Methodist Health System Community Health Needs Assessment & Implementation Plan

Methodist Mansfield Medical Center

Methodist HEALTH SYSTEM

Approved by: Methodist Health System's Board of Directors in September 2016
Posted to www.methodisthealthsystem.org/communityhealth on September 30, 2016

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,

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

Table of Contents

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 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 Mansfield Medical Center.

For the purposes of the 2016 assessment, Methodist Mansfield Medical Center has defined its community as the geographical area of Ellis and Tarrant 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's 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's 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 Mansfield 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 Mansfield 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 facilities developed an individual implementation strategy with specific initiatives aimed at addressing the selected health needs, which is included in this report.

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

The CHNA for Methodist Mansfield 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 Mansfield Medical Center.

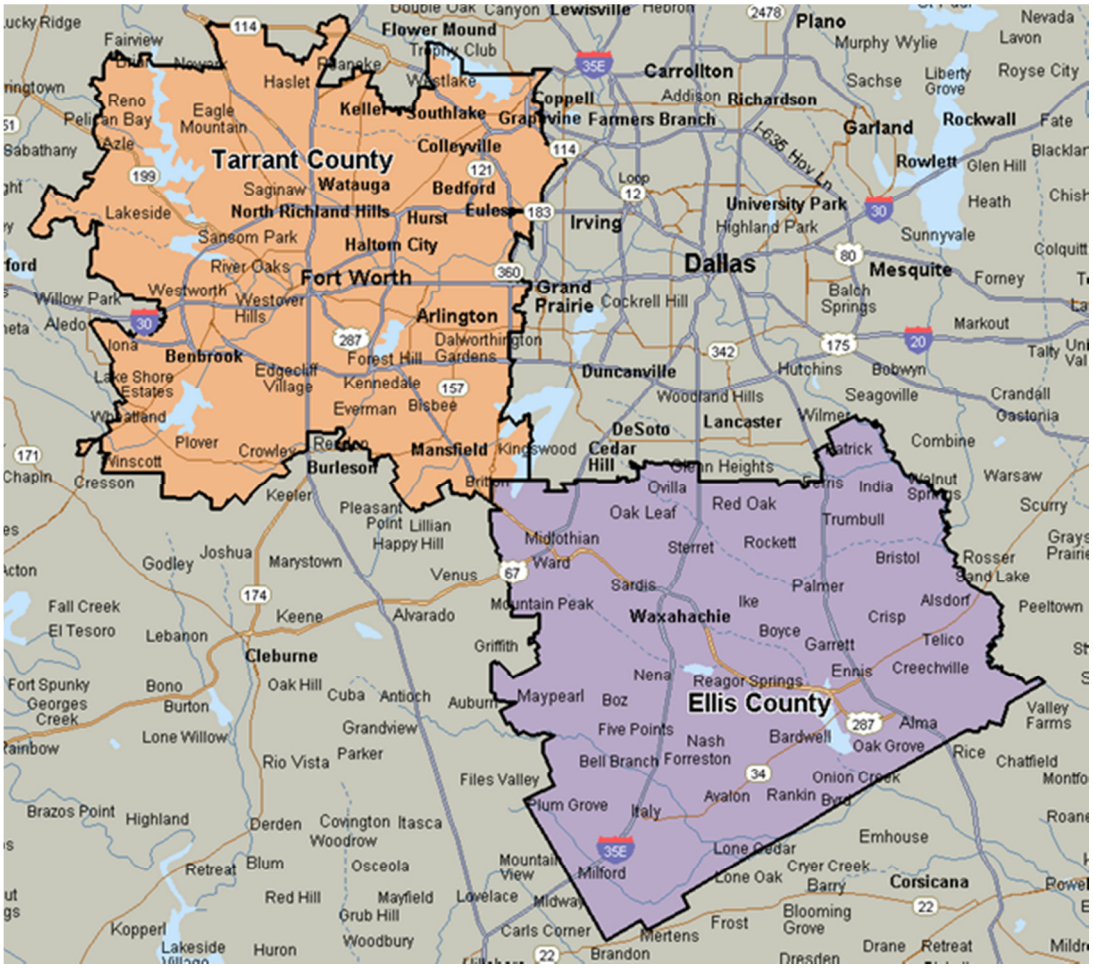
Qualifications & Collaboration

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 Mansfield Medical Center defined the facility's community using the counties in which at least 75% of patients reside. Using this definition, Methodist Mansfield Medical Center has defined its community as the geographical area of Ellis and Tarrant counties for the 2016 CHNA.

Map of Community Served by Methodist Mansfield 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 collected and evaluated for Ellis and Tarrant 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

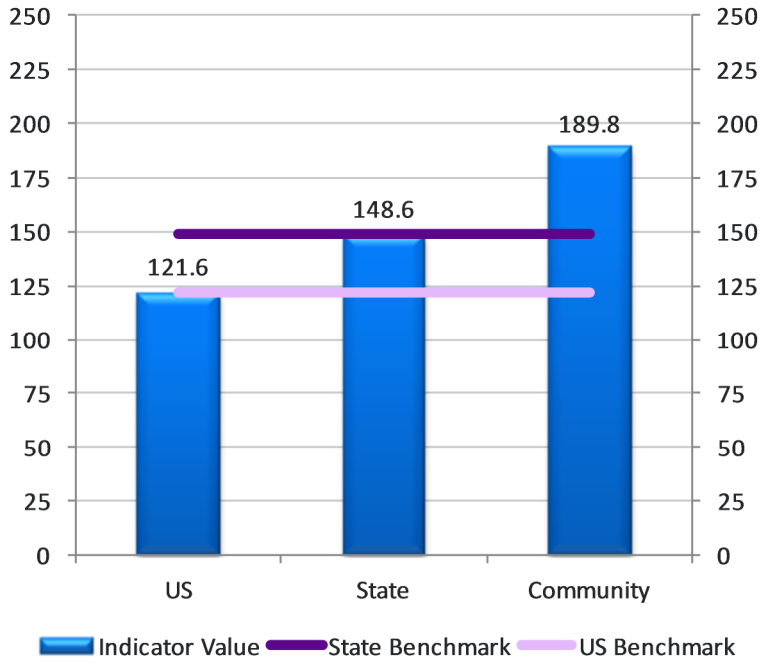
- Food Insecurity
- Limited Access to Healthy Food
- Food Environment Index
- Access to Exercise Opportunities
- Air Quality / Pollution
- Severe Housing Problems
- Driving to Work Alone
- Long Commute: Driving Alone

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.

Health Indicator Benchmark Analysis Example



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, 22 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.

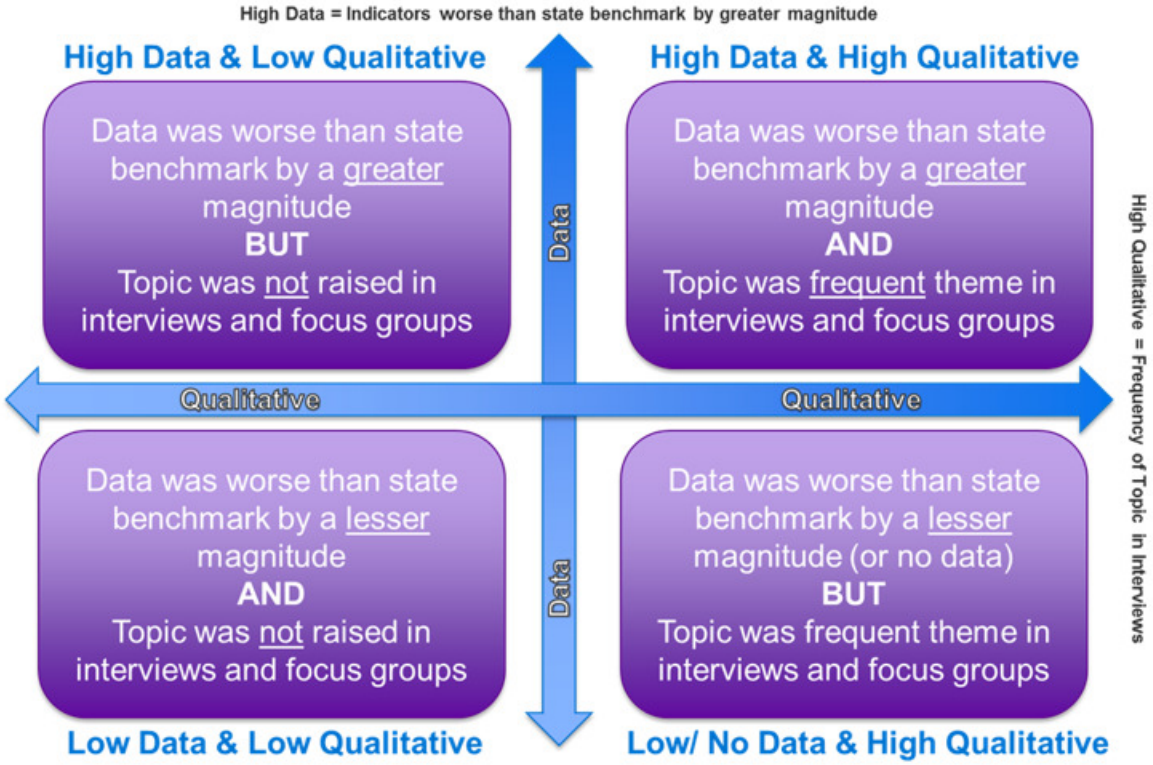
Methodist made the full report widely available and welcomed public comment or feedback on the findings. To date, no input has been received, but feedback from the community is welcomed. For this 2016 CHNA, public comments and feedback may be submitted by emailing CHNAFeedback@mhd.com.

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, 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 Mansfield Medical Center chose to address the following identified needs:

1. Lack of provider capacity
2. Shortage of primary care services
3. Shortage of specialty care
4. Lack of access to mental health
5. Insufficient integration of mental health care in the primary care medical care system
6. Lack of access to dental care
7. Need to address geographic barriers that impede access to care
8. Lack of access to health care due to financial barriers
9. Need for increased geriatric, long-term, and home care resources
10. Overuse of emergency department
11. Need for more care coordination
12. Need for more culturally competent care to address unmet needs

13. Necessity of patient education programs
14. Lack of access to healthy foods
15. Need for more education, resources and promotion of healthy lifestyles
16. Higher incidence rates of syphilis and chlamydia
17. Incomplete management of varicella (chicken pox) cases
18. Incomplete management of pertussis (whooping cough) cases
19. Need for more and earlier onset of prenatal care
20. Improved public health surveillance to promote individual and population health
21. High tuberculosis (TB) prevalence and low treatment completion rates
22. Inadequate health IT infrastructure and limited interoperability to support information sharing between providers

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, Ellis and Tarrant counties are similar in terms of population characteristics and more favorable overall in terms of socioeconomic factors when compared to the state of Texas. The community served has a higher percentage of residents under the age of 18, as compared to state and national population statistics. Conversely, the percentage of residents 65 years of age and older make up a smaller percentage of the population in Ellis and Tarrant counties. When compared to the state, the community finds itself in a more advantageous position as it relates to most socioeconomic barriers. This is indicated by fewer Medicaid beneficiaries and uninsured residents, a lower proportion of families living in poverty a lower percent of those facing language barriers, and fewer individuals with no high school diploma. The community does have a higher ratio of families living in rental houses than the state and nation.

