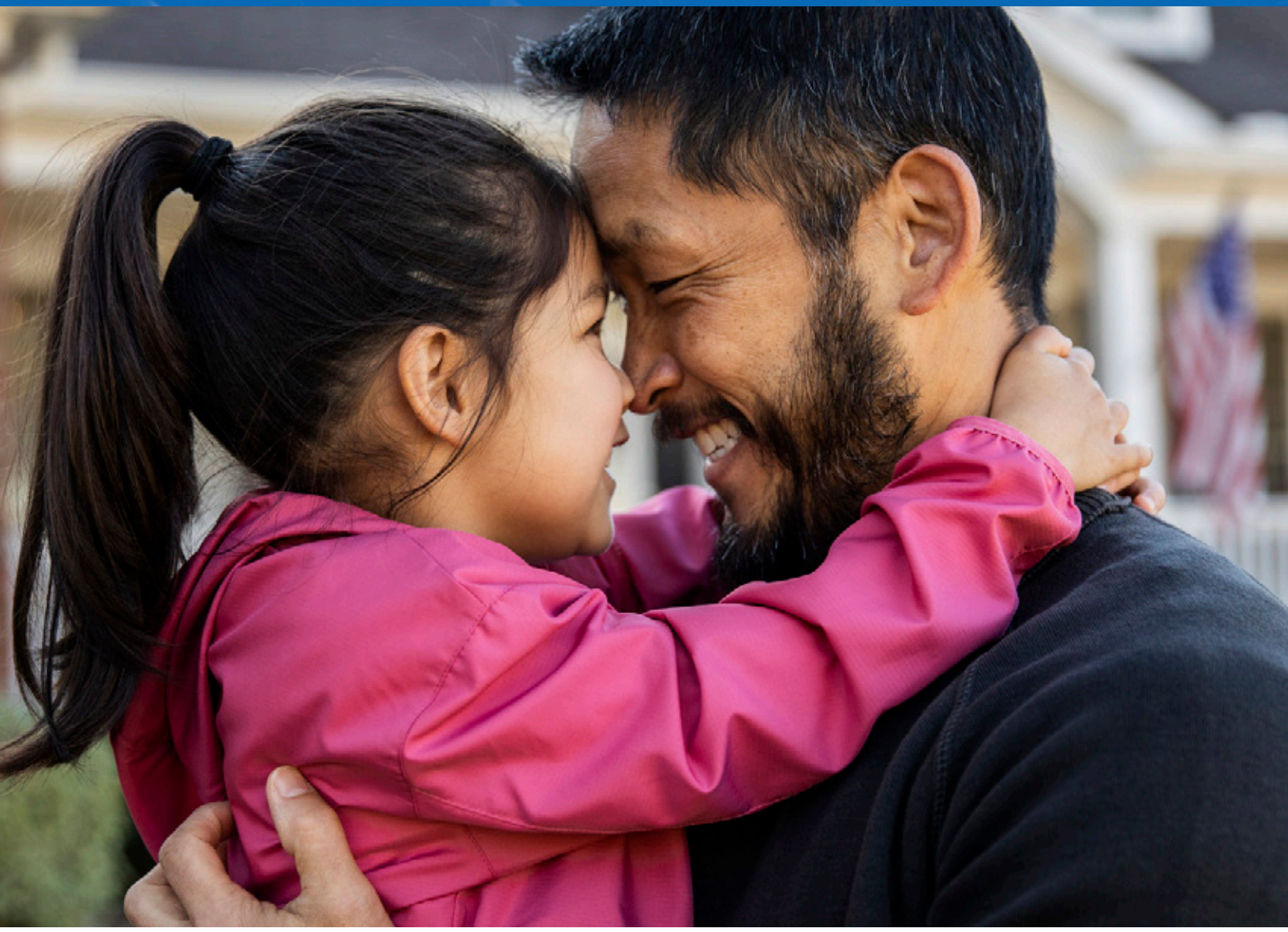
Methodist
HEALTH SYSTEM

COMMUNITY HEALTH NEEDS ASSESSMENT



COLLIN AND DALLAS COUNTY HEALTH COMMUNITY

METHODIST RICHARDSON MEDICAL CENTER
METHODIST HOSPITAL FOR SURGERY

Approved by: Methodist Health System Board of Directors on July 12, 2022
Approved by: Methodist Hospital for Surgery Board of Directors on November 17, 2022
Posted to: http://www.methodisthealthsystem.org by September 30, 2022 and to http://www.methodisthospitalforsurgery.com by December 31, 2022

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METHODIST HEALTH SYSTEM

COMPASSIONATE HEALTHCARE IN NORTH TEXAS

The Methodist ministers and civic leaders who opened their doors in 1927 could not have imagined where Methodist Health System would be today. From humble beginnings, their renowned health system has become one of the leading healthcare providers in North Texas, with several locations across the region.

But all of their growth, advancements, accreditation, awards, and accomplishments have been earned under the guidance of their founding principles: life, learning, and compassion. They are still growing, learning, and improving — grounded in a proud past and looking ahead to an even brighter future.

MISSION, VISION, AND VALUES OF METHODIST HEALTH SYSTEM

MISSION

To improve and save lives through compassionate quality healthcare.

VISION

To be the trusted choice for health and wellness.

CORE VALUES

Methodist Health System core values reflect our historic commitment to Christian concepts of life and learning:

- **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

Where compassion is our compass. Where hearts and minds operate as one. Where a glass half empty is filled with hope. Where healing is believing.

Whatever the medical need, Methodist Health System is honored that patients entrust them with their health and safety. They understand that Methodist has a solemn responsibility to each patient and patient families, and they can trust that the Methodist team takes that commitment very seriously.

Methodist Health System further illustrates this commitment through periodic community health needs assessments which include plans on addressing those needs with a wide range of outreach initiatives. These Community Heath Needs Assessment (CHNA) activities also satisfy federal requirements outlined in the Patient Protection and Affordable Care Act.

Methodist Health conducts periodic reviews of public health indicators and benchmark analyses comparing communities it serves to an overall state of Texas value. In this way, it can determine where deficiencies lie and the opportunities for improvement are greatest.

Through interviews, focus groups and surveys, Methodist gains a clearer understanding of the community needs from the perspective of the members of each community. This helps it identify the most pressing needs a community is facing and develop implementation plans to focus on those prioritized needs.

The process includes input from a wide range of knowledgeable people who represent the myriad interests of the community in compliance with 501(r)(3) regulations. The CHNA process overview can be found in **Appendix A.**

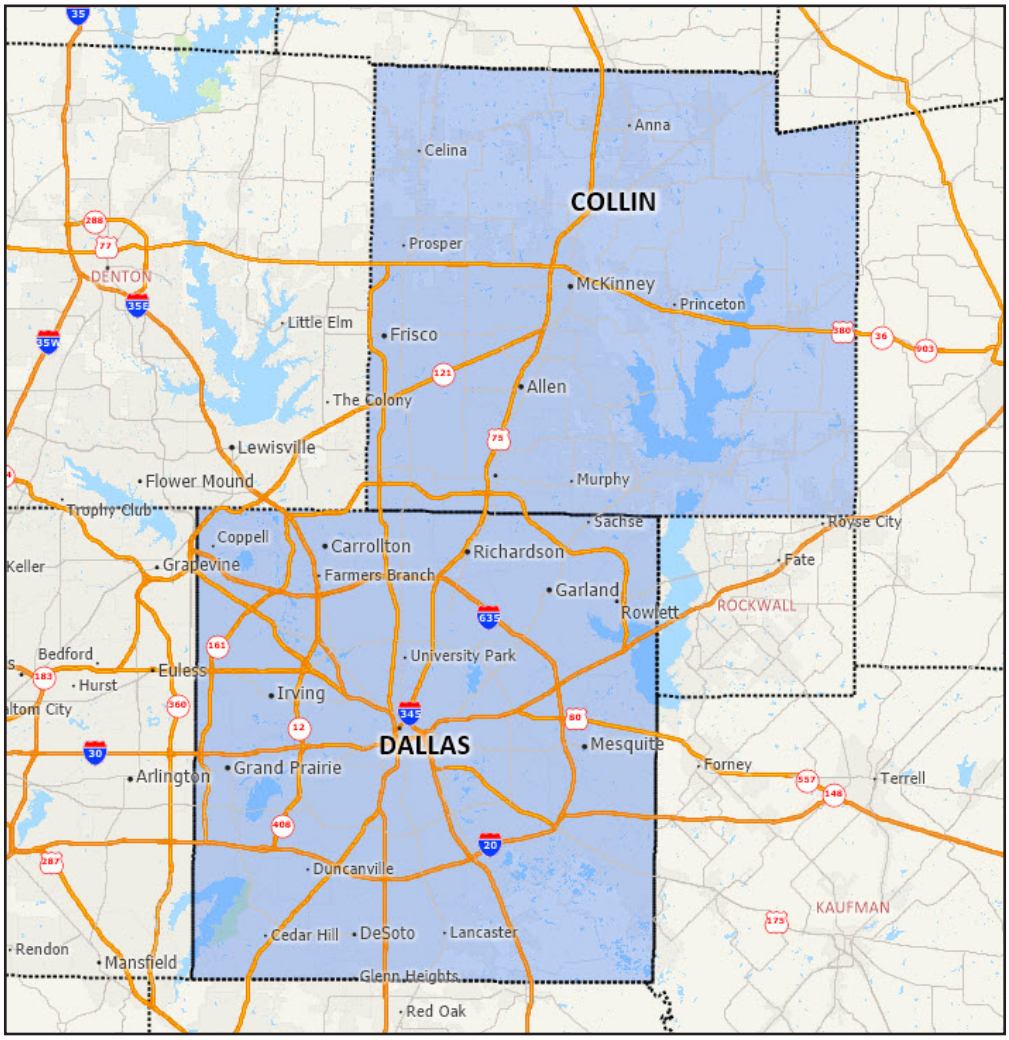
The CHNA serves as the foundation for community health improvement planning efforts over the next three years, while the implementation plans will be evaluated annually.

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT

Methodist owns and operates multiple individually licensed hospital facilities serving the residents of North Texas. This assessment applies to the following Methodist hospital facilities:

- **Methodist Richardson Medical Center**
- **Methodist Hospital for Surgery**

The community served includes Collin and Dallas Counties. The community includes the geographic area where more than 60 percent of the admitted patients live according to the hospital facilities' in-patient admissions over the 12-month period of 2019Q2-2020Q1. Those facilities with overlapping counties of patient origin collaborated to provide a joint CHNA report in accordance with the U.S. Treasury regulations and 501(r)(3) of the Internal Revenue Code. All of the collaborating hospital facilities included in a joint CHNA report define their communities to be the same for the purposes of the CHNA report.



Collin and Dallas County Health Community Map

Methodist engaged with IBM Watson Health, a nationally respected consulting firm, to conduct a Community Health Needs Assessment (CHNA) in accordance with the requirements of the Patient Protection and Affordable Care Act (PPACA) for the health communities they serve.

THE CHNA PROCESS INCLUDED:

1. Gathering and analyzing 59 public and 45 proprietary health data indicators to provide a comprehensive assessment of the health status of the communities. The complete list of health data indicators is included in **Appendix B**.
2. Creating a benchmark analysis comparing the communities to overall state of Texas and United States (US) values.
3. Conducting focus groups, key informant interviews and stakeholder surveys, including input from public health experts, to gain direct input from the community for a qualitative analysis.

    - Gathering input from state, local and/or regional public health department members who have the pulse of the community's health.
    - Identifying and considering input from individuals or organizations serving and/or representing the interests of medically underserved low-income and minority populations in the community to help prioritize the community's health needs.
    - The represented organizations that participated are included in **Appendix C**.

IBM Watson Health provided current and forecasted demographic, socioeconomic, and utilization estimates for each of the communities.

Demographic and Socioeconomic Summary

The most important demographic and socioeconomic findings for the Collin and Dallas County Health Community CHNA are:

1. The community is growing faster than the state of Texas and both are outpacing the rate of growth of the U.S.
2. The median age of the population is slightly younger than the U.S. but slightly older than Texas overall.
3. The median household income is higher than both the state and the U.S.
4. The community served has a lower percentage of uninsured and underinsured than Texas.

Further demographic and socioeconomic information for the Collin and Dallas County Health Community is included in **Appendix D**.

Health Community Data Summary

IBM Watson Health's utilization estimates and forecasts indicate the following for the Collin and Dallas County Health Community:

1. Inpatient discharges in the community are expected to grow by 9.6% by 2030 with the largest growing product lines to include:
    - Pulmonary Medical
    - General Medicine
    - Cardiovascular Diseases
2. Outpatient procedures are expected to increase by 34.3% by 2030 with the largest areas of growth including:
    - Labs
    - General & Internal Medicine
    - Physical & Occupational Therapy
3. Emergency Department visits are expected to grow by 14.2% by 2025.
4. Hypertension represents 73.4% of all heart disease cases.
5. Cancer incidence is expected to increase by 12.1% by 2025.

Further health community information for the Collin and Dallas County Health Community is included in **Appendix E**.

Priority Health Needs

Using these and other data collection and interpretation methods, Methodist Health System identified what it considers to be the community's key health needs. The resulting prioritized health needs for this community include:

Priority	*Need*	*Category of Need*
1	Poor Chronic Illness Management	Health Status
2	Stroke Care	Conditions/Diseases
3	Escalating Health Needs of Aging Community	Utilization
4	Cancer Incidence	Conditions/Diseases
5	Gap in Mental/Behavioral Health Services	Mental Health
6	Lack of Healthy Food Options	Environment
7	Access to Non-Physician Primary Care Providers	Access to Care

PRIORITY 1: POOR CHRONIC ILLNESS MANAGEMENT

The following data indicates greater need for population to one primary care physician and population to one non-physician primary care provider.

Category	Data Shows Greater Need	Key Informants Indicate Greater Need
Health Status	• ***Adults reporting fair or poor health***	• ***Chronic illnesses not managed well***

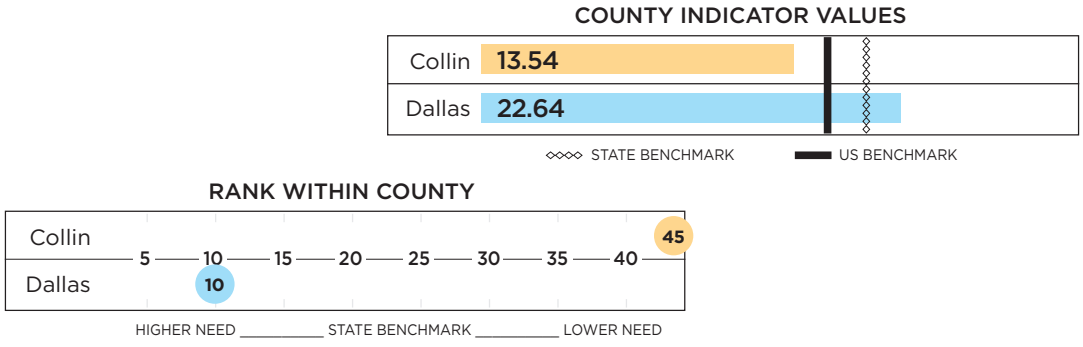
Health Status: Adults Reporting Fair or Poor Health

(Percentage of Adults Reporting Fair or Poor Health by County)

The indicator of adults reporting fair or poor health is defined as the percentage of adults reporting fair or poor health (age 18 and older) and is based on data from County Health Rankings & Roadmaps, The Behavioral Risk Factor Surveillance System (BRFSS).

