

Methodist Hospital for Surgery
Community Health Needs Assessment – 2019
Implementation Strategy

As a result of the Patient Protection and Affordable Care Act (PPACA), all tax-exempt organizations operating hospital facilities are required to assess the health needs of their community through a Community Health Needs Assessment (CHNA) once every three years.

The written CHNA Report must include descriptions of the following:

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

PPACA also requires hospitals to adopt an Implementation Strategy to address prioritized community health needs identified through the assessment. An Implementation Strategy is a written plan that addresses each of the significant community health needs identified through the CHNA and is a separate but related document to the CHNA report.

The written Implementation Strategy must include the following:

- List of the prioritized needs the hospital plans to address and the rationale for not addressing other significant health needs identified
- Actions the hospital intends to take to address the chosen health needs
- The anticipated impact of these actions and the plan to evaluate such impact (e.g. identify data sources that will be used to track the plan's impact)
- Identify programs and resources the hospital plans to commit to address the health needs
- Describe any planned collaboration between the hospital and other facilities or organizations in addressing the health needs

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

- Environment
(e.g.: Food Insecurity; Housing; Air Quality)
- Health Behaviors – Substance Abuse
(e.g.: Alcohol Abuse; Motor Vehicle Accidents with Alcohol involved; Drug Overdose Deaths – Opioids)
- Chronic Conditions
(e.g.: Diabetes; Heart Disease)
- Access to Care
(e.g.: Uninsured (Adults and Children); Transportation; Primary Care Providers)
- Social Determinants of Health
(e.g.: Poverty (Adults and Children); Language Barriers; Social Isolation)
- Cancer
(e.g.: Cancer Incidence – Breast, Prostate)
- Mental Health
(e.g.: Providers, Alzheimer’s Disease/Dementia; Depression; Schizophrenia and Other Psychotic Disorders; Intentional Self-Harm; Suicide)
- Preventable Hospitalizations
(e.g.: Adult and Pediatric Perforated Appendix Admissions)
- Injury and Death – Children
(e.g.: Infant and Child Mortality)

Methodist Hospital for Surgery prioritized these significant community healthcare needs based on the following:

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

Selecting the Health Needs to be addressed by Methodist

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

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

Through the prioritization process, the following two significant needs were selected to be addressed via the Methodist Hospital for Surgery CHNA Implementation Strategy:

- Poverty
- Food Insecurity

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

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

Community Served

Methodist Hospital for Surgery defined the facility's community using the county in which at least 75% of patients reside. Using this definition, Methodist Hospital for Surgery has defined its community to be the geographical area of Dallas, Denton and Collin Counties for the 2019 CHNA.

Community Served Map



Demographic and Socioeconomic Summary

According to population statistics, the population in this health community is expected to grow 8% in five years, above the Texas growth rate of 7.1%. The median age was younger than the Texas and national benchmarks. Median income was above both the state and the country. The community served had a lower proportion of Medicaid beneficiaries than the state of Texas.

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

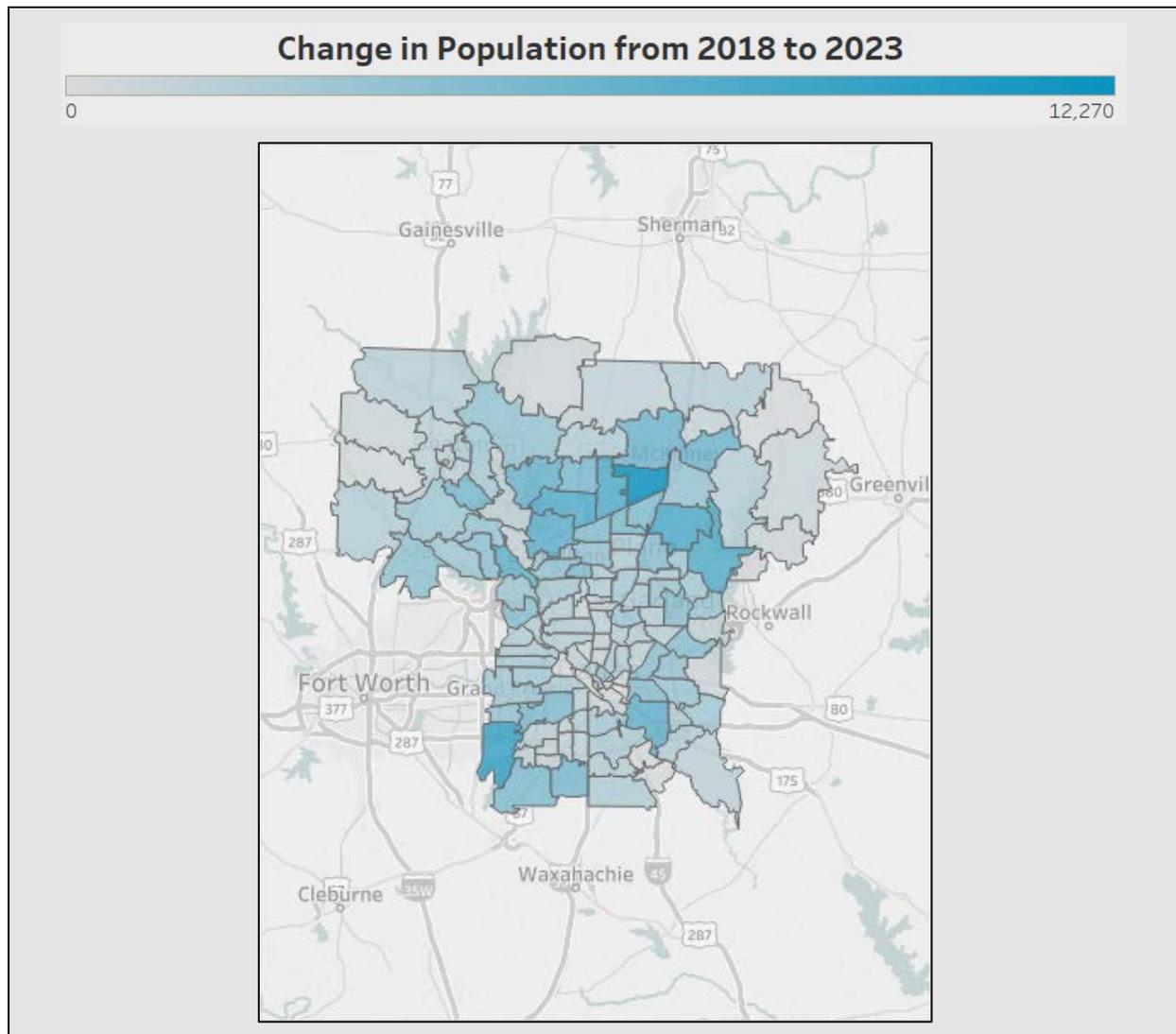
Geography		Benchmarks		Community Served
		United States	Texas	
Total Current Population		326,533,070	28,531,631	4,503,348
5 Yr Projected Population Change		3.5%	7.1%	8.0%
Median Age		42.0	38.9	35.7
Population 0-17		22.6%	25.9%	26.0%
Population 65+		15.9%	12.6%	10.7%
Women Age 15-44		19.6%	20.6%	21.5%
Non-White Population		30.0%	32.2%	42.3%
Hispanic Population		18.2%	39.4%	30.8%
Insurance Coverage	Uninsured	9.4%	19.0%	15.7%
	Medicaid	19.0%	13.4%	11.8%
	Private Market	9.6%	9.9%	10.0%
	Medicare	16.1%	12.5%	10.1%
	Employer	45.9%	45.3%	52.4%
Median HH Income		\$61,372	\$60,397	\$72,886
Limited English		26.2%	39.9%	39.7%
No High School Diploma		7.4%	8.7%	7.7%
Unemployed		6.8%	5.9%	5.2%

