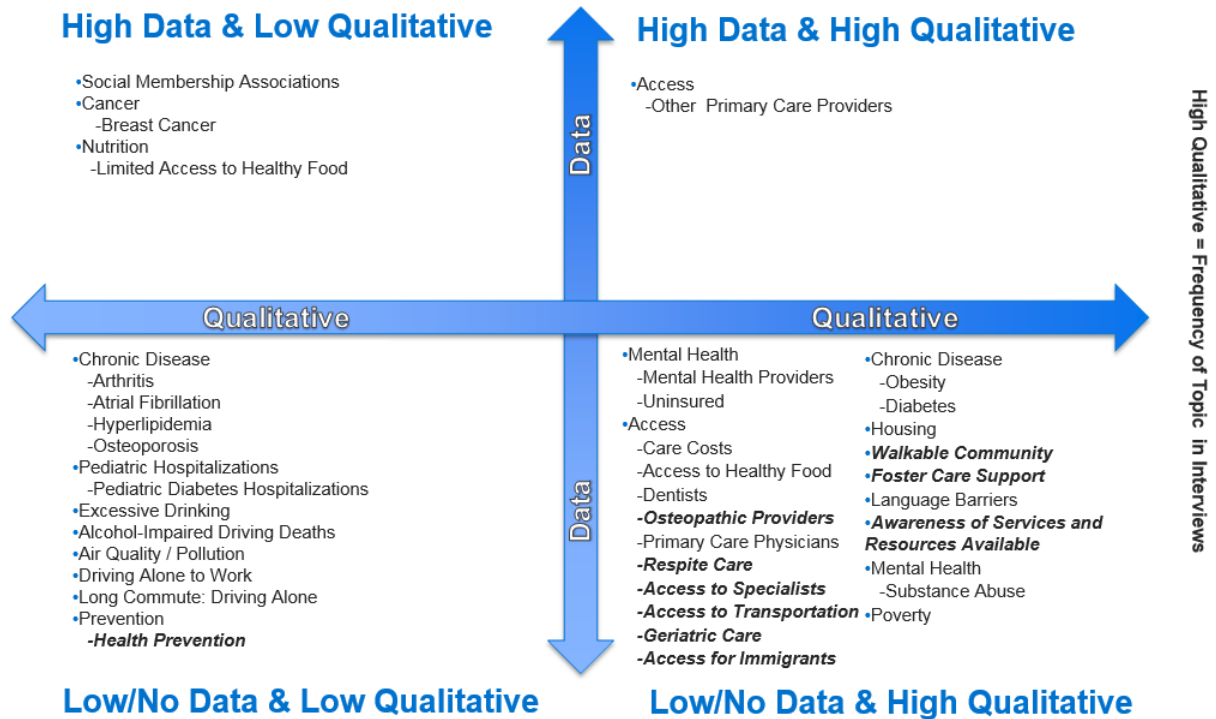
The interview participants and the populations they serve for this community are documented in the table in **Appendix B**.

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 identified 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 McKinney Hospital.

High Data = Indicators worse than state benchmark by greater magnitude



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

Source: Truven Health Analytics, 2016

Prioritizing Community Health Needs

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

The matrix was reviewed on July 20, 2016 by Methodist Health System’s CHNA work group in a session to establish and prioritize significant health needs. 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 in 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 McKinney Hospital also represented Methodist Hospital for Surgery. The group selected the following indicators for Methodist McKinney Hospital from the quadrant labeled “high data, low qualitative”:

- Breast cancer
- Limited access to healthy food

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

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

Aligning the prioritized health needs with the strategy of the health system was considered to ensure current strengths and focuses are leveraged in the selection of the health needs. The participants also expressed the importance of selecting needs based upon the expertise from within the hospitals and the communities they 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. Lastly, the ability to obtain quick success and make an impact in the community was considered by the participants.

Once the prioritization criteria were determined, the break-out groups rated each significant health need on each of the five criteria utilizing a scale of 1 to 10, with 1 being low and 10 being high. The criteria ratings for each need were then summed to create the total score for each need. The scores for each need were then ranked based on the overall score. The list of significant health needs was then prioritized based on the rankings.