Collin County has 13.54% of adults reporting fair or poor health, which is 27.7% lower than the state benchmark of 18.74%. This indicates a lesser need than the state and a less vulnerable population. This indicator ranked as the forty-fifth indicator (45th) among all 59 public indicators within Collin County which indicates lower need and a less vulnerable population.

Dallas County has 22.64% of adults reporting fair or poor health, which is 20.8% higher than the state benchmark of 18.74%. This indicates a higher need than the state and a larger vulnerable population. This indicator ranked as the tenth indicator (10th) among all 59 public indicators within Dallas County, which indicates higher need and a larger vulnerable population.



The focus group participants cited that in the health community, chronic illnesses are not managed well and patients don't access necessary care regularly. They added that negative life habits, such as smoking and drinking, contribute to the negative well-being of the population. In addition, the community anticipates growth and increased severity of chronic conditions, such as diabetes, in the future due to patients being underserved during COVID.

In the prioritization session, the hospital and community leaders agreed that there is insufficient chronic illness management in the community. They added that there is a need in the community to work with repeat patients with chronic conditions.

PRIORITY 2: STROKE CARE

The following data indicates greater need for management of stroke care.

Category	Data Shows Greater Need	Key Informants Indicate Greater Need
Conditions/ Diseases	• ***Medicare population: Stroke***	• ***Not specifically mentioned***

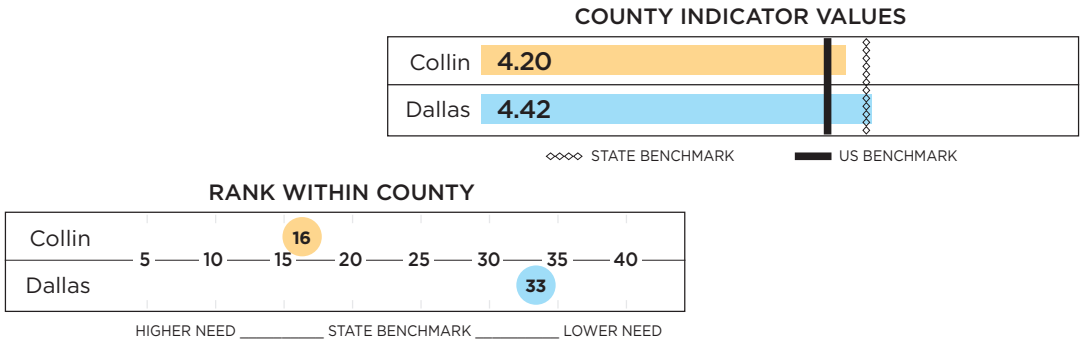
Conditions/Diseases: Medicare Population: Stroke

(Prevalence of Stroke Over All Medicare Beneficiaries by County)

The indicator Medicare population: stroke is defined as the prevalence of stroke across all Medicare beneficiaries and is based on data from CMS.gov Chronic Conditions.

Collin County has a 4.20% stroke prevalence rate among total Medicare beneficiaries which is 3.5% lower than the state benchmark of 4.35%. This indicates a lesser need than the state and a less vulnerable population. This indicator ranked sixteenth (16th) among all 59 public indicators within Collin County and indicates a lower need and a less vulnerable population.

Dallas County has a 4.42% stroke prevalence rate among total Medicare beneficiaries which is 1.5% higher than the state benchmark of 4.35%. This indicates a slightly higher need than the state and a larger vulnerable population. This indicator ranked thirtieth (33rd) among all 59 public indicators within Dallas County and indicates a higher need and a larger vulnerable population.



The focus group participants did not discuss the condition of stroke specifically.

In the prioritization session, the hospital and community leaders agreed that there is a need to manage stroke issues among the Medicare population.

PRIORITY 3: ESCALATING HEALTH NEEDS OF AGING COMMUNITY

The following data indicates greater need in the area of escalating health needs of the aging community and specifically the inpatient use rate and spending per beneficiary (MSPB) index among the Medicare population.

Category	Data Shows Greater Need	Key Informants Indicate Greater Need
Utilization	• ***Medicare population: Inpatient use rate*** • ***Medicare spending per beneficiary (MSPB) index***	• ***Not specifically mentioned***

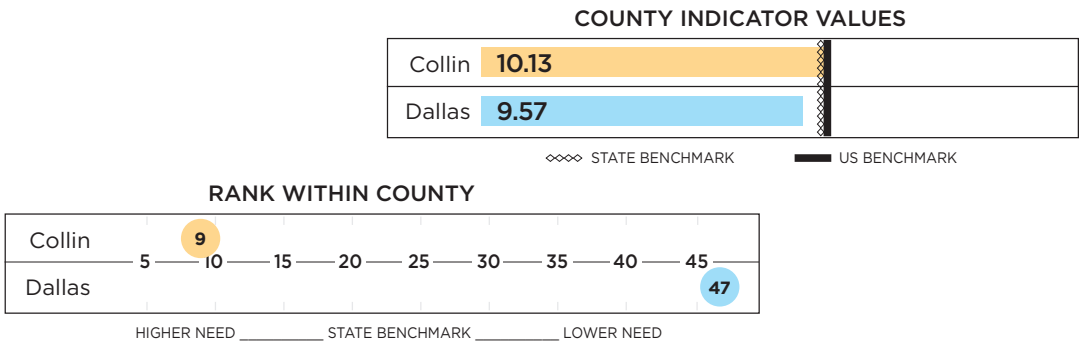
Utilization: Medicare Population: Inpatient Use Rate

(Number Patients Hospitalized/Total Beneficiaries by County)

The indicator Medicare population: Inpatient Use Rate is defined as unique patients being hospitalized divided by the total beneficiaries. This value is based on data from CMS Inpatient 100% Standard Analytical File (SAF) and CMS Standard Analytical Files (SAF) Denominator File.

Collin County has 10.13% hospitalized patients among the total Medicare beneficiaries which is 1.3% higher than the state benchmark of 10%. This indicates a greater need than the state and a larger vulnerable population. This indicator ranked ninth (9th) among all 59 public indicators within Collin County which indicates higher need and a larger vulnerable population.

Dallas County has 9.57% hospitalized patients among the total Medicare beneficiaries, which is 4.3% lower than the state benchmark of 10%. This indicates a lesser need than the state and a less vulnerable population. This indicator ranked forty-seventh among all 59 public indicators within Collin County, which indicates a lesser need and a less vulnerable population.



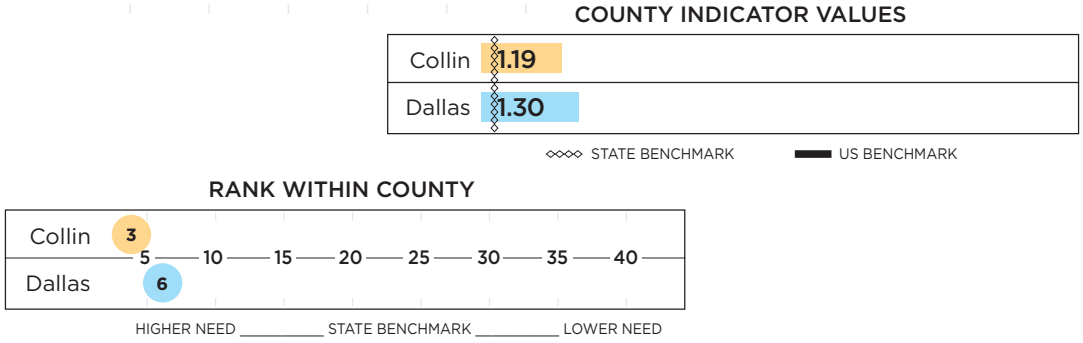
Utilization: Medicare Spending Per Beneficiary (MSPB) Index

(Average Episode Spending per Medicare Beneficiary by County)

CMS calculates the ratio of the average standardized episode spending over the average expected episode spending. This ratio is multiplied by the average episode spending level across all hospitals. This value is based on data from CMS Medicare Spending Per Beneficiary (MSPB), Hospital Value-Based Purchasing (VBP) Program.

Collin County has a ratio of 1.19 for Medicare spending per beneficiary which is 14.4% higher than the state benchmark of 1.04. This indicates a greater need than the state and a larger vulnerable population. This indicator ranked third (3rd) among all 59 public indicators within Collin County, which indicates higher need and a larger vulnerable population.

Dallas County has a ratio of 1.30 for Medicare spending per beneficiary which is 25% higher than the state benchmark of 1.04. This indicates a greater need than the state and a larger vulnerable population. This indicator ranked sixth (6th) among all 59 public indicators within Dallas County, which indicates higher need and a larger vulnerable population.



The key informants acknowledged that there is a large aging population in the community and they are contributing to the escalating health needs observed. They also noted that because chronic illnesses are not managed well, there is increased use of inpatient care and spending that could be avoided.

In the prioritization session, hospital leadership agreed that the health needs of the aging population are escalating and need to be addressed.

PRIORITY 4: CANCER INCIDENCE

The following data indicates greater need in the areas of cancer incidence (all causes, colon, female breast and prostate) although it was not discussed by the key informants specifically.

Category	Data Shows Greater Need	Key Informants Indicate Less Need or Not Mentioned
Conditions/ Diseases	• *Cancer Incidence: All Causes* • *Cancer Incidence: Colon* • *Cancer Incidence: Female Breast* • *Cancer Incidence: Prostate*	• *Not specifically mentioned*

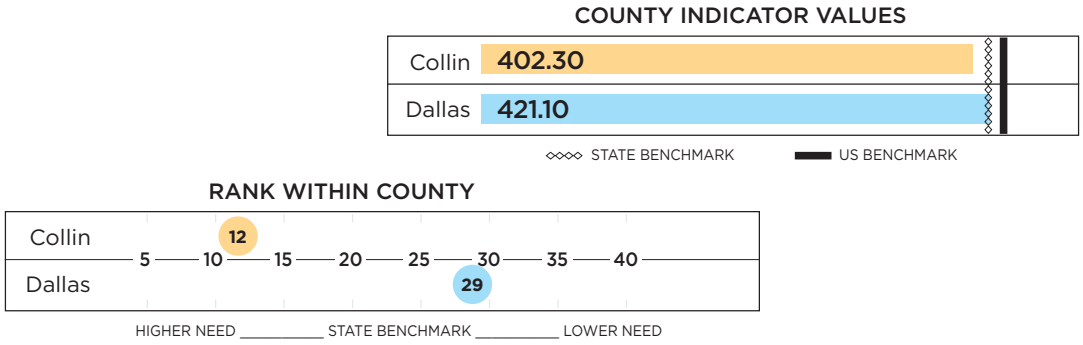
Conditions/Diseases: Cancer Incidence: All Causes

(Cases per 100,000 Population in County)

The indicator Cancer Incidence: All Causes is defined as the age-adjusted cancer (all) incidence rate of cases per 100,000 population. It includes all races, including Hispanic; both sexes; and all ages. The measure is based on data from State Cancer Profiles, National Cancer Institute (CDC).

Collin County has 402.30 cancer cases per 100,000 population, which is 1.3% lower than the state benchmark of 407.70. This indicates a lesser need than the state and a less vulnerable population. This indicator ranked twelfth (12th) among all 59 public indicators within Collin County and indicates less need and a less vulnerable population.

Dallas County has 421.10 cancer cases per 100,000 population which is 3.3% higher than the state benchmark of 407.70. This indicates a higher need than the state and a larger vulnerable population. This indicator ranked twenty-ninth (29th) among all 59 public indicators within Dallas County and indicates higher need and a larger vulnerable population.



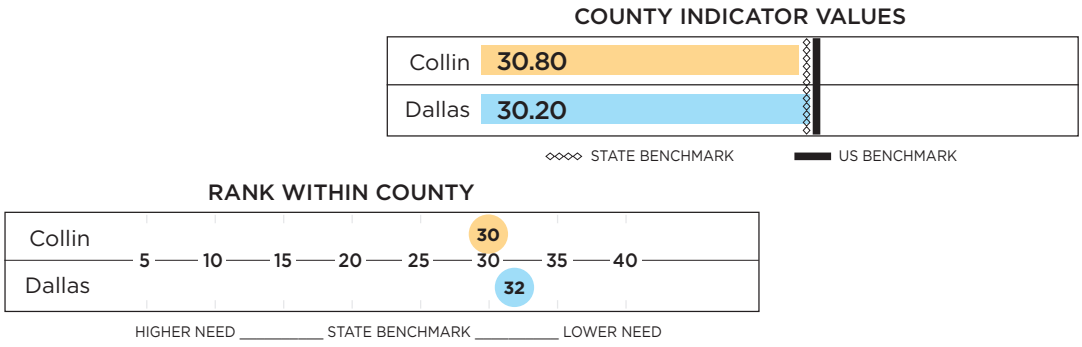
Conditions/Diseases: Cancer Incidence: Colon

(Cases per 100,000 Population in County)

The indicator Cancer Incidence: Colon is defined as the age-adjusted colon and rectum cancer incidence rate of cases per 100,000. It includes all races, including Hispanic; both sexes; and all ages. The measure is based on data from State Cancer Profiles, National Cancer Institute (CDC).

Collin County has 30.80 colon cancer cases per 100,000 population which is 18.1% lower than the state benchmark of 37.60. This indicates a lesser need than the state and a less vulnerable population. This indicator ranked thirtieth (30th) among all 59 public indicators within Collin County which indicates less need and a less vulnerable population.

Dallas County has 38.20 colon cancer cases per 100,000 population which is 1.6% higher than the state benchmark of 37.60. This indicates a greater need than the state and a larger vulnerable population. This indicator ranked thirty-second (32nd) among all 59 public indicators within Dallas County and indicates higher need and a larger vulnerable population.