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	Insurance Coverage: 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	2,101,228	27%	11%	7%	4%	9%	17%	12%	15%	38%

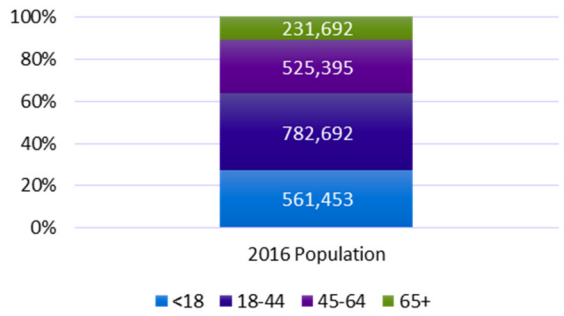
Source: Truven Health Analytics, 2016

Ellis and Tarrant counties are expected to grow 7% (153,618 people) by 2021. The population growth is equivalent to the growth rate expected for the state and higher than growth rates projected nationally. In Ellis and Tarrant counties, the ZIP codes expected to experience the most growth over the next five years are 76054, located in Hurst, and 76177, located in Fort Worth. ZIP code. 76054 (Tarrant County community of Hurst) is projected to increase by 16% (1,214 individuals), and ZIP code 76177 (Fort Worth community of Alliance-Roanoke) is projected to increase by 15% (1,368 individuals). The only ZIP codes in the community not projected to experience growth over the next five years are 75261 (Dallas community of Irving) and 76129 (Fort Worth community of TCU/Tanglewood), located in Dallas and Fort Worth.

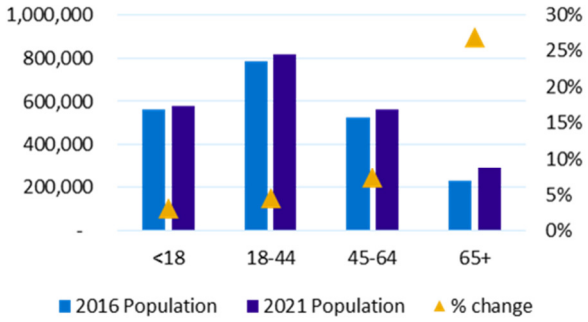
In 2016, the population aged 18 to 44 years are estimated to make up 37% of the population; meanwhile, 27% of the population was made up of those less than 18 years of age. The cohort aged 65 years of age and older is currently the smallest (11%); however, it is expected to experience the most growth over the next five years. This cohort is projected to increase by 62,247 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

2016 Total Population



5 Year Projected Population Growth Rate

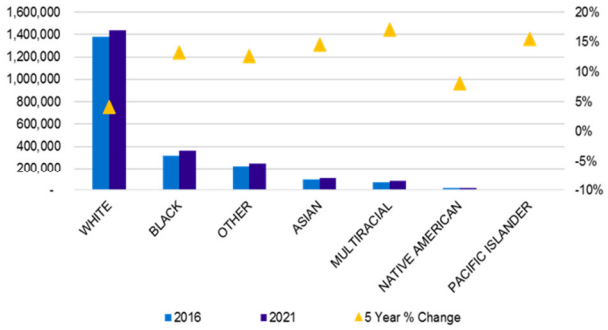


Source: Truven Health Analytics, 2016

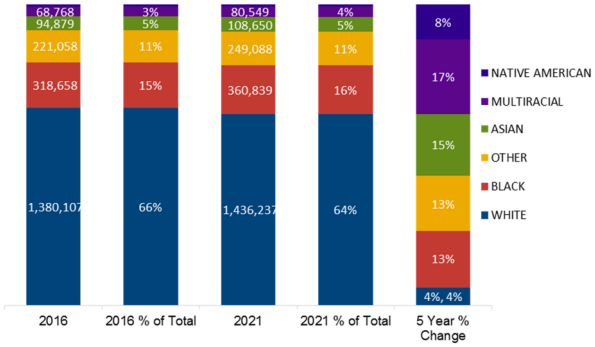
Ellis and Tarrant counties are primarily white (66%). Diversity in the community is expected to increase due to growth of minority populations over the next five years. The community will experience the largest growth in the multi-racial population, which is projected to increase by 17%, or an additional 11,781 residents. The graphs below display the community's total population breakdown by race, including all ethnicities.

Population by Race

2016 Total Population



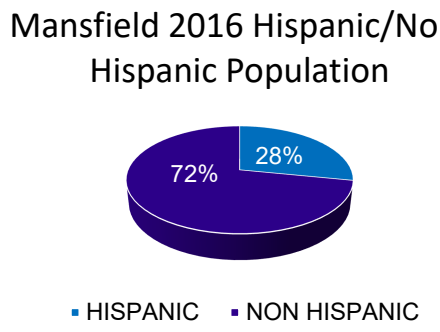
5 Year Projected Population Growth Rate



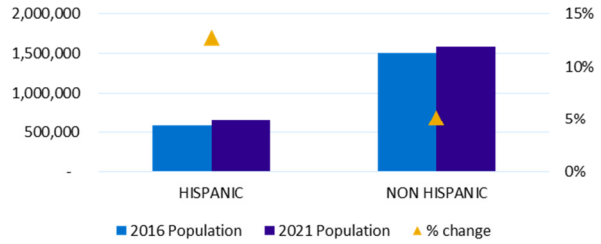
Source: Truven Health Analytics, 2016

The community is also becoming more ethnically diverse. 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 28% of the population. The population of Hispanic residents is expected to grow 13% over the next five years. This is equivalent to an additional 75,587 residents. The graphs below display the community's population breakdown by ethnicity, including all races.

Population by Hispanic Ethnicity



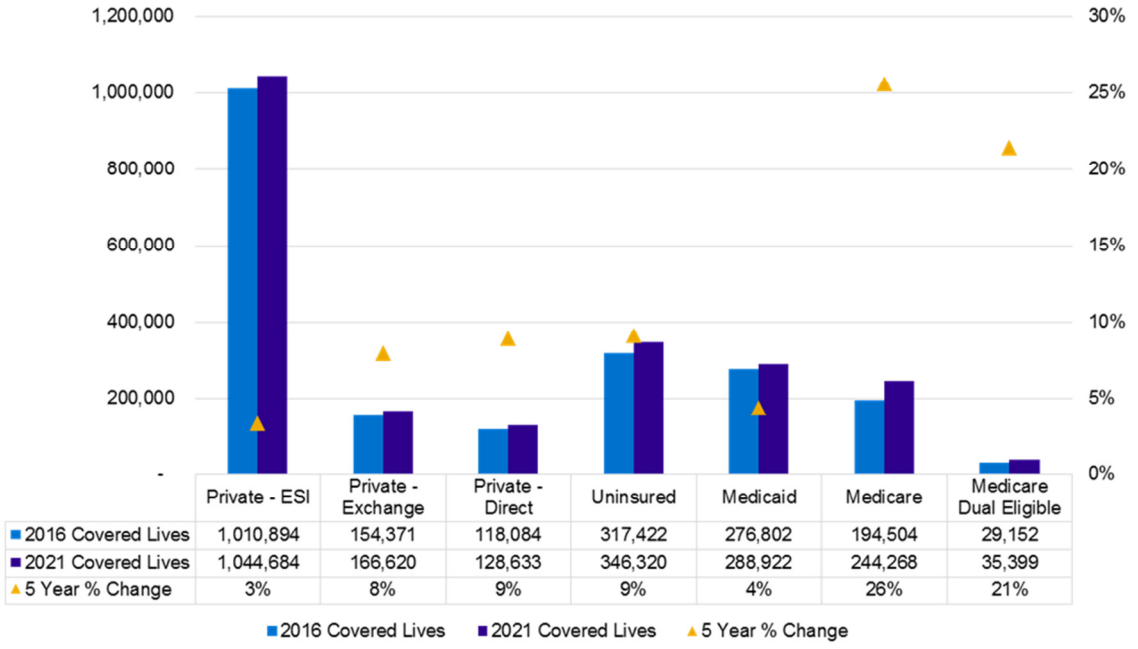
5 Year Projected Population Growth Rate



Source: Truven Health Analytics, 2016

Individuals with commercial insurance coverage comprise 61% of the community. The commercially insured population includes those purchasing insurance through the health insurance exchange marketplace (7%), those receiving insurance through an employer (48%), and those independently purchasing insurance (6%). Currently, 9% of the population have Medicare, 1% of the population is Medicare dual-eligible, and 13% of the population is covered by Medicaid. All insurance types are projected to experience growth over the next five years. Medicare enrollment is expected to experience the greatest increase (26%). The uninsured residents make up 15% of the population in the community.