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

The population of the community served is expected to grow 8% by 2023, an increase of more than 358,000 people. The 8% projected population growth is more than the state's 5-year projected growth rate (7.1%) and much higher when compared to the national projected growth rate (3.5%). The ZIP codes expected to experience the most growth in five years are:

- 75070 McKinney - 12,270 people
- 75052 Grand Prairie - 9,059 people
- 75002 Allen - 7,892 people

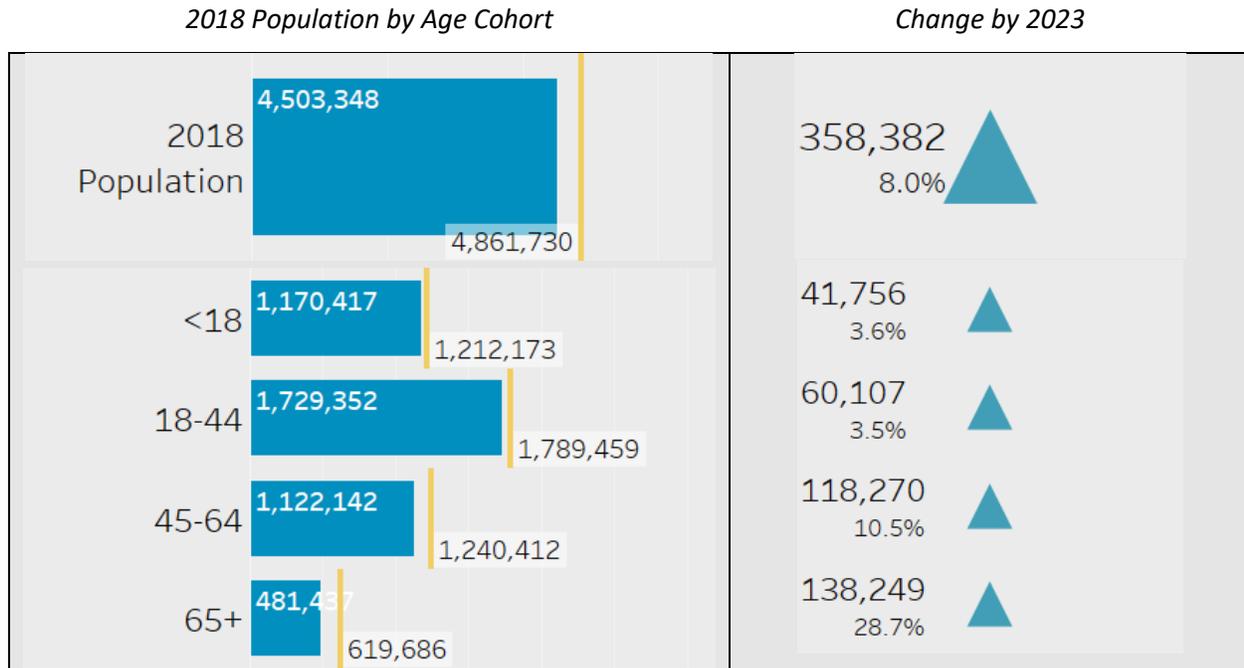
2018 - 2023 Total Population Projected Change by ZIP Code



Source: IBM Watson Health / Claritas, 2018

The community's population skewed younger with 38.4% of the population ages 18-44 and 26.0% under age 18. The largest cohort (18-44) is expected to grow by 60,107 people by 2023. The age 65 plus cohort was the smallest but is expected to experience the fastest growth (28.7%) over the next five years; adding 138,249 seniors to the community. Growth in the senior population will likely contribute to increased utilization of services as the population continues to age.