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

1. Access to care
2. Community resource collaboration and awareness
3. Prevention

Description of Health Needs to be Addressed

Access to care

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

When community members lack insurance, the health of the community is at risk of being compromised due to the hesitation to seek care for financial reasons. According to the United States Department of Agriculture (USDA), 7% of Collin County residents live in poverty. This is compared to 15.5% of people living in the United States and 17.2% of people residing in Texas.² Although the percent of those living in poverty is more favorable than benchmarks, healthcare costs are higher in the community. According to The Dartmouth Atlas of Healthcare, the average Medicare reimbursement per enrollee is \$11,306 in Collin County, compared to \$10,837 in Texas.³ These higher costs for care place a strain on those requiring services, particularly those without proper insurance coverage.

Health insurance is a large component necessary for a community to have adequate access to care. The United States Census Bureau's Small Area Health Insurance Estimates (SAHIE) program estimates 30% of Texans and 19% of Collin County residents are uninsured.⁴ In addition, the percent of children under the age of 19 without insurance is 11% in Collin County; this is compared to 13% in the state.⁵ Without insurance, many families are not willing to seek proper treatment when necessary due to fears of being unable to receive care or afford services.

Reliable transportation is a barrier many residents in the community face, and it prevents many from receiving the care needed to prevent and treat illnesses. Although Collin County does have access to the Dallas County public transportation systems, the system does not serve all areas within the community. Only the southern portion of the community is served, so the majority is without services. Individuals with private transportation often have to drive long distances to receive care. Providers are often not available in the community requiring residents to travel to outlying areas.

The final access related challenge involves the lack of providers in the community. Multiple participants representing the community discussed the need for additional providers, including primary care physicians and dentists. According to the American Medical Association, Collin

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

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

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

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

County has one primary care physician for every 1,100 residents; this is more favorable than the state's ratio of one primary care physician for every 1,680 residents. The nation is worse than the community with one primary care physician for every 1,320 individuals.⁶ When evaluating the ratio of the population to non-physician primary care providers, Collin County is worse than the state with 2,007 residents per provider.⁷ As previously mentioned, interviewees expressed the need for additional dentists in the community. Collin County has one dentist for every 1,590 residents, proportionately better than the state's ratio of one dentist for every 1,880 residents; both are worse than the nation's ratio of one dentist for every 1,540 residents.⁸

Awareness and collaboration of community resources

Collin County has 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 expressed the need for increased awareness for all residents. Significant health needs in the community could potentially be improved with appropriate use of existing resources. Those individuals living in the community with the most need are often those who are the most difficult to reach, according to interview participants.

In addition to awareness, interview participants discussed the need for more collaboration between organizations serving the community. Many agencies offer overlapping services. Organizations that offer similar services may find that building alliances and coordinating care can increase their effectiveness. These partnerships may allow agencies to expand their reach to broader populations or offer additional services.

Prevention

Health prevention is a top health need in the community due its long term impact on the overall health of the community. Collin County's incidence of breast cancer is 127.2 per 100,000 residents, compared to 113.1 in Texas and 123 in the United States.⁹ The community's high breast cancer rate supports the need for increased mammography screenings. Regular screenings can prevent cancer from achieving an advanced stage prior to diagnosis and treatment.

Prevention of chronic conditions, such as heart disease, can improve health outcomes in the community. Hyperlipidemia increases the risk of heart disease and stroke. The condition is more common among residents in the community than in the state and nation; 51.2% of the

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

⁹ National Cancer Institute, 2008-2012, Average annual incidence of breast cancer per 100,000 people (age-adjusted)

community has hyperlipidemia, compared to 46% in Texas and 44.7% in the United States. While some people are genetically predisposed to hyperlipidemia, a healthy diet and exercise can often reduce cholesterol. Prevention initiatives aimed at lowering cholesterol can reduce the risks associated with the hyperlipidemia.

Vaccinations for children, screening for chronic diseases, and living a healthy lifestyle are important prevention related activities that can decrease illness. Prevention related initiatives can increase early diagnosis to prevent advanced disease stages and improve success rates of treatment.

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 for the community served.

Methodist McKinney Hospital

CHNA Implementation Strategy

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

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

Community Health Need: Access to Care

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

Methodist McKinney Hospital Strategies and Related Activities: Increase access to care by recruiting additional primary care physicians to the market where appropriate; providing low-cost screening mammograms to area residents through the MHS Mobile Mammography program; locating additional access points throughout the service area such as urgent care, imaging and family health centers within new Integrated Health Centers; providing financial assistance to Community Health Clinic; providing free sports physicals at McKinney High School; recruiting and placing MMH Specialty Physicians Clinic in Prosper

Community Health Need: Awareness and Collaboration of Community Resources

Collin County has 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 expressed the need for increased awareness for all residents. Significant health needs in the community could potentially be improved with appropriate use of existing resources. Those individuals living in the community with the most need are often those who are the most difficult to reach, according to interview participants.