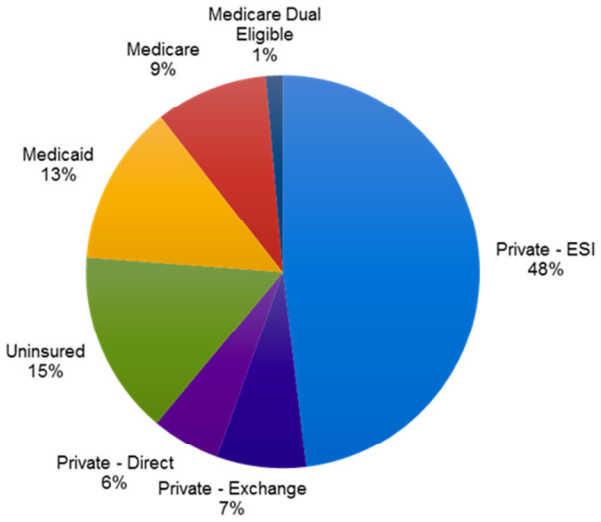
Estimated Covered Lives and Projected Growth by Insurance Category



	Private - ESI	Private - Exchange	Private - Direct	Uninsured	Medicaid	Medicare	Medicare Dual Eligible
2016 Covered Lives	1,010,894	154,371	118,084	317,422	276,802	194,504	29,152
2021 Covered Lives	1,044,684	166,620	128,633	346,320	288,922	244,268	35,399
5 Year % Change	3%	8%	9%	9%	4%	26%	21%

Source: Truven Health Analytics, 2016

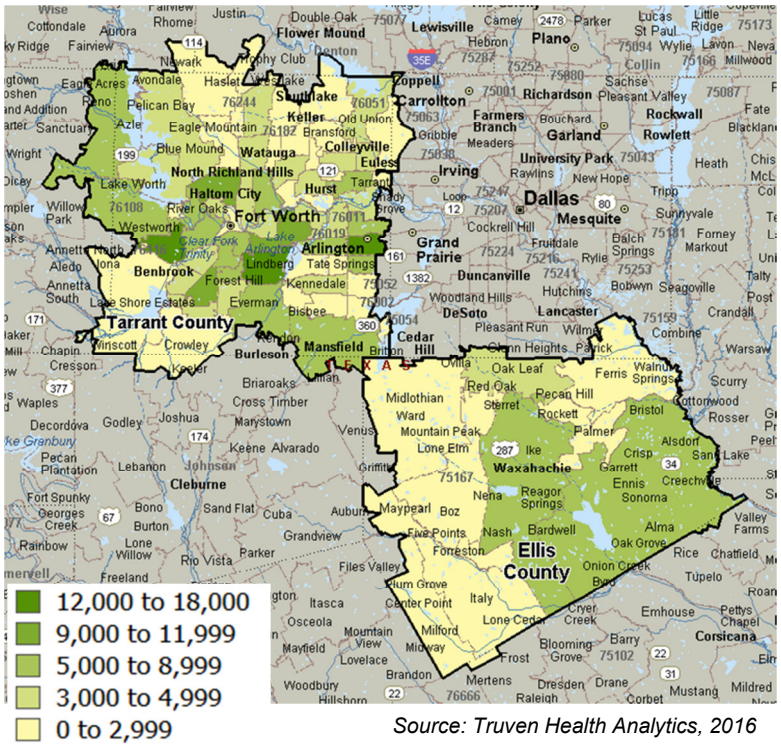
2016 Insurance Coverage Estimates by Insurance Type



Source: Truven Health Analytics, 2016

Five percent of uninsured residents living in Ellis and Tarrant counties reside in ZIP code 76010, in Central Arlington. These residents make up the largest distribution of uninsured individuals in the community (17,126 individuals). ZIP codes 76119 (Edgecliff community) and 76116 (TCU/Tanglewood community), in Fort Worth, also make up a large part of the community's uninsured residents when compared to other ZIP codes located in the area.

2016 Estimated Uninsured Lives by ZIP Code



Source: Truven Health Analytics, 2016

The community includes 12 health professional shortage areas and four 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

	Health Care Professional Shortage Area (HPSA)				Medically Underserved Area / Population (MUAP)
Counties	**Dental Health**	**Mental Health**	**Primary Care**	**Total**	**Total MUAP**
Ellis County	1	1	1	3	3
Tarrant County	3	2	4	9	1
Total	**4**	**3**	**5**	**12**	**4**

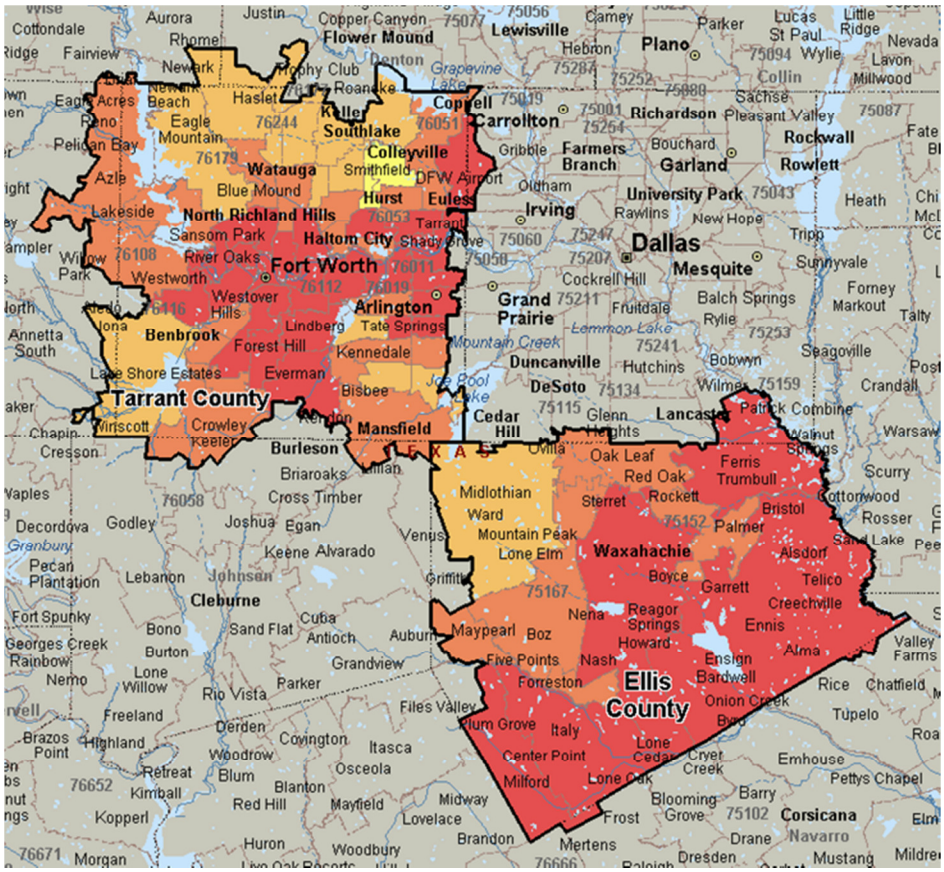
Source: Truven Health Analytics, 2016

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 of 3. Texas has a median score of 3.9. A few portions of the community where greater healthcare needs are anticipated include Waxahachie (3.8), Arlington (3.7), and Fort Worth (4.1). The community has an overall CNI Score of 3.6.

2015 Community Need Index 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's benchmark for this community include the following:

Population

- High School Graduation Rate
- High School Dropout Rate
- Some College
- Individuals With a Disability (16–64 Years)
- Social Associations
- Violent Crime

Injury & Death

- Heart Disease Deaths
- Cancer Deaths
- Chronic Lower Respiratory Disease Deaths
- Infant Mortality
- Child Mortality

Mental Health

- Mental Health Providers

Health Outcomes

- Insufficient Sleep
- Cancer (all causes) Incidence
- Breast Cancer Incidence
- Prostate Cancer Incidence
- Colon and Rectum Cancer Incidence
- Lung and Bronchus Cancer Incidence
- Hypertension
- Stroke
- Arthritis
- Alzheimer's/ Dementia
- Atrial Fibrillation
- Chronic Obstructive Pulmonary Disease
- Kidney Disease
- Depression
- Heart Failure
- Hyperlipidemia
- Schizophrenia
- Osteoporosis
- Asthma
- Pediatric Diabetes Hospitalizations
- Pediatric Perforated Appendix Hospitalizations
- Amputations Among Adult Patients with Diabetes
- Prenatal Care
- Very Low Birth Weight

Health Behaviors

- Obesity
- Physical Inactivity
- Excessive Drinking
- Alcohol-impaired Driving Deaths

Access to Care

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

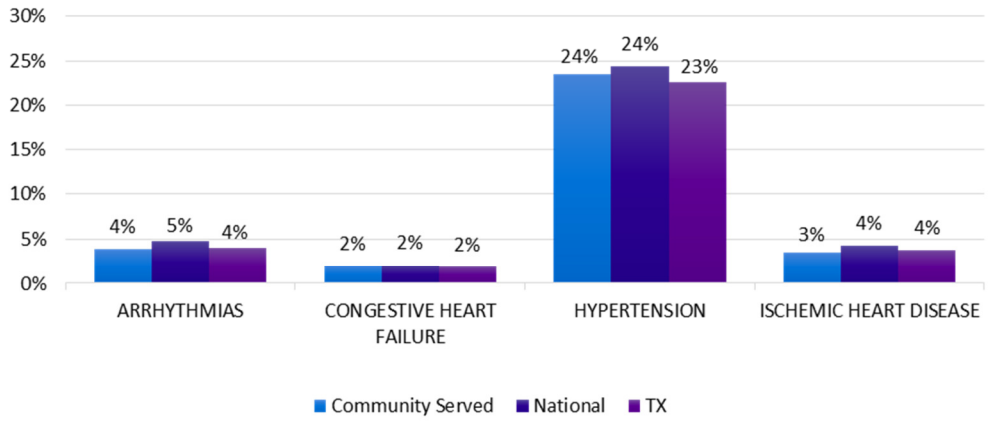
Environment

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

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 with 494,256 cases in Ellis and Tarrant counties. Arrhythmia and ischemic heart disease are the second and third most common heart disease diagnoses. ZIP code 76063, located in Paradise, is comprised of a higher proportion of arrhythmias (3.2%), congestive heart failure (3.1%), and hypertension (3.4%) when compared to other ZIP codes in the community. Fort Worth residents living in ZIP code 76133, make up the largest proportion of ischemic heart disease cases (3.2%) in Ellis and Tarrant counties.

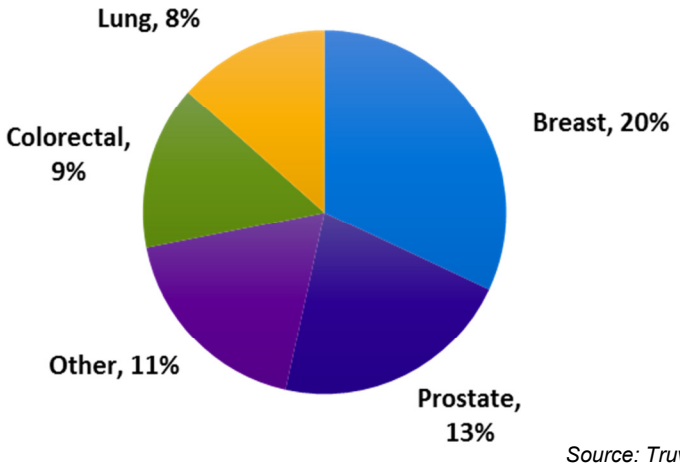
2015 Estimated Heart Disease Cases



Source: Truven Health Analytics, 2016

Truven Health's 2015 Cancer Estimates predict breast, prostate, and colorectal cancers to be the most prevalent in the community served. The incidence of both breast and prostate cancers is higher in the community than in the state and nation. The incidence of lung cancer is lower than rates reported at state and national levels. In 2015, there were an estimated 1,937 breast cancers cases, 1,301 cases of prostate cancer, and 883 cases of colorectal cancer in the community served. When compared to other ZIP codes in Ellis and Tarrant counties, ZIP code 76063, located in Paradise, has the highest percent of breast, prostate, and colorectal cancers. In Ellis and Tarrant counties, approximately 3.3% of breast and prostate cancer cases and 3.2% of colorectal cancer cases occur in ZIP code 76063.