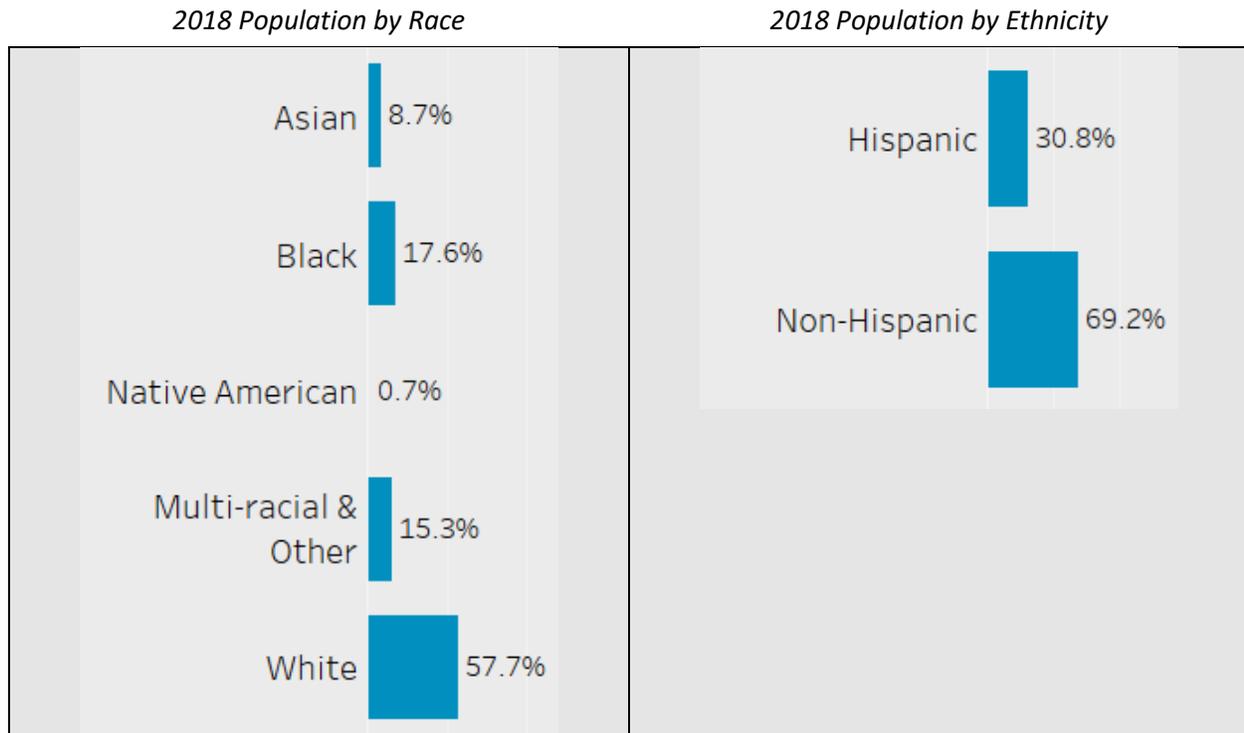
Population Distribution by Age



Source: IBM Watson Health / Claritas, 2018

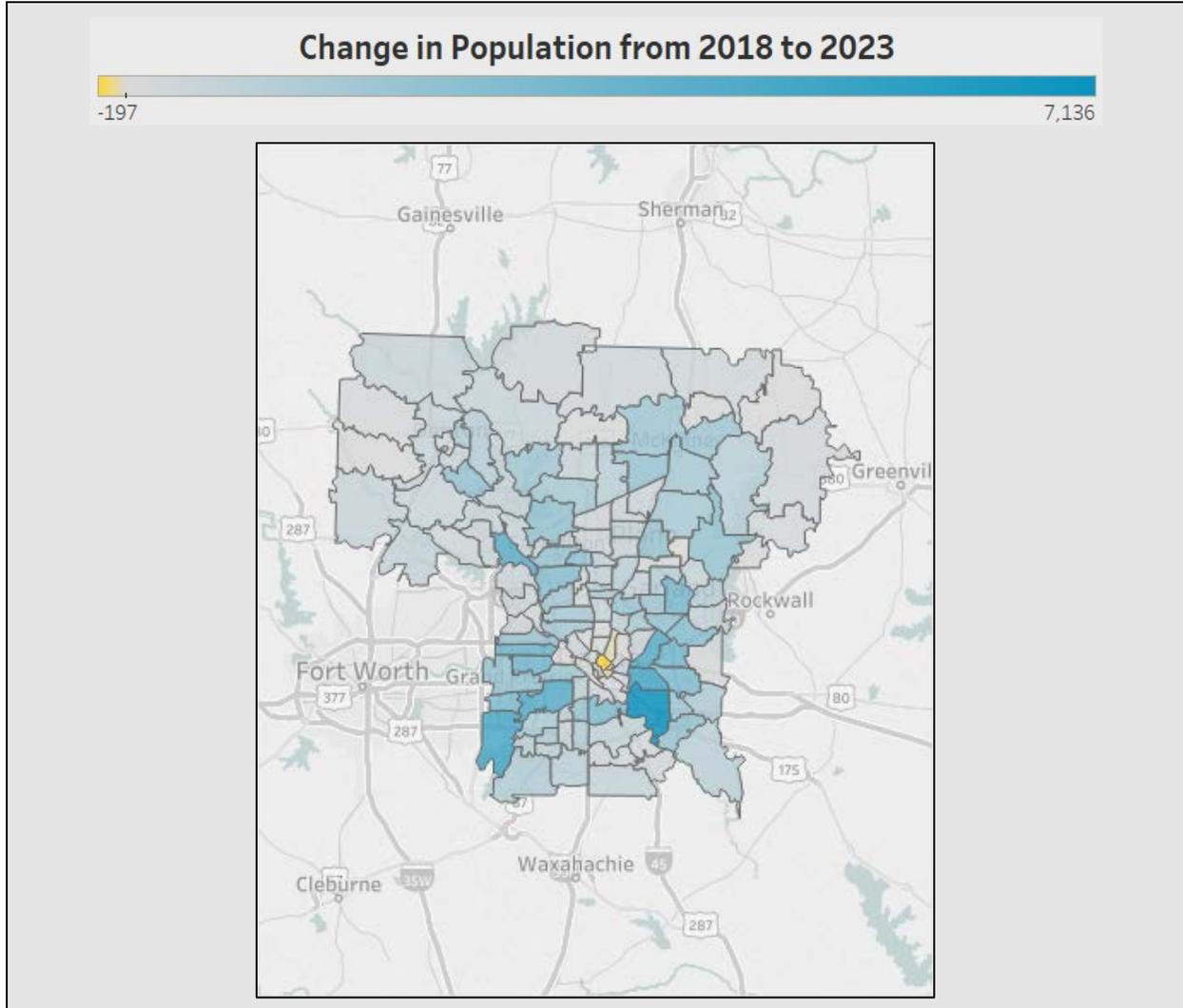
Population statistics are analyzed by race and by Hispanic ethnicity. The largest groups in the community were Non-Hispanic White (40.98%), Hispanic Black (17.23%), and Hispanic White (16.73%). The expected growth rate of the Hispanic population (all races) is over 151,000 people (10.9%) by 2023, while the Non-Hispanic population (all races) is expected to grow by over 206,000 people (6.6%) by 2023.