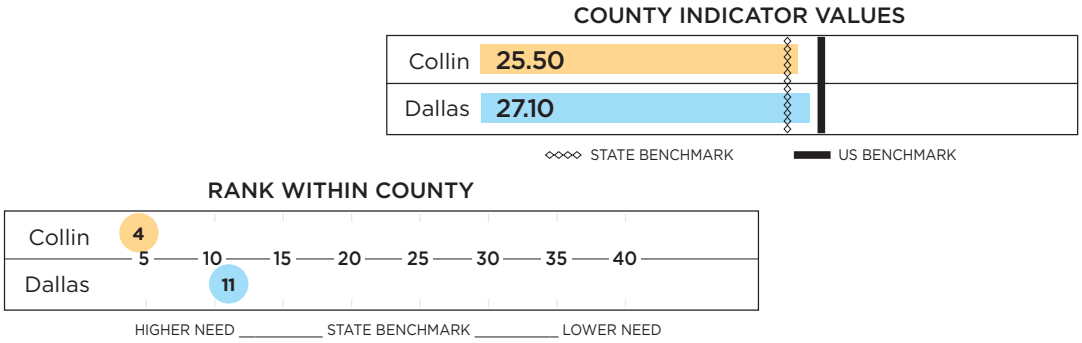
Conditions/Diseases: Cancer Incidence: Female Breast

(Cases per 100,000 Female Population in County)

The indicator Cancer Incidence: Female Breast is defined as the age-adjusted breast cancer incidence rate of cases per 100,000 females. It includes all races, including Hispanic and all ages. The measure is based on data from State Cancer Profiles, National Cancer Institute (CDC).

Collin County has 25.50 female breast cancer cases per 100,000 female population which is 13.3% higher than the state benchmark of 22.50. This indicates a greater need than the state and a larger vulnerable population. This indicator ranked fourth (4th) among all 59 public indicators within Collin County which indicates larger need and a larger vulnerable population.

Dallas County has 27.10 female breast cancer cases per 100,000 population which is 1.6% higher than the state benchmark of 22.50. This indicates a greater need than the state and a larger vulnerable population. This indicator ranked eleven (11th) among all 59 public indicators within Dallas County and indicates higher need and a larger vulnerable population.



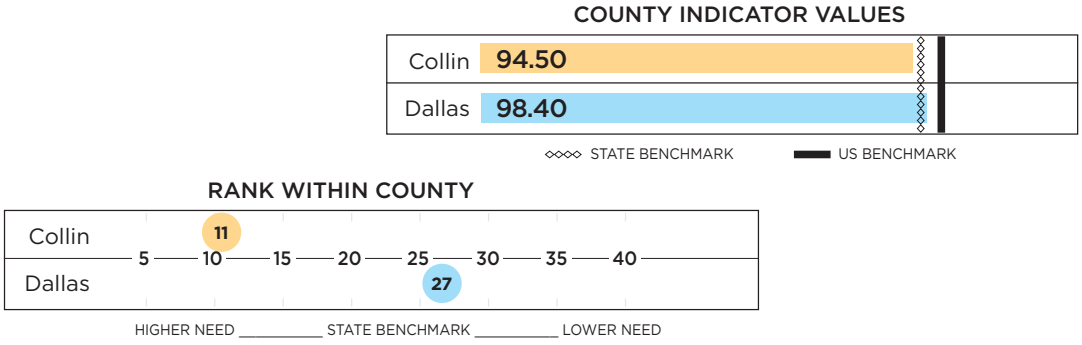
Conditions/Diseases: Cancer Incidence: Prostate

(Cases per 100,000 Male Population in County)

The indicator Cancer Incidence: Prostate is defined as the age-adjusted prostate incidence rate of cases per 100,000 males. It includes all races, including Hispanic, and all ages. The measure is based on data from State Cancer Profiles, National Cancer Institute (CDC).

Collin County has 94.50 prostate cancer cases per 100,000 male population which is 0.5% higher than the state benchmark of 94. This indicates a slightly greater need than the state and a slightly larger vulnerable population. This indicator ranked eleventh (11th) among all 59 public indicators within Collin County, which indicates larger need and a larger vulnerable population.

Dallas County has 98.40 prostate cancer cases per 100,000 male population which is 4.7% higher than the state benchmark of 94. This indicates a greater need than the state and a larger vulnerable population. This indicator ranked twenty-seventh (27th) among all 59 public indicators within Dallas County and indicates higher need and a larger vulnerable population.



Cancer incidence was not discussed by the key informants specifically.

In the prioritization session, hospital leadership agreed that despite improved preventative services seen in breast cancer and prostate cancer, there is a need to increase screenings and education on prevention and early detection.

PRIORITY 5: GAP IN MENTAL/BEHAVIORAL HEALTH SERVICES

The following data indicates greater need in terms of depression among the Medicare population and mentally unhealthy days among the community population.

Category	Data Shows Greater Need	Key Informants Indicate Greater Need
Mental Health	• ***Medicare population: Depression*** • ***Mentally unhealthy days***	• ***Not specifically mentioned***

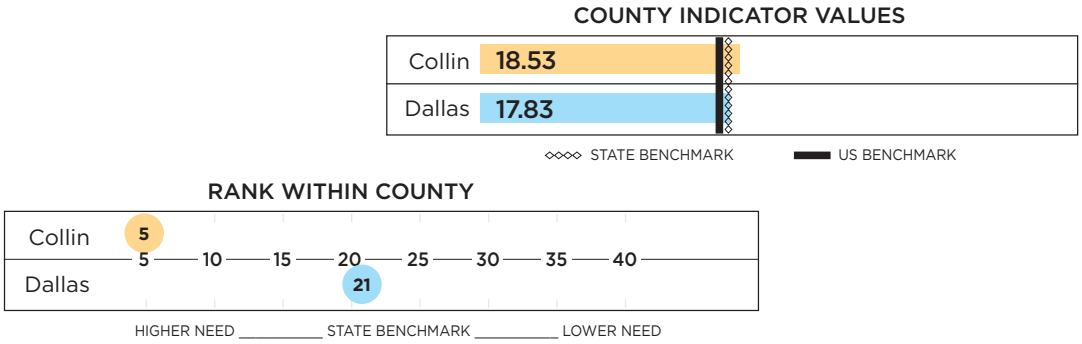
Mental Health Conditions/Diseases: Medicare Population: Depression

(% of Medicare Patients with Depression Divided by All Medicare Population by County)

The Medicare Population: Depression measure is defined as the prevalence of depression across all Medicare beneficiaries. The indicator is based on data from CMS.gov Chronic Conditions.

Collin County has an 18.53% rate of depression among the Medicare population which is 12.8% higher than the state benchmark of 16.43%. This indicates a greater need than the state and a larger vulnerable population. This indicator ranked as the fifth indicator (5th) among all 59 public indicators within Collin County, which indicates higher need and a larger vulnerable population.

Dallas County has a 17.83% rate of depression among the Medicare population which is 8.5% higher than the state benchmark of 16.43%. This indicates a greater need than the state and a larger vulnerable population. This indicator ranked as the twenty-first indicator (21st) among all 59 public indicators within Collin County, which indicates higher need and a larger vulnerable population.



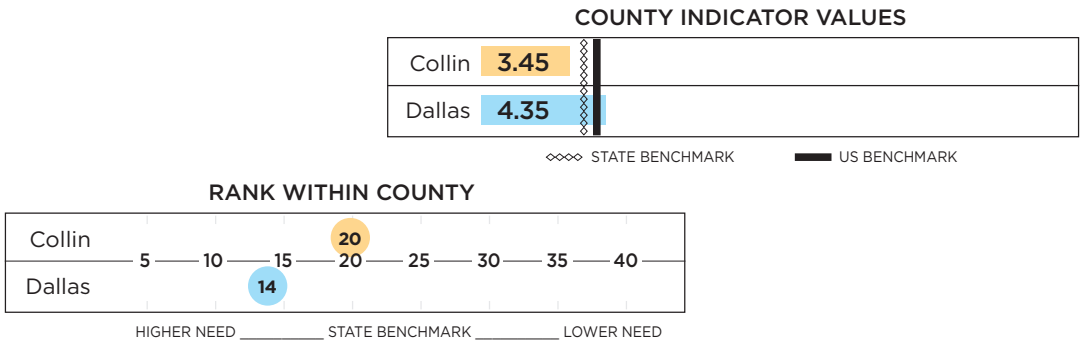
Mental Health Conditions/Diseases: Mentally Unhealthy Days

(Average Number of Mentally Unhealthy Days Reported in Past 30 Days by County)

The Mentally Unhealthy Days measure is defined as the average number of mentally unhealthy days reported in the past 30 days. The indicator is based on data from County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS).

Collin County reported an average of 3.45 mentally unhealthy days per month, which is 8.2% lower than the state benchmark of 3.76 days per month. This indicates a lesser need than the state and a less vulnerable population. This indicator ranked as the twentieth (20th) among all 59 public indicators within Collin County and had a lesser need and a less vulnerable population.

Dallas County reported an average of 4.35 mentally unhealthy days per month, which is 15.9% higher than the state benchmark of 3.76 days per month. This indicates a higher need than the state and a larger vulnerable population. This indicator ranked as the fourteenth (14th) among all 59 public indicators within Dallas County and had a greater need and a larger vulnerable population.



The key informants commented that there are gaps in mental health in the community and a failure to recognize mental health issues which delays treatment for these patients.

In the prioritization session, hospital leadership agreed that there is a need to address the gaps in mental and behavioral health services in the community.

PRIORITY 6: LACK OF HEALTHY FOOD OPTIONS

The following data indicates greater need in terms of food insecurity in the health community.

Category	Data Shows Greater Need	Key Informants Indicate Greater Need
Environment	• *Food insecure*	• *Food deserts*

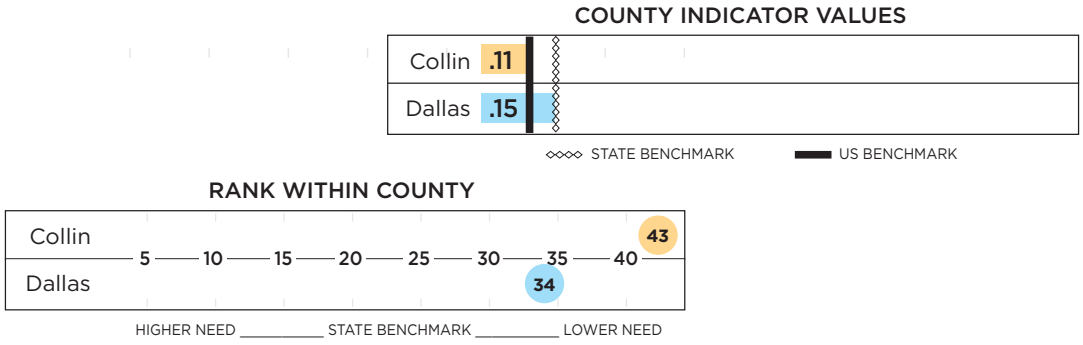
Environment: Food Insecure

(Percentage of Population Who Lack Adequate Access to Food During the Past Year by County)

The Food Insecure measure is defined as the percentage of population who lack adequate access to food during the past year. The indicator is based on data from County Health Rankings County Health Rankings & Roadmaps, Map the Meal Gap, and Feeding America.

Collin County had 0.11% population who lack adequate access to food during the past year which is 26% lower than the state benchmark of 0.15%. This indicates a lesser need than the state and a less vulnerable population. This indicator ranked as the fortythird indicator (43rd) among all 59 public indicators within Collin County which indicates a lesser need and a less vulnerable population.

Dallas County had 0.15% population who lack adequate access to food during the past year which is at the state benchmark of 0.15% (0.7% higher which is not seen due to rounding). This indicates a need and a vulnerable population. This indicator ranked as the thirty-fourth indicator (34th) among all 59 public indicators within Dallas County which indicates a greater need and a vulnerable population.



The key informants commented that there are food deserts in the Collin & Dallas Health Community and that there is limited access to affordable and healthy food options. They recognized increased efforts during COVID through food drives and other support but voiced concerns once the federal or state support comes to an end post pandemic creating a negative impact on healthy food availability to residents.

In the prioritization session, hospital leadership agreed that there is a lack of healthy food options in the community that needs to be addressed.

PRIORITY 7: ACCESS TO NON-PHYSICIAN PRIMARY CARE PROVIDERS

The following data indicates greater need for population to one non-physician primary care provider.

Category	Data Shows Greater Need	Key Informants Indicate Greater Need
Access to Care	• ***Population to one non-physician primary care provider***	• ***Limited access to healthcare services***

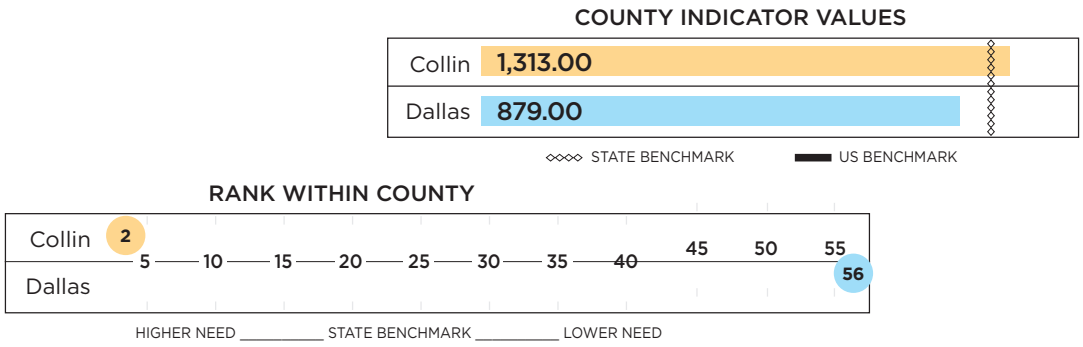
Access to Care: Population to One Non-Physician Primary Care Resource

(Number of Individuals Served by One Non-Physician Primary Care Resource by County)

The indicator for population to One Non-physician Primary Care Provider is defined as the ratio of population to primary care providers other than physicians and is based on data from County Health Rankings & Roadmaps; CMS, National Provider Identification Registry (NPPES).

Collin County has 1,313 individuals per every one non-physician primary care resource, which is 16.4% higher than the state benchmark of 1,128. This indicates a greater need than the state and a larger vulnerable population. This indicator ranked second (2nd) among all 59 public indicators within the which indicates higher need and a larger vulnerable population.

Dallas County has 879 individuals per every one non-physician primary care resource, which is 22.1% lower than the state benchmark of 1,128. This indicates a lesser need than the state and a less vulnerable population. This indicator ranked fifty-sixth (56th) among all 59 public indicators within the which indicates a lesser need and a less vulnerable population.



The focus group participants cited that even though hospitals are plentiful, there is a high demand for primary care providers in Collin and Dallas counties, leading to difficulty accessing primary care. Access is especially limited for the uninsured, underinsured, and those living in rural areas.