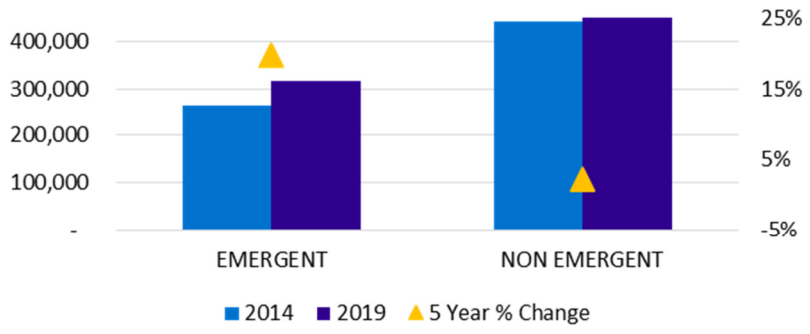
2015 Estimated Cancer Cases



Source: Truven Health Analytics, 2016

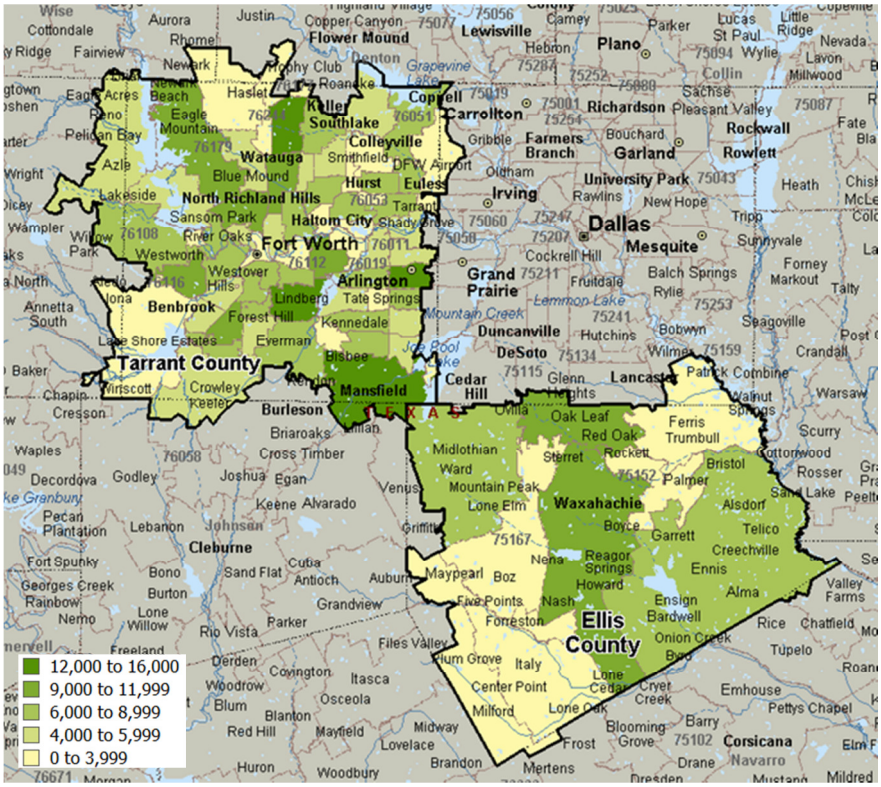
Truven Health estimates emergency department (ED) visits to increase by 61,557 visits between 2014 and 2019; this is equivalent to a 9% increase. Emergent ED visits are expected to increase by 20% (51,946 cases). The largest proportion of emergent ED cases is in ZIP code 76063 (3.0%), located in Paradise. Non-emergent ED visits are attributed to 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 indicate systematic issues with access to primary care or managing chronic conditions. Truven estimates a 2% increase in non-emergent ED visits between 2014 and 2019. ZIP code 76119, located in Fort Worth, comprises 3.6% of the non-emergent ED cases in the community, the highest concentration in Ellis and Tarrant 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. Twenty-two interviews were completed with individuals representing Ellis and Tarrant counties, the community served by Methodist Mansfield Medical Center. Participants included individuals from organizations serving medically underserved, low-income, minorities, and populations with chronic disease needs in the community, and 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 Ellis and Tarrant counties, the community served by Methodist Mansfield Medical Center.

The community is composed of two counties, Ellis and Tarrant, located in the suburbs of Dallas. Fort Worth and Arlington are the major cities in Tarrant County, and Waxahachie is the largest city in Ellis County. The community served by Methodist Mansfield Medical Center is rapidly growing, driving an increase in need for healthcare services. Interviewees described Mansfield as a young, health conscious community. Ellis County has a new intermediate school district, and a new hospital recently opened in Waxahachie. The new hospital was immediately at capacity upon opening, which demonstrates the need for services. The surrounding areas now have access to specialty services that were previously unavailable, including cardiology, orthopedics, and mammography.

Interview participants noted growth among minority populations in Ellis and Tarrant counties. Tarrant County is experiencing large increases in Hispanic and refugee populations from Burma, Somalia, and Nepal. This growth is creating additional language barriers in Tarrant County. Growth in the community is also leading to the population moving to more rural areas, particularly in the areas surrounding Fort Worth. Urban sprawl can make transportation a challenge for some residents due a gap in public transportation in both Tarrant and Ellis counties. Interviewees discussed affordable housing as another deficit attributed to rapid population growth. Housing options are limited, particularly for the middle-income population.

Economic growth was discussed during interview sessions; Tarrant County was depicted as having a stronger, more diversified economy than Ellis County. New industries are moving into Tarrant County, contributing to the population growth. Economic improvements due to population growth in Ellis County were also noted, but many Ellis County residents commute to Dallas for work due to limited local employment opportunities.

Health Needs

The interviewees represented 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 of all interviewees representing the community was 2.9. When broken out by county, Ellis County scored 2.88, and Tarrant County scored 2.93.

Participants identified overarching drivers that contribute to the health needs and priorities of the community. Access to healthcare in the community was identified as major theme. Factors related to the access of care in the community included the availability of specialty providers, lack of insurance, and transportation barriers. The prevalence of chronic conditions was also identified as a factor driving health needs in the community. The chronic illnesses specifically identified as high needs in the market included diabetes, heart disease, and obesity. The prevention and management of mental health and substance abuse were also identified as gaps in the community. Participants also identified the need for health prevention and education in the community. Immunizations, tobacco use, and activities to decrease chronic disease were among the leading topics specific to health prevention.

Access to Care

Interviewees identified issues related to access to care as the greatest health need in the community. Access to care is a multi-faceted problem with complex components. Although the primary issues surrounding access to care included lack of specialty providers, lack of insurance coverage, and transportation gaps, other issues were also noted by interviewees. Other access related issues included services that are missing or unavailable to all populations, such as dental care and respite care to support those providing care for friends and family members.

Interviewees expressed concern regarding access to specialty providers in the community. As previously mentioned, the community population is aging. Multiple participants, representing both Ellis and Tarrant counties, discussed the need for geriatric specialists. Ellis County representatives identified an increased need for geriatric services most frequently. A gap in the availability of local geriatric providers can exacerbate mobility issues for the elderly, and will be detailed further during the discussion pertaining to transportation. Interviewees representing Tarrant County also mentioned the need for additional orthopedic physicians; currently, there are long wait times for appointments. Tarrant County also lacks intellectual and developmental services, pediatricians, and therapists focusing on speech and occupational needs. Ellis County representatives discussed the need for additional cancer services. A cancer treatment facility was recently opened in the community; however, the available capacity is not sufficient to meet community needs. Additionally, Ellis County is in need of specialties that treat chronic diseases, such as endocrinology, to help residents manage their chronic conditions.

In addition to lacking specialty services, many individuals and families in the community face challenges related to insurance. The need for sufficient healthcare coverage was mentioned by participants representing both Ellis and Tarrant counties, and very frequently among Tarrant representatives. In Ellis County, the primary concern is the lack of providers that accept Medicare. Ellis County participants also discussed the absence of providers accepting insurance

plans provided through healthcare exchanges. In Tarrant County, the participants' primary concern involved a need for providers that will treat indigent populations. Indigent residents frequently lack insurance, which can deter individuals from receiving the care necessary to remain healthy.

Transportation was the third most frequently discussed access issue. Transportation barriers can significantly impact community health. Some portions of the community, such as Fort Worth, have access to public transportation; however, much of the population does not have access to public transportation. The lack of public transportation prevents some residents from maintaining necessary appointments with healthcare providers. For those with transportation, the distance required to travel to receive care can limit access to care. As previously mentioned, the elderly are particularly vulnerable due to the absence of local specialty providers. Both individuals with and without personal transportation can greatly benefit from increased access to conveniently located health care services.

Chronic Conditions

Chronic conditions were discussed during the interview sessions, including diabetes, heart disease, obesity, hypertension, and Alzheimer's disease. The lack of awareness regarding how to prevent or manage these diseases is a contributing factor to healthcare disparities in the community. Lack of knowledge and resources were identified as contributing factors for noncompliance with previously diagnosed conditions. As previously mentioned, the lack of specialty physicians in the community also leaves patients without access to the providers needed to manage existing chronic conditions. Participants representing Tarrant County identified Latinos and women as populations at high risk for developing chronic diseases. The Latino population is vulnerable due to poor eating habits associated with their culture; this places them at a higher risk for diabetes. Women are at an increased risk of developing chronic conditions due to neglecting their own health to care for other family members.

Mental Health and Substance Abuse

The community has limited mental health services to care for illnesses such as depression, anxiety, and substance abuse. A participant representing Ellis County noted that a primary mental health provider in the county recently closed, leaving the community with few resources. A link between mental illness and homelessness was also discussed.

Treatment for substance abuse is often discussed under the scope of mental health services, though substance abuse was not frequently discussed issue for the community. Ellis County participants did note the illegal use of prescription drugs as an issue. In Tarrant County, in-home methamphetamine laboratories and the increasing use of heroin were mentioned as areas of concern.

Health Prevention and Education

Interview participants discussed the need for disease and injury prevention education within the community. Chronic disease prevention was the most commonly discussed item, and others

included breast cancer prevention for women, prevention of sports-related injuries in children, and preventing the spread of illness in the community.

A lack of knowledge regarding chronic disease prevention and management exists in the community. Diet and exercise are factors contributing to the prevalence of chronic disease. Food deserts and limited access to healthy food in parts of Tarrant County prevent many residents from regularly consuming a healthy diet. The use of preventative medicine via well checks, immunizations, and health screening for conditions such as vascular disease was also highlighted by participants as desirable.