Population Distribution by Race and Ethnicity



Source: IBM Watson Health / Claritas, 2018

2018 - 2023 Hispanic Population Projected Change by ZIP Code

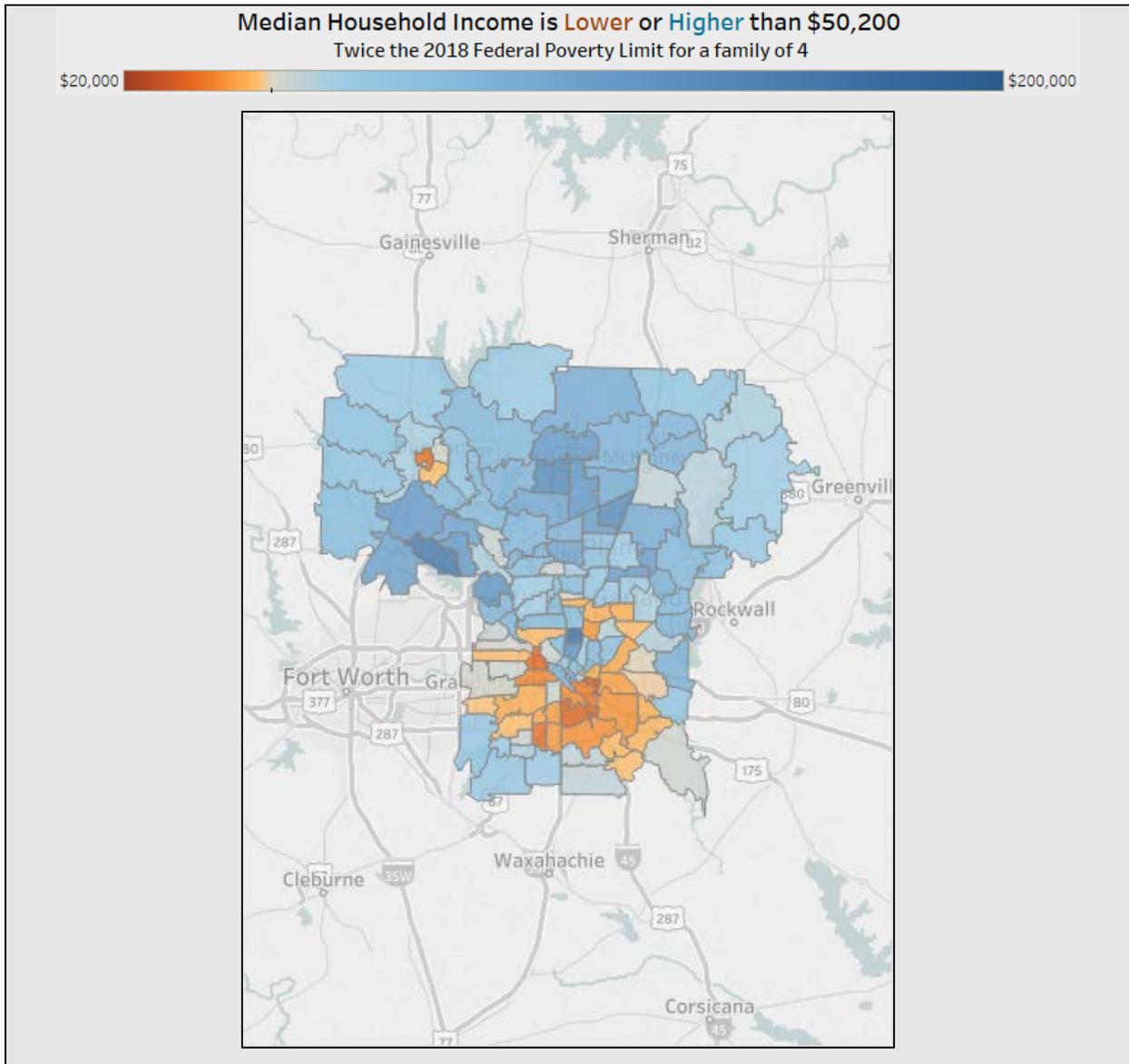


Source: IBM Watson Health / Claritas, 2018

The 2018 median household income for the United States was \$61,372 compared to \$60,397 for the state of Texas. The median household income for the ZIP codes within this community ranged from \$21,940 for 75210-Dallas to \$169,738 for 75225-Dallas. There were thirty-five (35) ZIP Codes with median household incomes less than \$50,200, twice the 2018 Federal Poverty Limit for a family of four:

- 75210 Dallas - \$21,940
- 75216 Dallas - \$26,240
- 75247 Dallas - \$28,750
- 75237 Dallas - \$29,606
- 76201 Denton - \$30,230
- 75215 Dallas - \$31,213
- 75212 Dallas - \$34,787
- 75203 Dallas - \$35,177
- 75241 Dallas - \$36,316
- 75217 Dallas - \$36,886
- 75231 Dallas - \$37,253
- 75232 Dallas - \$38,650
- 75224 Dallas - \$39,096
- 75227 Dallas - \$39,505
- 75233 Dallas - \$40,741
- 75228 Dallas - \$41,081
- 75223 Dallas - \$41,798
- 75211 Dallas - \$42,165
- 75042 Garland - \$42,226
- 75243 Dallas - \$42,441
- 75180 Balch Springs - \$43,055
- 75240 Dallas - \$43,473
- 75253 Dallas - \$43,956
- 75141 Hutchins - \$43,968
- 75246 Dallas - \$43,992
- 75041 Garland - \$44,881
- 75061 Irving - \$44,965
- 75220 Dallas - \$45,016
- 76205 Denton - \$45,625
- 75172 Wilmer - \$45,833
- 75236 Dallas - \$45,849
- 75051 Grand Prairie - \$46,798
- 75149 Mesquite - \$48,436
- 75150 Mesquite - \$49,678
- 75254 Dallas - \$49,817