In the prioritization session, the hospital and community leaders agreed that there is a need to support the expansion of primary care groups, including mid-level providers in Collin and Dallas Counties.

The Community Health Dashboards data referenced above, the prioritized list of significant health needs approved by the hospitals' governing body, and the full assessment can be found at **https://www.methodisthealthsystem.org/about/communityinvolvement** and at **https://methodisthospitalforsurgery.com/about-us/community-health-assessment**

Existing Resources to Address Health Needs

One part of the assessment process included gathering input on potentially available community resources. A statewide Community Resource Guide and suggestions from some of our assessment participants helped identify community resources that may help address this community's known health needs.

The available community's resources can be referenced in **Appendix G.**

Next Steps

Methodist Richardson and Methodist Hospital for Surgery started the Community Health Needs Assessment process in March 2021. Using both qualitative community feedback as well as publicly available and proprietary health indicators, Methodist Richardson and Methodist Hospital for Surgery were able to identify and prioritize community health needs for its facilities. With the goal of improving the health of the community, implementation plans with specific tactics and time frames will be developed for the health needs that Methodist Richardson and Methodist Hospital for Surgery choose to address for the community served.

APPENDIX A: CHNA REQUIREMENT DETAILS

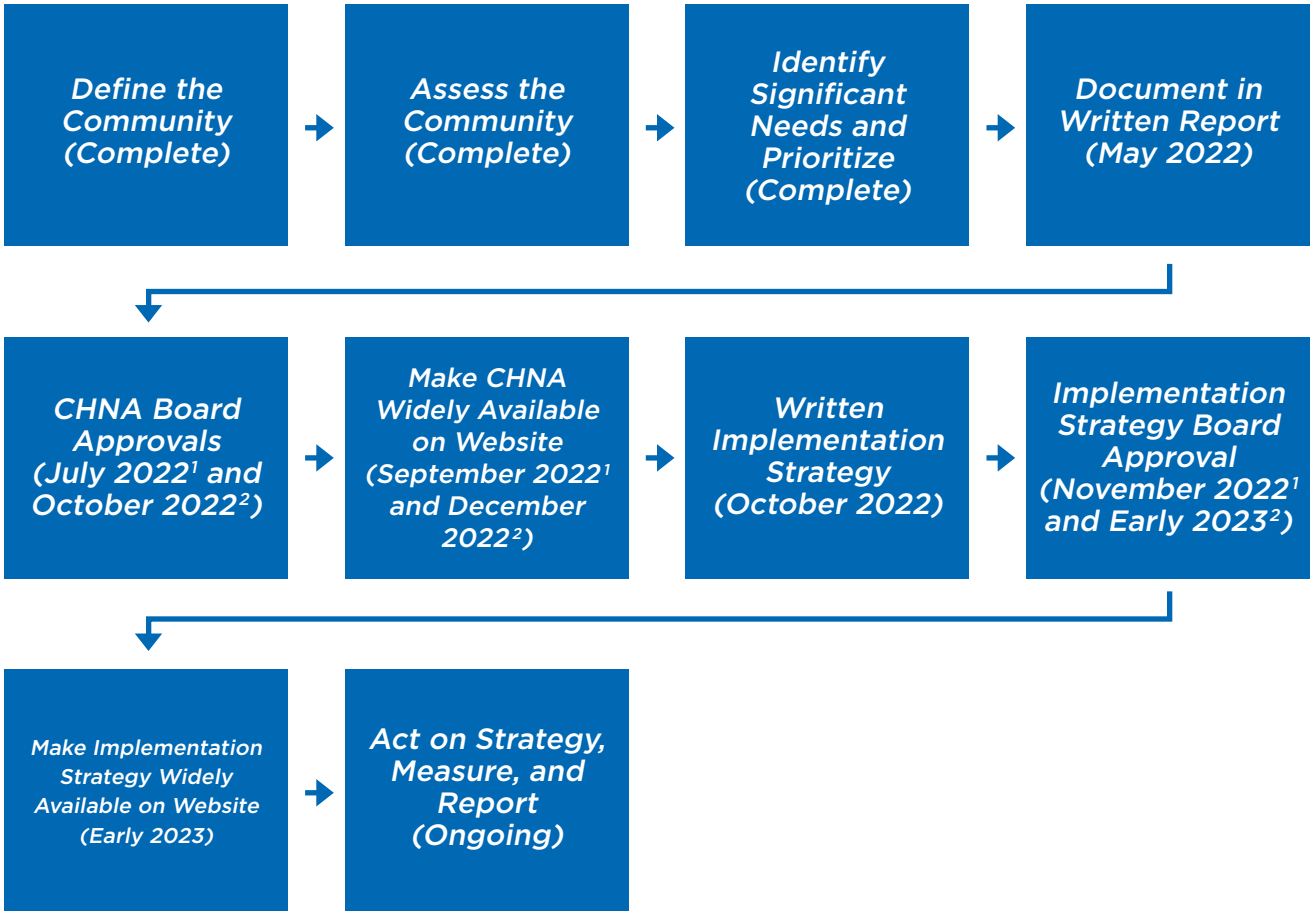
The Patient Protection and Affordable Care Act (PPACA) requires all tax-exempt organizations operating hospital facilities to assess the health needs of their community every three years. The resulting Community Health Needs Assessment (CHNA) report must include descriptions of the following:

- **The community served and how the community was determined;**
- **The process and methods used to conduct the assessment, including sources and dates of the data and other information as well as the analytical methods applied to identify significant community health needs;**
- **How the organization used input from persons representing the broad interests of the community served by the hospital, including a description of when and how the hospital consulted with these persons or the organizations they represent;**
- **The prioritized significant health needs identified through the CHNA as well as a description of the process and criteria used in prioritizing the identified significant needs;**
- **The existing healthcare facilities, organizations, and other resources within the community available to meet the significant community health needs; and**
- **An evaluation of the impact of any actions that were taken since the hospital(s) most recent CHNA, to address the significant health needs identified in that report.**

Hospitals also must adopt an Implementation Strategy to address prioritized community health needs identified through the assessment.

CHNA Process

Methodist Health System began the 2022 CHNA process in March of 2021. The following is an overview of the timeline and major milestones:



[1] Methodist Richardson Medical Center; [2] Methodist Hospital for Surgery

Consultant Qualifications

IBM Watson Health delivers analytic tools, benchmarks, and strategic consulting services to the healthcare industry, combining rich data analytics in demographics, including the Community Needs Index, planning, and disease prevalence estimates, with experienced strategic consultants to deliver comprehensive and actionable Community Health Needs Assessments.

Health Needs Assessment

To identify the health needs of the community, the hospitals established a comprehensive method using all available relevant data including community input. They used the qualitative and quantitative data obtained when assessing the community to identify its community health needs. Surveyors conducted interviews and focus groups with individuals representing public health, community leaders/groups, public organizations, and other providers. In addition, data collected from public sources compared to the state benchmark indicated the level of severity. The outcomes of the quantitative data analysis were compared to the qualitative data findings.

Data Gathering: Quantitative Assessment of Health Needs - Methodology and Data Sources

The team used quantitative data collection and analyses obtained from public health indicators to assess community health needs. This included over 100 data elements grouped into over 11 categories evaluated for the counties where data was available. Recently, regulations expanded to include new categories addressing mental health, healthcare costs, opioids and social determinants of health. A table depicting the categories and indicators and a list of sources is in **Appendix B.**

A benchmark analysis of each indicator determined which public health indicators demonstrated a community health need. Benchmark health indicators included overall U.S. values, State of Texas values, and other goal-setting benchmarks, such as Healthy People 2020.

According to America's Health Rankings 2021 Annual Report, Texas ranks 22nd out of the 50 states in the area of Health Outcomes (which includes behavioral health, mortality, and physical health) and 50th in the area of Clinical Care (which includes avoiding care due to cost, providers per 100,000 population, and preventative services).

The quantitative analysis of the health community used the following methodology:

- **Benchmarks were set for each health community using state value for comparison.**
- **Community indicators not meeting state benchmarks were identified.**
- **From this, a need differential analysis of the indicators was completed, which helped bring additional understanding of the community's relative severity of need.**
- **Using the need differentials, a standardized way to evaluate the degree each indicator differed from its benchmark was established.**

- **This quantitative analysis showed which health community indicators were below the 25th percentile in order of severity and, therefore, which health indicators needed their focus.**

The outcomes of the quantitative data analysis were compared to the qualitative data findings.

Information Gaps

In some areas of Texas, the small population size has an impact on reporting and statistical significance. The team has attempted to understand the most significant health needs of the entire community. It is understood that there is variation of need within the community and Methodist Richardson Medical Center and Methodist Hospital for Surgery may not be able to impact all of the population who truly need the service.

Community Input: Qualitative Health Needs Assessment - Approach

To obtain a qualitative assessment of the health community, the team:

- **Assembled a focus group representing the broad interests of the community served;**
- **Conducted interviews and surveys with key informants — leaders and representatives who serve the community and have insight into its needs; and**
- **Held prioritization sessions with hospital clinical leadership and community leaders to review collection results and identify the most significant healthcare needs based on information gleaned from the focus groups and key informants.**

Focus groups helped identify barriers and social factors influencing the community's health needs. Key informant interviews gave the team even more understanding and insight about the general health status of the community and the various drivers that contributed to health issues.

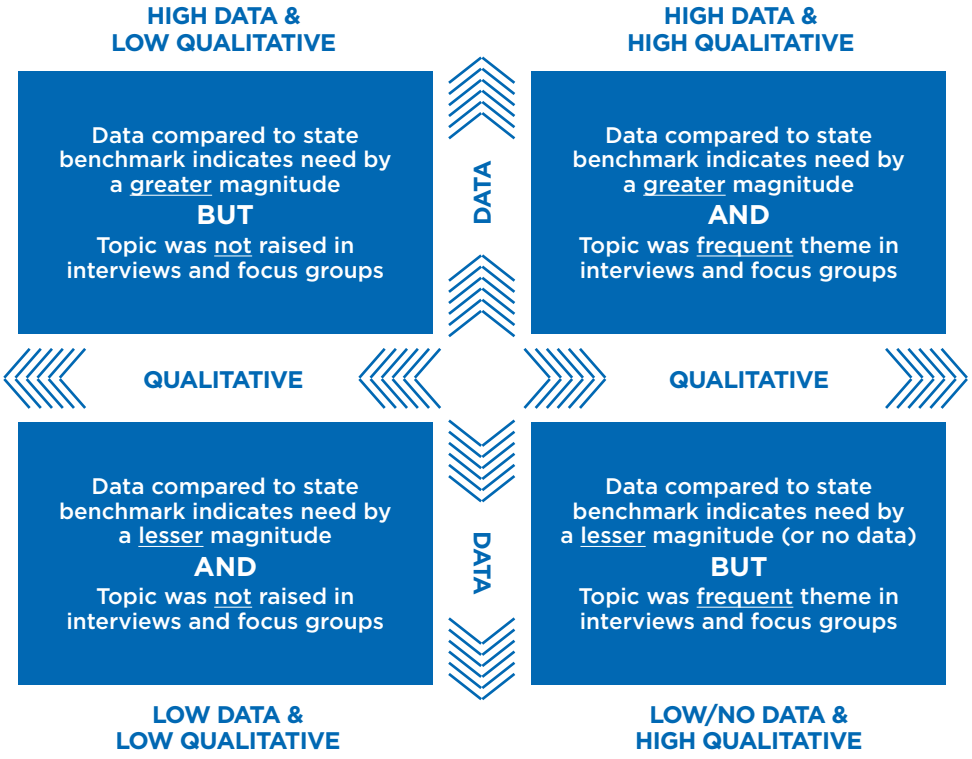
Multiple governmental public health department individuals were asked to contribute their knowledge, information, and expertise relevant to the health needs of the community. Individuals or organizations that served and/or represented the interests of medically underserved, low-income and minority populations in the community also took part in the process. NOTE: In some cases public health officials were unavailable due to obligations concerning the COVID-19 pandemic.

The hospitals also considered written input received on their most recently conducted CHNA and subsequent implementation strategies. Input that has been received to date was reviewed and considered. The assessment is available for public comment or feedback on the report findings by emailing **CHNAfeedback@mhd.com**.

The CHNA assessment is available on the Methodist website at **https://www.methodisthealthsystem.org/about/community-involvement** and at **https://methodisthospitalforsurgery.com/about-us/community-health-assessment**

Approach to Prioritizing Significant Health Needs

On January 13, 2022, a session with key leaders from Methodist Richardson and Methodist Hospital for Surgery along with community leaders was convened to review the qualitative and quantitative data findings of the CHNA to date, discuss at length the significant needs identified, and complete prioritization exercises to rank the community needs. Prioritizing health needs was a two-step process. The two-step process allowed participants to consider the quantitative needs and qualitative needs as defined by the indicator data set and input from focus groups, interviews, and survey participants.



In the first step, participants reviewed the top health needs for their community using associated data-driven criteria. The criteria included health indicator value(s) for the community and how the indicator compared to the state benchmark.

1. **High Data & High Qualitative:** The community indicators that showed a greater need in the health community overall when compared to the State of Texas comparative benchmark and were also identified as a greater need by the key informants.

2. High Data & Low Qualitative: The community indicators that showed a greater need in the health community overall when compared to the state of Texas comparative benchmark but were not identified as a greater need or not specifically identified by the key informants.

3. Low/No Data & High Qualitative: The community indicators that showed less need or had no data available in the health community overall when compared to the state of Texas comparative benchmark but were identified as a greater need by the key informants.

Participants held a group discussion about which needs were most significant using the professional experience and community knowledge of the group. A virtual voting method was invoked for individuals to provide independent opinions. This process helped the group define and identify the community's significant health needs.

Prioritization of Significant Needs

In the second step, participants ranked the significant health needs based on prioritization criteria recommended by the focus group conducted for this community:

1. Severity: What degree of disability or premature death occurs because of the problem? What are the potential burdens to the community, such as economic or social burdens?
2. Social justice: Is the problem more concentrated to a specific vulnerable population? Does addressing this issue lead to unfair social benefit? Are we equitable to all vulnerable populations in our approach?
3. Root cause: Is the issue a root cause of other problems thereby possibly affecting multiple issues?

Participants voted individually for the needs they considered the most significant for this community. When the votes were tallied, the top identified needs emerged and were ranked based on the number of votes. They prioritized the list of significant health needs based on the overall scores. The outcome of this process was the list of prioritized health needs for this community.

APPENDIX B: KEY PUBLIC HEALTH INDICATORS

IBM Watson Health collected and analyzed fifty-nine (59) public health indicators to assess and evaluate community health needs. For each health indicator, a comparison between the most recently available community data and benchmarks for the same/similar indicator was made. The basis of benchmarks was available data for the U.S. and the State of Texas.