Participants frequently identified the need for community education regarding how to achieve a healthy lifestyle. Needs included resources for teaching residents how to cook healthy meals and maintain healthy diets. The need to teach residents the benefits of exercising and remaining active was also a topic of discussion.

Social Determinants of Health

Interviewees were asked to identify the primary social determinants of health in the community. One of the most common determinants of health discussed was income. Poverty can have a significant impact on health. Issues with food security, shelter, clothing, and sanitation disproportionally impact residents living in poverty. Low-income residents are less likely to prioritize healthcare needs when facing pressure to meet other basic needs.

Education was also often offered by interviewees as a social determinant impacting the health of the community. Participants stated that individuals possessing formal education are more likely to be in good health. Also, educated members of the community are often more health-knowledgeable and conscious.

Access to healthy food was identified by interview participants as a leading social determinant of health for the community. The ability to obtain healthy food is vital to maintain one's health. The presence of food deserts, particularly in Tarrant County, place the health of individuals living in those areas at a higher health risk.

Other social determinants impacting the health of the community included transportation, housing, insurance, citizenship, and having a strong support system. Participants noted that the presence or absence of these factors could influence the health of community.

Vulnerable Groups and Populations

The interviewees were asked to identify vulnerable groups or populations that exist within the community. Populations identified as "at risk" most frequently are:

1. Elderly
2. African Americans
3. Indigent populations
4. Refugee and immigrant populations
5. Children

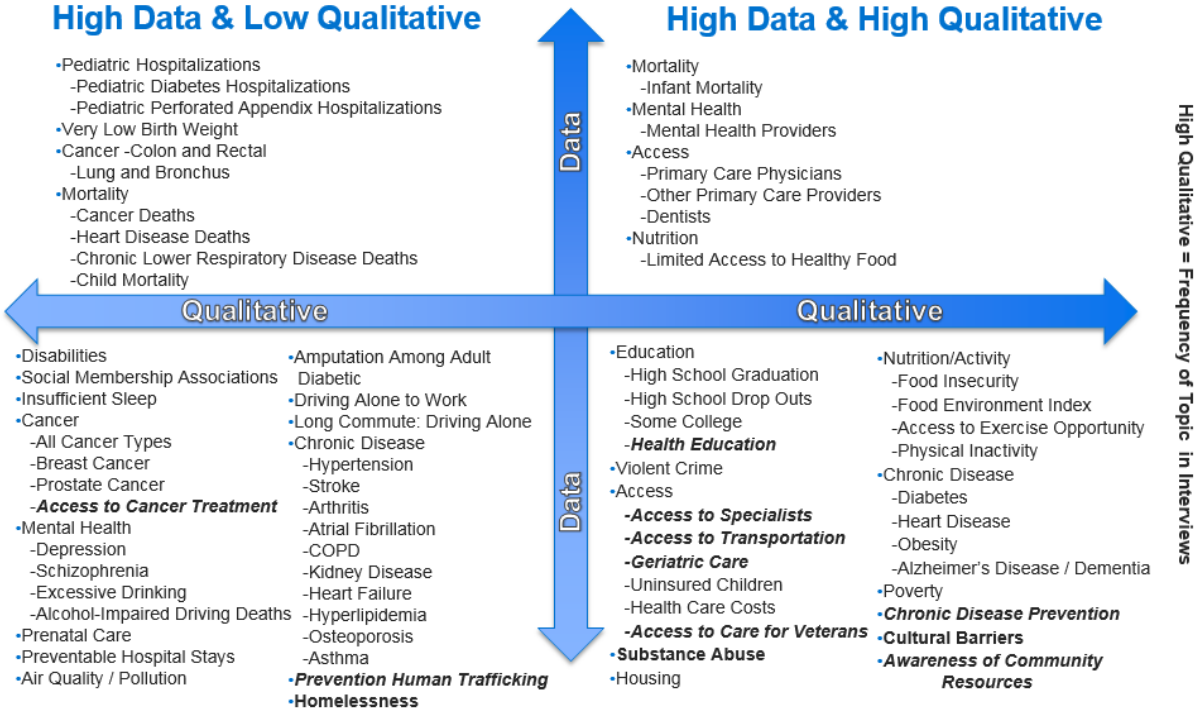
The interview participants and the populations they serve for this community are documented in the table in **Appendix B**.

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 with bold text in the matrix are those identified through qualitative data; however, there is no matching quantitative data measure available. Below is the matrix for the community served by Methodist Mansfield Medical Center.

High Data = Indicators worse than state benchmark by greater magnitude



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

Source: Truven Health Analytics, 2016

Prioritizing Community Health Needs

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

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

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

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

Participants all agreed that the health needs indicated in the quadrants labeled "high data, high qualitative" and "low data, high qualitative" should be considered the community's significant health needs. The participants also agreed to include indicators the work group determined to be significant from the quadrant labeled "high data, low qualitative" as significant health needs. The work group was divided into four break-out groups, each representing a single community,

with the exception of one which represented two communities. The break-out group representing Methodist Mansfield Medical Center selected the following indicators from the quadrant labeled "high data, low qualitative":

- Cancer (lung and colon)
- Pediatric hospitalizations
- Heart disease deaths

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 re-convened into a single, large group for discussion. The group first identified prioritized health needs that were consistent across multiple communities in the system. After these were identified, each community's other significant health needs were discussed to determine if any health needs must be addressed for individual communities. The health needs to be addressed selected by participants representing Methodist Mansfield Medical Center 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 the lack of insurance, transportation, and specialty providers. The quantitative analysis also revealed access opportunities related to primary care providers.

When the costs health care services are high, the health of the community is at risk of being compromised due to the hesitation of residents to seek care. According to the Dartmouth Atlas of Healthcare, the average Medicare reimbursement per enrollee in Ellis and Tarrant counties is higher than the Texas benchmark. Ellis and Tarrant County averages are $11,018 and $11,483, respectively, compared to $10,837 in Texas. [2]

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 projects that 30% of Texans, 26% of Ellis County residents, and 28% of Tarrant County residents are uninsured. [3] In addition, 14% of children under the age of 19 are uninsured in Ellis County, and 12% of children are uninsured in Tarrant County; this is compared to 13% in the state of Texas.[4] 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.

Many residents' struggle with access to reliable transportation, which can be a barrier to receiving the care needed to prevent and treat illnesses. While some portions of the community, such as Fort Worth, have access to public transportation, much of the community does not. Individuals with private transportation often face challenges due to the distance that must be traveled to receive care. Providers are often not conveniently located, and 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 inadequate supply of providers in the community. Multiple participants representing Ellis and Tarrant counties discussed the need for additional specialty care providers. The data also shows a need for primary care and dental providers in the community. According to the American Medical Association, Ellis and Tarrant counties have one primary care physician for every 2,400 and

[2] Dartmouth Atlas of Healthcare, 2013, Amount of price-adjusted Medicare reimbursements per enrollee
[3] United States Census Bureau's Small Area Health Insurance Estimates (SAHIE), 2013, Percentage of population under age 65 without health insurance
[4] United States Census Bureau's Small Area Health Insurance Estimates (SAHIE), 2013, Percentage of population under age 19 without health insurance

1,730 residents, respectively; both are worse than the state's ratio of one primary care physician for every 1,680 residents. The nation is better than the community and the state with one primary care physician for every 1,320 people.[5] When evaluating the ratio of the population to non-physician primary care providers, Ellis County has 2,655 residents per provider and Tarrant County has 1,785 residents per provider, which are worse than the state's ration of 2,007 residents per provider.[6] There is also a need for more dentists in the community; there are 3,320 residents per dentist in Ellis County and 1,830 residents per dentist in Tarrant County, higher than the state of Texas' ratio of 1,880 residents per dentist and the national ratio of 1,540 residents per dentist.[7]

Diabetes

When discussing the prevalence of chronic conditions, interviewees specifically discussed the prevalence of diabetes in the community. The disease exists among all age groups. Interviewees mentioned the prevalence of the disease in the Latino population, noting poor dietary habits associated with culture. Participants believe that diabetes can often be prevented with proper care, a healthy diet, and remaining active.

Interviewees discussed the prevalence of obesity in the community and its correlation to diabetes. The Centers for Disease Control (CDC) reports adult obesity in Ellis County at 29% compared to rates of 28% in both Tarrant County and Texas, and 27% in the United States.[8]

According to the CDC, 10% of residents in Ellis and Tarrant counties are diabetic, which is better than the state of Texas (11%) and equivalent to the rate of the United States (10%).[9] According to the Texas Department of State Health Services, 22.36 out of every 100,000 diabetics in Ellis County and 18.23 out of every 100,000 diabetics in Tarrant County undergo a lower-extremity amputation due to uncontrolled diabetes compared to 20.92 in Texas.[10] Diabetes is also prevalent among children in the community. Children in Ellis and Tarrant counties are more likely to experience diabetes related complications than children in other parts of the state. For every 100,000 children in the community with diabetes, 31.73 in Ellis County and 31.55 in Tarrant County were hospitalized with complications related to diabetes. This is compared to

[5] 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
[6] Centers for Medicare and Medicaid: National Provider File, 2015, Ratio of population to primary care providers other than physicians
[7] American Medical Association: Area Health Resource File, 2014, Ratio of population to one dentist
[8] Centers for Disease Control: Behavioral Risk Factor Surveillance System (BRFSS), 2012, Percentage of Adults that report a body mass index of thirty or more
[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)

24.96 per 100,000 in the state.[11] This data indicates a need for both diabetes prevention and management for individuals of all ages in the community.

Heart disease

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

Hypertension often contributes to and accompanies heart disease. According to CMS, 56.3% of the population in Ellis County and 58.7% of the population in Tarrant County have hypertension; this is compared to 57.7% in the state and 55.1% in the United States.[12] Hyperlipidemia is diagnosed in 46.3% of Ellis and 47.3% of Tarrant County residents, which puts the community at an increased risk for developing heart disease; these community rates are higher than the state and nation at 46% and 44.7%, respectively.[13] Ellis County's heart disease death rate is 170 deaths per 100,000, which is higher than the state (154 deaths per 100,000) but lower than the US benchmark (193 deaths per 100,000)[14]. Tarrant County has a lower heart disease mortality rate at 130 deaths per 100,000.

In addition to the previously mentioned comorbidities that often lead to ischemic heart disease, other cardiac illnesses such as atrial fibrillation and heart failure are found in the community. Atrial fibrillation often increases the chances of heart attack or stroke; the prevalence among Medicare beneficiaries in Ellis County (7.6%) and Tarrant County (7.7%) is worse than that of the state of Texas (7.1%) but slightly better than the United States (8%).[15] Ellis County residents suffer from heart failure at a rate of 16.3%, slightly worse than Tarrant County, which has a rate equivalent to the state benchmark of 16%. The national rate is 13.7%.