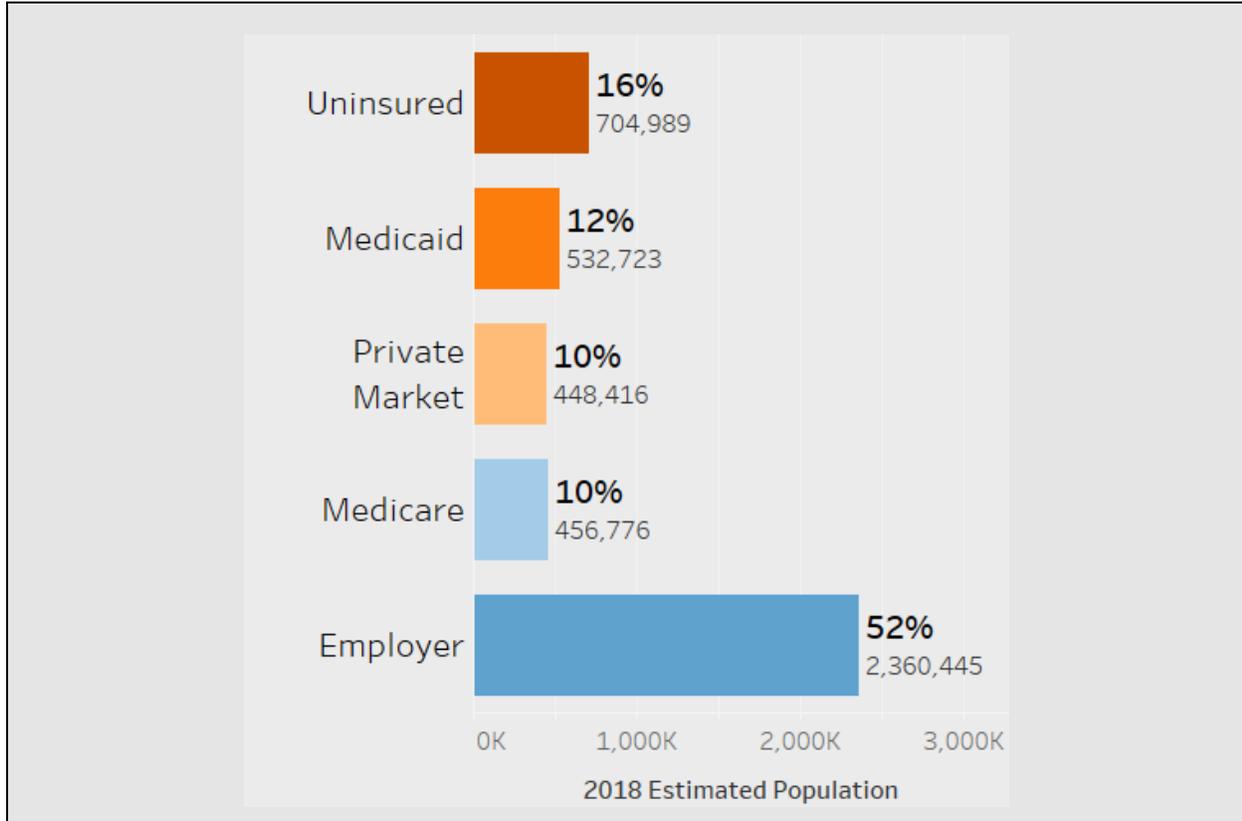
2018 Median Household Income by ZIP Code



Source: IBM Watson Health / Claritas, 2018

The majority of the population (52%) was insured through employer sponsored health coverage, sixteen percent (16%) of the community did not have insurance 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).

2018 Estimated Distribution of Covered Lives by Insurance Category



Source: IBM Watson Health / Claritas, 2018

The community includes 31 Health Professional Shortage Areas and 21 Medically Underserved Areas as designated by the U.S. Department of Health and Human Services Health Resources Services Administration.¹ **Appendix C** includes the details on each of these designations.

Health Professional Shortage Areas and Medically Underserved Areas and Populations

	Health Professional Shortage Areas (HPSA)			Grand Total	Medically Underserved Area/Population (MUA/P)
	Dental Health	Mental Health	Primary Care		MUA/P
3. Methodist Hospital for Surgery					
Collin		1		1	1
Dallas	8	8	10	26	19
Denton	1	2	1	4	1
Total	9	11	11	31	21

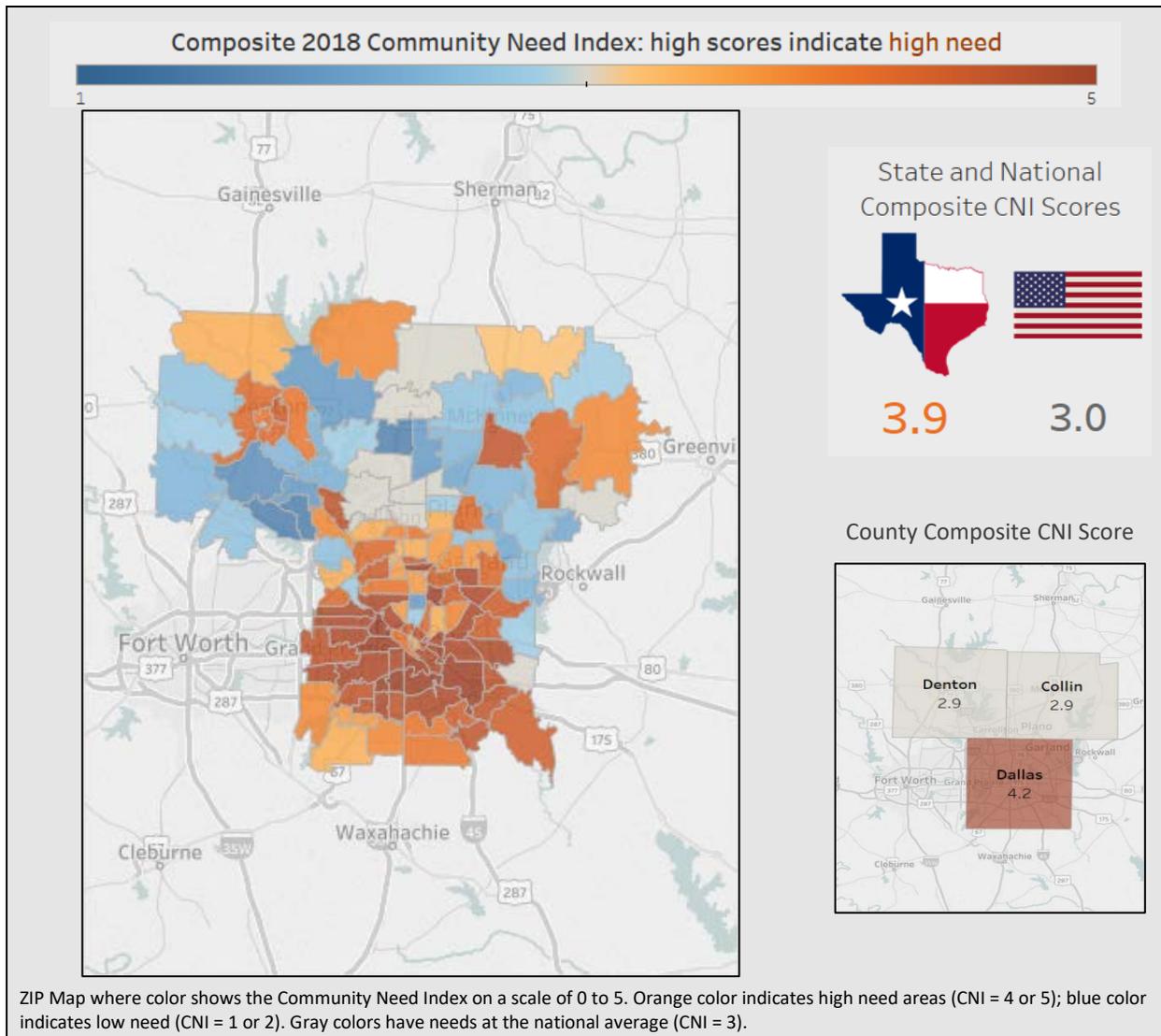
Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, 2018

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

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

Overall, the CNI score for the community served was 3.7, higher than the CNI national average of 3.0, potentially indicating greater health care needs in this community. In portions of the community (Dallas, Garland, Grand Prairie, Irving, Mesquite) the CNI score was greater than 4.8, pointing to potentially more significant health needs among the population.