The indicators used and the sources are listed below:

Indicator Name	Indicator Source	Indicator Definition
Adult Obesity	*2021 County Health Rankings & Roadmaps; CDC Diabetes Interactive Atlas, The National Diabetes Surveillance System*	*2017 Percentage of the Adult Population (Age 20 and Older) that Reports a Body Mass Index (BMI) Greater than or Equal to 30 kg/m2*
Adults Reporting Fair or Poor Health	*2021 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)*	*2018 Percentage of Adults Reporting Fair or Poor Health (Age-Adjusted)*
Binge Drinking	*2021 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)*	*2018 Percentage of a County's Adult Population that Reports Binge or Heavy Drinking in the Past 30 Days*
Cancer Incidence: All Causes	*State Cancer Profiles, National Cancer Institute (CDC)*	*2013-2017 Age-Adjusted Cancer (All) Incidence Rate Cases Per 100,000 (All Races, includes Hispanic; Both Sexes; All Ages. Age Adjusted to the 2000 US Standard Population)*
Cancer Incidence: Colon	*State Cancer Profiles, National Cancer Institute (CDC)*	*2013-2017 Age-Adjusted Colon & Rectum Cancer Incidence Rate Cases per 100,000 (All Races, includes Hispanic; Both Sexes; All Ages. Age Adjusted to the 2000 US Standard Population). Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*

Cancer Incidence: Female Breast	*State Cancer Profiles, National Cancer Institute (CDC)*	*2013-2017 Age-Adjusted Female Breast Cancer Incidence Rate Cases Per 100,000 (All Races, includes Hispanic; Female; All Ages. Age Adjusted to the 2000 US Standard Population). Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).*
Cancer Incidence: Lung	*State Cancer Profiles, National Cancer Institute (CDC)*	*2013-2017 Age-Adjusted Lung & Bronchus Cancer Incidence Rate Cases per 100,000 (All Races, includes Hispanic; Both Sexes; All Ages. Age Adjusted to the 2000 US Standard Population)*
Cancer Incidence: Prostate	*State Cancer Profiles, National Cancer Institute (CDC)*	*2013-2017 Age-Adjusted Prostate Cancer Incidence Rate Cases per 100,000 (All Races, includes Hispanic; Males; All Ages. Age Adjusted to the 2000 US Standard Population)*
Children in Poverty	*2021 County Health Rankings & Roadmaps; Small Area Health Insurance Estimates (SAHIE), United States Census Bureau*	*2019 Percentage of Children Under Age 18 in Poverty*
Children in Single-Parent Households	*2021 County Health Rankings & Roadmaps; American Community Survey (ACS), 5 Year Estimates (United States Census Bureau)*	*2015-2019 Percentage of Children that Live in a Household Headed by Single Parent*
Children Uninsured	*2021 County Health Rankings & Roadmaps; Small Area Health Insurance Estimates (SAHIE), United States Census Bureau*	*2018 Percentage of Children Under Age 19 Without Health Insurance*
Diabetes Admission	*2018 Texas Health and Human Services Center for Health Statistics Preventable Hospitalizations*	*Number Observed/Adult Population Age 18 and Older. Risk Adjusted Rates not calculated for counties with fewer than 5 admissions.*

Diabetes Diagnoses in Adults	*CMS.gov Chronic Conditions 2007-2018*	*Prevalence of chronic condition across all Medicare beneficiaries*
Diabetes Prevalence	*County Health Rankings (CDC Diabetes Interactive Atlas)*	*2017 prevalence of diagnosed diabetes in a given county. Respondents were considered to have diagnosed diabetes if they responded "yes" to the question, "Has a doctor ever told you that you have diabetes?" Women who indicated that they only had diabetes during pregnancy were not considered to have diabetes.*
Drug Poisoning Deaths	*2021 County Health Rankings & Roadmaps; CDC WONDER Mortality Data*	*2017-2019 Number of Drug Poisoning Deaths (Drug Overdose Deaths) per 100,000 Population. Death rates are NULL when the rate is calculated with a numerator of 20 or less.*
Elderly Isolation	*2018 American Community Survey 5-Year Estimates, US Census Bureau - American FactFinder*	*Percent of Non-family households - Householder living alone - 65 years and over*
English Spoken "Less than Very Well" in Household	*2015-2019 American Community Survey 5-Year Estimates, US Census Bureau - American FactFinder*	*2019 Percentage of households that 'speak English less than "very well"' within all households that 'speak a language other than English'*
Food Environment Index	*2021 County Health Rankings & Roadmaps; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, United States Department of Agriculture (USDA)*	*2015 & 2018 Index of Factors that Contribute to a Healthy Food Environment, 0 (Worst) to 10 (Best)*
Food Insecure	*2021 County Health Rankings & Roadmaps; Map the Meal Gap, Feeding America*	*2018 Percentage of Population Who Lack Ade-quate Access to Food During the Past Year*
Food: Limited Access to Healthy Foods	*2021 County Health Rankings & Roadmaps; USDA Food Environment Atlas, United States Department of Agriculture (USDA)*	*2015 Percentage of Population Who are Low-Income and Do Not Live Close to a Grocery Store*

High School Graduation	*Texas Education Agency*	*2019 A four-year longitudinal graduation rate is the percentage of students from a class of beginning ninth graders who graduate by their anticipated graduation date, or within four years of beginning ninth grade.*
Household Income	*2021 County Health Rankings (Small Area Income and Poverty Estimates)*	*2019 Median Household Income is the income where half of households in a county earn more and half of households earn less.*
Income Inequality	*2021 County Health Rankings & Roadmaps; American Community Survey (ACS), 5 Year Estimates (United States Census Bureau)*	*2015-2019 Ratio of Household Income at the 80th Percentile to Income at the 20th Percentile. Absolute Equality = 1.0. Higher ratio is greater inequality.*
Individuals Below Poverty Level	*2018 American Community Survey 5-Year Estimates, US Census Bureau, American FactFinder*	*Individuals below poverty level*
Low Birth Weight Rate	*2019 Texas Certificate of Live Birth*	*Number Low Birthweight Newborns / Number of Newborns. Newborn's birthweight – low or very low birthweight includes birthweights under 2,500 grams. Blanks indicate low counts or unknown values. A NULL value indicates unknown or low counts. The location variables (region, county, ZIP) refer to the mother's residence.*
Medicare Population: Alzheimer's Disease/Dementia	*CMS.gov Chronic conditions 2007-2018*	*Prevalence of chronic condition across all Medicare beneficiaries. A NULL value indicates that the data have been suppressed because there are fewer than 11 Medicare beneficiaries in the cell or for necessary complimentary cell suppression.*

Medicare Population: Atrial Fibrillation	*CMS.gov Chronic conditions 2007-2018*	*Prevalence of chronic condition across all Medicare beneficiaries. A NULL value indicates that the data have been suppressed because there are fewer than 11 Medicare beneficiaries in the cell or for necessary complimentary cell suppression.*
Medicare Population: COPD	*CMS.gov Chronic conditions 2007-2018*	*Prevalence of chronic condition across all Medicare beneficiaries. A NULL value indicates that the data have been suppressed because there are fewer than 11 Medicare beneficiaries in the cell or for necessary complimentary cell suppression.*
Medicare Population: Depression	*CMS.gov Chronic conditions 2007-2018*	*Prevalence of chronic condition across all Medicare beneficiaries*
Medicare Population: Emergency Department Use Rate	*CMS 2019 Outpatient 100% Standard Analytical File (SAF) and 2019 Standard Analytical Files (SAF) Denominator File*	*Unique patients having an Emergency Department visit / total beneficiaries, CY 2019*
Medicare Population: Heart Failure	*CMS.gov Chronic conditions 2007-2018*	*Prevalence of chronic condition across all Medicare beneficiaries. A NULL value indicates that the data have been suppressed because there are fewer than 11 Medicare beneficiaries in the cell or for necessary complimentary cell suppression.*
Medicare Population: Hyperlipidemia	*CMS.gov Chronic conditions 2007-2018*	*Prevalence of chronic condition across all Medicare beneficiaries*
Medicare Population: Hypertension	*CMS.gov Chronic conditions 2007-2018*	*Prevalence of chronic condition across all Medicare beneficiaries*
Medicare Population: Inpatient Use Rate	*CMS 2019 Inpatient 100% Standard Analytical File (SAF) and 2019 Standard Analytical Files (SAF) Denominator File*	*Unique patients being hospitalized / total beneficiaries, CY 2019*

Medicare Population: Stroke	*CMS.gov Chronic conditions 2007-2018*	*Prevalence of chronic condition across all Medicare beneficiaries. A NULL value indicates that the data have been suppressed because there are fewer than 11 Medicare beneficiaries in the cell or for necessary complimentary cell suppression.*
Medicare Spending Per Beneficiary (MSPB) Index	*CMS 2019 Medicare Spending Per Beneficiary (MSPB), Hospital Value-Based Purchasing (VBP) Program*	*Medicare Spending Per Beneficiary (MSPB): For each hospital, CMS calculates the ratio of the average standardized episode spending over the average expected episode spending. This ratio is multiplied by the average episode spending level across all hospitals. Blank values indicates missing hospitals or missing score. associated to the hospitals*
Mentally Unhealthy Days	*2021 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)*	*2018 Average Number of Mentally Unhealthy Days Reported in Past 30 Days (Age-Adjusted)*
Mortality Rate: Cancer	*Texas Health Data, Center for Health Statistics, Texas Department of State Health Services*	*2017 Cancer (All) Age Adjusted Death Rate (Per 100,000 - All Ages. Age-adjusted using the 2000 U.S. Standard Population). Death rates are NULL when the rate is calculated with a numerator of 20 or less.*
Mortality Rate: Heart Disease	*Texas Health Data, Center for Health Statistics, Texas Department of State Health Services*	*2017 Heart Disease Age Adjusted Death Rate (Per 100,000 - All Ages. Age-adjusted using the 2000 U.S. Standard Population). Death rates are NULL when the rate is calculated with a numerator of 20 or less.*
Mortality Rate: Infant	*2021 County Health Rankings & Roadmaps; CDC WONDER Mortality Data*	*2013-2019 Number of All Infant Deaths (Within 1 year), per 1,000 Live Births. Blank values reflect unreliable or missing data.*

Mortality Rate: Stroke	*Texas Health Data, Center for Health Statistics, Texas Department of State Health Services*	*2017 Cerebrovascular Disease (Stroke) Age Adjusted Death Rate (Per 100,000 - All Ages. Age-adjusted using the 2000 U.S. Standard Population). Death rates are NULL when the rate is calculated with a numerator of 20 or less.*
No Vehicle Available	*U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates*	*2019 Households with no vehicle available (percent of households). A NULL value entry indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution, or the margin of error associated with a median was larger than the median itself.*
Opioid Involved Accidental Poisoning Death	*U.S. Census Bureau, Population Division and 2019 Texas Health and Human Services Center for Health Statistics Opioid related deaths in Texas*	*Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017. 2019 Accidental Poisoning Deaths where Opioids Were Involved are those deaths which include at least one of the following ICD-10 codes among the underlying causes of death: X40-X44, and at least one of the following ICD-10 codes identifying opioids: T40.0, T40.1, T40.2, T40.3, T40.4, T40.6. Blank values reflect unreliable or missing data.*
Physical Inactivity	*2021 County Health Rankings & Roadmaps; CDC Diabetes Interactive Atlas, The National Diabetes Surveillance System*	*2017 Percentage of Adults Ages 20 and Over Reporting No Leisure-Time Physical Activity in the Past Month*
Physically Unhealthy Days	*2021 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)*	*2018 Average Number of Physically Unhealthy Days Reported in Past 30 Days (Age-Adjusted)*
Population to One Dentist	*2021 County Health Rankings & Roadmaps; Area Health Resource File/National Provider Identification file (CMS)*	*2019 Ratio of Population to Dentists*

Population to one Mental Health Provider	*2021 County Health Rankings & Roadmaps; CMS, National Provider Identification Registry (NPPES)*	*2020 Ratio of Population to Mental Health Providers*
Population to One Non-Physician Primary Care Provider	*2020 County Health Rankings & Roadmaps; CMS, National Provider Identification Registry (NPPES)*	*2020 Ratio of Population to Primary Care Providers Other than Physicians*
Population to One Primary Care Physician	*2021 County Health Rankings & Roadmaps; Area Health Resource File/American Medical Association*	*2018 Number of Individuals Served by One Physician in a County, if the Population was Equally Distributed Across Physicians*
Population under Age 65 without Health Insurance	*2021 County Health Rankings & Roadmaps; Small Area Health Insurance Estimates (SAHIE), United States Census Bureau*	*2018 Percentage of Population Under Age 65 Without Health Insurance*
Prenatal Care: First Trimester Entry into Prenatal Care	*2020 Texas Health and Human Services, Vital statistics annual report*	*2016 Percent of births with prenatal care onset in first trimester*
Renter-Occupied Housing	*U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates*	*2019 Renter-occupied housing (percent of households). A NULL value entry indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution, or the margin of error associated with a median was larger than the median itself.*
Severe Housing Problems	*2021 County Health Rankings & Roadmaps; Comprehensive Housing Affordability Strategy (CHAS) data, U.S. Department of Housing and Urban Development (HUD)*	*2013-2017 Percentage of Households with at Least 1 of 4 Housing Problems: Overcrowding, High Housing Costs, or Lack of Kitchen or Plumbing Facilities*

Sexually Transmitted Infection Incidence	*2021 County Health Rankings & Roadmaps; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)*	*2018 Number of Newly Diagnosed Chlamydia Cases per 100,000 Population*
Smoking	*2021 County Health Rankings & Roadmaps; The Behavioral Risk Factor Surveillance System (BRFSS)*	*2018 Percentage of the Adult Population in a County Who Both Report that They Currently Smoke Every Day or Most Days and Have Smoked at Least 100 Cigarettes in Their Lifetime*
Suicide: Intentional Self-Harm	*Texas Health Data Center for Health Statistics*	*2019 Intentional Self-Harm (Suicide) (X60-X84, Y87.0). Death rates are NULL when the rate is calculated with a numerator of 20 or less.*
Teen Birth Rate	*2021 County Health Rankings & Roadmaps; National Center for Health Statistics, Natality files, National Vital Statistics System (NVSS)*	*2013-2019 Number of Births to Females Ages 15-19 per 1,000 Females in a County (The Numerator is the Number of Births to Mothers Ages 15-19 in a 7-Year Time Frame, and the Denominator is the Sum of the Annual Female Populations, Ages 15-19)*
Teens (16-19) Not in School or Work, Disconnected Youth	*2021 County Health Rankings (Measure of America)*	*2015-2019 Disconnected youth are teenagers and young adults between the ages of 16 and 19 who are neither working nor in school. Blank values reflect unreliable or missing data.*
Unemployment	*2021 County Health Rankings & Roadmaps; Local Area Unemployment Statistics (LAUS), Bureau of Labor Statistics*	*2019 Percentage of Population Ages 16 and Older Unemployed but Seeking Work*