Awareness and collaboration of community resources

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

[11] 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)
[12] Centers for Medicare and Medicaid, 2014, Percentage of Medicare beneficiaries with hypertension
[13] Centers for Medicare and Medicaid, 2014, Percentage of Medicare beneficiaries with hyperlipidemia
[14] Centers for Disease Control: National Vital Statistics System, Mortality, 2014, Heart disease deaths per 100,000
[15] Centers for Medicare and Medicaid, 2014, Percentage of Medicare beneficiaries with atrial fibrillation

In addition to awareness, interview participants discussed the need for service providers to collaborate with one another. Many organizations offer duplicative services. If resources offering the same services work together, these partnerships may be able to serve a broader population or provide additional services.

Cancer

Interview participants did not identify cancer as a top health priority for the community, but the quantitative analysis did identify cancer as an opportunity. The CHNA workgroup chose to focus on breast, lung, and colon cancers, specifically. Cancer is highly treatable, but early detection and intervention are vital for positive outcomes.

According to the National Cancer Institute, Ellis County (436.2 cases per 100,000 residents) and Tarrant County (441.1 cases per 100,000 residents) have a higher incidence of cancer cases when compared to Texas (417.8 cases 100,000 residents). The United States is higher than Ellis and Tarrant counties with 453.8 cases per 100,000 residents.[16] The community's incidence of breast cancer is higher than that of the state, which identifies a potential area for improvement. Ellis and Tarrant counties have 116.4 and 120.5 cases of breast cancer per 100,000 residents. This is higher than the Texas benchmark of 113.1 but lower than the national benchmark of 123 cases of breast cancer per 100,000 residents.[17] The data also shows high rates and similar opportunities for improvement in lung and colon cancers. Ellis County's incidence of colon and rectal cancer per 100,000 individuals is 38.3, Tarrant County is 34.3, both worse than the Texas benchmark of 33.5 cases per 100,000 residents.[18] Lung and bronchial cancers also appear to be an area showing a potential for improvement in the community with 52 cases per 100,000 residents in Ellis County and 51.7 cases per 100,000 residents in Tarrant, both higher than the Texas rate of 46.7 per 100,000.[19] In Ellis County, cancer is not only contributing to a large amount of illness, but is also leading to more cancer deaths when compared to the state. Ellis County has 163 deaths per 100,000 due to cancer, and Tarrant County has 135; this is compared to 144 in Texas and 186 in the United States.[20]

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, publicly available health indicators, and Truven Health's proprietary health data, Methodist was able to

[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)
[20] Centers for Disease Control: National Vital Statistics System, Mortality, 2014, Cancer deaths per 100,000

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 Mansfield 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 Mansfield 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 the lack of insurance, transportation, and specialty providers. The quantitative analysis also revealed access opportunities related to primary care providers.

Methodist Mansfield Medical Center Strategies and Related Activities: Increase access to care by continuing to provide care to uninsured or underinsured patients through existing programs and facilities (such as support to Mansfield Cares program and providing ECHOs to area residents through cardiovascular volunteers); recruitment of primary care providers where appropriate; adding access points throughout the service area (such as family health centers, imaging and urgent care locations); providing low-cost screenings and back to school physicals; offering streamlined care for patients through various navigator programs and virtual visits; and providing assistance with getting insurance coverage as a CMS designated Champion of Coverage provider.

Community Health Need: Diabetes

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

Methodist Mansfield Medical Center Strategies and Related Activities: Improve awareness and treatment of Diabetes by providing ongoing educational classes and support groups (such as the monthly healthy eating programs) 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 Tarrant County Diabetes Coalition to increase access to services and improve awareness of risk factors and treatment.

Community Health Need: Heart Disease

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

Methodist Mansfield 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 with programs such as Run with Heart, Rowdy Runners and Jump Rope for Heart.

Community Health Need: Awareness and Collaboration of Community Resources

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

In addition to awareness, interview participants discussed the need for service providers to collaborate with one another. Many organizations offer duplicative services. If resources offering the same services work together, these partnerships may be able to serve a broader population or provide additional services.

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

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

Interview participants did not identify cancer as a top health priority for the community, but the quantitative analysis did identify cancer as an opportunity. The CHNA workgroup chose to focus on breast, lung, and colon cancers, specifically. Cancer is highly treatable, but early detection and intervention are vital for positive outcomes.

Methodist Mansfield Medical Center Strategies and Related Activities: Improved awareness of risk factors and early detection by supporting community prevention efforts through the Nurse Clinical Advancement Program and providing ongoing community education and support services.

Appendix A: Key Health Indicator Sources

Key Health Indicator Sources		
American Medical Association	National Center for Health Statistics (NCHS)	USDA Food Environment Atlas
Behavioral Risk Factor Surveillance System (BRFSS)	ESRI & US Census Tigerline Files	National Vital Statistics System-Mortality (NVSS-M), (CDC, NCHS)
Bureau of Labor Statistics	Fatality Analysis Reporting System	National Vital Statistics System-Natality (NVSS-N)
CDC Diabetes Interactive Atlas	Intercultural Development Research Association	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
CDC WONDER Environmental Data	Texas Health Care Information Collection, Texas Department of State Health Services	American Community Survey
CDC WONDER Mortality Data	U.S. Census, Small Area Health Insurance Estimates	U.S Census, Small Area Income and Poverty Estimates
Centers for Disease Control and Prevention (CDC)	Bureau of Vital Statistics, Texas Department of State Health Services	Dartmouth Atlas of Health Care
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
Rising Star Baptist Church		X	X		
Catholic Charities of Fort Worth		X	X		
United Way		X	X	X	X
Methodist Mansfield Medical Center Advisory Board		X	X	X	X
YMCA			X		
Tarrant County Public Health	X	X	X	X	X
Tarrant County Commissioner's Office		X	X	X	X
Texas Christian University		X	X	X	
Visiting Nurse Association of Texas		X	X	X	

Organization	Public Health	Low Income	Minority	Medically Underserved	Chronic Disease Needs
Healthy Tarrant County Collaboration	X	X	X	X	X
University of North Texas Health Sciences Center		X	X	X	
Fort Worth Independent School District		X	X		
Easter Seals North Texas				X	X
Hispanic Wellness Coalition		X	X	X	X
North Texas Food Bank		X	X		X
Waxahachie Care Services		X	X		
Hope Clinic		X	X	X	X
Ellis County Children's Advocacy Center		X	X		
Navarro College		X	X		

Organization	Public Health	Low Income	Minority	Medically Underserved	Chronic Disease Needs
Meals on Wheels		X	X	X	
Ellis County Indigent Health	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	Waxahachie Care Services	Hope Clinic	Ellis County Children's Advocacy Center
Visiting Nurse Association of Texas	Navarro College	Meals on Wheels	Ellis County Indigent Health
Rising Star Baptist Church	Catholic Charities Fort Worth	United Way	YMCA
Tarrant County Public Health	Tarrant County Precinct 1 Commissioner's Office	Cigna	Texas Christian University
American Red Cross	Healthy Tarrant County Collaboration	University of North Texas Health Sciences Center	Fort Worth Independent School District
ADAPT	Easter Seals North Texas	Hispanic Wellness Coalition	Building Bridges
Jay Taylor			

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

Health Professional Shortage Areas (HPSA)[21]

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
Ellis County	14899948J2	Ellis County Coalition for Health Option	Primary Care	Comprehensive Health Center
Ellis County	64899948L9	Ellis County Coalition for Health Option	Dental Health	Comprehensive Health Center
Ellis County	74899948A4	Ellis County Coalition for Health Option	Mental Health	Comprehensive Health Center
Tarrant County	148999484K	Federal Correctional Institution - Fort Worth	Primary Care	Correctional Facility
Tarrant County	14899948H2	North Texas Area Community Health Center, Inc.	Primary Care	Comprehensive Health Center
Tarrant County	6489994877	Federal Correctional Institution - Fort Worth	Dental Health	Correctional Facility
Tarrant County	64899948F5	North Texas Area Community Health Center, Inc.	Dental Health	Comprehensive Health Center
Tarrant County	748999483N	North Texas Area Community Health Center, Inc.	Mental Health	Comprehensive Health Center
Tarrant County	1485279877	Federal Medical Center-Carswell	Primary Care	Correctional Facility
Tarrant County	6486448024	Federal Medical Center-Carswell	Dental Health	Correctional Facility
Tarrant County	7483623264	Federal Medical Center-Carswell	Mental Health	Correctional Facility

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

County Name	HPSA ID	HPSA Name	HPSA Discipline Class	Designation Type
Tarrant County	1489994805	Poly/Stop Six	Primary Care	HPSA Geographic High Needs

Medically Underserved Areas / Population (MUAP)[22]

County Name	Service Area Name	MUA/P Source Identification Number	Designation Type
Ellis County	Ellis Service Area	3496	Medically Underserved Area
Tarrant County	Diamond Hill Service Area	3509	Medically Underserved Area
Tarrant County	Low Inc. - East Side	7382	Medically Underserved Population
Tarrant County	Central Service Area	7393	Medically Underserved Area

[22] U.S. Department of Health and Human Services, Health Resources and Services Administration, 2016

Appendix E: Healthcare Organizations Serving the Community

Community Healthcare Facilities[23]

Facility Name	Facility Type	Address	City	ZIP
Baylor Scott & White Medical Center - Waxahachie	Hospital	2400 N I-35 E	Waxahachie	75165
Claystone Healthcare Center	Skilled Nursing Facility	1107 S Clay	Ennis	75119
Ennis Care Center	Skilled Nursing Facility	1200 S Hall St	Ennis	75119
Ennis Regional Medical Center	Hospital	2201 W Lampasas St	Ennis	75119
Legend Oaks Healthcare and Rehabilitation Ennis	Skilled Nursing Facility	1400 Medical Center Dr	Ennis	75119
Midlothian Healthcare Center	Skilled Nursing Facility	900 George Hopper Rd	Midlothian	76065
Odd Fellow & Rebekah Nursing Home	Skilled Nursing Facility	2300 S Oak Grove Rd	Ennis	75119
Pleasant Manor Health & Rehab Center	Skilled Nursing Facility	3650 S I-35	Waxahachie	75165
Red Oak Health And Rehab Center	Skilled Nursing Facility	101 Reese Rd	Red Oak	75154
Renfro Healthcare Center	Skilled Nursing Facility	1413 W Main	Waxahachie	75165
Runningwater Draw Care Center	Skilled Nursing Facility	800 W 13th St	Olton	76064
Trinity Nursing & Rehabilitation of Italy	Skilled Nursing Facility	220 Davenport St	Italy	76651
Arbrook Plaza	Skilled Nursing Facility	401 W Arbrook	Arlington	76014
Arlington Heights Health & Rehab Center	Skilled Nursing Facility	4825 Wellesley St	Fort Worth	76107