2018 Community Need Index by ZIP Code



Source: IBM Watson Health / Claritas, 2018

Public Health Indicators

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

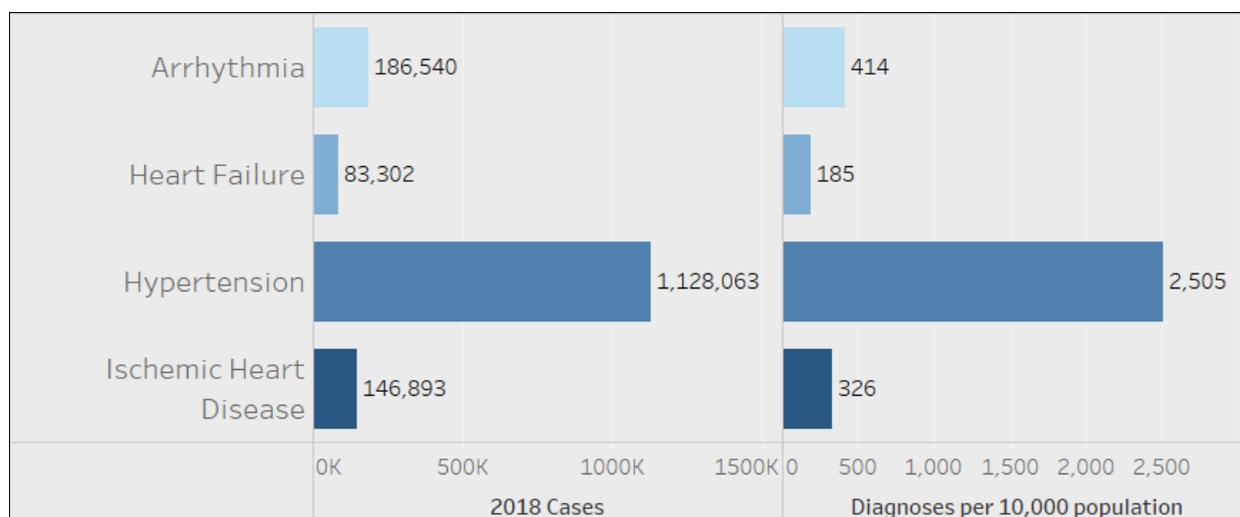
Where the community indicators showed greater need when compared to the state of Texas comparative benchmark, the difference between the community values and the state benchmark was calculated (need differential). These indicators are in **Appendix D**. Those highest ranked indicators with need differentials in the 50th percentile of greater severity pinpointed community health needs from a quantitative perspective.

Watson Health Community Data

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

Watson Health Heart Disease Estimates identified hypertension as the most prevalent heart disease diagnosis; there were over 1,128,000 estimated cases in the community overall. The ZIP 75070-McKinney had the most estimated cases of Arrhythmia, Hypertension, and Ischemic Heart Disease, while ZIP 75052-Grand Prairie had the most estimated cases of Heart Failure. ZIP 75075-Plano had the highest estimated prevalence rates for Arrhythmia (705 cases per 10,000 population), Hypertension (3,332 cases per 10,000 population), and Ischemic Heart Disease (654 cases per 10,000 population). ZIP 75225-Dallas was the highest for Heart Failure (341 cases per 10,000 population).

2018 Estimated Heart Disease Cases



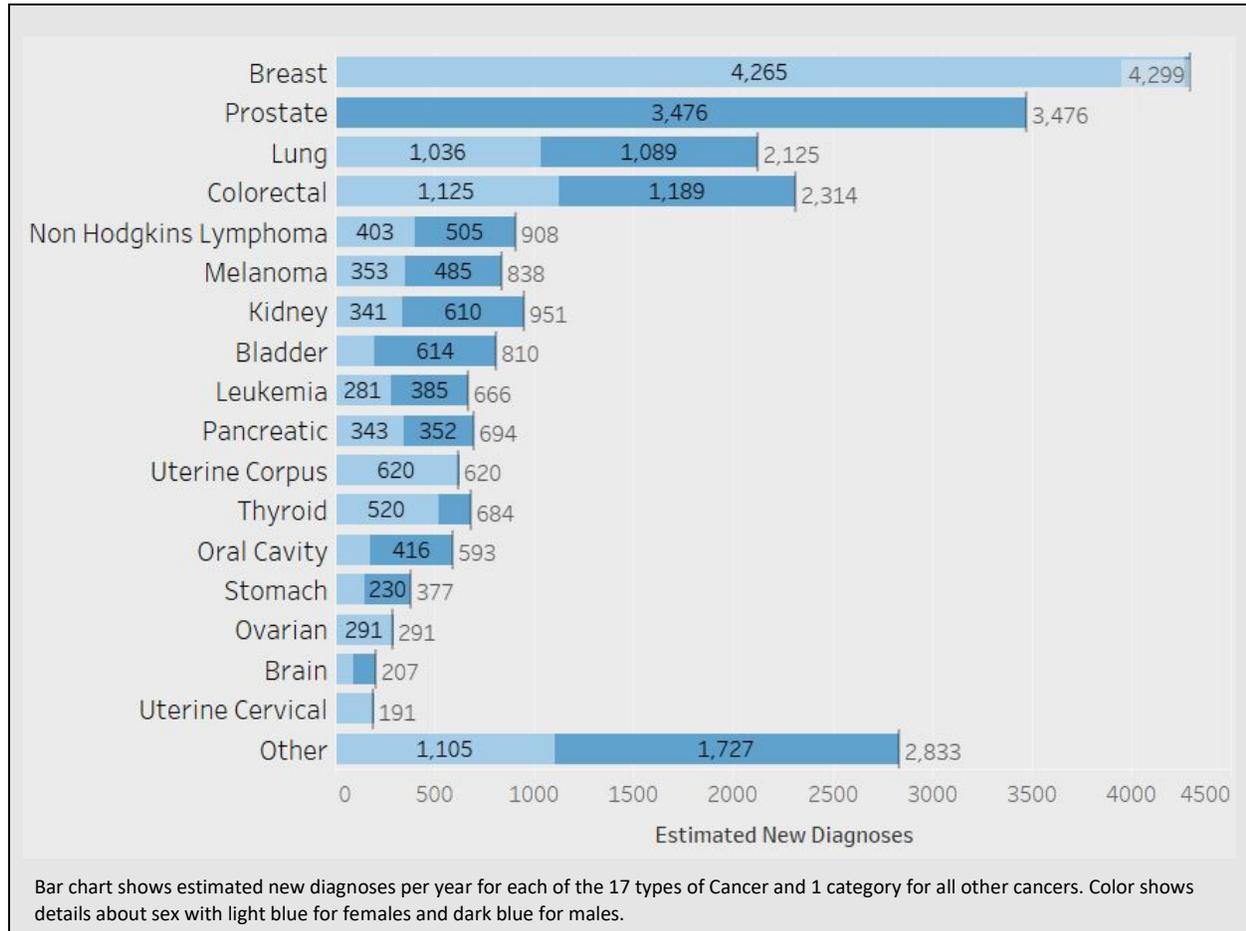
Bar chart shows total number and prevalence rate of 2018 Estimated Heart Disease cases for each of four types: arrhythmia, heart failure, hypertension, and ischemic heart disease.