APPENDIX C: COMMUNITY INPUT PARTICIPATING ORGANIZATIONS

Representatives from the following organizations participated in the focus group and a number of key informant interviews/surveys:

- **American Heart Association**
- **Baylor Scott & White Health**
- **Baylor Scott & White Heart & Vascular**
- **Baylor University Medical Center**
- **Bridge Breast Network**
- **Brighter Tomorrows**
- **BSW Collin & Dallas**
- **BSW-Plano**
- **CCRHP 18/PIA**
- **Church of Jesus Christ of LOS**
- **Collin County Coalition Charitable**
- **Collin County Health Care Services**
- **Collin County Health Dept**
- **Collin County Public Health**
- **Collin College Homeless Coalition**
- **Community Lifeline Center**
- **Crossroads**
- **Dallas Area Interfaith**
- **Dallas Area Rape Crisis Center (DARCC)**
- **Dallas Area Rapid Transit (DART)**
- **Eligibility Consultants Inc.**
- **Empowering the Masses**
- **Family Promise of Living**
- **First United Methodist**
- **First United Methodist, Richardson**
- **For Oak Cliff**
- **Frazier Revitalization**
- **Golden SEEDs**
- **Goodwill Dallas**
- **Health Services of North Texas**
- **Julia's Center**
- **Methodist Dallas Medical Center**
- **Methodist Health System**
- **Methodist Golden Cross Academic Clinic**
- **Metrocare Services**
- **My Possibilities**
- **North Central Texas Health Care Center Comm.**
- **NTFB**
- **Plano Fire-Rescue**
- **Sharing Life**
- **South Dallas Fair Park Faith Coalition**
- **Southern Methodist University**
- **Sr. Dir Business Ops**
- **State Fair of Texas**
- **Texas Health Resources**
- **The Bridge Homeless Recovery Center**
- **The Concilio**
- **The Stewpot**
- **United Way**
- **United Way of Metropolitan Dallas (UWMD)**
- **Visiting Nurse Association (VNA)**
- **Wellness Center for Older Adults**
- **YMCA Dallas**

APPENDIX D: DEMOGRAPHIC AND SOCIOECONOMIC SUMMARY

According to population statistics, the community served is similar to Texas in terms of projected population growth; both outpace the country. The median age is slightly older than Texas but younger than the United States. Median income is significantly higher than both the state and the country. The community served has fewer Medicaid beneficiaries and uninsured individuals than Texas.

GEOGRAPHY		Benchmarks		Community Served
		United States	Texas	Collin and Dallas Counties
Total Current Population		330,342,293	29,321,501	3,788,115
5-Year Projected Population Change		3.3%	6.6%	7.2%
Median Age		38.6	35.2	35.5
Population 0-17		22.4%	25.7%	25.9%
Population 65+		16.6%	13.2%	11.5%
Women Age 15-44		19.5%	20.5%	21.2%
Hispanic Population		19.0%	40.7%	34.2%
INSURANCE COVERAGE	Uninsured	9.9%	18.8%	15.2%
	Medicaid	20.9%	13.0%	12.3%
	Private Market	8.3%	8.4%	8.0%
	Medicare	13.8%	12.7%	10.4%
	Employer	47.2%	47.1%	54.2%
Median Household Income		$65,618	$63,313	$77,136
No High School Diploma		12.2%	16.7%	16.8%

The community served expects to grow 7.2% by 2025, an increase by 272,170 people. The projected population growth is higher than the state's 5-year projected growth rate (6.6%) and higher compared to the national projected growth rate (3.3%).

The ZIP Codes expected to experience the most growth in five years are:

- **75052 Grand Prairie – 8,690 additional people**
- **75002 Allen – 7,402 additional people**
- **75035 Frisco – 7,244 additional people**
- **75098 Wylie – 7,020 additional people**

The community's population is younger with 51.4% of the population ages 18-54 and 25.9% under age 18. The age 65-plus cohort is expected to experience the fastest growth (25.9%) over the next five years. Growth in the senior population will likely contribute to increased utilization of services as the population continues to age.

Population statistics are analyzed by race and by Hispanic ethnicity. The community is primarily white, non-Hispanic, and Hispanic. Diversity in the community will increase due to the projected growth of minority populations over the next five years. The expected growth rate of the Hispanic population (all races) is 144,166 people (11.1%) by 2025. The non-Hispanic white population is expected to decline by -2.5%.

POPULATION GROWTH

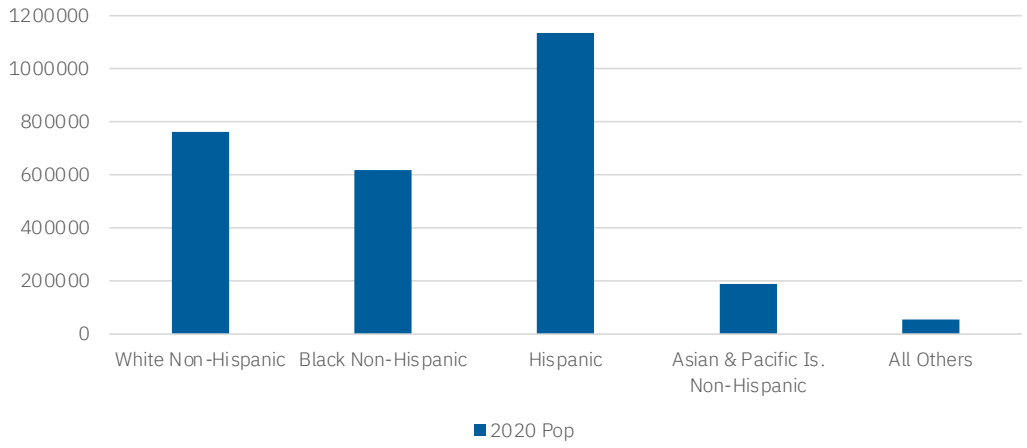
	National	*Collin/Dallas Counties*
2010 Total Population	308,745,538	3,179,441
2020 Total Population	330,342,293	3,788,115
2025 Total Population	341,132,738	4,060,285
2030 Total Population	353,513,931	4,375,828
% Change 2020 - 2025	3.27%	7.18%
% Change 2020 - 2030	7.01%	15.51%

POPULATION GENDER DISTRIBUTION

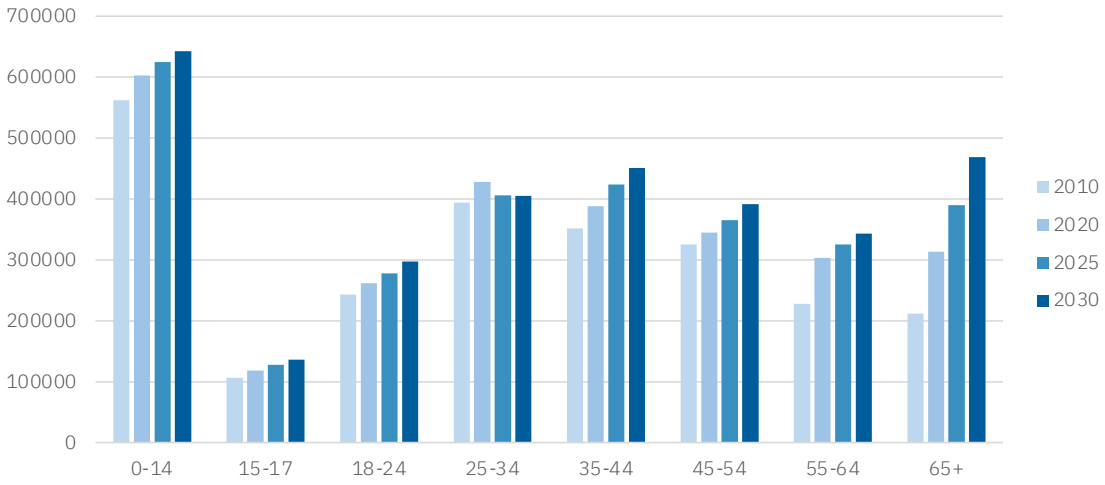
	Males All Ages	*Females All Ages*	*Females Child Bearing*
2010 Pop	1,569,674	1,609,767	706,731
2020 Pop	1,866,763	1,921,352	804,544
2025 Pop	2,001,033	2,059,252	831,378
2030 Pop	2,155,627	2,220,201	876,100
10Y Percent Change	15.47%	15.55%	8.89%
National	7.02%	7.01%	4.01%

Source: IBM Watson Health / Claritas, 2020.

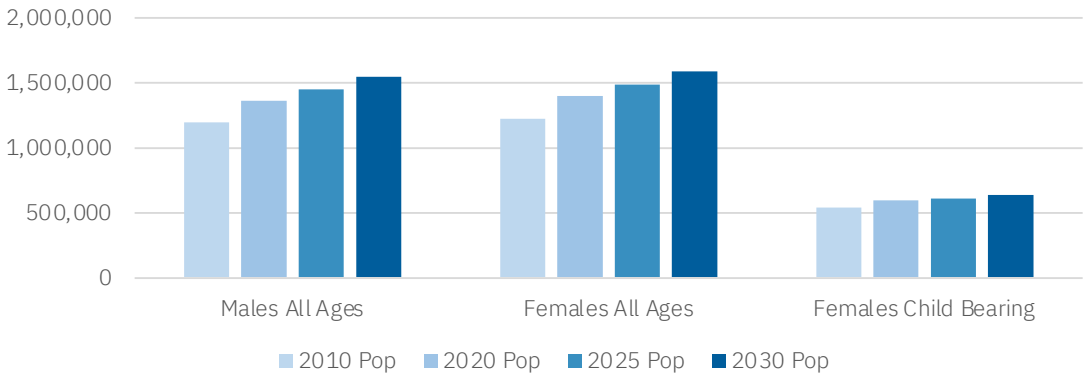
2020 Race & Ethnicity with Total Population



Population by Age Group 2010 - 2030



Population by Sex 2010 - 2030



Source: IBM Watson Health / Claritas, 2020.

POPULATION DISTRIBUTION

Age Group	Age Distribution				
	2020	% of Total	2025	% of Total	USA 2020 % of Total
0-14	814,496	21.5%	834,038	20.5%	18.5%
15-17	166,678	4.4%	179,259	4.4%	3.9%
18-24	355,176	9.4%	390,736	9.6%	9.5%
25-34	546,547	14.4%	534,002	13.2%	13.5%
35-54	1,045,340	27.6%	1,102,035	27.1%	25.2%
55-64	425,468	11.2%	473,472	11.7%	12.9%
65+	434,410	11.5%	546,743	13.5%	16.6%
TOTAL	**3,788,115**	**100%**	**4,060,285**	**100%**	**100%**

Source: IBM Watson Health / Claritas, 2020.

HOUSEHOLD INCOME DISTRIBUTION

2020 Household Income	Income Distribution		
	HH Count	% of Total	USA % of Total
<$15K	107,937	8.0%	10.0%
$15-25K	97,652	7.2%	8.6%
$25-50K	272,728	20.1%	20.7%
$50-75K	231,938	17.1%	16.7%
$75-100K	172,392	12.7%	12.4%
Over $100K	473,270	34.9%	31.5%
TOTAL	**65,877**	**100%**	**100%**

Source: IBM Watson Health / Claritas, 2020.

EDUCATION LEVEL

2020 Adult Education Level	Education Level Distribution		
	Pop Age 25+	% of Total	USA % of Total
Less than High School	218,895	8.9%	5.2%
Some High School	194,360	7.9%	7.0%
High School Degree	509,208	20.8%	27.2%
Some College/Assoc. Degree	637,265	26.0%	28.9%
Bachelor's Degree or Greater	892,037	36.4%	31.6%
TOTAL	**124,713**	**100%**	**100%**

Source: IBM Watson Health / Claritas, 2020.

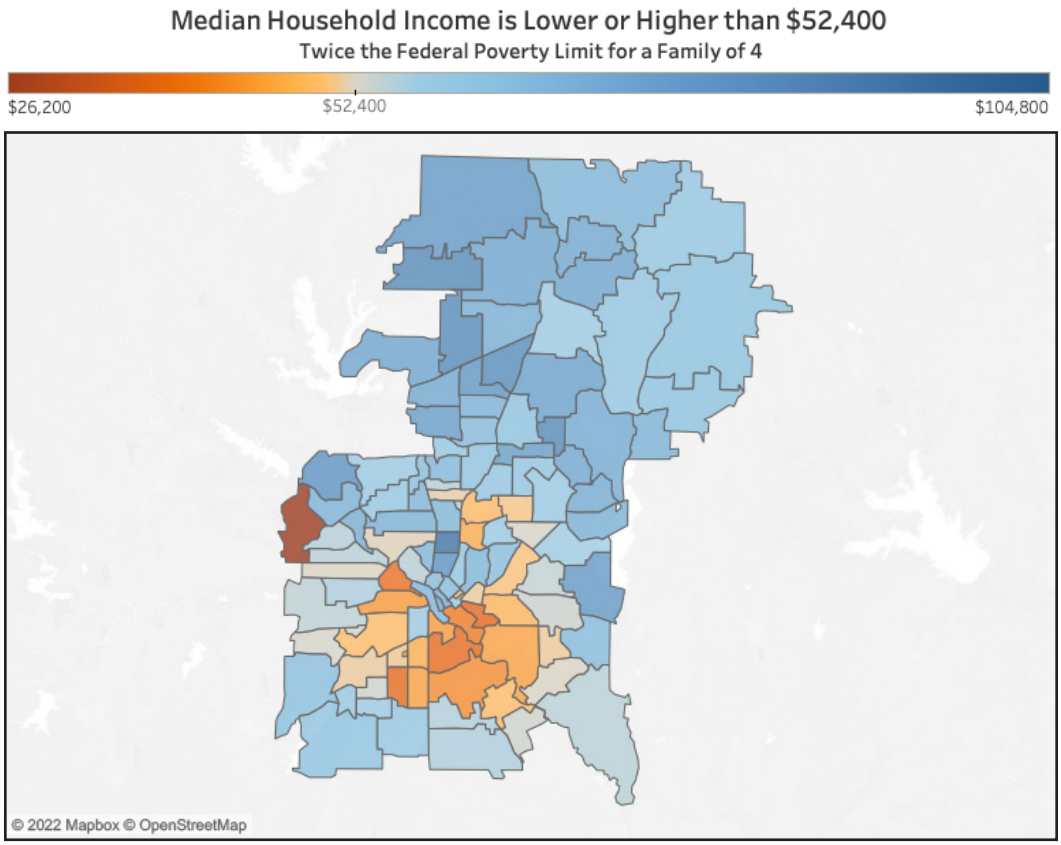
RACE/ETHNICITY

Race/Ethnicity	Race/Ethnicity Distribution		
	2020 Pop	% of Total	USA % of Total
White Non-Hispanic	1,330,340	35.1%	59.3%
Black Non-Hispanic	718,010	19.0%	12.4%
Hispanic	1,296,793	34.2%	19.0%
Asian & Pacific Is. Non-Hispanic	355,322	9.4%	6.0%
All Others	87,650	2.3%	3.3%
TOTAL	**194,892**	**100%**	**100%**

Source: IBM Watson Health / Claritas, 2020.