In addition to awareness, interview participants discussed the need for more collaboration between organizations serving the community. Many agencies offer overlapping services. Organizations that offer similar services may find that building alliances and coordinating care can increase their effectiveness. These partnerships may allow agencies to expand their reach to broader populations or offer additional services.

Methodist McKinney Hospital Strategies and Related Activities: Improve awareness and collaboration of community resources by continuing collaborate with local municipalities and coalitions to expand outreach and awareness of community resources

Community Health Need: Prevention

Health prevention is a top health need in the community due its long term impact on the overall health of the community. The community's high breast cancer rate supports the need for increased mammography screenings. Regular screenings can prevent cancer from achieving an advanced stage prior to diagnosis and treatment. Prevention of chronic conditions, such as heart disease, can improve health outcomes in the community. Hyperlipidemia increases the risk of heart disease and stroke.

Methodist McKinney Hospital Strategies and Related Activities: Improve prevention efforts by providing screening mammograms and flu shots to area residents

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
United Way		X	X	X	X
Methodist Richardson Medical Center Advisory Board		X	X	X	X
The Visiting Nurse Association		X	X	X	
Easter Seals North Texas				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

Community Health Needs Assessment – 2016

Appendix B: Interview Participants for the Community Served

Organization	Public Health	Low Income	Minority	Medically Underserved	Chronic Disease Needs
5013C Community Food Pantry		X	X		
Collin College			X		
Collin County Healthcare Services	X	X	X	X	X
CASA of Denton County		X	X		

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

Resources Identified via Community Input

United Way	North Texas Food Bank	Easter Seals North Texas	University of North Texas
The Visiting Nurse Association	Federally Qualified Health Clinics	Hope’s Door	City House
CASA of Collin County	Boys and Girls Club of Collin County	Plano Independent School District	Community Food Pantry
Collin College	New Beginnings Center	Junior League of Collin County	Texas Workforce Solutions
PrimaCare	CASA of Denton County	Collin County Healthcare Services	

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

Health Professional Shortage Areas (HPSA)¹⁰

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
Collin County	14899948PD	Collin County Adult Clinic	Primary Care	Federally Qualified Health Center Look A Like
Collin County	64899948MU	Collin County Adult Clinic	Dental Health	Federally Qualified Health Center Look A Like
Collin County	74899948MT	Collin County Adult Clinic	Mental Health	Federally Qualified Health Center Look A Like

Medically Underserved Areas / Population (MUAP)¹¹

County Name	Service Area Name	MUA/P Source Identification Number	Designation Type
Collin County	Collin Service Area	3471	Medically Underserved Area

¹⁰ U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016

¹¹ U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016

Appendix E: Healthcare Organizations Serving the Community

Community Healthcare Facilities¹²

Facility Name	Facility Type	Address	City	ZIP
Accel at Willow Bend Plano	Skilled Nursing Facility	2620 Communications Pkwy	Plano	75093
Accel Rehabilitation Hospital	Hospital	2301 Marsh Ln	Plano	75093
Baybrooke Village Care and Rehabilitation Center	Skilled Nursing Facility	8300 Eldorado Pkwy W	McKinney	75070
Baylor Emergency Medical Center at Murphy	Hospital	511 FM 544	Murphy	75094
Baylor Medical Center at McKinney	Hospital	5252 W University Dr	McKinney	75071
Baylor Regional Medical Center at Plano	Hospital	4700 Alliance Blvd	Plano	75093
Belterra Health & Rehabilitation Center	Skilled Nursing Facility	2170 Lake Forest Dr	McKinney	75071
Centennial Medical Center	Hospital	12505 Lebanon Rd	Frisco	75035
Children’s Medical Center at Legacy in Plano	Hospital	7601 Preston Rd	Plano	75024
Christian Care Senior Living Community Allen	Skilled Nursing Facility	560 Prestige Circle	Allen	75002
Community Hospital Corporation	Health System	7800 N Dallas Pkwy	Plano	75024
Community Hospital Corporation	Health System	7800 N Dallas Pkwy	Plano	75024
Crescent Medical Center Abilene	Hospital	4085 Ohio Dr	Frisco	75035
Erickson Living Highland Springs	Skilled Nursing Facility	8000 Frankford Rd	Dallas	75252
Founders Plaza Nursing & Rehab	Skilled Nursing Facility	721 S Hwy 78	Wylie	75098
Garnet Hill Rehabilitation and Skilled Care	Skilled Nursing Facility	1420 McCreary Rd	Wylie	75098
Golden Living	Skilled Nursing Facility Corporation	7160 Dallas Pkwy	Plano	75024
Grace Home Health Inc.	Skilled Nursing Facility Corporation	5045 Lorimar Dr	Plano	75093