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

Source: IBM Watson Health, 2018

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

2018 Estimated New Cancer Cases



Source: IBM Watson Health, 2018

Estimated Cancer Cases and Projected 5 Year Change by Type

Cancer Type	2018 Estimated New Cases	2023 Estimated New Cases	5 Year Growth (%)
Bladder	810	985	21.5%
Brain	207	232	12.3%
Breast	4,299	5,023	16.8%
Colorectal	2,314	2,477	7.0%
Kidney	951	1,140	19.9%
Leukemia	666	784	17.8%
Lung	2,125	2,509	18.1%
Melanoma	838	987	17.8%
Non-Hodgkin's Lymphoma	908	1,077	18.7%
Oral Cavity	593	704	18.8%
Ovarian	291	334	14.7%
Pancreatic	694	856	23.3%
Prostate	3,476	3,883	11.7%
Stomach	377	445	18.1%
Thyroid	684	812	18.7%
Uterine Cervical	191	205	7.1%
Uterine Corpus	620	741	19.4%
All Other	2,833	3,379	19.3%
Grand Total	22,875	26,573	16.2%

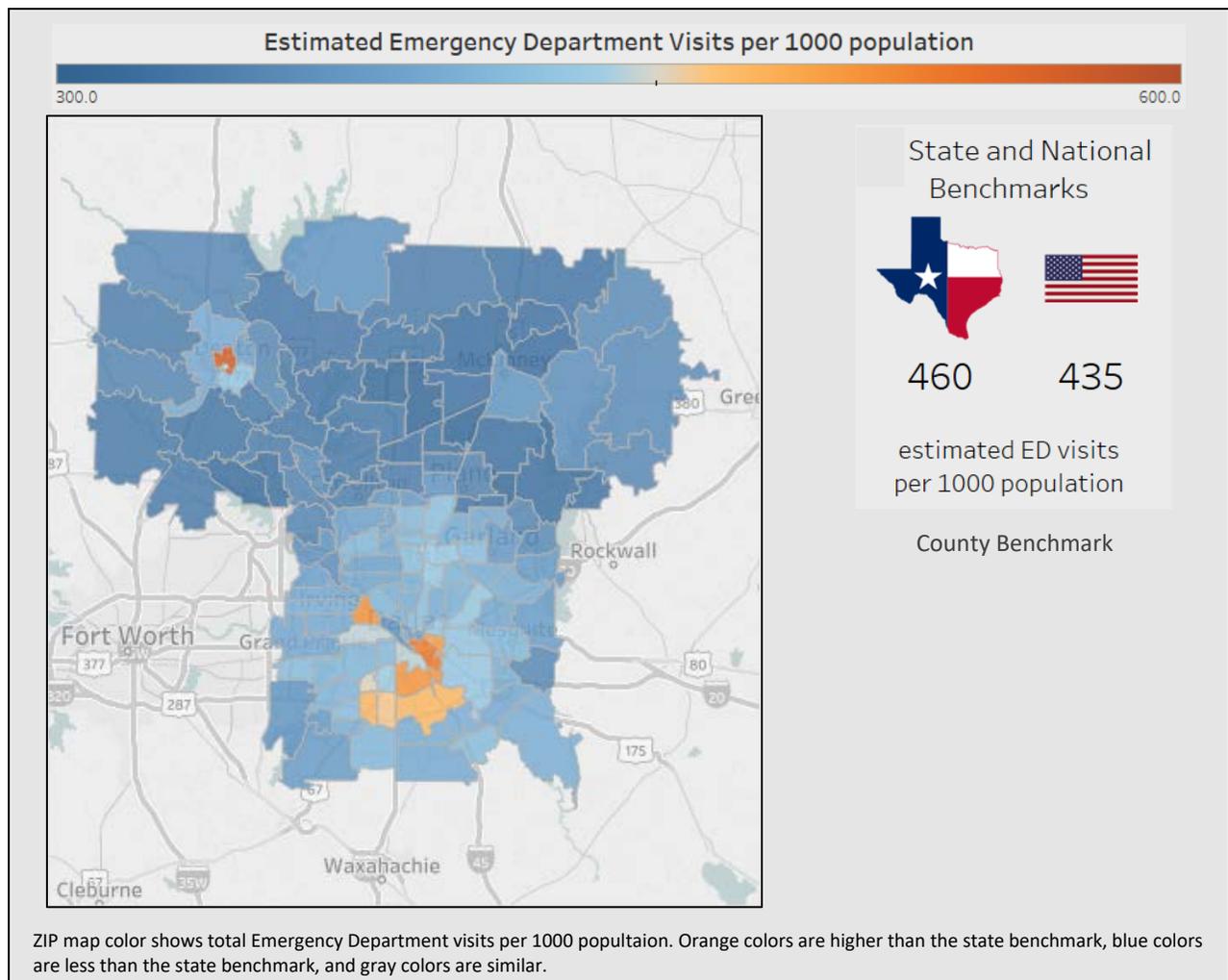
Source: IBM Watson Health, 2018

Based on population characteristics and regional utilization rates, Watson Health projected all emergency department (ED) visits in this community to increase by 8.3% over the next 5 years. The highest estimated ED use rate was in the ZIP code of 76201-Denton with 562.4 ED visits per 1,000 residents compared to the Texas state benchmark of 460 visits and the U.S. benchmark of 435 visits per 1,000.