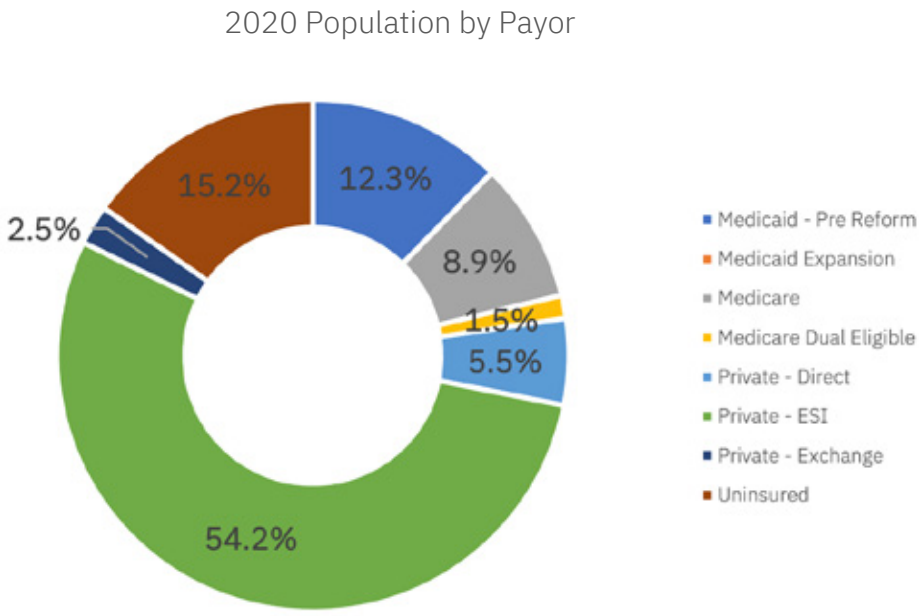
The 2020 median household income for the United States was $65,618 and $63,313 for the State of Texas. The median household income for the ZIP codes within this community ranged from $165,935 for 75225 (Dallas) to $28,568 for 75210 (Dallas). There are an additional twenty-eight (28) ZIP codes with median household incomes less than $52,400 - twice the 2020 Federal Poverty Limit for a family of four.

The median household income ZIP code map below illustrates ZIP codes that are lower or higher than twice the federal poverty level for a family of four in 2020.



Insurance Coverage Estimates

A majority of the population (54%) are insured through employer sponsored health coverage. The remainder of the population was fairly equally divided between Medicaid, Medicare, and private market (the purchasers of coverage directly or through the health insurance marketplace).



Source: IBM Watson Health Insurance Coverage Estimates, 2020.

Health Professional Shortages

The community includes three (3) health professional shortage areas and one (1) medically underserved areas as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.

	HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA)				*MEDICALLY UNDERSERVED AREA/ POPULATION (MUA/P)*
County	*Dental Health*	*Mental Health*	*Primary Care*	*Grand Total*	*MUA/P*
Collin		*1*		*1*	
Dallas	*7*	*14*	*9*	*30*	*10*

The detail of the HPSA and MUA/P designations are listed below:

Health Professional Shortage Areas (HPSA)

COUNTY NAME	HPSA ID	HPSA ID NAME	HPSA DISCIPLINE CLASS	DESIGNATION TYPE
Collin	7485109304	LI - MHCA - Collin County	Mental Health	Low Income Population HPSA
Dallas	1487790622	OFAC - Parkland Center for Internal Medicine (PCIM)	Primary Care	Other Facility
Dallas	7486259744	LI - Irving	Mental Health	Low Income Population HPSA
Dallas	7482835384	LI - South Central Dallas	Mental Health	Low Income Population HPSA
Dallas	7482563929	LI - Southeast Dallas	Mental Health	Low Income Population HPSA
Dallas	7486982533	LI - Grand Prairie-West Dallas	Mental Health	Low Income Population HPSA
Dallas	7483797081	LI - Central Dallas County	Mental Health	Low Income Population HPSA
Dallas	7484799626	LI - North Dallas County	Mental Health	Low Income Population HPSA
Dallas	7482166324	LI - Northeast Dallas County	Mental Health	Low Income Population HPSA
Dallas	14899948OZ	MISSION EAST DALLAS AND METROPLEX PROJECT	Primary Care	Federally Qualified Health Center
Dallas	74899948MN	MISSION EAST DALLAS AND METROPLEX PROJECT	Mental Health	Federally Qualified Health Center
Dallas	64899948MO	MISSION EAST DALLAS AND METROPLEX PROJECT	Dental Health	Federally Qualified Health Center
Dallas	14899948Q0	Healing Hands Ministries, Inc.	Primary Care	Federally Qualified Health Center
Dallas	74899948O2	Healing Hands Ministries, Inc.	Mental Health	Federally Qualified Health Center
Dallas	64899948NX	Healing Hands Ministries, Inc.	Dental Health	Federally Qualified Health Center
Dallas	148999485F	Martin Luther King Jr Family Clinic Inc.	Primary Care	Federally Qualified Health Center
Dallas	748999481V	Martin Luther King Jr Family Clinic Inc.	Mental Health	Federally Qualified Health Center
Dallas	6489994897	Martin Luther King Jr Family Clinic Inc.	Dental Health	Federally Qualified Health Center
Dallas	14899948P6	Dallas County Hospital District	Primary Care	Federally Qualified Health Center
Dallas	748999482V	Dallas County Hospital District	Mental Health	Federally Qualified Health Center
Dallas	64899948C2	Dallas County Hospital District	Dental Health	Federally Qualified Health Center

COUNTY NAME	HPSA ID	HPSA ID NAME	HPSA DISCIPLINE CLASS	DESIGNATION TYPE
Dallas	1488622370	Urban Inter-Tribal Center Of Texas	Primary Care	Indian Health Service, Tribal Health, and Urban Indian Health Organizations
Dallas	7485754448	Urban Inter-Tribal Center Of Texas	Mental Health	Indian Health Service, Tribal Health, and Urban Indian Health Organizations
Dallas	6485188079	Urban Inter-Tribal Center Of Texas	Dental Health	Indian Health Service, Tribal Health, and Urban Indian Health Organizations
Dallas	14899948D3	Los Barrios Unidos Community Clinic, Inc.	Primary Care	Federally Qualified Health Center
Dallas	748999481L	Los Barrios Unidos Community Clinic, Inc.	Mental Health	Federally Qualified Health Center
Dallas	6489994889	Los Barrios Unidos Community Clinic, Inc.	Dental Health	Federally Qualified Health Center
Dallas	1489814978	FCI - Seagoville	Primary Care	Correctional Facility
Dallas	6481843658	FCI - Seagoville	Dental Health	Correctional Facility
Dallas	7483425946	FCI - Seagoville	Mental Health	Correctional Facility
Dallas	1487991263	LI - Central Dallas County	Primary Care	Low Income Population HPSA

Medically Underserved Areas and Populations (MUA/P)

COUNTY NAME	MUA/P SOURCE IDENTIFICATION NUMBER	SERVICE AREA NAME	DESIGNATION TYPE	RURAL STATUS
Dallas	1485024236	Dallas County - Dallas South	Medically Underserved Area	Non-Rural
Dallas	03469	Dallas Service Area	Medically Underserved Area	Non-Rural
Dallas	1487043129	East Dallas County	Medically Underserved Area	Non-Rural
Dallas	05213	Forest Glenn Service Area	Medically Underserved Area	Non-Rural
Dallas	07959	Lillycare Dallas	Medically Underserved Area	Non-Rural
Dallas	1484709099	Southeast Dallas County	Medically Underserved Area	Non-Rural
Dallas	1486572106	Dallas County - Dallas Southwest	Medically Underserved Population	Non-Rural
Dallas	1489157042	LI - Grand Prairie	Medically Underserved Population	Non-Rural
Dallas	1483247641	LI - Irving	Medically Underserved Population	Non-Rural
Dallas	07753	Mission East Dallas Area	Medically Underserved Population	Non-Rural

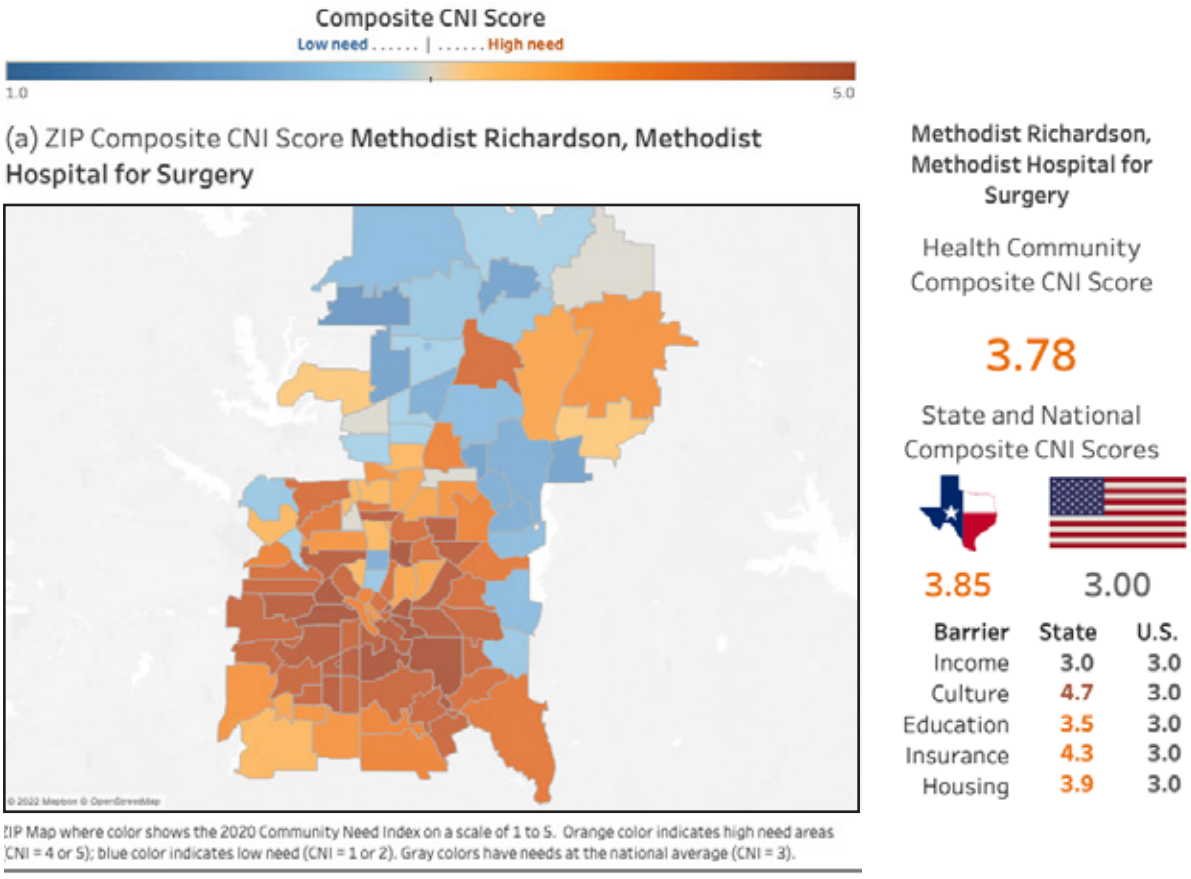
Community Needs Index

The IBM Watson Health Community Need Index (CNI) is a statistical approach that identifies areas within a community where there are likely gaps in healthcare. The CNI takes into account vital socio-economic factors, including income, culture, education, insurance, and housing, about a community to generate a CNI score for every population ZIP code in the US.

The CNI is strongly linked to variations in community healthcare needs and is a good indicator of a community's demand for a range of healthcare services. Not-for-profit and community-based hospitals, for whom community need is central to the mission of service, are often challenged to prioritize and effectively distribute hospital resources. The CNI can be used to help them identify specific initiatives best designed to address the health disparities of a given community.

The CNI score by ZIP code shows specific areas within a community where healthcare needs may be greater.

Collin and Dallas County Health Community



The overall CNI score for the Collin and Dallas County Health Community Health Community is 3.78. The difference in the numbers indicates both a strong link to community healthcare needs and a community's demand for various healthcare services. In portions of the community the CNI score was greater than 4.5, indicating more significant health needs among the population.

APPENDIX E: PROPRIETARY COMMUNITY DATA

IBM Watson Health supplemented the publicly available data with estimates of localized inpatient demand discharges, outpatient procedures, emergency department visits, heart disease, and cancer incidence estimates.

Social determinants of health are the structural determinants and conditions in which people are born, grow, live, work, and age, all of which can greatly impact healthcare utilization and play a major role in the shifting healthcare landscape. Social determinants, such as education, income and race are factored into Inpatient Demand Estimates and Outpatient Procedure Estimates utilization rate creation methodologies.

Inpatient Demand Estimates

Inpatient Demand Estimates provides the total volume of annual acute care admissions by ZIP code and DRG product line for every market in the United States. IBM uses all-payor state discharge data for publicly available states and Medicare (MEDPAR) data for the entire US. These rates are applied to demographic projections by ZIP code to estimate inpatient utilization for 2020 through 2030.

The following summary is reflective of the inpatient utilization trends for the Collin and Dallas County Health Community. Total discharges in the community are expected to grow by 9.6% by 2030, with pulmonary medical, general medicine and cardiovascular diseases projecting the largest growth.