[23] 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

Facility Name	Facility Type	Address	City	ZIP
Arlington Residence and Rehabilitation Center	Skilled Nursing Facility	405 Duncan Perry Rd	Arlington	76011
Arlington Villa Retirement Community	Skilled Nursing Facility	2601 W Randol Mill Rd	Arlington	76012
Azle Manor Healthcare & Rehabilitation	Skilled Nursing Facility	721 Dunaway Ln	Azle	76020
Baylor Emergency Medical Center at Colleyville	Hospital	5500 Colleyville Blvd	Colleyville	76034
Baylor Emergency Medical Center at Keller	Hospital	620 S Main	Keller	76248
Baylor Emergency Medical Center at Mansfield	Hospital	1776 N US 287	Mansfield	76063
Baylor Institute For Rehabilitation - Fort Worth	Hospital	6601 Harris Pkwy	Fort Worth	76132
Baylor Jack and Jane Hamilton Heart and Vascular Hospital at Fort Worth	Hospital	1400 8th Ave	Fort Worth	76104
Baylor Ortho and Spine Hospital at Arlington	Hospital	707 Highlander Blvd	Arlington	76015
Baylor Regional Medical Center at Grapevine	Hospital	1650 W College St	Grapevine	76051
Baylor Scott & White All Saints Medical Center - Fort Worth	Hospital	1400 8th Ave	Fort Worth	76104
Baylor Surgical Hospital at Fort Worth	Hospital	1800 Park Pl Ave	Fort Worth	76104
Benbrook Nursing & Rehabilitation Center	Skilled Nursing Facility	1000 McKinley St	Benbrook	76126
Bishop Davies Nursing Home	Skilled Nursing Facility	2712 N Hurstview	Hurst	76054
Brookdale Broadway Cityview	Skilled Nursing Facility	5301 Bryant Irvin Rd	Ft. Worth	76132
Children's Health Specialty Center Southlake	Hospital	470 E State Hwy 114	Southlake	76092
Cityview Care Center	Skilled Nursing Facility	5801 Bryant Irvin Rd	Fort Worth	76132
Colonial Tyler Care Center	Skilled Nursing Facility	930 S Baxter	Tyler	76132
Cook Children's Health Care System	Health System	801 7th Ave	Fort Worth	76104

Facility Name	Facility Type	Address	City	ZIP
Cook Children's Medical Center - Fort Worth	Hospital	801 7th Ave	Fort Worth	76104
Cook Children's Northeast Hospital	Hospital	6316 Precinct Line Rd	Hurst	76054
Courtyards at Fort Worth	Skilled Nursing Facility	8001 Western Hills Blvd	Fort Worth	76108
DFW Nursing & Rehab	Skilled Nursing Facility	900 W Leuda	Fort Worth	76104
Downtown Health & Rehab Center	Skilled Nursing Facility	424 S Adams	Fort Worth	76104
Emerald Hills Rehabilitation And Healthcare Center	Skilled Nursing Facility	5600 Davis Blvd	North Richland Hills	76180
Estates Healthcare And Rehab	Skilled Nursing Facility	201 Sycamore School Rd	Fort Worth	76134
Ethicus Hospital - Grapevine	Hospital	4201 William D Tate Ave	Grapevine	76051
Federal Bureau of Prisons - Federal Medical Center Carswell	Hospital	J Street	Fort Worth	76127
Fireside Lodge	Skilled Nursing Facility	4800 White Settlement Rd	Fort Worth	76114
Forest Park Medical Center - Fort Worth	Hospital	5400 Clearfork Main St	Fort Worth	76109
Forest Park Medical Center Southlake	Hospital	421 E State Hwy	Southlake	76092
Fort Worth Center of Rehabilitation	Skilled Nursing Facility	850 12th Ave	Fort Worth	76104
Fort Worth Manor	Skilled Nursing Facility	4900 E Berry	Fort Worth	76105
Fort Worth Nursing And Rehab	Skilled Nursing Facility	100 6th Ave	Fort Worth	76104
Fort Worth Southwest Nursing Home	Skilled Nursing Facility	5300 Alta Mesa Blvd	Fort Worth	76133
Frontier Healthcare Group	Health System	3221 Collinsworth Street	Fort Worth	76107
Garden Terrace at Fort Worth	Skilled Nursing Facility	7500 Oakmont Blvd	Fort Worth	76132
Green Valley Healthcare and Rehabilitation Center	Skilled Nursing Facility	6850 Rufe Snow Dr	North Richland Hills	76148

Facility Name	Facility Type	Address	City	ZIP
Health Care Center Fort Worth	Skilled Nursing Facility	2129 Skyline Dr	Ft Worth	76114
Healthsouth Rehab of Cityview	Hospital	6701 Oakmont Blvd	Fort Worth	76132
Healthsouth Rehab of Fort Worth	Hospital	1212 Lancaster St	Fort Worth	76102
Healthsouth Rehab of North Texas	Hospital	3200 Matlock Rd	Arlington	76015
HealthSouth Rehabilitation Hospital of the Mid-Cities	Hospital	2304 State Hwy 121	Bedford	76021
Heartland Health Care Center Bedford	Skilled Nursing Facility	2001 Forest Ridge Dr	Bedford	76021
Heartland Health Care Center North Richland Hills	Skilled Nursing Facility	7625 Glenview Dr	Richland Hills	76180
Heritage House at Keller Rehab and Nursing	Skilled Nursing Facility	1150 Whitley Rd	Keller	76248
Heritage Oaks	Skilled Nursing Facility	1112 Gibbins Rd	Arlington	76011
Hurst Plaza Nursing & Rehab	Skilled Nursing Facility	215 E Plaza Blvd	Hurst	76053
Immanuel S Healthcare Nursing Center	Skilled Nursing Facility	4515 Village Creek Rd	Fort Worth	76119
Interlochen Health and Rehab Center	Skilled Nursing Facility	2645 W Randol Mill Rd	Arlington	76012
John Peter Smith	Health System	1500 S Main St	Fort Worth	76104
John Peter Smith Hospital	Hospital	1500 S Main St	Fort Worth	76104
Keller Oaks Healthcare Center	Skilled Nursing Facility	8703 Davis Blvd	North Richland Hills	76180
Kindred Hospital Fort Worth West	Hospital	815 8h Ave	Fort Worth	76104
Kindred Hospital Mansfield	Hospital	1802 Hwy 157 N	Mansfield	76063
Kindred Hospital Tarrant County	Hospital	1000 N Cooper St	Arlington	76011
Kindred Hospital Tarrant County	Hospital	7800 Oakmont Blvd	Fort Worth	76132
Kindred Rehabilitation Hospital Arlington	Hospital	2601 W Randol Mill Rd	Arlington	76012
Kindred Transitional Care & Rehab - Grapevine	Skilled Nursing Facility	1005 Ira E Woods Pkwy	Grapevine	76051

Facility Name	Facility Type	Address	City	ZIP
Kindred Transitional Care & Rehab - Mansfield Plaza	Skilled Nursing Facility	301 N Miller Rd	Mansfield	76063
Kindred Transitional Care & Rehab - Ridgmar	Skilled Nursing Facility	6600 Lands End Ct	Fort Worth	76116
La Dora Nursing & Rehab Center	Skilled Nursing Facility	1960 Bedford Rd	Bedford	76021
Lake Lodge Nursing & Rehabilitation	Skilled Nursing Facility	3800 Marina Dr	Lake Worth	76135
Lake Worth Nursing Home	Skilled Nursing Facility	4220 Wells Dr	Fort Worth	76136
Lakewood Village	Skilled Nursing Facility	5100 Randol Mill Rd	Fort Worth	76112
Legend Healthcare and Rehabilitation Euless	Skilled Nursing Facility	900 Westpark Way	Euless	76040
Lexington Place Nursing & Rehabilitation Richland Hills	Skilled Nursing Facility	7146 Baker Blvd	Richland Hills	76118
Life Care Center of Haltom	Skilled Nursing Facility	2936 Markum Dr	Fort Worth	76117
Lifecare Hospitals of Fort Worth	Hospital	6201 Overton Ridge Blvd	Fort Worth	76132
Manor Care Of Fort Worth - North Richland Hills	Skilled Nursing Facility	7625 Glenview Dr	Ft Worth	76180
Mansfield Nursing & Rehabilitation L	Skilled Nursing Facility	1402 E Broad St	Mansfield	76063
Marine Creek Nursing & Rehabilitation	Skilled Nursing Facility	3600 Angle Ave	Fort Worth	76106
Matlock Place Health & Rehab Center	Skilled Nursing Facility	7100 Matlock Rd	Arlington	76002
Medical Center Alliance	Hospital	3101 N Tarrant Pkwy	Fort Worth	76177
Medical Center of Arlington	Hospital	3301 Matlock Rd	Arlington	76015
Mesa Springs	Hospital	5560 Mesa Garden Springs Dr	Fort Worth	76123
Methodist Mansfield Medical Center	Hospital	2700 E Broad St	Mansfield	76063
Millwood Hospital	Hospital	1011 N Cooper St	Arlington	76001
North Hills Hospital	Hospital	4401 Booth Calloway Rd	North Richland Hills	76180

Facility Name	Facility Type	Address	City	ZIP
North Pointe Nursing & Rehabilitation	Skilled Nursing Facility	7804 Virgil Anthony Blvd	Watauga	76148
Oakwood Nursing & Rehabilitation	Skilled Nursing Facility	301 W Randol Mill Rd	Arlington	76011
Oceans Behavioral Hospital Fort Worth	Hospital	6200 Overton Ridge Blvd	Fort Worth	76132
Park View Care Center	Skilled Nursing Facility	3301 View St	Fort Worth	76103
Parkway Surgical and Cardiovascular Hospital	Hospital	3200 N Tarrant Pkwy	Fort Worth	76177
Parkwood Health Care Community	Skilled Nursing Facility	2600 Parkview Dr	Bedford	76022
Paul And Judy Andrews Women's Hospital at Baylor All Saints	Hospital	1400 Eighth Ave	Fort Worth	76104
Pecan Manor Nursing & Rehabilitation	Skilled Nursing Facility	413 E Mansfield Cardinal Rd	Kennedale	76060
Pennsylvania Rehab	Skilled Nursing Facility	901 Pennsylvania Ave	Fort Worth	76104
Plaza Medical Center of Fort Worth	Hospital	900 8h Ave	Fort Worth	76104
Regency Hospital of Fort Worth	Hospital	6801 Oakmont Rd	Fort Worth	76132
Remarkable Healthcare of Fort Worth	Skilled Nursing Facility	6649 N Riverside Dr	Fort Worth	76137
Renaissance Park Multi Care Center	Skilled Nursing Facility	4252 Bryant Irvin Rd	Fort Worth	76109
Richland Hills Rehabilitation and Healthcare Center	Skilled Nursing Facility	3109 Kings Ct	Fort Worth	76118
River Oaks Health & Rehab Center	Skilled Nursing Facility	2416 NW 18th St	Fort Worth	76106
Senior Care of Crowley	Skilled Nursing Facility	920 E FM 1187	Crowley	76036
Senior Care of Green Oaks	Skilled Nursing Facility	3033 W Green Oaks Blvd	Arlington	76016
Senior Living Properties	Skilled Nursing Facility	2301 Ira E Woods Ave	Grapevine	76051
Stonegate Nursing Center	Skilled Nursing Facility	4201 Stonegate Blvd	Fort Worth	76109