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

Non-emergent outpatient ED visits could be an indication of systematic issues within the community regarding access to primary care, managing chronic conditions, or other access to care issues such as ability to pay. Watson Health estimated non-emergent ED visits to increase by an average of 4.0% over the next five years in this community.

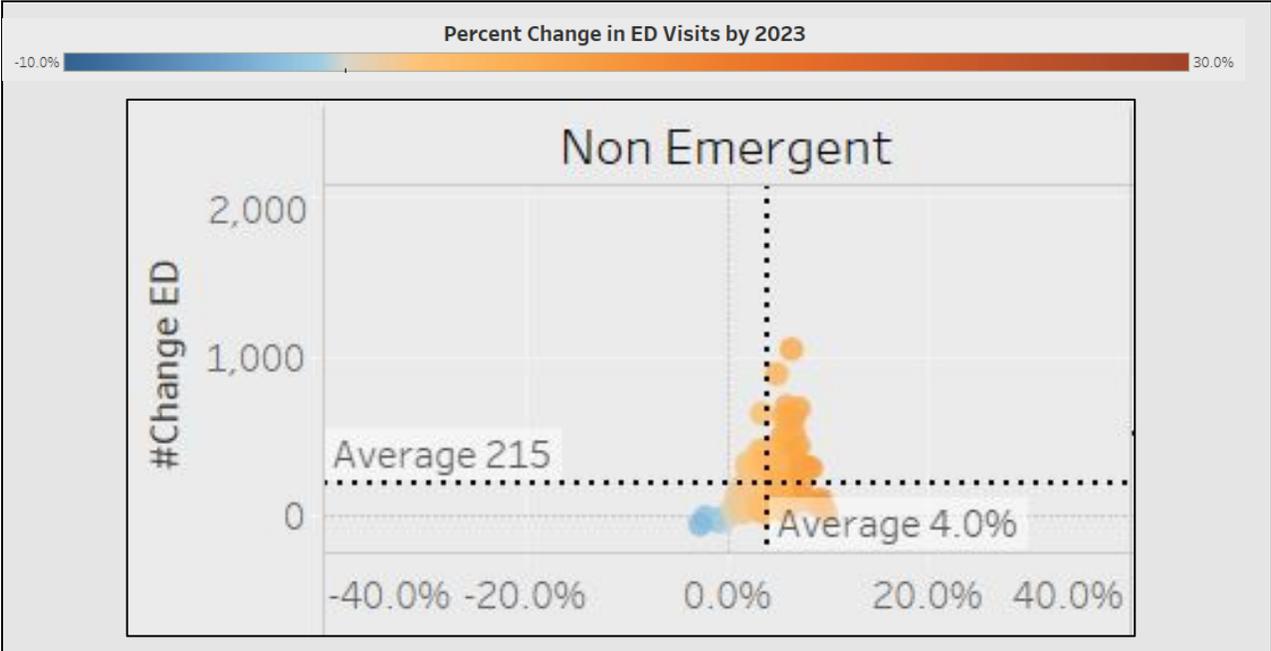
Estimated 2018 Emergency Department Visit Rate



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

Source: IBM Watson Health, 2018

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



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

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

Source: IBM Watson Health, 2018

Community Input

A summary of the focus groups and interviews conducted for the Methodist Hospital for Surgery community can be found on pages 32 and 33 of the 2019 CHNA full Report located at www.methodisthospitalforsurgery.com/about-us/community-health-assessment.

Methodist Hospital for Surgery CHNA Implementation Strategy

POVERTY; FOOD INSECURITY

Goal: Increase awareness of and support community resources that address poverty and food insecurity

Strategy 1: Continue and enhance existing support for community programs and services

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
Metrocrest Services – Food Pantry	Leadership and management volunteer in person quarterly at food distribution center and/or pantry	Reduce poverty and food insecurity for clients of Metrocrest Services	Community	Hours and manpower will be tracked and reported annually	MHFS Staff	Metrocrest Services

Strategy 2: Pursue partnerships and collaboration with entities to bring resources to bear on community poverty and food insecurity

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
Leverage employees for volunteer opportunities	Formulate a plan to give employees an opportunity to volunteer their time	Decrease number of food insecure clients of Metrocrest Services; Engaged staff; Increase awareness of poverty and food needs in area	Employees and community	Hours and manpower will be tracked and reported annually	MHFS Staff	Metrocrest Services
Backpacks for Metrocrest Services	Assist Metrocrest Services back to school programs that may include backpacks for school age children	Reduce poverty clients with school age children of Metrocrest Services	Community	Hours and manpower or monetary donations will be tracked and reported annually	MHFS Staff	Metrocrest Services
Contribute to summer food program	Assist Metrocrest Services back to school programs that may include summer meals for school age children	Reduce poverty and food insecurity for clients with school age children of Metrocrest Services	Community	Hours and manpower or monetary donations will be tracked and reported annually	MHFS Staff	Metrocrest Services

Strategy 3: Pursue partnerships and collaboration with entities to bring resources to bear on community poverty and food insecurity

Program/Activity	Description	Anticipated Impact	Target Audience	How Results will be Measured	Resources	Partners
R L Turner High School Bio Med Academy (Carrollton Farmers Branch ISD)	Provide education to academy students who are pursuing a career in healthcare	Increase chance for viable employment and higher pay for students upon graduating	RL Turner Students, MHFS Staff	Calendar school year report on meetings attended; Presentations made and volunteers at hospital from academy; Number of students reached	MHFS Staff, R L Turner Bio Med Academy students	R L Turner High School Bio Med Academy
R L Turner High School Bio Med Academy (Carrollton Farmers Branch ISD)	Recruit academy students to MHFS volunteer and JR volunteer program who are pursuing a career in healthcare	Increase chance for viable employment and higher pay for students upon graduating	RL Turner Students, MHFS Staff	Calendar school year report on meetings attended; Presentations made and volunteers at hospital from academy; Number of students reached	MHFS Staff, R L Turner Bio Med Academy students	R L Turner High School Bio Med Academy