Product line	*2020 Discharges*	*2025 Discharges*	*2030 Discharges*	*2020-2025 Discharges Change*	*2020-2025 Discharges % Change*	*2020-2030 Discharges Change*	*2020-2030 Discharges % Change*
Alcohol & Drug Abuse	4,095	4,171	4,582	75	1.8%	487	11.9%
Cardio-Vasc-Thor Surgery	10,069	10,699	11,252	629	6.2%	1,183	11.7%
Cardiovascular Diseases	20,862	22,804	26,098	1,942	9.3%	5,236	25.1%
ENT	1,776	1,625	1,542	(151)	-8.5%	(234)	-13.2%
General Medicine	51,985	54,531	58,685	2,547	4.9%	6,701	12.9%
General Surgery	23,086	23,308	24,484	222	1.0%	1,398	6.1%
Gynecology	2,007	992	582	(1,015)	-50.6%	(1,425)	-71.0%
Nephrology/Urology	12,948	13,836	15,185	889	6.9%	2,237	17.3%
Neuro Sciences	15,581	16,348	18,066	768	4.9%	2,485	16.0%
Obstetrics Del	42,574	39,012	38,682	(3,562)	-8.4%	(3,892)	-9.1%
Obstetrics ND	3,341	2,871	2,714	(471)	-14.1%	(627)	-18.8%
Oncology	6,234	6,377	6,715	143	2.3%	480	7.7%
Ophthalmology	369	348	334	(21)	-5.8%	(35)	-9.6%
Orthopedics	23,321	23,582	24,977	261	1.1%	1,656	7.1%
Psychiatry	3,516	3,693	3,910	177	5.0%	394	11.2%
Pulmonary Medical	20,664	24,123	27,750	3,459	16.7%	7,086	34.3%
Rehabilitation	240	271	315	31	12.7%	74	30.9%
TOTAL	242,669	248,592	265,873	5,922	2.4%	23,204	9.6%

Source: IBM Watson Health Inpatient Demand Estimates, 2020.

Outpatient Procedures Estimates

Outpatient Procedure Estimates predict the total annual volume of procedures performed by ZIP code for every market in the United States using proprietary and public health claims, as well as federal surveys. Procedures are defined and reported procedure codes and are further grouped into clinical service lines. The Collin and Dallas County Health Community outpatient procedures are expected to increase by 34.3% by 2030 with the largest growth in the categories of Labs, General & Internal Medicine and Physical & Occupational Therapy.

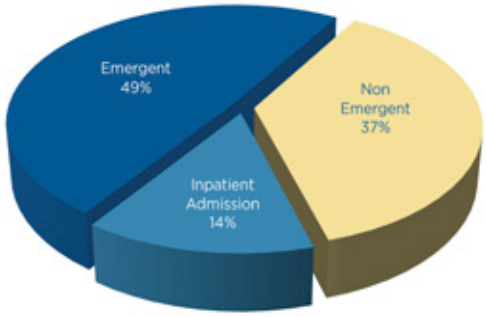
Clinical Service Category	*2020 Procedures*	*2025 Procedures*	*2020-2025 Procedures % Change*	*2030 Procedures*	*2020-2030 Procedures % Change*
Allergy & Immunology	910,014	997,778	9.6%	1,098,464	20.7%
Anesthesia	248,035	297,912	20.1%	346,289	39.6%
Cardiology	2,038,427	2,659,655	30.5%	3,490,606	71.2%
Cardiothoracic	2,107	2,468	17.1%	2,853	35.4%
Chiropractic	1,377,014	1,403,739	1.9%	1,410,326	2.4%
Colorectal Surgery	25,062	27,170	8.4%	29,498	17.7%
CT Scan	619,878	865,693	39.7%	1,192,036	92.3%
Dermatology	597,911	709,326	18.6%	835,336	39.7%
Diagnostic Radiology	3,613,902	4,031,408	11.6%	4,481,187	24.0%
Emergency Medicine	1,858,356	2,080,979	12.0%	2,336,031	25.7%
Gastroenterology	236,816	278,052	17.4%	322,634	36.2%
General & Internal Medicine	29,612,177	34,598,870	16.8%	39,451,886	33.2%
General Surgery	202,946	233,036	14.8%	267,488	31.8%
Hematology & Oncology	5,695,271	6,919,368	21.5%	8,092,555	42.1%
Labs	37,040,403	41,981,251	13.3%	47,579,584	28.5%
Miscellaneous	1,585,238	1,811,025	14.2%	2,050,166	29.3%
MRI	304,635	348,958	14.5%	398,554	30.8%
Nephrology	862,835	1,036,622	20.1%	1,224,180	41.9%
Neurology	513,775	563,889	9.8%	619,391	20.6%
Neurosurgery	14,938	22,131	48.2%	26,490	77.3%
Obstetrics/Gynecology	669,355	703,039	5.0%	759,978	13.5%
Ophthalmology	1,694,897	2,064,628	21.8%	2,458,345	45.0%
Oral Surgery	20,477	22,784	11.3%	25,603	25.0%
Orthopedics	482,060	550,519	14.2%	623,137	29.3%
Otolaryngology	1,253,664	1,392,845	11.1%	1,541,430	23.0%
Pain Management	287,841	329,007	14.3%	369,207	28.3%
Pathology	565	652	15.4%	752	33.0%
PET Scan	16,755	19,877	18.6%	23,170	38.3%
Physical & Occupational Therapy	9,836,760	11,813,871	20.1%	14,062,032	43.0%
Plastic Surgery	30,183	35,459	17.5%	41,581	37.8%
Podiatry	135,687	149,822	10.4%	162,872	20.0%
Psychiatry	4,707,796	6,105,035	29.7%	7,693,199	63.4%
Pulmonary	632,598	721,778	14.1%	827,313	30.8%
Radiation Therapy	273,814	314,299	14.8%	356,863	30.3%
Single Photon Emission CT Scan	39,231	45,206	15.2%	52,615	34.1%
Urology	195,801	233,692	19.4%	275,954	40.9%
Vascular Surgery	87,521	101,638	16.1%	116,525	33.1%
TOTAL	**107,724,747**	**125,473,480**	**16.5%**	**144,646,130**	**34.3%**

Source: IBM Watson Health Outpatient Procedure Estimates, 2020.

Emergency Department Visits

Emergency Department Estimates predict the total annual volume of emergency department (ED) visits by ZIP code and level of acuity for every market in the United States. IBM uses an extensive supply of proprietary claims, public claims, and federal surveys to construct population-based use rates for all payors by age and sex. These use rates are then applied to demographic and insurance coverage projections by ZIP code to estimate ED utilization for 2020 through 2030.

2025 Visits



Visits are broken out into emergent and non-emergent ambulatory visits to identify the volume of visits that could be seen in a less-acute setting, for example, a fast-track ED or an urgent care facility. In addition, visits that result in an inpatient admission are broken out into a third, separate category. In the Collin and Dallas County Health Community, ED visits are expected to grow by 14.2% by 2025.

Emergent Status	*2020 Visits*	*2025 Visits*	*2020-2025 Visits Change*	*2020-2025 Visits % Change*
Emergent	806,809	970,262	163,453	20.3%
Inpatient Admission	228,380	283,293	54,913	24.0%
Non Emergent	718,118	748,619	30,501	4.2%
TOTAL	**1,753,308**	**2,002,175**	**248,867**	**14.2%**

Source: IBM Watson Health Emergency Department Visits, 2020.

Heart Disease Estimates

The Heart Disease Estimates dat aset predicts the number of cases by heart disease type and ZIP code for every market in the United States. IBM uses public and private claims data as well as epidemiological data from the National Health and Nutritional Examination Survey (NHANES) to build local estimates of heart disease prevalence for the current population. County-level models by age and sex are applied to the underlying demographics of specific geographies to estimate the number of patients with specific types of heart disease.

Disease Type	*2020 Prevalence*	*2020 % Prevalence*
Arrhythmia	161,350	12.2%
Heart Failure	72,145	5.5%
Hypertension	970,482	73.4%
Ischemic Heart Disease	118,954	9.0%
TOTAL	**1,322,931**	**100%**

Source: IBM Watson Health Heart Disease Estimates, 2020.

In the Collin and Dallas County Health Community, the most common disease is hypertension at 73.4% of all heart disease cases.

Cancer Estimates

IBM Watson Health builds county-level Cancer Incidence models that are applied to the underlying demographics of specific geographies to estimate incidence (i.e., the number of new cancer cases annually) of all cancer patients. Cancer incidence is expected to increase by 12.1% in the Collin and Dallas County Health Community by 2025.

Cancer Type	*2020 Incidence*	*2025 Incidence*	*2020-2025 Change*	*2020-2025 % Change*
Bladder	680	809	129	18.9%
Brain	327	362	35	10.8%
Breast	3,803	4,373	570	15.0%
Colorectal	2,060	2,010	-49	-2.4%
Kidney	797	951	154	19.3%
Leukemia	572	664	92	16.2%
Lung	1,967	2,232	264	13.4%
Melanoma	776	910	134	17.3%
Non-Hodgkins Lymphoma	920	1,072	152	16.5%
Oral Cavity	560	653	93	16.7%
Other	2,339	2,745	406	17.4%
Overian	307	339	32	10.5%
Pancreatic	500	608	108	21.6%
Prostate	2,284	2,289	5	0.2%
Stomach	335	377	42	12.5%
Thyroid	539	621	82	15.3%
Uterine Cervical	144	147	2	1.6%
Uterine Corpus	499	587	89	17.8%
TOTAL	**19,408**	**21,749**	**2,340**	**12.1%**

Source: IBM Watson Health Cancer Estimates, 2020.

APPENDIX F: 2019 METHODIST CHNA EVALUATION

Many of the implementation strategy efforts were modified due to COVID as the facility had to reprioritize projects to respond to the pandemic. Although many of the plans had to be halted, progress was made in several areas.

Heart Failure and Stroke

In an effort to increase awareness of congestive heart failure risk factors and prevention, Methodist Richardson sponsored the Corporate Challenge and the annual Gobble Hobble Boys & Girls club event in 2021 and 2022 reaching participants with educational materials.

Leveraging existing services and education programs, Methodist Richardson reached individuals with stroke prevention information working to increase awareness about signs and symptoms of stroke. Although many events were suspended due to COVID, the facility is currently providing education to EMS crews about stroke prevention and treatment. In addition, Methodist Richardson provides stroke support group information in discharge packets to reach patients with important follow-up support. The facility also implemented the Next Steps program in 2021 which includes follow-up calls by OP therapy staff to encourage continued therapy if needed.

Cancer

With the goal of increasing awareness of cancer prevention and treatment, Methodist Richardson obtained COC re-accreditation and reached over 1,800 patients in fiscal year 2020 and 2021 with educational information and treatment. In addition, the facility also expanded existing research trials to include liver patients, increasing the access to important cancer treatment research.

Food Insecurity and Poverty

Methodist Hospital for Surgery provided community support around food insecurity and poverty by providing 20 hours of FTE time volunteered at Metrocrest Services Food Pantry. Additionally, a $10,000 donation was made to assist Metrocrest Services as they provided much needed services to the community. A food drive was also held by the facility and cans of food donated to the Metrocrest Services Food Pantry.

APPENDIX G: COMMUNITY RESOURCES IDENTIFIED TO POTENTIALLY ADDRESS SIGNIFICANT HEALTH NEEDS

Resouce	*County*
Assistance Center of Collin County	Collin
Ave F Clinic	Collin
Children & Community Health Center	Collin
Collin County Adult Clinic	Collin
Collin County Alliance for Children	Collin
Collin County Community Health Center	Collin
Collin County Health Dept	Collin
Collin County Social Services Association	Collin
Community Dental Care	Collin
Community Lifeline Center	Collin
Family Guidance	Collin
Family Health Center	Collin
Frisco Family Services	Collin
Geriatric Wellness Center	Collin
Grace to Change	Collin
Holy Family Day School	Collin
Hope Clinic of McKinney	Collin
LifePath Systems	Collin
Plano Adult Clinic	Collin
Plano Children's Medical Clinic	Collin
Plano Indigent Care Clinic	Collin
Primary Care Clinic of North Texas - Plano	Collin
Project Access	Collin
Veterans Assistance Center	Collin
Wellness Center for Older Adults	Collin
West Side Clinic	Collin
Wylie Children's Medical Clinic	Collin
Agape Clinic/Baylor Community Care	Dallas
Austin Street Center	Dallas

Resouce	County
Baylor College of Dentistry	Dallas
Baylor Community Care at Worth Street	Dallas
Baylor Irving Community Care Clinic	Dallas
Brother Bill's Helping Hand	Dallas
Care 365	Dallas
Catholic Charities of Metropolitan Dallas	Dallas
Christ's Family Clinic	Dallas
Churches	Dallas
City of Dallas	Dallas
City Square	Dallas
CK Behavioral Health (CKBH)	Dallas
Community Dental Care – East Dallas	Dallas
Community Dental Care – Vickery Meadow Dental Center	Dallas
Community Health Centers	Dallas
Crossroads	Dallas
Dallas Concilio	Dallas
Dallas Housing Authority	Dallas
Dallas Life Foundation	Dallas
DART	Dallas
DCHHS	Dallas
Diabetes Health and Wellness Institute at Juanita J. Craft Recreation Center	Dallas
DME Exchange of Dallas	Dallas
Food Pantries	Dallas
FQHCs or Charity Clinics (Agape, etc.)	Dallas
Garland Women's Health Center (Parkland)	Dallas
Genesis Women's Shelter	Dallas
Goodwill Idustries of Dallas, Inc.	Dallas
Grand Prairie Women's Health Center (Parkland)	Dallas
Habitat for Humanity	Dallas
Healing Hands Ministries	Dallas
Hope Clinic Garland	Dallas

Resouce	County
Hospital and Hospital Affiliated Clinics	Dallas
Irving Interfaith Clinic	Dallas
Irving Women's Health Center (Parkland)	Dallas
Islamic Association of North Texas Clinic	Dallas
Jefferson Dental	Dallas
Local Health Clinics	Dallas
Los Barrios Unidos Community Clinic	Dallas
Martin Luther King, Jr. Family Clinic, Inc.	Dallas
MetroCrest Family Medical Clinic	Dallas
Mission East Dallas	Dallas
Monday Clinic (UT Southwestern)	Dallas
Network of Community Ministries Adolescent and Children's Clinic	Dallas
North Texas Food Bank	Dallas
OB Complications Clinic	Dallas
Operation Community Care	Dallas
Parkland East Dallas Women's Health Center	Dallas
Parkland deHaro-Saldivar Women's Health Center	Dallas
Parkland Lakewest Women's Health Center	Dallas
Parkland Maple Women's Health Center	Dallas
Parkland Southeast Dallas Women's Health Center	Dallas
Parkland Vickery Women's Health Center	Dallas
Parkland Women's Health Centers	Dallas
Pearl Clinic	Dallas
Primary Care Clinic of North Texas – Dallas	Dallas
QuestCare Clinic	Dallas
RedBird Health Center	Dallas
Sharing Life Outreach	Dallas
Stewpot Dental Clinic	Dallas
The Bridge Homeless Shelter	Dallas
UT Southwestern - Dr. Nero (Sickle Cell)	Dallas
WIC Clinics	Dallas
Youth Advocacy Progarms, Inc. (YAP)	Dallas