Facility Name	Facility Type	Address	City	ZIP
Sundance Behavioral Healthcare System	Health System	700 Us 287 Frontage Rd	Arlington	76001
Sundance Hospital Arlington	Hospital	7000 US 287 Frontage Rd	Arlington	76001
Tarrant County Hospital District	Skilled Nursing Facility	1500 S Main St	Fort Worth	76104
Texas Health Arlington Memorial Hospital	Hospital	800 W Randol Mill Rd	Arlington	76012
Texas Health Harris Methodist Fort Worth	Hospital	1301 Pennsylvania Ave	Fort Worth	76104
Texas Health Harris Methodist Hospital Alliance	Hospital	10864 Texas Health Trl	Fort Worth	76244
Texas Health Harris Methodist Hospital Azle	Hospital	108 Denver Trl	Azle	76020
Texas Health Harris Methodist Hospital Southlake	Hospital	1545 E Southlake Blvd	Southlake	76092
Texas Health Harris Methodist Hospital Southwest Fort Worth	Hospital	6100 Harris Pkwy	Fort Worth	76132
Texas Health Harris Methodist Hurst - Euless - Bedford	Hospital	1600 Hospital Pkwy	Bedford	76022
Texas Health Heart And Vascular Hospital Arlington	Hospital	811 Wright St	Arlington	76012
Texas Health Huguley Fort Worth South	Hospital	11801 S Fwy	Fort Worth	76115
Texas Health Resources	Health System	612 E Lamar Blvd	Arlington	76011
Texas Health Specialty Hospital	Hospital	1301 Pennsylvania Ave	Fort Worth	76104
Texas Health Springwood Behavioral Health Hospital	Hospital	2717 Tibbets Dr	Bedford	76022
Texas Rehabilitation Hospital	Hospital	900 W Arbrook Blvd	Arlington	76015
Texas Rehabilitation Hospital at Fort Worth	Hospital	425 Alabama Ave	Fort Worth	76104
The Carlyle at Stonebridge Park	Skilled Nursing Facility	170 Stonebridge Ln	Southlake	76092
The Harrison at Heritage	Skilled Nursing Facility	4600 Heritage Trace Pkwy	Fort Worth	76244
The Landing at Watermere Southlake	Skilled Nursing Facility	201 Watermere Dr	Southlake	76092

Facility Name	Facility Type	Address	City	ZIP
The Pavilion at Creekwood	Skilled Nursing Facility	2100 Cannon Dr	Mansfield	76063
The Stayton at Museum Way	Skilled Nursing Facility	2501 Museum Way	Fort Worth	76107
Town Hall Estates Arlington	Skilled Nursing Facility	824 W Mayfield Rd	Arlington	76015
Trail Lake Nursing & Rehab	Skilled Nursing Facility	7100 Trail Lake Dr	Fort Worth	76123
Trinity Terrace	Skilled Nursing Facility	1600 Texas St	Fort Worth	76102
USMD Hospital at Arlington	Hospital	801 W Interstate 20	Arlington	76017
USMD Hospital at Fort Worth	Hospital	5900 Dirks Rd	Fort Worth	76132
UT Southwestern Monty and Texas Moncrief Medical Center	Hospital	Unknown	Fort Worth	76104
VA Heart of Texas Health Care Network	Health System	2301 E Lamar Blvd	Arlington	76006
Victory Medical Center Fort Worth	Hospital		Fort Worth	76104
Village Creek Nursing Home	Skilled Nursing Facility	3825 Village Creek Rd	Fort Worth	76119
Watson Memorial Nursing Home	Skilled Nursing Facility	5000 E Lancaster	Fort Worth	76103
Westhaven Nursing Center	Skilled Nursing Facility	1617 W Cannon	Fort Worth	76104
Woodridge Nursing & Rehab	Skilled Nursing Facility	1500 Autumn Dr	Grapevine	76051
Wedgewood Nursing Home	Skilled Nursing Facility	6621 Dan Danciger Rd	Fort Worth	76133
Wellington Oaks Nursing & Rehabilitation	Skilled Nursing Facility	701 Saint Louis Ave	Fort Worth	76104
Weno Health Care	Skilled Nursing Facility	6501 Nichole Way	Arlington	76002
Westside Care Center	Skilled Nursing Facility	1950 Las Vegas Trail So	White Settlement	76108
White Settlement Nursing Center	Skilled Nursing Facility	7820 Skyline Park Dr	White Settlement	76108

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, Mansfield added 45 new physicians to the Medical Staff
Lack of access to health care due to financial barriers (i.e., lack of affordable care)	Uncompensated Care	In FY2015 Methodist provided more than $109 million in uncompensated care
Shortage of primary care services (e.g., pediatric, prenatal, family care)	Family Health Centers in the service area	Two Family Health Center locations have been added in the service area since FY13
	Recruitment Program	
Shortage of specialty care	Family Health Centers in the service area	Two Family Health Center locations have been added in the service area since FY13
	Recruitment Program	In FY2015, Mansfield added 45 new physicians to the Medical Staff
Need for more and earlier onset of prenatal care	Prenatal education classes	Ongoing prenatal education classes in person and online – reached approximately 700 people
Overuse of emergency department (ED) services	DSRIP ED Navigation Project	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
	Family Health Center in the service area	Two Family Health Center locations have been added in the service area since FY13
Mental and Behavioral Health—Illness Impact on Health Decisions; Lack of Access to mental health services; Insufficient integration in primary care medical system	IP and OP psych program at MRMC	In FY15 Methodist Richardson treated 343 IP Psych patients and 2,718 Chemical Dependency visits
Need for more education, resources and promotion of healthy lifestyles (free and safe places to exercise, health screenings, health education, healthy environments, etc.)	Community health education programming	Continued ongoing community health education programming
	Breast Cancer screenings	In FY15, the Mobile Mammography Unit completed over 2,700 mammograms

Identified Need	Implementation Strategy Response	Status
Lack of access to dental care	Beyond scope of services	N/A
Lack of access to healthy foods	MHS Wellness education program	FY15 the Live Bright program brought education about nutrition, fitness and wellness to approximately 2000 people

Identified Need	Implementation Strategy Response	Status
Need for more care coordination	DSRIP ED Navigation Project	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
Lack of provider capacity	Family Health Centers in the service area	Two Family Health Center locations have been added in the service area since FY13
	Recruitment Program	Continued ongoing community health education programming
Need to address geographic barriers that impede access to care	Robust network of Physicians	245 physicians provide care at Methodist Mansfield Medical Center
	Capital Investment in Mansfield Campus; growth in services	$118 million new tower completed in December 2015
Need for increased geriatric, long-term, and home care resources (e.g., beds, Medicare providers)	MHS offers DFW Home Health	Continue to provide home care services through DFW Home Health
Need for more culturally competent care to address unmet needs (e.g., Latino-population need care, translators, translated-materials)	MHS cultural competency education for employees	Mandatory annual cultural competency, diversity and intentional inclusion training to all employees
Necessity of patient education programs	Community health education programming	Approximately 48,000 people reached through ongoing community health education in FY15
	Breast Cancer screenings	In FY15, the Mobile Mammography Unit completed over 2,700 mammograms
Higher incidence rates of syphilis and chlamydia	Family Health Centers provide primary care for area residents	Nine Family Health Centers are located in the service area provide care to area residents
Incomplete management of varicella (chicken pox) cases	Family Health Centers provide vaccinations	Nine Family Health Centers are located in the service area provide care to area residents

Identified Need	Implementation Strategy Response	Status
Inadequate health IT infrastructure and limited interoperability to support information sharing between providers hinders care coordination	EPIC - Explorys connector	Purchase of Explorys connector: 3-year deployment plan beginning 3Q FY16
Incomplete management of pertussis (whooping cough) cases	Family Health Centers provide vaccinations	Nine Family Health Centers are located in the service area provide care to area residents
Improved Public Health Surveillance to Promote Individual and Population Health	MHS response to Ebola	MHS response to Ebola outbreak in Dallas providing infectious disease biocontainment facility for the area

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

Indicator	Selected Need	Undesired direction	Ellis County	Tarrant County	Texas
latent tuberculosis infection (LTBI) LTBI treatment					
Colon and Rectum Cancer Incidence (per 100,000)	Cancer	higher	38.3	34.3	33.5
Lung and Bronchus Cancer Incidence (per 100,000)	Cancer	higher	52.0	51.7	46.7
Breast Cancer	Cancer	higher	116.4	120.5	113.1
Cancer Deaths total (per 100,000)	Cancer	higher	163.0	135.0	144.0
Ratio of population to one primary care physician	Access	higher	2400.0	1730.0	1680.0
Ratio of population to primary care providers other than physicians	Access	higher	2655.0	1785.0	1709.0
Ratio of population to one dentist	Access	higher	3320.0	1830.0	1880.0
Percent Uninsured Children (<19)	Access	higher	14%	12%	13%
Amount of price-adjusted Medicare reimbursements per enrollee	Access	higher	$11,018.00	$11,483.00	$10,837.00
Percentage of population under age 65 without health insurance	Access	higher	26%	28%	30%
Adults Reporting Diagnosed w/ Diabetes (percent)	Diabetes	higher	10%	10%	11%
Adult Uncontrolled Diabetes Admission Risk-Adjusted-Rate (per 100,000)	Diabetes	higher	10.3	12.0	12.5
Pediatric Diabetes Short-term Complications Admission Risk-Adjusted-Rate (per 100,000)	Diabetes	higher	31.7	31.6	25.0
Adult Risk-Adjusted-Rate of Lower-Extremity Amputation Among Patients with Diabetes (per 100,000)	Diabetes	higher	22.4	18.2	20.9
Ischemic Heart Disease: Medicare Population (percent)	Heart Disease	higher	26%	27%	29%
Heart Disease Death Rate (per 100,000)	Heart Disease	higher	170.0	130.0	154.0

Indicator values displayed in blue are better than the benchmark