¹² Truven Health Analytics, 2016 Market Expert National Facility Database

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

Community Health Needs Assessment – 2016

Appendix E: Healthcare Organizations Serving the Community

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

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Appendix E: Healthcare Organizations Serving the Community

Facility Name	Facility Type	Address	City	ZIP
PowerBack Rehabilitation	Skilled Nursing Facility	1350 E Lookout Dr	Richardson	75082
Prestonwood Rehab & Nursing Center	Skilled Nursing Facility	2460 Marsh Ln	Plano	75093
San Remo	Skilled Nursing Facility	3550 Shiloh Rd	Richardson	75082
Settlers Ridge Care Center	Skilled Nursing Facility	1280 Settlers Ridge Rd	Celina	75009
Star Medical Center	Hospital	4100 Mapleshade Ln	Plano	75075
Stonemere Rehabilitation Center	Skilled Nursing Facility	11855 Lebanon Rd	Frisco	75035
Texas Health Center For Diagnostics & Surgery Plano	Hospital	6020 W Parker Rd	Plano	75093
Texas Health Presbyterian Hospital Allen	Hospital	1105 Central Expy N	Allen	75013
Texas Health Presbyterian Hospital Plano	Hospital	6200 W Parker Rd	Plano	75093
Texas Health Seay Behavioral Health Hospital Plano	Hospital	6110 W Parker Rd	Plano	75093
The Belmont at Twin Creeks	Skilled Nursing Facility	999 Raintree Cir	Allen	75013
The Heart Hospital Baylor Plano	Hospital	1100 Allied Dr	Plano	75093
The Hillcrest of North Dallas	Skilled Nursing Facility	18648 Hillcrest Rd	Dallas	75252
The Legacy at Home	Skilled Nursing Facility Corporation	6101 Ohio Dr	Plano	75024
The Legacy at Willow Bend Retirement	Skilled Nursing Facility	6101 Ohio Dr	Plano	75024
The Park in Plano	Skilled Nursing Facility	3208 Thunderbird Ln	Plano	75075
Victoria Garden of Frisco	Skilled Nursing Facility	10700 Rolator Dr	Frisco	75035
Victoria Gardens of Allen	Skilled Nursing Facility	310 S Jupiter Rd	Allen	75002
Victory Medical Center - Craig Ranch	Hospital	6045 Alma Rd	McKinney	75070
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	Continued ongoing physician recruitment efforts as needed
Maternal, Infant, and Child Health	Outside scope of services	N/A
Clinical preventive services	Breast Cancer Screenings	In FY15, the Mobile Mammography Unit completed over 2,700 mammograms
	Other community screenings and health education	600 flu shots, more than 200 blood pressure screenings, lipid panels and glucose screenings; 3300+ people reached with wellness information
Nutrition, Physical Activity and Obesity	Outside scope of services	N/A
Social Determinants of medical and behavioral health problems	Outside scope of services	N/A
Injury and violence	Outside scope of services	N/A

Appendix G: Key Health Indicator Sources

Health-related Indicators for the community’s selected top health needs

Indicator	Selected Need	Undesired direction	Collin County	Texas
Percentage of population under age 65 without health insurance	Access	higher	19%	30%
Percent Uninsured Children (<19)	Access	higher	11%	13%
Amount of price-adjusted Medicare reimbursements per enrollee	Access	higher	\$11,306.00	\$10,837.00
Ratio of population to one primary care physician	Access	higher	1100.0	1680.0
Ratio of population to primary care providers other than physicians	Access	higher	2007.0	1709.0
Ratio of population to one dentist	Access	higher	1590.0	1880.0
Flu Vaccine 65+	Prevention	lower	76%	65%

Indicator values displayed in blue are better than the benchmark